Executive Report

2016 Community Health Needs Assessment

Merced County, California

Prepared for:
Memorial Hospital Los Banos
In Collaboration With Mercy Medical Center Merced

By:
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Introduction
Project Overview

Project Goals
This Community Health Needs Assessment for Memorial Hospital Los Banos is a systematic, data-driven approach to determining the health status, behaviors and needs of residents in Merced County, and builds on recent assessment work completed in the area by Mercy Medical Center Merced. Subsequently, this information may be used to inform decisions and guide efforts to improve community health and wellness.

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

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

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

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

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

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

PRC Community Health Survey

Survey Instrument

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

Community Defined for This Assessment

The study area for the survey is defined as each of the residential ZIP Codes comprising Merced County, California.

This report also shows data for the Memorial Hospital Los Banos service area ("MHLB Service Area"), as shown in the following map. For the purposes of this assessment, the hospital service area is defined as the geographic area that is served by the hospital. Memorial Hospital Los Banos’ service area was determined on the basis that it is the only full service hospital within 35 miles. The communities that fall within this range are the cities of Los Banos (which includes Santa Nella) as well as Dos Palos and Gustine. It is important to note that at least 75% of hospital discharges originated from these cities. Memorial Hospital Los Banos and these cities are situated in the southwestern part of Merced County, California.
Sample Approach & Design

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

These data are based on a countywide random sample of 400 individuals age 18 and older in Merced County sponsored by Mercy Medical Center Merced. In addition, Memorial Hospital Los Banos sponsored an oversample of 25 adults residing in the top ZIP Codes of its service area (93620, 93635, and 95322); when combined with the countywide sample, this resulted in a total of 100 adults surveyed in the Memorial Hospital Los Banos Service Area (MHLB Service Area) and 325 from other parts of Merced County. Note that, throughout this report, the oversample is included only in MHLB Service Area results, and is not included in Merced County countywide data.
For statistical purposes, the following table illustrates the error rates associated with the various samples at specific response levels.

**Expected Error Ranges at the 95 Percent Level of Confidence for Various Samples and Specific Response Levels**

<table>
<thead>
<tr>
<th>Sample Characteristics</th>
<th>10%</th>
<th>20%</th>
<th>30%</th>
<th>40%</th>
<th>50%</th>
<th>60%</th>
<th>70%</th>
<th>80%</th>
<th>90%</th>
</tr>
</thead>
<tbody>
<tr>
<td>MHLB Service Area (n=100)</td>
<td>±5.9</td>
<td>±7.9</td>
<td>±9.0</td>
<td>±9.7</td>
<td>±9.8</td>
<td>±9.7</td>
<td>±9.0</td>
<td>±7.9</td>
<td>±5.9</td>
</tr>
<tr>
<td>Other Merced (n=325)</td>
<td>±3.3</td>
<td>±4.4</td>
<td>±5.0</td>
<td>±5.3</td>
<td>±5.4</td>
<td>±5.3</td>
<td>±5.0</td>
<td>±4.4</td>
<td>±3.3</td>
</tr>
<tr>
<td>Merced County (n=400)</td>
<td>±2.9</td>
<td>±3.9</td>
<td>±4.5</td>
<td>±4.8</td>
<td>±4.9</td>
<td>±4.8</td>
<td>±4.5</td>
<td>±3.9</td>
<td>±2.9</td>
</tr>
</tbody>
</table>

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

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

Once the interviews were completed, these were weighted in proportion to the actual population distribution so as to appropriately represent Merced County as a whole. All administration of the surveys, data collection and data analysis was conducted by Professional Research Consultants, Inc. (PRC).

**Sample Characteristics**

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

The following chart outlines the characteristics of the Merced County sample (excluding oversampled surveys) for key demographic variables, compared to actual population characteristics revealed in census data. [Note that the sample consisted solely of area residents age 18 and older; data on children were given by proxy by the person most responsible for that child’s healthcare needs, and these children are not represented demographically in this chart.]
Further note that the poverty descriptions and segmentation used in this report are based on administrative poverty thresholds determined by the US Department of Health & Human Services. These guidelines define poverty status by household income level and number of persons in the household (e.g., the 2014 guidelines place the poverty threshold for a family of four at $23,850 annual household income or lower). In sample segmentation: “low income” refers to community members living in a household with defined poverty status or living just above the poverty level, earning up to twice the poverty threshold; “mid/high income” refers to those households living on incomes which are twice or more the federal poverty level.

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

**Online Key Informant Survey**

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

Key informants were contacted by email, introducing the purpose of the survey and providing a link to take the survey online; reminder emails were sent as needed to increase
participation. In all, 79 community stakeholders took part in the Online Key Informant Survey, as outlined below:

<table>
<thead>
<tr>
<th>Key Informant Type</th>
<th>Number Invited</th>
<th>Number Participating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician</td>
<td>20</td>
<td>12</td>
</tr>
<tr>
<td>Public Health Representative</td>
<td>8</td>
<td>3</td>
</tr>
<tr>
<td>Other Health Provider</td>
<td>29</td>
<td>20</td>
</tr>
<tr>
<td>Social Services Provider</td>
<td>6</td>
<td>2</td>
</tr>
<tr>
<td>Community Leader</td>
<td>78</td>
<td>42</td>
</tr>
</tbody>
</table>

Final participation included representatives of the following organizations:

- Apex Medical Group
- Beacon Health Options
- Bethel Community Church
- Building Healthy Communities
- Central California Alliance for Health
- Central Valley Cardiovascular Group
- City of Gustine
- City of Los Banos
- Community Advocacy Coalition
- Golden Valley Health Center
- Habitat for Humanity Westside Merced County
- Infinite Women's Care
- Kagome Inc.
- Local Government
- Los Banos Church of Christ
- Los Banos Fire Department
- Los Banos Rotary Club
- Los Banos Tea Party
- Los Banos Unified School District
- Merced County Department of Health
- Memorial Hospital Los Banos
- Merced County Emergency Medical Services Agency
- Merced County Mental Health
- Rural Health Clinic
- Salvation Army
- Sutter Gould Medical Foundation
- Surgical Affiliates Management Group Inc.
- Sutter Central Valley Hospitals
- TransCounty Title Company
- West Side Health Care District
- Westside Community Counseling Center
Through this process, input was gathered from several individuals whose organizations work with low-income, minority populations or medically underserved populations.

**Minority populations represented:**
- African-Americans, Arabs, Asians, Chinese residents, the disabled, Eastern Indians, the elderly, Filipinos, Hmong residents, the homeless, immigrants, Laotian residents, Latinos, LGBT individuals, Portuguese residents, racially diverse residents, single parents, undereducated individuals, underserved residents, undocumented residents, and unemployed individuals

**Medically underserved populations represented:**
- children, individuals with co-occurring disorders, the disabled, the elderly, Hispanics, Hmong residents, the homeless, immigrants, LGBT individuals, low income residents, Medicare/Medicaid/Medi-Cal recipients, the mentally ill, mixed families, substance abusers, teens, undocumented residents, the uninsured/underinsured, veterans, and young adults

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

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

**Public Health, Vital Statistics & Other Data**

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

- Center for Applied Research and Environmental Systems (CARES)
- Centers for Disease Control & Prevention, Office of Infectious Disease, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
- Centers for Disease Control & Prevention, Office of Public Health Science Services, Center for Surveillance, Epidemiology and Laboratory Services, Division of Health Informatics and Surveillance (DHIS)
- Centers for Disease Control & Prevention, Office of Public Health Science Services, National Center for Health Statistics
- Community Commons
- ESRI ArcGIS Map Gallery
- Los Banos Police Department
- National Cancer Institute, State Cancer Profiles
- OpenStreetMap (OSM)
- US Census Bureau, American Community Survey
- US Census Bureau, County Business Patterns
Benchmark Data

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

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

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

Healthy People 2020
Healthy People provides science-based, 10-year national objectives for improving the health of all Americans. The Healthy People initiative is grounded in the principle that setting national objectives and monitoring progress can motivate action. For three decades, Healthy People has established benchmarks and monitored progress over time in order to:

- Encourage collaborations across sectors.
- Guide individuals toward making informed health decisions.
- Measure the impact of prevention activities.
Healthy People 2020 is the product of an extensive stakeholder feedback process that is unparalleled in government and health. It integrates input from public health and prevention experts, a wide range of federal, state and local government officials, a consortium of more than 2,000 organizations, and perhaps most importantly, the public. More than 8,000 comments were considered in drafting a comprehensive set of Healthy People 2020 objectives.

**Determining Significance**

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

**Information Gaps**

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

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

In terms of content, this assessment was designed to provide a comprehensive and broad picture of the health of the overall community. However, there are certainly a great number of medical conditions that are not specifically addressed.
**IRS Form 990, Schedule H Compliance**

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

<table>
<thead>
<tr>
<th>IRS Form 990, Schedule H</th>
<th>See Report Page(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Part V Section B Line 1a</strong>&lt;br&gt;A definition of the community served by the hospital facility</td>
<td>9</td>
</tr>
<tr>
<td><strong>Part V Section B Line 1b</strong>&lt;br&gt;Demographics of the community</td>
<td>43</td>
</tr>
<tr>
<td><strong>Part V Section B Line 1c</strong>&lt;br&gt;Existing health care facilities and resources within the community that are available to respond to the health needs of the community</td>
<td>245</td>
</tr>
<tr>
<td><strong>Part V Section B Line 1d</strong>&lt;br&gt;How data was obtained</td>
<td>9</td>
</tr>
<tr>
<td><strong>Part V Section B Line 1f</strong>&lt;br&gt;Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups</td>
<td>Addressed Throughout</td>
</tr>
<tr>
<td><strong>Part V Section B Line 1g</strong>&lt;br&gt;The process for identifying and prioritizing community health needs and services to meet the community health needs</td>
<td>20</td>
</tr>
<tr>
<td><strong>Part V Section B Line 1h</strong>&lt;br&gt;The process for consulting with persons representing the community's interests</td>
<td>12</td>
</tr>
<tr>
<td><strong>Part V Section B Line 1i</strong>&lt;br&gt;Information gaps that limit the hospital facility's ability to assess the community's health needs</td>
<td>16</td>
</tr>
</tbody>
</table>
Summary of Findings

Significant Health Needs of the Community

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

<table>
<thead>
<tr>
<th>Areas of Opportunity Identified Through This Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Merced County</strong></td>
</tr>
<tr>
<td><strong>Access to Healthcare Services</strong></td>
</tr>
<tr>
<td>• Insurance Instability</td>
</tr>
<tr>
<td>• Barriers to Access</td>
</tr>
<tr>
<td>○ Appointment Availability</td>
</tr>
<tr>
<td>○ Finding a Physician</td>
</tr>
<tr>
<td>• Primary Care Physician Ratio</td>
</tr>
<tr>
<td>• Ratings of Local Healthcare</td>
</tr>
<tr>
<td><strong>Cancer</strong></td>
</tr>
<tr>
<td>• Cervical Cancer Incidence</td>
</tr>
<tr>
<td>• Female Breast Cancer Screening</td>
</tr>
<tr>
<td><strong>Dementia, Including Alzheimer’s Disease</strong></td>
</tr>
<tr>
<td>• Alzheimer’s Disease Deaths</td>
</tr>
<tr>
<td><strong>Diabetes</strong></td>
</tr>
<tr>
<td>• Diabetes Deaths</td>
</tr>
<tr>
<td>• Prevalence of Borderline/Pre-Diabetes</td>
</tr>
<tr>
<td><strong>Heart Disease &amp; Stroke</strong></td>
</tr>
<tr>
<td>• Heart Disease Prevalence</td>
</tr>
<tr>
<td>• Stroke Deaths</td>
</tr>
<tr>
<td><strong>Immunization &amp; Infectious Diseases</strong></td>
</tr>
<tr>
<td>• Hepatitis B Vaccination</td>
</tr>
<tr>
<td><strong>Injury &amp; Violence</strong></td>
</tr>
<tr>
<td>• Unintentional Injury Deaths</td>
</tr>
<tr>
<td>○ Including Motor Vehicle Crash Deaths</td>
</tr>
<tr>
<td>• Homicide Deaths</td>
</tr>
<tr>
<td>• Violent Crime Rate</td>
</tr>
<tr>
<td><strong>Mental Health</strong></td>
</tr>
<tr>
<td>• Symptoms of Chronic Depression</td>
</tr>
<tr>
<td>• Seeking Help for Mental Health</td>
</tr>
<tr>
<td><strong>MHLB Service Area</strong></td>
</tr>
<tr>
<td>• Barriers to Access</td>
</tr>
<tr>
<td>○ Finding a Physician</td>
</tr>
<tr>
<td>• ER Utilization</td>
</tr>
<tr>
<td>• Regular Vision Care</td>
</tr>
</tbody>
</table>

— continued on next page —
### Areas of Opportunity (continued)

<table>
<thead>
<tr>
<th>Merced County</th>
<th>MHLB Service Area</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Nutrition, Physical Activity &amp; Weight</strong></td>
<td></td>
</tr>
<tr>
<td>• Fruit/Vegetable Consumption</td>
<td></td>
</tr>
<tr>
<td>• Overweight &amp; Obesity [Adults &amp; Children]</td>
<td>• Overweight &amp; Obesity [Adults]</td>
</tr>
<tr>
<td>• Moderate Physical Activity</td>
<td></td>
</tr>
<tr>
<td>• Access to Recreation/Fitness Facilities</td>
<td></td>
</tr>
<tr>
<td><strong>Oral Health</strong></td>
<td></td>
</tr>
<tr>
<td>• Regular Dental Care</td>
<td></td>
</tr>
<tr>
<td><strong>Potentially Disabling Conditions</strong></td>
<td></td>
</tr>
<tr>
<td>• Sciatica/Back Pain Prevalence</td>
<td></td>
</tr>
<tr>
<td><strong>Respiratory Diseases</strong></td>
<td></td>
</tr>
<tr>
<td>• Pneumonia/Influenza Deaths</td>
<td></td>
</tr>
<tr>
<td>• Flu Vaccination [High-Risk 18-64]</td>
<td></td>
</tr>
<tr>
<td><strong>Substance Abuse</strong></td>
<td></td>
</tr>
<tr>
<td>• Cirrhosis/Liver Disease Deaths</td>
<td>• Excessive Drinking</td>
</tr>
<tr>
<td>• Seeking Help for Alcohol/Drug Issues</td>
<td>• Substance Abuse ranked as a top concern in the Online Key Informant Survey.</td>
</tr>
</tbody>
</table>


Prioritization of Health Needs

On June 22, 2016, Memorial Hospital Los Banos (MHLB) convened a group of stakeholders, representing a cross-section of community-based agencies and organizations to evaluate, discuss and prioritize health issues of the community, based on findings of the Merced County Community Health Needs Assessment (CHNA). The meeting began with a presentation of key findings from the CHNA, which highlighted the significant health issues of Merced County residents as identified from the research. The Areas of Opportunity were noted.

Following the data review, a MHLB representative answered questions and facilitated group dialogue, allowing participants to advocate for any of the health issues discussed. The MHLB representative also provided guidance to the group for the following exercise, which was to describe existing activities, initiatives, and other existing community assets, as well as list potential strategies that could possibly help address the Areas of Opportunity. This exercise helped to identify services, groups, and possible approaches that MHLB should consider when developing the Implementation Plan to address health disparities. Finally the participants were provided an overview of the prioritization exercise that followed.

In order to assign priority to the identified health needs (Areas of Opportunity), a Priority Ranking Sheet was given to each participant and allowed him/her to register their opinions. The participants were asked to evaluate each health issue based on the following criteria:

1. **Scope & Severity** – To gauge the magnitude of the problem in consideration of the following:
   - How many people are affected?
   - How does the local community data compare to state or national levels?
   - To what degree does each health issue lead to death or disability, impair quality of life, or impact other health issues?

Ratings were entered on a scale of 1 (not very prevalent, with only minimal health consequences) to 10 (extremely prevalent, with very serious health consequences).

2. **Ability to Impact** – Designed to measure the perceived likelihood of the hospital’s ability to make a positive impact on each health issue, given available resources, competencies, spheres of influence, etc.

Ratings were entered on a scale of 1 (no ability to impact) to 10 (great ability to impact).

Individuals’ rating for each criteria were averaged for each health issue, and then these composite criteria scores were averaged to produce an overall score. The process yielded the following prioritized list of community health needs:

1. **Nutrition, Physical Activity & Weight (7.82)**
2. Access to Healthcare Services (7.73)
3. Mental Health (7.31)
4. Diabetes (6.95)
5. Injury & Violence (6.86)
6. Heart Disease & Stroke (6.73)
7. Substance Abuse (6.73)
8. Oral Health (6.5)
9. Immunization & Infectious Diseases (6.45)
10. Respiratory Diseases (5.95)
11. Cancer (5.05)
12. Dementia, including Alzheimer’s Disease (4.5)
13. Potentially Disabling Conditions (4.32)

While the hospital will likely not implement strategies for all of these health issues, the results of this prioritization will used in the development of Memorial Hospital Los Banos’ Implementation Plan. This plan will include various strategies to help address community health issues, and that the hospital will evaluate over next three years until the next CHNA.

Summary Tables: Comparisons With Benchmark Data

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

Reading the Summary Tables

- In the following charts, Merced County results are shown in the larger, blue column.
- The green columns [to the left of the Merced County column] provide comparisons between the Memorial Hospital Los Banos Service Area and the rest of Merced County, identifying differences for each as “better than” (☉), “worse than” (☉☉), or “similar to” (☉☉☉) the opposing area.
- The columns to the right of the Merced County column provide trending, as well as comparisons between local data and any available state and national findings, and Healthy People 2020 targets. Again, symbols indicate whether Merced County compares favorably (☉), unfavorably (☉☉), or comparably (☉☉☉) to these external data.

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

*For comparisons between the MHLB Service Area and benchmark data, see the Appendix at the end of this report.*
### Social Determinants

<table>
<thead>
<tr>
<th>Indicator</th>
<th>MHLB Service Area</th>
<th>Other Merced County</th>
<th>Merced County vs. CA</th>
<th>Merced County vs. US</th>
<th>Merced County vs. HP2020</th>
<th>TRENDS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Linguistically Isolated Population (Percent)</td>
<td>13.7</td>
<td>9.9</td>
<td>12.0</td>
<td>15.9</td>
<td>15.4</td>
<td></td>
</tr>
<tr>
<td>Population in Poverty (Percent)</td>
<td>29.3</td>
<td>25.4</td>
<td>25.4</td>
<td>15.4</td>
<td>14.0</td>
<td></td>
</tr>
<tr>
<td>Population Below 200% FPL (Percent)</td>
<td>57.1</td>
<td>53.1</td>
<td>35.9</td>
<td>34.2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Children Below 100% FPL (Percent)</td>
<td>42.2</td>
<td>65.6</td>
<td>45.9</td>
<td>43.8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No High School Diploma (Age 25+, Percent)</td>
<td>35.8</td>
<td>33.3</td>
<td>18.8</td>
<td>14.0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unemployment Rate (Age 16+, Percent)</td>
<td>9.1</td>
<td>5.7</td>
<td>5.7</td>
<td>4.8</td>
<td>10.9</td>
<td></td>
</tr>
</tbody>
</table>

Note: In the green section, each subarea is compared against the other. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

### Overall Health

<table>
<thead>
<tr>
<th>Indicator</th>
<th>MHLB Service Area</th>
<th>Other Merced County</th>
<th>Merced County vs. CA</th>
<th>Merced County vs. US</th>
<th>Merced County vs. HP2020</th>
<th>TRENDS</th>
</tr>
</thead>
<tbody>
<tr>
<td>% “Fair/Poor” Physical Health</td>
<td>21.7</td>
<td>19.0</td>
<td>19.0</td>
<td>15.3</td>
<td>23.6</td>
<td></td>
</tr>
</tbody>
</table>
### Overall Health (continued)

#### % Activity Limitations

<table>
<thead>
<tr>
<th></th>
<th>MHLB Service Area</th>
<th>Other Merced County</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Activity Limitations</td>
<td>17.9</td>
<td>22.0</td>
</tr>
</tbody>
</table>

#### Access to Health Services

<table>
<thead>
<tr>
<th></th>
<th>MHLB Service Area</th>
<th>Other Merced County</th>
</tr>
</thead>
<tbody>
<tr>
<td>% [Age 18-64] Lack Health Insurance</td>
<td>8.8</td>
<td>8.3</td>
</tr>
<tr>
<td>% [Insured] Went Without Coverage in Past Year</td>
<td>1.7</td>
<td>14.1</td>
</tr>
<tr>
<td>% Difficulty Accessing Healthcare in Past Year (Composite)</td>
<td>43.8</td>
<td>44.4</td>
</tr>
<tr>
<td>% Inconvenient Hrs Prevented Dr Visit in Past Year</td>
<td>20.1</td>
<td>17.5</td>
</tr>
<tr>
<td>% Cost Prevented Getting Prescription in Past Year</td>
<td>10.3</td>
<td>13.5</td>
</tr>
<tr>
<td>% Cost Prevented Physician Visit in Past Year</td>
<td>12.2</td>
<td>15.2</td>
</tr>
<tr>
<td>% Difficulty Getting Appointment in Past Year</td>
<td>19.6</td>
<td>24.7</td>
</tr>
</tbody>
</table>

#### Merced County vs. Benchmarks

<table>
<thead>
<tr>
<th></th>
<th>MHLB Service Area</th>
<th>Other Merced County</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Activity Limitations</td>
<td>20.5</td>
<td></td>
</tr>
<tr>
<td>% Activity Limitations</td>
<td>18.6</td>
<td>21.5</td>
</tr>
</tbody>
</table>

Note: In the green section, each subarea is compared against the other. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

Trend:
- better
- similar
- worse

### Access to Health Services

<table>
<thead>
<tr>
<th></th>
<th>MHLB Service Area</th>
<th>Other Merced County</th>
</tr>
</thead>
<tbody>
<tr>
<td>% [Age 18-64] Lack Health Insurance</td>
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<td></td>
</tr>
<tr>
<td>% [Insured] Went Without Coverage in Past Year</td>
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</tr>
<tr>
<td>% Inconvenient Hrs Prevented Dr Visit in Past Year</td>
<td>17.2</td>
<td></td>
</tr>
<tr>
<td>% Cost Prevented Getting Prescription in Past Year</td>
<td>13.0</td>
<td></td>
</tr>
<tr>
<td>% Cost Prevented Physician Visit in Past Year</td>
<td>14.4</td>
<td></td>
</tr>
<tr>
<td>% Difficulty Getting Appointment in Past Year</td>
<td>25.1</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>MHLB Service Area</th>
<th>Other Merced County</th>
</tr>
</thead>
<tbody>
<tr>
<td>% [Age 18-64] Lack Health Insurance</td>
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<td>15.1</td>
</tr>
<tr>
<td>% [Insured] Went Without Coverage in Past Year</td>
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<td>39.9</td>
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<td>% Inconvenient Hrs Prevented Dr Visit in Past Year</td>
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<tr>
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<td>15.8</td>
<td></td>
</tr>
<tr>
<td>% Cost Prevented Physician Visit in Past Year</td>
<td>18.2</td>
<td></td>
</tr>
<tr>
<td>% Difficulty Getting Appointment in Past Year</td>
<td>17.0</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>MHLB Service Area</th>
<th>Other Merced County</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Activity Limitations</td>
<td>21.5</td>
<td></td>
</tr>
<tr>
<td>% Activity Limitations</td>
<td>18.4</td>
<td></td>
</tr>
</tbody>
</table>

Trend:
- better
- similar
- worse
### Access to Health Services (continued)

<table>
<thead>
<tr>
<th>Access to Health Services</th>
<th>Service Area vs. Other</th>
<th>Merced County vs. Benchmarks</th>
<th>TREND</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>MHLB Service Area</td>
<td>Other Merced County</td>
<td>vs. CA</td>
</tr>
<tr>
<td>% Difficulty Finding Physician in Past Year</td>
<td>20.3</td>
<td>20.8</td>
<td>20.3</td>
</tr>
<tr>
<td>% Transportation Hindered Dr Visit in Past Year</td>
<td>8.3</td>
<td>6.7</td>
<td>7.4</td>
</tr>
<tr>
<td>% Skipped Prescription Doses to Save Costs</td>
<td>13.7</td>
<td>15.0</td>
<td>14.7</td>
</tr>
<tr>
<td>% Difficulty Getting Child's Healthcare in Past Year</td>
<td>7.9</td>
<td>6.0</td>
<td>7.9</td>
</tr>
<tr>
<td>Primary Care Doctors per 100,000</td>
<td>45.4</td>
<td>77.2</td>
<td>74.5</td>
</tr>
<tr>
<td>% [Age 18+] Have a Specific Source of Ongoing Care</td>
<td>68.5</td>
<td>76.3</td>
<td>74.5</td>
</tr>
<tr>
<td>% [Age 18-64] Have a Specific Source of Ongoing Care</td>
<td>65.2</td>
<td>74.4</td>
<td>72.6</td>
</tr>
<tr>
<td>% [Age 65+] Have a Specific Source of Ongoing Care</td>
<td>84.3</td>
<td>80.0</td>
<td>100.0</td>
</tr>
<tr>
<td>% Have Had Routine Checkup in Past Year</td>
<td>72.5</td>
<td>67.9</td>
<td>67.7</td>
</tr>
<tr>
<td>% Child Has Had Checkup in Past Year</td>
<td>93.0</td>
<td>84.1</td>
<td>84.4</td>
</tr>
<tr>
<td>% Two or More ER Visits in Past Year</td>
<td>16.7</td>
<td>9.1</td>
<td>10.8</td>
</tr>
</tbody>
</table>
### Access to Health Services (continued)

<table>
<thead>
<tr>
<th></th>
<th>Service Area vs. Other</th>
<th>Merced County vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>MHLB Service Area</td>
<td>Other Merced County</td>
</tr>
<tr>
<td>% Rate Local Healthcare &quot;Fair/Poor&quot;</td>
<td>25.2</td>
<td>26.4</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
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</table>

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### Arthritis, Osteoporosis & Chronic Back Conditions

<table>
<thead>
<tr>
<th></th>
<th>Service Area vs. Other</th>
<th>Merced County vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>MHLB Service Area</td>
<td>Other Merced County</td>
</tr>
<tr>
<td>% [50+] Arthritis/Rheumatism</td>
<td>42.7</td>
<td>38.8</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% [50+] Osteoporosis</td>
<td>12.0</td>
<td>8.9</td>
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<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Sciatica/Chronic Back Pain</td>
<td>19.2</td>
<td>26.8</td>
</tr>
<tr>
<td></td>
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</tbody>
</table>

### Cancer

<table>
<thead>
<tr>
<th></th>
<th>Service Area vs. Other</th>
<th>Merced County vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>MHLB Service Area</td>
<td>Other Merced County</td>
</tr>
<tr>
<td>Cancer (Age-Adjusted Death Rate)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cancer (continued)</td>
<td>Service Area vs. Other</td>
<td>Merced County</td>
</tr>
<tr>
<td>-------------------------------------------------------</td>
<td>------------------------</td>
<td>---------------</td>
</tr>
<tr>
<td></td>
<td>MHLB Service Area</td>
<td>Other Merced County</td>
</tr>
<tr>
<td>Lung Cancer (Age-Adjusted Death Rate)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>33.0</td>
</tr>
<tr>
<td>Prostate Cancer (Age-Adjusted Death Rate)</td>
<td></td>
<td>13.0</td>
</tr>
<tr>
<td>Female Breast Cancer (Age-Adjusted Death Rate)</td>
<td></td>
<td>17.9</td>
</tr>
<tr>
<td>Colorectal Cancer (Age-Adjusted Death Rate)</td>
<td></td>
<td>13.4</td>
</tr>
<tr>
<td>Prostate Cancer Incidence per 100,000</td>
<td></td>
<td>119.3</td>
</tr>
<tr>
<td>Female Breast Cancer Incidence per 100,000</td>
<td></td>
<td>107.1</td>
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<tr>
<td>Lung Cancer Incidence per 100,000</td>
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<td>59.9</td>
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<tr>
<td>Colorectal Cancer Incidence per 100,000</td>
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<td>39.3</td>
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<tr>
<td>Cervical Cancer Incidence per 100,000</td>
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<td>8.4</td>
</tr>
<tr>
<td>% Skin Cancer</td>
<td></td>
<td>5.1</td>
</tr>
<tr>
<td>% Cancer (Other Than Skin)</td>
<td></td>
<td>3.6</td>
</tr>
</tbody>
</table>
### Cancer (continued)

<table>
<thead>
<tr>
<th>Metric</th>
<th>Service Area vs. Other</th>
<th>Merced County vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>% [Women 50-74] Mammogram in Past 2 Years</td>
<td>MHLB Service Area: 73.8</td>
<td>Merced County: 81.8&lt;br&gt;vs. CA: 83.6&lt;br&gt;vs. US: 81.1&lt;br&gt;vs. HP2020: 77.2</td>
</tr>
<tr>
<td>% [Women 21-65] Pap Smear in Past 3 Years</td>
<td>MHLB Service Area: 88.0</td>
<td>Merced County: 78.3&lt;br&gt;vs. CA: 83.9&lt;br&gt;vs. HP2020: 85.1</td>
</tr>
<tr>
<td>% [Age 50+] Sigmoid/Colonoscopy Ever</td>
<td>MHLB Service Area: 77.5</td>
<td>Merced County: 65.9&lt;br&gt; vs. CA: 75.2&lt;br&gt; vs. HP2020: 66.1</td>
</tr>
<tr>
<td>% [Age 50+] Blood Stool Test in Past 2 Years</td>
<td>MHLB Service Area: 29.2</td>
<td>Merced County: 27.9&lt;br&gt; vs. CA: 36.9&lt;br&gt; vs. HP2020: 34.1</td>
</tr>
<tr>
<td>% [Age 50-75] Colorectal Cancer Screening</td>
<td>MHLB Service Area: 74.9</td>
<td>Merced County: 75.1&lt;br&gt; vs. CA: 70.5&lt;br&gt; vs. HP2020: 70.4</td>
</tr>
</tbody>
</table>

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### Chronic Kidney Disease

<table>
<thead>
<tr>
<th>Metric</th>
<th>Service Area vs. Other</th>
<th>Merced County vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kidney Disease (Age-Adjusted Death Rate)</td>
<td>MHLB Service Area: 7.2</td>
<td>Merced County: 7.4&lt;br&gt; vs. CA: 13.2&lt;br&gt; vs. HP2020: 8.1</td>
</tr>
<tr>
<td>% Kidney Disease</td>
<td>MHLB Service Area: 3.5</td>
<td>Merced County: 2.8&lt;br&gt; vs. CA: 3.0&lt;br&gt; vs. HP2020: 3.0</td>
</tr>
</tbody>
</table>

Note: In the green section, each subarea is compared against the other. Throughout these tables, a blank or empty cell indicates that data are not available for the indicator or that sample sizes are too small to provide meaningful results.
### Dementias, Including Alzheimer's Disease

<table>
<thead>
<tr>
<th>Service Area vs. Other</th>
<th>Merced County vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>MHLB Service Area</td>
<td>Other Merced County</td>
</tr>
<tr>
<td>Alzheimer's Disease (Age-Adjusted Death Rate)</td>
<td></td>
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### Diabetes

<table>
<thead>
<tr>
<th>Service Area vs. Other</th>
<th>Merced County vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>MHLB Service Area</td>
<td>Other Merced County</td>
</tr>
<tr>
<td>Diabetes Mellitus (Age-Adjusted Death Rate)</td>
<td></td>
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</tr>
<tr>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>% Diabetes/High Blood Sugar</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>% Borderline/Pre-Diabetes</td>
<td></td>
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<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>% [Non-Diabetes] Blood Sugar Tested in Past 3 Years</td>
<td></td>
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</tr>
</tbody>
</table>

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### Hearing & Other Sensory or Communication Disorders

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Service Area vs. Other</th>
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</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>MHLB Service Area</td>
<td>Other Merced County</td>
</tr>
<tr>
<td>% Deafness/Trouble Hearing</td>
<td>10.7</td>
<td>13.1</td>
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<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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### Heart Disease & Stroke

<table>
<thead>
<tr>
<th>Indicator</th>
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<th>Merced County vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>MHLB Service Area</td>
<td>Other Merced County</td>
</tr>
<tr>
<td>Diseases of the Heart (Age-Adjusted Death Rate)</td>
<td>171.0</td>
<td></td>
</tr>
<tr>
<td>Stroke (Age-Adjusted Death Rate)</td>
<td>41.5</td>
<td></td>
</tr>
<tr>
<td>% Heart Disease (Heart Attack, Angina, Coronary Disease)</td>
<td>2.9</td>
<td>11.6</td>
</tr>
<tr>
<td>% Stroke</td>
<td>4.1</td>
<td>3.1</td>
</tr>
<tr>
<td>% Blood Pressure Checked in Past 2 Years</td>
<td>90.0</td>
<td>90.3</td>
</tr>
<tr>
<td>% Told Have High Blood Pressure (Ever)</td>
<td>36.1</td>
<td>37.2</td>
</tr>
<tr>
<td>% [HBP] Taking Action to Control High Blood Pressure</td>
<td>93.5</td>
<td></td>
</tr>
</tbody>
</table>
### Heart Disease & Stroke (continued)

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Service Area vs. Other</th>
<th>Merced County vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>MHLB Service Area</td>
<td>Other Merced County</td>
</tr>
<tr>
<td>% Cholesterol Checked in Past 5 Years</td>
<td>82.3</td>
<td>86.4</td>
</tr>
<tr>
<td>% Told Have High Cholesterol (Ever)</td>
<td>29.2</td>
<td>28.4</td>
</tr>
<tr>
<td>% [HBC] Taking Action to Control High Blood Cholesterol</td>
<td>85.0</td>
<td></td>
</tr>
<tr>
<td>% 1+ Cardiovascular Risk Factor</td>
<td>86.2</td>
<td>86.6</td>
</tr>
</tbody>
</table>

