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Background and Context

The Merced County Department of Public Health (MCDPH) is dedicated to protecting and improving community members' health and long-term wellbeing. In order to better understand and meet the County's diverse health needs, MCDPH, in collaboration with an External Task Force of health care partner agencies, completed a Community Health Assessment (CHA) to provide a systematic overview of the county's health status and leading health concerns. This CHA was produced through a two-year process of data collection and analysis, supplemented by data, key informant interviews and a random digit dial survey of residents gleaned from local hospital community health assessments.

Using the CHA as a starting point, MCDPH carried out a community engagement process to assist with the development of strategies to address countywide health issues through a Community Health Improvement Plan (CHIP). To ensure this is truly a countywide health improvement project, the CHIP will be used by a range of agencies including County and City departments and community-based organizations, with whom MCDPH will partner to rollout CHIP strategies. The CHA and CHIP are also prerequisite documents for MCDPH to be eligible for accreditation through the National Public Health Accreditation Board (PHAB).

Section 1 of the CHIP describes MCDPH's planning approach to ensure success. Section 2 describes the community engagement process, including the facilitation process used to guide community stakeholders in the process of selecting priority health issues, along with a summary of meeting locations and participant characteristics. Section 3 presents the ranked health priorities that emerged from the community engagement process. Section 4 synthesizes the themes that arose in the community discussions around health priorities in Merced County. Section 5 presents the CHIP goals, objectives, and strategies developed through a participatory strategizing process with MCDPH and external partners.

Merced County Department of Public Health

Vision

Merced County: A healthy place for all

Mission

To promote, protect, and preserve healthy living and safe environments.

Values

Equity: Recognizing disparities and having a purposeful commitment to improve social conditions.

Innovation: Creative, data-driven solutions that make a difference.

Integrity: Honest, respectful, and non-judgmental with high ethical standards.

Leadership: Trusted key partner, creating change through inclusive collaboration.

Quality: Promoting, expecting, and maintaining excellence through an expert workforce.

Responsiveness: Agile and able to adapt to community needs.

Service: Committed to beneficial system change, education, advocacy, and prudent regulation.

Stewardship: Responsible and transparent management of resources.



Focus on the Social Determinants of Health

Through collaborative efforts with community partners, MCDPH strives to make Merced County a safer and healthier place for residents to live, work, and play. MCDPH understands that health and wellness are not something that can be realized by medical care alone. Instead, health and wellness are something that begins in our homes, neighborhoods, at our workplaces, in our school systems, and at our community parks, and playgrounds. Keeping this in mind as an organizing principle to move towards a healthier community, the CHIP intentionally incorporates the broader social and environmental issues the county faces.

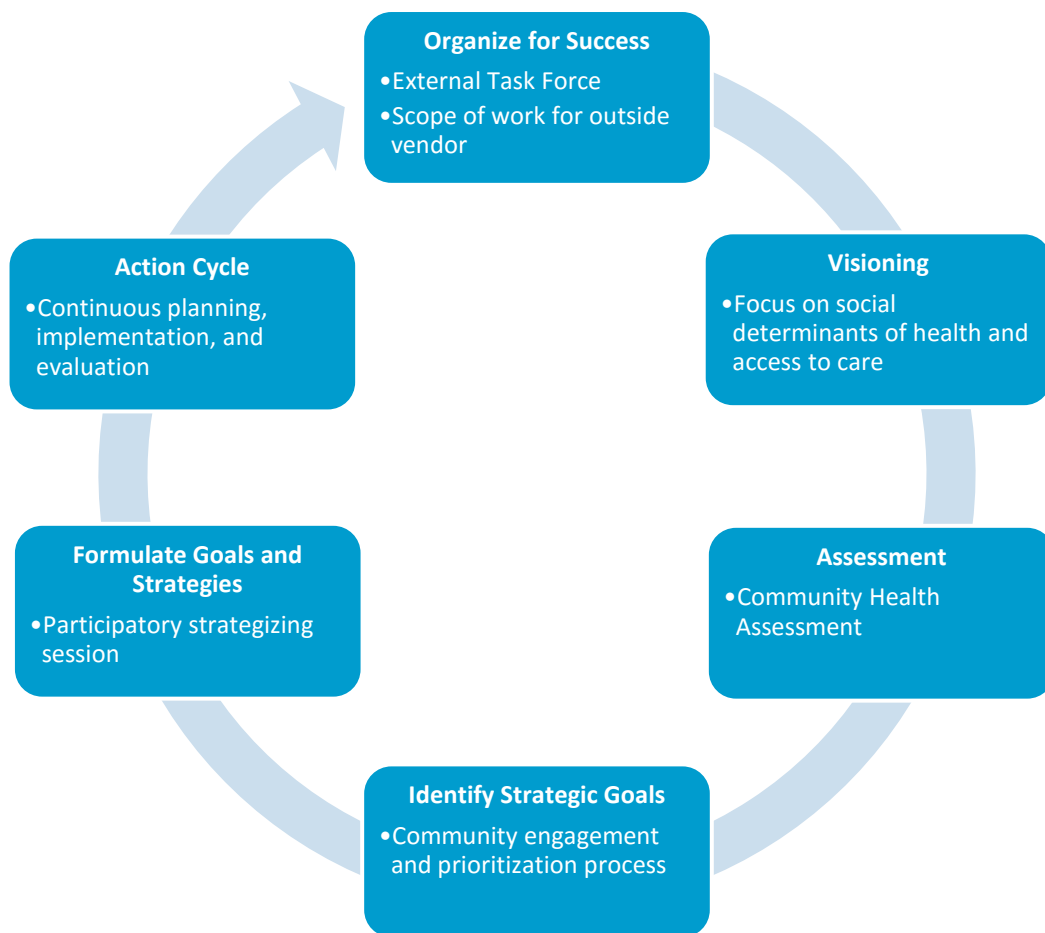
In Merced County, low education, income, and employment rates; and inequitable access to healthy foods, safe public spaces, and housing contribute to health inequities. Additionally, health disparities that are seen among racial, ethnic, and marginalized social groups point to underlying systematic biases that constitute a root cause of poor health outcomes. Using the CHA as a foundation, and ensuring community engagement in the development of the CHIP, MCDPH implemented a process to bring forth strategies that move beyond interventions that target individual health behaviors to interventions that address the underlying factors that affect the community's health.

Each strategy outlined in the CHIP incorporates one or more of the identified socio-environmental concerns and provides an upstream or policy level intervention to help level the playing field and promote equity and quality of life for all of Merced County's residents.

Section 1: Planning for Success

In order to promote the inclusion of Merced County’s diverse populations, MCDPH developed a strategy where many stakeholders and communities had the opportunity to participate in the development of the countywide health improvement plan. MCDPH used a process adapted from Mobilizing for Action through Planning and Partnerships (MAPP), a community-wide strategic planning process designed by the National Association of County and City Health Officials (NACCHO) to improve public health.¹ MCDPH followed the six general steps of the MAPP framework, illustrated in Figure 1 and described in detail below.

Figure 1. CHIP Development Approach



¹ NACCHO. September 2013. Mobilizing for Action through Planning and Partnerships (MAPP): User’s Handbook.

1. Organize for Success/Partnership Development. To start the process of developing the CHA and the CHIP, in early 2014 MCDPH convened a task force of community partners. This External Task Force met monthly to discuss topics related to community health assessment and improvement. The External Task Force also helped to develop the scope of work for a vendor to bring the results of the CHA to the community for feedback, facilitate a process to help the community prioritize the health concerns identified in the CHA, and summarize these findings in a CHIP. MCDPH contracted with Resource Development Associates (RDA), a California-based consulting firm, to assist the County in developing the community engagement plan and materials and in facilitating the community engagement process.

2. Visioning. In this step, MCDPH and the External Task Force developed a vision for the project that focused on access to quality care and social determinants of health, in alignment with MCDPH's emphasis on addressing structural factors influencing health. This approach was selected after a countywide pattern of high mortality rates paired with low prevalence rates was identified across several health conditions. Rather than indicating true low prevalence, this suggests that perhaps Merced County residents are being diagnosed at later stages of disease, leading to higher mortality rates. As a result of this visioning process, the CHA included not only physical health conditions, but also focused heavily on broader environmental factors such as income, education, employment, housing, and violence.

External Task Force Members

- Building Healthy Communities, Merced
- Central California Alliance for Health
- First 5 Merced County
- Dignity Health Mercy Medical Centers Merced
- Golden Valley Health Centers
- Livingston Community Health
- Merced County Department of Behavioral Health and Recovery Services (formerly the Mental Health Department)
- Merced County Department of Public Health
- Sutter Health Memorial Hospital Los Banos
- United Way-Merced County
- University of California, Merced

3. Assessment. To develop the CHA, MCDPH gathered both quantitative and qualitative data on the community's health status through a two-year process of data collection and analysis, which included publically available population data as well as survey and interview data collected by Professional Research Consultants (PRC) for Dignity Health's 2015 Community Health Needs Assessment (CHNA). While the construction of the CHA was spearheaded by MCDPH, several drafts were presented to the External Task Force for review and feedback.

4. Identify Strategic Goals. Using the CHA, MCDPH developed a community engagement process to determine the strategic issues that should be addressed in order to improve health and wellness in Merced County according to the External Task Force vision. Considering prioritization criteria developed by NACCHO, including size of the issue, seriousness of the issue, trends over time, demographic disparities, and feasibility and resources, Task Force members prioritized the broad sections of the CHA (e.g., Leading Causes of Death, Mental Health, Infectious Disease, etc.) and the chapters within each section (e.g., Heart Disease, Diabetes, Depression, etc.). Rankings were averaged, and an internal team from MCDPH reviewed the rankings and selected priorities from the

top rankings of each large section (i.e. at least one topic was chosen from each major section). The External Task Force vetted the final selections and determined the following 10 priority areas to bring to the community meetings for further discussion and prioritization.

Health Conditions

1. Heart Disease and Stroke
2. Chronic Lung Disease
3. Diabetes
4. Drug and Alcohol Abuse
5. Sexually Transmitted Diseases

Social Determinants of Health

6. Access to Care
7. Income, Education, and Employment
8. Healthy Foods and Physical Activity
9. Injury and Violence
10. Housing and Homelessness

- 5. Formulate Goals and Strategies.** MCDPH held two participatory strategizing sessions in September and October 2016 with members of the External Task Force as well as the Merced County Health Care Consortium membership (see list of participants below).

CHIP Strategy Session Participating Agencies – September 2016

- Beachwood Franklin Committee for Improvement
- Building Healthy Communities, Merced
- Central California Alliance for Health
- City of Gustine
- First 5 Merced County
- Golden Valley Health Centers
- Livingston Community Health
- Merced County Behavioral Health and Recovery Services
- Merced County Board of Supervisors
- Merced County Department of Public Health
- Merced County Human Services Agency
- Merced County Office of Education
- Merced County Sheriff's Department
- Dignity Health Mercy Medical Centers Merced
- Sutter Health Memorial Hospital Los Banos
- The California Endowment
- UC Merced
- BHC Health Equity Project
- UC Merced-Blum Center for Developing Economies

The Merced County Health Care Consortium membership includes 91 e-list invitees from local hospitals, county departments (public health, human services, and mental health), health plan organizations (the COHS, Covered CA and one of its plans, Blue Cross), safety net clinics, community-based organizations, educational institutions, representatives from state and federal elected officials' offices and interested non-affiliated individuals.

