



Grounded in Health

2023 COMMUNITY HEALTH ASSESSMENT

Message from the Director

The Community Health Assessment (CHA) and the Community Health Improvement Plan (CHIP) are the result of a collective work of Kern County Public Health staff, community partners, and community members – like you. During the development of these plans, we worked collaboratively to review data, receive input and identify priority areas of our community.

Kern County Public Health is committed to protecting and promoting the health and safety of our community and we do so through our services, outreach, and messaging. Our goal was to engage all areas of Kern County and use data, community input, and the CHA and the CHIP to develop programs and services to address our greatest needs. This means our services are constantly changing and evolving.

We strive to ensure each Kern County resident has a fair opportunity to reach optimal health, what we refer to as health equity. We believe in meeting our community where they are, which is why mobilizing our services has become a mission-critical goal of our department. Our nurses make home visits; our mobile health clinic brings health services directly to your community; our health inspectors ensure the safety of the places you eat, sleep, work and play in; our Know Your Numbers program travels throughout Kern County providing fitness and nutrition education to areas convenient to you; our Waste Hunger Not Food program distributes healthy, wholesome food within your neighborhoods.

Being a Kern County native myself, it is an incredible honor to serve our community as your Director of Kern County Public Health and be able to give back to the community that has been a staple in making me who I am today. The team here at Kern County Public Health is made up of a diverse group from all different walks of life and with various life experiences. As you interact with us, I believe you will find that we very much relate to the community we serve. In fact, for many of us, it is our very own life experiences within Kern County that give us the drive and passion to do the work we do for Kern County.

I would like to thank our staff, community members, and community partners who worked diligently on the development of these plans and our Board of Supervisors for their continued support of this endeavor. As we work towards addressing the needs of our community, we must celebrate the progress that is made every day. We look forward to a healthier Kern County!

Brynn Carrigan

Director, Kern County Public Health

Contents

- Introduction 1
- Kern County Public Health 2
- Background 3
 - MAPP 2.0 3
 - Assessment Methodology 8
- Secondary Data Research 8
- Community Survey 10
- Resource Guide 12
- Access Audit 12
- Qualitative Research 13
- Prioritizing Needs 15
 - Domain 1: Demographics 16
 - Domain 2: Social and Economic Factors 31
 - Domain 3: Physical Health, Health Behaviors & Access to Care 47
 - Domain 4: Behavioral Health 69
- Community Survey 84
 - Methodology 84
 - Respondent Demographics 85
 - Key Findings 88
- Resource Guide Review 99
 - 2-1-1 Kern County 99
 - Kern County Public Health 101
- Access Audit 102
- Qualitative Research 105
 - Community Strengths 105
 - Qualitative Themes 107
- Needs Prioritization 120
- Appendices 124
 - Appendix A: MAPP 2.0 Framework 124
 - Appendix B: KCPH Resource Directory 125
 - Appendix C: Supplementary Secondary Research 145
 - Appendix D: Stakeholder Interview Guide 148
 - Appendix E: Focus Group Discussion Moderator’s Guide 152
 - Appendix F: Community Survey Instrument 156

Introduction

Situated at the southernmost point of California’s Central Valley, Kern County’s more than 8,100 square miles stretch eastward into the Mojave Desert and westward to the southern slope of the eastern Sierra Nevada and the Coast Ranges. The county is estimated to have slightly more than 900,000 residents, just under half of whom are clustered in the City of Bakersfield.¹ The county’s other larger municipalities include Delano, Ridgecrest, Wasco, Arvin, and Shafter, among others.

Kern County's long history of producing gold, oil, and agricultural products has earned it the title of "The Golden Empire." The county is one of the top producing counties of petroleum in the country and is consistently ranked in the top five agricultural counties in the country.² Beyond petroleum and agricultural production, there is a significant military, aviation, and space presence in the region, including the Mojave Air and Space Port, China Lake Naval Air Weapons Station, and Edwards Air Force Base. Kern is increasingly used as a distribution center due to its advantageous geographic location, and the county is also home to a significant highway network that offers access to Arizona, Nevada, Utah, and the central coast of California.

Demographically, Kern is the sixth-largest majority-Hispanic county in the country and the third most populated majority-Hispanic county in California, with a 54.7% Hispanic population as of 2021.³ The county is also home to diverse subpopulations across its distinct geographies, including sizeable Punjabi and Tagalog-speaking populations. Notably, Kern is one of California’s youngest counties, with a growing population and workforce – and the ongoing evolution of the region’s economy has important implications for farmworkers and other laborers integral to the area.⁴ Community demographics are detailed in the Secondary Data Research section of this report.



¹ U.S. Census Bureau. American Community Survey Five-Year Estimates, 2017-2021

² Bakersfield Life. "A (brief) history of Bakersfield." Available at: <https://www.bakersfield.com>.

³ U.S. Census Bureau. American Community Survey Five-Year Estimates, 2017-2021

⁴ University of California, Merced - Community and Labor Center (May 2022). The Future of the State: Kern County’s Young, Growing, Diverse Population and Dynamic Economy.

Kern County Public Health



Mission

- To protect and promote the health and safety of the community we serve

Vision

- The communities of Kern will play, eat, work safely and have accessible health services for all.

Values

- Accountability
- Advocacy
- Collaboration
- Diversity
- Equity and Inclusion
- Exceptional public service
- Health promotion

Kern County Public Health has over 65 programs and services aimed to protect and promote the safety of the community so that all communities of Kern will play, eat, work safely and have accessible health services for all. These programs and services can be found at <https://kernpublichealth.com/>.

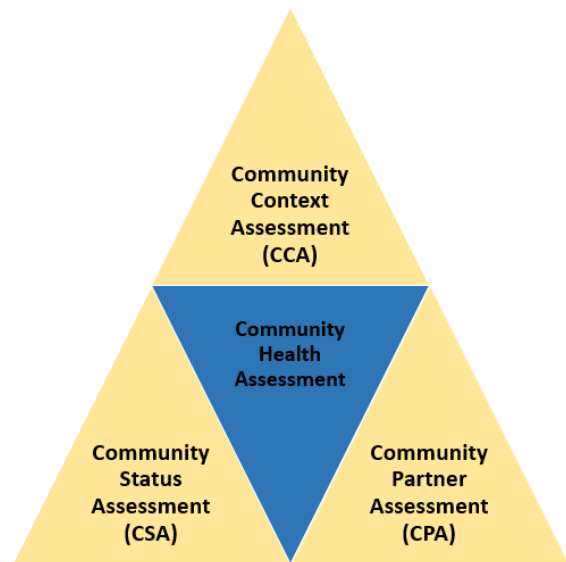
Background

Kern County Public Health remains focused on its mission and goals by periodically assessing community need through the Community Health Assessment (CHA) process, which provides an in-depth examination of health challenges facing residents of Kern County. Over a five-month period between July and November of 2023, Crescendo Consulting Group (“Crescendo”) worked in collaboration with Kern County Public Health to implement a mixed-methods approach aligned with the National Association of County and City Health Officials’ (NACCHO) Mobilizing for Action through Planning and Partnerships (MAPP 2.0) framework (see Appendix A) to engage community members and agency partners in a multi-stage process aimed at identifying community resources and challenges related to health. The framework resulted in quantitative and qualitative insights used to identify and prioritize community health needs that would become the roadmap to improve community health through the Community Health Improvement Plan (CHIP).

MAPP 2.0

This CHA deployed a countywide, highly interactive strategy to learn the insights, experiences, ideas, and perceptions of the needs of Kern County residents. To establish a foundation for continued efforts to address high-priority needs, Kern County integrated an approach supporting the MAPP 2.0 framework.

Developed by the NACCHO to help local communities engage community partners and members as they form their CHA and CHIP, MAPP 2.0 guides combined CHA/CHIP work – not solely one or the other.⁵ MAPP 2.0 is a community-driven community assessment and planning process designed to support health equity while focusing efforts on strategic, prioritized needs. MAPP 2.0 also helps to recognize and align resources across integrated sectors of the community by emphasizing diverse and inclusive assessment and planning activities to affect change and support policy, systems, and environmental initiatives. The process is instrumental in achieving an impactful CHA and CHIP. In this assessment, the MAPP 2.0 structure was used to connect with diverse communities across Kern County, learn their insights, engage stakeholders and service organizations, prioritize high priority needs and establish pathways to address the needs via the CHIP or other Kern County Public Health activities.



The MAPP 2.0 structure has three primary components: Community Status Assessment, Community Partner Assessment, and Community Context Assessment. Each are described below, along with CHA activities supporting each component.

⁵ For further NACCHO or MAPP 2.0 information, see the NACCHO website: <https://www.naccho.org/programs/public-health-infrastructure/performance-improvement/community-health-assessment/mapp>

As suggested in the graphic on the previous page, the CHA components work together to effectively engage community members, provide a foundation of data-supported conclusions, and be inclusive of hard-to-reach community groups.

Community Status Assessment (CSA)

The CSA includes a foundation of secondary research data and other existing materials that inform the understanding of the county in terms of demographics, health status, health inequities, social determinants of health (SDOH) issues, and trends. The CSA helps to do things such as the following:

- Show data-supported demographic trends
- Identify communities that are statistically at greater risk of poor health outcomes
- Better understand which community groups may need greater outreach or more services; groups may be identified by age (e.g., seniors), race, ethnicity, income, geographic location (e.g., city or town), or other characteristics.

The CSA includes data from sources such as the U.S. Census Bureau American Community Survey, the CDC’s Behavioral Risk Factor Surveillance System (BRFSS), various federal government agencies and State of California divisions, and local Kern County and Bakersfield sources, among others.

In addition to the data sources above, the CSA included review of prior needs assessments from Kern County. In total, the CHA research activities within the CSA help address questions such as the following:

- “What does the status of your community look like, including health, socioeconomic, environmental, and quality-of-life outcomes?”
- “What populations experience inequities across health, socioeconomic, environmental, and quality-of-life outcomes?”
- “How do systems influence outcomes?”⁶

Community Partner Assessment (CPA)

The CPA process in this assessment allows community partners to comprehensively review (1) individual systems, processes, and capacities; and (2) collective capacity as a network of community partners to address health inequities. The CPA begins with review of existing resources. To continue to be helpful to the community, a second step is to ensure that processes exist to update and share community partner information. The CHA-related activity is to review existing resource guides and understand processes in place to continually update them, as well as to make them accessible to community organizations and county residents.

Community partnerships form the required network of support for all or most public health improvement. Rarely can a single agency address the breadth of interrelated needs present among community members. Community-focused organizations must share information and collaboratively serve the community. When doing so, the following occurs:

- Higher priority community needs are addressed;
- Urgent issues receive a quick response;
- Individual organizations deploy staff and use other resources more efficiently;

⁶ NACCHO. Mobilizing for Action through Planning and Partnerships. Available at <https://www.naccho.org>.

- Community members with complex or multi-faceted needs receive support more efficiently; and
- Kern County and community service organizations strengthen trusted relationships to support each other and respond, as appropriate, to emerging public health issues or other opportunities to improve quality of life. The relationships are being built through ongoing relationship building, participation in collaborative activities, interaction with community groups such as faith-based and grassroots organizations, health literacy activities, and other emerging activities.

Per NACCHO, the CPA has five goals:

1. Describe why community partnerships are critical to community health improvement (CHI) and how to build or strengthen relationships with community partners and organizations.
2. Name the specific roles of each community partner to support the local public health system and engage communities experiencing inequities produced by systems.
3. Assess each MAPP partner's capacities, skills, and strengths to improve community health, health equity, and advance MAPP goals.
4. Document the landscape of MAPP community partners, including grassroots and community power-building organizations, to summarize collective strengths and opportunities for improvement.
5. Identify whom else to involve in MAPP and ways to improve community partnerships, engagement, and power-building.⁷

⁷ NACCHO. Mobilizing for Action through Planning and Partnerships. Available at <https://www.naccho.org>.

Community Context Assessment (CCA)

The CCA includes tools and approaches designed to collect and analyze qualitative data. By engaging community members, key stakeholders, and others in qualitative research (e.g., stakeholder interviews, focus group discussions, etc.), the CHA absorbs insight that reflects lived experiences of community members. CCA data supplements and provides greater focus to secondary data (CSA).

During CCA activities, community members share insights about helpful resources, organizational strengths and assets, culture and cultural nuances, and priorities – in addition to needs and service gaps. The CCA-related activities also helped further develop community relationships that will be invaluable as the process moves into the CHIP phase (and ultimately deploys initiatives to address priority needs).

As noted in NACCHO documentation, the CCA seeks to understand the following:

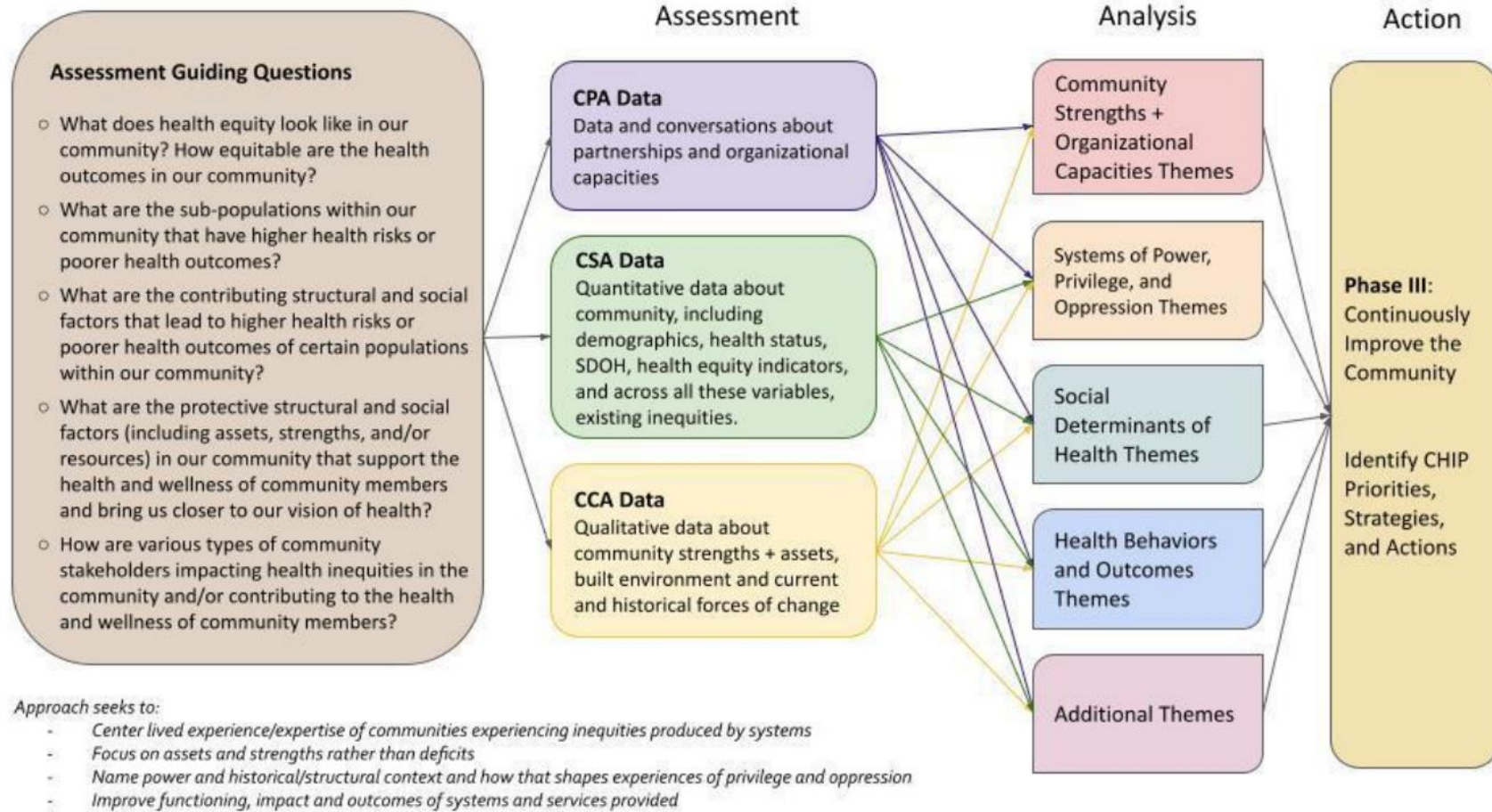
- “What strengths and resources do the community have that support health and well-being?
- “What current and historical forces of change locally, regionally, and globally shape political, economic, and social conditions for community members?
- “What physical and cultural assets are in the built environment? How do those vary by neighborhood?
- “What is the community doing to improve health outcomes? What solutions have the community identified to improve community health”⁸

The following page includes a graphic presentation of the MAPP 2.0 framework.

⁸ NACCHO. Mobilizing for Action through Planning and Partnerships. Available at <https://www.naccho.org>.

Exhibit 1: MAPP 2.0 Framework⁹

MAPP Goals, Guiding Questions, Assessment, and Analysis Overview



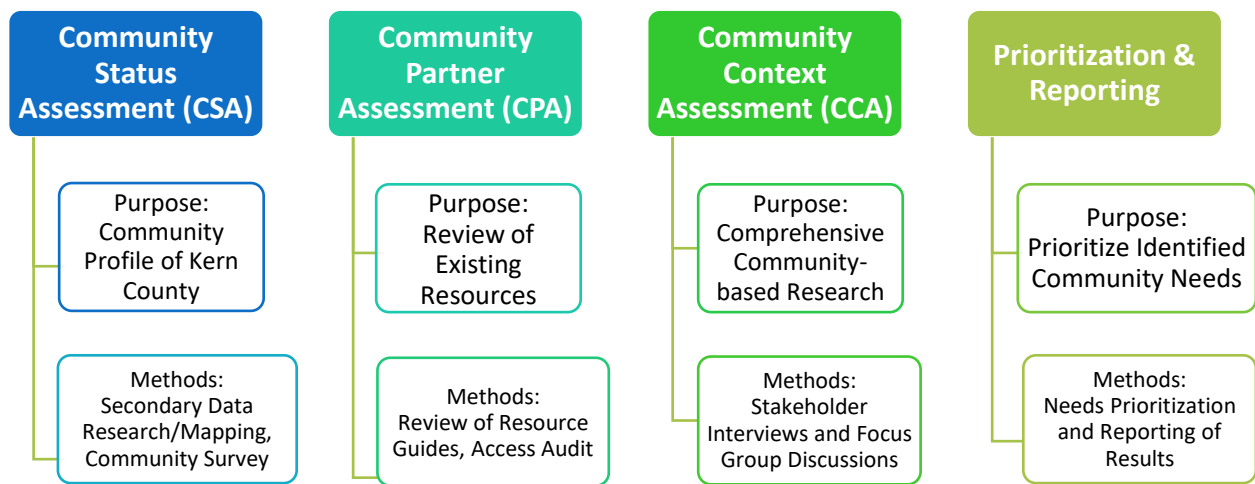
⁹ NACCHO. Mobilizing for Action through Planning and Partnerships. Available at <https://www.naccho.org>.

Assessment Methodology

A mixed-methods approach consisting of a combination of quantitative and qualitative research methods designed to evaluate the perspectives and opinions of community stakeholders, especially those from underserved and underrepresented populations, was implemented between July and November of 2023. The approach included active participation from Health Equity Champions – select community members and organizational representatives who provided guidance to Crescendo and to Kern County Public Health to ensure that project materials and approaches were responsive to the broad diversity of county residents.

This CHA provides a critical process that examines prevailing health issues and conditions while identifying resources and opportunities to meet specific community health needs.

Exhibit 2: Community Health Assessment Methodology



The major research activities employed in this CHA include secondary research, community surveying, reviewing resource guides, conducting access audits, conducting primary qualitative interviews and focus groups, and conducting a needs prioritization process, all which are explained in more detail below.

Secondary Data Research

Secondary data provides an essential framework from which to better understand the fabric of the community. This analysis highlights sociodemographic factors, SDOH, behavioral health risk factors, and other key indicators to further guide the development of effective strategies to meet evolving needs. The following data was primarily gathered from the United States Census Bureau 2017-2021 American Community Survey (ACS) Five-year Estimates, County Health Rankings and Roadmaps, and the state of California, among others.

