2022
COMMUNITY HEALTH NEEDS ASSESSMENT

Merced County, California

Sponsored by
DIGNITY HEALTH MERCY MEDICAL CENTER MERCED

In collaboration with
VALLEY CHILDREN'S HOSPITAL

Adopted May 2022

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INTRODUCTION

EXECUTIVE SUMMARY

CHNA Purpose Statement

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

CommonSpirit Health Commitment and Mission Statement

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

CHNA Collaborators

This assessment was conducted on behalf of Dignity Health Mercy Medical Center Merced by PRC, a nationally recognized health care consulting firm with extensive experience conducting Community Health Needs Assessments in hundreds of communities across the United States since 1994.

Community Definition

The study area for the survey effort reflects residents living in ZIP Codes primarily associated with Merced County, California, including 93620, 93635, 93665, 95301, 95303, 95312, 95315, 95317, 95322, 95324, 95333, 95334, 95340, 95341, 95348, 95365, 95369, 95374, and 95388. This community definition is determined based on the ZIP Codes of residence of recent patients of Dignity Health Mercy Medical Center Merced.
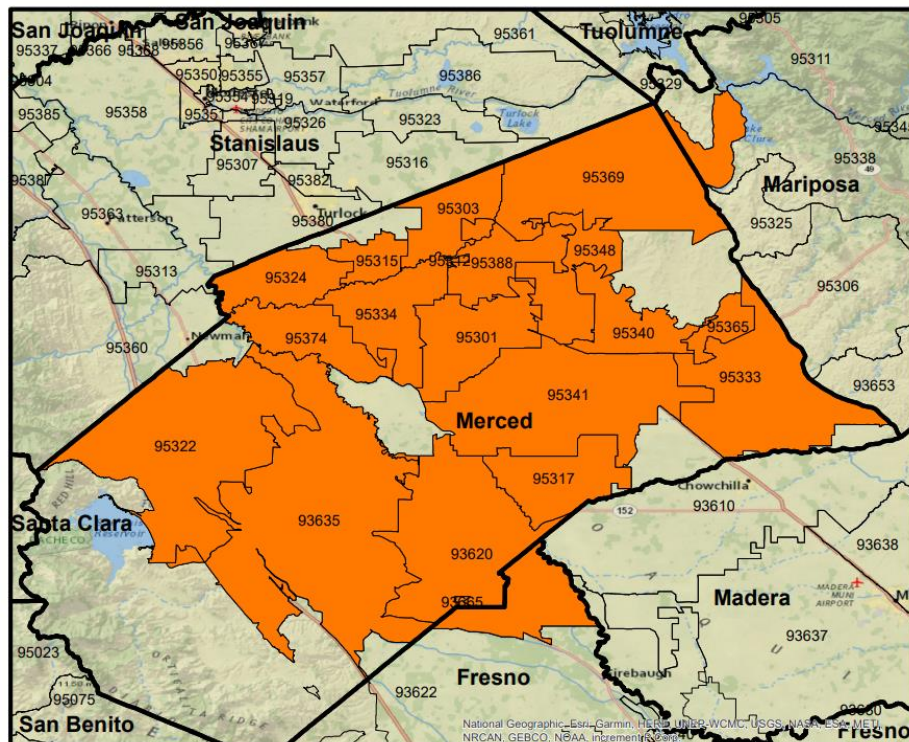
Assessment Process & Methods

This assessment incorporates data from multiple sources, including:

- **Primary research** through the *PRC Community Health Survey* (input from community residents) and the *PRC Online Key Informant Survey* (input from providers and other persons representing the broad interests of the community).

- **Secondary research** (vital statistics and other existing health-related data).

This assessment also allows for comparison to benchmark data at the state and national levels.

Prioritizing Health Needs

Prioritization of the health needs identified in this assessment ("Areas of Opportunity" above) was determined based on a prioritization exercise conducted among community stakeholders (representing a cross-section of community-based agencies and organizations) in conjunction with the administration of the Online Key Informant Survey.

In this process, these key informants were asked to rate the severity of a variety of health issues in the community. Insofar as these health issues were identified through the data above and/or were identified as top concerns among key informants, their ranking of these issues informed the following priorities:

1. Mental Health
2. Substance Abuse
3. Diabetes
4. Respiratory Disease (COVID-19)
5. Access to Healthcare Services
6. Nutrition, Physical Activity & Weight
7. Injury & Violence
8. Heart Disease & Stroke
9. Infant/Maternal Health & Family Planning
10. Tobacco Use
11. Oral Health
12. Cancer
13. Potentially Disabling Conditions

Resources Potentially Available

Potential resources available to address identified needs include services currently being offered by Dignity Health Mercy Medical Center Merced, other local hospitals, clinics, and community-based, and government-based organizations. Through input from community stakeholders, this CHNA identified a number of community assets, including a broad range of health care, mental health care, oral health, housing, health and human services, and parks and recreation resources (see "Resources Available to Address the Significant Health Needs" in the Local Resources section of this report).

Report Adoption, Availability & Comments

This CHNA report was adopted by the Dignity Health Mercy Medical Center Merced Board of Directors in May 2022.

This report is widely available to the public on the hospital's website and a paper copy is available for inspection upon request to Dignity Health Mercy Medical Center Merced. Written comments on this report can be submitted to Dignity Health Mercy Medical Center Merced, 333 Mercy Ave, Merced, CA, 95340, or by e-mail at lillian.sanchez@commonspirit.org.

PROJECT OVERVIEW

Project Goals

This Community Health Needs Assessment, a follow-up to similar studies conducted in 2012, 2015, and 2018, is a systematic, data-driven approach to determining the health status, behaviors, and needs of residents in Merced County, California. Subsequently, this information may be used to inform decisions and guide efforts to improve community health and wellness.

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

- To improve residents' health status, increase their life spans, and elevate their overall quality of life. A healthy community is not only one where its residents suffer little from physical and mental illness, but also one where its residents enjoy a high quality of life.

- To reduce the health disparities among residents. By gathering demographic information along with health status and behavior data, it will be possible to identify population segments that are most at-risk for various diseases and injuries. Intervention plans aimed at targeting these individuals may then be developed to combat some of the socio-economic factors that historically have had a negative impact on residents' health.

- To increase accessibility to preventive services for all community residents. More accessible preventive services will prove beneficial in accomplishing the first goal (improving health status, increasing life spans, and elevating the quality of life), as well as lowering the costs associated with caring for late-stage diseases resulting from a lack of preventive care.

This assessment was conducted on behalf of Mercy Medical Center Merced and Valley Children's Hospital by PRC, a nationally recognized health care consulting firm with extensive experience conducting Community Health Needs Assessments in hundreds of communities across the United States since 1994.

Methodology

This assessment incorporates data from multiple sources, including primary research (through the PRC Community Health Survey and PRC Online Key Informant Survey), as well as secondary research (vital statistics and other existing health-related data). It also allows for trending and comparison to benchmark data at the state and national levels.

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, Valley Children's Hospital, and PRC and is similar to the previous surveys used in the region, allowing for data trending.

Community Defined for This Assessment

The study area for the survey effort (referred to as the "Merced County" in this report) is defined as each of the residential ZIP Codes comprising Merced County, California. This community definition, determined based on the ZIP Codes of residence of recent patients of Mercy Medical Center Merced and Valley Children's Hospital, is illustrated in the following map.
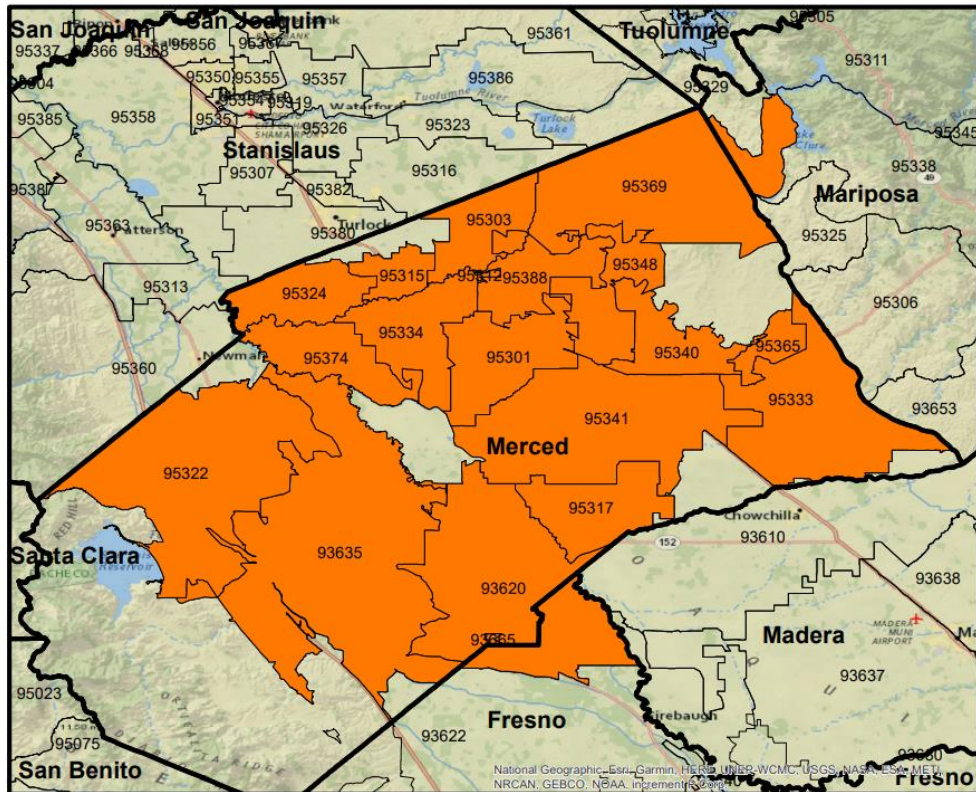
Sample Approach & Design

A precise and carefully executed methodology is critical in asserting the validity of the results gathered in the PRC Community Health Survey. Thus, to ensure the best representation of the population surveyed a mixed-mode methodology was implemented. This included surveys conducted via telephone (landline and cell phone), as well as through online questionnaires.

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

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

Expected Error Ranges for a Sample of 300 Respondents at the 95 Percent Level of Confidence
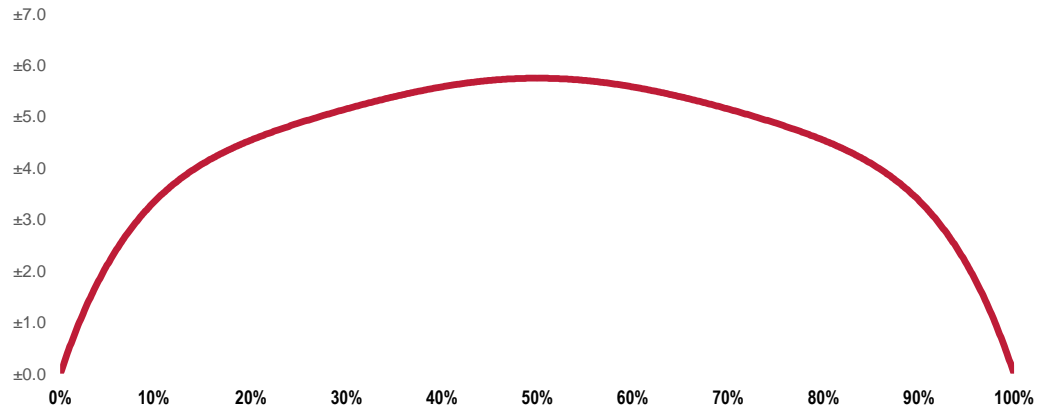
Note: ● The "response rate" (the percentage of a population giving a particular response) determines the error rate associated with that response. A "95 percent level of confidence" indicates that responses would fall within the expected error range on 95 out of 100 trials.

Examples: ● If 10% of the sample of 300 respondents answered a certain question with a "yes," it can be asserted that between 6.6% and 13.4% (10% ± 3.4%) of the total population would offer this response.

● If 50% of respondents said "yes," one could be certain with a 95 percent level of confidence that between 44.3% and 55.7% (50% ± 5.7%) of the total population would respond "yes" if asked this question.

Sample Characteristics

To accurately represent the population studied, PRC strives to minimize bias through application of a proven telephone methodology and random-selection techniques. While this random sampling of the population produces a highly representative sample, it is a common and preferred practice to "weight" the raw data to improve this representativeness even further. This is accomplished by adjusting the results of a random sample to match the geographic distribution and demographic characteristics of the population surveyed (poststratification), so as to eliminate any naturally occurring bias. Specifically, once the raw data are gathered, respondents are examined by key demographic characteristics (namely sex, age, race, ethnicity, and poverty status), and a statistical application package applies weighting variables that produce a sample which more closely matches the population for these characteristics. Thus, while the integrity of each individual's responses is maintained, one respondent's responses may contribute to the whole the same weight as, for example, 1.1 respondents. Another respondent, whose demographic characteristics may have been slightly oversampled, may contribute the same weight as 0.9 respondents.

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

Population & Survey Sample Characteristics
(Merced County, 2021)

▪ Actual Population   ▪ **Final Survey Sample**

Other races include:
Black	5.6%
Asian	5.1%
American Native	2.3%
Multiple/Other	1.1%

	Men	Women	18 to 39	40 to 64	65+	White (Non-Hisp)	Other (Non-Hisp)	Hispanic	<200% FPL
Actual Population	50.1%	49.9%	46.1%	39.3%	14.6%	34.5%	13.6%	51.8%	54.8%
Final Survey Sample	50.4%	49.6%	46.6%	39.1%	14.3%	34.3%	14.1%	51.6%	54.7%
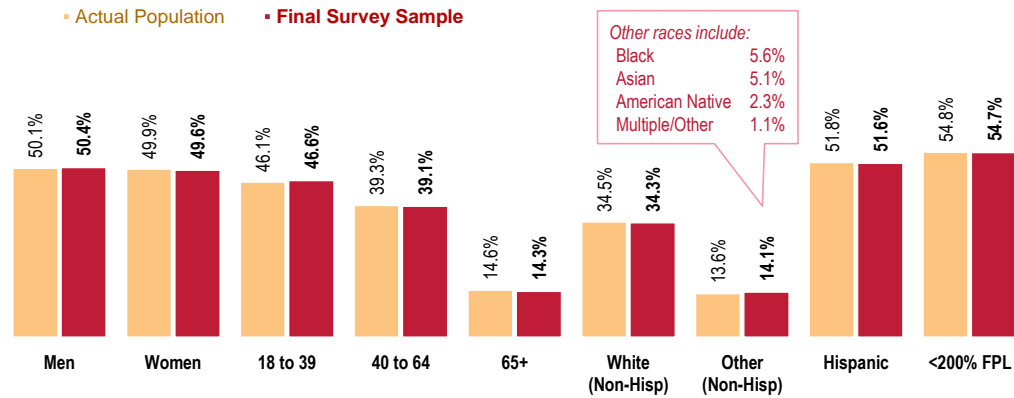
Sources:
- US Census Bureau, 2011-2015 American Community Survey.
- 2021 PRC Community Health Survey, PRC, Inc.

Notes:
- FPL is federal poverty level, based on guidelines established by the US Department of Health & Human Services.

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.

INCOME & RACE/ETHNICITY

INCOME ► Poverty descriptions and segmentation used in this report are based on administrative poverty thresholds determined by the US Department of Health & Human Services. These guidelines define poverty status by household income level and number of persons in the household (e.g., the 2021 guidelines place the poverty threshold for a family of four at $26,500 annual household income or lower). In sample segmentation: "low income" refers to community members living in a household with defined poverty status or living just above the poverty level, earning up to twice (<200% of) the poverty threshold; "mid/high income" refers to those households living on incomes which are twice or more (≥200% of) the federal poverty level.

RACE & ETHNICITY ► In analyzing survey results, mutually exclusive race and ethnicity categories are used. All Hispanic respondents are grouped, regardless of identity with any other race group. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).

Online Key Informant Survey

To solicit input from key informants, those individuals who have a broad interest in the health of the community, an Online Key Informant Survey also was implemented as part of this process. A list of recommended participants was provided by Mercy Medical Center Merced and Valley Children's Hospital; 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, 69 community stakeholders took part in the Online Key Informant Survey, as outlined below:

ONLINE KEY INFORMANT SURVEY PARTICIPATION	
KEY INFORMANT TYPE	NUMBER PARTICIPATING
Public Health Representatives	32
Health Providers	5
Social Services Providers	25
Other Community Leaders	7

Final participation included representatives of the organizations outlined below.

- ACE Overcomers
- All Dads Matter
- All Moms Matter – Merced County HSA
- Behavioral Health
- Castle Family Health Centers
- Central California Alliance for Health
- Central Opportunity Center CVOC
- Court Appointed Special Advocates Merced County
- Employment and Training Branch (HSA)
- Family Resource Council
- First 5 Merced County
- Head Start Program – Merced County Office of Education (MCOE)
- Merced City School District
- Merced County
- Merced County Community Action Agency WIC
- Merced County Department of Public Health
- Merced County HSA
- Merced County Mental Health Dept.
- Merced County Office of Education (MCOE)
- Merced County Office of Education (Caring Kids)
- Merced County Office of Education (GROW) program
- Merced County Office of Education Migrant Education
- Merced Rescue Mission
- People's Promise
- Sierra Vista Children and Family Services
- St. Vincent de Paul Society – Planada
- University of California Merced
- Valley Children's Hospital
- Valley Crisis Center

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

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

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

Public Health, Vital Statistics & Other Data

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

- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension, SparkMap (sparkmap.org)

- 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

- 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

Note that secondary data reflect county-level data.

Benchmark Data

Trending

Similar surveys were administered in Merced County in 2012, 2015, and 2018 by PRC. Trending data, as revealed by comparison to prior survey results, are provided throughout this report whenever available. Historical data for secondary data indicators are also included for the purposes of trending.

California Risk Factor Data

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

Nationwide Risk Factor Data

Nationwide risk factor data, which are also provided in comparison charts, are taken from the *2020 PRC National Health Survey*; the methodological approach for the national study is similar to that employed in this assessment, and these data may be generalized to the US population with a high degree of confidence. National-level vital statistics are also provided for comparison of secondary data indicators.

Healthy People 2030

Healthy People provides 10-year, measurable public health objectives — and tools to help track progress toward achieving them. Healthy People identifies public health priorities to help individuals, organizations, and communities across the United States improve health and well-being. Healthy People 2030, the initiative's fifth iteration, builds on knowledge gained over the first four decades.

Healthy People 2030's overarching goals are to:

- Attain healthy, thriving lives and well-being free of preventable disease, disability, injury, and premature death.

- Eliminate health disparities, achieve health equity, and attain health literacy to improve the health and well-being of all.

- Create social, physical, and economic environments that promote attaining the full potential for health and well-being for all.

- Promote healthy development, healthy behaviors, and well-being across all life stages.

- Engage leadership, key constituents, and the public across multiple sectors to take action and design policies that improve the health and well-being of all.

The Healthy People 2030 framework was based on recommendations made by the Secretary's Advisory Committee on National Health Promotion and Disease Prevention Objectives for 2030. After getting feedback from individuals and organizations and input from subject matter experts, the U.S. Department of Health and Human Services (HHS) approved the framework which helped guide the selection of Healthy People 2030 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 the purpose of this report, "significance" of secondary data indicators (which do not carry sampling error but might be subject to reporting error) is determined by a 15% variation from the comparative measure.

Information Gaps

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

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

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

Public Comment

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

IRS FORM 990, SCHEDULE H COMPLIANCE

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

IRS FORM 990, SCHEDULE H (2019)	See Report Page
Part V Section B Line 3a A definition of the community served by the hospital facility	9
Part V Section B Line 3b Demographics of the community	35
Part V Section B Line 3c Existing health care facilities and resources within the community that are available to respond to the health needs of the community	195
Part V Section B Line 3d How data was obtained	9
Part V Section B Line 3e The significant health needs of the community	18
Part V Section B Line 3f Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups	Addressed Throughout
Part V Section B Line 3g The process for identifying and prioritizing community health needs and services to meet the community health needs	19
Part V Section B Line 3h The process for consulting with persons representing the community's interests	12
Part V Section B Line 3i The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)	206

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. From these data, opportunities for health improvement exist in the area with regard to the following health issues (see also the summary tables presented in the following section).

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

AREAS OF OPPORTUNITY IDENTIFIED THROUGH THIS ASSESSMENT	
ACCESS TO HEALTH CARE SERVICES	- Barriers to Access - Cost of Physician Visits - Appointment Availability - Inconvenient Office Hours - Finding a Physician - Difficulty Accessing Children's Health Care - Primary Care Physician Ratio - Specific Source of Ongoing Medical Care - Routine Medical Care (Adults) - Emergency Room Utilization - Eye Exams - Ratings of Local Health Care - Key Informants: Access to health care ranked as a top concern.
CANCER	- Leading Cause of Death - Cervical Cancer Screening [Women Age 21-65]
DIABETES	- Diabetes Deaths - Prevalence of Borderline/Pre-Diabetes - Kidney Disease Deaths - Key Informants: Diabetes ranked as a top concern.
HEART DISEASE & STROKE	- Leading Cause of Death - High Blood Pressure Prevalence - Overall Cardiovascular Risk
INFANT/MATERNAL HEALTH & FAMILY PLANNING	- Prenatal Care - Teen Births
INJURY & VIOLENCE	- Motor Vehicle Crash Deaths - Homicide Deaths - Violent Crime Rate - Intimate Partner Violence

AREAS OF OPPORTUNITY (continued)

MENTAL HEALTH	• "Fair/Poor" Mental Health • Diagnosed Depression • Symptoms of Chronic Depression • Stress • Mental Health Provider Ratio • Receiving Treatment for Mental Health • Difficulty Obtaining Mental Health Services • Key Informants: Mental health ranked as a top concern.
NUTRITION, PHYSICAL ACTIVITY & WEIGHT	• Fruit/Vegetable Consumption • Children's Physical Activity • Access to Recreation/Fitness Facilities • Overweight & Obesity [Adults] • Key Informants: Nutrition, physical activity, and weight ranked as a top concern.
ORAL HEALTH	• Regular Dental Care [Adults] • Children's Dental Care
POTENTIALLY DISABLING CONDITIONS	• Multiple Chronic Conditions • Activity Limitations • High-Impact Chronic Pain • Caregiving
RESPIRATORY DISEASE	• Pneumonia/Influenza Deaths • Coronavirus Disease/COVID-19 Deaths • Key Informants: Coronavirus Disease/COVID-19 ranked as a top concern.
SOCIAL DETERMINANTS OF HEALTH	• Financial Resilience • Housing Security
SUBSTANCE ABUSE	• Cirrhosis/Liver Disease Deaths • Unintentional Drug-Related Deaths • Personally Impacted by Substance Abuse (Self or Other's) • Key Informants: Substance abuse ranked as a top concern.
TOBACCO USE	• Use of Vaping Products

Community Feedback on Prioritization of Health Needs

Prioritization of the health needs identified in this assessment ("Areas of Opportunity" above) was determined based on a prioritization exercise conducted among community stakeholders (representing a cross-section of community-based agencies and organizations) in conjunction with the administration of the Online Key Informant Survey.

In this process, these key informants were asked to rate the severity of a variety of health issues in the community. Insofar as these health issues were identified through the data above and/or were identified as top concerns among key informants, their ranking of these issues informed the following priorities:

14. Mental Health
15. Substance Abuse
16. Diabetes
17. Respiratory Disease (COVID-19)
18. Access to Healthcare Services
19. Nutrition, Physical Activity & Weight
20. Injury & Violence
21. Heart Disease & Stroke
22. Infant/Maternal Health & Family Planning
23. Tobacco Use
24. Oral Health
25. Cancer
26. Potentially Disabling Conditions

Not prioritized above are needs related to **social determinants of health** (such as housing security and financial resilience) which likely impact all of the above.

Hospital Implementation Strategy

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

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

Summary Tables:
Comparisons With Benchmark Data

Reading the Summary Tables

■ In the following tables, Merced County results are shown in the larger, gray 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 2030 objectives. Symbols indicate whether Merced County compares favorably (☀), unfavorably (✺), or comparably (☁) to these external data.

> Note that blank table cells signify that data are not available or are not reliable for that area and/or for that indicator.
>
> *Tip: Indicator labels beginning with a "%" symbol are taken from the PRC Community Health Survey; the remaining indicators are taken from secondary data sources.*

TREND SUMMARY
(Current vs. Baseline Data)

SURVEY DATA INDICATORS:

Trends for survey-derived indicators represent significant changes since 2012. Note that survey data reflect the ZIP Code-defined Merced County.

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).

Note that secondary data reflect county-level data.

SOCIAL DETERMINANTS

SOCIAL DETERMINANTS	Merced County	MERCED COUNTY vs. BENCHMARKS			
		vs. CA	vs. US	vs. HP2030	TREND
Linguistically Isolated Population (Percent)	11.9	(worse) 8.1	(worse) 4.3		
Population in Poverty (Percent)	21.2	(worse) 13.4	(worse) 13.4	(worse) 8.0	
Children in Poverty (Percent)	29.8	(worse) 18.1	(worse) 18.5	(worse) 8.0	
No High School Diploma (Age 25+, Percent)	30.9	(worse) 16.7	(worse) 12.0		
% Unable to Pay Cash for a $400 Emergency Expense	30.6		(worse) 24.6		
% Worry/Stress Over Rent/Mortgage in Past Year	40.2		(worse) 32.2		
% Unhealthy/Unsafe Housing Conditions	15.9		(similar) 12.2		
% Food Insecure	40.4		(similar) 34.1		

better — similar — worse

OVERALL HEALTH

OVERALL HEALTH	Merced County	MERCED COUNTY vs. BENCHMARKS			
		vs. CA	vs. US	vs. HP2030	TREND
% "Fair/Poor" Overall Health	26.2	(worse) 18.2	(worse) 12.6		(similar) 23.6

better — similar — worse

ACCESS TO HEALTH CARE

ACCESS TO HEALTH CARE	Merced County	MERCED COUNTY vs. BENCHMARKS			
		vs. CA	vs. US	vs. HP2030	TREND
% [Age 18-64] Lack Health Insurance	10.1	(better) 15.1	(similar) 8.7	(similar) 7.9	(better) 25.2
% Difficulty Accessing Health Care in Past Year (Composite)	60.7		(worse) 35.0		(worse) 46.6
% Cost Prevented Physician Visit in Past Year	18.6	(worse) 11.9	(worse) 12.9		(similar) 21.1

ACCESS TO HEALTH CARE (continued)	Merced County	MERCED COUNTY vs. BENCHMARKS			
		vs. CA	vs. US	vs. HP2030	TREND
% Cost Prevented Getting Prescription in Past Year	13.9		☁ similar 12.8		☀ better 21.5
% Difficulty Getting Appointment in Past Year	38.2		🌧 worse 14.5		🌧 worse 18.4
% Inconvenient Hrs Prevented Dr Visit in Past Year	24.3		🌧 worse 12.5		🌧 worse 16.9
% Difficulty Finding Physician in Past Year	28.8		🌧 worse 9.4		🌧 worse 15.6
% Transportation Hindered Dr Visit in Past Year	12.6		☁ similar 8.9		☁ similar 12.2
% Language/Culture Prevented Care in Past Year	2.6		☁ similar 2.8		☁ similar 2.1
% Skipped Prescription Doses to Save Costs	15.2		☁ similar 12.7		☁ similar 15.3
% Difficulty Getting Child's Health Care in Past Year	13.7		☁ similar 8.0		🌧 worse 5.4
Primary Care Doctors per 100,000	58.7	🌧 worse 96.9	🌧 worse 101.3		
% Have a Specific Source of Ongoing Care	66.8		🌧 worse 74.2	🌧 worse 84.0	🌧 worse 75.1
% Have Had Routine Checkup in Past Year	58.5	🌧 worse 71.6	🌧 worse 70.5		☁ similar 63.1
% Child Has Had Checkup in Past Year	82.4		☁ similar 77.4		☁ similar 84.4
% Two or More ER Visits in Past Year	15.0		🌧 worse 10.1		🌧 worse 8.3
% Eye Exam in Past 2 Years	47.0		🌧 worse 61.0	🌧 worse 61.1	☁ similar 49.5
% "Extremely/Very Likely" to Use Telemedicine	44.8				
% Rate Local Health Care "Fair/Poor"	29.0		🌧 worse 8.0		☁ similar 29.7

☀ better   ☁ similar   🌧 worse

CANCER	Merced County	MERCED COUNTY vs. BENCHMARKS			
		vs. CA	vs. US	vs. HP2030	TREND
Cancer (Age-Adjusted Death Rate)	147.6	similar 132.3	similar 146.5	worse 122.7	similar 163.3
Lung Cancer (Age-Adjusted Death Rate)	29.7	worse 23.7	similar 33.4	worse 25.1	
Prostate Cancer (Age-Adjusted Death Rate)	19.9	similar 19.6	similar 18.5	worse 16.9	
Female Breast Cancer (Age-Adjusted Death Rate)	20.5	similar 18.7	similar 19.4	worse 15.3	
Colorectal Cancer (Age-Adjusted Death Rate)	13.9	similar 12.2	similar 13.1	worse 8.9	
Cancer Incidence Rate (All Sites)	380.5	similar 402.4	better 448.6		
Female Breast Cancer Incidence Rate	91.8	better 121.8	better 126.8		
Prostate Cancer Incidence Rate	74.2	better 92.3	better 106.2		
Lung Cancer Incidence Rate	45.3	similar 40.3	better 57.3		
Colorectal Cancer Incidence Rate	38.3	similar 34.8	similar 38.0		
% Cancer	6.5	better 10.4	better 10.0		
% [Women 50-74] Mammogram in Past 2 Years	71.7	similar 81.1	similar 76.1	similar 77.1	similar 77.2
% [Women 21-65] Cervical Cancer Screening	71.7	similar 79.2	similar 73.8	worse 84.3	worse 85.1
% [Age 50-75] Colorectal Cancer Screening	77.0	similar 72.1	similar 77.4	similar 74.4	similar 70.4

Legend: ☀ better | ☁ similar | 🌧 worse

CORONAVIRUS DISEASE/COVID-19	Merced County	MERCED COUNTY vs. BENCHMARKS			
		vs. CA	vs. US	vs. HP2030	TREND
COVID-19 (Age-Adjusted Death Rate)	103.0	🌧️ 68.7	🌧️ 85.0		
% Using Alcohol More Often Since Pandemic Began	11.5				
% Smoking/Vaping More Often Since Pandemic Began	9.4				
% Exercising Less Often Since Pandemic Began	25.2				
% Eating Unhealthy/Overeating More Often Since Pandemic Began	19.2				
% Arguing With HH Members More Often Since Pandemic Began	16.7				
% Getting Good Sleep Less Often Since Pandemic Began	36.0				
% Mental Health Has Gotten Worse Since Pandemic Began	26.8				
% Fully/Partially Vaccinated for COVID-19	69.4				
% Financially Impacted by the Pandemic	31.8				
% Avoided Medical Care Due to the Pandemic	36.0				

🌞 better ☁️ similar 🌧️ worse

DIABETES

DIABETES	Merced County	vs. CA	vs. US	vs. HP2030	TREND
Diabetes (Age-Adjusted Death Rate)	32.2	🌧 22.9	🌧 22.6		☁ 29.0
% Diabetes/High Blood Sugar	14.9	🌧 10.1	☁ 13.8		☁ 12.0
% Borderline/Pre-Diabetes	17.9		🌧 9.7		🌧 12.3
% [Non-Diabetics] Blood Sugar Tested in Past 3 Years	45.7		☁ 43.3		☁ 47.2

☀ better ☁ similar 🌧 worse

HEART DISEASE & STROKE

HEART DISEASE & STROKE	Merced County	vs. CA	vs. US	vs. HP2030	TREND
Diseases of the Heart (Age-Adjusted Death Rate)	159.5	☁ 140.2	☁ 164.4	🌧 127.4	☁ 167.1
% Heart Disease (Heart Attack, Angina, Coronary Disease)	7.2	☁ 4.7	☁ 6.1		☁ 6.8
Stroke (Age-Adjusted Death Rate)	40.8	☁ 37.8	☁ 37.6	🌧 33.4	☁ 41.7
% Stroke	5.6	🌧 2.6	☁ 4.3		☁ 4.2
% Told Have High Blood Pressure	42.4	🌧 27.8	☁ 36.9	🌧 27.7	🌧 33.1
% Told Have High Cholesterol	25.2		☀ 32.7		☁ 29.1
% 1+ Cardiovascular Risk Factor	91.7		🌧 84.6		🌧 84.7

☀ better ☁ similar 🌧 worse

INFANT HEALTH & FAMILY PLANNING	Merced County	vs. CA	vs. US	vs. HP2030	TREND
Late or No Prenatal Care (Percent)	8.2	worse 3.7	worse 6.1		worse 6.8
Low Birthweight Births (Percent)	6.2	similar 6.9	better 8.2		
Infant Death Rate	4.1	similar 3.9	better 5.5	better 5.0	similar 4.5
Births to Adolescents Age 15 to 19 (Rate per 1,000)	27.5	worse 17.4	worse 20.9	similar 31.4	

better (sun) — similar (cloud) — worse (rain)

INJURY & VIOLENCE	Merced County	vs. CA	vs. US	vs. HP2030	TREND
Unintentional Injury (Age-Adjusted Death Rate)	49.7	worse 37.9	similar 51.6	similar 43.2	similar 46.7
Motor Vehicle Crashes (Age-Adjusted Death Rate)	17.1	worse 9.7	worse 11.3	worse 10.1	
[65+] Falls (Age-Adjusted Death Rate)	39.9	similar 40.2	better 63.4	better 63.4	
Firearm-Related Deaths (Age-Adjusted Death Rate)	10.3	worse 7.5	better 11.9	similar 10.7	
Homicide (Age-Adjusted Death Rate)	7.8	worse 5.1	worse 6.1	worse 5.5	similar 7.6
Violent Crime Rate	583.3	worse 440.5	worse 416.0		
% Victim of Violent Crime in Past 5 Years	2.7		better 6.2		similar 3.1
% Victim of Intimate Partner Violence	19.7		worse 13.7		worse 13.7

better (sun) — similar (cloud) — worse (rain)

KIDNEY DISEASE	Merced County	MERCED COUNTY vs. BENCHMARKS			
		vs. CA	vs. US	vs. HP2030	TREND
Kidney Disease (Age-Adjusted Death Rate)	13.3	⛈️ 9.1	☁️ 12.8		⛈️ 5.8
% Kidney Disease	4.4	☁️ 3.0	☁️ 5.0		☁️ 3.5

☀️ better   ☁️ similar   ⛈️ worse

MENTAL HEALTH	Merced County	MERCED COUNTY vs. BENCHMARKS			
		vs. CA	vs. US	vs. HP2030	TREND
% "Fair/Poor" Mental Health	33.2		⛈️ 13.4		⛈️ 17.2
% Diagnosed Depression	27.4	⛈️ 14.6	⛈️ 20.6		⛈️ 16.3
% Symptoms of Chronic Depression (2+ Years)	51.7		⛈️ 30.3		⛈️ 37.1
% Typical Day Is "Extremely/Very" Stressful	18.8		☁️ 16.1		⛈️ 10.1
Suicide (Age-Adjusted Death Rate)	9.1	☀️ 10.5	☀️ 13.9	☀️ 12.8	☀️ 11.1
Mental Health Providers per 100,000	80.7	⛈️ 136.3	⛈️ 119.9		
% Taking Rx/Receiving Mental Health Trtmt	18.7		☁️ 16.8		⛈️ 11.3
% Unable to Get Mental Health Svcs in Past Yr	12.4		⛈️ 7.8		⛈️ 5.7

☀️ better   ☁️ similar   ⛈️ worse

NUTRITION, PHYSICAL ACTIVITY & WEIGHT	Merced County	vs. CA	vs. US	vs. HP2030	TREND
Population With Low Food Access (Percent)	18.9	worse 13.3	better 22.2		
% "Very/Somewhat" Difficult to Buy Fresh Produce	25.0		similar 21.1		similar 21.4
% 5+ Servings of Fruits/Vegetables per Day	26.7		worse 32.7		worse 49.3
% No Leisure-Time Physical Activity	33.4	worse 22.4	similar 31.3	worse 21.2	similar 29.9
% Meeting Physical Activity Guidelines	20.3	similar 22.6	similar 21.4	worse 28.4	similar 21.5
% Child [Age 2-17] Physically Active 1+ Hours per Day	29.8		similar 33.0		worse 52.5
Recreation/Fitness Facilities per 100,000	9.0	worse 12.4	worse 12.2		
% Healthy Weight (BMI 18.5-24.9)	23.7	worse 35.1	worse 34.5		similar 28.1
% Overweight (BMI 25+)	75.1	worse 62.8	worse 61.0		similar 70.7
% Obese (BMI 30+)	43.4	worse 26.1	worse 31.3	worse 36.0	worse 35.9
% Children [Age 5-17] Healthy Weight	57.8		similar 47.6		similar 42.7
% Children [Age 5-17] Overweight (85th Percentile)	38.1		similar 32.3		similar 38.6
% Children [Age 5-17] Obese (95th Percentile)	26.4		similar 16.0	worse 15.5	similar 21.9

better — similar — worse

ORAL HEALTH	Merced County	vs. CA	vs. US	vs. HP2030	TREND
% Have Dental Insurance	73.3		☁ 68.7	☀ 59.8	☀ 54.4
% [Age 18+] Dental Visit in Past Year	49.5	🌧 67.4	🌧 62.0	☁ 45.0	☁ 54.1
% Child [Age 2-17] Dental Visit in Past Year	67.5		☁ 72.1	☀ 45.0	🌧 80.1

☀ better ☁ similar 🌧 worse

POTENTIALLY DISABLING CONDITIONS	Merced County	vs. CA	vs. US	vs. HP2030	TREND
% 3+ Chronic Conditions	40.4		🌧 32.5		☁ 36.9
% Activity Limitations	30.0		🌧 24.0		🌧 17.7
% With High-Impact Chronic Pain	24.2		🌧 14.1	🌧 7.0	
Alzheimer's Disease (Age-Adjusted Death Rate)	28.4	☀ 38.2	☁ 30.9		☁ 27.0
% Caregiver to a Friend/Family Member	29.1		🌧 22.6		☁ 30.4

☀ better ☁ similar 🌧 worse

RESPIRATORY DISEASE	Merced County	MERCED COUNTY vs. BENCHMARKS			
		vs. CA	vs. US	vs. HP2030	TREND
CLRD (Age-Adjusted Death Rate)	39.5	worse 29.3	similar 38.1		better 46.0
Pneumonia/Influenza (Age-Adjusted Death Rate)	18.3	worse 13.8	worse 13.4		worse 14.8
% [Age 65+] Flu Vaccine in Past Year	72.5	similar 63.9	similar 71.0		similar 69.0
% [Adult] Asthma	15.9	worse 7.8	similar 12.9		similar 12.5
% [Child 0-17] Asthma	7.4		similar 7.8		similar 11.0
% COPD (Lung Disease)	8.3	worse 4.4	similar 6.4		similar 10.2

better ☀ similar ☁ worse 🌧

SEPTICEMIA	Merced County	MERCED COUNTY vs. BENCHMARKS			
		vs. CA	vs. US	vs. HP2030	TREND
Septicemia (Age-Adjusted Death Rate)	12.1	worse 3.7	worse 9.8		worse 9.1

better ☀ similar ☁ worse 🌧

SEXUAL HEALTH	Merced County	MERCED COUNTY vs. BENCHMARKS			
		vs. CA	vs. US	vs. HP2030	TREND
HIV/AIDS (Age-Adjusted Death Rate)	1.7	similar 1.7	similar 1.9		
HIV Prevalence Rate	136.0	better 395.9	better 372.8		
Chlamydia Incidence Rate	601.8	similar 585.3	similar 539.9		
Gonorrhea Incidence Rate	176.8	similar 200.3	similar 179.1		

better ☀ similar ☁ worse 🌧

SUBSTANCE ABUSE	Merced County	MERCED COUNTY vs. BENCHMARKS			
		vs. CA	vs. US	vs. HP2030	TREND
Cirrhosis/Liver Disease (Age-Adjusted Death Rate)	17.0	🌧️ 12.8	🌧️ 11.9	🌧️ 10.9	☁️ 16.7
% Excessive Drinker	22.9	☁️ 18.3	☁️ 27.2		☁️ 19.9
Unintentional Drug-Related Deaths (Age-Adjusted Death Rate)	15.7	☁️ 15.2	☀️ 21.0		🌧️ 11.4
% Illicit Drug Use in Past Month	2.2		☁️ 2.0	☀️ 12.0	☁️ 2.7
% Used a Prescription Opioid in Past Year	15.8		☁️ 12.9		
% Ever Sought Help for Alcohol or Drug Problem	9.0		☀️ 5.4		☀️ 3.5
% Personally Impacted by Substance Abuse	44.2		🌧️ 35.8		

☀️ better ☁️ similar 🌧️ worse

TOBACCO USE	Merced County	MERCED COUNTY vs. BENCHMARKS			
		vs. CA	vs. US	vs. HP2030	TREND
% Current Smoker	16.8	🌧️ 10.0	☁️ 17.4	🌧️ 5.0	☁️ 13.1
% Someone Smokes at Home	13.0		☁️ 14.6		☁️ 11.9
% [Household With Children] Someone Smokes in the Home	13.5		☁️ 17.4		☁️ 10.3
% Currently Use Vaping Products	8.3	🌧️ 3.0	☁️ 8.9		🌧️ 1.8

☀️ better ☁️ similar 🌧️ worse

Summary of Key Informant Perceptions

In the Online Key Informant Survey, community stakeholders were asked to rate the degree to which each of 19 health issues is a problem in their own community, using a scale of "major problem," "moderate problem," "minor problem," or "no problem at all." The following chart summarizes their responses; these findings also are outlined throughout this report, along with the qualitative input describing reasons for their concerns. (Note that these ratings alone do not establish priorities for this assessment; rather, they are one of several data inputs considered for the prioritization process described earlier.)

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

Legend: ■ Major Problem ■ Moderate Problem ■ Minor Problem ■ No Problem At All

Health Topic	Major Problem	Moderate Problem
Mental Health	79.1%	17.9%
Substance Abuse	68.2%	28.8%
Diabetes	63.5%	27.0%
Coronavirus Disease/COVID-19	53.1%	34.4%
Access to Healthcare Services	51.5%	39.7%
Nutrition, Physical Activity & Weight	50.8%	44.6%
Respiratory Diseases	46.8%	46.8%
Infant & Child Health	41.8%	37.3%
Injury & Violence	41.5%	44.6%
Heart Disease & Stroke	40.0%	53.3%
Needs of Pregnant Women/New Mothers	40.0%	44.6%
Tobacco Use	39.7%	42.9%
Oral Health	34.4%	51.6%
Cancer	34.4%	45.9%
Sexual Health	33.9%	53.2%
Infant Health & Family Planning	33.8%	50.8%
Disability & Chronic Pain	32.3%	58.1%
Dementia/Alzheimer's Disease	17.5%	50.8%
Kidney Disease	14.5%	59.7%

COMMUNITY DESCRIPTION

POPULATION CHARACTERISTICS

Total Population

Merced County, the focus of this Community Health Needs Assessment, encompasses 1,935.65 square miles and houses a total population of 271,382 residents, according to latest census estimates.

Total Population
(Estimated Population, 2015-2019)

	TOTAL POPULATION	TOTAL LAND AREA (square miles)	POPULATION DENSITY (per square mile)
Merced County	271,382	1,935.65	140.20
California	39,283,497	155,792.65	252.15
United States	324,697,795	3,532,068.58	91.93

Sources:
- US Census Bureau American Community Survey 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved January 2022 via SparkMap (sparkmap.org).

Population Change 2010-2020

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

Between the 2010 and 2020 US Censuses, the population of Merced County increased by 25,411 persons, or 9.9%.

BENCHMARK ► A greater proportional increase than was found across the state and nation.

Change in Total Population
(Percentage Change Between 2010 and 2020)

An increase of 25,411 persons

9.9%	6.1%	7.1%
Merced County	**CA**	**US**
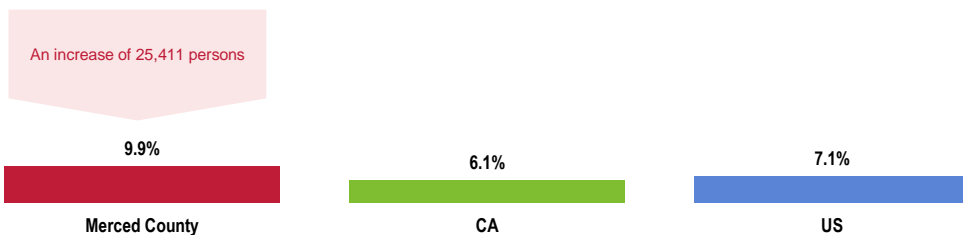
Sources:
- US Census Bureau Decennial Census (2000-2010).
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved January 2022 via SparkMap (sparkmap.org).

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

Map Legend

Population Change, Percent by Tract, US Census 2010 - 2020

- ☐ Over 10.0% Increase (+)
- ☐ 2.0 - 10.0% Increase (+)
- ☐ Less Than 2.0% Change (+/-)
- ☐ 2.0 - 10.0% Decrease (-)
- ☐ Over 10.0% Decrease (-)
- ☐ No Population or No Data

Report Location, County
☐

✳SparkMap
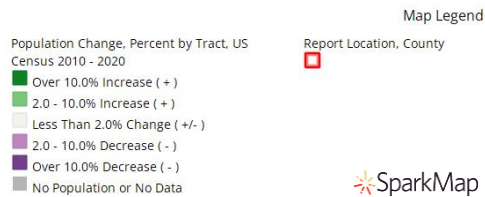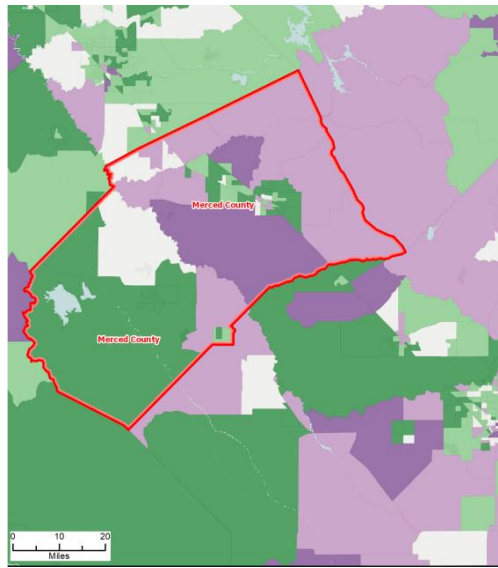
Urban/Rural Population

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.

BENCHMARK ▶ Less urban than the state of California.

Urban and Rural Population
(2010)

■ % Urban   ■ % Rural

	Merced County	CA	US
% Urban	85.7%	95.0%	80.9%
% Rural	14.3%	5.0%	19.1%
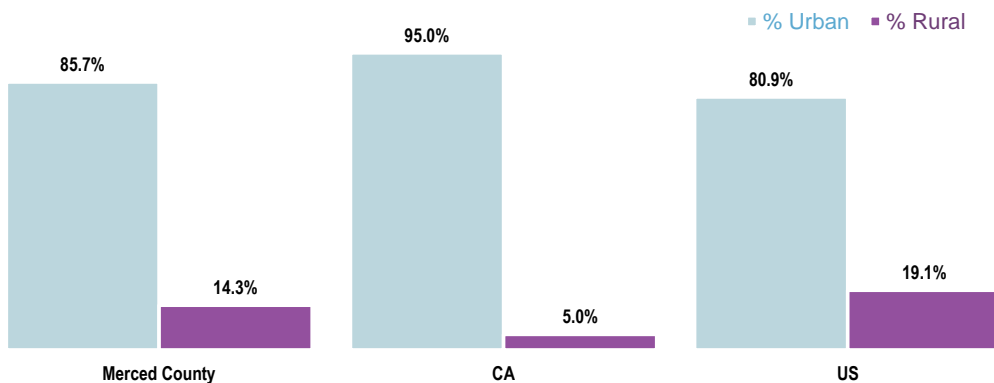
Sources: • US Census Bureau Decennial Census.
• Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved January 2022 via SparkMap (sparkmap.org).
Notes: • This indicator reports the percentage of population living in urban and rural areas. Urban areas are 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.

Map Legend

Urban Population, Percent by Tract, US Census 2010

- 100% Urban Population
- 90.1 - 99.9%
- 50.1 - 90.0%
- Under 50.1%
- No Urban Population
- No Data or Data Suppressed

Report Location, County

SparkMap
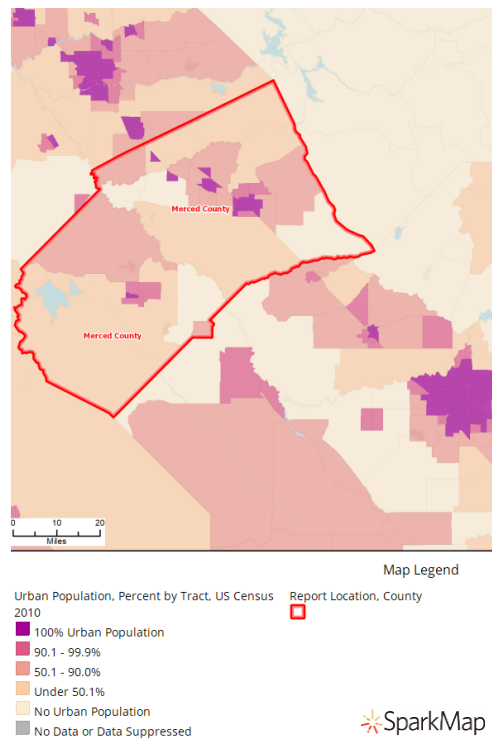
Age

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

In Merced County, 29.7% of the population are children age 0-17; another 59.3% are age 18 to 64, while 11.0% are age 65 and older.

BENCHMARK ▶ A higher proportion of children than is found across California and the US.

