Community Health Needs Assessment
2019 Report

Fresno County
Kern County
Kings County
Madera County
Merced County
Stanislaus County
Tulare County
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INTRODUCTION

Background and Purpose
Valley Children’s is one of the largest pediatric healthcare networks in the nation and provides Central California’s only high-quality, comprehensive care exclusively for children, from before birth to young adulthood. With more than 640 physicians and 3,500 staff, Valley Children’s offers high-quality, comprehensive care to more than 1.3 million children in its 12-county service area. Valley Children’s is driven by its mission of providing high quality, comprehensive healthcare services to children, regardless of their ability to pay, and to continuously improve the health and wellbeing of children.

Valley Children’s provides highly specialized medical and surgical services to children with conditions ranging from the common to the highly complex. Valley Children’s network is anchored by a 330-bed stand-alone children’s hospital in Madera plus three neonatal units (28 beds in total) located across the Central Valley. In addition, Valley Children’s includes specialty care centers, pediatric primary care practices, an urgent care center and women’s health services.

Valley Children’s consistently ranks at the top of its peer group for quality patient outcomes as evidenced by its Magnet® designation, its Beacon Award for Excellence™ in critical care and its U.S. News and World Report recognition in 2019 as one of the nation’s best children’s hospitals for Neonatology, Pediatric Orthopedics, Pediatric Diabetes & Endocrinology, Pediatric Gastroenterology & Gastrointestinal Surgery, and Pediatric Urology.

The passage of Senate Bill 697 in California in 1994 and the Patient Protection and Affordable Care Act at the federal level in 2010 require tax-exempt hospitals to conduct Community Health Needs Assessments (CHNA) every three years and adopt Implementation Strategies to meet the priority health needs identified through the assessment. A CHNA identifies unmet health needs in the service area, provides information to select priorities for action across targeted geographical areas, and serves as the basis for community benefit programs. This CHNA refers specifically to Valley Children’s Hospital.
Service Area
Valley Children’s Hospital is located at 9300 Valley Children’s Place, Madera, California 93636. The hospital draws patients regionally, from over 12 counties.

For this assessment, the service area is defined as the following seven counties where a majority of Valley Children’s patients reside:
- Fresno County
- Kern County
- Kings County
- Madera County
- Merced County
- Stanislaus County
- Tulare County

Project Oversight
The Community Health Needs Assessment process was overseen by:
Tim Curley
Director, Community and Government Relations
Valley Children’s Hospital

Collaborative Process
Valley Children’s Hospital collaborated with four hospital partnerships to complete the CHNA.

Fresno, Kings, Madera and Tulare Counties
The Hospital Council of Northern and Central California facilitated a four-county (Fresno, Kings, Madera, and Tulare) CHNA process, working collaboratively with 15 hospitals across the Central Valley region. Hospitals participating in this four county assessment included:
- Adventist Health Hanford, Reedley, Selma, and Tulare
- Clovis Community Medical Center
- Coalinga Regional Medical Center (closed)
- Community Regional Medical Center (includes Community Behavioral Health Center)
- Kaiser Permanente, Fresno Service Area
- Kaweah Delta Health Care District
- Madera Community Hospital
- San Joaquin Valley Rehabilitation Hospital
- Sierra View Medical Center
- Saint Agnes Medical Center
- Valley Children’s Hospital

**Kern County**
Valley Children’s Hospital participated in the Kern County Community Benefit Collaborative. The Collaborative was comprised of Delano Regional Medical Center, Dignity Health (Mercy and Memorial Hospitals), Kern Medical, Adventist Health (Bakersfield and Tehachapi Valley), Valley Children’s Hospital and Kaiser Permanente.

**Merced County**
For the Merced County CHNA, Valley Children’s Hospital worked in partnership with Mercy Medical Center Merced and Memorial Hospital Los Banos.

**Stanislaus County**
For the Stanislaus County CHNA, Valley Children’s Hospital worked in partnership with the Stanislaus County Health Services Agency Public Health Department (HSA/PH). HSA/PH convened the Stanislaus County Mobilizing Action for Planning and Partnerships (MAPP) project.

Using the MAPP framework, the HSA/PH Core Team brought together leaders from across Stanislaus County to join the Steering Committee and Data Subcommittee for the six phases of MAPP: Organizing, Visioning, Four MAPP Assessments, Identifying Strategic Issues, Formulating Goals and Strategies, and Action Cycle.

The Core Team consisted of key members of HSA/PH staff to support and contribute to the planning of the MAPP process. The Steering Committee involved leaders in the community, including from Valley Children’s, providing input into the Stanislaus County MAPP planning process to help identify the health issues most important to the county and develop strategies to address these concerns. The Data Subcommittee included a smaller group of individuals to review and lead data collection, review and analysis activities.

**Consultants**
The Fresno, Kings, Madera and Tulare Counties CHNA was facilitated by the Hospital Council of Northern and Central California's Community Benefits Workgroup. Under the leadership of Ms. Shauna Day, Regional Vice President, the Workgroup collaborated with Ms. Laura Acosta of HC2 Strategies, Inc. to conduct key informant interviews, focus groups, and establish priority health
needs for the 2019-2021 community health needs cycle. Additionally, the committee worked with Ms. Jessica L.A. Jackson of Wildfire Graphics & Analytics, LLC to gather health indicator data, analyze quantitative and qualitative data, and package the final report. Ad Lucem Consulting established the methodology for ranking health need data from key informant and focus group interviews. Ad Lucem also provided the overall rankings for the four-county region.

Biel Consulting, Inc. conducted the CHNA in Kern County. Biel Consulting, Inc. has extensive experience conducting hospital health assessments and working with hospitals on developing, implementing, and evaluating community benefit programs. Dr. Melissa Biel conducted the Kern County CHNA. She was assisted by Denise Flanagan, BA and Sevanne Sarkis, JD, MHA, MEd.

The Merced County CHNA was conducted by Professional Research Consultants, Inc. (PRC). PRC is a nationally recognized healthcare consulting firm with extensive experience conducting CHNAs in hundreds of communities across the United States since 1994.

The Stanislaus County MAPP effort collaborated with Community Health Insights (CHI). CHI conducted the focus groups and key informant interviews.

**Availability of CHNA Reports**

The Valley Children’s Hospital CHNA and the separate CHNAs for Fresno, Kings, Madera and Tulare Counties, Kern County, Merced County and Stanislaus County are available at [https://www.valleychildrens.org/about-us/community-benefit](https://www.valleychildrens.org/about-us/community-benefit). Written comments on this report can be submitted to Tim Curley at tcurley@valleychildrens.org.

**Report Adoption**

This CHNA report was adopted by the Valley Children’s Hospital Board of Directors on September 19, 2019.
DATA COLLECTION METHODOLOGY

The CHNA process included collection and analysis of up-to-date data for Valley Children’s service area from a number of secondary sources. In addition, primary data were collected directly from stakeholders in the community. A variety of primary data collection methods were used to obtain community input including, focus groups, interviews and surveys. The collected data were used to identify significant community needs.

Fresno, Kings, Madera, and Tulare Counties
Sources of data for this assessment included both primary and secondary data. Secondary data sources included publicly reported state and nationally-recognized data sources such as Community Commons, California Department of Public Health, and County Health Rankings & Roadmaps. Primary data were collected through 48 key informant interviews, 24 focus groups that reached 284 persons, and an online survey that reached 1,178 persons. Key informants and focus groups were purposefully chosen to represent medically under-served, low-income or minority populations in our community. The online survey was distributed to partner organizations that were not represented by key informants and advertised to the general public via a public service announcement hosted on Univision's Arriba Valle Central show.

Kern County
Secondary data were collected from a variety of local, county and state sources to present a community profile, social determinants of health, health care access, birth indicators, leading causes of death, acute and chronic disease, health behaviors, mental health, substance use and misuse, and preventive practices. When available, data sets are presented in the context of Kern County and California to help frame the scope of an issue, as it relates to the broader community. Sources of data include: the U.S. Census American Community Survey, California Department of Public Health, California Health Interview Survey, Kern County Public Health Department, Healthy Kern County, County Health Rankings, California Department of Education, California Office of Statewide Health Planning and Development and California Department of Justice, among others.

Information was also obtained through community surveys and interviews with individuals who are leaders and/or representatives of medically underserved, low-income, and minority populations, local health or other departments or agencies that have current data or other information relevant to the health needs of the community. Interviews were used to gather information and opinions from persons who represent the community served by the hospital. Forty-one (41) interviews were completed from October 2018 through March 2019. The Kern County Community Benefit Collaborative representatives developed a plan for distribution of a survey to engage community residents. The survey was available in an electronic format through
a Survey Monkey link, and in a paper copy format. The electronic and paper surveys were available in English and Spanish. The surveys were available from November 2018 to January 2019 and during this time, 1,114 usable surveys were collected.

**Merced County**

This assessment incorporated data from quantitative and qualitative sources. Quantitative data input included primary research from the PRC Community Health Survey and secondary research. These quantitative components allowed for trending and comparison to benchmark data at the state and national levels. Qualitative data input included primary research gathered through an Online Key Informant Survey. The survey instrument used for this study was based largely on the Centers for Disease Control and Prevention (CDC) Behavioral Risk Factor Surveillance System (BRFSS), as well as 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.

For the PRC Community Health Survey, a telephone interview methodology — one that incorporates both landline and cell phone interviews — was employed. The sample design used for this effort consisted of a random sample of 300 individuals, age 18 and older, in Merced County. Once the interviews were completed, these were weighted in proportion to the actual population distribution so as to appropriately represent Merced County as a whole.

An Online Key Informant Survey was also completed. A list of recommended participants was provided by the hospital partners. Potential participants were chosen because of their ability to identify primary concerns of underserved, low income, and minority populations, as well as of the community overall. Key informants were contacted by email, introducing the purpose of the survey and providing a link to take the survey online. In all, 49 community stakeholders took part in the Online Key Informant Survey.

**Stanislaus County**

Quantitative data collection for the CHNA was conducted using secondary sources. In order to identify indicators to be included in the analysis, a list of potential indicators was compiled from the 2013 Stanislaus County Community Health Assessment, Healthy People 2020, Let’s Get Healthy California, the Stanislaus County Administrative Office, County Health Rankings, Kaiser Permanente’s Modesto Medical Center’s CHNA, Sutter Health Modesto’s CHNA, Stanislaus County’s Focus on Prevention and the National Association of County and City Health Officials’ (NACCHO) recommended and extended indicator and topic lists. Those indicators were grouped into the NACCHO recommended categories and thematic subcategories. Qualitative data were gathered from primary sources. Nine focus groups were conducted from January to February,
2019 in Stanislaus County. Eleven key informant interviews were conducted from December 2018 to February 2019. Focus group and key informant responses to questions about key health needs were matched to the Community Health Assessment topic categories and subcategories.

A listing of community stakeholders across the four CHNAs is presented in Appendix 1. Community stakeholder input is detailed in the CHNAs for Fresno County, Kings County, Madera County, Tulare County, Kern County, Merced County and Stanislaus County available at https://www.valleychildrens.org/about-us/community-benefit.

**Public Comment**
In compliance with IRS regulations 501(r) for charitable hospitals, a hospital CHNA and Implementation Strategy are to be made widely available to the public and public comment is to be solicited. Valley Children’s Hospital’s previous CHNA and Implementation Strategy were made widely available to the public on the website https://www.valleychildrens.org/about-us/community-benefit. To date, no comments have been received.
IDENTIFICATION AND PRIORITIZATION OF SIGNIFICANT HEALTH NEEDS

The identification of significant community needs began with a review of the data that described the hospital service area. Health needs that did not meet state or national benchmarks were identified. The primary data collection process then obtained community input to support the secondary data findings, identify additional community issues, solicit information on disparities among subpopulations, ascertain community assets to address needs, and discover gaps in resources. Community input was used to prioritize these needs.

This section is organized as follows. Pages 11 – 14 list the health needs identified through each of the four separate CHNAs. Pages 14 – 15 list the priority health needs for each county. The county health needs are outlined below.

Fresno, Kings, Madera, and Tulare Counties
The 2019 CHNA report process identified the following 13 health needs in Fresno, Kings, Madera and Tulare counties.

- Access to care
- Asthma
- Cancer
- Climate and health
- Cardiovascular disease
- Economic security
- HIV/AIDS/STIs
- Maternal and infant health
- Mental health
- Obesity/HEAL/diabetes
- Oral health
- Substance use/tobacco use
- Violence and injury prevention

Community Medical Centers, Saint Agnes Medical Center, and Valley Children’s Hospital, invited leaders representing county public health and community-based organizations from Fresno, Kings, Madera and Tulare counties to participate in a health needs ranking process. Public health and community leaders were tasked with ranking the needs that were most pressing in their respective counties, based on health issues previously identified in the 2019 primary data collection phase. Participants in the collaborative health ranking session were tasked with ranking the identified health needs based on the following criteria:
• Severity, magnitude, urgency
• Feasibility and effectiveness of possible interventions
• Potential impact on greatest number of people
• Potential health need score (based on community stakeholder and resident feedback)
• Outcomes are measurable and achievable in a 3-year span
• Existing resources/programs

**Kern County**

Significant health needs were identified from secondary data using the size of the problem (relative portion of population afflicted by the problem) and the seriousness of the problem (impact at individual, family, and community levels). To determine size or seriousness of the problem, the health need indicators that were identified in the secondary data were measured against benchmark data; specifically, county rates, state rates and/or Healthy People 2020 objectives. Indicators related to the health needs that performed poorly against one or more of these benchmarks met this criterion to be considered a health need.

The following significant health needs were determined:

• Access to health care
• Alzheimer’s disease
• Birth indicators
• Chronic diseases (asthma, cancer, diabetes, heart disease, kidney disease, liver disease, lung disease, stroke, Valley Fever)
• Dental care/oral health
• Economic insecurity
• Environmental pollution
• Food insecurity
• Housing and homelessness
• Mental health
• Overweight and obesity
• Preventive practices
• Sexually transmitted infections
• Substance use and misuse
• Unintentional injuries
• Violence and injury

The list of significant health needs informed primary data collection. The primary data collection process was designed to validate secondary data findings, identify additional community issues, solicit information on disparities among subpopulations, ascertain community assets to address
needs, and discover gaps in resources. Community stakeholder interviews were used to gather input and prioritize the significant health needs. The following criteria were used to prioritize the health needs:

- The perceived severity of a health issue or health factor as it affects the health and lives of those in the community;
- The level of importance the hospital should place on addressing the issue.

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

**Merced County**

Significant health needs of the community were identified from the information gathered through the CHNA and the guidelines set forth in Healthy People 2020 (www.healthypeople.gov). Significant health needs were determined after consideration of various criteria, including: standing in comparison with benchmark data (particularly national data); identified trends; the preponderance of significant findings within topic areas; the magnitude of the issue in terms of the number of persons affected; and the potential health impact of a given issue. These needs also take into account those issues of greatest concern to the community stakeholders (key informants) giving input to this process. Following is the list of significant health needs identified in Merced County.

- Access to health care
- Cancer
- Dementia, including Alzheimer’s disease
- Diabetes
- Heart disease and stroke
- Infant health and family planning
- Injury and violence
- Kidney disease
- Mental health
- Nutrition, physical activity and weight
- Potentially disabling conditions
- Respiratory diseases
- Substance use
- Tobacco use
Stanislaus County
After gathering quantitative and qualitative data, topic categories and subcategories were considered as key health needs if they met the following criteria:

- Indicators reviewed in secondary data demonstrated that the county estimate was poorer by more than one percentage point when compared to the benchmark estimate (in most cases, California state average).
- The health issue was identified as a key theme in at least three interviews.
- The health issue was identified as a key theme in at least three focus groups.

This method revealed the following key health needs:

- Access to care
- Asthma/air quality
- Chronic disease
- Communicable disease
- Economic insecurity
- Education
- Housing and homelessness
- Mental health
- Safety
- Substance use
- Transportation

On May 30, 2019, community members and stakeholders were convened for a Community Conversation to prioritize these health needs. During the Community Conversation breakout groups, participants discussed issues and concerns that impacted the health of Stanislaus County. They were also asked to identify community assets and resources.
**Valley Children’s Service Area Priority Health Needs**

The following chart provides a side by side listing of the community prioritization of health needs identified in each of the four separate CHNAs.