There is an intentional purpose in using ACS five-year population estimates compared to one-year estimates. Five-year estimates are derived from data samples gathered over several subsequent years and provide a more accurate estimate of measures, especially among numerically smaller high-risk

populations or subgroups, compared to one-year estimates, which are based on more limited samples with greater variance.¹⁰

In addition to collecting key demographic secondary data, research also focused on the SDOH. SDOH include a wide range of factors, including, but not limited to, income, education, job security, food security, housing, basic amenities, the environment, social inclusion and non-discrimination, and access to quality affordable health care. These conditions contribute to wide health disparities and inequities.¹¹

Exhibit 3: Social Determinants of Health Diagram

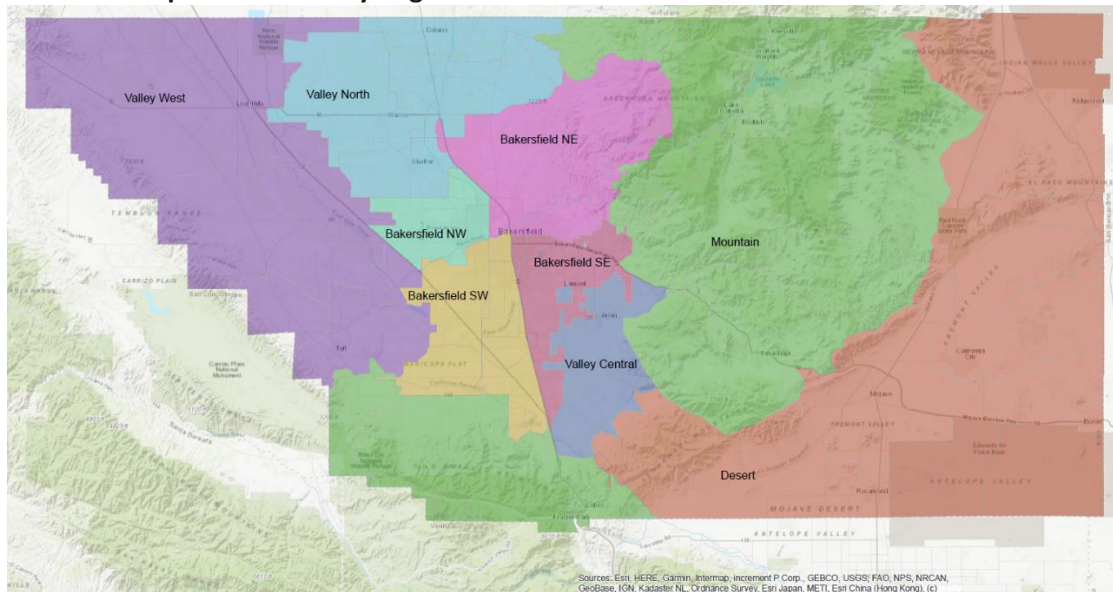


Source: Crescendo Consulting Group (derived from SDOH literature)

Regional Approach

Kern County Public Health defined nine local regions for which data were pulled for several U.S. Census Bureau American Community Survey indicators. This approach is intended to inform localized analysis and planning. The County-defined regions are as presented below:

Exhibit 4: Map of Kern County Regions



Source: Kern County Public Health

¹⁰ U.S. Census Bureau. *American Community Survey - 2010 and 2019 Five-year Estimates*.

¹¹ Healthy People 2030. *Social Determinants of Health*.

Exhibit 5: Table of Kern County Regions & Zip Codes

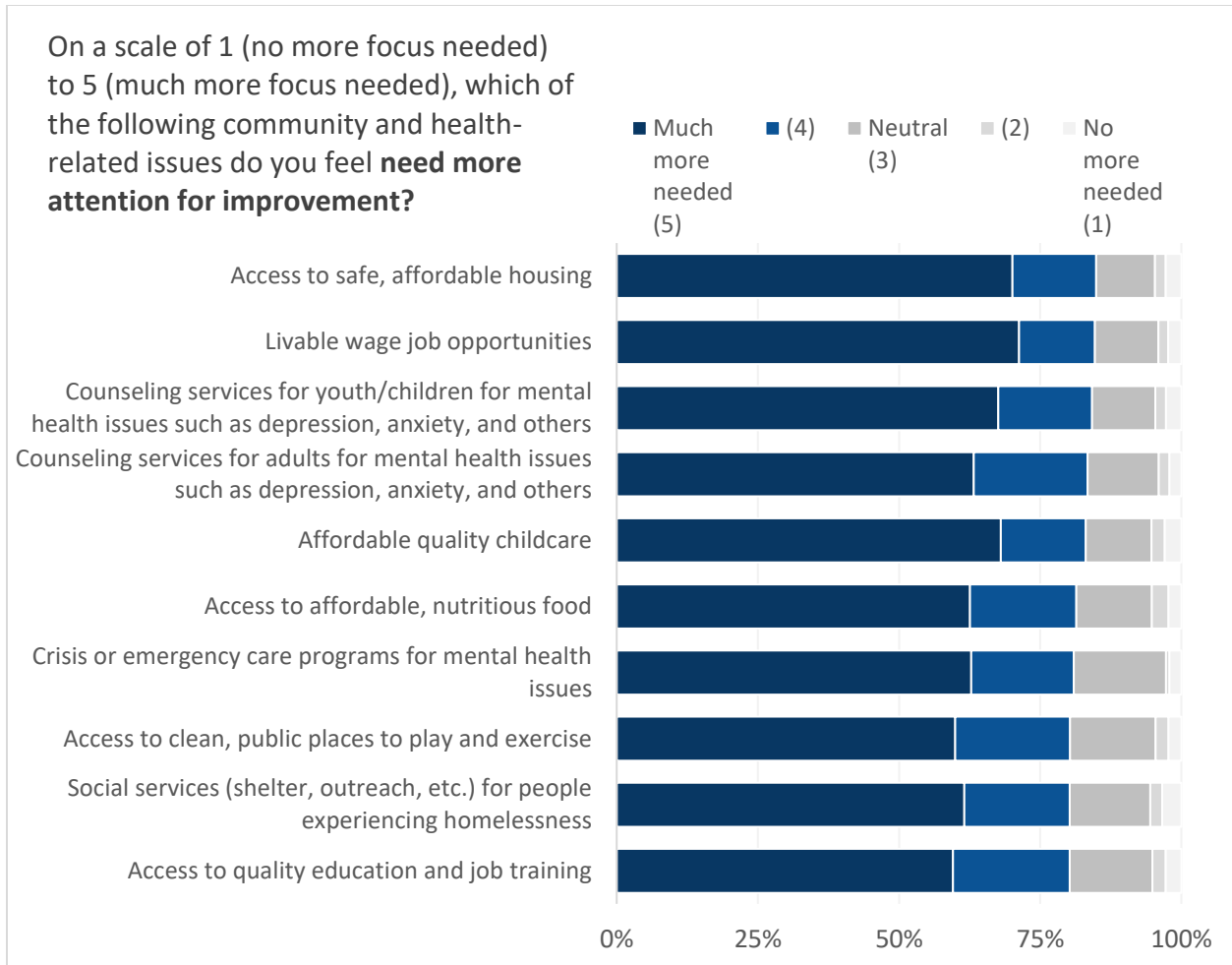
Region	Zip Codes
Bakersfield NE	93301, 93308, 93305, 93306
Bakersfield NW	93314, 93312
Bakersfield SE	93307, 93304
Bakersfield SW	93311, 93309, 93313
Desert	93505, 93501, 93516, 93519, 93523, 93524, 93527, 93528, 93554, 93555, 93560
Mountain	93222, 93205, 93225, 93226, 93238, 93240, 93243, 93252, 93255, 93283, 93285, 93287, 93518, 93531, 93561
Valley Central	93203, 93241
Valley North	93250, 93215, 93263, 93280
Valley West	93224, 93206, 93249, 93251, 93268, 93276

Community Survey

The purpose of the community survey was to enable Kern County residents to share their perspectives on unique barriers, challenges, and potential solutions to address identified community health needs. The survey was available online in English, Punjabi, Spanish, and Tagalog from October 2 through October 31, 2023. There were 602 valid survey responses with the vast majority (94.5%) the English language version of the survey. The survey served as a practical tool for capturing insights of individuals across Kern County. Results were analyzed, and data tables/graphs were created to illuminate the results found in this report. The English language version of the survey is contained in Appendix F. This was not a random sample, and findings should not be interpreted as representative of the full population.

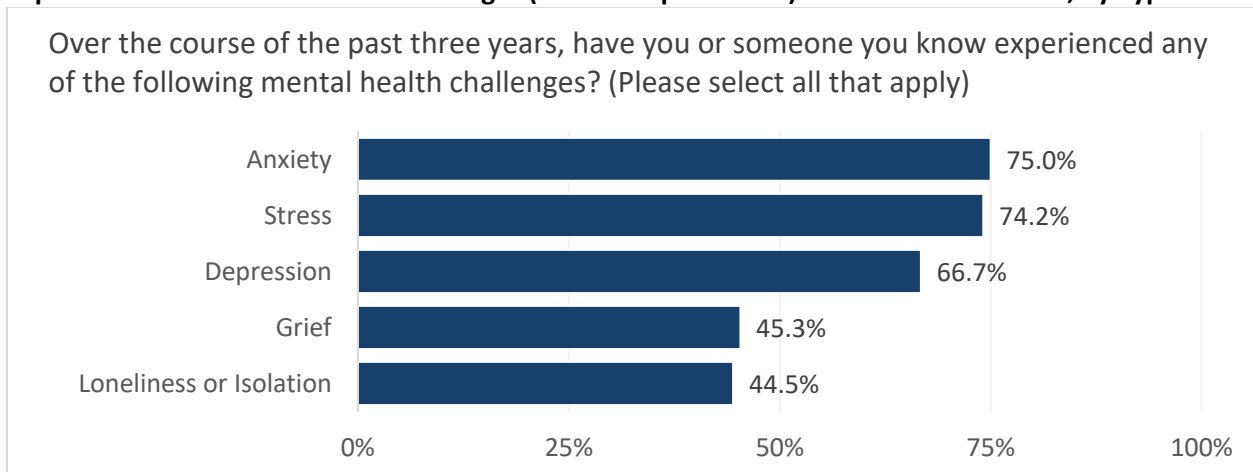
Asked to score a list of 51 identified community health needs on a scale of 1 (“No more focus needed”) to 5 (“Much more focus needed”), respondents most commonly identified **access to safe, affordable housing** (84.9%), **livable wage job opportunities** (84.7%), **mental health counseling services for youth/children** (84.2%) and **adults** (83.4%), and **affordable quality childcare** (83.1%) as in need of more attention for improvement.

Community Health Needs by Need for More Attention for Improvement, Top 15 Needs



The majority of respondents reported that they or someone they know experienced anxiety (75.0%), stress (74.2%), and/or depression (66.7%) over the past three years. Nearly half of respondents reported that they or someone they know experienced grief (45.3%) and/or loneliness or isolation (44.5%) over the same period.

Experience with Mental Health Challenges (Self or Acquaintance) over Past Three Years, by Type



For more information about the Community Survey, please refer to page 84 below.

Resource Guide

Thorough review of existing resources, including an understanding of processes in place to ensure such guides are regularly updated, is an integral step in solution-oriented discussions aimed at understanding and addressing community health needs.

Kern County is equipped with several resource repositories available to those seeking services (and/or seeking to connect others to needed services and resources). Most prominently, 2-1-1 Kern County is a web-based resource directory that is also available with resource navigation support via telephone. A program of Community Action Partnership of Kern, 2-1-1 Kern County provides comprehensive information and referral services that link county residents to health and human services and support.¹² Callers seeking assistance dial 2-1-1 and are connected with Information and Referral Specialists who utilize the same resource directory to respond to clients' individualized information and referral needs. Services are available 24 hours a day, seven days a week.



Along with 2-1-1 Kern County, Kern County Public Health also utilizes an internal resource directory intended to support Public Health staff by providing them with information on resources available in the community in one central location. This directory comprises specific programs and services organized into categories that range from Assistance Programs to Transportation. As of this report's publication, the directory contains nearly 140 total resources.

For more information about available resources in Kern County, please refer to page 99 below.

Access Audit

Access audit calls are an effective way to evaluate the community's access to healthcare services within the Kern County service area. The goal of conducting access audits is to understand practical access to healthcare and other services and barriers experienced by community members seeking care. Nineteen (19) service sites were called on the telephone by Crescendo, seeking to schedule an appointment or to learn about other factors that potentially impact access to services.

While most sites had efficient and clear phone trees, two had confusing or very long phone trees. Seven of the 19 sites (36.8%) offered another language option besides English, most commonly Spanish. At eleven of the 19 sites, the caller was able to connect with a person in less than five minutes. However, **at seven of the sites, the caller was unable to connect with a person.** Of those seven sites, four did not offer a voicemail option.

Friendly and accessible staff can help callers feel heard and assisted in their search for help. Depending on whether a community member has the time, educational, or financial resources for navigating a

¹² 2-1-1 Kern County. Available at: <https://www.211kerncounty.org>.

system with barriers, they may feel powerless or frustrated and possibly unable to access the services they need.

For more information about the Access Audits, please refer to page 100 below.

Qualitative Research

A total of **30 stakeholders** were interviewed via telephone or Zoom, lasting approximately 30 minutes. The interviews provided the opportunity for in-depth conversations about the strengths and opportunities for Kern County Public Health to identify vulnerable populations within various locations throughout the county. Additionally, **nine in-person focus groups with a total of 130 community members** were conducted. Each discussion began with brief introductions, followed by elicitation of participant thoughts about topics related to social determinants of health, such as housing, education, and access to care, among others. Participants were encouraged to speak to their particular areas of concern or experience.

The following High-Level Action Areas are most representative of respondents' consensus in both qualitative interviews and focus group discussions. Please note that the Action Areas are alphabetized but are not presented in any other prioritized order.



Access to Care



Behavioral Health



Child and Youth Development



Food Insecurity



Housing and Homelessness



Income Threshold



Substance Use



Transportation

*“There is a lot of shame in our communities. A lot of people still think, **‘What if I go and they just tell me that I am crazy?’**”*

*“It’s such an incredible challenge that I can’t wrap my mind around because Kern County is one of the highest agriculture-producing counties in the nation and **Bakersfield is one of the hungriest food deserts in the nation.**”*

*“Health care providers know that [community members] **don’t trust them** – people used to believe what doctors said and now after COVID people just don’t have trust and it’s demoralizing.”*

*“It would be good to have more recreational activities where you can get out in the community and hang out with those who like the same things as you. If you go out now, you might run into somebody and get into trouble, and **that’s why I just stay home.**”*

*“From a health standpoint, there’s really two challenges. The main one is **access. We know that there simply is not enough access for the number of residents we have in Kern County, especially in rural areas.** For instance, in southeast Bakersfield, we have two clinics, but you go to some of the rural areas and there **is no clinic.**”*

Prioritizing Needs

A list of 25 community health needs were developed from the secondary data research, qualitative interviews, focus group discussions, and community surveys. Crescendo worked with the CHA Leadership Group, comprising staff from across Kern County Public Health divisions, to implement a modified Delphi method to construct a prioritized list of need categories and specific needs.

The needs prioritization process provided Kern County Public Health staff with an opportunity to review key findings and categorize which identified needs fall within its scope of work to address. The process consisted of two steps. First, participants used an online survey to score the need for additional focus on each of the 25 identified community needs. Second, participants joined a virtual prioritization session to review identified needs relative to Kern County Public Health’s locus of control and anticipated timeline for impact. The following needs were prioritized:

CATEGORY OF NEED	SPECIFIC IDENTIFIED NEEDS
Expanded chronic disease and communicable disease prevention and surveillance efforts	Expansion of STI prevention and testing efforts to mitigate county-level trends in incidence of STIs like syphilis
	Efforts to prevent and address chronic health conditions such as diabetes, asthma, and heart disease
Enhanced behavioral health programs and services for children/youth and adults	Counseling services for children/youth and adults for mental health issues such as depression, anxiety, and others
	Crisis or emergency care programs for behavioral health issues
	Substance use prevention programs, particularly for methamphetamines and fentanyl
	Culturally competent mental health programs that aim to reduce stigma and to promote awareness of early signs of mental illness
	More primary and specialty health and behavioral health care providers, particularly in outlying areas of the county.
Improved access to care through increased capacity and enhanced navigation support	Efforts to streamline health and behavioral health care services to increase accessibility and ease navigation
	Appropriate use of services across the continuum of community health and behavioral health care resources in order to reduce use of acute care facilities for non-emergent care.
	Affordable dental care services and navigation support for individuals regardless of insurance status, including support for those paying out-of-pocket
Promotion of equitable access to health and behavioral health services and resources	Outreach to raise public awareness of available health and behavioral health services and resources, specifically to populations encountering obstacles related to factors such as language, culture, and/or immigration status
	Culturally competent public health prevention programs and resources, such as for farming families and non-English-speaking communities across the county
	Equitable access to prenatal care, including expanded availability of ultrasounds, to close the maternity care disparity for Black and Native American persons
Better support to assist community members to meet basic needs	More safe public recreational spaces for children and adults, including enhancement of existing spaces through maintenance of public bathrooms and water fountains, particularly in underserved areas, such as farmworker communities
	Expanded transportation services across the county, such as for residents of outlying communities and for populations like older adults who require additional assistance
	Resources to address hunger and food insecurity, including support for food pantries and other sources of emergency food

Secondary data measures are organized into four domains, each of which includes a combination of population-based, Social Vulnerability Index (SVI), Social Determinants of Health (SDoH), and community health and safety measures sourced from national, state, and local data sources. The four domains are:

- Domain 1: Core Demographics
- Domain 2: Social and Economic Factors
- Domain 3: Physical Health, Health Behaviors, and Access to Care
- Domain 4: Behavioral Health

Domain 1: Demographics

Social Vulnerability Index

The Social Vulnerability Index (SVI) model was developed by the U.S. Centers for Disease Control and Prevention (CDC) to use data to identify vulnerable populations.

The SVI may be used to rank overall population well-being and mobility relative to county, state, and national figures. Measures are grouped into four major categories: Socioeconomic Status, Household Composition and Disability, Minority Status and Language, and Housing and Transportation. The SVI can also be used to determine the most vulnerable populations during disaster preparedness and public health emergencies, including pandemics.¹³

SVI Measure Categories	SVI Measures
Socioeconomic Status	Below Poverty Level Unemployed Income No High School Diploma
Household Composition & Disability	Age 65+ Age Below 18 Living with Disability Single-Parent Households
Minority Status & Language	Ethnic/Racial Minority Limited or no English Proficiency
Household Type & Transportation	Multi-Unit Structures Mobile Homes No Vehicle Group Quarters

¹³ Agency for Toxic Substances and Disease Registry, CDC/ATSDR Social Vulnerability Index.

The following SVI tables highlight factors that impact the needs of the most vulnerable residents in Kern County.

Exhibit 6: SVI – ‘Socioeconomic Status’ Measures – County, State, and Nation

	Kern County	California	United States
Total Population	905,644	39,455,353	329,725,481
Population Below Poverty Level	19.4%	12.3%	12.6%
Unemployment Rate	8.9%	6.5%	5.5%
Median Household Income	\$58,824	\$84,097	\$69,021
No High School Diploma	24.1%	15.8%	11.1%

Source: U.S. Census Bureau. American Community Survey Five-Year Estimates, 2017-2021

- There is a proportionally **higher percentage of population below the poverty level in Kern County** than in both California and the U.S.
- The **unemployment rate in Kern County is higher** than in California and the U.S.
- **Median household income of residents in Kern County is almost a third lower** than California’s median household income.
- **Kern County** has proportionally **more residents *without* a high school diploma** than both California and the U.S.



SVI Socioeconomic Status Measures by Region

The largest concentrations of Kern County’s population are in the Bakersfield area. Within the four Bakersfield regions, median household income varies considerably, from \$113,129 (Bakersfield NW) to \$49,082 (Bakersfield SE). Several other regions, including Valley Central and Valley West, have lower

median household incomes, and correspondingly high proportions of households below the poverty level (up to 29.9%, in Valley West). Valley Central also has the largest percentage of population with no high school diploma, with more than one in two residents above age 25 (59.7%). Educational attainment is measured among individuals above age 25 primarily to exclude those who have not had a chance to complete high school (children and youth).

Exhibit 7: SVI – ‘Socioeconomic Status’ Measures by Kern County Region

	Total Population	Population Below Poverty Level	Unemployment Rate	Median Household Income	No High School Diploma
Kern County	905,644	19.4%	8.9%	\$58,824	24.1%
Bakersfield NE	180,771	25.4%	10.2%	\$57,928	24.4%
Bakersfield NW	90,706	8.1%	5.6%	\$113,129	7.0%
Bakersfield SE	137,150	25.4%	11.2%	\$49,082	37.3%
Bakersfield SW	172,502	12.0%	6.3%	\$84,609	15.0%
Desert	82,715	15.3%	9.9%	\$70,643	15.1%
Mountain	56,626	17.0%	10.4%	\$61,955	10.5%
Valley Central	37,222	29.4%	11.4%	\$41,871	59.7%
Valley North	121,710	21.5%	9.4%	\$52,021	38.8%
Valley West	23,133	29.9%	11.5%	\$48,479	30.6%

Source: U.S. Census Bureau. American Community Survey Five-Year Estimates, 2017-2021

Exhibit 8: SVI – ‘Household Composition and Disability’ Measures

	Kern County	California	United States
Population Under Age 18	29.0%	22.8%	22.5%
Population Age 65 and Over	10.9%	14.4%	16.0%
Living with a Disability	10.9%	10.5%	12.5%
Children Living in Single-Parent Households	25.7%	22.5%	25.1%

Source: U.S. Census Bureau. American Community Survey Five-Year Estimates, 2017-2021

- In Kern County, the **population under age 18 is proportionally larger** and the **population aged 65 and older is proportionally smaller** than the state and nation.
- Both Kern County and California have a smaller **proportion of residents** that are **living with a disability** than the U.S.
- **Kern County** has a **higher percentage of children living in single-parent households** than California, but is comparable to the U.S.