Total Population by Age Groups
(2015-2019)
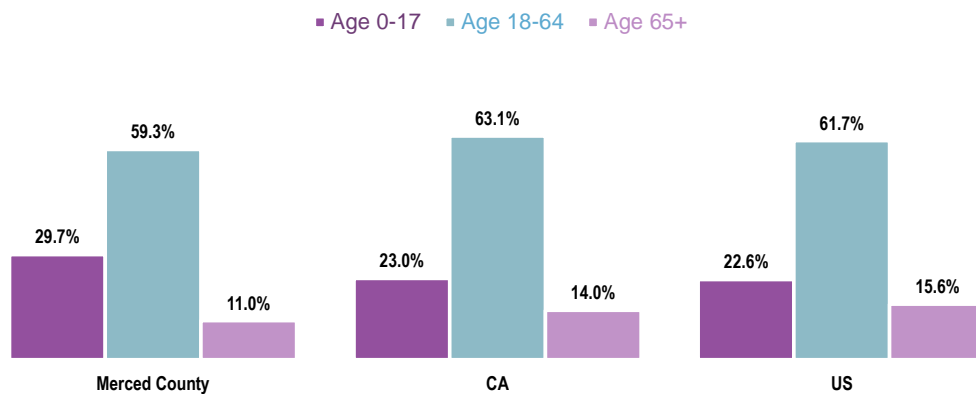
■ Age 0-17   ■ Age 18-64   ■ Age 65+

	Age 0-17	Age 18-64	Age 65+
Merced County	29.7%	59.3%	11.0%
CA	23.0%	63.1%	14.0%
US	22.6%	61.7%	15.6%

Sources:
- US Census Bureau American Community Survey 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved January 2022 via SparkMap (sparkmap.org).

Median Age

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

Median Age
(2015-2019)

Sources:
- US Census Bureau American Community Survey 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved January 2022 via SparkMap (sparkmap.org).

The following map provides an illustration of the median age in Merced County.
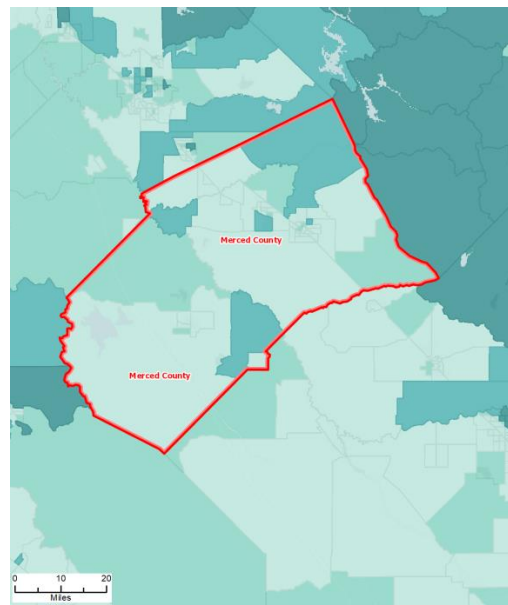
Median Age by Tract, ACS 2015-19
- Over 45.0
- 40.1 - 45.0
- 35.1 - 40.0
- Under 35.1
- No Data or Data Suppressed

Report Location, County

Map Legend

SparkMap

Race & Ethnicity

Race

In looking at race independent of ethnicity (Hispanic or Latino origin), 55.1% of residents of Merced County are White, 7.5% are Asian, 3.2% are Black, 33.4% are some "other" race, and 4.1% are multiple races.

BENCHMARK ► More diverse than the state and nation.

Total Population by Race Alone
(2015-2019)
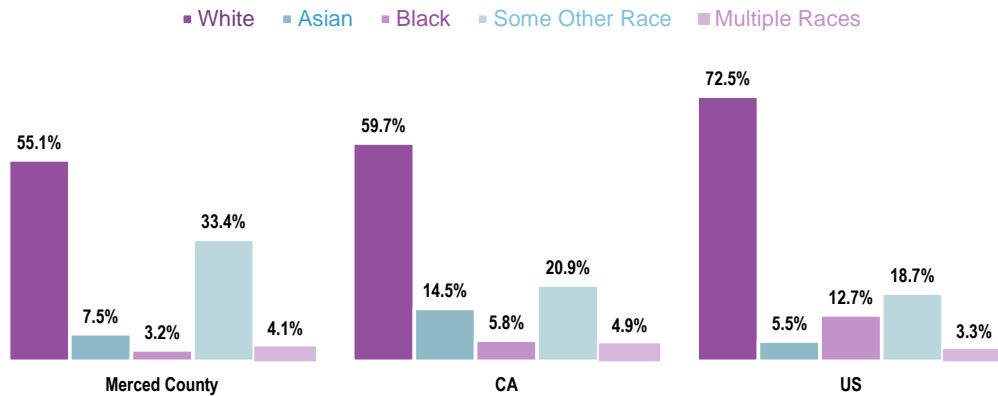
■ White ■ Asian ■ Black ■ Some Other Race ■ Multiple Races

Merced County: 55.1%, 7.5%, 3.2%, 33.4%, 4.1%
CA: 59.7%, 14.5%, 5.8%, 20.9%, 4.9%
US: 72.5%, 5.5%, 12.7%, 18.7%, 3.3%

Sources:
- US Census Bureau American Community Survey 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved January 2022 via SparkMap (sparkmap.org).

Ethnicity

A total of 59.6% of Merced County residents are Hispanic or Latino.

BENCHMARK ► Considerably higher than state and national percentages.

Hispanic Population
(2015-2019)
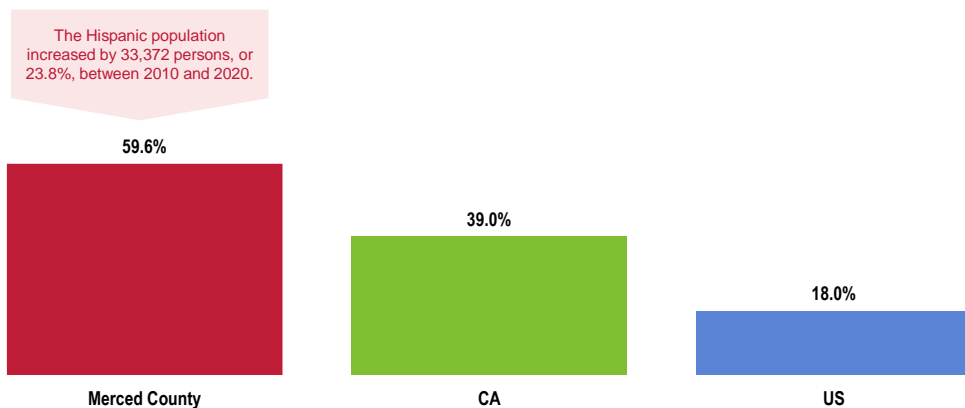
The Hispanic population increased by 33,372 persons, or 23.8%, between 2010 and 2020.

Merced County: 59.6%
CA: 39.0%
US: 18.0%

Sources:
- US Census Bureau American Community Survey 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved January 2022 via SparkMap (sparkmap.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.

Linguistic Isolation

A total of 11.9% of Merced County population age 5 and older live in a home in which <u>no</u> person age 14 or older is proficient in English (speaking only English or speaking English "very well").

BENCHMARK ▶ Higher than state and national findings.

Linguistically Isolated Population
(2015-2019)
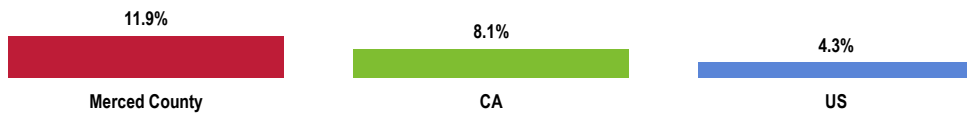
11.9%	**8.1%**	**4.3%**
Merced County	**CA**	**US**

Sources:
● US Census Bureau American Community Survey 5-year estimates.
● Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved January 2022 via SparkMap (sparkmap.org).

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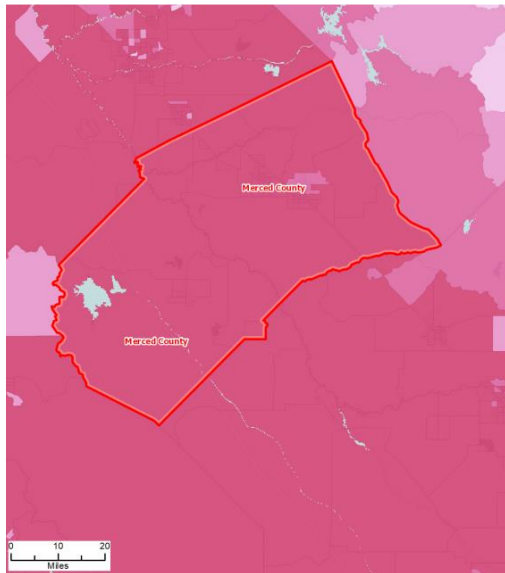
Map Legend

Population in Linguistically Isolated Households, Percent by Tract, ACS 2015-19

■ Over 3.0%
■ 1.1 - 3.0%
■ 0.1 - 1.1%
■ No Population in Linguistically Isolated Households
■ No Data or Data Suppressed

Report Location, County

SparkMap

SOCIAL DETERMINANTS OF HEALTH

ABOUT SOCIAL DETERMINANTS OF HEALTH

Social determinants of health (SDOH) are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.

Social determinants of health (SDOH) have a major impact on people's health, well-being, and quality of life. Examples of SDOH include:

– Safe housing, transportation, and neighborhoods
– Racism, discrimination, and violence
– Education, job opportunities, and income
– Access to nutritious foods and physical activity opportunities
– Polluted air and water
– Language and literacy skills

SDOH also contribute to wide health disparities and inequities. For example, people who don't have access to grocery stores with healthy foods are less likely to have good nutrition. That raises their risk of health conditions like heart disease, diabetes, and obesity — and even lowers life expectancy relative to people who do have access to healthy foods.

Just promoting healthy choices won't eliminate these and other health disparities. Instead, public health organizations and their partners in sectors like education, transportation, and housing need to take action to improve the conditions in people's environments.

– Healthy People 2030 (https://health.gov/healthypeople)

Poverty

The latest census estimate shows 21.2% of Merced County total population living below the federal poverty level.

> BENCHMARK ► Much higher than was found across the state and nation. Far from satisfying the Healthy People 2030 objective.

Among just children (ages 0 to 17), this percentage in Merced County is 29.8% (representing an estimated 23,625 children).

> BENCHMARK ► Much higher than was found across the state and nation. Far from satisfying the Healthy People 2030 objective.

Population in Poverty
(Populations Living Below the Poverty Level; 2015-2019)
Healthy People 2030 = 8.0% or Lower

■ Total Population   ■ Children
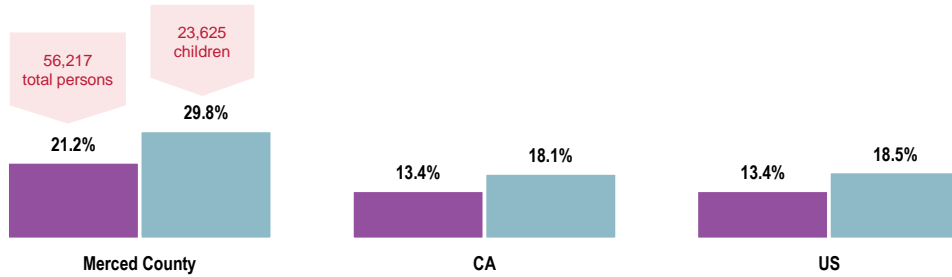
56,217 total persons — 21.2%
23,625 children — 29.8%

Merced County

13.4%   18.1%   **CA**

13.4%   18.5%   **US**

Sources:
- US Census Bureau American Community Survey 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved January 2022 via SparkMap (sparkmap.org).
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

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 following maps highlight concentrations of persons living below the federal poverty level.

Map Legend

Population Below the Poverty Level, Percent by Tract, ACS 2015-19

- Over 20.0%
- 15.1 - 20.0%
- 10.1 - 15.0%
- Under 10.1%
- No Data or Data Suppressed

Report Location, County

☀SparkMap

Map Legend

Population Below the Poverty Level, Children
(Age 0-17), Percent by Tract, ACS 2015-19

Report Location, County

- Over 30.0%
- 22.6 - 30.0%
- 15.1 - 22.5%
- Under 15.1%
- No Population Age 0-17 Reported
- No Data or Data Suppressed

SparkMap
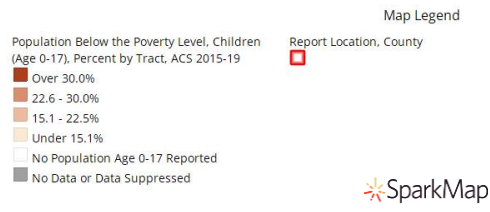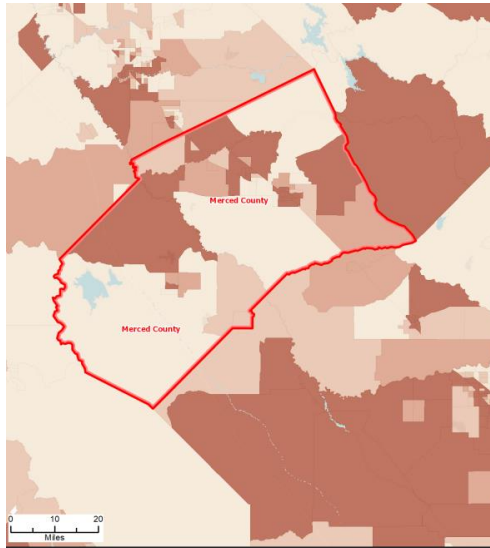
Education

Among the Merced County population age 25 and older, an estimated 30.9% (over 49,000 people) do not have a high school education.

BENCHMARK ► Considerably higher than state and US percentages.

Population With No High School Diploma
(Population Age 25+ Without a High School Diploma or Equivalent, 2015-2019)
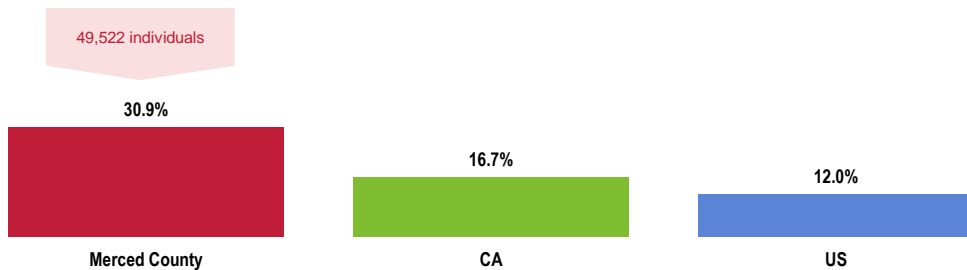
49,522 individuals

Merced County	CA	US
30.9%	16.7%	12.0%

Sources:
- US Census Bureau American Community Survey 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved January 2022 via SparkMap (sparkmap.org).

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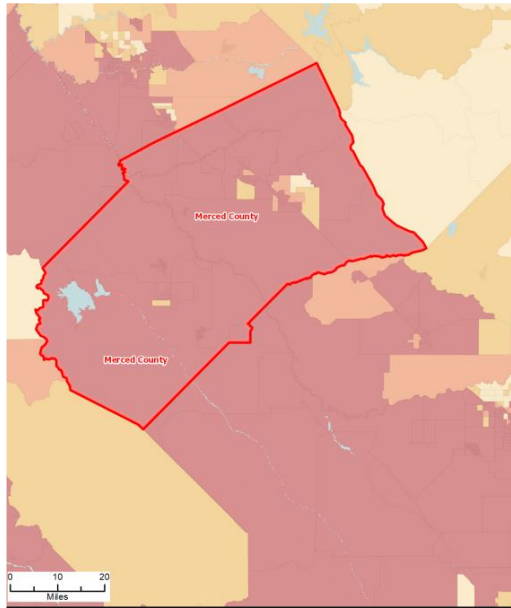
Map Legend

Population with No High School Diploma (Age 25+), Percent by Tract, ACS 2015-19

Report Location, County

- Over 21.0%
- 16.1 - 21.0%
- 11.1 - 16.0%
- Under 11.1%
- No Data or Data Suppressed

SparkMap

Financial Resilience

A total of 30.6% of Merced County residents would <u>not</u> be able to afford an unexpected $400 expense without going into debt.

BENCHMARK ▶   Higher than the US finding.

DISPARITY ▶   More often reported among women, young adults, and lower-income respondents.

Respondents were asked: "Suppose that you have an emergency expense that costs $400. Based on your current financial situation, would you be able to pay for this expense either with cash, by taking money from your checking or savings account, or by putting it on a credit card that you could pay in full at the next statement?"

Do Not Have Cash on Hand to Cover a $400 Emergency Expense

30.6%

24.6%

- Merced County
- US
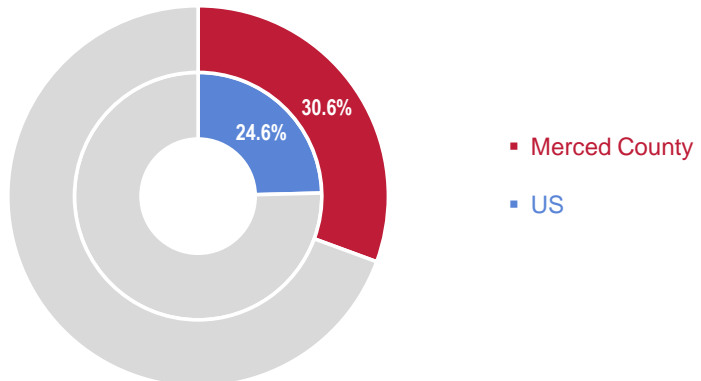
Sources:
- 2021 PRC Community Health Survey, PRC, Inc. [Item 63]
- 2020 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- Includes respondents who say they would not be able to pay for a $400 emergency expense either with cash, by taking money from their checking or savings account, or by putting it on a credit card that they could pay in full at the next statement.

Do Not Have Cash on Hand to Cover a $400 Emergency Expense
(Merced County, 2021)

Men	Women	18 to 39	40 to 64	65+	Low Income	Mid/High Income	White	Hispanic	Merced County
25.1%	36.3%	34.7%	29.9%	22.1%	45.9%	10.8%	26.7%	33.3%	30.6%

Sources: ● 2021 PRC Community Health Survey, PRC, Inc. [Item 63]
Notes: ● Asked of all respondents.
● Includes respondents who say they would not be able to pay for a $400 emergency expense either with cash, by taking money from their checking or savings account, or by putting it on a credit card that they could pay in full at the next statement.

Housing

Housing Insecurity

A majority of surveyed adults rarely, if ever, worry about the cost of housing.

Frequency of Worry or Stress Over Paying Rent or Mortgage in the Past Year
(Merced County, 2021)

- Always — 11.5%
- Usually — 5.1%
- Sometimes — 23.6%
- Rarely — 17.4%
- Never — 42.5%

Sources: ● 2021 PRC Community Health Survey, PRC, Inc. [Item 66]
Notes: ● Asked of all respondents.

However, a considerable share (40.2%) report that they were "sometimes," "usually," or "always" worried or stressed about having enough money to pay their rent or mortgage in the past year.

BENCHMARK ▶ Higher than the national percentage.

DISPARITY ▶ More often reported among women, adults younger than 65, lower-income residents, Hispanic respondents, and renters.

"Always/Usually/Sometimes" Worried
About Paying Rent/Mortgage in the Past Year
(Merced County, 2021)

| Among homeowners | 25.1% |
| Among renters | 53.0% |

Men 32.8%
Women 47.7%
18 to 39 48.9%
40 to 64 40.3%
65+ 9.7%
Low Income 59.7%
Mid/High Income 17.7%
White 32.5%
Hispanic 45.1%
Merced County 40.2%
US 32.2%
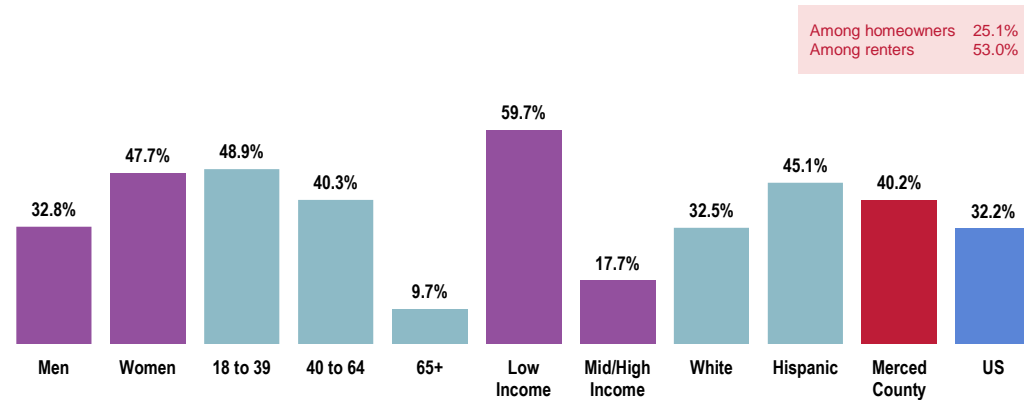
Sources: ● 2021 PRC Community Health Survey, PRC, Inc. [Item 66]
● 2020 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Unhealthy or Unsafe Housing

A total of 15.9% of Merced County residents report living in unhealthy or unsafe housing conditions during the past year.

DISPARITY ▶ More often reported among young adults, lower-income residents, and renters.

Unhealthy or Unsafe Housing Conditions in the Past Year

Respondents were asked: "Thinking about your current home, over the past 12 months have you experienced ongoing problems with water leaks, rodents, insects, mold, or other housing conditions that might make living there unhealthy or unsafe?"

15.9%
12.2%

▪ Merced County

▪ US
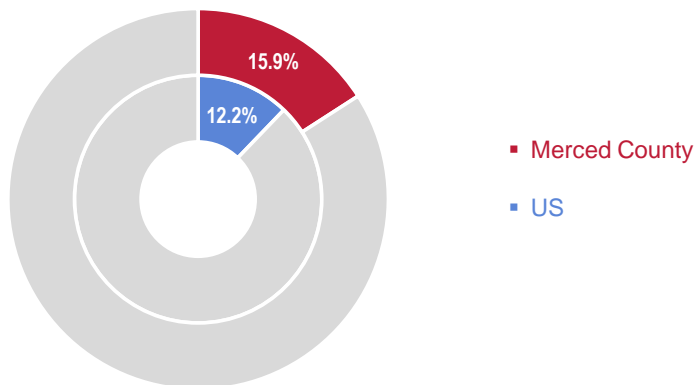
Sources: ● 2021 PRC Community Health Survey, PRC, Inc. [Item 65]
● 2020 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.
● Includes respondents who say they experienced ongoing problems in their current home with water leaks, rodents, insects, mold, or other housing conditions that might make living there unhealthy or unsafe.

Unhealthy or Unsafe Housing Conditions in the Past Year
(Merced County, 2021)

| Among homeowners | 8.5% |
| Among renters | 23.5% |

Men	Women	18 to 39	40 to 64	65+	Low Income	Mid/High Income	White	Hispanic	Merced County
13.6%	18.3%	21.5%	11.0%	9.0%	20.9%	11.0%	13.0%	19.4%	15.9%
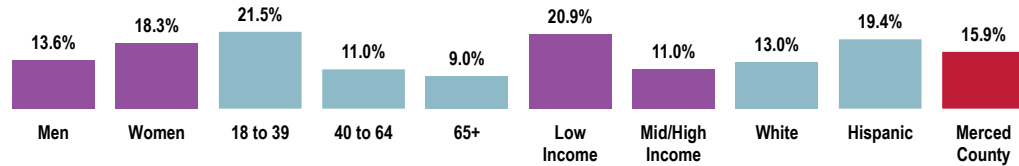
Sources: ● 2021 PRC Community Health Survey, PRC, Inc. [Item 65]
Notes: ● Asked of all respondents.
 ● Includes respondents who say they experienced ongoing problems in their current home with water leaks, rodents, insects, mold, or other housing conditions that might make living there unhealthy or unsafe.

Food Access

Low Food Access

US Department of Agriculture data show that 18.9% of Merced County population (representing over 48,000 residents) have low food access, meaning that they do not live near a supermarket or large grocery store.

> Low food access is defined as living more than ½ mile from the nearest supermarket, supercenter, or large grocery store.
>
> RELATED ISSUE See also *Nutrition*, *Physical Activity* & *Weight* in the **Modifiable Health Risks** section of this report.

BENCHMARK ▶ Worse than the statewide percentage.

Population With Low Food Access
(Percent of Population That Is Far From a Supermarket or Large Grocery Store, 2019)

48,443 individuals have low food access

Merced County	CA	US
18.9%	13.3%	22.2%
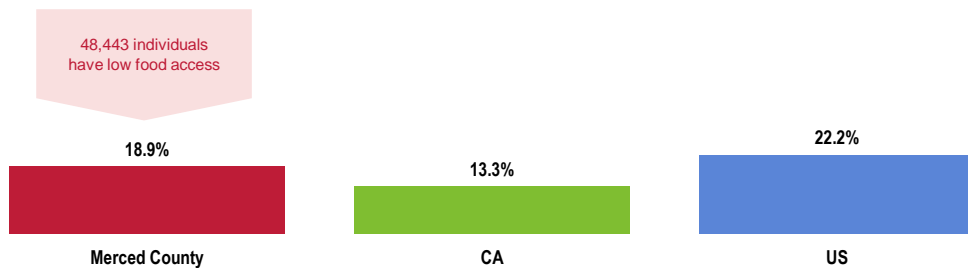
Sources: ● US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas (FARA).
 ● Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved January 2022 via SparkMap (sparkmap.org).
Notes: ● This indicator reports the percentage of the population with low food access. Low food access is defined as living more than ½ mile from the nearest supermarket, supercenter, or large grocery store. This indicator is relevant because it highlights populations and geographies facing food insecurity.

Map Legend

Population with Limited Food Access, Percent
by Tract, USDA - FARA 2019

Report Location, County

- Over 50.0%
- 20.1 - 50.0%
- 5.1 - 20.0%
- Under 5.1%
- No Low Food Access

SparkMap

Food Insecurity

Overall, 40.4% of community residents are determined to be "food insecure," having run out of food in the past year and/or been worried about running out of food.

DISPARITY ► More often reported among women, adults younger than 65, and lower-income respondents.

Surveyed adults were asked: "Now I am going to read two statements that people have made about their food situation. Please tell me whether each statement was "Often True," "Sometimes True," or "Never True" for you in the past 12 months:

• I worried about whether our food would run out before we got money to buy more.

• The food that we bought just did not last, and we did not have money to get more."

Those answering "Often" or "Sometimes True" for either statement are considered to be food insecure.

Food Insecurity
(Merced County, 2021)

Men	Women	18 to 39	40 to 64	65+	Low Income	Mid/High Income	White	Hispanic	Merced County	US
34.5%	46.3%	54.3%	32.5%	17.0%	59.4%	21.2%	32.4%	43.7%	40.4%	34.1%
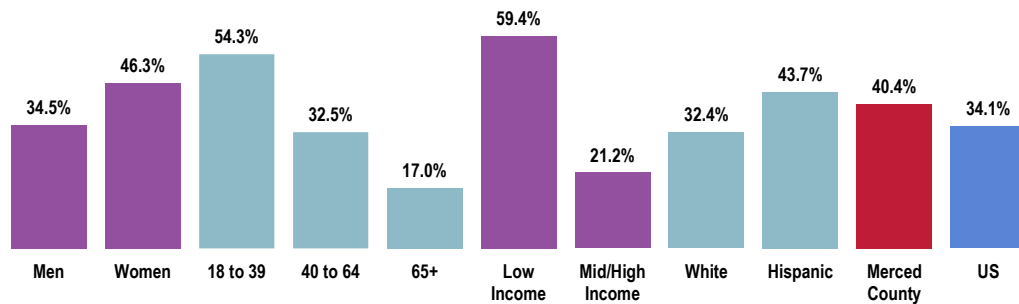
Sources:
- 2021 PRC Community Health Survey, PRC, Inc. [Item 112]
- 2020 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- Includes adults who A) ran out of food at least once in the past year and/or B) worried about running out of food in the past year.

HEALTH STATUS

OVERALL HEALTH STATUS

Most Merced County residents rate their overall health favorably (responding "excellent," "very good," or "good").

Self-Reported Health Status
(Merced County, 2021)
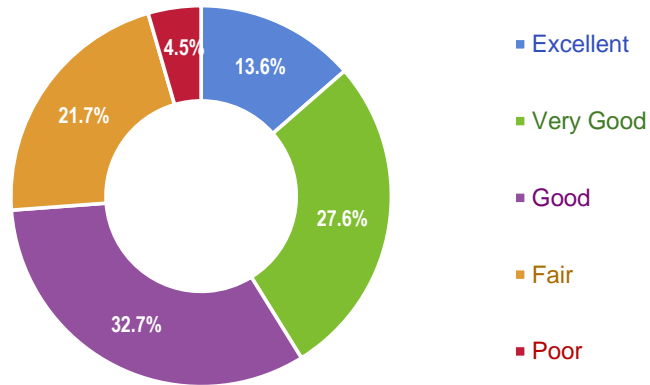
- 4.5%
- 13.6%
- 27.6%
- 32.7%
- 21.7%

Legend:
- Excellent
- Very Good
- Good
- Fair
- Poor

Sources: ● 2021 PRC Community Health Survey, PRC, Inc. [Item 5]
Notes: ● Asked of all respondents.

However, 26.2% of Merced County adults believe that their overall health is "fair" or "poor."

BENCHMARK ► Worse than was found across the state and nation.

DISPARITY ► Seniors (age 65+) are much more likely to report experiencing "fair" or "poor" health.

Experience "Fair" or "Poor" Overall Health

Merced County

Merced County	CA	US
26.2%	18.2%	12.6%

2012	2015	2018	2021
23.6%	21.7%	25.9%	26.2%
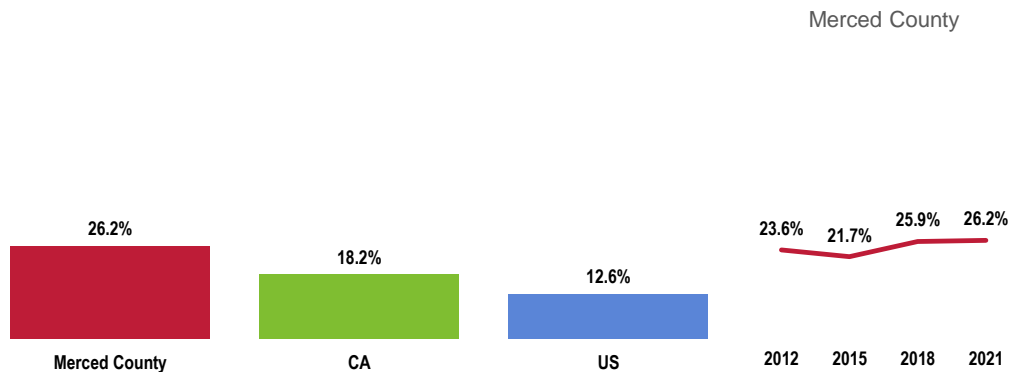
Sources: ● 2021 PRC Community Health Survey, PRC, Inc. [Item 5]
● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2019 California data.
● 2020 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Experience "Fair" or "Poor" Overall Health
(Merced County, 2021)

28.5%	23.8%	20.6%	25.1%	45.9%	29.6%	20.5%	18.4%	25.7%	26.2%
Men	Women	18 to 39	40 to 64	65+	Low Income	Mid/High Income	White	Hispanic	Merced County
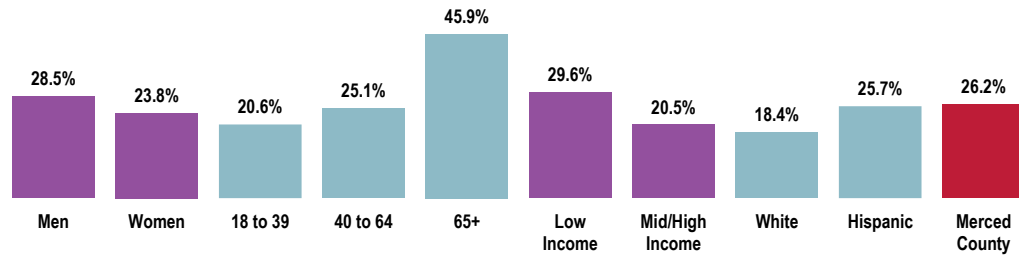
Sources: ● 2021 PRC Community Health Survey, PRC, Inc. [Item 5]
Notes: ● Asked of all respondents.

MENTAL HEALTH

ABOUT MENTAL HEALTH & MENTAL DISORDERS

About half of all people in the United States will be diagnosed with a mental disorder at some point in their lifetime. …Mental disorders affect people of all age and racial/ethnic groups, but some populations are disproportionately affected. And estimates suggest that only half of all people with mental disorders get the treatment they need.

In addition, mental health and physical health are closely connected. Mental disorders like depression and anxiety can affect people's ability to take part in healthy behaviors. Similarly, physical health problems can make it harder for people to get treatment for mental disorders. Increasing screening for mental disorders can help people get the treatment they need.

– Healthy People 2030 (https://health.gov/healthypeople)

Mental Health Status

Most Merced County adults rate their overall mental health favorably ("excellent," "very good," or "good").

"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?"

Self-Reported Mental Health Status
(Merced County, 2021)

- Excellent 15.1%
- Very Good 26.2%
- Good 25.5%
- Fair 25.2%
- Poor 8.0%
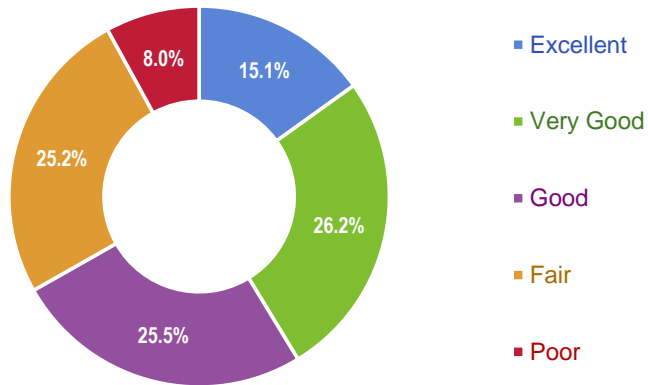
Sources: ● 2021 PRC Community Health Survey, PRC, Inc. [Item 90]
Notes: ● Asked of all respondents.

However, 33.2% believe that their overall mental health is "fair" or "poor."

BENCHMARK ► More than twice the national percentage.

TREND ► Significantly higher than was recorded in any previous survey.

Experience "Fair" or "Poor" Mental Health

Merced County

33.2%

Merced County

13.4%

US

17.2% 14.4% 17.7% 33.2%

2012 2015 2018 2021
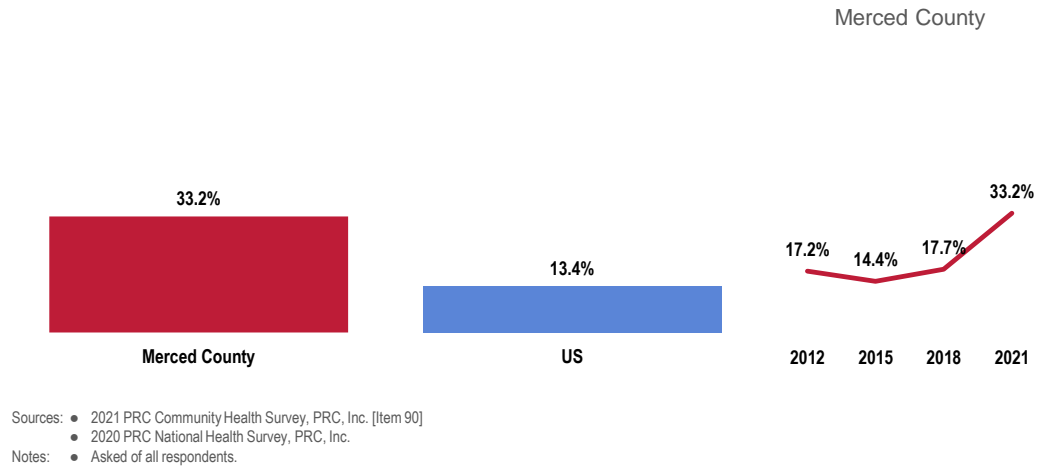
Depression

Diagnosed Depression

A total of 27.4% of Merced County adults have been diagnosed by a physician as having a depressive disorder (such as depression, major depression, dysthymia, or minor depression).

BENCHMARK ► Higher than was found across California and the US.

TREND ► Marks a significant increase from previous surveys.

Have Been Diagnosed With a Depressive Disorder

Merced County

27.4%

Merced County

14.6%

CA

20.6%

US

16.3% 16.7% 27.4%

2015 2018 2021
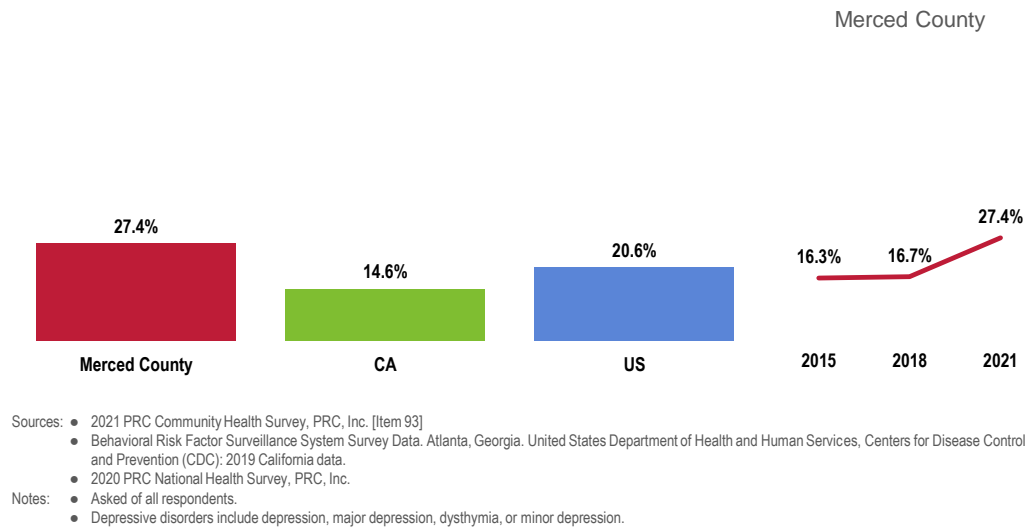
Symptoms of Chronic Depression

A total of 51.7% 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).

BENCHMARK ► Considerably higher than was found across the US.

TREND ► Marks a significant increase after a gradual decline within Merced County.

DISPARITY ► More often reported among women, adults younger than 65, lower-income respondents, and Hispanic residents.

Have Experienced Symptoms of Chronic Depression

Merced County

Merced County	US
51.7%	30.3%

2012	2015	2018	2021
37.1%	36.1%	32.3%	51.7%
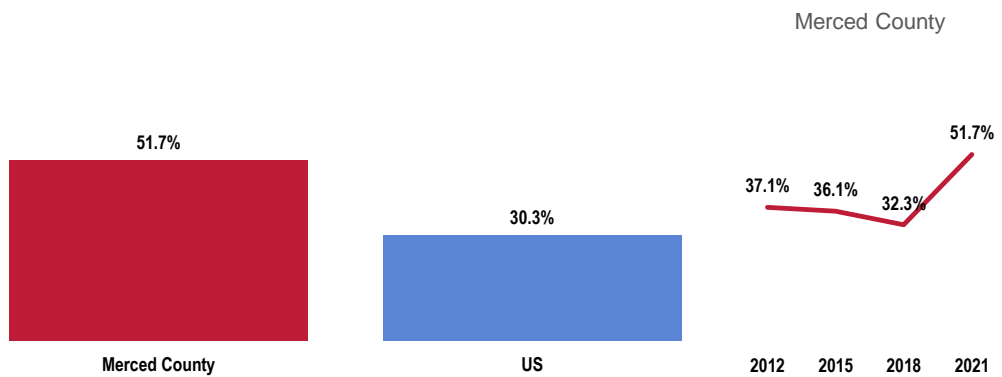
Sources: ● 2021 PRC Community Health Survey, PRC, Inc. [Item 91]
● 2020 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.
● Chronic depression includes periods of two or more years during which the respondent felt depressed or sad on most days, even if (s)he felt okay sometimes.

Have Experienced Symptoms of Chronic Depression
(Merced County, 2021)

Men	Women	18 to 39	40 to 64	65+	Low Income	Mid/High Income	White	Hispanic	Merced County
42.3%	61.3%	60.4%	51.1%	27.1%	61.4%	40.9%	40.7%	62.2%	51.7%
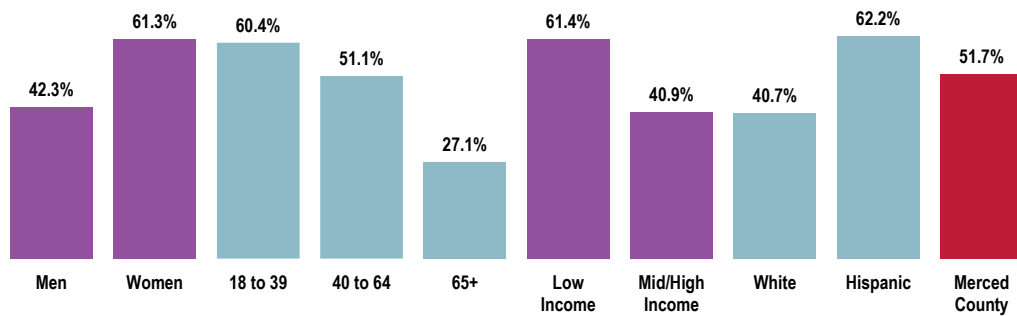
Sources: ● 2021 PRC Community Health Survey, PRC, Inc. [Item 91]
Notes: ● Asked of all respondents.
● Chronic depression includes periods of two or more years during which the respondent felt depressed or sad on most days, even if (s)he felt okay sometimes.

Stress

A majority of surveyed adults characterize most days as no more than "moderately" stressful.

Perceived Level of Stress On a Typical Day
(Merced County, 2021)
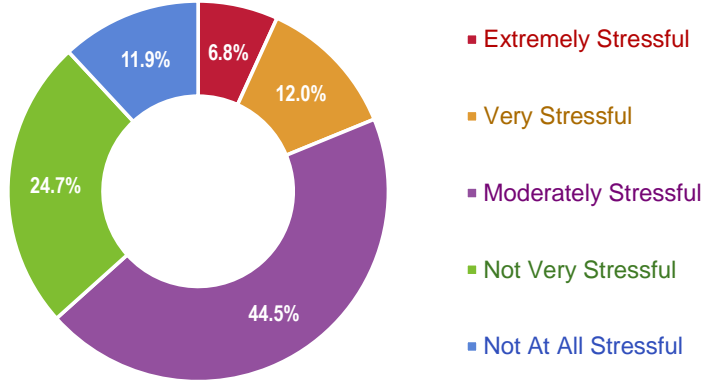
- **Extremely Stressful** — 6.8%
- **Very Stressful** — 12.0%
- **Moderately Stressful** — 44.5%
- **Not Very Stressful** — 24.7%
- **Not At All Stressful** — 11.9%

Sources: ● 2021 PRC Community Health Survey, PRC, Inc. [Item 92]
Notes: ● Asked of all respondents.

In contrast, 18.8% of Merced County adults feel that most days for them are "very" or "extremely" stressful.

TREND ▶ Denotes a significant increase.

DISPARITY ▶ Women, adults younger than 65, and lower-income adults are more likely to report a typical day as being "extremely" or "very" stressful.

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

Merced County

Merced County	US	2012	2015	2018	2021
18.8%	16.1%	10.1%	12.8%	9.6%	18.8%
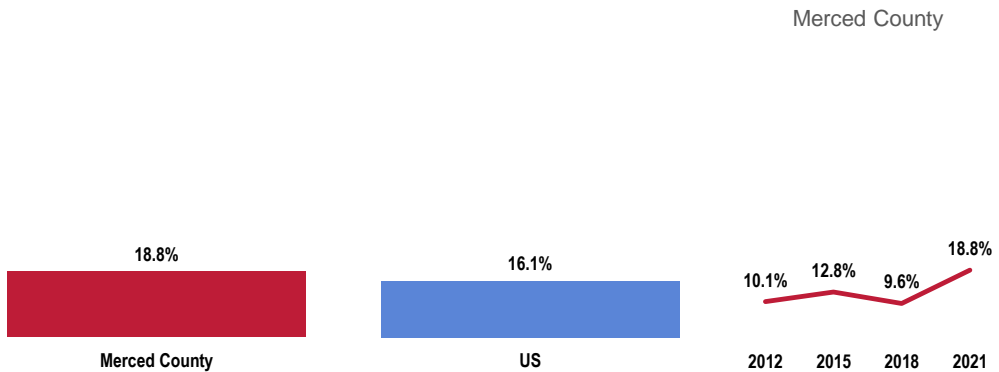
Sources: ● 2021 PRC Community Health Survey, PRC, Inc. [Item 92]
● 2020 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Perceive Most Days as "Extremely" or "Very" Stressful
(Merced County, 2021)

12.6%	25.2%	20.6%	19.9%	6.9%	27.6%	10.5%	17.0%	18.3%	18.8%
Men	Women	18 to 39	40 to 64	65+	Low Income	Mid/High Income	White	Hispanic	Merced County
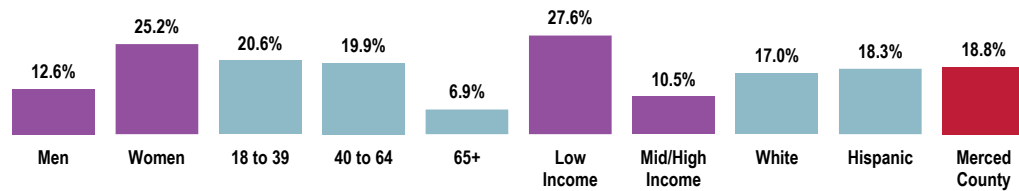
Sources: ● 2021 PRC Community Health Survey, PRC, Inc. [Item 92]
Notes: ● Asked of all respondents.

Suicide

In Merced County, there were 9.1 suicides per 100,000 population (2018-2020 annual average age-adjusted rate).

BENCHMARK ► Lower than state and national rates. Satisfies the Healthy People 2030 objective.

TREND ► Declining in recent years.

DISPARITY ► The rate among White residents is nearly triple the rate among Hispanics.

Suicide: Age-Adjusted Mortality
(2018-2020 Annual Average Deaths per 100,000 Population)
Healthy People 2030 = 12.8 or Lower

Merced County	CA	US
9.1	10.5	13.9

Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted January 2022.
● US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Suicide: Age-Adjusted Mortality by Race
(2018-2020 Annual Average Deaths per 100,000 Population)
Healthy People 2030 = 12.8 or Lower

14.9

5.2

9.1

Merced County
White (Non-Hispanic)

Merced County
Hispanic

Merced County
All Races/Ethnicities

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted January 2022.
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Suicide: Age-Adjusted Mortality Trends
(Annual Average Deaths per 100,000 Population)
Healthy People 2030 = 12.8 or Lower

	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
Merced County	11.1	9.5	10.3	12.1	12.1	9.7	9.0	9.1
CA	10.2	10.2	10.3	10.4	10.4	10.6	10.7	10.5
US	13.1	13.4	13.1	13.4	13.6	13.9	14.0	13.9

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted January 2022.
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Mental Health Treatment

Mental Health Providers

Here, "mental health providers" includes psychiatrists, psychologists, clinical social workers, and counsellors who specialize in mental health care. Note that this indicator only reflects providers practicing in Merced County and residents in Merced County; it does not account for the potential demand for services from outside the area, nor the potential availability of providers in surrounding areas.

In Merced County in 2021, there were 80.7 mental health providers for every 100,000 population.

BENCHMARK ► Less favorable than state and US rates.

Access to Mental Health Providers
(Number of Mental Health Providers per 100,000 Population, 2021)

Merced County	CA	US
80.7	136.3	119.9

227 Mental Health Providers
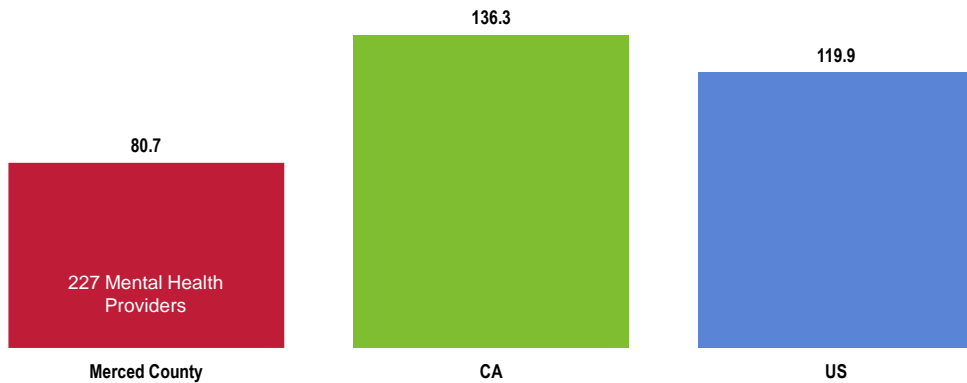
Sources:
- University of Wisconsin Population Health Institute, County Health Rankings.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved January 2022 via SparkMap (sparkmap.org).

Notes:
- This indicator reports the rate of the county population to the number of mental health providers including psychiatrists, psychologists, clinical social workers, and counsellors that specialize in mental health care.

Currently Receiving Treatment

A total of 18.7% are currently taking medication or otherwise receiving treatment from a doctor, nurse, or other health professional for some type of mental health condition or emotional problem.

TREND ► Denotes a significant increase since 2018.

Currently Receiving Mental Health Treatment

Merced County

Among respondents ever diagnosed with a depressive disorder, 47.6% are currently receiving treatment.

Merced County	US	2018	2021
18.7%	16.8%	11.3%	18.7%

Sources:
- 2021 PRC Community Health Survey, PRC, Inc. [Item 94]
- 2020 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- "Treatment" can include taking medications for mental health.

Difficulty Accessing Mental Health Services

A total of 12.4% of Merced County adults report a time in the past year when they needed mental health services but were not able to get them.

BENCHMARK ► Worse than the US finding.

TREND ► Marks a significant increase since 2018.

DISPARITY ► More often reported among women and adults younger than 65.

