



Oak Valley Hospital District



2021 COMMUNITY HEALTH NEEDS ASSESSMENT

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Executive Summary

Oak Valley Hospital is a 35-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. The passage of California's SB 697 and the federal Patient Protection and Affordable Care Act require tax-exempt hospitals to conduct Community Health Needs Assessments (CHNA) every three years and adopt Implementation Strategies to meet the priority health needs identified through the assessment. The purpose of this CHNA is to identify unmet health needs in the service area, provide information to select priorities for action and target geographical areas, and serve as the basis for community benefit programs.

Community Definition

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. The service area was determined from ZIP Codes that reflect a majority of patient admissions.

Assessment Process and Methods

Secondary and primary data were collected to complete the CHNA. Secondary data were collected from a variety of local, county and state sources to present community demographics, social determinants of health, health care access, birth characteristics, leading causes of death, acute and chronic disease, health behaviors, mental health, substance use and misuse, and preventive practices. The analysis of secondary data yielded a preliminary list of significant health needs, which then informed primary data collection.

Primary data were obtained through interviews with community stakeholders to obtain input on health needs, barriers to care and resources available to address the identified health needs. Eleven (11) interviews were completed in September 2020. 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 potentially available to address needs and discover gaps in resources.

Priority Health Needs

The community stakeholders prioritized the health needs according to highest level of importance in the community. Mental health, access to health care, chronic diseases, substance use and COVID-19 were ranked as the top five priority needs in the service area. Calculations from community stakeholders resulted in the following prioritization of

the significant health needs:

Significant Health Needs	Priority Ranking (Total Possible Score of 4)
Mental health	3.89
Access to health care	3.83
Chronic Diseases	3.67
Substance use	3.67
COVID-19	3.56
Economic insecurity	3.50
Overweight and obesity	3.44
Food insecurity	3.25
Preventive practices	3.22
Dental care	3.11
Injuries	2.88

Report Adoption, Availability and Comments

This CHNA report was adopted by the Oak Valley Hospital Board of Directors on April 1, 2021.

This report is widely available to the public on the hospital's web site at:

<https://oakvalleyhospital.com/>. Written comments on this report can be submitted to David Rodrigues at drodrigues@ovhd.com.

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 35-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, including:

- 24-hour emergency care
- Community clinics
- Family support network
- Imaging services
- Infusion services
- Laboratory services
- Occupational health
- Women's health center

Our mission focuses on personalized quality health care and wellness for those we serve. 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 500 employees, Oak Valley is 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 residents of the surrounding communities.

The passage of California's SB 697 and the federal Patient Protection and Affordable Care Act require tax-exempt hospitals to conduct Community Health Needs Assessments (CHNA) every three years and adopt Implementation Strategies to meet the priority health needs identified through the assessment. A CHNA identifies unmet health needs in the service area, provides information to select priorities for action and target geographical areas, and serves as the basis for community benefit programs. This assessment incorporates components of primary data collection and secondary data analysis that focus on the health and social needs of the service area.

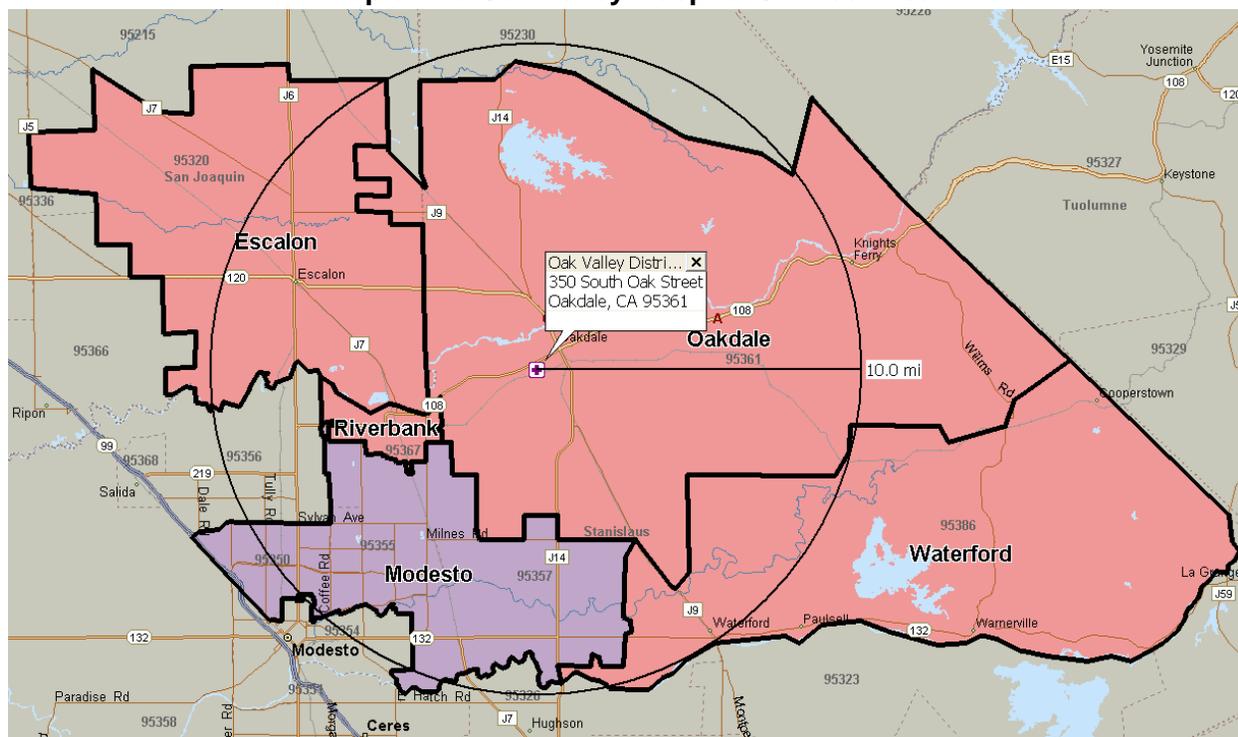
Service Area

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. 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.

Oak Valley Hospital Service Area

Geographic Area	ZIP Codes
Escalon	95320
Oakdale	95361
Riverbank	95367
Waterford	95386

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. Dr. Melissa Biel was joined by Sevanne Sarkis, JD, MHA, MEd, and Denise Flanagan, BA. Biel Consulting, Inc. is an independent consulting firm that works with hospitals, clinics and community-based nonprofit organizations. Biel Consulting, Inc. has over 25 years of experience conducting hospital Community Health Needs Assessments and working with hospitals on developing, implementing, and evaluating community benefit programs. www.bielconsulting.com

Data Collection Methodology

Secondary Data Collection

Secondary data were collected from a variety of local, county and state sources to present community demographics, social determinants of health, health care access, birth characteristics, leading causes of death, acute and chronic disease, health behaviors, mental health, substance use and misuse, and preventive practices. When available, data sets are presented in the context of Stanislaus County and California to help frame the scope of an issue as it relates to the broader community.

Secondary data for the service area were collected and documented in data tables with narrative explanation. Sources of data include the U.S. Census American Community Survey, County Health Rankings, California Health Interview Survey, California Department of Education, and California Department of Public Health, among others. The data tables present the data indicator, the geographic area represented, the data measurement (e.g., rate, number, or percent), county and state comparisons (when available), the data source, data year and an electronic link to the data source.

Analysis of secondary data includes an examination and reporting of health disparities for some health indicators. The report includes benchmark comparison data that measure the data findings as compared to Healthy People 2020 and Healthy People 2030 objectives, where appropriate. Healthy People objectives are a national initiative to improve the public's health by providing measurable objectives and goals that are applicable at national, state, and local levels. Attachment 1 compares Healthy People objectives with service area data.

Primary Data Collection

Oak Valley Hospital conducted interviews with community stakeholders to obtain input on health needs, barriers to care and resources available to address the identified health needs. Eleven (11) interviews were completed in September 2020. Community stakeholders identified by the hospital were contacted and asked to participate in the needs assessment interviews. 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." Several attempts were made to connect with representatives from the Stanislaus County Health Services Agency, but due to competing priorities related to COVID-19, they were not able to participate in the stakeholder interviews.

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 2 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 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 care
2. Chronic diseases (asthma, cancer, diabetes, heart disease, liver disease)
3. COVID-19
4. Dental care
5. Economic insecurity
6. Food insecurity
7. Injury prevention
8. Mental health
9. Overweight/obesity
10. Preventive practices (screenings, vaccines)
11. Substance use

Interview participants were also asked to share information on any other health or social issues not included in the interview as well as any additional comments. Responses and trends relative to the interview questions are summarized in the following report.

Public Comment

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

Prioritization of Significant 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 or community issue as it affects the health and lives of those in the community.
- Improving or worsening of an issue in the community.
- Availability of resources to address the need.
- 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. COVID-19, economic insecurity and mental health had the highest scores for severe impact on the community in the survey. Economic insecurity, mental health and substance use had the highest rankings for worsened over time. Mental health and substance use were rated highest on insufficient resources available to address the need.

Significant Health Needs	Severe and Very Severe Impact on the Community	Worsened Over Time	Insufficient or Absent Resources
Access to health care	66.7%	12.5%	37.5%
Chronic diseases	33.3%	25.0%	37.5%
COVID-19	88.9%	25.0%	50.0%
Dental care	44.4%	12.5%	62.5%
Economic insecurity	88.9%	62.5%	62.5%
Food insecurity	44.4%	37.5%	37.5%
Injuries	0%	0%	25.0%
Mental health	88.9%	62.5%	87.5%
Overweight and obesity	77.8%	50.0%	62.5%
Preventive practices	22.2%	0%	12.5%
Substance use	77.8%	62.5%	75.0%

The interviewees were also asked to prioritize 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 score for each health need. Mental health, access to

health care, chronic diseases, substance use and COVID-19 were ranked as the top five priority needs in the service area. Calculations from community stakeholders resulted in the following prioritization of the significant health needs:

Significant Health Needs	Priority Ranking (Total Possible Score of 4)
Mental health	3.89
Access to health care	3.83
Chronic Diseases	3.67
Substance use	3.67
COVID-19	3.56
Economic insecurity	3.50
Overweight and obesity	3.44
Food insecurity	3.25
Preventive practices	3.22
Dental care	3.11
Injuries	2.88

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

Resources to Address Significant Health Needs

Community stakeholders identified community resources potentially available to address the significant health needs. The identified community resources are presented in Attachment 3.

Review of Progress

In 2018, Oak Valley Hospital conducted the previous CHNA. Significant health needs were identified from issues supported by primary and secondary data sources gathered for the CHNA. The hospital’s Implementation Strategy associated with the 2018 CHNA addressed: access to care, chronic disease and mental health through a commitment of community benefit programs and resources. The impact of the actions that Oak Valley Hospital used to address these significant health needs can be found in Attachment 4.

Community Demographics

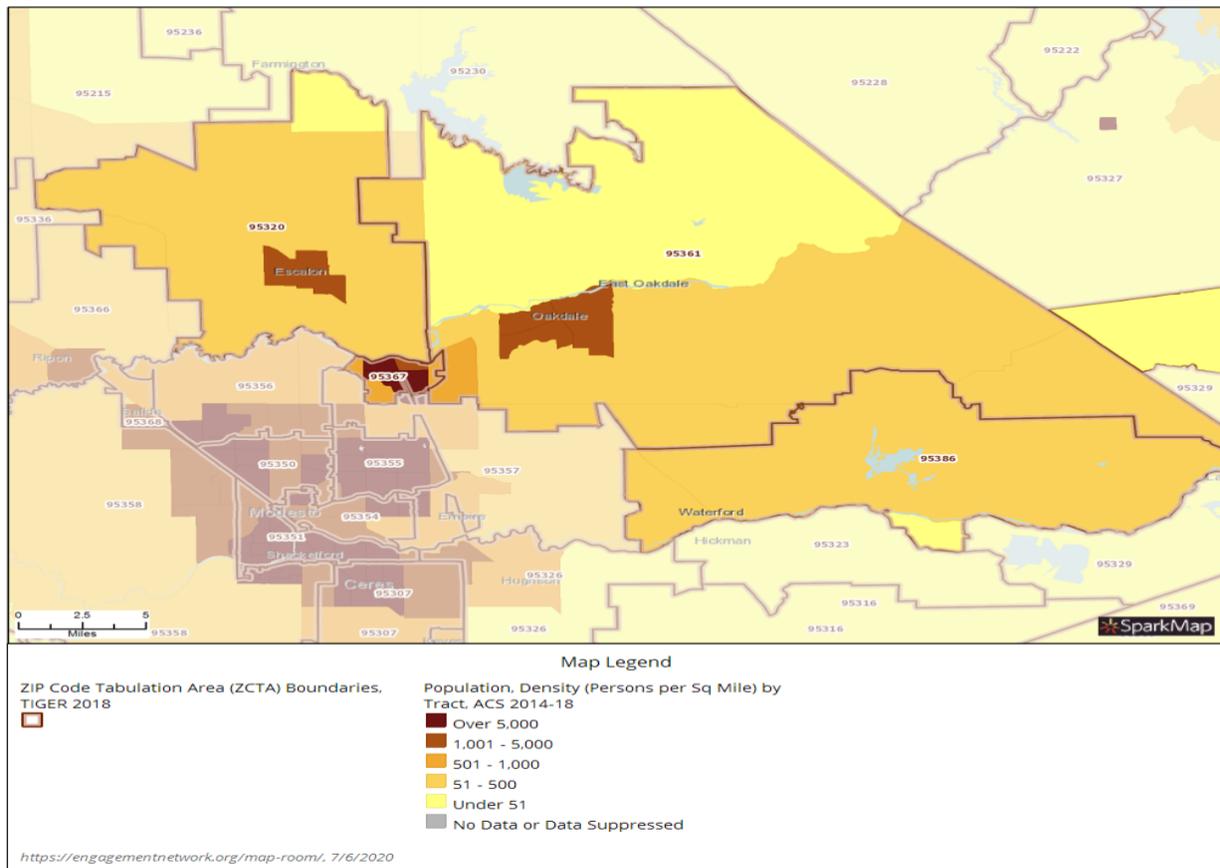
Population

The population of the Oak Valley Hospital service area is 83,401. Population density ranges from 5,990.95 persons per square mile in Riverbank to the more sparsely populated ZIP Code areas of Escalon, Oakdale, and Waterford.

Population and Population Density

	ZIP Code	Total Population	Total Land Area (Square Miles)	Population Density (Per Square Mile)
Escalon	95320	13,094	86.68	151.06
Oakdale	95361	34,558	162.50	212.66
Riverbank	95367	25,162	4.20	5,990.95
Waterford	95386	10,587	67.64	156.52
Oak Valley Hospital		83,401	321.02	259.80
Stanislaus County		539,301	1,494.37	360.89
California		39,148,760	155,779.22	251.31

Source: U.S. Census Bureau, American Community Survey, 2014-2018, DP05. <http://data.census.gov>.



Population Density by ZIP Code

From 2013 to 2018, the population of the service area increased by 6.1%, which is higher than the 4% increase in population in the county and the state.

Total Population and Change in Population, 2013-2018

	Oak Valley Hospital	Stanislaus County	California
Total population	83,401	539,301	39,148,760
Change in population, 2013-2018	6.1%	4.0%	4.0%

Source: U.S. Census Bureau, American Community Survey, 2009-2013 & 2014-2018, DP05. <http://data.census.gov>

Of the area population, 48.9% are male and 51.1% are female.

Population by Gender

	Oak Valley Hospital	Stanislaus County	California
Male	48.9%	49.5%	49.7%
Female	51.1%	50.5%	50.3%

Source: U.S. Census Bureau, American Community Survey, 2014-2018, DP05. <http://data.census.gov>

Children and youth, ages 0-17, are 26.7% of the service area population. 60% are adults, ages 18-64; and 13.2% of the population is seniors, 65 and over. The service area has a slightly higher percentage of children under 5 years of age (7.9%) than the county (7.3%), and a higher percentage of older adults, ages 55 to 84, (24%) than the county (22.2%).

Population by Age

	Oak Valley Hospital	Stanislaus County	California
0 – 4	7.9%	7.3%	6.3%
5 – 9	7.3%	7.6%	6.4%
10 – 14	7.2%	7.7%	6.5%
15 – 17	4.4%	4.6%	3.9%
18 – 20	4.2%	4.2%	4.1%
21 – 24	5.3%	5.6%	5.7%
25 – 34	13.3%	14.3%	15.1%
35 – 44	12.9%	12.6%	13.2%
45 – 54	12.4%	12.3%	13.2%
55 – 64	12.0%	11.2%	11.9%
65 – 74	7.7%	7.3%	7.8%
75 – 84	4.3%	3.7%	4.0%
85+	1.2%	1.5%	1.8%

Source: U.S. Census Bureau, American Community Survey, 2014-2018, DP05. <http://data.census.gov>

In the service area, Waterford has the largest percentage of youth, ages 0-17 (31.8%), and the smallest percentage of seniors, ages 65 and older (10%). Oakdale has the highest percentage of seniors, ages 65 and older (15.3%), in the service area.

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

	ZIP Code	Total Population	Youth Ages 0 – 17	Seniors Ages 65+
Escalon	95320	13,094	25.9%	14.1%
Oakdale	95361	34,558	26.2%	15.3%
Riverbank	95367	25,162	25.8%	11.3%
Waterford	95386	10,587	31.8%	10.0%
Oak Valley Hospital		83,401	26.7%	13.2%
Stanislaus County		539,301	27.2%	12.6%
California		39,148,760	23.2%	13.6%

Source: U.S. Census Bureau, American Community Survey, 2014-2018, DP05. <http://data.census.gov>

Seniors living alone may be isolated and lack adequate support systems. In the service area, the percentage of seniors who live alone ranges from 11.4% in Waterford to 20.9% in Oakdale.

