

2016

Delano Regional Medical Center

Community Health Needs Assessment



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Introduction

Background and Purpose

Delano Regional Medical Center (DRMC), governed by the Central California Foundation for Health, is a full-service community and regional teaching hospital. DRMC was founded in 1974 and serves 10 rural central California towns. DRMC is a not-for-profit hospital with 156 licensed beds. Services include an Intensive Care Unit, Sub-Acute Care Unit, Medical Surgical Unit, Obstetrics/Gynecology Unit and Surgical Pavilion. DRMC provides services through three rural health clinics: Delano Women's Medical Clinic, Delano Prompt Care Clinic and Wasco Medical Plaza.

DRMC 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 DRMC 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 community served by the hospital.

Service Area

Delano Regional Medical Center is located at 1401 Garces Highway, Delano, California, 93215. The service area includes four zip codes in Kern County—93215 (Delano), 93250 (McFarland), 93263 (Shafter), and 93280 (Wasco); and two zip codes in southern Tulare County—93219 (Earlimart) and 93261 (Richgrove) served by Delano Regional Medical Center (Delano Service Area). DRMC determines the service area by assigning zip codes based on patient discharges. Over 70% of inpatient discharges constitute the Primary Service Area. The Delano Regional Medical Center service area is presented below by zip code, community and county.

Delano Regional Medical Center Service Area

Zip Code	Place	County
93215	Delano	Kern
93219	Earlimart	Tulare
93250	McFarland	Kern
93261	Richgrove	Tulare
93263	Shafter	Kern
93280	Wasco	Kern

Map of the Service Area



Project Oversight

The Community Health Needs Assessment for Delano Regional Medical Center was overseen by:

Robert Nunez and Kathie Wright
Marketing Department
Delano Regional Medical Center

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 Delano Regional Medical Center 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 reporting of health disparities for some health indicators. The report includes benchmark comparison data that measures DRMC 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.

Interviews

Targeted interviews were used to gather information and opinions from persons who represent the community served by the hospital. Given shared service areas, DRMC partnered with the Kern County Community Benefit Collaborative hospitals to conduct the interviews. Thirty-three (33) 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 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 significant 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 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.

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 to be solicited. In compliance with these regulations, the previous DRMC Community Health Needs Assessment and Implementation Strategy were made widely available to the public on the website

<http://www.drmc.com/about-drmc/community-benefits-reports.php>. Public comment was requested on these reports. As of this date, no comments have been received.

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 identified 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.

Priority Setting Process

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, Delano Regional Medical Center 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, DRMC chose to address access to health care, chronic disease, overweight and obesity, teen pregnancy, and STIs 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 129,296 people live in the 420.2 square mile land area of the Delano Service Area. The population density for this area, estimated at 307.7 persons per square mile, is greater than the county and state average population densities of 104.3 and 241.8 persons per square mile, respectively.

Population

	Total Population	Total Land Area (Square Miles)	Population Density (Per Square Mile)
Delano Service Area	129,296	420.16	307.73
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>.

The area served by the Delano Regional Medical Center has experienced dramatic growth of 26.1% in just over 10 years, similar to the county average (28.2%) and higher than the state average (11.2%).

Population Growth

	Total Population, 2000 Census	Current Population Estimate	Total Population Change, Current-2000	Percent Population Change, Current-2000
Delano Service Area	102,540	129,296	26,756	26.1%
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>

When examined by place, Delano has had a tremendous growth rate of 50.6% since 2000. Shafter (29.3) and McFarland (25.2%) have had an increase in population of over 25%).

Population Growth by Zip Code

	Zip Code	Total Population, 2000 Census	Current Population Estimate	Total Population Change, Current-2000	Percent Population Change, Current-2000
Delano	93215	37,277	56,141	18,864	50.6%
Earlimart	93219	9,303	9,570	267	2.9%
McFarland	93250	10,780	13,493	2,713	25.2%
Richgrove	93261	2,945	3,317	372	12.6%

	Zip Code	Total Population, 2000 Census	Current Population Estimate	Total Population Change, Current-2000	Percent Population Change, Current-2000
Shafter	93263	15,172	19,613	4,441	29.3%
Wasco	93280	22,752	27,162	4,410	19.4%
Delano Service Area		98,229	129,296	31,067	31.6%
Kern County		661,645	848,204	186,559	28.2%
California		33,871,648	37,659,181	3,787,533	11.2%

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

Service area children and youth, ages 0-17 make up 32% of the population, higher than for the county and state. The service area is also home to a higher percentage of adults ages 18-44, with 44.2% of the population in this group, compared to about 39% for both the county and state. There are correspondingly smaller percentages of residents ages 45 and older.

Population by Age

	Delano Service Area		Kern County		California	
	Number	Percent	Number	Percent	Number	Percent
Age 0-4	11,812	9.1%	72,910	8.6%	2,527,752	6.7%
Age 5-17	29,621	22.9%	181,480	21.4%	6,714,466	17.8%
Age 18-24	16,713	12.9%	95,115	11.2%	3,961,953	10.5%
Age 25-44	40,480	31.3%	232,716	27.4%	10,592,531	28.1%
Age 45-64	23,136	17.9%	187,689	22.1%	9,415,614	25.0%
Age 65+	7,534	5.8%	78,294	9.2%	4,446,865	11.8%
Total	129,296	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 zip code, the Earlimart, McFarland, and Richgrove areas have the highest concentrations of children and youth in the service area. However, all Delano Area zip codes have median ages below the Kern County median.

Population by Age and Zip Code

	Zip Code	Ages 0-17	Ages 18-64	Ages 65+	Median age
Delano	93215	29.8%	63.8%	6.4%	29.0
Earlimart	93219	40.9%	55.1%	3.9%	22.2
McFarland	93250	36.0%	60.0%	3.9%	24.4
Richgrove	93261	37.1%	58.5%	4.4%	22.8
Shafter	93263	34.9%	57.5%	7.5%	27.5
Wasco	93280	28.9%	65.9%	5.2%	28.4

	Zip Code	Ages 0-17	Ages 18-64	Ages 65+	Median age
Delano 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 Survey, 2009-2013, DP05. <http://factfinder.census.gov>

Gender

Of the area population, 56.5% are male and 43.5% are female.

