



2023
COMMUNITY HEALTH ASSESSMENT
KINGS COUNTY, CALIFORNIA
JULY 2024

DELIVERED BY:



Moxley
PUBLIC HEALTH



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A NOTE FROM KINGS COUNTY DEPARTMENT OF PUBLIC HEALTH

Kings County Department of Public Health strives to bring together people and organizations to improve community wellness. The community health assessment process is one way the health department and its partners can live out its mission. In order to fulfill this mission, these partners must be intentional about understanding the health issues that impact residents and work together to create a healthy community.

A primary component of creating a healthy community is assessing the community's needs and prioritizing those needs for impact. In 2023, Kings County Department of Public Health partnered with Moxley Public Health and community-based organizations to conduct a comprehensive Community Health Assessment (CHA) to identify primary health issues, current health status, and other health needs. The results from the assessment provide critical information to those in a position to make a positive impact on the health of the region's residents. The results also enable community members to measure impact and strategically establish priorities to then develop interventions and align resources.

Kings County Department of Public Health and their many health partners conduct CHAs every five years to measure and address the current health status of the Kings County community. The Department assessed Kings County as the community of focus because it is where those they serve live, work, learn, and play. Through quantitative and qualitative data collection and assessment, this report will inform decisions on how to better meet the health needs of the community. The Department strives to provide the best possible care for the Kings County community and will use this report to guide strategic planning and decision-making concerning future programs and health resources.

The 2023 Kings County CHA would not have been possible without the help of numerous Kings County organizations, acknowledged on the following pages. It is vital that assessments such as this continue, so partners know where to direct resources and how to use them in the most advantageous ways.

The goals of public health can only be accomplished through community members' commitment to themselves and to each other. The Department believes that together, Kings County can be a thriving community of health and well-being at home, work, school, and play.

Importantly, this report could not exist without the contributions of individuals in the community who participated in interviews and completed the community member survey. The Department is grateful for those individuals who are committed to the health of the community, and took the time to share their health concerns, needs, behaviors, praises, and suggestions for future improvement.

Sincerely,



Rose Mary Rahn

Director, Public Health,
Kings County Department of Public Health



ACKNOWLEDGEMENTS



This Community Health Assessment (CHA) was made possible thanks to the collaborative efforts of Kings County Department of Public Health, community partners, local stakeholders, non-profit partners and community residents. Their contributions, expertise, time, and resources played a critical part in the completion of this assessment.

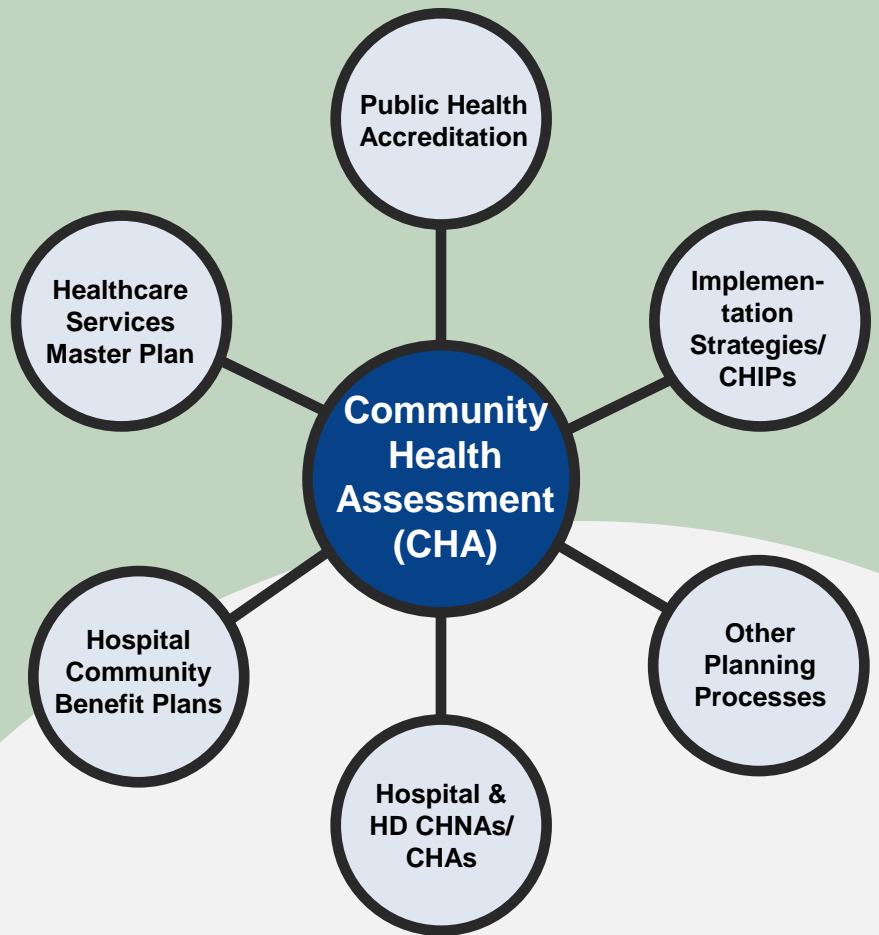
KINGS COUNTY DEPARTMENT OF PUBLIC HEALTH WOULD LIKE TO RECOGNIZE THE FOLLOWING INDIVIDUALS AND ORGANIZATIONS FOR THEIR CONTRIBUTIONS TO THIS REPORT:

- | | |
|--|--|
| Adventist Health | Kings County Latino Round Table |
| Aria Community Health Center | Kings County Office of Education |
| Armona Community Services District | Kings County Behavioral Health Veterans Support Group |
| California Health Collaborative | Kings View Community Services |
| Champions Recovery Alternative Programs | Lily of the Valley Church |
| City of Corcoran | National Association for the Advancement of Colored People |
| Community residents | Re-establishing Stratford |
| Corcoran Unified School District | Restore 180 |
| Duchess of Doula | Santa Rosa Rancheria Department of Education |
| Family HealthCare Network | Tachi-Yokut Tribe |
| Hanford Public Library | United Health Centers |
| Kings Community Action Organization | Valley Voices |
| Kings County Commission on Aging | WestCare |
| Kings County Health Equity Advisory Panel (KCHEAP) | |



INTRODUCTION

WHAT IS A COMMUNITY HEALTH ASSESSMENT?



A **Community Health Assessment (CHA)** is a tool that is used to guide community interventions to improve population health. For health departments, it is used to identify and address key health needs and supports the requirements for accreditation through the Public Health Accreditation Board (PHAB). Furthermore, the data from a CHA is used to inform community decision-making, prioritization of health needs, and the development, implementation and evaluation of a Community Health Improvement Plan (CHIP).

The CHA is an important piece in the development of a CHIP because it helps the community to understand the health-related issues that need to be addressed. To identify and address the critical health needs of the county, Kings County Department of Public Health utilized the most current and reliable information from existing sources and then collected new data through interviews, focus groups, and surveys with community residents and leaders.

OVERVIEW OF THE PROCESS



In order to produce a comprehensive Community Health Assessment (CHA), Kings County Department of Public Health followed a process that included the following steps:

- STEP 1:** Plan and prepare for the assessment.
- STEP 2:** Define the community.
- STEP 3:** Identify data that describes the health and needs of the community.
- STEP 4:** Understand and interpret the data.
- STEP 5:** Define and validate priorities.
- STEP 6:** Document and communicate results.



Accreditation Requirements

The Public Health Accreditation Board (PHAB) Standards & Measures document serves as the official guidance for public health department accreditation and includes requirements for the completion of CHAs and Community Health Improvement Plans (CHIPs) for local health departments.

A Health Department's CHIP must be a written plan that:

- Describes how the health department and the community it serves will work together to improve the health of the population within the jurisdiction that the health department serves; and
- Can be used by the community, stakeholders, and partners to set priorities, direct the use of resources, and develop and implement projects, programs, and policies.

**THE 2023 KINGS COUNTY CHA MEETS ALL CALIFORNIA
AND FEDERAL (PHAB) STANDARDS & MEASURES.**

OVERVIEW OF THE PROCESS



The following graphic shows the health improvement framework that this report followed while adhering to Public Health Accreditation Board (PHAB) requirements and the community's needs.

Health Improvement Framework

Equity

Health equity is achieved when all people in a community have access to affordable, inclusive, and quality infrastructure and services that, despite historical and contemporary injustices, allow them to reach their full health potential.

Priorities

Priorities identify health needs (both social determinants of health and health outcomes) that affect the overall health and well-being of children, families, and adults of all ages.

What shapes health and well-being in Kings County?

Many factors, including improving social determinants of health such as:

Community conditions

- Housing and homelessness
- Education/student success
- Adverse childhood experiences
- Economic stability (income/poverty, employment, food security, transportation, etc.)
- Internet/Wi-Fi access
- Access to childcare
- Crime/violence
- Environmental conditions

Health behaviors

- Tobacco/nicotine use
- Nutrition
- Physical activity

Access to care

- Health insurance coverage
- Local access to healthcare providers
- Access to mental healthcare
- Preventive care and practices

What are signs that health is improving in Kings County?

Improve health outcomes such as:

Mental health/addiction

- Depression
- Suicide
- Youth and adult drug use
- Drug overdose deaths

Chronic and infectious diseases

- Heart disease
- Diabetes
- Childhood conditions (asthma, lead exposure)
- HIV/AIDS and sexually transmitted infections (STIs)

Maternal and infant health

- Preterm births
- Infant mortality
- Maternal morbidity and mortality

All Kings County residents achieve their full health potential

- Improved health status
- Reduced premature death

Vision:
Kings County is a model of health, well-being, and economic vitality

Strategies

Choose effective activities, policies, and programs to improve performance on these priorities.

STEP 1

PLAN AND PREPARE FOR THE ASSESSMENT



IN THIS STEP, KINGS COUNTY DEPARTMENT OF PUBLIC HEALTH:

- ✓ DETERMINED WHO IN THE COUNTY WOULD PARTICIPATE IN THE NEEDS ASSESSMENT PROCESS
- ✓ PLANNED FOR COMMUNITY ENGAGEMENT
- ✓ ENGAGED COUNTY LEADERSHIP
- ✓ DETERMINED HOW THE COMMUNITY HEALTH ASSESSMENT WOULD BE CONDUCTED
- ✓ DEVELOPED A PRELIMINARY TIMELINE

PLAN & PREPARE

Kings County Department of Public Health began planning for the 2023 Community Health Assessment (CHA) in 2023. They involved health department and County leadership, kept the Board of Supervisors informed of assessment activities, allocated funds to the process, and, most importantly, engaged the community through various established relationships with populations, stakeholders, and community leaders in collaboration with Moxley Public Health.

The assessment team (Kings County Department of Public Health and Moxley Public Health) worked together to formulate the multistep process of planning and conducting a CHA. They then formed a timeline for the process.

“

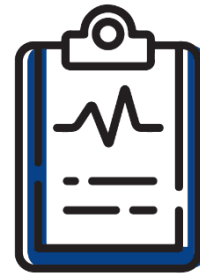
Community Health Assessments (CHAs) are the foundation for improving and promoting the health of community members. The role of community assessment is to identify factors that affect the health of a population and determine the availability of resources within the community to adequately address these factors.

- Catholic Health Association

”



PREVIOUS CHA & COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP)



BRIEF SUMMARY OF PRELIMINARY 2019 CHA

In 2019, Kings County conducted the previous Community Health Assessment (CHA) and published a preliminary report. Significant health needs were identified from issues supported by primary and secondary data sources gathered for the CHA; however, since the CHA was not finalized, no formal CHIP was developed in association with the 2019 CHA, due in part to challenges posed by the COVID-19 pandemic. However, Kings County Department of Public Health (KCDPH) did draft a strategic plan for 2019-2024, which addressed organizational excellence; social determinants of health and health equity; leading causes of illness, injury and premature death; health and wellness for families; and a safe and healthy environment. More details on these strategic priorities can be found in **Appendix A**.

PREVIOUS CHA AND CHIP AVAILABILITY TO COMMUNITY

A Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP) are to be made widely available to the community/public and comments and feedback are to be solicited. The previous preliminary CHA was made widely available to the public on the following website. (No CHIP was completed, and while there was a draft strategic plan developed, it was an internal document and was not made publicly available).

Kings County Department of Public Health: <https://www.kcdph.com/>

Written comments on this report were solicited on the following website: <https://www.kfpf.org/>

KINGS COUNTY 2019-2024 PRIORITY AREAS

KCDPH's 2019-2024 draft strategic plan was informed by reviewing the 2019 CHA. KCDPH reviewed and discussed the priority areas and agreed to address the following strategic priorities (which include priority health needs):

1. Achieve Organizational Excellence
2. Integrate the Social Determinants of Health and Health Equity into All Programs
3. Address the Leading Causes of Illness, Injury, and Premature Death
4. Contribute to a Strong Foundation of Health and Wellness for Families
5. Maintain a Safe and Healthy Environment

IMPACT/PROCESS EVALUATION OF 2019-2024 STRATEGIES

Appendix A describes the strategies and evaluation that were planned in the draft 2019-2024 strategic plan. As the Kings County 2019 CHA and 2019-2024 strategic plan were limited to draft form, no formal impact and process evaluation of the progress on the goals were conducted. A more comprehensive evaluation of the 2024-2028 CHIP will be conducted, and more details will be included in the next CHA report.

STEP 2

DEFINE THE KINGS COUNTY SERVICE AREA



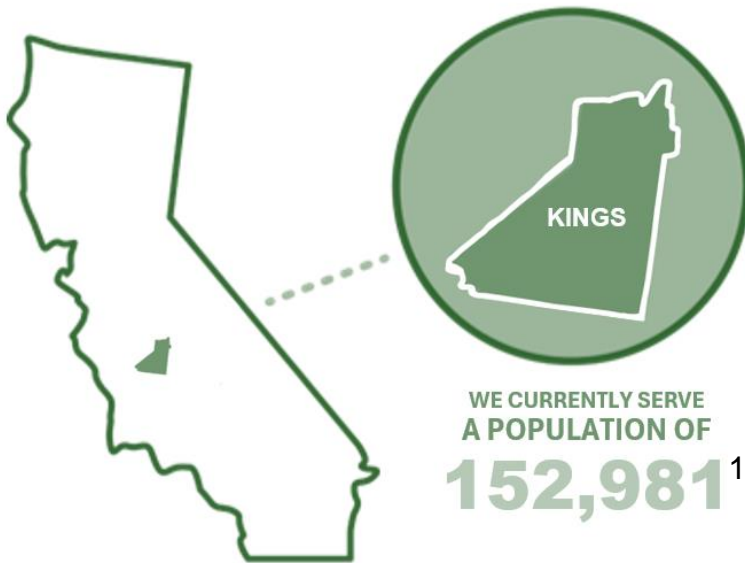
IN THIS STEP, KINGS COUNTY DEPARTMENT OF PUBLIC HEALTH:

- ✓ DESCRIBED THE KINGS COUNTY SERVICE AREA
- ✓ DETERMINED THE PURPOSE OF THE NEEDS ASSESSMENT

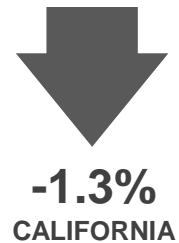
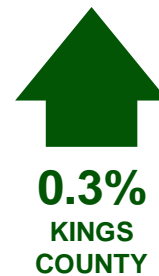
DEFINING THE KINGS COUNTY SERVICE AREA



For the purposes of this report, Kings County Department of Public Health defines the primary service area as Kings County, California.



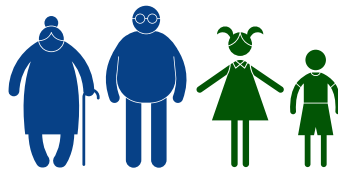
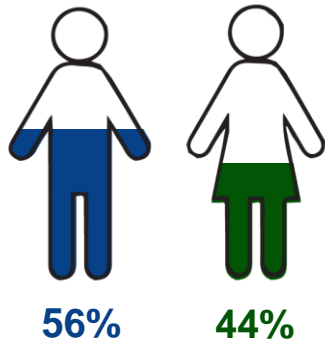
The population of Kings County is slowly increasing, while the California population has slightly decreased in the past 3 years¹



KINGS COUNTY SERVICE AREA			
GEOGRAPHIC LOCATION	ZIP CODE	GEOGRAPHIC LOCATION	ZIP CODE
Armona	93202	Lemoore	93245
Avenal	93204	Lemoore	93246
Corcoran	93212	Lost Hills	93249
Hanford	93230	Stratford	93266
Hanford	93232	Waukena	93282
Kettleman	93239	Kingsburg	93631
Laton	93242	Riverdale	93656

KINGS COUNTY DEMOGRAPHICS AT-A-GLANCE

There is a **higher percentage of men than women** in Kings County³



Youth ages 0-19 and seniors 65+ make up **41% of the population** in Kings County⁵



1 in 10 Kings County residents are aged 65+, lower than 1 in 7 in California⁶

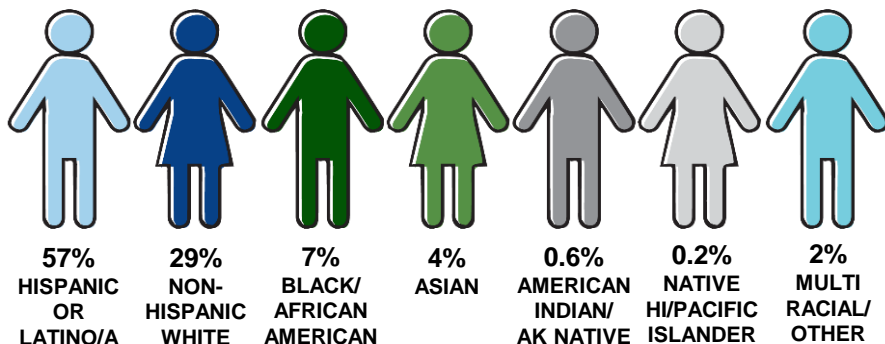


6% of Kings County residents are **veterans**, higher than the state rate of 4%⁴

More than two-thirds of the veterans in the service area are under age 55⁴



More than half (**57%**) of the population in Kings County identifies as **Hispanic or Latino/a**, higher than the California proportion of 40%¹



59% of the population in the Kings County service area speaks English at home; 37% speaks Spanish at home, higher than the California rate of 28%

19% are foreign-born, compared to 27% of Californians. Of those who are foreign-born, **63%** are not U.S. citizens⁷

Californians can expect to live nearly 3 years longer on average than Kings County residents⁴

The age-adjusted mortality rate in Kings County of **719 per 100,000** population is higher than California's rate of 631 per 100,000⁸

1 in 278 Kings County residents will die prematurely, which is higher than the 1 in 345 California rate⁹

According to the county health ranking program, Kings County is ranked in the **top 50% of healthiest counties in California** based on social factors that impact health⁹



THINGS PEOPLE LOVE ABOUT THE COMMUNITY FROM INTERVIEWS & FOCUS GROUPS



Residents love that Kings County is small and community-oriented.

“I love that the community is small and tight knit.”

- Community Member Interview

“Safe place to live, not too big of a community.”

- Community Member Interview

“Recently the Commission on Aging had to pass out 2,000 meals, but their vehicles wouldn’t work. The community came out and delivered the meals together.”

- Community Member Interview

“There are a lot of good resources. We always come together and help each other.”

- Community Member Interview



Residents highlighted collaboration, helpfulness, and resourcefulness as positive aspects of living in Kings County.

“Be louder, be prouder, have more joy. Don’t stop what you’re doing.”

- Community Member Focus Group

“People are helpful and want to make the community better.”

- Community Member Interview

“The community does well at collaborating and there is not competition between agencies for resources. There is a lot of respect, we don’t step on each other’s toes.”

- Community Member Interview

TOP PRIORITIES FROM INTERVIEWS & FOCUS GROUPS



FROM INTERVIEWS:

Major health issues impacting community:

1. Chronic diseases (diabetes, hypertension, obesity, heart disease)
2. Mental health
3. Access to healthcare
4. Access to stable and secure housing
5. Food insecurity

Top socioeconomic, behavioral, and/or environmental factors impacting community:

1. Transportation issues
2. Low-incomes
3. Lack of access to healthcare
4. Access to education
5. Air quality
6. Homelessness

FROM FOCUS GROUPS:

Major health issues impacting community:

1. Environmental exposures (chemicals, water/air quality)
2. Access to healthcare
3. Homelessness
4. Asthma
5. Need more information about/access to resources
6. Sanitation/hygiene

How health concerns impact the community:

1. Environmental exposures
2. Lack of parks and outdoors activities
3. Drug use/addiction
4. Mental health

Top youth community health issues identified:

1. Access to care/health insurance
2. Mental health
3. School safety/bullying
4. Racism/discrimination/health equity
5. Community social connectedness

Rural areas of Kings County were highlighted as experiencing challenges with access to healthcare, healthy food, and transportation.

“There aren’t any major grocery stores outside of Target, Walmart, and Save Mart.”

- Community Member Focus Group

“Kids can’t go out a lot because there are no parks/activities, and the air quality is poor.”

- Community Member Focus Group

Community members said that more education on healthy eating and exercise is needed in Kings County.

“Need more information about resources (welfare, cash aid, Medi-Cal, etc.).”

- Community Member Focus Group

“Going to the doctor in the first place is not a norm, so going to see a mental health doctor makes no sense to people.”

- Community Member Interview

SUB-POPULATIONS AND RESOURCES FROM INTERVIEWS & FOCUS GROUPS



FROM INTERVIEWS:

Sub-populations in the area that face barriers to accessing healthcare and social services:

1. Immigrants
2. Black, Indigenous, and People of Color (BIPOC)
3. Hispanic/Latino/a residents
4. Low-income residents
5. Unhoused residents
6. Farmworkers and farming communities



Community members felt that addressing health disparities requires a multifaceted approach that tackles the underlying social determinants of health, promotes equitable access to resources, and dismantles barriers.

“Existing health information does meet my need, but it doesn’t meet the needs of others who don’t have access like I do.”

