Dignity Health
Mercy Hospitals

Mercy Hospital Downtown

Mercy Hospital Southwest

Community Health Needs Assessment 2022

Report adopted by the Board of Directors in May 2022.

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Executive Summary

Purpose Statement

The purpose of this Community Health Needs Assessment (CHNA) is to identify and prioritize significant health needs of the community served by Mercy Hospital Downtown and Mercy Hospital Southwest Hospital. The priorities identified in this report help to guide the hospitals' 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 nonprofit hospitals conduct a CHNA at least once every three years.

CommonSpirit Health Commitment and Mission Statement

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

CHNA Collaborators

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

Community Definition

Mercy has two hospital facilities in Bakersfield: Mercy Hospital Downtown and Mercy Hospital Southwest (Mercy Hospitals). These hospital facilities operate under one license. Mercy Hospital Downtown is located at 2215 Truxtun Avenue, Bakersfield, California, 93301. Mercy Hospital Southwest is located at 400 Old River Road, Bakersfield, California, 93311.

The population of the service area is 622,303. Children and youth, ages 0-17, make up 29.5% of the population, 59.6% are adults, ages 18-64, and 10.9% of the population are seniors, ages 65 and older. Almost half of the population in the service area identifies as Hispanic/Latino (49.4%). 37.4% of the population identifies as White/Caucasian, 5.4% as Black/African American. 4.9% as Asian and 2.2% of the population identifies as multiracial (two-or-more races), 0.5% as American Indian/Alaskan Native, and 0.1% as Native Hawaiian/Pacific Islander. Those who are of some other race represent 0.1% of the service area population. In the service area, 60.5% of the population, ages 5 and

older, speak only English in the home. Among the area population, 34.2% speak Spanish, 2.5% speak an Asian/Pacific Islander language, and 2.2% speak an Indo-European language in the home.

Among the residents in the service area, 20.2% are at or below 100% of the federal poverty level (FPL) and 43.4% are at 200% of FPL or below. In Kern County, 13.7% of the population experienced food insecurity in 2019. Among children in Kern County, 20.7% lived in households that experienced food insecurity. Feeding America estimated that 92% of those experiencing food insecurity in Kern County, and 81% of county children experiencing food insecurity, were income-eligible for nutritional programs such as SNAP. Educational attainment is a key driver of health. In the hospitals' service area, 22.3% of adults, ages 25 and older, lack a high school diploma, which is higher than the state rate (16.7%). 18.3% of area adults have a Bachelor's or higher degree.

Assessment Process and Methods

Secondary data were collected from local, county, and state sources to present community demographics, social determinants of health, health care access, birth indicators, leading causes of death, COVID-19, acute and chronic disease, health behaviors, mental health, substance use and misuse and preventive practices. Where available, these data are presented in the context of Kern County and California, framing the scope of an issue as it relates to the broader community. The report includes benchmark comparison data, comparing community data findings with Healthy People 2030 objectives.

Mercy Hospitals conducted interviews with community stakeholders to obtain input on health needs, barriers to care and resources available to address the identified health needs. Thirty (30) interviews were completed from October to December 2021. Community stakeholders identified by the hospitals were contacted and asked to participate in the interviews. Interviewees included individuals who are leaders and representatives of medically underserved, low-income, and minority populations, or local health or other departments or agencies that have "current data or other information relevant to the health needs of the community served by the hospital facility."

A survey was distributed to engage community residents and obtain input on health and social needs. The survey was available in an electronic format through a SurveyMonkey link, and in a paper copy format. The electronic and paper surveys were available in English and Spanish. The surveys were available from September 13 to November 15, 2021. During this time, 255 usable surveys were collected.

Process and Criteria to Identify and Prioritize Significant Health Needs
Significant health needs were identified from an analysis of the primary and secondary data sources. Interviews with community stakeholders were used to gather input and prioritize the significant health needs. The following criteria were used to prioritize the health needs:

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

The interviewees were also asked to prioritize the health needs according to highest level of importance in the community. The total score for each significant health need (possible score of 4) was divided by the total number of responses for which data were provided, resulting in an overall score for each need. The community residents were also asked to indicate the level of importance of the health needs.

List of Prioritized Significant Health Needs
The interviewees and community residents identified access to health care, chronic diseases, COVID-19, and mental health as priority needs in the service area.

Access to health care – Health insurance coverage is considered a key component to ensure access to health care. The Healthy People 2030 objective for health insurance is 92.1% coverage. 91.9% of the civilian, non-institutionalized population in the service area has health insurance and 96.7% of children, ages 18 and younger, have health insurance coverage in the service area. There are a number of identified barriers to accessing health care, including: a lack of awareness of available resources, navigating the system, needed documentation, lack of insurance, transportation, and a lack of primary care providers.

Chronic diseases – The service area has high rates of death from cancer, heart disease, Chronic Lower Respiratory Disease, Alzheimer's disease and diabetes. Co-morbidity factors for diabetes and heart disease are high blood pressure (hypertension) and high blood cholesterol. In the service area, the percent of adults who reported being diagnosed with high blood pressure was 26.2% and with high cholesterol was 26.5%. 9.3% of service area adults have been diagnosed with diabetes.

COVID-19 – In Kern County, there was a higher rate of deaths from COVID-9 than in the state. 56.4% of Kern County deaths from COVID-19 were among Hispanics/Latinos, and 31% of the deaths were among Whites. Community stakeholders noted that as a

result of COVID-19, economic insecurity, food insecurity, isolation, domestic violence, mental health issues and substance use have increased.

Mental health – Frequent Mental Distress is defined as 14 or more bad mental health days in the last month. In the service area, the rate of mental distress among adults was 14.2%. 19% of Kern County teens indicated they needed help for emotional or mental health problems in the past year, and 8.1% of teens received psychological or emotional counseling in the past year. 15.8% of adults in Kern County needed help for emotional-mental and/or alcohol-drug related issues in the past year. Among those adults who sought help, 58.4% received treatment.

Resources Potentially Available to Address Needs

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

Report Adoption, Availability and Comments

This CHNA report was adopted by the Mercy Hospitals Community Board in May 2022. This report is widely available to the public on the hospitals' website at https://www.dignityhealth.org/central-california/locations/mercy-bakersfield/about-us/community-benefit-report-health-needs-assessment and a paper copy is available for inspection, upon request, Mercy Hospital Downtown Administration Office. Written comments on this report can be submitted to the Mercy Downtown Administration Office at 2215 Truxtun Avenue, Bakersfield, California, 93301 or by email through the website.

Community Definition

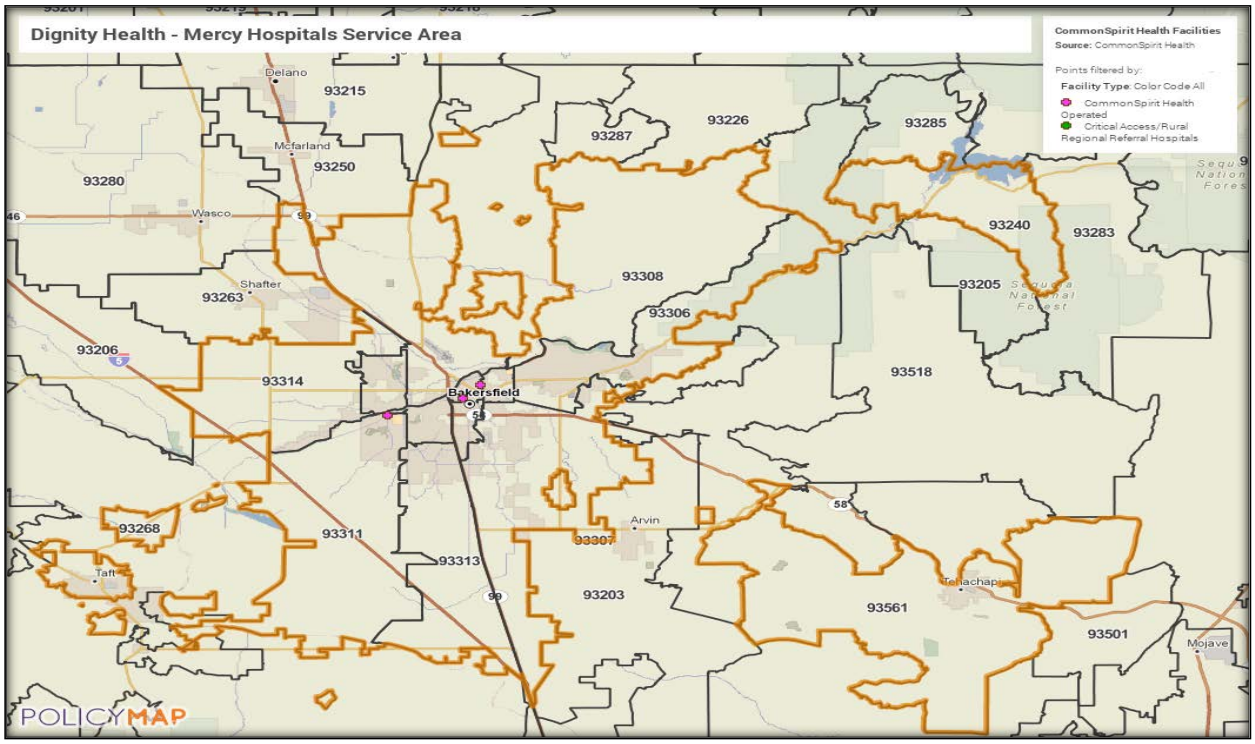
Service Area

Mercy Hospital Downtown is located at 2215 Truxtun Avenue, Bakersfield, California, 93301. Mercy Hospital Southwest is located at 400 Old River Road, Bakersfield, California, 93311. The hospitals track ZIP Codes of origin for all patient admissions and includes all who received care without regard to insurance coverage or eligibility for financial assistance. For the purposes of this report, the hospitals define the primary service area as including the following 14 ZIP Codes in four cities within Kern County.

Dignity Health Mercy Hospitals Primary Service Area

Place	ZIP Code
Bakersfield	93301, 93304, 93305, 93306, 93307, 93308, 93309, 93311, 93312, 93313, 93314
Lake Isabella	93240
Taft	93268
Tehachapi	93561

Service Area Map



The population of the service area is 622,303. Children and youth, ages 0-17, make up 29.5% of the population, 59.6% are adults, ages 18-64, and 10.9% of the population are seniors, ages 65 and older. Almost half of the population in the service area identifies as Hispanic/Latino (49.4%). 37.4% of the population identifies as White/Caucasian, 5.4%

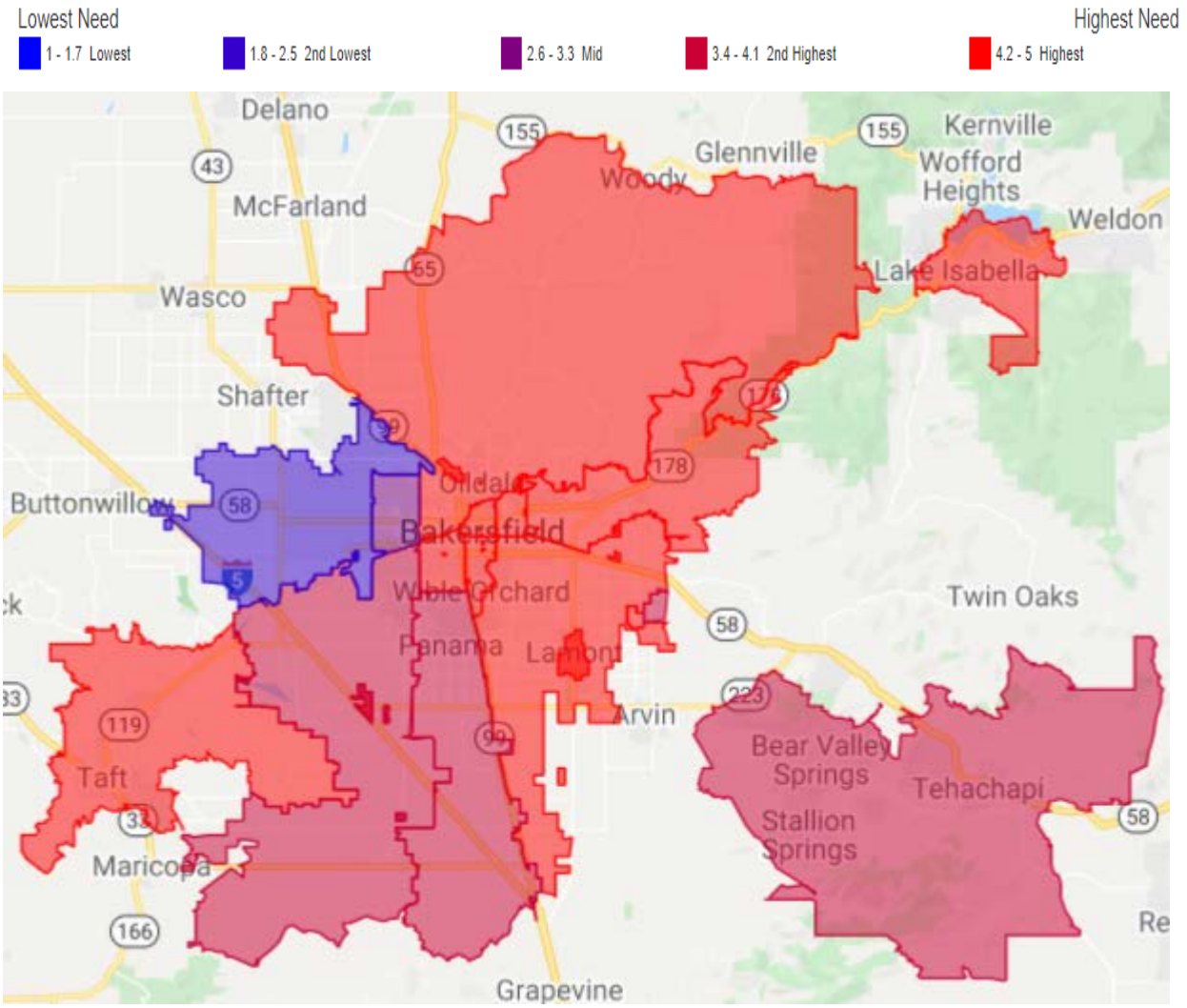
as Black/African American. 4.9% as Asian and 2.2% of the population identifies as multiracial (two-or-more races), 0.5% as American Indian/Alaskan Native, and 0.1% as Native Hawaiian/Pacific Islander. Those who are of some other race represent 0.1% of the service area population. In the service area, 60.5% of the population, ages 5 and older, speak only English in the home. Among the area population, 34.2% speak Spanish, 2.5% speak an Asian/Pacific Islander language, and 2.2% speak an Indo-European language in the home.

Among the residents in the service area, 20.2% are at or below 100% of the federal poverty level (FPL) and 43.4% are at 200% of FPL or below. In Kern County, 13.7% of the population experienced food insecurity in 2019. Among children in Kern County, 20.7% lived in households that experienced food insecurity. Feeding America estimated that 92% of those experiencing food insecurity in Kern County, and 81% of county children experiencing food insecurity, were income-eligible for nutritional programs such as SNAP. Educational attainment is a key driver of health. In the hospitals' service area, 22.3% of adults, ages 25 and older, lack a high school diploma, which is higher than the state rate (16.7%). 18.3% of area adults have a Bachelor's or higher degree.

Bakersfield is designated as a Medically Underserved Area (MUA) and a Health Professional Shortage Area (HPSA) for primary care, dental health and mental health.

Community Need Index

One tool used to assess health need is the Community Need Index (CNI). The CNI analyzes data at the ZIP Code level on five factors known to contribute or be barriers to health care access: income, culture/language, education, housing status, and insurance coverage. Scores from 1.0 (lowest barriers) to 5.0 (highest barriers) for each factor are averaged to calculate a CNI score for each ZIP Code in the community. The mean CNI score for the Mercy service area is 4.3. CNI scores range from 2.4 in Bakersfield 93314 to 5 in Bakersfield 93301, 93304, 93305, 93307 and Taft.



Mean(zipcode): 4.3 / Mean(person): 4.3 CNI Score Median: 4.6 CNI Score Mode: 5

Zip Code	CNI Score	Population	City	County	State
93240	4.2	6132	Lake Isabella	Kern	California
93268	5	19156	Taft	Kern	California
93301	5	12951	Bakersfield	Kern	California
93304	5	49354	Bakersfield	Kern	California
93305	5	37531	Bakersfield	Kern	California
93306	4.8	69785	Bakersfield	Kern	California
93307	5	91205	Bakersfield	Kern	California
93308	4.6	54962	Bakersfield	Kern	California
93309	4.6	57083	Bakersfield	Kern	California
93311	3.4	49732	Bakersfield	Kern	California
93312	2.8	63278	Bakersfield	Kern	California
93313	3.8	55274	Bakersfield	Kern	California
93314	2.4	32814	Bakersfield	Kern	California
93561	4	37811	Tehachapi	Kern	California

Assessment Process and Methods

Secondary Data Collection

Secondary data were collected from local, county, and state sources to present community demographics, social determinants of health, health care access, birth indicators, leading causes of death, COVID-19, acute and chronic disease, health behaviors, mental health, substance use and misuse and preventive practices. Where available, these data are presented in the context of Kern County and California, framing the scope of an issue as it relates to the broader community.

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

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

Primary Data Collection

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

Interviews

Thirty (30) telephone interviews were conducted from October to December 2021. Interview participants included a broad range of stakeholders concerned with health and wellbeing in Kern County who spoke to issues and needs in the communities served by the hospitals.

The identified stakeholders were invited by email to participate in the phone interview. Appointments for the interviews were made on dates and times convenient to the stakeholders. At the beginning of each interview, the purpose of the interview in the context of the assessment was explained, the stakeholders were assured their responses would remain confidential, and consent to proceed was given. Attachment 2

lists the stakeholder interview respondents, their titles and organizations.
The needs assessment interviews were structured to obtain greater depth of information and build on the secondary data review. During the interviews, participants were asked to identify the major health issues in the community and socioeconomic, behavioral, environmental or clinical factors contributing to poor health. They were asked to share their perspectives on the issues, challenges and barriers relative to the significant health needs, and identify resources to address these health needs, such as services, programs and/or community efforts. Attachment 3 provides stakeholder responses to the interview overview questions.

Surveys

Mercy Hospitals distributed a survey to engage community residents and obtain input on health and social needs. The survey was available in an electronic format through a SurveyMonkey link, and in a paper copy format. The electronic and paper surveys were available in English and Spanish. The surveys were available from September 13 to November 15, 2021. During this time, 255 usable surveys were collected. The surveys were distributed through hospital channels including social media. The survey was also distributed to community partners who made them available to their clients. A written introduction explained the purpose of the survey and assured participants the survey was voluntary, and they would remain anonymous.

Survey questions focused on the following topics:

- Biggest health issues in the community.
- Problems faced accessing health care, mental health care, dental care or supportive services.
- What would make it easier to obtain care?
- Where residents and their families receive routine health care services.
- Types of support or services needed in the community.
- Greatest needs facing children and families.
- Greatest health issues that negatively impact children.
- Changes that would improve health and wellbeing of children.
- Challenges facing pregnant women and new moms.
- Greatest health issues that negatively impact pregnant women and new moms.
- Changes that would improve health and wellbeing of pregnant women and new moms.

The community survey responses are detailed in Attachment 4.

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

- Access to Care

- Alzheimer's Disease
- Birth Indicators
- Chronic Diseases
- COVID-19
- Dental Care and Oral Health
- Economic Insecurity
- Environmental Conditions
- Food Insecurity
- Housing and Homelessness
- Mental Health
- Overweight and Obesity
- Preventive Practices
- Sexually Transmitted Infections
- Substance Use and Misuse
- Unintentional Injuries
- Violence and Community Safety

Public Comment

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

Project Oversight

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

Consultant

Biel Consulting, Inc. conducted the CHNA. Dr. Melissa Biel was joined by Sevanne Sarkis, JD, MHA, MEd, and Denise Flanagan, BA. Biel Consulting, Inc. is an independent consulting firm that works with hospitals, clinics and community-based nonprofit organizations. Biel Consulting, Inc. has over 25 years of experience

conducting hospital CHNAs and working with hospitals on developing, implementing, and evaluating community benefit programs. www.bielconsulting.com

Community Demographics

Population

The population of the service area is 622,303. From 2014 to 2019, the population increased by 4.9%. During this same time period, the population of the county grew by 3.5% and the state population increased by 3.2%. Growth was highest in Bakersfield 93313 (26.5%) and 93314 (24.5%), while the population of Bakersfield 93304 decline 4.8%.

Total Population and Change in Population

	ZIP Code	Total Population	Change in population, 2014-2019
Bakersfield	93301	12,325	5.5%
Bakersfield	93304	49,115	-4.8%
Bakersfield	93305	37,902	0.1%
Bakersfield	93306	72,280	4.9%
Bakersfield	93307	86,832	3.1%
Bakersfield	93308	53,981	-0.3%
Bakersfield	93309	58,538	-3.5%
Bakersfield	93311	45,481	2.5%
Bakersfield	93312	61,628	9.4%
Bakersfield	93313	55,221	26.5%
Bakersfield	93314	28,963	24.5%
Lake Isabella	93240	6,327	11.6%
Taft	93268	18,731	10.9%
Tehachapi	93561	34,979	2.1%
Mercy Service Area		**622,303**	**4.9%**
Kern County		**887,641**	**3.5%**
California		**39,283,497**	**3.2%**

Source: U.S. Census Bureau, American Community Survey, 2010-2014 & 2015-2019, DP05. http://data.census.gov

While data from the 2020 U.S. Census are not yet available at the city or ZIP Code level, the population in Kern County increased by 8.3% from the 2010 Census, while the state showed a 6.1% rate of population growth.

Total Population and Change in Population, 2010-2020

	Kern County	California
Total population	909,235	39,538,223
Change in population, 2010-2020	8.3%	6.1%

Source: U.S. Census Bureau, U.S. Decennial Census, 2010-2020. https://www.census.gov/library/visualizations/interactive/2020-population-and-housing-state-data.html

The service area population is 50.2% male and 49.8% female.

Population, by Gender

	Mercy Service Area	Kern County	California
Male	50.2%	51.2%	49.7%
Female	49.8%	48.8%	50.3%

Source: U.S. Census Bureau, 2015-2019 American Community Survey, DP05.http://data.census.gov

Children and youth, ages 0-17, make up 29.5% of the population, 59.6% are adults, ages 18-64, and 10.9% of the population are seniors, ages 65 and older. The service area and county have higher percentages of children and young adults, ages 0 to 24, than does the state, and lower percentages of those ages 25 and older.

Population, by Age

	Mercy Service Area		Kern County		California	
	Number	Percent	Number	Percent	Number	Percent
Ages 0-4	50,399	8.1%	70,269	7.9%	2,451,528	6.2%
Ages 5-17	133,445	21.4%	187,820	21.2%	6,570,618	16.7%
Ages 18-24	62,832	10.1%	91,753	10.3%	3,789,808	9.6%
Ages 25-44	171,388	27.5%	249,672	28.1%	11,173,751	28.4%
Ages 45-64	136,526	21.9%	193,415	21.8%	9,811,751	25.0%
Ages 65+	67,713	10.9%	94,712	10.7%	5,486,041	14.0%

Source: U.S. Census Bureau, American Community Survey, 2015-2019, DP05. http://data.census.gov/

When the service area is examined by ZIP Code, Bakersfield 93305 has the highest percentage of children and youth (35.2%) followed by Bakersfield 93307 (34.1%). Lake Isabella has the lowest percentage of children and youth in the service area (19.6%). Lake Isabella has the highest percentage of seniors in the area (27%). Bakersfield 93307 has a senior population of 7.9%.

Population, by Youth, Ages 0-17, and Seniors, Ages 65 and Older

	ZIP Code	Total Population	Youth Ages 0 – 17	Seniors Ages 65+
Bakersfield	93301	12,325	28.5%	12.2%
Bakersfield	93304	49,115	30.4%	9.4%
Bakersfield	93305	37,902	35.2%	9.5%
Bakersfield	93306	72,280	30.8%	11.6%
Bakersfield	93307	86,832	34.1%	7.9%
Bakersfield	93308	53,981	26.8%	12.8%
Bakersfield	93309	58,538	25.3%	12.4%
Bakersfield	93311	45,481	26.7%	11.1%
Bakersfield	93312	61,628	29.8%	9.7%
Bakersfield	93313	55,221	31.2%	8.5%
Bakersfield	93314	28,963	27.4%	11.1%
Lake Isabella	93240	6,327	19.6%	27.0%
Taft	93268	18,731	32.0%	10.6%
Tehachapi	93561	34,979	22.7%	17.2%
Mercy Service Area		**622,303**	**29.5%**	**10.9%**
Kern County		**887,641**	**29.1%**	**10.7%**

	ZIP Code	Total Population	Youth Ages 0 – 17	Seniors Ages 65+
California		**39,283,497**	**23.0%**	**14.0%**

Source: U.S. Census Bureau, American Community Survey, 2015-2019, DP05. http://data.census.gov/

Race/Ethnicity

Almost half (49.4%) of the population in the service area identifies as Hispanic/Latino, while 37.4% of the population identifies as White/Caucasian, 5.4% as Black/African American. 4.9% as Asian and 2.2% of the population identifies as multiracial (two-or-more races), 0.5% as American Indian/Alaskan Native, and 0.1% as Native Hawaiian/Pacific Islander. Those who are some Other Race represent 0.1% of the service area population. The service area has a population that is more White, Black and Asian, and less Hispanic/Latino than Kern County.

Race/Ethnicity

	Mercy Service Area	Kern County	California
Hispanic or Latino	49.4%	53.3%	39.0%
White	37.4%	34.2%	37.2%
Black/African American	5.4%	5.2%	5.5%
Asian	4.9%	4.6%	14.3%
Multiracial	2.2%	2.1%	3.0%
American Indian/Alaskan Native	0.5%	0.5%	0.4%
Native Hawaiian/Pacific Islander	0.1%	0.1%	0.4%
Some other race	0.1%	0.1%	0.3%

Source: U.S. Census Bureau, American Community Survey, 2015-2019, DP05. http://data.census.gov/

When race/ethnicity is examined by ZIP Code, Bakersfield 93307 has 79% of the population identifying as Hispanic/Latino, followed by Bakersfield 93305 (72.7%). Lake Isabella has the highest percentage of Whites (83.9%), followed by Bakersfield 93308 (67.9%) and Tehachapi (67.6%). Bakersfield 93301 has the highest percentage of Blacks/African Americans in the service area (13.2%), followed by Bakersfield 93304 (12.5%). Bakersfield 93311 (17.6%) has the highest percentage of Asians in the service area, followed by Bakersfield 93313, with 12%.

Race/Ethnicity, by ZIP Code

	ZIP Code	Hispanic/ Latino	White	Black	Asian
Bakersfield	93301	43.7%	36.5%	13.2%	2.2%
Bakersfield	93304	64.9%	18.6%	12.5%	2.5%
Bakersfield	93305	72.7%	17.4%	6.8%	1.3%
Bakersfield	93306	64.7%	28.7%	2.2%	2.5%
Bakersfield	93307	79.0%	10.8%	6.6%	2.2%
Bakersfield	93308	24.3%	67.9%	1.5%	1.4%
Bakersfield	93309	44.1%	38.6%	10.2%	4.1%

	ZIP Code	Hispanic/ Latino	White	Black	Asian
Bakersfield	93311	32.7%	40.3%	5.3%	17.6%
Bakersfield	93312	29.5%	57.3%	3.0%	7.0%
Bakersfield	93313	57.5%	22.5%	5.2%	12.0%
Bakersfield	93314	25.3%	63.1%	1.0%	5.9%
Lake Isabella	93240	9.3%	83.9%	0.9%	0.9%
Taft	93268	41.3%	53.5%	1.0%	1.4%
Tehachapi	93561	23.3%	67.6%	3.9%	1.5%
Mercy Service Area		**49.4%**	**37.4%**	**5.4%**	**4.9%**
Kern County		**53.3%**	**34.2%**	**5.2%**	**4.6%**
California		**39.0%**	**37.2%**	**5.5%**	**14.3%**

Source: U.S. Census Bureau, American Community Survey, 2015-2019, DP05. http://data.census.gov/

Language

In the service area, 60.5% of the population, ages five and older, speak only English in the home, while 34.2% speak Spanish in the home. 2.5% of the service area population speak an Asian/Pacific Islander language, and 2.2% speak an Indo-European language in the home. The service area population speaks an Indo-European language or English-only in the home more often and less Spanish in the home than the county population.

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

	Mercy Service Area	Kern County	California
Population, ages 5 and older	**571,904**	**817,372**	**36,831,969**
English only	60.5%	55.8%	55.8%
Speaks Spanish	34.2%	39.1%	28.7%
Speaks Asian or Pacific Islander language	2.5%	2.6%	10.0%
Speaks non-Spanish Indo-European language	2.2%	1.7%	4.5%
Speaks other language	0.7%	0.7%	1.0%

Source: U.S. Census Bureau, American Community Survey, 2015-2019, DP02. http://data.census.gov/

The highest percentage of Spanish speakers within the service area can be found in Bakersfield 93307 (66%) and Bakersfield 93305 (53%). Bakersfield 93311 has the highest percentages of Asian/Pacific-Islander language speakers in the service area (8.8%). Bakersfield 93313 (7.6%) and Bakersfield 93311 (6.6%) have the highest percentages of Indo-European languages spoken at home in the service area. English only is spoken in the home by 95% of those living in Lake Isabella, 86.3% of those in Tehachapi, and 83.9% in Bakersfield 93308 among the population, ages 5 and older.

Language Spoken at Home, by ZIP Code

	ZIP Code	English	Spanish	Asian/Pacific Islander	Indo European
Bakersfield	93301	71.2%	26.4%	2.0%	0.4%
Bakersfield	93304	49.0%	48.3%	1.3%	1.2%
Bakersfield	93305	45.9%	53.0%	0.8%	0.1%

	ZIP Code	English	Spanish	Asian/Pacific Islander	Indo European
Bakersfield	93306	53.2%	43.6%	1.7%	0.8%
Bakersfield	93307	31.9%	66.0%	0.7%	1.1%
Bakersfield	93308	83.9%	12.1%	0.8%	1.8%
Bakersfield	93309	65.8%	28.8%	3.3%	1.2%
Bakersfield	93311	61.0%	20.9%	8.8%	6.6%
Bakersfield	93312	79.4%	14.1%	3.8%	2.2%
Bakersfield	93313	46.9%	41.0%	3.8%	7.6%
Bakersfield	93314	81.2%	13.1%	2.8%	1.9%
Lake Isabella	93240	95.0%	3.3%	1.0%	0.8%
Taft	93268	67.8%	30.7%	0.7%	0.7%
Tehachapi	93561	86.3%	11.6%	1.1%	0.6%
Mercy Service Area		**60.5%**	**34.2%**	**2.5%**	**2.2%**
Kern County		**55.8%**	**39.1%**	**2.6%**	**1.7%**
California		**55.8%**	**28.7%**	**10.0%**	**4.5%**

Source: U.S. Census Bureau, American Community Survey, 2015-2019, DP02. http://data.census.gov/

The California Department of Education publishes rates of "English Learners," defined as the percentage of students whose primary language is not English and who lack sufficient English-language skills necessary for academic success. In Kern County school districts, the percentage of students who were classified as English Learners was 17.8%. Among area school districts, English Learners ranged from 2.1% of students in Kernville Union Elementary School District to 33% of students in the Taft City School District.

English Learner (EL) Students, by School District

	Number	Percent
Bakersfield City School District	8,110	26.4%
Kern High School District	3,023	7.3%
Kernville Union Elementary School District	18	2.1%
Taft City School District	787	33.0%
Taft Union High School District	112	10.7%
Tehachapi Unified School District	277	6.5%
Kern County	**35,301**	**17.8%**
California	**1,148,024**	**18.6%**

Source: California Department of Education DataQuest, 2019-2020. http://dq.cde.ca.gov/dataquest/

Veteran Status

In the service area, 5.4% of the civilian population, 18 years and older, are veterans. Rates of former military service range from 2.4% in Bakersfield 93307 to 10.3% in Tehachapi and 10.2% in Lake Isabella.

Veteran Status

	ZIP Code	Percent
Bakersfield	93301	6.5%
Bakersfield	93304	3.5%
Bakersfield	93305	3.6%

	ZIP Code	Percent
Bakersfield	93306	4.7%
Bakersfield	93307	2.4%
Bakersfield	93308	8.3%
Bakersfield	93309	6.2%
Bakersfield	93311	5.4%
Bakersfield	93312	7.0%
Bakersfield	93313	3.9%
Bakersfield	93314	5.8%
Lake Isabella	93240	10.2%
Taft	93268	4.2%
Tehachapi	93561	10.3%
Mercy Service Area		**5.4%**
Kern County		**5.7%**
California		**5.2%**

Source: U.S. Census Bureau, American Community Survey, 2015-2019, DP02. http://data.census.gov

Citizenship

In the service area, 17.6% of the population is foreign-born, which is lower than county (19.9%) and state (26.8%) rates. Of the foreign-born, 59.8% are not citizens. It is important to note that not being a U.S. citizen does not indicate an illegal resident status within the U.S.

Foreign-Born Residents and Citizenship

	Mercy Service Area	Kern County	California
Foreign born	17.6%	19.9%	26.8%
Of the foreign born, not a U.S. citizen	59.8%	64.5%	48.3%

Source: U.S. Census Bureau, American Community Survey, 2015-2019, DP02. http://data.census.gov

Social Determinants of Health

Social and Economic Factors Ranking

The County Health Rankings ranks counties according to health factors data. Social and economic indicators are examined as a contributor to the health of a county's residents. California has 58 counties, which are ranked from 1 to 58 according to social and economic factors. A ranking of 1 indicates the county with the best factors and a ranking of 58 indicates the county with the poorest factors. This ranking examines the following: high school graduation rates, unemployment, children in poverty, social support, and others. Kern County is ranked 55 among ranked counties in California, down from 54 in 2020 according to social and economic factors, placing it in the bottom 10% of the state's counties.

