

**2019**

Community Health Needs Assessment

Ridgecrest Regional Hospital



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# Executive Summary

Ridgecrest Regional Hospital (RRH) is a nonprofit, full service, acute care hospital located in Ridgecrest, California. RRH is the only regional health care system providing a variety of services to the rural communities of the Southern Sierra. As required by state and federal law, RRH 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 Community Health Needs Assessment and develop an Implementation Strategy every three years. The purpose of this Community Health Needs Assessment is to identify and prioritize the significant health needs of the community served by Ridgecrest Regional Hospital. The health needs identified in this report help to guide the hospital’s community benefit activities.

**Service Area**

Ridgecrest Regional Hospital is located at 1081 North China Lake Boulevard, Ridgecrest, CA 93555. The service area includes four communities consisting of four ZIP Codes in Kern County. The service area was determined from the ZIP Codes that reflect a majority of patient admissions. Whenever possible, ZIP Code level data or city data were used to most accurately describe the service area. However, some data indicators were only available at the county level.

**Assessment Process and Methods**

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

1. The size of the problem (relative portion of population afflicted by the problem)
2. The seriousness of the problem (impact at individual, family, and community levels)

Primary data were obtained through a survey with 46 community residents and interviews with 13 key community stakeholders, public health, and service providers, members of medically underserved, low-income, and minority populations in the community, and individuals or organizations serving or representing the interests of such populations. The primary data collection process was designed to validate secondary data findings, identify additional community issues, solicit information on disparities among subpopulations, ascertain community assets potentially available to address needs and discover gaps in resources.

**Significant Health Needs**

The community stakeholders were asked to prioritize the significant health needs according to highest level of importance in the community. The total score for each significant health need was divided by the total number of responses for which data were provided and resulted in an overall average for each health need. Mental health, substance use and misuse, and access to health care were ranked as the top three priority needs in the service area. The significant health needs are listed below in priority order:

1. Access to health care
2. Substance use and misuse
3. Chronic diseases
4. Mental health
5. Preventive practices
6. Violence and injury
7. Overweight and obesity
8. Food insecurity
9. Housing and homelessness
10. Sexually transmitted infections
11. Economic insecurity
12. Dental care
13. Birth characteristics

### Report Adoption, Availability and Comments

This CHNA report was adopted by the Ridgecrest Regional Hospital Board of Directors in December 2019.

This report is widely available to the public on the hospital’s web site, <https://www.rrh.org/about-us/community-benefit/community-health-needs-assessment/>. Written comments on this report can be submitted to [adan.martinezgonzalez@rrh.org](mailto:adan.martinezgonzalez@rrh.org).

# Introduction

### Background and Purpose

Ridgecrest Regional Hospital (RRH) is a nonprofit, full service, acute care hospital with 196 beds, including 25 inpatient and 125 Skilled Nursing Facility beds. Located in Ridgecrest, California, it was founded in 1945 by Dr. Thomas A. Drummond, who realized the need for medical care, to support the then recently established Naval Ordnance Test Station. Today, RRH continues as the only regional healthcare system providing a variety of services to the rural communities of the Southern Sierra.

The RRH health system offers multi-specialty health care and state-of-the-art facilities, including Gastroenterology Lab, Cardiology, Dermatology, Orthopedics, Pediatrics and an accredited Sleep Lab. The hospital also offers a Cancer Center, as part of an ongoing oncology affiliation with UC Davis Health Cancer Care Network. The hospital has been awarded the ACR gold seal of accreditation in Radiology and Nuclear Medicine, representing the highest level of image quality and patient safety. The Emergency Department has been designated by Kern County Public Health, as a *Level IV trauma center*, providing stabilization and advanced trauma life support.

Ridgecrest Regional Hospital has undertaken a Community Health Needs Assessment (CHNA) as required by state and federal law. California Senate Bill 697 (SB697) and the Patient Protection and Affordable Care Act and IRS section 501(r)(3) direct tax-exempt hospitals to conduct a CHNA and develop an Implementation Strategy every three years. The CHNA is a primary tool used by RRH to determine its community benefit plan, which outlines how it will give back to the community in the form of health care and other community services to address unmet community health needs. This assessment incorporates components of primary data collection and secondary data analysis that focus on the health and social needs of the service area.

### Service Area

Ridgecrest Regional Hospital is located at 1081 North China Lake Boulevard, Ridgecrest, CA 93555. The service area includes four communities consisting of four ZIP Codes in Kern County.

**Ridgecrest Regional Hospital Service Area**

|  |  |
| --- | --- |
| **ZIP Code** | **Place** |
| 93527 | Inyokern |
| 93554 | Randsburg |
| 93555 | Ridgecrest |
| 93562 | Trona |

### Project Oversight

The CHNA process was overseen by:

Adan Martinez Gonzalez

Operations Manager

Ridgecrest Regional Hospital

### Consultant

Biel Consulting, Inc. conducted the CHNA. Melissa Biel, DPA, RN conducted the Community Health Needs Assessment. She was joined by Sevanne Sarkis, JD, MHA, Med, and Denise Flanagan, BA. Biel Consulting, Inc. has extensive experience conducting hospital Community Health Needs Assessments and working with hospitals to develop, implement, and evaluate community benefit programs. [www.bielconsulting.com](http://www.bielconsulting.com/)

# Data Collection Methodology

### Secondary Data Collection

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

Sources of data include: the U.S. Census American Community Survey, California Department of Public Health, California Health Interview Survey, Kern County Public Health Department, Healthy Kern County, County Health Rankings, California Department of Education, California Office of Statewide Health Planning and Development and California Department of Justice, among others.

Secondary data for the service area were collected and documented in data tables with narrative explanation. The tables present the data indicator, the geographic area represented, the data measurement (e.g. rate, number, or percent), county and state comparisons (when available), the data source, data year and an electronic link to the data source. Whenever possible, ZIP Code level data or city data were used to most accurately describe the service area. However, some data indicators were only available by county.

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

### Primary Data Collection

Interviews and a community survey were used to gather information and opinions from persons who represent the interests of the community served by the hospital.

Interviews

Thirteen (13) interviews were completed in September and October 2019. Community stakeholders identified by the hospital were contacted and asked to participate in the needs assessment. Interviewees included individuals who are leaders and/or representatives of medically underserved, low-income, and minority populations, local health or other departments or agencies that have current data or other information relevant to the health needs of the community. Input was obtained from the Kern County Public Health Department.

The identified stakeholders were invited by email to participate in a phone interview. Appointments for the interviews were made on dates and times convenient to the stakeholders. At the beginning of each interview, the purpose of the interview in the context of the needs assessment was explained, the stakeholders were assured their responses would remain confidential, and consent to proceed was given.

Interview questions focused on the following topics:

* Major health issues in the community
* Socioeconomic, behavioral, or environmental factors that impact health in the community
* Those most affected by the significant needs
* Issues, challenges and barriers experienced in the community
* Potential resources to address the identified health needs, such as services, programs and/or community efforts
* Additional comments and concerns

Interview participant comments are included in the CHNA report. A list of the community respondents engaged in the interviews can be found in Attachment 2.

Community Survey

The survey was available in an electronic format through a Survey Monkey link posted on the hospital website. The survey link was available from July to October 2019 and during this time, 46 usable surveys were collected.

The survey asked for respondents’ demographic information. Survey questions focused on cancer and treatment. The summary survey report can be found in Attachment 3.

### Public Comment

In compliance with IRS regulations 501(r) for charitable hospitals, a hospital Community Health Needs Assessment (CHNA) and Implementation Strategy are to be made widely available to the public and public comment is to be solicited. The previous CHNA was made widely available to the public on the website <https://www.rrh.org/about-us/community-benefit/community-health-needs-assessment/>. To date, no public comments have been received.

# Identification and Prioritization of Significant Health Needs

### Review of Primary and Secondary Data

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 2020 objectives. Indicators related to the health needs, which 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:

* Access to health care
* Birth characteristics
* Chronic diseases (cancer, diabetes, heart disease, stroke, lung disease, asthma and Valley Fever)
* Dental care
* Economic insecurity
* Food insecurity
* Housing and homelessness
* Mental health
* Overweight and obesity
* Preventive practices
* Sexually transmitted infections
* Substance use and misuse
* Violence and injury

### Priority Health Needs

The list of significant health needs informed primary data collection. The primary data collection process was designed to validate secondary data findings, identify additional community issues, solicit information on disparities among subpopulations, ascertain community assets to address needs and discover gaps in resources. Community stakeholders were used to gather input and prioritize the significant health needs.

The following criteria were used to prioritize the health needs:

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

The interview and survey stakeholders were asked to rank each identified health need. The percentage of responses were presented for those needs with severe or significant impact on the community, had worsened over time, and had a shortage or absence of resources available in the community.

Not all respondents answered every question; therefore, the response percentages were calculated based on respondents only and not on the entire sample. Among the stakeholders, substance use and misuse, chronic diseases and access to care received the highest rankings for severe and significant impact on the community. Housing and homelessness had the highest score for worsened over time. Substance use and misuse, violence and injury, housing and homelessness, and mental health had the highest rankings of insufficient or absent resources.

|  |  |  |  |
| --- | --- | --- | --- |
| Significant Health Need | Severe and Significant Impact on the Community | Worsened over Time | Insufficient or Absent Resources |
| Access to health care | 78.0% | 6.7% | 51.5% |
| Birth characteristics | 40.0% | 0% | 19.0% |
| Chronic diseases (cancer, diabetes, heart disease, stroke, lung disease, asthma and Valley Fever) | 81.8% | 11.5% | 64.3% |
| Dental care | 26.7% | 0% | 25.9% |
| Economic insecurity | 61.8% | 40.7% | 65.4% |
| Food insecurity | 36.4% | 31.8% | 60.0% |
| Housing and homelessness | 48.6% | 76.0% | 81.5% |
| Mental health | 72.2% | 56.0% | 81.5% |
| Overweight and obesity | 54.3% | 34.6% | 44.4% |
| Preventive practices | 47.1% | 11.5% | 46.4% |
| Sexually transmitted infections | 39.3% | 43.8% | 55.6% |
| Substance use and misuse | 83.3% | 62.5% | 92.3% |
| Violence and injury | 40.6% | 54.2% | 81.8% |

The stakeholders were also asked to rank order (possible score of 4) the health needs according to highest level of importance in the community. The total score for each significant health need was divided by the total number of responses for which data were provided, resulting in an overall average for each health need.

Access to health care, substance use and misuse, chronic diseases and mental health were ranked as the top four priority needs in the service area. Calculations from community stakeholders resulted in the following prioritization of the significant health needs.

**Prioritization of Health Needs**

|  |  |
| --- | --- |
| Significant Health Need | Rank Order Score  (Total Possible Score of 4) |
| Access to health care | 3.77 |
| Substance use and misuse | 3.68 |
| Chronic diseases (cancer, diabetes, heart disease, stroke, lung disease, asthma and Valley Fever) | 3.65 |
| Mental health | 3.63 |
| Preventive practices | 3.57 |
| Violence and injury | 3.33 |
| Overweight and obesity | 3.31 |
| Food insecurity | 3.21 |
| Housing and homelessness | 3.19 |
| Sexually transmitted infections | 3.17 |
| Economic insecurity | 3.15 |
| Dental care | 3.02 |
| Birth characteristics | 2.56 |

### Resources to Address Significant Health Needs

Through the interview process, community stakeholders identified resources potentially available to address the significant health needs. The identified community resources are presented in Attachment 4.

### Review of Progress

In 2016, Ridgecrest Regional Hospital conducted the previous Community Health Needs Assessment. Significant health needs were identified from issues supported by primary and secondary data sources gathered for the CHNA. The hospital’s 2016-2019 Implementation Strategy addressed cancer, heart disease, mental health, obesity and nutrition, and substance and alcohol use. A review of the impact of the actions to address these significant health needs can be found in Attachment 5.

# Community Demographics

### Population

The population of the Ridgecrest Regional Hospital (RRH) service area is 37,709. This is a sparsely populated area, with 50.9 persons per square mile, compared to 108.1 persons per square mile in Kern County and 250.2 persons per square mile in California.

**Population of the Service Area**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Total Population** | **Total Land Area (Square Miles)** | **Population Density (Per Square Mile)** |
| RRH Service Area | 37,709 | 740.51 | 50.9 |
| Kern County | 878,744 | 8,132.24 | 108.1 |
| California | 38,982,847 | 155,785.74 | 250.2 |

*Source: U.S. Census Bureau, American Community Survey, 2013-2017, DP05.* [*http://factfinder.census.gov*](http://factfinder.census.gov)*.*

*Source geography: Tract. Accessed from CARES Engagement Network.* [*http://www.engagementnetwork.org/assessment*](http://www.engagementnetwork.org/assessment)

From 2012 to 2017, the population of the service area increased by 3.8%. This was a slower rate of growth than Kern County’s 4.7% population growth.

**Total Population and Change in Population, 2012-2017**

|  |  |  |
| --- | --- | --- |
|  | **RRH Service Area** | **Kern County** |
| Total population | 37,709 | 878,744 |
| Change in population, 2012-2017 | 3.8% | 4.7% |

*Source: U.S. Census Bureau, American Community Survey, 2008-2012 & 2013-2017, DP05.* [*http://factfinder.census.gov*](http://factfinder.census.gov)

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

**Population by Gender**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **RRH Service Area** | **Kern County** | **California** |
| Male | 51.1% | 51.3% | 49.7% |
| Female | 48.9% | 48.7% | 50.3% |

*Source: U.S. Census Bureau, American Community Survey, 2013-2017, DP05.* [*http://factfinder.census.gov*](http://factfinder.census.gov)

Children, ages 0-17, make up 27% of the population, 56.8% are adults, ages 18-64, and 16.3% of the population are seniors, 65 and over. The service area has a higher percentage of children, ages 5-14, and adults, ages 45 and older, than the county.

**Population by Age**

|  | **RRH Service Area** | **Kern County** |
| --- | --- | --- |
| 0 – 4 | 5.4% | 8.2% |
| 5 – 9 | 9.3% | 8.4% |
| 10 – 14 | 8.3% | 8.0% |
| 15 – 17 | 3.9% | 4.7% |
| 18 – 20 | 3.0% | 4.6% |
| 21 – 24 | 4.4% | 6.2% |
| 25 – 34 | 12.7% | 15.2% |
| 35 – 44 | 11.5% | 12.5% |
| 45 – 54 | 13.6% | 11.8% |
| 55 – 64 | 11.5% | 10.2% |
| 65 – 74 | 9.3% | 6.1% |
| 75 – 84 | 4.5% | 2.9% |
| 85+ | 2.4% | 1.1% |

*Source: U.S. Census Bureau, American Community Survey, 2013-2017, DP05.* [*http://factfinder.census.gov*](http://factfinder.census.gov)

In the service area, Trona and Ridgecrest have the largest percentages of youth, ages 0-17 (over one-quarter of their total populations), while Randsburg has the highest percentage of residents 65 and older (84.6%). The weighted average of the median age in the service area is 37.8 years, which is older than the median county age of 31.3.

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

|  | **ZIP Code** | **Total Population** | **Youth**  **Ages 0 – 17** | **Seniors**  **Ages 65+** | **Median Age** |
| --- | --- | --- | --- | --- | --- |
| Inyokern | 93527 | 1,852 | 15.0% | 24.3% | 57.4 |
| Randsburg | 93554 | 143 | 0.0% | 84.6% | 71.2 |
| Ridgecrest | 93555 | 34,075 | 27.6% | 15.6% | 36.5 |
| Trona | 93562 | 1,639 | 29.8% | 14.9% | 38.6 |
| **RRH Service Area** | | **37,709** | **27.0%** | **16.3%** | **\* 37.8** |
| **Kern County** | | **878,744** | **29.3%** | **10.2%** | **31.3** |

*Source: U.S. Census Bureau, American Community Survey, 2013-2017, DP05.* [*http://factfinder.census.gov*](http://factfinder.census.gov) *\*Weighted average of the median ages*

Seniors living alone may be isolated and lack adequate support systems. In the service area, 31.4% of seniors live alone. 54.7% of seniors live alone in Trona.

**Seniors Living Alone**

|  | **ZIP Code** | **Percent** |
| --- | --- | --- |
| Inyokern | 93527 | 4.2% |
| Randsburg | 93554 | 27.3% |
| Ridgecrest | 93555 | 32.7% |
| Trona | 93562 | 54.7% |
| **RRH Service Area** | | **31.4%** |
| **Kern County** | | **23.0%** |
| **California** | | **22.8%** |

*Source: U.S. Census Bureau, American Community Survey, 2013-2017. Accessed from Healthy Kern County,*[*www.healthykern.org*](http://www.healthykern.org)*.*

### Race/Ethnicity

In the service area, 66.8% of the population is White, 17.4% are Hispanic/Latino, 5.9% are Black/African American, 4.9% are Asian, 1.1% are American Indian/Alaskan Native, and the remaining 3.9% are multiple races. There is a higher percentage of Whites and a lower percentage of Hispanic/Latinos in the service area than in the county

**Race/Ethnicity**

|  |  |  |
| --- | --- | --- |
|  | **RRH Service Area** | **Kern County** |
| White | 66.8% | 35.4% |
| Hispanic/Latino | 17.4% | 52.2% |
| Black/African American | 5.9% | 5.1% |
| Asian | 4.9% | 4.5% |
| American Indian/Alaska Native | 1.1% | 0.5% |
| Native Hawaiian/Pacific Islander | 0.0% | 0.1% |
| Other/Multiple | 3.9% | 2.2% |

*Source: U.S. Census Bureau, American Community Survey, 2013-2017, DP05.* [*http://factfinder.census.gov*](http://factfinder.census.gov)

In the service area, Inyokern has the highest percentage of Whites (91.4%). Randsburg has the highest percentage of Latinos (27.3%) in the service area. Ridgecrest and Trona have the highest percentage of Black/African-American residents (6.2%). Ridgecrest has the highest percentage of Asians (5.3%) in the service area.