- Community Member Focus Group

FROM FOCUS GROUPS:

Sub-populations in the area that face barriers to accessing healthcare and social services:

1. Unhoused residents
2. Elderly
3. People without transportation
4. Low-income residents
5. People without health insurance

Resources people use in the community to address their health needs:

1. Aria Community Health Center
2. Kings County Department of Public Health
3. Websites
4. West Hills College
5. Veteran Affairs Women’s Clinic and Tri-Care
6. Hanford Library veteran resources

Top resources that are lacking in the community:

1. Access to exercise opportunities
2. Access to healthcare (medical, dental, vision)
3. Clean water
4. Information about resources
5. Transportation
6. Housing access, quality, and enforcement
7. Improved air quality
8. Housing services

“Migrant workers and newcomers sometimes have barriers because they don’t know how or where to find help or get healthcare. They don’t speak English or don’t have transportation.”

- Community Member Focus Group

“There is a lack of healthcare providers throughout the county. Bring resources to communities so that people don’t have to leave.”

- Community Member Interview

“Lack of transportation is an issue. I only take the bus, but it takes too long to get back to town.”

- Community Member Focus Group



Focus group participants highlighted historically rooted structural inequities, systemic racism, and discrimination in healthcare, education, and housing that perpetuate health and disparities.

STEPS 3, 4, & 5

IDENTIFY, UNDERSTAND, AND INTERPRET THE DATA AND PRIORITIZE HEALTH NEEDS



IN THIS STEP, KINGS COUNTY DEPARTMENT OF PUBLIC HEALTH:

- ✓ REVIEWED SECONDARY DATA FOR INITIAL PRIORITY HEALTH NEEDS
- ✓ COLLECTED PRIMARY DATA THROUGH INTERVIEWS, FOCUS GROUPS, AND A COMMUNITY MEMBER SURVEY
- ✓ COLLECTED COMMUNITY INPUT AND FEEDBACK
- ✓ REVIEWED PRIOR ASSESSMENTS AND REPORTS
- ✓ ANALYZED AND INTERPRETED THE DATA
- ✓ IDENTIFIED DISPARITIES AND CURRENT ASSETS
- ✓ IDENTIFIED AND UNDERSTOOD DETERMINANTS OF HEALTH
- ✓ ESTABLISHED CRITERIA FOR SETTING PRIORITIES
- ✓ VALIDATED PRIORITIES
- ✓ IDENTIFIED AVAILABLE RESOURCES
- ✓ DETERMINED RESOURCE OPPORTUNITIES



UNDERSTANDING PRIORITIZATION OF HEALTH NEEDS



HEALTH FACTORS are components of someone’s environment, policies, behaviors, and health care that affect the health outcomes of residents of a community. (Examples include housing, crime/violence, access to healthcare, nutrition and access to healthy foods, economic security, etc.).

HEALTH OUTCOMES are health results, diseases, or changes in the human body. (Examples include chronic diseases, mental health, suicide, injury, and maternal/infant health).

In order to align with the state of California’s goal to improve health, well-being, and economic vitality, Kings County Department of Public Health included the state’s priority factors and health outcomes when assessing the community.

SECONDARY DATA EXISTING DATA SOURCES



ASSESSING HEALTH NEEDS USING SECONDARY DATA

Initially, the health needs were assessed through a review of the secondary health data collected and analyzed prior to the interviews, focus groups, and survey. Significant health needs were identified from the secondary data using the following criteria:

Criteria for Identification of Initial 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).*

* To determine size or seriousness of the problem, the health need indicators of Kings County service area identified in the secondary data were measured against benchmark data, specifically county rates, state rates, national rates and/or Healthy People 2030 objectives (Healthy People 2030 benchmark data can be seen in **Appendix B**).

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

REVIEW OF KINGS COUNTY CHA DATA

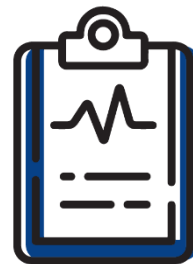
In order to build upon the work that was initiated previously, the prior 2019 CHA was reviewed. When making final decisions for the 2024-2028 Community Health Improvement Plan (CHIP), previous efforts will be assessed and analyzed.

2023 HEALTH NEEDS TO BE ASSESSED

The following health needs were assessed through secondary data, listed in alphabetical order:

- Access to healthcare (primary, dental/oral, and mental)
- Chronic diseases (asthma, cancer, diabetes, heart disease, stroke, etc.)
- Community conditions (housing, education, economic security, internet access, etc.)
- COVID-19
- HIV/AIDS and sexually transmitted infections (STIs)
- Leading causes of death (heart disease, cancer, chronic lower respiratory disease, stroke, etc.)
- Maternal and infant health
- Mental health
- Nutrition and physical activity
- Preventive practices (vaccines/immunizations, screenings, mammograms, etc.)
- Substance use (alcohol and drugs)
- Tobacco and nicotine use

The secondary and primary data collection will ultimately inform the decisions on health needs that the county will address in the CHIP.



DATA COLLECTION

PRIMARY

Secondary data collection and discussions with health department leadership resulted in identifying community health needs that were further assessed in the primary data collection - key informant interviews, focus groups, and a community member survey. The information and data from both secondary and primary data collection will ultimately inform the decisions on health needs that the community will address in its Community Health Improvement Plan (CHIP).

COMMUNITY HEALTH NEEDS IDENTIFIED IN SECONDARY DATA THAT WERE ASSESSED IN PRIMARY DATA COLLECTION:

Access to healthcare (health insurance coverage, local access to providers, unmet need for mental healthcare, etc.)

Chronic diseases (asthma, cancer, childhood conditions, diabetes, heart disease, stroke, etc.)

Community conditions (childcare, crime/violence, housing, education, transportation, income/poverty, economic stability)

COVID-19

HIV/AIDS and sexually transmitted infections (STIs)

Leading causes of death (heart disease, cancer, chronic lower respiratory disease, stroke, see p. 63 for complete list)

Maternal, infant, and child health

Mental health (depression, suicide, etc.)

Nutritional/physical activity (overweight, obesity, etc.)

Preventive practices (vaccines/immunizations, screenings, mammograms/pap smears, etc.)

Substance use (alcohol, drugs, etc.)

Tobacco and nicotine use



PRIMARY DATA COLLECTION

KEY INFORMANT INTERVIEWS

Key informant interviews were used to gather information and opinions from persons who represent the broad interests of the community. Moxley Public Health spoke with **27 experts** from various organizations serving the community, including leaders and representatives of medically underserved, low-income, and minority populations, as well as local governmental departments and agencies (a complete list of participants can be seen in **Appendix C**).

Questions asked in individual interviews are listed below.

KEY INFORMANT INTERVIEW QUESTIONS:
Broad questions asked at the beginning of the interview:
What are some of the major health issues affecting individuals in the community?
What are the most important socioeconomic, behavioral, or environmental factors that impact health in the area?
Who are some of the populations in the area that are not regularly accessing health care and social services? Why?
Questions asked for each health need:
What are the issues/challenges/barriers faced for the health need?
Are there specific sub-populations or areas in the community that are most affected by this need?
Where do community residents go to receive help or obtain information for this health need? (resources, programs, and/or community efforts)

PRIMARY DATA COLLECTION

FOCUS GROUPS



Focus groups were used to gather information and opinions from specific sub-populations in the community who disproportionately experience poor health outcomes. Kings County Department of Public Health and community partners conducted **6 focus groups** with a total of **61 people** in the community (training, support, and analysis was provided by Moxley Public Health). Focus groups included community leaders and representatives of medically underserved, low-income, and minority populations, as well as local governmental departments or agencies (a complete list of groups represented and focus group details can be seen in **Appendix D**). Sub-populations represented by these focus groups included new parents, Black women, farmworkers (Kettleman City), Spanish speakers, veterans, and justice-impacted youth.

Questions asked to focus groups are listed below.

FOCUS GROUP QUESTIONS:
What are the biggest health concerns/issues in our community?
How do these health concerns/issues impact our community?
What are some populations/groups in our community that face barriers to accessing health and social services?
What existing resources/services do you use in our community to address your health needs? How do you access information about health and social services? Does this information meet your needs?
What resources do you think are lacking in our community? What health information is lacking in our community? How could this information best reach you and our community?
Do you have any ideas for how to improve health/address health issues in our community?
Do you have any other feedback/thoughts to share with us?

PRIMARY DATA COLLECTION

FOCUS GROUPS



Each key informant interview and focus group participant was asked to complete an online survey (available in both English and Spanish) to assess and prioritize the health needs identified by secondary data collection. Additionally, the health department and community partners shared the survey link with clients, patients, and others who live and/or work in the community. This resulted in **986 responses** to the community survey (629 English responses and 357 Spanish responses). The survey questions and demographics can be found in **Appendix E**.

HEALTH NEEDS RANKED IN THE COMMUNITY MEMBER SURVEY:

#1 (tied) Access to healthcare (e.g. doctors, hospitals, specialists, medical appointments, etc.)	#1 (tied) Crime and violence
#3 Mental health and access to mental healthcare	
#4 Housing and homelessness	
#5 (tied) Income/poverty *	#5 (tied) Substance use/drug use
#7 Employment *	
#8 Food insecurity (e.g. not being able to access and/or afford healthy food)	
#9 Environmental conditions (e.g. air and water quality)	
#10 (tied) Access to childcare	#10 (tied) Education (e.g. early childhood education, elementary school, post-secondary education)
#12 Chronic diseases (e.g. heart disease, diabetes, cancer, asthma)	
#13 Adverse childhood experiences (e.g. child abuse, mental health, family issues, trauma)	
#14 Nutrition and physical health/exercise	
#15 Transportation (e.g. public transit, cars, cycling, walking)	
#16 Preventive care and practices (e.g. mammograms, vaccinations)	
#17 Tobacco and nicotine use/smoking	
#18 Maternal, infant and child health (e.g. pre-term births, infant mortality, maternal mortality)	
#19 Internet/Wi-Fi access	
#20 HIV/AIDS and sexually transmitted infections (STIs)	

* combined in report

PRIORITY HEALTH FACTORS OF KINGS COUNTY RANKED AND ANALYZED

County Health Rankings & Roadmaps is an organization that ranks counties for each state in the U.S. according to health factors data. Social and economic indicators are examined as contributors to the health of a county's residents. California has 58 counties, ranked from 1 to 58 according to social and economic factors. A ranking of 1 is the county with the best factors and a ranking of 58 is the county with the poorest factors. This ranking examines high school graduation rates, unemployment, children in poverty, social support, and other factors.

Many factors in a community shape the health and well-being of that community. To follow the framework of the state of California, this report first ranks the health factors of Kings County as they are prioritized by the community in the community member survey.



Kings County is ranked 29th of 58 ranked counties in California, according to social and economic factors (with 1 being the best), placing it in the top 50% of the state's counties¹⁰



#1 HEALTH NEED (based on survey results)

ACCESS TO HEALTHCARE



IN THE COMMUNITY

According to the Health Resources and Services Administration, **Kings County has less access to both primary and dental care providers than California** (ratios below represent residents : providers)¹⁰



64% of community survey respondents say that primary healthcare access is a high priority to address in the community¹¹



Over half of community survey respondents say that dental and vision care access is a high priority to address in the community¹¹

BARRIERS TO CARE



13% of Kings County residents delayed or did not get a prescription medication in the past year, vs. 9% of California residents¹³



22% of both Kings County and California residents have delayed or gone without medical care in the past year¹³



23% of Kings County residents were unable to access medical services due to lacking comprehensive insurance in the past year¹³



56% of Kings County adults have visited the dentist in the past year, which is in the lowest 25% of California counties¹³



15% of Kings County residents do not have a usual source of care, compared to 17% for California¹³



92% of Kings County children have visited the dentist in the past year, vs. 90% for California¹³

“Medi-Cal coverage previously rolled over, but it no longer does. This has left people with a gap in coverage”

- Community Member Interview

“Barriers to healthcare care including lack of insurance, transportation, and cultural competency can exacerbate health disparities.”

- Community Member Focus Group



1 IN 10

Kings County and California residents have difficulty finding a primary care provider¹²



1 IN 3

Kings County and California residents did not have a routine checkup in the past year¹²



ABOUT 1 IN 3 (30%)

Kings County households have visited the emergency department in the past 3 years, higher than 27% of California households¹³

#1 HEALTH NEED (based on survey results)

ACCESS TO HEALTHCARE



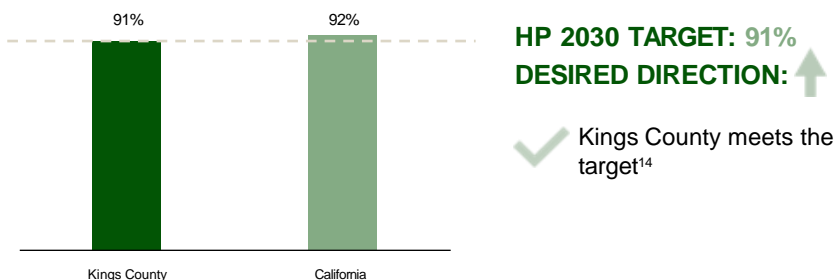
“We struggle with encouraging providers to come to the area. The pay isn’t appealing. We have a lack of providers and have to drive long distances to see specialists.”

- Community Member Interview



HEALTHY PEOPLE (HP) 2030 NATIONAL TARGETS

HEALTH INSURANCE COVERAGE



Top issues/barriers for access to healthcare (reported in interviews):

1. Lack of providers and specialists
2. Insurance/Medi-Cal issues
3. Waitlists
4. Lack of transportation
5. Health literacy (language barriers)
6. Lack of trust in healthcare systems and providers

Sub-populations most affected by access to healthcare (reported in interviews):

1. Rural areas
2. Low-income residents

Top resources, services, programs and/or community efforts in the community for access to healthcare (reported in interviews):

1. Managed care program
2. Anthem/Blue Cross/Blue Shield
3. Kings County Department of Public Health
4. Aria CHC



PRIORITY POPULATIONS ACCESS TO HEALTHCARE

While **access to care** is a major issue for the entire community, these groups of people are more likely to be affected by this health need, based on data collected from the community...



9% of residents in Kings County **do not have health insurance**¹⁴

More than two-thirds (68%) of survey respondents who are **employed part-time** ranked access healthcare as a priority health need¹¹

According to the community survey, **individuals aged 25-34 were most likely to select access to healthcare as a priority health need** in the community (59%)¹¹

Hispanic/Latino/a survey respondents were significantly more likely to rate access to dental/oral care and access to vision healthcare as high priority needs than non-Hispanic respondents¹¹



8% of the **low-income population** remain unserved by a community health center¹⁵

Survey respondents with a **household income of less than \$20,000** were significantly more likely to select access to healthcare as a priority need than higher income respondents¹¹



Of all age groups surveyed, **adults 25-34** (64%) were most likely to rate access to dental/oral care as a high priority need¹¹

#2 HEALTH NEED (based on survey results)

CRIME & VIOLENCE



68% of community survey respondents feel that addressing crime and violence in the community is a high priority¹¹

IN THE COMMUNITY

Kings County sheriff's office's 2022 property and violent crime rates are much lower than California overall. Both property crime and violent crime rate declined overall since 2012, though increased from 2021 to 2022¹⁷

KINGS
277 

CALIFORNIA
2,343 

PROPERTY CRIME RATES PER 100,000¹⁷

KINGS
63 

CALIFORNIA
500 

VIOLENT CRIME RATES PER 100,000¹⁷

Community members mentioned poverty, housing, and mental health as factors impacting community safety

"We should have police supervise more around town and be more vigilant."

- Community Member Focus Group

"There needs to be more gang education. The children are the future."

- Community Member Interview

PRIORITY POPULATIONS CRIME & VIOLENCE

While **crime and violence** are major issues for the entire community, these groups of people are more likely to be affected by this health need, based on data collected from the community...

According to the community survey, more than half of **Hispanic** respondents reported crime and violence as a top-ranked concern (55%)¹¹



More community survey respondents **ages 55+** reported crime and violence as a top-ranked concern (57%)¹¹

Top issues contributing to crime and violence (reported in interviews):

1. Gun violence
2. Theft/break-ins
3. Gangs
4. Increase in crime/violence
5. Need for safe spaces for youth

Sub-populations most affected by crime and violence (reported in interviews):

1. Black, Indigenous, and People of Color (BIPOC)
2. Rural areas
3. Elderly
4. Youth

Top resources, services, programs and/or community efforts in the community for crime and violence (reported in interviews):

1. Local law enforcement
2. Probation/Parole
3. Promesa
4. Restore 180

#3 HEALTH NEED (based on survey results)

MENTAL HEALTH



Mental health and access to mental healthcare was the #3 ranked health need reported in the community member survey, with over 49% of respondents selecting this option¹¹

Mental health was one of the most commonly mentioned “major health issues” in the community member interviews

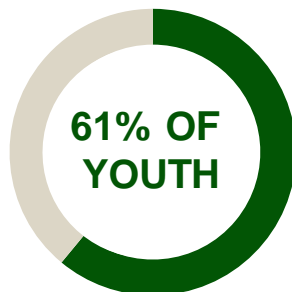
“The cumulative effects of racism, discrimination, and socioeconomic disadvantages can lead to chronic stress and mental health challenges.”

- Community Member Focus Group

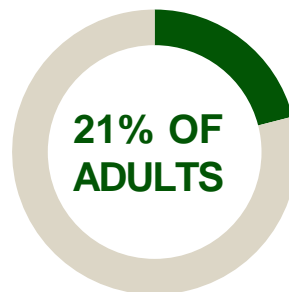
IN THE COMMUNITY



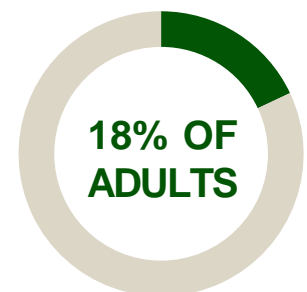
in Kings County experienced **serious psychological distress** in the last year, compared to **27%** of youth in California¹⁸



In Kings County **needed help for mental health problems** in the last year, compared to **34%** of youth in California¹⁸



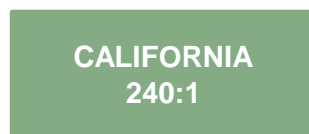
in Kings County experienced **serious psychological distress** in the last year, compared to **16%** of adults in California¹⁸



in Kings County **saw a mental health professional** in the past year, compared to **17%** of adults in California¹⁸

The 2023 county health rankings found that **Kings County has nearly half as many mental health providers relative to its population** compared to California.¹⁹

35% of survey respondents **say that mental healthcare access is lacking** in the community¹¹



Residents : mental health providers



Kings County adults report **4.8 mental unhealthy days per month**, compared to 4 for California¹⁸



51% of Kings County respondents to the ‘Got Needs’ survey requiring mental or behavioral health services **received the care they needed**, vs. 56% for California¹¹

“We do have telehealth available, but it’s not as personal as it needs to be to do therapy over a screen.”

- Community Member Interview



Kings County’s adult suicide rate of **14 per 100,000** is higher than California’s rate of 10 per 100,000²⁰

21% of Kings County adults have ever considered attempting suicide vs. 19% of California adults²¹

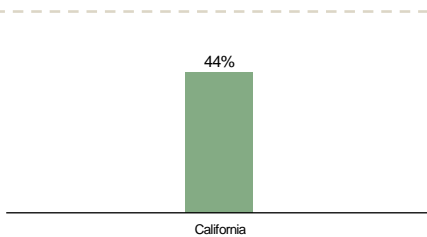
#3 HEALTH NEED (based on survey results)

MENTAL HEALTH



HEALTHY PEOPLE (HP) 2030 NATIONAL TARGETS

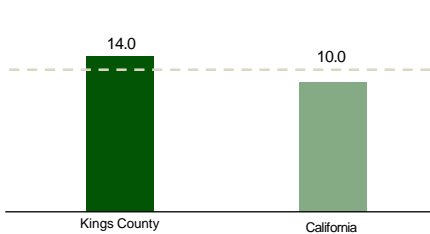
ABILITY TO GET HELP FOR MENTAL HEALTH ISSUES



HP 2030 TARGET: 69%
DESIRED DIRECTION: ↑

✗ California has not yet met the target. This data was not available for Kings County¹⁹

SUICIDE RATE



HP 2030 TARGET: 12.8 PER 100,000
DESIRED DIRECTION: ↓

✗ Kings County does not yet meet the target²¹

Top issues/barriers to accessing mental health care (reported in interviews):

1. Increase in mental health issues
2. COVID-19 pandemic
3. Lack of mental health providers
4. Transportation
5. Cost
6. Stigma

Sub-populations most affected by lack of access to mental health care (reported in interviews):

1. Those with mild to moderate mental health issues
2. Immigrants
3. Black, Indigenous, and People of Color (BIPOC)

Top resources, services, programs and/or community efforts in the community for mental health care (reported in interviews):

1. Champions Recovery
2. Kings View
3. West Hills College
4. Restore 180

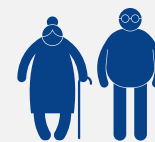
PRIORITY POPULATIONS MENTAL HEALTH

While **mental health** is a major issue for the entire community, these groups of people are more likely to be affected by this health need, based on data collected from the community...

Non-Hispanic community survey respondents were significantly more likely to report mental health and access to mental healthcare as a concern than Hispanic respondents (49% vs. 27%)¹¹

Mental health was more likely to be a top five health concern for **non-Hispanic White** survey respondents than other groups¹¹

Lower income residents are more likely to have mental health challenges¹⁴



65+ year olds (63%) were most likely to select **mental health** as a priority in the community member survey¹¹

Representatives interviewed from school districts reported an increase in student suicidal ideation and need for support.

"It takes a month to see a psychiatrist and is extremely difficult to get prescriptions and refills, which leads some to go to the hospital instead."

- Community Member Interview

#4 HEALTH NEED (based on survey results)

HOUSING & HOMELESSNESS



Housing and homelessness is a concern that has only increased during the COVID-19 pandemic, both in terms of quality and affordability.

