

# Oak Valley Hospital District



## 2024 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. Tax-exempt hospitals 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 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. Twelve (12) interviews were completed in October 2023. 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 the highest level of importance in the community. Mental health, substance use, access to health care, chronic diseases, and preventive practices 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 Needs	Priority Ranking (Total Possible Score of 4)
Mental health	4.00
Substance use	3.89
Access to health care	3.67
Chronic diseases	3.67
Preventive practices	3.56
Economic insecurity	3.44
Overweight and obesity	3.33
Injury prevention	3.25
Dental care	3.11
Food insecurity	2.88

**Report Adoption, Availability and Comments**

This CHNA report was adopted by the Oak Valley Hospital Board of Directors on April 4, 2024.

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](mailto:d Rodrigues@ovhd.com).



## Introduction

### Background and Purpose

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
- Imaging services
- Laboratory services
- Occupational health
- Women's health center

Our mission focuses on safeguarding the health and well-being of the community. We recognize that we serve a diverse population with a wide range of needs, and we happily exceed the expectations of our patients daily. 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

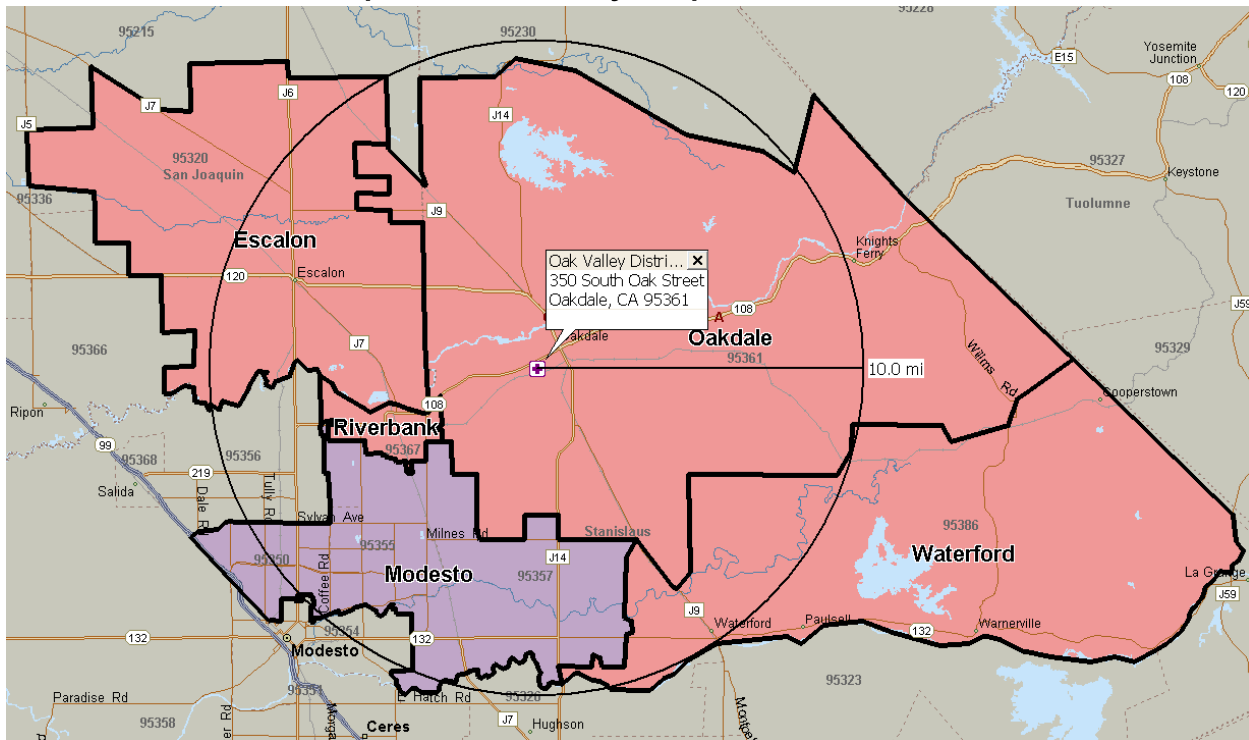
Oak Valley Hospital is a designated Rural Hospital in Stanislaus County and is located at 350 South Oak Avenue, Oakdale, CA 95361. The primary service area for Oak Valley Hospital includes four cities designated by ZIP Codes. Oak Valley tracks ZIP Codes of

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/Chief Operating Officer | 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](http://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 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. 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 2030 objectives, where appropriate. Healthy People is 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. Twelve (12) interviews were completed in October 2023. 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.”

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 organization affiliations.

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 describe major health needs impacting the community as well as the social determinants of health contributing to poor health in the community (see Attachment 3). 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. The interviews focused on these significant health needs:

- Access to care
- Chronic disease
- Dental care
- Economic insecurity
- Food insecurity
- Injury prevention
- Mental health
- Overweight and obesity
- Preventive practices (screenings, vaccines)
- 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 (SurveyMonkey) in advance of the interview. The stakeholders were asked to rank each identified 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 respondents answered every question, therefore, the response percentages were calculated based on respondents only and not on the entire sample size.

Mental health and substance use had the highest scores for severe and very severe impact on the community. Mental health, economic insecurity, and substance use were the top needs that had worsened over time. Mental health and substance use had the highest scores for 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	55.6%	22.2%	33.3%
Chronic diseases	66.7%	33.3%	66.7%
Dental care	44.4%	33.3%	44.4%
Economic insecurity	66.7%	77.8%	66.7%
Food insecurity	33.3%	33.3%	55.6%
Injury prevention	11.1%	11.1%	11.1%
Mental health	100%	88.9%	88.9%
Overweight and obesity	55.6%	66.7%	66.7%
Preventive practices	33.3%	11.1%	33.3%
Substance use	100%	77.8%	77.8%

The interviewees were also asked to prioritize the health needs according to the highest level of importance in the community. The total score for each significant 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 significant need. Mental health, substance use, access to health care, chronic

diseases, and preventive practices were ranked as the top five priority needs in the service area. Calculations resulted in the following prioritization of the significant needs.

<b>Significant Needs</b>	<b>Priority Ranking (Total Possible Score of 4)</b>
Mental health	4.00
Substance use	3.89
Access to health care	3.67
Chronic diseases	3.67
Preventive practices	3.56
Economic insecurity	3.44
Overweight and obesity	3.33
Injury prevention	3.25
Dental care	3.11
Food insecurity	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 4.

## Community Demographics

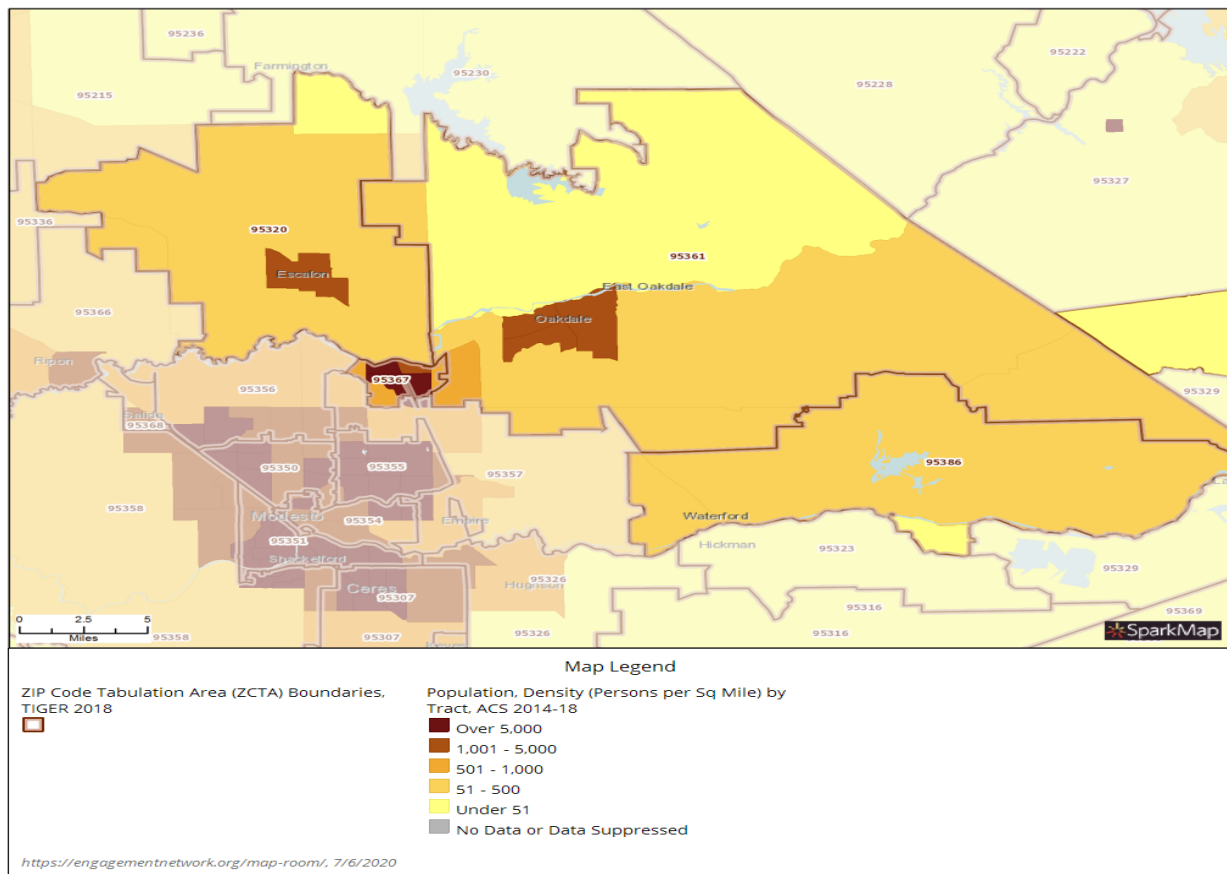
### Population

The population of the Oak Valley Hospital service area is 82,614. Population density ranges from 5,961.2 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	12,481	86.68	144.0
Oakdale	95361	34,725	162.50	213.7
Riverbank	95367	25,037	4.20	5,961.2
Waterford	95386	10,371	67.64	153.3
<b>Oak Valley Hospital</b>		<b>82,614</b>	<b>321.02</b>	<b>257.3</b>
<b>Stanislaus County</b>		<b>550,842</b>	<b>1,494.37</b>	<b>368.6</b>
<b>California</b>		<b>39,455,353</b>	<b>155,779.22</b>	<b>253.3</b>

Source: U.S. Census Bureau, American Community Survey, 2017-2021, DP05. <http://data.census.gov>





From 2016 to 2021, the population of the service area increased by 1.4%.

### Total Population and Change in Population, 2016 - 2021

	Oak Valley Hospital	Stanislaus County	California
Total population	82,614	550,842	39,455,353
Change in population, 2016-2021	1.4%	3.8%	2.1%

Source: U.S. Census Bureau, American Community Survey, 2012-2016 & 2017-2021, DP05. <http://data.census.gov>

Among the area population, 49.4% are male and 50.6% are female.

### Population, by Gender

	Oak Valley Hospital	Stanislaus County	California
Male	49.4%	49.8%	50.0%
Female	50.6%	50.2%	50.0%

Source: U.S. Census Bureau, American Community Survey, 2017-2021, DP05. <http://data.census.gov>

In Stanislaus County, 92% of the adult population identify as straight or heterosexual, and 99% as cisgender, or not transgender.

### Sexual Orientation and Gender Identity, Adults

	Stanislaus County	California
Straight or heterosexual	92.0%	91.6%
Gay, lesbian or homosexual	*1.9%	2.9%
Bisexual	3.9%	3.6%
Not sexual/celebrate/none/other	2.1%	1.8%
Cisgender/not transgender	*99.0%	99.4%
Transgender/gender non-conforming	*1.0%	0.6%

Source: California Health Interview Survey, 2015-2021 combined. <http://ask.chis.ucla.edu/> \*Statistically unstable due to sample size.

Children and youth, ages 0-17, are 26.8% of the service area population. 58.8% are adults, ages 18-64, and 14.4% of the population is senior adults, 65 and over. The service area has a lower percentage of younger adults, ages 18 to 54 (46.1%) than the county (48.5%), and a higher percentage of older adults, ages 55 and older, (27.2%) than the county (24.2%).

### Population, by Age

	Oak Valley Hospital	Stanislaus County	California
0 – 4	7.2%	7.0%	6.0%
5 – 17	19.5%	20.2%	16.8%
18 – 24	8.0%	9.4%	9.3%
25 – 54	38.1%	39.1%	41.4%
55 – 64	12.8%	11.3%	12.2%
65 and older	14.4%	13.0%	14.4%

Source: U.S. Census Bureau, American Community Survey, 2017-2021, DP05. <http://data.census.gov>

In the service area, Riverbank has the largest percentage of youth, ages 0-17 (28.2%), and the smallest percentage of senior adults, ages 65 and older (11.6%). Escalon has the highest percentage of senior adults, ages 65 and older (18%), in the service area.

### Population, by Youth, Ages 0-17, and Senior Adults, Ages 65 and Older

	ZIP Code	Total Population	Youth Ages 0 – 17	Senior Adults Ages 65+
Escalon	95320	12,481	27.7%	18.0%
Oakdale	95361	34,725	25.4%	15.9%
Riverbank	95367	25,037	28.2%	11.6%
Waterford	95386	10,371	26.8%	11.7%
<b>Oak Valley Hospital</b>		<b>82,614</b>	<b>26.8%</b>	<b>14.4%</b>
<b>Stanislaus County</b>		<b>550,842</b>	<b>27.3%</b>	<b>13.0%</b>
<b>California</b>		<b>39,455,353</b>	<b>22.8%</b>	<b>14.4%</b>

Source: U.S. Census Bureau, American Community Survey, 2017-2021, DP05. <http://data.census.gov>

Senior adults living alone may be isolated and lack adequate support systems. In the service area, the percentage of households made up of senior adults who live alone ranged from 6% in Waterford to 14.5% in Escalon.

### Senior Adults Living Alone

	ZIP Code	Percent
Escalon	95320	14.5%
Oakdale	95361	10.4%
Riverbank	95367	8.1%
Waterford	95386	6.0%
<b>Oak Valley Hospital</b>		<b>10.0%</b>
<b>Stanislaus County</b>		<b>8.9%</b>
<b>California</b>		<b>9.5%</b>

Source: U.S. Census Bureau, American Community Survey, 2017-2021, DP02. <http://data.census.gov>

### Race and Ethnicity

In the service area, 52.4% of the population are White residents, 39.4% are Hispanic or Latino residents, 3.4% are Multiracial residents, 3.1% are Asian residents, 1% of the population are Black or African American residents, and the remaining 0.7% of the population are American Indian or Alaskan Native residents, Native Hawaiian or Pacific Islander residents, or residents of some other race. When compared to the county and state, the service area has a higher percentage of White residents and a lower percentage of Asian and Black or African American residents. In addition, the service area has a lower percentage of Hispanic or Latino residents (39.4%) than the county (47.9%).

## Race and Ethnicity

	Oak Valley Hospital	Stanislaus County	California
White	52.4%	39.6%	35.8%
Hispanic or Latino	39.4%	47.9%	39.5%
Multiracial	3.4%	2.8%	3.6%
Asian	3.1%	5.6%	14.7%
Black or African American	1.0%	2.8%	5.4%
Other race	0.3%	0.3%	0.4%
American Indian or Alaska Native	0.3%	0.4%	0.3%
Native Hawaiian or Pacific Islander	0.1%	0.5%	0.3%

Source: U.S. Census Bureau, American Community Survey, 2017-2021, DP05. <http://data.census.gov>

In the service area, Escalon has the highest percentage of non-Hispanic White residents (70.4%). Riverbank has the highest percentage of Hispanic or Latino residents (59.5%) and Asian residents (5.6%). In the service area, the highest percentage of Black or African American residents (2.2%) is found in Waterford.

## Race and Ethnicity, by ZIP Code

	ZIP Code	White	Hispanic or Latino	Asian	Black or African American
Escalon	95320	70.4%	23.2%	1.8%	0.2%
Oakdale	95361	63.8%	29.0%	1.7%	0.6%
Riverbank	95367	30.0%	59.5%	5.6%	1.5%
Waterford	95386	46.9%	45.2%	3.7%	2.2%
<b>Oak Valley Hospital</b>		<b>52.4%</b>	<b>39.4%</b>	<b>3.1%</b>	<b>1.0%</b>
<b>Stanislaus County</b>		<b>39.6%</b>	<b>47.9%</b>	<b>5.6%</b>	<b>2.8%</b>
<b>California</b>		<b>35.8%</b>	<b>39.5%</b>	<b>14.7%</b>	<b>5.4%</b>

Source: U.S. Census Bureau, American Community Survey, 2017-2021, DP05. <http://data.census.gov>

## Language

English is spoken in the home among 67.1% of the service area population. Spanish is spoken in the home among 28.5% of the population, 2% of the population speaks another Indo-European language (other than Spanish and English), and 2% 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	67.1%	57.2%	56.1%
Speaks Spanish	28.5%	34.0%	28.3%
Speak Other Indo-European language	2.0%	4.2%	4.6%
Speaks Asian or Pacific Islander lang.	2.0%	2.8%	9.9%
Speaks other language	0.3%	1.8%	1.1%

Source: U.S. Census Bureau, American Community Survey, 2017-2021, DP02. <http://data.census.gov>

Riverbank (46.5%) and Waterford (38.2%) have the highest percentage of Spanish speakers in the service area. Waterford has the highest percentage of Indo-European

language speakers (3.4%). Riverbank has the highest percentage of Asian or Pacific Islander languages spoken at home (4.2%).