### Significant Community Health Needs, by County, Listed in Priority Order

<table>
<thead>
<tr>
<th>Rank</th>
<th>Fresno, Kings, Madera, Tulare Counties</th>
<th>Kern County</th>
<th>Merced County</th>
<th>Stanislaus County</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Access to health care</td>
<td>Housing and homelessness</td>
<td>Nutrition, physical activity and weight</td>
<td>Housing and homelessness</td>
</tr>
<tr>
<td>2</td>
<td>Obesity/HEAL/diabetes</td>
<td>Mental health</td>
<td>Injury and violence</td>
<td>Education</td>
</tr>
<tr>
<td>3</td>
<td>Maternal and infant health</td>
<td>Access to health care</td>
<td>Infant and family planning</td>
<td>Chronic disease</td>
</tr>
<tr>
<td>4</td>
<td>Mental health</td>
<td>Economic insecurity</td>
<td>Substance use and misuse</td>
<td>Communicable disease</td>
</tr>
<tr>
<td>5</td>
<td>Economic security</td>
<td>Substance use and misuse</td>
<td>Mental health</td>
<td>Tobacco and substance use</td>
</tr>
<tr>
<td>6</td>
<td>Oral health</td>
<td>Chronic diseases</td>
<td>Diabetes</td>
<td>Mental health</td>
</tr>
<tr>
<td>7</td>
<td>Substance use/tobacco use</td>
<td>Environmental pollution</td>
<td>Access to health care</td>
<td>Access to care</td>
</tr>
<tr>
<td>8</td>
<td>Violence and injury prevention</td>
<td>Food insecurity</td>
<td>Heart disease and stroke</td>
<td>Asthma/air quality</td>
</tr>
<tr>
<td>9</td>
<td>Climate and health</td>
<td>Sexually transmitted infections</td>
<td>Tobacco use</td>
<td>Economic insecurity</td>
</tr>
<tr>
<td>10</td>
<td>Cardiovascular disease</td>
<td>Violence and injury</td>
<td>Respiratory diseases</td>
<td>Safety</td>
</tr>
<tr>
<td>11</td>
<td>Asthma</td>
<td>Preventive practices</td>
<td>Cancer</td>
<td>Transportation</td>
</tr>
<tr>
<td>12</td>
<td>HIV/AIDS/STIs</td>
<td>Dental care/oral health</td>
<td>Kidney disease</td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Cancer</td>
<td>Birth indicators</td>
<td>Dementia/Alzheimer’s disease</td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>Overweight and obesity</td>
<td>Overweight and obesity</td>
<td>Potentially disabling conditions</td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>Alzheimer’s disease</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>Unintentional injuries</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Given the priority needs listed above, combined with community input specific to child health needs, the major health needs identified for children throughout Valley Children’s seven county service area include the following:

- **Access to health care**: includes access to primary care, specialty care, preventive care, and transportation.
- **Asthma**: includes education and awareness with a focus on prevention and early and appropriate treatment.
- **Economic insecurity**: includes poverty, basic needs services, and food insecurity.
- **Housing and homelessness**: includes access to safe and affordable housing, and issues related to homelessness, including housing availability, social services and transitional care.
- **Maternal and infant health**: includes teen pregnancy, prenatal care, low-birth weight births, premature births, infant mortality and breastfeeding.
- **Mental health**: includes anxiety and depression, severe mental illness, access to mental health care and supportive services, reduction in stigma and availability of mental health care beds.
- **Obesity/nutrition/physical activity/diabetes**: includes access to healthy, affordable food, increased access to outdoor activities, and prevention, management and treatment of diabetes.
- **Substance use and misuse**: includes tobacco use, vaping, drug misuse and alcohol use.
- **Violence and injury prevention**: includes accidental injuries, neighborhood safety and reduction in crime.

**Resources to Address Significant Health Needs**

Through the CHNA processes, community input was used to identify community resources potentially available to address the significant health needs. The identified community resources are detailed in Appendix 2.
Service Area Profile

Population

The population of the service area counties ranges from 150,261 in Kings County to 963,160 in Fresno County. Densities range from 71.8 persons per square mile in Madera County to 354.7 persons per square mile in Stanislaus County.

Population of the Service Area, by County

<table>
<thead>
<tr>
<th>County</th>
<th>Total Population</th>
<th>Total Land Area (Square Miles)</th>
<th>Population Density (Per Square Mile)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fresno</td>
<td>963,160</td>
<td>5,958.10</td>
<td>161.7</td>
</tr>
<tr>
<td>Kern</td>
<td>871,337</td>
<td>8,131.93</td>
<td>107.2</td>
</tr>
<tr>
<td>Kings</td>
<td>150,261</td>
<td>1,389.42</td>
<td>108.1</td>
</tr>
<tr>
<td>Madera</td>
<td>153,366</td>
<td>2,137.02</td>
<td>71.8</td>
</tr>
<tr>
<td>Merced</td>
<td>265,001</td>
<td>1,935.21</td>
<td>136.9</td>
</tr>
<tr>
<td>Stanislaus</td>
<td>530,561</td>
<td>1,496.00</td>
<td>354.7</td>
</tr>
<tr>
<td>Tulare</td>
<td>455,769</td>
<td>4,824.28</td>
<td>94.5</td>
</tr>
<tr>
<td>California</td>
<td>38,654,206</td>
<td>155,792.65</td>
<td>248.1</td>
</tr>
</tbody>
</table>


Children and youth, ages 0-17, make up 27.4% of the population of Stanislaus County and 31.6% of the population of Tulare County. The median ages range from 30.4 years in Tulare County to 33.8 years in Stanislaus County. All service county areas have a younger median age than statewide (36 years).

Population by Age, by County

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Fresno</th>
<th>Kern</th>
<th>Kings</th>
<th>Madera</th>
<th>Merced</th>
<th>Stanislaus</th>
<th>Tulare</th>
<th>California</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 – 4</td>
<td>8.2%</td>
<td>8.3%</td>
<td>8.0%</td>
<td>7.6%</td>
<td>8.1%</td>
<td>7.4%</td>
<td>8.7%</td>
<td>6.5%</td>
</tr>
<tr>
<td>5 – 9</td>
<td>8.2%</td>
<td>8.4%</td>
<td>7.9%</td>
<td>8.1%</td>
<td>8.5%</td>
<td>7.5%</td>
<td>9.0%</td>
<td>6.6%</td>
</tr>
<tr>
<td>10 – 14</td>
<td>7.8%</td>
<td>8.0%</td>
<td>7.3%</td>
<td>7.6%</td>
<td>8.5%</td>
<td>7.9%</td>
<td>8.7%</td>
<td>6.6%</td>
</tr>
<tr>
<td>15 – 17</td>
<td>4.7%</td>
<td>4.8%</td>
<td>4.3%</td>
<td>4.5%</td>
<td>5.1%</td>
<td>4.7%</td>
<td>5.1%</td>
<td>4.0%</td>
</tr>
<tr>
<td>18 – 20</td>
<td>4.6%</td>
<td>4.6%</td>
<td>4.6%</td>
<td>4.1%</td>
<td>5.5%</td>
<td>4.4%</td>
<td>4.9%</td>
<td>4.3%</td>
</tr>
<tr>
<td>21 – 24</td>
<td>6.3%</td>
<td>6.4%</td>
<td>6.8%</td>
<td>6.0%</td>
<td>6.3%</td>
<td>5.8%</td>
<td>5.8%</td>
<td>5.9%</td>
</tr>
<tr>
<td>25 – 34</td>
<td>14.8%</td>
<td>15.0%</td>
<td>16.6%</td>
<td>13.8%</td>
<td>14.1%</td>
<td>14.0%</td>
<td>14.0%</td>
<td>14.7%</td>
</tr>
<tr>
<td>35 – 44</td>
<td>12.2%</td>
<td>12.5%</td>
<td>13.7%</td>
<td>12.5%</td>
<td>12.3%</td>
<td>12.6%</td>
<td>12.3%</td>
<td>13.3%</td>
</tr>
<tr>
<td>45 – 54</td>
<td>11.8%</td>
<td>12.0%</td>
<td>12.5%</td>
<td>11.9%</td>
<td>11.7%</td>
<td>12.7%</td>
<td>11.4%</td>
<td>13.5%</td>
</tr>
<tr>
<td>55 – 64</td>
<td>10.2%</td>
<td>10.1%</td>
<td>9.1%</td>
<td>11.0%</td>
<td>9.6%</td>
<td>10.9%</td>
<td>9.6%</td>
<td>11.6%</td>
</tr>
<tr>
<td>65 – 74</td>
<td>6.4%</td>
<td>5.9%</td>
<td>5.3%</td>
<td>7.7%</td>
<td>6.0%</td>
<td>7.6%</td>
<td>6.0%</td>
<td>7.3%</td>
</tr>
<tr>
<td>75 – 84</td>
<td>3.2%</td>
<td>2.9%</td>
<td>2.8%</td>
<td>3.8%</td>
<td>3.2%</td>
<td>3.6%</td>
<td>3.1%</td>
<td>3.8%</td>
</tr>
<tr>
<td>85+</td>
<td>1.6%</td>
<td>1.1%</td>
<td>1.1%</td>
<td>1.3%</td>
<td>1.2%</td>
<td>1.6%</td>
<td>1.3%</td>
<td>1.8%</td>
</tr>
</tbody>
</table>

Median age:

- Ages 0 - 17: 28.9% 29.5% 27.5% 27.8% 30.1% 27.4% 31.6% 23.6%
- Ages 18-64: 59.9% 60.7% 63.4% 59.3% 59.4% 60.4% 58.0% 63.5%
- Ages 65+: 11.2% 9.9% 9.1% 12.9% 10.5% 12.1% 10.4% 12.9%
- Median age: 31.6 31.2 31.4 33.5 30.6 33.8 30.4 36.0

Source: U.S. Census Bureau, American Community Survey, 2012-2016, DP05. [http://factfinder.census.gov](http://factfinder.census.gov)
**Race/Ethnicity**

Among service area counties, 63% of the population in Tulare County is Hispanic/Latino. 44.1% of Stanislaus County residents are White. The highest rate of Blacks/African Americans is in Kings County (5.9%) and the highest rate of Asians is in Fresno County (9.7%).

<table>
<thead>
<tr>
<th>Race/Ethnicity, by County</th>
<th>Fresno</th>
<th>Kern</th>
<th>Kings</th>
<th>Madera</th>
<th>Merced</th>
<th>Stanislaus</th>
<th>Tulare</th>
<th>California</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hispanic/Latino</td>
<td>52.0%</td>
<td>51.6%</td>
<td>53.1%</td>
<td>56.2%</td>
<td>57.5%</td>
<td>44.3%</td>
<td>63.0%</td>
<td>38.6%</td>
</tr>
<tr>
<td>White</td>
<td>30.8%</td>
<td>36.0%</td>
<td>33.6%</td>
<td>35.8%</td>
<td>29.5%</td>
<td>44.1%</td>
<td>30.1%</td>
<td>38.4%</td>
</tr>
<tr>
<td>Black/African American</td>
<td>4.7%</td>
<td>5.2%</td>
<td>5.9%</td>
<td>3.1%</td>
<td>3.1%</td>
<td>2.5%</td>
<td>1.3%</td>
<td>5.6%</td>
</tr>
<tr>
<td>Asian</td>
<td>9.7%</td>
<td>4.5%</td>
<td>3.6%</td>
<td>1.9%</td>
<td>7.3%</td>
<td>5.2%</td>
<td>3.2%</td>
<td>13.7%</td>
</tr>
<tr>
<td>American Indian/Alaska Native</td>
<td>0.5%</td>
<td>0.5%</td>
<td>0.8%</td>
<td>0.9%</td>
<td>0.3%</td>
<td>0.4%</td>
<td>0.6%</td>
<td>0.4%</td>
</tr>
<tr>
<td>Native Hawaiian/Pacific Islander</td>
<td>0.1%</td>
<td>0.1%</td>
<td>0.2%</td>
<td>0.1%</td>
<td>0.2%</td>
<td>0.7%</td>
<td>0.1%</td>
<td>0.4%</td>
</tr>
<tr>
<td>Other/Multiple</td>
<td>2.2%</td>
<td>2.1%</td>
<td>2.7%</td>
<td>2.0%</td>
<td>2.1%</td>
<td>2.8%</td>
<td>1.7%</td>
<td>3.1%</td>
</tr>
</tbody>
</table>

*Source: U.S. Census Bureau, American Community Survey, 2012-2016, DP05. [http://factfinder.census.gov]*

**Language**

In service area counties, 47.1% of the population in Tulare County speaks Spanish in the home. Asian and Pacific Islander languages are spoken by 6.1% of the population in Fresno County homes, and an Indo-European language is spoken by 4.3% of the population in Merced County.

<table>
<thead>
<tr>
<th>Language Spoken at Home, Population 5 Years and Older, by County</th>
<th>English</th>
<th>Spanish</th>
<th>Asian/Pacific Islander Language</th>
<th>Other Indo-European Language</th>
<th>Other Language</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fresno</td>
<td>55.4%</td>
<td>34.3%</td>
<td>6.1%</td>
<td>3.5%</td>
<td>0.6%</td>
</tr>
<tr>
<td>Kern</td>
<td>56.0%</td>
<td>39.1%</td>
<td>2.6%</td>
<td>1.6%</td>
<td>0.7%</td>
</tr>
<tr>
<td>Kings</td>
<td>59.1%</td>
<td>36.0%</td>
<td>2.5%</td>
<td>1.9%</td>
<td>0.5%</td>
</tr>
<tr>
<td>Madera</td>
<td>54.9%</td>
<td>41.9%</td>
<td>0.9%</td>
<td>1.7%</td>
<td>0.6%</td>
</tr>
<tr>
<td>Merced</td>
<td>47.5%</td>
<td>43.4%</td>
<td>4.5%</td>
<td>4.3%</td>
<td>0.3%</td>
</tr>
<tr>
<td>Stanislaus</td>
<td>59.1%</td>
<td>32.2%</td>
<td>2.9%</td>
<td>3.8%</td>
<td>2.0%</td>
</tr>
<tr>
<td>Tulare</td>
<td>48.8%</td>
<td>47.1%</td>
<td>2.4%</td>
<td>1.4%</td>
<td>0.3%</td>
</tr>
<tr>
<td>California</td>
<td>56.0%</td>
<td>28.8%</td>
<td>9.8%</td>
<td>4.4%</td>
<td>1.0%</td>
</tr>
</tbody>
</table>

*Source: U.S. Census Bureau, American Community Survey, 2012-2016, DP02. [http://factfinder.census.gov]*
The California Department of Education publishes rates of “English Learners,” defined as the percentage of students whose primary language is not English and who lack sufficient English-language skills necessary for academic success. In service area counties, 26% of Tulare County students were classified as English Learners.

**English Learners, by County**

<table>
<thead>
<tr>
<th>County</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fresno</td>
<td>40,623</td>
<td>19.9%</td>
</tr>
<tr>
<td>Kern</td>
<td>37,125</td>
<td>19.6%</td>
</tr>
<tr>
<td>Kings</td>
<td>5,779</td>
<td>19.8%</td>
</tr>
<tr>
<td>Madera</td>
<td>7,806</td>
<td>24.6%</td>
</tr>
<tr>
<td>Merced</td>
<td>14,877</td>
<td>25.4%</td>
</tr>
<tr>
<td>Stanislaus</td>
<td>26,403</td>
<td>24.0%</td>
</tr>
<tr>
<td>Tulare</td>
<td>27,073</td>
<td>26.0%</td>
</tr>
<tr>
<td>California</td>
<td>1,271,150</td>
<td>20.5%</td>
</tr>
</tbody>
</table>

SOCIAL DETERMINANTS OF HEALTH

Adverse Childhood Experiences

Childhood adversity, such as child abuse, exposure to violence, family alcohol or drug abuse, and poverty can have negative, long-term impacts on health and well-being because early experiences can affect brain structure and function. Nearly half of U.S. children have experienced at least one adverse childhood event, and 16.4% of California children, ages 0 to 17, have experienced two or more adverse events. Service area county children have experienced higher rates of two or more adverse events than have children statewide, ranging from 16.9% in Stanislaus County to 18.1% in Tulare County.

Children with Two or More Adverse Experiences, Parent Reported, by County

<table>
<thead>
<tr>
<th>County</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fresno</td>
<td>17.9%</td>
</tr>
<tr>
<td>Kern</td>
<td>18.0%</td>
</tr>
<tr>
<td>Kings</td>
<td>17.5%</td>
</tr>
<tr>
<td>Madera</td>
<td>18.0%</td>
</tr>
<tr>
<td>Merced</td>
<td>18.0%</td>
</tr>
<tr>
<td>Stanislaus</td>
<td>16.9%</td>
</tr>
<tr>
<td>Tulare</td>
<td>18.1%</td>
</tr>
<tr>
<td>California</td>
<td>16.4%</td>
</tr>
</tbody>
</table>


Air Quality

Days with Ozone Levels above Regulatory Standard

In 2016, Tulare County had 87 days with ground-level ozone concentrations above the U.S. standard of 0.070 parts per million, while Stanislaus County had 27 days of high concentrations of ozone. All service area counties had more high ozone days than the California’s average, which was 22 days above the U.S. standard.

Days with Ozone Levels above Regulatory Standard, 2016, by County

<table>
<thead>
<tr>
<th>County</th>
<th>Number of Days</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fresno</td>
<td>75</td>
</tr>
<tr>
<td>Kern</td>
<td>78</td>
</tr>
<tr>
<td>Kings</td>
<td>49</td>
</tr>
<tr>
<td>Madera</td>
<td>40</td>
</tr>
<tr>
<td>Merced</td>
<td>28</td>
</tr>
<tr>
<td>Stanislaus</td>
<td>27</td>
</tr>
<tr>
<td>Tulare</td>
<td>87</td>
</tr>
<tr>
<td>California</td>
<td>22</td>
</tr>
</tbody>
</table>

Source: California Environmental Protection Agency, Air Resources Board, Air Quality Data Statistics, Aug. 2017 via http://www.kidsdata.org
**Annual Average Particulate Matter Concentration**

Fine particulate matter (PM 2.5) is an air pollutant commonly found in diesel exhaust. PM 2.5 refers to particles with a diameter of less than 2.5 microns, or about 1/10,000 of an inch. The national annual PM 2.5 standard is 12 micrograms per cubic meter. Concentrations at or above this standard are considered potentially harmful to health, especially for sensitive groups such as young children and those with asthma. The annual average PM 2.5 concentrations in California were measured at 9 micrograms per cubic meter. Service area counties ranged from annual average PM 2.5 concentrations of 12.0 in Madera and Merced Counties) to 15.9 in Kern County.