55% of community survey respondents report housing and homelessness as a high priority need in the community. **Affordable housing was the top reported resource need in Kings County¹¹**

IN THE COMMUNITY

According to the U.S. Census Bureau, 1% of all occupied housing in Kings County (90 units), as well as California, lack complete plumbing and/or kitchen facilities⁵⁶



Freddie Mac estimates that the vacancy rate should be 13% in a well-functioning housing market. There was only a 5% vacancy rate in both Kings County and California in 2022²²



43% of Kings County households are “cost burdened” (spend more than 35% of their income on housing), vs. 47% for California²³



The number of affordable and available units per 100 very low-income renters (<50% of area median income) in Kings County was only 29, vs. 44 for California. Low quantities of affordable and available units put renters at risk for rent burden, eviction, and homelessness²⁴

“When homeless people do get healthcare, they just get thrown on the streets again and it continues the cycle.”

- Community Member Focus Group

“There are a lot of old houses that need a lot of work to upkeep, like painting it every year.”

- Community Member Focus Group



In 2023, there were an estimated **1,470 people** experiencing homelessness in the Visalia/Kings, Tulare Counties Continuum of Care (COC)²⁵



78%

of unhoused households are unsheltered, while 22% are sheltered (14% in emergency shelters and 8% in transitional housing)²⁶



Data shows that **4% of Kings County households are seniors who live alone**, compared to 3% for California. Seniors living alone may be isolated and lack adequate support systems²⁷

#4 HEALTH NEED (based on survey results)

HOUSING & HOMELESSNESS



“We hear from the Hispanic population about fears of landlords kicking them out or raising rent. There are concerns from undocumented immigrants about immigration being called.”

- Community Member Interview

“There may be 3 families living in one house. Housing quality is not good and there may be pests present which can lead to sickness.”

Community Member Interview

Top issues/barriers to housing stability (reported in interviews):

1. Too expensive/cost (especially for those receiving social security or disability benefits)
2. Not enough housing/availability
3. Waitlists for affordable/Section 8 housing
4. Lack of education on housing resources

Sub-populations most affected by housing instability (reported in interviews):

1. Unhoused population
2. Low-income residents
3. Immigrant population

Top resources, services, programs, and/or community efforts to increase affordable and available housing (reported in interviews):

1. Kings Community Action Organization (KCAO)
2. Housing Authority/Section 8
3. Human Services Agency (HSA)

PRIORITY POPULATIONS HOUSING AND HOMELESSNESS

While **housing and homelessness** is a major issue for the entire community, these groups of people are more likely to be affected by this health need, based on data collected from the community...

61% of survey respondents in **Hanford (93230)** ranked housing and homelessness as a top concern, significantly more (50%) than residents in other ZIP Codes¹¹

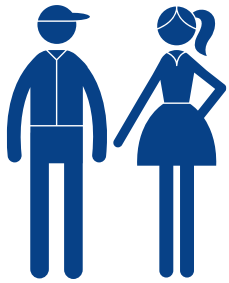
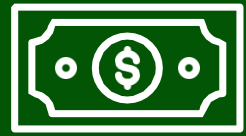


According to the U.S. Department of Housing and Urban Development, 37% of the Kings and Tulare Counties' unhoused population lives with **mental illness or chronic substance use**, 9% are **survivors of domestic violence**, 6% are **veterans**, and 5% are **youth and young adults** (ages 18–24)²⁷

Hispanic/Latino/a survey respondents (57%) were most likely to rank housing and homelessness as a priority health need, compared to other racial/ethnic groups¹¹

#5 HEALTH NEED (based on survey results)

INCOME/POVERTY & EMPLOYMENT



11% of Kings County teens ages 16-19 are considered “at risk” because they are not in school or are unemployed, higher than 7% for California²⁸

93% of these teens do not hold a high school diploma²⁸



Kings County is ranked 29th out of 58 counties in California for social and economic factors (1st is the best ranking, 58th is worst), placing it in the top 50% of the state’s counties²⁹

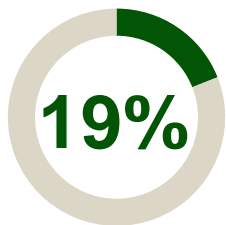
IN THE COMMUNITY

Kings County’s median household income is \$24,000 lower than the state average³⁰

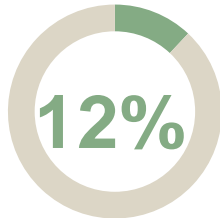


KINGS COUNTY: \$60,800
CALIFORNIA: \$84,800

RESIDENTS LIVING IN POVERTY³²

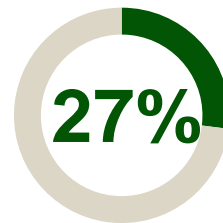


KINGS COUNTY



CALIFORNIA

RESIDENTS WHO ARE LOW-INCOME (BELOW 125% OF THE POVERTY LINE)³²



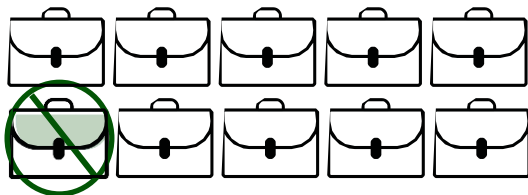
KINGS COUNTY



CALIFORNIA

10%

of Kings County adults are unemployed, higher than 7% of California adults³¹



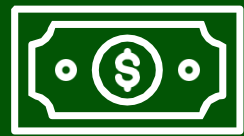
Interviewees noted a link between poverty and mental health issues

“There are good resources, but pride is a big issue. Everyone knows everyone... people are uncomfortable with others knowing they are there for help.”

- Community Member Interview

#5 HEALTH NEED (based on survey results)

INCOME/POVERTY & EMPLOYMENT



42% of low-income Kings County adults utilize food stamps vs. 35% for California³³



ACCORDING TO THE U.S. CENSUS BUREAU

2% of Kings County residents receive public assistance vs. 3% of California residents³⁴

8% of Kings County residents get Supplemental Security Income (SSI) vs. 6% of California residents³⁴

Top issues/barriers to economic stability and employment (reported in interviews):

1. Lack of education
2. Hard to find a job/not enough jobs
3. Lack of living wage/high cost of living and rent

Sub-populations most affected by economic instability and unemployment (reported in interviews):

1. Farmworkers
2. Hispanic/Latino/a residents
3. Home Garden District and Avenal residents
4. Black/African American residents

Top resources, services, programs, and/or community efforts addressing economic instability and employment (reported in interviews):

1. Kings Community Action Organization (KCAO)
2. Human Services Agency (HSA)
3. Job training organization
4. Food programs and welfare

“Lower income and limited access to education and employment contribute to poorer health outcomes in rural, Black, and minority communities.”

- Community Member Focus Group



PRIORITY POPULATIONS INCOME/POVERTY AND EMPLOYMENT

While **income/poverty and employment** are a major issue for the entire community, these groups of people are more likely to be affected by this health need, based on data collected from the community...

Younger community survey respondents **ages 18-24** are much more likely to be employed part-time rather than full-time (22%) compared to other age groups (6%)¹¹

Survey respondents whose primary language spoken at home was **Spanish** were most likely to rank employment as a priority health need¹¹



25% of **children**, 9% of **seniors**, and 27% of **female heads-of-household (HoH)** living with their minor children **live in poverty**³²

More than 50% of Kings County survey respondents **ages 35-44** selected income/poverty as a priority health need, significantly more than other ages¹¹



In the community survey, those with a **high school diploma or less** were significantly more likely to rank employment as a top concern than those with higher levels of education¹¹

According to research, people who are **immigrants and/or experience language barriers** may have additional challenges with accessing employment, education, and health and social services³⁵



Research shows that people with **disabilities** may experience additional challenges obtaining and maintaining employment³⁵

#6 HEALTH NEED (based on survey results) SUBSTANCE USE



In the community survey, 57% of Kings County residents said that substance use was a high priority to address in the community¹¹

IN THE COMMUNITY

1 in 5 adults in Kings County reported binge drinking within the past month, higher than 18% for California³⁶



ACCORDING TO THE CALIFORNIA HEALTHY KIDS SURVEY:



21% of Kings County teens have used marijuana in the past month, vs. 16% for California³⁷



16% of both Kings County and California teens have used alcohol in the past month³⁷



11% of Kings County teens have binge drank in the past 30 days, vs. 8% for California³⁷



14% of Kings County teens have ever used alcohol or drugs while driving, vs. 13% for California³⁷

"Drug treatment needs to include more co-treatment options for drug abuse and mental health."

- Community Member Interview

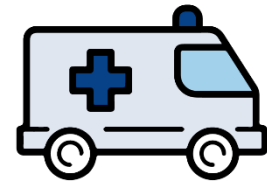
"Young people are using drugs and there needs to be more support to address this."

- Community Member Focus Group

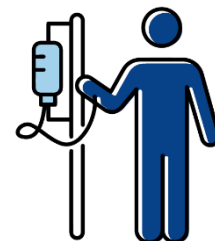


425 **326**
KINGS COUNTY CALIFORNIA

The opioid prescription rate per 1,000 Kings County residents is significantly higher than for California residents³⁸



ER visit rates for suspected overdoses are consistently higher in Kings County compared to California. In 2021, the rate of ED visits for drug overdoses was 153 per 100,000 population, compared to 148 per 100,000 for California³⁹



In 2021, for every 100,000 Kings County residents, 53 were hospitalized for a drug overdose, compared to 54 for California⁴⁰

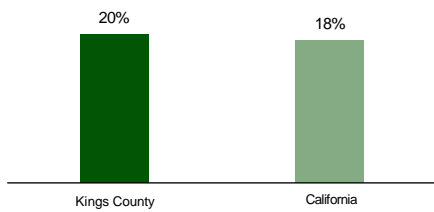
#6 HEALTH NEED (based on survey results)

SUBSTANCE USE



HEALTHY PEOPLE (HP) 2030 NATIONAL TARGETS

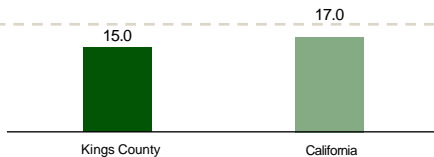
ADULT BINGE DRINKING



HP 2030 TARGET: 25%
DESIRED DIRECTION: ↓

✓ Kings County meets/
exceeds the target³⁶

DRUG OVERDOSE DEATHS PER 100,000

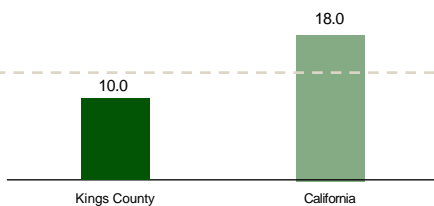


HP 2030 TARGET: 20.7 PER 100,000

DESIRED DIRECTION: ↓

✓ Kings County meets/
exceeds the target³⁷

OPIOID OVERDOSE DEATHS PER 100,000



HP 2030 TARGET: 13.1 PER 100,000

DESIRED DIRECTION: ↓

✓ Kings County meets/
exceeds the target³⁷

Interview participants noted a concern for how parental drug use may impact children.

“People feel hopeless. They don’t know how to manage their feelings and try to find coping mechanisms like substances.”

- Community Member Focus Group



PRIORITY POPULATIONS SUBSTANCE USE

While **substance use** is a major issue for the entire community, these groups of people are more likely to be affected by this health need, based on data collected from the community...



35-54 year olds were most likely to rank substance/drug use as a priority health need in the community member survey¹¹

Binge drinking rates were highest among **men, adults ages 25-39, white people, and higher income households**³⁶

Hispanic community survey respondents were significantly more likely to report substance use as a priority than non-Hispanic respondents (54% vs. 28%)¹¹

37% of people who are **unhoused** in the service area experienced chronic substance use challenges²⁴



Youth are more impacted by substance use due to their developing brains³⁵

Lemoore (93245) and Hanford (93230) survey respondents were most likely to rank substance use as a priority¹¹

Top issues/contributors to substance use (reported in interviews):

1. Increasing use in the community
2. Lack of treatment options
3. Marijuana use

Sub-populations most affected by substance use (reported in interviews):

1. Youth
2. Unhoused population
3. Black, Indigenous, and People of Color (BIPOC)

Top resources, services, programs, and/or community efforts for substance use (reported in interviews):

1. Champions Recovery
2. Kings View

#7 HEALTH NEED (based on survey results)

FOOD INSECURITY



According to Feeding America, 13% of Kings County residents and 9% of Californians overall experience food insecurity⁴¹

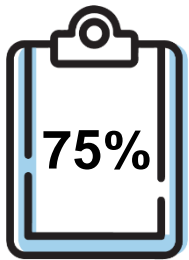
"The food grown here is exported and not kept here."

- Community Member Interview

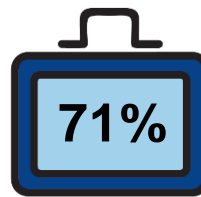
IN THE COMMUNITY



In Kings County, **19% of households receive food stamps**, compared to 13% for California. **29%** of households with **single moms** with children receive food stamps, as well as **32%** of **senior** households⁴³



When asked about the major health issues affecting the Kings County community, factors relating to **food insecurity** were mentioned in **almost 75%** of the interviews conducted with community leaders



The percentage of students in Kings County who are eligible for the National School Lunch Program (NSLP) Free & Reduced Price Meals is **71%** on average, compared to 59% for California (for the year 2021)⁴⁴



Places to access food in Kings County:⁴⁶

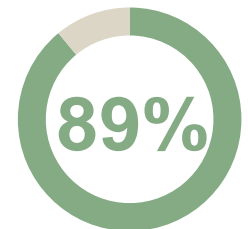
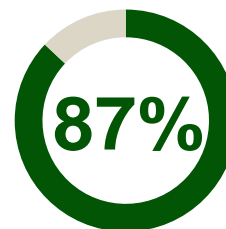
- **14** full-service supermarkets
- **19** limited-service stores,
- **119** SNAP* benefit retailers,
- **0** farmers' markets
- **87** fast-food and takeout restaurants

The United States Department of Agriculture (USDA) rates **10 out of 31** Kings County census tracts as 'low-income' or 'low-access'⁴⁶

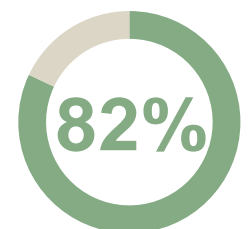
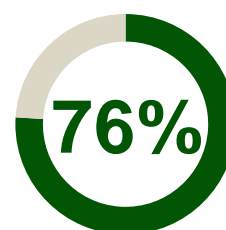
*Supplemental Nutrition Assistance Program

Kings County residents report lower fruit and vegetable **availability and affordability** than California residents. While **87%** report that fruits and vegetables are usually or always **available**, only **76%** say there are usually or always **affordable**⁴⁵

FRUITS AND VEGETABLES ARE AVAILABLE



FRUITS AND VEGETABLES ARE AFFORDABLE



KINGS COUNTY

CALIFORNIA

#7 HEALTH NEED (based on survey results)

FOOD INSECURITY



“We put families in hotels and expect parents to feed them and educate kids. Parents are doing the best they can with what they have. If all you see is Little Caesars, McDonalds, Taco Bell, and that’s what you can use food stamps on, that’s what you’re going to use.”

- Community Member Interview

“We live in the “fruit basket”...but I don’t know about our nutrition. Kids are taught about healthy eating. We have fruit baskets that go to classrooms everyday, they can take it if they want, but most of them don’t take it because they haven’t been taught that it’s healthy.”

- Community Member Interview

Top issues/barriers to food security (reported in interviews):

1. Not enough access
2. High costs
3. Fast food cheaper/more locations

Sub-populations most affected by food insecurity (reported in interviews):

1. Low-income residents
2. Black, Indigenous, and People of Color (BIPOC)
3. Youth
4. Rural areas

Top resources, services, programs, and/or community efforts for food insecurity (reported in interviews):

1. Kings Community Action Organization (KCAO)
2. Food Banks

PRIORITY POPULATIONS FOOD INSECURITY

While **food insecurity** is a major issue for the entire community, these groups of people are more likely to be affected by this health need, based on data collected from the community...

According to research, food insecurity among **Black or Latino** individuals is higher than white individuals in 99% of American counties. 9 out of 10 high food insecurity counties are **rural**. 1 in 3 people facing hunger are **unlikely to qualify for the Supplemental Nutrition Assistance Program (SNAP)**⁴⁷



Research says that 44% of food insecure residents in Kings County are **below the SNAP threshold**: 130% of the poverty level⁴⁶

In the community survey, over 37% of **Lemoore (93245)** respondents ranked food insecurity as a priority, significantly more than any other ZIP Code¹¹

Based on the community survey, Kings County residents **aged 18-24** (71%) rank access to healthy foods as a health concern in the community, higher than other age groups¹¹



Women were more likely than men to rank food insecurity as a priority health need on the community survey¹¹

#8 HEALTH NEED (based on survey results)

ENVIRONMENTAL CONDITIONS



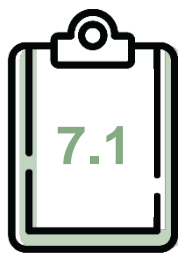
63% OF KINGS COUNTY SURVEY RESPONDENTS REPORTED AIR AND WATER QUALITY AS A HIGH PRIORITY NEED FOR THE COMMUNITY¹¹

IN THE COMMUNITY



KINGS COUNTY

In 2019, Kings County had **worse air quality than California overall** (a higher number of micrograms of particulate matter per cubic meter of air means more air pollution)⁴⁹



CALIFORNIA

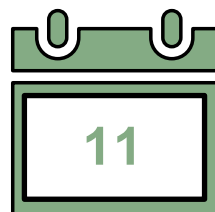


In 2021, at least **1 community water system** in Kings County, California reported a health-based drinking water violation⁵⁰



Kings County reported **9 cases of West Nile virus** in 2023⁵¹

In 2019, Kings County had **13 days above U.S. ozone standards**, worse than the California average of 11. However, this has declined from 49 days in 2016⁵²



PRIORITY POPULATIONS ENVIRONMENTAL CONDITIONS

While **environmental conditions** are a major issue for the entire community, these groups of people are more likely to be affected by this health need, based on data collected from the community...



Children, particularly young children, are more vulnerable to air pollution than adults, including long-term physical, cognitive, and behavioral health effects⁴⁸

Hispanic/Latino/a survey respondents were most likely to rank environmental conditions as a priority health need, compared to other racial/ethnic groups¹¹

72% of survey respondents **ages 55-64+** ranked air and water quality as a high priority need¹¹

"We have health issues with our water. It's not good for cooking. Sometimes it's not even good for washing."

- Community Member Focus Group

"There are lots of asthmatic students due to poor air quality. Children are missing lots of school due to asthma attacks. Cost is a barrier to getting medications like inhalers."

- Community Member Interview

#9 HEALTH NEED (based on survey results)

ACCESS TO CHILDCARE



ACCORDING TO THE U.S. CENSUS BUREAU, IN KINGS COUNTY, THE AVERAGE HOUSEHOLD SPENT 31% OF ITS INCOME ON CHILD CARE FOR TWO CHILDREN IN 2022, COMPARED TO 30% FOR CALIFORNIA OVERALL⁵⁷

IN THE COMMUNITY



49% of Kings County community members surveyed reported that access to childcare is a **high priority issue** in their community¹¹



In Kings County in 2022, there were **4 childcare centers per 1,000 children** under age 5, compared to 8 per 1,000 for California⁵⁵

27% of Kings County residents who responded to the “GOT NEEDS” survey say that affordability is a barrier to childcare⁵⁶

“Trusted childcare options are limited. Often, childcare has to be provided by relatives.”

- Community Member Interview

“COVID-19 really impacted childcare. Parents have to decide if they want to stay home or work and pay for childcare. The transition from childcare to public school needs help. Families are having to make adjustments quickly.”

- Community Member Interview



PRIORITY POPULATIONS ACCESS TO CHILDCARE

While **access to childcare** is a major issue for the entire community, these groups of people are more likely to be affected by this health need, based on data collected from the community...

Twice as many **Hispanic/Latino/a** (28%) as non-Hispanic (14%) community survey respondents rated access to childcare as a priority health need¹¹



Lower income residents may have challenges affording childcare⁵⁴

According to the community survey, Kings County residents **aged 25-44** (53%) were significantly more likely to report childcare among their top five health concerns than residents 45+¹¹



Single parents who lack social support may have a greater need for childcare⁵³

Top issues/barriers to access to childcare (reported in interviews):

1. High costs
2. Lack of childcare
3. Low trust in centers/quality

Sub-populations most affected by access to childcare (reported in interviews):

1. Low-income residents

Top resources, services, programs and/or community efforts in the community for access to childcare (reported in interviews):

1. Kings County Community Action(KCAO)

#10 HEALTH NEED

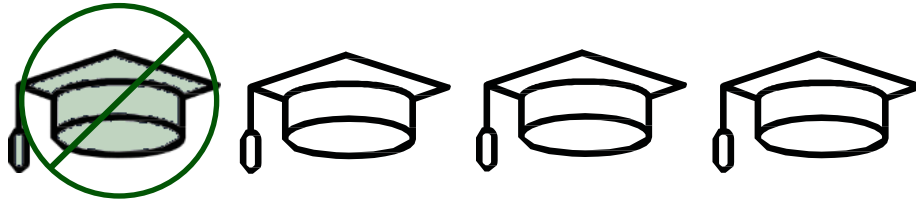
(based on survey results)

EDUCATION

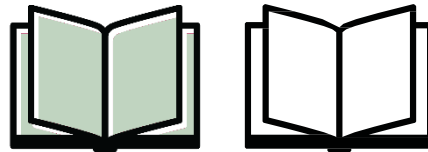


EDUCATIONAL ATTAINMENT IS A KEY DRIVER OF HEALTH.