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

Merced County

Merced County	US	2018	2021
12.4%	7.8%	5.7%	12.4%
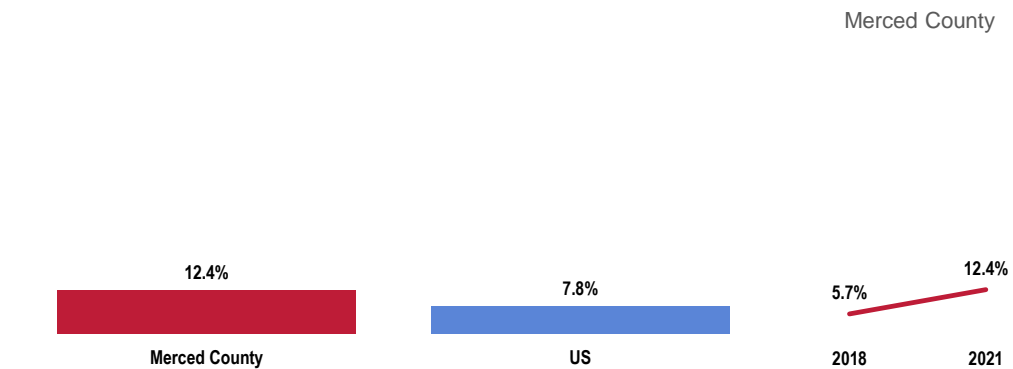
Sources: ● 2021 PRC Community Health Survey, PRC, Inc. [Item 95]
● 2020 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Unable to Get Mental Health Services When Needed in the Past Year
(Merced County, 2021)

Men	Women	18 to 39	40 to 64	65+	Low Income	Mid/High Income	White	Hispanic	Merced County
7.4%	17.4%	16.8%	11.5%	1.6%	12.2%	12.4%	9.9%	16.9%	12.4%

Sources: ● 2021 PRC Community Health Survey, PRC, Inc. [Item 95]
Notes: ● Asked of all respondents.

Key Informant Input: Mental Health

A high percentage of key informants taking part in an online survey characterized *Mental Health* as a "major problem" in the community.

Perceptions of Mental Health
as a Problem in the Community
(Key Informants, 2021)
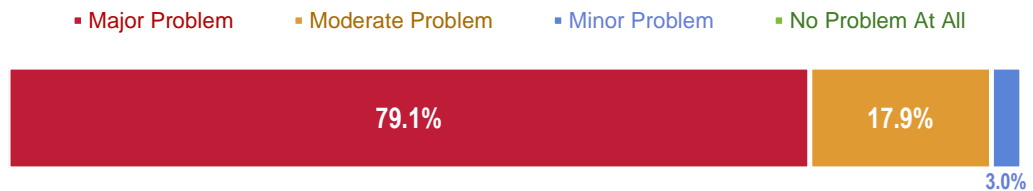
▪ Major Problem   ▪ Moderate Problem   ▪ Minor Problem   ▪ No Problem At All

79.1%	17.9%	

3.0%

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

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

Access to Care/Services

Access to mental health services for everyone, but specifically for children, is a problem, especially during this pandemic. – Social Services Provider

I only know Merced County Behavioral Health and Family Care to provide mental health help. – Public Health Representative

Poor access to programs, unable to get specific referrals from primary care doctors. – Public Health Representative

Lack of care, services. – Public Health Representative

Getting access to mental health. – Public Health Representative

Availability of mental health services appointments. – Public Health Representative

Just not enough. Resources, resources, resources. Need for counselors, therapists, trauma-informed professionals, therapists for children, mental health services for teenagers, the list goes on and on. – Social Services Provider

After-hours care. – Social Services Provider

Insufficient mental health workers. County takes too long to evaluate patents in the emergency room, and the ER is backed up with psych patients. It takes too long to get mental health appointments. Need to fund more community resources for mildly disturbed patents to prevent exacerbation of their problems. – Social Services Provider

We do not have any specialized mental health facilities or clinicians here in Merced to deal with severe pediatric mental illness. We lack clinicians in the county for both children and adults. – Social Services Provider

Lack of access to high quality mental health care. Providers are overbooked, difficult to get appointments and the quality of care is inconsistent. – Social Services Provider

Our criteria are too strict. The individual has to have moderate-to-severe symptoms in order to receive services from behavioral health. This results in most individuals being ineligible for services. They have to go to a medical provider that has in-house mental health services and for our managed care system (if they are getting Medi-Cal), that provider has to be assigned to them. – Social Services Provider

Not enough resources. Overall lack of psychologists, counselors, social workers for therapy. No one taking new patients. Lack of mental health facilities for residential placement. – Social Services Provider

Contributing Factors

Accessing treatment, facing stigma. – Community Leader

Lack of care when it is needed, drug abuse, stigma. – Social Services Provider

Access to counselling in community and schools and work sites before the problems grow worse; problems have to be major such as suicide attempts or other alarm notices before can get help; also, there is stigma. Mental health has to be normalized as part of overall human health and accessible at earlier points. – Public Health Representative

Stigma, getting appointment within accessibility timeframes, lack of providers who serve children and people who need services in other languages besides English. – Other Health Provider

I believe stigma is a big factor that keeps families from seeking help. Another issue is culturally appropriate care. – Community Leader

The stigma associated with accessing services. Culturally responsive services. Culture doesn't necessarily mean ethnicity. Homelessness, incarceration due to mental health conditions. – Community Leader

Lack of providers, substance abuse. – Public Health Representative

There are not enough mental health providers in Merced County. Our homeless numbers are skyrocketing and many of those are homeless due to mental health issues. There are even less mental health providers that work with youth. Also, some of the providers are on a cash basis or accept limited insurance. – Social Services Provider

Lack of mental health practitioners and lack of coverage for mental health visits. – Community Leader

Homeless, access to counseling. – Public Health Representative

Just cruising around town on any given day, you will see clear examples of people who are under the influence of substances that visibly affect their judgment. They sometimes act out and may go to jail or to BHRS, if they are lucky. Homelessness and mental health go hand-in-hand. We have the so-called "Tent City" in Atwater, and there we see a large population with some mental health issues. – Public Health Representative

Discrimination, racism impacts health because it increases stress levels which negatively impacts the body, individuals, and families. – Community Leader

Denial/Stigma

People have many mental issues, society does not accept mental illness. Many of our mental illnesses are not addressed either because mentally ill people do not want care, refuse care or basically do not know how to get care for themselves. Family members are burdened with the care and do not know how to care for their mentally ill family member. Then a lot are put on the streets or end up on the streets. – Public Health Representative

The biggest challenge for people with mental health issues in our community is accepting the fact that help is needed and feel they are going to be judged. – Other Health Provider

Stigma and shame. – Social Services Provider

COVID-19

Stress, depression, and anxiety have increased for many in the community, especially during the COVID-19 pandemic. – Public Health Representative

People suffering due to COVID and lack of socialization. Life for many has changed and they are struggling. – Social Services Provider

Income/Poverty

Due to the recession, low-income residents have been more prone to severe depression and suicide. – Public Health Representative

We are told because of lack of monies to pay for housing and food. Clients becoming increasingly nervous, frustrated, and overwhelmed. – Community Leader

Lack of Providers

Lack of providers, not enough in our community. – Public Health Representative

Not enough providers. – Social Services Provider

Comorbidities

Biggest challenge is STDs among the mental health individuals that are homeless with drug abuse issues and are lost to follow-up with their primary care provider and the mental health system. – Public Health Representative

Foreign-Born

For the migrant Latino population, access to mental health (language-appropriate) services. Increasing the community's knowledge that services are available and addressing the stigma associated with it. Who provides that follow up when mental and/or emotional health issues arise with students in this population? – Social Services Provider

Homelessness

Dealing with the mental health needs of the homeless population is the biggest challenge. Our funds and resources are spread thin. – Public Health Representative

Prevention/Screenings

> Prevention and early intervention. – Social Services Provider

DEATH, DISEASE & CHRONIC CONDITIONS

LEADING CAUSES OF DEATH

Distribution of Deaths by Cause

Together, heart disease and cancers accounted for more than one-third of all deaths in Merced County in 2020.

Leading Causes of Death
(Merced County, 2020)
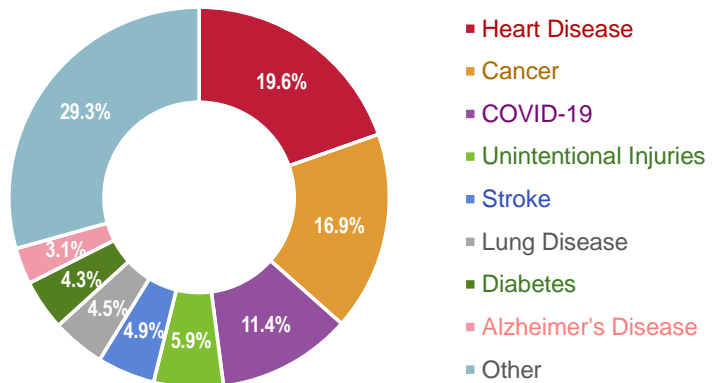
Legend:
- Heart Disease — 19.6%
- Cancer — 16.9%
- COVID-19 — 11.4%
- Unintentional Injuries — 5.9%
- Stroke — 4.9%
- Lung Disease — 4.5%
- Diabetes — 4.3%
- Alzheimer's Disease — 3.1%
- Other — 29.3%

Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted January 2022.
Notes: • Lung disease is CLRD, or chronic lower respiratory disease.

Age-Adjusted Death Rates for Selected Causes

AGE-ADJUSTED DEATH RATES

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 2030 objectives.

Note that 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 following chart outlines 2018-2020 annual average age-adjusted death rates per 100,000 population for selected causes of death in Merced County.

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

Age-Adjusted Death Rates for Selected Causes
(2018-2020 Deaths per 100,000 Population)

	Merced County	CA	US	HP2030
Diseases of the Heart	159.5	140.2	164.4	127.4*
Malignant Neoplasms (Cancers)	147.6	132.3	146.5	122.7
Coronavirus Disease/COVID-19 [2020]	103.0	68.7	85.0	—
Unintentional Injuries	49.7	37.9	51.6	43.2
Cerebrovascular Disease (Stroke)	40.8	37.8	37.6	33.4
Falls [Age 65+]	39.9	41.4	67.1	63.4
Chronic Lower Respiratory Disease (CLRD)	39.5	29.3	38.1	—
Diabetes	32.2	22.9	22.6	—
Alzheimer's Disease	28.4	38.2	30.9	—
Pneumonia/Influenza	18.3	13.8	13.4	—
Motor Vehicle Deaths	17.1	9.9	11.4	10.1
Cirrhosis/Liver Disease	17.0	12.8	11.9	10.9
Unintentional Drug-Related Deaths	15.7	15.2	21.0	—
Kidney Disease	13.3	9.1	12.8	—
Septicemia	12.1	3.7	9.8	—
Firearm-Related	10.3	7.7	12.5	10.7
Intentional Self-Harm (Suicide)	9.1	10.5	13.9	12.8
Homicide/Legal Intervention	7.8	5.1	6.1	5.5
HIV/AIDS [2011-2020]	1.7	1.7	1.8	—

Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted January 2022.
● US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov.
Note: ● *The Healthy People 2030 Heart Disease target is adjusted to account for all diseases of the heart.

CARDIOVASCULAR DISEASE

ABOUT HEART DISEASE & STROKE

Heart disease is the leading cause of death in the United States, and stroke is the fifth leading cause. …Heart disease and stroke can result in poor quality of life, disability, and death. Though both diseases are common, they can often be prevented by controlling risk factors like high blood pressure and high cholesterol through treatment.

In addition, making sure people who experience a cardiovascular emergency — like stroke, heart attack, or cardiac arrest — get timely recommended treatment can reduce their risk for long-term disability and death. Teaching people to recognize symptoms is key to helping more people get the treatment they need.

– Healthy People 2030 (https://health.gov/healthypeople)

Age-Adjusted Heart Disease & Stroke Deaths

Heart Disease Deaths

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

Between 2018 and 2020, there was an annual average age-adjusted heart disease mortality rate of 159.5 deaths per 100,000 population in Merced County.

BENCHMARK ► Fails to satisfy the Healthy People 2030 objective.

DISPARITY ► Much higher among White residents.

Heart Disease: Age-Adjusted Mortality
(2018-2020 Annual Average Deaths per 100,000 Population)
Healthy People 2030 = 127.4 or Lower (Adjusted)

Merced County	CA	US
159.5	140.2	164.4

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted January 2022.
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Notes:
- The Healthy People 2030 Heart Disease target is adjusted to account for all diseases of the heart.

Heart Disease: Age-Adjusted Mortality by Race
(2018-2020 Annual Average Deaths per 100,000 Population)
Healthy People 2030 = 127.4 or Lower (Adjusted)

195.6 — Merced County White (Non-Hispanic)

111.2 — Merced County Hispanic

159.5 — Merced County All Races/Ethnicities

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted January 2022.
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Notes:
- The Healthy People 2030 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 2030 = 127.4 or Lower (Adjusted)

	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
Merced County	167.1	170.9	173.7	176.5	173.9	167.0	156.0	159.5
CA	154.7	149.1	146.5	143.6	143.9	141.9	139.8	140.2
US	190.6	188.9	168.9	167.5	166.3	164.7	163.4	164.4

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted January 2022.
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Notes:
- The Healthy People 2030 Heart Disease target is adjusted to account for all diseases of the heart.

Stroke Deaths

Between 2018 and 2020, there was an annual average age-adjusted stroke mortality rate of 40.8 deaths per 100,000 population in Merced County.

BENCHMARK ► Fails to satisfy the Healthy People 2030 objective.

Stroke: Age-Adjusted Mortality
(2018-2020 Annual Average Deaths per 100,000 Population)
Healthy People 2030 = 33.4 or Lower

Merced County	CA	US
40.8	37.8	37.6

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted January 2022.
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Stroke: Age-Adjusted Mortality by Race
(2018-2020 Annual Average Deaths per 100,000 Population)
Healthy People 2030 = 33.4 or Lower

Merced County White (Non-Hispanic)	Merced County Hispanic	Merced County All Races/Ethnicities
41.7	36.2	40.8

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted January 2022.
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Stroke: Age-Adjusted Mortality Trends
(Annual Average Deaths per 100,000 Population)
Healthy People 2030 = 33.4 or Lower

	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
Merced County	41.7	41.5	42.1	43.0	43.7	41.2	39.6	40.8
CA	35.6	34.7	35.0	35.7	36.9	37.2	37.3	37.8
US	40.7	40.6	37.1	37.5	37.5	37.3	37.2	37.6

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted January 2022.
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Prevalence of Heart Disease & Stroke

Prevalence of Heart Disease

A total of 7.2% of surveyed adults report that they suffer from or have been diagnosed with heart disease, such as coronary heart disease, angina, or heart attack.

DISPARITY ► More often reported among adults age 40+.

Prevalence of Heart Disease

Merced County

18 to 39	1.9%
40 to 64	9.8%
65+	17.6%

Merced County	CA	US	2012	2015	2018	2021
7.2%	4.7%	6.1%	6.8%	10.0%	7.4%	7.2%
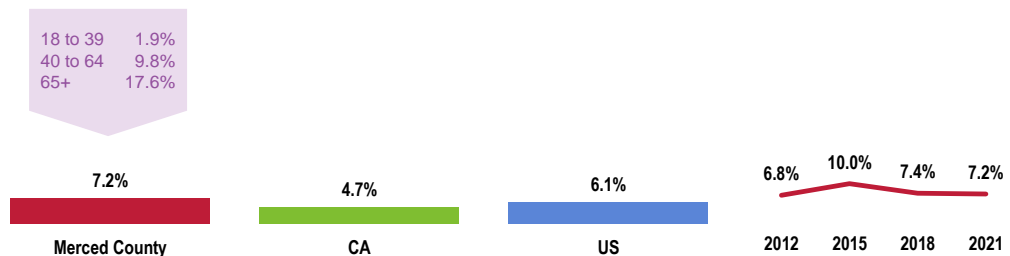
Sources:
- 2021 PRC Community Health Survey, PRC, Inc. [Item 114]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2019 California data.
- 2020 PRC National Health Survey, PRC, Inc.

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

Prevalence of Stroke

A total of 5.6% of surveyed adults report that they suffer from or have been diagnosed with cerebrovascular disease (a stroke).

BENCHMARK ► Higher than was found across California.

DISPARITY ► More often reported among adults age 40+.

Prevalence of Stroke

Merced County

18 to 39	1.3%
40 to 64	9.4%
65+	9.3%

5.6% — Merced County
2.6% — CA
4.3% — US

4.2% 2012   3.4% 2015   4.8% 2018   5.6% 2021
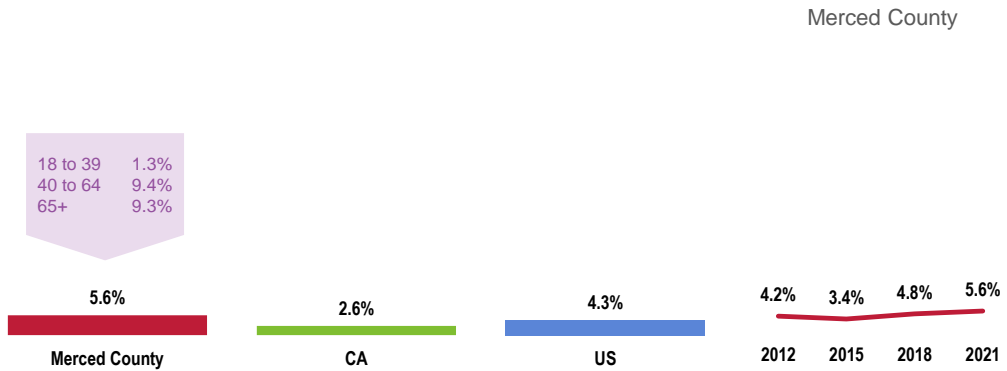
Sources:
- 2021 PRC Community Health Survey, PRC, Inc. [Item 29]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2019 California data.
- 2020 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Cardiovascular Risk Factors

Blood Pressure & Cholesterol

A total of 42.4% of Merced County adults have been told by a health professional at some point that their blood pressure was high.

BENCHMARK ► Worse than the statewide percentage. Far from satisfying the Healthy People 2030 objective.

TREND ► Trending higher over time.

A total of 25.2% of adults have been told by a health professional that their cholesterol level was high.

BENCHMARK ► Better than the national prevalence.

Prevalence of
High Blood Pressure
Healthy People 2030 = 27.7% or Lower

Prevalence of
High Blood Cholesterol

	High Blood Pressure			High Blood Cholesterol	
	Merced County	CA	US	Merced County	US
	42.4%	27.8%	36.9%	25.2%	32.7%
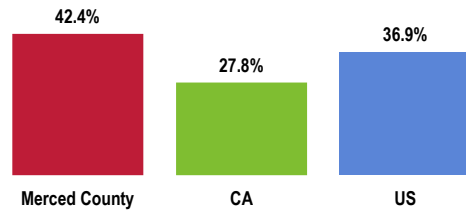
Sources: ● 2021 PRC Community Health Survey, PRC, Inc. [Items 35-36]
● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2019 California data.
● 2020 PRC National Health Survey, PRC, Inc.
● US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov
Notes: ● Asked of all respondents.

Prevalence of
High Blood Pressure
(Merced County)
Healthy People 2030 = 27.4% or Lower

Prevalence of
High Blood Cholesterol
(Merced County)

	2012	2015	2018	2021		2012	2015	2018	2021
	33.1%	36.9%	35.8%	42.4%		29.1%	29.0%	28.7%	25.2%
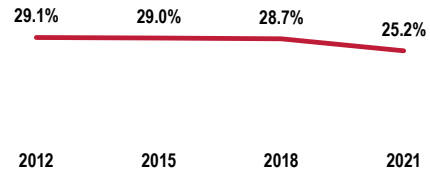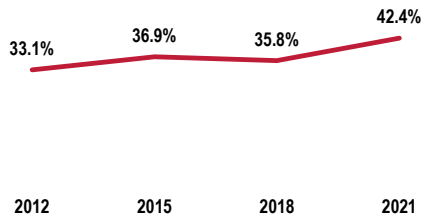
Sources: ● 2021 PRC Community Health Survey, PRC, Inc. [Items 35-36]
● US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov
Notes: ● Asked of all respondents.

Total Cardiovascular Risk

Total cardiovascular risk reflects the individual-level risk factors which put a person at increased risk for cardiovascular disease, including:

- High Blood Pressure
- High Blood Cholesterol
- Cigarette Smoking
- Physical Inactivity
- Overweight/Obesity

Modifying these behaviors and adhering to treatment for high blood pressure and cholesterol are critical both for preventing and for controlling cardiovascular disease.

A total of 91.7% 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.

BENCHMARK ► Higher than the US finding.

TREND ► Denotes a significant increase.

DISPARITY ► Men are more likely to report having one or more risk factors.

Present One or More Cardiovascular Risks or Behaviors

91.7%	84.6%	
Merced County	US	2012 84.7% 2015 85.3% 2018 83.5% 2021 91.7% Merced County
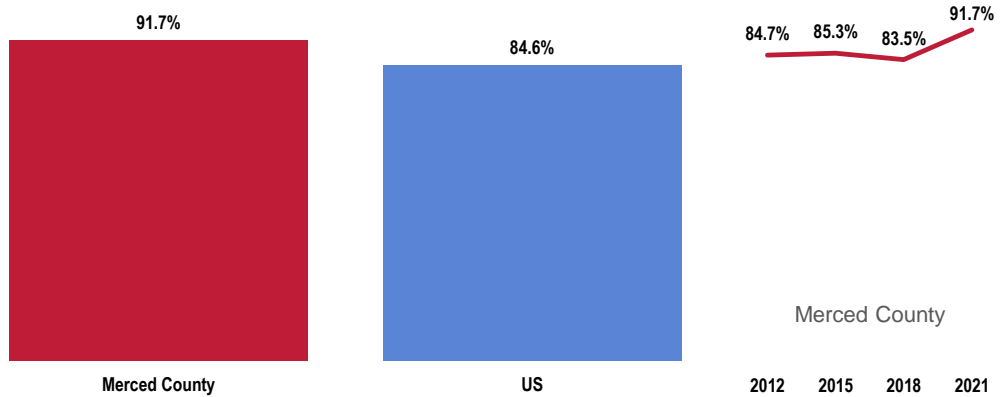
Sources: ● 2021 PRC Community Health Survey, PRC, Inc. [Item 115]
● 2020 PRC National Health Survey, PRC, Inc.
Notes: ● Reflects all respondents.
● Cardiovascular risk is defined as exhibiting one or more of the following: 1) no leisure-time physical activity; 2) regular/occasional cigarette smoking; 3) high blood pressure; 4) high blood cholesterol; and/or 5) being overweight/obese.

Present One or More Cardiovascular Risks or Behaviors
(Merced County, 2021)

Men	Women	18 to 39	40 to 64	65+	Low Income	Mid/High Income	White	Hispanic	Merced County
95.0%	88.3%	88.1%	94.4%	95.4%	91.7%	91.8%	89.2%	93.0%	91.7%
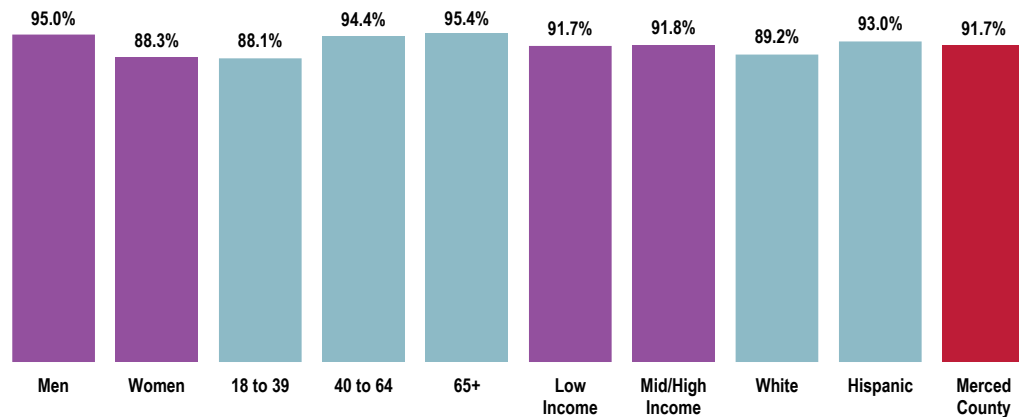
Sources: ● 2021 PRC Community Health Survey, PRC, Inc. [Item 115]
Notes: ● Reflects all respondents.
● Cardiovascular risk is defined as exhibiting one or more of the following: 1) no leisure-time physical activity; 2) regular/occasional cigarette smoking; 3) high blood pressure; 4) high blood cholesterol; and/or 5) being overweight/obese.

Key Informant Input: Heart Disease & Stroke

The greatest share of key informants taking part in an online survey characterized *Heart Disease & Stroke* as a "moderate problem" in the community.

Perceptions of Heart Disease and Stroke as a Problem in the Community
(Key Informants, 2021)
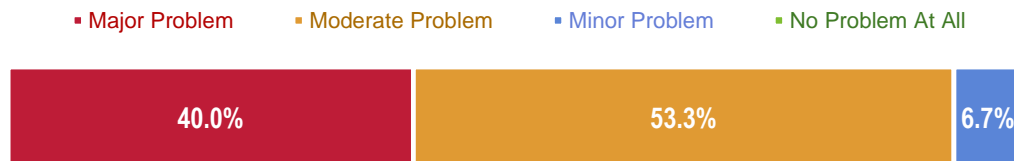
■ Major Problem ■ Moderate Problem ■ Minor Problem ■ No Problem At All

40.0%	53.3%	6.7%

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

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

Contributing Factors

We live in an area with significant high ACE scores of 3+, which tends to mean there is a higher degree of the population who will have a heart disease and stroke problems. Until we tackle our own ACEs and believe t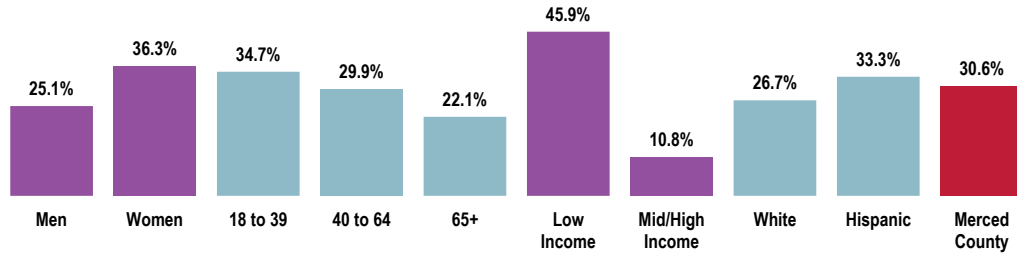his is real, will we begin to see a decline in heart disease and strokes. Not having health care professionals available to care for the population with heart disease and stroke. – Social Services Provider

Behavioral lifestyle like fast food, no or poor preventive medical care, long working hours, little exercise, overweight, stress. High incidence of underlying diseases, diabetes, hypertension, obesity that led to heart and cardiovascular diseases. – Community Leader

Heart disease and stroke are a major problem in my community because of the poor diet, lack of exercise, and lack of specialists in our area. – Public Health Representative

Access to Care/Services

Our hospital is not able to take care of either of those kinds of patients. – Public Health Representative

There are limited access and providers in the community to follow up and address the heart disease and stroke issues. – Public Health Representative

Rehabilitation for after a stroke, mobility access. – Public Health Representative

People go to Modesto or further for treatment and testing. – Social Services Provider

Incidence/Prevalence

Statistically, it is. This is not something I'm personally familiar with. – Social Services Provider

Merced County Department of Public Health 2016 Community Health Assessment. Many factors contribute to heart disease that exist in the community. – Public Health Representative

A high percentage of residents are obese. Cardiovascular disease is the leading cause of death in Merced County. – Public Health Representative

It is an issue nationwide and I'd assume Merced is similar. – Community Leader

Awareness/Education

Lack of education and exposure to adverse childhood experiences. – Social Services Provider

Lack of knowledge and information. – Social Services Provider

Income/Poverty

Heart disease and stroke are a major problem in our community because we have a high poverty rate in Merced County. Which means most of the residents from Merced County can't afford healthier food, which leads to heart disease and possible stroke. – Other Health Provider

Obesity

With a majority of our community dealing with weight issues, cardiovascular illnesses are high. Diet and exercise are not popular themes in the community. – Public Health Representative

Comorbidities

High diabetes, obesity, smoking, poor air quality, low influenza vaccine rates. – Public Health Representative

CANCER

ABOUT CANCER

Cancer is the second leading cause of death in the United States. …The cancer death rate has declined in recent decades, but over 600,000 people still die from cancer each year in the United States. Death rates are higher for some cancers and in some racial/ethnic minority groups. These disparities are often linked to social determinants of health, including education, economic status, and access to health care.

Interventions to promote evidence-based cancer screenings — such as screenings for lung, breast, cervical, and colorectal cancer — can help reduce cancer deaths. Other effective prevention strategies include programs that increase HPV vaccine use, prevent tobacco use and promote quitting, and promote healthy eating and physical activity. In addition, effective targeted therapies and personalized treatment are key to helping people with cancer live longer.

– Healthy People 2030 (https://health.gov/healthypeople)

Age-Adjusted Cancer Deaths

All Cancer Deaths

Between 2018 and 2020, there was an annual average age-adjusted cancer mortality rate of 147.6 deaths per 100,000 population in Merced County.

BENCHMARK ► Fails to satisfy the Healthy People 2030 objective.

DISPARITY ► Higher among White residents.

Cancer: Age-Adjusted Mortality
(2018-2020 Annual Average Deaths per 100,000 Population)
Healthy People 2030 = 122.7 or Lower

Merced County	CA	US
147.6	132.3	146.5

Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted January 2022.
● US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Cancer: Age-Adjusted Mortality by Race
(2018-2020 Annual Average Deaths per 100,000 Population)
Healthy People 2030 = 122.7 or Lower

184.0		**147.6**
	105.8	
Merced County **White (Non-Hispanic)**	**Merced County** **Hispanic**	**Merced County** **All Races/Ethnicities**

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted January 2022.
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Cancer: Age-Adjusted Mortality Trends
(Annual Average Deaths per 100,000 Population)
Healthy People 2030 = 122.7 or Lower

	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
Merced County	163.3	161.2	155.9	158.2	158.2	157.9	149.9	147.6
CA	149.9	147.3	144.6	142.2	139.7	137.1	134.4	132.3
US	171.5	168.0	160.1	157.6	155.6	152.5	149.3	146.5

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted January 2022.
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Cancer Deaths by Site

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

Other leading sites include female breast cancer, prostate cancer, and colorectal cancer (both sexes).

BENCHMARK

Lung Cancer ▶ Higher than the state rate. Fails to satisfy the Healthy People 2030 objective.

Female Breast Cancer ▶ Fails to satisfy the Healthy People 2030 objective.

Prostate Cancer ▶ Fails to satisfy the Healthy People 2030 objective.

Colorectal Cancer ▶ Fails to satisfy the Healthy People 2030 objective.

Age-Adjusted Cancer Death Rates by Site
(2018-2020 Annual Average Deaths per 100,000 Population)

	Merced County	CA	US	HP2030
ALL CANCERS	147.6	132.3	146.5	122.7
Lung Cancer	29.7	23.7	33.4	25.1
Female Breast Cancer	20.5	18.7	19.4	15.3
Prostate Cancer	19.9	19.6	18.5	16.9
Colorectal Cancer	13.9	12.2	13.1	8.9

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted January 2022.
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Cancer Incidence

"Incidence rate" or "case rate" is the number of newly diagnosed cases in a given population in a given year, regardless of outcome. These rates are also age-adjusted. It is usually expressed as cases per 100,000 population per year.

The highest cancer incidence rates are for female breast cancer and prostate cancer.

BENCHMARK

Female Breast Cancer ▶ Lower than both state and national rates.

Prostate Cancer ▶ Lower than both state and national rates.

Lung Cancer ▶ Lower than the national rate.

Cancer Incidence Rates by Site
(Annual Average Age-Adjusted Incidence per 100,000 Population, 2014-2018)

■ Merced County ■ CA ■ US

	All Sites	Female Breast Cancer	Prostate Cancer	Lung Cancer	Colon/Rectal Cancer
Merced County	380.5	91.8	74.2	45.3	38.3
CA	402.4	121.8	92.3	40.3	34.8
US	448.6	126.8	106.2	57.3	38.0
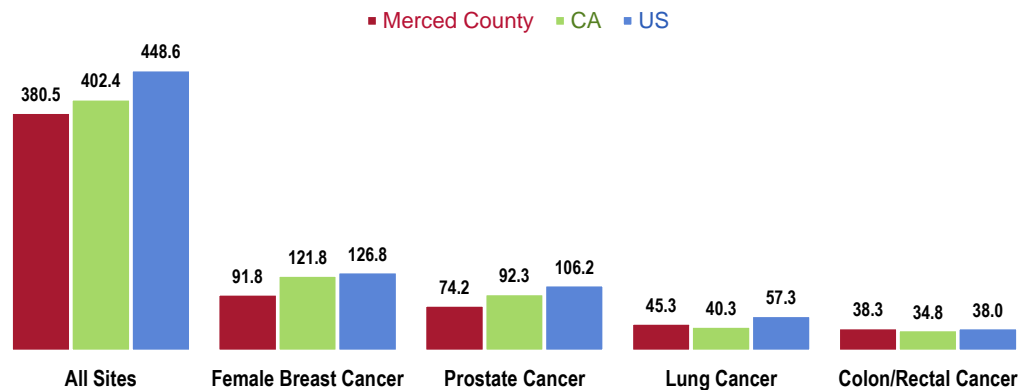
Sources:
- State Cancer Profiles.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved January 2022 via SparkMap (sparkmap.org).

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

A total of 6.5% of surveyed Merced County adults report having ever been diagnosed with cancer. The most common types include prostate cancer, breast cancer, and skin cancer.

BENCHMARK ► Lower than the statewide and national percentages.

DISPARITY ► More often reported among adults age 40+ and White respondents.

Prevalence of Cancer

Merced County

The most common types of cancers cited locally include:
1) Prostate Cancer   25.6%
2) Breast Cancer   19.2%
3) Skin Cancer   14.1%

6.5%
10.4%
10.0%

- Merced County
- CA
- US
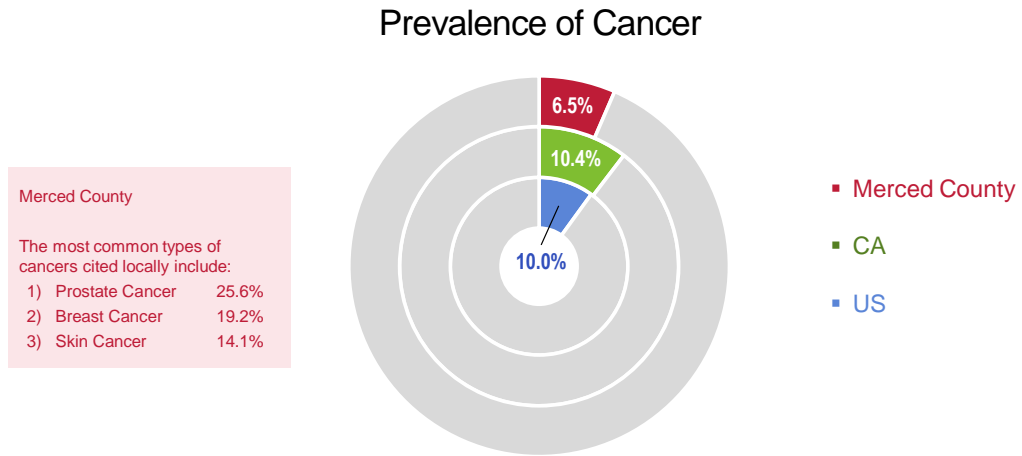
Sources:
● 2021 PRC Community Health Survey, PRC, Inc. [Items 25-26]
● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2019 California data.
● 2020 PRC National Health Survey, PRC, Inc.
Notes:
● Reflects all respondents.

Prevalence of Cancer
(Merced County, 2021)

Men	Women	18 to 39	40 to 64	65+	Low Income	Mid/High Income	White	Hispanic	Merced County
7.1%	5.9%	1.9%	9.3%	14.5%	5.7%	6.4%	12.6%	3.6%	6.5%
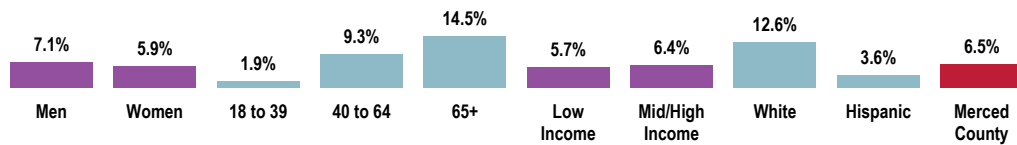
Sources:
● 2021 PRC Community Health Survey, PRC, Inc. [Item 25]
Notes:
● Reflects all respondents.

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/HPV testing); and colorectal cancer (colonoscopy/sigmoidoscopy and fecal occult blood testing).

FEMALE BREAST CANCER

The US Preventive Services Task Force (USPSTF) recommends biennial screening mammography for women aged 50 to 74 years.

CERVICAL CANCER

The US Preventive Services Task Force (USPSTF) recommends screening for cervical cancer every 3 years with cervical cytology alone in women aged 21 to 29 years. For women aged 30 to 65 years, the USPSTF recommends screening every 3 years with cervical cytology alone, every 5 years with high-risk human papillomavirus (hrHPV) testing alone, or every 5 years with hrHPV testing in combination with cytology (cotesting). The USPSTF recommends against screening for cervical cancer in women who have had a hysterectomy with removal of the cervix and do not have a history of a high-grade precancerous lesion (i.e., cervical intraepithelial neoplasia [CIN] grade 2 or 3) or cervical cancer.

COLORECTAL CANCER

The US Preventive Services Task Force (USPSTF) recommends screening for colorectal cancer starting at age 50 years and continuing until age 75 years.

– 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.

Among women age 50-74, 71.7% have had a mammogram within the past 2 years.

Among Merced County women age 21 to 65, 71.7% have had appropriate cervical cancer screening.

> BENCHMARK ► Fails to satisfy the Healthy People 2030 objective.

> TREND ► Denotes a significant decrease from the baseline survey.

Among all adults age 50-75, 77.0% have had appropriate colorectal cancer screening.

"Appropriate cervical cancer screening" includes Pap smear testing (cervical cytology) every three years in women age 21 to 29 and Pap smear testing and/or HPV testing every 5 years in women age 30 to 65. Women 21 to 65 with hysterectomy are excluded.

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

Breast Cancer Screening
(Women Age 50-74)
Healthy People 2030 = 77.1% or Higher

- Merced County: 71.7%
- CA: 81.1%
- US: 76.1%

Cervical Cancer Screening
(Women Age 21-65)
Healthy People 2030 = 84.3% or Higher

- Merced County: 71.7%
- CA: 79.2%
- US: 73.8%

Colorectal Cancer Screening
(All Adults Age 50-75)
Healthy People 2030 = 74.4% or Higher

- Merced County: 77.0%
- CA: 72.1%
- US: 77.4%
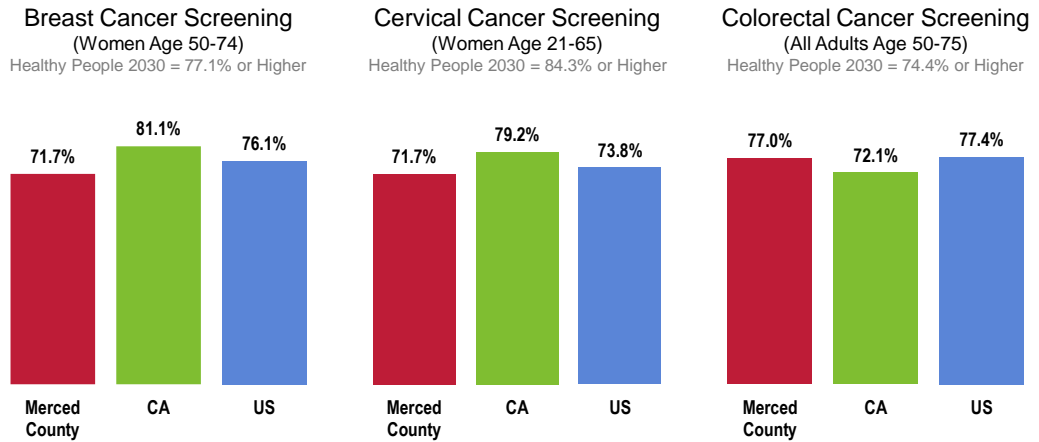
Sources: ● 2021 PRC Community Health Survey, PRC, Inc. [Items 116-118]
● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2019 California data.
● 2020 PRC National Health Survey, PRC, Inc.
● US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov
Notes: ● Each indicator is shown among the gender and/or age group specified.

Breast Cancer Screening
(Women Age 50-74)
Healthy People 2030 = 77.1% or Higher

- 2012: 77.2%
- 2015: 73.8%
- 2018: 71.6%
- 2021: 71.7%

Cervical Cancer Screening
(Women Age 21-65)
Healthy People 2030 = 84.3% or Higher

- 2012: 85.1%
- 2015: 88.0%
- 2018: 62.8%
- 2021: 71.7%

Colorectal Cancer Screening
(All Adults Age 50-75)
Healthy People 2030 = 74.4% or Higher

- 2012: 70.4%
- 2015: 74.9%
- 2018: 74.5%
- 2021: 77.0%
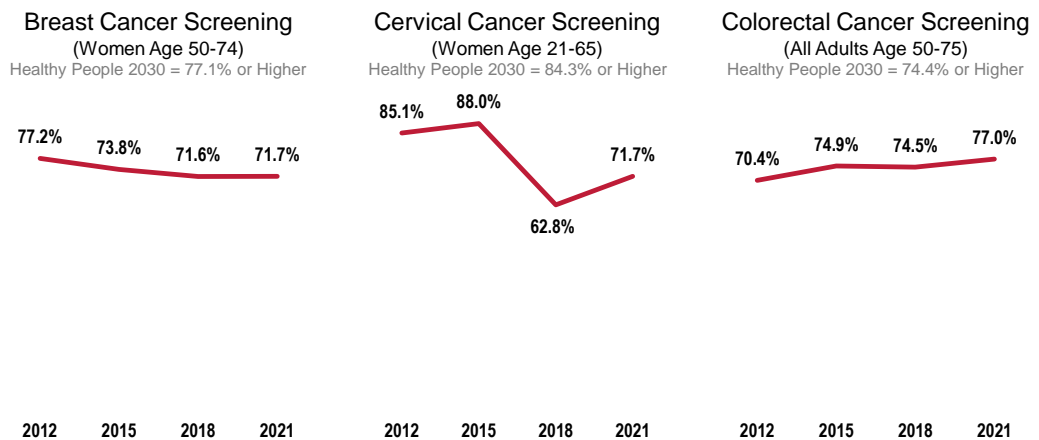
Sources: ● 2021 PRC Community Health Survey, PRC, Inc. [Items 116-118]
● US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov
Notes: ● Each indicator is shown among the gender and/or age group specified.

Key Informant Input: Cancer

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

Perceptions of Cancer
as a Problem in the Community
(Key Informants, 2021)
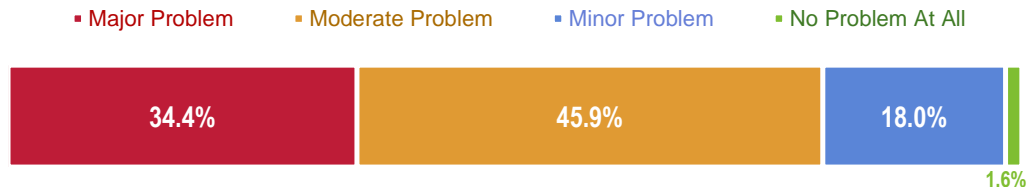
■ Major Problem   ■ Moderate Problem   ■ Minor Problem   ■ No Problem At All

34.4%	45.9%	18.0%	

1.6%

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

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

Contributing Factors

Pesticides, AG, poor air quality, proximity to smokers and secondhand smoke, lack of education and awareness about prevention like sunscreen, lack of nutritious food, promotion of unhealthy food. – Community Leader

Lifestyles, poor diets, substance abuse, smoking, obesity is problematic in Merced County, which are contributors to cancer. – Other Health Provider

We have a large population of tobacco smokers in our county. Many develop cancer as a result of smoking. In addition to that, cancer care is not as widely found as in larger cities. Most folks have to travel to the Bay Area for specialized care, and most of the time only with the referral of a local doctor and approval from the health insurance carrier. – Community Leader

One of the leading causes of death in the county and we have scarce providers to diagnose and treat cancer patients within in the county. Many patients seek care out of the county. – Public Health Representative

Ongoing toxic stress and a lack of awareness of buffering agents and protective factors. – Social Services Provider

Incidence/Prevalence

It just seems that you hear about it a lot. This person coming down with cancer, and then another person. – Social Services Provider

In reviewing statistics and hearing reports from families. – Social Services Provider

Previous data provided by the Public Health Department in the 2016 Community Health Assessment, noting cancer is the second-leading cause of death in the community. In addition, cancer in many cases is difficult and/or expensive to treat. – Public Health Representative

Access to Care/Services

There is limited access to oncologists and cancer treatments. People travel to other areas for treatment. – Social Services Provider

Every person I know who is or has been diagnosed with any form of cancer has sought out treatment outside of our county. Most go to either Fresno or Stanford, some even go to Turlock. I don't know anyone who has had access to treatment locally. – Social Services Provider

Patients with cancer usually have to travel outside Merced County for treatments. – Social Services Provider

Work Related

I believe it is a major problem in our area because we have so many field workers in our community that are exposed to chemicals and asbestos at their work site. I have also seen an increase in cancer among children of field workers. – Public Health Representative

Lack of Providers

Not enough providers take medical for services. – Public Health Representative

RESPIRATORY DISEASE

ABOUT RESPIRATORY DISEASE

Respiratory diseases affect millions of people in the United States. …More than 25 million people in the United States have asthma. Strategies to reduce environmental triggers and make sure people get the right medications can help prevent hospital visits for asthma. In addition, more than 16 million people in the United States have COPD (chronic obstructive pulmonary disease), which is a major cause of death. Strategies to prevent the disease — like reducing air pollution and helping people quit smoking — are key to reducing deaths from COPD.

Interventions tailored to at-risk groups can also help prevent and treat other respiratory diseases — for example, pneumonia in older adults and pneumoconiosis in coal miners. And increasing lung cancer screening rates can help reduce deaths from lung cancer through early detection and treatment.

— Healthy People 2030 (https://health.gov/healthypeople)

Age-Adjusted Respiratory Disease Deaths

Chronic Lower Respiratory Disease Deaths (CLRD)

Between 2018 and 2020, there was an annual average age-adjusted CLRD mortality rate of 39.5 deaths per 100,000 population in Merced County.

BENCHMARK ► Worse than the statewide rate.

TREND ► Declining to the lowest rate in Merced County in nearly a decade.

DISPARITY ► Considerably higher among White residents.

Note: Chronic lower respiratory disease (CLRD) includes lung diseases such as emphysema, chronic bronchitis, and asthma.

CLRD: Age-Adjusted Mortality
(2018-2020 Annual Average Deaths per 100,000 Population)

Merced County	CA	US
39.5	29.3	38.1

Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted January 2022.
Notes: ● CLRD is chronic lower respiratory disease.

CLRD: Age-Adjusted Mortality by Race
(2018-2020 Annual Average Deaths per 100,000 Population)

56.4 — Merced County White (Non-Hispanic)

20.7 — Merced County Hispanic

39.5 — Merced County All Races/Ethnicities

Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and. Informatics. Data extracted January 2022.

Notes: ● CLRD is chronic lower respiratory disease.

CLRD: Age-Adjusted Mortality Trends
(Annual Average Deaths per 100,000 Population)

	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
Merced County	46.0	42.3	42.1	42.0	47.0	46.9	42.3	39.5
CA	35.5	33.9	33.5	32.6	32.6	31.9	30.7	29.3
US	46.5	46.2	41.8	41.3	41.0	40.4	39.6	38.1

Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted January 2022.

Notes: ● CLRD is chronic lower respiratory disease.

Pneumonia/Influenza Deaths

ABOUT INFLUENZA & PNEUMONIA

Influenza (flu) is a contagious respiratory illness caused by influenza viruses. It can cause mild to severe illness. Serious outcomes of flu infection can result in hospitalization or death. Some people, such as older people, young children, and people with certain health conditions, are at high risk of serious flu complications. There are two main types of influenza (flu) virus: Types A and B. The influenza A and B viruses that routinely spread in people (human influenza viruses) are responsible for seasonal flu epidemics each year. The best way to prevent flu is by getting vaccinated each year.

Pneumonia is an infection of the lungs that can cause mild to severe illness in people of all ages. Depending on the cause, doctors often treat pneumonia with medicine. In addition, vaccines can prevent some types of pneumonia. However, it is still the leading infectious cause of death in children younger than 5 years old worldwide. Common signs of pneumonia include cough, fever, and difficulty breathing. You can help prevent pneumonia and other respiratory infections by following good hygiene practices. These practices include washing your hands regularly and disinfecting frequently touched surfaces. Making healthy choices, like quitting smoking and managing ongoing medical conditions, can also help prevent pneumonia.

Vaccines help prevent pneumococcal disease, which is any type of illness caused by *Streptococcus pneumoniae* bacteria.

– Centers for Disease Control and Prevention (CDC – www.cdc.gov)

Between 2018 and 2020, Merced County reported an annual average age-adjusted pneumonia influenza mortality rate of 18.3 deaths per 100,000 population.

BENCHMARK ► Worse than the California and US rates.

TREND ► Has increased in Merced County over time.