Seniors Living Alone

	ZIP Code	Percent
Escalon	95320	20.5%
Oakdale	95361	20.9%
Riverbank	95367	17.3%
Waterford	95386	11.4%
Oak Valley Hospital		19.0%
Stanislaus County		22.8%
California		22.6%

Source: U.S. Census Bureau, American Community Survey, 2014-2018, DP02. <http://data.census.gov>

Race/Ethnicity

In the service area, 54% of the population is White, 40% is Hispanic/Latino, 2.8% is Asian, 0.5% is Black/African American, and the remaining 2.8% are American Indian/Alaskan Native, Native Hawaiian/Pacific Islander, some other race, or multiple races. When compared to the county and state, the service area has a higher percentage of Whites and a lower percentage of Asians and Blacks/African-Americans.

Race/Ethnicity

	Oak Valley Hospital	Stanislaus County	California
White	54.0%	42.6%	37.5%
Hispanic/Latino	40.0%	45.6%	38.9%
Asian	2.8%	5.3%	14.1%
Other/Multiple	2.3%	2.6%	3.2%
Black/African American	0.5%	2.7%	5.5%
American Indian/Alaska Native	0.4%	0.5%	0.4%
Native Hawaiian/Pacific Islander	0.1%	0.7%	0.4%

Source: U.S. Census Bureau, American Community Survey, 2014-2018, DP05. <http://data.census.gov>

In the service area, Escalon has the highest percentage of Whites (66.7%). Riverbank has the highest percentage of Hispanics/Latinos (55.8%) and Asians (4.8%). In the

service area, the highest percentage of Blacks/African-Americans is found in Waterford.

Race/Ethnicity by ZIP Code

	ZIP Code	White	Hispanic Latino	Asian	Black/African American
Escalon	95320	66.7%	29.8%	1.2%	0.4%
Oakdale	95361	64.1%	30.3%	2.1%	0.5%
Riverbank	95367	35.9%	55.8%	4.8%	0.5%
Waterford	95386	48.1%	46.7%	2.2%	0.7%
Oak Valley Hospital		54.0%	40.0%	2.8%	0.5%
Stanislaus County		42.6%	45.6%	5.3%	2.7%
California		37.5%	38.9%	14.1%	5.5%

Source: U.S. Census Bureau, American Community Survey, 2014-2018, DP05. <http://data.census.gov>

Language

English is spoken in the home among 66.2% of the service area population. Spanish is spoken in the home among 30% of the population, 1.9% of the population speaks an Indo-European language other than Spanish, and 1.5% of the population speaks an Asian language in the home.

Language Spoken at Home, Population 5 Years and Older

	Oak Valley Hospital	Stanislaus County	California
Speaks only English	66.2%	57.5%	55.9%
Speaks Spanish	30.0%	33.3%	28.7%
Speak Indo-European language	1.9%	4.1%	4.5%
Speaks Asian/Pacific Islander language	1.5%	3.0%	9.9%
Speaks other language	0.4%	2.1%	1.0%

Source: U.S. Census Bureau, American Community Survey, 2014-2018, DP02. <http://data.census.gov>

Riverbank (44.8%) and Waterford (42%) have the highest percentage of Spanish speakers in the service area. Escalon has the highest percentage of Indo-European language speakers (3.4%). Riverbank (2.6%) has the highest percentage of Asian/Pacific Islander languages spoken at home.

Language Spoken at Home by ZIP Code

	ZIP Code	English	Spanish	Indo European	Asian/Pacific Islander
Escalon	95320	76.4%	19.1%	3.4%	1.0%
Oakdale	95361	77.1%	19.6%	2.0%	1.1%
Riverbank	95367	50.3%	44.8%	1.3%	2.6%
Waterford	95386	55.6%	42.0%	1.4%	1.0%
Oak Valley Hospital		66.2%	30.0%	1.9%	1.5%
Stanislaus County		57.5%	33.3%	4.1%	3.0%
California		55.9%	28.7%	4.5%	9.9%

Source: U.S. Census Bureau, American Community Survey, 2014-2018, DP02. <http://data.census.gov>

The California Department of Education publishes rates of “English Learners,” defined

as the percentage of students whose primary language is not English and who lack sufficient English-language skills necessary for academic success. In Stanislaus County school districts, the percentage of students who were classified English Learners was 23.3%. Among area school districts English Learners ranged from 11.1% in Oakdale Joint Unified School District to 39.9% of students being English Learners in Riverbank Unified.

English Learners (EL)

	Number	Percent
Escalon Unified	431	14.2%
Oakdale Joint Unified	600	11.1%
Riverbank Unified	1,201	39.9%
Waterford Unified	525	16.3%
Stanislaus County	25,774	23.3%
California	1,148,024	18.6%

Source: California Department of Education DataQuest, 2019-2020. <http://dq.cde.ca.gov/dataquest/>

Veterans

In the service area, 6.2% of the civilian population, 18 years and older, are veterans. This is higher than the county (5.6%) and state (5.4%).

Veteran Status

	Oak Valley Hospital	Stanislaus County	California
Veterans	6.2%	5.6%	5.4%

Source: U.S. Census Bureau, American Community Survey, 2014-2018, DP02. <http://data.census.gov>

Citizenship

In the Oak Valley Hospital service area, 16.6% of the population is foreign-born. Of the foreign-born, 59.1% are not citizens. It is important to note that not being a U.S. citizen does not indicate an illegal resident status within the U.S.

Foreign-Born Residents and Citizenship

	Oak Valley Hospital	Stanislaus County	California
Foreign born	16.6%	20.6%	26.9%
Of foreign born, not a U.S. citizen	59.1%	55.7%	49.2%

Source: U.S. Census Bureau, American Community Survey, 2014-2018, DP02. <http://data.census.gov>

Social Determinants of Health

Social and Economic Factors Ranking

The County Health Rankings examine social and economic indicators contributors to the health of a county’s residents. California’s counties are ranked according to social and economic factors with a 1 to 58 ranking system for the best (1) to the poorest (58) ranked counties. This ranking examines high school graduation rates, unemployment, children in poverty, social support, and other factors. Stanislaus County is ranked as 39, at the bottom third of California counties. Neighboring San Joaquin County, where Escalon is located, is ranked 44.

Social and Economic Factors Ranking

	County Ranking (out of 58)
San Joaquin County	44
Stanislaus County	39

Source: County Health Rankings, 2020. www.countyhealthrankings.org

Poverty

The Census Bureau annually updates official poverty population statistics. For 2018, the Federal Poverty Level (FPL) was set at an annual income of \$12,784 for one person and \$25,465 for a family of four. Among the residents represented in the hospital service area, 12.4% have incomes <100% of the Federal Poverty Level, compared to 16.1% at the county and 14.3% at the state level.

When examined by ZIP Code, poverty rates are highest among residents of Waterford (19%). 32.9% of residents in the service area are low-income (defined as earning less than 200% of the FPL). The low-income population is also highest in Waterford (39.6%).

Ratio of Income to Poverty Level, by ZIP Code (<100% FPL and <200% FPL)

	ZIP Code	<100% FPL	<200% FPL
Escalon	95320	11.1%	24.5%
Oakdale	95361	12.5%	33.1%
Riverbank	95367	10.2%	34.2%
Waterford	95386	19.0%	39.6%
Oak Valley Hospital		12.4%	32.9%
Stanislaus County		16.1%	39.6%
California		14.3%	32.5%

Source: U.S. Census Bureau, American Community Survey, 2014-2018, S1701. <http://data.census.gov>

15.3% of service area children, under age 18, are living in poverty. In Waterford, 26.3% of children live in poverty. Among service area seniors, 9.1% are living in poverty. In Waterford, 15.6% of seniors live in poverty. Among Females who are Head of

Household (HoH), with children under age 18, 41.7% in the service area are in poverty. 69.5% of Waterford families with a female HoH live in poverty.

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

	ZIP Code	Children Under 18 Years Old	Seniors	Female HoH with Children *
Escalon	95320	13.6%	11.9%	32.1%
Oakdale	95361	14.4%	7.7%	43.7%
Riverbank	95367	11.7%	7.3%	27.4%
Waterford	95386	26.3%	15.6%	69.5%
Oak Valley Hospital		15.3%	9.1%	41.7%
Stanislaus County		21.7%	11.0%	40.2%
California		19.5%	10.3%	34.9%

Source: U.S. Census Bureau, American Community Survey, 2014-2018, S1701 & *S1702. <http://data.census.gov>
 Care should be taken when interpreting rates for a ZIP Code with a small population. N/A = No person(s) meeting that demographic, or none for whom poverty status can be determined.

Community Input – Economic Insecurity

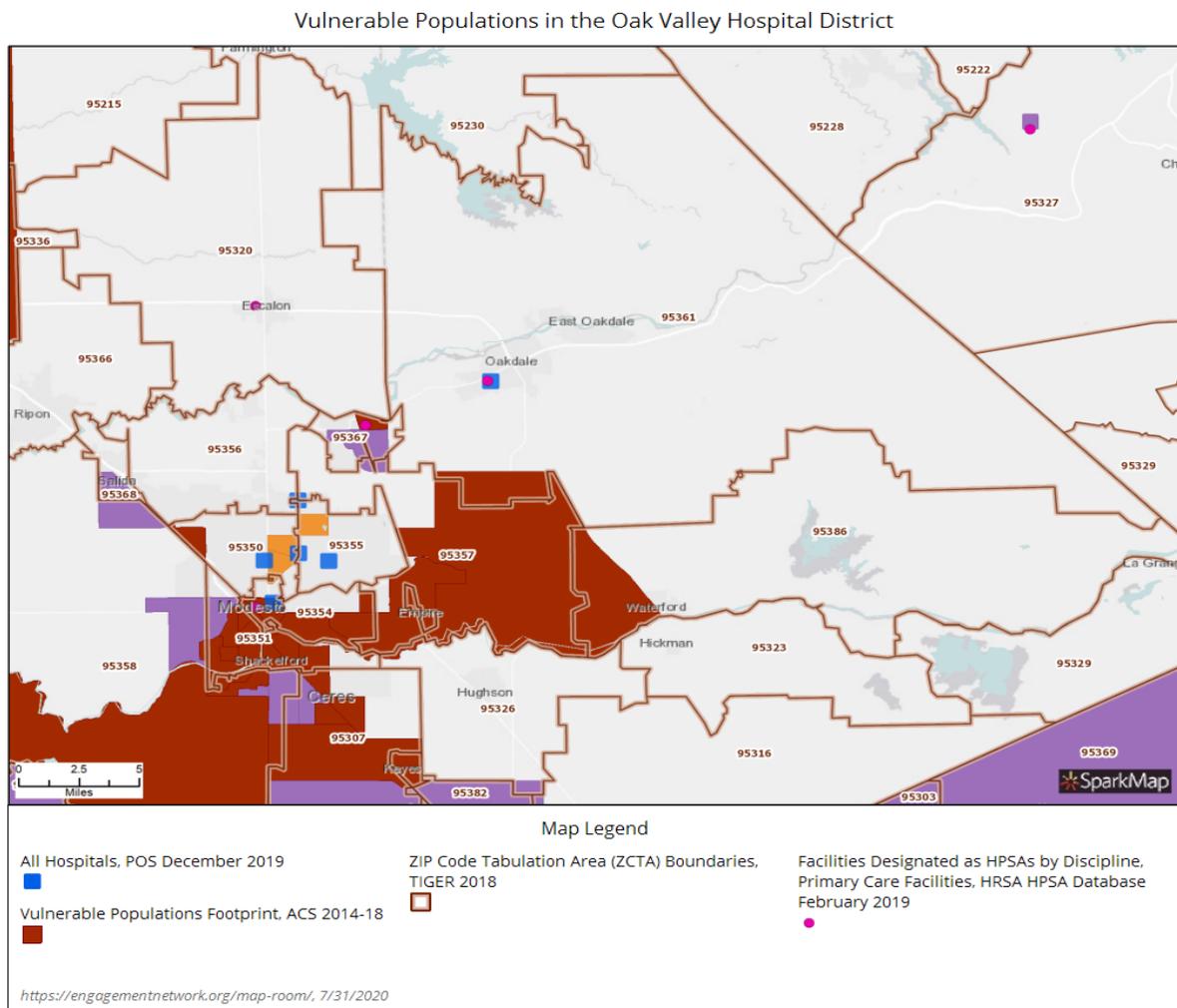
Stakeholder interviews identified the following issues, challenges and barriers related to economic insecurity. Following are their comments edited for clarity:

- Economic and food insecurity are ongoing issues and they have only been amplified with COVID. We have about 35% of our families in the county who live below 200% of FPL. And I think nearly half of the county receives some kind of governmental aid. The scale of the issue before the pandemic was already extraordinary and now it has been amplified
- A lot of patients are experiencing financial stress due to not being able to pay their rent. Or they have anxiety about what the next month will look like without income coming in. A lot of our patients were on unemployment with the additional incentive. Now, without the additional incentive, they are struggling and trying to survive and provide for their families.
- There has been a loss of jobs, especially for people working agriculture or industrial.
- A lot of families are seasonal workers, so they may not have financial security year-round or they do not have permanent positions.
- Given the unemployment level, I know a lot of people are struggling right now.
- We are in a community that is mostly dual income households, so everyone cannot always afford food, especially healthier foods. I go out to the elderly facilities and that would be something I would hear often. It is cheaper to buy the junk versus buying the healthier stuff, so they do what they can afford.
- Economic insecurity contributes to overall good health. We have a lack of affordable housing. We have no affordable housing here. And a lack of employment, access to transportation, those are things that are barriers.
- Many people live on support from the government.

Vulnerable Populations

When vulnerable populations in the area are mapped, pockets of poverty emerge. The map below shows the Oak Valley Hospital service area and surrounding communities, 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 Oakdale, Riverbank, and Waterford contain a higher percentage of vulnerable populations. Riverbank also shows areas of lower education, with 25% or more of the population possessing less than a high school education but where poverty does not exceed 20% of the population.



Unemployment

The unemployment rate in Stanislaus County is 6%, which is higher than the state rate

(4%). The service area city with the highest unemployment rate is Waterford (7.7%), followed closely by Oakdale (7.5%). The rate of unemployment in Escalon was 3.1%.

Unemployment Rate, 2019 Average

	Percent
Escalon	3.1%
Oakdale	7.5%
Riverbank	4.8%
Waterford	7.7%
Stanislaus County	6.0%
California	4.0%

Source: California Employment Development Department, Labor Market Information.

<http://www.labormarketinfo.edd.ca.gov/data/labor-force-and-unemployment-for-cities-and-census-areas.html>

Community Input – Social and Economic Factors

Stakeholder interviews identified the most important socioeconomic, factors contributing to poor health in the community. Following are their comments edited for clarity:

- There is a lack of knowledge regarding resources and financial stress. People do not have the resources to be able to get to our clinic, such as having a method of transportation or enough money to pay for Uber or a Taxi. They also have poor support systems and a lack of knowledge regarding the services available to them.
- Low paying jobs.
- I think it is about being informed, providing knowledge to the community and getting the word out about information that will benefit them.
- Immigration status can impact some of the services available in the community, especially if services require proof of documentation.
- It is a low-income area, so sometimes people have difficulty getting their basic needs met, including prescriptions. With the pandemic, we don't have students at the school, but I know it is impacting them. Some parents are out of work, some are at home with the kids, some kids are left at home alone while their parents work, and some do not have Internet access.
- Access to care and health insurance. Two-person income households are not able to get a day off to attend to their health and do not have the education they require to address their health needs.
- A lot of the population I see, they live on food stamps and government assistance. I know they have limited funds to buy food and medicine. We are seeing more child abuse and sexual abuse.
- I feel like economic security is being challenged right now and that is fundamental. There is a lot of instability in our community and people are unemployed. Even if they have adequate income, there is not a lot of low-income housing in our community. We could benefit from more safe, low-income housing even though we

are a small community.

Households

In the service area, there are 26,886 households and 28,337 housing units. Over the last five years, the population grew by 6.1%, the number of households increased by 5.5%, the number of housing units increased by 3.3%, and vacant units decreased by 25.3%. Owner-occupied housing in the service area increased by 3.8% while renter-occupied housing increased by 8.8%.

Households and Housing Units, Percent Change, 2013-2018

	Oak Valley Hospital			Stanislaus County			California		
		2018	% Change	2013	2018	% Change	2013	2018	% Change
Households	25,496	26,886	5.5%	166,883	172,682	3.5%	12,542,460	12,965,435	3.4%
Housing units	27,438	28,337	3.3%	179,591	181,213	0.9%	13,726,869	14,084,824	2.6%
Owner occ.	17,134	17,788	3.8%	97,004	99,079	2.1%	6,939,104	7,085,435	2.1%
Renter occ.	8,362	9,098	8.8%	69,879	73,603	5.3%	5,603,356	5,880,000	4.9%
Vacant	1,942	1,451	(-25.3%)	12,708	8,531	(-32.9%)	1,184,409	1,119,389	(-5.5%)

Source: U.S. Census Bureau, American Community Survey, 2009-2013 & 2014-2018, DP04. <http://data.census.gov>

In the service area there are 26,886 households. Almost one-third (33.1%) are households with 4 or more persons, while an additional 31.3% are two-person households.

Household Size

	Oak Valley Hospital	Stanislaus County	California
1 person households	18.5%	20.5%	23.8%
2 person households	31.3%	28.9%	30.3%
3 person households	17.1%	16.7%	16.7%
4+ person households	33.1%	33.9%	29.2%

Source: U.S. Census Bureau, American Community Survey, 2014-2018, S2501. <http://data.census.gov>

According to the US Department of Housing and Urban Development, those who spend more than 30% of their income on housing are said to be “cost burdened.” Those who spend 50% or more are considered “severely cost burdened.” 33.5% of owner and renter-occupied households in the service area spend 30% or more of their income on housing. Oakdale (38.4%) is the service area city with the highest percentage of households that spend 30% or more of their income on housing. Escalon (29.1%) is the community with the lowest percentage of households spending 30% or more of their income on housing.