**Population by Race and Ethnicity, by ZIP Code**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **ZIP Code** | **Asian** | **Black** | **Latino** | **White** |
| Inyokern | 93527 | 1.3% | 0.7% | 5.8% | 91.4% |
| Randsburg | 93554 | 0.0% | 0.0% | 27.3% | 72.7% |
| Ridgecrest | 93555 | 5.3% | 6.2% | 18.0% | 65.1% |
| Trona | 93562 | 0.3% | 6.2% | 17.1% | 74.0% |
| **RRH Service Area** | | **4.9%** | **5.9%** | **17.4%** | **66.8%** |
| **Kern County** | | **4.5%** | **5.1%** | **52.2%** | **35.4%** |
| **California** | | **13.9%** | **5.5%** | **38.8%** | **37.9%** |

*Source: U.S. Census Bureau, American Community Survey, 2013-2017, DP05.* [*http://factfinder.census.gov*](http://factfinder.census.gov)

***\*****Care should be taken when interpreting rates for a ZIP Code with a small population.*

### Language

The languages spoken at home by area residents mirror the racial/ethnic make-up of the service area communities. English is spoken in the home by 82.9% of the population, 10.8% of the population speaks Spanish in the home. 3.5% of the population speaks an Asian or Pacific Islander language, and 1.7% of the population speaks an Indo-European language in the home.

**Language Spoken at Home, Population 5 Years and Older**

|  |  |  |
| --- | --- | --- |
|  | **RRH Service Area** | **Kern County** |
| Speaks only English | 82.9% | 55.9% |
| Speaks Spanish | 10.8% | 39.1% |
| Speaks Asian/Pacific Islander language | 3.5% | 2.6% |
| Speak Other Indo-European language | 1.7% | 1.7% |
| Speaks other language | 1.1% | 0.7% |

*Source: U.S. Census Bureau, American Community Survey, 2013-2017, DP02.* [*http://factfinder.census.gov*](http://factfinder.census.gov)

When examined at the ZIP Code level, Ridgecrest has the highest percentage of speakers of languages other than English, with 11.5% of the residents speaking Spanish, 3.9% speaking an Asian language and 1.8% speaking an Indo-European language in the home.

**Language Spoken at Home by ZIP Code**

|  | **ZIP Code** | **English** | **Spanish** | **Asian/Pacific Islander** | **Other Indo European** |
| --- | --- | --- | --- | --- | --- |
| Inyokern | 93527 | 98.7% | 1.3% | 0.0% | 0.0% |
| Randsburg | 93554 | 100.0% | 0.0% | 0.0% | 0.0% |
| Ridgecrest | 93555 | 81.6% | 11.5% | 3.9% | 1.8% |
| Trona | 93562 | 90.0% | 8.5% | 0.0% | 0.7% |
| **RRH Service Area** | | **82.9%** | **10.8%** | **3.5%** | **1.7%** |
| **Kern County** | | **55.9%** | **39.1%** | **2.6%** | **1.7%** |

*Source: U.S. Census Bureau, American Community Survey, 2013-2017, DP02.* [*http://factfinder.census.gov*](http://factfinder.census.gov)

“English Learners,” is defined as the percentage of students whose primary language is not English and who lack sufficient English-language skills necessary for academic success. In the area school district, the percentage of students who were classified English Learners was 6.5%, which was lower than the county rate (18.8%) and the state rate (19.4%).

**English Learners**

|  | **Number** | **Percent** |
| --- | --- | --- |
| Sierra Sands Unified School District | 334 | 6.5% |
| **Kern County** | **36,069** | **18.8%** |
| **California** | **1,195,988** | **19.4%** |

*Source: California Department of Education DataQuest, 2018-2019.* [*http://dq.cde.ca.gov/dataquest/*](http://dq.cde.ca.gov/dataquest/)

### Veterans

In the hospital service area, 14.5% of the civilian population, 18 years and older, are veterans. This is a higher rate than the county (6.1%) and state (5.6%).

**Veteran Status**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **RRH Service Area** | **Kern County** | **California** |
| Veteran status | 14.5% | 6.1% | 5.6% |

*Source: U.S. Census Bureau, American Community Survey, 2013-2017, DP02.* [*http://factfinder.census.gov*](http://factfinder.census.gov)

### Citizenship

In the service area, 9% of the population is foreign-born. Of the foreign-born, 38.8% are not citizens. It is important to note, however, this does not mean they are in the country illegally. Service area rates of foreign birth and foreign-born-non-citizens are lower than county and state rates.

**Foreign-Born Residents and Citizenship**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **RRH Service Area** | **Kern County** | **California** |
| Foreign born | 9.0% | 19.9% | 27.0% |
| Of foreign born, not a U.S. citizen | 38.8% | 66.3% | 49.9% |

*Source: U.S. Census Bureau, American Community Survey, 2013-2017, DP02.* [*http://factfinder.census.gov*](http://factfinder.census.gov)

# Social Determinants of Health

### Social and Economic Factors Ranking

County Health Rankings examines social and economic indicators as a contributor to the health of a county’s residents. California’s 57 counties (no data were available for Alpine County) are ranked according to social and economic factors with 1 being the county with the best ranking to 57 for the county with the poorest ranking. This ranking examines high school graduation rates, unemployment, children in poverty, social support, and other factors. Kern County is ranked as 53rd, in the bottom 10% of all California counties according to social and economic factors.

**Social and Economic Factors Ranking**

|  |  |
| --- | --- |
|  | **County Ranking (out of 57)** |
| Kern County | 53 |

*Source: County Health Rankings, 2019.* [*www.countyhealthrankings.org*](http://www.countyhealthrankings.org)

The **2018 SocioNeeds Index** is a measure of socioeconomic need that is correlated with poor health outcomes. ZIP Codes, counties, and county equivalents in the United States are given an Index Value from 0 (low need) to 100 (high need). To find the areas of highest need, the selected locations are ranked from 1 (low need) to 5 (high need) based on their Index Value. Two of the four service area communities had an index value and ranking listed Inyokern and Ridgecrest had a ranking of “3”, placing them at moderate need.

**SocioNeeds Index Value and Ranking**

|  | **ZIP Code** | **Index Value (0-100)** | **Ranking (1-5)** |
| --- | --- | --- | --- |
| Inyokern | 93527 | 74.8 | 3 |
| Randsburg | 93554 | N/A | N/A |
| Ridgecrest | 93555 | 60.0 | 3 |
| Trona | 93562 | N/A | N/A |

*Source: 2018 SocioNeeds Index, Counduent Healthy Communities Institute via* [*http://www.healthykern.org*](http://www.healthykern.org) *N/A = Not available*

### Poverty

The Census Bureau annually updates official poverty population statistics. For 2017 (the most recent year that the American Community Survey poverty data were available), the federal poverty level (FPL) was set at an annual income of $12,060 for one person and $24,600 for a family of four.

Among residents in the RRH service area, 18.6% are at or below 100% of the federal poverty level (FPL) and 37.2% are low-income (200% of FPL or below). Of service area communities, Trona has the highest percentage of residents living in poverty (32.9%). Randsburg has the highest percentage of residents in the service area who are low-income (71.3%).

**Ratio of Income to Poverty Level**

|  | **ZIP Code** | **Below 100% Poverty** | **Below 200% Poverty** |
| --- | --- | --- | --- |
| Inyokern | 93527 | 21.3% | 35.0% |
| Randsburg | 93554 | 22.4% | 71.3% |
| Ridgecrest | 93555 | 17.7% | 36.5% |
| Trona | 93562 | 32.9% | 51.6% |
| **RRH Service Area** | | **18.6%** | **37.2%** |
| **Kern County** | | **22.6%** | **47.2%** |
| **California** | | **15.1%** | **33.9%** |

*Source: U.S. Census Bureau, American Community Survey, 2013-2017, S1701.* [*http://factfinder.census.gov*](http://factfinder.census.gov)

***\*****Care should be taken when interpreting rates for a ZIP Code with a small population.*

27.6% of service area children, under age 18, are living in poverty. Inyokern (55.2%) and Trona (47.8%) have higher rates of children living in poverty. Among service area seniors, 8.3% are living in poverty, Randsburg (20.7%) and Trona (20.8%) have high rates of seniors living in poverty. 52% of service area females who are heads of household (HoH) with children, are living in poverty. In Trona, 73.3% of females who are head of household with children are living in poverty.

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **ZIP Code** | **Children Under 18 Years Old** | **Seniors** | **Female HoH with Children\*** |
| Inyokern | 93527 | 55.2% | 11.1% | N/A |
| Randsburg | 93554 | N/A | 20.7% | N/A |
| Ridgecrest | 93555 | 25.6% | 7.2% | 51.3% |
| Trona | 93562 | 47.8% | 20.8% | 73.3% |
| **RRH Service Area** | | **27.6%** | **8.3%** | **52.0%** |
| **Kern County** | | **31.3%** | **11.7%** | **51.9%** |
| **California** | | **20.8%** | **10.2%** | **36.2%** |

*Source: U.S. Census Bureau, American Community Survey, 2013-2017, S1701 & \*S1702.* [*http://factfinder.census.gov*](http://factfinder.census.gov)

***\*****Care should be taken when interpreting rates for a ZIP Code with a small population..N/A = Not Applicable*

### Community Input – Economic Insecurity

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

* One factor is not being able to get insurance. People have part time jobs that don’t offer it or they can’t afford to get the health care they need.
* The community doesn’t have many resources for those who are not working, the disabled and the poor.
* There are people who are living under the radar.
* There is a group of working class residents who have insurance, but they don’t dare go to the doctor because of the copays or having to pay for what insurance won’t cover.
* We have a large immigrant population. Immigrants who don’t have a good command of English, lack access to resources.

### Households

In the service area there are 14,718 households and 17,182 housing units. Over the past five years, the population grew by 3.8% while the number of households grew by 2.3% and the number of housing units by 2.6%. Home ownership increased over the same period, with 1.6% more units occupied by owners, while renter-occupied units increased by 3.4%. There was a 4.6% increase in vacancies from 2012 to 2017.

**Households and Housing Units, and Percent Change, 2012-2017**

|  | **RRH Service Area** | | | **Kern County** | | | **California** | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **2012** | **2017** | **Percent Change** | **2012** | **2017** | **Percent Change** | **2012** | **2017** | **Percent Change** |
| Households | 14,394 | 14,718 | 2.3% | 253,178 | 264,993 | 4.7% | 12,466,331 | 12,888,128 | 3.4% |
| Housing units | 16,749 | 17,182 | 2.6% | 283,810 | 293,548 | 3.4% | 13,667,226 | 13,996,299 | 2.4% |
| Owner occ. | 9,259 | 9,410 | 1.6% | 149,657 | 151,564 | 1.3% | 6,978,397 | 7,024,315 | 0.7% |
| Renter occ. | 5,135 | 5,308 | 3.4% | 103,521 | 113,429 | 9.6% | 5,487,934 | 5,863,813 | 6.8% |
| Vacant | 2,355 | 2,464 | 4.6% | 30,632 | 28,555 | (-6.8%) | 1,200,895 | 1,108,171 | (-7.7%) |

*Source: U.S. Census Bureau, American Community Survey, 2008-2012 & 2013-2017, DP04.* [*http://factfinder.census.gov*](http://factfinder.census.gov)

In the service area, there are 14,718 households, 89.3% of which are in Ridgecrest. The service area has a lower population density per household than the county or state, and 31.8% of all service area households are single-person households.

**Household Size**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **RRH Service Area** | **Kern County** | **California** |
| 1 person households | 31.8% | 20.1% | 23.9% |
| 2 person households | 33.3% | 27.8% | 30.2% |
| 3 person households | 11.4% | 16.1% | 16.7% |
| 4+ person households | 23.5% | 36.0% | 29.3% |

*Source: U.S. Census Bureau, American Community Survey, 2013-2017, S2501.* [*http://factfinder.census.gov*](http://factfinder.census.gov)

According to the US Department of Housing and Urban Development, those who spend more than 30% of their income on housing are said to be “cost burdened.” Those who spend 50% or more are considered “severely cost burdened.” 25.7% of service area families 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 costs of ownership), as well as those who rent. Ridgecrest (26.2%) and Inyokern (24.7%) are the areas with the highest percent of families who spend 30% or more of their income on housing.

**Families Who Spend 30% or More of Their Income on Housing**

|  | **ZIP Code** | **Percent** |
| --- | --- | --- |
| Inyokern | 93527 | 24.7% |
| Randsburg | 93554 | 14.6% |
| Ridgecrest | 93555 | 26.2% |
| Trona | 93562 | 18.4% |
| **RRH Service Area** | | **25.7%** |
| **Kern County** | | **38.6%** |
| **California** | | **43.1%** |

*Source: U.S. Census Bureau, American Community Survey, 2013-2017, DP04.*[*http://factfinder.census.gov*](http://factfinder.census.gov/)

The median household income in the service area ranges from $26,037 in Randsburg to $71,904 in Inyokern. The weighted average of the area’s median household incomes is $59,054, which is higher than the county’s median household income ($50,826).

**Median Household Income**

|  |  |  |
| --- | --- | --- |
|  | **ZIP Code** | **Median Household Income** |
| Inyokern | 93527 | $71,904 |
| Randsburg | 93554 | $26,037 |
| Ridgecrest | 93555 | $60,000 |
| Trona | 93562 | $33,333 |
| **RRH Service Area** | | **\*$59,054** |
| **Kern County** | | **$50,826** |
| **California** | | **$67,169** |

*Source: U.S. Census Bureau, American Community Survey, 2013-2017, DP03.* [*http://factfinder.census.gov*](http://factfinder.census.gov)

*\*Weighted mean across Service Area cities’ medians. Median income is the amount that divides the income distribution into two equal groups, half having income above that amount, and half having income below that amount.*

### Unemployment

The unemployment rates in service area cities, for which data are available, ranges from 0% in Inyokern and Randsburg (where the California Economic Development Department shows zero workers) to 3% in Ridgecrest.

**Unemployment Rate, 2018 Average**

|  | **Percent** |
| --- | --- |
| Inyokern | 0.0% |
| Randsburg | 0.0% |
| Ridgecrest | 3.0% |
| Trona | N/A |
| **Kern County** | **8.0%** |
| **California** | **4.2%** |

*Source: California Employment Development Department, Labor Market Information; Data available by city, not by ZIP Code.*

[*http://www.labormarketinfo.edd.ca.gov/data/labor-force-and-unemployment-for-cities-and-census-areas.html*](http://www.labormarketinfo.edd.ca.gov/data/labor-force-and-unemployment-for-cities-and-census-areas.html) *N/A = Not available*

### Free and Reduced Price Meals

The percent of students eligible for the free and reduced price school meal program is one indicator of socioeconomic status. In the Sierra Sands Unified School District, 60.8% of students qualified for the program, which was lower than the county rate (73.6%).

**Free and Reduced Price Meals Eligibility**

|  |  |
| --- | --- |
|  | **Percent Eligible Students** |
| Sierra Sands Unified School District | 60.8% |
| **Kern County** | **73.6%** |
| **California** | **60.1%** |

*Source:* [*California*](http://nces.ed.gov/ccd/pubschuniv.asp) *Department of Education, 2017-2018.*[*http://data1.cde.ca.gov/dataquest/*](http://data1.cde.ca.gov/dataquest/)

### Public Program Participation

In Kern County, 48% of low-income residents (< 200% of the FPL) are not able to afford food. However, only 24.2% of residents living at <300% of the FPL utilize food stamps. 40.6% of children in Kern County have parents who access WIC benefits. 7% of residents participate in TANF/CalWorks.

**Public Program Participation**

|  |  |  |
| --- | --- | --- |
|  | **Kern County** | **California** |
| Not able to afford food (<200%FPL) | 48.0% | 44.4% |
| Food stamp recipients (<300% FPL) | 24.2% | 23.8% |
| WIC usage among children, 6 years and under\* | 40.6% | 44.3% |
| TANF/CalWorks recipients\* | 7.0% | 9.3% |

*Source: California Health Interview Survey, 2016 and \*2014-2016.* [*http://ask.chis.ucla.edu/*](http://ask.chis.ucla.edu/)

In the hospital service area, 7.1% of residents receive SSI benefits, 4.5% receive cash public assistance income, and 13.9% of residents receive food stamp benefits.

**Household Supportive Benefits**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **RRH Service Area** | **Kern County** | **California** |
| **Total households** | **14,718** | **264,993** | **12,888,128** |
| Supplemental Security Income (SSI) | 7.1% | 7.9% | 6.2% |
| Public Assistance | 4.5% | 6.1% | 3.6% |
| Food Stamps/SNAP | 13.9% | 17.0% | 9.3% |

*Source: U.S. Census Bureau, American Community Survey, 2013-2017, DP03.* [*http://factfinder.census.gov*](http://factfinder.census.gov)

### CalFresh Eligibility and Participation

CalFresh is California’s food stamp program. 159,900 individuals in Kern County received food stamps (CalFresh) in 2017; this represents 76.2% of those eligible to receive food stamps.

**CalFresh Recipients and Participation**

|  |  |  |
| --- | --- | --- |
|  | **Number of Recipients** | **Participation Rate** |
| Kern County | 159,900 | 76.2% |
| California | 4,127,651 | 71.8% |

*Source: California Department of Social Services’ CalFresh Data Dashboard, 2017.* [*http://www.cdss.ca.gov/inforesources/Data-Portal/Research-and-Data/CalFresh-Data-Dashboard*](http://www.cdss.ca.gov/inforesources/Data-Portal/Research-and-Data/CalFresh-Data-Dashboard)

### Food Insecurity

The U.S. Department of Agriculture (USDA) defines food insecurity as limited or uncertain availability of nutritionally adequate foods or uncertain ability to acquire these foods in socially-acceptable ways. Among the population in Kern County, 13.4% experienced food insecurity during the past year. Among children in Kern County, 23.8% lived in households that experienced food insecurity at some point in the year. The rate of food insecurity is higher in Kern County than in the state.