**Average Particulate Matter Concentration, Micrograms per Cubic Meter, 2016, by County**

<table>
<thead>
<tr>
<th>County</th>
<th>Annual average PM 2.5 concentration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fresno</td>
<td>13.0</td>
</tr>
<tr>
<td>Kern</td>
<td>15.9</td>
</tr>
<tr>
<td>Kings</td>
<td>15.5</td>
</tr>
<tr>
<td>Madera</td>
<td>12.0</td>
</tr>
<tr>
<td>Merced</td>
<td>12.0</td>
</tr>
<tr>
<td>Kings</td>
<td>15.5</td>
</tr>
<tr>
<td>Tulare</td>
<td>14.7</td>
</tr>
<tr>
<td>California</td>
<td>9.0</td>
</tr>
</tbody>
</table>


**Child Abuse**

In service area counties, the rate of children, under age 18, who experienced abuse or neglect ranged from 8.0 per 1,000 children in Kings County to 15.0 per 1,000 children in Stanislaus County. The service area county rates were higher than the state rate of 7.8 per 1,000 children. These rates were based on children with a substantiated maltreatment allegation.

**Substantiated Child Abuse Cases, Rate per 1,000 Children, by County**

<table>
<thead>
<tr>
<th>County</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fresno</td>
<td>8.1</td>
</tr>
<tr>
<td>Kern</td>
<td>11.8</td>
</tr>
<tr>
<td>Kings</td>
<td>8.0</td>
</tr>
<tr>
<td>Madera</td>
<td>9.5</td>
</tr>
<tr>
<td>Merced</td>
<td>8.1</td>
</tr>
<tr>
<td>Stanislaus</td>
<td>15.0</td>
</tr>
<tr>
<td>Tulare</td>
<td>8.7</td>
</tr>
<tr>
<td>California</td>
<td>7.8</td>
</tr>
</tbody>
</table>

The majority of substantiated child abuse and neglect cases in service area counties in 2018, were from general neglect. Merced County had the highest rate of physical abuse cases (7.9%) among area counties. The sexual abuse rate was highest in Kings County (9.2%) among area counties, though Kings County had the smallest number of reported child abuse cases.

### Substantiated Child Abuse by Type of Abuse, by County

<table>
<thead>
<tr>
<th></th>
<th>Fresno</th>
<th>Kern</th>
<th>Kings</th>
<th>Madera</th>
<th>Merced</th>
<th>Stanislaus</th>
<th>Tulare</th>
<th>California</th>
</tr>
</thead>
<tbody>
<tr>
<td>General neglect</td>
<td>71.8%</td>
<td>87.5%</td>
<td>70.7%</td>
<td>79.6%</td>
<td>75.1%</td>
<td>84.6%</td>
<td>69.1%</td>
<td>71.1%</td>
</tr>
<tr>
<td>Physical abuse</td>
<td>5.8%</td>
<td>2.9%</td>
<td>4.9%</td>
<td>4.2%</td>
<td>7.9%</td>
<td>4.7%</td>
<td>3.6%</td>
<td>7.1%</td>
</tr>
<tr>
<td>At risk/sibling abused</td>
<td>10.8%</td>
<td>0.8%</td>
<td>10.2%</td>
<td>6.6%</td>
<td>5.3%</td>
<td>0.2%</td>
<td>15.9%</td>
<td>5.3%</td>
</tr>
<tr>
<td>Sexual abuse</td>
<td>5.1%</td>
<td>2.2%</td>
<td>9.2%</td>
<td>5.4%</td>
<td>5.2%</td>
<td>3.5%</td>
<td>2.8%</td>
<td>4.9%</td>
</tr>
<tr>
<td>Severe neglect</td>
<td>4.4%</td>
<td>2.4%</td>
<td>0.7%</td>
<td>0.6%</td>
<td>1.9%</td>
<td>4.0%</td>
<td>1.5%</td>
<td>4.1%</td>
</tr>
<tr>
<td>Caretaker absence / incapacity</td>
<td>1.0%</td>
<td>3.9%</td>
<td>3.9%</td>
<td>2.7%</td>
<td>3.7%</td>
<td>1.7%</td>
<td>4.4%</td>
<td>3.7%</td>
</tr>
<tr>
<td>Emotional abuse</td>
<td>1.1%</td>
<td>0.1%</td>
<td>0.4%</td>
<td>0.9%</td>
<td>0.9%</td>
<td>1.2%</td>
<td>2.5%</td>
<td>3.7%</td>
</tr>
<tr>
<td>Exploitation</td>
<td>0.0%</td>
<td>0.1%</td>
<td>0.0%</td>
<td>0.0%</td>
<td>0.0%</td>
<td>0.1%</td>
<td>0.3%</td>
<td>0.2%</td>
</tr>
<tr>
<td>Total cases</td>
<td>2,158</td>
<td>2,786</td>
<td>283</td>
<td>334</td>
<td>695</td>
<td>1,419</td>
<td>1,160</td>
<td>66,584</td>
</tr>
</tbody>
</table>


### Children at Grade-Level in English Language Arts

Public school students in California are tested in English Language Arts/Literacy (ELA) as part of the California Assessment of Student Performance and Progress (CAASPP) test, beginning in third grade. In service area counties, 39% of Kings County 3rd grade students met or exceeded their grade level in English Language Arts. Among 11th graders (the final year tested), 56% of Stanislaus County students met or exceeded their grade level on the ELA. The rates for all area counties are lower than state rates.

### Children Who Met or Exceeded Grade Level Standard in ELA, by County

<table>
<thead>
<tr>
<th></th>
<th>3rd grade students</th>
<th>11th grade students</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fresno</td>
<td>38%</td>
<td>53%</td>
</tr>
<tr>
<td>Kern</td>
<td>33%</td>
<td>52%</td>
</tr>
<tr>
<td>Kings</td>
<td>39%</td>
<td>47%</td>
</tr>
<tr>
<td>Madera</td>
<td>26%</td>
<td>45%</td>
</tr>
<tr>
<td>Merced</td>
<td>31%</td>
<td>51%</td>
</tr>
<tr>
<td>Stanislaus</td>
<td>32%</td>
<td>56%</td>
</tr>
<tr>
<td>Tulare</td>
<td>31%</td>
<td>52%</td>
</tr>
<tr>
<td>California</td>
<td>42%</td>
<td>59%</td>
</tr>
</tbody>
</table>

Source: California Dept. of Education, CAASPP Test Results, October, 2016. via [http://www.kidsdata.org](http://www.kidsdata.org)
**Educational Attainment**

High school graduation rates are the percentage of high school graduates that graduate four years after starting ninth grade. In service area counties, the high school graduation rate was lowest in Fresno County (80.8%). In Merced County, the graduation rate was 89.2%. Merced County meets the Healthy People 2020 objective for high school graduation of 87%.

**High School Graduation Rate, by County**

<table>
<thead>
<tr>
<th>County</th>
<th>High School Graduation Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fresno</td>
<td>80.8%</td>
</tr>
<tr>
<td>Kern</td>
<td>85.3%</td>
</tr>
<tr>
<td>Kings</td>
<td>82.5%</td>
</tr>
<tr>
<td>Madera</td>
<td>82.3%</td>
</tr>
<tr>
<td>Merced</td>
<td>89.2%</td>
</tr>
<tr>
<td>Stanislaus</td>
<td>84.0%</td>
</tr>
<tr>
<td>Tulare</td>
<td>84.3%</td>
</tr>
<tr>
<td><strong>California</strong></td>
<td><strong>82.7%</strong></td>
</tr>
</tbody>
</table>

Source: [California Department of Education, 2016-2017](http://data1.cde.ca.gov/dataquest/)

**Food Insecurity**

The U.S. Department of Agriculture (USDA) defines food insecurity as limited or uncertain availability of nutritionally adequate foods or uncertain ability to acquire these foods in socially-acceptable ways. Among the population in the service area counties, 14.5% of Fresno County residents experienced food insecurity during the past year. Among children in the counties, 26.7% in Tulare County lived in households that experienced food insecurity at some point in the year. The rate of food insecurity among children was higher in all area counties than in the state.

**Food Insecurity, by County**

<table>
<thead>
<tr>
<th>County</th>
<th>Total population experienced food insecurity during the year</th>
<th>Children experienced food insecurity during the year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fresno</td>
<td>14.5%</td>
<td>26.2%</td>
</tr>
<tr>
<td>Kern</td>
<td>13.6%</td>
<td>25.0%</td>
</tr>
<tr>
<td>Kings</td>
<td>13.6%</td>
<td>24.2%</td>
</tr>
<tr>
<td>Madera</td>
<td>11.4%</td>
<td>23.8%</td>
</tr>
<tr>
<td>Merced</td>
<td>13.2%</td>
<td>25.7%</td>
</tr>
<tr>
<td>Stanislaus</td>
<td>12.3%</td>
<td>21.9%</td>
</tr>
<tr>
<td>Tulare</td>
<td>13.0%</td>
<td>26.7%</td>
</tr>
<tr>
<td><strong>California</strong></td>
<td><strong>11.7%</strong></td>
<td><strong>19.0%</strong></td>
</tr>
</tbody>
</table>

Source: [Feeding America, 2016](https://map.feedingamerica.org/county/2016/overall/california/)
**Free and Reduced Price Meals**

The percentage of students eligible for the free and reduced price school meal program is one indicator of socioeconomic status. Among service area counties, 79.3% of Madera County students were eligible for the free and reduced price meal program, indicating a high level of low-income families. All service area counties showed higher rates of eligibility than the state.

<table>
<thead>
<tr>
<th>Free and Reduced Price Meals Eligibility, by County</th>
<th>Percent Eligible Students</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fresno</td>
<td>74.2%</td>
</tr>
<tr>
<td>Kern</td>
<td>73.6%</td>
</tr>
<tr>
<td>Kings</td>
<td>71.0%</td>
</tr>
<tr>
<td>Madera</td>
<td>79.3%</td>
</tr>
<tr>
<td>Merced</td>
<td>77.7%</td>
</tr>
<tr>
<td>Stanislaus</td>
<td>69.4%</td>
</tr>
<tr>
<td>Tulare</td>
<td>76.5%</td>
</tr>
<tr>
<td><strong>California</strong></td>
<td><strong>60.1%</strong></td>
</tr>
</tbody>
</table>

Source: [California Department of Education, 2017-2018](http://data1.cde.ca.gov/dataquest/)

**Homelessness**

Among children, 3.7% of public school enrollees in Kern County were recorded as being homeless at some point during the 2015-2016 school year. This is the highest percentage among service area counties, but it is lower than the state rate (4.4%).

<table>
<thead>
<tr>
<th>Public School Children, Homeless at Some Point during Year, by County</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fresno</td>
<td>2.8%</td>
</tr>
<tr>
<td>Kern</td>
<td>3.7%</td>
</tr>
<tr>
<td>Kings</td>
<td>2.6%</td>
</tr>
<tr>
<td>Madera</td>
<td>1.9%</td>
</tr>
<tr>
<td>Merced</td>
<td>2.8%</td>
</tr>
<tr>
<td>Stanislaus</td>
<td>3.2%</td>
</tr>
<tr>
<td>Tulare</td>
<td>3.2%</td>
</tr>
<tr>
<td><strong>California</strong></td>
<td><strong>4.4%</strong></td>
</tr>
</tbody>
</table>

Source: California Dept. of Education, Coordinated School Health and Safety Office custom tabulation & California Basic Educational Data System (May 2017) via kidsdata.org
**Parks, Playgrounds and Open Spaces**

65% of Madera County children, ages 1-17 years, were reported to live within walking distance to a park, playground or open space. In Tulare County, 71.4% of children visited a park, playground or open space in the past month.

### Access to and Utilization of Parks, Playgrounds and Open Space, by County

<table>
<thead>
<tr>
<th>County</th>
<th>Lives in walking distance to park, playground or open space</th>
<th>Visited park, playground or open space in past month, ages 1 to 17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fresno</td>
<td>79.8%</td>
<td>78.7%</td>
</tr>
<tr>
<td>Kern</td>
<td>88.7%</td>
<td>80.1%</td>
</tr>
<tr>
<td>Kings</td>
<td>83.0%</td>
<td>77.9%</td>
</tr>
<tr>
<td>Madera</td>
<td>65.0%</td>
<td>78.7%</td>
</tr>
<tr>
<td>Merced</td>
<td>81.3%</td>
<td>81.4%</td>
</tr>
<tr>
<td>Stanislaus</td>
<td>87.1%</td>
<td>86.9%</td>
</tr>
<tr>
<td>Tulare</td>
<td>74.0%</td>
<td>71.4%</td>
</tr>
<tr>
<td>California</td>
<td>88.0%</td>
<td>84.6%</td>
</tr>
</tbody>
</table>

Source: California Health Interview Survey, 2012-2016; [http://ask.chis.ucla.edu/](http://ask.chis.ucla.edu/)

### Poverty

The Census Bureau annually updates official poverty population statistics. For 2016, the federal poverty level (FPL) was an annual income of $11,880 for one person and $24,300 for a family of four.

Among residents of the service area counties, poverty rates range from 18.2% in Stanislaus County to 28.3% in Tulare County. Low-income rates (200% of FPL or below) in the service area range from 42.1% in Stanislaus County to 54.8% in Tulare County. All service area county poverty rates are higher than California poverty rates.

### Ratio of Income to Poverty Level, by County

<table>
<thead>
<tr>
<th>County</th>
<th>Below 100% Poverty</th>
<th>Below 200% Poverty</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fresno</td>
<td>26.9%</td>
<td>50.2%</td>
</tr>
<tr>
<td>Kern</td>
<td>23.1%</td>
<td>47.7%</td>
</tr>
<tr>
<td>Kings</td>
<td>21.6%</td>
<td>48.6%</td>
</tr>
<tr>
<td>Madera</td>
<td>22.1%</td>
<td>49.5%</td>
</tr>
<tr>
<td>Merced</td>
<td>24.2%</td>
<td>52.7%</td>
</tr>
<tr>
<td>Stanislaus</td>
<td>18.2%</td>
<td>42.1%</td>
</tr>
<tr>
<td>Tulare</td>
<td>28.3%</td>
<td>54.8%</td>
</tr>
<tr>
<td>California</td>
<td>15.8%</td>
<td>35.2%</td>
</tr>
</tbody>
</table>

Among service area counties, Fresno County (38.7%) has the highest rate of children, under age 18, living in poverty. 14.2% of Tulare County seniors are living in poverty. Among females who are head of household (HoH) with children, 55.5% in Merced County are living in poverty.

### Poverty Levels of Children, Seniors, and Female Head of Household with Children, by County

<table>
<thead>
<tr>
<th></th>
<th>Children Under 18 Years Old</th>
<th>Seniors</th>
<th>Female HoH, with Children*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fresno</td>
<td>38.7%</td>
<td>12.5%</td>
<td>54.0%</td>
</tr>
<tr>
<td>Kern</td>
<td>32.4%</td>
<td>11.8%</td>
<td>53.7%</td>
</tr>
<tr>
<td>Kings</td>
<td>29.8%</td>
<td>10.9%</td>
<td>44.2%</td>
</tr>
<tr>
<td>Madera</td>
<td>32.1%</td>
<td>11.6%</td>
<td>50.3%</td>
</tr>
<tr>
<td>Merced</td>
<td>35.0%</td>
<td>11.3%</td>
<td>55.5%</td>
</tr>
<tr>
<td>Stanislaus</td>
<td>24.6%</td>
<td>10.4%</td>
<td>44.0%</td>
</tr>
<tr>
<td>Tulare</td>
<td>38.3%</td>
<td>14.2%</td>
<td>52.1%</td>
</tr>
<tr>
<td>California</td>
<td>21.9%</td>
<td>10.3%</td>
<td>37.5%</td>
</tr>
</tbody>
</table>


### Preschool Enrollment

The percentage of 3 and 4 year olds enrolled in preschool in service area counties ranged from 29.3% in Madera County to 44.7% in Merced County. These rates are lower than the state rate (48.6%).

