Community Health Needs Assessment 2016

Executive Summary

San Joaquin Community Hospital

Collaborating to achieve whole-person health in our communities

San Joaquin Community Hospital (SJCH) invites you to partner with us to help improve the health and wellbeing of our community. Whole-person health—optimal wellbeing in mind, body and spirit—reflects our heritage and guides our future. SJCH is part of Adventist Health, a faith-based, nonprofit health system serving more than 75 communities in California, Hawaii, Oregon and Washington. Community has always been at the center of Adventist Health's mission—to share God's love by providing physical, mental and spiritual healing.

The Community Health Needs Assessment is one way we put our faith-based mission into action. Every three years, we conduct this assessment with our community. The process involves input and representation from all: community organizations, providers, educators, businesses, parents, and the often marginalized—low-income, minority, elderly and other underserved populations.

We use the Community Health Needs Assessment to achieve these goals:

- Learn about the community's most pressing health needs
- Understand the health behaviors, risk factors and social determinants that impact our community's health
- Identify community resources and prioritize needs
- Collaborate with community partners to develop collective strategies
-

Partnering with our communities for better health

While conducting the Community Health Needs Assessment we solicited feedback and input from a broad range of stakeholders. Contributors to the process included these partners:

- Kern County Community Benefit Collaborative
- Identified Community Stakeholders (healthcare and non-health care participants)

Data Sources

Secondary Data Collection: Secondary data were collected from a variety of local, county, and state sources to present community demographics; social, economic and environmental factors; health access; maternal and infant health; leading causes of death; chronic disease; health behaviors; sexually transmitted infections; and mental health and substance abuse. Sources of data include Healthy Kern, Kern County Network for Children, U.S. Census American Community Survey, County Health Rankings, California Health Interview Survey, California Department of Public Health; California Office of Statewide Health Planning & Development; California Department of Justice,

California Employment Development Department, Community Commons, California Cancer Registry, California Department of Education, and others. When pertinent, these data sets are presented in the context of California State, framing the scope of an issue as it relates to the broader community. The secondary data for the hospital service area were collected and documented in data tables with narrative explanation. The 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 included an examination and reporting of health disparities for some health indicators. The report includes benchmark comparison data that compare SJCH data findings with Healthy People 2020 objectives. Healthy People 2020 objectives are a national initiative to improve the public's health by providing measurable objectives and goals that are applicable at national, state, and local levels.

Primary Data Collection: The analysis of secondary data yielded a preliminary list of significant health needs, which then informed primary data collection. The primary data collection process was designed to validate secondary data findings, identify additional community issues, solicit information on disparities among subpopulations, ascertain community assets to address needs and discover gaps in resources. For this Community Health Needs Assessment, information was obtained through a community survey and interviews with key community stakeholders, public health, and service providers, members of medically underserved, low-income, and minority populations in the community, and individuals or organizations serving or representing the interests of such populations.

Prioritization process

The Kern County Community Benefit Collaborative hosted a community forum on January 19, 2016 in Bakersfield to prioritize the identified health needs. The forum engaged 38 community leaders in public health, government agencies, schools, and nonprofit organizations that serve the medically underserved, low-income, and minority populations in the community. These individuals have current data or other information relevant to the health needs of the community served by the hospital facilities. A review of the significant health needs was presented at the community forum.

The forum attendees were engaged in a process to prioritize the health needs using the Relative Worth method. The Relative Worth method is a ranking strategy where each participant received a fixed number of points; in this case 100 points (5 dots equaled 100 points, where each dot was worth 20 points). Instructions were given, and the criteria for assigning points were explained. The points were assigned to health needs based on the size of the problem (relative portion of population afflicted by the problem); or seriousness of the problem (impact at individual, family, and community levels).

The points could be distributed among the health needs in a number of ways:

- Give all points to a single, very important item
- Distribute points evenly among all items (if none is larger or more serious than another)
- Distribute some points to some items, no points to other items

In the tabulation, the health needs were ranked in priority order according to the total points the group assigned. Participants engaged in a group discussion about the priority areas.

Participants were asked to discuss the following questions for the high priority areas:

- For priority issues, what is going well? What works in the community to address this issue? What groups/organizations are already focused on this issue?
- What/who is missing? Where are the gaps? What are the barriers?
- What is the level of community readiness to effectively implement and support programs to address this priority need? The information gathered from the community forums will be used for decision making in creation of the Implementation Strategy.

Top priorities identified in partnership with our communities

- Overweight and obesity
- Mental health
- Access to care
- Diabetes
- Cardiovascular disease
- Substance abuse
- Asthma
- Maternal and infant health
- Cancer
- HIV/AIDS/STD
- Oral health
- Environmental health

San Joaquin Community Hospital Top Priority Health Needs for 2016-2019

Prioritized Need	Health Indicator
Access to Care	TBD
Cardiovascular Disease	Healthy People 20/20 Indicator for Kern County
Cancer	Healthy People 20/20 Indicator for Kern County

Making a difference: Results from our 2013 CHNA/CHP

Adventist Health wants to ensure that our efforts are making the necessary changes in the communities we serve. In 2013 we conducted a CHNA and the identified needs were:

Access to Healthcare

- 2015 was a successful year for the SJCH Children's Mobile Immunization's Program. During this year, the mobile vehicle hosted 171 clinics in Bakersfield and rural Kern County communities. Through these efforts, 12,066 shots were administered to 3,702 children.
- In 2015, the hospital's prior relationship with Jesus Shack's Mobile Medical Program ended due to the clinics lack of community support and overall ineffectiveness. Going forward, our strategy

for health care access will focus on interventions that SJCH can plan, implement and control, rather than being at the mercy of a third-party provider. As such, the emphasis has shifted to screenings and other programs that both provide access and help prevent, identify or more effectively treat chronic disease. In 2016, the hospital held four organized, community-wide screenings, these included:

- Drive-thru flu clinic
- Breast cancer screening
- Prostate cancer screening
- Skin cancer screening

During these screenings, hundreds of individuals were provided access to services otherwise not available to them, for a variety of reasons.

Chronic Diseases

- In 2015, the hospital conducted the following community lectures available at no cost to the community at large:
  - Advancements in Joint Replacement
  - Fast Food: Simple tips for Healthy Meal-Planning and Grocery Shopping
  - Heart Matters: How to Prevent, Recognize and Respond to a Heart Attack
  - Skin Deep: How to Prevent, Detect and Treat the Most Common Cancer
  - Stop Living With Pain: Exploring Strategies for Dealing with Chronic Pain
  - Stress: Learn How Men and Women Handle it Differently
  - Stroke Strategies: How to Prevent, Recognize and Respond to a Stroke
  - The Flu and You: Keeping Your Family Safe This Season
  - Your Breast Bet: How to Prevent, Treat and Recover from Breast Cancer

- In addition, the hospital participated and sponsored a number of community events that provided the chance to provide screenings and education to thousands of individuals throughout the year.

- Overall, the death rate per 100,000 population has decreased for the current reporting period (2011-2013) compared to the previous one (2010-2012) for heart disease, stroke and cancer. This shows that individually and collaboratively, our community is making improvements in this area.

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Introduction

Background and Purpose

San Joaquin Community Hospital (SJCH) is an affiliate of Adventist Health, a faith-based, not-for-profit, integrated health care delivery system with hospitals in California, Hawaii, Oregon and Washington.

Founded in 1910 by two nurses, Margaret Quinn and Mary O'Donnell, the hospital began as a three-story structure that would house 26 patients. This new institution was named San Joaquin Hospital. In 1964, the word "community" was added to the name to reflect the hospital's focus on serving the community. In 1987, the hospital became formally affiliated with the Seventh-day Adventist Church as a member of Adventist Health. Although a Christian hospital before that time, this also formalized San Joaquin Community Hospital's commitment to operate as a faith-based organization.

San Joaquin Community Hospital is a 254-bed hospital, which is home to Bakersfield's first full-treatment burn center, a Nationally Certified Stroke Center, Nationally Accredited Chest Pain Center, and a hospital-based, comprehensive cancer center.

SJCH has undertaken a Community Health Needs Assessment (CHNA) as required by state and federal law. California Senate Bill 697 and the Patient Protection and Affordable Care Act and IRS section 501(r) (3) direct tax-exempt hospitals to conduct a Community Health Needs Assessment and develop an Implementation Strategy every three years. The Community Health Needs Assessment process was overseen by the Kern County Community Benefit Collaborative. The Collaborative is comprised of Delano Regional Medical Center, Dignity Health (Mercy and Memorial Hospitals), Kaiser Permanente, and San Joaquin Community Hospital.

The Community Health Needs Assessment is a primary tool used by SJCH to determine its community benefit plan, which outlines how it will give back to the community in the form of health care and other community services to address unmet community health needs. This assessment incorporates components of primary data collection and secondary data analysis that focus on the health and social needs of the hospital service area.

Service Area

San Joaquin Community Hospital is located at 2615 Chester Avenue, Bakersfield, CA 93301. The service area for San Joaquin Community Hospital includes 23 zip codes in Kern County and 2 zip codes in Tulare County. The Kern County zip codes included in the hospital service area, account for 88% of the population of Kern County. Ten zip codes (Bakersfield and Wasco) represent San Joaquin Hospital's "Core

Market," defined by the Office of Statewide Health Planning and Development (OSHPD) as areas in which 70% of hospital inpatients reside. This report presents an overview of the hospital service area, which includes the core markets of Bakersfield and Wasco.

San Joaquin Community Hospital Service Area

Zip Codes	Place	County
93203	Arvin	Kern
93206	Buttonwillow	Kern
93215	Delano	Kern
93240	Lake Isabella	Kern
93241	Lamont	Kern
93250	McFarland	Kern
93263	Shafter	Kern
93268	Taft	Kern
93280	Wasco	Kern
93285	Wofford Heights	Kern
93301	Bakersfield	Kern
93304	Bakersfield	Kern
93305	Bakersfield	Kern
93306	Bakersfield	Kern
93307	Bakersfield	Kern
93308	Bakersfield	Kern
93309	Bakersfield	Kern
93311	Bakersfield	Kern
93312	Bakersfield	Kern
93313	Bakersfield	Kern
93314	Bakersfield	Kern
93531	Keene	Kern
93561	Tehachapi	Kern
93219	Earlimart	Tulare
93256	Pixley	Tulare

San Joaquin Community Hospital Service Area Map, Bakersfield, California

Project Oversight

The Community Health Needs Assessment was overseen by:
Jimmy Phillips, MBA
Executive Director of Marketing/Communications
San Joaquin Community Hospital

Consultant

Biel Consulting, Inc. conducted the Community Health Needs Assessment. Biel Consulting, Inc. is an independent consulting firm that works with hospitals, clinics and community-based nonprofit organizations. Dr. Melissa Biel conducted the SJCH Community Health Needs Assessment. She was joined by Sevanne Sarkis, JD, MHA, MEd, and Irene Graff, MA. Biel Consulting, Inc. has extensive experience conducting hospital Community Health Needs Assessments and working with hospitals on

developing, implementing, and evaluating community benefit programs.
www.bielconsulting.com

Methods

Secondary Data Collection

Secondary data were collected from a variety of local, county, and state sources to present community demographics; social, economic and environmental factors; health access; maternal and infant health; leading causes of death; chronic disease; health behaviors; sexually transmitted infections; and mental health and substance abuse. Sources of data include Healthy Kern, Kern County Network for Children, U.S. Census American Community Survey, County Health Rankings, California Health Interview Survey, California Department of Public Health; California Office of Statewide Health Planning & Development; California Department of Justice, California Employment Development Department, Community Commons, California Cancer Registry, California Department of Education, and others. When pertinent, these data sets are presented in the context of California State, framing the scope of an issue as it relates to the broader community.

The secondary data for the hospital service area were collected and documented in data tables with narrative explanation. The 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 included an examination and report of health disparities for some health indicators. The report includes benchmark comparison data that compare SJCH data findings with Healthy People 2020 objectives. Healthy People 2020 is a national initiative to improve the public's health by providing measurable objectives and goals that are applicable at national, state, and local levels.

Primary Data Collection

The analysis of secondary data yielded a preliminary list of significant health needs, which then informed primary data collection. The primary data collection process was designed to validate secondary data findings, identify additional community issues, solicit information on disparities among subpopulations, ascertain community assets to address needs and discover gaps in resources.

For this Community Health Needs Assessment, information was obtained through a community survey and interviews with key community stakeholders, public health, service providers, members of medically underserved, low-income, and minority populations in the community, and individuals or organizations serving or representing the interests of such populations.

Interviews

Targeted interviews were used to gather information and opinions from persons who represent the community served by the hospital. Given shared service areas, SJCH partnered with the Kern County Community Benefit Collaborative hospitals to conduct the interviews. Thirty-three interviews were completed during September through November, 2015.

The Kern County Community Benefit Collaborative developed a list of key influencers who have knowledge of community health needs. They were selected to cover a wide range of communities within Kern County, represent different age groups, and racial/ethnic populations. The identified stakeholders were invited by email to participate in a 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.

Interview participants were asked to share their perspectives on a number of topics related to the identified preliminary health needs in the service area. Questions focused on the following topics:

- Major health issues facing the community.
- Socioeconomic, behavioral, environmental or clinical factors that contribute to poor health in a community.
- Issues, challenges, barriers faced by community members as they relate to the identified health needs (preliminary list from secondary data analysis).
- Services, programs, community efforts, resources available to address the health needs.
- Special populations or groups that are affected by a health need.
- Health and social services missing or difficult to access in the community.
- Other comments or concerns.

A list of the stakeholder interview respondents, their titles and organizations can be found in Attachment 1.

Community Survey

The Kern County Community Benefit Collaborative hospital representatives developed a plan for distribution of a survey to engage community residents. The survey was available in an electronic format through a Survey Monkey link, and in a paper copy format in English and Spanish. The hospitals distributed the surveys to their clients, in hospital waiting rooms and service sites, and through social media, including posting the survey link on hospital Facebook pages. The survey was also distributed to community partners who made them available to their clients. A written introduction to

the survey questions explained the purpose of the survey and assured participants the survey was voluntary, and that 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 the respondents' zip code, age, insurance status, and perceived health status. Survey questions focused on the following topics:

- Biggest health issues in the community.
- Where residents and their families receive routine health care services.
- Problems faced accessing health care, mental health care, dental care or supportive services.
- What would make it easier to obtain care?
- Types of support or services needed in the community.
- Healthy changes adopted in the past year to improve health.

The summary survey report can be found in Attachment 2.

Interview and survey participants were asked to provide additional comments to share with the hospitals. Analysis of the primary data occurred through a process that compared and combined responses to identify themes. All responses to each question were examined together and concepts and themes were then summarized to reflect the respondents' experiences and opinions. The results of the primary data collection were reviewed in conjunction with the secondary data. Primary data findings were used to corroborate the secondary data-defined health needs, serving as a confirming data source. The responses are included in the following Community Health Needs Assessment chapters.

CHNA Framework

The Adventist Health system promotes a community health framework that connects the health care system, public health and prevention, the physical environment and the social and economic environment in a coordinated fashion that taken together improves health.

Information Gaps

Information gaps that impact the ability to assess health needs were identified. Some of the secondary data are not always collected on a regular basis, meaning that some data are several years old. Disaggregated data around age, ethnicity, race, and gender are not available for all data indicators, which limited the ability to examine disparities of health issues within the community.

Public Comment

In compliance with IRS regulations 501r for charitable hospitals, a hospital Community Health Needs Assessment (CHNA) and Implementation Strategy are to be made widely available to the public and public comment is to be solicited. In compliance with these regulations, the previous San Joaquin Community Hospital Community Health Needs

Assessment and Implementation Strategy were made widely available to the public on the website https://www.adventisthealth.org/sjch/pages/about-us/community.aspx. Public comment was requested on these reports. All written comments were reviewed and, where appropriate, are included in the following Community Health Needs Assessment chapters.

Identification of Significant Health Needs

Review of Primary and Secondary Data

The analysis of secondary data yielded a preliminary list of significant health needs, which then informed primary data collection. The primary data collection process helped to validate secondary data findings, identify additional community issues, solicit information on disparities among subpopulations, and ascertain community assets to address needs.

The following criteria were used to identify significant health needs:

1. The size of the problem (relative portion of population afflicted by the problem)
2. The seriousness of the problem (impact at individual, family, and community levels)

To determine size and seriousness of the problem, health indicators identified in the secondary data were measured against benchmark data, specifically California rates and Healthy People 2020 objectives, where available. Health indicators that performed poorly against one or more of these benchmarks were considered to have met the size or seriousness criteria. Additionally, primary data sources (interview and survey participants) were asked to identify and validate community and health issues; information gathered from these sources helped determine significant health needs.

Significant Health Needs

The following significant health needs were determined:

- Access to care
- Asthma
- Cancer
- Cardiovascular disease
- Dental health
- Diabetes
- Environmental health (air quality and water safety)
- Lung disease
- Maternal and infant health
- Mental health
- Overweight and obesity
- Sexually Transmitted Infections
- Substance abuse (alcohol, drug, tobacco use)

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

Resources to Address Significant Needs

Through the interview and survey process, community stakeholders and residents identified community resources to address the significant health needs. The identified community resources are presented in Attachment 3.

Priority Health Needs

The Kern County Community Benefit Collaborative hosted a community forum on January 19, 2016 in Bakersfield to prioritize the identified health needs. The forum engaged 38 community leaders in public health, government agencies, schools, and nonprofit organizations that serve the medically underserved, low-income, and minority populations in the community. These individuals have current data or other information relevant to the health needs of the community served by the hospital facilities. A review of the significant health needs was presented at the community forum.

<u>Priority Setting Process</u>

The forum attendees were engaged in a process to prioritize the health needs using the Relative Worth method. The Relative Worth method is a ranking strategy where each participant received a fixed number of points; in this case 100 points (5 dots equaled 100 points, where each dot was worth 20 points). Instructions were given, and the criteria for assigning points were explained. The points were assigned to health needs based on the size of the problem (relative portion of population afflicted by the problem); or seriousness of the problem (impact at individual, family, and community levels).

The points could be distributed among the health needs in a number of ways:

- Give all points to a single, very important item
- Distribute points evenly among all items (if none is larger or more serious than another)
- Distribute some points to some items, no points to other items

In the tabulation, the health needs were ranked in priority order according to the total points the group assigned.

Participants engaged in a group discussion about the priority areas. Participants were asked to discuss the following questions for the high priority areas:

- For priority issues, what is going well? What works in the community to address this issue? What groups/organizations are already focused on this issue?
- What/who is missing? Where are the gaps? What are the barriers?
- What is the level of community readiness to effectively implement and support programs to address this priority need?

The information gathered from the community forums will be used for decision making in creation of the Implementation Strategy.

Prioritized Health Needs	Number of Points
Overweight and obesity	880
Mental health	780
Access to care	600
Diabetes	380
Cardiovascular disease	340
Substance abuse	320
Asthma	240
Maternal and infant health	140
Cancer	80
HIV/AIDS/STD	80
Oral health	40
Environmental health	40

Impact Evaluation

In 2013, SJCH conducted their previous Community Health Needs Assessment (CHNA). Significant health needs were identified from issues supported by primary and secondary data sources gathered for the Community Health Needs Assessment. In developing the hospital's Implementation Strategy associated with the 2013 CHNA, SJCH chose to address access to health care, chronic diseases (cardiovascular disease, diabetes, and cancer), and childhood immunizations through a commitment of community benefit programs and resources. The evaluation of the impact of actions the hospital used to address these significant health needs can be found in Attachment 4.

Demographics

Population

A total of 762,236 people live in the 1,399-square mile land area of the San Joaquin Community Hospital (SJCH) service area. The population density for this area, estimated at 544.85 persons per square mile, is greater than the county and state.

Population of the Service Area

	Total Population	Total Land Area (Square Miles)	Population Density (Per Square Mile)
SJCH Service Area	762,236	1,398.99	544.85
Kern County	848,204	8,129.76	104.33
California	**37,659,180**	**155,738.02**	**241.81**

Source: U.S. Census Bureau, American Community Survey, 2009-2013, DP05. http://factfinder.census.gov.
Source geography: Tract. Accessed from Community Commons. http://www.communitycommons.org/.