SVI Household Composition and Disability Measures by Region

While Kern County is younger than California or the U.S., the Valley Central and Bakersfield NE regions are the county’s youngest, with 34.9% and 31.7% of the population under age 18, respectively. By contrast, the Mountain region is the county’s oldest, with one in four (24.5%) age 65 and over. Together with the Desert region, the Mountain region is home to the largest proportion of residents living with a disability. The largest percentages of children living in single-parent households are found in Bakersfield NE and SE, at 32.5% and 31.2%, respectively.

Exhibit 9: SVI – ‘Household Composition and Disability’ Measures by Kern County Region

	Population Under Age 18	Population Age 65 and Over	Population Living with a Disability	Children Living in Single-Parent Households
Kern County	29.0%	10.9%	11.2%	25.7%
Bakersfield NE	30.6%	12.3%	13.2%	32.5%
Bakersfield NW	29.6%	10.5%	9.0%	16.1%
Bakersfield SE	31.7%	8.1%	11.2%	31.2%
Bakersfield SW	28.9%	10.3%	9.4%	21.4%
Desert	25.9%	13.1%	17.5%	21.0%
Mountain	21.5%	24.5%	17.7%	17.6%
Valley Central	34.9%	6.9%	6.9%	28.1%
Valley North	28.2%	7.2%	5.9%	25.9%
Valley West	29.5%	11.3%	13.8%	28.7%

Source: U.S. Census Bureau. American Community Survey Five-Year Estimates, 2017-2021

Exhibit 10: SVI – ‘Minority Status and Language’ Measures

	Kern County	California	United States
Ethnic/Racial Minority	67.8%	64.2%	40.6%
Limited or No English Proficiency	17.8%	17.2%	8.2%
Foreign Born	19.7%	26.5%	13.6%

Source: U.S. Census Bureau. American Community Survey Five-Year Estimates, 2017-2021

- **Kern County and California** are comparable in their percentages of residents that identify as ethnic or racial minorities and residents with limited or no English proficiency, with both the county and state having larger percentages than the U.S.
- **Kern County** has a smaller proportion of residents that are foreign-born than California, but a larger proportion of residents that are foreign-born than the U.S.



SVI Minority Status and Language Measures by Region

Regions of Kern County with larger ethnic/racial minority populations (including 96.0% of those in Valley Central and 92.6% of those in Valley North) also have larger percentages of foreign-born population (including one in three of those in these two regions). Populations in these regions also have larger proportions of residents who speak English “less than very well” – this includes nearly half of those in Valley Central (44.0%) and more than one in three of those in Valley North (39.6%). Populations with limited English language proficiency may experience challenges accessing services, in addition to barriers related to culturally appropriate information and care.

Exhibit 11: SVI – ‘Minority Status and Language’ Measures by Kern County Region

	Ethnic/Racial Minority	Limited or No English Proficiency	Foreign Born
Kern County	67.8%	17.8%	19.7%
Bakersfield NE	64.8%	13.6%	15.5%
Bakersfield NW	43.8%	4.7%	10.3%
Bakersfield SE	87.6%	24.9%	27.4%
Bakersfield SW	68.7%	12.0%	19.2%
Desert	48.8%	7.3%	8.8%
Mountain	26.7%	3.8%	8.3%
Valley Central	96.0%	44.0%	37.3%
Valley North	92.6%	39.6%	32.3%
Valley West	52.8%	21.5%	17.8%

Source: U.S. Census Bureau. American Community Survey Five-Year Estimates, 2017-2021

Exhibit 12: SVI – ‘Household Type and Transportation’ Measures

	Kern County	California	United States
Multi-Unit Housing Structures ¹⁴	17.3%	31.5%	26.4%
Mobile Homes	7.2%	3.6%	5.9%
No Vehicle for Occupied Housing Unit	6.5%	6.9%	8.3%
Living in Group Quarters	3.3%	2.1%	2.4%

Source: U.S. Census Bureau. American Community Survey Five-Year Estimates, 2017-2021

- **Kern County** has **proportionally twice as many mobile homes** compared to California. However, **Kern County** has a **notably smaller percentage of multi-unit housing structures** as compared to California and the U.S.
- The fraction of **Kern County housing units with no vehicle** is **comparable to California**, though both Kern County and California report **smaller proportions than the U.S.**
- The percentage of **people living in group quarters in Kern County is greater than both California and the U.S.** This is likely in part due to the presence of correctional facilities.



SVI Household Type and Transportation Measures by Region

While Kern County has proportionally less multi-unit housing than the state or nation, this type of housing is generally more common in urban environments such as Bakersfield, whereas mobile homes are more common in the Mountain and Desert regions. Availability of vehicles varies, with 10.2% of occupied housing units in the Valley West region without a vehicle. There is a larger fraction of people living in group quarters in the Valley North region, largely due to prison facilities.

Exhibit 13: SVI – ‘Household Type and Transportation’ Measures by Kern County Region

	Multi-Unit Housing Structures ¹⁵	Mobile Homes	No Vehicle for Occupied Housing Unit	Living in Group Quarters
Kern County	17.3%	7.2%	6.5%	1.7%
Bakersfield NE	25.3%	5.7%	9.6%	0.4%
Bakersfield NW	6.3%	1.6%	2.0%	0.6%
Bakersfield SE	20.8%	6.1%	9.7%	0.8%
Bakersfield SW	21.5%	2.1%	5.2%	2.1%
Desert	14.8%	14.7%	6.6%	3.3%
Mountain	5.4%	20.1%	2.7%	0.4%
Valley Central	17.3%	5.9%	6.8%	0.3%
Valley North	15.2%	4.9%	4.9%	13.5%
Valley West	12.1%	12.8%	10.2%	2.4%

Source: U.S. Census Bureau. American Community Survey Five-Year Estimates, 2017-2021

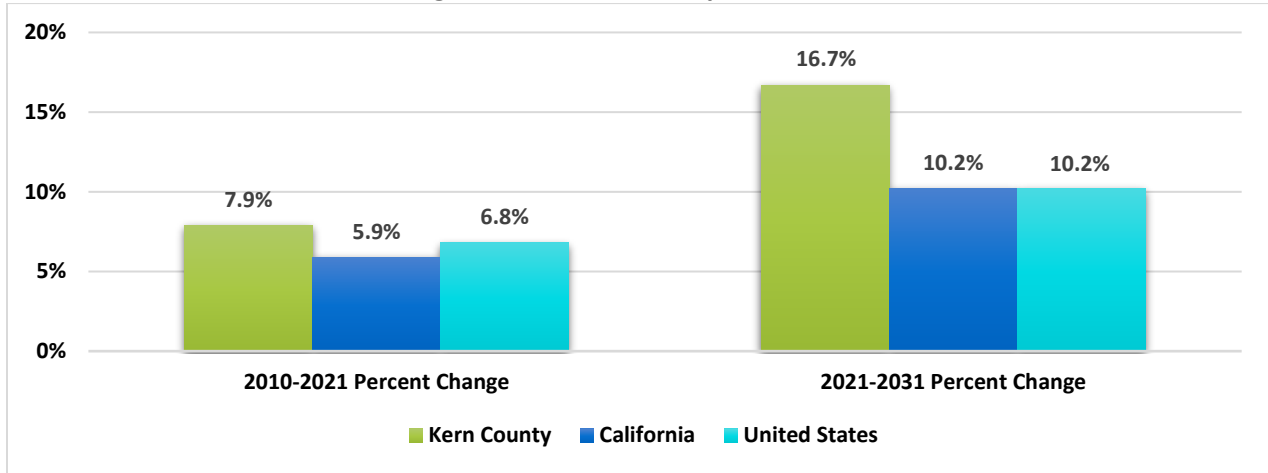
¹⁴ Multi-Unit Housing Structures is defined here as the percentage of housing units that are in buildings containing 2 or more housing units.

¹⁵ Ibid.

Demographics

Total Population: Kern County experienced more growth than California and the U.S. between 2010 and 2021. Furthermore, Kern County’s total population is predicted to grow more than California and the U.S.’s total populations between 2021 and 2031.

Exhibit 14: Estimated Percent Change Increase in Total Population



	Kern County	California	United States
Total Population (2010) ¹⁶	839,631	37,253,956	308,745,538
Estimated Total Population (2021)	905,644	39,455,353	329,725,481
Percent Change, 2010 to 2021	+7.9%	+5.9%	+6.8%
Projected Total Population (2031)	1,056,723	43,468,885	363,255,837
Projected Percent Change, 2021 to 2031	+16.7%	+10.2%	+10.2%

Source: U.S. Census Bureau. American Community Survey Five-Year Estimates, 2017-2021

Gender: The gender balance in Kern County is comparable to California and the U.S.

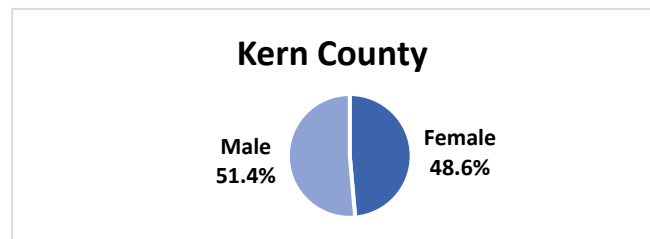


Exhibit 15: Total Population by Gender

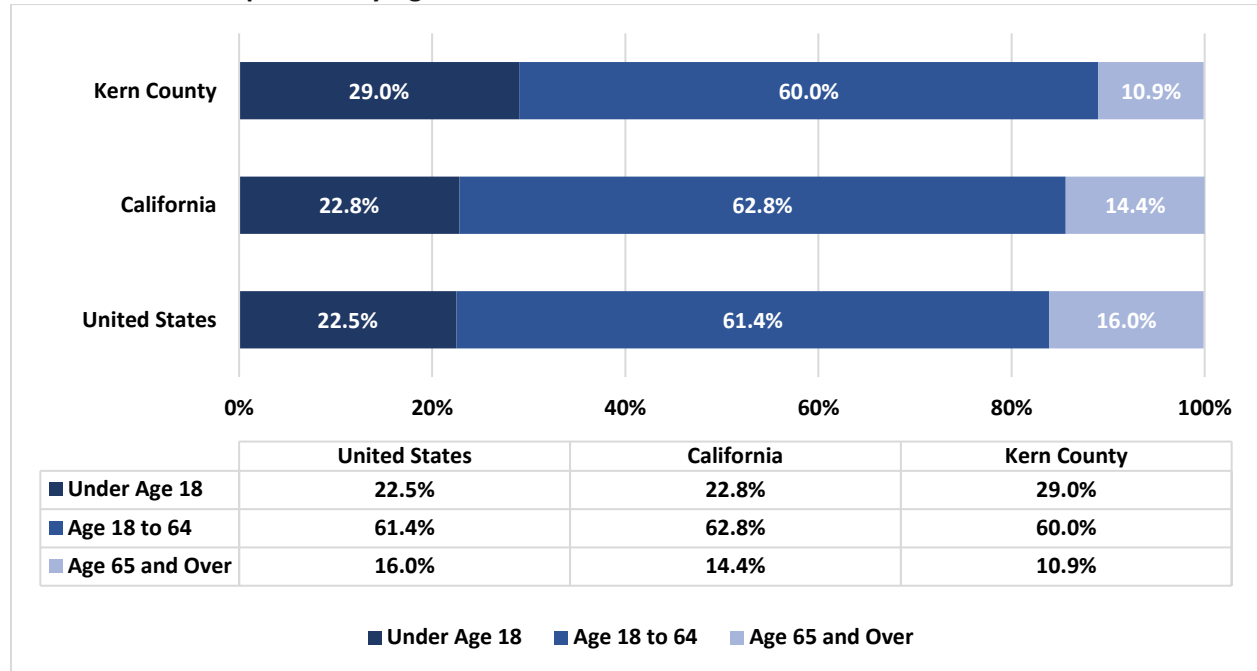
	Kern County	California	United States
Female	48.6%	50.0%	50.5%
Male	51.4%	50.0%	49.5%

Source: U.S. Census Bureau. American Community Survey Five-Year Estimates, 2017-2021

¹⁶ Totals reported in this row are Census 2010 population estimates. The remainder of this table features more recent estimates of population, as derived from the Census Bureau’s American Community Survey over the 2017-2021 period.

Age: The median age of Kern County (32.1) is younger than both the state (37.0) and the country (38.4). Lower median age, as well as a larger population of residents under 18 years old, influences the short and long-term educational and economic needs of Kern County.

Exhibit 16: Total Population by Age



	Kern County	California	United States
Median Age (2010) ¹⁷	30.6	34.9	36.9
Median Age (2021)	32.1	37.0	38.4
Percent Change	+4.9%	+6.0%	+4.1%
Age Under 5	7.5%	6.0%	5.9%
Age 5 to 9	8.1%	6.2%	6.1%
Age 10 to 14	8.7%	6.7%	6.6%
Age 15 to 19	7.6%	6.6%	6.6%
Age 20 to 24	7.2%	6.7%	6.5%
Age 25 to 34	15.4%	15.1%	13.8%
Age 35 to 44	13.1%	13.5%	12.9%
Age 45 to 54	11.1%	12.8%	12.6%
Age 55 to 59	5.5%	6.3%	6.7%
Age 60 to 64	5.0%	5.8%	6.3%
Age 65 to 74	6.8%	8.5%	9.6%
Age 75 to 84	3.0%	4.0%	4.5%
Age Over 85	1.2%	1.8%	1.9%

Source: U.S. Census Bureau. American Community Survey Five-Year Estimates, 2017-2021 | U.S. Census Bureau. American Community Survey One-Year Estimate, 2010

¹⁷ Totals reported in this row are Census 2010 population estimates.

Household Income: In 2021, the estimated median household income for Kern County is more than \$25,000 lower than California and more than \$10,000 lower than the U.S. The increase in percent change for median household income between 2010 and 2021 was also notably lower in Kern County than the increases on state and national levels.

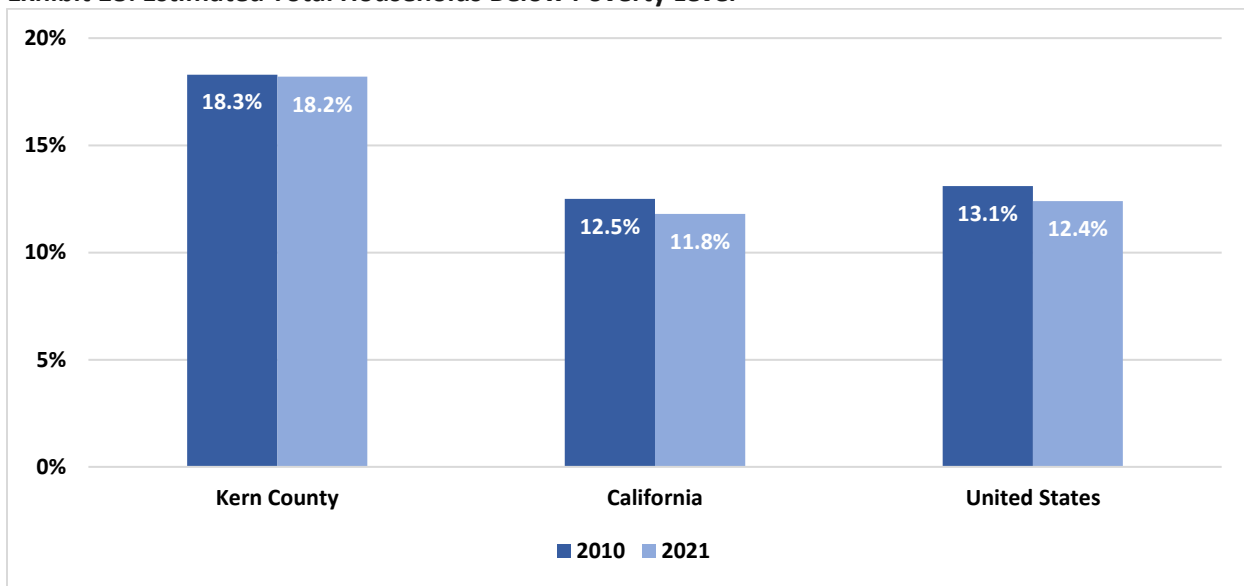
Exhibit 17: Median Annual Household Income

	Kern County	California	United States
Median Household Income (2010)	\$54,397	\$61,632	\$52,762
Median Household Income (2021)	\$58,824	\$84,097	\$69,021
Percent Change (2010-2021)	+8.1%	+36.5%	+30.8%

Source: U.S. Census Bureau. American Community Survey Five-Year Estimates, 2017-2021

Poverty Level: There is a notably higher percentage of households living below the poverty level in Kern County (18.2%) than in both the state (11.8%) and country (12.4%). While all three geographies show a percentage change decrease in total households below poverty level from 2010 to 2021, Kern County has a notably lower percent change decrease. Kern County’s higher poverty rate is likely driven by contributions from several factors including a local economy historically driven by industries like oil and agriculture, which have been impacted by state legislation and broader influences in recent years.

Exhibit 18: Estimated Total Households Below Poverty Level



	Kern County	California	United States
Total Households Below Poverty Level (2010)	18.3%	12.5%	13.1%
Total Households Below Poverty Level (2021)	18.2%	11.8%	12.4%
Percent Change (2010-2021)	-0.2%	-5.7%	-5.6%

Source: U.S. Census Bureau. American Community Survey Five-Year Estimates, 2017-2021

Bachelor’s Degree: Kern County has a smaller proportion of residents with a bachelor’s degree or higher education level than California and the U.S. However, between 2010 and 2021, Kern County is estimated to have an increased percent change in the proportion of residents with a bachelor’s degree or higher, comparable to the increased percent change estimated for the U.S. and higher than the increased percent change for California.

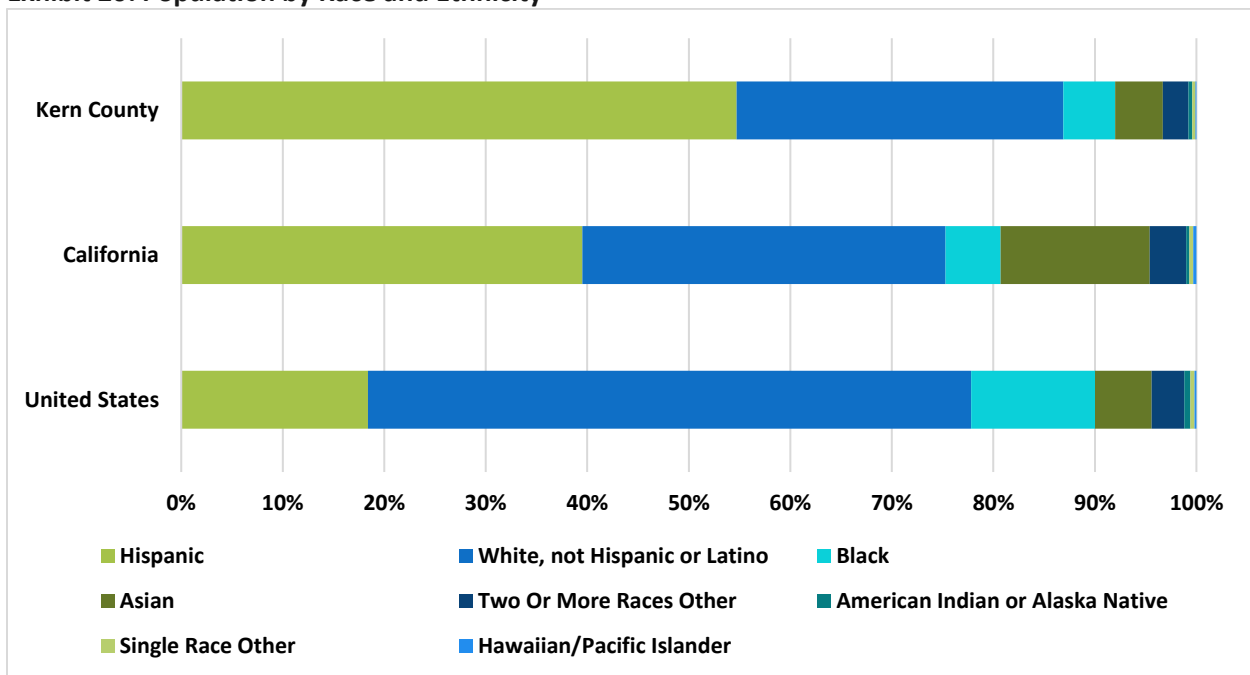
Exhibit 19: Attainment of a Bachelor’s Degree or Higher

	Kern County	California	United States
Bachelor's Degree or Higher (2010)	14.6%	30.2%	28.2%
Bachelor's Degree or Higher (2021)	17.6%	35.3%	33.7%
Percent Change (2010-2021)	+20.2%	+16.7%	+19.4%

Source: U.S. Census Bureau. American Community Survey Five-Year Estimates, 2017-2021

Race and Ethnicity: Kern County has a predominantly Hispanic ethnic composition, proportionally larger than California and the U.S. In contrast, Kern County has a notably smaller proportion of residents who identify as Asian than the state of California.

