

2018

Oak Valley Hospital Community Health Needs Assessment



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Introduction

Background and Purpose

In 1945, the California legislature authorized voter approval to form special tax districts that allowed the commissioning and operation of public nonprofit hospitals. In 1968, voters in eastern Stanislaus County formed the Oak Valley Hospital District to serve residents of Oakdale, Knights Ferry, Valley Home, Waterford, Riverbank and the surrounding areas. As part of the Oak Valley Hospital District, Oak Valley Hospital is a 29-bed, full service, nonprofit public hospital created to provide residents of Oakdale and the neighboring rural communities with access to superior quality medical information, treatment and care. Oak Valley Hospital has evolved to meet the changing medical needs of the local community. Once viewed solely as an inpatient treatment facility, Oak Valley now offers a broad network of full service medical services:

- Inpatient
- Outpatient
- Nursing and rehabilitation
- Transitional Care Unit
- Physical Therapy
- Infusion Services
- Primary care clinics
- Women's Health center
- Occupational health
- Imaging services
- Laboratory services

We remain true to our mission: safeguarding the health and well-being of the Oakdale community. We recognize that we serve a diverse population with a wide range of needs, and we happily exceed the expectations of our patients on a daily basis. With 600 employees, Oak Valley is also an important contributor to the local economy, and by collaborating with local medical practices and physicians, Oak Valley is recognized as a health care advocate for all the residents of the surrounding communities.

The passage of the Patient Protection and Affordable Care Act requires tax-exempt hospitals, including government hospital organizations, to conduct Community Health Needs Assessments every three years, and adopt Implementation Strategies to meet the health needs identified through the assessment. A Community Health Needs Assessment identifies unmet health needs in the service area, provides information to select priorities for action and target geographical areas, and serves as the basis for community benefit programs. This assessment incorporates components of primary data collection and secondary data analysis that focus on the health and social needs of the service area.

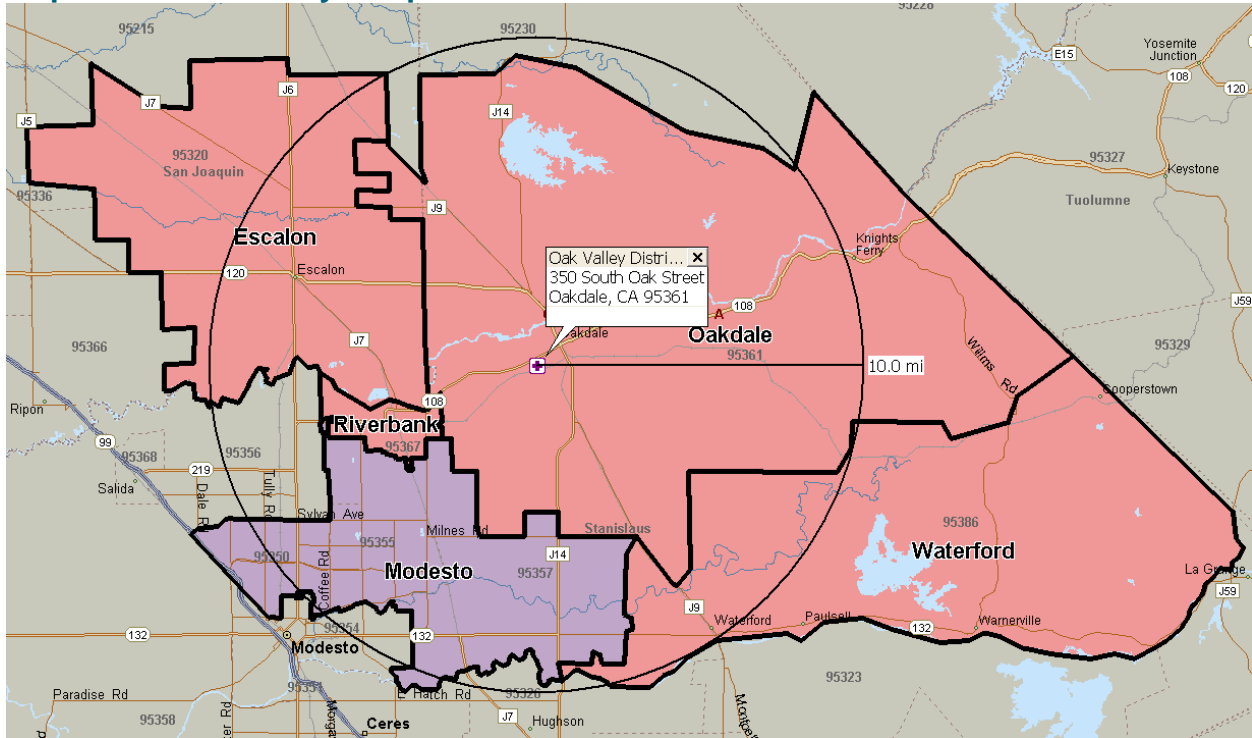
Service Area

Oak Valley Hospital is a designated Rural Hospital in Stanislaus County and is located at 350 South Oak Avenue, Oakdale, CA 95361. The primary service area for Oak Valley Hospital includes four cities designated by ZIP Codes.

City	ZIP Code
Escalon	95320
Oakdale	95361
Riverbank	95367
Waterford	95386

Oak Valley tracks ZIP Codes of origin for all patient admissions and includes all who received care without regard to insurance coverage or eligibility for financial assistance. The service area was determined from ZIP Codes that reflect a majority of patient admissions.

Map of the Oak Valley Hospital Service Area



Project Oversight

The Community Health Needs Assessment process was overseen by:

David L. Rodrigues

Vice President, Administrative Services | Privacy Official

Oak Valley Hospital District | Oak Valley Health Centers

Consultant

Biel Consulting, Inc. conducted the Community Health Needs Assessment. Biel Consulting, Inc. is an independent consulting firm that works with hospitals, clinics and community-based nonprofit organizations. Dr. Melissa Biel conducted the Oak Valley Hospital Community Health Needs Assessment. She was joined by Sevanne Sarkis, JD, MHA, MEd, and Denise Flanagan, BA. Biel Consulting, Inc. has extensive experience conducting hospital Community Health Needs Assessments and working with hospitals on developing, implementing, and evaluating community benefit programs. www.bielconsulting.com

Methods

Secondary Data Collection

Secondary data were collected from local, county, and state sources to present community description, social and economic factors, health access, maternal and infant health, leading causes of death, chronic disease, health behaviors, substance abuse, mental health and preventive practices. Analyses were conducted at the most local level possible for the hospital service area, given the availability of the data.

Sources of data include the Office of Statewide Health Planning and Development, accessed through the U.S. Census American Community Survey, California Health Interview Survey, California Department of Education, California Department of Public Health, California Employment Development Department, California Budget and Policy Center, California Office of Statewide Health Planning and Development, County Health Rankings, and others. When pertinent, these data sets are presented in the context of Los Angeles County and California, framing the scope of an issue as it relates to the broader community.

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

Primary Data Collection

Targeted interviews were used to gather information and opinions from persons who represent the broad interests of the community served by the hospital. Eleven (11) interviews were completed in November and December, 2017. For the interviews, community stakeholders identified by the hospital were contacted and asked to participate in the needs assessment. Interviewees included individuals who are leaders and representatives of medically underserved, low-income, and minority populations, or local health or other departments or agencies that have "current data or other information relevant to the health needs of the community served by the hospital facility." Input was obtained from the Stanislaus County Public Health Department. The identified stakeholders were invited by email to participate in the phone interview. Appointments for the interviews were made on dates and times convenient to the

stakeholders. At the beginning of each interview, the purpose of the interview in the context of the assessment was explained, the stakeholders were assured their responses would remain confidential, and consent to proceed was given. Attachment 1 lists the stakeholder interview respondents, their titles and organizations.

Initially, significant health needs were identified through a review of the secondary health data collected and analyzed prior to the interviews. These data were then used to help guide the interviews. The needs assessment interviews were structured to obtain greater depth and richness of information and build on the secondary data review. During the interviews, participants were asked to identify the major health issues in the community, and socioeconomic, behavioral, environmental or clinical factors contributing to poor health. They were asked to share their perspectives on the issues, challenges and barriers relative to the significant health needs, and identify resources to address these health needs, such as services, programs and/or community efforts. The interviews focused on these significant health needs:

1. Access to Health Care
2. Birth Indicators
3. Chronic Diseases
4. Dental Care
5. Injury Prevention
6. Mental Health
7. Overweight and Obesity
8. Preventive Practices
9. Substance Abuse

Analysis of the primary data occurred through a process that compared and combined responses to identify themes. The results of the primary data collection were reviewed in conjunction with the secondary data. Primary data findings were used to corroborate the secondary data-defined health needs, serving as a confirming data source. The responses are included in the following CHNA chapters.

Public Comment

In compliance with IRS regulations 501(r) for charitable hospitals, a hospital Community Health Needs Assessment (CHNA) and Implementation Strategy are to be made widely available to the public and public comment is to be solicited. The previous Community Health Needs Assessment and Implementation Strategy were made widely available to the public on the website <http://oakvalleycares.org//CHNA>. Public comment was solicited on the reports, however, to date, no written comments have been received.

Identification of Significant Health Needs

Review of Primary and Secondary Data

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

The analysis of secondary data yielded a preliminary list of significant health needs, which then informed primary data collection. The primary data collection process was designed to validate secondary data findings, identify additional community issues, solicit information on disparities among subpopulations, ascertain community assets to address needs and discover gaps in resources.

Significant Health Needs

The following significant health needs were determined:

1. Access to Health Care
2. Birth Indicators
3. Chronic Diseases
4. Dental Care
5. Injury Prevention
6. Mental Health
7. Overweight and Obesity
8. Preventive Practices
9. Substance Abuse

Resources to Address Significant Needs

Through the interview process, community stakeholders identified community resources to address the significant health needs. The identified community resources are presented in Attachment 2.

Priority Health Needs

The identified significant health needs were prioritized with input from the community. Interviews with community stakeholders were used to gather input on the significant health needs. The following criteria were used to prioritize the health needs:

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

Each of the stakeholder interviewees was sent a link to an electronic survey (Survey Monkey) in advance of the interview. The stakeholders were asked to rank each identified health need. The percentage of responses were noted as those that identified the need as having severe or very severe impact on the community, had worsened over time, and had a shortage or absence of resources available in the community. Not all survey respondents answered every question, therefore, the response percentages were calculated based on respondents only and not on the entire sample size. Chronic diseases, substance abuse, and overweight and obesity had the highest scores for severe impact on the community in the survey. Overweight and obesity, mental health and substance abuse had the highest rankings for worsened over time. Substance abuse and access to health care were rated highest on insufficient resources available to address the need.

Significant Health Needs Ranked by Importance Score

Significant Health Needs	Severe and Very Severe Impact on the Community	Worsened Over Time	Insufficient or Absent Resources
Access to Health Care	40%	0%	80%
Birth Indicators	50%	0%	50%
Chronic Diseases	75%	67%	75%
Dental Care	60%	50%	75%
Injury Prevention	25%	33%	75%
Mental Health	50%	75%	75%
Overweight and Obesity	67%	100%	50%
Preventive Practices	50%	0%	50%
Substance Abuse	75%	75%	100%

The interviewees were asked to rank order the health needs according to highest level of importance in the community. The total score for each significant health need (possible score of 4) was divided by the total number of responses for which data were provided, resulting in an overall average for each health need. Access to health care, chronic diseases, mental health, and substance abuse were ranked as the top priority

needs in the service area. Calculations from community stakeholders resulted in the following prioritization of the significant health needs:

Significant Health Needs	Priority Ranking (Total Possible Score of 4)
Access to Health Care	3.80
Chronic Diseases	3.80
Mental Health	3.80
Substance Abuse	3.80
Dental Care	3.60
Preventive Practices	3.60
Birth Indicators	3.50
Overweight and Obesity	3.40
Injury Prevention	3.00

Community input on these health needs is detailed throughout the CHNA report.

Impact Evaluation

In 2015, Oak Valley Hospital conducted their previous Community Health Needs Assessment (CHNA). Significant health needs were identified from issues supported by primary and secondary data sources gathered for the Community Health Needs Assessment. In developing the hospital’s Implementation Strategy associated with the 2015 CHNA, Oak Valley Hospital chose to address access to care and preventive health care; behavioral health/mental health; chronic diseases (to include, diabetes, heart disease, respiratory disease and cancer); and tobacco use through a commitment of community benefit programs and resources. The following section outlines the impact made on the selected significant health needs since the completion of the 2015 CHNA.

Access to Care/Preventive Care

The hospital provided financial assistance through free and discounted care for health care services, consistent with Oak Valley Hospital’s financial assistance policy.

Oak Valley Hospital operates four neighborhood community health centers providing primary care medical services. All patients are seen, regardless of ability to pay. Medicare, Medi-Cal and private insurance is accepted. There is also a sliding fee scale for eligible patients. The clinics are located in Riverbank, Oakdale, Waterford, and Escalon. They are staffed by licensed nurse practitioners, physician assistants, registered nurses and trained support staff. Each clinic is supervised by a board certified physician.

In 2016 the hospital began the process to seek recognition as a Patient-Centered Medical Home (PCMH). The National Committee for Quality Assurance (NCQA)-recognized Patient-Centered Medical Homes deliver high quality care that can lead to lower costs, improved patient experience and better health outcomes. Escalon Community Health Center was chosen as the pilot site and through 2016 and 2017 the other primary care clinics were introduced to the PCMH model.

Oak Valley Hospital hosts a 24-Hour nurse line that is open to the community free of charge. In 2015, there were 1,985 calls to the line; in 2016, there were 2,100 calls; and in 2017, there were 1,898 calls. Without the nurse call line, callers indicated they would have called 911, gone to the ED or did not know what to do.

Year	911	ED	Do Not Know What to Do
2015	0.8%	18.7%	64.7%
2016	0.5%	20.3%	60.9%
2017	0.4%	18.4%	65.4%

Behavioral Health/Mental Health

The lack of mental health care specialists in Oak Valley was identified as a significant barrier to care. To address this identified need, in November 2016 Oak Valley Hospital successfully recruited a psychologist that assesses patients two day per week, one day in Escalon and one in Riverbank. In addition to mental health assessments by the psychologist, the hospital primary care clinics implemented a standard depression screening tool (PHQ-9) for its patients. In FY17, 321 patients were screened for depression. In the six month period from July 1 – December 31, 2017, 1,655 patients were screened for depression.

The primary care clinics implemented a standard alcohol and drug misuse screening tool (SBIRT). In FY17, 181 patients were screened for alcohol and drug use. In the six month period from July 1 – December 31, 2017, 1,066 patients were screened for alcohol and drug use.

The Oak Valley Hospital District-Family Support Network created engagement groups primarily for Latinos as a way to identify individuals at risk for mental illness, with early signs of mental illness and those with serious mental illness. This program engaged health prevention promotoras/Community Health Workers through the Family Support Network. The program groups included:

Bailo-Cultura – a mental health prevention and awareness dance group.

Bailo-Inspiracion – a stigma reduction and suicide prevention dance group.

Bailo-Salud – a mental health discussion and dance therapy group.

Bailo-Belleza – a group that promotes inner strength, self-image, and self-acceptance to reduce the risk of self-harm and eating disorders.

Mi Vida – a wellness and resiliency group that promotes emotional health.

Mente & Corazon – a bilingual group for children promoting health social engagement.

Rosebuds – a group to prevent mental health problems and promote well-being for girls, ages 3-6.

Club de Bienestar – a wellness and emotional resiliency group for minors who are ages 8-11 years old. The purpose of the group is to prevent suicide, reduce stigma and discrimination and develop a healthy sense of belonging.