In September, participants split into workgroups based on each of the identified health priority areas and used an interactive and sequential process of developing a goal statement, four to six objectives for each goal, and up to three strategies for each objective.. MCDPH then met with the External Task Force to validate the revised goals and objectives.

In October, there was a second strategy session with members of the Merced County Health Care Consortium. Participants again split into three groups based on the health priority areas and brainstormed strategies for *policy*, *system*, and *environmental changes* that would need to be in place to support the CHIP's objectives.

Following the strategy session, MCDPH refined the goals, objectives, and strategies to ensure the CHIP maintained a focus on social determinants of health and reflected a comprehensive plan of action with strategies in the following categories:

- Partnerships
- Communication
- Policy Development/Implementation
- Resource Development
- Practice Enhancement
- Evaluation
- Assessment
- Youth/Adult Engagement
- Stakeholder/Consumer Education

6. Action Cycle. Following the development of the CHIP, MCDPH will undertake continuous planning, implementation, and evaluation to ensure the community achieves the goals set out in the CHIP. MCDPH is also engaged in a concurrent strategic planning effort, through which the Department will develop action plans for the strategies identified in the CHIP.

The CHIP will inform new and ongoing collaborative efforts such as a coalition to address drug and alcohol use facilitated by the Merced County Departments of Behavioral Health and Recovery Services and Public Health (new); ongoing collaborations to address preventable chronic diseases through Public Health’s Partnerships to Improve Community Health and Merced County Accountable Community For Health (ongoing); and cooperative efforts to improve access to health care through Public Health’s Whole Health Partnership and Merced County Accountable Community For Health efforts (ongoing).

Figure 2. Strategy Sessions with MCDPH and External Partners



Section 2: Community Engagement Approach

Development of Community Engagement Plan and Materials

To ensure that a broad representation of county residents had an opportunity to contribute to the CHIP, MCDPH planned a series of community meetings and identified outreach events where the top 10 health conditions and social determinants of health issues from the CHA would be presented.

MCDPH contracted with RDA to develop visually appealing graphics and materials depicting the 10 priority health issues. RDA created representative icons for each health issue to allow for quick and easy identification by community members, taking into account concerns about literacy and cultural differences among Merced County's diverse residents (see example in Figure 3 and full materials in Appendix A). RDA then developed PowerPoint presentations for the community meetings. MCDPH and RDA used these materials to facilitate the prioritization of health issues at two types of community engagement events: 1) community meetings and 2) a traveling booth. Each of these activities is described below.

Community Meetings

Meeting Facilitation Process

MCDPH had three objectives for the community meetings:

1. **Report out on the main findings from the CHA and connect the findings' relevance to community health status.**
2. **Engage community members in a prioritization of health issues** to be include in the CHIP through a voting activity.
3. **Gather information about resources and strategic ideas** to address the priority health issues as documented in the CHIP.

To achieve these objectives, the County used a PowerPoint presentation that summarized and presented the data from the CHA, dividing the health issues into two sections: 1) health conditions and 2) social-environmental health concerns (see example slide in Figure 4 below). Facilitators from RDA and MCDPH encouraged participants to ask questions about the data presented and to share their experiences with the 10 health issues.

Figure 3. Example of Materials

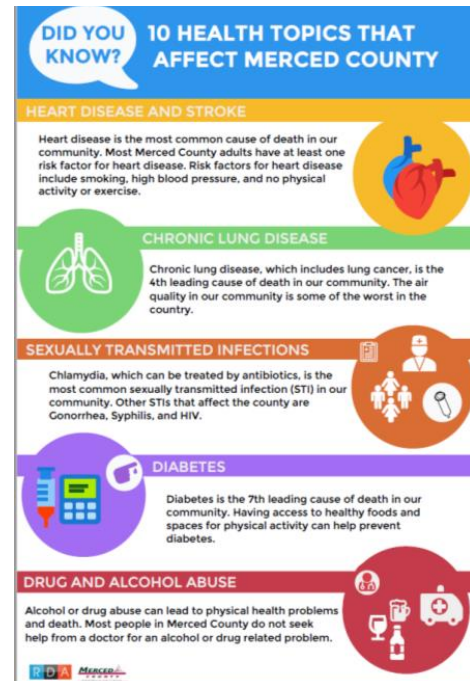
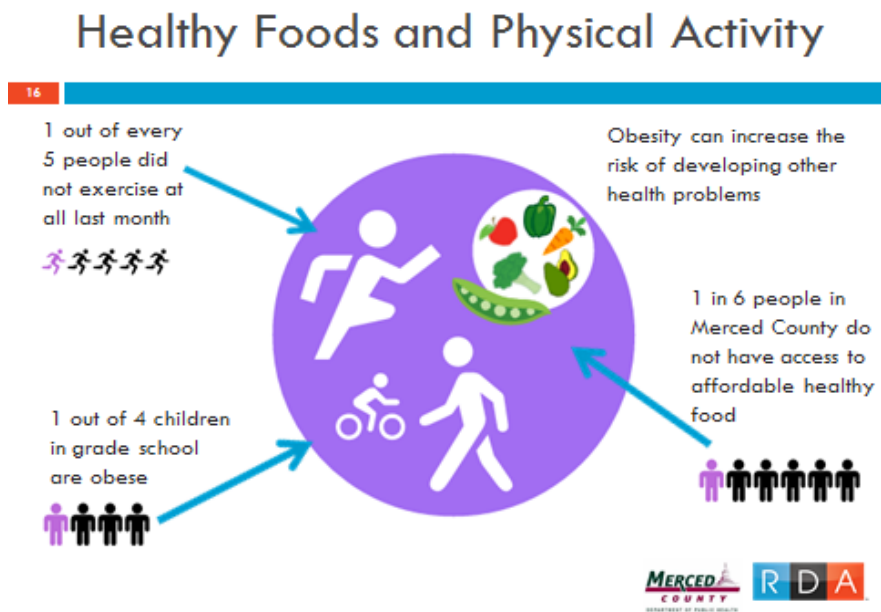
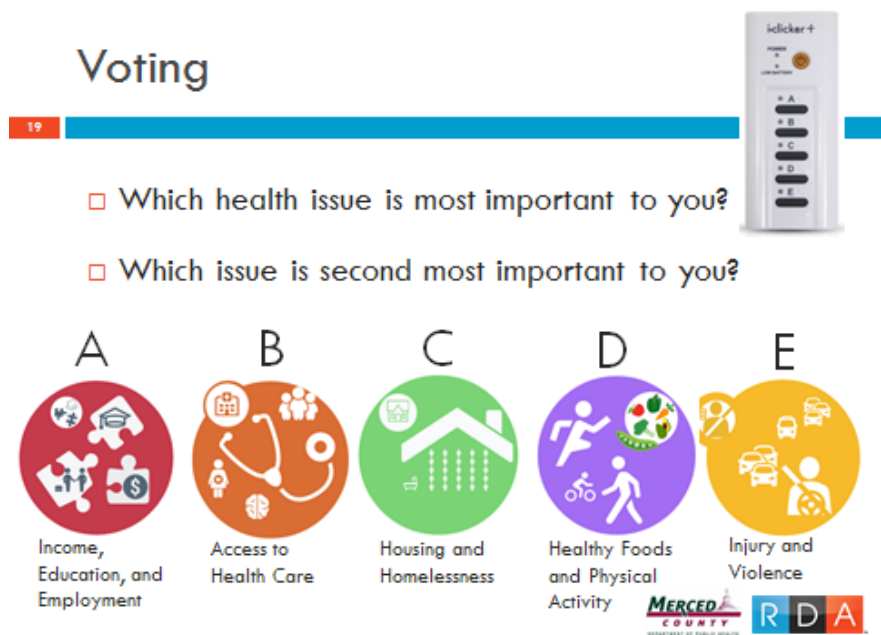


Figure 4. Example of Presentation of CHA Data



Next, the facilitators led participants in a voting exercise. The facilitators used an electronic voting tool, *iclicker*, to allow for an interactive and real-time voting process. Participants were asked to vote for their first and second priority issues in each of the two sections: health conditions and social-environmental health concerns (see Figure 5).

Figure 5. Voting Exercise with *iclicker*

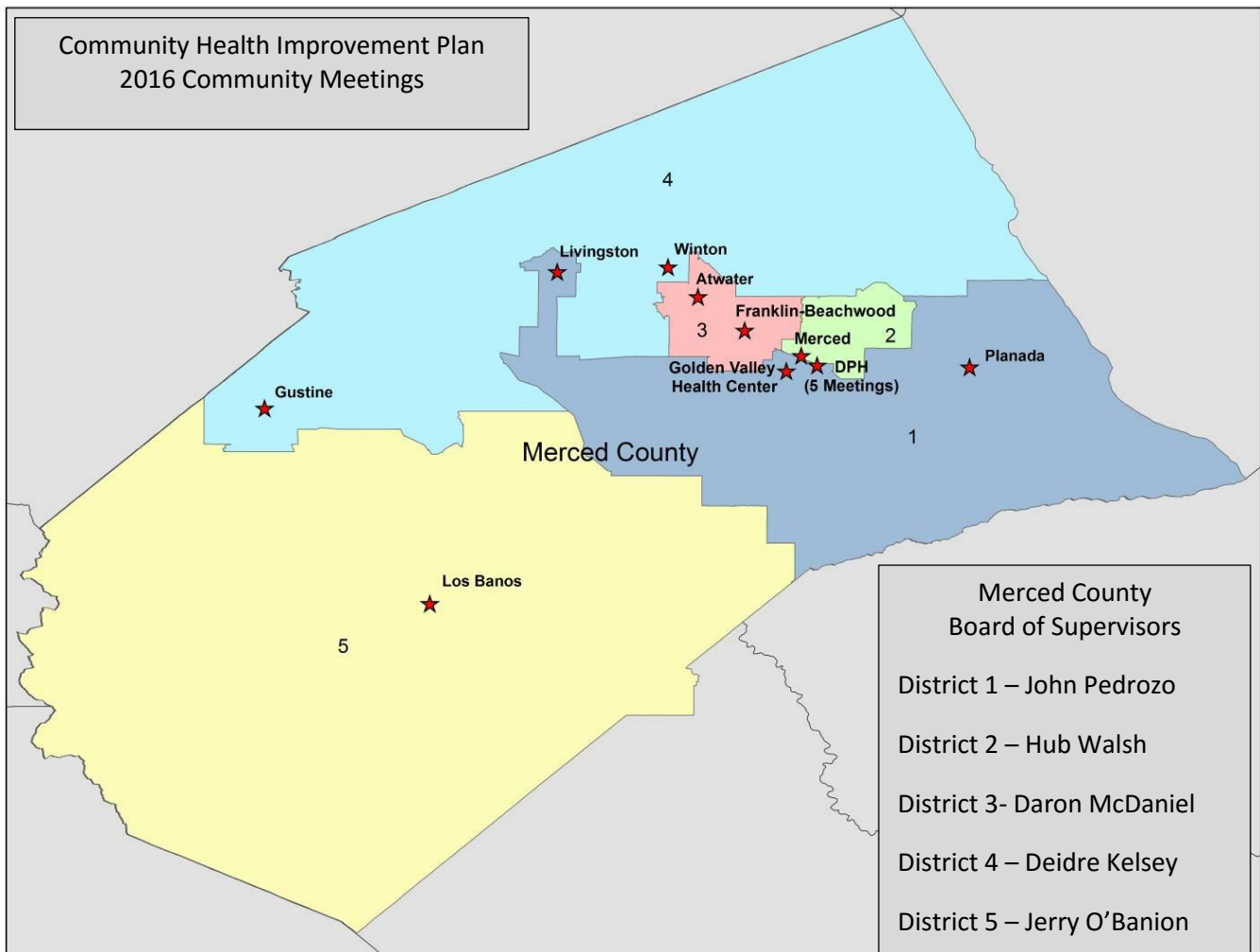


Following the voting activity, the facilitators led a discussion about: 1) services and resources that currently exist or could be expanded upon to effectively address the priority health issues; and 2) services and resources that do not exist but would be beneficial in addressing the priority health issues.

