Adventist Health Tehachapi Valley

2019 Community Health Needs Assessment

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Executive Summary

Adventist Health Tehachapi Valley

Collaborating to achieve whole-person health in our communities

Adventist Health Tehachapi Valley invites you to partner with us to help improve the health and wellbeing of our community. Whole-person health—optimal wellbeing in mind, body and spirit—reflects our heritage and guides our future. Adventist Health Tehachapi Valley is part of Adventist Health, a faith-based, nonprofit health system serving more than 75 communities in California, Hawaii, Oregon and Washington. Community has always been at the center of Adventist Health's mission—living God's love by inspiring health, wholeness and hope.

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

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

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

Partnering with our communities for better health

While conducting the Community Health Needs Assessment we solicited feedback and input from a broad range of stakeholders. The Kern County Community Benefit Collaborative convened area hospitals and included these partners:

- Adventist Health Bakersfield and Adventist Health Tehachapi Valley
- Delano Regional Medical Center
- Dignity Health Bakersfield, Mercy and Memorial Hospitals
- Kaiser Permanente Kern County
- Kern Medical
- Valley Children's Healthcare

Data Sources

The assessment drew from publicly available secondary data sources, which were collected from a variety of local, county and state sources. We collected data 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.

For this Community Health Needs Assessment, interviews were used to gather information and opinions from persons who represent the community served by the hospital. Given shared community areas, the Kern County Community Benefit Collaborative hospitals worked together to conduct the interviews. Forty-one (41) interviews were completed from October 2018 through March 2019.

A community survey further engaged 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.

Prioritization process

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 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.

Top priorities identified in partnership with our communities

Community stakeholders were also asked to rank order the significant health needs according to highest level of importance in the community. The community health needs follow listed in priority order:

1. Housing and homelessness
2. Mental health
3. Access to health care
4. Economic insecurity
5. Substance use and misuse

6. Chronic diseases
7. Environmental pollution
8. Food insecurity
9. Sexually transmitted infections
10. Violence and injury
11. Preventive practices
12. Dental care/oral health
13. Birth indicators
14. Overweight and obesity
15. Alzheimer's disease
16. Unintentional injuries

Making a difference: Results from our 2018 CHNA/CHP

Adventist Health wants to ensure our efforts are making the necessary changes in the communities we serve. In 2018 we conducted a CHNA and Adventist Health Tehachapi Valley adopted the following priority areas for our community health investments:

- Local access to community health and wellness events with emphasis on prevention, education, early detection and treatment of chronic conditions, such as: diabetes, heart disease, stroke and cancer.
- Free or low-cost screenings, performed in conjunction with sister hospital facilities.

To address these needs, the hospital accomplished the following:
Downtown Farmer's Market - The Tehachapi Farmer's Market was held on Green Street in Downtown Tehachapi and was open to the public. The market included fresh produce and Adventist Health Tehachapi Valley dietitians attended many markets to help educate shoppers about the importance of a healthful diet. Staff also provided smoking cessation information and offered biometric screening tests. 300 community members were served.

Tehachapi Senior Health Fair – this free event reached 28 community members with preventive health information, blood draw/lab testing and mammogram appointments.

Tehachapi Apple Festival – 100 community members received health education materials and free first aid kits.

Mobile Immunization Program - Since 1996, we have provided free immunizations to Kern County children in partnership with First 5 Kern. The mobile unit travels throughout Kern County and also offers free hemoglobin testing, a key requirement of the WIC food program. In 2018, we reached 1,852 children.

Report Adoption, Availability and Comments

This CHNA report was adopted by the Adventist Health Governing Board in October 2019.

This report is widely available to the public on the hospital's web site, https://www.adventisthealth.org/tehachapi-valley/about-us/community-benefit/. Written comments on this report can be submitted to community.benefit@ah.org.

Introduction

Background and Purpose

Adventist Health Tehachapi Valley is a 25-bed critical access hospital located in Eastern Kern County. The Tehachapi Valley Healthcare District received voter approval and entered into a long-term lease for hospital operations with the Roseville, California-based Adventist Health system. Adventist Health took over operations of the hospital on November 1, 2016. The hospital provides 24-hour emergency care with three trauma beds, radiology, laboratory, surgery, ICU, physical therapy and respiratory services. Primary care services are provided through the Adventist Health Community Care clinics, which are family practice clinics owned and operated by Adventist Health Tehachapi Valley (AHTV).

The passage of the Patient Protection and Affordable Care Act and California SB 697 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 and target geographical areas, and serves as the basis for community benefit programs. This assessment incorporates components of primary data collection and secondary data analysis that focus on the health and social needs of the service area.

Service Area

Adventist Health Tehachapi Valley is located at 1100 Magellan Drive, Tehachapi, CA 93561. The service area includes five communities consisting of five ZIP Codes in Kern County.

Adventist Health Tehachapi Valley Service Area

ZIP Code	Place*
93501	Mojave
93505	California City
93523	North Edwards
93524	Edwards AFB
93561	Tehachapi

*When place names are used within the report, they primarily refer to the geographic area affiliated with a ZIP Code, rather than the incorporated city that bears that name.

Project Oversight

The Community Health Needs Assessment process was overseen by:
Kiyoshi Tomono
Vice President, Partnership
Adventist Health Bakersfield & Tehachapi Valley

Consultant

Biel Consulting, Inc. conducted the Community Health Needs Assessment. Biel Consulting, Inc. has extensive experience conducting hospital Community Health Needs Assessments and working with hospitals on developing, implementing, and evaluating community benefit programs. Dr. Melissa Biel conducted the Community Health Needs Assessment. She was assisted by Denise Flanagan, BA and Sevanne Sarkis, JD, MHA, MEd. Biel Consulting's website is www.bielconsulting.com.

Data Collection Methodology

Collaborative Process

Adventist Health Tehachapi Valley participated in a collaborative process for the Community Health Needs Assessment. The Kern County Community Benefit Collaborative is comprised of Delano Regional Medical Center, Dignity Health (Mercy and Memorial Hospitals), Kern Medical, Adventist Health (Bakersfield and Tehachapi Valley), Valley Children's Healthcare and Kaiser Permanente Kern County. These hospitals share a service area. The collaborative effort reduced redundancies and increased data collection efficiency.

Secondary Data Collection

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.

Secondary data for the service area were collected and documented in data tables with narrative explanation. The tables present the data indicator, the geographic area represented, the data measurement (e.g. rate, number, or percent), county and state comparisons (when available), the data source, data year and an electronic link to the data source. Analysis of secondary data includes an examination and reporting of health disparities for some health indicators. The report includes benchmark comparison data that measure the data findings compared to Healthy People 2020 objectives, where appropriate. Healthy People 2020 objectives are a national initiative to improve the public's health by providing measurable objectives and goals that are applicable at national, state, and local levels. Attachment 1 compares Healthy People 2020 objectives with service area data.

Primary Data Collection

For this Community Health Needs Assessment, information was 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

Interviews were used to gather information and opinions from persons who represent the community served by the hospital. Given shared community areas, the Kern County Community Benefit

Collaborative hospitals worked together to conduct the interviews. Forty-one (41) interviews were completed from October 2018 through March 2019.

The Kern County Community Benefit Collaborative developed a list of key influencers who have knowledge of community health and social needs. They were selected to cover a wide range of communities within Kern County, represent different age groups, racial/ethnic populations and underserved populations. The identified stakeholders were invited by email to participate in a phone interview. Appointments for the interviews were made on dates and times convenient to the stakeholders. At the beginning of each interview, the purpose of the interview in the context of the assessment was explained, the stakeholders were assured their responses would remain confidential, and consent to proceed was given.

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

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

A list of the stakeholder interview respondents, their titles and organizations can be found in Attachment 2.

<u>Community Survey</u>

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.

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

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

- Biggest health issues in the community.
- Greatest needs facing children and families.
- Where residents and their families receive routine health care services.
- Problems faced accessing health care, mental health care, dental care or supportive services.
- What would make it easier to obtain care?
- Types of support or services needed in the community.
- Safety concerns in the community

The summary survey report can be found in Attachment 3.

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

Public Comment

In compliance with IRS regulations 501(r) for charitable hospitals, a hospital Community Health Needs Assessment (CHNA) and Implementation Strategy are to be made widely available to the public and public comment is to be solicited. The previous Community Health Needs Assessment and Implementation Strategy were made widely available to the public on the website https://www.adventisthealth.org/tehachapi-valley/about-us/community-benefit/. To date, no comments have been received.

Identification and Prioritization of Significant Health Needs

Review of Primary and Secondary Data

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

Priority Health Needs

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 asked to rank each identified health need. The percentage of responses were presented for those needs with severe or significant impact on the community, had worsened over time, and had a shortage or absence of resources available in the community.

Not all respondents answered every question; therefore, the response percentages were calculated based on respondents only and not on the entire sample. Among the interviewees, housing and homelessness, mental health and substance use and misuse received the highest scores for severe and significant impact on the community. Housing and homelessness, substance use and misuse, and violence and injury had the highest scores for worsened over time. Housing and homelessness, mental health, violence and injury, and economic insecurity received the highest scores for insufficient resources available.

Significant Health Need	Severe and Significant Impact on the Community	Worsened over Time	Insufficient or Absent Resources
Access to health care	79.0%	16.7%	68.4%
Alzheimer's disease	61.5%	30.8%	76.9%
Birth indicators	68.8%	14.3%	58.3%
Chronic diseases (asthma, cancer, diabetes, heart disease, kidney disease, liver disease, lung disease, stroke, Valley Fever)	89.4%	42.1%	77.8%
Dental care/oral health	73.3%	33.3%	68.8%
Economic insecurity	94.4%	50.0%	94.1%
Environmental pollution	94.1%	47.1%	88.2%
Food insecurity	78.9%	57.9%	73.7%
Housing and homelessness	100%	100%	100%
Mental health	95.0%	73.7%	94.4%
Overweight and obesity	82.4%	47.1%	50.0%
Preventive practices	85.5%	14.3%	50.0%
Sexually transmitted infections	94.1%	57.1%	71.4%
Substance use and misuse	95.0%	94.4%	84.2%
Unintentional injuries	50.0%	11.1%	55.6%
Violence and injury	79.0%	83.3%	94.4%

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. Among the interviewees, housing and homelessness, mental health, access to health care, economic insecurity and substance use and misuse were ranked as the top five priority needs in the service area. Calculations from community stakeholders resulted in the following prioritization of the significant health needs.

Significant Health Need	Rank Order Score (Total Possible Score of 4.0)
Housing and homelessness	3.95
Mental health	3.84

Significant Health Need	Rank Order Score (Total Possible Score of 4.0)
Access to health care	3.80
Economic insecurity	3.79
Substance use and misuse	3.74
Chronic diseases (asthma, cancer, diabetes, heart disease, kidney disease, liver disease, lung disease, stroke, Valley Fever)	3.60
Environmental pollution	3.53
Food insecurity	3.50
Sexually transmitted infections	3.42
Violence and injury	3.42
Preventive practices	3.32
Dental care/oral health	3.26
Birth indicators	3.15
Overweight and obesity	3.15
Alzheimer's disease	3.11
Unintentional injuries	3.00

Resources to Address Significant Health Needs

Community stakeholders identified community resources potentially available to address the significant health needs. The identified community resources are presented in Attachment 4.

Community Demographics

Population

The population of the Adventist Health Tehachapi Valley (AHTV) service area is 56,177. Population density is 93.76 people per square mile, compared to 107.15 persons per square mile in Kern County.

Population of the Service Area

	Total Population	Total Land Area (Square Miles)	Population Density (Per Square Mile)
AHTV Service Area	56,177	605.61	92.76
Kern County	871,337	8,131.93	107.15
California	38,654,206	155,792.65	248.11

Source: U.S. Census Bureau, American Community Survey, 2012-2016, DP05. http://factfinder.census.gov.
Source geography: Tract. Accessed from CARES Engagement Network. http://www.engagementnetwork.org/assessment

From 2011 to 2016, the population in the service area decreased by 3.6%, while the population in the county increased by 4.8%.

Total Population and Change in Population, 2011-2016

	AHTV Service Area	Kern County
Total population	56,177	871,337
Change in population, 2011-2016	-3.6%	4.8%

Source: U.S. Census Bureau, American Community Survey, 2007-2011 & 2012-2016, DP05. http://factfinder.census.gov

Of the area population, 55.9% are male and 44.1% are female.

Population by Gender

	AHTV Service Area	Kern County	California
Male	55.9%	51.3%	49.7%
Female	44.1%	48.7%	50.3%

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

Children and youth, ages 0-17, make up 23.1% of the population, 62.8% are adults, ages 18-64, and 14.1% of the population are seniors, 65 and over. The service area has a higher percentage of adults, ages 45-84, than the county.

Population by Age

	AHTV Service Area	Kern County
0 – 4	6.9%	8.3%
5 – 9	6.9%	8.4%
10 – 14	5.8%	8.0%
15 – 17	3.5%	4.8%
18 – 20	4.2%	4.6%
21 – 24	5.1%	6.4%
25 – 34	12.9%	15.0%

	AHTV Service Area	Kern County
35 – 44	12.4%	12.5%
45 – 54	15.6%	12.0%
55 – 64	12.7%	10.1%
65 – 74	9.2%	5.9%
75 – 84	4.0%	2.9%
85+	1.0%	1.1%

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

In the service area, North Edwards has the largest percentage of youth, ages 0-17 (40%). Mojave (15%) and Tehachapi (16.2%) have the highest percentage of residents ages 65 and older. The weighted average of the median age in the service area is 39.3 years, which is older than the median county age of 31.2.

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

	ZIP Code	Total Population	Youth Ages 0 – 17	Seniors Ages 65+	Median Age
Mojave	93501	5,134	24.9%	15.0%	36.2
California City	93505	13,324	21.8%	11.2%	36.7
North Edwards	93523	3,366	40.0%	4.0%	26.9
Edwards AFB	93524	171	0.0%	0.0%	21.9
Tehachapi	93561	34,182	21.8%	16.2%	42.0
AHTV Service Area		56,177	23.1%	14.1%	39.3
Kern County		871,337	29.5%	9.9%	31.2

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

Seniors living alone may be isolated and lack adequate support systems. In the service area, rates of seniors living alone range from 11.1% in North Edwards to 34.2% in Mojave. There are no seniors living at Edwards Air Force Base.

Seniors Living Alone

	ZIP Code	Percent
Mojave	93501	34.2%
California City	93505	22.9%
North Edwards	93523	11.1%
Tehachapi	93561	22.3%
Kern County		22.9%
California		23.2%

Source: U.S. Census Bureau, American Community Survey, 2012-2016. Accessed from Healthy Kern County, www.healthykern.org. No Data for Edwards AFB.

Race/Ethnicity

In the service area, 58.5% of the population is White, 26.9% are Hispanic/Latino, 8.8% are Black/African American, 2.2% are Asian, and the remaining 3.7% are American Indian/Alaskan Native, Native Hawaiian/Pacific Islander, other race/ethnicity, or multiple races. There is a higher percentage of White

and Blacks/African Americans, and a lower percentage of Hispanic/Latinos and Asians in the service area than in the county.

Race/Ethnicity

	AHTV Service Area	Kern County
White	58.5%	36.0%
Hispanic/Latino	26.9%	51.6%
Black/African American	8.8%	5.2%
Asian	2.2%	4.5%
American Indian/Alaska Native	0.4%	0.5%
Native Hawaiian/Pacific Islander	0.2%	0.1%
Other/Multiple	3.1%	2.1%

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

The population of North Edwards is 70.9% White. In Mojave, 42.7% of population is Hispanic/Latino. California City (20.7%) and Edwards AFB (20.5%) have the highest percentages of Black/African Americans in the service area. Edwards AFB has the highest percentage of Asians (8.8%) in the area.

Population by Race and Ethnicity and ZIP Code

	ZIP Code	Asian	Black	Latino	White
Mojave	93501	0.3%	13.8%	42.7%	40.0%
California City	93505	4.4%	20.7%	27.4%	42.7%
North Edwards	93523	1.2%	7.4%	13.4%	70.9%
Edwards AFB	93524	8.8%	20.5%	6.4%	62.0%
Tehachapi	93561	1.6%	3.4%	25.8%	66.2%
AHTV Service Area		2.2%	8.8%	26.9%	58.5%
Kern County		4.5%	5.2%	51.6%	36.0%
California		13.7%	5.6%	38.6%	38.4%

Source: U.S. Census Bureau, American Community Survey, 2012-2016, DP05. http://factfinder.census.gov
Care should be taken when interpreting rates for a ZIP Code with a small population.

Language

The languages spoken at home by area residents largely mirror the racial/ethnic make-up of the service area communities. While 26.9% of the area population is Hispanic or Latino, only 16.4% of the population speaks Spanish in the home. English is spoken at home by 80.5% of the population, and 2% of the population speaks an Asian or Pacific Islander language. 0.7% of the population speaks an Indo-European language in the home.

Language Spoken at Home, Population 5 Years and Older

	AHTV Service Area	Kern County
Speaks only English at home	80.5%	56.0%
Speaks Spanish	16.4%	39.1%
Speaks Asian/Pacific Islander language	2.0%	2.6%
Speak other Indo-European language	0.7%	1.6%
Speaks other language	0.4%	0.7%

Source: U.S. Census Bureau, American Community Survey, 2012-2016, DP02. http://factfinder.census.gov

In the service area, Mojave has the highest percentage of Spanish-speakers (28.1%), and the highest percentage of speakers of Indo-European languages (2.2%). Edwards AFB has the high percentage of Asian language speakers (8.8%). North Edwards has the highest percentage of English-speakers in the home (91.4%).