Exhibit 20: Population by Race and Ethnicity

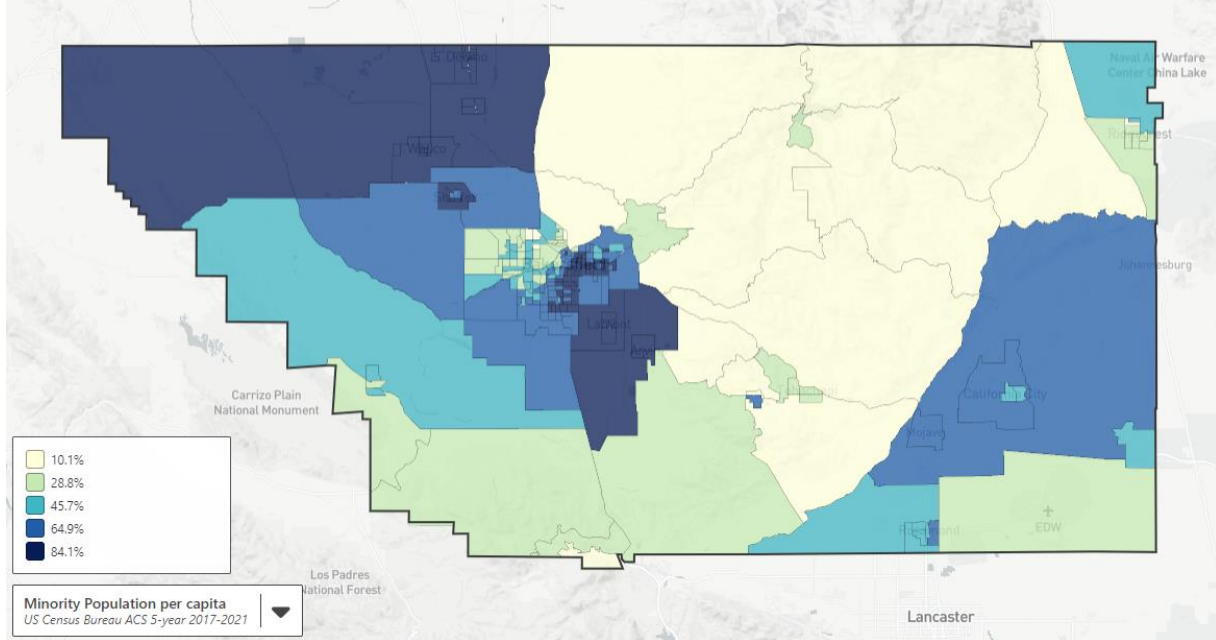


	Kern County	California	United States
Hispanic	54.7%	39.5%	18.4%
White, not Hispanic or Latino	32.2%	35.8%	59.4%
Black	5.1%	5.4%	12.2%
Asian	4.7%	14.7%	5.6%
Two Or More Races Other	2.5%	3.6%	3.2%
American Indian or Alaska Native	0.4%	0.3%	0.6%
Single Race Other	0.3%	0.4%	0.4%
Hawaiian/Pacific Islander	0.1%	0.3%	0.2%

Source: U.S. Census Bureau. American Community Survey Five-Year Estimates, 2017-2021

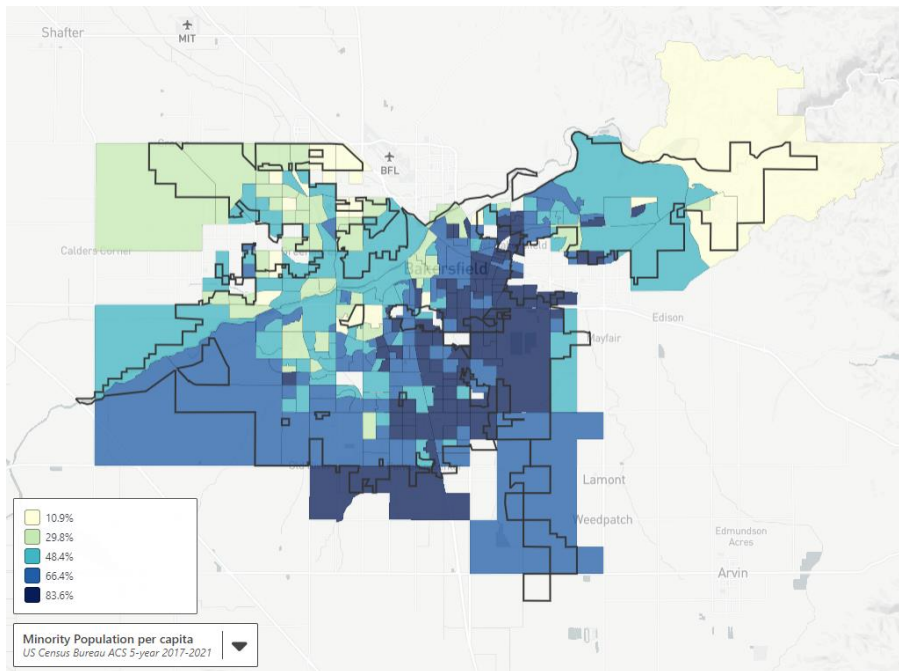
The largest percentages of Kern County’s population identifying as members of racial/ethnic minority groups, or individuals who are a race/ethnicity other than White (not Hispanic or Latino) reside in northwest Kern County, Bakersfield, and eastern Kern (California City). Within Bakersfield, the highest percentages of these populations live on the southern and eastern sides of the community.

Exhibit 21: Percent of Population Identifying as Racial/Ethnic Minority by Census Tract, Kern County



Source: U.S. Census Bureau. American Community Survey Five-Year Estimates, 2017-2021

Exhibit 22: Percent of Population Identifying as Racial/Ethnic Minority by Census Block Group, Bakersfield



Source: U.S. Census Bureau. American Community Survey Five-Year Estimates, 2017-2021

Foreign-Born Population: Compared to state-level data, Kern County has a lower percentage of the population that is foreign-born. However, among foreign-born residents that are not U.S. citizens, Kern County has a higher proportion of residents that were born in Latin America (87.8%) than California and the U.S. In contrast, Kern County has a lower proportion of residents that were born in Asia (9.8%) compared to California and the U.S.

Exhibit 23: Foreign-Born Population

	Kern County	California	United States
Naturalized US Citizen	7.6%	14.2%	7.0%
Not US Citizen	12.1%	12.3%	6.6%
Region of Birth (Not US Citizen)			
Latin America	87.8%	62.5%	59.1%
Asia	9.8%	28.6%	25.7%
Northern America	0.5%	1.3%	1.9%
Europe	1.1%	5.2%	7.6%
Africa	0.6%	1.5%	4.9%
Oceania	0.3%	0.8%	0.8%

Source: U.S. Census Bureau. American Community Survey Five-Year Estimates, 2017-2021

Languages Spoken at Home: Kern County has a comparable proportion to California of residents that only speak English at home and enrolled students that are Limited English Proficient (LEP). Both Kern County and the state of California have higher percentages of enrolled students that are LEP and enrolled students that are English learners than the U.S.

Exhibit 24: Languages Spoken at Home

	Kern County	California	United States
English Only	55.7%	56.1%	78.3%
Spanish	39.2%	28.3%	13.3%
Asian-Pacific Islander	2.9%	9.9%	3.5%
Other Indo-European	1.7%	4.6%	3.7%
Other	0.5%	1.1%	1.2%
Enrolled Students that are Limited English Proficient (LEP)	18.8%	19.9%	10.5%
Enrolled Students that are English learners	16.9%	17.7%	10.3%

Source: U.S. Census Bureau. American Community Survey Five-Year Estimates, 2017-2021 | U.S. Department of Education, Civil Rights Data Collection, 2017-2018 School Year

For residents ages 35 and older, Kern County has a higher proportion of people living with a disability than on the state and national levels. The most notable percentage differences are among the 35 to 64 and 65 to 74 age groups.

Exhibit 25: Population Living with a Disability

	Kern County	California	United States
Population Living with a Disability	98,707	4,145,501	41,055,492
Age Groups			
Age Under 5	1.0%	0.7%	0.7%
Age 5 to 17	4.5%	4.5%	5.7%
Age 18 to 34	6.3%	5.5%	6.8%
Age 35 to 64	13.1%	9.7%	12.4%
Age 65 to 74	29.1%	22.7%	24.1%
Age 75 and Over	50.3%	49.3%	47.4%
Gender			
Female	11.4%	11.0%	12.8%
Male	11.1%	10.3%	12.5%

Source: U.S. Census Bureau. American Community Survey Five-Year Estimates, 2017-2021

In Kern County, residents who identify as White, not Hispanic or Latino (16.9%), American Indian and Alaska Native (16.5%), and Black or African American (16.3%) are most likely to be living with a disability. This somewhat differs than findings on the state and national level of residents where these identity groups are the third highest group of people to be living with a disability instead of the first highest group.

FOCUS ON: Bakersfield American Indian Health Project & Kern County's American Indian/Alaska Native Communities

Originally established in 1997, Bakersfield American Indian Health Project (BAIHP) is an Urban Indian Organization Healthcare program funded by the Indian Health Service Health Care Improvement Act (Public Law 94-437) Title V, as an Outreach and Referral Center. It is the only Urban Indian Health Care facility in Kern County. BAIHP serves a client population representative of over 220 tribes across the nation, who currently reside in Kern County.

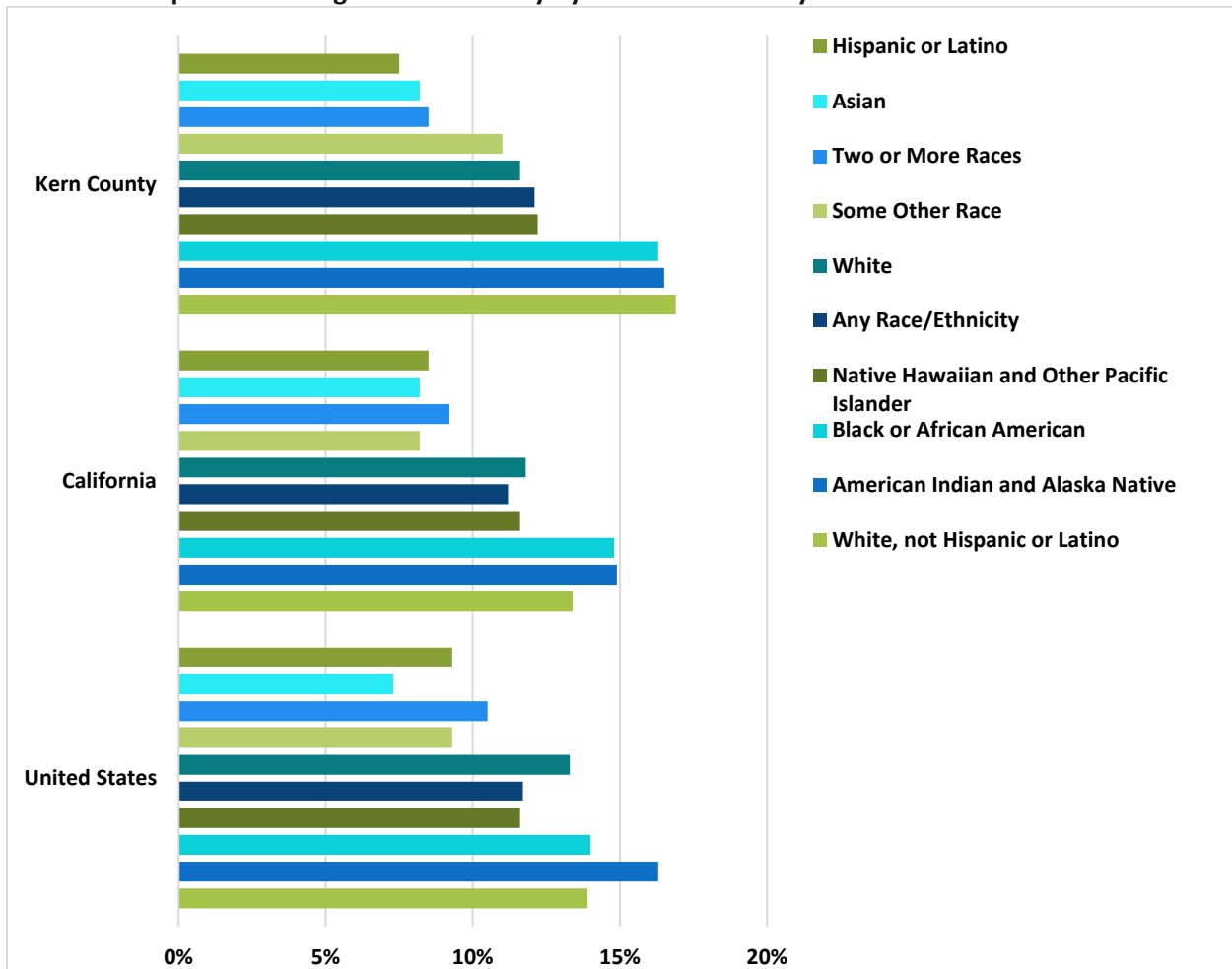


Per its Urban Indian Organization Infrastructure Study in January 2023, BAIHP serves nearly 3,500 unique patients within their Mission Service Area (i.e., Kern County), all of whom identify as American Indian/Alaska Native (AI/AN). Kern County's AI/AN population is anticipated to grow to 21,633 by 2032.

From this market, BAIHP provides about 6.2% of the AI/AN market share for behavioral health visits, with the nearest Title I Tribal-owned facility being the Tule River Indian Health Center – located more than 60 miles from BAIHP. Moving forward, BAIHP anticipates capturing larger shares of the primary care and behavioral health care service markets, as well as bolstering its community outreach services, to continue to meet the needs of Kern County's AI/AN communities and their unique health needs.

SOURCE: Bakersfield American Indian Health Project, Bakersfield, CA. *Urban Indian Organization Infrastructure Study*. Jan. 2023.

Exhibit 26: Population Living with a Disability by Race and Ethnicity

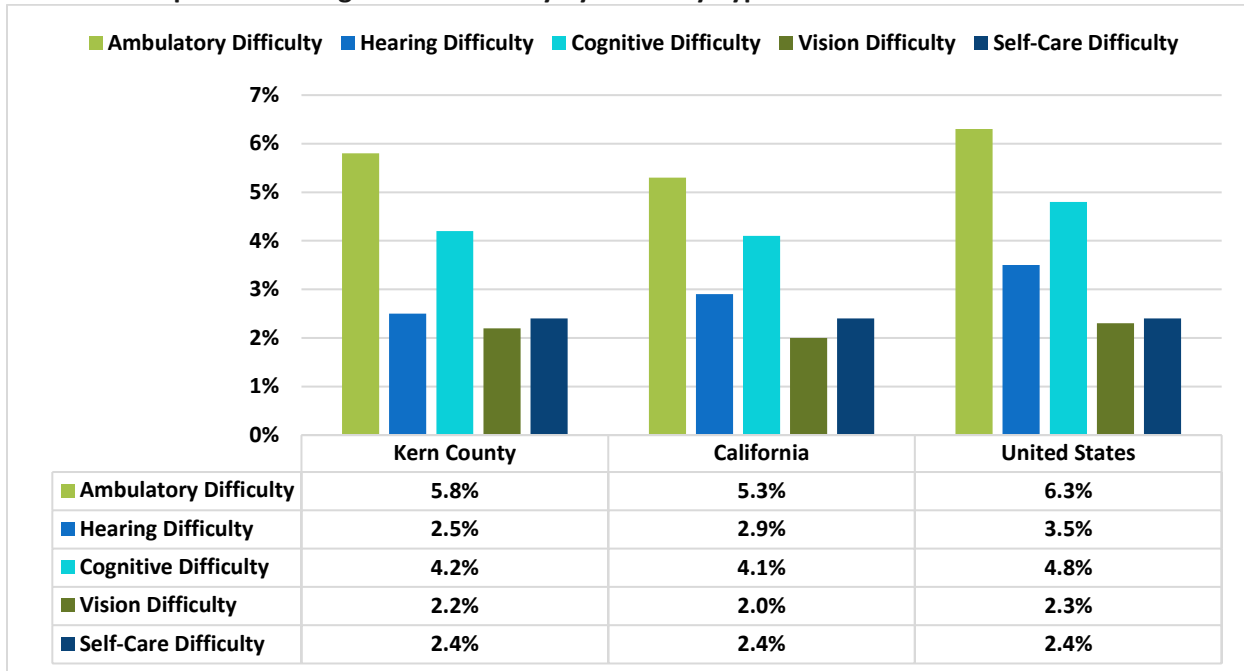


	Kern County	California	United States
White, not Hispanic or Latino	16.9%	13.4%	13.9%
American Indian and Alaska Native	16.5%	14.9%	16.3%
Black or African American	16.3%	14.8%	14.0%
Native Hawaiian and Other Pacific Islander	12.2%	11.6%	11.6%
Any Race/Ethnicity	12.1%	11.2%	11.7%
White	11.6%	11.8%	13.3%
Some Other Race	11.0%	8.2%	9.3%
Two or More Races	8.5%	9.2%	10.5%
Asian	8.2%	8.2%	7.3%
Hispanic or Latino	7.5%	8.5%	9.3%

Source: U.S. Census Bureau. American Community Survey Five-Year Estimates, 2017-2021

The percentage of people living with a disability across all difficulty types for Kern County residents is comparable to the state of California.

Exhibit 27: Population Living with a Disability by Difficulty Type



Source: U.S. Census Bureau. American Community Survey Five-Year Estimates, 2017-2021

Domain 2: Social and Economic Factors

Education

Educational Attainment: The percent of residents with a bachelor's degree or higher is lower in Kern County (17.6%) compared to California (35.3%) and the U.S. (33.7%). However, the percentage of residents with some college but no degree is higher than both the state and nation. This suggests that while beginning college courses may be accessible to Kern County residents, there may be alternative career pathways or barriers for residents in obtaining higher education degrees.

Exhibit 28: Highest Level of Educational Attainment, over age 25

	Kern County	California	United States
Less than 9th Grade	13.0%	8.7%	4.8%
9th to 12th Grade, No Diploma	11.1%	7.1%	6.3%
High School Degree	27.6%	20.4%	26.5%
Some College No Degree	22.9%	20.5%	20.0%
Associate's Degree	7.9%	8.0%	8.7%
Bachelor's Degree	11.6%	21.9%	20.6%
Graduate Degree	6.0%	13.4%	13.1%

Source: U.S. Census Bureau. American Community Survey Five-Year Estimates, 2017-2021

Bachelor's Degree or Higher: In Kern County, there are lower levels of residents who identify as any race or ethnicity with a bachelor's degree compared to state or national levels.