### Language Spoken at Home, by ZIP Code

	ZIP Code	English	Spanish	Indo European	Asian or Pacific Islander
Escalon	95320	80.9%	14.2%	3.0%	1.9%
Oakdale	95361	79.3%	17.7%	2.0%	0.9%
Riverbank	95367	47.3%	46.5%	1.0%	4.2%
Waterford	95386	57.7%	38.2%	3.4%	0.8%
<b>Oak Valley Hospital</b>		<b>67.1%</b>	<b>28.5%</b>	<b>2.0%</b>	<b>2.0%</b>
<b>Stanislaus County</b>		<b>57.2%</b>	<b>34.0%</b>	<b>4.2%</b>	<b>2.8%</b>
<b>California</b>		<b>56.1%</b>	<b>28.3%</b>	<b>4.6%</b>	<b>9.9%</b>

Source: U.S. Census Bureau, American Community Survey, 2017-2021, 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 25.1%. Among area school districts, English Learners ranged from 11.5% of students in Oakdale Joint Unified School District to 36.5% of students in Riverbank Unified.

### English Learners

	Number	Percent
Escalon Unified	422	14.1%
Oakdale Joint Unified	599	11.5%
Riverbank Unified	1,086	36.5%
Waterford Unified	547	21.3%
<b>Stanislaus County</b>	<b>26,856</b>	<b>25.1%</b>
<b>California</b>	<b>1,112,535</b>	<b>19.0%</b>

Source: California Department of Education DataQuest, 2022-2023. <http://dq.cde.ca.gov/dataquest/>

### Veterans

In the service area, 6% of the civilian population, 18 years and older, are veterans. This is higher than the county and state (4.8%).

### Veteran Status

	Oak Valley Hospital	Stanislaus County	California
Veterans	6.0%	4.8%	4.8%

Source: U.S. Census Bureau, American Community Survey, 2017-2021, DP02. <http://data.census.gov>

### Citizenship

In the service area, 15.6% of the population is foreign-born. Of the foreign-born, 49.1% 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	15.6%	20.1%	26.5%
Of foreign born, not a U.S. citizen	49.1%	51.9%	46.5%

Source: U.S. Census Bureau, American Community Survey, 2017-2021, 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 39, in the bottom third of California counties. Neighboring San Joaquin County, where Escalon is located, is ranked 40.

### Social and Economic Factors Ranking

	County Ranking (out of 58)
San Joaquin County	40
Stanislaus County	39

Source: County Health Rankings, 2023. [www.countyhealthrankings.org](http://www.countyhealthrankings.org)

### Poverty

The Census Bureau annually updates official poverty population statistics. For 2021, the Federal Poverty Level (FPL) was set at an annual income of \$13,788 for one person and \$27,479 for a family of four. Among the residents represented in the hospital service area, 13.1% have incomes <100% of the Federal Poverty Level. The rate of low-income residents (in households earning less than 200% of the FPL) is 28.8% in the service area.

When examined by ZIP Code, poverty rates are highest among residents of Waterford (17.1%), as is the rate of residents living in low-income households (33.9% of residents). Rates of poverty and low-income are lowest in Oakdale.

### Poverty Levels, <100% FPL and <200% FPL, by ZIP Code

	ZIP Code	<100% FPL	<200% FPL
Escalon	95320	13.3%	28.9%
Oakdale	95361	10.9%	24.5%
Riverbank	95367	14.2%	32.5%
Waterford	95386	17.1%	33.9%
<b>Oak Valley Hospital</b>		<b>13.1%</b>	<b>28.8%</b>
<b>Stanislaus County</b>		<b>13.6%</b>	<b>34.9%</b>
<b>California</b>		<b>12.3%</b>	<b>28.5%</b>

Source: U.S. Census Bureau, American Community Survey, 2017-2021, S1701. <http://data.census.gov>

17.5% of service area children, under age 18, are living in poverty. In Waterford, 26.1% of children live in poverty. Among service area senior adults, 12% are living in poverty.

In Waterford, 18.7% of senior adults live in poverty. Among Females who are Heads of Household (HoH), with children, under age 18, 32.2% live in poverty.

### Poverty Levels of Children, Senior Adults, and Female Head of Household with Children

	ZIP Code	Children Under 18 Years Old	Senior Adults	Female HoH with Children *
Escalon	95320	20.5%	8.4%	74.2%
Oakdale	95361	12.4%	11.9%	20.1%
Riverbank	95367	18.9%	12.4%	38.8%
Waterford	95386	26.1%	18.7%	24.4%
<b>Oak Valley Hospital</b>		<b>17.5%</b>	<b>12.0%</b>	<b>32.2%</b>
<b>Stanislaus County</b>		<b>18.4%</b>	<b>11.5%</b>	<b>31.1%</b>
<b>California</b>		<b>16.2%</b>	<b>10.5%</b>	<b>30.1%</b>

Source: U.S. Census Bureau, American Community Survey, 2017-2021, S1701 & \*S1702. <http://data.census.gov>  
Care should be taken when interpreting rates for a ZIP Code with a small population.

### Free and Reduced-Price Meals

The National School Lunch Program is a federally assisted meal program that provides free, nutritionally balanced lunches to children whose families meet eligibility income requirements. Area school district eligibility ranged from 41.3% of students in the Oakdale Joint School District to 77.2% in the Waterford Unified School District.

### Free and Reduced-Price Meal Eligibility

	Percent Eligible Students
Escalon Unified	42.5%
Oakdale Joint Unified	41.3%
Riverbank Unified	54.7%
Waterford Unified	77.2%
<b>Stanislaus County</b>	<b>67.0%</b>
<b>California</b>	<b>59.9%</b>

Source: California Department of Education, Dataquest, 2022-2023. <http://data1.cde.ca.gov/dataquest/>

### Community Input – Economic Insecurity

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

- We see a lot of families who are financially struggling. We are seeing more economic issues and greater health needs post pandemic.
- We have a free food program that a lot of students use for breakfast and lunch.
- We used to have people who were homeless throughout the town, parks and businesses. It has been cleaned up now with the Rescue Mission. They have places to sleep and a cooling station, and they provide meals 6 days a week. This has taken the homeless out of the public eye.
- We serve a very low-income community, and we have a lot of families who don't work and lack transportation. And post Covid, there is a bigger disconnect between

families and follow-up. There is a lot less parental involvement with their kids' needs. As a result, we are seeing more mental health issues. There is a family structure disconnect and they are passing on a lot of their duties as parents onto the schools.

- Most of the homeless population don't have income. And when they do, it is not enough to sustain affordable housing and a good diet.
- We are seeing a rise in homelessness. I met with the school district, and I don't even think we have the full count. We have over 35 kids who are unhoused and people in school who are defined as homeless are living on the street or in a vehicle. That doesn't even take into account those who are living in a garage or are couch surfing. Many people are behind on their rent as well. During the pandemic, our utilities and our city water stopped shutting people off for nonpayment. But now all these people are behind and must make arrangements to pay. PG&E has a forgiveness program, but you have to pay your bill on time for the next two years otherwise they put all that money back onto your bill. Utility costs have gone up significantly. People's bills have doubled and tripled. It is unbearable and people don't have a choice.
- The cost of rent and living expenses and a lack of childcare are big factors for a lot of our families.
- It is difficult to get a job because of a lack of affordable childcare. There are many single-family households. Recently people have been requesting assistance for gas costs. People must decide whether to pay the water bill or buy groceries.
- A lot of people who work in the fields and some of our community members don't drive or have a car. It is difficult to get to services because of a lack of transportation. Sometimes language is an issue as well. When you have kids and you must provide food and clothing, and the economy is so bad right now, it can be a struggle.

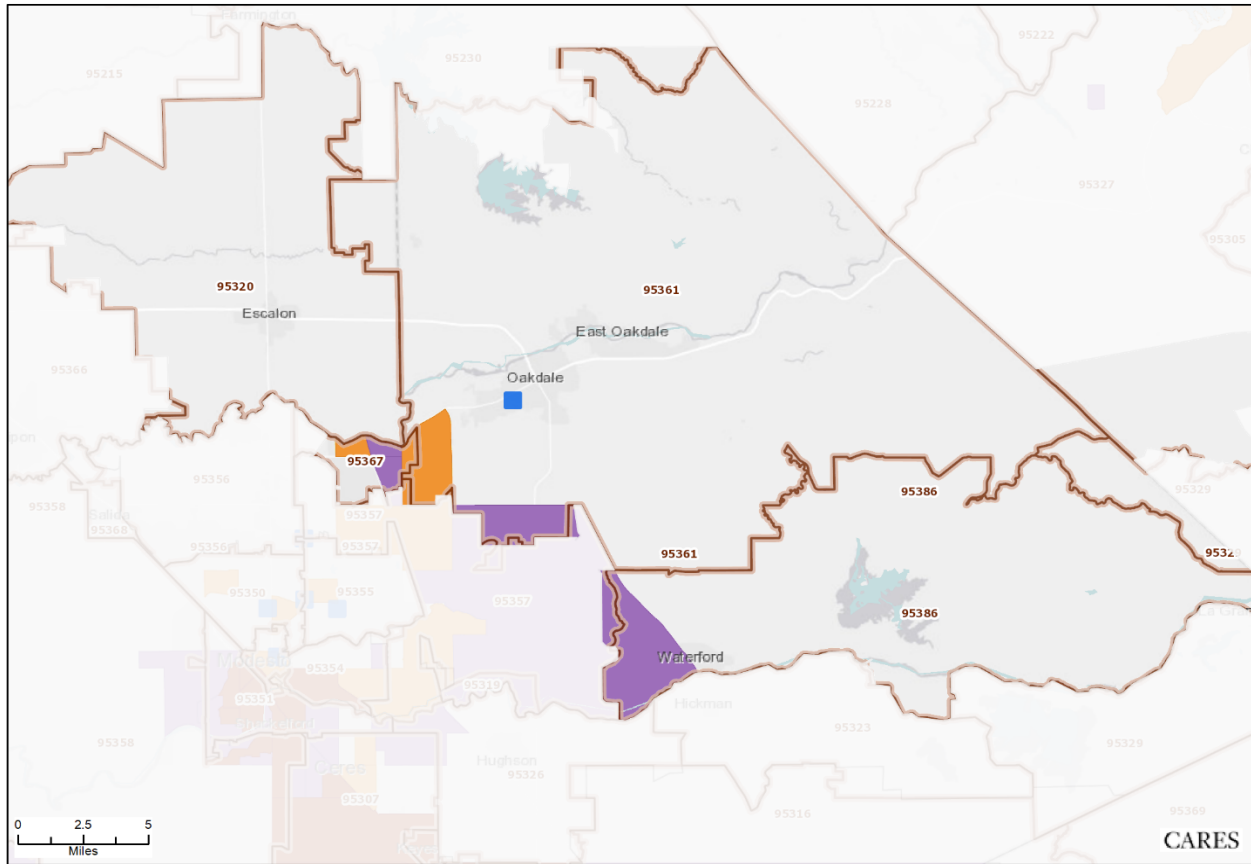
### **Vulnerable Populations**

When vulnerable populations in the area are mapped, pockets of poverty emerge. The map below shows the 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. The hospital location is represented by a blue square.

There are no designated areas of vulnerable populations within the service area boundaries. However, Riverbank and Oakdale show areas where poverty exceeds 20% of the population, and Riverbank, Oakdale and Waterford show 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.



## Vulnerable Populations in the Oak Valley Hospital Service Area



<https://careshq.org/map-room/>, 7/17/2023

### Unemployment

The unemployment rate in the service area, averaged over 5 years, was 7.7%. The highest rate of unemployment was found in Escalon (9.6%), and the lowest unemployment rate in the service area was found in Riverbank (6.9%).

### Employment Status for the Population, Ages 16 and Older

	Civilian Labor Force	Unemployed	Unemployment Rate
Escalon	5,266	507	9.6%
Oakdale	16,536	1,302	7.9%
Riverbank	11,185	769	6.9%
Waterford	4,547	327	7.2%
<b>Oak Valley Hospital Service Area</b>	<b>37,534</b>	<b>2,905</b>	<b>7.7%</b>
<b>Stanislaus County</b>	<b>255,842</b>	<b>21,517</b>	<b>8.4%</b>
<b>California</b>	<b>19,980,462</b>	<b>1,303,741</b>	<b>6.5%</b>

Source: U.S. Census Bureau, American Community Survey, 2017-2021, DP03. <http://data.census.gov/>

### Households

Many factors impact and constrain household formation, including housing costs,

income, employment, marriage and children, and other considerations. There is a need for vacant units – both for sale and for rent – in a well-functioning housing market to enable prospective buyers or renters to find a unit matching their needs and to give prospective sellers the confidence to list their homes in the belief they will find replacement housing. The mortgage corporation, Freddie Mac estimates that the vacancy rate should be 13% to allow for these needs to be met.

[http://www.freddiemac.com/research/insight/20181205\\_major\\_challenge\\_to\\_u.s.\\_housing\\_supply.page](http://www.freddiemac.com/research/insight/20181205_major_challenge_to_u.s._housing_supply.page)

In the service area, there are 27,294 households and 28,573 housing units. Over the last five years, the population grew by 1.4%, while the number of households increased by 4%. Owner-occupied households increased by 7.2% while renter-households decreased by 2.2% from their 2016 levels. Housing units grew by 2.2%, and vacant units decreased by 24.6%, to 4.5% of overall housing stock.

### Households and Housing Units and Percent Change

	2016		2021		Percent Change
	Number	Percent	Number	Percent	
Housing units	27,953		28,573		2.2%
Vacant	1,697	6.1%	1,279	4.5%	-24.6%
Households	26,256		27,294		4.0%
Owner occ.	17,181	65.4%	18,421	67.5%	7.2%
Renter occ.	9,075	34.6%	8,873	32.5%	-2.2%

Source: U.S. Census Bureau, American Community Survey, 2012-2016 & 2017-2021, DP04. <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% of owner and renter-occupied households in the service area spend 30% or more of their income on housing. Oakdale (35.2%) is the service area city with the highest percentage of households that spend 30% or more of their income on housing.

### Households that Spend 30% or More of Income on Housing

	ZIP Code	Percent
Escalon	95320	30.0%
Oakdale	95361	35.2%
Riverbank	95367	32.4%
Waterford	95386	30.5%
<b>Oak Valley Hospital</b>		<b>33.0%</b>
<b>Stanislaus County</b>		<b>37.7%</b>
<b>California</b>		<b>41.1%</b>

Source: U.S. Census Bureau, American Community Survey, 2017-2021, 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 \$75,112. Median household income in the service area ranged from \$66,420 in Escalon to \$79,423 in Oakdale.

### Median Household Income

	ZIP Code	Median Household Income
Escalon	95320	\$66,420
Oakdale	95361	\$79,423
Riverbank	95367	\$75,968
Waterford	95386	\$68,454
<b>Oak Valley Hospital Service Area</b>		<b>\$75,112</b>
<b>Stanislaus County</b>		<b>*\$68,368</b>
<b>California</b>		<b>\$84,097</b>

Source: U.S. Census Bureau, American Community Survey, 2017-2021, DP03. <http://data.census.gov> \*Weighted mean of the medians.

### Households by Type

28.7% of households in the service area are family households, with children under age 18, and 4.2% of households are households with a female as head of household (HoH) with children under age 18.

### Households, by Type

	Total Households	Family* Households with Children Under Age 18	Female Head of Household with own Children Under Age 18	Senior Adults, 65+, Living Alone
	Number	Percent	Percent	Percent
Oak Valley Hospital Service Area	27,294*	28.7%	4.2%	10.0%
Stanislaus County	175,067	27.3%	6.0%	8.9%
California	13,217,586	23.6%	4.7%	9.5%

Source: U.S. Census Bureau, American Community Survey, 2017-2021, DP02. <http://data.census.gov> \*Includes both married and unmarried couples.

### Homelessness

Stanislaus County conducts an annual 'point-in-time' count of homelessness in the county. On the night of January 26, 2023, there were 2,091 persons experiencing homelessness counted in the county, a 12.6% increase from the number counted the previous year. On January 9, 2023, a local State of Emergency was proclaimed in Stanislaus County due to widespread flooding. These conditions pushed some residents into shelters, something they might not otherwise have chosen to do. Increased State and Federal funding used for hotel/motel vouchers contributed to the 32% increase in sheltered persons experiencing homelessness. 45.4% of the people experiencing homelessness were unsheltered.

Among children, 2.8% of public school enrollees in Stanislaus County were recorded as experiencing homelessness at some point during the 2017-2018 school year (Source: CA Dept. of Education, Coordinated School Health and Safety Office custom tabulation & CA Basic Educational Data System, October 2019, via [kidsdata.org](http://kidsdata.org), July 2023).