Social and Economic Factors Ranking

	County Ranking (out of 58)
Kern County	55

Source: County Health Rankings, 2021 http://www.countyhealthrankings.org

California Healthy Places Index

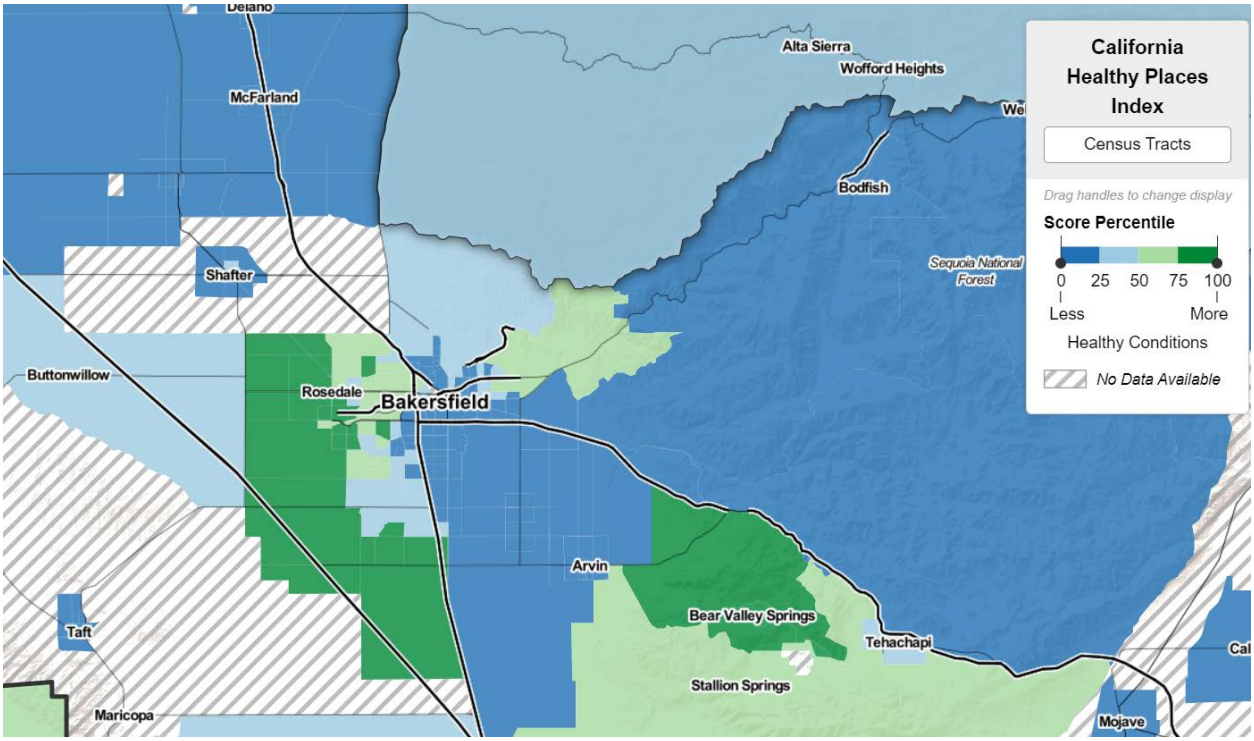
The California Healthy Places Index (HPI) is a measure of socioeconomic need that is correlated with poor health outcomes. It combines 25 community characteristics into a single indexed HPI score available at the census tract level or aggregated for larger areas. In addition to the overall score, the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

The HPI map below displays Bakersfield and the surrounding areas. The data are presented in colored quartiles (dark blue, light blue, light green and dark green). The dark blue shading indicates the census tracts with the least healthy conditions and the dark green shading shows the census tracts with the healthiest conditions. (The gray hatched sections represent missing data.) The aggregated cities of Bakersfield, Lake Isabella, Taft and Tehachapi have an overall HPI score better than only 26.4% of California cities, while Kern County has an HPI score better than only 12.5% of California counties. The service area cities have healthier environmental conditions than just 1.9% of other California counties, based on four criteria: safe drinking water (contaminants), ozone levels, fine particulate matter concentrations, and particulate pollution from diesel sources.

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

HPI Policy Action Areas	Service Area Cities, Combined	Kern County
Economic	42.8%	33.9%
Education	29.5%	17.9%
Transportation	14.8%	3.6%
Social	21.5%	12.5%
Neighborhood	38.2%	17.9%
Healthcare Access	40.0%	23.2%
Housing	37.7%	26.8%
Clean Environment	1.9%	0.1%
HPI Score	26.4%	12.5%

Source: Public Health Alliance of Southern California, the California Healthy Places Index (HPI) Map, accessed May 28, 2021. https://healthyplacesindex.org



Unemployment

The unemployment rate among the civilian labor force in the service area, averaged over 5 years, was 9.5%. This is lower than Kern County (9.8%) but higher than state (6.1%) unemployment rates. The highest rates of unemployment are found in Bakersfield 93301 (19%) and Bakersfield 93305 (17.1%), followed by Lake Isabella (15%). The lowest unemployment rate in the service area can be found in Bakersfield 93311 (3.8%).

Employment Status for the Population, Ages 16 and Older

	ZIP Codes	Civilian Labor Force	Unemployed	Unemployment Rate
Bakersfield	93301	5,243	998	19.0%
Bakersfield	93304	22,033	2,461	11.2%
Bakersfield	93305	14,985	2,562	17.1%
Bakersfield	93306	31,718	2,423	7.6%
Bakersfield	93307	36,255	5,054	13.9%
Bakersfield	93308	22,925	2,803	12.2%
Bakersfield	93309	28,442	2,399	8.4%
Bakersfield	93311	22,130	834	3.8%
Bakersfield	93312	30,177	1,677	5.6%
Bakersfield	93313	26,294	2,493	9.5%
Bakersfield	93314	13,810	741	5.4%
Lake Isabella	93240	1,835	275	15.0%
Taft	93268	7,363	738	10.0%
Tehachapi	93561	12,145	807	6.6%
Mercy Service Area		**275,355**	**26,265**	**9.5%**
Kern County		**380,904**	**37,459**	**9.8%**
California		**19,790,474**	**1,199,233**	**6.1%**

Source: U.S. Census Bureau, American Community Survey, 2015-2019, DP03. http://data.census.gov/

Poverty

Poverty thresholds are used for calculating official poverty population statistics. They are updated each year by the Census Bureau. For 2019, the federal poverty level (FPL) for one person was $13,011 and for a family of four $25,926. Among the residents in the service area, 20.2% are at or below 100% of FPL and 43.4% are at 200% of FPL (low-income) or below. The highest poverty and low-income rates in the service area are found in Bakersfield 93305, where 41.1% of the population lives in poverty and 70.8% qualify as low-income. The second-highest rate of poverty is found in Bakersfield 93301 (37.4%), followed by Taft (31.8%). The second highest rate of low-income residents is found in Bakersfield 93307 (63%), followed by Bakersfield 93301 (61.3%). Bakersfield 93311, 93314 and 93312 have the lowest rates of poverty (5.7%, 6.3% and 7.1% respectively) and low-income residents (20.8%, 13.2% and 16.5%, respectively).

Ratio of Income to Poverty Level, <100% FPL and <200% FPL, by ZIP Code

	ZIP Code	<100% FPL	<200% FPL
Bakersfield	93301	37.4%	61.3%
Bakersfield	93304	26.9%	58.2%
Bakersfield	93305	41.1%	70.8%
Bakersfield	93306	21.0%	46.8%
Bakersfield	93307	29.2%	63.0%
Bakersfield	93308	23.7%	47.1%
Bakersfield	93309	20.8%	45.1%
Bakersfield	93311	5.7%	20.8%
Bakersfield	93312	7.1%	16.5%
Bakersfield	93313	10.9%	34.3%
Bakersfield	93314	6.3%	13.2%

	ZIP Code	<100% FPL	<200% FPL
Lake Isabella	93240	26.0%	45.2%
Taft	93268	31.8%	54.9%
Tehachapi	93561	11.6%	32.1%
Mercy Service Area		**20.2%**	**43.4%**
Kern County		**21.0%**	**46.4%**
California		**13.4%**	**31.0%**

Source: U.S. Census Bureau, American Community Survey, 2015-2019, S1701. http://data.census.gov/

Bakersfield 93305 has the highest rate of poverty among children (53.7%), and the second-highest rate of poverty among female head-of-household (HoH) living with their own children under the age of 18 (68.6%) in the service area. Lake Isabella has the highest rate of poverty among female HoH in the service area (89.4%). Bakersfield 93305 has the highest rate of poverty among seniors (20.7%), followed by Bakersfield 93307 with 20.3% of seniors living in poverty.

Poverty Levels, Children, under Age 18, Seniors, Ages 65 and Older, and Female HoH

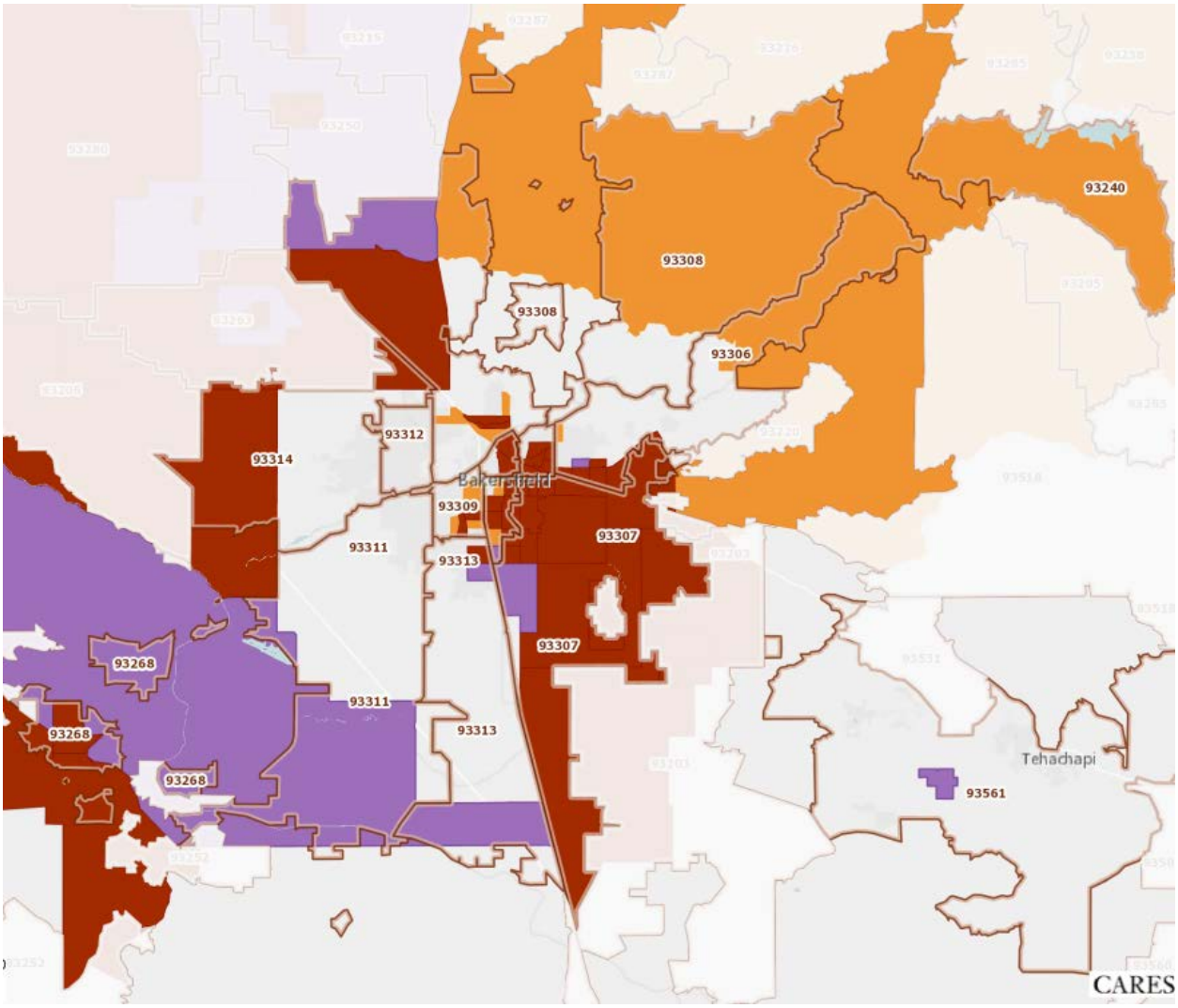
	ZIP Code	Children	Seniors	Female HoH with Children*
Bakersfield	93301	40.6%	15.2%	63.9%
Bakersfield	93304	37.9%	17.5%	50.7%
Bakersfield	93305	53.7%	20.7%	68.6%
Bakersfield	93306	29.4%	8.2%	48.2%
Bakersfield	93307	39.4%	20.3%	51.3%
Bakersfield	93308	30.9%	12.5%	54.6%
Bakersfield	93309	29.1%	11.5%	36.7%
Bakersfield	93311	4.7%	5.0%	10.9%
Bakersfield	93312	8.2%	5.2%	17.3%
Bakersfield	93313	12.8%	11.2%	32.2%
Bakersfield	93314	7.5%	8.8%	4.8%
Lake Isabella	93240	38.6%	16.1%	89.4%
Taft	93268	45.8%	10.6%	64.0%
Tehachapi	93561	13.7%	8.8%	46.1%
Mercy Service Area		**27.4%**	**11.7%**	**47.2%**
Kern County		**29.1%**	**12.3%**	**49.6%**
California		**18.1%**	**10.2%**	**33.1%**

*Source: U.S. Census Bureau, American Community Survey, 2015-2019, S1701 & *S1702. http://data.census.gov/*

Vulnerable Populations

When vulnerable populations in the area are mapped, pockets of poverty emerge. The map shows the service area and surrounding areas, highlighting the percentage of each ZIP Code that has more than 20% poverty (in tan) and more than 25% of the population with low education, defined as less than a high school education (in purple). Areas above the vulnerable thresholds for both poverty and education are noted on the map in brown.

Lake Isabella and parts of the northeast side of Bakersfield (ZIP Codes 93306 and 93308) show a high percentage of poverty without low education levels. Parts of Taft and Tehachapi show areas of population with low education levels without high levels of poverty. Vulnerable populations – those with both low education and high poverty, in brown – are found throughout the service area and covering portions of Bakersfield.



Source: https://engagementnetwork.org/map-room/?action=tool_map&tool=footprint

Free and Reduced-Price Meals

The Free and Reduced-Price Meal Program is a federally assisted meal program that provides free, nutritionally balanced lunches to children whose families meet eligibility income requirements. Area school district eligibility ranged from 43.7% of students in the Tehachapi Unified School District to 91.2% in the Bakersfield City School District. Taft City School District (86%) and Kernville Union Elementary School District (74.3%) were also above the county average (72.6%).

Free and Reduced-Price Meals Eligibility

	Percent Eligible Students
Bakersfield City School District	91.2%
Kern High School District	71.2%
Kernville Union Elementary School District	74.3%
Taft City School District	86.0%
Taft Union High School District	66.4%
Tehachapi Unified School District	43.7%
Kern County	**72.6%**
California	**59.3%**

Source: California Department of Education, 2019-2020.http://data1.cde.ca.gov/dataquest/

Community Input – Economic Insecurity

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

- You cannot separate food insecurity from economic insecurity.
- We try to take care of our students the best we can while they are with us. We provide breakfast, lunch and supper, but we are not open on the weekends. During that time, they may not have three full meals a day.
- Individuals do not know the available resources out there.
- It is one of the most pressing issues and we have so many rural areas that lack resources. The barriers are education and a fear of accessing services. Community members are working to alleviate that fear, but it continues to be a huge issue.
- With wages going up, that helps. But with inflation, the rise in the cost of basic food and supplies and the impact of supply chains, everything is more expensive.
- We have a lot of families who qualify for stipends and food stamps and yet, their kids are continuously missing meals because the assistance is not being used appropriately or it is not nutritious food and kids are hungry.
- Kern County is very benevolent, but if you are 20-30 miles away and don't have transportation, how do you get access to that help? When people come out of homelessness and get Section 8 housing, there are not enough facilities in our community. If you are lucky enough to get a voucher, they are only good for 90 days. Then it goes void and the person must apply again. The average rent in Bakersfield for one person is $1,400 a month. Living on a minimum wage job, that can be very difficult to support yourself.
- If you are person who is homeless, how do you get a job when you can't take a shower or put on clean clothes? And who is going to hire someone who looks like they are unhoused?
- The biggest challenge is that we need to get people back to work.
- Access to fresh food and vegetables and how to cook them is something that continues to come up with the grassroots organizations in the community. People don't often know what a beet is or how to cook with green leafy vegetables. People

lack cooking skills.

- We are seeing more homes being built and large organizations that are coming into our community that will bring more residents, so housing and resource capacity will continue to be stretched. Our infrastructure will be further stretched. Hardrock Casino is coming for instance, and with the pandemic, people from Los Angeles have been relocating here because they can work from home and buy things less expensively out here compared to other locations.
- The cost of Alzheimer's memory care on average is over $6,000 a month in California. Most people cannot afford that. So a lot of care happens at home, which stresses out the entire family and causes a huge economic toll because people are trying to make ends meet.
- There is a big economic gap between the privileged and the underprivileged. We need more education, and a diverse education system offering technology and certificate programs. We are a county that only specializes in agriculture and big oil. And with oil being shut down, that is limiting employment opportunities in town. We have a state school and a community college but they have limited programs. We need more programs to stimulate the economy with an educated and diverse workforce.
- Over the past year, prices have gone up for everything, even housing locally. I worry about when they take the eviction moratoriums away.
- We may have housing vouchers for people, but there is no place for people to go. In Kern County, we have oil and agriculture and logistics jobs, all major industries here, and they are all great places to work. But people are moving away from oil and agriculture, and people are not being trained for future jobs in those fields. It would be great to see more union jobs open in those fields. It is almost like a lottery to get union work. The private sector needs to figure out where the future workforce demand will be and invest in training. We have B3K and Bitwise here and they are going to provide training on coding and IT consultants and development.
- Any time there is a drought, it really hurts our agriculture, which is a big indicator of success in our community. We are so dependent on weather and ground water. If people want to work in another area, it is more difficult economically because it is a long drive and the increased gas prices make it tough. Many of our agricultural workers are leaving and getting into construction and driving trucks.
- We need to develop more education opportunities and increase high school diplomas. The more education attainment, then businesses will be drawn to the community.
- We have the Kern Pledge to collaborate and help with outcomes and equity initiatives to help close the gaps with education attainment for students that go to lower income schools.

Transportation

Service area workers spend, on average, 23.5 minutes a day commuting to work. 81.5% of workers who work outside the home drive alone to work and 22.9% of solo drivers have a commute of 30 minutes or more. Few workers commute by public transportation (1%) or walk to work (0.9%).

Transportation/Commute to Work

	Mercy Service Area*	Kern County	California
Mean travel time to work (in minutes)	23.5	23.3	29.8
Workers who drive alone	81.5%	80.5%	73.7%
Solo drivers with a long (> 30 min.) commute**	22.9%	23.4%	42.2%
Workers commuting by public transportation	1.0%	0.8%	5.1%
Workers who walk to work	0.9%	1.0%	2.6%

*Source: U.S. Census Bureau, American Community Survey, 2015-2019, S0801 & **S0802. http://data.census.gov/ *Weighted average of area means*

Households

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

In the service area, there are 194,362 households and 209,869 housing units. Over the last five years, the population grew by 4.9%, but the number of households grew at a rate of 5.1% (suggesting easing of constraints on housing formation). Housing units grew at a rate of 4.3%, and vacant units decreased by 5.5%. Owner-occupied households increased by 7.2% and renter households increased by 2.3% from their 2014 levels.

Households and Housing Units, and Percent Change

	Mercy Service Area			Kern County		
	2014	2019	Percent Change	2014	2019	Percent Change
Households	184,872	194,362	5.1%	257,737	270,282	4.9%
Owner occupied	105,741	113,395	7.2%	147,334	157,554	6.9%
Renter occupied	79,131	80,967	2.3%	110,403	112,728	2.1%
Housing units	201,275	209,869	4.3%	287,775	298,117	3.6%
Vacant	16,403	15,507	-5.5%	30,038	27,835	-7.3%

Source: U.S. Census Bureau, American Community Survey, 2010-2014 & 2015-2019, DP04. http://data.census.gov/

The weighted average of the median household income in the service area was $60,117, which was higher than the county median of $53,350, and ranged from $31,471 in Bakersfield 93305 and $33,324 in Bakersfield 93301 to $111,635 in Bakersfield 93314.

Median Household Income

	ZIP Code	Households	Median Household Income
Bakersfield	93301	4,698	$33,324
Bakersfield	93304	14,981	$40,710
Bakersfield	93305	10,701	$31,471
Bakersfield	93306	21,865	$55,133
Bakersfield	93307	22,585	$38,415
Bakersfield	93308	19,488	$43,717
Bakersfield	93309	21,431	$50,839
Bakersfield	93311	14,524	$98,130
Bakersfield	93312	19,616	$97,671
Bakersfield	93313	14,481	$75,162
Bakersfield	93314	9,217	$111,635
Lake Isabella	93240	2,676	$38,951
Taft	93268	6,420	$39,517
Tehachapi	93561	11,679	$64,246
Mercy Service Area		**194,362**	***$60,117**
Kern County		**270,282**	**$53,350**
California		**13,044,266**	**$75,235**

*Source: U.S. Census Bureau, American Community Survey, 2015-2019, DP03. http://data.census.gov/ *Weighted average of the medians.*

According to the US Department of Housing and Urban Development, those who spend more than 30% of their income on housing are said to be “cost burdened.” In the service area, 39.7% of owner and renter occupied households spend 30% or more of their income on housing. This is higher than the county (39.1%) but lower than the state rate (41.7%). Bakersfield 93305 (50.5%) and Bakersfield 93307 (49%) have the highest percentage of households spending 30% or more of their income on housing. The ZIP Codes where the smallest percentage of the population is housing-cost burdened are Bakersfield 93312 and 93314 where 27.1% of households spend 30% or more of their income on housing.

Households that Spend 30% or More of Income on Housing

	ZIP Code	Percent
Bakersfield	93301	47.5%
Bakersfield	93304	48.2%
Bakersfield	93305	50.5%
Bakersfield	93306	39.0%
Bakersfield	93307	49.0%
Bakersfield	93308	46.3%
Bakersfield	93309	40.7%
Bakersfield	93311	30.7%
Bakersfield	93312	27.1%

	ZIP Code	Percent
Bakersfield	93313	35.3%
Bakersfield	93314	27.1%
Lake Isabella	93240	34.8%
Taft	93268	41.2%
Tehachapi	93561	33.5%
Mercy Service Area		**39.7%**
Kern County		**39.1%**
California		**41.7%**

Source: U.S. Census Bureau, American Community Survey, 2015-2019, DP04. http://data.census.gov/

Households by Type

In the service area, 28.9% of households are family households (married or cohabiting couples) with children, under age 18, and 6.7% of households have a female as head-of-household (HoH), with children, under 18, and no spouse or partner present (solo). This is a lower rate of family households and female HoH with children than seen at the county level, but higher than the state. Finally, 8.5% of county and service area households are seniors who live alone, lower than the state rate (9.5%). Seniors living alone may be isolated and lack adequate support systems.

Households, by Type

	Total Households	Family* Households with Children, Under Age18	Female Head of Household, Solo, with own Children, Under Age 18	Seniors, 65+, Living Alone
	Number	Percent	Percent	Percent
Mercy Service Area	194,362	28.9%	6.7%	8.5%
Kern County	270,282	29.3%	6.9%	8.5%
California	13,044,266	24.0%	4.8%	9.5%

*Source: U.S. Census Bureau, American Community Survey, 2015-2019, DP02. http://data.census.gov/ *Family Households refers to married or cohabiting couples with householder's children under age 18.*

In the service area there are 194,362 households. Over one-third (34.6%) are households with four or more (4+) persons, while 28.1% are two-person (2+) households. One-fifth (20.8%) of residents live alone. This is a smaller percentage of 4+ person households and a larger percentage of one to three person households than found at the county level.

Household Size

	Mercy Service Area	Kern County	California
1 person households	20.8%	20.7%	23.8%
2 person households	28.1%	27.7%	30.4%
3 person households	16.5%	16.1%	16.7%
4+ person households	34.6%	35.5%	29.1%

Source: U.S. Census Bureau, American Community Survey, 2014-2018, S2501. http://data.census.gov

Homelessness

A point-in-time count of homeless people is conducted annually in Kern County to determine how many individuals and families are homeless on a given day and is scheduled to occur on a single night during the last 10 days of January each year. The Kern County count is sponsored by the Bakersfield Kern Regional Homeless Collaborative (BKRHC).

The 2021 homeless count occurred on January 27, 2021 utilizing modified methodology (Homeless Management Information System data and extrapolation methods) to determine the unsheltered count, while minimizing risk to volunteers, staff and the homeless from COVID-19. Both sheltered and unsheltered counts were likely to have been influenced by the pandemic and subsequent economic and housing inventory impacts. Shelters reduced bed capacity to follow Centers for Disease Control and Prevention recommended practices for congregate sheltering. The increase in unemployment, lack of affordable housing and record-low rental vacancies (with a vacancy rate below 1% in Bakersfield in the first quarter of 2021) were believed to contribute to the unsheltered totals.

From January 2017 to January 2020, there was a 95.1% increase in the total homeless count, largely driven by a 273% increase in unsheltered homeless in those four years. From January 2019 to January 2020 the increase was 19% in the total homeless counted, and 25% in unsheltered persons. From 2020 to 2021 there was an additional 36.1% increase in total homelessness, with a 57.5% increase in unsheltered persons.

Homelessness, Kern County

	2017		2020		2021	
	Number	**Percent**	**Number**	**Percent**	**Number**	**Percent**
Sheltered individuals	541	66.8%	576	36.5%	569	26.5%
Unsheltered individuals	269	33.2%	1,004	63.5%	1,581	73.5%
Count of homeless individuals	**810**	**100%**	**1,580**	**100%**	**2,150**	**100%**

Source: Bakersfield-Kern Regional Homeless Collaborative, 2020 & 2021 PIT Count Reports. https://bkrhc.org/wp-content/uploads/2020/09/2020-PIT-Count-Report.pdf and https://bkrhc.org/wp-content/uploads/2021/04/BKRHC-2021-PIT-Count-Report_042821.docx.pdf

Because of the modified methodology, the 2020 counts of subgroups were likely to be more accurate than those of 2021. Among the 1,004 unsheltered homeless individuals in Kern County in 2020, 98.1% were adults, 1.8% were family members (with at least one child, under age 18, and one adult, over age 18), and one individual (0.1%) was an unaccompanied minor. The percent of chronically homeless adults fell to 0.3% in 2020 compared to 15% in 2019 and 17% in 2018 due to a concerted effort by BKRHC to outreach, engage and prioritize this subpopulation for housing vacancies. Also prioritized for housing vacancies were veterans, who accounted for 6.8% of the 2020

homeless count and 1.9% in 2021, down from 10% in 2019 and a high of 14% in 2011.

Women make up a growing percentage of the homeless population, from about 25% in 2000 to 30.5% in 2020 and 46.4% in 2021. While the percentage of total homeless with serious mental issues was similar in 2020 and 2021, the percent who were unhoused dropped from 86.5% to 66.5%.

Homeless Subpopulations, Kern County

	2020		2021	
	Number	**Percent**	**Number**	**Percent**
Chronically homeless adults	4	0.3%	1	0.05%
Unsheltered chronically homeless	4	100%	1	100%
Homeless family members	219	13.9%	517	24.0%
Unsheltered homeless family members	18	8.2%	369	71.4%
Sheltered children in families	134	95.7%	101	29.4%
Unsheltered children in families	6	4.3%	242	70.6%
Unaccompanied youth (under 18)	1	0.1%	0	0
Unsheltered unaccompanied youth	1	100%	0	0
Young adults (ages 18 to 24)	89	5.6%	138	6.4%
Unsheltered young adults	60	67.4%	99	71.7%
Transgender/non-conforming	8	0.5%	5	0.2%
Unsheltered transgender/non-conforming	6	75.0%	3	60.0%
Women	482	30.5%	998	46.4%
Unsheltered women	254	52.7%	782	78.4%
Persons with HIV/AIDS	8	0.5%	11	0.5%
Unsheltered with HIV/AIDS	5	62.5%	6	54.5%
With serious mental illness	369	23.3%	487	22.7%
Unsheltered with serious mental illness	316	85.6%	324	66.5%
Substance use disorder	562	35.6%	730	34.0%
Unsheltered with substance use disorder	485	86.3%	615	84.2%
Veterans	107	6.8%	40	1.9%
Unsheltered veterans	53	49.5%	10	25.0%
Chronically homeless vets	0	0	0	0
Homeless due to domestic violence	120	7.6%	150	7.0%
Unsheltered due to domestic violence	84	70.0%	115	76.7%
Total Homeless	**1580**	**100%**	**2150**	**100%**

Source: Bakersfield-Kern Regional Homeless Collaborative, 2020 & 2021 PIT Count Reports. https://bkrhc.org/wp-content/uploads/2020/09/2020-PIT-Count-Report.pdf and https://bkrhc.org/wp-content/uploads/2021/04/BKRHC-2021-PIT-Count-Report_042821.docx.pdf

The largest number of sheltered and unsheltered homeless individuals in the county and service area were located in Bakersfield (1,398 or 88.5% of the county total).

Homeless Individuals, by City

	Sheltered		Unsheltered	Total
	Shelter	Transitional Housing		
Bakersfield	372	184	842	1,398
Taft	0	0	31	31
Tehachapi*	0	0	4	4
Kern County	**378**	**198**	**1,004**	**1,580**

*Source: Bakersfield-Kern Regional Homeless Collaborative, 2020 PIT Count Report. https://bkrhc.org/wp-content/uploads/2020/09/2020-PIT-Count-Report.pdf *The report references issues with undercounting in Tehachapi in 2020.*

Community Input – Housing and Homelessness

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

- A lot more families are doubling up on housing due to the pandemic. But things are starting to change, people are going back to work. However, we have seen and heard of increased homelessness in our community.
- We are focused on persons who are chronically homeless. The definition of a person who is chronically homeless leaves out support for women, children and families. Chronic homelessness is someone who has been on the street for 12 continuous months and/or are disabled. It is very rare for a mother to have her children on the street for an extended period. They will utilize family and friends and other means to avoid being on the streets. And mothers are less likely to want to go through the mental health services and be classified as being disabled because they do not want to lose their children. Homeless individuals who are couch surfers are also not defined or supported through certain homeless definitions.
- There are not enough housing units to adequately house those searching for housing.
- Mental health as part of the homeless issue needs to be addressed.
- It is not a lack of desire to develop new housing, but there is so much red tape to get through that it holds developers back. There are so many hoops to get through before the project can even get approved that most developers drop out. People are moving out of state because they can't find places to live.
- We don't have services for homeless families and youth. We have a women's shelter for abuse, but there are no housing or services available to them. Our school is looking into using new governmental funding for a voucher system with our local hotels so our families can get off the streets or out of condemned buildings and have a place to sleep at night.
- Increasing mental health and addiction in our community needs to be addressed with a lot of intention.
- Our shelters are always full. I know organizations go out to the parks and hand out food.

- There are people who are living in hotels because the apartments and homes they were renting were put on the market because prices are so high. People are being displaced and there is no availability for people to obtain affordable housing.
- In general, you can afford to live in Kern County, even on a minimum wage job, that is one positive for our county. We don't do enough to support people who are homeless.
- We've seen a navigation center open. But there are still bureaucracy and hoops to jump through to get into programs and be linked into services. But we are making headway. We now have low barrier shelters, so now a couple can come in a house together, or if you are on drugs, you can come in as long as you behave correctly, they even take animals.
- The need keeps increasing, so the efforts to deal with that issue are disproportionate to the need. Even though efforts have been put in place, and they are good, they are not enough to keep up with the current demand.
- People are going into their second year of inadequate housing and food and sanitation. There has been poor community response to unsheltered people. There is an assumption that we put up two navigation centers and that will have an impact. But it has not had as much of an impact as we hoped.
- Access to basic services diminished or dried up during the pandemic. For agencies that do this work, we are confronted with a level of need in clients that we have never seen before, including low housing inventory, the inability to obtain vital documents, or access subsidized housing opportunities.
- Once someone is in the shelter, the odds of getting permanent housing are very low.
- For agencies that are doing this work, we cannot find the qualified staff we need to move the needle. Most of us have job openings and we cannot fill them; we are all struggling. Our employees are working more and have less time with their clients. We have a million issues to address but we have no housing inventory and we can't find employees to do the work.
- People are angry that more hasn't been done. For the clients who are easiest to house, we have a system in place. Someone who has a few barriers to housing, we can get them rapidly housed. It is the fruit on top of the tree that is hard to reach, that is the challenge. We need more qualified employees. Agencies have the desire to do a higher level of work, but there are many roadblocks to go in the direction we want to go.
- We need more affordable housing development with private developers coming in, committed to positive outcomes. And we need to expand qualifications. Even with the pandemic, there were income qualifications otherwise we will have housing that only impacts the lowest 5%, especially when minimum wage is $15 an hour, people make too much money when it is tied to federal numbers. We need to create broader access.

Public Program Participation

In Kern County, 41.4% of low-income residents (those making less than 200% of the FPL) are not able to afford enough to eat, while only 23.6% of low-income residents utilize food stamps. This food-stamp utilization level among low-income residents is similar to the state, despite a higher stated level of need. 48.8% of county children, ages 6 and younger, access WIC benefits, which is higher than the state rate (41.7%). 7% of county residents are TANF/CalWorks recipients, compared to 9.3% for the state. 7.7% of adult immigrants reported there has been a time when they avoided government benefits due to a concern about disqualifying themselves or a family member from a green card or citizenship. 21.4% of adult immigrants reported they were asked to provide a Social Security Number or other proof of citizenship within the past year in order to obtain medical services or school enrollment. This is a higher rate than seen statewide (17.6%).

Public Program Participation

	Kern County	California
Not able to afford enough food (<200%FPL)	41.4%	40.0%
Food stamp recipients (<200% FPL)**	23.6%	23.7%
WIC usage among children, 6 years and under***	48.8%	41.7%
TANF/CalWorks recipients****	7.0%	9.3%
Ever a time you avoided gov't benefits due to concern about disqualification from green card/citizenship for you or family member (asked only of adult immigrants)**	*7.7%	16.1%
Immigrant adult was asked to provide SSN or proof of citizenship in order to get medical services or enroll in school in the past year**	*21.4%	17.6%

*Source: California Health Interview Survey, 2017-2019; **2019 ***2015-2016 & 2018-2019, combined, ****2014-2016. http://ask.chis.ucla.edu/ *Statistically unstable due to sample size.*

In the service area, 7.4% of residents receive SSI benefits, 5.3% receive cash public assistance income, and 16.8% of residents receive food stamp benefits. These rates are higher than state rates.

Household Supportive Benefits

	Mercy Service Area	Kern County	California
Total households	**194,362**	**270,282**	**13,044,266**
Supplemental Security Income (SSI)	7.4%	7.4%	6.1%
Public Assistance	5.3%	5.4%	3.2%
Food Stamps/SNAP	16.8%	16.8%	8.9%

Source: U.S. Census Bureau, American Community Survey, 2015-2019, DP03. http://data.census.gov

CalFresh Eligibility and Participation

CalFresh is California's food stamp program. According to the California Department of Social Services, in Kern County 76% of eligible households in 2018, and 63,779 households per month on average received food stamps (CalFresh) in 2019. By May of 2020, that number had risen by 15.2% in Kern County, while it rose 27.6% statewide.

