



2025

Community Health Needs Assessment

Fresno County
Kern County
Kings County
Madera County
Merced County
Stanislaus County
Tulare County

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EXECUTIVE SUMMARY

Background and Purpose

Valley Children's Healthcare is Central California's only high-quality, comprehensive healthcare network dedicated to children, from before birth to young adulthood, as well as to high-risk pregnant women. Valley Children's plays a vital role in meeting the healthcare needs of some of our region's sickest and most medically vulnerable children.

Valley Children's network is anchored by Valley Children's Hospital, a 358-bed stand-alone children's hospital that includes 28 regional neonatal intensive care unit beds located in Fresno, Hanford and Merced. In addition to the hospital, the Valley Children's network includes specialty care centers, pediatric primary care practices and women's health services.

Valley Children's has undertaken a Community Health Needs Assessment (CHNA). California Senate Bill 697 and the Patient Protection and Affordable Care Act through IRS section 501(r)(3) regulations direct nonprofit hospitals to conduct a CHNA every three years and develop a three-year Implementation Strategy that responds to community needs. A CHNA identifies unmet health needs in a given service area, provides information to select priorities for action across targeted geographical areas, and serves as the basis for community benefit programs.

Service Area

Valley Children's Hospital is located at 9300 Valley Children's Place, Madera, California 93636. While the hospital draws patients from over 12 counties, for purposes of this assessment, the service area is defined as the seven counties where a majority of Valley Children's patients reside:

- Fresno County
- Kern County
- Kings County
- Madera County
- Merced County
- Stanislaus County
- Tulare County

Collaborative Process

Valley Children's Hospital collaborated with hospitals, hospital associations, county public health departments and others to complete the CHNA.

Fresno, Kings, Madera and Tulare Counties

The Hospital Council of Northern California facilitated a four-county (Fresno, Kings, Madera, and Tulare) CHNA process, working collaboratively with Valley Children's Hospital, Community Regional Medical Center, Fresno County Department of Public Health Department, Kaweah Health, Kings County Health

Department, Madera County Public Health Department, and Saint Agnes Healthcare.

Kern County

Valley Children's Hospital participated in the Kern County Community Benefit Collaborative. The Collaborative was comprised of Dignity Health Mercy and Memorial Hospitals, Adventist Health (Bakersfield, Delano and Tehachapi Valley), Kern Medical, Valley Children's Hospital and Kaiser Permanente.

Merced County

For the Merced County CHNA, Valley Children's Hospital worked in partnership with Dignity Health Mercy Medical Center Merced.

Stanislaus County

For the Stanislaus County CHNA, Valley Children's Hospital participated in the Stanislaus County Health Coalition that included Stanislaus County Health Services Agency, Sutter Health Memorial Medical Center, United Way of Stanislaus County, Kaiser Permanente, Health Plan of San Joaquin/Mountain Valley Health Plan, and Health Net.

Data Collection

Secondary Data

Secondary data were collected from county and state sources to present community demographics, social drivers of health, healthcare access, birth characteristics, leading causes of death, acute and chronic disease, health behaviors, mental health, and substance use. Where available, these data are presented in the context of California, framing the scope of an issue as it relates to the broader community.

Primary Data

Fresno, Kings, Madera, and Tulare Counties

Primary data were collected through 28 listening sessions, 41 focus groups, 13 key informant interviews, and 1,064 survey responses.

Kern County

Twenty-one (21) telephone interviews were conducted. Community surveys were available in English and Spanish and 125 usable surveys were collected.

Merced County

Fifteen (15) telephone interviews were conducted. Interview participants included a broad range of stakeholders concerned with health and wellbeing in Merced County who spoke about issues and needs in the community.

Stanislaus County

Primary data collection included 36 stakeholder interviews and 15 focus groups, speaking with 163 participants. A community survey was conducted to evaluate and address healthcare, housing, employment, and other needs, gaps, and resources in the community. Over 455 responses were collected and analyzed.

Significant Health Needs for Children and Families

A review was conducted of the secondary data sources and primary data from focus groups, listening sessions, stakeholder interviews and surveys, which focused on maternal and child health. Based on the review, the major needs identified for children throughout Valley Children's seven county service area include the following.

- Access to healthcare: includes access to primary care, specialty care, preventive care, and transportation.
- Chronic diseases: includes prevention, management and treatment of chronic diseases (diabetes, asthma, cancer), and caregiver support for children experiencing chronic diseases.
- Economic insecurity: includes poverty, job availability, childcare services, basic needs services, and food insecurity.
- Housing and homelessness: includes access to safe and affordable housing, and issues related to people who are experiencing homelessness, including housing availability, social services and transitional care.
- Maternal and infant health: includes teen pregnancy, prenatal care, low-birth weight births, premature births, infant mortality, breastfeeding, and reproductive health.
- Mental health: includes anxiety and depression, severe mental illness, access to mental healthcare and supportive services, and reduction in stigma.
- Obesity/nutrition/physical activity: includes access to healthy, affordable food, and increased access to outdoor activities.
- Preventive care: includes vaccines, testing and screenings.
- Substance use: includes tobacco use, vaping, drug misuse and alcohol use.
- Violence and injury prevention: includes accidental injuries, neighborhood safety and reduction in crime, and child abuse.

Project Oversight

The Community Health Needs Assessment process was overseen by:

Tim Curley

Director of Public Policy and Advocacy

Valley Children's Hospital

Consultants

The Fresno, Kings, Madera and Tulare Counties CHNA was conducted by Conduent Healthy Communities Institute (HCI). HCI is a division of Conduent that focuses on providing solutions for improving

community health through data, technology, and expertise.

Biel Consulting, Inc. conducted the Kern County CHNA and Merced County CHNA for Valley Children's Hospital. Biel Consulting, Inc. has extensive experience conducting hospital CHNAs and working with hospitals on developing, implementing, and evaluating community benefit programs.

Crescendo Consulting Group conducted the Stanislaus County CHNA process. Crescendo has been a leading provider of Community Needs Assessment services for more than 20 years.

Availability of CHNA Report

Valley Children's Hospital's CHNA is available at <https://www.valleychildrens.org/services/guilds-center-for-community-health/our-commitment>. Written comments or questions on this report can be submitted to Tim Curley at tcurley@valleychildrens.org.

Report Adoption

This CHNA report was adopted by Valley Children's Hospital Board of Trustees on August 21, 2025.

DATA COLLECTION METHODOLOGY

The CHNA process included collection and analysis of secondary and primary data sources for Valley Children's Hospital's service area.

Secondary Data

Secondary data were collected from county and state sources to present community demographics, social drivers of health, healthcare access, birth characteristics, leading causes of death, acute and chronic disease, health behaviors, mental health, and substance use. Where available, these data are presented in the context of California, framing 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 objectives are a national initiative to improve the public's health by providing measurable objectives that are applicable at national, state, and local levels. Appendix 1 compares Healthy People 2030 objectives with service area data.

In addition, primary data were collected directly from stakeholders in the community. A variety of primary data collection methods were used to obtain community input including focus groups, listening sessions, interviews and surveys. The collected data were used to identify significant health needs. Appendix 2 details the focus group, key informant interviews, and listening session participants. Appendix 3 provides stakeholder responses specific to infants, children and pregnant women.

Primary Data

Fresno, Kings, Madera, and Tulare Counties

Primary data were collected through listening sessions, focus groups, key informant interviews, and surveys.

Community Survey

Community input was collected through an online community survey available in English, Spanish, Hmong, and Punjabi from August 19, 2024, through October 18, 2024. The survey consisted of seventy-one questions related to the most important health problems in the community and perceptions of overall health, access to health care services, as well as social and economic drivers of health. Announcements promoting the community surveys included press releases, social media, and email blasts to various organizations, Central Valley CHNA/CHA staff, internal and external teams.

- 383 responses from Fresno County

- 154 responses from Kings County
- 261 responses from Madera County
- 266 responses from Tulare County

Focus Groups

Focus groups were conducted to gain deeper insight into perceptions, attitudes, experiences, or beliefs held by community members about their health. It is important to note that the information collected in an individual focus group is exclusive to that group and is not representative of other groups. Individuals recruited for focus groups included those who lived or worked in the counties. The focus group sessions lasted sixty minutes.

Individuals provided insights when facilitators asked a series of eleven questions to prompt discussion on top community health issues, barriers and challenges to health, children and pregnant women health issues, and the impact of COVID-19, fires, evacuation, and floods. Facilitators recorded the sessions and notes from the focus groups and uploaded them to the web-based qualitative data analysis tool, Qualtrics. Focus group transcripts were coded using a pre-designed codebook, organized by themes, and analyzed for significant observations. The relative importance of health and/or social needs was determined, in part, by the frequency of the topic or issue discussed across the focus groups.

Fresno County

Twenty-three focus groups were scheduled in October-November 2024: fourteen English groups and seven Spanish, one Punjabi, one Afghanistan group. The focus groups engaged 158 participants.

Kings County

Three focus groups were scheduled in September and October 2024: two English groups and one Spanish group, which engaged 24 participants.

Madera County

Eight focus groups were scheduled in September and October 2024: four English language groups, three Spanish, and one Punjabi group. The focus groups engaged 83 participants.

Tulare County

Seven focus groups were scheduled in September and October 2024: four English groups and three Spanish group. The focus groups engaged 58 participants.

Listening Sessions and Key Informant Interviews

Online listening sessions and interviews were conducted with key community stakeholders to capture quantitative data about influences on health. Participants invited were recognized as having expertise in specific community sectors, exceptional knowledge of community health needs, representing the broad interests of the community served by the hospitals, and/or being able to speak to the needs of medically

underserved or vulnerable populations. The main goal of the listening sessions and interviews was to provide insight into the essential needs and help identify how specific issues can be best addressed for the next three years.

Invited community leaders were from the following sectors: education, non-profit, state/local government, and healthcare. At the recorded sessions, participants provided facilitators with additional feedback when asked questions about the online survey results, top community health issues, barriers/challenges to health, and the impact of COVID-19/fires/evacuation/floods on their community, place of work, or organization.

Fresno County

Two online listening sessions (September 10, 2024, and September 17, 2024) and three interviews were conducted. Twenty-four listening session participants attended the sessions, and three participants completed one-on-one interviews.

Kings County

Eight listening session participants attended, and four completed one-on-one interviews.

Madera County

Eleven listening session participants attended, and three participants completed one-on-one interviews.

Tulare County

Seven listening session participants attended the session, and three participants completed one-on-one interviews.

Kern County

Twenty-one (21) telephone interviews were conducted during October 2024. Interview participants included a broad range of stakeholders concerned with health and wellbeing in Kern County who spoke to issues and needs in the communities served by the hospitals. Interviewees included individuals who are leaders and representatives of organizations serving medically underserved, low-income, and minority populations, or local health or other departments or agencies.

The identified stakeholders were invited by email to participate in the phone interview. Appointments for the interviews were made on dates and at 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. The interviews were structured to obtain greater depth and richness of information on significant health needs. First, interview participants were asked to describe, from their professional perspective, some of the major health issues impacting the community as well as the social drivers of health contributing to poor health in the community. Interview participants were also asked to rate the impact

and importance of each health need on a brief survey prior to participating in the telephone interviews.

Surveys

Surveys were distributed to engage community residents and obtain input on health and social needs. The survey was available in an electronic format through a SurveyMonkey link, and in a paper copy format. The electronic and paper surveys were available in English and Spanish. The surveys were available from September 2 to November 18, 2024. During this time, 125 usable surveys were collected.

The surveys were distributed to community residents, at hospital and community organization service sites, and through social media. The survey was also distributed to community partners who made them available to their clients. A written introduction explained the purpose of the survey and assured participants the survey was voluntary, and they would remain anonymous. For community members who were illiterate, an agency staff member read the survey introduction and questions to the client in his/her preferred language and marked his/her responses on the survey. The community survey responses are detailed in Appendix 4.

Merced County

Fifteen (15) telephone interviews were conducted November 2024 through January 2025. Interview participants included a broad range of stakeholders concerned with health and wellbeing in Merced County who spoke about issues and needs in the community. Interviewees included individuals who are leaders and representatives of organizations serving medically underserved, low-income, and minority populations, or local health or other departments or agencies.

The identified stakeholders were invited by email to participate in the phone interview. Appointments for the interviews were made on dates and at 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. The interviews were structured to obtain greater depth and richness of information on significant health needs. Interview participants were also asked to rate the impact and importance of each health need on a brief survey prior to participating in the telephone interviews.

Stanislaus County

Primary data collection included 36 stakeholder interviews and 15 focus groups, speaking with 163 participants. The primary qualitative data was collected between October and December 2024 in-person and virtually.

A community survey was conducted via SurveyMonkey to evaluate and address healthcare, housing, employment, and other needs, gaps, and resources in the community. Over 455 responses were collected and analyzed.

Public Comment

In compliance with IRS regulations 501(r) for charitable hospitals, a hospital CHNA and Implementation Strategy are to be made widely available to the public and public comment is to be solicited. Valley Children's previous CHNA and Implementation Strategy were made widely available to the public on the website at <https://www.valleychildrens.org/services/guilds-center-for-community-health/our-commitment>. To date, no comments have been received.

IDENTIFICATION AND PRIORITIZATION OF SIGNIFICANT HEALTH NEEDS

The identification of significant community needs began with a review of the data that described the hospital service area. Health needs that did not meet state or national benchmarks were identified. The primary data collection process then obtained community input to support the secondary data findings, identify additional community issues, solicit information on disparities among subpopulations, ascertain community assets to address needs, and discover gaps in resources. Community input was used to prioritize these needs. This section lists the significant health needs identified by county followed by the prioritization of the health needs by county.

Significant Health Needs

Fresno, Kings, Madera, and Tulare Counties

Significant health needs were determined by analysis of primary and secondary data. The significant health needs included:

- Access to healthcare
- Chronic diseases
- Economic insecurity
- Education
- Environmental conditions (air and water quality)
- Mental health
- Nutrition and healthy eating/weight status
- Physical activity
- Sexually transmitted infections
- Substance use

Kern County

Significant health needs were identified from secondary data using the size of the problem (relative portion of population afflicted by the problem) and the seriousness of the problem (impact at individual, family, and community levels). To determine size or seriousness of the problem, the health need indicators that were identified in the secondary data were measured against benchmark data; specifically, county rates, state rates and/or Healthy People 2030 objectives. Indicators related to the health needs that performed poorly against one or more of these benchmarks met this criterion to be considered a health need. The input from community stakeholders were used to validate the secondary data. As a result, the following significant health needs were determined for Kern County:

- Access to Care
- Birth Indicators (teen births, prenatal care, low birth weight, infant mortality)
- Chronic Diseases
- Crime and Safety
- Economic Insecurity

- Education
- Environmental Conditions (air and water quality, heat, pollution)
- Food Insecurity
- Housing and Homelessness
- Mental Health
- Overweight/Obesity
- Preventive Practices (screenings, vaccines, injury prevention)
- Sexually Transmitted Infections
- Substance Use

Merced County

Significant health needs were identified from secondary data using the size of the problem (relative portion of population afflicted by the problem) and the seriousness of the problem (impact at individual, family, and community levels). To determine size or seriousness of the problem, the health need indicators that were identified in the secondary data were measured against benchmark data; specifically, county rates, state rates and/or Healthy People 2030 objectives. Indicators related to the health needs that performed poorly against one or more of these benchmarks met this criterion to be considered a health need.

The following significant health needs were determined for Merced County:

- Access to Care
- Birth Indicators
- Chronic Diseases
- Economic Insecurity
- Food Insecurity
- Housing and Homelessness
- Mental Health
- Overweight/Obesity/Healthy Eating/Physical Activity
- Preventive Care
- Substance Use
- Violence and Injury Prevention

Stanislaus County

Informed by both quantitative and qualitative data collected between July and December 2024, the assessment identified 39 distinct community needs.

- Access to affordable, nutritious food
- Access to dental care, especially for Medi-Cal patients
- Access to local pediatric specialists

- Access to primary care services
- Access to specialty care services and providers, especially for Medi-Cal patients
- Affordable and available childcare
- Affordable and safe activities for youth
- Affordable housing
- Affordable prescription medication
- Behavioral services for people with intellectual or developmental disabilities
- Care coordination between health service providers
- Chronic disease education, prevention and treatment services, (asthma, cancer, and obesity)
- Community resource communication and awareness
- Community violence, such as gangs and other violent crimes
- Cultural humility and competency training for all providers
- Distrust of medical providers in the community, especially within vulnerable populations
- Health care services for people experiencing homelessness
- Health literacy, including materials in other commonly spoken languages in the community
- Inpatient mental health services for youth and adults
- Lack of safe green spaces, like parks and community centers
- Language interpretation services in health care settings (inpatient and outpatient)
- Livable wage jobs
- More English as a Second Language (ESL) classes for adults
- Opportunities for physical fitness and activities for both youth and adults
- Outpatient mental health services for youth and adults
- Outpatient substance use treatment services for youth and adults
- Provider shortages (all provider types and specialties)
- Providers who understand and provide gender-affirming health care services
- Quality public school education for youth
- Reproductive health education and services for youth (under 18)
- Resource allocation disparities, including behavioral health funding
- School-based mental health services for school-aged youth
- Social isolation
- Social services for people experiencing homelessness
- Stigma, including both behavioral health stigma and asking for help stigma
- Support for caregivers
- Transitional housing for people experiencing homelessness
- Transportation
- Vision care

Priority Health Needs

The identified significant community needs were prioritized with input from the community. The following chart provides a side-by-side listing of the community prioritization of significant health needs identified in each of the four separate CHNAs.

Significant Health Needs, by County, Listed in Priority Order

Rank	Fresno County	Kings County	Madera County	Tulare County
1	Access to healthcare	Access to healthcare	Access to healthcare	Access to healthcare
2	Mental health	Chronic diseases	Mental health	Mental health
3	Chronic diseases	Mental health	Substance use	Chronic diseases
4	Transportation	Substance use	Chronic diseases	Substance use/alcohol use
5	Environmental health (air and water quality)	Community	Alcohol use	Nutrition and healthy eating
6	Weight status	Economy	Weight status	Economic insecurity
7	Substance use	Education	Transportation	Weight status
8	Food insecurity	Environmental health (air quality)	Environmental health (air quality)	Environmental health (air quality)
9	Housing	Food insecurity	Food insecurity	Physical activity
10	Economic insecurity	Transportation	Economic insecurity	Maternal, fetal and infant health

Rank	Kern County	Merced County	Stanislaus County
1	Chronic disease	Economic insecurity	Affordable and stable housing
2	Access to healthcare	Access to healthcare	Chronic disease prevention and management (including nutrition and obesity)
3	Housing and homelessness	Chronic disease	Economic stability and basic needs (including food security and childcare access)
4	Crime and safety	Mental health	Education and youth development (including support services and substance use prevention)
5	Economic insecurity	Housing and homelessness	Healthcare access and affordability (including workforce and coordination of care)
6	Food insecurity	Food insecurity	Maternal, infant, and reproductive health
7	Mental health	Substance use	
8	Overweight and obesity	Preventive practices	
9	Substance use	Overweight and obesity	
10	Education	Birth indicators	
11	Birth indicators	Violence and injury prevention	
12	Sexually transmitted infections		
13	Environmental conditions		
14	Preventive practices		

Significant Health Needs for Children and Families

A review was conducted of the secondary data sources and primary data from focus groups, listening sessions, stakeholder interviews and surveys, which focused on maternal and child health. Based on the review, the major needs identified for children throughout Valley Children's seven county service area include the following.

- Access to healthcare: includes access to primary care, specialty care, preventive care, and transportation.
- Chronic diseases: includes prevention, management and treatment of chronic diseases (diabetes, asthma, cancer), and caregiver support for children experiencing chronic diseases.
- Economic insecurity: includes poverty, job availability, childcare services, basic needs services, and food insecurity.

- Housing and homelessness: includes access to safe and affordable housing, and issues related to people who are experiencing homelessness, including housing availability, social services and transitional care.
- Maternal and infant health: includes teen pregnancy, prenatal care, low-birth weight births, premature births, infant mortality, breastfeeding, and reproductive health.
- Mental health: includes anxiety and depression, severe mental illness, access to mental healthcare and supportive services, and reduction in stigma.
- Obesity/nutrition/physical activity: includes access to healthy, affordable food, and increased access to outdoor activities.
- Preventive care: includes vaccines, testing and screenings.
- Substance use: includes tobacco use, vaping, drug misuse and alcohol use.
- Violence and injury prevention: includes accidental injuries, neighborhood safety and reduction in crime, and child abuse.

Community stakeholder comments discussing the significant health needs experienced by children and their families can be found in Appendix 3.

Resources to Address Significant Health Needs

Through the CHNA processes, community input was used to identify community resources potentially available to address the significant health needs. The identified community resources are detailed in Appendix 5.

COMMUNITY PROFILE

Population

The population of the service area is 3,547,826 residents. From 2018 to 2023, the population in the service area increased by 3.3%. Rates of growth in the area counties ranged from 1.8% in Kings County to 6.1% in Merced County.

Total Population and Change in Population

	Total Population	Change in Population, 2018-2023
Fresno	1,012,152	3.5%
Kern	910,433	3.1%
Kings	152,830	1.8%
Madera	158,790	2.4%
Merced	285,597	6.1%
Stanislaus	552,250	2.4%
Tulare	475,774	3.3%
Total	3,547,826	3.3%
California	39,242,785	0.2%

Source: U.S. Census Bureau, American Community Survey, 2014-2018 and 2019-2023, DP05. <http://data.census.gov>

In the total service area, 49.5% of the population is female and 50.5% is male, with ratios ranging from 44.8% of the population being female in Kings County, to 50.9% of the population being female in Madera County.

Population, by Gender

	Fresno	Kern	Kings	Madera	Merced	Stanislaus	Tulare	Total
Male	50.1%	50.9%	55.2%	49.1%	50.7%	49.8%	50.1%	50.5%
Female	49.9%	49.1%	44.8%	50.9%	49.3%	50.2%	49.9%	49.5%

Source: U.S. Census Bureau, American Community Survey, 2019-2023, DP05. <https://data.census.gov/cedsci/>

Gender identity (whether one considers oneself the gender assigned at birth, the opposite gender, or non-binary) differs from gender expression (whether one conforms to cultural expectations for gender, in terms of behavior, mannerisms, interests and/or appearance). For gender expression, teens were asked to report their gender, and how other people at school would describe them, ranging from very feminine to very masculine. In the seven-county service area, 75.2% of the teen population were identified as conforming in their gender expression, and 24.8% as non-conforming. Teens in Stanislaus County were the most likely to report being gender non-conforming (32.8%) and teens in Tulare County were the least likely to say they were gender non-conforming (16.7%).

Teens were also asked the gender on their original birth certificate, and whether they currently described themselves as male, female, or transgender. The rate of teens in the service area who describe themselves as transgender (1.9%) is lower than for California (2.5%).

Population, by Gender Expression and Gender Identity, Teens

	Gender Expression Conforming†	Gender Expression Non-Conforming†	Cisgender/Not Transgender	Transgender/ Gender Non-Conforming
Fresno	75.1%	24.9%	*97.4%	*2.6%
Kern	77.5%	22.5%	*98.9%	*1.1%
Kings	74.0%	26.0%	*96.0%	*4.0%
Madera	*68.0%	*32.0%	*95.6%	*4.4%
Merced	78.0%	22.0%	*97.1%	*2.9%
Stanislaus	67.2%	32.8%	*100.0%	*0.0%
Tulare	*83.3%	*16.7%	*96.3%	*3.7%
Total	75.2%	24.8%	*98.1%	*1.9%
California	78.7%	21.3%	97.5%	2.5%

Source: California Health Interview Survey, 2019-2023 combined and †2019-2022 combined. <http://ask.chis.ucla.edu/>

*Statistically unstable due to sample size.

The percentage of children and teens, ages 0 to 17, in the service area was 28.4%. Children and youth ranged from 26.9% in Stanislaus County to 30.1% in Tulare County. The percentage of adults, ages 18 to 64, was 59.3% overall, and ranged from 58.2% in Tulare County to 62.3% in Kings County. The percentage of adults, ages 65 and older, was 12.3% in the service area, and ranged from 10.6% in Kings County to 14.4% Madera County. All service area counties have a larger population of children and youth than the state.

Population, by Age

	Fresno	Kern	Kings	Madera	Merced	Stanislaus	Tulare	Total	California
0 – 4	7.1%	7.2%	7.2%	6.8%	7.2%	6.8%	7.4%	7.1%	5.6%
5 – 9	7.7%	7.9%	6.4%	7.5%	8.1%	7.2%	8.3%	7.7%	6.0%
10 – 14	8.5%	8.7%	9.1%	8.2%	8.7%	8.1%	9.1%	8.6%	6.6%
15 – 19	7.6%	7.8%	7.0%	7.7%	8.8%	7.5%	8.3%	7.8%	6.6%
20 – 24	6.8%	7.0%	7.8%	6.6%	7.3%	6.6%	7.1%	6.9%	6.5%
25 – 44	28.3%	28.4%	31.5%	26.8%	27.4%	27.5%	27.1%	28.0%	28.6%
45 – 64	21.4%	21.3%	20.4%	22.0%	21.1%	22.8%	21.0%	21.5%	24.8%
Ages 0 - 17	28.0%	28.8%	27.1%	27.4%	29.1%	26.9%	30.1%	28.4%	22.2%
Ages 18 - 64	59.2%	59.6%	62.3%	58.3%	59.3%	59.6%	58.2%	59.3%	62.5%
65+	12.7%	11.6%	10.6%	14.4%	11.6%	13.6%	11.7%	12.3%	15.3%

Source: U.S. Census Bureau, American Community Survey, 2019-2023, DP05. <https://data.census.gov/>

Race and Ethnicity

In the service area, 56.5% of the population identify as Hispanic or Latino, 29.5% as non-Hispanic White, 6.5% as non-Hispanic Asian, and 3.6% as non-Hispanic Black or African American. Residents who identify as Native Hawaiian or Pacific Islander (NHPI), American Indian or Alaska Native (AIAN), and other or multiple races make up 3.9% of the service area population. Residents who identify as Hispanic or Latino range from 49.2% of the population of Stanislaus County to 66.1% of the population of Tulare County.

White residents range from 24.3% of the population of Merced County to 37.5% in Stanislaus County. Asian residents range from 2.4% of the population in Madera County to 10.8% in Fresno County. Black or African American residents comprise range from 1.3% of the population in Tulare County to 6% of the population in Kings County. The highest percentage of AIAN residents are found in Kings County (0.7%) and the highest percentage of NHPI residents are found in Stanislaus County (0.5%).

Population, by Race and Ethnicity

	Fresno	Kern	Kings	Madera	Merced	Stanislaus	Tulare	Total
Hispanic or Latino	54.1%	55.7%	57.5%	60.4%	62.7%	49.2%	66.1%	56.5%
White, non-Latino	27.0%	30.7%	28.8%	30.9%	24.3%	37.5%	26.3%	29.5%
Asian, non-Latino	10.8%	4.9%	3.5%	2.4%	7.0%	5.7%	3.4%	6.5%
Black or African American, non-Latino	4.2%	4.8%	6.0%	2.4%	2.7%	2.7%	1.3%	3.6%
Multiracial, non-Latino	3.0%	3.0%	3.2%	3.1%	2.5%	3.7%	2.0%	3.0%
Other race, non-Latino	0.4%	0.5%	0.2%	0.3%	0.3%	0.3%	0.4%	0.4%
American Indian or Alaska Native	0.4%	0.3%	0.7%	0.5%	0.2%	0.3%	0.5%	0.4%
Native Hawaiian or Pacific Islander	0.1%	0.1%	0.2%	0.1%	0.2%	0.5%	0.1%	0.2%

Source: U.S. Census Bureau, American Community Survey, 2019-2023 DP05. <https://data.census.gov/>

Citizenship

In the service area, 20.7% of the residents are foreign born, and of the foreign born, 56.9% are not U.S. 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

	Fresno	Kern	Kings	Madera	Merced	Stanislaus	Tulare	Total
Foreign Born	19.7%	19.7%	19.5%	20.2%	26.1%	20.5%	21.9%	20.7%
Not a U.S. Citizen	52.3%	59.4%	61.0%	64.9%	57.9%	52.4%	61.7%	56.9%

Source: U.S. Census Bureau, American Community Survey, 2019-2023, DP02. <https://data.census.gov/cedsci>

Language

In the service area, English is spoken at home by 54.3% of the population, ages five and older. Spanish is spoken at home among 38.5% of the population. Asian or Pacific Islander languages are spoken in the home by 3.6% of service area residents, and Indo-European languages other than English or Spanish are spoken by 2.8% of the population. Kings County has the highest percentage of English-only speakers (57.9%). Tulare County has the highest percentage of Spanish speakers (46.4%). The highest proportion of Asian or Pacific Islander language speakers is found in Fresno County (5.9%), and the highest proportion of speakers of some other Indo-European languages are found in Merced County and Stanislaus County (4.4%).