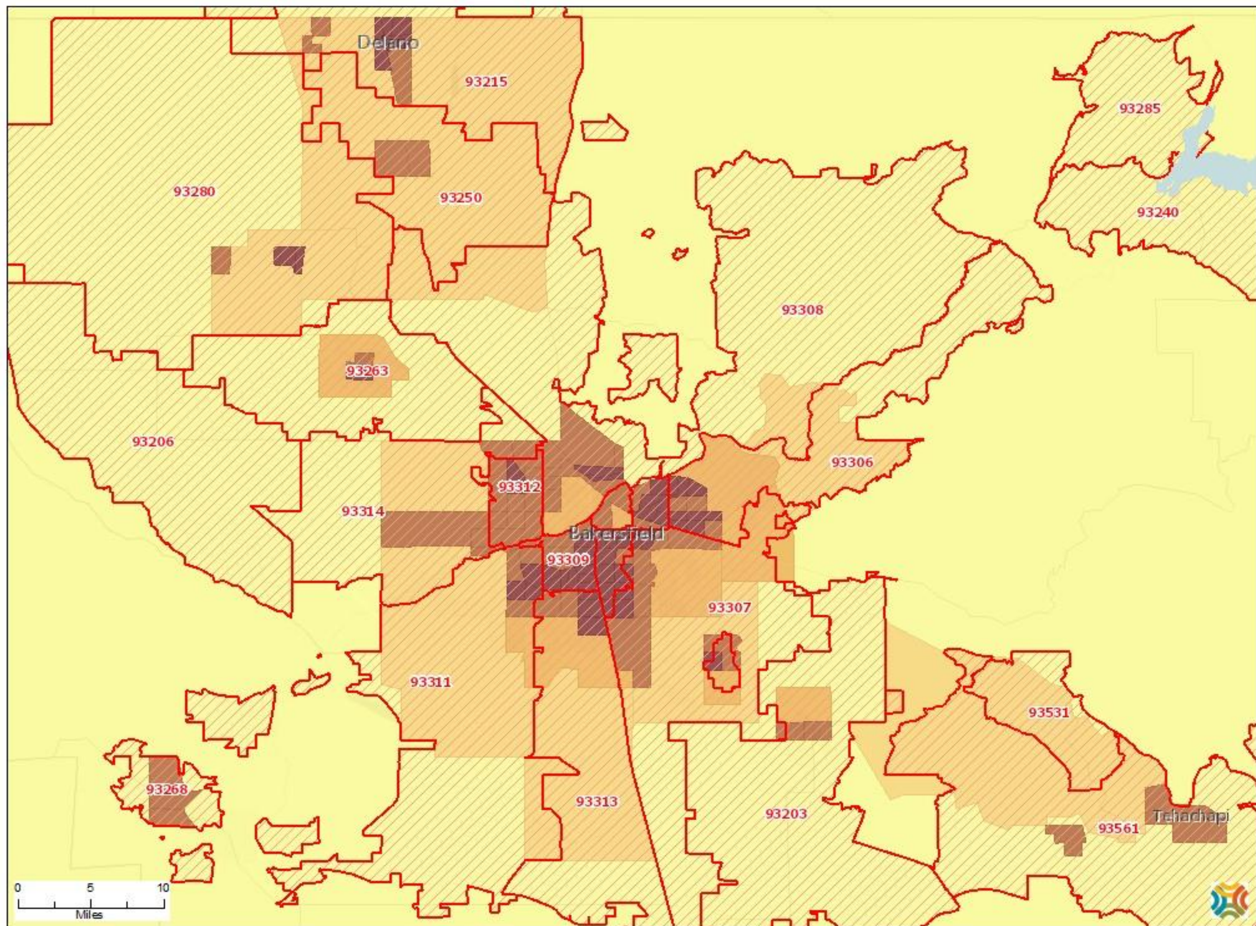
The area served by the hospital has experienced dramatic growth of 29.1% in the past 10 years, similar to the county average (28.2%) and higher than the state average (11.2%). Growth rates indicate Arvin, Delano, Tehachapi, and Pixley grew at higher rates than the county average. The population in Bakersfield grew by 30% on average.

Population Growth by Area

	Zip Code	Total Population, 2000 Census	Current Population Estimate	Total Population Change, 2000 to Current	Percent Population Change, 2000 to Current
Arvin	93203	16,202	21,208	5,006	30.9%
Buttonwillow	93206	2,076	2,240	164	7.9%
Delano	93215	37,277	56,141	18,864	50.6%
Earlimart	93219	9,303	9,570	267	2.9%
Lake Isabella	93240	5,550	5,100	-450	-8.1%
Lamont	93241	15,350	18,541	3,191	20.8%
McFarland	93250	10,780	13,493	2,713	25.2%
Pixley	93256	4,178	5,591	1,413	33.8%
Shafter	93263	15,172	19,613	4,441	29.3%
Taft	93268	14,926	17,143	2,217	14.9%
Wasco	93280	22,752	27,162	4,410	19.4%
Wofford Heights	93285	2,510	2,005	-505	-20.1%
Bakersfield	93301-93314	406,970	529,169	122,199	30.0%
Keene	93531	1,435	409	-1,026	-71.5%
Tehachapi	93561	25,793	34,851	9,058	35.1%
SJCH Service Area		**590,274**	**762,236**	**171,962**	**29.1%**
Kern County		**661,645**	**848,204**	**186,559**	**28.2%**
California		**33,871,648**	**37,659,180**	**3,787,532**	**11.2%**

Source: U.S. Census Bureau, 2000 Census, DP-1; American Community Survey, 2009-2013, DP05. http://factfinder.census.gov

Population Density by Zip Code
San Joaquin Community Hospital Service Area



Map Legend

Population, Density (Persons per Sq Mile) by Tract, ACS 2009-13

- Over 5,000
- 1,001 - 5,000
- 501 - 1,000
- 51 - 500
- Under 51
- No Data or Data Suppressed

Community Commons, 10/10/2015

Source: by Census Tract. Accessed from Community Commons. http://www.communitycommons.org/.

Children and youth, ages 0-17 make up 30.9% of the population in the service area, higher than the state rate (24.5%). The service area has 60.5% adults (ages 18-44), and 8.5% seniors.

Population by Age

	SJCH Service Area		Kern County		California	
	Number	Percent	Number	Percent	Number	Percent
Age 0-4	67,831	8.9%	72,910	8.6%	2,527,752	6.7%
Age 5-17	167,979	22.0%	181,480	21.4%	6,714,466	17.8%
Age 18-24	86,873	11.4%	95,115	11.2%	3,961,953	10.5%
Age 25-44	212,258	27.8%	232,716	27.4%	10,592,531	28.1%
Age 45-64	162,154	21.3%	187,689	22.1%	9,415,614	25.0%
Age 65+	65,141	8.5%	78,294	9.2%	4,446,865	11.8%
Total	**762,236**	**100.0%**	**848,204**	**100.0%**	**37,659,181**	**100.0%**

Source: U.S. Census Bureau, American Community Survey, 2009-2013, DP05. http://factfinder.census.gov

When the population is examined by place, the Arvin, Earlimart, Lamont, McFarland, and Pixley areas have the highest concentrations of children and youth in the service area; these areas also have the lowest median ages in the service area. In contrast, Lake Isabella and Wofford Heights have much higher percentages of seniors than the county or state average, with median ages of 51.1 and 56.8, respectively. Overall, the median age for Kern County (30.8) is lower than that for California (35.4). The median age for Bakersfield zips ranges from 26.1 to 37.9.

Population by Age and Zip Code

	Zip Code	Ages 0-17	Ages 18-64	Ages 65+	Median Age
Arvin	93203	38.4%	57.6%	4.0%	23.6
Buttonwillow	93206	33.9%	58.0%	8.1%	30.1
Delano	93215	29.8%	63.8%	6.4%	29.0
Earlimart	93219	40.9%	55.1%	3.9%	22.2
Lake Isabella	93240	13.6%	55.4%	31.0%	51.1
Lamont	93241	36.1%	58.7%	5.1%	24.6
McFarland	93250	36.0%	60.0%	3.9%	24.4
Pixley	93256	42.7%	53.0%	4.3%	21.7
Shafter	93263	34.9%	57.5%	7.5%	27.5
Taft	93268	29.3%	60.7%	10.0%	32.0
Wasco	93280	28.9%	65.9%	5.2%	28.4
Wofford Heights	93285	17.0%	51.4%	31.6%	56.8
Bakersfield	93301-93314	30.9%	60.2%	8.8%	26.1-37.9
Keene	93531	13.9%	56.5%	29.6%	53.5
Tehachapi	93561	22.5%	64.0%	13.5%	39.3
SJCH Service Area		**32.0%**	**62.1%**	**5.8%**	**N/A**
Kern County		**30.0%**	**60.8%**	**9.2%**	**30.8**
California		**24.9%**	**63.6%**	**11.5%**	**35.4**

Source: U.S. Census Bureau, American Community S urvey, 2009-2013, DP05. http://factfinder.census.gov

Gender

Of the service area population, 51.5% are male and 48.5% are female, similar to the Kern County ratio. The service area consists of a higher percentage of males than the state.

Population by Gender

	SJCH Service Area	Kern County	California
Male	51.5%	51.5%	49.2%
Female	48.5%	48.5%	50.8%

Source: U.S. Census Bureau, American Community Survey, 2009-2013, DP05. http://factfinder.census.gov

Race/Ethnicity

The service area is primarily Hispanic or Latino, at 53.9%, followed by White at 34.1%. Asians are 4.3% and Black/African Americans represent 5.1% of the population. The area has a larger percentage of Latinos than Kern County or California.

Race/Ethnicity

	SJCH Service Area		Kern County		California	
	Number	Percent	Number	Percent	Number	Percent
Hispanic or Latino	410,960	53.9%	422,395	49.8%	14,270,345	37.9%
White	259,738	34.1%	321,424	37.9%	14,937,880	39.7%
Black or African American	39,114	5.1%	45,164	5.3%	2,153,341	5.7%
Asian	32,726	4.3%	35,050	4.1%	4,938,488	13.1%
Other or Multiple	14,505	1.9%	17,662	2.1%	1,076,578	2.9%
American Indian Alaskan Native	4,424	0.6%	5,536	0.7%	146,496	0.4%
Native Hawaiian Pacific Islander	769	0.1%	973	0.1%	136,053	0.4%

Source: U.S. Census Bureau, American Community Survey, 2009-2013, DP05. http://factfinder.census.gov

The populations of Arvin, Earlimart, Lamont, McFarland, Pixley, and Shafter have populations that are at or above 80% Latino, compared with 53.9% average of the service area. Delano is over 12% Asian, while Bakersfield and Wasco are more than 5% African American. The populations of Lake Isabella, Taft, Wofford Heights, Keene, and Tehachapi are all near or above 65% White, well above the service area and county averages.

Population by Race and Ethnicity and Zip Code

	Zip Code	Asian	Black	Latino	White
Arvin	93203	0.4%	0.9%	90.4%	7.7%
Buttonwillow	93206	0.0%	3.5%	66.3%	26.8%
Delano	93215	12.5%	4.7%	74.5%	6.8%
Earlimart	93219	3.5%	0.6%	92.6%	2.8%
Lake Isabella	93240	0.0%	1.3%	8.7%	86.8%
Lamont	93241	1.0%	0.0%	94.5%	4.0%
McFarland	93250	0.6%	1.9%	89.4%	6.0%
Pixley	93256	1.9%	4.3%	81.0%	12.8%
Shafter	93263	0.2%	0.7%	80.2%	17.5%
Taft	93268	0.9%	1.1%	29.7%	64.6%
Wasco	93280	0.9%	7.1%	76.1%	15.0%
Wofford Heights	93285	0.0%	0.0%	0.7%	98.7%
Bakersfield	93301-93314	4.5%	6.1%	48.1%	38.2%
Keene	93531	0.0%	0.0%	6.4%	93.6%
Tehachapi	93561	1.3%	2.9%	25.6%	67.4%
SJCH Service Area		**4.3%**	**5.1%**	**53.9%**	**34.1%**
Kern County		**4.1%**	**5.3%**	**49.8%**	**37.9%**
California		**13.1%**	**5.7%**	**37.9%**	**39.7%**

Source: U.S. Census Bureau, American Community Survey, 2009-2013, DP05. *http://factfinder.census.gov*

Citizenship

In the hospital service area, 22.3% of the population are foreign born, higher than the county and lower than the state rates. Of the foreign born, 15.7% are not citizens.

Foreign Born Residents and Citizenship

	SJCH Service Area	Kern County	California
Foreign born	22.3%	20.6%	27.0%
Not a U.S. citizen	15.7%	14.3%	14.3%

Source: U.S. Census Bureau, American Community Survey, 2009-2013, DP02. *http://factfinder.census.gov*

Language

In the hospital service area, 54% of residents speak English only. Spanish is spoken in 41.2% of homes, slightly higher than in Kern County (37.4%) or California (28.8%). Other languages are spoken in 4.8% of households.

Language Spoken at Home, Population 5 Years and Older

	SJCH Service Area	Kern County	California
Speaks only English	54.0%	57.9%	56.3%

Speaks Spanish	41.2%	37.4%	28.8%
Speaks Asian/PI language	2.5%	2.5%	9.6%
Speaks other Indo-European language	1.7%	1.7%	4.4%
Speaks other language	0.6%	0.6%	0.9%

Source: U.S. Census Bureau, American Community Survey, 2009-2013, DP02. http://factfinder.census.gov

When communities are examined by language spoken in the home, Arvin, Earlimart and Lamont have high rates of Spanish speakers (greater than 84%). In Delano, 10.1% of the population speaks an Asian language. In Lake Isabella, Wofford Heights, and Keene, over 90% of the population speaks English.

Language Spoken at Home by Zip Code

	Zip Code	English	Spanish	Asian/PI	Other Language
Arvin	93203	13.3%	85.8%	0.4%	0.6%
Buttonwillow	93206	31.1%	63.4%	0.0%	5.6%
Delano	93215	23.5%	65.1%	10.1%	1.3%
Earlimart	93219	12.6%	84.2%	3.2%	0.0%
Lake Isabella	93240	97.0%	2.0%	0.0%	1.0%
Lamont	93241	13.1%	85.6%	0.6%	0.7%
McFarland	93250	16.0%	81.4%	0.6%	2.0%
Pixley	93256	21.9%	76.2%	1.3%	0.6%
Shafter	93263	29.7%	69.3%	0.2%	0.8%
Taft	93268	72.4%	26.1%	0.3%	1.2%
Wasco	93280	31.1%	67.3%	0.6%	0.9%
Wofford Heights	93285	99.8%	0.2%	0.0%	0.0%
Bakersfield	93301-93314	61.2%	33.6%	2.2%	2.9%
Keene	93531	98.3%	0.0%	0.0%	1.7%
Tehachapi	93561	81.6%	15.7%	1.3%	1.3%
SJCH Service Area		**54.0%**	**41.2%**	**2.5%**	**2.4%**
Kern County		**57.9%**	**37.4%**	**2.5%**	**2.3%**
California		**56.3%**	**28.8%**	**9.6%**	**5.3%**

Source: U.S. Census Bureau, American Community Survey, 2009-2013, DP02. http://factfinder.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 the service area school districts, Allensworth, Earlimart, Pixley Union and Semitropic Elementary Districts (most in Tulare County) had percentages of English learners over 70%, much higher than the service area and county averages. English Learners (EL) in the service area totaled 39,254, which is 24.3% of the student population.

English Learners (EL)

School District	County	Number	Percentage
Arvin Union	Kern	2,047	66.0%
Allensworth Elementary	Tulare	61	72.6%
Bakersfield City	Kern	9,446	31.4%
Beardsley Elementary	Kern	183	10.4%
Buttonwillow Union Elementary	Kern	230	67.1%
Delano Joint Union High	Kern	1,161	27.4%
Delano Union Elementary	Kern	3,517	46.3%
Di Giorgio Elementary	Kern	115	55.6%
Earlimart Elementary	Tulare	1,464	75.0%
Edison Elementary	Kern	290	27.5%
Fairfax Elementary	Kern	1,010	41.9%
Fruitvale Elementary	Kern	182	5.6%
General Shafter Elementary	Kern	71	46.4%
Greenfield Union	Kern	2,702	28.9%
Kern High	Kern	3,299	8.8%
Kernville Union Elementary	Kern	14	1.7%
Lakeside Union	Kern	174	13.7%
Lamont Elementary	Kern	1,801	60.9%
Maple Elementary	Kern	46	16.3%
McFarland Unified	Kern	1,517	43.7%
Norris Elementary	Kern	171	4.2%
Panama-Buena Vista Union	Kern	2,936	16.8%
Pixley Union Elementary	Tulare	833	74.2%
Pond Union Elementary	Kern	97	46.6%
Richland Union Elementary	Kern	1,642	46.5%
Rio Bravo-Greeley Union Elementary	Kern	150	14.5%
Rosedale Union Elementary	Kern	226	4.2%
Semitropic Elementary	Kern	176	76.5%
Standard Elementary	Kern	146	4.7%
Taft City	Kern	644	31.0%
Taft Union High	Kern	72	6.8%
Tehachapi Unified	Kern	374	8.8%
Vineland Elementary	Kern	510	62.0%
Wasco Union Elementary	Kern	1,585	44.2%
Wasco Union High	Kern	362	20.7%
SJCH Service Area		**39,254**	**24.3%**
Kern County		**39,634**	**22.0%**
California		**1,392,263**	**22.3%**

Source: California Department of Education DataQuest, 2014-2015. http://dq.cde.ca.gov/dataquest/

Veterans

In the hospital service area, 6.2% of the population, 18 years and older, are veterans. This is a smaller percentage of veterans than found in the county and state.

Veteran Status

	SJCH Service Area	Kern County	California
Veteran status	6.2%	7.6%	6.7%

Source: U.S. Census Bureau, American Community Survey, 2009-2013, DP02. http://factfinder.census.gov

Social, Economic and Environmental Factors

Social and Economic Factors Ranking

The County Health Rankings rank counties according to health factors data. Social and economic indicators are examined as a contributor to the health of a county's residents. California's 57 evaluated counties (Alpine excluded) are ranked according to social and economic factors with 1 being the county with the best factors to 57 for that county with the poorest factors. This ranking examines: unemployment, high school graduation rates, children in poverty, social support, and others. Kern County is ranked 51, in the bottom 20% of all California counties on social and economic factors. Neighboring Tulare County, in which the Earlimart and Pixley areas are located, is ranked 45.

Social and Economic Factors Ranking

	County Ranking (out of 57)
Kern County	51
Tulare County	45

Source: County Health Rankings, 2015. http://www.countyhealthrankings.org/app/california/2015/rankings/outcomes/overall

Poverty

Poverty thresholds are used for calculating all official poverty population statistics. They are updated each year by the Census Bureau. For 2013, the Federal Poverty Level for one person was $11,490 and for a family of four $23,550. Among the residents in the SJCH service area, 24.1% are at or below 100% of the federal poverty level (FPL) and 49.5% are low-income (200% of FPL or below). Both rates are similar to Kern County but higher than California. Earlimart and Pixley have high percentages of poverty level residents. Arvin, Earlimart, McFarland, and Pixley have high rates of low-income residents.

Ratio of Income to Poverty Level

	Zip Code	Below 100% Poverty	Below 200% Poverty
Arvin	93203	31.9%	71.8%
Buttonwillow	93206	32.0%	49.9%
Delano	93215	30.1%	65.4%
Earlimart	93219	49.5%	81.3%
Lake Isabella	93240	29.9%	55.5%
Lamont	93241	31.3%	67.6%
McFarland	93250	33.1%	75.8%
Pixley	93256	47.4%	78.8%
Shafter	93263	21.2%	57.6%
Taft	93268	20.2%	49.6%
Wasco	93280	32.4%	63.2%

Wofford Heights	93285	25.0%	50.4%
Bakersfield	93301-93314	22.5%	45.0%
Keene	93531	3.9%	3.9%
Tehachapi	93561	12.3%	29.8%
SJCH Service Area		**24.1%**	**49.5%**
Kern County		**22.9%**	**47.6%**
California		**15.9%**	**35.9%**

Source: U.S. Census Bureau, American Community Survey, 2009-2013, S1701. http://factfinder.census.gov

In Earlimart, Pixley, and Wofford Heights over 50% of the children are living in poverty. Among seniors, 43.7% in Earlimart are living in poverty. For Female Head of Household (HoH) with children, high rates were found for Arvin, Delano, Earlimart, Taft, and Wasco, all above 60% poverty and above rates for the service area (53.5%) and the county (53.1%). Some rates are not quoted for these subpopulations due to low counts and/or high margins of error that make rates for smaller geographies unstable—this applies to Keene, Lake Isabella, Pixley, and Wofford Heights.