Language Spoken at Home by ZIP Code

	ZIP Code	English	Spanish	Asian/Pacific Islander	Indo European
Mojave	93501	69.8%	28.1%	0.0%	2.2%
California City	93505	77.0%	18.6%	4.2%	0.2%
North Edwards	93523	91.4%	6.7%	0.5%	0.7%
Edwards AFB	93524	86.5%	3.5%	8.8%	1.2%
Tehachapi	93561	82.3%	14.9%	1.5%	0.7%
AHTV Service Area		80.5%	16.4%	2.0%	0.7%
Kern County		56.0%	39.1%	2.6%	1.6%

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 the Tehachapi Unified School District, 6.4% of students were classified as English Learners, which is lower than county (19.6%) and state (20.5%) rates.

English Learners (EL)

	Number	Percent
Tehachapi Unified School District	285	6.4%
Kern County	37,125	19.6%
California	1,271,150	20.5%

Source: California Department of Education DataQuest, 2017-2018. http://dq.cde.ca.gov/dataquest/

Veterans

In the hospital service area, 12.8% of the civilian population, 18 years and older, are veterans.

Veteran Status

	AHTV Service Area	Kern County	California
Veteran status	12.8%	6.6%	5.9%

Source: U.S. Census Bureau, American Community Survey, 2012-2016, DP02. http://factfinder.census.gov

Citizenship

In the service area, 9.5% of the population is foreign-born. Of the foreign-born, 55.5% are not citizens.

Foreign-Born Residents and Citizenship

	AHTV Service Area	Kern County	California
Foreign born	9.5%	20.3%	27.0%
Of foreign born, not a U.S. citizen	55.5%	67.0%	50.8%

Source: U.S. Census Bureau, American Community Survey, 2012-2016, DP02. http://factfinder.census.gov

Social Determinants of Health

Social and Economic Factors Ranking

County Health Rankings examine social and economic indicators as a contributor to the health of a county's residents. California's 57 evaluated counties (Alpine excluded) are ranked according to social and economic factors with 1 being the county with the best ranking to 57 for the county with the poorest ranking. This ranking examines high school graduation rates, unemployment, children in poverty, social support, and other factors. Kern County is ranked as 53rd, in the bottom 10% of all California counties according to social and economic factors.

Social and Economic Factors Ranking

	County Ranking (out of 57)
Kern County	53

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

The 2018 SocioNeeds Index is a measure of socioeconomic need that is correlated with poor health outcomes. All ZIP Codes, counties, and county equivalents in the United States are given an Index Value from 0 (low need) to 100 (high need). To find the areas of highest need, the selected locations are ranked from 1 (low need) to 5 (high need) based on their Index Value. The service area community with the highest Index Value (highest socioeconomic need), with a ranking of "5" was Mojave.

SocioNeeds Index Value and Ranking

	ZIP Code	Index Value (0-100)	Ranking (1-5)
Mojave	93501	95.5	5
California City	93505	94.0	4
North Edwards	93523	76.5	3
Tehachapi	93561	46.6	2

Source: 2018 SocioNeeds Index, Counduent Healthy Communities Institute via http://www.healthykern.org. No data for Edwards AFB.

Poverty

The Census Bureau annually updates official poverty population statistics. For 2016 (the most recent year the American Community Survey poverty data were available when this report was prepared), the federal poverty level (FPL) was set at an annual income of $11,880 for one person and $24,300 for a family of four. Among residents in the AHTV service area, 18.2% are at or below 100% of the federal poverty level (FPL) and 37.3% are low-income (200% of FPL or below). Mojave has over a third of residents (35.9%) living in poverty, and 62.7% are low-income.

Ratio of Income to Poverty Level

	ZIP Code	Below 100% Poverty	Below 200% Poverty
Mojave	93501	35.9%	62.7%
California City	93505	26.3%	47.2%
North Edwards	93523	15.1%	37.6%

	ZIP Code	Below 100% Poverty	Below 200% Poverty
Tehachapi	93561	12.4%	29.0%
AHTV Service Area		18.2%	37.3%
Kern County		23.1%	47.7%
California		15.8%	35.2%

Source: U.S. Census Bureau, American Community Survey, 2012-2016, S1701. http://factfinder.census.gov. No Data for Edwards AFB Care should be taken when interpreting rates for a ZIP Code with a small population.

26.8% of service area children, under age 18, are living in poverty. In Mojave, 46.1% of children are living in poverty. Among service area seniors, 9% are living in poverty, with the highest rate of seniors living in poverty found in North Edwards (17.0%). 48.3% of females who are head of household (HoH) with children, are living in poverty. In Mojave, 64.4% of females who are head of household with children are living in poverty.

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

	ZIP Code	Children Under 18 Years Old	Seniors	Female HoH with Children*
Mojave	93501	46.1%	15.8%	64.4%
California City	93505	39.0%	14.6%	52.2%
North Edwards	93523	19.2%	17.0%	49.3%
Tehachapi	93561	20.5%	6.3%	42.3%
AHTV Service Area		26.8%	9.0%	48.3%
Kern County		32.4%	11.8%	53.7%
California		21.9%	10.3%	37.5%

*Source: U.S. Census Bureau, American Community Survey, 2012-2016, S1701 & *S1702. http://factfinder.census.gov. No Data for Edwards AFB. Care should be taken when interpreting rates for a ZIP Code with a small population.*

Unemployment

Unemployment in service area cities ranged from 6.7% in the city of Tehachapi to 19.1% in California City.

Unemployment Rate, 2017 Average

	Percent
Mojave	15.2%
California City	19.1%
North Edwards	14.2%
Tehachapi	6.7%
Kern County	9.2%
California	4.8%

Source: California Employment Development Department, Labor Market Information; Data available by city, not by ZIP Code. No Data for Edwards AFB. http://www.labormarketinfo.edd.ca.gov/data/labor-force-and-unemployment-for-cities-and-census-areas.html

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. In the Tehachapi Union School District, 42.7% of students were eligible for the free and reduced-price meal program.

Free and Reduced-Price Meals Eligibility

	Percent Eligible Students
Tehachapi Union School District	42.7%
Kern County	73.6%
California	60.1%

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

Public Program Participation

In Kern County, 48% of low-income residents (≤ 200% of the FPL) are not able to afford food. However, only 24.2% of those making ≤300% of the FPL utilize food stamps. 46.7% of children in Kern County have parents who access WIC benefits. 7% of residents participate in TANF/CalWORKs.

Public Program Participation

	Kern County	California
Not able to afford food (<200%FPL)	48.0%	44.4%
Food stamp recipients (<300% FPL)	24.2%	23.8%
WIC usage among children, 6 years and under*	46.7%	44.1%
TANF/CalWORKs recipients**	7.0%	9.3%

*Source: California Health Interview Survey, 2016, *2015-2016, and **2014-2016. http://ask.chis.ucla.edu/*

In the hospital service area, 6.8% of residents receive SSI benefits, 5.7% receive cash public assistance income, and 14.4% of residents receive food stamp benefits.

Household Supportive Benefits

	AHTV Service Area	Kern County	California
Total households	18,471	262,337	12,807,387
Supplemental Security Income (SSI)	6.8%	7.6%	6.2%
Public Assistance	5.7%	6.6%	3.8%
Food Stamps/SNAP	14.4%	17.0%	9.4%

Source: U.S. Census Bureau, American Community Survey, 2012-2016, DP03. http://factfinder.census.gov

Community Input – Economic Insecurity

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

- This is a global issue that comes down to how much workers earn.
- Unfortunately, in our region, children of color, especially boys and men of color, are more likely to enter the criminal justice system and be incarcerated than go to college. We only have two public institutions of higher education and surrounding us are a number of prisons.
- We are a thriving area with growth and opportunity. Many people want to work but they do not have a place to call home, to shower, change and be fed. Even if you give them a home, they need transportation, food and clothes to break the cycle. Not everything is in place to help those who want to go back to work.

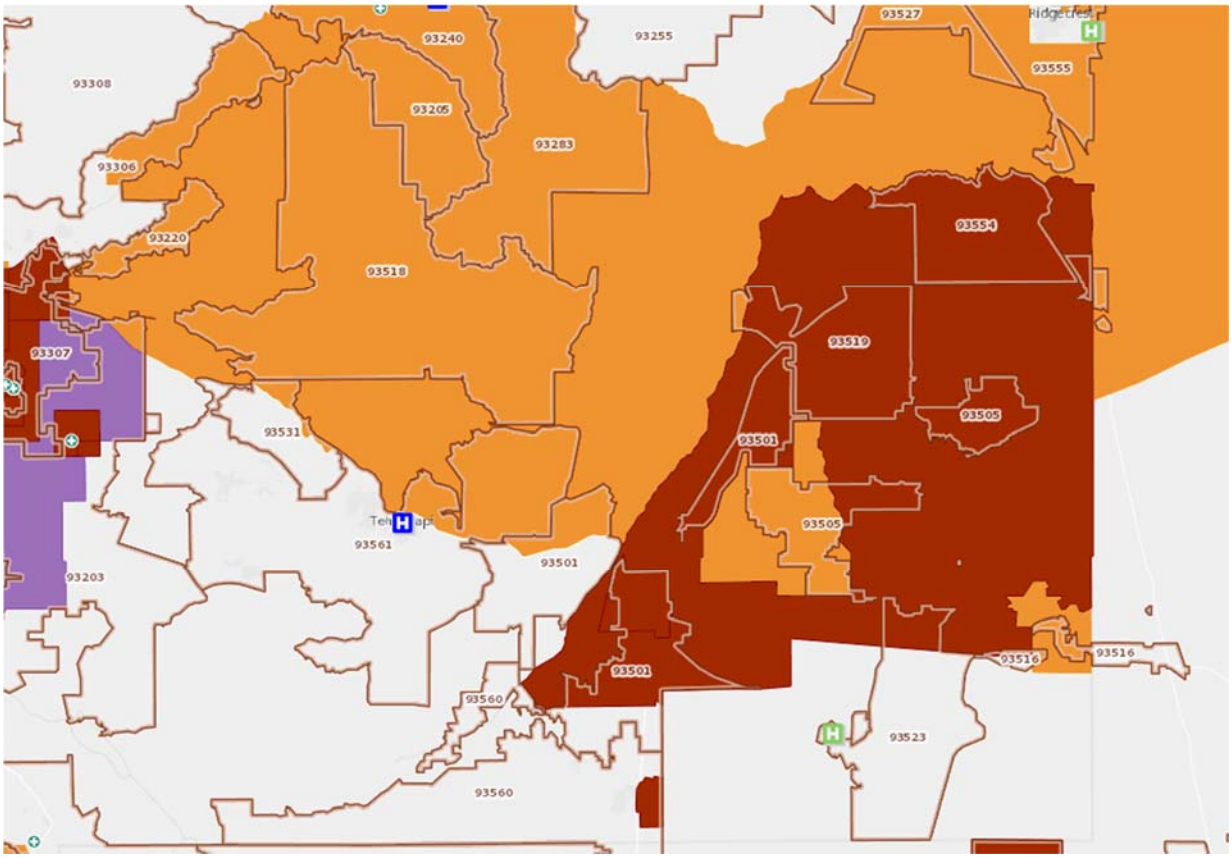
- The employment rate is very low and the jobs we do have are not always adequate to support folks and their families, so that is a challenge.
- We are an agriculture and oil-based community, and both have suffered economically. We have many people who lost jobs and their health insurance coverage. We have a large undocumented population because of our agriculture and they will often not seek medical attention.
- There is quite a bit of poverty in this town. We have very poor literacy and high dropout rates.
- Available jobs for individuals who have had a struggling past, like substance use and sobriety, coming out of incarceration, and leaving the gang lifestyle, their opportunities are minimal. These force them back to negative lifestyles and creates insecurity for them and their families.
- We live in an agriculture and industrial area. There are a lot of oil fields and we see when agriculture is in season, they are working and doing well. Then when there are slumps in the economy, it impacts everyone.
- We need a more diverse economy and we need to attract new businesses. We need good paying jobs.
- If you have a family of four and two people are working for a minimum wage, they are living in poverty.
- We face quite a number of people on the brink of homelessness because they are one or two paychecks away from losing their homes.
- The economy is a significant issue, particularly for immigrant populations and seasonal populations in Kern County. The challenge is trying to create a culture where those who are economically insecure feel safe accessing resources. Unfortunately, over the past few years, we've seen those populations get more hesitant to engage, simply out of fear. In general, it has always been a challenge to engage them and now, it is even harder. They are less willing to engage in services.
- Economic insecurity causes stress on the kids, which can impact their development, learning, health and growth.
- If you want a healthy community you need to identify the underserved populations. African Americans are bringing up the rear in every area: education, jobs, and housing.
- Thousands of people are on waiting lists to get Section 8 vouchers.
- Some families will keep their older kids at home to watch their younger siblings so the parents can go to work. Sometimes families do not have gas or water or electricity so they may not come to school. They may be living in a garage and not have access to cooking facilities.
- Everything is harder for people who are economically insecure. It is difficult to be motivated to make healthy changes, to get to their appointments, to feel confident in asking questions if they do get to a clinic or the ED. Economic insecurity breeds all sorts of insecurity.

Vulnerable Populations

The vulnerable populations map shows the hospital service area and surrounding areas, highlighting the percentage of each subarea that has more than 20% of the population living in poverty and more than 25% of the population with low education levels, defined as less than a high school education. Areas that exceed the vulnerable threshold for low education alone are displayed in lavender. Areas that exceed the threshold for poverty alone are in tan. Areas with high rates of poverty and low education

are shown in brown. Higher rates of vulnerable populations are found in much of the service area.

Vulnerable Populations in the Hospital Service Area



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

Households

In the service area there are 18,471 households and 22,244 housing units. Over the past five years, the population decreased by 3.6% and the number of households decreased by 2.3%. Home-ownership decreased from 2011 to 2016, with 5.9% fewer units occupied by owners. Renter-occupied units increased by 4%. There was a 9.3% decrease in vacancies from 2011 to 2016.

Households and Housing Units, and Percent Change, 2011-2016

	AHTV Service Area			Kern County			California		
	2011	2016	Percent Change	2011	2016	Percent Change	2011	2016	Percent Change
Households	18,912	18,471	(-2.3%)	250,999	262,337	4.5%	12,433,172	12,807,387	3.0%
Housing units	23,073	22,244	(-3.6%)	282,009	291,292	3.3%	13,631,129	13,911,737	2.1%
Owner occ.	12,483	11,782	(-5.9%)	150,867	149,309	(-1.0%)	7,055,642	6,929,007	(-1.8%)
Renter occ.	6,429	6,689	4.0%	100,132	113,028	12.9%	5,377,530	5,878,380	9.3%
Vacant	4,161	3,773	(-9.3%)	31,010	28,955	(-6.6%)	1,197,957	1,104,350	(-7.8%)

Source: U.S. Census Bureau, American Community Survey, 2007-2011 & 2012-2016, DP04. http://factfinder.census.gov

In the service area, there are 18,471 households, 60.4% of which are in Tehachapi. 37.9% of households

are two-person households.

Household Size

	AHTV Service Area	Kern County	California
1 person households	23.4%	20.1%	24.0%
2 person households	37.9%	27.7%	30.1%
3 person households	13.3%	16.3%	16.6%
4+ person households	25.3%	35.9%	29.3%

Source: U.S. Census Bureau, American Community Survey, 2012-2016, S2501. http://factfinder.census.gov

According to the US Department of Housing and Urban Development, those who spend more than 30% of their income on housing are said to be "cost burdened." Those who spend 50% or more are considered "severely cost burdened." 33.1% of service area families spend 30% or more of their income on housing; this includes those living in owner-occupied housing units with a mortgage and those without a mortgage (where costs are costs of ownership), as well as those who rent. Mojave (39%) and North Edwards (38.9%) are the communities with the highest percent of families who spend 30% or more of their income on housing.

Families Who Spend 30% or More of Their Income on Housing

	ZIP Code	Percent
Mojave	93501	39.0%
California City	93505	35.2%
North Edwards	93523	38.9%
Tehachapi	93561	30.9%
AHTV Service Area		33.1%
Kern County		38.9%

Source: U.S. Census Bureau, American Community Survey, 2012-2016, DP04. http://factfinder.census.gov. No data for Edwards AFB.

The median household income in the area ranges from $34,261 in Mojave to $63,996 in Tehachapi. The weighted average of the area's median household incomes is $56,794, which is higher than the county's median ($49,788), but lower than the state ($63,783).

Median Household Income

	ZIP Code	Median Household Income
Mojave	93501	$34,261
California City	93505	$48,971
North Edwards	93523	$54,826
Tehachapi	93561	$63,996
AHTV Service Area		$56,794*
Kern County		$49,788
California		$63,783

Source: U.S. Census Bureau, American Community Survey, 2012-2016, DP03. http://factfinder.census.gov . No data for Edwards AFB.
**Weighted mean across Service Area cities' medians. Median income is the amount that divides the income distribution into two equal groups, half having income above that amount, and half having income below that amount.*

Homelessness

The Kern County Homeless Collaborative conducts an annual 'point-in-time' count of homelessness in Kern County. More than half (58.2%) of the homeless in 2018 were sheltered. Despite a downward trend in homelessness in recent years, there was a spike of 9% in homelessness from 2017 to 2018, and a 46% increase in the number of unsheltered homeless. 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 includes 1.6% of students in the Tehachapi Unified School District (*Source: kidsdata.org, October 2018*).