Population by Gender

	Delano Service Area	Kern County	California
Male	56.5%	51.5%	49.2%
Female	43.5%	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 over 79% Hispanic or Latino, followed by White at nearly 10% and Asian at 6%. The area has a much larger percentage of Latinos and a smaller percentage of Whites than compared to Kern County or California.

Race/Ethnicity

	Delano Service Area		Kern County	California
	Number	Percent	Percent	Percent
American Indian/Alaskan Native	437	0.3%	0.7%	0.4%
Asian	7,816	6.0%	4.1%	13.1%
Black or African American	5,055	3.9%	5.3%	5.7%
Hispanic or Latino	102,251	79.1%	49.8%	37.9%
Native Hawaiian/Pacific Islander	155	0.1%	0.1%	0.4%
White	12,439	9.6%	37.9%	39.7%
Other or Multiple	1,143	0.9%	2.1%	2.9%

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

When examined by zip code, the populations of Earlimart, McFarland, and Richgrove are near or above 90% Latino, compared with the 79% average of the service area. Delano is over 12% Asian, while Shafter and Wasco are at or above 15% White.

Population by Race and Ethnicity and Zip Code

Geographic Area	Zip Code	Asian	Black	Latino	White
Delano	93215	12.5%	4.7%	74.5%	6.8%
Earlimart	93219	3.5%	0.6%	92.6%	2.8%
McFarland	93250	0.6%	1.9%	89.4%	6.0%

Geographic Area	Zip Code	Asian	Black	Latino	White
Richgrove	93261	4.1%	0.0%	93.5%	1.3%
Shafter	93263	0.2%	0.7%	80.2%	17.5%
Wasco	93280	0.9%	7.1%	76.1%	15.0%
Delano Service Area		6.0%	3.9%	79.1%	9.6%
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, 35.8% of the population are foreign born and 27.3% are not citizens, which are higher than county and state rates.

Foreign Born Residents and Citizenship

	Delano Service Area	Kern County	California
Foreign born	35.8%	20.6%	27.0%
Not a U.S. citizen	27.3%	14.3%	14.3%

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

At the zip code level, Delano, Earlimart, McFarland, and Richgrove areas had higher rates of foreign born than the service area average, with Richgrove showing the highest rate at 46.8%.

Foreign Born Residents and Citizenship by Zip Code

	Zip Code	Foreign Born	Not a U.S. Citizen
Delano	93215	38.6%	27.8%
Earlimart	93219	40.0%	33.9%
McFarland	93250	41.6%	34.8%
Richgrove	93261	46.8%	36.9%
Shafter	93263	29.2%	21.6%
Wasco	93280	28.9%	22.9%
Delano Service Area		35.8%	27.3%
Kern County		20.6%	14.3%
California		27.0%	14.3%

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

Language

In the hospital service area, 24% of residents speak English only. Spanish is spoken in nearly 70% of homes, higher than in Kern County (37.4%) or California (28.8%). Other languages are spoken in about 6% of households.

Language Spoken at Home, Population 5 Years and Older

	Delano Service Area	Kern County	California
Speaks only English	24.0%	57.9%	56.3%
Speaks Spanish	69.9%	37.4%	28.8%
Speaks Asian/Pacific Islander language	5.0%	2.5%	9.6%
Speaks Indo-European language	0.6%	1.7%	4.4%
Speaks Other language	0.5%	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, Earlimart (84.2%), McFarland (81.4%), and Richgrove (91.4%) have the highest rates of Spanish speakers in the service area.

Language Spoken at Home by Zip Code

	Zip Code	English	Spanish	Asian/PI	Other Language
Delano	93215	23.5%	65.1%	10.1%	1.3%
Earlimart	93219	12.6%	84.2%	3.2%	0.0%
McFarland	93250	16.0%	81.4%	0.6%	2.0%
Richgrove	93261	4.8%	91.4%	3.9%	0.0%
Shafter	93263	29.7%	69.3%	0.2%	0.8%
Wasco	93280	31.1%	67.3%	0.6%	0.9%
Delano Service Area		24.0%	69.9%	5.0%	1.1%
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 reports 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. Allensworth, Earlimart, and Richgrove Elementary Districts (Tulare County) had percentages of English learners over 70%. Delano Union, Pond, Richland, and Wasco Elementary Districts, and McFarland Unified reported over 40% English Learners.

English Learners

	County	Number of English Learners	Percentage
Allensworth Elementary	Tulare	61	72.6%
Delano Joint Union High	Kern	1,161	27.4%
Delano Union Elementary	Kern	3,517	46.3%
Earlimart Elementary	Tulare	1,464	75.0%
Kern High	Kern	3,299	8.8%

	County	Number of English Learners	Percentage
Maple Elementary	Kern	46	16.3%
McFarland Unified	Kern	1,517	43.7%
Pond Union Elementary	Kern	97	46.6%
Richgrove Elementary	Tulare	463	71.1%
Richland Union Elementary	Kern	1,642	46.5%
Semitropic Elementary	Kern	176	76.5%
Wasco Union Elementary	Kern	1,585	44.2%
Wasco Union High	Kern	362	20.7%
Delano Service Area		15,390	23.7%
Kern County		39,634	22.0%
Tulare County		28,794	28.2%
California		1,392,263	22.3%

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

Veterans

In the Delano Service Area, 2.9% of the population, 18 years and older, are veterans. This is lower than the percentage of veterans found in the county and the state.

Veteran Status

	Delano Service Area	Kern County	California
Veteran status	2.9%	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 as 51, in the bottom 20% of all California counties on social and economic factors. Neighboring Tulare County, in which the Earlimart and Richgrove areas are located, 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 Delano Service Area, 31.4% are at or below 100% of the federal poverty level (FPL) and 66.5% are at 200% of FPL or below (low income). Both rates are above the county and state rates. Earlimart and Richgrove, in Tulare County, have the highest rates of poverty.

Ratio of Income to Poverty Level

	Zip Code	Below 100% Poverty	Below 200% Poverty
Delano	93215	30.1%	65.4%
Earlimart	93219	49.5%	81.3%
McFarland	93250	33.1%	75.8%
Richgrove	93261	43.1%	75.8%
Shafter	93263	21.2%	57.6%
Wasco	93280	32.4%	63.2%
Delano Service Area		31.4%	66.5%
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>

Examining poverty levels by community paints an important picture of the population within the hospital service area. Among children, Earlimart (61.4%) and Richgrove (57.8%) have the highest rates of poverty. Earlimart also shows high rates of poverty among seniors (43.7%) and Female Head of Household (HoH) (71.5%). McFarland has higher poverty among seniors (25.4%), and Delano and Wasco have higher rates of poverty for Female HoH (61.8%), compared to the service area.

