MERCED COUNTY

2016 COMMUNITY HEALTH ASSESSMENT

Prepared by
Merced County
Department of Public Health
July 2016
The *Merced County 2016 Community Health Assessment* provides a focused snapshot of the leading health concerns in our community, the socioeconomic factors that influence health status here, and the health resources available to those who live and work in the county.

This report is a series of infographics organized by topic and each section is designed for ease-of-use in community settings.

I want to acknowledge and thank both Public Health Department staff as well as community partners who have contributed time, ideas, and data to this assessment. Together, we are working to advance health equity throughout Merced County.

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Merced County Department of Public Health*

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**Merced County 2016 Community Health Assessment Partnership**

*Special thanks to representatives of the following community organizations who provided valuable input toward development of the Merced County 2016 Community Health Assessment.*

- Building Healthy Communities, Merced
- Central California Alliance for Health
- Dignity Health Mercy Medical Centers Merced
- First 5 Merced County
- Golden Valley Health Centers
- Livingston Community Health
- Merced County Department of Mental Health
- Merced County Department of Public Health
- Sutter Health Memorial Hospital Los Banos
- United Way, Merced County
- University of California, Merced

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Merced is a medium-sized rural county in Central California. Located in the heart of the San Joaquin Valley, Merced is part of the world’s most productive agricultural areas. The County has six incorporated cities, and 18 additional census-designated places.

In 2015, the population estimate of Merced County was 268,455 people. Since 2000, the population has grown by over 50,000 people, or 26.6%. Though considered a rural county, the majority of the residents in Merced County (85.7%) live in urban centers.

Merced County is a very diverse county. The majority (58.2%) of residents are Hispanic or Latino, 28.9% are White, 4.1% are Black, and 8.1% are Asian. The Merced County Hispanic/Latino population has grown at an even faster pace than the general population—46.7% between 2000 and 2010.

The median age of Merced County residents is 30.2, which is young compared to the US median, 37.4. 31.0% of the county are younger than 18 years old; only 9.7% are 65 and older.

The gender breakdown in Merced County is approximately equal: 49.6% female, 50.4% male.

51.9% of Merced residents report speaking a language other than English at home.
The proportion of people in poverty (<200% Federal Poverty Level, or FPL) is much higher in Merced County (53.1%) than California (35.9%) or the US (34.2%). This pattern holds regardless of cutoff used for poverty (e.g., <100% FPL—Merced County: 25.4%, CA: 15.9%, US: 15.4%). This pattern also holds for children: 67.1% of Merced County children live below 200% of the FPL, compared to 46.4% of California children and 44.2% of US children.

Poverty is not spread evenly across the county; some census tracks have higher proportions of residents in poverty. Merced County also has a lower rate of educational attainment, with 32.0% of residents aged 25 years or older having no high school diploma, compared to 18.5% in California, and 13.7% in the US. The Hispanic/Latino population has higher rates of no diploma (50.0%) than non-Hispanic/Latinos (14.7%), while only 20.2% have an associates degree or higher, compared to 38.8% in California and 37.2% in the US.
Early childhood education enrollment is lower in Merced County. 45.0% of children aged 3-5 are not enrolled in either preschool or kindergarten, compared to 38.9% statewide.\(^3\)

The average annual cost of care for an infant at a child care center in Merced County was $11,965, or 25% of the median county family income ($47,729). A family with one infant and one preschooler enrolled in a child care center (assuming no family discount) would be paying 42.7% of their income for childcare. Assuming a family can afford such costs, there is only availability at licensed care providers for 18% of the children of working parents.\(^3\)

Between 2008 and 2010, Merced County had the highest rates of foreclosure out of all 58 California Counties—1 out of every 9 households experienced a foreclosure.\(^5\) This trend has slowed considerably; now Merced County’s foreclosure rates (0.05%) are lower than the state’s (0.07%).\(^6\)

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\(^1\) Licensed childcare spots are only available for 18% of the children in Merced County who might need them.\(^3\)

\(^2\) This has always been the case historically and at the height of the recession, Merced County was particularly hard hit by unemployment, with a rate of 18%, compared to 12.2% statewide and 9.7% nationally.\(^4\)

\(^3\) Fallout from the economic downturn included a hit to the housing market.
Every year, the Department of Housing and Urban Development requires local jurisdictions to conduct a “point-in-time” count every year. The count is conducted on early morning in late January. In 2016, Merced County drastically changed the methodology by which the point-in-time count was conducted; for this reason the results are not directly comparable. However, the number of homeless people decreased from 899 in 2015 to 519 in 2016.7

The number of homeless veterans also decreased dramatically—from 88 in 2015 to 25 in 2016. The majority of the homeless in Merced County are chronically homeless, and most also have some comorbid disability or health condition. 7

The homeless public school student distribution is older in Merced County than at the state level—60.6% are in high school, and 30.5% are in elementary school. This pattern is reversed in California as a whole.4

The homeless public school student distribution is older in Merced County than at the state level—60.6% are in high school, and 30.5% are in elementary school. This pattern is reversed in California as a whole.4

The majority of homeless in Merced County (61.0%) are in the city of Merced—and all of the homeless families and children in 2016 were in the city of Merced.7

The majority of homeless adults (72.0%) are male.7

33.0% of Merced County homeless adults are Hispanic or Latino.7

#### Community Resources
- Merced Community Action Agency: D Street Shelter (Adults only)
- Merced County Rescue Mission: Shelter (Men Only)
- Merced County Rescue Mission: Room at the Inn (Families Only)
- Merced County Human Services Agency: Homeless Services (Families Only)
- JMJ Maternity Home: JMJ Maternity Home
- Merced County Office of Education: McKinney-Vento Act
- United States Department of Veterans Affairs: HUD-VASH Program
- Westcare: San Joaquin Valley Veterans

For more information, see Community Resources section, page 58.
Access to timely, high-quality, affordable health care (inclusive of primary and specialist physical care, mental health, dental health, and vision care) is a basic human right.

100% of Merced County is a Health Professional Shortage Area (HPSA).^1^ The graphic on the right and map below illustrate the dire need of Merced County to recruit all levels of providers.^1^ Every census tract in the county needs at least 1.1 primary care FTE to bring their population to primary care provider ratio up to an acceptable level; some tracts need 20 provider FTEs.^1^

The paucity of providers in the county may create several barriers to care, including long wait times for appointments. Negative effects of the lack of providers can also be seen in Merced County’s high rates of mortality which exist for numerous diseases and conditions outlined in this report. Paired with generally low prevalence, this pattern may indicate that residents are not receiving preventative care—instead, they are not diagnosed until their prognosis is dim and their chance of mortality is higher. Another possible explanation is that chronic diseases are managed poorly as a result of the lack of access to adequate resources and consistent primary care.

Throughout this document, the reader will see instances of low prevalence paired with high mortality. This can be indicative of a lack of timely, quality, preventative care.
The Merced County rate of Primary Care Physicians (PCPs) per 100,000 residents (45.4) is only about 60% of the rate of California (77.3), or the US as a whole (74.5). Certain parts of the county are better served than others—some census tracts have access to several primary care provider options, while others are without a single primary care provider (including nurses). The map below shows this, as well as all of the providers in the county that accept Medi-Cal or Medicare.

- 12.5% of Merced County residents report going without healthcare coverage at some time in the last year.
- 43.8% of Merced County adults report difficulty or delay in obtaining healthcare services in the past year.
- Non-white Merced County residents are significantly less likely to report having a specific source of ongoing medical care than white residents.
- 45.6% of Merced County “Key Informants” consider access to healthcare services a major problem.

25.9% of Merced County residents characterize local healthcare services as “fair” or “poor” which may be caused by lack of access to services.
A further indication of late onset of care is Merced County’s rates of preventable hospitalizations, for both chronic and acute conditions. Between 2012 and 2015, Merced County and California’s acute composite scores, and California’s chronic composite scores have been significantly decreasing over the last 10 years. However, chronic composites hospitalization rates have not significantly changed over time in Merced County. Also, significantly higher acute and chronic composite rates occurred in Merced County, compared with California. These data highlight the importance of early preventative care, particularly for chronic conditions.

Both Merced County and California’s acute composite scores, and California’s chronic composite scores have been significantly decreasing over the last 10 years. However, chronic composites hospitalization rates have not significantly changed over time in Merced County. Also, significantly higher acute and chronic composite rates occurred in Merced County, compared with California. These data highlight the importance of early preventative care, particularly for chronic conditions.

Merced County resident self-reported rates of no insurance dropped from 25.2% in 2012 to 9.2% in 2015. 16,048 residents enrolled in Medi-Cal in Merced County in 2014; 13,805 of these residents were newly eligible due to the adult Medi-Cal expansion. 8,403 Merced County residents enrolled in Covered California in 2014; 94% of these enrollees were eligible for subsidies. Hispanic/Latino residents were underrepresented in Medi-Cal enrollment. Although this population makes up 70% of the uninsured population in Merced County, they represented only 53% of expanded Medi-Cal enrollment. Despite Affordable Care Act (ACA) enrollment, 38,259 patients (25.2% of all patients) served at the three Merced County safety net health clinics in 2014 were uninsured.
Both dental visits and dental insurance coverage have significantly increased from 2012 levels (visits: 54.1% to 64.0%; insurance 54.4% to 68.6%). However, low-income Merced County residents and those without dental insurance are less likely to see a dentist than Merced County residents who are middle to high income or insured.

### QUICK FACTS: DENTAL

- 64.0% of Merced County adults have visited a dentist or dental clinic within the last year.\(^2\)
- 83.1% of Merced County children have visited a dentist or dental clinic within the last year.\(^2\)
- 68.8% of residents have insurance that pays at least part of their dental costs.\(^2\)
- 45.8% of Merced County “Key Informants” consider oral health a major problem.\(^2\)

Merced County has much higher rates of blindness/vision problems (10.2%) than California (5.6%), though comparable to the US (8.5%).\(^2\) As would be expected, both vision and hearing problems increase with age.

### QUICK FACTS: VISION & HEARING

- 53.6% of Merced County residents have had an eye exam (in which their pupils were dilated) in the past two years.\(^2\)
- Only 9% of Merced County “Key Informants” consider vision and hearing as a major problem.\(^2\)
LEADING CAUSES OF DEATH
Cardiovascular disease is recognized as a preventable cause of death, which can be managed and avoided with behavioral lifestyle changes.

Heart disease mortality rates in Merced County have decreased over time, but remain higher than California. County mortality rates rank 45th out of 58 California counties.¹

Heart disease-related deaths have decreased nation-, state-, and county-wide. Merced County’s mortality rate (117.2) due to heart disease is higher than California (103.8), but both are above the Healthy People 2020 goal rate of 103.4 per 100,000 population.²

Though heart disease rates are declining, hypertension-related deaths are increasing.²

Hypertension diseases affect non-Hispanic Blacks in Merced County disproportionately more than any other racial/ethnic group.³

Though cardiovascular disease deaths are declining nationwide, in Merced County, hypertension-related deaths are increasing.²
The prevalence of heart disease in Merced County (10.0%) is higher than that of the US (6.1%). Males have higher rates of heart disease (15.9%) than females (4.1%) in Merced County, and prevalence of heart disease increases with age. Low income residents have higher rates (11.2%) than their mid/high income counterparts (6.8%).

