MADERA COUNTY
COMMUNITY HEALTH ASSESSMENT

MAY 2023
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Acknowledgments

This community health assessment was guided by the Live Well Madera County coalition. Many thanks to Live Well Madera County members for their contributions of time, energy, and expertise in the development of this assessment.

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Central Valley Health Policy Institute
Centro Binacional para el Desarollo Indígena Oaxaqueño (CBDIO)
Community Action Partnership of Madera County
Hospital Council - Northern & Central California
Madera Coalition for Community Justice
United Way of Fresno and Madera Counties
On behalf of the Madera County Department of Public Health and Live Well Madera County (LWMC) coalition, it is my honor to present this comprehensive community health assessment (CHA) as the next step in our commitment to monitor and work towards the health improvement of all Madera County community members.

The CHA is organized to help community members and organizations quickly access important data that can be used for education, advocacy, and funding proposals. Throughout this report, key data points are highlighted for easy reference. Equity highlights direct our attention to experiences and conditions in Madera County that affect some populations more than others.

Following the publication of this report, the CHA data will be presented at various community meetings throughout the county to hear the thoughts and concerns of community members.

LWMC and community members will then use this assessment as well as community feedback gathered through the community meetings to prioritize issues in Madera County and develop a community health improvement plan (CHIP). The goals and objectives of the CHIP will prioritize primary prevention interventions (activities that prevent disease before it starts) through policy, systems, and environmental changes (long-lasting changes that benefit the health of all Madera community members).

The work of health improvement takes long-term commitment and is never fully complete. We aim to impact the health of Madera County with measurable improvements over time. For that reason, this process of assessment (CHA), planning (CHIP), and CHIP implementation will happen every three years moving forward.

Working together we can make Madera County a healthier place for individuals and families to live, learn, work, play, gather, worship, serve, and thrive.

Cheers,

Sara Bosse
Public Health Director
Introduction

A community health assessment identifies key health needs and issues within a community. The purpose of a community health assessment is to provide important data to the public, stakeholders, and policy makers that can be used to develop programs, set policies, and assign resources.

This assessment was written by Madera County Department of Public staff and guided by Live Well Madera County (LWMC), a multi-sectoral collaborative made up of representatives from approximately 30 community and government agencies committed to LWMC’s mission to, “assess, collaborate and transform.” This is the second community health assessment developed by Live Well Madera County. The first was published in 2017.

The 2023 LWMC Community Health Assessment highlights equity and community voice through “equity spotlights” that call out disparities among communities and/or groups within Madera County related to health outcomes and various risk factors.

The assessment is divided into three main sections followed by resources and appendices.
- Social Determinants of Health
- Health Behaviors
- Health Status & Outcome

Social Determinants of Health

Social determinants of health are the conditions in which people live, learn, work, and play that affect a range of health outcomes. This chapter is made up of five key areas: economic stability, education access and quality, health care access and quality, neighborhood and built environment, and social and community context. Social determinants of health are important because they have a large influence on health behaviors and health outcomes.

Highlights
- *Education access and quality:* educational attainment is lower in Madera County compared to California.
- *Economic stability:* Madera County has low employment rates and a higher poverty percentage compared to California, with poverty being the highest in those below the age of 18.
- *Neighborhood and built environment:* Madera County has higher death rates for motor vehicle crashes, fire-related deaths, and homicide compared to California.
- *Social and community context:* Juvenile arrest rates are higher in Madera County compared to California and the number of people incarcerated between 15 to 64 years old is higher in Madera County than California and the United States.
- *Health care access and quality:* Madera County faces a healthcare provider shortage for primary care, dental care, and mental health, therefore, making access to care a top health issue in Madera County.
Health Behaviors

Our health is influenced by factors out of our control and things we can influence. For example, age, race, and family history cannot be changed. Other factors, known as health behaviors, can change.

Highlights

• The top behavioral risks for Madera County include physical inactivity, driving while intoxicated, and teenage pregnancy.

• The top protective factors for Madera County include cancer screening for cervical cancer and having more availability of condoms in stores and on the shelves compared to California.

Health Outcomes

Health status of an individual refers to the level of health for that individual. Health outcomes refers to the change in health status due to chronic disease, infectious disease, or other factors. This chapter is separated into four sections:

• Chronic Disease
• Oral Health
• Mental Health
• Infectious Disease

Highlights

• The top chronic cardiovascular conditions in Madera County include ischemic heart disease, hypertensive heart disease, and stroke.

• Madera County has a lower cancer incidence than California and the United States, however, the death rate for cancer is higher than California but lower than the United States.

• Madera County has a higher percentage of asthma prevalence than California.

• Madera County has a lower obesity percentage but a larger burden of diabetes than California.

• A higher percentage of Madera County children, teens, and adults have never been to a dentist compared to other California counties.

• Anxiety disorders and depression are the top mental health disorders in Madera County for age groups 0-20 years and 21+ years.

• Excluding COVID-19, sexually transmitted diseases account for most infectious diseases reported in Madera County. Chlamydia, gonorrhea, and syphilis disproportionately impact females in the reproductive age group.

Next Steps

LWMC completes a community health assessment (CHA) every 3-5 years. The 2023 CHA is the foundational step in a process to improve the health of the community. The data collected within this assessment will be presented to the community and used to identify the top priorities. LWMC will use this feedback to develop a multi-year action plan with measurable goals and objectives called the Community Health Improvement Plan (CHIP). The Live Well Madera CHIP is expected to be published in late summer of 2023.
Method/Approach

The Community Health Assessment (CHA) for Madera County is a report that shares information about the health of the county. This information is then used to develop strategies to improve the health of the community through a Community Health Improvement Plan (CHIP). The process of developing the CHA begins by gathering primary and secondary data.

Primary quantitative and qualitative data was collected using three methods: surveys, focus groups, and key informant interviews (KII).

Madera County Department of Public Health (MCDPH) and LWMC partnered with the following community-based organizations: United Way of Fresno and Madera Counties (UWFM), Madera Coalition for Community Justice, Community Action Partnership of Madera County, and The Centro Binacional para el Desarrollo Indígena Oaxaqueño to conduct interviews and focus groups. The organizations also assisted in collecting surveys through in-person neighborhood canvassing, community events, or electronically. Responses were solicited from all Madera County zip codes; however, efforts were focused on medically underserved, low-income, and historically marginalized communities. Priority zip codes were areas where at least 40% of the population in the community is Black or Hispanic, and the average family income is at or below 200% of the federal poverty guideline.

The community-wide survey consisted of 67 questions that covered topics such as demographics, racial and social equity, parenting/caretaking, health care, lifestyle, and COVID-19. It also included a section for respondents to share opinions.

The different focus groups included were Teens/Young Adults, Moms/Pregnant Women, Chowchilla Residents, Mountain Area Residents, Seniors/Disabled, African American/Black, Latino-monolingual, Latino-bilingual, Latino-Indigenous, Homeless, and the LGBTQ+ community. There were 21 key informant interviews conducted with those in the healthcare, government, education, probation, behavioral health, business, community-based, public health, and tribal sector.

Focus groups and key informant interviews were conducted and recorded either in-person or on Zoom. Focus group participants also completed demographic surveys, offered online or on paper. Key informants were selected based on their knowledge and ability to share their insights on community health issues.

UWFM used incentives to get responses from community members such as $5 Starbucks and Subway gift cards, goodie bags, hats, shirts, masks and other personal protective equipment giveaways and entry into a $100 cash card giveaway for those that chose to leave contact information to participate in the community-wide survey. Additionally, a $15 Grocery Outlet, a $10 Starbucks or Walmart gift card, lunch, dinner, and a $30 gift cards were used as incentives to help fill small groups for the focus group.

Within a span of eight weeks of data collection, there was a total of 1,699 completed surveys, 11 focus groups with 113 participants and 21 key informant interviews conducted by Madera County Department of Public Health and their partners. Central Valley Health Policy Institute cleaned and analyzed the community-wide survey data.
Secondary Data

After preliminary analysis was conducted with quantitative and qualitative primary data sources, secondary qualitative sources were used to build upon existing primary data. Madera County’s CHA utilized secondary data from national, state, and local sources. These sources were used to gather data for a broad range of health indicators.

Key sources include:
• Centers for Disease Control and Prevention (CDC)
• U.S. Census Bureau
• Healthy Place Index (HPI)
• California Department of Public Health (CDPH)
• California Health Interview Survey (CHIS)
• Kids Data
• County Health Rankings & Roadmaps

Data Limitation and Information Gap

Community members who completed the surveys and focus groups were not randomly selected. The information in this report represents the views and experiences of people the data collection team was able to reach and those who chose to be involved.

Some indicators which needed to be examined further were not addressed in this health assessment due to data limitations and information gaps. Due to the population size of Madera County, some demographic-specific data results were too small of a sample size to be statistically significant or stable. These are identified throughout the report and should be interpreted with caution.
Madera County Overview

The County of Madera is 2,147 square miles and includes the exact geographical center of the state of California. Madera County has two cities, Chowchilla and Madera, as well as the unincorporated communities of Ahwahnee, Bass Lake, Berenda, Coarsegold, Fairmead, Madera Ranchos, Tesoro Viejo, Riverstone, North Fork, Oakhurst, O’Neals, Raymond Yosemite Lakes Park, and Rolling Hills. In Madera County, there are five County District Supervisors and one County Administrator. Major industries in the county include government, agriculture, and manufacturing.

Madera County’s population of 156,255 is made up of 59.6% Hispanic/Latino, 31.0% White, 2.8% multi-race, 2.6% Black or African American, 2.3% Asian, 1.1% American Indian and Alaskan Native, 0.5% some other race, and 0.1% Native Hawaiian and other Pacific Islander. English and Spanish are the predominant languages spoken in the county. The average household size is 3.3 but the average family size is slightly larger at 3.7.
Hispanic/Latinos make up nearly 60% of Madera County residents, followed by White alone (31%).

### Top 10 Causes of Death in Madera County (2021)

<table>
<thead>
<tr>
<th>Cause</th>
<th>Age-adjusted rate (per 100,000)</th>
</tr>
</thead>
<tbody>
<tr>
<td>COVID-19</td>
<td>151.5</td>
</tr>
<tr>
<td>Ischemic Heart Disease</td>
<td>83.0</td>
</tr>
<tr>
<td>Alzheimer’s Disease</td>
<td>50.5</td>
</tr>
<tr>
<td>Hypertensive Heart Disease</td>
<td>44.7</td>
</tr>
<tr>
<td>Stroke</td>
<td>36.3</td>
</tr>
<tr>
<td>Chronic Obstructive Pulmonary Disease</td>
<td>31.2</td>
</tr>
<tr>
<td>Kidney Disease</td>
<td>26.5</td>
</tr>
<tr>
<td>Drug Overdose (poisoning/substance use disorder)</td>
<td>25.6</td>
</tr>
<tr>
<td>Lung Cancer</td>
<td>21.4</td>
</tr>
<tr>
<td>Other Malignant Neoplasms</td>
<td>20.1</td>
</tr>
</tbody>
</table>

Source: California Department of Public Health.
California Integrated Vital Records System

* Median Age in Madera County: 35.1
* Top 10 Causes of Death in Madera County (2021)
* Is the average household size in Madera County
* Of the population was born outside of the United States

* Source: United States Census Bureau 2020
https://www.census.gov/
Social determinants of health are the conditions in which people live, learn, work, and play that affect a range of health outcomes.¹ The social determinants of health are made up of five key areas:

• Education Access and Quality
• Economic Stability
• Neighborhood and Built Environment
• Social and Community Context
• Health Care Access and Quality
Healthy People 2030 is a nationwide initiative that sets goals and objectives to improve the health and well-being of people in the United States. Healthy People 2030 has five main social determinant goals and many complementary objectives:

1. Education Access and Quality: Increase educational opportunities and help children and adolescents do well in school.
2. Economic Stability: Help people earn steady incomes that allow them to meet their health needs.
3. Neighborhood and Built Environment: Create neighborhoods and environments that promote health and safety.
4. Social and Community Context: Increase social and community support.
5. Health Care Access and Quality: Increase access to comprehensive, high-quality healthcare services.

Addressing a community’s social determinants of health is an approach to reach health equity. “Health equity is the state in which everyone has a fair and just opportunity to attain their highest level of health.”² The social determinants of health are all interconnected and underpin the health of an individual and a community.

### Education Access and Quality

Education access and quality is a social determinant of health because people with higher educational attainment are more likely to live longer, healthier lives. Those who have higher levels of educational attainment are more likely to have secure, high-paying jobs that provide health insurance, paid leave and retirement. Securing a high-paying job also allows individuals to live in healthier living conditions. Social and psychological benefits accompany higher education due to the reduced risk of stress from economic hardship. Educated adults also tend to have larger social networks that allow them to have access to financial, psychological, and

emotional resources.¹ Having a higher educational level allows individuals to understand their health needs and communicate effectively with their physicians. Higher levels of education are also linked to lower risk of death in life and health problems such as heart disease, diabetes, and depression.

**Public Health Significance**

Healthy People 2030 has identified specific objectives as areas of improvement in education access and quality. Healthy People 2030 wants to increase the proportion of high school students who graduate in 4 years. The current percentage, nationwide, is 85.8%, but the target is 90.7%.² Another objective includes increasing the proportion of high school graduates in college after graduating. In 2018, the percentage of high school graduates nationwide, who went to college immediately after completing high school was 69.1%, the target for Healthy People 2030 is 73.7%.² Reducing chronic school absence among early adolescents is another objective. In 2017, 20.3% of 8th grade students missed 3 or more school days in the last month of 2017.² The target for Healthy People 2030 is to decrease the current percentage to 16.4%. Reducing the proportion of children and adolescents who are suspended or expelled is in the developmental status for Healthy People 2030 due to no available baseline data. However, once baseline data is available, this objective may be considered a core Healthy People 2030 objective.

In Madera County

In Madera County, the educational attainment for those 25 and older is lower than the state average. Madera County does not meet two target objectives for Healthy People 2030 objectives: high school graduation rates and rates of going to college after high school. Madera County school districts have higher rates of both suspension and expulsion. Increased rates of suspension and expulsion negatively affect student performance, attendance, and behavior. These negative effects can reduce the likelihood to advancing to the next grade level or even graduating. Therefore, higher levels of educational attainment are less likely to be achieved. Through Madera County Department of Public Health’s community-wide survey it was found that those with lower levels of education had a more difficult time paying for basic needs than those with higher levels of education.
Education Access and Quality

Four Year Graduation Rate in Madera County (2020-2021)

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Graduation Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not Reported</td>
<td>94.7%</td>
</tr>
<tr>
<td>Two or More Races</td>
<td>84.6%</td>
</tr>
<tr>
<td>White</td>
<td>83.8%</td>
</tr>
<tr>
<td>Pacific Islander</td>
<td>81.6%</td>
</tr>
<tr>
<td>Hispanic or Latino</td>
<td>84.0%</td>
</tr>
<tr>
<td>Filipino</td>
<td>80.5%</td>
</tr>
<tr>
<td>American Indian or Alaska Native</td>
<td>64.0%</td>
</tr>
<tr>
<td>African American</td>
<td>80.0%</td>
</tr>
</tbody>
</table>

Source: California Department of Education
https://dq.cde.ca.gov/dataquest/

KEY FINDINGS
Students who are American Indian or Alaska Native have the lowest graduation rate compared to other race/ethnicities.

Madera County

Four-year Graduation Rate for High School Students (2020-2021)
83.6%

College Going Rate for High School Students (2019-2020)
54.2%

K-12 Chronic Absent Rate (2020-2021)
13.4%

California

Four-year Graduation Rate for High School Students (2020-2021)
83.6%

College Going Rate for High School Students (2019-2020)
62.7%

K-12 Chronic Absent Rate (2020-2021)
14.3%

Source: California Department of Education
https://dq.cde.ca.gov/dataquest/
Educational Attainment for Persons 25+ in Madera County (2020)

Key Findings

A quarter of the 25+ population have had some college experience but have not received a degree. About 28% of persons 25+ have less than a high school or equivalent degree.

Within the past 12 months, have you or anyone in your household had trouble paying for the following?

Madera County residents answered, by education level (2021):

Source: Madera County Department of Public Health community-wide survey 2021

* Sum of percentages does not add up to 100 due to multiple response in the check all that apply format.

Key Findings

Those with less education, in Madera County, struggle with paying for childcare, transportation, food, housing, medication, and utilities.
The school-to-prison pipeline refers to disciplinary policies that lead to suspension and expulsions that often push students out of school and into the criminal justice system. Research shows that students suspended or expelled for a discretionary violation are nearly 3x more likely to be in contact with the juvenile justice system the following year. More information can be found in the Madera Unified School District Equity Over Equality Report.

EQUITY SPOTLIGHT

African American students in Madera County were suspended at a 3x higher rate than white students.

American Indian/Alaska Native students in Madera County were suspended at a 2x higher rate than white students.

Source: Madera County Department of Public Health Community-Wide Survey 2021
Economic Stability

Economic stability is a critical social determinant of health. Economic stability is essential to health and well-being to pay for food, housing, health care and educational needs. Individuals who have stable employment are more likely to be healthy because they are more likely to be able to meet their basic needs. But in some cases, those that do have steady employment may also not earn enough to be economically stable. Factors that may limit an individual’s ability to have economic stability include disability, injury or illness.