**Food Insecurity**

|  |  |  |
| --- | --- | --- |
|  | **Kern County** | **California** |
| Total population experienced food insecurity during the year | 13.4% | 11.0% |
| Children experienced food insecurity during the year | 23.8% | 18.1% |

*Source: Feeding America, 2017, accessed at Healthy Kern County,* [*www.healthykern.org*](http://www.healthykern.org)

### Community Input – Food Insecurity

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

* Food insecurity is an issue for the elderly on fixed incomes. They must make decisions on whether to buy food or pay for medications.
* There are several churches that have weekly dinners and food pantries. The community college has a pantry for the students as well. At the library, we had lunch over the summer for kids and we did see an increase from the previous summer.
* The schools have a robust program for food. They also do breakfast and lunch at the schools during the school year.
* There is food insecurity in this town. But you have to ask.
* Some families have food insecurity, but there are a lot of churches in town with food pantries and meals, and the Salvation Army. So, there are places to get assistance fairly readily.
* The library in the summer offers free lunches, and the school serves free meals. We are seeing more homelessness in town than ever before, that is more of a growing need.
* It has gotten easier since there are places that deliver food, so it is better than it used to be for people who live in isolated areas.
* There is poverty in the Valley, and some have food insecurity, but it is less than many other locations. People who live in this valley, live here largely because they can get employment or have family employed here, so it is less of a problem here than other locations.

### Educational Attainment

Among area adults, ages 25 and older, 11.5% lack a high school diploma. 52.9% of adults are high school graduates and 35.6% of area adults are college graduates. These rates of educational attainment are higher than at the county level.

**Educational Attainment of Adults, 25 Years and Older**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **RRH Service Area** | **Kern County** | **California** |
| Less than 9th grade | 3.7% | 14.0% | 9.7% |
| Some high school, no diploma | 7.8% | 12.2% | 7.8% |
| High school graduate | 25.6% | 27.7% | 20.6% |
| Some college, no degree | 27.3% | 23.1% | 21.5% |
| Associate degree | 10.5% | 7.2% | 7.8% |
| Bachelor degree | 17.6% | 10.5% | 20.4% |
| Graduate or professional degree | 7.5% | 5.2% | 12.2% |

*Source: U.S. Census Bureau, American Community Survey, 2013-2017, DP02.* [*http://factfinder.census.gov*](http://factfinder.census.gov)

High school graduation rates are the percentage of high school graduates who graduate four years after starting ninth grade. In the Sierra Sands Unified School District, the high school graduation rate is 85.7%, which does not meet the Healthy People 2020 objective for high school graduation of 87%.

**High School Graduation Rate**

|  |  |
| --- | --- |
|  | **Graduation Rate** |
| Sierra Sands Unified School District | 85.7% |
| **Kern County** | **86.7%** |
| **California** | **87.3%** |

*Source:* [*California*](http://nces.ed.gov/ccd/pubschuniv.asp) *Department of Education, 2017-2018.*[*http://data1.cde.ca.gov/dataquest/*](http://data1.cde.ca.gov/dataquest/)

### Preschool Enrollment

The percentage of 3 and 4-year olds enrolled in preschool in the service area (57.6%) is higher than the county (34.4%) and state (48.7%) rates. The lowest rate of preschool enrollment is in Trona (53.3%), and the highest is in Inyokern (100%).

**Children, 3 and 4 Years of Age, Enrolled in Preschool**

|  | **ZIP Code** | **Percentage** |
| --- | --- | --- |
| Inyokern | 93527 | 100.0% |
| Randsburg | 93554 | Not Applicable |
| Ridgecrest | 93555 | 57.0% |
| Trona | 93562 | 53.3% |
| **RRH Service Area** | | **57.6%** |
| **Kern County** | | **34.4%** |
| **California** | | **48.7%** |

*Source: U.S. Census Bureau, American Community Survey, 2013-2017, S1401.* [*http://factfinder.census.gov*](http://factfinder.census.gov)

### Reading to Children

Adults with children, ages 0 to 5, in their care were asked whether the children were read to daily by family members in a typical week. 55.2% of adults interviewed in Kern County responded yes to this question, which was lower than the California rate of 64.7%.

**Children Who Were Read to Daily by a Parent or Family Member**

|  |  |  |
| --- | --- | --- |
|  | **Kern County** | **California** |
| Children read to daily | 55.2% | 64.7% |

*Source: California Health Interview Survey, 2015-2017.* [*http://ask.chis.ucla.edu*](http://www.publichealth.lacounty.gov/ha/LACHSDataTopics2015.htm)

### Parks, Playgrounds and Open Spaces

92.3% of county children, ages 1-17 years, were reported to live within walking distance to a park, playground or open space, but only 75.3% had visited one within the past month.

**Access to and Utilization of Parks, Playgrounds and Open Space**

|  | **Kern County** | **California** |
| --- | --- | --- |
| Walking distance to park, playground or open space | 92.3% | 89.7% |
| Visited park, playground or open space in past month, ages 1 to 17 | 75.3% | 85.6% |

*Source: California Health Interview Survey, 2013-2017;* [*http://ask.chis.ucla.edu/*](http://ask.chis.ucla.edu/)

### Homelessness

The Kern County Homeless Collaborative conducts an annual ‘point-in-time’ count of homelessness in Kern County. More than half (58.2%) of the homeless in 2018 were sheltered. Despite a downward trend in homelessness in recent years, there was a spike of 9% in homelessness from 2017 to 2018, and a 46% increase in the number of unsheltered homeless. Among children, 3.7% of public school enrollees in Kern County were recorded as being homeless at some point during the 2015-2016 school year (*Source:* [*kidsdata.org*](http://www.kidsdata.org/topic/230/homeless-students/table#fmt=356&loc=362,2&tf=79&sortType=asc)*, October 2018*).

**Homeless Annual Count, Kern County, 2017 and 2018**

|  |  |  |  |
| --- | --- | --- | --- |
| **Year of Count** | **Total Homeless** | **Sheltered** | **Unsheltered** |
| 2017 | 810 | 66.8% | 33.2% |
| 2018 | 885 | 58.2% | 41.8% |

*Source: Kern County Homeless Collaborative, 2018.* [*http://www.kernhomeless.org/*](http://www.kernhomeless.org/index.cfm?fuseaction=page&page_id=5013) *2017 report at* [*http://endkernhomeless.org/filelibrary/2017%20PIT%20Count%20Report.pdf*](http://endkernhomeless.org/filelibrary/2017%20PIT%20Count%20Report.pdf) *2018 report as reported at:* [*https://www.bakersfield.com/news/county-s-homeless-population-spikes-in-recent-count/article\_963fea6e-53fc-11e8-8e86-0721abba8fb9.html*](https://www.bakersfield.com/news/county-s-homeless-population-spikes-in-recent-count/article_963fea6e-53fc-11e8-8e86-0721abba8fb9.html)

### Crime and Violence

Violent crimes include homicide, rape, robbery and assault. Property crimes include burglary, larceny and motor vehicle theft. The violent crime rate in Ridgecrest was lower than the county rate, although the violent crime rate increased from 2014 to 2017. The property crime rate in Ridgecrest is lower than the county rate, but the property crime rate also increased from 2014 to 2017.

**Violent Crimes Rates and Property Crime Rates, per 100,000 Persons, 2014 and 2017**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Property Crimes** | | | | **Violent Crimes** | | | |
| **Number** | | **Rate** | | **Number** | | **Rate** | |
| **2014** | **2017** | **2014** | **2017\*** | **2014** | **2017** | **2014** | **2017\*** |
| Ridgecrest | 470 | 518 | 1,630.2 | 1,796.7 | 118 | 155 | 409.3 | 537.6 |
| Kern County Sherriff Dept. | 9,061 | 9,086 | N/A | N/A | 1,982 | 2,187 | N/A | N/A |
| **Kern County\*** | **28,283** | **28,933** | **3,227.2** | **3,194.2** | **4,465** | **4,989** | **509.5** | **550.8** |
| **California\*** | **946,682** | **1,001,380** | **2,459.0** | **2,544.5** | **151,425** | **174,701** | **393.3** | **443.9** |

*Source: CA Department of Justice, Office of the Attorney General, 2018.* [*https://oag.ca.gov/crime*](https://oag.ca.gov/crime)

*Source for 2014 city data (number and rate): US Bureau of Justice Statistics* [*https://www.bjs.gov/ucrdata/Search/Crime/Crime.cfm*](https://www.bjs.gov/ucrdata/Search/Crime/Crime.cfm)

*\*State rates were provided by the CA DOJ; rates for the county were calculated based on historical population totals provided by CA Department of Finance and all 2017 rates for cities were calculated based on 2014 populations extrapolated from bjs.gov data and are, therefore, only estimates.*

When Kern County teens were asked to evaluate neighborhood cohesion, 91.6% of teens felt adults in their neighborhood could be counted on to ensure children were safe, 90.8% of people in their neighborhoods were willing to help, and 83.6% felt neighbors could be trusted.

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

|  |  |  |
| --- | --- | --- |
|  | **Kern County** | **California** |
| Adults in neighborhood look out for children | 91.6% | 88.2% |
| People in neighborhood are willing to help | 90.8%\* | 85.1% |
| People in neighborhood can be trusted | 83.6%\* | 82.4% |

*Source: California Health Interview Survey, 2013-2016.* [*http://ask.chis.ucla.edu*](http://ask.chis.ucla.edu/AskCHIS/) *\*Statistically unstable due to sample size*

Calls for domestic violence are categorized as “with” or “without a weapon.” 38.1% of domestic violence calls in Kern County involved a weapon, which is higher than found in Ridgecrest (9.4%). Sherriff’s Department calls had a weapons rate of 52%.

**Domestic Violence Calls, 2017**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Total** | **Without Weapon** | **With Weapon** |
| Ridgecrest | 534 | 90.6% | 9.4% |
| Kern County Sheriff’s Dept. | 4,089 | 48.0% | 52.0% |
| **Kern County** | **6,803** | **61.9%** | **38.1%** |
| **California** | **169,362** | **55.7%** | **44.3%** |

*Source: California Department of Justice, Office of the Attorney General, 2017.* [*https://oag.ca.gov/crime*](https://oag.ca.gov/crime)

In Kern County the rate of children, under age 18, who experienced abuse or neglect, was 11.8 per 1,000 children. This is higher than the state rate of 7.7 per 1,000 children. These rates are based on children with a substantiated maltreatment allegation.

**Substantiated Child Abuse Cases, per 1,000 Children**

|  |  |  |
| --- | --- | --- |
|  | **Kern County** | **California** |
| Child abuse | 11.8 | 7.7 |

*Source: Child Welfare Dynamic Report System, 2017. Accessed from Healthy Kern County at* [*www.healthykern.org*](file:///C:\Users\Melissa%20Biel\AppData\Local\Microsoft\Windows\Temporary%20Internet%20Files\Content.Outlook\0OZ6N6EV\www.healthykern.org)

### Air Quality

**Days with Ozone Levels above Regulatory Standard**

In 2016, Kern County had 78 days with ground-level ozone concentrations above the U.S. standard of 0.070 parts per million.

**Days with Ozone Levels above Regulatory Standard, 2016**

|  |  |  |
| --- | --- | --- |
|  | **Kern County** | **California** |
| Days with ozone levels about standard | 78 | 22 |

*Source: California Environmental Protection Agency, Air Resources Board, Air Quality Data Statistics, Aug. 2017 via* [*http://www.kidsdata.org*](http://www.kidsdata.org)

**Annual Average Particulate Matter Concentration**

Fine particulate matter (PM 2.5) is an air pollutant commonly found in diesel exhaust. PM 2.5 refers to particles with a diameter of less than 2.5 microns, or about 1/10,000 of an inch. The national annual PM 2.5 standard is 12 micrograms per cubic meter. Concentrations at or above this standard are considered potentially harmful to health, especially for sensitive groups such as young children and those with asthma. The annual average PM 2.5 concentrations in Kern County were measured at 15.9 micrograms per cubic meter.

**Annual Average Particulate Matter Concentration, Micrograms per Cubic Meter, 2016**

|  |  |  |
| --- | --- | --- |
|  | **Kern County** | **California** |
| Annual average PM 2.5 concentration | 15.9 | 9.0 |

*Source: California Environmental Protection Agency, Air Resources Board, Air Quality Data Statistics, U.S. EPA Particulate Matter Trends, July 2017 via* [*http://www.kidsdata.org*](http://www.kidsdata.org)

# Health Care Access

### Health Insurance Coverage

Health insurance coverage is a key component to accessing health care. The Healthy People 2020 objective is for 100% insurance coverage. The service area has 93.3% insurance coverage. The lowest rate of insurance coverage was in Trona (92.1%). Health care coverage is higher among children, ages 0 to 18. 96.5% of children in the service area are insured. The lowest rate of insurance coverage among children was in Ridgecrest (96.2%). The lowest insurance coverage rate is among adults, 18 to 64. 89.9% of service area adults have health insurance coverage.

**Health Insurance Coverage**

|  | **ZIP Code** | **All Ages** | **0 to 18** | **19 to 64** |
| --- | --- | --- | --- | --- |
| Inyokern | 93527 | 95.2% | 100.0% | 92.1% |
| Randsburg | 93554 | 100.0% | N/A | 100.0% |
| Ridgecrest | 93555 | 93.3% | 96.2% | 89.9% |
| Trona | 93562 | 92.1% | 100.0% | 85.6% |
| **RRH Service Area** | | **93.3%** | **96.5%** | **89.9%** |
| **Kern County** | | **88.8%** | **95.5%** | **83.4%** |
| **California** | | **89.5%** | **95.3%** | **85.2%** |

*Source: U.S. Census Bureau, American Community Survey, 2013-2017, S2701.* [*http://factfinder.census.gov*](http://factfinder.census.gov) *N/A = Not Applicable*

When insurance coverage was examined for the county, 38.3% of the population had Medi-Cal coverage. 34.2% of county residents had employment-based insurance.

|  |  |  |
| --- | --- | --- |
| **Insurance Coverage by Type** | | |
|  | **Kern County** | **California** |
| Medi-Cal | 38.3% | 24.0% |
| Medicare only | 1.5% | 1.3% |
| Medi-Cal/Medicare | 3.6% | 3.7% |
| Medicare and others | 5.8% | 8.9% |
| Other public | 0.9%\* | 1.6% |
| Employment based | 34.2% | 44.4% |
| Private purchase | 5.9% | 6.1% |
| No insurance | 9.8% | 9.8% |
| *Source: California Health Interview Survey, 2013-2017.* [*http://ask.chis.ucla.edu/*](http://ask.chis.ucla.edu/) *\*Statistically unstable due to sample size.* | | |

### Sources of Care

Access to a medical home and a primary care provider improve continuity of care and decrease unnecessary emergency room visits. Seniors in Kern County are the most likely to have a usual source of care (93.8%). Adults, 18 to 64, are the least likely to have a usual source of care (81.9%).

|  |  |  |  |
| --- | --- | --- | --- |
| **Usual Source of Care** | | | |
|  | **Ages 0-17** | **Ages 18-64** | **Ages 65+** |
| Kern County | 93.1% | 81.9% | 93.8%\* |
| California | 91.4% | 82.6% | 94.5% |
| *Source: California Health Interview Survey, 2013-2017.* [*http://ask.chis.ucla.edu/*](http://ask.chis.ucla.edu/) *\*Statistically unstable due to sample size* | | | |

When access to care through a usual source of care is examined by race/ethnicity, Latinos (83%) are the least likely to have a usual source of care.

|  |  |  |
| --- | --- | --- |
| **Usual Source of Care by Race/Ethnicity** | | |
|  | **Kern County** | **California** |
| African American | 88.6%\* | 88.4% |
| Asian | 91.4%\* | 84.5% |
| Latino | 83.0% | 81.6% |
| White | 90.6% | 91.1% |
| *Source: California Health Interview Survey, 2013-2017.* [*http://ask.chis.ucla.edu/*](http://ask.chis.ucla.edu/) *\*Statistically unstable due to sample size.* | | |

In Kern County, 54% of residents access care at a doctor’s office, HMO or Kaiser, and 28.8% access care at a clinic or community hospital. 13.3% of the population had no usual source of care.

**Sources of Care**

|  |  |  |
| --- | --- | --- |
|  | **Kern County** | **California** |
| Dr. Office/HMO/Kaiser Permanente | 54.0% | 59.5% |
| Community clinic/government clinic/community hospital | 28.8% | 24.4% |
| ER/Urgent care | 2.6%\* | 1.6% |
| Other place/no one place | 1.1%\* | 0.8% |
| No usual source of care | 13.3% | 13.7% |

*Source: California Health Interview Survey, 2013-2017.* [*http://ask.chis.ucla.edu*](http://ask.chis.ucla.edu/AskCHIS/) *\*Statistically unstable due to sample size*

Accessing health care can be affected by the number of providers in a community. Inyokern/Ridgecrest is a federally designated Low Income Migrant Farmworker Population Health Professional Shortage Area (HPSA) for dental health. Ridgecrest is a Low-Income Population HPSA for primary care and a High Needs Geographic HPSA for mental health.

Based on the 2019 County Health Rankings, Kern County ranks 52 out of the 58 California counties for clinical care, which includes ratios of population-to-care providers and preventive screening practices, among other factors. The ratio of county population to health care providers shows fewer primary care physicians, dentists, and mental health providers for its population when compared to California.

**Ratio of Population to Health Care Providers**

|  |  |  |
| --- | --- | --- |
|  | **Kern County** | **California** |
| Primary Care Physicians | 2,040 : 1 | 1,270 : 1 |
| Dentists | 2,080 : 1 | 1,200 : 1 |
| Mental health providers | 580 : 1 | 310 : 1 |

*Source: County Health Rankings, 2019.* [*http://www.countyhealthrankings.org/app/california/2019/measure/factors/62/data*](http://www.countyhealthrankings.org/app/california/2019/measure/factors/62/data)

An examination of Emergency Room use can lead to improvements in providing community-based prevention and primary care. 22.7% of Kern County residents visited an ER over the period of a year. In Kern County, seniors visit the ER at the highest rates (28.5%), followed by children (25.1%), and residents living in poverty were also more likely to visit (31%).