### Children, 3 and 4 Years of Age, Enrolled in Preschool, by County

<table>
<thead>
<tr>
<th></th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fresno</td>
<td>37.4%</td>
</tr>
<tr>
<td>Kern</td>
<td>35.5%</td>
</tr>
<tr>
<td>Kings</td>
<td>36.3%</td>
</tr>
<tr>
<td>Madera</td>
<td>29.3%</td>
</tr>
<tr>
<td>Merced</td>
<td>44.7%</td>
</tr>
<tr>
<td>Stanislaus</td>
<td>39.7%</td>
</tr>
<tr>
<td>Tulare</td>
<td>37.1%</td>
</tr>
<tr>
<td>California</td>
<td>48.6%</td>
</tr>
</tbody>
</table>


### Public Program Participation

Among service area counties, 53.9% of Kings County low-income residents (< 200% of the FPL) are not able to afford food. 41.4% of Tulare County resident who earn ≤300% of the FPL utilize food stamps. 60.8% of children, ages 6 and under, in Merced County have parents who access WIC benefits, and 21.1% of Merced County residents participate in TANF/CalWorks.
### Public Program Participation, by County

<table>
<thead>
<tr>
<th>County</th>
<th>Not able to afford food (&lt;200% FPL)</th>
<th>Food stamp recipients (&lt;300% FPL)</th>
<th>WIC usage among children, 6 and under**</th>
<th>TANF/CalWorks recipients**</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fresno</td>
<td>50.7%</td>
<td>38.8%</td>
<td>48.4%</td>
<td>15.2%</td>
</tr>
<tr>
<td>Kern</td>
<td>42.0%</td>
<td>18.2%</td>
<td>47.8%</td>
<td>9.8%</td>
</tr>
<tr>
<td>Kings</td>
<td>53.9%</td>
<td>31.4%</td>
<td>42.6%</td>
<td>9.7%*</td>
</tr>
<tr>
<td>Madera</td>
<td>33.9%</td>
<td>34.0%</td>
<td>49.7%</td>
<td>11.5%*</td>
</tr>
<tr>
<td>Merced</td>
<td>41.4%</td>
<td>29.0%</td>
<td>60.8%</td>
<td>21.1%</td>
</tr>
<tr>
<td>Stanislaus</td>
<td>46.0%</td>
<td>22.0%</td>
<td>42.1%</td>
<td>7.9%*</td>
</tr>
<tr>
<td>Tulare</td>
<td>44.8%</td>
<td>41.4%</td>
<td>41.9%</td>
<td>17.0%</td>
</tr>
<tr>
<td>California</td>
<td>43.8%</td>
<td>22.6%</td>
<td>44.7%</td>
<td>8.5%</td>
</tr>
</tbody>
</table>


### Reading to Children

Adults with children in their care, ages 0 to 5, were asked whether the children were read to daily by family members in a typical week. 45.1% of adults interviewed in Tulare County, and 45.7% in Merced County, responded yes to this question. Of area counties, Fresno County had a high percentage of homes with daily reading (72.3%).

### Children Who Were Read to Daily by a Parent or Family Member, by County

<table>
<thead>
<tr>
<th>County</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fresno</td>
<td>72.3%</td>
</tr>
<tr>
<td>Kern</td>
<td>55.8%</td>
</tr>
<tr>
<td>Kings</td>
<td>52.6%</td>
</tr>
<tr>
<td>Madera</td>
<td>56.2%</td>
</tr>
<tr>
<td>Merced</td>
<td>45.7%</td>
</tr>
<tr>
<td>Stanislaus</td>
<td>54.6%</td>
</tr>
<tr>
<td>Tulare</td>
<td>45.1%</td>
</tr>
<tr>
<td>California</td>
<td>63.4%</td>
</tr>
</tbody>
</table>

HEALTH CARE ACCESS

**Dental Care**

21.7% of children in Stanislaus County and 21.4% of Fresno County children had never been to a dentist. 10.4% of children, ages 3-11, in Merced County needed dental care but did not get it in the past year. In service area counties, there were no teens that had not been to the dentist.

**Delay of Dental Care among Children and Teens**

<table>
<thead>
<tr>
<th></th>
<th>Children, Ages 3-11</th>
<th>Teens</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Never been</td>
<td>Been, &lt; 6 months to 2 years</td>
<td>Needed but didn't get care, past year**</td>
</tr>
<tr>
<td>Fresno</td>
<td>21.4%</td>
<td>77.0%*</td>
<td>5.7%*</td>
</tr>
<tr>
<td>Kern</td>
<td>15.6%</td>
<td>83.9%*</td>
<td>2.8%*</td>
</tr>
<tr>
<td>Kings</td>
<td>11.6%*</td>
<td>87.6%*</td>
<td>0.3%*</td>
</tr>
<tr>
<td>Madera</td>
<td>15.2%*</td>
<td>84.8%*</td>
<td>0.2%*</td>
</tr>
<tr>
<td>Merced</td>
<td>13.8%*</td>
<td>86.0%*</td>
<td>10.4%*</td>
</tr>
<tr>
<td>Stanislaus</td>
<td>21.7%*</td>
<td>77.6%*</td>
<td>0.6%*</td>
</tr>
<tr>
<td>Tulare</td>
<td>8.9%*</td>
<td>91.2%*</td>
<td>2.5%*</td>
</tr>
</tbody>
</table>


*Statistically unstable due to sample size.

**Health Insurance Coverage**

Health insurance coverage is a key component to accessing health care. The Healthy People 2020 objective is for 100% insurance coverage for all population groups. Health insurance coverage ranges from 85.1% in Tulare County to 88.5% in Stanislaus County. Insurance coverage is higher among children than adults.

**Health Insurance Coverage, by County**

<table>
<thead>
<tr>
<th></th>
<th>All Ages</th>
<th>0 to 17</th>
<th>18 to 64</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fresno</td>
<td>85.8%</td>
<td>95.4%</td>
<td>78.8%</td>
</tr>
<tr>
<td>Kern</td>
<td>86.7%</td>
<td>94.6%</td>
<td>80.6%</td>
</tr>
<tr>
<td>Kings</td>
<td>87.3%</td>
<td>93.9%</td>
<td>81.8%</td>
</tr>
<tr>
<td>Madera</td>
<td>85.7%</td>
<td>93.9%</td>
<td>78.5%</td>
</tr>
<tr>
<td>Merced</td>
<td>87.0%</td>
<td>95.6%</td>
<td>80.6%</td>
</tr>
<tr>
<td>Stanislaus</td>
<td>88.5%</td>
<td>95.9%</td>
<td>83.1%</td>
</tr>
<tr>
<td>Tulare</td>
<td>85.1%</td>
<td>94.7%</td>
<td>77.6%</td>
</tr>
<tr>
<td>Fresno</td>
<td>85.8%</td>
<td>95.4%</td>
<td>78.8%</td>
</tr>
<tr>
<td>California</td>
<td>87.4%</td>
<td>94.6%</td>
<td>82.4%</td>
</tr>
</tbody>
</table>

**Lack of Care Due to Cost**

In Kern County, 2.4% of children delayed or did not get care within the prior 12 months due to cost or lack of insurance; 2.8% of children in Merced County, whose care was delayed for any reason (not just cost or insurance), ultimately did not receive care. 9.2% of Madera County children had prescriptions that were delayed or unfilled in the past 12 months.

<table>
<thead>
<tr>
<th>Child’s care delayed or foregone due to cost or lack of insurance</th>
<th>Child forewent care</th>
<th>Child’s prescription medication delayed or unfilled**</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fresno</td>
<td>1.3%*</td>
<td>1.8%*</td>
</tr>
<tr>
<td>Kern</td>
<td>2.4%*</td>
<td>1.3%*</td>
</tr>
<tr>
<td>Kings</td>
<td>1.2%*</td>
<td>1.6%*</td>
</tr>
<tr>
<td>Madera</td>
<td>0.9%*</td>
<td>1.0%*</td>
</tr>
<tr>
<td>Merced</td>
<td>1.8%*</td>
<td>2.8%*</td>
</tr>
<tr>
<td>Stanislaus</td>
<td>1.9%*</td>
<td>1.5%*</td>
</tr>
<tr>
<td>Tulare</td>
<td>0.6%*</td>
<td>0.7%*</td>
</tr>
<tr>
<td><strong>California</strong></td>
<td><strong>1.7%</strong></td>
<td><strong>1.3%</strong></td>
</tr>
</tbody>
</table>


**Sources of Care**

Access to a medical home and a primary care provider improve continuity of care and decrease unnecessary emergency room visits. Seniors were the most likely to have a usual source of care, and adults, ages 18 to 64, were the least likely to have a usual source of care.

<table>
<thead>
<tr>
<th>Usual Source of Care, by County</th>
<th>Ages 0-17</th>
<th>Ages 18-64</th>
<th>Ages 65+</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fresno</td>
<td>90.5%</td>
<td>76.9%</td>
<td>95.5%*</td>
</tr>
<tr>
<td>Kern</td>
<td>92.8%</td>
<td>82.7%</td>
<td>93.9%*</td>
</tr>
<tr>
<td>Kings</td>
<td>87.6%*</td>
<td>83.7%</td>
<td>93.0%*</td>
</tr>
<tr>
<td>Madera</td>
<td>93.0%*</td>
<td>78.0%</td>
<td>92.1%*</td>
</tr>
<tr>
<td>Merced</td>
<td>92.0%*</td>
<td>78.4%</td>
<td>92.7%*</td>
</tr>
<tr>
<td>Stanislaus</td>
<td>79.5%</td>
<td>78.6%</td>
<td>95.6%*</td>
</tr>
<tr>
<td>Tulare</td>
<td>94.8%*</td>
<td>77.9%</td>
<td>88.9%*</td>
</tr>
<tr>
<td><strong>California</strong></td>
<td><strong>91.5%</strong></td>
<td><strong>82.2%</strong></td>
<td><strong>94.5%</strong></td>
</tr>
</tbody>
</table>

Source: California Health Interview Survey, 2012-2016. [http://ask.chis.ucla.edu/](http://ask.chis.ucla.edu/) *Statistically unstable due to sample size
The ratio of county populations to health care providers indicates fewer primary care physicians, dentists, and mental health providers for the populations of all seven service area counties when compared to California. Madera County has the fewest providers as a ratio of the population and Stanislaus County has the most providers as a ratio of the population.

**Ratio of Population to Health Care Providers, by County**

<table>
<thead>
<tr>
<th></th>
<th>Primary Care Physicians</th>
<th>Dentists</th>
<th>Mental health providers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fresno</td>
<td>1,530:1</td>
<td>1,690:1</td>
<td>340:1</td>
</tr>
<tr>
<td>Kern</td>
<td>2,040:1</td>
<td>2,120:1</td>
<td>610:1</td>
</tr>
<tr>
<td>Kings</td>
<td>2,430:1</td>
<td>1,740:1</td>
<td>540:1</td>
</tr>
<tr>
<td>Madera</td>
<td>2,500:1</td>
<td>2,310:1</td>
<td>700:1</td>
</tr>
<tr>
<td>Merced</td>
<td>2,150:1</td>
<td>2,280:1</td>
<td>720:1</td>
</tr>
<tr>
<td>Stanislaus</td>
<td>1,530:1</td>
<td>1,640:1</td>
<td>550:1</td>
</tr>
<tr>
<td>Tulare</td>
<td>2,310:1</td>
<td>2,000:1</td>
<td>420:1</td>
</tr>
<tr>
<td><strong>California</strong></td>
<td><strong>1,280:1</strong></td>
<td><strong>1,210:1</strong></td>
<td><strong>320:1</strong></td>
</tr>
</tbody>
</table>

BIRTH CHARACTERISTICS

Births
Between 2015 and 2017, there was an average of 52,185 births per year in the seven county service area.

Births, 2015-2017 Average, by County

<table>
<thead>
<tr>
<th>County</th>
<th>Average Annual Births</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fresno</td>
<td>15,012.7</td>
</tr>
<tr>
<td>Kern</td>
<td>13,603.0</td>
</tr>
<tr>
<td>Kings</td>
<td>2,299.3</td>
</tr>
<tr>
<td>Madera</td>
<td>2,233.3</td>
</tr>
<tr>
<td>Merced</td>
<td>4,141.3</td>
</tr>
<tr>
<td>Stanislaus</td>
<td>7,666.0</td>
</tr>
<tr>
<td>Tulare</td>
<td>7,229.7</td>
</tr>
<tr>
<td><strong>All service area counties</strong></td>
<td><strong>52,185.3</strong></td>
</tr>
<tr>
<td><strong>California</strong></td>
<td><strong>484,130.7</strong></td>
</tr>
</tbody>
</table>

Source: California Department of Public Health, County Health Status Profiles, 2019. [https://www.cdph.ca.gov/Programs/CHSI/Pages/County-Health-Status-Profiles.aspx](https://www.cdph.ca.gov/Programs/CHSI/Pages/County-Health-Status-Profiles.aspx)

Breastfeeding
The Healthy People 2020 objective is for 81.9% of infants to be breastfed. Data on breastfeeding are collected by hospitals on the Newborn Screening Test Form. Breastfeeding rates in service area counties ranged from 88.4% in Fresno County to 91.7% in Merced County. 56.2% of mothers in Tulare County and 71.6% of mothers in Fresno County used breastfeeding exclusively.

In-Hospital Breastfeeding, by County

<table>
<thead>
<tr>
<th>County</th>
<th>Any Breastfeeding</th>
<th>Exclusive Breastfeeding</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number</td>
<td>Percent</td>
</tr>
<tr>
<td>Fresno</td>
<td>11,525</td>
<td>88.4%</td>
</tr>
<tr>
<td>Kern</td>
<td>10,470</td>
<td>89.8%</td>
</tr>
<tr>
<td>Kings</td>
<td>1,887</td>
<td>90.5%</td>
</tr>
<tr>
<td>Madera</td>
<td>1,682</td>
<td>90.9%</td>
</tr>
<tr>
<td>Merced</td>
<td>3,381</td>
<td>91.7%</td>
</tr>
<tr>
<td>Stanislaus</td>
<td>5,865</td>
<td>88.5%</td>
</tr>
<tr>
<td>Tulare</td>
<td>5,585</td>
<td>91.1%</td>
</tr>
<tr>
<td><strong>California</strong></td>
<td><strong>390,082</strong></td>
<td><strong>94.0%</strong></td>
</tr>
</tbody>
</table>

Source: California Department of Public Health, Breastfeeding Hospital of Occurrence, 2017 [https://www.cdph.ca.gov/Programs/CFH/DMCAH/Breastfeeding/Pages/In-Hospital-Breastfeeding-Initiation-Data.aspx](https://www.cdph.ca.gov/Programs/CFH/DMCAH/Breastfeeding/Pages/In-Hospital-Breastfeeding-Initiation-Data.aspx)
There are ethnic/racial differences noted in breastfeeding rates of mothers who live in the service area counties. In Fresno, Kings, and Tulare counties, White mothers have higher rates of breastfeeding. In Kern and Madera counties, Asian mothers have higher rates of breastfeeding and in Merced and Stanislaus Counties, Hispanic mothers have higher rates of breastfeeding.

### In-Hospital Breastfeeding, by Race/Ethnicity of Mother, by County

<table>
<thead>
<tr>
<th>County</th>
<th>Any Breastfeeding</th>
<th>Exclusive Breastfeeding</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Asian (%)</td>
<td>Latino/Hispanic (%)</td>
</tr>
<tr>
<td>Fresno</td>
<td>78.1%</td>
<td>90.2%</td>
</tr>
<tr>
<td>Kern</td>
<td>95.6%</td>
<td>90.7%</td>
</tr>
<tr>
<td>Kings</td>
<td>89.2%</td>
<td>89.1%</td>
</tr>
<tr>
<td>Madera</td>
<td>96.2%</td>
<td>89.5%</td>
</tr>
<tr>
<td>Merced</td>
<td>84.1%</td>
<td>93.6%</td>
</tr>
<tr>
<td>Stanislaus</td>
<td>87.1%</td>
<td>89.0%</td>
</tr>
<tr>
<td>Tulare</td>
<td>83.9%</td>
<td>91.4%</td>
</tr>
<tr>
<td>California</td>
<td>95.1%</td>
<td>93.7%</td>
</tr>
</tbody>
</table>

Source: California Department of Public Health, Breastfeeding Hospital of Occurrence, 2017. [https://www.cdph.ca.gov/Programs/CFH/DMCAH/Breastfeeding/Pages/In-Hospital-Breastfeeding-Initiation-Data.aspx](https://www.cdph.ca.gov/Programs/CFH/DMCAH/Breastfeeding/Pages/In-Hospital-Breastfeeding-Initiation-Data.aspx)

### Infant Mortality

The infant (less than one year of age) mortality rate in the service area counties ranged from 4.0 deaths per 1,000 live births in Merced County to 6.8 per 1,000 live births in Fresno County. The Healthy People 2020 objective is 6.0 deaths per 1,000 births.

### Infant Death Rate, 2014-2016 Average, Rate per 1,000 Live Births, by County

<table>
<thead>
<tr>
<th>County</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fresno</td>
<td>6.8</td>
</tr>
<tr>
<td>Kern</td>
<td>6.1</td>
</tr>
<tr>
<td>Kings</td>
<td>&lt;6.0**</td>
</tr>
<tr>
<td>Madera</td>
<td>5.2*</td>
</tr>
<tr>
<td>Merced</td>
<td>4.0</td>
</tr>
<tr>
<td>Stanislaus</td>
<td>5.1</td>
</tr>
<tr>
<td>Tulare</td>
<td>6.2</td>
</tr>
<tr>
<td>California</td>
<td>4.4</td>
</tr>
</tbody>
</table>

Source: California Department of Public Health, County Health Status Profiles, 2019. [https://www.cdph.ca.gov/Programs/CHSI/Pages/County-Health-Status-Profiles.aspx](https://www.cdph.ca.gov/Programs/CHSI/Pages/County-Health-Status-Profiles.aspx) *Statistically unstable **Exact rate suppressed due to 10 or fewer death.
**Low Birth Weight**

Low birth weight is a negative birth indicator. Babies born at a low birth weight are at higher risk for disease and disability. Low birth weight babies ranged from 6.4% in Madera and Merced Counties to 7.5% in Kern County. The Healthy People 2020 objective is 7.8% of low birth weight births.