Language Spoken at Home, Ages 5 and Older

	English	Spanish	Asian or Pacific Islander Language	Other Indo-European Language	Other Language
Fresno	56.2%	33.6%	5.9%	3.5%	0.9%
Kern	54.8%	39.7%	2.9%	1.8%	0.8%
Kings	57.9%	37.7%	2.5%	1.5%	0.4%
Madera	54.2%	42.6%	0.9%	1.8%	0.4%
Merced	47.1%	44.5%	3.7%	4.4%	0.3%
Stanislaus	56.9%	34.3%	2.7%	4.4%	1.7%
Tulare	49.7%	46.4%	2.1%	1.2%	0.6%
Total	54.3%	38.5%	3.6%	2.8%	0.9%
California	55.9%	28.2%	10.0%	4.8%	1.1%

Source: U.S. Census Bureau, American Community Survey, 2019-2023, DP02. <https://data.census.gov/>

Linguistic Isolation

Linguistic isolation is defined as the population, ages 5 and older, who speaks English “less than very well.” Children in such families may serve as the family’s primary translator. In the service area, 18.3% of the population is linguistically isolated, with rates ranging from 15.7% in Stanislaus County to 23.2% in Tulare County.

Linguistic Isolation, Ages 5 and Older

	Fresno	Kern	Kings	Madera	Merced	Stanislaus	Tulare	Total
Percent	17.3%	17.4%	20.1%	18.3%	21.0%	15.7%	23.2%	18.3%

Source: U.S. Census Bureau, American Community Survey, 2019-2023, DP02. <https://data.census.gov/cedsci/>

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 service area counties, the percentage of students who were classified English Learners ranged from 17.8% in Kings County and 17.9% in Kern County, to 24.4% in Stanislaus County.

English Learners

	Fresno	Kern	Kings	Madera	Merced	Stanislaus	Tulare	California
Number	37,614	35,463	5,238	7,510	14,007	26,135	23,816	1,074,833
Percent	18.3%	17.9%	17.8%	23.2%	23.5%	24.4%	23.1%	18.4%

Source: California Department of Education DataQuest, 2023-2024. <http://dq.cde.ca.gov/dataquest/>

SOCIAL DRIVERS OF HEALTH

Social and Economic Factors Ranking

The County Health Rankings, a program of the University of Wisconsin Population Health Institute, orders counties according to a variety of health factors. Social and economic indicators are examined as a contributor to the health of a county's residents. This ranking examines high school graduation rates, unemployment, children in poverty, social support, and others. California's 58 counties were ranked according to social and economic factors with 1 being the county with the best factors to 58 for the county with the poorest factors. For social and economic factors, Merced County is ranked 57, placing it near the bottom of California's counties, along with Kern (56), Tulare (55), Madera (51), Fresno (50) and Kings (49) Counties. Stanislaus County, ranks 39, the highest among the service area counties.

Social and Economic Factors Ranking (Out of 58)

	Fresno	Kern	Kings	Madera	Merced	Stanislaus	Tulare
Ranking	50	56	49	51	57	39	55

Source: County Health Rankings, 2023. www.countyhealthrankings.org

California Healthy Places Index

The California Healthy Places Index (HPI) is a measure of socioeconomic need that is correlated with poor health outcomes. It combines 25 community characteristics into a single indexed HPI score available at the census tract level or aggregated for larger areas. In addition to the overall score, the index also contains eight sub-scores for each of the identified policy action areas: economic, education, transportation, social, neighborhood, healthcare access, housing and clean environment.

The HPI maps below display the service area counties. The data is presented as colored quartiles (dark blue, light blue, light green and dark green). The dark blue shading indicates the census tracts with the least healthy conditions, and the dark green shading shows the census tracts with the healthiest conditions. (The gray hatched sections represent missing data.) The combined seven-county service area has an overall HPI score better than only 12.1% of California Counties, with the individual county scores ranging from a low of zero in Tulare County (the California County with the lowest HPI Score) to 30.4% for Stanislaus County.

The combined service area ranks lowest for clean environmental conditions and transportation. Economic factors include poverty, per capita income and employment. Education scores are based on enrollment in preschool and high school, and the rate of college education. Social factors include the 2020 Census response rate and voting participation. Transportation factors include active commuting and automobile access. Neighborhood conditions scores are based on three criteria: park access, retail density and tree canopy. Housing scores are based on five criteria: uncrowded housing, severe housing cost burden for low-income renters and low-income homeowners, housing habitability, and homeownership levels. Clean environment is based safe drinking water (contaminants), ozone levels, fine particulate matter concentrations, and particulate pollution from diesel sources. The healthcare

access score is based on the level of insured adults. While one census tract in Bakersfield and several in Fresno belong to the top quartile of healthiest tracts (dark green), larger portions of the service area rank in the bottom quartile (dark blue) of least healthy census tracts in the state.

California Healthy Places Index (HPI) Value and Sub-Scores, as Percentiles

HPI Policy Action Areas	Fresno	Kern	Kings	Madera
Economic	26.8%	14.3%	17.9%	25.0%
Education	33.9%	10.7%	7.1%	21.4%
Social	28.6%	10.7%	19.6%	32.1%
Transportation	1.8%	3.6%	23.2%	28.6%
Neighborhood	14.3%	17.9%	3.6%	12.5%
Housing	10.7%	25.0%	28.6%	50.0%
Clean environment	3.6%	0.0%	8.9%	12.5%
Healthcare access	21.4%	33.9%	41.1%	25.0%
HPI Score	12.5%	3.6%	8.9%	16.1%

Source: Public Health Alliance of Southern California, the California Healthy Places Index (HPI) Map, accessed March 2, 2025.

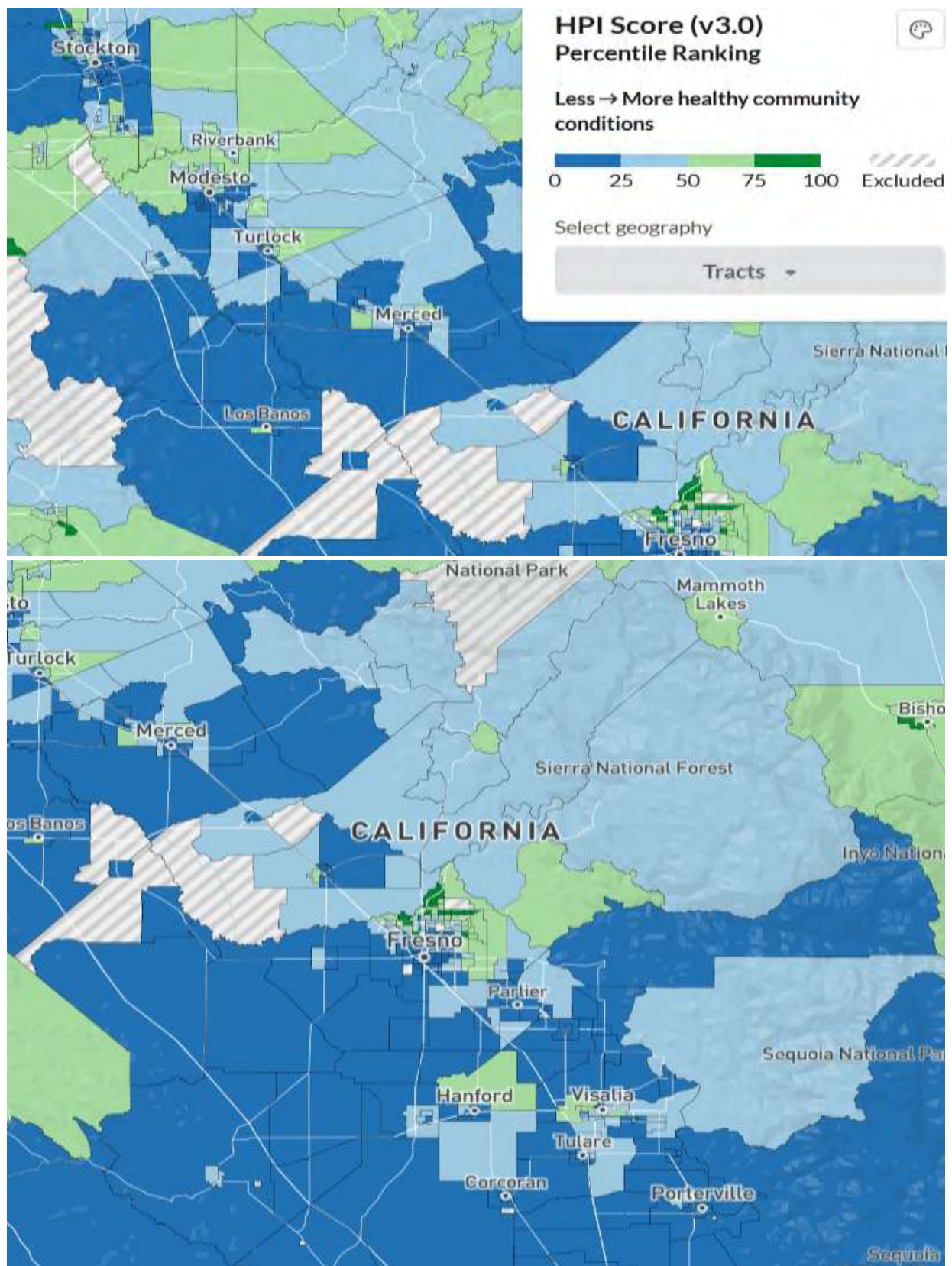
<https://healthyplacesindex.org>

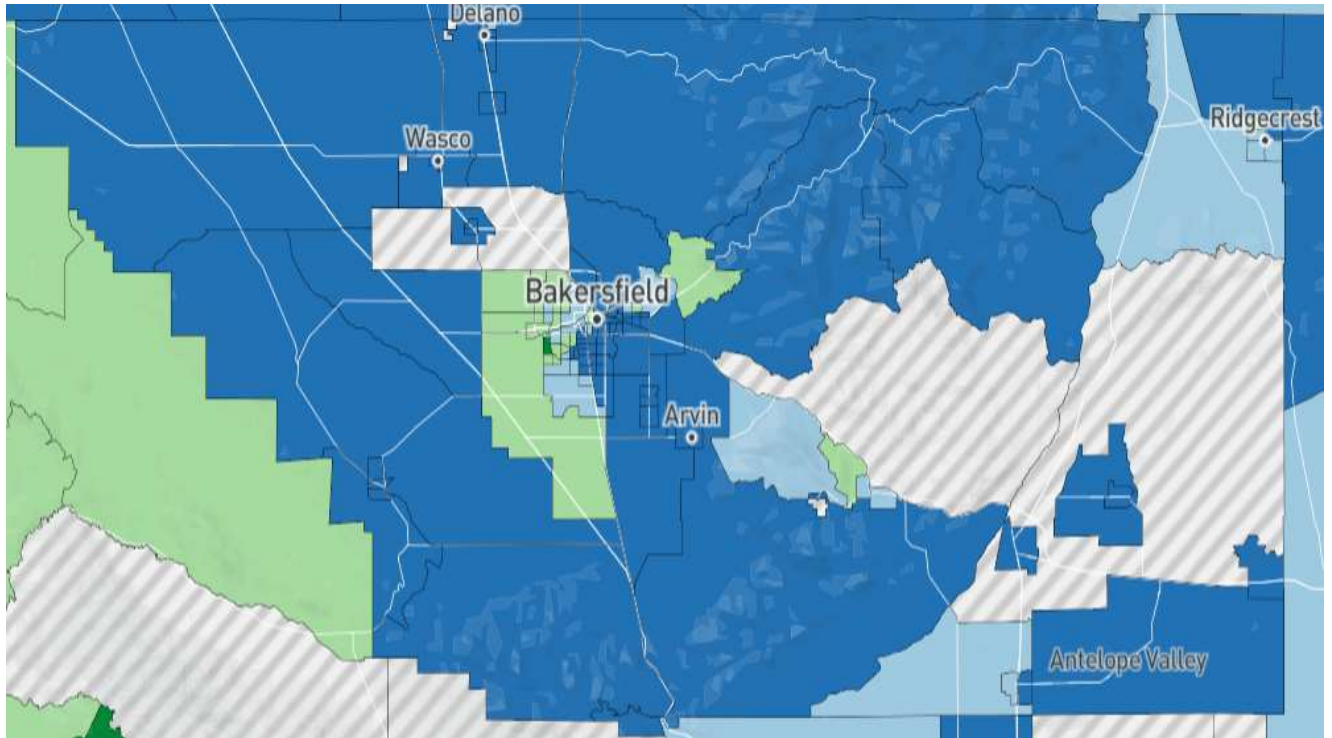
California Healthy Places Index (HPI) Value and Sub-Scores, as Percentiles

HPI Policy Action Areas	Merced	Stanislaus	Tulare	Combined
Economic	16.1%	39.3%	7.1%	20.7%
Education	32.1%	30.4%	3.6%	19.0%
Social	42.9%	44.6%	16.1%	20.7%
Transportation	25.0%	14.3%	17.9%	8.6%
Neighborhood	19.6%	41.1%	16.1%	20.7%
Housing	26.8%	46.4%	12.5%	24.1%
Clean environment	10.7%	7.1%	1.8%	5.2%
Healthcare access	26.8%	67.9%	17.9%	34.5%
HPI Score	14.3%	30.4%	0.0%	12.1%

Source: Public Health Alliance of Southern California, the California Healthy Places Index (HPI) Map, accessed March 2, 2025.

<https://healthyplacesindex.org>





Unemployment

The unemployment rate among the civilian labor force in the combined service area, averaged over 5 years, was 8.7%. Rates in the individual counties ranged from 7.8% in Stanislaus County to 10.6% in Madera County and 10.8% in Merced County.

Employment Status for the Population, Ages 16 and Older

	Civilian Labor Force	Unemployed	Unemployment Rate
Fresno	465,169	39,771	8.5%
Kern	395,704	33,049	8.4%
Kings	58,943	5,787	9.8%
Madera	67,619	7,165	10.6%
Merced	124,973	13,441	10.8%
Stanislaus	260,457	20,229	7.8%
Tulare	211,259	18,688	8.8%
Total	1,584,124	138,130	8.7%
California	19,982,482	1,282,259	6.4%

Source: U.S. Census Bureau, American Community Survey, 2019-2023, DP03. <https://data.census.gov/cedsci/>

Poverty

The Census Bureau annually updates official poverty population statistics. For 2023, the Federal Poverty Level (FPL) was set at an annual income of \$15,480 for one person and \$30,900 for a family of four. Among residents in the combined service area, 17.7% had incomes <100% and 40.2% had incomes < 200% of the Federal Poverty Level. Rates of poverty in area counties ranged from 13.1% in Stanislaus

County to 19.9% in Madera County. Rates of low income ranged from 33.4% in Stanislaus County to 42.7% in Tulare County.

Poverty Level, <100% FPL and <200% FPL, by ZIP Code

	Fresno	Kern	Kings	Madera	Merced	Stanislaus	Tulare	Total	California
<100% FPL	18.7%	19.0%	16.8%	19.9%	18.4%	13.1%	17.8%	17.7%	12.0%
<200% FPL	40.2%	42.2%	40.0%	42.4%	41.4%	33.4%	42.7%	40.2%	27.5%

Source: U.S. Census Bureau, American Community Survey, 2019-2023, S1701. <https://data.census.gov/cedsci/>

In the combined service area, the highest rate of poverty is found among Black or African American residents (25.9%), followed by those who identify as a race other than those listed (22%), residents of Hispanic or Latino origin (20.7%) and American Indian or Alaska Native residents (19.4%). Non-Latino White residents of the service area have the lowest level of poverty (11.8%).

Poverty Levels, by Race and Ethnicity

	Fresno	Kern	Kings	Madera	Merced	Stanislaus	Tulare	Total
Black or African American	26.9%	28.6%	28.4%	17.4%	30.0%	15.1%	24.2%	25.9%
Some other race	24.0%	22.9%	18.8%	27.7%	21.6%	13.3%	22.5%	22.0%
Hispanic or Latino	22.4%	21.7%	20.6%	23.7%	19.8%	15.2%	20.5%	20.7%
AIAN	23.6%	18.7%	26.4%	24.6%	17.1%	9.1%	18.1%	19.4%
Multiracial	19.7%	19.7%	19.5%	20.2%	16.1%	16.6%	16.5%	18.5%
NHPI	19.0%	18.1%	75.3%	9.2%	14.3%	7.5%	40.9%	17.5%
Asian	16.6%	19.2%	4.2%	30.4%	17.6%	14.8%	12.4%	14.8%
White, non-Latino	10.8%	13.8%	9.2%	12.2%	14.0%	10.3%	11.5%	11.8%

Source: U.S. Census Bureau, American Community Survey, 2019-2023, S1701. <http://data.census.gov/>

Children in Poverty

Family income has been shown to affect children's wellbeing. Compared to their peers, children in poverty are more likely to have physical, behavioral, and emotional health problems. In the combined service area counties, a quarter of all children (25.4%) live below the poverty level and 21% of children live in low-income households (>100% and <200% FPL). The rate of childhood poverty is highest in Fresno County (33.3%), and the rate of low-income children is highest in Stanislaus County (32.6%).

Poverty, Children, Ages 0-17

	0-99% FPL	100-199% FPL	200-299% FPL	300% FPL and Above
Fresno	33.3%	12.6%	7.6%	46.5%
Kern	29.8%	24.8%	11.5%	33.9%
Kings	20.0%	19.4%	*15.6%	45.0%
Madera	24.1%	27.4%	*8.7%	39.7%
Merced	23.9%	18.1%	16.5%	41.5%
Stanislaus	10.4%	32.6%	*11.6%	45.5%

	0-99% FPL	100-199% FPL	200-299% FPL	300% FPL and Above
Tulare	20.1%	19.8%	14.4%	45.6%
Total	25.4%	21.0%	11.3%	42.3%
California	14.4%	15.2%	9.7%	60.7%

Source: California Health Interview Survey, 2021-2023, pooled. <http://ask.chis.ucla.edu> *Statistically unstable due to sample size.

When poverty is examined by age, Madera County has the highest rates of poverty among children, under age 5 (27.1%) and children, ages 5 to 17 (27.9%). Stanislaus County has the lowest rates of poverty among children, under age 5 (17.7%) and children, ages 5-17 (16.7%).

Poverty, Children, by Age

	All, Under Age 18	Children, Under Age 5	Children, Ages 5 to 17
Fresno	25.5%	26.1%	25.2%
Kern	25.8%	24.8%	26.2%
Kings	23.6%	26.1%	22.7%
Madera	27.7%	27.1%	27.9%
Merced	25.0%	24.5%	25.2%
Stanislaus	17.0%	17.7%	16.7%
Tulare	24.1%	26.5%	23.3%
Total	24.1%	24.5%	24.0%
California	15.1%	15.1%	15.2%

Source: U.S. Census Bureau, American Community Survey, 2019-2023, S1701. <https://data.census.gov/cedsci/>

Public Program Participation

In the combined service area counties, 38.9% of the population living in low-income households utilize food stamps, and 45.3% of low-income households with children, under age 18, receive food stamps. Among eligible children in the service area, 53.2% access WIC benefits. 7.8% of service area adults who were born outside of the U.S. reported avoiding applying for government benefits in the prior 12 months due to concerns about disqualification for themselves or a family member, from obtaining a green card or US citizenship. When trying to access medical services or enroll in school in the prior 12 months, 18.9% of immigrant adults in the service area were asked to provide a social security number or proof of citizenship.

Public Program Participation

	Food Stamp Recipients (<200% FPL)	Children, 0 to 17, Receiving Food Stamps (<200% FPL)	WIC Usage, children, Ages 6 and Younger	Immigrant, Avoided Government Benefits, Past Year	Immigrant Adult Asked to Provide SSN or Proof of Citizenship to Get Medical Services or Enroll in School, Past Year
Fresno	45.9%	66.5%	47.8%	5.4%	19.2%
Kern	38.1%	37.8%	48.6%	*7.6%	21.8%
Kings	37.3%	43.1%	55.0%	*4.3%	*10.3%
Madera	37.6%	43.5%	53.3%	*5.6%	*19.6%
Merced	38.2%	38.9%	68.1%	11.7%	13.6%
Stanislaus	30.5%	*32.1%	64.1%	*10.0%	23.8%
Tulare	36.5%	44.6%	*57.8%	8.5%	13.3%
Total	38.9%	45.3%	53.2%	7.8%	18.9%
California	32.3%	42.2%	51.5%	8.3%	14.9%

Source: California Health Interview Survey, 2020-2023, pooled. <http://ask.chis.ucla.edu/> *Statistically unstable due to sample size.

In the combined service area, 7.6% of households received SSI benefits, 5.3% received cash public assistance income, and 19.4% of households received food stamp benefits. The rate of SSI support was highest in Merced County (9.3%), the rate of cash public assistance was highest in Madera County (6.4%), and the rate of food stamp benefits was highest in Tulare County (23.4%).

Household Supportive Benefits

	Total households	Supplemental Security Income (SSI)	Cash Public Assistance	Food Stamps/SNAP
Fresno	322,163	7.9%	5.8%	20.5%
Kern	281,416	6.7%	5.3%	19.0%
Kings	43,736	6.7%	6.1%	18.6%
Madera	44,513	7.7%	6.4%	21.4%
Merced	84,605	9.3%	5.6%	20.7%
Stanislaus	176,457	7.7%	3.8%	14.1%
Tulare	142,026	7.9%	5.5%	23.4%
Total	1,094,916	7.6%	5.3%	19.4%
California	13,434,847	5.9%	3.8%	11.4%

Source: U.S. Census Bureau, American Community Survey, 2019-2023, DP03. <http://data.census.gov>

Free and Reduced-Price Meals

The Free and Reduced-Price Meal (FRPM) Program is a federally assisted meal program that provides free, nutritionally balanced meals to children whose families meet eligibility income requirements. In the 2023-2024 school year, rates in area counties ranged from 69.8% of children in Stanislaus County to 81.7% of children in Madera County.

Free and Reduced-Price Meals Eligibility

	Fresno	Kern	Kings	Madera	Merced	Stanislaus	Tulare	California
Percent	75.8%	76.8%	75.3%	81.7%	78.7%	69.8%	72.8%	61.7%

Source: California Department of Education, 2023-2024. <http://data1.cde.ca.gov/dataquest/>

Food Insecurity

Food insecurity is an economic and social indicator of the health of a community. The U.S. Department of Agriculture (USDA) defines food insecurity as a limited or uncertain availability of nutritionally adequate foods or uncertain ability to acquire these foods in socially acceptable ways. In the service area, food insecurity ranged from 13.6% in Stanislaus County to 16.6% in Merced County. The percentage of children (regardless of income) who experienced food insecurity in the service area ranged from 18.7% in Stanislaus County to 23.1% in Merced County.

Food Insecure Households

	Food Insecurity Overall	Not Able to Afford Food (<200% FPL)†	Food Insecurity Children	Income Eligible for Federal Nutrition Programs, Children
Fresno	16.2%	44.4%	22.8%	74%
Kern	15.9%	55.4%	22.1%	76%
Kings	15.1%	60.0%	21.9%	76%
Madera	15.8%	44.6%	22.3%	73%
Merced	16.6%	46.1%	23.1%	73%
Stanislaus	13.6%	40.4%	18.7%	70%
Tulare	16.6%	44.7%	22.6%	75%
California	12.6%	42.5%	16.9%	65%

Source: Feeding America, 2022. [Hunger & Poverty in California | Map the Meal Gap \(feedingamerica.org\)](https://www.feedingamerica.org/hunger-and-poverty-in-california)

†Source: California Health Interview Survey, 2021-2023, pooled. <http://ask.chis.ucla.edu/>

Households

Numerous factors impact and constrain household formation, including housing costs, income, employment, marriage and children, and other considerations. In addition, 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 with the belief they will find replacement housing. Freddie Mac estimates that the vacancy rate should be 13% to allow for these needs to be met. (Source: http://www.freddie.mac.com/research/insight/20181205_major_challenge_to_u.s._housing_supply.page)

In Fresno County, there are 322,163 households and 342,003 housing units, for a vacancy rate of 5.8%. Over the last five years, the population grew by 3.5%, and the number of households grew by 5.4%. Housing units in Fresno County grew by 3.9%, while vacant units decreased by 20.7%. The number of renter-occupied households remained steady, but decreased in their proportion of total households, due to the 10.9% increase in owner-occupied households from their 2018 levels.

In Kern County, there are 281,416 households and 304,481 housing units, for a vacancy rate of 7.6%. Over the last five years, the population grew by 3.1%, and the number of households grew at a rate of 4.8%. Housing units in Kern County grew at a rate of 2.9%, and vacant units decreased by 20.7% (the same rate as Fresno County). Owner-occupied households increased by 8.3% and renter households increased by 0.5% from their 2018 levels.

In Kings County, there are 43,736 households and 46,695 housing units, for a vacancy rate of 6.3%. Over the last five years, the population grew by 1.8%, and the number of households grew at a rate of 2.3%. Housing units in Kings County grew at a rate of 1.9%, and vacant units decreased by 3.3%. Owner-occupied households increased by 8.4% and renter households decreased by 4.2% from their 2018 levels.

In Madera County, there are 44,513 households and 50,368 housing units, for a vacancy rate of 11.6%. Over the last five years, the population grew by 2.4%, while the number of households fell by 0.6%. The number of housing units in Madera County remained steady, and vacant units increased by 4.3%. Owner-occupied households increased by 1.9% and renter households decreased by 4.9% from their 2018 levels.

In Merced County, there are 84,605 households and 89,610 housing units, for a vacancy rate of 5.6%. Over the last five years, the population grew by 6.1%, and the number of households grew at a rate of 5.9%. The number of housing units in Merced County grew at a rate of 5.4%, and vacant units decreased by 3.7%. Owner-occupied households increased by 9% and renter households increased by 3.3% from their 2018 levels.

In Stanislaus County, there are 176,457 households and 184,240 housing units, for a vacancy rate of 4.2%. Over the last five years, the population grew by 2.4%, and the number of households grew at a rate of 2.1%. The number of housing units in Stanislaus County grew at a rate of 1.6%, and vacant units decreased by 9.6%. Owner-occupied households increased by 8.6% and renter households decreased by 6.5% from their 2018 levels.

In Tulare County, there are 142,026 households and 152,542 housing units, for a vacancy rate of 6.9%. Over the last five years, the population grew by 3.3%, and the number of households grew at a rate of 4.2%. The number of housing units in Tulare County grew at a rate of 3.1%, and vacant units decreased by 11.1%. The number of renter-occupied households remained steady, but decreased in their proportion of total households, due to the 7.7% increase in owner-occupied households from their 2018 levels.

Households and Housing Units, and Percent Change

	Fresno County			Kern County			Kings County		
	2018	2023	Percent Change	2018	2023	Percent Change	2018	2023	Percent Change
Households	304,624	322,163	5.4%	267,913	281,416	4.8%	42,735	43,736	2.3%
Owner occupied	52.8%	55.4%	10.9%	58.0%	59.8%	8.3%	51.7%	54.8%	8.4%
Renter occupied	47.2%	44.6%	0.0%	42.0%	40.2%	0.5%	48.3%	45.2%	-4.2%
Housing units	328,577	342,003	3.9%	295,756	304,481	2.9%	45,792	46,695	1.9%
Vacant	23,953	19,840	-20.7%	27,843	23,065	-20.7%	3,057	2,959	-3.3%
Vacancy rate	7.3%	5.8%		9.4%	7.6%		6.7%	6.3%	

Source: U.S. Census Bureau, American Community Survey, 2014-2018 & 2019-2023, DP04. <http://data.census.gov/>

Households and Housing Units, and Percent Change

	Madera			Merced			Stanislaus			Tulare		
	2018	2023	Percent Change	2018	2023	Percent Change	2018	2023	Percent Change	2018	2023	Percent Change
Households	44,759	44,513	-0.6%	79,606	84,605	5.9%	172,682	176,457	2.1%	136,106	142,026	4.2%
Owner-occ.	64.0%	65.5%	1.9%	52.0%	53.3%	9.0%	57.4%	61.0%	8.6%	56.8%	58.6%	7.7%
Renter-occ.	36.0%	34.5%	-4.9%	48.0%	46.7%	3.3%	42.6%	39.0%	-6.5%	43.2%	41.4%	0.0%
H. units	50,362	50,368	0.0%	84,795	89,610	5.4%	181,213	184,240	1.6%	147,791	152,542	3.1%
Vacant	5,603	5,855	4.3%	5,189	5,005	-3.7%	8,531	7,783	-9.6%	11,685	10,516	-11.1%
Vacancy rate	11.1%	11.6%		6.1%	5.6%		4.7%	4.2%		7.9%	6.9%	

Source: U.S. Census Bureau, American Community Survey, 2014-2018 & 2019-2023, 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, ages 16 and older. Median household income reflects the relative affluence and prosperity of an area. The median household income in the service area is \$71,102 and ranged from \$65,044 in Merced County to \$79,661 in Stanislaus County.