Public Health Significance

High unemployment rates not only affect the economy but can lead to adverse health outcomes such as high blood pressure, stroke, heart attack, heart disease, arthritis, depression, and anxiety.¹ A high rate of unemployment may also lead to higher rates of poverty. In 2021, the annual unemployment rate for the United States was 7.3%.² The official national poverty rate in 2020 was 11.4%.³ In California, the overall poverty rate in 2020 was 11.8%.⁴ In the United States, 1 in 6 children (under the age of 18) live in poverty, which makes children the poorest age group in the country.⁵ The goal of Healthy People 2030 is to reduce the proportion of people living in poverty to 8%. Another objective of Healthy People 2030 is to increase the proportion of children living with at least one parent who works full time. In 2017, there were 77.9% of children aged 17 years and under living with at least one parent employed.

year-round, full time. The target goal for Healthy People 2030 is to increase the percentage to 85.1%. Another objective of Healthy People 2030 is to reduce household food insecurity and hunger to 6.0%. In 2020, 10.5% of households were food insecure.

## In Madera County

While the employment rates in Madera County have risen steadily since 2014, unemployment rates are still high compared to California. In 2021, Madera County had an annual unemployment rate of 8.8%, higher than both California and the United States (5.3% and 7.3% respectively). The median household income in Madera County is only 78.7% of the median income of California. Lower income levels are associated with higher exposure to health risks. The percentage of poverty in Madera County is higher than California, with the majority of those in poverty under the age of 18. Children in poverty are more likely to experience health, academic, social, and behavioral difficulties. Madera County also has a food insecurity percentage higher than the Healthy People 2030 target.

### Unemployment Rate (16 years and older in Civilian Labor Force)

Source: US Census Bureau, 2016-2020 American Community Survey 5 Year Estimates https://www.census.gov/

7. Public Health Alliance of Southern California. https://map.healthyplacesindex.org
Madera County Housing Metrics (2016-2020)

65.8%  
Owner-occupied Housing Unit rate

$1,578  
Median Selected Monthly Owner Cost-with a mortgage

$61,924  
Median Household Income in Madera County

$1,068  
Median Gross Rent

$268,500  
Median Value of Owner-Occupied Housing Unit

92.1%  
Household with a Computer

84.6%  
Household with a broadband subscription

3.32  
Average Household Size

21%  
of children live in a household headed by a single parent

**KEY FINDINGS**

3.32 is the average household size in Madera County according to the 2020 Census. The average household size reported from MCDPH’s community wide survey is 4.2.
California Housing Metrics (2016-2020)

- **55.3%**: Owner-occupied Housing Unit rate
- **$2,422**: Median Selected Monthly Owner Cost with a mortgage
- **$78,672**: Median Household Income in California
- **$1,586**: Median Gross Rent
- **$538,500**: Median Value of Owner-Occupied Housing Unit
- **94.3%**: Household with a Computer
- **84.6%**: Household with a broadband subscription
- **2.94**: Average Household Size
- **22%**: of children live in a household headed by a single parent

Sources:
1. U.S. Census Bureau, 2016-2020 American Community Survey 5-Year Estimates
   https://www.census.gov/
2. Source: County Health Rankings
   https://www.countyhealthrankings.org/
Income and Housing

Madera County

- 19.0% of residents live in poverty

- 26.8% of residents under 18 years old live in poverty

California

- 12.6% of residents live in poverty

- 15.0% of residents under 18 years old live in poverty

KEY FINDINGS

The percentage of those under 18 years old in poverty in Madera County (26.8%) is higher than California (15.0%).

1. Source: U.S. Census Bureau, 2016-2020 American Community Survey 5-Year Estimates
   https://www.census.gov/
2. Source: California Department of Public Health- County Health Status Profiles 2022
   https://www.cdph.ca.gov/
Homelessness

In 2021, the Madera County Department of Public Health conducted a Homeless Health Assessment: Access and Barriers to Care. More information can be found at MaderaCounty.com/2021homelessassessment

**KEY FINDINGS**

Until 2022, most of the homeless population in Madera County was unsheltered.

As of 2022, the homeless population has decreased significantly.

**Point in Time Total Homeless Count for Madera County**

Source: Fresno Madera Continuum of Care on Homelessness
https://fresnomaderahomeless.org/

**Homelessness by Race/Ethnicity in Madera County (2020)**

Source: Madera County Department of Public Health Homeless Health Assessment: Access and Barriers to Care
**KEY FINDINGS**

- The percent of households receiving SNAP in Madera County is double that of California.
- Madera County has a higher percentage of the population that is below the federal poverty level.

Source: California Department of Public Health: Nutrition Education and Obesity Prevention Branch
https://www.cdph.ca.gov/Programs/CCDPHP/DCDIC/NEOPB/Pages/SNAPEdCountyProfileDashboard.aspx

"Poverty relates to people having less access to health care, less access to good-paying jobs. Less access to housing options. Less access to transportation, childcare, so all the barriers to have a productive and healthy life to me relates to poverty."

- Madera Key Informant

**SNAP-Ed Eligibility (2019)**

<table>
<thead>
<tr>
<th></th>
<th>Madera County</th>
<th>California</th>
</tr>
</thead>
<tbody>
<tr>
<td>Households receiving SNAP</td>
<td>17.2%</td>
<td>8.9%</td>
</tr>
<tr>
<td>Population &lt;185% Federal Poverty Level</td>
<td>39.2%</td>
<td>28.4%</td>
</tr>
</tbody>
</table>

Source: Feeding America 2020
https://www.feedingamerica.org/
Indigenous-Mexican survey takers are more worried about not having stable housing than Madera County’s survey takers overall.
Neighborhood and Built Environment

The neighborhood and environment in which a person lives can affect the health of an individual or a community. Factors such as transportation, availability of healthy food, air and water quality, and crime and violence all contribute to the health and well-being of a person and community.

Public Health Significance

Healthy People 2030 has goals and objectives to improve the neighborhood and built environment. One objective is to reduce the proportion of people who do not smoke but are exposed to secondhand smoke. In the United States, secondhand smoke causes nearly 34,000 premature deaths from heart disease among nonsmokers.² The goal is to decrease the current percentage of those exposed to secondhand smoke to 17.3%.

In 2019, there were 11.1 motor vehicle traffic-related deaths per 100,000 population, the target goal is 10.1 per 100,000.¹ Motor vehicle related deaths result in about $55 billion in medical and work loss costs annually and is the leading cause of work-related deaths in the U.S.³,⁴

In 2019, there were 11.9 firearm-related deaths per 100,000 population, the target rate is 10.7 per 100,000.¹ In 2020, 79% of all homicides and 53% of all suicides involved firearms.⁵ Firearm

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deaths are a significant, growing public health problem in the United States. Reducing the rate of minors and young adults committing violent crimes is another objective. In 2018, there were 249 arrests per 100,000 adolescents and young adults aged 10 to 24 years for violent crimes, the target is 199.2 per 100,000. Those who are exposed to violence and crime are more likely to have asthma, hypertension, cancer, stroke, and mental health disorders.⁶

In Madera County

Healthy Place Index indicators were used to measure the transportation, neighborhood, and environment conditions in Madera County. The indicators used for transportation conditions were automobile access and active commuting. Overall, Madera County has healthier transportation conditions than 28.6% of other California counties.⁷ Transportation is important to get to school, work and other destinations and active transportation encourages physical activity and reduces contributions to air pollution. Indicators for healthy neighborhoods include park access, retail density, and tree canopy. Overall, Madera County has healthier neighborhood conditions than 12.5% of other California counties.⁷ Parks, retail density, and tree canopy indicators can inspire physical activity, reduce chronic diseases, improve mental health, and create community engagement.

Other indicators used to measure environment conditions were diesel PM, drinking water contaminants, ozone, and PM 2.5. PM stands for particulate matter (also called particle pollution) and PM2.5 are particles with diameters 2.5 micrometers and smaller. These particles are emitted directly from a source, such as construction sites, unpaved roads, fields, smokestacks or fires. Particles also form in the atmosphere as a result of complex reactions of chemicals from power plants, industries and automobiles. Overall, Madera County has healthier, cleaner environmental conditions than 12.5% of other California counties.⁷ These environmental conditions can cause a wide range of health issues for individuals and communities.

In Madera County, a high percentage of tobacco and alcohol products are sold near schools, appear in kid-friendly locations, and are advertised near candy/toys or below 3 feet, making tobacco and alcohol more market-friendly to children. Secondhand smoke from marijuana and vaping is also an issue for high school students in Madera County. However, Madera County Tobacco Control efforts have succeeded in passing a smoke-free policy in recreation areas inclusive of all parks, playgrounds, walking and biking paths, trails, green spaces, and outdoor dining areas. The City of Madera updated their definition of “smoking”, “tobacco”, “tobacco product”, and “tobacco paraphernalia” to prohibit the use of e-cigarettes/vapes wherever smoking is prohibited. Madera Unified School District and Madera County Department of Public Health have also partnered on an Anti-Vaping campaign in local schools.

Significantly high death rates of firearm and motor vehicle related deaths have been observed in Madera County along with high rates of violent crime. Individuals can face serious short- and long-term health effects from exposure to crime and violence.

Environment

- 5% of Madera County residents are low-income and do not live close to a grocery store (compared to 3% in CA)¹
- 95.6% of Madera County residents have access to an automobile (compared to 92.9% in CA)²
- 2.26% of Madera County workers (16+) commute to work by transit, walking, or cycling (compared to 9% in CA)²

- 43.4% live within a half-mile of a park, beach, or open space greater than 1 acre (compared to 76.7% in CA)²
- 9.68% of land with tree canopy in Madera County (compared to 7.63% in CA)²
- Children living in low-income communities with older housing in West Madera County have the highest lead exposure risk³

Quick Definitions

**PM**- particulate matter (also called particle pollution)

**PM2.5**- particles with diameters 2.5 micrometers and smaller. These particles are emitted directly from a source, such as construction sites, unpaved roads, fields, smokestacks or fires. Particles also form in the atmosphere as a result of complex reactions of chemicals from power plants, industries and automobiles.

**ppm**- Parts per Million. A measurement of concentration, indicates how many parts ozone are in every 1 million parts of total gas.

**Ozone**- a gas that forms in the atmosphere through complex reactions between chemicals directly emitted from vehicles, industrial plants, consumer products and many other sources. Ozone can damage the tissues of the respiratory tract, causing inflammation and irritation, and result in symptoms such as coughing, chest tightness and worsening of asthma symptoms. In addition, ozone cause damage to crops, forests and native plants.
Madera County has an index score of 637 drinking water contaminants (from 2011-2016) compared to 478 in California.

Madera County has an average of 0.127 kg/day of particulate pollution from diesel sources compared to 0.219 kg/day in California.

Madera County has an average ozone of 0.058 ppm from 2016-2018 compared to 0.049 ppm in California.

Sources:
Tobacco and Alcohol Marketing to Adolescents

15.1-20.0% of Madera County high school students experienced indoor marijuana secondhand smoke during the last two weeks (compared to 15.9% in CA)

20.1-30.0% of Madera County high school students experienced indoor secondhand vapor exposure during the last two weeks (compared to 24.9% in CA)

Source: California Student Tobacco Survey (2019-2020)
<table>
<thead>
<tr>
<th>Madera County</th>
<th>California</th>
</tr>
</thead>
<tbody>
<tr>
<td>90%</td>
<td>80.6%</td>
</tr>
<tr>
<td>stores selling flavored tobacco products are near schools in Madera County</td>
<td>stores selling flavored tobacco products are near schools in California</td>
</tr>
<tr>
<td>42.2%</td>
<td>35.3%</td>
</tr>
<tr>
<td>stores with tobacco marketing in kid-friendly locations in Madera County</td>
<td>stores with tobacco marketing in kid-friendly locations in California</td>
</tr>
<tr>
<td>41.6%</td>
<td>31.5%</td>
</tr>
<tr>
<td>stores in Madera County selling alcohol with alcohol ads near candy/toys or below 3 feet</td>
<td>stores in California selling alcohol with alcohol ads near candy/toys or below 3 feet</td>
</tr>
<tr>
<td>51.7%</td>
<td>54.7%</td>
</tr>
<tr>
<td>stores in Madera County selling vape products</td>
<td>stores in California selling vape products</td>
</tr>
</tbody>
</table>

Note:
This data is from before November 2022, when California voters upheld the state law, Senate Bill (SB) 793 (Chapter 34, Statutes of 2020), prohibiting tobacco retailers from selling most flavored tobacco products.

Source: Healthy Stores for a Healthy Community (2019)
https://healthystoreshealthycommunity.com
Madera County has a violent crime rate of 620 per 100,000 population, compared to California's rate of 421 per 100,000.

Source: County Health Rankings 2022
https://www.countyhealthrankings.org/

Madera County has a violent crime rate of 620 per 100,000 population, compared to California’s rate of 421 per 100,000.

Source: County Health Rankings 2022
https://www.countyhealthrankings.org/
**Deaths Due to Homicide (2018-2020)**

<table>
<thead>
<tr>
<th></th>
<th>2019 Population</th>
<th>2018-2020 Deaths (Total)</th>
<th>2018-2020 Deaths (Average)</th>
<th>Crude Death Rate</th>
<th>Age-Adjusted Death Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Madera County</td>
<td>157,686</td>
<td>41</td>
<td>13.7</td>
<td>8.7</td>
<td>9.0</td>
</tr>
<tr>
<td>California</td>
<td>39,761,195</td>
<td>6,067</td>
<td>2,022.3</td>
<td>5.1</td>
<td>5.2</td>
</tr>
</tbody>
</table>

Source: California Department of Public Health- County Health Status Profiles 2022
https://www.cdph.ca.gov/

**Offenses Known to Law Enforcement in Madera County (2019)**

<table>
<thead>
<tr>
<th>Violent Crime</th>
<th>Murder and nonnegligent Manslaughter</th>
<th>Rape</th>
<th>Robbery</th>
<th>Aggravated Assault</th>
<th>Property Crime</th>
<th>Burglary</th>
<th>Larceny-theft</th>
<th>Motor Vehicle Theft</th>
<th>Arson</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>457</td>
<td>1</td>
<td>34</td>
<td>14</td>
<td>408</td>
<td>1,017</td>
<td>375</td>
<td>621</td>
<td>21</td>
</tr>
</tbody>
</table>

*The data shown in this table do not reflect county totals but are the number of offenses reported by the sheriff’s office or county police department*

Source: Federal Bureau of Investigation- Uniform Crime Reporting

**Domestic Violence Calls for Assistance**

*KEY FINDINGS*
Madera County rates for domestic violence assistance have increased since 2015. Madera County had a higher rate of domestic violence calls than California in 2017 and 2020.

Source: Kids Data
https://www.kidsdata.org/
Social and Community Context

A sense of connectedness and community is an important aspect of health and well-being. Social and community settings include where people live, work, play, gather, and socialize. Positive relationships with family, friends, and the community can help reduce negative impacts from life experiences that are harder to control. Factors that influence social and community context can include Adverse Childhood Experiences (ACEs), racial discrimination, and inequality. Adverse childhood experiences, or ACEs, are potentially traumatic events that occur in childhood (0-17 years). For example, experiencing violence, abuse, or neglect, witnessing violence in the home or community, having a family member attempt or die by suicide, growing up in a household with substance use problems or mental health problems. The more ACEs that a child is exposed to, the more likely a child is at risk for health, behavioral, and learning problems. Disparities in civic participation and incarceration/institutionalization can also lead to disparities in health.

Public Health Significance

Healthy People 2030 has goals and objectives for social and community context including an objective to increase the proportion of the voting-age citizens who vote. Another objective is reducing the proportion of children with a parent or guardian who has served time in jail. From 2018-2019, 7.5% of children aged 17 years and under had experienced a parent or guardian serving time in jail.² The goal is to reduce this percentage to 5.2%.

In Madera County

The Healthy People Index used participation in the 2020 census and participation in the 2020 general election to measure the social conditions of Madera County. Participation in census and voting contributes to social cohesion and allows individuals to contribute their vote on health outcomes. Overall, Madera County has healthier social conditions than 32.1% of other California counties with these two measurements.³ Social vulnerability was used to measure the potential community harmful effects caused by outside factors such as natural or human-caused disaster or disease outbreaks. Social vulnerability is made up of four different themes: socioeconomic status, household composition/disability, race/ethnicity/language, and housing type/transportation. Madera County has a social vulnerability index of 0.9123, meaning that it is vulnerable to disasters.⁴ Social vulnerability is a community’s capacity to prepare for and respond to the stress of hazardous events ranging from natural disasters to human caused threats. Possible scores range from 0 (lowest vulnerability) to 1 (highest vulnerability). A score of 0.9123 indicates a high level of vulnerability. Social association was measured to assess social network. Those with larger social networks are more likely to make healthier lifestyle choices. Data from Madera County Department of Public Health community-wide survey and focus groups show that discrimination is an issue for those in certain race/ethnicity groups and those who identify as non-binary. Children in Madera County also have a higher percentage of ACEs which can lead to poor health. Other factors that influence social and community context are crime and incarceration. Madera County faces racial disparities in incarceration.