Cuidando Nuestra Comunidad – a mental health stigma reduction community group.

From July 2016 – June 2017, 235 sessions were completed and 152 unduplicated individuals were served. On a monthly basis on average, 62 persons participated in the group sessions. The promotoras conducted 13 stigma discrimination reduction presentations. These presentations were given in a community setting to promote mental health acceptance and recovery and to increase access to mental health services. The promotoras also planned and hosted 10 community mental health outreach events.

As a result of this program, 202,306 mental health outreach contacts were made. There is now increased access to Spanish-speaking therapy services, reducing language barriers and uncertainty of how to access mental health services.

Chronic Disease

Blood Pressure Screenings and CPR Classes

A Registered Nurse performed blood pressure screenings that reached 5-15 persons on a monthly basis. She also provided Heart-Saver CPR every third Wednesday of the month. 50 community members have learned CPR.

Childhood Obesity Health Information Class

Oakdale, CA, April 29, 2017

A local pediatrician, Dr. Krystyna Belski, held an obesity-focused health information class aimed at children for approximately 25 families.

Health Fair Booth at Harvest Festival

Waterford Child Development Preschool

Waterford, CA, November 2016

Provided blood pressure screenings and finger stick glucose checks, as well as general

health information and community resources to 45 families.

Diabetic Education Classes

Escalon, CA and Riverbank, CA

September 2016 – April 2017

Two bi-weekly classes (one in English, one in Spanish) were led by a diabetic educator in the Escalon and Riverbank Clinic locations, for a total of 64 classes during this period. Approximately 5-10 community members attended per class. This class, paired with an increased focus on diabetic management in the clinics, led to an increased use of the diabetic foot exam (one of the key screenings used in diabetic management) from 26% of clinic visits to 80% of clinic visits.

Tobacco Use

The primary care clinics screen patients for smoking and tobacco use. In FY17, 4,300 patients were screened for tobacco use. In the six month period from July 1 – December 31, 2017, 2,428 patients were screened for tobacco use.

Community Description

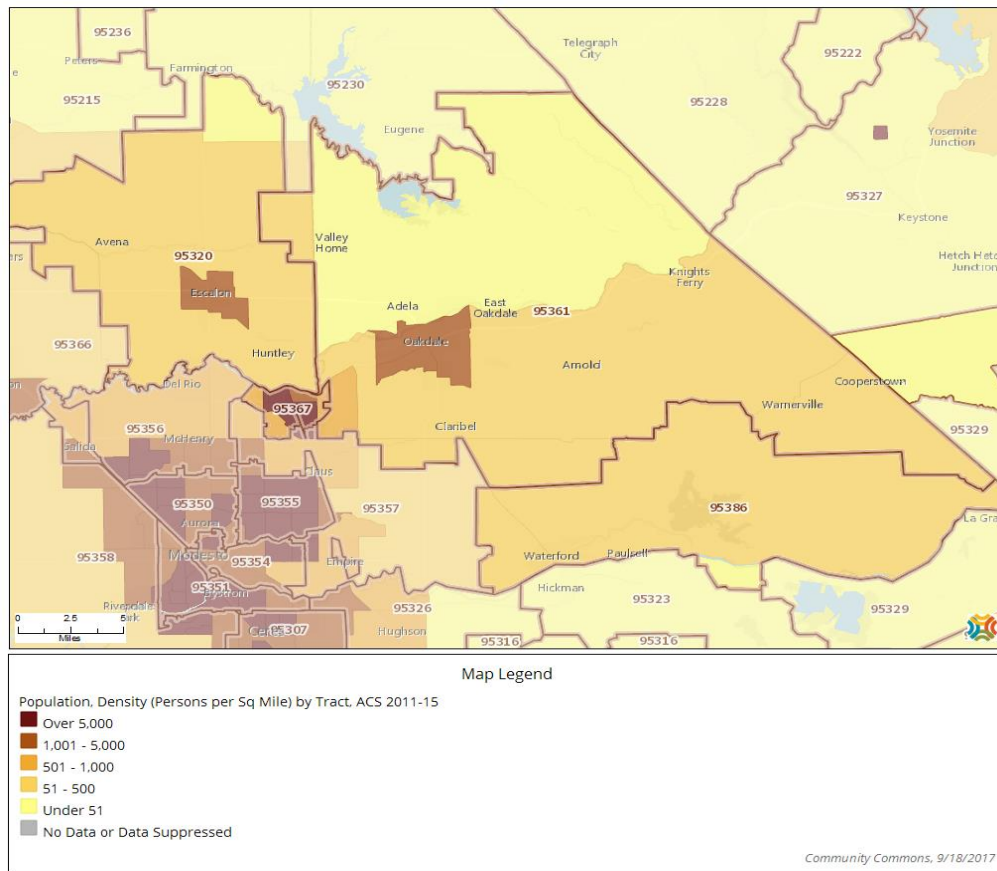
Population

Based on population estimates from the U.S. Census American Community Survey, the population in the Oak Valley Hospital District service area is 80,619. Population density ranges from the Riverbank area (at 5,755.5 persons per square mile) to the more sparsely populated ZIP Code areas of Escalon, Oakdale, and Waterford.

Population of the Service Area

	ZIP Code	Total Population	Total Land Area (Square Miles)	Population Density (Per Square Mile)
Escalon	95320	13,018	86.68	150.18
Oakdale	95361	33,163	162.5	204.08
Riverbank	95367	24,173	4.20	5,755.48
Waterford	95386	10,265	67.64	151.76
Oak Valley Hospital District		80,619	321.02	251.13
Stanislaus County		527,367	1,494.37	352.90

Source: U.S. Census Bureau, American Community Survey, 2011-2015. <http://factfinder.census.gov>



After a period of dramatic growth from 2000 through 2010, the area served by the Oak Valley Hospital District experienced more moderate growth of 4.1% in the subsequent three years. This growth continues to be higher than the county (2.5%) or state (3.1%) in all service area cities except for Escalon (1.6%).

Population Growth by Area

	ZIP Code	Total Population, 2010 Census	Current Population Estimate	Total Population Change (2010 to Current)	Percent Population Change (2010 to Current)
Escalon	95320	12,819	13,018	199	1.6%
Oakdale	95361	31,610	33,163	1,553	4.9%
Riverbank	95367	23,173	24,173	1,000	4.3%
Waterford	95386	9,877	10,265	388	3.9%
Oak Valley Hospital District		77,479	80,619	3,140	4.1%
Stanislaus County		514,453	527,367	12,914	2.5%
California		37,253,956	38,421,464	1,167,508	3.1%

Source: U.S. Census Bureau, Census 2010, American Community Survey, 2011-2015. <http://factfinder.census.gov>

Children and youth, ages 0-17 make up 27.9% of the population; 9.4% are 18-24 years of age; 25.4% are 25-44; 25.2% are 45-64; and 12.2% of the population are seniors, 65 years of age and older.

Population by Age

	Oak Valley Hospital District		Stanislaus County		California	
	Number	Percent	Number	Percent	Number	Percent
Age 0-4	5,926	7.4%	39,139	7.4%	2,511,776	6.5%
Age 5-17	16,495	20.5%	106,420	20.2%	6,662,567	17.3%
Age 18-24	7,596	9.4%	54,237	10.3%	3,989,263	10.4%
Age 25-44	20,442	25.4%	140,213	26.6%	10,792,267	28.1%
Age 45-64	20,308	25.2%	125,312	23.8%	9,668,271	25.2%
Age 65+	9,852	12.2%	62,046	11.8%	4,797,320	12.5%
Total	80,619	100.0%	527,367	100.0%	38,421,464	100.0%

Source: U.S. Census Bureau, American Community Survey, 2011-2015, DP05. <http://factfinder.census.gov>

When the population is examined by ZIP Code, Riverbank (29.0%) and Waterford (31.6%) have the highest concentration of children and youth in the service area. In contrast, Oakdale (14.3%) and Escalon (14.5%) have the highest percentage of seniors in the service area.

Population by Age and ZIP Code

	ZIP Code	Ages 0-17	Ages 18-64	Ages 65+	Median Age
Escalon	95320	26.2%	59.4%	14.5%	39.3
Oakdale	95361	26.4%	59.2%	14.3%	37.7
Riverbank	95367	29.0%	60.9%	10.1%	31.7
Waterford	95386	31.6%	60.9%	7.5%	32.0
Oak Valley Hospital District		27.8%	60.0%	12.2%	35.4
Stanislaus County		27.6%	60.6%	11.8%	33.5
California		23.9%	63.6%	12.5%	35.8

Source: U.S. Census Bureau, American Community Survey, 2011-2015, DP05. <http://factfinder.census.gov>

Gender

Of the area population, 49.8% are male and 50.2% are female. The service area consists of a higher percentage of males than found in the county (49.5%).

Population by Gender

	Oak Valley Hospital District	Stanislaus County	California
Male	49.8%	49.5%	49.7%
Female	50.2%	50.5%	50.3%

Source: U.S. Census Bureau, American Community Survey, 2011-2015, DP05. <http://factfinder.census.gov>

Race/Ethnicity

The population race/ethnicity in the hospital service area is 57.2% White and 36.6% Hispanic or Latino. The remaining 6.2% of the population is distributed across other ethnic groups (Asian, Black/African American, Native Americans, Hawaiians, multiple, or other races). The area has a much larger percentage of Whites and a smaller percentage of Latinos as compared to Stanislaus County or California.

Race/Ethnicity

	Oak Valley Hospital District		Stanislaus County		California	
	Number	Percent	Number	Percent	Number	Percent
Hispanic or Latino	29,512	36.6%	230,087	43.6%	14,750,686	38.4%
Asian	1,870	2.3%	27,680	5.2%	5,192,548	13.5%
White	46,074	57.2%	235,880	44.7%	14,879,258	38.7%
Black or African American	683	0.8%	12,904	2.4%	2,160,795	5.6%
Native HI / Pacific Islander	297	0.4%	3,704	0.7%	139,009	0.4%
American Indian/AK Native	361	0.4%	2,593	0.5%	142,191	0.4%
Other or Multiple	1,822	2.3%	14,519	2.8%	1,156,977	3.0%

Source: U.S. Census Bureau, American Community Survey, 2011-2015, DP05. <http://factfinder.census.gov>

When examined by ZIP Code, almost 70% of the population of Oakdale and Escalon are White. The largest populations of Latinos are found in Riverbank (53.1%) and

Waterford (44.1%). Riverbank also has the highest percentage of Blacks/African Americans (1.3%) and Asians (3.5%) in the service area.

Population by Race and Ethnicity and ZIP Code

	ZIP Code	White	Hispanic/Latino	Asian	Black
Escalon	95320	68.4%	28.1%	0.8%	0.0%
Oakdale	95361	68.1%	25.6%	2.2%	0.8%
Riverbank	95367	39.3%	53.1%	3.5%	1.3%
Waterford	95386	49.7%	44.1%	1.8%	1.1%
Oak Valley Hospital District		57.2%	36.6%	2.3%	0.8%
Stanislaus County		44.7%	43.6%	5.2%	2.4%
California		38.7%	38.4%	13.5%	5.6%

Source: U.S. Census Bureau, American Community Survey, 2011-2015, DP05. <http://factfinder.census.gov>

Citizenship

In the community served by the hospital, 16.6% of the population are foreign born and 10.3% are not citizens.

Foreign Born Residents and Citizenship

	ZIP Code	Foreign Born	Not a U.S. Citizen
Escalon	95320	17.4%	12.0%
Oakdale	95361	10.1%	6.2%
Riverbank	95367	23.5%	12.4%
Waterford	95386	20.4%	16.7%
Oak Valley Hospital District		16.6%	10.3%
Stanislaus County		20.6%	12.0%
California		27.0%	13.9%

Source: U.S. Census Bureau, American Community Survey, 2011-2015, DP02. <http://factfinder.census.gov>

Language

In the hospital service area, 68.2% of residents speak English only. Spanish is spoken in over one-quarter of homes (27.7%), a smaller percentage than in the county (31.8%) or state (28.8%). Other languages are spoken in 4.1% of households.

Language Spoken at Home, Population 5 Years and Older

	Oak Valley Hospital District	Stanislaus County	California
Speaks Only English	68.2%	59.1%	56.1%
Speaks Spanish	27.7%	31.8%	28.8%
Speaks Asian/PI Language	1.3%	3.0%	9.7%
Speak Indo-European Language	2.3%	3.7%	4.4%
Speaks Other Language	0.5%	2.3%	1.0%

Source: U.S. Census Bureau, American Community Survey, 2011-2015, DP02. <http://factfinder.census.gov>

When communities are examined by language spoken in the home, Riverbank (44.3%) and Waterford (34.3%) have the highest rates of Spanish speakers in the service area. 5.5% of the population of Escalon speaks an Indo-European language.

Language Spoken at Home

	ZIP Code	English	Spanish	Asian/Pacific Islander	Indo European
Escalon	95320	75.4%	19.0%	0.0%	5.5%
Oakdale	95361	79.5%	17.3%	1.1%	2.0%
Riverbank	95367	50.5%	44.3%	2.1%	1.7%
Waterford	95386	63.7%	34.3%	1.4%	0.4%
Oak Valley Hospital District		68.2%	27.7%	1.3%	2.3%
Stanislaus County		59.1%	31.8%	3.0%	3.7%
California		56.1%	28.8%	9.7%	4.4%

Source: U.S. Census Bureau, American Community Survey, 2011-2015, DP02. <http://factfinder.census.gov>

In the area school districts, Oakdale, Escalon, and Waterford have lower percentages of English learners than the county average. Riverbank Unified has the highest percentage of English learners, at 43.1% (more than 1,200 students in 2016-2017).

English Learners

School District	Percent
Escalon Unified	20.8%
Oakdale Joint Unified	10.6%
Riverbank Unified	43.1%
Waterford Unified	15.7%
Oak Valley Hospital District	20.1%
Stanislaus County	24.5%
California	21.4%

Source: California Department of Education DataQuest, 2016-2017. <http://dq.cde.ca.gov/dataquest/>

Veterans

In the Oak Valley Hospital District service area, 7.6% of the population 18 years and older are veterans. This is higher than the percentage of veterans found in the county (6.3%) and the state (6.1%).

Veterans

	Oak Valley Hospital District	Stanislaus County	California
Veteran Status	7.6%	6.3%	6.1%

Source: U.S. Census Bureau, American Community Survey, 2011-2015, DP02. <http://factfinder.census.gov>

Social and Economic Factors

Social and Economic Factors Ranking

The County Health Rankings rank counties according to health factors data. Social and economic indicators are examined as a contributor to the health of a county's residents. California's 57 evaluated counties (Alpine County was excluded) are ranked according to social and economic factors with 1 being the county with the best factors to 57 for the county with the poorest factors. This ranking examines: unemployment, high school graduation rates, children in poverty, social support, and others. Stanislaus County is ranked as 46; in the bottom 20% of all California counties on social and economic factors. Neighboring San Joaquin County, where Escalon is located, is ranked 47.

Social and Economic Factors Ranking

	County Ranking (out of 57)
San Joaquin County	47
Stanislaus County	46

Source: County Health Rankings, 2015. www.countyhealthrankings.org

Poverty

Poverty thresholds are used for calculating all official poverty population statistics. They are updated each year by the Census Bureau. For 2015, the federal poverty level (FPL) for one person was \$11,770 and for a family of four \$24,250.

Among the residents in the Oak Valley Hospital District, 15.5% are at or below 100% of the federal poverty level (FPL) and 36.6% are at 200% of FPL or below. Escalon has the lowest rates of poverty, while Waterford has poverty rates significantly higher than the service area average: 22.5% of the population in Waterford live in poverty and 46.7% are identified as low-income (at or below 200% of FPL).