**Use of Emergency Room**

|  | **Kern County** | **California** |
| --- | --- | --- |
| Visited ER in last 12 months | 22.7% | 21.3% |
| 0-17 years old | 25.1% | 18.9% |
| 18-64 years old | 20.2% | 21.6% |
| 65 and older | 28.5% | 23.6% |
| <100% of poverty level | 31.0% | 26.3% |
| <200% of poverty level | 26.7% | 24.7% |

*Source: California Health Interview Survey, 2015-2017.* [*http://ask.chis.ucla.edu*](http://ask.chis.ucla.edu/AskCHIS/)

### Difficulty Accessing Care

6.6% of Kern County adults had difficulty finding a primary-care doctor and 12.1% had difficulty obtaining specialty care.

**Difficulty Accessing Care in the Past Year, Adults**

|  |  |  |
| --- | --- | --- |
|  | **Kern County** | **California** |
| Reported difficulty finding primary care | 6.6% | 6.1% |
| Reported difficulty finding specialist care | 12.1% | 13.1% |
| Primary care doctor not accepting their insurance | 6.0% | 5.6% |
| Specialist not accepting their insurance | 7.9% | 10.7% |
| *Source: California Health Interview Survey, 2015-2017.* [*http://ask.chis.ucla.edu*](http://ask.chis.ucla.edu/AskCHIS/) | | |

### Access to Primary Care Community Health Centers

Community Health Centers provide primary care (including medical, dental and mental health services) for uninsured and medically-underserved populations. Using ZCTA (ZIP Code Tabulation Area) data for the Ridgecrest Regional Hospital service area and information from the Uniform Data System (UDS)[[1]](#footnote-1), 37.2% of the population in the service area is categorized as low-income (<200% of Federal Poverty Level) and 18.6% of the population are living in poverty.

There are four Section-330-funded grantees (Federally Qualified Health Centers – FQHCs and FQHC Look-Alikes) serving the service area, including: Clinica Sierra Vista, Omni Family Health, Sac Health System and Toiyabe Indian Health Project, Inc.

Even with Community Health Centers serving the area, there are many low-income residents who are not served by one of these clinic providers. The FQHCs and Look-Alikes serve a total of 3,823 patients in the service area, which equates to 27.6% coverage among low-income patients and 10.1% coverage among the total population. From 2015-2017, the area’s clinic providers experienced a 16.1% decrease in patients served. There are 10,036 low-income residents, approximately 72.4% of the population at or below 200% FPL, that are not served by a Community Health Center.

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Low-Income Population** | **Patients Served by Section 330 Grantees**  **In Service Area** | **Coverage Among Low-Income Patients** | **Coverage of Total Population** | **Low-Income Not Served** | |
| **Number** | **Percent** |
| 13,859 | 3,823 | 27.6% | 10.1% | 10,036 | 72.4% |

*Source: UDS Mapper, 2017.* [*http://www.udsmapper.org*](http://www.udsmapper.org)

### Delayed or Forgone Care

10.6% of Kern County residents delayed or did not get medical care and 9.4% delayed or did not get prescriptions when needed. 5.7% of county residents ultimately went without needed medical care, which is higher than the Healthy People 2020 objective of 4.2% of the population who forgo care. Reasons for a delay in care or going without care included the cost of care/insurance issues, personal reasons, or system/provider issues. 49.2% of county residents who delayed or went without care listed “cost/insurance issues” as a barrier.

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

|  |  |  |
| --- | --- | --- |
|  | **Kern County** | **California** |
| Delayed or did not get medical care | 10.6% | 10.5% |
| Had to forgo needed medical care | 5.7% | 6.2% |
| Delayed or did not get medical care due to cost, lack of insurance or other insurance issue | 49.2% | 45.8% |
| Delayed or did not get prescription meds | 9.4% | 9.0% |

*Source: California Health Interview Survey, 2015-2017.* [*http://ask.chis.ucla.edu/*](http://ask.chis.ucla.edu/)

4.7% of Kern County children, ages 0 to 17, delayed or did not get care within the prior 12 months due to cost or lack of insurance; 2.3% of children ultimately did not receive care. 4.4% of children had delayed or unfilled prescriptions in the past 12 months.

**Cost as a Barrier to Accessing Health Care in the Past Year for Children**

|  |  |  |
| --- | --- | --- |
|  | **Kern County** | **California** |
| Child’s care delayed or foregone due to cost or lack of insurance | 4.7%\* | 1.7% |
| Child forewent care | 2.3%\* | 1.3% |
| Child’s prescription medication delayed or unfilled | 4.4%\* | 4.6% |
| *Source: California Health Interview Survey, 2013-2017.* [*http://ask.chis.ucla.edu*](http://ask.chis.ucla.edu/AskCHIS/) *\*Statistically unstable due to sample size* | | |

### Community Input – Access to Health Care

Stakeholder interviews identified the following issues, challenges and barriers related to access to health care:

* We lack specialists and we need to focus on pediatrics. There is also a gap in services for children and adults with special needs.
* Sometimes, there are specialists who come to the area, but they don’t come often enough. They come from out of town once a week or every other week, which may not be enough to accommodate the people who need to see them.
* Transportation is an issue. Some of the local taxi people don’t want the liability of dealing with someone in a wheelchair. So, if you can’t arrange transportation, it makes it more difficult to get health care.
* The hospital recently put out a to go to some of the schools and it seemed like such a great idea. But parents had to be there in person, so it was grossly underused. The issue was with consent, a signed consent was not enough, parents had to physically be there.
* We don’t have a trauma service in town. If someone is injured, they often have to leave for a period of time to get therapy for the more severe injuries. You have to go outside of the community for more advanced trauma therapy.
* With Medi-Cal, it is harder to get services, there is a longer wait.
* I work for a contractor to the navy base, but I’m not a government employee. The company’s home offices are in Texas, if I want the company’s medical plan, I have to get a Texas plan that doesn’t cover well here, especially for ED visits. I imagine there is a lot of this in town with a subcontracting in the community.
* Primary care for lower-income residents is restricted because of a lack of providers who are at the rural health clinics. Appointments might be three months out and they end up in the ED or urgent care.
* Transportation is an issue if we need to get a patient to a neurologist or psychiatrist or nephrologist 2.5 hours away. People go without care. Providers who do come to town are very good with phone consults and they will start the patient on treatment until they can see them.
* There are only two places people can go for services if they have Medi-Cal. And transportation is a huge issue. The bus system doesn’t go on dirt roads nor does the one transportation program that is offered by the hospital.
* A lot of people don’t get their medications, and then they end up in ED.

### Dental Care

15.6% of Kern County children, ages 3 to 11, have never been to a dentist; this is higher than the state rate of 15.5%. Teens obtain dental care at a higher rate than children: 93.3% of county teens had been to the dentist in the past two years.

**Delay of Dental Care among Children and Teens**

|  |  |  |
| --- | --- | --- |
|  | **Kern County** | **California** |
| Child, 3 to 11, never been to the dentist | 15.6% | 15.5% |
| Child, 3 to 11, been to dentist < 6 months to 2 years | 81.4%\* | 83.7% |
| Child, 3 to 11, needed but didn’t get dental care in past year\*\* | 2.8%\* | 4.2% |
| Child visited ER or Urgent Care due to dental issue in past year\*\* | 1.2%\* | 1.2% |
| Teens never been to the dentist | 0.0%\* | 1.6% |
| Teens been to dentist less than 6 months to 2 years | 93.3%\* | 95.8% |

*Source: California Health Interview Survey, Children 2013-2017 or \*\*2015-2017, Teens 2012-2014 + 2017 pooled.* [*http://ask.chis.ucla.edu*](http://ask.chis.ucla.edu/AskCHIS/) *\*Statistically unstable due to sample size.*

2.6% of Kern County residents have never been to a dentist and 11.1% have not visited a dentist for five or more years. 65.3% of adults indicate the condition of their teeth is good to excellent and 31.3% of adults rate the condition of their teeth as fair to poor.

**Adult Dental Care**

|  | **Kern County** | **California** |
| --- | --- | --- |
| Condition of teeth: good to excellent | 65.3% | 72.3% |
| Condition of teeth: fair to poor | 31.3% | 25.7% |
| Condition of teeth: has no natural teeth | 3.4%\* | 1.9% |
| Never been to a dentist\*\* | 2.6%\* | 2.2% |
| Visited dentist < 6 months to two years\*\* | 78.0% | 80.4% |
| Visited dentist more than 5 years ago\*\* | 11.1% | 8.0% |

*Source: California Health Interview Survey, 2016-2017 or \*\*2013-2014 + 2016-2017 pooled.* [*http://ask.chis.ucla.edu*](http://ask.chis.ucla.edu/AskCHIS/) *\*Statistically unstable due to sample size*

### Community Input – Dental Care

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

* Access to dental care is much improved since we opened our own dental clinics. Dental is now available through the hospital with their Rural clinic. People may still not be able to afford the copays but access has improved in the last few years.
* We have multiple providers and I do not notice any issues with lack of providers.
* There are dentists, but many people don’t have insurance or when they get to the dentist, they cannot afford the treatment because insurance is limited.
* There are several dentists and I do not hear that anyone has a problem to get an appointment. And we know for the underserved population, the hospital has dental care for them.
* The problem is we have a fair amount of primary care access. But as needs go up, availability goes down, and people need certain exams and services. Health care is heavily insurance dependent, those who do not have insurance, it is harder to get primary care. FQHCs have dental services for some populations, but not for others.

# Birth Characteristics

### Births

From 2014 to 2015, there was an average of 504 births per year in the service area.

### Delivery Paid by Public Insurance or Self-Pay

In the hospital service area, the rate of births paid by public insurance or self-pay was 424 births per 1,000 live births, which was lower than the county rate (664.6 births per 1,000) and the state rate (502.6 per 1,000 live births).

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **RRH Service Area** | | **Kern County** | **California** |
| **Number** | **Rate** | **Rate** | **Rate** |
| Delivery paid by public insurance or self-pay | 214 | 424.0 | 664.6 | 502.6 |

*Source: Calculated by Gary Bess Associates using California Department of Public Health Birth Profiles by ZIP Code of Residence, 2014-2015, and U.S. Census Bureau American Community Survey, 5-Year Average 2013-2017, Table B01001*

### Teen Birth Rate

Teen births occurred at an average annual rate of 6.8% of total births (67.5 per 1,000 live births). Teen birth rates were lower than county rates (93.8 per 1,000 live births) and state rates (52.1 per 1,000 live births).

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **RRH Service Area** | | **Kern County** | **California** |
| **Number** | **Rate** | **Rate** | **Rate** |
| Births to teen mothers | 34 | 67.5 | 93.8 | 52.1 |

*Source: Calculated by Gary Bess Associates using California Department of Public Health Birth Profiles by ZIP Code of Residence, 2014-2015, and U.S. Census Bureau American Community Survey, 5-Year Average 2013-2017, Table B01001*

### Prenatal Care

Pregnant women in the service area entered prenatal care late (after the first trimester) at a rate of 282 per 1,000 live births. This rate of late-entry into prenatal care translates to 28.2% of women entering prenatal care late or not at all and 71.8% of women accessing prenatal care in the first trimester. This does not meet the Healthy People 2020 objective of 78% of women entering prenatal care in the first trimester.

**Late Entry into Prenatal Care, Rate per 1,000 Live Births**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **RRH Service Area** | | **Kern County** | **California** |
| **Number** | **Rate** | **Rate** | **Rate** |
| Entered care after 1st trimester | 142 | 282.0 | 218.3 | 165.7 |

*Source: Calculated by Gary Bess Associates using California Department of Public Health Birth Profiles by ZIP Code of Residence, 2014-2015, and U.S. Census Bureau American Community Survey, 5-Year Average 2013-2017, Table B01001.*

### Low Birth Weight

Low birth weight is a negative birth indicator. Babies born at a low birth weight are at higher risk for disease, disability and possibly death. For this measurement, a lower rate is a better indicator. The service area rate of low-birth-weight babies was 5.8% (57.6 per 1,000 live births). The service area meets the Healthy People 2020 objective of 7.8% low birth weight births.

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **RRH Service Area** | | **Kern County** | **California** |
| **Number** | **Rate** | **Rate** | **Rate** |
| Low birth-weight births | 29 | 57.6 | 71.4 | 67.8 |

*Source: Calculated by Gary Bess Associates using California Department of Public Health Birth Profiles by ZIP Code of Residence, 2014-2015, and U.S. Census Bureau American Community Survey, 5-Year Average 2013-2017, Table B01001*

### Premature Birth

The rate of premature births (occurring before the start of the 38th week of gestation), in the service area was 8.0% (80.4 per 1,000 live births). This rate of premature birth was lower than the county (90.0 per 1,000 live births) and state rate (83.6 per 1,000 live births).

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **RRH Service Area** | | **Kern County** | **California** |
| **Number** | **Rate** | **Rate** | **Rate** |
| Premature birth | 41 | 80.4 | 90.0 | 83.6 |

*Source: Calculated by Gary Bess Associates using California Department of Public Health Birth Profiles by ZIP Code of Residence, 2014-2015, and U.S. Census Bureau American Community Survey, 5-Year Average 2013-2017, Table B01001*

### Mothers Who Smoked Regularly During Pregnancy

The rate of mothers in the service area who smoked regularly during pregnancy was 9.7% (97.3 per 1,000 live births), which was more than the county rate (3.1%) and the state rate (1.8%).

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **RRH Service Area** | | **Kern County** | **California** |
| **Number** | **Rate** | **Rate** | **Rate** |
| Mothers who smoked | 49 | 97.3 | 31.3 | 17.7 |

*Source: Calculated by Gary Bess Associates using California Department of Public Health Birth Profiles by ZIP Code of Residence, 2014-2015, and U.S. Census Bureau American Community Survey, 5-Year Average 2013-2017, Table B01001*

### Infant Mortality

The infant (less than one year of age) mortality rate in Kern County was 6.1 deaths per 1,000 live births; this was higher than the state rate (4.4 deaths per 1,000 live births) and the Healthy People 2020 objective of 6.0 deaths per 1,000 births.

**Infant Death Rate, 2014-2016 Average, Rate per 1,000 Live Births**

|  |  |  |
| --- | --- | --- |
|  | **Kern County** | **California** |
| Infant deaths | 6.1 | 4.4 |

*Source: California Department of Public Health, County Health Status Profiles, 2019.* [*https://www.cdph.ca.gov/Programs/CHSI/Pages/County-Health-Status-Profiles.aspx*](https://www.cdph.ca.gov/Programs/CHSI/Pages/County-Health-Status-Profiles.aspx)

### Breastfeeding

The Healthy People 202 objective is for 81.9% of infants to be breastfed. Data on breastfeeding are collected by hospitals on the Newborn Screening Test Form. Breastfeeding rates at Ridgecrest Regional Hospital indicated 90.8% of new mothers breastfeed and 79.2% breastfeed exclusively. The rate of breastfeeding initiation was higher than the county rate (89.8%) and lower than the state rate (93.9%). The rate of exclusive breastfeeding at Ridgecrest Regional Hospital was higher than the county (62.9%) and state (69.6%) rates.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **In-Hospital Breastfeeding** | | | | |
|  | **Any Breastfeeding** | | **Exclusive Breastfeeding** | |
| **Number** | **Percent** | **Number** | **Percent** |
| Ridgecrest Regional Hospital | 366 | 90.8% | 319 | 79.2% |
| **Kern County** | **9,977** | **89.8%** | **6,992** | **62.9%** |
| **California** | **384,637** | **93.9%** | **285,146** | **69.6%** |
| *Source: California Department of Public Health, Breastfeeding Hospital of Occurrence, 2017, as San Joaquin Community Hospital*  [*https://www.cdph.ca.gov/Programs/CFH/DMCAH/Breastfeeding/Pages/In-Hospital-Breastfeeding-Initiation-Data.aspx*](https://www.cdph.ca.gov/Programs/CFH/DMCAH/Breastfeeding/Pages/In-Hospital-Breastfeeding-Initiation-Data.aspx) | | | | |

There are ethnic/racial differences noted in breastfeeding rates among mothers who deliver at Ridgecrest Regional Hospital. African American mothers had the lowest rates of breastfeeding: 84.2% initiated breastfeeding and 73.7% breastfed exclusively. Asian mothers had the highest rate of breastfeeding: 100% initiated breastfeeding and 83.3% breastfed exclusively.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **In-Hospital Breastfeeding, Ridgecrest Regional Hospital, by Race/Ethnicity of Mother** | | | | |
|  | **Any Breastfeeding** | | **Exclusive Breastfeeding** | |
| **Number** | **Percent** | **Number** | **Percent** |
| Latino/Hispanic | 87 | 94.6% | 74 | 80.4% |
| White | 223 | 89.9% | 197 | 79.4% |
| African American | 16 | 84.2% | 14 | 73.7% |
| Asian | 12 | 100.0% | 10 | 83.3% |
| **Ridgecrest Regional Hospital** | **366** | **90.8%** | **319** | **79.2%** |
| *Source: California Department of Public Health, Breastfeeding Hospital of Occurrence, 2017.*  *https://www.cdph.ca.gov/Programs/CFH/DMCAH/Breastfeeding/Pages/In-Hospital-Breastfeeding-Initiation-Data.aspx* | | | | |

### Community Input – Birth Characteristics

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

* We have a population with addiction issues who are less likely to seek prenatal care. That can lead to complications like low birth weight and addicted babies.
* High risk pregnancies have to go out of town. The closest real place to go is 1.5 hours away.
* We have pretty good WIC services in town. Prenatal care has gotten better.
* For high risk newborns, we have limited pediatricians. So newborn access is an issue for follow-up care.
* We have babies who come to us with drug abuse issues.

# Leading Causes of Death

### Life Expectancy at Birth

In Kern County, the life expectancy at birth is 77.6 years, which is lower than the state life expectancy of 81.5 years.