Poverty Levels of Children, Seniors, and Female Head of Household with Children

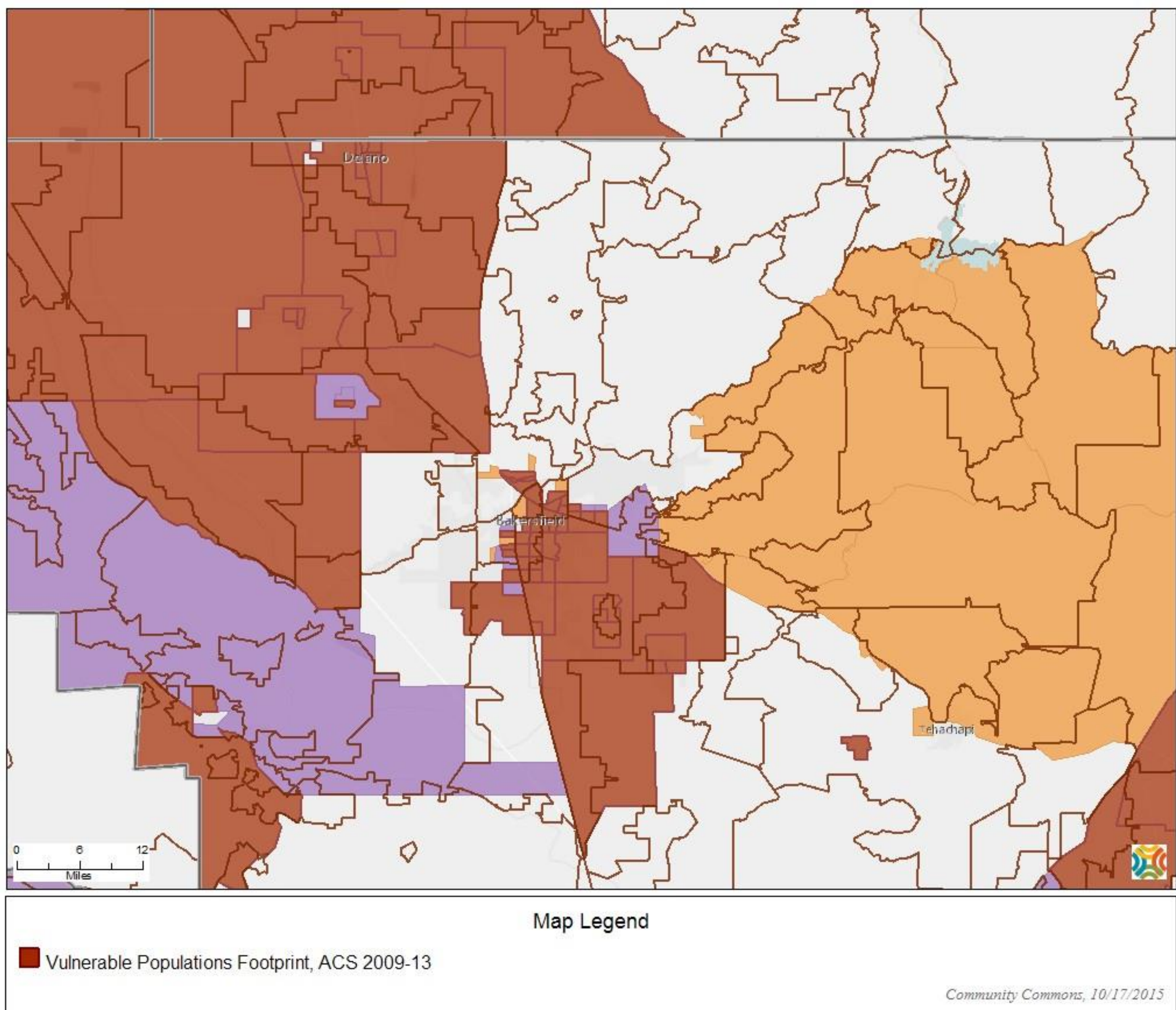
	Zip Code	Children Under 18 Years Old	Seniors	Female HoH with Children
Arvin	93203	42.8%	10.9%	60.9%
Buttonwillow	93206	47.2%	23.6%	49.0%
Delano	93215	40.5%	16.8%	69.3%
Earlimart	93219	61.4%	43.7%	71.5%
Lake Isabella	93240	37.8%	10.2%	--
Lamont	93241	43.9%	30.3%	58.2%
McFarland	93250	40.4%	25.4%	44.4%
Pixley	93256	60.0%	20.8%	--
Shafter	93263	28.1%	15.3%	53.1%
Taft	93268	25.6%	14.4%	60.6%
Wasco	93280	43.3%	15.3%	61.8%
Wofford Heights	93285	74.5%	2.2%	--
Bakersfield	93301-93314	38.9%	12.8%	51.3%
Keene	93531	0.0%	0.0%	--
Tehachapi	93561	19.5%	2.5%	35.2%
SJCH Service Area		**33.6%**	**10.9%**	**53.5%**
Kern County		**32.3%**	**10.5%**	**53.1%**
California		**22.1%**	**9.9%**	**36.8%**

Source: U.S. Census Bureau, American Community Survey, 2009-2013, S1702. http://factfinder.census.gov

Vulnerable Populations

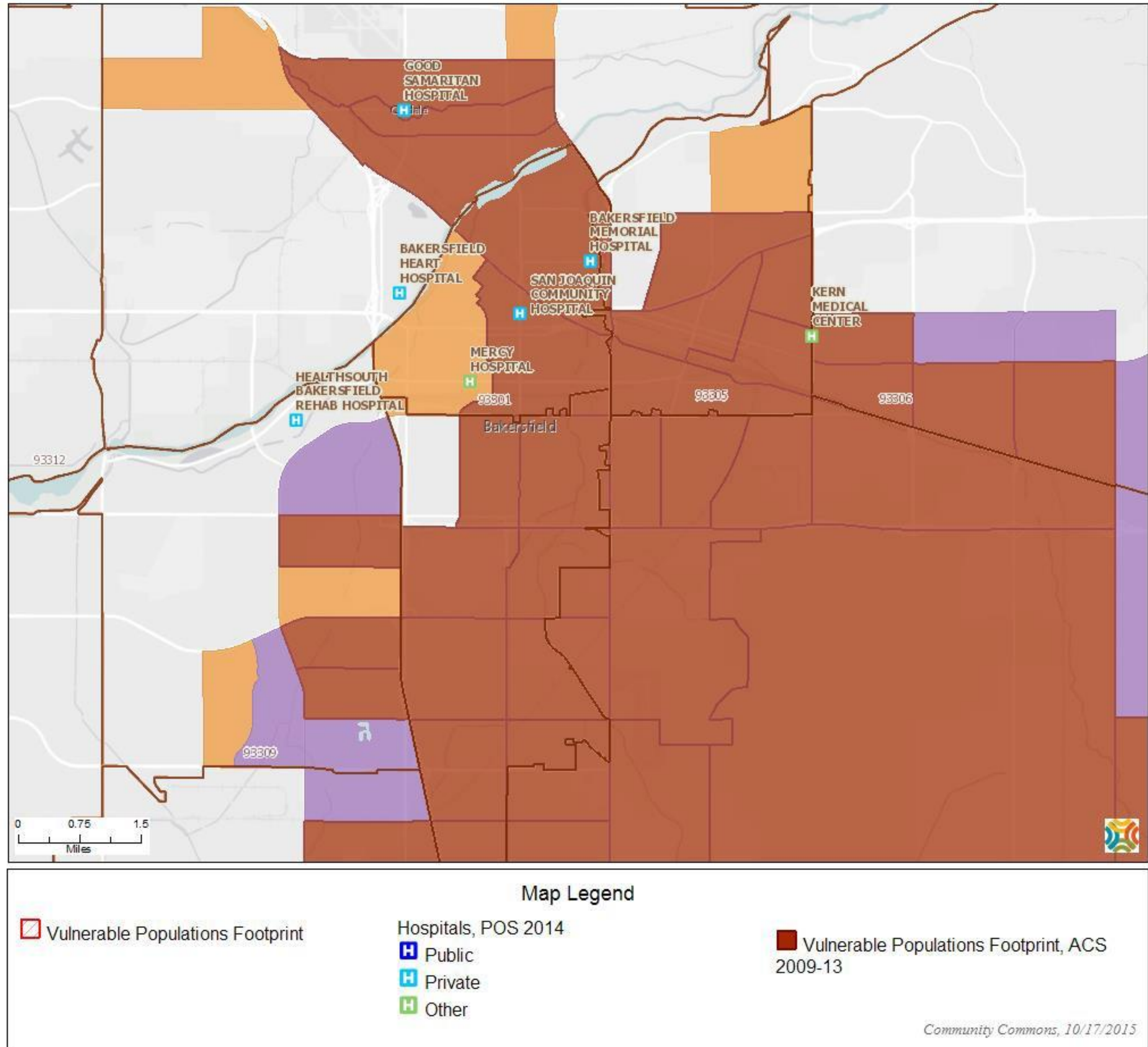
When vulnerable populations in the area are mapped, a picture of poverty emerges. The map below shows the San Joaquin Community Hospital surrounding areas, highlighting the percentage of each subarea that has more than 20% poverty and more than 20% with low education, defined as less than a high school education (in brown). Areas above the vulnerable threshold for low education alone are displayed in lavender. Areas above the threshold for poverty alone are in tan. Higher rates of vulnerable populations are found in much of the northwest part of the service area (e.g., Delano, Earlimart, McFarland, and Pixley), as well as most of central and southern Bakersfield. Eastern portions of the service area had higher rates of education but also high rate of poverty remained.

Vulnerable Populations in the San Joaquin Community Hospital Service Area



A closer look at the City of Bakersfield reveals high rates of vulnerable populations around San Joaquin Community Hospital and most of the areas south.

Vulnerable Populations in the San Joaquin Community Hospital Service Area



Households

The median household income in the area ranges from $22,706 in Lake Isabella to $82,622 in the Keene area. Nearly all communities in the service area have median household incomes lower than the county median of $48,552, except for Bakersfield, Tehachapi and Keene.

Median Household Income

	Zip Code	Median Household Income
Arvin	93203	$33,147
Buttonwillow	93206	$43,355
Delano	93215	$35,195
Earlimart	93219	$25,000
Lake Isabella	93240	$22,706
Lamont	93241	$32,490
McFarland	93250	$35,616
Pixley	93256	$27,305
Shafter	93263	$41,448
Taft	93268	$45,024
Wasco	93280	$39,038
Wofford Heights	93285	$31,761
Bakersfield	93301-93314	$55,410
Keene	93531	$82,622
Tehachapi	93561	$57,433
SJCH Service Area		**N/A**
Kern County		**$48,552**
California		**$61,094**

Source: U.S. Census Bureau, American Community Survey, 2009-2013, DP03. http://factfinder.census.gov

In the service area, there are more than 222,000 households, 75% of which are in Bakersfield. Occupancy rates are similar to county averages, but the rate of 1-person households (18.5%) is lower than the state average, while the rate of 4-or-more-person households (38.2%) is higher than the state average (29.5%).

Household Size

	SJCH Service Area	Kern County	California
1 person households	18.5%	19.9%	24.2%
2 person households	27.0%	28.1%	29.9%
3 person households	16.4%	16.1%	16.3%
4+ person households	38.2%	35.8%	29.5%

Source: U.S. Census Bureau, American Community Survey, 2009-2013, S2501. http://factfinder.census.gov

In the hospital service area, residents have similar rates of supportive benefits as Kern County, but higher than the California average. Eight percent of service area residents receive SSI benefits, 7.2% receive cash public assistance income and 15.7% of residents receive food stamp benefits.

Household Supportive Benefits

	SJCH Service Area	Kern County	California
Total households	222,042	255,271	12,542,460
Supplemental Security Income (SSI)	8.0%	7.9%	5.8%
Public Assistance	7.2%	7.0%	4.0%
Food Stamps/SNAP	15.7%	14.7%	8.1%

Source: U.S. Census Bureau, American Community Survey, 2009-2013, S2501. http://factfinder.census.gov

Free or Reduced Price Meals

The number of students eligible for the free or reduced price lunch program is one indicator of the socioeconomic status of a school district's student population. All but six districts have rates of eligibility over the state average of 58.6%. Larger school districts with more than 90% eligible students are Arvin, Delano Union, Earlimart, Lamont, Pixley Union, and Vineland. Note that while examining district totals provides an overview of the student population, this is an average among each district's school enrollments. Within the district are a number of schools with higher and lower rates of eligible low-income children.

Students Eligible for the Free or Reduced-Price Meals Program

School District or Geography	Number	Percent
Allensworth Elementary	83	98.8%
Arvin Union	2,888	93.1%
Bakersfield City	26,594	88.4%
Beardsley Elementary	1,482	84.5%
Buttonwillow Union Elementary	327	95.3%
Delano Joint Union High	3,622	85.5%
Delano Union Elementary	7,017	92.3%
Di Giorgio Elementary	196	94.7%
Earlimart Elementary	1,816	93.0%
Edison Elementary	942	89.2%
Fairfax Elementary	2,120	87.9%
Fruitvale Elementary	1,125	34.5%
General Shafter Elementary	120	78.4%
Greenfield Union	7,609	81.4%
Kern High	23,690	63.5%
Kernville Union Elementary	621	73.9%
Lakeside Union	828	65.0%
Lamont Elementary	2,845	96.2%
Maple Elementary	170	60.3%
McFarland Unified	3,031	87.4%
Norris Elementary	693	17.1%

School District or Geography	Number	Percent
Panama-Buena Vista Union	10,895	62.4%
Pixley Union Elementary	1,071	95.5%
Pond Union Elementary	192	92.3%
Richland Union Elementary	3,062	86.7%
Rio Bravo-Greeley Union Elementary	474	45.8%
Rosedale Union Elementary	1,335	24.7%
Semitropic Elementary	215	93.5%
Standard Elementary	2,352	75.4%
Taft City	1,734	83.4%
Taft Union High	603	56.9%
Tehachapi Unified	1,649	38.6%
Vineland Elementary	822	99.9%
Wasco Union Elementary	3,187	88.9%
Wasco Union High	1,321	75.6%
SJCH Service Area	**116,731**	**72.3%**
Kern County	**39,634**	**71.0%**
California	**1,392,263**	**58.6%**

Source: California Department of Education DataQuest, 2014-2015. http://dq.cde.ca.gov/dataquest/

Unemployment

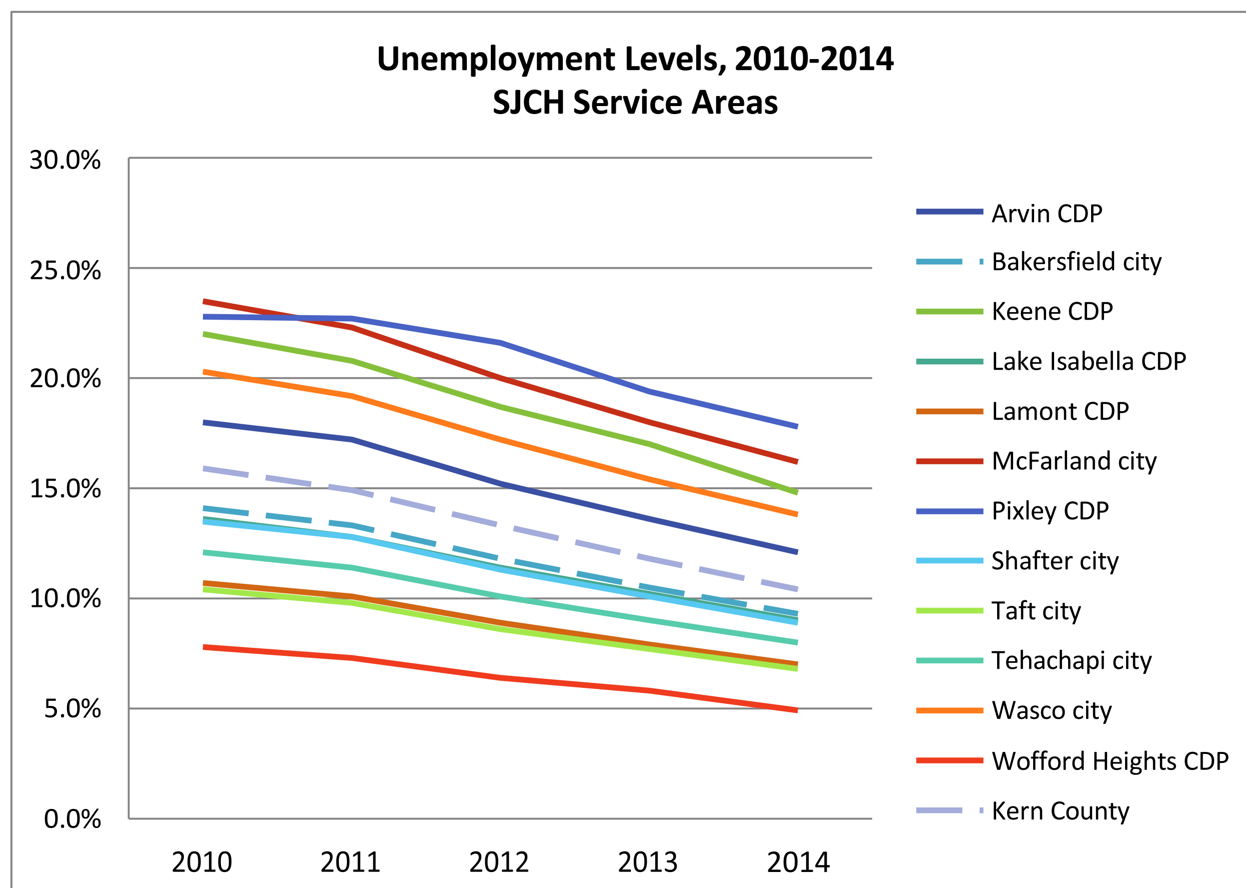
Recent unemployment rates for service area cities and towns range from a low of 4.9% in Wofford Heights (which has a very small workforce) to a high of 17.8% in Pixley and 19.9% in Earlimart, both in Tulare County. The unemployment rates for Kern County (10.4%) and Tulare County (13.2%) are both above the state rate of 7.5% for 2014.

Unemployment Rates, 2014 Average

	Labor Force	Unemployment Rate
Arvin CDP	9,100	12.1%
Bakersfield City	178,200	9.3%
Earlimart CDP	3,000	19.9%
Keene CDP	200	14.8%
Lake Isabella CDP	1,200	9.0%
Lamont CDP	7,800	7.0%
McFarland city	5,200	16.2%
Pixley CDP	1,300	17.8%
Shafter city	7,300	8.9%
Taft city	3,200	6.8%
Tehachapi city	4,400	8.0%
Wasco city	8,600	13.8%
Wofford Heights CDP	500	4.9%
Kern County		**10.4%**
Tulare County		**13.2%**
California		**7.5%**

Source: California Employment Development Department, Labor Market Information, 2014. http ://www.labormarketinfo.edd.ca.gov

Overall, unemployment rates have decreased over the past five years for all areas. Arvin, McFarland, and Wasco experienced higher than average rate declines between 2010 and 2014.



Source: California Employment Development Department, Labor Market Information, 2010-2014.
http://www.labormarketinfo.edd.ca.gov
Note: Data trends excluded for Earlimart CDP due to unstable values.

Educational Attainment

Of the population aged 25 and over, 29.7% of the service area population does not have a high school diploma, above the county average of 27.5%.

Population, 25 Years and Older, with No High School Diploma

SJCH Service Area	Kern County	California
29.7%	27.5%	18.7%

Source: U.S. Census Bureau, American Community Survey, 2009-2013, S1501. http://factfinder.census.gov

Just over 26% of area adults are high school graduates only, while 20.9% are college graduates (Associate through Graduate level), similar to the county level of 22%.