Ratio of Income to Poverty Level

	ZIP Code	Below 100% Poverty	Below 200% Poverty
Escalon	95320	13.9%	33.0%
Oakdale	95361	16.3%	33.8%
Riverbank	95367	12.1%	38.1%
Waterford	95386	22.5%	46.7%
Oak Valley Hospital District		15.5%	36.6%
Stanislaus County		20.3%	44.0%
California		16.3%	36.1%

Source: U.S. Census Bureau, American Community Survey, 2011-2015, S1701. <http://factfinder.census.gov>

Examining poverty levels among children, seniors and households headed by females paints an important picture of the population within the hospital service area. Waterford has the highest poverty rates among children (30%), seniors (9.5%), and female headed households with children under 18 (70.2%). Escalon also has a high rate of poverty among female head of household (HoH) with children (61.1%).

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

	ZIP Code	Children Under 18 Years Old	Seniors	Female HoH with Children
Escalon	95320	22.0%	7.3%	61.1%
Oakdale	95361	21.1%	5.8%	45.0%
Riverbank	95367	16.7%	6.7%	27.2%
Waterford	95386	30.0%	9.5%	70.2%
Oak Valley Hospital District		21.1%	6.6%	45.5%
Stanislaus County		28.2%	11.1%	46.8%
California		22.5%	10.3%	38.1%

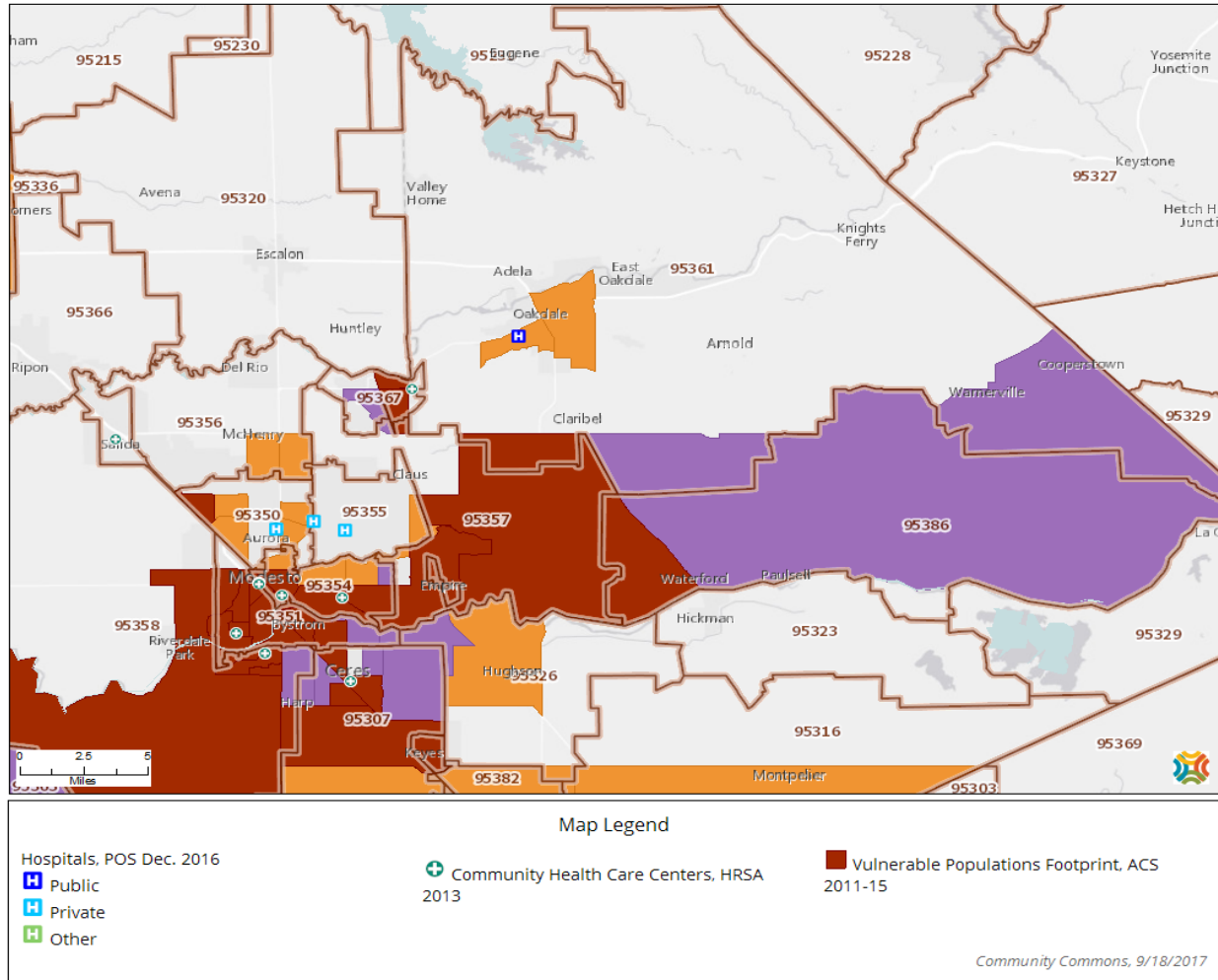
Source: U.S. Census Bureau, American Community Survey, 2011-2015, S1701, DP03 and B17010. <http://factfinder.census.gov>

Vulnerable Populations

When vulnerable populations in the area are mapped, pockets of poverty emerge. The map below shows the Oak Valley Hospital District and surrounding areas, highlighting the percentage of each ZIP Code that has more than 20% poverty (in tan) and more than 25% of the population with low education, defined as less than a high school education (in lavender). Areas above the vulnerable threshold for both poverty and education are noted on the map in brown.

Parts of Riverbank, in particular, contain a higher percentage of vulnerable populations. Oakdale and Riverbank show higher rates of poverty, in the areas indicated on the map. For education levels, much of Riverbank and Waterford have lower education levels, with 25% or more of the population possessing less than a high school education.

Vulnerable Populations in the Oak Valley Hospital Area



Households

The median household income in the area ranges from \$47,024 in Waterford to \$60,259 in Riverbank. All communities in the service area, except for Waterford, have median household incomes that are higher than the county median of \$50,125.

Median Household Income

	ZIP Code	Median Household Income
Escalon	95320	\$55,073
Oakdale	95361	\$57,048
Riverbank	95367	\$60,259
Waterford	95386	\$47,024
Oak Valley Hospital District		\$56,489
Stanislaus County		\$50,125
California		\$61,818

Source: U.S. Census Bureau, American Community Survey, 2011-2015, DP03. <http://factfinder.census.gov>

In the service area, there are more than 26,000 households. The percentage of single-person households is 18.7%, less than in the county (20.6%) and state (24.1%). The percentage of 2 person households (30.9%) is higher than in the county (29.3%) or state (30.1%), as is the percentage of 4-person households.

Household Size

	Oak Valley Hospital District	Stanislaus County	California
1 Person Households	18.7%	20.6%	24.1%
2 Person Households	30.9%	29.3%	30.1%
3 Person Households	16.1%	16.6%	16.5%
4 Person Households	17.9%	16.2%	15.1%
5+ Person Households	16.3%	17.3%	14.2%

Source: U.S. Census Bureau, American Community Survey, 2011-2015, B11016. <http://factfinder.census.gov>

In the hospital service area, residents have somewhat lower rates of supportive benefits than found in the county. 5.3% of service area residents received SSI benefits, 4.1% received cash public assistance income and 10.6% of residents received food stamp benefits.

Household Supportive Benefits

	Oak Valley Hospital District	Stanislaus County
Households	26,045	169,196
Supplemental Security Income (SSI)	5.3%	8.4%
Public Assistance	4.1%	5.9%
Food Stamps/SNAP	10.6%	16.0%

Source: U.S. Census Bureau, American Community Survey, 2011-2015, DP03. <http://factfinder.census.gov>

In Stanislaus County, 51.4% of adult residents who went without basic needs in the past 12 months also reported food insecurity (defined by the U.S. Department of Agriculture as “food-access problems or limitations”). For adult residents below 200% of the Federal Poverty Level, 40.5% reported food insecurity.

Food Insecurity

	Stanislaus County	California
Residents Who Went Without Basic Needs and Reported Food Insecurity	51.4%	N/A
Adults Below 200% FPL Reporting Food Insecurity*	40.5%	40.8%

Source: 2013 Stanislaus County Community Health Assessment.

<http://www.schsa.org/PublicHealth/pdf/dataPublications/communityHealthAssessment/2013-Stanislaus-County-Community-Health-Assessment.pdf>

* = California Health Interview Survey, 2014-2015. <http://askchis.ucla.edu>

Free and Reduced Price Meals

The number of students eligible for the free and reduced price meal program is one indicator of the socioeconomic status of a school district's student population. In Riverbank and Waterford districts, over half of the students are eligible for the program. The highest rate of eligibility was found in Riverbank Unified, with 78.4% of children meeting program eligibility requirements. Examining district totals provides an overview of the student population; this is an average among all the schools. Within the district there are schools with higher and lower rates of eligible low-income children.

Eligibility for Free and Reduced Price Meals (FRPM) Program

School District	Percent Eligible Students
Escalon Unified	44.9%
Oakdale Joint Unified	39.6%
Riverbank Unified	78.4%
Waterford Unified	53.7%
Oak Valley Hospital District	51.7%
Stanislaus County	62.5%
California	58.1%

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

Unemployment

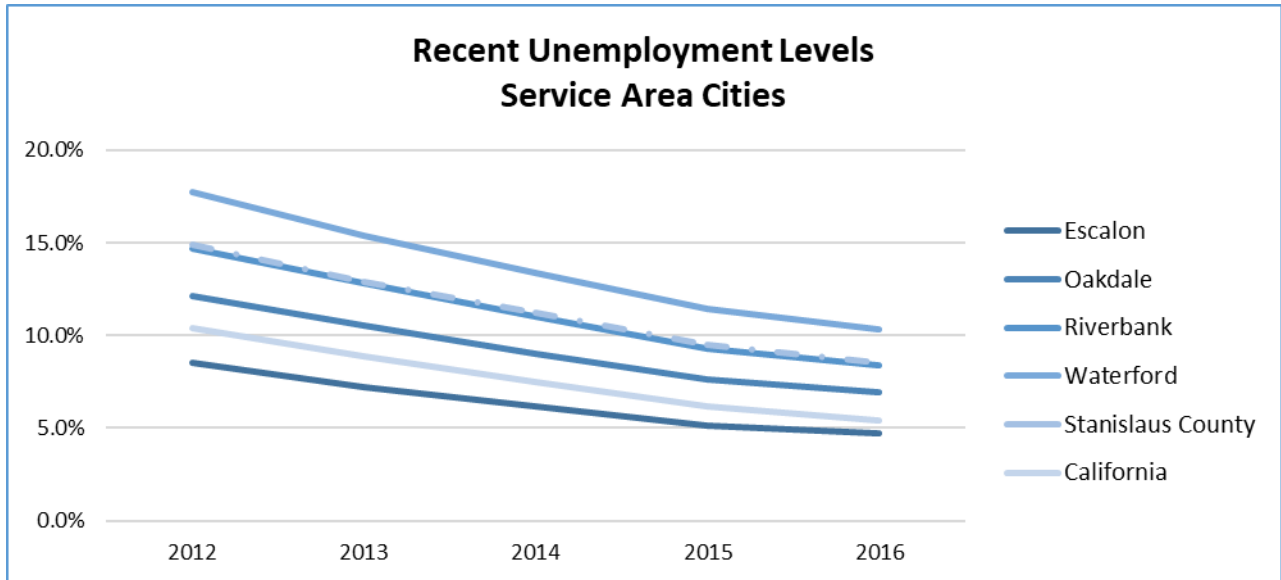
The cities that make up the Oak Valley Hospital District service area have variable rates of unemployment when compared to the county and the state. Waterford (10.3%) is above the county average of 8.5% and the state unemployment rate (5.4%). Oakdale and Escalon are below the county unemployment rate.

Unemployment Rate, 2016 Average

	Unemployment Rate
Escalon	4.7%
Oakdale	6.9%
Riverbank	8.4%
Waterford	10.3%
Stanislaus County	8.5%
California	5.4%

Source: California Employment Development Department, Labor Market Information, 2016. <http://www.labormarketinfo.edd.ca.gov/data/unemployment-and-labor-force.html>

Overall, unemployment rates have continued to decrease over the past five years, in the county and all service area cities. Riverbank rates closely match those of Stanislaus County, while Waterford's are higher. Escalon has consistently had a lower unemployment rate than the state.



Source: California Employment Development Department, Labor Market Information, 2012-2016.
<http://www.labormarketinfo.edd.ca.gov/data/unemployment-and-labor-force.html>

Educational Attainment

Of the population age 25 and over, 18.9% of the service area population does not have a high school diploma, which is lower than the county average of 22.8% with no high school diploma.

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

Oak Valley Hospital District	Stanislaus County	California
18.9%	22.8%	18.2%

Source: U.S. Census Bureau, American Community Survey, 2011-2015, S1501. <http://factfinder.census.gov>

29% of area adults are high school graduates and 25.6% are college graduates. The level of college degree attainment in the county is 24.0%.

Educational Attainment of Adults, 25 Years and Older

	Oak Valley Hospital District	Stanislaus County	California
Population 25 years and older	50,602	327,571	25,257,858
Less than 9 th Grade	10.6%	12.5%	10.0%
Some High School, No Diploma	8.3%	10.3%	8.2%
High School Graduate	29.0%	28.3%	20.7%
Some College, No Degree	26.5%	24.9%	21.8%
Associate Degree	8.9%	7.5%	7.8%
Bachelor Degree	11.2%	11.0%	19.8%
Graduate or Professional Degree	5.5%	5.5%	11.6%

Source: U.S. Census Bureau, American Community Survey, 2011-2015, S1501. <http://factfinder.census.gov>

High school graduation rates, or the number of high school graduates that graduated four years after starting ninth grade, range from 89% in Riverbank Unified to 94.9% in Waterford Unified. Graduation rates are higher in all of the area school districts than in the county (83.8%), and the state (83.2%). The Healthy People 2020 objective for high school graduation rates is 87%.

High School Graduation Rates, 2015-2016

School District	High School Graduation Rate
Escalon Unified	93.4%
Oakdale Joint Unified	92.9%
Riverbank Unified	89.0%
Waterford Unified	94.9%
Stanislaus County	83.8%
California	83.2%

Source: California Department of Education, 2015-2016. <http://dq.cde.ca.gov/dataquest/>

Homelessness

The rate of homeless in Stanislaus County can be estimated from several sources. The Stanislaus Housing & Support Services Collaborative conducts an annual ‘point-in-time’ count of homeless for the Turlock/Modesto/Stanislaus County Community of Care (CoC), which is reported to the U.S. Department of Housing and Urban Development (HUD). Recent trends show that the rate of homelessness is on the rise, along with the percentage of homeless who are unsheltered. In 2016, 12.0% of counted homeless individuals were children, and 8.9% were young adults (ages 18-24).

Homeless, Turlock/Modesto/Stanislaus County, 2012 to 2016

Year of Count	Total Homeless	Sheltered	Unsheltered
2012	1,470	46.2%	53.8%
2013	1,201	46.3%	53.7%
2014	1,156	61.7%	38.3%
2015	1,408	51.5%	48.5%
2016	1,434	49.1%	50.9%

Source: HUD CoC Homeless Populations and Subpopulations Report, 2016. <https://www.hudexchange.info/programs/coc/coc-homeless-populations-and-subpopulations-reports>

A community survey conducted as a part of the 2013 Stanislaus County Community Health Assessment, found that 14.2% of community survey participants reported being homeless. Additional information provided by the survey noted that 3.9% of respondents were living with friends or relatives; 2.8% were living in a place not meant for humans to live, and 2.4% felt threatened or unsafe in their current housing situation. Smaller percentages (<1%) reported living in a shelter, transitional housing, or facing eviction. Among children, 5.6% of public school enrollees in Stanislaus County were

recorded as being homeless at some point during the 2012-13 school year, according to the California Department of Education (Source: kidsdata.org, April 2014).