**Life Expectancy at Birth**

|  |  |
| --- | --- |
|  | **Years of Life Expected** |
| Kern County | 77.6 |
| California | 81.5 |

*Source: National Center for Health Statistics, as reported by County Health Rankings, 2015-2017.* [*www.countyhealthrankings.org*](http://www.countyhealthrankings.org)

### Leading Causes of Death

Heart disease, cancer, and unintentional injuries are the top three causes of death in the service area. Chronic Lower Respiratory Disease (CLRD) is the fourth-leading cause of death and stroke is the fifth-leading cause of death. These causes of death are age-adjusted death rates. Age adjusting eliminates the bias of age in the makeup of the populations being compared. When comparing across geographic areas, age-adjusting is typically used to control for the influence that different population age distributions might have on health event rates. Not all listed causes of death have rates available (fewer than 5 deaths annually do not allow for a rate of death).

**Leading Causes of Death, Age-Adjusted Rate, per 100,000 Persons, 2014-2015 Averaged**

|  | **RRH Service Area** | | **Kern County** | **California** | **Healthy People 2020 Objective** |
| --- | --- | --- | --- | --- | --- |
| **Avg. Annual Deaths** | **Rate** | **Rate** | **Rate** | **Rate** |
| Heart disease | 98 | 203.9 | 199.6 | 143.9 | No Objective |
| Ischemic heart disease | 74 | 156.2 | 135.3 | 130.2 | 103.4 |
| Cancer | 71 | 155.3 | 156.6 | 143.4 | 161.4 |
| Unintentional injuries | 20 | 48.5 | 52.4 | 29.9 | 36.4 |
| Chronic Lower Respiratory Disease | 19 | 42.3 | 55.8 | 32.6 | Not Comparable |
| Stroke | 19 | 37.5 | 36.8 | 35.1 | 34.8 |
| Diabetes | 12 | 25.1 | 34.9 | 20.8 | Not Comparable |
| Pneumonia and influenza | 9 | 18.0 | 15.8 | 14.8 | No Objective |
| Suicide | 7 | 16.7 | 14.3 | 10.4 | 10.2 |
| Alzheimer’s disease | 7 | 12.8 | 49.8 | 33.3 | No Objective |
| Kidney disease | 5 | 9.8 | 11.4 | 8.2 | Not Comparable |
| Liver disease | < 5 | N/A | 15.1 | 12.3 | 8.2 |
| Homicide | < 5 | N/A | 8.0 | 4.8 | 5.5 |
| HIV | < 5 | N/A | 0.9 | 1.8 | 3.3 |

*Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2014-2015 and U.S. Census Bureau American Community Survey, 5-Year Average 2013-2017,Table B01001,and using the 2000 U.S. standard million.*

### Heart Disease and Stroke

The age-adjusted mortality rate for ischemic heart disease was 156.2 deaths per 100,000 persons. This rate of heart disease death exceeds the Healthy People 2020 objective of 103.4 heart disease deaths per 100,000 persons.

The age-adjusted rate of death from stroke was 37.5 deaths per 100,000 persons. This rate of stroke death exceeded the Healthy People 2020 objective of 34.8 stroke deaths per 100,000 persons.

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **RRH Service Area** | | **Kern County** | **California** |
| **Number** | **Rate** | **Rate** | **Rate** |
| Ischemic heart disease death rate | 74 | 156.2 | 135.3 | 130.2 |
| Stroke death rate | 19 | 37.5 | 36.8 | 35.1 |

*Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2014-2015 and U.S. Census Bureau American Community Survey, 5-Year Average 2013-2017, Table B01001, and using the 2000 U.S. standard million.*

### Cancer

In the service area, the age-adjusted cancer mortality rate was 155.3 per 100,000 persons. The cancer death rate in the service area meets the Healthy People 2020 objective of 161.4 per 100,000 persons.

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **RRH Service Area** | | **Kern County** | **California** |
| **Number** | **Rate** | **Rate** | **Rate** |
| Cancer death rate | 71 | 155.3 | 156.6 | 143.4 |

*Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2014-2015 and U.S. Census Bureau American Community Survey, 5-Year Average 2013-2017, Table B01001, and using the 2000 U.S. standard million.*

In Kern County, the rates of death from lung and bronchus cancers (37.5 per 100,000 persons), prostate cancer (22.9 per 100,000 men), female breast cancer (22.0 per 100,000 women), leukemia (6.6 per 100,000 persons), Non-Hodgkin Lymphoma (5.7 per 100,000 persons), urinary bladder cancer (4.7 per 100,000 persons), kidney and renal pelvis cancers (4.0 per 100,000 persons) and esophageal cancer (3.6 per 100,000 persons), exceed the state rates of death for those cancers.

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

|  | **Kern County** | **California** |
| --- | --- | --- |
| **Cancer all sites** | **158.5** | **144.6** |
| Lung and bronchus | 37.5 | 30.6 |
| Prostate (males) | 22.9 | 19.7 |
| Breast (female) | 22.0 | 19.8 |
| Colon and rectum | 12.7 | 12.9 |
| Pancreas | 10.0 | 10.3 |
| Liver and intrahepatic bile duct | 7.3 | 7.7 |
| Leukemia\* | 6.6 | 6.1 |
| Ovary (females) | 6.3 | 7.1 |
| Non-Hodgkin lymphoma | 5.7 | 5.3 |
| Urinary bladder | 4.7 | 3.9 |
| Uterine\*\* (females) | 4.0 | 4.8 |
| Kidney and renal pelvis | 4.0 | 3.5 |
| Esophagus | 3.6 | 3.2 |

*Source: The Centers for Disease Control and Prevention, National Cancer Institute, State Cancer Profiles, 2013-2017*

[*http://www.cancer-rates.info/ca/*](http://www.cancer-rates.info/ca/) *\* = Myeloid and Monocytic + Lymphocytic + "Other" Leukemias \*\* = Uterus, NOS + Corpus Uteri*

### Unintentional Injury

The age-adjusted death rate from unintentional injuries was 48.5 per 100,000 persons. This rate was lower than the Kern County rate (52.4 deaths per 100,000 persons) and above the state rate (29.9 deaths per 100,000). The Healthy People 2020 objective for unintentional injuries is 36.4 deaths per 100,000 persons.

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **RRH Service Area** | | **Kern County** | **California** |
| **Number** | **Rate** | **Rate** | **Rate** |
| Unintentional injury death rate | 20 | 48.5 | 52.4 | 29.9 |

*Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2014-2015 and U.S. Census Bureau American Community Survey, 5-Year Average 2013-2017, Table B01001 and using the 2000 U.S. standard million.*

### Chronic Lower Respiratory Disease

Chronic Lower Respiratory Disease (CLRD) includes COPD, emphysema and bronchitis. The age-adjusted death rate for respiratory disease was 42.3 per 100,000 persons, which is lower than the county rate (55.8 per 100,000 persons) but higher than the state rate (32.6 per 100,000 persons).

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **RRH Service Area** | | **Kern County** | **California** |
| **Number** | **Rate** | **Rate** | **Rate** |
| Chronic Lower Respiratory Disease death rate | 19 | 42.3 | 55.8 | 32.6 |

*Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2014-2015 and U.S. Census Bureau American Community Survey, 5-Year Average 2013-2017, Table B01001, and using the 2000 U.S. standard million.*

### Diabetes

The age-adjusted mortality rate from diabetes was 25.1 deaths per 100,000 persons. This was lower than the county rate (34.9 deaths per 100,000 persons) but higher than the state rate (20.8 deaths per 100,000 persons).

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **RRH Service Area** | | **Kern County** | **California** |
| **Number** | **Rate** | **Rate** | **Rate** |
| Diabetes death rate | 12 | 25.1 | 34.9 | 20.8 |

*Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2014-2015 and U.S. Census Bureau American Community Survey, 5-Year Average 2013-2017,Table B01001 and using the 2000 U.S. standard million.*

### Pneumonia and Influenza

The age-adjusted death rate for pneumonia and influenza in the service area was 18.0 per 100,000 persons. This was higher than the county rate (15.8 per 100,000 persons) and the state rate (14.8 per 100,000 persons).

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **RRH Service Area** | | **Kern County** | **California** |
| **Number** | **Rate** | **Rate** | **Rate** |
| Pneumonia and influenza death rate | 9 | 18.0 | 15.8 | 14.8 |

*Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2014-2015 and U.S. Census Bureau American Community Survey, 5-Year Average 2013-2017, Table B01001, and using the 2000 U.S. standard million.*

### Suicide

The age-adjusted suicide rate in the service area was 16.7 deaths per 100,000 persons. This rate was higher than the county rate (14.3 deaths per 100,000) and the state rate (10.4 deaths per 100,000 persons). The Healthy People 2020 objective for suicide death is 10.2 per 100,000 persons.

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **RRH Service Area** | | **Kern County** | **California** |
| **Number** | **Rate** | **Rate** | **Rate** |
| Suicide | 7 | 16.7 | 14.3 | 10.4 |

*Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2014-2015 and U.S. Census Bureau American Community Survey, 5-Year Average 2013-2017,Table B01001 and using the 2000 U.S. standard million.*

### Alzheimer’s Disease

The age-adjusted mortality rate from Alzheimer’s disease in the service area was 12.8 per 100,000 persons. This was lower than the Kern County rate (49.8 per 100,000 persons) and the state rate (33.3 per 100,000 persons).

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **RRH Service Area** | | **Kern County** | **California** |
| **Number** | **Rate** | **Rate** | **Rate** |
| Alzheimer’s disease death rate | 7 | 12.8 | 49.8 | 33.3 |

*Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2014-2015 and U.S. Census Bureau American Community Survey, 5-Year Average 2013-2017, Table B01001, and using the 2000 U.S. standard million.*

### Kidney Disease

The age-adjusted death rate from kidney disease was 9.8 deaths per 100,000 persons. The service area rate is lower than the county (11.4 deaths per 100,000 persons) and higher than state (8.2 deaths per 100,000) rates.

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **RRH Service Area** | | **Kern County** | **California** |
| **Number** | **Rate** | **Rate** | **Rate** |
| Kidney disease death rate | 5 | 9.8 | 11.4 | 8.2 |

*Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2014-2015 and U.S. Census Bureau American Community Survey, 5-Year Average 2013-2017,Table B01001 and using the 2000 U.S. standard million.*

### Drug Overdose

The age-adjusted death rate from unintentional drug overdoses in Kern County was 24.3 deaths per 100,000 persons, which was higher than the state rate (12.0 per 100,000).

**Unintentional Drug Overdose Deaths, Age-Adjusted, per 100,000 Persons, 2015-2017**

|  | **Rate** |
| --- | --- |
| Kern County | 24.3 |
| California | 12.0 |

*Source: U.S. Centers for Disease Control (CDC) as reported by County Health Rankings 2018, per Counduent Healthy Communities Institute via* [*http://www.healthykern.org*](http://www.healthykern.org)

The age-adjusted death rate from opioid overdoses ranged from a low of 0 deaths per 100,000 persons in Inyokern, Randsburg and Trona, to a high of 16.2 deaths per 100,000 persons in Ridgecrest.

**Opioid Drug Overdose Deaths, Age-Adjusted, per 100,000 Persons**

|  | **ZIP Code** | **Rate** |
| --- | --- | --- |
| Inyokern | 93527 | 0.0 |
| Randsburg | 93554 | 0.0 |
| Ridgecrest | 93555 | 16.2 |
| Trona | 93562 | 0.0 |
| **Kern County** | | **8.5** |
| **California** | | **5.2** |

*Source: California Office of Statewide Health Planning and Development, via California Department of Public Health, California Opioid Overdose Surveillance Dashboard, 2017. <https://discovery.cdph.ca.gov/CDIC/ODdash/>*

# Acute and Chronic Disease

### Hospitalization Rates by Diagnoses

At Ridgecrest Regional Hospital, the top five primary diagnoses resulting in hospitalization were pregnancies, births, and disorders of the digestive, respiratory and circulatory systems.

**Hospitalization Rates by Principal Diagnosis, Top Ten Causes**

|  |  |
| --- | --- |
|  | **Ridgecrest Regional Hospital** |
| All pregnancies | 18.9% |
| Births | 15.4% |
| Digestive system | 12.1% |
| Respiratory system | 11.3% |
| Circulatory system | 7.5% |
| Infections | 4.8% |
| Endocrine diseases | 4.3% |
| Injuries / Poisonings | 4.2% |
| Genitourinary system | 4.1% |
| Skin disorders | 2.3% |

*Source: Healthy Communities Institute, California Office of Statewide Health Planning and Development, 2018.* [*http://report.oshpd.ca.gov/?DID=PID&RID=Facility\_Summary\_Report\_Hospital\_Inpatient*](http://report.oshpd.ca.gov/?DID=PID&RID=Facility_Summary_Report_Hospital_Inpatient)

### Emergency Room Rates by Diagnoses

At Ridgecrest Regional Hospital, the top five primary diagnoses seen in the Emergency Department were injuries/poisonings, respiratory system, musculoskeletal system, digestive system, and genitourinary system diagnoses.

**Emergency Room Rates by Principal Diagnosis, Top Ten Causes**

|  |  |
| --- | --- |
|  | **Ridgecrest Regional Hospital** |
| Injuries/poisonings | 21.0% |
| Respiratory system | 10.4% |
| Musculoskeletal system | 6.3% |
| Digestive system | 6.2% |
| Genitourinary system | 6.2% |
| Nervous system (including eye and ear disorders) | 5.6% |
| Skin disorders | 4.3% |
| Circulatory system | 3.3% |
| Mental disorders | 2.4% |
| Infections | 2.1% |

*Source: Healthy Communities Institute, California Office of Statewide Health Planning and Development, 2018.* [*http://report.oshpd.ca.gov/?DID=PID&RID=Facility\_Summary\_Report\_Hospital\_Inpatient*](http://report.oshpd.ca.gov/?DID=PID&RID=Facility_Summary_Report_Hospital_Inpatient)

### Diabetes

Among Kern County adults, 17.3% had been diagnosed as pre-diabetic, and 12.2% had been diagnosed with diabetes. These rates were higher than rates for the state. For adults with diabetes, 66% felt very confident they could control their diabetes.

**Adult Diabetes**

|  | **Kern County** | **California** |
| --- | --- | --- |
| Diagnosed pre-diabetic | 17.3% | 14.2% |
| Diagnosed with diabetes | 12.2% | 9.8% |
| Very confident to control diabetes | 66.0% | 59.4% |
| Somewhat confident | 27.0% | 32.3% |
| Not confident | 7.0%\* | 8.2% |

*Source: California Health Interview Survey, 2015-2017.* [*http://ask.chis.ucla.edu/*](http://ask.chis.ucla.edu/) *\*Statistically unstable due to sample size.*

Among Latino adults in Kern County, 11.6% reported they had been diagnosed with diabetes. 10.2% of Whites, 8% of African Americans, and 6.8% of Asians had been diagnosed with diabetes.

**Adult Diabetes by Race/Ethnicity**

|  |  |  |
| --- | --- | --- |
|  | **Kern County** | **California** |
| African American | 8.0%\* | 12.1% |
| Latino | 11.6% | 11.6% |
| White | 10.2% | 7.7% |
| Asian | 6.8%\* | 8.7% |
| *Source: California Health Interview Survey, 2013-2017.* [*http://ask.chis.ucla.edu/*](http://ask.chis.ucla.edu/) *\*Statistically unstable due to sample size.* | | |

Hospitalizations for diabetes in Kern County occur at a rate of 20.7 per 10,000 adults and ER visits for diabetes occur at a rate of 40.7 per 10,000 adults. These rates (and the rates for every diabetes sub-category) are higher than the diabetes hospitalization and ER rates in the state.

**Diabetes Hospitalization and ER Rates, per 10,000 Adults, 2015-2017**

|  |  |  |
| --- | --- | --- |
|  | **Kern County** | **California** |
| **Hospitalization rate due to diabetes** | **20.7** | **15.5** |
| Due to long-term complications | 12.0 | 8.6 |
| Due to short-term complications | 5.8 | 4.3 |
| Due to uncontrolled diabetes | 2.7 | 2.5 |
| **ER rate due to diabetes** | **40.7** | **26.9** |
| Due to long-term complications | 9.5 | 6.6 |
| Due to short-term complications | 0.9 | 0.6 |
| Due to uncontrolled diabetes | 19.3 | 12.8 |

*Source: California Office of Statewide Health Planning & Development, accessed via Healthy Kern County. www.healthykern.org*

*\*Age-adjusted annual rates per 10,000 hospitalizations.*

The hospitalization rate for diabetes was 14.4 hospitalizations per 10,000 persons in Ridgecrest, which was lower than the county rate of 20.7 hospitalizations per 10,000 persons and the state rate of 15.5 hospitalizations per 10,000 persons. The ER rate for diabetes ranged from 33.4 ER visits for diabetes per 10,000 persons in Ridgecrest to 50.6 ER visits for hypertension per 10,000 persons in Inyokern.

**Diabetes Hospitalization and ER Rates, Age-Adjusted, per 10,000 Persons, 2015-2017**

|  | **ZIP Code** | **Hospitalization Rate** | **ER Rate** |
| --- | --- | --- | --- |
| Inyokern | 93527 | N/A | 50.6 |
| Randsburg | 93554 | N/A | N/A |
| Ridgecrest | 93555 | 14.4 | 33.4 |
| Trona | 93562 | N/A | N/A |
| **Kern County** | | **20.7** | **40.7** |
| **California** | | **15.5** | **26.9** |

*Source: California Office of Statewide Health Planning & Development, accessed via Healthy Kern County.* [*www.healthykern.org*](http://www.healthykern.org) *N/A: In ZIP Codes where too few cases occurred for statistical stability and/or patient privacy, rates are not provided.*

### High Blood Pressure

A co-morbidity factor for diabetes and heart disease is hypertension (high blood pressure). In Kern County, 30.2% of adults have been diagnosed with high blood pressure. Of those diagnosed with high blood pressure, 72% reported taking medication to manage their blood pressure.

**High Blood Pressure**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Kern County** | **California** | |
| Diagnosed with high blood pressure | 30.2% | 28.7% | |
| Takes medication for high blood pressure | 72.0% | 68.0% | |
| *Source: California Health Interview Survey, 2015-2017.* [*http://ask.chis.ucla.edu/*](http://ask.chis.ucla.edu/) | | |  |

In Kern County, 38.6% of African Americans adults, 34.7% of Whites, 29.2% of Latinos, and 23.1% of Asians had high blood pressure.