### Infants Health Indicators

<table>
<thead>
<tr>
<th></th>
<th>Madera County</th>
<th>California</th>
</tr>
</thead>
<tbody>
<tr>
<td>Birth Rate (2017-2021) [per 1,000]</td>
<td>16.47</td>
<td>14.01</td>
</tr>
<tr>
<td>Low Birthweight Infants (percent average)</td>
<td>6.3%</td>
<td>7.0%</td>
</tr>
<tr>
<td>Infant Mortality (death rate)</td>
<td>4.5</td>
<td>3.9</td>
</tr>
</tbody>
</table>

**Key Findings:** The infant mortality rate is higher in Madera County compared to California.

Source: California Department of Public Health - County Health Status Profiles 2022
https://www.cdph.ca.gov/

### Adverse Childhood Experiences

**Parent Reported (2016-2019)**

<table>
<thead>
<tr>
<th></th>
<th>Madera County</th>
<th>California</th>
</tr>
</thead>
<tbody>
<tr>
<td>Zero Adverse Childhood Experiences</td>
<td>50%</td>
<td>64%</td>
</tr>
<tr>
<td>1 Adverse Childhood Experience</td>
<td>31%</td>
<td>21%</td>
</tr>
<tr>
<td>2+ Adverse Childhood Experiences</td>
<td>19%</td>
<td>15%</td>
</tr>
</tbody>
</table>

**Key Findings:** Children in Madera County are exposed to more Adverse Childhood Experiences compared to California.

Source: Let’s Get Healthy California
https://letsgethealthy.ca.gov/goals/healthy-beginnings/adverse-childhood-experiences/
**KEY FINDINGS**

Child abuse and neglect rates are higher in Madera County compared to California.

**Reports of Child Abuse and Neglect**

<table>
<thead>
<tr>
<th>Year</th>
<th>Madera County</th>
<th>California</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017</td>
<td>91.8</td>
<td>54.2</td>
</tr>
<tr>
<td>2018</td>
<td>98.5</td>
<td>53.2</td>
</tr>
<tr>
<td>2019</td>
<td>95.8</td>
<td>52.6</td>
</tr>
<tr>
<td>2020</td>
<td>77.1</td>
<td>43.5</td>
</tr>
</tbody>
</table>

Source: Kids Data
https://www.kidsdata.org/

**Children With Entries to Foster Care**

**Child Population (0-17)**

<table>
<thead>
<tr>
<th>Year</th>
<th>Incidence Rate (per 1,000)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017</td>
<td>4.7</td>
</tr>
<tr>
<td>2018</td>
<td>5</td>
</tr>
<tr>
<td>2019</td>
<td>5</td>
</tr>
<tr>
<td>2020</td>
<td>4.2</td>
</tr>
<tr>
<td>2021</td>
<td>4.4</td>
</tr>
</tbody>
</table>

**KEY FINDINGS**

The rate of children to enter foster care decreased in 2020 but increased in the following year (2021).

Source: University of California at Berkeley California Child Welfare Indicators Project
https://ccwip.berkeley.edu
Incarceration

**KEY FINDINGS**

Madera County has a juvenile arrest rate of 26 juvenile delinquency court case per 1,000 youths, California has a juvenile arrest rate of 7.

**Number of People Incarcerated, Age 15-64**

Source: County Health Rankings
https://www.countyhealthrankings.org

Source: Vera Institute of Justice
https://trends.vera.org/state/CA/county/madera_county
Racial Disparities in Incarceration in Madera County (2018)

KEY FINDINGS
Racial disparities exist among the Black/African American, Asian American/Pacific Islander, and Native American populations. The percent incarcerated represents a larger population than the percent in the general resident population.
Madera County survey takers said:

Top 3 Discrimination Experiences by Race/Ethnicity (2021)

- "I was not hired for a job."
  - White: 13.9%
  - American Indian/Alaskan Native: 15.4%
  - Black: 16.7%
  - Unknown Race: 37.0%

Top 3 Discrimination Experiences by Gender (2021)

- "I was not hired for a job."
  - Women: 10.0%
  - Men: 16.5%
  - Non-Binary: 21.4%

Madera County community-wide survey race/ethnicity group options included:
- Hispanic/Latino
- White Alone
- Black Alone
- Asian Alone
- American Indian/Alaska Native
- Native Hawaiian/Pacific Islander
- Another Race
- Unknown
Discrimination Experiences by Race/Ethnicity (2021)

- I was denied or provided inferior medical care:
  - Black: 3.7%
  - Hispanic/Latino: 7.7%
  - White: 8.4%
  - Another Race*: 11.5%

Discrimination Experiences by Gender (2021)

- I was denied or provided inferior medical care:
  - Women: 7.0%
  - Men: 9.0%
  - Prefer not to answer*: 10.0%
  - Non-Binary*: 21.4%

- I was discouraged by a teacher or advisor from seeking higher education:
  - Hispanic/Latino: 12.0%
  - American Indian/Alaskan Native: 15.4%
  - Another Race*: 19.2%
  - Unknown Race*: 22.9%

- Women: 10.4%
- Men: 12.4%
- Prefer not to answer*: 20.0%
- Non-Binary*: 64.3%

Source: Madera County Department of Public Health community-wide survey

*Due to small small size from survey population, conclusions about data should be interpreted with caution.
‡ Sum of percentages does not add up to 100 due to multiple response in the check all that apply format.
Challenges or Needs Brought up During Madera County Focus Groups:

Challenges Brought Up in All Focus Groups

Access to health care
Long wait times
Access to inexpensive and healthy food
Transportation (general and medical)
Affordable housing/Cost of Living
Social support
Mental health: depression, anxiety, suicide
Dental care
Stress

Unhoused Individuals Focus Group

Vision care
Fear and distrust in medical providers
Open channel for communication with doctors

Moms and Pregnant Women Focus Group

Affordable housing/Cost of Living
Recreational programs and activities
Oral health
Diabetes
Diet
**Mountain Area Residents**
Ambulance accessibility and availability

**African American/Black Focus Group**
Cultural and language barriers
Discrimination, social acceptance, social isolation
Diversity of the healthcare workforce

**Latino-Indigenous Focus Group**
Health insurance
Homelessness
Medical payment assistance: services and outreach
Improved health information and resource sharing
Ambulance accessibility and availability

**Latino-Monolingual Focus Group**
Cultural and language barriers
Health insurance
Obesity
Allergies
Equity in services regardless of financial, social, or insurance status
Housing availability

**Seniors or Disabled Persons Focus Group**
Long wait for medical escort services
Expansion of bus routes
Improved health information and resource sharing
Door-to-door or mobile services or outreach

**Latino-Bilingual Focus Group**
Eating habits
Health education
Obesity
Allergies
Cancer
Diabetes
Difficulty obtaining medication
Health inequity

**LGBTQ+ Focus Group**
Language barriers
Discrimination, social acceptance, social isolation
Sidewalks and bike lanes
Health education
Homelessness
Asthma
Diabetes
Teen Pregnancy
Obesity
Substance Use
Fear and distrust in medical providers

**Chowchilla Residents Focus Group**
Available housing
Neighborhood safety

**Teen & Young Adults Focus Group**
Need better and faster services
4.9 Social Association Rate
Madera County has a social association rate of 4.9, compared to California’s overall social association rate of 6.0.

KEY FINDINGS
Social association rate measures the number of membership association per 10,000.
» Those with strong social networks are more likely to make healthy lifestyle choices.

Source: County Health Rankings 2020
https://www.countyhealthrankings.org/

KEY FINDINGS
This is a healthier community condition than 35.7% of other California counties for percent of registered voters who voted in the 2020 general election.

78.9% of registered voters in Madera County voted in the 2020 general election.

Source: Public Health Alliance of Southern California.
https://map/healthyplacesindex.org


Health Care Access and Quality

Madera Community Hospital Closure

Madera Community Hospital (MCH) closed early January 2023. Madera Community Hospital was the only general acute hospital serving all-ages in Madera County. The hospital had 106 licensed beds and rural health clinics that included diagnostic imaging, an emergency department, endocrinology, gastroenterology, inpatient care, labor & delivery, laboratory, maternity, medical imaging, nephrology, orthopedics, post operation care, specialty clinic, surgical services, telemedicine, and women’s health services.

Most of the encounters at Madera Community Hospital came through the emergency department. The majority of these patients were adults between the ages of 35 to 64, Hispanic, and Medi-Cal recipients. The emergency department was also the main provider of care to the many under-served individuals in the county, such as the homeless population and the uninsured.

Health care access and quality are major issues for Madera County, and with the closure of the hospital, more people may be affected than previously.
Health Care Access and Quality

Health care access and quality are significant components of the social determinants of health. For people without health insurance and/or those who reside in locations lacking providers, access to and the quality of health care may be a problem. Quality health care is essential for preventive care and treatment of chronic illnesses. It can also increase the quality of life, reduce premature death, and increase life expectancy.

Public Health Significance

Health care access and quality are important aspects of living a healthy life. In the United States, about 1 in 10 people do not have health insurance.¹ An objective of Healthy People 2030 is to increase the proportion of people with health insurance. In 2019, 88% of persons under 65 years had medical insurance, the target for 2030 is to increase that proportion to 92.4%.¹ Decreasing the proportion of adults who report poor communication with their health care provider is another objective of Healthy People 2030 because good communication between health care providers and patients is an integral component of quality care. As of 2019, 9% of adults reported poor provider communication.¹ The goal is to decrease that proportion to 8%. Another Healthy People 2030 objective is to increase the proportion of adults whose health care provider checked their understanding. As of 2019, 25.6% of adults reported that a health care provider asked them to describe how they will follow instructions.¹ Healthy People 2030 would to increase this to 32.2% because misunderstandings between doctors and patients can decrease the health care quality for a patient and they are likely to suffer more health issues or problems.

In Madera County

In Madera County, the percentage of the population without health insurance has decreased. This means fewer individuals have this barrier to getting the care they need. Unfortunately, there is a health professional shortage in Madera County for primary, dental, and mental health care. There are not enough health professionals for the population they serve, so patients may not be getting the access or quality of care they deserve. In 2018, of the patients that saw a doctor in Madera County, 7.7%, reported having difficulty understanding their doctor during their last visit.²

### Licensed and Certified Healthcare Facilities in Madera County (December 2022)

<table>
<thead>
<tr>
<th>Facility Type</th>
<th>Counts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Care Clinic</td>
<td>31</td>
</tr>
<tr>
<td>Intermediate Care Facility-DD/H/N/CN/IID</td>
<td>6</td>
</tr>
<tr>
<td>Skilled Nursing Facility</td>
<td>6</td>
</tr>
<tr>
<td>Chronic Dialysis Clinic</td>
<td>3</td>
</tr>
<tr>
<td>General Acute Care Hospital</td>
<td>2</td>
</tr>
<tr>
<td>Home Healthy Agency</td>
<td>2</td>
</tr>
<tr>
<td>Hospice</td>
<td>1</td>
</tr>
<tr>
<td>Surgical Clinic</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>52</strong></td>
</tr>
</tbody>
</table>

Source: California Department of Public Health
https://www.cdph.ca.gov/  

Madera Community Hospital (MCH) 2021 Data

*This data was collected before the closure of MCH.
83% of all MCH patients were from the emergency department¹

71% of MCH patients were Hispanic¹

42% of MCH patients were between the ages of 35-64¹

58% of MCH patients used Medi-Cal to pay for medical expenses¹

4.8 Days was the average length of stay for MCH inpatients¹

61% of inpatient admissions at MCH were emergencies¹

10 days was the average length of stay for a COVID-19 patient at MCH²

COVID-19 patients had longer hospital stays than any other cause of hospitalization²

Septicemia (except in labor) was the top cause of hospitalization in Madera County²

Over half of MCH's inpatients came from the emergency department¹

Source:
¹. California Department of Health Care Access and Information https://hcai.ca.gov/
². Source: California Community Burden of Disease Engine https://skylab.cdph.ca.gov/communityBurden/?ms-clickid=6aa0ff81d15711ecb6a260a3e7374a3c
### Madera Community Hospital Emergency Department Disposition (2021)

<table>
<thead>
<tr>
<th>Disposition</th>
<th>ED Encounters</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Discharged home with hospice</td>
<td>2</td>
<td>0.01%</td>
</tr>
<tr>
<td>Discharged to home or self-care (routine discharge)</td>
<td>23,236</td>
<td>82.27%</td>
</tr>
<tr>
<td>Discharged/Transferred to a federal health care facility</td>
<td>4</td>
<td>0.01%</td>
</tr>
<tr>
<td>Discharged/Transferred to a Medicare certified long term care hospital (LTCH)</td>
<td>23</td>
<td>0.08%</td>
</tr>
<tr>
<td>Discharged/Transferred to a psychiatric hospital or psychiatric distinct part unit of a hospital</td>
<td>230</td>
<td>0.81%</td>
</tr>
<tr>
<td>Discharged/Transferred to a short-term general hospital for inpatient care</td>
<td>2,993</td>
<td>10.60%</td>
</tr>
<tr>
<td>Discharged/Transferred to Court/law Enforcement</td>
<td>539</td>
<td>1.91%</td>
</tr>
<tr>
<td>Discharged /Transferred to skilled nursing facility (SNF) with Medicare certification in anticipation of covered skilled care</td>
<td>83</td>
<td>0.29%</td>
</tr>
<tr>
<td>Expired</td>
<td>73</td>
<td>0.26%</td>
</tr>
<tr>
<td>Left against medical advice or discontinued care</td>
<td>1,061</td>
<td>3.76%</td>
</tr>
<tr>
<td><strong>Total:</strong></td>
<td><strong>28,244</strong></td>
<td><strong>100%</strong></td>
</tr>
</tbody>
</table>

Source: California Department of Health Care Access and Information  
https://hcai.ca.gov/

### Preventable Hospitalizations in Madera County (18 Years and Older) by Race/Ethnicity (2020)

- **Black**: 17.2%
- **American Indian or Alaska Native**: 16.7%
- **White**: 11.8%
- **Hispanic**: 7.1%
- **Asian/Pacific Islander**: 6.7%
- **Other/Unknown**: 5.3%

Source: California Department of Health Care Access and Information  
https://hcai.ca.gov/
Madera County Preventable Hospitalizations by Race/Ethnicity and Expected Payer Type (2020)

<table>
<thead>
<tr>
<th></th>
<th>Self-pay</th>
<th>Private Coverage</th>
<th>Medicare</th>
<th>Medi-Cal</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>25.0%</td>
<td>4.7%</td>
<td>14.6%</td>
<td>13.3%</td>
<td>4.5%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>S</td>
<td>3.2%</td>
<td>14.0%</td>
<td>5.2%</td>
<td>S</td>
</tr>
<tr>
<td>Black</td>
<td>S</td>
<td>20.0%</td>
<td>25.0%</td>
<td>12.5%</td>
<td>S</td>
</tr>
</tbody>
</table>

S= Suppressed data due to low numbers.
Source: California Department of Health Care Access and Information. https://hcai.ca.gov/

Source: Cal Hospital Compare 2021-2022
https://calhospitalcompare.org/

Madera Community Hospital Patient Experience Compared to California

<table>
<thead>
<tr>
<th>MCH Patient Experience</th>
<th>MCH (%)</th>
<th>State Average (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Would Recommend Hospital</td>
<td>58%</td>
<td>69%</td>
</tr>
<tr>
<td>Received Information and Education</td>
<td>84%</td>
<td>85%</td>
</tr>
<tr>
<td>Nurses Communicated Well</td>
<td>72%</td>
<td>75%</td>
</tr>
<tr>
<td>Doctors communicated Well</td>
<td>68%</td>
<td>76%</td>
</tr>
<tr>
<td>Help Received When Wanted</td>
<td>56%</td>
<td>61%</td>
</tr>
<tr>
<td>Staff Explained Medicine</td>
<td>53%</td>
<td>60%</td>
</tr>
<tr>
<td>Patient Understood Care</td>
<td>45%</td>
<td>45%</td>
</tr>
<tr>
<td>Patient Room and Bathroom Clean</td>
<td>76%</td>
<td>71%</td>
</tr>
<tr>
<td>Quiet at Night</td>
<td>47%</td>
<td>52%</td>
</tr>
<tr>
<td>Readmission Rate</td>
<td>14.9%</td>
<td>15%</td>
</tr>
</tbody>
</table>

Source: Cal Hospital Compare 2021-2022
https://calhospitalcompare.org/

**KEY FINDINGS**
- MCH scored above the state average for having clean patient rooms and bathrooms.
- In all other areas, MCH scored below average or about the same as the state average.
Medicare: Dual & Non-Dual Hospital 30-Day Readmission Rates

<table>
<thead>
<tr>
<th>Condition</th>
<th>MCH Community Hospital</th>
<th>California Acute Care Hospitals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute Myocardial Infarction</td>
<td>16.30%</td>
<td>15.84%</td>
</tr>
<tr>
<td>Chronic Obstructive Pulmonary Disease (COPD)</td>
<td>19.10%</td>
<td>19.90%</td>
</tr>
<tr>
<td>Heart Failure</td>
<td>22.00%</td>
<td>22.08%</td>
</tr>
<tr>
<td>Hip/Knee Replacement</td>
<td>3.70%</td>
<td>3.68%</td>
</tr>
<tr>
<td>Hospital</td>
<td>15.20%</td>
<td>15.54%</td>
</tr>
<tr>
<td>Pneumonia</td>
<td>15.60%</td>
<td>17.27%</td>
</tr>
</tbody>
</table>

In 2020, MCH lost patients who live in the 93636 to other facilities compared to 2015.