Exhibit 29: Adults with a Bachelor's Degree or Higher, by Race/Ethnicity

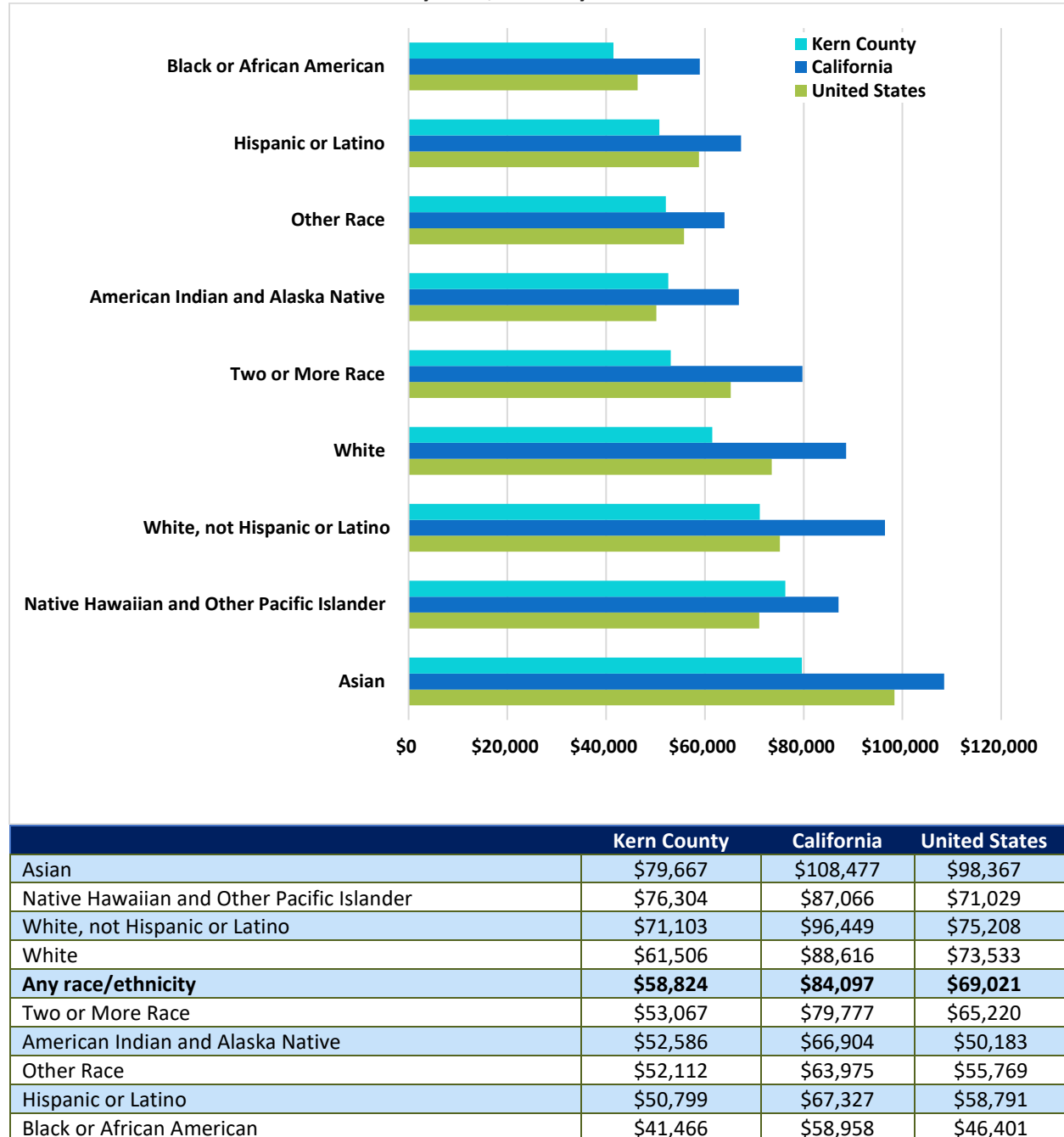
	Kern County	California	United States
Asian	38.1%	54.4%	55.6%
White, not Hispanic or Latino	25.4%	45.4%	37.3%
White	18.5%	38.0%	35.5%
Native Hawaiian and Other Pacific Islander	16.3%	20.4%	18.2%
Black or African American	15.4%	27.7%	23.3%
Two or More Races	13.6%	27.3%	28.7%
American Indian and Alaska Native	10.1%	15.6%	15.5%
Some Other Race	9.1%	11.6%	14.0%
Hispanic or Latino	9.0%	14.9%	18.4%

Source: U.S. Census Bureau. American Community Survey Five-Year Estimates, 2017-2021

Employment & Income

Median Household Income by Race/Ethnicity: For Kern County, median household income is highest among residents that identify as Asian and lowest among residents that identify as Black or African American. Across the board, median household income is lower for all racial and/or ethnic categories in Kern County than on the state and national levels.

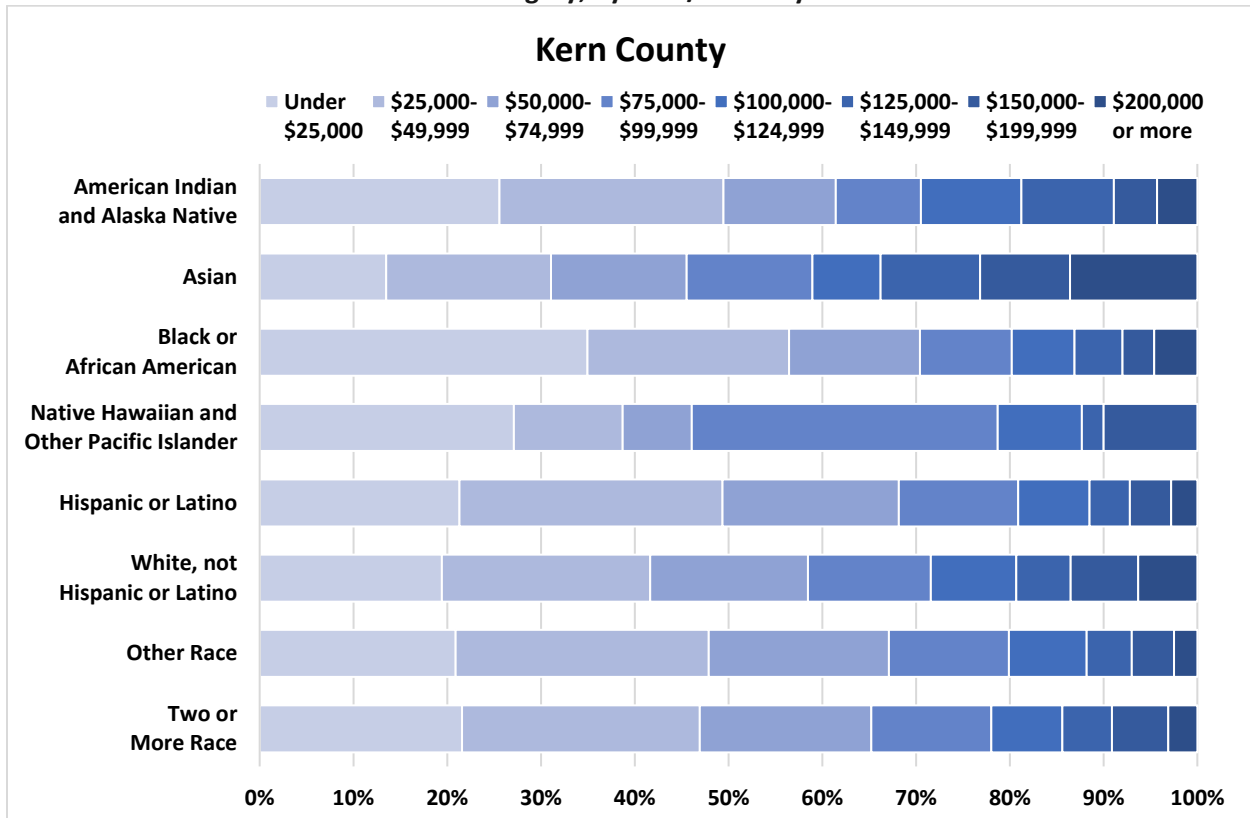
Exhibit 30: Median Household Income by Race/Ethnicity



Source: U.S. Census Bureau. American Community Survey Five-Year Estimates, 2017-2021

Annual Household Income Category Breakdown, by Race/Ethnicity: In Kern County, approximately half of residents that identify as Black or African American have an annual household income below \$50,000. This is also true of residents that identify as Hispanic or Latino, residents that identify as two or more races, and residents that identify as other.

Exhibit 31: Annual Household Income Category, by Race/Ethnicity



Source: U.S. Census Bureau. American Community Survey Five-Year Estimates, 2017-2021

Employment by Industry: Compared to California and the U.S., more than six times the proportion of Kern County residents are employed in farming, fishing, and forestry, which can be explained by the prevalence of Kern County’s agricultural and oil industries.

Exhibit 32: Employment by Occupation

	Kern County	California	United States
Office and Administrative Support	10.5%	10.7%	11.1%
Farming, Fishing and Forestry	8.9%	1.4%	0.6%
Sales	8.5%	9.7%	9.8%
Management	7.4%	11.0%	10.8%
Construction and Extraction	6.6%	4.8%	5.0%
Education, Training and Library	6.2%	5.6%	6.2%
Material Moving	5.3%	3.8%	3.8%
Food Preparation and Serving	5.2%	5.4%	5.4%
Transportation	4.8%	3.5%	3.8%
Production	4.5%	4.6%	5.5%
Healthcare Support	4.1%	3.6%	3.3%
Building, Grounds Cleaning, and Maintenance	3.9%	3.8%	3.6%
Installation, Maintenance, and Repair	3.7%	2.6%	3.1%
Business and Finance	2.8%	5.7%	5.7%
Health Diagnosis and Treating Practitioners	2.7%	3.6%	4.2%
Personal Care and Service	2.7%	2.8%	2.6%
Community and Social Service	1.9%	1.7%	1.8%
Architecture and Engineering	1.8%	2.5%	2.1%
Computer and Mathematical	1.7%	4.0%	3.4%
Law Enforcement	1.7%	0.8%	1.0%
Health Technologist and Technicians	1.5%	1.7%	2.0%
Fire Fighting and Prevention	1.2%	1.3%	1.2%
Arts, Design, Entertainment, Sports and Media	1.0%	2.9%	2.0%
Life, Physical, and Social Science	0.9%	1.2%	1.0%
Legal	0.5%	1.2%	1.2%

Source: U.S. Census Bureau. American Community Survey Five-Year Estimates, 2017-2021

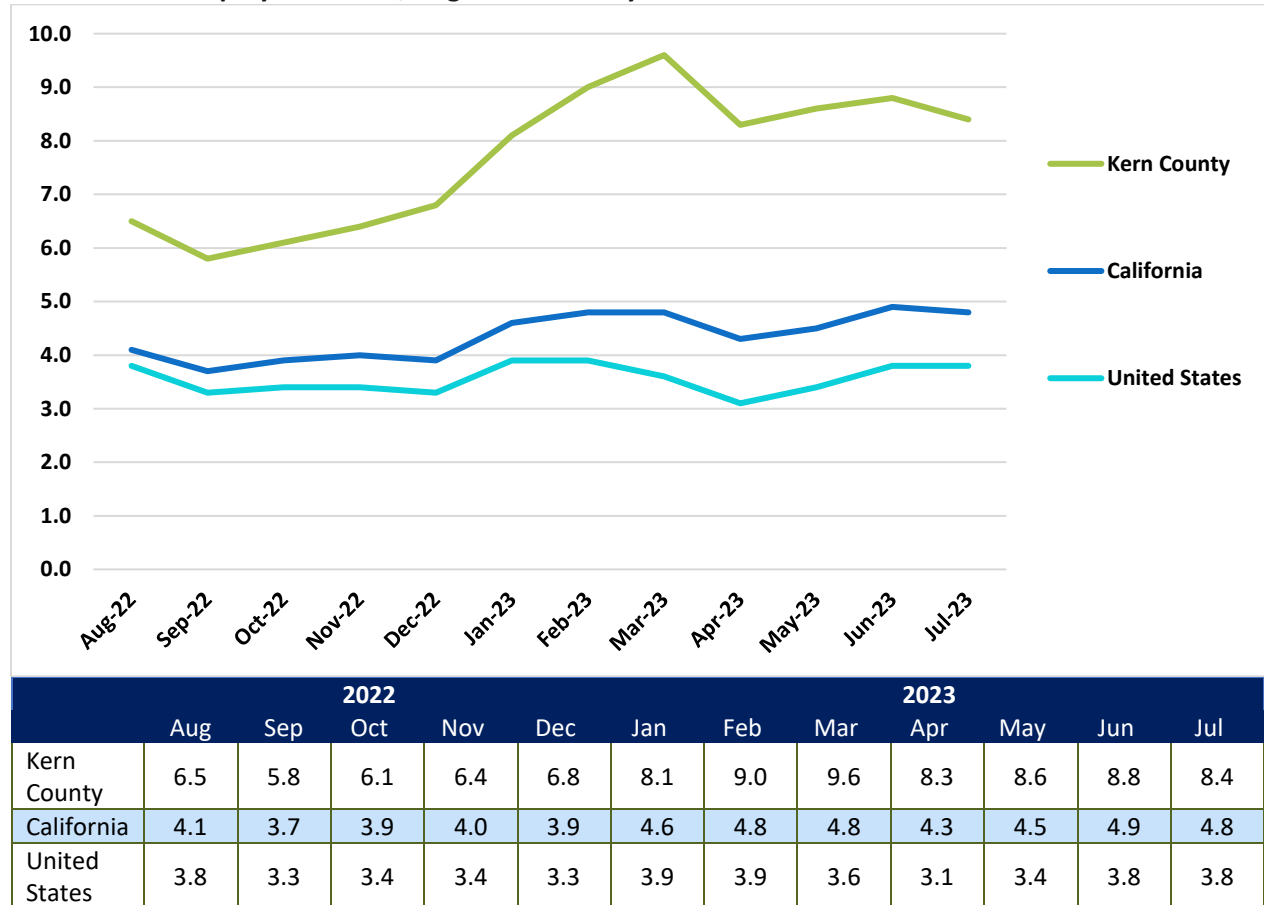
In *The Future of the State: Kern County’s Young, Growing, Diverse Population and Dynamic Economy*, researchers from the University of California, Merced, highlight Kern County’s unique population and economy.¹⁸ While the county is growing at the third-highest rate in the state, and has one of the youngest median ages in California, the workforce is also shifting, from one that includes many migrants to one that will feature more native-born workers. At the same time, the decline of worker earnings has been singularly acute in Kern County, with median wages declining 13% since 1979.¹⁹ In fact, even after adjusting for cost of living, four in 10 Kern County workers earned below a living wage in 2019, including nearly one in two of those in Southeast Bakersfield. These trends have implications for Kern County’s laborer populations, including the farmworker communities sustaining its agricultural economy.

¹⁸ University of California, Merced - Community and Labor Center (May 2022). *The Future of the State: Kern County’s Young, Growing, Diverse Population and Dynamic Economy*.

¹⁹ Ibid.

Unemployment Rate: Kern County maintained a notably higher unemployment rate than California during the 12-month period from August 2022 through July 2023. Furthermore, since January 2023, Kern County’s unemployment rate has remained double the national rate. While California also has a consistently higher unemployment rate than the U.S., California’s rate is closer to the national rate than to Kern County’s rate.

Exhibit 33: Unemployment Rate, August 2022 – July 2023



Source: U.S. Department of Labor, Bureau of Labor Statistics, data extracted on August 30, 2023

Population Below Poverty Level: A substantially higher proportion of Kern County residents live below the poverty level than in California and the U.S., including **one in four of those under age 18. Poverty is distributed inequitably across racial/ethnic groups, with nearly one in three Kern County residents who identify as Black or African American (31.6%) living in poverty,** compared to 14.0% of those who identify as White, not Hispanic or Latino. More than 30,000 Kern County families live below the poverty level, and a majority of these families (76.2%) have children.

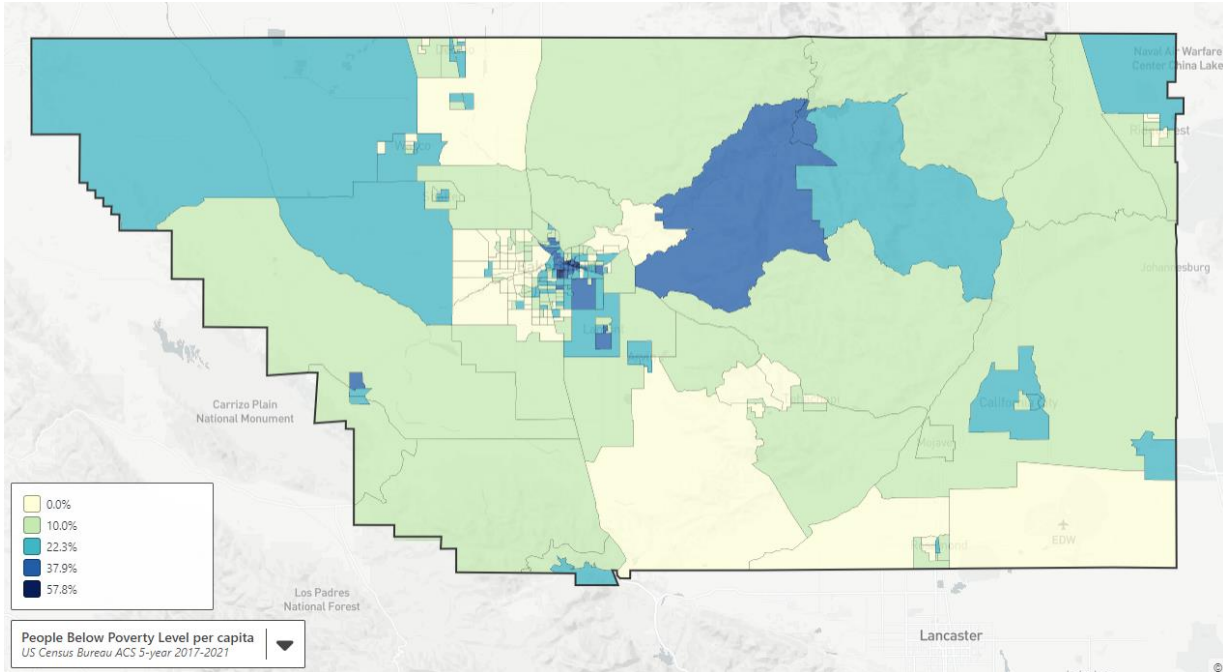
Exhibit 34: Percent of Population Living in Poverty, by Race/Ethnicity

	Kern County	California	United States
People Below Poverty Level	19.4%	12.3%	12.6%
Black or African American	31.6%	19.2%	21.7%
Native Hawaiian and Other Pacific Islander	23.1%	13.2%	16.7%
American Indian and Alaska Native	23.0%	16.7%	23.4%
Some Other Race	22.1%	16.5%	19.1%
Hispanic or Latino	22.0%	15.5%	17.7%
Two or More Races	18.4%	12.0%	14.9%
White	18.3%	10.9%	10.3%
Asian	14.4%	9.9%	10.3%
White, not Hispanic or Latino	14.0%	8.7%	9.2%
Age Under 5	26.2%	16.2%	18.5%
Age Under 18	26.4%	16.2%	17.0%
Age 18 to 64	16.8%	11.2%	11.8%
Age 65 and Over	14.1%	10.5%	9.6%
Families Below Poverty Level	31,709	791,378	7,181,779
Families Below Poverty Level – with Children	76.2%	71.6%	72.4%
Families Below Poverty Level – without Children	23.8%	28.4%	27.6%

Source: U.S. Census Bureau. American Community Survey Five-Year Estimates, 2017-2021

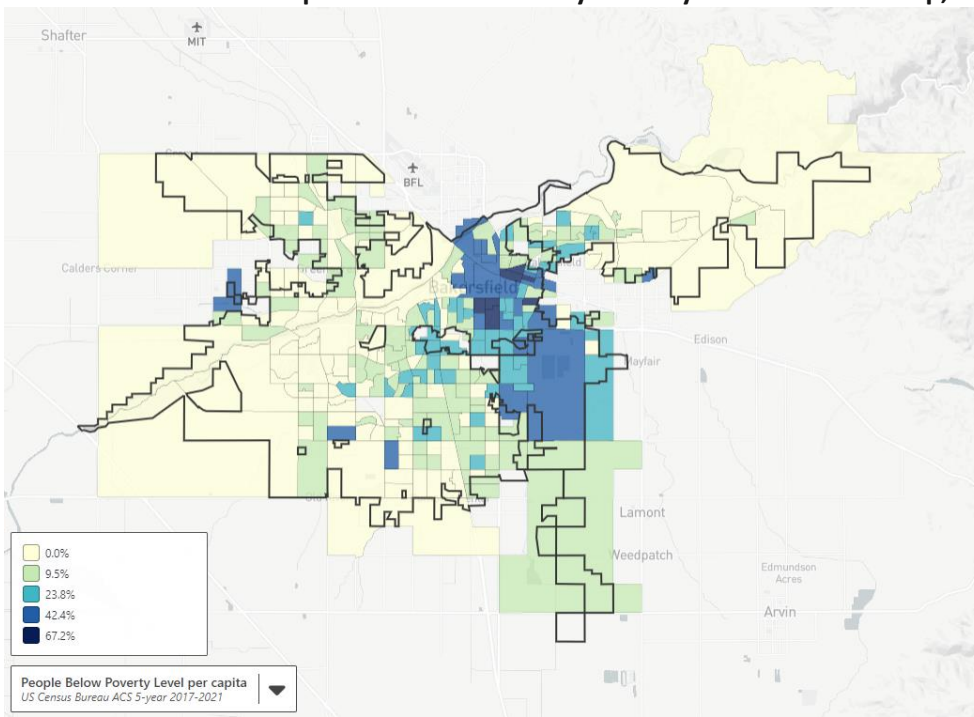
The highest concentrations of poverty in Kern County are found on the east side of Bakersfield, as well as to the northeast of the city. Within Bakersfield, there are Census block groups with up to two in three people living below poverty level (dark shaded regions in lower map below).