Through the state and Merced County have comparable rates of preventable hospital stays due to hypertension, Merced County residents have much higher rates of preventable hospital stays related to heart failure.

Local MediCal data indicate more variable care for chronic heart conditions than for other diseases. Although 87.32% of MediCal patients on ACE inhibitors or angiotensin receptor blockers receive annual monitoring for their medications (goal level: 92.01%), only 57.14% of members on Digoxin receive the same annual monitoring (goal: 95.65%).

Among Merced County residents diagnosed with heart disease, only 47.8% report being provided a heart disease management plan by a health care professional. However, of those with high blood pressure, 95.3% are taking actions to control their hypertension. Similarly, 85.0% of those with high cholesterol are taking actions to lower their levels.

The cost of congestive heart disease and congestive heart failure (including direct medical costs as well as absenteeism from work or school) in Merced County is estimated to be $100,573,958.00 annually.

- A total of 90.4% of Merced County adults have had their blood pressure tested in the last two years. 36.9% have been told at some point that their blood pressure is high.
- 49.3% of Merced County “Key Informants” consider heart disease and stroke a major problem.
- Among the three Merced County safety net health clinics, 31,160 patients (20.5% of all patients) with hypertension were served in 2014.
- Of those eligible, between 59.5% and 70% received blood pressure control management at these clinics.
MODIFIABLE RISK FACTORS

Weight Status
- 16.8% of people in Merced County who meet the criteria of “obese” have heart disease.4
- 63.9% of Merced County residents with heart disease are obese, while 22.6% are overweight.4

Physical Inactivity
- 51.9% of residents diagnosed with heart disease in Merced County had been asked or given advice about physical activity or exercise by a doctor.4
- 79.5% of residents with heart disease have participated in physical activity in the last month.4

Smoking History
- 48.0% of people with heart disease residing in Merced County have “ever smoked.”4
- 15.0% of residents with heart disease report that they are current smokers.4
- Merced County residents with heart disease report higher rates of current smoking and ever smoking than the general population (11.4% and 30.8%, respectively).4

Blood Pressure and Cholesterol
- 58.0% of residents with heart disease have been told they have high blood pressure; 41.9% have been told they have high cholesterol.4
CANCER
SECOND LEADING CAUSE OF DEATH IN MERCED COUNTY

Cancer is recognized as a preventable cause of death, which can be avoided with behavioral lifestyle changes.

Merced County has similar cancer-related mortality rates (163.3) to the US (166.2), but higher rates than California (149.9). Although 2011-13 county cancer rates are lower than 2006-08 rates for both the state (160.3) and the US (178.1), 2006-08 county rates are not lower (159.3).\(^1\)

Males have higher cancer mortality rates (189.4) than females (142.0).\(^2\) Residents less than 50 years old have much lower mortality rates (15.7) than 50+ residents (544.7).\(^2\) Black residents have the highest mortality rates (228.3), followed by whites (164.8), Latino/Hispanics (118.2) and Asians (105).\(^2\)

Several types of cancer in Merced County have lower incidence rates, but higher mortality rates, than California. Some rates of preventative measures are also lower in Merced County.

Although California and national cancer mortality rates have decreased, Merced County’s cancer mortality rates have remained stable.\(^1\)
Merced County has lower incidence (126.3) and mortality rates (18.7) of prostate cancer than the state (incidence: 136.4; death: 19.8) and the nation (incidence: 142.3; death: 19.8). Despite a lower female breast (108.2) and colorectal cancer (39.4) incidence than the state (breast: 122.4; colorectal: 41.5) and US (breast: 122.7; 43.3), county mortality rates for breast cancer (20.9) are comparable to California (20.6) and the US (21.3). Mortality rates for colorectal cancers (16.6) are higher (CA: 13.6, US: 14.9). Although cervical cancer mortality rates are not available, Merced County incidence rates (9.5) are worse than the state (7.8) and US (7.8). Merced County has higher lung cancer incidence (61.4) and mortality (39.5) than California (incidence: 49.5; mortality: 33.3), but lower rates than the US (incidence: 64.9; mortality: 45.5). In several cancer sites, Merced’s incidence rates are lower than the death rates, indicating possible late diagnosis of cancer.

Between 62.9% and 75.7% of women received cervical cancer screening at one of the three Merced County safety net health clinics in 2014.3 Between 24.3% and 62.9% of patients received colorectal cancer screening at one of the three Merced County safety net health clinics in 2014.3 Local Medi-Cal data indicate that 65.0% women were screened for cervical cancer in 2014 (goal HPL: 76.0%).4 31.5% of Merced County “Key Informants” consider cancer a major problem.6

The cost of cancer (including direct medical costs as well as absenteeism from work or school) in Merced County is estimated to be $64,699,198.00 annually.5
SCREENING AND RISK FACTORS
Breast, Cervical, and Colorectal Screening, Smoking, and Obesity

Breast Cancer Screening
- 73.8% of Merced County women aged 50-74 have had a mammogram in the past two years.\(^6\)
- The Merced County mammogram rate is significantly lower than both California (81.8%), and the US (83.6%).\(^6\)
- Although mortality rates are comparable, lower rates of screening could contribute to the lower incidence rates.\(^6\)

Cervical Cancer Screening
- 88.0% of Merced County women aged 21 to 65 have had a Pap smear within the last three years.\(^6\)
- This percentage is higher than the California percentage for women 18+ of 78.3% and is comparable to the US percentage of 83.9%.\(^6\)

Colorectal Cancer Screening
- 74.9% of Merced County adults aged 50-75 have been appropriately screened for colorectal cancer, comparable to the 75.1% nationwide rate.\(^6\)
- More adults 50+ have received a colonoscopy or sigmoidoscopy (77.5%) than have received a fecal occult blood test in the last two years (29.2%).\(^6\)

Smoking Status
- The number of PRC survey respondents who reported having cancer was very small. As a result, estimates of smoking status in cancer patients are not stable, and should only be interpreted as preliminary—more research should be done.
- Although respondents with cancer reported higher rates of ever having smoked and lower rates of current smoking, these differences were not statistically significant.\(^6\)

Obesity
- The percentage of residents with cancer who were also obese (41.2%) was similar to the percentage of people with obesity in the general Merced County population (40.0%).\(^6\)

COMMUNITY RESOURCES

- Planned Parenthood Mar Monte: Cancer Screenings.
- Mercy UC Davis Cancer Center
- American Cancer Society: [www.cancer.org](http://www.cancer.org)
- Mercy UC Davis Cancer Center Cancer Support Group.
- Every Woman Counts (EWC)
- IMPACT

For more information, see Resources section, page 54.
Injury and violence are recognized as preventable causes of death, which can be managed and avoided with behavioral lifestyle changes.

Merced County has higher unintentional injury, motor vehicle crash, and homicide mortality rates than both California and the US.¹

Merced County’s unintentional injury mortality rate of 46.7 is higher than both California (28.5) and the US (39.2), and this discrepancy has grown over time. The difference between Merced County and California in 2006-08 was 12.3, and in 2011-13, it was 18.2.¹

The leading cause of unintentional injury death in Merced County is motor vehicle collisions. Though motor vehicle collision death rates decreased dramatically in the late 2000’s they have begun to increase recently. Even at their lowest, Merced County’s mortality rates have consistently remained higher than either California or US rates; currently, the County’s rate (16.7) is double that of California (7.9) and significantly higher than the US (10.7).¹

The second most common cause of accidental death in Merced County is poisoning or noxious substances, which includes drug overdoses, followed by falls. All other causes of accidental death make up 5% or less (each) of the total accidental death pool.¹
Violent crime rates have decreased in all three locales, but less dramatically in Merced County (from 636.2 to 603.7) than in California (482.1 to 425.0) or the US (454.1 to 395.5). Most of the violent crime in Merced County is aggravated assault; the second most common type of violent crime is robbery.

Homicide rates in Merced County peaked between years 2008 and 2010 (9.4). They have subsequently come back down to pre-2008 levels (7.7), but are still significantly higher than the state (5.0) and the US (5.3).

14.4% of Merced County residents reported being injured by an intimate partner. Merced County has consistently higher domestic violence-related 911 calls than California.

QUICK FACTS

- 92.7% of Merced County adults report “always” wearing a seatbelt when driving or riding in a vehicle.
- 95% of parents report that their child “always” wears an appropriate restraint when riding in a vehicle.
- Only 42.9% of Merced County children “always” wear a helmet when riding a bicycle.
- 28.0% of households (22.9% of households with children) report having a firearm at their residence. This is lower than national prevalence (34.7% and 37.4%, respectively).
- 9.6% of gun owners report having an unlocked, loaded firearm at their residence. This is lower than national prevalence (16.8%).
- 45.2% of Merced County “Key Informants” consider injury and violence a major problem.
Property crimes in Merced County are generally decreasing over time, but violent crimes have remained fairly stable, without fluctuation.

The most common crime in Merced County is larceny/theft, followed by burglary, aggravated assault, and vehicle theft.

Of the cities in Merced County, Atwater has the highest rate of property crime (3528.4), followed by Merced (3219.8) and Dos Palos (3050.0). Dos Palos has by far the highest rates of violent crime (1003.5), followed by Merced (697.3) and Atwater (627.1). Unincorporated areas (as a whole, across the county) have the lowest rates of property crimes (1636.2), and Los Banos has the lowest rates of violent crime (358.2).
Chronic respiratory lung diseases (CRLD) are recognized as a preventable cause of death, which can be managed and avoided with behavioral lifestyle changes. This chapter includes asthma, chronic obstructive pulmonary disease (COPD), and pneumonia and influenza.

Merced County’s mortality rates of CRLD (46.0) are significantly higher than both the state (35.35) and the US (42.0). Merced County’s pneumonia and influenza death rates (14.8), however, are comparable to the US rate (15.3) and lower than the state rate (16.1).1

Merced County has double the prevalence of COPD (10.6%) than California (4.6%). The Merced County rates of asthma are similar for both adults (19.4%) and for children (26.6%) than for California (adults: 14%, children: 15.2%).2

Of current asthmatics, 8.7% had to visit an emergency room or urgent care center because of their asthma in the last 12 months. 33.5% of current asthmatics report having an asthma attack/episode in the last 12 months, and 40.2% of current asthmatics are taking daily medication.2

Of those Merced County residents who reported asthma, 37.7% said asthma interfered with work or usual activities 3 or more days in the past year.2
Males have much lower rates of asthma (6.7%) than females (17.3%) in Merced County, and prevalence of asthma is the highest in the age group of 40-64 (16.5%).

Hispanic/Latinos (14.1%) have slightly higher rates than whites (11.5%), and much higher rates than other races (5.6%).