Pneumonia/Influenza: Age-Adjusted Mortality
(2018-2020 Annual Average Deaths per 100,000 Population)

	18.3	13.8	13.4
	Note that 72.5% of older adults (age 65+) have had flu vaccination in the past year. Also, 66.6% of older adults (age 65+) have ever had a pneumonia vaccination.		
	Merced County	**CA**	**US**
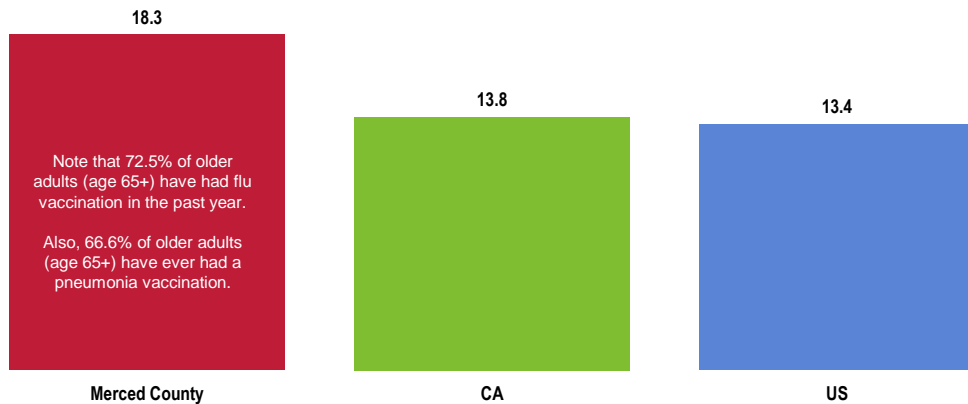
Sources: ● 2021 PRC Community Health Survey, PRC, Inc. [Items 124, 302]
● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted January 2022.

Pneumonia/Influenza: Age-Adjusted Mortality by Race
(2018-2020 Annual Average Deaths per 100,000 Population)

Bar chart:

- Merced County White (Non-Hispanic): 22.3
- Merced County Hispanic: 16.6
- Merced County All Races/Ethnicities: 18.3

Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted January 2022.

Pneumonia/Influenza: Age-Adjusted Mortality Trends
(Annual Average Deaths per 100,000 Population)

	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
Merced County	14.8	17.6	17.0	17.8	18.2	19.3	18.8	18.3
CA	16.1	15.5	15.4	14.5	14.5	14.7	14.2	13.8
US	16.9	16.8	15.4	14.6	14.3	14.2	13.8	13.4

Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted January 2022.

Prevalence of Respiratory Disease

Asthma

Adults

A total of 15.9% of Merced County adults currently suffer from asthma.

BENCHMARK ► Worse than the statewide percentage.

DISPARITY ► More often reported among women and adults age 40 to 64.

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

Prevalence of Asthma

Merced County

Merced County	15.9%
CA	7.8%
US	12.9%

2012	2015	2018	2021
12.5%	12.0%	12.7%	15.9%
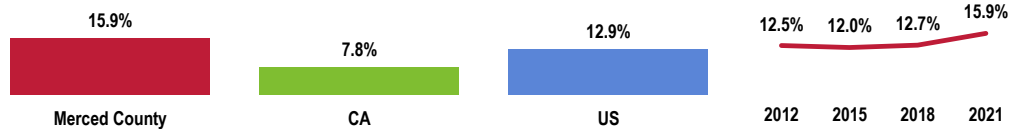
Sources: ● 2021 PRC Community Health Survey, PRC, Inc. [Item 119]
● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2019 California data.
● 2020 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.
● Includes those who have ever been diagnosed with asthma and report that they still have asthma.

Prevalence of Asthma
(Merced County, 2021)

Men	Women	18 to 39	40 to 64	65+	Low Income	Mid/High Income	White	Hispanic	Merced County
11.0%	21.0%	14.3%	21.4%	8.0%	15.6%	15.6%	17.8%	13.5%	15.9%

Sources: ● 2021 PRC Community Health Survey, PRC, Inc. [Item 119]
Notes: ● Asked of all respondents.
● Includes those who have ever been diagnosed with asthma and report that they still have asthma.

Children

Among Merced County children under age 18, 7.4% currently have asthma.

Prevalence of Asthma in Children
(Parents of Children Age 0-17)

Merced County

7.4%	7.8%	11.0%	7.7%	6.1%	7.4%
Merced County	US	2012	2015	2018	2021
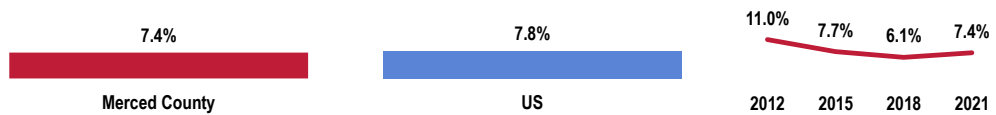
Sources: ● 2021 PRC Community Health Survey, PRC, Inc. [Item 120]
● 2020 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents with children 0 to 17 in the household.
● Includes children who have ever been diagnosed with asthma and are reported to still have asthma.

Chronic Obstructive Pulmonary Disease (COPD)

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

BENCHMARK ► Worse than the statewide percentage.

Note: COPD includes lung diseases such as emphysema and chronic bronchitis.

Prevalence of
Chronic Obstructive Pulmonary Disease (COPD)

Merced County

8.3%	4.4%	6.4%	10.2%	10.6%	8.3%	8.3%
Merced County	CA	US	2012	2015	2018	2021

Sources: ● 2021 PRC Community Health Survey, PRC, Inc. [Item 23]
● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2019 California data.
● 2020 PRC National Health Survey, PRC, 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.

Key Informant Input: Respiratory Disease

Key informants taking part in an online survey were equally likely to give "major" and "moderate" ratings of *Respiratory Disease* as a community issue.

Perceptions of Respiratory Diseases
as a Problem in the Community
(Key Informants, 2021)
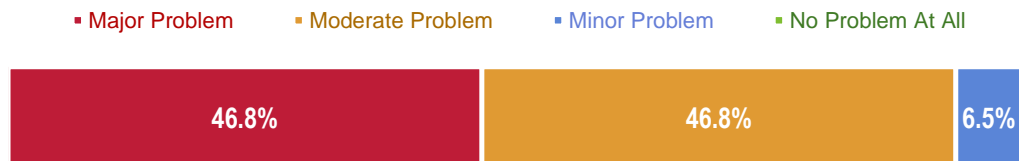
- Major Problem   - Moderate Problem   - Minor Problem   - No Problem At All

46.8%	46.8%	6.5%

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

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

Environmental Contributors

The poor air quality due to being in a valley and the wildfires. – Community Leader

Have you guys seen the skies lately? All that regular summer pollution is being negatively affected by all the neighboring fires going around (or the winds may blow it into our valley/city and leave it stationed here). We may not see it yet, but we may have an increase in respiratory health issues in us or our kids in the near future. – Public Health Representative

Merced County is in the Central Valley, which equals to poor air quality. More children, families with respiratory issues. – Public Health Representative

Air quality is bad here in the Central Valley. – Public Health Representative

Quality of air in Merced County. – Social Services Provider

The Central Valley is a channel in which pollution accumulates from agriculture, livestock, and automobiles that travel through the 99. In addition, it does not rain much of the year, which causes a lot of dust and a climate that favors the presence of the microorganism causing valley fever. On the other hand, there are also fires and the smoke that reaches the Central Valley increases the pollution of the air that is breathed. All these pollutants make people suffer from allergies, asthma, and other respiratory diseases. – Community Leader

The air is bad. – Social Services Provider

The combination of yearly fires and consistently bad air quality have increased the number of persons suffering not only allergies, but valley fever and asthma. – Community Leader

The forest fires have created an unhealthy level of particulates. We live in a valley with little air flow and high agricultural activity resulting in high particulate level. – Social Services Provider

We have terrible air. – Social Services Provider

Poor air quality. – Social Services Provider

Contributing Factors

Our air quality is bad in the valley, causing respiratory disease issues. I am not aware of any respiratory disease providers locally. – Social Services Provider

Bad air quality. Lack of pediatricians and pediatric lung specialists. Lack of access to preventative treatment. Low socioeconomic and educational status of population. Low health literacy. – Community Leader

With COVID at the moment and the air quality, I feel that respiratory disease is a major problem. – Public Health Representative

Incidence/Prevalence

Asthma is one of the highest occurring respiratory diagnoses. Smoking is prevalent, but not as high as I would have imagined here. Our environment needs to be cleaner for us to combat respiratory issues. – Public Health Representative

The incidences of asthma are high in Merced County, children and adults. – Social Services Provider

Industry

> Whenever the county is attracting big businesses to the area, such as the Walmart Distribution Center that would have brought in so many jobs, those opposed start shouting the numbers of those who have chronic asthma or other respiratory ailments. – Social Services Provider

Coronavirus Disease/COVID-19

In 2020, Merced County reported an annual average age-adjusted Coronavirus Disease/COVID-19 mortality rate of 103.0 deaths per 100,000 population.

BENCHMARK ► Worse than the state and national rates.

DISPARITY ► Considerably higher among Hispanic residents.

Coronavirus Disease/COVID-19: Age-Adjusted Mortality
(2020 Annual Average Deaths per 100,000 Population)
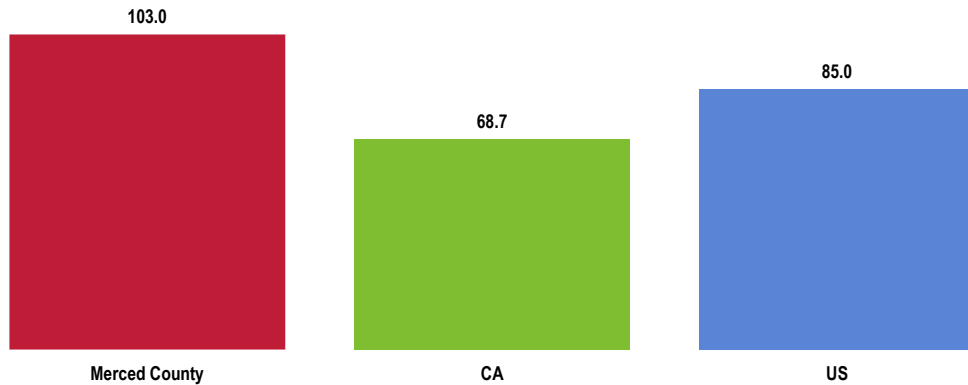
Merced County	CA	US
103.0	68.7	85.0

Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted January 2022.

Coronavirus Disease/COVID-19: Age-Adjusted Mortality by Race
(2020 Annual Average Deaths per 100,000 Population)

Merced County White (Non-Hispanic)	Merced County Hispanic	Merced County All Races/Ethnicities
69.1	149.6	103.0

Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and. Informatics. Data extracted January 2022.

Seven in 10 Merced County adults (69.4%) report being fully or partially vaccinated against Coronavirus Disease/COVID-19.

Prevalence of COVID-19 Vaccination
(Merced County, 2021)

Among unvaccinated respondents, the main reasons given included:
- No need/don't want (45.0%)
- Safety/trust (22.6%)
- Waiting to get it (16.6%)
- No time (6.5%)
- Uncertain (4.9%)
- Already had COVID (1.7%)
- Other health reasons (1.6%)
- Lack of transportation (1.1%)

6.5%
17.3%
6.8%
5.7%
63.7%

- ■ Fully Vaccinated
- ■ Partially Vaccinated
- ■ Plan to Get Vaccination
- ■ Don't Plan to Get Vaccinated
- ■ Haven't Decided
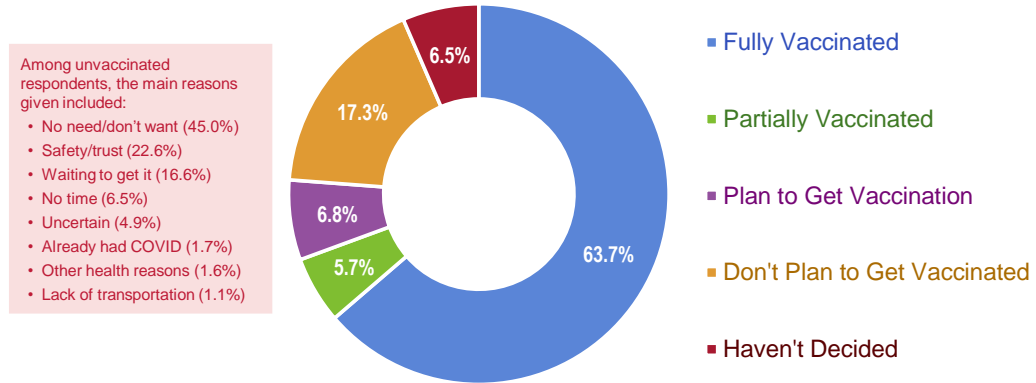
Sources: ● 2021 PRC Community Health Survey, PRC, Inc. [Items 313–314]
Notes: ● Asked of all respondents.

Surveyed adults reported a change in certain health-related behaviors and activities since the pandemic began in March 2020:

SLEEP ▶ 36.0% are getting good sleep *less often*.

EXCERCISE ▶ 25.2% are exercising *less often*.

DIETARY HABITS ▶ 19.2% are eating unhealthy foods or overeating *more often*.

RELATIONSHIPS ▶ 16.7% are arguing with household members *more often*.

ALCOHOL USE ▶ 11.5% are drinking alcohol *more often*.

TOBACCO USE ▶ 9.4% are smoking or vaping *more often*.

Adverse Changes in Health-Related
Behaviors Since the Beginning of the Pandemic
(Merced County, 2021)

Behavior	Percentage
Getting Good Sleep Less Often	36.0%
Exercising Less Often	25.2%
Eating Unhealthy/Overeating More Often	19.2%
Arguing With Household Members More Often	16.7%
Using Alcohol More Often	11.5%
Smoking/Vaping More Often	9.4%
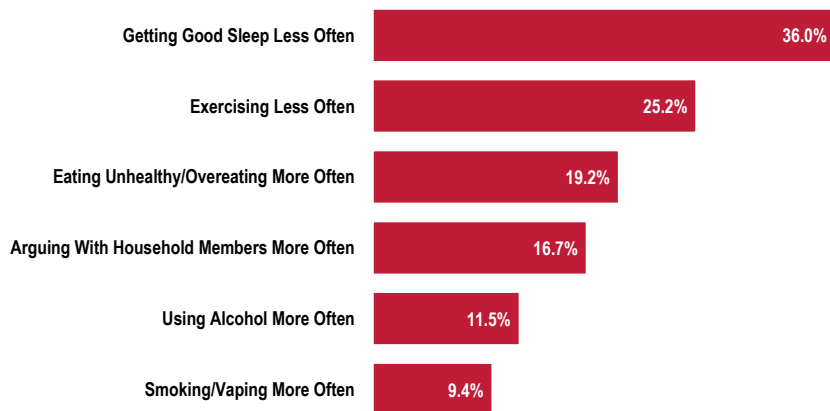
Sources: ● 2021 PRC Community Health Survey, PRC, Inc. [Items 303-308]
Notes: ● Asked of all respondents.
● Beginning of pandemic specified as March 2020.

While most Merced County adults report that their mental health has "improved" or "stayed about the same" since the pandemic began in March 2020, more than one-fourth (26.8%) believe their mental health has "become worse."

DISPARITY ▶ More often reported among women, adults younger than 65, and lower-income adults.

Mental Health Has Gotten Worse
Since the Beginning of the Pandemic
(Merced County, 2021)

Men	Women	18 to 39	40 to 64	65+	Low Income	Mid/High Income	White	Hispanic	Merced County
17.0%	36.9%	30.5%	28.5%	12.1%	35.0%	18.4%	25.6%	31.3%	26.8%
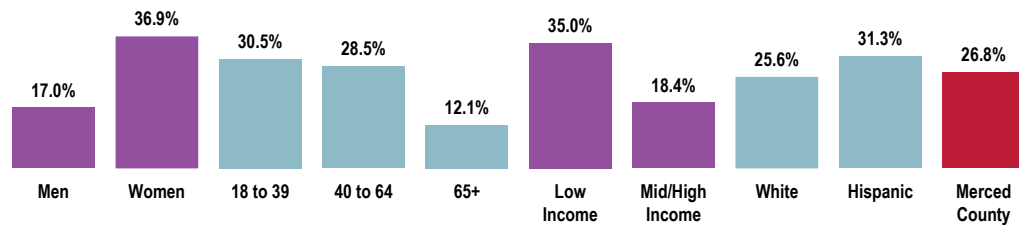
Sources: ● 2021 PRC Community Health Survey, PRC, Inc. [Item 309]
Notes: ● Asked of all respondents.
● Beginning of pandemic specified as March 2020.

A total of 31.8% of surveyed adults report that the pandemic has caused a member of their household to lose a job, work fewer hours than wanted or needed, or led to a loss of health insurance coverage.

DISPARITY ▶ More often reported among women, adults younger than 65, and lower-income adults.

Financially Impacted by the Pandemic
(Merced County, 2021)

Men	Women	18 to 39	40 to 64	65+	Low Income	Mid/High Income	White	Hispanic	Merced County
24.6%	39.1%	41.7%	28.2%	12.2%	37.5%	23.5%	27.3%	37.2%	31.8%
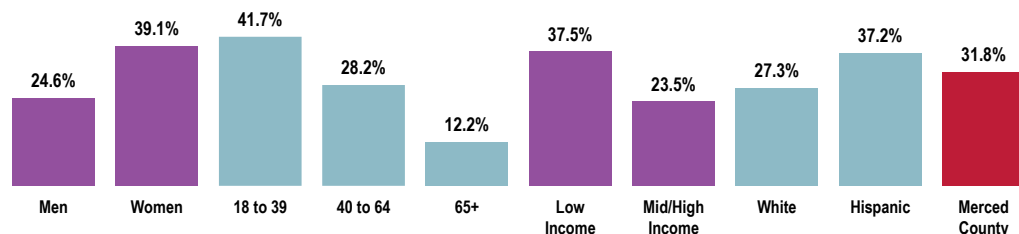
Sources: ● PRC Community Health Survey, Professional Research Consultants, Inc. [Item 310]
Notes: ● Asked of all respondents.
● Includes respondents reporting that they or another household member lost a job, worked fewer hours, or lost health insurance coverage as a result of COVID-19 since March 2020.

More than one-third (36.0%) of Merced County adults have chosen to avoid receiving medical care at some point during the pandemic because of concerns about coronavirus.

DISPARITY ► Women and young adults were more likely to avoid receiving care.

Have Avoided Medical Care Because of Concerns Over COVID-19
(Merced County, 2021)

Men	Women	18 to 39	40 to 64	65+	Low Income	Mid/High Income	White	Hispanic	Merced County
28.4%	43.8%	39.9%	34.5%	25.7%	38.7%	31.8%	31.1%	39.2%	36.0%
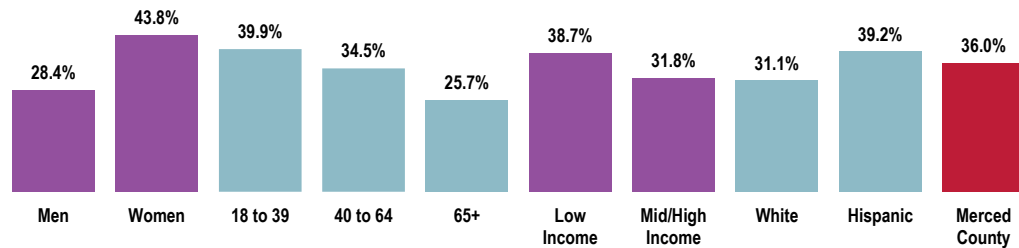
Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 311]
Notes: • Asked of all respondents.
• Beginning of pandemic specified as March 2020.

Key Informant Input: Coronavirus Disease/COVID-19

The greatest share of key informants taking part in an online survey characterized *Coronavirus Disease/COVID-19* as a "major problem" in the community.

Perceptions of Coronavirus Disease/COVID-19
as a Problem in the Community
(Key Informants, 2021)
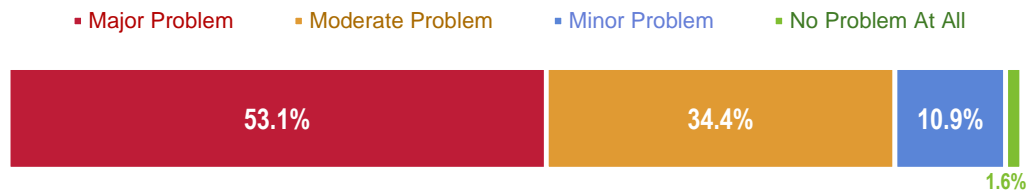
■ Major Problem ■ Moderate Problem ■ Minor Problem ■ No Problem At All

Major Problem	Moderate Problem	Minor Problem	No Problem At All
53.1%	34.4%	10.9%	1.6%

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

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

Not Enough People are Getting Vaccinated/Wearing Masks

Very low vaccination rate for our community. – Social Services Provider

People refuse to get vaccinated and wear masks. – Public Health Representative

Cases continue to increase, and vaccine rates continue to be low. Due to low vaccine rates, our hospitals are packed with patients causing longer times for those needing services non-COVID related and prolonging routine surgeries. – Public Health Representative

There is a major issue with COVID-19 due to the high number of people who are not willing to be vaccinated and not following any of the health guidelines the state has imposed. – Public Health Representative

Low vaccination rates. – Public Health Representative

Low vaccine rate and high number of cases. – Social Services Provider

Not enough people vaccinated. Public not always following CDC and local guidance. – Other Health Provider

Positive COVID-19 numbers are high and many unvaccinated people. – Social Services Provider

I have been told by parents that adult employees at schools aren't vaccinated. – Community Leader

The numbers keep going up. Reluctance of community to take the anti-virus shot. Social attitudes of COVID-19 from different cultures. – Social Services Provider

Low numbers of those vaccinated, increased surge with the Delta variant where both vaccinated and unvaccinated individuals are coming down with it. – Social Services Provider

Low vaccination rates. – Community Leader

We have the lowest vaccination rate in the state. – Social Services Provider

Contributing Factors

Merced County has one of the lowest vaccination rates, currently. Many in the community feel unsafe for themselves and their children, especially at school. There is concern for overwhelming hospitals leaving the potential for some people to not receive the care needed. – Public Health Representative

Lack of access to information, lack of access to testing, lack of access to vaccines, living situations with many people due to housing issues, essential workers that don't have a choice to quit or take time off, etc. (low-income grocery employees, for example). – Community Leader

Lack of credible information in the community. Lack of hospital resources due to the increase in positive cases. More children are testing positive and showing symptoms. – Social Services Provider

Socioeconomic and public health inequities have led to some communities being more vulnerable. A majority of residents do not want to get vaccinated. They are receiving and believing inaccurate information. Some of this is due to lack of education. – Social Services Provider

Awareness/Education

Misinformation with COVID-19, initially an inventory issue with the vaccines, hesitancy, resistance. Lack of collaboration and coordination of testing and vaccination. – Other Health Provider

COVID-19 is a major problem in our community due to a few reasons: *Misinformation circulating in social media and around community (e.g. it's a way government will track you, government only wants to control you, people will turn to zombies, increase risk of child birth defects). *Lack of information from health care providers; some providers don't educate/encourage people to get vaccinated. *Lack of trust – some residents are afraid to get vaccinated because think they will get deported (if illegal residents). *Lack of education & resources – some residents who work in migrant camps don't have access to television/news, don't know exactly what's going on and how severe/dangerous COVID-19 really is. Others who do know don't have transportation to go get vaccinated. – Public Health Representative

Lack of following the science. Cultural mistrust and fear racism in medicine. – Social Services Provider

Incidence/Prevalence

Have you seen our numbers? We were the last county to get out of red tier. Sad that public health didn't take a bigger role in this pandemic. Public health could have done more with testing, vaccines, investigations. – Public Health Representative

High case burden, high disease burden, high hospitalization rates, low number of ICU, respirator resources. – Public Health Representative

We are going into the next surge and we have increased from low 80s to 2000+ probable active cases with 39 hospitalizations. We have a 25% vaccination rate in our county, and I believe it is due to the fear of the vaccine and a misunderstanding of the seriousness of the disease. – Social Services Provider

Reports of emergency rooms being full. Also looking at the latest data and statistics. – Social Services Provider

Access to Vaccines

This was largely true during the onset of the spread. Because we were such a rural area, we were not allotted an appropriate number of vaccines. As we have moved along, vaccine access has dramatically improved. However, many migrant workers and other low-wage earners who have a difficult time taking time off for medical reasons have been more resistant to taking time off to care for their COVID-19 needs. – Community Leader

Prevention/Screenings

Public does not do what is recommend by CDC or enforced in public places. – Public Health Representative

INJURY & VIOLENCE

ABOUT INJURY & VIOLENCE

INJURY ► In the United States, unintentional injuries are the leading cause of death in children, adolescents, and adults younger than 45 years. …Many unintentional injuries are caused by motor vehicle crashes and falls, and many intentional injuries involve gun violence and physical assaults. Interventions to prevent different types of injuries are key to keeping people safe in their homes, workplaces, and communities.

Drug overdoses are now the leading cause of injury deaths in the United States, and most overdoses involve opioids. Interventions to change health care providers' prescribing behaviors, distribute naloxone to reverse overdoses, and provide medications for addiction treatment for people with opioid use disorder can help reduce overdose deaths involving opioids.

VIOLENCE ► Almost 20,000 people die from homicide every year in the United States, and many more people are injured by violence. …Many people in the United States experience physical assaults, sexual violence, and gun-related injuries. Adolescents are especially at risk for experiencing violence. Interventions to reduce violence are needed to keep people safe in their homes, schools, workplaces, and communities.

Children who experience violence are at risk for long-term physical, behavioral, and mental health problems. Strategies to protect children from violence can help improve their health and well-being later in life.

– Healthy People 2030 (https://health.gov/healthypeople)

Unintentional Injury

Age-Adjusted Unintentional Injury Deaths

Between 2018 and 2020, there was an annual average age-adjusted unintentional injury mortality rate of 49.7 deaths per 100,000 population in Merced County.

BENCHMARK ► Higher than the California rate. Similar to the Healthy People 2030 objective.

DISPARITY ► Higher among White residents.

Unintentional Injuries: Age-Adjusted Mortality
(2018-2020 Annual Average Deaths per 100,000 Population)
Healthy People 2030 = 43.2 or Lower

Merced County	CA	US
49.7	37.9	51.6

Sources:
● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted January 2022.
● US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Unintentional Injuries: Age-Adjusted Mortality by Race
(2018-2020 Annual Average Deaths per 100,000 Population)
Healthy People 2030 = 43.2 or Lower

Merced County White (Non-Hispanic)	Merced County Hispanic	Merced County All Races/Ethnicities
68.2	45.6	49.7

Sources:
● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted January 2022.
● US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Unintentional Injuries: Age-Adjusted Mortality Trends
(Annual Average Deaths per 100,000 Population)
Healthy People 2030 = 43.2 or Lower

	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
Merced County	46.7	46.1	48.1	52.1	54.9	54.6	50.3	49.7
CA	28.5	28.8	29.7	30.6	31.9	32.9	34.2	37.9
US	41.9	43.3	41.9	44.6	46.7	48.3	48.9	51.6

Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted January 2022.
● US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Leading Causes of Unintentional Injury Deaths

Motor vehicle crashes, poisoning (including unintentional drug overdose), falls, and drowning accounted for most unintentional injury deaths in Merced County between 2018 and 2020.

Leading Causes of Unintentional Injury Deaths
(Merced County, 2018-2020)

- ■ Motor Vehicle Crashes — 34.7%
- ■ Poisoning/Noxious Substances (Including Drug Overdoses) — 34.4%
- ■ Falls — 11.8%
- ■ Drowning — 4.4%
- ■ Other — 14.7%

Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted January 2022.

Intentional Injury (Violence)

Age-Adjusted Homicide Deaths

In Merced County, there were 7.8 homicides per 100,000 population (2018-2020 annual average age-adjusted rate).

BENCHMARK ► Worse than found statewide and nationally.

Homicide: Age-Adjusted Mortality
(2018-2020 Annual Average Deaths per 100,000 Population)
Healthy People 2030 = 5.5 or Lower

Merced County	CA	US
7.8	5.1	6.1

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted January 2022.
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Homicide: Age-Adjusted Mortality Trends
(Annual Average Deaths per 100,000 Population)
Healthy People 2030 = 5.5 or Lower

	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
Merced County	7.6	9.3	10.8	8.8	7.8	5.3	6.4	7.8
CA	5.0	4.9	4.8	5.0	5.1	5.1	4.8	5.1
US	5.4	5.3	5.3	5.2	5.3	5.7	6.0	6.1

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted January 2022.
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Violent Crime

Violent Crime Rates

Between 2014 and 2016, there were a reported 583.3 violent crimes per 100,000 population in Merced County.

BENCHMARK ► Worse than state and national rates.

Violent Crime
(Rate per 100,000 Population, 2014-2016)

Merced County	CA	US
583.3	440.5	416.0
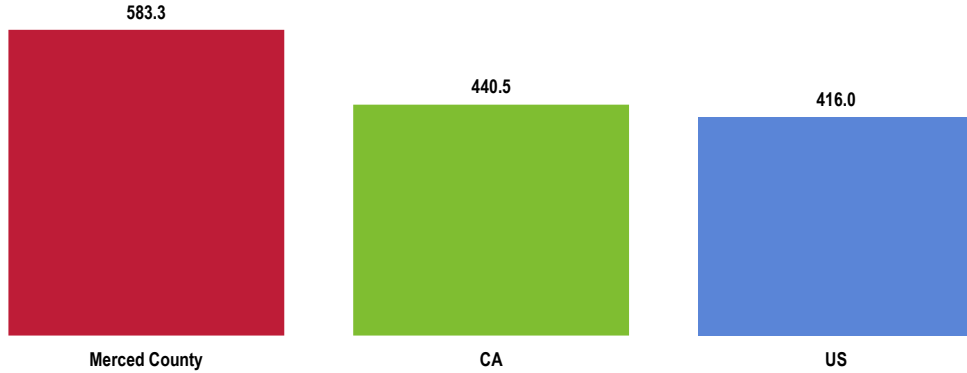
Sources:
- Federal Bureau of Investigation, FBI Uniform Crime Reports.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved January 2022 via SparkMap (sparkmap.org).

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

Community Violence

A total of 2.7% of surveyed Merced County adults acknowledge being the victim of a violent crime in the area in the past five years.

BENCHMARK ► Lower than the national percentage.

DISPARITY ► More often reported among young adults.

Victim of a Violent Crime in the Past Five Years

Merced County

Merced County	US	2012	2015	2018	2021
2.7%	6.2%	3.1%	1.7%	4.2%	2.7%
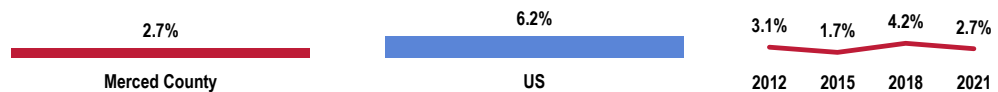
Sources:
- 2021 PRC Community Health Survey, PRC, Inc. [Item 38]
- 2020 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Victim of a Violent Crime in the Past Five Years
(Merced County, 2021)

Men	Women	18 to 39	40 to 64	65+	Low Income	Mid/High Income	White	Hispanic	Merced County
2.0%	3.4%	5.9%	0.0%	0.0%	3.7%	1.8%	3.5%	3.1%	2.7%

Sources: ● 2021 PRC Community Health Survey, PRC, Inc. [Item 38]
Notes: ● Asked of all respondents.

Family Violence

A total of 19.7% of Merced County adults acknowledge that they have ever been hit, slapped, pushed, kicked, or otherwise hurt by an intimate partner.

BENCHMARK ► Worse than the US finding.

TREND ► Rising significantly within the county to the highest level since 2012.

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

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

Merced County

Merced County	US	2012	2015	2018	2021
19.7%	13.7%	13.7%	14.4%	13.7%	19.7%
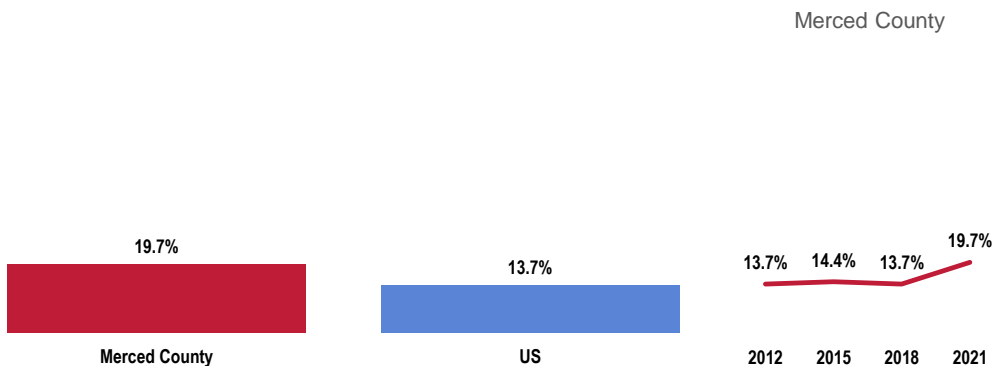
Sources: ● 2021 PRC Community Health Survey, PRC, Inc. [Item 39]
● 2020 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Key Informant Input: Injury & Violence

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

Perceptions of Injury and Violence
as a Problem in the Community
(Key Informants, 2021)
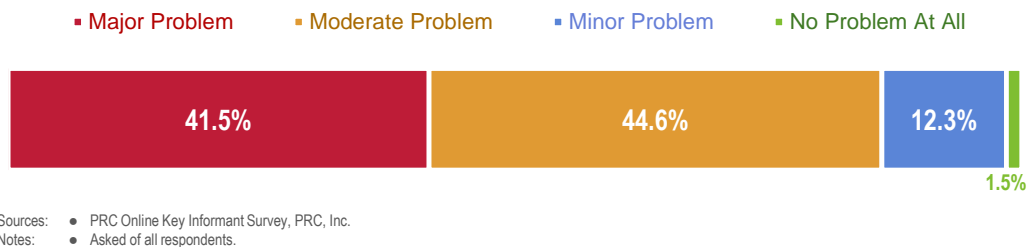
■ Major Problem　　■ Moderate Problem　　■ Minor Problem　　■ No Problem At All

41.5%	44.6%	12.3%

1.5%

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

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

Contributing Factors

In certain cultures, violence is perceived as the norm. Seeking out help for injury or violence could be a prerequisite for harm. Or seeking help could put an undue financial hardship on the parties involved. – Social Services Provider

We live in a culture of violence on television, in movies, in the way people are brought up, with gang violence, and drug and alcohol abuse. It affects all of us. It damages children and causes lifelong trauma. – Social Services Provider

The 99 is one of the most dangerous highways in the state with major crashes happening regularly. Gang violence continues to be a problem. – Public Health Representative

Gang violence and domestic violence are too prevalent in the community. Injury from vehicle accidents too prevalent. – Social Services Provider

We live in the Central Valley, and the rural areas have high domestic violence and sex trafficking. Our law enforcement agencies and public agencies are stretched beyond their capabilities. Not having the personnel to support the population's needs. Having the adequate number of health care professionals to meet our needs. – Social Services Provider

Merced has a high percentage of people with low income and education. This can lead to domestic violence, children with little schooling who do not have good care by responsible adults, which facilitates an unhealthy and violent environment. – Community Leader

Violence is prevalent in our lower socioeconomic areas. It impacts families, kids learning, trauma and long-term health and education outcomes. The issue is not only law enforcement but also foundational issues like work opportunities, educational attainment and opportunities for kids, support, quality of services available. When violence does touch these families, how are they assisted? What support do they receive? Do they have knowledge or access to this support or services? – Social Services Provider

Our community is experiencing what appears to be an increase in violence and injury. In my opinion, a major contributor to this dilemma is a lack of youth activities and development. – Social Services Provider

Incidence/Prevalence

Crime rates are high, and I don't often feel safe. – Community Leader

Every day there is something in the news on either violence or people getting hurt. – Public Health Representative

Violence appears to be escalating in the area. Law enforcements are limited in what they do, and the governor is releasing inmates. – Social Services Provider

We have had murders happen in our community. We have had clients that are abused by their partners. – Community Leader

There has been a rise in hit-and-run injuries and deaths in our county. Both motorists and pedestrians can be assigned blame. There has also been an uptick in the number of gun-related deaths and injuries. Disputes between gang members and street feuds can be assigned blame. – Community Leader

> News reports. – Social Services Provider

Domestic/Family Violence

> Our ERs are saturated with people who have injured themselves or were injured by others. Domestic violence is still a major problem among some socioeconomic sectors of the county. – Public Health Representative

Gang Violence

> This one answers itself, if you know Merced County. Our crime rates are at an all-time high. Gang and drug activities are high here. – Public Health Representative

Generational

> Intergenerational trauma. – Social Services Provider

DIABETES

ABOUT DIABETES

More than 30 million people in the United States have diabetes, and it's the seventh leading cause of death. …Some racial/ethnic minorities are more likely to have diabetes. And many people with diabetes don't know they have it.

Poorly controlled or untreated diabetes can lead to leg or foot amputations, vision loss, and kidney damage. But interventions to help people manage diabetes can help reduce the risk of complications. In addition, strategies to help people who don't have diabetes eat healthier, get physical activity, and lose weight can help prevent new cases.

– Healthy People 2030 (https://health.gov/healthypeople)

Age-Adjusted Diabetes Deaths

Between 2018 and 2020, there was an annual average age-adjusted diabetes mortality rate of 32.2 deaths per 100,000 population in Merced County.

BENCHMARK ► Worse than the California and US rates.

DISPARITY ► Higher among Hispanic residents.

Diabetes: Age-Adjusted Mortality
(2018-2020 Annual Average Deaths per 100,000 Population)

Merced County	CA	US
32.2	22.9	22.6

Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted January 2022.

Diabetes: Age-Adjusted Mortality by Race
(2018-2020 Annual Average Deaths per 100,000 Population)

26.7	40.2	32.2
Merced County **White (Non-Hispanic)**	**Merced County** **Hispanic**	**Merced County** **All Races/Ethnicities**

Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted January 2022.

Diabetes: Age-Adjusted Mortality Trends
(Annual Average Deaths per 100,000 Population)

	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
Merced County	29.0	28.1	28.3	30.3	31.0	30.0	29.2	32.2
CA	20.7	20.6	20.7	21.0	21.6	21.6	21.8	22.9
US	22.4	22.3	21.3	21.2	21.3	21.3	21.5	22.6

Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted January 2022.

Prevalence of Diabetes

A total of 14.9% of Merced County adults report having been diagnosed with diabetes.

BENCHMARK ► Higher than found statewide.

DISPARITY ► Particularly high among adults age 65+ (note the positive correlation with age).

Prevalence of Diabetes

Another 17.9% of adults have been diagnosed with "pre-diabetes" or "borderline" diabetes.

Merced County

Merced County	CA	US	2012	2015	2018	2021
14.9%	10.1%	13.8%	12.0%	11.3%	15.9%	14.9%

Sources:
- 2021 PRC Community Health Survey, PRC, Inc. [Item 121]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2019 California data.
- 2020 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- Excludes gestational diabetes (occurring only during pregnancy).

Prevalence of Diabetes
(Merced County, 2021)

Note that among adults who have not been diagnosed with diabetes, 45.7% report having had their blood sugar level tested within the past three years.

Men	Women	18 to 39	40 to 64	65+	Low Income	Mid/High Income	White	Hispanic	Merced County
16.3%	13.4%	3.6%	21.3%	35.5%	13.8%	13.4%	11.3%	12.4%	14.9%
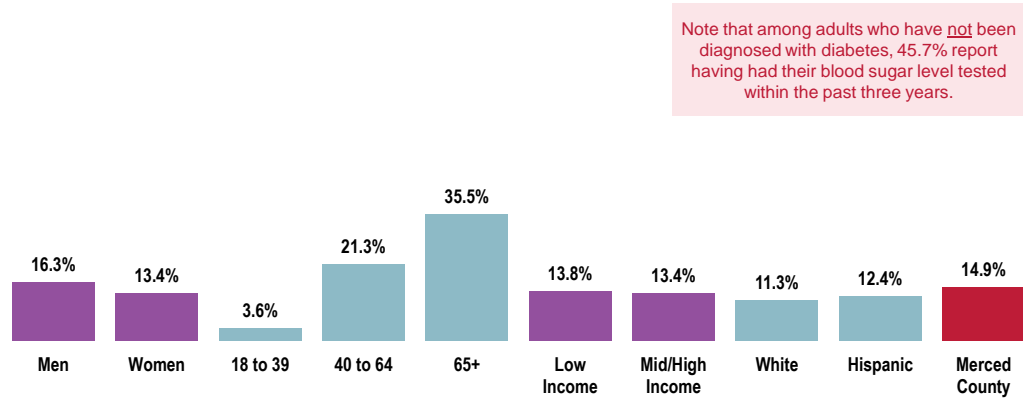
Sources:
- 2021 PRC Community Health Survey, PRC, Inc. [Items 33, 121]

Notes:
- Asked of all respondents.
- Excludes gestational diabetes (occurring only during pregnancy).

Key Informant Input: Diabetes

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

Perceptions of Diabetes
as a Problem in the Community
(Key Informants, 2021)

■ Major Problem   ■ Moderate Problem   ■ Minor Problem   ■ No Problem At All

63.5%	27.0%	9.5%

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

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

Contributing Factors

Being able to afford healthy food and engaging in the lifestyle change. Other factors: transportation, money, housing. – Social Services Provider

The biggest challenge I see for people with diabetes in our community is the inadequate access to healthy foods and medical care. Healthy foods are higher in price as compared to cheap fast food. – Public Health Representative

Lack of access to healthy food, lack of access to fitness opportunities, unsafe areas to exercise, promotion of unhealthy food, food stamps. – Community Leader

Access to healthy, affordable and high-quality food along with culturally sensitive education contributes to high obesity rates compounded by stress leads to increase diabetes and hypertension. Most folks in our community do not actively do wellness checks and only go to the doctor as a last result. – Social Services Provider

Lack of education, lack of nutritious foods in outlying areas, lack of healthy eating and exercise habits. – Social Services Provider

Folks with diabetes in our community have a difficult time managing their diabetes due to lack of proper diabetes and nutrition education. Some may also not be insured and able to obtain medical care. – Public Health Representative

Education, also addressing root causes like adverse childhood experiences. – Social Services Provider

Lack of realistic recipes that can be made in a short amount of time and are cost effective. Many stores do not offer healthy food choices, especially snack items for diabetics. Lack of knowledge of the long-term effects of diabetes. – Social Services Provider

Safe places for people to walk and exercise. Intolerable heat in the summer to exercise. Availability of low-cost alternatives for fresh, organic food at a reasonable price/comparable to unhealthy "value meals." Public awareness campaigns describing the adverse effects of untreated/poorly treated diabetes. – Other Health Provider

Most of Merced County residents live in poverty and in food deserts, who don't have access to healthy foods. Those who live within city limits are surrounded by fast food restaurants with no healthy options. – Public Health Representative

Lifestyle changes are difficult for some, access to medical providers, access to insulin due to cost. – Public Health Representative

Access to Affordable Healthy Food

Lack of access to healthy prepared food options, particularly for older or disabled folks who may find it more difficult to prepare food for themselves. – Social Services Provider

Low-income areas may not have access to nutritious food options, and generally speaking, not everyone has the knowledge and experience to cook meals from scratch, which would minimize the need to purchase overly processed foods. – Community Leader

> Difficult to find healthy food in some of the low-income areas of the county due to food stamps and limited grocery stores, plus the increased cost of healthy foods. – Public Health Representative

Access to Care/Services

> Certified nutritionist is not available in our area. Schools are not educated on what types of food or given special budgets for purchase of special diets in good quality products. – Public Health Representative

> Access to medical providers to identify, treat, and manage diabetes. This is more of a problem with underserved populations like the migrant Latino community and the population that is covered by Medi-Cal. – Social Services Provider

> Access to dietitian counseling, and Medi-Cal pays only for two nutrition counseling sessions. – Social Services Provider

Awareness/Education

> Not enough education and prevention. – Public Health Representative

> I would say the biggest challenges for people with diabetes in our community is knowledge of nutritious diet options, affordability of healthy foods, and the lack of knowledge of healthy workout patterns. – Community Leader

Nutrition

> Consumption of high-starch, high-carbohydrate diets. Lack of time due to families working to keep up with the basic needs. Fast food and cheap food that has no nutritional value. Sugar in just about everything. Advertising sugar products. – Social Services Provider

> Poor nutrition, lack of exercise. – Social Services Provider

Disease Management

> Compliance with medications, medical visits. Staying active and tying to manage nutrition. – Public Health Representative

> Disease management and control. – Community Leader

Prevention/Screenings

> It's not just about diagnosing. It needs to be about prevention, follow-up, nutrition, and education. There is not enough helpful information for people to understand it and address it in their families. – Social Services Provider

Foreign-Born

> People who are undocumented and don't have insurance not being able to get their medications. – Public Health Representative

Language Barriers

> Most bilingual patients are not getting adequate education about diabetes management and care. – Public Health Representative

Affordable Medications/Supplies

> As far as budget challenges for diabetic patients would be to pay for their medication. – Other Health Provider

KIDNEY DISEASE

ABOUT KIDNEY DISEASE

More than 1 in 7 adults in the United States may have chronic kidney disease (CKD), with higher rates in low-income and racial/ethnic minority groups. And most people with CKD don't know they have it. …People with CKD are more likely to have heart disease and stroke — and to die early. Managing risk factors like diabetes and high blood pressure can help prevent or delay CKD. Strategies to make sure more people with CKD are diagnosed early can help people get the treatment they need.

Recommended tests can help identify people with CKD to make sure they get treatments and education that may help prevent or delay kidney failure and end-stage kidney disease (ESKD). In addition, strategies to make sure more people with ESKD get kidney transplants can increase survival rates and improve quality of life.

‒ Healthy People 2030 (https://health.gov/healthypeople)

Age-Adjusted Kidney Disease Deaths

Between 2018 and 2020, there was an annual average age-adjusted kidney disease mortality rate of 13.3 deaths per 100,000 population in Merced County.

BENCHMARK ► Higher than the statewide rate.

TREND ► Increasing over time and remaining high within the county.

Kidney Disease: Age-Adjusted Mortality
(2018-2020 Annual Average Deaths per 100,000 Population)

Merced County	CA	US
13.3	9.1	12.8

Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted January 2022.

Kidney Disease: Age-Adjusted Mortality by Race
(2018-2020 Annual Average Deaths per 100,000 Population)

13.8	10.9	13.3
Merced County White (Non-Hispanic)	Merced County Hispanic	Merced County All Races/Ethnicities

Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted January 2022.

Kidney Disease: Age-Adjusted Mortality Trends
(Annual Average Deaths per 100,000 Population)

	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
Merced County	5.8	7.2	8.3	10.2	11.3	13.2	13.1	13.3
CA	7.1	7.4	7.8	8.3	8.7	8.8	8.8	9.1
US	15.3	15.3	13.3	13.3	13.2	13.0	12.9	12.8

Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted January 2022.

Prevalence of Kidney Disease

A total of 4.4% of Merced County adults report having been diagnosed with kidney disease.

DISPARITY ► More often reported among seniors (age 65+).

Prevalence of Kidney Disease

Merced County

4.4%	**3.0%**	**5.0%**
Merced County	CA	US

3.5%	5.4%	4.4%
2015	2018	2021

Sources: ● 2021 PRC Community Health Survey, PRC, Inc. [Item 24]
● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2019 California data.
● 2020 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Prevalence of Kidney Disease
(Merced County, 2021)

5.5%	3.3%	0.9%	4.2%	15.2%	6.3%	2.4%	4.0%	3.8%	4.4%
Men	Women	18 to 39	40 to 64	65+	Low Income	Mid/High Income	White	Hispanic	Merced County
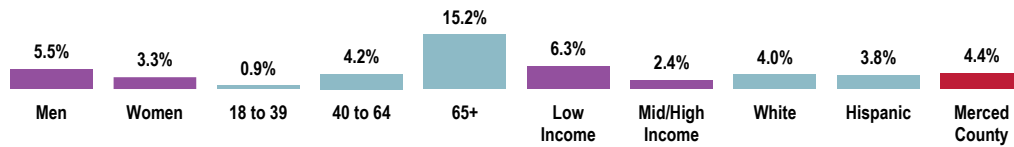
Sources: ● 2021 PRC Community Health Survey, PRC, Inc. [Item 24]
Notes: ● Asked of all respondents.

Key Informant Input: Kidney Disease

Key informants taking part in an online survey generally characterized _Kidney Disease_ as a "moderate problem" in the community.

Perceptions of Kidney Disease
as a Problem in the Community
(Key Informants, 2021)
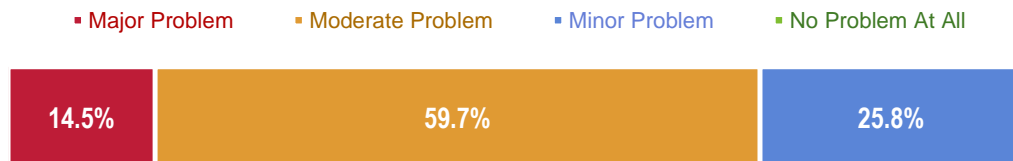
■ Major Problem   ■ Moderate Problem   ■ Minor Problem   ■ No Problem At All

14.5%	59.7%	25.8%

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

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

Lack of Providers

> High rate of dialysis, limited nephrology physicians in Merced County. – Public Health Representative
>
> Only three or four doctors that provide kidney follow-up. – Public Health Representative

SEPTICEMIA

ABOUT SEPSIS

Sepsis is the body's extreme response to an infection. It is a life-threatening medical emergency. Sepsis happens when an infection you already have —in your skin, lungs, urinary tract, or somewhere else—triggers a chain reaction throughout your body. Without timely treatment, sepsis can rapidly lead to tissue damage, organ failure, and death.

When germs get into a person's body, they can cause an infection. If that infection isn't stopped, it can cause sepsis. Anyone can get an infection and almost any infection can lead to sepsis. Certain people are at higher risk:

- Adults 65 or older
- People with chronic medical conditions, such as diabetes, lung disease, cancer, and kidney disease
- People with weakened immune systems
- Children younger than one

– Centers for Disease Control (https://www.cdc.gov/sepsis/what-is-sepsis.html)

Age-Adjusted Septicemia Deaths

Between 2018 and 2020, Merced County reported an annual average age-adjusted septicemia mortality rate of 12.1 deaths per 100,000 population.

BENCHMARK ▶ Worse than found across the state and nation.

TREND ▶ Trending higher within the county in recent years.