MCH Emergency Department use by Patient ZIP code (2020 Compared to 2015)

- In 2020, MCH lost patients who live in the 93636 to other facilities compared to 2015.
- In 2020, MCH gained more patients who live in the 93640 compared to 2015.
- From 2015 to 2020, these ZIP codes maintained patient use of MCH.

“I still have had to go down to Fresno for a different procedure or different diagnostic things, [to get access to] basic diagnostic equipment. It is a hardship for some, you know, for an 80-year-old to have to drive down to get an X-ray.”

- Focus group participant
The time patients spent in the emergency department before being admitted in Madera County is between 375 to 599 minutes.

Source: California Health Care Foundation
Madera County Health Access Data

*This data was collected before the closure of Madera Community Hospital.

Type of Current Health Insurance Coverage for all Ages in Madera County (2021)

![Bar chart showing type of health insurance coverage in Madera County (2021)]

Source: 2021 California Health Interview Survey
https://healthpolicy.ucla.edu/chis/Pages/default.aspx

KEY FINDINGS

Madera County has a higher ratio of providers to residents, meaning less providers are available to those in Madera County compared to California.

<table>
<thead>
<tr>
<th>Provider Type</th>
<th>Madera County</th>
<th>California</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population to Primary Care Providers</td>
<td>2,310 : 1</td>
<td>1,240 : 1</td>
</tr>
<tr>
<td>Population to Dental Provider</td>
<td>2,220 : 1</td>
<td>1,130 : 1</td>
</tr>
<tr>
<td>Population to Mental Health Care Provider</td>
<td>580 : 1</td>
<td>240 : 1</td>
</tr>
</tbody>
</table>

Source: County Health Rankings 2022
https://wwwcountyhealthrankings.org/
Health professional shortage area or HPSA scores are developed for use by the National Health Service Corps to determine the priority or need for clinicians in an area.

Scores range from 1 to 25 for primary care and mental health, 1 to 26 for dental health.

The higher the score, the greater the need for healthcare professionals.

### HPSA Scores

<table>
<thead>
<tr>
<th></th>
<th>City of Madera</th>
<th>Chowchilla</th>
<th>Oakhurst Yosemite Lakes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary care</td>
<td>15</td>
<td>10</td>
<td>12</td>
</tr>
<tr>
<td>Dental health</td>
<td>16</td>
<td>18</td>
<td>N/A</td>
</tr>
</tbody>
</table>

**KEY FINDINGS**

- Madera County has the highest professional shortages in the city of Madera for primary care and Chowchilla for dental health.
- Madera County has an overall HPSA score of 18 in mental health. A breakdown of mental health by area was not available.

Source: Health Resources & Services Administration 2021
https://data.hrsa.gov/
Primary Care Physicians, by County per 100,000 California (2020)

KEY FINDINGS

There is a total of 248 physicians in Madera County.
  » 173 Non-Primary care and 75 primary care physicians

Source: California Health Care Foundation
Adults with Difficulty Understanding Their Doctor, by Race/Ethnicity (2018)

1. African American: 60.3%
2. Hispanic: 4.5%
3. White: 1.7%

African Americans in Madera County report difficulty understanding their doctor more than any other race/ethnicity.

Source: Let’s Get Healthy California
https://letsgethealthy.ca.gov/
* = statistically unstable, small survey sample for that data point
Medicare Hospitalizations for Primary Chronic Conditions in Madera County (per 100,000 Beneficiaries)

KEY FINDINGS
Hospitalization rates for Medicare beneficiaries in Madera County is less than California.

Medicare: Dual & Non-Dual Prevention Quality Overall Composite in Madera County - PQI#90 (per 100,000 Beneficiaries)

KEY FINDINGS
Prevention Quality Overall Composite includes hospital admission rate for diabetes with short-term complications, diabetes with long-term complications, uncontrolled diabetes without complications, diabetes with lower-extremity amputation, chronic obstructive pulmonary disease, asthma, hypertension, heart failure, angina without a cardiac procedure, dehydration, bacterial pneumonia, or urinary tract infection.
Health Care Access and Quality: *Data from Community-Wide Survey*

*This data was collected before the closure of Madera Community Hospital.*

Hispanic/Latino survey takers said expensive healthcare or medication make it more difficult to get access to services compared to white survey takers in Madera County.

Hispanic/Latino survey takers said lack of transportation makes it more difficult to get access to services compared to white survey takers in Madera County.

Source: Madera County Department of Public Health community-wide survey
Do You Have Any of the Following Barriers That Make It Difficult to Access Healthcare Services or Get Medication? (2021)
Geographical Areas in Madera County Answered:

<table>
<thead>
<tr>
<th>Area</th>
<th>Transportation</th>
<th>Expensive Healthcare</th>
<th>Location/Distance</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eastern Madera</td>
<td>32.6%</td>
<td>46.0%</td>
<td>41.0%</td>
<td>33.1%</td>
</tr>
<tr>
<td>Madera City</td>
<td>12.5%</td>
<td>63.9%</td>
<td>11.5%</td>
<td>43.0%</td>
</tr>
<tr>
<td>Madera Ranchos*</td>
<td>12.5%</td>
<td>59.4%</td>
<td>18.8%</td>
<td>53.1%</td>
</tr>
<tr>
<td>Chowchilla</td>
<td>15.1%</td>
<td>60.2%</td>
<td>36.6%</td>
<td>34.8%</td>
</tr>
</tbody>
</table>

Source: Madera County Department of Public Health community-wide survey
*Due to small size from survey population, conclusions about data should be interpreted with caution.
Survey respondents from Eastern Madera County report that a lack of transportation and distance make it difficult to access healthcare services or get medication more than any other geographical area in Madera county.

Source: Madera County Department of Public Health community-wide survey 2021
Health Care Access and Quality: *Data from Community-Wide Survey*

*This data was collected before the closure of Madera Community Hospital.*

**What Three Things Make It Hard to Get Health Care in Your Community?**

Ethnicities/Races in Madera County Answered (2021):

1. No health insurance
2. No healthcare available at nights or on weekends
3. Doctor appointments being scheduled too far out
4. It is NOT hard to get health care
5. Can't afford doctor's visits

For full list of options chosen by Madera County survey takers please refer to the graph on pg. 157 of the Appendix.

Source: Madera County Department of Public Health community-wide survey

**Due to small size from survey population, conclusions about data should be interpreted with caution.**

**What Three Things Make It Hard to Get Health Care in Your Community?**

Geographical Areas in Madera County Answered (2021):

<table>
<thead>
<tr>
<th></th>
<th>No insurance</th>
<th>No healthcare on nights/weekends</th>
<th>Doctors appts scheduled too far out</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eastern Madera</td>
<td>17.7%</td>
<td>45.9%</td>
<td>29.3%</td>
</tr>
<tr>
<td>Madera City</td>
<td>33.2%</td>
<td>27.1%</td>
<td>25.4%</td>
</tr>
<tr>
<td>Madera Ranchos*</td>
<td>40%</td>
<td>18.6%</td>
<td>17.1%</td>
</tr>
<tr>
<td>Chowchilla</td>
<td>28.7%</td>
<td>28.7%</td>
<td>21.3%</td>
</tr>
</tbody>
</table>

Source: Madera County Department of Public Health community-wide survey

*Due to small size from survey population, conclusions about data should be interpreted with caution.*
A common concern brought up by participants in the LGBTQ+ focus groups was a fear and distrust in medical providers.
HEALTH BEHAVIORS
Our health is influenced by many factors. Some factors such as age, race, and family history cannot be changed. Health behaviors are actions individuals can take that affect their health. Although greatly influenced by family, community and social context, these behaviors can be changed. Positive behaviors such as a balanced diet, daily exercise, and getting the recommended amount of sleep are considered protective behaviors while unhealthy behaviors are considered risky behaviors.

Risky behaviors contribute to the development of chronic diseases such as diabetes, heart disease, cancer, and other illnesses. Risky behaviors such as alcohol and drug abuse, smoking, poor eating habits, lack of physical activity, and unsafe sex practices can cause or contribute to health problems such as teen pregnancy, sexually transmitted infections, substance use disorders, obesity, diabetes, cardiovascular disease, cancer, and premature death.

**Public Health Significance**

Risky behaviors are one of the main causes of chronic disease. Chronic diseases cause 7 of 10 deaths in Americans.¹ Chronic diseases are also the leading causes of the United States’ $4.1 trillion in annual healthcare costs.²
In Madera County

In Madera County, participants in the community-wide survey identified healthy eating habits and level of physical activity as the top behavioral risks. Data from the United States Diabetes Surveillance System shows that compared to other counties in California, Madera County adults have one of the state’s highest percentages of physical inactivity at 26.6% in 2018. Tobacco use was also identified in high school students because of the risk factors tobacco possesses. The California Student Tobacco Survey, funded by the California Department of Public Health, conducted a study from 2019 to 2020. This study used 2,554 high school participants from Madera County in 10th and 12th grade. The results of the survey show that the prevalence of students who ever use tobacco is 29.5%, and the prevalence of students who currently use tobacco is 7.9%. Looking at other substance use in Madera County, marijuana and opioid usage remains low. However, alcohol-impaired driving deaths have had a significant increase in the county. Adolescent pregnancy remains a significant issue in Madera County. Madera County’s adolescent pregnancy birth rate is double the rate of California’s. To address this issue, Madera County Department of Public Health offers a comprehensive teen pregnancy prevention program to students throughout Madera County focused on safer sex practices. Based upon entry surveys provided at the start of the program, 58% of females and 48% of males reported using alcohol or drugs the last time they had sex. Alcohol and drug use can lead to poor-decision making skills, which can lead to an increased risk of unplanned pregnancy or spread of sexually transmitted infection/disease.

Top 5 Behaviors Identified by the Community That Most Affect Health in Madera County (2021)

1. Driving while drunk/on drugs - 46.0%
2. Poor eating habits - 42.7%
3. Alcohol abuse - 42.4%
4. Lack of exercise - 36.6%
5. Life stress - 29.5%

Source: Madera County Department of Public Health's community-wide survey

Substance Use Disorders Encountered at Madera County Department of Behavioral Health Services (2021)

Source: Madera County Department of Behavioral Health Services
1 in 5 people in Madera County were prescribed opioids in 2020

Source: Center for Disease Control and Prevention

Drug Overdose Death Rate 2021 (Per 100,000)

<table>
<thead>
<tr>
<th>Region</th>
<th>Death Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Madera County</td>
<td>25.6</td>
</tr>
<tr>
<td>California</td>
<td>26.9</td>
</tr>
</tbody>
</table>

Source: California Community Burden of Disease Engine
https://skylab.cdph.ca.gov/communityBurden/#tab-7558-1

Alcohol-Related Death Rate 2021 (Per 100,000)

<table>
<thead>
<tr>
<th>Region</th>
<th>Death Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Madera County</td>
<td>20.0</td>
</tr>
<tr>
<td>California</td>
<td>16.3</td>
</tr>
</tbody>
</table>

Source: California Community Burden of Disease Engine
https://skylab.cdph.ca.gov/communityBurden/#tab-7558-1

Risky Behaviors: Substance Use in Madera County High Schools

7.9% of students currently use tobacco products and vaping is the most popular (compared to 9.7% in CA)

Source: California Department of Public Health- California Student Tobacco Survey 2019-2020
https://www.cdph.ca.gov/Programs/CCDPHP/DCDIC/CTCB/Pages/CaliforniaTobaccoControlBranch.aspx

48% of Madera County adolescents used alcohol or drugs before sex (2020)

Source: Madera County Department of Public Health- Personal Responsibility Education Program 2020

11.5-15.0% of students have used a marijuana product in the past 30 days (compared to 15.9% in CA)

Source: California Department of Public Health- California Student Tobacco Survey 2019-2020
https://www.cdph.ca.gov/Programs/CCDPHP/DCDIC/CTCB/Pages/CaliforniaTobaccoControlBranch.aspx
The percent of alcohol-impaired driving deaths in Madera County is higher than both California and the United States.
Health Protective Behaviors

Protective behaviors of an individual or family/group promote their health and well-being. Protective behaviors include exercise, healthy eating, practicing safe sex, avoiding drugs and alcohol, and getting health screenings when recommended.

Public Health Significance

Protective behaviors can help an individual maintain a healthy lifestyle and help prolong their lifespan. Living a healthy lifestyle can help prevent obesity, diabetes, cancer, heart disease and even unplanned pregnancy.

In Madera County

In Madera County, the percentage of women who began prenatal care in their first trimester and breastfed after birth was lower compared to California. Starting prenatal care is important for the health of the mother and the health and development of the baby during pregnancy. Breastfeeding is important for healthy growth and development of the baby and reduces risk of asthma, obesity, diabetes, and other health problems.¹ Obtaining cancer screenings when recommended is another protective behavior. Cervical cancer screening prevalence in Madera County is higher than the United States and California. However, prevalence of colorectal and breast cancer screenings is lower than California or the United States. Having availability of condoms can reduce the rates of unplanned pregnancy and sexually transmitted disease. Madera County has a higher percentage of stores with condoms and stores with condoms unlocked on shelves compared to California. Madera County Department of Public Health’s teen pregnancy prevention program had students from Madera County participate in the California Personal Responsibility Education Program (CA PREP) entry and exit survey to determine the success of the program, Making Proud Choices (MPC). During the fiscal year 2019-2020, the results for the entry and exit surveys show an increase in sexual health knowledge and knowledge of sexual and reproductive health services. At the start of the program, 34% of participants answered all condom knowledge questions correctly. At the end of the program, 83% of participants answered all condom knowledge questions correctly. Also, at the beginning of the program, only 45% of participants had reported that they had heard of sexual and reproductive health (SRH) services in their community. At the end of the program, that number had changed to 82%. Having the knowledge of available and accessible SRH services can help reduce the risk of unplanned pregnancy and spread of sexually transmitted infection/diseases.
EQUITY SPOTLIGHT

Adolescent Mothers, Ages 15-19
2018-2020 Rate (Per 1,000)

Madera County: 20.5
California: 11.4

The adolescent pregnancy birth rate is significantly higher in Madera County compared to California.

Source: California Department of Public Health - County Health Status Profiles 2022
“It’s a huge lack of sex education. Once they hit 13, 12, they figure it out by themselves, so now they’re taking risks, sometimes very high risk.”
- Focus group participant
### Protective Behaviors: Pregnancy

#### Prenatal Care Begun During the First Trimester of Pregnancy 2018-2020

<table>
<thead>
<tr>
<th></th>
<th>2018-2020 Live Births (Average)</th>
<th>First Trimester Prenatal Care Number (Average)</th>
<th>First Trimester Prenatal Care Percent (Average)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Madera County</td>
<td>2,050.0</td>
<td>1,643.3</td>
<td>80.2%</td>
</tr>
<tr>
<td>California</td>
<td>433,257.7</td>
<td>374,557.0</td>
<td>86.5%</td>
</tr>
</tbody>
</table>

**Source:** California Department of Public Health- County Health Status Profiles 2022
https://www.cdph.ca.gov/

**KEY FINDINGS**

The average percentage of prenatal care begun during the first trimester of pregnancy in Madera County is lower, compared to California.
### Breastfeeding Initiation During Early Postpartum 2018-2020

<table>
<thead>
<tr>
<th></th>
<th>2018-2020 Births with Known Feeding Method (Average)</th>
<th>Breastfed Number (Average)</th>
<th>Breastfed Percent (Average)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Madera County</td>
<td>1,785.3</td>
<td>1,614.3</td>
<td>90.4%</td>
</tr>
<tr>
<td>California</td>
<td>384,070.0</td>
<td>360,125.0</td>
<td>93.8%</td>
</tr>
</tbody>
</table>

Source: California Department of Public Health- County Health Status Profiles 2022  
https://www.cdph.ca.gov/

**KEY FINDINGS**
The average percentage of breastfeeding initiation during early postpartum is lower, compared to California.