Exhibit 35: Percent of Population Below Poverty Level by Census Tract, Kern County



Source: U.S. Census Bureau. American Community Survey Five-Year Estimates, 2017-2021

Exhibit 36: Percent of Population Below Poverty Level by Census Block Group, Bakersfield

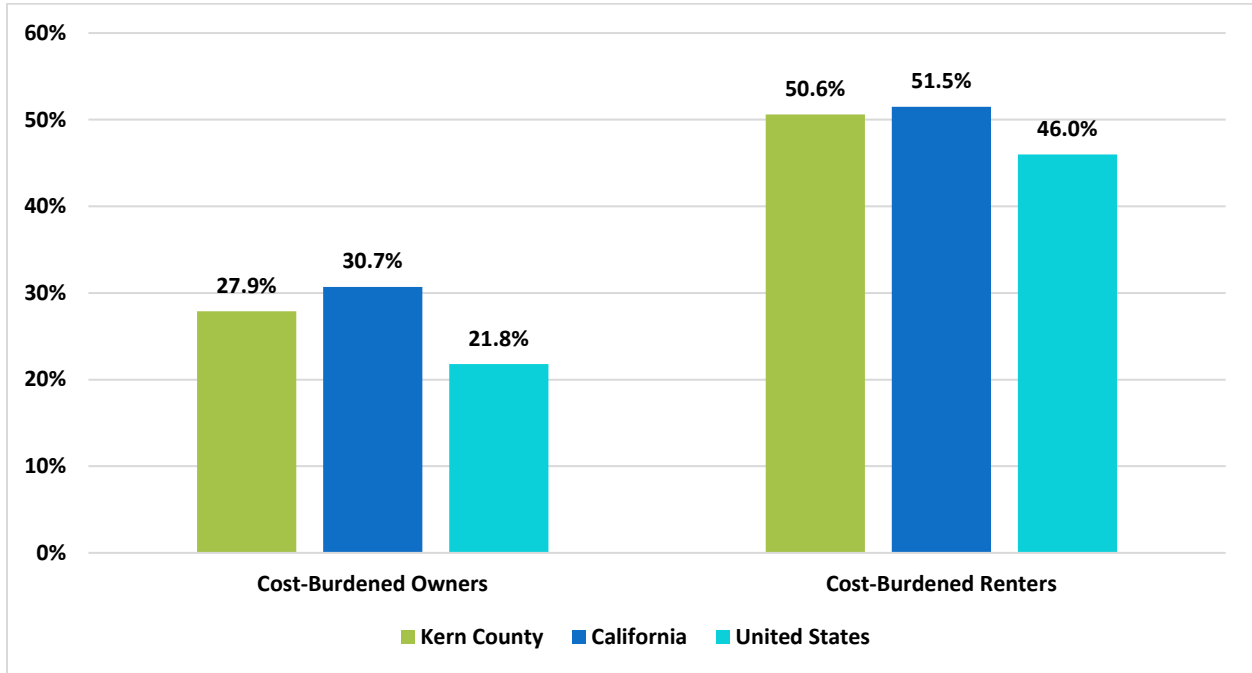


Source: U.S. Census Bureau. American Community Survey Five-Year Estimates, 2017-2021

Housing

Cost-Burdened Households: Households that are considered cost-burdened spend 30% or more of household income on rent or mortgage expenses. In all three geographies, renters experience cost-burden more than owners. However, Kern County and California have higher proportions of cost-burdened renter and owner households than the U.S.

Exhibit 37: Cost-Burdened Households



Source: U.S. Census Bureau American Community Survey 2017-2021 Five-Year Estimates

Housing Costs & Home Value: There is a lower proportion of excessive owner housing costs and excessive renter housing costs in Kern County compared to California. Both Kern County and California have higher proportions of excessive owner and renter housing costs than the nation. Excessive costs is when a person uses a high amount of their monthly income for mortgage or rent. This limits how much can be spent on other necessities.

Exhibit 38: Housing Costs

	Kern County	California	United States
Median Home Costs as a Percentage of Income - with a Mortgage	23.5%	24.9%	20.9%
Median Home Costs as a Percentage of Income - without a Mortgage	11.6%	10.9%	11.0%
Percent of Low Income Households Severely Cost Burdened	15.6%	17.7%	13.0%
Excessive Owner Housing Costs	27.9%	30.7%	21.8%
Excessive Renter Housing Costs	50.6%	51.5%	46.0%
Median Household Income	\$54,397	\$61,632	\$52,762
Age 18 and Over - Lives Alone	9.2%	10.6%	14.0%

Sources: U.S. HUD CHAS 2015-2019 | U.S. Census Bureau. American Community Survey One-Year Estimate, 2010 | U.S. Census Bureau. American Community Survey Five-Year Estimates, 2017-2021

Living Wage & Annual Expenses: The living hourly wage for Kern County is lower than the minimum wage for all provided family categories except for two working adults living together with no children.

Exhibit 39: Living Wage & Annual Expenses for Kern County

	1 Adult, 0 Children	1 Adult, 1 Child	1 Adult, 2 Children	2 Working Adults, No Children	2 Working Adults, 1 Child	2 Adults, 2 Children
Food	\$4,686	\$6,916	\$10,392	\$8,591	\$10,702	\$13,802
Child Care	\$0	\$9,953	\$19,906	\$0	\$9,953	\$19,906
Medical	\$3,136	\$9,476	\$9,486	\$7,018	\$9,486	\$9,411
Housing	\$9,399	\$12,479	\$12,479	\$9,510	\$12,479	\$12,479
Transportation	\$5,316	\$9,561	\$11,691	\$9,561	\$11,691	\$14,058
Civic	\$2,920	\$5,801	\$6,480	\$5,801	\$6,480	\$8,835
Required annual income after taxes	\$30,186	\$62,338	\$80,028	\$48,633	\$70,385	\$89,009
Annual taxes	\$4,490	\$10,077	\$14,548	\$6,354	\$10,949	\$15,085
Required annual income before taxes	\$34,676	\$72,415	\$94,577	\$54,987	\$81,334	\$104,094
Living Wage	\$16.67	\$34.81	\$45.47	\$13.22	\$19.55	\$25.02
Poverty Wage	\$6.53	\$8.80	\$11.07	\$4.40	\$5.54	\$6.67
Minimum Wage	\$15.50	\$15.50	\$15.50	\$15.50	\$15.50	\$15.50

Source: Massachusetts Institute of Technology, Living Wage Calculator, 2022

Fair Market Rent (FMR): Between FY 2022 and FY 2023, FMR increased by more than 10% for all represented rental sizes.

Exhibit 40: Kern County Fair Market Rent (FMR)

	0 Bedrooms	1 Bedrooms	2 Bedrooms	3 Bedrooms	4 Bedrooms
FY 2023 FMR	\$863	\$869	\$1,137	\$1,616	\$1,937
FY 2022 FMR	\$763	\$772	\$1,013	\$1,439	\$1,734

Source: U.S. Department of Housing and Urban Development Fair Market Rent Documentation System

Housing Safety & Quality

Housing Safety & Quality: More than twice the proportion of residential properties in Kern County have less than one full bathroom or no bathroom in Kern County compared to California. Similarly, Kern County has more than twice the proportion of housing units without complete plumbing. In contrast though, Kern County has a notably lower percentage of residential properties without heating compared to the U.S.

Heat Wave Hazard Risk Index: The Heat Wave Hazard Risk Index measures the risk of potential negative impacts caused by a heat wave lasting two or more days. The scores range from 0 to 100, with 0 as the least amount of risk and 100 as the most risk. Kern County scores higher than both California and the U.S. for risk of negative impacts caused by a heat wave.

Cold Wave Hazard Risk Index: The Cold Wave Hazard Risk Index measures the risk of potential negative impacts caused by a rapid fall in temperature within 24 hours followed by low temperatures for an extended period, with 0 being the lowest risk and 100 being the highest risk. Kern County and California score at about 0 with very little risk, which is notably lower than the U.S.’s score (13.7).

Exhibit 41: Housing Safety & Quality Measures

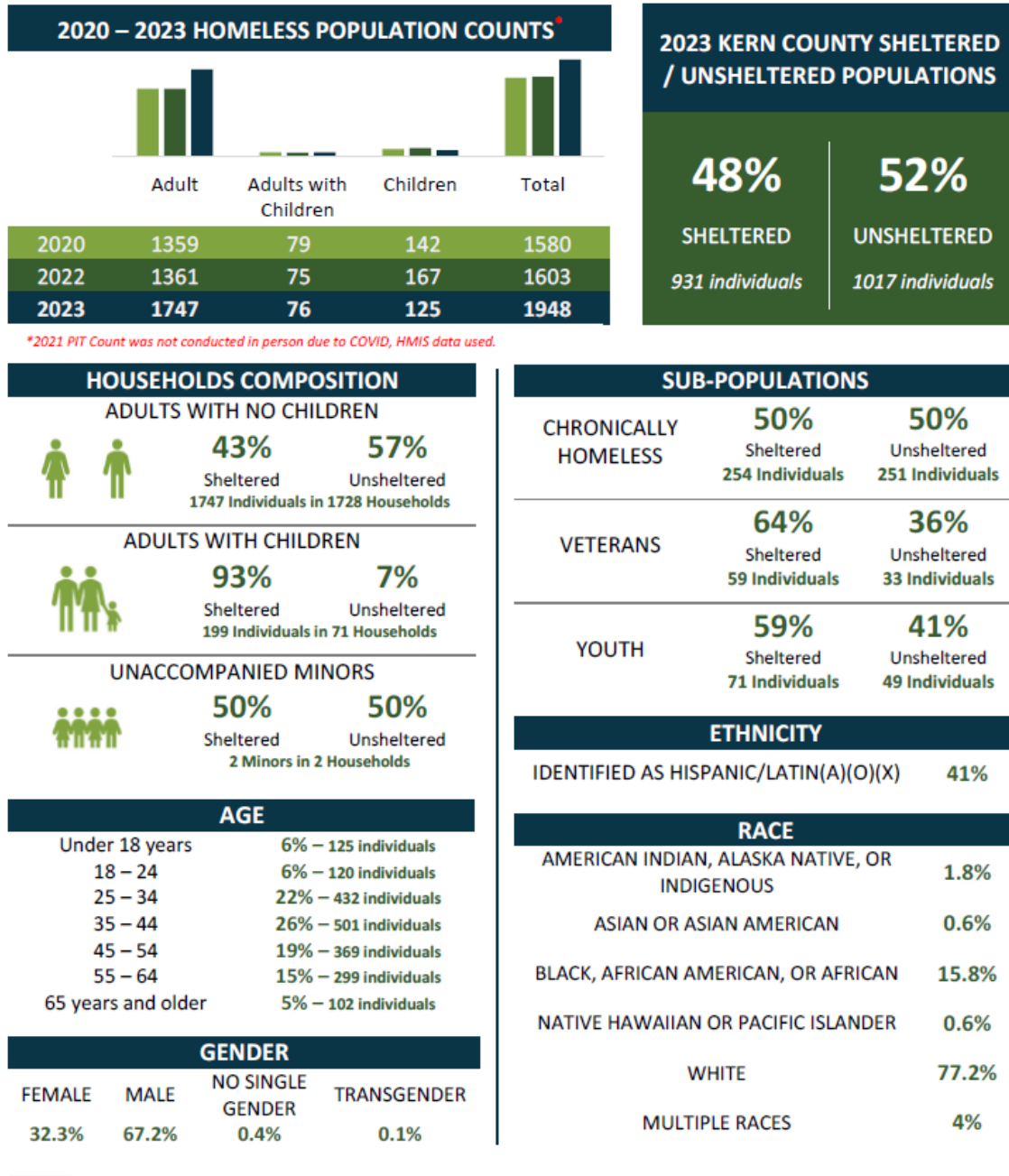
	Kern County	California	United States
Residential Property Roof Type – Asbestos	0.0%	0.0%	0.2%
Residential Properties with None / Less than 1 Full Bathroom	32.9%	15.1%	29.4%
Housing Units without Complete Kitchen Facilities	3.1%	2.2%	2.7%
Housing Units without Complete Plumbing	2.0%	0.8%	1.9%
Renter Occupied Housing with 1 or More of the 4 Severe Housing Problems	13.8%	15.3%	8.9%
Owner Occupied Housing with 1 or More of the 4 Severe Housing Problems	8.0%	8.3%	5.9%
Residential Property without Air Conditioning	1.7%	3.1%	3.3%
Residential Property without Heating	4.2%	55.2%	35.0%
Heat Wave Hazard Risk Index Score	14.5	10.8	7.3
Cold Wave Hazard Risk Index Score	0.0	0.03	13.7
Section 8 Housing with Failing REAC Scores	0.3%	0.6%	1.4%
Overcrowded Housing Units	8.8%	7.6%	3.0%

Source: County Tax Assessors 2021 | FEMA NRI 2021 | HUD CHAS 2015 – 2019 | National Housing Preservation Database 2022 | U.S. Census Bureau. American Community Survey Five-Year Estimates, 2017-2021

Homelessness

In 2023, the Kern County Point-in-Time (PIT) Count identified 1,948 individuals experiencing homelessness, including 1,747 adults, 76 adults with children, and 125 children. The overall count has increased from 2020 to 2023, with this increase driven by an increase in adults counted. Those counted are more likely to be male and White, and two in five of those counted identify as Hispanic/Latin(a)(o)(x).

Exhibit 42: Kern County PIT Count Summary



Source: Bakersfield-Kern Regional Homeless Collaborative. Kern County Point in Time Count 2023 Report.

Transportation

Commute: Compared to California, and the U.S., the percentage of workers Kern County has more than six times fewer percentage of workers who commute to work via public transit than California and the U.S. Similarly, Kern County has a higher percentage of workers who drive to work alone than on the state and national levels.

Walkability Index: The National Walkability Index includes several measures of the built environment that affect whether people are likely to walk for transportation: street intersection density, location near transit stops, and diversity of land uses. Walkability Index values range from 1-20 where lower values represent less walkable areas and higher values represent more walkable areas. Kern County is less walkable and less accessible for pedestrian travel than California, but more walkable and more accessible for pedestrian travel than the U.S.

Exhibit 43: Transportation

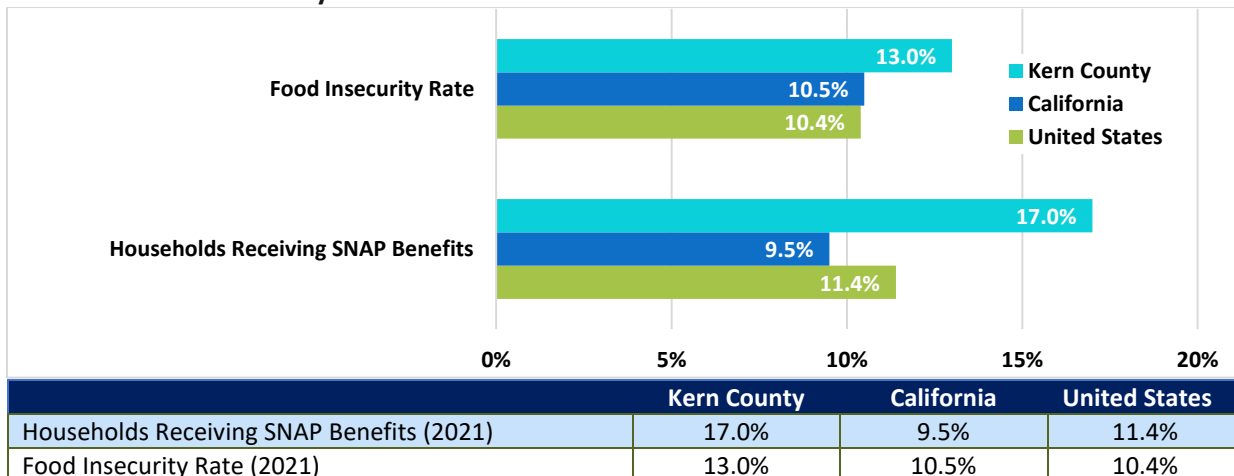
	Kern County	California	United States
Mean Travel Time to Work (in minutes)	23.7	29.5	26.8
Workers Commuting by Public Transit	0.6%	4.1%	4.2%
Workers who Drive Alone to Work	79.7%	70.1%	73.2%
Percent of Income Spent on Housing and Transportation - Median Income Families	56.5%	50.0%	54.3%
Walkability Index	10.3	12.2	9.6

Source: HUD DOT Location Affordability Index 2016 | U.S. Census Bureau. American Community Survey Five-Year Estimates, 2017-2021 | U.S. Environmental Protection Agency Smart Location Walkability Index 2019

Food Access

Food Insecurity: The percentage of students eligible to receive either free or reduced-price lunch is notably higher for Kern County than in California and the U.S. Kern County also has a higher food insecurity rate and higher percentage of households receiving SNAP benefits than California and the U.S.

Exhibit 44: Food Insecurity



Sources: Feeding America Map the Meal Gap 2021 | U.S. Census Bureau. American Community Survey Five-Year Estimates, 2017-2021

Food Access: Food access refers to how close residents live to a supermarket or large grocery store. A notably higher proportion of Kern County residents live 10 or more miles from access to healthy food compared to California.

Exhibit 45: Access to Healthy Food, Overall and by Race

	Distance from Healthy Food	Kern County	California	United States
Overall	1/2 Mile	62.9%	51.0%	69.7%
	1 Mile	29.5%	18.5%	39.8%
	10 Miles	3.7%	0.5%	1.7%
	20 Miles	0.3%	0.1%	0.2%
American Indian and Alaska Native	1/2 Mile	59.4%	54.0%	73.5%
	1 Mile	24.7%	24.0%	49.3%
	10 Miles	3.0%	1.8%	10.2%
	20 Miles	4.2%	0.3%	0.5%
Asian	1/2 Mile	64.1%	45.2%	53.3%
	1 Mile	30.0%	12.5%	20.7%
	10 Miles	2.0%	0.1%	0.1%
	20 Miles	0.2%	0.0%	0.0%
Black or African American	1/2 Mile	61.6%	48.5%	63.0%
	1 Mile	33.4%	14.6%	29.5%
	10 Miles	5.4%	0.4%	0.9%
	20 Miles	0.4%	0.1%	0.0%
Native Hawaiian and Other Pacific Islander	1/2 Mile	61.5%	47.4%	60.2%
	1 Mile	30.6%	13.5%	28.1%
	10 Miles	6.1%	0.3%	0.8%
	20 Miles	0.3%	0.1%	0.1%
Other / Multiple Race	1/2 Mile	55.4%	44.7%	54.5%
	1 Mile	20.9%	13.5%	23.6%
	10 Miles	2.1%	0.4%	0.8%
	20 Miles	0.1%	0.1%	0.1%
White	1/2 Mile	66.6%	55.0%	73.8%
	1 Mile	33.3%	22.1%	44.8%
	10 Miles	4.4%	0.7%	1.9%
	20 Miles	0.5%	0.1%	0.2%

Source: USDA Economic Research Service Food Access Research Atlas 2019

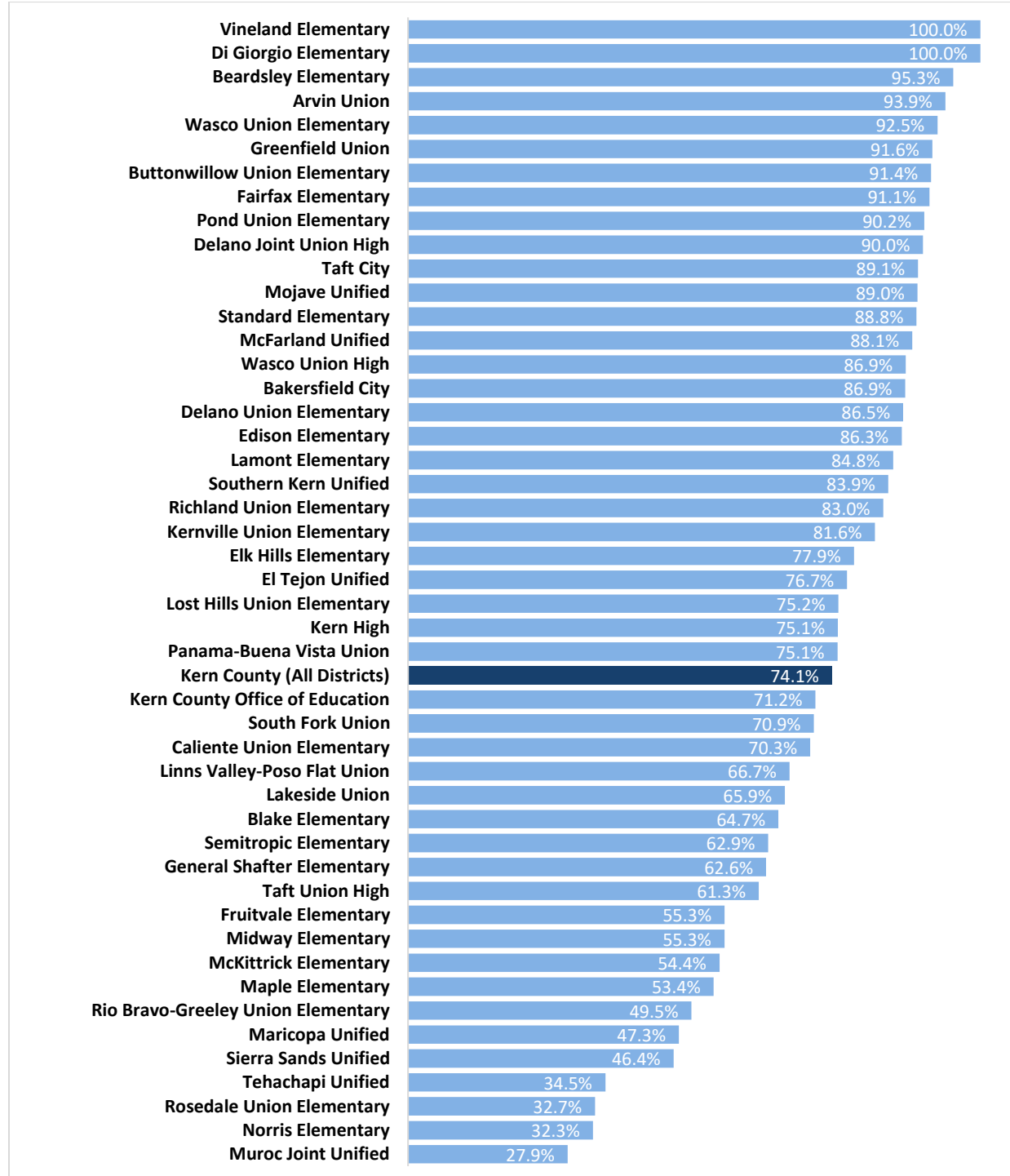
FOCUS ON: Waste Hunger Not Food

Kern County Public Health’s Waste Hunger Not Food Program aims to address food insecurity by rescuing wholesome healthy foods and redistributes it to churches, shelters, and other food distribution sites to ensure it immediately enters our community.