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

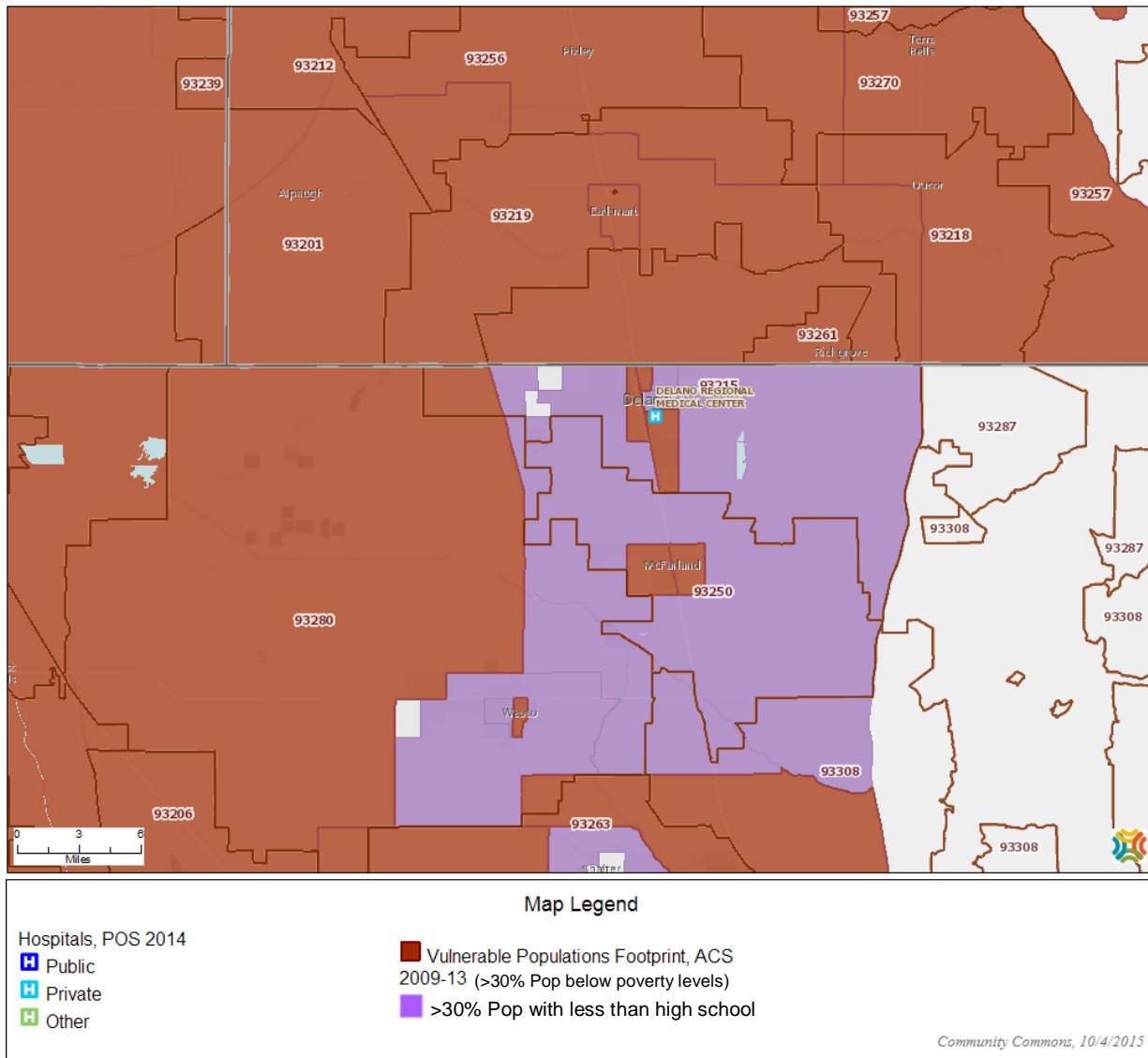
	Zip Code	Children Under 18 Years Old	Seniors	Female HoH with Children
Delano	93215	40.5%	16.8%	69.3%
Earlimart	93219	61.4%	43.7%	71.5%
McFarland	93250	40.4%	25.4%	44.4%
Richgrove	93261	57.8%	13.0%	50.7%
Shafter	93263	28.1%	15.3%	53.1%
Wasco	93280	43.3%	15.3%	61.8%
Delano Service Area		45.3%	21.6%	58.5%
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 Delano Regional Medical Center and surrounding areas, highlighting the percentage of each zip code that has more than 30% poverty and more than 30% 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. Higher poverty rates are found in Delano and McFarland, and most areas to the north and west of Delano Regional Medical Center. Areas around and south of the hospital had better rates of poverty but lower education levels.

Vulnerable Populations in the Delano Service Area



Households

The median household income in the area ranges from \$25,000 in Earlimart to \$41,448 in the Shafter area. All communities in the service area have median household incomes lower than the county median of \$48,552.

Median Household Income

	Zip Code	Median Household Income
Delano	93215	\$35,195
Earlimart	93219	\$25,000
McFarland	93250	\$35,616
Richgrove	93261	\$29,528
Shafter	93263	\$41,448
Wasco	93280	\$39,038
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 nearly 28,000 households. The percentage of 4-or-more-person households (55.1%) is higher than county (35.8%) and state (29.5%) averages for this household size.

Household Size

	Delano Service Area	Kern County	California
1 person households	10.0%	19.9%	24.2%
2 person households	19.2%	28.1%	29.9%
3 person households	15.7%	16.1%	16.3%
4+ person households	55.1%	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 higher rates of supportive benefits than found in the county. Nine percent of service area residents receive SSI benefits, 9.8% receive cash public assistance income and, 22.8% of residents receive food stamp benefits.