Merced County has higher rates of preventable hospital rates due to asthma in both younger and older adults. Black Merced residents have much higher rates of asthma-related hospitalizations (58.8) and ED visits (446.0) than other races (white: hospitalization: 15.3, ED visit: 86.6; Hispanic/Latino: hospitalization: 10.5, ED visit: 65.9; Asian/PI: hospitalization: 10.5, ED visit: 22.8).

Hispanic/Latinos (14.1%) have slightly higher rates than whites (11.5%), and much higher rates than other races (5.6%).

The cost of asthma (including direct medical costs as well as absenteeism from work or school) in Merced County is estimated to be $69,326,660.00 annually.
AIR QUALITY

Ozone, 24-hour Particulate Matter\(_{2.5}\), Annual Particulate Matter\(_{2.5}\)

Ozone

- The Modesto/Merced area is the 8th most ozone polluted city/area in the country.\(^8\)
- Ozone levels in Merced have decreased dramatically since the early 2000’s but are still over healthy levels.\(^8\)
- Using 2010-2012 data, Merced has an average of 43 “orange” (unhealthy for sensitive populations) ozone days a year.\(^8\)

Merced County received a failing grade from the American Lung Association's State of the Air report on all 3 air quality measures.\(^8\)

Short-term Particulate Matter (24-hour PM\(_{2.5}\))

- The Modesto/Merced area is the 4th most short-term PM\(_{2.5}\) polluted city/area in the country.\(^8\)
- All of the top 4 most short-term PM\(_{2.5}\) polluted cities/areas in America are in the San Joaquin Valley (1—Fresno/Madera, 2—Bakersfield, 3—Visalia/Porterville/Hanford, 4—Modesto/Madera).\(^8\)
- Merced County is the 13th worst county in the US on this measure.\(^8\)

The Modesto/Merced area is the 4th most polluted (by short- and long-term particle matter pollution or PM\(_{2.5}\)) city/area in the United States.\(^8\)

Long-term Particulate Matter (Annual PM\(_{2.5}\))

- The Modesto/Merced area is the 4th most long-term PM\(_{2.5}\) polluted city/area in the country.\(^8\)
- All of the top 4 most long-term PM\(_{2.5}\) polluted cities/areas in America are in the San Joaquin Valley (1—Fresno/Madera, 2—Bakersfield, 3—Visalia/Porterville/Hanford, 4—Modesto/Madera).\(^8\)
- Merced County is the 12th worst county in the US on this measure.\(^8\)

COMMUNITY RESOURCES

- San Joaquin Valley Air Pollution District: 800-281-7003. Can send air pollution complaints and smoking vehicle complaints.
- Merced/Mariposa Asthma Coalition: 209-564-4310. Provides awareness and education on asthma and controlling asthma.
STROKE
FIFTH LEADING CAUSE OF DEATH IN MERCED COUNTY

Stroke is recognized as a preventable cause of death, which can be managed and avoided with behavioral lifestyle changes.

Stroke mortality rates in Merced County have decreased over time, but are still higher than California and US mortality rates.\(^1\) Merced’s mortality rates are 45th out of 58 California counties.\(^2\)

Stroke-related deaths have decreased nation-, state-, and county-wide. Merced County’s stroke mortality rates (41.7) are higher than California’s (35.6) and the US’s (37.0), but all are above the Healthy People goal rate of 34.8.\(^1\)

Stroke deaths affect Blacks in Merced County disproportionately more than any other racial/ethnic group, with rates twice as high as their white counterparts.\(^3\)

Blacks/African-Americans are disproportionally affected by stroke hospitalizations, mortality, and preventable heart disease and stroke-related deaths.\(^3\)
The prevalence of heart disease in Merced County (3.4%) is slightly higher than that of California (2.2%), and comparable to that of the US (3.9%). Stroke prevalence increases dramatically with age (4.2% for ages 40-64, 12.0% for 65+). The Hispanic/Latino population have lower prevalence (2.3%) than their white (4.6%) or other race (4.4%) counterparts. Medicaid data show that Blacks/African-Americans also have slightly more stroke-related hospitalizations than white residents, who have higher rates than Hispanic/Latino seniors.

The combination of prevalence rates that are similar to other reference groups, but mortality rates that are distinctively higher, may indicate one of several things. Merced residents, particularly Blacks, might be experiencing more severe strokes. They may not be receiving adequate preventative care, or may not be able to access acute care in a timely manner. Merced County has only one Joint Commission certified stroke center, on the east side of the county. This center is 39 miles from the center of the largest city on the west side of the county. Access to time sensitive stroke treatments might be limited, or require air transport, in certain situations.

Merced County has similar stroke prevalence rates to California and the nation, but higher stroke mortality rates than either reference group. This could indicate a lack of access to appropriate health care.

49.3% of Merced County “Key Informants” consider heart disease and stroke a major problem. Stroke prevalence is too low to do further sub-group analyses, or to provide stroke specific risk factor data. For relevant information on modifiable risk factors for stroke, see Cardiovascular Disease risk factors, page 12.

The cost of strokes (including direct medical costs as well as absenteeism from work or school) in Merced County is estimated to be $63,079,623.00 annually.
Diabetes is recognized as a preventable cause of death, which can be managed and avoided with behavioral lifestyle changes.

Merced County has higher diabetes age-adjusted mortality rates than both the state and the nation and this discrepancy has grown over time.¹

Merced County diabetes death rates have increased over time, and are higher (29.0) than both state (20.7) and national (21.3) rates, which have stabilized.¹ Despite increased mortality, the prevalence of diabetes in Merced County (11.3%) is roughly equal to state (10.2%) and national (11.7%) rates.²

A possible explanation is that lack of regular primary care medical access leads to late diagnosis of diabetes. Late diagnosis leads to worse outcomes, particularly for the elderly population, whose prevalence has increased from 26.0% in 2012 to 36.2% in 2015. This can be a worrisome pattern. No other demographic differences are significant.²

Though Merced County prevalence of diabetes is comparable to both the state and US, the County’s prevalence of “pre-diabetes” is over double national rates (12.3% versus 5.1%).²

*Alzheimer’s disease is the 6th leading cause of death in Merced County.¹ However, there is not enough data on Alzheimer’s to write a full chapter. For this reason, Alzheimer’s data is included in the chapter on Aging (see page 41).
Lack of access to primary care is apparent in Merced County hospitalization data. Many patients are hospitalized for preventable conditions; Merced County has higher rates than the state of preventable hospital stays related to diabetes short term complications, long term complications, and lower extremity amputation.³

Local MediCal data from the Central California Alliance for Health also indicates lapses in diabetes management and preventative care.⁴ According to HEDIS 2015 data, the rate of Merced MediCal patients on comprehensive diabetes control measures is below goal rates (HPL). The two outcomes in which local data are the best are basic Hemoglobin A1c (HbA1c) testing (86.4% compared to the HPL 91.7%) and the most severe diabetes-related side effect tracked - medical attention for nephropathy, or kidney disease (84.9% vs. the HPL 86.86%).

Local HbA1c control is much below the national HPL: 46.0% of Merced County MediCal diabetics have controlled HbA1c (< 8.0%, HPL: 59.4%) and 43.8% have poor HbA1C control (>9.0%, HPL: 30.3%). Eye exams (52.3% vs. HPL 68.0%) and blood pressure control (66.2% vs. HPL 75.2%) were also performed below goal level.⁴

- Among county non-diabetics, 47.2% of adult residents had had their blood sugar tested in the last three years, which was comparable to the US rate of 49.2%.²
- Among county diabetics, 83.2% are taking insulin, compared to 81.9% in 2012.²
- 61.6% of Merced County “Key Informants” consider diabetes a major problem.²
- Among the three Merced County safety net health clinics, 20,728 patients (13.7% of all patients) with diabetes were served in 2014.⁵
- Of eligible diabetes patients (those with HbA1c levels at or above 9%), 75% have received diabetes control management at these clinics.⁵

The cost of diabetes (including direct medical costs as well as absenteeism from work or school) in Merced County is estimated to be $101,998,068.00 annually.⁶
MODIFIABLE RISK FACTORS

Weight Status, Smoking, Blood Pressure, Cholesterol, & Gestational Diabetes

Weight Status
- 21.5% of Merced County residents identified as “obese” have a diagnosis of diabetes.²
- 14.3% of overweight and obese people are pre-diabetic.²
- 71.5% of diabetics in Merced County are obese, while 20.5% are overweight.²
- 40.5% of pre-diabetics are obese, while 42.2% are overweight.²

Smoking History
- 45.8% of Merced County diabetics have ever smoked, but only 11.6% are current smokers.²
- 40.1% of Merced pre-diabetics have ever smoked, but only 9.4% are current smokers.²
- Though the current smoking rates for both pre-diabetics and diabetics are similar to the general population (11.4%), the proportion of “ever smokers” in these groups is higher than in the general population (30.8%).²

Blood Pressure and Cholesterol
- 67.1% of diabetics in Merced County have been told they have high blood pressure by a health care professional.²
- 79.5% of the diabetics who have been told they have high blood pressure have been told so more than one time.²
- 52.1% of diabetics in Merced County have been told they have high cholesterol.
- 65.2% of pre-diabetics have been told they have high blood pressure; 52.5% have been told they have high cholesterol.²

Gestational diabetes
The rates of gestational diabetes have increased over time in both the state and in Merced County. Hispanics consistently have higher than average rates/ Merced County has lower rates than the state.⁷

COMMUNITY RESOURCES
- Merced County Public Health: National Diabetes Prevention Program and Chronic Disease Self-Management Program
- American Diabetes Association: http://www.diabetes.org/
- Dignity Health: Diabetes Community Class
- Memorial Hospital Los Banos: Diabetic Support Group

For more information, see Resources section, page 56.
MODIFIABLE RISK FACTORS
Obesity is a modifiable risk factor that is associated with increased risk of almost all of the top causes of mortality in Merced County (heart disease, cancer, stroke, diabetes, and chronic lung disease).

Merced County has significantly lower healthy weight adult residents (22.1%) than California (37.9%) or the US (31.7%), and significantly higher obese adult residents (39.8%) than the state (24.1%) or nation (29.0%). All three places rate of overweight, but not obese, residents are similar (Merced: 35.8%, California: 36.0%, US: 37.9%).

Currently, 36.5% of overweight or obese Merced county residents are trying to lose weight by modifying both their diet and physical activity levels. One out of every three Merced children (ages 5-17) are overweight or obese (15.8% obese and 18.6% overweight).

The percent-age of children aged 5-12 who are obese (24.2%) is more than triple the percentage of children aged 13-17 who are obese (6.9%).

Though these data are not available over time, this could point to a troubling trend, if these younger children remain obese as they age, and the percentage of obesity in young children remains the same.