Crime and Violence

Violent crimes include homicide, rape, robbery and assault, while property crimes include burglary, larceny and motor vehicle theft. Rates for both are higher in Stanislaus County than the state.

Violent Crimes, per 100,000 Persons, 2015

	Violent Crimes		Property Crimes	
	Number	Rate *	Number	Rate *
Escalon	11	N/A	167	N/A
Oakdale	43	N/A	861	N/A
Riverbank	35	N/A	616	N/A
Waterford	13	N/A	124	N/A
Oak Valley Hospital District	102	N/A	1,768	N/A
Stanislaus County	3,093	585.6	19,782	3,745.5
California	166,588	426.4	1,023,828	2,620.4

Source: California Department of Justice, Office of the Attorney General, 2015. <https://oag.ca.gov/crime>

* Only the rates for the state were provided by the CA DOJ; rates for the county were calculated based on CA DOJ's 2014 report of county populations (2015 not yet provided), and city populations covered by the data were not reported.

Calls for domestic violence are categorized as being with or without a weapon. Escalon and Oakdale were far more likely to experience calls involving a weapon than Riverbank or Waterford.

Domestic Violence Calls, 2016

	Total	Without Weapon	With Weapon	Percent Using Weapon
Escalon	28	16	12	42.9%
Oakdale	91	64	27	29.7%
Riverbank	142	138	4	2.8%
Waterford	64	62	2	3.1%
Oak Valley Hospital District	325	280	45	13.8%
Stanislaus County	3,260	2,463	797	24.4%
California	164,569	93,783	70,786	43.0%

Source: California Department of Justice, Office of the Attorney General, 2015. <https://oag.ca.gov/crime>

Community Input – Social and Economic Factors

Stakeholder interviews identified the most important socioeconomic, behavioral, environmental and clinical factors contributing to poor health in the community.

Following are their comments, quotes and opinions edited for clarity:

- There is a high percentage of the population living in Riverbank who are living in poverty.

- To some extent we are a relatively stratified community. We have some extreme wealth and some poverty. Addressing that gap and the availability to health care and physical and mental health care will play a key role to the success of our community moving forward.
- It's never just one thing. Poverty and homelessness are impacted by a lack of housing and employment and lack of training. One thing Oakdale has done at the high school level is expand their vocational program. They just opened up a huge school student farm with animals, agriculture, all kinds of things.
- Housing is an even bigger issue with the economic recovery. Significant price increases are pushing a lot of people out. Housing stability is huge; we have a lack of available low-income housing, which is an inhibitor in terms of the child protective system for parents who are trying to reunify with kids as they can't get a house. So they can't get out of the system because they can't afford housing options.
- Poverty, historically, has been a huge issue for our community. In our county it isn't that are not jobs but people are not willing to work them. People do not want the low income jobs. Like migrant work it used to be no problem, now even from the Hispanic community it's more difficult to fill these slots and other low-tech work is getting harder to fill spots at places like canneries.
- We are an older community with a lot of retired and seniors, so there is a need for services for senior citizens.

Health Access

Health Insurance

Health insurance coverage is considered an important component to accessing health care. In Stanislaus County, 90.2% of residents are insured, which is higher than the state rate (89.8%).

Insurance Coverage for Adults, Teens and Children, 2014-2015

	Insured	Uninsured
Stanislaus County	90.2%	9.8%
California	89.8%	10.2%

Source: California Health Interview Survey, 2014-2015. <http://ask.chis.ucla.edu>

Insurance rates for children are 96.4% in the service area. This is higher than county (94.9%) and state (93.6%) rates of insurance coverage for children.

Insurance Coverage for Children, 0-17

	ZIP Code	Insured	Uninsured
Escalon	95320	97.4%	2.6%
Oakdale	95361	96.8%	3.2%
Riverbank	95367	95.6%	4.4%
Waterford	95386	96.0%	4.0%
Oak Valley Hospital District		96.4%	3.6%
Stanislaus County		94.9%	5.1%
California		93.6%	6.4%

Source: U.S. Census Bureau, American Community Survey, 2011-2015, S2701. <http://factfinder.census.gov>

Among adults in the service area, 80.9% have health insurance. A higher percentage of Escalon and Oakdale adults are insured (82.1%) and a lower percentage of adults are insured in Waterford (76%).

Insurance Coverage for Adults, 18-64

	ZIP Code	Insured	Uninsured
Escalon	95320	82.1%	17.9%
Oakdale	95361	82.1%	17.9%
Riverbank	95367	80.8%	19.2%
Waterford	95386	76.0%	24.0%
Oak Valley Hospital District		80.9%	19.1%
Stanislaus County		79.1%	20.9%
California		79.6%	20.4%

Source: U.S. Census Bureau, American Community Survey, 2011-2015, S2701. <http://factfinder.census.gov>

Nearly all seniors in the service area have some type of insurance coverage.

Insurance Coverage for Adults 65+

	ZIP Code	Insured	Uninsured
Escalon	95320	100%	0%
Oakdale	95361	100%	0%
Riverbank	95367	98.9%	1.1%
Waterford	95386	100%	0%
Oak Valley Hospital District		99.7%	0.3%
Stanislaus County		98.7%	1.3%
California		98.4%	1.6%

Source: U.S. Census Bureau, American Community Survey, 2011-2015, S2701. <http://factfinder.census.gov>

In Stanislaus County, 39.3% of the population has employment-based health insurance, 29.2% are covered by Medi-Cal and 13.1% of the population has coverage that includes Medicare. Stanislaus County has higher rates of Medi-Cal and private purchase insurance than found in the state.

Insurance Coverage by Type of Coverage, 2014-2015

	Stanislaus County	California
Total Insured	90.2%	89.8%
Employment-Based	39.3%	43.8%
Medi-Cal	29.2%	24.8%
Medicare and Others	7.4%	9.0%
Private Purchase	7.0%	6.2%
Medicare and Medi-Cal	4.3%	3.5%
Other Public	1.5%	1.2%
Medicare	1.4%	1.2%
No Insurance	9.8%	10.2%

Source: California Health Interview Survey, 2014-2015. <http://ask.chis.ucla.edu>

According to a report by the California Budget and Policy Center, in December of 2016 247,014, or 45.1% of the people in Stanislaus County were enrolled in Medi-Cal, making it 8th among all California Counties, by percent of population.

Top 10 Counties with Medi-Cal Coverage, December 2016

	Total Population Enrolled in Medi-Cal	Enrollees as a Share of Population	Rank
California	13,503,021	34.2%	
Tulare	258,384	54.8%	1
Merced	139,819	50.9%	2
Imperial	94,551	50.2%	3
Fresno	497,001	49.9%	4
Lake	32,160	49.5%	5
Kern	410,950	45.9%	6

	Total Population Enrolled in Medi-Cal	Enrollees as a Share of Population	Rank
Mendocino	40,876	45.9%	7
Stanislaus	247,014	45.1%	8
Madera	70,502	45.1%	9
Del Norte	12,022	44.3%	10

Source: California Budget and Policy Center, June 2017. <http://calbudgetcenter.org/resources/republi-can-plans-end-medi-aid-know-threaten-medi-cal-coverage-benefits-millions-californians/>

Sources of Care

Individuals who have a medical home and access to a primary care provider improve continuity of care and decrease unnecessary ER visits. 85.8% of county residents reported a regular source for medical care. The source of care for 60.1% of Stanislaus County residents is a doctor's office, HMO, or Kaiser. This is slightly higher than the state rate (58.7%). Clinics and community hospitals are the source of care for 22.9% in the county, while 14.2% of county residents have no regular source of care.

Sources of Care

	Stanislaus County	California
Have Usual Place to Go When Sick or Need Health Advice	85.8%	86.0%
Dr. Office/HMO/Kaiser Permanente	60.1%	58.7%
Community Clinic/Government Clinic/Community Hospital	22.9%	24.6%
ER/Urgent Care	2.5%	1.9%
Other	0.2%	0.9%
No Usual Source of Care	14.2%	14.0%

Source: California Health Interview Survey, 2015. <http://ask.chis.ucla.edu>

Accessing health care can be affected by the number of providers in a community. According to the 2015 County Health Rankings, Stanislaus County ranks 35 out of 57 California counties for clinical care (Alpine County is not ranked), which includes ratios of population-to-care providers and preventive screening practices, among others. The ratio of county population to health care providers shows fewer primary care physicians, dentists, and mental health providers per resident, when compared to California.

Access to Clinical Care, Ratio of Population to Health Care Providers

	Stanislaus County	California
Primary Care Physicians	1,490:1	1,280:1
Dentists	1,670:1	1,250:1
Mental Health Providers	580:1	350:1

Source: County Health Rankings, 2017. www.countyhealthrankings.org

Delayed care may also indicate reduced access to care; 10.0% of county residents reported delaying or not seeking medical care and 9.2% reported delaying or not getting

their prescription medication in the last 12 months. These are both well above the Healthy People 2020 objectives of 4.2% (medical care) and 2.8% (prescriptions).

Delay of Care

	Stanislaus County	California
Delayed or Didn't Get Medical Care in Last 12 Months	10.0%	11.4%
Delayed or Didn't Get Prescription Medicine in Last 12 Months	9.2%	9.2%

Source: California Health Interview Survey, 2014-2015. <http://ask.chis.ucla.edu>

Use of the Emergency Room

An examination of ER use can lead to improvements in providing community-based prevention and primary care; 20.5% of residents in Stanislaus County visited an ER over the period of a year. Children and youth visited the ER (29.8%) at higher rates than adults and seniors. Persons below the Federal Poverty Levels were somewhat more likely to use the ER (22.1% of individuals below 100% FPL and 23.8% below 200% FPL).

Use of Emergency Room

	Stanislaus County	California
Visited ER in Last 12 Months	20.5%	20.2%
0-17 Years Old	29.8%	19.2%
18-64 Years Old	16.5%	19.8%
65 and Older	20.8%	23.8%
<100% of Poverty Level	22.1%	24.5%
<200% of Poverty Level	23.8%	23.3%

Source: California Health Interview Survey, 2014-2015. <http://ask.chis.ucla.edu>

20.1% of the 1,058 hospitalization discharges at Oak Valley Hospital in 2016 were for a principal diagnosis of the respiratory system, making this the most common diagnosis, closely followed by digestive system diagnoses, at 19.9%. The circulatory system, at 11.3% of diagnoses, rounds out the top three, followed by the principal diagnosis seen in the ED Department at Oak Valley Hospital, which is injuries and poisonings (9.6%).

Hospitalization Rates by Principal Diagnosis, Oak Valley Hospital, 2016

	Hospitalizations	Percent
Respiratory System	213	20.1%
Digestive System	210	19.9%
Circulatory System	119	11.3%
Injuries / Poisonings	102	9.6%
Endocrine Diseases	65	6.1%
Genitourinary System	59	5.6%
Infections	57	5.4%
Skin Disorders	57	5.4%

	Hospitalizations	Percent
Nervous System, including ear disorders	48	4.5%
Symptoms	37	3.5%
Musculoskeletal System	24	2.3%
Cancer (incl. non-cancerous growths)	19	1.8%
Mental Disorders	17	1.6%
Blood Disorders	16	1.5%
All Pregnancies	3	0.3%
Other Reasons	12	1.1%
Total	1,058	100%

Source: California Office of Statewide Health Planning & Development, 2016.

http://report.oshpd.ca.gov/?DID=PID&RID=Facility_Summary_Report_Hospital_Inpatient

Oak Valley Hospital reported 24,735 emergency department encounters in 2016, with 747 (3.0%) resulting in admission to a short-term general hospital for inpatient care. Injuries and poisonings accounted for 23.5% of emergency room encounters in 2016, and – as mentioned above – 9.6% of in-hospital discharge diagnoses.

Principal Diagnosis Group for ED Encounters, Oak Valley Hospital, 2016

	ED Encounters	Percent
Injuries/Poisonings	5,810	23.5%
Symptoms	3,603	14.6%
Respiratory System	3,504	14.2%
Nervous System (incl. Eye and Ear Disorders)	2,360	9.5%
Digestive System	1,890	7.6%
Musculoskeletal System	1,541	6.2%
Genitourinary System	1,505	6.1%
Skin Disorders	1,280	5.2%
Infections	932	3.8%
All Pregnancies	520	2.1%
Circulatory System	502	2.0%
Mental Disorders	494	2.0%
Endocrine System	440	1.8%
Blood Disorders	31	0.1%
Cancer (Includes non-cancerous growths)	24	0.1%
Perinatal Disorders	10	0.04%
Births	9	0.04%
Birth Defects	5	0.02%
Other Reasons	275	1.1%
Total	24,735	100%

Source: California Office of Statewide Health Planning & Development, 2016.

http://report.oshpd.ca.gov/?DID=PID&RID=Facility_Summary_Report_Emergency_Department

Community Input – Access to Health Care

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

clarity:

- Riverbank has limited access to providers. Families in Riverbank have transportation issues going to Modesto or Oakdale. A lot of them don't have cars.
- With health care the problem is usually that the providers are booked for appointments so there can be a delay in when people are seen. Modesto is nearby but it's difficult for members to get out of Riverbank. You wouldn't think that, we think they can get access from A to B, but it's not the case. Is it a transportation issue? Is it based on the population?
- We need younger family practitioners. We need young blood in Oakdale in all specialties. We need more physicians.
- It's not unique to Oakdale, but our health care system is overwhelmed by too many patients and too few providers.
- With so many people on Medi-Cal, the caregivers aren't accepting it as much anymore. I think there are adequate practitioners in the community. We have a few private doctors but pretty much everyone works through Oak Valley.
- In health care, we're not seeing a big gap of people not being served.
- Health access is always significant. The Affordable Care Act changed that fairly significantly, but there is still a need for undocumented services. Who wants to pay for that is always a challenge.
- I would like to see social workers in our community, especially in the clinic, so we can refer people. We also need mental health workers.
- An area I see people wait a long time for is dermatology. We have a very hard time finding that specialty.
- When we look at access in the community, we do have a shortage of primary care physicians and a shortage of specialists in Stanislaus County. One of the barriers is not having enough providers for all provisions of the medical system in our county. Not just doctors, nurses and other providers as well. You may have to wait a long time to be seen.
- We have pretty good insured rates now but many haven't found a primary care physician because they are full or don't take that much ACA care, so people end up in the ED a lot of the time.
- There are many reasons for not accessing care. There are places to get you signed up for insurance. If you cannot find a primary care physician, there are quite a few FQHC clinics around, but most of them are now closed to new patients.
- What we could do better is helping patients navigate the system, especially if they are not English speaking. We have Spanish, Punjabi, Hmong, Cambodian, and Vietnamese residents.
- General transportation issues are barriers to accessing care.
- In Oakdale, we are fortunate to have a hospital and 24-hour emergency care and community clinics within the southeastern portion of the county. Those are all Oak

Valley Hospital clinics. If we didn't have those, it would be a 30-40 mile drive to Modesto for care and that is if you had transportation. In town, we have a taxi service, \$6 flat fee for anywhere in town and we have a regional transit system that comes to Oakdale and loops through the county and goes to Modesto. We have ambulance transport service. And for non-ambulatory patients to get to doctor appointments, we can have transport, even in non-emergency situations with ACLS and BCLS transport.