### Homeless Annual Count, Stanislaus County

Year of Count	Unsheltered	Sheltered			Total Homeless
		Emergency	Transitional	Hotel/Motel	
2022	946	701	210	N/A	1,857
2023	949	788	217	137	2,091

Source: 2022 and 2023 Stanislaus County Homeless Point-In-Time Count Executive Summary. <https://www.stancounty.com/newsfeed/pdf/20220613-resch-pit.pdf> and <https://csocstan.com/2023-point-in-time-homeless-count/>

According to the total homeless count, 4.4% were unaccompanied youth, 4.8% were veterans, and 30.6% of those not in Transitional Housing were chronically homeless. 26% of those surveyed were experiencing homelessness due to fleeing abuse or violence in the home, and 12% of adults experiencing homelessness in Stanislaus County were survivors of domestic violence.

### Unsheltered Homeless Subpopulations, 2023

	Count	Percent
Unaccompanied youth	92	4.4%
Veterans	101	4.8%
Chronically homeless*	573	30.6%
Became homeless due to abuse/violence in the home**	449 to 465	26%
Adult survivors of (currently fleeing) domestic abuse***	176 to 190	12%
Transgender or gender nonconforming	15	0.7%

Source: 2023 Stanislaus County Homeless Point-In-Time Count Executive Summary. \*of those not in Transitional Housing; n = 1,871 \*\*Survey responses; n = 1,760 \*\*\*Adults only; n = 1,530. <https://csocstan.com/2023-point-in-time-homeless-count/>

A small number of people experiencing homelessness live in service area cities.

### Persons Experiencing Homelessness (Sheltered and Unsheltered), by City and ZIP Code

	ZIP Code	Number
Escalon	95320	N/L
Oakdale	95361	22
Riverbank	95367	18
Waterford	95386	4

Source: 2023 Stanislaus County Homeless Point-In-Time Count Executive Summary. <https://csocstan.com/2023-point-in-time-homeless-count/> N/L = ZIP Code / city is in San Joaquin County, so was not listed

### Public Program Participation

In Stanislaus County, 42.8% of low-income adults (those making 200% of the Federal Poverty Level (FPL) or less) are not able to afford enough to eat, but only 25.8% of low-income residents of the county utilize food stamps. WIC benefit usage is similar, with 24.6% of county children, 6 years and younger, in low income households, accessing

WIC benefits. 13.4% of county residents are TANF/CalWorks recipients.

### Public Program Participation, 200% FPL and Lower

	Stanislaus County	California
Not able to afford enough food, adults	42.8%	38.9%
Food stamp recipients	25.8%	27.8%
WIC usage among children, 6 years and under	*25.6%	45.0%
TANF/CalWorks recipients***	13.4%	10.5%

Source: California Health Interview Survey, 2019-2021. <http://ask.chis.ucla.edu/> \*Statistically unstable due to sample size.

In the service area, 6.1% of households receive SSI benefits, 2.8% receive cash public assistance income, and 8.8% of households receive food stamp benefits.

### Household Supportive Benefits

	Oak Valley Hospital	Stanislaus County	California
<b>Total households</b>	<b>27,294</b>	<b>175,067</b>	<b>13,217,586</b>
Supplemental Security Income (SSI)	6.1%	7.7%	6.0%
Cash Public Assistance	2.8%	3.8%	3.6%
Food Stamps/SNAP	8.8%	13.4%	9.5%

Source: U.S. Census Bureau, American Community Survey, 2017-2021, DP03. <http://data.census.gov>

### CalFresh Eligibility and Participation

CalFresh is California's food stamp program. According to the California Department of Social Services, 79.6% of eligible households in Stanislaus County received food stamps (CalFresh) in 2019. More-recent participation data has not been released due to impacts from the COVID-19 pandemic. A monthly average of 40,602 households in the county received food stamps in 2022, with the number rising month over month. The number of households receiving food stamps in January 2023 (43,894) was an 8.1% increase over the 2022 monthly average.

### CalFresh Eligibility and Participation

	Participating Households	Participation Rate* Among Eligible Households	January 2023	Percent Increase From 2022 Monthly Average
Stanislaus County	40,602	79.6%	43,894	8.1%
California	2,795,730	64.2%	3,003,165	7.4%

Source: California Department of Social Services' CalFresh Master Data and Dashboard, 2022 Calendar Year Average and \*2019. <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, 11% of the population experienced food insecurity in 2021. Among children in Stanislaus County, 15.2% lived in households that experienced food insecurity. Feeding America estimates that 82% of those experiencing food insecurity in Stanislaus County, and 74% 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	60,680	11.0%	4,104,060	10.5%
Children under 18 experienced food insecurity during the year	22,840	15.2%	1,182,720	13.5%

Source: Feeding America, 2021. <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:

- We would like to get more facilities to work with us to obtain more items for our foodbank. We have recently had a lot of shortages, sometimes things get scarce, like eggs or cereal. It has been harder this year than in previous years. We have a lot of seniors who are frightened and continue to be concerned with their health and safety with Covid and have stopped using our facilities.
- We hear of stigma people face going to a food bank. People will say they are ashamed to get food and handouts.
- There are free breakfast and lunch options at school. There are resources in the community as well.
- We have increased free meals in the schools. But there is a stigma to identifying yourself as socioeconomically disadvantaged. When we ask parents to submit a form to provide reduced price meals they don't want to claim to be in that situation. But we need those forms to get more governmental funding to provide the meals. As a result, we don't get access to the resources they are entitled to. We are seeing more kids take advantage of the meal programs now. And they are accessing other basic needs like free backpacks, toiletries and clothes.
- This is a huge issue. We have seen a more than 50% increase in the need for food. It started during the pandemic, and it has only gotten worse. Last month for our food distribution we had a line wrapped all the way around the street to another street for 45 minutes and we ran out of food to distribute. I'm anxious to see if next week we have the same issue. We usually serve between 250-280 people each time. Last month our number was 380. We are also seeing more people coming in for food pantry, hygiene products and clothing.

- We have CalFresh and WIC. I don't know if people know how to access them or if they even know about them.

### Educational Attainment

In the service area, 17.8% of the adult population has less than a high school education. This rate is lower than the county rate (20%). 19.1% of service area residents have a bachelor's degree or higher.

### Educational Attainment of Adults, Ages 25 and Older

	Oak Valley Hospital	Stanislaus County	California
<b>Population, age 25 and over</b>	<b>53,883</b>	<b>348,982</b>	<b>26,797,070</b>
Less than 9 <sup>th</sup> grade	9.4%	10.8%	8.7%
Some high school, no diploma	8.4%	9.2%	7.1%
High school graduate	28.7%	30.0%	20.4%
Some college, no degree	26.1%	24.6%	20.5%
Associate degree	8.3%	7.5%	8.0%
Bachelor's degree	12.6%	12.3%	21.9%
Graduate or professional degree	6.5%	5.6%	13.4%

Source: U.S. Census Bureau, American Community Survey, 2017-2021, 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 (91.2% to 96.4%) are higher than county (90.6%), and state (90.4%) rates. Local school districts meet the Healthy People 2030 objective of a 90.7% high school graduation rate.

### High School Graduation Rates, 2021-2022

	High School Graduation Rate
Escalon Unified	96.4%
Oakdale Joint Unified	96.0%
Riverbank Unified	91.2%
Waterford Unified	92.8%
<b>Stanislaus County</b>	<b>90.6%</b>
<b>California</b>	<b>90.4%</b>

Source: California Department of Education, Dataquest, 2021-2022. <https://data1.cde.ca.gov/dataquest/>

### Preschool Enrollment

The percentage of 3 and 4-year-olds enrolled in preschool in the service area was 38.1%. The lowest rate was found in Riverbank, where 18.5% of 3 and 4-year-olds were enrolled in preschool.

### Enrolled in Preschool, Children, 3 and 4 Years Old

	ZIP Code	Total Population	Percent Enrolled
Escalon	95320	391	63.2%
Oakdale	95361	1,040	37.8%
Riverbank	95367	574	18.5%
Waterford	95386	300	44.3%
<b>Oak Valley Hospital</b>		<b>2,305</b>	<b>38.1%</b>
<b>Stanislaus County</b>		<b>17,499</b>	<b>36.6%</b>
<b>California</b>		<b>997,048</b>	<b>45.6%</b>

Source: U.S. Census Bureau, American Community Survey, 2017-2021, S1401. <http://data.census.gov>

### 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, while the rates in service area cities are all below county and state rates. The number of property crimes in service area cities has declined over the past four years while the number of violent crimes has risen.

### Violent Crime and Property Crime, Rates per 100,000 Persons, 2018 and 2022

	Property Crimes				Violent Crimes			
	Number		Rate*		Number		Rate*	
	2018	2022	2018	2022	2018	2022	2018	2022
Escalon	124	106	1,622.2	1,386.7	21	24	274.7	314.0
Oakdale	555	325	2,331.1	1,365.1	48	85	201.6	357.0
Riverbank	447	356	1,784.8	1,421.4	24	50	95.8	199.6
Waterford	114	73	1,263.7	809.2	20	21	221.7	232.8
<b>Oak Valley Hospital</b>	<b>1,240</b>	<b>860</b>	<b>1,892.6</b>	<b>1,312.6</b>	<b>113</b>	<b>180</b>	<b>172.5</b>	<b>274.7</b>
<b>Stanislaus County</b>	<b>15,300</b>	<b>11,292</b>	<b>2,783.7</b>	<b>2,054.5</b>	<b>3,160</b>	<b>2,973</b>	<b>574.9</b>	<b>540.9</b>
<b>California</b>	<b>940,998</b>	<b>902,977</b>	<b>2,382.1</b>	<b>2,285.9</b>	<b>176,866</b>	<b>193,019</b>	<b>447.7</b>	<b>488.6</b>

Source: California Department of Justice, Open Justice Portal, 2023. <https://openjustice.doj.ca.gov/exploration/crime-statistics/crimes-clearances> \*All rates calculated based on 2019 population counts provided by FBI CRIMESTATSINFO; as such, rates are estimates. Care should be used when interpreting rates calculated on small populations or small numbers.

Domestic violence calls are categorized as with or without a weapon. 34% of domestic violence calls in Stanislaus County involved a weapon; it was lower in all area cities except Oakdale, where over half of all calls (52.6%) involved a weapon. Waterford had the highest rate of domestic violence calls (6.3 per 1,000 persons) within the service area, and Escalon the lowest (2.2 calls per 1,000 persons).

### Domestic Violence Calls, Rate per 1,000 Persons

	Total	Rate*	Without Weapon	With Weapon
Escalon	17	2.2	94.1%	5.9%
Oakdale	116	4.9	47.4%	52.6%
Riverbank	113	4.5	94.7%	5.3%



	Total	Rate*	Without Weapon	With Weapon
Waterford	57	6.3	93.0%	7.0%
<b>Stanislaus County</b>	<b>3,033</b>	<b>5.5</b>	<b>66.0%</b>	<b>34.0%</b>
<b>California</b>	<b>162,422</b>	<b>4.1</b>	<b>44.7%</b>	<b>55.3%</b>

Source: California Department of Justice, Open Justice Portal, 2023. 2022 Data. <https://openjustice.doj.ca.gov/exploration/crime-statistics/domestic-violence-related-calls-assistance> \*All rates calculated based on 2019 population counts provided by FBI CRIMESTATSINFO. Care should also be used when interpreting rates calculated on a small number.

Teens in Stanislaus County were asked about neighborhood cohesion. 96.2% of teens felt safe in their neighborhood all or most of the time. 95.7% of teens felt people in their neighborhood were willing to help. 79.7% of teens felt their neighbors could be trusted. 5.5% of teens felt that people in their neighborhood did not get along. Except for whether people in their neighborhood could be trusted, county teens generally felt better about their neighborhood cohesion than did teens statewide.

### Neighborhood Cohesion, Teens Who Agree or Strongly Agree

	Stanislaus County	California
Feels safe in the neighborhood, all or most of time	96.2%	88.4%
People in neighborhood are willing to help	*95.7%	88.6%
People in neighborhood can be trusted	*79.7%	82.8%
People in neighborhood do not get along	*5.5%	11.2%

Source: California Health Interview Survey, 2017-2021. <http://ask.chis.ucla.edu> \*Statistically unstable due to sample size

In Stanislaus County, the rate of children under age 18, who experienced abuse or neglect, was 13.8 per 1,000 children. This is more than twice the state rate of 6.8 cases per 1,000 children. These rates are based on children with substantiated maltreatment allegations.

### Substantiated Child Abuse Rates, per 1,000 Children

	Stanislaus County	California
Child abuse rates	13.8	6.8

Source: U.C. Berkeley Center for Social Services Research, California Child Welfare Indicators Project Reports, October, 2021. Data from 2020. Accessed from KidsData.org at <http://kidsdata.org>

### Air and Water Quality

In 2019, the average annual concentration of fine particulate matter in the air of Stanislaus County was 10.6 micrograms per cubic meter, as compared to the California average of 8.1 micrograms. In 2019, Stanislaus County had 13 days when ground-level ozone concentrations were above the U.S. standard of 0.070 parts per million. This was a 107.7% decrease for Stanislaus County from the 2016 count of 27 days, and a 100% decrease from 26 days in 2018. The state average in 2019 was 11 days above the U.S. standard; in 2016 it was 22 days, and in 2018 it was 17 days.

### Air Quality Measurements

	<b>Stanislaus County</b>	<b>California</b>
Annual average micrograms of particulate matter per cubic meter of air	10.6	8.1
Ozone levels above standards, in days	13	11

Source: California Air Resources Board, Air Quality Data Statistics, Dec. 2020; data from 2019. 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, 94.4% of the population has health insurance coverage. Health care coverage was higher among children, ages 0 to 18, with 97.7% of children in the service area insured. 91.6% 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 92.4% health insurance coverage for all population groups under age 65.

### Health Insurance Coverage

	ZIP Codes	All Ages	Ages, 0 to 18	Ages, 19 to 64
Escalon	95320	97.0%	97.6%	95.9%
Oakdale	95361	93.8%	97.3%	90.4%
Riverbank	95367	94.4%	98.0%	92.0%
Waterford	95386	93.1%	98.5%	89.8%
<b>Oak Valley Hospital</b>		<b>94.4%</b>	<b>97.7%</b>	<b>91.6%</b>
<b>Stanislaus County</b>		<b>93.9%</b>	<b>97.4%</b>	<b>91.1%</b>
<b>California</b>		<b>92.8%</b>	<b>96.7%</b>	<b>89.8%</b>

Source: U.S. Census Bureau, American Community Survey, 2017-2021, S2701. <http://data.census.gov>

When insurance coverage was examined for the county, 34.9% of county residents have Medi-Cal coverage and 41.4% of county residents have employment-based insurance.

### Insurance Coverage, by Type

	Stanislaus County	California
Medi-Cal	34.9%	23.0%
Medicare only	1.7%	1.5%
Medi-Cal/Medicare	2.6%	3.8%
Medicare and others	10.0%	10.4%
Other public	*0.8%	1.2%
Employment based	41.4%	48.1%
Private purchase	4.2%	5.4%
No insurance	4.3%	6.8%

Source: California Health Interview Survey, 2017-2021. <http://ask.chis.ucla.edu/> \*Statistically unstable due to sample size.

There are differences in the rate of health insurance coverage by race and ethnicity in the service area. The lowest all-age rate of health insurance in the service area (88%) is seen in residents of a race and ethnicity Other than those listed, as is the lowest rate of coverage among adults, ages 19 to 64 (83.6%), and the second-lowest rate among senior adults (96.9%). Hispanic or Latino residents of the service area have the lowest rate of health insurance coverage among children (96.6%) and senior adults (96%), as

well as the second-lowest all-age rate (90.9%), and second-lowest coverage rate among adults aged 19 to 64 (86.8%).

### Health Insurance, by Race and Ethnicity and Age Group

	Total Population	Children, Under 19	Adults, Ages 19-64	Adults, Ages 65+
Asian	100.0%	100.0%	100.0%	100.0%
Black or African American	100.0%	100.0%	100.0%	100.0%
Native Hawaiian or Pacific Islander	100.0%	100.0%	100.0%	N/A
Non-Hispanic White	96.1%	98.7%	94.0%	99.4%
Multiracial	95.7%	100.0%	91.9%	97.9%
American Indian or Alaskan Native	93.4%	100.0%	90.8%	100.0%
Hispanic	90.9%	96.6%	86.8%	96.0%
Other race	88.0%	99.1%	83.6%	96.9%

Source: U.S. Census Bureau, American Community Survey, 2016-2020, C27001B thru C27001I. <http://data.census.gov/> N/A = No residents of this category were recorded, or no health insurance coverage information for them was available.

### Sources of Care

Access to a medical home and a primary care provider improve continuity of care and decrease unnecessary emergency room visits. Senior adults in Stanislaus County were the most likely to have a usual source of care (94%). 85.4% of children and 82.7% 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	85.4%	82.7%	94.0%
California	90.2%	83.5%	94.8%

Source: California Health Interview Survey, 2017-2021. <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 and ethnicity, Stanislaus County's Latino residents were the least likely to have a usual source of care (74.1%).