IN THE COMMUNITY



According to census data, **26% of Kings County residents did not graduate high school**, more than the proportion of California residents who did not graduate high school (16%)⁵⁸



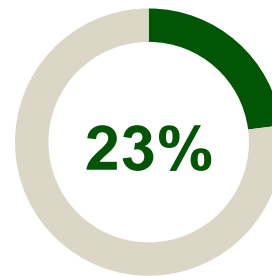
51% of Kings County residents have some post-secondary education (lower than 67% of California residents)⁵⁹



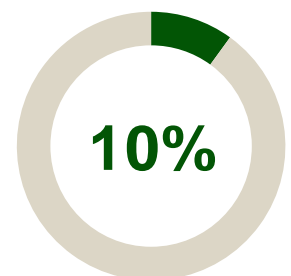
12% of Kings County children ages 3-4 are enrolled in preschool, compared to 45% of California children ages 3-4⁶¹

10% of Kings County residents who responded to the “Got Needs” survey say that they need help affording preschool⁶²

Preschool enrollment can improve short and long-term socioeconomic and health outcomes, particularly for disadvantaged children⁶³



of Kings County households have a member who **needs help with English**⁶⁰



of Kings County residents **need help with English classes**⁶⁰

“The school districts are doing a great job.”

- Community Member Interview

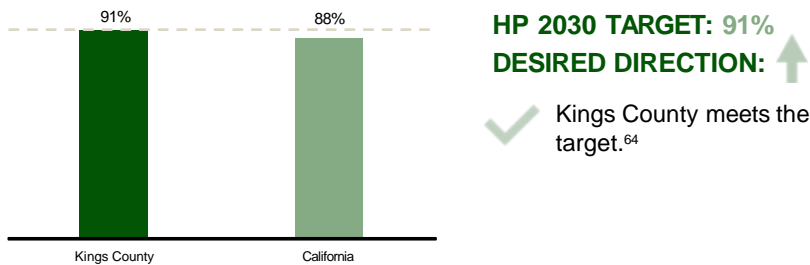
#10 HEALTH NEED (based on survey results)

EDUCATION



HEALTHY PEOPLE (HP) 2030 NATIONAL TARGETS

HIGH SCHOOL GRADUATION RATE



In 2022-2023, Kings County Office of Education had the **highest high school chronic absenteeism rate (54%)** in the county⁶⁵

The overall rate for 2020-2021 in Kings County was **21%**, lower than the 25% for California overall⁶⁵

“There is a lack of college/post-secondary education access in Kings County (just in Hanford). It would be good to have satellite locations in the area and vocational training for our agricultural community.”

- Community Member Interview

“Having access to something like an alternative community school is needed in the area. Some kids don’t do well in a traditional school setting and need something else. We need to provide another option to them.”

- Community Member Interview



PRIORITY POPULATIONS EDUCATION

While **education** is a major issue for the entire community, these groups of people are more likely to be affected by this health need, based on data collected from the community...

9% of community members surveyed reported having **less than a high school diploma**, and were most likely to rank education as a priority need¹¹



Men who responded to the survey were more than twice as likely as women who responded to have a high school diploma or less¹¹

Children who live in lower income and/or rural areas may have less access to quality education than children in other areas of the community⁶⁶

39% of survey respondents **employed part time** ranked education as a priority health need, significantly more than those employed full-time¹¹

Top issues/barriers to education (reported in interviews):

1. Lack of support for parents and students
2. Burned-out teachers

Sub-populations most affected by lack of access to education (reported in interviews):

1. Black, Indigenous, and People of Color (BIPOC)
2. Low-income residents
3. Non-English speakers and immigrants
4. Foster children

Top resources, services, programs and/or community efforts in the community for education (reported in interviews):

1. Local schools and community colleges
2. Learning for Life

#11 HEALTH NEED (based on survey results)

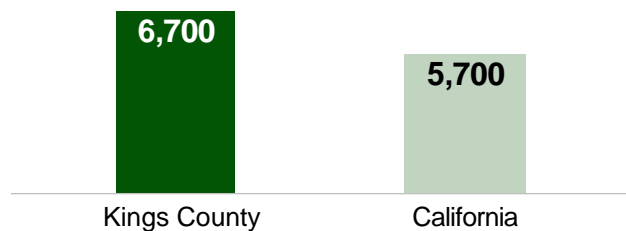
CHRONIC DISEASES



IN THE COMMUNITY



26% of Kings County adults rate their health as fair or poor, compared to 18% for California⁶⁷



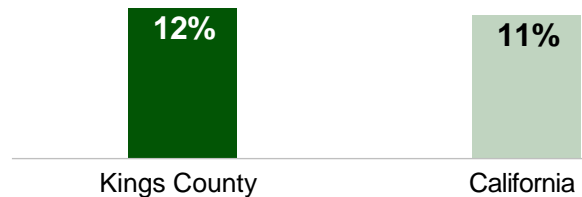
There were **6,900 (age-adjusted) years of potential life lost** among Kings County residents under age 75 in 2023, vs. 5,700 for California⁶⁹

"There are high rates of obesity, diabetes, and hypertension in the area. These go hand in hand with nutrition education."

- Community Member Interview

"We have observed an increase in younger adults having cardiac issues."

- Community Member Interview



While the state's disability rate was 11%, **12% of Kings County adults identified as having a disability**⁶⁸

21% of survey respondents chose **chronic diseases** as a top community health need.¹¹ **47%** of those surveyed saw **disabilities** as a high priority health need¹¹

"They can't get care that they need. Doctors just want to give out pain medicine and that doesn't solve the issues."

- Community Member Interview

Top issues/barriers contributing to chronic diseases (reported in interviews):

1. Asthma
2. Lack of insurance/benefits
3. Increased issue
4. Lack of care providers

Sub-populations most affected by chronic diseases (reported in interviews):

1. Low-income residents
2. People without insurance
3. Elderly

Top resources, services, programs and/or community efforts in the community for chronic diseases (reported in interviews):

1. Family HealthCare Network
2. Community Health Centers
3. California Health Collaborative
4. United Way
5. Valley Voices

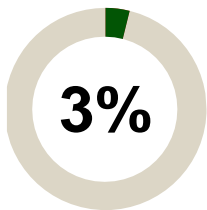
#11 HEALTH NEED (based on survey results)

CHRONIC DISEASES

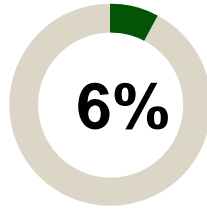


HEART DISEASE & HYPERTENSION

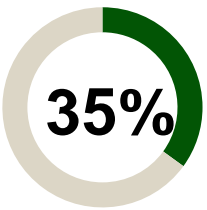
HEART DISEASE IS THE LEADING CAUSE OF DEATH IN KINGS COUNTY⁷⁰



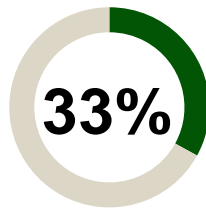
of Kings County adults reported that they have had a **stroke**, compared to 7% for California⁷⁰



of Kings County adults reported being diagnosed with **heart disease**, compared to 7% for California⁷⁰



of both Kings County and California adults have **hypertension**⁷⁰



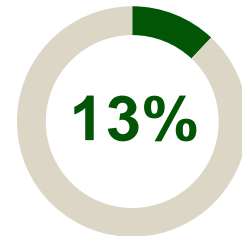
of Kings County adults have **high cholesterol**, compared to 29% of California adults⁷⁰

“Lack of education of the older generation and education of newer generation is an issue on the reservation.”

- Community Member Interview



DIABETES



of Kings County adults have **diabetes**, compared to 9% for the state⁷⁰

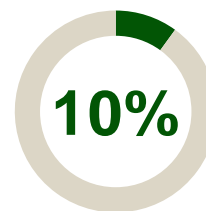
More than **16% of California adults have prediabetes**⁷¹

Of those with prediabetes, **20% will go on to develop diabetes within five years** without lifestyle modification⁷¹

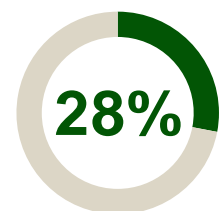
Diabetes prevalence rises with age and is also highly impacted by **income** and level of **education**⁷¹



ASTHMA & COPD



of both Kings County and California adults have **asthma**⁷⁰



of Kings County children have **asthma**, compared to 12% for California⁷⁰

Many hospital admissions due to chronic obstructive pulmonary disease (COPD) and asthma in Kings County **may be preventable** each year through access to primary care⁷¹

#11 HEALTH NEED (based on survey results)

CHRONIC DISEASES

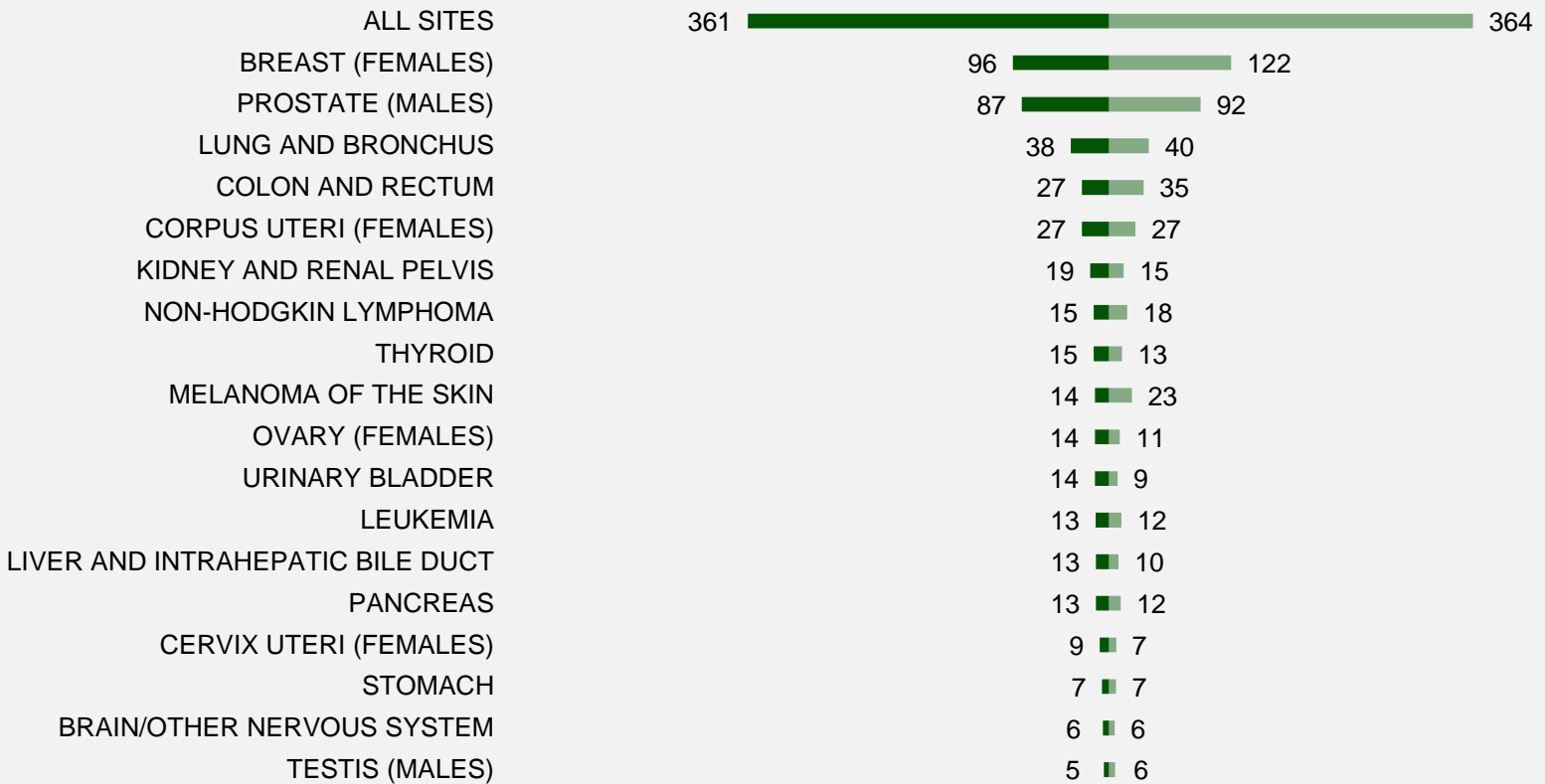


ACCORDING TO THE CALIFORNIA COUNTY HEALTH DEPARTMENT DATA WAREHOUSE, CANCER IS THE SECOND LEADING CAUSE OF DEATH IN KINGS COUNTY, AND THE OVERALL CANCER INCIDENCE PER 100,000 IS SLIGHTLY LOWER THAN CALIFORNIA⁷²

361
KINGS COUNTY⁷²

364
CALIFORNIA⁷²

Kidney, thyroid, ovary, bladder, liver, pancreatic, and cervical cancers and leukemia had higher incidence rates in Kings County than in California⁷²



HEALTHY PEOPLE (HP) 2030 NATIONAL TARGETS

✗ Kings County does not yet meet the Healthy People 2030 target for breast, prostate, lung, colorectal, and overall cancer mortality rates⁷²

See Appendix B for Healthy People Objectives and Benchmark Comparisons

“Many people are in need of cancer treatments or screenings.”

- Community Member Interview



#11 HEALTH NEED (based on survey results)

CHRONIC DISEASES



PRIORITY POPULATIONS

CHRONIC DISEASES

While **chronic diseases** are a major issue for the entire community, these groups of people are more likely to be affected by this health need, based on data collected from the community...



Residents **aged 65+** that responded to the community survey were more likely to rank chronic diseases (such as heart disease, diabetes, cancer, asthma) among their top health concerns than residents of other ages¹¹

Survey respondents with a **disability** were more likely to rank chronic diseases as a priority health need (35%), compared to respondents without a disability (20%)¹¹

Survey respondents **working in the health sector** were most likely to rank chronic diseases as a priority need¹¹

Survey respondents in **Lemoore** (93245) – 55% and **Corcoran** (93212) – 35% were most likely to rate cancer as a high priority to address in the community¹¹



Lower income people are at a higher risk of developing many chronic conditions⁷³

Chronic conditions are more common in:

- **Older adults**⁷³
- People with **high exposure to air pollution**⁷³
- People who **smoke**⁷³
- People with **challenges with physical activity and nutrition**⁷³



#12 HEALTH NEED (based on survey results)

ADVERSE CHILDHOOD EXPERIENCES



Adverse childhood experiences (ACEs), including abuse, neglect, mental illness, substance abuse, divorce/separation, witnessing violence, and having an incarcerated relative can have lifelong impacts⁷⁵

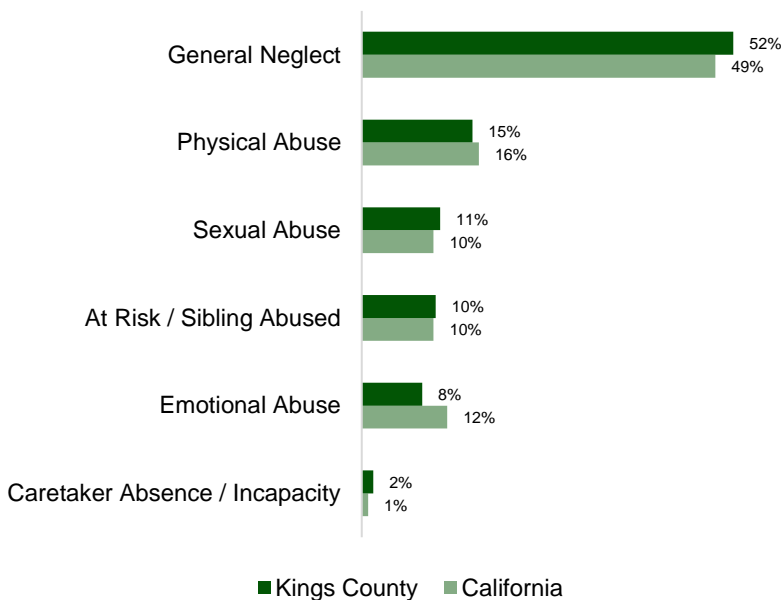
5 of the top 10

leading causes of death are associated with ACEs⁴⁴

IN THE COMMUNITY

71% of survey respondents said that child abuse was a high priority issue to address in the community¹¹

The Kings County substantiated child abuse rate is **6.1 cases per 1,000** children, the same as California. Of these, the most common reports were **general neglect, physical abuse, and sexual abuse**⁷⁴



PRIORITY POPULATIONS ADVERSE CHILDHOOD EXPERIENCES (ACEs)

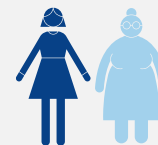
While **adverse childhood experiences (ACEs)** are a major issue for the entire community, these groups of people are more likely to be affected by this health need, based on data collected from the community...



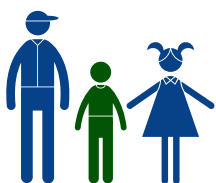
Girls were more likely than boys to report adverse events at the California state level⁷⁶

Children with the following risk factors:⁷⁵

- Lower income
- Precarious housing/homelessness
- Parents have mental health and/or substance use challenges
- Witnessing violence/incarceration
- Parents are divorced/separated
- Lack of connection to trusted adults



Women were nearly twice as likely as men to rank ACEs as a top health concern in the community survey¹¹



50% of Kings County youth have experienced 1 or more ACEs

19% have experienced 2 or more¹⁷

“The foster care and child welfare systems are doing the best they can, but there aren’t enough resources to investigate cases and reports being made.”

- Community Member Interview

Top issues/barriers contributing to ACEs (reported in interviews):

1. Substance abuse
2. Stress and mental health issues in homes
3. Lack of resources for youth and bullying

Sub-populations most affected by ACEs (reported in interviews):

1. Black, Indigenous, and People of Color (BIPOC)
2. Youth
3. Low-income residents
4. Parents

#13 HEALTH NEED (based on survey results)

NUTRITION & PHYSICAL HEALTH



IN THE COMMUNITY



54% of community survey respondents rated their physical health as “very good” or “excellent”¹¹



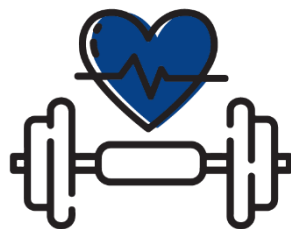
25% of community survey respondents **feel that having a busy schedule limits them** from having time to cook healthy food¹¹



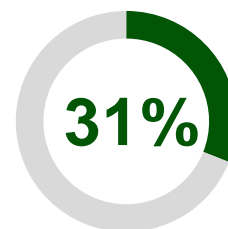
- **Nearly three-quarters (73%)** of Kings County residents **are overweight or obese**, higher than the state rate of 62%³⁵
- **42% of Kings County youth are overweight or obese**, higher than the state rate of 38%⁷⁹
- At **#29 out of 58**, Kings County ranks in the **top 50% of California counties for healthy behaviors** (with 1 being the best ranking)⁸⁰
- Kings County **rose 3 rankings** from their 2022 standing⁸⁰



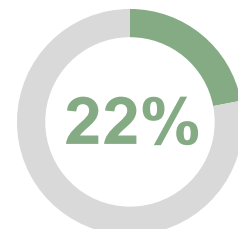
60% of Kings County resident **live close to a park or recreational facility, compared to 93% for California**⁷⁶



61% of Kings County residents follow a regular exercise routine, compared to 69% for California⁷⁷



KINGS COUNTY



CALIFORNIA

According to the 2023 County Health Rankings Program, more Kings County adults are **sedentary** (did not participate in leisure time physical activity in the past month) than California adults⁷⁸



Fewer than **1 in 10** Kings County adults (8%) consume 5+ servings of fruits and vegetables per day, much lower than the rate among California adults⁸¹



44% of Kings County adults meet physical activity guidelines, which is lower than the 51% of California adults who meet these guidelines⁸¹

#13 HEALTH NEED (based on survey results)

NUTRITION & PHYSICAL HEALTH



“Our health care organization has a nutrition program and an in-house dietitian that sets the menu and does education.”

- Community Member Interview

“There are not enough sidewalks, there are not enough parks and they are low quality. There is a lot of growth in the area but nowhere for people to go.”

- Community Member Interview

Top barriers to nutrition and physical health (reported in interviews):

1. Lack of education on diet and exercise
2. High costs
3. Lack of quality parks
4. Cultural norms

Sub-populations most affected by nutrition and physical health (reported in interviews):

1. Low-income residents
2. Rural areas
3. Black, Indigenous, and People of Color (BIPOC)
4. Non-English speakers

Top resources, services, programs, and/or community efforts for nutrition and physical health (reported in interviews):

1. Kings Community Action Organization (KCAO)
2. Local food pantries
3. University of California Cooperative Extension Office
4. Salvation Army



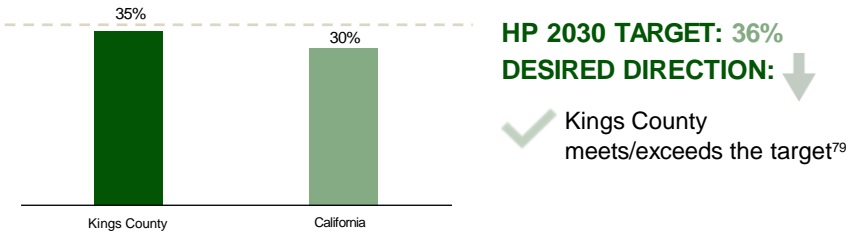
#13 HEALTH NEED (based on survey results)

NUTRITION & PHYSICAL HEALTH

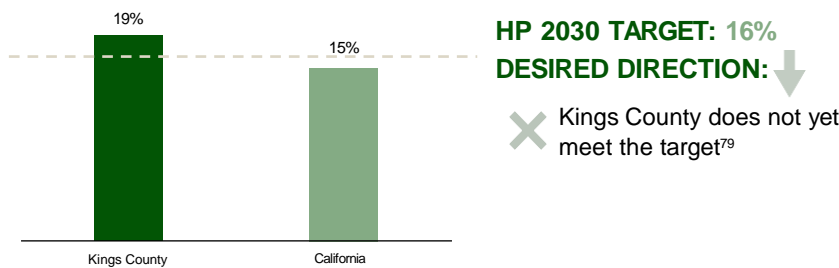


HEALTHY PEOPLE (HP) 2030 NATIONAL TARGETS

ADULT OBESITY



CHILDREN & TEEN OBESITY



Community members noted existing assets that promote physical activity such as trails, parks, basketball courts, disc golf, and opportunities for children and youth to be active.