Educational Attainment of Adults, 25 Years and Older

	SJCH Service Area	Kern County	California
Population 25 years and older	439,553	498,699	24,455,010
Less than 9th grade	16.2%	14.5%	10.2%
Some High School, no diploma	13.5%	13.0%	8.5%
High School graduate	26.2%	26.5%	20.7%
Some college, no degree	23.1%	23.9%	22.1%
Associate degree	6.7%	7.0%	7.8%
Bachelor degree	9.4%	9.9%	19.4%
Graduate or professional degree	4.8%	5.1%	11.2%

Source: U.S. Census Bureau, American Community Survey, 2009-2013, S1501. http://factfinder.census.gov

Homelessness

The Kern County Homeless Collaborative conducts a biannual 'point-in-time' count of homeless for the Bakersfield/Kern Continuum of Care (CoC), which is reported to the U.S. Department of Housing and Urban Development (HUD). Recent trends show that rates of homelessness are declining along with the percentage of homeless who are unsheltered. Among children, 4.2% of public school enrollees in Kern County were recorded as being homeless at some point during the 2013-14 school year, according to the California Department of Education (*Source:* kidsdata.org*, January 2015*). This rate has increased from 2.6% in 2010-2011.

Homeless Annual Count, Bakersfield/Kern CoC, 2010 to 2014

Year of Count	Total Homeless	Sheltered	Unsheltered
2010	1,499	44.5%	55.5%
2011	1,439	42.1%	57.9%
2012	1,352	38.4%	61.6%
2013	1,152	47.5%	52.5%
2014	992	58.2%	41.8%

Source: HUD Annual Homeless Assessment Report, 2014.
https://www.hudexchange.info/resource/4074/2014-ahar-part-1-pit-estimates-of-homelessness/

Crime and Violence

Violent crimes include homicide, rape, robbery and assault. Arvin (900.1 per 100,000 persons) had the highest rate of violent crime in 2014 among the cities for which data are available. All other cities and towns are below the Kern County violent crime rate of 526.4.

Violent Crimes, per 100,000 Persons, 2014

	Number	Rate
Arvin	177	900.1
Bakersfield	1,678	317.1
Delano	215	407.3
McFarland	65	516.6
Shafter	46	234.5
Taft	46	268.3
Tehachapi	51	146.3
Kern County	**4,465**	**526.4**
California	**151,425**	**393.3**

Source: California Department of Justice, Office of the Attorney General, 2015. https://oag.ca.gov/crime

Calls for domestic violence are categorized as with or without a weapon. More than half of domestic violence calls in Arvin involved a weapon, compared to other area cities and towns that were less likely to involve a weapon.

Domestic Violence Calls, 2014

	Total	Without Weapon	With Weapon
Arvin	97	33.0%	67.0%
Bakersfield	1,974	89.4%	10.6%
Delano	178	79.8%	20.2%
McFarland	62	61.3%	38.7%
Shafter	107	78.5%	21.5%
Taft	44	70.5%	29.5%
Tehachapi	46	60.9%	39.1%
Kern County	**4,868**	**86.6%**	**13.4%**
California	**155,965**	**57.3%**	**42.7%**

Source: California Department of Justice, Office of the Attorney General, 2015. https://oag.ca.gov/crime

In Kern County, 19.8% of adults indicated they had experienced physical or sexual violence by an intimate partner since the age of 18, and 5.7% had been the victims of intimate partner violence in the past year. The rates for Tulare County are lower at 16.3% and 4.5%, respectively. Rates of physical or sexual violence in both counties are higher than state levels.

Experienced Physical or Sexual Violence

	Kern County	Tulare County	California
By intimate partner since age 18	19.8%	16.3%	14.8%
Female	26.4%	20.0%	20.5%
Male	13.7%	12.6%	9.1%
By intimate partner in past year	5.7%	4.5%	3.5%
Female	4.8%	4.3%	4.0%
Male	6.5%	4.7%	3.0%

Source: California Health Interview Survey, 2009. http://ask.chis.ucla.edu/AskCHIS/

Air, Water and Climate Indicators

The Environmental Protection Agency provides information on toxic chemical releases. Disposal of the chemicals can occur in air, water, wells, and landfills. In 2014, Kern County disposed of more than 7 million pounds of hazardous air pollutants.

Release of Pollutants in Air and Water

	Kern County	Tulare County	California
Surface and underground water discharges (in pounds)	145	0	13,157
Total air emissions (in pounds)	48,806	2,233	3,652,346
Total on or off site disposal or other releases of OSHA carcinogens (in pounds)	2,705,498	316	6,219,650
Total on or off site disposal or other releases of hazardous air pollutants (in pounds)	7,152,472	177,245	14,609,357

Source: U.S. Environmental Protection Agency, Toxics Release Inventory Program, 2014.
http://iaspub.epa.gov/triexplorer/tri_release.geography

In Kern County, 13.5% of the population may be getting drinking water from public water systems with at least one health-based violation. This is higher than the population exposed to unsafe water in the state (2.7%).

Unsafe Drinking Water

	Kern County	California
Population exposed to unsafe drinking water	13.5%	2.7%

Source: University of Wisconsin Population Health Institute, County Health Rankings. 2012-2013. County Health Rankings

In Kern County, the percentage of weeks in drought from January 1, 2012 – December 31, 2014 was 98%, which is higher than found in California (92.8%).

Drought Severity, 2012-2014

	Kern County	California
Percentage of weeks in drought	98.0%	92.8%

Source: U.S. Drought Monitor, 2012-2014. US Drought Monitor

Coccidioidmycosis

Coccidioidmycosis or Valley Fever is an illness caused by a fungus found in the soil. The fungus can become airborne and be inhaled with dust particles. It affects the lungs and can produce flu-like symptoms and pneumonia. Kern County has very high rates of Valley Fever. Rates of Valley Fever in Kern County have been decreasing from a rate of 217.3 per 100,000 persons in 2012 to 102.0 in 2014.

Valley Fever, Cases and Rates, per 100,000 Persons, 2012 - 2014

	2012		2013		2014	
	Cases	Rates	Cases	Rates	Cases	Rates
Kern County	1,860	217.3	1,659	191.7	890	102.0
California	4,147	11.0	3,318	8.7	2,217	5.8

Source: California Department of Public Health, Center for Infectious Disease, Yearly Summaries of Selected General Communicable Diseases in California, 2011 – 2014. http://www.cdph.ca.gov/data/statistics/Pages/YearlySummariesofSelectedGeneralCommunicableDiseasesinCalifornia2011-2014.aspx

Community Input – Social, Economic and Environmental Factors

Stakeholder interviews identified the most important socioeconomic, behavioral, environmental and clinical factors contributing to poor health in the community.

- We live in a community where our main economy is oil and agriculture. Our median income is $42,000. That is 32% less than the state medium income. We also have higher unemployment than the state. Our housing is affordable, but a person needs to make about $16 an hour to afford rent here and not a lot of jobs pay that.
- Human trafficking: women and girls are being brought here and moved around.
- With the drought and the decreasing costs of oil, we've experienced a loss of employment for our population. This reduces quality of life and increases crime.
- The percentage of single parent female-led households is about 40% and the majority of them are under the federal poverty level.
- We have air pollutants coming from the desert valley area and farming and oil industries. Air quality affects everyone, especially newborns.
- We have a lot of undocumented residents. But in May 2016, all kids under 19 will have Medi-Cal, regardless of immigration status. Chances are, these kids will be insured but they won't be going to the doctor because they're scared they will be deported even though there is a disclaimer that that won't happen.
- We don't have enough homeless shelters. The ones we do have are very strict: you have to check in, shower, strip, put all your belongings in a certain area and people are afraid to misplace their possessions. That's all they have.
    - A lot the homeless have mental health issues and are alcoholics. If they are under the influence, they are rejected.

    - For women, we have them receiving assistance and getting welfare money and they stay in the homeless shelter for months – why is this happening? Why aren't they saving money?
- We have soup kitchens but they are all located in one area of Bakersfield. In outlining areas, there aren't any places to get meals.
- We have poor housing. People don't want to say anything to the landlord for fear of getting kicked out.
- One area of difficulty is housing for low-income individuals. Kern is one of the more affordable areas in the state. Even so, obtaining housing for low income is difficult. We see multiple families living together.
- Seniors experience a lot of isolation. Also, unless family or friends pitch in, access can be a problem.
- Families need to take care of each other. People are just disenfranchised. There is no social support.
- We are a poor County. 7 out of 10 kids are on our free or reduced lunch plan.
- We are the Appalachia of the West. We experience the poorest outcomes of virtually every county. In addition, we have a large migrant, undocumented population that stays outside the parameters of the health delivery system.
- We need to get schools to fly air quality flags so people know what is going on that day and you can limit yourself in outside activity that day.
- People are having a hard time affording health insurance even with the new program. Also, those newly unemployed are vulnerable because the pay rate is based on their prior year of salaried employment.
- We have experienced some layoffs in the oil industry. There were 2,700 jobs eliminated here in the last year.
- Along the fringes of the county we still see access issues especially relating to transportation. We have a transportation system but the schedules are limited and stops are limited along the main route of state and county roads. Those who live a distance from those main routes struggle.
- We have a high rate of abuse/neglect in Kern County. We have 51 kids referred each day; 11 per day are substantiated. 98% is neglect related to poverty and substance abuse and teen moms.
- It can be difficult for migrant workers who are transitioning into the community. They can be the neediest because they don't know how to connect to the system for the services.

Health Access

Health Insurance

Health insurance coverage is considered a key component to accessing health care. 90.9% of Kern residents and 94.1% of Tulare residents are insured compared to the California rate of 88.1%.

Insurance Coverage for Adults, Teens and Children

	Insured	Uninsured
Kern County	90.9%	9.1%
Tulare County	94.1%	5.9%
California	88.1%	11.9%

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

In Kern County and Tulare County, employment-based insurance is available for over one-third of the residents. Medi-Cal (Medicaid) is the second highest percentage of insurance coverage in the counties.

Insurance Coverage by Type of Coverage

	Kern County	Tulare County	California
Employment-based	37.1%	37.7%	44.8%
Medicaid	31.8%	37.5%	22.5%
Private insurance	12.5%	5.8%	6.4%
Medicare	9.1%	12.4%	13.4%
Other public	0.3%	0.7%	1.0%
No insurance	9.1%	5.9%	11.9%

Source: California Health Interview Survey, 2014. http://ask.chis.ucla.edu/AskCHIS/. Tally differences across tables due to rounding.

Using the American Community Survey, rates of insurance coverage are available at the zip code level. The rates of insured are 79.8% in Kern County. The service area rates of insured are lower than the county average. Arvin and Lamont have the highest percentage of uninsured.

Insurance Coverage for Civilian Population

	Zip Codes	Insured	Uninsured
Arvin	93203	64.7%	35.3%
Buttonwillow	93206	81.5%	18.5%
Delano	93215	72.3%	27.7%
Earlimart	93219	72.6%	27.4%
Lake Isabella	93240	75.1%	24.9%
Lamont	93241	64.8%	35.2%
McFarland	93250	65.7%	34.3%

	Zip Codes	Insured	Uninsured
Pixley	93256	67.3%	32.7%
Shafter	93263	77.4%	22.6%
Taft	93268	79.9%	20.1%
Wasco	93280	73.4%	26.6%
Wofford Heights	93285	94.1%	5.9%
Bakersfield	93301-93314	80.8%	19.2%
Keene	93531	95.4%	4.6%
Tehachapi	93561	88.5%	11.5%
SJCH Service Area		**78.9%**	**21.1%**
Kern County		**79.8%**	**20.2%**
California		**82.2%**	**17.8%**

Source: U.S. Census Bureau, American Community Survey, 2009-2013, S2701. http://factfinder.census.gov

For children, there are similar rates of insurance coverage in the service area (89.8%) than county and state averages. Lamont has the lowest rate of insurance coverage (82.8%) in the service area.

Insurance Coverage for Children, 0-17

	Zip Codes	Insured	Uninsured
Arvin	93203	85.0%	15.0%
Buttonwillow	93206	91.2%	8.8%
Delano	93215	85.9%	14.1%
Earlimart	93219	89.6%	10.4%
Lake Isabella	93240	97.1%	2.9%
Lamont	93241	82.8%	17.2%
McFarland	93250	84.8%	15.2%
Pixley	93256	86.9%	13.1%
Shafter	93263	91.0%	9.0%
Taft	93268	87.0%	13.0%
Wasco	93280	89.0%	11.0%
Wofford Heights	93285	100.0%	0.0%
Bakersfield	93301-93314	90.8%	9.2%
Keene	93531	100.0%	0.0%
Tehachapi	93561	94.2%	5.8%
SJCH Service Area		**89.8%**	**10.2%**
Kern County		**90.2%**	**9.8%**
California		**91.7%**	**8.3%**

Source: U.S. Census Bureau, American Community Survey, 2009-2013, S2701. http://factfinder.census.gov

Among adults in the service area, 69.3% are insured. The lowest rates of insured are for Arvin (49.5%), McFarland (50.1%), and Pixley (49.4%).

Insurance Coverage for Adults, 18-64

	Zip Codes	Insured	Uninsured
Arvin	93203	49.5%	50.5%
Buttonwillow	93206	74.8%	25.2%
Delano	93215	60.6%	39.4%
Earlimart	93219	58.1%	41.9%
Lake Isabella	93240	56.0%	44.0%
Lamont	93241	51.3%	48.7%
McFarland	93250	50.1%	49.9%
Pixley	93256	49.4%	50.6%
Shafter	93263	65.9%	34.1%
Taft	93268	73.1%	26.9%
Wasco	93280	60.3%	39.7%
Wofford Heights	93285	88.5%	11.5%
Bakersfield	93301-93314	62.7%	37.3%
Keene	93531	91.8%	8.2%
Tehachapi	93561	83.0%	17.0%
SJCH Service Area		**69.3%**	**30.7%**
Kern County		**71.5%**	**28.5%**
California		**75.5%**	**24.5%**

Source: U.S. Census Bureau, American Community Survey, 2009-2013, S2701. http://factfinder.census.gov

Sources of Care

Residents who have a medical home and access to a primary care provider improve continuity of care and decrease unnecessary ER visits. A total of 85.4% of Kern County residents and 87.5% of Tulare County residents reported a regular source for medical care, both lower than the Healthy People 2020 benchmark of 89.4%. The source of care for 54.1% in Kern County and 36.4% in Tulare County is a doctor's office, HMO, or Kaiser. Clinics and community hospitals are the source of care for 25.8% in Kern County and 51% in Tulare County.

Sources of Care

	Kern County	Tulare County	California
Dr. Office/HMO/Kaiser Permanente	54.1%	36.4%	60.7%
Community clinic/Government clinic/ Community hospital	25.8%	51.0%	23.0%
ER/Urgent care	2.6%	No Data	1.4%
Other	3.0%	No Data	0.7%
No source of care	14.6%	12.5%	14.2%

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

Accessing health care can be affected by the number of providers in a community. According to the 2015 County Health Rankings, Kern County ranks 55 out of 58

California counties for clinical care, which includes ratios of population-to-care providers and preventive screening practices, among others. The ratio of county population to health care providers shows many fewer primary care physicians, dentists, and mental health providers for its population when compared to California as a whole.

All regions in the SJCH service area, like most of Kern County, are designated as a Primary Care Shortage Area (PCSA) and a Registered Nurse Shortage Area (RHSA) by the California Healthcare Workforce Policy Commission. The criteria for the PCSA designation are percent of population below 100% poverty level and primary care physician-to-population ratio. The current ratio for Kern County is 2,014:1 persons per primary care physician within this PCSA.

The RHSA designation is based on the ratio of patients to nurse availability in facilities where they are employed (not shown). All of Kern County is designated as an RHSA with a ratio of patients to nurses of 59.1 to 1 (Source: OSHPD, 2015 (http://gis.oshpd.ca.gov/atlas/topics/shortage/rnsa).

Ratio of Population to Health Care Providers

	Kern County	California
Primary Care Physicians	2,014:1	1,294:1
Dentists	2,155:1	1,291:1
Mental health providers	697:1	376:1

Source: County Health Rankings, 2015. http://www.countyhealthrankings.org/app/california/2015/rankings/outcomes/overall

Delayed care may also indicate reduced access to care; 7.9% of Kern County and 13.8% of Tulare County residents reported delaying or not seeking medical care. 8.4% of Kern County and 11% of Tulare County residents reported delaying or not getting their prescription medication in the last 12 months.

Delay of Care

	Kern County	Tulare County	California
Delayed or didn't get medical care in last 12 months	7.9%	13.8%	11.3%
Delayed or didn't get prescription medicine in last 12 months	8.4%	11.0%	8.7%

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

Use of the Emergency Room

An examination of ER use can lead to improvements in providing community-based prevention and primary care; 15.8% of Kern County and 19.2% of Tulare County residents visited an ER over the period of a year. In Kern County, seniors visit the ER at higher rates and in Tulare County, youth visit the ER at the highest rates.

Use of Emergency Room

	Kern County	Tulare County	California
Visited ER in last 12 months	15.8%	19.2%	19.0%
0-17 years old	6.1%	32.4%	19.3%
18-64 years old	18.9%	12.5%	16.5%
65 and older	28.0%	16.5%	18.3%
<100% of poverty level	17.9%	32.5%	20.6%
<200% of poverty level	16.1%	25.1%	19.0%

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

San Joaquin Community Hospital reported 67,760 emergency department encounters in 2014, with 11,781 (17.4%) resulting in admission. Accidents and other causes of injury accounted for 19% of emergency department encounters in 2014.

Principal Causes of Injury (ED Encounters) – San Joaquin Community Hospital, 2014

	ED Encounters	Percentage
No Principal Cause of Injury Reported	54,896	81.0%
Other Accidents	4,752	7.1%
Accidental Falls	3,392	5.0%
Rail and Motor Vehicle	1,188	1.8%
Natural/Environmental Factors	725	1.1%
Inflicted By Others	713	1.1%
Misadventures/Complication	482	0.7%
Adverse Effects/Therapeutics	455	0.7%
Submersion, Suffocation, Foreign Body	304	0.5%
Other Vehicle/Transport	233	0.3%
Accidental Poisoning	235	0.4%
Self-Inflicted Injury	149	0.2%
Fire Accidents	72	0.1%
Undetermined Injury	77	0.1%
Late Effects of Injury	87	0.1%
Total	**67,760**	**100.0%**

Source: California Office of Statewide Health Planning & Development, 2014.
http://report.oshpd.ca.gov/?DID=PID&RID=Facility_Summary_Report_Emergency_Department
http://report.oshpd.ca.gov/?DID=PID&RID=Facility_Summary_Report_Hospital_Inpatient

Community Input – Access to Care

Stakeholder interviews identified the following issues, challenges and barriers related to access to care:

- At-risk children and families don't necessarily seek care on a regular basis. They are in survivor mode and struggle with basic needs; long term health isn't an investment they make. It's always crisis mode.
- If people need to access care after regular office hours, it can be hard to maneuver urgent care vs. ED treatment.

- There is only one option for our health care: long lines, take the day off of work, and not get paid. And still, you may not have a remedy to the illness.
- We need specialty care, especially pediatrics. You need to go out of County for care. This is a hard reality for families, lost work time, etc.
- After hours' care: there is a big gap in services. Many partners are looking at how they can increase access on weekends or after 5 pm. Residents visit the ED because they don't have timely access to a primary care provider. We have urgent care systems, but they are also limited hours.
- Bakersfield has a new urgent care. There is one in Taft and an after-hours clinic in Delano. For our insured, we try to promote access to an advice line 24 hours a day.
- Medications can be expensive on a limited income and become prohibitive. There are programs out there but people are not always aware. You can almost always get medications in some way that is economical for things like blood pressure, etc.
- In Kern County, there is a huge shortage of ophthalmology. You have to wait 3-6 months for Medi-Cal or you have to travel 150 miles outside of Kern to get care.
- The amount of providers in our area doesn't match the population so it's difficult for everyone to be served. Also, if health literacy were higher, we'd probably have higher access.
- It is very problematic for residents to access care even within the city limits of Bakersfield. Depending on where you live and your transport options, if your spouse is at work and your family only has one car, your transportation options are limited. If you don't have a car, you take public transportation and it takes all day to travel. It can be extremely difficult to get to those resources.
- Finding culturally linguistic competent medical staff can be difficult. We have a Mexican indigenous population that doesn't speak Spanish, Filipinos, and a growing Sheikh population.
- Establishment of a medical home is the biggest issue. When the undocumented and migrant workers get sick they are using the ED for their health care. This is the most expensive and least efficient way to get your health care.
- Even for people who have insurance, we have a lack of primary care providers in our community and more and more providers are retiring and choosing other ways to practice their craft. So access is always a problem and it's an even bigger problem if you don't have an established relationship with a medical home.
- People get a list of doctors from the ACA but the doctors really aren't accepting that insurance or the time to get an appointment is so far out in the future that people only get all worked up about getting to a doctor when they aren't feeling

well. But when you're sick, they don't see you that quickly anyways without a prior relationship.