### Usual Source of Care, by Race and Ethnicity

	Stanislaus County	California
Multiracial	*99.3%	89.2%
White, non-Latino	94.5%	90.9%
Asian, non-Latino	*93.8%	87.1%
Black or African American, non-Latino	86.2%	90.0%
Latino	74.1%	82.1%

Source: California Health Interview Survey, 2017-2021. <http://ask.chis.ucla.edu/> \*Statistically unstable due to sample size.

In Stanislaus County, 60% of residents accessed care at a doctor's office, HMO or Kaiser and 22% accessed care at a clinic or community hospital. 14.9% had no usual source of care.

## Sources of Care

	Stanislaus County	California
Dr. office/HMO/Kaiser Permanente	60.0%	62.3%
Community clinic/government clinic/ community hospital	22.0%	22.3%
ER/Urgent care	* 2.4%	1.2%
Other place/no one place	* 0.6%	1.0%
No usual source of care	14.9%	13.2%

Source: California Health Interview Survey, 2017-2021. <http://ask.chis.ucla.edu> \*Statistically unstable due to sample size.

An examination of Emergency Room (ER) use can lead to improvements in providing community-based primary care. From 2019 to 2021, 18.5% of county residents said they had visited an ER in the past year. Adults, ages 18 to 64, visited the ER at the highest rate (20.8%) while senior adults visited at the lowest rates (12.7%). Poverty-level residents visited the ER at a higher rate (24.7%) than the general population, while low-income residents visited at a lower rate than the general population.

## Use of Emergency Room

	Stanislaus County	California
Visited ER in last 12 months	18.5%	16.1%
0-17 years old	16.0%	14.3%
18-64 years old	20.8%	15.2%
65 and older	12.7%	21.8%
<100% of poverty level	24.7%	20.4%
<200% of poverty level	15.7%	18.7%

Source: California Health Interview Survey, 2019-2021. <http://ask.chis.ucla.edu>

## Difficulty Accessing Care

9.4% 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. 15.7% of adults reported difficulty accessing specialty care. 9.3% of adults had been told by a primary care physician's office that their insurance would not be accepted. 13.5% 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	9.4%	7.9%
Reported difficulty finding specialist care	15.7%	15.4%
Primary care doctor not accepting their insurance	9.3%	5.4%
Specialist not accepting their insurance	13.5%	9.6%

Source: California Health Interview Survey, 2019-2021. <http://ask.chis.ucla.edu>

## Access to Primary Care Community Health Centers

Community Health Centers provide primary care (including medical, dental and mental health services) for uninsured and medically underserved populations. Using ZCTA (ZIP Code Tabulation Area) data for the service area and information from the Uniform Data System (UDS)<sup>1</sup>, 29.9% of the population in the service area is categorized as low-income ( $\leq 200\%$  of Federal Poverty Level) and 12.1% of the population are living in poverty. There are seven Section-330-funded grantees (Federally Qualified Health Centers – FQHCs and FQHC Look-Alikes) serving the service area: Castle Family Health Centers, Inc., Community Health Centers of America, 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 6,873 patients in the Oak Valley Hospital service area, which equates to 27.8% coverage among low-income patients and 8.3% coverage among the total population. From 2019-2021, clinic providers added 13 patients for a 0.2% increase in patients served by Community Health Centers. There remain 17,887 low-income residents, approximately 72.2% of the population at or below 200% FPL, who 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
24,760	6,873	27.8%	8.3%	17,887	72.2%

Source: UDS Mapper, 2021. <http://www.udsmapper.org>

## Primary Care Physicians

The ratio of the population to primary care physicians in Stanislaus County is 1,528:1, which is higher (worse) than the state ratio of 1,234 persons per primary care physician.

### Primary Care Physicians, Number and Ratio

	Stanislaus County	California
Number of primary care physicians	360	31,906
Ratio of population to primary care physicians	1,528:1	1,234:1

Source: County Health Rankings, 2020. <http://www.countyhealthrankings.org>

<sup>1</sup> 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)

## Delayed or Forgone Care

16.2% of county residents delayed or did not get medical care when needed. Of these, 58.2% ultimately went without needed medical care, meaning that 9.4% of the population had to forgo needed care. This is more than the Healthy People 2030 objective of 5.9% of the population who forgo care. Reasons for a delay or going without care included the cost of care/insurance issues, personal reasons, or system/provider issues. 11.6% of county residents delayed or did not fill prescriptions.

### Delayed Care in Past 12 Months, All Ages

	Stanislaus County	California
Delayed or did not get medical care	16.2%	15.3%
Had to forgo needed medical care	9.4%	8.6%
Delayed or did not get medical care due to cost, lack of insurance or other insurance issue	44.6%	36.1%
Delayed or did not get prescription meds	11.6%	8.5%

Source: California Health Interview Survey, 2019-2021. <http://ask.chis.ucla.edu/>

## Lack of Care Due to Cost, for Children

0.9% of children, ages 0 to 17, in Stanislaus County had delayed or missed care within the prior 12 months due to cost or lack of insurance. 3.5% of county children did not receive care they needed. 4.2% 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, Children, Ages 0 to 17

	Stanislaus County	California
Child's care delayed or foregone due to cost or lack of insurance	*0.9%	1.1%
Child missed care	*3.5%	2.1%
Child's prescription medication delayed or unfilled	*4.2%	3.9%

Source: California Health Interview Survey, 2017-2021. [http://ask.chis.ucla.edu](http://ask.chis.ucla.edu/) \*Statistically unstable due to sample size.

## Mental Health Providers

Mental health providers include psychiatrists, clinical psychologists, clinical social workers, psychiatric nurse specialists, and marriage and family therapists who meet certain qualifications and certifications. In Stanislaus County, the ratio of residents to mental health providers is 414:1, which is less than the state ratio of 236 persons per mental health provider.

### Mental Health Providers, Number and Ratio

	Stanislaus County	California
Number of mental health providers	1,337	166,354
Ratio of population to mental health providers	414:1	236:1

Source: County Health Rankings, 2022. <http://www.countyhealthrankings.org>

## 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:

- We have seen a huge increase in the population experiencing autism. We have kids not getting assessed because of the backlog. Everyone is getting inundated with referrals. We are seeing an increase in autism; we think it is because of a lack of early intervention services during the pandemic and increased isolation.
- Vision services are an issue. And for those on Medi-Cal generally. It is difficult to get a timely referral.
- Many of our low socioeconomically disadvantaged population say they don't have the means or access, even if there were free services. Transportation is a big issue for some of our families. They say that is their biggest barrier to accessing services.
- We need more doctors and specialists. We have a few family doctors and internists. We have no pediatricians. We have some family practitioners seeing children, but we need more. We lost our ENT doctor. This is a very common need for kids. Now they must go to Modesto or Madera and wait a long time to be seen.
- Some people go to Modesto for care. If you don't have a car and must take public transportation it can take half a day or more on buses. And the buses are not user friendly, especially for someone who is elderly.
- Over 50% of our patients are on Medi-Cal or a Medi-Cal managed care plan. Those on managed care plans can't see all providers. Another issue is trying to see specialists. For a patient with TB for instance, we only have one provider in our community that will see managed Medi-Cal plan patients. Sometimes we have to send patients outside of our community. Attracting providers to our community for primary care and chronic care and getting them to stay in our community is something else we are looking at.
- Sometimes it is issues with transportation that can make it hard to access care. If there is not reliable transportation, even if you have a provider, it can be hard to keep appointments. I've noticed that it is a very segmented system. We have providers but not all people can access those providers. Accessing specialists is a big issue. And going outside the county for care is very hard.
- We have the hospital and the clinic. If you need to go out of the area, transportation can be an issue and the bus may not be an option if you have small kids.
- Barriers include language, cultural sensitivity, and transportation. One good thing is the hospital's clinic is open until 6 pm on weekdays so people can get appointments after work. And they have appointments on Saturdays and Sundays. They always have someone who speaks Spanish.
- Sometimes people don't have time during the work week to attend to their health with their jobs. People will often continue to work and will only go to the doctor when



they are very sick. Latinos don't have a culture where we attend to our medical needs. We only go to the doctor when we feel bad.

- Sometimes people are too scared to get a health care bill. The ED is too expensive for people without insurance. Even if you do have insurance, you may see a different doctor each time at the clinic. It is difficult to get follow-up care and work through an issue when it is a different doctor each time you go.

## Dental Care

23% of children, ages 3 to 11, in Stanislaus County have never been to a dentist. In the past year, 6% of area children needed dental care and did not receive it, due to cost. Teens obtained dental care at a higher rate than children. Rates for teens are unstable, due to small sample size, but 78.6% of teens said they had been to the dentist in the prior 6 months, and an additional 7.7% said they had been within the past year, but more than six months ago.

### Delay of Dental Care, Children and Teens

	Stanislaus County	California
Children, ages 3 to 11, never been to the dentist	23.0%	15.1%
Children, ages 3 to 11, been to dentist < 6 months to 2 years	*76.3%	84.0%
Children, ages 2 (or younger, with teeth) to 11, needed but didn't get dental care in past year, due to cost **	*6.0%	5.6%
Teens, been to dentist less than 6 months ago	*78.6%	75.7%
Teens, been to dentist, more than 6 months, less than 1 year	*7.7%	14.4%

Source: California Health Interview Survey, Children 2017-2021 or \*\*2018-2021. <http://ask.chis.ucla.edu> \*Statistically unstable due to sample size.

62.3% of county adults described the condition of their teeth as 'good', 'very good', or 'excellent.' 3% of county residents had no natural teeth left, and 2.9% had never been to a dentist. County rates indicate a lower level of oral health than found in the state.

### Dental Care, Adults

	Stanislaus County	California
Condition of teeth: good to excellent	62.3%	71.9%
Condition of teeth: fair to poor	34.5%	25.8%
Condition of teeth: has no natural teeth	3.0%	2.3%
Never been to a dentist	*2.9%	2.4%
Visited dentist < 6 months to two years	75.6%	80.7%
Visited dentist more than 5 years ago	10.9%	7.4%

Source: California Health Interview Survey, 2019-2021 pooled. <http://ask.chis.ucla.edu> \*Statistically unstable due to sample size.

The ratio of residents to dentists in Stanislaus County is 1,444:1, which is less than the number of dentists per capita in the state (1,102 persons per dentist).

## Dentists, Number and Ratio

	Stanislaus County	California
Number of dentists	383	35,599
Ratio of population to dentists	1,444:1	1,102:1

Source: County Health Rankings, 2021. <http://www.countyhealthrankings.org>

## Community Input – Dental Care

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

- There is a lack of effort on the behalf of some families to seek out appropriate dental services. Often times it takes a lot of follow-through from the school nurses to make sure a child is getting scheduled for dental work.
- If dental care was provided at schools our Medi-Cal families would participate. Access to services is difficult for some parents. If I can say we have a mobile dentist coming out, they would sign up.
- I don't think that our families feel like it is important to start early. Following through with dental appointments got worse with the pandemic. We have many families who have not seen the dentist in 2-3 years. We have an oral health class where nurses teach how to brush your teeth and give everyone toothbrushes. We have a dentist that comes in for our third graders. Post-Covid we were blown away by all the referrals made because so many kids had dental needs and emergent dental care issues. Families often have to go to Modesto, and they have transportation issues.
- We still see a lot of bottle rot in children's teeth. People don't see the connection to health and dental care.
- With Denti-Cal things have gotten better. If people who are homeless lose their dentures, they can't get new ones for three years. But it is a real blessing for those who can hold onto them. They also don't often have materials to clean and soak their dentures at night. We will provide it, but when you see them with their carts and all their belongings, you can see it is hard to keep track of things.
- I was talking to someone who is on Denti-Cal and she said before the pandemic she could get services, but now the access is more difficult, she can't get in.
- We need more affordable services in our rural community. Sometimes people don't have insurance, their provider is not in our community, or the dental practice is not taking new patients. If they are in the gap, where do they go? There are not a lot of options and out of pocket or a pay scale payment is expensive. As a result, dental care has become a luxury.
- If you don't have insurance, it is an issue; it is too expensive. Sometimes in the Latino community, we prefer pain. We will get medicine to calm the pain and maybe just remove the tooth.

## Birth Characteristics

### Births

From 2017 to 2021, there were, on average, 1,025 births per year in the service area.

### Teen Birth Rate

Teen births in the service area occurred at an average annual rate of 3.8% of total births (37.5 per 1,000 live births).

### Births to Teen Mothers, Ages 15 to 19, Rate per 1,000 Live Births, 5-Year Average

	Oak Valley Hospital		Stanislaus County	California
	Number	Rate	Rate	Rate
Births to teen mothers	38	37.5	47.2	35.2

*Source: Calculated by Gary Bess Associates using California Department of Public Health Master Birth Files and U.S. Census Bureau American Community Survey, 5-Year Average 2017-2021, Table B01001. County and state data are from Centers for Disease Control and Prevention, National Center for Health Statistics on CDC WONDER Online Database, released October 2022.*

When the teen birth rate is examined for females, ages 15-19, 1.4% of teenaged girls in the service area give birth in an average year (13.9 births per 1,000 females ages 15-19). The Healthy People 2030 objective is for no more than 31.4 (3.1%) pregnancies per 1,000 girls, ages 15 to 19.

### Teen Birth Rates, per 1,000 Females, Ages 15 to 19, 5-Year Average

	Oak Valley Hospital		Stanislaus County	California
	Number	Rate	Rate	Rate
Births to teen mothers	38	13.9	17.6	12.3

*Source: Calculated by Gary Bess Associates using California Department of Public Health Master Birth Files and U.S. Census Bureau American Community Survey, 5-Year Average 2017-2021, Table B01001. County and state data are from Centers for Disease Control and Prevention, National Center for Health Statistics on CDC WONDER Online Database, released October 2022.*

### Prenatal Care

Pregnant women in the service area entered prenatal care after the first trimester at a rate of 111.6 per 1,000 live births. This rate of late entry into prenatal care translates to 11.2% of women entering prenatal care late or not at all, while 88.8% of women entered prenatal care on time.

### Late Entry to Prenatal Care (after 1<sup>st</sup> Trimester), Rate per 1,000 Live Births

	Oak Valley Hospital		Stanislaus County	California
	Number	Rate	Rate	Rate
Late entry to prenatal care	114	111.6	131.7	140.7

*Source: Calculated by Gary Bess Associates using California Department of Public Health Master Birth Files and U.S. Census Bureau American Community Survey, 5-Year Average 2017-2021, Table B01001. County and state data are from Centers for Disease Control and Prevention, National Center for Health Statistics on CDC WONDER Online Database, released October 2022.*

## 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 5.4% (54.4 per 1,000 live births).

### 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	56	54.4	64.5	70.3

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Birth Files and U.S. Census Bureau American Community Survey, 5-Year Average 2017-2021, Table B01001. County and state data are from Centers for Disease Control and Prevention, National Center for Health Statistics on CDC WONDER Online Database, released October 2022.

## 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 426.1 births per 1,000 live births, which is lower than the Stanislaus County (532.8 per 1,000 live births) or state (464.9 per 1,000 live births) rate 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	437	426.1	532.8	464.9

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Birth Files and U.S. Census Bureau American Community Survey, 5-Year Average 2017-2021, Table B01001. County and state data are from Centers for Disease Control and Prevention, National Center for Health Statistics on CDC WONDER Online Database, released October 2022.

## Premature Birth

The rate of premature birth, occurring before the start of the 38<sup>th</sup> week of gestation, in the service area is 8.3% (83.3 per 1,000 live births). This rate of premature birth is lower than the Stanislaus County area (8.6%) and the state rate of premature births (8.9%).

### Premature Births before Start of 38<sup>th</sup> Week, Rate per 1,000 Live Births

	Oak Valley Hospital		Stanislaus County	California
	Number	Rate	Rate	Rate
Premature births	85	83.3	86.1	88.5

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Birth Files and U.S. Census Bureau American Community Survey, 5-Year Average 2017-2021, Table B01001. County and state data are from Centers for Disease Control and Prevention, National Center for Health Statistics on CDC WONDER Online Database, released October 2022.

## Mothers Who Smoked Regularly During Pregnancy

The rate of mothers who smoked regularly during pregnancy in the service area was 0.7% (7.4 per 1,000 live births), which was lower than the Stanislaus County rate (2.2%)

and the state rate (1.1%).

### 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	8	7.4	21.7	11.4

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Birth Files and U.S. Census Bureau American Community Survey, 5-Year Average 2017-2021, Table B01001. County and state data are from Centers for Disease Control and Prevention, National Center for Health Statistics on CDC WONDER Online Database, released October 2022.

### Infant Mortality

The infant (less than one year of age) mortality rate in Stanislaus County is 4.6 deaths per 1,000 live births. This meets the Healthy People 2030 objective of 5.0 deaths per 1,000 births.