Supervisorial District and Population-Specific Meetings

Through the community meetings, MCDPH aimed to gather feedback from stakeholders at various locations across the vast geographic area of Merced County, as well as from vulnerable populations and the county’s major ethnic communities. For geographic representation, MCDPH held up to two meetings in each of the five county supervisorial districts, along with five population-specific meetings. Another meeting was held with health care professionals (see Figure 6).

Figure 6. Map of Community Meetings by Supervisorial District



Merced County

Community Health Improvement Plan

Most meetings were held in English, with simultaneous language interpretation provided in Spanish in areas with large Latino/Hispanic populations and in Punjabi at the meeting with a large Punjabi speaking population. A meeting was also conducted in Hmong for the Hmong community. In the Punjabi and Hmong meetings as well as with members of an African-American church congregation, MCDPH partnered with identified community leaders to facilitate the meetings in a culturally responsive way.

Table 1 below shows the district and population-specific meetings along with the number of meeting participants. A total of 251 people participated in 15 community meetings based on attendance sign-in sheets.

Table 1. Community Meetings and Number of Participants

15 Meeting Locations	Number of Participants
District Meetings	
District 1	
Planada (Spanish/English)	15
Livingston (Punjabi/English)	30
District 2	
City of Merced	16
District 3	
Atwater	10
Franklin-Beachwood	13
District 4	
Winton	12
Gustine	9
District 5	
Los Banos	7
Population-Specific Meetings	
Latino/Hispanic (Spanish/English)	18
Monolingual Hmong	34
Transitional Age Youth	15
LGBTQ	6
African American Church members	21
Health Care Consortium	30
Department of Public Health staff	15
Total	251

Outreach Strategy

Using flyers and email templates (see example in Figure 7), MCDPH and RDA conducted outreach through a number of media outlets (e.g., newspapers, online calendars), community-based organizations (CBOs), and staff members from county and city agencies. Community leaders in the Hmong and Punjabi communities also conducted outreach to their communities. Building Healthy Communities, Merced (BHC) played a large outreach role in several of the communities. A full list of outreach contacts is presented in Appendix B.

When MCDPH was able to partner with a community leader to reach out to specific communities, this enhanced turnout at the community meetings. Moving forward, MCDPH plans to identify community liaisons and develop a handbook of local resources and contacts in order to support future outreach efforts.

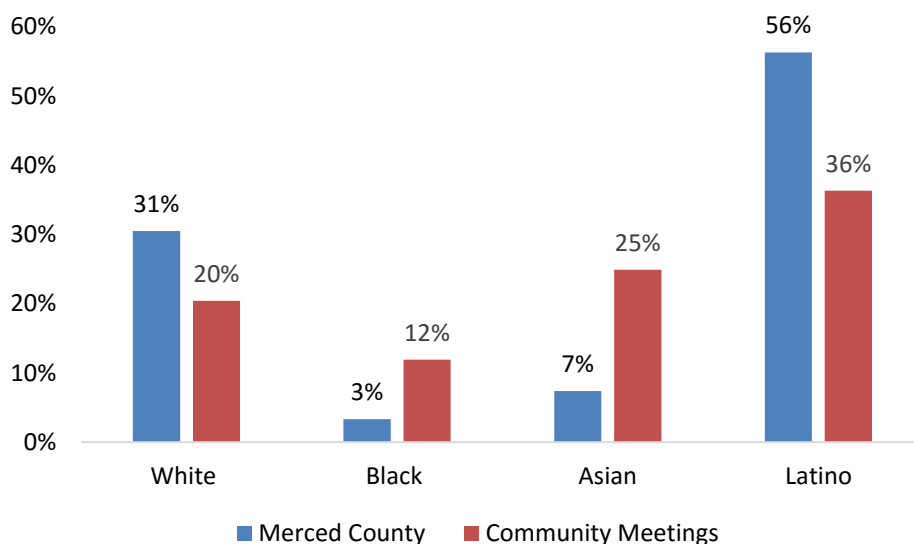
Participant Demographics

Thirty-six percent of community meeting participants were Latino, followed by 25% Asian, 20% White, and 12% Black. There was a higher percentage of Asian participants in the community meetings (25%) than live in Merced County (7%) and a smaller percentage of Latino participants in the community meetings (36%) than live in Merced County (56%). There was a slightly lower percentage of white participants in the community meetings (20%) than live in Merced County (31%) and a slightly higher percentage of black participants in the community meetings (12%) than live in Merced County (3%) (see Figure 8).

Figure 7. Outreach Flyer

COMMUNITY MEETING SCHEDULE		
DOORS OPEN AT 6:00 PM, MEETING AT 6:30 PM		
PLANADA Tuesday, July 12 th , 6-8pm Planada Community Center: 9567 Standard Street	LIVINGSTON Tuesday, July 26 th , 6-8pm City Council Chambers Hall: 1436 C Street	DOS PALOS Monday, August 1 st , 6-8pm Del Hiale Community Center: 931 Center Ave
WINTON Wednesday, July 13 th , 6-8pm Winton Community Center: 7091 Walnut Ave	FRANKLIN-BEACHWOOD Wednesday, July 27 th , 6-8pm Franklin Elementary School: 2736 Franklin Road	LOS BANOS Tuesday, August 4 th , 6-8pm Miller and Lux Building: 830 6 th Street
ATWATER Monday, July 18 th , 6-8pm Atwater Community Center: 760 East Bellevue Rd	MERCED Thursday, July 28 th , 6-8pm Merced Civic Center: 678 West 18 th Street	GUSTINE Monday, August 8 th , 6-8pm Al-Gorman Community Center: 741 Linden Ave

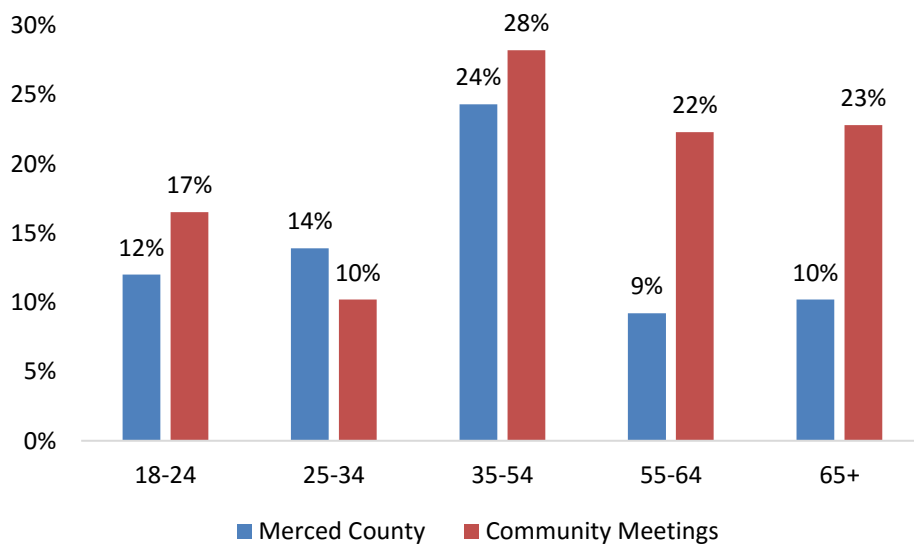
Figure 8. Race/Ethnicity of Community Meeting Participants Compared to Merced County



County data from Census ACS 2014 population estimates. Community meeting data from 201 participants (of 241 participants that entered electronic votes). Seven percent of community meeting attendees reported their race as mixed or as other than the listed categories.

A range of age groups were represented at community meetings, with the highest percentage of participants between 35–54 (28%) and the lowest percentage of participants between the ages of 25–34 (10%). Compared to the population of Merced County, community meeting participants were slightly older. Though only 19% of County residents were 55 years old or older, 45% of community meeting participants were within this age range (see Figure 9).

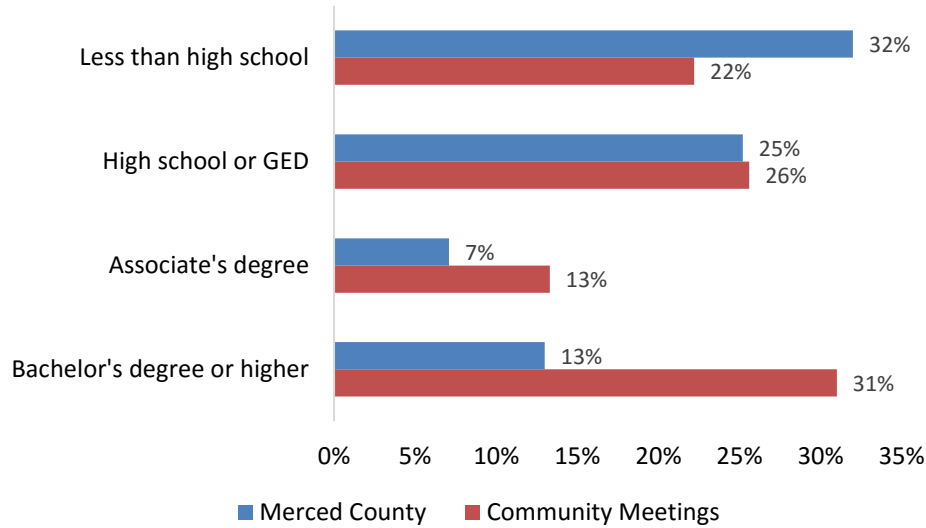
Figure 9. Age of Community Meeting Participants Compared to Merced County



County data from Census ACS 2014 population estimates. Community meeting data from 206 participants (of 241 participants that entered electronic votes).