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### HIV

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Service Area vs. Other</th>
<th>Merced County vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>MHLB Service Area</td>
<td>Other Merced County</td>
</tr>
<tr>
<td>HIV/AIDS (Age-Adjusted Death Rate)</td>
<td>1.4</td>
<td></td>
</tr>
<tr>
<td>HIV Prevalence per 100,000</td>
<td>82.1</td>
<td></td>
</tr>
<tr>
<td>% [Age 18-44] HIV Test in the Past Year</td>
<td>16.4</td>
<td></td>
</tr>
</tbody>
</table>

Note: In the green section, each subarea is compared against the other. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.
## Immunization & Infectious Diseases

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Service Area</th>
<th>Other Merced County</th>
<th>Merced County vs. Benchmarks</th>
<th>TRENDS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>% [Age 65+] Flu Vaccine in Past Year</strong></td>
<td></td>
<td></td>
<td>58.2</td>
<td><img src="image" alt="TREND" /></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td><img src="image" alt="TREND" /></td>
<td><img src="image" alt="TREND" /></td>
</tr>
<tr>
<td><strong>% [High-Risk 18-64] Flu Vaccine in Past Year</strong></td>
<td></td>
<td></td>
<td>34.6</td>
<td><img src="image" alt="TREND" /></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td><img src="image" alt="TREND" /></td>
<td><img src="image" alt="TREND" /></td>
</tr>
<tr>
<td><strong>% [Age 65+] Pneumonia Vaccine Ever</strong></td>
<td></td>
<td></td>
<td>70.3</td>
<td><img src="image" alt="TREND" /></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td><img src="image" alt="TREND" /></td>
<td><img src="image" alt="TREND" /></td>
</tr>
<tr>
<td><strong>% [High-Risk 18-64] Pneumonia Vaccine Ever</strong></td>
<td></td>
<td></td>
<td>44.6</td>
<td><img src="image" alt="TREND" /></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td><img src="image" alt="TREND" /></td>
<td><img src="image" alt="TREND" /></td>
</tr>
<tr>
<td><strong>% Have Completed Hepatitis B Vaccination Series</strong></td>
<td>44.0</td>
<td>36.1</td>
<td></td>
<td><img src="image" alt="TREND" /></td>
</tr>
</tbody>
</table>

Note: In the green section, each subarea is compared against the other. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

## Injury & Violence Prevention

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Service Area</th>
<th>Other Merced County</th>
<th>Merced County vs. Benchmarks</th>
<th>TRENDS</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Unintentional Injury (Age-Adjusted Death Rate)</strong></td>
<td></td>
<td></td>
<td>46.1</td>
<td><img src="image" alt="TREND" /></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td><img src="image" alt="TREND" /></td>
<td><img src="image" alt="TREND" /></td>
</tr>
<tr>
<td><strong>Fall-Related Deaths (Age-Adjusted Death Rate)</strong></td>
<td></td>
<td></td>
<td>8.1</td>
<td><img src="image" alt="TREND" /></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td><img src="image" alt="TREND" /></td>
<td><img src="image" alt="TREND" /></td>
</tr>
<tr>
<td><strong>Motor Vehicle Crashes (Age-Adjusted Death Rate)</strong></td>
<td></td>
<td></td>
<td>16.2</td>
<td><img src="image" alt="TREND" /></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td><img src="image" alt="TREND" /></td>
<td><img src="image" alt="TREND" /></td>
</tr>
</tbody>
</table>
## Injury & Violence Prevention (continued)

<table>
<thead>
<tr>
<th>Metric</th>
<th>Service Area vs. Other</th>
<th>Merced County vs. Benchmarks</th>
<th>TRENDS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>MHLB Service Area</td>
<td>Other Merced County</td>
<td>vs. CA</td>
</tr>
<tr>
<td>% &quot;Always&quot; Wear Seat Belt</td>
<td>32.5</td>
<td>29.9</td>
<td>10.9</td>
</tr>
<tr>
<td>% Child [Age 0-17] &quot;Always&quot; Uses Seat Belt/Car Seat</td>
<td>354</td>
<td>93.9</td>
<td>92.7</td>
</tr>
<tr>
<td>% Child [Age 5-17] &quot;Always&quot; Wears Bicycle Helmet</td>
<td>42.9</td>
<td>48.7</td>
<td>95.0</td>
</tr>
<tr>
<td>Firearm-Related Deaths (Age-Adjusted Death Rate)</td>
<td>9.3</td>
<td>4.9</td>
<td>22.9</td>
</tr>
<tr>
<td>% Firearm in Home</td>
<td>9.6</td>
<td>16.8</td>
<td>4.9</td>
</tr>
<tr>
<td>% [Homes With Children] Firearm in Home</td>
<td>28.0</td>
<td>34.7</td>
<td>29.9</td>
</tr>
<tr>
<td>% [Homes With Firearms] Weapon(s) Unlocked &amp; Loaded</td>
<td>603.7</td>
<td>425.0</td>
<td>395.5</td>
</tr>
<tr>
<td>% Violent Crime per 100,000</td>
<td>1.7</td>
<td>2.8</td>
<td>1.9</td>
</tr>
</tbody>
</table>
### Injury & Violence Prevention (continued)

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Service Area vs. Other</th>
<th>Merced County vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Victim of Domestic Violence (Ever)</td>
<td>Service Area (11.5) vs. Other (15.5)</td>
<td>Merced County vs. CA (14.4) vs. US (15.0) vs. HP2020 (13.7)</td>
</tr>
</tbody>
</table>

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### Maternal, Infant & Child Health

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Service Area vs. Other</th>
<th>Merced County vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infant Death Rate</td>
<td>Service Area (3.8)</td>
<td>Merced County vs. CA (4.5) vs. US (5.9) vs. HP2020 (6.0)</td>
</tr>
</tbody>
</table>

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### Mental Health & Mental Disorders

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Service Area vs. Other</th>
<th>Merced County vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>% “Fair/Poor” Mental Health</td>
<td>Service Area (14.4) vs. Other (14.6)</td>
<td>Merced County vs. CA (14.4) vs. US (11.9) vs. HP2020 (17.2)</td>
</tr>
<tr>
<td>% Diagnosed Depression</td>
<td>Service Area (13.3) vs. Other (17.4)</td>
<td>Merced County vs. CA (16.3) vs. US (13.1) vs. HP2020 (20.4)</td>
</tr>
<tr>
<td>% Symptoms of Chronic Depression (2+ Years)</td>
<td>Service Area (27.9) vs. Other (37.2)</td>
<td>Merced County vs. CA (36.1) vs. US (30.4) vs. HP2020 (37.1)</td>
</tr>
</tbody>
</table>
### Mental Health & Mental Disorders (continued)

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Service Area vs. Other</th>
<th>Merced County vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Suicide (Age-Adjusted Death Rate)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MHLB Service Area</td>
<td>Other Merced County</td>
<td>Merced County vs. CA vs. US vs. HP2020</td>
</tr>
<tr>
<td>% Have Ever Sought Help for Mental Health</td>
<td>14.9</td>
<td>18.9</td>
</tr>
<tr>
<td>% [Those With Diagnosed Depression] Seeking Help</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Typical Day Is &quot;Extremely/Very&quot; Stressful</td>
<td>8.6</td>
<td>12.9</td>
</tr>
</tbody>
</table>

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### Nutrition & Weight

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Service Area vs. Other</th>
<th>Merced County vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>% Eat 5+ Servings of Fruit or Vegetables per Day</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MHLB Service Area</td>
<td>Other Merced County</td>
<td>Merced County vs. CA vs. US vs. HP2020</td>
</tr>
<tr>
<td>% &quot;Very/Somewhat&quot; Difficult to Buy Fresh Produce</td>
<td>31.6</td>
<td>39.0</td>
</tr>
<tr>
<td>Population With Low Food Access (Percent)</td>
<td>15.4</td>
<td>21.9</td>
</tr>
<tr>
<td>% Medical Advice on Nutrition in Past Year</td>
<td>43.0</td>
<td>44.7</td>
</tr>
</tbody>
</table>
### Nutrition & Weight (continued)

<table>
<thead>
<tr>
<th></th>
<th>MHLB Service Area</th>
<th>Other Merced County</th>
<th>Merced County vs. Benchmarks</th>
<th>TRENDS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>vs. CA</td>
<td>vs. US</td>
</tr>
<tr>
<td>% Healthy Weight (BMI 18.5-24.9)</td>
<td>🌧 15.6</td>
<td>🌧 22.8</td>
<td>🌧 22.1</td>
<td>37.9</td>
</tr>
<tr>
<td>% Overweight (BMI 25+)</td>
<td>🌧 81.0</td>
<td>🌧 75.7</td>
<td>🌧 75.6</td>
<td>60.1</td>
</tr>
<tr>
<td>% Obese (BMI 30+)</td>
<td>🌧 36.3</td>
<td>🌧 40.9</td>
<td>🌧 39.8</td>
<td>24.1</td>
</tr>
<tr>
<td>% Medical Advice on Weight in Past Year</td>
<td>🌧 20.7</td>
<td>🌧 27.4</td>
<td>🌧 27.0</td>
<td>🌧 23.7</td>
</tr>
<tr>
<td>% [Overweights] Counseled About Weight in Past Year</td>
<td>🌧 22.7</td>
<td>🌧 30.3</td>
<td>🌧 30.2</td>
<td>🌧 31.8</td>
</tr>
<tr>
<td>% [Obese Adults] Counseled About Weight in Past Year</td>
<td>🌧 41.2</td>
<td>🌧 48.3</td>
<td>🌧 41.2</td>
<td>🌧 42.7</td>
</tr>
<tr>
<td>% [Overweights] Trying to Lose Weight Both Diet/Exercise</td>
<td>🌧 36.5</td>
<td>🌧 39.5</td>
<td>🌧 36.5</td>
<td>🌧 40.7</td>
</tr>
<tr>
<td>% Child [Age 5-17] Healthy Weight</td>
<td>🌧 34.1</td>
<td>🌧 36.4</td>
<td>🌧 42.7</td>
<td>🌧 56.7</td>
</tr>
<tr>
<td>% Children [Age 5-17] Overweight (85th Percentile)</td>
<td>🌧 34.4</td>
<td>🌧 31.5</td>
<td>🌧 34.4</td>
<td>🌧 38.6</td>
</tr>
<tr>
<td>% Children [Age 5-17] Obese (95th Percentile)</td>
<td>🌧 15.8</td>
<td>🌧 14.5</td>
<td>🌧 15.8</td>
<td>🌧 21.9</td>
</tr>
</tbody>
</table>

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### Physical Activity

<table>
<thead>
<tr>
<th>Physical Activity</th>
<th>Service Area vs. Other</th>
<th>Merced County vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>MHLB Service Area</td>
<td>Other Merced County</td>
</tr>
<tr>
<td>% No Leisure-Time Physical Activity</td>
<td>17.1</td>
<td>24.1</td>
</tr>
<tr>
<td>% Meeting Physical Activity Guidelines</td>
<td>56.9</td>
<td>49.1</td>
</tr>
<tr>
<td>% Moderate Physical Activity</td>
<td>34.5</td>
<td>22.9</td>
</tr>
<tr>
<td>% Vigorous Physical Activity</td>
<td>49.4</td>
<td>38.6</td>
</tr>
<tr>
<td>Recreation/Fitness Facilities per 100,000</td>
<td>6.3</td>
<td>![cloud]</td>
</tr>
<tr>
<td>% Medical Advice on Physical Activity in Past Year</td>
<td>49.0</td>
<td>49.3</td>
</tr>
<tr>
<td>% Child [Age 2-17] Physically Active 1+ Hours per Day</td>
<td>52.5</td>
<td>![cloud]</td>
</tr>
</tbody>
</table>

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### Oral Health

<table>
<thead>
<tr>
<th>Oral Health</th>
<th>Service Area vs. Other</th>
<th>Merced County vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>MHLB Service Area</td>
<td>Other Merced County</td>
</tr>
<tr>
<td>% [Age 18+] Dental Visit in Past Year</td>
<td>53.2</td>
<td>64.3</td>
</tr>
</tbody>
</table>
### Oral Health (continued)

#### % Child [Age 2-17] Dental Visit in Past Year

<table>
<thead>
<tr>
<th>MHLB Service Area</th>
<th>Other Merced County</th>
<th>Merced County vs. CA</th>
<th>Merced County vs. US</th>
<th>Merced County vs. HP2020</th>
<th>TREND</th>
</tr>
</thead>
<tbody>
<tr>
<td>83.1 d</td>
<td>81.5 b</td>
<td>49.0 h</td>
<td>80.1 b</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### % Have Dental Insurance

<table>
<thead>
<tr>
<th>MHLB Service Area</th>
<th>Other Merced County</th>
<th>Merced County vs. CA</th>
<th>Merced County vs. US</th>
<th>Merced County vs. HP2020</th>
<th>TREND</th>
</tr>
</thead>
<tbody>
<tr>
<td>68.6 d</td>
<td>65.6 b</td>
<td>54.4 h</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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### Respiratory Diseases

#### CLRD (Age-Adjusted Death Rate)

<table>
<thead>
<tr>
<th>MHLB Service Area</th>
<th>Other Merced County</th>
<th>Merced County vs. CA</th>
<th>Merced County vs. US</th>
<th>Merced County vs. HP2020</th>
<th>TREND</th>
</tr>
</thead>
<tbody>
<tr>
<td>42.2 h</td>
<td>33.9 b</td>
<td>41.4 h</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Pneumonia/Influenza (Age-Adjusted Death Rate)

<table>
<thead>
<tr>
<th>MHLB Service Area</th>
<th>Other Merced County</th>
<th>Merced County vs. CA</th>
<th>Merced County vs. US</th>
<th>Merced County vs. HP2020</th>
<th>TREND</th>
</tr>
</thead>
<tbody>
<tr>
<td>17.6 b</td>
<td>15.5 h</td>
<td>15.1 h</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### % COPD (Lung Disease)

<table>
<thead>
<tr>
<th>MHLB Service Area</th>
<th>Other Merced County</th>
<th>Merced County vs. CA</th>
<th>Merced County vs. US</th>
<th>Merced County vs. HP2020</th>
<th>TREND</th>
</tr>
</thead>
<tbody>
<tr>
<td>10.6 h</td>
<td>4.6 b</td>
<td>8.6 h</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### % [Adult] Currently Has Asthma

<table>
<thead>
<tr>
<th>MHLB Service Area</th>
<th>Other Merced County</th>
<th>Merced County vs. CA</th>
<th>Merced County vs. US</th>
<th>Merced County vs. HP2020</th>
<th>TREND</th>
</tr>
</thead>
<tbody>
<tr>
<td>12.0 h</td>
<td>8.8 b</td>
<td>9.4 h</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### % [Child 0-17] Currently Has Asthma

<table>
<thead>
<tr>
<th>MHLB Service Area</th>
<th>Other Merced County</th>
<th>Merced County vs. CA</th>
<th>Merced County vs. US</th>
<th>Merced County vs. HP2020</th>
<th>TREND</th>
</tr>
</thead>
<tbody>
<tr>
<td>7.7 h</td>
<td>7.1 b</td>
<td>11.0 h</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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### Sexually Transmitted Diseases

<table>
<thead>
<tr>
<th></th>
<th>Service Area vs. Other</th>
<th>Merced County vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>MHLB Service Area</td>
<td>Other Merced County</td>
</tr>
<tr>
<td>Gonorrhea Incidence per 100,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chlamydia Incidence per 100,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% [Unmarried 18-64] 3+ Sexual Partners in Past Year</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% [Unmarried 18-64] Using Condoms</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Substance Abuse

<table>
<thead>
<tr>
<th></th>
<th>Service Area vs. Other</th>
<th>Merced County vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>MHLB Service Area</td>
<td>Other Merced County</td>
</tr>
<tr>
<td>Cirrhosis/Liver Disease (Age-Adjusted Death Rate)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Current Drinker</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Excessive Drinkers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Drinking &amp; Driving in Past Month</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Note:** In the green section, each subarea is compared against the other. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

**TRENDS:**
- ☀️ better
- 🌧️ similar
- 🙁 worse
### Substance Abuse (continued)

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Service Area vs. Other</th>
<th>Merced County vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drug-Induced Deaths (Age-Adjusted Death Rate)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Illicit Drug Use in Past Month</td>
<td>1.3</td>
<td>11.5, 14.6, 11.3</td>
</tr>
<tr>
<td>% Ever Sought Help for Alcohol or Drug Problem</td>
<td>6.6, 1.3</td>
<td>4.0, 7.1, 2.7</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Tobacco Use</th>
<th>Service Area vs. Other</th>
<th>Merced County vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Current Smoker</td>
<td>7.3</td>
<td>11.4, 12.5, 12.0, 13.1</td>
</tr>
<tr>
<td>% Someone Smokes at Home</td>
<td>16.1</td>
<td>14.0</td>
</tr>
<tr>
<td>% [Non-Smokers] Someone Smokes in the Home</td>
<td>11.7, 6.5</td>
<td>6.9</td>
</tr>
<tr>
<td>% [Household With Children] Someone Smokes in the Home</td>
<td>13.3</td>
<td>9.7, 10.3</td>
</tr>
<tr>
<td>% Smoke Cigars</td>
<td>2.5</td>
<td>3.7</td>
</tr>
</tbody>
</table>

Note: In the green section, each subarea is compared against the other. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

- better
- similar
- worse
### Tobacco Use (continued)

#### % Use Smokeless Tobacco

<table>
<thead>
<tr>
<th>Service Area vs. Other</th>
<th>Merced County vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>MHLB Service Area</strong></td>
<td><strong>Merced County</strong></td>
</tr>
<tr>
<td>% Use Smokeless Tobacco</td>
<td>vs. CA vs. US vs. HP2020</td>
</tr>
<tr>
<td>Other</td>
<td>Merced County</td>
</tr>
<tr>
<td>4.6</td>
<td>1.8</td>
</tr>
</tbody>
</table>

Note: In the green section, each subarea is compared against the other. Throughout these tables, a blank or empty cell indicates that data are not available for the indicator or that sample sizes are too small to provide meaningful results.

#### Vision

<table>
<thead>
<tr>
<th>Service Area vs. Other</th>
<th>Merced County vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>MHLB Service Area</strong></td>
<td><strong>Merced County</strong></td>
</tr>
<tr>
<td>% Blindness/Trouble Seeing</td>
<td>vs. CA vs. US vs. HP2020</td>
</tr>
<tr>
<td>Other</td>
<td>Merced County</td>
</tr>
<tr>
<td>9.0</td>
<td>10.1</td>
</tr>
</tbody>
</table>

% Eye Exam in Past 2 Years

<table>
<thead>
<tr>
<th>Service Area vs. Other</th>
<th>Merced County vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>MHLB Service Area</strong></td>
<td><strong>Merced County</strong></td>
</tr>
<tr>
<td>% Eye Exam in Past 2 Years</td>
<td>vs. CA vs. US vs. HP2020</td>
</tr>
<tr>
<td>Other</td>
<td>Merced County</td>
</tr>
<tr>
<td>45.0</td>
<td>54.9</td>
</tr>
</tbody>
</table>

Note: In the green section, each subarea is compared against the other. Throughout these tables, a blank or empty cell indicates that data are not available for the indicator or that sample sizes are too small to provide meaningful results.
Community Description
Population Characteristics

Total Population

Merced County, the focus of this Community Health Needs Assessment, encompasses 1,934.46 square miles and houses a total population of 258,707 residents, according to latest census estimates.

- The MHLB Service Area houses a total population of 57,796.

<table>
<thead>
<tr>
<th></th>
<th>Total Population</th>
<th>Total Land Area (Square Miles)</th>
<th>Population Density (Per Square Mile)</th>
</tr>
</thead>
<tbody>
<tr>
<td>MHLB Service Area</td>
<td>57,796</td>
<td>—</td>
<td>—</td>
</tr>
<tr>
<td>Merced County</td>
<td>258,707</td>
<td>1,934.46</td>
<td>133.74</td>
</tr>
<tr>
<td>California</td>
<td>37,659,180</td>
<td>155,738.02</td>
<td>241.81</td>
</tr>
<tr>
<td>United States</td>
<td>311,536,591</td>
<td>3,530,997.6</td>
<td>88.23</td>
</tr>
</tbody>
</table>


Population Change 2000-2010

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

Between the 2000 and 2010 US Censuses, the population of Merced County increased by 44,646 persons, or 21.1%.

- A greater proportional increase than seen across the state.
- A greater proportional increase than seen nationwide.
- Note that the proportional increase in the MHLB Service Area was slightly above that found countywide.
Change in Total Population
(Percentage Change Between 2000 and 2010)

Sources:

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

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

Population Change, Percent by Tract, US Census 2000-2010
Urban/Rural Population

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

Merced County is predominantly urban, with 85.7% of the population living in areas designated as urban (83.3% in the MHLB Service Area ZIP Codes).

- Note that a lower proportion of the nation (but a higher proportion of the state) lives in an urban area.

Urban and Rural Population (2010)

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

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

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

- The percentage of older adults (65+) is lower than that found statewide and lower than the US figure.
Total Population by Age Groups, Percent
(2009-2013)

<table>
<thead>
<tr>
<th>Age Group</th>
<th>MHLB Service Area</th>
<th>Merced County</th>
<th>CA</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age 0-17</td>
<td>32.3%</td>
<td>9.4%</td>
<td>9.7%</td>
<td>11.8%</td>
</tr>
<tr>
<td>Age 18-64</td>
<td>59.3%</td>
<td>31.0%</td>
<td>24.5%</td>
<td>23.7%</td>
</tr>
<tr>
<td>Age 65+</td>
<td>6.4%</td>
<td>9.3%</td>
<td>11.8%</td>
<td>13.4%</td>
</tr>
</tbody>
</table>

Sources:

Median Age

Merced County is “younger” than the state and the nation in that the median age is lower.
The following map provides an illustration of the median age in Merced County, segmented by census tract.

**Race & Ethnicity**

**Race**

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

- The state racial distribution is less White, more Black, and more “Other” race.
- Nationally, the US population is more White, more Black, and less “Other” race.
- Note that the MHLB Service Area ZIP Codes are notably more White than the county, state and US.
Total Population by Race Alone, Percent  
(2009-2013)

<table>
<thead>
<tr>
<th>Race</th>
<th>MHLB Service Area</th>
<th>Merced County</th>
<th>CA</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>84.4%</td>
<td>86.9%</td>
<td>82.3%</td>
<td>74.0%</td>
</tr>
<tr>
<td>Black</td>
<td>2.3%</td>
<td>3.1%</td>
<td>6.0%</td>
<td>4.3%</td>
</tr>
<tr>
<td>Some Other Race</td>
<td>12.9%</td>
<td>25.9%</td>
<td>27.6%</td>
<td>12.8%</td>
</tr>
<tr>
<td>Multiple Races</td>
<td>3.6%</td>
<td>3.5%</td>
<td>6.9%</td>
<td>10.6%</td>
</tr>
</tbody>
</table>

Sources:  US Census Bureau American Community Survey 5-year estimates (2009-2013).  

Ethnicity

A total of 55.6% of Merced County residents are Hispanic or Latino, increasing to 66.3% in the MHLB Service Area ZIP Codes.

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

Percent Population Hispanic or Latino  
(2009-2013)

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>MHLB Service Area</th>
<th>Merced County</th>
<th>CA</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hispanic</td>
<td>66.3%</td>
<td>55.6%</td>
<td>37.9%</td>
<td>16.6%</td>
</tr>
</tbody>
</table>

Sources:  US Census Bureau American Community Survey 5-year estimates (2009-2013).  

Notes:  Origin can be viewed as the heritage, nationality group, lineage, or country of birth of the person or the person’s parents or ancestors before their arrival in the United States. People who identify their origin as Hispanic, Latino, or Spanish may be of any race.
The map below illustrates the concentration of Hispanic/Latino residents in the area.

Population Hispanic or Latino, Percent by Tract, ACS 2009-2013

Between 2000 and 2010, the Hispanic population in Merced County increased by 44,638 or 46.6% (the MHLB Service Area realized a considerably higher increase in the Hispanic population).

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

Hispanic Population Change
(Percentage Change in Hispanic Population Between 2000 and 2010)

Sources:  
- US Census Bureau Decennial Census (2000-2010),  
Linguistic Isolation

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

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

**Linguistically Isolated Population**

(2009-2013)

---

**Sources:**

**Notes:**
- This indicator reports the percentage of the population aged 5 and older who live in a home in which no person 14 years old and over speaks only English, or in which no person 14 years old and over speaks a non-English language and speak English “very well.”
Note the following map illustrating linguistic isolation in Merced County.

Population in Linguistically Isolated Households, Percent by Tract, ACS 2009-2013
Social Determinants of Health

About Social Determinants

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

- Healthy People 2020 (www.healthypeople.gov)

Poverty

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

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

- Higher than the proportion reported statewide.
- Higher than found nationally.
- In the MHLB Service Area, 29.3% of residents live below poverty, 57.1% below 200% of poverty.

Population in Poverty

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

<table>
<thead>
<tr>
<th>Source</th>
<th>&lt;100% of Poverty</th>
<th>&lt;200% of Poverty</th>
</tr>
</thead>
<tbody>
<tr>
<td>MHLB Service Area</td>
<td>29.3%</td>
<td>57.1%</td>
</tr>
<tr>
<td>Merced County CA</td>
<td>25.4%</td>
<td>53.1%</td>
</tr>
<tr>
<td>CA US</td>
<td>15.9%</td>
<td>34.2%</td>
</tr>
<tr>
<td>US</td>
<td>15.4%</td>
<td>35.9%</td>
</tr>
</tbody>
</table>

Sources:

Notes:
- Poverty is considered a key driver of health status. This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.
The maps that follow show concentrations of poverty by census tract in Merced County.

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

![Map of population below the poverty level](image1)

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

![Map of population below 200% of poverty](image2)
Children in Low-Income Households

Additionally, 65.6% of Merced County children age 0-17 (representing an estimated 51,810 children) live below the 200% poverty threshold.

- Above the proportion found statewide.
- Above the proportion found nationally.
- Note that the local proportion is somewhat lower in the MHLB Service Area.

Percent of Children in Low-Income Households
(Children 0-17 Living Below 200% of the Poverty Level, 2009-2013)

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

Sources:

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

- The following map illustrates the geographic distribution of children living below 200% of the poverty level in the area.
Children (0-17) Living Below 200% of Poverty, Percent by Tract, ACS 2009-2013

Education
Among the Merced County population age 25 and older, an estimated 33.3% (over 49,000 people) do not have a high school education (35.8% in the MHLB Service Area).

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

Population With No High School Diploma
(Population Age 25+ Without a High School Diploma or Equivalent, 2009-2013)

Sources:  

Notes:  
- This indicator is relevant because educational attainment is linked to positive health outcomes.
• The concentration of those without a high school education is represented geographically in the map below.

Population With No High School Diploma, Percent by Tract, ACS 2009-2013
Employment

According to data derived from the US Department of Labor, the unemployment rate in Merced County in October 2015 was 9.1%.

- Higher than the statewide unemployment rate.
- Nearly twice the national unemployment rate.
- TREND: Unemployment for Merced County has trended downward since 2010, echoing the state and national trends.

Unemployment Rate

(Percent of Non-Institutionalized Population Age 16+ Unemployed, Not Seasonally-Adjusted)

Sources:

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

Self-Reported Health Status

A total of 39.5% of Merced County adults rate their overall health as “excellent” or “very good.”

- Another 38.7% gave “good” ratings of their overall health.
- However, 21.7% of Merced County adults believe that their overall health is “fair” or “poor.”

**Self-Reported Health Status**
(Merced County, 2015)

- **Very Good** 24.9%
- **Excellen**t 14.6%
- **Poor** 4.5%
- **Fair** 17.2%
- **Good** 38.7%

**Sources:** 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 5]

**Notes:** Asked of all respondents.

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

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

- Comparable to statewide findings.
- Worse than the national percentage.
- Better in the MHLB Service Area than in other parts of the county.
- TREND: No statistically significant change has occurred when comparing “fair/poor” overall health reports to previous survey results.
Experience “Fair” or “Poor” Overall Health

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

- Women.
- Residents age 40+ (note the positive correlation with age).
- Residents living at lower incomes.
- Hispanics.

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

**About Disability & Health**

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

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

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

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

- Healthy People 2020 (www.healthypeople.gov)

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

- Similar to the prevalence statewide.
- Similar to the national prevalence.
- No statistical difference by subarea.
- TREND: Statistically unchanged since 2012.
Activity limitations are more often noted among these adults:

- Adults age 40 and older (positive correlation with age).
- Non-Hispanic Whites and Hispanics.
- Other differences within demographic groups, as illustrated in the following chart, are not statistically significant.
Among persons reporting activity limitations, these are most often attributed to musculoskeletal issues, such as back/neck problems, fractures or bone/joint injuries, difficulty walking, or arthritis/rheumatism.

Other limitations noted with some frequency included mental health problems and lung/breathing problems.

---

**Type of Problem That Limits Activities**

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

<table>
<thead>
<tr>
<th>Problem Type</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Back/Neck Problem</td>
<td>31.0%</td>
</tr>
<tr>
<td>Mental Health</td>
<td>14.1%</td>
</tr>
<tr>
<td>Fracture/Bone/Joint Injury</td>
<td>9.8%</td>
</tr>
<tr>
<td>Walking Problem</td>
<td>7.3%</td>
</tr>
<tr>
<td>Arthritis/Rheumatism</td>
<td>6.1%</td>
</tr>
<tr>
<td>Lung/Breathing Problem</td>
<td>5.1%</td>
</tr>
<tr>
<td>Various Other (&lt;3% Each)</td>
<td>33.9%</td>
</tr>
</tbody>
</table>

**Sources:**
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 106]

**Notes:**
- Asked of those respondents reporting activity limitations.
Mental Health

About Mental Health & Mental Disorders

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

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

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

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

- Healthy People 2020 (www.healthypeople.gov)
Self-Reported Mental Health Status

A total of 55.9% of Merced County adults rate their overall mental health as “excellent” or “very good.”

- Another 29.7% gave “good” ratings of their own mental health status.

Self-Reported Mental Health Status
(Merced County, 2015)

A total of 14.4% of Merced County adults, however, believe that their overall mental health is “fair” or “poor.”

- Similar to the “fair/poor” response reported nationally.
- Nearly identical in both subareas.
- TREND: Statistically unchanged since 2012.

Experience “Fair” or “Poor” Mental Health

Sources: PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 100]
Notes: * Note that the MHLB Service Area column includes a small number of oversample interviews that are not reflected in the Merced County data column.
Women, adults age 40-64, and low income adults are much more likely to report experiencing “fair/poor” mental health than their demographic counterparts.

**Experience “Fair” or “Poor” Mental Health**
(Merced County, 2015)

<table>
<thead>
<tr>
<th>Group</th>
<th>Men</th>
<th>Women</th>
<th>18 to 39</th>
<th>40 to 64</th>
<th>65+</th>
<th>Low Income</th>
<th>Mid/High Income</th>
<th>Hispanic</th>
<th>White</th>
<th>Other</th>
<th>Merced County</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low Income</td>
<td>10.3%</td>
<td>18.4%</td>
<td>13.0%</td>
<td>18.0%</td>
<td>9.9%</td>
<td>20.3%</td>
<td>10.0%</td>
<td>17.2%</td>
<td>12.1%</td>
<td>10.3%</td>
<td>14.4%</td>
</tr>
</tbody>
</table>

Sources: 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 100]

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

**Depression**

**Diagnosed Depression**
A total of 16.3% of Merced County adults have been diagnosed by a physician as having a depressive disorder (such as depression, major depression, dysthymia, or minor depression).

- Similar to the California prevalence.
- Similar to the national finding.
- No statistical difference by subarea.
Have Been Diagnosed With a Depressive Disorder
(Merced County, 2015)

- Note that the prevalence of diagnosed depression is notably higher among women and adults between the ages of 40 and 64.

Sources: 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 103]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
- Depressive disorders include depression, major depression, dysthymia, or minor depression.
- * Note that the MHLB Service Area column includes a small number of oversample interviews that are not reflected in the Merced County data column.

- Men
- Women
- 18 to 39
- 40 to 64
- 65+
- Low Income
- Mid/High Income
- Hispanic
- White
- Other
- Merced County

Have Been Diagnosed With a Depressive Disorder
(2015 PRC Community Health Survey, Professional Research Consultants, Inc.)
Symptoms of Chronic Depression
A total of 36.1% of Merced County adults have had two or more years in their lives when they felt depressed or sad on most days, although they may have felt okay sometimes (symptoms of chronic depression).

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

Have Experienced Symptoms of Chronic Depression

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

- Women.
- Adults with lower incomes.
Have Experienced Symptoms of Chronic Depression
(Merced County, 2015)

Sources: 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 101]
Notes: Asked of all respondents.

Chronic depression includes periods of two or more years during which the respondent felt depressed or sad on most days, even if (s)he felt okay sometimes.

Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).

Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Low Income” includes households with incomes up to 200% of the federal poverty level; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.

Stress

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

- Another 39.4% of survey respondents characterize their typical day as “moderately stressful.”

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

Sources: 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 102]
Notes: Asked of all respondents.
In contrast, 12.8% of Merced County adults experience “very” or “extremely” stressful days on a regular basis.

- Similar to national findings.
- No statistical difference by subarea.
- TREND: Statistically similar to the 2012 findings.

Perceive Most Days As “Extremely” or “Very” Stressful

Note that high stress levels are more prevalent among:

- Adults under 65 (note the negative correlation with age).
- Residents with higher incomes.
- Hispanics and Whites.
Perceive Most Days as “Extremely” or “Very” Stressful
(Merced County, 2015)

<table>
<thead>
<tr>
<th></th>
<th>Men</th>
<th>Women</th>
<th>18 to 39</th>
<th>40 to 64</th>
<th>65+</th>
<th>Low Income</th>
<th>Mid/High Income</th>
<th>Hispanic</th>
<th>White</th>
<th>Other</th>
<th>Merced County</th>
</tr>
</thead>
<tbody>
<tr>
<td>12.3%</td>
<td>13.3%</td>
<td>18.8%</td>
<td>8.6%</td>
<td>3.7%</td>
<td>8.3%</td>
<td>16.6%</td>
<td>12.2%</td>
<td>17.3%</td>
<td>3.6%</td>
<td>12.8%</td>
<td></td>
</tr>
</tbody>
</table>

Sources: 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 102]

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

Suicide

Between 2012 and 2014, there was an annual average age-adjusted suicide rate of 9.5 deaths per 100,000 population in Merced County.