Households that Spend 30% or More of Income on Housing

ZIP Code	Percent
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Escalon	95320	29.1%
Oakdale	95361	38.4%
Riverbank	95367	29.3%
Waterford	95386	31.3%
Oak Valley Hospital		33.5%
Stanislaus County		39.4%
California		42.4%

Source: U.S. Census Bureau, American Community Survey, 2014-2018, DP04. <http://data.census.gov>

Median Household Income

Household income is defined as the sum of money received over a calendar year by all household members, 15 years and older. Median household income reflects the relative affluence and prosperity of an area. The weighted mean of the median household income in the service area is \$64,666, which is higher than the county (\$57,387) but lower than the state (\$71,228). Median household income in the service area ranges from \$58,529 in Waterford to \$68,326 in Escalon.

Median Household Income

	ZIP Code	Median Household Income
Escalon	95320	\$68,326
Oakdale	95361	\$62,921
Riverbank	95367	\$67,746
Waterford	95386	\$58,529
Oak Valley Hospital		*\$64,666
Stanislaus County		\$57,387
California		\$71,228

Source: U.S. Census Bureau, American Community Survey, 2014-2018, DP03. <http://data.census.gov>

*Weighted mean of the medians.

Homelessness

Stanislaus County conducts an annual 'point-in-time' count of homelessness in the county. In 2019, there were 1,923 homeless people counted in the county, a 41.8% increase from the number counted a year before. More than half (56.6%) of the homeless were unsheltered. Among children, 3.2% of public school enrollees in Stanislaus County were recorded as being homeless at some point during the 2015-2016 school year (Source: kidsdata.org, July 2020).

Homeless Annual Count, Stanislaus County

Year of Count	Unsheltered	Sheltered		Total Homeless
		Emergency	Transitional	
2018	606	578	172	1,356
2019	1,088	662	173	1,923

Source: 2018 and 2019 Stanislaus County Point-In-Time Count Survey Results.

<https://www.modestogov.com/ArchiveCenter/ViewFile/Item/2968> & <https://www.modestogov.com/ArchiveCenter/ViewFile/Item/2763>

Among the unsheltered homeless, 5.7% were youth, 16.7% were veterans, and 17.8% were chronically homeless. 21.6% of the unsheltered homeless in Stanislaus County

were survivors of domestic violence.

Unsheltered Homeless Subpopulations, 2019

	Count	Percent
Youth, 18 to 24 years old	75	6.9%
Veterans	97	8.9%
Chronically homeless	191	17.6%
Transgender or gender nonconforming	4	0.4%

Source: 2019 Stanislaus County Point-In-Time Count Survey Results.

<https://www.modestogov.com/ArchiveCenter/ViewFile/Item/2968>

The majority of Stanislaus County’s homeless individuals live in Modesto, Turlock, Patterson and Empire; only a small percentage live in, or originated from, service area cities.

Homeless Individuals (sheltered and unsheltered), by City or ZIP Code

	ZIP Code	City of residence when homelessness first occurred (percent of total responses)	ZIP Code where homeless survey collected
Escalon	95320	N/L	N/L
Oakdale	95361	2.2%	2.2%
Riverbank	95367	1.4%	0.7%
Waterford	95386	0.5%	0.0%

Source: 2019 Stanislaus County Point-In-Time Count Survey Results.

<https://www.modestogov.com/ArchiveCenter/ViewFile/Item/2968> N/L = ZIP Code/city is in San Joaquin County, so was not listed

Public Program Participation

In Stanislaus County, 39.1% of low-income residents (those making less than 200% of the FPL) are not able to afford enough to eat. 18.7% of those making less than 300% of the FPL utilize food stamps. WIC benefits are more readily accessed: 30.1% of county children, 6 years and younger, access WIC benefits. 8.1% of county residents are TANF/CalWorks recipients, compared to 9.3% for the state.

Public Program Participation

	Stanislaus County	California
Not able to afford food (<200%FPL)	39.1%	40.8%
Food stamp recipients (<300% FPL)**	18.7%	21.5%
WIC usage among children, 6 years and under**	*30.1%	41.1%
TANF/CalWorks recipients***	*8.1%	9.3%

Source: California Health Interview Survey, 2016-2018; **2016 & 2018, ***2014-2016. <http://ask.chis.ucla.edu/> *Statistically unstable due to sample size.

In the service area, 7.1% of residents receive SSI benefits, 3.8% receive cash public assistance income, and 10.3% of residents receive food stamp benefits. These rates are lower than the county rate, but higher than the state rate.

Household Supportive Benefits

	Oak Valley Hospital	Stanislaus County	California
Total households	26,886	172,682	12,965,435
Supplemental Security Income (SSI)	7.1%	8.6%	6.2%
Public Assistance	3.8%	5.0%	3.4%
Food Stamps/SNAP	10.3%	14.7%	9.1%

Source: U.S. Census Bureau, American Community Survey, 2014-2018, DP03. <http://data.census.gov>

CalFresh Eligibility and Participation

CalFresh is California's food stamp program. According to the California Department of Social Services, 81% of eligible households or 36,855 households in Stanislaus County received food stamps (CalFresh) in 2018.

CalFresh Eligibility and Participation

	Participating Households	Participation Rate (% of eligible households)
Stanislaus County	36,855	81%
California	1,947,113	71%

Source: California Department of Social Services' CalFresh Data Dashboard, 2018. <http://www.cdss.ca.gov/inforesources/Data-Portal/Research-and-Data/CalFresh-Data-Dashboard>

Access to Food

The US Department of Agriculture (USDA) defines food insecurity as limited or uncertain availability of nutritionally adequate foods or uncertain ability to acquire foods in socially-acceptable ways. In Stanislaus County, 12.4% of the population experienced food insecurity in the past year. Among children in Stanislaus County, 18.2% lived in households that experienced food insecurity. Feeding America estimates that 93% of those experiencing food insecurity in Stanislaus County, and 95% of county children experiencing food insecurity, are eligible for nutritional programs such as SNAP.

Food Insecurity

	Stanislaus County		California	
	Number	Rate	Number	Rate
Total population experienced food insecurity during the year	67,100	12.4%	4,291,830	10.8%
Children under 18 experienced food insecurity during the year	26,790	18.2%	1,362,340	15.2%

Source: Feeding America, 2018. <https://map.feedingamerica.org/county/2018/overall/california/county/stanislaus>

Community Input – Food Insecurity

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

- Community resources can be limited here and there may be limited knowledge on

where to go for food. Sometimes people assume they are not eligible for food stamps. Kids are staying home and eating more and that costs a lot more for parents. And with anxiety, people tend to eat more when they are anxious. Most schools here have a food program, but many parents do not take advantage of it, either because parents aren't aware because they aren't fluent in English or they have to work, and they aren't able to set up a plan to pick-up the lunches from school.

- We find a lot of new people are coming in and receiving food because they lost their jobs and are now qualifying for assistance. We've seen about a 20% increase of new people coming in each week. The number of seniors have declined, but we've seen an increase of new people who are younger, ages 20-40, accessing food.
- There has been a lot of financial insecurity and food worries. A lot of our patients are going to the food banks.
- With COVID, the food chain line is broken, and we have struggled with finding and obtaining food and the produce we need to distribute to the community. It is an issue with both fresh and canned goods. We have a relationship with ConAgra. They give us canned goods, but they have slowed down due to the complications of getting their products safely to us. We have to buy more now when normally we would receive it by donation.
- There has been an increased need for food due to loss of jobs. And we are finding that members of the community have to go to the food bank now to get food because of the added expense of having their kids at home. With more people in the home, they need more food. It is hit and miss with the schools in terms of getting free meals right now. It is a barrier for parents who are working and have no one to pick up meals for their kids.
- We do have a Farmers Market in the community. We have a couple of Dollar Generals, but no fresh fruit and vegetables. More farmers markets are needed. I'm not sure we even have a food bank here; we need more services for the homeless.
- We have several community partners and churches that have food banks. When COVID first hit, there was a huge fear that people couldn't find basics. But we do not have huge barriers any longer.

Educational Attainment

In the service area, 19.1% of the adult population has less than a high school education. This rate is lower than the county rate (21.7%). Over half of service area residents (55.1%) are high school graduates and 25.8% have a college degree. This level of education is lower than the state rate.

Educational Attainment of Adults, 25 Years and Older

	Oak Valley Hospital	Stanislaus County	California
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Population, age 25 and over	53,246	339,918	26,218,885
Less than 9 th grade	10.9%	11.6%	9.4%
Some high school, no diploma	8.2%	10.1%	7.6%
High school graduate	29.6%	28.6%	20.6%
Some college, no degree	25.5%	25.1%	21.3%
Associate degree	8.5%	7.7%	7.8%
Bachelor degree	11.3%	11.5%	20.8%
Graduate or professional degree	5.9%	5.4%	12.5%

Source: U.S. Census Bureau, American Community Survey, 2014-2018, DP02. <http://data.census.gov>

High school graduation rates are determined by dividing the number of graduates for the school year by the number of freshmen enrolled four years earlier. The high school graduation rates for all four area districts (90.8% to 96.4%) are all higher than county (85%), and state (87.6%) rates. Local high school districts meet the Healthy People 2030 objective of a 90.7% high school graduation rate.

High School Graduation Rates, 2019-2020

	High School Graduation Rate
Escalon Unified	96.4%
Oakdale Joint Unified	92.7%
Riverbank Unified	*94.4%
Waterford Unified	90.8%
Stanislaus County	85.0%
California	87.6%

Source: California Department of Education, 2018. <https://data1.cde.ca.gov/dataquest/> *2018-2019; 2019-2020 not available

Preschool Enrollment

The percent of 3 and 4-year-olds enrolled in preschool in the Oak Valley Hospital service area (38.7%) was lower than found in the county (40.6%) or state (49%). The lowest rate was found in Riverbank, where 13% of 3 and 4-year-olds were enrolled in preschool. In Escalon, 88.2% of 3 and 4-year-olds were enrolled in preschool.

Children, 3 and 4 Years Old, Enrolled in Preschool

	ZIP Code	Total Population	Percent Enrolled
Escalon	95320	432	88.2%
Oakdale	95361	1,063	41.3%
Riverbank	95367	782	13.0%
Waterford	95386	247	21.9%
Oak Valley Hospital		2,524	38.7%
Stanislaus County		16,181	40.6%
California		1,029,879	49.0%

Source: U.S. Census Bureau, American Community Survey, 2014-2018, S1401. <http://data.census.gov>

Reading to Children

Adults with children, ages 0 to 5, in their care were asked whether the children were read to daily by family members in a typical week. 60% of adults interviewed in

Stanislaus County responded “yes” to this question.

Children, Ages 0 to 5, Who Were Read to Daily by a Parent or Family Member

	Stanislaus County	California
Children read to daily	60.0%	64.0%

Source: California Health Interview Survey, 2014-2018. <http://ask.chis.ucla.edu>

Parks, Playgrounds and Open Spaces

86.7% of county children, ages 1-17, were reported to live within walking distance of a park, playground or open space. 89.9% had visited one within the past month.

Access to and Utilization of Parks, Playgrounds and Open Space

	Stanislaus County	California
Walking distance to park, playground or open space, ages 1 to 17	*86.7%	89.8%
Visited park, playground or open space in past month, ages 1 to 17	*89.9%	84.8%

Source: California Health Interview Survey, 2014-2018; <http://ask.chis.ucla.edu> *Statistically unstable due to sample size.

Crime and Violence

Violent crimes include homicide, rape, robbery and assault. Property crimes include burglary, larceny and motor vehicle theft. The violent crime and property crime rates are higher in Stanislaus County than the state. The number of property and violent crimes in most area cities has declined over the past four years. With the exception of violent crimes in Escalon and Waterford, and property crime in Waterford, which have risen.

Violent Crime and Property Crime, Rates per 100,000 Persons, 2015 and 2019

	Property Crimes				Violent Crimes			
	Number		Rate*		Number		Rate*	
	2015	2019	2015	2019	2015	2019	2015	2019
Escalon	167	135	2,241.9	1,764.0	11	16	147.7	209.1
Oakdale	861	531	3,889.4	2,259.2	43	40	194.2	170.2
Riverbank	616	375	2,560.2	1,497.9	35	24	145.5	95.9
Waterford	124	143	1,409.1	1,585.7	13	13	147.7	144.2
Oak Valley Hospital	1,768	1,184	2,831.2	1,815.7	102	93	163.3	142.6
Stanislaus County	19,782	14,274	3,679.3	2,556.3	3,093	2,908	575.3	520.8
California	1,023,828	915,197	2,620.4	2,290.3	166,588	173,205	426.4	433.5

Source: CA Department of Justice, Office of the Attorney General, 2019. <https://oag.ca.gov/crime> *State rates were provided by CA DOJ; the county rate was calculated based on July 1st population totals from the CA Department of Finance. City rates were calculated on populations covered by reporting police departments to the FBI's UCR program and accessed via the Crime Data Explorer, and are estimates; care should be used when interpreting rates calculated on a small number, such as violent crimes.. <https://crime-data-explorer.fr.cloud.gov/>

Domestic violence calls are categorized as with or without a weapon. 28.3% of domestic violence calls in Stanislaus County involved a weapon; it was lower in all area cities except Oakdale, where one-third of all calls (33.3%) involved a weapon. Waterford had

the highest rate of domestic violence (3.2 per 1,000 persons) within the service area.

Domestic Violence Calls, Rate per 1,000 Persons

	Total	Rate*	Without Weapon	With Weapon
Escalon	25	1.9	92.0%	8.0%
Oakdale	93	2.7	66.7%	33.3%
Riverbank	71	2.8	98.6%	1.4%
Waterford	34	3.2	88.2%	11.8%
Stanislaus County	3,093	5.7	71.7%	28.3%
California	161,123	4.1	53.4%	46.6%

Source: California Department of Justice, Office of the Attorney General, 2019. <https://oag.ca.gov/crime> *Rate calculated using 2014-2018, ACS Population Estimates.

Teens in Stanislaus County were asked about neighborhood cohesion. 87.7% of teens felt adults in their neighborhood could be counted on to watch that children were safe and didn't get into trouble. 85.6% of teens felt people in their neighborhood were willing to help. 84.8% of teens felt their neighbors could be trusted.

Neighborhood Cohesion, Teens Who Agree or Strongly Agree

	Stanislaus County	California
Adults in neighborhood look out for children	*87.7%	87.8%
People in neighborhood are willing to help	*85.6%	87.2%
People in neighborhood can be trusted	*84.8%	82.8%

Source: California Health Interview Survey, 2014-2018. <http://ask.chis.ucla.edu> *Statistically unstable due to sample size

In Stanislaus County, the rate of children under 18 years of age, who experienced abuse or neglect, was 10.7 per 1,000 children. This is higher than the state rate of 7.5 per 1,000 children. These rates are based on children with a substantiated maltreatment allegation.

Substantiated Child Abuse Rates, per 1,000 Children

	Stanislaus County	California
Child abuse rates	10.7	7.5

Source: U.C. Berkeley Center for Social Services Research, California Child Welfare Indicators Project Reports, July 2019. Accessed from KidsData.org at <http://kidsdata.org>

Air and Water Quality

Days with Ozone Levels above Regulatory Standard

In 2016, Stanislaus County had 27 days when ground-level ozone concentrations were above the U.S. standard of 0.070 parts per million. The state average in 2016 was 22 days of readings above the U.S. standard.

Days with Ozone Levels above Regulatory Standard

	Stanislaus County	California
Ozone levels above standards, in days	27	22

Source: California Environmental Protection Agency, Air Resources Board, Air Quality Data Statistics, Aug. 2017 via <http://www.kidsdata.org>

Water Quality Violations

Maximum Contaminant Level (MCL) violations occur when contaminant levels in drinking water supplies exceed limits set by the California Department of Public Health. Monitoring and reporting violations occur when a public water system fails to have its water tested as required or fails to report test results correctly. In 2015, 4.6% of California's MCL violations and 1.9% of monitoring and reporting violations originated in Stanislaus County.

Water Quality Violations

	Stanislaus County		California
	Number	Percentage	Number
Maximum Contaminant Level violations	70	4.6%	1,533
Monitoring and reporting violations	33	1.9%	1,711

Source: State Water Resources Control Board, Annual Compliance Report Datasets, Nov. 2016. via <http://www.kidsdata.org>

Health Care Access

Health Insurance Coverage

Health insurance coverage is a key component to access health care. In the service area, 94.3% of the population has health insurance coverage. Health care coverage was higher among children, 0 to 18, with 98.2% of children in the service area insured. 91.3% of service area adults, ages 19 to 64, have health insurance coverage, which does not meet the Healthy People 2030 objective. The Healthy People 2030 objective is 92.1% health insurance coverage for all population groups under 65 years of age.

Health Insurance Coverage

	ZIP Codes	All Ages	Ages, 0 to 18	Ages, 19 to 64
Escalon	95320	93.2%	97.8%	89.6%
Oakdale	95361	95.4%	99.3%	92.3%
Riverbank	95367	94.9%	98.1%	92.9%
Waterford	95386	90.8%	96.2%	85.8%
Oak Valley Hospital		94.3%	98.2%	91.3%
Stanislaus County		93.5%	97.6%	90.2%
California		91.5%	96.2%	88.0%

Source: U.S. Census Bureau, American Community Survey, 2014-2018, S2701. <http://data.census.gov>

When insurance coverage was examined for the county, 31.6% of county residents have Medi-Cal coverage and 37.6% of county residents have employment-based insurance.