1 out of 4 Merced County grade schoolers (ages 5-12) is obese.
Obesity is most prevalent within the age group 40-64 (47.5%) and least prevalent within the 18-39 age group (33.4%), and more prevalent among men (44.3%) than women (35.0%). Other demographic categories are similar to each other.1

Interestingly, there is a major discrepancy between overweight and obese Merced County residents’ actual weight status (as measured by BMI), and their perceived weight status.1 Most notably, 40.4% of overweight adults perceive themselves as “about the right weight” and 67.5% of obese adults perceive themselves as “somewhat overweight.” A small percentage of overweight (6.3%) and obese (0.8%) people actually perceive themselves as underweight. Weight status increases the risk of many health concerns. In Merced County, there is a clear relationship between increased weight status and increased percentage of essentially all health concerns.1

QUICK FACTS

- 30.2% of obese and overweight Merced County adults report being given advice about their weight from a health professional in the last year.1
- 57.9% of Merced County “Key Informants” consider obesity a major problem.1
- Among the three Merced County safety net health clinics, between 26.8% and 91.4% of adults, and 30.0% to 97.1% of adolescents, received weight screening and appropriate follow-up (depending on the clinic).2
- Merced County HEDIS data show that 85.4% of children and adolescents had a BMI calculated (which met the goal HPL% of 82.5). However, only 66.9% received nutrition counseling (goal HPL% 77.5) and only 47.2 (goal HPL% 69.8) received physical activity counseling.3
MODIFIABLE RISK FACTORS

Access to Healthy Foods

- 38.7% of Merced County adults report eating 5 or more servings of fruits and vegetables per day (compared to 39.5% nationally).  

- More females (49.5%) than males (27.7%) report eating 5+ servings of fruits and veggies.  

- More low income residents (31.1%) have a “very” or “somewhat” hard time finding and buying affordable produce, compared to middle or high income residents (12.9%).  

- Often, census tracts with high numbers of households receiving SNAP benefits have low numbers of SNAP-authorized retailers (which have regulations requiring the stocking of certain healthy foods).  

Sedentary Lifestyle

- 22.4% of Merced County adults reported participating in no leisure-time physical activity in the past month (a significant decrease from 2012 levels—29.9%).  

- 36.3% of Merced County children report being physically active for at least one hour every day of the past week.  

- The majority (60.3%) of Merced County children and teens (age 5-17) report spending 1 to 3 hours on sedentary activities on a typical weekday after school.  

- 55.6% of obese and overweight Merced County adults report being given advice about exercising from a health professional in the last year.  

Safe Recreation/Park Space

- 82.2% of Merced County teens agree or strongly agree that there is a park or playground near their house that is safe during the day.  

- However, the majority of Merced County teens do not agree (71.8%) that they live near a park or playground that is safe at night.  

- 72.1% of children and teens reside within walking distance to a park, playground, or open space.
Many modifiable risk factors are associated with increased risk of several of the top causes of mortality in Merced County (heart disease, cancer, stroke, diabetes, and chronic lung disease). Though these risk factors are discussed in each disease-specific chapter of the CHA, they are important indicators of health and deserve separate scrutiny as well.

30.1% of Merced County adults have ever smoked; 11.4% are current smokers.\(^1\)

Merced County has similar rates of households with a smoker (14.0%) to the national rates (12.7%).\(^1\) Similarly, the percentage of households with a child and a smoker are also similar in Merced (13.3%) and the US (9.7%).\(^1\) It is important to note that these are only households in which someone smokes in the house four or more times per week. Consequently, the percentage of people who are exposed to occasional smoke is possibly higher.

More males (18.5%) than females (9.6%) live in a household with a smoker and more residents in the 40-64 age group (18.6%) than those in the 18-39 or 65+ age group are in a smoking household.\(^1\) Lastly, more low income people (18.0%) report having a member of their household smoke than middle to high income people (9.0%).\(^1\)

71.5% of stores that sell tobacco in Merced County are in low income areas.\(^2\)
110 stores that sell tobacco products in Merced County were surveyed in 2013. That survey found that 87.5% are located near schools (compared to 75.3% at the state level). 90.6% of the stores sell the most popular brand of cigarillos for under $1, whereas only 78.1% of California tobacco stores sell these. In addition, 57.3% of Merced County stores sell low or non-fat milk (statewide, 37.2% sell milk). Merced County has high rates of adults being checked for high blood pressure and high cholesterol. The percentage of County adults with current high blood pressure (27.5%) is similar to California (26.2%) and the nation (28.2%). In all locations, Medicare patients have much higher rates of high blood pressure: the percentage of Medicare recipients with high blood pressure in Merced County is 57.4%. The same pattern appears for high cholesterol. 29.0% of all Merced County residents have high cholesterol, compared with 44.0% of all Medicare recipients.

39.1% of Merced County “Key Informants” consider tobacco a major problem.

Only 36.1% of Merced County smokers have tried to quit smoking in the last 12 months (compared to 60.0% nationally).

A total of 90.4% of Merced County adults have had their blood pressure tested in the last two years. 36.9% have been told at some point that their blood pressure is high.

85.3% of Merced County adults have had their cholesterol checked in the last five years. 29.0% have been told at some point that their cholesterol levels are high.

Among the three Merced County safety net health clinics, between 78.6% and 97.1% adults were screened for tobacco use, and, if relevant, received cessation intervention.

Between 59.5% and 70% of eligible patients received blood pressure control management at these clinics.

Between 75.7% of 87.1% eligible patients received appropriate cholesterol treatment at these clinics.
ACROSS THE LIFESPAN
Early quality care is essential for the best start to life, and early environmental impacts can have lifelong effects. This includes prenatal and birth outcomes. These topics will be covered in this chapter.

Merced County has consistently had higher rates of births than California, which contributes to Merced County’s young median age (28 years).\(^1\)

Merced County’s rates of teen pregnancy have dropped dramatically in the last decade.\(^1\)

Merced County’s teenage birth rates are much higher than state rates.\(^1\)

Many of the births in Merced County are teen pregnancies. Merced County has rates that are much higher than California rates. 2012 rates of births per 1,000 females aged 15 to 17, were 23.0 for Merced and 13.1 for California. For females aged 18 to 19, 2012 rates were 60.6 for Merced and 43.1 for the state. Despite these consistently higher rates, though, Merced County’s teen pregnancy rates have significantly decreased in both teen age groups.\(^1\) For 15-17 year olds, the 2010-12 average was 23.8, down from 33.7 (the 2001-03 average). Similarly, the 2012 rate for 18-19 year olds was 60.6, compared to a rate of 89.7 in 2003.\(^1\)
Only 62.9% of women in Merced County received prenatal care in the first trimester of pregnancy, compared to 83.8% of women in the state. 22.9% of women in Merced County did not receive adequate prenatal care, compared to 9.7% statewide.\(^1\) California’s and are better than national rates.\(^1\)

Merced County’s rates of infant mortality are lower than national rates and, though unstable, are similar to state rates.\(^1\)

Merced County rates of Cesarean delivery per 100 low-risk women are increasing over time (2005-07: 20.3, 2010-12: 28.4) and are higher than state rates. Low birth weight rates are similar locally (6.8) and state-wide (6.7), and gestational diabetes rates are lower in Merced County (7.2) than the state (9.0).\(^1\)

Despite high rates of inadequate prenatal care, rates of infant mortality are decreasing in Merced County (from 7.9 in 2003 to 5.8 in 2012). Although they are variable, in recent years, Merced County’s infant mortality rates are similar to

Merced County mortality rates for children less than one year of age (5.0) are also similar to California’s rates (4.8).\(^1\)

Merced preterm birth rates (10.1) are similar to California’s (9.7).\(^1\)

Of 1,000 hospitalizations of pregnant women, 43.6 had a mental health diagnosis (similar to the state rate of 43.3).\(^1\)

Of 1,000 hospitalizations of pregnant women, 24.1 had a substance use diagnosis (higher than the state rate of 17.5).\(^1\)

27.0% of Merced County “Key Informants” consider infant and child health a major problem.\(^2\)

38.0% of Merced County “Key Informants” consider family planning a major problem.\(^2\)
Breastfeeding

Merced County has consistently lower rates of exclusive breastfeeding (60.4%) measured in the hospital after delivery than California (64.5%), but this is particularly true for Asian mothers (Merced County: 34.9%, California: 59.1%), multiple race mothers (Merced County: 49.5%, California: 72.8%) and other races (Merced County: 24.6%, California: 60.9%).

COMMUNITY RESOURCES

- Merced County Public Health: Young Parents Program.
- Merced County Public Health: Nurse Family Partnership.
- Memorial Hospital Los Banos and Merced Medical Center: Prenatal care.
- Memorial Hospital Los Banos and Merced Medical Center: Breastfeeding Support.
- Memorial Hospital Los Banos and Merced Medical Center: Childbirth Education.

For more information, see Resources section, page 57.
Health problems developed in childhood and adolescence can linger for the entire life span. This chapter will focus on the health outcomes of Merced County children and adolescents, as well as factors that affect the health of these populations.

651 children in Merced County are in Foster Care.¹

Lack of access to quality infant and child care has been touched on previously (see Social Determinants of Health chapter, page 2). This paucity of care spans from infancy to after school care—the vast majority of children aged 0-12 whose families are eligible for California General Childcare (CCTR) assistance are unserved in Merced County.²

Merced County has higher rates of first entry into foster care than the state at every age group.¹ The median number of months a child spends in Foster Care has increased over time (2008: 9.8 months, 2012: 13.6 months), but is still lower than the California median (2012: 15.2 months).¹

6.8% of Merced County 9th graders and 18.2% of non-traditional students report being members of a gang.¹

Merced County rates of gang membership are similar to that of the state for 9th (Merced Co: 6.8%, CA: 7.5%) and 11th graders (Merced Co: 6.3%, CA: 7.5%), but are higher for non-traditional students (18.2%, CA: 13.0%).¹

Merced County also has very high rates of teen pregnancy. For a full discussion of this important health concern, see the Pregnancy and Birth chapter, page 34.
Though Merced County has low rates of educational attainment compared to the state, (see the Social Determinants of Health chapter), the rates of high school graduation within four years (84.7%) are actually slightly higher than the state’s (80.8%).

The California Assessment of Student Performance and Progress is an annual standardized test that examines student’s abilities in various subjects, including math and reading proficiency. Proficiency is defined as a test score meeting or exceeding a student’s grade level standard. In both math and reading, for every grade level, the percentage of Merced County students who are deemed proficient lags behind those of California generally. The gap is more pronounced in math than in reading.

Quick Facts

- 1 out of 3 Merced County students was truant (absent for 30 or more minutes without an excuse 3 or more times in a school year) in 2014. This is similar to the state’s rate.
- Merced County’s percentage of youth disconnection (teens who are not in school or working) has dropped from being the state’s worst (13.5% in 2009-11 to 11.8% (3rd worst in the state) in 2011-13.
- 66.0% of Merced County students (7th, 9th, and 11th grades and non-traditional students) report bullying. This is comparable to the state rate (66.2%).
• Most childhood vaccinations have rates higher than 90%. The exceptions are the DTaP (73.7%), Pneumococcal Conjugate (78.4%), Rotovirus, (62.8%) and flu (21.4%).