Homeless Annual Count, Kern County, 2017 and 2018

Year of Count	Total Homeless	Sheltered	Unsheltered
2017	810	66.8%	33.2%
2018	885	58.2%	41.8%

Source: Kern County Homeless Collaborative, 2018. http://www.kernhomeless.org/ 2017 report at http://endkernhomeless.org/filelibrary/2017%20PIT%20Count%20Report.pdf 2018 report as reported at: https://www.bakersfield.com/news/county-s-homeless-population-spikes-in-recent-count/article_963fea6e-53fc-11e8-8e86-0721abba8fb9.html

Community Input – Housing and Homelessness

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

- We have limited shelters and there are very few options for affordable housing. There are barriers to accessing government funded programs to help find affordable housing for those who were formally incarcerated.
- People are homeless from mental health issues, substance use, and some have been rejected by society and their families. The homeless are often marginalized and put in a corner. And the addicted too. Addiction does not discriminate based on socioeconomic status.
- When prisoners leave the prison system they sometimes become homeless. In the last few years, we haven't been able to help with the mass number of early outs from prison.
- We don't have enough homeless housing resources in Kern County. The homeless sit in our Emergency Department (ED) until we convince them to go somewhere.
- We are not addressing the biggest barriers in our community, the causes of homeless. There is no mental health hospital and there are very few mental group homes. We get the homeless off the street, but we are not examining how they became homeless.
- We do have a men's facility and adequate beds there, but you have to be completely independent and have the ability to transfer independently, you can't have a wound, you can't test dirty at the gate, or you can't come into the facilities. For females and families, we have one shelter with limited beds so it is hard to find shelter for independent females, let alone families.
- Female homelessness seems to be increasing. It used to be rarer, now we see single females on the street and in the ED with complications. There are no resources to ensure a safe, secure discharge. If a person needs antibiotics or wound care, no shelter will accept patients with those types of needs.
- In Delano, you have a community that is thriving off renters. Those who own a house build a small Accessory Dwelling Unit (ADU) and they rent it out to farm workers. Every house has a tent in the backyard. Homelessness is a crisis here, rents are ridiculous. Renters know there is a shortage, so

prices are increasing. Famers are living several families together to afford the rent. One of the biggest complaints with these small towns is they haven't built their infrastructures. The quality of life declines as more individuals are living in a house than ever before.

- When foster kids emancipate, 3 in 5 become homeless within a 2-3 year period of time. Often, foster kids become homeless or end up in the prison system. There are not a lot of resources for these kids.
- Respite care is a huge need. There is nowhere to go for those who need additional care that is not a hospital setting.
- There are homeless who will not receive services because they have pets. And Kern Shelter does not allow pets on the premises. Also, a lot of shelters require you to be sober and not under the influence, so if they have any substance in their system, it disqualifies them. If there is a homeless family, we have no shelter for them. The family has to be split up.
- Single females have almost no options. The problematic issue usually comes up with trying to find shelter for females. Shelters have very strict rules and if you have an infraction, you can be kicked out. Our shelters are open all year. But you have to be there between 5:30 pm and 7 pm, after that the doors are shut.
- When you sit down and talk to the homeless, you find out they have been residents for decades and they are suffering from substance use, mental health problems, and they had some type of child abuse history.
- We have not been developing low-income housing so there are fewer places to move people into. If we want the people to go somewhere, there has to be somewhere to go. We passed Measure N, a local sales tax that will go toward homeless services and policing.
- At the hospital, we have patients who are medically ready for discharge, but they can't be safely discharged to the streets. We are working on communication with other hospitals to come up with a respite care program to delay discharge to temporary shelters to help administer medicine.
- We have a lot of homeless because our economy is very dependent on oil and agriculture. When there is a drought, people do not work. When oil prices are down, service companies and those people who work in oil, get laid off.

CalFresh Eligibility and Participation

CalFresh is California's food stamp program. According to the California Department of Social Services, 215,670 individuals in Kern County are eligible to receive food stamps (CalFresh), however only 164,240 (76.2%) receive food stamps.

CalFresh Eligibility and Participation

	Number Eligible	Participation Rate
Kern County	215,670	76.2%
California	6,034,578	71.8%

Source: California Department of Social Services' CalFresh Data Dashboard, 2016. http://www.cdss.ca.gov/inforesources/Data-Portal/Research-and-Data/CalFresh-Data-Dashboard

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 Kern County, 13.6% experienced food insecurity during the past year. Among children in Kern County, 25% lived in households that experienced food insecurity at some point in the year. The rate of food insecurity is higher in Kern County than in the state.

Food Insecurity

	Kern County	California
Total population experienced food insecurity during the year	13.6%	11.7%
Children experienced food insecurity during the year	25.0%	19.0%

Source: Feeding America, 2016, accessed at Healthy Kern County, www.healthykern.org

Community Input – Food Insecurity

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

- A lot of homebound seniors are unable to feed themselves. They do not have the support in place to get the proper nutrition.
- Even though Bakersfield is very benevolent there are still people who go hungry.
- Food banks see more and more children every day. At our homeless shelters, more and more children show up there as well. I do turkey deliveries for Thanksgiving and so many people have no stove or refrigerator. They have no heat or electricity or a place to cook their food.
- There are kids who participate and rely on the summer food program to get their meals.
- There is a lack of accessibility and availability of fresh fruits. Applying for CalFresh is a lengthy and tedious process. And even though we have a lot of agriculture here, we still lack access to fresh fruits and vegetables in our community. There are a lot of farm workers in Kern County who don't earn minimum wage. This is a barrier to having healthy food.
- There is a vast network that distributes food to rural county food banks or Feeding America. We have high rates of food insecurity, a high population of low-income and seasonal workers, who only work for a period of time. With the current labor shortage, they can work all year. But a big hurdle is childcare. If you have a young family and you send them to day care, it costs so much. With a couple of kids, they can't afford it, so the wife will stay at home and rely on the husband's income.
- We have a very large county, so a lot of the remote areas have less support systems and resources.
- We have a lot of food banks and pantries and a very generous community, but that doesn't mean people are food secure.
- As service providers, we think no one should go hungry, but a lot of our population doesn't know where to access food, especially healthy food. People access the least expensive, and often, the least nutritious foods versus more nutritious foods that are more costly.
- Bakersfield was named the hungriest city in America. We are such large producers of agriculture, but we are not receiving it. Our agency distributes 1.2 million pounds of food a month. These food

services are intended for an emergency basis and they are being used all the time, so it is really telling what our population is lacking.

- The Department of Public Health's waste not hunger food program is underway with four different schools. They go to the schools and gather unopened food items and redistribute them.
- There is not a lot of access to fresh food within walking distance in rural communities. We do, however, have a lot of fast food restaurants. Right now, with public charge, people are scared to get food stamps because it may impact their status in the US.
- I think one of the issues is there are so many different organizations providing food. But I don't know if we are doing a great job of collaborating.
- A lot of households go without. They are isolated from stores due to the location where they live.

Educational Attainment

Among area adults, ages 25 and older, 16.8% lack a high school diploma. 59.4% of adults are high school graduates and 23.8% of area adults are college graduates. These rates of educational attainment are lower than at the state level.

Educational Attainment of Adults, 25 Years and Older

	AHTV Service Area	Kern County	California
Less than 9th grade	5.4%	14.2%	9.9%
Some high school, no diploma	11.4%	12.2%	8.0%
High school graduate	29.7%	27.2%	20.6%
Some college, no degree	29.7%	23.5%	21.7%
Associate degree	8.5%	7.2%	7.8%
Bachelor's degree	9.7%	10.5%	20.1%
Graduate or professional degree	5.6%	5.2%	11.9%

Source: U.S. Census Bureau, American Community Survey, 2012-2016, DP02. http://factfinder.census.gov

High school graduation rates are the percentage of high school graduates that graduate four years after starting ninth grade. In Kern County, the high school graduation rate is 85.3%, which does not meet the Healthy People 2020 objective for high school graduation of 87%.

High School Graduation Rate

	Kern County	California
High school graduation rate	85.3%	82.7%

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

Preschool Enrollment

The percentage of 3 and 4-year olds enrolled in preschool in the service area (28.9%) is lower than for the county (35.5%), and the state (48.6%). The lowest rate of preschool enrollment is in Mojave (8.1%), and the highest is in California City (55.4%).

Children, 3 and 4 Years of Age, Enrolled in Preschool

	ZIP Code	Percentage
Mojave	93501	8.1%
California City	93505	55.4%
North Edwards	93523	33.3%
Tehachapi	93561	25.0%
AHTV Service Area		28.9%
Kern County		35.5%
California		48.6%

Source: U.S. Census Bureau, American Community Survey, 2012-2016, S1401. http://factfinder.census.gov. No data for Edwards AFB.

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. 52.3% of adults interviewed in Kern County responded yes to this question, which was lower than the California rate of 63.5%.

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

	Kern County	California
Children read to daily	52.3%	63.5%

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

Parks, Playgrounds and Open Spaces

91% of county children, ages 1-17, were reported to live within walking distance to a park, playground or open space; 80.4% had visited one within the past month.

Access to and Utilization of Parks, Playgrounds and Open Space

	Kern County	California
Walking distance to park, playground or open space	91.0%	88.8%
Visited park, playground or open space in past month, ages 1 to 17	80.4%	85.9%

Source: California Health Interview Survey, 2013-2016; http://ask.chis.ucla.edu/

Crime and Violence

Violent crimes include homicide, rape, robbery and assault. Property crimes include burglary, larceny and motor vehicle theft. The violent crime rate was higher than the county rate in California City (the only city in the service area for which crime rates were available). The violent crime rate increased from 2014 to 2017 in California City, Kern County and the state. The property crime rate in California City dropped from 2014 to 2017.

Violent Crimes Rates and Property Crime Rates, per 100,000 Persons, 2014 and 2017

	Property Crimes				Violent Crimes			
	Number		Rate		Number		Rate	
	2014	2017	2014	2017*	2014	2017	2014	2017*
California City Police Dept	481	341	3,652.8	2,589.6	79	88	599.9	668.2
Tehachapi Police Dept.	309	223	N/A	N/A	51	49	N/A	N/A
Kern County Sheriff Dept.	9,061	9,086	N/A	N/A	1,982	2,187	N/A	N/A
Kern County*	28,283	28,933	3,227.2	3,194.2	4,465	4,989	509.5	550.8
California*	946,682	1,001,380	2,459.0	2,544.5	151,425	174,701	393.3	443.9

Source: CA Department of Justice, Office of the Attorney General, 2018. https://oag.ca.gov/crime
Source for 2014 city data (number and rate): US Bureau of Justice Statistics https://www.bjs.gov/ucrdata/Search/Crime/Crime.cfm
**State rates were provided by the CA DOJ; rates for the county were calculated based on historical population totals provided by CA Department of Finance and all 2017 rates for cities were calculated based on 2014 populations extrapolated from bjs.gov data and are, therefore, only estimates.*

When Kern County teens were asked to evaluate neighborhood cohesion, 91.6% of teens felt that adults in their neighborhood could be counted on to ensure that children were safe, 90.8% of people in their neighborhoods were willing to help, and 83.6% felt that neighbors could be trusted.

Neighborhood Cohesion, Teens Who Agree or Strongly Agree

	Kern County	California
Adults in neighborhood look out for children	91.6%	88.2%
People in neighborhood are willing to help	90.8%	85.1%
People in neighborhood can be trusted	83.6%*	82.4%

*Source: California Health Interview Survey, 2013-2016. http://ask.chis.ucla.edu *Statistically unstable due to sample size*

Calls for domestic violence are categorized as "with" or "without a weapon." 38.1% of domestic violence calls in Kern County involved a weapon, which is higher than found in California City (31.2%) and Tehachapi (21.2%), the only two area cities for which data is available.

Domestic Violence Calls, 2017

	Total	Without Weapon	With Weapon
California City	80	68.8%	31.2%
Tehachapi	52	78.8%	21.2%
Kern County Sheriff's Dept.	4,089	48.0%	52.0%
Kern County	6,803	61.9%	38.1%
California	169,362	55.7%	44.3%

Source: California Department of Justice, Office of the Attorney General, 2017. https://oag.ca.gov/crime

In Kern County, the rate of children under 18 years, who experienced abuse or neglect, was 11.8 per 1,000 children. This is higher than the state rate of 7.7 per 1,000 children. These rates are based on children with a substantiated maltreatment allegation.

Substantiated Child Abuse Cases, per 1,000 Children

	Kern County	California

Child abuse	11.8	7.7

Source: Child Welfare Dynamic Report System, 2017. Accessed from Healthy Kern County at www.healthykern.org.

Community Input – Community Safety

- Our murder rate is setting a record every year. There is a lot of gang activity and random shootings on the freeways. There is talk about human trafficking, drug trafficking, and what comes up most is gang activity.
- With early release from prisons, people are being discharged into the community without anywhere to go. A lot of them can't pass a background check and they lose hope and return to their old lifestyles and behaviors. We need more opportunities to get them employed.
- School bullying is still an issue for young LGBTQ+ people. Not only from fellow students, but teachers who will not let a trans child dress in a way that reflects his/her authentic self and teachers who are not taking an LGBTQ+ child's concerns about bullying seriously.
- We get a lot of families or patients who will lash out at staff with verbal and physical abuse. Some of this is due to behavioral health patients with no medications.
- We've seen an increase in criminal activity and we know the police and sheriff are stretched thin and understaffed. There is a demand to expand funding for faster response times and to help create safer communities and public spaces.
- We see a lot more violence in our hospital with patients and against our staff, at both campuses.
- There is a lack of community trust for law enforcement. The sheriff is very anti-immigrant and very vocal about it, and that adds to a lack of trust and decreased collaboration with law enforcement.
- There is a lack of support for the sheriff and police department. They do not have the budget and support we need in troubled areas. We also lack children activity programs in poor neighborhoods, our parks are not safe anymore for kids to go and play.
- Rural areas need more support from law enforcement. Response times need to be shortened. We have prisons here and they have family members from LA who move here to be closer to their family members.
- One of the challenges I see is people are much more likely to be victims of violent crimes because of how they live, where they live and what they are exposed to.
- Domestic violence always affects the community negatively; there is no good about it. It is a horrible thing for the person suffering the assault or the violence. Children of families suffer quite a bit as well.
- We are a violent county; some people are desensitized to it. There is a lot of crime and gang activity in Bakersfield. When you consider poverty, substance use and mental illness, it ends up being an issue.
- There have been several reported homicides these last couple of days in Kern County. In addition, we have gang violence. We also have issues with police violence and a lot of community members who don't trust the police.
- In rural areas, there is not a lot of lighting, so when residents go out, it can be dangerous. Our communities have a general fear of police. People don't want to call the police for fear of being turned over to ICE or being shot at because they are Latino and Black.

- Violence is something that, unfortunately, those who live in our lower economic areas of the community struggle with a lot and it is exasperated by the homeless population and they don't feel safe.
- We have a lot of homicides. Almost all of it can be traced back to drugs and violence and gangs. Gang violence has decreased. We have a new chief of police who is very aggressive with prevention programs and policing.
- Child abuse rates have been declining.
- We have students who have family members who have been shot or stabbed. It impacts our students.

Air Quality

Days with Ozone Levels above Regulatory Standard

In 2016, Kern County had 78 days with ground-level ozone concentrations above the U.S. standard of 0.070 parts per million.

Days with Ozone Levels above Regulatory Standard, 2016

	Kern County	California
Days with ozone levels about standard	78	22

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 Kern County were measured at 15.9 micrograms per cubic meter.

Annual Average Particulate Matter Concentration, Micrograms per Cubic Meter, 2016

	Kern County	California
Annual average PM 2.5 concentration	15.9	9.0

Source: California Environmental Protection Agency, Air Resources Board, Air Quality Data Statistics, U.S. EPA Particulate Matter Trends, July 2017 via http://www.kidsdata.org

Community Input – Environmental Pollution

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

- We have some of the worst air quality in the country. We are geographically situated in a way where dirty air gets blocked in and we have major interstates used by trucks and cars to travel though the area every day and spew fumes.
- When the fires come, we have terrible air in the Bakersfield area.

- We don’t have great water. We have a lot of pollution due to the pesticides being used in the fields, and there are a lot of oil rigs. There are chemicals being used that are known to cause cancer. Fields are close to schools and we have children who are being exposed to chemicals known to cause cancer and respiratory problems.
- Where we live, there are constant letters from the school and water department stating it is not safe to drink tap water. Some communities it is said not to be safe to even shower or cook with the water or to use it to wash you fruits and vegetables. It may be from fracking because there are a lot of oil rigs.
- The air in the valley is poor. We have a high incidence of COPD and Valley Fever.
- We have concerns about the impact of pollution on the community. We have to balance the local economy while taking the environment into account.
- Most low-income populations live along the freeway, which is the worst area to live when it comes to environmental pollution.
- People don’t want to come here because of the horrible pollution. It is impacting our workforce development efforts.
- Agriculture and oil contribute to poor air quality and pollutants that other communities might not be exposed to. As a result, we have high rates of asthma and heart disease.
- Kern County has a lot of truck traffic. We are the main thoroughfare north to south and west into the central valley. This adds to our pollution.

Health Care Access

Health Insurance Coverage

Health insurance coverage is a key component to accessing health care. The Healthy People 2020 objective is for 100% insurance coverage. The service area has 91% insurance coverage, which is higher than the county (86.7%) and state (87.4%). Health care coverage is higher among children, ages 0 to 17. 95.8% of children in the service area are insured.

Health Insurance Coverage

	ZIP Code	All Ages	0 to 17	18 to 64
Mojave	93501	85.5%	92.4%	79.0%
California City	93505	88.8%	95.3%	83.9%
North Edwards	93523	98.5%	99.4%	97.4%
Tehachapi	93561	92.0%	96.0%	87.7%
AHTV Service Area		91.0%	95.8%	86.3%
Kern County		86.7%	94.6%	80.6%
California		87.4%	94.6%	82.4%

Source: U.S. Census Bureau, American Community Survey, 2012-2016, S2701. http://factfinder.census.gov. No data for Edwards AFB.

When insurance coverage was examined for the county, 35% of the population had Medi-Cal coverage. 35.8% of county residents had employment-based insurance.