Insurance Coverage by Type

	Stanislaus County	California
Medi-Cal	31.6%	25.7%
Medicare only	*1.9%	1.4%
Medi-Cal/Medicare	4.2%	4.1%
Medicare and others	8.5%	9.0%
Other public	*1.7%	1.3%
Employment based	37.6%	43.8%
Private purchase	6.1%	6.2%
No insurance	8.4%	8.4%

Source: California Health Interview Survey, 2014-2018. <http://ask.chis.ucla.edu/> *Statistically unstable due to sample size.

Sources of Care

Access to a medical home and a primary care provider improve continuity of care and decrease unnecessary emergency room visits. Seniors in Stanislaus County were the most likely to have a usual source of care (93.5%). 81.3% of children and 77.5% of adults, ages 18 to 64, have a usual source of care.

Usual Source of Care

	Ages 0-17	Ages 18-64	Ages 65+
Stanislaus County	*81.3%	77.5%	*93.5%
California	90.8%	83.1%	94.2%

Source: California Health Interview Survey, 2014-2018. <http://ask.chis.ucla.edu/> *Statistically unstable due to sample size

When access to care through a usual source of care is examined by race/ethnicity, Stanislaus County's Latinos were the least likely to have a usual source of care (73%).

Usual Source of Care by Race/Ethnicity

	Stanislaus County	California
African American	*79.5%	89.5%
Asian	*85.5%	85.4%
Latino	73.0%	81.3%
White	*89.1%	91.4%

Source: California Health Interview Survey, 2014-2018. <http://ask.chis.ucla.edu/> *Statistically unstable due to sample size.

In Stanislaus County, 54.8% of residents accessed care at a doctor's office, HMO or Kaiser and 23.7% accessed care at a clinic or community hospital. 18.7% had no usual source of care.

Sources of Care

	Stanislaus County	California
Dr. office/HMO/Kaiser Permanente	54.8%	59.6%
Community clinic/government clinic/ community hospital	23.7%	24.3%
ER/Urgent care	*2.4%	1.7%
Other place/no one place	*0.0%	0.8%
No usual source of care	18.7%	13.5%

Source: California Health Interview Survey, 2014-2018. http://ask.chis.ucla.edu *Statistically unstable due to sample size.

Accessing health care can be affected by the number of providers in a community. Stanislaus County ranks 34 out of 58 California counties for clinical care, which includes ratios of population-to-care providers and preventive screening practices, among other factors. There are fewer primary care physicians for the population in the county (1 physician per 1,520 persons) when compared to the state (1 physician per 1,260 persons), as well as fewer dentists and mental health care providers per resident.

Ratio of Population to Health Care Providers

	Stanislaus County	California
Primary care physicians, 2017	1,520:1	1,260:1
Dentists, 2018	1,570:1	1,180:1
Mental health providers, 2019	470:1	280:1

Source: County Health Rankings, 2017-2019. <http://www.countyhealthrankings.org/app/california/2018/measure/factors/62/data>

An examination of Emergency Room (ER) use can lead to improvements in providing community-based primary care. 27.6% of county residents visited an ER in the past year. Seniors, ages 65 and over, visited the ER at the highest rates (36.8%). Poverty level residents visited the ER at the same rate as the general population, while low-income residents visited at a higher rate than the general population. ER utilization rates were higher in Stanislaus County than the state, in every category listed.

Use of Emergency Room

	Stanislaus County	California
Visited ER in last 12 months	27.6%	21.2%
0-17 years old	29.0%	18.8%
18-64 years old	23.9%	21.6%
65 and older	36.8%	23.3%
<100% of poverty level	27.7%	26.4%
<200% of poverty level	30.8%	24.7%

Source: California Health Interview Survey, 2016-2018. <http://ask.chis.ucla.edu>

Difficulty Accessing Care

6.4% of Stanislaus County adults had difficulty finding a primary care doctor who would see them or take them as a new patient in the past year. 12% of adults reported difficulty accessing specialty care. 5.9% of adults had been told by a primary care physician's office that their insurance would not be accepted. 11.5% of adults were told their insurance was not accepted at a specialist's office.

Difficulty Accessing Care in the Past Year, Adults

	Stanislaus County	California
Reported difficulty finding primary care	6.4%	5.8%
Reported difficulty finding specialist care	12.0%	13.2%
Primary care doctor not accepting their insurance	*5.9%	5.3%
Specialist not accepting their insurance	11.5%	11.1%

Source: California Health Interview Survey, 2016-2018. <http://ask.chis.ucla.edu> *Statistically unstable due to sample size.

Access to Primary Care Community Health Centers

Community Health Centers provide primary care (including medical, dental and mental health services) for uninsured and medically-underserved populations. Using ZCTA (ZIP Code Tabulation Area) data for Oak Valley Hospital's service area and information from the Uniform Data System (UDS)¹, 32.9% of the population in the service area is categorized as low-income ($\leq 200\%$ of Federal Poverty Level) and 13.2% of the

¹ The UDS is an annual reporting requirement for grantees of HRSA primary care programs:

- Community Health Center, Section 330 (e)
- Migrant Health Center, Section 330 (g)
- Health Care for the Homeless, Section 330 (h)
- Public Housing Primary Care, Section 330 (i)

population are living in poverty.

There are five Section-330-funded grantees (Federally Qualified Health Centers – FQHCs and FQHC Look-Alikes) serving the service area: Community Medical Centers, Inc., Golden Valley Health Center, Livingston Community Health, the County of San Joaquin, and the County of Stanislaus.

Even with Community Health Centers serving the area, there are many low-income residents who are not served by one of these clinic providers. The FQHCs and Look-Alikes serve a total of 6,427 patients in the Oak Valley Hospital service area, which equates to 23.5% coverage among low-income patients and 7.7% coverage among the total population. From 2016-2018, clinic providers added 972 patients for a 17.8% increase in patients served by Community Health Centers. However, there remain 20,877 low-income residents, approximately 76.5% of the population at or below 200% FPL, that are not served by a Community Health Center.

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

Low-Income Population	Patients Served by Section 330 Grantees In Service Area	Coverage Among Low-Income Patients	Coverage of Total Population	Low-Income Not Served	
				Number	Percent
27,304	6,427	23.5%	7.7%	20,877	76.5%

Source: UDS Mapper, 2018. <http://www.udsmapper.org>

Delayed or Forgone Care

10.5% of Stanislaus County residents delayed or did not get medical care when needed. Of these residents, 67.2% ultimately went without needed medical care, meaning that 7.1% of the overall population had to forgo needed care. This is more than double the Healthy People 2030 objective of 3.3% of the population who forgo care. Reasons for a delay in care or going without care included the cost of care/insurance issues, personal reasons, or system/provider issues. 42.8% of county residents who delayed or went without care listed ‘cost/insurance issues’ as a barrier. County residents showed a higher rate of delayed and unfilled prescriptions (9.6%) compared to the state (8.9%).

Delayed Care in Past 12 Months, All Ages

	Stanislaus County	California
Delayed or did not get medical care	10.5%	10.4%
Had to forgo needed medical care	*7.1%	6.3%
Delayed or did not get medical care due to cost, lack of insurance or other insurance issue	42.8%	44.7%
Delayed or did not get prescription meds	9.6%	8.9%

Source: California Health Interview Survey, 2016-2018. <http://ask.chis.ucla.edu/> *Statistically unstable due to sample size.

Lack of Care Due to Cost, for Children

1.2% of children, ages 0 to 17, in Stanislaus County had care missed or delayed within the prior 12 months due to cost or lack of insurance. 0.7% of county children did not receive care. 5.2% of county children had delayed or unfilled prescription medications in the past 12 months.

Cost as a Barrier to Accessing Health Care in the Past Year for Children, Ages 0 to 17

	Stanislaus County	California
Child's care delayed or foregone due to cost or lack of insurance	*1.2%	1.3%
Child missed care	*0.7%	0.5%
Child's prescription medication delayed or unfilled	*5.2%	4.2%

Source: California Health Interview Survey, 2014-2018. <http://ask.chis.ucla.edu> *Statistically unstable due to sample size.

Community Input – Access to Health Care

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

- Some people have transportation issues to access care. Some rely on the bus, and that can be highly challenging if you are hauling kids around and are going through bus transfers. Valley Children's opened up a clinic in the community. This has increased access to care and they have a large Medi-Cal population.
- One issue is the language barrier. We have a lot of people coming from other countries and a lot of them just assume they can't get care because there is no one who speaks their language. This lack of knowledge is a barrier to accessing services. They do not know about the services available to them.
- There are language barriers. We have a large population of non-English speakers (Spanish). Other challenges include lack of resources. Especially now, with people having their children at home, so there are additional issues related to childcare and transportation.
- There are limited providers in Riverbank, especially for low-income families. People often have to travel to another county for services and transportation becomes a barrier.
- Children need eyeglasses, they need assessments, they need a doctor who takes Medi-Cal. There is one in Modesto, but usually that office is pretty booked. It would be really nice if Oak Valley had a Medi-Cal vision provider.
- There is a lack of transportation. There are a lot of little communities around here that are not really connected. If people need specialty care, they can go to Modesto. It is only eight miles away, but people won't go there.
- We are struggling with vision care and we need mental health resources in the community. Communication is a barrier, especially if you are English as a second language. We have a system where a child can be seen multiple times in a clinic

and not been assessed by a physician, which is concerning. I'm talking about clinics associated with the hospital. Primarily Medi-Cal insurance clinics.

- We have the Rural Health clinic that has a few pediatrics and specialty clinics. The Rural Health clinic accepts anyone, even the uninsured and they have a patient navigator who will get them temporary insurance for a month or two to get services taken care of. We also have some transportation problems, because the closest WalMart is in Modesto or Riverbank. Specialty services are not always available with insurance limitations. It is left to primary care providers to try to narrow the gap between what we can do and not do for our patients. We need to recruit more specialty services. Like diabetic educators and cardiac and OB/GYN. We have no services at the hospital when you are getting ready to delivery – so they go to another hospital to deliver and there is a disconnect with patient education services and other hospitals.

Dental Care

25.5% of children, ages 3 to 11, in Stanislaus County have never been to a dentist. In the past year, 2.7% of area children needed dental care and did not receive it. 3.6% had been to the ER or Urgent Care for a dental issue, compared to 1.2% statewide. Teens obtain dental care are at higher rate than children. Rates for teens are particularly unstable, as these questions were not asked of teens in 2015 and 2016, but adding prior years added very little additional stability; it appears that only 71.1% of teens had been to the dentist in the prior two years, and no queried teens claimed to have never visited a dentist.

Delay of Dental Care among Children and Teens

	Stanislaus County	California
Children, ages 3 to 11, never been to the dentist	25.5%	14.5%
Children, ages 3 to 11, been to dentist < 6 months to 2 years	*73.7	84.7%
Children, ages 3 to 11, needed but didn't get dental care in past year**	*2.7%	4.3%
Child visited ER or Urgent Care due to dental issue in past year**	*3.6%	1.2%
Teens never been to the dentist	*0.0%	*1.5%
Teens been to dentist less than 6 months to 2 years	*71.1%	95.9%

Source: California Health Interview Survey, Children 2014-2018 or **2015-2018, Teens 2017-2018. <http://ask.chis.ucla.edu>
 *Statistically unstable due to sample size.

66.1% of county adults described the condition of their teeth as 'good', 'very good', or 'excellent.' 3% of county residents had never been to a dentist.

Adult Dental Care

	Stanislaus County	California
Condition of teeth: good to excellent	66.1%	72.4%
Condition of teeth: fair to poor	31.0%	25.6%
Condition of teeth: has no natural teeth	*2.9%	2.0%
Never been to a dentist	*3.0%	2.5%
Visited dentist < 6 months to two years	76.3%	81.9%
Visited dentist more than 5 years ago	9.2%	7.2%

Source: California Health Interview Survey, 2016-2018 pooled. <http://ask.chis.ucla.edu> *Statistically unstable due to sample size.

Community Input – Dental Care

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

- People on Medi-Cal are still having challenges with accessing dental care.
- We haven't offered dental services since COVID started. I know other dentists are open. When people call in and ask about services, we provide a list of other dentists, but a lot of them are out of the area, so transportation is an issue, as well as money for gas.
- In the past year, access to dental care has improved because it was added back into Medi-Cal reimbursement. Having screenings at health fairs in the community, which provide services free of charge, that is something we need.
- Oakdale has opened some services, but it is a transportation issue to access care. Also, there are a lack of Medi-Cal approved dentists in the area.
- Dental care is a huge concern. There are resources in the community for dental appointments. It is a matter of getting parents to take their children to their appointments. It would be amazing if we could coordinate something through the schools, so they could be seen on campus. Right now, we are dependent on assessing the mouth and referring the children and hoping the parent takes them to the dentist.
- Right now, we don't have services with COVID. In the community health clinics, there are very few dentists who take Medi-Cal. In a surrounding county, they had a van that went around providing screenings and basic dental health to people who were uninsured or who had limited insurance that doesn't cover those services. I believe we need that kind of service here. Dental health impacts overall health and wellbeing.
- We have a large number of meth users here with huge dental problems and they have no access to dental care.
- Children are afraid to go to dentists.
- We have a couple of dental clinics here. Dental insurance can be expensive and, in some people eyes, a luxury to have.

Birth Characteristics

Births

From 2014 to 2018, there were, on average, 1,051 births per year in the service area.

Teen Birth Rate

Teen births in the service area occurred at an average annual rate of 4.9% of total births (49.1 per 1,000 live births).

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

	Oak Valley Hospital		Stanislaus County	California
	Number	Rate	Rate	Rate
Births to teen mothers	52	49.1	62.7	45.5

Source: Calculated by Gary Bess Associates using California Department of Public Health Birth Profiles by ZIP Code of Residence and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001.

Prenatal Care

Pregnant women in the service area entered prenatal care after the first trimester at a rate of 162.1 per 1,000 live births. This rate of late entry into prenatal care translates to 16.2% of women entering prenatal care late or not at all, while 83.8% of women entered prenatal care on time. This exceeds the Healthy People 2020 objective of 78% of women entering prenatal care in the first trimester. The Healthy People 2030 objective has been changed, to 80.5% of pregnant women receiving 'early and adequate' prenatal care, which in addition to timing of entry, contains the added criteria of attending at least 80% of recommended prenatal visits, and so is not a comparable measure for this data.

Late Entry to Prenatal Care (After 1st Trimester), Rate per 1,000 Live Births

	Oak Valley Hospital		Stanislaus County	California
	Number	Rate	Rate	Rate
Late entry to prenatal care	170	162.1	176.9	161.7

Source: Calculated by Gary Bess Associates using California Department of Public Health Birth Profiles by ZIP Code of Residence and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001

Low Birth Weight

Low birth weight is a negative birth indicator. Babies born at a low birth weight are at higher risk for disease, disability and possibly death. For this measurement, a lower rate is a better indicator. The rate of low-birth-weight babies is 5.5% (54.8 per 1,000 live births). This met the Healthy People 2020 objective of 7.8% of births being low birth weight; this objective has been eliminated for the Healthy People 2030 goals.

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

	Oak Valley Hospital		Stanislaus County	California
	Number	Rate	Rate	Rate
Low birth weight	58	54.8	64.4	68.6

Source: Calculated by Gary Bess Associates using California Department of Public Health Birth Profiles by ZIP Code of Residence and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001

Delivery Paid by Public Insurance or Self-Pay

In the hospital service area, the rate of births paid by public insurance or self-pay was 452.3 births per 1,000 live births, which is lower than the Stanislaus County area (566.9 per 1,000 live births) or state rate (498.5 per 1,000 live births) of births paid by public insurance or self-pay.

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

	Oak Valley Hospital		Stanislaus County	California
	Number	Rate	Rate	Rate
Public insurance or self-pay	475	452.3	566.9	498.5

Source: Calculated by Gary Bess Associates using California Department of Public Health Birth Profiles by ZIP Code of Residence and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001

Premature Birth

The rate of premature birth, occurring before the start of the 38th week of gestation, in the service area is 7.6% (76.3 per 1,000 live births). This rate of premature birth is lower than the Stanislaus County area (8.3%) and the state rate of premature births (8.5%).

Premature Births before Start of 38th Week, Rate per 1,000 Live Births

	Oak Valley Hospital		Stanislaus County	California
	Number	Rate	Rate	Rate
Premature births	80	76.3	82.7	85.4

Source: Calculated by Gary Bess Associates using California Department of Public Health Birth Profiles by ZIP Code of Residence and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001.

Mothers Who Smoked Regularly During Pregnancy

The rate of mothers who smoked regularly during pregnancy in the service area was 2.7% (26.6 per 1,000 live births), which was lower than the Stanislaus County rate (2.9%), but higher than the state rate (1.6%).

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

	Oak Valley Hospital		Stanislaus County	California
	Number	Rate	Rate	Rate
Mothers who smoked	28	26.6	29.4	15.8

Source: Calculated by Gary Bess Associates using California Department of Public Health Birth Profiles by ZIP Code of Residence and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001.

Infant Mortality

The infant (less than one year of age) mortality rate in Stanislaus County is 4.9 deaths per 1,000 live births, which is slightly above the state rate (4.3 deaths per 1,000 live births), but meets the Healthy People 2030 objective of 5.0 deaths per 1,000 births.

Birth Cohort Infant Deaths, Rate per 1,000 Live Births, 2015-2017 Average

	Stanislaus County	California
Infant deaths	4.9	4.3

Source: California Department of Public Health, County Health Status Profiles, 2020.
<https://www.cdph.ca.gov/Programs/CHSI/Pages/County-Health-Status-Profiles.aspx>

Breastfeeding

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 indicated 89.7% of new mothers used some breast feeding, which was lower than the state rate (93.8%). 67.2% of new mothers used breast feeding exclusively, which was lower than the state rate (70.2%). The rate of breast feeding met the Healthy People 2020 objective for 81.9% of women to utilize some breast feeding of their infants. This objective has been removed from the list of Healthy People 2030 goals.