“Some can’t afford to go to the gym and the homeless may make the parks unenjoyable.”

- Community Member Interview

PRIORITY POPULATIONS NUTRITION AND PHYSICAL HEALTH

While **nutrition and physical health** is a major issue for the entire community, these groups of people are more likely to be affected by this health need, based on data collected from the community...



According to data, **teen girls** are much more likely than boys to report trying to lose weight, regardless of BMI⁸⁰

Among all races/ethnicities surveyed, **Asians, American Indians & Alaska Natives, and Native Hawaiian & Pacific Islanders** are the most likely to report being “inactive”¹¹



According to research, **lower income individuals, men, and older adults** are more likely to be overweight or obese, not exercise, and not eat enough fruits and vegetables⁸¹

Young adults ages 18-24 are at risk for being inactive⁸²

Black/African American survey respondents were most likely to select nutrition and physical health as a priority health need, compared to other racial/ethnic groups¹¹

Men were more likely than women to rank nutrition and physical health as a priority health need on the community survey¹¹

#14 HEALTH NEED (based on survey results)

TRANSPORTATION



TRANSPORTATION HAS A MAJOR INFLUENCE ON HEALTH AND ACCESS TO SERVICES (FOR EXAMPLE, ATTENDING ROUTINE AND URGENT APPOINTMENTS, AS WELL AS RUNNING ESSENTIAL ERRANDS THAT SUPPORT DAILY LIFE)

IN THE COMMUNITY

13% of community survey respondents say that transportation is a priority health need in Kings County¹¹

“We should have transportation options that are already paid for.”

- Community Member Focus Group

According to the American Community Survey:³⁴



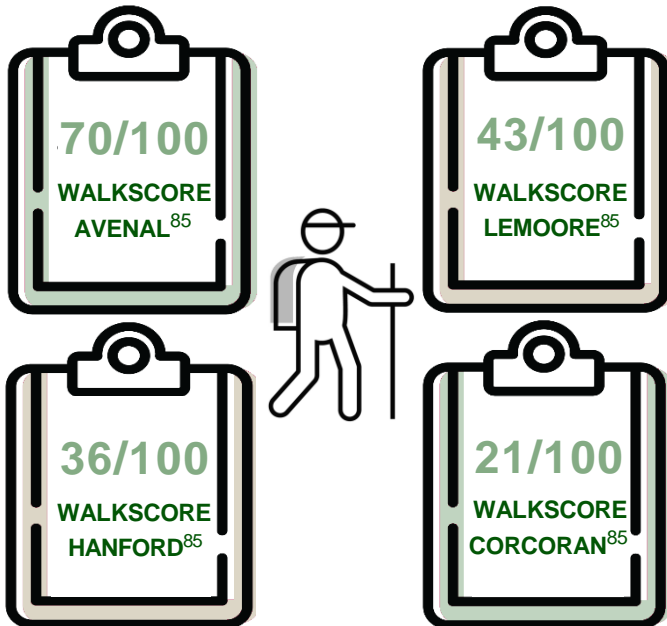
75% of all workers in Kings County **drive alone to work**, compared to 66% for California⁸³



1% of residents **use public transportation to get to work** (vs. 3% for California) and **4% walk or bike to work** (vs. 3% for California)⁸³



Kings County workers spend an average of **21 minutes per day commuting to work**, compared to 28 minutes for California⁸³



When analyzing the largest population centers in Kings County, according to WalkScore.com, Avenal is **“Very Walkable,”** while Lemoore, Hanford, and Corcoran are **“Car Dependent.”**

Reliable transportation kept Kings County **“Got Needs”** survey respondents from the following in the past year:⁸⁴



Medical services – **37%**



Accessing healthy food – **12%**



Mental health services – **26%**



Childcare – **19%**

17% of respondents say that public transit in Kings County does not meet their needs¹¹

#14 HEALTH NEED (based on survey results)

TRANSPORTATION



“People who use wheelchairs can’t get to a lot of places due to lack of transportation accessibility.”

- Community Member Interview

“I live in a rural area, so some communities are “hidden” and access to healthcare can be difficult due to transportation not going into those communities and high gas prices.”

- Community Member Interview

“There is a transit system that gets people from point A to point B, but the lack of buses limits options for parents and students.”

- Community Member Interview

PRIORITY POPULATIONS TRANSPORTATION

While **transportation** is a major issue for the entire community, these groups of people are more likely to be affected by this health need, based on data collected from the community...

Survey respondents with a **high school diploma or less** were most likely to rank transportation as a priority health need¹¹



Rural areas have less access to public transit and residents must travel further to access necessary services⁸⁶

Survey respondents with a household income of **less than \$20,000** were significantly more likely to select transportation as a priority need than higher income respondents¹¹



#15 HEALTH NEED (based on survey results)

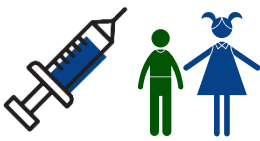
PREVENTIVE CARE & PRACTICES



ACCESS TO PREVENTIVE CARE HAS BEEN FOUND TO SIGNIFICANTLY INCREASE LIFE EXPECTANCY AND CAN HELP PREVENT AND MANAGE CHRONIC CONDITIONS, WHICH ARE THE MOST COMMON NEGATIVE HEALTH OUTCOMES IN THE COUNTY⁸⁷

IN THE COMMUNITY

50% of community survey respondents said that addressing preventive care and practices in Kings County is a **high priority**¹⁵

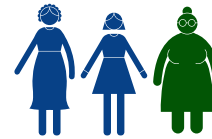


96% of Kings County children are compliant with immunizations when starting kindergarten, higher than the 94% for California⁸⁸

37%



of Kings County Medicare enrollees reported **getting a flu vaccine** the previous year, compared to 48% for California, according to state data⁹⁰



1 in 3 Kings County women ages 50-74 have not had a mammogram in the past two years³⁵



More than **2 in 5** Kings County adults ages 50-75 do not meet colorectal screening guidelines³⁵



According to state data, **more than two-thirds of California seniors 65+ did not receive a flu vaccine** in the previous year³⁵



1 in 5 Kings County women ages 21-65 have not had a pap smear in the past three years³⁵

“Lack of knowledge & providers create a barrier to community members wanting to do screenings. People don’t want to take off work and travel when “nothing is wrong.”

- Community Member Interview

“There is a need for preventive services in adolescent populations.”

- Community Member Interview

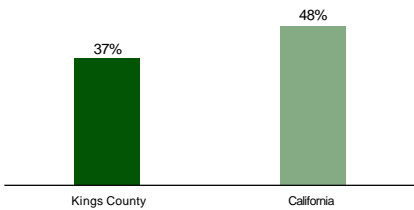
#15 HEALTH NEED (based on survey results)

PREVENTIVE CARE & PRACTICES



HEALTHY PEOPLE (HP) 2030 NATIONAL TARGETS

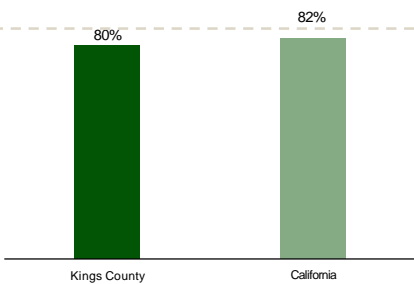
ADULT ANNUAL FLU VACCINATION



HP 2030 TARGET: 70%
DESIRED DIRECTION: ↑

✗ Kings County does not yet meet the target⁹⁰

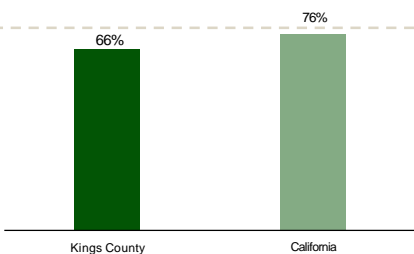
WOMEN 21-65 WITH PAP TEST IN PAST 3 YEARS



HP 2030 TARGET: 84%
DESIRED DIRECTION: ↑

✗ Kings County does not yet meet the target⁹¹

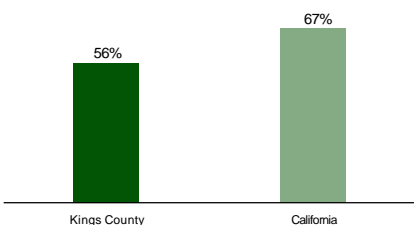
WOMEN 50-74 WITH MAMMOGRAM IN PAST 2 YEARS



HP 2030 TARGET: 77%
DESIRED DIRECTION: ↑

✗ Kings County does not yet meet the target⁹¹

ADULTS 50-75 WHO MEET COLORECTAL SCREENING GUIDELINES



HP 2030 TARGET: 74%
DESIRED DIRECTION: ↑

✗ Kings County does not yet meet the target⁹¹

PRIORITY POPULATIONS PREVENTIVE CARE & PRACTICES

While **preventive care** is a major issue for the entire community, these groups of people are more likely to be affected by this health need, based on data collected from the community...

Data shows that California residents are more likely to get screened if they are **more educated, make more money, female, and older**⁹²



Residents who **lack health insurance** and/or have **difficulties affording care**

According to the community survey, 54% of the **55-64 age group** feels that preventive practices are a high priority to address, significantly more than those aged 45-54 (39%)¹¹

Hispanic community survey respondents were more than twice as likely to report preventive care and practices as a priority health need than non-Hispanic respondents¹¹

Top issues/barriers to preventive care and practices (reported in interviews):

1. Lack of access
2. Lack of trust in healthcare system

Sub-populations most affected by lack of preventive care and practices (reported in interviews):

1. Immigrants
2. Low-income residents

Top resources, services, programs and/or community efforts in the community for preventive care and practices (reported in interviews):

1. Kings County Department of Public Health



#16 HEALTH NEED (based on survey results)

TOBACCO & NICOTINE USE



41% OF COMMUNITY SURVEY RESPONDENTS INDICATED THAT ADDRESSING TOBACCO AND NICOTINE USE IN THE COMMUNITY WAS A HIGH PRIORITY¹¹

IN THE COMMUNITY

The leading chronic disease causes of death in Kings County are:⁶⁵

#1 Cancer

#2 Heart disease

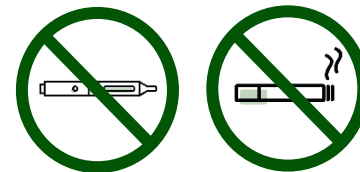
#3 Chronic lower respiratory disease

#4 Stroke

Smoking is a risk factor for all these chronic diseases⁹³



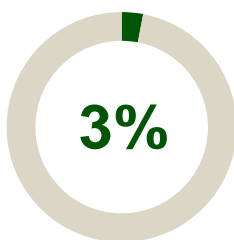
13% of Kings County adults are current smokers (vs. 6% for California), while **3%** of both county and state adults use e-cigarettes²⁴



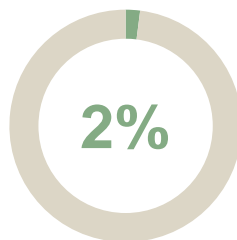
About half (53%) of the 2022 California Youth Tobacco Survey reported that peers would **view vaping negatively**, while **86%** reported that peers would **view smoking negatively**⁹⁵



Rates of current cigarette smoking are similar for Kings County teens and California teens⁹⁶



KINGS COUNTY



CALIFORNIA

“Vaping and smoking in youth is an issue. It isn’t being taken seriously and there isn’t enough teaching.”

- Community Member Interview

“People will spend their last [money] on tobacco. Some will spend on tobacco products over gas for work or food.”

- Community Member Interview

#16 HEALTH NEED (based on survey results)

TOBACCO & NICOTINE USE



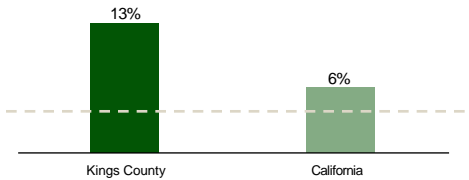
HEALTHY PEOPLE (HP) 2030 NATIONAL TARGETS

ADULT CIGARETTE SMOKING

HP 2030 TARGET: 5%

DESIRED DIRECTION: ↓

✗ Kings County does not yet meet the target⁹⁷



Top issues/barriers contributing to tobacco and nicotine use (reported in interviews):

1. Vaping
2. Increase tobacco and nicotine retailers
3. Retailer proximity to schools

Sub-populations most affected by tobacco and nicotine use (reported in interviews):

1. Youth

Top resources, services, programs and/or community efforts in the community for tobacco and nicotine use (reported in interviews):

1. Health insurance cessation programs
2. 1-800-no butts Program
3. Kings County Tobacco Alliance

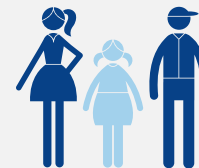
PRIORITY POPULATIONS TOBACCO AND NICOTINE USE

While **tobacco and nicotine use** are major issues for the entire community, these groups of people are more likely to be affected by this health need, based on data collected from the community...

Hispanic community survey respondents were more than three times as likely to report tobacco and nicotine use as a priority health need than non-Hispanic respondents¹¹

According to Kings County data, the smoking rate is highest in **non-Hispanic residents, men, and residents 50+**⁹⁷

People with **mental health issues** are more likely to smoke⁹⁸



Youth are more likely to **vape/use e-cigarettes** than smoke tobacco⁹⁹

People who are **lower income and less educated** are more likely to smoke⁹⁷

"We are putting policies in place to protect youth and regulate how/where tobacco is being sold in communities."

- Community Member Interview

"Youth vaping is an issue, even down to elementary ages."

- Community Member Interview

#17 HEALTH NEED (based on survey results)

MATERNAL & CHILD HEALTH



47% OF COMMUNITY SURVEY RESPONDENTS SAY THAT ADDRESSING MATERNAL & CHILD HEALTH IN THE COMMUNITY IS A HIGH PRIORITY¹¹

IN THE COMMUNITY

2,040

The number of births in Kings County in 2022. Births have been trending down in California, and nationwide, since at least 2007¹⁰⁰

Kings County's number of births decreased by 10% between 2019–2022¹⁰¹



7%

Kings County and California's low birth weight rate¹⁰³



Kings County's teenage birth rate for ages 15–19 (17 per 1,000 women) is nearly twice that of California's (9 per 1,000 women)¹⁰⁵



43% of Kings County households are caring for children under age 18, vs. 32% of California households¹⁰⁴



Severe Maternal Morbidities (SMM) are unexpected outcomes of childbirth that result in significant health consequences. In California, the **most common SMM in 2022 were blood clots (27%), renal failure (26%), and sepsis (24%)**¹⁰⁶

The rate of SMM in California is **109 per 10,000 deliveries**. In 2022 in Kings County, there were fewer than 11 SMM, making the rate too statistically unstable to report¹⁰⁶



The **lack of local prenatal care providers and facilities** was the most frequently mentioned issue related to maternal, infant, and child health in interviews



According to County Health Department data, 2% of Kings County and 1% of California children under 6 tested had **elevated blood lead levels**¹⁰²

“Pregnant women and new mothers don’t get seen and don’t get infants the care they need. Especially those with bottles.”

- Community Member Interview

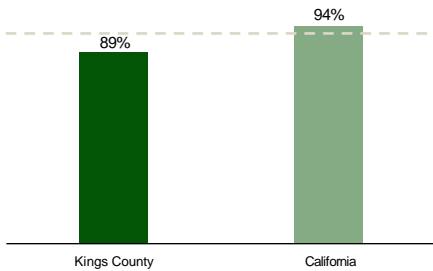
#17 HEALTH NEED (based on survey results)

MATERNAL & CHILD HEALTH



HEALTHY PEOPLE (HP) 2030 NATIONAL TARGETS

ANY BREASTFEEDING



HP 2030 TARGET: 92%

DESIRED DIRECTION: ↑



Kings County does not yet meet the target¹⁰⁷

Top issues/barriers to maternal and child health (reported in interviews):

1. Lack of education
2. Teen pregnancy
3. Lack of transportation

Sub-populations most affected by maternal and child health (reported in interviews):

1. Teen parents
2. Black, Indigenous, and People of Color (BIPOC)

Top resources, services, programs and/or community efforts in the community for maternal and child health (reported in interviews):

1. Women, Infants, and Children (WIC)
2. Breastfeeding Support Group
3. United Health Centers
4. Kings County Department of Public Health
5. Duchess of Doula

The 2020 pregnancy-related maternal mortality rate in California was **19 per 100,000 live births** (the Kings County rate is statistically unstable due to small sample size)¹⁰⁸

The leading causes are:⁸⁵

#1 Cardiovascular disease

#2 Hemorrhage

#3 Infection/Sepsis

#4 Pulmonary Embolism

#5 Amniotic Fluid Embolism

#6 Hypertensive Conditions

Many of these deaths may be preventable¹⁰⁸

“In Hanford especially there’s many pregnant teens and teens who smoke and drink. There’s not many resources that provide what teens need to stay okay, especially for mental health.”

- Community Member Interview

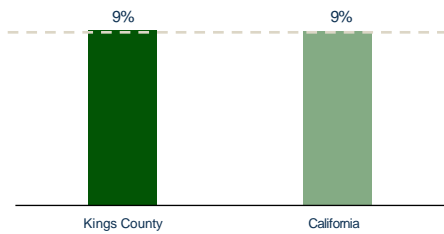
#17 HEALTH NEED (based on survey results)

MATERNAL & CHILD HEALTH



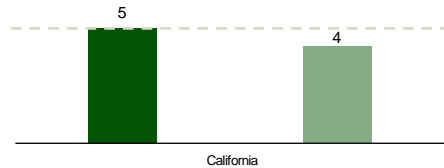
HEALTHY PEOPLE (HP) 2030 NATIONAL TARGETS

PRETERM BIRTH RATE



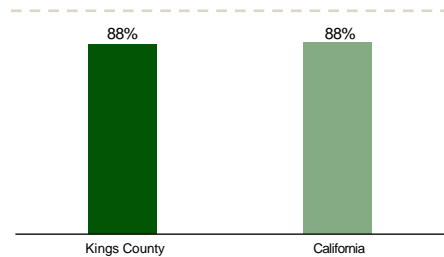
HP 2030 TARGET: 9%
DESIRED DIRECTION: ↓
 ✓ Kings County meets/exceeds the target¹⁰⁴

INFANT MORTALITY RATE PER 1,000



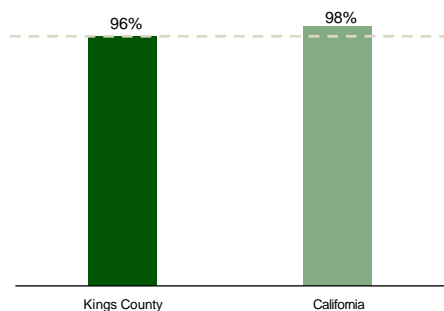
HP 2030 TARGET: 5 PER 1,000
DESIRED DIRECTION: ↓
 ✓ Kings County meets/exceeds the target¹⁰⁵

ON-TIME PRENATAL CARE



HP 2030 TARGET: 95%
DESIRED DIRECTION: ↑
 ✗ Kings County does not yet meet the target¹⁰⁶

PRENATAL NON-SMOKING RATE



HP 2030 TARGET: 96%
DESIRED DIRECTION: ↑
 ✓ Kings County meets the target¹⁰⁷

PRIORITY POPULATIONS MATERNAL & CHILD HEALTH

While **maternal and child health** is a major issue for the entire community, these groups of people are more likely to be affected by this health need, based on data collected from the community...

Black/African American survey respondents were most likely to rank maternal and child health as a priority need¹¹



In California, as in the nation, rates of severe maternal morbidity are much higher among **non-Hispanic Black women** compared to white women¹⁰⁹

In California, the preterm birth rate for **Black/African American** populations is **6% higher** than for other racial/ethnic groups¹⁰⁹

“There needs to be more Doulas and Doula training. There needs to be more childbirth and nutrition classes.”

- Community Member Interview

#18 HEALTH NEED (based on survey results)

INTERNET ACCESS



Households and communities with limited internet access are at a competitive, educational, and healthcare disadvantage, creating a 'digital divide' between the 'haves' and 'have nots'¹⁰⁸

IN THE COMMUNITY



Cellular data & broadband are the most common forms of internet access¹⁰⁹

CALIFORNIA RANKS

#13

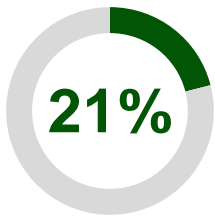
out of the 50 U.S. states for broadband coverage, with 1 being the best coverage¹⁰⁹

PRIORITY POPULATIONS INTERNET ACCESS

While **internet access** is a major issue for the entire community, these groups of people are more likely to be affected by this health need, based on data collected from the community...



Lower income people have a lower likelihood of having internet access, according to research¹¹⁰



of households **lack access to 25/3 mbps (megabits per second) internet** – “unserved” by broadband internet¹¹⁰



21% of Kings County residents are **unable to access telehealth services** due to lack of internet access¹¹⁰

Hispanic community survey respondents were more than three times as likely to report internet access as a priority health need than non-Hispanic respondents¹¹



15%

of Kings County households **lack internet access**, compared to just 10% for California¹¹¹

“They need a community center in town that would provide a library and computers. This could help literacy.”

- Community Member Interview

“The County and library tries to do community outreach events, such as public and behavioral health and uses the library to do outreach. Anthem Blue Cross donated iPads during the pandemic that could be checked out and taken home. This should be done more systematically.”