### Birth Cohort Infant Deaths, Rate per 1,000 Live Births, 2018-2020 Average

	Stanislaus County	California
Infant deaths	4.6	3.8

Source: California Department of Public Health, County Health Status Profiles, 2023.  
<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 90.3% of new mothers used some breast feeding, which was lower than the state rate (93.5%). 63.8% of new mothers used breast feeding exclusively, which was lower than the state rate (69.4%).

### In-Hospital Breastfeeding

	Any Breastfeeding		Exclusive Breastfeeding	
	Number	Percent	Number	Percent
Stanislaus County	8,047	90.3%	5,680	63.8%
California	338,844	93.5%	251,372	69.4%

Source: California Department of Public Health, Breastfeeding Hospital of Occurrence, 2020.  
<https://www.cdph.ca.gov/Programs/CFH/DMCAH/Breastfeeding/Pages/In-Hospital-Breastfeeding-Initiation-Data.aspx>

There were some ethnic and racial differences noted in breastfeeding rates of mothers who delivered in Stanislaus County hospitals. 91% of multiracial and Asian mothers initiated breastfeeding, which were the highest rates of breastfeeding initiation in the county. Black or African American mothers had the lowest level of breastfeeding initiation in the county (87.5%), but the highest level of exclusive breastfeeding (71%), followed by multiracial mothers, 70% of whom breastfed exclusively. Latina or Hispanic

mothers had the lowest rate of exclusive breastfeeding (60%).

**In-Hospital Breastfeeding, Stanislaus County, by Race and Ethnicity of Mother**

	Any Breastfeeding		Exclusive Breastfeeding	
	Number	Percent	Number	Percent
Multiracial	286	91.0%	220	70.0%
Asian	521	91.0%	369	65.0%
White	2,200	90.2%	1,693	69.4%
Latina or Hispanic	4,451	90.0%	2,975	60.0%
Black or African American	203	87.5%	164	71.0%
<b>Stanislaus County</b>	<b>8,047</b>	<b>90.3%</b>	<b>5,680</b>	<b>63.8%</b>

Source: California Department of Public Health, Breastfeeding Hospital of Occurrence, 2020.

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

## Leading Causes of Death

### Life Expectancy at Birth

Life expectancy in Stanislaus County is 77.3 years. 403 persons per 100,000 persons die before the age of 75, which is considered a premature death. The total of the years of potential life lost (the difference between the age of persons who died and the age of 75, totaled) for the county is 7,800 years. Residents of Stanislaus County have a lower life-expectancy compared to the state.

### Life Expectancy, Premature Mortality and Premature Death, Age-Adjusted

	Stanislaus County	California
Life expectancy at birth in years	77.3	81.0
Premature age-adjusted mortality (number of deaths among residents under 75, per 100,000 persons)*	403	288
Premature death/Years of Potential Life Lost (YPLL) before age 75, per 100,000 population, age-adjusted	7,800	5,700

*Source: National Center for Health Statistics' National Statistics System (NVSS); \*CDC Wonder mortality data; data accessed and calculations performed by County Health Rankings. 2018-2020. <http://www.countyhealthrankings.org>*

### Mortality Rates

Age-adjusted death rates are an important factor to examine when comparing mortality data. A crude death rate is a ratio of the number of deaths to the entire population. Age-adjusted death rates eliminate the bias of age in the makeup of the populations. The age-adjusted death rate in the service area from is 743.1 deaths per 100,000 persons. The mortality rate in the service area is lower than Stanislaus County (862.4 deaths per 100,000 persons).

### Deaths and Mortality Rate, per 100,000 Persons, 5-Year Average

	Deaths	Age-Adjusted Rate
Oak Valley Hospital Service Area	690	743.1
Stanislaus County	4,799	862.4
California	291,979	669.0

*Source: Gary Bess Associates (GBA), calculated from CA Department of Public Health Master Death Files 2017-2021 using the U.S. 2000 Standard Population. County and state data are calculated by GBA from Centers for Disease Control and Prevention, National Center for Health Statistics. Underlying Cause of Death 2017-2021 on CDC WONDER Online Database, released December 2022. -- Values of 2 or less are withheld per HIPAA guidelines.*

### Leading Causes of Death

Heart disease and cancer are the top two causes of death in the service area. COVID-19 was the third leading cause of death from 2020 to 2021. Alzheimer's disease and unintentional injuries are the fourth and fifth-leading causes 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 typically controls for the influence that different population age distributions might have on health event rates.

### Leading Causes of Death, Age-Adjusted, Rate per 100,000 Persons, 5-Year Average

	Oak Valley Hospital Service Area		Stanislaus County	California	Healthy People 2030 Objective
	Avg. Annual Deaths	Rate	Rate	Rate	Rate
Heart disease	149	158.5	184.7	142.7	No Objective
Ischemic heart disease	88	116.6	120.0	83.5	71.1
Cancer	136	143.1	155.7	132.4	122.7
COVID-19 <sup>1</sup>	99	103.0	134.3	84.2	COVID-19 <sup>1</sup>
Alzheimer's disease	43	47.4	53.0	39.0	No Objective
Unintentional injuries	39	45.9	51.0	42.8	43.2
Chronic Lower Respiratory Disease	39	40.8	43.8	29.0	Not Comparable
Stroke	35	37.3	42.5	39.3	33.4
Diabetes	23	24.0	28.9	24.0	Not Comparable
Liver disease	15	17.1	19.4	13.9	10.9
Pneumonia and influenza	10	11.2	13.7	12.8	No Objective
Kidney disease	10	10.3	16.0	9.7	No Objective
Suicide	9	10.7	11.1	10.4	12.8

Source: Gary Bess Associates (GBA), calculated from CA Department of Public Health Master Death Files 2017-2021 using the U.S. 2000 Standard Population. County and state data are calculated by GBA from Centers for Disease Control and Prevention, National Center for Health Statistics. Underlying Cause of Death 2017-2021 on CDC WONDER Online Database, released December 2022. -- Values of 2 or less are withheld per HIPAA guidelines. <sup>1</sup>Two-year mortality rates are calculated for COVID-19, only, for appropriate relative comparison with other underlying causes.

### Heart Disease and Stroke

The age-adjusted mortality rate for ischemic heart disease is 116.6 deaths per 100,000 persons, and the age-adjusted rate of death from stroke is 37.3 deaths per 100,000 persons. These rates are higher than the Healthy People 2030 objectives of 71.1 per 100,000 persons 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	88	116.6	120.0	83.5
Stroke death rate	35	37.3	42.5	39.3

Source: Gary Bess Associates (GBA), calculated from CA Department of Public Health Master Death Files 2017-2021 using the U.S. 2000 Standard Population. County and state data are calculated by GBA from Centers for Disease Control and Prevention, National Center for Health Statistics. Underlying Cause of Death 2017-2021 on CDC WONDER Online Database, released December 2022. -- Values of 2 or less are withheld per HIPAA guidelines.



## Cancer

In the service area, the age-adjusted cancer mortality rate is 143.1 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	143.1	155.7	132.4

Source: Gary Bess Associates (GBA), calculated from CA Department of Public Health Master Death Files 2017-2021 using the U.S. 2000 Standard Population. County and state data are calculated by GBA from Centers for Disease Control and Prevention, National Center for Health Statistics. Underlying Cause of Death 2017-2021 on CDC WONDER Online Database, released December 2022. -- Values of 2 or less are withheld per HIPAA guidelines.

Mortality rates for cancer are available at the county level from the California Cancer Registry. All-site cancer mortality in Stanislaus County (163.2 deaths per 100,000 persons) is higher than the all-site cancer mortality at the state level (137.4 deaths per 100,000 persons). Particularly high rates of cancer in Stanislaus County are lung and bronchus cancers (35.1 deaths per 100,000 persons), prostate cancer (23.5 per 100,000 men), and colorectal cancers (15.5 deaths per 100,000 persons).

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

	Stanislaus County	California
<b>Cancer all sites</b>	<b>163.2</b>	<b>137.4</b>
Lung and bronchus	35.2	26.6
Prostate (males)	23.5	19.7
Breast (female)	20.9	19.0
Colon and rectum	15.5	12.3
Pancreas	11.5	10.3
Liver and intrahepatic bile duct	8.6	7.7
Ovary (females)	7.6	6.7
Uterine (female)	5.8	5.1
Leukemia	6.3	5.6
Urinary bladder	4.6	3.8
Non-Hodgkin lymphoma	5.5	5.0
Kidney and renal pelvis	4.4	3.3
Brain and other nervous system	5.1	4.3
Esophagus	3.7	3.1

Source: California Cancer Registry, Cal\*Explorer-CA Cancer Data tool, 2015-2019. <https://explorer.ccrca.org/application.html>

## Alzheimer's Disease

The mortality rate from Alzheimer's disease is 47.4 deaths per 100,000 persons. This is lower than the Stanislaus County rate (53 deaths per 100,000 persons) but higher than the state rate (39 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	43	47.4	53.0	39.0

Source: Gary Bess Associates (GBA), calculated from CA Department of Public Health Master Death Files 2017-2021 using the U.S. 2000 Standard Population. County and state data are calculated by GBA from Centers for Disease Control and Prevention, National Center for Health Statistics. Underlying Cause of Death 2017-2021 on CDC WONDER Online Database, released December 2022. -- Values of 2 or less are withheld per HIPAA guidelines.

### Unintentional Injury

The age-adjusted death rate from unintentional injuries in the service area is 45.9 deaths per 100,000 persons. This rate is higher 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	39	45.9	51.0	42.8

Source: Gary Bess Associates (GBA), calculated from CA Department of Public Health Master Death Files 2017-2021 using the U.S. 2000 Standard Population. County and state data are calculated by GBA from Centers for Disease Control and Prevention, National Center for Health Statistics. Underlying Cause of Death 2017-2021 on CDC WONDER Online Database, released December 2022. -- Values of 2 or less are withheld per HIPAA guidelines.

### Community Input – Injury Prevention

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

- I’ve seen three cases of poisoning in the last few years tied to grandma and grandpa visiting and their medications are on the table and the kids swallow it and end up in the ED. They don’t keep medications in a safe place, or they aren’t watching the kids. We are pretty good about helmets and bikes. There is a fine if you are caught without a helmet.
- There is some education around injury prevention with children for moms who are pregnant. Planet Babies is the program, and we talk about locking up medications and keeping children safe by tying the dresser to the wall so it doesn’t get knocked down.
- We have a lot of near drownings for young kids and pool safety issues. We are seeing adverse outcomes with toddlers and children with pools.
- Motor vehicle accidents too. It may be that alcohol and substance use are contributing factors to motor vehicle accidents.
- We are seeing fentanyl poisonings (often referred to as overdoses which has a stigma to it). Many young people do not even know they are taking fentanyl. We have a portion of individuals who are addicted and are actively seeking out fentanyl. But tragically many people may not be able to access care so they are self-

medicating for anxiety with Xanax and we are seeing a lot of fentanyl being cut into these products. It is a game of Russian Roulette; they are consuming something they have no idea what is in it. We are trying to look at this as a poisoning. A young person poisoned with something they did not intend to take. We have a campaign, One Pill Can Kill. It is a real tragedy in our area and if we could get the word out about risks, it might make an impact for synthetic opioids.

### 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 40.8 per 100,000 persons. This is higher than the state rate (29 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	39	40.8	43.8	29.0

Source: Gary Bess Associates (GBA), calculated from CA Department of Public Health Master Death Files 2017-2021 using the U.S. 2000 Standard Population. County and state data are calculated by GBA from Centers for Disease Control and Prevention, National Center for Health Statistics. Underlying Cause of Death 2017-2021 on CDC WONDER Online Database, released December 2022. -- Values of 2 or less are withheld per HIPAA guidelines.

### Diabetes

The age-adjusted mortality rate from diabetes in the service area is 24 deaths per 100,000 persons. This is lower than the Stanislaus County rate (28.9 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	23	24.0	28.9	24.0

Source: Gary Bess Associates (GBA), calculated from CA Department of Public Health Master Death Files 2017-2021 using the U.S. 2000 Standard Population. County and state data are calculated by GBA from Centers for Disease Control and Prevention, National Center for Health Statistics. Underlying Cause of Death 2017-2021 on CDC WONDER Online Database, released December 2022. -- Values of 2 or less are withheld per HIPAA guidelines.

### Liver Disease

The death rate from liver disease in the service area is 17.1 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	15	17.1	19.4	13.9

Source: Gary Bess Associates (GBA), calculated from CA Department of Public Health Master Death Files 2017-2021 using the U.S. 2000 Standard Population. County and state data are calculated by GBA from Centers for Disease Control and Prevention, National Center for Health Statistics. Underlying Cause of Death 2017-2021 on CDC WONDER Online Database, released December 2022. -- Values of 2 or less are withheld per HIPAA guidelines.

### Pneumonia and Influenza

The age-adjusted death rate for pneumonia and influenza in the service area is 11.2 per 100,000 persons. This rate is lower than the state rate (12.8 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	10	11.2	13.7	12.8

Source: Gary Bess Associates (GBA), calculated from CA Department of Public Health Master Death Files 2017-2021 using the U.S. 2000 Standard Population. County and state data are calculated by GBA from Centers for Disease Control and Prevention, National Center for Health Statistics. Underlying Cause of Death 2017-2021 on CDC WONDER Online Database, released December 2022. -- Values of 2 or less are withheld per HIPAA guidelines.

### Kidney Disease

The death rate from kidney disease is 10.3 deaths per 100,000 persons. This is lower than the Stanislaus County rate (16 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	10	10.3	16.0	9.7

Source: Gary Bess Associates (GBA), calculated from CA Department of Public Health Master Death Files 2017-2021 using the U.S. 2000 Standard Population. County and state data are calculated by GBA from Centers for Disease Control and Prevention, National Center for Health Statistics. Underlying Cause of Death 2017-2021 on CDC WONDER Online Database, released 12/22..

### Suicide

The suicide rate in the service area is 10.7 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	9	10.7	11.1	10.4

Source: Gary Bess Associates (GBA), calculated from CA Department of Public Health Master Death Files 2017-2021 using the U.S. 2000 Standard Population. County and state data are calculated by GBA from Centers for Disease Control and Prevention, National Center for Health Statistics. Underlying Cause of Death 2017-2021 on CDC WONDER Online Database, released December 2022. -- Values of 2 or less are withheld per HIPAA guidelines.

## Drug Overdose Deaths

Rates of death by drug overdose, whether unintentional, suicide, homicide, or undetermined intent, have been rising statewide, particularly in the last several years. Drug overdose deaths in Stanislaus County have a variable rate, but they have been consistently higher than the statewide rate. For 2021, the county did not meet the Healthy People 2030 objective of 20.7 drug overdose deaths per 100,000 persons.

### Drug Overdose Death Rates, Age-Adjusted\*, per 100,000 Persons

	2009	2011	2013	2015	2017	2018	2019	2020	2021*
Stanislaus County	16.6	15.9	15.1	22.1	15.6	17.7	18.3	28.1	32.9
California	11.3	11.4	11.9	12.2	12.7	13.8	16.1	23.1	29.0

Source: U.S. Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Mortality public-use data 2009-2021, on CDC WONDER. <https://wonder.cdc.gov/Deaths-by-Underlying-Cause.html>

\*Except for 2021, for which age-adjusting is not available at the county level; therefore all 2021 rates are crude rates.

In 2021, the age-adjusted death rate from opioid overdoses in Stanislaus County was 19.6 deaths per 100,000 persons, which was higher than the state rate (18 deaths per 100,000 persons). The Healthy People 2030 objective is 13.1 opioid overdose deaths per 100,000 persons.

### Opioid Drug Overdose Death Rates, Age-Adjusted, per 100,000 Persons, 2016-2021

	Annual Rate					
	2016	2017	2018	2019	2020	2021
Stanislaus County	2.6	3.4	6.0	8.6	13.5	19.6
California	4.9	5.2	5.8	7.9	13.5	18.0

Source: California Office of Statewide Health Planning and Development, via CA Department of Public Health, California Opioid Overdose Surveillance Dashboard, 2023. <https://skylab.cdph.ca.gov/ODdash/>

The rate of overdose deaths involving opioids was 5.6 per 100,000 persons. Rates were highest in Waterford and Oakdale. However, care should be taken in interpreting service area rates, as they are based on small populations and fewer than 10 deaths per year.

### Opioid Overdose Death Rates, Age-Adjusted, per 100,000 Persons, 5-Year Average

	ZIP Code	Rate
Escalon	95320	2.3
Oakdale	95361	7.1
Riverbank	95367	3.9
Waterford	95386	9.0
<b>Oak Valley Hospital Service Area *</b>		<b>5.6</b>
<b>Stanislaus County</b>		<b>10.2</b>
<b>California</b>		<b>10.1</b>

Source: California Office of Statewide Health Planning and Development, via California Department of Public Health, California Opioid Overdose Surveillance Dashboard, 2023; 2021 data. <https://skylab.cdph.ca.gov/ODdash/> \*Weighted average; calculated using 2017-2021 ACS adult population estimates.