- We have extreme shortages of specialists, particularly urologists, ENT, neurologists, and endocrinologists.
- We have a shortage of primary care providers. This impacts communities of color. Same day appointments or well visits and immunizations are difficult to get. We don't have enough access for the demand.
- It's challenging to hire doctors. We compete with organizations like Kaiser. They can offer a better salary and benefit package and bonus for the doctor.
- Attracting new people to Kern is difficult with the air quality and long hot summers. People rather live somewhere else. Physicians have the economic means to live anywhere.
- There is a surplus of primary care doctors in L.A. and the Bay area. They are paid less than they are here but the fact is, they'd rather live by the beach and have better air quality. We need to work on how we repackage and sell ourselves as a community.
- We really need to expand linkages to medical schools in the state. We have some, but we could use more to have a real robust pipeline to physicians in our community.
- A number of our residents' legal status may be in question so they don't qualify for Covered CA. They may access a natural healer and the ED so they aren't doing any preventive care.
- We need to work with small businesses to understand what their options are for providing care. How can we do a better job of providing coverage for our employees and explore anything that can be done on a community basis to defray costs to small businesses.
- Often small businesses can't offer the best coverage and that becomes a retention issue and access and quality of care as well. We need to look at localized health plans with a large local pool of applicants to reduce cost and increase coverage.

Dental Care

Lack of access to dental health care can contribute to poor health status. In Kern County, 77% of children, 89.8% of teens, and 79.1% of adults had been to the dentist in the past two years. In the county, 23% of children had never been to a dentist. In Tulare County, 85% of children, 88.2% of teens, and 80% of adults had been to the dentist in the past two years. In Tulare County, 15% of children had never been to a dentist.

Time Since Last Dental Visit, Children, Teens and Adults

	Kern County	Tulare County	California
Children been to dentist less than 6 months to 2 years	77.0%	85.0%	83.8%
Children been to dentist more than 2 years to more than 5 years	None	None	0.9%
Children never been to dentist	23.0%	15.0%	15.3%
Teens been to dentist less than 6 months to 2 years	89.8%	88.2%	94.7%
Teens been to dentist more than 2 years to more than 5 years	10.2%	11.8%	3.5%
Teens never been to the dentist	None	None	1.8%
Adults been to dentist less than 6 months to 2 years	79.1%	80.0%	79.7%
Adults been to dentist more than 2 years to more than 5 years	20.4%	19.0%	18.1%
Adults never been to the dentist	0.5%	1.0%	2.2%

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

A "Health Professional Shortage Area" (HPSA) is defined as a geographic area designated as having a shortage of primary medical care, dental or mental health professionals. In Kern County 11% of the population is living in a designated HPSA for dental care.

Health Professional Shortage Area

	Kern County	California
Percentage of population living in a dental care HPSA	11.0%	4.9%

Source: U.S .Department of Health & Human Services, Health Resources and Services Administration, March 2015. http://datawarehouse.hrsa.gov/tools/analyzers/hpsafind.aspx

Community Input – Dental Care

Stakeholder interviews identified the following issues, challenges and barriers related to dental care:

- Not all employers offer dental and vision with medical insurance. So families opt out, trying to prioritize their money.
- Our water isn't fluoridated.
- Over the last decade Denti-Cal has been cut repeatedly. Dental is viewed as almost cosmetic when that is not the case. If you aren't insured what do you do? Take time off work? Can you afford to do that?
- For our mentally ill and substance abusers, they have horrific dental hygiene. Meth abusers lose their teeth too.
- At one point we had Mercy Clinic in Taft reaching underserved populations for dental needs. But it became a significant transportation issue to access care. They were taking vans of people to dental services but between the transportation costs and the canceled appointments, they stopped services.
- We identified a need for more dental care in our community. Young children in particular and for toddlers, there are shortages of early screenings and treatment.

- There used to be a lot of campaigns about baby bottle tooth decay but maybe it fell off the radar. We see kids who are very overweight and with very poor oral hygiene.
- Private insurance may not have dental coverage. And if they do, they have high deductibles.
- We should take dental care into the schools like food programs. If we are serious about prevention, then it isn't just migrant or poor people we should reach out to, it is for everyone.

Birth Characteristics

Births

In 2013, there were 12,712 births in the service area. The majority of births were to mothers who are Latino (65.7%). About 24.7% of births were born to White mothers *(Source: California Department of Health, 2013)*.

Teen Birth Rate

In 2013, teen pregnancy rates in the service area occurred at a rate of 112.7 per 1,000 births (or 11.3% of total births). McFarland, Pixley, Taft, and Wasco all experienced teen birth rates above 14%.

Births to Teenage Mothers (Under Age 20)

	Zip Code	Births to Teen Mothers	Live Births	Percent
Arvin	93203	56	444	12.6%
Buttonwillow	93206	3	22	13.6%
Delano	93215	109	876	12.4%
Earlimart	93219	24	198	12.1%
Lake Isabella	93240	5	58	8.6%
Lamont	93241	43	355	12.1%
McFarland	93250	40	279	14.3%
Pixley	93256	18	116	15.5%
Shafter	93263	48	368	13.0%
Taft	93268	42	278	15.1%
Wasco	93280	61	434	14.1%
Wofford Heights	93285	1	14	7.1%
Bakersfield	93301-93314	964	8,956	10.8%
Tehachapi	93561	19	314	6.1%
SJCH Service Area		**1,433**	**12,712**	**11.3%**
Kern County		**1,473**	**13,463**	**10.9%**
California		**30,838**	**495,571**	**6.2%**

Source: California Department of Public Health, 2013. http://www.apps.cdph.ca.gov/
No data available for Keene, 93531

Prenatal Care

In 2013, pregnant women in the service area entered prenatal care early – within the first trimester - at a rate of 76.9%. Only five areas met the Healthy People 2020 benchmark of 77.9% of women entering prenatal care in the first trimester: Delano, Earlimart, McFarland, Pixley, and Wofford Heights.

Early Entry into Prenatal Care (In First Trimester)

	Zip Code	Early Prenatal Care	Live Births*	Percent
Arvin	93203	329	444	74.1%
Buttonwillow	93206	14	22	63.6%
Delano	93215	697	876	79.6%
Earlimart	93219	162	198	81.8%
Lake Isabella	93240	36	58	62.1%
Lamont	93241	252	355	71.0%
McFarland	93250	234	279	83.9%
Pixley	93256	100	116	86.2%
Shafter	93263	248	368	67.4%
Taft	93268	186	278	66.9%
Wasco	93280	309	434	71.2%
Wofford Heights	93285	12	14	85.7%
Bakersfield	93301-93314	6,960	8,956	77.7%
Tehachapi	93561	241	314	76.8%
SJCH Service Area		**9,780**	**12,712**	**76.9%**
Kern County		**9,947**	**13,059**	**76.2%**
California		**407,064**	**486,912**	**83.6%**

Source: California Department of Public Health, 2013. http://www.apps.cdph.ca.gov/ No data available for Keene, 93531
**Births in which the first month of prenatal care is unknown are not included in the tabulation.*

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. The hospital service area has a higher rate of low birth weight babies (89.2 per 1,000 live births) when compared to the county (70.0) and state (68.2 per 1,000 live births). The rate of low birth weight in the service area (8.9%) is higher than the Healthy People 2020 objective of 7.8% of births being low weight. (When examining geographic areas with a small occurrence or population size, it is important to use caution when drawing conclusions as it may result in widely varying rates over time.)

Low Birth Weight (Under 2,500 g)

	Zip Code	Low Birth Weight	Live Births	Rate per 1,000 Live Births
Arvin	93203	17	444	38.3
Buttonwillow	93206	0	22	0.0
Delano	93215	74	876	84.5
Earlimart	93219	13	198	65.7
Lake Isabella	93240	5	58	86.2
Lamont	93241	16	355	45.1
McFarland	93250	24	279	86.0
Pixley	93256	8	116	69.0

	Zip Code	Low Birth Weight	Live Births	Rate per 1,000 Live Births
Shafter	93263	32	368	87.0
Taft	93268	18	278	64.7
Wasco	93280	34	434	78.3
Wofford Heights	93285	1	14	71.4
Bakersfield	93301-93314	653	8,956	72.9
Tehachapi	93561	28	314	89.2
SJCH Service Area		**28**	**314**	**89.2**
Kern County		**942**	**13,463**	**70.0**
California		**33,818**	**495,571**	**68.2**

Source: California Department of Public Health, 2013. http://www.apps.cdph.ca.gov/
No data available for Keene, 93531

Infant Mortality

Infant mortality reflects deaths of children under one year of age. The infant death rate in Kern County is 7.0 and the state is 4.7 deaths per 1,000 live births. The Kern County rate is higher than the Healthy People 2020 objective of 6.0 deaths per 1,000 live births. Infant mortality rates are not available for smaller geographies.

Infant Mortality Rate, 2013

	Infant Deaths	Live Births	Death Rate
Kern County	99	14,145	7.0
California	**2,348**	**494,392**	**4.7**

Source: California Department of Public Health, 2013. http://www.apps.cdph.ca.gov/vsq/

Breast Feeding

Breastfeeding has been proven to have considerable benefits to baby and mother. The California Department of Public Health highly recommends babies be fed only breast milk for the first six months of life. Breastfeeding rates at SJCH indicate 90.3% of new mothers use some breastfeeding and 58.4% use breastfeeding exclusively. These rates exceed rates of breastfeeding at other hospitals in Kern County and Tulare County. The hospital exceeds the Healthy People 2020 objective for 81.9% of women to breastfeed their infants.

In-Hospital Breastfeeding

	Any Breastfeeding		Exclusive Breastfeeding	
	Number	Percent	Number	Percent
San Joaquin Community Hospital	2,367	90.3%	1,530	58.4%
Kern County	**10,186**	**87.6%**	**6,282**	**54.0%**
Tulare County	**5,424**	**87.7%**	**2,948**	**47.7%**
California	**396,602**	**92.9%**	**275,706**	**64.6%**

Source: California Department of Public Health, In-Hospital Breastfeeding by Hospital of Occurrence, 2013.
www.cdph.ca.gov/data/statistics/Pages/BreastfeedingStatistics.aspx

Community Input – Maternal and Infant Health

Stakeholder interviews identified the following issues, challenges and barriers related to maternal and infant health:

- Women and children involved in prostitution and sex trafficking receive a lot of negative responses to how they present themselves so they do not seek care. They also have their own unaddressed trauma and unmet needs.
- There is an intergenerational factor in terms of teen pregnancy. They grow up seeing this in their family unit, so it's normal. They aren't able to escape it or leave it or make changes, so it gets passed on.
- Because we are a relatively conservative county, it is looked down upon to have different sexual health issues and pregnancies. A number of women who have undesired pregnancy experience biases when deciding on adoption vs. abortion.
- We found that many girls don't realize they are pregnant until the end of their 1st or in their 2nd trimester, so accessing timely care is an issue.
- First 5 funds have been cut with the drop in tobacco taxes. I'd really love to see a more comprehensive home visitation model.
- We need to do a better job discussing sexual health in educational institutions.
- Education is limited or spotty because the school board does not see this as a priority or the direct impact on our community.
- For low-birth weight issues there is a lot of evidence that genetics are involved and also generational trauma and stress. Women of color and with lower income means may be struggling with substance abuse, gang violence, getting food on the table, and domestic violence.
- African American women of childbearing age have worse child health outcomes compared to other populations.
- Kern County has the highest rates of teen pregnancy in the state. We also have higher rates of infant mortality among African Americans for the last 28 years.
- I volunteered for a year with Covenant Services and was a mentor. The young woman I mentored was a HS girl who got pregnant. She wanted to love something that was hers. She wanted to be pregnant. She would do better than her own mom did for her.
- Often the oldest child gets stuck caring for the youngest and girls try to escape their place by becoming pregnant.
- I have some struggles with the Black Infant Health program. The model is confined by the state. We need to look for alternative models so people aren't falling through all the cracks. I want to bring resources to them and find out their needs. If they are just kicked out of program and we forget about them, what are we accomplishing?

Mortality/Leading Causes of Death

Mortality Rates

The two leading causes of death in the hospital service area are heart disease and cancer. The crude death rate ("Rate") is a ratio of the number of deaths to the entire population. The heart disease mortality rate in the service area is 143.0 per 100,000 persons, lower than the county and state rates. The cancer death rate is 113.4 per 100,000 persons, lower than county and state averages and the HP 2020 target of 161.4. The rate of death for unintentional injuries, liver disease and suicide in the service area exceed the Healthy People 2020 objectives.

Mortality Rates, per 100,000 Persons, 2013

	SJCH Service Area		Kern County	California	HP 2020
	Number	Rate	Rate	Rate	Rate
Heart disease	1,090	143.0	161.7	155.7	No Objective
Cancer	864	113.4	128.3	149.6	161.4
Unintentional injuries	302	39.6	42.2	29.1	36.4
Chronic Lower Respiratory Disease	290	38.0	43.7	35.3	No Objective
Alzheimer's disease	223	29.3	29.0	30.9	No Objective
Diabetes	197	25.8	27.7	20.8	No Objective
Stroke	182	23.9	27.0	35.4	34.8
Liver disease	92	12.1	13.3	12.4	8.2
Suicide	83	10.9	12.8	10.4	10.2
Pneumonia and influenza	81	10.6	11.9	17.0	No Objective

Source: California Department of Public Health, 2013. http://www.cdph.ca.gov/

The five-year average mortality rate for all cancer sites in Kern County was 126.4 per 100,000 persons, which is lower than the California rate. Mortality from respiratory system and digestive system cancers occurs at the highest rates in the county.

Cancer Mortality Rates, per 100,000 Persons, 2009-2013

	Kern County		California
	Number	Rate	Rate
Cancer, all sites	5,360	126.4	150.4
Respiratory system	1,394	32.9	34.8
Digestive system	1,287	30.4	41.4
Male genital	308	14.1	16.8
Female genital	271	13.2	16.3
Breast	409	9.6	11.6
Urinary system	290	6.8	7.5
Leukemia	214	5.1	6.3
Lymphoma	206	4.9	5.9

Source: California Cancer Registry, California Department of Public Health, 2009-2013. http://www.cancer-rates.info/ca/

Chronic Disease

Health Status

Among adults and children, 17.1% of Kern County residents reported being in fair or poor health, about the same as the California rate. 23.5% of Tulare County residents reported being in fair or poor health, above the state and Kern County rates but not statistically significant, given the smaller size of the sample. Among adults only, rates of fair or poor health are above the state rate for both counties.

Health Status, Fair or Poor Health

	Kern County	Tulare County	California
Persons with fair or poor health	17.1%	23.5%	17.0%
Adults with fair or poor health	23.2%	27.3%	20.7%

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

Diabetes

Diabetes is a growing concern in the community; 10.3% of adults in Kern County and 8.5% in Tulare County have been diagnosed with diabetes. For Kern adults with diabetes, only 29.4% are very confident they can control their diabetes. For Tulare adults, 62.5% are very confident they can control their diabetes.

Adult Diabetes

	Kern County	Tulare County	California
Diagnosed pre/borderline diabetic	13.5%	7.8%	10.5%
Diagnosed with diabetes	10.3%	8.5%	8.5%
Very confident to control diabetes	29.4%	62.5%	56.5%
Somewhat confident	67.7%	29.1%	34.7%
Not confident	2.9%	8.4%	8.8%

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

The federal Agency for Healthcare Research and Quality (AHRQ) developed Prevention Quality Indicators (PQIs) that identify hospital admissions that may be avoided through access to high-quality outpatient care. Four PQIs are related to diabetes: long-term complications (renal, ophthalmic, or neurological manifestations, and peripheral circulatory disorders); short-term complications (ketoacidosis, hyperosmolarity and coma); amputation; and uncontrolled diabetes. In all cases, hospitalization rates were higher for Kern and Tulare Counties than for California, in particular for long-term and short-term complications.

Diabetes Hospitalization Rates* for Prevention Quality Indicators

	Kern County	Tulare County	California
Diabetes long term complications	133.2	119.3	103.4
Diabetes short term complications	86.9	110.1	56.5
Lower-extremity amputation among patients with diabetes	20.2	32.9	15.5
Uncontrolled diabetes	9.4	8.9	8.0

Source: California Office of Statewide Health Planning & Development, 2014. http://www.oshpd.ca.gov
** Age-adjusted annual rates per 100,000 hospitalizations.*

Heart Disease

For adults, 9.4% of Kern County residents and 5.6% of Tulare County residents have been diagnosed with heart disease. Among these adults, 67.9% of Kern County and 79.4% of Tulare County residents are very confident they can manage their condition. 46.4% of Kern County and 69.1% of Tulare County residents report having a management care plan developed by a health care professional.

Adult Heart Disease

	Kern County	Tulare County	California
Diagnosed with heart disease	9.4%	5.6%	6.1%
Very confident to control condition	67.9%	79.4%	53.6%
Somewhat confident to control condition	28.7%	9.4%	34.9%
Not confident to control condition	3.5%	11.1%	11.5%
Has a management care plan	46.4%	69.1%	67.1%

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

As noted, Prevention Quality Indicators (PQIs) identify hospital admissions that may be avoided through access to high-quality outpatient care. The three PQIs related to heart disease are hypertension, heart failure, and angina without procedure. In 2014, the rates of Congestive Heart Failure were much higher in Kern County (378.1) and Tulare County (343.8) than in the state (289.9). Rates for other heart disease indicators were close to the state rate.

Heart Disease Hospitalization Rates* for Prevention Quality Indicators

	Kern County	Tulare County	California
Hypertension	36.6	34.0	32.6
Congestive Heart Failure	378.1	343.8	289.9
Angina without procedure	14.5	18.2	15.9

Source: California Office of Statewide Health Planning & Development, 2014. http://www.oshpd.ca.gov
** Age-adjusted annual rates per 100,000 hospitalizations.*

High Blood Pressure

A co-morbidity factor for diabetes and heart disease is hypertension (high blood pressure). In Kern County, 40.3% of adults have been diagnosed with high blood

pressure, and of those, 64.3% take medication to control their hypertension. In Tulare County, 25.2% of adults have been diagnosed with high blood pressure and 84.8% take medication for their condition.

High Blood Pressure

	Kern County	Tulare County	California
Ever diagnosed with hypertension	40.3%	25.1%	28.5%
Takes medicine for hypertension	64.3%	84.8%	68.5%

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

Asthma

The population diagnosed with asthma in Kern County is 9.4% and in Tulare County 15.6%. 44% of Kern County and 58.5% of Tulare County asthmatics take medication to control their symptoms. Among children and youth, 8.9% of Kern County and 23.1% of Tulare County residents have been diagnosed with asthma.

Asthma

	Kern County	Tulare County	California
Diagnosed with asthma, total population	9.4%	15.6%	14.0%
Diagnosed with asthma, 0-17 years old	8.9%	23.1%	14.5%
ER visit in past year due to asthma, total population	8.3%	23.4%	9.6%
ER visit in past year due to asthma, 0-17 years old	13.6%	27.4%	13.9%
Takes daily medication to control asthma, total population	44.0%	58.5%	44.2%
Takes daily medication to control asthma, 0-17 years old	13.6%	35.6%	39.0%

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

Two Prevention Quality Indicators (PQIs) are related to asthma including chronic obstructive pulmonary disease (COPD) or asthma in older adults, and asthma in younger adults. In 2014, hospitalization rates for COPD and asthma were higher in Kern County than the state. Rates for Tulare County were higher for COPD, but lower for asthma in younger adults.