When asked their level of educational attainment, almost a quarter of community meeting participants reported they had not completed high school, slightly over a quarter reported a high school diploma or GED, and 44% reported an associate’s degree or higher. Community meeting attendees had higher levels of education than the population of Merced County: 31% of community meeting attendees had a bachelor’s degree or higher, compared to only 13% of Merced County residents (see Figure 10).

Figure 10. Level of Education of Community Meeting Participants Compared to Merced County



County data from Census ACS 2014 population estimates of population 25+ years old. Community meeting data from 203 participants (of 241 participants that entered electronic votes). An additional 8% of community meeting attendees had vocational/trade certificates or degrees.

Figure 11. Community Meeting in Livingston



Figure 12. Community Meeting in Planada



Traveling Booth

In order to gather feedback from as many diverse community members as possible, including hard-to-reach populations in more remote locations, MCDPH set up a “traveling booth” at 14 community events and locations throughout the County (see text box). At each location, the community engagement materials depicting the 10 health issues were presented in English and Spanish on large posters and on handouts for community members to read and take with them. MCDPH representatives staffed the booth and were available to answer questions and provide additional information about the health issues.

Each of the 10 health issues was presented on a box, in which community members could place a token to vote on what they believed to be the *health issue that matters the most in their community*. Community members received a small prize (e.g., a small flashlight, water bottle, or pen) for voting. In total, the booth activity garnered 2,313 votes.

Figure 13. Merced County Community Fair and Traveling Booth

Traveling Booth Locations

- Merced County Fair
- Los Banos Flea Market
- Merced Mental Health Stigma Reduction Event
- Gustine 5k Color Run
- Livingston 4th of July Festival
- Atwater School Lunch Program (Parents)
- Livingston Farmers Market
- Los Banos Miano Elementary Lunch (Parents)
- Los Banos United Methodist Vacation Bible School
- Atwater Mental Health Stigma Reduction Event
- Los Banos National Night Out
- Castle Head Start
- Castle Family Health Centers Health Fair Event
- Public Health Department

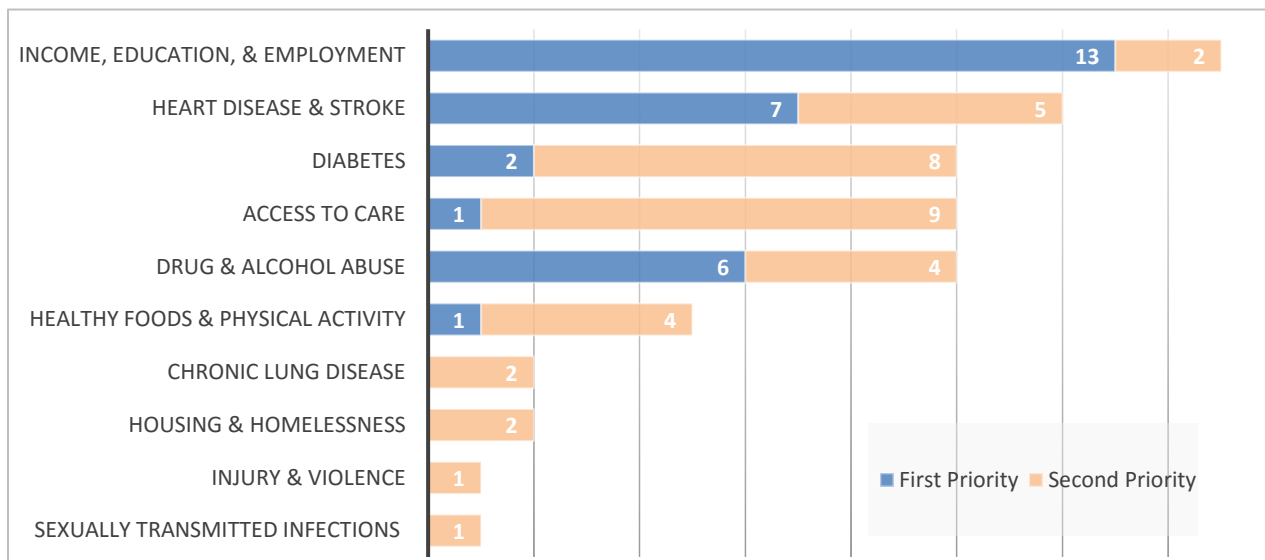


Merced County Fair: Nancy Young, Special Projects Coordinator; Kathleen Grassi, Public Health Department Director, Tim Livermore, Health Officer, and Hortensia Silva, Community Health Specialist. Los Banos Flea Market: Kristynn Sullivan, Epidemiologist and Accreditation Coordinator.

Section 3: Ranked Health Priorities

A tally of the votes collected across the 15 community meetings and the 14 traveling booth locations revealed community members’ health priorities. Figure 14 displays the number of votes each health issue received across all community meetings, and whether the issue was voted as the first or second priority. Adding the total number of votes including participants’ first and second top priorities, as well as tied priorities, *Income, Education, and Employment*; *Heart Disease and Stroke*; *Diabetes*; *Access to Health Care*; and *Drug and Alcohol Abuse* emerged as the top five priority areas (see Appendix C for the first and second priority votes from each of the individual meetings).

Figure 14. Community Meeting Votes by Health Issues



Error! Not a valid bookmark self-reference. lists the total votes each health issue received at the traveling booth.

Table 2. Tally of Traveling Booth Votes by Health Issue

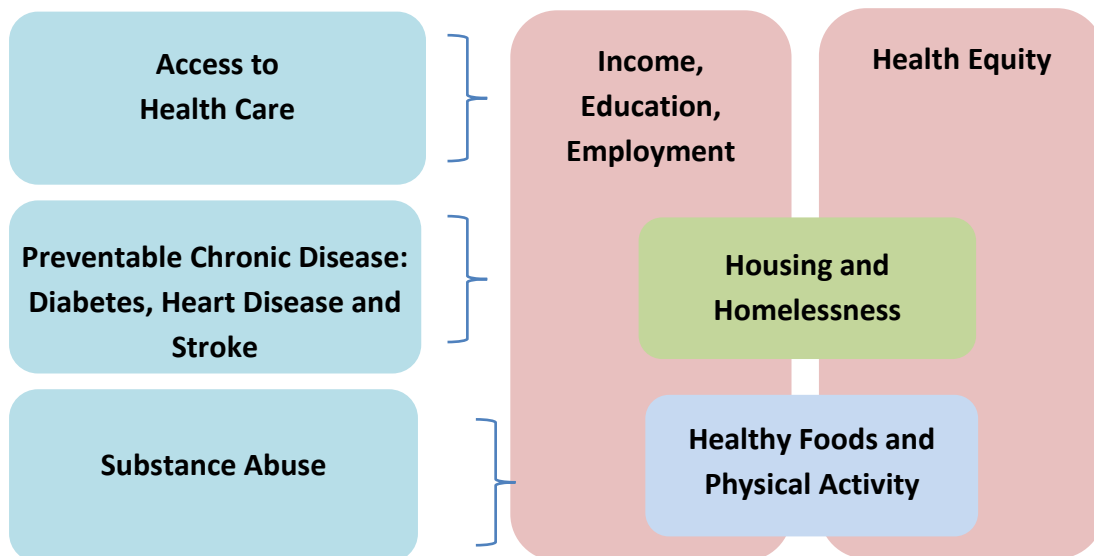
Health Topic	Number of Votes
Income, Education, Employment	438
Alcohol & Drug Abuse	433
Housing & Homelessness	329
Diabetes	276
Injury & Violence	203
Healthy Food & Physical Activity	190
Access to Medical Care	160
Heart Disease & Stroke	109
Sexually Transmitted Infections	91
Chronic Lung Disease	74
Overall Total	2,313

To further refine the community’s ranked list of health issues, MCDPH and the External Task Force developed a framework to collapse related health issues into one category and pair top voted social and economic determinants where they overlapped with a health condition. For example, community meeting participants voted both *Heart Disease and Stroke* and *Diabetes* as important health conditions. Given that these diseases have similar risk factors, indicators, and intervention strategies, MCDPH and the External Task Force combined these health conditions into a single priority area: Preventable Chronic Diseases. When discussing these diseases, community members consistently talked about the access to healthy foods and safe places to exercise—connecting this priority area to the *Healthy Foods and Physical Activity* health issue.

Nearly every meeting discussed *Drug and Alcohol Abuse*, and it received the second highest number of votes among the health conditions presented for prioritization at the community meetings. Based on community members’ discussions, one socio-economic factor that closely related to *Drug and Alcohol Abuse* was *Housing and Homelessness*. Community members also voted *Access to Care* as a top issue and discussed this matter in relation to every health condition; therefore, MCDPH included this issue as a priority to be strategically addressed in the CHIP. *Income, Education, and Employment* received the highest number of votes from the traveling booth voting areas. Due to high community significance, MCDPH decided to incorporate this factor into an overarching framework to understand and better address all of the identified health concerns in the CHIP. In addition, racial/ethnic disparities in health care access, cultural responsiveness and discrimination in health care settings due to race/ethnicity, sexual orientation, or language spoken, and disparities in health status emerged as underlying issues impacting the health of many communities in Merced County. As such, the CHIP also includes health equity as a cross-cutting factor influencing each of the health priority areas.

The issues that are included in the CHIP are: 1) **Access to Health Care**, 2) **Preventable Chronic Diseases**, 3) **Substance Abuse**, and 4) **Health Equity and Social Determinants of Health**. Figure 15 displays these three priority areas in combination with their respective socio-environmental factors.

Figure 15. Top Three Health Priorities and Corresponding Socio-Environmental Factors



Section 4: Summary of Community Discussions on the Health Priorities

This section summarizes the community discussion around the top three ranked health priorities and corresponding socio-environmental factors. Community members often shared their personal experiences, or family members' experiences, of how the 10 priority health topics have impacted their lives. The text box below highlights the key takeaways from these discussions, including and in addition to the health issues covered during the voting exercise.

Key Takeaways



The following themes rose to the top of discussions across the community meetings. The meeting discussions largely aligned with the voting results listed above; however, participants placed particular emphasis on additional issues they viewed as relevant to the health and wellbeing of their community, beyond the health issues included in the voting exercise.

- **Need for medical care and services.** Community members highlighted challenges in getting medical care they needed because of limited or non-existent programs or providers
- **Challenges accessing care.** Residents experience barriers to accessing care related to cost, transportation to facilities, high wait times for an appointment, and insufficient information about services available. Some community members observed a culture of not seeking care.
- **Dissatisfaction with care.** Community members shared experiences of discrimination and care that was not tailored to their culture.
- **Safe community spaces.** Community members do not view parks in their communities as safe, and children face barriers to playing in parks when bathrooms are locked or not available at all.
- **Healthy food.** Community members perceive their neighborhoods as food deserts. Some participants recommended community gardens and accepting food stamps at farmers markets.
- **Behavioral health concerns.** The community as a whole emphasized concerns about substance abuse and mental health issues.
- **Injury and violence.** Car accidents due to unsafe driving and gang violence were not reflected by the voting exercise, but did emerge in discussions.
- **Income.** Many families struggle with meeting their basic needs of food and shelter.
- **Community centers and information exchange.** Many participants expressed the desire for venues and opportunities for local residents to come together to build community and learn about health topics and resources.