Median Household Income

	Fresno	Kern	Kings	Madera	Merced	Stanislaus	Tulare	Total
Median Income	\$71,434	\$67,660	\$68,750	\$75,496	\$65,044	\$79,661	\$69,489	\$71,102

Source: U.S. Census Bureau, American Community Survey, 2019-2023, DP03. <https://data.census.gov/cedsci/>

Housing Affordability

Safe and affordable housing is an essential component of healthy communities. According to the U.S. Department of Housing and Urban Development, families who pay more than 30% of their income for housing are considered “cost burdened” and may have difficulty affording other necessities including food, transportation, and medical care. In the service area, 38% of the population in all households spend 30% or more of their income on housing; this includes those living in owner-occupied housing units with a mortgage and those without a mortgage (where costs are the costs of ownership), as well as those who rent. Service area renters are more likely to be cost burdened (52.1% of all households) than

are homeowners (28.4%). Levels of being cost-burdened among all households range from 35.9% of Kings County households to 40% of Merced County households. For renters, 46.8% in Kings County are cost burdened, while 57.2% of renters in Madera County are cost burdened.

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

	All Households	Owner Households	Renter Households
Fresno	38.0%	26.8%	52.7%
Kern	38.8%	29.2%	53.8%
Kings	35.9%	27.4%	46.8%
Madera	39.0%	30.3%	57.2%
Merced	40.0%	30.8%	51.4%
Stanislaus	37.4%	29.4%	50.8%
Tulare	36.4%	27.4%	50.1%
Total	38.0%	28.4%	52.1%
California	39.4%	30.9%	50.7%

Source: U.S. Census Bureau, American Community Survey, 2019-2023, DP04. *Excludes units where costs cannot be computed.
<https://data.census.gov/cedsci>

Households by Type

21.7% of service area households are family households (married or cohabiting couples) with children under age 18. Among area households, 7.1% are households with a female as head of household (HoH) with children under age 18, with no spouse or partner present. Rates of family households in service area counties range from 26% of households in Fresno and Merced Counties to 30.5% of Tulare County households. Single-female HoH households with minor children range from 5.7% in Stanislaus County to 8.1% in Merced County.

Households, by Type

	Total Households	Family Households* with Children Under Age 18	Female Head of Household with Own Children Under Age 18
	Number	Percent	Percent
Fresno	322,163	26.0%	7.2%
Kern	281,416	27.9%	7.4%
Kings	43,736	30.3%	6.9%
Madera	44,513	28.7%	6.4%
Merced	84,605	26.0%	8.1%
Stanislaus	176,457	26.2%	5.7%
Tulare	142,026	30.5%	7.6%
Total	1,094,916	26.0%	7.1%
California	13,434,847	23.0%	4.5%

Source: U.S. Census Bureau, 2019-2023 American Community Survey, DP02. <http://data.census.gov/> *Family Households refers to married or cohabiting couples with householder's children under 18.

Household Overcrowding

Residential crowding has been linked to an increased risk of infection from communicable diseases, a higher prevalence of respiratory ailments, and greater vulnerability to homelessness among the poor. Residential crowding reflects demographic and socioeconomic conditions. A form of residential overcrowding known as “doubling up” – co-residence with family members or friends for economic reasons – is the most reported prior living situation for families and individuals before the onset of homelessness. (Source: Office of Health Equity, Healthy Communities Data and Indicators Project, Housing Overcrowding Narrative, 12/6/2017. https://healthdata.gov/State/Percent-of-Household-Overcrowding-1-0-persons-per-/taic-be24/about_data)

Housing is defined as being overcrowded when there is more than one person per room (PPR) - not per bedroom - of the dwelling. It is considered severely overcrowded when there are more than 1.5 people per room of the dwelling. Additional measures for analyzing overcrowding that have been investigated include analyzing housing by greater than two people per bedroom (PPB), or by square feet of dwelling space per person. However, the measure of PPR is generally accepted to be valid, is the most-available measurement, and is the one used by the U.S. Census Department.

In the service area, 6.4% of households live in overcrowded conditions, and an additional 3.2% live in severely overcrowded conditions, for a total of 9.5% of all households being overcrowded. Rates of overcrowding in area counties range from 8.7% of all households in Kings County to 11.1% of all households in Madera County. The highest rate of severe overcrowding is found in Fresno County (4.5% of all households).

Overcrowded and Severely Overcrowded Housing, by ZIP Code

	Households With >1 to 1.5 PPR	Households With >1.5 PPR	Combined Rate of Overcrowding
Fresno	6.3%	4.5%	10.8%
Kern	6.6%	3.0%	9.6%
Kings	6.5%	2.2%	8.7%
Madera	7.7%	3.5%	11.1%
Merced	5.1%	2.8%	7.9%
Stanislaus	5.6%	2.0%	7.6%
Tulare	7.3%	2.3%	9.6%
Total	6.4%	3.2%	9.5%
California	5.1%	3.1%	8.2%

Source: U.S. Census Bureau, American Community Survey, 5-Year Estimate, 2019-2023, DP04. <http://data.census.gov/>

Homelessness Among Youth

In the 2023-2024 academic year, 2.8% of students enrolled in service area schools were recorded as being homeless at some point during the year. Rates in area counties ranged from 1.6% of all students in Fresno County to 3.9% of the students in Tulare County. The majority were reported to be temporarily doubled up with friends or family members, with others reported to be in temporary shelters or hotels/motels.

Homeless Youth

School District	2021-2022		2022-2023		2023-2024	
	Number	Percent	Number	Percent	Number	Percent
Fresno	2,708	1.3%	3,321	1.6%	3,533	1.6%
Kern	5,501	2.7%	6,440	3.1%	6,515	3.1%
Kings	630	2.0%	780	2.5%	1,026	3.3%
Madera	962	2.9%	1,066	3.2%	1,148	3.4%
Merced	1,545	2.5%	1,778	2.9%	2,363	3.8%
Stanislaus	1,936	1.7%	2,607	2.3%	2,911	2.6%
Tulare	2,464	2.3%	3,301	3.1%	4,219	3.9%
Total	15,746	2.1%	19,293	2.5%	21,715	2.8%
California	224,191	3.7%	246,480	4.1%	286,853	4.8%

Source: California Department of Education, 2021-2024. <http://data1.cde.ca.gov/dataquest/>

Education

In the service area, 23% of the adult population does not have a high school diploma or equivalency, and 19.3% have a bachelor or graduate/professional degree. Rates of lacking a high school diploma range from 19.9% of Stanislaus County adults to 28.1% of Merced County adults. Rates of having either a bachelor's or higher degree run from 13.9% of Kings County adults to 23.9% of Fresno County adults.

Educational Attainment

	No High School Diploma	High School Diploma	Some College or Associate's Degree	Bachelor's Degree	Graduate or Professional Degree
Fresno	21.4%	23.0%	31.7%	15.7%	8.2%
Kern	22.9%	27.7%	30.9%	12.3%	6.2%
Kings	25.8%	28.1%	32.2%	9.4%	4.5%
Madera	27.0%	23.9%	32.0%	11.6%	5.5%
Merced	28.1%	28.7%	28.4%	10.4%	4.4%
Stanislaus	19.9%	29.3%	31.6%	13.1%	6.0%
Tulare	25.6%	27.0%	31.6%	10.1%	5.7%
Total	23.0%	26.4%	31.3%	12.8%	6.4%
California	15.4%	20.4%	27.7%	22.4%	14.1%

Source: U.S. Census Bureau, American Community Survey, 2019-2023, DP02. <https://data.census.gov/cedsci/>

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 Healthy People 2030 high school graduation objective is 90.7%. In the 2023-2024 academic year, Stanislaus (90.7%) and Merced (92.8%) Counties met the objective. The lowest high school graduation rates in the service area were in Kings County (82.1%) and Fresno County (83.7%).

High School Graduation Rates, 2023-2024

	Fresno	Kern	Kings	Madera	Merced	Stanislaus	Tulare	California
Percent	83.7%	86.1%	82.1%	88.0%	92.8%	90.7%	89.8%	86.4%

Source: California Department of Education, 2024. <https://data1.cde.ca.gov/dataquest/> Note: By default, Charter Schools data are not included in county, or state rates.

Differences are seen in rates of high school graduation by race and ethnicity of the students. African American students have the lowest four-year graduation rates in four of the seven counties and the second-lowest rate in Stanislaus County. Filipino students (where rates are available) and Asian students have the highest graduation rates in Fresno, Kern, Kings and Merced Counties. In Madera County, African American students have the highest graduation rate.

High School Graduation Rates, Four-Year Cohorts, by Race and Ethnicity, 2023-2024

	Fresno	Kern	Kings	Madera	Merced	Stanislaus	Tulare
Filipino	93.9%	94.7%	95.0%	**	100.0%	98.7%	96.2%
Asian	91.6%	91.4%	100.0%	93.2%	97.1%	93.1%	87.1%
White	87.8%	85.6%	85.2%	84.7%	92.9%	91.5%	89.9%
Pacific Islander	87.1%	84.1%	**	**	93.3%	91.3%	73.3%
Hispanic or Latino	82.5%	86.8%	80.8%	88.7%	93.0%	90.7%	90.2%
Multiracial	82.3%	87.1%	92.2%	93.3%	89.8%	86.1%	87.6%
AIAN	79.3%	76.1%	78.3%	70.6%	95.0%	96.9%	76.3%
African American	73.3%	74.7%	76.7%	93.8%	82.4%	87.7%	82.5%

Source: California Department of Education, 2024. <https://data1.cde.ca.gov/dotaquest/> By default, Charter Schools data are not included in county and state rates. **Suppressed for statistical validity and privacy, due to 10 or fewer students.

Preschool Enrollment

The percentage of children, ages 3 and 4, enrolled in preschool in the service area is 33.8%, and ranges from 22% in Kings County to 36% in Fresno County and 36.1% in Stanislaus County.

Enrolled in Preschool, Children, Ages 3 and 4

	Children, Ages 3 to 4	Percent Enrolled
Fresno	30,806	36.0%
Kern	28,495	33.5%
Kings	4,346	22.0%
Madera	4,534	34.3%
Merced	8,283	34.1%
Stanislaus	17,052	36.1%
Tulare	15,027	30.5%
Total	108,543	33.8%
California	934,169	44.4%

Source: U.S. Census Bureau, American Community Survey, 2019-2023, S1401. <https://data.census.gov/cedsci/>

Safe Parks or Playgrounds

Parents of children, ages 1 to 11, were asked if the park or playground closest to where they live is safe during the daytime. Rates in area counties range from a low of 73.8% of parents of children in Merced County feeling their closest park was safe, to 86.1% in Tulare County.

Safe Open Spaces, Children, Ages 1 to 11, Percent

	Fresno	Kern	Kings	Madera	Merced	Stanislaus	Tulare	California
Percent	82.8%	83.3%	83.8%	84.4%	73.8%	81.3%	86.1%	87.2%

Source: California Health Interview Survey, 2021-2023, pooled. <http://ask.chis.ucla.edu/>

Crime and Violence

People can be exposed to violence in many ways. They may be victimized directly, witness violence or property crimes in their community, or hear about crime and violence from other residents, all of which can affect quality of life.

When adults and teens were asked about neighborhood cohesion, the majority of respondents agreed their neighborhood was safe all or most of the time, neighbors were willing to help, and people in their neighborhood could be trusted. Madera County adults felt the most positive about their neighborhoods, and Merced County adults felt the least positive. Merced County teens were the least likely to say they felt safe in their neighborhoods (77.6%), Fresno County teens were the least likely to say that people in their neighborhood were willing to help (78.4%). Kern County (70.2%), Madera County (70.3%) and Kings County (70.7%) teens were the least likely to say that the people in their neighborhood could be trusted.

Neighborhood Cohesion, Adults

	Feels Safe All or Most of the Time	People in Neighborhood Are Willing to Help	People in Neighborhood Can be Trusted
Fresno	83.7%	76.3%	74.2%
Kern	82.4%	76.8%	73.5%
Kings	87.0%	77.9%	75.9%
Madera	91.2%	87.4%	80.0%
Merced	80.8%	71.2%	72.4%
Stanislaus	87.8%	81.4%	77.2%
Tulare	85.6%	83.5%	74.1%
Total	84.5%	78.4%	74.7%
California	86.7%	81.2%	79.7%

Source: California Health Interview Survey, 2021-2023, pooled. <https://healthpolicy.ucla.edu/our-work/askchis/>

Neighborhood Cohesion, Teens, Ages 12-17

	Feels Safe All or Most of the Time	People in Neighborhood Are Willing to Help	People in Neighborhood Can be Trusted
Fresno	78.2%	*78.4%	*74.2%
Kern	85.7%	81.5%	70.2%
Kings	80.4%	*80.3%	*70.7%
Madera	88.8%	*80.0%	*70.3%
Merced	77.6%	81.3%	*74.6%
Stanislaus	84.4%	*86.6%	*90.9%
Tulare	91.1%	*88.6%	*80.8%
Total	83.5%	82.4%	76.0%
California	86.9%	86.1%	80.4%

Source: California Health Interview Survey, 2020-2023, pooled. <https://healthpolicy.ucla.edu/our-work/askchis/> *Statistically unstable due to sample size.

Crime

Violent crimes include homicide, rape, robbery, and aggravated assault. Property crimes include burglary, larceny theft, and motor vehicle theft. Arson includes fires set to structural, mobile, or other

property. From 2021 to 2023, crime rates declined in the combined service area counties. For individual area counties, the number of violent crimes rose in Kern County, the number of arson crimes rose in Fresno, Kings and Madera Counties, and the number of all types of crime rose in Tulare County. In 2023, the approximate rates of crime were lowest in Kings County, the rates of violent crime and property crime were highest in Kern County, and the rate of arson crimes was highest in Merced County and Kern County.

Crimes, by County, Numbers, and Approximate Rate per 100,000 Persons

	Violent Crimes			Property Crimes			Arson		
	Number		Rate	Number		Rate	Number		Rate
	2021	2023	2023	2021	2023	2023	2021	2023	2023
Fresno	7,405	6,488	641.0	25,108	24,610	2,431.5	183	237	23.4
Kern	6,718	7,574	831.9	29,208	24,740	2,717.4	468	382	42.0
Kings	686	656	429.2	2,324	1,799	1,177.1	14	17	11.1
Madera	1,022	860	541.6	2,500	2,052	1,292.3	30	34	21.4
Merced	1,833	1,607	562.7	7,200	6,070	2,125.4	191	140	49.0
Stanislaus	2,740	2,597	470.3	10,966	10,416	1,886.1	206	154	27.9
Tulare	1,945	2,481	521.5	9,082	9,535	2,004.1	68	180	37.8
Total	22,349	22,263	627.5	86,388	79,222	2,233.0	1,160	1,144	32.2
California	183,546	199,838	509.2	857,599	888,840	2,265.0	11,138	6,736	17.2

Source: California Department of Justice, Office of the Attorney General, 2021 & 2023. [State of California Department of Justice - OpenJustice](#)
Approximate rates calculated utilizing 2018-2023 U.S. Census ACS Population Estimates.

Domestic Violence

Calls for domestic violence are categorized as with or without a weapon. In 2018 strangulation and suffocation were added as a domestic violence reporting category. Weapons include firearms, knives, other weapons, and personal weapons (hands, feet). Within the Weapon Involved classification, personal weapon was the category most frequently reported for the counties and state. In 2023, 36% of domestic violence calls involved use of a weapon, and 4.5% involved strangulation and/or suffocation. The approximate rate of domestic violence calls, including those using strangulation or suffocation, is higher for the service area than for the state. The rates for individual counties are lowest in Kings County and highest in Fresno County.

Domestic Violence Calls, by Jurisdiction, Approximate Rates* per 100,000 Persons

	Total Number	Rate*	% Weapon Involved	Strangulation/Suffocation	% Strangle/Suffocate	Rate
Fresno	13,348	1,318.8	14.8%	592	4.4%	58.5
Kern	4,749	521.6	75.9%	67	1.4%	7.4
Kings	537	351.4	69.6%	47	8.8%	30.8
Madera	736	463.5	75.8%	48	6.5%	30.2
Merced	1,540	539.2	74.9%	24	1.6%	8.4
Stanislaus	2,748	497.6	45.5%	234	8.5%	42.4

	Total Number	Rate*	% Weapon Involved	Strangulation/Suffocation	% Strangle/Suffocate	Rate
Tulare	2,533	532.4	20.9%	175	6.9%	36.8
Total	26,191	738.2	36.0%	1,187	4.5%	33.5
California	160,357	408.6	63.4%	8,386	5.2%	21.4

Source: California Department of Justice, Office of the Attorney General, 2023. <https://oag.ca.gov/crime/cjsc/stats/domestic-violence>

*Approximate rates calculated utilizing 2018-2023 U.S. Census ACS Population Estimates.

Child Abuse

In the service area, the rate of children younger than age 18, who experienced abuse or neglect, was 9.6 per 1,000 children. This is higher than the state rate of 6.8 per 1,000 children. These rates are based on children with a substantiated maltreatment allegation. The rate of reports of abuse decreased in 2020, due to effects from the COVID-19 Pandemic, while the rate of substantiated abuse in the service area remained constant.

Child Abuse Rates, per 1,000 Children

	Reported Cases of Child Abuse and Neglect		Substantiated Cases of Child Abuse and Neglect	
	2018	2020	2018	2020
Fresno	68.2	61.3	8.0	9.2
Kern	58.7	53.2	11.6	10.7
Kings	60.1	46.5	6.3	6.0
Madera	98.5	77.1	8.5	7.4
Merced	68.7	58.0	8.7	9.7
Stanislaus	63.0	57.3	11.6	13.8
Tulare	77.2	58.9	8.7	5.7
Total	67.5	58.0	9.6	9.6
California	53.2	43.5	7.6	6.8

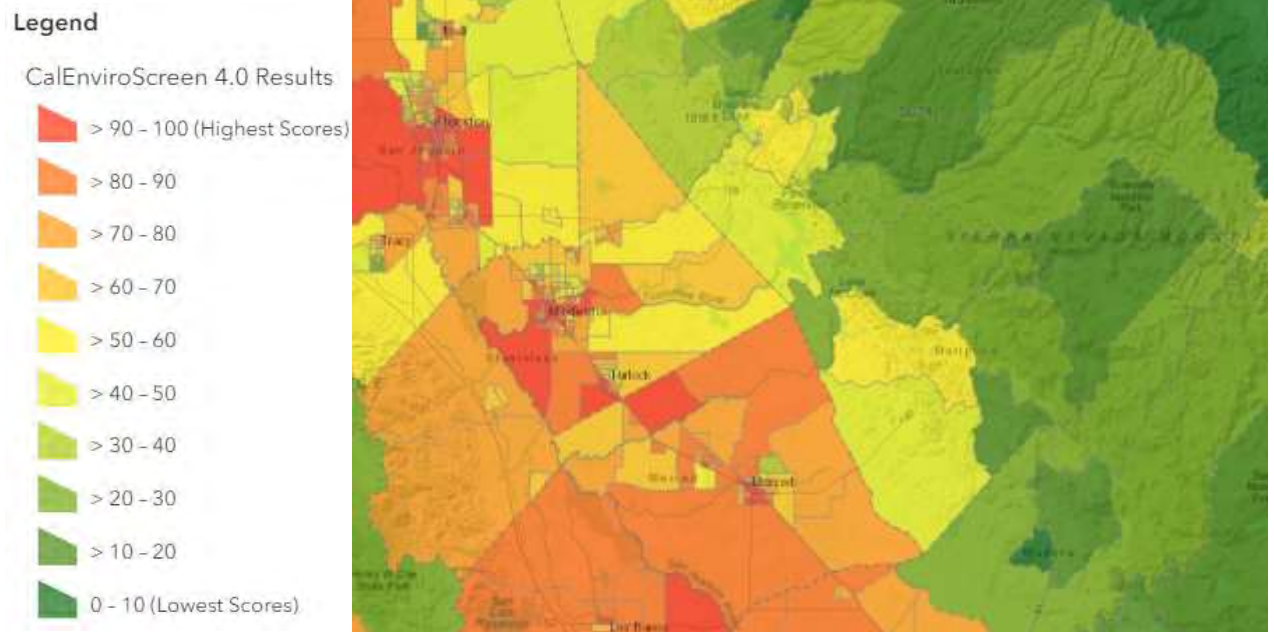
Source: Population Reference Bureau KidsData.org, 2018 & 2020. <http://kidsdata.org>

Environmental Health

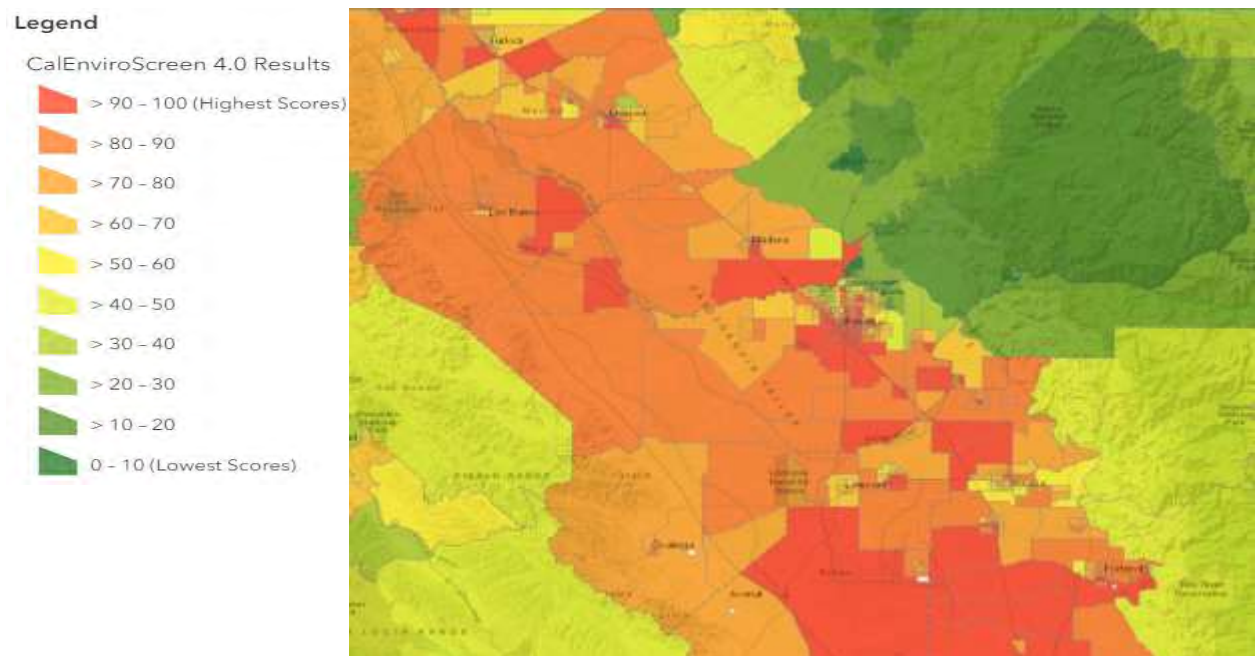
The California Communities Environmental Health Screening Tool: CalEnviroScreen 4.0 is a screening methodology that can be used to help identify California communities that are disproportionately burdened by multiple sources of pollution. The model includes two components representing Pollution Burden: Exposures and Environmental Effects, and two components representing Population Characteristics: Sensitive Populations (in terms of health status and age) and Socioeconomic Factors. Census tracts across California are ranked from the lowest possible score of 0 up to the highest possible score of 100, and then maps are created to help visualize the data.

Many of the census tracts on the east side of the service area belong to the bottom percentiles of lowest-burdened tracts (shades of green), containing portions of the Sequoia National Park, John Muir Wilderness, Inyo National Forest, Sierra National Forest, Ansel Adams Wilderness, Yosemite National Park, etc.

Most of the remaining census tracts, however, particularly those in and around area cities, belong to the 40th (light orange), 30th (orange), 20th (dark orange), and 10th (red) percentiles of highest-burdened California tracts, in terms of their environmental health.



Source: California Office of Environmental Health Hazard Assessment, CalEnviroScreen 4.0. Results Map, October 2021.



<https://oehha.ca.gov/calenviroscreen/report/calenviroscreen-40>

HEALTHCARE ACCESS

Health Insurance Coverage

The Healthy People 2030 objective is 92.4% insurance coverage for all population groups. In the service area, 92.6% of the total population has health insurance coverage, ranging from 91% in Merced County to 94% in Stanislaus County. Among children and youth, ages 0-18, 96.8% in the service area are insured, with the lowest rates found in Kings and Merced Counties (95.8%) and the highest in Madera and Tulare Counties (97.5%). Children, ages 0 to 5, are most likely to be insured (97.2% in the service area), and 96.6% of service area children, ages 6 to 18, have health insurance. Merced County has the lowest coverage among children, ages five and younger (95.8%), and Kings County has the lowest health insurance coverage (95.3%) among those ages 6 to 18.

Health Insurance Coverage

	All Ages	Ages 0-18	Ages 0 to 5	Ages 6 to 18
Fresno	93.0%	97.0%	97.4%	96.9%
Kern	92.2%	96.3%	96.8%	96.1%
Kings	92.1%	95.8%	96.9%	95.3%
Madera	92.5%	97.5%	97.9%	97.3%
Merced	91.0%	95.8%	95.8%	95.8%
Stanislaus	94.0%	97.2%	97.6%	97.1%
Tulare	92.0%	97.5%	98.0%	97.3%
Total	92.6%	96.8%	97.2%	96.6%
California	93.1%	96.6%	97.4%	96.3%

Source: U.S. Census Bureau, American Community Survey, 2019-2023, S2701. <https://data.census.gov/cedsci/>

When examined by race and ethnicity, there are differences in the rate of health insurance coverage in the area counties. The lowest rate of health insurance coverage in the combined service area is among non-Hispanic NHPI children (92.7%), followed by children who were identified as non-Hispanic AIAN (94.6%).

Health Insurance, County Populations, by Race and Ethnicity and Age Group

	Fresno			Kern			Kings			Madera		
	Total Pop.	Children, Ages 0-18		Total Pop.	Children, Ages 0-18		Total Pop.	Children, Ages 0-18		Total Pop.	Children, Ages 0-18	
		Total	% Insured		Total	% Insured		Total	% Insured		Total	% Insured
Multiracial	93.9%	80,055	98.1%	91.0%	69,179	96.5%	91.7%	10,999	93.2%	94.0%	10,735	99.0%
White	96.0%	49,105	97.0%	96.1%	59,601	97.6%	95.6%	8,616	98.3%	95.9%	7,984	96.2%
Asian	94.7%	31,584	97.5%	93.8%	10,962	96.5%	96.2%	865	100.0%	90.0%	971	92.0%
Hispanic	90.9%	193,139	97.1%	89.4%	181,318	95.8%	90.0%	29,654	95.2%	90.4%	34,142	97.8%
Other race	88.7%	64,803	96.6%	88.3%	53,820	95.1%	89.0%	9,924	97.0%	86.8%	16,376	96.7%
Black	94.2%	12,019	94.5%	94.6%	14,320	96.5%	93.9%	1,915	92.5%	97.3%	1,014	100.0%
AIAN	89.3%	4,155	92.8%	91.5%	2,630	95.9%	82.9%	787	74.8%	93.7%	876	99.3%
NHPI	93.9%	532	95.9%	97.9%	369	100.0%	89.3%	81	100.0%	87.0%	30	80.0%

Source: U.S. Census Bureau, American Community Survey, 2019-2023, C27001B thru C27001I. <http://data.census.gov/>

Health Insurance, County Populations, by Race and Ethnicity and Age Group

	Merced			Stanislaus			Tulare			Combined		
	Total Pop.	Children, Ages 0-18		Total Pop.	Children, Ages 0-18		Total Pop.	Children, Ages 0-18		Total Pop.	Children, Ages 0-18	
		Total	% Insured		Total	% Insured		Total	% Insured		Total	% Insured
Multiracial	95.0%	13,742	98.6%	93.1%	49,684	98.2%	92.2%	36,886	97.5%	92.7%	271,280	97.5%
White	95.3%	13,695	96.2%	96.5%	39,741	97.7%	95.8%	25,446	97.6%	96.0%	204,188	97.4%
Asian	91.8%	5,621	94.9%	95.7%	8,280	96.8%	94.7%	4,426	99.4%	94.4%	62,709	97.1%
Hispanic	88.8%	63,944	95.5%	91.6%	95,469	96.8%	90.2%	114,246	97.4%	90.3%	711,912	96.6%
Other race	87.5%	38,606	95.9%	90.6%	25,483	95.7%	88.7%	48,059	97.7%	88.5%	257,071	96.3%
Black	96.0%	2,026	98.1%	95.0%	4,226	98.6%	95.2%	2,224	99.0%	94.7%	37,744	96.2%
AIAN	91.4%	1,299	99.6%	92.9%	1,850	96.2%	89.2%	2,081	97.2%	90.3%	13,678	94.6%
NHPI	84.4%	312	70.2%	93.4%	715	94.0%	95.2%	219	100.0%	93.2%	2,258	92.7%

Source: U.S. Census Bureau, American Community Survey, 2019-2023, C27001B thru C27001I. <http://data.census.gov/>

When the type of insurance was examined, 40.4% of service area children and youth were covered by employment-based insurance and 54.6% had Medi-Cal coverage.