- Slightly lower than the statewide rate.
- Lower than the national rate.
- Satisfies the Healthy People 2020 target of 10.2 or lower.

Suicide: Age-Adjusted Mortality
(2012-2014 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 10.2 or Lower

<table>
<thead>
<tr>
<th></th>
<th>Merced County</th>
<th>CA</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>9.5</td>
<td>10.2</td>
<td>12.7</td>
<td></td>
</tr>
</tbody>
</table>

Sources: CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted January 2016.

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
Mental Health Treatment
Among adults with a diagnosed depressive disorder, 66.3% acknowledge that they have sought professional help for a mental or emotional problem.

- Similar to national findings.

Adults With Diagnosed Depression Who Have Ever Sought Professional Help for a Mental or Emotional Problem
(Among Adults With Diagnosed Depressive Disorder)

![Graph showing the percentage of adults with diagnosed depression who have sought professional help in Merced County and the United States.]

Sources:  
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 123]  
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:  
- Reflects those respondents with a depressive disorder diagnosed by a physician (such as depression, major depression, dysthymia, or minor depression).

Key Informant Input: Mental Health
More than two-thirds of key informants taking part in an online survey characterized Mental Health as a “major problem” in the community.

Perceptions of Mental Health as a Problem in the Community
(Key Informants, 2016)

![Bar chart showing the percentage of key informants who perceive mental health as a major, moderate, minor, or no problem.]

Sources:  
- PRC Online Key Informant Survey, Professional Research Consultants, Inc.

Notes:  
- Asked of all respondents.
Challenges

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

Lack of Resources

Lack of resources, slow response time and lack of acute care facilities. I also see variation in treatment between primary care providers and mental health. Maybe they should partner to care for people in the best way. - Other Health Provider

No resources for these people. These patients often get dumped in the Emergency Department because people do not know what to do with them. They really do not have many options. - Other Health Provider

The challenges are the overall lack of resources in the county, and especially, in our local community. With few mental health resources available locally, our hospital Emergency Department becomes that resource until the county can send out a representative to evaluate the mental health patient. Many times the patients will be evaluated and released by their behavioral health representative only to be back in the Emergency Department within days or weeks. There are times, especially concerning minors, where the mental health patient will be held in an Emergency Department bed for 72 hours. We have a small, 10-bed Emergency Department with a throughput of about 36,000 patient visits per year. These mental health holds/visits have a negative impact on our ability to manage the volume of visits. - Other Health Provider

More folks with mental health issues than available services. Many need more care than can be provided. Only the most at risk qualify for services. Residents that have moderate mental health issues cannot access local services or afford to pay for any type of counseling services so they self-treat. Many do not realize that they have issues. - Community/Business Leader

There are little or no mental resources in our community. There is no follow up with mental illness. No programs or help for these types of illnesses. Where does the responsibility lie, with the police or healthcare? - Community/Business Leader

Lack of resources. Merced County has a facility in Los Banos however, the psychiatry services are minimal. Two days a week for adult and two days a week for children. Clinical staff is overwhelmed with consumers that need further evaluation and counseling services. Anger management, communication skills, coping skills and parenting classes are needed to educate and support consumers. Domestic Violence assistance and support is needed. Homelessness support is needed. Consumers have to travel to Merced for any support. - Other Health Provider

There are few resources for people in Los Banos who have insurance. The county mental health department is available for Medi-Cal, but if they don’t want to use the services, there are only a few options available. - Other Health Provider

Limited resources. Also, some of our homeless have mental health issues and have nowhere to go for services. - Community/Business Leader

No mental health in the community. - Community/Business Leader

Not a lot of places to go for this service for people with medical or private insurance. Medical clients have to wait a long period of time to get an appointment here in Los Banos for a mental health assessment and the private insurance clients are also limited. There are more services available in Merced. Transportation issues prevent people from going to Merced to obtain services over there. - Other Health Provider

There are no known treatment areas within the city of Gustine. We have to either transport to Merced or wait for them to drive out to us. - Community/Business Leader

No places for treatment or long term care. - Community/Business Leader

There aren’t any clinics or centers in our town. - Community/Business Leader

Mental health is a real big problem in the county. Access is difficult if a child needs to be assessed or have treatment. Maternal mental is very difficult to obtain assistance for treatment. Both child and maternal mental health are almost non-existent. With the high incidence of domestic violence and child abuse in the county, one would think there would be services to assist with the care. - Public Health Representative
The local hospital is not equipped to handle this issue. The Merced County Mental Health Department is impacted and need more staff to handle the load. - Community/Business Leader

Lack of Providers

Not enough mental health staff members to cover the 24 hour gap in care for these patients. Plus poor response times to the Emergency Department for Mental Health triage care, especially for pediatric patients. - Community/Business Leader

No Psychiatrist. - Physician

Access to providers. - Public Health Representative

No physician or mental health nurse available. - Physician

Access to Psychologists and Psychiatrists. – Physician

Limited to county or government contract services. No private doctors or services. - Community/Business Leader

No private providers, some patients may qualify for county mental health assistance. – Physician

Access to Care/Services

Access to services and doctors. - Community/Business Leader

Patients wait a long time to see a psychiatrist for evaluation and treatment, especially the pediatric population. - Other Health Provider

Getting timely assistance. Having to wait to see a therapist. - Community/Business Leader

Access to provider. – Physician

Access to services, although this is improving with behavioral health better linked to primary care services for those with mild to moderate diagnosis. - Other Health Provider

No access to counseling sessions, housing, jobs and shelter. - Other Health Provider

Very limited and giving care to our patients with respect. - Other Health Provider

Homelessness/Unemployment

I believe the homeless are mostly mentally ill and need treatment centers to tend to their needs. There is a major shortage of mental health programs throughout the state. Many homeless end up self-medicating with alcohol and drugs and get involved in criminal activities. - Community/Business Leader

Homelessness. Not enough access to counselors. Not enough drug treatment centers. High unemployment. - Social Services Provider

Mental health services for the homeless. - Community/Business Leader

Denial/Stigma

Stigma and lack of access to clinicians, especially Psychiatry. - Other Health Provider

Stigma and education. - Other Health Provider

Stigma for seeking services. Not enough providers to treat the mild to moderate. Hard to find psychiatrists for Merced County. - Other Health Provider

Transient Population

Our transient population appears to be mostly made up of individuals who display signs of major mental health issues. This population is a major contributor to fires, theft and trash piles throughout our community. Providing mental treatment to these individuals would have a positive impact on eliminating many of these community problems. - Community/Business Leader

Collaboration

Our mental health department is stretched very thin. The need is great in our community. We definitely need more education and more community involvement. We need more partners at the table to collaborate together. - Community/Business Leader

Incidence/Prevalence

High level of patient contact with individuals with some sort of mental health issue. - Community/Business Leader
Death, Disease & Chronic Conditions
Leading Causes of Death

Distribution of Deaths by Cause
Together, cardiovascular disease (heart disease and stroke) and cancers accounted for over one-half (51.8%) of all deaths in Merced County in 2014.

Leading Causes of Death
(Merced County, 2014)

Sources: CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted January 2016.
Notes: Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
CLRD is chronic lower respiratory disease.

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

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

The following chart outlines 2012-2014 annual average age-adjusted death rates per 100,000 population for selected causes of death in Merced County.

Note that age-adjusted mortality rates in Merced County are worse than national rates for unintentional injuries (including motor vehicle accidents), stroke, diabetes mellitus, Alzheimer’s disease, pneumonia/influenza, cirrhosis/liver disease, and homicide.

Of the causes outlined in the following chart for which Healthy People 2020 objectives have been established, Merced County rates fail to satisfy the related goals for all causes except cancer, suicide, and HIV/AIDS.
### Age-Adjusted Death Rates for Selected Causes
(2012-2014 Deaths per 100,000 Population)

<table>
<thead>
<tr>
<th>Disease Category</th>
<th>Merced County</th>
<th>California</th>
<th>US</th>
<th>HP2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diseases of the Heart</td>
<td>171.0</td>
<td>149.1</td>
<td>169.1</td>
<td>156.9*</td>
</tr>
<tr>
<td>Malignant Neoplasms (Cancers)</td>
<td>161.1</td>
<td>147.3</td>
<td>163.6</td>
<td>161.4</td>
</tr>
<tr>
<td>Unintentional Injuries</td>
<td>46.1</td>
<td>28.8</td>
<td>39.7</td>
<td>36.4</td>
</tr>
<tr>
<td>Chronic Lower Respiratory Disease (CLRD)</td>
<td>42.2</td>
<td>33.9</td>
<td>41.4</td>
<td>n/a</td>
</tr>
<tr>
<td>Cerebrovascular Disease (Stroke)</td>
<td>41.5</td>
<td>34.7</td>
<td>36.5</td>
<td>34.8</td>
</tr>
<tr>
<td>Diabetes Mellitus</td>
<td>28.1</td>
<td>20.6</td>
<td>21.1</td>
<td>20.5*</td>
</tr>
<tr>
<td>Alzheimer's Disease</td>
<td>26.7</td>
<td>30.3</td>
<td>24.2</td>
<td>n/a</td>
</tr>
<tr>
<td>Pneumonia/Influenza</td>
<td>17.6</td>
<td>15.5</td>
<td>15.1</td>
<td>n/a</td>
</tr>
<tr>
<td>Motor Vehicle Deaths</td>
<td>16.2</td>
<td>8.1</td>
<td>10.6</td>
<td>12.4</td>
</tr>
<tr>
<td>Chronic Lower Respiratory Disease (CLRD)</td>
<td>16.1</td>
<td>11.8</td>
<td>10.2</td>
<td>8.2</td>
</tr>
<tr>
<td>Cerebrovascular Disease (Stroke)</td>
<td>14.2</td>
<td>11.5</td>
<td>14.6</td>
<td>11.3</td>
</tr>
<tr>
<td>Drug-Induced</td>
<td>10.9</td>
<td>7.7</td>
<td>10.4</td>
<td>9.3</td>
</tr>
<tr>
<td>Firearm-Related</td>
<td>9.5</td>
<td>10.2</td>
<td>12.7</td>
<td>10.2</td>
</tr>
<tr>
<td>Intentional Self-Harm (Suicide)</td>
<td>9.3</td>
<td>4.9</td>
<td>5.2</td>
<td>5.5</td>
</tr>
<tr>
<td>Homicide/Legal Intervention</td>
<td>8.1</td>
<td>6.2</td>
<td>8.8</td>
<td>7.2</td>
</tr>
<tr>
<td>Fall-Related Deaths</td>
<td>7.2</td>
<td>7.4</td>
<td>13.2</td>
<td>n/a</td>
</tr>
<tr>
<td>Kidney Diseases</td>
<td>7.2</td>
<td>7.4</td>
<td>13.2</td>
<td>n/a</td>
</tr>
<tr>
<td>HIV/AIDS (2004-2013)</td>
<td>1.4</td>
<td>2.4</td>
<td>3.0</td>
<td>3.3</td>
</tr>
</tbody>
</table>

**Sources:**
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted January 2016.

**Note:** Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population and coded using ICD-10 codes.

*The Healthy People 2020 Heart Disease target is adjusted to account for all diseases of the heart; the Diabetes target is adjusted to reflect only diabetes mellitus-coded deaths.
Cardiovascular Disease

About Heart Disease & Stroke

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

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

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

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

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

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

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

- Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Heart Disease & Stroke Deaths

Heart Disease Deaths

Between 2012 and 2014 there was an annual average age-adjusted heart disease mortality rate of 171.0 deaths per 100,000 population in Merced County.

- Notably higher than the statewide rate.
- Comparable to the national rate.
- Fails to satisfy the Healthy People 2020 target of 156.9 or lower (as adjusted to account for all diseases of the heart).
Heart Disease: Age-Adjusted Mortality
(2012-2014 Annual Average Deaths per 100,000 Population)
Healthy People 2020 Target = 156.9 or Lower (Adjusted)

<table>
<thead>
<tr>
<th>Source:</th>
</tr>
</thead>
<tbody>
<tr>
<td>CDC WONDER Online Query System, Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted January 2016.</td>
</tr>
<tr>
<td>Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).</td>
</tr>
<tr>
<td>Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.</td>
</tr>
<tr>
<td>The Healthy People 2020 Heart Disease target is adjusted to account for all diseases of the heart.</td>
</tr>
</tbody>
</table>

Stroke Deaths
Between 2012 and 2014, there was an annual average age-adjusted stroke mortality rate of 41.5 deaths per 100,000 population in Merced County.

- Less favorable than the California rate.
- Less favorable than the national rate.
- Fails to meet the Healthy People 2020 target of 34.8 or lower.

Stroke: Age-Adjusted Mortality
(2012-2014 Annual Average Deaths per 100,000 Population)
Healthy People 2020 Target = 34.8 or Lower

<table>
<thead>
<tr>
<th>Source:</th>
</tr>
</thead>
<tbody>
<tr>
<td>CDC WONDER Online Query System, Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted January 2016.</td>
</tr>
<tr>
<td>Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).</td>
</tr>
<tr>
<td>Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.</td>
</tr>
</tbody>
</table>
Prevalence of Heart Disease & Stroke

Prevalence of Heart Disease

A total of 10.0% of surveyed adults report that they suffer from or have been diagnosed with heart disease, such as coronary heart disease, angina or heart attack.

- Less favorable than the national prevalence.
- Considerably more favorable in the MHLB Service Area.
- TREND: Similar to the 2012 finding.

Prevalence of Heart Disease

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

- Men.
- Adults age 40+ (note the positive correlation with age).
Prevalence of Heart Disease
(Merced County, 2015)

Sources: 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 124]

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

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

- Similar to statewide findings.
- Similar to national findings.
- No statistical difference by subarea.
- TREND: Statistically unchanged since 2012.

Prevalence of Stroke

Sources: PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 36]
2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: * Note that the MHLB Service Area column includes a small number of oversample interviews that are not reflected in the Merced County data column.
Note the positive correlation between stroke diagnosis and age.

### Prevalence of Stroke
(Merced County, 2015)

![Bar chart showing prevalence of stroke by various categories]
Cardiovascular Risk Factors

**About Cardiovascular Risk**

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

- Healthy People 2020 (www.healthypeople.gov)

**Hypertension (High Blood Pressure)**

**High Blood Pressure Testing**

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

- Similar to national findings.
- No statistical difference by subarea.
- Similar to the Healthy People 2020 target (92.6% or higher).
- TREND: Statistically unchanged since 2012.

### Have Had Blood Pressure Checked in the Past Two Years

<table>
<thead>
<tr>
<th>Healthy People 2020 Target = 92.6% or Higher</th>
</tr>
</thead>
<tbody>
<tr>
<td>MHLB Service Area</td>
</tr>
<tr>
<td>90.0%</td>
</tr>
</tbody>
</table>

**Sources:**
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 45]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

**Notes:**
- * Note that the MHLB Service Area column includes a small number of oversample interviews that are not reflected in the Merced County data column.
Prevalence of Hypertension

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

- Less favorable than the California prevalence.
- Similar to the national prevalence.
- Similar by subarea.
- Does not meet the Healthy People 2020 target (26.9% or lower).
- TREND: Statistically unchanged since 2012.
- Among hypertensive adults, 76.3% have been diagnosed with high blood pressure more than once.

Hypertension diagnoses are higher among adults age 40 and older, and especially seniors (note positive correlation with age), higher-income residents, and Whites.
Prevalence of High Blood Pressure
(Merced County, 2015)
Healthy People 2020 Target = 26.9% or Lower

Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 125]

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

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

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

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

Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 44]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents who have been diagnosed with high blood pressure.
- In this case, the term “action” refers to medication, change in diet, or exercising.
High Blood Cholesterol

**Blood Cholesterol Testing**

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

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

**Have Had Blood Cholesterol Levels Checked in the Past Five Years**

<table>
<thead>
<tr>
<th></th>
<th>Healthy People 2020 Target = 82.1% or Higher</th>
</tr>
</thead>
<tbody>
<tr>
<td>MHLB Service Area</td>
<td>82.3%</td>
</tr>
<tr>
<td>Other Merced County</td>
<td>86.4%</td>
</tr>
<tr>
<td>Merced County*</td>
<td>85.3%</td>
</tr>
<tr>
<td>California</td>
<td>75.2%</td>
</tr>
<tr>
<td>United States</td>
<td>86.6%</td>
</tr>
<tr>
<td>Merced County 2012</td>
<td>83.5%</td>
</tr>
<tr>
<td>Merced County 2015</td>
<td>85.3%</td>
</tr>
</tbody>
</table>

Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 48]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
- * Note that the MHLB Service Area column includes a small number of oversample interviews that are not reflected in the Merced County data column.

- Residents age 18 to 39 report lower screening levels (positive correlation with age).
### Have Had Blood Cholesterol Levels Checked in the Past Five Years
(Merced County, 2015)

**Healthy People 2020 Target = 82.1% or Higher**

<table>
<thead>
<tr>
<th></th>
<th>Men</th>
<th>Women</th>
<th>18 to 39</th>
<th>40 to 64</th>
<th>65+</th>
<th>Low Income</th>
<th>Mid/High Income</th>
<th>Hispanic</th>
<th>White</th>
<th>Other</th>
<th>Merced County</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Percentage</strong></td>
<td>82.1%</td>
<td>88.7%</td>
<td>75.2%</td>
<td>91.7%</td>
<td>95.7%</td>
<td>82.5%</td>
<td>87.7%</td>
<td>85.0%</td>
<td>86.7%</td>
<td>80.0%</td>
<td>85.3%</td>
</tr>
</tbody>
</table>

#### Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 48]

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

### Self-Reported High Blood Cholesterol

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

- More favorable than the California findings.
- Similar to the national prevalence.
- Similar by subarea.
- More than twice the Healthy People 2020 target (13.5% or lower).
- TREND: Statistically unchanged since 2012.
Prevalence of High Blood Cholesterol
Healthy People 2020 Target = 13.5% or Lower

Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 126]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
- * Note that the MHLB Service Area column includes a small number of oversample interviews that are not reflected in the Merced County data column.
- **The CA data reflects those adults who have been tested for high cholesterol and who have been diagnosed with it.

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

Prevalence of High Blood Cholesterol
(Merced County, 2015)
Healthy People 2020 Target = 13.5% or Lower

Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 126]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
- Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL), for their household size. “Low Income” includes households with incomes up to 200% of the federal poverty level; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.
High Cholesterol Management
Among adults who have been told that their blood cholesterol was high, 85.0% report that they are currently taking actions to control their cholesterol levels.

- Comparable to that found nationwide.
- TRENDS: Comparable to the 2012 findings.

Taking Action to Control High Blood Cholesterol Levels
(Among Adults With High Cholesterol)

Respondents reporting high cholesterol were further asked:

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

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

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

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

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

Three health-related behaviors contribute markedly to cardiovascular disease:

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

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

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

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

Total Cardiovascular Risk

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

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

RELATED ISSUE: See also Nutrition, Overweight, Physical Activity, and Tobacco Use in the Modifiable Health Risk section of this report.
Present One or More Cardiovascular Risks or Behaviors

<table>
<thead>
<tr>
<th>Source</th>
<th>Value 1</th>
<th>Value 2</th>
<th>Value 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>MHLB Service Area</td>
<td>86.2%</td>
<td>86.6%</td>
<td>85.3%</td>
</tr>
<tr>
<td>Other Merced County</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Merced County*</td>
<td>82.3%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>United States</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Merced County 2012</td>
<td>84.7%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Merced County 2015</td>
<td>85.3%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Merced County</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Merced County</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Sources: PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 127]

Notes:
- Cardiovascular risk is defined as exhibiting one or more of the following: 1) no leisure-time physical activity; 2) regular/occasional cigarette smoking; 3) hypertension; 4) high blood cholesterol; and/or 5) being overweight/obese.
- * Note that the MHLB Service Area column includes a small number of oversample interviews that are not reflected in the Merced County data column.

Adults more likely to exhibit cardiovascular risk factors include:

- Adults age 40 and older.
- Lower-income residents.
- Hispanics and Whites.

Present One or More Cardiovascular Risks or Behaviors (Merced County, 2015)

<table>
<thead>
<tr>
<th>Source</th>
<th>Value 1</th>
<th>Value 2</th>
<th>Value 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Men</td>
<td>88.1%</td>
<td>82.4%</td>
<td>76.4%</td>
</tr>
<tr>
<td>Women</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18 to 39</td>
<td>94.2%</td>
<td>91.0%</td>
<td>90.9%</td>
</tr>
<tr>
<td>40 to 64</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>65+</td>
<td>82.1%</td>
<td>88.7%</td>
<td>84.2%</td>
</tr>
<tr>
<td>Low Income</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mid/High Income</td>
<td>74.5%</td>
<td>85.3%</td>
<td></td>
</tr>
<tr>
<td>Hispanic</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>White</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Merced County</td>
<td></td>
<td></td>
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</tbody>
</table>

Sources: 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 127]

Notes:
- Asked of all respondents.
- Cardiovascular risk is defined as exhibiting one or more of the following: 1) no leisure-time physical activity; 2) regular/occasional cigarette smoking; 3) hypertension; 4) high blood cholesterol; and/or 5) being overweight/obese.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
- Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Low Income” includes households with incomes up to 200% of the federal poverty level; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.
Key Informant Input: Heart Disease & Stroke

One-half of key informants taking part in an online survey characterized Heart Disease & Stroke as a “major problem” in the community.

Perceptions of Heart Disease and Stroke as a Problem in the Community
(Key Informants, 2016)

<table>
<thead>
<tr>
<th>Perception</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Major Problem</td>
<td>50.0%</td>
</tr>
<tr>
<td>Moderate Problem</td>
<td>30.9%</td>
</tr>
<tr>
<td>Minor Problem</td>
<td>13.2%</td>
</tr>
<tr>
<td>No Problem At All</td>
<td>5.9%</td>
</tr>
</tbody>
</table>

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

Top Concerns

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

Incidence/Prevalence

- Many people have had heart bypasses here. Heart disease seems to be a larger problem with younger people, strokes with the elderly. - Community/Business Leader
- It seems that many people are affected by this. - Community/Business Leader
- Very high incidence locally. - Community/Business Leader
- We are seeing more acute people in our facility. - Other Health Provider
- There appears to be a lot of heart disease and stroke in our population. - Community/Business Leader
- The rates of stroke and heart disease are high for our population. Obesity and diabetes rates also correlate with heart disease conditions and these rates are also high. - Other Health Provider
- Heart disease is a huge problem in all communities. We need more work on prevention of both heart and stroke. - Community/Business Leader

Lack of Resources

- STEM services not accessible in some areas. Limited access to safe, outdoor activities for exercise. Smoking prevalence. Limited access to affordable fresh fruits and vegetables in rural parts of the community. Transportation issues that affect access to educational and motivational activities related to heart diagnosis and stroke. - Other Health Provider
- The care for heart disease and stroke is a concern due to the fact that there is minimal care in the community including doctors, specialists and medical centers. - Other Health Provider
- Most patients must be transferred to larger facilities. - Community/Business Leader
- Immediate treatment has improved, but once stabilized, the patient has to be transferred out of town. - Community/Business Leader
- Stroke is airlifted out. - Community/Business Leader
- Cardiac catheterization and stenting and Vascular Lab. - Physician

Lifestyles

- Diet is the major contributing factor along with sedentary lifestyle. - Physician
Heart disease and stroke is a major problem due to poor lifestyle choices, genetic predisposition and chronic diseases that can lead to heart disease and stroke. - Public Health Representative

Poor eating habits and smoking. - Community/Business Leader

We have a weight/nutrition problem that contributes to heart disease. With some lifestyle changes much of the problem could be eliminated. - Community/Business Leader

**Lack of Specialists/Specialty Services**

Cardiology is covered, but there is a great need for a Neurologist, even if once a week in the local community. – Physician

Only one private facility with a doctor, not affiliated with the hospital. - Community/Business Leader

Weight control and medical specialists to assist in healing from heart disease. Everyone that I know goes out of town for treatment. I am not sure what type of trauma team is in town for stroke. - Community/Business Leader

**Lack of Education**

Lack of education and resources. Society as a whole has become less active. Everything we need is always at our fingertips, or on a device. We don’t seem to take care of ourselves anymore. We have become lazy. Many people in our community have heart disease and have had strokes. - Community/Business Leader

Poor education on healthy eating/living and lack of physician care. - Social Services Provider

**Early Diagnosis/Prevention**

Goes undetected way too often. - Community/Business Leader
Cancer

About Cancer

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

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

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

- Breast cancer (using mammography)
- Cervical cancer (using Pap tests)
- Colorectal cancer (using fecal occult blood testing, sigmoidoscopy, or colonoscopy)
- Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Cancer Deaths

All Cancer Deaths

Between 2012 and 2014, there was an annual average age-adjusted cancer mortality rate of 161.1 deaths per 100,000 population in Merced County.

- Less favorable than the statewide rate.
- Similar to the national rate.
- Similar to the Healthy People 2020 target of 161.4 or lower.
Cancer: Age-Adjusted Mortality
(2012-2014 Annual Average Deaths per 100,000 Population)
Healthy People 2020 Target = 161.4 or Lower

Merced County CA US

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted January 2016.

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

Cancer Deaths by Site

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

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

As can be seen in the following chart (referencing 2012-2014 annual average age-adjusted death rates):

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

Note that each of the cancer death rates detailed below satisfies their related Healthy People 2020 target.
Cancer Incidence

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

Between 2008 and 2012, Merced County had an annual average age-adjusted incidence rate of prostate cancer of 119.3 cases per 100,000 population.

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

There was an annual average age-adjusted incidence rate of 107.1 female breast cancer cases per 100,000 in Merced County.

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

There was an annual average age-adjusted incidence rate of 59.9 lung cancer cases per 100,000 in Merced County.

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

There was an annual average age-adjusted incidence rate of colorectal cancer of 39.3 cases per 100,000 in Merced County.

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

"Incidence rate" or "case rate" is the number of new cases of a disease occurring during a given period of time. It is usually expressed as cases per 100,000 population per year.
There was an annual average age-adjusted incidence rate of **cervical cancer** of 8.4 cases per 100,000 in Merced County.

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

**Cancer Incidence Rates by Site**  
(Annual Average Age-Adjusted Incidence per 100,000 Population, 2008-2012)

---

By available race data, Non-Hispanic Blacks experience a higher incidence of prostate, female breast, lung, and colorectal cancer than Non-Hispanic Whites or Hispanics in Merced County.

Whites report a higher incidence of female breast, lung, and colorectal cancers than Hispanics; while Hispanics have a higher prostate cancer incidence rate (the cervical cancer rates are similar among Non-Hispanic Whites and Hispanics).
Cancer Incidence Rates by Site and Race/Ethnicity
(Annual Average Age-Adjusted Incidence per 100,000 Population,
Merced County 2008-2012)

Sources:
• State Cancer Profiles: 2008-12.

Notes:
• This indicator reports the age adjusted incidence rate (cases per 100,000 population per year) of cancers, adjusted to 2000 US standard population age groups (under age 1, 1-4, 5-9, ..., 80-84, 85 and older). This indicator is relevant because cancer is a leading cause of death and it is important to identify cancers separately to better target interventions.
• The Merced County cervical cancer incidence for non-Hispanic Blacks is not available.

Prevalence of Cancer

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

• Similar to what is found statewide.
• Similar to the national average.
• No statistical difference by subarea.
• TREND: The prevalence of skin cancer is statistically unchanged over time.
Prevalence of Skin Cancer

Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 31]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
- * Note that the MHLB Service Area column includes a small number of oversample interviews that are not reflected in the Merced County data column.

Other Cancer

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

- Lower than the statewide prevalence.
- Lower than the national prevalence.
- Similar by subarea.
- TREND: The prevalence of cancer has remained unchanged over time.

Prevalence of Cancer (Other Than Skin Cancer)

Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 30]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
- * Note that the MHLB Service Area column includes a small number of oversample interviews that are not reflected in the Merced County data column.
Cancer Risk

About Cancer Risk

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

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

Cancer Screenings

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

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

Female Breast Cancer Screening

About Screening for Breast Cancer

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

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

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


Note that other organizations (e.g., American Cancer Society, American Academy of Family Physicians, American College of Physicians, National Cancer Institute) may have slightly different screening guidelines.
Mammography
Among Merced County women age 50-74, 73.8% have had a mammogram within the past two years.

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

Have Had a Mammogram in the Past Two Years
(Among Women Age 50-74)
Healthy People 2020 Target = 81.1% or Higher

Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 128-129]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

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

**About Screening for Cervical Cancer**

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

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

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

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

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

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


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

**Pap Smear Testing**

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

- More favorable than the California findings (which represents all women 18+).
- Comparable to national findings.
- Statistically comparable by subarea.
- Fails to satisfy the Healthy People 2020 target (93.0% or higher).
- TREND: Statistically unchanged since 2012.
Have Had a Pap Smear in the Past Three Years
(Among Women Age 21-65)
Healthy People 2020 Target = 93.0% or Higher

<table>
<thead>
<tr>
<th></th>
<th>MHLB Service Area</th>
<th>Other Merced County</th>
<th>Merced County*</th>
<th>California**</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>78.6%</td>
<td>88.7%</td>
<td>88.0%</td>
<td>78.3%</td>
<td>83.9%</td>
</tr>
<tr>
<td>2015</td>
<td>85.1%</td>
<td>88.0%</td>
<td>88.0%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Notes:**
- Reflects female respondents age 21 to 65.
- * Note that the MHLB Service Area column includes a small number of oversample interviews that are not reflected in the Merced County data column.
- **Note that the CA percentage represents all women age 18 and older.

**Sources:**
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 130]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Colorectal Cancer Screenings

**About Screening for Colorectal Cancer**

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

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


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

**Colorectal Cancer Screening**

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

- Similar to national findings.
- Similar by subarea.
- Satisfies the Healthy People 2020 target (70.5% or higher).
- TREND: Statistically unchanged since 2012.
**Have Had a Colorectal Cancer Screening**

(Among Adults Age 50-75)

Healthy People 2020 Target = 70.5% or Higher

Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 133]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents age 50 through 75.
- In this case, the term “colorectal screening” refers to adults age 50-75 receiving a FOBT (fecal occult blood test) in the past year and/or a lower endoscopy (sigmoidoscopy/colonoscopy) in the past 10 years.
- * Note that the MHLB Service Area column includes a small number of oversample interviews that are not reflected in the Merced County data column.

---

**Lower Endoscopy**

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

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

**Blood Stool Testing**

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

- Comparable to California findings.
- Lower than national findings.
Colorectal Cancer Screenings
(Among Merced County Adults Age 50 and Older, 2015)

Sources: PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 131-132]
2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: Asked of respondents age 50 and older.
Lower endoscopy includes either sigmoidoscopy or colonoscopy.

Key Informant Input: Cancer
A majority of informants taking part in an online survey characterized Cancer as a “major problem” in the community.

Perceptions of Cancer as a Problem in the Community
(Key Informants, 2016)

Top Concerns
Among those rating this issue as a “major problem,” reasons frequently related to the following:

Incidence/Prevalence
There seems to be a high number of cancer patients from our area and community. - Community/Business Leader
I know of many people with cancer and they all travel out of town for treatment. - Community/Business Leader
Los Banos Dos Palos area has high count of cancer patients. They have to drive 60 miles or
There are way too many instances of cancer. What is the cause? Also, members of the community have to travel out of town at least 30-100 miles to receive their treatments. This is a major barrier for cancer patients. - Community/Business Leader

I know many people who have had cancer. Cancer treatment centers have told these people that Los Banos is a cancer cluster. - Community/Business Leader

As a cancer survivor myself, it just seems like there are so many cases in our area. I am actively involved with Relay for Life so I see many cancer patients which could affect my viewpoint. Our community cancer numbers might be normal, but it seems like cancer is on the upswing. - Community/Business Leader

High rates of some cancers. Some medical specialty services out of county. - Other Health Provider

Cancer is becoming more and more widespread in our community. Many people are being affected by this terrible disease. - Community/Business Leader

Cancer is still the number one illness we see everywhere. - Community/Business Leader

We don't have any Oncologists. - Physician

No medical Oncologist. - Physician

There is no local Oncologist. - Physician

There are no medical and radiation Oncologists readily available. Specialized testing and follow up are not easily available. Palliative care is not available. - Physician

No community specialists. - Community/Business Leader

Access to chemotherapy treatment. We need a satellite clinic for patients with cancer. Also the mental health department needs to have a nurse to assist with patients going through cancer treatment for patients and family members. - Community/Business Leader

There are no facilities for treatment, i.e. Cancer Center. - Community/Business Leader

Minimal services available for ongoing cancer treatment. - Community/Business Leader

It's not that I think cancer is a problem, but treatment for cancer is the concern. - Other Health Provider

All cancer treatment requires travel to another community. - Other Health Provider

People have to travel to other cities to receive treatment. - Community/Business Leader

Cancer treatment is out of town to treat. - Community/Business Leader

Many residents diagnosed with brain cancer. Breast cancer patients go out of town for chemo and radiation. Merced or Turlock or even Stanford. - Community/Business Leader

Bad air and water. - Community/Business Leader

Agricultural chemicals. - Community/Business Leader

High cause of death locally. - Community/Business Leader

It can be a life-threatening condition and it needs long and expert care. - Community/Business Leader

Many are afflicted, but are poorly educated about the disease, doctors and resources. Additionally, patients have to travel out of town to receive treatment, relying on family or friends for transportation. Support during treatment is difficult as well. - Social Services Provider

Older people. - Physician
Respiratory Disease

About Asthma & COPD

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

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

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

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

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

Risk factors for asthma currently being investigated include:

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

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

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

- Healthy People 2020 (www.healthypeople.gov)

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

Chronic Lower Respiratory Disease Deaths (CLRD)

Between 2012 and 2014, there was an annual average age-adjusted CLRD mortality rate of 42.2 deaths per 100,000 population in Merced County.