CalFresh Eligibility and Participation

	Participating Households	Participation Rate* (% of Eligible Households)	May 2020	Percent Increase From 2019 Monthly Average
Kern County	63,779	76%	73,476	15.2%
California	1,887,517	71%	2,408,467	27.6%

*Source: California Department of Social Services' CalFresh Data Dashboard, 2019 Calendar Year Average and *2018. http://www.cdss.ca.gov/inforesources/Data-Portal/Research-and-Data/CalFresh-Data-Dashboard*

Access to Food

Food insecurity is an economic and social indicator of the health of a community. The US Department of Agriculture (USDA) defines food insecurity as limited or uncertain availability of nutritionally adequate foods or uncertain ability to acquire foods in socially-acceptable ways. In Kern County, 13.7% of the population experienced food insecurity in 2019. Among children in Kern County, 20.7% lived in households that experienced food insecurity. According to Feeding America estimates, 92% of those in Kern County experiencing food insecurity and 81% of children in Kern County experiencing food insecurity are income-eligible for nutritional programs such as SNAP.

Food Insecurity

	Kern County		California	
	Number	Rate	Number	Rate
Total population experienced food insecurity during the year	121,800	13.7%	4,011,960	10.2%
Children under 18 experienced food insecurity during the year	53,350	20.7%	1,205,260	13.6%

Source: Feeding America, 2019. https://map.feedingamerica.org/county/2018/overall/california/county/kern

Community Input – Food Insecurity

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

- There are a lot of amazing programs to support people who are homeless and chronically homeless, but for those who are chronically hungry, it is harder to find ongoing support.
- The school provides food for all students, but parents don't always let the school know they are food insecure and they don't want to fill out the free and reduced meal forms for fear that they will be tracked. With state funding we will now be serving

meals to all students regardless of need.

- We've become more aware of opportunities to get food resources, that is a gift of the pandemic. As long as they don't limit those resources, it can continue to be a great benefit.
- In the central valley, there is a lack of access to nutritious foods and too many fast-food restaurants. Fast food is the predominate method of food consumption in our communities. That alone is an uphill battle. We are exploring an edible school yard model to provide nutrition assistance and cooking demonstrations and farm to table education that can impact younger generations as well as that population we serve that are multigenerational households.
- There are a lot of services out there. They were well advertised before COVID, and after COVID, it became quieter where to get food boxes. Most of those services you must catch a ride or a bus, so it can be quite challenging for those in most need. Before the pandemic, people would line up on Sunday by the church, but now it is a challenge to find out where services are.
- We've noticed that EBT users have a lot of choices now. But it is getting to the store frequently enough as you need to keep a healthy supply of fresh food. That is still difficult.
- If you aren't eating well, you are at higher risk of hypertension, diabetes, stroke, heart disease, and obesity.

Educational Attainment

Educational attainment is a key driver of health. In the service area, 22.3% of adults, ages 25 and older, lack a high school diploma, which is lower than the county rate (26%) but higher than the state rate (16.7%). 18.3% of area adults have a Bachelor's degree or higher, which is higher than the county (16.4%) but lower than the state (33.9%) rate.

Education Levels, Population Ages 25 Years and Older

	Mercy Service Area	Kern County	California
Population, 25 years and older	**375,627**	**537,799**	**26,471,543**
Less than 9th grade	10.6%	13.5%	9.2%
9th to 12th grade, no diploma	11.7%	12.5%	7.5%
High school graduate	27.6%	27.8%	20.5%
Some college, no degree	23.6%	22.3%	21.1%
Associate's degree	8.1%	7.6%	7.8%
Bachelor's degree	12.1%	11.0%	21.2%
Graduate/professional degree	6.2%	5.4%	12.8%

Source: U.S. Census Bureau, American Community Survey, 2015-2019, DP02. http://data.census.gov/,

High School Graduation Rates

High school graduation rates are the percentage of high school students that graduate four years after starting 9th grade. The Healthy People 2030 objective for high school graduation is 90.7%. Of area school districts during school years 2018-2019 and 2019-2020, only Tehachapi Unified met this objective.

Graduation rates fell in Kern County from the 2019 to 2020 graduation years. The effect of the pandemic on graduation rates was impossible to ascertain.

High School Graduation Rates

	2018-2019	2019-2020
Kern High School District	89.3%	88.3%
Taft Union High School District	88.6%	89.3%
Tehachapi Unified School District	91.1%	91.2%
Kern County	**87.7%**	**86.6%**
California	**88.1%**	**87.6%**

Source: California Department of Education DataQuest, 2018-2020. http://dq.cde.ca.gov/dataquest/

Preschool Enrollment

33.6% of children, ages 3 and 4, in the service area were enrolled in preschool, which is below the state rate (49.6%). The enrollment rates ranged from 0% in Lake Isabella (where there are 125 children in that age group) and 15% in Taft, to a high of 44% in Bakersfield 93311.

Enrolled in Preschool, Children, Ages 3 and 4

	ZIP Code	Children, Ages 3 and 4	Percent Enrolled
Bakersfield	93301	459	22.9%
Bakersfield	93304	2,303	40.6%
Bakersfield	93305	1,841	39.9%
Bakersfield	93306	2,331	35.6%
Bakersfield	93307	3,609	32.5%
Bakersfield	93308	1,702	28.7%
Bakersfield	93309	1,693	32.0%
Bakersfield	93311	948	44.0%
Bakersfield	93312	1,526	38.3%
Bakersfield	93313	2,134	29.9%
Bakersfield	93314	1,025	34.8%
Lake Isabella	93240	125	0.0%
Taft	93268	773	15.0%
Tehachapi	93561	825	27.8%
Mercy Service Area		**21,294**	**33.6%**
Kern County		**29,982**	**33.6%**
California		**1,021,926**	**49.6%**

Source: U.S. Census Bureau, American Community Survey, 2015-2019, S1401. http://data.census.gov/

Reading to Children

Adults with children, ages 0-5, in their care were asked whether the children were read to daily by family members during a typical week. 57.5% of adults interviewed in Kern County responded “yes” to this question, which was lower than the state rate (64.1%).

Children, Ages 0 to 5, Read to Daily by a Parent or Family Member

	Kern County	California
Children read to daily	57.5%	64.1%

Source: California Health Interview Survey, 2015-2019. http://ask.chis.ucla.edu

Crime and Violence

Violent crimes include homicide, rape, robbery and assault. Property crimes include burglary, larceny and motor vehicle theft. Property and violent crime rates in Kern County are much higher than in the state. For the Bakersfield Police Department, property crime rose from 2015 to 2019 while violent crimes declined. For the Taft and Tehachapi Police Departments, the county Sherriff’s office, and California State University Bakersfield police, property crimes fell while violent crimes rose, which is in line with county and state trends. However, rates should be interpreted with caution as some rates are based on small numbers, particularly violent crimes,.

Violent Crime and Property Crime Rates, per 100,000 Persons, 2015 and 2019

	Property Crimes				Violent Crimes			
	Number		Rate*		Number		Rate*	
	2015	2019	2015	2019	2015	2019	2015	2019
Bakersfield P.D.	15,559	16,074	4,009.2	4,141.9	1,810	1,766	466.4	455.1
Taft P.D.	333	244	3,537.7	2,592.2	58	67	616.2	711.8
Tehachapi P.D.	338	327	2,768.0	2,677.9	44	60	360.3	579.6
CSU Bakersfield	78	67	N/A	N/A	1	2	N/A	N/A
CHP Kern County	216	238	N/A	N/A	2	3	N/A	N/A
Kern County Sherriff’s	9,903	9,449	N/A	N/A	2,235	2,864	N/A	N/A
Kern County	**30,342**	**29,604**	**3,385.0**	**3,302.7**	**4,908**	**5,567**	**547.6**	**621.1**
California	**1,023,828**	**915,197**	**2,591.8**	**2,317.9**	**166,588**	**173,205**	**421.7**	**438.7**

*Source: California Department of Justice, Office of the Attorney General, 2019. https://oag.ca.gov/crime *All rates calculated based on 2019 population counts provided by FBI CRIMESTATSINFO; as such, 2015 rates are estimates. Care should be used when interpreting rates calculated on small populations or small numbers, such as violent crimes.*

Domestic violence calls are categorized as with or without a weapon. 35.2% of domestic violence calls in Kern County involved a weapon, which is less than the statewide average of 46.6%. Domestic violence calls in Taft were more likely to be reported to involve a weapon (67.5%) than were the cities of Bakersfield (10.6%) or Tehachapi (18.4%).

The rate of domestic violence calls in all service area cities with their own police departments were less than the county rate (9.96 calls per 1,000 persons). Bakersfield appears to have the lowest rate of reported domestic violence in the service area (3.75 calls per 1,000 persons). The rates in Taft and Tehachapi were based on small numbers and should be interpreted with caution.

Domestic Violence Call Rates, per 1,000 Persons

	Total	Rate*	Without Weapon	With Weapon
Bakersfield P.D.	1,456	3.75	89.4%	10.6%
Taft P.D.	40	4.01	32.5%	67.5%
Tehachapi P.D.	49	4.25	81.6%	18.4%
Kern County Sherriff's Dept.	6,317	N/A	56.8%	43.2%
Kern County	**8,925**	**9.96**	**64.8%**	**35.2%**
California	**161,123**	**4.08**	**53.4%**	**46.6%**

*Source: California Department of Justice, Office of the Attorney General, 2019. https://oag.ca.gov/crime *All rates calculated based on 2019 population counts provided by FBI CRIMESTATSINFO. Care should also be used when interpreting rates calculated on a small number.*

Teens in Kern County were asked about neighborhood cohesion. 92.8% of teens felt adults in their neighborhood could be counted on to watch that children were safe and didn't get into trouble. 89.8% of teens felt people in their neighborhood were willing to help. These rates were higher than the state rates.

Neighborhood Cohesion, Teens Who Agree or Strongly Agree

	Kern County	California
Adults in neighborhood look out for children**	*92.8%	87.8%
People in neighborhood are willing to help	*89.8%	88.2%

*Source: California Health Interview Survey, 2015-2019 & **2014-2018. http://ask.chis.ucla.edu *Statistically unstable due to sample size*

88.6% of adults in Kern County felt safe in their neighborhoods most or all of the time, and 88.1% felt that the people in their neighborhood can be trusted. This level of trust in their neighbors is higher than the statewide level (82.2%). In Kern County 78.7% felt that people in their neighborhood were willing to help compared op statewide (81.7%), and they were more likely to say that people in their neighborhood do not get along (16.6%) than were California adults (15.4%).

Neighborhood Cohesion, Adults Who Agree or Strongly Agree

	Kern County	California
Feels safe in neighborhood	88.6%	88.4%
People in neighborhood are willing to help	78.7%	81.7%
People in neighborhood can be trusted	88.1%	82.2%
People in neighborhood do not get along	*16.6%	15.4%

*Source: California Health Interview Survey, 2017-2019. http://ask.chis.ucla.edu *Statistically unstable due to sample size*

In Kern County, the rate of children, under age 18, who experienced abuse or neglect was 11.5 per 1,000 children. This is higher than the state rate of 7.5 per 1,000 children. These rates are based on children with a substantiated maltreatment allegation.

Substantiated Child Abuse Rates, per 1,000 Children, 2018

	Kern County	California
Child abuse rates	11.5	7.5

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

Community Input – Violence and Community Safety

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

- Our local law enforcement has done a good job providing outlets and a voice for the community. Things will continue to improve. We have minimal gang activity in our schools. Many of the kids affiliated with gangs have opted out of school, there are online options and alternative schools in the community, so we do not see much gang violence in the schools.
- Domestic violence is a common element with gang violence and homelessness and other societal issues but we do not adequately track it. Domestic violence survivors often live in fear so there is apprehension to prosecute the perpetrator who has engaged with them.
- It is difficult to properly remove a human trafficking victim from their controlling elements. Domestic violence survivors and their families need more therapy and support.
- Gang violence is addressed in a silo, but usually, there are numerous other health related elements that contribute to gang violence. For example, gang violence might be an outcome of intimate partner violence, generational poverty and inadequate family support.
- With the increased number of people living on the street with significant mental illness, there is increased theft and violence in the community.
- With COVID-19, violence has gone up. We have rampant violence in our community and we do not have sufficient manpower. Our police are understaffed. You have to say certain things to the police otherwise no one comes out. The early release of prisoners in our community has not helped.
- Access to legal and illegal substances for youth and adults causes a generational and habitual impact. We have students and families under the influence that commit violent acts and crimes and it becomes generational because it is easy to access substances and weapons and it leads to criminal activity.
- There has been increased fighting on campus with students. And it becomes campus wide fights, not just 1:1 fights.

- A lot of women we serve have had domestic violence situations. We need to educate them that they don't need a toxic relationship that harms them and their kids. People don't want to talk about it or report it.
- We have a lot of issues with violence and home break-ins. The police are in a situation where they do not respond to reports of break-ins. As a result, people know they can break-in and steal and not worry about getting caught.
- We have always had a high incidence of violent home situations in our community. And it is demographic to a certain degree. There is a lot of domestic violence and a lot of times, abuse is hidden.
- Unemployment rates, drug issues and homelessness are all contributing to an increase in violence occurring in our community. It doesn't feel as safe in our community as it once did. There are a lot of economic issues going on, and they all play a factor.
- We have a lot of murders that are gang related and we have a lot of violence in homes. The Family Justice Center makes it easy for victims to get help in one hub, so a woman can go there and get a restraining order, housing, protective custody. The organizations try to collaborate, so they make services accessible for victims.
- Poverty breeds violence. The stress of living without resources and a lack of education they go hand in hand with criminal activity. Barriers to getting services include the victim needing to trust that there is not a hidden agenda when they get help. There are a lot of community resources in our county. We are rich in nonprofits and community support but the barrier is people do not trust that the services will truly help them.
- A lot of people will call the helpline when their loved one with dementia becomes violent. A lot of that can usually be prevented by caregiver education on effective communication and caregiving and not arguing or making a person feel unsafe or unheard or take them out of what is familiar to them. Those things can make them more combative and a frustrating atmosphere. That can often be prevented through more education.
- There is a perception in the community that nobody is safe. There was a study done by our local police, they can tell by the decibel of the sound that is picked up, where guns have been shot. And they found that people won't call something in because they think someone else called it in, or they don't want to call on their neighbor – they are detached from the neighborhood, they are afraid to lend a hand or they think it they do, something bad will happen to them, like if you pull over to help someone with a flat tire.
- We have seen a dramatic increase in violent crimes, it is a constant issue and the repercussions aren't going anywhere. Property crimes and mid-level crimes have increased exponentially, and the police response has gone down in terms of volume. Crime is up, while access to police is the same or decreased with strained

resources. There is a health component to that, with the mental health and stress elevated crime rates.

- We live in a community that has high levels of domestic violence and high substance use rates. This leads to violence and we have a limited police force.
- We have one of the highest rates of violence in the state. We are usually the highest rate for homicides, even compared to Los Angeles who has a larger population. We do not do a lot toward prevention. It is hard to change a society and switch to a preventive model.
- There are a lot of issues with violence and we have several prisons in Kern County. When prisoners are released, it may cause some uneasiness to residents. Our crime rates show several areas in our county have higher crime rates.
- 50 years ago, we were a rural, farming and agricultural community. It is very different today and some of the methods that worked 20 years ago with policing do not work today. Jails are overcrowded, and minor offenders are released early.
- Adverse childhood experiences come into play when kids become adults. Those social determinates are impacting the health of our high poverty, high crime communities.
- There are issues with community safety and retaliatory violence. Also, there are challenges with a continuum of care for victims of violence after they are discharged from the hospital and need follow-up care to heal and need help in mitigating the risk of retaliatory violence.
- We don't have enough law enforcement officers. They can't recruit and retain them and they can't get them through the training academy. That lack of workforce leads to more crime.
- With the pandemic, domestic violence has been hidden. We have child abuse as well.
- As a community, we began to look at ways to restore or increase trust in law enforcement and communities of color because a root cause analysis found that when people do not trust the police, that is when violence increases. We heard that trust was low in the community and we wanted to find ways outside of law enforcement to build relationships and trust across the board. The primary way to reduce violence is to invest time and energy and heart so they trust us more.

Air Quality

Children are more vulnerable to air pollution than adults, and younger children are more vulnerable than older children. Long-term effects can extend beyond physical health to deficits in cognitive and behavioral development.

The average annual concentration of fine particulate matter in the air of Kern County is 13 micrograms per cubic meter, as compared to the California average of 8.1

micrograms. In 2019, Kern County had 54 days when ground-level ozone concentrations were above the U.S. standard of 0.070 parts per million. This was a 32.1% decrease from the 2016 count of 78 days. The state average in 2019 was 11 days of readings above the U.S. standard, and in 2016 it was 22 days.

Air Quality Measurements, Annual

	Kern County	California
Annual average micrograms of particulate matter per cubic meter of air	13.0	8.1
Ozone levels above standards, in days	54	11

Source: California Air Resources Board, Air Quality Data Statistics, Dec. 2020 via http://www.kidsdata.org

Community Input – Environmental Conditions

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

- Poor air quality is a huge contributor to not engaging in physical activity outdoors and it has continuous, long-term impacts in our community. The nature of our topographic location, in the middle of a valley, with all the fires recently, means the air quality is consistently terrible.
- Smog settles in the valley. During almond tree shaking time, allergies are horrible. In our community, we can barely use our fireplaces.
- With the fires, we had significant air quality issues and that had a tremendous impact on families and children. We had an increase in the number of students absent from school to receive medical care and several students were unable to rest or receive appropriate rest due to air quality. They became more agitated in school and that increased the frequency and severity of behavioral issues.
- Our community tends to use swamp coolers, not air conditioning, and people's homes were getting fumigated with the poor air quality outside.
- A lot of students have asthma because of the air quality. When kids are sick, they are supposed to stay home. So, they miss too much school.
- Farming and harvesting causes a lot of debris in the air.
- There are some communities that have high levels of arsenic in the water. Contaminated water is an issue for the health and wellbeing of our community.
- There is an emphasis on public transportation and bikes lanes and ride shares. I'm not sure what more can be done that hasn't already been messaged in the community.
- We need to develop more programs on Valley Fever. People are more afraid of COVID right now, but Valley Fever is here in our environment and it is never going away as long as agriculture is here.
- We are number one in the state for the worst air quality. Not a lot is done about it because around here everyone relies on oil, so change is not supported.

- Air quality is a huge concern here, and it can impact our health and allergies and can lead to lung cancer. We have higher than average rates of lung cancer in this community for nonsmokers.
- The poorer areas sit right at the bottom of that valley bowl, where everything settles. We also have arsenic in the water. We need to make investments in our water system so it is safer and cleaner.
- As a region, we identify and rely on oil and gas. They are the largest industries in this county, so there is resistance to change. Being reliant on agriculture and oil and gas impacts air quality and environmental health. We need look at a new way to do business that is more environmentally friendly and that will not impoverish the region by killing jobs.

Health Care Access

Health Insurance Coverage

Health insurance coverage is considered a key component to ensure access to health care. 91.9% of the civilian, non-institutionalized population in the service area has health insurance. Bakersfield 93314 has the highest health insurance coverage rate (96.4%) and Bakersfield 93307 has the lowest rate (87.1%). 96.7% of service area children, ages 18 and younger, have health insurance coverage. Tehachapi has almost full health insurance coverage among children (99.5%), while Bakersfield 93301 (95.4%) and Bakersfield 93306 (95.6%) have the lowest percentage of children with health insurance. Among adults, ages 19-64, 88.1% in the service area have health insurance. Bakersfield 93314 has the highest insurance rate (95.1%), and Bakersfield 93307 has the lowest health insurance rate (79.8%) among adults, ages 19-64. Seven of the 14 area ZIP Codes do not meet the Healthy People 2030 objective of 92.1% coverage, and only four ZIP Codes meet the objective among adults, ages 19 to 64 (Bakersfield 93311, 93312 and 93314, and Tehachapi). All area ZIP Codes meet the health insurance objective among children, ages 0-18.

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

	ZIP Code	Total Population	Children Ages 0-18	Adults Ages 19-64
Bakersfield	93301	92.1%	95.4%	89.1%
Bakersfield	93304	90.5%	96.5%	85.8%
Bakersfield	93305	90.6%	96.7%	85.4%
Bakersfield	93306	91.3%	95.6%	87.2%
Bakersfield	93307	87.1%	96.7%	79.8%
Bakersfield	93308	92.0%	96.2%	88.4%
Bakersfield	93309	91.6%	95.9%	88.2%
Bakersfield	93311	94.7%	97.8%	92.3%
Bakersfield	93312	95.6%	97.5%	93.9%
Bakersfield	93313	92.4%	95.9%	89.6%
Bakersfield	93314	96.4%	98.5%	95.1%
Lake Isabella	93240	92.2%	98.2%	85.9%
Taft	93268	90.8%	96.5%	85.7%
Tehachapi	93561	95.9%	99.5%	92.7%
Mercy Service Area		**91.9%**	**96.7%**	**88.1%**
Kern County		**92.1%**	**96.8%**	**88.2%**
California		**92.5%**	**96.7%**	**89.3%**

Source: U.S. Census Bureau, American Community Survey, 2015-2019, DP03. http://data.census.gov/

When insurance coverage was examined for Kern County, 41.7% of County residents have Medi-Cal coverage and 34.5% have employment-based insurance, which is a higher level of Medi-Cal and a lower level of employment-based coverage than state levels.

Insurance Coverage, by Type

	Kern County	California
Medi-Cal	41.7%	25.6%
Medicare only	1.7%	1.5%
Medi-Cal/Medicare	4.2%	4.2%
Medicare and others	7.2%	9.3%
Other public	*1.1%	1.3%
Employment based	34.5%	44.8%
Private purchase	2.8%	5.9%
No insurance	6.9%	7.5%

*Source: California Health Interview Survey, 2015-2019. http://ask.chis.ucla.edu/ *Statistically unstable due to sample size.*

Health insurance coverage data by race/ethnicity in the service area show that in every age group except children, coverage is lowest among Hispanics and those who identified as Other Race.

The service area average for health insurance coverage in children is 96.7%. The lowest rate of coverage (92.6%) is seen in the service area children identified as American Indian/Alaskan Natives, followed by those identified as multiracial (94.7%). Lower than average rates were also seen in those who are identified as Other Race (94.9%) and Hispanic (96.2%) children. Among service area adults, ages 19 to 64, 88.1% have health insurance. The lowest rates are found among Hispanic adults (83.2%) and adults who identify as Other Race (82%). The lowest rates of coverage among service area seniors, ages 65 and older, are found among Hispanics (96.1%) and those who identify as Other Race (91.4%).

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

	Total Population	Children, Under 19	Adults, Ages 19-64	Senior Adults, 65+
Native Hawaiian/Pacific Islander	97.1%	100.0%	94.8%	100.0%
Non-Hispanic White	95.3%	98.1%	92.9%	99.8%
Asian	94.3%	98.7%	91.6%	99.5%
Black/African American	93.7%	96.9%	91.1%	99.7%
Multiracial	93.6%	94.7%	91.7%	99.5%
American Indian/Alaskan Native	92.8%	92.6%	91.7%	100.0%
Hispanic	88.9%	96.2%	83.2%	96.1%
Other Race	87.0%	94.9%	82.0%	91.4%

Source: U.S. Census Bureau, American Community Survey, 2014-2018, C27001B through C27001I. http://data.census.gov/

Regular Source of Care

Access to a medical home and a primary care provider improve continuity of care and decrease unnecessary emergency room visits. 30.4% of adults in the service area do not have a usual primary care provider. 37.1% of adults in Bakersfield 93307 and 35.5% of those in Bakersfield 93305 have no usual primary care provider, while 18.8% of Lake Isabella adults have no usual primary care provider.

No Usual Primary Care Provider

	ZIP Code	Percent
Bakersfield	93301	29.4%
Bakersfield	93304	33.7%
Bakersfield	93305	35.5%
Bakersfield	93306	30.5%
Bakersfield	93307	37.1%
Bakersfield	93308	26.3%
Bakersfield	93309	28.3%
Bakersfield	93311	27.8%
Bakersfield	93312	26.4%
Bakersfield	93313	31.6%
Bakersfield	93314	26.3%
Lake Isabella	93240	18.8%
Taft	93268	30.6%
Tehachapi	93561	27.2%
Mercy Service Area*		**30.4%**
Kern County		**31.5%**
California		**25.3%**

*Source: PolicyMap, utilizing the CDC's Behavioral Risk Factor Surveillance System (BRFSS), 2018 data, https://www.policymap.com/ *Weighted average; calculated using 2015-2019 ACS adult population estimates.*

When data for having a usual source of care are examined by race/ethnicity for all age groups, the Kern County Latino population was the least likely to have a usual source of care (80%), followed by Black/African-American residents (88.1%). All other racial groups in the county appear to be more likely to have a usual source of care than their statewide counterparts, with the exception of Whites (90.3% in Kern County compared to 91.2% in California). However, much of the data are statistically unstable due to small sample size.

Usual Source of Care, by Race/Ethnicity, All Ages

	Kern County	California
Multiracial	*90.5%	89.9%
White	90.3%	91.2%
Native Hawaiian/Pacific Islander	N/A	89.5%
Asian	*90.3%	85.7%
American Indian/Alaskan Native	*89.2%	85.2%
Black/African American	*88.1%	90.0%
Latino	80.0%	81.6%
Total population	**84.7%**	**86.5%**

*Source: California Health Interview Survey, 2015-2019. http://ask.chis.ucla.edu/ *Statistically unstable due to sample size. N/A = Not available due to small sample size.*

In Kern County, 51.8% of residents accessed care via a doctor's office, HMO or Kaiser Permanente, while 29.9% accessed care at a clinic or community hospital. 15.3% had no usual source of care, and 2.5% indicated their usual source of care was the emergency room (ER) or Urgent Care.

Sources of Care

	Kern County	California
Doctor's office/HMO/Kaiser Permanente	51.8%	60.0%
Community clinic/government clinic/ community hospital	29.9%	23.9%
ER/urgent care	*2.5%	1.6%
Other place/no one place	*0.4%	0.9%
No usual source of care	15.3%	13.5%

*Source: California Health Interview Survey, 2015-2019. http://ask.chis.ucla.edu *Statistically unstable due to sample size.*

An examination of ER use can lead to improvements in providing community-based primary care. 21.5% of Kern County residents visited an ER in the past year. Seniors, ages 65 and older, visited the ER at the highest rates (29.4%). Poverty-level residents visited the ER at a higher rate (27.9%) than the general population, and low-income residents at a lower rate (20.4%). Kern County ER utilization rates were higher than the state for those residents living at 100% of poverty level and for those ages 18 and older.

Use of Emergency Room

	Kern County	California
Visited ER in last 12 months	21.5%	20.8%
0-17 years old	18.7%	18.9%
18-64 years old	21.2%	20.9%
65 and older	29.4%	23.5%
<100% of poverty level	27.9%	25.7%
<200% of poverty level	20.4%	22.6%

Source: California Health Interview Survey, 2014-2018. http://ask.chis.ucla.edu

Difficulty Accessing Care

7.9% of Kern County adults had difficulty finding a primary care doctor who would see them or take them as a new patient in the past year. 15.3% of adults reported difficulty accessing specialty care. 7.6% of adults had been told by a primary care physician office that their insurance would not be accepted, while 12.4% of adults were told by a specialist office that their insurance would not be accepted. These rates were higher than at the state level.

Difficulty Accessing Care in the Past Year, Adults

	Kern County	California
Reported difficulty finding primary care	7.9%	6.5%
Reported difficulty finding specialist care	15.3%	13.8%
Primary care doctor not accepting their insurance	7.6%	5.6%
Specialist not accepting their insurance	12.4%	11.0%

Source: California Health Interview Survey, 2015-2019. http://ask.chis.ucla.edu

Delayed or Forgone Care

9.9% of Kern County residents delayed or did not get medical care when needed. Of these residents, 5.1% of the overall population had to forgo needed care. This is higher than the Healthy People 2030 objective of 3.3% of the population who forgo care. 39.1% of Kern County residents who delayed or went without care agreed that 'cost/lack of insurance' was a reason. Kern County residents showed a higher rate of delayed and unfilled prescriptions (9.6%) compared to the state (9.1%).

Delayed Care in Past 12 Months, All Ages

	Kern County	California
Delayed or did not get medical care	9.9%	11.4%
Had to forgo needed medical care	5.1%	6.8%
Delayed or did not get medical care due to cost, lack of insurance or other insurance issue	39.1%	45.6%
Delayed or did not get prescription meds	9.6%	9.1%

Source: California Health Interview Survey, 2015-2019. http://ask.chis.ucla.edu/

In Kern County, Whites (5.2%) were more likely to say they had delayed or foregone needed medical care during the prior year due to cost or lack of insurance than were Latino residents (4.4%). County rates were below state rates. American Indian/Alaska Natives in Kern County were the most likely to say that they delayed or forewent care in the past year due to cost or lack of insurance (17.2%).

Delayed Care Due to Cost or Lack of Insurance in Past 12 Months, by Race

	Kern County	California
Multiracial	N/A	6.1%
White	5.2%	5.9%
Latino	4.4%	5.3%
Black	N/A	4.6%
American Indian/Alaska Native	*17.2%	3.0%

*Source: California Health Interview Survey, 2015-2019. http://ask.chis.ucla.edu/ *Statistically unstable due to sample size. N/A = Not Available due to small sample size.*

Lack of Care Due to Cost, for Children

3.8% of Kern County children, ages 0-17, missed or delayed care within the prior 12 months due to cost or lack of insurance. 1.9% of county children ultimately did not receive care. 3.5% of Kern County children had delayed or unfilled prescription medications in the past 12 months.

Cost as a Barrier to Accessing Health Care in the Past Year, Children, Ages 0 to 17

	Kern County	California
Child's care delayed or foregone due to cost or lack of insurance	*3.8%	1.5%

	Kern County	California
Child missed care	*1.9%	1.5%
Child's prescription medication delayed or unfilled	*3.5%	4.4%

*Source: California Health Interview Survey, 2013-2019. http://ask.chis.ucla.edu *Statistically unstable due to sample size.*

Primary Care Physicians

The ratio of the population to primary care physicians in Kern County is 2,040:1, which reflects there are fewer primary care physicians than the state ratio of 1,250:1 persons per primary care physician.

Primary Care Physicians, Number and Ratio

	Kern County	California
Number of primary care physicians	439	31,557
Ratio of population to primary care physicians	2,040:1	1,250:1

Source: County Health Rankings, 2018. http://www.countyhealthrankings.org

Mental Health Providers

Mental health providers include psychiatrists, clinical psychologists, clinical social workers, psychiatric nurse specialists, and marriage and family therapists who meet certain qualifications and certifications. In Kern County, the ratio of residents to mental health providers is 490:1, which reflects there are fewer mental health providers than the state rate of 270 persons per mental health provider.

Mental Health Providers, Number and Ratio

	Kern County	California
Number of mental health providers	1,823	147,492
Ratio of population to mental health providers	490:1	270:1

Source: County Health Rankings, 2020. http://www.countyhealthrankings.org

Access to Primary Care Community Health Centers

Community Health Centers provide primary care (including medical, dental and mental health services) for uninsured and medically underserved populations. Using ZIP Code Tabulation Area (ZCTA) data for the service area and information from the Uniform Data System (UDS)[1], 43.5% of the population in the service area is low-income (200% of Federal Poverty Level) and 20.2% of the population are living in poverty. There are several Section 330-funded grantees - Federally Qualified Health Centers (FQHCs) and FQHC Look-Alikes - located in the service area, including: Clinica Sierra Vista, Community Health Centers/Central Coasts, Family Healthcare Network, Omni Family

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

Health, Tri-State Community Healthcare Center, United Health Centers of San Joaquin Valley Inc., and Ventura County Health Services Agency.

Even with Section 330-funded community health centers serving the area, there are a number of low-income residents still served by one of these clinic providers. The FQHC's have a total of 123,305 patients in the service area, which equates to 46.4% coverage among low-income patients and 19.8% coverage among the total population. From 2017-2019, the community health center providers served 9,040 additional patients for a 7.9% increase in patients served by community health centers in the service area. Despite this, there remain 142,447 (53.6%) low-income residents of the population at or below 200% the federal poverty level not served by an FQHC.

Low-Income Patients Served and Not Served by FQHCs

Low-Income Population	Patients served by Section 330 Grantees In Service Area	Penetration among Low-Income Patients	Penetration of Total Population	Low-Income Not Served	
				Number	Percent
265,752	123,305	46.4%	19.8%	142,447	53.6%

Source: UDS Mapper, 2019, 2015-2019 population numbers. http://www.udsmapper.org

Community Input – Access to Health Care

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

- Access to health care is nonexistent in communities of color.
- A barrier is the lack of awareness. We make efforts with social media to share what is out there, but even so, not everyone has access to what is available to them in our community.
- Those living on the street are less likely to go to a physical health care location. Mobile units are helpful for that population.
- Even if someone has Medi-Cal, it is difficult to navigate the system. People are afraid or don't know how to maneuver around the system. It is difficult for private insurance as well. Navigating health care is difficult for everyone.
- The amount of documentation needed for students and families to access health care is a barrier. It is too cumbersome for many families to complete the forms in a timely manner or have the resilience to complete the forms.
- Transportation. We have a lot of mobile clinics but you have to take them into the fields and conduct education on diabetes.
- The shortage of primary care providers and specialists is a challenge. People experience delays getting services.
- There is a need for more proper medical care. A lot of kids who are on Medi-cal, they are often getting seen by interns, especially for mental health therapies or counseling. That intern is there for a few months and then they go off somewhere

else, so there is inconsistency in care. There is a lack of centralized information for foster kids. Health records get lost when they move from place to place. A child who was born on drugs, 4 or 5 years down the line, that drug history isn't tracked with them and when they exhibit a behavioral issue or learning disability, that history isn't part of their comprehensive medical record.

- Dementia is a very expensive disease. Typically, we find most diagnoses come from a neurologist. We want to equip primary care providers to give diagnoses so there isn't that barrier of cost in having to go to a specialist. Education is important too. Memory loss is not a normal sign of aging, and it should be evaluated by a physician.
- Transportation and insurance availability in Kern County are issues. We don't always have the best option for everyone to seek care and be seen in a timely and efficient manner. We have some recuperative care and continuum of care, but that model is lacking in town.
- In rural areas, people must travel to Bakersfield or further for access to a specialist. And many people must travel outside of Kern County for higher levels of care.
- Health literacy is a big component, knowing how to use your health benefits and insurance and navigate the system. It is so convoluted and difficult to know who to call and how to access services.
- If you are insured, the health care in this community is amazing. If you uninsured or underinsured, it is more challenging. Even though we have a lot of great hospitals in the community, COVID-19 has impacted how we access care. If you do not have access to transportation, you may experience extremely high wait times for urgent care. We also know that understaffed hospitals are focusing on those with COVID-19. For noncritical medical conditions, it is more difficult to be seen and treated.
- Many people come out of incarceration and will get health care insurance, but it is the utilization of health care that is critical. We see higher enrollment but we see lower numbers for renewals and utilization of coverage. It isn't just having access and having insurance, it is utilizing those resources.
- Issues have increased because people have avoided care and follow-up services for the last 2 years. Things can take a turn for the worse because people are not accessing services. People are not utilizing the services that are offered in the community.
- We see people who do not have insurance and do not know who to apply.