• There are race/ethnicity differences in who receives the basic childhood combination of vaccines: Hispanics have the highest level of compliance (71.9%) and whites have the lowest (57.1%).

• Immunization rates are much lower in adolescents (Meningococcal: 67.9%, Tdap/Td: 81.0%).

• White people received the lowest percentage of HPV vaccines (11.5%); Asians received the highest (27.6%).

The basic childhood combo consists of: 4 DTaPs, 3 Polio, 1 MMR, 3 Hib, 3 Hep B, 1 VZV, and 4 PCV.

The HPV vaccine has the lowest rates of all vaccines, at only 21.9%.

Merced County has one of the highest rates of kindergartners who have the required immunizations (96.5%).
Merced County has higher child/youth (ages 0-24) death rates than the state or US.¹

Over time, both California’s and the US’s child/youth mortality rates have decreased, but rates in Merced County have remained stable.¹

15.8% of Merced County children, ages 5-17 are obese. However, the proportion of obese grade school children (ages 5-12 years) is much higher than the percentage of teens (ages 13-17) who are obese. This could represent natural weight loss as one grows, or it could indicate an alarming trend over time.⁴

Merced County has higher rates of child/youth deaths (42.3) than either the state (30.9) in the nation (38.2), Over

Merced County has the highest rate of asthma diagnoses in children in the state (32.5%, 2011-12).¹

COMMUNITY RESOURCES

- Merced County Mental Health Department: Children’s System of Care (CSOC)
- Merced County Public Health: Healthcare Program for Children in Foster Care (HCPCFC)
- Merced County Human Services Agency: Mainstreet Youth Center
- Merced County Human Services Agency: Independent Living Program (ILP)
- Aspiranet: TIP Program
- Aspiranet: Behavioral Health Outpatient Services
- Aspiranet: Home Visitor Program
- Aspiranet: Wrap Around
- Merced County Office of Education: McKinney-Vento Act
- Merced County Public Health: Merced Clinic/Los Banos Clinic.

For more information, see Resources section, page 57.
Merced County has a fairly young population, with a median age of 30.2 years, much younger than that of California (35.6 years) or the US (37.4 years).\textsuperscript{1} Despite this, ailments that predominantly affect the senior population are still a concern. For example, Alzheimer’s Disease is the sixth leading cause of death in the county.

A growing body of literature suggests a link between Alzheimer’s Disease and heart disease. Risk factors of heart disease can be found on page 12.

Merced County’s senior population is not evenly dispersed across the county and certain census tracts have higher proportions of people aged 65+. But no census tracts have more than 20% seniors.\textsuperscript{2}

Of the 65+ population in Merced County, many are veterans. Again, senior veterans are not evenly dispersed across the county, indicating that conditions associated with aging might be of more concern in some census tracts than others.\textsuperscript{2}
Merced County Department of Public Health 2016 CHA

Merced County has lower Alzheimer’s-related mortality rates (27.0) than California (30.2), but higher rates than the US (24.0). Since 2006-08 data, Merced County’s mortality rates have increased dramatically, overtaking those of the US, and on trajectory to catch or overcome California’s rates.3

Merced County has similar prevalence of arthritis/rheumatism (38.7%) to the US (37.3%), lower prevalence of osteoporosis (8.8%) than the US, but higher rates of sciatica and chronic back pain (26.8%) than the US (18.4%).4

The cost of arthritis (including direct medical costs as well as absenteeism from work or school) in Merced County is estimated to be $85,354,122.00 annually.7

Quick Facts: Aging

- 8,064 (5.3%) of the patients seen at one of the three Merced County safety net health clinics in 2014 were seniors (aged 65+).5
- Local Medi-Cal data indicate that 78.6% of patients with lower back pain received imaging studies as part of their care (goal HPL: 84.3%).6
- 27.5% of Merced County “Key Informants” consider Dementia, including Alzheimer’s Disease, as a major problem.4
- 22.1% of Merced County “Key Informants” consider arthritis, osteoporosis, and chronic back pain as a major problem.4

Quick Facts: Alzheimer’s Disease

Alzheimer’s Disease: Age-Adjusted Mortality by Year & Location, 2006-2013

Source: CDC WONDER Online Query System
INFECTIOUS DISEASE
With the advent of immunizations, infectious diseases are not the primary causes of death they were a century ago. Nevertheless, they are an important public health concern.

**Merced County flu vaccination rates in high-risk adults (those with heart disease, diabetes, or a respiratory disease) have fallen over time.**

**Influenza**

Generally, Merced County has not been hard hit by flu deaths or non-fatal ICU cases in the 0-64 aged population. In the last four flu seasons through spring of 2015, Merced County reported 5 deaths and 12 ICU cases, compared with 739 deaths and 1830 ICU cases in California.

Although rates of flu vaccinations for older Merced County adults (58.2%) are similar to US rates (57.5%), the County prevalence rate for high risk adults has dropped significantly (from 49.6% to 34.6%) and is now lower than national rates (45.9%).

For information on other vaccinations, see the Pregnancy and Birth chapter, page 34.

**Tuberculosis**

In 2012, Merced County had the 7th highest rate of tuberculosis in the state (7.3 per 100,000 population). Though more rankings are not available, the rate of TB in the county has remained fairly stable (7.1 in 2015).

**HIV/AIDS**

HIV/AIDS mortality and prevalence rates are lower in Merced County (mortality: 1.7, prevalence: 82.1) than California (mortality: 2.6, prevalence: 363.0) or the US (mortality: 3.6, prevalence: 340.4). Only 20.0% of Merced County “Key Informants” consider HIV/AIDS a major problem—44.6% consider it a minor problem.

16.4% of Merced County adults were tested for HIV in the past year compared to 19.9% nationally.
Arboviruses
After a high of 25 human cases in 2005, Merced County has had relatively low levels of West Nile Virus, with most years (including the most recent 3 years) with zero or one case(s).^2
Recently, two invasive mosquito species, *Aedes aegypti* and *Aedes albopictus* have been found in CA. These mosquitos can be host vectors for dengue, chikungunya, and Zika virus. Though no locally transmitted cases of any of these diseases have been reported in California as of yet, people who travel to other places may contract the disease, and upon return to California they have the potential to begin local transmission.^5
Importantly, neither *Aedes aegypti* nor *Aedes albopictus* have been found in Merced County, but these species are in the southern part of the Central Valley.^6 As such, all of these vector-borne diseases should be considered an emerging threat.^5

Coccidiomycosis (Valley Fever)
Valley fever is a lung infection caused by the fungus *Coccidioides*, characterized by respiratory and influenza–like symptoms.

Merced County has been very stable in Valley Fever cases over the last five years.^2 There are much higher rates of Valley Fever further south in the Central Valley, such as in Madera and Fresno Counties.

Coccidiomycosis Rate
Merced County, 2010-2014

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<td>2014</td>
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</table>

Source: Merced County Department of Public Health

HEPATITIS B AND C

- Hepatitis C is one of the most frequently reported communicable diseases in Merced County.^2
- Although Hepatitis B has remained fairly stable, Hepatitis C rates had decreased. Recent data suggest Hepatitis C rates may be increasing.^2
- Merced County has high rates of liver disease mortality (see Substance Abuse, page 51)

Hepatitis B and C Rates
Merced County, 2010-2014

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</tbody>
</table>

Source: Merced County Department of Public Health

Aedes aegypti and Aedes albopictus Mosquitoes Detection Sites in California

*Updated weekly on Fridays as new infestations are detected*

- *Aedes aegypti*
- *Aedes albopictus*

- El Monte
- South El Monte
- Duarte
- Arcadia
- Temple City
- Irwindale
- Monterey Park
- Baldwin Park
- Monrovia
- La Puente
- Avocado Heights
- Rosemead
- Whittier
- Bradbury
- South Whittier
- San Gabriel
- Azusa
- Covina
- West Covina
- Glendora
- Los Angeles
- Alhambra
- Pico Rivera
- La Cañada Flintridge

*Unincorporated Census-Designated Places

- Only 36.0% of Merced County adults report having received the entire Hepatitis B vaccination series (compared to 44.7% nationally).^1

Substance Abuse, page 51)
SEXUALLY TRANSMITTED INFECTIONS
Chlamydia, Gonorrhea, Syphilis, and Risky Sexual Practices

- Only 22.1% of Merced County Key Informants consider STIs a major concern.¹

**Chlamydia**
- Chlamydia is the most prevalent reportable disease in Merced County by far, with rates as high as five-fold the rate of the next highest most frequently reported disease (Gonococcal infections).²

- **Chlamydia and Gonorrhea Rates**

<table>
<thead>
<tr>
<th>Years</th>
<th>Chlamydia</th>
<th>Gonorrhea</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>359.0</td>
<td>390.5</td>
</tr>
<tr>
<td>2012</td>
<td>431.9</td>
<td>48.2</td>
</tr>
<tr>
<td>2013</td>
<td>361.3</td>
<td></td>
</tr>
<tr>
<td>2014</td>
<td>18.5</td>
<td>69.5</td>
</tr>
</tbody>
</table>

**Gonorrhea**
- Gonorrhea is the second to third (interchanging with Hepatitis C) most prevalent reported disease in Merced County.²

**Syphilis**
- Rates of syphilis, particularly in women of child-bearing age, have been increasing dramatically across the state, including Merced County.²⁷
- Syphilis in women is of concern because of the increased possibility of congenital syphilis, a devastating infection in fetus or infants that can lead to stillbirth, miscarriage, or birth defects that can affect the skeleton, face, central nervous system, skin, teeth, and/or ears.⁷

**COMMUNITY RESOURCES**
- Merced County Department of Public Health for any questions related to infectious diseases, or to report an infectious disease: 209-381-1020.
- Merced County Public Health: HIV Program
- Planned Parenthood Mar Monte
- Merced Community Action Agency: Housing Opportunities for Persons with AIDS

For more information, see Resources section, page 60.

**Risky Sexual Practices**
- Most (89.0%) unmarried Merced County adults report either zero or one sexual partner in the past year.¹
- Of those reporting two or more sexual partners, the modal number of partners was 5+ in the past 12 months.¹
MENTAL HEALTH
Depression is a mental health condition that, left untreated, can lead to physical health problems, loss of productivity, and suicide.