Septicemia: Age-Adjusted Mortality
(2018-2020 Annual Average Deaths per 100,000 Population)
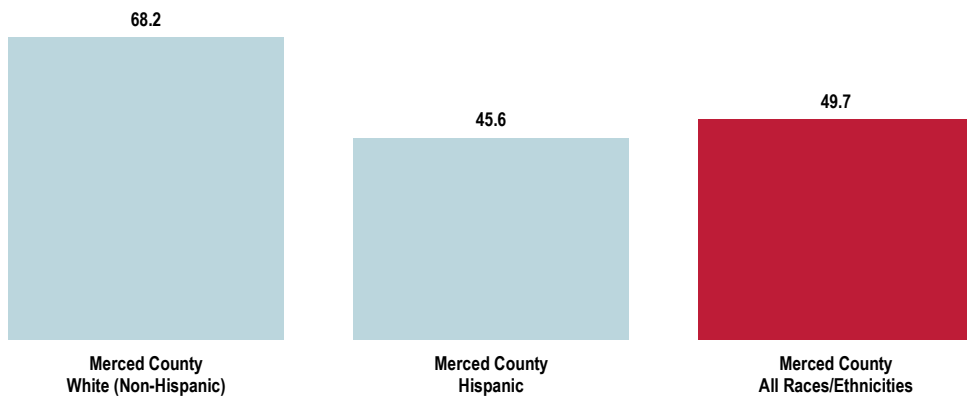

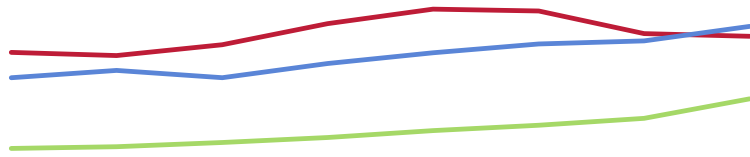| Merced County	CA	US
12.1	3.7	9.8

Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted December 2021.

Septicemia: Age-Adjusted Mortality by Race
(2018-2020 Annual Average Deaths per 100,000 Population)

Merced County White (Non-Hispanic)	Merced County Hispanic	Merced County All Races/Ethnicities
14.0	11.8	12.1

Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted December 2021.

Septicemia: Age-Adjusted Mortality Trends
(Annual Average Deaths per 100,000 Population)
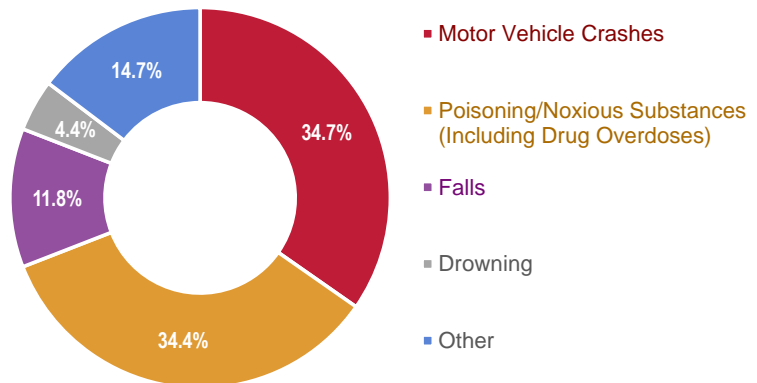
	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
Merced County	9.1	8.7	8.7	8.0	7.6	9.8	10.8	12.1
CA	3.4	3.3	3.3	3.4	3.5	3.5	3.6	3.7
US	12.9	13.1	10.9	10.9	10.8	10.5	10.1	9.8

Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted December 2021.

POTENTIALLY DISABLING CONDITIONS

Multiple Chronic Conditions

For the purposes of this assessment, chronic conditions include:

- Asthma
- Cancer
- Chronic pain
- Diabetes
- Diagnosed depression
- Heart attack/angina
- High blood cholesterol
- High blood pressure
- Kidney disease
- Lung disease
- Obesity
- Stroke

Multiple chronic conditions are concurrent conditions.

Among Merced County survey respondents, most report currently having at least one chronic health condition.

Number of Current Chronic Conditions
(Merced County, 2021)
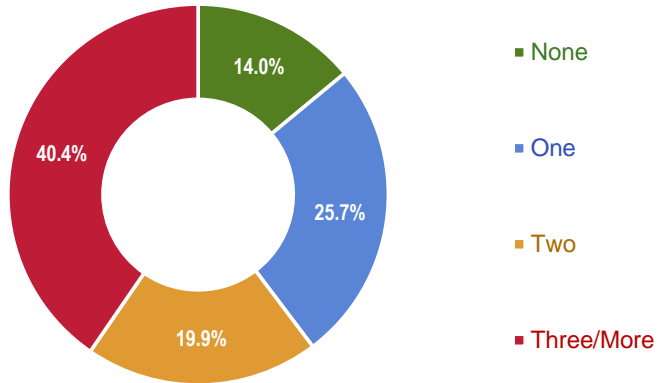
- None
- One
- Two
- Three/More

14.0%
25.7%
19.9%
40.4%

Sources: ● 2021 PRC Community Health Survey, PRC, Inc. [Item 123]
Notes: ● Asked of all respondents.
● In this case, chronic conditions include lung disease, cancer, kidney disease, heart attack/angina, stroke, asthma, high blood pressure, high blood cholesterol, diabetes, obesity, chronic pain, and/or diagnosed depression.

In fact, 40.4% of Merced County adults report having three or more chronic conditions.

BENCHMARK ► Worse than the US percentage.

DISPARITY ► More often reported among adults age 40+.

Currently Have Three or More Chronic Conditions

Merced County

40.4%
Merced County

32.5%
US

36.9%
2018

40.4%
2021
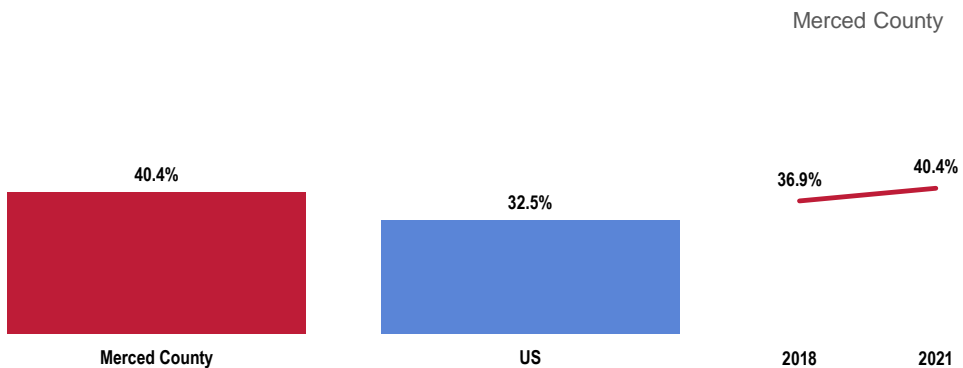
Sources: ● 2021 PRC Community Health Survey, PRC, Inc. [Item 123]
● 2020 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.
● In this case, chronic conditions include lung disease, cancer, kidney disease, heart attack/angina, stroke, asthma, high blood pressure, high blood cholesterol, diabetes, obesity, chronic pain, and/or diagnosed depression.

Currently Have Three or More Chronic Conditions
(Merced County, 2021)
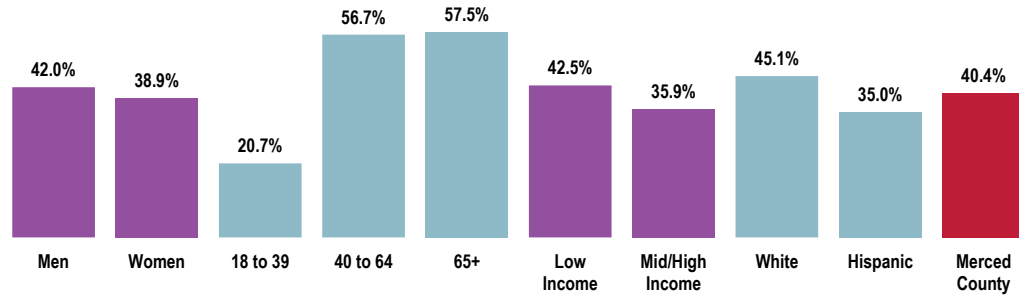
Category	Percentage
Men	42.0%
Women	38.9%
18 to 39	20.7%
40 to 64	56.7%
65+	57.5%
Low Income	42.5%
Mid/High Income	35.9%
White	45.1%
Hispanic	35.0%
Merced County	40.4%

Sources: ● 2021 PRC Community Health Survey, PRC, Inc. [Item 123]
Notes: ● Asked of all respondents.
● In this case, chronic conditions include lung disease, cancer, kidney disease, heart attack/angina, stroke, asthma, high blood pressure, high blood cholesterol, diabetes, obesity, chronic pain, and/or diagnosed depression.

Activity Limitations

ABOUT DISABILITY & HEALTH

Studies have found that people with disabilities are less likely to get preventive health care services they need to stay healthy. Strategies to make health care more affordable for people with disabilities are key to improving their health.

In addition, people with disabilities may have trouble finding a job, going to school, or getting around outside their homes. And they may experience daily stress related to these challenges. Efforts to make homes, schools, workplaces, and public places easier to access can help improve quality of life and overall well-being for people with disabilities.

– Healthy People 2030 (https://health.gov/healthypeople)

A total of 30.0% of Merced County adults are limited in some way in some activities due to a physical, mental, or emotional problem.

BENCHMARK ▶ Higher than the national finding.

TREND ▶ Increasing over time.

DISPARITY ▶ More often reported among women and adults age 65+ (when compared to young adults).

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

Most common conditions:
• Back/neck problems
• Mental health
• Arthritis
• Bone/joint injury
• Diabetes

Merced County

30.0%

24.0%

17.7% **20.5%** **25.7%** **30.0%**

Merced County

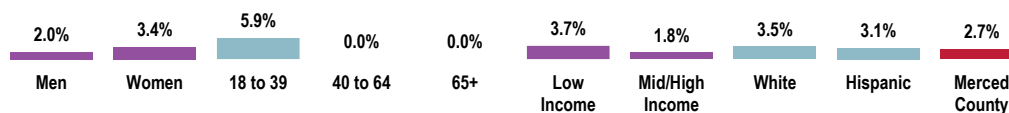**US**

2012 **2015** **2018** **2021**
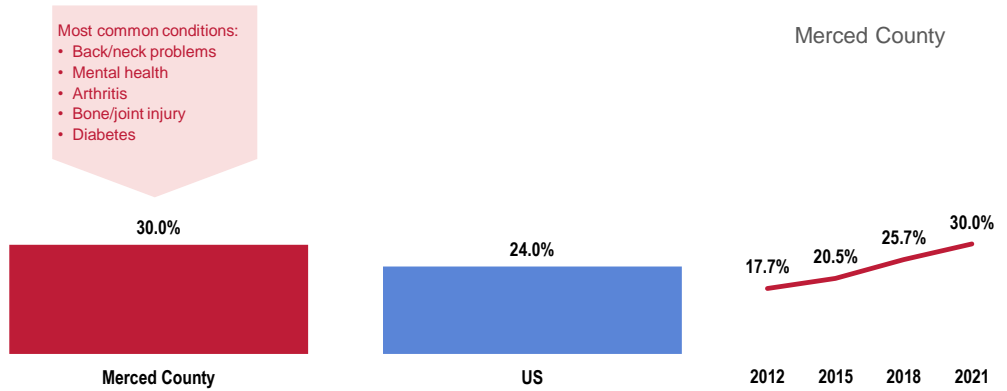
Sources: ● 2021 PRC Community Health Survey, PRC, Inc. [Items 96-97]
● 2020 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Limited in Activities in Some Way
Due to a Physical, Mental or Emotional Problem
(Merced County, 2021)

Men	Women	18 to 39	40 to 64	65+	Low Income	Mid/High Income	White	Hispanic	Merced County
24.2%	36.1%	23.7%	35.9%	37.8%	35.0%	25.6%	35.7%	28.7%	30.0%
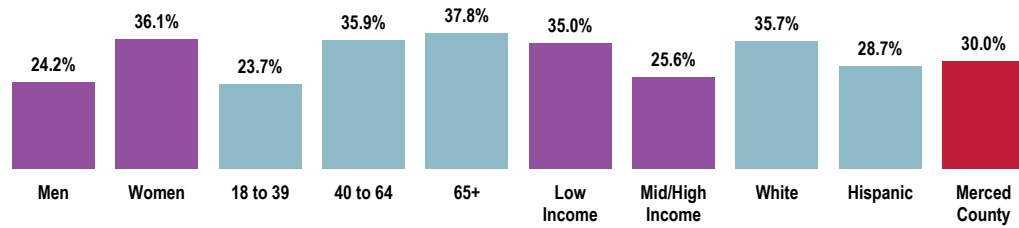
Sources: ● 2021 PRC Community Health Survey, PRC, Inc. [Item 96]
Notes: ● Asked of all respondents.

Chronic Pain

A total of 24.2% of Merced County adults experience high-impact chronic pain, meaning physical pain that has limited their life or work activities "every day" or "most days" during the past six months.

BENCHMARK ► Worse than the national percentage. Far from satisfying the Healthy People 2030 objective.

DISPARITY ► More often reported among women and adults age 40 to 64.

Experience High-Impact Chronic Pain
Healthy People 2030 = 7.0% or Lower

Merced County	US
24.2%	14.1%
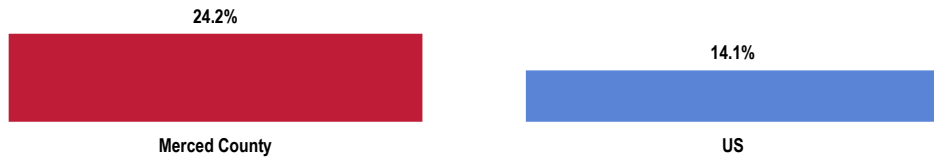
Sources:
- 2021 PRC Community Health Survey, PRC, Inc. [Item 37]
- 2020 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Notes:
- Asked of all respondents.
- High-impact chronic pain includes physical pain that limits life or work activities on "most days" or "every day" of the past six months.

Experience High-Impact Chronic Pain
(Merced County, 2021)
Healthy People 2030 = 7.0% or Lower

Men	Women	18 to 39	40 to 64	65+	Low Income	Mid/High Income	White	Hispanic	Merced County
17.9%	30.6%	18.6%	30.9%	26.9%	27.5%	20.5%	24.6%	24.6%	24.2%
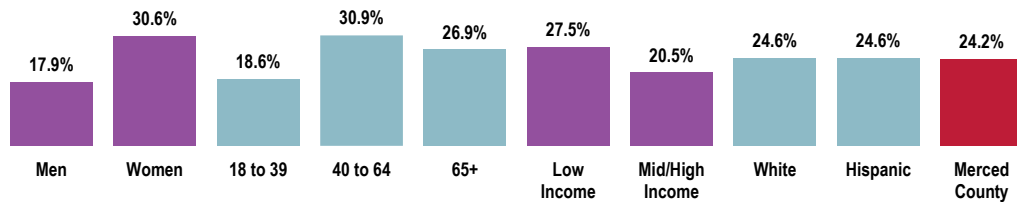
Sources:
- 2021 PRC Community Health Survey, PRC, Inc. [Item 37]
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Notes:
- Asked of all respondents.
- High-impact chronic pain includes physical pain that limits life or work activities on "most days" or "every day" of the past six months.

Key Informant Input: Disability & Chronic Pain

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

Perceptions of Disability & Chronic Pain
as a Problem in the Community
(Key Informants, 2021)
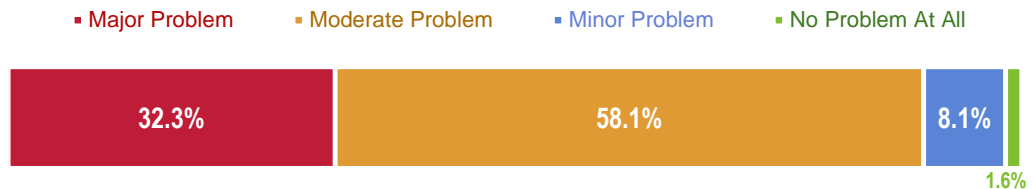
■ Major Problem   ■ Moderate Problem   ■ Minor Problem   ■ No Problem At All

32.3%	58.1%	8.1%	

1.6%

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

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

Access to Care/Services

> We hear it all the time that there are few resources for families with disabilities. Or there is no pain center to support those in chronic pain. Community members must drive outside the county to seek professional support. Merced County does not have a lot of resources to support community members with disabilities. I spoke to one agency recently and told them that more people need to hear about the great work they are doing. Her response: "Oh no. We can't do that. We don't have the capacity to help more people." – Social Services Provider

> I suffer from chronic pain. I have not been able to access quality care. – Social Services Provider

Contributing Factors

> Many patients have chronic pain due to inflammation leading to disability. I think it is mainly workers' compensation cases, and access to workers' comp. Doctors are difficult, patients wait long periods of time before they can be seen. – Social Services Provider

> Chronic pain is often treated with medication. Mental health consequences and options are not addressed by primary care providers. Unseen disabilities are difficult to identify and resolve through the school district. – Social Services Provider

> Trauma and toxic stress. – Social Services Provider

Diagnosis/Treatment

> Many people seeking pain killers. Many providers not wanting to prescribe pain killers. – Public Health Representative

Social Norms/Community Attitude

> Most of our community accepts pain as a normal part of life, which leads to disability and or chronic pain. – Social Services Provider

Incidence/Prevalence

> I work with children daily who are disabled, and many are in chronic pain. – Public Health Representative

Work Related

> We have residents in our community who work hard, like in the fields and factories. – Community Leader

Lack of Providers

> Lack of specialists in our area. – Community Leader

Alzheimer's Disease

ABOUT DEMENTIA

Alzheimer's disease is the most common cause of dementia and the sixth leading cause of death in U.S. adults.1 Nearly 6 million people in the United States have Alzheimer's, and that number will increase as the population ages.

Dementia refers to a group of symptoms that cause problems with memory, thinking, and behavior. People with dementia are more likely to be hospitalized, and dementia is linked to high health care costs.

While there's no cure for Alzheimer's disease, early diagnosis and supportive care can improve quality of life. And efforts to make sure adults with symptoms of cognitive decline — including memory loss — are diagnosed early can help improve health outcomes in people with dementia. Interventions to address caregiving needs can also help improve health and well-being in people with dementia.

– Healthy People 2030 (https://health.gov/healthypeople)

Age-Adjusted Alzheimer's Disease Deaths

Between 2018 and 2020, there was an annual average age-adjusted Alzheimer's disease mortality rate of 28.4 deaths per 100,000 population in Merced County.

BENCHMARK ► Lower than the statewide rate.

DISPARITY ► Higher among White residents.

Alzheimer's Disease: Age-Adjusted Mortality
(2018-2020 Annual Average Deaths per 100,000 Population)

Merced County	CA	US
28.4	38.2	30.9

Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted January 2022.
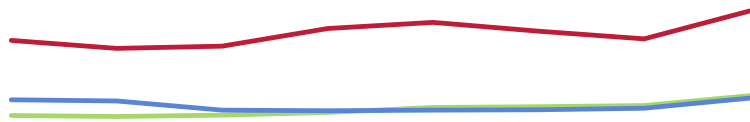
Alzheimer's Disease: Age-Adjusted Mortality by Race
(2018-2020 Annual Average Deaths per 100,000 Population)

35.6

28.4

20.8

Merced County
White (Non-Hispanic)

Merced County
Hispanic

Merced County
All Races/Ethnicities

Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted January 2022.
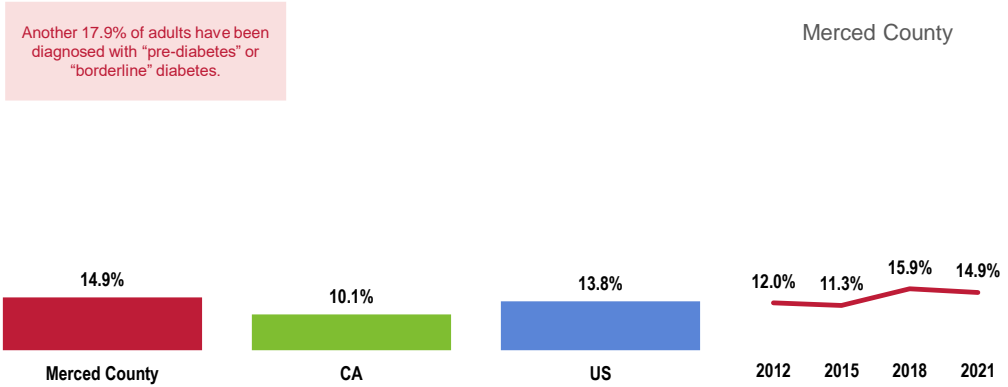
Alzheimer's Disease: Age-Adjusted Mortality Trends
(Annual Average Deaths per 100,000 Population)

	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
Merced County	27.0	26.7	27.0	25.6	27.2	28.0	27.8	28.4
CA	30.2	30.3	32.2	34.2	36.3	36.8	37.1	38.2
US	25.0	26.5	27.4	29.7	30.2	30.6	30.4	30.9

Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted January 2022.

Key Informant Input: Dementia/Alzheimer's Disease

Key informants taking part in an online survey are most likely to consider *Dementia/Alzheimer's Disease* as a "moderate problem" in the community.

Perceptions of Dementia/Alzheimer's Disease as a Problem in the Community
(Key Informants, 2021)
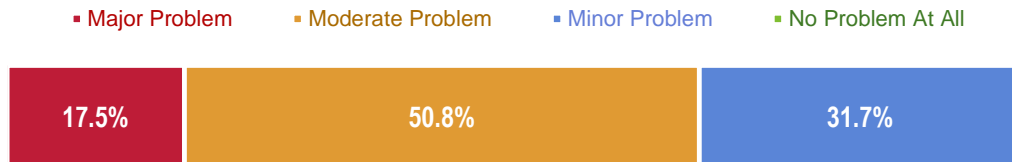
▪ Major Problem ▪ Moderate Problem ▪ Minor Problem ▪ No Problem At All

17.5%	50.8%	31.7%

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

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

Access to Care/Services

> I hear from the community that there are not enough locations to serve those with dementia/Alzheimer's. The cost is too high for family members to access what is available. Families do not have the resources the care for a family member at home and provide for their own family mentally, financially, personally. – Social Services Provider

Incidence/Prevalence

> It is a growing problem nationwide, so surely our community is the same. – Community Leader

> In reviewing the data and statistics. – Social Services Provider

Affordable Care/Services

> Dementia, Alzheimer's disease is a major problem in our community because there aren't enough living facilities at an affordable price to take care of these patients. – Other Health Provider

Contributing Factors

> Ongoing frequency of stress. Contaminants in the air. Lack of regular medical care. Increased risk for stroke. – Social Services Provider

Caregiving

A total of 29.1% of Merced County adults currently provide care or assistance to a friend or family member who has a health problem, long-term illness, or disability.

BENCHMARK ► Higher than the national percentage.

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

The top health issues affecting those receiving their care include:
• Old age/frailty
• Diabetes
• Dementia/cognitive impairment
• Lung Disease

Merced County

29.1% Merced County
22.6% US
30.4% 2018
29.1% 2021
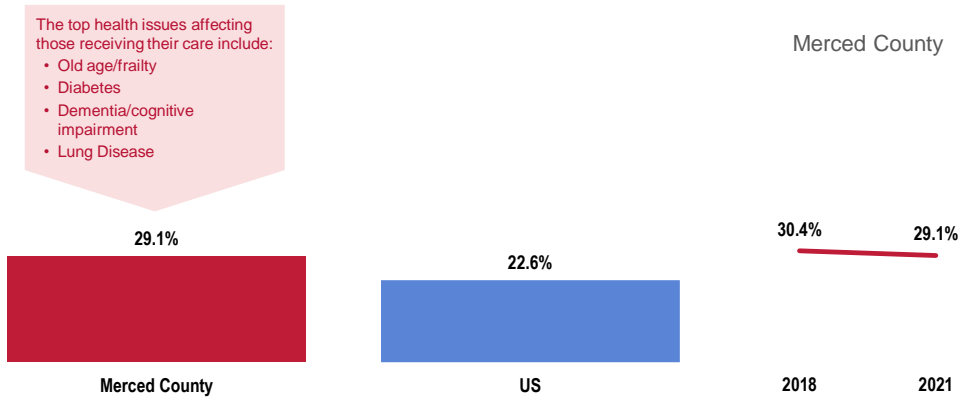
Sources: ● 2021 PRC Community Health Survey, PRC, Inc. [Items 98-99]
● 2020 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

BIRTHS

PRENATAL CARE

ABOUT INFANT HEALTH

Keeping infants healthy starts with making sure women get high-quality care during pregnancy and improving women's health in general. After birth, strategies that focus on increasing breastfeeding rates and promoting vaccinations and developmental screenings are key to improving infants' health. Interventions that encourage safe sleep practices and correct use of car seats can also help keep infants safe.

The infant mortality rate in the United States is higher than in other high-income countries, and there are major disparities by race/ethnicity. Addressing social determinants of health is critical for reducing these disparities.

‒ Healthy People 2030 (https://health.gov/healthypeople)

Between 2017 and 2019, 8.2% of all Merced County births did <u>not</u> receive prenatal care until the seventh month of pregnancy or at all.

BENCHMARK ► Worse than state and national findings.

TREND ► Trending upward within the county.

Late or No Prenatal Care (7th Month or Later)
(Percentage of Live Births, 2017-2019)

Early and continuous prenatal care is the best assurance of infant health.

8.2%	3.7%	6.1%
Merced County	**CA**	**US**

Sources: ● Centers for Disease Control and Prevention, National Vital Statistics System.
● Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved January 2022 via SparkMap (sparkmap.org).
Note: ● This indicator reports the percentage of women who do not obtain prenatal care until the seventh month of pregnancy or at all. 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.

Late or No Prenatal Care (7th Month or Later)
(Percentage of Live Births)

	2008-2010	2011-2013	2014-2016	2017-2019
Merced County	6.8%	8.0%	7.0%	8.2%
CA	3.4%	3.4%	3.6%	3.7%
US	4.3%	5.0%	5.7%	6.1%

Sources:
- Centers for Disease Control and Prevention, National Vital Statistics System.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved January 2022 via SparkMap (sparkmap.org).

Note:
- This indicator reports the percentage of women who do not obtain prenatal care until the seventh month of pregnancy or at all. 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

A total of 6.2% of 2013-2019 Merced County births were low-weight.

BENCHMARK ► More favorable than the national percentage.

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.

Low-Weight Births
(Percent of Live Births, 2013-2019)
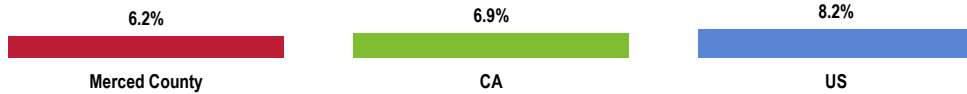
Merced County	CA	US
6.2%	6.9%	8.2%

Sources:
- Centers for Disease Control and Prevention, National Vital Statistics System.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved January 2022 via SparkMap (sparkmap.org).

Note:
- This indicator reports the percentage of total births that are low birth weight (Under 2500g). This indicator is relevant because low birth weight infants are at high risk for health problems. This indicator can also highlight the existence of health disparities.

Infant Mortality

Between 2018 and 2020, there was an annual average of 4.1 infant deaths per 1,000 live births.

BENCHMARK ► Lower than the US rate. Satisfies the Healthy People 2030 objective.

Infant Mortality Rate
(Annual Average Infant Deaths per 1,000 Live Births, 2018-2020)
Healthy People 2030 = 5.0 or Lower

Merced County	CA	US
4.1	3.9	5.5

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics. Data extracted January 2022.
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

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.

Infant Mortality Rate by Race/Ethnicity
(Annual Average Infant Deaths per 1,000 Live Births, 2018-2020)
Healthy People 2030 = 5.0 or Lower

Infant mortality rates reflect deaths of children less than one year old per 1,000 live births.

3.1

4.4

4.1

**Merced County
White (Non-Hispanic)**

**Merced County
Hispanic**

**Merced County
All Races/Ethnicities**

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics. Data extracted January 2022.
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

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.

Infant Mortality Trends
(Annual Average Infant Deaths per 1,000 Live Births)
Healthy People 2030 = 5.0 or Lower
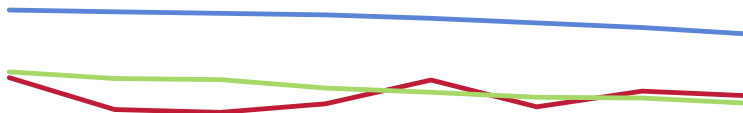
	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
Merced County	4.5	3.8	3.7	3.9	4.4	3.8	4.2	4.1
CA	4.6	4.5	4.4	4.3	4.2	4.1	4.0	3.9
US	6.0	5.9	5.9	5.9	5.8	5.7	5.6	5.5

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics. Data extracted January 2022.
- Centers for Disease Control and Prevention, National Center for Health Statistics.
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Notes:
- Rates are three-year averages of deaths of children under 1 year old per 1,000 live births.

Key Informant Input: Infant and Child Health

Key informants taking part in an online survey generally characterized *Infant and Child Health* as a "major problem" in the community.

Perceptions of Infant and Child Health
as a Problem in the Community
(Key Informants, 2021)
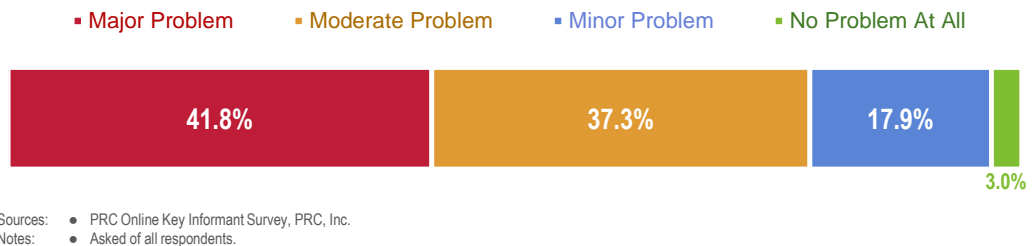
■ Major Problem   ■ Moderate Problem   ■ Minor Problem   ■ No Problem At All

41.8%	37.3%	17.9%	

3.0%

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

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

Access to Care/Services

Most families with young children have to go to Valley Children's Hospital in Fresno to access quality care. – Social Services Provider

Lack of access to mental health care services. – Social Services Provider

The health needs for children 0-18 is having access to dental care, mental health, obesity. – Other Health Provider

The health needs of children (0-18) are a major problem in my community because many children are left with not enough resources that specialize in pediatric care. Children in this community are also faced with socioeconomic barriers compared to other communities across the nation, such as poor living conditions and language barriers that causes most parents who lack the education and knowledge. There are simply not enough providers to target specific needs that each child might need, i.e., mental health awareness, behavioral health issues, and substance abuse issues. – Public Health Representative

Children deserve excellent medical/mental health care and easy access to that medical and mental health care. Excellent childcare is important to health/mental health care, and good childcare is difficult to find for some people. – Public Health Representative

Contributing Factors

Many kids are overweight, many express mental health issues. – Community Leader

Access to affordable health care for families with children 0-18. Different cultures' beliefs about going to a medical health center. Communication with different cultures. Again, customer services for those who do not understand terminology. Being patient with our families. Try understanding their story because they will not explain the situation the way you have been trained. Past bad experiences. – Social Services Provider

Lack of emphasis on the importance of well-child checks. Resource constraints that do not allow families to take time off of work to take children in for well-child checks. – Other Health Provider

Youth enrichment, mentorship. – Social Services Provider

Kids are behind on childhood vaccinations, youth COVID vaccination rates are very low, teen pregnancies continue to be an issue, and youth mental health/substance abuse issues are on the rise. – Public Health Representative

Lack of Providers

Lack of pediatricians in our town and lack of pediatric care on our local hospital. – Community Leader

There are limited pediatricians in the area. – Social Services Provider

I believe the health needs of children are a major problem in my community because there are very few pediatric providers. – Public Health Representative

Built Environment

> They are not given places to go and get exercise that are safe and in good condition. They need places to do activities and after-school programs with good values. More trails in the older part of town, where the lower-income families live. – Public Health Representative

> Health needs of children (0-18) are a big problem in Merced County because there is a lack of parks or other recreation areas where kids can be active. More and more kids are obese and develop heart disease and/or diabetes. – Public Health Representative

Denial/Stigma

> Health needs for children 0-18 is an issue in our county because even though there are a lot of families who qualify for Medi-Cal for their children, they opt not to apply because of stigma, misinformation, or because they do not want to be seen as a public charge. – Community Leader

Foreign-Born

> Specifically for children of the substantial migrant Latino population, access to services for children is difficult. Specifically dental and vision providers are in short supply, in addition to specialists when more substantial medical issues are identified. – Social Services Provider

Obesity

> The percentage of obese children is very high. – Social Services Provider

FAMILY PLANNING

ABOUT FAMILY PLANNING

Nearly half of pregnancies in the United States are unintended, and unintended pregnancy is linked to many negative outcomes for both women and infants. …Unintended pregnancy is linked to outcomes like preterm birth and postpartum depression. Interventions to increase use of birth control are critical for preventing unintended pregnancies. Birth control and family planning services can also help increase the length of time between pregnancies, which can improve health for women and their infants.

Adolescents are at especially high risk for unintended pregnancy. Although teen pregnancy and birth rates have gone down in recent years, close to 200,000 babies are born to teen mothers every year in the United States. Linking adolescents to youth-friendly health care services can help prevent pregnancy and sexually transmitted infections in this age group.

– Healthy People 2030 (https://health.gov/healthypeople)

Births to Adolescent Mothers

Between 2013 and 2019, there were 27.5 births to adolescents age 15 to 19 per 1,000 women age 15 to 19 in Merced County.

BENCHMARK ► Less favorable than state and national rates.

DISPARITY ► Higher among Black and Hispanic female adolescents.

Teen Birth Rate
(Births to Adolescents Age 15-19 per 1,000 Females Age 15-19, 2013-2019)
Healthy People 2030 = 31.4 or Lower

Merced County	CA	US
27.5	17.4	20.9

Sources:
- Centers for Disease Control and Prevention, National Vital Statistics System.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved January 2022 via SparkMap (sparkmap.org).
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Notes:
- This indicator reports the rate of total births to women under the age of 15–19 per 1,000 female population age 15–19. This indicator is relevant because in many cases, teen parents have unique social, economic, and health support services. Additionally, high rates of teen pregnancy may indicate the prevalence of unsafe sex practices.

Teen Birth Rate
(Births to Adolescents Age 15-19 per 1,000 Females Age 15-19, 2013-2019)
Healthy People 2030 = 31.4 or Lower

18.6	32.5	32.5	27.5
Merced County White (Non-Hispanic)	**Merced County Black (Non-Hispanic)**	**Merced County Hispanic**	**Merced County All Races/Ethnicities**

Sources:
- Centers for Disease Control and Prevention, National Vital Statistics System.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved January 2022 via SparkMap (sparkmap.org).
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Notes:
- This indicator reports the rate of total births to women under the age of 15–19 per 1,000 female population age 15–19. This indicator is relevant because in many cases, teen parents have unique social, economic, and health support services. Additionally, high rates of teen pregnancy may indicate the prevalence of unsafe sex practices.

Key Informant Input: Infant Health & Family Planning

Key informants taking part in an online survey generally characterized *Infant Health & Family Planning* as a "moderate problem" in the community.

Perceptions of Infant Health and Family Planning
as a Problem in the Community
(Key Informants, 2021)
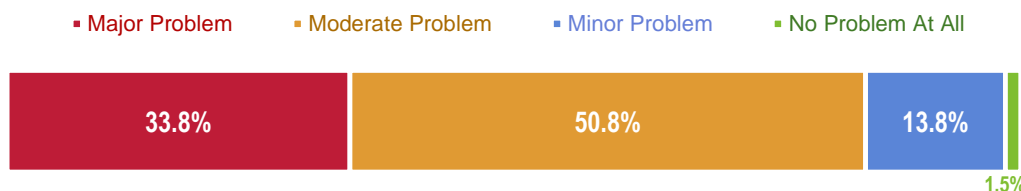
■ Major Problem   ■ Moderate Problem   ■ Minor Problem   ■ No Problem At All

33.8%	50.8%	13.8%	1.5%

Sources:
- PRC Online Key Informant Survey, PRC, Inc.

Notes:
- Asked of all respondents.

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

Incidence/Prevalence

We are seeing an increase of referrals for CVRC Early Start Services for infants 0 to 3 with developmental delays. – Social Services Provider

Merced County has high teenage birth rates compared to the state of California. A high percentage of women does not receive prenatal care in their first trimester. – Public Health Representative

Unplanned pregnancies are high, and breastfeeding rates are low in Merced County. Breastfed babies have better health outcomes. – Social Services Provider

Many unplanned pregnancies and young pregnancies, which lead to many other issues. – Public Health Representative

Contributing Factors

Limited pediatricians in the area. I am not aware of any family planning clinics, especially for those with limited funds or no insurance. There are a lot of teen pregnancies in the area. – Social Services Provider

Like all the rest of the answers, culture, trust, communication, professional resources. All play a major key to infant health. – Social Services Provider

WIC-assist families restricted to a certain income bracket, but that ultimately excludes families in need. Other families just simply do not have access to or knowledge of these programs. – Public Health Representative

Income/Poverty

Many families are being born into poverty. Many families experience unstable housing. – Social Services Provider

Too many people getting pregnant that can't afford children, too many young people getting pregnant. Too many single mothers, not enough fathers in the home, more people needing government assistance. – Public Health Representative

Lack of Providers

We do not have enough pediatricians in our area to adequately assist our community members. Many members have to go out of county to get help. If they find a provider in our area, the provider is double- or triple-booking appointments, so they have a long wait time and appointment is rushed. – Social Services Provider

Lack of pediatricians in our area. – Community Leader

Access to Care/Services

Lack of access to healthcare. – Community Leader

Many of my patients cannot get in to see a primary care pediatrician for days and cannot get referrals, results, or adequate service in Merced County. – Public Health Representative

Awareness/Education

Many people are not educated about family planning and infant health. They do things like their own parents have done and may not always learn the best ways to care for an infant and may not understand or feel they know where to go for family planning. – Social Services Provider

Alcohol/Drug Use

Because of the prevalence of drug abuse, infants and children are neglected. – Social Services Provider

MATERNAL & CHILD HEALTH

Perceived Top Health Issues

Among respondents with children living at home, mental health (6.1%), access to care (5.6%), and COVID-19 (5.3%) were mentioned most often as the perceived number-one health issue affecting pregnant women and new mothers in the community. The largest share of respondents (40.3%) expressed uncertainty.

Other frequent responses included **staying healthy** (mentioned by 4.0%), **nutrition** (3.7%), lack of **information** (3.4%), lack of **insurance** (3.2%), and **teen pregnancy** (3.2%).

Number-One Health Issue Affecting Pregnant Women and New Moms in the Community
(Among Households With Children; Merced County, 2021)

Respondent considers existing local resources for the issue cited to be:
- More Than Sufficient (2.3%)
- Sufficient (31.1%)
- Insufficient (45.8%)
- Not Available (20.8%)

25.2%
40.3%
3.2%
3.2%
3.4%
3.7%
4.0%
5.3%
5.6%
6.1%

- Don't Know/Nothing
- Mental Health
- Access to Care
- COVID-19
- Staying Healthy
- Nutrition
- Lack of Information
- Lack of Insurance
- Teen Pregnancy
- Other (Each <3%)
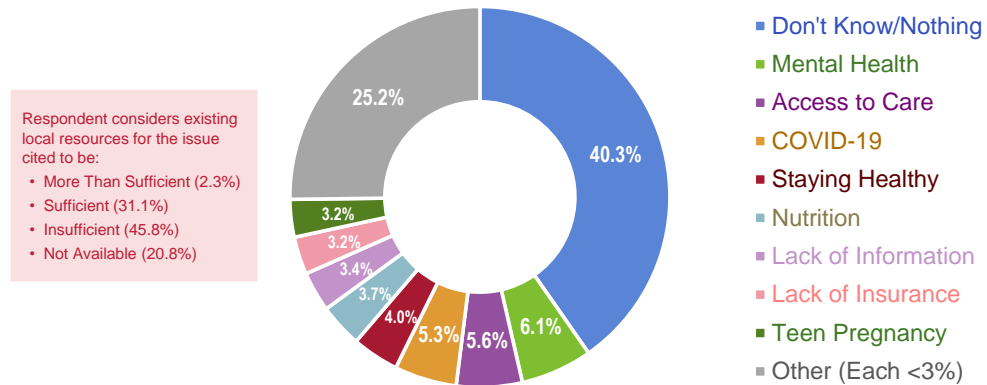
Sources: ● 2021 PRC Community Health Survey, PRC, Inc. [Items 315–316]
Notes: ● Asked of respondents with children under the age of 18 living at home.

Regarding children younger than 12, the top issues cited were obesity (11.1%), mental health (9.8%), nutrition (6.5%), access to care (4.2%), and asthma (4.0%). The largest share of respondents (28.0%) expressed uncertainty.

Number-One Health Issue
Affecting Children Under 12 in the Community
(Among Households With Children; Merced County, 2021)

Respondent considers existing local resources for the issue cited to be:
• More Than Sufficient (5.3%)
• Sufficient (36.1%)
• Insufficient (42.8%)
• Not Available (15.7%)

- Don't Know/Nothing
- Obesity
- Mental Health
- Nutrition
- Access to Care
- Asthma
- Other (Each <3%)
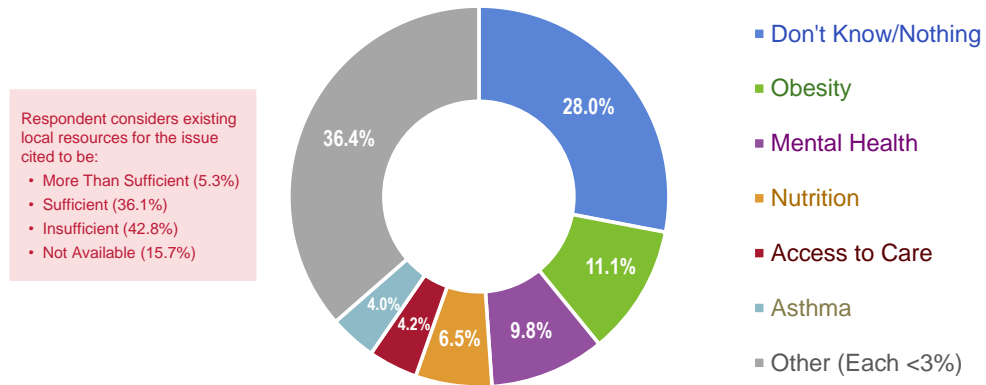
Sources: ● 2021 PRC Community Health Survey, PRC, Inc. [Items 317–318]
Notes: ● Asked of respondents with children under the age of 18 living at home.

Regarding adolescents (age 12 to 17), the top issues cited were mental health (28.4%) and drug use (17.0%). Note that a total of 22.0% expressed uncertainty.

Other frequent responses included **tobacco use** (mentioned by 5.2%), **nutrition** (4.5%), **air pollution** (3.3%), and lack of **physical activity** (3.1%).

Number-One Health Issue Affecting
Adolescents Age 12-17 in the Community
(Among Households With Children; Merced County, 2021)

Respondent considers existing local resources for the issue cited to be:
• More Than Sufficient (0.0%)
• Sufficient (29.3%)
• Insufficient (53.0%)
• Not Available (17.7%)

- Mental Health
- Don't Know/Nothing
- Drugs
- Tobacco Use
- Nutrition
- Air Pollution
- Lack of Physical Activity
- Other (Each <3%)
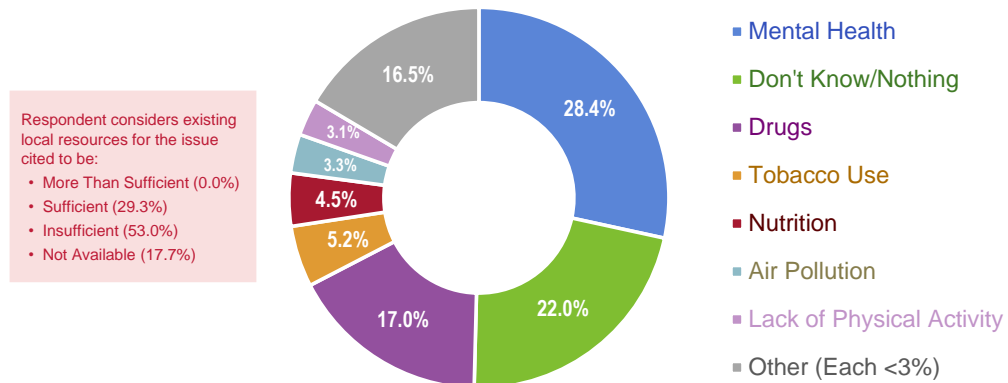
Sources: ● 2021 PRC Community Health Survey, PRC, Inc. [Items 319–320]
Notes: ● Asked of respondents with children under the age of 18 living at home.

Key Informant Input:
Needs of Pregnant Women/New Mothers

Key informants taking part in an online survey generally characterized *Pregnant Women/New Mothers* as a "moderate problem" in the community.

Perceptions of Needs of Pregnant Women/New Mothers as a Problem in the Community
(Key Informants, 2021)
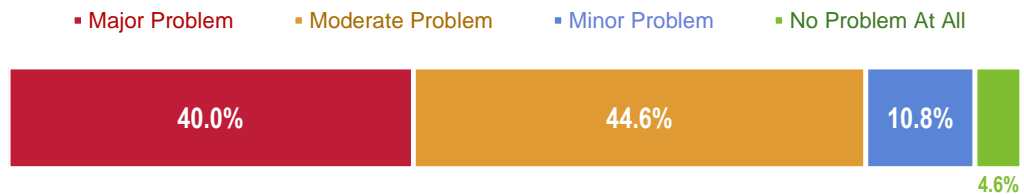
■ Major Problem   ■ Moderate Problem   ■ Minor Problem   ■ No Problem At All

40.0%	44.6%	10.8%	

4.6%

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

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

Contributing Factors

Not enough health care providers to service the needs of our community. Lack of communication to our most vulnerable populations to educate on the importance of prenatal care. Different cultures, different train of thought. Customer service to our most vulnerable population. Health care costs. – Social Services Provider

Low rates of prenatal care, lack of financial and social supports, poverty, low education levels – Social Services Provider

Lack of transportation to appointments. Due to COVID, there is a lack of trust in public transportation. People are afraid to visit the doctor and do not follow up as needed throughout their pregnancy. – Social Services Provider

The needs of pregnant/new mothers are a major problem in my community because we lack the funding and resources of providers who specializes in obstetrics and gynecology. We need to target motivated providers who specialize in this field to come to our community and take on the health services that can be provided. Among this, another major problem for this specific group is that some women lack support and are engage in high-risk activities, and this can lead to communicable diseases such as gonorrhea, chlamydia, and syphilis that can attribute to congenital abnormalities with babies/infants. – Public Health Representative

With substance abuse, low education rates, and poor employment opportunities, people are suffering. Pregnant women and new mothers are tossed around from agency to agency to better assist them, while very little help is actually being given. Programs like WIC are great, and they work, but then we have recipients selling their WIC-supplied items on Facebook Marketplace and in mom groups on Facebook. To provide our future with a shot, we need to start with the mothers. They are their child's first teacher. – Public Health Representative

Access to Care/Services

The needs of pregnant women and new mothers are a major problem in my community because mothers have very little access to perinatal care and perinatal recovery. – Other Health Provider

Not enough support in the area of breastfeeding to new mothers. – Social Services Provider

The services that are available for homeless pregnant women are typically at capacity. – Social Services Provider

Due to the lack of access to healthcare and resources (healthy food). – Community Leader

Lack of Providers

We do not have very many OB/GYNs in the area. The ones we have that accept patients usually double- or triple-book appointments, which results in a drop in the level of care. – Social Services Provider

Not enough doctors. – Public Health Representative

Awareness/Education

> We have young mothers that need help with understanding the postpartum blues. – Community Leader

> I believe there are high-quality supports in place for new parents, but that they are difficult to locate, and special home visiting programs are referral-based and families are not able to identify what program they might like to learn more about. They are simply transitioned based on risk factors. – Social Services Provider

Prevention/Screenings

> We need to make sure women get prenatal care early, that women feel supported with issues surrounding breast feeding, postpartum depression, childcare, etc. – Social Services Provider

Vulnerable Populations

> Increase in death of African American women (nationally) during birth and delivery. Systemic racism in the health care industry. Lack of education and resources for mothers in our community. – Social Services Provider

Teen Pregnancy

> Merced County teenage birth rates are higher than the state of California. – Public Health Representative

MODIFIABLE HEALTH RISKS

NUTRITION

ABOUT NUTRITION & HEALTHY EATING

Many people in the United States don't eat a healthy diet. …People who eat too many unhealthy foods — like foods high in saturated fat and added sugars — are at increased risk for obesity, heart disease, type 2 diabetes, and other health problems. Strategies and interventions to help people choose healthy foods can help reduce their risk of chronic diseases and improve their overall health.

Some people don't have the information they need to choose healthy foods. Other people don't have access to healthy foods or can't afford to buy enough food. Public health interventions that focus on helping everyone get healthy foods are key to reducing food insecurity and hunger and improving health.

– Healthy People 2030 (https://health.gov/healthypeople)

Daily Recommendation of Fruits/Vegetables

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.

A total of 26.7% of Merced County adults report eating five or more servings of fruits and/or vegetables per day.

BENCHMARK ► Less favorable than the US percentage.

TREND ► Declining significantly over time.

DISPARITY ► Men are <u>less</u> likely than women to consume fruits and vegetables.

Consume Five or More Servings of Fruits/Vegetables Per Day

Merced County

Merced County 26.7%	US 32.7%	2012: 49.3% · 2015: 38.7% · 2018: 30.2% · 2021: 26.7%
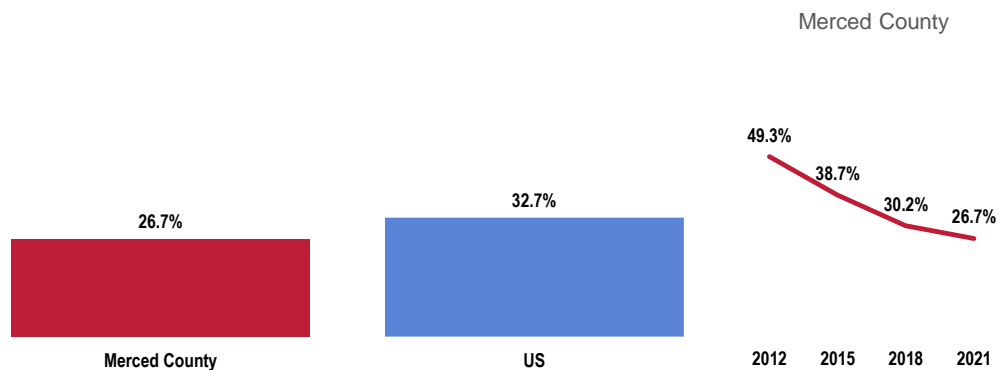
Sources: ● 2021 PRC Community Health Survey, PRC, Inc. [Item 125]
● 2020 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.
● For this issue, respondents were asked to recall their food intake on the previous day.