Dental Care

11.6% of children, ages 3 to 11, in Kern County have never been to a dentist. In the past year, 2.6% of area children needed dental care and did not receive it. While it appears that teens in Kern County were more likely to have seen a dentist in the

previous year than teens statewide, they are less likely to have teeth in good or better condition.

Delay of Dental Care, Children and Teens

	Kern County	California
Children, ages 3 to 11, never been to the dentist	11.6%	14.3%
Children, ages 3 to 11, needed but didn't get dental care in past year**	*2.6%	4.8%
Teen, ages 12 to 17, either never been to the dentist or more than one year ago***	*8.1%	9.4%
Teen, ages 12 to 17, condition of teen is fair or poor****	*16.9%	10.9%
Teen, ages 12 to 17, missed school due to a dental problem in the past year****	*7.3%	8.5%

*Source: California Health Interview Survey, Children 2014-2019 **2015-2019 ***2014 & 2017-2019 ****2018-2019. http://ask.chis.ucla.edu *Statistically unstable due to sample size.*

29.7% of county adults described the condition of their teeth as 'fair' or 'poor', while 3.2% had no natural teeth left. 9.2% had not been to a dentist in at least five years. By these metrics, adult dental care in Kern County is worse than state rates.

Dental Care, Adults

	Kern County	California
Condition of teeth: good to excellent	66.9%	72.5%
Condition of teeth: fair to poor	29.7%	25.5%
Condition of teeth: has no natural teeth	3.2%	2.1%
Never been to a dentist	*3.6%	2.5%
Visited dentist < 6 months to two years	77.8%	82.0%
Visited dentist more than 5 years ago	9.2%	7.1%

*Source: California Health Interview Survey, 2016-2019 pooled. http://ask.chis.ucla.edu *Statistically unstable due to sample size.*

The ratio of residents to dentists in Kern County is 1,950:1, which reflects there are fewer dentists per capita than the state rate of 1,150:1.

Dentists, Number and Ratio

	Kern County	California
Number of dentists	462	34,385
Ratio of population to dentists	1,950:1	1,150:1

Source: County Health Rankings, 2019. http://www.countyhealthrankings.org

Community Input – Dental Care

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

- There are only a handful of dentists in our community.

- Drug use is connected to dental issues. Individuals who live on the street are less likely to go to services such as dental and vision care and persons who are homeless do not have those types of resources available to them.
- In our area, dental accessibility for some families is low. The outlying areas experience a challenge in terms of transportation and timeliness of being able to access services. People determine what is a timely manner - usually within 24-48 hours. After that, they forget about it or must refocus on their jobs to stay employed.
- We don’t have enough dentists that work with Denti-Cal patients.
- We see a lot of dental decay and kids won’t come to school if they have bad teeth or are in pain.
- Accessibility, cost and fear are all barriers.
- Dental care is one of those things that go by the wayside when you don’t have coverage. And some dentists in town don’t take the insurance people have.
- There is some correlation between dementia and dental hygiene.
- Because dental care is something that impacts overall physical health, it is important to talk about it.
- It is still a challenge to get people to realize oral health is important to their overall health. A lot of insurances don’t cover dental, even most veterans don’t have coverage.
- The cost of dental insurance and dental care, that is a barrier.
- Many chronic issues start off with poor oral hygiene.

Birth Characteristics

Births

From 2014 to 2018, births in the service area averaged 17,787 births per year.

Delivery Paid by Public Insurance or Self-Pay

In the service area, the rate of births paid by public insurance or self-pay was 658.5 births per 1,000 live births, which is lower than the county rate of 686 per 1,000 live births, but higher than the state rate of 498.5 per 1,000 live births.

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

	Mercy Service Area		Kern County	California
	Number	Rate	Rate	Rate
Public insurance or self-pay	6,252	658.5	686.0	498.5

Source: Calculated by Gary Bess Associates using California Department of Public Health Birth Profiles by ZIP Code of Residence and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001.

Teen Birth Rate

Teen births occurred at an average annual rate of 33.3 per 1,000 females, ages 15-19. This rate is lower than the county (35.6 per 1,000 females, ages 15-19) but higher than the state rate (17.3 per 1,000 females, ages 15-19).

Teen Birth Rate, per 1,000 Females, Ages 15 to 19

	Mercy Service Area		Kern County	California
	Number	Rate	Rate	Rate
Births to teen mothers	752	33.3	35.6	17.3

Source: Calculated by Gary Bess Associates using California Department of Public Health Birth Profiles by ZIP Code of Residence and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001.

Prenatal Care

Pregnant women in the service area entered prenatal care after the first trimester at a rate of 200.3 per 1,000 live births. This rate of entry into prenatal care translates to 20.0% of women entering prenatal care late or not at all.

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

	Mercy Service Area		Kern County	California
	Number	Rate	Rate	Rate
Late entry to prenatal care	1,902	200.3	213.3	161.7

Source: Calculated by Gary Bess Associates using California Department of Public Health Birth Profiles by ZIP Code of Residence and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001.

Low Birth Weight

Low birth weight is a negative birth indicator. Babies born at a low birth weight are at higher risk for disease, disability and possibly death. For this measurement, a lower rate

is a better indicator. The rate of low birth weight babies in the service area is 7.4% (74.2 per 1,000 live births). This rate is worse than the county and state rates.

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

	Mercy Service Area		Kern County	California
	Number	Rate	Rate	Rate
Low birth weight	705	74.2	73.5	68.6

Source: Calculated by Gary Bess Associates using California Department of Public Health Birth Profiles by ZIP Code of Residence and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001.

Preterm Births

The service area rate of premature births, occurring before the start of the 38th week of gestation, is 9.5% (94.9 per 1,000 live births). This rate of premature births is higher than the county (9.4%) and state (8.5%) rates.

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

	Mercy Service Area		Kern County	California
	Number	Rate	Rate	Rate
Premature births	901	94.9	93.6	85.4

Source: Calculated by Gary Bess Associates using California Department of Public Health Birth Profiles by ZIP Code of Residence and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001

Maternal Smoking During Pregnancy

Among mothers in the service area, 2.8% (28.1 per 1,000 live births) smoked regularly during pregnancy, at least once per day for at least three months. This rate of smoking during pregnancy was lower than the county rate (3.0%), but higher than the state rate (1.6%).

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

	Mercy Service Area		Kern County	California
	Number	Rate	Rate	Rate
Mothers who smoked	267	28.1	30.2	15.8

Source: Calculated by Gary Bess Associates using California Department of Public Health Birth Profiles by ZIP Code of Residence and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001.

Infant Mortality

For the purposes of this report, the infant mortality rate is defined as deaths to infants under one year old. The infant mortality rate in Kern County from 2016 to 2018 was 5.15 deaths per 1,000 live births. This did not meet the Healthy People 2030 objective of 4.8 deaths per 1,000 live births and is higher than the state rate (4.2 deaths per 1,000 live births).

Infant Mortality Rate, per 1,000 Live Births, Three-Year Average

	Rate
Kern County	5.15

	Rate
California	4.21

Source: U.S. Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Linked Birth/Infant Death Records, 2016-2018, on CDC WONDER. https://wonder.cdc.gov/lbd-current.html

Breastfeeding

Breastfeeding has been proven to have considerable benefits to both baby and mother. The California Department of Public Health recommends babies be fed only breast milk for the first six months of life. Mercy Hospital Southwest breastfeeding reports indicated 91.1% of new mothers used some breastfeeding, higher than the county (88.7%) but lower than the state rate (93.7%). 75% of mothers used breastfeeding exclusively, higher than the county (61.8%) and state (70%) rates.

In-Hospital Breastfeeding, Mercy Hospital Southwest

	Any Breastfeeding		Exclusive Breastfeeding	
	Number	Percent	Number	Percent
Mercy Hospital Southwest	2,038	91.1%	1,677	75.0%
Kern County	9,362	88.7%	6,519	61.8%
California	361,719	93.7%	270,189	70.0%

Source: California Department of Public Health, Breastfeeding Hospital of Occurrence, 2019. https://www.cdph.ca.gov/Programs/CFH/DMCAH/Breastfeeding/Pages/In-Hospital-Breastfeeding-Initiation-Data.aspx

There were ethnic/racial differences noted in breastfeeding rates of mothers who delivered at Mercy Hospital Southwest. In-hospital breastfeeding rates for multiracial mothers were highest (94.9%) followed by White mothers (93.2%). White mothers had the highest rate of exclusive breastfeeding (86.4%) followed by multiracial mothers (84.6%). Latina/Hispanic mothers had the third-highest rates of any breastfeeding (91%) and of exclusive breastfeeding (71.5%). The lowest in-hospital rates of any breastfeeding and exclusive breastfeeding were among African American mothers (83.7% and 55.8%, respectively).

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

	Any Breastfeeding		Exclusive Breastfeeding	
	Number	Percent	Number	Percent
Multiple Race	37	94.9%	33	84.6%
White	671	93.2%	622	86.4%
Latina/Hispanic	1,078	91.0%	847	71.5%
Asian	120	84.5%	80	56.3%
African American	72	83.7%	48	55.8%
Mercy Hospital Southwest	2,038	91.1%	1,677	75.0%

Source: California Department of Public Health, Breastfeeding Hospital of Occurrence, 2019. https://www.cdph.ca.gov/Programs/CFH/DMCAH/Breastfeeding/Pages/In-Hospital-Breastfeeding-Initiation-Data.aspx

Community Input – Birth Indicators

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

- Access to reliable daycare and support systems at home. We have a daycare program at the school for children who have children of their own and a parenting center, but there is uncertainty among that population about who is watching the baby, are they in good hands?
- Education about simple things, like what is healthy eating, what is preeclampsia, how to monitor for diabetes.
- Childcare for teen moms. Parenting classes and supplies for babies that are free or discounted so they can afford them.
- Access to health care for pregnant women, prenatal care.
- We have done so much education but STIs and teen pregnancy continue to be high. Is it cultural? We need more education for children and to make sure pregnant moms are seeing their ob/gyns and are off drugs. Maybe involving the faith communities could help?
- Transportation can be an issue with gas at $4.50 a gallon. People want to stay in their own community and be with people they trust, not spend 15 minutes with a stranger. Prenatal care is important.
- Preventive care, getting vitamins, doing ultrasounds, and having appointments that are safe, easy and not inhibitive due to cost, transportation, or a lack of education.
- Preventive care and vaccinations, and access to services for pregnant women. We do not have a lot of ob/gyns, especially female. If a person is uncomfortable with a male, it is difficult to find a female and they are booked for months. For new moms it is navigating all those appointments, and if they are doing it all on their own, it is more challenging.
- We have a high number of teen births. We do a lot of education with our members on the importance of seeking care early during pregnancy, and getting a lot of prenatal and postnatal education.
- A more diverse provider network, especially for African American women who plan to get pregnant or have children is needed. There isn't much representation from a cultural perspective.
- Understanding the importance of access care routinely and timely especially for women who have had more than one child. They often feel that they know what to expect and delay access to routine care because they do not consider it a priority.
- The COVID-19 vaccine. Even though it is recommended by the CDC, there is still a lot of hesitancy, especially in the younger mom category, because there are concerns about the impacts on fertility.
- Sometimes the birth process is traumatic and people have postpartum depression. Having knowledge of resources out there to mitigate those negative experiences during pregnancy and birth would be helpful.
- Lack of utilization of health care during pregnancy.
- A lot of moms are using drugs while pregnant, moms lack education, food insecurity,

pregnant moms are not eating correctly.

- Enough pediatrician specialists that can treat and meet the needs of the medically vulnerable. With the black infant mortality initiative, we keep doing the same things and keep getting the same results, so we need to look at how we can do things differently. Generally, kids ages 0-3 are underfunded, it has never really been a focus. We need a prenatal to 2 year old initiative. With the black infant health initiative, it is very restrictive and limiting who can participate. We really need to expand the program and look at more of a cultural and generational issues and how do you get them to trust the medical field and do something that is different that moves the needle.
- School is over at 3 pm, if clinics were open after 3pm, that would better serve teens. The hardest thing is to get moms to come back for services. They feel better and do not want to come in for family planning and the next thing you know, they are pregnant again.
- Access to childcare, especially for low-income families. And access to health care as well. And early education and early Head Start programs. We need fewer barriers to access care and services.

What are the greatest health issues negatively impacting children, pregnant women or new moms in the community?

- COVID-19, it is airborne and can impact anyone.
- Obesity with children and pregnant women.
- Access to health care for vaccination and immunizations, dental cleanings, checkups and physicals.
- For young moms, there are a lot of services out there, but I don't know that they are fully taken advantage of in the community.
- I worry about moms who continue drug use and who do not understand the impacts that can have on their babies. We get a lot of babies on meth. People may not understand that their lifestyle will lead to fetal demise.
- STIs are impacting pregnant moms and chronic health issues like gestational diabetes. For kids it is diabetes and obesity and access to care. It is difficult to navigate the system, even when you know how to advocate for yourself and have private insurance.
- Long standing chronic conditions like obesity, diabetes, hypertension, and cancer impact women and children.
- Community safety and neighborhood safety, those trying to live healthier, it is difficult when you can't go out for a walk without fear of being assaulted or approached by someone with malicious intent.
- Food insecurity and healthy foods are always a challenge. And other factors that influence health issues, like if you are worried where your food is coming from or you

don’t have a brick-and-mortar home, that immediate need will take precedent over your trying to take care of your health.
- Mental health and family support. We’ve seen a lot of improvement in breastfeeding rates and safe sleep practices, but there are still a lot of new moms who suffer mental health issues that go unaddressed especially if there are economic issues they don’t get addressed.
- Lack of a healthy diet and nutrition, and drug and alcohol use.
- Prenatal care is underutilized, and air quality creates bad air for new moms. We have improved services but generally, prenatal care is the biggest barrier. All hospitals have the same messages for moms with safe sleep initiates like sleeping along in a crib, no blankets or toys, if it is cold weather, don’t wrap them in blankets or fall asleep on the coach.
- People don’t tap into the systems that are already in place and designed to help them.

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

- Continuous education to students and parents about resources they may need.
- Offer structured education programs combined with healthy food options for people who are economically depressed.
- Access to childcare and medical screenings to ensure the baby is getting her medical needs regularly met.
- When we are doing programs for pregnant girls and we try to provide healthy information to them, we really need to push breastfeeding because we are providing money and resources to provide formula when that is not optimal nutrition. Breastfeeding is free and provides optimal nutrition.
- Keep kids in school. A lot of kids drop out after their freshman year.
- Make parenting classes widely available, instead of a prerequisite for something else like a child abuse claim. Make it a support system for moms, and ongoing parent education like what to look for as kids grow and reach milestones.
- Having a learning center and a place that provides essential services like afterschool programs so they don’t fall into drugs or gang violence, and teen pregnancy.
- Managed care is an issue, whatever your insurance is, it dictates care and how you get care. The magical answer would be to open care to all.
- I wish we could provide better predelivery education like childbirth classes so that the delivery experience is appropriate and I wish that education would extend to infant care in the first year of life. There is a lot of emphasis to get to delivery, but there is not much past that. So, continual classes throughout that first year of life, providing extended support to moms.

- There is new legislation in California to increase the availability of birth educators and doulas. They can have a great impact. Because those services are not otherwise covered by insurance, low-income communities did not have access to these services before. If moms have a positive birth experience our children will benefit form that once they are born.
- Working together and collaborating with all agencies that touch people who are underserved and when we find out someone is pregnant, it becomes a priority to follow-up and educate and help that person and support them through their pregnancy.
- Transportation is key. We have a lot of people who live in rural areas with no transportation and the geography of our large county creates issues.
- People need to know about the resources that are out there.
- Find ways to reach people through trusted messengers. Kern county has taken a color-blind approach so they ignore the inequities associated with color. If they changed that approach, it would be a game changer. You must diversify how you do business if you want to be effective.

List the top 3 to 5 needs for kids, pregnant women and new moms.

- Healthy food, finances to ensure basic needs are met like housing and clothing, and access to medical care and urgent care services.
- Childcare, ready access to medical screenings and child supplies.
- Access to health care, understanding dietary issues, giving quality food to new moms and kids and promoting self-care and wellness.
- Ongoing dental care and community-based programs for preschool children, infants and toddlers for socializing and learning, and more support for postpartum anxiety and depression, they are still highly taboo topics and there is not much in the community for that.
- Afterschool programs, access to services for prevention and education programs.
- Access to transportation, availability of services, and housing and food insecurity.
- For pregnant women, educational messaging on the importance of care regardless of how many times they have been pregnant or given birth. Preconception care is important to understand how to prepare for having a healthy pregnancy and birth outcome. For kids, having safe places to play and live is important for wellbeing and addressing social emotional health with students so they know how to support themselves in a positive manner.
- ACEs screenings, nutrition, community safety, accessibility to services and economic mobility.
- Healthy diet, permanent housing, drug and alcohol abuse intervention. If we could connect pregnant women early on, with churches, the department of human services, local nonprofits, when we find someone in a vulnerable position and

pregnant, and collaboratively determine how we respond to them, which agency comes alongside them and take on that advocacy role. In some neighborhoods, the church is the only one with a pulse on the community and they are the access point. We see suicide, mental health, homelessness, we can connect them to other programs. We support communities in ZIP Codes with the highest rates of child abuse, and that has been amplified with COVID-19.

- Better access to care, community-based organizations that work with Medi-Cal populations. Half our population is in rural areas. They are underserved areas. Also, we need a better reimbursement rate for Medi-Cal and Denti-Cal. With such low reimbursement rates and the number of no-shows, they can't survive on the Denti-Cal rates. Quality childcare is a big need. We have waiting lists for Head Start and with preschool, there are not enough open slots.
- Check-ups, routine immunizations, transportation, and more access to insurance. There is a lot of domestic violence and substance use, so we need more mental health and behavioral health services.
- Early childcare and education services. Customized health care that is designed for them, nutrition services and access to good nutrition.

Mortality/Leading Causes of Death

Life Expectancy at Birth

Life expectancy in Kern County is 77.5 years. Data indicate 400 of 100,000 Kern County residents die before the age of 75, which is considered a premature death. The total of the Years of Potential Life Lost (the difference between the age of persons who died and the age of 75, totaled) for the county is 8,000 years. Residents of Kern County have a lower life-expectancy than do Californians.

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

	Kern County	California
Life expectancy at birth in years	77.5	81.7
Premature age-adjusted mortality (number of deaths among residents under 75, per 100,000 persons)*	400	270
Premature death/Years of Potential Life Lost (YPLL) before age 75, per 100,000 population, age-adjusted	8,000	5,300

*Source: National Center for Health Statistics' National Statistics System (NVSS); *CDC Wonder mortality data; data accessed and calculations performed by County Health Rankings. 2017-2019. http://www.countyhealthrankings.org*

Mortality Rates

Age-adjusted death rates are an important factor to examine when comparing mortality data. A crude death rate is a ratio of the number of deaths to the entire population. Age-adjusted death rates eliminate the bias of age in the makeup of the populations. The age-adjusted death rate in the service area is 795.1 per 100,000 persons, which is higher than the county rate (787.4 per 100,000 persons) and higher than the state rate (614.4 deaths per 100,000 persons).

Mortality Rate, Age-Adjusted, per 100,000 Persons, Five-Year Average

	Mercy Service Area		Kern County	California
	Deaths	Rate	Rate	Rate
Mortality rate	3,781	795.1	787.4	614.4

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2014-2018 and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001, and using the 2000 U.S. standard million. -- Values of 3 or less are withheld per HIPAA guidelines.

Leading Causes of Death

The top two leading causes of death in the service area are heart disease and cancer. The heart disease mortality rate in the service area is 185.5 deaths per 100,000 persons, which is lower than the county rate (192.3 per 100,000 persons) but higher than the state rate (142.7 deaths per 100,000 persons). The Healthy People 2030 objective is specific to ischemic heart disease only and is 71.1 deaths per 100,000 persons. The service area death rate from ischemic heart disease is 119.9 deaths per

100,000 persons, which is lower than the county rate (135.3 per 100,000 persons), but higher than the state rate (88.1 per 100,000 persons) and the Healthy People 2030 objective.

The cancer death rate in the service area is 154.3 per 100,000 persons, which is higher than the county rate (150.8 per 100,000 persons) and the state rate (139.6 deaths per 100,000 persons). The service area does not meet the Healthy People 2030 objective, which for cancer mortality is 122.7 deaths per 100,000 persons. In addition to heart disease and cancer, the top five leading causes of death in the service area include: unintentional injuries, chronic lower respiratory disease, and Alzheimer's disease. In addition to ischemic heart disease and cancer death objectives, the service area does not meet the Healthy People 2030 objectives for unintentional injuries, stroke, liver disease, suicide and homicide.

Leading Causes of Death Rate, Age-Adjusted, per 100,000 Persons, 2014-2018 Average

	Mercy Service Area		Kern County	California	Healthy People 2030 Objective
	Avg. Annual Deaths	Rate	Rate	Rate	Rate
Heart disease	976	185.5	192.3	142.7	No Objective
Ischemic heart disease	253	119.9	135.3	88.1	71.1
Cancer	844	154.3	150.8	139.6	122.7
Unintentional injuries	323	54.5	54.6	31.8	43.2
Chronic Lower Respiratory Disease	286	55.2	54.1	32.1	Not Comparable
Alzheimer's disease	264	55.0	50.3	35.4	No Objective
Diabetes	207	39.2	36.6	21.3	Not Comparable
Stroke	187	35.9	36.1	36.4	33.4
Liver disease	92	15.5	15.3	12.2	10.9
Suicide	81	13.8	13.7	10.5	12.8
Pneumonia and influenza	73	13.7	14.1	14.8	No Objective
Kidney disease	70	13.1	13.8	8.5	No Objective
Homicide	58	9.4	10.0	5.0	5.5
HIV	9	1.5	1.4	1.6	No Objective

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2014-2018 and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001, and using the 2000 U.S. standard million.
-- Values of 3 or less are withheld per HIPAA guidelines.

Heart Disease and Stroke

The age-adjusted mortality rate for ischemic heart disease in the service area is 119.9 deaths per 100,000 persons, and the age-adjusted rate of death from stroke is 35.9 deaths per 100,000 persons. These rates do not meet the Healthy People 2030 objectives of 71.1 heart disease deaths per 100,000 persons and 33.4 stroke deaths per 100,000 persons.

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

	Mercy Service Area		Kern County	California
	Number	Rate	Rate	Rate
Ischemic heart disease death rate	253	119.9	135.3	88.1
Stroke death rate	187	35.9	36.1	36.4

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2014-2018 and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001, and using the 2000 U.S. standard million.
-- Values of 3 or less are withheld per HIPAA guidelines.

Cancer

In the service area, the age-adjusted cancer mortality rate is 154.3 per 100,000 persons. This rate does not meet the Healthy People 2030 objective of 122.7 deaths from cancer, per 100,000 persons.

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

	Mercy Service Area		Kern County	California
	Number	Rate	Rate	Rate
Cancer death rate	844	154.3	150.8	139.6

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2014-2018 and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001, and using the 2000 U.S. standard million.
-- Values of 3 or less are withheld per HIPAA guidelines.

The rate of cancer mortality is higher in Kern County (154.6 per 100,000 persons) is higher than the state rate (140 per 100,000 persons). The highest mortality rates for cancer in Kern County are for lung and bronchus, breast (female), prostate, colon and rectum, and pancreatic cancers.

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

	Kern County	California
Cancer all sites	**154.6**	**140.0**
Lung and bronchus	33.2	28.0
Breast (female)	22.0	19.3
Prostate (males)	21.9	19.8
Colon and rectum	12.8	12.5
Pancreas	11.4	10.3
Liver and intrahepatic bile duct	8.2	7.7
Cervical and uterine (female)*	7.1	7.2
Leukemia	6.5	6.9
Ovary (females)	5.7	5.8
Non-Hodgkin lymphoma	5.4	5.2
Urinary bladder	4.6	3.8
Myeloma	4.0	2.9
Kidney and renal pelvis	3.9	3.3
Esophagus	3.3	3.1
Stomach	2.6	3.9

*Source: California Cancer Registry, Cal*Explorer-CA Cancer Data tool, 2014-2018*
https://explorer.ccrcal.org/application.html **Cervix Uteri, Corpus Uteri and Uterus, NOS*

Unintentional Injury

The age-adjusted death rate from unintentional injuries in the service area is 54.5 deaths per 100,000 persons. This rate is higher than the state rate (31.8 deaths per 100,000) and the Healthy People 2030 objective of 43.2 deaths per 100,000 persons.

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

	Mercy Service Area		Kern County	California
	Number	Rate	Rate	Rate
Unintentional injuries death rate	323	54.5	54.6	31.8

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2014-2018 and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001, and using the 2000 U.S. standard million. -- Values of 3 or less are withheld per HIPAA guidelines.

Community Input – Unintentional Injuries

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

- There are numerous vehicle accidents that occur on Highway 395-due to the design of the roadway. It is a two-lane road that is heavily trafficked with many blind spots and people pass and encounter head-on collisions. We have lost many residents due to that because it is the main road that is used to get in and out of the community.
- Drowning and near drownings and water safety is important in our community with open, natural water areas as well as numerous private pools. Drowning is one of the leading causes of death for children. We see a number of drownings in our community each year. We promote barriers of protection around home pools, the importance of adult supervision, and enrolling children in swimming lessons and CPR and life vests.
- If you are self-employed and lost your job, there is less disability money that is available for that population. If you need that regular paycheck, you can easily tip into a precarious position.
- The importance of balance issues and building strength and taking your vitamins because it helps with your balance.
- We have high levels of domestic violence and alcohol abuse which has led to one of the highest levels of injuries in the country for driving under the influence. It has led to a lot of deaths and medical injuries. There is trauma due to drug and alcohol abuse. We also have a lot of people who hurt themselves when riding motorcycles and ATVs.
- I don’t see a lot of education or information out there for families who may have young children or elderly parents at risk for falls or burns, or other accidents in or outside the home.
- We must be careful about drownings, having safety gates around pools and watching little ones.

Chronic Lower Respiratory Disease

Chronic lower respiratory disease (CLRD) and chronic obstructive pulmonary disease (COPD) include emphysema and bronchitis. The age-adjusted death rate for respiratory disease in the service area is 55.2 per 100,000 persons. This is higher than the county (54.1 per 100,000 persons) and the state (32.1 per 100,000 persons) rates.

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

	Mercy Service Area		Kern County	California
	Number	Rate	Rate	Rate
Chronic Lower Respiratory Disease death rate	286	55.2	54.1	32.1

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2014-2018 and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001, and using the 2000 U.S. standard million.
-- Values of 3 or less are withheld per HIPAA guidelines.

Alzheimer's Disease

The mortality rate from Alzheimer's disease is 55 deaths per 100,000 persons. This is higher than the county (50.3 per 100,000 persons) and state (35.4 per 100,000 persons) rates.

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

	Mercy Service Area		Kern County	California
	Number	Rate	Rate	Rate
Alzheimer's disease death rate	264	55.0	50.3	35.4

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2014-2018 and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001, and using the 2000 U.S. standard million.
-- Values of 3 or less are withheld per HIPAA guidelines.

Community Input – Alzheimer's Disease

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

- We have a lot of services in the community. The education piece needs to be in areas of the city that are more disadvantaged where residents are less likely to know about resources that are available.
- It can be a challenge to find care providers who are affordable.
- A lot of times it goes undiagnosed, and there is not enough information out there. And most people are not sure of the difference between Alzheimer's disease and dementia.
- There are not enough services in the community.
- The latest study shows that Hispanics are 1.5 times more likely than whites and blacks are 2 times more likely than whites to develop dementia. Dementia increased during the pandemic. Age is the highest risk factor. We have found the best thing to do to prevent dementia and keep a high level of cognition in a community is socialization and interaction with others. And people couldn't do much of that last

year. Also, people who have a history of heart issues have an increased risk of dementia.

- One of the biggest issues is getting a diagnosis. We have very low rates of diagnoses. It is less than 50% of people and that impacts people's ability to make plans and preparations for care. Without a diagnosis, they miss that step and find themselves in crisis mode.
- Trust in the medical system is a barrier for more diverse communities.
- We need more education on what is and is not a normal sign of aging. We could do a better job on the science around reducing risk factors for dementia. People could have some sense of control over their health and future. It cannot be prevented completely, but we know we can do things to reduce the risk. We have learned that a heart healthy diet is a brain healthy diet and physical activity reduces risk. Socialization and interacting with others helps. Maintaining good heart health and sleep patterns too. All collectively have been shown to help reduce the risk of dementia.
- There are very limited resources for older adults, and there are fewer programs for older adults and aging baby boomer. Dementia is highly stressful and as it progresses there is need for family support.
- Finding people appropriate services when they do not have funding is extremely difficult. There are great services, like adult day care, but it costs money and it is not covered by insurance. For those who do not have savings, they are at a disadvantage.
- There is a lack of education and understanding for families, and that is a challenge, as they are usually the caregivers. It is a very diverse disease and physicians will often place a diagnosis on a patient without a lot of explanation. There are different levels of progression and it is difficult to talk about them all during a brief office visit, so there is a gap between what the physician communicates to the patient and families and their understanding. Also, there is a lot of variation in providers as to what resources they provide.
- There has been heightened awareness of the issue in our community, but there is a lack of facilities for patients and cost is a barrier.

Diabetes

The age-adjusted mortality rate from diabetes in the service area is 39.2 deaths per 100,000 persons. This is higher than the county rate (39.6 per 100,000 persons) and the state rate (21.3 deaths per 100,000 persons).

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

	Mercy Service Area		Kern County	California
	Number	Rate	Rate	Rate
Diabetes death rate	207	39.2	36.6	21.3

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2014-2018 and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001, and using the 2000 U.S. standard million.
-- Values of 3 or less are withheld per HIPAA guidelines.

Liver Disease

The death rate from liver disease in the service area is 15.5 deaths per 100,000 persons. This is higher than the state rate (12.2 deaths per 100,000 persons) and the Healthy People 2030 objective of 10.9 deaths per 100,000 persons.

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

	Mercy Service Area		Kern County	California
	Number	Rate	Rate	Rate
Liver disease death rate	92	15.5	15.3	12.2

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2014-2018 and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001, and using the 2000 U.S. standard million.
-- Values of 3 or less are withheld per HIPAA guidelines.

Suicide

The suicide rate in the service area is 13.8 deaths per 100,000 persons. This is higher than the state rate (10.5 deaths per 100,000 persons) and the Healthy People 2030 objective for suicide of 12.8 per 100,000 persons.

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

	Mercy Service Area		Kern County	California
	Number	Rate	Rate	Rate
Suicide	81	13.8	13.7	10.5

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2014-2018 and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001, and using the 2000 U.S. standard million.
-- Values of 3 or less are withheld per HIPAA guidelines.

Pneumonia and Influenza

The age-adjusted death rate for pneumonia and influenza is 13.7 per 100,000 persons. This rate is lower than the county (14.1 per 100,000 persons) and the state (14.8 per 100,000 persons) rates.

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

	Mercy Service Area		Kern County	California
	Number	Rate	Rate	Rate
Pneumonia and flu death rate	73	13.7	14.1	14.8

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2014-2018 and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001, and using the 2000 U.S. standard million.
-- Values of 3 or less are withheld per HIPAA guidelines.

Kidney Disease

The death rate from kidney disease is 13.1 deaths per 100,000 persons. This is lower than the county rate (13.8 per 100,000 persons) but higher than the state rate (8.5 deaths per 100,000 persons).

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

	Mercy Service Area		Kern County	California
	Number	Rate	Rate	Rate
Kidney disease death rate	70	13.1	13.8	8.5

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2014-2018 and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001, and using the 2000 U.S. standard million.
-- Values of 3 or less are withheld per HIPAA guidelines.

Homicide

The homicide rate in the service area is 9.4 deaths per 100,000 persons. This rate is lower than the county rate (10 deaths per 100,000 persons) and higher than the state rate (five deaths per 100,000). It does not meet the Healthy People 2030 objective for homicide death of 5.5 per 100,000 persons.

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

	Mercy Service Area		Kern County	California
	Number	Rate	Rate	Rate
Homicide	58	9.4	10.0	5.0

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2014-2018 and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001, and using the 2000 U.S. standard million.
-- Values of 3 or less are withheld per HIPAA guidelines.

HIV/AIDS

The rate of HIV deaths in the service area is 1.5 deaths per 100,000 persons. This is similar to Kern County (1.4 deaths per 100,000 persons) and state (1.6 deaths per 100,000 persons) rates.

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

	Mercy Service Area		Kern County	California
	Number	Rate	Rate	Rate
HIV/AIDS	9	1.5	1.4	1.6

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2014-2018 and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001, and using the 2000 U.S. standard million.
-- Values of 3 or less are withheld per HIPAA guidelines.

Drug Overdose Deaths

Rates of death by drug overdose, whether unintentional, suicide, homicide, or undetermined intent, have generally been rising, particularly over the last several years. Drug overdose deaths in Kern County are higher than state rates. The county does not

meet the Healthy People 2030 objective of 20.7 drug overdose deaths per 100,000 persons.

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

	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Kern County	16.8	17.4	18.6	19.4	21.6	24.8	25.2	24.1	26.2	26.2	29.9
California	10.7	10.6	10.7	10.3	11.1	11.1	11.3	11.2	11.7	12.8	15.0

Source: U.S. Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Mortality public-use data 2009-2019, on CDC WONDER. https://wonder.cdc.gov/Deaths-by-Underlying-Cause.html

In 2019, the age-adjusted death rate from opioid overdoses in Kern County was 12.8 deaths per 100,000 persons, which is higher than the state rate. While the rate of opioid deaths is rising statewide, it has risen more-swiftly in the county (213% over the past four years vs. 161% for the state). The Healthy People 2030 objective is a maximum of 13.1 overdose deaths involving opioids, per 100,000 persons, which the county did meet in 2019.

Opioid Drug Overdose Death Rates, Age-Adjusted, per 100,000 Persons, 2016 - 2019

	Annual Rate			
	2016	2017	2018	2019
Kern County	6.0	8.4	10.5	12.8
California	4.9	5.2	5.8	7.9

Source: California Office of Statewide Health Planning and Development, via California Department of Public Health, California Opioid Overdose Surveillance Dashboard, 2020. https://discovery.cdph.ca.gov/CDIC/ODdash/

In 2019, there were approximately 15.9 overdose deaths involving opioids per 100,000 persons in the service area. Rates were highest in Lake Isabella (94.8 deaths per 100,000 persons); however, care should be taken in interpreting this rate, as it was based on only six deaths. The next highest rates were in Bakersfield 93305 (36.8 per 100,000 persons) and Bakersfield 93308 (28 deaths per 100,000 persons). The rate was higher in the service area than in the county (12.8 deaths per 100,000 persons) or the state (7.9 per 100,000 persons.