Insurance Coverage by Type

	Kern County	California
Medi-Cal	35.0%	22.4%
Medicare only	1.1%	1.3%
Medi-Cal/Medicare	4.0%	3.5%
Medicare and others	5.9%	8.7%
Other public	1.2%	1.7%
Employment based	35.8%	44.8%
Private purchase	6.0%	5.8%
No insurance	10.5%	11.2%

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

Sources of Care

Access to a medical home and a primary care provider improve continuity of care and decrease unnecessary emergency room visits. Seniors in Kern County are the most likely to have a usual source of care (93.9%), followed by children (92.8%); adults 18 to 64 are the least likely to have a usual source of care (82.7%).

Usual Source of Care

	Ages 0-17	Ages 18-64	Ages 65+
Kern County	92.8%	82.7%	93.9%*
California	91.5%	82.2%	94.5%

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

When access to care through a usual source of care is examined by race/ethnicity, county Latinos (83.1%) are the least likely to have a usual source of care.

Usual Source of Care by Race/Ethnicity

	Kern County	California
African American	89.0%*	87.2%
Asian	91.4%*	84.2%
Latino	83.1%	81.4%
White	90.7%	90.8%

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

In Kern County, 55.4% of residents access care at a doctor's office, HMO or Kaiser, and 28.2% access care at a clinic or community hospital. 13% of the population had no usual source of care.

Sources of Care

	Kern County	California
Dr. Office/HMO/Kaiser Permanente	55.4%	59.8%
Community clinic/Government clinic/ Community hospital	28.2%	23.8%
ER/Urgent care	2.2%*	1.5%
Other place/no one place	1.1%*	0.9%
No usual source of care	13.0%	14.0%

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

Accessing health care can be affected by the number of providers in a community. The Boron/California City/Desert Lake/Mojave/North Edwards/Rosamond and Bear Valley Springs/Keene/Stallion Springs/Tehachapi are federally-designated High Needs Geographic Health Professional Shortage Areas (HPSAs) for primary care. Bear Valley Springs/Keene/Stallion Springs/Tehachapi is a High Needs Geographic HPSA for mental health and a Population HPSA for dental health.

Based on the 2018 County Health Rankings, Kern County ranks 52 out of 57 ranked California counties for clinical care, which includes ratios of population-to-care providers and preventive screening practices, among other factors. The ratio of county population to health care providers shows fewer primary care physicians, dentists, and mental health providers for its population when compared to California.

Ratio of Population to Health Care Providers

	Kern County	California
Primary Care Physicians	2,040:1	1,280:1
Dentists	2,120:1	1,210:1
Mental health providers	610:1	320:1

Source: County Health Rankings, 2018. http://www.countyhealthrankings.org/app/california/2018/measure/factors/62/data

An examination of Emergency Room use can lead to improvements in providing community-based

prevention and primary care. 22.2% of Kern County residents visited an ER over the period of a year. In Kern County, seniors visit the ER at the highest rates (31%), followed by children (29.1%).

Use of Emergency Room

	Kern County	California
Visited ER in last 12 months	22.2%	21.6%
0-17 years old	29.1%	19.4%
18-64 years old	18.8%	22.2%
65 and older	31.0%	23.7%
<100% of poverty level	35.7%	26.5%
<200% of poverty level	28.6%	25.0%

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

Difficulty Accessing Care

5.7% of Kern County adults had difficulty finding a primary-care doctor and 11.3% had difficulty obtaining specialty care.

Difficulty Accessing Care in the Past Year, Adults

	Kern County	California
Reported difficulty finding primary care	5.7%	5.8%
Reported difficulty finding specialist care	11.3%	12.9%
Primary care doctor not accepting their insurance	6.3%	5.3%
Specialist not accepting their insurance	8.4%	11.0%

Source: California Health Interview Survey, 2014-2016. http://ask.chis.ucla.edu

Access to Primary Care Community Health Centers

Community Health Centers provide primary care (including medical, dental and mental health services) for uninsured and medically-underserved populations. Using ZCTA (ZIP Code Tabulation Area) data for the Adventist Health Tehachapi Valley service area and information from the Uniform Data System (UDS)[1], 37.3% of the population in the service area is categorized as low-income (≤200% of Federal Poverty Level) and 18.2% of the population are living in poverty.

There are four Section-330-funded grantees (Federally Qualified Health Centers – FQHCs and FQHC Look-Alikes) serving the service area, including: Antelope Valley Community Clinic, Bartz-Altadonna Community Health Center, Clinica Sierra Vista, and Omni Family Health.

Even with Community Health Centers serving the area, there are many low-income residents who are not served by one of these clinic providers. The FQHCs and Look-Alikes serve a total of 5,860 patients in the service area, which equates to 31.8% coverage among low-income patients and 10.4% coverage

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

among the total population. From 2015-2017, the clinic providers added 747 patients for a 14.6% increase in patients served by Community Health Centers. However, there remain 12,589 low-income residents, approximately 68.2% of the population at or below 200% FPL, that are not served by a Community Health Center.

Low-Income Patients Served and Not Served by FQHCs and Look-Alikes

Low-Income Population	Patients Served by Section 330 Grantees In Service Area	Coverage Among Low-Income Patients	Coverage of Total Population	Low-Income Not Served	
				Number	Percent
18,449	5,860	31.8%	10.4%	12,589	68.2%

Source: UDS Mapper, 2017. http://www.udsmapper.org

Delayed or Forgone Care

8.4% of Kern County residents delayed or did not get medical care and delayed or did not get prescriptions when needed. 4.6% of county residents ultimately went without needed medical care, which is higher than the Healthy People 2020 objective of 4.2% of the population who forgo care.

Reasons for a delay in care or going without care included the cost of care/insurance issues, personal reasons, or system/provider issues. 52% of county residents who delayed or went without care listed "cost/insurance issues" as a barrier.

Delayed Care in Past 12 Months, All Ages

	Kern County	California
Delayed or did not get medical care	8.4%	10.9%
Had to forgo needed medical care	4.6%	6.3%
Delayed or did not get medical care due to cost, lack of insurance or other insurance issue	52.0%	47.7%
Delayed or did not get prescription meds	8.4%	9.1%

Source: California Health Interview Survey, 2014-2016. http://ask.chis.ucla.edu/

4.1% of Kern County children, ages 0 to 17, delayed or did not get care within the prior 12 months due to cost or lack of insurance; 2.7% of children ultimately did not receive care. 3.8% of county children had delayed or unfilled prescription medications in the past 12 months.

Cost as a Barrier to Accessing Health Care in the Past Year for Children

	Kern County	California
Child's care delayed or foregone due to cost or lack of insurance	4.1%*	1.8%
Child forewent care	2.7%*	1.2%
Child's prescription medication delayed or unfilled	3.8%	4.9%

*Source: California Health Interview Survey, 2013-2016. http://ask.chis.ucla.edu *Statistically unstable due to sample size*

Community Input – Access to Health Care

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

- A big barrier to health care access is cultural competency. When a resident finally makes it in the door, there is no guarantee the practitioners will speak his language and be culturally sensitive. And also our LGBTQ groups have difficulty and challenges with service providers who are not LGBTQ.
- There is a lack of providers in the community. Transportation is s huge factor. It is a lot easier to take the bus to the hospital than the clinic or if you can't afford the bus pass, people call an ambulance.
- I've seen an improvement in access to care over the last couple of years with legislative changes.
- Undocumented patients are afraid to put themselves into a situation where they can be discovered. So, they are hesitant to access resources set up for them.
- There are not enough doctor specialists who speak the language and understand the culture of area residents.
- Among residents of ethnic communities there is a lack of understanding of how to obtain medical coverage and prescription assistance. There are many resources, but people don't know how to get to them.
- A lot of people are still going to Mexico for their health care. In Mexico, they feel more comfortable, more valued, and they feel like they get what is needed. They go there on a regular basis. The only time they get care here is if they go on an emergency basis, because they can't go across the border. But if they do not have the opportunity to go to Mexico, they go to the FQHC. The ones who are most vulnerable, they have nowhere to go other than the FQHC, they are opening up lot of these clinics. For the most vulnerable and it is the only place for them to go.
- We need resources to educate people who experience homelessness on how to access the health care system. They also need transportation to get to and from appointments. There is a need for clinical staff and nurses to go out into the field and work with homeless people in clinical way and meet them where they are at. There are not enough people focused on providing health care to the homeless population.
- Transportation is a barrier to accessing care and language can be a barrier.
- There is a lack of access to care for undocumented adults.
- Accessing health care for LGBTQ individuals is a challenge. There are an estimated 3,000 Trans individuals in Kern County. We have an estimated 15,000 Bi + and 15,000 Gay and Lesbian individuals. These individuals have trouble finding an affirming doctor. Of those 3,000 Trans individuals, Trans men often still need pap smears and Trans women often need prostate exams, depending on whether they've had surgical intervention.
- The first barrier is a lack of education about how to initially enroll and use health care insurance and obtain access to primary care services.
- We have a very poor population. We are one of poorest communities in the US. Many people can't afford coverage, even catastrophic insurance rates.
- We have a lot of migrant workers. They don't come and go like they used to because crops don't rotate the same way anymore, so people stay. But there are a lot of undocumented residents and people don't get health care because they are concerned they could be deported.

Dental Care

17.2% of Kern County children, ages 3 to 11, have never been to a dentist; this is higher than the state rate of 15.9%. Teens obtain dental care at a higher rate than children: 93.9% of county teens had been to the dentist in the past two years.

Delay of Dental Care among Children and Teens

	Kern County	California
Children, ages 3 to 11, never been to the dentist	17.2%	15.9%
Children, ages 3 to 11, been to dentist < 6 months to 2 years	81.7%*	83.1%
Children, ages 3 to 11, needed but didn't get dental care in past year**	2.8%*	4.3%
Children visited ER or Urgent Care due to dental issue in past year**	3.7%*	1.4%*
Teens never been to the dentist	0.0%	1.8%
Teens been to dentist less than 6 months to 2 years	93.9%*	95.3%

*Source: California Health Interview Survey, Children 2013-2016 or **2015-2016, Teens 2012-2014.http://ask.chis.ucla.edu *Statistically unstable due to sample size.*

2.4% of Kern County residents have never been to a dentist and 11.8% have not visited a dentist for five or more years. 71.5% of adults indicate the condition of their teeth is good to excellent and 25.3% of adults rate the condition of their teeth as fair to poor.

Adult Dental Care

	Kern County	California
Condition of teeth: good to excellent	71.5%*	70.7%
Condition of teeth: fair to poor	25.3%	27.2%
Condition of teeth: has no natural teeth	3.2%*	2.1%
Never been to a dentist**	2.4%*	2.1%
Visited dentist < 6 months to two years**	76.6%	79.6%
Visited dentist more than 5 years ago**	11.8%	8.4%

*Source: California Health Interview Survey, 2016 or **2013, 2014 & 2016. http://ask.chis.ucla.edu *Statistically unstable due to sample size*

Community Input – Dental Care

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

- There is not enough dental care access for the homeless population. A lot of times they may have some tooth decay and it can cause bigger and they can be hospitalized. There is a lack of services and prevention. The access is not there until it gets really, really bad or with drug use, they can lose their teeth due to meth use.
- The undocumented do not get access to dental care. If they cannot get dental care through the clinic, they have to travel or be on a waiting list for a long period of time.

- There is a lack of access due to insufficient insurance and Medi-Cal coverage for dental services. There is a lack of dentists who take Medi-Cal, and a lack of specialists. And it is unaffordable.
- Absenteeism for students is caused by illnesses associated with poor dentition. Just having a healthy mouth you have a significantly healthier student.
- I'm not sure it is priority in our community and dental care promotes and impacts a person's general health as well.
- Meth destroys teeth and Medi-Cal only provides one extraction a year, but they have a whole mouth to deal with.
- If you are on Medi-Cal, you are eligible for Denti-Cal. People we support don't know that. Finding dentists who take Denti-Cal is a struggle.
- Some populations that have had substance use issues in the past, like meth, put their dental hygiene at risk. They have a need for dental work.
- Children have more access to dental care. On Medi-Cal dental care for kids is covered, including orthodontia.
- Preventive dental care it is very expensive, so people don't go until they absolutely have to. My mom hasn't gone to the dentist in over 10 years. Why go if she doesn't need to? She is undocumented. I wasn't eligible for Medi-Cal and all we could do was go to the local clinic and they would extract the tooth – that was it. It still costs a lot of money.
- It impacts the undocumented we serve the most, because it is very expensive to get access. So, a lot of the community doesn't get dental care.
- There is a lack of education with parents as they are putting kids to bed with bottles with juice and soda. We see kids with caps on their baby teeth.
- The public health department was given money with the Prop 56 tobacco tax, which in part it is to help with dental. The biggest issue is when people finish dental or medical school, they can live in Kern or LA or the Bay area and charge more. So, it is hard to keep and get people to stay here, especially pediatric dentists. Any subspecialty has been very hard to get here in Kern County.
- We really need proactive programs because I guarantee kids are not getting dental care. People need to understand if they do not take care of their teeth, it will lead to disease.

Birth Characteristics

Births

From 2013 to 2015, there was an average of 704 births per year in the service area.

Delivery Paid by Public Insurance or Self-Pay

In the hospital service area, the rate of births paid by public insurance or self-pay was 640.0 births per 1,000 live births, which was lower than county rate (689.5 births per 1,000) but was higher than the state rate (524.0 per 1,000 live births).

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

	AHTV Service Area		Kern County	California
	Number	Rate	Rate	Rate
Delivery paid by public insurance or self-pay	450	640.0	689.5	524.0

Source: Calculated by Gary Bess Associates using California Department of Public Health Birth Profiles by ZIP Code of Residence, 2013-2015, and U.S. Census Bureau American Community Survey, 5-Year Average 2012-2016, Table B01001

Teen Birth Rate

Teen births occurred at an average annual rate of 7.4% of total births (73.9 per 1,000 live births).Teen birth rates were lower than county rates (98.5 per 1,000 live births) and higher than state rates (55.4 per 1,000 live births).

Births to Teen Mothers (Age Under 20), Rate per 1,000 Live Births

	AHTV Service Area		Kern County	California
	Number	Rate	Rate	Rate
Births to teen mothers	52	73.9	98.5	55.4

Source: Calculated by Gary Bess Associates using California Department of Public Health Birth Profiles by Zip Code of Residence, 2013-2015, and U.S. Census Bureau American Community Survey, 5-Year Average 2012-2016, Table B01001.

Prenatal Care

Pregnant women in the service area entered prenatal care late (after the first trimester) at a rate of 326.4 births per 1,000. This rate of late-entry into prenatal care translates to 32.6% of women entering prenatal care late or not at all. 67.4% of women accessed prenatal care in the first trimester. This does not meet the Healthy People 2020 objective of 78% of women entering prenatal care in the first trimester.

Late Entry Into Prenatal Care, Rate per 1,000 Live Births

	AHTV Service Area		Kern County	California
	Number	Rate	Rate	Rate
Entered care after 1st trimester	230	326.4	281.8	179.9

Source: Calculated by Gary Bess Associates using California Department of Public Health Birth Profiles by Zip Code of Residence, 2013-2015, and U.S. Census Bureau American Community Survey, 5-Year Average 2012-2016, Table B01001.

Low Birth Weight

Low birth weight is a negative birth indicator. Babies born at a low birth weight are at higher risk for disease, disability and possibly death. For this measurement, a lower rate is a better indicator. The service area rate of low-birth-weight babies was 9.1% (91.4 per 1,000 live births), which was higher than the county (7.1%) and state (6.8%). The service area rate does not meet the Healthy People 2020 objective of 7.8% low birth weight births.

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

	AHTV Service Area		Kern County	California
	Number	Rate	Rate	Rate
Low birth-weight births	64	91.4	70.9	67.9

Source: Calculated by Gary Bess Associates using California Department of Public Health Birth Profiles by Zip Code of Residence, 2013-2015, and U.S. Census Bureau American Community Survey, 5-Year Average 2012-2016, Table B01001.

Premature Birth

The rate of premature births (occurring before the start of the 37th week of gestation), in the service area was 7.8% (77.7 per 1,000 live births). This rate of premature birth was higher than the county rate (6.9%) and the state rate (5.3%).

Premature Birth before Start of 37th Week or Unknown, Rate per 1,000 Live Births

	AHTV Service Area		Kern County	California
	Number	Rate	Rate	Rate
Premature birth	55	77.7	68.6	52.5

Source: Calculated by Gary Bess Associates using California Department of Public Health Birth Profiles by Zip Code of Residence, 2013-2015, and U.S. Census Bureau American Community Survey, 5-Year Average 2009-2013, Table B01001

Mothers Who Smoked Regularly During Pregnancy

The rate of mothers who smoked regularly during pregnancy in the service area was 7.0% (69.6 per 1,000 live births), which was higher than the county rate (3.5%) and the state rate (2.4%).

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

	AHTV Service Area		Kern County	California
	Number	Rate	Rate	Rate
Mothers who smoked	49	69.6	34.8	23.7

Source: Calculated by Gary Bess Associates using California Department of Public Health Birth Profiles by Zip Code of Residence, 2013-2015, and U.S. Census Bureau American Community Survey, 5-Year Average 2009-2013, Table B01001

Infant Mortality

The infant (less than one year of age) mortality rate in Kern County was 6.8 deaths per 1,000 live births; this was higher than the state rate (4.6 deaths per 1,000 live births) and the Healthy People 2020 objective of 6.0 deaths per 1,000 births.

Infant Death Rate, 2013-2015 Average, Rate per 1,000 Live Births

	Kern County	California
Infant deaths	6.8	4.6

Source: California Department of Public Health, County Health Status Profiles, 2018. https://www.cdph.ca.gov/Programs/CHSI/Pages/County-Health-Status-Profiles.aspx

Breastfeeding

The Healthy People objective 2020 goal is 81.9% of infants being breastfed. Data on breastfeeding are collected by hospitals on the Newborn Screening Test Form. Breastfeeding rates in Kern County indicated 89.8% of new mothers used some breastfeeding and 62.9% used breastfeeding exclusively. The rates of breastfeeding in the county were lower than state rates.