- I think it would be nice if we had more places for people who do not have insurance to get the resources that they need. There are cities where they have medical vans that go around and care for people. It would be nice if we had that here.
- There is access. Plenty of it. We have doctors and an ED. There is probably better access here than Modesto for ED care. Surgical and ob-gyn and birth of babies are not provided here and that is a significant need. The fact that we don't have a birthing center here is an issue. Oakdale does not do births and neonatal care. We have to go to Modesto, Turlock, Stockton or Sonora for that.
- With women and pregnancy, we have a healthy birth outcomes birth group. There is a clinic that can see women for prenatal care. But there is no hospital that delivers babies in the community. That is a barrier. The women must go elsewhere to have a baby and they have no relationship with the doctor who helps them give birth. You get who you get.
- For those who have lower socio-economic status, they are treated as second class citizens when it comes to health care. I hear about it and see it. It takes longer to get appointments, they are not treated fairly in the sense that they do not have the same access as someone who has insurance. People who are underinsured or on Medi-Cal may have insurance, but the access and quality is different. When you have better insurance, your care is different and so is your experience.

Dental Care

In Stanislaus County, 19.2% of children 3 to 11 had never been to the dentist, compared to 16.8% at the state level; for those children who do see a dentist, though, they were more likely to be going on a regular basis (every six months, or a year at most) than children statewide.

Time since Last Dental Visit, Children 3 to 11

	Stanislaus County	California
Less than 6 Months Ago	72.8%	68.1%
More than 6 Months but Less than a Year	6.8%	11.5%
More than 1 Year	1.2%	2.6%
Never Been to Dentist	19.2%	16.8%

Source: California Health Interview Survey, 2013-2015. <http://ask.chis.ucla.edu>

2.7% of county adults have never been to the dentist compared with 2.0% of adults at the state level, and those who've been were less likely to have been in the past two years (75.6% vs. 79.3% for the state), and more likely to have their most-recent dental visit more than 5 years ago (10.1% vs. 8.7% for the state).

Time since Last Dental Visit, Adult

	Stanislaus County	California
Less than 6 Months to 2 Years Ago	75.6%	79.3%
More than 2 Years to Less than 5 Years	11.6%	10.0%
More than 5 Years	10.1%	8.7%
Never Been to Dentist	2.7%	2.0%

Source: California Health Interview Survey, 2013-2014. <http://ask.chis.ucla.edu>

Community Input – Dental Care

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

- With the youth, we are still seeing a need for dental care and vision care. Not so much for physical care, we are addressing that and the availability is there. But for dental and vision, there is still an issue. We screen for it regularly. But it's difficult for referrals.
- We try to get varnishes for kids through the Healthy Start Program and it's free of charge but we don't have anywhere for preventive dental services for adults. It's a high need in the community and also, it's an insurance issue. Most people have no dental coverage. We do screenings and varnishes. It's pretty much for the children in our program, but we don't turn siblings away. For adults, we don't have anything.
- We have a free dental clinic and we have had to turn people away because people are in such need of dental care and cannot afford it. It's amazing to see how far people will come when we do a free clinic. Also eye care.
- We have a lot of dentists in Oakdale. Everyone I know can be seen here for normal dental work. For a root canal, maybe you have to go to Modesto. There is pretty good care here, between Medi-Cal and private insurance.
- Some of it is preventive dental care. For our kids, many insurers don't cover dental care. We are seeing kids not getting regular checkups and usually by the time they get care, they have several cavities, or they have an infection. What could have been a simple solution has become a compounded problem. We have access to a couple of dentists who if we call and say we have a kid with no insurance they will help. But when it's so dire, and they need a root canal or extraction, that is beyond the benevolent need to fill a cavity. Regular dental problems and orthodontics require continued care. That is just beyond the benevolent nature of our community. I'm unaware of any resources.
- We had a dentist, but she left. We will have a replacement for the next three months and then nothing after that. A dentist will be absolutely needed to replace her.

- There is no fluoride in the water around here. That is a public health measure. I hear from school teachers all the time about all the horrible dental disease they see. There are a lot of varnish programs to prevent cavities, but you need to start young. There is a shortage of dentists in the community and there is not adequate funding for dental care.
- The main issue is there are not a lot of dentists that take Medi-Cal and it is a long wait to get in. We will assess and make referrals, but there are very few dentists that take Medi-Cal in our area, even at the community clinics.
- We have a dental clinic by the hospital. The dentist takes Medi-Cal through the hospital clinic so it is available.
- Dental care is a huge need that is not being met.
- There is decent dental care. I know that the clinic is doing some dental care with Medi-Cal patients now. When you have Medi-Cal, getting dental care is not easy. There are some great dentists in town and better access than there used to be. I am seeing improvement in that area.

Maternal and Infant Health

Births

From 2012 to 2014, there was an average of 7,565 births in Stanislaus County. The majority of births were to mothers who were Latino (53.9%) and White (34.2%). 5.6% of births were to mothers who were Asian, and 2.0% to Black/African American mothers.

(Source: California Department of Public Health, 2017 County Health Status Profiles).

Teen Birth Rate

On average, teen pregnancy rates in Stanislaus County occurred at a rate of 27.7 per 1,000 females 15 to 19 years of age from 2013 to 2015. This rate is higher than the teen pregnancy rate found in the state (21.0 per 1,000 female teens). 41 of California's 58 counties have a lower rate of teen births than Stanislaus County.

Birth Rate per 1,000 Female Teens (15 to 19 years of age), 2013-2015, Averaged

	County Ranking	Births to Teen Mothers	2014 Population of Females 15-19	Age-Specific Birth Rate
Stanislaus County	42	555.3	20,028	27.7
California		27,235.0	1,296,883	21.0

Source: California Department of Public Health, 2017 County Health Status Profiles, 2013-2015.

<https://archive.cdph.ca.gov/programs/ohir/Documents/OHIRProfiles2017.pdf>

Prenatal Care

Pregnant women in Stanislaus County entered prenatal care on time – within the first trimester – at a rate of 78.6%. This rate of on-time entry translates to 21.4% of women entering prenatal care late or not at all. While Stanislaus County meets the Healthy People 2020 objective of 77.9% of women entering prenatal care in the first trimester, it falls short of California's average of 83.3%, placing it in 27th out of 58 counties.

On-Time Entry into Prenatal Care (In First Trimester), 2013-2015, Averaged

	County Ranking	On-Time Prenatal Care	Live Births*	Percent
Stanislaus County	27	5,732.0	7,288.7	78.6%
California		406,979.7	488,439.0	83.3%

Source: California Department of Public Health, 2017 County Health Status Profiles, 2013-2015.

<https://archive.cdph.ca.gov/programs/ohir/Documents/OHIRProfiles2017.pdf>

*Births in which the first month of prenatal care is unknown are not included in the tabulation.

Low Birth Weight

Low birth weight is a negative birth indicator. Babies born at a low birth weight are at higher risk for disease, disability and possibly death. Stanislaus County has a lower rate of low birth weight babies (62.4 per 1,000 live births) when compared to the state

(68.0). This is lower than the Healthy People 2020 objective of 7.8% of births being low birth weight, and ranks Stanislaus 19th out of California's 58 counties.

Low Birth Weight (Under 2,500 g), 2013-2015, Averaged

	County Ranking	Low Birth Weight	Live Births*	Rate per 1,000 Live Births
Stanislaus County	19	474.0	7,596.7	62.4
California		33,739.0	496,349.0	68.0

Source: California Department of Public Health, 2017 County Health Status Profiles, 2013-2015.

<https://archive.cdph.ca.gov/programs/ohir/Documents/OHIRProfiles2017.pdf>

*Births in which the weight was not reported are not included in the tabulation.

Infant Mortality

Infant mortality reflects deaths of children under one year of age. The infant death rate in the county is 6.3, placing it 49th out of 58 counties in California; the state rate is 4.6 deaths per 1,000 live births. The county rate is above the Healthy People 2020 objective of 6.0 deaths per 1,000 live births.

Infant Mortality Rate, 2012-2014, Averaged

	County Ranking	Infant Deaths	Live Births	Rate per 1,000 Live Births
Stanislaus County	49	47.7	7,565.3	6.3
California		2,318.0	500,483.3	4.6

Source: California Department of Public Health, 2017 County Health Status Profiles, 2012-2014.

<https://archive.cdph.ca.gov/programs/ohir/Documents/OHIRProfiles2017.pdf>

Breast Feeding

Breast feeding has been proven to have considerable benefits to baby and mother. The California Department of Public Health highly recommends babies be fed only breast milk for the first six months of life. Breast feeding rates in Stanislaus County indicate 90.6% of new mothers use some breast feeding, which is lower than the state rate (93.9%), and that 70.5% use breast feeding exclusively, which is higher than the state's 68.6% level. The rate of breast feeding meets the Healthy People 2020 objective for 81.9% of women to utilize some breast feeding of their infants.

In-Hospital Breast Feeding, 2015

	Any Breastfeeding		Exclusive Breastfeeding	
	Number	Percent	Number	Percent
Stanislaus County	8,283	90.6%	6,440	70.5%
California	401,018	93.9%	293,071	68.6%

Source: California Department of Public Health, In-Hospital Breastfeeding by Hospital of Occurrence, 2015.

<https://archive.cdph.ca.gov/data/statistics/Pages/InHospitalBreastfeedingInitiationData.aspx>

Child Development

73.3% of parents in Stanislaus County indicated that their child’s health care provider had asked them if they had concerns regarding their child’s development. 53.8% of parents surveyed in the county said that their child’s doctor, health provider, teacher or school counselors had performed a development assessment or test on their child.

12.7% of county children 0-6 attend preschool, nursery school or Head Start, which is lower than the state rate of 15.8%. 54.6% of Stanislaus County children under 5 years of age have a parent read with them on a daily basis, which is lower than the 62.7% rate for California.

Child Development

	Stanislaus County	California
Health Provider Ever Asked if Parent Had Concerns Regarding Child’s Learning, Development Or Behavior *	73.3%	58.4%
Ever Had a Development Assessment/Test *	53.8%	63.3%
Attends Preschool, Nursery School or Head Start at Least 10 Hours/Week, Children 0-6 Years	12.7%	15.8%
Read a Book With Their Child 0-5, Every Day	54.6%	62.7%
Plays Music/Sing Songs With Child 0-5, Every Day	68.0%	67.0%

Source: California Health Interview Survey, 2011-2015. <http://ask.chis.ucla.edu> * = 2015 only; question not asked in 2011-2014.

Community Input – Birth Indicators

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

- We don’t have an OB department at the hospital. It was closed years ago, it was causing a deficit. So now they go to Modesto to deliver, about 15 miles away. But people get prenatal care in Oakdale and deliver in Modesto and then come back to a pediatrician in town after delivery.
- It would be nice to have more education for young teens because they do not know what to do with young children. Even existing moms sometimes have no idea and need to be reeducated even if they had a child before.
- We are seeing patients with congenital syphilis. We need education and screening in primary care for this.
- Poverty, drugs, a lot of meth use and a lack of prenatal care impacts birth. African Americans still have higher rates of infant mortality and low birth rates.
- We’ve seen a real increase in syphilis. Four counties in the Central Valley are in the top 15 in the nation for this. We are seeing fetal loss and stillbirths and it’s because of syphilis. We’ve already had 7-8 deaths. For a county this size, that is pretty bad. California in total had 200 for last year.
- For infant mortality and low birth weight, one’s level of education and wealth doesn’t

seem to matter. It comes down to stress; stress from perceived discrimination.

- Currently, prenatal care in Oakdale has decreased because of a lack of providers but some are coming in that are on a part-time basis. Oak Valley Hospital closed their OB department.
- We used to have a family center of maternal care here in Oak Valley. It used to be a unit in the hospital. Now we have a mother and baby clinic. I wish there was more available education for people who are of childbearing age to know what to do to make sure their babies are healthy and what to do prior to having a baby.
- Consistent prenatal education and a willingness to attend education sessions are critical, so we offer a healthy birth outcomes program. We take high risk individuals and provide case management throughout the pregnancy and through the first year of the child's life. It's effective but we need more. There is still a reluctance to utilize preventive primary care.
- The issue of immigration is still present in our community as a barrier to accessing care that has occurred after the presidential election. Anecdotally, it is a barrier for the Hispanic community wanting to access services; they stop coming to resource centers and different providers for a fear that their information is taken and will be used to deport them.
- I don't believe there are any systemic or institutional challenges – it's really behavioral on the part of the mothers. With all the resources out there, someone who makes an effort to get nutrition and prenatal help could find it with very little effort.

Mortality/Leading Causes of Death

Mortality Rates

The two leading causes of death in the Oak Valley Hospital District are heart disease and cancer. The crude death rate (“Rate”) is a ratio of the number of deaths to the entire population. The heart disease mortality rate in the service area is 182.3 per 100,000 persons, higher than the county rate of 135.1 deaths per 100,000 persons, and the state rate of 99.0. The cancer death rate is 170.3 per 100,000 persons, higher than county and state rates. Deaths from unintentional injuries and liver disease are higher in the service area than found in the county or state.

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

	Oak Valley Hospital District		Stanislaus County *	California *
	Number Annual Average	Rate	Rate	Rate
All Causes	587.7	728.9	759.2	648.9
Heart Disease	147.0	182.3	135.1	99.0
Cancer	137.3	170.3	167.7	151.3
Unintentional Injuries	36.0	44.7	39.4	30.3
Chronic Lower Respiratory Disease	35.7	44.2	45.9	34.4
Stroke	32.7	40.5	40.7	36.5
Alzheimer’s Disease	31.0	38.5	38.5	34.1
Liver Disease	14.0	17.4	15.2	13.1
Pneumonia and Influenza	9.3	11.6	17.1	16.1
Suicide	6.3	7.9	10.4	10.6
Diabetes	3.7	4.5	24.0	21.6

Source: California Department of Public Health, 2013-2015. <https://data.cdph.ca.gov/dataset>; * = California Dept. of Public Health, 2017 County Health Status Profiles, 2013-2015. <https://archive.cdph.ca.gov/programs/ohir/Documents/OHIRProfiles2017.pdf>

Based on age-adjusting, Cancer and heart disease are the leading causes of death in Stanislaus County. Age adjusting eliminates the bias of age in the makeup of the populations being compared. When comparing across geographic areas, age-adjusting is typically used to control for the influence that different population age distributions might have on health event rates. The age-adjusted death rates for Stanislaus County are higher for all listed causes of death than the rates for California. Stanislaus County has the highest rate of heart disease death among all 58 California counties (“Rank”), and among the highest rates for cancer (54th), stroke (53rd) and Alzheimer’s disease deaths (50th). Additionally, the death rates in Stanislaus County exceed the Healthy People 2020 objectives for those causes of death with associated objectives.

Mortality Rates, Age-Adjusted, per 100,000 Persons, 2013-2015

	Stanislaus County		California	Healthy People 2020
	Rank	Rate	Rate	Objective
All Causes	51	793.3	616.2	No Objective
Cancer	54	174.1	143.8	161.4
Heart Disease	58	141.7	93.2	103.4
Chronic Lower Respiratory Disease	46	48.4	33.3	No Objective
Stroke	53	43.6	34.7	34.8
Alzheimer's Disease	50	41.6	32.1	No Objective
Unintentional Injuries	30	39.9	29.1	36.4
Diabetes	47	24.9	20.6	No Objective
Pneumonia and Influenza	46	18.0	15.2	No Objective
Liver Disease	37	15.1	12.1	8.2
Suicide	18	10.6	10.3	10.2

Source: California Department of Public Health, 2017 County Health Status Profiles, 2013-2015.