- Community Member Interview

#19 HEALTH NEED (based on survey results)

HIV & STIs

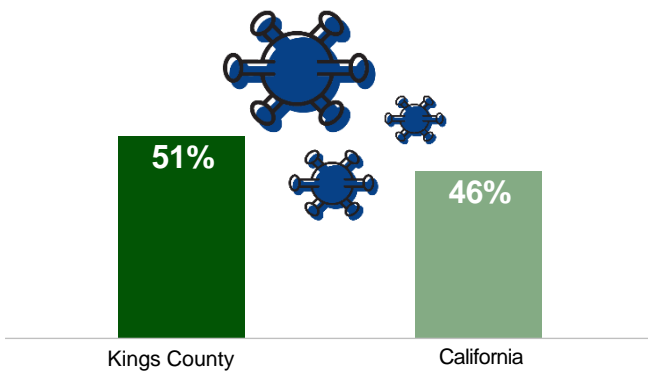
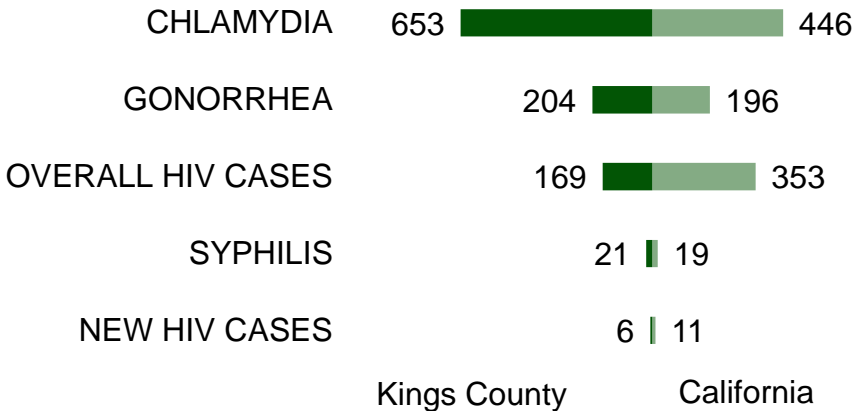


THE COVID-19 PANDEMIC MAY HAVE IMPACTED THE TESTING AND DIAGNOSIS RATES FOR HIV & STIs⁸⁶

IN THE COMMUNITY



Kings County has higher rates of chlamydia per 100,000 and lower rates of HIV per 100,000 than California as a whole¹¹²



According to state data, just **over half (51%)** of individuals living with HIV in Kings County have progressed to an AIDS diagnosis, compared to 46% for California overall¹¹³

PRIORITY POPULATIONS HIV & Sexually Transmitted Infections (STIs)

While **HIV and STIs** are a major issue for the entire community, these groups of people are more likely to be affected by this health need, based on data collected from the community...

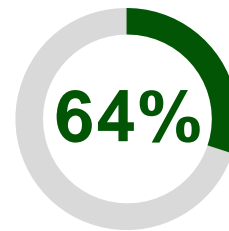
53% of survey respondents **ages 18-24** felt that HIV/AIDS and STIs were a high priority health concern, more than older survey respondents¹¹



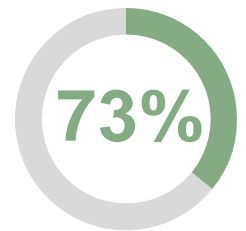
Women have higher rates of chlamydia, particularly those aged 20–24⁸⁶



Men have higher rates of syphilis and gonorrhea⁸⁷



KINGS COUNTY³⁵



CALIFORNIA³⁵

A lower proportion of those living with HIV in Kings County are receiving care, compared to the state¹¹³

“There’s a lack of sex education. This information needs to be implemented in schools repeatedly.”

- Community Member Focus Group

HEALTH NEED COVID-19

This health need was not ranked; however, as of 2023, COVID-19 remains an important health need in the community



WHILE COVID-19 HAS ITSELF BEEN A MAJOR COMMUNITY HEALTH CHALLENGE SINCE 2020, IT HAS ALSO HAD OTHER FAR-REACHING HEALTH, ECONOMIC, AND SOCIAL IMPACTS

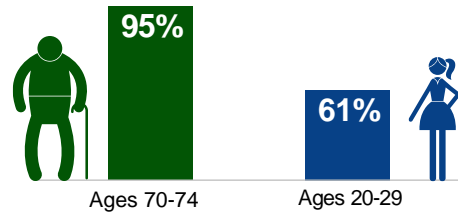
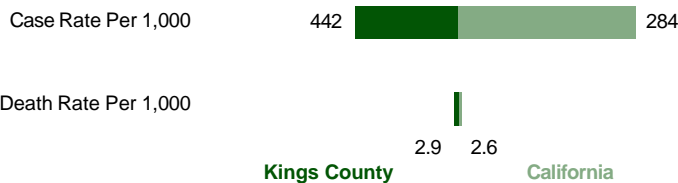
IN THE COMMUNITY



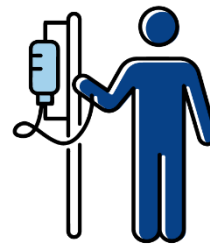
54% of Kings County residents are at least partially vaccinated for COVID-19. However, vaccination rates are higher for adults than children and youth¹¹⁴

Vaccination rates are lower for Kings County than California (75% partially vaccinated)¹¹⁴

Kings County has both a higher COVID-19 case rate and death rate than California¹¹⁶



For adults, vaccination rates are highest for those ages 70–74 (95%) and lowest for those ages 20–29 (61%)¹¹⁴



Kings County recorded 67,886 cases and 487 deaths due to covid-19 as of June 7, 2023¹¹⁵

"COVID-19 is no longer seen as a concern, but people are not wearing masks in the community and may be spreading the virus to others."

- Community Member Focus Group

"We need more places for COVID-19 testing."

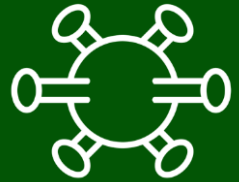
- Community Member Focus Group

"During COVID-19, I used the public health department for information – Facebook and the County website."

- Community Member Focus Group

HEALTH NEED COVID-19

This health need was not ranked; however, as of 2023, COVID-19 remains an important health need in the community



“Post COVID-19, many people were out of shape. [The pandemic] also created bad habits.”

- Community Member Interview

“We are helping parents with the reinstatement of Medi-Cal, which didn’t roll over after COVID-19, especially for little kids. We’re really trying to focus on early intervention for little kids and trying to get trained and figure out paperwork so that we can guide the process for them and prevent gaps in mental health care.”

- Community Member Interview



PRIORITY POPULATIONS COVID-19

While **COVID-19** is a major issue for the entire community, these groups of people are more likely to be affected by this health need, based on data collected from the community...

Younger individuals are less likely to have been partially or fully vaccinated against COVID-19¹¹⁶

People of color, particularly **Black/African American** and **American Indian & Alaska Native** communities have been disproportionately impacted by higher case and death rates. They are also more likely to be unvaccinated or only partially vaccinated¹¹⁶



Individuals who cannot work from home may be at increased risk of exposure¹¹⁷

Older adults, people with disabilities, and immunocompromised people are at higher risk of negative impacts¹¹⁷

Lower income people are more likely to contract COVID-19¹¹⁷

Unhoused and precariously housed people are more likely to contract COVID-19¹¹⁷

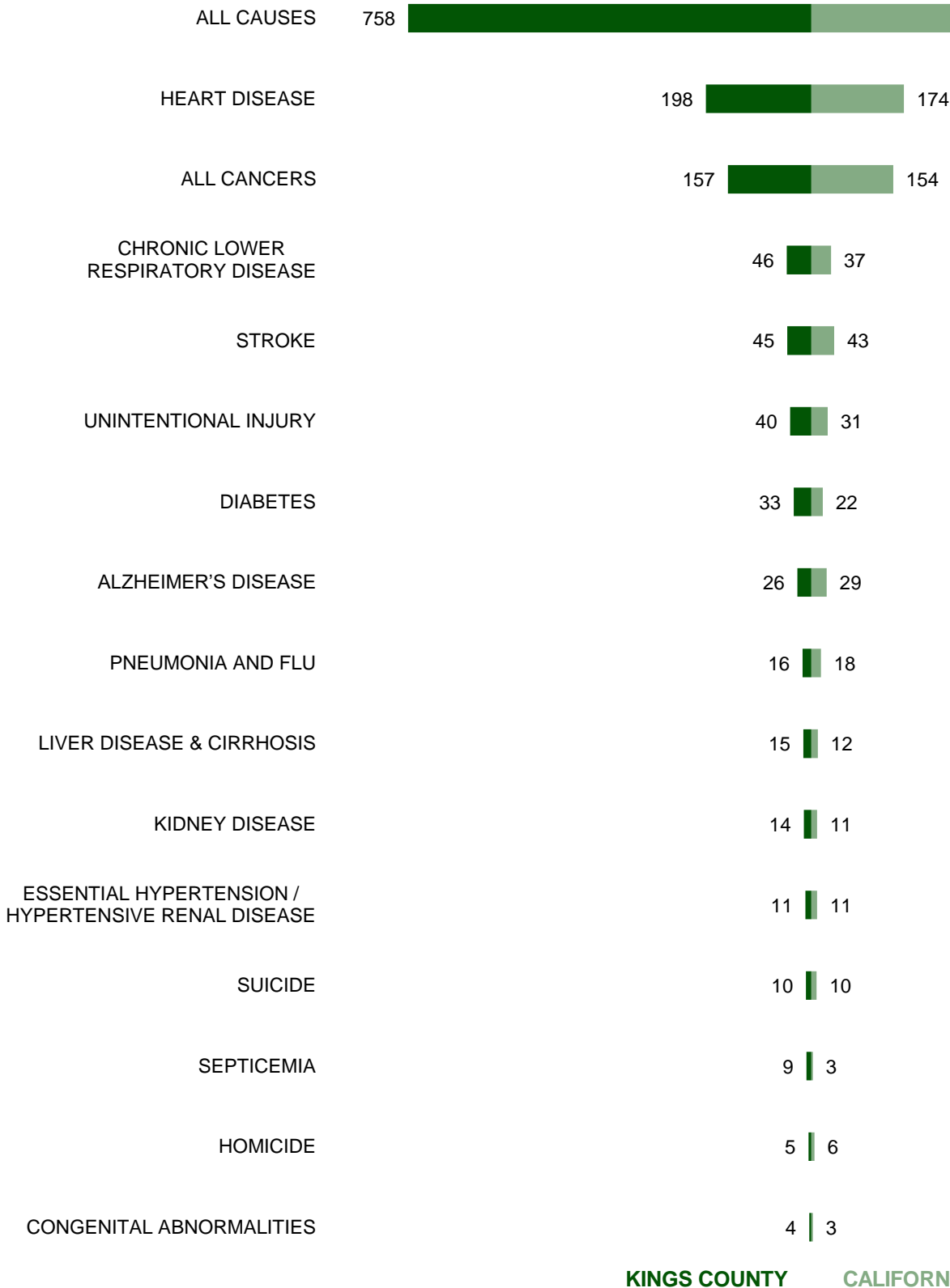


Parents and children are more likely to contract COVID-19¹¹⁷

People with **mental health issues** (mental health may be negatively impacted)¹¹⁷

People who **lack internet access** were more impacted by isolation and resource access during COVID-19¹¹⁷

LEADING CAUSES OF DEATH



The top two leading causes of death in Kings County are **heart disease** and **cancer**.

Kings County has higher age-adjusted mortality rates per 100,000 than California for all causes except for Alzheimer's disease, pneumonia and flu, and homicide¹¹⁸

IDEAS FOR CHANGE FROM THE COMMUNITY



These are *ideas* from community leaders and community members for potential suggestions to support community health.

ACCESS TO CHILDCARE

- Create more affordable and accessible centers for toddlers.

ACCESS TO HEALTHCARE

- Expand opening hours of clinics past 8am-4pm.
- Increase affordability and availability of insurance.
- Increase access to virtual care.
- Expand services that clinics offer and recruit physicians, physician assistants, nurse practitioners, specialists, dental, vision, and other providers to provide health services to the community.
- Have regular health fairs that offer preventive screenings, vaccines, and labs.
- Improve information sharing and reduce the need for patients to share their healthcare information repeatedly.
- Increase the number of Black nurses and doctors.
- Increase collaboration between healthcare, public health, law enforcement, primary care, specialists, and community-based organizations.

ADVERSE CHILDHOOD EXPERIENCES (ACEs)

- Hire more counselors.

CHRONIC DISEASES

- Increase focus on diabetes prevention, education, and management.

CRIME, VIOLENCE & SAFETY

- Increase numbers of stop signs/yields/speed bumps.
- Have police supervise more around town and be more vigilant.
- Increase the number of street lights.
- Increase access to safe sidewalks.

EDUCATION

- Create a safe locker for kids to get clean clothes and a place for them to take a shower.
- Implement education and mentorship for gang-impacted youth.
- Create more pathways for jobs out of high school.

ENVIRONMENTAL CONDITIONS

- Supervise/regulate the fields and the chemicals they spread.
- Report water quality issues to district.
- Improve air quality/provide air purifiers.

FOOD INSECURITY

- Improve access to food banks and food that does not require can openers.
- Improve access to culturally appropriate, quality, and healthy foods at food banks and Kings Community Action Organization (KCAO).
- Continue to implement and expand CalFresh program (nutrition education and food access).
- Improve access to food grown in Kings County fields and offer discounts.

HOUSING STABILITY

- Increase housing quality and availability for low- and middle-income residents.
- Build more shelters, hand out flyers, and spread awareness to those in need.
- Create more services for unhoused people and people experiencing mental health challenges to get them housing, showers, and meet their basic needs.

NUTRITION/PHYSICAL ACTIVITY

- Increase availability and accessibility of nutrition education classes. Partner with Adventist.
- Increase access to dietitians covered by insurance.
- Partner with health department to educate students and residents.
- Open more quality parks, recreation facilities, tracks, sidewalks, and pools.
- Increase access to adult and youth fitness classes like Tai Chi, martial arts, boxing, etc.

IDEAS FOR CHANGE FROM THE COMMUNITY



These are *ideas* from community leaders and community members for potential suggestions to support community health.

MATERNAL/INFANT HEALTH

- Increase access to Doula and Doula training.
- Increase availability and accessibility of childbirth, breastfeeding, and parenting education classes.
- Expand Supplemental Nutrition Assistance Program (SNAP) and Women, Infant, and Children (WIC) Program.

MENTAL HEALTH/SUBSTANCE USE

- Expand opening hours of clinics past 8am-4pm.
- Increase access to joint mental health and substance use/addiction care (places you can go to get all the help you need in one place), particularly in rural areas.
- Increase access to case managers, particularly for Veterans.
- Increase access to peer support (people with similar lived experiences).
- Increase mental health resources for people who are/have been incarcerated.
- Increase access to support groups, particularly for people of color.
- Increase access to child and youth mental health professionals.
- Have Narcan available in schools.

ACCESS AND AWARENESS OF RESOURCES & INFORMATION

- Advertise information hubs and outreach through methods like social media, online, print, TV, billboards, radio, etc.
- Create a centralized hub where information is available.
- Share the results of this assessment and improve ongoing communication between County, organizations, and residents.
- Create a suggestion box or other method to provide continuous feedback. Have ongoing meetings like town halls.
- Send physicians, nurses, healthcare workers out into the community to educate people. Visit different neighborhoods or have health fairs in low-income areas and utilize locations like parks.
- Provide resource packets on welfare, doctors, schools, jobs, and what people can qualify for.
- Have district representatives visit communities and towns to understand existing issues.
- Promote and offer more community volunteering opportunities, particularly for seniors.
- Open wellness hubs both at schools and in the community with therapists, afterschool activities, and life skills workshops.

PEOPLE WITH DISABILITIES

- Hire more drivers for transportation.

PREVENTIVE CARE & PRACTICES

- Increase access to information in multiple forms including social media, web, and print.
- Run vaccine and screening clinics in locations like schools, churches, dining halls, and mobile clinics.
- Increase access to preventive care providers.

TRANSPORTATION

- Increase bus routes and run times.
- Promote riding scooters or other active forms of transportation and fewer cars.
- Increase access to transportation to healthcare appointments.

TOBACCO/NICOTINE USE

- Increase education on tobacco and nicotine use from healthcare providers.

CURRENT RESOURCES

ADDRESSING PRIORITY HEALTH NEEDS



Information was gathered on assets and resources that currently exist in the community. This was done using feedback from the community and an overall assessment of the service area. While this list strives to be comprehensive, it may not be complete.

DEVELOPMENTAL & PHYSICAL DISABILITIES/SENIOR CITIZENS

Kings County Commission on Aging Council
Kings/Tulare Area Agency on Aging
Special Needs Support Group of Kings County
United Cerebral Palsy Central California

DOMESTIC/CHILD ABUSE & VIOLENCE, SEXUAL ASSAULT

Barbara Saville Shelter
CASA of Kings County
Kings County Child Abuse Prevention Coordinating Council/Family Preservation Support Board
Kings County Domestic Violence Services
Kings County Elder Abuse Services
Kings County Human Sex Trafficking Support
Kings County Domestic Violence/Victim Witness Program
Kings County 24-Hour Crisis Line
Kings County Rape Crisis Program

ECONOMIC STABILITY

American Red Cross Central California Region
Electric and Gas Bill Assistance and Water Bill Assistance
Greater Kings County Chamber of Commerce
Kings Area Rural Transit
Kings Community Action Organization
Kings County Human Service Agency
Kings County Job Training Office
Kings Partnership for Prosperity, Progress and Prevention
Kings United Way
Kings/Tulare Homeless Alliance (CoC)
Proteus Inc.
Self-Help Enterprises
St. Brigid Catholic Church
The Salvation Army Hanford
Volunteer Income Tax Assistance (VITA)
Water Tank Program
Weatherization Program

EDUCATION

Cal-Learn
College of the Sequoias
Corcoran Joint Unified School District
Hanford Joint Union High School District
Kings County Office of Education
Kings County Special Education
Learn4Life Hanford
Lemoore Union High School District
Santa Rosa Rancheria Department of Education
State Center Community College District
West Hills College Lemoore

HEALTHCARE

Adventist Health
American Cancer Society
American Heart Association
Anthem Blue Cross Blue Shield
Aria Community Health Center
Avenal Community Health Center
CalAIM: Enhanced Care Management
California Health Collaborative
Central California Public Health Consortium
COVID Education Program
Duchess of Doula
Every Woman Counts Program
Family Healthcare Network
Health Net
Kings County Department of Public Health
Leukemia & Lymphoma Society
March of Dimes Central Valley Division
OMNI Health Centers
Tachi Clinic - Central Valley Indian Health, Inc.
United Health Centers
Valley Children's Healthcare
Valley Health Team

HEALTHY FOOD, PHYSICAL ACTIVITY & NUTRITION

Central California Food Bank
Central California Regional Obesity Prevention Program
Senior Nutrition Program
Summer Food Services Program (SFSP)
University of California Cooperative Extension Office

CURRENT RESOURCES

ADDRESSING PRIORITY HEALTH NEEDS



Information was gathered on assets and resources that currently exist in the community. This was done using feedback from the community and an overall assessment of the service area. While this list strives to be comprehensive, it may not be complete.

HOUSING, HOMELESSNESS, SOCIAL SERVICES & ADVOCACY

211 Kings County
ANCHORS Supportive Housing
Armona Community Services District
Barbara Seville Women's Shelter
CalFresh Healthy Living Program
Corcoran Emergency Aid
Day Care Homes Food Program
Episcopal Church of the Savior
Equity in Black
Facilitating Accountability Victim Offender Restoration (F.A.V.O.R)
Habitat for Humanity
Hanford Public Library
Housing Authority of Kings County
Kings County Housing Assistance
Kings County Latino Roundtable
Kings County Library
Kings County Veterans Services
Kings Gospel Mission
Kings/Tulare Homeless Alliance
Latin American Assembly of God
Lighthouse Rescue Mission
Lily of the Valley Church
NAACP Kings & Tulare County
PATH Program Kings County
Re-establishing Stratford
Restore 180
Valley Voices

MATERNAL, INFANT & CHILD HEALTH/ACCESS TO CHILDCARE

Aspiranet Hanford
Breastfeeding Support Program
California Alternative Payment Program (CAPP)
California Child Care Initiative Project
California Personal Responsibility Education Program (CA PREP)
CalWORKs
Crossroads Pregnancy Center
First 5 Kings County
Head Start
Home Visiting Program
Kettleman City Family Resource Center
Kings County CareConnect
Kings County Child and Adult Care Food Program
Kings County Community Resource Center

MATERNAL, INFANT & CHILD HEALTH/ACCESS TO CHILDCARE (CONTINUED)

Kings County Emergency Child Care Bridge Program for Foster Children
Kings County Resource & Referral
Kings County Toy Lending Library
Refuge Armona
Regional Perinatal Programs of California (RPPC)
Safe Kids Kings County
Support, Outreach, and Leadership (SOL) for Youth Program
TrustLine
WIC - Women, Infant, & Children

MENTAL HEALTH & SUBSTANCE USE

Champions Recovery
Cornerstone Recovery System
Collaborative Justice Treatment Court
Family Member Support Group
Kings Community Action Crisis Center
Kings County Assertive Community Treatment (ACT)
Kings County Crisis Line
Kings County Department of Behavioral Health
Kings County Local Outreach to Suicide Survivors (LOSS) Team
Kings County Mental Health Taskforce
Kings County Veterans Support Group
Kings County Wellness Bridge
Kings/Tulare County Warmline
Kings View Community Services
Lemoore Naval Fleet & Family Support
Mental Health Systems/TURN
National Alliance on Mental Illness
Oak Wellness Center
Peer-to-Peer Non-Crisis Warm Line
Perinatal Mental Health Integration Project (PMHIP)
Fresno, Madera, and Kings Counties
Sister Speak
The Kind Center
WestCare
Young Minds Kings County

TOBACCO & NICOTINE USE

Kings County Tobacco Control
Regional Advocates Countering Tobacco (ReACT)
RISE – Statewide Rural Coordinating Center
Unidos Por Salud



STEP 6

DOCUMENT, ADOPT, AND COMMUNICATE RESULTS



IN THIS STEP, KINGS COUNTY DEPARTMENT OF PUBLIC HEALTH:

- WROTE AN EASILY UNDERSTANDABLE COMMUNITY HEALTH ASSESSMENT (CHA) REPORT
- ADOPTED AND APPROVED CHA REPORT
- DISSEMINATED THE RESULTS SO THAT IT WAS WIDELY AVAILABLE TO THE PUBLIC

DOCUMENT, ADOPT, AND COMMUNICATE RESULTS



Kings County Department of Public Health worked with Moxley Public Health to pool expertise and resources to conduct the 2023 Community Health Assessment. By gathering secondary data (existing data) and conducting new primary research as a team (through focus groups with subpopulation and priority groups, interviews with community leaders, and a community-wide survey), the stakeholders will be able to understand the community's perception of health needs. Additionally, the community partners will be able to prioritize health needs with an understanding of how each compares against benchmarks and is ranked in importance by Kings County residents.