Household Supportive Benefits

	Delano Service Area	Kern County
Households	27,847	255,271
Supplemental Security Income (SSI)	9.3%	7.9%
Public Assistance	9.8%	7.0%
Food Stamps/SNAP	22.8%	14.7%

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. School districts with more than 90% eligible students are Allensworth, Delano Elementary,

Pond, Semitropic, Earlimart, and Richgrove. 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

	Number	Percent
Allensworth Elementary	83	98.8%
Delano Joint Union High	3,622	85.5%
Delano Union Elementary	7,017	92.3%
Earlimart Elementary	1,816	93.0%
Kern High	23,690	63.5%
Maple Elementary	170	60.3%
McFarland Unified	3,031	87.4%
Pond Union Elementary	192	92.3%
Richgrove Elementary	644	98.9%
Richland Union Elementary	3,062	86.7%
Semitropic Elementary	215	93.5%
Wasco Union Elementary	3,187	88.9%
Wasco Union High	1,321	75.6%
Delano Service Area	15,390	89.7%
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

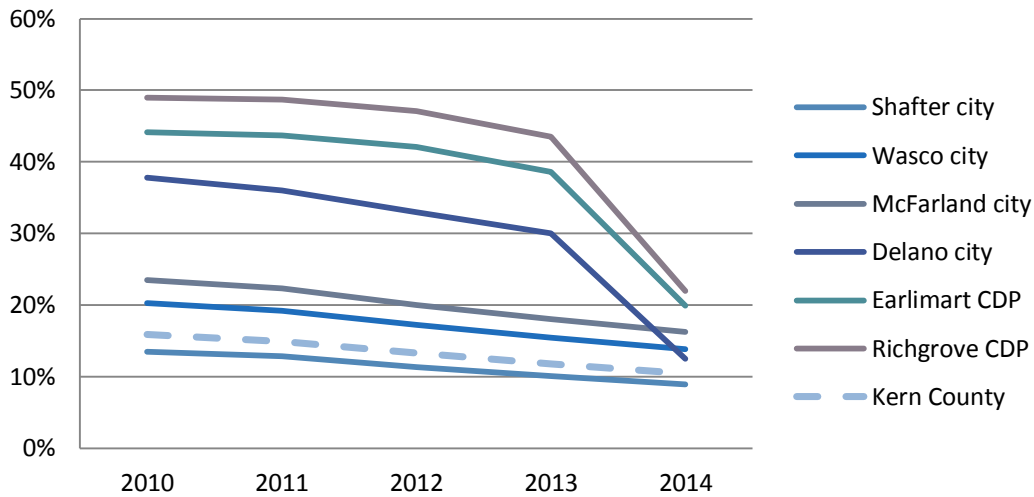
Most of the cities and towns that make up the Delano Service Area have higher rates of unemployment than compared to the county and the state. Unemployment is higher in Earlimart (19.9%), McFarland (16.2%), and Richgrove (22%) than in Kern County (10.4%) or Tulare County (13.2%).

Unemployment Rate, 2014 Average

	Labor Force	Unemployment Rate
Delano	20,100	12.5%
Earlimart	3,000	19.9%
McFarland	5,200	16.2%
Richgrove	1,300	22.0%
Shafter	7,400	8.9%
Wasco	8,700	13.8%
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>

Unemployment Rates 2010-2014



Source: California Employment Development Department, Labor Market Information, 2010-2014.
<http://www.labormarketinfo.edd.ca.gov>

Educational Attainment

Of the population aged 25 and over, 48.7% of the service area population does not have a high school diploma, higher than the county average of 27.5%.

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

Delano Service Area	Kern County	California
48.7%	27.5%	18.7%

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

27.4% of area adults are high school graduates, while 9% are college graduates, lower than the county level of 22%.

Educational Attainment of Adults, 25 Years and Older

	Delano Service Area	Kern County	California
Population 25 years and older	71,150	498,699	24,455,010
Less than 9 th grade	29.6%	14.5%	10.2%
Some High School, no diploma	19.1%	13.0%	8.5%
High School graduate	27.4%	26.5%	20.7%
Some college, no degree	15.0%	23.9%	22.1%
Associate degree	3.3%	7.0%	7.8%
Bachelor degree	4.2%	9.9%	19.4%
Graduate or professional degree	1.5%	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.

Homeless Annual Count, Bakersfield/Kern CoC, 2010 - 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/>

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.

Crime and Violence

Violent crimes include homicide, rape, robbery and assault. Limited city crime data are available for this area. McFarland has the highest rate of violent crime among the three cities for which data are available. At 481.7, the McFarland rate is higher than the state rate of 393.3. All three cities have lower rates of violent crime than the county.

Violent Crimes, per 100,000 Persons, 2013

	Number	Rate
Delano	215	383.0
McFarland	65	481.7
Shafter	46	234.5
Kern County	4,465	526.4
California	151,425	393.3

Source: California Department of Justice, Office of the Attorney General, 2014. <https://oag.ca.gov/crime>

Calls for domestic violence are categorized as with or without a weapon. Limited city crime data are available for this area. More than one-third of domestic violence calls in McFarland involved a weapon in contrast to Delano and Shafter which were about 20%, with all city rates higher than the Kern County rate of 13.4%. Local rates of weapon involvement were below the state average (42.7%).

Domestic Violence Calls, 2013

	Total	Without Weapon	With Weapon
Delano	178	79.8%	20.2%
McFarland	62	61.3%	38.7%
Shafter	97	78.5%	21.5%
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, 2014. <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. 26.4% and 4.8% of women reported these same experiences. Rates of physical or sexual violence in Kern County are higher than state levels, but county rates are unstable for violence reported in the last year.

Experienced Physical or Sexual Violence

	Kern County	California
By intimate partner since age 18	19.8%	14.8%
Female	26.4%	20.5%
Male	13.7%	9.1%
By intimate partner in past year	5.7%	3.5%
Female	4.8%	4.0%
Male	6.5%	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

	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 of 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 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 flag 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. In Kern County, 90.9% of residents are insured and 9.1% are uninsured. In Tulare County, 94.1% of residents are insured and 5.9% are uninsured.

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/>

A higher percentage is supported by Medi-Cal in Kern County (33.3%) than compared to the state (25.5%).

Insurance Coverage by Type of Coverage

	Kern County	California
Employment-based	37.1%	44.8%
Medi-Cal	31.8%	22.5%
Private insurance	12.5%	6.4%
Medicare	9.1%	13.4%
No insurance	9.1%	11.9%
Other public	0.3%	1.0%

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, with McFarland (65.7%) and Richgrove (68.3%) showing the lowest rates of insured.