Health Insurance Coverage, by Type, Children under 19

	Medi-Cal	Employment Based	Private Purchase	Uninsured	Other Public
Fresno	55.1%	42.6%	*1.5%	*0.8%	-
Kern	55.5%	38.1%	*2.8%	*2.3%	*1.2%
Kings	46.3%	44.4%	*0.8%	*1.2%	*7.3%
Madera	58.6%	33.7%	*1.4%	*3.0%	*3.2%
Merced	55.8%	36.2%	3.6%	*2.8%	*1.6%
Stanislaus	48.8%	46.6%	*3.4%	*0.3%	*0.9%
Tulare	59.0%	36.9%	*0.8%	*1.4%	*2.0%
Total	54.6%	40.4%	*2.1%	1.5%	1.4%
California	36.9%	56.1%	3.6%	2.1%	1.2%

Source: California Health Interview Survey, 2020-2023, pooled. *Statistically unstable due to sample size. <http://ask.chis.ucla.edu/>

Sources of Care

Access to a medical home and a primary care provider improves continuity of care and decreases unnecessary emergency room visits. In the combined service area, 56.3% of children, ages 0 to 17, accessed care at a doctor's office, HMO or Kaiser, 29% accessed care at a clinic or community hospital. The ER or an Urgent Care Clinic were the usual source of care for 2.1% of service area children. Madera County children were the most likely to access care through a doctor's office, HMO or Kaiser (70.6%). Merced County children were the most likely to access care through a community clinic or hospital (42.3%).

Source of Care, All Ages and Children

	Fresno		Kern		Kings		Madera	
	All Ages	Children 0 to 17	All Ages	Children 0 to 17	All Ages	Children 0 to 17	All Ages	Children 0 to 17
Doctor's office/HMO/Kaiser	60.2%	65.1%	50.9%	51.4%	53.4%	57.0%	58.8%	70.6%
Community clinic/government clinic/community hosp.	18.8%	21.6%	27.4%	34.4%	28.8%	28.5%	19.2%	16.7%
ER/Urgent Care	1.5%	*1.8%	2.7%	*3.9%	*1.0%	*0.5%	*0.9%	-
Other/multiple	*1.3%	*1.2%	1.3%	*0.4%	*1.2%	*2.0%	*1.5%	-
No usual source of medical care	18.1%	10.4%	17.6%	9.9%	15.5%	12.0%	19.5%	12.6%

Source: California Health Interview Survey, 2020-2023, pooled. *Statistically unstable due to sample size. <http://ask.chis.ucla.edu/>

	Merced		Stanislaus		Tulare		Combined	
	All Ages	Children 0 to 17	All Ages	Children 0 to 17	All Ages	Children 0 to 17	All Ages	Children 0 to 17
Doctor's office/HMO/Kaiser	47.1%	41.8%	61.5%	53.7%	50.9%	54.1%	55.4%	56.3%
Community clinic/government clinic/community hosp.	33.9%	42.3%	17.7%	25.4%	29.9%	33.6%	24.0%	29.0%
ER/Urgent Care	*0.4%	*1.0%	2.4%	*1.9%	*0.5%	*1.4%	1.7%	2.1%
Other/multiple	*1.1%	*2.3%	1.8%	*0.6%	*0.7%	*0.4%	1.3%	*0.9%
No usual source of medical care	17.5%	*12.6%	16.7%	18.4%	17.9%	10.5%	17.7%	11.8%

Source: California Health Interview Survey, 2020-2023, pooled. *Statistically unstable due to sample size. <http://ask.chis.ucla.edu/>

In the combined service area, 11.8% of children and youth do not have a regular source of healthcare. Children in Stanislaus County were the least likely to have a usual source of care (18.4%).

No Usual Source of Care

	No Usual Source of Healthcare, Ages 0 to 17
Fresno	10.4%
Kern	9.9%
Kings	12.0%
Madera	12.6%
Merced	*12.6%
Stanislaus	18.4%
Tulare	10.5%
Combined	11.8%
California	11.3%

Source: California Health Interview Survey, 2020-2023, pooled. *Statistically unstable due to sample size. <http://ask.chis.ucla.edu/>

Emergency Room Visits

In the combined service area, 16.8% of the population had visited an emergency room in the prior 12

months. Rates among service area children, ages 0 to 11, ranged from 9.8% in Madera County to 28.5% in Merced County. Rates among service area youth, ages 12 to 17, ranged from 6.2% in Tulare County to 21% in Kern County having visited an ER in the past year.

Visited Emergency Room, Prior 12 Months

	Visited ER, All Ages	Children, Ages 0-11	Adolescents, Ages 12-17
Fresno	15.4%	10.2%	11.2%
Kern	17.7%	11.1%	21.0%
Kings	16.0%	10.3%	*15.0%
Madera	15.3%	9.8%	*14.7%
Merced	20.2%	*28.5%	*18.0%
Stanislaus	19.2%	17.9%	*16.4%
Tulare	14.1%	11.8%	*6.2%
Combined	16.8%	13.1%	14.9%
California	16.8%	14.0%	18.3%

Source: California Health Interview Survey, 2019-2023, pooled. <http://ask.chis.ucla.edu/> *Statistically unstable due to sample size.

Care of Adolescents

78.2% of service area adolescents, ages 12 to 17, had seen a doctor for a routine physical exam/checkup in the prior year. Kings County had the lowest rate (68.6%). The Healthy People 2030 goal is for 82.6% of adolescents to have a physical in the prior year, which Merced (89.8%) and Tulare (82.7%) Counties met.

Teen Had Preventive Healthcare Visit, Past Year

	Fresno	Kern	Kings	Madera	Merced	Stanislaus	Tulare	Combined
Percent	80.2%	71.9%	68.6%	*76.6%	89.8%	*78.9%	82.7%	78.2%

Source: California Health Interview Survey, 2019-2023, pooled. <http://ask.chis.ucla.edu/> *Statistically unstable due to sample size.

Primary Care Physicians

The ratio of the population to primary care physicians in the service area ranges from 1,480 residents per physician in Fresno County (which is higher (worse) than the state ratio of 1,233 persons per primary care physician) to a high of 2,692 persons per primary care physician in Kings County.

Primary Care Physicians (PCPs), Number and Ratio

	Fresno	Kern	Kings	Madera	Merced	Stanislaus	Tulare	California
Number of PCPs	685	439	57	75	120	362	221	31,820
Ratio of population to PCPs	1,480:1	2,090:1	2,692:1	2,125:1	2,387:1	1,528:1	2,159:1	1,233:1

Source: County Health Rankings, 2024; data from 2023. <http://www.countyhealthrankings.org>

Federally Qualified Health Centers

Using ZCTA (ZIP Code Tabulation Area) data for the service area counties and information from the

Uniform Data System (UDS)¹, 40.8% of the population in the combined service area counties is categorized as low-income ($\leq 200\%$ of Federal Poverty Level) and 18.2% of the population is living in poverty. Rates of low-income shown by the UDS range from 33.9% (Stanislaus County) to 43.8% (Tulare County), and rates of poverty range from 13.7% (Stanislaus County) to 19.9% (Madera County).

There are a number of FQHC and/or FQHC Look-Alike entities serving the service area counties. However, even with these community health centers serving the counties, there are many low-income residents who are not served by one of these clinic providers. The FQHCs and FQHC Look-Alikes serve a total of 1,074,664 patients in the service area, which equates to 72.4% coverage among low-income patients and 30.4% coverage among the total population. From 2021-2023, clinic providers showed an increase of 4.6% in patients served by community health centers. Despite this, 27.6% of the population, or 388,846 people living at or below 200% FPL, are not served by a community health center. It should be noted these individuals may be accessing healthcare services through another provider (private, county, other) or not using healthcare services.

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

	Low Income Population	Patients Served by Section 330 Grantees in County	Change in patients served, 2021-2023	FQHC Penetration Low-Income Population	FQHC Penetration Total Population	Low-Income Not Served	
						Number	Percent
Fresno	396,387	295,916	-0.3%	74.7%	30.0%	111,858	25.3%
Kern	377,682	207,895	11.2%	55.0%	23.0%	169,987	45.0%
Kings	55,585	55,147	-1.9%	99.2%	36.4%	2,855	0.8%-5.1%
Madera	62,177	62,281	14.7%	100.2%	39.2%	3,356	0.0%-5.4%
Merced	113,956	93,303	5.8%	81.9%	33.3%	28,797	18.1%
Stanislaus	186,568	126,650	9.3%	67.9%	22.8%	60,387	32.1%
Tulare	214,435	233,472	0.3%	109.9%	47.1%	11,606	0.0%-5.4%
Totals*	1,406,790	1,074,664	4.6%	72.4%	30.4%	388,846	27.6%

Source: Health Center Program GeoCare Navigator, 2024, 2019-2023 population numbers. <https://geocarenavigator.hrsa.gov/> *Calculated by Biel Consulting, Inc. using data shown.

Dental Care

Oral health is essential to overall health and wellbeing. In the service area, 5.6% of children, ages 3 to 11, and those ages 2 and younger, with teeth, lack dental insurance. Rates of no dental insurance in area counties ranged from 2.1% of Fresno County children to 15% of Stanislaus County children.

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

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

The ratio of residents to dentists in the service area ranges from 1,414 residents per dentist in Stanislaus County (which is higher (worse) than the number of dentists per resident in the state of 1,076:1) to a high of 2,148 residents per dentist in Merced County.

Dentists, Number and Ratio

	Fresno	Kern	Kings	Madera	Merced	Stanislaus	Tulare	California
Number of dentists	650	482	97	77	135	390	273	36,261
Ratio of population to dentists	1,562:1	1,901:1	1,577:1	2,081:1	2,148:1	1,414:1	1,749:1	1,076:1

Source: County Health Rankings, 2024; data from 2022. <http://www.countyhealthrankings.org>

Regular dental visits are essential for maintenance of healthy teeth and gums. Among service area children, ages 3 to 11, and those younger than age 3 who have teeth, 69.5% had seen a dentist in the past six months and 14% had never been to a dentist. Merced County children were the least likely to have seen a dentist in the prior six months (62.6%) and Kern County children were the most likely (74%). 6% of service area children needed dental care in the prior year, which the parents could not afford.

Dental Care Utilization, Children, Ages 3-11

	Fresno	Kern	Kings	Madera	Merced	Stanislaus	Tulare	Combined
Never been to the dentist	17.7%	10.5%	16.4%	9.8%	11.3%	16.7%	12.5%	14.0%
Visited ≤ 6 months ago	67.7%	74.0%	66.5%	66.3%	62.6%	67.7%	70.8%	69.5%
> 6 months to 1 year ago	9.8%	10.3%	13.7%	21.5%	*15.6%	12.7%	12.9%	11.9%
>1 to 2 years ago	*2.8%	*3.5%	*3.0%	*2.4%	*10.1%	*2.9%	*2.2%	3.3%
> 2 to 5 years ago	*1.8%	*1.7%	*0.4%		*0.4%	*0.0%	*1.7%	*1.3%
> 5 years ago	*0.2%	*0.0%					*0.0%	*0.0%
Parents could not afford dental care for child	*4.1%	7.2%	*1.9%	*6.7%	*9.7%	*7.0%	*5.5%	6.0%

Source: California Health Interview Survey, 2019-2023 pooled. *Statistically unstable due to sample size. <http://ask.chis.ucla.edu/>

Childhood Immunization

In academic year 2022-2023, the rate of up-to-date immunizations among kindergartens in area counties ranged from 88.2% in Kern County to 96% in Kings County.

Up to Date Immunization Rates (Percent) of Children Entering Kindergarten, 2022-2023*

	Fresno	Kern	Kings	Madera	Merced	Stanislaus	Tulare	California
Percent	95.7%	88.2%	96.0%	95.4%	93.6%	93.8%	95.4%	93.9%

Source: California Department of Public Health, Immunization Branch, 2022-2023. *For those schools where data were reported and not suppressed due privacy concerns over small numbers. Excludes private schools. <https://data.chhs.ca.gov/dataset/school-immunizations-in-kindergarten-by-academic-year>

Screening for Developmental Issues

Parents of children, ages 1 to 11, were asked if the child's doctor, other health provider, teacher or school counselor had ever done an assessment or test of the child's development. 69.1% of service area parents said they had, with county rates ranging from 57.9% in Kern County to 80.6% in Madera County.

48.7% of service area parents said the assessment included a parental checklist of parental concerns and the child's activities, behavior and communication, ranging from 43.3% in Kings County to 57% in Merced County. 55.1% of service area parents said that the assessment included the child performing basic physical tasks, ranging from 44.7% in Kings County to 70.5% in Merced County.

66.6% of service area parents of children, ages 1 to 11, had been asked by their child's doctor, other health provider, teacher or school counselor whether they had any concerns regarding their child's learning, development or behavior. 9.3% of parents said a doctor or other professional had concerns that should be monitored carefully, with rates ranging from 2% of parents in Stanislaus County to 12.1% in Kern County. 14.2% of parents in the service area said the child's doctor or other professional had referred the child to a developmental specialist, from 5.2% in Madera County to 21% in Stanislaus County. 17.9% of parents in the service area said a doctor or other professional had referred the child for speech, language and/or hearing tests, with rates ranging from 14.7% in Kern County to 21% in Fresno County.

Screening for Developmental Issues

	Fresno	Kern	Kings	Madera	Merced	Stanislaus	Tulare	Combined
Assessment or tests done of child's development	72.5%	57.9%	62.7%	80.6%	79.5%	74.6%	70.5%	69.1%
Assessment was done including parental checklist of parent concerns, child's activities and communication	47.0%	47.6%	43.3%	55.6%	57.0%	53.3%	46.1%	48.7%
Assessment was done including child performing physical tasks	48.9%	61.7%	44.7%	60.4%	70.5%	62.8%	45.5%	55.1%
Parent was asked if they had concerns about child's learning, development or behavior	75.1%	61.8%	56.3%	63.0%	72.3%	68.2%	60.1%	66.6%
Doctor or professional noted a concern to monitor	12.0%	*12.1%	*10.0%	*4.8%	*5.9%	*2.0%	*8.4%	9.3%
Doctor or professional referred child to developmental specialist	17.7%	11.0%	9.3%	*5.2%	16.9%	21.0%	11.6%	14.2%
Doctor or professional referred child to specialist for speech, language, or hearing tests	21.0%	14.7%	14.9%	16.1%	20.5%	*20.5%	17.9%	17.9%

Source: California Health Interview Survey, 2021-2023, pooled. <http://ask.chis.ucla.edu/> *Statistically unstable due to sample size.

BIRTH CHARACTERISTICS

Births

In 2023, the number of births in the combined service area was 46,282. The average annual birth rate in the service area from 2019 to 2023 was 48,035 births.

Total Births

	2019	2020	2021	2022	2023	5-Year Average
Fresno	14,057	13,825	13,970	13,950	13,096	13,780
Kern	12,765	12,356	12,494	12,494	12,071	12,436
Kings	2,115	2,252	2,150	2,040	2,017	2,115
Madera	2,045	2,097	2,029	2,150	2,179	2,100
Merced	3,806	3,732	3,863	3,849	3,657	3,781
Stanislaus	7,402	7,118	7,324	7,071	6,718	7,127
Tulare	6,714	6,658	6,767	6,801	6,544	6,697
Total	48,904	48,038	48,597	48,355	46,282	48,035
California	446,479	420,259	420,608	419,104	400,108	421,312

Source: U.S. Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Natality public-use data 2019-2023, on CDC WONDER. <https://wonder.cdc.gov/natality-current.html>

Prenatal Care

Among pregnant women in the service area, 18.3% (183 per 1,000 live births) entered prenatal care after the first trimester or not at all. This equates to 81.7% of pregnant women in the service area starting prenatal care in the first trimester. Rates ranged from 13.5% of women in Stanislaus County entering prenatal care after the first trimester or not at all, to 27.9% of women in Merced County receiving late or no prenatal care.

Late or No Prenatal Care (After 1st Trimester), Rate per 1,000 Live Births

	Fresno	Kern	Kings	Madera	Merced	Stanislaus	Tulare	Combined	California
Rate	168.9	176.2	192.2	197.1	278.6	134.5	213.9	183.0	147.3

Source: U.S. Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Natality public-use data 2021-2023, on CDC WONDER. <https://wonder.cdc.gov/natality-current.html>

Teen Births

The teen birth rate in the combined service area was 18 births per 1,000 females, ages 15-19. All area county rates were higher than the state rate and ranged from 14.9 births to 1,000 teen girls in Stanislaus County to 20 births to 1,000 teen girls in Tulare County and 20.5 births per 1,000 teen girls in Kings County. The Healthy People 2030 objective is for no more than 31.4 pregnancies per 1,000 females, ages 15 to 19.

Teen Birth Rate, per 1,000 Females, Ages 15-19

	Fresno	Kern	Kings	Madera	Merced	Stanislaus	Tulare	Combined	California
Rate	17.0	19.7	20.5	19.0	16.4	14.9	20.0	18.0	10.0

Source: U.S. Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Natality public-use data 2020-2023, on CDC WONDER. <https://wonder.cdc.gov/natality-expanded-current.html>

Premature Birth

The rate of premature births in the service area was 96 per 1,000 live births. This rate of premature births was higher than the state rate (91.3 per 1,000 live births). Rates in area counties ranged from 81.2 premature births per 1,000 births in Madera County to 100.6 premature births per 1,000 births in Fresno County and 102.8 premature births per 1,000 births in Tulare County.

Premature Birth, Before the Start of 37th Week, Rate per 1,000 Live Births

	Fresno	Kern	Kings	Madera	Merced	Stanislaus	Tulare	Combined	California
Rate	100.6	94.5	95.2	81.2	92.2	89.6	102.8	96.0	91.3

Source: U.S. Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Natality public-use data 2021-2023, on CDC WONDER. <https://wonder.cdc.gov/natality-current.html>

Low Birth Weight

Babies born at a low birth weight (<2,500 g) are at higher risk for disease, disability, and possible death. The service area rate of low-birth-weight babies was 74.7 per 1,000 live births. This rate was higher than the state rate (74 per 1,000 live births) and ranged from 64.9 per 1,000 live births in Madera County to 78.4 per 1,000 live births in Fresno County.

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

	Fresno	Kern	Kings	Madera	Merced	Stanislaus	Tulare	Combined	California
Rate	78.4	77.4	72.2	64.9	69.8	69.4	74.5	74.7	74.0

Source: U.S. Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Natality public-use data 2021-2023, on CDC WONDER. <https://wonder.cdc.gov/natality-current.html>

Mothers Smoked During Pregnancy

The rate of mothers who smoked regularly during pregnancy (at least once per day for at least three months) for the service area was 8 mothers per 1,000 live births as compared to the state rate at 6.8 mothers per 1,000 live births. Rates ranged from 2.9 mothers per 1,000 live births in Merced County to 16 mothers per 1,000 live births in Stanislaus County.

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

	Fresno	Kern	Kings	Madera	Merced	Stanislaus	Tulare	Combined	California
Rate	6.4	10.1	4.5	6.3	2.9	16.0	3.2	8.0	6.8

Source: U.S. Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Natality public-use data 2021-2023, on CDC WONDER. <https://wonder.cdc.gov/natality-current.html>

Infant Mortality

The infant mortality rate (less than one year of age) in the service area was 5.1 deaths per 1,000 live births, which was higher than the state rate (3.7 deaths per 1,000 live births), and does not meet the Healthy People 2030 objective of 5.0 deaths per 1,000 births.

Infant Death Rate, per 1,000 Live Births

	Fresno	Kern	Kings	Madera	Merced	Stanislaus	Tulare	Combined	California
Rate	5.4	5.3	4.7	5.0	4.3	4.9	4.8	5.1	3.7

Source: California Department of Public Health, County Health Status Profiles, 2024. Data from 2019-2021, averaged.

<https://data.chhs.ca.gov/dataset/county-health-status-profiles>

Differences in mortality rates of infants can be seen when examined by race and ethnicity. Black infant death rates were the highest in Fresno, Kern, Kings, and Merced Counties. The highest rate of infant death in Stanislaus County is to White mothers, and the highest infant death rate in Tulare County is to Hispanic mothers. Caution should be taken when interpreting these rates particularly in counties with lower populations, as they are based on a relatively small overall number of deaths.

Infant Death Rate, per 1,000 Live Births, by Race and Ethnicity

	Fresno	Kern	Kings	Madera	Merced	Stanislaus	Tulare	California
Asian or Pacific Islander mothers	4.5	* < 5.0	* < 5.0	* > 5.0	* < 5.0	* > 5.0	* < 5.0	2.3
White mothers	5.1	4.3	* < 5.0	* > 5.0	* < 5.0	6.2	4.3	2.9
Hispanic mothers	5.3	5.4	* 4.2	* 4.3	3.8	3.8	5.4	3.8
Black mothers	10.4	* 9.4	* > 5.0	* > 5.0	* > 5.0	* < 5.0	* < 5.0	7.5

Source: California Department of Public Health, County Health Status Profiles, 2024. Data from 2019-2021, averaged. *Rate deemed unreliable due to small population size. <https://data.chhs.ca.gov/dataset/county-health-status-profiles>

Breastfeeding

Breastfeeding has been proven to have considerable benefits to babies and mothers. The American Academy of Pediatrics recommends that babies are fed only breast milk for the first six months of life. Breastfeeding data are collected by hospitals on the Newborn Screening Test Form. Breastfeeding rates in the combined service area indicated 89.3% of mothers initiated breastfeeding and 59.6% used breastfeeding exclusively, prior to hospital discharge. The lowest rate of any breastfeeding is in Fresno County (87.1% of mothers) and the lowest rate of exclusive breastfeeding is in Madera County (39.4% of mothers). The highest rate of initiating breastfeeding is in Merced County (93.3% of mothers) and the highest rate of exclusive breastfeeding is in Stanislaus County (64.5%).

In-Hospital Breastfeeding

	Any Breastfeeding		Exclusive Breastfeeding	
	Number	Percent	Number	Percent
Fresno	11,697	87.1%	7,111	52.9%
Kern	9,220	89.2%	6,469	62.6%
Kings	1,862	89.7%	1,259	60.7%
Madera	500	88.7%	222	39.4%
Merced	2,493	93.3%	1,601	59.9%
Stanislaus	8,320	90.8%	5,910	64.5%
Tulare	4,846	90.9%	3,403	63.9%
Total	38,938	89.3%	25,975	59.6%
California	342,235	93.8%	249,766	68.5%

Source: California Dept of Public Health, Breastfeeding Hospital of Occurrence, 2022.

CA www.cdph.ca.gov/Programs/CFH/DMCAH/surveillance/Pages/Breastfeeding-Initiation.aspx

There are ethnic and racial differences noted in breastfeeding rates of mothers. Decisions around breastfeeding may be influenced by many factors, including childcare and economic considerations, in addition to cultural and educational factors. In Fresno County, AIAN mothers were the most likely to engage in any breastfeeding (94.7%), and White mothers were the most likely to engage in exclusive breastfeeding (70.6%) prior to hospital discharge.

In Kern County, mothers who identify as Other race were the most likely to engage in any breastfeeding (95%), while White mothers were the most likely to engage in exclusive breastfeeding (72.6%) prior to hospital discharge. The lowest rate of any breastfeeding in Kern County was seen among Black or African American mothers (78.2%), followed by Asian mothers (84.7%), who also had the lowest rate of exclusive breastfeeding in the county (47.9%).

In-Hospital Breastfeeding, by Race and Ethnicity, Fresno and Kern Counties

	Fresno County				Kern County			
	Any Breastfeeding		Exclusive Breastfeeding		Any Breastfeeding		Exclusive Breastfeeding	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
AIAN	36	94.7%	23	60.5%	12	92.3%	N/A	N/A
White	2,128	92.7%	1,620	70.6%	1,869	89.7%	1,513	72.6%
Hispanic	7,494	88.5%	4,348	51.4%	6,270	89.8%	4,258	61.0%
Black	400	84.2%	231	48.6%	315	78.2%	219	54.3%
Multiracial	372	75.2%	228	46.1%	171	88.6%	116	60.1%
Asian	705	74.4%	341	36.0%	299	84.7%	169	47.9%
Other	177	63.2%	72	25.7%	57	95.0%	35	58.3%
Pacific Islander	N/A	N/A	N/A	N/A	10	90.9%	N/A	N/A

Source: California Department of Public Health, Breastfeeding Hospital of Occurrence, 2022 N/A = Suppressed due to privacy concerns.
<https://www.cdph.ca.gov/Programs/CFH/DMCAH/surveillance/Pages/Breastfeeding-Initiation.aspx>

In Kings County, multiracial mothers were the most likely to engage in any breastfeeding (96.5%), while White mothers were most likely to engage in exclusive breastfeeding (73.3%) prior to hospital discharge. Asian mothers have the lowest rates of breastfeeding, followed by, for any breastfeeding, mothers who identify as a race and ethnicity of Other than those listed.

In Madera County, due to privacy concerns and low population, rates were only available for White and Hispanic mothers. Hispanic mothers were more likely to engage in any breastfeeding (88.2%). White mothers were more likely to engage in exclusive breastfeeding (45.8%) prior to hospital discharge than were Hispanic mothers (39.1%).

In-Hospital Breastfeeding, by Race and Ethnicity, Kings and Madera Counties

	Kings County				Madera County			
	Any Breastfeeding		Exclusive Breastfeeding		Any Breastfeeding		Exclusive Breastfeeding	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
White	422	91.7%	337	73.3%	20	83.3%	11	45.8%
Hispanic	1,223	88.8%	770	55.9%	442	88.2%	196	39.1%
Black	62	92.5%	48	71.6%	N/A	N/A	N/A	N/A
Multiracial	55	96.5%	40	70.2%	N/A	N/A	N/A	N/A
Asian	34	81.0%	20	47.6%	N/A	N/A	N/A	N/A
Other	12	85.7%	N/A	N/A	N/A	N/A	N/A	N/A

Source: California Department of Public Health, Breastfeeding Hospital of Occurrence, 2022 N/A = Suppressed due to privacy concerns.
<https://www.cdph.ca.gov/Programs/CFH/DMCAH/surveillance/Pages/Breastfeeding-Initiation.aspx>

In Merced County, Hispanic mothers were most likely to engage in any breastfeeding (94.6%), while White mothers were most likely to engage in exclusive breastfeeding (75.5%) prior to hospital discharge. Mothers who identify as a race and ethnicity of Other than those listed have the lowest rates of breastfeeding, followed by Black mothers, for any breastfeeding, and Asian mothers for exclusive breastfeeding.

In Stanislaus County, mothers who identify as Asian were the most likely to engage in any breastfeeding (92.9%), while multiracial mothers were the most likely to engage in exclusive breastfeeding (74.1%) prior to hospital discharge. The lowest rate of any breastfeeding was seen in Pacific Islander mothers (84.6%), followed by Black or African American mothers (86%). The lowest rate of exclusive breastfeeding in the county was seen in mothers who identify as Other race (55.8%). In Tulare County, mothers who identify as White were the most likely to engage in any breastfeeding (94.1%) and in exclusive breastfeeding (78%) prior to hospital discharge. The lowest rates of breastfeeding were reported among mothers who identify as Other race, followed by AIAN mothers for any breastfeeding, and Asian mothers for exclusive breastfeeding.

In-Hospital Breastfeeding, by Race and Ethnicity, Merced, Stanislaus and Tulare Counties

	Merced County				Stanislaus County				Tulare County			
	Any Breastfeeding		Exclusive Breastfeeding		Any Breastfeeding		Exclusive Breastfeeding		Any Breastfeeding		Exclusive Breastfeeding	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent	Number	Percent
AIAN	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	13	86.7%	10	66.7%
White	400	93.5%	323	75.5%	2,096	90.4%	1,655	71.4%	799	94.1%	662	78.0%
Hispanic	1,767	94.6%	1,080	57.9%	4,723	91.0%	3,143	60.5%	3,721	90.5%	2,523	61.4%
Black	40	81.6%	24	49.0%	196	86.0%	153	67.1%	40	90.9%	28	63.6%
Multiracial	58	89.2%	40	61.5%	299	90.1%	246	74.1%	71	89.9%	57	72.2%
Asian	81	86.2%	41	43.6%	632	92.9%	468	68.8%	63	87.5%	39	54.2%
Other	32	69.6%	16	34.8%	141	91.6%	86	55.8%	32	84.2%	17	44.7%
Pacific Islander	N/A	N/A	N/A	N/A	11	84.6%	N/A	N/A	N/A	N/A	N/A	N/A

Source: California Department of Public Health, Breastfeeding Hospital of Occurrence, 2022 N/A = Suppressed due to privacy concerns.
<https://www.cdph.ca.gov/Programs/CFH/DMCAH/surveillance/Pages/Breastfeeding-Initiation.aspx>

LEADING CAUSES OF DEATH

Mortality Rates

The crude death rate is a ratio of the number of deaths to the entire population of the age-range in question. From 2021 through 2023, the death rate of children and youth, ages 1 to 19, ranged from 22.2 deaths per 100,000 children and youth in Stanislaus County to 32.6 per 100,000 children and youth in Kern County.