The 2023 Kings County CHA, which builds upon the prior assessment completed in 2019, meets all Public Health Accreditation Board (PHAB) and California state requirements.

REPORT ADOPTION, AVAILABILITY AND COMMENTS

This CHA report was adopted by Kings County Department of Public Health leadership in 2024.

This report is widely available to the public on the health department's website:
Kings County Department of Public Health: <https://www.kcdph.com/>

Written comments on this report are welcomed and can be made by emailing:
Everardo.Legaspi@co.kings.ca.us



CONCLUSION & NEXT STEPS



THE DEPARTMENT'S NEXT STEPS ARE:

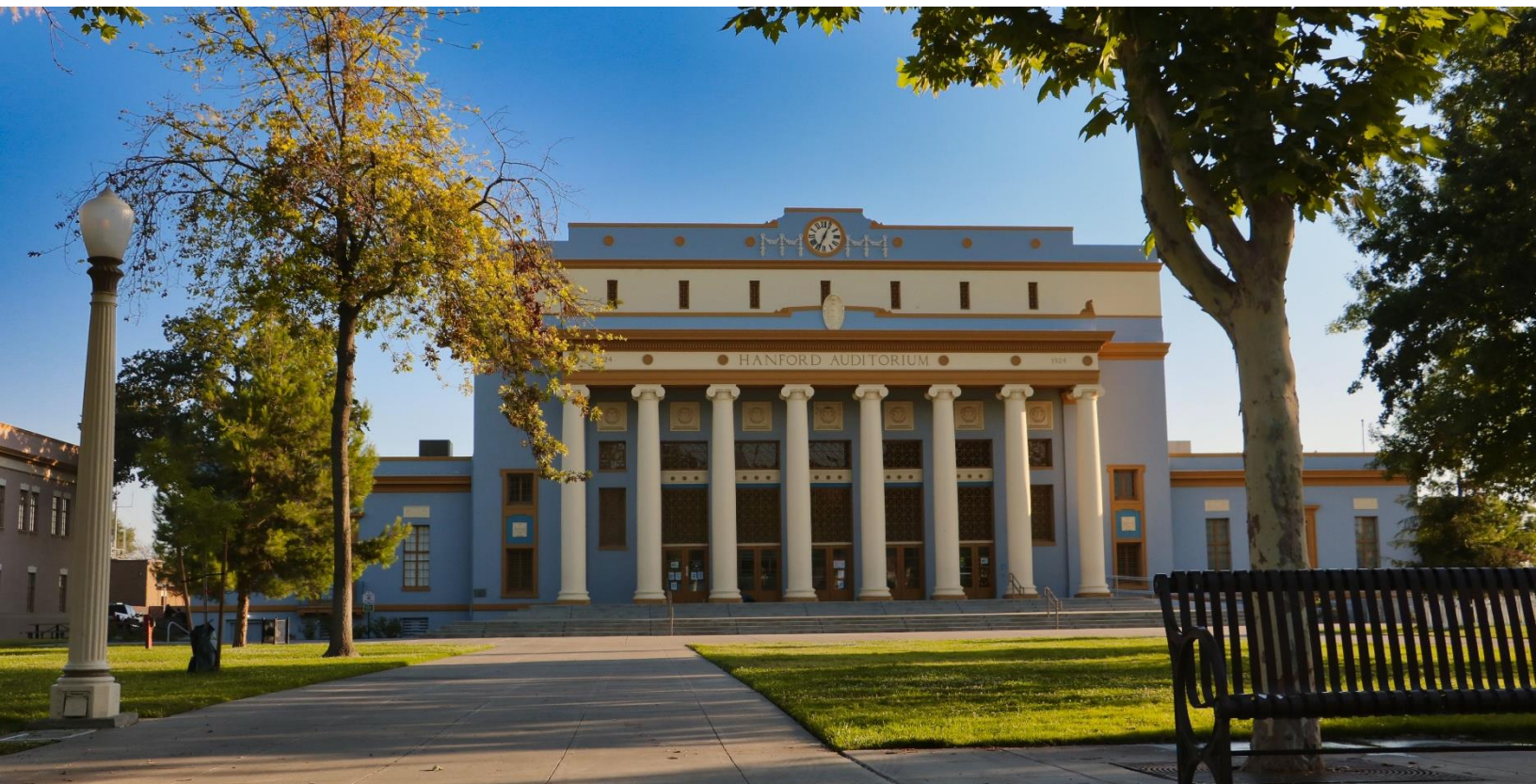
- CREATE AND IMPLEMENT COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP) FOR 2024-2028
- SELECT PRIORITY HEALTH NEEDS
- SELECT INDICATORS TO MEASURE CHANGE IN PRIORITY HEALTH NEEDS FOR 2024-2028
- DEVELOP SMART OBJECTIVES FOR CHIP
- SELECT EVIDENCE-BASED AND PROMISING STRATEGIES TO ADDRESS PRIORITY HEALTH NEEDS

CONCLUSION

NEXT STEPS FOR KINGS COUNTY



- Monitor community comments on the Community Health Assessment (CHA) report (ongoing) to the provided contact at Kings County Department of Public Health.
- Select a final list of priority health needs to address using a set of criteria that is recommended by Moxley Public Health and approved by Kings County Department of Public Health. (The identification process to decide the priority health needs that are going to be addressed will be transparent to the public. The information on why certain needs were identified as priorities and why other needs will not be addressed will also be public knowledge.)
- Community partners (including Kings County Department of Public Health and other organizations throughout the county) will select strategies to address priority health needs and priority populations. (Using, but not limited to, information from community members and stakeholders and evidence-based strategies recommended by the California Department of Health.)
- The 2024-2028 Community Health Improvement Plan (that includes indicators and SMART objectives to successfully monitor and evaluate the improvement plan) will be adopted and approved by the health department, reviewed by the public, and then the final draft will be publicly posted and made widely available to the community.



APPENDIX A

IMPACT AND PROCESS EVALUATION



IMPACT AND PROCESS EVALUATION

The following pages provide a summary of the draft 2019-2024 Kings County Department of Public Health Strategic Plan. As the Kings County 2019 Community Health Assessment (CHA) and 2019-2024 Strategic Plan were limited to draft form, no formal impact and process evaluation of the progress on the goals was conducted. A more comprehensive evaluation of the 2024-2028 Community Health Improvement Plan (CHIP) will be conducted and more details will be included in the next CHA report. For the upcoming CHIP, process data (to show whether the strategies are happening or not) and the impact data (indicators of each priority health need to show if it is getting better or worse) will be reported and measured in an evaluation plan. That data will be reported annually and in the next CHA.

APPENDIX A: IMPACT AND PROCESS EVALUATION

Below is a summary of the draft 2019-2024 Kings County Department of Public Health Strategic Plan.

Kings County Department of Public Health 2019-2024 Strategic Plan	
Vision	
Kings County, A healthy place to live, work, and play.	
Mission	
To promote and protect the health and well-being of Kings County residents through education, prevention, and intervention.	
Strategic Priorities	
<i>Achieve Organizational Excellence</i>	
<i>Integrate the Social Determinants of Health and Health Equity into All Programs</i>	
<i>Address the Leading Causes of Illness, Injury, and Premature Death</i>	
<i>Contribute to a Strong Foundation of Health and Wellness for Families</i>	
<i>Maintain a Safe and Healthy Environment</i>	
Values	
Creativity	Challenging the status quo, envelop the culture of the human race.
Transparency	Instill integrity and trust whether visible or invisible.
Stewardship	Provide/sustain resources with ownership.
Quality	Maintain the ability to “be in the communities shoes”.
Accountability	Maintain standards of professionalism (knowledge), ethics, responsibility, earn worthiness.
Flexibility	No silos-communication/collaboration internally.

APPENDIX A:

IMPACT AND PROCESS EVALUATION

Below is a summary of the strategic priorities and goals that were planned and worked on as part of the draft 2019-2024 Kings County Department of Public Health Strategic Plan. As the Kings County 2019 CHA and 2019-2024 strategic plan were limited to draft form, no formal impact and process evaluation of the progress on the goals were conducted. A more comprehensive evaluation of the 2024-2028 CHIP will be conducted and more details will be included in the next CHA report.

ACHIEVE ORGANIZATIONAL EXCELLENCE	
<i>Pursue accreditation. Invest in staff development and upgrade to modern, state-of-the-art technology systems and communication and data functions. Steadily replace outdated organizational practices with state-of-the-art business, accountability, and financing systems to improve organizational efficiencies, staff morale, and performance.</i>	
Goal 1.1	Begin to align the Department for public health accreditation.
Goal 1.2	Increase professional development and training for staff. Specifically in Public Health 3.0
Goal 1.3	Increase Departmental and Program agility
Goal 1.4	Upgrade technology systems.
Goal 1.5	Update internal policies and procedures.
Goal 1.6	Improve internal and external communication.
Goal 1.7	Strengthen data collection, analysis, and dissemination functions.
Goal 1.8	Diversify fiscal strategies to support achievement of KCDPH priorities.
Goal 1.9	Represent Kings County's public health issues at regional and state forums.
INTEGRATE THE SOCIAL DETERMINANTS OF HEALTH AND HEALTH EQUITY INTO ALL PROGRAMS	
<i>Ensure that every aspect of KCDPH's operations, including staffing, training, partnerships and contractors, community engagement, and the collection and presentation of data, are framed within this context.</i>	
Goal 2.1	Develop social determinants of health (SDOH) framework to guide public health community-based activities.
Goal 2.2	Build capacity to identify, communicate, and address racial and cultural equity and the social determinants of health.
Goal 2.3	Strengthen existing cross-sector partnerships and build new alliances to address the social determinants of health and health equity.
Goal 2.4	Lead or support community-based initiatives that address the social determinants of health.
ADDRESS THE LEADING CAUSES OF ILLNESS, INJURY, AND PREMATURE DEATH	
<i>Lead and/or actively participate in the pursuit of Community Health Improvement Plan goals, undertake policies, systems, and environmental efforts to create healthy living options, implement a Health Information Exchange and other data sharing efforts, and develop strategic partnerships with health care providers and non-health sector organizations to improve local systems of care.</i>	
Goal 3.1	Emphasize policy, systems, and environmental strategies to reduce chronic health conditions and promote healthy living for all.
Goal 3.2	Implement clinical-community linkages that support self-management within and outside of the health care setting.
Goal 3.3	Build capacity for health data sharing and analysis to improve patient care and population health.
Goal 3.4	Contribute to health professional workforce development efforts to increase health provider capacity in Kings County and support the coordination of care the community receives.
Goal 3.5	Improve KCDPH public health clinic operations.
CONTRIBUTE TO A STRONG FOUNDATION OF HEALTH AND WELLNESS FOR FAMILIES	
<i>Support programs and partnerships that address maternal and child health, reproductive health, teen pregnancy prevention, and early childhood development initiatives.</i>	
Goal 4.1	Provide whole child care to children with special health needs in Kings County.
Goal 4.2	Support teens and women of childbearing age and their children to be healthy, and to achieve stable family environments.
Goal 4.3	Provide timely, high-quality public health clinical services to clients requiring immunizations.
MAINTAIN A SAFE AND HEALTHY ENVIRONMENT	
<i>Work with partners to ensure consumer, land, and water protections, hazardous materials safety, timely and appropriate response to disease outbreaks, and a strong, resilient emergency response system.</i>	
Goal 5.1	Increase compliance with regulations covering food services, groundwater contamination and well construction, and use of hazardous materials.
Goal 5.2	Increase community and department awareness and support for environmental health regulatory functions.
Goal 5.3	Ensure timely and appropriate response to disease outbreaks.
Goal 5.4	Maintain standards for Emergency Medical Services (EMS) to ensure timely response and effective care.



APPENDIX B **BENCHMARK COMPARISONS**



BENCHMARK COMPARISONS

The following table compares County rates of the identified health needs to national goals called **Healthy People 2030 Objectives**. These benchmarks show how the County compares to national goals for the same health need. This appendix is useful for monitoring and evaluation purposes in order to track the impact of the Community Health Improvement Plan (CHIP) to address priority health needs.

APPENDIX B: HEALTHY PEOPLE OBJECTIVES & BENCHMARK COMPARISONS

Where data were available, Kings County health and social indicators were compared to the Healthy People 2030 objectives. The **black** indicators are Healthy People 2030 objectives that did not meet established benchmarks, and the **green** items met or exceeded the objectives. Certain indicators were not reported, marked as N/R. Healthy People Objectives are released by the U.S. Department of Health and Human Services every decade to identify science-based objectives with targets to monitor progress, motivate and focus action.

BENCHMARK COMPARISONS			
INDICATORS	DESIRED DIRECTION	KINGS COUNTY	HEALTHY PEOPLE 2030 OBJECTIVES
High school graduation rate ¹¹⁹	↑	91.0%	90.7%
Child health insurance rate ¹²⁰	↑	96.0%	92.1%
Adult health insurance rate ¹²¹	↑	88.0%	92.1%
Unable to obtain medical care ¹²²	↓	22%	3.3%
Ischemic heart disease deaths ¹²³	↓	198	71.1 per 100,000 persons
Cancer deaths ¹²³	↓	157	122.7 per 100,000 persons
Colon/rectum cancer deaths ¹²³	↓	14.3	8.9 per 100,000 persons
Lung cancer deaths ¹²³	↓	37.8	25.1 per 100,000 persons
Female breast cancer deaths ¹²³	↓	9.9	15.3 per 100,000 persons
Prostate cancer deaths ¹²³	↓	8.6	16.9 per 100,000 persons
Stroke deaths ¹²³	↓	45	33.4 per 100,000 persons
Unintentional injury deaths ¹²³	↓	40	43.2 per 100,000 persons
Suicides ¹²³	↓	14.0	12.8 per 100,000 persons
Liver disease (cirrhosis) deaths ¹²³	↓	15	10.9 per 100,000 persons
Drug-overdose deaths ¹²³	↓	15.0	20.7 per 100,000 persons
Overdose deaths involving opioids ¹²³	↓	10.0	13.1 per 100,000 persons
On-time prenatal care (HP2020 Goal) ¹²⁴	↑	88%	84.8% (HP2020 Goal)
Infant death rate ¹²⁵	↓	5.0	5.0 per 1,000 live births
Adult obese, ages 20+ ¹²⁶	↓	35.0%	36.0%, adults ages 20+
Students, 7th to 12 th grade, obese ¹²⁶	↓	19.0%	15.5%, children & youth, 2-19
Adults engaging in binge drinking ¹²⁷	↓	20.0%	25.4%
Cigarette smoking by adults ¹²⁷	↓	13.0%	6.0%
Pap smears, ages 21-65, screened in the past 3 years ¹²⁸	↑	80%	84.3%
Mammogram, ages 50-74, screened in the past 2 years ¹²⁸	↑	66%	77.1%
Colorectal cancer screenings, ages 50-75, per guidelines ¹²⁸	↑	56%	74.4%

APPENDIX C **INFORMANT INTERVIEW PARTICIPANTS**



KEY INFORMANT INTERVIEW PARTICIPANTS

Listed on the following page are the names of the **27** leaders, representatives, and members of the Kings County community who were consulted for their expertise on the needs of the community. The following individuals were identified by the CHA team as leaders based on their professional expertise and knowledge of various target groups throughout the Kings County community.

APPENDIX C:

KEY INFORMANT INTERVIEW PARTICIPANTS

INTERVIEW PARTICIPANTS		
NAME(S)	ROLE	ORGANIZATION
1. Valeria (Val) Alvarez	Director of Community Well-Being	Adventist Health
2. Miguel Rodriguez	Chief Administrative Officer	United Health Centers
3. Samuel Griffith	Event Coordinator	Aria Community Health Center
4. Jeff Garner	Executive Director	Kings Community Action Organization
5. Frank Ruiz	Executive Director	Champions Recovery
6. Sandra Cuadros	First 5 Resource Specialist	Kings County Office of Education
7. Pat Nolen	Vice Mayor	National Association for the Advancement of Colored People (NAACP), City of Corcoran
8. Natalie Rencher	Library Director	Hanford Public Library
9. Lisa Rogers	Regional Clinical Director	Kings View Community Services
10. Bobbie Wartson	Executive Director	Commission on Aging
11. Barbara Holland	Program Coordinator, Substance Abuse and Mental Health Services Administration, Youth and Family TREE	West Care
12. Rob Isquierdo Jr.	Founder	Re-establishing Stratford
13. Daisy Lopez	Senior Director of Program Services	California Health Collaborative (CHC)
14. Ruth López	Executive Director	Valley Voices
15. Superintendent Andre Pecina Heather Alves Helen Copeland Maria Sanchez	Superintendent Credentialed School Nurse Director Of Special Services District Mental Health Counselor	Corcoran Unified School District
16. Dr. Roblen Nieblas	Dental Director	Aria Community Health Center
17. Joytonia Jackson	Founder & CEO	Duchess of Doula
18. Guadalupe (Lupe) Flores Josette Guzman Kimberly Palacios Francisca Camerena	Chief Administrative Officer Manager, Community Health Community Health Supervisor Community Health Representatives	Family HealthCare Network
19. Danny Llamas	Director of Operations and Administration; Liaison/ Ind. Study Teacher, Director	Tachi-Yokut Tribe, Santa Rosa Rancheria Department of Education
20. Mary Gonzales-Gomez	Trustee Area 2	Kings County Office of Education, Kings County Latino Roundtable
21. Jim Maciel	Chairman	Armona Community Services District

APPENDIX D **FOCUS GROUP PARTICIPANTS**



FOCUS GROUP PARTICIPANTS

Listed on the following page are the details of the **6 focus groups** conducted with **61 community members**, including the number of participants, format, and groups represented.

APPENDIX D

FOCUS GROUP PARTICIPANTS

FOCUS GROUP PARTICIPANTS			
GROUP REPRESENTED	FORMAT	PARTICIPATING ORGANIZATION(S)	# OF PARTICIPANTS
1. New Parents/ Black Women	In-Person	Kings County Department of Public Health, Lily of the Valley Church	11
2. Farmworkers/ Kettleman City	In-Person	Kings County Department of Public Health, California Health Collaborative - ARCH)	10
3. Rural – Kettleman City/Parents/ Spanish Speaking	In-Person	Kings County Department of Public Health, California Health Collaborative - SOL	8
4. Veterans	In-Person	Kings County Department of Public Health, Kings County Veterans Support Group	12
5. Veterans	In-Person	Kings County Department of Public Health, Kings County Veterans Support Group	6
6. Youth with Experience with the Justice System	In-Person	Kings County Department of Public Health, Restore 180	14
TOTAL			61

APPENDIX D

FOCUS GROUP DEMOGRAPHICS

Note: 69% of focus group participants responded to some or all of the demographic questions. Focus groups were meant to hear specifically from priority populations in the community most affected by health disparities, not necessarily to represent the overall demographics of the community.



Participants were mainly from **Kettleman City (93239) – 36%, Hanford (93230) – 29%, and Lemoore (93245) – 24%.**



25-34 (24%), 35-44 (19%), and under 18 (17%) were the most represented age groups.



More than three-quarters (**76%**) of participants were women.



Half (50%) of participants were Black or African American, 40% were Hispanic/Latina/o, and 7% were White/Caucasian or multiracial/more than one race.



Participants mainly spoke **English** as a primary language (76%), while **24%** primarily spoke **Spanish**.



78% of participants had at least one child in their home.



55% of participants had a high school diploma or less, while **29%** had an Associate's Degree and **10%** had some college but no degree.



Half of participants were employed, and half were not.



Education, law and social, community and government services, followed by health were the most common occupational categories represented.



Participants were generally **lower to middle income**, with half having a household income under \$50,000 per year.



98% of participants **did not identify as having a disability.**



92% of participants **have a steady place to live.**

APPENDIX E

COMMUNITY MEMBER SURVEY



COMMUNITY MEMBER SURVEY

On the following pages are the questions and demographics from the community member survey that was distributed to the Kings County community to get their perspectives and experiences on the health assets and needs of the community they call home. The survey was made available in both English and Spanish. **986 responses** were received (629 English responses and 357 Spanish responses).

APPENDIX E

COMMUNITY MEMBER SURVEY

Welcome!

Kings County Department of Public Health is conducting a Community Health Assessment (CHA) to identify and evaluate the health needs of the community. We are asking community members (those who live and/or work in Kings County) to complete this short, **10-minute survey** to help prioritize community health issues and identify the areas of greatest need in Kings County.

Be assured that this process is completely anonymous - we cannot access your name and your responses will be kept confidential. Your participation in this survey is entirely voluntary and you are free to leave questions unanswered. Thank you for helping us to better serve our community!