Access to Health Care

Community meeting participants across all districts and population-specific groups expressed numerous challenges in accessing the various types of health care services and programs they need. Since the rollout of the Affordable Care Act, more people in Merced County are now insured; however, according to community participants, many people remain uninsured, specifically Merced’s undocumented adults. Participants stated that undocumented residents experience disproportionate challenges in getting the care they need. Additionally, even insured residents are not having their medical needs met and struggle with the cost, availability, location, quality of care, and wait time for services. Participants in the Health Care Consortium community meeting voiced that there continues to be an extremely high utilization of emergency services for primary care needs, as well as a shortage of all types of health care providers across the county. Below is a summary of the barriers to care most frequently mentioned in community meetings.

Shortage of Providers and Services

Many community members stated there are not enough primary care, specialist, or mental health providers to adequately serve their community. Some attributed the shortage of doctors and health care providers in general to challenges with retention and noted that currently many providers are retiring at a high rate. In Gustine, a participant stated that the county has begun to address this issue by recruiting physicians from other areas.

“[A]nother barrier is that patients...have to wait a month for a physical; if they need a specialist then it’s even longer, and they have to go to Palo Alto or somewhere else... It’s just too much for families.”

-City of Merced Community Meeting Participant

The availability of mental health providers and services, especially counseling services, was of particular concern in most population-specific and several district community meetings. One community participant expressed frustration about the need for more services in their area, and observed that many who seek care in a hospital setting would be better served by targeted mental health treatment.

“We need more help with mental health problems - they don’t need to go to the hospital, but they need mental health treatment. Often people stay in the hospital and there is no mental health evaluation there, so they sit there.” –African American Community Meeting Participant

Additionally, many community members identified issues of drug and alcohol abuse and injury and violence as important health concerns related to the perceived lack of access to mental health care services and the limited availability of providers.

Multiple community meetings discussed strengthening the University of California, Merced medical education track to create a strategic career pipeline of medical professionals to serve the community from within and address the shortage of physicians.

Affordability

Participants in districts 1, 2, 3, and 5 and all population-specific groups participants voiced that cost was a major barrier to obtaining medical services. Many described that challenges with meeting their basic needs impedes their ability to pay for medical care, even when medical services are offered on a sliding scale.

“Income and unemployment is a major problem in our community; people don’t come to the hospital because of the bill—they can’t pay it.”- Beachwood-Franklin Meeting Participant

Transportation

Meetings in all districts discussed concerns with transportation. For some, not having access to a car made it difficult for them to get to medical appointments. Additionally, participants mentioned having to travel great distances to seek out services they needed because those services are not available in their immediate area or even within Merced County. Many voiced spending a whole day on one appointment, including traveling to the doctor and then waiting to be seen. One participant described this challenge related to accessing mental health treatment.

“In Los Banos, on the west side of Merced [County], we have nothing.... We have transportation issues. In order to come to Merced, it’s 35 miles. If someone is in need [of medical care] they are not going to go.”—Health Care Consortium Meeting Participant

Discrimination and Culturally Appropriate Care

At almost all of the population-specific community meetings, numerous participants mentioned experiencing discrimination during their health care interactions and in the community at large, or described a friend or family member’s experiences with discrimination. Community members shared experiences of being discriminated against based on their race, ethnicity, or sexual orientation in medical settings. Participants noted that ongoing discrimination decreases the likelihood that they will seek care, and causes them to lose confidence in the health care system through questioning whether their health care providers genuinely have their best interests in mind. In the comments below, participants describe being looked down upon or treated with disrespect by health care workers.

“Discrimination happens constantly; doctors do not value our community... [Doctors] assume that we don’t have insurance, a job, or speak English.”-Hmong Community Meeting Participant

“In the family health clinic it’s very discriminatory; if you are gay you are looked down upon. The doctors need better training and education. Doctors and health care providers need to be more respectful about how we are spoken to. We are people too. It’s not a crime to be queer and to be sexually active.”—LGBTQ Community Meeting Participant

“There are not enough doctors and those who are available are not necessarily willing to serve the [Black] community. They may be available, but not available to the Black community. The

disparities in health care access are significant. We are not talked to with respect... We do not trust the medical community.” African American Community Meeting Participant

Community members also stated that in order to provide better care and more effective health education, there is a need for an improved understanding of their cultures within the medical community. Participants from the Punjabi community in Livingston, the Hmong community, and the Latino community mentioned a culturally appropriate approach is particularly relevant when a provider recommends diet modifications for improved nutrition and/or disease prevention. Rather than a one-size-fits-all model, community members desire health care interactions where they feel understood and health education classes that are applicable in their daily lives. Below, two participants share suggestions to better serve Merced County’s Latino and Hmong communities.

“In my experience, Latino men will not come to nutritional classes, but if we have an educator go to them on their front porch it totally changes the dynamic...” –Health Care Consortium Meeting Participant

“Any solution for diabetes regulation that is proposed has to be culturally appropriate. Doctors can’t make the same suggestions that they would for an American family... Doctors have to make suggestions that are appropriate for a Hmong diet, and be aware that in the Hmong community there is no word for diabetes, they call it ‘sweet blood’.” -City of Merced Community Meeting Participant

Communication and Coordination

Participants in districts 1, 3, and 5 agreed that better dissemination of information is needed regarding the health services available, including hours of operation. For example, one participant stated that people in the community are not aware of what services are available to them and when they are available.

“No one knows what services are available in Merced County. Lists of resources including days and hours open, location, who is eligible, hours available, would be helpful.”- Los Banos Community Meeting Participant

Chronic Diseases: Diabetes, Heart Disease and Stroke

The discussions in community meetings and the voting results showed that participants are aware of diabetes and heart disease as serious health issues. However, community members expressed that they want more support in understanding disease management, particularly with diabetes. Additionally, when participants discussed how to lead healthy lifestyles with a balanced diet and exercise, this revealed challenges around access to healthy foods and safe places for physical activity.

Education about Diabetes: Blood Sugar Management

In community meetings held in districts 1, 2, and 5, participants discussed challenges in grasping the complexities of blood sugar management. Some participants were medical professionals who commented

that other providers provide insufficient or inaccessible explanations to their patients about what is required to manage their blood sugar. An additional barrier that participants mentioned was the cost of testing strips. Some participants also mentioned that they used home remedies instead of seeking medical care due to affordability.

“The concept of sugars is very complicated, and many doctors and other medical professionals don't explain it well at the patient level.”- City of Merced Community Participant

Healthy Food, Physical Activity, and Safe Parks

Community member discussions pointed to a clear recognition of the interconnectivity between chronic diseases (heart disease, diabetes, and obesity) and access to healthy food and safe places to exercise. Meetings in districts 1, 2, 3, and 4, in addition to the Transition Age Youth and Hmong meetings, greatly emphasized the need for clean and safe parks with unlocked bathrooms in their area that help them and their children be more active and allow them to better enjoy their community.

“There is only one park in Winton, and people get shot there.” –Winton Youth Community Meeting Participant

“Many men drink and smoke in the park and use the restroom [outdoors] because the park's restrooms are locked....I don't take my kids to the park for this reason. The picnic tables are used by the older guys doing their thing [drinking]”- Planada Community Meeting Participant

In addition to safer parks, the Hmong community meeting pointed to a need for parks with shade and without loose dogs, so that they can comfortably exercise.

Community meeting participants shared their observations that the physical education classes at children's schools do not provide adequate physical activity for their children. Some parents enrolled their children in other activities like boxing, but other parents stated that they could not afford auxiliary programs.

Access to healthy food was another concern expressed in many community meetings. Similar to the challenges expressed in accessing health care, many participants observed that they lived in a food desert and would need a car in order to get to the full-service grocery stores in the City of Merced. Additionally, the cost of healthy food was highlighted as a barrier. To address this barrier, participants from the community meeting in Gustine indicated that they have a weekly Farmers Market during the warmer seasons; however, on the off seasons, they must travel to Turlock or Los Banos to obtain healthy produce. In the Transition Age Youth meeting, one participant noted the differences in food access even between the South and North sides of the City of Merced itself, noting that there are more opportunities for making healthy diet decisions for residents in North Merced than residents in South Merced. Culturally

“There is a problem with not having any food stores. Most people don't have a car and the only good stores are in [the City of] Merced.”

-Planada Community Meeting Participant

relevant educational food classes were also suggested in several community meetings, as previously mentioned in the culturally appropriate care section.

Substance Abuse

Many community members spoke with emphatic concern and urgency about the perceived high visibility of substance use in their neighborhoods. For example, in all district meetings and in most population-specific meetings, residents mentioned that their families could not utilize their community parks because that is where substance users congregate. When discussing substance abuse, often the discussion intertwined with community members' acknowledgement of the related issues of homelessness and the perceived lack of mental health support across the county. Community members expressed concern for both adults and youth with substance abuse issues, but were particularly concerned about youth having easy access to substances, especially at their schools. One participant shared their observation of how drug use has changed over time.

"Alcohol and drug abuse is a big issue and [drugs] are cheap at schools."

-Winton Community Meeting Youth Participant

"I have seen the community [change]. It was thriving...and now because of the drugs there are so many homeless people.... There were [substance abuse programs] that are now underfunded... Youth need to have access to other activities. Otherwise it's, 'Let's drink, let's get high, there's nothing else to do!'" –LGBTQ Community Member Participant

Community meeting participants stated the need for educational resources around how to identify drug and alcohol abuse and how to avoid addiction and peer pressure. Participants also expressed the importance of providing engaging activities for Merced County's youth as a way to prevent drug and alcohol abuse. Participants also mentioned that there is often stigma associated with substance abuse problems, and that some people are afraid or do not know how to ask for help. Additionally, a number of participants voiced a perception that the county does not have the necessary services to treat those with drug and alcohol abuse issues.

"Drug and alcohol inpatient and outpatient programs are all gone [they were defunded]."- Atwater Community Meeting Participant

Participants at the district 3 and the African American community meetings also discussed the negative impacts that criminalization of substances has had in their community. Overall, most community participants agreed that drug and alcohol abuse severely affected and fragmented their community.

Income, Education, and Employment

Unsurprisingly, the large domain of *Income, Education, and Employment* had the highest votes of all the 10 health topics. Nearly every community meeting saw this multifaceted topic as an all-encompassing factor that impacted the community's health. Additionally, many participants indicated that addressing disparities that exist in income, education, and employment would improve the prevention, management,

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and treatment of each of the health conditions that affect county residents. Community members expressed having limited funds, challenges with meeting basic needs, high unemployment rates, and poverty.

As mentioned in the section on *Access to Care*, many community meeting participants spoke about having limited access to health care services and shared that their income affected their ability to access services. Participants also highlighted that their income levels corresponded to their education and their ability to get the job or housing they desired, which some observed affected their mental health and contributed to substance abuse issues. Many participants stated that the opportunity to receive an education, and subsequently get a job with steady income, was not equitable among the different populations in Merced County. For example, one community member pointed out that those who are undocumented face challenges due to the limited availability of financial assistance.