Mortality Rates, per 100,000 Persons, 3 Year Average

	Fresno		Kern		Kings		California
	Number	Rate	Number	Rate	Number	Rate	Rate
1 - 4 years	40	23.4	52	33.3	**	**	19.5
5 - 9 years	28	11.8	20	9.2	**	**	8.8
10 - 14 years	37	14.8	40	17.2	**	**	12.4
15 - 19 years	138	59.0	157	72.3	21	64.4	46.3
Total, ages 1 to 19	243	27.3	269	32.6	36	28.0	22.5

Source: U.S. Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Mortality public-use data 2021-2023, on CDC WONDER. <https://wonder.cdc.gov/deaths-by-underlying-cause.html> **Suppressed due to privacy constraints and/or statistical instability.

Mortality Rates, per 100,000 Persons, 3 Year Average

	Madera		Merced		Stanislaus		Tulare	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate
1 - 4 years	**	**	12	24.3	17	19.0	23	27.6
5 - 9 years	**	**	16	**	13	**	12	**
10 - 14 years	**	**	10	**	15	**	20	15.6
15 - 19 years	22	60.5	45	57.5	58	46.4	65	53.7
Total, 1 - 19	38	27.6	83	30.7	103	22.2	120	26.7

Source: U.S. Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Mortality public-use data 2021-2023, on CDC WONDER. <https://wonder.cdc.gov/deaths-by-underlying-cause.html> **Suppressed due to privacy constraints.

Leading Causes of Death

The leading cause of death for children and youth, ages 1 to 19, in the combined service area, is accidents (unintentional injuries) (11.2 deaths per 100,000 children), followed by homicide (4.1 deaths per 100,000 children). The rate of unintentional injury deaths ranged from 8.9 deaths per 100,000 children and youth in Stanislaus County to 14.5 per 100,000 children and youth in Kern County. Homicide rates, among the five counties for whom rates are available, range from 1.9 homicides per 100,000 children and youth in Stanislaus County to 5.9 per 100,000 children and youth in Merced County.

Mortality Rates, Annual Average, per 100,000 Children, Ages 1 to 19

Cause of Death	Fresno		Kern		Kings		Combined		California
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Rate
Unintentional injuries	119	10.0	159	14.5	22	12.8	472	11.2	8.5
Homicide	58	4.9	48	4.4	**	**	172	4.1	2.7
Cancer	33	2.8	23	2.1	**	**	103	2.4	2.3
Suicide	27	2.3	36	3.3	**	**	98	2.3	2.3
Congenital malformations or chromosomal abnormalities	18	1.5	17	1.6	**	**	60	1.4	1.1
Heart disease	**	**	**	**	**	**	18	0.4	0.4
COVID-19	**	**	**	**	**	**	18	0.4	0.3
Flu and pneumonia	**	**	**	**	**	**	13	0.3	0.2
Cerebrovascular disease	**	**	**	**	**	**	12	0.3	0.2

Source: U.S. Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Mortality public-use data 2020-2023, on CDC WONDER. <https://wonder.cdc.gov/deaths-by-underlying-cause.html>

**Suppressed due to privacy concerns from fewer than 10 deaths.

Mortality Rates, Annual Average, per 100,000 Children, Ages 1 to 19

	Madera		Merced		Stanislaus		Tulare	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate
Unintentional injuries	19	10.4	39	10.9	55	8.9	59	9.9
Homicide	**	**	21	5.9	12	1.9	21	3.5
Cancer	**	**	**	**	14	2.3	19	3.2
Suicide	**	**	**	**	14	2.3	11	1.8

Source: U.S. Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Mortality public-use data 2020-2023, on CDC WONDER. <https://wonder.cdc.gov/deaths-by-underlying-cause.html>

**Suppressed due to privacy concerns from fewer than 10 deaths.

Mortality rates for cancer are available at the county level for Fresno, Kern, Stanislaus, and Tulare Counties, from the National Cancer Institute. Among children and teens, younger than age 20, brain and nervous system cancers, and leukemias are the most common causes of cancer mortality.

Cancer Mortality, Rates per 100,000 Children, Ages 19 or Younger, 5-Year Average

	Fresno	Kern	Stanislaus	Tulare	California
Cancer all sites	2.6	2.0	2.3	2.8	2.2
Leukemia	1.2	**	**	**	0.7
Brain and other nervous system	**	**	**	**	0.6

Source: California Cancer Registry, Cal*Explorer-CA Cancer Data tool, 2017-2021. <https://explorer.ccrca.org/application.html> **Suppressed due to privacy and statistical validity concerns, related to fewer than 15 deaths.

Drug Use

From 2020 through 2023, the death rate from drug-induced causes among teens, ages 15 to 19, in the combined service area was 8.3 deaths per 100,000 teens. The rate is more than twice as high in Kern County, at 16.9 deaths per 100,000 teens. Most of these deaths in all available geographic regions were unintentional overdoses.

Drug-Induced Death Rates, per 100,000 Persons, Ages 15-19, 4-Year Average

	All Cause		Unintentional Overdose	
	Number	Rate	Number	Rate
Fresno	13	**	12	**
Kern	48	16.9	47	16.5
Stanislaus	10	**	10	**
Combined	92	8.3	89	8.0
California	948	9.9	862	9.1

Source: U.S. Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Mortality public-use data 2020-2023, on CDC WONDER. <https://wonder.cdc.gov/deaths-by-underlying-cause.html>

**Suppressed due to privacy concerns and statistical instability.

The rate of death from opioid overdose in teens, ages 15-19, rose in California from 2019 to 2020 before decreasing somewhat. In Kern County, the rate rose from 2019 to 2020, and again in 2022. In 2023 the rate was 12 deaths per 100,000, representing nine deaths from opioids to Kern County teens, ages 15 to 19. The Healthy People 2030 objective is a maximum of 13.1 overdose deaths involving opioids, per 100,000 persons.

Opioid Drug Overdose Death Rates, per 100,000 Persons, Ages 15-19, 2019 - 2023

	Annual Rate				
	2019	2020	2021	2022	2023
Fresno	1.4	4.1	4.9	4.8	0.0
Kern	4.5	20.6	12.4	19.0	12.0
Kings	0.0	9.5	7.7	7.4	7.8
Madera	0.0	0.0	8.4	0.0	0.0
Merced	0.0	8.3	3.9	7.8	4.0
Stanislaus	5.1	7.5	2.3	4.5	4.8
Tulare	0.0	5.3	5.0	2.5	0.0
California	3.7	10.3	8.5	5.9	6.2

Source: California Office of Statewide Health Planning and Development, via California Department of Public Health, California Opioid Overdose Surveillance Dashboard, 2024; 2023 data. <https://skylab.cdph.ca.gov/ODdash/>

ACUTE AND CHRONIC CONDITIONS

Hospitalizations by Principal Diagnoses

At Valley Children's Hospital the top three hospital discharge diagnoses were diseases of the respiratory system, diseases of the digestive system, and certain conditions originating in the perinatal period.

Hospitalizations, by Principal Diagnoses

	Valley Children's Hospital
Diseases of the respiratory system	24.3%
Disease of the digestive system	11.7%
Conditions originating in the perinatal period	9.5%
Diseases of the nervous system and sense organs	7.9%
Injury and poisoning	7.6%
Congenital anomalies	6.1%
Endocrine, nutritional and metabolic diseases and immunity disorders	5.1%
Infectious and parasitic diseases	3.7%
Diseases of the musculoskeletal system and connective tissue	3.3%
Disease of the genitourinary system	3.1%

Source: California Department of Health Care Access and Information (HCAI), Hospital Inpatient Characteristics by Facility, Pivot Profile, 2023. <https://data.chhs.ca.gov/dataset/>

Emergency Room Visits by Diagnoses

At Valley Children's Hospital the top three emergency room encounter diagnoses were diseases of the respiratory system, injuries and poisoning, and diseases of the digestive system.

Emergency Room Visits, by Principal Diagnoses

	Valley Children's Hospital
Diseases of the respiratory system	23.0%
Injury and poisoning	18.1%
Disease of the digestive system	7.3%
Infectious and parasitic diseases	5.3%
Diseases of the ear and mastoid process	3.9%
Disease of the genitourinary system	3.7%
Diseases of the skin and subcutaneous tissue	3.3%
Diseases of the nervous system and sense organs	3.3%
Diseases of the musculoskeletal system and connective tissue	2.5%
Diseases of the circulatory system	1.6%

Source: California Department of Health Care Access and Information (HCAI), Hospital Emergency Department Characteristics by Facility, Pivot Profile, 2023. <https://data.chhs.ca.gov/dataset/>

Asthma

Asthma is a common chronic illness, especially affecting children, and it can significantly impact quality of life. In the combined service area, 12.9% of the population, ages 1 to 17, have been diagnosed with asthma, with rates ranging from 6.8% in Tulare County, to 18.2% in Fresno County and 18.3% in Kings County. In the service area, 8.5% of children, ages 1 to 17, still have asthma. 27.1% of service area children with asthma had an asthma episode or attack in the prior 12 months. 49% of service area

children with asthma take daily medication to control their asthma symptoms.

Asthma, Children, Ages 1-17

	Ever Diagnosed with Asthma	Currently Have Asthma	Had an Asthma Episode/Attack, Prior Year	Takes Daily Medication to Control Asthma
Fresno	18.2%	13.2%	32.7%	56.7%
Kern	10.9%	4.9%	*15.4%	44.6%
Kings	18.3%	11.7%	33.1%	60.6%
Madera	16.9%	*12.9%	*18.2%	42.6%
Merced	8.9%	*7.8%	*43.3%	*38.8%
Stanislaus	11.9%	7.7%	28.2%	28.9%
Tulare	6.8%	4.4%	*18.6%	41.4%
Total	12.9%	8.5%	27.1%	49.0%
California	12.0%	7.5%	30.4%	39.9%

Source: California Health Interview Survey, 2019-2023, pooled. <http://ask.chis.ucla.edu/> *Statistically unstable due to sample size.

Cancer

Cancer incidence rates are available when at least 15 cases are present in the covered five-year period. Overall rates of cancer incidence in children and teens, under age 20, ranged from a rate of 16.8 per 100,000 children and youth in Kern and Stanislaus Counties to 23.1 per 100,000 children and youth in Madera County. The highest cancer incidence rates were from leukemia, and brain and other nervous system cancers. Testicular cancer is the third-leading cancer diagnosis in children and youth in California, but the affected population size is too small to be available for service area counties due to privacy concerns.

Cancer Incidence, Rates per 100,000 Children, Ages 19 or Younger, 5 Year Average

	Fresno	Kern	Kings	California
Cancer all sites	18.7	16.8	17.7	18.0
Leukemia	5.3	5.0	**	5.2
Acute lymphocytic	4.1	3.8	**	4.0
Brain and other nervous system	3.0	2.0	**	2.6
Non-Hodgkin lymphoma	2.0	1.3	**	1.2
Soft tissue including heart	1.0	**	**	0.9
Bones and joints	1.0	1.1	**	0.9

Source: California Cancer Registry, Cal*Explorer-CA Cancer Data tool, 2017-2021 <https://explorer.ccrca.org/application.html> **Suppressed due to privacy and statistical validity concerns, related to fewer than 15 cases.

Cancer Incidence, Rates per 100,000 Children, Ages 19 or Younger, 5 Year Average

	Madera	Merced	Stanislaus	Tulare
Cancer all sites	23.1	18.0	16.8	18.3
Leukemia	7.7	4.2	4.0	5.0
Acute lymphocytic	6.4	**	3.1	3.5
Brain and other nervous system	**	**	1.9	3.0

Source: California Cancer Registry, Cal*Explorer-CA Cancer Data tool, 2017-2021 <https://explorer.ccrca.org/application.html> **Suppressed due to privacy and statistical validity concerns, related to fewer than 15 cases.

Sexually Transmitted Infections

In the service area the congenital syphilis rate ranged from 160.5 cases per 100,000 live births in Fresno County to 456.2 cases per 100,000 live births in Kern County. As can be seen from state rates, chlamydia rates are particularly high for teen girls, ages 15 to 19, gonorrhea rates are higher for teen girls than for teen boys, and early syphilis rates are higher for teen boys than for teen girls. Teens have lower rates for syphilis than all-ages rate.

Sexually Transmitted Infection Cases and Rates, per 100,000 Persons

	Fresno County	Kern County	Kings County	California
Chlamydia cases	7,137	6,018	927	191,527
Rate	704.9	666.2	608.2	489.7
†Rate Females, 15 to 19	N/A	N/A	N/A	1,637.8
†Rate Males, 15 to 19	N/A	N/A	N/A	507.2
Gonorrhea cases	2,069	1,457	165	74,188
Rate	204.4	161.3	108.3	189.7
†Rate Females, 15 to 19	N/A	N/A	N/A	261.6
†Rate Males, 15 to 19	N/A	N/A	N/A	200.3
Early syphilis* cases	434	231	37	13,823
Rate	42.9	25.6	24.3	35.3
†Rate Females, 15 to 19	N/A	N/A	N/A	10.0
†Rate Males, 15 to 19	N/A	N/A	N/A	17.2
Congenital syphilis cases	21	55	5	514
Rate	160.5	456.2	248.0	128.9

Source: California Department of Public Health STD Control Branch, 2023 STD Surveillance Report. *Early syphilis includes primary, secondary, and early non-primary non-secondary. <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/STD-Data.aspx>

†Source: For California, as above, except 2022 STD Surveillance Report.

Disability

Disability is defined as the product of interactions among individuals' bodies; their physical, emotional, and mental health; and the physical and social environment in which they live, work or play. Disability results in limitations of activities and restrictions to full participation at school, at work, at home, or in the community. In the service area, 4.4% of the population, under age 18, and 5.6% of the population, ages 5 to 17, have a disability; these rates are higher than state rates. Rates of disability in children younger than 18 ranged from 3.8% in Kern County to 4.9% in Madera and Merced Counties. Among children younger than age five, the rate is highest in Madera County (1.9%) and among those ages five to 17 the rate is highest in Merced County (6.5%).

Disability Any Type, Children, by Age Group

	Fresno	Kern	Kings	Madera	Merced	Stanislaus	Tulare	Total	California
Age < 5	1.1%	0.7%	1.0%	1.9%	0.2%	0.4%	1.0%	0.9%	0.7%
Ages 5 - 17	6.1%	4.8%	5.1%	5.8%	6.5%	5.2%	5.9%	5.6%	4.9%
Age under 18	4.8%	3.8%	4.0%	4.9%	4.9%	4.0%	4.7%	4.4%	3.8%

Source: U.S. Census Bureau, 2019-2023 American Community Survey 5-Year Estimates, S1810. <https://data.census.gov/cedsci/>

HEALTH BEHAVIORS

The County Health Rankings examines healthy behaviors and ranks 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. Tulare County's ranking of 57 places it near the bottom of California's counties, along with Kings (55), Kern (51), Merced (50), and Madera (49) Counties. Fresno County (43) and Stanislaus County (37) are in the third quartile of California counties for health behaviors.

Health Behaviors Ranking (Out of 58)

	Fresno	Kern	Kings	Madera	Merced	Stanislaus	Tulare
Ranking	43	51	55	49	50	37	57

Source: County Health Rankings, 2023 <https://www.countyhealthrankings.org/>

Overweight and Obesity

In the service area, 16.7% of teens were overweight (85th to 95th percentile for BMI), and 28.4% were obese (highest 5th percentile for BMI). Rates of overweight ranged from 8.7% in Fresno to 29.1% in Kern County. Obesity rates ranged from 20.4% in Kings County to 42.7% in Madera County. The Healthy People 2030 objective for obesity is for no more than 15.5% of children and teens, ages 2 to 19, to be obese, which teens do not meet in any area county. 17% of service area children, under 12 years of age, are overweight for their age (height is not factored into this measurement). Rates of overweight in area counties ranged from 12.9% of Stanislaus County children to 21.2% of Tulare County children.

Overweight, Teens and Children

	Teens, Ages 12-17, Overweight	Teens, Ages 12-17, Obese	Children, Under Age 12 (Overweight for Age)
Fresno	*8.7%	38.2%	16.1%
Kern	29.1%	22.8%	19.0%
Kings	19.6%	20.4%	17.3%
Madera	*13.5%	42.7%	16.5%
Merced	*14.0%	22.9%	13.4%
Stanislaus	*13.1%	24.7%	12.9%
Tulare	*17.7%	*23.9%	21.2%
Total	16.7%	28.4%	17.0%
California	16.8%	18.1%	14.6%

Source: California Health Interview Survey, 2019-2023, pooled. <http://ask.chis.ucla.edu/> *Statistically unstable due to sample size.

Sugar-Sweetened Beverage Consumption

Among service area children and adolescents, ages 17 and younger, 55.7% drank one or more sugary drinks (not soda) in the previous day, and among adolescents, ages 12 to 17, the rate was 56.5%. Among children ages 11 and younger, area rates ranged from 48.3% in Kings County to 59.3% in Kern County.

Among adolescents, ages 12 to 17, rates ranged from 43.8% in Tulare County to 75.6% in Madera County.

Sugar-Sweetened Beverage (Other than Soda) Consumption

	Ages 0-17, Drank \geq 1 Sugary Drink	Ages 0-11	Ages 12-17
Fresno	51.4%	53.5%	48.3%
Kern	60.0%	59.3%	61.2%
Kings	54.5%	48.3%	65.3%
Madera	64.3%	50.8%	*75.6%
Merced	60.3%	52.4%	73.7%
Stanislaus	53.8%	54.2%	53.4%
Tulare	53.9%	57.3%	*43.8%
Total	55.7%	55.3%	56.5%
California	48.5%	43.0%	57.1%

Source: California Health Interview Survey, 2021-2022, pooled. <http://ask.chis.ucla.edu/> *Statistically unstable due to sample size.

Exercise Opportunities

Proximity to exercise opportunities can increase physical activity in a community. Adequate access to exercise opportunities ranged from 66% in Kings County to 94% in Stanislaus County.

Adequate Access to Exercise Opportunities

	Fresno	Kern	Kings	Madera	Merced	Stanislaus	Tulare	California
Percent	84%	85%	66%	74%	78%	94%	72%	94%

Source: County Health Rankings, 2024 ranking, utilizing 2020, 2022 and 2023 combined data. <http://www.countyhealthrankings.org>

Unintentional Injuries

The rate of hospitalizations for unintentional injuries (emergency room visits that did not require admission were excluded) for residents of the service area, under the age of 1, is 221 hospitalizations per 100,000 children. Rates ranged from 166.6 hospitalizations per 100,000 children in Madera County to 247.2 hospitalizations per 100,000 children in Kern County.

The leading causes of non-fatal unintentional injuries in that age group were falls, foreign bodies, drug poisoning, fire/burns, and suffocation. Rates decline among children ages 5 to 9, with 82.6 hospitalizations per 100,000 children in the combined service area. Hospitalization rates rise for youth, ages 15 to 19, with 191.8 hospitalizations per 100,000 in the service area. The leading causes of non-fatal unintentional injuries in that age group are riding in motor vehicles, falls, drug poisonings, non-traffic motor vehicle accidents, and being struck by or against something.

Unintentional Injury Hospitalizations, Rates per 100,000 Children

	Under Age 1	Ages 1-4	Ages 5-9	Ages 10-14	Ages 15-19
Fresno	223.9	151.3	83.7	85.8	189.9
Kern	247.2	181.2	92.0	112.2	205.9
Kings	167.0	111.9	70.6	70.9	196.9
Madera	166.6	178.1	80.1	107.7	191.2
Merced	220.6	121.9	73.7	103.8	157.8
Stanislaus	213.8	148.5	81.4	100.4	205.2
Tulare	208.6	157.5	74.0	77.7	175.5
Total	221.0	156.5	82.6	95.3	191.8
California	257.7	178.2	101.7	108.4	207.9

Source: California Department of Public Health, California Injury Data Online, EpiCenter Tool, 2020-2022 data.

<https://skylab4.cdph.ca.gov/epicenter/>

MENTAL HEALTH

Mental Health Indicators, Access and Utilization

Mental health includes emotional, psychological, and social well-being. It affects how individuals think, feel, and act. It also helps determine how individuals handle stress, relate to others, and make choices. In the service area, 26.4% of teens experienced serious psychological distress during the prior 12 months, and 11.4% in the prior 30 days. 27.2% of service area teens felt they needed help for emotional or mental health problems (feeling sad, anxious, or nervous) in the prior year, and 15.1% received psychological or emotional counseling.

Mental Health Indicators, Access and Utilization, Teens, Ages 12 to 17

	Likely Has Had Serious Psychological Distress, Past Year	Likely Has Had Serious Psychological Distress, Past Month	Needed Help for Emotional or Mental Health Problems, Past Year	Received Psychological/Emotional Counseling, Past Year
Fresno	24.9%	*10.9%	32.6%	16.3%
Kern	29.7%	*13.4%	25.0%	16.0%
Kings	27.1%	*16.1%	40.0%	35.8%
Madera	52.5%	*11.7%	46.3%	*15.6%
Merced	21.6%	*13.7%	38.4%	*13.5%
Stanislaus	*19.8%	*6.6%	*10.2%	*2.4%
Tulare	*25.6%	*14.6%	*24.6%	*23.9%
Total	26.4%	11.4%	27.2%	15.1%
California	30.1%	14.8%	33.5%	19.5%

Source: California Health Interview Survey, 2021-2023, pooled. *Statistically unstable due to sample size. <http://ask.chis.ucla.edu/>

Teens access and interact with online mental health tools and websites differently, depending on their gender and age. In the service area, females were more likely to access such tools than males, and utilization rises with age.

	Combined Service Area			California		
	Sought Help from Online Tool	Connected with Mental Health Professional	Connected with Similar-Issue Peers	Sought Help from Online Tool	Connected with Mental Health Professional	Connected with Similar-Issue Peers
Male	6.4%	4.2%	7.9%	5.3%	6.0%	10.4%
Female	10.6%	3.7%	10.9%	9.1%	8.1%	16.0%
Age 12 to 14	*4.8%	*3.6%	*5.1%	5.4%	5.4%	9.4%
Age 15 to 17	11.6%	4.1%	13.2%	8.9%	8.6%	16.9%
Total	8.5%	4.0%	9.3%	7.2%	7.0%	13.1%

Source: California Health Interview Survey, 2019-2022, pooled. <https://healthpolicy.ucla.edu/our-work/askchis/>. *Statistically unstable due to sample size.

24.5% of service area parents of children, ages 4 to 11, felt that their child had difficulties with emotions, concentration or behavior, including the ability to get along with others, in the prior 6 months. Rates were highest in Merced County (39.7%) and lowest in Kings County (15.9%). Among the parents who

said their children were having difficulties in the past 6 months, 39.8% indicated the issue was definite or severe, rather than minor. 7.7% of service area children were said to have received psychological or emotional counseling in the prior year, with county rates ranging from 5% in Madera County to 10.9% in Merced County.

Screening for Developmental and/or Mental Health Issues, Children, Ages 4 to 11

	Child Had Difficulties with Emotions, Concentration or Behavior, Past 6 Months	Minor Severity	Definite or Severe	Received Any Psychological or Emotional Counseling, Past Year
Fresno	29.5%	60.8%	39.2%	*5.3%
Kern	22.8%	*58.8%	*41.2%	*7.9%
Kings	15.9%	*77.5%	*22.5%	*9.8%
Madera	19.5%	*71.9%	*28.1%	*5.0%
Merced	39.7%	*66.8%	*33.2%	*10.9%
Stanislaus	*16.7%	*69.9%	*30.1%	*9.1%
Tulare	18.9%	40.3%	59.7%	*8.9%
Total	24.5%	60.2%	39.8%	7.7%
California	23.1%	58.7%	41.3%	11.4%

Source: California Health Interview Survey, 2021-2023, pooled. *Statistically unstable due to sample size. <http://ask.chis.ucla.edu/>

Depression

Among 7th grade students, feelings of depression-related feelings (chronic sadness or hopelessness) ranged from 32% in Tulare County to 37% in Kern County reported. Rates were generally higher among 9th grade students, ranging from 33% in Tulare County to 38% in Merced County. Among 11th grade students, the rates of depression-related feelings ranged from 36% in Tulare County to 41% in Kern, Kings and Stanislaus Counties.

Depression Related Feelings, Teens

	7th Grade	9th Grade	11th Grade	Non-Traditional
Fresno	N/A	N/A	N/A	N/A
Kern	37%	37%	41%	32%
Kings*	**	*35%	*41%	**
Madera	N/A	N/A	N/A	N/A
Merced	34%	38%	39%	**
Stanislaus	35%	37%	41%	38%
Tulare	32%	33%	36%	**

Source: WestEd [California Healthy Kids Survey \(CHKS\)](#). California Department of Education, 2021-2023 or †2019-2021. *Unstable due to small sample size. **Suppressed due to small sample size. <https://calschls.org/reports-data/search-lea-reports/> N/A = Insufficient school districts in Fresno and Madera Counties have participated since 2009-2011 to provide current countywide reports.

Suicide Contemplation

Rates of suicide contemplation for 7th graders were highest in Kern County (18%), rates for 9th graders were highest in Kern, Kings and Merced Counties (17%), and rates for 11th graders were highest in Kings County.

Considered Suicide, Teens

	7 th Grade	9 th Grade	11 th Grade	Non-Traditional
Fresno	N/A	N/A	N/A	N/A
Kern	18%	17%	17%	15%
Kings†	**	*17%	*20%	**
Madera	N/A	N/A	N/A	N/A
Merced	16%	17%	16%	**
Stanislaus	15%	16%	15%	16%
Tulare	15%	12%	12%	**

Source: WestEd [California Healthy Kids Survey \(CHKS\)](#). California Department of Education, 2021-2023 or †2019-2021. *Unstable due to small sample size. **Suppressed due to small sample size. <https://calschls.org/reports-data/search-lea-reports/> N/A = Insufficient school districts in Fresno and Madera Counties have participated since 2009-2011 to provide current countywide reports.

Hospitalization admissions in area counties due to mental health issues among children, ages 5 to 14, ranged from 1.2 hospitalization admissions per 1,000 children in Kings County to 2.7 per 1,000 children in Fresno and Madera Counties. Hospital admissions among residents, ages 15 to 19, ranged from 5.1 hospitalizations per 1,000 children in Kings County to 10.5 hospitalizations per 1,000 children in Stanislaus County.

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

	Ages 5 to 14		Ages 15 to 19	
	2019	2020	2019	2020
Fresno	3.4	2.7	10.1	9.2
Kern	2.1	1.9	7.0	7.2
Kings	1.3	1.2	7.0	5.1
Madera	2.4	2.7	9.8	8.8
Merced	2.5	2.0	6.8	6.7
Stanislaus	2.2	2.6	7.8	10.5
Tulare	1.0	1.5	5.7	6.2
California	2.8	2.5	9.8	9.1

Source: California Department of Statewide Health Planning and Development special tabulation, 2019 & 2020 via <http://www.kidsdata.org>

The rate for the service area is 7.1 suicides per 100,000 teens, which is higher than the state rate. Kern County saw a higher rate of suicide among youth, ages 15 to 19 from 10.5 per 100,000 teens in Kern County compared to 6.6 per 100,000 teens in the state.

Teen Suicides, Rate per 100,000 Teens, Ages 15 to 19, 2020-2023

	Fresno	Kern	Kings	Madera	Merced	Stanislaus	Tulare	Combined	California
Percent	6.8	10.5	N/A	N/A	N/A	N/A	N/A	7.1	6.6

Source: U.S. Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Mortality public-use data 2020-2022, on CDC WONDER. <https://wonder.cdc.gov/Deaths-by-Underlying-Cause.html>

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 the service area counties, the ratio of residents to mental health providers ranged from 208 residents

per provider in Fresno County, which is better than the state rate of 222:1) to 532 residents per mental health provider in Madera County.

Mental Health Providers, Number and Ratio

	Fresno	Kern	Kings	Madera	Merced	Stanislaus	Tulare	California
Number of mental health providers	4,880	2,214	361	301	696	1,439	1,540	175,563
Ratio of population to mental health providers	208:1	414:1	424:1	532:1	417:1	383:1	310:1	222:1

Source: County Health Rankings, 2024; data from 2023. <http://www.countyhealthrankings.org>

SUBSTANCE USE

Cigarette Use

Cigarette smoking is not as popular with teens as e-cigarette use. In the service area, 2.2% of all service area county teens indicated they were current e-cigarette smokers (smoked one at least once in the prior month).

Smoking, Teens

	Fresno	Kern	Kings	Madera	Merced	Stanislaus	Tulare	Combined	California
Current smoker	*0.0%	*0.0%	*3.0%	*0.0%	*0.0%	*0.0%	*1.7%	*0.4%	0.7%
Current e-cigarette smoker	*1.9%	*0.7%	*3.5%	*3.5%	*0.5%	*6.0%	*2.5%	*2.2%	2.8%

Source: California Health Interview Survey, 2020-2023. <http://ask.chis.ucla.edu> *Statistically unstable due to sample size.