In-Hospital Breastfeeding

	Any Breastfeeding		Exclusive Breastfeeding	
	Number	Percent	Number	Percent
Stanislaus County	7,933	89.7%	5,946	67.2%
California	366,592	93.8%	274,331	70.2%

Source: California Department of Public Health, Breastfeeding Hospital of Occurrence, 2018.
<https://www.cdph.ca.gov/Programs/CFH/DMCAH/Breastfeeding/Pages/In-Hospital-Breastfeeding-Initiation-Data.aspx>

There were ethnic/racial differences noted in breastfeeding rates of mothers who delivered in Stanislaus County hospitals. 89.9% of White and Hispanic/Latina mothers initiated breastfeeding. 72.8% of White mothers and 64.5% of Hispanic/Latina mothers breastfed exclusively. 91% of Asian mothers initiated breastfeeding; 66.3% breastfed exclusively. 90.1% of mixed-race mothers initiated breastfeeding; 70.1% breastfed exclusively. These breastfeeding rates met the Healthy People 2020 objective of 81.9% of all infants having ever been breastfed. Rates of breastfeeding initiation among African-American mothers were lowest (80.9%), and did not meet that goal; 60.9% of African-American mothers breastfed exclusively.

In-Hospital Breastfeeding, Oak Valley Hospital, by Race/Ethnicity of Mother

	Any Breastfeeding		Exclusive Breastfeeding	
	Number	Percent	Number	Percent
Latino/Hispanic	4,281	89.9%	3,070	64.5%
White	2,373	89.9%	1,922	72.8%
Asian	465	91.0%	339	66.3%
Mixed Race	310	90.1%	241	70.1%
African American	178	80.9%	134	60.9%
Stanislaus County	7,933	89.7%	5,946	67.2%

Source: California Department of Public Health, Breastfeeding Hospital of Occurrence, 2018.

<https://www.cdph.ca.gov/Programs/CFH/DMCAH/Breastfeeding/Pages/In-Hospital-Breastfeeding-Initiation-Data.aspx>

Leading Causes of Death

Leading Causes of Death

Heart disease, cancer and Alzheimer’s disease are the top three causes of death in the service area. Chronic Lower Respiratory Disease is the fourth-leading cause of death and unintentional injuries are the fifth-leading cause of death. These leading causes of death are reported as age-adjusted death rates. Age-adjusting eliminates the bias of age in the makeup of the populations being compared. When comparing across geographic areas, age-adjusting is typically used to control for the influence that different population age distributions might have on health event rates. The rate of Alzheimer’s in the hospital service area is higher than the county rate, and the rates of death from ischemic heart disease, cancer, stroke, and liver disease are higher than the Healthy People 2030 objectives.

Leading Causes of Death, Age-Adjusted, Rate per 100,000 Persons, 2014-2018 Average

	Oak Valley Hospital		Stanislaus County	California	Healthy People 2030 Objective
	Avg. Annual Deaths	Rate	Rate	Rate	Rate
Heart disease	142	182.9	188.8	142.7	No Objective
Ischemic heart disease	41	131.4	136.0	88.1	71.1
Cancer	136	158.6	162.7	139.6	122.7
Alzheimer’s disease	39	55.5	50.6	35.4	No Objective
Chronic Lower Respiratory Disease	37	45.1	46.0	32.1	Not Comparable
Unintentional injuries	31	37.6	42.0	31.8	43.2
Stroke	29	37.4	41.1	36.4	33.4
Diabetes	19	23.7	26.8	21.3	Not Comparable
Pneumonia and influenza	12	15.6	16.7	14.8	No Objective
Liver disease	13	14.3	15.8	12.2	10.9
Kidney disease	9	11.5	12.8	8.5	No Objective
Suicide	8	9.0	10.6	10.5	12.8
Homicide	2	2.7	5.0	5.0	5.5

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2014-2018 and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001, and using the 2000 U.S. standard million.

Heart Disease and Stroke

The age-adjusted mortality rate for ischemic heart disease is 131.4 deaths per 100,000 persons, and the age-adjusted rate of death from stroke is 37.4 deaths per 100,000 persons. These rates are higher than the Healthy People 2030 objectives of 71.1 heart disease deaths and 33.4 stroke deaths per 100,000 persons.

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

	Oak Valley Hospital		Stanislaus County	California
	Number	Rate	Rate	Rate
Ischemic heart disease death rate	41	131.4	136.0	88.1
Stroke death rate	29	37.4	41.1	36.4

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2014-2018 and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001, and using the 2000 U.S. standard million.

Cancer

In the service area, the age-adjusted cancer mortality rate is 158.6 per 100,000 persons. This rate is higher than the Healthy People 2030 objective (122.7 deaths per 100,000 persons).

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

	Oak Valley Hospital		Stanislaus County	California
	Number	Rate	Rate	Rate
Cancer death rate	136	158.6	162.7	139.6

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2014-2018 and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001, and using the 2000 U.S. standard million.

In Stanislaus County, the rate of death from cancer exceeds the state cancer death rate, and all listed cancers exceed the state rate, with the exception of stomach cancer. Particularly high rates of cancer in Stanislaus County are: lung and bronchus cancers (38.1 deaths per 100,000 persons), prostate cancer (24.5 per 100,000 men), and colorectal cancers (16 deaths per 100,000 persons).

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

	Stanislaus County	California
Cancer all sites	169.6	142.0
Lung and bronchus	38.1	29.4
Prostate (males)	24.5	19.7
Breast (female)	20.5	19.4
Colon and rectum	16.0	12.6
Pancreas	11.7	10.3
Liver and intrahepatic bile duct	8.6	7.7
Ovary (females)	8.4	7.0
Cervical and Uterine (female)*	8.1	7.1
Non-Hodgkin lymphoma	6.0	5.2
Urinary bladder	4.7	3.9
Kidney and renal pelvis	4.4	3.4
Esophagus	3.9	3.1
Stomach	3.8	3.9
Myeloid and monocytic leukemia	3.7	3.3
Myeloma	3.6	2.9

Source: The Centers for Disease Control and Prevention, National Cancer Institute, State Cancer Profiles, 2013-2017 <http://www.cancer-rates.info/ca/> *Cervix Uteri, Corpus Uteri and Uterus, NOS

Alzheimer's Disease

The mortality rate from Alzheimer's disease is 55.5 deaths per 100,000 persons. This is higher than the Stanislaus County rate (50.6 deaths per 100,000 persons) and the state rate (35.4 deaths per 100,000 persons).

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

	Oak Valley Hospital		Stanislaus County	California
	Number	Rate	Rate	Rate
Alzheimer's disease death rate	39	55.5	50.6	35.4

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2014-2018 and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001, and using the 2000 U.S. standard million.

Chronic Lower Respiratory Disease

Chronic Lower Respiratory Disease (CLRD) and Chronic Obstructive Pulmonary Disease (COPD) include emphysema and bronchitis. The age-adjusted death rate for respiratory disease in the service area is 45.1 per 100,000 persons. This is higher than the state rate (32.1 per 100,000 persons).

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

	Oak Valley Hospital		Stanislaus County	California
	Number	Rate	Rate	Rate
Chronic Lower Respiratory Disease death rate	37	45.1	46.0	32.1

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2014-2018 and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001, and using the 2000 U.S. standard million.

Unintentional Injury

The age-adjusted death rate from unintentional injuries in the service area is 37.6 deaths per 100,000 persons. This rate is lower than the Healthy People 2030 objective of 43.2 unintentional injury deaths per 100,000 persons.

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

	Oak Valley Hospital		Stanislaus County	California
	Number	Rate	Rate	Rate
Unintentional injuries death rate	31	37.6	42.0	31.8

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2014-2018 and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001 and using the 2000 U.S. standard million.

Community Input – Injury Prevention

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

- Injury prevention is something we've focused on in the community because we contracted with a physical therapist to go out and do some teaching. It is about

education and how to use equipment properly so they can support themselves.

- When I see children and parents, we talk about prevention, like the water temperature in the heater, not keeping chemicals under the sink, keeping doors locked so children cannot open them. With older kids, we talk about not driving under the influence and education about unprotected sex.

Diabetes

The age-adjusted mortality rate from diabetes is 23.7 deaths per 100,000 persons. This is lower than the Stanislaus County rate (26.8 per 100,000 persons) and higher than the state rate (21.3 deaths per 100,000 persons).

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

	Oak Valley Hospital		Stanislaus County	California
	Number	Rate	Rate	Rate
Diabetes death rate	19	23.7	26.8	21.3

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2014-2018 and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001 and using the 2000 U.S. standard million.

Liver Disease

The death rate from liver disease in the service area is 14.3 deaths per 100,000 persons. This is higher than the Healthy People 2030 objective of 10.9 deaths per 100,000 persons.

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

	Oak Valley Hospital		Stanislaus County	California
	Number	Rate	Rate	Rate
Liver disease death rate	13	14.3	15.8	12.2

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2014-2018 and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001 and using the 2000 U.S. standard million.

Pneumonia and Influenza

The age-adjusted death rate for pneumonia and influenza is 15.6 per 100,000 persons. This rate is higher than the state rate (14.8 per 100,000 persons).

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

	Oak Valley Hospital		Stanislaus County	California
	Number	Rate	Rate	Rate
Pneumonia and flu death rate	12	15.6	16.7	14.8

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2014-2018 and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001, and using the 2000 U.S. standard million.

Kidney Disease

The death rate from kidney disease is 11.5 deaths per 100,000 persons. This is lower

than the Stanislaus County rate (12.8 per 100,000 persons) and higher than the state rate (8.5 deaths per 100,000 persons).

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

	Oak Valley Hospital		Stanislaus County	California
	Number	Rate	Rate	Rate
Kidney disease death rate	9	11.5	12.8	8.5

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2014-2018 and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001 and using the 2000 U.S. standard million.

Suicide

The suicide rate in the service area is 9 deaths per 100,000 persons. This rate meets the Healthy People 2030 objective for suicide of 12.8 per 100,000 persons.

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

	Oak Valley Hospital		Stanislaus County	California
	Number	Rate	Rate	Rate
Suicide	8	9.0	10.6	10.5

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2014-2018 and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001 and using the 2000 U.S. standard million.

Homicide

The homicide rate in the service area is 2.7 deaths per 100,000 persons. This rate meets the Healthy People 2030 objective for homicide death of 5.5 per 100,000 persons.

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

	Oak Valley Hospital		Stanislaus County	California
	Number	Rate	Rate	Rate
Homicide	2	2.7	5.0	5.0

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2014-2018 and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001 and using the 2000 U.S. standard million.

Drug Use

The age-adjusted death rate from drug-induced causes in Stanislaus County was 17.2 deaths per 100,000 persons, which is higher than the state rate of 13.1 deaths per 100,000 persons. The Healthy People 2020 objective was 11.3 drug deaths per 100,000 persons, which Stanislaus County did not meet. However, due to ever-increasing rates, the Healthy People 2030 objective has been modified, to no more than 20.7 drug-overdose (not drug-induced) deaths. Since drug-overdose deaths are a subset of drug-induced deaths, the county does currently meet the HP 2030 goal; but with rates on the rise, public health efforts should aim to not exceed that new goal.

Drug-Induced Death Rates, Age-Adjusted, per 100,000 Persons, 2016-2018

	Rate
Stanislaus County	17.2
California	13.1

Source: California Department of Public Health, County Health Status Profiles, 2020.
<https://www.cdph.ca.gov/programs/chsi/pages/county-health-status-profiles.aspx>

In 2019, the age-adjusted death rate from opioid overdoses in Stanislaus County was 8.6 deaths per 100,000 persons, which was higher than the state rate of 7.5 per 100,000 persons. While the rate of opioid deaths is rising steeply, statewide, it has risen more-swiftly in Stanislaus County in 2018 and 2019. The Healthy People 2030 goal is a maximum of 13.1 overdose deaths involving opioids, per 100,000 persons, which the county does currently meet.

Opioid Drug Overdose Death Rates, Age-Adjusted, per 100,000 Persons, 2016-2019

	Annual Rate			
	2016	2017	2018	2019
Stanislaus County	2.6	3.4	6.0	8.6
California	4.9	5.2	5.8	7.5

Source: California Office of Statewide Health Planning and Development, via California Department of Public Health, California Opioid Overdose Surveillance Dashboard, 2020. <https://discovery.cdph.ca.gov/CDIC/ODdash/>

Acute and Chronic Disease

Hospitalization Rates by Diagnoses

At Oak Valley Hospital, the top five primary diagnoses resulting in hospitalization were respiratory system disorders, circulatory system disorders, digestive system disorders, infectious and parasitic diseases, and injury and poisoning.

Hospitalization Rates by Principal Diagnosis, Top Ten Causes

	Oak Valley Hospital
Respiratory system	17.3%
Circulatory system	15.6%
Digestive system	14.5%
Infectious and parasitic diseases	12.4%
Injury and poisoning	8.7%
Genitourinary system	6.7%
Endocrine disorders	5.1%
Skin disorders	4.0%
Mental illness	2.6%
Musculoskeletal system	2.1%
Nervous system and sense organs	2.1%

*Source: Healthy Communities Institute, California Office of Statewide Health Planning and Development, 2019.
http://report.oshpd.ca.gov/?DID=PID&RID=Facility_Summary_Report_Hospital_Inpatient*

Emergency Room Rates by Diagnoses

At Oak Valley Hospital, the top five primary diagnoses seen in the Emergency Department were injuries/poisonings, respiratory system, nervous system and sense organs, digestive system, and musculoskeletal system diagnoses.

Emergency Room Rates by Principal Diagnosis, Top Ten Causes

	Oak Valley Hospital
Injury and poisoning	20.9%
Respiratory system	16.6%
Nervous system and sense organs	10.3%
Digestive system	8.7%
Musculoskeletal system	7.1%
Genitourinary system	6.9%
Skin disorders	4.3%
Circulatory system	4.9%
Infectious and parasitic diseases	3.3%
Mental illness	2.4%

*Source: Healthy Communities Institute, California Office of Statewide Health Planning and Development, 2019.
http://report.oshpd.ca.gov/?DID=PID&RID=Facility_Summary_Report_Hospital_Inpatient*

COVID-19

In Stanislaus County, 26,246 cases of the Coronavirus known as COVID-19 were confirmed as of December 12th, 2020. This represents a rate of 4,866.7 cases per 100,000 residents of the county. This is higher than the statewide rate of 3,963.8 cases

per 100,000 persons. As of the same date, 468 persons have died in the county due to COVID-19 complications, a rate of 86.8 deaths per 100,000 persons. This is higher than the statewide rate of 53.6 deaths per 100,000 residents.

COVID-19, Rates per 100,000 Persons, as of December 12, 2020

	Stanislaus County		California	
	Number	Rate	Number	Rate
Confirmed cases	26,246	4,866.7	1,551,766	3,963.8
Deaths	468	86.8	20,969	53.6

Source: State of California, Updated December 12th, 2020. Population from ACS 2014-2018. <https://covid19.ca.gov/data-and-tools/>

Community Input – COVID-19

Stakeholder interviews identified the following issues, challenges and barriers related to COVID-19. Following are their comments edited for clarity:

- People are fearful; people who have symptoms don't say anything because they fear not being able to work and support their families. Or, people are fearful of getting tested because they do not have insurance and are worried about a big bill.
- The population I see are doing temporary work. A lot of them are working 6 to 7 days a week, 8 to 14 hours a day, in a closed building, in close contact, trying to be socially distanced and wearing a mask. Prior to COVID, when there was no airborne contagious disease, they were working in difficult circumstances that would make anyone tired and sick. And now, with an airborne, contagious illness, they are in a perfect setting to get sick. But they work because this is their one time of the year to earn money.
- There are so many different areas that have been impacted. The biggest one is the restaurants in our town. They also have had their chain of product disrupted with the local farmers. Our farmers can't get food to the restaurants and with the restriction of no indoor seating, it's even more problematic. With schools closed, parents are voicing their frustration, stating if we go to work and have to pay for daycare, it defeats the purpose. It is a real financial struggle with young children. And local sports after school are closed down, and community activities, such as baseball, football, a lot of soccer leagues, it is impacting everyone in so many areas.
- We are all stuck in a bubble because we are not seeing people. Families are struggling with all their needs: mental, health, financial, physically, we are seeing all of it.
- We have offered all of our patients access to telehealth, which we've never done before and they are using it, which is great. We also have someone in each of our community health lobbies checking temperatures, offering masks and hand sanitizers, and we have testing in the parking lot.
- Initially, there was a lot of anxiety about getting PPE (Personal Protective

Equipment).

- There is nothing like face-to-face interaction, being able to look someone in the eye and show compassion and help them navigate the next level of care. We are not able to do that because of COVID.
- It is causing increased isolation, and children who are experiencing child abuse are not discovered because they are not in school. There is an increased level of stress on families. There is a digital divide coming to the forefront; there is a lack of equity in digital resources in education.
- A lot of my patients refuse to come to the clinic because of fear so we are promoting more telehealth. A lot of them have severe anxiety. Those who already had anxiety, the condition just got worse, so they are staying home and not interacting with anyone. For a lot of patients who are employed, they are having a hard time being at work, for fear of getting sick. And then there are those who have to stay home, for health reasons, and they are not able to generate income for their families.
- People have more fear now in accessing medical care. For those who still have jobs, they are often going into a higher risk setting and must endure long hours, which causes fatigue. And they are in enclosed spaces, which makes them at higher risk to become sick.
- We are closed to the public and our clients are not tech savvy, so it has made it difficult to serve them. And, with everything closed, people don't know where to go and how to get things done through the computer and many of them do not know how to use the system.
- At first, the medical offices were not open, now they are open, but people are still hesitant to take their kids in, so routine care is not being met like it was previous to COVID. With vaccines, we still have requirements for the kids, but families are struggling with it.
- It has had an impact on kids who were already food insecure. They lack an ability to get reliable meals. This is especially true if parents are not able to get them the food they need at the schools. Domestic safety in the home is also an issue. There were a lot of unstable environments before the pandemic.
- Everything got shut down and lot of the community did not want to come to the hospital. People are ignoring symptoms.
- Fewer people are coming to the clinic for their health needs because they are fearful that they will get the virus. Diabetic patients are not coming to the clinic for their regular diabetic needs, labs, etc.