Opioid Drug Overdose Death Rates, Age-Adjusted, per 100,000 Persons, 2019

	ZIP Code	Rate
Bakersfield	93301	20.0
Bakersfield	93304	9.6
Bakersfield	93305	36.8
Bakersfield	93306	9.6
Bakersfield	93307	13.8
Bakersfield	93308	28.0
Bakersfield	93309	14.0
Bakersfield	93311	2.6
Bakersfield	93312	17.6
Bakersfield	93313	10.1
Bakersfield	93314	12.2

	ZIP Code	Rate
Lake Isabella	93240	94.8
Taft	93268	20.5
Tehachapi	93561	12.3
Mercy Service Area*		**15.9**
Kern County		**12.8**
California		**7.9**

*Source: California Office of Statewide Health Planning and Development, via California Department of Public Health, California Opioid Overdose Surveillance Dashboard, 2020. https://discovery.cdph.ca.gov/CDIC/ODdash/ *Weighted average; calculated using 2015-2019 ACS adult population estimates.*

When examined by demographics, opioid overdose deaths in Kern County were more than twice as likely to occur in men (17.3 deaths per 100,000 men) than women (7.8 deaths per 100,000 women). The rate of death from opioids is highest among adutls, ages 55-59 (27.9 deaths per 100,000).

Rates of opioid overdose deaths were highest among Native American/Alaska Native residents (25.2 deaths per 100,000 persons) followed by White residents (22.2 deaths per 100,000 persons). These groups were followed by Black/African American (9.8 deaths per 100,000 persons) and Hispanic/Latino (8.1 deaths per 100,000 persons). Rates were the lowest among Asian/Pacific Islander residents of the county (4.2 deaths per 100,000 persons).

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

	Rate
Male	17.3
Female	7.8
10 to 14 years old	0.0
15 to 19 years old	4.5
20 to 24 years old	21.3
25 to 29 years old	22.0
30 to 34 years old	21.3
35 to 39 years old	22.6
40 to 44 years old	16.6
45 to 49 years old	5.8
50 to 54 years old	26.8
55 to 59 years old	27.9
60 to 64 years old	20.0
65 to 69 years old	17.1
70 to 74 years old	3.7
75 to 79 years old	0.0
80 to 84 years old	0.0

	Rate
85+ years old	0.0
Native American/Alaska Native	25.2
White	22.2
Black/African American	9.8
Hispanic/Latino	8.1
Asian/Pacific Islander	4.2
Kern County	**12.8**

Source: California Office of Statewide Health Planning and Development, via California Department of Public Health, California Opioid Overdose Surveillance Dashboard, 2020; data from 2019. https://discovery.cdph.ca.gov/CDIC/ODdash/

Acute and Chronic Disease

Hospitalizations by Diagnoses

At Dignity Health Mercy Hospitals, the top four primary diagnoses resulting in hospitalization were: 1) complications of pregnancy, childbirth and the postpartum period; 2) conditions originating in the perinatal period; 3) diseases of the digestive system; and 4) circulatory system diseases.

Hospitalizations by Principal Diagnoses, Top Ten Causes

	Dignity Health Mercy Hospitals
Complications of pregnancy, childbirth & postpartum period	19.5%
Certain conditions originating in perinatal period	17.9%
Digestive system	10.9%
Circulatory system	7.7%
Infectious and parasitic diseases	7.2%
Respiratory system	6.8%
Injury and poisoning	5.9%
Genitourinary system	5.5%
Endocrine, nutritional, and metabolic diseases and immunity disorders	5.3%
Musculoskeletal system and connective tissue	3.6%

Source: Healthy Communities Institute, California Office of Statewide Health Planning and Development, 2019. http://report.oshpd.ca.gov/?DID=PID&RID=Facility_Summary_Report_Hospital_Inpatient

Emergency Room Visits by Diagnoses

At Dignity Health Mercy Hospitals, the top four primary diagnoses seen in the Emergency Department were: 1) injuries/poisonings; 2) respiratory system; 3) nervous system/sensory organs; and 4) and genitourinary system diagnoses.

Emergency Room Visits by Principal Diagnoses, Top Ten Causes

	Dignity Health Mercy Hospitals
Injury and poisoning	17.1%
Respiratory system	15.2%
Nervous system and sense organs	8.9%
Genitourinary system	8.3%
Musculoskeletal system & connective tissue	8.0%
Digestive system	7.7%
Circulatory system	6.2%
Complications of pregnancy, childbirth & postpartum period	4.0%
Skin and subcutaneous tissue	3.9%
Mental illness	2.9%

Source: Healthy Communities Institute, California Office of Statewide Health Planning and Development, 2019. http://report.oshpd.ca.gov/?DID=PID&RID=Facility_Summary_Report_Emergency_Department

Fair or Poor Health

When asked to self-report on health status in the past 30 days, 20% of adults in the service area indicated they were in fair or poor health, higher than the state rate (18.1%), but lower than the county rate (20.5%). Among area ZIP Codes, Bakersfield

93307 had the highest rate of self-reported fair or poor health at 24.2% of adults and Bakersfield 93312 had the lowest rate of self-reported fair or poor health (17%).

Fair or Poor Health, Adults

	ZIP Code	Percent
Bakersfield	93301	19.2%
Bakersfield	93304	23.2%
Bakersfield	93305	22.4%
Bakersfield	93306	20.9%
Bakersfield	93307	24.2%
Bakersfield	93308	17.4%
Bakersfield	93309	19.0%
Bakersfield	93311	18.4%
Bakersfield	93312	17.0%
Bakersfield	93313	18.6%
Bakersfield	93314	18.2%
Lake Isabella	93240	19.7%
Taft	93268	18.6%
Tehachapi	93561	19.0%
Mercy Service Area*		**20.0%**
Kern County		**20.5%**
California		**18.1%**

*Source: PolicyMap, utilizing the CDC's Behavioral Risk Factor Surveillance System (BRFSS), 2018 data, https://www.policymap.com/ *Weighted average; calculated using 2015-2019 ACS adult population estimates*

Frequent Poor Health

13.3% of adults in the service area reported 14 or more days of poor physical health in the previous month. This is higher than the state rate of 12.2% of adults.

Poor Physical Health, Adults, 14 or More Days in Past Month

	ZIP Code	Percent
Bakersfield	93301	13.0%
Bakersfield	93304	14.1%
Bakersfield	93305	13.2%
Bakersfield	93306	13.5%
Bakersfield	93307	13.8%
Bakersfield	93308	13.3%
Bakersfield	93309	13.2%
Bakersfield	93311	13.0%
Bakersfield	93312	12.8%
Bakersfield	93313	12.1%
Bakersfield	93314	13.5%
Lake Isabella	93240	15.9%
Taft	93268	13.0%
Tehachapi	93561	13.9%
Mercy Service Area*		**13.3%**
Kern County		**13.4%**
California		**12.2%**

*Source: PolicyMap, utilizing the CDC's Behavioral Risk Factor Surveillance System (BRFSS), 2018 data, https://www.policymap.com/ *Weighted average; calculated using 2015-2019 ACS adult population estimates*

Diabetes

When asked if they had ever been diagnosed with diabetes by a health professional, 9.3% of adults in the service area answered 'yes.' Among area communities, Taft had the lowest estimated rate (8.2%) and Lake Isabella had the highest estimated rate of adults diagnosed with diabetes (11.8%).

Diabetes, Adults

	ZIP Code	Percent
Bakersfield	93301	9.1%
Bakersfield	93304	10.3%
Bakersfield	93305	9.6%
Bakersfield	93306	9.8%
Bakersfield	93307	10.0%
Bakersfield	93308	8.4%
Bakersfield	93309	9.4%
Bakersfield	93311	9.2%
Bakersfield	93312	8.3%
Bakersfield	93313	8.7%
Bakersfield	93314	8.8%
Lake Isabella	93240	11.8%
Taft	93268	8.2%
Tehachapi	93561	9.6%
Mercy Service Area*		**9.3%**
Kern County		**9.4%**
California		**10.4%**

*Source: PolicyMap, utilizing the CDC's Behavioral Risk Factor Surveillance System (BRFSS), 2018 data, https://www.policymap.com/ *Weighted average; calculated using 2015-2019 ACS adult population estimates*

The federal Agency for Healthcare Research and Quality (AHRQ) developed Prevention Quality Indicators (PQIs) to identify hospital admissions that may be avoided through access to high-quality outpatient care. Four PQIs, and one Composite PQI, are related to diabetes: short-term complications (ketoacidosis, hyperosmolarity and coma), long-term complications (renal, ophthalmic, or neurological manifestations, and peripheral circulatory disorders), amputation, and uncontrolled diabetes. By the measure of short-term complications and the composite PQI, preventable hospitalization rates were higher in Kern County than in California, while for long-term complications, amputations and uncontrolled diabetes, preventable hospitalizations were lower at the county level.

Diabetes Hospitalization Rates* for Prevention Quality Indicators

	Kern County	California
Diabetes short term complications	82.0	60.9
Diabetes long term complications	91.9	97.1
Lower-extremity amputation among patients with diabetes	26.2	29.6
Uncontrolled diabetes	23.8	**30.5**
Diabetes composite	**208.6**	**202.2**

*Source: California Office of Statewide Health Planning & Development, 2019. https://oshpd.ca.gov/data-and-reports/healthcare-quality/ahrq-quality-indicators/#pqi. *Risk-adjusted (age/sex-adjusted) annual rates per 100,000 persons.*

Heart Disease and Stroke

2.7% of service area adults report having been told by a health professional that they have heart disease. The lowest rate was in Bakersfield 93313 (2.2%) and the highest rate was in Lake Isabella, where an estimated 5% of adults had been told they have heart disease.

2.6% of service area adults reported being told by a health professional they have had a stroke. Stroke rates in the service area ranged from 2.2% in Bakersfield 93313 to 4% in Lake Isabella.

Heart Disease and Stroke Prevalence, Adults

	ZIP Code	Heart Disease	Stroke
Bakersfield	93301	3.0%	3.0%
Bakersfield	93304	2.7%	2.9%
Bakersfield	93305	2.4%	2.4%
Bakersfield	93306	2.9%	2.7%
Bakersfield	93307	2.3%	2.5%
Bakersfield	93308	3.0%	2.6%
Bakersfield	93309	3.1%	3.0%
Bakersfield	93311	2.8%	2.7%
Bakersfield	93312	2.6%	2.4%
Bakersfield	93313	2.2%	2.2%
Bakersfield	93314	2.7%	2.5%
Lake Isabella	93240	5.0%	4.0%
Taft	93268	2.7%	2.4%
Tehachapi	93561	3.4%	2.9%
Mercy Service Area*		**2.7%**	**2.6%**
Kern County		**2.7%**	**2.6%**
California		**3.2%**	**2.6%**

*Source: PolicyMap, utilizing the CDC's Behavioral Risk Factor Surveillance System (BRFSS), 2018 data, https://www.policymap.com/ *Weighted average; calculated using 2015-2019 ACS adult population estimates*

4.6% of service area adults reported having been diagnosed with angina or coronary heart disease, or a heart attack (myocardial infarction). The lowest rate was in Bakersfield 93313 (3.8%) and the highest rate was in Lake Isabella where 7.9% of adults had been diagnosed with angina, coronary heart disease, or a heart attack.

Heart Disease or Heart Attack, Adults

	ZIP Code	Percent
Bakersfield	93301	4.9%
Bakersfield	93304	4.7%
Bakersfield	93305	4.3%
Bakersfield	93306	4.9%
Bakersfield	93307	4.2%
Bakersfield	93308	4.8%
Bakersfield	93309	5.1%
Bakersfield	93311	4.6%
Bakersfield	93312	4.3%

	ZIP Code	Percent
Bakersfield	93313	3.8%
Bakersfield	93314	4.5%
Lake Isabella	93240	7.9%
Taft	93268	4.6%
Tehachapi	93561	5.5%
Mercy Service Area*		**4.6%**
Kern County		**4.6%**
California		**5.0%**

*Source: PolicyMap, utilizing the CDC's Behavioral Risk Factor Surveillance System (BRFSS), 2018 data, https://www.policymap.com/ *Weighted average; calculated using 2015-2019 ACS adult population estimates*

6.2% of Kern County adults have been diagnosed with heart disease, which is lower than the state rate of 6.6%. Among adults diagnosed with heart disease, 69.7% said they were given a management care plan by a health care provider, which is lower than the state rate (73.7%). Among Kern County adults with a management plan, 56.9% were very confident of their ability to control their condition. 7% of Kern County residents reported lacking confidence to control their condition.

Heart Disease, Adults

	Kern County	California
Diagnosed with heart disease	6.2%	6.6%
Has a management care plan**	69.7%	73.7%
Very confident to control condition***	*56.9%	59.4%
Somewhat confident to control condition***	*36.0%	35.3%
Not confident to control condition***	*7.0%	5.3%

*Source: California Health Interview Survey, 2015-2019. **2014-2018. ***2015-2016 http://ask.chis.ucla.edu/ *Statistically unstable due to sample size.*

As noted, Prevention Quality Indicators (PQIs) identify hospital admissions that may be avoided through access to high-quality outpatient care. The rate of admissions related to heart failure in Kern County (358.7 annual hospitalizations per 100,000 persons, risk-adjusted) is above the state rate of 355 hospitalizations per 100,000 persons.

Heart Failure Hospitalization Rate* for Prevention Quality Indicators

	Kern County	California
Hospitalization rate due to heart failure	358.7	355.0

*Source: California Office of Statewide Health Planning & Development, 2019. https://oshpd.ca.gov/data-and-reports/healthcare-quality/ahrq-quality-indicators/#pqi. *Risk-adjusted (age/sex-adjusted) annual rates per 100,000 persons.*

High Blood Pressure and High Cholesterol

Co-morbidity factors for diabetes and heart disease are high blood pressure (hypertension) and high blood cholesterol. The percent of county adults who reported being diagnosed with high blood pressure was 26.2% and 26.5% were diagnosed with high cholesterol. The highest rates of diagnosed high blood pressure and diagnosed high cholesterol were in Lake Isabella (36.3% and 35.5%, respectively) followed by

Tehachapi (29.6% and 29.4%, respectively).

High Blood Pressure and High Cholesterol, Adults

	ZIP Code	Hypertension	High Cholesterol
Bakersfield	93301	26.8%	26.3%
Bakersfield	93304	27.0%	26.0%
Bakersfield	93305	24.6%	24.8%
Bakersfield	93306	27.0%	27.4%
Bakersfield	93307	24.8%	24.5%
Bakersfield	93308	26.7%	27.4%
Bakersfield	93309	27.6%	27.1%
Bakersfield	93311	26.2%	26.9%
Bakersfield	93312	25.4%	26.5%
Bakersfield	93313	23.9%	24.7%
Bakersfield	93314	26.4%	27.6%
Lake Isabella	93240	36.3%	35.5%
Taft	93268	25.4%	25.8%
Tehachapi	93561	29.6%	29.4%
Mercy Service Area*		**26.2%**	**26.5%**
Kern County		**26.3%**	**26.4%**
California		**28.4%**	**31.7%**

*Source: PolicyMap, utilizing the CDC's Behavioral Risk Factor Surveillance System (BRFSS), 2017 data, https://www.policymap.com/ *Weighted average; calculated using 2015-2019 ACS adult population estimates.*

In Kern County, 33.1% of adults have been diagnosed with high blood pressure and 4.8% have been told they have borderline high blood pressure. 68.8% of persons diagnosed with high blood pressure take medication for their condition. The county rate of high blood pressure diagnosis (33.1%) was higher than the state rate (25.9%).

High Blood Pressure, Adults

	Kern County	California
Diagnosed with high blood pressure	33.1%	25.9%
Borderline high blood pressure	4.8%	7.2%
Doesn't / never had high blood pressure	62.1%	67.0%
Takes medication for high blood pressure**	68.8%	67.9%

*Source: California Health Interview Survey, 2019 **2016-2017. http://ask.chis.ucla.edu/*

In addition to heart failure, the remaining Prevention Quality Indicator (PQIs) related to heart disease is hypertension. The rate of admissions related to hypertension in the county (28.7 hospitalizations per 100,000 persons, risk-adjusted) is lower than in the state rate (43.4 hospitalizations per 100,000 persons).

Hypertension Hospitalization Rate* for Prevention Quality Indicators

	Kern County	California
Hospitalization rate due to hypertension	28.7	43.4

*Source: California Office of Statewide Health Planning & Development, 2019. https://oshpd.ca.gov/data-and-reports/healthcare-quality/ahrq-quality-indicators/#pqi. *Risk-adjusted (age/sex-adjusted) annual rates per 100,000 persons.*

Cancer

The age-adjusted cancer incidence rate in the county was 377.3 per 100,000 persons, which was lower than the state rate of 394.5 per 100,000 persons. In Kern County, the incidence rates were highest for breast (female), prostate, lung and bronchus, colon and rectum and uterine cancers.

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

	Kern County	California
All sites	**377.3**	**394.5**
Breast (female)	116.0	122.2
Prostate (males)	94.0	91.7
Lung and bronchus	44.4	40.0
Colon and rectum	34.7	34.8
Corpus Uteri (females)	25.5	26.6
Kidney and renal pelvis	19.5	14.7
Melanoma of the skin	18.6	23.1
Non-Hodgkin lymphoma	16.3	18.3
Thyroid	13.9	13.1
Leukemia	13.4	12.4
Pancreas	12.4	11.9
Ovary (females)	11.0	11.1
Liver and Intrahepatic Bile Duct	10.7	9.7
Urinary bladder	10.0	8.7
Cervix Uteri (females)	9.1	7.4

*Source: California Cancer Registry, Cal*Explorer-CA Cancer Data tool, 2014-2018*
https://explorer.ccrcal.org/application.html

Asthma

Reported rates of adult asthma in the service area (9.5%) where higher than county rates (9.4%) and state rates (8.5%). The area ZIP Code with the highest estimated rate, based on self-report, was San Bernardino 93301 (10.1%). The ZIP Codes with the lowest estimated rate of adult asthma in the service area were San Bernardino 93305 and San Bernardino 93313 (9.1%).

Asthma Prevalence, Adults

	ZIP Code	Percent
Bakersfield	93301	10.1%
Bakersfield	93304	9.9%
Bakersfield	93305	9.1%
Bakersfield	93306	9.3%
Bakersfield	93307	9.4%
Bakersfield	93308	9.8%
Bakersfield	93309	9.9%
Bakersfield	93311	9.6%
Bakersfield	93312	9.6%
Bakersfield	93313	9.1%
Bakersfield	93314	9.8%
Lake Isabella	93240	9.9%
Taft	93268	9.4%

	ZIP Code	Percent
Tehachapi	93561	9.2%
Mercy Service Area*		**9.5%**
Kern County		**9.4%**
California		**8.5%**

*Source: PolicyMap, utilizing the CDC's Behavioral Risk Factor Surveillance System (BRFSS), 2018 data, https://www.policymap.com/ *Weighted average; calculated using 2015-2019 ACS adult population estimates*

In the county, 20.1% of the total population has been diagnosed with asthma. Among children, 21% have been diagnosed with asthma. 29.6% of the population with diagnosed asthma had an asthma episode/attack in the past year and 51.3% take daily medication to control their symptoms. Among diagnosed children, 24.2% experienced an asthma episode/attack in the past year and 30% missed days of daycare/school due to asthma. 34.6% of diagnosed children take daily medication.

Asthma

	Kern County	California
Diagnosed with asthma, total population	20.1%	15.3%
Diagnosed with asthma, 0-17 years old	21.0%	14.3%
Had asthma episode/attack in past 12 months, total population	29.6%	28.4%
Had asthma episode/attack in past 12 months, 0-17 years old	24.2%	29.4%
Missed days of daycare/school in the past 12 months, 0-17**	30.0%	22.8%
Takes daily medication to control asthma, total population	51.3%	45.4%
Takes daily medication to control asthma, 0-17 years old	34.6%	43.5%

*Source: California Health Interview Survey, 2015-2019 **2014-2019 http://ask.chis.ucla.edu*

Two Prevention Quality Indicators (PQIs) related to asthma include chronic obstructive pulmonary disease (COPD) or asthma in older adults, and asthma in younger adults. In 2019, the rate in Kern County for COPD and asthma hospitalizations among adults, ages 40 and older, was 227.5 hospitalizations per 100,000 persons, which is higher than the statewide rate (220.2 hospitalizations per 100,000 persons). The rate of hospitalizations in the county for asthma among young adults, ages 18 to 39, was 9.4 hospitalizations per 100,000 persons, which is lower than the state rate of 19.7 per 100,000 persons.

Asthma Hospitalization Rates* for Prevention Quality Indicators

	Kern County	California
COPD or asthma in older adults, ages 40 and older	227.5	220.2
Asthma in younger adults, ages 18 to 39	9.4	19.7

*Source: California Office of Statewide Health Planning & Development, 2019. https://oshpd.ca.gov/data-and-reports/healthcare-quality/ahrq-quality-indicators/#pqi. *Risk-adjusted (age/sex-adjusted) annual rates per 100,000 persons.*

Tuberculosis

Tuberculosis (TB) rates in the county fell from a high of 4.7 cases per 100,000 persons in 2011 to a low of 2.3 cases per 100,000 persons in 2016 and 2018. However, diagnosed rates of TB rose in 2017 and 2019, to 2.8 cases per 100,000 persons. This rate remains lower than the statewide rate of 5.3 TB cases per 100,000 persons.

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

	2015		2016		2017		2018		2019	
	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate
Kern County	29	3.3	20	2.3	25	2.8	21	2.3	26	2.8
California	2,131	5.5	2,059	5.2	2,057	5.2	2,097	5.3	2,115	5.3

Source: California Department of Public Health, Tuberculosis Control Branch, California Tuberculosis Data Tables, 2019. https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/TB-Disease-Data.aspx

Disability

The U.S. Census Bureau collects data on six different categories of disability or 'difficulties': difficulty with hearing, vision, cognitive tasks, ambulatory tasks, self-care tasks and independent living. The rate of disability among the total population and within each of the age groups (children, adults, and seniors) is higher in the service area than compared to county and state rates.

Disability, Five-Year Average

	Mercy Service Area	Kern County	California
Population with a disability	11.4%	11.1%	10.6%
Children with a disability	3.8%	3.4%	3.3%
Adults 18 to 64 with disability	10.2%	10.1%	8.0%
Seniors with a disability	38.9%	38.1%	34.5%

Source: U.S. Census Bureau, American Community Survey, 2015-2019, DP02. http://data.census.gov

Community Input – Chronic Disease

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

- Chronic diseases are the number one killer of people in our community. You can calculate death by ZIP Codes in our community due to chronic diseases. It is a result of not having access to health care.
- With cancer, there is a perception that there is a lack of quality services in our community when, in fact, the services are improving significantly. We have many practitioners who are professors at UCLA and engaged in research. But the perception that people must go out of town for care persists. The need to leave the community for health care impacts people financially especially if they must stay compliant with complex regiments of care.
- With persons who are homeless, they don't know they are sick until something is diagnosed as serious. Something small that could have been handled previously can

become devastating. We need more early detection and early prevention. Street medicine works well; we need more investments in that. We must go to them versus waiting for them to come to the clinic.

- Some of the programs at Mercy are excellent. They reach out and identify people and follow-up with them and provide health and nutrition education. The promotora model, where they take the education from person to person, they do a phenomenal job, but it is just not enough.
- Patients use the ED as their primary care because they do not have health care access. Lack of health care access contributes to ongoing chronic disease issues.
- There are certain diseases associated with trauma (ACEs) like diabetes and obesity and high blood pressure. If you can identify that childhood trauma early on by asking appropriate questions and treat the trauma, you are more likely to provide healing for that child. We need to figure out how to look at the root cause, not just treat the symptoms.
- We could do a better job identifying the correlation between heart health and brain health, it could be a dual education opportunity. We could do a better job of helping people to be aware of risk factors for dementia as well.
- People are predisposed to poor diets, and there is a lack of education on how to eat well. The number of fast-food restaurants and the lack of fresh food grocery stores are prevalent in our communities and are tied to chronic diseases.
- With the new insurance mandates, there will be more social assistance for members like Meals on Wheels, in-home support services, and more transportation, and disease management. Maybe things will improve for the vulnerable populations, which is the idea of those programs.
- We have great providers in town, but there are also times where people must travel outside the county and that is a barrier if you have to drive to Los Angeles. Living with a condition for many years, it becomes your normal and you may not access services unless it is a life-threatening situation.
- Heart disease, a lot of that stems from weight issues. We have specialized medical facilities and providers that are right here in our community, so the ability for our community to address chronic disease overall is positive.
- The government has expanded what can be bought with SNAP and WIC and EBT cards. But people are feeding their kids unhealthy foods.

COVID-19

COVID-19 Incidence, Mortality, and Vaccination Rates

COVID-19. This was a lower rate of infection (17,916.4 cases per 100,000 persons) than the statewide average of 18,016.9 cases per 100,000 persons. Through January 22, 2022, 1,946 county residents had died due to COVID-19 complications. The rate of death of 214 per 100,000 persons was higher than the statewide rate of 196.6 deaths per 100,000 persons.

COVID-19, Cases and Crude Death Rates, per 100,000 Persons, as of 1/22/22

	Kern County		California	
	Number	Rate	Number	Rate
Cases	162,902	17,916.4	7,123,571	18,016.9
Deaths	1,946	214.0	77,722	196.6

*Source: California State Health Department, COVID19 Dashboard, Updated January 23, 2022 with data from January 22, 2022. https://covid19.ca.gov/state-dashboard *Rates calculated using 2020 U.S. Census population.*

56.4% of Kern County deaths from COVID-19 were among Hispanics/Latinos, who account for 53.3% of the population, while 31% of the deaths were among Whites, who account for 34.2% of the population. Demographic information related to mortality is updated less frequently than other county COVID-19 data due to privacy concerns.

COVID-19 Deaths, by Race, as of 9/17/21

	Percent of Population*	Percent of COVID-19 Deaths
Hispanic/Latino	53.3%	56.4%
White	34.2%	31.0%
Black	5.2%	5.3%
Other	7.3%	7.3%
Total	**100%**	**100%**

*Source: Kern County Public Health, Covid-19 Dashboard, updated January 12, 2022 with data from September 17, 2021. https://kernpublichealth.com/covid-19_dashboard/ * Per 2015-2019 ACS population estimate.*

Bakersfield 93301 had the highest rate of COVID-19 infections in the service area, with 27,541.5 cases per 100,000 persons, followed by Bakersfield 93313 (26,209.4 per 100,000 persons). Lake Isabella had the lowest number of cases at 12,040.2 per 100,000 persons. Vaccination rates in area ZIP Codes ranged from 34% of the population, ages 5 and older, in Taft, to 75% of the eligible population in Bakersfield 93311.

COVID-19 Cases & Rates, per 100,000 Persons, as of 1/20/22, & Vaccinations as of 1/18/22

	ZIP Code	Cases	Rate	Fully Vaccinated
Bakersfield	93301	3,400	27,541.5	61%
Bakersfield	93304	11,390	22,427.0	55%
Bakersfield	93305	8,157	20,854.4	48%
Bakersfield	93306	16,632	23,689.6	58%

	ZIP Code	Cases	Rate	Fully Vaccinated
Bakersfield	93307	20,335	23,938.2	54%
Bakersfield	93308	10,204	18,881.6	46%
Bakersfield	93309	12,814	21,043.5	56%
Bakersfield	93311	10,002	22,295.0	75%
Bakersfield	93312	11,965	20,157.0	56%
Bakersfield	93313	13,431	26,209.4	65%
Bakersfield	93314	6,764	25,059.3	64%
Lake Isabella	93240	838	12,040.2	46%
Taft	93268	3,443	19,540.3	34%
Tehachapi	93561	7,375	21,519.7	42%
Service Area Total		136,750	22,284.8	**N/A**

Source for cases: Kern County Public Health, Covid-19 Dashboard, updated January 21, 2022 with data through January 20, 2022. https://kernpublichealth.com/covid-19_dashboard/ Source for vaccinations: California Department of Public Health via Open Data Portal's Vaccine Equity Performance Map View. Updated January.19 with data through January 18, 2022. https://public.tableau.com/app/profile/ca.open.data/viz/LHJVaccineEquityPerformance/MapView

The number of Kern County residents, ages 5 and older, who have received at least one dose of a COVID-19 vaccine is 513,203, or 60.1% of that population. This is lower than the 81.4% statewide COVID-19 vaccination rate for children, ages 5 and older. Among seniors. 83% have received at least one vaccine dose, which is lower than the statewide rate of 90.8% for seniors. For adults, ages 18 to 64, the county rate of any level of vaccination is 64.3%, compared to 86.7% statewide. For children ages 5 to 17, the rate of at least a partial vaccination is 33.4%, compared to 50.8% for California children.

COVID-19 Vaccinations, Number & Percent, Children 5-17, Adults & Seniors, as of 1/22/22

	Kern County				California			
	Partially Vaccinated		Completed		Partially Vaccinated		Completed	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Population 5-17	11,766	6.3%	50,291	27.1%	593,503	8.9%	2,805,199	41.9%
Population 18-64	38,737	6.9%	319,952	57.4%	2,180,295	8.9%	19,052,183	77.8%
Population 65+	7,825	7.0%	84,632	76.0%	523,095	8.0%	5,403,586	82.8%

Source: California State Health Department, COVID19 Vaccination Dashboard, Updated January 23, 2022 with data from January 22, 2022. https://covid19.ca.gov/vaccination-progress-data/

As of January 22, 2022, 60.1% of eligible Kern County residents are partially or fully vaccinated. Among those residents for whom racial/ethnicity data were known, Black residents appear to be the most under-represented group, having received just 4% of the vaccine doses administered, despite making up 5.4% of the eligible population. White county residents also appear to be under-represented, having received 35.5% of all doses despite representing 36.1% of the eligible population. AIAN residents may be under-represented as well; however, these rates do not include doses administered by the Indian Health Service.

COVID-19 Vaccinations, by Race and Ethnicity, as of 1/22/22

	Percent of Vaccine-Eligible Population*	Percent of Vaccine Doses Administered*
Latino	51.8%	51.5%
White	36.1%	35.5%
Black	5.4%	4.0%
Asian	4.0%	5.9%
Multiracial	1.9%	2.4%
American-Indian/Alaska Native	0.7%	0.3%
Native Hawaiian/Pacific Islander	0.1%	0.3%

*Source: California State Health Department, COVID19 Vaccination Dashboard, Updated January 23, 2022 with data from January 22, 2022. https://covid19.ca.gov/vaccination-progress-data/ *Where race/ethnicity was known.*

COVID-19 Vulnerability and Recovery Index

The Vulnerability and Recovery Index compares all ZIP Codes in California along various indices of vulnerability, and is an overall composite of a Risk Score, a Severity Score, and a Recovery Need Score, each based on a number of indicators, including: the average of Black, Latino, American Indian/Alaskan Native and Native Hawaiian/Pacific Islander populations, the percent of the population qualified as essential workers, the percent of population under 200% of the federal poverty level, the percent of population in overcrowded housing units, population, ages 75 and older, living in poverty, the unemployment rate, uninsured population data and heart attack and diabetes rates.

ZIP Codes in the zero to 19th percentile are in the 'Lowest' Vulnerability & Recovery Index category, those in the next-highest quintiles are 'Low', then 'Moderate', while those in the 60th to 79th percentile are 'High' and 80th percentile and above are 'Highest' in terms of vulnerability to COVID-19 and need for recovery assistance from the effects of COVID-19 on the population.

Within the service area, Bakersfield 93307, 93305, 93304 and 93301 and Taft ranked the highest in vulnerability. Bakersfield 93307 ranked higher than 93% of California ZIP Codes in the Index. Bakersfield 93314 (22.3%), 93312 (22.6%) and 93311 (28.3%) were the least vulnerable of the service area ZIP Codes, ranking as 'low vulnerability.'

Vulnerability and Recovery Index, Percentile of California ZIP Codes

	ZIP Code	Risk	Severity	Recovery Need	Index
Bakersfield	93301	84.7%	92.8%	81.9%	87.8%
Bakersfield	93304	84.5%	90.9%	89.0%	89.2%
Bakersfield	93305	93.2%	89.5%	92.6%	92.0%
Bakersfield	93306	73.8%	66.8%	79.7%	74.7%
Bakersfield	93307	89.2%	91.3%	96.0%	93.0%
Bakersfield	93308	68.4%	84.9%	74.7%	75.6%
Bakersfield	93309	58.3%	67.8%	73.8%	66.6%
Bakersfield	93311	40.6%	17.2%	29.7%	28.3%

	ZIP Code	Risk	Severity	Recovery Need	Index
Bakersfield	93312	31.7%	11.0%	28.5%	22.6%
Bakersfield	93313	77.7%	47.4%	72.6%	66.6%
Bakersfield	93314	30.4%	11.6%	28.0%	22.3%
Lake Isabella	93240	N/A	N/A	N/A	N/A
Taft	93268	87.7%	78.6%	83.3%	84.9%
Tehachapi	93561	60.7%	28.3%	54.6%	47.9%

Source: Advancement Project California, Vulnerability and Recovery Index, Published February 3, 2021, data as of January 31, 2021. https://www.racecounts.org/covid/covid-statewide/ N/A = Insufficient data available to rank Lake Isabella/ZIP 93240.

Community Input – COVID-19

Stakeholder interviews identified the following issues, challenges and barriers related to COVID-19. Following are their comments edited for clarity:

- Its impact is a direct reflection of health care inequities in communities of color.
- It increased unemployment and decreased access to health care. One of the things that will continue with us will be the mental health repercussions from the pandemic; increased anxiety and depression is rampant now.
- It impacted people's ability to participate in wellness and physical activity in our community.
- With all the fear out there, kids are not coming to school or they are trying to learn through independent study. When they are at school, they have to wear masks all day and they have issues breathing through their masks and focusing on learning. Teachers have their own fears in the classroom and there are a lot of unknowns, and that causes depression and anxiety and fear. This impacts kids from engaging in deep learning. Also, students are behind. There is a learning loss.
- It has been challenging to educate persons who are homeless on face masks and social distancing and vaccinations. The constant flow of information is always changing and keeping on top of it and discounting the misinformation out there is a challenge.
- Misunderstandings around the vaccine persist as well as the risks associated with the vaccine. Our biggest concern is that our community is under vaccinated.
- The increase in isolation for our seniors and caregivers, reduced access to in person activities and the change in normal day to day routines can be catastrophic, so we have seen a decline in people. When the need for hospitalization comes, isolation in a new surrounding can impact the dementia community greatly. And to not have a loved one advocate for you and provide comfort and familiarity in a hospital due to COVID-19 can also be harmful.
- We want more people to come through our doors, whether it is for a vaccine, immunization or preventive test. We want to get people back in front of a doctor to diagnose things that can't be done through telemedicine. We are experiencing things like scheduling complications, where we don't want the waiting room too full, and that contributes to access too because it now takes longer to get an appointment.

COVID has presented logistical and perceptive problems and people are not focused on preventive care. Telemedicine is ongoing, but it is not our preferred method of contact with patients.