Merced County’s suicide rates were more drastically affected by the recession than the US or California rates, which remained fairly stable.¹

Suicide mortality in Merced County has decreased in recent years, but is not yet back to the pre-recession rate. Merced County has lower suicide rates (11.1) than the US (12.5), but higher than the state (10.2).¹

In 2015, a total of 16.2% of Merced County adults reported being diagnosed by a physician as having a depressive disorder.² This is an increase from 2012 levels (9.0%).² Every demographic group has seen an increase in levels of depressive disorder. Prevalence in the 18-39 age group has more than doubled, from 6.3% to 14.1%. Though only 16.2% of Merced County adults have been diagnosed with a depressive disorder, 36.1% have experienced symptoms of chronic depression, where the respondents indicated feeling depressed or sad on most days, for periods of two or more years.²

Low-income or Hispanic/Latino residents report lower rates of depressive disorder diagnoses than their high-income or white counterparts, but higher rates of chronic depression symptoms.²
The local MediCal plan, Central California Alliance for Health, contracted with Beacon Health Strategies to provide behavioral health support to its members. In 2014, Beacon Mental Health Services reported a penetration rate of 4.22%, with an average of 3.6% per unique user of the system. A survey of community members found that the most trusted source(s) of support to talk about issues of stress, anxiety, and sadness varied by race/ethnicity, highlighting the importance of programs that are tailored to different groups in the community. Similarly, the services and supports needed, but were currently inaccessible, in the community were different for different groups. Most groups indicated they would be most likely to refer a friend or family member with problems with stress or depression to a doctor. Nearly all groups identified a “professional counselor” as the support that would be most useful to their community for dealing with issues of stress, anxiety, and sadness.

- 66.3% of adults diagnosed with depression have sought professional help (compared to 76.6% nationally).
- 63.2% of Merced County “Key Informants” consider mental health a major problem.
- Among the three Merced County safety net health clinics, 21,782 patients (14.1% of all patients) with mental health concerns were served in 2014. Between 5.8% and 80.0% (depending on the clinic) of patients at these clinics were screened for depression.

The cost of depression (including direct medical costs as well as absenteeism from work or school) in Merced County is estimated to be $49,939,206.00 annually.
MODIFIABLE RISK FACTORS
Substance Abuse, Emotional Well-Being, Stress

Substance Abuse

- 31.6% of all Merced County adults report binge drinking in the last year; 14.6% in the last month.  
- 47.3% of all adults report at least one drink in the last 30 days, but only 38.3% of those with a depressive disorder diagnosis report any drinking.

12.6% of all Merced County adults report needing help for emotional or mental health problems, or substance use in the past year; of these, 44.4% received no treatment.

27.7% of Merced County teens report needing help for emotional or mental health problems; but only 5.7% received counseling in the past year.

Emotional Well-Being

- 7.0% of working adults in Merced County reported their emotions moderately or severely interfered with their work performance in the past 12 months.

10.0% of Merced County adults reported their emotions moderately or severely interfered with their social life.

Stress

- 8.1% of Merced County adults have likely had serious psychological distress in the last year, 3.9% in the last month.
- 4.1% of Merced County teens (ages 11-17) have likely had serious psychological distress during the past month.
- 12.8% of Merced County residents perceive most days as extremely or very stressful.

Community Resources

- Central Valley Suicide Prevention: Suicide prevention hotline.
- National Suicide Prevention: Suicide prevention hotline.
- Merced County Mental Health: Central Intake.
- Castle Family Health Centers and Livingston Community Health Centers: Behavioral Health.
- Golden Valley Health Centers: Le Grand Medical and Behavioral Health/Merced Behavioral Health.

For more information, see Resources section, page 59.
Substance abuse is a mental health condition that, left untreated, can lead to physical health problems, loss of productivity, and suicide.

**Merced County’s cirrhosis/liver disease and drug-induced death rates are increasing over time; they are stable in California and nationally.**

Both drug-induced death and cirrhosis/liver disease mortality rates have increased in Merced County over the last 10 years. Cirrhosis/liver disease mortality rates have increased dramatically. This is particularly stark when compared to the California and national mortality rates in these two categories, which have remained stable.¹

**Despite higher mortality rates for substance abuse related diseases, Merced County adults report lower rates of alcohol or drug use than the national population.**¹,²

Merced County has higher drug-induced death rates (15.0) than California (11.4) and the US (14.1). Merced County also has much higher liver/cirrhosis mortality rates (16.6) than California (11.7) and the US (9.9).¹

Despite higher mortality rates in both of these categories, Merced County adults report lower levels of all alcohol and drug measures than the US or California populations. Merced County adults report lower rates of any drinking (47.7%) than California (55.5%) or the US (56.5%), lower levels of excessive drinking (16.9%) than the US (23.2%), and lower levels of illicit drug use (1.6%) than the US (4.0%).²

Only 1.4% of Merced County adults report ever seeking professional help for an alcohol or drug related problem.²
Excessive drinking, defined as at least one binge drinking session in the last 30 days, or an average of 2 or more drinks per day for males or one or more drinks per day for females, is reported more by males, ages 40-64, residents with mid to high income, and white adults.²

A survey of community members found that most respondents (59%) did not think members of their community would talk to a doctor if they were concerned about their alcohol or drug use. The reasons for not speaking to a doctor varied greatly, with the most common reasons being that people did not think they have a problem, or don’t want to talk about it. Other common reasons were embarrassment or shame, and fear of consequences or judgment.³

Statewide, up to 91% of those with a substance abuse disorder are not receiving services.

### QUICK FACTS

- 56.6% of Merced County “Key Informants” consider substance abuse a major problem.²
- Among the three Merced County safety net health clinics, 597 patients (0.4%) of all patients with substance abuse concerns were served in 2014.⁴
- For substance abuse modifiable risk factors, see the Depression chapter, page 48.

### COMMUNITY RESOURCES

- Merced County Mental Health: The Center.
- Merced County Mental Health: Recovery Assistance for Teens.
- Aegis Treatment Center: Outpatient Opiate Dependency Clinic.

For more information, see Resources section, page 59.
References

Overview and Social Determinants of Health

1. Census Bureau, Quick Facts, Merced County available here: http://www.census.gov/quickfacts/table/AGE135214/06047

Access to care

2. Professional Research Consultants (PRC), Merced County Survey, 2015 & 2013

Cardiovascular disease

2. CDC WONDER Online Query System, Center for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics, 2006-2013
1. CDC WONDER Online Query System, Center for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics, 2006-2013
4. Central California Alliance for Health (CCAH) HEDIS data, 2015 report
6. Professional Research Consultants (PRC), Merced County Survey, 2015 & 2013

Injury and Violence

1. CDC WONDER Online Query System, Center for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics, 2006-2013
2. FBI Uniform Crime Reporting Program
3. California Department of Justice, Criminal Justice Profiles, Merced County data, available here: https://oag.ca.gov/crime/cjsc/criminal-justice-profiles
4. Professional Research Consultants (PRC), Merced County Survey, 2015 & 2013

Respiratory Diseases

1. CDC WONDER Online Query System, Center for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics, 2006-2013
2. Professional Research Consultants (PRC), Merced County Survey, 2015 & 2013
4. Merced County Asthma Profile, California Breathing, available here: file:///P:/Data/asthma%20report.html
5. Central California Alliance for Health (CCAH) HEDIS data, 2015 report

**Stroke**

1. CDC WONDER Online Query System, Center for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics, 2006-2013
4. Professional Research Consultants (PRC), Merced County Survey, 2015 & 2013

**Diabetes Mellitus**

1. CDC WONDER Online Query System, Center for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics, 2006-2013
2. Professional Research Consultants (PRC), Merced County Survey, 2015 & 2013
4. Central California Alliance for Health (CCAH) HEDIS data, 2015 report
5. HSRA clinic data available here: http://bphc.hrsa.gov/datareporting/index.html
Obesity

1. Professional Research Consultants (PRC), Merced County Survey, 2015 & 2013
2. HSRA clinic data available here: http://bphc.hrsa.gov/datareporting/index.html
3. Central California Alliance for Health (CCAH) HEDIS data, 2015 report
5. California Health Interview Survey, 2011-2014

Other Modifiable Risk Factors

1. Professional Research Consultants (PRC), Merced County Survey, 2015 & 2013
2. Healthy Stores for a Healthy Community, Merced Survey, 2013

Birth and Maternal Health

2. Professional Research Consultants (PRC), Merced County Survey, 2015 & 2013

Child and Adolescent Health

1. Kidsdata.org
2. Merced County Local Child Care and Development Planning Council access data, 2015
3. Central California Alliance for Health (CCAH) HEDIS immunization data, Merced County, 2014
4. Professional Research Consultants (PRC), Merced County Survey, 2015 & 2013

Aging

1. Census Bureau, Quick Facts, Merced County available here: http://www.census.gov/quickfacts/table/AGE135214/06047
3. CDC WONDER Online Query System, Center for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics, 2006-2013
4. Professional Research Consultants (PRC), Merced County Survey, 2015 & 2013
5. HSRA clinic data available here: http://bphc.hrsa.gov/datareporting/index.html
6. Central California Alliance for Health (CCAH) HEDIS data, 2015 report
**Infectious Disease**

1. Professional Research Consultants (PRC), Merced County Survey, 2015 & 2013
2. Local Merced County Department of Public Health Disease Surveillance data
4. CDC WONDER Online Query System, Center for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics, 2006-2013

**Depression**

1. CDC WONDER Online Query System, Center for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics, 2006-2013
2. Professional Research Consultants (PRC), Merced County Survey, 2015 & 2013

**Substance Abuse**

1. Professional Research Consultants (PRC), Merced County Survey, 2015 & 2013
2. CDC WONDER Online Query System, Center for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics, 2006-2013
Resources

Overview and Social Determinants of Health

Homelessness

- Merced Community Action Agency: D Street Shelter (Adults only)*
  Offers overnight shelter for adults. Includes a hot meal, shower, personal hygiene products, clean beds, and security. Walk-in sometime between 6-7pm. 209-725-8188

- Merced County Rescue Mission: Shelter (Men Only)*
  Offers chapel service, showers, dinner, and breakfast. Check-in is at 6:30pm. Women/families are allowed to attend the chapel and dinner service and can be provided transportation to D Street Shelter after. Families are referred to their program, Room at the Inn, or HSA. 209-722-9269.

- Merced County Rescue Mission: Room at the Inn (Families Only)*
  Offers case management services for homeless families. Call for availability (program is usually full or nearly full). 209-722-9269.

- Merced County Human Services Agency: Homeless Services (Families Only)*
  Provides immediate motel vouchers for families and then provides case management services to ensure families work on attaining permanent housing. 209-385-3000.

- JMJ Maternity Home: JMJ Maternity Home*
  Provides women who are homeless or near homelessness with shelter and other supportive services. Offers pre-natal and/or post-partum health for mother and child. 209-658-9063 for intake. Or 209-769-7092 for administration.

- Merced County Office of Education: McKinney-Vento Act*
  Offers guaranteed enrollment and specialized support for high-risk children and youth to ensure they can afford and attend school. Caters to children living in shelters, motels, hotels, or weekly rate housing, children living in an apartment or house with more than one other family. Includes those in foster care or with adult who is not parent/guardian, or those in substandard housing. 209-381-5904 for administration.

- United States Department of Veterans Affairs: HUD-VASH Program*

*Resource information provided by Merced County United Way

58—Merced County Department of Public Health 2016 CHA
Provides housing choice voucher along with case management services for chronically homeless (1 year+) veterans. 559-226-6100 for the VA Central California Healthcare System or 209-381-0105 Ext 6 for the VA Outpatient Medical Clinic.