**Adult High Blood Pressure by Race/Ethnicity**

|  |  |  |
| --- | --- | --- |
|  | **Kern County** | **California** |
| African American | 38.6%\* | 39.8% |
| White | 34.7% | 31.1% |
| Latino | 29.2% | 25.4% |
| Asian | 23.1%\* | 23.0% |
| *Source: California Health Interview Survey, 2013-2017.* [*http://ask.chis.ucla.edu/*](http://ask.chis.ucla.edu/) *\*Statistically unstable due to sample size.* | | |

The hospitalization rate for hypertension among adults in Kern County was 4.2 per 10,000 persons and the ER rate for hypertension was 41.9 per 10,000 persons. These rates were higher than found in the state.

**Adult Hospitalization and ER Hypertension Rates, Age-Adjusted, per 10,000 Persons**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Kern County** | **California** | |
| Hospitalization rate due to hypertension | 4.2 | 3.3 | |
| ER rate due to hypertension | 41.9 | 26.7 | |
| *Source: California Office of Statewide Health Planning & Development, accessed via Healthy Kern County, 2015-2017.* [*www.healthykern.org*](http://www.healthykern.org) | | |  |

The hospitalization rate for hypertension was 3.2 hospitalizations per 10,000 persons in Ridgecrest, which was lower than the county rate of 4.2 hospitalizations per 10,000 persons and the state rate of 3.3 hospitalizations per 10,000 persons. The ER rate for hypertension ranged from 40.6 ER visits for hypertension per 10,000 persons in Inyokern to 42.8 ER visits for hypertension per 10,000 persons in Ridgecrest.

**Hypertension Hospitalization & ER Rates, Age-Adjusted, per 10,000 Persons, 2015-2017**

|  | **ZIP Code** | **Hospitalization Rate** | **ER Rate** |
| --- | --- | --- | --- |
| Inyokern | 93527 | N/A | 40.6 |
| Randsburg | 93554 | N/A | N/A |
| Ridgecrest | 93555 | 3.2 | 42.8 |
| Trona | 93562 | N/A | N/A |
| **Kern County** | | **4.2** | **41.9** |
| **California** | | **3.3** | **26.7** |

*Source: California Office of Statewide Health Planning & Development, accessed via Healthy Kern County. www.healthykern.org*

*N/A: In ZIP Codes where too few cases occurred for statistical stability and/or patient privacy, rates are not provided.*

### Heart Disease

In Kern County, 7.6% of adults have been diagnosed with heart disease. Among adults diagnosed with heart disease, 69.2% have been given a management care plan by a health care provider. Among Kern County adults with a management plan, 56.9% were, very confident in their ability to control their condition.

**Adult Heart Disease**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Kern County** | **California** | |
| Diagnosed with heart disease | 7.6% | 6.4% | |
| Has a management care plan | 69.2% | 72.1% | |
| Very confident to control condition\*\* | 56.9%\* | 59.4% | |
| Somewhat confident to control condition\*\* | 36.0%\* | 35.3% | |
| Not confident to control condition\*\* | 7.0%\* | 5.3% | |
| *Source: California Health Interview Survey, 2014-2017. \*\*2015-2016* [*http://ask.chis.ucla.edu/*](http://ask.chis.ucla.edu/) *\*Statistically unstable due to sample size.* | | |  |

Kern County has lower rates of heart disease among African Americans (3.4%) and Asians (3.7%) than were reported at the state level, and higher rates than the state among Latinos (5%) and Whites (10%).

**Adult Heart Disease by Race/Ethnicity**

|  |  |  |
| --- | --- | --- |
|  | **Kern County** | **California** |
| African American | 3.4%\* | 6.0% |
| Asian | 3.7%\* | 4.5% |
| Latino | 5.0%\* | 4.2% |
| White | 10.0% | 8.5% |
| *Source: California Health Interview Survey, 2013-2017.* [*http://ask.chis.ucla.edu/*](http://ask.chis.ucla.edu/) *\*Statistically unstable due to sample size.* | | |

From 2015 to 2017, the average age-adjusted rate of hospitalization for heart failure in Kern County was 39.2 per 10,000 persons. The ER rate for heart failure was 13.8 visits per 10,000 persons. These rates were above the state rates.

**Adult Hospitalization and ER Heart Failure Rates, Age-Adjusted, per 10,000 Persons**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Kern County** | **California** | |
| Hospitalization rate due to heart failure | 39.2 | 29.2 | |
| ER rate due to heart failure | 13.8 | 9.9 | |
| *Source: California Office of Statewide Health Planning & Development, accessed via Healthy Kern County, 2015-2017.* [*www.healthykern.org*](http://www.healthykern.org)*.* | | |  |

### Asthma

In Kern County, 21.6% of the population has been diagnosed with asthma and 26.4% of children, under age 18, had been diagnosed with asthma. Among those with asthma, 42.7% take daily medication to control their symptoms.

**Asthma**

|  | **Kern County** | **California** |
| --- | --- | --- |
| Diagnosed with asthma, total population | 21.6% | 15.1% |
| Diagnosed with asthma, 0-17 years old | 26.4% | 14.8% |
| ER visit in past year due to asthma, total population \*\* | 2.8%\* | 1.8% |
| ER visit in past year due to asthma, 0-17 years old \*\* | 5.4%\* | 2.1% |
| Takes daily medication to control asthma, total population | 42.7% | 45.0% |
| Takes daily medication to control asthma, 0-17 years old | 17.0%\* | 39.0% |

*Source: California Health Interview Survey, 2015-2017 and \*\* 2014-2016.* [*http://ask.chis.ucla.edu*](http://ask.chis.ucla.edu/AskCHIS/) *\*Statistically unstable due to sample size*

The hospitalization rate for COPD or asthma in older adults was 433.5 per 100,000 persons, which was higher than the state rate (281.2 per 100,000 persons). The asthma hospitalization rate for young adults in Kern County was 26.9 per 100,000 persons, which was also higher than the California rate (19.0 per 100,000 persons).

**Asthma Hospitalization Rates\*, Age-Adjusted, per 100,000 Hospitalizations**

|  |  |  |
| --- | --- | --- |
|  | **Kern County** | **California** |
| COPD or asthma in older adults (40+) | 433.5 | 281.2 |
| Asthma in younger adults (18 to 39) | 26.9 | 19.0 |

*Source: California Office of Statewide Health Planning & Development, 2017.* [*https://oshpd.ca.gov/data-and-reports/healthcare-quality/ahrq-quality-indicators/*](https://oshpd.ca.gov/data-and-reports/healthcare-quality/ahrq-quality-indicators/) *\*Age-adjusted annual rates per 100,000 hospitalizations.*

### Cancer

In Kern County, the following rates of cancer exceeded state rates: prostate cancer (92.5 per 100,000 men), lung and bronchus cancers (47.0 per 100,000 persons), colorectal cancer (35.6 per 100,000 persons), and kidney and renal pelvis cancers (18.3 per 100,000 persons).

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

|  | **Kern County** | **California** |
| --- | --- | --- |
| **Cancer all sites** | **391.2** | **393.6** |
| Breast (female) | 109.5 | 120.9 |
| Prostate (males) | 92.5 | 91.7 |
| Lung and bronchus | 47.0 | 41.4 |
| Colon and rectum | 35.6 | 35.1 |
| Uterine\*\* (females) | 23.7 | 25.5 |
| In situ breast (female) | 21.5 | 28.0 |
| Kidney and renal pelvis | 18.3 | 14.2 |
| Melanoma of the skin | 17.2 | 22.3 |
| Urinary bladder | 16.7 | 16.7 |
| Non-Hodgkin lymphoma | 16.1 | 18.3 |
| Thyroid | 12.6 | 13.0 |
| Leukemia\* | 12.1 | 12.2 |
| Pancreas | 11.2 | 11.5 |
| Ovary (females) | 10.6 | 11.5 |

*Source: The Centers for Disease Control and Prevention, National Cancer Institute, State Cancer Profiles, 2013-2017*

[*http://www.cancer-rates.info/ca/*](http://www.cancer-rates.info/ca/) *\*= Myeloid & Monocytic + Lymphocytic + "Other" Leukemias \*\*= Uterus, NOS + Corpus Uteri*

### HIV

In Kern County, 152 new cases of HIV were diagnosed in 2017 (16.9 cases per 100,000 persons). The county rate of HIV was 186.2 per 100,000 persons. A smaller percentage of those with HIV/AIDS were in care or virally suppressed than at the state level.

**HIV**

|  | **Kern County** | **California** |
| --- | --- | --- |
| Newly diagnosed cases | 152 | 4,791 |
| Rate of new diagnoses | 16.9 | 12.1 |
| Living Cases | 1,672 | 135,082 |
| Rate of HIV | 186.2 | 340.3 |
| Percent in care | 52.4% | 73.6% |
| Percent virally suppressed | 33.1% | 63.3% |
| Percent deceased in 2017 | 1.4% | 4.7% |

*Source: California Department of Public Health, Office of AIDS, California HIV Surveillance Report, 2017.* [*https://www.cdph.ca.gov/Programs/CID/DOA/Pages/OA\_case\_surveillance\_reports.aspx*](https://www.cdph.ca.gov/Programs/CID/DOA/Pages/OA_case_surveillance_reports.aspx)

### Coccidioidmycosis

Coccidioidmycosis, or Valley Fever, is an illness caused by a fungus found in the soil. The fungus can become airborne and be inhaled with dust particles. It affects the lungs and can produce flu-like symptoms and pneumonia. 2017 showed the highest rate of Valley Fever since the disease became individually-reportable in 1995. Kern County has the highest rate of Valley Fever in California. Rates of Valley Fever in Kern County have risen from a low of 106.2 in 2014, to 305.7 cases per 100,000 county residents in 2017.

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Valley Fever, Cases and Rates, per 100,000 Persons, 2013 - 2017** | | | | | | | | | | |
|  | **2013** | | **2014** | | **2015** | | **2016** | | **2017** | |
| **Cases** | **Rates** | **Cases** | **Rates** | **Cases** | **Rates** | **Cases** | **Rates** | **Cases** | **Rates** |
| Kern County | 1,659 | 191.1 | 931 | 106.2 | 1,082 | 122.5 | 2,250 | 253.4 | 2,748 | 305.7 |
| California | 3,318 | 8.6 | 2,316 | 6.0 | 3,154 | 8.1 | 5,509 | 14.0 | 7,466 | 18.8 |
| *Source: California Department of Public Health, Center for Infectious Disease, Epidemiological Summary of Coccidioidomycosis in California, 2017.* [*https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Coccidioidomycosis.aspx*](https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Coccidioidomycosis.aspx) | | | | | | | | | | |

### Community Input – Chronic Disease

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

* We have lot of chronic disease patients. One issue is being able to afford medications. Medicare has a program, chronic care management, but it requires a copay of $8 or $12 a month and some patients can’t afford that.
* We have a cancer center with the hospital, which helps so people do not have to always go out of town, that was in response to the community need. A lot of people go out of town for diabetes and Valley Fever care.
* It has gotten a lot better now that there is a cardiologist in town. But people still are going out of town for specialists. We do not have the population to support specialized care.
* Kern County has more cases of Valley Fever than anywhere else in California. Valley Fever comes from a fungus in the ground, not as much active prevention that can be done, but we spend a lot of energy on this issue.
* There is something in the water that causes a coating on part of the eye that causes haziness. It is obscure to our area, night haziness. Lights can look not sharp, but a blur and it is harder to see. A local eye doctor did research into this and found it is a mineral in the area.
* We have a high incidence of allergies in our community.
* UC Davis partnered with Ridgecrest and they created a cancer center. Recently, I was told that you cannot have radiation treatments here, they don’t do it any longer.
* There are a lot of people in town who could use additional resources for diabetes. I know Public Health and the hospital have diabetes programs.
* Alzheimer’s disease is another chronic disease. With Alzheimer’s disease, you have to make proper care plans, but we don’t have someone to diagnosis it. And now Medicare covers for cogitative assessments.
* We also have high rates of Parkinson’s disease. With our aging population we are going to see increases in Parkinson’s disease and Alzheimer’s disease.
* For diabetes, a barrier is we don’t have a local specialist, there is no endocrinologist. People may be diagnosed but they are not given a whole lot of information. Part of that is the amount of time given with a doctor and not getting enough time to go over everything involved in a disease.
* I don’t think we will ever have a Catherization lab here, we are a small community, we do not have enough to support a full time Catheterization lab, so it is a barrier. We have several cardiologists who come to town and a full-time cardiologist in town, so that is pretty good. Most of these specialists are here one day a week, so anything that is urgent, or we need help with right away, patients have to go to the hospital and get transferred.
* We live in a windy area, and people have a hard time breathing.

# Health Behaviors

### Health Behaviors Ranking

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. At 58, Kern County ranks at the very bottom of California counties for health behaviors.

**Health Behaviors Ranking**

|  |  |
| --- | --- |
|  | **County Ranking (out of 58)** |
| Kern County | 58 |

*Source: County Health Rankings, 2019.* [*www.countyhealthrankings.org*](http://www.countyhealthrankings.org)

### Health Status

Among residents in Kern County, 20% rate themselves as being in fair or poor health, which is higher than the state rate of 17.3%.

|  |  |  |
| --- | --- | --- |
| **Health Status, Fair or Poor Health** | | |
|  | **Kern County** | **California** |
| All persons | 20.0% | 17.3% |
| Adults 18+ | 27.0% | 21.2% |
| *Source: California Health Interview Survey, 2015-2017.* [*http://ask.chis.ucla.edu*](http://ask.chis.ucla.edu/AskCHIS/) | | |

### Disability

In Kern County, 33.7% of adults reported a physical, mental or emotional disability, and 7.8% of adults had been unable to work for a year or more due to physical or mental impairment.

**Adults with a Disability**

|  |  |  |
| --- | --- | --- |
|  | **Kern County** | **California** |
| Adults with a disability | 33.7% | 29.7% |
| Couldn’t work >= 1 year due to impairment | 7.8% | 6.6% |
| *Source: California Health Interview Survey, 2014-2016.* [*http://ask.chis.ucla.edu*](http://www.publichealth.lacounty.gov/ha/LACHSDataTopics2015.htm) | | |

### Sexually Transmitted Infections (STI)

Rates of STIs are rising in Kern County. The rate for chlamydia in Kern County in 2017 was 763.1 diagnosed cases per 100,000 persons. The Kern County rate of gonorrhea was 251.6 cases per 100,000 persons. The primary and secondary syphilis rate for Kern County was 27.9 per 100,000 persons. The rate for early latent syphilis was 20.6 per 100,000 persons. In Kern County, there were 218.0 cases of congenital syphilis per 100,000 births. The Healthy People 2020 objective for congenital syphilis is 9.6 cases per 100,000 births.

**STI Cases, Rate per 100,000 Persons**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Kern County** | | **California** |
| **Cases** | **Rate** | **Rate** |
| Chlamydia | 6,859 | 763.1 | 552.2 |
| Gonorrhea | 2,261 | 251.6 | 190.3 |
| Primary and secondary syphilis | 251 | 27.9 | 16.8 |
| Early latent syphilis | 185 | 20.6 | 17.7 |
| Congenital syphilis\* (per 100,000 births) | 29.7 | 218.0 | 44.4 |

*Source: California Department of Public Health, STD Control Branch, 2017.* [*https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/CA-STD-2017-Data-Tables.pdf*](https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/CA-STD-2017-Data-Tables.pdf)

*\*Source: California Department of Public Health, County Health Status Profiles, 2019. Data from 2015-2017.* [*https://www.cdph.ca.gov/Programs/CHSI/CDPH%20Document%20Library/CHSP-County%20Profiles%202018.pdf*](https://www.cdph.ca.gov/Programs/CHSI/CDPH%20Document%20Library/CHSP-County%20Profiles%202018.pdf)

### Teen Sexual History

In Kern County, 76.5% of teens, ages 14 to 17, whose parents gave permission for the question to be asked, reported they had never had sex. This was a lower rate of abstinence than seen at the state level (82.9%).

**Teen Sexual History, 14 to 17 Years Old**

|  |  |  |
| --- | --- | --- |
|  | **Kern County** | **California** |
| Never had sex | 76.5%\* | 82.9% |

*Source: California Health Interview Survey, 2015-2017.* [*http://ask.chis.ucla.edu/*](http://ask.chis.ucla.edu/) *\*Statistically unstable due to sample size.*

### Community Input – Sexually Transmitted Infections

Stakeholder interviews identified the following issues, challenges and barriers related to sexually transmitted infections:

* I know it is an issue, particularly in Kern County. We’ve seen an increase in syphilis and gonorrhea.
* There is a stigma surrounding STIs and vocalizing it is a concern.
* We have high rates in Kern County and Ridgecrest. In Kern County, they have some billboards about syphilis.
* There is pretty good access, even for patients who want to keep it confidential. They can have a confidential chart and we do not send to their insurance or charge the patient. We also have a program where you can go in for STIs and birth control and pap screens, even if you do not have insurance.
* It becomes a problem when someone becomes HIV positive, as we lack ongoing treatment here for HIV. We don’t have an infectious disease specialist here or an HIV clinic here. If you are HIV positive, you often have to leave the community to get treatment.

### Overweight and Obesity

In Kern County, 33.3% of adults, 22.9% of teens, and 22.7% of children are overweight. This is a larger percentage of overweight children and teens than found in the state.

**Overweight**

|  |  |  |
| --- | --- | --- |
|  | **Kern County** | **California** |
| Adult (18+ years) | 33.3% | 35.0% |
| Teen (ages 12-17) | 22.9%\* | 17.3% |
| Child (under 12) | 22.7% | 14.3% |

*Source: California Health Interview Survey, 2013-2017.* [*http://ask.chis.ucla.edu/*](http://ask.chis.ucla.edu/) *\*Statistically unstable due to sample size.*

41.7% of adults, aged 20 and older, in Kern County are obese and 26.2% of Kern County teens are obese. The Healthy People 2020 objectives for obesity are 30.5% of adults, ages 20 and over, and 16.1% of teens.