- What do we do once transmission is identified? We lack services in our county. We sent people home and that was it. We didn't help them get groceries, secure them a hotel room, transportation. The challenge was that testing took a long time at first and urgent care was overwhelmed, and the vaccine took a long time to develop. Then we experienced mistrust, misinformation and we've seen very low vaccine compliance. We are about 50% vaccinated here. We should have done a better job educating the community, having media outreach, governmental pushes for vaccines to help counter all the misinformation out there.
- The resources are there for the COVID-19 vaccination. The challenges are political, religious and cultural beliefs that come into play. People are equipped with information, but it is not necessarily coming from the right resource. You should be looking at the CDC for our information, not Twitter or Facebook.

Health Behaviors

Health Behaviors Ranking

The County Health Ranking examines healthy behaviors and ranks counties according to health behavior data. California has 58 counties, which are ranked from one (healthiest) to 58 (least healthy) based on indicators that include: adult smoking, obesity, physical inactivity, excessive drinking, sexually transmitted infections, and others. The Kern County ranking is 47, which is improved from the 2020 ranking of 57.

Health Behaviors Ranking

	County Ranking (out of 58)
Kern County	47

Source: County Health Rankings, 2021. http://www.countyhealthrankings.org

Overweight and Obesity

Over a quarter of adults in the service area (28.3%) are obese and another third (34.8%) are overweight. Estimated rates of obesity in service area ZIP Codes ranged from 26.9% in Bakersfield 93311 to 30.1% in Bakersfield 93307. Combined rates of overweight and obesity were highest in Bakersfield 93307 (65.5%). The Healthy People 2030 objective for adult obesity is a maximum of 36% of adults, age 20 and older, which the service area and all area ZIP Codes meet.

Overweight and Obesity, Adults

	ZIP Code	**Overweight	Obese	Combined
Bakersfield	93301	33.5%	27.6%	61.1%
Bakersfield	93304	34.7%	29.7%	64.4%
Bakersfield	93305	35.7%	29.3%	65.0%
Bakersfield	93306	35.3%	28.3%	63.6%
Bakersfield	93307	35.4%	30.1%	65.5%
Bakersfield	93308	34.3%	27.1%	61.4%
Bakersfield	93309	34.0%	27.7%	61.7%
Bakersfield	93311	33.9%	26.9%	60.8%
Bakersfield	93312	34.4%	27.3%	61.7%
Bakersfield	93313	34.7%	27.6%	62.3%
Bakersfield	93314	34.7%	28.1%	62.8%
Lake Isabella	93240	35.8%	27.3%	63.1%
Taft	93268	34.9%	27.7%	62.6%
Tehachapi	93561	36.5%	28.4%	64.9%
Mercy Service Area*		**34.8%**	**28.3%**	**63.1%**
Kern County		**35.2%**	**28.4%**	**63.6%**
California		**36.4%**	**25.8%**	**62.2%**

*Source: PolicyMap, utilizing the CDC's Behavioral Risk Factor Surveillance System (BRFSS), 2018 data, https://www.policymap.com/ *Weighted average; calculated using 2015-2019 ACS adult population estimates. **Calculated by subtracting percentage of those with BMI of 30 or more from the percentage of total population with a BMI over 24.9.*

When adult obesity levels are tracked over time, the county has had an increase in

obesity, with an increase of 14.2% of the population reporting obesity in 2019 compared to 2005. The rate of obesity in the county has been consistently higher than the state rate.

Obesity, Adults, Ages 20 and Older, 2005 - 2019

	2005	2007	2009	2011-12	2013-14	2015-16	2017-18	2019	Change 2005-2019
Kern County	30.5%	29.8%	33.2%	34.5%	42.4%	41.8%	37.5%	44.7%	+14.2%
California	21.2%	22.6%	22.7%	24.7%	25.9%	27.9%	26.8%	27.3%	+6.1%

Source: California Health Interview Survey, 2005-2019. http://ask.chis.ucla.edu

To improve statistical stability in groups with small populations, nine years of data were pooled. The results indicated that among county adults, 84.2% of African Americans, 84.1% of American Indians/Alaska Natives, 77.8% of Latinos, 68.7% of Whites, 53.8% of Asians, and 52.8% of Multiracial adults were overweight or obese. The rates for all races and ethnicities, with the exception of multiracial county residents, were higher than state rates, where data were available.

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

	Kern County	California
African American	84.2%	72.5%
American Indian/Alaska Native	84.1%	72.2%
Latino	77.8%	73.2%
Native Hawaiian/Pacific Islander	N/A	69.3%
White	68.7%	58.5%
Asian	*53.8%	41.1%
Multiracial	*52.8%	59.9%
Total	**73.1%**	**62.0%**

*Source: California Health Interview Survey, 2011-2019, pooled. http://ask.chis.ucla.edu/ *Statistically unstable due to sample size. N/A = suppressed due to small sample size*

The physical fitness test (PFT) for students in California schools is the FitnessGram®. One of the components of the PFT is measurement of body composition, measured by skinfold measurement, body mass index (BMI), or bioelectric impedance. Children who do not meet the “Healthy Fitness Zone” criteria for body composition are categorized as needing improvement (overweight) or at health risk (obese).

In the county, the collective percentage of 5th grade students who tested as needing improvement or at health risk was 44.5%, higher than the state rate of 41.3%. Among the county’s 7th grade students, 44% needed improvement or were at health risk (vs. 40% for the state). County rates continued to rise with age and by 9th grade the percentage of students needing improvement or at health risk was 47.6%. Bakersfield City and Taft City School Districts had higher rates, combined, among 5th and 7th

graders than Kernville Union and Tehachapi Unified School Districts. Tehachapi Unified performed better among 9th graders than did Kern High and Taft Union School Districts.

5th, 7th and 9th Graders; Body Composition, Needs Improvement and at Health Risk

School District	Fifth Grade		Seventh Grade		Ninth Grade	
	Needs Improvement	Health Risk	Needs Improvement	Health Risk	Needs Improvement	Health Risk
Bakersfield City	33.6%	11.0%	33.4%	14.5%	N/A	N/A
Kernville Union Elementary	13.6%	19.4%	18.5%	22.8%	N/A	N/A
Taft City	20.9%	28.9%	19.8%	22.9%	N/A	N/A
Tehachapi Unified	19.5%	16.5%	16.8%	15.2%	16.0%	12.2%
Kern High School District	N/A	N/A	N/A	N/A	23.2%	26.3%
Taft Union High	N/A	N/A	N/A	N/A	21.2%	22.4%
Kern County	**23.2%**	**21.3%**	**23.4%**	**20.6%**	**22.4%**	**25.2%**
California	**19.4%**	**21.9%**	**19.4%**	**20.6%**	**18.9%**	**18.9%**

Source: California Department of Education, Fitnessgram Physical Fitness Testing Results, 2018-2019. N/A = Not Applicable
http://data1.cde.ca.gov/dataquest/page2.asp?Level=District&submit1=Submit&Subject=FitTest

In Kern County, 19.2% of teens and 19.1% of children are overweight, while 19.3% of teens are obese. The rates of overweight and obese children and teens are above the state rates. The Healthy People 2030 objective for obesity in children and teens is a maximum of 15.5%, which the county does not meet.

Overweight, Children and Teens, and Obesity, Teens

	Kern County	California
Overweight, teens, ages 12-17 **	*19.2%	16.9%
Overweight, children, ages under 12	19.1%	14.7%
Obese, teens, ages 12-17 **	19.3%	17.4%

*Source: California Health Interview Survey, 2014-2019, **2013-2019. http://ask.chis.ucla.edu/ *Statistically unstable due to sample size.*

Soda/Sugar-Sweetened Beverage (SSB) Consumption

11.7% of children and teens in the county consumed at least two glasses of non-diet soda the previous day, and 9.8% consumed at least two glasses of a sugary drink other than soda the previous day. 16.7% of county adults consumed non-diet sodas at a high rate (seven or more times per week). 48.9% of adults reported drinking no non-diet soda in an average week.

Soda or Sweetened Drink Consumption

	Kern County	California
Children and teens reported to drink at least two glasses of non-diet soda yesterday	11.7%	5.5%
Children and teens reported to drink at least two glasses sugary drinks other than soda yesterday**	*9.8%	9.6%

	Kern County	California
Adults who reported drinking non-diet soda at least 7 times weekly***	16.7%	10.3%
Adults who reported drinking no non-diet soda weekly***	48.9%	59.8%

*Source: California Health Interview Survey, 2014-2017 & 2019, combined, **2014-2018, ***2015-2017. http://ask.chis.ucla.edu*
**Statistically unstable due to sample size.*

Adequate Fruit and Vegetable Consumption

31.3% of Kern County children, ages birth through 11 years, and 21.3% of teens, ages 12 to 17, eat five or more servings of fruits and vegetables daily (excluding juice and fried potatoes). Among children, the rate is higher for girls than for boys, while among teens this trend is reversed. The rate is higher among those under five years old (49.4%) and teens, ages 15 to 17, (32.5%). Adequate daily fruit and vegetable consumption appears to be highest among Black (40.9%) and White (37.2%) children and lowest among Asian children (15.1%). The sample size for teenage respondents was lower and, therefore, statistical validity was lower as well.

Five or More Servings Fruit/Vegetables Daily, Children and Teens, by Demographics

	Children	Teens **
Male	26.7%	33.1%
Female	37.0%	17.1%
0 to 4 years old	49.4%	N/A
5 to 11 years old	23.4%	N/A
12 to 14 years old	N/A	*15.4%
15 to 17 years old	N/A	32.5%
0-99% FPL**	34.4%	22.6%
100-199% FPL**	34.3%	*14.9%
200-299% FPL**	39.6%	*32.3%
300% or above FPL**	29.3%	23.0%
Black**	40.9%	N/A
White**	37.2%	31.5%
Latino**	29.7%	*18.7%
Multi-racial**	N/A	N/A
Asian**	*15.1%	*16.9%
Kern County	**31.3%**	***21.3%**
California	**32.1%**	**24.7%**

*Source: California Health Interview Survey, 2015-2019; **2011-2019. http://ask.chis.ucla.edu/ *Statistically unstable due to small sample size. N/A = suppressed due to small sample size.*

Access to Fresh Produce

80.9% of adults in the county reported they could usually or always find fresh fruit and vegetables in the neighborhood, and 75.1% said they were usually or always affordable. Reported rates of community access to fruits and vegetables in general rose with age

and income and were highest among White adults, while appearing to be lowest among Asian and multiracial adults in the county.

Access to Fresh Fruits/Vegetables, Rated as Good or Excellent, by Demographics

	Available	Affordable
18 to 24	71.8%	79.4%
25 to 39	81.2%	73.6%
40 to 64	83.8%	74.8%
65 to 79	*87.3%	75.9%
80 or older	*75.2%	*75.5%
0-99% FPL	71.8%	67.1%
100-199% FPL	79.1%	72.8%
200-299% FPL	*90.7%	75.1%
300% or above FPL	*84.8%	82.8%
White**	85.5%	80.4%
Latino**	79.1%	73.2%
Black/African-American**	*82.1%	*69.7%
American Indian/Alaskan Native**	*60.4%	*63.4%
Asian**	*58.3%	*60.6%
Multiracial**	N/A	*50.7%
Kern County	**80.9%**	**75.1%**
California	**87.5%**	**79.6%**

*Source: California Health Interview Survey, 2014-2018. **2011-2019 http://ask.chis.ucla.edu *Statistically unstable due to small sample size. N/A = suppressed due to small sample size.*

Physical Activity

Current recommendations for physical activity for adults include aerobic exercise (at least 150 minutes per week of moderate exercise or 75 minutes of vigorous exercise) and muscle-strengthening (at least two days per week). 26.9% of Kern County adults participated in at least 140 minutes of exercise per week (at least 20 minutes at a time, seven days a week). The county rate of meeting the aerobic exercise recommendation was higher than the state rate (25.3%). In general, the likelihood of exercising at least 20 minutes per day each day was highest among those living in poverty, and lowest among those earning more than 200% of the federal poverty level. The likelihood of exercise was highest among the county's American Indian/Alaskan Native population, and was least likely among the county's Asian population.

18.7% of Kern County adults reported not participating in any aerobic activity within the past week. Women (19.7%) were more likely than men (17.6%) to report being sedentary, and the likelihood of being sedentary was highest among adults, ages 40 to 64, (27.3%). In general, the likelihood of being sedentary declined with rising income.

Latino and White residents were the most likely to be sedentary (21.4% and 17%, respectively) and Black/African American residents were the least likely to be sedentary (11.8%).

Physical Activity Guidelines Met, Adults, by Demographics

	Daily	Zero Days
Male	26.7%	17.6%
Female	27.0%	*19.7%
18 to 24	*21.8%	*11.4%
25 to 39	31.5%	*9.2%
40 to 64	24.4%	27.3%
65 to 79	*24.2%	*26.2%
80 or older	*31.4%	*21.6%
0-99% FPL	37.7%	*23.6%
100-199% FPL	*24.2%	*25.9%
200-299% FPL	*21.7%	*16.6%
300% or above FPL	22.5%	*12.6%
Latino	27.3%	*21.4%
White	27.4%	17.0%
Asian	*6.3%	*14.9%
American Indian/Alaska Native	*51.2%	*14.2%
Black/African American	*27.6%	*11.8%
Kern County	**26.9%**	**18.7%**
California	**25.3%**	**15.1%**

*Source: California Health Interview Survey, 2017-2018, asked only of adults who can walk. http://ask.chis.ucla.edu *Statistically unstable due to sample size.*

One of the components of the physical fitness test (PFT) for students is measurement of aerobic capacity through run and walk tests. 53% of Kern County 5th graders were in the 'Healthy Fitness Zone' of aerobic capacity. Area ninth graders performed better, with 63.1% of Kern County 9th graders testing in the Healthy Fitness Zone. Rates among school districts varied, with 44.1% of Bakersfield City School District's 5th grade students being in the Healthy Fitness Zone of aerobic capacity while 70.4% of Tehachapi Unified School District's 5th grade students achieved that designation. 58% of Taft Union High School District's 9th grade students tested in the Healthy Fitness Zone, while Tehachapi Unified School District had 79.5 % of 9th graders who tested in the Healthy Fitness Zone.

5th and 9th Grade Students, Aerobic Capacity, Healthy Fitness Zone

School District	Fifth Grade	Ninth Grade
Bakersfield City School District	44.1%	N/A

School District	Fifth Grade	Ninth Grade
Kernville Union Elementary	48.5%	N/A
Taft City School District	46.6%	N/A
Tehachapi Unified School District	70.4%	79.5%
Kern High School District	N/A	65.2%
Taft Union High School District	N/A	58.0%
Kern County	**53.0%**	**63.1%**
California	**60.2%**	**60.0%**

Source: California Department of Education, Fitnessgram Physical Fitness Testing Results, 2018-2019. http://data1.cde.ca.gov/dataquest/page2.asp?Level=District&submit1=Submit&Subject=FitTest

Current recommendations for physical activity for children and teens are at least an hour of aerobic exercise daily and at least two days per week of muscle-strengthening exercises. 39% of children and 9% of teens in Kern County meet the aerobic requirement.

Aerobic Activity Guidelines Met, Teens and Children

	Kern County	California
Teens meeting aerobic guideline (at least one hour of aerobic exercise daily)**	*9.0%	12.6%
Children, 5-11 years, meeting aerobic guideline (at least one hour of aerobic exercise daily)	39.0%	30.8%

*Source: California Health Interview Survey, 2014-2018; **2012-2016. http://ask.chis.ucla.edu *Statistically unstable due to sample size.*

14.6% of teens in Kern County did not spend an hour engaged in aerobic exercise on any day of the previous week. 14.6% of Kern County children and teens spent five or more hours in sedentary activities after school on a typical weekday, and 13% spent 8 hours or more hours a day on sedentary activities on weekend days.

Sedentary Children

	Kern County	California
Teens, zero days with at least one hour of aerobic exercise***	*14.6%	10.2%
5+ hours spent on sedentary activities after school on a typical weekday - children and teens	*14.6%	13.2%
8+ hours spent on sedentary activities on a typical weekend day - children and teens**	13.0%	10.6%

*Source: California Health Interview Survey, 2014-2018, **2015-2019, ***2012-2016. http://ask.chis.ucla.edu/ *Statistically unstable due to sample size.*

Exercise Opportunities

Proximity to exercise opportunities can increase physical activity in a community. 76% of county residents live in close proximity to exercise opportunities, which was lower than the state rate (93%).

Adequate Access to Exercise Opportunities, 2010 and 2019 Combined

	Percent
Kern County	76%
California	93%

Source: County Health Rankings, 2020 ranking, utilizing 2010 and 2019 combined data. http://www.countyhealthrankings.org

Parks, Playgrounds and Open Spaces

94.1% of Kern County children, ages 1 to 17, were reported to live within walking distance of a park, playground or open space. This rate is better than the state rate (89.8%). Despite this, a smaller percentage of county children (74.5%) had visited a park, playground or open space within the past month as compared to the state (84.8%).

Access to and Utilization of Parks, Playgrounds and Open Space

	Kern County	California
Walking distance to park, playground or open space, ages 1 to 17	*94.1%	89.8%
Visited a park, playground or open space in past month, ages 1 to 17	74.5%	84.8%

*Source: California Health Interview Survey, 2014-2018; http://ask.chis.ucla.edu/ *Statistically unstable due to sample size.*

Community Walkability

WalkScore.com ranks over 2,500 cities in the United States (over 10,000 neighborhoods) with a walk score. The walk score for a location is determined by its access to amenities. Many locations are sampled within each city and an overall score is issued for the walkability of that city (scores for smaller towns, however, may be based on a single location). A higher score indicates an area is more accessible to walking while a lower score indicates a more vehicle-dependent location.

WalkScore.com has established the range of scores as follows:

- 0-24: Car Dependent (Almost all errands require a car)
- 25-49: Car Dependent (A few amenities within walking distance)
- 50-69: Somewhat Walkable (Some amenities within walking distance)
- 70-89: Very Walkable (Most errands can be accomplished on foot)
- 90-100: Walker's Paradise (Daily errands do not require a car)

Based on this scoring method, the overall walkability of Bakersfield is ranked as 34, or Car Dependent. Only two ZIP Codes in the service area are considered “Very Walkable” - Bakersfield 93305 and Taft 93268. Parts of Tehachapi, and Bakersfield 93301 and 93304 are considered ‘Somewhat Walkable.’ All remaining service area ZIP Codes and cities are considered “Car Dependent,” with few if any amenities within walking distance of people’s homes.

Walkability

	ZIP Code	Walk Score
Bakersfield	93301	56
Bakersfield	93304	51
Bakersfield	93305	76
Bakersfield	93306	0
Bakersfield	93307	0
Bakersfield	93308	0
Bakersfield	93309	46
Bakersfield	93311	0
Bakersfield	93312	23
Bakersfield	93313	0
Bakersfield	93314	0
Lake Isabella	93240	3 - 43
Taft	93268	73 - 81
Tehachapi	93561	0 - 78

Source: WalkScore.com, 2020

Community Input – Overweight and Obesity

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

- Access to nutritional and high-quality food is limited. It is cheaper to eat unhealthy food versus healthy food. We provide students with opportunities for physical activity and classes before and after school, but kids don't always take advantage of those opportunities.
- Cheaper, unhealthy food is convenient. We have food deserts in our community.
- There are cultural implications regarding the food that people eat.
- We see a lot of obesity in our students.
- We are making strides with edible school yards and changing perceptions. But it continues to be a challenge. People don't care or aren't aware of it or it is cultural. There are also programs that provide afterschool programs and food distributions for the community. They are all good, but it is not enough people.
- Families who are in constant survival mode don't think about meal preparation and grocery shopping. Sunday Farmer Markets are not something people on a budget can afford to shop at.
- It is telling that the city gets most excited when we open a new fast-food restaurant. If we eliminated drive through restaurants and did not have billboards about it, and instead provided free gym memberships as work incentives we could get somewhere.
- With the poor air quality, people don't want to exercise outside.
- It hasn't helped that kids have been out of school for the past 1.5 years. The amount of food people is given as a single portion at every meal is too large.
- People may have transportation barriers and only have access to the local corner market that is very limited. If you do not live in a safe neighborhood, it can be difficult

to access physical activity. We have many parents who work more than one job with long hours and having to meal plan and get to the grocery store can be difficult in comparison to running through the drive-through that offers a quick meal for the entire family.

- Last year, everyone was working from home, children were out of school, and people weren't as active. Hopefully some of that weight gain will go away. Certain areas of town don't have a lot of grocery store options. Like Oildale, they only have one grocery store that has fresh produce in a large community. If you have transportation issues, it is difficult to access healthy food options.
- Mental health and isolation have caused weight gain and with kids locked down, they focused on video games. We all engaged in eating comfort food to alleviate our anxiousness and depression. No one is talking about how we address these weight issues. Everything has a cost. Healthy eating is expensive. Often, to exercise and lose weight, it is expensive.
- If you live in poorer neighborhoods, there is nothing available to you without having to pay for school sports or go across town to get services.

Sexually Transmitted Infections

Rates of sexually transmitted disease are higher in the county than the state for every reported sexually transmitted infection. In 2018, the rate of chlamydia in the county was 766.6 cases per 100,000 persons. The rate of gonorrhea was 255.3 cases per 100,000 persons. The rate of primary and secondary syphilis for the county was 31 cases per 100,000 persons. The rate of early latent syphilis was 22 cases per 100,000 persons.

Sexually Transmitted Infections Cases and Rates, per 100,000 Persons

	Kern County		California
	Cases	Rate	Rate
Chlamydia	6,957	766.6	583.0
Gonorrhea	2,317	255.3	199.4
Primary and secondary syphilis	281	31.0	19.1
Early latent syphilis	200	22.0	19.5

Source: California Department of Public Health, STD Control Branch, 2018 STD Surveillance Report, 2018 data. https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/STD-Data-All-STDs-Tables.pdf

Teen Sexual History

In Kern County, 85.3% of teens, ages 14 to 17, whose parents gave permission for the question to be asked, reported they had never had sex, which is higher than the state rate (84.9%).

Teen Sexual History, Ages 14 to 17

	Kern County	California
Never had sex	*85.3%	84.9%

*Source: California Health Interview Survey, 2015-2019. http://ask.chis.ucla.edu/ *Statistically unstable due to sample size.*

HIV

The rate of new HIV cases in the county was 19.5 per 100,000 persons in 2019, which is higher than the new-case rate statewide (11 per 100,000 persons). 60.9% of persons in the county with diagnosed HIV were receiving care and 48.7% were virally suppressed. The California Integrated Plan objective was for 90% of persons with HIV to be in care, and 80% virally suppressed by 2021.

HIV, Number and Rates, per 100,000 Persons

	Kern County	California
Newly diagnosed cases	179	4,396
Rate of new diagnoses	19.5	11.0
Living cases	1,847	137,785
Rate of HIV	201.3	344.8
Percent in care	60.9%	75.0%
Percent virally suppressed	48.7%	65.3%
Deaths per 100k HIV+ persons, in 2019	4.0	4.8

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

Community Input – Sexually Transmitted Infections (STI)

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

- STIs increased during the pandemic; the pandemic did not help the issue.
- Persons dealing with homelessness are less likely to utilize safe sexual methods and are less likely to prevent STI. We need a prevention element versus treating the outcome.
- Barriers include cultural, communication limitations and language barriers.
- We have very high rates and we have a lot of teen pregnancies. There needs to be more awareness out there and not shaming people. We need to normalize things and get people into preventive care and not be reactive after someone has had a disease for a year.
- It is an ongoing issue and the community perspective is it isn't going to happen to me. People don't understand that if you have unsafe sex, there is a high likelihood that you can contract a STI. I don't think that hits home with many populations. That is part of the challenge, having readily accessible testing like COVID-19 at the drop of a hat. Transportation can be an issue if you are in a more rural area or you live in a small community and you want to keep your information private.
- In some impoverished areas, there is not a lot of prevention opportunities or education. Public health has done a good job with outreach. But younger and younger kids are engaging in sexual activity without fearing a sexually transmitted disease.
- Syphilis came back about five years ago, that is when it really jumped. Before that it

was pretty nonexistent. Things have leveled off some, it may be connected to sex trafficking. We have a handle on it, but with drug use, it will always be an issue.

- Everything is about access to care. For a lot of patients, health literacy and compliance are issues. They don't see the importance of coming back for follow-up care or the contributing factors like domestic violence going on, or substance use that comes into play. Often, we will have people who come in for one shot, but not the 2nd and 3rd shot, so they are not fully treated.

Mental Health

Among adults in Kern County, 11.2% experienced serious psychological distress in the past year, while 10% said they had taken a prescription medication for two weeks or more for an emotional or personal problem during the past year. This is a higher rate of psychological distress and a lower rate of medication usage than seen statewide. Serious psychological distress was experienced in the past year by 9.2% of area teens, which was lower than the state level (14.7%).

Mental Health Indicators

	Kern County	California
Adults who had serious psychological distress during past year	11.2%	10.1%
Adults taken prescription medicine at least 2 weeks for emotional/mental health issue in past year	10.0%	11.1%
Adults: family life impairment during the past year	17.0%	16.3%
Adults: social life impairment during the past year	16.8%	16.6%
Adults: household chore impairment during the past year	16.4%	15.5%
Adults: work impairment during the past year	10.9%	14.6%
Teens who had serious psychological distress during past year	*9.2%	14.7%

*Source: California Health Interview Survey, 2015-2019. http://ask.chis.ucla.edu *Statistically unstable due to sample size.*

Psychological distress in the past year is slightly higher for county women (13%) than for men (12.2%). Women were twice as likely as men to have taken medication for at least two weeks of the past year for an emotional or personal problem.

In general, rates of psychological distress decline with age, while rates of taking medication for mental health issues tended to rise with age. Straight adults in the county were less likely to have suffered serious psychological distress or to have taken medication for mental health in the past year than were residents identifying as lesbian/gay/homosexual and bisexual-identifying residents. Celibate or non-sexual adults reported the highest levels of distress. Rates of both psychological distress and medication in the county generally fell with rising incomes.

Native American/Alaska Native residents appeared to have suffered the most psychological distress (25.2%) among residents of the county. Black residents reported the lowest rates of serious psychological distress in the county (6.5%).

Mental Health Indicators, Adults, by Demographics

	Serious Psychological Distress, Past Year	Took Medication for Mental Health, Past Year
Male	12.2%	7.1%
Female	13.0%	14.2%

	Serious Psychological Distress, Past Year	Took Medication for Mental Health, Past Year
18 to 24 years old	15.5%	*5.7%
25 to 39 years old	12.5%	9.5%
40 to 64 years old	14.9%	13.4%
65 to 79 years old	*3.8%	11.8%
80 years or older	*1.7%	*18.5%
Straight/heterosexual**	10.7%	10.0%
Gay, Lesbian/homosexual**	*10.3%	*13.6%
Bisexual **	*22.8%	*14.1%
Non-sexual/celibate none/other**	*27.0%	*19.7%
0-99% FPL	17.9%	15.1%
100-199% FPL	14.6%	10.7%
200-299% FPL	6.4%	10.4%
300% or above FPL	8.4%	8.3%
American Indian/Alaska Native	*25.2%	25.9%
Multiracial***	16.7%	25.5%
White***	13.1%	12.8%
Black***	*6.5%	*12.2%
Latino***	11.6%	8.0%
Asian***	*11.2%	*4.6%
Kern County	**12.7%**	**10.9%**

*Source: California Health Interview Survey, 2013-2019 **2015-2019 ***2011-2019. http://ask.chis.ucla.edu *Statistically unstable due to sample size.*

Frequent Mental Distress

Frequent mental distress is defined as 14 or more bad mental health days in the past month. In the service area, the rate of mental distress was 14.2% of adults. Service area ZIP Codes had estimated rates of frequent mental distress that ranged from 13% in Lake Isabella to 14.9% in Bakersfield 93304.

Frequent Mental Distress, Adults

	ZIP Code	Percent
Bakersfield	93301	14.7%
Bakersfield	93304	14.9%
Bakersfield	93305	14.1%
Bakersfield	93306	13.6%
Bakersfield	93307	14.7%
Bakersfield	93308	14.4%
Bakersfield	93309	14.2%
Bakersfield	93311	14.2%
Bakersfield	93312	14.1%
Bakersfield	93313	13.7%
Bakersfield	93314	14.4%
Lake Isabella	93240	13.0%
Taft	93268	14.3%
Tehachapi	93561	13.4%

	ZIP Code	Percent
Mercy Service Area*		**14.2%**
Kern County		**14.1%**
California		**11.4%**

*Source: PolicyMap, utilizing the CDC's Behavioral Risk Factor Surveillance System (BRFSS), 2018 data, https://www.policymap.com/ *Weighted average; calculated using 2015-2019 ACS adult population estimates*

Mental Health Care Access

19% of Kern County teens indicated they needed help for emotional or mental health problems in the past year. 8.1% of teens had received psychological or emotional counseling in the past year. 15.8% of adults in Kern County needed help for emotional-mental and/or alcohol-drug related issues in the past year. Among those adults who sought help, 58.4% received treatment. The Healthy People 2030 objective is for 68.8% of adults with a serious mental disorder to receive treatment (a maximum of 31.2% who do not receive treatment).

Tried to Access Mental Health Care in the Past Year

	Kern County	California
Teen who needed help for emotional or mental health problems in the past year**	*19.0%	22.8%
Teen who received psychological or emotional counseling in the past year**	*8.1%	14.3%
Adults who needed help for emotional-mental and/or alcohol-drug issues in past year	15.8%	19.1%
Adults, sought/needed help and received treatment	58.4%	59.1%
Adults, sought/needed help but did not receive	41.6%	40.9%

*Source: California Health Interview Survey, 2015-2019. http://ask.chis.ucla.edu/ *Statistically unstable due to sample size.*

In 2019, there were 2.1 hospitalization admissions due to mental health issues per 1,000 persons, ages 5 to 14. Among those residents, ages 15 to 19, there were 7 hospitalizations per 1,000 persons. These rates were lower than the state rates for hospitalizations due to mental health issues among those age groups.

Hospital Discharges for Mental Health Issues, per 1,000 Children and Youth

	Ages 5 to 14	Ages 15 to 19
Kern County	2.1	7.0
California	2.8	9.8

Source: California Department of Statewide Health Planning and Development special tabulation, 2019.via http://www.kidsdata.org.

Despite the lower-than-state-levels of mental health hospitalizations, Kern County saw higher rates of hospital admissions due to non-fatal self-inflicted injuries (43.2 hospital discharges per 100,000 children and youth, ages 5 to 20), than did California (36.5 discharges per 100,000 children and youth). There was also a higher than state rate of completed suicides, among youth ages 15 to 24 (9.7 per 100,000 youth at the county level versus 8.2 per 100,000 youth at the state level).

While self-inflicted injuries leading to hospitalization typically are not the result of suicide attempts and do not involve intent to die, non-suicidal self-injury is a risk factor for suicide. https://www.kidsdata.org/research/34/youth-suicide-and-self-inflicted-injury#why-this-is-important/27

Hospital Discharges for Non-fatal Self-inflicted Injuries, Ages 5 to 20, 2015
Youth Suicides, Ages 15 to 24, 2015-2017

	Self-Injury Discharges Rate per 100,000	Youth Suicides, Rate per 100,000
Kern County	43.2	9.7
California	36.5	8.2

Source: California Department of Public Health's EpiCenter (Injury Data Onlin) and the CDC's Nonfatal Injury Data, 2015.via http://www.kidsdata.org

Community Input – Mental Health

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

- Mental health issues have increased. Coming back to school after 1.5 years off, the mental health issues among kids are more noticeable. We've made efforts to increase our social emotional support systems and increased staffing to meet the needs of our students.
- It is expensive and difficult to get adequate mental health assessments for persons who are homeless.
- We have seen a dramatic increase in the past year for suicide and suicide ideation. It is a three-time increase of attempts and completed suicides.
- It is still a huge issue for all payors to access mental health services. There are not enough providers in our community. Telehealth has been helpful, but I don't know how available it is across the community. For private payors, telehealth has been beneficial.
- People are unable to access services. Practitioners don't call back when they say they will and for those people who want to admit they need help and take steps to help themselves by reaching out to someone, that is devastating. Our public mental health services are still understaffed.
- We have a limited number of resources for the number of people who require access to mental health services. Access for youth is extremely limited. Our school district has not been able to fill our social worker positions, due to a lack of clinicians in the community or the funding is not adequate to draw in a highly qualified professional.
- With foster youth, there has been quite a bit of funding coming in. If foster youth have adverse childhood experiences, they will have mental health issues and will need a lot of supports.
- With kids, anxiety and depression is increasing. It is not one social strata or culture; it is across the board that people have mental health issues. We are all struggling with it.

- We only have one place to send people with mental health issues and it has limited capacity.
- We have a lack of services for children with highly intensified behaviors. We do not have a youth focused center for them. For those children who experience severe trauma and poverty who are removed from their homes, there is not enough mental health treatments in this community and the kids are often taken out of this county and placed in high level group homes.
- We are seeing a lot of caregivers experiencing mental, emotional and spiritual burnout. They are declining as a result of the stress of the job. There is need for more support and education.
- It is still difficult to access care in a timely manner. Public health access points are open, but staff are still working in a hybrid style, so there is a timeliness of care issue. And they are understaffed.
- A challenge is not having enough providers to be able to service that community that are local providers versus having to refer them out. Providers may not always conduct a mental health assessment at every encounter. People do not know who they need to approach for help, and some providers may not either. And if you add language and cultural barriers it makes it even more challenging for people to access care.
- Access is still an issue, and there is a lot of concern about the services that are available – are they confidential? There is a lot of suspicion about how private the services are, especially if they are free. When they are free, there is more suspicion and people don't want to use those services. A shortage of providers and or an increase in demand relative to a shortage is causing barriers.
- Where we have mental health we have substance use and violence. They go hand in hand. Women are not safe on the street; they have a tendency to team up with other people to be safer. With isolation from the pandemic, there are heightened mental health issues, and with that comes violence issues.
- Current legislation makes it difficult for substance use services to be mandated, and that is a challenge. The other challenge is training for law enforcement and coordinated services between health services and community-based organizations to be more efficient with wraparound services.
- The pandemic has put a bigger emphasis on mental health than anything else. It has been stigmatized for so many years. Now we have plenty of funding but the issue is we don't have enough professionals. In our area, pre-teen and teen suicides are a big issue. We have seen an increase over the last five years. It used to be kids tried to commit suicide at ages 17 to 19, now it is ages 11 to 13. With social media you can be anonymous and you can say anything and be mean to someone and then close your phone.

Substance Use and Misuse

Cigarette Smoking

The Healthy People 2030 objective for cigarette smoking among adults is 5%. In Kern County, 15.8% of adults smoke cigarettes, which is higher than the state rate (9.3%). 66.6% of adult smokers in the county were thinking of quitting in the next six months. 23.2% of county adults, ages 18 to 65, had smoked an e-cigarette, which is higher than the state rate (19.5%).