### Prevalence of Cancer Screening (2020)

<table>
<thead>
<tr>
<th></th>
<th>Colorectal Cancer Screening (50-75 Years) (Male &amp; Female)</th>
<th>Mammography (50-74 Years) (Women)</th>
<th>Cervical Cancer Screening (21-65 Years) (Women)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Madera County</td>
<td>60.1%</td>
<td>70.1%</td>
<td>82.3%</td>
</tr>
<tr>
<td>California</td>
<td>62.3%</td>
<td>76.2%</td>
<td>79.7%</td>
</tr>
<tr>
<td>United States</td>
<td>71.8%</td>
<td>78.2%</td>
<td>78.0%</td>
</tr>
</tbody>
</table>

Source: Center for Disease Control and Prevention- United States Cancer Statistics  
https://www.cdc.gov/cancer/uscs/

**KEY FINDINGS**
Madera County has a higher percentage of women being screened for cervical cancer than California or the United States.
Protective Behaviors: Sexual/Reproductive

Percent of Stores with Condoms (2019)

- Madera County: 94.8%
- California: 82.8%

Source: Healthy Stores for a Healthy Community
https://healthystoreshealthycommunity.com/

Percent of Stores with Condoms on Shelf and Unlocked (2019)

- Madera County: 56.9%
- California: 43.0%

Source: Healthy Stores for a Healthy Community
https://healthystoreshealthycommunity.com/
Among Those Who Ever Had Sex, Percentage of Participants Who Used a Contraceptive Method at Last Vaginal Sex (2019-2020)

<table>
<thead>
<tr>
<th>Method</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Condom</td>
<td>50%</td>
</tr>
<tr>
<td>Withdrawal</td>
<td>21%</td>
</tr>
<tr>
<td>Birth Control Pills</td>
<td>13%</td>
</tr>
<tr>
<td>IUD/Implant</td>
<td>6%</td>
</tr>
<tr>
<td>Shot/Patch/Ring</td>
<td>2%</td>
</tr>
<tr>
<td>None/Not Sure</td>
<td>26%</td>
</tr>
</tbody>
</table>

Source: Madera County Department of Public Health- Personal Responsibility Education Program

There was a 37% increase in knowledge of sexual and reproductive health services in adolescents by the end of the CA PREP program.
Activity Level of Madera County Survey Takers by Age Group (2021)

Highly Active

Most Insufficiently Active

Most Inactive

Most Active

Under 17 Age Group

18-24 Age Group

35-44 Age Group

55-64 & 65+ Age Groups

Source: Madera County Department of Public Health’s community-wide survey
### Physical Activity Indicators (2018)

<table>
<thead>
<tr>
<th></th>
<th>Madera County</th>
<th>California</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent of children (ages 5-11) physically active 1+ hour every day</td>
<td>31.0%</td>
<td>29.0%</td>
</tr>
<tr>
<td>Percent of children/teens (age 1-17) who visited a park or playground or open space in the last month</td>
<td>80.0%</td>
<td>84.0%</td>
</tr>
<tr>
<td>Percent of children/teens (age 5-17) who walked/biked/skated from school in the past week</td>
<td>35.0%</td>
<td>41.0%</td>
</tr>
<tr>
<td>Percent of children/teens (2-17) sedentary 2+ hours on a typical weekday</td>
<td>39.0%</td>
<td>55.0%</td>
</tr>
<tr>
<td>Adults regularly walking for transportation or fun or exercise</td>
<td>31.0%</td>
<td>39.0%</td>
</tr>
<tr>
<td>Adults (SNAP-Ed eligible) regularly walking for transportation or fun or exercise</td>
<td>32.0%</td>
<td>38.0%</td>
</tr>
</tbody>
</table>

Source: California Department of Public Health, Nutrition Education and Obesity Prevention Branch
https://www.cdph.ca.gov/Programs/CCDPHP/DCDIC/NEOPB/Pages/SNAPEdCountyProfileDashboard.aspx


- **Madera County**: 26.0%
- **California**: 31.0%

### Percent of Adults Consuming Soda Seven Times or More a Week on Average (2018)

- **Madera County**: 16%
- **California**: 11%

Source: California Department of Public Health, Nutrition Education and Obesity Prevention Branch
https://www.cdph.ca.gov/Programs/CCDPHP/DCDIC/NEOPB/Pages/SNAPEdCountyProfileDashboard.aspx
HEALTH STATUS AND OUTCOME
Health Status and Outcome

Health status of an individual refers to the level of health for that individual. A health outcome refers to the change in health status due to chronic disease, infectious disease, or other factors. Both are important measurements that determine the health of an individual and a community. Health status and outcomes influence important decisions about program interventions and health care.

**KEY FINDINGS**
Most participants in the community-wide survey (65.6%) report that they have good or very good general health.

*How Would You Rate Your Health in General? (2021)*
Madera County Residents Answered:

- Don’t Know: 1.3%
- Poor: 6.3%
- Fair: 18.6%
- Good: 39.7%
- Very Good: 25.9%
- Excellent: 8.2%

Source: Madera County Department of Public Health community-wide survey

*What Is Your Biggest Health Concern? (2021)*
Madera County Residents Answered:

1. Chronic Disease
2. Other
3. Mental Health Issue
4. Alcohol and Substance Addiction/Abuse

Source: Madera County Department of Public Health community-wide survey

**KEY FINDINGS**
The biggest health concern identified by survey participants is chronic disease.
Chronic Disease

Chronic diseases can take months to years to develop and have long-lasting effects. Cancer, cardiovascular disease, stroke, diabetes, and asthma are all examples of chronic diseases. Chronic diseases are among the leading causes of death and disability and account for most of the nation’s $4.1 trillion in annual healthcare costs.¹ Most chronic diseases are caused by lifestyle choices which include poor food choices, lack of physical activity, and/or tobacco and alcohol usage which are greatly influenced by the social determinants of health including income, education, and neighborhood environment. In Madera County there are an estimated 89,641 cases of stroke, hypertension, congestive heart failure, diabetes, cancer, and asthma with an economic burden of $324,848,012.00.²

**Top Conditions in Madera County**

**KEY FINDINGS**
Cardiovascular disease has consistently been the top condition in Madera County. The increase in communicable disease from 2019 to 2020 is due to COVID-19.

**Madera County Survey Takers Said They Were Diagnosed With...**

1. **High Blood Pressure**

2. **Diabetes**

3. **Obesity**

**KEY FINDINGS**
The top 3 conditions Madera County Survey Takers Said they were Diagnosed with are high blood pressure, diabetes, and obesity.

Full chart on pg. 156 of the Appendix.
Source: Madera County Department of Public Health's community-wide survey 2021
Cardiovascular Disease

Cardiovascular disease encompasses different diseases that affect the heart and blood vessels. These disorders include coronary heart disease, cerebrovascular disease, stroke, peripheral arterial disease, rheumatic heart disease, congenital heart disease, deep vein thrombosis, and pulmonary embolism. The risk of developing cardiovascular disease increases with certain health behaviors such as smoking, poor nutrition, lack of physical activity, high blood pressure, high cholesterol, diabetes, and excessive alcohol use.

Public Health Importance

In the United States, the leading cause of death for men, women, and people of most racial and ethnic groups is heart disease. In fact, heart disease accounts for 1 in every 4 deaths in the United States. The most common type of heart disease is coronary heart disease, which accounted for 360,900 deaths in 2019. From 2016 to 2017, heart disease cost the United States about $363 billion, including healthcare services, medicine, and lost productivity.

In Madera County

Madera County’s top cardiovascular issues include hypertensive heart disease, ischemic heart disease, stroke, and congestive heart failure. Self-reported heart and heart-related conditions, either diagnosed or at risk of developing, include coronary heart disease, high blood pressure, and heart attack. High blood pressure was reported the most among participants in the community-wide survey. High blood pressure can lead to many other complications such as hypertensive heart disease. Those who are Black (Non-Hispanic) have an exceedingly high death rate for total cardiovascular disease, as well as a high rate of hospitalization at ages 65+. Looking at all heart diseases, the Black population who are 35+ have the highest death rate. However, the Black population has the second highest death rate for coronary heart disease, preceded by American Indian and Alaskan Natives.


Native Hawaiian/ Pacific Islanders are at a high risk of blood pressure and heart attack more than any other race/ethnicity

High blood pressure affects all races/ethnicities more than any other heart related condition

Source: Madera County Department of Public Health community-wide survey 2021

* Due to small small size from survey population, conclusions about data should be interpreted with caution.
All Heart Disease Death Rate for Ages 35+ by Race/Ethnicity (2018-2020)

KEY FINDINGS

The death rate for total cardiovascular disease is 380.2 for all race/ethnicities in California. The death rate for total cardiovascular disease is 422.4 for all race/ethnicities in the U.S.
KEY FINDINGS
Black (non-Hispanics), are disproportionately more affected by cardiovascular disease in Madera County more than any other race/ethnicity.
• The state death rate for Black (non-Hispanic) is 597.7. The national death rate for Black (non-Hispanic) is 571.8.
• The death rate for all heart disease is 272.3 for all race/ethnicities in California.
• The death rate for all health disease is 319.5 for all race/ethnicities in the U.S.

Total Cardiovascular Disease Hospitalization Rate for Ages 65+
by Race/Ethnicity (2018-2019)

KEY FINDINGS
Black (Non-Hispanic) hospitalization rates are above Hispanic and White (Non-Hispanic) rates in Madera County. The total cardiovascular disease hospitalization rate is 49 in California and 60.7 in the U.S. for all race/ethnicities.
Black (non-Hispanic) residents’ death rate for total cardiovascular disease are higher than any other race or ethnicity.

American Indian/Alaskan Natives have the highest death rate of coronary heart disease (202.4), which is higher than any other race or ethnicity.

Source: CDC Interactive Atlas of Heart Disease and Stroke 2018-2020
https://nccd.cdc.gov/DHDSAPhase/?state=County
Stroke

Another type of cardiovascular disease is a stroke. A stroke occurs when there is a blockage of blood supply to the brain (ischemic) or when an oxygenated blood vessel in the brain bursts (hemorrhagic). When either one occurs, the brain cannot get the bloody supply it needs and the brain cells begin to die. Brain cell death can affect breathing, digestion, and other functions of the body.

Public Health Significance

In the United States, stroke is the fifth leading cause of death and a leading cause of disability.⁴ Between 2017 and 2018, stroke-related cost of healthcare service, medicines, and missed days of work cost the United States about $53 billion.⁵ Of the strokes that occur, 80% of them are preventable.⁴ Stroke is a leading cause of long-term disability and reduces mobility in more than half of stroke survivors who are 65 years or older.⁵

In Madera County

Madera County self-reported stroke diagnoses or stroke risk differs by race/ethnicity. Those who self-report as Asian have higher diagnoses or stroke risk than other races/ethnicities. This is consistent with the stroke death rate in Madera County being highest among Asian and Pacific Islanders. However, avoidable heart disease and stroke death rate is highest among Black (non-Hispanic) followed by American Indian and Alaska Native, then Asian and Pacific Islander populations.


Top 4 Madera County Survey Takers Who Have Been Diagnosed or Are at a High Risk of Stroke by Race/Ethnicity (2021)

1. Asian*
2. Black*
3. Another Race*
4. White

Source: Madera County Department of Public Health community-wide survey
*Due to small size from survey population, conclusions about data should be interpreted with caution.
Stroke death is highest in the Asian & Pacific Islander population in Madera County, with a rate of 111.7 which is above the state (63.9) and national rate (59.9) for Asian and Pacific Islanders.

Source: CDC Interactive Atlas of Heart Disease and Stroke
https://nccd.cdc.gov/DHDSA/State=County
The Black (Non-Hispanic) population has an avoidable heart and stroke death rate (139.8 per 100,000 population).

This rate is more than all other race/ethnicities in Madera County.

Source: CDC Interactive Atlas of Heart Disease and Stroke
https://nccd.cdc.gov/DHDSPAtlas/?state=County
Cancer

Cancer is a disease characterized by abnormal cell growth with the ability to invade other tissues. Cancer can develop in any part of the body. There are two categories of cancer, hematologic (blood) cancer and solid tumor cancer. Cancer can develop for multiple reasons including lifestyle habits, genetics, and exposure to cancer-causing agents in the environment. When cancer has developed in the body it is categorized by how big and how far the cancer has spread; Stage 1, Stage 2, Stage 3, and Stage 4.

Public Health Significance

Cancer is the second leading cause of death in the United States and affects 1 in 3 people in the United States. In total, about $185 billion is spent each year on cancer care.

In Madera County

Overall, cancer incidence in Madera County is lower compared to California and the United States; however, the burden of cancer varies by the type of cancer and by subgroup. Incidence of lung and bronchus cancer is higher in Madera County compared to California. In addition, self-reported cancer diagnosis or cancer risk differs by race/ethnicity. Consistent with the cancer incidence in Madera County being the highest among non-Hispanic White residents, self-reported Madera community-wide survey results indicate that White Alone groups report more cancer risk and/or diagnosis. Despite the incidence of cancer being lower in Madera County, a higher rate of death due to cancer is observed in Madera County compared to California.


Source: State Cancer Profiles
https://statecancerprofiles.cancer.gov/index.html
Cancer

Cancer Incidence Rate
(per 100,000) by Race/Ethnicity (2014-2018)


KEY FINDINGS
White (Non-Hispanic) residents have a higher incidence rate than those of other races and ethnicities in Madera County.

Top 5 Newly Diagnosed Cancers in Madera County (2014-2018)

<table>
<thead>
<tr>
<th>Type of cancer</th>
<th>New cases (annual average)</th>
<th>Cancer Incidence Rate (Per 100,000 Population)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breast (female)</td>
<td>86</td>
<td>103.2</td>
</tr>
<tr>
<td>Lung &amp; Bronchus</td>
<td>67</td>
<td>41.3</td>
</tr>
<tr>
<td>Prostate (Male)</td>
<td>65</td>
<td>78.7</td>
</tr>
<tr>
<td>Colon &amp; Rectum</td>
<td>55</td>
<td>34.4</td>
</tr>
<tr>
<td>Melanoma of the skin</td>
<td>38</td>
<td>23.2</td>
</tr>
</tbody>
</table>

# KEY FINDINGS

Madera County has a higher death rate for all types of cancer (147.4) than California (137.7).

## Death Rate for All Cancer Types

<table>
<thead>
<tr>
<th></th>
<th>Per 100,000 (2015-2019)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Madera County</td>
<td>147.4</td>
</tr>
<tr>
<td>California</td>
<td>137.7</td>
</tr>
<tr>
<td>United States</td>
<td>152.4</td>
</tr>
</tbody>
</table>

Source: State Cancer Profiles
https://statecancerprofiles.cancer.gov/index.html
Asthma

Asthma is a condition that affects the airways in the lungs. The airways become inflamed or narrow if an individual has asthma, which makes it difficult to breathe. Once an individual develops asthma, they are likely to have it for a lifetime. Avoiding asthma triggers and monitoring and managing asthma is important to keep it under control. Common asthma triggers include pollen, chemicals, smoke, dust, and stress.

Public Health Significance

In the United States, about 25 million people (1 in 13) have asthma.\(^8\) Asthma is the leading chronic disease in children, though adults can have asthma too.\(^8\) Black adults have the highest asthma rates in the United States and Black children are about 3 times more likely to have asthma compared to white children.\(^8\) Adults are 5 times more likely to die from asthma than children.\(^8\)

In Madera County

In Madera County, self-reported asthma diagnosis or risk differs by race/ethnicity. The Madera community-wide survey results show that Black Alone survey respondents report more asthma risk or asthma diagnoses than other races/ethnicities. Asthma prevalence also differs between age group comparisons. Madera County has a higher current asthma prevalence among all age group comparisons compared to California with the highest overall prevalence in those between the ages of 5 and 17. However, lifetime asthma prevalence is highest among those 65+ years or older. Further examination into emergency department (ED) visit rates show differences among age group comparisons and race/ethnicity. Those who are Black have high rates of ED visits as compared to other races but those who are multiracial have rates that exceed the rates of California. Age comparisons show that children between 0 and 4 have high rates of ED visits compared to other age groups.

8. AAFA. Asthma and Allergy Foundation of America. (n.d.). Retrieved July 2022, from https://www.aafa.org/asthma-facts/#:~:text=Asthma%20is%20more%20common%20in,to%206.1%25%20of%20male%20adults.&text=It%20is%20a%20leading%20chronic%20disease%20in%20children.&text=Currently%2C%20there%20are%20about%206.1%20of%20male%20adults%2C%206.1%20of%20female%20adults%2C%207.9%20of%20male%20children%2C%20and%206.1%20of%20female%20children%20have%20asthma.

Survey Respondents by Race/Ethnicity, Who Are at a High Risk of Asthma (2021)

- **Black**: 29%
- **American Indian/Alaska Native**: 20%
- **Native Hawaiian/Pacific Islander**: 20%
- **White**: 19%

Source: Madera County Department of Public Health community-wide survey 2021

*Due to small sample size from survey population, conclusions about data should be interpreted with caution.*
### Lifetime by Asthma Prevalence by Age Group (2019 - 2020)

<table>
<thead>
<tr>
<th>Age Group</th>
<th>All Ages</th>
<th>5-17 Years</th>
<th>18-64 Years</th>
<th>65+ Years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Madera County</td>
<td>19%</td>
<td>17%</td>
<td>21%</td>
<td>24%</td>
</tr>
<tr>
<td>California</td>
<td>15%</td>
<td>15%</td>
<td>17%</td>
<td>15%</td>
</tr>
</tbody>
</table>

Source: California Department of Public Health [https://www.cdph.ca.gov/Programs/CCDPHP/DEODC/EHIB/CPE/Pages/CaliforniaBreathing-CountyAsthmaProfiles.aspx](https://www.cdph.ca.gov/Programs/CCDPHP/DEODC/EHIB/CPE/Pages/CaliforniaBreathing-CountyAsthmaProfiles.aspx)
### Visit Rates to the Emergency Department for Asthma by Age Group
(Rate per 10,000 Residents, 2019)

<table>
<thead>
<tr>
<th></th>
<th>All Ages</th>
<th>0-4 Years</th>
<th>5-17 Years</th>
<th>18-64 Years</th>
<th>65+ Years</th>
</tr>
</thead>
<tbody>
<tr>
<td>Madera County</td>
<td>49.1</td>
<td>149.5</td>
<td>88.8</td>
<td>31.3</td>
<td>21.5</td>
</tr>
<tr>
<td>California</td>
<td>42.6</td>
<td>77.0</td>
<td>58.4</td>
<td>38.1</td>
<td>22.1</td>
</tr>
</tbody>
</table>

Source: California Department of Public Health
https://www.cdph.ca.gov/Programs/CCDPHP/DEODC/EHIB/CPE/Pages/CaliforniaBreathingCountyAsthmaProfiles.aspx

**KEY FINDINGS**

Madera County residents age 0-4 years old visit the emergency department for asthma more than any other age group.
EQUITY SPOTLIGHT

Visit Rates to the Emergency Department by Race/Ethnicity
(Rate per 10,000 Residents, 2019)

Black Madera County residents have higher visit rates to the emergency department than any other race/ethnicity.