In-Hospital Breastfeeding

	Any Breastfeeding		Exclusive Breastfeeding	
	Number	Percent	Number	Percent
Kern County	9,977	89.8%	6,992	62.9%
California	384,637	93.9%	285,146	69.6%

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

Community Input – Birth Indicators

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

- We know birth indicators are worse for Black women. In particular, there is information that generational stress is believed to be a contributor to this. Teen pregnancy in our area also continues to be a big problem. And there is a lack of access to family planning services.
- We are doing a much better job having healthy birth weights by encouraging prenatal classes. People who come here for seasonal work may not speak English and do not have health care. As a result, they do not have access to prenatal classes and are more likely to have birth complications and low birth weight babies.
- We have returning drug moms who give birth, one after the other. One mom has come here eight times and had eight babies and she gives them up. Babies are being born addicted, and they are given to foster care. Not everyone wants to adopt a baby with a preexisting drug condition.
- We are lacking facilities and equipment to handle issues with prenatal care. We have a lot of premature babies. Kids have to go to UCLA or Valley Children's Healthcare in Madera.
- A director of maternal child noticed we didn't have widespread adoption of breastfeeding. Especially with NICU babies, they would just go to formula. So we started a breast milk bank. We found women with babies in NICU or those who have difficulty breastfeeding were amiable to accepting donor milk. There is not community access right now, as it is just for the babies in the hospitals. It would be nice to expand it for community use.
- Do women who are homeless and pregnant have access to health care and are they getting prenatal care? And where are they going once the baby is born?

- There is a lack of education for some mothers who grew up in unstable families and do not have strong role models. They try and figure it out on their own and there is a lack of trust and unwillingness to receive help and services.
- Kern County is not doing well with fetal mortality. Poor birth outcomes are a result of poverty, mental illness, homelessness, a lack of access to care, and substance use. We are having babies born addicted and with STIs.
- It can be extremely hard if you do not have resources for diapers, or your child won't latch on, and you have to use formula, or if your child has food allergies and you need specialty formula. It is very expensive and it is hard to come by, even with WIC. And getting people to participate in good prenatal care can be a challenge.
- Overall, there is low usage for WIC. The number of eligible people accessing services has gone down.
- We have high rates of low birth weight babies. Also, we have a higher rate of infant mortality than other areas of the state. This is a result of a lack of prenatal care, poverty and stressors.

Leading Causes of Death

Life Expectancy at Birth

The life expectancy for men in Kern County is 75.2 years and for females is 79.5 years. The rates of life expectancy in Kern County are lower than in California.

Life Expectancy at Birth

	Years of Life Expected	
	Male	Female
Kern County	75.2	79.5
California	78.6	83.0

Source: Institute for Healthy Metrics and Evaluation, by Conduent Healthy Communities Institute, 2014, accessed via Healthy Kern County. http://www.healthykern.org

Leading Causes of Death

Heart disease, cancer, and Chronic Lower Respiratory Disease (CLRD) are the top three causes of death in the service area. Alzheimer's disease is the fourth-leading cause of death and unintentional injuries is the fifth-leading cause of death.

These causes of death are reported as age-adjusted death rates. Age adjusting eliminates the bias of age in the makeup of the populations being compared. When comparing across geographic areas, age-adjusting is typically used to control for the influence that different population age distributions might have on health event rates.

Leading Causes of Death, Age-Adjusted Rate, per 100,000 Persons, 2013-2015

	AHTV Service Area		Kern County	California	Healthy People 2020 Objective
	Avg. Annual Deaths	Rate	Rate	Rate	Rate
Heart disease	354	252.7	213.6	161.5	No Objective
Ischemic heart disease	252	173.2	142.3	103.8	103.4
Cancer	279	174.1	165.7	158.4	161.4
Chronic Lower Respiratory Disease	106	76.7	59.0	36.0	Not Comparable
Alzheimer's disease	56	49.1	50.5	35.5	No Objective
Unintentional injuries	74	46.1	51.6	31.8	36.4
Stroke	57	39.9	38.9	38.2	34.8
Diabetes	55	36.7	37.4	22.6	Not Comparable
Suicide	38	23.8	14.6	11.0	10.2
Liver disease	28	16.6	15.9	13.8	8.2
Pneumonia and influenza	19	13.8	16.4	16.8	No Objective
Kidney disease	18	13.8	11.8	8.5	Not Comparable

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2013-2015 and U.S. Census Bureau American Community Survey, 5-Year Average 2012-2016,Table B01001,and using the 2010 U.S. standard million.

Heart Disease and Stroke

The age-adjusted mortality rate for ischemic heart disease was 173.2 deaths per 100,000 persons. This rate of heart disease death exceeded the Healthy People 2020 objective of 103.4 ischemic heart disease deaths per 100,000 persons.

The age-adjusted rate of death from stroke was 39.9 deaths per 100,000 persons. This rate of stroke death exceeded the Healthy People 2020 objective of 34.8 stroke deaths per 100,000 persons.

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

	AHTV Service Area		Kern County	California
	Number	Rate	Rate	Rate
Ischemic heart disease death rate	252	173.2	142.3	103.8
Stroke death rate	57	39.9	38.9	38.2

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2013-2015 and U.S. Census Bureau American Community Survey, 5-Year Average 2012-2016, Table B01001, and using the 2010 U.S. standard million.

Cancer

In the service area, the age-adjusted cancer mortality rate was 174.1 per 100,000 persons. The cancer death rate in the service area does not meet the Healthy People 2020 objective of 161.4 per 100,000 persons.

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

	AHTV Service Area		Kern County	California
	Number	Rate	Rate	Rate
Cancer death rate	279	174.1	165.7	158.4

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2013-2015 and U.S. Census Bureau American Community Survey, 5-Year Average 2012-2016, Table B01001, and using the 2010 U.S. standard million.

In Kern County, the rates of death from lung and bronchus cancers (39.0 per 100,000 persons), prostate cancer (22.7 per 100,000 men), female breast cancer (21.8 per 100,000 women), Non-Hodgkin Lymphoma (5.9 per 100,000 persons), urinary bladder cancer (4.4 per 100,000 persons), kidney and renal pelvis cancers (3.9 per 100,000 persons) and esophageal cancer (3.9 per 100,000 persons), exceed the state rates of death for those cancers.

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

	Kern County	California
Cancer all sites	**157.3**	**146.6**
Lung and bronchus	39.0	32.0
Prostate (males)	22.7	19.6
Breast (female)	21.8	20.1
Colon and rectum	13.0	13.2
Pancreas	9.3	10.3
Liver and intrahepatic bile duct	6.6	7.6
Leukemia*	6.2	6.3

	Kern County	California
Ovary (females)	6.0	7.1
Non-Hodgkin lymphoma	5.9	5.4
Urinary bladder	4.4	3.9
Uterine** (females)	4.2	4.5
Kidney and renal pelvis	3.9	3.5
Esophagus	3.9	3.3

*Source: The Centers for Disease Control and Prevention, National Cancer Institute, State Cancer Profiles, 2011-2015 http://www.cancer-rates.info/ca/ *Myeloid and Monocytic + Lymphocytic + "Other" Leukemias **Uterus, NOS + Corpus Uteri*

Chronic Lower Respiratory Disease

Chronic Lower Respiratory Disease (CLRD) includes COPD (Chronic Obstructive Pulmonary Disease), emphysema and bronchitis. The age-adjusted death rate for respiratory disease in the service area was 76.7 per 100,000 persons, which was higher than the county rate (59.0 per 100,000 persons) and state rate (36.0 per 100,000 persons).

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

	AHTV Service Area		Kern County	California
	Number	Rate	Rate	Rate
Chronic Lower Respiratory Disease death rate	106	76.7	59.0	36.0

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2013-2015 and U.S. Census Bureau American Community Survey, 5-Year Average 2012-2016, Table B01001, and using the 2010 U.S. standard million.

Alzheimer's Disease

The age-adjusted mortality rate from Alzheimer's disease in the service area was 49.1 per 100,000 persons. This was lower than the Kern County rate (50.5 per 100,000 persons) and the state rate (35.5 per 100,000 persons).

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

	AHTV Service Area		Kern County	California
	Number	Rate	Rate	Rate
Alzheimer's disease death rate	56	49.1	50.5	35.5

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2013-2015 and U.S. Census Bureau American Community Survey, 5-Year Average 2012-2016, Table B01001, and using the 2010 U.S. standard million.

Community Input – Alzheimer's Disease

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

- Accessing support resources is a challenge for families. Resources will be more limited as we get older and more people get diagnosed with the disease.
- Alzheimer's disease requires 24-hour care. It is very common that families are not able to effectively care for their loved ones due to the high cost of treating or caring for them. A lot of families have to quit their jobs to stay home and care for a loved one because they do not have other options.
- Hospitals treat the patients but there is no family support.

- Persons with Alzheimer's disease are not well supported unless they have a home support service and can afford to hire help in the home. Often, they end up in institutions.
- There is a need for respite for the caregivers in the family. There are a lot of mental health issues with the caregivers and a lot of times there is depression. The system is very difficult to navigate when a family member has Alzheimer's.
- How do we provide dental hygiene for Alzheimer's disease patients? Especially with them being uncooperative due to their disease?
- There is an issue when it comes to safe discharge into the community from a hospital setting. There is a lack of skilled nursing care in our county and skilled nursing doesn't provide memory care. Memory care is generally very expensive. We see a lot of caregiver burnout as well.
- The challenge will be keeping up with the aging population and making sure we have available resources.
- There are not a lot of resources for dementia and Alzheimer's care.

Unintentional Injury

The age-adjusted death rate from unintentional injuries was 46.1 per 100,000 persons. This rate was lower than the Kern County rate (51.6 deaths per 100,000 persons) and higher than the state rate (31.8 deaths per 100,000). The Healthy People 2020 objective for unintentional injuries is 36.4 deaths per 100,000 persons.

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

	AHTV Service Area		Kern County	California
	Number	Rate	Rate	Rate
Unintentional injury death rate	74	46.1	51.6	31.8

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2013-2015 and U.S. Census Bureau American Community Survey, 5-Year Average 2012-2016, Table B01001 and using the 2010 U.S. standard million.

Community Input – Unintentional Injury

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

- People are looking at their phones and not looking around them. Driving and texting can kill somebody.
- Accidental drownings usually start when it is warm enough for the pools to open up. We also have quite a few accidental burns with spills or touching something hot.
- Motorcycle collisions are common in the community.
- In some neighborhoods there are fewer street lights, and the sidewalks and roads need improvements. The outdoor environment can lead to unintentional injuries.
- The county is not very safe for pedestrians and we do not promote safe walking and bike lanes.
- One barrier we see with kids is things happen at home and the parent will send them back to school without taking them to the doctor or the hospital. They may have a third degree burn on their arm

and it is getting infected, so there is a lack of education. When they get to school, the nurse is dealing with it, and they are educating the parents.

- Safe sleep is something we have worked on to educate parents about: co-sleeping, unintentionally rolling over and suffocating the baby or having blankets around a baby and they can't breathe.
- We have a river and people will try to swim in the river but when the water is up, it is very dangerous.

Diabetes

The age-adjusted mortality rate from diabetes was 36.7 deaths per 100,000 persons. This was higher than the state rate (22.6 deaths per 100,000 persons).

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

	AHTV Service Area		Kern County	California
	Number	Rate	Rate	Rate
Diabetes death rate	55	36.7	37.4	22.6

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2013-2015 and U.S. Census Bureau American Community Survey, 5-Year Average 2012-2016,Table B01001 and using the 2010 U.S. standard million.

Suicide

The age-adjusted suicide rate in the service area was 23.8 deaths per 100,000 persons. This rate was higher than the county rate (14.6 deaths per 100,000) and the state rate (11.0 deaths per 100,000 persons). The Healthy People 2020 objective for suicide death is 10.2 per 100,000 persons.

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

	AHTV Service Area		Kern County	California
	Number	Rate	Rate	Rate
Suicide	38	23.8	14.6	11.0

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2013-2015 and U.S. Census Bureau American Community Survey, 5-Year Average 2012-2016,Table B01001 and using the 2010 U.S. standard million.

Pneumonia and Influenza

The age-adjusted death rate for pneumonia and influenza in the service area was 13.8 per 100,000 persons. This was lower than the county rate (16.4 per 100,000 persons) and the state rate (16.8 per 100,000 persons).

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

	AHTV Service Area		Kern County	California
	Number	Rate	Rate	Rate
Pneumonia and influenza death rate	19	13.8	16.4	16.8

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2013-2015 and U.S. Census Bureau American Community Survey, 5-Year Average 2012-2016, Table B01001, and using the 2010 U.S. standard million.

Liver Disease

The age-adjusted death rate from liver disease was 16.6 deaths per 100,000 persons. The area exceeds the Healthy People 2020 objective for liver disease death is 8.2 per 100,000 persons.

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

	AHTV Service Area		Kern County	California
	Number	Rate	Rate	Rate
Liver disease death rate	28	16.6	15.9	13.8

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2013-2015 and U.S. Census Bureau American Community Survey, 5-Year Average 2012-2016,Table B01001 and using the 2010 U.S. standard million.

Drug Overdose

The age-adjusted death rate from unintentional drug overdoses in Kern County was 23.9 deaths per 100,000 persons, which was more than the state rate (11.8 per 100,000).

Unintentional Drug Overdose Deaths, Age-Adjusted, per 100,000 Persons, 2014-2016

	Rate
Kern County	23.9
California	11.8

Source: U.S. Centers for Disease Control (CDC) as reported by County Health Rankings 2018, per Counduent Healthy Communities Institute via http://www.healthykern.org

The age-adjusted death rate from opioid overdoses ranged from a low of 0 deaths per 100,000 persons in Mojave, North Edwards and Edwards AFB to a high of 9.1 deaths per 100,000 persons in Tehachapi. The county rate was 8.5, which was higher than the state rate of 5.2 deaths per 100,000 persons.

Opioid Drug Overdose Deaths, Age-Adjusted, per 100,000 Persons

	ZIP Code	Rate
Mojave	93501	0
California City	93505	5.7*
North Edwards	93523	0
Edwards AFB	93524	0
Tehachapi	93561	9.1*
Kern County		8.5
California		5.2

*Source: California Office of Statewide Health Planning and Development, via California Department of Public Health, California Opioid Overdose Surveillance Dashboard, 2017. https://discovery.cdph.ca.gov/CDIC/ODdash/ *Statistically unstable due to number*

Acute and Chronic Disease

Hospitalization Rates by Diagnoses

At Adventist Health Tehachapi Valley, 46.2% of all hospitalizations in 2017 showed a principal diagnosis of the respiratory system. Other top diagnoses resulting in hospitalizations were skin disorders, disorders of the digestive system, genitourinary system, and circulatory system.

Hospitalization Rates by Principal Diagnosis, Top Ten Causes

	Adventist Health Tehachapi Valley
Respiratory system	46.2%
Skin disorders	15.4%
Digestive system	13.9%
Genitourinary system	9.2%
Circulatory system	4.6%
Infections	3.1%
'Symptoms'	3.1%
Blood disorders	1.5%
Mental disorders	1.5%
Nervous system	1.5%

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

Emergency Room Rates by Diagnoses

At Adventist Health Tehachapi Valley, the top five primary diagnoses seen in the Emergency Department were injuries/poisonings, respiratory system, nervous system, digestive system, and genitourinary system diagnoses.

Emergency Room Rates by Principal Diagnosis, Top Ten Causes

	Adventist Health Tehachapi Valley
Injuries/poisonings	23.0%
Respiratory system	17.1%
Nervous system (including eye and ear disorders)	6.7%
Digestive system	6.4%
Genitourinary system	5.6%
Skin disorders	4.3%
Musculoskeletal system	3.8%
Circulatory system	3.4%
Infections	1.9%
Mental disorders	1.9%

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

Diabetes

Among Kern County adults, 15.6% have been diagnosed as pre-diabetic, and 11.1% reported they had been diagnosed with diabetes. These rates were higher than rates for the state. For adults with diabetes, 57.7% felt very confident they could control their diabetes.

Adult Diabetes

	Kern County	California
Diagnosed pre-diabetic	15.6%	12.5%
Diagnosed with diabetes	11.1%	9.3%
Very confident to control diabetes	57.7%	58.3%
Somewhat confident	35.0%	33.0%
Not confident	7.4%*	8.8%

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

Among African American adults in Kern County, 11.8% reported they had been diagnosed with diabetes. 10.3% of Latinos, 9.2% of Whites, and 8.2% of Asian had been diagnosed with diabetes.

Adult Diabetes by Race/Ethnicity

	Kern County	California
African American	11.8%*	10.8%
Latino	10.3%	11.1%
Asian	8.2%*	8.5%
White	9.2%	7.2%

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

Hospitalizations for diabetes in Kern County occur at a rate of 24.1 per 10,000 adults and ER visits for diabetes occur at a rate of 36.6 per 10,000 adults. These rates (and the rates for every diabetes sub-category) are higher than the diabetes hospitalization and ER rates in the state.

Diabetes Hospitalization and ER Rates, per 10,000 Adults, 2013-2015

	Kern County	California
Hospitalization rate due to diabetes	**24.1**	**17.2**
Due to long-term complications	13.5	10.2
Due to short-term complications	9.3	5.9
Due to uncontrolled diabetes	1.1	0.9
ER rate due to diabetes	**36.6**	**26.6**
Due to long-term complications	16.4	12.4
Due to short-term complications	2.9	1.8
Due to uncontrolled diabetes	3.6	2.2

Source: California Office of Statewide Health Planning & Development, accessed via Healthy Kern County. www.healthykern.org

High Blood Pressure

A co-morbidity factor for diabetes and heart disease is hypertension (high blood pressure). In Kern County, 34% of adults have been diagnosed with high blood pressure. Of those diagnosed with high blood pressure, 66.6% reported taking medication to manage their high blood pressure.