- Higher than found statewide.
- Comparable to the national rate.

CLRD: Age-Adjusted Mortality
(2012-2014 Annual Average Deaths per 100,000 Population)

Sources: CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted January 2016.

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

Pneumonia/Influenza Deaths

Between 2012 and 2014, there was an annual average age-adjusted pneumonia/influenza mortality rate of 17.6 deaths per 100,000 population in Merced County.

- Higher than found statewide.
- Higher than the national rate.

Notes: COPD was changed to chronic lower respiratory disease (CLRD) in 1999 with the introduction of ICD-10 codes. CLRD is used in vital statistics reporting, but COPD is still widely used and commonly found in surveillance reports.
Pneumonia/Influenza: Age-Adjusted Mortality
(2012-2014 Annual Average Deaths per 100,000 Population)

Sources: CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted January 2016.

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

Respiratory Disease Prevalence

Chronic Obstructive Pulmonary Disease (COPD)

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

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

TREND: In comparing to 2012 data, the change in prevalence is not statistically significant.
Prevalence of Chronic Obstructive Pulmonary Disease (COPD)

<table>
<thead>
<tr>
<th></th>
<th>MHLB Service Area</th>
<th>Other Merced County</th>
<th>Merced County</th>
<th>California</th>
<th>United States</th>
<th>Merced County 2012**</th>
<th>Merced County 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>8.3%</td>
<td>11.2%</td>
<td>10.6%</td>
<td>4.6%</td>
<td>8.6%</td>
<td>10.2%</td>
<td>10.6%</td>
</tr>
</tbody>
</table>


Notes: • Asked of all respondents. • Includes those having ever suffered from or been diagnosed with COPD or chronic obstructive pulmonary disease, including bronchitis or emphysema. • * Note that the MHLB Service Area column includes a small number of oversample interviews that are not reflected in the Merced County data column. • ** In prior data, the term “chronic lung disease” was used, which also included bronchitis or emphysema.

Asthma

Adults

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

• Similar to the statewide prevalence.
• Similar to the national prevalence.
• Nearly identical in both subareas.
• TREND: The prevalence of adults with asthma has not changed significantly since 2012.
Adult Asthma: Current Prevalence

The following adults are more likely to suffer from asthma:

- Women.
- Hispanics.

Currently Have Asthma
(Merced County, 2015)
A total of 37.7% of respondents with asthma report three or more days in the past year on which they were unable to work or carry out their usual activities because of their asthma.

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

- None 59.2%
- Two Days 3.1%
- Three Days 2.0%
- Four Days 2.1%
- Five/More Days 33.6%

Median: 0 Days

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

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

- Similar to national findings.
- TREND: The prevalence of children with asthma has not changed significantly over time.
- Viewed by gender, boys are much more likely to have asthma than girls.

Childhood Asthma: Current Prevalence
(Among Parents of Children Age 0-17)

Sources: PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 135]
2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: Asked of all respondents with children 0 to 17 in the household.
Includes children who have ever been diagnosed with asthma, and whom are reported to still have asthma.
**Key Informant Input: Respiratory Disease**

Key informants taking part in an online survey most often characterized Respiratory Disease as a “moderate problem” in the community.

**Perceptions of Respiratory Diseases as a Problem in the Community**

*(Key Informants, 2016)*

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Major Problem</td>
<td>34.8%</td>
</tr>
<tr>
<td>Moderate Problem</td>
<td>43.5%</td>
</tr>
<tr>
<td>Minor Problem</td>
<td>15.9%</td>
</tr>
<tr>
<td>No Problem At All</td>
<td>5.8%</td>
</tr>
</tbody>
</table>

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

**Top Concerns**

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

**Air Quality/Agriculture**

- Air quality. Lack of investment in local infrastructure and too much investment in regional transit. Expanding highways and creating overpasses, which create more traffic. Green space. - Social Services Provider
- The air quality can be very poor throughout the year. Many folks, young and old, have asthma. Cigarette smoking contributes to many respiratory problems, lung cancer, emphysema, COPD. Being in an agricultural area can put more irritants into the air especially when the wind kicks up. The drought has not helped as well. - Community/Business Leader
- Poor air quality is the number one reason. - Other Health Provider
- Air pollution. - Community/Business Leader
- Many cases of asthma and allergies in Los Banos because of the poor quality of the air, particularly in the heat and in the fog. In spring, the winds and dry conditions cause a great deal of allergies. - Community/Business Leader
- Due to the agriculture in the area, high percentage of asthma in the county. - Public Health Representative
- This is an agricultural community. When crops are harvested the dust and allergens increase during harvesting season thereby causing many respiratory diseases. - Community/Business Leader

**Lack of Specialists/Specialty Services**

- No specialists. - Community/Business Leader
- COPD patients need follow up with care by nursing educator/respiratory therapist to make sure oxygen is being delivered to the home and that they have the needed medications to keep them compliant with their disease process. - Community/Business Leader
- Lack of services provided including doctors and specialists for individuals with asthma and respiratory diseases. - Other Health Provider
- Very limited. - Other Health Provider

**Incidence/Prevalence**

- There a lot of patients with asthma. - Other Health Provider
Due to allergies. – Physician
Respiratory problems like asthma. - Community/Business Leader
Injury & Violence

About Injury & Violence

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

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

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

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

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

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

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

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

Efforts to prevent violence may focus on:

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

Healthy People 2020 (www.healthypeople.gov)

Leading Causes of Accidental Death

Motor vehicle accidents, poisoning (including accidental drug overdose), and falls accounted for 78.7% of accidental deaths in Merced County from 2012 to 2014.

Other accidental causes of death to note included drowning/submersion, smoke/fire/flames, and suffocation as shown in the following chart.
Leading Causes of Accidental Death
(Merced County, 2012-2014)

Motor Vehicle Accidents 36.7%
Poisoning/Noxious Substances 26.9%
Falls 15.1%
Drowning/Submersion 4.4%
Smoke/Fire/Flames 3.2%
Suffocation 3.0%
Other 10.7%

Sources: CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted January 2016.
Notes: Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).

Unintentional Injury
Age-Adjusted Unintentional Injury Deaths
Between 2012 and 2014, there was an annual average age-adjusted unintentional injury mortality rate of 46.1 deaths per 100,000 population in Merced County.

- Much less favorable than the California rate.
- Less favorable than the national rate.
- Fails to satisfy the Healthy People 2020 target (36.4 or lower).

Unintentional Injuries: Age-Adjusted Mortality
(2012-2014 Annual Average Deaths per 100,000 Population)
Healthy People 2020 Target = 36.4 or Lower

Merced County 46.1
CA 28.8
US 39.7

Sources: CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted January 2016.
Notes: Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
Age-Adjusted Fall-Related Deaths
In Merced County, the annual average age-adjusted fall-related mortality rate between 2012 and 2014 was 8.1 deaths per 100,000 population.

- Higher than California findings.
- Statistically lower than the national figure.
- Fails to satisfy the Healthy People 2020 target (7.2 or lower).

![Fall-Related Deaths: Age-Adjusted Mortality](chart)

Motor Vehicle Safety
Age-Adjusted Motor-Vehicle Related Deaths
Between 2012 and 2014 there was an annual average age-adjusted motor vehicle crash mortality rate of 16.2 deaths per 100,000 population in Merced County.

- Twice as high as the statewide rate.
- Much higher than found nationally.
- Fails to satisfy the Healthy People 2020 target (12.4 or lower).
Motor Vehicle Crashes: Age-Adjusted Mortality
(2012-2014 Annual Average Deaths per 100,000 Population)
Healthy People 2020 Target = 12.4 or Lower

Merced County: 16.2
CA: 8.1
US: 10.6

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted January 2016.
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Notes:
- Similar to the California percentage.
- More favorable than the percentage found nationally.
- No statistical difference by subarea.
- Similar to the Healthy People 2020 target of 92.0% or higher.
- TREND: No significant change since 2012.

Seat Belt Usage - Adults
Most Merced County adults (92.7%) report “always” wearing a seat belt when driving or riding in a vehicle.

- Similar to the California percentage.
- More favorable than the percentage found nationally.
- No statistical difference by subarea.
- Similar to the Healthy People 2020 target of 92.0% or higher.
- TREND: No significant change since 2012.
“Always” Wear a Seat Belt
When Driving or Riding in a Vehicle
Healthy People 2020 Target = 92.0% or Higher

Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 49]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
- * Note that the MHLB Service Area column includes a small number of oversample interviews that are not reflected in the Merced County data column.

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

Sources:
- 2015 PRC Community Health Survey. Professional Research Consultants, Inc. [Item 49]

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

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

- Statistically similar to what is found nationally.
- TREND: Statistically unchanged since 2012.

**Child “Always” Wears a Seat Belt or Appropriate Restraint When Riding in a Vehicle**

(Among Parents of Children Age 0-17)

<table>
<thead>
<tr>
<th></th>
<th>Merced County</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>95.0%</td>
<td>92.2%</td>
</tr>
<tr>
<td>2015</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

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

**Bicycle Safety**

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

- Comparable to the national prevalence.
- TREND: Statistically unchanged over time.
Firearm Safety

Age-Adjusted Firearm-Related Deaths

Between 2012 and 2014, there was an annual average age-adjusted rate of 10.9 deaths per 100,000 population due to firearms in Merced County.

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

Firearms-Related Deaths: Age-Adjusted Mortality
(2012-2014 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 9.3 or Lower

Sources:  
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted January 2016.  

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

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

- Lower than the national prevalence.
- Similar by subarea.
- TREND: Similar to that reported in 2012.
- Among Merced County households with children, 22.9% have a firearm kept in or around the house (more favorable than reported nationally).
- TREND: The prevalence of firearms in households with children has not changed significantly over time (not shown).

Have a Firearm Kept in or Around the Home

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

- Men.
- Adults 40 or older.
- Higher-income households.
- White respondents.
Have a Firearm Kept in or Around the House  
(Merced County, 2015)

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

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

- Statistically lower than that found nationally.
- TREND: Statistically similar to that reported in 2012.

Household Has An Unlocked, Loaded Firearm  
(Among Respondents Reporting a Firearm in or Around the Home)

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

**Age-Adjusted Homicide Deaths**

Between 2012 and 2014, there was an annual average age-adjusted homicide rate of 9.3 deaths per 100,000 population in Merced County.

- Notably less favorable than the rate found statewide.
- Notably less favorable than the national rate.
- Fails to satisfy the Healthy People 2020 target of 5.5 or lower.

### Homicide: Age-Adjusted Mortality

(2012-2014 Annual Average Deaths per 100,000 Population)

**Healthy People 2020 Target = 5.5 or Lower**

![Homicide: Age-Adjusted Mortality Chart]

**Sources:**
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted January 2016.

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

**Violent Crime**

**Violent Crime Rates**

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

- Much higher than the California rate for the same period.
- Much higher than the national rate.

**RELATED ISSUE:**

See also Suicide in the Mental Health section of this report.
**Violent Crime**
(Rate per 100,000 Population, 2010-2012)

<table>
<thead>
<tr>
<th></th>
<th>Merced County</th>
<th>CA</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rate</td>
<td>603.7</td>
<td>425.0</td>
<td>395.5</td>
</tr>
</tbody>
</table>

**Sources:**

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

**Self-Reported Violence**

A total of 1.7% of Merced County adults acknowledge being the victim of a violent crime in the past five years.

- Statistically similar to national findings.
- No statistical difference by subarea.
- TREND: Statistically unchanged over time.

**Victim of a Violent Crime in the Past Five Years**

<table>
<thead>
<tr>
<th></th>
<th>MHLB Service Area</th>
<th>Other Merced County</th>
<th>Merced County*</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>1.4%</td>
<td>1.9%</td>
<td>1.7%</td>
<td>2.8%</td>
</tr>
<tr>
<td>2015</td>
<td>3.1%</td>
<td>1.7%</td>
<td>2.8%</td>
<td>1.7%</td>
</tr>
</tbody>
</table>

**Sources:**
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 50]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

**Notes:**
-Asked of all respondents.
- * Note that the MHLB Service Area column includes a small number of oversample interviews that are not reflected in the Merced County data column.
• Differences in self-reported violence within demographic groups, as illustrated in the following chart, are not statistically significant.

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

<table>
<thead>
<tr>
<th></th>
<th>Men</th>
<th>Women</th>
<th>18 to 39</th>
<th>40 to 64</th>
<th>65+</th>
<th>Low Income</th>
<th>Mid/High Income</th>
<th>Hispanic</th>
<th>White</th>
<th>Other</th>
<th>Merced County</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>1.2%</td>
<td>2.3%</td>
<td>0.5%</td>
<td>2.9%</td>
<td>2.9%</td>
<td>1.2%</td>
<td>0.6%</td>
<td>2.8%</td>
<td>1.7%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2013</td>
<td>1.2%</td>
<td>2.3%</td>
<td>0.5%</td>
<td>2.9%</td>
<td>2.9%</td>
<td>1.2%</td>
<td>0.6%</td>
<td>2.8%</td>
<td>1.7%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2014</td>
<td>1.2%</td>
<td>2.3%</td>
<td>0.5%</td>
<td>2.9%</td>
<td>3.3%</td>
<td>2.9%</td>
<td>1.2%</td>
<td>1.7%</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

City of Los Banos Crime Statistics

The following charts outline crime statistics from the Los Banos Police Department.

In 2014, there 1,025 Part 1 offenses recorded by the Los Banos Police Department, down from the previous year. Of these, 124 reflect the violent offenses of homicide, aggravated assault, rape and robbery.

Part 1 Offenses,
3-Year Crime Comparison by Type of Offense
(City of Los Banos, 2012-2014)

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Total</td>
<td>1,351</td>
<td>1,163</td>
<td>1,025</td>
<td>-11.87%</td>
</tr>
<tr>
<td>Aggravated Assault</td>
<td>117</td>
<td>74</td>
<td>91</td>
<td>22.97%</td>
</tr>
<tr>
<td>Burglary</td>
<td>340</td>
<td>256</td>
<td>207</td>
<td>-19.14%</td>
</tr>
<tr>
<td>Homicide</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>0%</td>
</tr>
<tr>
<td>Larceny</td>
<td>775</td>
<td>691</td>
<td>607</td>
<td>-12.16%</td>
</tr>
<tr>
<td>Rape</td>
<td>0</td>
<td>3</td>
<td>3</td>
<td>0%</td>
</tr>
<tr>
<td>Robbery</td>
<td>24</td>
<td>31</td>
<td>29</td>
<td>-6.45%</td>
</tr>
<tr>
<td>Vehicle Theft</td>
<td>94</td>
<td>107</td>
<td>87</td>
<td>-18.69%</td>
</tr>
</tbody>
</table>

Sources: The Los Banos Police Department 2014 Annual Report. Retrieved June 2016 from http://www.losbanos.org/the-los-banos-police-department-2014-annual-report/. UCR Part 1 Crimes are also referred to as “The Crime Index.” Part 1 Crimes are those that are most likely to be reported to the police and to occur with sufficient frequency to provide an adequate basis for comparison. The offenses included are murder, forcible rape, robbery, aggravated assault, burglary, motor vehicle theft and larceny-theft.

Notes: Every month the Police Department sends crime data to the California Department of Justice. This data eventually becomes part of the FBI’s Uniform Crime Report.
In 2014, there were 42,211 calls into the Los Banos dispatch/911 call center.

**Total Annual Calls Into the Dispatch/911 Call Center**  
*(City of Los Banos, 2010-2014)*

In 2014, there were 395 traffic accidents reported to local police, just below what was recorded for the prior year.

**Total Annual Traffic Accidents**  
*(City of Los Banos, 2010-2014)*
Jail bookings in the City of Los Banos have generally declined in recent years, although there was a slight increase between 2013 and 2014.

### Jail Bookings Over 5 Years
(City of Los Banos, 2010-2014)

<table>
<thead>
<tr>
<th>Year</th>
<th>Jail Bookings</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>2,467</td>
</tr>
<tr>
<td>2011</td>
<td>1,912</td>
</tr>
<tr>
<td>2012</td>
<td>1,676</td>
</tr>
<tr>
<td>2013</td>
<td>1,338</td>
</tr>
<tr>
<td>2014</td>
<td>1,496</td>
</tr>
</tbody>
</table>

Sources:  
- The Los Banos Police Department 2014 Annual Report.  

In 2014, there were 4,176 total citations given in the City of Los Banos, mostly comprised of traffic violations.

### Total Annual Citations
(City of Los Banos, 2010-2014)

<table>
<thead>
<tr>
<th>Year</th>
<th>Total Annual Citations</th>
</tr>
</thead>
<tbody>
<tr>
<td>2010</td>
<td>5,805</td>
</tr>
<tr>
<td>2011</td>
<td>4,791</td>
</tr>
<tr>
<td>2012</td>
<td>3,691</td>
</tr>
<tr>
<td>2013</td>
<td>4,590</td>
</tr>
<tr>
<td>2014</td>
<td>4,176</td>
</tr>
</tbody>
</table>

Sources:  
- The Los Banos Police Department 2014 Annual Report.  

Note:  
- The majority of citations given were moving citations.
Respondents were told:

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

**Self-Reported Family Violence**

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

- Similar to national findings.
- Statistically similar by subarea.
- **TREND:** Over time family violence rates have remained statistically unchanged.

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

Sources: PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 51]

Notes: * Note that the MHLB Service Area column includes a small number of oversample interviews that are not reflected in the Merced County data column.

**Reports of domestic violence are higher among women, Hispanics, and Whites.**

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

(Merced County, 2015)

Sources: 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 51]

Notes: * Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).

Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
Key Informant Input: Injury & Violence

Key informants taking part in an online survey frequently characterized Injury & Violence as a “moderate problem” in the community.

Perceptions of Injury and Violence as a Problem in the Community
(Key Informants, 2016)

<table>
<thead>
<tr>
<th></th>
<th>Major Problem</th>
<th>Moderate Problem</th>
<th>Minor Problem</th>
<th>No Problem At All</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage</td>
<td>29.4%</td>
<td>44.1%</td>
<td>23.5%</td>
<td></td>
</tr>
</tbody>
</table>

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

Top Concerns

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

Gangs and Drugs
- Gangs. - Other Health Provider
- Gangs. - Community/Business Leader
- Active gangs and a significant drug problem. - Other Health Provider
- Due to drugs and gangs. - Physician
- Gangs, felons, sex offenders and drug addicts. - Community/Business Leader

Domestic and Gang Violence
- Domestic violence is a growing concern in our area. Gangs seem to be on the rise. They use guns and knives to resolve their turf and other issues. Drugs and drinking seem to go hand in hand with violence. Many residents of all ages do not have good conflict resolution skills. Bullying is commonplace. - Community/Business Leader
- Domestic violence, child abuse, and neglect. - Public Health Representative
- Variety of violence in the community, domestic violence, gang violence, etc. - Community/Business Leader

Lack of Trauma Center/Services
- There are no trauma services in the Los Banos area and patients are air-lifted to Modesto, away from family and resources. - Other Health Provider
- This is not a trauma hospital. All trauma gets diverted. - Physician

Lack of Youth Programs
- There are not a lot of youth programs. Lack of access to the school campus after hours. - Social Services Provider
- Violence. Children entering the criminal justice system, rather than staying in the education system seems to be the biggest community issue. This is a health issue, because those living among the violence will keep their children inside, usually in poor neighborhoods where there are already links to poverty, poor education, substandard housing, poor nutrition, poor exercise and other indicators that relate to poor overall health. A safe community is a healthy community and this is not a safe community. - Community/Business Leader
Diabetes

**About Diabetes**

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

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

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

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

Lifestyle change has been proven effective in preventing or delaying the onset of type 2 diabetes in high-risk individuals.
- Healthy People 2020 (www.healthypeople.gov)

**Age-Adjusted Diabetes Deaths**

Between 2012 and 2014, there was an annual average age-adjusted diabetes mortality rate of 28.1 deaths per 100,000 population in Merced County.

- Less favorable than that found statewide.
- Less favorable than the national rate.
- Fails to satisfy the Healthy People 2020 target (20.5 or lower, adjusted to account for diabetes mellitus-coded deaths).
Diabetes: Age-Adjusted Mortality
(2012-2014 Annual Average Deaths per 100,000 Population)
Healthy People 2020 Target = 20.5 or Lower (Adjusted)

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted January 2016.

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

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

- Similar to the statewide proportion.
- Similar to the national proportion.
- No statistical difference by subarea.
- TREND: Statistically unchanged since 2012.

In addition to the prevalence of diagnosed diabetes referenced above, another 12.3% of Merced County adults report that they have “pre-diabetes” or “borderline diabetes.”

- More than twice the US prevalence.
Another 12.3% of adults report that they have been diagnosed with "pre-diabetes" or "borderline" diabetes (vs. 5.1% nationwide)

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

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

Of Merced County adults who have not been diagnosed with diabetes, 47.2% report having had their blood sugar level tested within the past three years.

- Similar to the national proportion.
- Statistically similar by subarea.

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

<table>
<thead>
<tr>
<th></th>
<th>MHLB Service Area</th>
<th>Other Merced County</th>
<th>Merced County*</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have Had Blood Sugar Tested</td>
<td>53.7%</td>
<td>43.8%</td>
<td>47.2%</td>
<td>49.2%</td>
</tr>
</tbody>
</table>

**Sources:**
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 40]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

**Notes:**
- Asked of respondents who have not been diagnosed with diabetes.
- * Note that the MHLB Service Area column includes a small number of oversample interviews that are not reflected in the Merced County data column.

**Diabetes Treatment**

Among adults with diabetes, most (83.2%) are currently taking insulin or some type of medication to manage their condition.

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

<table>
<thead>
<tr>
<th></th>
<th>Yes 83.2%</th>
<th>No 16.8%</th>
</tr>
</thead>
</table>

**Sources:**
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 302]

**Notes:**
- Asked of all diabetic respondents.
Key Informant Input: Diabetes

Most key informants taking part in an online survey characterized *Diabetes* as a “major problem” in the community.

### Perceptions of Diabetes as a Problem in the Community

(Perceptions in the Community, 2016)

<table>
<thead>
<tr>
<th>Perception</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Major Problem</td>
<td>52.9%</td>
</tr>
<tr>
<td>Moderate Problem</td>
<td>30.0%</td>
</tr>
<tr>
<td>Minor Problem</td>
<td>10.0%</td>
</tr>
<tr>
<td>No Problem At All</td>
<td>7.1%</td>
</tr>
</tbody>
</table>

*Sources:* PRC Online Key Informant Survey, Professional Research Consultants, Inc.

*Notes:* Asked of all respondents.

### Challenges

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

#### Lack of Resources

- Lack in people to change their diets. Not enough support groups for people to speak about their needs, which could be facilitated by a nutritionist. Transportation. Lack of healthy food options that are affordable. - Social Services Provider
- With the ongoing weight problem in our community, access to facilities which promote physical well-being and are affordable are not available. Also, information and medical specialists are not readily available. - Community/Business Leader
- I think so often many people do not have the right resources for diet and exercise and ways to keep diabetes under control. - Community/Business Leader
- Access to care and willingness to incorporate healthy habits into their daily routine. - Other Health Provider
- Getting good advice, treatment and support. - Community/Business Leader
- Support in the medical and dietary aspects of diabetes. - Community/Business Leader
- No specialists on the community. - Community/Business Leader
- Not enough restaurants specializing in lighter foods. - Community/Business Leader

#### Education

- Lack of education and the long term effects of not treating diabetes. - Community/Business Leader
- Lack of education obtained by patients with taking little responsibility. - Other Health Provider
- The biggest challenge I have experienced is lack of knowledge of how diabetes leads to other illnesses. Also, the lack of effort to live a healthy lifestyle once diagnosed. - Social Services Provider
- Primary care doctors education to patients regarding diet. - Physician
- Education. - Other Health Provider
- Access to education. 10-30 minutes with a provider. Appointments may not be adequate to meet all the needs. - Other Health Provider
- Education and management. - Community/Business Leader
- Lack of preventive care. - Physician
Disease Management

I believe that poverty and busy schedules are the biggest challenges to diabetes in our community. The poor cannot afford to eat healthy and people are so busy with their commute that they do not take the time to prepare healthy meals. - Community/Business Leader

Patient that are poorly controlled. This means they use the Emergency Room for constant treatment of their non-compliance of their disease. There should be follow ups on all elevated blood sugar patients by a diabetic educator. Find out why their blood sugars get out of control. Reinforce the consequences of poor management with pictures and tour to the dialysis clinic. - Community/Business Leader

Maintaining their overall health. Diabetes is challenging to control for many who have to revamp their lifestyle choices and/or use complicated medications. There are no Diabetes Centers in the county, that I am aware of, that specialize in assisting people newly diagnosed. - Other Health Provider

The chronic diabetic client has several issues, genetics predisposition, poor diet and poor nutritional intake. - Public Health Representative

Co-Occurrences

Diabetes is causing major health issues for residents including kidney failure, amputations, and feet problems. Obesity is a contributing factor. It is hard to lose weight and many cannot afford to eat balanced diets due to limited incomes. - Community/Business Leader

Overweight children and adults. - Community/Business Leader

Incidence/Prevalence

High amount of patient contact, deal with patients with diabetes. - Community/Business Leader
Alzheimer’s Disease

About Dementia

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

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

- Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Alzheimer’s Disease Deaths

Between 2012 and 2014, there was an annual average age-adjusted Alzheimer’s disease mortality rate of 26.7 deaths per 100,000 population in Merced County.

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

Alzheimer's Disease: Age-Adjusted Mortality
(2012-2014 Annual Average Deaths per 100,000 Population)

Sources: CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted January 2016.

Notes: Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
**Key Informant Input: Dementias, Including Alzheimer’s Disease**

A high percentage of key informants taking part in an online survey characterized *Dementias, Including Alzheimer’s Disease* as a “moderate problem” in the community.

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

(Key Informants, 2016)

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Major Problem</td>
<td>25.7%</td>
</tr>
<tr>
<td>Moderate Problem</td>
<td>48.6%</td>
</tr>
<tr>
<td>Minor Problem</td>
<td>22.9%</td>
</tr>
<tr>
<td>No Problem At All</td>
<td></td>
</tr>
</tbody>
</table>

**Sources:**
- PRC Online Key Informant Survey, Professional Research Consultants, Inc.

**Notes:**
- Asked of all respondents.

### Top Concerns

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

#### Aging Population

- With the aging population, there appears to be more and more incidents of dementia and Alzheimer’s disease. Los Banos does not have a medical specialist to deal with this disease. - Community/Business Leader
- People are living longer so a lot more cases are being noticed. - Community/Business Leader
- It is a major problem with our older generation. - Community/Business Leader

#### Incidence/Prevalence

- It affects many people and creates many challenges for caregivers. - Community/Business Leader
- Many of my friends’ family members I talk with have parents or spouses with this disease. - Community/Business Leader

#### Lack of Resources

- No local treatment/care. Few resources for family members caring for the affected individual. - Community/Business Leader
- I don't think there is any help with this type of disease. - Community/Business Leader

#### Lack of Specialists/Specialty Services

- No Geriatric Psychiatric physician available in the community. - Community/Business Leader
Kidney Disease

About Chronic Kidney Disease

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

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

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

- Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Kidney Disease Deaths

Between 2012 and 2014 there was an annual average age-adjusted kidney disease mortality rate of 7.2 deaths per 100,000 population in Merced County.

- Nearly identical to the rate found statewide.
- Much more favorable than the national rate.

Kidney Disease: Age-Adjusted Mortality
(2012-2014 Annual Average Deaths per 100,000 Population)

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted January 2016.

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

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

- Similar to the state proportion.
- Similar to the national proportion.
- No statistical difference by subarea.

A higher prevalence of kidney disease is reported among older respondents in Merced County (note the positive correlation with age).

Prevalence of Kidney Disease

(Merced County, 2015)

<table>
<thead>
<tr>
<th>Service Area</th>
<th>Men</th>
<th>Women</th>
<th>18 to 39</th>
<th>40 to 64</th>
<th>65+</th>
<th>Low Income</th>
<th>Mid/High Income</th>
<th>Hispanic</th>
<th>White</th>
<th>Other</th>
<th>Merced County</th>
</tr>
</thead>
<tbody>
<tr>
<td>MHLB Service Area</td>
<td>2.0%</td>
<td>5.1%</td>
<td>1.7%</td>
<td>4.6%</td>
<td>7.4%</td>
<td>5.9%</td>
<td>1.8%</td>
<td>5.0%</td>
<td>1.7%</td>
<td>3.7%</td>
<td>3.5%</td>
</tr>
<tr>
<td>Other Merced County</td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>Merced County*</td>
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<tr>
<td>California</td>
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<tr>
<td>United States</td>
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<td></td>
<td></td>
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</tr>
</tbody>
</table>

Sources: 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 33]
2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
- * Note that the MHLB Service Area column includes a small number of oversample interviews that are not reflected in the Merced County data column.

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

Slightly more key informants taking part in an online survey characterized Chronic Kidney Disease as a “moderate problem” than a “major problem” in the community.

Perceptions of Chronic Kidney Disease as a Problem in the Community
(Key Informants, 2016)

<table>
<thead>
<tr>
<th>Major Problem</th>
<th>Moderate Problem</th>
<th>Minor Problem</th>
<th>No Problem At All</th>
</tr>
</thead>
<tbody>
<tr>
<td>31.8%</td>
<td>33.3%</td>
<td>25.8%</td>
<td>9.1%</td>
</tr>
</tbody>
</table>

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

Top Concerns

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

Incidence/Prevalence

- My daughter works for DaVita Dialysis and tells me there are many patients there. - Community/Business Leader
- Business at the DaVita Dialysis Center is unfortunately booming. A larger facility was built and an additional building was just built to keep up with the increase in demand. Diabetes is a major problem for residents primarily due to the overweight and obesity problems in our area. - Community/Business Leader
- Quite a few people have chronic kidney disease. - Community/Business Leader
- Many residents require dialysis. We have DaVita. - Community/Business Leader
- Failed or in need of dialysis. - Community/Business Leader

Lack of Resources

- Quicker response times for dialysis nurses to treat in hospital dialysis patients that are in immediate need of acute fluid overload. Although we do have dialysis nurses on-call, the response time is very slow and can be critical to these patients. - Community/Business Leader
- There are many people who require regular follow up medical care, including dialysis and they have to travel far to receive that care. - Other Health Provider
- Not aware of any dialysis centers, etc. - Community/Business Leader
- Nothing local for treatment/care. - Community/Business Leader
- Only one doctor who is in the community generally one day a week. - Community/Business Leader

Co-Occurrences

- There are many factors that predispose our community members to chronic renal failure. There is a high percent of diabetic patients in the county due to genetic and ethnic pathways, high percentage of poor food choices leading to the undesirable effect of renal failure. There is a high percentage in the county involved in substance abuse leading to renal failure. - Public Health Representative
- I don’t have the rates, but I know that Merced has high rates of diabetes and uncontrolled long-term diabetes can lead to chronic kidney disease. - Other Health Provider
High rate of diabetics. - Physician
Diet, obesity, diabetes and lack of consistent primary care. - Physician

Education
The knowledge of proper eating habits, exercise and proper health care is limited. - Other Health Provider

Environmental Issues
Tap water, well water, may be contaminated. - Community/Business Leader
Potentially Disabling Conditions

About Arthritis, Osteoporosis & Chronic Back Conditions

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

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

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

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

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

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

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

- Healthy People 2020 (www.healthypeople.gov)

Arthritis, Osteoporosis, & Chronic Back Conditions

Prevalence of Arthritis/Rheumatism

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

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

Related Issue:

See also Activity Limitations in the General Health Status section of this report.
Prevalence of Arthritis/Rheumatism
(Among Adults Age 50 and Older)

Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 139]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
* Note that the MHLB Service Area column includes a small number of oversample interviews that are not reflected in the Merced County data column.

Prevalence of Osteoporosis
(Among Adults Age 50 and Older)

Healthy People 2020 Target = 5.3% or Lower

Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 140]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
* Note that the MHLB Service Area column includes a small number of oversample interviews that are not reflected in the Merced County data column.
Prevalence of Sciatica/Chronic Back Pain

A total of 26.8% of survey respondents suffer from chronic back pain or sciatica.

- Less favorable than that found nationwide.
- Statistically similar in both subareas.
- TREND: Statistically unchanged since 2012.

Key Informant Input: Arthritis, Osteoporosis & Chronic Back Conditions

Nearly one-half of key informants taking part in an online survey characterized **Arthritis, Osteoporosis & Chronic Back Conditions** as a “moderate problem” in the community.

Perceptions of Arthritis/Osteoporosis/Back Conditions as a Problem in the Community

(Key Informants, 2016)

<table>
<thead>
<tr>
<th>Major Problem</th>
<th>Moderate Problem</th>
<th>Minor Problem</th>
<th>No Problem At All</th>
</tr>
</thead>
<tbody>
<tr>
<td>24.6%</td>
<td>49.2%</td>
<td>23.1%</td>
<td></td>
</tr>
</tbody>
</table>

Sources: PRC Online Key Informant Survey, Professional Research Consultants, Inc.
Notes: Asked of all respondents.
Top Concerns
Among those rating this issue as a “major problem,” reasons frequently related to the following:

Lack of Orthopedic Surgeons
No orthopedic surgeon. - Physician
We need an orthopedic surgeon along with primary care physicians who are knowledgeable in arthritis and chronic back pain. - Physician
This requires a specialist that I am not aware exists locally. - Community/Business Leader
Must go out of the city for services. - Community/Business Leader
Orthopedics. - Community/Business Leader

Incidence/Prevalence
While working at my local drug store, I learned that there were so many patients with arthritis pain. - Community/Business Leader
A large number of senior citizens suffer from this disease. I believe education on how to manage this problem would be useful. - Community/Business Leader

Lifestyles
Many individuals in the area are farm workers that do manual labor and often are injured from their job duties. - Other Health Provider
Many back problems from the physically demanding jobs in the area. - Community/Business Leader

Education
Use of pain medications and treatment for chronic pain. Many people are seen in the Emergency Department for this issue. We now have a pain doctor in the Rural Health Clinic. One problem is we need to stop stereotyping people who are dependent on these medications by educating the providers and the patients on their condition. - Other Health Provider
Vision & Hearing Impairment

About Vision

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

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

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

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

- Healthy People 2020 (www.healthypeople.gov)

Vision Trouble

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

- Much higher than the statewide prevalence.
- Similar to that found nationwide.
- No statistical difference by subarea.
- TREND: Statistically similar to that found in 2012.
- Among Merced County adults age 65 and older, 16.6% have vision trouble.