“How do we change the cycle? When you are poor you can’t afford a house, then you’re looked down upon because you are poor; this can then lead to mental health issues, so I drink or smoke to take the edge off.”

-African American Community Meeting Participant

“For undocumented adults, assistance is not available; people have to choose whether to pay for housing or buy food. You can do more things with a higher income.” -Youth Community Meeting Participant

Section 5: Goals, Objectives, and Strategies

This section presents Merced County’s goals, objectives, and strategies for the four health priority areas. A snapshot of the goals and objectives is shown below, followed by detailed tables outlining the strategies for each objective.

Priority Area 1: Access to Health Care

Goal: All individuals in Merced County have access to quality health care.

- Objective 1.1: Increase the number of health care providers, in all fields, in Merced County.
- Objective 1.2: Ensure comprehensive, culturally responsive, and quality health care for all.
- Objective 1.3: Build data repository and data sharing resources across health care systems to increase continuity and quality of care.
- Objective 1.4: Create community-based health support services intended to enhance clinical care.
- Objective 1.5: Support integration of primary care and behavioral health within the health care system.

Priority Area 2: Preventable Chronic Diseases: Heart Disease, Diabetes, and Stroke

Goal: Merced County will optimize the social and physical environments to support healthy lifestyles and reduce the risk of chronic disease for all residents.

- Objective 2.1: Address policy, system, and environmental factors intended to promote and improve community health.
- Objective 2.2: Increase community access to social networks and support systems to reduce and manage preventable chronic diseases.
- Objective 2.3: Increase culturally appropriate health education opportunities for Merced County’s diverse populations.
- Objective 2.4: Increase provider participation in preventative marker identification and referral to culturally appropriate community support systems.

Priority Area 3: Substance Abuse

Goal: Increase wellness in Merced County by addressing the conditions that lead to drug and alcohol abuse.

- Objective 3.1: Increase treatment capacity and accessibility to substance abuse resources.
- Objective 3.2: Develop practices and policies to encourage prevention rather than punishment of substance abuse, and promote treatment and recovery.
- Objective 3.3: Invest in youth to decrease and prevent substance abuse and provide alternatives to substance use.
- Objective 3.4: Educate and engage community members and stakeholders around factors that contribute to the initiation and perpetuation of substance abuse (e.g. ACEs).
- Objective 3.5: Support Housing First and other sober living efforts, co-located with substance abuse prevention and treatment programs, to create stable environments for the homeless.

Priority Area 4: Health Equity and Social Determinants of Health

Goal: All residents in Merced County will have equal opportunities to lead healthy lives, regardless of race, ethnicity, sexual orientation, gender identity, income level, education, or employment status.

- Objective 4.1: Build and maintain partnerships with a broad base of community sectors (e.g., faith based groups, schools, and other pre-existing groups).
- Objective 4.2: Decrease poverty, increase literacy and education, and employment opportunities.
- Objective 4.3: Improve the built environment to provide health-promoting community places for all.
- Objective 4.4: Identify and address health disparities and promote health equity for all in Merced County.

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The Merced County CHIP delineates **strategies** according to the following categories. These categories indicate how Merced County has designed strategies to cover a continuum of activities, from preparation to execution to evaluation, depending on what is needed to achieve each objective.

- Assessment
- Communication
- Partnerships
- Policy Development/Implementation
- Practice Enhancement
- Resource Development
- Stakeholder/Consumer Education
- Youth/Adult Engagement
- Other

Each objective also contains a list of **potential indicators** that the County may measure to assess progress toward implementing the CHIP strategies. These indicators will be further defined in the annual implementation plan. Each objective also includes a list of **responsible agencies/partners**. Responsible agencies/partners are not linked to specific strategies, but rather to each objective.

PRIORITY AREA 1: ACCESS TO HEALTH CARE

Goal: All individuals in Merced County have access to quality health care.

Objective 1.1: By 2021, increase the number of health care providers, in all fields, in Merced County.

Strategies	Potential Indicators	Responsible agencies/ partners
<p>Partnerships</p> <ul style="list-style-type: none"> ❖ Identify and share examples of health care organization partnerships successfully leveraging clinical personnel, and implement where feasible. <p>Resource Development</p> <ul style="list-style-type: none"> ❖ Increase locum tenens.² ❖ Increase telehealth opportunities. ❖ Establish medical residency programs in partnership with educational institutions and medical organizations. <p>Practice Enhancement</p> <ul style="list-style-type: none"> ❖ Increase recruitment incentives for providers. <p>Education</p> <ul style="list-style-type: none"> ❖ Create health career pipeline programs at primary, secondary, and post-secondary schools. <p>Community Enhancements</p> <ul style="list-style-type: none"> ❖ Increase desirability of community by providing more income, education, employment, and recreational opportunities for health professionals and their families. 	<ul style="list-style-type: none"> • Number of providers in Merced County • Research report of successful health care organizations partnerships • Number of groups with whom partnership report is shared • Partnership meeting agendas and minutes • Number of new locum tenens • Number of new telehealth opportunities • Establishment and/or expansion of one medical residency program • Number of new incentives offered to providers • Number of new health career programs at local schools • Increased employment opportunities • Increased school performance • Number of new recreational activities 	<ul style="list-style-type: none"> • Health care provider partners (e.g., hospitals, clinics, behavioral health providers) • Central California Alliance for Health (CAAH) • California University and College systems and local community college systems • School Districts • Businesses • City/County Planning Departments • City/County Parks and Recreation Departments • Economic Development Departments • Merced County Department of Public Health

² Health care facilities can hire *locum tenens* physicians when a health care employer faces temporary staffing shortages due to vacancies, illness, or other causes. Locum tenens physicians can help fill those vacancies to maintain patient care quality.

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Objective 1.2: By 2021, ensure comprehensive, culturally responsive, and quality health care for all.

Strategies	Potential Indicators	Responsible agencies/ partners
<p>Practice Enhancement</p> <ul style="list-style-type: none"> ❖ Ensure appropriate level of care as a part of quality care. ❖ Use care based incentives to improve and maintain quality and competency. ❖ Increase number and participation of consumers in patient care advisory committees. <p>Resource Development</p> <ul style="list-style-type: none"> ❖ Increase involvement of interpreters and cultural brokers/community health workers/promotoras in patient navigation. <p>Education</p> <ul style="list-style-type: none"> ❖ Increase provider education about cultural competency. 	<ul style="list-style-type: none"> • Number of new patient level triage programs and staff • Reduction in inappropriate ER visits • Number of high-risk patients receiving coordinated care through Health Homes or similar program • Increased use of care based incentives • Increased quality and competency in care • Number of consumers in patient care advisory committees • Number of interpreters, cultural brokers, CHWs • Number of new provider cultural competency education opportunities 	<ul style="list-style-type: none"> • Health care provider partners (e.g., hospitals, clinics, behavioral health providers) • Central California Alliance for Health (CAAH) • Merced County Department of Public Health • Community Based Organizations

Objective 1.3: By 2021, build data repository and data sharing resources across health care systems to increase continuity and quality of care.

Strategies	Potential Indicators	Responsible agencies/ partners
<p>Resource Development</p> <ul style="list-style-type: none"> ❖ Develop Health Information Exchange (HIE) capacity and expand health care organization participation. ❖ Build 211 capacity to advertise identified community resources and support community clinical linkages. ❖ Create e-referral pathways to appropriate clinical and non-clinical services. 	<ul style="list-style-type: none"> • Number of new participating health care organizations in HIE • Number of new resources in 211 • Number of 211 calls received about health resources • One new linkage pathway created 	<ul style="list-style-type: none"> • Health care provider partners (e.g., hospitals, clinics, behavioral health providers) • Central California Alliance for Health (CAAH) • Merced County Department of Public Health • United Way (211)

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Objective 1.4: By 2021, create community-based health support services intended to enhance clinical care.		
Strategies	Potential Indicators	Responsible agencies/ partners
<p>Stakeholder/Consumer Education</p> <ul style="list-style-type: none"> ❖ Conduct outreach to and educate consumers to increase appropriate health insurance utilization. ❖ Educate consumers about the importance of preventative care. <p>Resource Development</p> <ul style="list-style-type: none"> ❖ Build Community Health Worker (CHW) network to improve community-clinical linkages. ❖ Establish Family Resource Centers and increase capacity of school liaisons to improve community-resource linkages. ❖ Increase medical transportation resources. <p>Practice Enhancement</p> <ul style="list-style-type: none"> ❖ Promote provider utilization of universal, standardized 0-5 year developmental screenings. 	<ul style="list-style-type: none"> • Number of new consumer education opportunities • Number of new consumer preventative care opportunities • Number of CHWs • Establish one Family Resource Center • Number of new resources for school liaisons • One new medical transportation resource • Number of providers utilizing standardized developmental screenings 	<ul style="list-style-type: none"> • Health care provider partners (e.g., hospitals, clinics, behavioral health providers) • Central California Alliance for Health (CAAH) • Merced County Department of Public Health • Health Home Organizations • Continuum of Care • School Districts • Merced County Office of Education • First 5 Merced County

Objective 1.5: Support integration of primary care and behavioral health within the health care system.		
Strategies	Potential Indicators	Responsible agencies/ partners
<p>Practice Enhancement/Assessment</p> <ul style="list-style-type: none"> ❖ Analyze the pathways for referrals across provider systems and strategize methods to increase continuity of patient care. ❖ Increase primary care providers' utilization of behavioral health and substance abuse screening tools. <p>Education</p> <ul style="list-style-type: none"> ❖ Increase awareness among consumers of role of primary care providers in mild to moderate behavioral health concerns and substance abuse. 	<ul style="list-style-type: none"> • One new linkage pathway created • Number of new providers using behavioral health and substance abuse screening tools • Number consumers seeking behavioral health services at primary care sites 	<ul style="list-style-type: none"> • Health care provider partners (e.g., hospitals, clinics, behavioral health providers) • Central California Alliance for Health (CAAH) • Merced County Department of Public Health • Community Based Organizations • Merced County Department of Behavioral Health and Recovery Services

PRIORITY AREA 2: PREVENTABLE CHRONIC DISEASES: HEART DISEASE, DIABETES, AND STROKE

Goal: Merced County will optimize the social and physical environments to support healthy lifestyles and reduce the risk of chronic disease for all residents.

Objective 2.1: By 2021, address policy, system, and environmental factors intended to promote and improve community health.

Strategies	Potential Indicators	Responsible agencies/ partners
<p>Resource Development/Partnerships</p> <ul style="list-style-type: none"> ❖ Increase number of shared use agreements. ❖ Improve quality and safety of and increase funding for parks. ❖ Increase opportunities to obtain healthy food through farmers market, community gardens, and grocery stores. ❖ Increase tobacco-free places and restrict access to tobacco products (including e-cigarettes). 	<ul style="list-style-type: none"> • Number of new shared use agreements. • New funding for parks • Incidence of crime at parks • Number of new farmers markets, community markets, and healthy food outlets • Number of tobacco retailers (maintain or decrease current numbers) • Number of new smoke-free policies 	<ul style="list-style-type: none"> • School Districts • Community Based Organizations • City/County Parks and Recreation Departments • Law enforcement • Merced County Department of Public Health • City Councils/ Board of Supervisors • Business Community • City/County Planning Departments • Farmers/Growers/Producers • Faith Based Organizations

Objective 2.2: By 2021, increase community access to social networks and support systems to reduce and manage preventable chronic diseases.