Smoking, Adults

	Kern County	California
Current smoker	15.8%	9.3%
Former smoker	17.2%	21.1%
Never smoked	67.0%	69.7%
Thinking about quitting in the next 6 months	66.6%	68.5%
Ever smoked an e-cigarette (all adults 18-65)	23.2%	19.5%

Source: California Health Interview Survey, 2017-2019. http://ask.chis.ucla.edu

Approximately 0.3% of Kern County teens are current smokers, 11.3% have tried an e-cigarette, and among those who have tried an e-cigarette, 56.5% have smoked an e-cigarette in the past 30 days. The rates of e-cigarette use among teens were higher than state levels.

Smoking, Teens

	Kern County	California
Current cigarette smoker	*0.3%	*1.0%
Ever smoked an e-cigarette**	*11.3%	8.6%
Smoked an e-cigarette in the past 30 days	56.5%	34.5%

*Source: California Health Interview Survey, 2014-2019, **2014-2018. http://ask.chis.ucla.edu *Statistically unstable due to sample size.*

Alcohol Use

Binge drinking is defined as consuming a certain amount of alcohol within a set period of time. For males this is five or more drinks per occasion and for females it is four or more drinks per occasion. Among adults, 19.5% in the service area reported having engaged in binge drinking in the previous 30 days, which is higher than the state rate (16.1%). Rates of binge drinking ranged from 16.1% in Lake Isabella to 21.5% in Taft.

Binge Drinking, Adults, Past 30 Days

	ZIP Code	Percent
Bakersfield	93301	18.9%
Bakersfield	93304	18.7%
Bakersfield	93305	19.9%
Bakersfield	93306	18.7%

	ZIP Code	Percent
Bakersfield	93307	19.5%
Bakersfield	93308	20.4%
Bakersfield	93309	18.7%
Bakersfield	93311	18.7%
Bakersfield	93312	20.2%
Bakersfield	93313	19.5%
Bakersfield	93314	20.1%
Lake Isabella	93240	16.1%
Taft	93268	21.5%
Tehachapi	93561	20.3%
Mercy Service Area*		**19.5%**
Kern County		**19.7%**
California		**16.1%**

*Source: PolicyMap utilizing the CDC's Behavioral Risk Factor Surveillance System (BRFSS), 2018 data, https://www.policymap.com/ *Weighted average; calculated using 2015-2019 ACS adult population estimates*

32.9% of county residents had engaged in binge drinking in the past year, which was higher than the state rate (32.3%). Men were more likely to engage in binge drinking (40.8%) than women (26.3%). Rates fell with age after a high among those ages 18 to 24 (50.6%). The Healthy People 2030 goal is for a maximum of 25.4% of adults to binge drink, which is only met by those ages 65 and older. Rates of binge drinking appear to be highest among those earning 200-299% of the federal poverty level (37.9%) and among those living in poverty (35.7%). Binge drinking appears to be most common among multiracial (48.6%) and American Indian/Alaska Native (47.5%) residents and lowest among Black/African-American residents (28.1%).

Binge Drinking, Adults, Previous Year, by Demographics

	Percent
Male	40.8%
Female	26.3%
18 to 24	50.6%
25 to 39	43.6%
40 to 64	26.7%
65 to 79	8.7%
80 or older	*6.2%
0-99% FPL	35.7%
100-199% FPL	32.3%
200-299% FPL	37.9%
300% or above FPL	28.7%
Multiracial	48.6%
American Indian/Alaska Native	*47.5%
Asian	*35.8%
Latino	34.0%
White	30.5%

	Percent
Black/African-American	*28.1%
Kern County	**32.9%**
California	**32.3%**

*Source: California Health Interview Survey, 2011-2015 pooled. http://ask.chis.ucla.edu/ *Statistically unstable due to sample size.*

16.4% of Kern County teens have tried alcohol, which was lower than the 23.7% state rate. However, county teens were more likely to have engaged in binge drinking, with 7% binge drinking in the past month compared to 4.9% statewide.

Binge Drinking and Alcohol Experience, Teens

	Kern County	California
Binge drinking, past month	*7.0%	4.9%
Ever had an alcoholic drink	*16.4%	23.7%

*Source: California Health Interview Survey, 2015-2019 pooled. http://ask.chis.ucla.edu/ *Statistically unstable due to sample size.*

Marijuana Use

Marijuana use became legal in California in 2017, while remaining illegal at the Federal level. 47.4% of Kern County adults interviewed said that they had tried marijuana or hashish, which is lower than the state rate of 50.9%. Of those who had tried it, county adults were also less likely to have used it in the previous month (25.3%) than statewide adults (32.1%), and more likely to say that they last used it more than 15 years ago (32.5%) than were statewide adults (28.4%).

Marijuana Use, Adults

	Kern County	California
Have tried marijuana or hashish	47.4%	50.9%
Used marijuana within the past month	25.3%	32.1%
Used marijuana within the past year	42.6%	48.6%
Used marijuana more than 15 years ago	32.5%	28.4%

Source: California Health Interview Survey, 2017-2019 pooled. http://ask.chis.ucla.edu/

Opioid Use

The rate of mortality from opioid overdose is higher for the county (12.8 deaths per 100,000 persons) than the state (7.9 deaths per 100,000 persons). There were 13.1 hospitalizations per 100,000 persons for the county vs. 7.6 hospitalizations per 100,000 persons for the state. Emergency department visits due to opioid overdose in the county were 41.8 per 100,000 persons versus 17.5 per 100,000 persons for the state. The rate of opioid prescriptions in the county was 489.3 prescriptions per 1,000 persons versus 333.3 prescriptions per 1,000 persons in the state.

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

	Kern County	California
Hospitalization rate for opioid overdose (excludes heroin)	13.1	7.6
ER visits for opioid overdose (excludes heroin)	41.8	17.5
Opioid prescriptions, per 1,000 persons*	489.3	333.3

*Source: California Office of Statewide Health Planning and Development, via California Department of Public Health, California Opioid Overdose Surveillance Dashboard, 2019 and *2020 data. https://discovery.cdph.ca.gov/CDIC/ODdash/*

Substance Use and Misuse Disparities

In Kern County, 16.8% of adults report being current smokers. The rate is higher among American Indian/Alaska Native residents (36.8%), Multiracial (28.6%), and Blacks (26.2%), and lowest among Latinos (13.3%) and Asians (12.7%).

A quarter (25.3%) of county adults had used marijuana during the prior month. Though sample size makes the rates somewhat unreliable, when compared to the average, rates among county American Indian/Alaska Native residents appear to be higher (66.1%), as were rates among Multiracial residents (62.5%). Marijuana use appears to be lowest among Black/African American residents (5.1%).

Binge drinking is defined as consuming a certain amount of alcohol within a set period of time. For males this is five or more drinks per occasion and for females it is four or more drinks per occasion. 32.9% of county adults reported binge drinking in the past year. As discussed earlier in this section, the rates are highest among Multiracial (48.6%) and American Indian/Alaska Natives (47.5%) and lowest among Blacks (28.1%).

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

	Current Smoker	Current Marijuana Use**	Binge Drinking, Prior Year***
Multiracial	28.6%	*62.5%	48.6%
American Indian/Alaskan Native	36.8%	*66.1%	*47.5%
Asian	*12.7%	N/A	*35.8%
Latino	13.3%	*21.6%	34.0%
White	19.0%	25.8%	30.5%
Black/African American	*26.2%	*5.1%	*28.1%
Native Hawaiian/Pacific Islander	N/A	N/A	N/A
Kern County, all races	**16.8%**	**25.3%**	**32.9%**

*Source: California Health Interview Survey, 2011-2019, **2017-2019, and ***2011-2015. http://ask.chis.ucla.edu *Statistically unstable due to sample size. N/A = not available due to insufficient sample size.*

Community Input – Substance Use

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

- It is expensive to adequately support and provide necessary resources for substance use and misuse. Resources are difficult to find, and it is difficult to get

someone who is dealing with substance use to come out of their environment and disengage with their substance dependency.

- We don't have enough beds for inpatient treatment. Some programs are doing incredible work, but they are limited in their capacity. We need more detox and inpatient services and more intensive outpatient care.
- It is a significant issue with our youth gaining access to substances, whether they are illegal or legal like vapes, tobacco, alcohol and marijuana. Youth and young adults have so much access, it runs rampant and causes significant disruption in the educational environment of our youth. We are very limited, we do not have much access to substance awareness or education or prevention programs in our community, other than medical services to keep someone alive after they have overdosed.
- Vaping is increasing. It is easy to get, it is on the rise, and more students are bringing it on campus. We are seeing it more; it is touching more students and it has increased since pre-pandemic times.
- If you are addicted, you are less likely to work and hold a job and be housed. You are also more shunned by your family and society.
- People don't understand, if you vape and get COVID-19 you are in big trouble. Faith based information and prevention efforts are often more successful.
- The prevalence of drug accessibility and lower socioeconomics and joblessness, combined, has created an increase in drug use.
- A lot of children are using substances. One thing that has become popular again is mushrooms. You can't test for mushroom use; it is a very specialized testing with a hair follicle. Kids are getting a hold of mushrooms as easily as pot and the fact that you can buy drugs on social media like Snapchat, like Adderall and Xanax, is scary. It is so much more accessible. If you go online, it will tell you mushrooms are all natural and in micro doses, it can help your depression and anxiety and not that it can damage your brain. It is popular now, there are videos on TikTok. And those kids in foster care are so much more vulnerable to something like that because they don't have a parent looking over their shoulder and providing them individualized attention.
- Meth is the drug of choice in our county. We are a rural area, and a lot of people can make it themselves and it is hidden from the community overall. Seeking care is difficult. Few people can afford to pay for it. There are religious organizations, but some people don't like that angle.
- Certain populations are not regularly screened for substance use, so it is a missed opportunity for intervention.
- There has been a lot of progress made in the last couple of years. We are using a program in the ED for opiates, a suboxone program and it is very successful.

- A few years ago, Bakersfield was listed as one of the top 10 cities for DUI. It must come down to the individual to seek out programs. If they grew up in a culture of domestic violence and substance use and misuse, they are unlikely to recognize it.
- We are living in one of the highest drug use communities in America. Fentanyl is more prevalent than it used to be. Generational use is an issue, you have junior high kids whose dad and grandpa are all using the same drugs.
- We need more resources and people need to be ready to seek help. We can't just make a referral because people won't keep the appointment. We need more social workers and nurses to gain the trust of people before they will even seek help.

Preventive Practices

Flu Vaccines

In the service area, 28.7% of adults received a flu shot in the past year, which is higher than county (28.4%) and lower than state (32.4%) rates and falls below the Healthy People 2030 objective for 70% of adults, ages 18 and older, to receive a flu shot. Area rates ranged from 25.8% in Bakersfield 93307 to 35.4% in Lake Isabella.

Flu Vaccines, Adults, 18 and Older, Past 12 Months

	ZIP Code	Percent
Bakersfield	93301	30.4%
Bakersfield	93304	27.6%
Bakersfield	93305	27.0%
Bakersfield	93306	29.7%
Bakersfield	93307	25.8%
Bakersfield	93308	29.6%
Bakersfield	93309	30.3%
Bakersfield	93311	30.1%
Bakersfield	93312	29.3%
Bakersfield	93313	28.2%
Bakersfield	93314	28.8%
Lake Isabella	93240	35.4%
Taft	93268	27.9%
Tehachapi	93561	30.0%
Mercy Service Area*		**28.7%**
Kern County		**28.4%**
California		**32.4%**

*Source: PolicyMap, utilizing the CDC's Behavioral Risk Factor Surveillance System (BRFSS), 2018 data, https://www.policymap.com/ *Weighted average; calculated using 2015-2019 ACS adult population estimates*

Immunization of Children

The rate of compliance with childhood immunizations upon entry into kindergarten in Kern County was 90.9%. Among service area school districts rates ranged from 92.6% in Tehachapi Unified School District to 97.6% in Taft City School District. Tehachapi Unified and Kernville Union Elementary School Districts had rates below the statewide rate of 94.5% of fully immunized students.

Up-to-Date Immunization Rates of Children Entering Kindergarten, 2018-2019*

School District	Immunization Rate
Bakersfield City School District	95.3%
Kernville Union Elementary School District	93.7%
Taft City School District	97.6%
Tehachapi Unified School District	92.6%
Kern County*	**90.9%**
California*	**94.6%**

*Source: California Department of Public Health, Immunization Branch, 2018-2019. *For those schools where data were not suppressed due privacy concerns over small numbers.*
https://data.chhs.ca.gov/dataset/school-immunizations-in-kindergarten-by-academic-year

Mammograms

The Healthy People 2030 objective for mammograms is for 77.1% of women, between the ages of 50 and 74, to have had a mammogram during the past two years. In the county, 74.6% of women reported having had a mammogram in the prior two years, which did not meet this goal.

Mammogram in the Past Two Years, Women, Ages 50-74, Two-Year Average

	Percent
Kern County	74.6%
California	76.4%

Source: California Health Interview Survey, 2015-2016.http://ask.chis.ucla.edu

Pap Smears

The Healthy People 2030 objective is for 84.3% of women, ages 21 to 65, to have had a Pap smear in the past three years. With 82.4% of women, ages 21 to 65, having had this cervical cancer screening during the prior three years. The county does not meet this objective.

Pap Tests in the Past Three Years, Women, Ages 21-65

	Crude Rate
Kern County	82.4%
California*	81.9%

Source: U.S. Centers for Disease Control (CDC), Behavioral Risk Factor Surveillance System (BRFSS), PLACES Project 2020, 2018 data year. https://chronicdata.cdc.gov/500-Cities-Places/PLACES-Local-Data-for-Better-Health-County-Data-20/swc5-untb
**Weighted average of California county rates.*

Colorectal Cancer Screening

The Healthy People 2030 objective for adults, ages 50 to 75, is for 74.4% to have had a colorectal cancer screening (defined as a blood stool test in the past year, sigmoidoscopy in the past five years plus blood test in the past three years, or colonoscopy in the past ten years). 61.7% of county residents, ages 50-75, met the colorectal cancer screening guidelines. The county does not meet the Healthy People 2030 objective.

Colorectal Cancer Screening, Adults, Ages 50-75

	Crude Rate
Kern County	61.7%
California*	66.5%

Source: U.S. Centers for Disease Control (CDC), Behavioral Risk Factor Surveillance System (BRFSS), PLACES Project 2020, 2018 data year. https://chronicdata.cdc.gov/500-Cities-Places/PLACES-Local-Data-for-Better-Health-County-Data-20/swc5-untb
**Weighted average of California county rates.*

Community Input – Preventive Practices

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

- There is a lack of effort and funding focused on preventive practices in communities of color. It improved slightly during the pandemic, but our vaccination numbers demonstrate how poorly we are doing in reaching communities of color.
- For persons who are homeless, there needs to be a street element, where you meet them where they live and continually track their movements throughout the community.
- We have pretty good access to preventive care in the community, especially for children with our FQHCs and Public Health services.
- Some staff don't want the COVID-19 vaccine and they are required to do weekly tests and some of them don't want to do that either, they want to stay at home and quarantine. As a result, we have a teacher and substitute teacher shortage and we are having trouble providing enough adults on campus to provide education.
- We are not seeing much change or movement in vaccination rates.
- With preventive testing, it is standardized medicine and it is about getting people into the office. If we can get them in, we can do blood work and vaccinations and screenings. We have school-based clinics with counselors, behavioral health services, and STI screening and treatment.
- The community is still not comfortable or confident that it is safe to access services. COVID-19 is still spreading rapidly throughout the state. Pre-COVID we had a challenge getting information out to the community on why preventive care is important. It is not something they see as an immediate concern.
- Access to tests, screenings and treatment is important and need to be made more widely available. Just trying to get in for services, there is a delay. That is not good for our community. Those that want to get screened must wait and are having a hard time. It is even more problematic for those who aren't motivated.
- Preventive care and follow-up care tend to be a major concern. There is a lack of information and ability or manpower to do outreach for that. For the formerly incarcerated, those in the criminal justice system, gang impacted and violence impacted individuals, when something happens, they are unable to navigate the system on their own.

Prioritized Description of Significant Health Needs

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

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

Each of the stakeholder interviewees was sent a link to an electronic survey (SurveyMonkey) in advance of the interview. The stakeholders were asked to rank each identified need. The percentage of responses were noted as those that identified the need as having severe or very severe impact on the community, had worsened over time, and had a shortage or absence of resources available in the community. Not all survey respondents answered every question, therefore, the response percentages were calculated based on respondents only and not on the entire sample size. Economic insecurity, housing and homelessness, environmental conditions, food insecurity, mental health and violence and safety had the highest scores for severe and very severe impact on the community. Economic insecurity, violence and safety, mental health and overweight and obesity were the top four needs that had worsened over time. Mental health, substance use and violence and injury had the highest scores for insufficient resources available to address the need.

Significant Health Needs	Severe and Very Severe Impact on the Community	Worsened Over Time	Insufficient or Absent Resources
Access to care	88.9%	23.5%	70.6%
Alzheimer's disease	38.9%	11.8%	29.4%
Birth indicators	72.2%	23.5%	76.5%
Chronic diseases	88.9%	41.2%	76.5%
COVID-19	88.9%	47.1%	58.8%
Dental care/oral health	55.6%	11.8%	47.1%
Economic Insecurity	100%	82.4%	75.0%
Environmental conditions (pollution)	94.4%	58.8%	76.5%
Food insecurity	94.4%	47.1%	70.6%
Housing and homelessness	94.5%	64.7%	76.5%
Mental health	94.4%	70.6%	88.2%
Overweight and obesity	88.9%	70.6%	76.5%
Preventive practices	66.7%	23.5%	52.94

Significant Health Needs	Severe and Very Severe Impact on the Community	Worsened Over Time	Insufficient or Absent Resources
Sexually transmitted infections	66.7%	23.5%	47.1%
Substance use	88.2%	64.7%	82.4%
Unintentional injuries	22.2%	0	29.4%
Violence and safety	94.4%	76.5%	82.4%

The interviewees were also asked to prioritize the health needs according to highest level of importance in the community. The total score for each significant need (possible score of 4) was divided by the total number of responses for which data were provided, resulting in an overall score for each significant need. Mental health, COVID-19 and access to care were ranked as the top three priority needs in the service area. Calculations resulted in the following prioritization of the significant needs:

Significant Needs	Priority Ranking (Total Possible Score of 4)
Mental health	3.83
COVID-19	3.82
Access to care	3.78
Economic Insecurity	3.72
Housing and homelessness	3.72
Substance use	3.72
Chronic diseases	3.71
Violence and safety	3.65
Food insecurity	3.61
Preventive practices	3.59
Environmental conditions (pollution)	3.56
Birth indicators	3.29
Overweight and obesity	3.28
Sexually transmitted infections	3.20
Dental care/oral health	3.18
Alzheimer's disease	3.08
Unintentional injuries	2.86

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

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

Community Needs	Very Important and Important
Chronic disease (cancer, diabetes, heart disease, liver disease, lung disease, stroke)	80.0%
Violence and safety	77.6%
Overweight and Obesity	76.1%
Mental health	75.7%
Access to health care	73.7%
Housing and Homelessness	73.3%
COVID-19	72.4%
Environmental pollution	70.2%
Dental care/oral health	68.6%
Substance use	68.2%
Economic insecurity	67.1%
Food insecurity	62.4%
Sexually transmitted infections	60.8%
Alzheimer's disease	60.0%
Birth indicators (teen births, prenatal care, low birth weight, infant mortality)	60.0%
Unintentional injuries (falls, accidents)	53.7%
Preventive practices (vaccines, screening)	36.9%

Resources to Address Significant Health Needs

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

Need	Community Resources
Access to care	Bakersfield Pregnancy Center, Bakersfield-Kern Regional Homeless Collaborative, Black Infant Health, Building Healthy Communities, Clinica Sierra Vista, Continuum of Care Consortium, Kern County Department of Public Health, Kern County Medically Vulnerable Care Coordination, Kern Health Systems, Kern County Network for Children, Kern County Nursing Family Partnership, Omni Family Health
Alzheimer's disease	Adult Day Care Services for Alzheimer's Patients (ADAKC), Alzheimer's Disease Association of Kern County
Birth indicators	Bakersfield Pregnancy Center, Black Infant Health, Building Healthy Communities, Dolores Huerta Foundation, First 5 Kern, Help Me Grow Kern County, Lincoln Street Retreat Perinatal Services, Kern County Nursing Family Partnership, No Sister Left Behind
Chronic disease	American Lung Association in California, , Asthma Coalition of Kern County, Bike Bakersfield, Building Healthy Communities, Clinica Sierra Vista, Central California Asthma Collaborative, Community Action Partnership of Kern, Edible Schoolyard Project, League of Dreams, Links for Life Breast Cancer Support, Morning Star Fresh Food Ministry, San Joaquin Valley Air Pollution Control District, Tobacco Free Coalition of Kern County,
COVID-19	Building Healthy Communities, Catholic Charities, CityServe, Garden Pathways, Kern County Department of Public Health, Naina & Ravi Patel Foundation
Dental care/oral health	Homeless not Toothless, Operation Saving Smiles, Taft College Dental Hygiene Program
Economic insecurity	Alpha House, Bakersfield Pregnancy Center, Blessings Corner, Building Healthy Communities, CityServe, Court Appointed Special Advocates of Kern County, Dolores Huerta Foundation, Dream Center of Kern County, Garden Pathways, Golden Empire Gleaners, Hope Center, Jakara Movement, Jim Burke Foundation, League of Dreams, Naina & Ravi Patel Foundation, United Farm Workers Association
Environmental conditions	American Lung Association in California, Asthma Coalition of Kern County, Bike Bakersfield, Central California Asthma Collaborative, San Joaquin Valley Air Pollution Control District
Food insecurity	Blessings Corner, CityServe, Dolores Huerta Foundation, Edible Schoolyard Project, Golden Empire Gleaners, Hope Center, Morning Star Fresh Food Ministry, Waste Hunger Not Food Kern County
Housing and homelessness	Alpha House, Bakersfield-Kern Regional Homeless Collaborative, Bakersfield Homeless Center, Blessings Corner, California Veterans Assistance Foundation, Continuum of Care Consortium, Dream Center of Kern County, Greater

Need	Community Resources
	Bakersfield Legal Assistance, Hope Center, Mercy House Brundage Lane Navigation Center, Mission at Kern County, Wounded Hero's Fund
Mental health	Behavioral Health and Recovery, Binational Health Week, Binational Taskforce, California Veterans Assistance Foundation, CityServe, Crisis Stabilization Unit, Dream Center of Kern County, Garden Pathways, Listening Couch, Mary K Shell Mental Health Center, Wounded Hero's Fund
Overweight/obesity	Building Healthy Communities, City of Bakersfield Department of Recreation and Parks, Community Action Partnership, Dolores Huerta Foundation, Edible Schoolyard Project, Garden Pathways, League of Dreams, Morning Star Fresh Food Ministry
Preventive practices	Bakersfield Pregnancy Center, Black Infant Health, Clinica Sierra Vista, Continuum of Care Consortium, Court Appointed Special Advocates of Kern County, Garden Pathways, Kern County Department of Public Health, Kern County Network for Children, Kern County Nursing Family Partnership, Kern Health Systems, Naina & Ravi Patel Foundation, No Sister Left Behind, Omni Family Health
STI	Human Trafficking Coalition, STI Taskforce
Substance use and misuse	Behavioral Health and Recovery, Capistrano Community for Women, Dream Center of Kern County, Flood Ministries, Jason's Retreat, Lincoln Street Retreat Perinatal Services, Teen Challenge, Tobacco Use Prevention Education (TUPE) Kern County
Unintentional injuries	Alliance Against Family Violence, B3K Consortium, Community Action Partnership, Court Appointed Special Advocates of Kern County, Garden Pathways, Jakara Movement, Jim Burke Foundation, Safe Streets Coalition
Violence and community safety	Alliance Against Family Violence, Alpha House, B3K Consortium, Community Action Partnership, Family Justice Center, Garden Pathways, Jakara Movement, Kern Pledge for Education, No Sister Left Behind, Safe Streets Coalition, Violence and Prevention Task Force

Impact of Actions Taken Since the Preceding CHNA

In 2019, Mercy Hospitals conducted the previous CHNA and significant health needs were identified from issues supported by primary and secondary data sources. The hospitals' Implementation Strategy associated with the 2019 CHNA addressed: access to health care, Alzheimer's disease, chronic diseases, overweight and obesity, preventive practices and social determinants of health/basic needs through a commitment of community benefit programs and resources. The following activities were undertaken to address these selected significant health needs since the completion of the 2019 CHNA.

Access to Health Care/Preventive Practices

Strategy or Program Name	Summary Description
Financial Assistance	The hospitals provided financial assistance to eligible patients who do not have the capacity to pay for medically necessary health care services, and who otherwise may not be able to receive these services.
Community Grants Program	Grant funds were awarded to nonprofit organizations to deliver services and strengthen service systems, which improved the health and well-being of vulnerable and underserved populations.
Connected Community Network (CCN)	Through the CCN, hospital care coordination and community partner agencies worked together to identify vulnerable patients and their health and health-related social needs. CCN electronically linked health care providers to organizations that provided direct services.
Community Health Initiative	Increased access to health insurance and health care for hard-to-reach individuals in Kern County. Provided training for application assistance, and educated families on the importance of preventive care. In FY20, 1,314 individuals were enrolled or renewed in Medi-Cal or Covered California and received information to increase their understanding of their coverage and how to access care.
Community Wellness Program	Provided community health screenings, and health education on a variety of prevention topics.
Homemaker Care Program	Provided in home services, linkages to health care resources and social services that improved the quality of life for vulnerable clients.
Prescription Purchasing	Purchased necessary medications in emergency situations for people who required medicines for their health but had no money to buy them.

Alzheimer's Disease

Strategy or Program Name	Summary Description
Community Grants Program	Grant funds were awarded to nonprofit organizations to deliver services and strengthen service systems, which improved the health and well-being of vulnerable and underserved populations.
Homemaker Care Program	Provided in home services, linkages to health care resources and social services that improved the quality of life for vulnerable clients.

Chronic Diseases (including Overweight and Obesity)

Strategy or Program Name	Summary Description
Community Grants Program	Grant funds were awarded to nonprofit organizations to deliver services and strengthen service systems, which improved the health and well-being of vulnerable and underserved populations.
Community Wellness Program	Provided health education on nutrition, diabetes, cholesterol and hypertension prevention and treatment. In FY20, provided 18,479 blood pressure, cholesterol, glucose, and hemoglobin screenings throughout Kern County. 64% of participants who attended monthly health screenings and health education classes, at targeted health screening sites, showed improved blood sugar results at the end of six months. Provided 1,200 flu immunizations. In FY21, the program provided 1,090 health screenings and 1,871 flu immunizations for residents of Kern County. Provided 33 cancer education classes.
Chronic Disease/Diabetes Self-Management Program	Provided residents who have chronic diseases with the knowledge, tools and motivation needed to become proactive in their health through 6-week workshops. Provided 23 Healthy Living seminars. 99% of participants who registered for Healthier Living completed the seminar by attending 4 out of 6 classes. 100% of participants decreased admissions to the hospital or emergency department for the three months following participation in the program. Provided 11 new locations in Kern County for Healthier Living.
Healthy Kids in Healthy Homes	The 8-session program provided information to children on the topics of nutrition, exercise, and lifestyle.
Smoking Cessation Program	Facilitated Freedom from Smoking®, an eight-session seminar, to help encourage participants to work on the process and problems of quitting. In FY20, provided three Freedom from Smoking® clinics.

Social Determinants of Health/Basic Needs

Strategy or Program Name	Summary Description
Community Grants Program	Grant funds were awarded to nonprofit organizations to deliver services and strengthen service systems, which improved the health and well-being of vulnerable and underserved populations.
Learning and Outreach Centers	In collaboration with other community service agencies, the centers provided referral services, food, clothing, and education to the most vulnerable and needy residents of the community. After school programs at the centers provided tutoring support to underserved youth. In FY20, 40,721 individuals were assisted with basic living necessities at the Learning and Outreach Centers. 94% of the students who participated in the Homework Club and After School Club achieved a grade point average of 2.0 or above. In FY21, 37,043 individuals were assisted with basic living necessities at the Learning and Outreach Centers. 87% of the students who participated in the Homework Club and After School Club achieved a grade point average of 2.0 or above.
Connected Community Network	Addressed the social determinants of health and linked referred patients to appropriate and needed community-based services.
Art and Spirituality Center	Provides opportunities for artistic expression, meditation, relaxation, and creativity to promote health and well-being, aiding in physical, mental, and emotional recovery, including relieving anxiety and decreasing the perception of pain. In FY20, 3,557 participants took part in programs at the Art and Spirituality Center. Over 97% of Art and Spirituality Center participants surveyed reported they were able to create freely in a supportive and accepting environment.
Homemaker Care Program	Provided in home services, linkages to health care resources and social services that improved the quality of life for vulnerable clients. In FY20, 40,721 individuals were assisted with basic living necessities at the Learning and Outreach Centers. In FY1, conducted three Homemaker Care vocational training classes with 100% of the graduates obtaining post-assessment scores of at least 70%.

Attachment 1: Benchmark Comparisons

Where data were available, the Dignity Health Mercy Hospitals' service area health and social indicators were compared to the Healthy People 2030 objectives. Healthy People identifies public health priorities to help individuals, organizations, and communities across the United States improve health and well-being. Healthy People 2030, the initiative's fifth iteration, builds on knowledge gained over the first four decades. The **bolded items** are Healthy People 2030 objectives that did not meet established benchmarks; non-bolded items met or exceeded the objectives.

Indicators	Memorial Service Area	Healthy People 2030 Objectives
High school graduation rate	**88.6%** - 91.7%	90.7%
Child health insurance rate	96.7%	92.1%
Adult health insurance rate	**88.1%**	92.1%
Unable to obtain medical care	**5.1%**	3.3%
Ischemic heart disease deaths	**119.9**	71.1 per 100,000 persons
Cancer deaths	**154.3**	122.7 per 100,000 persons
Colon and rectum cancer deaths	**12.8**	8.9 per 100,000 persons
Lung and bronchus cancer deaths	**33.2**	25.1 per 100,000 persons
Female breast cancer deaths	**22.0**	15.3 per 100,000 persons
Prostate cancer deaths	**21.9**	16.9 per 100,000 persons
Stroke deaths	**35.9**	33.4 per 100,000 persons
Unintentional injury deaths	**54.5**	43.2 per 100,000 persons
Suicides	**13.8**	12.8 per 100,000 persons
Liver disease (cirrhosis) deaths	**15.5**	10.9 per 100,000 persons
Homicides	**9.4**	5.5 per 100,000 persons
Drug-overdose deaths	**29.9**	20.7 per 100,000 persons
Overdose deaths involving opioids	12.8	13.1 per 100,000 persons
Infant death rate	**5.2**	5.0 per 1,000 live births
Adult obese, ages 20+	28.3% - **44.7%**	36.0%, adults, ages 20 and older
Adults engaging in binge drinking	19.5%	25.4%
Cigarette smoking by adults	**15.8%**	5.0%
Pap smears, ages 21-65, screened in the past 3 years	**82.4%**	84.3%
Mammogram, ages 50-74, screened in the past 2 years	**74.6%**	77.1%
Colorectal cancer screenings, ages 50-75, screened per guidelines	**61.7%**	74.4%
Annual adult influenza vaccination	**44.1%**	70.0%

Attachment 2: Community Stakeholder Interviewees

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

Name	Title	Organization
Juan Avila	Chief Operating Officer	Garden Pathways
Rene Ayon	Director of Student Services	Delano Joint Union High School District
Carlos Baldovinos	Executive Director	Mission at Kern County
Ja'Nette Beck	Supervisor II	City of Bakersfield Department of Recreation and Parks
Isabel Bravo	School Health and Wellness Office Manager	Bakersfield City School District
Tim Calahan	Director of Public Relations and Community Development	Clinica Sierra Vista
Morgan Clayton	President	Tel-Tec Security
Michelle Curioso, PHN, MPA	Director of Health Services	Kern County Department of Public Health
Dan Edwards	Community Member	
Steve Flores	Community Relations	The Naina & Ravi Patel Foundation
Toni Harper, LCSW, DBH	Vice President of Philanthropy	Friends of Mercy Foundation, Dignity Health Mercy Hospital Downtown and Mercy Hospital Southwest
Michelle (Mikie) Hay	Director of Community Affairs	Jim Burke Ford
Loni Hill-Pirtle, LCSW	Director of Care Coordination	Mercy Hospital Downtown, Mercy Hospital Southwest
Pam Holiwell	Community Member	
Louie Iturriria	Director, Marketing and Public Relations	Kern Health Systems
Deborah Johnson	President and Chief Executive Officer	California Veterans Assistance Foundation, Inc.
Roland Maier	Executive Director	First 5 Kern County
Traco Matthews	Chief Program Officer	Community Action Partnership of Kern County
Beth Miller	Director of Patient Experience	Bakersfield Memorial Hospital
Robin Robinson	Community Development & Church Engagement Director	CityServe
Deborah Schmidt, EdD	Director, School Community Partnerships	Kern County Superintendent of Schools
Caryl Schweitzer	Director of Development	Bakersfield Memorial Hospital Foundation, Dignity Health
Alexis Shaw	Prevention Services Facilitator	Kern County Network for Children
Isabel Silva	Director Health Education, Cultural and Linguistic Services	Kern Health Systems
Lauren Skidmore	Chief Executive Officer	Bakersfield Homeless Center
Morgan Topper	Vice President, Chief Operations Officer	Mercy Hospitals of Bakersfield
Amy Travis	Executive Director	Court Appointed Special

Name	Title	Organization
		Advocates (CASA) of Kern County
Amanda Valenzuela	Development Manager	Alzheimer's Association, Kern County
Joan Van Alstyne	Director Patient Experience	Mercy Hospitals of Bakersfield
Kevin Wythe	Coordinator of Pupil Support Services	Sierra Sands Unified School District Ridgecrest

Attachment 3: Community Stakeholder Interview Responses

Community interview participants were asked to name the most significant health issues or needs affecting individuals in the community. Responses included:

- Inequity and health care access.
- Awareness of basic services that are available in our community.
- Mental health, domestic violence, and adequate economic support for daily needs like housing and food.
- Poverty and food insecurity.
- Diabetes, obesity, heart disease, and mental health.
- A need for immunizations, as well as dental, vision and hearing screenings for children.
- Access to health and wellness resources, facilities and activities that promote healthy eating and physical activity.
- We see a lot mental health issues and substance use; they go hand in hand.
- Homelessness and drug abuse.
- Homelessness and associated issues like food insecurity.
- Reaching migrant communities.
- COVID-19 is still a significant issue, chronic diseases, and drug issues like meth addiction.
- A large percentage of children live in poverty and a lot of their basic needs go unmet.
- We see a lot of need regarding dementia in our aging population, and a lot of people are having issues with access to care, not receiving a diagnosis.
- People have had more issues with their finances over the last couple of years. The pandemic has exacerbated that. We have seen a lot of isolation in our aging population because of the pandemic. That is causing a quicker decline in cognitive health and we are seeing a lot more burden on caregivers.
- Substance use, behavioral health issues.
- Hypertension, diabetes, chronic illnesses, respiratory illnesses like Valley Fever and poor air quality.
- Dealing with unhealthy patient populations that aren't compliant with medical direction, preventive health care and utilizing health care that is available to them.
- Poverty, and being vulnerable because of poverty.
- Not having access to preventive care or transportation, substance use, mental health and homelessness.
- Access to providers is always an issue in our community, and right now, our low vaccination rates.
- Several patients who had COVID-19 require assistance once they are discharged. There are very limited resources in the community to provide those services, such

as additional rehabilitation, supplies, and equipment in the home. People are very short of breath and often need oxygen and need help with meals and cleaning and running errands.