When examined by demographics, opioid overdose deaths in Stanislaus County are more than three times as likely to occur in men (30.5 deaths per 100,000 men) as women (8.8 deaths per 100,000 women). Rates rise sharply from the 15- to 19-year-old demographic (2.3 deaths per 100,000 persons) to the 20 to 24 year-old demographic (21.6 deaths per 100,000 persons), peaking among those ages 35 to 39 (44.8 deaths per 100,000 persons). With low population levels among various racial and ethnic groups in Stanislaus County, rates of opioid overdose mortality should be interpreted with caution, as they are based on relatively few deaths.

### Opioid Overdose Death Rates, per 100,000 Persons, Age-Adjusted, by Demographics

	Stanislaus County	California
Male	30.5	27.4
Female	8.8	8.3
< 5 years old	0.0	0.3
5 to 9 years old	0.0	0.0
10 to 14 years old	0.0	0.4
15 to 19 years old	2.3	8.5
20 to 24 years old	21.6	20.2
25 to 29 years old	25.2	33.6
30 to 34 years old	23.9	40.6
35 to 39 years old	44.8	32.4
40 to 44 years old	41.3	26.9
45 to 49 years old	22.3	22.9
50 to 54 years old	27.9	24.7
55 to 59 years old	31.1	25.1
60 to 64 years old	32.4	22.5
65 to 69 years old	37.9	14.8
70 to 74 years old	9.6	7.1
75 to 79 years old	0.0	2.4
80 to 84 years old	0.0	2.2
85+ years old	0.0	1.2
Native American or Alaska Native	0.0	47.2
Black or African American	73.5	33.7
White	31.1	26.9
Hispanic or Latino	8.0	13.5
Asian or Pacific Islander	3.5	3.8
<b>Total</b>	<b>19.6</b>	<b>18.0</b>

Source: California Office of Statewide Health Planning and Development, via California Department of Public Health, California Opioid Overdose Surveillance Dashboard, 2023; 2021 data. <https://skylab.cdph.ca.gov/ODdash/>

## 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

### Hospitalizations by Diagnoses

At Oak Valley Hospital, the top five primary diagnoses resulting in hospitalization were infectious and parasitic diseases, digestive system disorders, circulatory system disorders, injuries and poisonings, and endocrine system disorders.

### Hospitalizations, by Principal Diagnoses, Top Ten Causes

	Oak Valley Hospital
Infectious and parasitic diseases	33.3%
Digestive system	11.4%
Circulatory system	10.7%
Injury and poisoning	7.3%
Endocrine disorders	7.3%
Respiratory system	6.6%
Genitourinary system	6.6%
Nervous system and sense organs	3.9%
Mental illness	3.5%
Skin and subcutaneous tissue disorders	2.6%

Source: California Department of Health Care Access and Information (HCAI), Hospital Inpatient Characteristics by Facility, Pivot Profile, 2021. <https://data.chhs.ca.gov/organization/department-of-health-care-access-and-information>

### Emergency Room Visits by Diagnoses

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

### Emergency Room Visits, by Principal Diagnoses, Top Ten Causes

	Oak Valley Hospital
Injury and poisoning	25.1%
Respiratory system	10.0%
Digestive system	7.6%
Genitourinary system	6.7%
Infectious and parasitic diseases	6.4%
Musculoskeletal system	6.1%
Circulatory system	5.7%
Skin disorders	4.4%
Nervous system and sense organs	4.0%
Ear and mastoid process	3.0%

Source: California Department of Health Care Access and Information (HCAI), Hospital Emergency Department Characteristics by Facility, Pivot Profile, 2021. <https://data.chhs.ca.gov/organization/department-of-health-care-access-and-information>

### Diabetes

Among adults in Stanislaus County, 15.9% have been diagnosed as pre-diabetic and 11.7% have been diagnosed with diabetes.

## Diabetes, Adults

	Stanislaus County	California
Diagnosed pre-diabetic**	15.9%	19.7%
Diagnosed with diabetes	11.7%	10.6%

Source: California Health Interview Survey, 2019-2021 & \*\*2021. <http://ask.chis.ucla.edu/>

The federal Agency for Healthcare Research and Quality (AHRQ) developed Prevention Quality Indicators (PQIs) to identify hospital admissions that may be avoided through access to high-quality outpatient care. Four PQIs, 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 the 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	134.8	93.0
Diabetes short term complications	76.7	66.6
Lower-extremity amputation among patients with diabetes	56.5	32.4
Uncontrolled diabetes	44.7	27.4
Diabetes composite	283.3	202.1

Source: California Office of Statewide Health Planning & Development, 2021. <https://data.chhs.ca.gov/dataset/rates-of-preventable-hospitalizations-for-selected-medical-conditions-by-county> \*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, 26.1% of adults have been diagnosed with high blood pressure, and 4.7% with borderline high blood pressure.

### High Blood Pressure

	Stanislaus County	California
Diagnosed with high blood pressure	26.1%	26.1%
Diagnosed with borderline high blood pressure	4.7%	7.3%

Source: California Health Interview Survey, 2019-2021. <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 is 42.8 hospitalizations per 100,000 persons.

### Hypertension Hospitalization Rate\* for Prevention Quality Indicators

	Stanislaus County	California
Hospitalization rate due to hypertension	42.8	42.0

Source: California Office of Statewide Health Planning & Development, 2021. <https://data.chhs.ca.gov/dataset/rates-of-preventable-hospitalizations-for-selected-medical-conditions-by-county> \*Risk-adjusted (age/sex-adjusted) annual rates per 100,000 persons.

## Heart Disease

8.6% of Stanislaus County adults have been diagnosed with heart disease, which is higher than the state rate of 6.9%.

### Heart Disease, Adults

	Stanislaus County	California
Diagnosed with heart disease	8.6%	6.9%

Source: California Health Interview Survey, 2019-2021. <http://ask.chis.ucla.edu/>

In addition to hypertension, the remaining Prevention Quality Indicator (PQI) related to heart disease is heart failure. The rate of admissions related to heart failure in Stanislaus County (480.5 annual hospitalizations per 100,000 persons, risk-adjusted) is higher than the state rate of 340.5 hospitalizations per 100,000 persons.

### Heart Failure Hospitalization Rate\* for Prevention Quality Indicator

	Stanislaus County	California
Hospitalization rate due to heart failure	480.5	340.5

Source: California Office of Statewide Health Planning & Development, 2021. <https://data.chhs.ca.gov/dataset/rates-of-preventable-hospitalizations-for-selected-medical-conditions-by-county> \*Risk-adjusted (age/sex-adjusted) annual rates per 100,000 persons.

## Asthma

In Stanislaus County, 18.1% of the population has been diagnosed with asthma. Of these, 65.0%, or 11.8% of the total population, currently have asthma. 13.4% of children in Stanislaus County have been diagnosed with asthma, and 68.1% of those, or 9.1% of county children, currently have asthma. 30% of the population diagnosed with asthma had an asthma episode or attack in the prior year, and 17.5% of children, ages 0 to 17, had an asthma attack. 42% of the population who currently have asthma, or who had an episode or attack in the past 12 months, take medication daily to control their symptoms.

### Asthma

	Stanislaus County	California
Diagnosed with asthma, ever, total population	18.1%	15.2%
Currently have asthma, total population	11.8%	8.7%
Diagnosed with asthma, ever, 0-17 years old	13.4%	12.2%
Currently have asthma, 0-17 years old	*9.1%	7.6%
Has had asthma episode/attack in prior 12 months, total population ever diagnosed with asthma	30.0%	28.8%
Has had asthma episode/attack in prior 12 months, 0-17 years old, ever diagnosed with asthma	*17.5%	29.7%
Takes daily medication to control asthma, total population	42.0%	43.8%

Source: California Health Interview Survey, 2019-2021. <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 2021, hospitalization rates in Stanislaus County for COPD and asthma among adults, ages 40 and older, were 136.8 per 100,000 persons. The rate of hospitalizations in the county for asthma among young adults, ages 18 to 39, was 15.7 hospitalizations per 100,000 persons.

### Asthma Hospitalization Rates\* for Prevention Quality Indicators

	Stanislaus County	California
COPD or asthma in older adults, ages 40 and older	136.8	114.4
Asthma in younger adults, ages 18 to 39	15.7	11.2

Source: California Office of Statewide Health Planning & Development, 2021. <https://data.chhs.ca.gov/dataset/rates-of-preventable-hospitalizations-for-selected-medical-conditions-by-county> \*Risk-adjusted (age/sex-adjusted) annual rates per 100,000 persons.

### Cancer

Cancer incidence rates are available at the county level from the California Cancer Registry. In Stanislaus County, cancer rates are higher overall than at the state level. Several specific cancers also exceed state rates, particularly lung and bronchus (48.7 cancers per 100,000 persons), as well as colorectal, kidney and renal pelvis, and ovarian cancers.

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

	Stanislaus County	California
<b>All sites</b>	<b>421.5</b>	<b>399.8</b>
Breast (female)	123.3	124.1
Prostate (males)	93.7	96.3
Lung and bronchus	48.7	39.7
Colon and rectum	38.2	34.8
Corpus uteri (females)	26.6	27.2
Kidney and renal pelvis	18.5	15.2
Melanoma of the skin	21.5	23.4
Non-Hodgkin lymphoma	18.1	17.6
Thyroid	14.7	13.2
Leukemia	12.3	12.5
Pancreas	12.9	12.2
Ovary (females)	10.5	11.0
Liver and intrahepatic bile duct	10.3	9.8
Urinary bladder	9.8	8.7
Cervix uteri (females)	8.2	7.5
Stomach	7.1	7.4
Brain & Other Nervous System	5.9	5.9
Esophagus	3.9	3.5

Source: California Cancer Registry, Cal\*Explorer-CA Cancer Data tool, 2015-2019. <https://explorer.ccrca.org/application.html>

### COVID-19 Incidence, Mortality, and Vaccination Rates

In Stanislaus County, there have been 147,668 confirmed cases of COVID-19 as of

August 1, 2023. This is a lower rate of infection (262.6 cases per 1,000 persons) than the statewide average of 282 cases per 1,000 persons. Despite the lower infection rate, the county has had a higher rate of confirmed deaths due to COVID-19. Through the same date, 1,908 county residents are confirmed to have died due to COVID-19 complications, for a rate of 3.39 deaths per 1,000 persons, as compared to the statewide rate of 2.57 deaths per 1,000 persons.

**COVID-19, Cases and Crude Death Rates, per 1,000 Persons, as of 8/1/23**

	Stanislaus County		California	
	Number	Rate	Number	Rate
Cases	147,668	262.6	11,317,286	282.0
Deaths	1,908	3.39	103,054	2.57

Source: California State Health Department, Statewide COVID-19 Cases Deaths Tests file, Updated August 3, 2023 with data from August 1, 2023. <https://data.chhs.ca.gov/dataset/covid-19-time-series-metrics-by-county-and-state>

The percentage of Stanislaus County residents, of all ages, who have completed the primary series of a COVID-19 vaccine was 59.3% of the county’s population, as compared to 72.9% for the state. The CDC’s updated vaccination recommendations, as of July 17, 2023, include an updated (bivalent) vaccine dose for everyone ages six and older. 10.7% of county residents are considered to be up-to-date with their COVID vaccinations, as compared to 21.2% statewide. County rates are lower than the statewide vaccination rates among every age group.

**COVID-19 Vaccinations, Completed Primary Series and ‘Up to Date’, by Age**

	Primary Series		Up-to-Date*	
	Stanislaus County	California	Stanislaus County	California
Population, under 5	0.6%	8.7%	N/A	2.7%
Population, ages 5-11	20.1%	37.8%	0.3%	7.4%
Population, ages 12-17	52.4%	67.3%	3.9%	11.3%
Population, ages 18-49	62.2%	78.7%	6.6%	16.6%
Population, ages 50-64	77.4%	84.3%	16.6%	27.8%
Population, ages 65+	88.8%	88.4%	33.2%	44.3%
<b>Total Population</b>	<b>59.3%</b>	<b>72.9%</b>	<b>10.7%</b>	<b>21.2%</b>

Source: California Department of Public Health. <https://covid19.ca.gov/vaccination-progress-data/> Updated August 1<sup>st</sup>, 2023 with data through July 31, 2023. \*Up-to-Date per CDC recommendations, which includes an updated (bivalent) Pfizer-BioNTech or Moderna vaccine. N/A = suppressed due to being fewer than 11 individuals.

In Stanislaus County, among the vaccine-eligible population, 63.1% of the Asian population, 62.4% of the Native Hawaiian or Pacific Islander population, 56.5% of the American Indian or Alaska Native population, 56.2% of Black residents, 52.4% of White residents, 50.9% of Latino residents and 24.2% of multiracial residents have completed their primary COVID-19 vaccination series.

## COVID-19 Vaccinations, Primary Series, by Race and Ethnicity, Stanislaus County

	Percent
Asian	63.1%
Native Hawaiian or Pacific Islander	62.4%
American Indian or Alaska Native	56.5%
Black	56.2%
White	52.4%
Latino	50.9%
Multiracial	24.2%

Source: California Department of Public Health. <https://covid19.ca.gov/vaccination-progress-data/> Updated August 1<sup>st</sup>, 2023 with data through July 31, 2023.

## 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 service area, 11.1% of adults had a disability, which was lower than the county disability rate of 12.8%.

## Disability, Adults

	Oak Valley Hospital	Stanislaus County	California
Adults with a disability	11.1%	12.8%	10.6%

Source: U.S. Census Bureau, American Community Survey, 2017-2021, DP02. <http://data.census.gov>

## Community Input – Chronic Disease

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

- We are seeing a greater need for epinephrine (epi) pens and inhalers. We are seeing more diagnoses of epilepsy.
- Obesity and prediabetes are chronic diseases. We see hypertension and headaches. Parents don’t always realize these chronic diseases require follow-up and they can have significant issues later in life. And we don’t have enough specialists to refer them to. If I send someone to an endocrinologist and they are pre-diabetic, they are so overwhelmed with patients that they won’t accept the patient until they are diabetic.
- We have very limited access to services like oncology. We do not have an oncologist in the community, but we are seeing more and more cancer. People are struggling to find care. Many oncologists don’t take Medi-Cal and it is a difficult process to navigate.
- We have a lot of disparities compared to other parts of California that include a lack of access to physical activity or exercise, food insecurity and adult obesity, all of which can lead to diabetes and heart disease. Improving some of those factors will go a long way to improve chronic diseases.

- Being able to afford healthy groceries is an issue. The dollar goes farther with cheap processed foods and the dollar menu can feed a family of 8 more easily than buying vegetables and meat.
- I know a group of ladies who all have breast cancer. The clinic in town provides examinations but not cancer care. So, they must go to San Francisco to get treatment and that is two hours each way. Insurance may pay for services, but it won't pay for transportation, gas, food and losing a day of work when someone has to help them with travel and chemo after care.



## 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 37 and is in the third quartile of California counties for health behaviors. Neighboring San Joaquin County is ranked 32.

### Health Behaviors Ranking

	County Ranking (out of 58)
San Joaquin County	32
Stanislaus County	37

Source: County Health Rankings, 2023. [www.countyhealthrankings.org](http://www.countyhealthrankings.org)

### Overweight and Obesity

In Stanislaus County, 35% of adults and 17.5% of children are overweight; the rate for teens is 7.3%.

### Overweight

	Stanislaus County	California
Adults, ages 18 and over	35.0%	33.4%
Teens, ages 12-17	*7.3%	15.5%
Children, ages under 12	17.5%	14.4%

Source: California Health Interview Survey, 2017-2021. <http://ask.chis.ucla.edu/> \*Statistically unstable due to sample size.

35.1% of Stanislaus County adults, ages 20 and older, are obese (30+ BMI). 16.3% 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. The rates of obesity are higher in the county than in the state.

### Obesity

	Stanislaus County	California
Adults, ages 20 and older	35.1%	28.1%
Teens, ages 12-17	*16.3%	17.8%

Source: California Health Interview Survey, 2017-2021. <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. 5.6% more of the population reported obesity in 2019-2021 than in 2011-2012.

## Obesity, Adults, 2011 - 2021

	2011-2012	2013-2015	2016-2018	2019-2021	Change 2011-2021
Stanislaus County	29.0%	34.5%	36.9%	34.6%	+5.6%
California	24.7%	26.5%	27.1%	28.2%	+3.5%

Source: California Health Interview Survey, 2011-2021. <http://ask.chis.ucla.edu>

In Stanislaus County, 79.4% of Latino adults, 68.5% of White adults, 63% of Multiracial adults, and 51.2% of African American adults and Asian adults are overweight or obese.

## Overweight and Obesity, by Race and Ethnicity, Adults, 20 Years of Age and Older

	Stanislaus County	California
Latino	79.4%	72.6%
White	68.5%	58.5%
Multiracial	*63.0%	61.2%
African American	*51.2%	72.1%
Asian	*51.2%	40.6%

Source: California Health Interview Survey, 2017-2021. <http://ask.chis.ucla.edu> \*Statistically unstable due to sample size.

## Adequate Fruit and Vegetable Consumption

25% of children and 28.7% of teens in the county eat five or more servings of fruit and vegetables daily (excluding juice and fried potatoes). The rate of children eating five or more servings of fruits and vegetables is lower than the state rate.