High Blood Pressure

	Kern County	California
Diagnosed with high blood pressure	34.0%	28.5%
Takes medication for high blood pressure	66.6%	67.2%

Source: California Health Interview Survey, 2014-2016. http://ask.chis.ucla.edu/

In Kern County, 45.7% of African Americans adults, 36.3% of Whites, 27.8% of Latinos, and 19.3% of Asians had high blood pressure.

Adult High Blood Pressure by Race/Ethnicity

	Kern County	California
African American	45.7%	38.6%
White	36.3%	30.6%
Latino	27.8%	25.1%
Asian	19.3%*	23.2%

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

The hospitalization rate for hypertension among adults in Kern County was 3.5 per 10,000 persons and the ER rate for hypertension was 35.7 per 10,000 persons. These rates were higher than found in the state.

Adult Hospitalization and ER Hypertension Rates, Age-Adjusted, per 10,000 Persons

	Kern County	California
Hospitalization rate due to hypertension	3.5	3.3
ER rate due to hypertension	35.7	26.4

Source: California Office of Statewide Health Planning & Development, accessed via Healthy Kern County, 2013-2015. www.healthykern.org

Heart Disease

In Kern County, 7.8% of adults have been diagnosed with heart disease. Among adults diagnosed with heart disease, 67.8% have been given a management care plan by a health care provider. Among Kern County adults with a management plan, 56.9% were, very confident in their ability to control their condition.

Adult Heart Disease

	Kern County	California
Diagnosed with heart disease	7.8%	6.3%
Has a management care plan	67.8%	70.8%
Very confident to control condition**	56.9%*	59.4%
Somewhat confident to control condition**	36.0%*	35.3%
Not confident to control condition**	7.0%*	5.3%

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

Kern County had lower rates of heart disease among African Americans (5%) and Asians (4%) than were reported at the state level, and higher rates than the state among Latinos (4.4%) and Whites (9.6%).

Adult Heart Disease by Race/Ethnicity

	Kern County	California
African American	5.0%*	5.7%
Asian	4.0%*	4.4%
Latino	4.4%*	4.1%
White	9.6%	8.2%

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

From 2013 to 2015, on average, the age-adjusted rate of hospitalization for heart failure in Kern County was 36.7 per 10,000 persons. The ER rate for heart failure was 12.1 visits per 10,000 persons.

Adult Hospitalization and ER Heart Failure Rates, Age-Adjusted, per 10,000 Persons

	Kern County	California
Hospitalization rate due to heart disease	36.7	29.1
ER rate due to heart disease	12.1	9.4

Source: California Office of Statewide Health Planning & Development, accessed via Healthy Kern County, 2013-2015 www.healthykern.org

Asthma

In Kern County, 18.9% of the total population had been diagnosed with asthma. 23.7% of children under 18 had been diagnosed with asthma. Among those with asthma, 42.1% take daily medication to control their symptoms.

Asthma

	Kern County	California
Diagnosed with asthma, total population	18.9%	14.7%
Diagnosed with asthma, 0-17 years old	23.7%	15.0%
ER visit in past year due to asthma, total population	12.9%*	11.7%
ER visit in past year due to asthma, 0-17 years old	20.3%*	14.5%
Takes daily medication to control asthma, total population	42.1%	45.3%
Takes daily medication to control asthma, 0-17 years old	21.6%*	38.9%

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

The hospitalization rate for COPD or asthma in older adults was 428.8 per 100,000 persons, which was higher than the state rate (265.6 per 100,000 persons). The asthma hospitalization rate for young adults in Kern County was 21.9 per 100,000 persons.

Asthma Hospitalization Rates, Age-Adjusted, per 100,000 Hospitalizations

	Kern County	California
COPD or asthma in older adults, ages 40+	428.8	265.6
Asthma in younger adults, ages18 to 39	21.9	22.6

Source: California Office of Statewide Health Planning & Development, 2016. https://oshpd.ca.gov/data-and-reports/healthcare-quality/ahrq-quality-indicators/

Cancer

In Kern County, the following rates of cancer in Kern County exceeded state rates: prostate cancer (98.6 per 100,000 men), lung and bronchus cancers (49.5 per 100,000 persons), colorectal cancer (35.6 per 100,000 persons), and kidney and renal pelvis cancers (17.7 per 100,000 persons).

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

	Kern County	California
Cancer all sites	**391.7**	**395.2**
Breast (female)	105.6	120.6
Prostate (males)	98.6	97.1
Lung and bronchus	49.5	42.2
Colon and rectum	35.6	35.5
Uterine** (females)	22.2	24.9
In situ breast (female)	20.2	28.2
Kidney and renal pelvis	17.7	13.9
Melanoma of the skin	17.0	21.6
Non-Hodgkin lymphoma	16.7	18.2
Urinary bladder	16.1	16.8
Thyroid	12.6	12.8
Leukemia*	11.8	12.3
Ovary (females)	11.0	11.6

Source: The Centers for Disease Control and Prevention, National Cancer Institute, State Cancer Profiles, 2011-2015
*http://www.cancer-rates.info/ca/ *= Myeloid & Monocytic + Lymphocytic + "Other" Leukemias **Uterus, NOS + Corpus Uteri*

HIV

In Kern County, 107 new cases of HIV were diagnosed in 2016 (12.0 cases per 100,000 persons). The county rate of HIV was 180.8 per 100,000 persons.

HIV

	Kern County	California
Newly diagnosed cases	107	5,061
Rate of new diagnoses	12.0	12.9
Living Cases	1,607	132,405
Rate of HIV	180.8	336.4
Percent in care	56.9%	73.2%
Percent virally suppressed	43.9%	62.6%
Percent deceased in 2016	1.6%	1.3%

Source: California Department of Public Health, Office of AIDS, California HIV Surveillance Report, 2016.
https://www.cdph.ca.gov/Programs/CID/DOA/Pages/OA_case_surveillance_reports.aspx

Coccidioidomycosis

Coccidioidomycosis, or Valley Fever, is an illness caused by a fungus found in the soil. The fungus can become airborne and be inhaled with dust particles. It affects the lungs and can produce flu-like symptoms and pneumonia. 2017 showed the highest rate of Valley Fever since the disease became individually-reportable in 1995. Kern County has the highest rate of Valley Fever in California. Rates of

Valley Fever in Kern County have risen from a low of 106.2 in 2014, to 305.7 cases per 100,000 county residents in 2017.

Valley Fever, Cases and Rates, per 100,000 Persons, 2013 - 2017

	2013		2014		2015		2016		2017	
	Cases	Rates	Cases	Rates	Cases	Rates	Cases	Rates	Cases	Rates
Kern County	1,659	191.1	931	106.2	1,082	122.5	2,250	253.4	2,748	305.7
California	3,318	8.6	2,316	6.0	3,154	8.1	5,509	14.0	7,466	18.8

Source: California Department of Public Health, Center for Infectious Disease, Epidemiological Summary of Coccidioidomycosis in California, 2017. https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Coccidioidomycosis.aspx

Community Input – Chronic Diseases

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

- Valley fever has become a great concern in our territory. I feel our local legislature has made it a priority and it is receiving the attention needed for a response to be put into place.
- We don't do a good job providing services in the community for patients we discharge with chronic diseases. We have high rates of readmissions; a lot of them are Medicare and Medicaid patients.
- We are also seeing a lot of oral cancers. This is tied to STIs and HPV. There is definitely a correlation to those having the HPV virus and developing oral cancer.
- A significant amount of lung cancer is being found at late stages. We think it's due to a lack of screening.
- A population that is underserved is the sickle cell population. They don't typically receive primary care, as no one knows how to manage this disease, and they end up in the ER, which costs millions of dollars. There is no comprehensive program for this population.
- A lot of people don't know they have chronic diseases. Once they are made aware, they rarely make needed lifestyle changes. But there could be a different approach to it, understanding the culture and integrating promotoras. We would have better success with those diagnosed with chronic diseases to make the changes that are needed.
- Because of environmental pollutants, we have high levels of asthma, Valley Fever and cancer.
- People who have trauma early in their life, we see it correlates with heart disease and diabetes and other health issues that get carried into adulthood.
- Cardiac disease and diabetes are impacted by poor life style choices.
- Diabetes is one of the biggest challenges for our population. It is hard for them to not continue some of their traditional eating habits.
- We seem to have a high rate of noncompliance with chronic disease management.
- With diabetes, people are not able to manage it, the medications are too expensive, and they may not have the right education to know what to eat.
- Valley Fever symptoms match with the flu, so people think they have the flu.
- People who live in the rural areas in Kern County are impacted by chronic diseases the most because of the exposure they have. Sometimes, there is more pollution in the area. An issue is they don't

have sidewalks or state-run clean parks. Rural areas don’t have access to fresh foods, which is ironic in our primarily farm worker community.

- The most obvious issue is readily available access to primary care services. Our FQHCs are doing an excellent job in trying to attract and manage those patients with chronic diseases, but we need more primary care access. It shouldn't take 60 or 90 days to get into a primary care doctor.
- In the last couple of years, Valley Fever has gotten some good attention. People want to invest in treatment, a vaccine and education so people know they could be exposed to the spores.

Health Behaviors

Health Behaviors Ranking

The County Health Rankings examines healthy behaviors and ranks counties according to health behavior data. California's 57 evaluated counties (Alpine excluded) are ranked from 1 (healthiest) to 57 (least healthy) based on a number of indicators that include: adult smoking, obesity, physical inactivity, excessive drinking, sexually transmitted infections, and others. At 57, Kern County ranks at the very bottom of California counties for health behaviors.

Health Behaviors Ranking

	County Ranking (out of 57)
Kern County	57

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

Health Status

Among residents in Kern County, 18.4% rate themselves as being in fair or poor health, which is higher than the state rate of 17.5%.

Health Status, Fair or Poor Health

	Kern County	California
All persons	18.4%	17.5%
Adults 18+	25.1%	21.3%

Source: California Health Interview Survey, 2014-2016. http://ask.chis.ucla.edu

Disability

In Kern County, 33.7% of adults reported a physical, mental or emotional disability. 7.8% of adults had been unable to work for a year or more due to physical or mental impairment.

Adults with a Disability

	Kern County	California
Adults with a disability	33.7%	29.7%
Couldn't work ≥ 1 year due to impairment	7.8%	6.6%

Source: California Health Interview Survey, 2014-2016 http://ask.chis.ucla.edu

Sexually Transmitted Infections

Rates of STIs are climbing rapidly in Kern County. The rate for chlamydia in Kern County in 2017 was 763.1 diagnosed cases per 100,000 persons. The Kern County rate of gonorrhea was 251.6 cases per 100,000 persons,

The primary and secondary syphilis rate for Kern County was 27.9 diagnoses per 100,000 persons. The rate for early latent syphilis was 20.6 per 100,000 persons. The rate of congenital syphilis is also rising

swiftly. In Kern County, there were 172.7 cases per 100,000 births. The Healthy People 2020 objective for congenital syphilis is 9.6 cases per 100,000 births.

STI Cases, Rate per 100,000 Persons, 2017

	Kern County		California
	Cases	Rate	Rate
Chlamydia	6,859	763.1	552.2
Gonorrhea	2,261	251.6	190.3
Primary and secondary syphilis	251	27.9	16.8
Early latent syphilis	185	20.6	17.7
Congenital syphilis* (per 100,000 births)	24.0	172.7	30.6

Source: California Department of Public Health, STD Control Branch, 2017.
https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/CA-STD-2017-Data-Tables.pdf
**Source: California Department of Public Health, County Health Status Profiles, 2018. Data from 2014-2016.*

Teen Sexual History

In Kern County, 66.3% of teens, ages 14 to 17, whose parents gave permission for the question to be asked, reported they had never had sex. This was a lower rate of abstinence than seen at the state level (81.2%).

Teen Sexual History, 14 to 17 Years Old

	Kern County	California
Never had sex	66.3%*	81.2%

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

Community Input – Sexually Transmitted Infections

Stakeholder interviews identified the following issues, challenges and barriers related to sexually transmitted infections (STIs). Following are their comments, quotes and opinions edited for clarity:

- There are 12, 13, and 14-year olds who are sexually active. We must provide preventive care and education at an early age. If there is no money or access to condoms and you are a 15-year-old, you will have unprotected sex.
- We have sex trafficking and prostitution. With prostitution, they move them around. They are here this week and then Las Vegas the next week, so it is hard to catch up with individuals to make sure they get education and treatment.
- With Latinos, there is taboo around this subject, so it is not talked about. Children are having sex, but we cannot talk to them about it.
- The biggest issue is people's fear of being tested. The process is invasive so they prefer not to get a test. They are asked many questions before they can do the blood work and they are uncomfortable with the process.
- We have seen an increase in our population with syphilis. Pregnant women are coming in to have their babies and they test positive for syphilis.
- In our community, generally, everything is very reactionary. Some aren't getting prenatal care, some do, but once they have syphilis, they have to follow through with care and take so many doses of

medication, and they have to get blood tests, so sometimes, they start to get care and then they don't follow through.

- Part of the problem is our conservative culture of sexuality in our county. The more we can get access to preventive care, contraception and education, the better.
- People aren't proactive about their sexual health. Unlike when people have cold or flu symptoms and they make an appointment with a doctor, if someone just had sex, they don't get tested. But they should get tested. People don't seek attention if they don't have any symptoms. They could have a bacterium but not have symptoms.
- There may be stigma or personal bias on the part of the doctors in interacting with the clients. There may be personal embarrassment on the part of the patient. I often see people don't want to talk about sex with someone they see quite frequently. Also, if a person goes to a provider and the provider seems judgmental or imposes their own biases, it won't work.
- We're seeing more people with multiple infections, (i.e., they have chlamydia, congenital syphilis, and gonorrhea). What's troubling is these people become more at risk for HIV.
- Youth are getting misinformation and their sex education from their peers. With older adults, substance use issues are contributing to STI cases.
- Some issues are a lack education, culture, and religious beliefs of the parents. They should talk about this, but they don't talk about sex with their children.

Overweight and Obesity

In Kern County, 34.8% of adults, 21.6% of teens, and 23.4% of children are overweight. This is a larger percentage of overweight children and teens than found in the state.

Overweight

	Kern County	California
Adult, ages 18+	34.8%	35.2%
Teen, ages 12-17	21.6%*	17.2%
Child, ages under 12	23.4%	13.7%

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

40.7% of adults, aged 20 and older, in Kern County are obese. 20.6% of Kern County teens are obese. The Healthy People 2020 objectives for obesity are 30.5% of adults, aged 20 and over, and 16.1% of teens.

Obesity*

	Kern County	California
Adults (20+ years)	40.7%	26.8%
Teens (ages 12-17)	20.6%	16.8%

*Source: California Health Interview Survey, 2012-2016. http://ask.chis.ucla.edu/ *30+ BMI for adults, or top 5% of BMI percentiles for teens*

When adult obesity levels were tracked over time, Kern County had a 12.2% increase in obesity from 2005 to 2016. There was a 6.3% increase in obesity in the state during this time period.

Adult Obesity, 2005 - 2016

	2005	2007	2009	2011	2013	2015	2016	Change 2005-2016
Kern County	30.5%	29.8%	33.2%	34.0%	32.1%	38.5%	42.7%	+12.2
California	21.6%	23.2%	23.0%	25.4%	25.2%	28.0%	27.9%	+6.3

Source: California Health Interview Survey, 2005, 2007, 2009, 2011-2012, 2013, 2015 & 2016. http://ask.chis.ucla.edu

81.4% of Kern County Latinos and 80.2% of African Americans are overweight or obese. 69.1% of Whites in the county and 60.1% of Asians are overweight or obese.

Adults, 20+ Years of Age, Overweight and Obesity by Race/Ethnicity

	Kern County	California
Latino	81.4%	74.1%
African American	80.2%*	73.9%
White	69.1%	58.6%
Asian	60.1%*	42.4%

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

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

In the Tehachapi Unified School District, 34.4% of 5th grade students tested as body composition needing improvement or at health risk. 34.5% of 7th grade students tested as needing improvement or at health risk. 33.3% of 9th graders tested as needing improvement or at health risk.

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

	Fifth Grade		Seventh Grade		Ninth Grade	
	Needs Improvement	Health Risk	Needs Improvement	Health Risk	Needs Improvement	Health Risk
Tehachapi Unified School District	19.3%	15.1%	15.7%	18.8%	15.7%	17.6%
Kern County	20.9%	24.4%	21.1%	24.5%	21.3%	22.0%
California	19.2%	21.5%	19.1%	19.6%	19.2%	18.0%

Source: California Department of Education, Fitnessgram Physical Fitness Testing Results, 2016-2017.
http://data1.cde.ca.gov/dataquest/page2.asp?Level=District&submit1=Submit&Subject=FitTest

Fast Food

Adults aged 18-64 consumed fast food at higher rates than children or seniors. In Kern County, 28.5% of adults, 24% of children and 12.5% of seniors consumed fast food three or more times per week.

Fast Food Consumption, Three or More Times a Week

	Kern County	California
Adult, ages 18-64	28.5%	25.5%
Children and youth, ages 0-17 age	24.0%*	18.7%
Seniors, ages 65+	12.5%	11.0%

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

Soda/Sugar-Sweetened Beverage (SSB) Consumption

14.1% of children in Kern County consumed at least two glasses of non-diet soda the previous day, and 7.6% consumed at least two glasses of a sugary drink other than soda the previous day. 15.8% of Kern County adults consumed non-diet sodas at high rates (7 or more times per week).