Free or Reduced-Price Meal Eligibility: Three in four Kern County K-12 students (74.1%) were eligible for free or reduced-price meals in the 2022-23 school year. Districts ranged from one in four of those in Muroc Joint Unified to all students in Vineland Elementary and Di Giorgio Elementary school districts.

Exhibit 46: K-12 Student Free or Reduced-Price Meal Eligibility by District, 2022-23 School Year



Source: California Department of Education. Free or Reduced-Price Meal (Student Poverty) Data.

WIC Enrollment Population: The number of WIC participants in California decreased overall by 28% from 2016 to 2020. Over the same period, the number of participants in Kern County decreased by a smaller percentage (19%). Kern County accounts for nearly one in 20 WIC participants in California year over year.

Exhibit 47: WIC Persons Trend

	2016	2017	2018	2019	2020	Percent Change, 2016-2020
California	2,000,480	1,871,167	1,729,679	1,606,927	1,438,090	-28.1%
Kern County	81,224	78,352	74,915	71,967	65,722	-19.1%
Kern as percentage of state	4.1%	4.2%	4.3%	4.5%	4.6%	-

Source: California Health & Human Services Agency Program Dashboard. County/District Program Profile.

WIC Eligibility: Per the USDA, WIC coverage rates are consistently higher for California than the U.S. Three in five children eligible for WIC participate in the program; four in five eligible infants are enrolled; and three in five eligible women are enrolled.

Exhibit 48: WIC Eligibility and Coverage Rates by Participant Category (2020)

	California	United States
All		
Number Eligible	1,397,378	12,480,206
Number of Participants	908,250	6,266,719
Coverage Rate	65.0%	50.2%
Infants		
Number Eligible	209,823	1,876,341
Number of Participants	179,755	1,533,424
Coverage Rate	85.7%	81.7%
Children		
Number Eligible	907,193	8,147,869
Number of Participants	538,941	3,305,829
Coverage Rate	59.4%	40.6%
Women		
Number Eligible	280,362	2,455,995
Number of Participants	189,555	1,427,465
Coverage Rate	67.6%	58.1%

Source: USDA Food and Nutrition Service. WIC, 2020

Equity

Dissimilarity Indices²⁰: There is slightly less variation in Kern County in the ratio between Black and White residents between census tracts compared to California and the U.S. This holds true in comparisons of Hispanic or Latino and Not Hispanic or Latino residents, as well as American Indian or Alaska Native and White residents

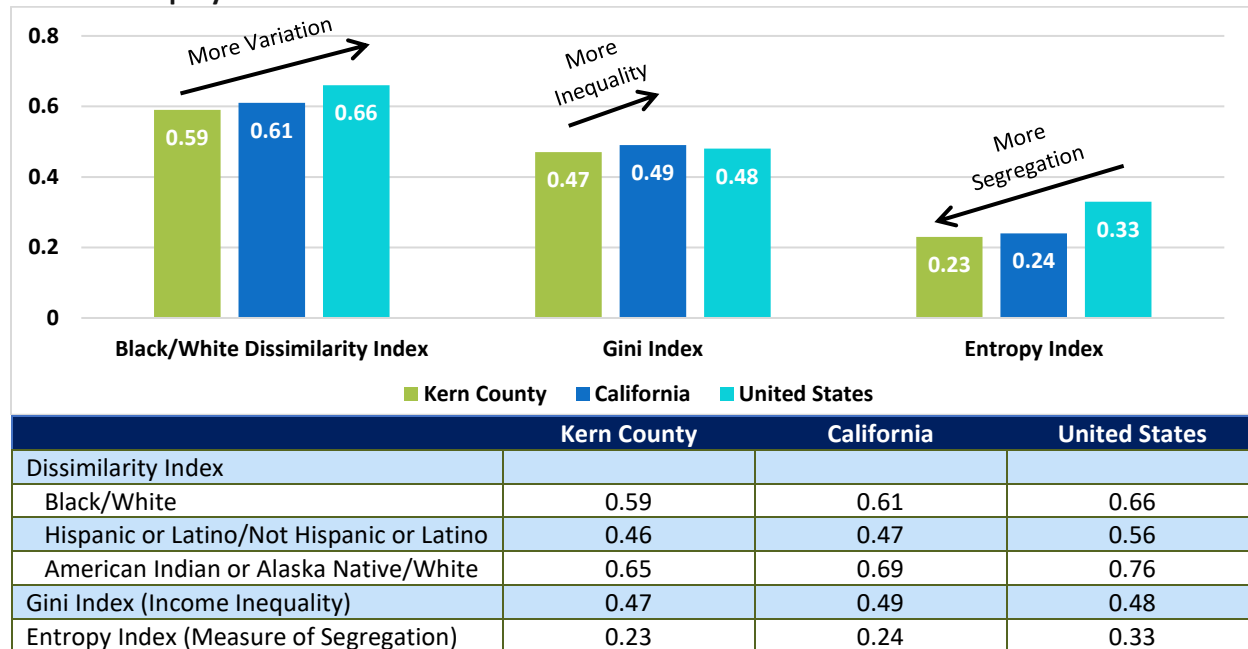
Gini Index²¹: The income inequality between households in Kern County is comparable to both California and the U.S.

Entropy Index²²: Kern County and California have comparable values of segregation, the distribution of race/ethnicity groups within a geography. These state and county values are closer to 0 than the national value, meaning that race/ethnicity groups are distributed more unevenly across census tracts in the state and county compared to the distribution in the U.S.

FOCUS ON: Kern Health Equity Partnership

Kern Public Health established the Kern Health Equity Partnership in collaboration with equity champions in July of 2023 to address gaps and barriers across communities.

Exhibit 49: Equity Indexes



Source: U.S. Census Bureau. American Community Survey Five-Year Estimates, 2017-2021

²⁰ Dissimilarity Indices represent how evenly distributed proportions are for different groups of people of color and White (not Hispanic or Latino) residents. The closer to 1 the value is, the more the ratio between the value for each group of color and White residents varies between census tracts.

²¹ The Gini Index measures income inequality, with a value closer to 0 being lower inequality and a value closer to 1 being higher inequality.

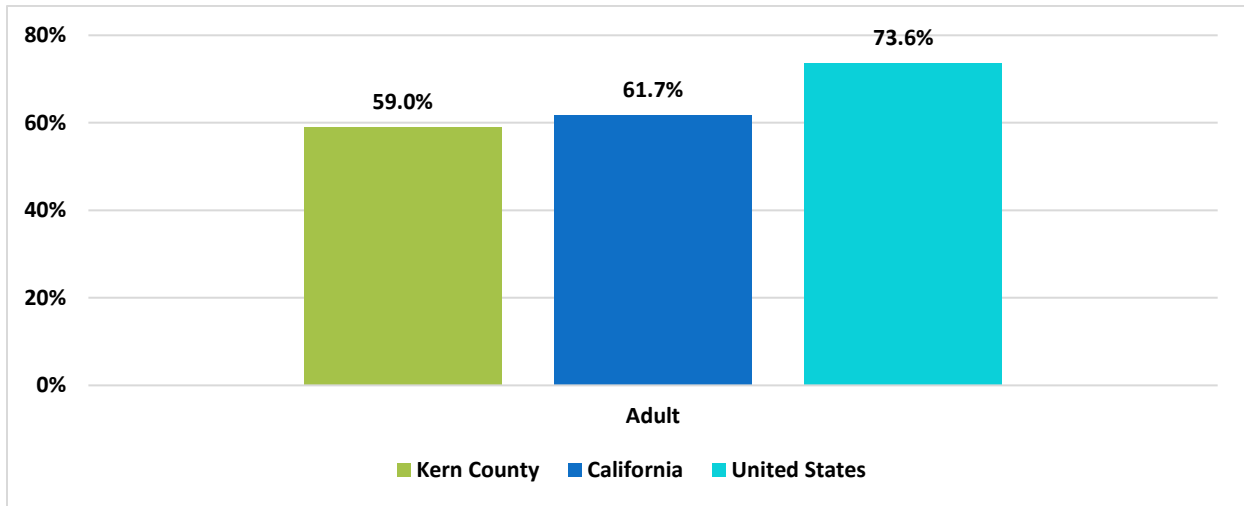
²² The Entropy Index measures segregation, with a value closer to 0 represents the seven race/ethnicity categories previously discusses in this report being unevenly distributed across the census tracts, and a value closer to 1 representing a more evenly matched distribution of the seven race/ethnicity categories across the census tracts.

Domain 3: Physical Health, Health Behaviors & Access to Care

Preventive Behaviors

Kern County adults were **1.2 times less likely** to have visited a doctor or health care professional in the past year than the average American. Nationally, the percentage of children who had an annual doctor visit was greater than the proportion of adults, although these figures were derived from different surveys.

Exhibit 50: Percentage of Population who had a Visit with a Doctor or Other Health Care Professional in the Past Year

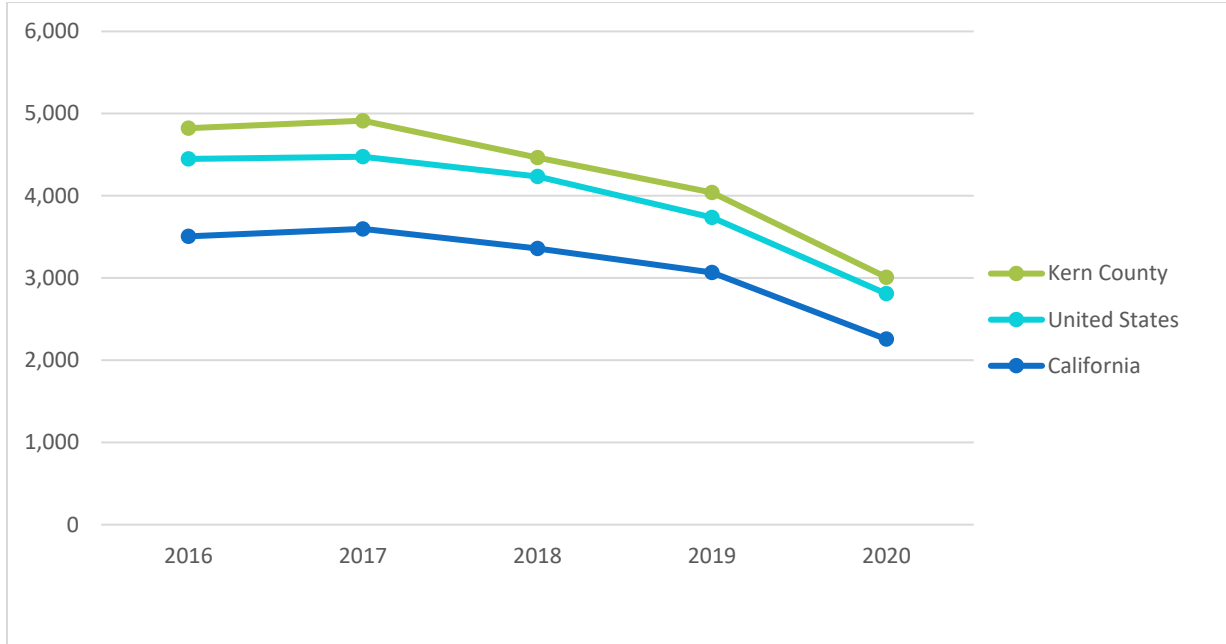


	Kern County	California	United States
Percent of adults who had a visit with a doctor or other health care professional in the past year	59.0%	61.7%	73.6%
Percent of children who had a visit with a doctor or other health care professional in the past year	ND [^]	ND [^]	93.9%

Source: (Adults) CDC Behavioral Risk Factor Surveillance System, 2021. (Children) National Health Interview Survey, 2019
[^]No data

The rate of preventable hospital stays has been steadily decreasing at the national, state, and county levels. Notably, the rate of preventable hospital stays in Kern County is 1.3 times higher than the state of California and has decreased at a faster rate (37%) than the state (34%) and nation (36%).

Exhibit 51: Preventable Hospital Stays, Rate per 100,000



	2016	2017	2018	2019	2020
Kern County	4,824	4,914	4,466	4,040	3,009
California	3,507	3,598	3,358	3,067	2,256
United States	4,447	4,475	4,236	3,736	2,809

Source: The Centers for Medicare & Medicaid Services Office of Minority Health's Mapping Medicare Disparities (MMD), 2020

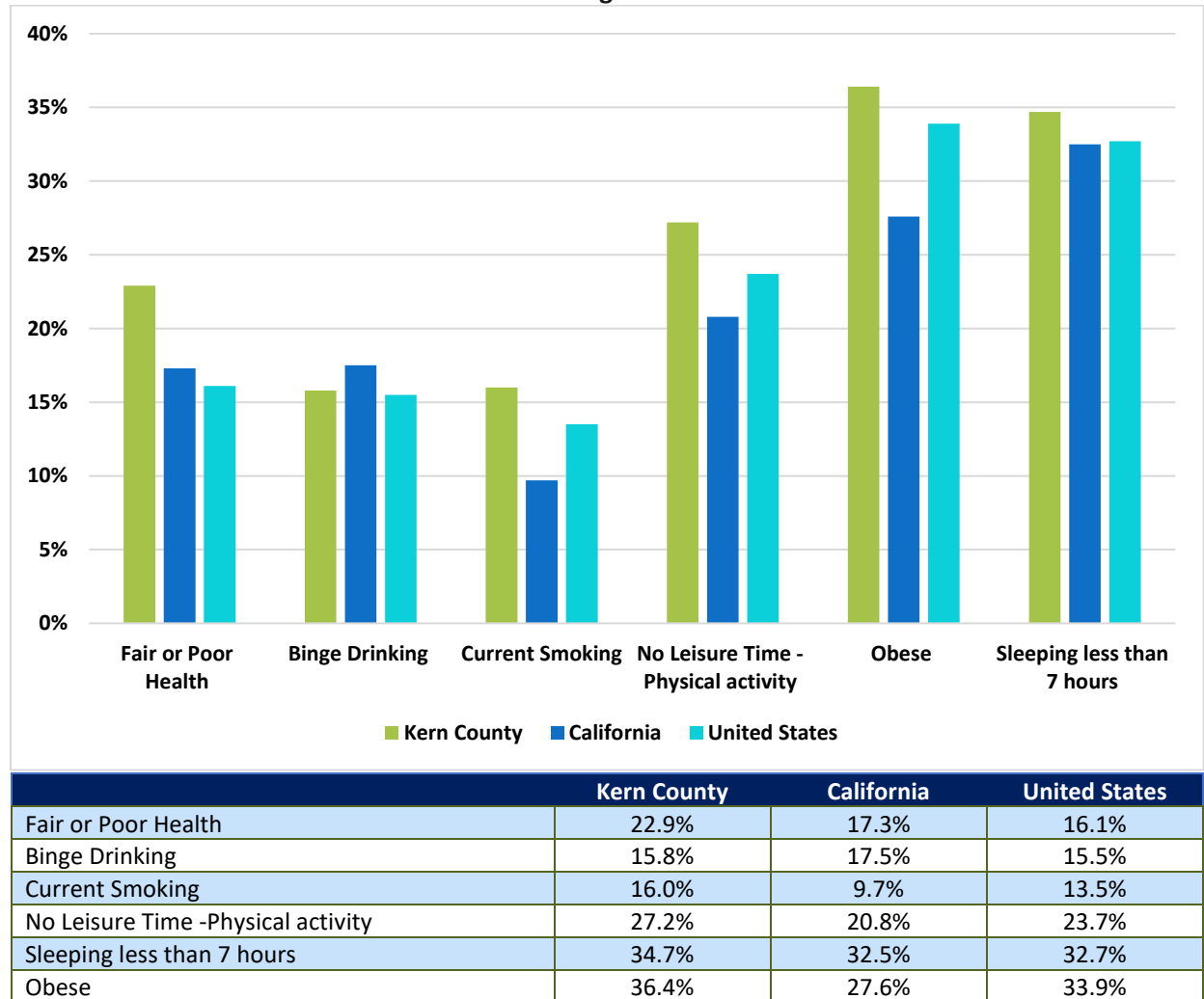
FOCUS ON: Tele911

Tele911 was implemented in Kern County in response to high 911 medical call and transport volumes. It incorporates telemedicine into pre-hospital EMS operations to provide access to a higher level of patient care where stable patients can be treated and released on scene.

SOURCE: Kern County Public Health. Tele911. Available at: [Tele911Policy-Shell-Contact-3-1-23-JF.pdf \(kernpublichealth.com\)](#)

Kern County residents are **1.4 times more likely** to report fair or poor health compared to the national average (16.1%). Binge drinking in Kern County (15.8%) is **comparable** to the national proportion (15.5%) and **lower** than the state percentage. The percentage of individuals that currently smoke in Kern County (16.0%) is **greater than** the state percentage (9.7%). About **one in three individuals** in Kern County reported **no** physical activity in the past month which is **higher** than the state average. The prevalence of obesity in Kern County is **1.3 times higher** than the state and comparable yet still higher than national rates.

Exhibit 52: Health Status and Risk Behaviors among Adults



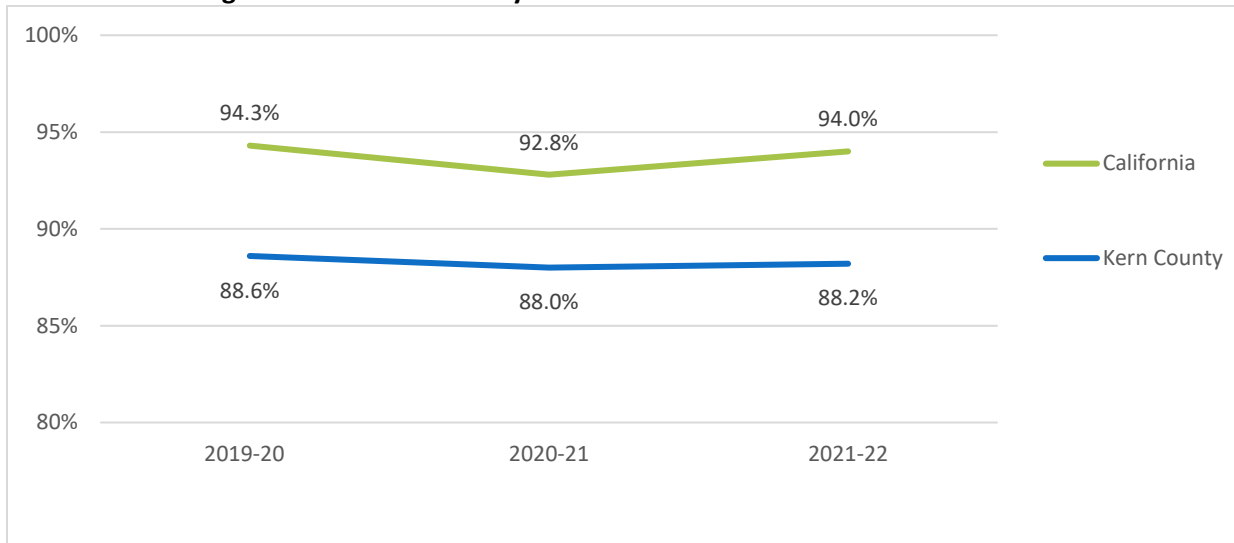
Source: (Most measures) CDC Behavioral Risk Factor Surveillance System (BRFSS), 2021;
 (Sleep) CDC Behavioral Risk Factor Surveillance System (BRFSS), 2020.