Alcohol Use

Among teens in the service area, 16.1% had tried alcohol. Teens in Madera and Stanislaus Counties have a higher incidence of using and/or abusing alcohol, but these rates are unstable and should be interpreted with caution.

Alcohol Experience, Teens

	Fresno	Kern	Kings	Madera	Merced	Stanislaus	Tulare	Combined	California
Teen ever had an alcoholic drink †	17.7%	11.2%	29.9%	*20.8%	14.6%	*21.5%	12.7%	16.1%	20.8%

Source: California Health Interview Survey, 2020-2023 pooled and †2020-2022, pooled. <https://healthpolicy.ucla.edu/our-work/askchis/>

*Statistically unstable due to sample size.

Marijuana Use

Among teens in the service area, 10.5% had tried marijuana or hashish and 4.5% had used marijuana in the past month.

Marijuana Use, Teens

	Fresno	Kern	Kings	Madera	Merced	Stanislaus	Tulare	Combined	California
Have tried marijuana or hashish	*9.5%	8.2%	*13.1%	*11.1%	*8.4%	*16.8%	*13.2%	10.5%	11.0%
Used marijuana within the past month	*5.2%	*2.8%	**	**	**	*6.6%	**	4.5%	5.6%

Source: California Health Interview Survey, 2020-2023 pooled. <http://ask.chis.ucla.edu/> *Statistically unstable due to sample size. **Suppressed due to statistical instability.

Opioid Use

In the service area, the emergency department visit rate for any opioid overdose by teens, ages 15 to 19, ranged from no hospitalizations in Madera County to 61.3 hospitalizations per 100,000 teens in Kern County. The hospitalization rate for opioid overdoses in service area counties ranged from no hospitalizations in Madera County to 19.9 in Merced County. The rate of opioid prescriptions to teens in the service area ranged from 43.1 per 1,000 teens in Madera County to 69.1 per 1,000 in Stanislaus

County.

Opioid Overdoses and Prescription Rates, per 1,000 Teens, Ages 15 to 19

	ED Visit Rate for Any Opioid Overdose	Hospitalization Rate for Any Opioid Overdose	Opioid Overdose Deaths	Opioid Prescriptions
Fresno	26.9	5.9	0.0	52.7
Kern	61.3	9.3	12.0	54.9
Kings	23.4	15.6	7.8	62.3
Madera	0.0	0.0	0.0	43.1
Merced	43.9	19.9	4.0	49.5
Stanislaus	21.4	7.1	4.8	69.1
Tulare	21.8	9.7	0.0	54.9
California	31.5	7.6	6.2	55.2

Source: California Office of Statewide Health Planning and Development, via California Department of Public Health, California Opioid Overdose Surveillance Dashboard, 2024; 2023 data. <https://skylab.cdph.ca.gov/ODdash/>

IMPACT OF ACTIONS

Valley Children's Hospital developed and approved an Implementation Strategy to address significant health needs identified in the 2022 Community Health Needs Assessment. The hospital addressed: access to care, chronic disease prevention, maternal and infant health, mental health, and violence and injury prevention through a commitment of community benefit programs and charitable resources.

To accomplish the Implementation Strategy, goals were established that indicated the expected changes in the health needs as a result of community programs and education. Strategies to address the priority health needs were identified and measures tracked. The following section outlines the health needs addressed since the completion of the 2022 CHNA.

Access to Care

Access to Primary and Preventive Care for At-Risk Children

Pediatric physician residents participating in Valley Children's Pediatric Residency Program provided primary and preventive healthcare services to at-risk children in Fresno County as part of the Fresno County Superintendent of Schools' Mobile Health Unit (MHU). Designed to help ensure that children are healthy and ready to learn, the MHU visited 31 different schools in 2023 and 43 schools in 2024, including many located in rural and low-income communities. As a part of those visits, 2,178 childhood vaccinations were administered, and 587 sports physicals were performed.

Pediatric Physician Training

Valley Children's Pediatric Residency Program, in affiliation with the Stanford University School of Medicine, offers comprehensive pediatric training within a dynamic, tertiary care environment. The program emphasizes quality and patient safety, inter-professional education, scholarship, and community partnerships. Residents collaborate closely with a multidisciplinary team, including physicians, nurses, pharmacists, administrators, and other healthcare professionals, alongside local hospital and medical group partners.

In July of 2023, Valley Children's launched its first Fellowship Program, the Pediatric Hospital Medicine Fellowship. This program was created with the mission to train innovative physician leaders in the care of hospitalized children. Each year we train four fellows and will graduate our first class of two fellows in June of 2025.

In 2023-2024 and 2024-2025, Valley Children's facilitated training for 577 physician residents and fellows, including 41 pediatric residents enrolled in its Pediatric Residency Program. Additionally, 194 medical students from 18 different medical schools received training across various disciplines such as general pediatrics, cardiology, emergency medicine, family medicine, pediatric surgery and orthopedic surgery.

Physicians often choose to practice in regions where they train. In June 2023, the program graduated its

fourth class of 11 pediatricians, retaining 27% of the graduates across Valley Children's service area. In June 2024, Valley Children's program graduated its fifth cohort of pediatricians, with 38% remaining within Valley Children's service area. Through its comprehensive training, research opportunities and community engagement, the Valley Children's Pediatric Residency Program plays a crucial role in preparing pediatricians equipped to meet the evolving healthcare needs of children in Central California and beyond.

Nursing and Other Health Professions Students

Valley Children's partnered with health professions education programs throughout the state and around the country to provide students with a variety of educational opportunities to observe or participate in the care of pediatric patients. In 2023 and 2024, Valley Children's provided 85,450 hours of clinical instruction for 1,496 nursing students from 12 different nursing programs. Valley Children's also hosted 457 non-nursing students, representing 14 different clinical disciplines, for 43,267 hours of clinical instruction.

Pharmacist Training

Valley Children's supported a pharmacy residency program in 2023 and 2024 that provided training to 17 residents and 2 fellows.

School Health Personnel

Valley Children's clinical education team partnered with the California School Nurse Organization – Central Valley Section as well as with individual school districts to provide education to school health personnel on important topics related to student health and wellness. In total, Valley Children's conducted 26 separate sessions for county offices of education and school districts in Fresno, Kings, Madera, Mariposa and Tulare counties. Topics covered included caring for children with autism and sensory needs, common gastroenterology conditions and special considerations for school-aged children, common genetic disorders, diabetes management and treatment, gastrostomy tube and tracheostomy tube training, pediatric cancers, mental health, technology dependent students and issues specific to LGBTQ students.

Enrollment in Health Insurance

Valley Children's identified and provided enrollment assistance to uninsured and under-insured patients who qualified for Medi-Cal, California Children's Services Program or Valley Children's Financial Assistance Program. Once eligibility was determined, Valley Children's staff assisted the families with completing necessary applications and submitting them to the appropriate agencies.

Transportation

Given the Central Valley's largely rural landscape and high concentration of poverty, transportation has long been a challenge for many families. Valley Children's continued to work with the community to improve public transportation and access to care. Valley Children's Social Work Department assisted

families with transportation by providing gas cards, taxi vouchers, Amtrak tickets and bus tokens. Valley Children's also subsidized bus and other public transit services from the City of Fresno and Kings County.

Expanded Access to Pediatric Primary and Specialty Care

Valley Children's made cash contributions for the purchase of capital-related items to be used to increase access to healthcare services for children throughout the region.

Vision Screenings

Through a partnership with the Tzu Chi Medical Foundation and its See 2 Succeed initiative, Valley Children's helped make possible vision screenings for 14,409 school aged children in Fresno County across 18 school districts and 51 school sites. As a result of the screenings, 1,353 full eye exams were conducted, and 1,167 pairs of glasses were provided for children.

Chronic Disease Prevention

Adaptive Sports Program

Valley Children's Adaptive Sports Program provided free recreational and athletic experiences for children, adolescents and young adults with disabilities, regardless of whether they have been or are currently patients at Valley Children's. The program, the only one of its kind in Central California, is designed for individuals with physical impairments and conditions ranging from cerebral palsy, spinal cord injuries and amputations. Disabled youth, up to age 21, were especially encouraged to attend. Annually, approximately 70 children participate in a variety of activities including wheelchair basketball, wheelchair tennis, wheelchair soccer, canoeing/kayaking, rock climbing, track and field, and snow and water skiing.

Blue Zones Project Bakersfield

Blue Zones Bakersfield supports interventions and initiatives that empower people, incentivizes different organizations and businesses to enhance the ways they promote health and wellness, and implements policies that transform the environment.

Valley Children's provided financial support for Blue Zones Bakersfield, supported its advocacy efforts, and participated in the initiative's Steering Committee and School Wellness Committee. With the help of Valley Children's support, a total of 20 schools have become certified as Blue Zone Project Approved schools. To become an Approved site, schools sign a pledge committing to pursue specific policies and programs that support student health and wellbeing. Valley Children's support also helped make possible "Wellness Walks to School" and a book vending machine at McKinley Elementary School in Bakersfield.

Food for Families

Valley Children's dietary department provided meal coupons to breastfeeding moms whose infants were at Valley Children's. Additionally, Valley Children's social work team provided patients' families

who were not prepared for a long stay at the hospital with meal coupons when the need was determined. The social work team also worked closely with the California Children's Services program to provide food for eligible families.

Food Security – Central California Food Bank Partnership

In March 2022, Valley Children's entered a three-year partnership with the Central California Food Bank to support access to healthy and nutritious food for children and families across our service area. Through this partnership, Valley Children's Home Care staff, as part of their regular home visits, are bringing qualifying families a specially assembled food box every month that aligns with the family's cultural preferences. In the partnership's first two years, Valley Children's distributed 19,512 pounds of food (the equivalent of 16,259 meals) to 83 families, including 197 children.

Another component of our partnership includes support for food distribution at West Fresno Elementary School where over 90% of the students during the 2023 – 2024 school year qualified for free and reduced priced meals. During the partnership's first two years, 94,900 pounds of food were distributed (the equivalent of 79,083 meals) to 1,293 families including 4,388 children.

A third feature of the partnership includes Valley Children's support for the First Fruits Market that opened in Fresno in September 2023. Inside the Fresno Rescue Mission's City Center, a full service 'hub' for kids, families, runaway youth, and unhoused adults, the Market provides a variety of fresh produce, protein, culturally appropriate food and shelf-stable food items to anyone in need of food assistance in an environment designed just like any grocery store where 'customers' can choose items most useful and most culturally appropriate for them. Through January 2024, the Market distributed close to 500,000 pounds of food to over 11,000 households.

Food Security – Merced Partnership

In Merced County, Valley Children's Olivewood Pediatrics Practice partnered with Community Initiatives for Collective Impact and the Merced County Food Bank to help needy families access food at local grocery stores. Through the partnership, Valley Children's providers screen all children enrolled in Medi-Cal and their families for food insecurity and if a family screens positive for food insecurity, the providers will give the family a coupon that can be used at any grocery store that accepts food coupons to help with the purchase of staples such as fruits, vegetables and dairy products.

Food Security – FoodLink for Tulare County Partnership

In 2024, Valley Children's continued its partnership with FoodLink for Tulare County in support of the organization's Smart Pack program. Through the Smart Pack program, Foodlink provides food insecure students and their families with a backpack of healthy food each Friday during the school year so that children have food over the weekends when they are not able to access free or reduced-price school breakfasts and lunches. With Valley Children's financial support, FoodLink provided 1,184 backpacks to 51 families for the school year ending June 2024.

Help Me Grow

Help Me Grow is a system used throughout the United States to help children reach their optimal development by kindergarten. Help Me Grow programs include a centralized intake and referral process, community outreach to promote early intervention systems, targeted outreach to childcare and child health providers, and the collection and analysis of data to improve the system.

In spring 2023, Valley Children's, in partnership with First 5 Fresno, First 5 Kern, First 5 Madera and First 5 Merced, engaged the services of a consultant to conduct a study regarding a potential regional Help Me Grow initiative. The goal of this study was to evaluate the benefits of, and develop a plan for, the creation of a regional initiative that promotes collaboration, capacity building, enhanced screening levels, and improved systems of care for all children. The study, which was completed in November 2023, concluded that there was justification for and support for a regional initiative and provided a blueprint for creating a Central Valley Help Me Grow program. Valley Children's is currently facilitating work towards creating that program.

Epilepsy Support Program

Valley Children's Epilepsy Program continued its community-based outreach work in 2024 by providing the following education and training to key stakeholders.

1. School Health and Wellness:
 - Provided Seizure Safe Training to more than 1,100 staff across 15 school districts.
2. Community Resources:
 - Hosted 61 support groups.
 - Filmed and made available 10 educational videos on administering seizure rescue medications with more than 242,000 views.
 - Distributed 200 comfort care backpacks to school nurses for students with epilepsy.
3. Community Events:
 - Hosted Art for Epilepsy, Summer Safety Water Splash Day, and Epilepsy Awareness activities, reaching more than 4,800 individuals.
4. Legislative Advocacy:
 - Continued to support the work of the Congressional Epilepsy Caucus, advocating for epilepsy awareness and research funding.

Schools for Thriving and Healthy Students

Valley Children's and the Guilds Center for Community Health, in partnership with the Center for Wellness and Nutrition and No Kid Hungry, completed Phase II of *Schools for Healthy and Thriving Students*, which supported school districts in their efforts to update and fully leverage school wellness policies, including policies addressing physical activity and nutrition.

The framework for the work was the Centers for Disease Control and Prevention's Whole School, Whole Community, Whole Child model (WSCC), a student-centered tool for addressing health in schools. Of the

17 participating school districts, 4 updated their school district wellness policies and 14 updated a WSCC related policy.

Maternal and Infant Health

Clinical Partnership Program

Valley Children's Clinical Partnership program brings together institutions focused on enhancing neonatal and pediatric care, regardless of whether the ill or injured child becomes a Valley Children's patient. This effort helped prevent children from being transferred or referred unnecessarily to Valley Children's and helped to quickly identify when a child needs advanced pediatric care. With improved communication and tools, the program decreased stress for patients and families and increased provider confidence in providing pediatric care, while enhancing performance at Valley Children's and the partnering provider.

The goals of our Clinical Partnership included:

- improved quality and confidence in providing pediatric care
- more care delivered closer to home
- enhanced, coordinated care
- improved access to Valley Children's hospitalists, specialists, resources and nursing and ancillary clinical expertise

In 2023, Valley Children's supported 17 inpatient clinical partners and, as a part of that support, convened 22 training and education events that drew more than 750 attendees. The average investment of time for each hospital partner was more than 300 hours annually. In 2024, Valley Children's supported 18 inpatient and four outpatient clinical partners and, as a part of that support, convened more than 30 training and education events that drew more than 750 attendees. The average investment of time for each healthcare partner was more than 200 hours annually.

Meeting Families' Basic Needs: Diapers

Valley Children's donated 49,312 diapers to community-based organizations to distribute to families in need. Organizations receiving diapers included First 5 Madera County, Saint Rest Baptist Church and West Fresno Family Resource Center.

Safe Sleep for Infants

Valley Children's co-leads the Central Valley Safe Sleep Coalition, in conjunction with First 5 Fresno County. The Safe Sleep Coalition is a 9-county collaborative that focuses on providing culturally appropriate risk reduction education and resources on safe infant sleep.

In September 2023, the Coalition held its first learning collaborative geared toward safe sleep education for childcare center providers, licensed and unlicensed in-home childcare providers, and any friends, family or neighbors who provide care to infants under the age of 1 year. The first collaborative hosted

over 200 learners from all 9 Central Valley counties and was simultaneously translated into Spanish to provide more equitable access to information to this critical information.

In 2024, the Coalition hosted its second-annual safe sleep conference that focused on educators and included a panel of community health workers (CHW) and parents who lost a child to sudden infant death syndrome to tell their stories. Also, the Coalition distributed 66 cribettes including 35 through our community partners to infants identified as having no safe sleep environments and conducted virtual trainings on safe sleep basics to nearly 300 childcare providers, healthcare staff and community members.

The Coalition continued to work with Fresno HOPE and their CHW network to provide culturally appropriate safe sleep education and resources to parents in need.

Mental Health

Adverse Childhood Experiences (ACEs)

Valley Children's Olivewood Pediatrics Practice in Merced received close to \$622,000 in grant funding from the California Department of Health Care Services to address ACEs through the PRACTICE grant. The awarding was done in partnership with the Office of the California Surgeon General, the Population Health Innovation Lab, and the UCLA-UCSF ACEs Aware Family Resilience Network, also known as UCANN. The goals of the grant focused on strengthening partnerships between practices, community-based organizations (CBOs), and managed Medi-Cal health plans; as well as developing new and sustainable services and workforce expansion.

Valley Children's Olivewood Pediatrics partnered with ACE Overcomers to hire a care navigator. Care navigation services were provided to patients from Olivewood Pediatrics and ACE Overcomers who either screened positive for risk of toxic stress or had an identified social need, such as transportation assistance.

The Care Navigator, in conjunction with ACE Overcomers and Valley Children's, did extensive outreach to various clinics and practices regarding the importance of screening and referral.

Valley Children's Olivewood Pediatrics Practice screened children for ACEs and connected those who screened positive with necessary services through care navigation. Screening and referrals for ACEs has expanded across our primary care sites from Merced to Bakersfield. In 2024, Valley Children's primary care practices screened more than 2,600 children for ACEs, with nearly 11% screening positive for high risk of toxic stress.

Partnership through the PRACTICE grant also included work with the California Consortium for Prevention and Intervention (CalCPI) to develop social-emotional learning training modules for teachers, administrators, school staff, service providers, parents, and educational stakeholders across Merced County. The modules were geared toward early elementary (TK-2nd grade), late elementary (3rd-5th

grade), middle school (6th-8th grade), high school (9th-12th grade), peer interventionists, and community health workers and are easily accessible to rural communities of Merced County. The collaboration with CPI also resulted in additional support of foster youth through collaborative work with Court Appointed Special Advocates of Merced County.

Through the grant, Valley Children's helped to identify patients and families at risk for poor health outcomes because of ACEs and toxic stress; educate providers, staff and community members around ACEs and toxic stress and how to intervene; connect families to needed resources; and build resilience to break the cycle.

Behavioral Health School Liaison

Through funding from the Fresno County Superintendent of Schools, Valley Children's hired an on-site Behavioral Health School Liaison. The Liaison collaborated with area school districts to ensure that children presenting to Valley Children's emergency department and inpatient units with mental health needs received appropriate resources and support when they returned to school. The partnership ended in May 2023.

Youth Health Ambassadors

In May 2023, the United States Department of Health and Human Services (HHS) announced the Child and Youth Resilience Challenge. In response, Valley Children's provided in-kind support to the Fresno Community Health Improvement Partnership (FCHIP) and their Youth Leadership Council (YLC) in the application and planning of a novel curriculum by and for young adolescents built around stress busters – ways to manage day-to-day stress and counter toxic stress. The curriculum, titled "Youth Health Ambassadors", is a pilot program that includes education and community outreach to build resilience, and was one of 14 finalists selected from over 500 applications from across the US.

Community-Based Collaboration and Education

Valley Children's Healthcare was selected to participate with 15 other children's hospitals in a national collaborative aimed at preventing youth suicide through improved hospital screening, internal systems of care and regional community collaborations aimed at reducing youth suicide to ZERO. As the collaborative leaders---Cardinal Health Foundation and the Zero Suicide Initiative---have said, "*zero suicide is the only goal to strive towards.*" Regional collaboratives in which Valley Children's participated included the Fresno Suicide Prevention Collaborative and the Madera County Suicide Education and Awareness Collaborative that addressed issues of mental health, homelessness and the impact on families.

Additionally, Valley Children's continued to support 360me, an initiative that is designed to provide families, schools and communities with tools and resources to make sure we are doing all that we can to safeguard our children's physical and mental health. 360me intentionally helps stakeholders recognize and understand the many connections between mental and physical wellness and to reduce the stigma

society incorrectly associates with mental health.

Valley Children's continued its collaboration with California State University Fresno in support of *Healthy Kids. Healthy Futures.* focusing on the health and well-being of kids in the Central Valley. Healthy Kids. Healthy Futures provides resources to students and families on healthy eating tips, back to school advice for parents, and other useful resources.

Violence and Injury Prevention

Child Abuse Prevention

Valley Children's Guilds Child Abuse Prevention and Treatment Center's mission is to provide comprehensive services to children, dependent adults and their families through a multidisciplinary, trauma-informed program, and to meet the physical and emotional needs of victims with abuse considerations.

The Center is recognized in Central California and around the state as a leader in advocacy, injury prevention and academic training. The Center prides itself on working collaboratively with prevention and intervention groups throughout the state to ensure they are addressing child maltreatment to the best of their ability. The Center is currently a member of the Child Advocacy Centers of California, Central California Coalition of Child Abuse Prevention Councils, and the Ray E. Helfer Society for child abuse pediatrics.

The Guilds Child Abuse Prevention and Treatment Center includes the Child Advocacy Clinic, which operates five days a week and sees approximately 900 children each year. The Center's providers also are available seven days a week, 24 hours a day for emergency coverage. The Center includes an inpatient component that evaluates an additional 100 children annually in the pediatric emergency department, acute-care and pediatric intensive care units. In addition to the medical services offered, the Center has a team of social workers and a licensed mental health clinician that provide psycho-social assessment, linkages to community services, and trauma therapy.

The Center worked closely with law enforcement, Child Protective Services and district attorneys' offices in their investigative efforts of child maltreatment. Collaborative efforts included case consultation and monthly Suspect Child Abuse and Neglect meetings facilitated by our Child Advocacy Clinic in an effort to track, monitor, and advocate for the health and safety of at-risk children throughout the Valley.

For prevention education, the Center continued to collaborate with internal and external partners to provide education to parents, caregivers, healthcare personnel, teachers and mandated reporters. These partners included Valley Children's Trauma Department's Injury Prevention Team and Emergency Department, Safe Kids Central California, Child Abuse Prevention Councils of California, Child Protective Services, District Attorney's Offices, local Law Enforcement Agencies, Sexual Assault Response Teams (SART), victim advocacy groups and county public health departments. In addition, the Center hosted its

Fourth Annual Child Abuse Prevention Conference in April 2024 bringing experts in the field of child abuse to provide education and information on best practices to child protection professionals throughout the Central Valley.

Injury Prevention Program

Unintentional injury is the number one killer of children across the United States and around the world. Safe Kids Central California is one of 400 Coalitions that are part of Safe Kids Worldwide, an extensive network of coalitions and partners in the United States and around the world to reduce injuries from motor vehicle, sports, drownings, falls, burns, poisonings, and more. As the lead agency for Safe Kids Central California, Valley Children's is proud to be a leader in supporting pediatric injury prevention efforts throughout Central California and is committed to providing resources toward these efforts. Safe Kids Central California is a coalition of 30 agencies made up of healthcare, law enforcement, social services, education, media, and other organizations that are dedicated to preventing unintentional injury in children.

In 2023 and 2024, Valley Children's Injury Prevention Program recorded 9,754 contacts with community members during 31 community-based teaching events on the following topics: ATV safety, carbon monoxide poisoning prevention, child passenger safety, concussions, gun storage safety, Halloween safety, home safety, poison prevention, railroad safety, safe infant sleep, teen driving, toy safety, vehicle safety, vehicular heat stroke prevention and water safety.

To ensure that children were safe at home, Valley Children's distributed the following safety equipment to families in need.

- 1,079 bicycle helmets
- 88 gun safety locks
- 181 car seats
- 2,235 reflector flashlights
- 296 infant safe sleep sacks

Disaster Preparedness

Valley Children's donated space to the California Department of Public Health to store pharmaceuticals to be used in regional disasters or medical emergencies.

Poison Control

The Central California Poison Control Center is located on the Valley Children's campus and received a donation of office space from Valley Children's. The Center answers calls 24 hours a day, seven days a week, and provides expert advice and information regarding exposure to potentially harmful substances.

APPENDIX 1: BENCHMARK COMPARISONS

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

Indicators	Service Area Counties	Healthy People 2030 Objectives
High school graduation rate	82.1% - 92.8%	90.7%
Child health insurance rate	95.8% - 97.5%	92.4%
Had preventive healthcare visit, past year, adolescents ages 12-17	68.6% - 89.8%	82.6% of adolescents, ages 12-17
Unable to obtain medical care, ages 12-17	2.0%	5.9% of total population
Births per 1,000 teen girls, ages 15 to 19	14.9 - 20.0	31.4 pregnancies per 1,000 teen girls ages 15-19
Overdose deaths involving opioids, ages 15-19	0.0 - 12.0	13.1 per 100,000 people, all ages
Infant death rate	4.3 - 5.4	5.0 per 1,000 live births
Obese, ages 12 to 17	20.4% - 42.7%	15.5%, children/youth, ages 2-19
Binge drinking, past month, ages 12-17	1.3%	8.4% of youth, ages 12-20
Used marijuana past 30 days	4.5%	5.8% of teens, ages 12-17
Smoked e-cigarette, past 30 days, ages 12-17	2.2%	10.5% students, grades 6 to 12
Has never had sex	88.8%	80.8% teens, ages 15-17

APPENDIX 2: INTERVIEWS, FOCUS GROUPS, AND LISTENING SESSIONS

Fresno, Kings, Madera, and Tulare Counties

Key Informant Interview and Listening Session Participants (Organizations)

- California State University Fresno
- CalViva Health
- Centro La Familia Advocacy Center
- Cradle to Career Fresno County
- Cultiva La Salud
- Downtown Fresno
- Exceptional Parents Unlimited
- First 5 Fresno County
- Fresno County Department of Behavioral Health
- Fresno County Department of Public Health
- Fresno Interdenominational Refugee Ministries (FIRM)
- Fresno Metro Ministry
- Kings View Behavioral Health Clinic
- United Healthcare Centers

Focus Groups Fresno County

Population	Date/Location	Total Number of Participants
Adults with Disabilities and Caretakers of Adults with Disabilities	November 13, 2024/Best Buddies/Community Hospital	10
Asian or Pacific Islander	October 30, 2024/Virtual	2
Black or African American	November 22, 2024/Virtual	6
Farmworkers	November 12, 2024/Chestnut High School	10
Farmworkers	November 15, 2024/	10
First Generation Residents	November 6, 2024/Virtual	2
Former Incarcerated (Hope Now)	November 15, 2024/Hope Now	6
Fresno Housing (Hispanic/Spanish)	November 13, 2024/Fresno Housing	10
Homeless/Unhoused	November 13, 2024/Fresno Mission	7
LGBTQ+	November 7, 2024/Virtual	4
Low Socioeconomic Status Residents	November 13, 2024/Cedar Courts/Fresno Housing	7
Parents of Children Spanish (0-5)	November 14, 2024/Fresno Housing	7
Pregnant and postpartum moms (including doulas) – Black-African American	November 8, 2024/Virtual	8

Focus Groups Kings County

Population	Location	Total Number of Participants
Parents with Children (0-5)	Kettleman City	4
LGBTQ+	Virtual	10
United Cerebral Palsy (UCP) Parents	Virtual	10

Focus Groups Madera County

Population	Location	Total Number of Participants
Black or African American	In-person	10
Chowchilla Residents	Virtual	20
East Madera Residents	In-person	2
Farmworkers	In-person	6
Native American	In-person	8
Parents and Caretakers	Virtual	17
LGBTQ+	Virtual	10
Punjabi	In-person	10

Focus Groups Tulare County

Population	Location	Total Number of Participants
Previously Homeless Individuals	The Warehouse	10
Young Adults (Latino and Filipino)	Virtual	9
Parents of Children with Special Needs	Virtual	3
Living with Diabetes and Chronic Illness	Kaweah Health Support group	10
People from Oaxaca	Unidad Popular Benito Juarez	10
Older Farmworker 55+	Self-Help Enterprises	10
Moms and Pregnant Women	Lindsay FRC	6

Kern County

Key Informant Interviews

Name	Title	Organization
Carlos Baldovinos	Executive Director	Mission at Kern County
Brynn Carrigan	Director	Kern County Department of Public Health
Chad Casto	Public Health Program Manager	Kern County Department of Public Health
Jon Colocho, MPA	Public Health Program Manager	County of Kern
Paula De La Riva-Barerra, MPA	Senior Manager Early Learning Initiatives	First 5 Kern County
Natalie Erickson	Manager	Valley Children's Eagle Oaks Specialty Care Center
Aaron Falk	President and CEO	Kern County Foundation
Angel Galvez, MAOL	Chief Executive Officer	Bakersfield American Indian Health Project
Staci Gonzales	Manager of Primary Care Operations	Valley Children's San Dimas and Stockdale Pediatrics
Toni Harper, LCSW	Vice President of Philanthropy	Friends of Mercy Foundation
Michelle Hay	Vice President of Community Affairs	Jim Burke Ford
Anna Laven, EdD	Senior Advisor	National Healthcare and Housing Advisors
Jerry Meade, MA	Assistant Director Head Start and Child Development	Community Action Partnership of Kern
Darrell Muniz	Chief Operating Officer	California Farmworker Foundation
Jeremy Oliver	Director	Kern County Aging Adult Services
Marissa Ortiz-Cortez, MPH	WIC Program Administrator	Community Action Partnership of Kern

Name	Title	Organization
Michele Shain, BSN, MBA	Senior Director, Neuroscience and Cardiovascular Services	Memorial Hospital
Lauren Skidmore	Chief Executive Officer	Open Door Network
Cindy Uetz	Chief Deputy Director	Kern County Department of Human Services
Joan Van Alstyne, RN	Director of Patient Experience	Mercy Hospitals of Bakersfield
Yadira Vargas, MPA	Child and Family Services Facilitator	Kern County Network for Children

Merced County

Key Informant Interviews

Name	Title	Organization
Leslie Abasta-Cummings, MPH	Chief Executive Officer	Livingston Community Health
Janet Apling Kasper	Director of Community Impacts	United Way of Merced County
Andrea Barriga	Practice Manager	Valley Children's Olivewood Pediatrics
Monika Grasley	Executive Director	Lifeline CDC
Lamar Henderson	Family Services Supervisor, All Dads Matter Fatherhood Program	Merced County Human Services Agency
Dave Lockridge	Founder and Chief Executive Officer	ACE Overcomers
Ronita Margain	Community Engagement Director	Central California Alliance for Health
Peter Mojarras, MA	Chief Executive Officer	Castle Family Health Centers
Fanta Nelson	Nursing Division Manager	Merced County Department of Public Health
Marie Pickney, MPH, CHES	Program Manager; Consultant	First 5 Merced County; Merced County Food Bank
Stergios Roussos, PhD, MPH	Chief Executive Officer	Community Initiatives for Collective Impact
Salvador Sandoval, MD, MPH	County Health Officer	Merced County Department of Public Health
Ignacio A. Santana, MD, MPH	Assistant Health Officer	Merced County Department of Public Health
Kevin Smith, MA, LEP	Director Special Education	Merced City School District
Kimiko Vang, DSW, LCSW	Director	Merced County Behavioral Health and Recovery Services

Stanislaus County

Key Interview Stakeholders and Focus Groups

Focus Groups and Interviews	Date	Participants
Cradle to Career Patterson	10/16/24	12
Cradle to Career Modesto	10/17/24	13
Health Plan of San Joaquin	10/17/24	30
Youth Navigation Center	11/12/25	8
International Rescue Committee	11/13/24	14
Invest in Me	11/13/24	11

Focus Groups and Interviews	Date	Participants
Legacy Alliance Outreach	11/13/24	21
Assyrian Wellness Collaborative	11/13/24	8
United Domestic Workers of America	11/14/24	20
Chemo Crew	11/14/24	8
Central Valley Opportunity Center	11/15/24	20
Behavioral Health and Recovery Services	11/15/24	14
Protection Health and Slamming Tobacco (PHAST) Youth Coalition	12/6/24	7
CalPride Stanislaus	12/10/24	8
NAACP	12/19/24	5

APPENDIX 3: COMMUNITY STAKEHOLDER COMMENTS

Fresno, Kings, Madera and Tulare Counties

Fresno County Key Themes

Parental Advocacy and Education

- Parents act as primary advocates, facing challenges in communicating with providers and navigating health systems, specifically parents or caregivers of special needs.
- Poor nutritional value in school meals affects children's health and learning. There are no healthy choices or options for students.
- Need for raising awareness about health resources like WIC and other community preventative care programs.