- Westcare: San Joaquin Valley Veterans*

Helps stabilize veteran families in areas of homeless prevention and rapid re-housing with intensive case management. Includes childcare, utility assistance, rental deposit assistance, transportation repairs, general housing stability assistance, document attainment, and skills certification. Services are also available for veteran families already involved with Section 8 and HUD-VASH.

**Cardiovascular Disease**

- American Heart Association*

  Information on heart disease, stroke, and related disorders:
  http://www.heart.org/HEARTORG/

- Dignity Health: Stroke Support Group*

  209-564-4310. Offers a stroke support group every 2nd Thursday of the month from 4:00pm – 5:30pm at the Mercy Medical Pavilion on 315 Mercy Avenue. Walk-in.

- Dignity Health: Chronic Disease Self-Management Program*

  209-564-4310. 6-week workshop teaches individuals with chronic conditions to live healthier lives. Call to register.

- Merced County Public Health: Chronic Disease Self-Management

  209-381-1233. Offers a 6-week program focusing on nutrition and physical activity.

**Cancer**

- Planned Parenthood Mar Monte: Cancer Screenings*

  209-723-7751 or toll-free, 877-855-7526. Provides breast and cervical cancer screenings.

- Mercy UC Davis Cancer Center*

  209-564-3600. Provides cancer treatment services.

*Resource information provided by Merced County United Way
• American Cancer Society
  Various Services. 209-524-7242 or toll-free, 800-227-2345. Offers supportive services for individuals diagnosed with cancer. Also has information on website: www.cancer.org

• Mercy UC Davis Cancer Center Cancer Support Group*
  209-564-3600. Offers a support group for all individuals who have been affected by cancer (including family/friends) to share their experiences. Last Wednesday of the month from 4:00pm – 5:00pm

• Golden Valley Health Centers: Cancer screenings*
  209-383-1848 or toll-free, 866-682-4842.

• Every Woman Counts (EWC)*
  Government program offering insurance on free breast and cervical cancer examinations for low-income women. Golden Valley Health Centers and Planned Parenthood provide this program through their clinics. Call clinics to access this program.

• IMPACT*

Injury and Violence

Crime

• Merced County Sheriff’s Department*
  209-385-7571

• Merced Area Crime Stoppers*
  855-725-2420. Offers listings on wanted criminals, information on scams/thief’s, and provides a hotline and online form to turn in anonymous tips.

• City of Atwater: Municipal Police*
  209-357-6396. Dispatch .

• City of Dos Palos: Municipal Police*
  209-392-2177.

*Resource information provided by Merced County United Way
60—Merced County Department of Public Health 2016 CHA
• City of Gustine: Municipal Police*
  209-854-3737.

• City of Livingston: Municipal Police*
  209-394-7916

• City of Los Banos: Municipal Police*
  209-827-7070 Ext 0. Dispatch

• City of Merced: Municipal Police*

• Merced County District Attorney: Victim Witness Assistance Program*
  209-385-7385. Provides support to alleviate trauma for crime victims and their families.

Respiratory Diseases

• San Joaquin Valley Air Pollution District*
  800-281.7003. Can send air pollution complaints and smoking vehicle complaints.

• Merced/Mariposa Asthma Coalition*
  209-564-4310. Provides awareness and education on asthma and controlling asthma.

Diabetes Mellitus

• Merced County Public Health

• American Diabetes Association*
  Offers information and education online: http://www.diabetes.org/ Also has a hotline to provide information and answer questions as well. Hotline is 800-DIABETES or 800-342-2383.

• Dignity Health: Diabetes Community Class*
  209-564-4310. Offers a 4-week course to educate those diagnosed with diabetes how to manage and live comfortably with the disease.

*Resource information provided by Merced County United Way
• Memorial Hospital Los Banos*

**Birth and Maternal Health**

• Merced County Public Health: Young Parents Program.
  209-381-1141 or 800-649-6849 as an alternate phone number. Provides eligible teen parents home visits and case management.

• Merced County Public Health: Nurse Family Partnership.
  209-381-1153. Provides home visits for first time mothers throughout the pregnancy, and until baby is 2 years old.

• Golden Valley: Prenatal care.*
  866-682-4842. Offers prenatal care at select clinics.

• Memorial Hospital Los Banos: Prenatal care.*

• Memorial Hospital Los Banos: Breastfeeding Support.*
  209-826-0591 Ext 50270. Offers individualized breastfeeding support.

• Memorial Hospital Los Banos: Childbirth Education.*
  209-826-0591 Ext 50270. Offers a 6-week course to provide expectant parents with information on parenthood.

**Child and Adolescent Health**

**Foster Youth**

• Merced County Mental Health Department: Children’s System of Care (CSOC)*
  Provides a multitude of programs for foster children and youth relating to mental health. 209-381-6800.

• Merced County Public Health: Healthcare Program for Children in Foster Care (HCPCF)*

*Resource information provided by Merced County United Way
Provides expertise on medical, dental, and developmental needs of children and youth in foster care. 209-385-3000 Ext 5195

- Merced County Human Services Agency: Mainstreet Youth Center*
  Provides drop-in services to foster youth with fun activities, socializing, and more. It is open to all youth, but has a focus on fostered youth. 209-385-7590.

- Merced County Human Services Agency: Independent Living Program (ILP)*
  Provides services training, and benefits to current and former foster youth in achieving self-sufficiency prior to and after leaving the foster care system. 209-385-3000

- Aspiranet: TIP Program*
  Offers a transitioning program for foster youth ages 14-25 into independent living. Assists with housing, education, employment, and more. 209-726-3090. If first phone number doesn’t work, try 209-725-2125.

- Aspiranet: Behavioral Health Outpatient Services*
  Provides an array of outpatient therapy, counseling support, psychiatric services, and educational programs to help children, parents, and families cope when faced with emotional challenges. 209-726-3090. If first phone number doesn’t work, try 209-725-2125.

- Aspiranet: Home Visitor Program*
  Offers case management services for children at risk of abuse and neglect. Aspiranet then can provide case management services to provide direction and support for the family and child. Referrals can be given by families, neighbors, schools, or general community that is concerned. 209-726-3090. If first phone number doesn’t work, try 209-725-2125.

- Aspiranet: Wrap Around*
  Offers various services dedicated to youth enrolled in foster care or adoption which provide an in-home approach to supporting these youth facing difficult emotional and behavioral challenges, whether they’re at home or with a foster family. 209-726-3090. If first phone number doesn’t work, try 209-725-2125.

- Merced County Office of Education: McKinney-Vento Act*
  Offers guaranteed enrollment and specialized support for high-risk children and youth ensure they can afford and attend school. Caters to children living in shelters, motels, hotels, or weekly rate housing, children living in an apartment or house with more than

*Resource information provided by Merced County United Way
one other family. Includes those in foster care or with adult who is not parent/guardian. Or in substandard housing. 209-381-5904 for administration. I’m sure a parent/guardian or even the student themselves can arrange to speak with a principal to begin receiving these services.

**Immunizations**

- Merced County Public Health: Merced Clinic/Los Banos Clinic
  209-710-6085. Offers routine child check-up’s and immunizations.

**Depression**

- Central Valley Suicide Prevention: Suicide prevention hotline.*
  888-506-5991. 24/7.
- National Suicide Prevention: Suicide prevention hotline.*
  800-273-8255. 24/7.
- Merced County Mental Health: Central Intake.*
  209-381-6800 which is 24/7. Intake assessment for those needing mental health and/or alcohol and drug services.
- Castle Family Health Centers: Behavioral Health.*
  209-358-0178. Offers behavioral health services.
- Golden Valley Health Centers: Le Grand Medical and Behavioral Health/Merced Behavioral Health.*

**Substance Abuse**

- Stanislaus Valley Groups of Narcotics Anonymous: Narcotics Anonymous.*
  209-526-1817 or toll free 888-942-9922. Offers a list of locations and times NA support groups meet in Merced County. Call or go online for list.
- Merced County Mental Health: The Center.*
  209-381-6850. Outpatient recovery program for adults experiencing alcohol and/or drug abuse. Walk-in or call. No one turned away.

*Resource information provided by Merced County United Way
• Merced County Mental Health: Recovery Assistance for Teens.*
  209-381-6880 or 209-381-6809. 7-week outpatient counseling and recovery program for alcohol and drug treatment.

• Aegis Treatment Center: Outpatient Opiate Dependency Clinic.*

Infectious Disease

Reportable Diseases

• Merced County Department of Public Health: Morbidity Desk
  209-381-1020. For any questions related to infectious diseases, or to report an infectious disease.

STI

• Merced County Public Health: HIV Program.
  209-381-1135. Offers case management to individuals who are HIV positive and limited HIV testing.

• Planned Parenthood Mar Monte: STI and HIV testing.*
  877-855-7526. Offers STI and HIV testing.

• Merced Community Action Agency: Housing Opportunities for Persons with AIDS.*
  209-723-4565. Offers assistance to individuals with HIV/AIDS by providing support in meals, utility assistance, rent, and any other needs.

Obesity

• Merced and Atwater Flea and Farmers Market: Farmers Market.*
  209-723-3796. Offers a farmer’s market in Merced every Saturday morning from 7:00am – 2:30pm at 900 G Street ($0.50 entry per person). Atwater market Thursday’s and Sunday’s from 7:00am – 2:30pm at 2877 Atwater Boulevard (free on Thursday’s, $1 fee for parking on Sunday’s).

• Merced County Certified Farmers Market: Farmers Market.*

*Resource information provided by Merced County United Way
65—Merced County Department of Public Health 2016 CHA
Offers a farmer’s market in downtown Merced on the corner of 16th street and Canal every Saturday from 8:00am – 12:00pm for free year round. Also has another farmer’s market at the Promenade on Yosemite Avenue and Paulson road from May – December every Wednesday from 7:30am – 11:00am for free.

- Make Someone Happy: Produce on the Go.*
  209-233-9224. Offers a mobile produce store that visits various locations throughout Merced County in areas considered food deserts. Call for newest locations/times.

- Merced County Parks and Recreation: List of community and regional parks.*
  209-385-7426. Offers a list of parks throughout Merced County.

- Merced County Parks and Recreation: Sports for adults and children.*
  209-385-7426. Offers various sports groups and teams for individuals to get together.

- Dignity Health: Yoga.*
  209-564-4260. Offers free yoga classes every Tuesday and Thursday from 5:30pm – 7:00pm at the Mercy Outpatient Center on 2740 M Street, in the multi-purpose room on the basement level. Walk-in.

- Dignity Health: Zumba.*
  209-564-4310. Offers free Zumba classes every Monday, Wednesday, and Thursday from 5:30pm – 6:30pm in the Merced Senior Community Center on 755 West 15th Street. Walk-in.

*Resource information provided by Merced County United Way
Glossary of Terms

Acute Composite Scores

Acute Composite Scores are composite measures designed to monitor performance over time or across regions and populations using a method that applied at the national, regional, State or provider/area level. Potential benefits of composite measures include summarizing quality across multiple indicators, improving ability to detect differences, identifying important domains and drivers of quality, prioritizing action for quality improvement, making current decisions about future (unknown) health care needs and avoiding cognitive “shortcuts”.