Consume Five or More Servings of Fruits/Vegetables Per Day
(Merced County, 2021)

21.4%	32.0%	28.6%	24.1%	25.2%	28.7%	26.1%	25.3%	26.9%	26.7%
Men	Women	18 to 39	40 to 64	65+	Low Income	Mid/High Income	White	Hispanic	Merced County
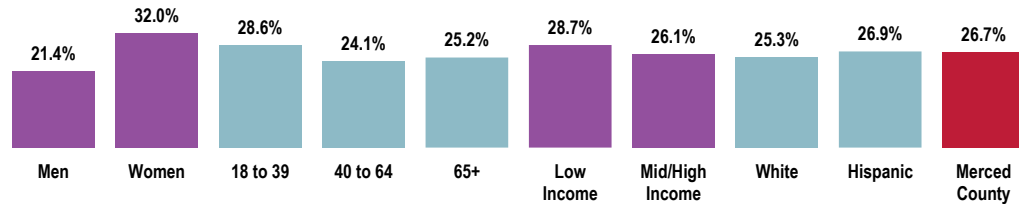
Sources: ● 2021 PRC Community Health Survey, PRC, Inc. [Item 125]
Notes: ● Asked of all respondents.
● For this issue, respondents were asked to recall their food intake on the previous day.

Difficulty Accessing Fresh Produce

Most Merced County adults report little or no difficulty buying fresh produce at a price they can afford.

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?"

RELATED ISSUE
See also *Food Access* in the **Social Determinants of Health** section of this report.

Level of Difficulty Finding Fresh Produce at an Affordable Price
(Merced County, 2021)

- Very Difficult — 3.2%
- Somewhat Difficult — 21.8%
- Not Too Difficult — 30.9%
- Not At All Difficult — 44.1%

Sources: ● 2021 PRC Community Health Survey, PRC, Inc. [Item 79]
Notes: ● Asked of all respondents.

However, 25.0% of Merced County adults find it "very" or "somewhat" difficult to access affordable fresh fruits and vegetables.

DISPARITY ► More often reported among women, young adults, low-income respondents, and Hispanic residents.

Find It "Very" or "Somewhat" Difficult to Buy Affordable Fresh Produce

Merced County

Merced County 25.0%	**US** 21.1%	2015: 21.4% 2018: 22.2% 2021: 25.0%
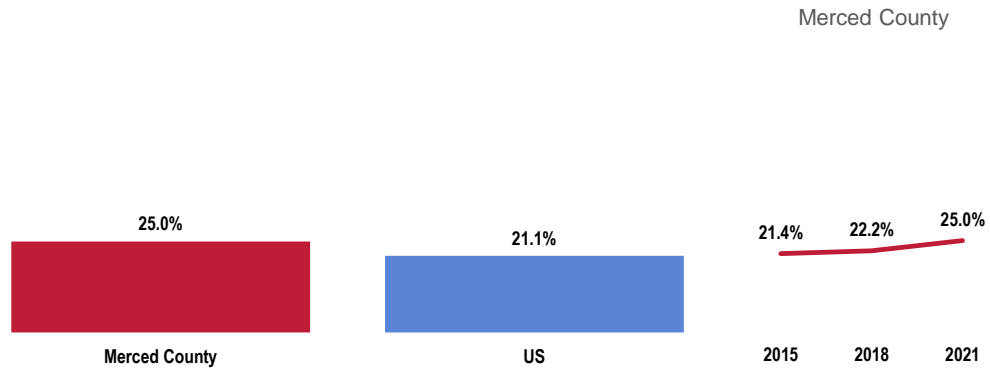
Sources: ● 2021 PRC Community Health Survey, PRC, Inc. [Item 79]
● 2020 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Find It "Very" or "Somewhat" Difficult to Buy Affordable Fresh Produce
(Merced County, 2021)

Men	Women	18 to 39	40 to 64	65+	Low Income	Mid/High Income	White	Hispanic	Merced County
18.6%	31.5%	30.7%	22.0%	14.1%	35.6%	14.4%	18.2%	30.6%	25.0%
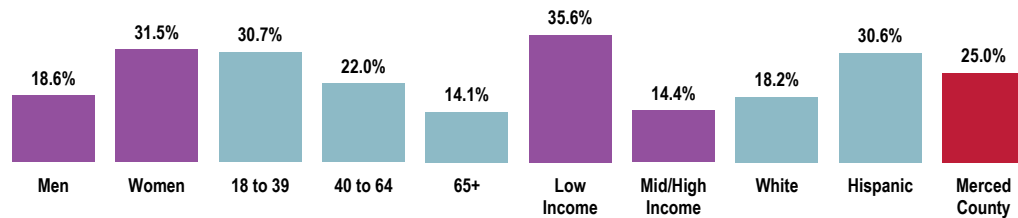
Sources: ● 2021 PRC Community Health Survey, PRC, Inc. [Item 79]
Notes: ● Asked of all respondents.

PHYSICAL ACTIVITY

ABOUT PHYSICAL ACTIVITY

Physical activity can help prevent disease, disability, injury, and premature death. The Physical Activity Guidelines for Americans lays out how much physical activity children, adolescents, and adults need to get health benefits. Although most people don't get the recommended amount of physical activity, it can be especially hard for older adults and people with chronic diseases or disabilities.

Strategies that make it safer and easier to get active — like providing access to community facilities and programs — can help people get more physical activity. Strategies to promote physical activity at home, at school, and at childcare centers can also increase activity in children and adolescents.

‒ Healthy People 2030 (https://health.gov/healthypeople)

Leisure-Time Physical Activity

A total of 33.4% of Merced County adults report no leisure-time physical activity in the past month.

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.

BENCHMARK ► Worse than found across California. Fails to satisfy the Healthy People 2030 objective.

TREND ► Represents a significant increase since 2018.

No Leisure-Time Physical Activity in the Past Month
Healthy People 2030 = 21.2% or Lower

Merced County

Merced County 33.4%	CA 22.4%	US 31.3%	2012 29.9%	2015 22.4%	2018 24.7%	2021 33.4%
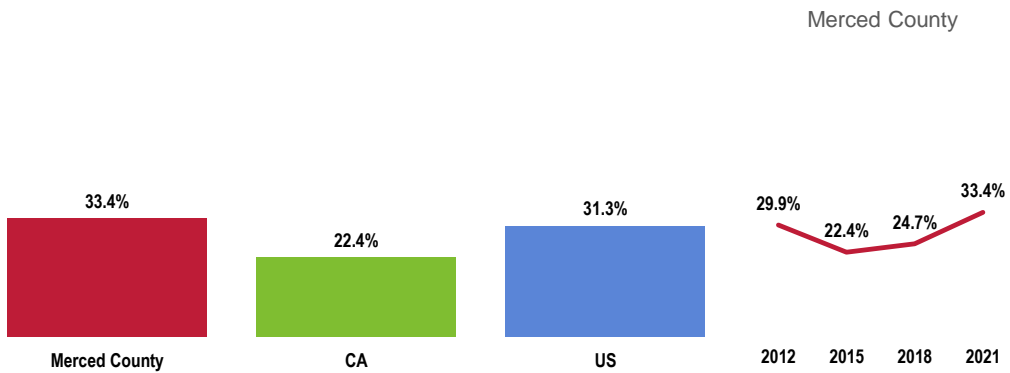
Sources:
● 2021 PRC Community Health Survey, PRC, Inc. [Item 82]
● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2019 California data.
● 2020 PRC National Health Survey, PRC, Inc.
● US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov
Notes:
● Asked of all respondents.

Activity Levels

Adults

ADULTS: RECOMMENDED LEVELS OF PHYSICAL ACTIVITY

Adults should do 2 hours and 30 minutes a week of moderate-intensity (such as walking), or 1 hour and 15 minutes (75 minutes) a week of vigorous-intensity **aerobic** physical activity (such as jogging), or an equivalent combination of moderate- and vigorous-intensity aerobic physical activity. The guidelines also recommend that adults do **muscle-strengthening** activities, such as push-ups, sit-ups, or activities using resistance bands or weights. These activities should involve all major muscle groups and be done on two or more days per week.

The report finds that nationwide nearly 50 percent of adults are getting the recommended amounts of aerobic activity and about 30 percent are engaging in the recommended muscle-strengthening activity.

– 2013 Physical Activity Guidelines for Americans, US Department of Health and Human Services. www.cdc.gov/physicalactivity

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A total of 20.3% of Merced County adults regularly participate in adequate levels of both aerobic and strengthening activities (meeting physical activity recommendations).

BENCHMARK ► Fails to satisfy the Healthy People 2030 objective.

DISPARITY ► Those age 65+ are <u>less</u> likely to meet the activity recommendations.

"Meeting physical activity recommendations" includes adequate levels of both aerobic and strengthening activities:

Aerobic activity is one of the following: at least 150 minutes per week of light to moderate activity, 75 minutes per week of vigorous activity, or an equivalent combination of both.

Strengthening activity is at least 2 sessions per week of exercise designed to strengthen muscles.

Meets Physical Activity Recommendations
Healthy People 2030 = 28.4% or Higher

Merced County

20.3%	22.6%	21.4%	21.5% — 20.3%
Merced County	CA	US	2018 — 2021
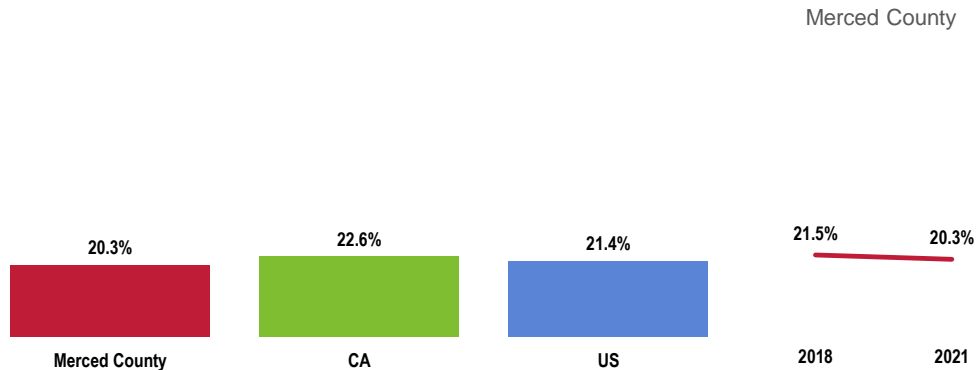
Sources:
- 2021 PRC Community Health Survey, PRC, Inc. [Item 126]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2019 California data.
- 2020 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Notes:
- Asked of all respondents.
- Meeting both guidelines is defined as the number of persons age 18+ who report light or moderate aerobic activity for at least 150 minutes per week or who report vigorous physical activity 75 minutes per week or an equivalent combination of moderate and vigorous-intensity activity and report doing physical activities specifically designed to strengthen muscles at least twice per week.

Meets Physical Activity Recommendations
(Merced County, 2021)
Healthy People 2030 = 28.4% or Higher

24.1%	16.4%	23.9%	20.1%	8.0%	17.7%	22.9%	15.3%	20.8%	20.3%
Men	Women	18 to 39	40 to 64	65+	Low Income	Mid/High Income	White	Hispanic	Merced County
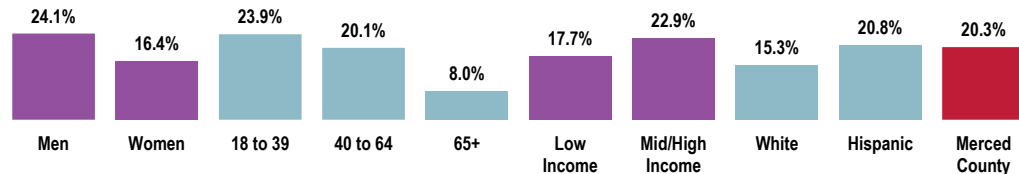
Sources: ● 2021 PRC Community Health Survey, PRC, Inc. [Item 126]
● US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov
Notes: ● Asked of all respondents.
● Meeting both guidelines is defined as the number of persons age 18+ who report light or moderate aerobic activity for at least 150 minutes per week or who report vigorous physical activity 75 minutes per week or an equivalent combination of moderate and vigorous-intensity activity _and_ report doing physical activities specifically designed to strengthen muscles at least twice per week.

Children

CHILDREN: RECOMMENDED LEVELS OF PHYSICAL ACTIVITY

Children and adolescents should do 60 minutes (1 hour) or more of physical activity each day.

‒ 2013 Physical Activity Guidelines for Americans, US Department of Health and Human Services. www.cdc.gov/physicalactivity

Among Merced County children age 2 to 17, 29.8% are reported to have had 60 minutes of physical activity on each of the seven days preceding the interview (1+ hours per day).

TREND ► Marks a significant decrease from previous surveys.

Child Is Physically Active for One or More Hours per Day
(Parents of Children Age 2-17)

Merced County

Merced County	US
29.8%	33.0%

2015	2018	2021
52.5%	59.6%	29.8%
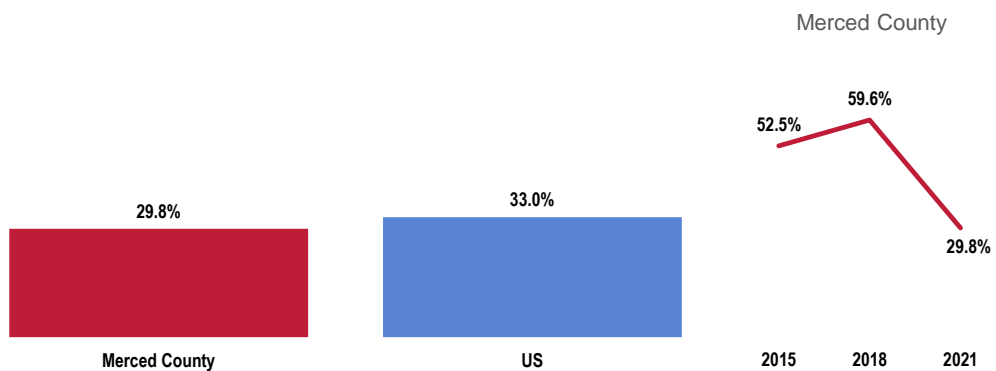
Sources: ● 2021 PRC Community Health Survey, PRC, Inc. [Item 109]
● 2020 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents with children age 2-17 at home.
● Includes children reported to have one or more hours of physical activity on each of the seven days preceding the survey.

Access to Physical Activity

In 2019, there were 9.0 recreation/fitness facilities for every 100,000 population in Merced County.

BENCHMARK ► Less favorable than found across the state and nation.

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, 2019)

Merced County	CA	US
9.0	12.4	12.2

Sources:
- US Census Bureau, County Business Patterns. Additional data analysis by CARES.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved January 2022 via SparkMap (sparkmap.org).

Notes:
- Recreation and fitness facilities are defined by North American Industry Classification System (NAICS) Code 713940 , which include *Establishments engaged in operating facilities which offer "exercise and other active physical fitness conditioning or recreational sports activities." Examples include athletic clubs, gymnasiums, dance centers, tennis clubs, and swimming pools.* This indicator is relevant because access to recreation and fitness facilities encourages physical activity and other healthy behaviors.

WEIGHT STATUS

ABOUT OVERWEIGHT & OBESITY

Obesity is linked to many serious health problems, including type 2 diabetes, heart disease, stroke, and some types of cancer. Some racial/ethnic groups are more likely to have obesity, which increases their risk of chronic diseases.

Culturally appropriate programs and policies that help people eat nutritious foods within their calorie needs can reduce overweight and obesity. Public health interventions that make it easier for people to be more physically active can also help them maintain a healthy weight.

– Healthy People 2030 (https://health.gov/healthypeople)

Body Mass Index (BMI), which describes relative weight for height, is significantly correlated with total body fat content. The BMI should be used to assess overweight and obesity and to monitor changes in body weight. In addition, measurements of body weight alone can be used to determine efficacy of weight loss therapy. BMI is calculated as weight (kg)/height squared (m^2). To estimate BMI using pounds and inches, use: [weight (pounds)/height squared (inches^2)] x 703.

In this report, overweight is defined as a BMI of 25.0 to 29.9 kg/m^2 and obesity as a BMI ≥30 kg/m^2. The rationale behind these definitions is based on epidemiological data that show increases in mortality with BMIs above 25 kg/m^2. The increase in mortality, however, tends to be modest until a BMI of 30 kg/m^2 is reached. For persons with a BMI ≥30 kg/m^2, mortality rates from all causes, and especially from cardiovascular disease, are generally increased by 50 to 100 percent above that of persons with BMIs in the range of 20 to 25 kg/m^2.

– Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report. National Institutes of Health. National Heart, Lung, and Blood Institute in Cooperation With The National Institute of Diabetes and Digestive and Kidney Diseases. September 1998.

Adult Weight Status

CLASSIFICATION OF OVERWEIGHT AND OBESITY BY BMI	BMI (kg/m^2)
Underweight	<18.5
Normal	18.5 – 24.9
Overweight	25.0 – 29.9
Obese	≥30.0

Source: Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report. National Institutes of Health. National Heart, Lung, and Blood Institute in Cooperation With The National Institute of Diabetes and Digestive and Kidney Diseases. September 1998.

Overweight Status

Here, "overweight" includes those respondents with a BMI value ≥25.

Three-fourths of Merced County adults (75.1%) are overweight.

BENCHMARK ► Worse than state and national findings.

Prevalence of Total Overweight (Overweight and Obese)
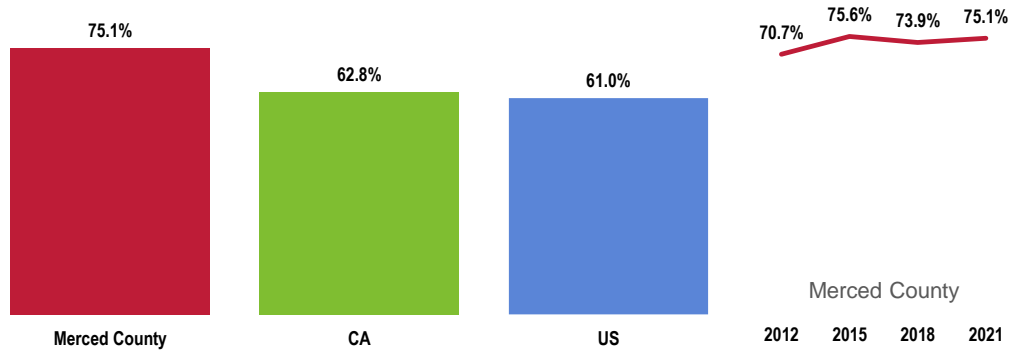
Merced County	CA	US
75.1%	62.8%	61.0%

Merced County trend: 2012: 70.7% | 2015: 75.6% | 2018: 73.9% | 2021: 75.1%

Sources:
● 2021 PRC Community Health Survey, PRC, Inc. [Item 128]
● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2019 California data.
● 2020 PRC National Health Survey, PRC, Inc.

Notes:
● Based on reported heights and weights, asked of all respondents.
● The definition of overweight is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 25.0, regardless of gender. The definition for obesity is a BMI greater than or equal to 30.0.

"Obese" (also included in overweight prevalence discussed previously) includes respondents with a BMI value ≥30.

The overweight prevalence above includes 43.4% of Merced County adults who are obese.

BENCHMARK ► Worse than state and national findings. Falis to satisfy the Healthy People 2030 objective.

TREND ► Rising to the highest level recorded since 2012.

Prevalence of Obesity
Healthy People 2030 = 36.0% or Lower

Merced County

Merced County	CA	US
43.4%	26.1%	31.3%

Merced County trend: 2012: 35.9% | 2015: 39.8% | 2018: 37.3% | 2021: 43.4%

Sources:
● 2021 PRC Community Health Survey, PRC, Inc. [Item 128]
● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2019 California data.
● 2020 PRC National Health Survey, PRC, Inc.
● US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

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
(Merced County, 2021)
Healthy People 2030 = 36.0% or Lower

45.0%	41.8%	38.9%	47.1%	44.2%	44.0%	41.0%	45.5%	46.4%	43.4%
Men	Women	18 to 39	40 to 64	65+	Low Income	Mid/High Income	White	Hispanic	Merced County
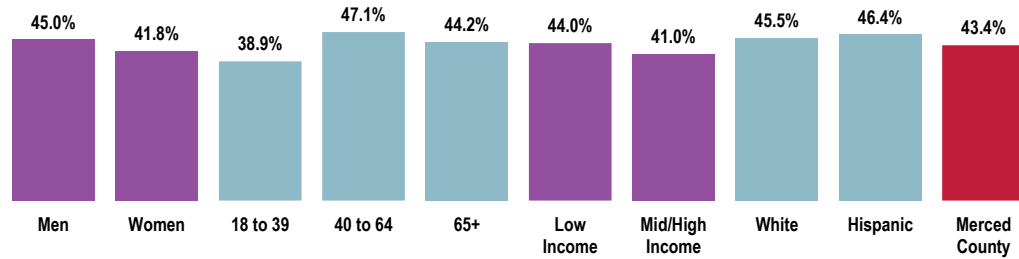
Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 128]
 • US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov
Notes: • Based on reported heights and weights, asked of all respondents.
 • The definition of obesity is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 30.0, regardless of gender.

Relationship of Overweight With Other Health Issues

Overweight and obese adults are more likely to report a number of adverse health conditions, as outlined in the following chart.

The correlation between overweight and various health issues cannot be disputed.

Relationship of Overweight With Other Health Issues
(Merced County, 2021)

■ Among Healthy Weight ■ Among Overweight/Not Obese ■ Among Obese

	High Blood Pressure	"Fair/Poor" Health	High Cholesterol	Diabetes
Among Healthy Weight	29.1%	18.0%	20.9%	6.2%
Among Overweight/Not Obese	42.5%	22.9%	22.0%	12.8%
Among Obese	48.0%	34.8%	31.9%	19.5%
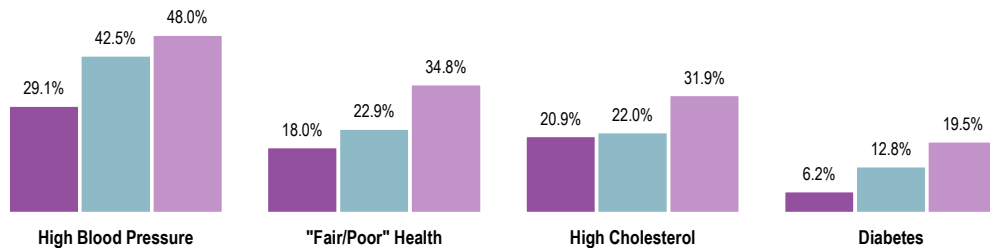
Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 128]
Notes: • Based on reported heights and weights, asked of all respondents.

Children's Weight Status

ABOUT WEIGHT STATUS IN CHILDREN & TEENS

In children and teens, body mass index (BMI) is used to assess weight status – underweight, healthy weight, overweight, or obese. After BMI is calculated for children and teens, the BMI number is plotted on the CDC BMI-for-age growth charts (for either girls or boys) to obtain a percentile ranking. Percentiles are the most commonly used indicator to assess the size and growth patterns of individual children in the United States. The percentile indicates the relative position of the child's BMI number among children of the same sex and age.

BMI-for-age weight status categories and the corresponding percentiles are shown below:

- Underweight   <5th percentile
- Healthy Weight   ≥5th and <85th percentile
- Overweight   ≥85th and <95th percentile
- Obese   ≥95th percentile

– Centers for Disease Control and Prevention

Based on the heights/weights reported by surveyed parents, 38.1% of Merced County children age 5 to 17 are overweight or obese (≥85th percentile).

Prevalence of Overweight in Children
(Parents of Children Age 5-17)
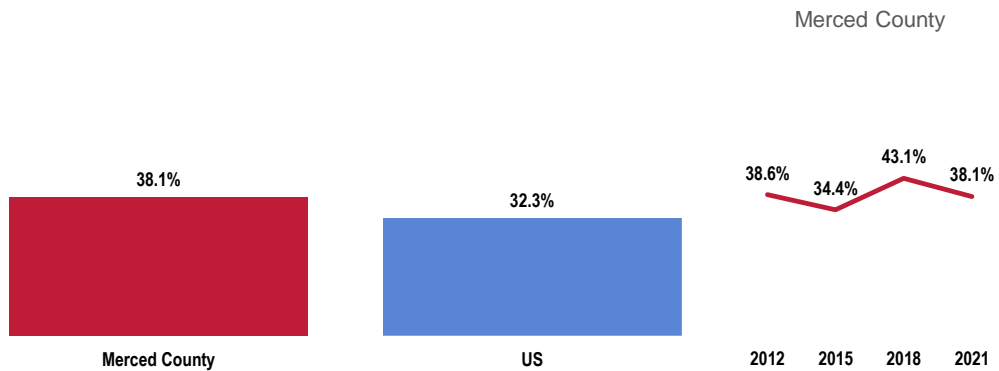
Merced County

38.1%	32.3%	38.6% 34.4% 43.1% 38.1%
Merced County	US	2012 2015 2018 2021

Sources: ● 2021 PRC Community Health Survey, PRC, Inc. [Item 131]
         ● 2020 PRC National Health Survey, PRC, 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.

The childhood overweight prevalence above includes 26.4% of area children age 5 to 17 who are obese (≥95th percentile).

BENCHMARK ► Fails to satisfy the Healthy People 2030 objective.

Prevalence of Obesity in Children
(Children Age 5-17 Who Are Obese; BMI in the 95th Percentile or Higher)
Healthy People 2030 = 15.5% or Lower
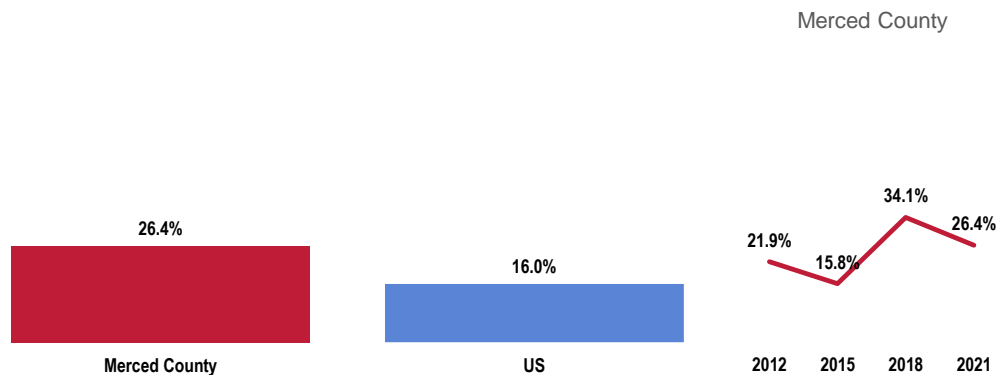
Merced County

Sources: ● 2021 PRC Community Health Survey, PRC, Inc. [Item 131]
 ● 2020 PRC National Health Survey, PRC, Inc.
 ● US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov
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.

Key Informant Input:
Nutrition, Physical Activity & Weight

Key informants taking part in an online survey most often characterized *Nutrition, Physical Activity & Weight* as a "major problem" in the community.

Perceptions of Nutrition, Physical Activity, and Weight
as a Problem in the Community
(Key Informants, 2021)
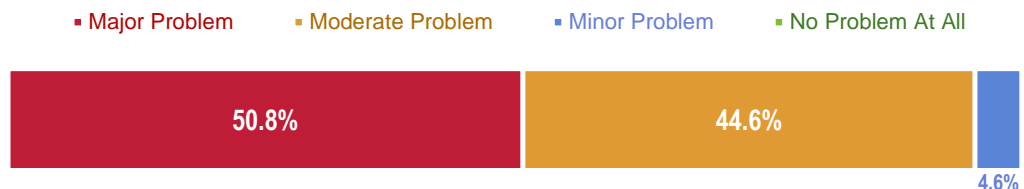
■ Major Problem   ■ Moderate Problem   ■ Minor Problem   ■ No Problem At All

50.8%	44.6%	

4.6%

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

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

Contributing Factors

Lack of access to safe walking trails on the South Side. Lack of attention to our public parks to make them safe and appealing, access to nutritious food. – Social Services Provider

Need more parks, recreation, fruits and vegetables in the unincorporated area (especially the little corner store in the rural areas of the county). Funding for services for those who cannot afford to take swimming lessons, junior leagues in basketball, baseball, volleyball, soccer. Allowing for opportunities for everyone to participate in some sport activity. Time to spend with family. – Social Services Provider

Access to fresh fruit and vegetables. Food deserts. Access to basic food for families. Having any food is an issue, let alone having healthy food. Quality of school cafeteria food. Cost of team sports (cost prohibitive). Safety of parks for kids and families, availability of parks. – Social Services Provider

Lack of abundant healthy food in poor communities. Healthy food and beverages are more expensive than non-healthy options. Lack of time to exercise. Culture change needs to occur for people to eat healthier and be more physically active. – Social Services Provider

Lack of adequate nutritional counselling after WIC. Need city to invest in recreational, nutrition programs, community gardens, and produce markets accessible to public. In addition, encouraging fast food outlets to carry healthier choices. – Public Health Representative

School recess, and PE is not emphasized enough. Children spend too much screen time. Abundance of processed foods. Children are not taught a healthy diet. – Social Services Provider

Seems to be that not a lot of people are active nor eat healthy. This has to do with there not being enough to do to keep us active and too many unhealthy options, even in schools. Additionally, folks are stressed out because they have to work low-paying jobs and don't have time to think about exercise at the end of the day, and schools don't reinforce fresh healthy food, so it's hard to do so at home. – Public Health Representative

Parents' long working hours make them come home tired, and so they prefer to buy fast foods and not cook. Also, families do not share active recreation times and allow their children to prefer TV and video games. There are families without cars, so they do not have good transportation to buy groceries in a supermarket with a good food selection; therefore, they buy only in the small store near their house, which has fewer healthy food alternatives. – Community Leader

Our community continues to fight against obesity. This has a direct impact on families, especially those who are low-income. It is less expensive to eat unhealthy food (drive thru) than to purchase healthy meals. There is a need to provide nutrition classes for families. The county offers limited opportunities for outdoor sports, many of the ones offered come with fees which our low-income families are not able to afford. Nutrition should be taught in the early year (elementary and junior high). – Social Services Provider

Obesity, lack of nutritional food that is easily accessible and low cost. Having safe and affordable places to get physical activity, lack of education. – Social Services Provider

No more physical education in school. Too easy to get unhealthy food. Kids on screens instead of playing outside. Lack of education on how to buy and cook good food. Good food being more expensive than junk food. – Social Services Provider

Intergenerational patterns, stress, low access to affordable healthy food, lack of time to plan for healthy diets and exercise. – Social Services Provider

Transportation issues, correct information, access to resources, healthy food, gyms, and so on. – Community Leader

Built Environment

Parks are poorly maintained, sporadic in South Merced, bike paths are poorly maintained and unsafe in some locations. Not very many adult sports leagues, low community participation in outdoor, athletic events and activities. – Social Services Provider

Lack of safe parks or recreation for children and families. – Public Health Representative

We don't have many outdoor activities that families can safely do with their children. Our bike trails have homeless individuals living on them, which results in blocked and dirty paths. We have two instances that I can think of in the last two years where a child or woman has been attacked by homeless men. We also don't have very many free and accessible events that promote activity and nutrition. Our parks do not have adequate play equipment; most of the time it is broken or unsafe. – Social Services Provider

COVID-19

With COVID, things have only gotten worse. Our children are given 10 minutes to scarf down a sweet and carb-loaded meal, fed absolute junk as snacks (crackers, candy, etc.) in school and in after-school programs, and receive very little focus on sports and exercise. The Central Valley has more fast food options than grocery stores and organic/clean food. People's behaviors must change in order to avoid what is convenient (i.e. fast food). The norm is fast food, sugar drinks, and playing video games. It's a deadly combination. – Public Health Representative

COVID took out a lot of people with chronic conditions and who were overweight. We see at our local school some kiddos who do not get great nutrition at home and may not get the best options at school, either. Fast food restaurants are growing fast in town, especially in our low economic areas. – Public Health Representative

Access to Affordable Healthy Food

The biggest challenges related to nutrition, physical activity, and weight for the people of my community would be not having access to healthy foods, which leads to obesity. – Other Health Provider

Access to affordable healthy foods within comfortable distance, safe and accessible recreational facilities. – Social Services Provider

Cost of Living

With the cost-of-living increases and mental health stresses, it becomes more difficult for people to take time needed to focus on nutrition and physical activity. – Public Health Representative

Access to Care/Services

There are no certified nutritionists in the county. Places for children to get physical activity are scare or none, unsafe, taken over by homeless. – Public Health Representative

Nutrition

Our culture cooks unhealthy, and physical activity is costly for youth physical programs. – Community Leader

SUBSTANCE ABUSE

ABOUT DRUG & ALCOHOL USE

More than 20 million adults and adolescents in the United States have had a substance use disorder in the past year. …Substance use disorders can involve illicit drugs, prescription drugs, or alcohol. Opioid use disorders have become especially problematic in recent years. Substance use disorders are linked to many health problems, and overdoses can lead to emergency department visits and deaths.

Effective treatments for substance use disorders are available, but very few people get the treatment they need. Strategies to prevent substance use — especially in adolescents — and help people get treatment can reduce drug and alcohol misuse, related health problems, and deaths.

‒ Healthy People 2030 (https://health.gov/healthypeople)

Age-Adjusted Cirrhosis/Liver Disease Deaths

Between 2018 and 2020, Merced County reported an annual average age-adjusted cirrhosis/liver disease mortality rate of 17.0 deaths per 100,000 population.

BENCHMARK ► Higher than state and national rates. Fails to satisfy the Healthy People 2030 objective.

Cirrhosis/Liver Disease: Age-Adjusted Mortality
(2018-2020 Annual Average Deaths per 100,000 Population)
Healthy People 2030 = 10.9 or Lower

Merced County	CA	US
17.0	12.8	11.9

Sources:
● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted January 2022.
● US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Cirrhosis/Liver Disease: Age-Adjusted Mortality by Race
(2018-2020 Annual Average Deaths per 100,000 Population)
Healthy People 2030 = 10.9 or Lower

17.0	17.0	17.0
Merced County **White (Non-Hispanic)**	**Merced County** **Hispanic**	**Merced County** **All Races/Ethnicities**

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted January 2022.
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Cirrhosis/Liver Disease: Age-Adjusted Mortality Trends
(Annual Average Deaths per 100,000 Population)
Healthy People 2030 = 10.9 or Lower

	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
Merced County	16.7	16.1	16.9	14.9	15.8	14.6	17.0	17.0
CA	11.7	11.8	12.2	12.3	12.3	12.1	12.2	12.8
US	10.0	10.4	10.6	10.8	10.8	10.9	11.1	11.9

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted January 2022.
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Alcohol Use

Excessive Drinking

Excessive drinking includes heavy and/or binge drinkers:

- HEAVY DRINKERS ► men reporting 2+ alcoholic drinks per day or women reporting 1+ alcoholic drink per day in the month preceding the interview.

- BINGE DRINKERS ► men reporting 5+ alcoholic drinks or women reporting 4+ alcoholic drinks on any single occasion during the past month.

A total of 22.9% of area adults are excessive drinkers (heavy and/or binge drinkers).

DISPARITY ► More often reported among adults younger than 65.

Excessive Drinkers

Merced County

Merced County	22.9%
CA	18.3%
US	27.2%

2012	2015	2018	2021
19.9%	16.9%	14.6%	22.9%
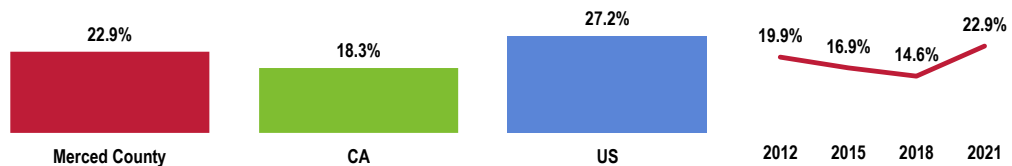
Sources:
- 2021 PRC Community Health Survey, PRC, Inc. [Item 136]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2019 California data.
- 2020 PRC National Health Survey, PRC, Inc.

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 Drinkers
(Merced County, 2021)

Men	Women	18 to 39	40 to 64	65+	Low Income	Mid/High Income	White	Hispanic	Merced County
26.3%	19.4%	26.7%	24.3%	9.1%	21.9%	23.2%	22.5%	24.4%	22.9%
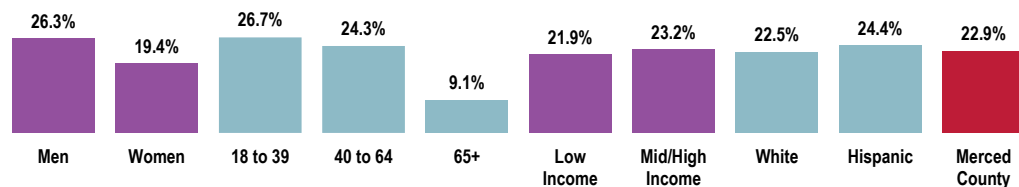
Sources:
- 2021 PRC Community Health Survey, PRC, Inc. [Item 136]

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.

Unintentional Drug-Related Deaths

Between 2018 and 2020, there was an annual average age-adjusted unintentional drug-related mortality rate of 15.7 deaths per 100,000 population in Merced County.

BENCHMARK ► Lower than the national rate.

TREND ► Increasing over time within the county.

DISPARITY ► Higher among White residents.

Unintentional Drug-Related Deaths: Age-Adjusted Mortality
(2018-2020 Annual Average Deaths per 100,000 Population)

Merced County	CA	US
15.7	15.2	21.0

Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted January 2022.

Unintentional Drug-Related Deaths: Age-Adjusted Mortality by Race
(2018-2020 Annual Average Deaths per 100,000 Population)

Merced County White (Non-Hispanic)	Merced County Hispanic	Merced County All Races/Ethnicities
24.7	10.8	15.7

Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted January 2022.

Unintentional Drug-Related Deaths:
Age-Adjusted Mortality Trends
(Annual Average Deaths per 100,000 Population)

	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
Merced County	11.4	11.0	10.8	12.3	12.6	13.1	13.5	15.7
CA	8.7	8.9	9.4	9.5	9.8	10.4	11.8	15.2
US	11.0	12.1	13.0	14.9	16.7	18.1	18.8	21.0

Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted January 2022.

Illicit Drug Use

A total of 2.2% of Merced County adults acknowledge using an illicit drug in the past month.

BENCHMARK ► Satisfies the Healthy People 2030 objective.

DISPARITY ► More often reported among those with lower incomes.

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 2030 = 12.0% or Lower

Merced County

2.2%	2.0%	2.7%	1.6%	1.3%	2.2%
Merced County	US	2012	2015	2018	2021
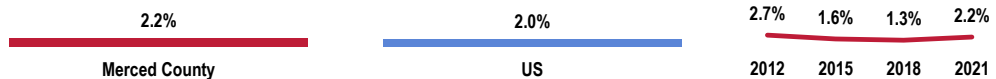
Sources: ● 2021 PRC Community Health Survey, PRC, Inc. [Item 49]
● 2020 PRC National Health Survey, PRC, Inc.
● US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov
Notes: ● Asked of all respondents.

Illicit Drug Use in the Past Month
(Merced County, 2021)
Healthy People 2030 = 12.0% or Lower

2.2%	2.2%	4.1%	1.4%	1.2%	5.7%	0.0%	3.5%	2.3%	2.2%
Men	Women	18 to 39	40 to 64	65+	Low Income	Mid/High Income	White	Hispanic	Merced County
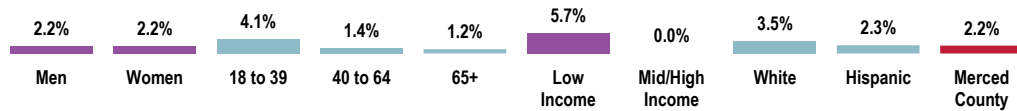
Sources: ● 2021 PRC Community Health Survey, PRC, Inc. [Item 49]
　　　　 ● US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov
Notes: ● Asked of all respondents.

Use of Prescription Opioids

A total of 15.8% of Merced County report using a prescription opioid drug in the past year.

DISPARITY ► More often reported among women and adults age 40+.

Opioids are a class of drugs used to treat pain. Examples presented to respondents include morphine, codeine, hydrocodone, oxycodone, methadone, and fentanyl. Common brand name opioids include Vicodin, Dilaudid, Percocet, OxyContin, and Demerol.

Used a Prescription Opioid in the Past Year

15.8%	12.9%
Merced County	US
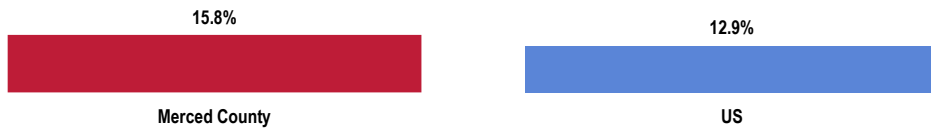
Sources: ● 2021 PRC Community Health Survey, PRC, Inc. [Item 50]
　　　　 ● 2020 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Used a Prescription Opioid in the Past Year
(Merced County, 2021)

Men	Women	18 to 39	40 to 64	65+	Low Income	Mid/High Income	White	Hispanic	Merced County
10.6%	20.9%	10.0%	21.3%	21.9%	19.4%	13.0%	18.2%	14.9%	15.8%
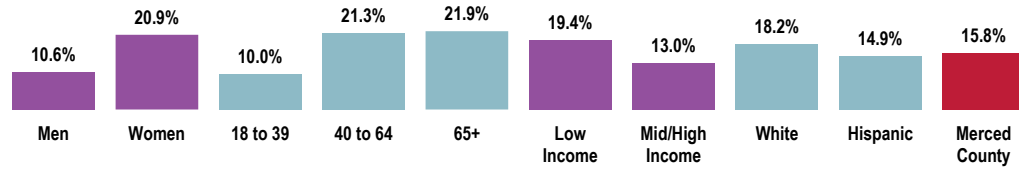
Sources: ● 2021 PRC Community Health Survey, PRC, Inc. [Item 50]
Notes: ● Asked of all respondents.

Alcohol & Drug Treatment

A total of 9.0% of Merced County adults report that they have sought professional help for an alcohol or drug problem at some point in their lives.

BENCHMARK ▶ More favorable than the US percentage.

TREND ▶ Increasing over time.

Have Ever Sought Professional Help for an Alcohol/Drug-Related Problem

Merced County

9.0% Merced County	**5.4%** US

2012	2015	2018	2021
3.5%	1.4%	4.0%	9.0%
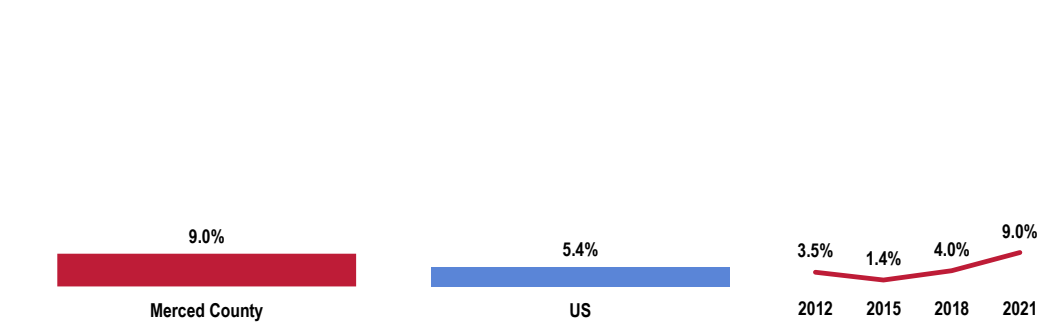
Sources: ● 2021 PRC Community Health Survey, PRC, Inc. [Item 51]
● 2020 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Personal Impact From Substance Abuse

Area adults were also asked to what degree their lives have been impacted by substance abuse (whether their own abuse or that of another).

More than one-half of Merced County residents report their lives have _not_ been negatively affected by substance abuse (either their own or someone else's).

Degree to Which Life Has Been Negatively Affected by Substance Abuse (Self or Other's)
(Merced County, 2021)
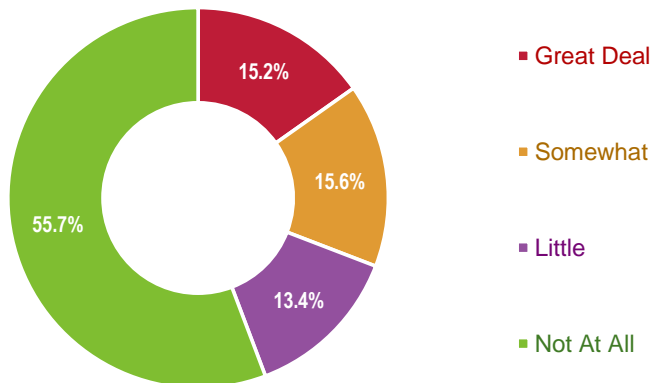
- Great Deal: 15.2%
- Somewhat: 15.6%
- Little: 13.4%
- Not At All: 55.7%

Sources: ● 2021 PRC Community Health Survey, PRC, Inc. [Item 52]
Notes: ● Asked of all respondents.

However, 44.2% have felt a personal impact to some degree ("a little," "somewhat," or "a great deal").

BENCHMARK ▶ Worse than the national finding.

DISPARITY ▶ More often reported among adults younger than 65 and among lower-income residents.

Life Has Been Negatively Affected
by Substance Abuse (by Self or Someone Else)

	Merced County	US
	44.2%	35.8%
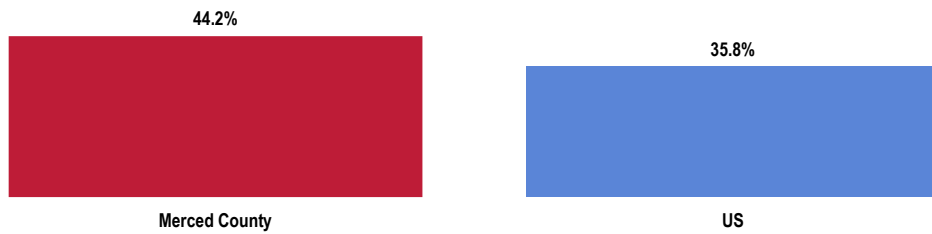
Sources: ● 2021 PRC Community Health Survey, PRC, Inc. [Item 52]
 ● 2020 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.
 ● Includes response of "a great deal," "somewhat," and "a little."

Life Has Been Negatively Affected
by Substance Abuse (by Self or Someone Else)
(Merced County, 2021)
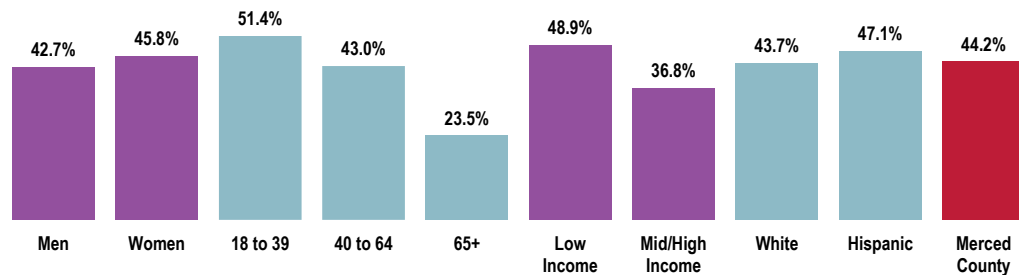
Men	Women	18 to 39	40 to 64	65+	Low Income	Mid/High Income	White	Hispanic	Merced County
42.7%	45.8%	51.4%	43.0%	23.5%	48.9%	36.8%	43.7%	47.1%	44.2%

Sources: ● 2021 PRC Community Health Survey, PRC, Inc. [Item 52]
Notes: ● Asked of all respondents.
 ● Includes response of "a great deal," "somewhat," and "a little."

Key Informant Input: Substance Abuse

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

Perceptions of Substance Abuse as a Problem in the Community
(Key Informants, 2021)

■ Major Problem   ■ Moderate Problem   ■ Minor Problem   ■ No Problem At All

68.2%	28.8%	1.5%	1.5%

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

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

Contributing Factors

Not enough substance abuse treatment in the area. Most people in the community who have substance abuse may not be willing to seek this type of treatment. – Public Health Representative

Being more aggressive and going out and meeting the clients rather than waiting for them to come to you. – Public Health Representative

High drug abuse area. Not enough services. Education. – Social Services Provider

Lack of rehabilitation programs. – Community Leader

Lack of education, knowledge, language barriers, cultural, linguistic and stigmatization. – Public Health Representative

After-school programs for children with appropriate referral sites for children beginning to experience problems; tendency to use zero-tolerance approach, especially for BIPOC individuals; heavy-handed law enforcement approach versus referral to treatment despite Prop 36. – Public Health Representative

It is difficult to encourage voluntary participation. The cost for treatment facilities can be unaffordable, or at least it is not communicated to the community as widely as needed if there are affordable, free treatment programs. – Public Health Representative

Money, supportive and caring systems. – Social Services Provider

Transportation, denial, peer pressure, availability with more bars and places to buy alcohol in areas with higher poverty levels. – Social Services Provider

Transportation, location of services, communication on support available. – Social Services Provider

Substance abuse is a huge issue in our county. Along with mental health issues, substance abuse is a big factor in the homeless in our community. Drug abuse clinics are not as prevalent as they used to be. The main focus of substance abuse education is teaching individuals about drug and alcohol abuse and how to avoid, stop, or get help for substance use disorders. Substance abuse education should start at a young age. There is no stereotype for substance abuse; it is in all races and financial ranges of society. Legalizing marijuana did not help the situation. The lines at the marijuana stores are always long. – Social Services Provider

Consumers identifying the need to participate in getting services. – Social Services Provider

Access to Care/Services

Not enough substance abuse treatment centers in Merced County, and also cost is the major barrier. – Public Health Representative

There are not enough places to get services around here and trained medical professionals who specialize in substance abuse. – Public Health Representative

Not enough treatment programs, and they remain optional. – Public Health Representative

After-hours care. – Social Services Provider

So hard for people to get good services because the people who are running the programs have no experience or education in the field. – Public Health Representative

There aren't any substance abuse classes in evening for those who need that time. – Community Leader

Availability of services, insurance coverage to pay for services. Knowledge of available services, lack of capacity, case management, and ongoing treatment for those that need it. Language-specific services. – Social Services Provider

Easy Access

Easy access to substances, stress and lack of healthy opportunities to reduce stress, unmet mental health needs. – Social Services Provider

Access to drugs, trauma, undiagnosed behavioral health issues, and disparity all contribute to the need to use. – Social Services Provider

Easily accessible marijuana. – Social Services Provider

Stigma/Denial

Most substance abusers don't want to get help, and it's hard for the community to help. – Public Health Representative

Access to Care for Uninsured/Underinsured

Greatest barrier is access to health care and health insurance. If residents don't have health insurance, it is less likely they will seek professional help for an alcohol and/or other substance abuse problem. – Public Health Representative

Awareness/Education

Information in the right moment and place. – Community Leader

Outreach. – Public Health Representative

Incidence/Prevalence

You cannot go anywhere in our county without seeing someone actively utilizing drugs or alcohol or seeing someone under the influence of drugs or alcohol. – Social Services Provider

Affordable Care/Services

No free, high-quality AOD treatment available without court intervention or faith-based. – Social Services Provider

Insurance Issues

Facilities that take your insurance, lack of facilities. – Social Services Provider

Most Problematic Substances

Key informants (who rated this as a "major problem") identified **alcohol** as causing the most problems in the community, followed by **methamphetamine/other amphetamines, heroin/other opioids,** and **prescription medications**.