### Low Birth Weight (Under 2,500g), 2015-2017 Average, by County

<table>
<thead>
<tr>
<th>County</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fresno</td>
<td>7.3%</td>
</tr>
<tr>
<td>Kern</td>
<td>7.5%</td>
</tr>
<tr>
<td>Kings</td>
<td>6.5%</td>
</tr>
<tr>
<td>Madera</td>
<td>6.4%</td>
</tr>
<tr>
<td>Merced</td>
<td>6.4%</td>
</tr>
<tr>
<td>Stanislaus</td>
<td>6.7%</td>
</tr>
<tr>
<td>Tulare</td>
<td>7.0%</td>
</tr>
<tr>
<td>California</td>
<td>6.9%</td>
</tr>
</tbody>
</table>

*Source: California Department of Public Health, County Health Status Profiles, 2019. [https://www.cdph.ca.gov/Programs/CHSI/Pages/County-Health-Status-Profiles.aspx]*

**Premature Birth**

Premature births are births that occur before the 38th week of pregnancy. Fresno County (94.6 per 1,000 live births), Kings County (93.9 per 1,000 live births), Tulare County (93.7 per 1,000 live births) and Merced County (86.4 per 1,000 live births) have higher premature birth rates than the state (84.9 per 1,000 live births).

### Premature Birth (Before 38th Week), by County, Annual Average 2014-2017, Rate per 1,000 Live Births

<table>
<thead>
<tr>
<th>County</th>
<th>Number</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fresno</td>
<td>5,758</td>
<td>94.6</td>
</tr>
<tr>
<td>Kern</td>
<td>5,117</td>
<td>93.0</td>
</tr>
<tr>
<td>Kings</td>
<td>868</td>
<td>93.9</td>
</tr>
<tr>
<td>Madera</td>
<td>718</td>
<td>79.7</td>
</tr>
<tr>
<td>Merced</td>
<td>1,433</td>
<td>86.4</td>
</tr>
<tr>
<td>Stanislaus</td>
<td>2,531</td>
<td>82.9</td>
</tr>
<tr>
<td>Tulare</td>
<td>2,747</td>
<td>93.7</td>
</tr>
<tr>
<td>California</td>
<td>166,000</td>
<td>84.9</td>
</tr>
</tbody>
</table>

**Prenatal Care**

Pregnant women in the service area counties entered prenatal care on time (in the first trimester) at rates that ranged from 67.5% in Merced County to 88% in Fresno County. The Healthy People 2020 objective is for 77.9% of pregnant women to enter prenatal care in the first trimester.

**On-Time Entry (1st Trimester) into Prenatal Care, 2015-2017 Average, by County**

<table>
<thead>
<tr>
<th>County</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fresno</td>
<td>88.0%</td>
</tr>
<tr>
<td>Kern</td>
<td>77.2%</td>
</tr>
<tr>
<td>Kings</td>
<td>71.1%</td>
</tr>
<tr>
<td>Madera</td>
<td>75.1%</td>
</tr>
<tr>
<td>Merced</td>
<td>67.5%</td>
</tr>
<tr>
<td>Stanislaus</td>
<td>80.8%</td>
</tr>
<tr>
<td>Tulare</td>
<td>73.4%</td>
</tr>
<tr>
<td><strong>California</strong></td>
<td><strong>83.3%</strong></td>
</tr>
</tbody>
</table>

*Source: California Department of Public Health, County Health Status Profiles, 2019. [https://www.cdph.ca.gov/Programs/CHSI/Pages/County-Health-Status-Profiles.aspx](https://www.cdph.ca.gov/Programs/CHSI/Pages/County-Health-Status-Profiles.aspx)*

**Teen Births**

Teen births occurred at a higher rate in service area counties than in the state (15.7 births per 1,000 girls, ages 15 to 19). Tulare County had a teen birth rate of 32.5 per 1,000 girls, ages 15 to 19.

**Births to Teen Mothers, Rate per 1,000 Girls, Ages 15 to 19, by County**

<table>
<thead>
<tr>
<th>County</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fresno</td>
<td>26.5</td>
</tr>
<tr>
<td>Kern</td>
<td>31.7</td>
</tr>
<tr>
<td>Kings</td>
<td>30.4</td>
</tr>
<tr>
<td>Madera</td>
<td>31.5</td>
</tr>
<tr>
<td>Merced</td>
<td>26.0</td>
</tr>
<tr>
<td>Stanislaus</td>
<td>22.1</td>
</tr>
<tr>
<td>Tulare</td>
<td>32.5</td>
</tr>
<tr>
<td><strong>California</strong></td>
<td><strong>15.7</strong></td>
</tr>
</tbody>
</table>

*Source: California Department of Public Health, County Health Status Profiles, 2019. [https://www.cdph.ca.gov/Programs/CHSI/Pages/County-Health-Status-Profiles.aspx](https://www.cdph.ca.gov/Programs/CHSI/Pages/County-Health-Status-Profiles.aspx)*
ACUTE AND CHRONIC CONDITIONS

Asthma

In Kings County, 22.8% of the population and 29.6% of children, ages 0-17, have been diagnosed with asthma. Among service area counties, Fresno County has the highest rate of persons visiting the ER because of asthma (16.6%) and the highest rate of children visiting the ER because of asthma (28.9%).

<table>
<thead>
<tr>
<th></th>
<th>Ever diagnosed, total pop.</th>
<th>Ever diagnosed, ages 0-17</th>
<th>ER/Urgent Care visit for, past year, total pop.</th>
<th>ER/Urgent Care visit for, past year, ages 0-17</th>
<th>Take daily med, total pop.</th>
<th>Take daily med, ages 0-17</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fresno</td>
<td>18.5%</td>
<td>20.9%</td>
<td>16.6%</td>
<td>28.9%</td>
<td>53.4%</td>
<td>52.1%</td>
</tr>
<tr>
<td>Kern</td>
<td>17.4%</td>
<td>20.4%</td>
<td>10.9%*</td>
<td>16.2%*</td>
<td>41.7%</td>
<td>22.3%*</td>
</tr>
<tr>
<td>Kings</td>
<td>22.8%</td>
<td>29.6%</td>
<td>11.5%*</td>
<td>8.1%*</td>
<td>62.1%</td>
<td>53.9%</td>
</tr>
<tr>
<td>Madera</td>
<td>16.0%</td>
<td>21.3%</td>
<td>9.8%*</td>
<td>14.7%*</td>
<td>61.1%</td>
<td>54.5%*</td>
</tr>
<tr>
<td>Merced</td>
<td>18.7%</td>
<td>23.5%</td>
<td>9.7%*</td>
<td>13.3%*</td>
<td>41.3%</td>
<td>35.5%*</td>
</tr>
<tr>
<td>Stanislaus</td>
<td>17.1%</td>
<td>17.3%</td>
<td>9.3%*</td>
<td>5.2%*</td>
<td>43.8%</td>
<td>45.7%*</td>
</tr>
<tr>
<td>Tulare</td>
<td>14.6%</td>
<td>10.1%</td>
<td>9.2%*</td>
<td>5.5%*</td>
<td>55.1%</td>
<td>46.4%</td>
</tr>
<tr>
<td>California</td>
<td>14.4%</td>
<td>15.0%</td>
<td>12.2%</td>
<td>16.9%</td>
<td>45.1%</td>
<td>40.5%</td>
</tr>
</tbody>
</table>

Source: California Health Interview Survey, 2012-2016. [http://ask.chis.ucla.edu](http://ask.chis.ucla.edu) *Statistically unstable due to sample size

Hospitalization Rates by Diagnoses

At Valley Children’s Hospital, the top five primary diagnoses resulting in hospitalization were respiratory system, perinatal, and digestive system disorders, injuries/poisonings, and birth defects.

**Hospitalization Rates by Principal Diagnosis, Top Ten Causes**

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>Valley Children’s Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>Respiratory system</td>
<td>21.4%</td>
</tr>
<tr>
<td>Perinatal disorders</td>
<td>12.0%</td>
</tr>
<tr>
<td>Digestive system</td>
<td>10.7%</td>
</tr>
<tr>
<td>Injuries/poisonings</td>
<td>8.9%</td>
</tr>
<tr>
<td>Birth defects</td>
<td>6.5%</td>
</tr>
<tr>
<td>Nervous system (including eye and ear disorders)</td>
<td>6.1%</td>
</tr>
<tr>
<td>Infections</td>
<td>5.2%</td>
</tr>
<tr>
<td>Endocrine diseases</td>
<td>4.0%</td>
</tr>
<tr>
<td>Genitourinary system</td>
<td>3.9%</td>
</tr>
<tr>
<td>Musculoskeletal system</td>
<td>3.3%</td>
</tr>
</tbody>
</table>

Source: Healthy Communities Institute, California Office of Statewide Health Planning and Development, 2017. [http://report.oshpd.ca.gov/?DID=PID&RID=Facility_Summary_Report_Hospital_Inpatient](http://report.oshpd.ca.gov/?DID=PID&RID=Facility_Summary_Report_Hospital_Inpatient)
Unintentional Injuries
The top causes of unintentional, non-fatal injuries among children nationwide are falls, motor vehicle accidents and being struck by an object. In counties where there were fewer than 20 hospital discharges for non-fatal unintentional injuries per age group, data was suppressed. Among service area counties, Fresno County has the highest rates of hospitalizations for children under age 1 and ages 1 to 4. Madera County has the highest rate of unintentional injury hospitalizations for children ages 5-12. Kern County has the highest rate of unintentional injury hospitalizations for children ages 13 to 15 and Stanislaus County has the highest rate of unintentional injury hospitalizations for youth ages 16 to 20.

Unintentional Injury Hospitalizations, Rate per 100,000 Children

<table>
<thead>
<tr>
<th></th>
<th>Under Age 1</th>
<th>Ages 1 – 4</th>
<th>Ages 5 - 12</th>
<th>Ages 13 - 15</th>
<th>Ages 16 – 20</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fresno</td>
<td>358.8</td>
<td>269.5</td>
<td>138.8</td>
<td>148.1</td>
<td>193.3</td>
</tr>
<tr>
<td>Kern</td>
<td>295.8</td>
<td>238.9</td>
<td>111.2</td>
<td>164.7</td>
<td>217.2</td>
</tr>
<tr>
<td>Kings</td>
<td>*</td>
<td>*</td>
<td>*</td>
<td>*</td>
<td>188.5</td>
</tr>
<tr>
<td>Madera</td>
<td>*</td>
<td>*</td>
<td>165.1</td>
<td>*</td>
<td>196.3</td>
</tr>
<tr>
<td>Merced</td>
<td>*</td>
<td>135.7</td>
<td>79.4</td>
<td>*</td>
<td>176.3</td>
</tr>
<tr>
<td>Stanislaus</td>
<td>309.0</td>
<td>133.1</td>
<td>78.0</td>
<td>132.6</td>
<td>251.0</td>
</tr>
<tr>
<td>Tulare</td>
<td>*</td>
<td>118.8</td>
<td>60.8</td>
<td>107.1</td>
<td>225.4</td>
</tr>
<tr>
<td>California</td>
<td>**248.4</td>
<td>**212.2</td>
<td>**118.1</td>
<td>**151.7</td>
<td>**222.2</td>
</tr>
</tbody>
</table>

HEALTH BEHAVIORS

Adequate Fruit and Vegetable Consumption

In Merced County, 23.2% of children and 10.8% of teens ate five or more servings of fruit and vegetables daily (excluding juice and potatoes). In Stanislaus County, 34.7% of children and in Madera County, 33.1% of teens ate five or more servings of fruit and vegetables daily (excluding juice and potatoes).

Five or More Servings of Fruit and Vegetables, Daily, by County

<table>
<thead>
<tr>
<th>County</th>
<th>Children</th>
<th>Teens</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fresno</td>
<td>34.2%</td>
<td>18.1%</td>
</tr>
<tr>
<td>Kern</td>
<td>31.9%</td>
<td>20.6%</td>
</tr>
<tr>
<td>Kings</td>
<td>23.2%*</td>
<td>16.6%*</td>
</tr>
<tr>
<td>Madera</td>
<td>23.8%</td>
<td>33.1%*</td>
</tr>
<tr>
<td>Merced</td>
<td>23.2%</td>
<td>10.8%*</td>
</tr>
<tr>
<td>Stanislaus</td>
<td>34.7%</td>
<td>13.6%*</td>
</tr>
<tr>
<td>Tulare</td>
<td>26.0%</td>
<td>16.5%*</td>
</tr>
<tr>
<td>California</td>
<td>32.2%</td>
<td>24.0%</td>
</tr>
</tbody>
</table>


Aerobic Capacity/Physical Activity

One of the components of the physical fitness test (PFT) for students is measurement of aerobic capacity through run and walk tests. 52.1% of Stanislaus County and 65.9% of Madera County 5th graders met the ‘Healthy Fitness Zone’ of aerobic capacity. Area ninth graders performed worse in four of the seven counties, ranging from 51.5% of 9th graders in Madera County to 68% in Kern County testing in the Healthy Fitness Zone.

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

<table>
<thead>
<tr>
<th>County</th>
<th>Fifth Grade</th>
<th>Ninth Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fresno</td>
<td>60.0%</td>
<td>58.5%</td>
</tr>
<tr>
<td>Kern</td>
<td>56.6%</td>
<td>68.0%</td>
</tr>
<tr>
<td>Kings</td>
<td>53.9%</td>
<td>55.3%</td>
</tr>
<tr>
<td>Madera</td>
<td>65.9%</td>
<td>51.5%</td>
</tr>
<tr>
<td>Merced</td>
<td>60.2%</td>
<td>47.4%</td>
</tr>
<tr>
<td>Stanislaus</td>
<td>52.1%</td>
<td>53.4%</td>
</tr>
<tr>
<td>Tulare</td>
<td>55.4%</td>
<td>53.8%</td>
</tr>
<tr>
<td>California</td>
<td>62.0%</td>
<td>61.9%</td>
</tr>
</tbody>
</table>

17.1% of Madera county children and teens spent over five hours in sedentary activities after school on a typical weekday. 8.9% of Kern County children and teens spent 8 hours or more a day on sedentary activities on weekend days.

**Sedentary Activities, Children and Teens**

<table>
<thead>
<tr>
<th></th>
<th>5+ hours spent on sedentary activities after school on a typical weekday</th>
<th>8+ hours spent on sedentary activities on a typical weekend day</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fresno</td>
<td>15.7%*</td>
<td>6.0%</td>
</tr>
<tr>
<td>Kern</td>
<td>15.2%*</td>
<td>8.9%</td>
</tr>
<tr>
<td>Kings</td>
<td>7.7%*</td>
<td>2.9%*</td>
</tr>
<tr>
<td>Madera</td>
<td>17.1%*</td>
<td>8.6%*</td>
</tr>
<tr>
<td>Merced</td>
<td>13.2%*</td>
<td>7.3%*</td>
</tr>
<tr>
<td>Stanislaus</td>
<td>16.2%*</td>
<td>8.6%*</td>
</tr>
<tr>
<td>Tulare</td>
<td>5.9%*</td>
<td>8.7%*</td>
</tr>
<tr>
<td><strong>California</strong></td>
<td><strong>13.0%</strong></td>
<td><strong>8.2%</strong></td>
</tr>
</tbody>
</table>


Among Stanislaus County children, 9.9% did not engage in any physical activity other than PE, for at least one hour a day in the past week. Teens were asked about their activity in a typical week, and 14.6% of Kern County teens had not been active for at least one hour a day other than PE.

**Sedentary Children and Teens**

<table>
<thead>
<tr>
<th></th>
<th>Children</th>
<th>Teens</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No physical activity in past week</td>
<td>No physical activity in a typical week</td>
</tr>
<tr>
<td>Fresno</td>
<td>9.5%*</td>
<td>12.2%*</td>
</tr>
<tr>
<td>Kern</td>
<td>9.0%*</td>
<td>14.6%*</td>
</tr>
<tr>
<td>Kings</td>
<td>4.1%*</td>
<td>6.5%*</td>
</tr>
<tr>
<td>Madera</td>
<td>9.8%*</td>
<td>9.2%*</td>
</tr>
<tr>
<td>Merced</td>
<td>8.9%*</td>
<td>9.8%*</td>
</tr>
<tr>
<td>Stanislaus</td>
<td>9.9%*</td>
<td>2.4%*</td>
</tr>
<tr>
<td>Tulare</td>
<td>5.4%*</td>
<td>8.1%*</td>
</tr>
<tr>
<td><strong>California</strong></td>
<td><strong>8.0%</strong></td>
<td><strong>10.2%</strong></td>
</tr>
</tbody>
</table>

**Fast Food**

Adults, ages 18-64, consumed fast food at higher rates than children or seniors. Kings County had the highest rate of fast food consumption among service area counties.

### Fast Food Consumption, Three or More Times a Week, by County

<table>
<thead>
<tr>
<th>County</th>
<th>Adults, Ages 18-64</th>
<th>Children, Ages 0-17</th>
<th>Seniors, Ages 65+</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fresno</td>
<td>28.1%</td>
<td>24.7%*</td>
<td>13.5%</td>
</tr>
<tr>
<td>Kern</td>
<td>28.5%</td>
<td>24.0%*</td>
<td>12.5%</td>
</tr>
<tr>
<td>Kings</td>
<td>29.6%</td>
<td>25.0%*</td>
<td>17.9%*</td>
</tr>
<tr>
<td>Madera</td>
<td>26.3%*</td>
<td>17.3%*</td>
<td>10.0%*</td>
</tr>
<tr>
<td>Merced</td>
<td>19.3%</td>
<td>17.1%*</td>
<td>16.6%*</td>
</tr>
<tr>
<td>Stanislaus</td>
<td>28.8%</td>
<td>17.4%*</td>
<td>12.4%*</td>
</tr>
<tr>
<td>Tulare</td>
<td>29.2%</td>
<td>17.2%*</td>
<td>12.8%*</td>
</tr>
<tr>
<td><strong>California</strong></td>
<td><strong>25.5%</strong></td>
<td><strong>18.7%</strong></td>
<td><strong>11.0%</strong></td>
</tr>
</tbody>
</table>


*Statistically unstable due to sample size.