Insurance Coverage for Civilian Population

	Zip Codes	Insured	Uninsured
Delano	93215	72.3%	27.7%
Earlimart	93219	72.6%	27.4%
McFarland	93250	65.7%	34.3%
Richgrove	93261	68.3%	31.7%
Shafter	93263	77.4%	22.6%
Wasco	93280	73.4%	26.6%
Delano Service Area		74.0%	26.0%
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 slightly lower rates of insurance coverage in the service area (87.7%) than county and state averages, with Delano showing the lowest insurance rate for children (85.9%) in the service area.

Insurance Coverage for Children, 0-17

	Zip Codes	Insured	Uninsured
Delano	93215	85.9%	14.1%
Earlimart	93219	89.6%	10.4%
McFarland	93250	84.8%	15.2%
Richgrove	93261	90.5%	9.5%
Shafter	93263	91.0%	9.0%
Wasco	93280	89.0%	11.0%
Delano Service Area		87.7%	12.3%
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>

Nearly all seniors in the service area have some type of insurance coverage, with the exception of Richgrove, which reports 11% of seniors are uninsured.

Insurance Coverage for Adults 65+

	Zip Codes	Insured	Uninsured
Delano	93215	98.3%	1.7%
Earlimart	93219	100.0%	0.0%
McFarland	93250	98.1%	1.9%
Richgrove	93261	89.0%	11.0%
Shafter	93263	99.2%	0.8%
Wasco	93280	98.2%	1.8%
Delano Service Area		98.4%	1.6%
Kern County		98.0%	2.0%
California		98.3%	1.7%

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% reported a regular source for medical care, lower than the Healthy People 2020 benchmark of 89.4%. The source of care for 54.1% of Kern County is a doctor's office, HMO, or Kaiser. Clinics and community hospitals are the source of care for 25.8% in the county, while 14.6% of county residents have no regular source of care.

Sources of Care

	Kern County	California
Usual source of care	85.4%	85.8%
Dr. office/HMO/Kaiser Permanente	54.1%	60.7%
Community clinic/government clinic/ community hospital	25.8%	23.0%
ER/Urgent Care	2.6%	1.4%
Other	3.0%	0.7%
No source of care	14.6%	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 Delano 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/rmsa>)).

Ratio of Providers to Population

	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 county residents reported delaying or not seeking medical care, lower than the state rate. 8.4% reported delaying or not getting their prescription medication in the last 12 months.

Delay of Care

	Kern County	California
Delayed or did not get medical care in last 12 months	7.9%	11.3%
Delayed or did not get prescription medicine in last 12 months	8.4%	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 residents in Kern County visited an ER over the period of a year. Seniors tend to visit the ER at higher rates (28%).

Use of Emergency Room

	Kern County	California
Visited ER in last 12 months	15.8%	17.4%
0-17 years old	6.1%	19.3%
18-64 years old	18.9%	16.5%
65 and older	28.0%	18.3%
<100% of poverty level	17.9%	20.6%
<200% of poverty level	16.1%	19.0%

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

Delano Regional Medical Center reported 20,950 emergency room encounters in 2014, with 1,890 (8%) resulting in admission. At Delano Regional, accidents and other causes of injury accounted for 23.8% of emergency department encounters in 2014.

Principal Causes of Injury (ER Encounters) – Delano Regional Medical Center, 2014

	ER Encounters	Percentage
No Principal Cause of Injury Reported	19,452	76.2%
Other Accidents	2,547	10.0%
Accidental Falls	1,723	6.8%
Rail and Motor Vehicle	517	2.0%
Natural/Environmental Factors	446	1.8%
Inflicted By Others	281	1.1%
Misadventures/Complication	64	0.3%
Adverse Effects/Therapeutics	114	0.5%
Submersion, Suffocation, Foreign Body	158	0.6%
Other Vehicle/Transport	39	0.2%
Accidental Poisoning	60	0.2%
Self-Inflicted Injury	66	0.3%
Fire Accidents	13	0.1%
Undetermined Injury	33	0.1%
Late Effects of Injury	8	0.0%
Total	20,950	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; so 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.

Time Since Last Dental Visit, Children, Teens and Adults

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

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

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. They were taking vans of people to dental services but between the transportation costs and the canceled appointments, they stopped.
- We identified a need for more dental care in our community. Young children in particular and for toddlers, 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.

Maternal and Infant Health

Births

In 2013, there were 2,207 births in the service area. The majority of births were to mothers who are Latino (89.8%). About 4% of births were born to White and Asian mothers (Source: California Department of Health, 2013).

Teen Birth Rate

In 2013, teen pregnancy rates in the service area occurred at a rate of 130.5 per 1,000 births (or 13.1% of total births). This rate is higher than the teen pregnancy rate found in the county and the state. McFarland (14.3%) and Wasco (14%) experienced the highest teen birth rates in the area.

Births to Teenage Mothers (Under Age 20)

	Zip Code	Births to Teen Mothers	Live Births	Percent Teen Births
Delano	93215	109	876	12.4%
Earlimart	93219	24	198	12.1%
McFarland	93250	40	279	14.3%
Richgrove	93261	6	50	12.0%
Shafter	93263	48	368	13.0%
Wasco	93280	61	436	14.0%
Delano Service Area		288	2,207	13.1%
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/>

Prenatal Care

In 2013, pregnant women in the service area entered prenatal care early – within the first trimester - at a rate of 76.4%. This rate of early entry translates to 23.6% of women entering prenatal care late or not at all. Richgrove, Shafter, and Wasco experienced the lowest rates of early prenatal care, all below the service area and county averages. The other areas met the Healthy People 2020 benchmark of 77.9% of women entering prenatal care in the first trimester.

Early Entry into Prenatal Care (In First Trimester)

	Zip Code	Early Prenatal Care	Live Births*	Percent
Delano	93215	697	876	79.6%
Earlimart	93219	162	198	81.8%
McFarland	93250	234	279	83.9%
Richgrove	93261	36	50	72.0%
Shafter	93263	248	368	67.4%
Wasco	93280	309	436	70.9%
Delano Service Area		1,686	2,207	76.4%
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/>

*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 Delano Service Area has a higher rate of low birth weight babies (82 per 1,000 live births) when compared to the county and state. The rate of low birth weight in the service area (8.2%) is higher than the Healthy People 2020 objective of 7.8% of births being low birth weight. When examining geographic areas with a small occurrence it is important to use caution when drawing conclusions from data as small occurrences may result in widely varying rates.