Education and Career Development

- Limited encouragement and opportunities for higher education and career development in healthcare.
- Inadequate sexual health education for youth, especially among queer and BIPOC individuals.

Mental Health

- Youth are experiencing mental health issues/concerns, particularly post-COVID-19, such as anxiety and reduced resilience.

Childcare and After-School Programs

- Inadequate childcare hinders parents from focusing on health and employment.
- Reliance on community members rather than institutional support to care for children.
- Restrictions on accessing childcare while living in shelters (homeless).

Health and Safety

- Bullying and lack of discipline in schools impact children's safety and mental well-being.
- Greater emphasis is needed on sex education, substance use awareness, and mental health resources.
- Insufficient opportunities for youth engagement and development.

Community Resources and Engagement

- There are valued programs like Zero to Five and food distribution, but they need more practical workshops (e.g., cooking, sewing).
- Improved outreach to increase awareness and participation in community programs.
- Importance of making resources accessible across all ZIP codes.
- Lack of resources and programs for teen pregnancy prevention and health education.

Crisis Preparedness and Impact

- Poor air quality from wildfires highlighted the need for environmental interventions like tree planting.
- Lingering effects of COVID-19 on mental health, employment, and food security.
- Skepticism about vaccine safety and its unequal impacts on vulnerable populations.

Maternal Health

Postpartum Depression and Mental Health

- Postpartum depression, mental health issues, stigma around therapy, domestic violence, and lack of a healthy support system.
- Limited support for breastfeeding, especially for mothers with specific challenges (e.g., more prominent breasts or post-C-section recovery).
- Enhanced postpartum mental health screening and support needed.

Healthcare Access and Support

- Pregnant women and children face significant healthcare gaps, with frequent travel required for care and medication.
- Young and new mothers face inadequate support, contributing to mental health struggles and gaps in prenatal care.
- Lack of policies supporting new moms, such as paid leave, to help them care for their health and babies.

Economic and Social Challenges

- High healthcare costs and inadequate insurance coverage create financial constraints.
- Limited knowledge about available resources such as food boxes, public safety programs, and mental health services.
- COVID-19 exacerbated housing instability and homelessness, with a rising concern about homelessness among young people and families.

Community and Cultural Barriers

- Taboos around reproductive health among Punjabi women, leading to neglect of preventive care like mammograms and pap smears. Afghan women face challenges with language barriers, lack of translators, and difficulties accessing prenatal/postnatal care.
- Isolation and lack of support networks for new moms, particularly among refugee populations.

Improving community resources involves addressing various needs and gaps identified in Fresno County. Here are some strategies based on the themes:

Healthcare Access and Support

- Increase Access to Specialists: Establish more clinics with specialist doctors and provide holistic care

options.

- **Mobile Health Units:** Develop mobile health units to reach underserved areas and ensure all community members have access to healthcare.
- **Transportation Programs:** Create transportation support programs to help residents attend/get to medical appointments.

Education and Awareness

- **Health Education Programs:** Expand nutrition and health education programs for parents and children to promote healthy lifestyles.
- **Proactive Outreach:** Increase awareness about available resources through proactive outreach efforts, such as community events, social media campaigns, and partnerships with local organizations.
- **Emergency Preparedness:** Implement community programs to teach emergency preparedness and disaster response.

Mental Health Support

- **Accessible Therapy and Support Groups:** Address stigma surrounding mental health by providing accessible therapy and support groups, especially for postpartum depression and trauma recovery.
- **School-Based Mental Health Education:** Promote mental health education in schools to help children and teenagers develop resilience and coping skills.

Community Engagement and Resources

- **Practical Workshops:** Offer more practical workshops (e.g., cooking, sewing, financial literacy) to empower residents with valuable skills.
- **Equitable Resource Distribution:** Ensure community resources are accessible across all ZIP codes, focusing on reaching marginalized and underserved populations.
- **Life-Skills Workshops:** Introduce life-skills workshops to help residents manage daily challenges and improve their quality of life

Youth and Family Initiatives

- **After-School Programs:** Develop robust after-school programs that provide safe spaces for children and teenagers to learn and grow.
- **Parenting Skill Classes:** Offer parenting classes to support positive role modeling and strengthen family bonds.
- **Teen Pregnancy Prevention:** Strengthen programs for teen pregnancy prevention, safe practices, and substance use awareness in schools.

Economic and Social Support

- **Affordable Housing:** Develop affordable housing options to support low-income families and reduce homelessness.

- Financial Assistance Programs: Provide financial assistance programs to help families cover basic needs and access recreational activities.
- Community Shelters: Convert empty spaces into shelters for homeless individuals and families, with a focus on women and children affected by domestic violence.

Crisis Management and Environmental Interventions

- Disaster Preparedness Plans: Enhance disaster preparedness plans, including interventions for poor air quality and other environmental issues.
- Environmental Initiatives: Implement environmental initiatives like tree planting to improve air quality and create healthier living conditions.

Kings County Key Themes

Access to Care

- Provide wrap-around services for pregnant and postpartum women, including prenatal care, mental health support, and nutritional education.
- Increase prenatal care and education access for new mothers and pregnant individuals, ensuring culturally appropriate resources.
- Expand programs that address postpartum depression and early developmental screenings.
- Establish local prenatal and pediatric services to ensure new mothers and children access essential healthcare.
- The community's children face health issues such as asthma and developmental problems, which are exacerbated by poor environmental conditions and inadequate access to healthcare.

Increased Policing and Safety Measures

- Increase police presence in areas with high drug activity and reckless driving. Install speed bumps and enhance street lighting to improve safety. (Kettleman City)

Safety, Drug Use, Public Spaces Need for Improvement

- Rehabilitate parks and recreational areas, making them safe and accessible for children and families.
- Concerns about the presence of drugs and the lack of police presence.
- Drug use in public spaces, such as parks, has created a hostile environment for children and families. This has restricted the freedom of children to play safely outdoors. Families are not comfortable taking their kids to the park because of the fear that people who use drugs can be violent and are not setting a good example for their children.
- Reckless car racing and lack of traffic control measures, such as speed bumps, make the streets unsafe, particularly for children. Additionally, there is limited public lighting, which adds to the safety concerns at night.
- Children's lack of maintained recreational spaces limits outdoor activities and physical exercise.

Air Pollution

- Residents expressed concerns about air pollution from agricultural chemicals affecting children and adults.
- Participants shared that pollution affects children's health, pets, and other animals in the community.

Lack of Medical Specialists

- There is a critical shortage of healthcare providers, especially specialists. This forces residents to travel to other cities for specialized care, which is particularly challenging for pregnant women and new mothers who need prenatal and pediatric services.
- Pregnant women face difficulties due to the lack of local prenatal care and specialists. High-risk pregnancies are especially concerning as patients are required to travel far for appropriate care.

Mental Health

- Increased mental health challenges, including stress and isolation, especially among children.

Food and Financial Support

- Resources such as food banks and assistance programs are available. Still, many community members are unaware of them or find them difficult to access due to inconvenient hours or lack of information.
- More proactive communication and accessibility of children and pregnant women's services is crucial. There is a gap between the availability of community support programs for children and pregnant women.

Education

- School closures also negatively impacted children's education and social development.

Recommendations

- Advocate for more healthcare specialists, including pediatricians, OB/GYNs, and general practitioners, to be available locally.
- Establish local prenatal and pediatric services to ensure new mothers and children access essential healthcare.
- Increase police presence in areas with high drug activity and reckless driving. Install speed bumps and enhance street lighting to improve safety.
- Rehabilitate parks and recreational areas, making them safe and accessible for children and families.

Madera County Key Themes**Access to Care**

- Limited availability of pediatric care and specialists in local clinics.
- Long distances to travel to healthcare facilities for more advanced or urgent care (e.g., Traveling to

Fresno or other cities).

- Due to clinic shortages and long waiting times, preventive care and regular check-ups, such as dental and vision services, are difficult to access.
- For children, healthcare is relatively well-covered through Camarena, but issues such as access to behavioral and mental health services remain critical.

Educational Impact

- Medical issues often lead to significant school absences, causing children to fall behind academically.
- High academic pressure on children to succeed in school, especially from immigrant parents who may have sacrificed a lot to come to a new country.
- Less physical activity, obesity, and the cost of after-school sports are high, so many children are not able to participate due to the costs of equipment being high and resulting in inactivity.

Challenges and Obstacles due to COVID-19, Fires, Floods

- Kids staying home and being on the computer for long periods of time, resulting in inactivity.
- Mental health for children, social isolation.

Health Concerns

- High prevalence of undiagnosed or untreated conditions such as ADHD, often addressed with medication without sufficient behavioral interventions.
- The pandemic exacerbated mental health concerns.
- Experience poor diet, lack of physical activity, and rising mental health issues like anxiety and depression.
- Respiratory issues like RSV and asthma are common.
- Children with special healthcare needs
- Getting an appointment can take months, and timely access to healthcare and mental care is needed.

Mental Health

- Need for a community to come together; “it takes a village” to raise children.
- Lack of access to mental health services.
- Need for mental health education for parents to reduce stigma; culturally, parents/individuals do not feel comfortable talking about mental health to their children.

Additional information specific to Children's Health in Madera County

Mental Health and Substance Misuse

Significant concerns about mental health issues and substance misuse among children.

Lack of understanding and awareness about mental health within the community.

Cultural challenges, such as growing up in two different cultures, impact children's mental health.

Recreational and Support Programs

Limited recreational and support programs for children and teens.

Safe recreational spaces and structured activities are needed to mitigate boredom and reduce negative behaviors.

Healthcare Services

Limited healthcare options tailored to children, including insufficient support for children with autism and other special needs.

Challenges in accessing reproductive health education and services lead to high rates of teen pregnancy.

Cultural Sensitivity and Support

Lack of Punjabi counselors and teachers, leading to discomfort in sharing information with non-Punjabi counselors.

Need for schools to understand and teach about Punjabi culture and holidays to reduce bullying and improve mental health.

Environmental and Safety Concerns

Health issues such as asthma and respiratory problems are due to poor air quality.

Safety concerns like reckless driving, indicating a need for infrastructure improvements.

Pregnant Women and New Moms

Prenatal and Postnatal Care

Need for better prenatal and post-natal care services.

Limited access to affordable childcare and resources for postpartum depression.

Mental Health Support

Lack of postpartum mental health support and culturally sensitive resources.

Struggles with postpartum depression and inadequate healthcare resources.

Cultural Competence

Need for culturally competent care to address the specific needs of pregnant women and new moms in the community.

Tulare County Key Themes

Access to Care

- The lack of local healthcare providers specializing in obstetrics forces women to travel long distances for care.
- There is a need for more education and resources to help new mothers manage health issues during pregnancy and after childbirth.
- Many participants expressed frustration with accessing healthcare services due to long appointment

waiting times, mainly with specialists. For example, a mother reported waiting several months for her child's ear infection to be examined by a specialist, and another mentioned a delayed appointment for her daughter's breast examination.

- Many participants mentioned that language is a significant barrier when navigating the healthcare system. Some reported they needed to receive adequate interpretation services, making understanding medical instructions challenging.
- Information, education, and accessible services related to postpartum depression are essential to raising awareness of this condition's effects on both maternal well-being and child development.
- A coordinated, supportive system should encourage mothers to seek help without fear of judgment. By integrating services into a continuous, supportive network, outcomes could improve through a more robust system of ongoing care rather than a one-time intervention.
- Improved access and education to early pregnancy care, stress, and proper nutrition.

Increase Childcare Access

- Addressing childcare availability could significantly enhance the well-being of families, allowing parents to work and access Healthcare.

Enhancing School Nutrition

- Improving the quality of school lunches was a significant recommendation. Schools should offer healthier meal options that are lower in sugar and processed foods, which can contribute to better behavior and overall health in children.

Support for Working Parents

- Many participants suggested that services should be offered at more convenient times for working parents. Flexible hours for healthcare appointments, educational programs, and community events would make it easier for families to participate and access necessary services.

Kern County

What are the greatest needs or challenges facing children, pregnant women or new moms in the community?

- I have seen a significant rise in the cost of living. The cost of an apartment rental is unreal compared to what it was three or four years ago. The cost of food, the cost of fuel, and then most significantly, I think, is also for our working parents, the cost of daycare.
- My younger brother had a kid with his wife last year and they are very lower middle class, but they have PPO insurance, and to reserve a room ahead of time at the hospital for the birth, they had to put down almost ten grand.
- Access to care for pregnant women and new moms. A lot of the OB centers in East Kern have closed, and it's causing parents to have to travel further for services.
- We see a lot of patients not coming for their yearly or monthly checkups for their children, making sure they're hitting their developmental milestones. They're offered rides and there's a lot of

opportunities for checkups. It isn't tied to the pandemic, but I do think it is generational. And now I would say urgent care has hindered that a little bit. There are urgent cares everywhere, and parents are utilizing urgent cares as their primary care.

- Postpartum care and the high cost associated with pregnancy and/or having children in the home.
- Generational cycles of abuse and lack of access to childcare.
- Lack of OB services. It's because of practitioners aging out and retiring in Bakersfield. We have shortages of nearly every subspecialty, but OB is especially pressing.
- Parents can't find appointments for their well child visits. We are talking about a population who doesn't have the opportunity to take time off work and be paid for the day.
- Many unhoused women have not accessed prenatal care. Once they are here, case managers connect them to medical services, and that is a game changer for them. We see kids who have not had up to date medical care, whether it's checkups or immunizations.
- Access to prenatal care is difficult and timely access to immunizations.
- One of the greatest challenges is a decrease in breastfeeding. There's been a decrease in breastfeeding rates and a normalization of formula feeding. We know there's so many health benefits to breastfeeding and that impacts the health of children.
- Doula services are slowly being integrated into the community. But there is a process to get them involved.
- Lack of providers and families obtaining information in their preferred language. A lot of the medical materials are translated in English and Spanish, but we have other languages spoken here in our county. Translations are slow. For example, we have a group of Mixteco and indigenous communities here in Kern County, and some are not able to read the materials that are being provided to them. And when they're being spoken to at clinics regarding their children's health, they're not able to comprehend it because of the language barrier.

What are the greatest health issues negatively impacting children, pregnant women or new moms in the community?

- People get bad information on the Internet. Here's what you do when you're pregnant, or here's what you do when you've got a kid. Or here's how you handle an infant who's doing x, y, or z. People are doing more harm than good. Or, instead of taking your child to get vaccinated, if you use these essential oils or these all-natural holistic preventative measures, your kid will be safe.
- In the outlying areas if you need glasses or have hearing problems or need dental work, it simply isn't available.
- Sometimes the parents of these young teen moms don't have resources, and they may even be struggling themselves. These young teen moms don't know where to go for help.
- A lack of resources and mental health services.
- Depression, anxiety, behavioral health symptoms, obesity, and probably recurring illnesses, like immunity related issues.
- A lack of OB service. And a lack of pediatric primary care.
- Stable jobs, stable housing, and overall stability to deal with childhood trauma.

- In rural communities, we have great facilities but there may not be enough staff to run it or enough appointments at convenient times for the community.
- We've seen a high incidence of asthma, obesity, and for pregnant women, high blood pressure, as well as gestational diabetes not being resolved after the pregnancy.
- Unhoused women are not getting their children checkups.
- With the air quality being so bad, we have asthmatic children who may not have timely access to care. Also, we have a high level of teen pregnancy.
- For pregnant moms, we have our high-risk moms who are diabetic. And for children I would say obesity.

What are two things we could do to two changes we could make that would measurably improve the overall health and wellbeing of children, pregnant women or new moms in the community?

- Better access to housing, food, education, after-school care, daycare. And we need easier access to healthcare.
- We are an agriculture producing county, and yet we have food deserts across the county. The families who harvest the food don't have access to that food at home.
- We could work better together and provide larger forums or awareness. Maybe they need birth control and need someone they can reach out to, and they just don't know where to go or what's available. We could try to get the word out to these families and teen moms about services they can access and provide education, like birth control or STDs, and information on childcare.
- Recruit more providers in Kern County for local access, and more specialty care centers for our special needs population, like autism, and cerebral palsy.
- A system of postpartum care. And enhanced parenting classes and support.
- Successfully recruit OB providers. Those efforts are ongoing, certainly at the hospital levels and in private practices. I think that we are not even close to meeting the need. We are starting a graduate medical education program, and we'll be training OB/GYNS, and hopefully they'll stay in our community.
- Access to healthcare for our rural communities, whether that is increasing the number of providers available or offering transportation or providing remote access through clinics or mobile vehicles.
- Childcare, because if you don't have childcare, then you cannot get access into the doctor's office. The other piece is provider capacity for enhanced care management. Transportation, appropriate nutrition, housing, and all those things are impacted by poverty.
- Access to care is a big one. We have a lot of moms who come in who have no prenatal care, or maybe it hasn't been regular prenatal care. Nobody's monitoring them, they develop pre-eclampsia, and they show up at the hospital with high blood pressure, and high blood sugar, and they go into labor at 28 weeks or 30 weeks.

Merced County

What are the greatest needs or challenges facing children, pregnant women or new moms in the community?

- Housing and food insecurity.
- Parents will seek services in the ED if they can't get services in a timely manner, within the recommended one to three days.
- New mothers with postpartum depression are not going in and getting adequate care.
- We have a lot of requests for doulas and midwives, but there's a shortage.
- We do not have sufficient OB care. Also, there is not enough parent education. We're seeing fewer kids getting their routine immunizations.
- Timely prenatal care for new moms and prenatal to postnatal care. We lack obstetricians in the area. We're seeing a shortage of pediatricians to treat new babies.
- One of the real challenges to pregnant moms is the lack of communication to the father and not inviting dads as a participant in the care team so he can feel connected and know that his presence has an impact on the quality of life for the baby and the mom.
- Having a regular provider is a problem for children and for pregnant women. There are providers in the community, like FQHCs and the lookalikes like the rural health clinics, and they have good services, but the problem there is they may not be able to see the same provider at each visit. A lot of children are seen on an urgent care basis when they're sick.
- Moms need more culturally appropriate social support.
- We need access to vaccines, physicals, well child visits and overcoming vaccine resistance. Parents are very young; some are still in their teens so educating them on how to access resources and be able to provide them with information of where to receive assistance is important.
- With the economy, it is hard to get resources.

What are the greatest health issues negatively impacting children, pregnant women or new moms in the community?

- We have a lot of high-risk pregnancies and a lot of preterm births that end up in the NICU.
- Obesity for our kids.
- Asthma.
- Lack of immunizations and care visits. In our community, we tend to see parents bringing in young children for sick visits, but not necessarily keeping up the well visits. So, as a result, kids are missing screenings, like vision.
- Access to nutritious foods is a challenge. Transportation to prenatal appointments, access to prenatal care, education on what is happening to your body and how it is impacting your mental health.
- For women, it's getting access to prenatal care early so they can get started on their prenatal visits and medications and get screened in case they have any special needs.
- We work with 30 childcare providers and schools. We are hearing that kids are not verbal, and it is not a language barrier because it has come up with English and Spanish speaking providers. Maybe it is developmental? Some people are blaming screen time and parents for not spending time with their kids. But something is happening because it is becoming more and more of a complaint.
- The onset of diabetes during pregnancy. Many moms aren't receiving appropriate care. We've had a

few instances where they developed hypertension and ended up in renal failure because they did not follow up with their prenatal care visits.

- We are seeing more isolation with children and more depression occurring because kids are staying home, and they may not be active in activities.
- We are seeing an increase in depression and obesity among the pediatric population.
- Mental health, not having access to good healthy food, being tethered to social media. Also, when parents live in trauma and all they are doing is surviving, running from one thing to the next, there is very little time for parents to think about the well-being of their kids.

What could we change that would measurably improve the overall health and wellbeing of children, pregnant women or new moms in the community?

- Continue to fund the local public health department's maternal child health division. Provide more resources and more home visits to link these families to resources, jobs, and housing. Support them with a public health nurse, making sure the baby is staying up on well visits, and getting immunized.
- I'd like to see a larger community of midwives and doulas. It's hard to find a pediatrician that is accepting new patients.
- Parents need education on asthma, what they can do before the child ends up in the emergency room.
- If we had a magic wand, there would be more OB providers and more pediatricians.
- A broader approach to recruitment of providers, more attention around the social determinants of health and how we can provide community supports and wraparound services to that population.
- More employment with a living wage and full benefits.
- For children, expanding school-based clinics. Oftentimes the mother will miss work to take her child to obtain care. But if they're already going to a school and there's a clinic there, they can easily be seen. There are also possibilities for training in family medicine, which may encourage some medical students to stay in the area.
- Social support, including transportation, help preparing meals, having a break, and getting back to work.
- We are hearing that moms can't get back into work, which impacts providing a stable home with income.
- Better communication, continuity of care and ensuring kids are getting vaccinated. There is a disconnect between the school system and the healthcare system.
- Sometimes moms are isolated. They don't always have the assurance that things are progressing properly, or they are doing a good job. We need more resources in Merced County.

Stanislaus County Youth Programs

When discussing the needs of youth in the community, many community members noted a need for more programming for social and education opportunities. Youth noted that without pro-social activities, many of their peers engage in substance use and other troublesome behavior. This was emphasized in the more rural areas of Stanislaus County.

“A couple friends haven’t been with the best crowd or have been active in that. Especially during holidays, they had alcohol, marijuana, vapes, anything readily accessible. There is nothing to do for youth – if we became engaged and involved in things that aren’t so damaging would be so much better.”
– Youth Community Member

[In Patterson] “People live in micro-camps and cabins – we are very limited on everything. We don’t have activities for kids and there are no parks.” – Community Member

Youth also noted that more career preparation would be a beneficial addition allowing them to enter a career path that will increase their economic opportunity. Many youth noted a particular interest in healthcare-related jobs, which aligns with suggestions for increasing education to workforce pipelines to improve healthcare staffing in the area.

“Programs for internships, connecting with different businesses and colleges are needed. Right now, you have to do it on your own and you have to do it all alone.” – Youth Community Member

“We need more resources and funding for nursing schools to help pipeline nurses and physicians.” – Stakeholder

Mental and Behavioral Health

Many youth and stakeholders noted a need for improved mental and behavioral health access and for decreasing the stigma of seeking support. Some shared that poor mental health among their peers may be causing substance use as well. Stakeholders noted that in addition to youth-focused services, parent-focused services would be a beneficial resource for the community.

“It feels like most teenagers drink or do drugs because they’re either depressed or going through things. Youth these days have low mental health. It keeps getting lower each generation.” – Youth Community Member

“We need education about mental health for parents and youth. The youth don’t want to talk to the parents; they want to talk to other youth.” – Community Member

“Sometimes kids don’t want to go to counseling. They think their friends might say something and tell other people. They think the counselor might disclose their issues. There is stigma.” – Community Member

Substance Use

Youth substance use was identified as a challenge in Stanislaus County. Participants shared that many children have easy access to substances such as marijuana and alcohol through social networks in school and the community. Youth substance use can result in poor coping mechanisms and increase the risk of

poor health outcomes later in life. Stakeholders noted that youth in foster care are at high-risk for substance use.

“Our youth have easy access to drugs - your neighbor could be growing it and your kids may be playing with their kids. Social media makes it so easy. At school they are able to find someone who is selling candies with drugs.” – Community Member

Many kids have severe drug addiction and end up on the streets – foster kids specifically – and many places can’t help them because they’re underage and they’re in foster care.” – Stakeholder

Healthcare Access

Participants noted that accessing pediatric healthcare can be difficult. For those living in rural areas of Stanislaus County, traveling to Modesto for healthcare can be burdensome for families. For those who need more specialized care, such as cancer treatment, community members often must travel outside of the county for care.

“I think the problem is we need more specialists for children. We have hospitals and specialists for adults. Especially for the little ones we must go out of town to San Francisco. It’s a long way to drive.” – Community Member

“When my kids have appointments then my husband needs to take time off work to drive them to Madera and Modesto. Gas is expensive to drive distances and it’s a whole day production so the kid misses school.” – Community Member

“We have Valley Children’s Hospital here, but we still go to Stanford. I spent the first year of her diagnosis trying to find somewhere closer. I think the closest option is in Sacramento for pediatric oncology. They’re all about an hour and a half away. I feel that there’s a big gap we have. We have oncologists, but they don’t see kids. And we have pediatric oncologists, but they don’t see kids under age 13.” – Community Member

Perinatal Care

Community members shared that there are opportunities for improving the accessibility and quality of perinatal care in Stanislaus County. Like pediatric care, for individuals in the more rural areas of the county, access to perinatal care is limited and requires significant transportation to reach. When discussing the needs of the perinatal community, stakeholders also considered the potential connection between a lack of access to care to higher rates of birth defects in Stanislaus County.

“In my experience, perinatal care hasn’t been the greatest. It’s hard to get an appointment and they cancel appointments. I got diagnosed with depression while pregnant. The first available appointment was October, which is a long wait time. You must find your own resources.” - Community Member

“There is a lack of access to care that has downstream effects. For well child checks parents can’t take three days off work. Prenatal care is very difficult.” – Stakeholder

“In regard to birth defects, I would say that we know there are populations who don't go to the doctor or don't have access to healthcare while they're pregnant. I don't know the numbers for our county, but I would assume that that has something to do with the fact that our birth defect numbers are higher than the state.” – Stakeholder

When discussing the quality of prenatal care, stakeholders noted that African American women often receive subpar treatment.

“African American women who are pregnant, when they go see the doctor, they do not always receive the best care.” – Stakeholder

Stakeholders also spoke of a specific need for substance use services for pregnant people. Due to the stigma individuals face and fear of repercussions, substance use treatment during pregnancy is rarely sought.