Source: California Department of Public Health
https://www.cdph.ca.gov/Programs/CCDPHP/DEODC/EHIB/CPE/Pages/CaliforniaBreathingCountyAsthmaProfiles.aspx
Obesity

Obesity is a serious chronic disease and can lead to diabetes, heart disease, stroke and even cancer. Factors that contribute to obesity include eating patterns, physical activity levels, sleep routines, genetics, and certain medications. Social determinants, which are conditions in which we live, work, and play, also contribute to developing obesity.⁹

Public Health Importance

Obesity causes a significant economic impact. Obesity costs the United States healthcare system about $173 billion a year.¹⁰ The annual nationwide productivity cost of obesity-related absenteeism is between $3.38 billion ($79 per obese individual) and $6.38 billion ($132 per obese individual).¹¹

In Madera County, more than 44% of children are obese or overweight.¹² Children with obesity are more likely to be obese as adults than children who are not obese.¹⁰

In Madera County

Obesity in Madera County differs by race/ethnicity. Among those who self-report a diagnosis or high risk of obesity, White Alone have the highest percentage of obesity. In comparison, Madera County White school aged children in 5th, 7th, and 9th grades also have a high percentage of being overweight or obese compared to California. However, in Madera County, the Hispanic/Latino population has the highest percentage of being overweight or obese in school aged children in 5th, 7th, and 9th grades. Overall, in comparison to California, Madera County has had an age-adjusted obesity percentage below that of California.

Madera County Adults Who Are Obese by Race/Ethnicity (2018)


**KEY FINDINGS**

- Compared to California, Madera County has a higher percentage of overweight or obese students for those who identify as White in grades 5, 7, and 9.
- The Healthy People 2030 target goal is to reduce the proportion of children and adolescents with obesity to 15.5%.

### Overweight or Obese Students by Race/Ethnicity & Grade Level (2019)

<table>
<thead>
<tr>
<th>S = Suppressed</th>
<th>California</th>
<th>Madera County</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>5th</td>
<td>7th</td>
</tr>
<tr>
<td>Black</td>
<td>42%</td>
<td>42%</td>
</tr>
<tr>
<td>AI/AN</td>
<td>44%</td>
<td>45%</td>
</tr>
<tr>
<td>Asian</td>
<td>26%</td>
<td>23%</td>
</tr>
<tr>
<td>Hispanic/ Latino</td>
<td>50%</td>
<td>48%</td>
</tr>
<tr>
<td>White</td>
<td>29%</td>
<td>29%</td>
</tr>
<tr>
<td>Multiracial</td>
<td>35%</td>
<td>34%</td>
</tr>
</tbody>
</table>

**Source:** Kids Data
https://kidsdata.org

### Madera County Adults Who Are Obese by Age (2018)

**KEY FINDINGS**

- The age group with the highest percentage of obesity (72%) are those between the ages of 60 to 64 years old.

**Source:** Let’s Get healthy California. https://letsgethealthy.ca.gov/goals/living-well/reducing-adult-obesity/
Diabetes

Diabetes occurs when the body does not produce enough insulin or when the body cannot efficiently use the insulin it produces. Diabetes can cause health problems such as heart disease, vision loss, and kidney disease. Diabetes is a long-lasting chronic disease. There is no cure for diabetes, however, having a healthy weight, eating properly, and being active can help slow the progress of diabetes. There are three main types of diabetes: Type 1 diabetes, Type 2 diabetes, and gestational diabetes.

Public Health Importance

In the United States, more than 37 million people have diabetes.¹³ Diabetes is the seventh leading cause of death in the United States and the #1 cause of kidney failure, lower-limb amputations, and adult blindness.¹³ The medical cost and lost work and wages for people diagnosed with diabetes is $327 billion annually.¹³ Over the last 20 years, the amount of adults diagnosed with diabetes has more than doubled.¹³

In Madera County

Self-reported diagnoses or risk of diabetes in Madera County differs among race/ethnicities. American Indian/Alaska Natives in Madera County have a higher percentage than other race/ethnicities in the county. Diagnosed diabetes has increased in the county. Madera County is above state level risk-adjusted rates for lower extremity amputation among patients with diabetes. Closer investigation shows that Madera County rates for lower extremity amputations have nearly doubled between 2016 and 2020.

Madera County rates for lower extremity amputations have nearly doubled between 2016 and 2020.

Quick Definitions
PQI- Prevention Quality Indicators. Identify hospital admissions (age 18 and over) that evidence suggests may have been avoided through access to high-quality outpatient care.

Source: California Department of Health Care Access and Information https://hcai.ca.gov/visualizations/preventable-hospitalizations-for-diabetes/
**Diabetes**

**Diabetes in Madera County by Race/Ethnicity**
*(Diagnosed and/or High-Risk, 2021)*

- **Hispanic/Latino**
- **White**
- **Black**
- **Asian**
- **AI/AN**
- **NH/PI**
- **Another Race**
- **Unknown**

![Bar chart showing the percentage of diagnosed diabetes by race/ethnicity in Madera County, 2021.]

Source: Madera County Department of Public Health community-wide survey

*Due to small size from survey population, conclusions about data should be interpreted with caution.

‡Sum of percentages does not add up to 100 due to multiple response in the check all that apply format.

**Diagnosed Diabetes in Madera County Adults**
*(Ages 20+ Years, 2015-2019)*

![Line graph showing the age-adjusted percentage of diagnosed diabetes in Madera County from 2015 to 2019.]

Source: Centers for Disease Control and Prevention

https://gis.cdc.gov/grasp/diabetes/diabetesatlas-surveillance.html#

**KEY FINDINGS**

- The percentage of diagnosed diabetes has increased since 2015.
- The Healthy People 2030 target goal is to reduce the number of diabetes cases diagnosed yearly to 5.6 per 1,000.
Risk Adjusted Rates for Diabetes-Related PQIs per 100,000 (2020)

<table>
<thead>
<tr>
<th>Risk Factor</th>
<th>Madera County</th>
<th>California</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetes Composite:</td>
<td>140.3</td>
<td>186.6</td>
</tr>
<tr>
<td>Diabetes Short-Term Complications:</td>
<td>48.3</td>
<td>61.2</td>
</tr>
<tr>
<td>Diabetes Long-Term Complications:</td>
<td>64.6</td>
<td>85.6</td>
</tr>
<tr>
<td>Uncontrolled Diabetes:</td>
<td>13.9</td>
<td>25.8</td>
</tr>
<tr>
<td>Lower-Extremity Amputation Among Patient with Diabetes:</td>
<td>32.7</td>
<td>30.6</td>
</tr>
</tbody>
</table>

Source: California Department of Health Care Access and Information
https://hcai.ca.gov/visualizations/preventable-hospitalizations-for-diabetes/

Deaths Due to Diabetes 2018-2020

<table>
<thead>
<tr>
<th></th>
<th>2019 Population</th>
<th>2018-2020 Deaths (Total)</th>
<th>2018-2020 Deaths (Average)</th>
<th>Crude Death Rate</th>
<th>Age-Adjusted Death Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>California</td>
<td>39,761,195</td>
<td>31,005</td>
<td>10,335.0</td>
<td>26.0</td>
<td>22.3</td>
</tr>
<tr>
<td>Madera County</td>
<td>157,686</td>
<td>123</td>
<td>40.0</td>
<td>26.0</td>
<td>24.0</td>
</tr>
</tbody>
</table>

Source: California Department of Public Health- County Health Status Profiles 2022
https://www.cdph.ca.gov/
Oral Health

Oral health encompasses teeth and gum health. Oral health is essential to overall health. Chronic diseases and oral health are related because poor oral health is linked with chronic conditions, such as diabetes, heart disease and stroke. The diseases that impact oral health include tooth decay (cavities), gum disease and oral cancer.
Public Health Significance

Untreated dental disease results in $45 billion in productivity lost each year in the United States and unplanned dental care results in 34 million school hours lost each year.¹⁴ An Oral Health Needs Assessment conducted by Madera County Public Health in 2019 showed that 10.1% of Madera County kindergarten children screened in 2017 showed evidence of untreated dental decay.¹⁵ The assessment also reports that Madera County residents do not have access to fluoridated drinking water.¹⁶ Fluoride makes teeth stronger and helps prevent tooth decay.¹⁶

In Madera County

Madera County adults report oral health complications such as bleeding gums, dry mouth, sore gums, and chewing difficulty. Madera County adults also report having damage such as cavities that need filling, loose teeth, broken teeth and tooth pain. Another factor that was examined through the oral health assessment is the purchasing of fluoridated toothpaste among caregivers. Over half of participants in the Oral Health Assessment reported buying fluoridated toothpaste but it is still a concern due to the lack of fluoridated water sources in Madera County. The percentage of children, teens and adults in Madera County who have not gone to the dentist in over a year or more or have never been to a dentist is higher compared to California. Routine dental care is important to maintain oral health and prevent other chronic conditions.

Madera County 2019 Oral Health Assessment

39% of adults in Madera County reported needing a filling
1 in 3 adults in Madera County reported having broken teeth
1 in 5 adults in Madera County reported having toothache pain

Source: Madera County Department of Public Health-Oral Health Assessment 2019
**Oral Health**

**Child & Teen Time Since Last Visit (2017-2020)**

<table>
<thead>
<tr>
<th>Time Since Last Visit</th>
<th>Madera Child</th>
<th>CA Child</th>
<th>Madera Teen</th>
<th>CA Teen</th>
</tr>
</thead>
<tbody>
<tr>
<td>6 Months ago or Less</td>
<td>63.7%</td>
<td>69.5%</td>
<td>68.2%*</td>
<td></td>
</tr>
<tr>
<td>More than 6 months up to 1 year ago</td>
<td>16.1%</td>
<td>12.4%</td>
<td>13.9%</td>
<td></td>
</tr>
<tr>
<td>More than 2 years up to 5 years ago</td>
<td>28.5%*</td>
<td></td>
<td>17.4%</td>
<td>14.7%</td>
</tr>
<tr>
<td>Never been to Dentist</td>
<td>N/A</td>
<td>1.1%*</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* = statistically unstable

Source: 2017, 2018, 2019, 2020 California Health Interview Survey
https://healthpolicy.ucla.edu/chis/Pages/default.aspx

**Adult Time Since Last Visit (2017-2020)**

<table>
<thead>
<tr>
<th>Time Since Last Visit</th>
<th>Madera Adults</th>
<th>CA Adult</th>
</tr>
</thead>
<tbody>
<tr>
<td>6 Months ago or Less</td>
<td>50.5%</td>
<td>53.7%</td>
</tr>
<tr>
<td>More than 6 months up to 1 year ago</td>
<td>13.6%</td>
<td>16.8%</td>
</tr>
<tr>
<td>More than 1 year up to 2 years ago</td>
<td>13.0%</td>
<td>11.4%</td>
</tr>
<tr>
<td>More than 2 years up to 5 years ago</td>
<td>10.7%</td>
<td>8.4%</td>
</tr>
<tr>
<td>More than 5 years ago</td>
<td>6.9%</td>
<td>7.0%</td>
</tr>
<tr>
<td>Never Been to Dentist</td>
<td>5.4%*</td>
<td>2.6%</td>
</tr>
</tbody>
</table>

* = statistically unstable

Source: 2017, 2018, 2019, 2020 California Health Interview Survey
https://healthpolicy.ucla.edu/chis/Pages/default.aspx

**KEY FINDINGS**

A higher percentage of Madera County adults have never been to a dentist, have not been to the dentist for more than 1 year up to 2 years ago, and more than 2 years up to 5 years ago compared to California adults.
Madera County Adults Who Reported Oral Health Complications by Race/Ethnicity (2018)

Bleeding Gums
- White: 23.3%
- Latino/Chicano: 27.0%
- Another Race/Ethnicity: 23.9%

Chewing Difficulty
- White: 18.8%
- Latino/Chicano: 19.5%
- Another Race/Ethnicity: 12.8%

Sore Gums
- White: 20.3%
- Latino/Chicano: 16.1%
- Another Race/Ethnicity: 13.8%

Dry Mouth
- White: 24.8%
- Latino/Chicano: 20.1%
- Another Race/Ethnicity: 28.4%

Caregivers That Reported Purchasing Fluoridated Toothpaste in Madera County

Source: Madera County Department of Public Health- Oral Health Assessment 2019

KEY FINDINGS
Only 56.7% of those surveyed from the Oral Health Assessment purchased fluoridated toothpaste.

Source: Madera County Department of Public Health- Oral Health Assessment 2019
Infectious Disease

Infectious diseases play an important role in the health status of the community. Prior to the 2019-2022 COVID-19 pandemic, the incidence of infectious diseases had been significantly reduced in the 21st century due to a better scientific understanding of how disease spreads, advancement in treatment, and most importantly prevention and control measures. In fact, two of the top ten greatest public health achievements were related to infectious diseases: vaccination and infectious disease control. Despite this, infectious diseases still cause avoidable illness, hospitalization, and even death.

**Infectious Disease Reported Among Madera County Residents, Excluding COVID-19**

<table>
<thead>
<tr>
<th>Year</th>
<th>Enteric Diseases (foodborne, waterborne)</th>
<th>Sexually Transmitted Diseases</th>
<th>Vaccine Preventable Diseases</th>
<th>Zoonotic Diseases</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>2019</td>
<td>31%</td>
<td>62%</td>
<td>5%</td>
<td>0%</td>
<td>3%</td>
</tr>
<tr>
<td>2020</td>
<td>34%</td>
<td>58%</td>
<td>5%</td>
<td>1%</td>
<td>1%</td>
</tr>
<tr>
<td>2021</td>
<td>25%</td>
<td>67%</td>
<td>5%</td>
<td>0%</td>
<td>3%</td>
</tr>
</tbody>
</table>

Source: Madera County Department of Public Health

**KEY FINDINGS**

Excluding COVID-19 cases, most infectious diseases reported in Madera County were sexually transmitted infections.

Sexually Transmitted Infections (STI)

STIs are infectious diseases primarily spread through sexual contact. Dozens of diseases are classified under this disease category. Consequences of untreated sexually transmitted infections can range from an individual having no symptoms to more severe outcomes such as formation of scar tissue, inflammation of key reproductive organs, ectopic pregnancy, pre-term delivery, infertility, long term-pelvic/abdominal pain, and even death. A pregnant woman with undiagnosed and untreated syphilis can pass the infection down to her baby causing major health consequences such as deformed bones, low blood count, enlarged organs, brain and nerve problems in the unborn baby. In Madera County, chlamydia, gonorrhea, syphilis, and human immunodeficiency virus (HIV) are reportable conditions to the local public health department.

Public Health Significance

In 2020, there were 2,391,599 counts of reportable STIs (chlamydia, gonorrhea, and syphilis) reported in the United States. This reflected a decrease of 6.4% of total STI cases compared to 2019.¹ The COVID-19 pandemic had a significant role in this decrease due to reduced STI testing, limited resources for the identification of sexual partners, and treatment. In some aspects, social distancing and COVID-19 disease mitigation might have had a positive effect on STI transmission too, although it is unclear how big the effect.² A combination of decreased screening and transmission during the pandemic reflected a decrease in new STI cases in 2020; however, the number of total STI cases had increased by 39.5% from 2020 to 2021 as testing became more available and reduced restrictions in 2021.

In Madera County

STIs can affect individuals of all ages; however, they disproportionately impact adolescents and young adults. In Madera County, chlamydia and gonorrhea disproportionately impact females in the reproductive age group. High STI rates can result in poorer personal, as well as newborn health outcomes, one of which is observed with congenital syphilis.
**STI: Gonorrhea**

**Gonorrhea Incidence Rate per 100,000**

- Madera
- California

**KEY FINDINGS**

Overall, the rate of gonorrhea in Madera County increased from 2016-2018 but decreased in 2019.

**Gonorrhea Incidence Rate Among Females vs Males by Age Group per 100,000**

**Female**

**Male**

- **Madera County Females 15-24**
- **California Females 15-24**
- **Madera County Females 15-44**
- **California Females 15-44**

**KEY FINDINGS**

- Gonorrhea incidence for females in both the 15-24 years old and the 15-44 years old age groups were higher for Madera County compared to California from 2016-2018.
- For males, the incidence of gonorrhea was lower for Madera County compared to California for both the 15-24 years old and the 15-44 years old age groups from 2016-2019.