Low Birth Weight (Under 2,500 g)

	Zip Code	Low Birth Weight	Live Births	Rate per 1,000 Live Births
Delano	93215	74	876	84.5
Earlimart	93219	13	198	65.7
McFarland	93250	24	279	86.0
Richgrove	93261	4	50	80.0
Shafter	93263	32	368	87.0
Wasco	93280	34	436	78.0
Delano Service Area		181	2,207	82.0
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/>

Infant Mortality

Infant mortality reflects deaths of children under one year of age. The infant death rate in the county is 7.0 and the state is 4.7 deaths per 1,000 live births. The 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/>

Smoking and Pregnancy

The Maternal and Infant Health Assessment (MIHA) is an annual, statewide-representative survey of women with a recent live birth in California. MIHA collects self-reported information about maternal and infant experiences and about maternal attitudes and behaviors before, during and shortly after pregnancy. According to the results of the 2012 MIHA, 14.3% of women smoked three months before pregnancy, 10.25% smoked during pregnancy and 6.9% smoked after the birth of their babies. These rates of cigarette smoking in Kern County are higher than found in the state.

Smoking During and After Pregnancy

	Kern County	California
Any smoking, three months before pregnancy	14.7%	11.9%
Any smoking, first or third trimester	10.2%	8.3%
Any smoking, postpartum	6.9%	5.7%

Source: California Department of Public Health, Maternal and Infant Health Assessment Survey, 2012.

<http://www.cdph.ca.gov/data/surveys/MIHA/MIHASnapshots/SnapshotCoKern2012.pdf>

Breast Feeding

Breastfeeding has been proven to have considerable benefits to baby and mother. The California Department of Public Health (CDPH) highly recommends babies be fed only breast milk for the first six months of life. Data on breastfeeding are collected by hospitals on the Newborn Screening Test Form. Breastfeeding rates at Delano Regional Medical Center indicate 94.6% of new mothers use some breastfeeding and 65.2% use breastfeeding exclusively. These rates are better than found among hospitals in Kern County, Tulare County and the state. 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
Delano Regional Medical Center	669	94.6%	461	65.2%
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, 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.

Mortality/Leading Causes of Death

Mortality Rates

The two leading causes of death in the Delano 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 107.5 per 100,000 persons. The cancer death rate is 66.5 per 100,000 persons, lower than county and state averages and the HP 2020 target of 161.4.

Mortality Rates, per 100,000 Persons, 2013

	Delano Service Area		Kern County	California	HP 2020
	Number	Rate	Rate	Rate	Rate
Heart disease	139	107.5	161.7	155.7	No Objective
Cancer	86	66.5	128.3	149.6	161.4
Unintentional injuries	33	25.5	42.2	29.1	36.4
Diabetes	26	20.1	27.7	20.8	No Objective
Stroke	25	19.3	27.0	35.4	34.8
Chronic Lower Respiratory Disease	21	16.2	43.7	35.3	No Objective
Liver disease	15	11.6	13.3	12.4	8.2
Alzheimer’s disease	13	10.1	29.0	30.9	No Objective
Pneumonia and influenza	12	9.3	11.9	17.0	No Objective
Suicide	9	7.0	12.8	10.4	10.2

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

The five-year average cancer mortality rate for all cancer sites in Kern County was 126.4, which is lower than the California rate (150.4). 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, Cancer Surveillance Section, California Department of Public Health, 2009-2013. <http://www.cancer-rates.info/ca/>

Chronic Disease

Health Status

Among adults and children, 17.1% reported being in fair or poor health. Among adults only, 23.2% reported being in fair or poor health.

Health Status, Fair or Poor Health

	Kern County	California
Persons with fair or poor health	17.1%	17.0%
Adults with fair or poor health	23.2%	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 have been diagnosed with diabetes, which is higher than the state rate (8.9%). For adults with diabetes, only 29.4% are very confident they can control their diabetes.

Adult Diabetes

	Kern County	California
Diagnosed pre/borderline diabetic	13.5%	10.5%
Diagnosed with diabetes	10.3%	8.9%
Very confident to control diabetes	29.4%	56.5%
Somewhat confident	67.7%	34.7%
Not confident	2.9%	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 County than for California, in particular for long-term complications of diabetes whose rate (142.0) is higher than the state rate (107.4).

Diabetes Hospitalization Rates* for Prevention Quality Indicators

	Kern County	California
Diabetes long term complications	142.0	107.4
Diabetes short term complications	84.0	56.1
Lower-extremity amputation among patients with diabetes	20.4	16.1
Uncontrolled diabetes	13.1	9.2

Source: California Office of Statewide Health Planning & Development, 2013. <http://www.oshpd.ca.gov>

* Age-adjusted annual rates per 100,000 hospitalizations.

Heart Disease

For adults in Kern County, 9.4% have been diagnosed with heart disease. Among these adults, 67.9% are very confident they can manage their condition. Less than half (46.4%) have a management care plan developed by a health care professional.

Adult Heart Disease

	Kern County	California
Diagnosed with heart disease	9.4%	6.1%
Very confident to control condition	67.9%	53.6%
Somewhat confident to control condition	28.7%	34.9%
Not confident to control condition	3.5%	11.5%
Has a management care plan	46.4%	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 2013, the rate of Congestive Heart Failure was much higher in Kern County (407.2) than in the state (292.0).

Heart Disease Hospitalization Rates* for Prevention Quality Indicators

	Kern County	California
Hypertension	30.2	33.3
Congestive Heart Failure	407.2	292.0
Angina without procedure	13.7	16.9

Source: California Office of Statewide Health Planning & Development, 2013. <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. The rate of reported diagnosis is higher than the state rate.

High Blood Pressure

	Kern County	California
Ever diagnosed with hypertension	40.3%	28.5%
Takes medicine for hypertension	64.3%	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%. 44% of county asthmatics take medication to control their symptoms. Among county children and

youth, 8.9% have been diagnosed with asthma and 13.6% take medication to control their symptoms.

Asthma

	Kern County	California
Diagnosed with asthma, total population	9.4%	14.0%
Diagnosed with asthma, 0-17 years old	8.9%	14.5%
ER visit in past year due to asthma, total population	8.3%	9.6%
ER visit in past year due to asthma, 0- 7 years old	13.6%	13.9%
Takes daily medication to control asthma, total population	44.0%	44.2%
Takes daily medication to control asthma, 0-17 years old	13.6%	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 2013, hospitalization rates for COPD and asthma were higher in Kern County than the state.