**Obesity\***

|  |  |  |
| --- | --- | --- |
|  | **Kern County** | **California** |
| Adults (20+ years) | 41.7% | 27.3% |
| Teens (ages 12-17) | 26.2% | 16.7% |

*Source: California Health Interview Survey, 2013-2017.* [*http://ask.chis.ucla.edu/*](http://ask.chis.ucla.edu/)

*\*30+ BMI for adults, or top 5% of BMI percentiles for teens*

When adult obesity levels were tracked over time, Kern County had a 9.5% increase in obesity from 2007 to 2017. There was a 3.2% increase in obesity in the state during the same time period. There was a drop in the percentage of obese adults from 2016 to 2017, in the county and the state.

**Adult Obesity, 2005 - 2016**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **2007** | **2009** | **2011** | **2013** | **2015** | **2016** | **2017** | **Change**  **2007-2017** |
| Kern County | 29.8% | 33.2% | 34.0% | 32.1% | 38.5% | 42.7% | 39.3% | +9.5 |
| California | 23.2% | 23.0% | 25.4% | 25.2% | 28.0% | 27.9% | 26.4% | +3.2 |

*Source: California Health Interview Survey, 2005, 2007, 2009, 2011-2012, 2013, 2015 & 2016.* [*http://ask.chis.ucla.edu*](http://ask.chis.ucla.edu/AskCHIS/)

81.8% of Kern County Latinos and 79.1% of Kern’s African Americans are overweight or obese. 69.3% of Whites in the county and 45.3% of Asians are overweight or obese. These rates are all higher than the state rates.

|  |  |  |
| --- | --- | --- |
| **Adults, 20+ Years of Age, Overweight and Obesity by Race/Ethnicity** | | |
|  | **Kern County** | **California** |
| Latino | 81.8% | 73.9% |
| African American | 79.1%\* | 74.2% |
| White | 69.3% | 58.9% |
| Asian | 45.3%\* | 43.0% |
| *Source: California Health Interview Survey, 2013-2017.* [*http://ask.chis.ucla.edu/*](http://ask.chis.ucla.edu/) *\*Statistically unstable due to sample size.* | | |

The physical fitness test (PFT) for students in California schools is the FitnessGram®. One of the components of the PFT is measurement of body composition (measured by skinfold measurement, BMI, or bioelectric impedance). Children who do not meet the “Healthy Fitness Zone” criteria for body composition are categorized as needing improvement (overweight) or at health risk (obese). In the service area’s school district, 33.7% of 5th grade students tested as body composition needing improvement or at health risk and 36.7% of 7th grade students tested as needing improvement or at health risk. By 9th grade it was 39.0%. In general, the body composition rates for Sierra Sands Unified School District were better than those for the state and the county.

**5th, 7th and 9th Graders; Body Composition, ‘Needs Improvement’ and ‘Health Risk’**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Fifth Grade** | | **Seventh Grade** | | **Ninth Grade** | |
| **Needs Improvement** | **Health Risk** | **Needs Improvement** | **Health Risk** | **Needs Improvement** | **Health Risk** |
| Sierra Sands Unified School District | 19.6% | 14.1% | 18.8% | 17.9% | 20.9% | 18.1% |
| **Kern County** | **20.4%** | **24.5%** | **21.0%** | **24.2%** | **25.0%** | **21.3%** |
| **California** | **19.2%** | **21.3%** | **19.2%** | **19.8%** | **18.9%** | **18.4%** |

*Source: California Department of Education, Fitnessgram Physical Fitness Testing Results, 2017-2018.*

[*http://data1.cde.ca.gov/dataquest/page2.asp?Level=District&submit1=Submit&Subject=FitTest*](http://data1.cde.ca.gov/dataquest/page2.asp?Level=District&submit1=Submit&Subject=FitTest)

### Community Input – Overweight and Obesity

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

* There are definitely a handful of super overweight kids, there is concern with that, and adults too. With kids, it tends to be the very heavy ones, who tend to have difficult family lives or parents who feed them all the time.
* We eat fast food. It is an epidemic, everyone is in a hurry, and it is the same here. We seem to have an increasing fitness culture with quite a few gyms in town opening in the last several years. are a lot of bike and running paths in town and the outskirts of town, we have a lot of hills surroundings us and people have put work into creating hiking trails in the hills. Extreme temperatures make it a challenge. In the winter, it will regularly get into the high to mid-30s.
* We don’t have a lot of healthy option restaurants. We have fast food, we have a lot of delicious ethnic food, but not a lot of fresh options if we go out to eat.
* If people want to buy healthy foods at the grocery, we are two hours away. We have some grocery stores, but we do not have health food stores.
* We live in the desert so being outside and being active is a bit of a barrier when it is 110 degrees and windy.
* Young people, if they are not in a school sport, might not have the funds for a city league. There are not a lot of free things to do to keep active.
* It can be a long trek to the nearest grocery store. Paired with transportation issues, t is simply easier to go to the local convenience store where there are prepackaged, high calorie foods. We produce a lot of foods in Kern County, yet we still have really high rates of food insecurity and large distances to get to healthy food sources.
* There is also a weather component. It is 110 degrees all summer so getting exercise outdoors is not feasible for most people and even once it cools down in the evening it is too late in the day. Additionally, not everyone can afford gym membership and many communities don’t have indoor recreational spaces.
* Other barriers include the cost of healthy food, access to it, and many parents don’t know how to cook. They won’t buy it if they aren’t familiar with eating or cooking it. These parents are from a generation that used the microwave to cook. There are also many single-parent or dual working parents and cooking takes time when these parents have very little time.
* Our challenge is meeting people where they are. Sustainability is really hard with obesity because it takes a long time to see that change. So, getting people connected and committed to making those changes is hard. The challenge to communicate in a county like ours is always an issue, it is hard having an education campaign that reaches all of the areas.

### Fast Food

Adults, ages 18-64, consumed fast food at higher rates than children or seniors. In Kern County, 28.6% of adults, 26.7% of children and 12.3% of seniors consumed fast food three or more times per week.

|  |  |  |
| --- | --- | --- |
| **Fast Food Consumption, Three or More Times a Week** | | |
|  | **Kern County** | **California** |
| Adult, aged 18-64 | 28.6% | 26.5% |
| Children and youth, 0-17 years of age | 26.7%\* | 20.2% |
| Seniors, 65+ | 12.3%\* | 11.5% |
| *Source: California Health Interview Survey, 2014-2016.;* [*http://ask.chis.ucla.edu/*](http://ask.chis.ucla.edu/) *\*Statistically unstable due to sample size* | | |

### Soda/Sugar-Sweetened Beverage (SSB) Consumption

14.4% of children in Kern County consumed at least two glasses of non-diet soda the previous day, and 8.6% consumed at least two glasses of a sugary drink other than soda the previous day. 16.8% of Kern County adults consumed non-diet sodas at high rates (7 or more times per week).

**Soda or Sweetened Drink Consumption**

|  |  |  |
| --- | --- | --- |
|  | **Kern County** | **California** |
| Children and teens reported to drink at least two glasses of non-diet soda yesterday | 14.4% | 5.3% |
| Children and teens reported to drink at least two glasses sugary drinks other than soda yesterday | 8.6%\* | 9.1% |
| Adults who reported drinking non-diet soda at least 7 times weekly | 16.8% | 10.3% |
| Adults who reported drinking no non-diet soda weekly | 48.2% | 60.1% |

*Source: California Health Interview Survey, 2013-2017.* [*http://ask.chis.ucla.edu*](http://ask.chis.ucla.edu/AskCHIS/) *\*Statistically unstable due to sample size*

### Adequate Fruit and Vegetable Consumption

In Kern County, 31.6% of children and 16.8% of teens eat five or more servings of fruit and vegetables daily (excluding juice and potatoes); these are lower than state rates.

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

|  |  |  |
| --- | --- | --- |
|  | **Kern County** | **California** |
| Children | 31.6% | 32.3% |
| Teens | 16.8%\* | 24.4% |

*Source: California Health Interview Survey, 2013-2017.* [*http://ask.chis.ucla.edu/*](http://ask.chis.ucla.edu/)

### Access to Fresh Produce

82.6% of adults in Kern County reported they could usually or always find fresh fruit and vegetables in the neighborhood; this is lower than the state rate.

**Communities with Good or Excellent Access to Fresh Produce**

|  |  |  |
| --- | --- | --- |
|  | **Kern County** | **California** |
| Neighborhood usually or always has fresh produce | 82.6% | 87.4% |

*Source: California Health Interview Survey, 2014-2016.* [*http://ask.chis.ucla.edu*](http://ask.chis.ucla.edu/AskCHIS/)

### Physical Activity

Recommendations for physical activity for adults include aerobic exercise (at least 150 minutes per week of moderate exercise, or 75 minutes of vigorous exercise) and muscle-strengthening (at least 2 days per week). For children and teens, the guidelines are at least an hour of aerobic exercise daily and at least 2 days per week of muscle-strengthening exercises.

36.3% of children in Kern County meet the aerobic requirement and 9% of teens meet the guideline. 32.7% of Kern County adults walk for at least 150 minutes per week, compared to 38.3% of adults at the state level.

**Aerobic Activity Guidelines Met**

|  | **Kern County** | **California** |
| --- | --- | --- |
| Adults meeting aerobic guideline (walking at least 150 minutes per week)\*\* | 32.7% | 38.3% |
| Teens meeting aerobic guideline (at least one hour of aerobic exercise daily) | 9.0%\* | 12.6% |
| Children meeting aerobic guideline (at least one hour of aerobic exercise daily) | 36.3% | 28.0% |

*Source: California Health Interview Survey, 2012-2016; \*\*2015-2017.* [*http://ask.chis.ucla.edu*](http://ask.chis.ucla.edu/AskCHIS/)

One of the components of the physical fitness test (PFT) for students is measurement of aerobic capacity through run and walk tests. Sierra Sands Unified School District fifth-grade students (54.6%) did slightly worse than their peers at the county level (55.8%), who in turn did not do as well as statewide fifth graders (61.9%). Among area ninth graders, 66.6% performed in the Healthy Fitness Zone, which was better than their county and state peers.

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

|  |  |  |
| --- | --- | --- |
|  | **Fifth Grade** | **Ninth Grade** |
| Sierra Sands Unified School District | 54.6% | 66.6% |
| **Kern County** | **55.8%** | **62.9%** |
| **California** | **61.9%** | **61.7%** |

*Source: California Department of Education, Fitnessgram Physical Fitness Testing Results, 2017-2018.*

[*http://data1.cde.ca.gov/dataquest/page2.asp?Level=District&submit1=Submit&Subject=FitTest*](http://data1.cde.ca.gov/dataquest/page2.asp?Level=District&submit1=Submit&Subject=FitTest)

15.2% of Kern County children and teens spent over five hours in sedentary activities after school on a typical weekday and 8.9% spent 8 hours or more a day on sedentary activities on weekend days. Among Kern County teens, 14.6% did not engage in any physical activity for at least one hour a day in the prior week.

**Sedentary Children**

|  |  |  |
| --- | --- | --- |
|  | **Kern County** | **California** |
| 5+ hours spent on sedentary activities after school on a typical weekday - children and teens | 15.2%\* | 13.0% |
| 8+ hours spent on sedentary activities on a typical weekend day - children and teens | 8.9% | 8.2% |
| Teens no physical activity in a typical week\*\* | 14.6%\* | 10.2% |

*Source: California Health Interview Survey, 2013-2017; \*\*2012-2016.* [*http://ask.chis.ucla.edu/*](http://ask.chis.ucla.edu/) *\*Statistically unstable due to sample size.*

# Mental Health

### Satisfaction with Quality of Life

82.2% of residents in the Mountains region of Kern County were most likely to say they were ‘Very’ or ‘Somewhat’ satisfied with their quality of life compared to residents of West Kern County (70.4%), the Central Valley (74.6%), or East Kern County (54.2%).

**Satisfaction with Quality of Life**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **West Kern** | **Central Valley** | **Mountains** | **East Kern** |
| Very or somewhat satisfied | 70.4% | 74.6% | 82.8% | 54.2% |
| Somewhat or very dissatisfied | 29.6% | 25.4% | 18.2% | 45.8% |

*Source: Kern Council of Governments, Quality of Life Survey, 2018. http://www.kerncog.org/quality-of-life-survey/*

### Mental Health

Among adults in Kern County, 9.5% had experienced serious psychological distress in the past year, and 9.8% had taken a prescription medication for two weeks or more for an emotional or personal problem during the past year. Of those adults who had experienced moderate or severe psychological distress, 16.5% had experienced family life impairment in the past year due to their emotions. Serious psychological distress was experienced in the past year by about 12.4% of area teens, which was higher than the state level (10%).

**Mental Health Indicators**

|  |  |  |
| --- | --- | --- |
|  | **Kern County** | **California** |
| Adults who had serious psychological distress during past year | 9.5% | 8.9% |
| Adults taken prescription medicine at least 2 weeks for emotional/mental health issue in past year | 9.8% | 11.2% |
| Adults: Family life impairment during the past year\*\* | 16.5% | 14.2% |
| Adults: Social life impairment during the past year\*\* | 14.8% | 14.5% |
| Adults: Household chore impairment during the past year\*\* | 14.1% | 13.2% |
| Adults: Work impairment during the past year\*\* | 9.5% | 11.6% |
| Teens who had serious psychological distress during past year | 12.4%\* | 10.0% |

*Source: California Health Interview Survey, 2015-2017 and \*\*2014-2017.* [*http://ask.chis.ucla.edu*](http://ask.chis.ucla.edu/AskCHIS/) *\*Statistically unstable due to sample size.*

### Mental Health Care Access

20.3% of Kern County teens needed help for emotional or mental health problems in the past year, and 12.5% of teens had received psychological or emotional counseling in the past year. 13.2% of Kern County adults needed help for emotional-mental and/or alcohol-drug related issues in the past year. Among those who sought help, 62.3% of Kern County adults received treatment.

**Tried to Access Mental Health Care in the Past Year**

|  |  |  |
| --- | --- | --- |
|  | **Kern County** | **California** |
| Teen who needed help for emotional or mental health problems in the past year\*\* | 20.3%\* | 19.7% |
| Teen who received psychological or emotional counseling in the past year\*\* | 12.5%\* | 12.4% |
| Adults who needed help for emotional-mental and/or alcohol-drug issues in past year | 13.2% | 17.5% |
| Adults, sought/needed help and received treatment | 62.3% | 60.5% |
| Adults, sought/needed help but did not receive | 37.7% | 39.5% |
| *Source: California Health Interview Survey, 2015-2017; \*\*2013-2017* [*http://ask.chis.ucla.edu/*](http://ask.chis.ucla.edu/) *\*Statistically unstable due to sample size.* | | |

### Community Input – Mental Health

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

* We need to try to break down the stigma of what mental health means. Because there are so many people who could use assistance but do not want to get labeled, so they go without care.
* Kern County has started a crisis stabilization unit for 23-hour care, but it is still very difficult to access adequate care prior to it becoming a crisis or even to get inpatient stays. We don’t have a psychiatrist permanently in the town, but we do have social workers and telepsychiatry.
* Mental health care for children and teens is not available here.
* There are not a lot of counselors and when there is a good one, the schedule fills up fast, so we have a hard time getting people in. We have the stabilization unit, so if there is a crisis, there is a unit in town to take them for a period of time
* We have no psychiatrists; we have telemedicine and we have limited psychologists. We are in a reactionary environment versus a proactive environment.
* It can be hard to get in for an appointment with a psychiatrist to prescribe medications.
* It is such a small and remote town, and we have very limited services for people. We have therapist and social workers who are so overworked because so many people need assistance.
* The hospital did a good job with their employee assistance plan to get resources here after the earthquakes, but still people are really suffering from that.
* We have quite a few mental health providers in town, but they are booked and they are not taking on new individuals.
* There is a huge waiting list, there are a lot of mental health issues here. A barrier is there are only two places that provide any kind of counseling for Medi-Cal patients. A lot of psychiatry is telehealth. Even with that, there is a month-long wait.

# Substance Use and Misuse

### Cigarette Smoking

The Healthy People 2020 objective for cigarette smoking among adults is 12%. In Kern County, 15.6% of adults smoke cigarettes. 56.6% of Kern County smokers smoke 10 or fewer cigarettes a day (as compared to 64.2% of California smokers) and 22.1% smoke 11 to 19 cigarettes per day (as compared to 14.8% of California smokers). 67% of current smokers say they are considering quitting in the next six months. 19.6% of Kern County residents have smoked an e-cigarette at some time.

**Smoking, Adults**

|  |  |  |
| --- | --- | --- |
|  | **Kern County** | **California** |
| Current smoker | 15.6% | 11.5% |
| Former smoker | 18.9% | 21.7% |
| Never smoked | 65.5% | 66.8% |
| Thinking about quitting in the next 6 months | 67.0% | 70.3% |
| Ever smoked an e-cigarette\*\* | 19.6% | 16.7% |

*Source: California Health Interview Survey, 2015-2017; \*\*2016-2017.* [*http://ask.chis.ucla.edu*](http://ask.chis.ucla.edu)

4.9% of teens in Kern County are current smokers, and 14.2% of teens in Kern County have tried an e-cigarette. Once area teens had smoked an e-cigarette, 50% of teens had smoked one in the past 30 days.

**Smoking, Teens**

|  |  |  |
| --- | --- | --- |
|  | **Kern County** | **California** |
| Current cigarette smoker | 4.9%\* | 1.7% |
| Ever smoked an e-cigarette | 14.2%\* | 9.0% |
| Smoked one in the past 30 days | 50.0%\* | 32.5% |

*Source: California Health Interview Survey, 2014-2017.*[*http://ask.chis.ucla.edu*](http://ask.chis.ucla.edu) *\*Statistically unstable due to sample size.*

### Alcohol

Binge drinking is defined as consuming a certain amount of alcohol within a set period of time. For males, this is five or more drinks per occasion and for females, it is four or more drinks per occasion. Among adults, 32.6% in Kern County had engaged in binge drinking in the past year, and 10% of Kern County teens binge drank in the past month.