Asthma Hospitalization Rates* for Prevention Quality Indicators (PQI)

	Kern County	Tulare County	California
COPD or asthma in older adults	505.9	398.2	296.0
Asthma in younger adults	28.5	22.5	25.2

Source: California Office of Statewide Health Planning & Development, 2014. http://www.oshpd.ca.gov
** Age-adjusted annual rates per 100,000 hospitalizations.*

Disability

Among adults in Kern County, 28.8% have been identified as having a physical, mental or emotional disability. Tulare County residents reported a higher rate of disability at

36.5%. 5% of Kern County adults and 7.2% of Tulare County adults could not work for at least a year due to physical or mental impairment.

Population with a Disability

	Kern County	Tulare County	California
Adults with a disability	28.8%	36.5%	29.9%
Couldn't work due to impairment	5.0%	7.2%	5.2%

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

Community Input – Chronic Disease

Stakeholder interviews identified the following issues, challenges and barriers related to chronic disease:

- Arvin has some of the worst air quality in the country, not just the state. With asthma we are at the mercy of geography. Poor air quality gets trapped. We are also a major highway corridor.
- For healthy food access, we are one of the top counties in the nation that is food insecure. We are 9th highest in the US for food hardship. Taken together with the environment it's all interrelated.
- If you suffer from asthma then you may not go outside and be active and then you are gaining weight and you're not eating healthy food.
- A huge environmental challenge is that we can't get rid of our air so asthma, allergies and sinusitis are very prevalent.
- Heart disease we are 4th highest rate of 58 California counties. With diabetes we are 2nd highest in the state. This is an improvement from where we were; we used to be #1 with both. So we're seeing some improvements with both areas.
- Contributing to diabetes is the weather in this area. It's a barrier to making lifestyle choices.
- There are social aspects to our convenience culture and the types of food that are available. We also have a lot of genetic modifications to most of our fruits and veggies and we're eating highly processed foods.
- Smoking rates are down but we still have higher rates than the state average.
- We live in an arid climate with lots of dust and particulate matters. We are in a bowl so inversion takes place that traps air.
- Chronic disease goes back to education. Diabetes can be largely controlled by diet and changing lifestyles.
- Because we have such high rates of cardiac issues, we could collaborate better and use more social media to remind people to walk, eat well, support one another with community challenges, go to parks and use facilities that are available.
- We should give incentive dollars to promote change.

- The challenge with diabetes is the understanding that what you eat and your physical activity and medications impact this disease. Many people have co-morbidities and they may focus more efforts on the other diseases than diabetes.
- The Air Pollution Control District monitors organizations from an emissions standpoint. Our air has improved dramatically over the last 20 years.
- People with serious and persistent mental illness die on average 15 years earlier than other populations. Most of those deaths are related to preventative chronic diseases that could have been maintained. So our effort is to make sure they get their medical care.
- In the county we received an F grade for ozone levels from the American Lung Association.
- We are the worst county in CA for heart disease. This goes back to diet and exercise and ethnicity. A lot of diets and traditional meals are high fat and heavy foods.
- Geography and industry (oil and agriculture) contribute to asthma and breathing problems.

Cancer

In Kern County, the five-year, age-adjusted cancer incidence rate is 419.6 per 100,000 persons, lower than the state rate (424.9). Respiratory system cancers (61.6) occurred at significantly higher rates than the state (51.2). Lower rates of incidence for male genital, digestive system, breast, and skin cancers were found in the county compared to the state.

Cancer Incidence, per 100,000 Persons, Age Adjusted, 2008-2012

	Kern County	California
All sites	419.6	424.9
Male genital	124.7	133.7
Digestive system	76.3	81.1
Respiratory system	61.6	51.2
Breast (either sex)	58.4	65.3
Female genital	47.2	47.6
Urinary system	35.6	33.5
Lymphoma	19.5	21.3
Skin	17.9	23.0
Endocrine system/thyroid	13.3	12.7
Oral Cavity and pharynx	12.6	10.4
Leukemia	12.0	12.5
Brain and nervous system	6.5	6.1

Source: California Cancer Registry, Cancer Surveillance Section, Cancer Surveillance and Research Branch, California Department of Public Health, 2008-2012. http://www.cancer-rates.info/ca/

Community Input – Cancer

Stakeholder interviews identified the following issues, challenges and barriers related to cancer:

- Our agricultural industry adds a lot of pesticides and herbicides to our environment, which can especially impact the health of kids. Building Healthy Communities is working on increasing the distance of active spraying that can be done within a school radius to 1 mile while school is in session. Currently we have a ¼ mile mandate.
- We have higher than average rates of breast cancer. There are theories that it's related to the hormones and chemicals in our livestock. The body retains these chemicals.
- In the McFarland cancer cluster, young children were diagnosed with very rare, strange types of cancer. It's believed there was a well contaminated by pesticides and it got concentrated. By the time the well was tested, it had reduced but the damage was done.
- Health screening is a challenge. We work with the American Cancer Society and the American Lung Association to increase awareness but it's still hard to get people in.
- We have great facilities for early diagnosis. It's about continued education as to how you educate the community about accessing care.

Health Behaviors

Health Behaviors Ranking

County Health Rankings examines healthy behaviors and ranks counties according to health behavior data. California's 57 evaluated counties (Alpine excluded) are ranked from 1 (healthiest) to 57 (least healthy) based on a number of indicators that include: adult smoking, obesity, physical inactivity, excessive drinking, sexually transmitted infections, and others. A ranking of 52 puts Kern County in the bottom 20% of California counties for health behaviors. Neighboring Tulare County ranked 49.

Health Behaviors Ranking

	County Ranking (out of 57)
Kern County	52
Tulare County	49

Source: County Health Rankings, 2015. http://www.countyhealthrankings.org/app/california/2015/rankings/outcomes/overall

Immunization of Children

Kern County and Tulare County schools have high rates of compliance with childhood immunizations upon entry into kindergarten. Kern County (93.5%) and Tulare County (96.5%) have rates above the state average (90.4%).

Up-to-Date Immunization Rates of Children Entering Kindergarten, 2014 - 2015

	Percent
Kern County	93.5%
Tulare County	96.5%
California	**90.4%**

Source: California Department of Public Health, Immunization Branch, 2014-2015. https://cdph.data.ca.gov/

Flu

Among Kern County seniors, 73.6% have received a flu shot. 86.8% of Tulare County seniors have received a flu shot. These rates are higher than the Healthy People 2020 objectives of 70% of the population to receive a flu shot. Adult flu shot compliance for both counties is below the Healthy People 2020 objective.

Flu Vaccine, Past 12 months

	Kern County	Tulare County	California
Received flu vaccine, 65+ years old	73.6%	86.8%	72.7%
Received flu vaccine, 18+	44.9%	45.7%	43.4%

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

Mammograms and Pap Smears

The Healthy People 2020 objective for mammograms is for 81% of women, 50 to 74 years old, to have a mammogram within the past two years. In Kern County, women have exceeded that objective with 87.5% obtaining mammograms. Only 70.1% of women in Tulare County reported obtaining a mammogram. 84.7% of Kern County women and 85.3% of Tulare County women aged 18 and older had a pap smear.

Women Mammograms & Pap Smears

	Kern County	Tulare County	California
Women ages 50 to 74 who reported having a mammogram in the past 2 years	87.5%	70.1%	85.9%
Women 18+ who reported having a pap smear within the past 3 years	84.7%	85.3%	89.9%

Source: California Health Interview Survey, 2007 & 2012. http://ask.chis.ucla.edu/AskCHIS/

Colorectal Cancer Screening

In Kern County, the rate of compliance for colorectal cancer screening is 75.1%, which exceeds the Healthy People 2020 objective for colorectal cancer screening of 70.5%. The rate of compliance in Tulare County was 65.2%. Of adults advised to obtain screening, 66.7% of Kern County residents and 53.7% of Tulare County residents were compliant at the time of the recommendation.

Colorectal Cancer Screening, Adults 50+

	Kern County	Tulare County	California
Screening Sigmoidoscopy, colonoscopy or fecal occult blood test	75.1%	65.2%	78.0%
Compliant with screening at time of recommendation	66.7%	53.7%	68.1%

Source: California Health Interview Survey, 2009. http://ask.chis.ucla.edu/AskCHIS/

Overweight and Obesity

In Kern County, 24.2% of the adult population reported being overweight while 15.6% of teens and 18.2% of children in the county are overweight. In Tulare County, 39.3% of adults are overweight. 14.1% of teens and 7.8% of children are overweight.

Overweight

	Kern County	Tulare County	California
Adult (ages 20+ years)	24.2%	39.3%	36.2%
Teen (ages 12-17 years)	15.6%	14.1%	16.3%
Child	18.2%	7.8%	13.6%

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

Over half the adults (50.4%) in Kern County are obese and 18.5% of teens are obese. In Tulare County, 38.1% of adults and 36.5% of teens are obese. The Healthy People 2020 objectives for obesity are 30.5% of adults and 16.1% of teens. Residents of Kern County and Tulare County are above these targets.

Obese

	Kern County	Tulare County	California
Adult (ages 20+ years)	50.4%	38.1%	27.0%
Teen (ages 12-17 years)	18.5%	36.5%	14.6%

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

When adult obesity levels are tracked over time, both counties show an increase in obesity that is larger than the increase in obesity rates reported statewide.

Adult Obesity, 2005 - 2014

	2005	2007	2009	2011	2012	2013	2014	Change 2005-2014
Kern County	30.5%	29.8%	33.2%	34.0%	34.9%	32.1%	52.7%	+22.2
Tulare County	28.8%	30.8%	37.6%	41.2%	32.9%	33.8%	37.5%	+8.7
California	**21.6%**	**23.2%**	**23.0%**	**25.4%**	**24.8%**	**25.2%**	**27.5%**	**+5.9**

Source: California Health Interview Survey, 2005, 2007, 2009, 2011-2012, 2013 & 2014. http://ask.chis.ucla.edu/AskCHIS/

Adult overweight and obesity (combined) by race and ethnicity indicate high rates among Latinos (87.7%) and Whites (75.9%) for Kern County. For Tulare County residents, rates for Asian, Latino and White adults are higher than the state average. Rates for other ethnicities are unstable or unknown.

Adult Overweight and Obesity by Race/Ethnicity

	Kern County	Tulare County	California
African American	35.3%	--	73.5%
Asian	--	87.5%	44.0%
Latino	87.7%	76.3%	74.7%
White	75.9%	78.0%	60.1%
Total adult population	76.9%	76.3%	63.7%

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

The physical fitness test (PFT) for students is the FitnessGram®. One component is measurement of body composition (by skinfold measurement, BMI, or bioelectric impedance). Children who do not meet the "Healthy Fitness Zone" criteria are categorized as needing improvement or at high risk (overweight/obese). In Pond Union Elementary and Semitropic, 50% of 5th graders Need Improvement/Need Improvement at High Risk for body composition. In Delano Joint Union High District, 44.3% of 9th graders Need Improvement/Need Improvement at High Risk for body composition.

5th and 9th Graders, Body Composition, Needs Improvement + High Risk

School District*	Fifth Grade	Ninth Grade
Arvin Union	52.6%	n/a
Bakersfield City	61.6%	n/a
Beardsley Elementary	44.1%	n/a
Buttonwillow Union Elementary	44.1%	n/a
Delano Joint Union High	n/a	44.3%
Delano Union Elementary	48.5%	n/a
Di Giorgio Elementary	47.6%	n/a
Earlimart Elementary	33.0%	n/a
Edison Elementary	43.0%	n/a
Fairfax Elementary	61.5%	n/a
Fruitvale Elementary	35.5%	n/a
General Shafter Elementary	84.2%	n/a
Greenfield Union	47.8%	n/a
Kern High	n/a	41.2%
Kernville Union Elementary	26.7%	n/a
Lakeside Union	51.5%	n/a
Lamont Elementary	57.1%	n/a
Maple Elementary	45.5%	n/a
McFarland Unified	53.4%	45.2%
Norris Elementary	31.2%	n/a
Panama-Buena Vista Union	38.7%	n/a
Pixley Union Elementary	36.9%	n/a
Pond Union Elementary	64.3%	n/a
Richland Union Elementary	54.8%	n/a
Rio Bravo-Greeley Union Elementary	19.8%	n/a
Rosedale Union Elementary	32.6%	n/a
Semitropic Elementary	75.0%	n/a
Standard Elementary	40.8%	n/a
Taft City	46.7%	n/a
Taft Union High	n/a	34.5%
Tehachapi Unified	30.8%	27.8%
Vineland Elementary	52.9%	n/a
Wasco Union Elementary	44.9%	n/a
Wasco Union High	n/a	45.4%
Kern County	**47.1%**	**40.8%**
Tulare County	**44.4%**	**40.6%**
California	**40.5%**	**35.8%**

Source: California Department of Education Fitnessgram, 2013-2014. http://dq.cde.ca.gov/dataquest/
*Allensworth Elementary excluded due to low count of fifth graders.

Fast Food

In Kern County, 81.7% of children and teens, and 61.9% of adults, consume fast food one or more times a week. In Tulare County, 72.9% of children and teens, and 62.2% of adults, consume fast food one or more times a week.

Fast Food Consumption

	Kern County	Tulare County	California
Children and teens who were reported to eat fast food one or more times a week	81.7%	72.9%	72.4%
Adults who reported eating fast food one or more times a week	61.9%	62.2%	62.7%

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

Soda Consumption

17.0% of children in Kern County consume at least two sodas or sweetened drinks a day. The rate for Tulare County was 5.9%. Kern County adults are less likely to consume higher rates of sweetened drinks (7.6%) compared to state averages. Tulare County adults are more likely to be high consumers of sweetened drinks (20.3%).

Soda or Sweetened Drink Consumption

	Kern County	Tulare County	California
Children reported to drink at least two sodas or sweetened drinks a day	17.0%	5.9%	14.2%
Adults who reported drinking at least 7 sodas or sweetened drinks weekly	7.6%	20.3%	10.1%
Adults who reported drinking no soda or sweetened drinks weekly	50.7%	53.9%	61.4%

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

Fresh Fruits and Vegetables

48.6% of children and 33.5% of teens in Kern County consume five or more servings of fruits and vegetables in a day. In Tulare County, 43.3% of children and 25.8% of teens consume five servings of fruits and vegetables in a day. A majority of adults in Kern County (76%) and Tulare County (82.7%) reported they could usually or always find fresh fruits and vegetables in the neighborhood.

Access to and Consumption of Fresh Fruits and Vegetables

	Kern County	Tulare County	California
Children who reported eating 5 or more servings of fruit/vegetables in the past day	48.6%	43.3%	50.7%
Teens who reported eating 5 or more servings of fruit/vegetables in the past day	33.5%	25.8%	23.4%
Adults who reported finding fresh produce (fruits and vegetables) in the neighborhood sometimes or never	22.6%	14.7%	12.2%
Adults who reported finding fresh produce (fruits and vegetables) in the neighborhood always or usually	76.0%	82.7%	86.7%

Source: California Health Interview Survey, 2011-2012, 2014. http://ask.chis.ucla.edu/AskCHIS/

Physical Activity

33.8% of school-aged children in Kern County and 62.2% in Tulare County engage in physical activity for at least one hour a day, 7 days a week. Children were less likely than average to visit a park, playground or open space in the last month, compared to the state rate of 83.9%.

Physical Activity, Children Ages 6-17

	Kern County	Tulare County	California
Activity available one hour or more per day, 7 days per week (5-11)	33.8%	62.2%	32.8%
Visited a park, playground or open space in the last month (1-17)	75.2%	73.2%	83.9%

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

Among adults in each county, 16% participate in non-walking vigorous physical activity at least 20 minutes per day and three days per week. Just over 70% of adults in each county walked for transportation, fun, or exercise.

Physical Activity, Adults

	Kern County	Tulare County	California
Vigorous physical activity at least 20 mins/day and 3 days/week (excludes walking)	16.4%	16.0%	16.5%
Walked for transportation, fun, exercise	70.4%	71.6%	77.2%

Source: California Health Interview Survey, 2009. http://ask.chis.ucla.edu/AskCHIS/

One of the components of the physical fitness test (PFT) for students is measurement of aerobic capacity through run and walk tests. The highest performing districts include Rio Bravo-Greeley Union Elementary and Norris Elementary. The lowest performing districts include Semitropic and Fairfax Elementary.

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

School District*	Fifth Grade	Ninth Grade
Arvin Union	56.0%	n/a
Bakersfield City	39.1%	n/a
Beardsley Elementary	59.1%	n/a
Buttonwillow Union Elementary	79.4%	n/a
Delano Joint Union High	n/a	67.2%
Delano Union Elementary	59.0%	n/a
Di Giorgio Elementary	52.4%	n/a
Earlimart Elementary	57.3%	n/a
Edison Elementary	60.7%	n/a
Fairfax Elementary	24.2%	n/a
Fruitvale Elementary	67.0%	n/a
General Shafter Elementary	42.1%	n/a
Greenfield Union	57.5%	n/a
Kern High	66.4%	n/a
Kernville Union Elementary	57.3%	n/a
Lakeside Union	54.5%	n/a
Lamont Elementary	45.3%	n/a
Maple Elementary	75.8%	n/a
McFarland Unified	52.7%	51.0%
Norris Elementary	80.0%	n/a
Panama-Buena Vista Union	64.9%	n/a
Pixley Union Elementary	53.2%	n/a
Pond Union Elementary	53.6%	n/a
Richland Union Elementary	55.1%	n/a
Rio Bravo-Greeley Union Elementary	88.1%	n/a
Rosedale Union Elementary	66.7%	n/a
Semitropic Elementary	39.3%	n/a
Standard Elementary	57.3%	n/a
Taft City	50.5%	n/a
Taft Union High	n/a	67.4%
Tehachapi Unified	63.3%	77.6%
Vineland Elementary	66.2%	n/a
Wasco Union Elementary	47.0%	n/a
Wasco Union High	n/a	66.8%
Kern County	**55.0%**	**65.1%**
Tulare County	**54.7%**	**59.0%**
California	**63.4%**	**63.9%**

Source: California Department of Education Fitnessgram Physical Fitness Testing Results, 2013-2014.
http://dq.cde.ca.gov/dataquest/
*Allensworth Elementary excluded due to low count of fifth graders.

Community Input – Overweight and Obesity

Stakeholder interviews identified the following issues, challenges and barriers related to overweight and obesity:

- We see fewer home cooked meals. Both parents are working and the kids are at home eating a lot of junk food and tending for themselves.
- Awareness doesn't cause a change in behavior. So policy change is a huge step in the right direction like schools not serving junk food and soda on campus.
- This depends a lot on your community. In East Bakersfield there is no walkability, no walkways or streetlights. Southeast is particularly bad with lots of empty lots and crime and everything is spread so far apart. In Northwest Bakersfield, they walk a lot. I think it also depends on culture.
- We've really tried to attack this issue locally. When you look at partnerships that have happened private/public they have been incredibly helpful. We have two charter schools that are funded by agriculture companies and put a big focus on healthy lunches, community gardens: Paramount and Grimmway Farms. They actually have reached out to the public schools around them to help support more school gardens.
- There is fast food on every corner in poor neighborhoods and it's not always healthier food choices. It's relatively cheap and it fills the stomach and tastes good. Our culture is focused on what's convenient, what's appealing to the eye and tastes good versus what our body needs to be healthy.
- The geography makes it imperative to have a vehicle here so there is not a lot of walking, and with environmental factors like air quality, climate and temperature it is not conducive for persons to be outdoors all of the time.
- Recently a neighborhood Wal-Mart opened in East Bakersfield. It's nice to have a neighborhood store and groceries. They are opening up several of them. There are lots of low-income apartments around nearby so now people within the area can access that resource.
- Often people don't have enough money to buy fresh food and produce so they are buying Raman noodles or going to the food bank for canned foods with lots of sodium and empty calories.
- Community gardens work in areas where people care about their environment and are educated about them. Unless it's heavily supervised here, it isn't sustainable. Here, it needs to be protected and we need to have instructors.
- Calfresh program is hard to access so it's underutilized. In Southeast Bakersfield there are a lot of people who qualify and a lot of mom and pop shops that do EBT. Grocery stores accept it too. But there is not a lot of fresh food. In Los Angeles people can use their EBT for fast foods. Here in Kern, we don't do it.