<https://archive.cdph.ca.gov/programs/ohir/Documents/OHIRProfiles2017.pdf>

The cancer mortality rate for all cancer sites in Stanislaus County was 167.1, which is higher than the California rate (149.0 per 100,000 persons). The Healthy People 2020 objective is 161.4 or fewer deaths, per 100,000 persons.

Mortality from lung and bronchus, prostate, and female breast cancers occurs at the highest rates in the county. Mortality from lung and bronchus cancers, colorectal cancers, and non-Hodgkin lymphomas are higher than statewide mortality from such cancers.

Cancer Mortality Rates, per 100,000 Persons, 2010-2014

	Stanislaus County		California
	Number Annual Average	Rate	Rate
Cancer, All Sites	824.6	167.1	149.0
Lung and Bronchus	195.6	40.0	33.2
Prostate (male)	40.2	20.3	19.9
Breast (female)	54.6	20.3	20.4
Colon and Rectum	84.0	17.1	13.4
Pancreas	52.8	10.6	10.3
Ovary (female)	22.2	8.2	7.3
Liver and Intrahepatic Bile Duct	38.8	7.5	7.5
Leukemia *	35.6	7.3	6.3
Non-Hodgkin Lymphoma	29.0	6.0	5.5

Source: California Cancer Registry, California Department of Public Health, 2010-2014. <http://www.cancer-rates.info/ca/>

* = Myeloid & Monocytic + Lymphocytic + "Other" Leukemias

Chronic Disease

Health Status

Among adults and children, 21.1% reported being in fair or poor health. This rate is higher than the California rate of 17.5%.

Health Status, Fair or Poor Health

	Stanislaus County	California
Persons with Fair or Poor Health	21.1%	17.5%

Source: California Health Interview Survey, 2014-2015. <http://ask.chis.ucla.edu>

Diabetes

Diabetes is a growing concern in the community; 12.3% of adults in Stanislaus County have been diagnosed with diabetes, which is higher than the state rate. For adults with diabetes, 61.9% are very confident they can control their diabetes.

Adult Diabetes

	Stanislaus County	California
Diagnosed Pre/Borderline Diabetic	14.5%	12.0%
Diagnosed with Diabetes	12.3%	9.4%
Very Confident to Control Diabetes	61.9%	58.1%
Somewhat Confident	31.0%	32.6%
Not Confident	N/A	9.3%

Source: California Health Interview Survey, 2014-2015. <http://ask.chis.ucla.edu>

The federal Agency for Healthcare Research and Quality (AHRQ) developed Prevention Quality Indicators (PQIs) to identify hospital admissions that may be avoided through access to high-quality outpatient care. Four PQIs are related to diabetes: long-term complications (renal, ophthalmic, or neurological manifestations, and peripheral circulatory disorders); short-term complications (ketoacidosis, hyperosmolarity and coma); amputation; and uncontrolled diabetes. For all four measures, hospitalization rates were higher for Stanislaus County than for California; in particular for short-term complications whose rate (100.0) is nearly 63% higher than the state rate of 61.5.

Diabetes Hospitalization Rates* for Prevention Quality Indicators

	Stanislaus County	California
Diabetes Long Term Complications	144.2	104.5
Diabetes Short Term Complications	100.0	61.5
Lower-Extremity Amputation among Patients with Diabetes	17.0	15.9
Uncontrolled Diabetes	10.1	7.5

Source: California Office of Statewide Health Planning & Development, 2015, Quarters 1-3 (4th quarter data not available).

* Risk-adjusted (age/sex-adjusted) annual rates per 100,000 hospitalizations.

https://www.oshpd.ca.gov/documents/HID/AHRQPQI/PQI_Summary_V50_2015-Q1-Q3.pdf

Heart Disease

For adults in Stanislaus County, 5.9% have been diagnosed with heart disease. Among these adults, 53.3% are very confident they can manage their condition, a lower level of confidence than the state average. 79.6% have a management care plan developed by a health care professional.

Adult Heart Disease

	Stanislaus County	California
Diagnosed with Heart Disease	5.9%	6.1%
Very Confident to Control Condition *	53.3%	61.5%
Somewhat Confident to Control Condition *	40.8%	33.7%
Not Confident to Control Condition *	5.9%	4.8%
Has a Management Care Plan	79.6%	71.4%

Source: California Health Interview Survey, 2013-2015. * = 2015 only. <http://ask.chis.ucla.edu>

As noted, Prevention Quality Indicators (PQIs) identify hospital admissions that may be avoided through access to high-quality outpatient care. The three PQIs related to heart disease are hypertension, heart failure, and angina without procedure. In the first three quarters of 2015, rates of all three were higher in Stanislaus County than in the state; in the case of congestive heart failure, the rate was almost 35% higher.

Heart Disease Hospitalization Rates* for Prevention Quality Indicators

	Stanislaus County	California
Hypertension	39.6	32.5
Congestive Heart Failure	408.9	303.1
Angina without Procedure	17.1	15.4

Source: California Office of Statewide Health Planning & Development, 2015, Quarters 1-3 (4th quarter data not available).

* Risk-adjusted (age/sex-adjusted) annual rates per 100,000 hospitalizations.

https://www.oshpd.ca.gov/documents/HID/AHRQPQI/PQI_Summary_V50_2015-Q1-Q3.pdf

High Blood Pressure

A co-morbidity factor for diabetes and heart disease is hypertension (high blood pressure). In Stanislaus County, 21.6% of adults have been diagnosed with high blood pressure, and of those, 79% take medication to control their hypertension. The Healthy People 2020 objective is to reduce the proportion of adults with high blood pressure to 26.9%; Stanislaus County meets this objective.

High Blood Pressure

	Stanislaus County	California
Ever Diagnosed with Hypertension	21.6%	28.6%
Takes Medicine for Hypertension	79.0%	68.3%

Source: California Health Interview Survey, 2014-2015. <http://ask.chis.ucla.edu>

Cancer

In Stanislaus County as elsewhere, the five-year, age-adjusted cancer incidence rate is declining; it is now 411.0 per 100,000 persons, still slightly higher than the state rate. Lung and bronchus (54.2), colorectal (41.8), and In Situ Breast cancer in women (25.2) occur at notably higher rates than the state rates for these types of cancer.

Cancer Incidence, per 100,000 Persons, Age Adjusted, 2010-2014

	Stanislaus County	California
All sites	411.0	409.2
Breast (female)	115.2	120.6
Prostate (males)	91.3	109.2
Lung and Bronchus	54.2	44.6
Colon & Rectum	41.8	37.1
In Situ Breast (female)	25.2	14.8
Uterine ** (females)	21.0	24.6
Melanoma of the Skin	20.0	21.6
Urinary Bladder	18.7	17.8
Non-Hodgkin Lymphoma	17.8	18.6
Kidney and Renal Pelvis	16.4	14.1
Leukemia *	11.8	12.6
Thyroid	11.6	12.7

Source: California Cancer Registry, Cancer Surveillance Section, Cancer Surveillance and Research Branch, California Department of Public Health, 2010-2014. <http://www.cancer-rates.info/ca/>

* = Myeloid & Monocytic + Lymphocytic + "Other" Leukemias ** = Uterus, NOS + Corpus Uteri

Asthma

The population diagnosed with asthma in Stanislaus County is 17.6%. 42.2% of county asthmatics take daily medication to control their symptoms. Among county youth, 17.6% have also been diagnosed with asthma, and 41.9% of youth take daily medication to control their asthma.

Asthma

	Stanislaus County	California
Diagnosed with Asthma, Total Population	17.6%	14.6%
Diagnosed with Asthma, 0-17 Years Old	17.6%	14.7%
ER Visit in Past Year Due to Asthma, Total Population	9.7%	11.0%
ER Visit in Past Year Due to Asthma, 0-17 Years Old	7.5%	16.7%
Takes Daily Medication to Control Asthma, Total Population	42.2%	44.8%
Takes Daily Medication to Control Asthma, 0-17 Years Old	41.9%	43.8%
Had Asthma Symptoms in the Past 12 Months	84.5%	88.3%

Source: California Health Interview Survey, 2013-2015. <http://ask.chis.ucla.edu>

Two Prevention Quality Indicators (PQIs) are related to asthma including chronic obstructive pulmonary disease (COPD) or Asthma in Older Adults, and Asthma in Younger Adults. The hospitalization rate for COPD was almost 78% higher in

Stanislaus County than the state, and the hospitalizations for asthma in younger adults was almost 50% higher than the state.

Asthma Hospitalization Rates* for Prevention Quality Indicators (PQI)

	Stanislaus County	California
COPD or Asthma in Older Adults	521.3	293.4
Asthma in Younger Adults	37.3	25.0

Source: California Office of Statewide Health Planning & Development, 2015, Quarters 1-3 (4th quarter data not available).

* Risk-adjusted (age/sex-adjusted) annual rates per 100,000 hospitalizations.

https://www.oshpd.ca.gov/documents/HID/AHRQPQI/PQI_Summary_V50_2015-Q1-Q3.pdf

Disability

Among adults in Stanislaus County, 34.7% had been identified as having a physical, mental or emotional disability. This rate is higher than the state rate of disability (29.6%). 7.6% of adults could not work for at least a year due to physical or mental impairment.

Population with a Disability

	Stanislaus County	California
Adults with a Disability	34.7%	29.6%
Couldn't Work Due to Impairment	7.6%	6.4%

Source: California Health Interview Survey, 2013-2015. <http://ask.chis.ucla.edu>

Community Input – Chronic Diseases

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

- For kids who are asthmatic, the parents have to provide us with an inhaler. We require an after-school inhaler as well as a school inhaler. But insurance only allows two inhalers. So, most families do not have the income to cover that expense. The school nurse usually holds onto the inhaler. For older kids who can do self-administration, they can get district approval. We still allow kids into the after-school program even though they do not have an inhaler.
- It's all about providers. Most people have to go to Modesto or the Bay Area to get care. We don't have people with that expertise in town anymore. When I started here 16 years ago, there were some practitioners but they've retired, it's not that they moved.
- We need specialized care for diabetes and severe asthma, there is a lack of those specialists here. You have to go 10 miles to see a specialist and people just don't want to leave the town.
- We have a program for seniors that will pick people up and take them to doctor appointments. Through the CAPS program and the police department, they will go and visit the seniors every week and they will personally take people to their appointments. It's a volunteer based program.

- We know that due to a lack of healthy eating and living, diabetes and prediabetes are at 50%. We need to do more work, we can prevent it from progressing, but we need to work on it. It will become a big health issue if we don't start addressing it soon.
- There is a lot talk about Alzheimer's Disease. I'm not sure it's not just due to an aging population. Our over age 65 population is increasing, and Alzheimer's is also increasing.
- A lot of people have a lot of programs to address health issues, but what would be better would be primary and secondary prevention, especially for diabetes and getting intense diabetes education.
- It's a lack of individuals seeking treatment outside of small communities. Within 10 miles, we have major medical centers but people here don't go to them. Probably there are some undocumented issues. But also, culturally, they don't want to leave their small community.
- Chronic disease is clearly an issue. County rankings for heart disease stand out. Also we have high death rates for cancer (especially lung cancer) and chronic respiratory disease, COPD.
- From being out in community, I see a lot of patients with heart issues, high blood pressure and diabetes.
- In our valley, there is asthma, it's an environmental thing. However, there is access to care for that through our clinics. We aren't going to solve that one but at least we are there to help. For initial diagnoses for any of these things we've got the availability – via clinic or ED. Specialized care (e.g. chemo, stroke, rehab) isn't available in our immediate community. Our community urgent care isn't open 24 hours, its 8-5 and then the ED is another option.
- We see lot of issues with heart disease. We have an ambulance service to bring them here. We stabilize and transfer them. The challenge for everybody with heart disease is knowledge and information. AHA does a fantastic job getting the information out to the public to know CPR, so we are doing really well, but we can always do better.
- Cancer is becoming more and more prevalent; you hear about it all the time. Cancer care in the community is not good.

Health Behaviors

Health Behaviors Ranking

County Health Rankings examine healthy behaviors and ranks counties according to health behavior data. California's 57 evaluated counties (Alpine County was excluded) are ranked from 1 (healthiest) to 57 (least healthy) based on a number of indicators that include: adult smoking, obesity, physical inactivity, excessive drinking, sexually transmitted infections, and others. A ranking of 53 puts Stanislaus County in the bottom 10% of California counties for health behaviors. Neighboring San Joaquin County ranked 42.

Health Behaviors

	County Ranking (out of 57)
San Joaquin County	42
Stanislaus County	53

Source: County Health Rankings, 2017. www.countyhealthrankings.org

Overweight and Obesity

In Stanislaus County, 37.5% of the adult population reported being overweight; 20.2% of teens and 11% of children in the county are overweight. County rates of overweight exceed state rates for teens and adults.

Overweight

	Stanislaus County	California
Adult (Ages 20+ Years)	37.5%	36.0%
Teen (Ages 12-17 Years)	20.2%	17.7%
Child	11.0%	13.5%

Source: California Health Interview Survey, 2013-2015. <http://ask.chis.ucla.edu>

The Healthy People 2020 objectives for obesity are a maximum of 30.5% of adults and 16.1% of teens; residents of Stanislaus County are above these targets. Among Stanislaus County adults, 31.3% are obese and 27.6% of teens are obese.

Obese

	Stanislaus County	California
Adult (ages 20+ years)	31.3%	28.4%
Teen (ages 12-17 years) *	27.6%	14.6%

Source: California Health Interview Survey, 2015. * = 2014 data (2015 had insufficient numbers polled). <http://ask.chis.ucla.edu>

When adult obesity levels are tracked over time, the county has experienced a variable trend. Data show a recent decline in obesity rates after several years of increases. In contrast, California has seen regular increases in rates of obesity.

Adult Obesity, 2005 - 2015

	2005	2007	2009	2011	2013	2015	Change 2005-2015
Stanislaus County	31.0%	32.2%	35.7%	30.4%	38.2%	31.3%	+0.3
California	21.6%	23.2%	23.0%	25.4%	25.2%	28.0%	+6.4

Source: California Health Interview Survey, 2005, 2007, 2009, 2011, 2013 & 2015. <http://ask.chis.ucla.edu/AskCHIS/>

Levels of overweight and obesity are considerably higher in Stanislaus County (72.4%) than in the state (62.5%). Adult overweight and obesity by race and ethnicity indicate high rates among Latinos (79.4%) and Whites (70.8%). Asians in Stanislaus County have the lowest rates of overweight and obesity (39.7%).

Adult, Ages 20+, Overweight and Obesity by Race/Ethnicity

	Stanislaus County	California
Latino	79.4%	75.1%
African American	59.6%	43.3%
White	70.8%	74.1%
Asian	39.7%	59.2%
Total Adult Population	72.4%	63.0%

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

The physical fitness test (PFT) for students in California schools is the FitnessGram®. One of the components of the PFT is measurement of body composition (measured by skinfold measurement, BMI, or bioelectric impedance). Children who do not meet the “Healthy Fitness Zone” criteria for body composition are categorized as needing improvement or at health risk (overweight/obese). In area school districts, over half of Riverbank Unified 5th grade students (58.9%) tested as needing improvement or at health risk for body composition. Among 9th graders the rates were improved. Rates for all school districts in both grades were above state averages, with the exception of 9th graders in Oakdale Joint Unified School District.

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

School District	Fifth Grade	Ninth Grade
Escalon Unified	42.7%	43.2%
Oakdale Joint Unified	45.3%	26.9%
Riverbank Unified	58.9%	47.5%
Waterford Unified	48.9%	44.5%
Stanislaus County	45.4%	40.0%
California	40.4%	36.2%

Source: California Department of Education, Fitnessgram Physical Fitness Testing Results, 2015-2016.