Strategies	Potential Indicators	Responsible agencies/ partners
<p>Resource Development</p> <ul style="list-style-type: none"> ❖ Develop community health workers/promotora network to expand peer-led or peer-to-peer programs (e.g. CDSMP, Peers for Progress, micro clinics) and connect community members to services. <p>Practice Enhancement</p>	<ul style="list-style-type: none"> • Number of CHWs • Number new of peer-led classes offered • Number of 211 referrals to classes • Developed strategy for reimbursement • Percent of CHW work that is reimbursed 	<ul style="list-style-type: none"> • Health care provider partners (e.g., hospitals, clinics, behavioral health providers) • Central California Alliance for Health (CAAH) • Merced County Department of Public Health • Community Based Organizations • United Way (211) • Faith Based Organizations

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❖ Work on strategies for reimbursement of CHWs/promotoras (e.g. CCAH and state level).		
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Objective 2.3: By 2021, increase culturally appropriate health education opportunities for Merced County’s diverse populations.		
Strategies	Potential Indicators	Responsible agencies/ partners
<p>Stakeholder/Consumer Education</p> <ul style="list-style-type: none"> ❖ Utilize health education materials and methods in community, school, and clinical settings that are relevant to diverse populations in Merced County. ❖ Engage community health workers/promotoras to expand culturally appropriate peer-led or peer-to-peer health education programs. 	<ul style="list-style-type: none"> • Number of new culturally relevant education materials/methods utilized in community • Number of new entities using culturally relevant education materials/ methods in community • Number of new peer-to-peer programs utilizing CHWs 	<ul style="list-style-type: none"> • Health care provider partners (e.g., hospitals, clinics, behavioral health providers) • Central California Alliance for Health (CAAH) • Merced County Department of Public Health • Community Based Organizations • School Districts

Objective 2.4: By 2021, increase provider participation in preventative marker identification and referral to culturally appropriate community support systems.		
Strategies	Potential Indicators	Responsible agencies/ partners
<p>Policy Development/Implementation</p> <ul style="list-style-type: none"> ❖ Create policies and systems to encourage early identification of potential chronic diseases and referral (e.g. identification of pre-diabetes). <p>Stakeholder/Consumer Education</p> <ul style="list-style-type: none"> ❖ Promote Green Rx (prescription for exercise, use of green space, etc.). <p>Resource Development</p> <ul style="list-style-type: none"> ❖ Increase bi-directional referrals between community and clinical health and social support services. 	<ul style="list-style-type: none"> • Number of new policies/systems for early identification of potential chronic diseases. • Number of referrals of at-risk patients to healthy lifestyle classes • Number of providers using USPSTF guidelines for screening. • Number of providers using Green Rx. • Number of bi-directional referrals between community and clinical health/support services. 	<ul style="list-style-type: none"> • Health care provider partners (e.g., hospitals, clinics, behavioral health providers) • Central California Alliance for Health (CAAH) • Merced County Department of Public Health • Community Based Organizations • United Way (211) • Pharmacies

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PRIORITY AREA 3: SUBSTANCE ABUSE

Goal: Increase wellness in Merced County by addressing the conditions that lead to drug and alcohol abuse.

Objective 3.1: By 2021, increase treatment capacity and accessibility to substance abuse resources.

Strategies	Potential Indicators	Responsible agencies/ partners
<p>Resource Development</p> <ul style="list-style-type: none"> ❖ Increase treatment opportunities in alternative community settings (e.g., schools, churches, etc.) <p>Practice Enhancement</p> <ul style="list-style-type: none"> ❖ Assess depression in youth in alternative community settings. 	<ul style="list-style-type: none"> • Number of classes in alternative locations • Number of clients served in alternative locations • Number of youth screened for depression in alternative locations 	<ul style="list-style-type: none"> • Department of Behavioral Health and Recovery Services • School Districts • Faith Based Organizations • Community Based Organizations • Boys and Girls Club and other community places

Objective 3.2: By 2021, develop practices and policies to encourage prevention rather than punishment of substance abuse, and promote treatment and recovery.		
Strategies	Potential Indicators	Responsible agencies/ partners
<p>Resource Development</p> <ul style="list-style-type: none"> ❖ Establish needle exchange and recovery and support services. ❖ Promote Employee Assistance Programs (EAP) among employers as an alternative to disciplinary action or termination. ❖ Develop CHW peer-to-peer approach to connect recently incarcerated “reentry” individuals to support resources that increase successful re-entry and reduce recidivism. <p>Policy Development/Implementation</p> <ul style="list-style-type: none"> ❖ Advocate for Restorative Justice in Merced County schools. 	<ul style="list-style-type: none"> • Needle exchange program established • Number of clients entering treatment programs from needle exchange program • Number of presentations on benefit of EAP to employers/employees • Number of employees who use EAP • Number of employers reporting use of EAP as an alternative action • Number of CHWs • Number of reentry individuals paired with a CHW • Number of new schools with Restorative Justice programs • Number of student who go through Restorative Justice Program 	<ul style="list-style-type: none"> • Dignity Health Mercy Medical Center • Merced Family Care Clinic • UC Davis Medical Residency Program • City of Merced • Merced County Department of Public Health • Merced County Human Services Agency • Merced County Department of Behavioral Health and Recovery Services • School Districts • Merced County Office of Education • Major employers • Law enforcement • Merced County Probation Department • Sheriff’s Department (Jails) • Community Based Organizations • United Way (211)

Objective 3.3: By 2021, invest in youth to decrease and prevent substance abuse and provide alternatives to substance use.		
Strategies	Potential Indicators	Responsible agencies/ partners
<p>Resource Development</p> <ul style="list-style-type: none"> ❖ Increase wellness resources in high schools, faith based organizations, community settings, etc. ❖ Develop and support safe and productive community based activities for youth (e.g., parks, cultural community center, etc.) and reduce barriers to access existing resources and spaces (e.g. schools after hours, Boys and Girls clubs, etc.) ❖ Create training and job opportunities for youth (e.g. parks and rec). 	<ul style="list-style-type: none"> • Number of new site locations with wellness resources • Number of new community based activities for youth • Number of new training and job opportunities for youth 	<ul style="list-style-type: none"> • Merced County Department of Public Health • Merced County Human Services Agency • Merced County Department of Behavioral Health and Recovery Services • Merced County Office of Education • School Districts • Faith Based Organizations • Community Based Organizations • County/City Planning Departments • County/City Parks and Recreation • Workforce Investment Board • Businesses • Chamber of Commerce • City Council/ Board of Supervisors • Merced Community College

Objective 3.4: By 2021, educate and engage community members and stakeholders around factors that contribute to the initiation and perpetuation of substance abuse (e.g. ACEs).		
Strategies	Potential Indicators	Responsible agencies/ partners
<p>Assessment</p> <ul style="list-style-type: none"> ❖ Assess which Adverse Childhood Experiences (ACEs) are most prevalent in Merced County through data collection (e.g., of Head Start families). <p>Practice Enhancement</p> <ul style="list-style-type: none"> ❖ Educate providers on importance and increase utilization of ACE screening tools. ❖ Educate providers on influence of and increase screening for risk factors that could lead to substance abuse (e.g. job loss, recent loss, systematic racism, poverty). 	<ul style="list-style-type: none"> • Number of ACE evaluations completed • Percent of children with high ACEs • Number of ACE educational opportunities for providers • Number of providers regularly assessing ACEs • Number of providers utilizing substance abuse risk factor screenings 	<ul style="list-style-type: none"> • Merced County Department of Behavioral Health and Recovery Services • Merced County Office of Education • Merced County Head Start • Health care provider partners (e.g., hospitals, clinics, behavioral health providers) • Central California Alliance for Health (CAAH) • Merced County Department of Public Health • Community Based Organizations

Objective 3.5: By 2021, support Housing First and other sober living efforts, co-located with substance abuse prevention and treatment programs, to create stable environments for the homeless.		
Strategies	Potential Indicators	Responsible agencies/ partners
<p>Policy Development/Implementation</p> <ul style="list-style-type: none"> ❖ Encourage best practice housing models. ❖ Support quality control measures for sober living environments. 	<ul style="list-style-type: none"> • Assessment of selected housing models against best practices • Number of sober living environments with quality control measures in place • Average quality control score of sober living environments • Number of organizations implementing Health Home model 	<ul style="list-style-type: none"> • Merced County Department of Behavioral Health and Recovery Services • Merced County Department of Public Health • Community Based Organizations • Continuum of Care • Central California Alliance for Health (CAAH) • Merced County Housing Authority • City Council/ Board of Supervisors

PRIORITY AREA 4: HEALTH EQUITY AND SOCIAL DETERMINANTS OF HEALTH

Goal: All residents in Merced County will have equal opportunities to lead healthy lives, regardless of race, ethnicity, sexual orientation, gender identity, income level, education, or employment status.

Objective 4.1: By 2021, build and maintain partnerships with a broad base of community sectors (e.g., faith based groups, schools, and other pre-existing groups).

Strategies	Potential Indicators	Responsible agencies/ partners
<p>Partnerships</p> <ul style="list-style-type: none"> ❖ Create (as needed) and/or leverage (existing) community action coalition(s) to move community-wide health equity efforts forward. ❖ Increase county-wide coordination of equity efforts to decrease duplication and maximize limited resources. <p>Youth/Adult Engagement</p> <ul style="list-style-type: none"> ❖ Train residents on community engagement. 	<ul style="list-style-type: none"> • Coalition agendas and meeting minutes • Number of agencies with active participation in equity coalitions. • Number of trainings on community engagement for residents 	<p>All</p>

Objective 4.2: By 2021, decrease poverty, increase literacy and education, and employment opportunities.