Prevalence of Blindness/Trouble Seeing

Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 26]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- PRC Community Health Surveys, Professional Research Consultants, Inc.
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.
- Asked of all respondents.
- * Note that the MHLB Service Area column includes a small number of oversample interviews that are not reflected in the Merced County data column.
Hearing Trouble

About Hearing & Other Sensory or Communication Disorders

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

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

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

- Healthy People 2020 (www.healthypeople.gov)

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

- Similar to that found nationwide.
- Similar by subarea.
- TREND: Unchanged over time.
- Among Merced County adults age 65 and older, one-fourth (25.1%) has partial or complete hearing loss.

Prevalence of Deafness/Trouble Hearing

Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 27]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- * Note that the MHLB Service Area column includes a small number of oversample interviews that are not reflected in the Merced County data column.
**Key Informant Input: Vision & Hearing**

Key informants taking part in an online survey equally characterized *Vision & Hearing* as a “moderate problem” and a “minor problem” in the community.

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**Perceptions of Hearing and Vision as a Problem in the Community**

*(Key Informants, 2016)*

<table>
<thead>
<tr>
<th></th>
<th>Major Problem</th>
<th>Moderate Problem</th>
<th>Minor Problem</th>
<th>No Problem At All</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage</td>
<td>18.0%</td>
<td>36.1%</td>
<td>36.1%</td>
<td>9.8%</td>
</tr>
</tbody>
</table>

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

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**Top Concerns**

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

**Affordable Care/Services**

- Low income families have no access to vision in our community. - Other Health Provider
- The cost associated with glasses can be expensive for individuals on a fixed income. - Social Services Provider

**Aging Population**

- This area is becoming an affordable area for retiring individuals from the Bay Area. - Other Health Provider

**Lack of Providers**

- No readily available physician. Vitro retinal surgery for diabetic retinopathy is not available. - Physician
Infectious Disease
Influenza & Pneumonia Vaccination

About Influenza & Pneumonia

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

- Healthy People 2020 (www.healthypeople.gov)

Flu Vaccinations

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

- Statistically comparable to the California finding.
- Comparable to the national finding.
- Fails to satisfy the Healthy People 2020 target (70.0% or higher).
- TRENDS: Statistically unchanged since 2012.

Older Adults: Have Had a Flu Vaccination in the Past Year
(Among Adults Age 65+)

Healthy People 2020 Target = 70.0% or Higher

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

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

Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 141]

Notes:
- Reflects respondents 65 and older.
- Includes FluMist as a form of vaccination.
High-Risk Adults

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

- Less favorable than national findings.
- Fails to satisfy the Healthy People 2020 target (70.0% or higher).
- TREND: Marks a statistically significant decrease since 2012.

High-Risk Adults: Have Had a Flu Vaccination in the Past Year
(Among High-Risk Adults Age 18-64)
Healthy People 2020 Target = 70.0% or Higher

Pneumonia Vaccination

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

- Similar to the California finding.
- Similar to the national finding.
- Fails to satisfy the Healthy People 2020 target of 90.0% or higher.
- TREND: Statistically unchanged since 2012.
Older Adults: Have Ever Had a Pneumonia Vaccine
(Among Adults Age 65+)
Healthy People 2020 Target = 90.0% or Higher

<chart>

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

- Comparable to national findings.
- Fails to satisfy the Healthy People 2020 target (60.0% or higher).
- TREND: Statistically unchanged since 2012.

High-Risk Adults: Have Ever Had a Pneumonia Vaccine
(Among High-Risk Adults Age 18-64)
Healthy People 2020 Target = 60.0% or Higher

<chart>
HIV

About HIV

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

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

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

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

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

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

People getting care for HIV can receive:

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

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

Prevention work with people living with HIV focuses on:

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

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

- Healthy People 2020 (www.healthypeople.gov)
Age-Adjusted HIV/AIDS Deaths
Between 2004 and 2013, there was an annual average age-adjusted HIV/AIDS mortality rate of 1.4 deaths per 100,000 population in Merced County.

- Lower than found statewide.
- Less than half the rate reported nationally.
- Satisfies the Healthy People 2020 target (3.3 or lower).

HIV/AIDS: Age-Adjusted Mortality
(2004-2013 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 3.3 or Lower

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

- Much more favorable than the statewide prevalence.
- Much more favorable than the national prevalence.
HIV Prevalence
(Prevalence Rate of HIV per 100,000 Population, 2010)

Sources:

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

HIV Testing

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

- Statistically similar to the proportion found nationwide.
- TREND: Testing in this age group has remained stable since 2012.

Tested for HIV in the Past Year
(Among Adults Age 18-44)

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

Notes:
- Reflects respondents age 18 to 44.
Key Informant Input: HIV/AIDS
The largest share of key informants taking part in an online survey characterized HIV/AIDS as a “minor problem” in the community.

Perceptions of HIV/AIDS as a Problem in the Community (Key Informants, 2016)

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Major Problem</td>
<td>19.4%</td>
</tr>
<tr>
<td>Moderate Problem</td>
<td>29.0%</td>
</tr>
<tr>
<td>Minor Problem</td>
<td>43.5%</td>
</tr>
<tr>
<td>No Problem At All</td>
<td>8.1%</td>
</tr>
</tbody>
</table>

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

Top Concerns
Among those rating this issue as a “major problem,” reasons frequently related to the following:

Access to Care
- No ID specialists. - Physician
- No specialists available. - Community/Business Leader
- Not aware of any facilities for this illness. - Community/Business Leader
Sexually Transmitted Diseases

About Sexually Transmitted Diseases

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

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

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

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

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

- Healthy People 2020 (www.healthypeople.gov)

Chlamydia & Gonorrhea

In 2012, the chlamydia incidence rate in Merced County was 393.6 cases per 100,000 population.

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

The gonorrhea incidence rate in Merced County was 34.6 cases per 100,000 population in 2012.

- Notably lower than the California incidence rate.
- Notably lower than the national incidence rate.
Chlamydia & Gonorrhea Incidence
(Incidence Rate per 100,000 Population, 2012)

Sources: Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention: 2012.

Notes: This indicator is relevant because it is a measure of poor health status and indicates the prevalence of unsafe sex practices.

Hepatitis B Vaccination

Based on survey data, more than one-third of Merced County adults (36.0%) reports having received the hepatitis B vaccination series.

- Less favorable than what is reported nationwide.
- Statistically similar by subarea.
- TREND: Over time, the hepatitis B vaccination rate has remained unchanged.

Have Completed the Hepatitis B Vaccination Series

Respondents were told that, to be vaccinated against hepatitis B, a series of three shots must be administered, usually at least one month between shots. They were then asked if they had completed this vaccination series.

Sources: PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 70]

2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: Asked of all respondents.
Includes a series of three shots, usually administered at least one month between shots.
* Note that the MHLB Service Area column includes a small number of oversample interviews that are not reflected in the Merced County data column.
Note the negative correlation between age and hepatitis B vaccination.

Residents living at higher incomes are much more likely than those with lower incomes to have received the hepatitis B vaccine.

In addition, Hispanics and Whites are less likely to have received the vaccine than “Other” races.

**Have Completed the Hepatitis B Vaccination Series**
(Merced County, 2015)

![Graph showing vaccination rates by demographic groups.]

**Safe Sexual Practices**

**Sexual Partners**

Among unmarried Merced County adults under 65, the vast majority cites having one (55.3%) or no (33.7%) sexual partners in the past 12 months.

**Number of Sexual Partners in Past 12 Months**
(Among Unmarried Adults Age 18-64; Merced County, 2015)

![Pie chart showing distribution of sexual partnerships.]

**Sources:**
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 70]
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
- Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Low Income” includes households with incomes up to 200% of the federal poverty level. “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.

**Notes:**
- Asked of all unmarried respondents under the age of 65.
However, 3.5% report three or more sexual partners in the past year.

- More favorable than that reported nationally.
- TREND: Statistically unchanged since 2012.

### Had Three or More Sexual Partners in the Past Year
(Among Unmarried Adults Age 18-64)

<table>
<thead>
<tr>
<th></th>
<th>Merced County 2012</th>
<th>Merced County 2015</th>
<th>United States 2013</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>3.5%</td>
<td>7.5%</td>
<td>11.7%</td>
</tr>
</tbody>
</table>

Sources: PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 86]

Notes: Asked of all unmarried respondents under the age of 65.

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### Condom Use

Among Merced County adults who are under age 65 and unmarried, 43.0% report that a condom was used during their last sexual intercourse.

- Statistically similar to national findings.
- TREND: Statistically unchanged since 2012.

### Condom Was Used During Last Sexual Intercourse
(Among Unmarried Adults Age 18-64)

<table>
<thead>
<tr>
<th></th>
<th>Merced County 2012</th>
<th>Merced County 2015</th>
<th>United States 2013</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>43.0%</td>
<td>36.6%</td>
<td>33.6%</td>
</tr>
</tbody>
</table>

Sources: PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 87]

Notes: Asked of all unmarried respondents under the age of 65.
**Key Informant Input: Sexually Transmitted Diseases**

Key informants taking part in an online survey characterized *Sexually Transmitted Diseases* as a “moderate problem” slightly more often than a “minor problem” in the community.

**Perceptions of Sexually Transmitted Diseases as a Problem in the Community**

*(Key Informants, 2016)*

<table>
<thead>
<tr>
<th>Major Problem</th>
<th>Moderate Problem</th>
<th>Minor Problem</th>
<th>No Problem At All</th>
</tr>
</thead>
<tbody>
<tr>
<td>14.8%</td>
<td>39.3%</td>
<td>37.7%</td>
<td>8.2%</td>
</tr>
</tbody>
</table>

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

**Top Concerns**

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

**Lack of Specialists**
- No specialists. - Community/Business Leader
Immunization & Infectious Diseases

Key Informant Input: Immunization & Infectious Diseases

Nearly two-fifths of key informants taking part in an online survey characterized Immunization & Infectious Diseases as a “minor problem” in the community.

Perceptions of Immunization and Infectious Diseases as a Problem in the Community (Key Informants, 2016)

<table>
<thead>
<tr>
<th>Major Problem</th>
<th>Moderate Problem</th>
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<tbody>
<tr>
<td>14.7%</td>
<td>36.8%</td>
<td>39.7%</td>
<td>8.8%</td>
</tr>
</tbody>
</table>

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

Top Concerns

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

Lack of Resources/Specialists

- Immunization is a major problem in this town because the Los Banos branch of the Merced County Health Department was systematically decimated over the course of several years. - Community/Business Leader
- No specialists available. - Physician
- No specialists available. - Community/Business Leader
Births
Birth Outcomes & Risks

About Infant & Child Health

Improving the well-being of mothers, infants, and children is an important public health goal for the US. Their well-being determines the health of the next generation and can help predict future public health challenges for families, communities, and the healthcare system. The risk of maternal and infant mortality and pregnancy-related complications can be reduced by increasing access to quality preconception (before pregnancy) and inter-conception (between pregnancies) care. Moreover, healthy birth outcomes and early identification and treatment of health conditions among infants can prevent death or disability and enable children to reach their full potential. Many factors can affect pregnancy and childbirth, including pre-conception health status, age, access to appropriate healthcare, and poverty.

Infant and child health are similarly influenced by socio-demographic factors, such as family income, but are also linked to the physical and mental health of parents and caregivers. There are racial and ethnic disparities in mortality and morbidity for mothers and children, particularly for African Americans. These differences are likely the result of many factors, including social determinants (such as racial and ethnic disparities in infant mortality; family income; educational attainment among household members; and health insurance coverage) and physical determinants (i.e., the health, nutrition, and behaviors of the mother during pregnancy and early childhood).

- Healthy People 2020 (www.healthypeople.gov)

Infant Mortality

Between 2012 and 2014, there was an annual average of 3.8 infant deaths per 1,000 live births in Merced County.

- More favorable than the California rate.
- More favorable than the national rate.
- Satisfies the Healthy People 2020 target of 6.0 per 1,000 live births.

Infant Mortality Rate

(Annual Average Infant Deaths per 1,000 Live Births, 2012-2014)

Healthy People 2020 Target = 6.0 or Lower

<table>
<thead>
<tr>
<th></th>
<th>Merced County</th>
<th>CA</th>
<th>US</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infant Mortality Rate</td>
<td>3.8</td>
<td>4.5</td>
<td>5.9</td>
</tr>
</tbody>
</table>

Sources:

Notes:
- Infant deaths include deaths of children under 1 year old.
- This indicator is relevant because high rates of infant mortality indicate the existence of broader issues pertaining to access to care and maternal and child health.
Key Informant Input: Infant & Child Health

One-half of key informants taking part in an online survey characterized Infant & Child Health as a “moderate problem” in the community.

Perceptions of Infant and Child Health as a Problem in the Community
(Key Informants, 2016)

<table>
<thead>
<tr>
<th></th>
<th>Major Problem</th>
<th>Moderate Problem</th>
<th>Minor Problem</th>
<th>No Problem At All</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage</td>
<td>12.9%</td>
<td>50.0%</td>
<td>22.9%</td>
<td>14.3%</td>
</tr>
</tbody>
</table>

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

Top Concerns

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

Access to Care/Services

The first five years of a child's life are very important and if we don't have quality and accessible resources for our infants and children how do we expect for them to be able to succeed and live long healthy lives. - Social Services Provider

Parental Support

Too many parents commute too far to work, so the children have to fend for themselves. They do not eat well or get enough exercise and there is a major shortage of quality daycare for infants. - Community/Business Leader

Breastfeeding support. Merced County lags behind the rest of the state. Although the rate is improving the rest of the state is improving at a faster pace. - Other Health Provider
Family Planning

Births to Teen Mothers

About Teen Births
The negative outcomes associated with unintended pregnancies are compounded for adolescents. Teen mothers:

- Are less likely to graduate from high school or attain a GED by the time they reach age 30.
- Earn an average of approximately $3,500 less per year, when compared with those who delay childbearing.
- Receive nearly twice as much Federal aid for nearly twice as long.

Similarly, early fatherhood is associated with lower educational attainment and lower income. Children of teen parents are more likely to have lower cognitive attainment and exhibit more behavior problems. Sons of teen mothers are more likely to be incarcerated, and daughters are more likely to become adolescent mothers.

- Healthy People 2020 (www.healthypeople.gov)

Key Informant Input: Family Planning

Key informants taking part in an online survey generally characterized Family Planning as a “moderate problem” in the community.

Perceptions of Family Planning as a Problem in the Community
(Key Informants, 2016)

<table>
<thead>
<tr>
<th>Major Problem</th>
<th>Moderate Problem</th>
<th>Minor Problem</th>
<th>No Problem At All</th>
</tr>
</thead>
<tbody>
<tr>
<td>20.0%</td>
<td>41.5%</td>
<td>21.5%</td>
<td>16.9%</td>
</tr>
</tbody>
</table>

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

Top Concerns

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

Education
Lack of family planning. Way too many young adults are ill-prepared to accept the challenges of having a family. - Community/Business Leader
Teenage pregnancy rates. Lack of sex education in schools. - Community/Business Leader
High teen pregnancy rate. Not enough quality information or programs for teens to obtain access to birth control. - Community/Business Leader

Lack of Resources
There are no available resources for family planning in the city of Gustine. - Community/Business Leader
I feel it's a major problem when it comes to teens and pregnancy. There are no real resources to help with this matter and it's happening an awful lot in our community amongst teens. - Community/Business Leader

Single Parents

To many single moms, non-English speaking people that don't want to change the way they do things, just want to work the system. - Community/Business Leader

There are many families and single parents of young children that are not equipped, financially, emotionally or otherwise to plan, parent and raise children in a safe, clean, stable environment. - Social Services Provider

Teen Pregnancy

Merced County has a high percentage of pregnant teens. - Public Health Representative
Modifiable Health Risks
Actual Causes Of Death

### About Contributors to Mortality

A 1999 study (an update to a landmark 1993 study), estimated that as many as 40% of premature deaths in the United States are attributed to behavioral factors. This study found that behavior patterns represent the single-most prominent domain of influence over health prospects in the United States. The daily choices we make with respect to diet, physical activity, and sex; the substance abuse and addictions to which we fall prey; our approach to safety; and our coping strategies in confronting stress are all important determinants of health.

The most prominent contributors to mortality in the United States in 2000 were **tobacco** (an estimated 435,000 deaths), **diet and activity** patterns (400,000), **alcohol** (85,000), **microbial agents** (75,000), **toxic agents** (55,000), **motor vehicles** (43,000), **firearms** (29,000), **sexual behavior** (20,000), and **illicit use of drugs** (17,000). Socioeconomic status and access to medical care are also important contributors, but difficult to quantify independent of the other factors cited. Because the studies reviewed used different approaches to derive estimates, the stated numbers should be viewed as first approximations.

These analyses show that smoking remains the leading cause of mortality. However, poor diet and physical inactivity may soon overtake tobacco as the leading cause of death. These findings, along with escalating healthcare costs and aging population, argue persuasively that the need to establish a more preventive orientation in the US healthcare and public health systems has become more urgent.


### Factors Contributing to Premature Deaths in the United States

![Diagram showing the percentage contributions of various factors to premature deaths]

- **Lifestyle/Behaviors**: 40%
  - Tobacco: 18%
  - Diet/inactivity: 17%
  - Alcohol: 4%
  - Infectious Disease: 3%
  - Toxic Agents: 2%
  - Motor Vehicles: 2%
  - Firearms: 1%
  - Sexual Behavior: 1%
  - Illicit Drugs: 1%

- **Medical Care**: 15%
- **Physical Environment**: 10%
- **Social Circumstances**: 10%
- **Genetics**: 30%

Sources:
<table>
<thead>
<tr>
<th>Leading Causes of Death</th>
<th>Underlying Risk Factors (Actual Causes of Death)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Cardiovascular Disease</strong></td>
<td>Tobacco use</td>
</tr>
<tr>
<td></td>
<td>Elevated serum cholesterol</td>
</tr>
<tr>
<td></td>
<td>High blood pressure</td>
</tr>
<tr>
<td><strong>Cancer</strong></td>
<td>Tobacco use</td>
</tr>
<tr>
<td></td>
<td>Improper diet</td>
</tr>
<tr>
<td><strong>Cerebrovascular Disease</strong></td>
<td>High blood pressure</td>
</tr>
<tr>
<td></td>
<td>Tobacco use</td>
</tr>
<tr>
<td><strong>Accidental Injuries</strong></td>
<td>Safety belt noncompliance</td>
</tr>
<tr>
<td></td>
<td>Alcohol/substance abuse</td>
</tr>
<tr>
<td></td>
<td>Reckless driving</td>
</tr>
<tr>
<td><strong>Chronic Lung Disease</strong></td>
<td>Tobacco use</td>
</tr>
</tbody>
</table>

Nutrition

**About Healthful Diet & Healthy Weight**

Strong science exists supporting the health benefits of eating a healthful diet and maintaining a healthy body weight. Efforts to change diet and weight should address individual behaviors, as well as the policies and environments that support these behaviors in settings such as schools, worksites, healthcare organizations, and communities.

The goal of promoting healthful diets and healthy weight encompasses increasing household food security and eliminating hunger.

Americans with a healthful diet:
- Consume a variety of nutrient-dense foods within and across the food groups, especially whole grains, fruits, vegetables, low-fat or fat-free milk or milk products, and lean meats and other protein sources.
- Limit the intake of saturated and trans fats, cholesterol, added sugars, sodium (salt), and alcohol.
- Limit caloric intake to meet caloric needs.

Diet and body weight are related to health status. Good nutrition is important to the growth and development of children. A healthful diet also helps Americans reduce their risks for many health conditions, including: overweight and obesity; malnutrition; iron-deficiency anemia; heart disease; high blood pressure; dyslipidemia (poor lipid profiles); type 2 diabetes; osteoporosis; oral disease; constipation; diverticular disease; and some cancers.

Diet reflects the variety of foods and beverages consumed over time and in settings such as worksites, schools, restaurants, and the home. Interventions to support a healthier diet can help ensure that:
- Individuals have the knowledge and skills to make healthier choices.
- Healthier options are available and affordable.

**Social Determinants of Diet.** Demographic characteristics of those with a more healthful diet vary with the nutrient or food studied. However, most Americans need to improve some aspect of their diet.

Social factors thought to influence diet include:
- Knowledge and attitudes
- Skills
- Social support
- Societal and cultural norms
- Food and agricultural policies
- Food assistance programs
- Economic price systems

**Physical Determinants of Diet.** Access to and availability of healthier foods can help people follow healthful diets. For example, better access to retail venues that sell healthier options may have a positive impact on a person’s diet; these venues may be less available in low-income or rural neighborhoods.

The places where people eat appear to influence their diet. For example, foods eaten away from home often have more calories and are of lower nutritional quality than foods prepared at home.

Marketing also influences people’s—particularly children’s—food choices.
- Healthy People 2020 (www.healthypeople.gov)
Daily Recommendation of Fruits/Vegetables
A total of 38.7% of Merced County adults report eating five or more servings of fruits and/or vegetables per day.

- Comparable to national findings.
- The difference by subarea is not statistically significant.
- TREND: Fruit/vegetable consumption has decreased significantly since 2012.

Consume Five or More Servings of Fruits/Vegetables Per Day
(Merced County, 2015)

Sources: 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 146]
Notes: Asked of all respondents.
For this issue, respondents were asked to recall their food intake on the previous day.
* Note that the MHLB Service Area column includes a small number of oversample interviews that are not reflected in the Merced County data column.

County men are less likely to get the recommended servings of fruits/vegetables.
Access to Fresh Produce

Difficulty Accessing Fresh Produce

While most report little or no difficulty, 21.4% of Merced County adults report that it is "very" or "somewhat" difficult for them to access affordable, fresh fruits and vegetables.

Level of Difficulty Finding Fresh Produce at an Affordable Price
(Merced County, 2015)

- Not Too Difficult 32.2%
- Somewhat Difficult 18.7%
- Very Difficult 2.7%
- Not At All Difficult 46.4%

Sources: 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 91]
Notes: Asked of all respondents.

- Similar to national findings.
- Statistically similar by subarea.

Find It “Very” or “Somewhat” Difficult to Buy Affordable Fresh Produce

<table>
<thead>
<tr>
<th></th>
<th>MHLB Service Area</th>
<th>Other Merced County</th>
<th>Merced County</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage</td>
<td>15.4%</td>
<td>21.9%</td>
<td>21.4%</td>
<td>24.4%</td>
</tr>
</tbody>
</table>

Sources: 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 91]
Notes: Asked of all respondents.
* Note that the MHLB Service Area column includes a small number of oversample interviews that are not reflected in the Merced County data column.
● Lower-income residents report more difficulty getting fresh produce than those with higher incomes.

**Find It “Very” or “Somewhat” Difficult to Buy Affordable Fresh Produce**
(Merced County, 2015)

<table>
<thead>
<tr>
<th></th>
<th>Men</th>
<th>Women</th>
<th>18 to 39</th>
<th>40 to 64</th>
<th>65+</th>
<th>Low Income</th>
<th>Mid/High Income</th>
<th>Hispanic</th>
<th>White</th>
<th>Other</th>
<th>Merced County</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age Group</td>
<td>0%</td>
<td>20%</td>
<td>22.2%</td>
<td>24.6%</td>
<td>17.2%</td>
<td>20.7%</td>
<td>31.1%</td>
<td>12.9%</td>
<td>24.9%</td>
<td>16.6%</td>
<td>21.5%</td>
</tr>
<tr>
<td>Income Group</td>
<td>0%</td>
<td>20%</td>
<td>22.2%</td>
<td>24.6%</td>
<td>17.2%</td>
<td>20.7%</td>
<td>31.1%</td>
<td>12.9%</td>
<td>24.9%</td>
<td>16.6%</td>
<td>21.5%</td>
</tr>
</tbody>
</table>

**Sources:**
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 91]
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
- Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Low Income” includes households with incomes up to 200% of the federal poverty level; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.

**Low Food Access (Food Deserts)**
US Department of Agriculture data show that 22.1% of the Merced County population (representing over 56,000 residents) have low food access or live in a “food desert,” meaning that they do not live near a supermarket or large grocery store.

- More than the statewide proportion.
- Slightly less than the national proportion.

A food desert is defined as a low-income area where a significant number or share of residents is far from a supermarket, where “far” is more than 1 mile in urban areas and more than 10 miles in rural areas.
Population With Low Food Access
(Percent of Population That Is Far From a Supermarket or Large Grocery Store, 2010)

- Merced County: 22.1%
- CA: 14.3%
- US: 23.6%

56,479 individuals have low food access.

Sources:

Notes:
- This indicator reports the percentage of the population living in census tracts designated as food deserts. A food desert is defined as low-income areas where a significant number or share of residents is far from a supermarket, where “far” is more than 1 mile in urban areas and more than 10 miles in rural areas. This indicator is relevant because it highlights populations and geographies facing food insecurity.

The following map provides an illustration of food deserts by census tract.
Health Advice About Diet & Nutrition

A total of 44.2% of survey respondents acknowledge that a physician counseled them about diet and nutrition in the past year.

- Similar to national findings.
- Similar by subarea (not shown).
- TREND: Statistically unchanged since 2012.
- Note: Among overweight/obese respondents, 49.2% report receiving diet/nutrition advice (meaning that around one-half did not).

Have Received Advice About Diet and Nutrition in the Past Year From a Physician, Nurse, or Other Health Professional
(By Weight Classification)

<table>
<thead>
<tr>
<th></th>
<th>Merced County: Healthy Weight</th>
<th>Merced County: Overweight or Obese</th>
<th>Merced County: All Adults</th>
<th>US: All Adults</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>22.4%</td>
<td>49.2%</td>
<td>44.2%</td>
<td>39.2%</td>
</tr>
<tr>
<td>2015</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Merced County</td>
<td>Merced County</td>
<td>US: All Adults</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Healthy Weight</td>
<td>Overweight or Obese</td>
<td>All Adults</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2012</td>
<td>37.8%</td>
<td></td>
<td></td>
<td>39.2%</td>
</tr>
<tr>
<td>2015</td>
<td>44.2%</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Sources:  
- PRC Community Health Surveys, Professional Research Consultants, Inc. (Item 18)  
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:  
- Asked of all respondents.
Physical Activity

About Physical Activity

Regular physical activity can improve the health and quality of life of Americans of all ages, regardless of the presence of a chronic disease or disability. Among adults and older adults, physical activity can lower the risk of: early death; coronary heart disease; stroke; high blood pressure; type 2 diabetes; breast and colon cancer; falls; and depression. Among children and adolescents, physical activity can: improve bone health; improve cardiorespiratory and muscular fitness; decrease levels of body fat; and reduce symptoms of depression. For people who are inactive, even small increases in physical activity are associated with health benefits.

Personal, social, economic, and environmental factors all play a role in physical activity levels among youth, adults, and older adults. Understanding the barriers to and facilitators of physical activity is important to ensure the effectiveness of interventions and other actions to improve levels of physical activity.

Factors positively associated with adult physical activity include: postsecondary education; higher income; enjoyment of exercise; expectation of benefits; belief in ability to exercise (self-efficacy); history of activity in adulthood; social support from peers, family, or spouse; access to and satisfaction with facilities; enjoyable scenery; and safe neighborhoods.

Factors negatively associated with adult physical activity include: advancing age; low income; lack of time; low motivation; rural residency; perception of great effort needed for exercise; overweight or obesity; perception of poor health; and being disabled. Older adults may have additional factors that keep them from being physically active, including lack of social support, lack of transportation to facilities, fear of injury, and cost of programs.

Among children ages 4 to 12, the following factors have a positive association with physical activity: gender (boys); belief in ability to be active (self-efficacy); and parental support.

Among adolescents ages 13 to 18, the following factors have a positive association with physical activity: parental education; gender (boys); personal goals; physical education/school sports; belief in ability to be active (self-efficacy); and support of friends and family.

Environmental influences positively associated with physical activity among children and adolescents include:

- Presence of sidewalks
- Having a destination/walking to a particular place
- Access to public transportation
- Low traffic density
- Access to neighborhood or school play area and/or recreational equipment

People with disabilities may be less likely to participate in physical activity due to physical, emotional, and psychological barriers. Barriers may include the inaccessibility of facilities and the lack of staff trained in working with people with disabilities.

Leisure-Time Physical Activity

A total of 22.4% of Merced County adults report no leisure-time physical activity in the past month.

- Comparable to statewide findings.
- Comparable to national findings.
• Statistically comparable by subarea.
• Satisfies the Healthy People 2020 target (32.6% or lower).
• TREND: Denotes a significant decrease since 2012.

No Leisure-Time Physical Activity in the Past Month
Healthy People 2020 Target = 32.6% or Lower

Merced County
2012 2015
MHLB Service Area Other Merced County* California United States

29.9% 22.4% 22.4% 22.4% 20.7%
2012 2015

Lack of leisure-time physical activity in the area is higher among:

• Adults 65 and over.

No Leisure-Time Physical Activity in the Past Month
(Merced County, 2015)
Healthy People 2020 Target = 32.6% or Lower

25.6% 19.2% 15.9% 8.6% 28.8% 26.2% 18.3% 20.9% 22.6% 28.6% 22.4%

Men Women 18 to 39 40 to 64 65+ Low Income Mid/High Income Hispanic White Other Merced County

Sources: • PRC Community Health Survey, Professional Research Consultants, Inc. [Item 52]
• Behavioral Risk Factor Surveillance System Survey Data, Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC). 2013 California data.
• 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes: • Asked of all respondents.
• * Note that the MHLB Service Area column includes a small number of oversample interviews that are not reflected in the Merced County data column.
Activity Levels

**Recommended Levels of Physical Activity**

Adults (age 18–64) should do 2 hours and 30 minutes a week of moderate-intensity, or 1 hour and 15 minutes (75 minutes) a week of vigorous-intensity aerobic physical activity, or an equivalent combination of moderate- and vigorous-intensity aerobic physical activity. Aerobic activity should be performed in episodes of at least 10 minutes, preferably spread throughout the week.

Additional health benefits are provided by increasing to 5 hours (300 minutes) a week of moderate-intensity aerobic physical activity, or 2 hours and 30 minutes a week of vigorous-intensity physical activity, or an equivalent combination of both.

Older adults (age 65 and older) should follow the adult guidelines. If this is not possible due to limiting chronic conditions, older adults should be as physically active as their abilities allow. They should avoid inactivity. Older adults should do exercises that maintain or improve balance if they are at risk of falling.

For all individuals, some activity is better than none. Physical activity is safe for almost everyone, and the health benefits of physical activity far outweigh the risks.


**Recommended Levels of Physical Activity**

A total of 50.7% of Merced County adults participate in regular, sustained moderate or vigorous physical activity (meeting physical activity recommendations).

- Nearly identical to national findings.
- No statistical difference by subarea.
- TREND: Statistically unchanged since 2012.

**Meets Physical Activity Recommendations**

- **MHLB Service Area**: 56.9%
- **Other Merced County**: 49.1%
- **Merced County**: 50.7%
- **United States**: 50.3%
- **Merced County 2012**: 48.2%
- **Merced County 2015**: 50.7%

**Sources:**
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 147]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

**Notes:**
- Asked of all respondents.
- In this case the term "meets physical activity recommendations" refers to participation in moderate physical activity (exercise that produces only light sweating or a slight to moderate increase in breathing or heart rate) at least 5 times a week for 30 minutes at a time, and/or vigorous physical activity (activities that cause heavy sweating or large increases in breathing or heart rate) at least 3 times a week for 20 minutes at a time.
- * Note that the MHLB Service Area column includes a small number of oversample interviews that are not reflected in the Merced County data column.
Adults age 40+ in Merced County are less likely to meet physical activity requirements.

Meets Physical Activity Recommendations
(Merced County, 2015)

<table>
<thead>
<tr>
<th>Category</th>
<th>Men</th>
<th>Women</th>
<th>18 to 39</th>
<th>40 to 64</th>
<th>65+</th>
<th>Low Income</th>
<th>Mid/High Income</th>
<th>Hispanic</th>
<th>White</th>
<th>Other</th>
<th>Merced County</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>53.7%</td>
<td>47.8%</td>
<td>63.6%</td>
<td>38.8%</td>
<td>41.7%</td>
<td>48.1%</td>
<td>52.8%</td>
<td>56.2%</td>
<td>45.2%</td>
<td>45.3%</td>
<td>50.7%</td>
</tr>
</tbody>
</table>

Sources: 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 147]
Notes:asked of all respondents.
Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level. "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
In this case the term "meets physical activity recommendations" refers to participation in moderate physical activity/exercise that produces only light sweating or a slight to moderate increase in breathing or heart rate (at least 5 times a week for 30 minutes at a time, and/or vigorous physical activity (activities that cause heavy sweating or large increases in breathing or heart rate) at least 3 times a week for 20 minutes at a time.

Moderate & Vigorous Physical Activity
In the past month:
A total of 23.8% of adults participated in moderate physical activity (5 times a week, 30 minutes at a time).

- Less favorable than the national level.
- More favorable in the MHLB Service Area (not shown).
- TREND: Statistically unchanged since 2012.

A total of 40.2% participated in vigorous physical activity (3 times a week, 20 minutes at a time).

- Similar to the nationwide figure.
- The difference by subarea is not statistically significant (not shown).
- TREND: Statistically similar to 2012 findings.
Moderate & Vigorous Physical Activity
(Merced County, 2015)

Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 148-149]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
- Physical Activity: Takes part in exercise that produces only light sweating or a slight to moderate increase in breathing or heart rate at least 5 times per week for at least 30 minutes per time.
- Vigorous Physical Activity: Takes part in activities that cause heavy sweating or large increases in breathing or heart rate at least 3 times per week for at least 20 minutes per time.