<http://data1.cde.ca.gov/dataquest/>

Fast Food

In Stanislaus County, 9.6% of children 2 to 17 were reported to consume fast food 4 or more times a week; this is higher than state rate (8.1%). 12.1% of adults 18 and over said they ate fast food 4 or more times per week, which was slightly lower than the state rate of 12.8%.

Fast Food Consumption

	Stanislaus County	California
Children 2-17 Reported to Eat Fast Food 4 or More Times a Week	9.6%	8.1%
Adults Who Reported Eating Fast Food 3-4 Times a Week.	12.1%	12.8%

Source: California Health Interview Survey, 2013-2015. <http://ask.chis.ucla.edu>

Soda Consumption

7.0% of children 2 to 17 in Stanislaus County consumed at least two glasses of soda the previous day, and 7.8% were reported to have consumed at least 2 glasses of sweetened drinks other than soda the previous day. County adults are more likely to consumer higher rates of soda (at least 7 per week) and are less likely to abstain (53.9%) compared to state averages.

Soda or Sweetened Drink Consumption

	Stanislaus County	California
Children and Teens Reported to Drink at Least 2 Glasses of Sodas Yesterday	7.0%	5.7%
Children and Teens Reported to Drink at Least 2 Glasses of Sugary Drinks (other than soda) Yesterday	7.8%	8.0%
Adults Who Report Drinking at Least 7 Sodas Weekly	13.7%	10.8%
Adults Who Report Drinking No Soda Weekly	53.9%	60.2%

Source: California Health Interview Survey, 2013-2015. <http://ask.chis.ucla.edu>

Fresh Fruits and Vegetables

66.7% of children and teens in Stanislaus County consume two or more servings of fruit in a day. Adults (88.6%) report that they could usually or always find fresh fruits and vegetables in the neighborhood. And 67.9% of adults reported the fruits and vegetables were always or usually affordable.

Access to and Consumption of Fresh Fruits and Vegetables

	Stanislaus County	California
Children and Teens Who Reported Eating Two or More Servings of Fruit in the Previous Day	66.7%	64.8%
Adults Who Reported Finding Fresh Fruits and Vegetables in the Neighborhood Always or Usually	86.6%	86.7%
Adults Who Reported Fresh Fruits and Vegetables Were Always or Usually Affordable in the Neighborhood	67.9%	78.1%

Source: California Health Interview Survey, 2013-2015. <http://ask.chis.ucla.edu>

Physical Activity

Children aged 5 to 11 in Stanislaus County engaged in physical activity (in addition to any PE) at least 1 hour a day, 7 days a week at a higher rate (31.9%) than children in California as a whole (28.4%). Teens 12 to 17 were also more likely to engage in at least one hour of physical activity daily in addition to PE (21.6%) than at the state level (13%). County children and teens were only slightly more likely than their statewide counterparts to visit a park, playground or open space in the last month, at 87.1%, compared to the state rate of 85.2%.

Physical Activity

	Stanislaus County	California
Children 5-11 Active at Least One Hour Per Day, Past Week	31.9%	28.4%
Teens 12-17 Active at Least One Hour Per Day, Typical Week	21.6%	13.0%
Children 1-17 Visited a Park, Playground or Open Space in the Last Month	87.1%	85.2%

Source: California Health Interview Survey, 2013-2015. <http://ask.chis.ucla.edu>

One of the components of the physical fitness test (PFT) for students in schools is measurement of aerobic capacity through run and walk tests. Less than half of 5th grade students in Riverbank Unified School District (46.5%) meet the Healthy Fitness Zone standards for aerobic capacity. Riverbank Unified also shows the lowest rate of aerobic capacity among 9th graders, out of the 4 area districts (38.9%). Escalon and Oakdale Joint Unified districts both show better aerobic capacity levels among 9th graders than the state levels.

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

School District	Fifth Grade	Ninth Grade
Escalon Unified	61.5%	68.2%
Oakdale Joint Unified	63.7%	64.5%
Riverbank Unified	46.5%	38.9%
Waterford Unified	54.2%	55.5%
Stanislaus County	55.1%	56.2%
California	63.2%	63.5%

Source: California Department of Education, Fitnessgram Physical Fitness Testing Results, 2015-2016.

<http://data1.cde.ca.gov/dataquest/>

Community Input – Overweight and Obesity

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

- Based on our student population, our parents do like receiving information on healthy eating and nutrition. It would be great if we had professional support to

provide classes so they can become more informed. There used to be more availability of food banks, but not so much anymore.

- At the hospital, there are programs and more and more gyms. We have 7 or 8 gyms in Oakdale so there is plenty of opportunity to get fit, but we also have many great restaurants. But restaurants are trying to have more healthy options.
- There is a general societal tendency to allow the youth of America to be sedentary. We so overregulate child play. We think it all needs to be organized and an activity needs to be supervised by adults versus just letting kids play. Kids are on PlayStation and the adults are on the phone or watching TV and it lends itself to a sedentary lifestyle and pair that with poor nutrition and the obesity issue is no surprise.
- There are two epidemics. One is obesity in children, especially in the Spanish population and we have actually close to 40% obesity in schools for elementary and junior high school and then epidemic two, is diabetes as a result of the obesity.
- We need better awareness about healthy nutrition and activity to maintain a healthy lifestyle. We try to address it in schools, but people forget we only have them for 6 hours a day and for the vast majority of the summer, they are not in school. That limits our effectiveness. Our community has a Farmers' Market, but it's more of a boutique niche and it's not tied to healthy living.
- This tends to go along with poverty. Obesity and food insecurity go together. Our county is not real wealthy and it's difficult to promote healthy living if you don't have fresh fruits and vegetables close by and they are more expensive. Advertising of unhealthy foods is a big issue.
- Culturally, many families believe food is happiness and families are happy to have food in their home, so they just keep feeding their kids. It is a lack of follow through on obesity issues and they don't see an issue with their weight. Often, they don't keep appointments with the school nurses or the health clinics and the majority of patients don't follow-up on those appointments to reschedule them. We do have physical education classes and recess minutes and our food services department are doing a better job with making salads and a fruit bar available to kids.
- Low-income people often buy food that is high in calories. Part of the way to address it is nutrition education yet so many of those classes are taken out of high school now. When do you start? We used to have a high school health class that taught the basics. My belief is there are many who don't go into a classroom after high school, so you need to teach them early.
- I wish we could help each other get healthier. I wish it was easier in our work place if we had a free and available gym to workout versus having to go someplace else.
- It's a health risk to be overweight. Obesity is both looked down upon so there is a certain amount of shame and losing weight is a challenge. And ready access to all kinds of dietary substances and items is a challenge. One of the hugest barriers is

there is not much in the way of personal responsibility that is given to people. If I have high blood pressure and cardiac disease, someone else pays my medical bills. If I get diabetes, someone else pays for my insulin.

- We offer nutrition classes in English and Spanish every month but I don't hear a lot locally in Oakdale about services like that. It kind of fell out of fashion, it used to be you would hear about a lot of classes and support groups and people wanting to lose weight and get the surgery, but you don't hear as much now.

HIV/AIDS

In 2014 there were a total of 545 cases of persons living with HIV/AIDS in Stanislaus County; 18 of those cases were newly diagnosed.

HIV/AIDS, 2014

	Newly Diagnosed Cases	Living Cases	Percent Deceased
Stanislaus County	18	545	2.0%
California	5,002	126,241	1.2%

Source: California Department of Public Health, California HIV Surveillance Report, 2014.
<https://www.cdph.ca.gov/Programs/CID/DOA/Pages/OAsre.aspx>

Sexually Transmitted Infections

Rates of Chlamydia in Stanislaus County are 474.4 per 100,000 persons, slightly below the California rate of 486.1. Rates of Gonorrhea are 141.5 per 100,000 persons, which is higher than the state rate of 138.9. Primary and Secondary Syphilis (12.6) compares to the state average while Early Latent Syphilis is lower, with a rate of 7.4 per 100,000 persons. Rates of all four STIs are rising. Rates are higher among females in Stanislaus County and lower among males.

STD Cases, Rate per 100,000 Persons, 2015

	Stanislaus County		California
	Cases	Rate	Rate
Chlamydia	2,552	474.4	486.1
Gonorrhea	761	141.5	138.9
Primary & Secondary Syphilis	68	12.6	12.5
Early Latent Syphilis	40	7.4	11.4

Source: California Department of Public Health, 2015. <https://archive.cdph.ca.gov/data/statistics/Pages/STDData.aspx>

Substance Abuse

Cigarette Smoking

In Stanislaus County, 14% of adults smoke cigarettes, which is higher than the state rate of 12.5% and the Healthy People 2020 objective of 12%.

Cigarette Smoking, Adults

	Stanislaus County	California
Current Smoker	14.0%	12.5%
Former Smoker	25.7%	22.4%
Never Smoked	60.4%	65.1%

Source: California Health Interview Survey, 2013-2015. <http://ask.chis.ucla.edu>.

Among teens in Stanislaus County, 48% have smoked an electronic (vaporizer) cigarette in the past 30 days, which is almost twice the state rate of 24.1%.

Smoking, Teens

	Stanislaus County	California
Smoked an e-cigarette Past 30 Days	48.0%	24.1%

Source: California Health Interview Survey, 2014-2015. <http://ask.chis.ucla.edu>

Alcohol and Drug Use

Binge drinking is defined as consuming a certain amount of alcohol within a set period of time. For males this is five or more drinks per occasion and for females it is four or more drinks per occasion. Among adults, 40.5% had engaged in binge drinking in the past year. This rate is higher than California rate of binge drinking (33.7%).

Alcohol Consumption Binge Drinking, Adult

	Stanislaus County	California
Reported Binge Drinking in the Past Year	40.5%	33.7%

Source: California Health Interview Survey, 2014-2015. <http://ask.chis.ucla.edu>

Among Stanislaus County teens, 30.7% reported having had an alcoholic drink, and 8% said they had engaged in binge drinking in the past month. Both rates are higher than state rates.

Alcohol Consumption and Binge Drinking, Teens

	Stanislaus County	California
Ever Had an Alcoholic Drink	30.7%	23.2%
Reported Binge Drinking in the Past Month	8.0%	3.3%

Source: California Health Interview Survey, 2013-2015. <http://ask.chis.ucla.edu>

Community Input – Substance Abuse

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

- Tobacco has been around so long. We've increased the age to purchase cigarettes to 21, but I don't know if that is stopping anyone underage from accessing cigarettes.
- There continues to be a naivety in the community about the effects of recreational drugs and alcohol. We are going to be headed down a precarious road with the legalization of pot in our state. Kids are very good at seeing hypocrisy, and kids make connections of "well, if it is good for them, it's good for me." We need to show connections to risky behaviors and what they lead to and the adult community needs to say "yes" these cause problems down the road.
- We have a lot of abuse going on with pain medications and lots of mental health issues. I'm not sure if the abuse is because of their mental health or because they have medications for their mental health and they are abusing.
- We need a comprehensive effort for the state of California and our community, a comprehensive message for kids and adults: if you partake enough in drugs, alcohol and tobacco, there are health consequences and they are documented.
- I don't see people coming to my clinic drunk, but I think I see some who are on some drugs by the way they talk and behave. Drugs are available. I talk to teens in the patient room and they tell me it's easy to get and available around the schools.
- It's really tough to get good data on drug use. You get peripheral measures and ED measures and overdose deaths but it's only the tip of the iceberg and it's hard to target interventions.
- With meth, there seems to be tons of use. We see it overlap in chronic diseases and communicable diseases. How do we know if we are doing a good job and impacting it? We have to get a handle on it and come up with solutions. Meth is like the step child who doesn't get that much attention but it's a really big problem.
- There are a lot of resources and there is good data on how to assist people to stop smoking, but I don't think it's implemented by most physicians. Less than 5% can stop smoking on their own, but with behavioral intervention and medications, it is up to 25%. This could be done way better. Half of all smokers try to quit smoking each year. We need to keep going and not give up. We also need to stop kids from starting to smoke. 80-90% of smokers started before the age 18. Stores sell to minors quite regularly. To prevent kids from starting, that would make us so far ahead of the problem.
- Drug abuse is widely accepted here. Drugs are widely accepted as a normal part of life and many parents do not see it as an issue. Pot and meth are huge here. I work with probation officers and they've told me they work with generations of drug abusers and it's just a generational issue here.

- We used to have smoking cessation classes but topics cycle through, issues come and go. We haven't had a smoking cessation class in years.
- One of the challenges with those with substance abuse is that they don't recognize their need for help.
- Educate, get the data and statistics out there as far as health issues and how they are impacting each other when we abuse these substances. With drug abuse, we have gotten better in identifying those who are drug seeking versus those who are legitimately in pain and pain killers. We are trained if someone is in pain, we need to treat the pain – but there are people who abuse this so we can't just give them something to get rid of the pain.
- We are still at a higher utilization with tobacco than at a state level. We've focused efforts for at least a dozen years.
- Substance abuse treatment: we are overwhelmed. There is a waiting list. It's hard to get into one in a timely manner. We should be able to accommodate you when you want to quit.
- We are not immune from opioid issues with young people in our community.
- Minors are able to get cigarettes. If they don't have stores and retail places where they can get them readily, they have friends, neighbors and family over the age of 21 who help them and there isn't a whole lot you can do about that.
- It's happening all around us. It's always going to be a challenge with drug use and recent law changes haven't helped. We have an outpatient center that offers a group meeting for persons with addictions. We have 10-12 people every week. A lot of people are required to come for a reason, like DUI, or probation, or parole. A lot of them are required to come, but people are not going to get or stay better unless they are ready to make the change.

Mental Health

In Stanislaus County, 10.6% of adults experienced serious psychological distress in the past year, 16.7% of adults reported being diagnosed with anxiety and 18.3% with depression. 16.8% of adults in Stanislaus County reported needing help for emotional/mental health problems or use of alcohol or drugs in the past 12 months. Of those reporting this need, 25.7% indicated not receiving treatment. The Healthy People 2020 objective is for 72.3% of adults with a mental disorder to receive treatment (fewer than 27.7% who do not receive treatment).

In the 2013 *Community Health Assessment* (CHA) community survey conducted on behalf of the county, the main reasons reported for not receiving treatment for mental/emotional health include no health insurance (87%), could not afford (76%), insurance would not cover (53%), did not know where to go (42%), and was uncomfortable asking for help (39%).

14.3% of county adults reported taking prescription medicine for emotional/mental health for at least two weeks in the past year.

Mental Health Indicators, Adults

	Stanislaus County	California
Adults Who Has Likely Had Serious Psychological Distress During Past Year	10.6%	8.2%
Adults Diagnosed With Anxiety*	16.7%	No Data
Adults Diagnosed With Depression*	18.3%	No Data
Adults Who Needed Help For Emotional-Mental and/or Alcohol-Drug Issues in Past Year	16.8%	17.0%
Adults Who Saw a Health Care Provider For Emotional/Mental Health and/or Alcohol-Drug Issues in Past Year	16.2%	12.9%
Adults Who Sought/Needed Help But Did Not Receive Treatment	25.7%	42.2%
Adults Who Took Prescription Medicine For Emotional/Mental Health Issue in Past Year	14.3%	11.0%

Source: California Health Interview Survey, 2013-2015. <http://ask.chis.ucla.edu>

*Community Health Assessment, 2013. <http://www.schsa.org/PublicHealth/pdf/dataPublications/communityHealthAssessment/2013-Stanislaus-County-Community-Health-Assessment.pdf>

In Stanislaus County, 5.3% of teens needed help for an emotional or mental health problem and 5.3% received counseling.