Sexually Transmitted Infections

HIV/AIDS

In 2013 there were a total of 1,208 cases of persons living with HIV/AIDS in Kern County and 184 living cases in Tulare County.

HIV/AIDS, 2013

	Total Cases	Living Cases	Percent Deceased
Kern County	2,049	1,208	41%
Tulare County	412	184	55%
California	**169,734**	**73,291**	**57%**

Source: California Department of Public Health, HIV AIDS Surveillance in California, 2013. http://www.cdph.ca.gov/data/statistics/Pages/OAHIVAIDSStatistics.aspx

Sexually Transmitted Diseases

Rates of Chlamydia in Kern County are 719.5 per 100,000 persons, while the Tulare County rate is 506.3; both are higher than the state rate. The Kern County rate of Gonorrhea is 176.8 per 100,000 persons, which is higher than the state rate of 116.8. The Tulare County rate of Gonorrhea is 84.9. The Primary and Secondary Syphilis rate for Kern County (16.2) is above the state average (9.9), while the rate for Tulare County (6.1) is below the state average. Rates for Early Latent Syphilis are below state averages for both counties.

STD Cases, Rate per 100,000 Persons, 2014

	Kern County		Tulare County		California
	Cases	Rate	Cases	Rate	Rate
Chlamydia	6,276	719.5	2,325	506.3	453.4
Gonorrhea	1,542	176.8	390	84.9	116.8
Primary & Secondary Syphilis	141	16.2	28	6.1	9.9
Early Latent Syphilis	59	4.6	14	3.0	6.8

Source: California Department of Public Health, 2014. http://www.cdph.ca.gov/data/statistics/Pages/STDDataTables.aspx

Community Input – Sexually Transmitted Diseases

Stakeholder interviews identified the following issues, challenges and barriers related to STDs:

- HIV rates are increasing for African American women.
- If you want birth control, you have to go to the Department of Public Health or a nonprofit and not a lot of kids are doing that.
- This County is in the middle of a syphilis outbreak. Young mothers have no prenatal care and come to the ED to deliver babies with congenital syphilis. Treatment takes over 3 weeks and it’s very hard to keep track of them after they leave.

- This is really a migrant population issue. And it's about cultural background differences.
- Incidence is directly proportional to society. We are pretty tolerant of almost everything.
- Up until recently, comprehensive age appropriate sex education wasn't mandatory in public schools, so they'd take the path of least resistance. We do a comprehensive program in a few schools but we need to hit all schools all the time. I fully believe when young people are given accurate information in a supportive environment they can make better choices.
- With an economic crisis, prevention programs are always the first to go and it comes back with explosive rates of STDs. We are seeing a hint now and we are starting to see HIV infections in adolescents. We had 7 of them last year, the highest number ever.
- There is a belief that if we give information on contraception then we are giving permission to have sex. Families need to express their values and expectations and always tell young people that the only 100% way to not get pregnant or get an STI is to be abstinent until one is ready to be in long-term relationship. You can always give that message, but people make their own choices and should have the tools that will be with them for the rest of their lives.

Mental Health and Substance Abuse

Mental Health

21.4% of adults in Kern County and 16.4% of Tulare County adults reported needing help for emotional/mental health problems or use of alcohol or drugs in the past 12 months, a higher rate than the state. Of those reporting this need, 85.5% of adults in Kern County and 8.8% of adults in Tulare County indicated not receiving treatment.

Mental Health Indicators, Adults

	Kern County	Tulare County	California
Needed help for emotional/mental health problems or use of alcohol/drug	21.4%	16.4%	15.9%
Needed help but did not receive treatment	85.5%	8.8%	43.4%
Needed help and received treatment	14.5%	91.2%	56.6%
Has taken prescription medicine for emotional/mental health issue in past year	8.0%	13.7%	10.1%
Ever seriously thought about committing suicide	3.4%	6.2%	7.8%

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

9.5% of teens in Kern County and 33.1% in Tulare County needed help for an emotional or mental health problem. 13% of these Kern County teens and 31.2% of Tulare County teens received counseling.

Mental Health Indicators, Teens

	Kern County	Tulare County	California
Teens who needed help for emotional / mental health problems in past year	9.5%	33.1%	23.2%
Teens who received psychological/ emotional counseling in past year	13.0%	31.2%	11.6%

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

Cigarette Smoking

In Kern County, 10.1% of adults smoke cigarettes, less than the state rate (11.6%) and below the Healthy People 2020 objective of 12%. However, in Tulare County, the smoking rate is much higher at 25.6%.

Cigarette Smoking, Adults

	Kern County	Tulare County	California
Current smoker	10.1%	25.6%	11.6%
Former smoker	23.0%	15.7%	22.4%
Never smoked	67.0%	58.7%	66.0%

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

12.5% of teens in Kern County are current cigarette smokers, which is greater than the state rate of 3.5% teen smokers. 21.6% of teens in Kern County and 2.3% in Tulare County have smoked an e-cigarette.

Cigarette Smoking, Teens Ages 13-19

	Kern County	Tulare County	California
Current cigarette smoker	12.5%	None	3.5%
Ever smoked an e-cigarette	21.6%	2.3%	10.3%

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

Alcohol and Drug 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 Kern County adults, 40.9% of adults had engaged in binge drinking in the past year, while 27.5% of Tulare County adults reported this activity. 11.9% of Kern County teens reported binge drinking in the past month.

Alcohol Consumption and Binge Drinking, Adult

	Kern County	Tulare County	California
Adults reporting binge drinking in the past year	40.9%	27.5%	32.6%
Teens reporting binge drinking in the past month	11.9%	No Data	3.6%

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

Community Input – Mental Health and Substance Abuse

Stakeholder interviews identified the following issues, challenges and barriers related to mental health and substance abuse:

- I believe about 70-80% of homelessness is related to mental health issues. We have a few facilities that offer immediate or around-the-clock mental health, hope, and beds. Their beds are consistently full, so there is a lot more need than services currently available.
- Culturally some groups view mental health as a weakness and don't talk about it. Also, immigrant populations experience stress from navigating a new life and being undocumented, concerned about deportation, or being taken advantage of at work.

- We are the 3rd largest county by geography and 11th for the largest population. The largest role is played by county. They try to partner with everyone but they're underfunded. We had bond funding (2006-2010) that aimed at increasing services and reach, but overall mental health funding has dwindled.
- A big piece of what goes on is a lot of people that are chronically homeless are not interested in going to our programs that are meant to get them re-housed, working, etc. Homeless funding is coming from HUD, but it really needs to come from a federal level for mental health. It's a unique population.
- Our mental health plan is for the serious and persistent, and not for people with insurance or people who could otherwise be treated by their PCP.
- Too often the disenfranchised experience access issues and they use the ED for routine needs.
- Lots of kids try to get a job at a fast food joint or mall and they aren't getting them so they stick to what they know: smoking pot and hanging with friends.
- We are too 'siloed.' We take money and build programs. We'd serve the community better by connecting people to existing services.
- Our mental health plan treats the entire county. We are trying to reinvent our connections with hospitals, schools, and the police in smaller rural communities like Lake Isabella. I'm trying to work with hospitals, all ED and psych beds, but it's like herding cats; social services comes to the table but not ED doctors. We used to go to hospitals twice a year with key staff but cohesiveness with hospitals is always difficult.
- People who are on Medi-Cal get comprehensive mental health because of case management and wraparound services.
- Our mental health agency has a new administration and we see an increased desire to collaborate with other agencies. Access for our clients has greatly increased. We have clinicians in several of our offices now. They have contracts with providers and our provider network has increased in the last year.
- When we look at demographics by zip code and ask do we have easy access to mental health facilities in those communities where schools are? My answer is no. We need something on school campuses.
- Our Hispanic culture says your behavior is serious but it's interpreted as you aren't behaving well, not that it is something in our brain.
- County mental health folks are so understaffed and resourced and there are endless clients who need help. It is difficult for them to serve their clients, especially with any degree of success and longevity.
- Often people who need services have transportation challenges and family issues so there are a huge number of people without access to counseling and medications.

- Delano has 2 or 3 prisons in the area. When the prisoners came in, their families followed. And then they get out and stay in the neighborhood. Issues come about.
- Some people think counseling is waste of time, talking to a stranger won't help. They don't trust therapists and prescriptions, they don't think treatment drugs are good for their body, and they don't want to get addicted.
- Drugs are readily available. Kids watch parents and they aren't setting a good example. Kids think this is part of life.
- We have a lot of functional addicts and lots of issues of denial so they don't seek treatment, even the ones who can afford it.
- Drugs are a big deal here for teens in the Arvin area. Kids are taking cocktails of prescription medication mixes.
- We hire between 15- 30 people a year and 30% of people who we extend offers to fail their drug screen. Abuse is very prevalent here and it's hard to get a job.
- Very high rates of substance abuse - meth to spice and bath salts with our youth. We also have issues around pain medication addiction and abuse. You don't hear much about it, but #1 is still alcohol. We have more than our fair share of car accidents with deaths due to drinking.
- County is working very hard to create a more robust mental health and substance abuse treatment.
- This is almost epidemic along with family violence. You see a lot of families with domestic violence, mental health and substance abuse.
- Kern County used to be a big area to grow or manufacture drugs. It's reduced, but we are still a hub of transport.
- Real issues with meth, heroin, alcohol and pot. There are high relapse rates.
- We get 2-3 kids a day who we have to call the paramedics for or they need detox.
- Kern County is a pipeline for drugs. DEA had a spice bust here. We're a transportation zone – we're between North and South CA and the Mexican mafia.
- Pot use has increased. Meth use is not that high with teens but it is high with adults. A lot of people in fields like transportation and agriculture are addicted and there has also been a big comeback of heroin.
- We lack an in-house treatment facility for teens for substance abuse. This is a gap. There is always a waiting list, even for adults trying to get in-house treatment.
- There are a number of programs now that the court refers to for decriminalization of some abuse and illegal activities that has allowed people to get treatment vs. jail but there are capacity issues.
- It can be very expensive to access substance abuse counseling and treatment and even private insurance is not sufficient to fully pay for treatment.

- There is huge use of drugs and a shortage of affordable rehab centers. People go to LA or back to Mexico for treatment because it's so cost prohibitive here.
- Meth is everywhere and pot is so pervasive now because it's so easy to get and there is no longer a taboo since it's so widely available. With collectives everywhere, it's in the high schools. It's the gateway to other drugs.
- Our community based rehab organizations aren't providing holistic-based care so people are relapsing. The reality is we can put you in rehab, but you need the skills to avoid your old behaviors and triggers. When they go back to the same neighborhood and people, they relapse.

Attachment 1. Community Stakeholder Interviewees

Community input was obtained from public health professionals, community members and representatives from organizations that represent medically underserved, low-income, and/or minority populations.

Name	Title	Organization
Jennifer Ansolabehere	Senior Public Health Nurse	Kern County Department of Public Health
Sumeet Batth	Recreation Manager	Delano Parks and Recreation
Jennie Capucau	Senior Public Health Nurse	Kern County Department of Public Health
Justin Cave	Executive Director	Advanced Center for Eyecare
Imelda Ceja-Butkiewicz	Community Project Specialist	Kern County Department of Public Health
Morgan Clayton	President	Tel-Tec Security
Joan Collins	Community Member	
Tom Corson	Executive Director	Kern County Network for Children
Kathy Daniel	Occupational Health Nurse	Aera Energy
Colleen Dillaway	Director of Sales and Marketing	Bright House Networks
Mikie Hay	Director, Community Affairs	Jim Burke Ford
Pam Holiwell	Assistant Director	Kern County Department of Human Services
Linda Hinojosa	Health Services Coordinator	Delano Union Elementary School District
Diana Hoover	Director	City of Bakersfield Parks and Recreation Department
Louie Iturriria	Director, Marketing and Member Services	Kern Health Systems
Mariel Mehdipour	Director of Community Wellness	Kern County Department of Public Health
Gloria Morales	Services Coordinator	Mercy Services Corporation
Sr. Judy Morasci	Vice President, Mission Integration	Mercy Hospitals of Bakersfield
Carla Musser	Manager, Policy, Government and Public Affairs	Chevron
Genie Navarro	Property Manager	Mercy Services Corporation
Nick Ortiz	Director of Public Relations	Bakersfield Chamber of Commerce
Eddie Paine	President	Foundation Financial
Michelle Pearl-Krizo	Coordinator	Kern County Department of Public Health
Bill Phelps	Chief of Programs	Clinica Sierra Vista
Tomeka Powell	President and Chief Executive Officer	Black Chamber of Commerce
Norma Rojas-Mora	Executive Director	Housing Authority of the County of Kern
Cheryl Scott	Vice President	Kern Economic Development Corporation
Sandra Serrano	Chancellor	Kern Community College District
Bhavna Sharma	Lead Coordinator	Global Family Care Network
Isabelle Silvia	Manager of Health Education and Disease Management	Kern Health Systems
Jay Tamsi	Director	Hispanic Chamber of Commerce

Name	Title	Organization
Melvina Terry	Senior Public Health Nurse	Kern County Department of Public Health
William Walker	Director	Kern County Department of Mental Health

Attachment 2. Community Survey

A community survey was distributed to residents in Kern County from September 21 – October 23, 2015. The survey was available in an electronic format through a Survey Monkey link, and in a paper copy format in English and Spanish. The hospitals distributed the surveys to their clients, in hospital waiting rooms and service sites, and through social media, including posting the survey link on hospital Facebook pages. The survey was also distributed to community partners who made them available to their clients. A written introduction to the survey questions explained the purpose of the survey and assured participants the survey was voluntary, and that 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 received 935 respondents. A summary of the survey results follows.

What is the biggest health issue facing your community?
Top 8 Health Issues

Health Issues	Number of Respondents
Obesity	169
Diabetes	162
Heart disease	64
Cancer	51
Addiction/Drug abuse	49
Air Quality/Pollution	49
Asthma	38
Mental health	37

More Health Issues

Health Issues	Number	Health Issues	Number
Flu	26	Poverty	13
Poor diet	23	Valley fever	12
Underinsured/Access	23	Homelessness	12
Cost of insurance/Care	20	Chronic disease	11
Allergies	20	Teen pregnancy	11
Lack of insurance	18	Hypertension	10
Cholesterol	17	STDs	9
Need more doctors	16	Smoking	9
Lack of exercise	15	Food	8
Dental	14	Preventive services and immunizations	8
Transportation	14	Undocumented services	7
Long waits for doctor appointments	14	ER overcrowding/misuse/quality	7
Distance to get to doctor	13	Navigating the system/Patient education	7

Other (1-6): pesticides, thyroid, arthritis, Hepatitis C, lack of services, vandalism, clothing, lack of education for elderly, autism/ADHD, information on services, affordable housing, stress, violence, jobs, poor parenting

Where do you or your family members go most often to receive routine health care services?

Location	Number of Respondents
Primary care physician/My doctor/Family doctor	326
Clinica Sierra Vista	114
Kaiser	78
Clinic/Free Clinic/Community Health Center	30
Omni	24
Bakersfield	15
Delano	10
San Joaquin	10
Dignity Health	7
Kern	7

Other (1-6): urgent care, Memorial, Mexico, Shafter, Hospital, Sagebrush, rural, Senior Center, Zacoalco, Fernando Bravo, High Grove, Poly Clinic, Bakersfield Family Medical Center, CBCC, Welly, Gemcare, Mt. Mesa, Arvin, Lamont, ER, Health Fairs, Lancaster, Palmdale, Dept. Human Services, Frazier Mountain, Visalia, San Luis Obispo

What kinds of problems do you or your family face obtaining care or supportive services?

Problems Faced	Number of Respondents
Long waits to get appointments/long waits at the doctor's office	126
Financial	122
Transportation/Distance	91
None	78
No insurance/Doctor does not take insurance	65
Finding Time with work/children	49
Referral/Gatekeeper process	30
Mental health	16

Other (1-12): child care, after hours needed, urgent care clinic, dr. does not listen or take time, holistic care, getting medications, lack of knowledge of resources, need better doctors, need more doctors, language barriers.

What would make it easier for you and your family to obtain care?

Easier to Obtain Care	Number of Respondents
Health insurance/Affordable insurance/Lower costs for care/lower co-pays	119
Transportation	50
After-hour clinic hours	47
Shorter waits	31
More doctors/staff	24
More appointments	20
Healthcare that is convenient/local/close to work	11
More doctors/dentists take Medi-Cal/Denti-Cal	9
No referral/gatekeeper	9
Dental coverage/cost relief	9

Other (1-8): jobs, food, help for seniors, mental health, better education on access, more urgent care, bilingual services, free community services, more clinics, increased communication with doctors and insurance, support for caregivers, coordination of emergency services, health outreach, more compassionate care, national health coverage, low-income housing, easier to get medical records, more holistic care, navigation services, better customer service, in home care

What type of support or services do you see a need for in this community?

Support or Services	Number of Respondents
Transportation	49
Food that is healthy and affordable	36
Mental health	36
More clinics and services	31
Healthy living education	29
Affordable dental care	27
Specialists	26
More physical activities	23
Support for insurance and care costs	23
Free/Low cost services	20

Other (1-19): clothing, grocery stores, support groups, homeless center, parks and green space, community garden, air quality, urgent care, sober living/addiction counseling, after hour appointments, bilingual, better doctors, medication costs, vision, jobs, mortgage assistance, family planning, in-home care, elderly care, navigation services, housing, autism, preventive services, better customer service, undocumented care, quality doctors, holistic care, stress management

In the past year, what healthy changes have you made in taking care of your health?

Healthy Changes	Number of Respondents
Healthy eating/Diet/Exercise	417
See doctor more	29
Routine check-up	9
Got insurance/Researched options	6
Stop smoking	4
Follow doctor orders	4

Others (1-3): not drink alcohol, worked more, medication, stopped using drugs, alternative medicine, leave of absence from work, dental, flu shot, be more social to reduce loneliness, meditation, air filter in house, had surgery

Other Comments

Top 5 Categories

- Need for better customer service
- More education and outreach/free services
- More mental health resources
- Reduce long ED wait times
- Keep up the great work

Age of Respondents

Age	Percent
Under age 20	0.7%
20-29	10.0%
30-39	19.3%
40-49	18.6%
50-59	24.1%
60-69	13.3%
70-79	10.0%
80 and over	4.0%

Insurance Coverage

Insurance Coverage	Percent
No health care insurance	10.6%
Medicaid/Medi-Cal	24.6%
Medicare	10.1%
Employer-based insurance (includes HMO)	51.1%
Other or don't know	3.6%

Attachment 3. Community Resources

Community resources to address the identified significant health needs are listed in the table below. This is not a comprehensive list of all available resources. For additional resources refer to Healthy Kern County at www.healthykern.org and 211 Kern County at http://www.capk.org/211Kern/.