SUBSTANCES VIEWED AS MOST PROBLEMATIC IN THE COMMUNITY (Among Key Informants Rating Substance Abuse as a "Major Problem")	
ALCOHOL	26.7%
METHAMPHETAMINE OR OTHER AMPHETAMINES	23.8%
HEROIN OR OTHER OPIOIDS	16.8%
PRESCRIPTION MEDICATIONS	10.9%
MARIJUANA	9.9%
COCAINE OR CRACK	7.9%
HALLUCINOGENS OR DISSOCIATIVE DRUGS (e.g. Ketamine, PCP, LSD, DXM)	3.0%
CLUB DRUGS (e.g. MDMA, GHB, Ecstasy, Molly)	1.0%

TOBACCO USE

ABOUT TOBACCO USE

More than 16 million adults in the United States have a disease caused by smoking cigarettes, and smoking-related illnesses lead to half a million deaths each year.

Most deaths and diseases from tobacco use in the United States are caused by cigarettes. Smoking harms nearly every organ in the body and increases the risk of heart disease, stroke, lung diseases, and many types of cancer. Although smoking is widespread, it's more common in certain groups, including men, American Indians/Alaska Natives, people with behavioral health conditions, LGBT people, and people with lower incomes and education levels.

Several evidence-based strategies can help prevent and reduce tobacco use and exposure to secondhand smoke. These include smoke-free policies, price increases, and health education campaigns that target large audiences. Methods like counseling and medication can also help people stop using tobacco.

– Healthy People 2030 (https://health.gov/healthypeople)

Cigarette Smoking

Cigarette Smoking Prevalence

A total of 16.8% of Merced County adults currently smoke cigarettes, either regularly (every day) or occasionally (on some days).

Cigarette Smoking Prevalence
(Merced County, 2021)

- 9.8% Every Day
- 7.0% Some Days
- 83.2% Not At All
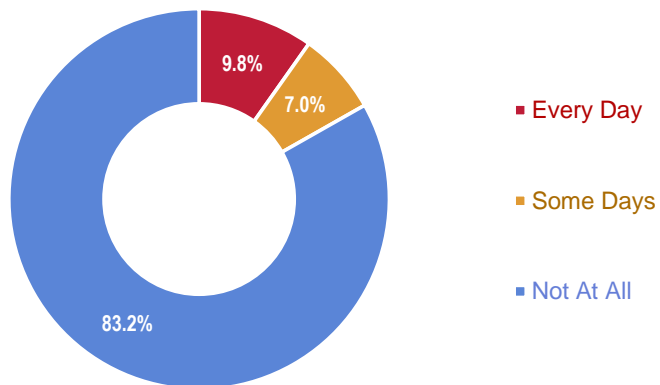
Sources: • 2021 PRC Community Health Survey, PRC, Inc. [Item 40]
Notes: • Asked of all respondents.

Note the following findings related to cigarette smoking prevalence in Merced County.

BENCHMARK ► Higher than the statewide percentage. Fails to satisfy the Healthy People 2030 objective.

TREND ► Marks a significant increase since 2018.

DISPARITY ► More often reported among adults younger than 65.

Current Smokers
Healthy People 2030 = 5.0% or Lower

Merced County

Merced County	CA	US	2012	2015	2018	2021
16.8%	10.0%	17.4%	13.1%	11.4%	9.3%	16.8%
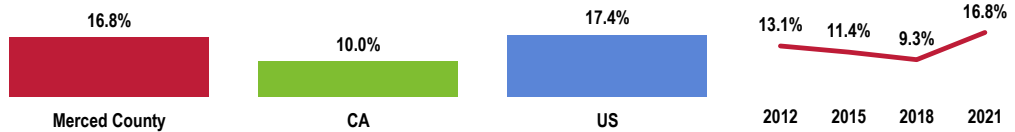
Sources:
- 2021 PRC Community Health Survey, PRC, Inc. [Item 40]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2019 California data.
- 2020 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Notes:
- Asked of all respondents.
- Includes regular and occasional smokers (those who smoke cigarettes every day or on some days).

Current Smokers
(Merced County, 2021)
Healthy People 2030 = 5.0% or Lower

Men	Women	18 to 39	40 to 64	65+	Low Income	Mid/High Income	White	Hispanic	Merced County
17.4%	16.2%	21.8%	15.8%	5.1%	19.0%	14.1%	19.9%	14.5%	16.8%
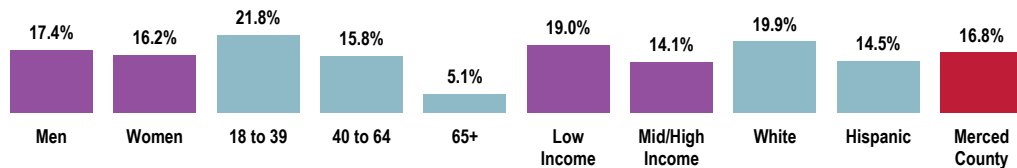
Sources:
- 2021 PRC Community Health Survey, PRC, Inc. [Item 40]
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Notes:
- Asked of all respondents.
- Includes regular and occasional smokers (those who smoke cigarettes every day and some days).

Environmental Tobacco Smoke

Among all surveyed households in Merced County, 13.0% report that someone has smoked cigarettes in their home on an average of four or more times per week over the past month.

TREND ► Represents a significant increase since 2018.

Member of Household Smokes at Home

Merced County

13.5% among households with children

13.0%
Merced County

14.6%
US

11.9% | 14.0% | 7.9% | 13.0%
2012 | 2015 | 2018 | 2021

Sources: ● 2021 PRC Community Health Survey, PRC, Inc. [Items 43, 134]
● 2020 PRC National Health Survey, PRC, 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.

Other Tobacco Use

Use of Vaping Products

Most Merced County adults have never tried electronic cigarettes (e-cigarettes) or other electronic vaping products.

Use of Vaping Products
(Merced County, 2021)
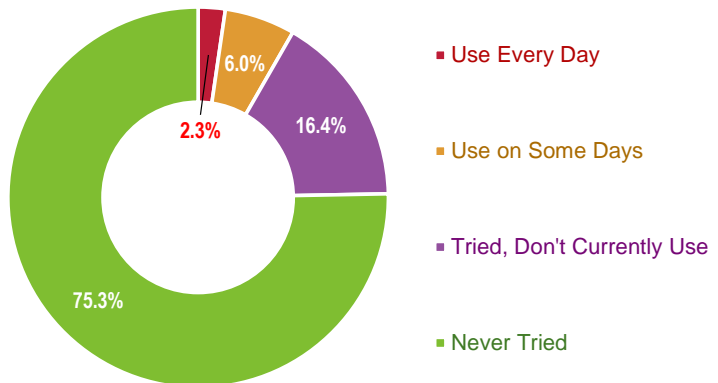
6.0%
2.3%
16.4%
75.3%

■ Use Every Day

■ Use on Some Days

■ Tried, Don't Currently Use

■ Never Tried

Sources: ● 2021 PRC Community Health Survey, PRC, Inc. [Item 135]
Notes: ● Asked of all respondents.

However, 8.3% currently use vaping products either regularly (every day) or occasionally (on some days).

BENCHMARK ► Higher than found statewide.

TREND ► Denotes a significant increase since 2018.

DISPARITY ► More often reported among young adults.

Currently Use Vaping Products
(Every Day or on Some Days)

Merced County

Merced County	CA	US	2018	2021
8.3%	3.0%	8.9%	1.8%	8.3%

Sources: ● 2021 PRC Community Health Survey, PRC, Inc. [Item 135]
        ● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2019 California data.
        ● 2020 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.
        ● Includes regular and occasional users (those who smoke e-cigarettes every day or on some days).

Currently Use Vaping Products
(Merced County, 2021)
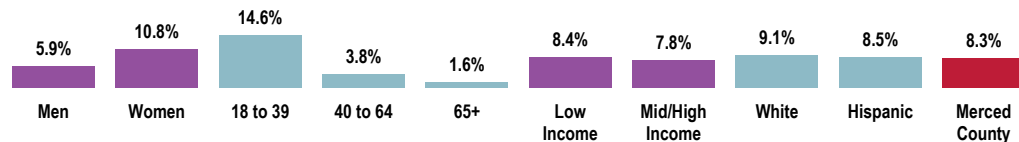
Men	Women	18 to 39	40 to 64	65+	Low Income	Mid/High Income	White	Hispanic	Merced County
5.9%	10.8%	14.6%	3.8%	1.6%	8.4%	7.8%	9.1%	8.5%	8.3%

Sources: ● 2021 PRC Community Health Survey, PRC, Inc. [Item 135]
Notes: ● Asked of all respondents.
        ● Includes regular and occasional users (those who smoke e-cigarettes every day or on some days).

Key Informant Input: Tobacco Use

The greatest share of key informants taking part in an online survey characterized *Tobacco Use* as a "moderate problem" in the community.

Perceptions of Tobacco Use
as a Problem in the Community
(Key Informants, 2021)
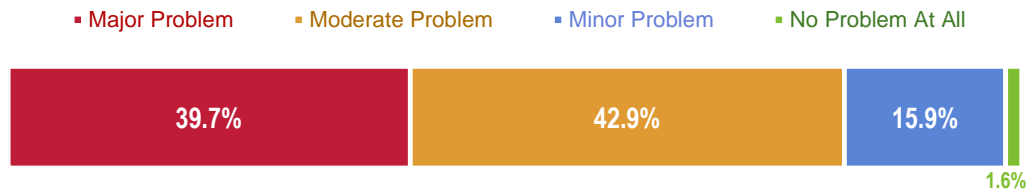
■ Major Problem ■ Moderate Problem ■ Minor Problem ■ No Problem At All

39.7%	42.9%	15.9%	

1.6%

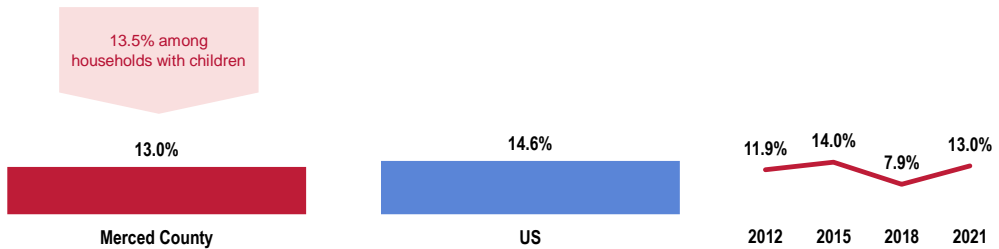Sources: ● PRC Online Key Informant Survey, PRC, Inc.
Notes: ● Asked of all respondents.

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

Easy Access

There are too many liquor stores in low-income communities. This is easy access for adults and children. Commercials still look very kid-friendly. – Social Services Provider

Can get it at any corner. Vaping is the biggest issue with our young people now. With the opening of our dispensaries, there are always lines. – Social Services Provider

Readily available. – Social Services Provider

It's accessible everywhere. Vaping has become very popular and not looked upon as other drugs. – Public Health Representative

Tobacco use is a major problem because anyone can get access to purchasing or obtaining it. – Public Health Representative

Contributing Factors

I see more people smoking now that in the past five to 10 years. Why would someone start smoking now? It is not just adults; young teens are smoking. Education as to what tobacco use can do is important. Buying a pack of cigarettes is expensive. – Social Services Provider

It is prevalent, vaping is popular and not addressed sufficiently. Tobacco cessation should be encouraged for individuals and due to secondhand smoke exposure to family, friends, and coworkers. – Public Health Representative

Incidence/Prevalence

Prevalence of tobacco use, COPD, and lung disease. – Social Services Provider

There are heavy smokers in our populations. – Social Services Provider

High number of smokers. – Social Services Provider

Not sure why this is a major problem in the community. – Public Health Representative

E-Cigarettes

Children using vaping. – Community Leader

Vaping has made smoking vogue for teens again. High schools are having a major problem currently. – Social Services Provider

Government/Policy

Tobacco use is a major problem in our community because of the lack of anti-tobacco policies and ordinances. In addition to a lack of policies, there is a lack of enforcement of current policies already on the books. – Community Leader

Teen/Young Adult Usage

There are a lot of teens using. My daughter expresses her concern when she comes home from school. – Social Services Provider

SEXUAL HEALTH

ABOUT HIV & SEXUALLY TRANSMITTED INFECTIONS

Although many sexually transmitted infections (STIs) are preventable, there are more than 20 million estimated new cases in the United States each year — and rates are increasing. In addition, more than 1.2 million people in the United States are living with HIV (human immunodeficiency virus).

Adolescents, young adults, and men who have sex with men are at higher risk of getting STIs. And people who have an STI may be at higher risk of getting HIV. Promoting behaviors like condom use can help prevent STIs.

Strategies to increase screening and testing for STIs can assess people's risk of getting an STI and help people with STIs get treatment, improving their health and making it less likely that STIs will spread to others. Getting treated for an STI other than HIV can help prevent complications from the STI but doesn't prevent HIV from spreading.

– Healthy People 2030 (https://health.gov/healthypeople)

HIV

Age-Adjusted HIV/AIDS Deaths

Between 2011 and 2020, there was an annual average age-adjusted HIV/AIDS mortality rate of 1.7 deaths per 100,000 population in Merced County.
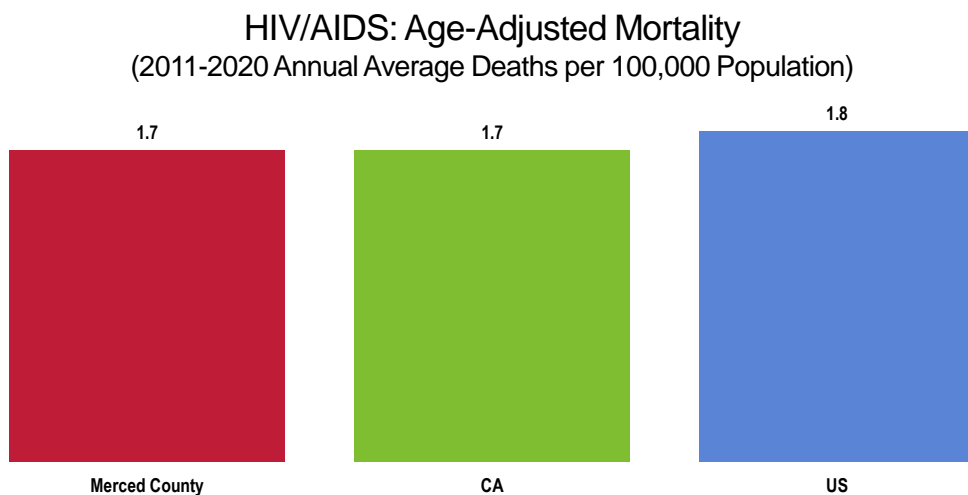
HIV/AIDS: Age-Adjusted Mortality
(2011-2020 Annual Average Deaths per 100,000 Population)

Merced County	CA	US
1.7	1.7	1.8

Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted January 2022.

HIV Prevalence

In 2018, there was a prevalence of 136.0 HIV cases per 100,000 population in Merced County.

BENCHMARK ► Much more favorable than the state and national prevalence.

DISPARITY ► Higher among White residents.

HIV Prevalence
(Prevalence Rate of HIV per 100,000 Population, 2018)

	Value
Merced County	136.0
CA	395.9
US	372.8

Sources: ● Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.
● Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved January 2022 via SparkMap (sparkmap.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 Prevalence by Race/Ethnicity
(Rate per 100,000 Population, 2018)

	Value
Merced County White (Non-Hispanic)	145.7
Merced County Hispanic	124.2
Merced County All Races/Ethnicities	136.0

Sources: ● Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.
● Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved January 2022 via SparkMap (sparkmap.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.

Sexually Transmitted Infections (STIs)

Chlamydia & Gonorrhea

In 2018, the chlamydia incidence rate in Merced County was 601.8 cases per 100,000 population.

The Merced County gonorrhea incidence rate in 2018 was 176.8 cases per 100,000 population.

Chlamydia & Gonorrhea Incidence
(Incidence Rate per 100,000 Population, 2018)
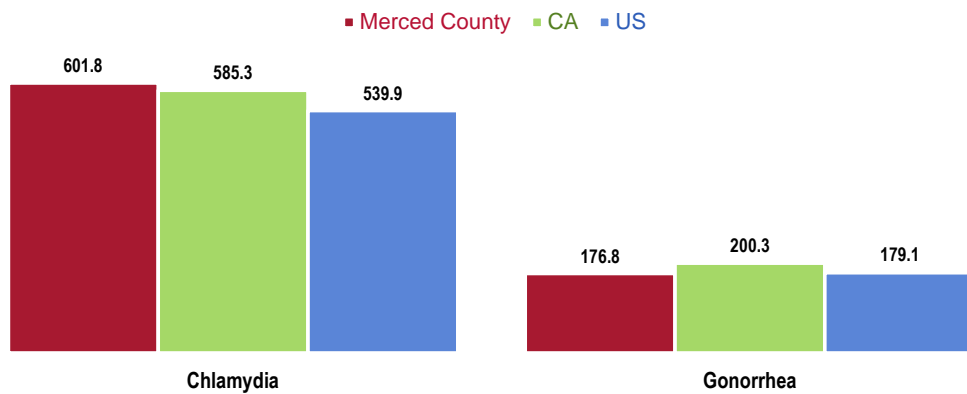
■ Merced County ■ CA ■ US

Chlamydia: Merced County 601.8, CA 585.3, US 539.9
Gonorrhea: Merced County 176.8, CA 200.3, US 179.1

Sources: ● Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.
● Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved January 2022 via SparkMap (sparkmap.org).
Notes: ● This indicator is relevant because it is a measure of poor health status and indicates the prevalence of unsafe sex practices.

Key Informant Input: Sexual Health

A plurality of key informants taking part in an online survey characterized *Sexual Health* as a "moderate problem" in the community.

Perceptions of Sexual Health
as a Problem in the Community
(Key Informants, 2021)
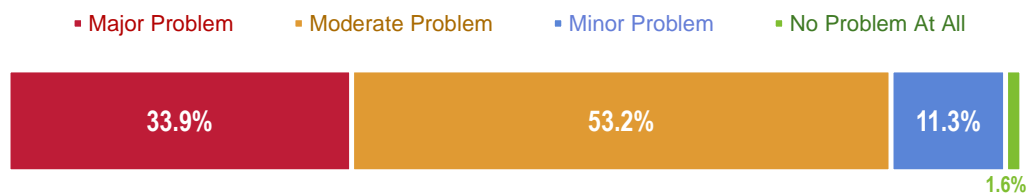
■ Major Problem ■ Moderate Problem ■ Minor Problem ■ No Problem At All

Major Problem	Moderate Problem	Minor Problem	No Problem At All
33.9%	53.2%	11.3%	1.6%

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

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

Incidence/Prevalence

STDs are high in Merced County. – Social Services Provider

There is a big increase in sexually transmitted diseases in Merced County like syphilis, chlamydia, gonorrhea. – Public Health Representative

Syphilis and other STD's, STIs are rampant here. I am assuming it is just a lack of care taken by participants. Our sex education program in schools may need to be vamped up to be more realistic, rather than a scare tactic to just abstain completely. – Public Health Representative

Access to Care/Services

Lack of services. – Social Services Provider

No one is offering prep for our LGBTQ community. No HIV testing or STD testing done at the local health department. – Public Health Representative

Awareness/Education

Not enough sex education for preteens and teens. People are being trafficked. Comprehensive sexual health education teaches not only the basics of puberty and development, but also instills in young people that they have the right to decide what behaviors they engage in and to say no to unwanted sexual activity. – Social Services Provider

Prevention/Screenings

To prevent unwanted pregnancies, STIs, and prevent rape culture. – Social Services Provider

Sexual health is a major problem in my community because we lack resources and funding for regular screening to be done. Early detection is key and vital for diseases that can be treatable. – Public Health Representative

Contributing Factors

Lack of safe spaces to address and provide education about sexual health. Too much guilt and shame around the topic. – Social Services Provider

ACCESS TO HEALTH CARE

HEALTH INSURANCE COVERAGE

Type of Health Care Coverage

Survey respondents were asked a series of questions to determine their health care insurance coverage, if any, from either private or government-sponsored sources.

A total of 37.6% of Merced County adults age 18 to 64 report having health care coverage through private insurance. Another 52.3% report coverage through a government-sponsored program (e.g., Medicaid, Medicare, military benefits).

Health Care Insurance Coverage
(Adults Age 18-64; Merced County, 2021)

- Private Insurance — 37.6%
- VA/Military — 5.7%
- Medicaid/Medicare/Other Gov't — 46.6%
- No Insurance/Self-Pay — 10.1%
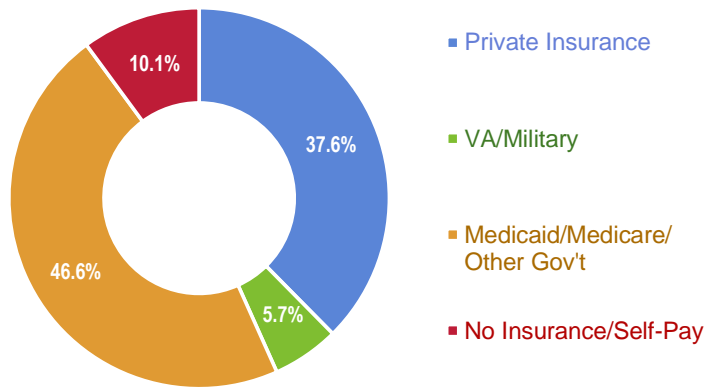
Sources: ● 2021 PRC Community Health Survey, PRC, Inc. [Item 137]
Notes: ● Reflects respondents age 18 to 64.

Lack of Health Insurance Coverage

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 health care services – neither private insurance nor government-sponsored plans (e.g., Medicaid).

Among adults age 18 to 64, 10.1% report having no insurance coverage for health care expenses.

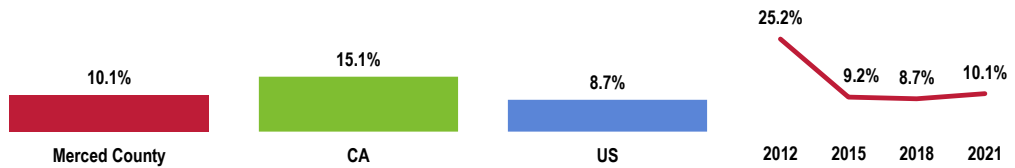BENCHMARK ▶   More favorable than the California percentage.

TREND ▶   Significantly lower than the 2012 benchmark.

Lack of Health Care Insurance Coverage
(Adults Age 18-64)
Healthy People 2030 = 7.9% or Lower

Merced County

Merced County	CA	US
10.1%	15.1%	8.7%

2012: 25.2%
2015: 9.2%
2018: 8.7%
2021: 10.1%

Sources:
- 2021 PRC Community Health Survey, PRC, Inc. [Item 137]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2019 California data.
- 2020 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Notes:
- Asked of all respondents under the age of 65.

Lack of Health Care Insurance Coverage
(Adults Age 18-64; Merced County, 2021)
Healthy People 2030 = 7.9% or Lower

Men	Women	18 to 39	40 to 64	Low Income	Mid/High Income	White	Hispanic	Merced County
13.0%	7.5%	11.9%	8.0%	9.9%	9.1%	7.5%	14.7%	10.1%

Sources:
- 2021 PRC Community Health Survey, PRC, Inc. [Item 137]
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Notes:
- Asked of all respondents under the age of 65.

DIFFICULTIES ACCESSING HEALTH CARE

ABOUT HEALTH CARE ACCESS

Many people in the United States don't get the health care services they need. …About 1 in 10 people in the United States don't have health insurance. People without insurance are less likely to have a primary care provider, and they may not be able to afford the health care services and medications they need. Strategies to increase insurance coverage rates are critical for making sure more people get important health care services, like preventive care and treatment for chronic illnesses.

Sometimes people don't get recommended health care services, like cancer screenings, because they don't have a primary care provider. Other times, it's because they live too far away from health care providers who offer them. Interventions to increase access to health care professionals and improve communication — in person or remotely — can help more people get the care they need.

‒ Healthy People 2030 (https://health.gov/healthypeople)

Difficulties Accessing Services

This indicator reflects the percentage of the total population experiencing problems accessing health care in the past year, regardless of whether they needed or sought care. It is based on reports of the barriers outlined in the following section.

A total of 60.7% of Merced County adults report some type of difficulty or delay in obtaining health care services in the past year.

BENCHMARK ► Much higher than found across the US.

TREND ► Rising significantly higher over time.

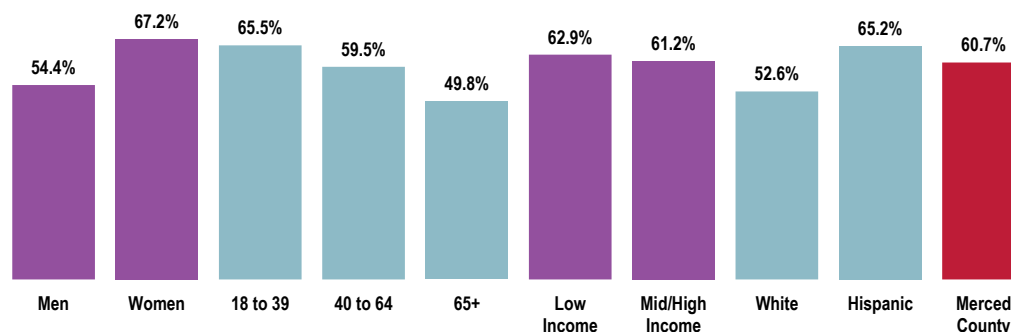DISPARITY ► More often reported among women, young adults, and Hispanic residents.

Experienced Difficulties or Delays of Some Kind in Receiving Needed Health Care in the Past Year

Merced County

60.7% Merced County
35.0% US

46.6% 2012
43.8% 2015
52.5% 2018
60.7% 2021
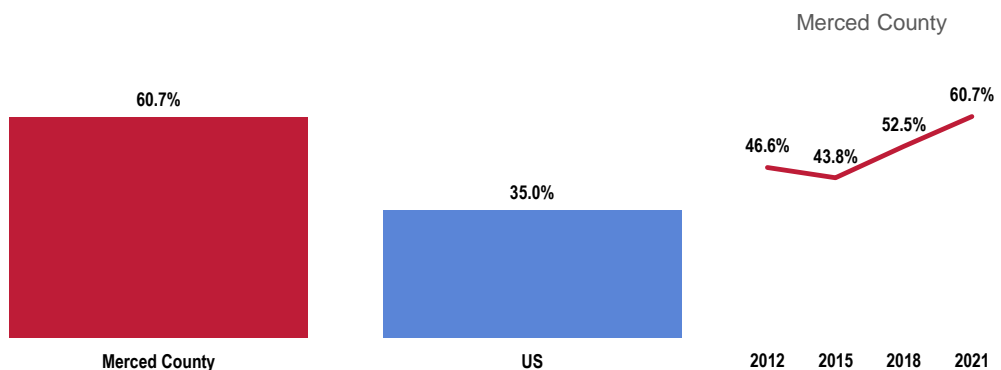
Sources: ● 2021 PRC Community Health Survey, PRC, Inc. [Item 140]
● 2020 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.
● Percentage represents the proportion of respondents experiencing one or more barriers to accessing health care in the past 12 months.

Experienced Difficulties or Delays of Some Kind
in Receiving Needed Health Care in the Past Year
(Merced County, 2021)

Men	Women	18 to 39	40 to 64	65+	Low Income	Mid/High Income	White	Hispanic	Merced County
54.4%	67.2%	65.5%	59.5%	49.8%	62.9%	61.2%	52.6%	65.2%	60.7%

Sources: ● 2021 PRC Community Health Survey, PRC, Inc. [Item 140]
Notes: ● Asked of all respondents.
● Percentage represents the proportion of respondents experiencing one or more barriers to accessing health care in the past 12 months.
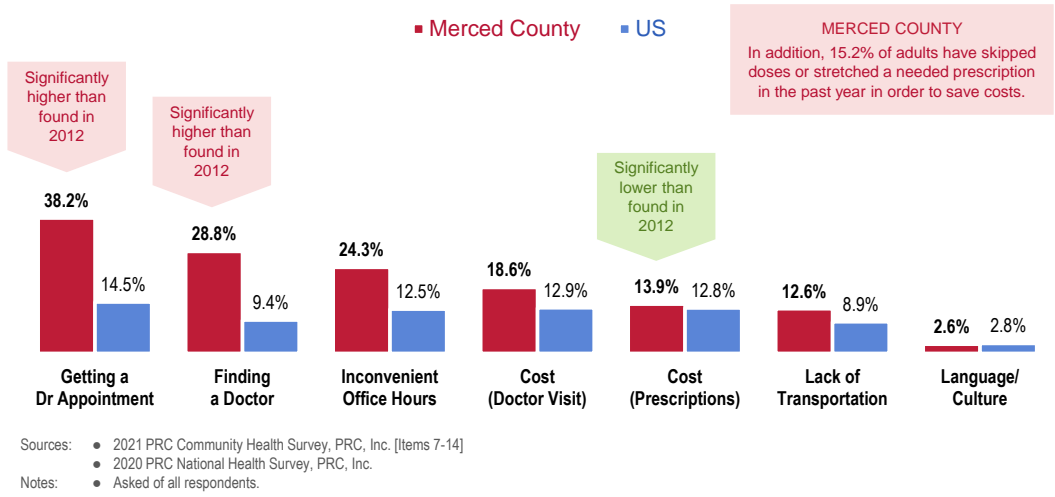
Barriers to Health Care Access

To better understand health care access barriers, survey participants were asked whether any of seven types of barriers to access prevented them from seeing a physician or obtaining a needed prescription in the past year.

Again, these percentages reflect the total population, regardless of whether medical care was needed or sought.

Of the tested barriers, appointment availability and finding a physician impacted the greatest shares of Merced County adults.

BENCHMARK ► Four of the tested barriers were found to affect Merced County residents more than adults across the US: **appointment availability**, **finding a physician**, **inconvenient office hours**, and **cost of a physician visit**.

TREND ► Since 2012, mention of **appointment availability** and **finding a physician** as barriers have increased significantly. Meanwhile, mention of **cost of prescriptions** as a barrier has decreased significantly.

Note also the percentage of adults who have skipped or reduced medication doses in the past year in order to stretch a prescription and save costs.

Barriers to Access Have
Prevented Medical Care in the Past Year

■ Merced County   ■ US

MERCED COUNTY
In addition, 15.2% of adults have skipped doses or stretched a needed prescription in the past year in order to save costs.

Significantly higher than found in 2012

Significantly higher than found in 2012

Significantly lower than found in 2012

	Merced County	US
Getting a Dr Appointment	38.2%	14.5%
Finding a Doctor	28.8%	9.4%
Inconvenient Office Hours	24.3%	12.5%
Cost (Doctor Visit)	18.6%	12.9%
Cost (Prescriptions)	13.9%	12.8%
Lack of Transportation	12.6%	8.9%
Language/ Culture	2.6%	2.8%

Sources: ● 2021 PRC Community Health Survey, PRC, Inc. [Items 7-14]
            ● 2020 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Accessing Health Care for Children

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.

A total of 13.7% 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.

TREND ▶ Increasing within the county to an all-time high.

## Had Trouble Obtaining Medical Care for Child in the Past Year
(Parents of Children 0-17)

Merced County

Merced County	US	2012	2015	2018	2021
13.7%	8.0%	5.4%	7.9%	4.9%	13.7%
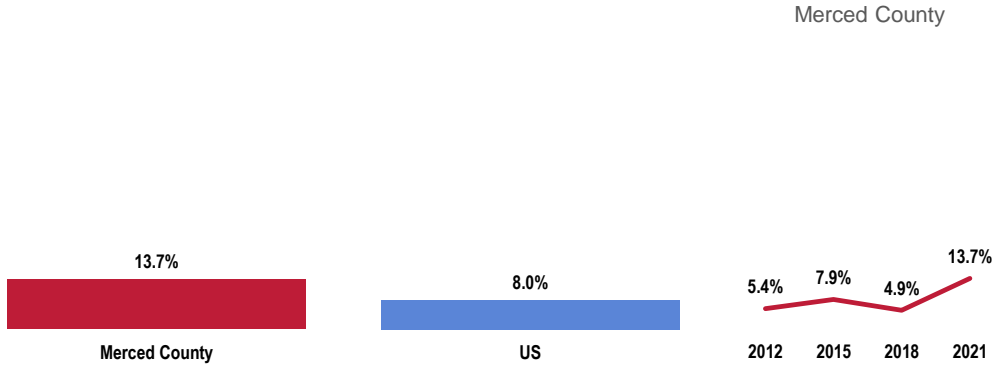
Sources: ● 2021 PRC Community Health Survey, PRC, Inc. [Item 104]
            ● 2020 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents with children 0 to 17 in the household.

Key Informant Input: Access to Health Care Services

Key informants taking part in an online survey most often characterized *Access to Health Care Services* as a "major problem" in the community.

Perceptions of Access to Health Care Services
as a Problem in the Community
(Key Informants, 2021)
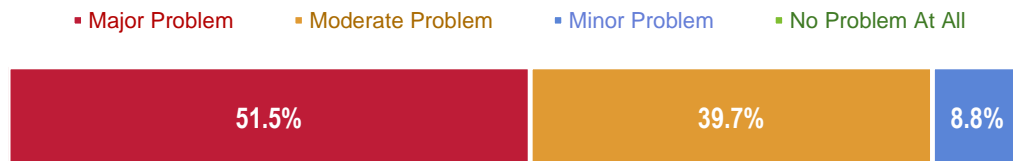
▪ Major Problem ▪ Moderate Problem ▪ Minor Problem ▪ No Problem At All

51.5%	39.7%	8.8%

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

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

Lack of Providers

> Not enough providers and specialty providers for Merced County residents. For the providers that are in Merced County, the wait times for scheduling an appointment are typically months out. – Public Health Representative

> Not enough physicians in the area to take care of our community. We often have to refer clients out of the area for their treatment. The physicians that are available are overbooked and overworked. – Public Health Representative

> Not enough doctors, can't get in for appointments, need of more specialty care in the area. – Public Health Representative

> Lack of medical providers, especially specialty medical providers. – Public Health Representative

> Limited providers, especially specialty providers. Many providers are older and reaching retirement age. This is concerning for continuity planning. – Public Health Representative

> Physician shortage, lack of clinics, practices willing to take medical clients. – Public Health Representative

> Not enough specialty service providers. – Social Services Provider

> There are not enough providers to serve all members of the community. Appointment wait times and quality of care are poor. – Social Services Provider

> Not enough family doctors taking new patients. – Social Services Provider

> Merced County does not have enough health care providers. Many families in Merced County do not have a primary care provider, therefore are forced to use the hospital as their primary health provider. There are also limited health providers who speak other languages (Spanish and Hmong) which contributes to the issue of families not going to get health care. – Social Services Provider

> Shortage of general medical doctors. – Social Services Provider

> Quick turnover of doctors. Primary care physicians are now NP or FNP. Lack of doctors that making appointments will take over 30 days. – Public Health Representative

> Obtaining low, no-cost insurance, quantity of medical care providers is low. Quantity of specialty providers is low. Quality and quantity of mental health providers is low. – Public Health Representative

Contributing Factors

> The biggest challenge to access is a shortage of professionals, which delays appointments. Also, lack of money for copays, cultural beliefs regarding accessing health, and alternative beliefs for treatment. – Social Services Provider

Shortage of quality providers for many aspects of services, including pediatrics, specialists, neurological and orthopedic surgeons, and physical therapy services throughout Merced County. Majority of my clients need to travel two to three hours to receive specialty services. The CCS-California Children's Services is administered through the federally mandated Medicaid program, or "Medi-Cal" in California. Merced County is part of a "whole child" model with CCAH-Central California Alliance for HealthCare as intermediary for all Medi-Cal eligible diagnoses, clients, and families. The providers, doctors, and hospitals outside of Merced County do not understand or utilize the correct process for referral and treatment due to ignorance and/or indifference. Many referrals are just stalled and actually dead-ended due to miscommunication and poor follow-through by providers in Merced County and all the counties throughout California accessed by patients who live in Merced County. – Public Health Representative

One of the biggest problems I see is that women who need a sexual assault forensic exam have to go to Los Banos or Fresno. By the time the detectives are done with her, and she is driven from Merced, Atwater, Planada, Dos Palos, Winton, Livingston, or Delhi resident to Los Banos, and is seen by an ER doctor (which is completely unnecessary) and waits for a forensic nurse to be available and then driven her home, it is often 10 to12 hours. In addition, there are often long waits to get an appointment with a specialist – ortho, pain clinic, endocrinologists. – Social Services Provider

Transportation, not enough doctors for any kind of services. The wait is very long, and trying to make appointments are made very far out. – Public Health Representative

Transportation, good doctors, doctors' availability, lack of specialists. – Community Leader

Transportation, accessibility after hours. Urgent cares closed and only emergency room open in evening and on weekends. Doctors not accepting new patients or Medi-Cal. Long wait times between scheduling and actually seeing a doctor. – Social Services Provider

Who qualifies? Cost. Access to professional health care services. Time when health care services are available. And COVID-19 didn't help. The biggest issue with accessing health care services in this community is customer service. The staff at the health care location are rude, especially to seniors, impatient, and need a training in Adverse Childhood Experiences (ACEs). – Social Services Provider

Access to Care/Services

Availability of medical providers, including dental, vision, and specialist services to families who have medical as their insurance. Availability and length of wait are major issues. – Social Services Provider

Getting a primary care doctor in the area. – Public Health Representative

Primary care may be considered a moderate issue in regard to access; however, the county has a critical problem to access to specialty and mental health services. – Other Health Provider

Clinics are so booked and short-staffed that appointment gets booked out for months. – Public Health Representative

We only have one hospital in Merced. Many doctors have left town to go to richer areas. Many doctors don't take Medi-Cal, and a high percentage of residents have Medi-Cal. They have to go to other counties to see a doctor or dentist that will accept Medi-Cal. We have a high percentage of people with heart illnesses, high blood pressure, and diabetes. We have a lot of poverty in Merced County. – Public Health Representative

To start, there is a health professional shortage in Merced County. Due to the lack of access, residents have experienced fair or poor health care services. Most residents don't have health insurance, and those who have it have experienced difficulties and/or delayed benefits. – Public Health Representative

Prevention/Screenings

Residents not having long-term providers for prevention or after an emergency hospital stay or visit. – Community Leader

Accessible and affordable preventative health care and health promotion as part of comprehensive health coverage from cradle to grave. – Public Health Representative

Insurance Issues

Getting health insurance in this area is hard for middle class. Patients have to travel outside of the county for most specialty services. – Social Services Provider

Medical insurance. – Community Leader

Access to Care for Uninsured/Underinsured

I would say the biggest barrier to accessing health care is the lack of health insurance. Many in our community work long hours but are not afforded health care through their employers. At the same time, many work so hard that they simply make just enough to keep them from an income bracket that keeps them out of reach of insurance plans like Medi-Cal. – Community Leader

Language Barriers

As the communicable disease nurse for the county, there are many challenges I see related to accessing health care services, such as language being a part of a barrier. Many non-English speaking individuals do not have the resources to access where to seek certain health care services out there in the community. – Public Health Representative

Awareness/Education

A clear and simple process to access information. – Social Services Provider

PRIMARY CARE SERVICES

ABOUT PREVENTIVE CARE

Getting preventive care reduces the risk for diseases, disabilities, and death — yet millions of people in the United States don't get recommended preventive health care services.

Children need regular well-child and dental visits to track their development and find health problems early, when they're usually easier to treat. Services like screenings, dental check-ups, and vaccinations are key to keeping people of all ages healthy. But for a variety of reasons, many people don't get the preventive care they need. Barriers include cost, not having a primary care provider, living too far from providers, and lack of awareness about recommended preventive services.

Teaching people about the importance of preventive care is key to making sure more people get recommended services. Law and policy changes can also help more people access these critical services.

– Healthy People 2030 (https://health.gov/healthypeople)

Access to Primary Care

In 2021, there were 165 primary care physicians in Merced County, translating to a rate of 58.7 primary care physicians per 100,000 population.

BENCHMARK ▶ Less favorable than statewide and national proportions.

Access to Primary Care
(Number of Primary Care Physicians per 100,000 Population, 2021)
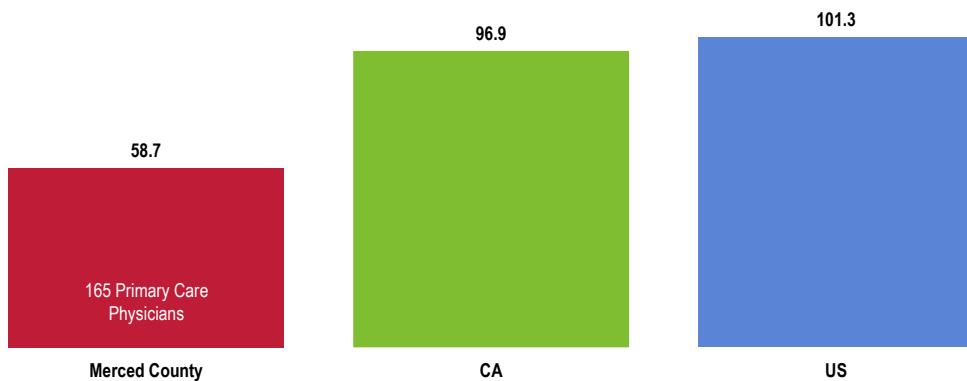
Merced County	CA	US
58.7 (165 Primary Care Physicians)	96.9	101.3

Sources:
- US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved January 2022 via SparkMap (sparkmap.org).

Notes:
- Doctors classified as "primary care physicians" by the AMA include: General Family Medicine MDs and DOs, General Practice MDs and DOs, General Internal Medicine MDs, and General Pediatrics MDs. Physicians age 75 and over and physicians practicing sub-specialties within the listed specialties are excluded. This indicator is relevant because a shortage of health professionals contributes to access and health status issues.

Specific Source of Ongoing Care

A total of 66.8% of Merced County adults were determined to have a specific source of ongoing medical care.

> BENCHMARK ► Less favorable than the national percentage. Fails to satisfy the Healthy People 2030 objective.

> TREND ► Marks a significant decline from previous years.

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 2030 = 84.0% or Higher

Merced County 66.8%	US 74.2%	Merced County

Trend line (Merced County): 2012: 75.1% | 2015: 74.5% | 2018: 75.5% | 2021: 66.8%
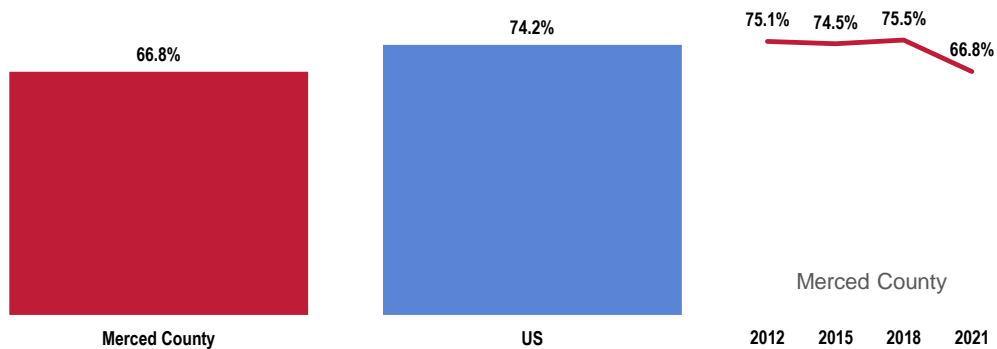
Sources: ● 2021 PRC Community Health Survey, PRC, Inc. [Item 139]
● 2020 PRC National Health Survey, PRC, Inc.
● US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov
Notes: ● Asked of all respondents.

Utilization of Primary Care Services

Adults

More than one-half of adults (58.5%) visited a physician for a routine checkup in the past year.

> BENCHMARK ► Less favorable than state and national percentages.

> DISPARITY ► Adults younger than 65 are <u>less</u> likely to have received a routine checkup.

Have Visited a Physician for a Checkup in the Past Year

Merced County

			2012	2015	2018	2021
58.5%	71.6%	70.5%	63.1%	67.7%	64.6%	58.5%
Merced County	CA	US				
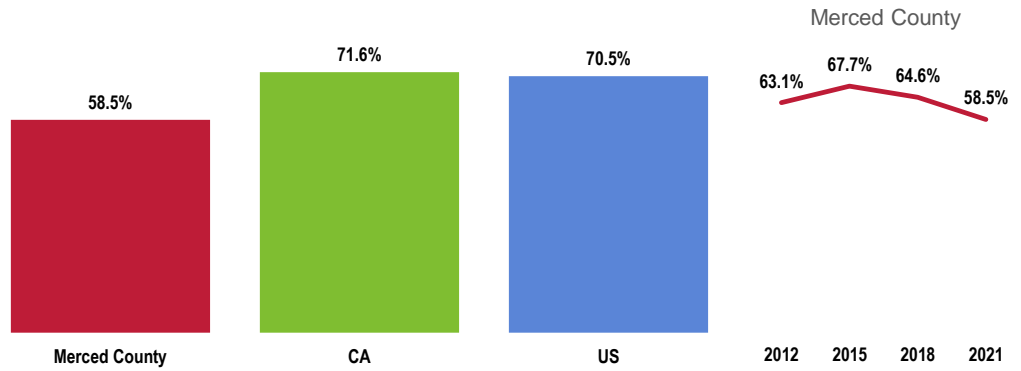
Sources: ● 2021 PRC Community Health Survey, PRC, Inc. [Item 18]
　　　　 ● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2019 California data.
　　　　 ● 2020 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Have Visited a Physician for a Checkup in the Past Year
(Merced County, 2021)

Men	Women	18 to 39	40 to 64	65+	Low Income	Mid/High Income	White	Hispanic	Merced County
62.1%	55.0%	50.4%	61.2%	77.4%	52.6%	64.4%	63.9%	52.6%	58.5%
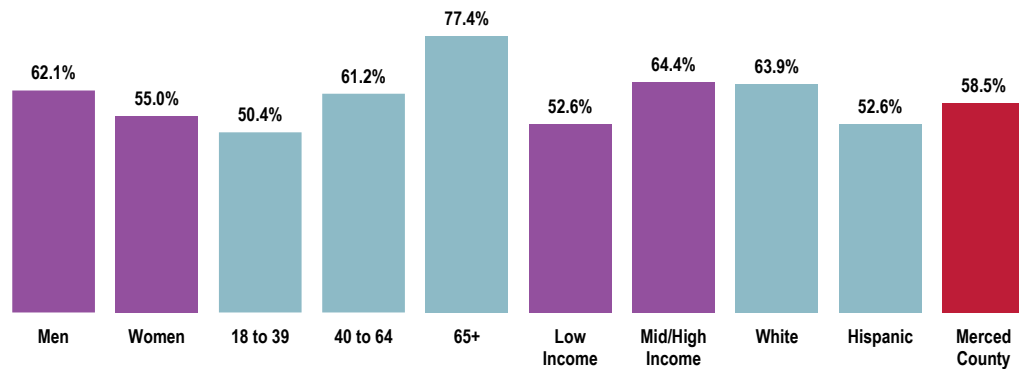
Sources: ● 2021 PRC Community Health Survey, PRC, Inc. [Item 18]
Notes: ● Asked of all respondents.

Children

Among surveyed parents, 82.4% report that their child has had a routine checkup in the past year.

TREND ► Denotes a significant decrease since 2018.

Child Has Visited a Physician
for a Routine Checkup in the Past Year
(Parents of Children 0-17)

82.4% **Merced County**

77.4% **US**

84.4% 93.0% 93.5% 82.4%

Merced County

2012   2015   2018   2021
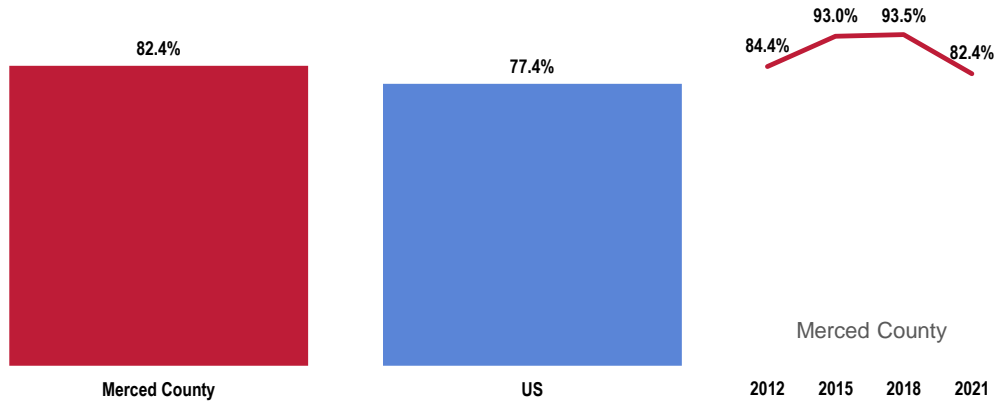
Sources: ● 2021 PRC Community Health Survey, PRC, Inc. [Item 105]
● 2020 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents with children 0 to 17 in the household.