Asthma Hospitalization Rates* for Prevention Quality Indicators (PQI)

	Kern County	California
COPD or asthma in older adults	507.4	329.9
Asthma in younger adults	33.9	26.4

Source: California Office of Statewide Health Planning & Development, 2013. <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. This rate is about the same as the state rate of disability (29.9%). 5% of adults could not work for at least a year due to physical or mental impairment.

Population with a Disability

	Kern County	California
Adults with a disability	28.8%	29.9%
Couldn't work due to impairment	5.0%	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:

- 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 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, higher than the state rate (424.9). Respiratory system cancers (61.6) occurred at significantly higher rates than the state (51.2). Significantly lower rates of incidence for the county were found for male genital, digestive system, breast, and skin cancers.

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 has 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

Most area school districts have high rates of compliance with childhood immunizations upon entry into kindergarten.

Up-to-Date Immunization Rates of Children Entering Kindergarten, 2014-15

	Percent
Allensworth Elementary	100.0%
Delano Union Elementary	98.3%
Earlimart Elementary	98.8%
Maple Elementary	96.6%
McFarland Unified	95.6%
Pond Union Elementary	100.0%
Richgrove Elementary	100.0%
Richland Union Elementary	98.4%
Semitropic Elementary	N/A
Wasco Union Elementary	98.4%
District Average	98.2%
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 seniors, 73.6% of county residents have received a flu shot. 44.9% of adults in Kern County received flu shots. These adult rates are lower than the Healthy People

2020 objectives of 70% of the population to receive a flu shot.

Flu Vaccine, Past 12 months

	Kern County	California
Received flu vaccine, 65+ years old	73.6%	72.7%
Received flu vaccine, 18+	44.9%	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 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. 84.7% of county women aged 18 and older reported having had a pap smear.

Women Mammograms & Pap Smears

	Kern County	California
Women, 50 to 74, who reported a mammogram in the past 2 years	87.5%	85.9%
Women 18+ who reported a pap smear within the past 3 years	84.7%	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%. Of adults advised to obtain screening, 66.7% of county residents were compliant at the time of the recommendation.

Colorectal Cancer Screening, Adults 50+

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

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

Overweight and Obesity

In Kern County, 27.2% of the adult population reported being overweight while 15.6% of teens and 18.2% of children in the county are overweight.

Overweight

	Kern County	California
Adult (ages 20+ years)	27.2%	35.5%
Teen (ages 12-17 years)	15.6%	16.3%
Child	18.2%	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% teens are obese. The Healthy People 2020 objectives for obesity are 30.5% of adults and 16.1% of teens. Residents of Kern County are above these targets.

Obese

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

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

When adult obesity levels are tracked over time, the county has experienced a variable trend. Data show a recent spike in obesity rates after a year of decrease. In contrast, California has seen smaller increase in rates of obesity.

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
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 obesity by race and ethnicity indicate high rates among Latinos (77%) and Whites (47.4%).

Adult Obesity by Race/Ethnicity

	Kern County	California
African American	19.8%	42.6%
Asian	No Data	12.0%
Latino	63.1%	35.4%
White	47.4%	24.4%
Total Adult Population	50.4%	27.0%

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

The physical fitness test (PFT) for students in California is the FitnessGram®. One of the components of the PFT is measurement of body composition (measured by skinfold measurement, BMI, or bioelectric impedance). Children who do not meet the “Healthy Fitness Zone” for body composition are categorized as needing improvement or at high risk (overweight/obese). 48.9% of fifth graders and 45% of ninth graders tested as needing improvement or at high risk for body composition. All three high school districts exceeded county and state levels for ninth graders.

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

	Fifth Grade	Ninth Grade
Delano Union Elementary/High	48.5%	44.3%
Earlimart Elementary	33.0%	n/a
Maple Elementary	45.5%	n/a
McFarland Unified	53.4%	45.2%
Pond Union Elementary	64.3%	n/a
Richgrove Elementary	65.3%	n/a
Richland Union Elementary	54.8%	n/a
Semitropic Elementary	75.0%	n/a
Wasco Union Elementary/High	44.9%	45.4%
Delano Service Area	48.9%	44.7%
Kern County	47.1%	40.8%
California	40.5%	35.8%

Source: California Department of Education Fitnessgram Physical Fitness Testing, 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. County adults are less likely to consume higher rates of sweetened drinks (7.6%) and are also less likely to abstain (50.7%) compared to state averages.

Soda or Sweetened Drink Consumption

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

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

Fresh Fruits and Vegetables

48.6% of children and 53.4% of adults in Kern County consume five fruits and vegetables in a day. A majority of adults (76%) report that they could usually or always find fresh fruits and vegetables in the neighborhood. In contrast, 22.6% of adults sometimes or never found fresh produce in the neighborhood, higher than the state average.

Access to and Consumption of Fresh Fruits and Vegetables, Adults

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

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

Physical Activity

For school-aged children in Kern County, 33.8% engage in physical activity at least one hour a day, 7 days a week. 75.2% of children visited 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	California
Activity available one hour or more per day, 7 days per week (5-11)	33.8%	32.8%
Visited a park, playground or open space in the last month (1-17)	75.2%	83.9%

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

Among adults in Kern County, 16.4% participate in non-walking vigorous physical activity at least 20 minutes per day and three days per week. 70.4% of adults walked for transportation, fun, or exercise.

Physical Activity, Adults

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

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

One of the components of the physical fitness test for students is measurement of aerobic capacity through run and walk tests. In the Delano Service area 56.3% of fifth

graders and 64.9% of ninth graders met the Healthy Fitness Zone standards for aerobic capacity. The highest performing districts include Maple and Richgrove Elementary.

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

	Fifth Grade	Ninth Grade
Delano Union Elementary/High	59.0%	67.2%
Earlimart Elementary	57.3%	n/a
Maple Elementary	75.8%	n/a
McFarland Unified	52.7%	51.0%
Pond Union Elementary	53.6%	n/a
Richgrove Elementary	86.1%	n/a
Richland Union Elementary	55.1%	n/a
Semitropic Elementary	39.3%	n/a
Wasco Union Elementary	47.0%	66.8%
Delano Service Area	56.3%	64.9%
Kern County	55.0%	65.1%
California	63.4%	63.9%

*Allensworth Elementary excluded due to low count of fifth graders.