Diabetes

Among adults in Stanislaus County, 8.9% have been diagnosed as pre-diabetic and 6.3% have been diagnosed with diabetes. For adults with diabetes, 65.6% felt very

confident they could control their diabetes.

Adult Diabetes

	Stanislaus County	California
Diagnosed pre-diabetic	15.3%	13.8%
Diagnosed with diabetes	13.2%	9.7%
Very confident to control diabetes	62.7%	58.8%
Somewhat confident	*30.5%	32.9%
Not confident	*6.8%	8.3%

Source: California Health Interview Survey, 2014-2018. <http://ask.chis.ucla.edu/> *Statistically unstable due to sample size.

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, and one Composite PQI, 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 individual PQI measures, hospitalization rates were higher in Stanislaus County than in California.

Diabetes Hospitalization Rates* for Prevention Quality Indicators

	Stanislaus County	California
Diabetes long term complications	69.9	58.1
Diabetes short term complications	134.4	88.4
Lower-extremity amputation among patients with diabetes	47.7	25.9
Uncontrolled diabetes	41.6	30.3
Diabetes composite	267.4	189.8

Source: California Office of Statewide Health Planning & Development, 2018. <https://oshpd.ca.gov/data-and-reports/healthcare-quality/ahrq-quality-indicators/#pqj>. *Risk-adjusted (age/sex-adjusted) annual rates per 100,000 persons.

High Blood Pressure

A co-morbidity factor for diabetes and heart disease is hypertension (high blood pressure). In Stanislaus County, 30.2% of adults have been diagnosed with high blood pressure. 76.1% of persons diagnosed with high blood pressure take medications for their condition.

High Blood Pressure

	Stanislaus County	California
Diagnosed with high blood pressure	30.2%	29.1%
Takes medication for high blood pressure**	76.1%	67.9%

Source: California Health Interview Survey, 2016-2018 & **2016-2017. <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 rate of admissions related to hypertension in Stanislaus County (37.9 hospitalizations per 100,000 persons, risk-adjusted) is lower than in the state (41.5 hospitalizations per 100,000 persons).

Hypertension Hospitalization Rate* for Prevention Quality Indicators

	Stanislaus County	California
Hospitalization rate due to hypertension	37.9	41.5

Source: California Office of Statewide Health Planning & Development, 2018. <https://oshpd.ca.gov/data-and-reports/healthcare-quality/ahrq-quality-indicators/#pqj>. *Risk-adjusted (age/sex-adjusted) annual rates per 100,000 persons.

Heart Disease

7.3% of Stanislaus County adults have been diagnosed with heart disease, which is higher than the state rate of 6.5%. Among adults diagnosed with heart disease, 82.5% said they were given a management care plan by a health care provider. Of those Stanislaus County adults with a management plan, 50.5% were very confident of their ability to control their condition; rates of confidence were lower than state rates.

Adult Heart Disease

	Stanislaus County	California
Diagnosed with heart disease	7.3%	6.5%
Has a management care plan	*82.5%	73.7%
Very confident to control condition**	*50.5%	59.4%
Somewhat confident to control condition**	*33.1%	35.3%
Not confident to control condition**	*16.4%	5.3%

Source: California Health Interview Survey, 2014-2018. **2015-2016 <http://ask.chis.ucla.edu/> *Statistically unstable due to sample size.

In addition to hypertension, the remaining Prevention Quality Indicator (PQIs) related to heart disease is heart failure. The rate of admissions related to heart failure in Stanislaus County (441.8 annual hospitalizations per 100,000 persons, risk-adjusted) is higher than the state rate of 335.4 hospitalizations per 100,000 persons.

Heart Failure Hospitalization Rate* for Prevention Quality Indicators

	Stanislaus County	California
Hospitalization rate due to heart failure	441.8	335.4

Source: California Office of Statewide Health Planning & Development, 2018. <https://oshpd.ca.gov/data-and-reports/healthcare-quality/ahrq-quality-indicators/#pqj>. *Risk-adjusted (age/sex-adjusted) annual rates per 100,000 persons.

Asthma

In Stanislaus County, 16.9% of the population has been diagnosed with asthma. 18.3% of children have been diagnosed with asthma. 9.3% of those with diagnosed asthma went to the ER for asthma symptoms in the past year and 53% take medication daily to control their symptoms.

Asthma

	Stanislaus County	California
Diagnosed with asthma, total population	16.9%	15.0%
Diagnosed with asthma, 0-17 years old	*18.3%	14.7%
ER visit in past year due to asthma, total population**	*9.3%	12.2%
ER visit in past year due to asthma, 0-17 years old**	*5.2%	16.9%
Takes daily medication to control asthma, total population	53.0%	45.6%
Takes daily medication to control asthma, 0-17 years old	*64.0%	42.6%

Source: California Health Interview Survey, 2014-2018 and **2012-2016. <http://ask.chis.ucla.edu> *Statistically unstable due to sample size.

Two Prevention Quality Indicators (PQIs) related to asthma include Chronic Obstructive Pulmonary Disease (COPD) or asthma in older adults, and asthma in younger adults. In 2016, hospitalization rates in Stanislaus County for COPD and asthma among adults were 196.4 per 100,000 persons. The rate of hospitalizations in Stanislaus County for asthma among young adults, ages 18 to 39, were 31.4 hospitalizations per 100,000 persons. These county rates were higher than the state rates.

Asthma Hospitalization Rates* for Prevention Quality Indicators

	Stanislaus County	California
COPD or asthma in older adults, 40+	340.6	229.0
Asthma in younger adults, ages 18 to 39	27.6	18.5

Source: California Office of Statewide Health Planning & Development, 2018. <https://oshpd.ca.gov/data-and-reports/healthcare-quality/ahrq-quality-indicators/#pqj>. *Risk-adjusted (age/sex-adjusted) annual rates per 100,000 persons.

Cancer

In Stanislaus County, cancer rates are higher overall than at the state level. Several specific cancers also exceed state rates, particularly lung and bronchus (48.1 cancers per 100,000 persons), as well as colorectal, kidney and renal pelvis, and urinary bladder cancers. The incidence – or at least diagnosis of – prostate cancer in men is notably lower than the state level; this is in contrast to the higher death rate from prostate cancer found in the county vs. the state.

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

	Stanislaus County	California
Cancer all sites	406.5	393.8
Breast (female)	118.7	121.2
Prostate (males)	81.4	91.2
Lung and bronchus	48.1	40.9
Colon and rectum	38.7	34.8
Corpus Uteri (females)	23.8	24.9
In situ breast (female)	23.3	27.9
Melanoma of the skin	20.5	22.7
Urinary bladder	18.5	16.5
Kidney and renal pelvis	18.1	14.5

	Stanislaus County	California
Non-Hodgkin lymphoma	17.4	18.3
Thyroid	12.6	13.0
Pancreas	12.5	11.7
Lymphocytic + myeloid and monocytic leukemia	11.1	11.9
Ovary (females)	10.4	11.3
Liver and Intrahepatic Bile Duct	9.9	9.7

Source: The Centers for Disease Control and Prevention, National Cancer Institute, State Cancer Profiles, 2013-2017
<http://www.cancer-rates.info/ca/>

HIV

The rate of new HIV cases in Stanislaus County was 10.8 per 100,000 persons in 2018. 79.2% of persons with HIV are receiving care and 70.2% are virally suppressed.

HIV, per 100,000 Persons

	Stanislaus County	California
Newly diagnosed cases	60	4,747
Rate of new diagnoses	10.8	11.9
Living cases	819	136,566
Rate of HIV	147.6	342.9
Percent in care	79.2%	73.8%
Percent virally suppressed	70.2%	64.2%
Percent deceased in 2018	1.3%	1.4%

Source: California Department of Public Health, Office of AIDS, California HIV Surveillance Report, 2018.
https://www.cdph.ca.gov/Programs/CID/DOA/Pages/OA_case_surveillance_reports.aspx

Community Input – Chronic Diseases

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

- Things that impact chronic diseases include living conditions, financial barriers, and access to care – whether you have transportation, or childcare. Some insurance plans do not cover all medications.
- There is a need for more preventive measures.
- A huge issue with our students is nutrition and getting the proper food and care. We have a large population that is obese.
- The real challenge is getting education out to families who are not otherwise receiving services because of the pandemic. I can't assess people if I can't lay eyes on them. Families may not have the education to know how to take the right steps to keep themselves safe.
- Barriers for chronic diseases are a lack of access to specialty physicians, medical doctors, and clinics. Most are located in Modesto or Sacramento or larger communities. We don't have enough specialty services to address the needs.
- Air quality is not good, especially now with the fires.

Health Behaviors

Health Behaviors Ranking

County Health Rankings examine healthy behaviors and rank counties according to health behavior data. California’s 58 counties are ranked from 1 (healthiest) to 58 (least healthy) based on a number of indicators that include: adult smoking, obesity, physical inactivity, excessive drinking, sexually transmitted infections, and others. Stanislaus County is ranked 40, and is in bottom third of California counties for health behaviors. Neighboring San Joaquin County is ranked 34.

Health Behaviors Ranking

	County Ranking (out of 58)
San Joaquin County	34
Stanislaus County	40

Source: County Health Rankings, 2020. www.countyhealthrankings.org

Health Status

Among the residents in Stanislaus County, 20.5% rate themselves as being in fair or poor health. Among adults, 18 and older, 24.6% rate themselves as being in fair or poor health.

Health Status, Fair or Poor Health

	Stanislaus County	California
All persons	20.5%	17.4%
Adults, ages 18+	24.6%	21.3%

Source: California Health Interview Survey, 2016-2018. <http://ask.chis.ucla.edu>

Disability

The U.S. Census Bureau collects data on six different categories of disability or ‘difficulties’: difficulty with hearing, vision, cognitive tasks, ambulatory tasks, self-care tasks and independent living. In the Oak Valley Hospital, 10.8% of adults had a disability, which was higher than county disability rate of 13.2%. 8.4% of Stanislaus County residents said that they hadn’t been able to work for a year or more due to a physical, mental or emotional impairment.

Adults with a Disability

	Oak Valley Hospital	Stanislaus County	California
Adults with a disability	10.8%	13.2%	10.6%
Couldn’t work 1 year or more due to impairment**	N/A	8.4%	7.3%

Source: U.S. Census Bureau, American Community Survey, 2014-2018, DP02. <http://data.census.gov>

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

Sexually Transmitted Infections

In 2018, the rate of chlamydia in Stanislaus County was 525.9 cases per 100,000 persons. The Stanislaus County rate of gonorrhea was 149.3 cases per 100,000 persons. The rate of primary and secondary syphilis for Stanislaus County was 30.5 cases per 100,000 persons. The rate of early latent syphilis was 14.8 cases per 100,000 persons.

STI Cases, Rate per 100,000 Persons

	Stanislaus County		California
	Cases	Rate	Rate
Chlamydia	2,917	525.9	583.0
Gonorrhea	828	149.3	199.4
Primary and secondary syphilis	169	30.5	19.1
Early latent syphilis	82	14.8	19.5

Source: California Department of Public Health, STD Control Branch, 2018.

<https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/STD-Data-All-STDs-Tables.pdf>

Teen Sexual History

In Stanislaus County, 74.9% of teens, ages 14 to 17, whose parents gave permission for the question to be asked, reported they had never had sex.

Teen Sexual History, 14 to 17 Years Old

	Stanislaus County	California
Never had sex	*74.9%	84.2%

Source: California Health Interview Survey, 2015-2018. <http://ask.chis.ucla.edu/> *Statistically unstable due to sample size.

Overweight and Obesity

In Stanislaus County, 36.5% of adults and 12.1% of children are overweight; the rate for teens is somewhere below 15.1%. Rates of overweight adults in Stanislaus County exceed state rates, while overweight children and teens appear to be below state rates.

Overweight

	Stanislaus County	California
Adults, ages 18 and over	36.5%	34.4%
Teens, ages 12-17	**<15.1%	16.6%
Children, ages under 12	*12.1%	14.6%

Source: California Health Interview Survey, 2014-2018. <http://ask.chis.ucla.edu/> *Statistically unstable due to sample size. **Sample size does not allow for a stable measurement.

36% of Stanislaus County adults, 20 years old and older, are obese (30+ BMI). 14% of Stanislaus County teens are obese (top 5% of BMI percentiles). The Healthy People 2030 objectives for obesity are a maximum of 36% of adults, age 20 and over, and 15.5% of teens. Stanislaus County met those goals.

Obesity

	Stanislaus County	California
Adults, ages 20 and older	36.0%	27.8%
Teens, ages 12-17	*14.0%	17.7%

Source: California Health Interview Survey, 2014-2018. <http://ask.chis.ucla.edu/> *Statistically unstable due to sample size.

When adult obesity levels are tracked over time, Stanislaus County has had an increase in obesity, with 3.6% more of the population reported obesity in 2017-2018 than in 2005.

Adult Obesity, 2005 - 2017

	2005	2007	2009	2011-12	2013-14	2015-16	2017-18	Change 2005-2018
Stanislaus County	31.1%	31.7%	35.8%	29.0%	35.9%	36.4%	34.7%	+ 3.6%
California	21.2%	22.6%	22.7%	24.7%	25.9%	27.9%	26.8%	+ 5.6%

Source: California Health Interview Survey, 2005-2018. http://ask.chis.ucla.edu

In Stanislaus County, 79% of Latino adults, 71.2% of Whites, 52.7% of African-Americans, and 41.5% of Asian adults are overweight or obese.

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

	Stanislaus County	California
Latino	79.0%	73.4%
White	71.2%	59.1%
African American	*52.7%	72.7%
Asian	*41.5%	42.9%

Source: California Health Interview Survey, 2014-2018. <http://ask.chis.ucla.edu/> *Statistically unstable due to sample size.

N/A = suppressed due to small sample size

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

In Stanislaus County, the percentage of 5th grade students who tested as body composition needing improvement or at health risk was 40%, which is near the state rate (41.3%). Among 7th grade students in Stanislaus County, 43.3% needed improvement or were at health risk. Rates continue to rise with age in Stanislaus County, and by 9th grade the percentage of students needing improvement or at health risk was 51.2%. Oakdale Joint Unified District had consistently better rates, combined, than the other area schools.

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

	Fifth Grade		Seventh Grade		Ninth Grade	
	Needs Improvement	Health Risk	Needs Improvement	Health Risk	Needs Improvement	Health Risk
Escalon Unified	22.3%	21.3%	17.5%	21.8%	19.9%	24.3%
Oakdale Joint Unified	16.6%	22.7%	16.8%	21.9%	17.0%	18.3%
Riverbank Unified	18.5%	27.5%	21.3%	30.6%	18.3%	25.5%
Waterford Unified	12.5%	29.8%	24.8%	29.7%	21.3%	22.0%
Stanislaus County	10.0%	30.0%	15.0%	28.3%	20.9%	30.3%
California	19.4%	21.9%	19.4%	20.6%	18.9%	18.9%

Source: California Department of Education, Fitnessgram Physical Fitness Testing Results, 2018-2019. N/A = Not Applicable
<http://data1.cde.ca.gov/dataquest/page2.asp?Level=District&submit1=Submit&Subject=FitTest> *Suppressed due to 10 or fewer students.

Community Input – Overweight and Obesity

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

- Children do get Physical Activity (PE) with distance learning, but it is not at the same level of physical activity as they used to get with in-person school. So overall, there is less activity, more anxiety and more eating.
- It is a rare day to get a BMI under 30 (obesity). People were already gaining weight before COVID. And now, people are not getting out to exercise or sports. For kids, PE for school only lasts 20 minutes. And they aren't running around on playgrounds. They are just sitting at home eating more than they normally would and they are eating food that isn't the healthiest for them.
- I do know with people at home right now, physical activity is of concern. People are not able to go outdoors, and there is a lack of motivation to do activities in the home.
- There is a lack of education, specifically, in the Hispanic community about nutrition. Also, several of our smaller communities lack a grocery store within walking distance of their homes. The transportation issue exists for quite a few people.
- Nutrition is a challenge, and obesity is everywhere. Most places you have to pay for exercise classes. There are not too many places that offer it for free. At the senior center, there is an exercise class. It is very full. I think there aren't enough free offerings in the community.
- More than half of the patients we see are overweight children and adolescents and we do not have enough resources. We need outpatient counseling and nutrition. We have more foot amputations in this community than overall in the state of CA. When diabetic patients come in for services, their providers are not having them remove their shoes and socks for foot exams. This should be done routinely, at every exam. We also have a lack of podiatry care; we only have two podiatrists in the area. When you think of the number of people with diabetes in this community, and the fact we only have two podiatrists who take Medi-Cal, that is a problem.

Fast Food

Adults, ages 18-64, consumed fast food at higher rates than children or seniors. In Stanislaus County, 28.8% of adults, 17.4% of children and 12.4% of seniors consumed fast food three or more times per week. These rates are higher than state rates.