Significant Health Needs	Community Resources
Access to health care	• Our County has 19 local community collaboratives that are linkages. We have resource centers. We also have a large nonprofit clinic that is spread out and other community clinics. • Dignity Health and Cal State University Nursing program do screenings in the community. • The Advanced Center for Eyecare is a resource for optometry for people who are uninsured or underinsured. • Dignity Health's Community health programs and their promotoras. • Call to Action Kern 2010 looks at policy and system changes for health issues. • Prison realignment in jail. People are being linked to Medi-Cal before they're released. • County Hospital's 3-year residency program was going to close. Clinica Sierra Vista took it over in 2014. Our first class will graduate in 2017. Every year we will have 6 primary care residents graduating. • The Hispanic Chamber hosts Binational Health Week and provides free vaccinations, screenings and health education. • Kern County Department of Public Health. • Veterans Assistance Foundation.
Cancer	• American Cancer Society. • American Lung Association. • Building Healthy Communities. • Local foundations help with cancer medication costs. • The Kern Cancer Group helps fund transportation costs. • Comprehensive Blood and Cancer Center. • The Black Chamber of Commerce partners with the Comprehensive Blood and Cancer Center to do cancer screenings in the community at the Bakersfield Senior Center. • Delano Relay for Life.
Chronic disease (heart disease, asthma, diabetes, lung disease)	• Dr. Kumar does a quarterly diabetes awareness campaign at the Vascular and Leg Center. We had all the Chambers and church leaders come, and people who had amputations talked about the importance of watching their sugars and what happens after amputations. • Call to Action Building Healthy Communities (BHC) partnership looks at how we can support health. Within that framework we looked at schools with school wellness policies to do innovative physical activity and make it attractive for kids to be active, and changing the food in schools. • Faith organizations are creating joint use agreements to promote being physically active as well as health fairs and healthy options. • Elementary schools raise awareness on obesity and are innovating physical education to encourage walking and safe routes to school

Significant Health Needs	Community Resources
	in collaboration with the city. It's not about team sports as much as it's individually based so people learn to be active for the rest of their lives vs. basketball and team sports. It's about running, and aerobics that doesn't require a team to do it. And encouraging walking to schools. • Asthma Coalition of Kern County. • Delano Diabetes Clinic. • Kern County Call to Action. • Local worksite wellness programs. • Kern County Housing Authority has a no smoking policy in all their housing. • American Lung Association. • Clinica Sierra Vista.
Dental care	• The dental hygienist program at Taft College provides very affordable cleanings. • Many nonprofit partners provide educational outreach on how to brush teeth and try to get the community to rethink what they are drinking. • Omni Family Health. • Nurse Family Partnership (NFP) is working with families to prevent kids from falling asleep with a bottle in their mouth and doing education about cleaning gums, even before they get teeth. • We're starting a dental collaborative here in Kern with health plans, schools, and the Kern County Dental Society. We're just starting to strategize what we need in our County. • 105 medical assistants trained at Clinica Sierra Vista about fluoride varnish and dental health education so when kids come, it can be addressed for everyone. Medi-Cal covers the treatment.
Maternal and infant health	• Black Infant Health. • Clinica Sierra Vista. • Omni Family Health. • Family resources centers are run by local school districts. They provide links to health for underserved communities. This is run through Kern County Superintendent of Schools Office. They collaborate with local school districts in underserved communities. They provide information to parents and students in the community, give services and linkages like the local food bank, and work with the homeless collaborative to ensure information gets out about rent assistance, Section 8, rapid re-housing, etc. • Junior League has a program called GAP that works with foster youth for self-esteem and sense of value and importance and working on goal setting to help prevent teen pregnancy. • Gloria Nelson Center for Women and Children. • Alliance Against Family Violence and Sexual Assault. • Kern County Department of Public Health. • WIC.
Mental health	• Access Kern County Network for Children is a mental health network to help get a diagnosis and where to get help. • Kern County Mental Health and Alliance Against Family Violence offer critical short and long term counseling to patients who have Medi-Cal. • California State University Bakersfield (SCUB) has a master's program for clinical counseling and they have a clinic available to

Significant Health Needs	Community Resources
	the public. • Mercy House on Mount Vernon. • National Association for Mental Illness (NAMI) is active in Kern. • There is an effort to collaborate better between the mental health department, sheriff, and other agencies. We also have a collaborative partnership to look at those mentally ill and in jail and increase those services. We already have this in our jail facilities. As soon as they get out, they help them transition to the outside world. • Children's Services works with all schools to improve access to mental health care. • Delano just got funding to build a Domestic Violence shelter. • Henrietta Weill Counseling Center in Delano. • If we have a known suicide, we send volunteers to the Coroner's office to work with family survivors. There is a lot of trauma guilt, etc. When they connect this way, the likelihood that they will seek care for themselves goes up. • We are piloting an open crisis stabilization unit at Ridgecrest Regional Hospital. People stay up to 23 hours, so they're not inpatient. SB82 funds. Mimic what we have in Bakersfield. Separate entrances for kids and adults and voluntary and non-voluntary. • We are working with hospitals and the police to identify people in the ED who really need linkages to mental health. We are following-up with people outside of the ED to make sure that they are getting services and not refusing them. • Restorative justice: Standard school district has some flexibility in how they use funds so they brought in counselors and connections with mental health and behavioral services with Clinica Sierra Vista with a different mindset. If we have a middle school student that is acting out, let's bring them in to redirect that anger and manage the stress and interact with others.
Overweight and obesity	• Community Leadership Bakersfield. • Friendship House afterschool program is getting kids more active. • American Heart Association's Go Red Heart Health program does a grocery store walk with a nutritionist. It takes 3 hours and they walk down each aisle with the group and identity what people like to buy, what they should buy, and they discuss how marketing is used to get people to buy the wrong foods. • We're doing a jog and walk path. Also doing more bike routes. We have a bike master plan but we don't have enough space for it. • School programs in Delano and Bakersfield. They promote walking activity and healthy eating with kids and family, (k-5) and (k-8). • Reducing obesity is one of the goals of the County's Action Initiative. We did a pilot with providers to do education prescriptions for healthy eating and activity. There were challenges with provider time. Currently, we're looking at data to see if the pilot impacted the patient population at all. • Parks and Recreation in Bakersfield fed over 900 meals last month at our MLK center. For the first time, we are working with schools to provide afterschool snacks and dinner to kids at the center. They already get a healthy lunch at school, so now they are getting two healthy meals and a snack before they go home. Without us, many of them would go to bed hungry. We serve about 150 snacks/meals

Significant Health Needs	Community Resources
	a day, five days a week. • City of Delano had an employee get fit program last year. It was a year-long wellness program for city employees with free Zumba, juicing, walking with your supervisor, etc. We'd love to pick up again but we're short staffed. We're also thinking about getting that out to the community. • Schools are doing instant recess in the classroom, SPARK curriculum, after school programs, walking groups. There are a number of school based or community gardens. • In the Recreation center we have sports, peewee basketball, cheer camp, coed adult softball, tennis lessons, volleyball, open gym, loaded fitness class, martial arts, yoga, Zumba, racquetball. • USDA made changes in meal requirements in schools. • We have a Second Chance breakfast program in schools to tackle food insufficiency. • UC Co-op extension has done healthy cooking classes. • A clinic did a great Saturday class on cooking with vegetables. They brought different kinds of veggies and had people try and sample them. • Kaiser has a farmer's market on Sundays. • Kern County Nutrition Education and Obesity Prevention program.
Sexually Transmitted Diseases	• Planned Parenthood. • Clinica Sierra Vista. • Kern County Department of Public Health has a website where you can ask questions and get a response in 24 hours. • Latino Leaders of Kern County. • Girl scouts for girls 7-11 is a really positive program here. • County Office of Education does sex education in HS and elementary schools in Bakersfield. But we are a conservative County so abstinence teaching is viewed as best. • Family PACT.
Substance abuse	• Oildale Leadership Alliance does prevention, awareness and intervention. • Church Without Walls does services and kids programs. • Global Family works with girls in these areas to empower them and calm the intergenerational dysfunction. • We have a multidisciplinary task force with the Bakersfield police department and DHS and targeting children 8-12 and 11-14 to do preventive education around substance abuse and alcohol abuse. • County programs, like the Mental Health department, provide substance abuse treatment. They have residential beds for treatment. • Kern Stop Meth Now Coalition puts a lot of effort into this. They are using a social marketing strategy. The Mental Health Department plays a lead and many agencies are participating, as well as law enforcement and the private sector. • There are few clinically based programs in town, a lot of sober living programs, 12 steps, Good Samaritan, and Aspire Action Family Counseling. • Programs like Just Say No through the police department are no longer funded with budget issues in the state of CA. • Teen Challenge USA is a residential rehab facility outside of Bakersfield. It's a well-known local program but goes beyond Kern.

Attachment 4. Impact Evaluation

San Joaquin Community Hospital developed and approved an Implementation Strategy to address significant health needs identified in the 2013 Community Health Needs Assessment. The Implementation Strategy addressed the following health needs through a commitment of community benefit programs and resources: access to care, chronic diseases (heart disease, stroke, and cancer), and childhood immunizations.

To accomplish the Implementation Strategy, goals were established that indicated the expected changes in the health needs as a result of community programs and activities. Strategies to address the priority health needs were identified and impact measures tracked. The following section outlines the impact made on the selected significant health needs since the completion of the 2013 CHNA.

Children's Mobile Immunization Program

The SJCH Children's Mobile Immunization Program began in 1996 as a hospital-based effort to immunize Kern County children. The program expanded exponentially in 2000 when SJCH received a Proposition 10 Grant from First 5 Kern (Kern County Children and Families Commission/KCCFC). With the help of this grant, the SJCH Children's Mobile Immunization Program provides free services through a mobile unit that includes immunizations, information and education, and referral and linkage services. Through the grant a mobile unit was purchased to provide enhanced access to immunizations for families and children in the Greater Bakersfield area as well as outlying areas, including Taft, Arvin, Lamont, McFarland, Delano, Shafter, and Wasco. As part of the latest grant funding, a new mobile unit was completed in 2011 that allows the SJCH Immunization Team to reach out to additional rural communities such as Lost Hills, Maricopa and Buttonwillow in a more safe and secure unit.

The hospital's immunization program coordinator is a member of the Immunization Coalition of the Kern County Department of Public Health. Other agencies represented on the coalition, in addition to the Kern County Department of Public Health, include: Clinica Sierra Vista, Blue Cross, Dignity Health, Lamont School District, Kern Family Health Care, Merck, Center for Disease Control, Jamison Center, Kaiser Permanente, Kern County Economic Development Corporation, WIC and Headstart Programs, and National Health Services.

In 2013, the Center for Disease Control issued new guidance for the use of 317 vaccines. SJCH further prioritized hosting clinics in areas with high populations of uninsured or under-insured children. The vaccines are currently provided at no cost to children who meet one of these criteria:

- No health insurance
- Under-insured

- Eligible for Medi-Cal and the Child Health and Disability Program
- American Indian or Native Alaskan

Program Goal:
Increase immunization rates and reduce preventable infectious diseases for uninsured/underinsured children ages 0 – 18 with a focus on those children under 5 years of age.

Objective:
Continue free immunization clinics for children who would not be able to afford vaccines through traditional means.

Impact:
The SJCH Children's Mobile Immunization program is working to save lives, as well as saving the community more than $5 million annually according to a recently released report prepared by the Applied Research Center at California State University, Bakersfield. Several cost-benefit studies have been completed on immunization programs for vaccine-preventable diseases. The conclusion of a majority of the studies is that vaccines are considered the most cost-beneficial of health intervention strategies.

To determine the savings to our community, the Applied Research Center took the cost of the program and added in the cost of hospitalization, medications and physicians' services to care for a child who contracts a preventable disease. It also took into consideration the cost if the child then passes it on to other family members or possibly even starts a community epidemic. Immunizations are one of the most important public health interventions in the United States. By immunizing children at an early age, the SJCH Children's Mobile Immunization Program continues to prevent diseases and decrease the occurrence of childhood vaccine-preventable diseases.

Data from the 2014-2015 California Department of Public Health Immunization Report show Kern County and Tulare County schools have high rates of compliance with childhood immunizations upon entry into kindergarten. Kern County (93.5%) and Tulare County (96.5%) have childhood immunization rates above the state average (90.4%).

2013
The Children's Mobile Immunization Program held 176 pediatric clinics with 5,509 patients receiving 17,832 vaccines. Clinics are held at a variety of locations including program sites for the Community Action Partnership of Kern and Clinica Sierra Vista, various shopping center parking lots and at numerous schools throughout Kern County. The hospital also provides education and information to local physicians and their staff

on how to reach more children to be immunized.

2014
The mobile vehicle hosted 198 clinics in Bakersfield and rural Kern County communities. Through these efforts, 14,490 vaccines were administered to 4,702 children.

2015
The mobile vehicle hosted 171 clinics in Bakersfield and rural Kern County communities. Through these efforts, 12,066 vaccines were administered to 3,702 children.

Chronic Disease: Heart Disease, Stroke and Cancer
In 2009, SJCH became a Nationally Accredited Chest Pain Center by the Society of Chest Pain Centers. In 2011, the Chest Pain Center received the American College of Cardiology Foundation's National Cardiovascular Data Registry ACTION Registry Get With the Guidelines Silver Performance Achievement. In 2012, the Chest Pain Center once again earned full accreditation with PCI from the Society of Cardiovascular Patient Care (formally, the Society of Chest Pain Centers).

As an accredited chest pain center, SJCH is viewed as a key provider to educate the residents of Bakersfield and Kern County on the importance of recognizing the symptoms of a heart attack, as well as preventing cardiac disease by eliminating key lifestyle risk factors. The Chest Pain Center team has worked diligently to increase education in Kern County. Current efforts include:

- Working with local EMS and hospitals as part of a Stemi System of Care Taskforce. This taskforce is focused on improving transfer agreements with all Kern County hospitals and implementing in-field ECGs to help diagnose patients before they get to the hospital.
- Providing community education events, including health screenings and public CPR trainings.
- Participating in the Early Heart Attack Education (EHAC) program, with an emphasis on educating SJCH employees to recognize the early symptoms of a heart attack.

Most recently, the hospital's Chest Pain Center was recognized as a Mission Lifeline Heart Attack Receiving. The award is the highest designation given for consistency is treating STEMI (ST segment elevation myocardial infarction) incidents, a severe form of acute heart attack. In addition, the hospital has also received the Mission Lifeline Gold Plus Award for stroke care. SJCH is working with EMS and other local partners to

develop a local taskforce focused on stroke care, similar to the Stemi System of Care Taskforce described previously.

Program Goal:
Decrease chronic disease rates within our community.

Objective:
Improve health and quality of life through community-based prevention, detection, and treatment of risk factors for heart disease, stroke and cancer.

Impact:
AIS Cancer Center Look Good Feel Better classes: Monthly, the AIS Cancer Center partners with the American Cancer Society to provide free instruction for cancer patients coping with appearance-related side effects during cancer treatment. A complimentary make-up kit is provided to all patrons.

What's Your Plan Community Lecture Series: SJCH hosts regular education seminars. Seminar topics range from weight management to new advances in cancer screenings.

Support groups: Monthly support groups focus on helping cancer patients and burn survivors cope with their treatment and/or recovery process are led by licensed professionals. These support groups are open to anyone in the community.

Online risk assessment tools: On the hospital's website (www.sjch.us/yourrisk) free health risk assessment tools can help a person determine if he/she is at low, medium or high risk for heart disease, stroke or multiple types of cancer. These tools have led to early diagnosed illnesses in several cases.

Community outreach: Throughout the year, clinical experts in high-priority areas (stroke, heart disease, cancer, etc.) are deployed to the community. These initiatives include participating in dozens of community health fairs, speaking at local businesses and participating in non-profit health-focused events.

<u>2013</u>
Planning for programs and activities to address chronic diseases began this year. The hospital successfully laid the groundwork for a free community lecture series, initiated community partnerships, and developed outreach and screening programs.

2014

The hospital hosted a lecture on weight management that was attended by nearly 50 people. In addition, throughout the year, the hospital participated in dozens of health outreach events throughout Bakersfield and the rural areas of Kern County. The hospital held a community wide health fair at its Annual GospelFest event, drawing more than 4,000 people. The health fair focused on showcasing fun ways to learn how to prevent and recognize heart disease, stroke and cancer. In addition, a variety of free screenings, such as blood pressure and body mass index, were provided to attendees.

2015

The hospital conducted the following community lectures available at no cost to the community at large. Over 1,000 participated in the health education offerings.

- Advancements in Joint Replacement
- Fast Food: Simple tips for Healthy Meal-Planning and Grocery Shopping
- Heart Matters: How to Prevent, Recognize and Respond to a Heart Attack
- Skin Deep: How to Prevent, Detect and Treat the Most Common Cancer
- Stop Living With Pain: Exploring Strategies for Dealing with Chronic Pain
- Stress: Learn How Men and Women Handle It Differently
- Stroke Strategies: How to Prevent, Recognize and Respond to a Stroke
- The Flu and You: Keeping Your Family Safe This Season
- Your Breast Bet: How to Prevent, Treat and Recover from Breast Cancer

In addition, the hospital participated and sponsored a number of community events that provided screenings and education to thousands of individuals throughout the year.

The AIS Cancer Center at SJCH hosted three free community screenings – breast, prostate and skin. The breast cancer screenings reached 62 women and 14 abnormal results (23%) were identified. The prostate cancer screening reached 51 men and 17 abnormal results (33%) were identified. The skin cancer screening reached 107 people and 15 abnormal results (14%) were identified. When abnormal results occurred, the cancer center team then worked with the individuals to determine next steps and provided support and resources for further treatment.

Access to Health Care

Access to comprehensive, quality health care is important for the achievement of health equity and for increasing the quality of life for everyone. Access means many things to communities but most often revolves around the topics of availability, cost and levels of coverage for health care. Employment, poverty, education, transportation, cultural identity, communication and language barriers, age, mental health, and a host of social indicators emerge within the topic of health care access.

Program Goal:
Provide access to health care for the uninsured and underinsured.

Objective: Increase access to and use of preventive medical care to the community at-large, specifically the uninsured/underinsured population.

Impact:
In 1997, Dave and Kathy Voss started Jesus Shack as a grass-roots concert production company, exclusively staffed by volunteers. In 2003, the organization's outreach grew with the formation of the Street Team's Ministry. Each month, Jesus Shack Street Teams join with local churches, businesses, non-profit organizations, and city government agencies to take bi-monthly trips into impoverished neighborhoods to deliver food and offer prayer and encouragement. Similar to the concert ministry, Street Teams are heavily reliant on local businesses and individual volunteers to lend time and support.

In the years since, Jesus Shack has continued to enhance its outreach to the community. In 2009, Dave Voss approached San Joaquin Community Hospital (SJCH) to suggest a partnership to provide free or low-cost health care services to Kern County's uninsured population through a mobile medical program. As a result, SJCH initiated a partnership with Jesus Shack through a $50,000 donation to help build the Jesus Shack Mobile Medical unit. The vehicle, a customized mobile home, is a doctor's office on wheels that provides a secure and sanitary environment for physicals, lab tests and other medical procedures. If a person requires further diagnostic tests or care, they are referred to a local health provider. SJCH has partnered with Jesus Shack on a voucher program that provides additional services to individuals for minimal co-pay. While SJCH was the first hospital to adopt the voucher program, other local health providers are beginning to provide free or low-cost services as well.

In addition to SJCH's initial investment, the hospital agreed to donate $30,000 each year to fund computers, lab equipment and other medical supplies. Since the Mobile Medical unit requires medically-trained volunteers, SJCH regularly invites Jesus Shack to display the unit at many of its hospital and community events, including: GospelFest, Sacred Work Sabbath and Hospital Week. During these events, SJCH officials make regular appeals to physicians, nurses and other medical professionals to lend their time and expertise to the Mobile Medical outreach.

<u>2013</u>
The Mobile Medical Unit held 85 clinics throughout Bakersfield, and provided free and

low-cost health care to 553 patients.

Over 500 persons received flu shots in a community-wide flu clinic.

SJCH provided $3,683,868 in financial assistance charity care to qualified patients who did not have health care coverage.

2014

In partnership with SJCH, the Jesus Shack Mobile Medical Unit held 56 clinics and provided free or low cost health care to 575 adults throughout Bakersfield and Kern County. In addition, 425 children received physicals and vision and dental checkups.

The hospital coordinated a community-wide drive-thru flu clinic to provide free flu shots to adults in need of vaccines. In addition, adults can also receive the flu shot at any of the children's immunization clinics. The hospital's drive-thru flu clinic, held on November 8, 2014, provided free flu shots to 507 adults and 147 adults received vaccines through the mobile children's clinics throughout the year.

SJCH provided $8,949,452 in financial assistance charity care to qualified patients who did not have health care coverage.

2015

In 2015, the hospital's prior relationship with Jesus Shack's Mobile Medical Program ended.

The hospital's drive-thru flu clinic, held on November 14, 2016, provided free flu shots to 257 adults and hundreds more continue to receive the vaccines, which are available at the regularly scheduled children's clinics while supplies last.

SJCH provided $5,170,416 in financial assistance charity care to qualified patients who did not have health care coverage.

Adventist Health

2016 CHNA Approval

This community health needs assessment was adopted on October 18, 2016 by the Adventist Health System/West Board of Directors. The final report was made widely available on December 31, 2016.

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Request a copy, provide comments or view electronic copies of current and previous community health needs assessments: https://www.adventisthealth.org/pages/about-us/community-health-needs-assessments.aspx