“When it comes to substance use it really affects prenatal care because when people feel like I can’t trust to go there, they don’t seek treatment. This affects healthy outcomes.” - Stakeholder

Strategies to Improve Children’s Wellbeing

Increase Healthcare Workforce

Increasing the number of pediatric healthcare providers, specifically for specialized care and behavioral care, was identified as an opportunity to improve pediatric healthcare access. Multiple participants suggested healthcare education programs that build bridges with the community to encourage providers to continue their careers in the area. This proposed intervention would provide increased access to care and improve economic opportunities within Stanislaus County.

For all our high needs groups, I think that what the local health system can do is really help improve access to health care. I am not talking about money, I'm talking about human resources, where they can send some of the residents they have in the hospital to do a community visit, come out and just talk to the community, and see how they see things and what kind of care they are looking for.” – Community Member

“Expand education programs. The nursing program turns away hundreds of applicants who want to be in the program and now that person is in another field. Having medical students that get loans paid to stay and work at hospitals can bring people to the area.” – Community Member

“We need more resources and funding for nursing schools to help pipeline nurses and physicians.” – Stakeholder

Community Building

A focus on building community within neighborhoods was identified as a strategy to systemically improve the quality of life for residents, families, and children. Community building offers informal ways for children to socialize and for families to support one another.

“I think there are organic, low-cost ways to create networks of support for people in their neighborhoods that would lead to greater feelings of safety, less isolation, and improved well-being. This could be as simple as establishing a way for people to convene in their neighborhoods and get to know their neighbors. I know that sounds very simplistic, but I've seen it happen, and I know it works.” – Stakeholder

“There needs to be more emphasis on connecting people to their natural systems of support, like their neighbors, their class, their kids' classmates, and parents. I believe there could be more creative ways for us to work together as a community to create spaces for parents to come together, learn from each other, and support each other, as well as for neighbors to support one another. However, that takes intentional work, such as convening, providing support, or funding to bring together neighborhood groups.” – Stakeholder

Perinatal Needs

Poverty and Social Barriers

Participants identified social needs that perinatal populations face, many of which stem from poverty. For individuals with limited financial and transportation resources, access to nutrient-dense foods is difficult, as food deserts and swamps can be found throughout Stanislaus County. Low wages in the area force parents to work long hours and multiple jobs, and this high cost of housing is a challenge for pregnant women and parents.

“I was a single mom and had to support my kids, one job was not enough. I used to work 18 hours straight.” – Community Member

“There are barriers to housing. That's key number one, especially working with pregnant and parenting women. There's not enough housing out here, affordable, adequate housing.” – Stakeholder

Childcare

Participants described Stanislaus County as a “childcare desert,” in which affordable, safe childcare is inaccessible to most of the population. Parents shared that they do not work because the cost of childcare is prohibitively high. Additionally, parents that work outside of the nine-to-five work week are often unable to find the childcare they need.

“Stanislaus is a childcare desert, and I want it to become an oasis of childcare.” – Stakeholder Interview

“Because of financial situations, parents have to work more than one job, especially if they have a family and children. As parents, they are demonized. People think children are being neglected, but parents are working two jobs trying to support them.” – Stakeholder Interview

“We’re looking at having to pay \$100 a day for real day care. But the wages are not keeping up with the cost of living. Parents also cannot find childcare that is available when they work. They don't account for dropping kids off early or parents who work different hours. Stanislaus County Office of Education has childcare services, but we need an expansion, especially for farm workers who work early hours. There should be a program for people that work all different types of hours.” – Community Member

“Help moms who have children and don’t have support and resources. I have granddaughters who have jobs but can’t afford childcare. We need resources for working moms as childcare is limited and expensive,” – Community Member

APPENDIX 4: COMMUNITY SURVEY RESPONSES

Fresno County

Top three greatest needs of children in Fresno County.

1. Safe and healthy schools-54.55%
2. Access to education and mentorship-28.79%
3. Opportunities to engage in physical activity-28.03%

Madera County

Top three greatest needs of children in Madera County.

1. Safe and healthy schools (positive school environment)-52.29%
2. Access to education and mentorship-26.61%
3. Safe and affordable housing-25.69%

Tulare County

Top three greatest needs of children in Tulare County.

1. Access to healthy food
2. Safe and affordable housing
3. Opportunities to engage in physical activity

Kings County

Top three greatest needs of children in Kings County.

1. Safe and healthy schools (positive school environment)-48.21%
2. Early educational resources/daycare/academic-30.36%
3. Access to healthy food-28.57%

Kern County

A survey was distributed to engage Kern County community residents and obtain input on health and social needs. The survey was available in an electronic format through a SurveyMonkey link, and in a paper copy format. The electronic and paper surveys were available in English and Spanish. The surveys were available from September 2 to November 18, 2024. During this time, 125 usable surveys were collected.

The surveys were distributed to community residents, at hospital and community organization service sites, and through social media. The survey was also distributed to community partners who made them available to their clients. A written introduction explained the purpose of the survey and assured participants the survey was voluntary, and they would remain anonymous. For community members who were illiterate, an agency staff member read the survey introduction and questions to the client in his/her preferred language and marked his/her responses on the survey.

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

- Biggest health issues in the community.
- Where residents and their families receive routine healthcare services.
- Problems with accessing healthcare, mental healthcare, dental care or supportive services.
- Greatest needs facing children and families.
- Greatest health issues that negatively impact children.
- Changes that would improve the health and wellbeing of children.
- Challenges facing pregnant women and new moms.
- Greatest health issues that negatively impact pregnant women and new moms.
- Changes that would improve health and wellbeing of pregnant women and new moms.
- Impact of climate hazards on health.

Demographics

1. Age

Under 21	3%
21-35	22%
36-50	41%
51-65	20%
66 and over	14%

2. Gender Identity

Female	85%
Male	15%
Transgender	0%
Other	0%

3. Race and Ethnicity*

Hispanic or Latino	65%
White	28%
Black or African American	3%
Mixed Race or More than One Race	2%
Other	2%
Asian	2%
Native American or Alaska Native	0%
Native Hawaiian or Pacific Islander	0%

*Total exceeds 100%, option to select all that applied

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

Ranged from 0 to 5 children.

5. Health insurance coverage

Employer-based insurance (includes HMO)	47%
Medicaid/Medi-Cal	33%
Medicare	13%
No healthcare insurance	4%
Other	3%

6. How would you describe your health?

Excellent	19%
Good	61%
Fair	19%
Poor	1%

7. What are the biggest health issues facing your community?

- Chronic Illnesses
 - Cancer
 - heart disease, high blood pressure and high cholesterol
 - Respiratory disease and asthma
 - Alzheimer's disease and dementia
 - COVID
 - Chronic back pain
 - Diabetes
 - Allergies
 - Valley Fever
- Mental Health and Substance Use
 - Depression
 - Anxiety
 - Lack of providers and resources
 - Stigma
 - Smoking
 - Alcohol use
 - Drug use
- Access to Care
 - No health insurance
 - Uncaring providers
 - High cost of co-pays
 - Transportation
 - Language barriers
 - Affordability
 - Lack of primary care providers and specialists
 - Excessive waiting times for appointments

- Poor access in rural areas
- Lack of dental providers
- Environmental Pollution
 - Poor air quality
- Overweight and Obesity
 - Decreased physical activity
 - Increased cost of healthy food
 - Availability of junk food
- Homelessness
- Maternal and Infant Health
 - Black maternal health
 - Lack of providers
 - Post-partum care
- Other
 - Gun violence
 - Menopause
 - Hunger
 - Aging

8. Thinking about the most recent time when you or a member of your household delayed or went without needed healthcare, mental healthcare, dental care or supportive services, what were the main reasons?*

Could not get an appointment quickly enough/too long of a wait for an appointment.	67%
Don't have enough time to schedule or go to an appointment for my care.	23%
Insurance did not cover the cost of the care or treatment.	23%
Did not know who to go to for help because I didn't know enough about my health condition.	14%
Did not know where to go or how to find a doctor.	14%
No health insurance and could not afford care.	11%
Did not have a way to get to the appointment.	9%
Did not delay healthcare - received all the care that was needed.	8%
Don't trust healthcare workers and/or worried about discrimination.	6%
Did not have use of Internet or computer/smartphone/tablet for a virtual or telehealth visit.	6%
Don't have a healthcare provider who understands and/or respects my cultural or religious beliefs.	6%
Healthcare workers don't speak my language.	4%

*Total exceeds 100%, option to select all that applied

9. Where do you and your family members go most often to receive routine healthcare services (physical exams, check-ups, immunizations, treatment for chronic diseases?)

- Adventist Health

- Centennial Medical Group
- Clinic
- Clinica Sierra Vista
- Kaiser Permanente
- Kern Medical
- OMNI Family Health
- Primary care provider
- Stockdale Pediatrics
- Urgent Care

10. What are the greatest needs or challenges facing children in the community?

- Drugs
- Mental Health and Well-Being
 - Anxiety
 - Depression
 - Low self-esteem
 - Suicide
 - Not enough mental health resources
- Housing Instability
- Healthy Eating
 - Food insecurity
 - Lack of nutritious food
 - Obesity
 - Good nutrition
- Access to Care
 - High cost of health insurance
 - Not enough providers
 - Need for dental care
 - Excessive wait times for appointments
- Social Concerns
 - Social media
 - Bullying
 - Isolation
 - Poverty
 - Poor parenting
 - Unhealthy life styles
 - Gangs
 - Need safe places to play
 - Learning disabilities
 - Exposure to violence

- Need for after school activities
- Education
- Support for transgender youth

11. What are the greatest health issues that negatively impact children in your community?

- Allergies
- Asthma, cancer, diabetes, respiratory issues
- Autism and ADHD
- Dental care
- Mental health issues
- Obesity
- Neglect
- Poor nutrition
- Poor air quality

12. What are two things we could do or two changes we could make that would greatly improve the health and wellbeing of children in the community?

- Affordable medications
- Decrease wait times for healthcare visits
- Early screenings
- Enhance access to mental health services
- Family support systems
- Improve healthy food options at school
- Improved nutrition education and access to healthy foods
- Increase access to vaccinations
- Increase opportunities for physical activity
- Mobile clinics and school-based clinics
- Offer more services, resources and education for youth and families
- Provide parenting classes
- Tutoring

13. What are the greatest needs or challenges facing pregnant women and new moms in the community?

- Access to resources
- Affordable child care
- Affordable healthcare
- Classes, education and resources
- Lack of prenatal care
- Lack of providers
- Mental healthcare

- Proper nutrition
- Transportation

14. What are the greatest health issues negatively impacting pregnant women and new moms in the community?

- Not breastfeeding
- Depression and anxiety
- Gestational diabetes
- Lack of services
- Limited options for maternity care
- Maternal and infant mortality
- Not obtaining regular prenatal care.
- Obesity
- Poor air quality
- Post-partum care and recovery
- Proper nutrition
- Smoking

15. What are the two things we could do or two changes we could make that would measurably improve the health and wellbeing of pregnant women and new moms in the community?

- Access to child care
- Bereavement counseling for the loss of a child
- Child care education
- Community-based post-partum support
- Increase access to culturally informed providers
- Increase breastfeeding.
- Mental health screening and resources
- More prenatal care
- Nutrition education
- Parenting classes
- Social support systems
- Support groups
- Support home deliveries.
- Transportation services

16. In the past three years, have you been impacted by any of the following climate hazard events?*

Extreme heat (too hot to perform routine activities or be at rest)	59%
Wildfire and/or wildfire smoke (exposure to unsafe conditions or difficulty breathing due to air quality)	33%
Drought (not enough access to clean water)	19%
Extreme rain/flooding (too much water)	7%

None. I have not been impacted by a climate hazard event in the past three years.	22%
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*Total exceeds 100%, option to select all that applied

If impacted by a climate hazard, how did it impact your life: asthma, cough, could not go outside, sneezing, fatigue.

17. Level of importance of these health issues (Very Important and Important)

Chronic diseases (ex. Alzheimer's disease, cancer, diabetes, heart disease, liver disease, lung disease, stroke)	85.6%
Mental health concerns (ex. depression, anxiety disorder, suicide)	85.6%
Overweight and obesity (healthy eating and physical activity)	80.8%
Substance use (tobacco, alcohol, drugs)	78.4%
Access to healthcare (ex. primary healthcare, dental care, specialty care)	77.6%
Crime and safety	77.6%
Environmental conditions (ex. air quality, clean water, heat, pollution)	77.6%
Economic insecurity (income and employment)	76.8%
Food insecurity (scarcity/lack of regular access to enough nutritious food to support a healthy and active life)	75.2%
Housing and homelessness	75.2%
Preventive practices (ex. vaccines, screenings, injury prevention)	75.2%
Birth indicators (ex. teen births, prenatal care, low birth weight, infant mortality)	74.4%
Sexually transmitted infections (chlamydia, HIV, genital herpes, gonorrhea, etc.)	70.4%

APPENDIX 5: RESOURCES AVAILABLE TO MEET SIGNIFICANT HEALTH NEEDS

Community stakeholders identified community resources potentially available to address the identified significant health needs.

Fresno, Kings, Madera and Tulare Counties

United Way Fresno and Madera Counties

<https://www.uwfm.org/211-helpline/>

211 Kings County

<https://www.211kingscounty.org/>

211 Tulare County

<https://www.211tularecounty.org/>

Kern County

Significant Health Needs	Community Resources
Access to care	Alzheimer's Association Bakersfield, Alzheimer's Disease Association of Kern County, American Indian Health Project, Bakersfield AIDS Project, Bakersfield American Indian Health Project, Bakersfield Pregnancy Center, Bakersfield-Kern Regional Homeless Collaborative, Building Healthy Communities Kern County, California Veterans Assistance Foundation, Clinica Sierra Vista, Community Action Partnership of Kern CAPK, Continuum of Care Consortium, CSF Medical Nonprofit Foundation, Dolores Huerta Foundation, East Town Family Dentistry, Kern County Department of Public Health, Kern County Department of Public Health, Kern County Medically Vulnerable Care Coordination Project, Kern County Network for Children, Kern County Network for Children, Kern County Nursing Family Partnership, Kern Health Equity Partnership, Kern Health Systems, Kinder Pediatrics, Omni Family Health, Outreach Enrollment Retention and Utilization Committee, Planned Parenthood, Public Health Clinic, Purdy Pediatric Dentistry, Salvation Army, Wounded Heroes Fund
Birth indicators	Adolescent Family Life Program, Baby Café, Bakersfield Pregnancy Center, Black Infant Health, Black Infant Mortality Task Force of First Kern 5, Cal Learn Department of Human Services, Cal-SAFE, CalWORKs, Comprehensive Perinatal Services, Early Head Start, Easter seals Southern California, Head Start, Henrietta Weill Memorial Child Guidance Clinic, Kern County Breastfeeding Coalition, Kern County Department of Public Health, Kern County Network of Children, Lactation Station Inc., Maternal Child Adolescent Health Kern County Public Health, Motherhood Project, No Sister Left Behind, Noel Alexandria Foundation, Nurse Family Partnership, Perinatal Outreach Program, Planned Parenthood, Pregnancy Center Center, Prenatal Facility at Bakersfield Recovery Services, Shafter Youth Center, WarmLine La Cresta Foundation
Chronic diseases	American Cancer Society, American Heart Association, American Lung Association in California, Asthma Coalition of Kern County, Baby Café Bakersfield, Bags of Love

Significant Health Needs	Community Resources
	Foundation, Bakersfield American Indian Health Project, Bike Bakersfield, Boys and Girls Club, Central California Asthma Collaborative, Clinica Sierra Vista, Community Action Partnership of Kern (CAPK), Edible Schoolyard Project, Kern County Cancer Foundation, League of Dreams, Links for Life Breast Cancer Support, Morning Star Fresh Food Ministry, Omni Family Health, Planned Parenthood, San Joaquin Valley Air Pollution Control District
Crime and safety	Child Abuse Prevention Council, Child Death Review Team, Defy Ventures, Dream Center, empowerment Dress Perkins Foundation, Greater Bakersfield Legal Assistance, Kern Coalition Against Human Trafficking, Kern County Family Justice Center, Kern County Public Health Water Waters Program, Love is Respect, National Domestic Violence Hotline, Open Door Network, Police Activities League, Safe Kids Kern County Coalition, Sheriffs Activities League, The Trevor Lifeline (LGBTQ), Youth Connection, Inc.
Economic insecurity	America's Job Center of California, Arvin Farm Labor Center, Bakersfield American Indian Health Project, CalFresh, California Farmworkers Foundation, Community Action Partnership of Kern CAPK, Catholic Charities, Charmed and Chosen Inc., Court Appointed Special Advocates of Kern County, Dress for Success Bakersfield, East Kern Resource Center, Family Justice Center, Kern Community Foundation, Mexican American Opportunity Foundation, MLK Community Initiative, Mountain Communities Family Resource Center, Nurse-Family Partnership, Oasis Family Resource Center, Office of Migrant Services, Proteus Incorporated, Saint Vincent de Paul, Salvation Army, Sharing and Caring of Tehachapi, The Hope Center Inc., United Way, WIC, Wounded Heroes Fund
Education	America's Job Center, Auto Technology, Bakersfield Adult School, Boys and Girls Club of Bakersfield, California Department of Rehabilitation, Community Action Partnership of Kern CAPK, East Kern Family Resource Center, Farmworkers Institute of Education and Leadership Development (FIELD), First 5, Get Focused, Stay Focused National Resource Center, Goodwill Industries, Head Start, Jim Burke Education Foundation, Kern Adult Literacy Council, Kern County Commission on Aging, Kern County Library, Kern County Regional Occupational Center, Kern Economic Development Foundation, Mexican American Opportunity Foundation, Migrant Education Farm Worker National Hotline, Oasis Family Resource Center, Owens Valley Career Development Center, PathPoint, ShePower Leadership Academy, Valley Caregiver Resource Center Kern County, West Kern Adult Education Network
Environmental conditions	American Lung Association in California, Asthma Coalition of Kern County, Bike Bakersfield, Central California Asthma Collaborative, Keep California Beautiful, Kern Fire Safe Council, Kern River Conservancy, Marigold Farms Inc., North of the River Recreation Foundation, Plumas Corporation, Project Clean Air, Quail Springs Permaculture, Tejon Ranch Conservancy, Valley Fever Americas Foundation, Wildlands Conservancy
Food Insecurity	Bakersfield Pet Food Pantry, Bread of Life, CalFresh, Community Action Partnership of Kern CAPK, Catholic Charities, Dream Center, First 5, First Presbyterian Church, Food Bank of Kern County, Gleaners Food Referral Program, Goodness and Mercy Ministries,

Significant Health Needs	Community Resources
	Hope Center, Hope Now Inc., Lamont/Weedpatch Family Resource Center, Manna from Heaven, Open Door Network, Salvation Army, Shafter Healthy Start Collaborative Family Resource Center, Waste Hunger Not Food Kern County, WIC
Housing and homelessness	Alpha House, Bakersfield Kern County Regional Homeless Collaborative, Bakersfield Kern Regional Homeless Collaborative Coordinated Entry System, Bakersfield-Kern Regional Homeless Collaborative, Bethany Homeless Shelter, Bringing Families Home Program, CalWORKs Homeless Assistance, CalWORKs Housing Support Program, Community Action Partnership of Kern CAPK, Casa Esperanza Transitional House for Women, Catholic Charities, Dream Center, Flood Ministries, Mercy House Brundage Lane Navigation Center, Open Door Homeless Shelter, People Assisting the Homeless – PATH, Proteus Incorporated, Regional Homeless Collaborative, Saint Vincent de Paul, Salvation Army, Sharing and Caring of Tehachapi, The Mission at Kern County, The Open Door, Women’s Center High Desert Kern River Valley, Women’s Center High Desert Mojave, Wounded Heroes Fund
Mental health	Action Family Counseling, Bakersfield American Indian Health Project, Be Finally Free, Inc., California Youth Crisis Line, CAPK Mental Health Advisory Committee, Cornerstore Center for Counseling and Discipleship, Counselor Training Clinic at California State University Bakersfield, Covenant Community Services, Department of Veteran Affairs, Henrietta Weill Memorial Child Guidance Clinic, Kern Around the Clock Foundation, Kern Behavioral Health and Recovery Services, Lamont Community Health Center, Legacy, Mary K. Shell Center, NAMI, National Suicide Prevention Lifeline, Open Door Network, Pine Meadow Counseling, Professional Group Inc., Psychiatric Wellness Center, Rio Counseling Center, RiverLakes Community Church, Save a Life Today (SALT), Storm Breakers, United Church of Christ, Valley Caregiver Resource Center, Your Life Your Voice
Overweight and obesity	Building Healthy Communities, City of Bakersfield Department of Recreation and Parks, CityServe Kern County, Community Action Partnership of Kern CAPK, Dolores Huerta Foundation, Edible Schoolyard Project, Garden Pathways, League of Dreams, Morning Star Fresh Food Ministry, First 5 Kern
Preventive practices	Bakersfield Pregnancy Center, Black Infant Health, Clinica Sierra Vista, Continuum of Care Consortium, Court Appointed Special Advocates of Kern County, Garden Pathways, Kern County Department of Public Health, Kern County Network for Children, Kern County Nursing Family Partnership, Kern Health Systems, No Sister Left Behind, Omni Family Health, Community Action Partnership of Kern, First 5 Kern
Sexually transmitted infections	Clinica Sierra Vista, Human Trafficking Coalition, Kern County Department of Public Health, Kern County Nursing Family Partnership, Kern Health Systems, Omni Family Health, Planned Parenthood
Substance use	Bakersfield American Indian Health Project, Bakersfield Recovery Services, Be Finally Free, Inc., Bethany Ministries Church, Brenda Jean’s Sober Living Facility, Burning Bush Sober Living Homes, Drug Free Kern, Freedom House, Green Gardens, Jason’s Retreat, Kern County AA, Kern County Behavioral Health Recovery Services, Kern County Narcotics Anonymous, Kern Health Systems, Legacy Village, Pinnacle Treatment

Significant Health Needs	Community Resources
	Centers, Positive Visions, Redemptive Beginnings, Safe Have Recovery, Set Free Training Center, STEPS, Inc., Teen Challenge of Southern California, Tehillah Ministries, Turning Point Residential Center, Workit Health, Youth Leaders Stand Against Drug Use Annual Youth Summit

Merced County

Significant Health Needs	Community Resources
Access to care	211, Alianza Nacional de Campesina, Alpha Pregnancy Help Center, Bi-National Health Week, California Health Collaborative, Castle Family Health Centers, Central California Alliance for Health, Communities for a New California, Community Health Centers of America, Cultiva Central Valley, First 5, Golden Valley Health Centers, Healthy House, Lenae's Lactation, Livingston Community Health, United Way
Birth indicators	All Dads Matter Bootcamp for New Dads, All Moms Matter Bootcamp for New Moms, Alpha Pregnancy Help Center, Breastfeeding Café Support Group, Breastfeeding Warm Line, Castle Family Health Centers, CDC Milestone Checklist, Challenged Family Resource Center, Community Health Centers of America, First 5, Golden Valley Health Centers, Head Start Merced, Lenae's Lactation, Livingston Community Health, Merced Breastfeeding Network, Merced County Alcohol and Drug Services Perinatal Program, Merced County Family Health Services, Nursing Nook
Chronic diseases	ACE Overcomers, Adverse Child Experiences Informed Network of Care, California Health Collaborative, Castle Family Health Centers, Challenged Family Resource Center, Community Health Centers of America, Cultiva La Salud, Every Woman Counts, Golden Valley Health Centers, Livingston Community Health, Merced County Area Agency on Aging
Economic insecurity	211, Alianza Nacional de Campesina, Alpha Pregnancy Help Center, Catholic Charities, Central California Alliance for Health, Central Valley Community Foundation, Central Valley Opportunity Center, Communities for a New California, Community Foundation, First 5, Goodwill, Head Start Merced, Help Me Grow, LifeLine CDC, Love Inc., Merced County Area Agency on Aging, North Valley Thrive, Puentes Program, Tzu Chi USA, United Way, Valley Onward, Women, Infants and Children (WIC) Merced County, Worknet Merced County
Food insecurity	18th Street People's Garden, 211, Alpha Pregnancy Help Center, Community Foundation, County Nutrition Action Plan Coalition, Cultiva La Salud, First 5, Food. Para todos, Harvest Time, Head Start Merced, Help Me Grow, Hub Hmong Center, LifeLine CDC, Love Inc., Merced County Area Agency on Aging, Merced County Food Bank, People's Fridge, Second Harvest of the Greater Valley, St. Vincent De Paul, United Way, Valley Onward, Women, Infants and Children (WIC) Merced County
Housing and homelessness	211, Central California Alliance for Health, Community Action Agency, County Distributive Housing, D Street Shelter, Mary's Mantle Maternity Home, Merced Community Assistance Recovery Enterprise (CARE), Merced County Rescue Mission, New Direction, Salvation Army, Sierra Saving Grace Homeless Project, Twelve Thirteen,

Significant Health Needs	Community Resources
	United Way
Mental health	988 Suicide and Crisis Line, ACE Overcomers, Adverse Child Experiences Informed Network of Care, All Dads Matter Fatherhood Program, California Health Collaborative, Castle Family Health Centers, Challenged Family Resource Center, Coalition for Digital Wellness, Community Health Centers of America, Community United by Empowerment (CUBE), Golden Valley Health Centers, LifeLine CDC, Livingston Community Health, Los Banos Clinic, Love Inc., Marie Green Center Merced Community Assistance Recovery Enterprise (CARE), Merced County Behavioral Health and Recovery Services, Merced County Crisis Stabilization Services, Merced County Department of Public Health, Merced County Trauma & Resilience Network, Merced Lao Family Community, Inc., National Alliance on Mental Illness (NAMI), PACES Connection, Salvation Army, Westside Community Counseling Center, Youth Outreach and Learning Institute (YOALI)
Overweight and obesity	Boys and Girls Club, California Health Collaborative, Castle Family Health Centers, Community Health Centers of America, County Nutrition Action Plan, County Nutrition Action Plan Coalition, Cultiva La Salud, Golden Valley Health Centers, Livingston Community Health, Merced County Department of Public Health
Preventive care	Adverse Child Experiences Informed Network of Care, Alpha Pregnancy Help Center, Bi-National Health Week, California Health Collaborative, Castle Family Health Centers, Central California Alliance for Health, Coalition for Digital Wellness, Community Foundation, Community Health Centers of America, Cultiva Central Valley, First 5, Golden Valley Health Centers, Head Start Merced, Healthy House, Help Me Grow, Livingston Community Health, Merced County Department of Public Health, Merced County Family Health Services, Merced County Trauma & Resilience Network, Women, Infants and Children (WIC) Merced County
Substance use	Adverse Child Experiences Informed Network of Care, Aegis Treatment Center, Castle Family Health Centers, Community Counteracting Tobacco Coalition, Community Health Centers of America, Community United by Empowerment (CUBE), Golden Valley Health Centers, Hobie House, Livingston Community Health, Los Banos Clinic, Maynard's Recovery Center, Merced Community Assistance Recovery Enterprise (CARE), Merced County Alcohol and Drug Services Perinatal Program, Merced County Behavioral Health and Recovery Services, Merced Lao Family Community, Inc., Recovery Assistance for Teens (RAFT), Salvation Army, The Center, Tranquility Village
Violence and injury prevention	Alianza Nacional de Campesina, California Health Collaborative, Child Abuse Prevention Center, Cultiva La Salud, Healthy Alternatives to Violent Environments (HAVEN), Merced Lao Family Community, Inc., Valley Crisis Center, Victim-Witness Assistance Office

Stanislaus County

Significant Health Needs	Community Resources
Access to care, specialty care	211, Center for Human Services, El Concilio, Family Resource Centers, Golden Valley Health Centers, St. Luke's Family Practice, Sierra Vista Child & Family Services, West Modesto Community Collaborative, Valley Children's Healthcare

Active living and healthy eating	First 5, Head Start, Turlock Community Gardens, West Modesto Community Collaborative
Economic insecurity	Bridge Resource Center, CalFresh, Center for Human Services, El Concilio, First 5 Gospel Rescue Mission, WIC
Education and Technology	Family Literacy Center, Family Resource Centers
Food Insecurity	Bridge Resource Center, CalFresh, El Concilio, First 5, Gospel Rescue Mission, Head Start, WIC
Housing and homelessness	Bridge Resource Center, Gospel Rescue Mission, Modesto Center for Human Services, Salvation Army Haig & Isabel Berberian Shelter and Transitional Living
Mental health and substance use	Bridge Resource Center, CASA, Center for Human Services, Children's Crisis Center, County Behavioral Health and Recovery Services, El Concilio, Focus on Children Under Stress, Golden Valley Health Centers, Sierra Vista Child & Family Services, Stanislaus County Behavioral Health and Recovery Services, West Modesto Community Collaborative
Safe places and violence prevention	The Bridge Resource Center, El Concilio, Family Justice Center, Haven for Domestic Violence, Without Permission