Source: California Department of Education Fitnessgram Physical Fitness Testing, 2013-2014. <http://dq.cde.ca.gov/dataquest/>

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 Ramen 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 living cases of 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 Infections

Rates of Chlamydia in Kern County are 719.5 per 100,000 persons, higher than the state rate (453.4). The rate of Gonorrhea is 176.8 per 100,000 persons, which is higher than the state rate of 116.8. Primary and Secondary Syphilis (16.2) is slightly higher than the state average while Early Latent Syphilis is slightly lower, at 4.6 per 100,000 persons.

STD Cases, Rate per 100,000 Persons, 2014

	Kern County		California
	Cases	Rate	Rate
Chlamydia	6,276	719.5	453.4
Gonorrhea	1,542	176.8	116.8
Primary & Secondary Syphilis	141	16.2	9.9
Early Latent Syphilis	59	4.6	6.8

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

Community Input – Sexually Transmitted Infections

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

- 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

In Kern County, 17.1% of adults experienced serious psychological distress in the past year. 21.4% of adults needed help for emotional, mental health, alcohol or drug issues, and 85.5% of those who sought or needed help did not receive treatment. The Healthy People 2020 objective is for 64.6% of adults with a mental disorder to receive treatment (35.4% who do not receive treatment).

Mental Health Indicators, Adults

	Kern County	California
Adults who has likely had serious psychological distress during past year	17.1%	7.7%
Adults who needed help for emotional-mental and/or alcohol-drug issues in past year	21.4%	15.9%
Adults who saw a healthcare provider for emotional/mental health and/or alcohol-drug issues in past year	3.8%	12.0%
Adults who sought/needed help but did not receive treatment	85.5%	43.4%
Adults who took prescription medicine for emotional/mental health issue in past year	8.0%	10.1%

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

In Kern County, 9.5% of teens needed help for an emotional or mental health problem and 13% received counseling.

Mental Health Indicators, Teens

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

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

Among adults in Kern County, 26.8% reported they received insufficient social and emotional support all or most of the time.

Lack of Social or Emotional Support

	Kern County	California
Adults who received insufficient social and emotional support	26.8%	24.6%

Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System, 2006-2012. [Health Indicators Warehouse](#).

In Kern County, 3.4% of adults had seriously considered suicide.

Thought about Committing Suicide

	Kern County	California
Adults who ever seriously thought about committing suicide	3.4%	7.8%

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

In Kern County, the age-adjusted rate of suicide is 9.8 per 100,000 persons. This is less than the state rate of 11.8 and the Healthy People 2020 objective of 10.2 per 100,000 persons.

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

	Kern County	California
Suicide death rate	11.8	9.8

Source: University of Missouri, 2010-2012. [Center for Applied Research and Environmental Systems](#). California Department of Public Health, [CDPH - Death Public Use Data](#) by zip code.

Cigarette Smoking

In Kern County, 10.1% of adults smoke cigarettes, lower than the state rate (11.6%) and the Healthy People 2020 objective of 12%.

Cigarette Smoking, Adults

	Kern County	California
Current smoker	10.1%	11.6%
Former smoker	23.0%	22.4%
Never smoked	67.0%	66.0%

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

12.5% of teens are current cigarette smokers, which is greater than the state rate of 3.5% teen smokers. 21.6% of teens in Kern County have smoked an e-cigarette; this is higher than the state rate (10.3%).

Cigarette Smoking, Teens Ages 13-19

	Kern County	California
Current cigarette smoker	12.5%	3.5%
Ever smoked an e-cigarette	21.6%	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 adults, 40.9% had engaged in binge drinking in the

past year. 11.9% of teens had reported binge drinking in the past month. These rates are higher than the California averages.

Alcohol Consumption and Binge Drinking, Adult

	Kern County	California
Adults reporting binge drinking in the past year	40.9%	32.6%
Teens reporting binge drinking in the past month	11.9%	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 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, medications, lack of knowledge of resources, 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 Care	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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)	<ul style="list-style-type: none"> • 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

Significant Health Needs	Community Resources
	<p>physical education to encourage walking and safe routes to school 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.</p> <ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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.

Significant Health Needs	Community Resources
	<ul style="list-style-type: none"> • California State University Bakersfield (SCUB) has a master's program for clinical counseling and they have a clinic available to 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	<ul style="list-style-type: none"> • 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 identify 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

Significant Health Needs	Community Resources
	<p>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 a day, five days a week.</p> <ul style="list-style-type: none"> • 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 Infections	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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.

Significant Health Needs	Community Resources
	<ul style="list-style-type: none">• 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

Delano Regional Medical Center 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, overweight and obesity, teen pregnancy and STIs.

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.

Access to Care

In 2013 and 2014, Delano Regional Medical Center provided \$1,212,000 in financial assistance for indigent patient who did not have health insurance coverage. They also provided \$15,872,820 to pay for the unfunded cost of caring for Medi-Cal patients.

DRMC operates three rural health clinics which provided quality health care regardless of a person's ability to pay. Delano Women's Medical Clinic specializes in health care to all women throughout every stage of life; Wasco Medical Plaza's focus is the care of the whole family and Delano Prompt Care Clinic provides non emergent care after hours and on weekends.

Chronic Diseases/Overweight and Obesity

Health education was integrated into community outreach programs. The DRMC and clinics provided essential health screenings, health education, and information through health fairs, healthy lifestyle activities, health clinics, immunization clinics, and classes.

Community health education programs focused on topics related to diabetes, prenatal care, heart health, nutrition, exercise, and disease prevention and management. Community education served 3,400 persons in 2014.

DRMC offered these services, which reached 5,765 persons in 2014.

- Blood glucose testing
- Blood pressure screening
- Body fat/BMI testing
- Pulse oximetry (blood oxygen levels testing)
- Stroke risk screening

- Spirometry testing (lung function)
- Osteoporosis screening
- Cholesterol testing
- Diabetes prevention/management classes
- Ebola awareness
- Nutrition, obesity and weight management education
- Hands on CPR
- Breast cancer screening
- Flu clinics

Teen Pregnancy and STIs

DRMC offered outreach information, education and available resources to address pregnancy prevention and STI prevention. They also provided information and resources for birth control. Information was distributed at 11 health fairs and community education events in 2015.