Willingness to Use Telemedicine

Among Merced County adults, 44.8% said they would be "extremely likely" or "very likely" to use telemedicine instead of office visits for routine medical care.

DISPARITY ► Those more likely to use telemedicine include women and adults younger than 65.

Likelihood of Using Telemedicine
(Merced County, 2021)
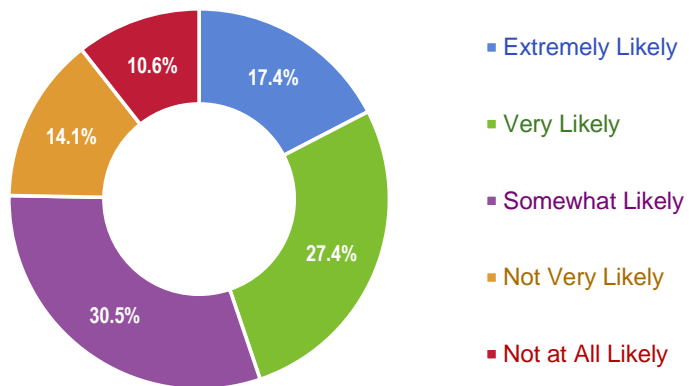
10.6%
17.4%
14.1%
27.4%
30.5%

■ Extremely Likely

■ Very Likely

■ Somewhat Likely

■ Not Very Likely

■ Not at All Likely

Sources: ● 2021 PRC Community Health Survey, PRC, Inc. [Item 312]
Notes: ● Asked of all respondents.
● During a telemedicine visit, a patient uses a computer, smartphone, or telephone to communicate with a healthcare professional in real time without being face to face.

"Extremely Likely/Very Likely" to Use Telemedicine
(Merced County, 2021)
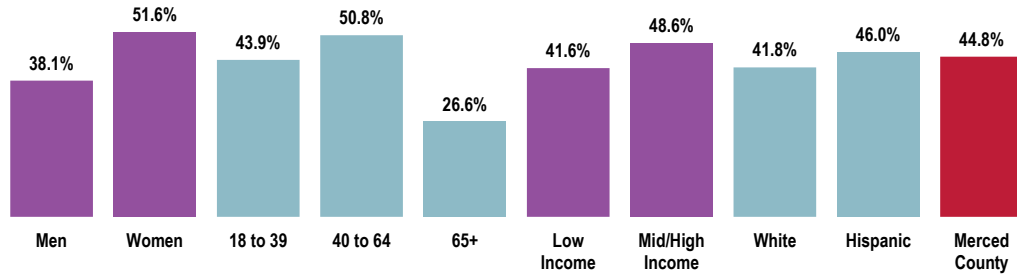
Category	Percentage
Men	38.1%
Women	51.6%
18 to 39	43.9%
40 to 64	50.8%
65+	26.6%
Low Income	41.6%
Mid/High Income	48.6%
White	41.8%
Hispanic	46.0%
Merced County	44.8%

Sources: ● 2021 PRC Community Health Survey, PRC, Inc. [Item 312]
Notes: ● Asked of all respondents.
● During a telemedicine visit, a patient uses a computer, smartphone, or telephone to communicate with a healthcare professional in real time without being face to face.

EMERGENCY ROOM UTILIZATION

A total of 15.0% of Merced County adults have gone to a hospital emergency room more than once in the past year about their own health.

BENCHMARK ► Less favorable than the US percentage.

TREND ► Increasing over time.

DISPARITY ► Women and lower-income adults were more likely to report using the ER.

Have Used a Hospital Emergency Room More Than Once in the Past Year

Merced County

Used the ER because:
• Emergency Situation   73.6%
• Weekend/After Hours   11.1%
• No Regular Physician   5.5%

Merced County	US	2012	2015	2018	2021
15.0%	10.1%	8.3%	10.8%	13.0%	15.0%
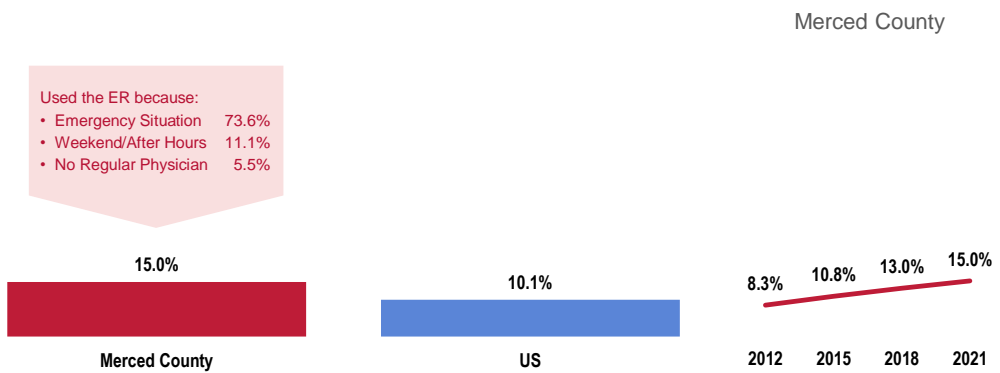
Sources:
● 2021 PRC Community Health Survey, PRC, Inc. [Items 22, 301]
● 2020 PRC National Health Survey, PRC, Inc.
Notes:
● Asked of all respondents.

Have Used a Hospital Emergency Room More Than Once in the Past Year
(Merced County, 2021)

Men	Women	18 to 39	40 to 64	65+	Low Income	Mid/High Income	White	Hispanic	Merced County
10.4%	19.8%	18.1%	12.9%	12.2%	24.3%	5.6%	12.9%	14.8%	15.0%
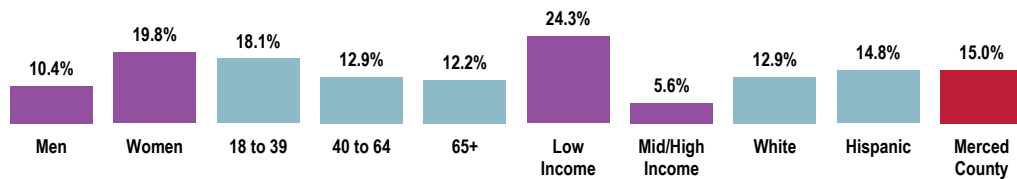
Sources: ● 2021 PRC Community Health Survey, PRC, Inc. [Item 22]
Notes: ● Asked of all respondents.

ORAL HEALTH

ABOUT ORAL HEALTH

Tooth decay is the most common chronic disease in children and adults in the United States. …Regular preventive dental care can catch problems early, when they're usually easier to treat. But many people don't get the care they need, often because they can't afford it. Untreated oral health problems can cause pain and disability and are linked to other diseases.

Strategies to help people access dental services can help prevent problems like tooth decay, gum disease, and tooth loss. Individual-level interventions like topical fluorides and community-level interventions like community water fluoridation can also help improve oral health. In addition, teaching people how to take care of their teeth and gums can help prevent oral health problems.

– Healthy People 2030 (https://health.gov/healthypeople)

Dental Insurance

Nearly two-thirds of Merced County adults (73.3%) have dental insurance that covers all or part of their dental care costs.

BENCHMARK ► Satisfies the Healthy People 2030 objective.

TREND ► Increasing over time.

Have Insurance Coverage
That Pays All or Part of Dental Care Costs
Healthy People 2030 = 59.8% or Higher

Merced County	US				
73.3%	68.7%	54.4% (2012)	68.6% (2015)	72.5% (2018)	73.3% (2021)

Merced County
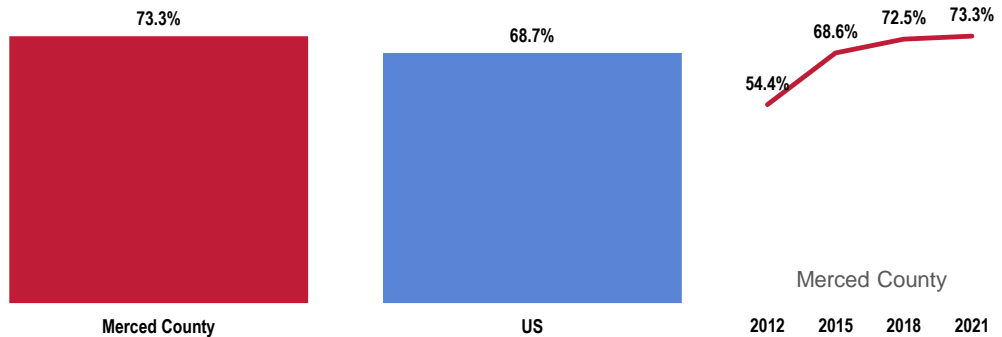
Sources:
● 2021 PRC Community Health Survey, PRC, Inc. [Item 21]
● 2020 PRC National Health Survey, PRC, Inc.
● US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov
Notes:
● Asked of all respondents.

Dental Care

Adults

A total of 49.5% of Merced County adults have visited a dentist or dental clinic (for any reason) in the past year.

BENCHMARK ► Less favorable than the California and US percentages.

TREND ► Continuing a significant decline since 2015.

DISPARITY ► Those less likely to have received dental care include young adults, lower-income residents, and those without dental insurance.

Have Visited a Dentist or Dental Clinic Within the Past Year
Healthy People 2030 = 45.0% or Higher

Merced County

	Merced County	CA	US
	49.5%	67.4%	62.0%

Trend (Merced County): 2012 = 54.1%, 2015 = 64.0%, 2018 = 58.1%, 2021 = 49.5%
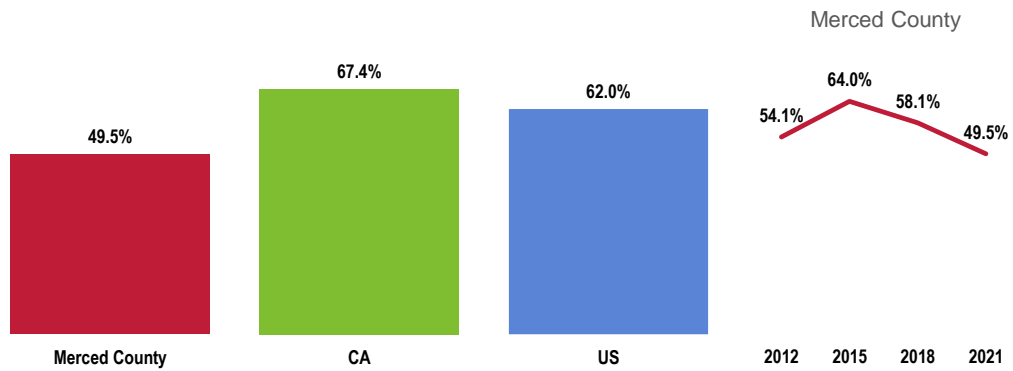
Sources:
- 2021 PRC Community Health Survey, PRC, Inc. [Item 20]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2019 California data.
- 2020 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Notes:
- Asked of all respondents.

Have Visited a Dentist or Dental Clinic Within the Past Year
(Merced County, 2021)
Healthy People 2030 = 45.0% or Higher

With Dental Insurance	57.6%
No Dental Insurance	29.8%

Men	Women	18 to 39	40 to 64	65+	Low Income	Mid/High Income	White	Hispanic	Merced County
49.9%	49.1%	42.6%	50.6%	64.6%	39.1%	61.3%	51.2%	44.1%	49.5%
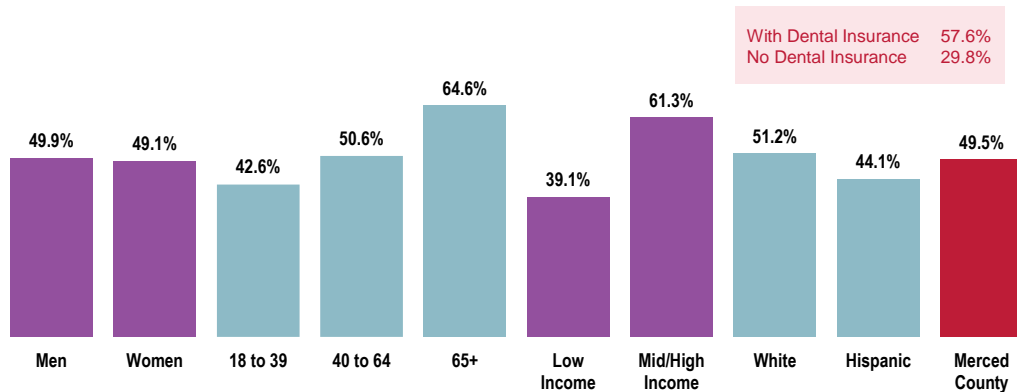
Sources:
- 2021 PRC Community Health Survey, PRC, Inc. [Item 20]
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Notes:
- Asked of all respondents.

Children

A total of 67.5% of parents report that their child (age 2 to 17) has been to a dentist or dental clinic within the past year.

> BENCHMARK ► Satisfies the Healthy People 2030 objective.

> TREND ► Denotes a significant decrease.

Child Has Visited a Dentist or Dental Clinic Within the Past Year
(Parents of Children Age 2-17)
Healthy People 2030 = 45.0% or Higher

Merced County	US
67.5%	72.1%

Merced County trend: 80.1% (2012), 83.1% (2015), 84.7% (2018), 67.5% (2021)
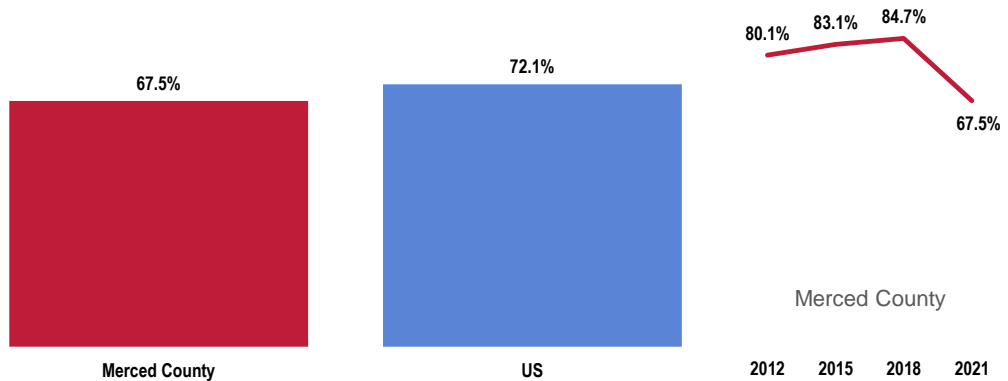
Sources:
● 2021 PRC Community Health Survey, PRC, Inc. [Item 108]
● 2020 PRC National Health Survey, PRC, Inc.
● US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov
Notes: ● Asked of all respondents with children age 2 through 17.

Key Informant Input: Oral Health

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

Perceptions of Oral Health
as a Problem in the Community
(Key Informants, 2021)
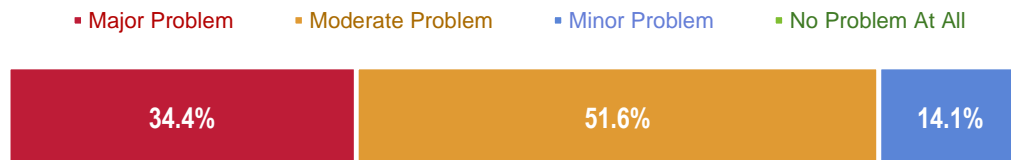
■ Major Problem ▪ Moderate Problem ▪ Minor Problem ▪ No Problem At All

Major Problem	Moderate Problem	Minor Problem
34.4%	51.6%	14.1%

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

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

Contributing Factors

Dental care needs to be more accessible, early fluoride programs, discouraging fast foods, especially soft drinks, and empty-calorie snacks. – Public Health Representative

Lack of resources, outreach, and education around the importance of oral health. – Social Services Provider

Oral health is a concern, as most folks do not know where to go when they need care. They wait too long, and then end up needing more severe levels of care. The food and drinks we take in do impact our teeth, as well. It is all connected. Good oral hygiene is pretty rare around here. – Public Health Representative

The dentist is out-of-pocket expensive. It's the last to be done. Children need education of good hygiene. – Community Leader

Lots of kids with silver teeth. There are parents who do not take care of their children's teeth nor teach them. – Social Services Provider

Access to Care for Uninsured/Underinsured

Not everyone has adequate dental coverage and education to prevent children's cavities. – Social Services Provider

Merced County has a high number of low-income residents. These residents and those without dental insurance are less likely to see a dentist than those residents who are middle- to high-income or insured. – Community Leader

Not all residents in Merced County have access to health coverage; therefore, those families are less like to visit a dentist. – Public Health Representative

Access to Care/Services

Not have professional capacity. Marketing how important it is to have your teeth checked. Financial restrictions. – Social Services Provider

Wait time to get in for appointments are too far out. Not taking children with special needs or taking medical insurance. – Public Health Representative

Awareness/Education

I think it is a minor problem. More education could be given to parents during pregnancy so they are able to prepare for the new child they are welcoming. – Social Services Provider

Affordable Care/Services

Many people cannot afford the high cost of dental care. Even the working individual's dental care plan does not cover very much. – Public Health Representative

Lack of Providers

Lack of pediatric dentists in the area. – Social Services Provider

Not enough providers taking new patients, not enough oral surgery. – Public Health Representative

Insurance Issues

Lack of services that are not covered under medical. How are root canals and crowns not covered, and if they are, you need to drive to another county just to get it done. – Public Health Representative

VISION CARE

A total of 47.0% of Merced County residents had an eye exam in the past two years during which their pupils were dilated.

BENCHMARK ► Lower than the national percentage. Fails to satisfy the Healthy People 2030 objective.

DISPARITY ► Young adults and lower-income adults are <u>less</u> likely to have received an eye exam.

Had an Eye Exam in the Past Two Years During Which the Pupils Were Dilated
Healthy People 2030 = 61.1% or Higher

Merced County

47.0% Merced County
61.0% US
49.5% 2012
53.6% 2015
53.5% 2018
47.0% 2021
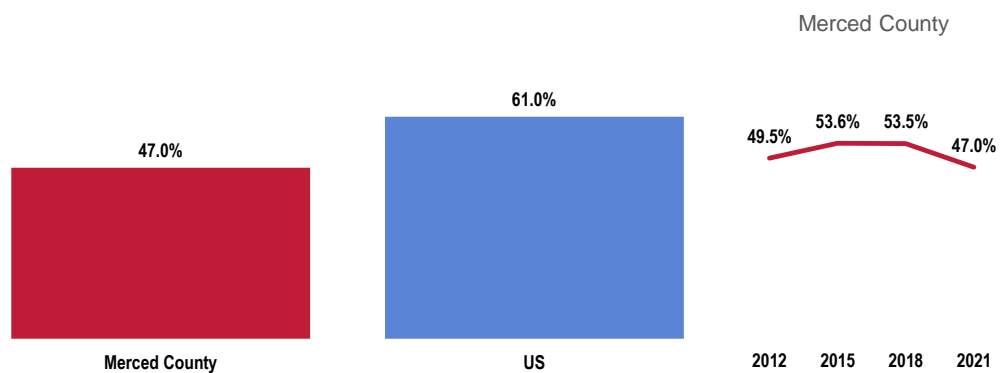
Sources:
- 2021 PRC Community Health Survey, PRC, Inc. [Item 19]
- 2020 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Notes:
- Asked of all respondents.

Had an Eye Exam in the Past Two Years During Which the Pupils Were Dilated
(Merced County, 2021)
Healthy People 2030 = 61.1% or Higher

Men	Women	18 to 39	40 to 64	65+	Low Income	Mid/High Income	White	Hispanic	Merced County
49.1%	44.9%	37.6%	51.0%	66.5%	39.5%	52.8%	46.5%	46.5%	47.0%
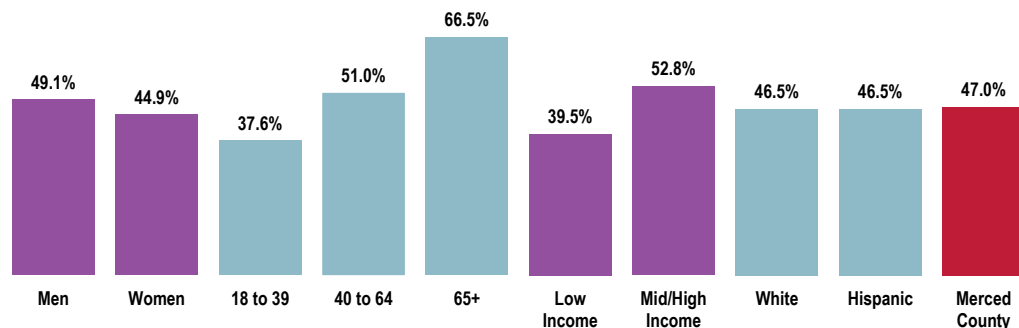
Sources:
- 2021 PRC Community Health Survey, PRC, Inc. [Item 19]
- US Department of Health and Human Services. Healthy People 2030. August 2020. http://www.healthypeople.gov

Notes:
- Asked of all respondents.

LOCAL RESOURCES

PERCEPTIONS OF
LOCAL HEALTH CARE SERVICES

More than one-third of Merced County adults rate the overall health care services available in their community as "excellent" or "very good."

Rating of Overall Health Care
Services Available in the Community
(Merced County, 2021)
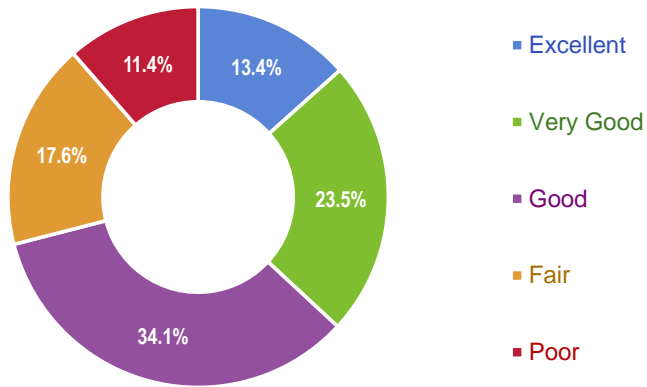
- ■ Excellent 13.4%
- ■ Very Good 23.5%
- ■ Good 34.1%
- ■ Fair 17.6%
- ■ Poor 11.4%

Sources: ● 2021 PRC Community Health Survey, PRC, Inc. [Item 6]
Notes: ● Asked of all respondents.

However, 29.0% of residents characterize local health care services as "fair" or "poor."

BENCHMARK ► Considerably worse than the national finding.

DISPARITY ► Female respondents and those with difficulties accessing care are more likely to perceive local services as "fair" or "poor."

Perceive Local Health Care Services as "Fair/Poor"

Merced County

Merced County	US	2012	2015	2018	2021
29.0%	8.0%	29.7%	25.9%	25.4%	29.0%
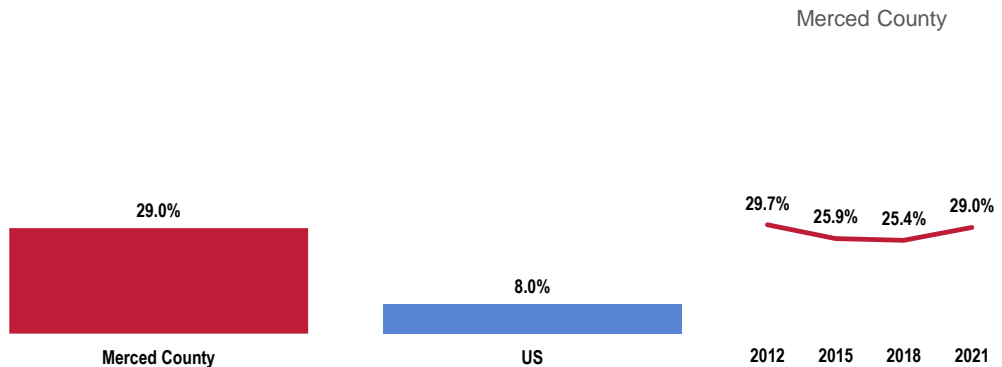
Sources: ● 2021 PRC Community Health Survey, PRC, Inc. [Item 6]
● 2020 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Perceive Local Health Care Services as "Fair/Poor"
(Merced County, 2021)

With Access Difficulty	39.3%
No Access Difficulty	12.7%

Men	Women	18 to 39	40 to 64	65+	Low Income	Mid/High Income	White	Hispanic	Merced County
23.3%	34.5%	30.7%	27.0%	27.1%	30.3%	28.6%	30.6%	27.6%	29.0%
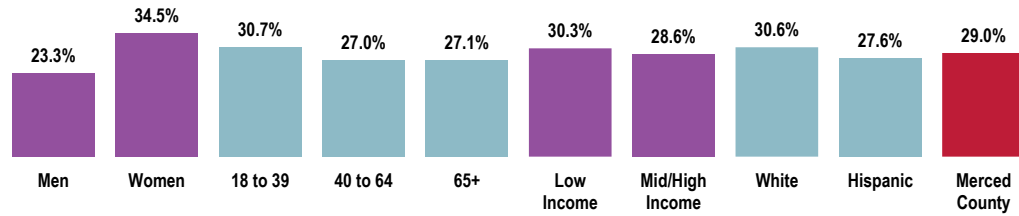
Sources: ● 2021 PRC Community Health Survey, PRC, Inc. [Item 6]
Notes: ● Asked of all respondents.

HEALTH CARE RESOURCES & FACILITIES

Federally Qualified Health Centers (FQHCs)

The following map details Federally Qualified Health Centers (FQHCs) within Merced County as of September 2020.
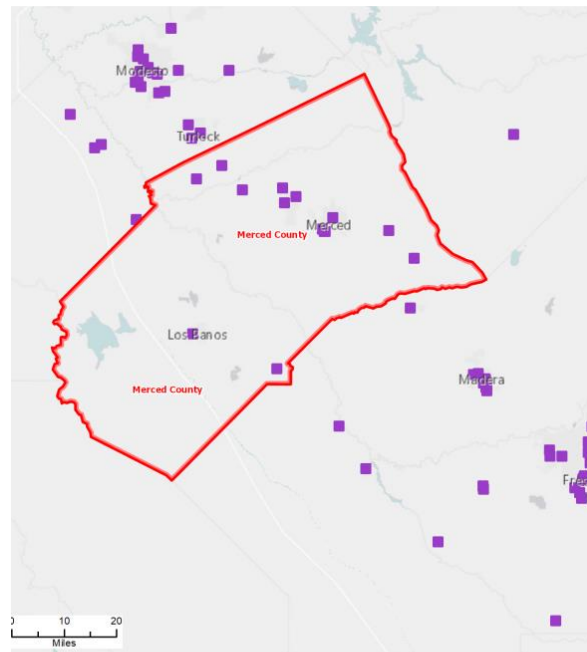
Map Legend

Federally Qualified Health Centers, POS
September 2020

Report Location, County

SparkMap

Resources Available to Address the Significant Health Needs

The following represent potential measures and resources (such as programs, organizations, and facilities in the community) identified by key informants as available to address the significant health needs identified in this report. This list only reflects input from participants in the Online Key Informant Survey and should not be considered to be exhaustive nor an all-inclusive list of available resources.

Access to Health Care Services

- 211
- All Dads Matter
- Behavioral Health and Recovery Services
- Castle Family Health Centers
- Catholic Charities of Merced
- California Children's Services Medical Therapy Program
- Central California Alliance for Health
- Central Valley Regional Center
- Children's Hospital
- Community Organizations
- County Mental Health Services
- Dignity Health
- Doctor's Offices
- Federally Qualified Health Centers
- Golden Valley Health Centers
- GROW Program
- Hospitals
- Human Services Agency
- Livingston Community Health Center
- Memorial Hospital Los Banos
- Merced County Department of Public Health
- Merced County Human Services Agency
- Merced County Office of Education
- Merced Dignity Health Centers
- Merced Faculty Associates
- Merced Medical Center
- Mercy Medical Center
- MFA Medical Group
- Planned Parenthood
- Public Health Department
- Sierra Vista
- The Alliance
- The Bus
- United Way
- Western Dental
- WIC

Cancer

- Atwater Medical Group
- Behavioral Health and Recovery Services
- Cancer Center
- Castle Family Health Centers
- Central Valley Cancer Center
- Community Health Centers
- Dignity Health
- Doctor's Offices
- El Portal Cancer Center
- Family Care
- Golden Valley Health Centers
- Hospitals
- Imaging Centers in Merced
- Memorial Hospital
- Merced Cancer Society Foundation
- Merced Medical Center
- Merced University of California Davis Cancer Center
- Mercy Cancer Center
- Mercy Hospital
- Public Health Department
- University of California Davis Cancer Center

Chronic Kidney Disease

- DaVita Dialysis
- Doctor's Offices

Coronavirus/COVID-19

- Behavioral Health and Recovery Services
- Binational Health Week
- Castle Family Health Centers
- COVID Community Outreach
- Cultiva La Salud
- Dignity Health
- Doctor's Offices
- Golden Valley Health Centers
- Hospitals
- Human Services Agency
- Leaders in the Medical Community
- Livingston Community Health Center
- Merced County
- Merced County Board of Supervisors
- Merced County Department of Public Health
- Merced County Human Services Agency

Merced County Mobile Vaccination Clinic
Merced County Office of Education
Mercy Hospital
Mercy Medical Center
Myturn Website
Online Flyers for Vaccine/Testing Locations
Pharmacies
Public Health Department
Rescue Mission
San Joaquin Drug
School System
State COVID-19 Testing Facilities
UC Merced Center
United Way
Vaccination Clinics
Walgreens

Dementia/Alzheimer's Disease

Amie Marchini Home Care
Comfort Keepers Home Care
Dignity Health
Doctor's Offices
Golden Valley Health Centers
Merced County Adult and Aging Services
Pacifica Senior Living Merced
Senior Wyze Senior Care and Assisted Living Merced

Diabetes

CalFresh
Castle Family Health Centers
Community Classes
Community Organizations
Diabetes Nurse Educators
Dialysis Centers
Dignity Health
Doctor's Offices
Family Care
Family Clinic of Merced
Farmer's Market
First 5 Merced County
General Medicine Clinic Center for Diabetes
Golden Valley Health Centers
Grocery Stores
Hospitals
Lifetime of Wellness
Merced County Behavioral Health and Recovery Services
Merced County Department of Public Health
Merced County Health Department
Merced County Office of Education
Merced Family Resource Center

Merced North Valley Outpatient
Mercy Medical Center
MFA Medical Group
National Diabetes Prevention Program
Nutrition Services
Public Health Department
School System
SNAP-Ed
The Alliance
Weight Watchers
WIC
Zumba

Disabilities

Alternative Therapies
Dignity Health
Doctor's Offices
Hospitals
Mental Health Services
Merced County Human Services Agency
Physical Therapy
School System
Senior Center
Special Need Organizations

Heart Disease

American Heart Association
Atwater Medical Group
Behavioral Health and Recovery Services
Community Organizations
Dignity Health
Doctor's Offices
Golden Valley Health Centers
Home Health Services
Hospitals
Insurance
Merced County Department of Public Health
Merced County Office of Education
Merced Medical Center
Public Health Department
Referral Sites
Stanford
The Heart Center

Infant and Child Health

Aspiranet
Behavioral Health and Recovery Services
California Children Services
Castle Family Health Centers
Challenged Family Resource Center
Children's System of Care

City Council

Dignity Health

Doctor's Offices

EPC Children's Center

Golden Valley Health Centers

Hospitals

Human Services Agency

Medi-Cal

Merced County Behavioral Health and Recovery Services

Merced County Crisis and Services Unit

Merced County Department of Public Health

Merced County First 5 Merced County

Merced County Human Services Agency

Merced County Office of Education

Merced Family Resource Center

Parks and Recreation

Public Health Department

Resources For Foster Youth, Main Street Center

School System

The Alliance

Urgent Care

Valley Children's

WIC

Infant Health and Family Planning

ACE Overcomers

All Dads Matter

Alpha Pregnancy Center

Castle Family Health Centers

Central Valley Regional Center

Child Care Services and Centers

Dignity Health

Doctor's Offices

Early Head Start

Family Pact

Family Resource Center

First 5 Merced County

Golden Valley Health Centers

Help Me Grow

Hospitals

Human Services Agency

Merced County Department of Public Health

Merced County Office of Education

Mercy Hospital

Nurse Family Partnership

Planned Parenthood

Public Health Department

School System

WIC

Injury and Violence

A Woman's Place

All Dads Matter

Behavioral Health and Recovery Services

Brett Green Domestic Violence

California Highway Patrol

Churches

Girls and Boys Clubs

Law Enforcement

Merced City Police

Merced County Behavioral Health and Recovery Services

Merced County Office of Education

Merced County Sheriff

Merced Police Department and Sheriff's Department

Probation

Public Health Department

School System

Tranquility Village

Valley Crisis Center

Victims of Crime

Mental Health

ACE Overcomers

Alternative Therapies

Behavioral Health

Behavioral Health and Recovery Services

Castle Family Health Centers

Catholic Counseling Center

Central Valley Regional Center

Central Valley Suicide Prevention

Common Spirit

Community Social Workers

County Mental Health Services

Crisis Intervention Outpatient Services

Dignity Health

Doctor's Offices

Family Care Clinic Behavioral Health

Golden Valley Health Centers

Health Department

Hobie House

Homeless Shelter

Hospitals

Law Enforcement

Livingston Medical Group, Inc.

Marge Eck

Marie Green Center

Mental Agency

Mental Health Department

Merced Behavioral Health Center

Merced County Behavioral Health and Recovery Services

Merced County Department of Mental Health
Merced County Department of Public Health
Merced County Human Services Agency
Merced County Navigation Center
Merced County Office of Education
Merced Family Resource Center
Merced Health Treatment Center of Merced
NAMI Merced
New Direction Facility
Parent Cafe
Pastors
Public Health Department
Recovery Assistance for Teens
School System
Shaula Brent
Sierra Vista
Support Groups
TAY Wellness Center
The Cube
Tranquility Village
University of California Merced Student Clinic

Needs of Pregnant Women/New Mothers

All Moms Matter
Alpha Pregnancy Center
Castle Family Health Centers
Dignity Health
Doctor's Offices
Doulas
Family Pact
First 5 Merced County
Golden Valley Health Centers
Human Resources Agency
J and J Maternity House
La Leche League
Memorial Hospital Los Banos
Merced County Behavioral Health and Recovery Services
Merced County Department of Public Health
Merced County Human Services Agency
Merced County Office of Education
Merced Family Resource Center
Mercy Hospital
Perinatal Recovery Program Merced
Planned Parenthood
Public Health Department
Tranquility Village
UC Merced Center
WIC

Nutrition, Physical Activity, and Weight

Boys and Girls Club

Building Healthy Communities
Catholic Charities of Merced
Faith-Based Organizations
First 5 Merced County
Fitness Centers/Gyms
Food Banks
Four Winds Child Care Food Program
Girls and Boys Clubs
In-Shape
Merced City Schools
Merced County Department of Public Health
Merced County Food Bank
Merced County Office of Education
Mercy Hospital
Parks and Recreation
People's Fridge
Public Health Department
Rockin' Jump
Roller Land
School System
Senior Center
Senior Center Cafe
Students With Aspiring Goals
Weight Watchers
WIC

Oral Health

ABC Dental
Castle Family Health Centers
Dentist's Offices
Doctor's Offices
Golden Valley Health Centers
Livingston Medical Group, Inc.
Merced County Department of Public Health
Public Health Department
Tzu Chi Event
Western Dental

Respiratory Diseases

Air Resources Board
American Lung Association
Asthma Coalition
Baz Allergy, Asthma & Sinus Center
Central Valley Allergy and Asthma Med Association, Inc.
Children's Hospital
Dignity Health
Doctor's Offices
Golden Valley Health Centers
Human Services Agency
Merced County Health Department
Merced Lung and Sleep

Merced Mariposa County Asthma Coalition

Merced Medical Center

Merced Network of Care

Mercy Hospital

Mercy Medical Center

Pacific Pulmonary Services

Public Health Department

Respiratory Therapy

School System

University of California Merced Center

Sexual Health

Doctor's Offices

Family Pact

Golden Valley Health Centers

Merced County Department of Public Health

Planned Parenthood

Substance Abuse

AA/NA

ACE Overcomers

Aegis Treatment Centers

All Dads Matter

Adult Outpatient Drug Programs

Behavioral Health

Behavioral Health and Recovery Services

Celebrate Recovery

Churches

Dignity Health

Doctor's Offices

Drug and Alcohol Recovery Program

Hobie House

Merced County Behavioral Health and Recovery Services

Merced Rescue Mission

NAMI Merced

Public Health Department

Recovery Assistance for Teens

Recovery Housing Programs

Rehabilitation

Rescue Mission

Restorative Justice

Salvation Army

Substance Abuse Services

The Center

Tranquility Village

Yosemite Church Celebrate Recovery

Tobacco Use

ACCT Coalition

Aegis Treatment Centers

Behavioral Health and Recovery Services

Community Health Centers

Doctor's Offices

Fresh Start

Health Department

Merced County Behavioral Health and Recovery Services

Merced County Department of Public Health

Merced County Tobacco Control Program

NAMI Merced

Public Health Department

School System

Smoking Cessation Programs

APPENDIX

PEDIATRIC FINDINGS

Pediatric Areas of Opportunity

The table below outlines those Areas of Opportunity identified through this assessment that are specific to or impact pediatric populations. (See also Significant Health Needs in the Introduction: Summary of Findings section of this report).

PEDIATRIC AREAS OF OPPORTUNITY IDENTIFIED THROUGH THIS ASSESSMENT	
ACCESS TO HEALTH CARE SERVICES	▪ Difficulty Accessing Children's Health Care
INFANT HEALTH & FAMILY PLANNING	▪ Prenatal Care ▪ Teen Births
INJURY & VIOLENCE	▪ Violent Crime Rate
NUTRITION, PHYSICAL ACTIVITY & WEIGHT	▪ Children's Physical Activity ▪ Access to Recreation/Fitness Facilities
ORAL HEALTH	▪ Children's Dental Care

Summary of Pediatric Data Indicators

Further, the following tables outline data for those indicators included in this assessment that are specific to or impact the pediatric population in Merced County.

| SOCIAL DETERMINANTS | Merced County | MERCED COUNTY vs. BENCHMARKS | | | |
		vs. CA	vs. US	vs. HP2030	TREND
Children in Poverty (Percent)	29.8	⛈️ 18.1	⛈️ 18.5	⛈️ 8.0	

☀️ better ☁️ similar ⛈️ worse

| ACCESS TO HEALTH CARE | Merced County | MERCED COUNTY vs. BENCHMARKS | | | |
		vs. CA	vs. US	vs. HP2030	TREND
% Difficulty Getting Child's Health Care in Past Year	13.7		☁️ 8.0		⛈️ 5.4
% Child Has Had Checkup in Past Year	82.4		☁️ 77.4		☁️ 84.4

☀️ better ☁️ similar ⛈️ worse

| INFANT HEALTH & FAMILY PLANNING | Merced County | MERCED COUNTY vs. BENCHMARKS | | | |
		vs. CA	vs. US	vs. HP2030	TREND
Late or No Prenatal Care (Percent)	8.2	⛈️ 3.7	⛈️ 6.1		⛈️ 6.8
Low Birthweight Births (Percent)	6.2	☁️ 6.9	☀️ 8.2		
Infant Death Rate	4.1	☁️ 3.9	☀️ 5.5	☀️ 5.0	☁️ 4.5
Births to Adolescents Age 15 to 19 (Rate per 1,000)	27.5	⛈️ 17.4	⛈️ 20.9	☁️ 31.4	

☀️ better ☁️ similar ⛈️ worse

INJURY & VIOLENCE	Merced County	MERCED COUNTY vs. BENCHMARKS			
		vs. CA	vs. US	vs. HP2030	TREND
Violent Crime Rate	583.3	🌧️ 440.5	🌧️ 416.0		

		☀️ better	☁️ similar	🌧️ worse

NUTRITION, PHYSICAL ACTIVITY & WEIGHT	Merced County	MERCED COUNTY vs. BENCHMARKS			
		vs. CA	vs. US	vs. HP2030	TREND
Population With Low Food Access (Percent)	18.9	🌧️ 13.3	☀️ 22.2		
% Child [Age 2-17] Physically Active 1+ Hours per Day	29.8		☁️ 33.0		🌧️ 52.5
Recreation/Fitness Facilities per 100,000	9.0	🌧️ 12.4	🌧️ 12.2		
% Children [Age 5-17] Healthy Weight	57.8		☁️ 47.6		☁️ 42.7
% Children [Age 5-17] Overweight (85th Percentile)	38.1		☁️ 32.3		☁️ 38.6
% Children [Age 5-17] Obese (95th Percentile)	26.4		☁️ 16.0	🌧️ 15.5	☁️ 21.9

		☀️ better	☁️ similar	🌧️ worse

ORAL HEALTH	Merced County	MERCED COUNTY vs. BENCHMARKS			
		vs. CA	vs. US	vs. HP2030	TREND
% Child [Age 2-17] Dental Visit in Past Year	67.5		☁️ 72.1	☀️ 45.0	🌧️ 80.1

		☀️ better	☁️ similar	🌧️ worse

RESPIRATORY DISEASE	Merced County	MERCED COUNTY vs. BENCHMARKS			
		vs. CA	vs. US	vs. HP2030	TREND
% [Child 0-17] Asthma	7.4		☁ 7.8		☁ 11.0

☀️ better   ☁ similar   🌧️ worse

TOBACCO USE	Merced County	MERCED COUNTY vs. BENCHMARKS			
		vs. CA	vs. US	vs. HP2030	TREND
% [Household With Children] Someone Smokes in the Home	13.5		☁ 17.4		☁ 10.3

☀️ better   ☁ similar   🌧️ worse

EVALUATION OF PAST ACTIVITIES

Community Benefit

Over the past three years, Mercy Medical Center Merced has invested in improving the health of our community's most vulnerable populations. Our commitment to this goal reflects a focus on community health improvement, as described below.

Addressing Significant Health Needs

Mercy Medical Center Merced conducted its last CHNA in 2018 and reviewed the health priorities identified through that assessment. Taking into account the top-identified needs — as well as hospital resources and overall alignment with the hospital's mission, goals and strategic priorities — it was determined at that time that Mercy Medical Center would focus on developing and/or supporting strategies and initiatives to improve:

- Access to Health Care Services

- Diabetes

- Nutrition, Physical Activity, and Weight

- Cancer

- Family Planning – Infant Health

Strategies for addressing these needs were outlined in Mercy Medical Center Merced's Implementation Strategy. Pursuant to IRS requirements, the following sections provide an evaluation of the impact of the actions taken by Mercy Medical Center Merced to address these significant health needs in our community.

Evaluation of Impact

Priority Area: Access to Health Care Services	
Community Health Need	Improve access to primary care services.
Goal(s)	• Reducing lack of healthcare coverage as a barrier to accessing healthcare services. • Increased attendance at primary care appointments • Provide well medicine to patients to prevent future illness • Decrease Emergency Room utilization.

Strategy 1: Provide access to our Rural Health Clinics (Family Practice, Kids Care, and General Medicine) to provide primary and preventive healthcare services.	
Strategy Was Implemented?	Yes
Target Population(s)	Members of Medi-Cal and the underinsured
Partnering Organization(s)	Merced Faculty Associates, UC Davis School of Medicine and UC Merced
Results/Impact	• Provided specialty care onsite to patients, reducing transportation barriers to access care • More than $3.6 million contribution to providing healthcare services

Strategy 2: Financial Assistance Program	
Strategy Was Implemented?	Yes
Target Population(s)	Uninsured or the underinsured
Partnering Organization(s)	
Results/Impact	• Provided financial assistance to the underinsured and uninsured • More than $21 million contributed to providing access to healthcare

Priority Area: Cancer	
Community Health Need	Access to cancer screenings and quality cancer care
Goal(s)	• Provide access quality care to the community • Raise awareness of early screening and detection • Provide support to persons affected by cancer • Increase access to nutritious food for those affected by cancer

Strategy #1: Mercy UC Davis Cancer Center	
Strategy Was Implemented?	Yes
Target Population(s)	Community members affected by cancer
Partnering Organization(s)	Mercy UC Davis Comprehensive Cancer Center
Results/Impact	• Cancer patients provided with high quality care without having to leave Merced • Reduce the burden of travelling to other counties during physically, emotionally and financially taxing treatments

Strategy #2: Raise Awareness of Early Screening and Detection	
Strategy Was Implemented?	Yes
Target Population(s)	All community members, including those at higher risk
Partnering Organization(s)	American Cancer Society
Results/Impact	• Provide community with information on risk factors and screening recommendations • Partner on providing community with educational materials and online risk assessments

Strategy #3: Provide Support to Persons Affected by Cancer	
Strategy Was Implemented?	Yes
Target Population(s)	Anyone affected by cancer
Partnering Organization(s)	Mercy Medical Center Foundation, Spiritual Services, American Cancer Society
Results/Impact	• Provided support groups to those affected by cancer • Provide Accessible Yoga to allow those with physical limitations as well as survivors to participate in physical activity • Provide access to resources and services through the American Cancer Society

Strategy #4: Kindness Food Box Delivery Program	
Strategy Was Implemented?	Yes
Target Population(s)	Anyone affected by cancer
Partnering Organization(s)	Mercy Medical Center Foundation, United Methodist Church, Merced County Food Bank
Results/Impact	• Provided touchless home delivery of pantry items to mitigate the risks of exposure to COVID-19 • Over 7,500 food boxes distributed to over 110 families affected by cancer

Priority Area: Nutrition, Physical Activity and Weight	
Community Health Need	Access to physical activity and weight management
Goal(s)	• Increase access to low-cost or no-cost exercise programs • Provide education and awareness of weight self-management tools • Access to programs targeting older adults

Strategy #1: Zumba Group Exercise Program

Strategy Was Implemented?	Yes
Target Population(s)	Community members in south Merced lacking health clubs/gyms
Partnering Organization(s)	City of Merced Parks and Recreation
Results/Impact	• Provide access to 4 free Zumba classes with more than 240 participants each week • Provided virtual classes in pandemic accessing more than 1,000 participants • More than $226,000 in financial contribution to support this program

Strategy #2: Yoga/Prenatal Yoga

Strategy Was Implemented?	Yes
Target Population(s)	Community members in
Partnering Organization(s)	Family Birth Center
Results/Impact	• Provide access to 3 free Yoga classes a week with more than 80 participants each week • Provided virtual classes in pandemic accessing more than 1,000 participants

Strategy #3: Walk With Ease

Strategy Was Implemented?	Yes
Target Population(s)	Older adults and those with Arthritis
Partnering Organization(s)	City of Merced Parks and Recreation, Arthritis Foundation
Results/Impact	• Provided a free 8 week walking program to more than 130 older adults • Increased awareness of fall risk and education on reducing or eliminating those risks

Priority Area: Family Planning - Infant Health	
Community Health Need	Birth Outcomes and Risks
Goal(s)	• Provide access to Childbirth preparation programs for expectant families • Provide lactation support and education • Partner with organizations addressing infant and child health • Offer support and educational workshops to parents of newborns

Strategy #1: Childbirth Preparation Programs	
Strategy Was Implemented?	Yes
Target Population(s)	Families expecting a newborn
Partnering Organization(s)	Family Birth Center
Results/Impact	• Provided childbirth preparation courses in-person and virtually in response to the pandemic. Classes offered in a 4-week series or in a refresher format • Nearly 400 families participated in preparation courses resulting in a contribution of over $72,000

Strategy #2: Lactation Support Group and Education Program	
Strategy Was Implemented?	Yes
Target Population(s)	Expectant families and those with infants
Partnering Organization(s)	Family Birth Center, Kids Care Clinic and Merced County WIC
Results/Impact	• Provided lactation education and support in-person through classes, support groups and one-on-one with IBCLC/LC • More than 1,700 individuals provided with a contribution of over $167,000

Strategy #3: New Dad and New Mom Boot Camp Programs	
Strategy Was Implemented?	Yes
Target Population(s)	Parents to newborns
Partnering Organization(s)	Family Birth Center, All Dads Matter and All Moms Matter
Results/Impact	• Partnerships with Merced County ADM and AMM programs to provide support and education to new parents • Hospital contribution resulted in over 360 individuals provided education

Priority Area: Diabetes	
Community Health Need	Education and Self-Management Programs
Goal(s)	• Diabetes health education classes and support groups to help those affected by diabetes increase their knowledge • Provide Self-Management workshops to provide a tool box of methods to overcome barriers to better control • Diabetes Prevention Program as a program that aims to reduce the prevalence of diabetes

Strategy #1: Diabetes Health Education Classes and Support	
Strategy Was Implemented?	Yes
Target Population(s)	Those affected by diabetes
Partnering Organization(s)	Family Care Clinic, General Medicine Clinic, Merced Faculty Associates
Results/Impact	• Provided education and support to over 520 individuals resulting in contributing more than $126,000 in support of these efforts

Strategy #2: Healthier Living Self-Management Workshops	
Strategy Was Implemented?	Yes
Target Population(s)	Those affected by diabetes, including care-givers
Partnering Organization(s)	Family Care Clinic, General Medicine Clinic, Merced Faculty Associates, Merced County Department of Public Health, Central California Alliance for Health
Results/Impact	• Partnerships to provide self-management workshops throughout Merced County to those affected by diabetes • Creating a network working towards a seamless referral process increasing access to our community • More than 115 individuals participated in workshops and trainings resulting in over $60,000 in hospital contribution in support of these workshops

Strategy #3: Diabetes Prevention Program	
Strategy Was Implemented?	Yes
Target Population(s)	Individuals at risk for developing diabetes
Partnering Organization(s)	Family Care Clinic, General Medicine Clinic, Merced Faculty Associates, Merced County Department of Public Health
Results/Impact	• Relaunch and implementation of program to increase access to the community via an electronic referral system • Return to in-person education sessions will increase enrollment and reach