**Overweight and Obesity**

In the seven-county service area, Kings County has the highest rate of overweight adults (37.7%). Madera County has the highest rate of overweight teens (24.8%) and Kern County has the highest rate of overweight children (23.4%).

### Overweight, by County

<table>
<thead>
<tr>
<th>County</th>
<th>Adult (18+ years)</th>
<th>Teen (ages 12-17)</th>
<th>Child (under 12)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fresno</td>
<td>34.7%</td>
<td>14.3%</td>
<td>17.5%</td>
</tr>
<tr>
<td>Kern</td>
<td>34.8%</td>
<td>21.6%*</td>
<td>23.4%</td>
</tr>
<tr>
<td>Kings</td>
<td>37.7%</td>
<td>20.1%*</td>
<td>16.4%</td>
</tr>
<tr>
<td>Madera</td>
<td>35.7%</td>
<td>24.8%*</td>
<td>9.0%*</td>
</tr>
<tr>
<td>Merced</td>
<td>34.9%</td>
<td>15.7%*</td>
<td>19.2%</td>
</tr>
<tr>
<td>Stanislaus</td>
<td>37.5%</td>
<td>17.8%*</td>
<td>12.7%*</td>
</tr>
<tr>
<td>Tulare</td>
<td>36.8%</td>
<td>19.7%*</td>
<td>14.8%*</td>
</tr>
<tr>
<td><strong>California</strong></td>
<td><strong>35.2%</strong></td>
<td><strong>17.2%</strong></td>
<td><strong>13.7%</strong></td>
</tr>
</tbody>
</table>

*Source: California Health Interview Survey, 2012-2016. [http://ask.chis.ucla.edu/]*

*Statistically unstable due to sample size.

The Healthy People 2020 objectives for obesity are 30.5% of adults, aged 20 and over, and 16.1% of teens. All area counties exceed the Healthy People 2020 objective for obese adults. Only Stanislaus County meets the rate for obese teens (15%).
**Obesity* by County**

<table>
<thead>
<tr>
<th>County</th>
<th>Adults (20+ years)</th>
<th>Teens (ages 12-17)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fresno</td>
<td>36.9%</td>
<td>25.4%</td>
</tr>
<tr>
<td>Kern</td>
<td>40.7%</td>
<td>20.6%</td>
</tr>
<tr>
<td>Kings</td>
<td>41.7%</td>
<td>21.8%</td>
</tr>
<tr>
<td>Madera</td>
<td>34.2%</td>
<td>21.9%</td>
</tr>
<tr>
<td>Merced</td>
<td>34.6%</td>
<td>23.5%</td>
</tr>
<tr>
<td>Stanislaus</td>
<td>35.2%</td>
<td>15.0%</td>
</tr>
<tr>
<td>Tulare</td>
<td>34.7%</td>
<td>30.2%</td>
</tr>
<tr>
<td>California</td>
<td><strong>26.8%</strong></td>
<td><strong>16.8%</strong></td>
</tr>
</tbody>
</table>


*30+ BMI for adults; top 5% of BMI percentiles for teens.

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

In service area counties, the percentage of 5th grade students who tested as body composition needing improvement or at health risk ranged from 31.4% in Madera County to 47.6% in Merced County. Among 7th grade students, rates ranged from 33.4% in Madera County to 48.5% in Kings County tested as needing improvement or were at health risk. By 9th grade there was a slight improvement in the percentage of overweight students in several counties. Rates ranged from 39.2% in Kings County to 45.5% in Merced County of 9th graders at risk or needing improvement.

**Body Composition, ‘Needs Improvement’ and ‘Health Risk’, by School Grade, by County**

<table>
<thead>
<tr>
<th></th>
<th>Fifth Grade</th>
<th></th>
<th>Seventh Grade</th>
<th></th>
<th>Ninth Grade</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Needs Improvement</td>
<td>Health Risk</td>
<td>Needs Improvement</td>
<td>Health Risk</td>
<td>Needs Improvement</td>
<td>Health Risk</td>
</tr>
<tr>
<td>Fresno</td>
<td>19.9%</td>
<td>24.4%</td>
<td>19.8%</td>
<td>24.2%</td>
<td>20.1%</td>
<td>23.1%</td>
</tr>
<tr>
<td>Kern</td>
<td>20.9%</td>
<td>24.4%</td>
<td>21.1%</td>
<td>24.5%</td>
<td>21.3%</td>
<td>22.0%</td>
</tr>
<tr>
<td>Kings</td>
<td>18.5%</td>
<td>26.7%</td>
<td>25.4%</td>
<td>23.1%</td>
<td>22.2%</td>
<td>17.0%</td>
</tr>
<tr>
<td>Madera</td>
<td>24.4%</td>
<td>7.0%</td>
<td>25.5%</td>
<td>7.9%</td>
<td>29.8%</td>
<td>9.5%</td>
</tr>
<tr>
<td>Merced</td>
<td>20.4%</td>
<td>27.2%</td>
<td>20.3%</td>
<td>24.4%</td>
<td>21.1%</td>
<td>24.4%</td>
</tr>
<tr>
<td>Stanislaus</td>
<td>20.1%</td>
<td>25.0%</td>
<td>18.8%</td>
<td>22.5%</td>
<td>19.6%</td>
<td>22.9%</td>
</tr>
<tr>
<td>Tulare</td>
<td>20.0%</td>
<td>27.0%</td>
<td>20.7%</td>
<td>26.1%</td>
<td>20.5%</td>
<td>23.8%</td>
</tr>
<tr>
<td>California</td>
<td><strong>19.2%</strong></td>
<td><strong>21.5%</strong></td>
<td><strong>19.1%</strong></td>
<td><strong>19.6%</strong></td>
<td><strong>19.2%</strong></td>
<td><strong>18.0%</strong></td>
</tr>
</tbody>
</table>

Source: California Department of Education, Fitnessgram Physical Fitness Testing Results, 2016-2017. [https://data1.cde.ca.gov/dataquest/](https://data1.cde.ca.gov/dataquest/)
**Soda/Sugar-Sweetened Beverage (SSB) Consumption**

14.4% of children in Kern County consumed at least two glasses of non-diet soda the previous day, and 19.8% in Madera County consumed at least two glasses of a sugary drink other than soda the previous day. 21.4% of adults in Tulare County consumed non-diet sodas at high rates (7+ times per week).

**Soda or Sweetened Drink Consumption, by County**

<table>
<thead>
<tr>
<th></th>
<th>Children and Teens</th>
<th>Adults</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Drank at least 2</td>
<td>Drank non-</td>
</tr>
<tr>
<td></td>
<td>glasses non-diet</td>
<td>diet soda</td>
</tr>
<tr>
<td></td>
<td>soda yesterday</td>
<td>at least 7</td>
</tr>
<tr>
<td></td>
<td></td>
<td>times weekly</td>
</tr>
<tr>
<td>Fresno</td>
<td>9.7%*</td>
<td>11.6%*</td>
</tr>
<tr>
<td>Kern</td>
<td>14.4%</td>
<td>8.6%*</td>
</tr>
<tr>
<td>Kings</td>
<td>13.5%*</td>
<td>8.2%*</td>
</tr>
<tr>
<td>Madera</td>
<td>4.2%*</td>
<td>19.8%*</td>
</tr>
<tr>
<td>Merced</td>
<td>4.9%*</td>
<td>7.8%*</td>
</tr>
<tr>
<td>Stanislaus</td>
<td>7.3%*</td>
<td>8.7%*</td>
</tr>
<tr>
<td>Tulare</td>
<td>13.0%*</td>
<td>18.6%*</td>
</tr>
<tr>
<td>California</td>
<td><strong>5.3%</strong></td>
<td><strong>9.1%</strong></td>
</tr>
</tbody>
</table>

Source: California Health Interview Survey, 2013-2017 [http://ask.chis.ucla.edu](http://ask.chis.ucla.edu) *Statistically unstable due to sample size*
MENTAL HEALTH

Mental Health Care Access

25.1% of Kern County teens needed help for emotional or mental health problems in the past year, and 18.3% of Kings County teens had received psychological or emotional counseling in the past year.

<table>
<thead>
<tr>
<th>Teens Who Tried to Access Mental Health Care in the Past Year, by County</th>
<th>Needed help for emotional or mental health problems in the past year</th>
<th>Received psychological or emotional counseling in the past year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fresno</td>
<td>25.1%</td>
<td>15.0%</td>
</tr>
<tr>
<td>Kern</td>
<td>19.7%*</td>
<td>10.9%*</td>
</tr>
<tr>
<td>Kings</td>
<td>21.8%*</td>
<td>18.3%*</td>
</tr>
<tr>
<td>Madera</td>
<td>18.4%*</td>
<td>11.5%*</td>
</tr>
<tr>
<td>Merced</td>
<td>24.1%*</td>
<td>0.6%*</td>
</tr>
<tr>
<td>Stanislaus</td>
<td>18.7%*</td>
<td>6.8%*</td>
</tr>
<tr>
<td>Tulare</td>
<td>13.4%*</td>
<td>19.2%</td>
</tr>
<tr>
<td>California</td>
<td>19.6%</td>
<td>11.3%</td>
</tr>
</tbody>
</table>

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

Student Access to Support Personnel

The ratio of students in public schools to school support personnel was higher in Kern, Stanislaus and Tulare Counties than in California. Among service area counties, Tulare County had the most students per nurse (2,994:1), the most students per psychologist (1,714:1) and the most students per special education personnel (1,322:1). Kings County had the most students per speech/language/hearing specialist (4,954:1). Stanislaus County had the most students per counselor (1,089:1).

<table>
<thead>
<tr>
<th>Student Access to Support Personnel, Ratio of Students to Personnel, 2017, by County</th>
<th>Social Worker</th>
<th>Nurse</th>
<th>Psychologist</th>
<th>Speech/language/hearing specialist</th>
<th>Special education/other personnel</th>
<th>Counselor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fresno</td>
<td>12,775:1</td>
<td>1,844:1</td>
<td>991:1</td>
<td>1,026:1</td>
<td>785:1</td>
<td>844:1</td>
</tr>
<tr>
<td>Kern</td>
<td>59,181:1</td>
<td>2,358:1</td>
<td>1,249:1</td>
<td>1,208:1</td>
<td>1,033:1</td>
<td>937:1</td>
</tr>
<tr>
<td>Kings</td>
<td>N/A</td>
<td>1,926:1</td>
<td>1,080:1</td>
<td>4,954:1</td>
<td>1,087:1</td>
<td>777:1</td>
</tr>
<tr>
<td>Madera</td>
<td>None</td>
<td>1,692:1</td>
<td>1,334:1</td>
<td>1,311:1</td>
<td>1,033:1</td>
<td>554:1</td>
</tr>
<tr>
<td>Merced</td>
<td>None</td>
<td>2,224:1</td>
<td>1,159:1</td>
<td>1,827:1</td>
<td>879:1</td>
<td>719:1</td>
</tr>
<tr>
<td>Stanislaus</td>
<td>None</td>
<td>2,580:1</td>
<td>1,708:1</td>
<td>2,268:1</td>
<td>846:1</td>
<td>1,089:1</td>
</tr>
<tr>
<td>Tulare</td>
<td>51,800:1</td>
<td>2,994:1</td>
<td>1,714:1</td>
<td>2,525:1</td>
<td>1,322:1</td>
<td>968:1</td>
</tr>
<tr>
<td>California</td>
<td>9,277:1</td>
<td>2,502:1</td>
<td>1,124:1</td>
<td>1,181:1</td>
<td>1,001:1</td>
<td>681:1</td>
</tr>
</tbody>
</table>

Source: California Dept. of Education, Staff Assignment and Course Data (March 2018) and DataQuest (May 2017) via [http://www.kidsdata.org] N/A = Suppressed due to more than zero but fewer than 1 full-time employee of that type.
**Suicide**

In 2015, there were 55 youth suicides in the service area counties. The rate of youth suicide (15 to 24 years of age) was 11.5 per 100,000 youth in Kern County and 10.5 per 100,000 youth in Tulare County.

### Youth Suicides, Number in 2015, and Rate from 2013-2015, per 100,000 Youth, by County

<table>
<thead>
<tr>
<th></th>
<th>Ages, 5 to 14</th>
<th>Ages, 15 to 19</th>
<th>Ages, 20 to 24</th>
<th>2015 Total Number Ages, 5 to 24</th>
<th>2013-2015 Rate Ages, 15 to 24 only</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fresno</td>
<td>1</td>
<td>8</td>
<td>10</td>
<td>19</td>
<td>7.4</td>
</tr>
<tr>
<td>Kern</td>
<td>0</td>
<td>4</td>
<td>5</td>
<td>9</td>
<td>11.5</td>
</tr>
<tr>
<td>Kings</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>N/A</td>
</tr>
<tr>
<td>Madera</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>N/A</td>
</tr>
<tr>
<td>Merced</td>
<td>0</td>
<td>2</td>
<td>2</td>
<td>4</td>
<td>N/A</td>
</tr>
<tr>
<td>Stanislaus</td>
<td>0</td>
<td>2</td>
<td>6</td>
<td>8</td>
<td>8.4</td>
</tr>
<tr>
<td>Tulare</td>
<td>1</td>
<td>5</td>
<td>5</td>
<td>11</td>
<td>10.5</td>
</tr>
<tr>
<td><strong>California</strong></td>
<td><strong>23</strong></td>
<td><strong>171</strong></td>
<td><strong>301</strong></td>
<td><strong>495</strong></td>
<td><strong>7.9</strong></td>
</tr>
</tbody>
</table>

Source: California Dept. of Public Health, Death Statistical Master Files, CDC WONDER Online Database, 2015 or * 2013-2015. via [http://www.kidsdata.org](http://www.kidsdata.org)  N/A = Suppressed due to fewer than 20 youth suicides.
SUBSTANCE USE AND MISUSE

**Alcohol**
Binge drinking is defined as consuming a certain amount of alcohol within a set period of time. For males, this is five or more drinks per occasion and for females, it is four or more drinks per occasion. Over half of county 11th graders had tried alcohol. 18.8% of Tulare County 11th graders and 18.7% of Merced County 11th graders had experienced binge drinking in the past month.

### Teen Binge Drinking, and Teen Alcohol Experience, by County

<table>
<thead>
<tr>
<th></th>
<th>Binge Drinking, Past Month</th>
<th>Ever Tried Alcohol</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>7th Grade</td>
<td>11th Grade</td>
</tr>
<tr>
<td>Fresno</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Kern</td>
<td>2.9%</td>
<td>N/A</td>
</tr>
<tr>
<td>Kings</td>
<td>3.7%</td>
<td>15.0%</td>
</tr>
<tr>
<td>Madera</td>
<td>7.4%</td>
<td>16.9%</td>
</tr>
<tr>
<td>Merced</td>
<td>2.1%</td>
<td>18.7%</td>
</tr>
<tr>
<td>Stanislaus</td>
<td>3.0%</td>
<td>17.2%</td>
</tr>
<tr>
<td>Tulare</td>
<td>4.3%</td>
<td>18.8%</td>
</tr>
<tr>
<td><strong>California</strong></td>
<td><strong>2.6%</strong></td>
<td><strong>15.7%</strong></td>
</tr>
</tbody>
</table>


**Cigarette Smoking**
Madera County had the highest rates of cigarette use among 7th and 11th grade teens, among those service area counties for which data were available.

### Teen Smoking, and Teen Smoking Experience, by County

<table>
<thead>
<tr>
<th></th>
<th>Cigarette Use, Past Month</th>
<th>Ever Tried Cigarettes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>7th Grade</td>
<td>11th Grade</td>
</tr>
<tr>
<td>Fresno</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Kern</td>
<td>2.4%</td>
<td>N/A</td>
</tr>
<tr>
<td>Kings</td>
<td>4.1%</td>
<td>8.6%</td>
</tr>
<tr>
<td>Madera</td>
<td>7.2%</td>
<td>11.2%</td>
</tr>
<tr>
<td>Merced</td>
<td>1.5%</td>
<td>5.5%</td>
</tr>
<tr>
<td>Stanislaus</td>
<td>2.0%</td>
<td>4.0%</td>
</tr>
<tr>
<td>Tulare</td>
<td>4.1%</td>
<td>7.4%</td>
</tr>
<tr>
<td><strong>California</strong></td>
<td><strong>2.0%</strong></td>
<td><strong>6.7%</strong></td>
</tr>
</tbody>
</table>

**Marijuana Use, Youth**

Marijuana use ranged from 7.3% of 7th graders in Merced County to 17% of 7th graders in Madera County. 91.5% of Madera County 7th graders did not use marijuana in the prior 30-day period, the lowest percentage of abstinence among service area counties.