Soda or Sweetened Drink Consumption

	Kern County	California
Children and teens reported to drink at least two glasses of non-diet soda yesterday	14.1%	5.6%
Children and teens reported to drink at least two glasses sugary drinks other than soda yesterday	7.6%*	8.8%
Adults who reported drinking non-diet soda at least 7 times weekly	15.8%	10.7%
Adults who reported drinking no non-diet soda weekly	49.1%	60.0%

*Source: California Health Interview Survey, 2013-2016. http://ask.chis.ucla.edu *Statistically unstable due to sample size*

Adequate Fruit and Vegetable Consumption

In Kern County, 31.9% of children and 20.6% of teens eat five or more servings of fruit and vegetables daily (excluding juice and potatoes).

Five or More Servings of Fruit and Vegetables, Daily

	Kern County	California
Children	31.9%	32.2%
Teens	20.6%	24.0%

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

Access to Fresh Produce

79.9% of adults in Kern County reported they could usually or always find fresh fruit and vegetables in the neighborhood.

Communities with Good or Excellent Access to Fresh Produce

	Kern County	California
Neighborhood usually or always has fresh produce	79.9%	86.9%

Source: California Health Interview Survey, 2014-2016. http://ask.chis.ucla.edu

Physical Activity

Recommendations for physical activity for adults include both aerobic exercise (at least 150 minutes per week of moderate exercise, or 75 minutes of vigorous exercise) and muscle-strengthening (at least 2 days per week). For children and teens, the guidelines are at least an hour of aerobic exercise daily and at least 2 days per week of muscle-strengthening exercises.

36.3% of children in Kern County meet the aerobic requirement. 9% of teens meet the guideline. 32.2% of Kern County adults walk for at least 150 minutes per week, compared to 38.8% of adults at the state level.

Aerobic Activity Guidelines Met

	Kern County	California
Adults meeting aerobic guideline (walking at least 150 minutes per week)**	32.2%	38.8%
Teens meeting aerobic guideline (at least one hour of aerobic exercise daily)	9.0%*	12.6%
Children meeting aerobic guideline (at least one hour of aerobic exercise daily)	36.3%	28.0%

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

One of the components of the physical fitness test (PFT) for students is measurement of aerobic capacity through run and walk tests. Tehachapi Unified School District fifth-grade students (74.3%) and ninth grade students (84.3%) outperformed their peers at the county and state level.

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

	Fifth Grade	Ninth Grade
Tehachapi Unified School District	74.3%	84.3%
Kern County	56.6%	68.0%
California	62.0%	61.9%

Source: California Department of Education, Fitnessgram Physical Fitness Testing Results, 2016-2017.
http://data1.cde.ca.gov/dataquest/page2.asp?Level=District&submit1=Submit&Subject=FitTest

14.4% of Kern County children and teens spent over five hours in sedentary activities after school on a typical weekday. 5.7% spent 8 hours or more a day on sedentary activities on weekend days. Among Kern County teens, 14.6% did not engage in any physical activity for at least one hour a day in the prior week.

Sedentary Children

	Kern County	California
5+ hours spent on sedentary activities after school on a typical weekday - children and teens	14.4%*	12.6%
8+ hours spent on sedentary activities on a typical weekend day - children and teens	5.7%*	7.8%
Teens no physical activity in a typical week**	14.6%*	10.2%

*Source: California Health Interview Survey, 2013-2016; **2012-2016.http://ask.chis.ucla.edu/ *Statistically unstable due to sample size.*

Community Input – Overweight and Obesity

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

- We are so inundated with fast food options. In poorer communities, fast food options are the only options. There are few grocery stores with fresh produce.
- We have a lot of obesity, which drives chronic diseases like diabetes, cardiovascular disease and COPD.
- When we talk about childhood obesity, it is important to reach the parents.
- There is limited accessibility to affordable, fresh, healthy foods. There are food deserts in Kern County.
- Because there is an ample food supply, we tend to have a very large problem with obesity and diabetes.
- We need more health education. We have an aging population and they have a sedentary lifestyle. The average male gets home and drinks beer, and culturally, the woman does everything in the house. Both need physical activity. We have obese people all over the valley. Diabetes is very prevalent. We need youth programs and activities, and more things for rural adults to do after work to get some exercise.
- There is a lack of healthy food access and a lack of fresh produce.
- It is very difficult to walk in many communities. We are not a pedestrian-friendly county. Sidewalks are bad and people are constantly getting hit by cars. In our urban center we do very little to promote a pedestrian landscape. We know for four months out of the year no one will be outside because it's too hot. We are really held hostage to our weather here in a way we don't need to be.
- There are more liquor stores than grocery stores.
- In our schools education is changing and physical activity has taken a back seat.
- We are not a city where it is conducive to exercise or outside activity. We cannot walk to work. We have one bike path, and if you are not near it, it is hard to use. The problem is exacerbated by a lack of appropriate grocery stores that have produce and fresh foods. In certain areas of town, the downtown area, the closest grocery store is 5 miles away.
- A lot of kids spend too much time in front of the TV and on their phones. Parents will send kids to school with hot Cheetos and soda, so we need to educate the parents what they should be feeding their kids. It has to start at home.

Mental Health

Satisfaction with Quality of Life

82.2% of residents in the Mountains region of Kern County were most likely to say they were 'Very' or 'Somewhat' satisfied with their quality of life compared to residents of West Kern County (70.4%), the Central Valley (74.6%), or East Kern County residents (54.2%).

Satisfaction with Quality of Life

	West Kern	Central Valley	Mountains	East Kern
Very or somewhat satisfied	70.4%	74.6%	82.8%	54.2%
Somewhat or very dissatisfied	29.6%	25.4%	18.2%	45.8%

Source: Kern Council of Governments, Quality of Life Survey, 2018. http://www.kerncog.org/quality-of-life-survey/

Mental Health

Among adults in Kern County, 12% had experienced serious psychological distress in the past year. 9.1% had taken a prescription medication for two weeks or more for an emotional or personal problem during the past year. Of those adults who had experienced moderate or severe psychological distress, 16.9% had experienced family life impairment in the past year due to their emotions. Serious psychological distress was experienced in the past year by about 4% of area teens, which was less than the state level (9.7%).

Mental Health Indicators

	Kern County	California
Adults who had serious psychological distress during past year	12.0%	8.1%
Adults taken prescription medicine at least 2 weeks for emotional/mental health issue in past year	9.1%	11.0%
Adults: Family life impairment during the past year	16.9%	13.7%
Adults: Social life impairment during the past year	14.4%	13.8%
Adults: Household chore impairment during the past year	14.5%	12.7%
Adults: Work impairment during the past year	10.5%*	10.7%
Teens who had serious psychological distress during past year**	4.0%*	9.7%

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

Mental Health Care Access

19.7% of Kern County teens needed help for emotional or mental health problems in the past year.
10.9% of teens had received psychological or emotional counseling in the past year.
15.6% of Kern County adults needed help for emotional-mental and/or alcohol-drug related issues in the past year. Among those who sought help, 44.3% of Kern County adults received treatment.

Tried to Access Mental Health Care in the Past Year

	Kern County	California
Teen who needed help for emotional or mental health problems in the past year**	19.7%*	19.6%
Teen who received psychological or emotional counseling in the past year**	10.9%*	11.3%
Adults who needed help for emotional-mental and/or alcohol-drug issues in past year	15.6%	16.7%
Adults, sought/needed help and received treatment	44.3%	59.2%
Adults, sought/needed help but did not receive	55.7%	40.8%

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

Community Input – Mental Health

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

- There is a lack of understanding on how to get access to mental health care, especially in the Latino Spanish speaking community. There may be resources out there, but they don't know about it or how to navigate the system.
- There is a major lack of comprehensive mental health services. A majority of police calls are actually mental health situations. And realistically, our police officers do not have adequate training on how to deal with people having mental health crises. Another issue is the majority of our inmates are diagnosed with mental health issues.
- There are so many cultures not willing to seek out mental health services because of the stigma. I am college educated and have insurance and yet, I have yet to find a culturally competent mental health provider who is a person of color, LGBTQ person.
- Many people abuse street drugs to help them cope and that is a recipe for disaster.
- There are not enough mental health chronic care resources in the community. We do not have a lot of psychiatrists in Kern County.
- We are getting so many young people suffering from mental illness and not being treated and they end up homeless. We have a shelter with 171 beds for women and children. We had 231 people there one night when it was cold and rainy. If you talk to yourself or if you have a pet, you can't get into another shelter so they come to ours. All of the shelters are bursting at the seams. We lack transitional housing.
- Mental health has a very fragmented support system by regions, and there is a lack of continuity of care. Intermediate mental health care for those who are not quite ready to be home but not ready to be in a psych unit either is lacking.
- Mental health is a big need. In Delano, there is only one clinic center that provides mental health. Soon, there will be another one.
- It is not an easy system to navigate. There are long wait times so you have to make an appointment far in advance. The people we serve aren't equipped to do this. It is not realistic to follow up with treatment and sit for three hours in the waiting room and make an appointment months in advance.

- For our Medi-Cal population, once they come to the decision they want to receive mental health services, the process is so long they become discouraged, or they may relapse and then we have to start over with a new assessment.
- Our county does not allow anyone to involuntary detain a person (5150 hold) except law enforcement and their mobile evaluation team. Even in a hospital setting, it is up to them if the patient meets the criteria, and the hospital is still held responsible for safe discharge. There have been instances when the mobile evaluation team evaluates a person as needing a 5150 hold but there is no inpatient facility willing to take them because of their co-occurring medical issues. In these cases, the hospital cares for the patient and holds them, even though we are not a psychiatric facility. We hold them until we can determine a safe plan for them and we may hold them for days or weeks.
- Resources are not available in rural communities. We have a crisis center, but it is in Bakersfield. For families who have a young person threatening to kill himself what do you do? Do you call 911? What are the resources to address it?
- We have insufficient residential facilities for people who are suffering with mental health issues. Those of us who provide services for the homeless, we are not provided funding to hire mental health professionals. It is more of a peer support network.
- We have a fairly good children's system of care. It is geographically regionalized, so accessibility is better than in the past. However, the adult system of care is fractured and overwhelmed. For those with chronic mental health issues, it seems to be a revolving door.
- We believed people who needed mental health would have a place to go that is safe and have practitioners to take care of them and now we don't have that. We need to quickly identify that mental health doesn't need to mean homeless, but we've thrown mental health into homelessness and that is where it's landed.

Substance Use and Misuse

Cigarette Smoking

The Healthy People 2020 objective for cigarette smoking among adults is 12%. In Kern County, 14.6% of adults smoke cigarettes, which is higher than the state rate (12.1%). 56.9% of Kern County smokers smoke 10 or fewer cigarettes a day (as compared to 65% of California smokers) and 24.4% smoke 11 to 19 cigarettes per day (as compared to 14.6% of California smokers). 75.4% of current smokers say they are considering quitting in the next six months. 27.8% of Kern County residents had smoked an e-cigarette in the previous month.

Smoking, Adults

	Kern County	California
Current smoker	14.6%	12.1%
Former smoker	19.8%	21.9%
Never smoked	65.6%	66.0%
Thinking about quitting in the next 6 months	75.4%	73.0%
Smoked e-cigarette in past month**	27.8%	32.6%

*Source: California Health Interview Survey, 2014-2016; **2015. http://ask.chis.ucla.edu*

5.8% of teens in Kern County are current smokers. 18.9% of teens in Kern County have tried an e-cigarette. Once area teens had smoked an e-cigarette, 27.3% of teens smoked one in the past 30 days.

Smoking, Teens

	Kern County	California
Current cigarette smoker**	5.8%*	2.1%
Ever smoked an e-cigarette	18.9%*	9.0%
Smoked one in the past 30 days	100%*	27.3%

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

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. Among adults, 32.6% in Kern County had engaged in binge drinking in the past year, and 12.5% of Kern County teens binge drank in the past month.

Adult and Teen Binge Drinking, and Teen Alcohol Experience

	Kern County	California
Adult binge drinking, past year	32.6%	34.7%
Teen binge drinking, past month	12.5%*	3.7%
Teen ever had an alcoholic drink	21.0%*	24.2%

*Source: California Health Interview Survey, 2015 adults, 2012-2016 pooled, for teens. http://ask.chis.ucla.edu/ *Statistically unstable due to sample size.*

Marijuana Use, Youth

Marijuana use was reported by 7.4% of 7th graders in Kern County. 96.1% of Kern County 7th graders did not use marijuana in the prior 30-day period.

Marijuana Use, Teens

	Kern County	California
Ever tried marijuana, 7th grade	7.4%	7.2%
Used marijuana 0 days in past 30 days, 7th grade	96.1%	95.8%
Used marijuana 1 day in past 30 days, 7th grade	1.3%	1.5%
Used marijuana 2 days in past 30 days, 7th grade	0.8%	0.7%
Used marijuana 3-9 days in past 30 days, 7th grade	0.8%	0.7%
Used marijuana 10-19 days in past 30 days, 7th grade	0.5%	0.5%
Used marijuana 20-30 days in past 30 days, 7th grade	0.3%	0.8%

Source: WestEd, California Healthy Kids Survey, California Department of Education, 2013-2015.via http://www.kidsdata.org

Opioid Use

The rate of hospitalizations in Kern County due to opioid overdose was 11.9 per 100,000 persons. This is higher than the state rate (7.6 per 100,000 persons). Opioid overdose visits (excluding heroin) to the ER in Kern County were 18.9 visits per 100,000 persons, a much higher rate than found in the state (10.3 per 100,000 persons). The rate of opioid prescriptions in Kern County was 772.1 per 1,000 persons. This rate is higher than the state rate of opioid prescribing (508.7 per 1,000 persons).

Opioid Use

	Kern County	California
Hospitalization rate for opioid overdose (excludes heroin), per 100,000 persons	11.9	7.6
ER visits for opioid overdose (excludes heroin)	18.9	10.3
Opioid prescriptions, per 1,000 persons	772.1	508.7

Source: California Office of Statewide Health Planning and Development, via California Department of Public Health, California Opioid Overdose Surveillance Dashboard, 2017. https://discovery.cdph.ca.gov/CDIC/ODdash/

Community Input – Substance Use and Misuse

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

- We have moving pop-up smoke shops and a lot of children are vaping, which is becoming a concern. With our bad air quality, vaping increases respiratory issues.
- There are a lot of drugs in the county; a lot of people are addicted. We see patients with overdoses, serious skin conditions, and hand, arm and feet infections from shooting up. They need skin reconstruction, debridement, antibiotics and surgery.
- There is very easy access to drugs. We have a lot of meth labs here.
- There is an increase in vaping in junior high and elementary schools. It is ubiquitous, with easy access. I've seen a major increase in drug use and most of it is among people who were over prescribed opiates for sport injuries, and they became addicted.

- It is an overwhelming population issue. We see a lot of addiction and related complications. There are resources for the very well insured and the Salvation Army and Jason's Retreat will accept people, but the need far outweighs the resources.
- Drugs are very accessible. And we have younger kids who are consuming drugs. Weed is becoming part of the norm, especially when we have laws that legalized it. Meth is used by the addicts, but the youth are normalizing pot.
- There are not enough resources for people with Medi-Cal to obtain inpatient treatment. When you have someone who is willing to go to treatment, you have to move quickly. By the time you figure it out to help them, they are in different state of mind. People will transfer their Medi-Cal to LA to get treatment services because they don't exist in Kern County.
- We don't have inpatient substance use treatment facilities or adequate knowledge of the available resources.
- There are a lot of public safety concerns with needles being left in public parks. People walk through where needles have been left behind. This presents health issues for those who want to use the park.
- Meth contributes to chronic congestive heart failure and COPD. A huge barrier is trying to find a place to care for therm. If they have a history of drug use, a skilled nursing facility won't take them
- There is a lot of spice use. Spice is synthetic cannabis, but it is illegal, so it is getting made in garages. It is some sort of chemical that makes people pass out and throw up. It is not unusual to see spice users have a seizure.
- We have a big issue with opiate addiction in Oildale. It's impacting families that are predominately White.
- We still see a lot of people smoking and vaping. We have a very high rate of meth use. We see meth use with young and old and rich and poor. And we have issues with heroin and other opioids. We had a big spice problem for a long time, but that has gotten better, and they've shut down shops selling spice.
- There has been a decline in smoking. One of the reasons people decide to quit is it is too expensive.
- For alcohol use we have very aggressive check points around the city. The younger generation does not drive under the influence as much. It is not worth the cost to get caught. Uber and Lyft have made it more affordable to get home.

Preventive Practices

Flu and Pneumonia Vaccines

The Healthy People 2020 objective is for 70% of the population to receive a flu shot. 44.1% of Kern County adults received a flu shot. Among Kern County seniors, 69.7% had received a flu shot. Among Kern County children, 6 months to 17 years of age, 47.7% received the flu shot.

Flu Vaccine

	Kern County	California
Received flu vaccine, 65+ years old	69.7%	70.4%
Received flu vaccine, 18+ (includes 65+)	44.1%	42.6%
Received flu vaccine, 6 months-17 years old	47.7%	51.3%

Source: California Health Interview Survey, 2014-2016. http://ask.chis.ucla.edu

Immunization of Children

Rates of complete vaccinations for Kindergarten students in the 2017-2018 school year were down at the state and county levels when compared to the 2016-2017 school year. In the Tehachapi Unified School District, 92.3% of children were compliant with immunizations upon entry into Kindergarten. This is above the county (89.3%) and equal to the state (92.2%) average.

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

	Immunization Rate
Tehachapi Unified School District	92.3%
Kern County*	89.3%
California*	92.2%

*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*

Mammograms

The Healthy People 2020 objective for mammograms is for 81% of women, 50 to 74 years old, to have had a mammogram within the past two years. In Kern County, 78.6% of women obtained a mammogram.