1. Where do you live or reside in Kings County? (choose one)

- 93201 (Alpaugh)
- 93202 (Armona)
- 93204 (Avenal)
- 93212 (Corcoran)
- 93282 (Corcoran)
- 93230 (Hanford)
- 93232 (Hanford)
- 93239 (Kettleman City)
- 93631 (Kingsburg)
- 93242 (Laton)
- 93245 (Lemoore)
- 93246 (Lemoore Station)
- 93249 (Lost Hills)
- 93656 (Riverdale)
- 93266 (Stratford)
- None of the above, I live primarily at the following ZIP code:

2. Where do you work? (choose one)

- 93201 (Alpaugh)
- 93202 (Armona)
- 93204 (Avenal)
- 93212 (Corcoran)
- 93282 (Corcoran)
- 93230 (Hanford)
- 93232 (Hanford)
- 93239 (Kettleman City)
- 93631 (Kingsburg)
- 93242 (Laton)
- 93245 (Lemoore)
- 93246 (Lemoore Station)
- 93249 (Lost Hills)
- 93656 (Riverdale)
- 93266 (Stratford)
- None of the above, I work primarily at the following ZIP code:
- I am not currently employed

3. Which of the following best describes your age?

- Under 18
- 18-24
- 25-34
- 35-44
- 45-54
- 55-64
- 65+
- Prefer not to answer

4. What is your gender identity?

- Male
- Female
- Transman
- Transwoman
- Transmasculine
- Transfeminine
- Two Spirit
- Non-binary
- Prefer not to answer
- Other (please specify)

5. What is your sexual orientation?

- Heterosexual or straight
- Bisexual
- Gay
- Lesbian
- Asexual
- Prefer not to answer
- Other (please specify)

6. What is your race and/or ethnicity? (Select all that apply)

- Asian
- Black or African American
- Hispanic/Latino/a
- White/Caucasian
- Multiracial/More than one race
- Native American/Alaska Native
- Native Hawaiian/Pacific Islander
- Other (please specify)

7. Which is your primary language spoken at home?

- Arabic
- English
- Hmong
- Japanese
- Portuguese
- Punjabi
- Spanish
- Tagalog
- Other (please specify)

8. How many children, ages 0-18, live in your household?

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12
- 13
- 14
- 15
- Other (please specify)

9. What is the highest level of education you have completed?

- Less than a High School diploma
- High School degree or equivalent
- Some college but no degree
- Trade School or Vocational Certificate
- Associate's degree (e.g. AA, AS)
- Bachelor's degree (e.g. BA, BS)
- Graduate degree (e.g. MA, MS, PhD, EdD, MD)



APPENDIX E

COMMUNITY MEMBER SURVEY

10. Are you currently employed?

- Yes, part-time (less than 30 hours per week)
- Yes, full-time (30 hours per week or more)
- Not employed - but looking for work
- Not employed - not actively looking for work
- Student – employed
- Student – unemployed
- Retired

11. If you are currently employed, which of the following best describes your occupational category?

- Art, culture, recreation, tourism, and sport
- Business, finance, and administration
- Education, law and social, community, and government services
- Health
- Management
- Manufacturing and utilities
- Military
- Natural and applied sciences and related occupations
- Natural resources and agriculture (farmwork)
- Natural resources, agriculture management and operations
- Sales and service
- Trades, transport and equipment operators and related occupations
- Other (please specify)

12. What is your annual household income?

- Less than \$20,000
- \$20,000-\$34,999
- \$35,000-\$49,999
- \$50,000-\$74,999
- \$75,000-\$99,999
- Over \$100,000

13. Do you identify as having a disability?

- Yes
- No
- Prefer not to answer

14. What is your current living situation?

- I have a steady place to live
- I have a place to live today, but I am worried about losing it in the future
- I do not have a steady place to live (I am temporarily staying with others)
- I am staying in a shelter
- I am living outside
- I am living in a car
- I am living elsewhere

15. Do you identify as a Veteran?

- Yes
- No
- Prefer not to answer

16. How often have you felt in physical danger within the last year?

- Always
- Usually
- Sometimes
- Rarely
- Never

17. While it can be hard to choose, do your best to select what you feel are the TOP 5 CONCERNS OF OUR COMMUNITY? (please check your top 5)

- Access to healthcare (e.g., doctors, hospitals, specialists, medical appointments, etc.)
- Access to childcare
- Adverse childhood experiences (e.g., child abuse, mental health, family issues, trauma)
- Chronic diseases (e.g., heart disease, diabetes, cancer, asthma)
- Crime and violence
- Education (e.g., early childhood education, elementary school, post-secondary education)
- Employment
- Environmental conditions (e.g., air and water quality)
- Food insecurity (e.g., not being able to access and/or afford healthy food)
- HIV/AIDS and sexually transmitted infections (STIs)
- Housing and homelessness
- Income/poverty
- Internet/wifi access
- Maternal, infant and child health (e.g., pre-term births, infant mortality, maternal mortality)
- Mental health and access to mental healthcare
- Nutrition and physical health/exercise
- Preventive care and practices (e.g., mammograms, vaccinations)
- Substance/drug use
- Tobacco and nicotine use/smoking
- Transportation (e.g., public transit, cars, cycling, walking)

18. Indicate the level of IMPORTANCE that Kings County health partners should place on addressing these needs IN OUR COMMUNITY - from not important to very important.

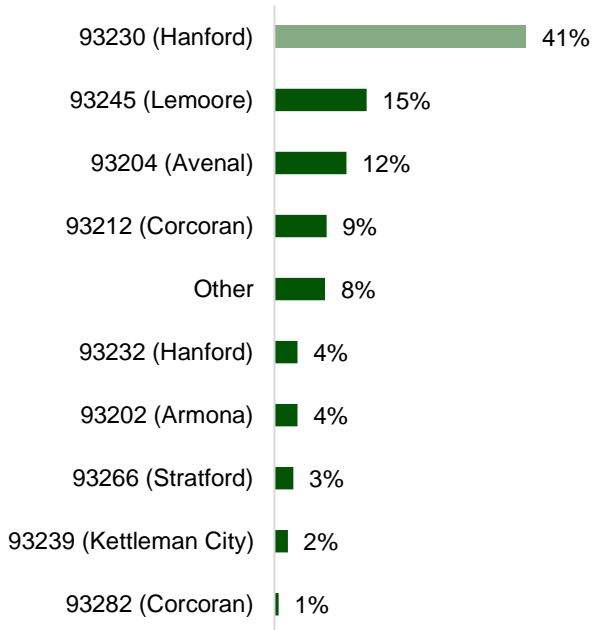
- Access to childcare
- Access to healthy foods
- Air and water quality
- Access to primary healthcare (regular health check-ups, family doctor, etc.)
- Access to dental/oral care
- Access to vision healthcare
- Access to mental healthcare
- Asthma and COPD
- Cancer
- Child abuse
- Crime and violence
- Diabetes
- Disabilities
- Early education/preschool
- Employment
- Food insecurity (not having enough food to eat)
- HIV/AIDS and STIs
- Heart disease and stroke
- Maternal and child/infant health
- Mental health
- Nutrition and physical activity
- Preventive practices (mammograms, vaccines/immunizations, health screenings, etc.)
- Substance use
- Tobacco and nicotine use
- Tuberculosis
- Wifi/internet access

19. Do you have any other feedback or comments to share with us?

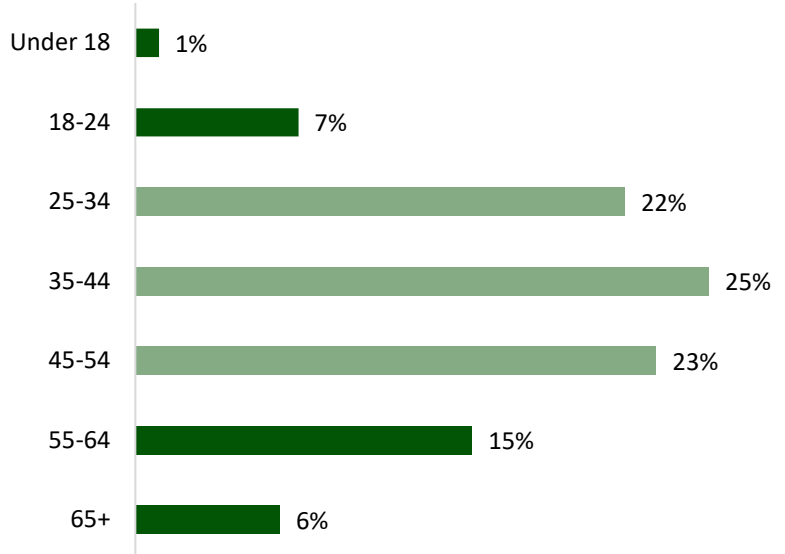
APPENDIX E

COMMUNITY MEMBER SURVEY DEMOGRAPHICS

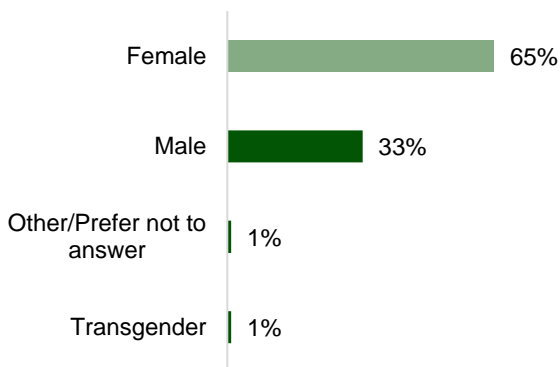
The majority of respondents live in **Hanford** (93230), consistent with the population of the county¹¹



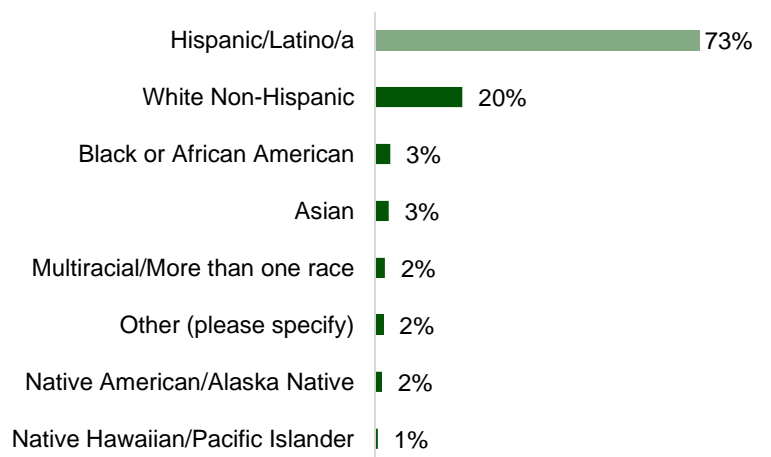
There was a greater proportion of survey responses from middle-aged rather than younger or older adults, particularly from the 35-44 year-old age group¹¹



The majority of respondents were female¹¹



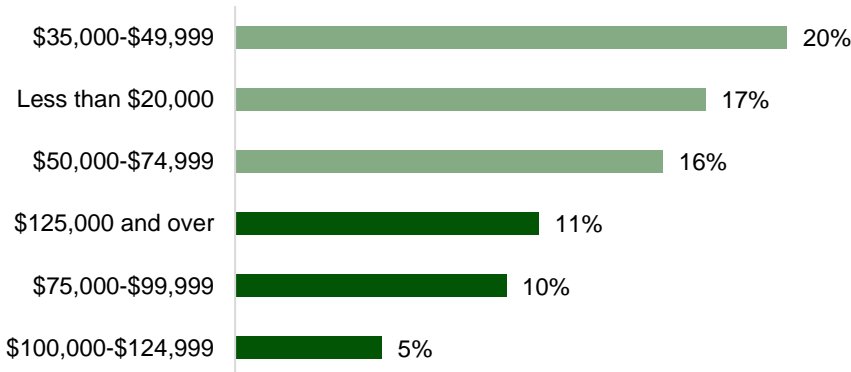
The majority of respondents were Hispanic/Latino/a, consistent with the composition of the county. There was underrepresentation from Black/African-American residents¹¹



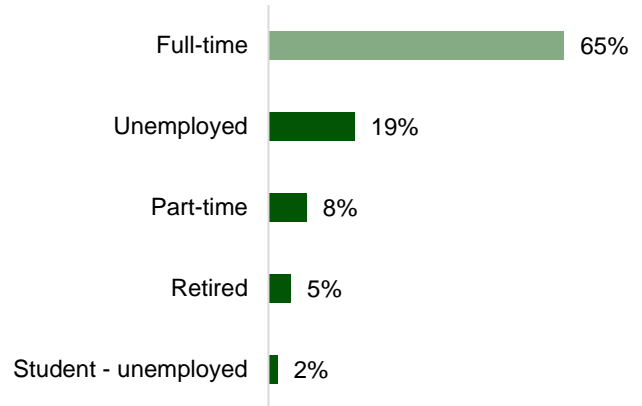
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COMMUNITY MEMBER SURVEY DEMOGRAPHICS

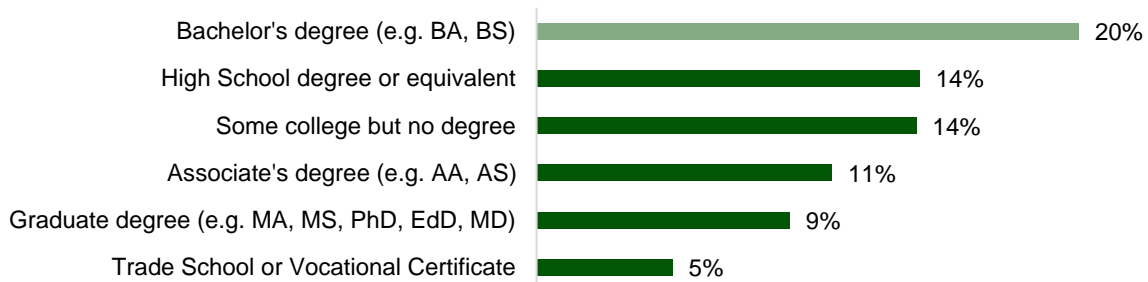
Respondents were generally **lower to middle income**, with over one-third having a household income of under \$50,000¹¹



The majority of respondents are **employed full-time**¹¹



The majority of respondents have at least a **high school degree or equivalent**, with one-fifth having a Bachelor's degree¹¹



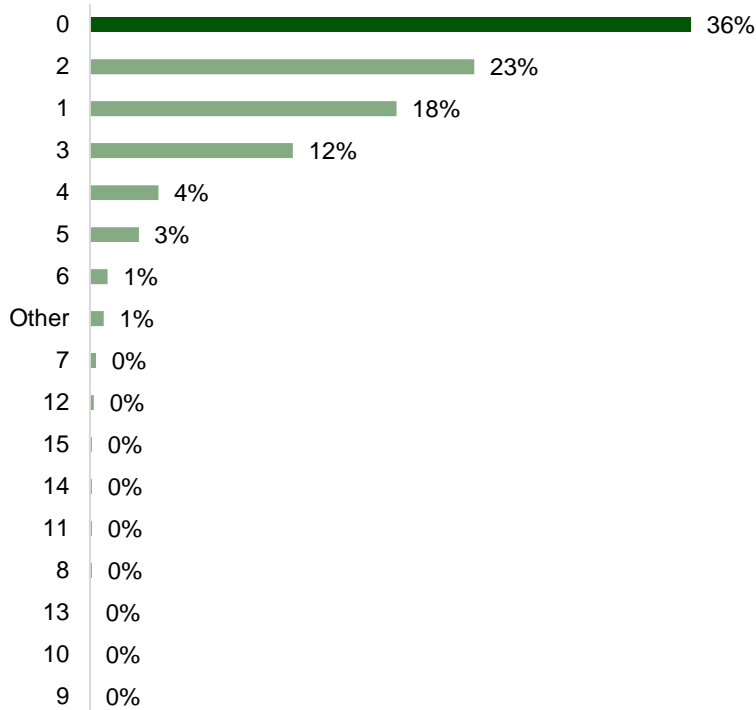
While a variety of occupational categories were represented, "Education, law and social, community and government services", "Natural resources and agriculture (farmwork)", and "Health" were most common¹¹



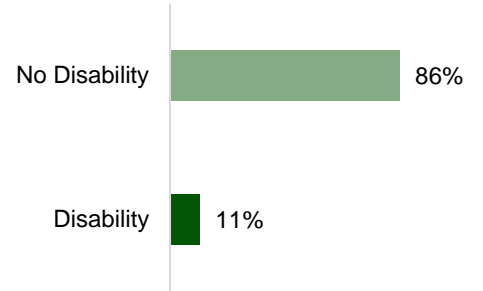
APPENDIX E

COMMUNITY MEMBER SURVEY DEMOGRAPHICS

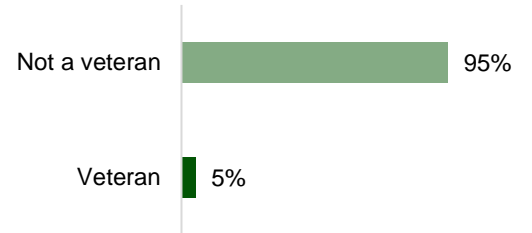
Most survey respondents had at least one child, while 36% had no children living in their household¹¹



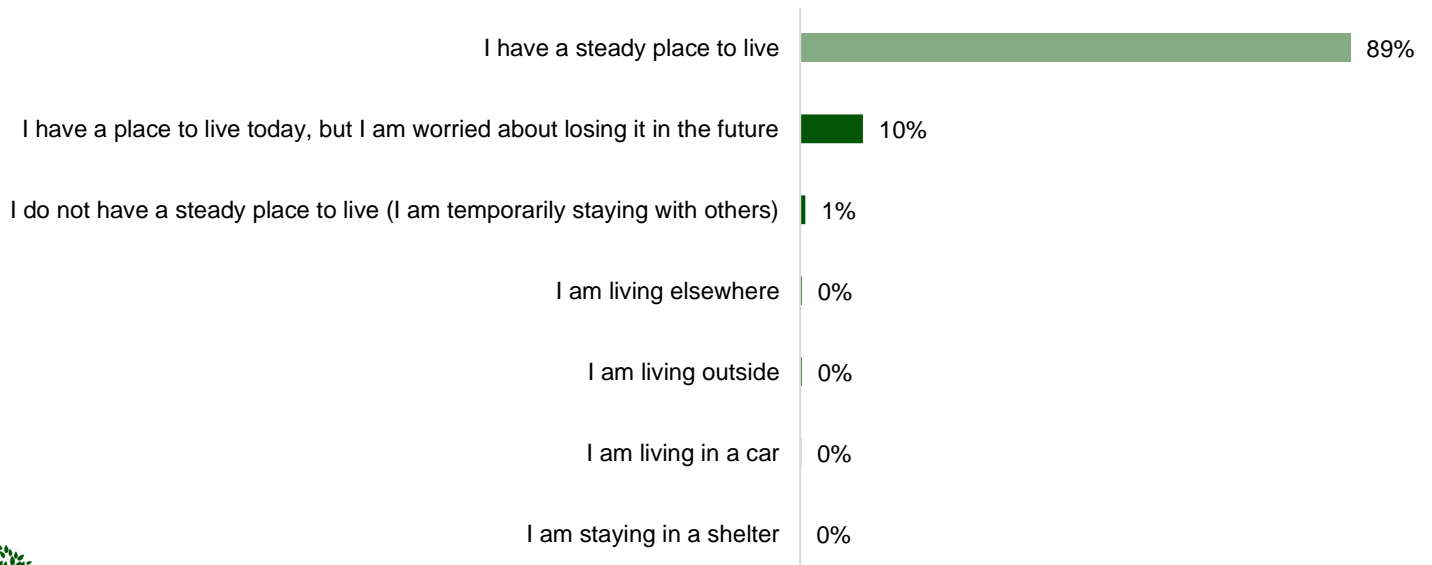
The majority of survey respondents do not identify as having a **disability**¹¹



5% of survey respondents were **veterans**, similar to the overall proportion of the county's population¹¹



The majority of survey respondents have a **steady place to live**¹¹



APPENDIX F
**PUBLIC HEALTH ACCREDITATION
BOARD (PHAB) CHECKLIST:
COMMUNITY HEALTH
ASSESSMENT**



**MEETING THE PHAB REQUIREMENTS
FOR COMMUNITY HEALTH ASSESSMENT**

The Public Health Accreditation Board (PHAB) Standards & Measures serves as the official guidance for PHAB national public health department accreditation, and includes requirements for the completion of Community Health Assessments (CHAs) for local health departments. The following page demonstrates how this CHA meets the PHAB requirements.

APPENDIX F: PHAB CHA REQUIREMENTS CHECKLIST

PUBLIC HEALTH ACCREDITATION BOARD REQUIREMENTS FOR COMMUNITY HEALTH ASSESSMENTS			
YES	PAGE #	PHAB REQUIREMENTS CHECKLIST	NOTES/ RECOMMENDATIONS
✓	4	<p>a. A list of participating partners involved in the CHNA process. Participation must include:</p> <ul style="list-style-type: none"> i. At least 2 organizations representing sectors other than governmental public health. ii. At least 2 community members or organizations that represent populations who are disproportionately affected by conditions that contribute to poorer health outcomes. 	<p>Integrated throughout the report</p> <p>Community member survey included a question that asked respondents to select their top 5 community health needs and rate the importance of addressing each health need.</p>
✓	5-24	b. The process for how partners collaborated in developing the CHNA (or CHA).	
✓	25-68	<p>c. Comprehensive, broad-based data. Data must include:</p> <ul style="list-style-type: none"> i. Primary data. ii. Secondary data from two or more different sources. 	<p>Primary and secondary data is integrated together throughout the report</p>
✓	13	<p>d. A description of the demographics of the population served by the health department, which must, at minimum, include:</p> <ul style="list-style-type: none"> i. The percent of the population by race and ethnicity. ii. Languages spoken within the jurisdiction. iii. Other demographic characteristics, as appropriate for the jurisdiction. 	
✓	25-68	<p>e. A description of health challenges experienced by the population served by the health department, based on data listed in required element (c) above, which must include an examination of disparities between subpopulations or sub-geographic areas in terms of each of the following:</p> <ul style="list-style-type: none"> i. Health status ii. Health behaviors. 	<p>Integrated throughout the report. Health disparities and potential priority populations are listed clearly for EACH health need.</p>
✓	25-68	f. A description of inequities in the factors that contribute to health challenges (required element e), which must, include social determinants of health or built environment.	<p>Integrated throughout the report. Health disparities and potential priority populations are listed clearly for EACH health need.</p>
✓	67-68	<p>g. Community assets or resources beyond healthcare and the health department that can be mobilized to address health challenges.</p> <p>The CHNA (or CHA) must address the jurisdiction as described in the description of Standard 1.1.</p>	

APPENDIX G: **REFERENCES**

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