### Marijuana Use, 7th Grade Teens, by County

<table>
<thead>
<tr>
<th></th>
<th>Ever Tried</th>
<th>Days used in past 30 days</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>0</td>
</tr>
<tr>
<td>Fresno</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Kern</td>
<td>7.4%</td>
<td>96.1%</td>
</tr>
<tr>
<td>Kings</td>
<td>9.6%</td>
<td>93.4%</td>
</tr>
<tr>
<td>Madera</td>
<td>17.0%</td>
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</tr>
<tr>
<td>Merced</td>
<td>7.3%</td>
<td>96.1%</td>
</tr>
<tr>
<td>Stanislaus</td>
<td>7.6%</td>
<td>95.6%</td>
</tr>
<tr>
<td>Tulare</td>
<td>11.7%</td>
<td>94.2%</td>
</tr>
<tr>
<td>California</td>
<td>7.2%</td>
<td>95.8%</td>
</tr>
</tbody>
</table>


**Vaping**

E-Cigarette smoking, also known as vaping, is generally higher among Merced County 7th and 11th graders. One exception is that 37.6% of Kings County 11th graders had tried an e-cigarette.

### Teen E-Cigarette Smoking, and Teen E-Cigarette Experience, by County

<table>
<thead>
<tr>
<th></th>
<th>E-Cigarette Use, Past Month</th>
<th>E-Cigarette Experience, by County</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>7th Grade</td>
<td>11th Grade</td>
</tr>
<tr>
<td>Fresno</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Kern</td>
<td>6.7%</td>
<td>N/A</td>
</tr>
<tr>
<td>Kings</td>
<td>9.1%</td>
<td>15.7%</td>
</tr>
<tr>
<td>Madera</td>
<td>11.3%</td>
<td>19.2%</td>
</tr>
<tr>
<td>Merced</td>
<td>5.8%</td>
<td>11.5%</td>
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<tr>
<td>Stanislaus</td>
<td>7.5%</td>
<td>14.2%</td>
</tr>
<tr>
<td>Tulare</td>
<td>9.5%</td>
<td>15.9%</td>
</tr>
<tr>
<td>California</td>
<td>7.4%</td>
<td>13.7%</td>
</tr>
</tbody>
</table>

PREVENTIVE PRACTICES

Immunization of Children

Among area counties, rates of compliance with childhood immunizations upon entry into Kindergarten ranged from 92.3% in Kern County to 97.6% in Tulare County.

Up-to-Date Immunization Rates of Children Entering Kindergarten, 2017-2018, by County*

<table>
<thead>
<tr>
<th></th>
<th>Immunization Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fresno</td>
<td>95.6%</td>
</tr>
<tr>
<td>Kern</td>
<td>92.3%</td>
</tr>
<tr>
<td>Kings</td>
<td>97.1%</td>
</tr>
<tr>
<td>Madera</td>
<td>95.6%</td>
</tr>
<tr>
<td>Merced</td>
<td>96.5%</td>
</tr>
<tr>
<td>Stanislaus</td>
<td>95.4%</td>
</tr>
<tr>
<td>Tulare</td>
<td>97.6%</td>
</tr>
<tr>
<td><strong>California</strong></td>
<td><strong>94.9%</strong></td>
</tr>
</tbody>
</table>

Source: California Department of Public Health, Immunization Branch, 2017-2018. *For those schools where data were not suppressed due privacy concerns over small numbers.

https://data.chhs.ca.gov/dataset/school-immunizations-in-kindergarten-by-academic-year
EVALUATION OF IMPACT

Valley Children’s Hospital developed and approved an Implementation Strategy to address significant health needs identified in the 2016 Community Health Needs Assessment. The hospital addressed: access to care, chronic disease prevention, infant health, mental health, and violence and injury prevention through a commitment of community benefit programs and charitable resources.

To accomplish the Implementation Strategy, goals were established that indicated the expected changes in the health needs as a result of community programs and education. Strategies to address the priority health needs were identified and measures tracked. The following section outlines the health needs addressed since the completion of the 2016 CHNA.

**Access to Care**

**Enrollment in Health Insurance**

Valley Children’s provided enrollment assistance to uninsured and under-insured patients who qualified for Medi-Cal, California Children’s Services Program or Valley Children’s Financial Assistance Program. Once eligibility was determined, Valley Children’s staff assisted families with completing necessary applications and submitting them to the appropriate agencies.

**Clinical Partnerships**

Valley Children’s Clinical Partnership Program brings together institutions focused on enhancing neonatal and pediatric care, regardless of whether the ill or injured child becomes a Valley Children’s patient. This effort helps prevent children from being transferred or referred unnecessarily to Valley Children’s and helps identify when a child needs advanced pediatric care. The goals of the Clinical Partnership Program include providing: enhanced, coordinated care, more care delivered closer to home, and improved quality and confidence in providing pediatric care. In 2017, Valley Children’s supported 10 clinical partnerships. In 2018, Valley Children’s supported 13 inpatient clinical partners and two outpatient clinical partners.

**Meeting the Needs of Medically Complex Children**

Valley Children’s recognizes the critical role that community-based providers and organizations play in meeting the needs of medically complex children and is committed to making sure they have the clinical skills to take care of this patient population. Valley Children’s provided significant outreach and education for community-based organizations and providers to make sure they have the clinical expertise needed to care for medically complex children, including children with tracheostomies and ventilators.
**Transportation**
Given the Central Valley's largely rural landscape and high concentration of poverty, transportation has long been a challenge for many families. Valley Children’s continued to work with the community to improve public transportation and increase access to care by providing gas cards, taxi vouchers, Amtrak tickets and bus tokens. Valley Children's also subsidized bus and other public transit services from the City of Fresno and Kings County.

**Chronic Disease Prevention**

**Health Care Literacy**
Valley Children’s provided access to online educational information via the Health Encyclopedia link on its website. The Health Encyclopedia contains thousands of pages of information on pediatric diseases, conditions and treatments, as well as sections on how to keep kids healthy. The encyclopedia is available in English and Spanish.

**Communities for Healthy Kids**
In 2017, Valley Children’s initiated conversations with community stakeholders for the purpose of developing a regional agenda that measurably improves the health and wellbeing of children by reducing and preventing childhood obesity through collaboration, education and advocacy. In 2018, Valley Children’s formally developed a regional approach to reducing the childhood obesity epidemic in the Central Valley. The Communities for Healthy Kids initiative is a multi-sector partnership between health care providers, health plans, schools, community-based organizations, public health departments and the agriculture industry to increase access to and consumption of healthy foods and beverages and to increase opportunities for and participation in physical activity. The purpose of this effort is to align and support existing partnerships across Fresno, Madera and Kings Counties in an effort to reduce childhood obesity in the Central Valley through education, advocacy and the coordinated implementation of identified strategies.

Furthermore, Valley Children’s has identified food insecurity as a critical social determinant of health that impacts the health and wellbeing of our patients and families. Children who are food insecure lack access to affordable and healthy foods, which leads to adverse health outcomes, including increased obesity rates. To support this effort, Valley Children’s launched a pilot project at one of its community-based primary care pediatric practices. Providers at the practice screen their patients for food insecurity. If assessed to be “at-risk,” patients are connected to nutrition programs and emergency food resources.

Additional support included the following activities:
- Valley Children’s convened a continuing medical education event on Childhood Obesity Prevention for community providers in Fresno, Madera, Merced, Kings and Tulare.
Valley Children’s served on the Steering Committee for the Fresno County Health Improvement Partnership, co-chaired the Fresno County Diabetes Collaborative and participated in the Live Well Madera County Diabetes and Obesity Workgroup, the Kings County Diabesity Coalition and the Tulare County Diabetes and Obesity Workgroup.

Infant Health
Valley Children’s participated in initiatives that supported the healthy development of children, during pregnancy and into the first 3-5 years of life. Examples included the following:

- **Fresno County Pre-Term Birth Initiative** – Fresno County has one of California’s highest rates of premature birth with 1 out of every 9 babies born too early. Premature birth can cause serious physical and mental disabilities, or even death, before the baby’s first birthday. Over a 10-year period, the Fresno County Pre-Term Birth Initiative has worked to improve the health of Fresno mothers and reduce the rate of premature babies. Using an approach called Collective Impact, partners across many sectors have come together to create change in Fresno County. Valley Children’s has been an active participant in this initiative, with Valley Children’s Senior Vice President for Community Engagement and Population Wellness serving as chair of the Initiative’s Steering Committee.

- **Cradle to Career** – Fresno and Stanislaus Counties have begun formal Cradle to Career initiatives for the purpose of convening public and private sector stakeholders to work together to improve outcomes for children in their communities, from pre-conception to college and/or vocational training. Valley Children’s participates in both initiatives and has been a strong voice for the inclusion of outcomes and indicators focused on child health and wellness.

- **Help Me Grow Fresno County** – Help Me Grow is a coordinated system of early identification and referral for children, ages 0-5, who are at risk for developmental delays. In FY2018, Valley Children’s supported the implementation of Help Me Grow in its pediatric primary care practices in Fresno County by promoting the use of a specific developmental assessment and screening tool that is part of the Help Me Grow model.

- **March of Dimes** – Valley Children’s partnered with the March of Dimes to advocate for policies at the state and federal level that promote healthy pregnancies and healthy babies. Additionally, Valley Children’s Director of Community and Government Relations chaired the March of Dimes of California’s Advocacy and Government Affairs Committee in FY2017 and FY2018.

Mental Health
Issues and challenges associated with child and adolescent mental health continued to be a major concern. To help identify potential regional solutions, Valley Children’s supported or
participated in a number of activities. Valley Children’s staff provided teen suicide prevention education to students and staff at area high schools. In February 2017, Valley Children’s hosted a seminar titled “A Discussion on Teen Depression and Suicide Prevention” that drew over 200 attendees from across the Central Valley.

Valley Children’s staff either led or participated in a number of community-based collaboratives focused on preventing child mental illness and/or early identification and treatment of child mental illness. Valley Children’s staff chaired Community Conversations, a 50-member collaborative addressing issues of mental health, homelessness and the impact on families. A number of Valley Children’s staff also served as members of the Fresno Suicide Prevention Collaborative and Madera County Suicide Education and Awareness Collaborative.

**Violence and Injury Prevention**

Valley Children’s operates an Injury Prevention Program to increase community awareness of childhood injuries and measures to decrease their prevalence throughout the region. In 2017, the program recorded 23,367 contacts with children, parents, health care professionals and others at 175 community, media and professional events, covering the following topics: child passenger safety, helmet safety, medication safety, concussion, safe infant sleep, abusive head trauma, suicide prevention, teen depression, poison prevention. In 2018, the program recorded 15,519 contacts with children, parents, health care professionals and others at 184 community, media and professional events, covering the topics: child passenger safety, abusive head trauma, pedestrian safety, safe sleep, traumatic brain injury (helmet safety), Halloween safety, poison prevention, responding to a bleeding emergency, driver safety and awareness (including drunk/distracted driving), baby basics, medication safety, choking prevention, home safety, concussion prevention and management, bicycle safety, pediatric trauma, water safety and suicide prevention.

Valley Children’s also continued its strong focus on water safety through The Kohl’s Water Safety Program – a partnership between Valley Children’s Hospital and Kohl’s Cares. This program provided awareness messaging, educational opportunities and community outreach events to children and families on water safety and drowning prevention. The program aimed to decrease water-related injuries and drowning and improve the health, safety and wellbeing of children.

Valley Children’s distributed 525 bicycle helmets to children and families whose existing helmets did not meet minimum safety standards or who did not have helmets at all.

Valley Children’s conducted safety checks on 561 car seats and distributed 349 car seats to
families whose existing car seats did not meet minimum safety standards or who did not have a car seat and needed one.

**Child Abuse Prevention**
The Guilds of Valley Children’s Hospital Child Abuse Prevention and Treatment Center’s mission is to provide comprehensive services to children, dependent adults and their families through a multidisciplinary, child-friendly program, and to meet the physical and emotional needs of victims of child abuse. The Center’s vision is to be the premier provider in Central California for diagnostic physical abuse assessments, foster care medical clearance examinations and pediatric sexual assault evaluations, including children who have been victims of commercial sexual exploitation. Additionally, the Center’s providers, known as the Child Advocacy Team, regularly testify in both dependency and criminal courts throughout the Valley. The Center is recognized in Central California and around the state as a leader in advocacy, injury prevention, clinical research and academic training.

In 2017, the Center worked closely with law enforcement, county Child Protective Services (CPS) agencies, and district attorneys’ offices in child maltreatment investigations. Collaborative efforts included case consultation and monthly SCAN (Suspect Child Abuse and Neglect) meetings facilitated by the Child Advocacy Clinic in an effort to track, monitor and advocate for the health and safety of at-risk children throughout the Central Valley. The SCAN consists of multidisciplinary members that include physicians, nurse practitioners, nurses, social workers, law enforcement, CPS, attorneys, public health and other individuals and groups.

In 2018, the Center became a member of the Child Advocacy Centers of California, Central Chapter. According to the report “Child Maltreatment 2017,” an estimated 4.1 million referrals involving the suspected maltreatment of about 7.5 million children were made to Child Protective Services (CPS) agencies in the United States in 2017. This is an increase of approximately 91,000 referrals from 2016. In California, an estimated 400,190 suspected child maltreatment reports were completed, of which about 86,700 reports came from Valley Children’s service area.

The Center includes the Child Advocacy Clinic, which operates five days a week and sees approximately 1,000 children each year. Center providers also are available seven days a week, 24 hours a day for emergency coverage. The Center includes an inpatient component that evaluates about 100 children yearly in the pediatric emergency department, acute-care floors and pediatric intensive care unit. These children are evaluated for suspected physical abuse, sexual abuse and neglect. The staff includes child abuse pediatricians, nurse practitioners specialized in child maltreatment, forensic nurses, social workers, forensic interviewers, a Center
Valley Children’s Hospital coordinator, a licensed mental health provider and support staff.

In addition to the clinical services offered by the Center, a Multi-Disciplinary Interviewing Center is also available for victims or witnesses of crimes. Forensic interviewing services are requested by law enforcement and/or CPS. The purpose of the forensic interviewing program component is to reduce the number of interviews and decrease the number of individuals who will talk to the victim. The Center strives to provide a welcoming, child-friendly environment where children/dependent adults can feel safe and be interviewed by a trained professional. There is ongoing collaboration with external community partners and other Hospital services including subspecialty clinics, patient and family services, interpreter services, radiology, diagnostic clinical laboratories, child life services and pastoral care. The Center works closely with law enforcement, CPS and district attorneys’ offices in their investigative efforts of child maltreatment. Collaborative efforts include case consultation and monthly Suspect Child Abuse and Neglect (SCAN) meetings facilitated by our Child Advocacy Clinic in an effort to track, monitor and advocate for the health and safety of at-risk children throughout the Valley. For prevention education, the Center collaborates with internal and external partners to provide education to parents, caregivers, healthcare personnel, teachers and mandated reporters of suspected child maltreatment. These partners include Valley Children’s Trauma Department’s Injury Prevention Team, Safe Kids, Child Abuse Prevention Councils of California, Comprehensive Youth Services, CPS, Exceptional Parents Unlimited, Sexual Assault Response Teams (SART) and county public health departments.

Additionally, on April 6, 2018, the Center hosted a Child Abuse Prevention Conference, which highlighted trending topics in the field of child maltreatment interventions. International and local speakers presented on topics, including: institutional child abuse and its implications for policy change, neurological effects of childhood trauma, how trauma affects bonding and attachment, and internet crimes against children.