Mammograms

	Kern County	California
50-74 years, had a mammogram in past 2 years	78.6%*	82.9%

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

Community Input – Preventive Practices

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

- Trying to get a doctor's appointment and be proactive with your health is not always an easy task. With checkups, there is no cost but if you go in for these checkups and something is abnormal, follow-up can be expensive and it is difficult to navigate through the insurance system.
- A lot of the population is very reactive and not proactive. They only act once the issue is already present.
- Veterans are not accessing preventive services. This population is being underserved.
- We do a pretty good job with screening, but only for certain cancers. What isn't happening is we aren't addressing outlying areas. There are no screenings in Taft or California City. We aren't reaching the very northern and southern parts of the county.
- There is a lack of education at young ages. We tend to address the disease and not the preventive part of the disease.
- We need more promotion and education with our youth.
- Even when we have access to health care, it is expensive to go to the doctor when you are on a limited budget. Even with insurance, you still have to pay a copay.
- Undocumented families don't have access to preventive care. We have a high presence and enforcement from ICE in Kern County so people are afraid to go out if they do not have to.
- There is a lack of primary care services, so people just forgo preventive screenings.
- People tend to not go to the doctor until they have a problem.

Attachment 1. Benchmark Comparisons

Where data were available, health and social indicators in the service area were compared to the Healthy People 2020 objectives. The **bolded items** are indicators that did not meet established Healthy People 2020 objectives; non-bolded items met or exceeded the objectives.

Indicators	Service Area Data	Healthy People 2020 Objectives
High school graduation rate	85.3%	87%
Child health insurance rate	95.8%	100%
Adult health insurance rate	91.0%	100%
Persons unable to obtain medical care	4.6%	4.2%
Ischemic heart disease deaths	173.2 per 100,000	103.4 per 100,000
Cancer deaths	174.1 per 100,000	161.4 per 100,000
Stroke deaths	39.9 per 100,000	34.8 per 100,000
Unintentional injury deaths	46.1 per 100,000	36.4 per 100,000
Liver disease deaths	16.6 per 100,000	8.2 per 100,000
Suicides	23.8 per 100,000	10.2 per 100,000
On-time (1st Trimester) prenatal care	67.4%	78%
Low birth weight infants	9.1% of live births	7.8% of live births
Infant death rate	6.8 per 1,000 live births	6.0 per 1,000 live births
Adult obese, age 20+	40.7%	30.5%
Teens obese	20.6%	16.1%
Annual adult influenza vaccination	44.1%	70%
Adults engaging in binge drinking	32.6%	24.2%
Cigarette smoking by adults	14.6%	12%
Mammograms, ages 50-74, screened in the past 2 years	78.6%	81.1%

Attachment 2. Community Stakeholder Interviewees

Name	Title	Organization
Juan Avila	Chief Operating Officer	Garden Pathways
Carlos Baldovinos	Executive Director	Mission of Kern
Ja'Nette Beck	Recreation Supervisor II	City of Bakersfield Department of Recreation and Parks
Sue Benham	Vice President, Philanthropy	Bakersfield Memorial Hospital Foundation
Lamar K. Brandysky	Project Manager	Kern County Behavioral Health and Recovery Services
Camila Chavez	Executive Director	Dolores Huerta Foundation
Morgan Clayton	President	Tel-Tec Security
Everardo Cobos	Chair, Departments of Medicine and Chief, Division of Hematology/Oncology	Kern Medical
Michelle Corson	Public Relations Officer	Kern County Public Health Services Department
Tom Corson	Executive Director	Kern County Network for Children
Wesley Davis	President/CEO	Wendale Davis Foundation
Misty Dominguez	Director of Care Coordination	Kern Medical
Toni Dougherty	Friends of Mercy Foundation	Friends of Mercy Foundation
Kelly Earles	Program Specialist	Bakersfield City Schools
Jill Egland	President	Kern Food Policy Council
Natasha Felkins	Senior Health Educator	Planned Parenthood
Beth Fugate	Case Manager	Alliance Against Family Violence
Louis Gill	Executive Director	Bakersfield Homeless Center
Monsignor Craig Harrison	Pastor	St. Francis Church/St. Phillip
Jan Hefner	Executive Director	Center for Gender Diversity and Sexuality
Jennifer Henry	Executive Director	Links for Life
Hernann Hernandez	Executive Director	Central Valley Farmworker Foundation
Kim Hernandez	Epidemiologist	Kern County Public Health Services Department
Loni Hill-Pirtle	Regional Manager of Care Coordination/Social Services	Dignity Health Mercy and Memorial Hospitals
Denise Hunter	Director, Service Excellence	Bakersfield Memorial Hospital
Jessica Janssen	Homeless Projects Manager	Kern Homeless Collaborative
Lorena Lara	Community Organizer	Faith in the Valley
Jennifer Lavers	Director of Operations	Adventist Health
Terri Lindsey	Coordinator of School Health	Bakersfield City Schools
Rick McPheeters	Chair, Department of Emergency Medicine	Kern Medical

Name	Title	Organization
Genie Navarro	Property Manager	Mercy Housing
Reyna Olaguez	Executive Director	South Kern Sol
Gema Perez	Director	Greenfield Walking Group
Raymond Purcell	Director, Student Health and Wellness Services	Bakersfield College
Pritika Ram	Director of Administration	Community Action Partnership of Kern
Ramala Ramkissoon	Director of Community Wellness Programs	Dignity Health
Nataly Santamaria	Promotora	Vision y Compromiso
Sheila Shegos	Outreach and Grant Administrator	Community Action Partnership of Kern
Jennie Sill	Children's System of Care Administrator	Kern County Behavioral Health and Recovery Services
Amanda Valenzuela	Development Manager	Alzheimer's Association
Joan Van Alstyne	Director Patient Experience	Mercy Hospitals of Bakersfield

Attachment 3. Community Survey Report

The community survey was completed from November 2018 to January 2019.
1,114 total responses; 52 Spanish responses

Age

Under 21	1.8%
21-35	23.0%
36-50	38.6%
51-65	27.7%
66 and over	8.9%

Gender Identity

Female	83.3%
Male	16.2%
Transgender	0.1%
Other	0.4%

Race/Ethnicity

White/Caucasian	42.1%
Hispanic/Latino	34.2%
Asian	9.3%
Black/African American	4.4%
Mixed Race/More than One Race	3.9%
Native Hawaiian/Pacific Islander	1.7%
Native American/Alaska Native	1.5%
Other	2.9%

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

0	46.0%
1	19.7%
2	18.8%
3	9.0%
4	4.7%
5 or more	1.8%

Highest level of education

Less than a High School diploma	5.5%
High School degree or equivalent	10.3%
Some College, no degree	23.4%
Associate's degree (e.g., AA, AS)	20.3%
Bachelor's degree (e.g., BA, BS)	23.3%
Graduate Degree (e.g., MA, MS, PhD, EdD)	17.2%

Current Employment Status

Yes, full-time (30 hours per week or more)	77.4%
Yes, part-time (less than 30 hours per week)	6.5%
Retired	5.8%
Not employed - not actively looking for work	4.0%
Not employed - but looking for work	2.9%
Disabled	2.0%
Student	1.4%

Annual household income

Less than $20,000	12.0%
$20,000 – $34,999	9.5%
$35,000 – $49,999	10.7%
$50,000 – $74,999	16.3%
$75,000 – $99,999	14.9%
Over $100,000	36.6%

Health insurance coverage

Employer-based insurance (includes HMO)	78.5%
Medicaid/Medi-Cal	10.3%
Medicare	6.6%
No health care insurance	2.1%
Don't know	0.9%
Other	1.6%

How would you describe your health?

Excellent	20.4%
Good	60.7%
Fair	16.8%
Poor	2.1%

Biggest health issues in the community

- Access health care
    - Specialty care access
    - Patients waiting too long to see a doctor
    - Affordability of insurance
    - Cost of care
    - Slow process for referrals
    - Doctors rush and don't listen
- Air quality
- Allergies
- Arthritis
- Asthma
- Cancer
- Child neglect
- Crime and violence
- Dental care
- Diabetes
- Flu
- Food insecurity
- Health education/health literacy
- Heart disease/hypertension/high cholesterol
- Homelessness
- Mental health
    - Anxiety
    - Dementia
    - Depression
    - Relationship issues
- Overweight and obesity
    - Poor diets
    - Sedentary lifestyle
- Poverty
- Preventive care and screenings
- Sexually transmitted infections/AIDS
- Stress
- Substance use and misuse
    - Opioid addiction
- Valley Fever
- Water quality

What kinds of problems do you and your family face when you want or need to obtain health care, mental health care, dental care or other supportive services?

- Access to care (authorization for services, appointment availability, urgent care, after hours and weekends, referrals, time off work, wait times, provider availability, specialist availability)
- Cost of care
- Dental care (availability, access to care)
- Health insurance deductibles/co-pays/out-of-pocket payment
- Mental health (availability, access to care)
- Transportation

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

- Ability to obtain health insurance (lower deductibles, lower cost)
- After hour's access/more appointments
- Availability of dental care
- Availability of medications/affordability of medications
- Better communication between health care providers and insurers
- Mobile health care
- More providers who will accept Medi-Cal
- Shorter wait times/easier scheduling/streamlined referrals
- Transportation assistance

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

- 24 hour urgent care
- Addiction services
- Affordable housing
- Affordable preschool/child care
- Alzheimer's disease services
- Assisted living
- Crime prevention
- Dental care
- Diabetes education, specialists
- Drug treatment programs
- Elder care
- Eye specialists
- Exercise options/recreation space
- Food bank/food pantry
- Grocery stores/grocery delivery
- Health education
- Home health
- Homeless resources and services

- Insurance enrollment assistance
- Long-term care
- Mental health services
- More psychiatric beds
- Nutrition services
- Pediatric providers
- Screenings
- Social workers
- Specialists
- Support for persons with autism
- Teen mental health programs
- Transportation
- Veterans' assistance

What resources are lacking within the community?

Mental health services/supports	56.1%
Behavioral health/substance use services	50.1%
Affordable housing	40.2%
Health care access	34.8%
Transportation	31.7%
Recreational spaces	27.3%
Affordable food	23.7%
Health care access	23.3%
There is no lack of resources in my community	4.5%
I don't know what resources are lacking	17.8%

What are the greatest needs or challenges facing children and families in the community?

- Access to care, affordable health care
- Adequate education
- Affordable housing
- Air pollution
- Asthma management
- Bullying
- Child care (affordable and safe)
- Crime
- Dental care
- Drug use
- Family counseling
- Healthy foods
- Homelessness
- Job preparation/job opportunities

- Mental health services
- Obesity
- Parental involvement
- Parenting skills
- Poverty
- Safe environment
- Sex education
- Substance abuse
- Teen pregnancy
- Transportation

What are the greatest health issues that negatively impact children?

- Access to health care
- Addiction
- Air quality
- Allergies
- Asthma
- Autism
- Bullying
- Dental care
- Diabetes
- Education/health literacy
- Environmental pollution
- Healthy food
- Homelessness
- Housing
- Mental health
- Obesity
- Physical activity/exercise
- Poverty
- Preventive care
- Respiratory issues
- Sexually transmitted infections
- Substance use (drugs and alcohol)
- Transportation
- Valley Fever

What is one thing we could do or one change we could make that would greatly improve the health and wellbeing of the community?

- Access to healthy food
- Access to pediatricians
- Affordable health care
- Affordable housing
- After school activities
- Ban smoking
- Control gang activity
- Dental care
- Drug treatment
- Education
- Gun control
- Housing
- Improve air quality
- Mental health resources
- Nutrition classes
- Parenting classes
- Prenatal care
- Preventive care
- Recreational activities
- Reproductive services

Which of the following are safety concerns within your community?

Drug use/abuse	81.0%
Burglary/theft	67.3%
Crime	65.6%
Alcohol abuse/misuse	64.9%
Gun violence	40.6%
Lack of public lighting	40.4%
Family violence	40.3%
Traffic/traffic accidents	38.5%
None of the above. I don't have safety concerns.	3.0%

Concerned and very concerned with these health issues

Violence/crime	77.7%
Lung disease/asthma/Valley Fever	75.8%
Mental health concerns (depression, anxiety disorder, suicide, etc.)	72.7%
Heart disease (stroke, heart attack, high blood pressure, etc.)	72.6%
Cancer	71.9%

Diabetes	71.5%
Overweight and obesity	70.7%
Substance abuse (tobacco, alcohol, drugs)	66.3%
Housing and homelessness	65.7%
Traffic accidents/fatalities	61.9%
Economic insecurity (not enough money each month to meet basic needs such as rent, food, clothing)	58.8%
Oral health/dental health	58.4%
Sexually transmitted infections (chlamydia, HIV, genital herpes, gonorrhea, etc.)	55.8%
Alzheimer's disease or dementia	51.6%
Mobility (ability to walk and easily move around)	51.2%
Food insecurity (scarcity/lack of regular access to enough nutritious food to support a healthy and active life)	50.6%
Bone and muscular health (arthritis, osteoporosis, etc.)	50.5%
Access to health care	48.9%
Birth indicators (low birth weight, premature birth, teen birth, etc.)	42.5%

Attachment 4. Resources to Address Significant Needs

Community stakeholders and residents identified community resources potentially available to address the identified health needs. This is not a comprehensive list of all available resources. Resources are also available at Healthy Kern County www.healthykern.org and 211 Kern County at http://www.capk.org/211Kern/.

Health Need	Community Resources
Access to health care	Arvin Community Health Center Building Healthy Communities Cirugia Sin Fronteras (Surgery Without Borders) National Health Services, Inc. Clinica Sierra Vista Dolores Huerta Foundation Faith in the Valley Kern County Department of Public Health Kern Medical Omni Family Health Planned Parenthood Ridgecrest Community Medical and Dental Center Delano Community Health Center Shafter Community Medical and Dental Clinic Southern California Crossroads Taft Medical and Dental Center
Alzheimer's disease	Alzheimer's Association Alzheimer's Disease Association of Kern County Trial Match
Birth indicators	Clinica Sierra Vista Kern County Department of Public Health Kern County Network for Children Omni Family Health Prevention Coalition, Safely Surrender Safe Sleep and Breast-Feeding Coalition
Chronic diseases	American Cancer Society Arvin Community Health Center Asthma Coalition Bailoterapia Clinica Sierra Vista Community Action Partnership Kern County Cancer Fund Links for Life National Health Services, Inc. Omni Family Health Ridgecrest Community Medical and Dental Center Delano Community Health Center

Health Need	Community Resources
	Shafter Community Medical and Dental Clinic
	Taft Medical and Dental Center
Dental care	Academy of Pediatrics
	Arvin Community Health Center
	Clinica Sierra Vista, National Health Services, Inc. Ridgecrest
	Community Medical and Dental Center Delano Family Dental Clinic
	Delano Community Health Center
	First 5
	Omni Family Health
	Shafter Community Medical and Dental Clinic
	Taft College
	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
	Community Action Partnership of Kern Food Bank
	Feeding America
	Golden Empire Gleaners
	Kern County Food Bank
	Kern Food Policy Council
	Meals on Wheels
	St. Vincent de Paul Center
	Waste Hunger Not Food
Housing and homelessness	Alliance Against Family Violence and Sexual Assault
	Bakersfield Homeless Center

Health Need	Community Resources
	Bakersfield Rescue Mission
	California Veterans Assistance Foundation
	Flood Bakersfield Ministries
	Housing Authority of Kern
	Kern County Homeless Collaborative
	Park 20th Permanent Supportive Housing
	Rally Point Permanent Supportive Housing
	Salvation Army
	The Mission at Kern County
	Women's Center-High Desert
Mental health	Arvin Community Health Center
	Aspire Counseling Services
	Behavioral Health and Recovery Services
	Delano Community Health Center
	Freise Hope House
	Griffins Gate - Casa De Los Amigos Community Respite Center
	National Alliance on Mental Illness
	National Health Services, Inc.
	Ridgecrest Community Medical and Dental Center
	Shafter Community Medical and Dental Clinic
	Taft Medical and Dental Center
Overweight and obesity	Bike Bakersfield
	Boys and Girls Club
	Committee for a Better Arvin
	Greenfield Walking Group
	YMCA
Preventive practices	Arvin Community Health Center
	Delano Community Health Center
	Garden Pathways
	Kern County Department of Public Health
	National Health Services, Inc.
	Planned Parenthood
	Ridgecrest Community Medical and Dental Center
	San Joaquin Mobile Immunizations
	Shafter Community Medical and Dental Clinic
	Taft Medical and Dental Center
Sexually transmitted infections	Community clinics
	Family PACT
	Kern County Department of Public Health
	Planned Parenthood
Substance use and misuse	Genesis Sober Living
	Jason's Retreat
	Salvation Army
	Teen Challenge

Health Need	Community Resources
Unintentional injury	Arvin Community Health Center
	Clinica Sierra Vista
	Delano Community Health Center
	Kern Medical Safe Streets
	National Health Services, Inc.
	Omni Family Health
	Ridgecrest Community Medical and Dental Center
	Shafter Community Medical and Dental Clinic
	Taft Medical and Dental Center
Violence and community safety	Alliance Against Family Violence and Sexual Assault
	Bakersfield Safe Streets Partnership
	Faith in the Valley
	Family Justice Center
	Gang Taskforce
	Kern County Sheriff's Activities League
	Stay Focused Ministries
	Women's Center-High Desert

2019 CHNA approval

This community health needs assessment was adopted on 10/17/19 by the Adventist Health System/West Board of Directors. The final report was made widely available on December 31, 2019.

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To request a copy, provide comments or view electronic copies of current and previous community health needs assessments or community benefit implementation strategies, please visit the Community Benefits section on our website at https://www.adventisthealth.org/about-us/community-benefit/