American Lung Association Air Quality Measures

The three air quality measures identified by the American Lung Association’s State of the Air report are ozone, 24-Hour Particulate Matter2.5 and Annual Particulate Matter2.5. The State of the Air report is prepared annually by the American Lung Association and examines air pollution levels across the U.S. The report reviews monitoring data on the two most common and harmful types of air pollution, i.e., ozone (smog) and particle pollution (soot), and compiles a "report card" telling how much of each type of pollution is in the air where you live and breathe. (American Lung Association)

BMI: Body Mass Index

BMI is defined by MedicineNet.com as a key index for relating weight to height. BMI is a person's weight in kilograms (kg) divided by his or her height in meters squared. The National Institutes of Health (NIH) now defines normal weight, overweight, obesity according to BMI rather than the traditional height/weight charts. A very muscular person might have a high BMI without health risks.

- **Obesity**: Obesity is defined by MedicineNet.com as the state of being well above one's normal weight. A person has traditionally been considered to be obese if they are more than 20 percent over their ideal weight. That ideal weight must take into account the person's height, age, sex, and build.

  Obesity has been more precisely defined by the National Institutes of Health (the NIH) as a BMI of 30 and above. (A BMI of 30 is about 30 pounds overweight.) For adult men and women, a BMI between 18.5 and 24.9 is considered healthy.

  The Harvard T. H. Chan School of Public Health indicates that decades of research have shown that the BMI correlates well with important health outcomes like heart disease, diabetes, cancer, and overall mortality.

- **Overweight**: The Centers for Disease Control (CDC) defines overweight as a BMI (BMI) between 25.0 and 29.9. Body Mass Index (BMI) is a person's weight in kilograms...
divided by the square of height in meters. A high BMI can be an indicator of high body fatness. BMI can be used as a screening tool but is not diagnostic of the body fatness or health of an individual.

The following guidelines have been developed:

- A BMI less than 18.5 falls within the underweight range.
- A BMI between 18.5 and 24.9 is considered to be within the normal or healthy weight range.
- A BMI between 25.0 and 29.9 falls within the overweight range.
- A BMI that is 30.0 or higher falls within the obese range.

**Ethnicity/Race**

An ethnic group or ethnicity is a population group whose members identify with each other on the basis of common nationality or shared cultural traditions.

The term race refers to the concept of dividing people into populations or groups on the basis of various sets of physical characteristics (which usually result from genetic ancestry). Although races are assumed to be distinguished by skin color, facial type, etc., the scientific basis of racial distinctions is very weak except in skin color.

The census officially recognizes six ethnic and racial categories: White American, Black or African American, Native American and Alaska Native, Asian American, Native Hawaiian and Other Pacific Islander, and people of two or more races; a race called "Some other race" is also used in the census and other surveys, but is not official. The United States Census Bureau also classifies Americans as "Hispanic or Latino" and "Not Hispanic or Latino", which identifies Hispanic and Latino Americans as a racially diverse *ethnicity* that composes the largest minority group in the nation.

In this report, we have used the following abbreviations for racial or ethnic groups:

- AA/B: African American or Black
- H/L: Hispanic/Latino
- White: White
- Asian: Asian

The population of Native Americans/Alaskan Natives and Native Hawaiian/Pacific Islanders is so small in Merced County that those subgroups are not able to be analyzed separately.

**Food Insecurity**

The United States Department of Agriculture (USDA) defines food insecurity as a state in which “consistent access to adequate food is limited by a lack of money and other resources at times
during the year.” Good shorthand terms for food insecurity are “struggling to avoid hunger,” “hungry, or at risk of hunger,” and “hungry, or faced by the threat of hunger.”

**HbA1c**

The HbA1c test (the hemoglobin A1c test or glycosylated hemoglobin test) is a lab test that reveals average blood glucose over a period of two to three months.

**HEDIS: The Healthcare Effectiveness Data and Information Set**

The Healthcare Effectiveness Data and Information Set (HEDIS), developed and maintained by the National Committee for Quality Assurance (NCQA), is a set of performance measures used to assess the quality of care provided by managed health care organizations. It was formerly the Health Plan Employer Data and Information Set. HEDIS Measure Determination Standards (HD) are the standards that auditors use during the audit process to assess a health plan’s adherence to HEDIS measure specifications.

The California Department of Healthcare Services (DHCS) establishes the minimum performance level (MPL) as the most recent national HEDIS Medicaid 25th percentile, except for one measure, Comprehensive Diabetes Care—HbA1c Poor Control (>9.0 Percent). For this measure, a lower rate indicates better performance, with the 10th percentile (rather than the 90th percentile) showing excellent performance. The MPL for this measure is the 75th percentile.

HEDIS Audit Finding is the auditor’s final determination, based on audit findings, of the appropriateness of the health plan and this is publicly reported information. Each measure included in the HEDIS audit receives a Reportable, Small Denominator, Not Reportable, or Benefit Not Offered audit finding.

**HPL: High Performance Level**

California Department of Health Care Services (DHCS) defines the High Performance Level, or HPL, as the most recent national Healthcare Effectiveness Data and Information Set (HEDIS) Medicaid 90th percentile. For one measure, Comprehensive Diabetes Care—HbA1c Poor Control (>9.0 Percent), a lower rate indicates better performance, with the 10th percentile (rather than the 90th percentile) showing excellent performance.

**HPSA: Health Professional Shortage Area**

Health Professional Shortage Areas (HPSAs) are designated by Health Resources and Services Administration (HRSA) in the Public Health Service Act as having shortages of primary medical care, dental or mental health providers. HPSAs may be urban and rural geographic areas (a county or service area), demographic (e.g., a population group such as low income population) or a facility which has a shortage of health professionals (e.g., a comprehensive health center, federally qualified health center or other public facility). Medically Underserved
Areas/Populations are areas or populations designated by HRSA as having: too few primary care providers, high infant mortality, high poverty and/or high elderly population.

**Incidence**

According to the Harvard T. H. Chan School of Public Health, incidence refers to the number of individuals who develop a specific disease or experience a specific health-related event during a particular time period (such as a month or year).

**Income Categories**

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

<200% FPL: Income categories reflect respondent’s household income as a ratio to the federal poverty level (FPL) for their household size. “Low Income” includes households with incomes up to 200% of the federal poverty level.

**Mortality Rates**

A mortality rate, or death rate, is a measure of the number of deaths per 100,000 people in the population, due to a specific cause. For example, cancer mortality is calculated as (Cancer Deaths/Population) x 100,000.

**PHAB: Public Health Accreditation Board**

The Public Health Accreditation Board (PHAB) is a nonprofit organization dedicated to improving and protecting the health of the public by advancing and ultimately transforming the quality and performance of state, local, tribal and territorial public health departments.

**PQI: Prevention Quality Indicators**

According to the Agency for Healthcare Research and Quality (AHRQ), Prevention Quality Indicators (PQI) are measures of potentially avoidable hospitalizations for Ambulatory Care Sensitive Conditions (ACSCs). These measures rely on hospital discharge data and are intended to reflect issues of access to, and quality of, ambulatory care in a given geographic area.

The PQI composites are intended to improve the statistical precision of the individual PQI, allowing for greater discrimination in performance among areas and improved ability to identify potentially determining factors in performance. Area-Level Composites (overall, acute, and chronic). Separate composite measures were created for acute and chronic conditions to investigate different factors influencing hospitalization rates for each condition.
Agency for Healthcare Research and Quality AHRQ PQI Composite Measures (PQI #90) consist of:

- PQI #01 Diabetes Short-Term Complications Admission Rate
- PQI #11 Bacterial Pneumonia Admission Rate
- PQI #03 Diabetes Long-Term Complications Admission Rate
- PQI #12 Urinary Tract Infection Admission Rate
- PQI #05 Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate
- PQI #13 Angina without Procedure Admission Rate
- PQI #07 Hypertension Admission Rate PQI #14 Uncontrolled Diabetes Admission Rate
- PQI #08 Congestive Heart Failure (CHF) Admission Rate
- PQI #15 Asthma in Younger Adults Admission Rate
- PQI #10 Dehydration Admission Rate
- PQI #16 Rate of Lower-Extremity Amputation Among Patients With Diabetes

AHRQ Acute Composite (PQI #91) consists of:

- PQI #10 Dehydration Admission Rate PQI #12 Urinary Tract Infection Admission Rate
- PQI #11 Bacterial Pneumonia Admission Rate

AHRQ Chronic Composite (PQI #92) consists of:

- PQI #01 Diabetes Short-Term Complications Admission Rate
- PQI #13 Angina without Procedure Admission Rate
- PQI #03 Diabetes Long-Term Complications Admission Rate
- PQI #14 Uncontrolled Diabetes Admission Rate
- PQI #05 Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate
- PQI #15 Asthma in Younger Adults Admission Rate
- PQI #07 Hypertension Admission Rate
- PQI #16 Rate of Lower-Extremity Amputation Among Patients With Diabetes
- PQI #08 Congestive Heart Failure (CHF) Admission Rate

Prevalence

According to the Harvard T. H. Chan School of Public Health, prevalence refers to the total number of individuals in a population who have a disease or health condition at a specific period of time, usually expressed as a percentage of the population.

Safety Net Health Clinics

Merced County has 3 “Safety Net Health Clinics:” Golden Valley Health Center, Livingston Community Health and Castle Family Health Center. Livingston Community Health and Golden
Valley are Federally-Qualified Health Centers (FQHCs) and Castle Family Health Centers is a multi-site FQHC Look-Alike facility.

Community health centers, or Federally Qualified Health Centers (FQHCs), are non-profit private or public entities that serve designated medically underserved populations/areas or special medically underserved populations comprised of migrant and seasonal farmworkers, the homeless or residents of public housing. Awarded funding from the Health Resources and Services Administration (HRSA), these health centers must operate within 19 HRSA Program Requirements. Castle Health Center is known as a “FQHC Look-Alike” since it does not receive federal health center grants and does not report to the Bureau of Primary Health Care.

**Substandard Housing**

The Department of Housing and Development (HUD) defines “substandard” to mean housing which is dilapidated, without operable indoor plumbing or a usable flush toilet or bathtub inside the unit for the family’s exclusive use, without electricity or with inadequate or unsafe electrical service, without a safe or adequate source of heat, and should but does not have a kitchen, or has otherwise been declared unfit for habitation by the government.

**Urban and Rural Population**

The Federal Office of Rural Health Policy (ORHP) defines rural as located outside a Metropolitan Statistical Area (MSA), or located in a rural census tract of a MSA as determined under the Goldsmith Modification or the Rural Commuting Areas. The Bureau of the Census classifies "urban" as territory, population, and housing units located within an urbanized area (UA) or an urban cluster (UC), which has a population density of at least 1,000 people per square mile and surrounding census blocks with an overall density of at least 500 people per square mile. The Bureau of the Census classifies "rural" as all territory, population and housing units located outside of UAs and UCs.