- High pregnancy rates for teens, lack of information on STIs, and high rates of diabetes, alcoholism and obesity.
- Dental care and emergent mental health issues.
- COVID-19, food insecurity, homelessness, mental illness, lack of job training and skills.
- We have Valley Fever and diabetes is a big issue in our communities.
- There are not enough dental providers. We tend to lose some of the brightest to other areas that are more favorable in live in, like the coast. We have a hard time recruiting doctors and specialists.
- Kern County is a huge county with a lot of rural areas, so access to care is an issue. Transportation has always been an issue, especially now with gas prices so high, people can't afford to buy gas.
- Homelessness, how to eat correctly and maintain your health.
- Housing and childcare are issues.

Interview participants were asked what factors or conditions contribute to these health issues. Their responses included:

- Lack of access to health information and nutrition information.
- We have a large migrant population and among that group, there is a lack of educational awareness. There are a lot of first-generation immigrants who are not up-to-date on the free and available resources.
- Cultural and generational cycles of poverty, inadequate economic support, low educational attainment, engagement in violence and a lack of family support.
- High unemployment rates, low levels of health literacy and academic literacy.
- There is a lack of education and knowledge about eating healthy, balanced diets and the impact of not exercising.
- Every year we have several hundred children who are put on probation because they are not fully vaccinated. We provide information on where they can go and the timeline to get their vaccinations but it is up to the parents to resolve the issue.
- Family dynamics, poverty, and food insecurity.
- The homeless population in our community.
- Major causes would be politics in terms of regulations and COVID-19 and health in general and the other is social issues.
- With COVID-19, there are social issues, political issues, as well as perception issues. For chronic diseases it is mostly hereditary and self-management.
- Access to care and receiving a diagnosis has been a huge obstacle.

- Poverty, the availability of drugs, and the assumed lower risk of marijuana use because of legalization.
- Obesity, a lack of access to care for extended periods of time, chronic diseases mismanaged for years, and a lower socioeconomic status that lends itself to predisposed conditions.
- Lack of education.
- The area we live in is more vulnerable and impoverished, it is very blue color with agriculture and oil fields, and neither field is booming right now. A lot of people have been put out of work and we live in a very rural county. There are a lot of small rural communities and it is difficult to get access to services. There are more services now, but it is still difficult to access them in a timely manner. It is typical to wait 4-8 weeks to be seen by a primary care provider.
- There is a lot of conflicting information out there regarding the COVID-19 vaccine.
- Education is a big factor with COVID-19. We have had a vaccine available for quite some time, but we still have fairly low vaccination rates compared to the rest of the state. And there is a cultural component to that as well.
- The area itself has a lot of rural roots and low-income roots and people from those communities are not trusting, they have medical insurance issues, or they do not want to gain medical attention for certain issues.
- Transportation can be difficult, and too few practitioners, especially for mental health issues. For veterans, we have no emergency mental health services unless you use a telehealth hotline. For dental services, it is a top reason why people end up in the ED. Dental issues can lead to pain and nutrition deficits. Most people have access to health care, but dental care continues to be a huge need.
- We see that those with four or more ACEs (Adverse Childhood Experiences), prior to age 18, are more susceptible to mental health issues, behavioral issues, incarceration, and high-risk behaviors.
- We are living in a pandemic. Loss of jobs leads to loss of economic security and food insecurity and a lack of housing.
- Our geography traps the air so we have poor air quality and we are a transportation hub.
- If patients can’t afford to get to Bakersfield for care, it could be because they are unemployed or they don’t know what is available to them in their own community.
- It starts with parents and their own historical family values and culture.
- Myriad of issues, including homelessness, low wages, coupled with rising housing costs. People are having a hard time paying their rent and utilities and mortgages.
- There are a lot of hard-to-reach communities like farm workers, and Spanish speaking dialects. People are falling through the cracks and they get discouraged and don’t persist because it is emotionally taxing to stretch yourself and find ways to get help in a system and process that isn’t designed for you.

Who or what groups in the community are most affected by these issues? Responses included:

- Communities of color.
- Migrant workers, low socioeconomic groups and the Hispanic population.
- Children, members of gangs, and those associated with that gang member.
- Low-income individuals, individuals that recently lost a job, and low-income communities.
- Lower income families, single parent households, those who haven't been exposed to information about healthy lifestyles.
- Those living in lower socioeconomic areas. And children and seniors.
- Students of low income, immigrant parents. Migrant students. And foster homeless students.
- Racial ethnic groups and veterans.
- The aging population, our seniors. And employed adults who are working, caring for young children and their parents.
- Children, especially if parents are using substances.
- Socioeconomics and racial inequities have been built into our society.
- Children have been disproportionately impacted because so many of them have experienced the loss of a parents due to COVID-19 and the illness themselves.
- Pregnant women have been impacted by COVID-19. We will see a decline in breastfeeding success rates because of mom's lack of energy and the difficulty of caring for herself. When you are not feeling well yourself, it makes it difficult to breastfeed.
- Anyone with a mental health condition.
- When we think of poor, high poverty, high crime communities, we think of minority and black and brown communities. But Taft, Oildale and Kern River, they are all struggling with the same issues: lives of despair, where life expectancies are shorter than everyone else in Kern County. They all have that reduced life expectancy and they are a majority white population.
- Lower income, underserved, and the unsheltered population. And families with children.
- We have a large migrant Hispanic population working on the farms. They are low-income, many families live together. We don't have the migrant population we used to have because our crops have changed. We moved away from grapes. Now we have more citrus trees. So, families that come here tend to stay and drop roots and go to our schools now.
- If you have a patient or clients that can't get to their care, everyone is impacted by that. It is the individual, especially if they are the breadwinner, then the whole family is impacted.

- Preventive care is the key thing. If you let your health get worse, you end up going to the ED, and that impacts the hospital, and the whole community, not just that individual.
- One group we tend to overlook mothers. Our inflexibility with support and housing and utility assistance and childcare, it really impacts women negatively. For women there are multiple factors that impact their ability to get support and it impacts their careers.

What have you seen to be effective strategies to reduce inequities in the community? Is there work underway that is promising?

- Outreach directly to underserved communities done by Dignity Health with their community benefit efforts.
- Schools helped to get the message out to kids and parents of services available at the school.
- Prevention - homelessness prevention, health and equity prevention, domestic violence prevention, and other areas like supportive services and case management and economic support.
- Supporting early childhood education and after school programs for high-risk youth. Mercy's learning and outreach center is extremely promising. Work done by CityServe is promising as well. There is a partnership with Bakersfield College for educational counseling and mentoring people who are homeless or at risk of homelessness.
- The hospitals have done a good job on outreach about diabetes and healthy living.
- We are working with Ridgecrest Regional Hospital to do a mobile clinic for targeted services in our community. We are currently targeting immunizations.
- Reaching those in need through free and reduced lunch programs and partnerships with other organizations that share the same passions and goals allows us to expand our reach and allocate funding to expand resources and facilities to all areas of the community.
- For mental health, there is a lot of funding that is coming in through our Kern Behavioral Health program and grants that allow us to be able to offer more mental health support programs in our school district.
- We see a lot of collaboration happening with providers in the homeless field and we are seeing a greater investment from local, state and county resources. We see a greater sense of urgency and people understanding that they cannot continue to sit on the sidelines, they need to be part of the solution. Homelessness impacts everyone in the community.
- Homelessness is increasing and getting worse. They need to pass laws where we can pick up people for loitering and then keep them for a few days and get them a bit

healthier and free of drugs and provide food and a source of assistance. That is not happening now.

- We have a lot of grassroot organizations in our community trying to work on disparities. And using people who go door to door, with people of the same backgrounds and speaking the same language and having the same culture as those they are trying to assist. That seems to be a very effective model.
- Police are collaborating with community members to bring more transparency. And other organizations are working on bringing awareness to things that aren't necessarily in the headlines.
- For those who are experiencing substances use or mental health issues and are also homeless, a lot of work is being done to engage and house them in Housing First strategies that remove barriers. A lot of resources have been put into that for better opportunities and outcomes.
- Partnerships with organizations and hospitals to increase access to social services. Increasing access to health insurance and wellness programs and preventive care. Increased access to educational outreach.
- Population health models that are being ingrained for value-based reimbursement and CHNA action plans and the development of programs with hospitals and their community outreach.
- There has been more media attention regarding racial inequities and injustices. Not much has improved locally, but there is more attention now, and media coverage. However, we live in a very politically charged county that doesn't necessarily agree with all that, so it is still a huge work in progress. There has been some grassroots progress, and things are happening now more than in the past.
- When health topics are discussed at the high school level, students are very receptive to information. This can lead to long term, lasting impact and that is encouraging. For example, there are several situations where high school students received the COVID-19 vaccine despite their parents not being vaccinated. Some high school districts, teachers and school nurse programs have provided information on COVID-19 that has been effective. Also, some public health efforts to distribute information through social media has been effective. They have presented vignettes or factoids and they seem to be very popular and are widely circulating.
- For mental health, we have mental evaluation teams that go out with the police to do an evaluation. We need more medically trained people that can dive into this work because it is such a huge need, especially among persons who are homeless. Most homeless shelter workers do not have the medical knowledge or mental health knowledge to provide that true level of assistance that a person needs.
- For dental health, there is not much being done, and the cost remains extremely high.
- Mobile health care units focus on gaps in the health system. Clinica Sierra Vista

sends out outreach teams with multiple providers to the homeless encampments and they do screenings and check for preventive care and plan to connect them and refer them for anything that comes up. They take a behavioral health specialist, a nurse, a doctor, and they meet the community members where they are. This has been effective. They aren't making people go to a hospital or clinic for care, they are bringing the care to them.

- B3K prosperity planning committee. Health care providers are working together, better than I've seen before to find solutions and the government is stepping into all those issues to find ways that we can better respond. The housing authority is working hard to create new housing projects.
- The funding formula that Governor Brown put in place where communities of color are now funded with more money for their schools, which allows for better education.
- Collaboration, that is really effective to share best practices and collaborate with one another.
- Community engagement, meeting people where they are. If we are unified, we can impact the community together.
- There are huge inequities related to women and definitely to minorities who tend to already be at a disadvantage in income. In addition to legislation, it would be great if organizations themselves developed a stronger awareness of inequities so some sort of formal diversity and inequity principles.
- We have health clinics at the schools, so we've been able to provide services to students. We are making health care more accessible, and we are providing more appointments to make up for the lack of available primary care appointments in the community.

How has the COVID-19 pandemic influenced or changed the unmet health-related needs in your community? Responses included:

- It highlighted the inequities.
- The city, county and schools made a concerted effort to reach all members of the community in terms of making the vaccine available. COVID screenings are available and they are really promoting it. Our vaccination rates are not as high as we want them, but we have campaigns and have vaccines available on school campuses throughout the city.
- It has made it harder to do outreach. It has made domestic violence harder to support because victims are no longer able to come out of their homes for support. It has created difficulties in the ways we interact and provide services because of the regulations and requirements surrounding COVID-19 and there is an issue with engagement.
- Everyone was so isolated and the only issues that they saw were right in front of them, so homelessness became front and center as the most pressing need. But

there were underserved people in the background struggling with food and basic needs, including health care. There are still a lot of unknowns. I don't see that the homeless programs were effective. In fact, we are seeing even more severely mentally ill, clearly psychotic people in the community. There is increased crime as a result.

- Even though our unemployment numbers are down, we are still higher than the rest of the state.
- Many families won't get services if they can't access them immediately. If they have to reschedule something or care is delayed, they don't come back. That happened quite a bit with the pandemic shutting down health offices.
- People have had to adapt the way they reach families and children. There is a stronger need to get resources out there through social media and the telephone. Also, through virtual education, health fairs and meetings.
- It has made it worse with students not coming to school. We are not able to really address their needs. A lot of kids disengaged during lockdowns. Sometimes a parent was home, sometimes not, and a lot of kids were unattended to. A lot of mental health needs came up like anxiety, stress, worry.
- People had family members pass away from COVID-19, it has shaken families and impacted their mental health.
- It has put a stress on all our resources.
- Decreased accessibility for people. Everyone has had to think of different strategies to reach people. People have fallen through the cracks. Many people are still isolating and not accessing services available to them.
- It hurt a lot of people in poverty, those living in minimum wage jobs, whose jobs were cut when businesses closed. We saw a lot of people who lost their jobs if they couldn't work remotely. It also brought to light that people do go hungry and people are barely making it.
- Alzheimer's disease was always a very isolating disease for the person and caregiver and that has multiplied over the last year and a half. People tend to not ask for help and are fearful of being around others, especially now, and that additional isolation has impacted those with dementia. For caregivers, it is a very difficult job in the best of circumstances and the pandemic brought on the worst of circumstances.
- Resources have become more available. Scarcity of food was a big issue early on, and then we started to see more food drives and food baskets and pantries opened so food insecurity was not such an issue. Stimulus checks have helped families but with rising grocery costs, there will be issues in the future.
- It has exacerbated existing conditions. It has forced people to isolate and people started putting off going to the doctor for a variety of reasons. And the overall communication and comfort with your doctor has changed dramatically. It is one of

the biggest barriers to get people back in for checkups and follow-up care.

- The pandemic prohibited folks from seeking preventive health care and seeking follow-up due to fear.
- It has made everything 100 times worse. It has been hard for everyone to access services, a lot of people put off preventive care, even if they had insurance and the means. It has disproportionately impacted the more vulnerable populations.
- We are seeing that our members are not accessing care the way they used to, pre-pandemic. Doctor visits have dropped. We need to encourage people to access care again and educate them that it is safe to access care.
- It has magnified some of the existing issues that we are already dealing with in the community like homelessness.
- It impacted people in a negative way because people could not personally meet. People aren't going to the dentist or doctor. Just general checkups have been impacted as well as emergency care and necessary surgeries have been delayed. There is disinterest in getting the vaccination.
- Telehealth is a temporary solution. Most people we talk to want face-to-face contact. People are just hanging on, we've gone to informal methods of taking care of people, like buddy-checks.
- Before the pandemic, there were some telehealth models, but they were not very developed. That changed with the pandemic. We are now utilizing that technology. In our low-income communities, they have phones, so if they can connect to Wi-Fi, they can have access to a doctor or counselor and have a session with someone that is virtual. It eliminates transportation issues and people who get nervous going to a medical center or clinical setting.
- The isolation and high stress of the pandemic lead to increased domestic violence in homes and increased community violence. We thought with the pandemic that community violence would decrease and it actually increased. We saw a 30% increase in gun violence across the nation and about 20% increase locally. Bakersfield is on track to have the most homicides per capita for the state of California for the fourth year in a row.
- It has helped us identify gaps in services and the powerful impact of child development and day care centers have on our lives. We took them for granted. Parents drop off their kids and go to work. But the pandemic brought it to light what teachers and early childhood development programs and head starts and childcare centers do for our community.
- It forced everyone to pivot and look at new ways of doing business and communicating.
- We saw a 50% increase in the need for food. And so many people are at a point where they can't find the emotional strength to come to work and not be valued and not connect to their work and those around them.

Attachment 4: Community Survey

As part of the Community Health Needs Assessment, Mercy Hospitals distributed a survey to engage community residents. The survey was available in an electronic format through a SurveyMonkey link, and in a paper copy format. The electronic and paper surveys were available in English and Spanish. The surveys were available from September 13 to November 15, 2021. During this time, 255 usable surveys were collected.

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

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

- Biggest health issues in the community.
- Problems faced accessing health care, mental health care, dental care or supportive services.
- What would make it easier to obtain care?
- Where residents and their families receive routine health care services.
- Types of support or services needed in the community.
- Greatest needs facing children and families.
- Greatest health issues that negatively impact children.
- Changes that would improve health and wellbeing of children.
- Challenges facing pregnant women and new moms.
- Greatest health issues that negatively impact pregnant women and new moms.
- Changes that would improve health and wellbeing of pregnant women and new moms.

Demographics

1. **Home ZIP Code**

93203	0.5%
93215	0.9%
93241	0.5%
93250	0.9%
93263	1.4%
93283	0.5%

93301	1.4%
93304	6.8%
93305	5.4%
93306	15.0%
93307	17.2%
93308	4.5%
93309	8.6%
93311	8.7%
93312	9.5%
93313	9.0%
93314	5.0%
93325	0.5%
93550	0.5%
93561	1.8%
93562	0.5%
Homeless	0.9%

2. **Age**

Under 21	2.4%
21-35	19.7%
36-50	41.4%
51-65	30.9%
66 and over	5.6%

3. **Gender Identity**

Female	73.2%
Male	25.6%
Transgender	0.40%
Other	0.80%

4. **Race/Ethnicity***

Hispanic/Latino	55.1%
White/Caucasian	36.4%
Black/African American	7.6%
Mixed Race/More than One Race	4.2%
Native American/Alaska Native	2.5%
Other	1.7%
Asian	1.3%
Native Hawaiian/Pacific Islander	0.4%

*Total exceeds 100%. 236 responded, option to select all that applied

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

0	43.2%
1	22.0%
2	22.0%
3	7.3%
4	3.7%
5 or more	1.8%

6. **Current Employment Status**

Yes, full-time (30 hours per week or more)	62.3%
Yes, part-time (less than 30 hours per week)	13.8%
Not employed - not actively looking for work	6.9%
Not employed - but looking for work	6.5%
Retired	5.3%
Disabled	4.0%
Student	1.2%

7. **Health insurance coverage**

Employer-based insurance (includes HMO)	58.2%
Medicaid/Medi-Cal	25%
Medicare	4.0%
No health care insurance	6.8%
Other: Covered CA	0.8%
Other: Kaiser Permanente	0.4%
Other: Emergency Medi-Cal	0.4%
Other: No specification	4.4%

8. **How would you describe your health?**

Excellent	14.9%
Good	58.9%
Fair	22.2%
Poor	4.0%

9. **What are the biggest health issues facing your community?**
   - Pandemic/COVID-19/vaccination rates
     - poor education or knowledge on types of materials/equipment that are effective for mask wearing
   - Chronic illnesses
     - Cancer, heart disease, high BP/high cholesterol/obesity/diabetes (pediatric and pre-diabetic care) hypertension
     - Respiratory issues (poor air quality)/asthma/STIs

- Old age
- Strokes
- Valley Fever
- Viral infections
- Sleep apnea
- Drugs/drug addiction
    - alcohol abuse
- Lack of availability for doctors/long wait times
    - more accessible specialists
- Lack of health insurance/Medicare-for-all
    - Access to health care
    - More places that accept all forms of insurance
- Very little time with the doctor(s) - or may never see them
- A lack of well-educated doctors
    - lack of nurses available to help
    - doctors do not always listen to the patients
- Medical Appointments accessible after working hours
- Poverty
- Cost - insurance bills are too high, especially for those with on-going medical treatments
- Lack of help
    - support for the lower-income communities
- Lack of places to live/homelessness
- Mental Health
    - feeling insecure/everyone's scared because they watch the sensationalist news
    - more access and free programs/and for youth
- Lack of education on how health insurance works and how to access it
- Violence
    - civil unrest/crime
- Proper food/poor nutrition/access to food
    - Nutrition, lack of exercise, and food insecurity
- Language barriers/being foreign
- Being undocumented
- Information on chronic illnesses/education for our community/ they don't know how to care for themselves
- Anxiety
- Poor health education
    - lacking general knowledge
    - youth education on ways to find good paying jobs, and information on how

to access resources (i.e,. insurance, health care)
- Access to more natural outdoor spaces
- EMF exposure (Electric and Magnetic Fields)
- Inequality - access to more health care for minority groups
- Lack of preventive health care services
- Human trafficking
- Shelters and homes for families needing domestic violence support
- Teen pregnancy
- Transportation

10. **What kinds of problems do you and your family face when you want or need to obtain health care, mental health care, dental care, or other supportive services? What gets in the way?**
    - Appointment availability with a quick turnaround
        - Waiting too long for a much-needed medical appointment (not readily available)
        - Can't get in to see my primary care physician
        - Not enough doctors/waits on Medi-Cal are long
        - not being able to schedule annual check-ups in a reasonable time
        - results in going to urgent care
    - The doctors are very pressed for time/visits are very short
    - Not knowing the doctors
    - Long waits at the doctor's office
        - Long waits to get test results
        - Long waits for vision care
    - No ability to reschedule appointments
    - Walk-in appointment availability
    - Appointments not available after work hours
        - Appointments only available when I can't go - scheduling conflicts
        - Saturday/Sunday appointments
    - Prescriptions only available when I can't go
        - cost of prescriptions is rising
        - more options that provide holistic/naturopathic medicine
    - Getting access to care is a long/difficult process
    - Clinics don't return calls
        - lack of communication and follow ups
    - Difficult to access specialist care/long waits for referrals and appointments
    - Disabilities
    - Out-of-pocket/deductible costs are high
    - Dental is very expensive/there is no good dental insurance

    - lack of coverage/plans for the elder groups - paying more out of pocket
- Dental/vision/mental health services
- Transportation
    - Not having a car
- Not a lot of local offices
    - no appointments available near me
    - have to travel great lengths for care
- Health care coverage applications - need legal documents that didn't have access to at the time
- Insurance - will it be covered and who accepts it?
- Being denied medical procedures
- More confidentiality
- Not being able to see a Doctor face-to-face
- Being undocumented
- The language barrier
- Not knowing where to go
- Being given medicine that is not helping or necessary for the root of the sickness/problem
- Mental health services for children and teens
    - long wait times

11. **What would make it easier for you and your family to obtain care?**
    - Planned medical visits
    - Easily accessible appointment hours
        - Open a full day on Saturday/Sunday hours/evening hours/extended hours/flexibility/same-day appointments
        - Timely appointments
    - Transportation
        - free transportation/public transport passes/having a car
        - available transportation needs to be more reliable - missing appointments
    - Proper explanation of medical information (details) - being heard and listening to needs/longer appointments with the doctors
    - More Doctors/qualified/specialists/shorter waits/more clinics/more staff
    - Money to get to medical clinics
    - Having access to health insurance
        - more inclusive coverage
    - Health coverage workshops
        - to understand my options and what is needed when applying for them, simpler explanations/make applying for insurance easier
        - Provide contact information for other health programs if can’t get

affordable health coverage
- More HMOs accepted by doctors/medical offices
- Free programs/Medi-Cal services expansion
- Lower cost health care, prescriptions (co-pays)
- More local offices
- More bilingual Spanish-speakers
- Government coverage for dental procedures including fillings, implants, etc.
- Communication between medical professionals (continuity of care)
- Making more money so we wouldn't have to depend on government health care
- Update websites with doctors and their specialties
- More remote and virtual visits
- Preapproval process quicker and/or no longer needed
- Mental health services in timely manner
    - Pediatric mental health services
- Easier access to speaking with a real person, too many automated systems and barriers to cross before speaking with someone (if ever get the chance)
- Clinics for those within the LGTBQ community

12. **Where do you and your family members go most often to receive routine health care services (physical exams, check-ups, immunizations, treatment for chronic diseases?**
    - Pediatrician/primary MD office
    - Primary health care doctor
    - Bakersfield Physical
    - CVS
    - Sierra Vista Clinic
    - Flood
    - Kern Family
    - Kern Medical/KMC
    - OMNI
    - Urgent Care
    - Kaiser
        - near the Marketplace, East Hills, Bakersfield, Victorville, Riverside, Stockdale
    - Mercy Hospital
    - East Niles Community Health Center
    - Clinica Mi Pueblo
    - HealthNet
    - Mercy Hospital
    - Community clinic

- Internist
- Synergy Chiropractic - Visalia, CA
- Adventist Health
- Sierra Wellness - Lake Isabella, CA
- Turned to naturopathic remedies
- Public Health Department
- Veterans Affair (VA)
- Komin Medical Group
- Southwest Pediatrics - Bakersfield, CA
- Dignity Health - Bakersfield, CA
- Farr Medical Group
- Brimhall Pediatrics
- USC
- Los Angeles for specialty care
- Private physicians
- I haven't gone anywhere recently; my insurance doesn't cover much

13. **What resources are lacking within the community?***

Affordable housing	61.0%
Mental health services/support	57.3%
Behavioral health/substance use service	51.2%
Affordable food	37.4%
Health care access	35.8%
Recreational spaces	35.4%
Employment Opportunities	33.3%
Transportation	33.0%
I do not know what resources are lacking	4.9%
Other:	3.3%
There is no lack of resources in my community	2.4%

*Total exceeds 100%. 246 responded, option to select all that applied

14. **What are the <u>greatest needs or challenges</u> facing children in the community?**
- Affordable child/infant care for working parents
- Alcohol and drug abuse - due to boredom, not enough extracurricular activities
    - more availability to marijuana stores
    - anti-drug workshops in schools
    - inpatient substance abuse treatments for teens
- Crime/gang-related
    - Street violence/gangs/unsafe parks/they walk to school alone and there are no crossing guards or street patrols
- Hunger/food/poor nutrition/food insecurity

    - too much fast food/processed options
    - obesity
- Free breakfast/lunch programs with nutritional options at school
- Lack of sports opportunities
    - More activities so they develop in a healthier way
- More recreational spaces - safer, cleaner parks
    - youth centers
- Hunger/poverty
- Housing
- Proper education/academic success/tutoring/benefit future
    - fear children are behind academically due to pandemic
- Role models/lack of mentors
- Mental health/insecurity/more access to mental health care
    - for parents and children
- Domestic violence/physical/mental abuse
- Negligence/having ignorant/irresponsible parents/too much time alone/too much time on their phones
    - need healthy parent involvement and guidance
- Protection from COVID-19
- Medical care/lack of health insurance
- Stray animals with flea exposure
- Bullying
- Parents being able to take care of sick children - more paid time off for child sick days - stops the potential of sending sick kids to school
- Lack of motivated teachers
- Mental and physical health check-ups at school
- Anxiety about health and future
- Rising homelessness
- Lack of affordable housing
- Air quality/asthma
- Transportation to medical/mental appointments
- Total access to all educational resources regardless of demographics, money situations, and location of where you live.
    - computers, textbooks, field trips, and enrichment programs
    - how to improve and maintain mental and physical health
- Local health care
    - Dental care/eye exams
- More access and available help for special needs students - do not want to be sent out of town to receive help

15. **What are the <u>greatest health issues</u> that negatively impact children in your community?**
    - Poverty
        - affecting affordable housing costs of cooling/heating systems for comfortable living
    - COVID pandemic - low vaccination rates
    - Better education
        - to improve and maintain physical and mental health
        - how to find resources on their own and use them
    - Drugs/substance use/abuse
        - addicted parents
    - Single-parent households
    - Toxic parents
        - mentally and physically toxic - not taking time to be supportive for children, update medical charts, receive care
        - lack of love in homes
        - Neglect, abuse
    - Transportation
    - Proper nutrition
        - more education on it/too much fast food due to lack of time
        - affordable healthy foods
        - experiencing eating disorders
    - Lack of health insurance
        - too expensive/parents don't know how to obtain insurance
        - lack of affordable care with private insurances
    - Access to doctors/medicine
        - long waits/not enough medical appointments available
        - lack of providers
    - Inactivity/lack of exercise
    - Asthma
    - Air quality
        - unclean community/pollution
    - Obesity
    - Diabetes
    - Allergies
    - Anemia
    - Cancer
    - Accidents
    - Cardiovascular disease
    - Valley Fever

- Lice
- Dental care
- Mental health
    - ADHD/peer pressure /anxiety/stress/depression
- Lack of help or support by teachers
- Technology/too much time on their phones
    - too much screen-time, bad influences from social media
- Violence
- Lacking preventive services
- Overcrowding at medical and educational providers
- Access to hygienic products
- Housing shortages
- Teen pregnancy
- Not receiving regular check-ups
- Safer areas for children to go and socialize
    - Community centers, Boys and Girls Clubs
- Lack of access for parents and newborn care

16. **What are two things we could do or two changes we could make that would greatly improve the health and wellbeing of <u>children</u> in the community?**
    - Accessible affordable childcare/daycare/in employer spaces
    - Big Brother/Big Sister programs
        - outreach programs
    - More/better education
        - More emphasis on school attendance
        - School system curriculum change or provide funding for professionals to come in an explain the importance of self-care, healthy eating habits, and tools for all ages to promote self-esteem and confidence
    - Homeschool - online education classes
    - After school education assistance
        - support for students struggling or who wishes to excel - free tutoring programs
    - More extracurricular programs/free school programs
    - Physical activities/after-school sports to keep them active and exercising
        - swim lessons, cooking classes, theater, art
        - teach basic life skills to help with everyday life and health
    - Parent/child activities
    - Talk to parents about the dangers of too much smartphone use
    - Awareness of the need to perform community service
    - Give workshops in school

- Recreational areas/cleaner parks/playgrounds/sports areas
    - Community centers
- Access to cheaper access to mental health/self-esteem classes
    - normalize these classes and that its okay to get help
- Health classes/nutritional classes for parents
    - Affordable/healthier meal options (in general and at school)
    - programs to help acknowledge food, calories, and processed foods
    - farm fresh foods
    - schools provide healthier options
- Provide free health care
    - access to/inform parents (i.e., at schools) about where they can get free health care/Medi-Cal / free prescriptions
    - access to health care despite migratory status
    - lower premiums
- Give health checkups (general check-ups at school)
- More doctors/appointments available
    - More time from doctor communicating care of children during an illness
- Open up Medi-Cal for all and get rid of Emergency Medi-Cal
- More resources, specialists, and education on pediatric asthma
    - Make all of these more available to all health care providers and patients
- Allowing time off for parents for children's doctors' appointments
- Financial assistance
- Social distancing
- Better community communication
- Safer street crossings on the part of school children
- Reduce contamination
- Put a stop to bullying
- COVID vaccines available at schools
- Wellness clinic expansion in all areas - Gender Clinic for kids and young adults within the LGBTQ community - local services
- Provide holistic options for care
- Advocation for clean air standards
- ACE screenings
- Family Health Advocates
- Crime reduction

17. **What are the <u>greatest needs or challenges</u> facing pregnant women and new moms in the community?**
    - Parenting classes
    - Nutritional classes/cooking classes/how to prepare healthy food for

infants/children
- Supportive transportation for medical care - for women living in rural areas
- Alcohol/drug abuse
- General Education
    - breast feeding classes
    - awareness that resources are available
- Baby supplies - providing extensive list on what's important and needed
- Full coverage medical care/access to medical care and support/prenatal care for uninsured mothers who don't know their options
    - education on all insurances and what each type covers – i.e., Medi-Cal includes pregnancy services at any time
- There aren't enough specialists
    - not seeing doctors in a timely manner
- Obstacles that make it hard to be a working mother/childcare
    - affordable day care
- Lack of resources (food)/malnutrition/nutritional support/vitamins/importance of nutrition during pregnancy
- Obesity
- Inadequate housing - homelessness
- Domestic violence
- Education and prevention of teen pregnancy
- Mental health/emotional support/self-love/self-care/stigma within younger or single mom pregnancies - afraid to seek help
- Economic support
- Lack of support/by fathers/ for single mothers
    - by the community - more mom support groups
- Safe places for breastfeeding, i.e., public restrooms/support of La Leche League
    - support for lactating mothers
- Traveling far for prenatal care and delivery (45 minutes plus)
    - more local care centers
- Paid leave process and approval is extensive
- Bad air quality
- Because of COVID classes are being no longer offered
- Mentorship - more people to be supporting and helping one another

18. **What are the <u>greatest health issues</u> negatively impacting pregnant women and new moms in the community?**
    - Breastfeeding support
        - classes explaining the importance it has on both mom and baby
    - Nutritional classes being accessible to ALL regardless of socio-economic status

    - taught ways to find and get good and reasonably priced foods - learn the impact of what you eat
- Accessible care/delivery options in rural communities
- Lack of overall support - by families - by the community - more public education for new moms, not just doctor based
- Drugs/alcohol - substance abuse recovery services
- Postnatal/partum physical and mental care/postpartum depression/lack of postpartum support
- Mental health care/low self-esteem
- Stress due to economic or emotional situations
- Low-income
- Pregnancy prevention/teen pregnancy prevention
- Abortion
- Lack of adequate medical care/medical care for mothers and children in poor health/there aren't enough appointments available
- Prenatal care - staying consistent and seeking care constant
- Lack of health insurance
- Maternal and infant mortality
- Child-rearing classes for new moms
- Self-care/malnutrition/poor nutrition
- STIs
- Obesity
- Pesticides/the environment/air quality
- Affordable childcare
- Access care on time is lacking - takes time to see doctor
- COVID - not being able to have someone at appointments/delivery with you to provide that support - vaccine
- Domestic violence
- Lack of housing - homelessness after birth
- General education on child care and pregnancy
- Local health care lacking - more clinics/free clinics

19. **What are the <u>two things we could do or two changes</u> we could make that would measurably improve the health and wellbeing of pregnant women and new moms in the community?**
    - Nutritional classes/access to healthy foods
        - provide help via discounts or coupons for food shopping
    - Educational classes and workshops on pregnancy, on breastfeeding, on parenting, on childbearing, on importance of health care coverage during pregnancy

- Free access to medical and prenatal care/more/closer locations for care/Medicare/Medi-Cal for all
    - provide some free equipment or materials for moms to take home - donation centers
- Earlier prenatal care
- More resources - support group gatherings within communities - recreational events/health fairs
- Transportation
- Free daycare, or affordable daycare
- Affordable housing
    - sober living homes for moms/new moms
- Community support for lower-income/teen moms
    - Prenatal education, support, adoption education
- Abortion education
- Wellness, wellbeing programs
- Sex education classes/birth control/understand the responsibility of getting pregnant - birth control education
- Places to take exercise classes/Zumba
- Postpartum issues
- Mental health workshops/support groups/family therapy classes/classes in communication/encouragement to seek out needed mental/behavioral health
- Lack of information on resources available to women
- Open women centers for care and delivery (OB/GYN)
    - more doctors, specialists, midwives, doulas
    - at home traveling doctors

20. **Level of importance for these health issues (Very Important and Important)**

Chronic disease (cancer, diabetes, heart disease, liver disease, lung disease, stroke)	80.0%
Violence and safety	77.6%
Overweight and Obesity	76.1%
Mental health	75.7%
Access to health care	73.7%
Housing and Homelessness	73.3%
COVID-19	72.4%
Environmental pollution	70.2%
Dental care/oral health	68.6%
Substance use	68.2%
Economic insecurity	67.1%
Food insecurity	62.4%
Sexually transmitted infections	60.8%

Alzheimer’s disease	60.0%
Birth indicators (teen births, prenatal care, low birth weight, infant mortality)	60.0%
Unintentional injuries (falls, accidents)	53.7%
Preventive practices (vaccines, screening)	36.9%