Access to Physical Activity

Access to Recreation & Fitness Facilities
In 2013, there were 6.3 recreation/fitness facilities for every 100,000 population in Merced County.

- Lower than what is found statewide.
- Lower than what is found nationally.

Population With Recreation & Fitness Facility Access
(Number of Recreation & Fitness Facilities per 100,000 Population, 2013)

Sources:
- US Census Bureau, County Business Patterns: 2013. Additional data analysis by CARES.

Notes:
- Recreation and fitness facilities are defined by North American Industry Classification System (NAICS) Code 713940, which include Establishments engaged in operating facilities which offer exercise and other active physical fitness conditioning or recreational sports activities. Examples include athletic clubs, gymnasiums, dance centers, tennis clubs, and swimming pools. This indicator is relevant because access to recreation and fitness facilities encourages physical activity and other healthy behaviors.
Health Advice About Physical Activity & Exercise

A total of 48.9% of Merced County adults report that their physician has asked about or given advice to them about physical activity in the past year.

- Comparable to the national average.
- No statistical difference by subarea (not shown).
- TREND: Comparable to 2012 survey findings.
- Note: 55.6% of overweight/obese Merced County respondents say that they have talked with their doctor about physical activity/exercise in the past year.

Have Received Advice About Exercise in the Past Year From a Physician, Nurse, or Other Health Professional
(By Weight Classification)

<table>
<thead>
<tr>
<th></th>
<th>Merced County: Healthy Weight</th>
<th>Merced County: Overweight or Obese</th>
<th>Merced County: All Adults</th>
<th>US: All Adults</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>28.8%</td>
<td>55.6%</td>
<td>48.9%</td>
<td>44.0%</td>
</tr>
<tr>
<td>2015</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Sources:  
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 19]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:  
- Asked of all respondents.
Children’s Physical Activity

Among Merced County children age 2 to 17, 52.5% are reported to have had 60 minutes of physical activity on each of the seven days preceding the interview (1+ hours per day).

- Similar to what is found nationally.
- By gender, the difference in physical activity between boys and girls is not statistically significant.

**Child Is Physically Active for One or More Hours per Day**

(Among Children Age 2-17)

<table>
<thead>
<tr>
<th></th>
<th>Boys</th>
<th>Girls</th>
<th>Merced County</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage</td>
<td>49.0%</td>
<td>56.1%</td>
<td>52.5%</td>
<td>48.6%</td>
</tr>
</tbody>
</table>

Sources: 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 117]
2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents with children age 2-17 at home.
- Includes children reported to have one or more hours of physical activity on each of the seven days preceding the survey.
Weight Status

About Overweight & Obesity

Because weight is influenced by energy (calories) consumed and expended, interventions to improve weight can support changes in diet or physical activity. They can help change individuals’ knowledge and skills, reduce exposure to foods low in nutritional value and high in calories, or increase opportunities for physical activity. Interventions can help prevent unhealthy weight gain or facilitate weight loss among obese people. They can be delivered in multiple settings, including healthcare settings, worksites, or schools.

The social and physical factors affecting diet and physical activity (see Physical Activity topic area) may also have an impact on weight. Obesity is a problem throughout the population. However, among adults, the prevalence is highest for middle-aged people and for non-Hispanic black and Mexican American women. Among children and adolescents, the prevalence of obesity is highest among older and Mexican American children and non-Hispanic black girls. The association of income with obesity varies by age, gender, and race/ethnicity.

- Healthy People 2020 (www.healthypeople.gov)

Body Mass Index (BMI), which describes relative weight for height, is significantly correlated with total body fat content. The BMI should be used to assess overweight and obesity and to monitor changes in body weight. In addition, measurements of body weight alone can be used to determine efficacy of weight loss therapy. BMI is calculated as weight (kg)/height squared (m²). To estimate BMI using pounds and inches, use: \[
\text{BMI (kg/m}^2\text{) = \frac{\text{weight (pounds)}}{\text{height squared (inches}^2\text{)}} \times 703.
\]

In this report, overweight is defined as a BMI of 25.0 to 29.9 kg/m² and obesity as a BMI ≥30 kg/m². The rationale behind these definitions is based on epidemiological data that show increases in mortality with BMIs above 25 kg/m². The increase in mortality, however, tends to be modest until a BMI of 30 kg/m² is reached. For persons with a BMI ≥30 kg/m², mortality rates from all causes, and especially from cardiovascular disease, are generally increased by 50 to 100 percent above that of persons with BMIs in the range of 20 to 25 kg/m².


<table>
<thead>
<tr>
<th>Classification of Overweight and Obesity by BMI</th>
<th>BMI (kg/m²)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Underweight</td>
<td>&lt;18.5</td>
</tr>
<tr>
<td>Normal</td>
<td>18.5 – 24.9</td>
</tr>
<tr>
<td>Overweight</td>
<td>25.0 – 29.9</td>
</tr>
<tr>
<td>Obese</td>
<td>≥30.0</td>
</tr>
</tbody>
</table>

Adult Weight Status

Healthy Weight

Based on self-reported heights and weights, 22.1% of Merced County adults are at a healthy weight.

- Well below the California prevalence.
- Well below the national prevalence.
- Statistically comparable by subarea.
- Fails to satisfy the Healthy People 2020 target (33.9% or higher).
- TREND: The percentage of healthy weight adults in Merced County has decreased since 2012.

Overweight Status

Three-fourths of Merced County adults (75.6%) are overweight.

- Worse than the California prevalence.
- Worse than the US overweight prevalence.
- Statistically similar by subarea.
- TREND: Statistically unchanged since 2012.
Prevalence of Total Overweight
(Percent of Adults With a Body Mass Index of 25.0 or Higher)

Further, 39.8% of Merced County adults are obese.

- Less favorable than California findings.
- Less favorable than US findings.
- No statistical difference by subarea.
- Fails to satisfy the Healthy People 2020 target (30.5% or lower).
- TREND: Statistically unchanged since 2012.

"Obese" (also included in overweight prevalence discussed previously) includes respondents with a BMI value ≥30.

Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 151]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Based on reported heights and weights, asked of all respondents.
- The definition of overweight is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 25.0, regardless of gender. The definition for obesity is a BMI greater than or equal to 30.0.
- * Note that the MHLB Service Area column includes a small number of oversample interviews that are not reflected in the Merced County data column.
Prevalence of Obesity
(Percent of Adults With a Body Mass Index of 30.0 or Higher)
Healthy People 2020 Target = 30.5% or Lower

Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 151]

Notes:
- Obesity is notably more prevalent among those between the ages of 40 and 64.

Prevalence of Obesity
(Percent of Adults With a BMI of 30.0 or Higher; Merced County, 2015)
Healthy People 2020 Target = 30.5% or Lower

Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 151]

Notes:
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
- Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Low Income” includes households with incomes up to 200% of the federal poverty level; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.
- The definition of obesity is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 30.0, regardless of gender.
Actual vs. Perceived Body Weight
A total of 7.5% of obese adults and 40.4% of overweight (but not obese) adults feel that their current weight is “about right.”

- 50.7% of overweight (but not obese) adults see themselves as “somewhat overweight.”
- 24.2% of obese adults see themselves as “very overweight.”

Actual vs. Perceived Weight Status
(Among Overweight/Obese Adults Based on BMI; Merced County, 2015)

Sources: 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 99]
Notes: BMI is based on reported heights and weights, asked of all respondents.
The definition of overweight is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 25.0, regardless of gender. The definition for obesity is a BMI greater than or equal to 30.0.

Relationship of Overweight With Other Health Issues
Overweight and obese adults are more likely to report a number of adverse health conditions. Among these are:

- Hypertension (high blood pressure).
- High cholesterol.
- “Fair” or “poor” physical health.
- Activity limitations.
- Diabetes.
- Depressive disorder.
- Asthma.
Relationship of Overweight With Other Health Issues
(By Weight Classification; Merced County, 2015)

Source:
2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 5, 103, 105, 125, 126, 134, 136]

Notes:
- Based on reported heights and weights, asked of all respondents.

Weight Management

Health Advice
A total of 27.0% of adults have been given advice about their weight by a doctor, nurse or other health professional in the past year.

- Statistically similar to the national findings.
- Statistically similar by subarea (not shown).
- TREND: Statistically unchanged from that reported in 2012.
- Note that 30.2% of overweight/obese adults have been given advice about their weight by a health professional in the past year (while 7 in 10 have not).

Have Received Advice About Weight in the Past Year
From a Physician, Nurse, or Other Health Professional
(By Weight Classification)

Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 98]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
Weight Control

About Maintaining a Healthy Weight

Individuals who are at a healthy weight are less likely to:

- Develop chronic disease risk factors, such as high blood pressure and dyslipidemia.
- Develop chronic diseases, such as type 2 diabetes, heart disease, osteoarthritis, and some cancers.
- Experience complications during pregnancy.
- Die at an earlier age.

All Americans should avoid unhealthy weight gain, and those whose weight is too high may also need to lose weight.

- Healthy People 2020 (www.healthypeople.gov)

A total of 36.5% of Merced County adults who are overweight say that they are both modifying their diet and increasing their physical activity to try to lose weight.

- Similar to national findings.
- Similar findings between the MHLB Service Area and Other Merced County (not shown).
- TREND: Statistically similar to that reported among overweight adults in 2012.

![Pie chart showing weight control efforts](source)

Merced County 2012

- Yes: 40.7%
- No: 59.3%

Merced County 2015

- Yes: 36.5%
- No: 63.5%

Usa=39.5%

Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 152]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Reflects respondents who are overweight or obese based on reported heights and weights.
Childhood Overweight & Obesity

About Weight Status in Children & Teens

In children and teens, body mass index (BMI) is used to assess weight status – underweight, healthy weight, overweight, or obese. After BMI is calculated for children and teens, the BMI number is plotted on the CDC BMI-for-age growth charts (for either girls or boys) to obtain a percentile ranking. Percentiles are the most commonly used indicator to assess the size and growth patterns of individual children in the United States. The percentile indicates the relative position of the child’s BMI number among children of the same sex and age.

BMI-for-age weight status categories and the corresponding percentiles are shown below:

- Underweight <5th percentile
- Healthy Weight ≥5th and <85th percentile
- Overweight ≥85th and <95th percentile
- Obese ≥95th percentile

Based on the heights/weights reported by surveyed parents, 34.4% of Merced County children age 5 to 17 are overweight or obese (≥85th percentile).

- Comparable to that found nationally.
- TREND: Statistically unchanged since 2012.

Child Total Overweight Prevalence
(Percent of Children Age 5-17 Who Are Overweight/Obese; BMI in the 85th Percentile or Higher)

Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 155]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents with children age 5-17 at home.
- Overweight among children is determined by children’s Body Mass Index status at or above the 85th percentile of US growth charts by gender and age.
Further, 15.8% of Merced County children age 5 to 17 are obese (≥95th percentile).

- Comparable to the national percentage.
- Fails to satisfy the Healthy People 2020 target (14.5% or lower for children age 2-19).
- TREND: Statistically unchanged since 2012.
- Merced County children ages 5-12 are more likely to be obese than local teens.

**Child Obesity Prevalence**
(Percent of Children Age 5-17 Who Are Obese; BMI in the 95th Percentile or Higher)

*Healthy People 2020 Target = 14.5% or Lower*

Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 155]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents with children age 5-17 at home.
- Obesity among children is determined by children’s Body Mass Index status equal to or above the 95th percentile of US growth charts by gender and age.

**Key Informant Input: Nutrition, Physical Activity & Weight**
The greatest share of key informants taking part in an online survey characterized *Nutrition, Physical Activity & Weight* as a “major problem” in the community.

**Perceptions of Nutrition, Physical Activity, and Weight as a Problem in the Community**
(Key Informants, 2016)

Sources:
- PRC Online Key Informant Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
Top Concerns
Among those rating this issue as a “major problem,” reasons frequently related to the following:

Education
A true program to address nutrition and physical activity in Los Banos that is sponsored by the local hospital. - Community/Business Leader
Lack of education, availability of foods and products. - Other Health Provider
Education, culture, most people do not have the means to try and eat healthy. – Physician
Teaching people to eat properly and making them aware of the advantages of getting some exercise on a regular basis. - Community/Business Leader
Poor eating habits and not enough outreach education. - Community/Business Leader

Affordable Care/Services
Access across the county to healthy food options and physical activity resources. - Other Health Provider
Low income and lack of education. Many times the less expensive food is not the best for you. Language barrier could be present for Hispanic population. Lack of nutritionists. Lack of children’s programs. - Other Health Provider
Poverty is a major obstacle for people to be able to eat healthy food. Education on healthy eating and lifestyles needs to be more available. Video gaming is the biggest obstacle to physical activity for young people and is the biggest factor in childhood obesity. Busy schedules and wrong priorities are major factors in obesity in our community. - Community/Business Leader
Getting out to be more active and recreational sports are getting too expensive. - Other Health Provider

Lack of Motivation
We have a society that is being taught to do as little as possible to earn a pay check and they have all the rights. - Community/Business Leader
Lack of self and community motivation to identify nutrition, physical activity and weight as priorities. It is understandable, considering the other stressors that the Los Banos community faces as it relates to educational attainment, poverty, violence, water quality, safety and other concerns. We need to identify marketing strategies that will truly resonate with Central Valley residents and make them want to address this for their family today and for the family’s future. - Other Health Provider
Getting people to change behavior, getting their attention. - Physician
Lack of movement and motivation. People have it too easy to drive to a drive thru rather than cook a nutritious meal for their families. There are more and more people that are obese due to nutrition and lack of movement. - Community/Business Leader

Obesity
With the ongoing weight problem of our community, access to facilities which promote physical well-being and are affordable, are not available. - Community/Business Leader
There is a high percentage of obesity in the county among the children and families. Anemia among between ages of 1 -3 years of age is prevalent due to poor choices for food or nutrition intake for the child. - Public Health Representative
Many residents are overweight and are not educated on good nutrition and staying active. We have two workout gyms in the city. Perhaps they would offer special rates for people unable to pay full fees. - Community/Business Leader

Lifestyles
Many residents are so busy taking care of others and working that they do not have the time or energy to take proper care of themselves. Fast food and junk foods are too common place and easy to get. Transportation can be an issue for many as well as finances in order to buy healthier food choices. Lack of education and knowledge contribute as well. -
Community/Business Leader

Children eat too much fast food. Many parents are poorly educated regarding nutrition and they commute to the Bay Area, so the children have to eat what is convenient, not what is healthful. Commuting parents also because the children to stay indoors until they arrive back home, so they do not get the exercise and fresh air they need. - Community/Business Leader

Lack of Specialists

No specialists. - Community/Business Leader
Substance Abuse

About Substance Abuse

Substance abuse has a major impact on individuals, families, and communities. The effects of substance abuse are cumulative, significantly contributing to costly social, physical, mental, and public health problems. These problems include:

- Teenage pregnancy
- Human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS)
- Other sexually transmitted diseases (STDs)
- Domestic violence
- Child abuse
- Motor vehicle crashes
- Physical fights
- Crime
- Homicide
- Suicide

Substance abuse refers to a set of related conditions associated with the consumption of mind- and behavior-altering substances that have negative behavioral and health outcomes. Social attitudes and political and legal responses to the consumption of alcohol and illicit drugs make substance abuse one of the most complex public health issues. In addition to the considerable health implications, substance abuse has been a flash-point in the criminal justice system and a major focal point in discussions about social values: people argue over whether substance abuse is a disease with genetic and biological foundations or a matter of personal choice.

Advances in research have led to the development of evidence-based strategies to effectively address substance abuse. Improvements in brain-imaging technologies and the development of medications that assist in treatment have gradually shifted the research community’s perspective on substance abuse.

There is now a deeper understanding of substance abuse as a disorder that develops in adolescence and, for some individuals, will develop into a chronic illness that will require lifelong monitoring and care.

Improved evaluation of community-level prevention has enhanced researchers’ understanding of environmental and social factors that contribute to the initiation and abuse of alcohol and illicit drugs, leading to a more sophisticated understanding of how to implement evidence-based strategies in specific social and cultural settings.

A stronger emphasis on evaluation has expanded evidence-based practices for drug and alcohol treatment. Improvements have focused on the development of better clinical interventions through research and increasing the skills and qualifications of treatment providers.

- Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Cirrhosis/Liver Disease Deaths

Between 2012 and 2014 there was an annual average age-adjusted cirrhosis/liver disease mortality rate of 16.1 deaths per 100,000 population in Merced County.

- Higher than the statewide rate.
- Higher than the national rate.
- Almost twice the Healthy People 2020 target (8.2 or lower).
Cirrhosis/Liver Disease: Age-Adjusted Mortality
(2012-2014 Annual Average Deaths per 100,000 Population)
Healthy People 2020 Target = 8.2 or Lower

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted January 2016.

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

High-Risk Alcohol Use

Current Drinking
A total of 47.7% of area adults had at least one drink of alcohol in the past month (current drinkers).

- Lower than the statewide proportion.
- Lower than the national proportion.
- Particularly high in the MHLB Service Area.
- TREND: Statistically unchanged since 2012.
Current drinking is more prevalent among:

- Men.
- Adults under age 65.
- Higher-income residents.
- Whites.

Current Drinkers
(Merced County, 2015)
Excessive Drinking

A total of 16.9% of area adults are excessive drinkers (heavy and/or binge drinkers).

- More favorable than the national proportion.
- Excessive drinking is more than twice as prevalent in the MHLB Service Area as in Other Merced County.
- Satisfies the Healthy People 2020 target (25.4% or lower).
- TREND: Statistically unchanged since 2012.

Excessive Drinkers
Healthy People 2020 Target = 25.4% or Lower

Excessive drinking includes heavy and/or binge drinkers:

Heavy drinkers include men reporting 2+ alcoholic drinks per day or women reporting 1+ alcoholic drink per day in the month preceding the interview; and

Binge drinkers include men reporting 5+ alcoholic drinks or women reporting 4+ alcoholic drinks on any single occasion during the past month.

RELATED ISSUE:
See also Stress in the Mental Health & Mental Disorders section of this report.

Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 164]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
- Excessive drinking reflects the number of persons aged 18 years and over who drank more than two drinks per day on average (for men) or more than one drink per day on average (for women) OR who drank 5 or more drinks during a single occasion (for men) or 4 or more drinks during a single occasion (for women) during the past 30 days.
- * Note that the MHLB Service Area column includes a small number of oversample interviews that are not reflected in the Merced County data column.

- Excessive drinking is more prevalent among men and adults age 40 to 64.
**Excessive Drinkers**

(Total Area, 2015)

Healthy People 2020 Target = 25.4% or Lower

<table>
<thead>
<tr>
<th></th>
<th>Men</th>
<th>Women</th>
<th>18 to 39</th>
<th>40 to 64</th>
<th>65+</th>
<th>Low Income</th>
<th>Mid/High Income</th>
<th>Hispanic</th>
<th>White</th>
<th>Other</th>
<th>Merced County</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>2015</strong></td>
<td>27.2%</td>
<td>6.7%</td>
<td>14.3%</td>
<td>23.8%</td>
<td>6.8%</td>
<td>15.2%</td>
<td>21.7%</td>
<td>13.3%</td>
<td>22.8%</td>
<td>15.5%</td>
<td>16.9%</td>
</tr>
<tr>
<td><strong>Healthy People 2020 Target</strong></td>
<td>25.4% or Lower</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Sources:  
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 164]  

Notes:  
- Asked of all respondents.  
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “NH White” reflects non-Hispanic White respondents).  
- Income categories reflect respondents’ household income as a ratio to the federal poverty level (FPL) for their household size. “Low Income” includes households with incomes up to 200% of the federal poverty level; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.  
- Excessive drinking reflects the number of persons aged 18 years and over who drank more than two drinks per day on average (for men) or more than one drink per day on average (for women) OR who drank 5 or more drinks during a single occasion (for men) or 4 or more drinks during a single occasion (for women) during the past 30 days.

**Drinking & Driving**

A total of 1.6% of Merced County adults acknowledge having driven a vehicle in the past month after they had perhaps too much to drink.

- Better than the national findings.
- Not reported by any of the MHLB Service Area respondents.
- TREND: The drinking and driving prevalence has not changed significantly.

<table>
<thead>
<tr>
<th></th>
<th>MHLB Service Area</th>
<th>Other Merced County</th>
<th>Merced County*</th>
<th>United States</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>2012</strong></td>
<td>0.0%</td>
<td>1.8%</td>
<td>1.6%</td>
<td>5.0%</td>
</tr>
<tr>
<td><strong>2015</strong></td>
<td>3.8%</td>
<td>1.6%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Sources:  
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 65]  
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:  
- Asked of all respondents.  
- * Note that the MHLB Service Area column includes a small number of oversample interviews that are not reflected in the Merced County data column.
Age-Adjusted Drug-Induced Deaths
Between 2012 and 2014, there was an annual average age-adjusted drug-induced mortality rate of 14.2 deaths per 100,000 population in Merced County.

- Higher than the statewide rate.
- Comparable to the national rate.
- Fails to satisfy the Healthy People 2020 target (11.3 or lower).

Drug-Induced Deaths: Age-Adjusted Mortality
(2012-2014 Annual Average Deaths per 100,000 Population)
Healthy People 2020 Target = 11.3 or Lower

For the purposes of this survey, "illicit drug use" includes use of illegal substances or of prescription drugs taken without a physician's order.

Note: As a self-reported measure – and because this indicator reflects potentially illegal behavior – it is reasonable to expect that it might be underreported, and that actual illicit drug use in the community is likely higher.

Illicit Drug Use
A total of 1.6% of Merced County adults acknowledge using an illicit drug in the past month.

- Lower than the proportion found nationally.
- Similar proportions found in both subareas.
- Easily satisfies the Healthy People 2020 target of 7.1% or lower.
- TREND: Statistically unchanged over time.
Illicit Drug Use in the Past Month
Healthy People 2020 Target = 7.1% or Lower

Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 66]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
- * Note that the MHLB Service Area column includes a small number of oversample interviews that are not reflected in the Merced County data column.

Alcohol & Drug Treatment
A total of 1.4% of Merced County adults report that they have sought professional help for an alcohol or drug problem at some point in their lives.

- Less favorable than the national findings.
- More favorable in the MHLB Service Area.
- TREND: Statistically unchanged over time.

Have Ever Sought Professional Help for an Alcohol/Drug-Related Problem
Key Informant Input: Substance Abuse

Key informants taking part in an online survey largely characterized Substance Abuse as a “major problem” in the community.

Perceptions of Substance Abuse as a Problem in the Community
(Key Informants, 2016)

<table>
<thead>
<tr>
<th>Major Problem</th>
<th>Moderate Problem</th>
<th>Minor Problem</th>
<th>No Problem At All</th>
</tr>
</thead>
<tbody>
<tr>
<td>54.7%</td>
<td>36.0%</td>
<td>8.0%</td>
<td></td>
</tr>
</tbody>
</table>

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

Barriers to Treatment

Among those rating this issue as a “major problem,” the greatest barriers to accessing substance abuse treatment are viewed as:

Lack of Resources
- Lack of resources. - Physician
- No resource available. – Physician
- Los Banos does not have a substance abuse center that deals with addiction and recovery. - Community/Business Leader
- Lack of places to go here in our town. Lack of confidentiality in our community. - Community/Business Leader
- I think the greatest barrier could be that we may not have these treatment options locally. The other barrier is that many of these people have underlying or undiagnosed mental health issues. - Other Health Provider
- Lack of services in the city of Los Banos. - Community/Business Leader
- Meth is definitely on the rise, heroin is also making a big come back. We need drug treatment programs in this community. There is nothing. Maybe this could be linked with mental health to consolidate services. - Community/Business Leader
- People don't know where to go for help. - Community/Business Leader

Access to Treatment
- Lack of access to county services and the fact that for Medi-Cal members they must get these services from county mental health. - Other Health Provider
- Accessibility and eligibility for services. - Public Health Representative
- The waiting list for treatment services is far out and there are not that many facilities here in Los Banos where people can actually get treatment. - Other Health Provider
- Financial, availability of treatment programs. - Other Health Provider
- Insurance, lack of coverage. Lack of awareness of programs. Lack of local availability. One or two programs is insufficient. Lack of school districts providing services as well as declaring this to be very, very important. - Community/Business Leader
- Some treatment through the county, but no specialists for the general public. - Community/Business Leader
- Drugs of all kinds, legal and illegal, continue to plague our community, as they do other American communities. Many people don't know how to access counselling and treatment. - Community/Business Leader
Denial/Stigma

Some stigma and the drugs themselves. People who are getting high don't want to be clean. - Other Health Provider

Many residents do not want to access treatment since they do not want to change their lifestyles, they enjoy what they are doing, or have others helping them stay in this negative lifestyle. Personal reasons to not get treatment could be denial, embarrassment, and lack of resources or knowledge of where to go. Limited rehab services are available locally. Many do not have a strong support system available to them. - Community/Business Leader

Embarrassed, no insurance, lack of education to get treatment. - Community/Business Leader

There aren’t any nearby services and people do not want to quit. - Other Health Provider

Stigma around reaching out for services. We need more AOD counselors to provide more wrap around services. - Other Health Provider

See the need to change their current behaviors. - Other Health Provider

Co-Occurrence

I think it is primarily a mental health problem and we do not have enough mental health facilities in this region for the people with problems. The biggest barriers are the patients themselves. They don't go in for treatment because it is too painful and not very successful in the long run. - Community/Business Leader

Improved mental illness and addiction prevention programs. - Community/Business Leader

Punishment

Money and drugs, all over punishment for sale and possession are not hard enough. - Community/Business Leader

Accessibility

Accessibility of drugs. - Other Health Provider

Most Problematic Substances

Key informants (who rated this as a “major problem”) most often identified methamphetamines or other amphetamines, alcohol, marijuana, and prescription medications as the most problematic substances abused in the community.

<table>
<thead>
<tr>
<th>Substances</th>
<th>Most Problematic</th>
<th>Second-Most Problematic</th>
<th>Third-Most Problematic</th>
<th>Total Mentions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Methamphetamines or Other Amphetamines</td>
<td>45.2%</td>
<td>23.3%</td>
<td>14.3%</td>
<td>25</td>
</tr>
<tr>
<td>Alcohol</td>
<td>25.8%</td>
<td>13.3%</td>
<td>28.6%</td>
<td>20</td>
</tr>
<tr>
<td>Marijuana</td>
<td>16.1%</td>
<td>13.3%</td>
<td>28.6%</td>
<td>17</td>
</tr>
<tr>
<td>Prescription Medications</td>
<td>3.2%</td>
<td>26.7%</td>
<td>17.9%</td>
<td>14</td>
</tr>
<tr>
<td>Cocaine or Crack</td>
<td>6.5%</td>
<td>3.3%</td>
<td>7.1%</td>
<td>5</td>
</tr>
<tr>
<td>Heroin or Other Opioids</td>
<td>3.2%</td>
<td>10.0%</td>
<td>0.0%</td>
<td>4</td>
</tr>
<tr>
<td>Club Drugs (e.g. MDMA, GHB, Ecstasy, Molly)</td>
<td>0.0%</td>
<td>3.3%</td>
<td>0.0%</td>
<td>1</td>
</tr>
<tr>
<td>Hallucinogens or Dissociative Drugs (e.g. Ketamine, PCP, LSD, DXM)</td>
<td>0.0%</td>
<td>3.3%</td>
<td>0.0%</td>
<td>1</td>
</tr>
<tr>
<td>Inhalants</td>
<td>0.0%</td>
<td>3.3%</td>
<td>0.0%</td>
<td>1</td>
</tr>
<tr>
<td>Over-The-Counter Medications</td>
<td>0.0%</td>
<td>0.0%</td>
<td>3.6%</td>
<td>1</td>
</tr>
</tbody>
</table>
Tobacco Use

About Tobacco Use

Tobacco use is the single most preventable cause of death and disease in the United States. Scientific knowledge about the health effects of tobacco use has increased greatly since the first Surgeon General’s report on tobacco was released in 1964.

Tobacco use causes:
- Cancer
- Heart disease
- Lung diseases (including emphysema, bronchitis, and chronic airway obstruction)
- Premature birth, low birth weight, stillbirth, and infant death

There is no risk-free level of exposure to secondhand smoke. Secondhand smoke causes heart disease and lung cancer in adults and a number of health problems in infants and children, including: severe asthma attacks; respiratory infections; ear infections; and sudden infant death syndrome (SIDS).

Smokeless tobacco causes a number of serious oral health problems, including cancer of the mouth and gums, periodontitis, and tooth loss. Cigar use causes cancer of the larynx, mouth, esophagus, and lung.

- Healthy People 2020 (www.healthypeople.gov)

Cigarette Smoking

Cigarette Smoking Prevalence

A total of 11.4% of Merced County adults currently smoke cigarettes, either regularly (7.0% every day) or occasionally (4.4% on some days).

Cigarette Smoking Prevalence
(Merced County, 2015)

Sources: 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 156]
Notes: Asked of all respondents.

- Similar to statewide findings.
- Similar to national findings.
- The difference between subareas is not statistically significant.
Satisfies the Healthy People 2020 target (12.0% or lower).

TREND: The current smoking percentage is statistically unchanged since 2012.

### Current Smokers

**Healthy People 2020 Target = 12.0% or Lower**

- **Merced County**
  - 2012: 13.1%
  - 2015: 11.4%
- **California**
  - 2013: 11.8%
  - 2015: 11.4%

**Notes:**
- Includes regular and occasional smokers (those who smoke cigarettes every day or on some days).
- *Note that the MHLB Service Area column includes a small number of oversample interviews that are not reflected in the Merced County data column.*

Cigarette smoking is more prevalent among:

- **Adults under age 65.**
- **Lower-income residents.**

### Current Smokers

**(Merced County, 2015)**

**Healthy People 2020 Target = 12.0% or Lower**

- **Men**
  - 14.2%
- **Women**
  - 8.8%
- **18 to 39**
  - 11.3%
- **40 to 64**
  - 14.7%
- **65+**
  - 3.4%
- **Low Income**
  - 16.5%
- **Mid/High Income**
  - 6.4%
- **Hispanic**
  - 8.9%
- **White**
  - 15.3%
- **Other**
  - 10.7%
- **Merced County**
  - 11.4%

**Notes:**
- *Note that the MHLB Service Area column includes a small number of oversample interviews that are not reflected in the Merced County data column.*
Environmental Tobacco Smoke

A total of 14.0% of Merced County adults (including smokers and non-smokers) report that a member of their household has smoked cigarettes in the home an average of 4+ times per week over the past month.

- Similar to national findings.
- Similar by subarea.
- TREND: Statistically unchanged over time.
- Note that 6.9% of Merced County non-smokers are exposed to cigarette smoke at home, similar to what is found nationally.

### Member of Household Smokes at Home

<table>
<thead>
<tr>
<th>Source</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>MHLB Service Area</td>
<td>16.1%</td>
</tr>
<tr>
<td>Other Merced County</td>
<td>13.7%</td>
</tr>
<tr>
<td>Merced County*</td>
<td>14.0%</td>
</tr>
<tr>
<td>United States</td>
<td>12.7%</td>
</tr>
<tr>
<td>Merced County 2012</td>
<td>11.9%</td>
</tr>
<tr>
<td>Merced County 2015</td>
<td>14.0%</td>
</tr>
</tbody>
</table>

Non-smokers exposed to smoke in the home: 6.9% (US = 6.3%)

Sources:  
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 59, 158]  
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:  
- *Smokes at home* refers to someone smoking cigarettes, cigars, or a pipe in the home an average of four or more times per week in the past month.
- * Note that the MHLB Service Area column includes a small number of oversample interviews that are not reflected in the Merced County data column.

The following population samples are more likely to note that they or a member of their household smoke in the home:

- Men.
- Residents age 40 to 64.
- Those with lower incomes.
Among households with children, 13.3% have someone who smokes cigarettes in the home.

- Similar to national findings.
- TRENDS: Statistically unchanged over time.

### Percentage of Households With Children In Which Someone Smokes in the Home
(Among Households With Children)

<table>
<thead>
<tr>
<th></th>
<th>Merced County 2012</th>
<th>Merced County 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>United States</td>
<td>9.7%</td>
<td>13.3%</td>
</tr>
<tr>
<td>Merced County</td>
<td>10.3%</td>
<td>13.3%</td>
</tr>
</tbody>
</table>

Sources:  
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 159]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:  
- Reflects respondents with children 0 to 17 in the household.
- "Smokes at home" refers to someone smoking cigarettes, cigars, or a pipe in the home an average of four or more times per week in the past month.
Other Tobacco Use

Cigars
A total of 3.7% of Merced County adults use cigars every day or on some days.

- Similar to the national percentage.
- Similar findings by subarea.
- Fails to satisfy the Healthy People 2020 target (0.2% or lower).
- TREND: No statistically significant change since 2012.

Use of Cigars
Healthy People 2020 Target = 0.2% or Lower

<table>
<thead>
<tr>
<th>Source</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 61]</td>
<td>3.7%</td>
</tr>
<tr>
<td>2013 PRC National Health Survey, Professional Research Consultants, Inc.</td>
<td></td>
</tr>
<tr>
<td>Asked of all respondents.</td>
<td></td>
</tr>
<tr>
<td>* Note that the MHLB Service Area column includes a small number of oversample interviews that are not reflected in the Merced County data column.</td>
<td></td>
</tr>
</tbody>
</table>

Smokeless Tobacco
A total of 2.5% of Merced County adults use some type of smokeless tobacco every day or on some days.

- Comparable to the state percentage.
- Comparable to the national percentage.
- No statistical difference by subarea.
- Fails to satisfy the Healthy People 2020 target (0.3% or lower).
- TREND: Identical to 2012 findings.
Use of Smokeless Tobacco
Healthy People 2020 Target = 0.3% or Lower

Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 60]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
- Smokeless tobacco includes chewing tobacco or snuff.
- * Note that the MHLB Service Area column includes a small number of oversample interviews that are not reflected in the Merced County data column.

Key Informant Input: Tobacco Use

Nearly one-half of key informants taking part in an online survey characterized Tobacco Use as a “moderate problem” in the community.