Fast Food Consumption, Three or More Times a Week

	Stanislaus County	California
Adult, ages 18-64	28.8%	25.5%
Children and youth, ages 0-17	*17.4%	18.7%
Seniors, ages 65+	*12.4%	11.0%

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

Soda/Sugar-Sweetened Beverage (SSB) Consumption

7.2% of children and teens in Stanislaus County consumed at least two glasses of non-diet soda the previous day, and 7.4% consumed at least two glasses of a sugary drink other than soda the previous day. 14.2% of Stanislaus County adults consumed non-diet sodas at a high rate (7 or more times per week). 55.1% of adults reported drinking no non-diet soda in an average week. These are higher rates of soda consumption than in the state.

Soda or Sweetened Drink Consumption

	Stanislaus County	California
Children and teens reported to drink at least two glasses of non-diet soda yesterday	*7.2%	5.3%
Children and teens reported to drink at least two glasses sugary drinks other than soda yesterday**	*7.4%	10.2%
Adults who reported drinking non-diet soda at least 7 times weekly	14.2%	10.3%
Adults who reported drinking no non-diet soda weekly	55.1%	60.1%

Source: California Health Interview Survey, 2013-2017, **2014-2018. http://ask.chis.ucla.edu *Statistically unstable due to sample size.

Adequate Fruit and Vegetable Consumption

Teens are less likely than children to eat five or more servings of fruit and vegetables a day. In Stanislaus County, 27% of children and 20.8% of teens eat five or more servings of fruit and vegetables daily (excluding juice and fried potatoes). These are lower than state rates.

Five or More Servings of Fruit and Vegetables, Daily

	Stanislaus County	California
Children	27.0%	31.7%
Teens	*20.8%	24.4%

Source: California Health Interview Survey, 2014-2018. <http://ask.chis.ucla.edu/> *Statistically unstable due to small sample size.

Access to Fresh Produce

84.5% of adults in Stanislaus County reported they could usually or always find fresh fruit and vegetables in the neighborhood, and 79% said they were usually or always affordable.

Communities with Good or Excellent Access to Fresh Produce

	Stanislaus County	California
Neighborhood usually or always has fresh produce	84.5%	88.1%
Neighborhood fresh produce usually or always affordable	79.0%	80.7%

Source: California Health Interview Survey, 2016-2018. <http://ask.chis.ucla.edu>

Physical Activity

Current recommendations for physical activity for adults include aerobic exercise (at least 150 minutes per week of moderate exercise, or 75 minutes of vigorous exercise) and muscle-strengthening (at least 2 days per week). For children and teens, the guidelines are at least an hour of aerobic exercise daily and at least 2 days per week of muscle-strengthening exercises. 39.1% of children and 12.2% of teens in Stanislaus County meet the aerobic requirement. 24.1% of Stanislaus County adults get at least 140 minutes of exercise per week (at least 20 minutes at a time, seven days a week) compared to 25.3% of adults at the state level.

Aerobic Activity Guidelines Met

	Stanislaus County	California
Adults exercising at least 20 minutes (at a time) per day, each day***	24.1%	25.3%
Teens meeting aerobic guideline (at least one hour of aerobic exercise daily)**	*12.2%	12.6%
Children, 5-11 years, meeting aerobic guideline (at least one hour of aerobic exercise daily)	39.1%	30.8%

Source: California Health Interview Survey, 2014-2018; **2012-2016; ***2017-2018, asked only of adults who can walk. <http://ask.chis.ucla.edu> *Statistically unstable due to sample size.

One of the components of the physical fitness test (PFT) for students is measurement of aerobic capacity through run and walk tests. 51% of Stanislaus County 5th graders were in the 'Healthy Fitness Zone' (HFZ) of aerobic capacity. Area ninth graders performed slightly worse, with 49.5% of Stanislaus County 9th graders testing in the Healthy Fitness Zone.

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

	Fifth Grade	Ninth Grade
Escalon Unified	54.5%	62.6%
Oakdale Joint Unified	71.5%	64.5%
Riverbank Unified	37.9%	51.0%
Waterford Unified	57.7%	64.7%

	Fifth Grade	Ninth Grade
Stanislaus County	51.0%	49.5%
California	60.2%	60.0%

Source: California Department of Education, Fitnessgram Physical Fitness Testing Results, 2018-2019.
<http://data1.cde.ca.gov/dataquest/page2.asp?Level=District&submit1=Submit&Subject=FitTest>

12.8% of Stanislaus County children and teens spent over five hours in sedentary activities after school on a typical weekday, and 11.4% spent 8 hours or more a day on sedentary activities on weekend days.

Sedentary Children

	Stanislaus County	California
5+ hours spent on sedentary activities after school on a typical weekday - children and teens	*12.8%	13.2%
8+ hours spent on sedentary activities on a typical weekend day - children and teens	*11.4%	9.1%

Source: California Health Interview Survey, 2014-2018. <http://ask.chis.ucla.edu/> *Statistically unstable due to sample size.

23% of Stanislaus County adults reported not participating in at least 20 minutes of physical exercise (at one time) within the past week.

Sedentary Adults

	Stanislaus County	California
Adults who did not exercise for at least 20 minutes on any day in the prior week	23.0%	15.1%

Source: California Health Interview Survey, 2017-2018. <http://ask.chis.ucla.edu/>

Mental Health

Mental Health

Among adults in Stanislaus County, 11.2% were determined to have likely experienced serious psychological distress in the past year, while 11.6% said they had taken a prescription medication for two weeks or more for an emotional or personal problem during the past year. Of those adults who had experienced moderate or severe psychological distress, county adults were slightly less likely to have experienced impairment in their work life when compared to state rates of impairment. Serious psychological distress was experienced in the past year by 9.9% of area teens, which was just slightly lower than the state level (10.2%).

Mental Health Indicators

	Stanislaus County	California
Adults who had serious psychological distress during past year	11.2%	9.6%
Adults taken prescription medicine at least 2 weeks for emotional/mental health issue in past year	11.6%	11.0%
Adults: family life impairment during the past year	15.4%	15.6%
Adults: social life impairment during the past year	16.4%	16.0%
Adults: household chore impairment during the past year	5.2%	4.7%
Adults: work impairment during the past year	*10.0%	13.9%
Teens who had serious psychological distress during past year	*9.9%	10.2%

Source: California Health Interview Survey, 2016-2018. <http://ask.chis.ucla.edu> *Statistically unstable due to sample size.

Mental Health Care Access

15.7% of Stanislaus County teens needed help for emotional or mental health problems in the past year, and 7.5% of teens had received psychological or emotional counseling in the past year. 15% of adults in Stanislaus County needed help for emotional-mental and/or alcohol-drug related issues in the past year. Among Stanislaus County adults who sought help, 68.1% received treatment. The Healthy People 2030 objective is for 68.8% of adults with a serious mental disorder to receive treatment (31.2% who do not receive treatment).

Tried to Access Mental Health Care in the Past Year

	Stanislaus County	California
Teen who needed help for emotional or mental health problems in the past year	*15.7%	21.1%
Teen who received psychological or emotional counseling in the past year	*7.5%	13.0%
Adults who needed help for emotional-mental and/or alcohol-drug issues in past year**	15.0%	18.7%
Adults, sought/needed help and received treatment	68.1%	60.6%

	Stanislaus County	California
Adults, sought/needed help but did not receive	31.9%	39.4%

Source: California Health Interview Survey, 2014-2018; **2016-2018 <http://ask.chis.ucla.edu/> *Statistically unstable due to sample size.

Community Input – Mental Health

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

- There are not enough mental health resources to meet the needs of our community. With COVID, kids are not in school and they are not seeing their friends. Adults are working at home, and with that comes extra stress. Parents are also taking care of the kids at home and essentially home schooling their kids even though it is technically distance learning.
- People struggle with finding counseling services in the area. People do come in for an initial session but then they do not follow-up. I think they are not used to opening up and talking to a stranger. We do have mental health services, but not a psychiatrist and a lot of our patients need medication. To obtain access, they have to go out of the area, and that is a big barrier. We do offer telehealth, especially for those who do not have transportation, are experiencing a lot of anxiety, or don't have the money to get to the clinics in person.
- We've seen an increase in anxiety and depression in a lot of households. A barrier to mental health right now is the virtual component of services provided and the limited number of in person services that are provided, as well as prompt support and resources. It has become difficult because people can't just go to an agency in person anymore. I've noticed, when people are in need, they want immediate help. We offer phone triage, there are many numbers and contacts and agencies out there, but there is still a delay to access care.
- For the school district, we have mental health therapists. By parent or teacher referral, we are getting kids plugged into counseling as needed, in person or online. We are afraid some kids are going to fall behind and that some high school students won't return. For high school students who we are concerned about, we are trying to bring them to campus. Legally, we can have small cohorts of students. We are doing it to keep track of them at all sites, but that requires parents and transportation, unless a student lives close to campus.
- Social media is cause for concern with the mental health of children today. And now factor in social isolation, where social media is the main way to socialize, that sets us up for huge problems down the line. It would be great if we had increased mental health services in our community. It is difficult to send kids out of town. It is difficult with transportation and jobs.
- There are a lot of mental health issues in this county and the biggest barrier is

access to care. There are some resources but many people are turned away. When we do not have access to psychiatrists, we are using the social worker and psychologist, but they aren't able to diagnosis and prescribe.

- Because of COVID, we see a lot of depression and anxiety and a lot of aggressiveness because children are separated from their peers. They need social interaction. Not all kids have phones and computers.
- We encounter a lot of requests for mental health services. I don't know if there is a lack of services or people do not know how to navigate the system. Mental health is a big concern in our rural community, and the needs seems to have increased, for adults and children equally. If adults are going through challenges, typically the children feel the impact as well.
- I feel with mental health there is still a stigma. Pre-COVID we were so appreciative to have a partnership with an agency in Modesto. They had a grant that allowed a mental health clinician to come to us one day a week and meet 1:1 with patients. It was free and a tremendous asset. Now that they can't meet in house, they are doing it over the phone, but it is not the same.

Substance Use and Misuse

Cigarette Smoking

The Healthy People 2030 objective for cigarette smoking among adults is 5%. In Stanislaus County, 15.6% of adults smoke cigarettes, and the rate of current and former smokers are higher than the state rates. 77% of Stanislaus County adult smokers were thinking of quitting in the next 6 months. 21.4% of Stanislaus County adults, ages 18 to 65, had smoked an e-cigarette, which is higher than the state rate (17.9%).

Smoking, Adults

	Stanislaus County	California
Current smoker	15.6%	10.9%
Former smoker	25.9%	21.8%
Never smoked	58.5%	67.3%
Thinking about quitting in the next 6 months	*77.0%	70.9%
Ever smoked an e-cigarette (all adults 18-65)	21.4%	17.9%

Source: California Health Interview Survey, 2016-2018. <http://ask.chis.ucla.edu> *Statistically unstable due to sample size.

No surveyed teens in Stanislaus County said they were current smokers. However, they were more likely to have tried an e-cigarette (13.5%) than teens at the state level (8.6%), and more likely to have smoked one in the past 30 days.

Smoking, Teens

	Stanislaus County	California
Current cigarette smoker	*0.0%	1.4%
Ever smoked an e-cigarette	13.5%	8.6%
Smoked an e-cigarette in the past 30 days	*38.2%	35.7%

Source: California Health Interview Survey, 2014-2018. <http://ask.chis.ucla.edu> *Statistically unstable due to sample size.

Alcohol

Binge drinking is defined as consuming a certain amount of alcohol within a set period of time. For males this is five or more drinks per occasion and for females it is four or more drinks per occasion. Among adults in Stanislaus County, 33.6% had engaged in binge drinking in the past year. The Healthy People 2030 goal is for 25.4% of adults to binge drink. 10.5% of Stanislaus County teens binge drank in the past month.

Adult and Teen Binge Drinking, and Teen Alcohol Experience

	Stanislaus County	California
Adult binge drinking, past year	33.6%	34.7%
Teen binge drinking, past month	*10.5%	4.1%
Teen ever had an alcoholic drink	*25.2%	23.0%

Source: California Health Interview Survey, 2015 adults, 2014-2018 pooled, for teens. <http://ask.chis.ucla.edu/> *Statistically unstable due to sample size.

Marijuana Use in Youth

Marijuana use was reported by 9.2% of 7th graders in Stanislaus County, which was more than twice California's rate (4.2%). By the 11th grade, only 28.6% had tried marijuana, which was lower than the California rate (31%).

Marijuana Use, Teens

	Stanislaus County	California
Ever tried marijuana, 7 th grade	9.2%	4.2%
Ever tried marijuana, 9 th grade	18.8%	17.4%
Ever tried marijuana, 11 th grade	28.6%	31.0%
Used marijuana 0 days in past 30 days, 7 th grade	94.7%	97.7%
Used marijuana 1 day in past 30 days, 7 th grade	1.9%	0.9%
Used marijuana 2 days in past 30 days, 7 th grade	0.9%	0.5%
Used marijuana 3-9 days in past 30 days, 7 th grade	1.1%	0.5%
Used marijuana 10-19 days in past 30 days, 7 th grade	0.8%	0.2%
Used marijuana 20-30 days in past 30 days, 7 th grade	0.5%	0.3%
Used marijuana 0 days in past 30 days, 11 th grade	84.9%	84.0%
Used marijuana 1 day in past 30 days, 11 th grade	4.4%	4.3%
Used marijuana 2 days in past 30 days, 11 th grade	2.7%	3.0%
Used marijuana 3-9 days in past 30 days, 11 th grade	2.5%	3.4%
Used marijuana 10-19 days in past 30 days, 11 th grade	1.7%	1.8%
Used marijuana 20-30 days in past 30 days, 11 th grade	3.7%	3.5%

Source: WestEd, California Healthy Kids Survey, California Department of Education, 2015-2017. via <http://www.kidsdata.org>.

Opioid Use

The rate of hospitalizations due to opioid overdose in Stanislaus County was 14.1 per 100,000 persons. This was more than twice as high as the state rate (6.7 per 100,000 persons). Emergency Department visits due to opioid use in Stanislaus County were 19.6 per 100,000 persons, which was higher than the state rate (11.3 per 100,000 persons). The rate of opioid prescriptions in Stanislaus County was 821.4 per 1,000 persons. This rate is also above the state rate of opioid prescribing (456.9 per 1,000 persons).

Opioid Use, Age-Adjusted, per 100,000 Persons (Prescriptions per 1,000 Persons)

	Stanislaus County	California
Hospitalization rate for opioid overdose (excludes heroin)	14.1	6.7
ER visits for opioid overdose (excludes heroin)	19.6	11.3
Opioid prescriptions, per 1,000 persons	821.4	456.9

Source: California Office of Statewide Health Planning and Development, via California Department of Public Health, California Opioid Overdose Surveillance Dashboard, 2018. <https://discovery.cdph.ca.gov/CDIC/ODdash/>

Community Input – Substance Use

Stakeholder interviews identified the following issues, challenges and barriers related to

substance use. Following are their comments edited for clarity:

- People are utilizing many coping mechanisms, include substance use.
- We get a lot of referrals for patients with substance use issues, and we get a lot of no-shows too. Right now, it is difficult to get appointments, a lot of services that were offered previously are not being offered. Or services are only being offered through the phone or by video calls and many people don't even have a cell phone. We see a lot of meth, opiate and alcohol abuse.
- There is a lot of meth use. I've seen some heroin, but meth is definitely out there.
- Vaping has been a huge issue over the last few years for older students. Without the ability to see them right now, to lay eyes on them, talk to them, it is hard to know what they are doing at this time.
- Alcoholism is a problem.
- A lot of our providers could be more aware of issues on substance use. We have to bring home the fact that they need to do checks on their CURES report, for every visit and do random drug screens and keep track of what they are prescribing for patients because there are some providers who are not doing those things.
- Drugs are available around the school. I ask the teenagers, they tell me you can get pot everywhere, even before it was legalized. And meth is available, but they also get medications from their parents. I don't know if they are stealing from their parents or their family, but they are getting drugs. I see quite a few moms who said they have back pain and they were getting Norco and other pills during pregnancy.

Preventive Practices

Immunization of Children

The rates of compliance with childhood immunizations upon entry into Kindergarten were 95.5% for Stanislaus County and ranged from 73.2% to 97.7% among area school districts. Three of the four area school districts had rates below Stanislaus County, and the California rate of 94.6% of students immunized.

Up-to-Date Immunization Rates of Children Entering Kindergarten, 2018-2019*

	Immunization Rate
Escalon Unified	92.7%
Oakdale Joint Unified	97.7%
Riverbank Unified	93.5%
Waterford Unified	73.2%
Stanislaus County*	95.5%
California*	94.6%

Source: California Department of Public Health, Immunization Branch, 2018-2019. *For those schools where data were not suppressed due to privacy concerns over small numbers.

<https://data.chhs.ca.gov/dataset/school-immunizations-in-kindergarten-by-academic-year>

Flu Vaccines

The Healthy People 2030 objective is for 70% of the population to receive a flu shot. 41.5% of Stanislaus County adults received a flu shot. Among area seniors, 63.7% received a flu shot. Among children, 6 months to 17 years, 46.9% in Stanislaus County received the flu shot. County flu vaccinations rate do not meet the Healthy People 2030 objective.

Flu Vaccine

	Stanislaus County	California
Received flu vaccine, 65+ years old	63.7%	70.4%
Received flu vaccine, 18+ (includes 65+)	41.5%	42.6%
Received flu vaccine, 6 months-17 years old	46.9%	51.3%

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

Mammograms

The Healthy People 2030 objective for mammograms is for 77.1% of women, 50 to 74 years old, to have a mammogram within the past two years. In Stanislaus County, 76.6% of women obtained mammograms, which does not meet the objective.

Mammogram in the Past 2 Years, Women, 50-74 Years Old

	Stanislaus County	California
Mammogram in past 2 years	76.6%	76.4%

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

Pap Smears

The Healthy People 2030 objective for Pap smears is 84.3% of women, ages 21-65 years old, to be screened in the past three years. Among women in area cities, where values were available, 84.7% of women in Manteca, 84.8% of women in Modesto and 84.9% of women in Turlock had the recommended Pap smear.