## Five or More Servings of Fruit and Vegetables, Daily

	Stanislaus County	California
Children	25.0%	33.3%
Teens	*28.7%	27.1%

Source: California Health Interview Survey, 2016-2020. <http://ask.chis.ucla.edu> \*Statistically unstable due to small sample size.

## Physical Activity

When asked whether they had participated in any physical activities or exercise outside of work in the past month, 23.5% Stanislaus County adults had not engaged in any leisure-time physical activity.

## No Leisure Time Physical Activity, Past Month, Adults, Age-Adjusted

	Stanislaus County	California
No leisure time physical activity, past month	23.5%	*20.6%

Source: U.S. Centers for Disease Control (CDC), Behavioral Risk Factor Surveillance System (BRFSS), PLACES Project 2023, 2021 data year. <https://chronicdata.cdc.gov/500-Cities-Places/PLACES-Local-Data-for-Better-Health-County-Data-20/swc5-untb>

\*Weighted average of California county rates.

16.1% of Stanislaus County children and teens spent 8 hours or more a day on sedentary activities on weekend days, which was higher than the statewide rate (12.6%).

## Sedentary Children

	Stanislaus County	California
8+ hours spent on sedentary activities on a typical weekend day - children and teens	16.1%	12.6%

Source: California Health Interview Survey, 2016-2020. <http://ask.chis.ucla.edu/> \*Statistically unstable due to sample size.

## Exercise Opportunities

Proximity to exercise opportunities can increase physical activity in a community. 94% of Stanislaus County residents live near exercise opportunities.

## Adequate Access to Exercise Opportunities

	Percent
Stanislaus County	94%
California	95%

Source: County Health Rankings, 2023 ranking, utilizing 2020 and 2022 combined data. <http://www.countyhealthrankings.org>

## Community Walkability

WalkScore.com ranks over 2,500 cities in the United States (over 10,000 neighborhoods) with a walk score. The walk score for a location is determined by its access to amenities. Many locations are sampled within each city and an overall score is issued for the walkability of that city (scores for smaller towns, however, may be based on a single location). A higher score indicates an area is more accessible to walking while a lower score indicates a more vehicle-dependent location.

WalkScore.com has established the range of scores as follows:

0-24: Car Dependent (Almost all errands require a car)

25-49: Car Dependent (A few amenities within walking distance)

50-69: Somewhat Walkable (Some amenities within walking distance)

70-89: Very Walkable (Most errands can be accomplished on foot)

90-100: Walker's Paradise (Daily errands do not require a car)

The overall walkability of three of the ZIP Codes in the service area, as well as the community of Riverbank, is rated as Car Dependent, with few if any amenities within walking distance of people's homes, while the remaining ZIP Code (95367), and the community of Oakdale, were rated as Somewhat Walkable. The communities of Escalon and Waterford were rated as Very Walkable.

## Walkability

	ZIP Code	Walk Score by Community	Walk Score by ZIP Code
Escalon	95320	76	0
Oakdale	95361	52	0
Riverbank	95367	38	53

	ZIP Code	Walk Score by Community	Walk Score by ZIP Code
Waterford	95386	74	0

Source: [WalkScore.com](https://www.walkscore.com/), 2022

**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:

- We are seeing more obesity in our kids.
- Kids are not as active as they used to be. We are seeing more type 2 diabetes. Sometimes it is cultural, sometimes it is just not thinking about healthy eating. Kids can go across from the school and get pizza and soda for \$2.00 compared to \$12.00 for a Subway sandwich, so they save their money. Also, on the end of town by the high school, there is no Farmers’ Market.
- It is a cultural issue. There are a lot of families that feed their children to keep them quiet. They will also say if their kids are overweight, they look healthier. They will say look how healthy he is, he has access to all this food.
- We are seeing an increase in diabetes, especially in our elementary kids. We encourage activities and healthy snacks and cafeteria services have come a long way in food offerings.
- The pandemic contributed to the issue. People are at home and behind their computer screens.
- Maybe over time obesity increases with families because parents are tired and it is easier to get fast food. I can sense that there is a lot of stress and they cannot afford a lot of their groceries.
- Latinos aren’t good at this. We will have a plate full of beans and rice and we don’t measure our portions and sometimes we don’t have time to exercise. We are focused on the job and households, and we are not focused on our own personal care. That is a topic we try to bring up to the community, the importance of physical exercise.

**Sexually Transmitted Infections**

The rate of chlamydia in 2019, in Stanislaus County, was 585.2 cases per 100,000 persons. The rate of gonorrhea in the county rose from 2019 to 2020, to 226.8 cases per 100,000 persons, despite a slight drop statewide. The rate of primary and secondary syphilis for Stanislaus County also rose from 2019 to 2020, to 26.8 cases per 100,000 persons, while the rate of early latent syphilis in the county was lower in 2020 (14 cases per 100,000 persons) than in 2019, when it was 16.2 cases per 100,000 persons. Rates for most diagnosed sexually transmitted infections (STIs) in Stanislaus County are similar to or higher than state rates, including the rate of congenital syphilis

among county newborns: 241.1 cases per 100,000 live births in the county versus 114.9 cases per 100,000 live births at the state level.

### STI, Cases and Rates, per 100,000 Persons or per 100,000 Live Births

	Stanislaus County				California	
	Cases		Rate		Rate	
	2019	2020	2019	2020	2019	2020
Chlamydia	3,243	2,529	585.2	454.9	597.6	445.6
Gonorrhea	977	1,261	176.3	226.8	202.7	195.6
Primary and secondary syphilis	146	149	26.3	26.8	20.7	18.9
Early latent syphilis	90	78	16.2	14.0	20.9	19.2
Congenital syphilis by year of birth	12	17	164.5	241.1	99.9	114.9

Source: California Department of Public Health, STD Control Branch, 2020 STD Surveillance Report, 2019 and 2020 data.  
<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/STD-Data.aspx>

### Teen Sexual History

In Stanislaus County, 78.3% of teens, ages 14 to 17, whose parents gave permission for the question to be asked, reported they had never had sex.

### Sexual History, Teens, Ages 14 to 17

	Stanislaus County	California
Never had sex	*78.3%	88.4%

Source: California Health Interview Survey, 2017-2021. <http://ask.chis.ucla.edu/> \*Statistically unstable due to sample size.

### HIV

In 2021 the rate of new HIV cases in Stanislaus County was 8.2 cases per 100,000 persons. The advent of the COVID-19 Pandemic interrupted many types of care, and the percentage of persons in the county with diagnosed HIV who were receiving care dropped and has not yet returned to pre-Pandemic levels. In Stanislaus County, 79.6% of diagnosed persons in 2019 were receiving care, and in 2021 the rate was 78.1%. The percent who were virally suppressed remained the same, at 70%. The California Integrated Plan objective was for 90% of persons with HIV to be in care, and 80% were virally suppressed by 2021. Rates of death among persons diagnosed with HIV fell slightly from 2019 to 2021 in the county, while rising for the state.

### HIV, Cases and Rates, per 100,000 Persons

	Stanislaus County		California	
	2019	2021	2019	2021
Newly diagnosed cases	40	46	4,560	4,444
Rate of new diagnoses	7.2	8.2	11.5	11.1
Living cases	851	880	137,962	141,001
Rate of HIV	153.6	156.6	347.0	352.9
Percent in care	79.6%	78.1%	75.0%	73.0%

	Stanislaus County		California	
	2019	2021	2019	2021
Percent virally suppressed	70.0%	70.0%	65.3%	64.4%
Deaths per 100k HIV+ persons	3.4	3.2	4.6	5.6

Source: California Department of Public Health, Office of AIDS, California HIV Surveillance Report, 2019 & 2021.  
[https://www.cdph.ca.gov/Programs/CID/DOA/Pages/OA\\_case\\_surveillance\\_reports.aspx](https://www.cdph.ca.gov/Programs/CID/DOA/Pages/OA_case_surveillance_reports.aspx)

## Mental Health

### Mental Health Indicators

Among adults in Stanislaus County, 18.1% were determined to have experienced serious psychological distress in the past year, while 14.6% 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 more likely to have experienced impairment in their family, social, household chore, and/or work life when compared to state rates of impairment. Serious psychological distress was experienced in the past year by 23.6% of area teens, which was lower than the state level (32.3%).

### Mental Health Indicators

	Stanislaus County	California
Adults who had serious psychological distress during past year	18.1%	14.1%
Adults taken prescription medicine at least 2 weeks for emotional/mental health issue in past year	14.6%	10.6%
Adults: family life impairment during the past year	27.5%	22.5%
Adults: social life impairment during the past year	26.5%	22.7%
Adults: household chore impairment during the past year	24.6%	22.1%
Adults: work impairment during the past year	25.0%	22.6%
Teens who had serious psychological distress during past year	*23.6%	32.3%

Source: California Health Interview Survey, 2019-2021. <http://ask.chis.ucla.edu> \*Statistically unstable due to sample size.

### Suicidal Ideation

15.7% of adults in Stanislaus County had seriously considered committing suicide, which is higher than the statewide rate (15.1%).

### Ever Thought About Seriously Committing Suicide, Adults

	Stanislaus County	California
Ever seriously thought about committing suicide	15.7%	15.1%

Source: California Health Interview Survey, 2019-2021. <http://ask.chis.ucla.edu>

### Mental Health Care Access

22.6% of Stanislaus County teens needed help for emotional or mental health problems in the past year, and 29% of teens had received psychological or emotional counseling in the past year. 25% 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, 52.5% 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	*22.6%	28.9%
Teen who received psychological or emotional counseling in the past year	29.0%	17.2%
Adults who needed help for emotional-mental and/or alcohol-drug issues in past year**	25.0%	22.5%
Adults, sought/needed help and received treatment**	52.5%	54.4%
Adults, sought/needed help but did not receive	47.5%	45.6%

Source: California Health Interview Survey, 2017-2021; \*\*2019-2021 <http://ask.chis.ucla.edu/> \*Statistically unstable due to sample size.

In Stanislaus County, there were 2.2 hospitalization admissions due to mental health issues per 1,000 persons, ages 5 to 14. Among youth, ages 15 to 19, there were 7.8 hospitalizations per 1,000 persons. Rates rose in the county from 2019 to 2020, despite declining at the state level.

### Hospital Discharges for Mental Health Issues, per 1,000 Children and Youth

	Ages 5 to 14		Ages 15 to 19	
	2019	2020	2019	2020
Stanislaus County	2.2	2.6	7.8	10.5
California	2.8	2.5	9.8	9.1

Source: California Department of Statewide Health Planning and Development special tabulation, 2021.via <http://www.kidsdata.org>

### Community Input – Mental Health

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

- We are seeing an increase in mental health needs.
- Lack of providers is an issue and wait times to get seen have increased.
- Sometimes parents won't sign off to allow their children to access mental health services. If a 16-year-old says she wants birth control she has rights, and we can get her a temporary Medi-Cal card. But with mental health, it is a lot trickier. This year we have had to call 5051s and child services more than ever before in my career. I don't think it was less of an issue before, but maybe we talk about it a lot more now and previously we didn't have all these programs, so maybe there is more outcry or awareness. But regardless, we are seeing the impact of kids staying home and not getting socialization. The pandemic put a wedge between families and school districts.
- We are seeing a lot of mental health issues, especially after Covid. Being at home, not a lot of learning happened virtually.
- Among people who are homeless, mental health is a huge issue. Sometimes it is drug and alcohol induced.



- We have a lack of mental health professionals. People wait more than three months to get care, unless it is after a suicide attempt, otherwise no one can help them. They need to see a professional psychiatrist.
- There are not enough services. And we are seeing more and more severe mental health issues than ever before. A lot of clinicians do not accept insurance. Getting signed up with insurance is such a hassle that many clinicians will only accept cash payments. People who are on Medi-Cal cannot afford to pay for mental health services so a lot of them just don't get services.
- We are a community of people who are not able to access mental health care and we need it. Also, I see younger generations who do not accept therapy, they are not open to it. Are we not talking about it enough? We've seen a rise in suicide as well. It is heartbreaking in every way.
- There is a lot of pressure today in society. Increased living expenses, societal pressures, peer pressures and social media. There is also a lot of anxiety, worry and depression and that can lead to people self-medicating.
- I wish there was more access for youth and support groups. Classes that help identify mental health conditions, what to look for with a loved one, identify early signs of depression, and support groups that build trust over time so people can reach out for help rather than keep it inside.
- We see a lot of people with depression and anxiety. But even when they go to a clinic for help, they often tell you that it is a 2-3 month wait, but sometimes people need to see someone immediately. We also do not have a lot of therapists that speak Spanish. Sometimes the result is that people just go without. The first thing they ask when you go to the clinic is if you have insurance. If you don't, it is too hard to get services like mental health care.

## Substance Use

### Cigarette Smoking

The Healthy People 2030 objective for cigarette smoking among adults is 6.1%. In Stanislaus County, 8.2% of adults smoke cigarettes. 61% of Stanislaus County adult smokers were thinking of quitting in the next 6 months. 27.1% of Stanislaus County adults, ages 18 to 65, had smoked an e-cigarette, which is higher than the state rate (19.4%).

### Smoking, Adults

	Stanislaus County	California
Current smoker	8.2%	6.3%
Former smoker	22.0%	19.7%
Never smoked	69.8%	74.0%
Thinking about quitting in the next 6 months	61.0%	64.8%
Ever smoked an e-cigarette (adults, ages 18-65)	27.1%	19.4%

Source: California Health Interview Survey, 2019-2021. <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, the CDC estimated that 16.2% had engaged in binge drinking in the prior year. The Healthy People 2030 objective is for no more than 25.4% of adults to have binge drunk in the prior year.

19.9% of county adults had engaged in binge drinking in the prior month and 10.4% of Stanislaus County teens binge drank in the past month, and 22.9% had tried alcohol.

### Binge Drinking, Adults, Age-Adjusted

	Stanislaus County	California
Adult binge drinking, prior year	16.2%	*15.7%

Source: U.S. Centers for Disease Control (CDC), Behavioral Risk Factor Surveillance System (BRFSS), PLACES Project 2023, 2021 data year. <https://chronicdata.cdc.gov/500-Cities-Places/PLACES-Local-Data-for-Better-Health-County-Data-20/swc5-untb>  
\*Weighted average of California county rates.

### Binge Drinking, Adults and Teens, and Teen Alcohol Experience

	Stanislaus County	California
Adult binge drinking, past month	19.9%	18.1%
Teen binge drinking, past month	*10.4%	4.5%
Teen ever had an alcoholic drink	*22.9%	23.3%

Source: California Health Interview Survey, 2021 adults, 2017-2021 pooled, for teens. <http://ask.chis.ucla.edu/> \*Statistically unstable due to sample size.

## Opioid Use

The rate of hospitalizations due to opioid overdose in Stanislaus County was 15.9 per 100,000 persons. This was higher than the state rate (10.9 per 100,000 persons). Emergency Department visits due to opioid use in Stanislaus County were 62.5 per 100,000 persons, which was higher than the state rate (46.1 per 100,000 persons). The rate of opioid prescriptions in Stanislaus County was 588.6 per 1,000 persons, which is higher than the state rate of opioid prescribing (321.7 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)	15.9	10.9
ER visits for opioid overdose (excludes heroin)	62.5	46.1
Opioid prescriptions, per 1,000 persons	588.6	321.7

Source: California Office of Statewide Health Planning and Development, via California Department of Public Health, California Opioid Overdose Surveillance Dashboard, 2023; data from 2021. <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:

- Substance use is a concern for prenatal care and exposure in-utero. We do assessments for children who are 3–4-year-olds and we are seeing an increase of in-utero exposure and people on methadone.
- We are seeing more vaping, even down to the elementary school level. Kids are using marijuana, edibles and vaping. We had a Xanax issue last year, we worked with the police. It was being sold across the street from the school, so we shut that down.
- It is very rampant here. Parents have gotten mad at the schools for confiscating the drugs their kids have taken. Parents want the drugs back. They are bringing the drugs up from Mexico.
- We are seeing a troubling increase in vape pens with marijuana. They are hard to detect because they don't have the regular smell. They are these liquid inserts. We are amping up our detection services, using canine services and staff recently were trained by a retired DEA agent on how to detect drugs and do field sobriety testing.
- We are seeing kids in middle school trying marijuana. It is available everywhere. They are also using other drugs, they are stealing medications from their parents and using them. We have a lot of hyperactive kids and 80% were exposed to drugs during pregnancy.
- People were drinking more with the pandemic while they were at home. We have seen liver disease increase for those in their 20s to 40s. People are drinking more and using prescription pills and it is causing severe liver damage.

- Tobacco use is higher here than in other areas of California and that leads to other issues. We have cut down on our opioid prescription rate, but we are seeing a rise in general and synthetic drugs especially with young people.
- Substances are easy to get, and people don't think it is a big deal because it is legal. The assistance we do have in the community may not be exactly what our community needs. I wish we had more that was financially accessible. But also, someone needs to be in a place where they want help, and we see individuals who would rather stay in their circumstances rather than take themselves to the next level of care.
- If you don't have insurance, it is too difficult to get help here. If you don't have insurance, you can do nothing unless you have the money to pay cash.