Perceptions of Tobacco Use as a Problem in the Community
(Key Informants, 2016)

<table>
<thead>
<tr>
<th>Major Problem</th>
<th>Moderate Problem</th>
<th>Minor Problem</th>
<th>No Problem At All</th>
</tr>
</thead>
<tbody>
<tr>
<td>23.9%</td>
<td>49.3%</td>
<td>18.3%</td>
<td>8.5%</td>
</tr>
</tbody>
</table>

Sources:
- PRC Online Key Informant Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Top Concerns

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

Incidence/Prevalence

- Kids, teenagers and adults all using tobacco. - Community/Business Leader
- Too many young and older people are cigarette and marijuana smokers. More and more patients are using the Emergency Department for upper respiratory problems dealing from tobacco use. - Community/Business Leader
Co-Occurrence

In many of the homes we respond to the residents smoke. Poverty and substance abuse are key factors to using tobacco products. - Community/Business Leader

Substance use in general including tobacco use, but there are substances that are more of an issue than tobacco use. - Other Health Provider

Lack of Specialists/Specialty Services

No specialist for treatment. - Community/Business Leader
Health Insurance Coverage

Type of Healthcare Coverage
A total of 46.6% of Merced County adults age 18 to 64 report having healthcare coverage through private insurance. Another 44.3% report coverage through a government-sponsored program (e.g., Medi-Cal, Medicare, military benefits).

Healthcare Insurance Coverage
(Among Adults Age 18-64; Merced County, 2015)

Lack of Health Insurance Coverage
Among adults age 18 to 64, 9.2% report having no insurance coverage for healthcare expenses.

- Better than the state finding.
- Better than the national finding.
- Similar by subarea.
- The Healthy People 2020 target is universal coverage (0.0% uninsured).
- TREND: Denotes a statistically significant decrease since 2012.
As may be expected, residents living at lower incomes are more likely to be without healthcare insurance coverage.

**Lack of Healthcare Insurance Coverage**
(Among Adults Age 18-64; Merced County, 2015)
Healthy People 2020 Target = 0.0% (Universal Coverage)

Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 165]

Notes:
- Asked of all respondents under the age of 65.
- *Note that the MHLB Service Area column includes a small number of oversample interviews that are not reflected in the Merced County data column.
Recent Lack of Coverage

Among currently insured adults in Merced County, 12.5% report that they were without healthcare coverage at some point in the past year.

- Higher than the US findings.
- Favorably low in the MHLB Service Area.
- TREND: Statistically unchanged over time.

Went Without Healthcare Insurance Coverage at Some Point in the Past Year
(Among Insured Adults)

Among insured adults, the following segments are more likely to have gone without healthcare insurance coverage at some point in the past year:

- Men.
- Adults under age 40 (note the negative correlation with age).
- Lower-income residents.
- Hispanics.
Went Without Healthcare Insurance Coverage at Some Point in the Past Year
(Among Insured Adults; Merced County, 2015)

<table>
<thead>
<tr>
<th></th>
<th>Men</th>
<th>Women</th>
<th>18 to 39</th>
<th>40 to 64</th>
<th>65+</th>
<th>Low Income</th>
<th>Mid/High Income</th>
<th>Hispanic</th>
<th>White</th>
<th>Other</th>
<th>Merced County</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td>17.0%</td>
<td>8.0%</td>
<td>17.0%</td>
<td>10.6%</td>
<td>1.0%</td>
<td>22.0%</td>
<td>19.2%</td>
<td>6.7%</td>
<td>4.9%</td>
<td>12.5%</td>
<td></td>
</tr>
</tbody>
</table>

Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 79]

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

About Access to Healthcare

Access to comprehensive, quality health care services is important for the achievement of health equity and for increasing the quality of a healthy life for everyone. It impacts: overall physical, social, and mental health status; prevention of disease and disability; detection and treatment of health conditions; quality of life; preventable death; and life expectancy.

Access to health services means the timely use of personal health services to achieve the best health outcomes. It requires three distinct steps: 1) Gaining entry into the health care system; 2) Accessing a health care location where needed services are provided; and 3) Finding a health care provider with whom the patient can communicate and trust.

- Healthy People 2020 (www.healthypeople.gov)

Difficulties Accessing Services

A total of 43.8% of Merced County adults report some type of difficulty or delay in obtaining healthcare services in the past year.

- Comparable to national findings.
- Comparable by subarea.
- TREND: Comparable to the percentage reported in 2012.

Experienced Difficulties or Delays of Some Kind in Receiving Needed Healthcare in the Past Year

This indicator reflects the percentage of the total population experiencing problems accessing healthcare in the past year, regardless of whether they needed or sought care.

Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 169]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
- Represents the percentage of respondents experiencing one or more barriers to accessing healthcare in the past 12 months.
- * Note that the MHLB Service Area column includes a small number of oversample interviews that are not reflected in the Merced County data column.
Note that the following demographic groups more often report difficulties accessing healthcare services:

- Women.
- Adults under the age of 65.
- Hispanics.

**Experienced Difficulties or Delays of Some Kind in Receiving Needed Healthcare in the Past Year**
(Merced County, 2015)

Of the tested barriers, getting a doctor’s appointment impacted the greatest share of Merced County adults (25.1% say that difficulty getting an appointment prevented them from obtaining a visit to a physician in the past year).

- A significantly higher proportion of Merced County adults had difficulties finding a physician or difficulties getting an appointment compared to the respective national proportions. All other barriers affected Merced adults at a comparable proportion to that found nationally.
- TREND: Cost of prescriptions, lack of transportation, and cost of doctor’s visit each hindered a significantly lower proportion of people than in 2012, while difficulty getting an appointment hindered a significantly greater proportion than in the past.
Barriers to Access Have Prevented Medical Care in the Past Year

Sources: PRC Community Health Surveys, Professional Research Consultants, Inc. [Items 7-12]
2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
- * Note that the MHLB Service Area column includes a small number of oversample interviews that are not reflected in the Merced County data column.

For all of the tested barriers, the MHLB Service Area and Other Merced County report statistically similar proportions of affected adults.
Prescriptions

Among all Merced County adults, 14.7% skipped or reduced medication doses in the past year in order to stretch a prescription and save money.

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

Skipped or Reduced Prescription Doses in Order to Stretch Prescriptions and Save Money

Hispanics and adults age 40 to 64 are more likely to have skipped or reduced their prescription medications.
Skipped or Reduced Prescription Doses in Order to Stretch Prescriptions and Save Money  
(Merced County, 2015)

Sources: 
2015 PRC Community Health Survey, Professional Research Consultants, Inc.  [Item 13]

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

Accessing Healthcare for Children
A total of 7.9% of Merced County parents say there was a time in the past year when they needed medical care for their child, but were unable to get it.

- Similar to what is reported nationwide.
- TREND: Statistically unchanged since 2012.

Had Trouble Obtaining Medical Care for Child in the Past Year  
(Among Parents of Children 0-17)

Parents with trouble obtaining medical care for their child mainly reported barriers due to cost or insurance issues/lack of coverage. Long waits for an appointment were also mentioned.

Sources: 
PRC Community Health Surveys, Professional Research Consultants, Inc.  [Items 111-112]
2013 PRC National Health Survey, Professional Research Consultants, Inc.

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

Among the parents experiencing difficulties, the majority cited cost or a lack of insurance as the primary reason; others cited long waits for appointments.
Key Informant Input: Access to Healthcare Services

Key informants taking part in an online survey typically characterized Access to Healthcare Services as a “moderate problem” in the community.

Perceptions of Access to Healthcare Services as a Problem in the Community (Key Informants, 2016)

<table>
<thead>
<tr>
<th>Problem Level</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Major Problem</td>
<td>32.0%</td>
</tr>
<tr>
<td>Moderate Problem</td>
<td>42.7%</td>
</tr>
<tr>
<td>Minor Problem</td>
<td>18.7%</td>
</tr>
<tr>
<td>No Problem At All</td>
<td>6.7%</td>
</tr>
</tbody>
</table>

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

Top Concerns

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

Access to Primary Care

- Our patients can't get into their doctor's office in timely manner and come to the Emergency Department. - Physician
- Lack of manpower, a long line to access physicians. - Community/Business Leader
- Shortage of primary care and specialty care. - Physician
- Available primary care and education. - Other Health Provider
- No provider availability, schedules are full. - Other Health Provider
- Lack of clinicians. - Other Health Provider
- Lack of access to healthcare for all of our residents including our undocumented population. Lack of access to primary care physicians. Lack of access to a specialist. Lack of communication about self-management care programs. - Social Services Provider
- Small facilities, long waiting periods. - Community/Business Leader
- Lack of available primary care providers. This causes heavy use of the Emergency Department for non-emergent or preventable illness. - Other Health Provider

Lack of Specialists/Specialty Services

- For most cancer treatments, residents have to go out of town for treatment. Limited surgeries can be done at the community hospital. Most major medical situations for residents young and old require out of town visits especially for any type of care involving specialists of any kind. Limited mental health and substance abuse. - Community/Business Leader
- Basic health care is offered within the Los Banos area, however specialized health care is an hour's drive, preventing some from getting the attention needed. - Other Health Provider
- Residents often need to drive one or more hours to see even the most common types of specialists, physicians who are addressing problems which once would have been handled by local family doctors. Although some specialists are here 1 time a week, this leaves us with scheduling dilemmas, and/or without a choice of physicians. Patients and their spouses miss many hours of work commuting to out of town medical offices. - Community/Business Leader
Anyone who has various health care issues must travel to Merced for the treatment. - Community/Business Leader

Lack of services in the community hospital along with lack of sub-specialty care. - Physician

Healthcare Coverage

Many of the community members cannot afford health coverage and without access to free or low cost services, they have no options. - Community/Business Leader

One of my clients stated it best, “I am unable to get health care for my children because I own property, but I do not make enough money for health care benefits. So my child will not be able to get her teeth fixed.” Other cases similar to this one include children unable to have their eyes examined by a specialist when the well child visit requires it due to the inability to purchase healthcare insurance. These conditions can lead to blindness, or regarding the child with poor teeth, sepsis due to the infected teeth. These children are the innocent victims in all of this and the parents want to help their children but are unable. - Public Health Representative

Sutter is very limited on the different health plans it will accept. Many Los Banos city workers have a plan that is not accepted and they have to travel to Turlock and beyond. Merced County is not in Kaiser’s service area. This has many people going to Gilroy or Fresno. - Community/Business Leader

Lack of Education of Services

The community needs to be educated in regards to the health care system. They should be encouraged to establish care with a primary physician, however there is a shortage of physicians accepting certain insurance coverage such as Medi-Cal. The Emergency Room is at times being misused for non-emergency situations. We have very limited mental health providers in the community. - Other Health Provider

There needs to be a better education on what is available in the community. Road signs, newspaper, radio, websites and Facebook. - Community/Business Leader

People want to be seen right away. When they call to get an appointment that day, they are often told there are no openings and they would have to wait days. This results in visits to the Emergency Department for complaints that are not emergent. - Other Health Provider

Up to date booklet of services with phone numbers that can easily be accessed by the public. - Community/Business Leader

Elder Care

We are in desperate need of elder care for families. Like a day care for elders. Families sometimes need a break from the constant demand, stress and challenges that caring for an elderly family member can cause. Even having a weekend retreat for the elderly person to go to would be great. - Community/Business Leader

Migration from Neighboring Areas

Our problems stem from the Bay Area’s unwillingness to build enough housing for their people, so they are forced out into our area, where we do not have the financial resources to provide the services these people need. The money stays in the Bay Area, but the problems are exported through the housing shortage there. - Community/Business Leader
Type of Care Most Difficult to Access

Key informants (who rated this as a “major problem”) most often identified mental health care, chronic disease care, substance abuse treatment, and specialty care as the most difficult to access in the community.

<table>
<thead>
<tr>
<th>Type of Care</th>
<th>Most Difficult to Access</th>
<th>Second-Most Difficult to Access</th>
<th>Third-Most Difficult to Access</th>
<th>Total Mentions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mental Health Care</td>
<td>47.4%</td>
<td>10.5%</td>
<td>22.2%</td>
<td>15</td>
</tr>
<tr>
<td>Chronic Disease Care</td>
<td>21.1%</td>
<td>21.1%</td>
<td>5.6%</td>
<td>9</td>
</tr>
<tr>
<td>Substance Abuse Treatment</td>
<td>5.3%</td>
<td>21.1%</td>
<td>22.2%</td>
<td>9</td>
</tr>
<tr>
<td>Specialty Care</td>
<td>15.8%</td>
<td>21.1%</td>
<td>5.6%</td>
<td>8</td>
</tr>
<tr>
<td>Primary Care</td>
<td>5.3%</td>
<td>10.5%</td>
<td>11.1%</td>
<td>5</td>
</tr>
<tr>
<td>Dental Care</td>
<td>0.0%</td>
<td>5.3%</td>
<td>5.6%</td>
<td>2</td>
</tr>
<tr>
<td>Elder Care</td>
<td>0.0%</td>
<td>5.3%</td>
<td>5.6%</td>
<td>2</td>
</tr>
<tr>
<td>Pain Management</td>
<td>0.0%</td>
<td>5.3%</td>
<td>5.6%</td>
<td>2</td>
</tr>
<tr>
<td>Cancer Care</td>
<td>5.3%</td>
<td>0.0%</td>
<td>0.0%</td>
<td>1</td>
</tr>
<tr>
<td>Emergency Care</td>
<td>0.0%</td>
<td>0.0%</td>
<td>5.6%</td>
<td>1</td>
</tr>
<tr>
<td>Palliative Care</td>
<td>0.0%</td>
<td>0.0%</td>
<td>5.6%</td>
<td>1</td>
</tr>
<tr>
<td>Prenatal Care</td>
<td>0.0%</td>
<td>0.0%</td>
<td>5.6%</td>
<td>1</td>
</tr>
</tbody>
</table>
Primary Care Services

About Primary Care

Improving health care services depends in part on ensuring that people have a usual and ongoing source of care. People with a usual source of care have better health outcomes and fewer disparities and costs. Having a primary care provider (PCP) as the usual source of care is especially important. PCPs can develop meaningful and sustained relationships with patients and provide integrated services while practicing in the context of family and community. Having a usual PCP is associated with:

- Greater patient trust in the provider
- Good patient-provider communication
- Increased likelihood that patients will receive appropriate care

Improving health care services includes increasing access to and use of evidence-based preventive services. Clinical preventive services are services that prevent illness by detecting early warning signs or symptoms before they develop into a disease (primary prevention); or detect a disease at an earlier, and often more treatable, stage (secondary prevention).

- Healthy People 2020 (www.healthypeople.gov)

Access to Primary Care

In Merced County in 2012, there were 119 primary care physicians, translating to a rate of 45.4 primary care physicians per 100,000 population.

- Well below the primary care physician-to-population ratio found statewide.
- Much lower than the ratio found nationally.

Access to Primary Care
(Number of Primary Care Physicians per 100,000 Population, 2012)

<table>
<thead>
<tr>
<th>Country</th>
<th>Primary Care Physicians</th>
</tr>
</thead>
<tbody>
<tr>
<td>Merced County</td>
<td>119</td>
</tr>
<tr>
<td>CA</td>
<td>29,387</td>
</tr>
<tr>
<td>US</td>
<td>233,862</td>
</tr>
</tbody>
</table>

Sources:

Notes:
- This indicator is relevant because a shortage of health professionals contributes to access and health status issues.

- TREND: Access to primary care (in terms of the ratio of primary care physicians to population) has risen in recent years, but remains well below the state and national ratios.
**Specific Source of Ongoing Care**

A total of 74.5% of Merced County adults were determined to have a specific source of ongoing medical care.

- Comparable to national findings.
- Statistically comparable by subarea.
- Fails to satisfy the Healthy People 2020 objective (95.0% or higher).
- TREND: Statistically unchanged since 2012.

Having a specific source of ongoing care includes having a doctor’s office, clinic, urgent care center, walk-in clinic, health center facility, hospital outpatient clinic, HMO or prepaid group, military/VA clinic, or some other kind of place to go if one is sick or needs advice about his or her health. This resource is crucial to the concept of “patient-centered medical homes” (PCMH). A hospital emergency room is not considered a specific source of ongoing care in this instance.

**Have a Specific Source of Ongoing Medical Care**

Healthy People 2020 Target = 95.0% or Higher [All Ages]

- **MHLB Service Area**: 68.5%
- **Other Merced County**: 76.3%
- **Merced County**: 74.5%
- **United States**: 76.3%

Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 166]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- * Note that the MHLB Service Area column includes a small number of oversample interviews that are not reflected in the Merced County data column.
When viewed by demographic characteristics, the following population segments are less likely to have a specific source of care:

- Adults under age 65 (note the positive correlation with age).
- Lower-income adults.
- Hispanics and “Other” adults.
- Among adults age 18-64, 72.6% have a specific source for ongoing medical care, comparable to national findings.
  - Fails to satisfy the Healthy People 2020 target for this age group (89.4% or higher).
- Among adults 65+, 84.3% have a specific source for care, comparable to the percentage reported among seniors nationally.
  - Fails to satisfy the Healthy People 2020 target of 100% for seniors.

### Have a Specific Source of Ongoing Medical Care
(Merced County, 2015)

<table>
<thead>
<tr>
<th>Type of Place Used for Medical Care</th>
<th>Men</th>
<th>Women</th>
<th>18 to 39</th>
<th>40 to 64</th>
<th>65+</th>
<th>Low Income</th>
<th>Mid/High Income</th>
<th>Hispanic</th>
<th>White</th>
<th>Other</th>
<th>Merced County</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthy People 2020 Target = 95.0% or Higher [All Ages]; ≥89.4% [18-64]; 100% [65+]</td>
<td>70.8%</td>
<td>78.3%</td>
<td>67.3%</td>
<td>79.0%</td>
<td>84.3%</td>
<td>68.3%</td>
<td>81.3%</td>
<td>75.4%</td>
<td>82.2%</td>
<td>48.1%</td>
<td>74.5%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Type of Place Used for Medical Care</th>
<th>Men</th>
<th>Women</th>
<th>18 to 39</th>
<th>40 to 64</th>
<th>65+</th>
<th>Low Income</th>
<th>Mid/High Income</th>
<th>Hispanic</th>
<th>White</th>
<th>Other</th>
<th>Merced County</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthy People 2020 Target = 95.0% or Higher [All Ages]; ≥89.4% [18-64]; 100% [65+]</td>
<td>70.8%</td>
<td>78.3%</td>
<td>67.3%</td>
<td>79.0%</td>
<td>84.3%</td>
<td>68.3%</td>
<td>81.3%</td>
<td>75.4%</td>
<td>82.2%</td>
<td>48.1%</td>
<td>74.5%</td>
</tr>
</tbody>
</table>

Sources:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 166-168]
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
- Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Low Income” includes households with incomes up to 200% of the federal poverty level. “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.

Notes:
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 166-168]
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
- Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Low Income” includes households with incomes up to 200% of the federal poverty level. “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.

### Type of Place Used for Medical Care

When asked where they usually go if they are sick or need advice about their health, the greatest share of respondents (42.7%) identified a particular doctor’s office, followed by references to public or community health centers (mentioned by 20.6%) and urgent-care centers (10.0%).

Note that 3.1% of respondents rely on a hospital emergency room, and 1.3% use some type of military/VA facility.
**Particular Place Utilized for Medical Care**  
(Merced County, 2015)

![Pie chart showing utilization of different medical care locations]

**Sources:**  
2015 PRC Community Health Survey, Professional Research Consultants, Inc.  [Items 15-16]

**Notes:**  
Asked of all respondents.

**Utilization of Primary Care Services**

**Adults**

Two-thirds of adults (67.7%) visited a physician for a routine checkup in the past year.

- More favorable than state findings.
- Comparable to national findings.
- No statistical difference by subarea.
- TREND: Statistically comparable to 2012 findings.

**Have Visited a Physician for a Checkup in the Past Year**

<table>
<thead>
<tr>
<th>Category</th>
<th>2015 Merced County</th>
<th>2015 United States</th>
</tr>
</thead>
<tbody>
<tr>
<td>MHLB Service Area</td>
<td>72.5%</td>
<td>67.7%</td>
</tr>
<tr>
<td>Other Merced County</td>
<td>67.9%</td>
<td></td>
</tr>
<tr>
<td>Merced County*</td>
<td>67.7%</td>
<td>62.7%</td>
</tr>
<tr>
<td>California</td>
<td></td>
<td>65.0%</td>
</tr>
</tbody>
</table>

**Sources:**  
PRC Community Health Surveys, Professional Research Consultants, Inc.  [Item 17]

**Notes:**  
* Note that the MHLB Service Area column includes a small number of oversample interviews that are not reflected in the Merced County data column.
Men and adults under age 65 are less likely to have received routine care in the past year (note the positive correlation with age).

### Have Visited a Physician for a Checkup in the Past Year
(Merced County, 2015)

<table>
<thead>
<tr>
<th>Group</th>
<th>18 to 39</th>
<th>40 to 64</th>
<th>65+</th>
<th>Low Income</th>
<th>Mid/High Income</th>
<th>Hispanic</th>
<th>White</th>
<th>Other</th>
<th>Merced County</th>
</tr>
</thead>
<tbody>
<tr>
<td>Men</td>
<td>59.3%</td>
<td>71.3%</td>
<td>87.0%</td>
<td>59.0%</td>
<td>66.4%</td>
<td>72.6%</td>
<td>65.0%</td>
<td>63.3%</td>
<td>67.7%</td>
</tr>
<tr>
<td>Women</td>
<td>75.9%</td>
<td>71.3%</td>
<td>87.0%</td>
<td>71.3%</td>
<td>72.6%</td>
<td>70.3%</td>
<td>66.4%</td>
<td>72.6%</td>
<td>70.3%</td>
</tr>
</tbody>
</table>

Sources: 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 17]
Notes: Asked of all respondents.

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

### Children

Most parents (93.0%) report that their child has had a routine checkup in the past year.

- Higher than national findings.
- TREND: Denotes a significant increase in routine checkups for children since 2012.

### Child Has Visited a Physician for a Routine Checkup in the Past Year
(Among Parents of Children 0-17)

<table>
<thead>
<tr>
<th>Group</th>
<th>Merced County 2012</th>
<th>United States 2012</th>
<th>Merced County 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>93.0%</td>
<td>84.4%</td>
<td>93.0%</td>
<td></td>
</tr>
</tbody>
</table>

Sources: PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 113]
Notes: Asked of all respondents with children 0 to 17 in the household.
Emergency Room Utilization

A total of 10.8% of Merced County adults have gone to a hospital emergency room more than once in the past year about their own health.

- Similar to national findings.
- Statistically similar by subarea.
- TREND: Similar to findings in 2012.

Have Used a Hospital
Emergency Room More Than Once in the Past Year

Used the ER because:
- Emergency Situation = 64.0%
- Weekend/After Hours = 19.0%
- Access Problems = 11.7%

Of those using a hospital ER, 64.0% say this was due to an emergency or life-threatening situation, while 19.0% indicated that the visit was during after-hours or on the weekend. A total of 11.7% cited difficulties accessing primary care for various reasons.
Women and Hispanics are more likely to have used the ER multiple times.

**Have Used a Hospital Emergency Room More Than Once in the Past Year**
(Merced County, 2015)

- Men: 7.1%
- Women: 14.6%
- 18 to 39: 11.6%
- 40 to 64: 11.2%
- 65+: 7.4%
- Low Income: 12.8%
- Mid/High Income: 9.8%
- Hispanic: 14.3%
- White: 6.4%
- Other: 11.3%
- Merced County: 10.8%

Sources: 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 23]

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

About Oral Health

Oral health is essential to overall health. Good oral health improves a person’s ability to speak, smile, smell, taste, touch, chew, swallow, and make facial expressions to show feelings and emotions. However, oral diseases, from cavities to oral cancer, cause pain and disability for many Americans. Good self-care, such as brushing with fluoride toothpaste, daily flossing, and professional treatment, is key to good oral health. Health behaviors that can lead to poor oral health include: tobacco use; excessive alcohol use; and poor dietary choices.

The significant improvement in the oral health of Americans over the past 50 years is a public health success story. Most of the gains are a result of effective prevention and treatment efforts. One major success is community water fluoridation, which now benefits about 7 out of 10 Americans who get water through public water systems. However, some Americans do not have access to preventive programs. People who have the least access to preventive services and dental treatment have greater rates of oral diseases. A person’s ability to access oral healthcare is associated with factors such as education level, income, race, and ethnicity.

Barriers that can limit a person’s use of preventive interventions and treatments include: limited access to and availability of dental services; lack of awareness of the need for care; cost; and fear of dental procedures.

There are also social determinants that affect oral health. In general, people with lower levels of education and income, and people from specific racial/ethnic groups, have higher rates of disease. People with disabilities and other health conditions, like diabetes, are more likely to have poor oral health.

Potential strategies to address these issues include:

- Implementing and evaluating activities that have an impact on health behavior.
- Promoting interventions to reduce tooth decay, such as dental sealants and fluoride use.
- Evaluating and improving methods of monitoring oral diseases and conditions.
- Increasing the capacity of State dental health programs to provide preventive oral health services.
- Increasing the number of community health centers with an oral health component.

Dental Care

Adults

A total of 64.0% of Merced County adults have visited a dentist or dental clinic (for any reason) in the past year.

- Similar to statewide findings.
- Similar to national findings.
- Less favorable in the MHLB Service Area.
- Satisfies the Healthy People 2020 target (49.0% or higher).
- TREND: Denotes a significant increase in those having dental visits since 2012.
Have Visited a Dentist or Dental Clinic Within the Past Year
Healthy People 2020 Target = 49.0% or Higher

Sources:
- PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 21]
- 2013 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
- * Note that the MHLB Service Area column includes a small number of oversample interviews that are not reflected in the Merced County data column.

Note the following:

- Persons living in the higher income categories report much higher utilization of oral health services.
- As might be expected, persons without dental insurance report much lower utilization of oral health services than those with dental coverage (uninsured adults fail to satisfy the Healthy People 2020 target).
Children

A total of 83.1% of Merced County parents report that their child (age 2 to 17) has been to a dentist or dental clinic within the past year.

- Comparable to national findings.
- Satisfies the Healthy People 2020 target (49.0% or higher).
- TREND: Statistically unchanged over time.
Dental Insurance

Just over two-thirds of Merced County adults (68.6%) have dental insurance that covers all or part of their dental care costs.

- Similar to the national finding.
- Similar findings by subarea.
- TREND: Denotes a significant increase in those having dental insurance since 2012.

Have Insurance Coverage That Pays All or Part of Dental Care Costs

Key Informant Input: Oral Health

One-third of key informants taking part in an online survey characterized Oral Health as a “moderate problem” in the community.

Perceptions of Oral Health as a Problem in the Community
(Key Informants, 2016)

<table>
<thead>
<tr>
<th></th>
<th>Major Problem</th>
<th>Moderate Problem</th>
<th>Minor Problem</th>
<th>No Problem At All</th>
</tr>
</thead>
<tbody>
<tr>
<td>Merced County 2012</td>
<td>22.7%</td>
<td>33.3%</td>
<td>25.8%</td>
<td>18.2%</td>
</tr>
<tr>
<td>Merced County 2015</td>
<td>54.4%</td>
<td></td>
<td>68.6%</td>
<td></td>
</tr>
</tbody>
</table>

Sources: PRC Community Health Surveys, Professional Research Consultants, Inc. [Item 22]

Notes:
- * Note that the MHLB Service Area column includes a small number of oversample interviews that are not reflected in the Merced County data column.
Top Concerns

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

**Lack of Providers**

- Lack of Denti-Cal providers. Almost none of the Denti-Cal providers will see children younger than three. No fluoride in the water, low utilization of sealants, providers over rely on GA for pediatric dental treatments. - Other Health Provider
- Lack of providers, only one facility in town who accepts Medi-Cal or low cost sliding scale plans. - Physician
- There seems to be a shortage of dentists in our area. There are very few dentists who take Denti-Cal. The only one that I know of is Golden Valley Dental. Many residents with low incomes do not know proper dental hygiene or take good care of their children’s teeth. Many eat too many sugars and drink sugary drinks, - Community/Business Leader
- We have a few dentists in town, but I believe there are no specialists for treatment beyond general cleaning, - Community/Business Leader
- Access to pediatric dental services. - Other Health Provider
- For the low income family difficult to obtain dental care for their child due to a two plus month wait. - Public Health Representative
- We need a dental clinic for patients. The Emergency Department is constantly impacted with patients that have poor oral and dental hygiene. "Meth Mouth", all the Emergency Department can do is give pain medication and antibiotics. Teeth cannot be pulled in the Emergency Department. - Community/Business Leader
- Dental that accepts Medi-cal, Medicaid, patients have to travel to San Jose, Turlock, Fresno, Tracy. - Community/Business Leader

**Affordable Care/Services**

- Local dentist fees are too high therefore some residents would put off dental care due to inability to pay. If the local dentists would offer a free clinic it would be helpful to our residents. - Community/Business Leader
- Lots of dentists in the community, but very expensive. Lower income adults cannot afford dental care. - Community/Business Leader

**Lack of Preventative Care**

- Inadequate preventive care, - Physician
Vision Care

A total of 53.6% of residents had an eye exam in the past two years during which their pupils were dilated.

- Statistically comparable to national findings.
- No statistical difference between the subareas.
- TREND: Comparable to the 2012 survey findings.

Recent vision care in Merced County is more often reported among:

- Adults 65+ (note the positive correlation with age).
- Residents with higher incomes.
Had an Eye Exam in the Past Two Years During Which the Pupils Were Dilated
(Merced County, 2015)

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Men</th>
<th>Women</th>
<th>18 to 39</th>
<th>40 to 64</th>
<th>65+</th>
<th>Mid/High Income</th>
<th>Hispanic</th>
<th>White</th>
<th>Other</th>
<th>Merced County</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low Income</td>
<td>56.7%</td>
<td>50.4%</td>
<td>42.3%</td>
<td>56.9%</td>
<td>84.4%</td>
<td>63.6%</td>
<td>52.8%</td>
<td>57.4%</td>
<td>47.4%</td>
<td>53.6%</td>
</tr>
</tbody>
</table>

**Notes:**
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 20]
- Asked of all respondents.
- Hispanics can be of any race. Other races are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
- Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Low Income” includes households with incomes up to 200% of the federal poverty level; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.
Local Resources
Perceptions of Local Healthcare Services

A total of 36.1% of Merced County adults rate the overall healthcare services available in their community as “excellent” or “very good.”

- Another 37.9% gave “good” ratings.

However, 25.9% of residents characterize local healthcare services as “fair” or “poor.”

- Less favorable than reported nationally.
- Similar by subarea.
- TREND: Statistically unchanged since 2012.
The following residents are more critical of local healthcare services:

- Women.
- Adults age 40 to 64.
- Residents with higher incomes.
- Hispanics and Whites.

**Perceive Local Healthcare Services as “Fair/Poor”**
(Merced County, 2015)

<table>
<thead>
<tr>
<th>Category</th>
<th>Men</th>
<th>Women</th>
<th>18 to 39</th>
<th>40 to 64</th>
<th>65+</th>
<th>Low Income</th>
<th>Mid/High Income</th>
<th>Hispanic</th>
<th>White</th>
<th>Other</th>
<th>Merced County</th>
</tr>
</thead>
<tbody>
<tr>
<td>18.9%</td>
<td>32.5%</td>
<td>23.1%</td>
<td>33.4%</td>
<td>13.9%</td>
<td>17.0%</td>
<td>37.6%</td>
<td>27.9%</td>
<td>27.0%</td>
<td>13.6%</td>
<td>25.9%</td>
<td></td>
</tr>
</tbody>
</table>

**Sources:**
- 2015 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 6]

**Notes:**
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
- Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Low Income” includes households with incomes up to 200% of the federal poverty level; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.
A “health professional shortage area” (HPSA) is defined as having a shortage of primary medical care, dental or mental health professionals.

Healthcare Resources & Facilities

Health Professional Shortage Areas (HPSAs)

Note in the following map that parts of Merced County are designated as geographic Health Professional Shortage Areas (HPSAs), shown in darker blue; other portions are designated as HPSAs for certain segments of the population.

Population Living in a HPSA, Percent, HRSA HPSA Database March 2015
Resources Available to Address the Significant Health Needs

The following represent potential measures and resources (such as programs, organizations, and facilities in the community) available to address the significant health needs identified in this report. This list is not exhaustive, but rather outlines those resources identified in the course of conducting this Community Health Needs Assessment.