Pap Smear in the Past 3 Years, Women, 21-65 Years Old

	Manteca	Modesto	Turlock	U.S.
Pap smear in past 3 years	84.7%	84.8%	84.9%	79.5%

Source: Centers for Disease Control, 500 Cities Project, 2016. https://nccd.cdc.gov/500_Cities/

Colorectal Cancer Screening

The current recommendation for colorectal cancer screening is for adults, ages 50-75 years, to have a Fecal Occult Blood Test (FOBT) within the previous year, a sigmoidoscopy in the past five years *and* an FOBT in the past three years, or a colonoscopy exam within the past 10 years. In area cities, where values were available, the reported rate of colorectal cancer screening was 65.1% in Modesto, 66.1% in Turlock, and 66.2% in Manteca. The rates of screening in these area cities do not meet the Healthy People 2030 objective for a colorectal cancer screening rate of 74.4%.

Colorectal Cancer Screening, Adults, 50-75 Years Old

	Manteca	Modesto	Turlock	U.S.
Screening sigmoidoscopy, colonoscopy or Fecal Occult Blood Test	66.2%	65.1%	66.1%	65.2%

Source: Centers for Disease Control, 500 Cities Project, 2016. https://nccd.cdc.gov/500_Cities/

Community Input – Preventive Practices

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

- Right now, under COVID, many people have chosen to not to see a health provider. Many local practitioners were down by 50% early on in the pandemic.
- We've seen a slowdown in annual check-ups with people. Telehealth has its challenges.
- We take people to the hospital or the local Walgreens or Rite Aid to obtain flu shots. I'm not aware of any other programs or medications made available to the homeless.
- We need health fairs to bring these resources back into the community. Also, KinderCare appointments are booked and there is a long wait to get vaccinations for children.
- I wish we had a comprehensive list of available resources through the hospital. Often, we see kids whose parents take them to the ED for sick visits, or to a clinic for sick visits, but they have not established a formal relationship with a doctor. They

may go to a clinic, but not an evaluation with a doctor, just practitioners, seeing them for sick visits. In terms of vaccination clinics, if we are aware of opportunities, we could promote it and advertise it.

- We try to immunize. We have families who refuse, who don't believe in it, they say their religion does not allow them to immunize their children. In California, you cannot go to public schools without immunizations, so I think people realize this is not only their issue, it is a public issue. Sometimes we can convince them to get one shot, but we have a few families who refuse.
- It is so important to get yearly well child checkups and that is key to having a connection to a physician. It is hard in a pandemic to get their regular checkups.

Attachment 1: Benchmark Comparisons

Where data were available, health and social indicators in the service area were compared to the Healthy People 2030 objectives. The **bolded items** are indicators that did not meet established objectives; non-bolded items met or exceeded the objectives.

Indicators	Service Area Data	Healthy People 2030 Objectives
High school graduation rate	90.8% to 96.4%	90.7%
Child health insurance rate	98.2%	92.1%
Adult health insurance rate	91.3%	92.1%
Unable to obtain medical care	7.1%	3.3%
Ischemic heart disease deaths	131.4	71.1 per 100,000 persons
Cancer deaths	158.6	122.7 per 100,000 persons
Colon/rectum cancer death	13.0	8.9 per 100,000 persons
Drug-induced deaths	17.2	20.7 drug-overdose deaths per 100,000 persons
Overdose deaths involving opioids	8.6	13.1 per 100,000 persons
Lung and bronchus cancer deaths	38.1	25.1 per 100,000 persons
Female breast cancer deaths	20.5	15.3 per 100,000 persons
Prostate cancer deaths	24.5	16.9 per 100,000 persons
Stroke deaths	37.4	33.4 per 100,000 persons
Unintentional injury deaths	37.6	43.2 per 100,000 persons
Suicides	9.0	12.8 per 100,000 persons
Liver disease (cirrhosis) deaths	14.3	10.9 per 100,000 persons
Homicides	2.7	5.5 per 100,000 persons
Infant death rate	4.9	5.0 per 1,000 live births
Adult obese, ages 20+	36%	36%
Teens obese, ages 12-17	14%	15.5% of children and teens, ages 2 to 19
Adults engaging in binge drinking	33.6%	25.4%
Cigarette smoking by adults	15.6%	5.0%
Pap smears, ages 21-65, screened in the past 3 years	84.7% to 84.9%	84.3%
Annual adult influenza vaccination	41.5%	70.0%
Mammograms, ages 50-74, screened in the past 2 years	76.6%	77.1%
Colorectal cancer screenings, ages 50-75, screened per guidelines	65.1% to 66.2%	74.4%

Attachment 2: Community Stakeholder Interviewees

Community input was obtained from interviews with community stakeholders from community agencies and organizations that represent medically underserved, low-income, and/or minority populations.

Name	Title	Organization
Alisa Anderson	District School Nurse	Oakdale Joint Unified School District
Krystina Belski, MD	Pediatrician	Krystina Belski, MD Pediatrics
Jenna Garcia	Nurse Practitioner	Riverbank Community Health Center
Heather Grossman	Nurse	Riverbank School District
David T. Jones, MHA	Executive Director	First 5 Stanislaus/Children & Families Commission
Shellie LaMar	Director, Family Support Network	Oak Valley Hospital District
Ana Mercado	Licensed Certified Social Worker	Oakdale and Riverbank Community Health Center
Barbara Mwamba, RN, BSN, MSN	District Education Manager, Training Center Coordinator/Regional Faculty	Oak Valley Hospital District
Frank Ortiz	President	Community Sharing Christian Center
Melanie Yurkovich	Nurse Practitioner	Oakdale Community Health Center
Araseli Zamora	Program Manager	CASA Del Rio Family Resource Center

Attachment 3: Resources to Address Needs

Community stakeholders identified community resources potentially available to address the identified community needs. This is not a comprehensive list of all available resources. For additional resources refer to Stanislaus County 211 at <https://stanislauscounty211.org/>.

Significant Needs	Community Resources
Access to care	CASA Del Rio Family Resource Center, Center for Human Services, Family Resource Center in Riverbank, Family Support Network, Golden Valley Health Center, Oakdale Resource and Counseling Center, Oakdale School District, Planned Parenthood in Modesto, Riverbank Health Clinic, Riverbank School District, Rural Health Clinic
Chronic diseases	AHA, ALA, CASA Del Rio Family Resource Center, Family Support Network, Golden Valley Health Center, Oakdale Rehab & Skilled Nursing Center, Oakdale School District, Rural Health Clinic, Stanislaus County Public Health
COVID-19	Golden Valley Health Center, Quest Diagnostics, Oak Valley Hospital District, Rural Health Clinic
Dental care	Golden Valley Health Center, Healthy Start Program, Oakdale Health Center Dental Clinic
Economic insecurity	Community Resource Center, Catholic Charities, Community Housing and Shelter Services
Food insecurity	Big Valley Grace Community Church, Catholic Charities, Community Services Agency, Center for Human Services Family Resources Center, Community Sharing Christian Center, Second Harvest Food Bank, Living Hope Church, Nazarene Church
Injury prevention	Safe Kids Stanislaus County, Stanislaus County Public Health
Mental health	Behavioral Health and Recovery Services, Stanislaus County Catholic Charities, CASA Del Rio Family Resource Center Doctors Medical Center - Behavioral Health Center, Head Start, Family Support Network, Golden Valley Health Center, Sierra Vista Hospital, NAMI, Prodigal Sons & Daughters, River Oak Grace Community Church, Community Sharing Christian Center
Overweight and obesity	Child Health Disability Prevention Clinic, Commodity Supplement Food Program, Golden Valley Health Center, Health Services Agency, Oakdale Community Health Center, Riverbank Community Health Center, Rural Health Clinic, Stanislaus County Children & Family Commission
Preventive practices	Golden Valley Health Center, Oakdale Community Health Center, Riverbank Community Health Center, Rural Health Clinic

Substance use	Aegis Opioid Treatment Program, Behavioral Health and Recovery Services, Stanislaus County, Celebrate Recovery, Center for Human Services, Doctors Medical Center - Behavioral Health Center, Modesto Gospel Mission, Center for Human Services: Outpatient Treatment and Intensive Outpatient Treatment. Genesis Opioid Treatment Program, Nirvana Drug and Alcohol Program, Redwood Family Treatment Center, Sierra Vista Child and Family Services – First Step, Stanislaus Recovery Center, The Last Resort
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Attachment 4: Report of Progress

In 2018, Oak Valley Hospital conducted their previous Community Health Needs Assessment (CHNA). The hospital's Implementation Strategy associated with the 2018 CHNA, outlined a plan to address access to care, chronic disease and mental health. The following section reports on the progress made to address these selected significant health needs since the completion of the 2018 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.

The clinics offer mental health services provided by a bilingual Licensed Clinical Social Worker. Preventive screenings were offered through the clinics and included Pap smears and mammograms. In response to COVID, telehealth visits were offered for clinic patients. Clinic patients are routinely screened for depression, substance use, including tobacco use, and colorectal cancer.

From January 2019 to April 2020, 7,108 dental services were provided for uninsured and Medi-Cal patients at the Oakdale Health Center. In April 2020, the clinic was closed due to COVID.

A Patient Navigator conducted outreach to existing patients in need of preventive health services and scheduled appointments.

The hospital provided a 24-hour Nurse Call line that is open to the community free of charge.

The Hospital provided 50 free car seats and car seat inspections to families in need.

Over 184 classes on health prevention and early intervention topics were provided to community members.

Chronic Diseases

- Monthly CPR: 21 community members received CPR training for 2019-2020.
- Monthly BP screenings: 76 community members received BP screenings and education on hypertension for 2019-2020.

Due to COVID, all screenings and CPR classes were discontinued in March 2020. The Health District Educator Nurse performed a community stroke education “drive through” event at the Gladys Lemmon’s Senior Center on October 12th, 2020. At this event, 33 members of the community received stroke education packets on the various types of strokes, symptoms, prevention and stroke emergencies.

Primary care clinics provided laboratory testing, foot screenings and retinal screenings for community members with diabetes.

Mental Health

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 RAIZ health prevention promotoras/Community Health Workers through the Family Support Network. Distributing appropriate mental health information to our Spanish speaking participants, as well as our Latino Community members was our first approach for engaging them in a conversation about the importance of good mental health. When facilitating any mental health class, close observation, group discussions about mental health awareness and one on one discussions were used to determine if one suffered from, or was potentially in need of a referral for mental health services.

Providing mental health information in Spanish was a very good tool for increased outreach opportunities. Being a strong advocate for mental health awareness and stigma reduction as well as being a strong presence within our local community gave us additional methods to connect with potential responders, including:

- Weekly groups for adults, teens and children.
- Mental Health materials and resource distribution
- Suicide prevention and stigma reduction presentations
- Emotional packages for children and youths
- Check-up and follow-up calls
- Referrals to mental health services
- Collaboration with a variety of City of Oakdale agencies, such as the Oakdale School District, Oakdale Police Department, Oak Valley Hospital District, Latino businesses and local churches.

Bailo Cultura: 21 sessions – A mental health prevention and awareness dance group that welcomes individuals from all walks of life, to promote their well-being and reduce their stress levels through cultural music and dance. This group is led by a community Promotora who is supported and coached by a staff Promotora. This group is designed to have a 30-minute conversation about a topic related to culture and mental health, followed by one hour of group dance. The purpose of this group is to create a sense of belonging and meaning, while helping participants stay active and heal by connecting to their cultural practices in order to promote their over- all well-being.

Inspiration con Rossy: 27 sessions – A stigma reduction and suicide prevention dance group led by a Promotora. Participants of this mental health and wellness group ranged from 20 –70 years of age. This group is designed to have a total of two hours, in which a mental health topic is introduced, followed by discussion and support among members and concluded with one hour of dance therapy. The intention is to help strengthen memory, to be content and appreciate being in the present moment, to practice using breathing techniques for relaxation of the body and mind, while recognizing the benefit of movement as aging process happens.

Bailo Salud: 25 sessions – This mental health and wellness group has a 30-minute conversation about a mental health topic, followed by one hour of age appropriate dance therapy to support emotional, physical and mental activity for adult Latino women ages 40 and over.

Bailo Belleza: 22 sessions – A two-hour group led by a staff Promotora that promotes inner strength and a healthy sense of self-acceptance in order to reduce the risks of self- harm, eating disorders and depression. The focus of this mental health and wellness group is to learn about embracing, loving and caring for one’s own well-being beyond simply the physical body. Group participants learn about the risks of mental health conditions, shame prone behaviors and the influences these conditions may have on their children and family members.

Oakdale Promotora Network Meetings (Mental Health Awareness Leadership): 14 sessions – A Community leadership group formed by community Promotores from Oakdale, co-facilitated and supported by a staff Promotora. During the fiscal year, the staff Promotora meets with twelve (12) community Promotores to plan and organize community wide events and annual trainings. The planning of events and activities is focused on mental health stigma reduction, well-being and suicide prevention.

Corazon de Nino: 14 sessions – A bilingual mental health and wellness youth group for young boys, ages 3-6. This youth group is facilitated by Promotoras. This youth group’s

focus is to promote an early sense of positive social engagement, recognize abuse to prevent violence at an early age, to nurture creativity and to promote a healthy identity of self-expression within their peers.

Corazon de Nina: 14 sessions – A bilingual mental health and wellness youth group for young girls ages 3-6 years old. This youth group is facilitated by a staff Promotora. This youth group's focus is to promote an early sense of positive social engagement, learn to recognize and accept their emotions, to nurture their inner creativity and to develop a healthy sense of self – expression with their peers.

Mente & Corazon: 6 sessions – A two-hour bilingual mental health and wellness group for children ages 8-13 years, promoting healthy social engagement by nurturing creativity, positive cultural identity and self- expression. Facilitated by a staff Promotora.

Corazon de Teen: 15 sessions – A bilingual mental health and wellness group for youths in 7th to 10th grades. A safe inviting space is provided to promote socialization and interaction within their peer groups. A healthy environment and activities that strengthen their creativity and emotional health are the focus. Mental health topics such as depression, fears and life challenges are discussed within the youth group in a positive fashion, to promote a mindset of non- stigma.

Community Clean up: 2 sessions – This is a mental health stigma reduction, community-based group, facilitated by a staff Promotora. They meet weekly during the spring and summer months. This group activity provides a learning opportunity for youth and their families to participate together in a community clean-up project to promote a sense of caring for and cleaning their city parks, allies, streets and local churches. They gain a strong sense of pride and appreciation for their community in which they reside. Due to the COVID-19 pandemic and State guidelines (social distancing), we only participated in two outside gatherings this fiscal year.

The following sessions below were held *virtually*, using ZOOM and other social media methods, during COVID-19, in order to continue with outreach efforts to youth and families.

Inspiration con Rossy: 5 sessions – This group was facilitated during the pandemic, using ZOOM in order to stay connected, provide accurate information and safety precautions regarding COVID-19 and outreach to families who may feel isolated or fearful. In addition, weekly packages and resource materials were safely provided to families for mental health and wellness.

Corazon de Teen: 5 sessions – This youth group was facilitated using ZOOM, in order to continue to promote a sense of connection for the youths in our community, who were now required to be at home. It provided the youth an opportunity to share their emotions, fears, challenges and to feel less isolated during COVID-19. In addition, weekly creative packages were provided with mental health and wellness focused activities, to promote a sense of positivity.

Bailo Salud: 7 sessions – This group continued on ZOOM and social media platforms, but made some slight changes. The dance therapy exercise portion of the class was paused, instead the class focused on the participant's mental health and provided an opportunity for all to stay connected and to share their individual emotions while dealing with the pandemic as a connected group.

Family Outreach: 3 sessions – This was one of our first new classes we created during the pandemic in March. It was a ZOOM outreach and engagement opportunity to find out how our families were dealing with COVID-19. Through these media sessions, we were able to connect many of our families to mental health clinicians and resources, along with basic needs, such as food/clothing.

Mente & Corazon: 1 session – A bilingual group for children, ages 8-13, This group met via Facebook during COVID-19. Creative mental health activity packages were provided, so children could express their thoughts and emotions through crafting and art.

Corazon de Teen: 1 session – A bilingual mental health and wellness group for youth in grades 7 to 10. A safe inviting space is provided to promote socialization and interaction within their peer groups. A healthy environment, along with activities that strengthen their creativity and emotional health are the focus. Mental health topics such as depression, fears and challenges are discussed in a positive fashion, to promote non stigma. During the COVID-19 pandemic dynamics have changed. Now the group has become a safe space where the youth can connect through texts, calls, and ZOOM. Art and creative packages are given to youth on a weekly basis. These positive packages are designed to give them an opportunity to express their emotions, challenges, fears and successes.

Corazon de Nino/Nina: 1 session – Because of COVID-19, we put together youth packages for both boys and girls, so that the children and families knew we intended to stay connected, even during the pandemic. Each package was created so that the children's focus was on positive mental health projects and not the fear of the pandemic. In addition, appropriate mental health resources were included in the packets

for the parents of the children. Follow up phone calls were also done, to make sure our families felt connected and not isolated.

Mi Vida: 1 session –This is a wellness and resiliency group, facilitated by a staff Promotora with support from the Oakdale Community Promotores. This group’s focus is to help strengthen the interior dimensions of individuals, by promoting a strong sense of emotional wellness and enhancing positive healthy relationships from within the group.

After having implemented these strategies, activities and referrals, we see an improved benefit in:

- The emotional health of participants.
- Participants are better informed about the topic of good mental health
- Participants are not ashamed to ask for the next level of mental health care, if needed.
- The words “mental health” are no longer a huge stigma to discuss within our group participants.
- Increased participation in activities, among our group members.
- Increased desire within our youth participant members to volunteer, as well as a desire to take on leadership roles within our community.