Strategies	Potential Indicators	Responsible agencies/ partners
<p>Resource Development</p> <ul style="list-style-type: none"> ❖ Promote early childhood development and school readiness programs. ❖ Support strategies for alternative education and employment opportunities (e.g., GED preparation supports, skill-building opportunities, vocational or trade schools, ESL for adults). ❖ Support opportunities for living wage jobs. ❖ Increase affordable licensed child care slots. ❖ Promote establishment of minority-owned new businesses and businesses with diversified employment base. 	<ul style="list-style-type: none"> • Number of early childhood development and school readiness program slots • Number of new strategies implemented • Number of living wage job initiatives • Number of affordable licensed child care slots • Number of new minority-owned businesses • Implementation of training programs to increase number of workers qualified for skilled labor jobs (i.e., technology, finance) 	<ul style="list-style-type: none"> • Merced County Office of Education • Merced County Head Start • First 5 Merced County • Merced County Department of Public Health • Workforce Investment Board • Merced County Human Services Agency • Business Community • Merced Community College • Chamber of Commerce • Community Based Organizations

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Objective 4.3: By 2021, improve the built environment to provide health-promoting community places for all.		
Strategies	Potential Indicators	Responsible agencies/ partners
<p>Assessment</p> <ul style="list-style-type: none"> ❖ Assess density of access points to decrease availability of unhealthy substances (e.g., alcohol and tobacco) and increase availability of healthy options (e.g., fruits and vegetables) in high vs. low poverty areas. <p>Other</p> <ul style="list-style-type: none"> ❖ Collaborate with planning departments to promote community design that encourages health (e.g., mixed use, compact use, sidewalks, more grocery stores, zoning, etc.) ❖ Increase public transportation options to education and employment centers. 	<ul style="list-style-type: none"> • Density ratio of healthy/unhealthy options in high/low poverty areas • One new community design/policy change to promote health • One new transportation design/policy change to promote health 	<ul style="list-style-type: none"> • Merced County Department of Public Health • Merced County Department of Behavioral Health and Recovery Services • City/County Planning Departments • City Council/ Board of Supervisors • Business Community • Chamber of Commerce • Community Based Organizations • Youth Groups • Merced County Association of Governments • City/County Public Works Departments

Objective 4.4: By 2021, identify and address health disparities and promote health equity for all in Merced County.		
Strategies	Potential Indicators	Responsible agencies/ partners
<p>Policy Development/Implementation</p> <ul style="list-style-type: none"> ❖ Create policy and change procedure around data collection methods for race/ethnicity to disaggregate data (e.g., Asian-Hmong) and collect for smaller (e.g., African American) populations. <p>Practice Enhancement</p> <ul style="list-style-type: none"> ❖ Develop checklist for providers to assure provision of culturally appropriate care and services. <p>Assessment</p> <ul style="list-style-type: none"> ❖ Map social determinants of health and, as possible, health indicators (e.g., those available via HIE), to identify and focus efforts on areas in most need. ❖ Complete gap analysis for available social support resources for residents up to 250% of the Federal Poverty Level (FPL) and strategize solutions for identified gaps. 	<ul style="list-style-type: none"> • Number of entities collecting demographic data utilizing population subsets • Number of data analyses utilizing disaggregated data • Number of providers using checklist • Number of planning efforts using mapping to identify and focus strategies • Completed gap analysis 	<ul style="list-style-type: none"> • Health care provider partners (e.g., hospitals, clinics, behavioral health providers) • Central California Alliance for Health (CAAH) • Merced County Department of Public Health • Merced County Department of Behavioral Health and Recovery Services • Merced County Human Services Agency • Merced County Office of Education • Community Based Organizations


Appendix A: Community Engagement Handouts

DID YOU KNOW?

10 HEALTH TOPICS THAT AFFECT MERCED COUNTY

INCOME, EDUCATION, AND EMPLOYMENT

- The majority of our community members are living in poverty.
- Half of Merced County's Latino population does not have a high school diploma. 15% of non-Hispanics/Latinos do not have a high school diploma. This difference shows inequality in our community.
- Less than half of Merced County high school students take college preparatory classes.
- Our county's unemployment rate is twice as big as the national rate. Out of every 10 people, at least 1 is looking for a job.



ACCESS TO HEALTH CARE




- Access to high quality health care is a basic human right.
- Our entire county has a shortage of primary care doctors.
- There is also a shortage of mental health providers to help people with emotional issues.
- In 2014, 1 in 4 people that visited Merced County safety net clinics did not have health insurance.
- Out of every 10 pregnant women, at least 3 do not receive good prenatal care.

HOUSING AND HOMELESSNESS

- Almost half of our community's housing does not meet the government's rules for quality housing. This could mean there are problems with the plumbing or kitchen, or the house might be crowded with many people.
- Most of the people who are homeless in our community have a disability and have struggled with homelessness for a long time.



HEALTHY FOODS AND PHYSICAL ACTIVITY



- Obesity can be related to not having access to healthy foods or options for physical activity. 1 out of every 6 people in Merced County does not have access to enough affordable, nutritious food. 1 out of every 5 people does not exercise.
- Obesity could increase your risk of developing other health problems like heart disease, stroke, diabetes, cancer, and chronic lung disease.
- Among children in grade school (ages 5-12), 1 out of 4 are obese.

INJURY AND VIOLENCE

- Injury and violence are the 3rd most common cause of death in Merced County.
- Car accidents are the leading cause of accidental deaths in the county.






DID YOU KNOW?

10 HEALTH TOPICS THAT AFFECT MERCED COUNTY

HEART DISEASE AND STROKE

- Cardiovascular (Heart) disease is the most common cause of death in our community.
- Out of every 10 adults in Merced County, at least 8 have a risk factor for heart disease. Risk factors for heart disease include smoking, high blood pressure, and no physical activity or exercise.
- Stroke is the 5th most common cause of death in Merced County.
- Black/African American community members are more affected by cardiovascular disease, hypertension, and stroke than other racial or ethnic groups.



CHRONIC LUNG DISEASE

- Chronic lung disease, which includes lung cancer, is the 4th leading cause of death in our community.
- The air quality in our community is some of the worst in the country.

SEXUALLY TRANSMITTED INFECTIONS

- Chlamydia is the most common sexually transmitted infection (STI) in our community. Other STIs that affect the county are Gonorrhea, Syphilis, and HIV.
- 1 out of every 6 adults in the county was tested for HIV in the past year.



DIABETES

- Diabetes is the 7th most common cause of death in our community.
- Merced County also has a twice as many people with “pre-diabetes” as the rest of California.
- Having access to healthy foods and spaces for physical activity can help prevent diabetes.

DRUG AND ALCOHOL ABUSE

- Alcohol or drug abuse can lead to physical health problems and death.
- Liver disease is related to substance abuse, and liver disease deaths in Merced County have increased over time.
- Drug induced deaths are increasing in this community.
- Most people in Merced County do not seek help from a doctor for an alcohol or drug related problem.



Appendix B: List of Community Outreach

Websites and Social Media	
News and Online Calendars	ABC 30 News, City Websites, Merced County Events, Merced Sun Star Community Calendar, Eventful, Townplanner
Facebook	Merced SunStar, Building Healthy Communities, We’Ced Youth Media, Leadership Merced, Invest in Merced’s Youth, The kNOW youth Media, Merced LGBTQ Center, Boys and Girls Club of Merced, The Original Merced Certified Farmers Market, MercedNow, Merced DNA (Downtown Neighborhood Association)
Outreach Emails	
Alliance for Community Research and Development	Livingston Medical
Beacon Health Options	Merced City School District
Building Healthy Communities, Merced	Merced College
California Endowment	Merced County Community Action Agency
California Highway Patrol	Merced County Office of Education
California Rural Legal Assistance	Merced County Health Care Consortium
California State Assembly	Merced County Mental Health Board
California State University, Stanislaus	Merced County Whole Health Partnership
Castle Family Health Centers, Inc.	Merced Insurance Agency
Central California Alliance for Health	Merced Medical Supply
City Clerks (from multiple City jurisdictions)	Merced-Mariposa County Medical Society
City Managers (from multiple City jurisdictions)	MFA Medical Group
City of Atwater	Planned Parenthood, Mar Monte
Covered California Insurance	Parent Institute for Quality Education (PIQE)
Dignity Health Mercy Medical Center Merced	Senate of California
Family and Social Services	Sutter Health Memorial Hospital Los Banos
Golden Valley Health Centers	University of California, Merced
Healthy House Merced	United Way Merced County
Human Services Agency Merced County	Valley Children’s Hospital
Livingston Community Health	

Appendix C: Top Health Priorities from Community Meetings and Traveling Booth

Meeting Location	Participants	Most Important Health Condition	2 nd Most Important Health Condition	Most Important Health Issue	2 nd Most Important Health Issue
District 1					
Planada (Spanish/English)	15	Heart Disease & Stroke	Tie: Heart Disease & Stroke, Lung Disease	Income, Education, and Employment	Access to Health Care
Livingston (Punjabi/English)	30	Heart Disease & Stroke	Diabetes	Health Food & Physical Activity	Income, Education, and Employment
District 2					
City of Merced	16	Diabetes	Diabetes	Income, Education, and Employment	Healthy Food & Physical Activity
District 3					
Atwater	10	Heart Disease & Stroke	Drug & Alcohol Abuse	Income, Education, and Employment	Access to Health Care
Franklin-Beachwood	13	Drug & Alcohol Abuse	Diabetes	Income, Education, and Employment	Access to Health Care
District 4					
Winton	12	Drug & Alcohol Abuse	Diabetes	Income, Education, and Employment	Access to Health Care
Gustine	9	Heart Disease & Stroke	Heart Disease & Stroke Chronic Lung Disease Diabetes (Tied)	Income, Education, and Employment	Access to Health Care

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Meeting Location	Participants	Most Important Health Condition	2 nd Most Important Health Condition	Most Important Health Issue	2 nd Most Important Health Issue
District 5					
Los Banos	7	Heart Disease & Stroke	Tie: Heart Disease & Stroke, Drug & Alcohol Abuse, Diabetes	Income, Education, and Employment	Tie: Injury & Violence, Healthy Foods & Physical Activity
Latino Community Meeting at Golden Valley Health Center, South Merced (Spanish/English)	18	Heart Disease & Stroke	Drug & Alcohol Abuse	Income, Education, and Employment	Housing and Homelessness
Population-Specific Meetings					
Monolingual Hmong Community Meeting	34	Heart Disease & Stroke	Diabetes	Income, Education, and Employment	Access to Health Care
Transitional Age Youth Meeting	15	Diabetes	Heart Disease & Stroke	Income, Education, and Employment	Access to Health Care
LGBTQ Meeting	6	Drug & Alcohol Abuse	STIs	Access to Health Care	Tie: Income, Education, and Employment; Healthy Foods & Physical Activity
Health Care Consortium	30	Drug & Alcohol Abuse	Diabetes	Income, Educations, and Employment	Access to Health Care
African American Community	21	Drug & Alcohol Abuse	Heart Disease & Stroke	Income, Educations, and Employment	Access to Health Care

Merced County

Community Health Improvement Plan: Health Equity and Social Determinants of Health

Meeting Location	Participants	Most Important Health Condition	2 nd Most Important Health Condition	Most Important Health Issue	2 nd Most Important Health Issue
Department of Public Health staff	15	Drug & Alcohol Abuse	Drug & Alcohol Abuse	Income, Educations, and Employment	Healthy Foods & Physical Activity
Total number of community meeting participants: 251					

Traveling Booth Votes	
Health Topic	Number of Votes
Income, Education, Employment	438
Alcohol & Drug Abuse	433
Housing & Homelessness	329
Diabetes	276
Injury & Violence	203
Healthy Food & Physical Activity	190
Access to Medical Care	160
Heart Disease & Stroke	109
Sexually Transmitted Infections	91
Chronic Lung Disease	74
Overall Total	2,313

Merced County Community Health Improvement Plan



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