**Access to Healthcare Services**
- Apex
- Beacon Health Options
- Bus Transport
- California Children's Services
- Castle Clinic
- Central California Alliance
- CHDP Program
- Churches
- Community Hospital
- DaVita Dialysis Center
- Doctor's Office
- Emergency Medi-Cal
- Every Woman Counts
- Family Care Clinic
- Golden Valley Health Center
- Health Department
- Human Services Agency
- Memorial Hospital Los Banos
- Merced County Mental Health
- Police Department
- Rural Health Clinic
- Urgent Care
- Westside Family Services

**Cancer**
- AA/NA
- American Cancer Society
- Apex
- Cancer Support Group
- Dignity Health Mercy Medical Center
- Doctor's Office
- Emergency Room
- Golden Valley Health Center
- Hospital
- Mammogram Testing
- Memorial Hospital Los Banos
- Quest Diagnostics
- Sutter Medical Center

**Chronic Kidney Disease**
- DaVita Dialysis Center
- Dialysis Clinic
- Doctor's Office
- Emergency Room
- Golden Valley Health Center
- Memorial Hospital Los Banos
- Nutrition Classes
- Sutter Medical Center
- Transportation for Dialysis Patients

**Arthritis, Osteoporosis & Chronic Back Conditions**
- Apex
- Churches
- Doctor's Office
- Emergency Room
- Golden Valley Health Center
- Hospital
- Los Banos Community Center
- Los Banos Physical Therapy
- Memorial Hospital Los Banos
- Parolise Chiropractic

**Dementias, Including Alzheimer's Disease**
- Alzheimers Support Group
- Meetings
- Apex
Diabetes
- Apex
- Bethel Community Church Food Pantry
- Chronic Disease Self-Management Program
- DaVita Dialysis Center
- Dietitian
- Doctor's Office
- Emergency Room
- Family PACT
- Fitness Center/Gym
- Golden Valley Health Center
- Health Department
- Health Education Group Sessions
- Horizons Unlimited Health Care
- In Shape City
- Memorial Hospital Los Banos
- Nutrition Classes
- Parks and Recreation
- RN Education With Self-Injecting Insulin
- Rural Health Clinic
- Snap Ed Nutrition Classes
- Sutter Medical Center

HIV/AIDS
- Doctor's Office
- Memorial Hospital Los Banos

Immunization & Infectious Diseases
- Doctor's Office
- Hospital
- Pharmacy
- Public Health Nurses

Infant & Child Health
- Doctor's Office
- First 5
- Health and Welfare Department
- Salvation Army
- Well Baby Check-Up

Injury & Violence
- Doctor's Office
- Los Banos Fire Department
- Los Banos Police Department
- Memorial Hospital
- Merced County Sheriff's Department
- Police Department
- Police Explores
- Valley Crisis Center
- Women's Shelter

Family Planning
- Doctor's Office
- Golden Valley Health Center
- School System

Hearing & Vision
- Doctor's Office
- Lions of Los Banos

Heart Disease & Stroke
- American Heart Association
- Apex
- Central Valley Cardiology Group
- Chronic Disease Self-Management Program
- Doctor's Office
- Golden Valley Health Center
- Hospital
- Memorial Hospital Los Banos
- Merced Heart Associates
- Rehab Centers
- Rural Health Clinic
- School System
- Sutter Medical Center

Mental Health
- Beacon Health Options
- Bethel Church
- Bethel Community Center
- Castle Healthcare
- Churches
- Continuum of Care
- Department of Mental Health
- Doctor's Office
- Golden Valley Health Center
- Horizons Unlimited Health Care
- KARS Intake
- MCOE Mental Health
- Memorial Hospital Los Banos
- Mental Health, Alcohol, and Drug Services
- Mental Health Crisis Center
- Merced County Health Department
- Merced County Mental Health
COMMUNITY HEALTH NEEDS ASSESSMENT

Nutrition, Physical Activity & Weight
- Bethel Community Church Food Pantry
- Doctor's Office
- Fitness Center/Gym
- Grocery Store
- Health Department
- HSA Cal Fresh Program
- In Shape City
- LEAP
- Los Banos Racquet Club
- Merced County PICH Program
- Parks and Recreation
- Salvation Army
- School System
- Snap Ed Nutrition Classes
- Weight Watchers
- WIC

Respiratory Diseases
- Apex
- Doctor's Office
- Education
- Memorial Hospital Los Banos
- San Joaquin Valley Air Pollution Control District
- School System
- Sutter Medical Center
- Valley Children's Hospital

Substance Abuse
- AA/NA
- AOD Program
- Education
- Golden Valley Health Center
- Horizons Unlimited Health Care
- MCOE RAFT
- Memorial Hospital
- Mental Health Alcohol and Drug Services
- Merced County Mental Health
- Salvation Army
- Westside Family Services

Oral Health
- Denti-Cal
- Doctor's Office
- FQHC

Tobacco Use
- Doctor's Office
Appendix I: MHLB Service Area vs. Benchmarks
### Social Determinants

<table>
<thead>
<tr>
<th>Social Determinants</th>
<th>MHLB Service Area</th>
<th>MHLB Service Area vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>vs. CA</td>
</tr>
<tr>
<td>Linguistically Isolated Population (Percent) [Merced County]</td>
<td>13.7</td>
<td>🌞 9.9</td>
</tr>
<tr>
<td>Population in Poverty (Percent) [Merced County]</td>
<td>25.4</td>
<td>🌬️ 15.9</td>
</tr>
<tr>
<td>Population Below 200% FPL (Percent) [Merced County]</td>
<td>53.1</td>
<td>🌬️ 35.9</td>
</tr>
<tr>
<td>Children Below 100% FPL (Percent) [Merced County]</td>
<td>65.6</td>
<td>🌬️ 45.9</td>
</tr>
<tr>
<td>No High School Diploma (Age 25+, Percent) [Merced County]</td>
<td>33.3</td>
<td>🌬️ 18.8</td>
</tr>
<tr>
<td>Unemployment Rate (Age 16+, Percent) [Merced County]</td>
<td>9.1</td>
<td>🌬️ 5.7</td>
</tr>
</tbody>
</table>

### Overall Health

<table>
<thead>
<tr>
<th>Overall Health</th>
<th>MHLB Service Area</th>
<th>MHLB Service Area vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>vs. CA</td>
</tr>
<tr>
<td>% &quot;Fair/Poor&quot; Physical Health</td>
<td>12.0</td>
<td>🌞 19.0</td>
</tr>
<tr>
<td>% Activity Limitations</td>
<td>17.9</td>
<td>🌬️ 18.6</td>
</tr>
<tr>
<td>Access to Health Services</td>
<td>MHLB Service Area</td>
<td>MHLB Service Area vs. Benchmarks</td>
</tr>
<tr>
<td>--------------------------------------------------------------------------------</td>
<td>-------------------</td>
<td>----------------------------------</td>
</tr>
<tr>
<td>% [Age 18-64] Lack Health Insurance</td>
<td>8.8</td>
<td>vs. CA: 20.3 vs. US: 15.1 vs. HP2020: 0.0</td>
</tr>
<tr>
<td>% [Insured] Went Without Coverage in Past Year</td>
<td>1.7</td>
<td>vs. CA: 8.1</td>
</tr>
<tr>
<td>% Difficulty Accessing Healthcare in Past Year (Composite)</td>
<td>43.8</td>
<td>vs. US: 39.9</td>
</tr>
<tr>
<td>% Inconvenient Hrs Prevented Dr Visit in Past Year</td>
<td>20.1</td>
<td>vs. US: 15.4</td>
</tr>
<tr>
<td>% Cost Prevented Getting Prescription in Past Year</td>
<td>10.3</td>
<td>vs. US: 15.8</td>
</tr>
<tr>
<td>% Cost Prevented Physician Visit in Past Year</td>
<td>12.2</td>
<td>vs. US: 18.2 vs. HP2020: 15.6</td>
</tr>
<tr>
<td>% Difficulty Getting Appointment in Past Year</td>
<td>19.6</td>
<td>vs. US: 17.0</td>
</tr>
<tr>
<td>% Difficulty Finding Physician in Past Year</td>
<td>20.3</td>
<td>vs. US: 11.0 vs. HP2020: 11.0</td>
</tr>
<tr>
<td>% Transportation Hindered Dr Visit in Past Year</td>
<td>8.3</td>
<td>vs. US: 9.4</td>
</tr>
<tr>
<td>% Skipped Prescription Doses to Save Costs</td>
<td>13.7</td>
<td>vs. US: 15.3</td>
</tr>
<tr>
<td>Primary Care Doctors per 100,000 [Merced County]</td>
<td>45.4</td>
<td>vs. US: 77.2 vs. HP2020: 74.5</td>
</tr>
<tr>
<td>% [Age 18+] Have a Specific Source of Ongoing Care</td>
<td>68.5</td>
<td>vs. US: 76.3 vs. HP2020: 95.0</td>
</tr>
<tr>
<td>% [Age 18-64] Have a Specific Source of Ongoing Care</td>
<td>65.2</td>
<td>vs. US: 75.6 vs. HP2020: 89.4</td>
</tr>
<tr>
<td>% Have Had Routine Checkup in Past Year</td>
<td>72.5</td>
<td>vs. US: 62.7 vs. HP2020: 65.0</td>
</tr>
<tr>
<td>% Two or More ER Visits in Past Year</td>
<td>16.7</td>
<td>vs. US: 8.9</td>
</tr>
</tbody>
</table>
### Community Health Needs Assessment

#### % Rate Local Healthcare "Fair/Poor"

<table>
<thead>
<tr>
<th>Percentage</th>
<th>Value</th>
<th>Better</th>
<th>Similar</th>
<th>Worse</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>25.2</td>
<td>16.5</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Arthritis, Osteoporosis & Chronic Back Conditions

<table>
<thead>
<tr>
<th>Condition</th>
<th>MHLB Service Area</th>
<th>MHLB Service Area vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>vs. CA</td>
<td>vs. US</td>
</tr>
<tr>
<td>% [50+] Arthritis/Rheumatism</td>
<td>42.7</td>
<td>37.3</td>
</tr>
<tr>
<td>% [50+] Osteoporosis</td>
<td>12.0</td>
<td>13.5</td>
</tr>
<tr>
<td>% Sciatica/Chronic Back Pain</td>
<td>19.2</td>
<td>18.4</td>
</tr>
</tbody>
</table>

#### Cancer

<table>
<thead>
<tr>
<th>Cancer Type</th>
<th>MHLB Service Area</th>
<th>MHLB Service Area vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>vs. CA</td>
<td>vs. US</td>
</tr>
<tr>
<td>Cancer (Age-Adjusted Death Rate) [Merced County]</td>
<td>161.1</td>
<td>147.3</td>
</tr>
<tr>
<td>Lung Cancer (Age-Adjusted Death Rate) [Merced County]</td>
<td>33.0</td>
<td>31.9</td>
</tr>
<tr>
<td>Prostate Cancer (Age-Adjusted Death Rate) [Merced County]</td>
<td>13.0</td>
<td>19.4</td>
</tr>
<tr>
<td>Female Breast Cancer (Age-Adjusted Death Rate) [Merced County]</td>
<td>17.9</td>
<td>20.4</td>
</tr>
<tr>
<td>Colorectal Cancer (Age-Adjusted Death Rate) [Merced County]</td>
<td>13.4</td>
<td>13.2</td>
</tr>
<tr>
<td>Prostate Cancer Incidence per 100,000 [Merced County]</td>
<td>119.3</td>
<td>126.9</td>
</tr>
<tr>
<td>Female Breast Cancer Incidence per 100,000 [Merced County]</td>
<td>107.1</td>
<td>122.1</td>
</tr>
<tr>
<td>Health Indicator</td>
<td>MHLB Service Area</td>
<td>vs. CA</td>
</tr>
<tr>
<td>----------------------------------------------------------------------------------</td>
<td>-------------------</td>
<td>-------</td>
</tr>
<tr>
<td><strong>Lung Cancer Incidence per 100,000 [Merced County]</strong></td>
<td>59.9</td>
<td>🌞</td>
</tr>
<tr>
<td><strong>Colorectal Cancer Incidence per 100,000 [Merced County]</strong></td>
<td>39.3</td>
<td>☁️</td>
</tr>
<tr>
<td><strong>Cervical Cancer Incidence per 100,000 [Merced County]</strong></td>
<td>8.4</td>
<td>🌞</td>
</tr>
<tr>
<td>% Skin Cancer</td>
<td>6.6</td>
<td>☁️</td>
</tr>
<tr>
<td>% Cancer (Other Than Skin)</td>
<td>3.9</td>
<td>☁️</td>
</tr>
<tr>
<td>% [Women 21-65] Pap Smear in Past 3 Years</td>
<td>78.6</td>
<td>☁️</td>
</tr>
<tr>
<td>% [Age 50+] Sigmoid/Colonoscopy Ever</td>
<td>76.1</td>
<td>☁️</td>
</tr>
<tr>
<td>% [Age 50+] Blood Stool Test in Past 2 Years</td>
<td>23.5</td>
<td>☁️</td>
</tr>
<tr>
<td>Chronic Kidney Disease</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kidney Disease (Age-Adjusted Death Rate) [Merced County]</td>
<td>7.2</td>
<td>☁️</td>
</tr>
<tr>
<td>% Kidney Disease</td>
<td>1.3</td>
<td>☁️</td>
</tr>
</tbody>
</table>

**MHLB Service Area vs. Benchmarks**

- ☀️ better
- ☁️ similar
- 🌧 worse
# Community Health Needs Assessment

## Dementias, Including Alzheimer's Disease

<table>
<thead>
<tr>
<th>MHLB Service Area vs. Benchmarks</th>
<th>MHLB Service Area</th>
<th>vs. CA</th>
<th>vs. US</th>
<th>vs. HP2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alzheimer's Disease (Age-Adjusted Death Rate) [Merced County]</td>
<td>26.7</td>
<td>30.3</td>
<td>24.2</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>better</td>
</tr>
</tbody>
</table>

## Diabetes

<table>
<thead>
<tr>
<th>MHLB Service Area vs. Benchmarks</th>
<th>MHLB Service Area</th>
<th>vs. CA</th>
<th>vs. US</th>
<th>vs. HP2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetes Mellitus (Age-Adjusted Death Rate) [Merced County]</td>
<td>28.1</td>
<td>20.6</td>
<td>21.1</td>
<td>20.5</td>
</tr>
<tr>
<td>% Diabetes/High Blood Sugar</td>
<td>9.4</td>
<td>10.2</td>
<td>11.7</td>
<td></td>
</tr>
<tr>
<td>% Borderline/Pre-Diabetes</td>
<td>15.8</td>
<td></td>
<td></td>
<td>5.1</td>
</tr>
<tr>
<td>% [Non-Diabetes] Blood Sugar Tested in Past 3 Years</td>
<td>53.7</td>
<td></td>
<td></td>
<td>49.2</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>better</td>
</tr>
</tbody>
</table>

## Hearing & Other Sensory or Communication Disorders

<table>
<thead>
<tr>
<th>MHLB Service Area vs. Benchmarks</th>
<th>MHLB Service Area</th>
<th>vs. CA</th>
<th>vs. US</th>
<th>vs. HP2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Deafness/Trouble Hearing</td>
<td>10.7</td>
<td></td>
<td></td>
<td>10.3</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>better</td>
</tr>
</tbody>
</table>
## Community Health Needs Assessment

### Heart Disease & Stroke

<table>
<thead>
<tr>
<th>Measure</th>
<th>MHLB Service Area</th>
<th>MHLB Service Area vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diseases of the Heart (Age-Adjusted Death Rate) [Merced County]</td>
<td>171.0</td>
<td>🌞 149.1 🌧 169.1 🌟 156.9</td>
</tr>
<tr>
<td>Stroke (Age-Adjusted Death Rate) [Merced County]</td>
<td>41.5</td>
<td>🌞 34.7 🌧 36.5 🌟 34.8</td>
</tr>
<tr>
<td>% Heart Disease (Heart Attack, Angina, Coronary Disease)</td>
<td>2.9</td>
<td>🌞 6.1</td>
</tr>
<tr>
<td>% Stroke</td>
<td>4.1</td>
<td>🌞 2.2 🌧 3.9</td>
</tr>
<tr>
<td>% Blood Pressure Checked in Past 2 Years</td>
<td>90.0</td>
<td>🌧 91.0 🌞 92.6</td>
</tr>
<tr>
<td>% Told Have High Blood Pressure (Ever)</td>
<td>36.1</td>
<td>🌞 28.7 🌧 34.1 🌟 26.9</td>
</tr>
<tr>
<td>% Cholesterol Checked in Past 5 Years</td>
<td>82.3</td>
<td>🌞 75.2 🌧 86.6 🌟 82.1</td>
</tr>
<tr>
<td>% Told Have High Cholesterol (Ever)</td>
<td>29.2</td>
<td>🌞 37.7 🌧 29.9 🌟 13.5</td>
</tr>
<tr>
<td>% 1+ Cardiovascular Risk Factor</td>
<td>86.2</td>
<td>🌞 82.3</td>
</tr>
</tbody>
</table>

### HIV

<table>
<thead>
<tr>
<th>Measure</th>
<th>MHLB Service Area</th>
<th>MHLB Service Area vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV/AIDS (Age-Adjusted Death Rate) [Merced County]</td>
<td>1.4</td>
<td>🌞 2.4 🌧 3.0 🌟 3.3</td>
</tr>
<tr>
<td>HIV Prevalence per 100,000</td>
<td>82.1</td>
<td>🌞 363.0 🌧 340.4</td>
</tr>
</tbody>
</table>

- 🌞 better
- 🌧 similar
- 🌟 worse
### Immunization & Infectious Diseases

<table>
<thead>
<tr>
<th>MHLB Service Area</th>
<th>MHLB Service Area vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>vs. CA</td>
</tr>
<tr>
<td>% Have Completed Hepatitis B Vaccination Series</td>
<td>44.0</td>
</tr>
</tbody>
</table>

### Injury & Violence Prevention

<table>
<thead>
<tr>
<th>MHLB Service Area</th>
<th>MHLB Service Area vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>vs. CA</td>
</tr>
<tr>
<td>Unintentional Injury (Age-Adjusted Death Rate) [Merced County]</td>
<td>46.1</td>
</tr>
<tr>
<td>Fall-Related Deaths (Age-Adjusted Death Rate) [Merced County]</td>
<td>8.1</td>
</tr>
<tr>
<td>Motor Vehicle Crashes (Age-Adjusted Death Rate) [Merced County]</td>
<td>16.2</td>
</tr>
<tr>
<td>% &quot;Always&quot; Wear Seat Belt</td>
<td>93.9</td>
</tr>
<tr>
<td>Firearm-Related Deaths (Age-Adjusted Death Rate) [Merced County]</td>
<td>10.9</td>
</tr>
<tr>
<td>% Firearm in Home</td>
<td>32.5</td>
</tr>
<tr>
<td>Homicide (Age-Adjusted Death Rate) [Merced County]</td>
<td>9.3</td>
</tr>
<tr>
<td>Violent Crime per 100,000 [Merced County]</td>
<td>603.7</td>
</tr>
<tr>
<td>% Victim of Violent Crime in Past 5 Years</td>
<td>1.4</td>
</tr>
<tr>
<td>% Victim of Domestic Violence (Ever)</td>
<td>11.5</td>
</tr>
</tbody>
</table>
### Maternal, Infant & Child Health

<table>
<thead>
<tr>
<th>Indicator</th>
<th>MHLB Service Area</th>
<th>MHLB Service Area vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infant Death Rate [Merced County]</td>
<td>3.8</td>
<td>vs. CA: 4.5, vs. US: 5.9, vs. HP2020: 6.0</td>
</tr>
</tbody>
</table>

### Mental Health & Mental Disorders

<table>
<thead>
<tr>
<th>Indicator</th>
<th>MHLB Service Area</th>
<th>MHLB Service Area vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>% &quot;Fair/Poor&quot; Mental Health</td>
<td>14.4</td>
<td>vs. CA: 11.9, vs. US: 13.1, vs. HP2020: 30.4</td>
</tr>
<tr>
<td>% Diagnosed Depression</td>
<td>13.3</td>
<td></td>
</tr>
<tr>
<td>% Symptoms of Chronic Depression (2+ Years)</td>
<td>27.9</td>
<td></td>
</tr>
<tr>
<td>Suicide (Age-Adjusted Death Rate) [Merced County]</td>
<td>9.5</td>
<td>vs. CA: 10.2, vs. US: 12.7, vs. HP2020: 10.2</td>
</tr>
<tr>
<td>% Have Ever Sought Help for Mental Health</td>
<td>14.9</td>
<td></td>
</tr>
<tr>
<td>% Typical Day Is &quot;Extremely/Very&quot; Stressful</td>
<td>8.6</td>
<td></td>
</tr>
</tbody>
</table>

### Nutrition & Weight

<table>
<thead>
<tr>
<th>Indicator</th>
<th>MHLB Service Area</th>
<th>MHLB Service Area vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Eat 5+ Servings of Fruit or Vegetables per Day</td>
<td>31.6</td>
<td>vs. CA: 39.5, vs. US: 39.5, vs. HP2020: 14.3</td>
</tr>
<tr>
<td>% &quot;Very/Somewhat&quot; Difficult to Buy Fresh Produce</td>
<td>15.4</td>
<td></td>
</tr>
<tr>
<td>Population With Low Food Access (Percent) [Merced County]</td>
<td>22.1</td>
<td>vs. CA: 14.3, vs. US: 23.6, vs. HP2020: 23.6</td>
</tr>
<tr>
<td>Health Indicator</td>
<td>MHLB Service Area</td>
<td>MHLB Service Area vs. Benchmarks</td>
</tr>
<tr>
<td>--------------------------------------------------------------------------------</td>
<td>------------------</td>
<td>---------------------------------</td>
</tr>
<tr>
<td>% Medical Advice on Nutrition in Past Year</td>
<td>43.0</td>
<td>Better</td>
</tr>
<tr>
<td>% Healthy Weight (BMI 18.5-24.9)</td>
<td>15.6</td>
<td>Similar</td>
</tr>
<tr>
<td>% Overweight (BMI 25+)</td>
<td>81.0</td>
<td>Worse</td>
</tr>
<tr>
<td>% Obese (BMI 30+)</td>
<td>36.3</td>
<td>Better</td>
</tr>
<tr>
<td>% Medical Advice on Weight in Past Year</td>
<td>20.7</td>
<td>Similar</td>
</tr>
<tr>
<td>% [Overweights] Counseled About Weight in Past Year</td>
<td>22.7</td>
<td>Worse</td>
</tr>
<tr>
<td>% [Overweights] Trying to Lose Weight Both Diet/Exercise</td>
<td>34.1</td>
<td>Better</td>
</tr>
</tbody>
</table>

### Physical Activity

<table>
<thead>
<tr>
<th>Physical Activity</th>
<th>MHLB Service Area</th>
<th>MHLB Service Area vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>% No Leisure-Time Physical Activity</td>
<td>17.1</td>
<td>Better</td>
</tr>
<tr>
<td>% Meeting Physical Activity Guidelines</td>
<td>56.9</td>
<td>Similar</td>
</tr>
<tr>
<td>% Moderate Physical Activity</td>
<td>34.5</td>
<td>Worse</td>
</tr>
<tr>
<td>% Vigorous Physical Activity</td>
<td>49.4</td>
<td>Better</td>
</tr>
<tr>
<td>Recreation/Fitness Facilities per 100,000 [Merced County]</td>
<td>6.3</td>
<td>Better</td>
</tr>
<tr>
<td>% Medical Advice on Physical Activity in Past Year</td>
<td>49.0</td>
<td>Similar</td>
</tr>
</tbody>
</table>

**Notes:**
- The data includes percentages and comparisons with various benchmarks (CA, US, HP2020).
- The visual representation includes icons indicating better, similar, or worse performance compared to benchmarks.
### Oral Health

<table>
<thead>
<tr>
<th>MHLB Service Area</th>
<th>MHLB Service Area vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>% [Age 18+] Dental Visit in Past Year</td>
<td>53.2</td>
</tr>
<tr>
<td>vs. CA</td>
<td>vs. US</td>
</tr>
<tr>
<td>67.0</td>
<td>65.9</td>
</tr>
<tr>
<td>% Have Dental Insurance</td>
<td>71.9</td>
</tr>
<tr>
<td>vs. CA</td>
<td>vs. US</td>
</tr>
<tr>
<td>65.6</td>
<td></td>
</tr>
</tbody>
</table>

### Respiratory Diseases

<table>
<thead>
<tr>
<th>MHLB Service Area</th>
<th>MHLB Service Area vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>CLRD (Age-Adjusted Death Rate) [Merced County]</td>
<td>42.2</td>
</tr>
<tr>
<td>vs. CA</td>
<td>vs. US</td>
</tr>
<tr>
<td>33.9</td>
<td>41.4</td>
</tr>
<tr>
<td>Pneumonia/Influenza (Age-Adjusted Death Rate) [Merced County]</td>
<td>17.6</td>
</tr>
<tr>
<td>vs. CA</td>
<td>vs. US</td>
</tr>
<tr>
<td>15.5</td>
<td>8.6</td>
</tr>
<tr>
<td>% COPD (Lung Disease)</td>
<td>8.3</td>
</tr>
<tr>
<td>vs. CA</td>
<td>vs. US</td>
</tr>
<tr>
<td>4.6</td>
<td>8.6</td>
</tr>
<tr>
<td>% [Adult] Currently Has Asthma</td>
<td>12.1</td>
</tr>
<tr>
<td>vs. CA</td>
<td>vs. US</td>
</tr>
<tr>
<td>8.8</td>
<td>9.4</td>
</tr>
</tbody>
</table>

### Sexually Transmitted Diseases

<table>
<thead>
<tr>
<th>MHLB Service Area</th>
<th>MHLB Service Area vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gonorrhea Incidence per 100,000 [Merced County]</td>
<td>34.6</td>
</tr>
<tr>
<td>vs. CA</td>
<td>vs. US</td>
</tr>
<tr>
<td>89.1</td>
<td>107.5</td>
</tr>
<tr>
<td>Chlamydia Incidence per 100,000 [Merced County]</td>
<td>393.6</td>
</tr>
<tr>
<td>vs. CA</td>
<td>vs. US</td>
</tr>
<tr>
<td>444.9</td>
<td>456.7</td>
</tr>
</tbody>
</table>
### Substance Abuse

<table>
<thead>
<tr>
<th>Metric</th>
<th>MHLB Service Area</th>
<th>MHLB Service Area vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cirrhosis/Liver Disease (Age-Adjusted Death Rate) [Merced County]</td>
<td>16.1</td>
<td>vs. CA 11.8 vs. US 10.2 vs. HP2020 8.2</td>
</tr>
<tr>
<td>% Current Drinker</td>
<td>60.8</td>
<td>vs. CA 55.5 vs. US 56.5 vs. HP2020 23.2 vs. HP2020 25.4</td>
</tr>
<tr>
<td>% Excessive Drinkers</td>
<td>34.3</td>
<td>vs. CA 23.2 vs. US 25.4 vs. HP2020 8.2</td>
</tr>
<tr>
<td>% Drinking &amp; Driving in Past Month</td>
<td>0.0</td>
<td>vs. CA 5.0 vs. US 0.0 vs. HP2020 0.0</td>
</tr>
<tr>
<td>Drug-Induced Deaths (Age-Adjusted Death Rate) [Merced County]</td>
<td>14.2</td>
<td>vs. CA 11.5 vs. US 14.6 vs. HP2020 11.3</td>
</tr>
<tr>
<td>% Illicit Drug Use in Past Month</td>
<td>1.3</td>
<td>vs. CA 4.0 vs. US 7.1 vs. HP2020 4.0</td>
</tr>
<tr>
<td>% Ever Sought Help for Alcohol or Drug Problem</td>
<td>6.6</td>
<td>vs. CA 4.9 vs. US 7.1 vs. HP2020 4.9</td>
</tr>
</tbody>
</table>

### Tobacco Use

<table>
<thead>
<tr>
<th>Metric</th>
<th>MHLB Service Area</th>
<th>MHLB Service Area vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Current Smoker</td>
<td>7.3</td>
<td>vs. CA 12.5 vs. US 14.9 vs. HP2020 12.0</td>
</tr>
<tr>
<td>% Someone Smokes at Home</td>
<td>16.1</td>
<td>vs. CA 12.7 vs. US 12.7 vs. HP2020 12.7</td>
</tr>
<tr>
<td>% [Non-Smokers] Someone Smokes in the Home</td>
<td>11.7</td>
<td>vs. CA 6.3 vs. US 6.3 vs. HP2020 6.3</td>
</tr>
<tr>
<td>% Smoke Cigars</td>
<td>2.5</td>
<td>vs. CA 4.1 vs. US 0.2 vs. HP2020 0.2</td>
</tr>
<tr>
<td>% Use Smokeless Tobacco</td>
<td>4.6</td>
<td>vs. CA 1.6 vs. US 4.0 vs. HP2020 0.3</td>
</tr>
</tbody>
</table>

Legend: better, similar, worse
<table>
<thead>
<tr>
<th>Vision</th>
<th>MHLB Service Area</th>
<th>MHLB Service Area vs. Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>vs. CA</td>
<td>vs. US</td>
</tr>
<tr>
<td>% Blindness/Trouble Seeing</td>
<td>9.0</td>
<td>5.6</td>
</tr>
<tr>
<td>% Eye Exam in Past 2 Years</td>
<td>45.0</td>
<td>56.8</td>
</tr>
</tbody>
</table>
Appendix II: Impact Report
Impact of Actions Taken Since the Previous CHNA

The final regulations issued by the Department of Treasury on December 29, 2014 regarding nonprofit hospitals conducting CHNAs require that each hospital’s CHNA report include: “…an evaluation of the impact of any actions that were taken since the hospital facility finished conducting its immediately preceding CHNA to address the significant health needs identified in the hospital facility’s prior CHNA(s) (p. 78969).” Similarly, the State of California requires all non-government nonprofit hospitals licensed by the state to submit a “Community Benefits Plan” to OSHPD annually. The plan must include: “…a description of the activities that the hospital has undertaken in order to address identified community needs within its mission and financial capacity…” (p. 1). OHSPD makes each hospital’s community benefit plan available to the general public through its website or by request. The following descriptions of the impact of actions taken by MHLB were partially taken from the hospital’s annual Community Benefit Plan. A detailed Community Benefit plan can be retrieved by visiting the OSHPD website and downloading the plan (see: http://www.oshpd.ca.gov/HID/CommunityBenefit/Plans.html).

Prior to this report, Memorial Hospital Los Banos (MHLB) conducted its most recent CHNA in 2013. The full 2013 CHNA report is available at www.memoriallosbanos.org but in summary, it identified three specific health needs as referenced below. Working within its mission and capabilities, MHLB planned to address two needs in their community benefit implementation strategy:

- Activities: lack of activities for children and adults, no activities for seniors
- Health Care: lack of specialists, health care availability, health services for unemployed

Memorial Hospital Los Banos developed plans to address these needs and specific outcomes of these efforts are described below.

### Lack of Activities for Children

<table>
<thead>
<tr>
<th>Program</th>
<th>Program Description</th>
<th>Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Police Activities League (PAL) and Los Banos Recreation Program</td>
<td>Memorial Hospital Los Banos will provide grants to the Los Banos PAL and Los Banos Recreation program to provide opportunities for local children to participate in youth sports programs</td>
<td>2013-2015 Impact: In Los Banos Parks and Recreation was able to provide scholarships to 12 children to participate in youth sports programs, that otherwise would not have been able to participate</td>
</tr>
<tr>
<td>Impact Central California Summer Camp</td>
<td>Week long summer camp to connect children to nature, other children and exercise</td>
<td>2015 – 20 underprivileged children were able to attend summer camp.</td>
</tr>
</tbody>
</table>

### Health Care: Lack of Specialist, Health Care Availability, Health Services for the Unemployed

<table>
<thead>
<tr>
<th>Program</th>
<th>Program Description</th>
<th>Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Insurance Enrollment Program, Diversified Healthcare Resources (DHR)</td>
<td>DHR provides uninsured hospital patients with no charge insurance enrollment assistance. They help individuals apply for both primary and secondary insurance coverages in order to reduce the burden of medical debt, and allow them the opportunity to seek ongoing medical care in an outpatient setting.</td>
<td>2013 – 2015 Impact: 558 patients were approved for insurance</td>
</tr>
<tr>
<td>Rural Community Access Improvement Project</td>
<td>The Rural Communities Access Improvement Project was a joint venture between Sutter Tracy Community Hospital, the Tracy Hospital Foundation, and other Central Valley area affiliates of Memorial Medical Center Modesto, Sutter Gould Medical Foundation and Memorial Hospital Los Banos. The intent of the project was to increase access, information, and resources in order to improve health in</td>
<td>2013 – 2015: A successful memorandum of understanding was executed for the transfer of the fully-equipped mobile health van to begin delivering primary health services to the underserved and connecting them to resources for ongoing care. In a joint effort between two Federally Qualified Health</td>
</tr>
</tbody>
</table>
communities with barriers to care in the tri-county area of San Joaquin, Merced and Stanislaus. In the fourth quarter of 2014, the Sutter Health Mobile Clinic Van was purchased and in 2015, dedicated personnel was hired to further implement a solid strategy that would directly serve the most vulnerable populations.

With the full implementation of the Affordable Care Act, and California’s expansion of Medi-Cal, it became clear that the initial strategy for the Mobile Clinic Van required reevaluation to ensure that the services would meet the needs of the community under the current health climate as well as guarantee sustainability. Therefore, in the fourth quarter of 2015, Sutter Health gifted the mobile unit to WellSpace, a Federally Qualified Health Center (FQHC) which can expand services to a larger demographic, and serve additional underserved communities within the Sutter Health service area.

<table>
<thead>
<tr>
<th>Taxi Voucher Program</th>
<th>Memorial Hospital Los Banos provided taxi vouchers at discharge for medically indigent patients needing transportation assistance</th>
<th>2015 impact</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>60 patients were served, some requiring transportation 20-30 miles.</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>WIC (Women, Infants and Children) Breastfeeding Peer Counselor</th>
<th>Breastfeeding Peer Counselor assist participants to overcome barriers to breastfeeding and provides post-partum breastfeeding support</th>
<th>Impact:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2015 – 109 women received service</td>
<td></td>
</tr>
<tr>
<td>Diabetes Continuum of Care</td>
<td>Memorial Hospital Los Banos will provide Diabetes education to support community members in their ability to take charge of health challenges related to diabetes by providing a continuum of care that is accessible and relevant to their needs.</td>
<td>Impact 2015: The Chronic Disease Management class was provided twice during 2015 (42) people attended the class. Individual Diabetes counselling is provided to the community. 2013 – 225 patients 2014 – 192 2015 – 127</td>
</tr>
<tr>
<td>Community Influenza Clinic</td>
<td>This free community influenza allows the opportunity to target several community members at one time and provide flu vaccines that they might not receive otherwise.</td>
<td>Impact 2015: 220 people received the flu vaccine</td>
</tr>
</tbody>
</table>
Appendix III: Written Comments
Request for Written Comments

Memorial Hospital Los Banos requested written comments from the public on its 2013 Community Health Needs Assessment (CHNA) and most recently adopted implementation strategy through www.Memoriallosbanos.org. At the time of the development of this CHNA report, Memorial Hospital Los Banos had not received written comments. However, input from the broader community was considered and taken into account when identifying and prioritizing the significant health needs of the community we serve for the 2016 CHNA through key informant interviews, surveys, focus groups and more. Memorial Hospital Los Banos will continue to use its website as a tool to solicit for public comments, and ensure that these comments are considered community input in the development of future CHNAs.