**Poison Control**
The Central California Poison Control Center is located on the Valley Children’s campus and received a donation of office space from Valley Children’s. The Center answers calls from throughout the region and provides expert advice and information regarding exposure to potentially harmful substances. The phones are staffed 24 hours a day, 7 days a week. In addition to providing emergency telephone advice regarding poison exposures, the Poison Control Center operates several programs critical to a culturally diverse, agriculturally based community like the Central Valley. The Center has been expressly responsive to the growing and largely underserved Latino population by developing specialized teaching tools and program interventions in Spanish, and providing customized trainings for community health workers in
Spanish. Also, the Center contracts with the State Department of Pesticide Regulation (DPR) to assist physicians in complying with mandatory reporting requirements for pesticide exposures. The Poison Control Center also provides case data and information on the health issues related to pesticide exposure in California.
## APPENDIX 1. COMMUNITY STAKEHOLDERS

### Fresno, Kings, Madera, and Tulare Counties

#### Fresno County Focus Groups

<table>
<thead>
<tr>
<th>Organization</th>
<th>Populations Served</th>
<th>Language</th>
<th>Number of Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centro La Familia</td>
<td>Urban populations - Hispanic/Latino</td>
<td>Spanish</td>
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</tr>
<tr>
<td>Centro La Familia</td>
<td>LGBTQ+</td>
<td>English</td>
<td>9</td>
</tr>
<tr>
<td>Disabled Veterans of America</td>
<td>Disabled veterans</td>
<td>English</td>
<td>9</td>
</tr>
<tr>
<td>Fresno Barrios Unidos</td>
<td>Youth population</td>
<td>English</td>
<td>15</td>
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<tr>
<td>Fresno Housing Authority</td>
<td>Low-income residents: families, seniors, Hispanic/Latino populations, African Americans</td>
<td>English and Spanish</td>
<td>15</td>
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<tr>
<td>Parent Institute for Quality Education</td>
<td>Rural populations - Spanish</td>
<td>Spanish</td>
<td>13</td>
</tr>
<tr>
<td>Poverello House</td>
<td>Homeless</td>
<td>English</td>
<td>15</td>
</tr>
<tr>
<td>The Fresno Center</td>
<td>Southeast Asians</td>
<td>Hmong</td>
<td>15</td>
</tr>
<tr>
<td>West Fresno Family Resource Center</td>
<td>African American women, seniors</td>
<td>English</td>
<td>12</td>
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<tr>
<td>Youth Leadership Institute</td>
<td>Young men of color</td>
<td>English</td>
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#### Kings County Focus Group

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<tr>
<th>Organization</th>
<th>Populations Served</th>
<th>Language</th>
<th>Number of Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adventist Health Medical Office - Home Garden</td>
<td>General community</td>
<td>Spanish</td>
<td>7</td>
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<tr>
<td>Kings Partnership for Prevention</td>
<td>Representation from public health, law enforcement, schools</td>
<td>English</td>
<td>23</td>
</tr>
<tr>
<td>Champions Recovery Program</td>
<td>Persons in recovery for substance use, mental illness, and homelessness</td>
<td>English</td>
<td>12</td>
</tr>
<tr>
<td>Head Start</td>
<td>Parents</td>
<td>English</td>
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### Madera County Focus Groups

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<thead>
<tr>
<th>Organization</th>
<th>Populations Served</th>
<th>Language</th>
<th>Number of Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Camarena Health Centers - Promotoras</td>
<td>General community</td>
<td>Spanish</td>
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<tr>
<td>City of Madera - Senior Services</td>
<td>Seniors</td>
<td>English</td>
<td>10</td>
</tr>
<tr>
<td>First 5 Madera County</td>
<td>Parents</td>
<td>Spanish</td>
<td>4</td>
</tr>
<tr>
<td>Guadalupe Society</td>
<td>Faith-based group</td>
<td>Spanish</td>
<td>15</td>
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<tr>
<td>Glory of Zion Church</td>
<td>African-Americans</td>
<td>English</td>
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### Tulare County Focus Groups

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<th>Organization</th>
<th>Populations Served</th>
<th>Language</th>
<th>Number of Participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Service Education &amp; Training (CSET)</td>
<td>Low-income residents: Hispanic/Latino populations, LGBTQ+</td>
<td>English and Spanish</td>
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<tr>
<td>General/Promotora Group</td>
<td>Low-income residents</td>
<td>Spanish</td>
<td>19</td>
</tr>
<tr>
<td>General Community Group</td>
<td>Low-income residents: farm workers, Hispanic/Latino populations</td>
<td>Spanish</td>
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<tr>
<td>St. Anne’s Church</td>
<td>Faith-based group</td>
<td>English</td>
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<tr>
<td>The Source - LGBT</td>
<td>LGBTQ+ community</td>
<td>English</td>
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### Fresno County Key Informants

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Organization</th>
<th>Sector</th>
</tr>
</thead>
<tbody>
<tr>
<td>Artie Padilla</td>
<td>Director</td>
<td>Every Neighborhood Partnership</td>
<td>Community-Based Organization</td>
</tr>
<tr>
<td>Brian King</td>
<td>Founder/Director</td>
<td>Fresno Equal Opportunity Commission Street Saints</td>
<td>Community-Based Organization</td>
</tr>
<tr>
<td>Colleen Curtis</td>
<td>Executive Director</td>
<td>United Health Centers</td>
<td>Federally Qualified Health Centers</td>
</tr>
<tr>
<td>Cruz Avila</td>
<td>Director</td>
<td>Poverello House/MAPP Point</td>
<td>Community-Based Organization-Homeless populations</td>
</tr>
<tr>
<td>David Pomaville</td>
<td>Director</td>
<td>Fresno County Public Health</td>
<td>Public Health</td>
</tr>
<tr>
<td>Dawan Utecht</td>
<td>Director</td>
<td>Fresno County Dept. Behavioral Health</td>
<td>Public Health</td>
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<tr>
<td>Name</td>
<td>Title</td>
<td>Organization</td>
<td>Sector</td>
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<tr>
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</tr>
<tr>
<td>Gayle Duffy</td>
<td>Executive Director</td>
<td>Children Services Network</td>
<td>Community Based Organization</td>
</tr>
<tr>
<td>George Seese</td>
<td>Past National Commander</td>
<td>Disabled Veterans of Americans</td>
<td>Veterans, Mental Health</td>
</tr>
<tr>
<td>Greg Hund</td>
<td>CEO</td>
<td>CalViva Health Net</td>
<td>Health</td>
</tr>
<tr>
<td>Leoncio Vasquez Santos</td>
<td>Executive Director</td>
<td>Centro Binacional Para el Desarrollo Indigena Oaxaqueno</td>
<td>Community Based Organization</td>
</tr>
<tr>
<td>Melissa Mendes</td>
<td>Career Technical Education Coordinator</td>
<td>Fresno Regional Workforce Development Board</td>
<td>Business</td>
</tr>
<tr>
<td>Pao Yang</td>
<td>Executive Director</td>
<td>The Fresno Center</td>
<td>Community-Based Organization - Southeast Asian refugees (Cambodians, Hmong, Lao, and Vietnamese)</td>
</tr>
<tr>
<td>Shawn Jenkins</td>
<td>Director</td>
<td>West Care</td>
<td>Health - LGBTQ+</td>
</tr>
<tr>
<td>Steve Ramirez</td>
<td>Executive Director</td>
<td>California Health Collaborative</td>
<td>Community-Based Organization - Health</td>
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**Kings County Key Informants**

<table>
<thead>
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<th>Name</th>
<th>Title</th>
<th>Organization</th>
<th>Sector</th>
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</thead>
<tbody>
<tr>
<td>Amy Ward</td>
<td>Chief Executive Officer</td>
<td>Lemoore Chamber of Commerce</td>
<td>Business</td>
</tr>
<tr>
<td>Andrea Kofl</td>
<td>President</td>
<td>Adventist Health</td>
<td>Health Care</td>
</tr>
<tr>
<td>Andrew Cromwell</td>
<td>Executive Pastor</td>
<td>Koinonia Church</td>
<td>Church</td>
</tr>
<tr>
<td>Bobbie Wartson</td>
<td>Executive Director</td>
<td>Kings County Commission on Aging</td>
<td>Community-Based Organization/Seniors</td>
</tr>
<tr>
<td>Darrel Pyle</td>
<td>City Manager</td>
<td>City of Hanford</td>
<td>City</td>
</tr>
<tr>
<td>Dr. Candice Golez</td>
<td>Family Physician</td>
<td>Adventist Health Physicians Network</td>
<td>Health Care</td>
</tr>
<tr>
<td>Joe Neves</td>
<td>Supervisor</td>
<td>Kings County Board of Supervisors</td>
<td>Public Health</td>
</tr>
<tr>
<td>Lisa Lewis</td>
<td>Director</td>
<td>Kings County Department of Behavioral Health</td>
<td>Public Health</td>
</tr>
<tr>
<td>Nanette Villarel</td>
<td>Executive Director</td>
<td>Kings United Way</td>
<td>Non-Profit</td>
</tr>
<tr>
<td>Nina Plata</td>
<td>VP Population Health</td>
<td>Adventist Health</td>
<td>Health Care</td>
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<td>Sector</td>
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<tr>
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</tr>
<tr>
<td>Parker Sever</td>
<td>Chief of Police</td>
<td>Hanford Police Department</td>
<td>Law Enforcement</td>
</tr>
<tr>
<td>Tim Bowers</td>
<td>Superintendent</td>
<td>Kings County Office of Education</td>
<td>District School Board</td>
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</tbody>
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**Madera County Key Informants**

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<thead>
<tr>
<th>Name</th>
<th>Title</th>
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<td>Gloria Medina</td>
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<td>Jay Varney</td>
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<td>Jean Robinson</td>
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<td>Paulo Soares</td>
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**Tulare County Key Informants**

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<td>Brian Poth</td>
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<td>Graciela Soto Perez</td>
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<td>Altura Centers for Health</td>
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<td>Janet Paine</td>
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<td>Jorge Fernandez</td>
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<td>Ryan Gates</td>
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<td>Willy Carillo</td>
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**Kern County Key Informants**

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<td>Ja’Nette Beck</td>
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<tr>
<td>Lamar K. Brandsky</td>
<td>Project Manager</td>
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<tr>
<td>Camila Chavez</td>
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<tr>
<td>Morgan Clayton</td>
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<td>Tel-Tec Security</td>
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<td>Everardo Cobos</td>
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<td>Michelle Corson</td>
<td>Public Relations Officer</td>
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<tr>
<td>Tom Corson</td>
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<td>Wesley Davis</td>
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<td>Tony Dougherty</td>
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<td>Links for Life</td>
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<td>Jessica Janssen</td>
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<td>Reyna Olaguez</td>
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<td>Pritika Ram</td>
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<td>Vision y Compromiso</td>
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<td>Joan Van Alstyne</td>
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**Merced County**

**Merced County Online Key Informant Survey**

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Participation included representatives of the organizations outlined below.

- Merced County Behavioral Health and Recovery Services
- Merced County Department of Public Health
- Merced County Emergency Medical Services Agency
- Merced County Environmental Health
- Merced County Office of Education
**Stanislaus County**

The focus groups engage these populations in Stanislaus County

- Low income
- Hispanic
- Minority
- Veterans
- Seniors
- LGBT
- Spanish-speaking
- Rural
- African American
- Youth
- Homeless

Key informant interviews were conducted with persons who represented these organizations:

- Health Services Agency
- Behavioral Health and Recovery Services
- West Modesto Community Collaborative
- Stanislaus County Law Enforcement
- Golden Valley Health Centers
- Center for Human Services
- Memorial Medical Center
- CSU Stanislaus
APPENDIX 2. COMMUNITY RESOURCES

Community stakeholders and residents identified community resources potentially available to address the identified health needs.

Fresno, Kings, Madera, and Tulare Counties

20/30 Club
ABC30 Fresno Community Advisory Committee, Fresno Advanced Foot Care and Clinical Research Affiliated Physician Practice Alliance for Medical Outreach and Relief Altura Health Clinics Alzheimer’s Association American Cancer Society American Heart Association American Lung Association Amore Foundation Anthem Blue Cross Arya Medical Group Assembly Member Frank Bigalow Avalon Healthcare Bi-Annual Babies First Coordinating Council Binational Health Week of Central California Planning Committee Boy Scouts of America, Troop 257 Bringing Broken Neighborhoods Back To Life (Selma) CA Health Collaborative Cal Viva California Association of Healthcare Leaders California Association of Rural Health Clinics California Breast Feeding Coalition Communication California Health Sciences University California Partnership for the San Joaquin Valley California Safe Teen Driving Committee California State Injury Prevention Collaborative California State University, Fresno California State University, Fresno, University Advisory Board Camarena Health Center Camp Sunshine Dreams Campesinas Unidas Catholic Charities Cedar Creek Retirement Community Central California Blood Center Central California Chapter of the Project Management Institute Central California Perinatal Mental Health Collaborative Central California Women’s Conference Central Valley Farmworker Foundation Central Valley Community Foundation Central Valley Health AKA More than CPR Central Valley Lioness Lions Club Central Valley Opioid Safety Coalition Central Valley Recovery Services Central Valley School Health Advisory Panel Central Valley SPCA Centro La Familia Champions Recovery Systems Child Abuse Prevention Councils Children’s Health and Air Pollution Study for the San Joaquin Valley Chowchilla Chamber of Commerce Chowchilla Skilled Nursing Facility City of Dinuba Parks and Recreation City of Visalia College of Sequoias Community Conversations on Mental Health – Fresno County Community Integrated Work Program Congestive Heart Failure Support Group Congressman Jim Costa Council of Indian Organizations County Pediatric Death Review Teams Cradle to Career Partnership,
Fresno County
Community Service Education & Training (CSET)
Cutler/Orosi Lion’s Club
Dinuba Chamber of Commerce
Dinuba Kiwanis Club
Dinuba Unified School District
Easterseals Central California eClinical Works
El Portal Cancer Center
Episcopal Church of the Saviour Soup Kitchen
Every Neighborhood Partnership
Exceptional Parents Unlimited Family HealthCare Network
Family Services of Tulare County
Fresno Madera Medical Society
First 5 of Madera County
First 5 of Tulare County
FoodLink for Tulare County
Forward Advantage
Fresno and Clovis Rotary Clubs
Fresno Area Hispanic Foundation
Fresno Babies First Breastfeeding Task Force
Fresno Chamber of Commerce
Fresno City College
Fresno Community Health Improvement Partnership (FCHIP)
Fresno Council on Child Abuse Prevention
Fresno County 5150 Task Force
Fresno County Farm Bureau
Fresno County Health Improvement Initiative
Fresno County Health Improvement Partnership
Diabetes Collaborative
Fresno County Office of Education
Fresno County Office of Education Teen Parent Support Collaborative
Fresno County Pre-Term Birth Initiative
Fresno County Sexual Assault Response Team
Fresno County Suicide Prevention Collaborative
Fresno Healthy Communities Access Partners
Fresno Madera Agency on Aging
Fresno Metro Ministries
Fresno Pacific
UniversityFresno Rescue Mission
Fresno State Nursing Student Program
Fresno State Project Management Institute
Goshen Family Resource Center
Greenhill Lions Club
Guadalupe Society
Hands in the Community (Kings/Tulare counties)
Hanford Joint Union High School District
Health Net
Healthy Communities Access Program (HCAP)
Help Me Grow – Fresno and Kern Counties
Hinds Hospice
Hispanic Chamber of Kings and Tulare County
James Irvine Foundation New Leadership Network
KARELink
Kern County Medically Vulnerable Infant Project
Kings Canyon Joint Unified School District (Reedley)
Kings Community Action Organization
Kings County Commission on Aging Council
Kings County Department of Behavioral Health
Kings County Department of Public Health
Kings County Diabesity Coalition
Kings County Multi-Disciplinary Team
Kings County Wellness Bridge
Kings Gospel Missions
Kings Partnership for Prevention
Kings Tulare Homeless Alliance (CoC)
Kings United Way
Kingsview
Kiwanis Club of Madera
Leukemia & Lymphoma Society
Lindsay Family Resource Center
Lindsay Kiwanis Club
Lindsay School District
Lindsay Wellness Center
Live Well Madera County
Live Well Madera County Obesity and Diabesity
Valley Children's Hospital

Team Member
Marjaree Mason Center
Mayor's Community Advisory Board Panel
Model of Care Partnership
Oversight Committee, Fresno County
National Alliance on Mental Illness – Fresno County
OMNI Health Centers
Optimal Hospice
Optimist Club of Visalia
Poverello House
Preterm Birth Collective
Impact Initiative for Fresno County
Proteus Inc.
ProYouth
Quinto Sol De America
RAD-AID (Aid to Tanzania)
Regional Partnership on Childhood Obesity Prevention
Resource Center for Survivors, Fresno County
Rape Crisis Services
Roman Catholic Diocese of Fresno, Health Ministry Office
Rotary Clubs of Madera
Ruiz Foods
Safe Kids Central California
Safe Kids Kings County
Samaritan Center
San Joaquin Valley College
San Joaquin Valley Health Consortium
Self-Help Enterprises
Seventh Day Adventist Church
Shinzen Garden
Soroptimist Club of Madera
St. Mary's Church
Survivors of Suicide Loss – Fresno County
Susan G. Komen Race for the Cure
Suspected Child Abuse & Neglect (SCAN) Teams for Fresno and Madera Counties
Teen Parent Support Program – First 5 Fresno
Terra Bella Unified School District
Tulare County Diabetes Workgroup
Tulare County Early Child Care Centers
Tulare County HHSA
Tulare County Libraries
Tulare County Mobilizing for Action through Partnerships and Programs Committee
Tulare County Office of Education
Tulare County Sexual Assault Response Team
Turning Point of Central California Inc
Unintentional Injury
United Way of Fresno
United Way of Tulare County
University of California Cooperative Extension
Valley Alliance for Latina Leadership Excellence
Valley Children’s Hospital
Valley Teen Ranch
VeeMed
Ventanilla de Salud Program, Mexican Consulate Fresno
VEP Healthcare
Vida Sana Health Clinic
Visalia Emergency Aid
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| Dental care         | National Health Services, Inc.  
Omni Family Health  
Ridgecrest Community Medical and Dental Center Delano  
Community Health Center  
Shafter Community Medical and Dental Clinic  
Taft Medical and Dental Center |
| Economic insecurity | America’s Job Center  
California Rural Legal Assistance  
Catholic Charities  
Center on Race  
CityServe  
Community Action Partnership of Kern  
Garden Pathways  
Jakara Movement  
Kern County Homeless Collaborative  
Kern County STEAM Hub  
Kern Economic Development Corporation  
Kern Education Justice Collaborative  
Kern Family Foundation  
Leadership Counsel - Justice and Accountability for All  
Poverty & the Environment. Operation School Bell Assistance League  
South Kern Sol African American Network of Kern County, Inc.  
United Way |
| Environmental pollution | American Lung Association,  
Central Valley Air Coalition  
Kern County Air Quality Index |
| Food insecurity     | Catholic Charities  
Catholic Charities  
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<td>The David J. Riordan’s Hobie House</td>
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**Stanislaus County**

- Center for Human Services
- El Concilio
- Elected officials
- Government agencies
- Health care facilities
- Law Enforcement
- Non-profits/faith-based organizations
- Parks, trails and other physical space throughout the county
- Promatoras
- Sierra Vista
- West Modesto King Kennedy Collaborative