Source: California Department of Public Health
https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/STD-Data.aspx
**STI: Chlamydia**

**Chlamydia Incidence Rate per 100,000**

- **Madera**
- **California**

Overall, the rate of chlamydia cases increased each year from 2016-2019.

**Chlamydia Incidence Rate Among Females v.s. Males by Age Group per 100,000**

- **Female**
- **Male**

The chlamydia case rate was highest for the females 15-24 years old (Adolescent and Young Adult) age group compared to the females 15-44 years old (Females of Reproductive Age) age group. Chlamydia incidence was much higher among females compared to males.

Source: California Department of Public Health
https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/STD-Data.aspx
In Madera County, rates of Chlamydia and Gonorrhea are significantly higher in females than males.

Source: California Department of Health Care Access and Information https://hcai.ca.gov/visualizations/preventable-hospitalizations-for-diabetes/
STI: Syphilis

Primary and Secondary Syphilis Incidence Rate per 100,000

Madera California

Between 2016-2018, primary and secondary syphilis incidence rates were higher in Madera County compared to California.

Congenital Syphilis Incidence Rate per 100,000

Madera California

Congenital syphilis incidence was higher in Madera County compared to California for 2016-2018.

Source: California Department of Public Health
https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/STD-Data.aspx
HIV

HIV infection that is not controlled by medication can progress to AIDS causing severe damage of the immune system. This makes the individual highly vulnerable to opportunistic infections and severe health outcomes, even death.

Public Health Significance

Approximately 1.2 million people in the U.S. have HIV and about 13% of these individuals do not know that they have HIV.³ In the United States, there were 30,635 new HIV diagnoses in 2020.⁴ Those between the ages of 13 to 34 accounted for 57% of new HIV diagnoses in 2020.⁴ Early HIV diagnosis is crucial to the reduction of new HIV infections. The CDC recommends that individuals between 13 and 64 get tested for HIV at least once as part of their routine health care.⁵

In Madera County

The HIV incidence rate in Madera County was less than California from 2015-2019; however, the sustained increase from 2016-2018 raised some concerns despite the significant observed decline in the HIV incidence rate from 2018 to 2019. Compared to California, Madera County performed similarly regarding ensuring HIV continuum of care.


HIV Incidence Rate per 100,000

Source: California Department of Public Health 2016-2020
<table>
<thead>
<tr>
<th>HIV metrics</th>
<th>Madera County</th>
<th>California</th>
</tr>
</thead>
<tbody>
<tr>
<td>Continuum of HIV care for persons living with diagnosed HIV infection</td>
<td>73.0%</td>
<td>75.0%</td>
</tr>
<tr>
<td>Percent (%) of people living and diagnosed with HIV in care **</td>
<td><strong>66.7%</strong></td>
<td><strong>65.3%</strong></td>
</tr>
</tbody>
</table>

** in care: Persons who had at least one CD4, viral load, or HIV-1 genotype test during the calendar year were considered to be in care.

***Virally suppressed: Persons whose most recent HIV viral load test result during the calendar year was ≤ 200 copies/ml were considered to be virally suppressed.

COVID-19

The unprecedented COVID-19 pandemic that was declared in March 2020 quickly became a top priority in Madera County over the next several years. Crisis from the pandemic included physical health, mental health, and every social determinant of health,. Due to the demands forced onto the medical system, many other healthcare services were reduced in priority causing a delay in important primary prevention such as health screenings, management and treatment of chronic and infectious conditions, and related mental health outcomes. During the pandemic, health disparities were magnified. Underlying socioeconomic factors known to affect health were exemplified by disproportionate COVID-19 infection and mortality rates. Disparities associated with COVID-19 virus transmission, severity of disease, deaths, and even vaccination rates were observed across the country. A major concern for the future of healthcare includes the impacts posed in dealing with the significant number of individuals suffering from the long-term health consequences of COVID-19 infection (or Long COVID).

Public Health Significance

As of October 2022, there was 96,301,553 confirmed COVID-19 cases and 1,055,293 deaths reported in the United States.⁶ Excess deaths analysis revealed a much larger burden from the COVID-19 pandemic than just number of reported confirmed deaths directly caused by COVID-19. Non-COVID-19 excess deaths were related to unmanaged chronic diseases such as hypertensive diseases, ischemic heart disease, heart failure and an overwhelmed healthcare system. However, to a degree, some deaths were consequently prevented due to the stay-at-home order, reducing the risks for motor vehicle, occupational, and other types of injuries. Since February 2020, the total number of nationwide deaths above the expected rate was 374,856, a total of 40,793 of those deaths were in California.⁷

In Madera County

As of October 2022, a cumulative total of 41,867 confirmed and 7,153 probable COVID-19 cases were reported for Madera County resulting in a total of 382 confirmed and 112 probable COVID-19 deaths.⁸ In 2020 alone, there was a 16.3% increase in deaths in Madera County. Excess deaths varied by race/ethnicity, indicating health disparities. In 2020, an increase of deaths was observed for people with major chronic long-term managed conditions; while a decrease was seen for injuries and drug overdose, potentially associated with pandemic restrictions that limited social interactions and travel. In addition to preexisting conditions, throughout the course of the pandemic, Hispanic/Latino residents had a larger burden of COVID-19 infection. Despite Hispanic/Latino individuals making up 58.8% of the total population of Madera County, 71.1% of the total COVID-19 cases were reported for this racial/ethnic group. Risks of COVID-19 infection were related to one’s occupation and crowded housing.

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Despite making up only 58% of the county’s population, Hispanic/Latino residents made up 71% of total COVID-19 cases.
Madera County Residents Vaccinated Against COVID-19 by Race/Ethnicity (2022)

American Indian/Alaska Native
Asian
Black/African American
Latino
Native Hawaiian/Pacific Islander
White
Multiracial
Total population

Note: Vaccinated is represented as receiving at least 1 dose of the COVID-19 vaccine. Native Hawaiian or other Pacific Islander’s population estimate is too small to accurately represent vaccine coverage in this population.
Vaccine-Preventable Diseases

Vaccine-preventable diseases are infectious diseases that can be prevented through immunization. Measles, pertussis (whooping cough), poliomyelitis (polio), rubella, tetanus, and varicella (chickenpox) are a few of the vaccine preventable diseases. Through the administration of vaccines, certain diseases have been eliminated and eradicated (smallpox) from the globe.

Public Health Significance

By following the recommended immunization guidelines, illness, disability, and death can be prevented. Through vaccination, 4 million deaths worldwide are prevented each year.⁹ In fact, it is estimated that between 2021 and 2030, 51 million deaths will be prevented through vaccination.⁹

In Madera County

The case rate for all vaccine-preventable diseases was relatively low between 2020 to 2021, except for pertussis; however, compared to California, the rate of pertussis in Madera County was higher from 2017-2021.

Vaccination coverage as seen in Kindergartners with all required immunizations had a comparable percentage to California vaccination percentage levels from 2017-2019; low vaccine-preventable illness levels could be attributable to high childhood vaccine coverage in Madera County.


## Kindergartners With All Required Immunizations (2017-2019)

<table>
<thead>
<tr>
<th>Year</th>
<th>Madera (%)</th>
<th>California (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017</td>
<td>96%</td>
<td>95.6%</td>
</tr>
<tr>
<td>2018</td>
<td>94.6%</td>
<td>95.1%</td>
</tr>
<tr>
<td>2019</td>
<td>95.5%</td>
<td>94.8%</td>
</tr>
</tbody>
</table>

Valley Fever

Valley fever, also known as coccidioidomycosis is caused by a fungal infection commonly found in soil in various places in the Americas, including the southwestern part of the United States. Individuals can get infected when they breathe in dust that contains the Valley fever fungus spores. Individuals living in geographical areas where spores are found in soil are more likely to be infected with coccidioidomycosis, but individuals can have even higher risk if they work in certain industries such as agriculture, archeology, construction, geology, military, wildland firefighting, and those who work in mining, gas, or oil extraction jobs.¹⁰ Health impact of Valley fever varies. Many will never experience illness, though about 5-10% of people infected can progress to severe long-term disease and lung problems.¹¹

Public Health Significance

Over 65% of Valley fever cases are reported from the Central Valley and Central Coast regions.¹² Since 2000, the number of cases of Valley fever in California has increased from less than 1,000 cases to more than 9,000 cases in 2019.¹² In fact, Valley fever cases have tripled from 2014 to 2018 in California.¹³ Each year, Valley fever is responsible for the hospitalization of 1,000 Californians and 80 deaths.¹⁴

In Madera County

Valley Fever remains a much larger burden in Madera County, compared to California. The rate of new diagnoses of Valley fever in Madera County has been increasing since 2015.


Source: California Department of Public Health
Mental Health

Mental health is important to an individual’s well-being and their ability to live a full and productive life. Mental health affects an individual’s well-being, including the way an individual thinks, feels, and acts, as well as, their physical health. Mental health can change over time due to life events, biological factors and even use of drugs or alcohol. Individuals can experience more than one mental health disorder at a time. These disorders can be episodic or reoccurring.
Public Health Significance

There are hundreds of different types of mental health disorders making mental health illnesses one of the most common health conditions in the United States. In fact, more than 50% of Americans will be diagnosed with a mental illness at some point in their life.¹ Each year, 1 in 5 adults experience mental illness.¹ Each year, 1 in 6 children (age 6-17) experience a mental health disorder.²

In Madera County

The Madera County Department of Behavioral Health Services shared data regarding the clients served for the 2021 calendar year. From this data, different mental health disorders were identified. Through the Madera County community-wide survey, depression was ranked fourth in percent of respondents who self-reported that they had been diagnosed or at high risk of a health condition. A closer examination shows that depression in Madera County is higher among white residents than other race/ethnicity. Compared to California, Madera residents have a higher average number of mentally unhealthy days. Yet, the number of Madera County residents with severe depression is lower than that of California. Madera County residents who report frequent suicide ideation is below California levels, however, the suicide rate in Madera County has increased from 2016 to 2020.

Mental Health

Mental Health Disorders Encountered at Madera County Department of Behavioral Health Services (2021)

<table>
<thead>
<tr>
<th>Mental Health Disorder</th>
<th>Percent of Encounters</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attention-deficit hyperactivity disorders</td>
<td>7.1%</td>
</tr>
<tr>
<td>Post-traumatic stress disorder</td>
<td>8.5%</td>
</tr>
<tr>
<td>Bipolar Disorder</td>
<td>2.3%</td>
</tr>
<tr>
<td>Depressive Episode</td>
<td>9.6%</td>
</tr>
<tr>
<td>Major Depressive Disorder, Recurrent</td>
<td>8.9%</td>
</tr>
<tr>
<td>Other Anxiety Disorders</td>
<td>13.9%</td>
</tr>
</tbody>
</table>

Source: Madera County Department of Behavioral Health Services

KEY FINDINGS

Clients with other anxiety disorders (panic and anxiety disorder) are encountered the most at Madera County Department of Behavioral Health Services.

Madera County Survey Takers Who Are at High Risk for or Been Diagnosed With Depression by Race/Ethnicity (2021)

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>American Indian/Alaska Native*</td>
<td></td>
</tr>
<tr>
<td>Asian*</td>
<td></td>
</tr>
<tr>
<td>Black/African American*</td>
<td></td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td></td>
</tr>
<tr>
<td>Native Hawaiian/Pacific Islander*</td>
<td></td>
</tr>
<tr>
<td>White</td>
<td></td>
</tr>
<tr>
<td>Another Race*</td>
<td></td>
</tr>
</tbody>
</table>

Source: Madera County Department of Public Health community-wide survey

*Due to small small size from survey population, conclusions about data should be interpreted with caution.
†Sum of percentages does not add up to 100 due to multiple response in the check all that apply format.
**Average Number of Mentally Unhealthy Days Reported in Past 30 Days (2019)**

- **California**: 3.9 days
- **Madera County**: 4.7 days

Source: County Health Rankings & Roadmaps
Countyhealthrankings.org

**Survey Takers Who Reported They Have Severe Depression per 100,000 (2020-2022)**

- **Madera County**: 95.0
- **California**: 123.5

Source: Mental Health America
Mhanational.org

**KEY FINDINGS**

Madera County’s total number of people scoring with severe depression per 100,000 people is 95.0, this is lower than the state of California (123.5).

- (PHQ-9 is a multipurpose instrument for screening, diagnosing, monitoring, and measuring the severity of depression.)
Survey Takers Who Reported Frequent Suicidal Ideation
per 100,000 (2020-2022)

Madera County Suicide Rate
per 100,000 (2016-2020)

KEY FINDINGS
Madera County has a total number of individuals reporting frequent suicidal ideation per 100,000 people of 86.8, which is lower than the state of California (135.9).

- (PHQ-9 is a multipurpose instrument for screening, diagnosing, monitoring, and measuring the severity of depression.)

Source: Mental Health America
Mhanational.org

Source: Madera County Department of Public Health
<table>
<thead>
<tr>
<th>Age Group</th>
<th>2017</th>
<th>2018</th>
<th>2019</th>
<th>2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>20-29</td>
<td>20%</td>
<td>33%</td>
<td>13%</td>
<td>19%</td>
</tr>
<tr>
<td>30-39</td>
<td>24%</td>
<td>0%</td>
<td>25%</td>
<td>19%</td>
</tr>
<tr>
<td>40-49</td>
<td>28%</td>
<td>11%</td>
<td>19%</td>
<td>25%</td>
</tr>
<tr>
<td>50-59</td>
<td>16%</td>
<td>18%</td>
<td>19%</td>
<td>6%</td>
</tr>
<tr>
<td>60-69</td>
<td>8%</td>
<td>0%</td>
<td>13%</td>
<td>13%</td>
</tr>
<tr>
<td>70-79</td>
<td>0%</td>
<td>17%</td>
<td>6%</td>
<td>0%</td>
</tr>
<tr>
<td>80+</td>
<td>4%</td>
<td>1%</td>
<td>6%</td>
<td>19%</td>
</tr>
</tbody>
</table>

Source: Madera County Department of Public Health
RESOURCES
Resources

Addiction & Recovery Services
• Chowchilla Counseling Center
  » 215 S 4th St Chowchilla, CA 93610
  » (559) 665-2947

• Madera County Behavioral Health Services
  » 209 E 7th Street, Madera, CA 93638
  » (559) 673-3508
  » 24 Hour Crisis Line: (888) 275-9779

• Oakhurst Counseling Center
  » 49774 Road 426 Suite D Oakhurst, CA 93644
  » (559) 683-4809
  » Substance Use Disorder (SUD) Non-Emergency Treatment Referral Line 1-800-879-2772

Adult Services
• In Home Supportive Services (IHSS)
  » (559) 662-2600

Children/Child Care Services
• Community Action Partnership of Madera County
  » 1225 Gill Ave. Madera, CA 93637
  » (559) 673-9173

• First 5 Family Resource Center
  » 525 E. Yosemite Avenue, Madera CA 93638
  » (559) 661-5155

• Valley Children’s Healthcare
  » 9300 Valley Children’s Pl, Madera, CA 93636
  » (559) 353-3000

• Youth Leadership Institute
  » (559) 387-7589

Food & Clothing Assistance
• Fairmead Community & Friends
  » (559) 665-0848

• Griffin Hall Soup Kitchen
  » 117 N C St. Madera, California 93638

• Women, Infant & Children Program, WIC - Madera County Department of Public Health
  » 1604 Sunrise Avenue Madera, CA 93638, (559) 675-7623
  » 40325 Highway 41 Oakhurst, CA 93644, (559) 658-7456
• **Madera County Food Bank**
  » Emergency Food Line: (559) 674-2992
  » Office Line: (559) 674-1482

• **Madera County Department of Social Services**
  » CalFresh & Supplemental Nutrition Assistance Program (SNAP)
  » (559) 675-2300

• **Manna House**
  » 40398 Junction Drive Oakhurst, California 93644
  » (559) 683-6262

• **Senior Nutrition Program**
  » 559-214-0299

• **Meals on Wheels**
  » https://maderacap.org/programs-and-services/community-services/senior-services/

• **United Way Fresno and Madera Counties**
  » 4949 East Kings Canyon Road Fresno, CA 93727
  » (559) 244-5710

**Health and Wellness**

• **Camarena Health**
  » (559) 664-4000

• **Madera County Department of Public Health**
  » 1604 Sunrise Avenue, Madera, CA 93638
  » (559) 675-7893

• **Medi-Cal**
  » For information on How to Apply for Medi-Cal please visit: BenefitsCal.com

• **POISON CONTROL – National Capital Poison Center**
  » 1-800-222-1222

• **Trevor Project – Resources for LGBTQIA+ community**
  » 1-866-488-7386 or text START to 678-678

**Immigration Services**

• **Centro Binacional para el Desarrollo Indígena Oaxaqueño (CBDIO)**
  » 2911 Tulare St, Fresno, CA 93721
  » (559) 499-1178

• **United Farm Workers**
450 S. Madera Ave. Suite H Madera, CA 93637
(559) 674-4525

Transportation Services
• Chowchilla Area Transit Express
  » 130 S Second Street, Chowchilla, CA 93610
  » (559) 665-8655

• City of Madera Dial-A-Ride
  » 123 North “E” Street, Madera, CA 93638
  » (559) 661-7433

• Eastern Madera County Medical Escort Van
  » 201 W Almond Avenue, Madera, CA 93638
  » (559) 263-8080

• Madera County Connection
  » 201 W Almond, Madera, CA 93637
  » (559) 263-8081

• Madera Co. Transportation Commission
  » 2001 Howard Road, #201, Madera, CA 93637
  » (559) 675-0721

• Madera Metro
  » 123 North E Street, Madera, CA 93638
  » (559) 661-7433

For more information please visit:
https://www.maderactc.org/transportation/page/public-transportation-providers

Victim Services
• Lideres Campesinas
  » 2101 South Rose Avenue, Fresno, CA 93721
  » (559) 662-2600

• Victim Services Center (VSC)
  » 812 West Yosemite Ave. Suite #101 Madera, CA. 93637.
  » (559) 661-1000
  » Confidential support for victims of Domestic Violence 24 hour hotline: 1-800-355-8989

Multipurpose Services
• California Health Collaborative
  » 1680 West Shaw Avenue Fresno, CA 93711-3504
  » (559) 221-6315

• Information Services
  » 2-1-1
• Madera County Behavioral Health Services
  » 209 E 7th Street, Madera, CA 93638
  » (559) 673-3508

• Madera County Connecting Citizens to Services
  » 3-1-1

• Madera County Department of Public Health
  » 1604 Sunrise Avenue Madera, CA 93638
  » (559) 675-7623

• Madera County Department of Social Services
  » 1626 Sunrise Ave Madera, CA 93638
  » (559) 675-7841

• MCH and California Highway Patrol
  » The COPLINE: 1(800) 267-5463
  » For other first responders call the Fire/EMS Helpline at 1-(888) 731-FIRE (3473)

• United Way Fresno and Madera Counties
  » 4949 East Kings Canyon Road Fresno, CA 93727
  » (559) 244-5710
Glossary

Adverse childhood experiences (ACEs)-
Potentially traumatic events that occur in childhood (0-17 years). Example: experiencing violence, abuse, or neglect.