Mental Health Indicators, Teens

	Stanislaus County	California
Teens Who Needed Help for Emotional/Mental Health Problems in Past Year	11.2%	20.0%
Teens Who Received Psychological/Emotional Counseling in Past Year	7.1%	12.3%

Source: California Health Interview Survey, 2013-2015. <http://ask.chis.ucla.edu>

In Stanislaus County, 6.5% of adults had seriously considered suicide. This is less than the state rate (8.9%).

Thought about Committing Suicide

	Stanislaus County	California
Adults Who Ever Seriously Thought About Committing Suicide	6.5%	8.9%

Source: California Health Interview Survey, 2013-2015. <http://ask.chis.ucla.edu>

Community Input – Mental Health

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

- We have an early intervention and prevention program with the county. Through that program, we do outreach on stigma reduction. But we are finding that there is still stigma surrounding mental health issues. People don't want to seek professional help. We offer an awareness program and that is successful, but that second phase of obtaining help, it is not successful.
- Mental health in kids is a huge, growing issue. The suicide issue is growing in the community, anxiety in children is growing. Statistics out there on freshman girls are showing serious anxiety – and even if they get treatment, it will reappear in college.
- Drugs are a cause of mental health and a lot of the homelessness issues.
- People have to be taken to Modesto to be seen. Besides a few private counselors, everyone is outside of the city. With schools, there is a little care provided, but I think that this is an area that needs more attention because so many times parents aren't involved and the only place for kids to go for help is their school.
- Mental health is a need that is such a huge problem and there are so few services. And when you have severe mental health issues, it is difficult to know how to access or receive services that you may need.
- We do have a group of homeless or itinerant population that have mental health needs. The largest provider is not in our community, it is in Modesto. So, for these folks to seek help outside of the community, it's unreasonable to think that is going to happen. There is no easy answer. We have a need for increased mental health presence in our community.
- I don't know why there are so many problems. We see anxiety, depression, attention deficit disorder, and they are increasing.

- Screening for mental health early would be very helpful, even the primary care practitioner should be screening. But it is hard to get pediatric psychiatrics. There are a few in Modesto. Some patients don't have transportation, so it becomes a barrier to obtain care and get transportation to Modesto. We refer people to the Behavioral Center to get counseling, but it's not enough. We need more local psychiatrists.
- There are not enough providers. We are in more critical need for this type of medical health provider, especially for children. Communities that are farming and "stand on your own feet" they don't visit the doctor and talk about mental health. It is less talked about and it's less accepted, so it's not discussed with the doctor. But it's a challenge. Resources are needed to address this. A lot of it falls on primary care physicians who are already busy.
- There are hardly any services. There are no mental health services for children. We have community resource counselors on campus that can help with family issues or peer issues or self-esteem, but they are not there to help with diagnosed mental health issues. If a child has special education status, other state resources are open to them through the county. But if they are not categorized as special education, it's a matter of referring out and the resources are very minimal. We have no inpatient facilities, so you have to be seen in the ER and hope that the ER physician is savvy enough to know what they are doing and if someone is hospitalized, they are hospitalized in Bakersfield. That becomes a transportation issue.
- We promote mental health and physical health with dance therapy. We have groups of women that do this and talk about certain topics regarding their mental well-being. Bailo Therapia. Our population of Latinos is about 50%. It's part of our promotora grant. It started 7 years ago when we had a staff member who trained in the program and the object was to do outreach to the Latina community and our staff member with a couple of other interested participants attended these programs. We now have over 20 people trained and they can facilitate their own groups for children after school on how to handle stress, or senior ladies doing dance therapy. I've witnessed a culture change, where these families are more accepting and this has given women in the community and entire families an opportunity to network with others and they've built a huge network support system of their own. Feedback confirms what we are doing is needed and it's how we do it that makes it different and special.
- I tell all people who walk in that we are on a level playing field – we all have needs. And no one is safe from these diseases. We are known as a place to come to for information or to ask a question for mom or daughter or neighbor and recognizing a need. We work closely with schools. If we see a significant need for transportation, clothing, etc., we are in touch with schools right away. We are another advocate for

them. It's important as a community hospital to be involved with the community: law enforcement, fire department, businesses, schools, business groups and council.

- A lot of homeless have mental health issues. I see places where they are planning for housing and neighbors come forth and say they don't want that in their neighborhood because property values could go down. There are solutions out there but we need to put them in place and get the appropriate staffing. It's coming but it's really slow. I guess funding is the major issue.
- There is a huge need for service integration and a point of entry for mental health care. There is not enough funding to meet the need.
- There is a lot of mental illness in our world today due to substance abuse and poor rearing practices and parental neglect and abuse. There is a lot of mental illness. We no longer provide inpatient care unless you commit a violent crime.
- More funding needs to go to mental health. Access is a huge issue. We have two mental health clinicians in our office full-time. There are a lot of challenges and barriers in the more rural areas and the eastern side of the county. Access is a huge issue. Add transportation barriers and it becomes impossible. Mental health care is almost nonexistent if you don't have insurance and even if you do, there are not enough clinicians and counselors to address the need.

Preventive Practices

Immunization of Children

Most area school districts have high rates of compliance with childhood immunizations upon entry into kindergarten, with Riverbank and Oakdale Joint Unified Districts above the state average. Waterford Unified (77.3%) shows a low rate of compliance.

Up-to-Date Immunization Rates of Children Entering Kindergarten, 2016-2017

School District	Immunization Rate
Escalon Unified	93.7%
Oakdale Joint Unified	98.4%
Riverbank Unified	98.2%
Waterford Unified	77.3%
District Average	92.5%
Stanislaus County	96.0%
California	95.3%

Source: California Department of Public Health, Immunization Branch, 2016-2017. <https://data.chhs.ca.gov/dataset/school-immunizations-in-kindergarten-by-academic-year>

Flu Vaccine

Among seniors, 64% of county residents received a flu shot in the past 12 months; this is lower than the state rate of 71%. Only 36% of adults and 51.9% of children in Stanislaus County received flu shots. The Healthy People 2020 objective is for 70% of the population to receive the flu vaccine.

Flu Vaccine, past 12 months

	Stanislaus County	California
Vaccinated For Flu in Past 12 Months	43.7%	44.6%
Vaccinated For Flu in Past 12 Months, 0-17	51.9%	52.1%
Vaccinated For Flu in Past 12 Months, 18-64	36.0%	36.3%
Vaccinated For Flu in Past 12 Months, 65+	64.0%	71.0%

Source: California Health Interview Survey, 2014-2015. <http://ask.chis.ucla.edu>

Mammograms and Pap Smears

The Healthy People 2020 objective for mammograms is 81% of women 50 to 74 years have a mammogram within the past two years. In Stanislaus County, women have exceeded that objective with 83.1% obtaining mammograms. In a survey conducted for the 2013 Community Health Assessment (CHA), 86.8% of county women aged 21 and older reported having had a pap smear (no comparable California data available).

Women Mammograms & Pap Smears

	Stanislaus County	California
Women Ages 50-74 Who Reported Having a Mammogram in the Past 2 Years	83.1%	82.5%
Women 21+ Who Reported Having Had a Pap Smear *	86.8%	N/A

Source: California Health Interview Survey, 2015, <http://ask.chis.ucla.edu>

* = Community Health Assessment, 2013.

<http://www.stancounty.com/BHRS/pdf/CommunityHealthAssessment/FullCommunityHealthAssessment2013.pdf>

Community Input – Preventive Practices and Injury Prevention

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

- We have about 9 million cars that come through Oakdale and people like to do bad things when they come through. There are two interstates: the 120 and 108 highways that come through our town. This gives us other problems. We have a lot of tourism, that is a good thing, but with tourism people get hurt or cause trouble. We also have a lot of people from outside of the country that pass through and get in accidents and they don't always have money to pay for treatment, but we can't turn them away.
- Kids do get injured, but for the most part, we do a good job of referrals. We have our own hospital which helps. We are a bit limited because we aren't big enough to house an upper-end orthopedic specialist. But for any injury, kids can get referred. For routine injuries, we have an ED. We have our own ambulance response team and we have a pretty healthy community.
- Gangs are not really an issue. We do have some presence, but I wouldn't go to the point of calling it a problem. Schools and the police are very proactive in dealing with gang issues before they become entrenched. It's an issue that has a presence, but it hasn't morphed into a problem.
- The police track to see if kids are biking without a helmet and will ticket them. Also, the police track newborns and having a car seat.
- Drowning in children is still a problem, fences around pools have helped. It is such a preventable tragedy. Motor vehicle accidents and fatalities are very high with our rural roads that don't have shoulders and speeding, alcohol and drugs. It is higher than statewide..
- With some families it's just a lack of parenting, or there is drug abuse in the home that causes a lack of judgement.
- One of the things that we believe in is prevention and early intervention with car seats. Our resource center is a car seat inspection center with certified technicians. We have 3 certified technicians and we do classes in Spanish and English regularly and we distribute low cost car seats.

- Most families are on Medi-Cal insurance and we do not have enough providers in the community. We have one provider serving many families so he is booked a few months out. Parents have a hard time getting into see someone for vaccines to get into registration. We are currently trying to identify resources for Healthy Start, or anyone that would come out to give vaccinations, I'm not sure if there are mobile services? We are trying to identify this now so they can come into the community to provide vaccines and sports physicals. Kids can't start school on time otherwise.
- We need wellness checks for adults. We have nowhere locally for preventive health care screenings. They end up in Modesto. I don't know of a local pharmacy that does basic vaccines. It would be nice to have a mobile service to provide services to the community. People don't have funds for even low-charge consults, so we need something that is free of charge.
- In Oakdale there are a large number of parents who don't want their kids to be vaccinated but the school district won't let them in if they are not vaccinated.
- We do a pretty good job of screening. Immunizations for kids are required. We do not have instances where kids need it and can't find it.
- Through Oak Valley we have family support network and they do a good job in referring people out. They are really our link for anyone in need. We have a vision test but kids will get the glasses and still not wear them. It is an educational piece to explain its ok to wear them and that they need some help to read properly. With the screenings at school: dental, vision, scoliosis and immunizations we address the basics.
- For every child who comes to the clinic we check for immunizations and if they are getting them. Kids have to be immunized to go to school.
- We are pretty well vaccinated for children. Quite high, especially for school aged kids. State law requirement has helped. I don't think we are doing a good job with seniors, especially with the pneumococcal vaccine and the shingles vaccine. Ages 19-64 are actually the group that does not get vaccines, updates to tetanus shots, etc. there are still gaps.
- Surprisingly, most families get physicals and vaccines for their kids. There are very few families where this is an issue. The recent change in the law has been a positive change. Making a stand that vaccines and physicals are important has helped parents and the school district to be accountable.
- Vaccines are a cultural barrier in our Hispanic community. I have a staff member who declines the flu vaccine because she thinks she will get the flu from it. So, we've worked on that but it is difficult. There is that belief that it is not a good thing for you or they hear the word "live" vaccine and there is a misunderstanding of it all. Certainly, there is access to those things. The hospital provides flu shots for all employees and their families at the hospital and all four clinics all the month of

October. In October, we also offer \$50 mammograms for some who have no health insurance or insurance that may not provide coverage.

- What is happening is that parents do not want to vaccinate their kids. Public health needs to go into the schools and educate students and parents. We've had a few outbreaks and we want to be careful.
- I don't think it's terribly difficult with all the clinics to get preventive care services. We have a block party every year and offer it. I don't think it's a super big barrier. Those in need are coming and accessing care but there is such a huge amount of fear if you are undocumented, especially in the climate we live in now. But they have a level of trust with us and the safety of our services.

Attachment 1. Survey Community Stakeholders

Community input was obtained from interviews from stakeholders in the business community, schools, faith community, public health, and representatives from organizations that represent medically underserved, low-income, or minority populations.

Name	Title	Organization
Krystyna Belski, MD	Pediatrician	Oak Valley Hospital Community Health
Heather Grossman	School Nurse	Riverbank School District
Mary Guardiola	President	Oakdale Chamber of Commerce
David Jones, MHA	Executive Director	Stanislaus County Children & Family Commission
Marc Malone	Superintendent	Oakdale School District
Barbara Mwamba, RN, BSN, MSN	District Education Manager, Training Center Coordinator/Regional Faculty	Oak Valley Hospital District
Karen O'Bannon	Director, Family Support Network	Oak Valley Hospital District
Pastor Phil Rohrer	Connections Pastor	River Oak Grace Community Church
Tamberly Stone	Program Coordinator	Center for Human Services, Oakdale Resource and Counseling Center
Julie Vaishampayan, MD, MPH	Health Officer	Stanislaus County Public Health Department
Araseli Zamora	Program Manager	CASA Del Rio Family Resource Center

Attachment 2. Community Resources

Oak Valley Hospital solicited community input through key stakeholder interviews to identify resources potentially available to address the significant health needs. These identified resources are listed in the table below. This is not a comprehensive list of all available resources. For additional resources refer to Stanislaus County 2-1-1 at <http://stanislauscounty211.org/>

Significant Health Needs	Community Resources
Access to Health Care	<ul style="list-style-type: none"> • CASA Del Rio Family Resource Center • Center for Human Services, Oakdale Resource and Counseling Center • Family Resource Center in Riverbank • Family Support Network • Golden Valley Health Center • Oakdale School District • Riverbank Health Clinic • Riverbank School District
Birth Indicators	<ul style="list-style-type: none"> • CASA Del Rio Family Resource Center • Center for Human Services, Oakdale Resource and Counseling Center • Family Support Network • Rural Health Clinic • Stanislaus County Children & Family Commission • Stanislaus County Public Health
Chronic Diseases	<ul style="list-style-type: none"> • AHA • ALA • CAPS (police) • CASA Del Rio Family Resource Center • Center for Human Services, Oakdale Resource and Counseling Center • Dial-a-Ride • Family Support Network • Oakdale Rehab and Nursing Center for long term care • Oakdale School District • Riverbank School District • Stanislaus County Public Health
Dental Care	<ul style="list-style-type: none"> • CASA Del Rio Family Resource Center • Family Support Network • Healthy Start Program • Oakdale School District • Riverbank School District • Rural Health Clinic
Injury Prevention	<ul style="list-style-type: none"> • Family Support Network • Oakdale School District • Riverdale School District • Safe Kids Stanislaus County • Stanislaus County Public Health
Mental Health	<ul style="list-style-type: none"> • Behavioral Health and Recovery Services, Stanislaus County • CASA Del Rio Family Resource Center

Significant Health Needs	Community Resources
	<ul style="list-style-type: none"> • Catholic Charities • Center for Human Services, Oakdale Resource and Counseling Center • Community Sharing Christian Center • Crestwood Behavioral Health • NAMI (National Alliance on Mental Illness) • Oakdale School District • Prodigal Sons & Daughters • River Oak Grace Community Church • Riverbank School District • Stanislaus County Children and Family Commission
Overweight and Obesity	<ul style="list-style-type: none"> • Commodity Supplement Food Program • Community Sharing Christian Center • New Harvest Christian Fellowship Modesto Church • New Life Community Church Riverbank • Oakdale School District • Riverbank Assembly of God Church • Riverbank Christian Food Sharing • Senior Meals Delivery Services • St. Francis of Rome Church • St. Vincent de Paul Society Church • Weight Watchers
Preventive Practices	<ul style="list-style-type: none"> • Center for Human Services, Oakdale Resource and Counseling Center • Child Health Disability Prevention Clinic • Family Support Network • Golden Valley Health Center • Oakdale School District • Riverbank School District • Stanislaus County Children & Family Commission • Stanislaus County Public Health
Substance Abuse	<ul style="list-style-type: none"> • CASA Del Rio Family Resource Center • Center for Human Services, Oakdale Resource and Counseling Center • Health Educators of Central California • Modesto Gospel Mission • River Oak Grace Community Church • Stanislaus County Public Health