**Adult and Teen Binge Drinking, and Teen Alcohol Experience**

|  |  |  |
| --- | --- | --- |
|  | **Kern County** | **California** |
| Adult binge drinking, past year | 32.6% | 34.7% |
| Teen binge drinking, past month | 10.0%\* | 4.1% |
| Teen ever had an alcoholic drink | 21.3%\* | 22.9% |

*Source: California Health Interview Survey, 2015 adults, 2013-2017 pooled, for teens.* [*http://ask.chis.ucla.edu/*](http://ask.chis.ucla.edu/) *\*Statistically unstable due to sample size.*

### Marijuana Use, Youth

Marijuana use was reported by 7.4% of 7th graders in Kern County. 96.1% of Kern County 7th graders did not use marijuana in the prior 30-day period.

**Marijuana Use, Teens**

|  |  |  |
| --- | --- | --- |
|  | **Kern County** | **California** |
| Ever tried marijuana, 7th grade | 7.4% | 7.2% |
| Used marijuana 0 days in past 30 days, 7th grade | 96.1% | 95.8% |
| Used marijuana 1 day in past 30 days, 7th grade | 1.3% | 1.5% |
| Used marijuana 2 days in past 30 days, 7th grade | 0.8% | 0.7% |
| Used marijuana 3-9 days in past 30 days, 7th grade | 0.8% | 0.7% |
| Used marijuana 10-19 days in past 30 days, 7th grade | 0.5% | 0.5% |
| Used marijuana 20-30 days in past 30 days, 7th grade | 0.3% | 0.8% |

*Source: WestEd, California Healthy Kids Survey, California Department of Education, 2013-2015.via* [*http://www.kidsdata.org*](http://www.kidsdata.org) *N/A = data suppressed due to small sample size.*

### Opioid Use

The rate of hospitalizations in Kern County due to opioid overdose was 11.9 per 100,000 persons. This is higher than the state rate (7.6 per 100,000 persons). Opioid overdose visits (excluding heroin) to the ER in Kern County were 18.9 visits per 100,000 persons, a higher rate than found in the state (10.3 per 100,000 persons). The rate of opioid prescriptions in Kern County was 772.1 per 1,000 persons. This rate is higher than the state rate of opioid prescribing (508.7 per 1,000 persons).

**Opioid Use**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Kern County** | **California** | |
| Hospitalization rate for opioid overdose (excludes heroin), per 100,000 persons | 11.9 | 7.6 | |
| ER visits for opioid overdose (excludes heroin) | 18.9 | 10.3 | |
| Opioid prescriptions, per 1,000 persons | 772.1 | 508.7 | |
| *Source: California Office of Statewide Health Planning and Development, via California Department of Public Health, California Opioid Overdose Surveillance Dashboard, 2017.* [*https://discovery.cdph.ca.gov/CDIC/ODdash/*](https://discovery.cdph.ca.gov/CDIC/ODdash/) | | |  |

### Community Input – Substance Use and Misuse

Stakeholder interviews identified the following issues, challenges and barriers related to substance use and misuse:

* The hospital is starting a suboxone clinic to help with prescription misuse. Lancaster is where people have to go now for suboxone. Our physicians are getting certified and it will be going into our rural clinic.
* It is a pretty big issue in our community, I’m not sure we have the resources to deal with substance use. A lot of people who need help have to go to Bakersfield or other locations.
* Vaping and smoking are rising issues at the schools.
* That is a big deal in our community, but the opioid crisis has been around, and in this town, when it comes to drug addicts, meth was the drug of choice. Heroin is big in this town and it knows no socioeconomic boundaries. But we don’t have rehabilitation centers here. There are very good physicians who can diagnosis what is going on with patients and get them where they need to be, but you have to have the means to be there and have the insurance and be able pay for services. If you become a drug addict or alcoholic and you do not have family or a support system and insurance to help you with that, that is a huge barrier.
* Kern County has a huge issue. Meth is a big issue, especially here in this town. I don’t know why it is so bad in Ridgecrest, somehow these people end up here, maybe because of the low cost of living. But there is a lot of drug abuse.
* There are a lot of young people who smoke and vape. I have seen pregnant women who continue to smoke. They will decrease their use significantly, so we do get progress, but they are still using.
* In regard to vaping, people are not getting accurate and complete information. It just took us by storm and people honestly believe it is a better alternative to smoking.
* We don’t have any facility for patients to detox or inpatient treatment. A barrier is there is a 3-4 month waiting list for certain state insurances, so they come back to the ED constantly and we don’t have pain management in the area. At least 1-2 times a day we encounter a substance use issue. Opiates and meth and heroin, in that order.
* We have difficulty in handling acute problems brought on by addictive disease. We have no chronic addictive management or withdrawal management. It is an area where we are really hurting. People get minimal care that primary care doctors can provide.

# Preventive Practices

### Flu Vaccines

The Healthy People 2020 objective is for 70% of the population to receive a flu shot. 44.1% of Kern County adults received a flu shot. Among Kern County seniors, 69.7% had received a flu shot. Among Kern County children, 6 months to 17 years of age, 47.7% received the flu shot.

**Flu Vaccine**

|  |  |  |
| --- | --- | --- |
|  | **Kern County** | **California** |
| Received flu vaccine, 65+ years old | 69.7% | 70.4% |
| Received flu vaccine, 18+ (includes 65+) | 44.1% | 42.6% |
| Received flu vaccine, 6 months-17 years old | 47.7% | 51.3% |

*Source: California Health Interview Survey, 2014-2016.* [*http://ask.chis.ucla.edu*](http://ask.chis.ucla.edu/AskCHIS/)

### Immunization of Children

In the Sierra Sands Unified School District, the rate of compliance with childhood immunizations upon entry into Kindergarten is 95.9%, which exceeds county and state rates.

**Up-to-Date Immunization Rates of Children Entering Kindergarten, 2017-2018**

|  |  |
| --- | --- |
|  | **Immunization Rate** |
| Sierra Sands Unified School District | 95.9% |
| **Kern County\*** | **89.3%** |
| **California\*** | **92.2%** |

*Source: California Department of Public Health, Immunization Branch, 2017-2018. \*For those schools where data were not suppressed due privacy concerns over small numbers.*

[*https://data.chhs.ca.gov/dataset/school-immunizations-in-kindergarten-by-academic-year*](https://data.chhs.ca.gov/dataset/school-immunizations-in-kindergarten-by-academic-year)

### Mammograms

The Healthy People 2020 objective for mammograms is for 81% of women, 50 to 74 years old, to have had a mammogram within the past two years. In Kern County, 78.6% of women obtained a mammogram.

**Mammograms**

|  |  |  |
| --- | --- | --- |
|  | **Kern County** | **California** |
| 50-74 years, had a mammogram in past 2 years | 78.6%\* | 82.9% |

*Source: California Health Interview Survey, 2015-2016.* [*http://ask.chis.ucla.edu*](http://ask.chis.ucla.edu/AskCHIS/) *\*Statistically unstable due to sample size*

### Community Input – Preventive Practices

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

* There is sufficient coverage for flu and pneumonia shots, and pharmacies offer that even if people do not have insurance.
* There are a lot of pharmacies that provide immunizations and clinics and the hospital sends out reminders for mammograms and things like that. We do a pretty good job of taking care of routine preventive medicine.
* For seniors, there are a lot who are homebound and have no way to get to the doctor. They have their annual visits and hope they stay healthy in between.
* We have a community health fair every year and we offer reduced priced screenings and some free screenings. There is a public health clinic in town for flu shots and a mobile health clinic that provides care to students and family members.
* There is virtually nothing from a preventive standpoint we can’t do in this community. We don’t have as much education apparatus as some larger facilities have, so it is challenging to educate the public.
* Preventive services are almost routinely available to the population except the uninsured, and that is a very small community. We have FQHCs that provide primary care. A much bigger problem are patients who use preventive care, then discover a bad disease and cannot find a specialist because of their insurance. We have screenings for breast and colon cancer, but it is tough to get them treated.

# Attachment 1. Benchmark Comparisons

Where data were available, health and social indicators in the service area were compared to the Healthy People 2020 objectives. The **bolded items** are indicators that did not meet established Healthy People 2020 objectives; non-bolded items met or exceeded benchmarks.

|  |  |
| --- | --- |
| Service Area Data | Healthy People 2020 Objectives |
| High school graduation rate  85.7% | High school graduation rate  87% |
| Child health insurance rate  96.5% | Child health insurance rate  100% |
| Adult health insurance rate  89.9% | Adult health insurance rate  100% |
| Persons unable to obtain medical care  5.7% | Persons unable to obtain medical care  4.2% |
| Ischemic heart disease deaths  156.2 per 100,000 | Ischemic heart disease deaths  103.4 per 100,000 |
| Cancer deaths  155.3 per 100,000 | Cancer deaths  161.4 per 100,000 |
| Stroke deaths  37.5 per 100,000 | Stroke deaths  34.8 per 100,000 |
| Unintentional injury deaths  48.5 per 100,000 | Unintentional injury deaths  36.4 per 100,000 |
| Suicides  16.7 per 100,000 | Suicides  10.2 per 100,000 |
| On-time (1st Trimester) prenatal care  71.8% of women | On-time (1st Trimester) prenatal care  78% of women |
| Low birth weight infants  5.8% of live births | Low birth weight infants  7.8% of live births |
| Infant death rate  6.1 per 1,000 live births | Infant death rate  6.0 per 1,000 live births |
| Adult obese, age 20+  41.7% | Adult obese, age 20+  30.5% |
| Teens obese  26.2% | Teens obese  16.1% |
| Adults who are sedentary  24.0% | Adults who are sedentary  32.6% |
| Annual adult influenza vaccination, 18+  44.1% | Annual adult influenza vaccination, 18+  70% |
| Adults engaging in binge drinking  32.6% | Adults engaging in binge drinking  24.2% |
| Cigarette smoking by adults  15.6% | Cigarette smoking by adults  12% |
| Pap smears  83% | Pap smears  93%, ages 21-65, screened in the past 3 years |

# Attachment 2. Community Interviewees

|  |  |  |
| --- | --- | --- |
| Name | Title | Organization |
| Debbie Benson | Executive Director and Chief Executive Officer | Maturango Museum |
| Jill Board | Former President | Cerro Coso Community College |
| Susan Bodnar | Director of Senior Services | Ridgecrest Regional Hospital |
| Jessie Clayton | School Nurse | Sierra Sands Unified School District |
| Michelle Corso | Public Relations Officer | Kern County Public Health Department |
| Lawrence N. Cosner, Jr., MD | Physician | Ridgecrest Regional Hospital |
| John Froehner | Patient Family Advisory Committee Chairman | Ridgecrest Regional Hospital |
| Jennifer Johnston | Social Worker | Ridgecrest Regional Hospital |
| Celia Mills | Administrator of Care Coordination and Community Health | Ridgecrest Regional Hospital |
| Tera Moorehead | Director of Community Outreach | Ridgecrest Regional Hospital |
| Charissa Wagner | Library Branch Supervisor | Ridgecrest Branch, Kern County Library |
| Hope Wildenberg, MD | Physician, Medical Director | Southern Sierra Medical Clinic |
| Katie Ubiatek, BSN | Public Health Nurse | Kern County Public Health Department, Ridgecrest |

# Attachment 3. Community Survey

46 Respondents

Have you ever been told by doctor, nurse or other health professional that you have cancer?

|  |  |
| --- | --- |
| Yes | 24.4% |
| No | 75.6% |

Have you ever had a Pap test for cervical cancer (women only)?

|  |  |
| --- | --- |
| Yes | 92.7% |
| No | 4.8% |
| Don’t know | 2.5% |

Have you ever had a sigmoidoscopy or colonoscopy for signs of colon cancer (over 50 years old)?

|  |  |
| --- | --- |
| Yes | 85.7% |
| No | 14.3% |

If you did not obtain cancer screening, what kept you from getting cancer screening in your area?

* I do not know what I need.
* I did not schedule an annual exam.
* I don’t think I need screening.
* Doctor did not suggest screening.
* Got busy and forgot.

If you or a loved one were diagnosed with cancer, what barriers have experienced to get cancer treatment in the local area?

* Co-pays are too high.
* Transportation costs to obtain radiation treatment.
* Access to specialized care.
* No radiation treatment available locally.
* Our HMO assigned us to Lancaster for treatment.

Have you had experiences with palliative care, end-of-life care or hospice care?

|  |  |
| --- | --- |
| Yes | 42.9% |
| No | 57.1% |

Age

|  |  |
| --- | --- |
| 18-24 | 4.9% |
| 25-34 | 29.3% |
| 35-44 | 19.5% |
| 45-54 | 7.3% |
| 55-64 | 21.9% |
| 65+ | 17.1% |

Gender

|  |  |
| --- | --- |
| Female | 88.4% |
| Male | 11.6% |
| Other | 0% |

Race/Ethnicity

|  |  |
| --- | --- |
| White/Caucasian | 81.8% |
| Hispanic or Latino | 11.4% |
| More than one race | 6.8% |

# Attachment 4. Resources to Address Needs

Community stakeholders and residents identified community resources potentially available to address the identified health needs. This is not a comprehensive list of all available resources. Resources are also available at Healthy Kern County [www.healthykern.org](http://www.healthykern.org) and 211 Kern County at <http://www.capk.org/211Kern/>.

|  |  |
| --- | --- |
| Health Need | Community Resources |
| Access to health care/dental care | Indian Wells Valley Community Collaborative  Omni Family Health  Ridgecrest Regional Hospital Mobile Health Unit  Ridgecrest Veteran’s Advisory Council  Rural Health Clinic  Sierra Sands School District  Southern Sierra Medical Clinic |
| Birth characteristics | CAP-K Community Action Partnership of Kern  Early Start California Department of Developmental Services Assessment Team  First 5  Indian Wells Family Resource Center  Kern County Public Health Department  Pregnancy Care Center  Southern Sierra Medical Clinic  WIC |
| Chronic diseases | Alzheimer’s Association  American Cancer Society  American Diabetes Association  American Heart Association  American Lung Association  Kern County Aging and Adult Services  Kern County Public Health Department  Ridgecrest Senior Center  Southern Sierra Medical Clinic |
| Food insecurity | Crossroads Community Church  Grace Lutheran Food Pantry  Immanuel Southern Baptist Church  Kern County Aging and Adult Services, Salvation Army  Ridgecrest Branch Kern County Library  Ridgecrest Presbyterian Church  Ridgecrest Shoutout Aid  Ridgecrest United Methodist Church  Rotary Club  St. Ann’s Catholic Church Food Pantry  St. Michael’s Episcopal Church Food Pantry |
| Mental health | College Community Service Hope Center  Crisis Stabilization Unit  National Alliance of Mental Illness  Sierra Sands School District |
| Overweight and obesity | Cerro Coso Community College  City of Ridgecrest Parks and Recreation Department  Kerr McGee Center |
| Preventive practices | Kern County Public Health Department  Omni Family Health  Rural Health Clinic  Southern Sierra Medical Clinic |
| Sexually transmitted infections | Kern County Public Health Department  Omni Family Health  Rural Health Clinic  Southern Sierra Medical Clinic |
| Substance use and misuse | Alano Club  Alcoholics Anonymous  Celebrate Recovery  Narcotics Anonymous  Ridgecrest Addiction Awareness  Saving Grace  The Lighthouse |
| Violence and injury | Women’s Center High Desert |

# Attachment 5. Review of Progress

In 2016, Ridgecrest Regional Hospital conducted its previous Community Health Needs Assessment (CHNA). Significant health needs were identified from issues supported by primary and secondary data sources gathered for the CHNA. In developing the hospital’s Implementation Strategy, associated with the 2016 CHNA, RRH chose to address: cancer, heart disease, mental health, obesity and nutrition, and substance and alcohol use.

**Cancer**

The bone marrow “Be the Match” event recruited over 30 potential donors who are now on the National Registry list.

A hematologist/oncologist was recruited to practice at the hospital, increasing access to cancer care.

The Relay for Life provided cancer education and support research through the American Cancer Society.

Funds for transportations were made available to persons who had to travel out of town to receive radiation treatment.

Discounted mammograms and PSAs were provided to increase screening for breast and prostate cancer.

A cancer support group was offered.

**Heart Disease**

The annual health fair provided 300 reduced price and 30 free preventive health screenings.

Weekly, 16 free exercise classes were offered to seniors. These classes included Silver Sneakers and Senior Gentle Yoga. On average, class attendance was 15 persons.

Heartsaver CPR and pediatric first aid courses were offered.

A Congestive Heart Failure support group was offered.

**Mental Health**

Grief support group and Alzheimer’s caregiver support group were offered. The Grief Support group met twice a month and the Alzheimer's Caregiver met once a month with an average attendance of 5 persons.

The Caregiver Support Group met twice a month with a monthly average attendance of 9 persons.

The Journey to Happiness Seniors Group met once a week and helped seniors to increase their happiness and connected them to community resources. The average monthly attendance was 40 seniors.

The Rock Steady Boxing program was offered as an exercise program that focused on reducing anxiety and depression. In 2018, the class had an average attendance of 12 persons. Anecdotally, attendees commented that the group helped them feel better and less sad.

**Obesity and Nutrition**

Preschool presentations were offered in 2018 that focused on eating healthy fruits and vegetables. Approximately 20 students attended.

Smoothie competition workshops were offered at Pierce Elementary, Sierra Sands School District and the Charter School. The workshops discussed the importance of eating fruits and vegetables and the participants created their own smoothies with the healthy options that were provided. Approximately 75 people participated.

The Fun with Food class had 28 students, ages 7-12, who learned about nutrition and how to bake and cook healthy food items.

The Fun with Food Advanced class had 21 students, ages 9-14, who learned about nutrition, food safety and cooking techniques.

Diabetes health education classes and support group were offered.

**Substance and Alcohol Use**

Freedom from smoking classes were offered.

Vaping and smoking education were offered at a local middle school.

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) [↑](#footnote-ref-1)