## Preventive Practices

### Immunization of Children

The rates of compliance with childhood immunizations upon entry into Kindergarten were 93.7% for Stanislaus County and ranged from 78.8% to 97.6% among area school districts.

#### Up-to-Date Immunization Rates of Children Entering Kindergarten\*

	Immunization Rate
Escalon Unified*	91.5%
Oakdale Joint Unified	97.4%
Riverbank Unified	97.6%
Waterford Unified	78.8%
<b>Stanislaus County*</b>	<b>93.7%</b>
<b>California*</b>	<b>93.6%</b>

Source: California Department of Public Health, Immunization Branch, 2021-2022. \*For those schools where data were both reported, and not suppressed due 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. 40.2% of Stanislaus County adults received a flu shot.

#### Flu Vaccines

	Stanislaus County	California	
Received flu vaccine, ages 6 mo. to 17 years	N/A	60.1%	
Received flu vaccine, ages 18 to 64 years	40.2%	40.5%	34.5%
Received flu vaccine, ages 65 and older		64.7%	

Source: U.S. Centers for Disease Control (CDC), FluVaxView Interactive!, 2021-2022 season. <https://www.cdc.gov/flu/fluview/interactive-general-population.htm>

### Mammograms

The Healthy People 2030 objective for mammograms is for 80.3% of women, 50 to 74 years old, to have a mammogram within the past two years. In Stanislaus County, 69.1% of women obtained mammograms, which does not meet the objective.

#### Mammogram in the Past 2 Years, Women, Ages 50-74 Years

	Stanislaus County	California
Mammogram in past 2 years	69.1%	*69.3%

Source: U.S. Centers for Disease Control (CDC), Behavioral Risk Factor Surveillance System (BRFSS), PLACES Project 2023, 2020 data year. <https://chronicdata.cdc.gov/500-Cities-Places/PLACES-Local-Data-for-Better-Health-County-Data-20/swc5-unth>  
\*Weighted average of California county rates.

## Pap Smears

The Healthy People 2030 objective for Pap smears is 79.2% of women, ages 21-65 years old, to be screened in the past three years. Among women in Stanislaus County, 80.5% had the recommended Pap smear, which meets the objective.

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

	Stanislaus County	California
Pap smear in past 3 years	80.5%	*81.2%

Source: U.S. Centers for Disease Control (CDC), Behavioral Risk Factor Surveillance System (BRFSS), PLACES Project 2023, 2020 data year. <https://chronicdata.cdc.gov/500-Cities-Places/PLACES-Local-Data-for-Better-Health-County-Data-20/swc5-untb>  
\*Weighted average of California county rates.

## Colorectal Cancer Screening

The current recommendation for colorectal cancer screening is for adults, ages 50-75, 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 Stanislaus County the reported rate of colorectal cancer screening was 58.6%. This does not meet the Healthy People 2030 objective for a colorectal cancer screening rate of 68.3%.

### Colorectal Cancer Screening, Adults, Ages 50-75, Age-Adjusted

	Stanislaus County	California
Screening sigmoidoscopy, colonoscopy or Fecal Occult Blood Test	58.6%	59.6%

Source: U.S. Centers for Disease Control (CDC), Behavioral Risk Factor Surveillance System (BRFSS), PLACES Project 2023, 2020 data year. <https://chronicdata.cdc.gov/500-Cities-Places/PLACES-Local-Data-for-Better-Health-County-Data-20/swc5-untb>  
\*Weighted average of California county rates.

## Community Input – Preventive Practices

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

- There are times when kids are behind on their vaccines and immunizations. I think that parents are putting it off. It would be amazing if there was a mobile vaccine clinic to visit the elementary school sites to offer services and coordinate with kindergarten registration day. The same with dental, I really wish we had some mobile services. We have a dentist that comes to check first graders' mouths, but that is not the same as dental care.
- At school we encourage HPV and flu vaccines. I don't even try with Covid. We had immunization clinics on campus, but the district doesn't want us to do it because parents are saying don't touch my kids post Covid. We have done Narcan training for staff.
- It is just not a priority for families. If they go to a primary care practitioner, they are getting all their needs met. But not all families are going.

- Despite education we had less than 10% of kids get immunized. For those younger than one year old, it was less than 10%, for older kids it was about 30%. They were afraid to get their children vaccinated.
- We must do mandatory hearing and vision tests by state law. Parents now are opting out, saying we don't want you checking our kids. Now we are afraid to use the word mandate.
- Our STI rates are climbing, and we have been hit very hard. Congenital syphilis rates are very high, and the other issue is gonorrhea. We are also seeing increased rates in the central valley for perinatal transmission of HIV. We started asking places where pregnant women access care to consider opt out testing.
- In our community we have death rates for cancer that are higher than the rest of the state. Part of it may be due to a delay in preventive services or not doing screenings. It is hard to say if there is an environmental association. There is not one that we've identified conclusively. Regardless of the cause, getting screenings like mammograms will improve rates of survival for cancer.
- We try to encourage opt of testing for at risk populations in the ED and urgent care systems. It might be cumbersome for the ED, but if we focus on pregnant women, on HIV or Hep C, those things will be very helpful. Part of it is making sure we connect with people, and we engage our highest risk residents and reach them and make them aware of services.
- We used to have education on diabetes and healthy eating a few years ago. I wish we could find an educator. That was very popular and a needed service. More prevention is always a good thing. We need more diabetes education and support groups.

## Review of Progress

In 2021, 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 2021 CHNA addressed: access to care, chronic disease and mental health through a commitment of community benefit programs and resources. The following section reports on the progress made to address these selected significant health needs since the completion of the 2021 CHNA.

### **Access to 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. The clinics are located in Riverbank, Oakdale, Waterford, and Escalon. The clinics were staffed by licensed nurse practitioners, physician assistants, registered nurses and trained support staff. Each clinic was supervised by a board-certified physician. All patients were seen regardless of ability to pay.

The clinics offered mental health services provided by two bilingual Licensed Clinical Social Workers. Preventive screenings were offered through the clinics and included Pap smears and mammograms. Telehealth visits were offered for clinic patients. Clinic patients were routinely screened for depression, substance use, including tobacco use, and colorectal cancer.

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

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

Classes on health prevention and early intervention topics were provided to community members.

Oak Valley Hospital District implemented inpatient screening for Social Drivers of Health

### **Chronic Diseases**

Monthly CPR classes and BP screenings were provided.

Primary care clinics provided laboratory testing, foot screenings and retinal screenings



for community members with diabetes.

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

### **Mental Health**

The Oak Valley Hospital District-Family Support Network created engagement groups to identify individuals at risk for mental illness, with early signs of mental illness and those with serious mental illness. This program, focused on Latinos, engaged RAIZ health prevention Promotoras/Community Health Workers through the Family Support Network. Mental health information was distributed to Spanish speaking participants, as well as our Latino Community members, to engage them in a conversation about the importance of good mental health. Observation, group discussions about mental health awareness and one-on-one discussions were used to determine if there was a need for referral to mental health care services. The program provided:

- Weekly groups for adults, teens and children, and senior citizens.
- Mental health materials and resource distribution.
- Suicide prevention and stigma reduction presentations.
- Emotional and mental health awareness programs, activities and support groups for all ages.
- Referrals to mental health services and counseling and follow-up.
- Opportunities for community outreach efforts as a wellness group.
- Promotora collaboration and partnership efforts in the community with City of Oakdale agencies, such as the Oakdale School District, Oakdale Chamber of Commerce, Mayor, Oakdale Police Department, Oak Valley Hospital District, Latino businesses and local churches.

Our programs and services promoted a variety of culturally sensitive and age-appropriate mental health awareness activities for youth and adults, providing education and information within a non-stigmatized environment.

The following mental health groups were supported by the RAIZ Prevention/Promotora programs at the Oak Valley Hospital District/Family Support Network Center during the fiscal year.

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 in age from 20 to 70. During the sessions, a mental health topic was 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, and recognize the benefit of movement during the aging process.

Oakdale Promotora Network Meetings (Mental Health Awareness Leadership): 8 sessions – This community leadership group was formed by community Promotores co-facilitated and supported by a staff Promotora. During the year, the staff Promotora met with a minimum of 12 community Promotores to plan and organize community wide events and annual trainings. The planning of events and activities focused on mental health stigma reduction, well-being and suicide prevention.

Corazon de Nino: 15 sessions – This bilingual mental health and wellness youth group for young boys, ages 3-6, was facilitated by Promotoras. This group promoted an early sense of positive social engagement, recognized abuse to prevent violence at an early age, nurtured creativity, and promoted 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 was facilitated by a staff Promotora. This group promoted an early sense of positive social engagement, helped girls recognize and accept their emotions, nurtured their inner creativity, and developed a healthy sense of self-expression with their peers.

Mente & Corazon: 9 sessions – A two-hour bilingual mental health and wellness group for children, ages 7-10, promoted healthy social engagement, nurtured creativity, and fostered a positive cultural identity and self-expression.

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

Cumbiamba Inclusion Con Monica: 3 Sessions:

A two-hour mental health support group promoted physical activity, wellness and connection. A mental health topic was discussed within the group.

Golden Girls Cumbiamba: 26 Sessions

A two-hour mental health support group for seniors, ages 50 and older, promoted well-being. This weekly class fostered age-appropriate activities and provided mental health

topics to enhance their emotional health and bring a sense of belonging.

#### Cumbiamba Inclusion Con Cynthia: 3 Sessions

A two-hour mental health group promoted physical activity and wellness. This youth support group encouraged age-appropriate activities and mental health awareness to strengthen their sense of well-being.

After having implemented these strategies, activities, and referrals, we saw an improvement in the emotional and mental health of participants. Participants were better informed about the topics of good mental health and were not ashamed to ask for the next level of mental health care. The words “mental health” were no longer a huge stigma to discuss among group participants.

We saw increased participation in activities, and increased desire among our youth participant members to volunteer in the community and to take on leadership roles within the program. The programs also helped our city leaders recognize the importance of mental health awareness

## 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	91.2% to 96.4%	90.7%
Child health insurance rate	97.7%	92.4%
<b>Adult health insurance rate</b>	<b>91.6%</b>	92.4%
<b>Unable to obtain medical care</b>	<b>9.4%</b>	5.9%
<b>Ischemic heart disease deaths</b>	<b>116.6</b>	71.1 per 100,000 persons
<b>Cancer deaths</b>	<b>143.1</b>	122.7 per 100,000 persons
<b>Colon/rectum cancer death</b>	<b>15.5</b>	8.9 per 100,000 persons
<b>Lung and bronchus cancer deaths</b>	<b>35.2</b>	25.1 per 100,000 persons
<b>Female breast cancer deaths</b>	<b>20.9</b>	15.3 per 100,000 persons
<b>Prostate cancer deaths</b>	<b>23.5</b>	16.9 per 100,000 persons
<b>Stroke deaths</b>	<b>37.3</b>	33.4 per 100,000 persons
<b>Unintentional injury deaths</b>	<b>45.9</b>	43.2 per 100,000 persons
Suicides	10.7	12.8 per 100,000 persons
<b>Liver disease (cirrhosis) deaths</b>	<b>17.1</b>	10.9 per 100,000 persons
<b>Drug-induced deaths</b>	<b>32.9</b>	20.7 drug-overdose deaths per 100,000 persons
<b>Overdose deaths involving opioids</b>	<b>19.6</b>	13.1 per 100,000 persons
Infant death rate	4.6	5.0 per 1,000 live births
Adult obese, ages 20 and older	35.1%	36%
<b>Teens obese, ages 12-17</b>	<b>16.3%</b>	15.5% of children and teens, ages 2 to 19
Adults engaging in binge drinking	16.2%	25.4%
<b>Cigarette smoking by adults</b>	<b>8.2%</b>	6.1%
Pap smears, ages 21-65, screened in the past 3 years	80.5%	79.2%
<b>Annual adult influenza vaccination</b>	<b>40.2%</b>	70.0%
<b>Mammograms, ages 50-74, screened in the past 2 years</b>	<b>69.1%</b>	80.3%
<b>Colorectal cancer screenings, ages 50-75, screened per guidelines</b>	<b>58.6%</b>	68.3%

## 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.

<b>Name</b>	<b>Title</b>	<b>Organization</b>
Alisa Anderson, RN	District School Nurse	Oakdale Joint Unified School District
Krystina Belski, MD	Pediatrician	Krystina Belski, MD Pediatrics
Heather Grossman, MSN	Nurse	Riverbank School District
Maria Hernandez	Riverbank Promotora	Family Support Network
Shameram Karim, EdD	Executive Director	First 5 Stanislaus, Children and Families Commission
Pam Kelly	Executive Director	Oakdale Rescue Mission
Shellie LaMar	Director	Family Support Network
Larry Mendonca	Superintendent	Oakdale School District
Frank Ortiz	President	Community Sharing Christian Center
Thea Papasozomenos, MD, MPH	Public Health Officer	Stanislaus County Health Services Agency
Dawn Shaffer, RN	District School Nurse	Oakdale Joint Unified School District
Tamberly Stone	Program Manager	Center for Human Services, Oakdale Family Resource and Counseling Center

### Attachment 3: Community Stakeholder Interview Responses

Interview participants were asked to name the most significant health issues or needs in the community. Responses included:

- We see students struggling to get timely services for vision care. There are not a lot of providers that accept Medi-Cal. Dental care is also a concern.
- In schools we are seeing more mental health issues post-Covid and we are seeing more families in financial hardships. We have more families experiencing homelessness and foster families to serve now. And we need more dental and vision providers. It would be great if there was a Planned Parenthood in town for reproductive services.
- Housing for those who don't have enough money.
- Lack of stable or affordable housing, affordable childcare or preschool, and families not spending enough time with their kids. There is not enough money to meet basic needs, the cost of living has gone up, food, rent, utilities, all are significantly impacting families.
- Lack of mental health for kids, grades k-12.
- Health insurance issues related to being homeless. Diet, regularly monitoring health needs. A lot of people who are unhoused have diabetes and other needs and they go to the ED for their health care.
- Since Covid, we are seeing probably 40-50% more depression, anxiety and suicidal thoughts in our community. Another issue is obesity in our middle school and elementary school children.
- There is so much more need around food insecurity and health care. people haven't been tending to their health because they couldn't go to the doctor in a normal way, so people are picking up the pieces now. I don't think we've seen the full impact of the pandemic still.
- We are seeing people with mental health issues and people behind in their bills. We saw a \$12,000 utility bill the other day. It is very normal to find people \$3,000 to \$4,000 behind in their utility bills.
- Availability and affordability of housing is an issue.
- Economics, lack of affordable housing, food insecurity, lack of mental health counseling in a rural community, and an increase in substance use.
- Economic issues, diabetes, mental health.

Interview participants were asked what factors or conditions contribute to those health issues (e.g., social, racial, cultural, structural, behavioral, environmental) Their responses included:

- The environment plays a huge role. We have families who are not advocating for themselves or don't know how to advocate to meet the needs of their children.

- Air quality is an issue. I don't think the community is focused on preventive measures with families. There is a lack of education about eating well and exercising. We don't see families doing annual appointments like dental services and we have kids who wear eye glasses who aren't getting follow-up annual appointments.
- A lot of families during Covid lost their jobs. We have seen a huge surge of foster kids coming in from the Bay area. That is a huge culture shock for them.
- People don't have enough money to obtain housing.
- For a lot of families, they don't have stable work that allows them to make enough income to afford to rent a place. Rent has gone up quite a bit in our area. Childcare is always going to be an issue because there are so many hoops that people must jump through to be a childcare provider in their own home.
- Lack of mental health providers for kids and adults.
- Social media is playing a significant part in young people's pressures and their interactions are not healthy. There is a lot of bullying that occurs, a lot of threats. Incivility has skyrocketed. Even with adults.
- Having a pandemic and then inflation immediately following it, people haven't been able to recover and it is impacting people's mental health. They have lost jobs, they can't find jobs, there are so many factors that have crushed in on people and it is really challenging.
- Everything is so expensive now with inflation. Breakdown in the family structure. There are a lot of two parent income families with kids at home by themselves. And people are escaping through substance use.
- A lot of people do not have legal documentation, so it is hard to get jobs and services.

Who or what groups in the community are most affected by these issues (e.g., youth, older residents, racial/ethnic groups, LGBTQ, persons experiencing homelessness, veterans, specific neighborhoods). Responses included:

- Children are the most impacted.
- Veterans, elderly, youth and those experiencing homelessness.
- Those who don't have a support system, family or neighbors to rely on.
- Underserved, lower income families have been impacted. There is not one person out there that hasn't been impacted by the cost of gas, food and inflation. But people with less money or who are on fixed incomes, like seniors, have been really impacted. They don't get any more money from Social Security. There was a little rise that did not keep up with inflation.
- We see seniors impacted by housing and food insecurity. We see youth who need mental health services and peer support. Many Latino families are working hard but

barely making it.

- The Latino population.



## Attachment 4: 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, 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, Golden Valley Health Center, Oakdale Rehab & Skilled Nursing Center, Oakdale School District, Rural Health Clinic, Stanislaus County Public Health
Dental care	Golden Valley Health Center, Healthy Start Program,
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, 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