Age-adjusted Rate-
A rate of morbidity or mortality in a population that is statistically modified to eliminate the effect of age difference in a population.

Age-specific Mortality Rate vs Crude Mortality Rate (Crude Death Rate)-
An age-specific mortality rate is a mortality rate limited to a particular age group. The crude mortality rate is the mortality rate from all causes of death for a population.

Air Quality Index (AQI)-
An index reporting daily air quality. It tells you how clean or polluted the air is.

Birth Rate-
Total number of live births per 1,000 females in a population in a year.

Built Environment-
Human-made surroundings in which people live, work, and play.

Cardiovascular Disease-
A group of disease that affect the heart or blood vessels.

Cancer-
Diseases in which abnormal cells divide without control and are able in invade other parts of the body.

Census Tract-
Small, subdivisions of a county used by the U.S. census to provide a geographic boundary in which to collect statistical data.

Chronic Disease-
Health condition that takes months or years to develop and is long-lasting in effect.

Communicable Disease-
Disease that spread from one person or from an animal to a person.

Death Rate (Mortality Rate)-
A measure of the frequency of death in a defined population during a specified interval of time.

Domestic Violence-
Violent or aggressive behavior within the home, typically involving the violent abuse of a spouse or partner.
Excess Deaths-  
The difference between the observed numbers of deaths in specific time periods and expected numbers of deaths in the same time periods.

Focus Group-  
A small-group discussion guided by a trained leader to learn more about the opinions on a specified topic.

Food Insecurity-  
The disruption of food intake or eating patterns because of lack of money or other resources.

Health People 2030-  
A framework of national health objectives used to track progress towards national goals of improved health and reduced health threats.

Hispanic/Latino Ethnicity-  
A person of Latin-America or Spanish descent.

HIV vs AIDS Diagnosis-  
Human immunodeficiency virus (HIV) is the virus that can lead to acquired immunodeficiency syndrome (AIDS). Aids is the final stage of HIV infection.

Hypertension-  
Blood pressure that is consistently too high or blood pressure that is above 130/80.

Infant Mortality Rate-  
The number of infant deaths (less than 1 year of age) per 1,000 live births.

LGBTQ-  
Lesbian, Gay, bisexual, Transgender, and Queer (or Questioning)

Medicare-  
A government program that provides health insurance to age 65 and over.

Mental Illness-  
A wide range of conditions that affect your mood, thinking and behavior. Examples include depression, anxiety, schizophrenia, eating disorders, and addictive behaviors.

Morbidity-  
A term used to refer to an illness or illnesses in a population

Mortality-  
A term used to refer to death or deaths in a population.

Percent-  
A ratio “out of 100”.  

PM 2.5-
Particulate matter; fine inhalable particles, with diameters that are generally 2.5 micrometers and smaller.

Postpartum-
Occurring in or being the period following childbirth.

Poverty Level-
The minimum income that individual or family needs to obtain the necessities to live (food, water, shelter).

Prenatal-
Before birth; during or relating to pregnancy.

Prevalence-
The proportion of a population which has a particular characteristic in a given time period.

Prevention Quality Indicators (PQIs)-
Prevention Quality Indicators identify issues of access to outpatient care, including appropriate follow-up care after hospital discharge.

Race vs Ethnicity-
Race refers to a person’s physical characteristics (i.e., skin, hair, or eye color). Ethnicity refers to cultural factors, including nationality, regional culture, ancestry, and language.

Rate-
Occurrence of disease within a population in a given time period. Example: 7.0 per 100,000 means 7 cases for every 100,000 people.

Risk Factor-
Any characteristic or exposure of an individual that increases the likelihood of developing a disease or injury.

Secondhand Smoke-
Smoke inhaled involuntarily from tobacco being smoked by others.

Social Determinants of Health-
The conditions in the environment in which people are born, live, work, play, worship, and age that affects a wide range of health and quality-of-life outcomes.

Socioeconomic Status-
Social standing or class of an individual or group often measures a combination of education, income, and occupation.

Substance Abuse-
The harmful or hazardous use of substances, including drugs and alcohol, that can lead to dependence or repeated use.
Supplemental Nutrition Assistance Program (SNAP)-
Program that offers nutrition assistance to eligible, low-income individuals and families and provides economic benefits to communities.
Table and Graph References
(In order of appearance)

Overview:

Cause of Death:

Education Access and Quality:

Economic Stability:

Neighborhood and Built Environment:
6. Fact sheets and reports. Fact Sheets and Reports. (n.d.). Retrieved September 2022, from https://www.cdph.ca.gov/Programs/CCDPHP/DCDIC/CTCB/Pages/FactSheetsAndReports.aspx

Social and Community Context:

Health Care Access and Quality:
Behavioral Risk and Protective Factors:

4. Fact sheets and reports. Fact Sheets and Reports. (n.d.). Retrieved September 2022, from https://www.cdphe.ca.gov/Programs/CCDPHP/DCDIC/CTCB/Pages/FactSheetsAndReports.aspx
7. Substance Use Related Disorders in Madera County (2021). Madera County Department of Behavioral Health Services
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Behavioral Protective Factors:

1. VSB County Health Status Profiles 2022. VSB County Health Status Profiles. (n.d.). Retrieved October 2022, from https://www.cdphe.ca.gov/programs/chsi/pages/county-health-sta-


**Chronic Disease:**

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**Cardiovascular Disease:**


**Stroke:**


**Cancer:**


**Asthma:**


**Obesity:**


**Diabetes:**


**Oral Health:**

**Infectious Disease:**
1. Category of Infectious Disease Reported Among Madera County Residents, excluding COVID-19. Madera County Department of Public Health

**Chlamydia, Gonorrhea, & Syphilis:**

**HIV:**

**COVID-19:**

**Vaccine-Preventable Diseases:**

**Valley Fever:**

**Mental Health:**
1. Mental Health Disorders in Madera County (2021). Madera County Department of Behavioral Health Services

5. Age-adjusted Suicide Rate in Madera County (2016-2020). Madera County Department of Public Health
Appendix

Comparing the 2017 Community Health Assessment and the 2023 Community Health Assessment

In 2017, the CHA reported mortality rates for heart disease in ages 35+ by race. The current data for heart disease mortality rates in ages 35+ by race shows that mortality rates have decreased in all races except for in American Indian and Alaska Natives and Asian and Pacific Islander, which have increased from a rate of 271.2 and 223.4 to 294.7 and 272.8 (per 100,000), respectively. (Health Outcomes; chronic disease; heart disease)

Cancer incidence for breast cancer has slightly decreased, however prostate cancer has decreased from a rate of about 110 to 78.7 (per 100,000). (Health Outcomes; chronic disease; cancer)

In 2017, the CHA reported mortality rates for stroke in ages 35+ by race. The current data for stroke mortality rates in ages 35+ by race shows that mortality rates have decreased in all races except for in Asian and Pacific Islander, which increased from a rate of 83.5 to 111.7 (per 100,000). (Health Outcomes; chronic disease; stroke)

In 2017, the CHA reported avoidable heart disease and stroke mortality rates in ages 35+ by race. The current data for avoidable heart disease and stroke mortality rates have increased in all races except for White (Non-Hispanic). The largest increase in mortality rate were seen in Black (Non-Hispanic), Asian and Pacific islander, and American Indian & Alaska Native which increased from 116.7, 54.8, and 57.7 to 139.8, 70.8 and 81.8 (per 100,000), respectively. (Health Outcomes; Chronic Disease; Stroke)

In 2017, the CHA reported long-term and short-term complications of diabetes from 2005-2014. The current data for long-term and short-term complications of diabetes shows that the risk-adjusted rate for long-term and short-term complications of diabetes has decreased from 99.0 and 65.0 to 64.6 and 48.3 (per 100,000), respectively, as of 2020. (Health Outcomes; Chronic Disease; Diabetes)

In 2017, the CHA reported lower extremity amputations of diabetes from 2005-2014. The current data for lower extremity amputations of diabetes shows that the risk-adjusted rate for lower extremity amputations of diabetes has increased from 18.4 to 32.7(per 100,000), as of 2020. (Health Outcomes; Chronic Disease; Diabetes)

In 2017, the CHA reported prenatal care begun during the first trimester of pregnancy from 2008-2014. The current data shows that the average percentage of prenatal care begun during the first trimester of pregnancy has increased from about 73% to 80.2% for 2018-2020. (Behavioral risk and protective factors; behavioral protective factors)

In 2017, the CHA reported chlamydia rates from 2011-2015. The current data shows that the incidence rate for chlamydia has increased from a rate of 474.3 to 609.7 (per 100,000). Gender disparity is also still observed in females. (Health Outcomes; infectious disease; sexually
transmitted disease)

In 2017, the CHA reported gonorrhea rates from 2001-2015. The current data shows that the incidence rate for gonorrhea has continued to increase from a rate of 102.9 to 161.7 (per 100,000). Gender disparity is also still observed in females. (Health Outcomes; infectious disease; sexually transmitted disease)

The violent crime rate in Madera County has increased from a crime rate of about 575 in 2014 to a rate of 620 (per 100,000) in 2020. (Social determinants of health; neighborhood and built environment)

In 2017, the CHA reported emergency department visits due to asthma. The current data shows that the age-adjusted rate for emergency department visits due to asthma for 2019 has decreased in both age groups, 0-17 years and 18+ years from a rate of about 140 and 35 to a rate of 105.1 and 29.7 (per 100,000), respectively. (health outcomes; chronic disease; asthma)
Community-Wide Survey Demographics

Madera County’s population data was obtained from the United States Census Bureau and a community-wide survey. The Madera County Department of Public Health conducted a community-wide survey in 2021. This community-wide survey was conducted to get a representative sample of the Madera County population. Survey data results show that there was oversampling of the Hispanic/Latino population and an under sampling of all other races, except in the Native Hawaiian/Pacific Islanders group. Though there was oversampling and under sampling of some groups, important identifying information was found from those who participated in the community-wide survey. For example, Madera County is known to have a large population of Indigenous Mexican groups, due to this, participants were also asked to identify if they were Indigenous Mexican. Other issues of sampling were found in the oversampling of women and under sampling of men in the community-wide survey.

**KEY FINDINGS**

- The community-wide survey population included nearly 3 times as many females than males.
- 35-44 years old average age range of survey participants.
- 4.2 average household size of survey participants.
KEY FINDINGS
The community-wide survey asked participants if they were of Mexican ancestry and if they self-identify as being part of the Nahuas, Maya, Zapotec, Mixtec, Otomi, Totomac, Tzotzil, Mazahua, Mazatec, Huastec, Ch'ol, Chinantec, Purepecha, Mixe, Tlapanex, Tarahumara indigenous groups.
• Of those that identified they were of Mexican ancestry, 8.9% identified as indigenous.
Key Questions from Community Health Assessment Survey

34. What are the greatest needs of children and their families in your community? (2021)

- Safe spaces for physical activity: 51.1%
- Access to Healthy food: 44.1%
- Mental health & substance use disorder programs for parents: 40.0%
- Health Insurance: 36.7%
- Poverty: 33.7%
- Clean & safe housing: 32.5%
- Connection to trusted adults: 29.0%
- Affordable internet: 28.0%
- Access to pediatrician: 26.8%
- Child Abuse: 22.9%
- Timely vaccination: 22.7%
- Homelessness: 19.3%
- Clean Water: 18.2%
- Other: 6.2%

Some responses for “Other” include: after school programs, mental health services, playgrounds/parks.

36. What are the greatest behavior concerns children and adolescents face in your community? (2021)

- Mental Health: 60.4%
- Youth Violence: 49.6%
- Domestic Violence: 36.2%
- Alcoholism: 25.9%
- Other: 15.4%
- Motor Vehicle Injuries: 11.0%

Some responses for “Other” include: suicide, bullying, and drugs.
41. Has a doctor, nurse, or other health professional ever told you that you had, or are at risk for, any of the following? (check all that apply) [2021]

- High blood pressure: 31.2%
- Diabetes: 28.9%
- Obesity: 23.0%
- Depression: 21.0%
- Arthritis: 16.8%
- Asthma: 13.5%
- Heart attack: 9.0%
- Cancer: 7.6%
- Stroke: 7.4%
- Coronary heart disease: 6.3%
- Other: 5.4%
- Kidney disease: 4.6%
- Chronic obstructive pulmonary disease: 3.6%
- COPD: 3.4%

Source: Madera County Department of Public Health Community-Wide Survey

43. Do you have any of the following barriers that make it difficult to access healthcare services or get medication? (check all that apply) [2021]

- Expensive healthcare or medication costs: 59.4%
- Not applicable: 48.6%
- Making time for healthcare appointments: 40.2%
- Distance to nearest healthcare facility or pharmacy: 21.5%
- Lack of transportation: 17.1%
- Other: 6.0%

Source: Madera County Department of Public Health Community-Wide Survey

• Some responses for “Other” include: lack of health insurance, lack of quality doctors, poor trust in hospital, etc.
44. What three things make it hard to get healthcare in your community? (Select 3) [2021]

- No health insurance: 30.4%
- No health care available at nights or weekends: 29.9%
- Doctor appointments are scheduled too far out: 25.0%
- It is not hard to get healthcare: 24.3%
- Can't afford doctor office visits: 22.6%
- Waiting time to see the doctor is too long: 21.9%
- Not enough doctors here: 20.8%
- Can't afford medicine: 20.2%
- High co-pays and deductibles: 16.7%
- The only place to go is the emergency room: 15.3%
- Can't get of work to see a doctor: 14.8%
- Medi-cal/ Covered California/ Obama care is too hard to get: 13.7%
- Doctor office staff are rude or unhelpful: 12.3%
- Doctors staff don't speak language of our community: 9.7%
- No transportation: 9.4%
- Other: 8.0%
- Medi-cal/ Covered California/ Obama care is too hard to use: 7.8%

Source: Madera County Department of Public Health Community-Wide Survey

*Sum of percentages does not add up to 100 due to multiple response check all that apply format.*

• Some responses for “Other” include: quality of care is poor, immigration status, lack of access to care, doctors don’t understand Spanish, etc.

48. What is your biggest health concern? (select only 1) [2021]

- Chronic Disease: 53.6%
- Other: 19.2%
- Mental Health Issue: 15.0%
- Alcohol and Substance Addiction and Abuse: 5.4%
- Lack of Vaccination: 4.5%
- Violence: 2.4%

Source: Madera County Department of Public Health Community-Wide Survey

• Some responses for “Other” include: arthritis, cholesterol, obesity, high blood pressure, etc.

- Some responses for “Other” include: better air quality, affordable medicine, affordable healthcare, affordable food, health insurance, closer medical facility, etc.

50. If you could change anything about the environment to make it healthier and safe, what 3 things would they be? (2021)

- Some responses for “Other” include: bike paths, less traffic/traffic control on Avenue 12, more public transportation, safe walking paths, etc.

Source: Madera County Department of Public Health Community-Wide Survey

*Sum of percentages does not add up to 100 due to multiple response in the check all that apply format.*
• Some responses for “Other” include: domestic violence, drugs, criminal activity, gangs, mental health, violence, homelessness, etc.

• Some responses for “Other” include: clean places, safe streets, public transportation, walkable cities and livable wages, bike lanes and sidewalks, controlled traffic, more hospitals and doctors, etc.