Reported immunization rates in 2021-2022 decreased slightly from before the pandemic. The proportion of kindergarten students reported to have received all required immunizations at the state level was 94.3% in 2019-2020 and 94.0% in 2021-2022. County-level trends for kindergartens during the past three school years are lower than the state by about 6%.

FOCUS ON: Kern County Public Health Vaccine Clinic

Kern County Public Health hosts a vaccine clinic every year to help prepare students and families for back-to-school immunization requirements.

Exhibit 53: Kindergarten Immunizations by School Year

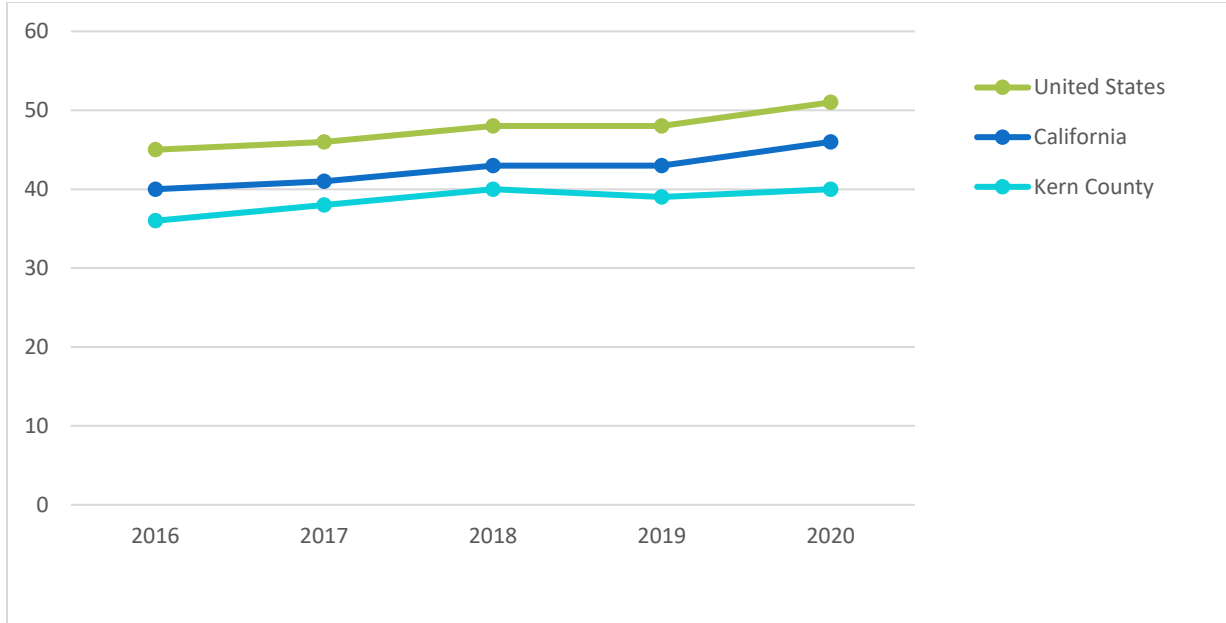


	2019-20	2020-21	2021-22
Kern County	88.6%	88.0%	88.2%
California	94.3%	92.8%	94.0%

Source: The California Department of Public Health (CDPH) Kindergarten Summary Report, 2022

The proportion of individuals receiving an annual flu vaccination in Kern County does not meet the Healthy People 2030 target of 70% and is lower than both the state and national percentages. Notably, the percentage of influenza immunizations in the county has increased by 11% since 2016.

Exhibit 54: Percentage of Medicare Enrollees Receiving Annual Flu Vaccinations, 2016-2020

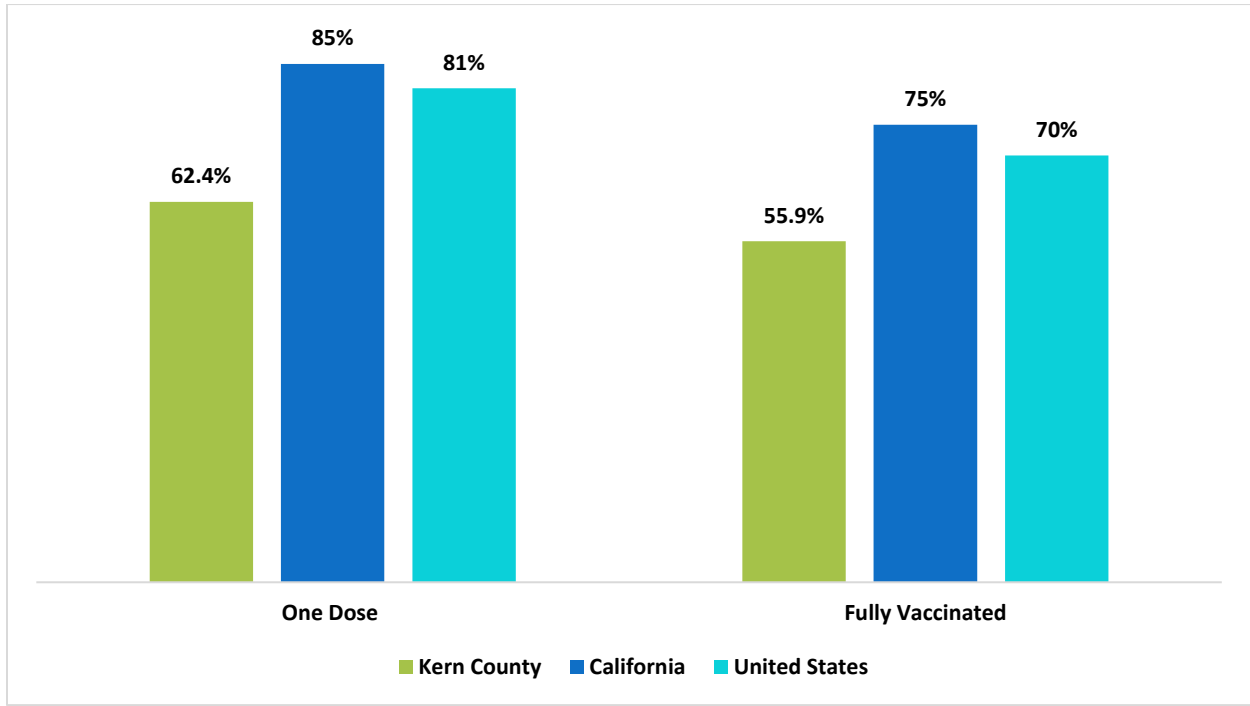


	2016	2017	2018	2019	2020
Kern County	36.0	38.0	40.0	39.0	40.0
California	40.0	41.0	43.0	43.0	46.0
United States	45.0	46.0	48.0	48.0	51.0

Source: The Centers for Medicare & Medicaid Services Office of Minority Health's Mapping Medicare Disparities (MMD), 2020

The proportion of Kern County residents with one dose of the COVID-19 vaccine is about **20% lower** than the corresponding state and national percentages. Similarly, **just over half of individuals** in Kern County are fully vaccinated, compared to nearly three in four of those at the state and national levels.

Exhibit 55: COVID-19 Vaccination Rates



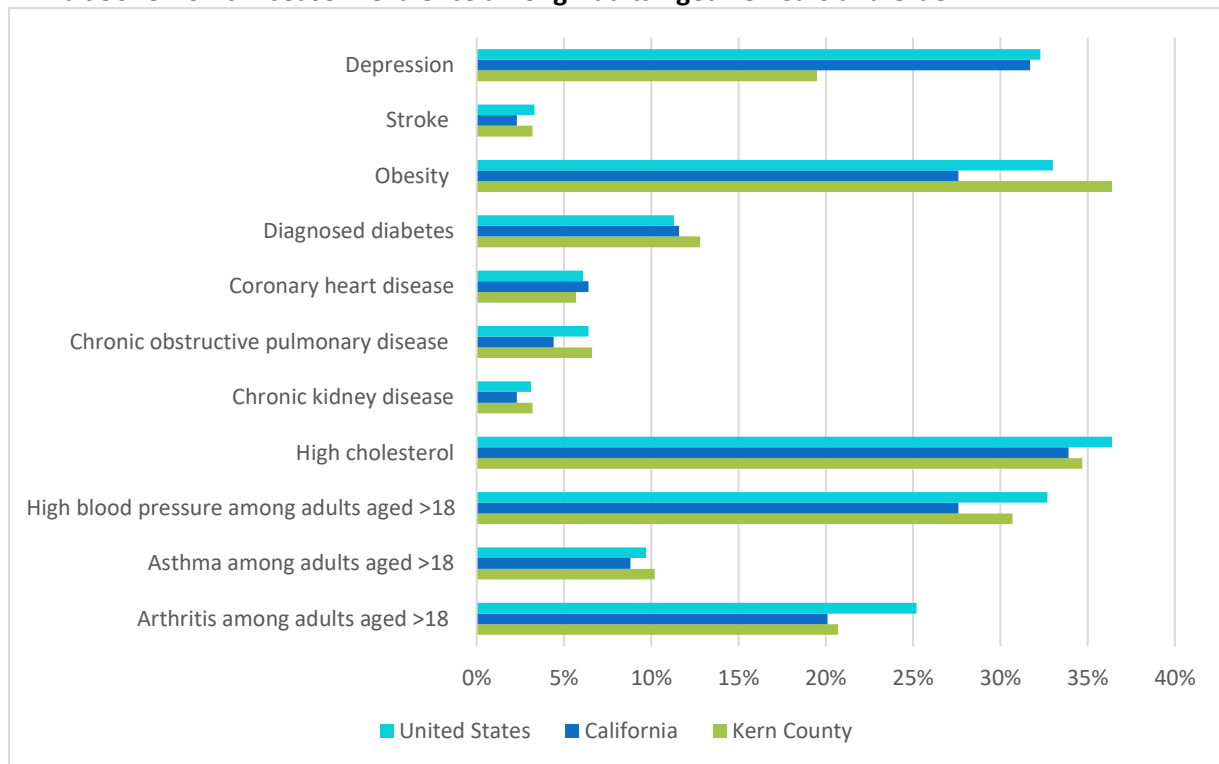
	Kern County	California	United States
One Dose	62.4%	85.0%	81.0%
Fully Vaccinated	55.9%	75.0%	70.0%

Source: CDC COVID Tracker 2021

Chronic Disease Incidence

Asthma prevalence among adults in Kern County is **slightly higher** than the state (8.8%) and national (9.7%) percentages. High blood pressure prevalence among Kern County residents is 3% lower than the national percentage (32.7%), however, slightly higher than the state proportion (27.6%). There is also a **larger proportion of individuals** with chronic kidney disease (3.2%) in Kern County than in the state of California (2.3%). Chronic obstructive pulmonary disease (COPD) is **1.5 times more prevalent** among individuals living in Kern County than California residents. Similarly, diabetes prevalence in Kern County is **slightly higher** than the state and national proportion by about 1%. Obesity and stroke prevalence in Kern County is **about 1.3 times higher** than in the state of California. Notably, there is a **smaller proportion** (12.2%) of individuals reporting depression in Kern County compared to the state and national prevalence.

Exhibit 56: Chronic Disease Prevalence among Adults Aged 18 Years and Older

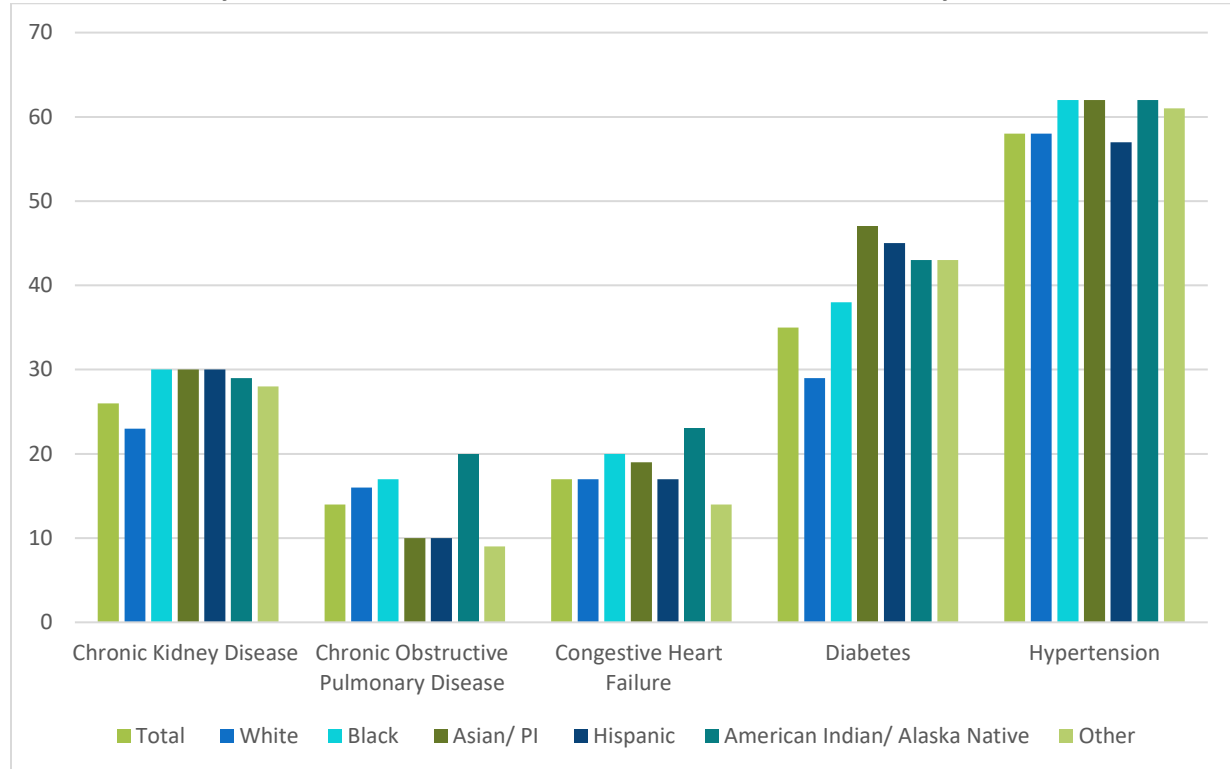


	Kern County	California	United States
Arthritis	20.7%	20.1%	25.8%
Asthma	10.2%	8.8%	9.8%
High Blood Pressure	30.2%	27.9%	32.7%
Coronary Heart disease	5.7%	3.2%	3.8%
Ever had a stroke	3.2%	2.7%	3.0%
COPD	6.6%	4.6%	6.1%
Diabetes	12.8%	11.6%	10.9%
Cancer	5.3%	5.4%	7.0%

Source: CDC Behavioral Risk Factor Surveillance System (BRFSS), 2021

Among Medicare beneficiaries in Kern County, **chronic kidney disease is highest among individuals who identify as Black, Asian Pacific Islander (PI), or Hispanic.** Chronic obstructive pulmonary disease is 1.4 times higher among American Indian/ Alaska Native residents of Kern County compared to the total county prevalence rate. Congestive heart failure is most prevalent among Kern County residents who identify as Black or Asian/PI residents (20 and 19). **Diabetes prevalence is higher than the county-level rate for all ethnic groups except White residents.** The prevalence of diabetes is highest among Asian/ PI (47) and Hispanic (45) residents. **There is a larger proportion of beneficiaries with hypertension who identify as Black, Asian, or American Indian/Alaska Native compared to other ethnic groups.**

Exhibit 57: County-Level Medicare Prevalence Rates of Chronic Conditions, by Race



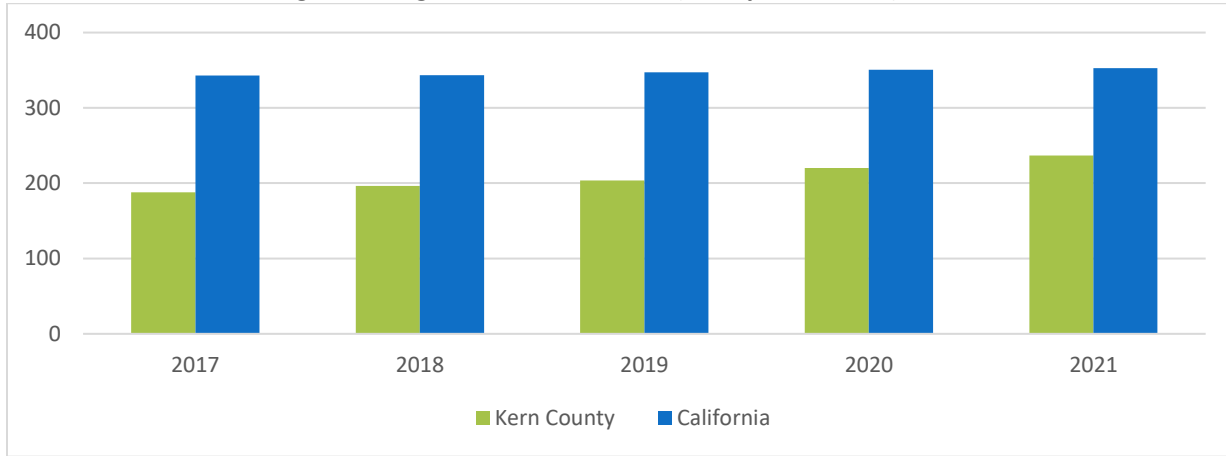
	Total	White	Black	Asian/ PI	Hispanic	American Indian/ Alaska Native	Other
Chronic Kidney Disease	26.0	23.0	30.0	30.0	30.0	29.0	28.0
Chronic Obstructive Pulmonary Disease (COPD)	14.0	16.0	17.0	10.0	10.0	20.0	9.0
Congestive Heart Failure	17.0	17.0	20.0	19.0	17.0	23.0	14.0
Diabetes	35.0	29.0	38.0	47.0	45.0	43.0	43.0
Hypertension	58.0	58.0	62.0	62.0	57.0	62.0	61.0

Source: Population Report Medicare Beneficiary Profile, 2018

Sexually Transmitted Infections

The reported rate of persons living with HIV in 2021 was about **1.5 times** less in Kern County compared to California residents. Since 2017 the county has experienced a 25% increase in the rate of individuals living with HIV, 12 times higher than the state increase rate of 2%.

Exhibit 58: Persons living with diagnosed HIV infection (Rate per 100,000)

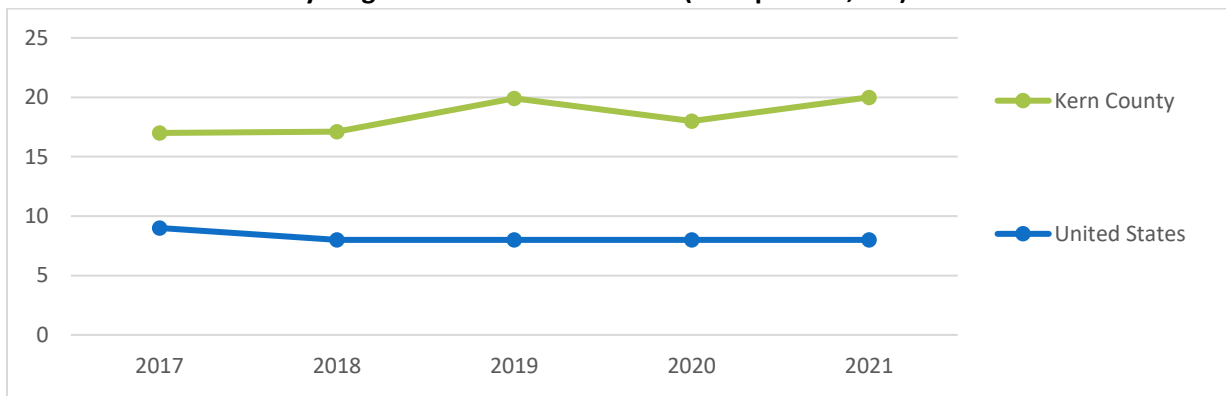


	2017	2018	2019	2020	2021
Kern County	187.8	196.5	203.8	220.0	236.6
California	343.1	343.2	347.0	350.7	352.9

Source: California HIV Surveillance Report, 2021

The reported rate of persons newly diagnosed with HIV in 2021 was about **two times higher** in Kern County compared to California. Since 2017 the County has experienced an 18% increase in the rate of new HIV diagnosis compared to the state of 11%.

Exhibit 11: Persons newly diagnosed with HIV infection (Rate per 100,000)

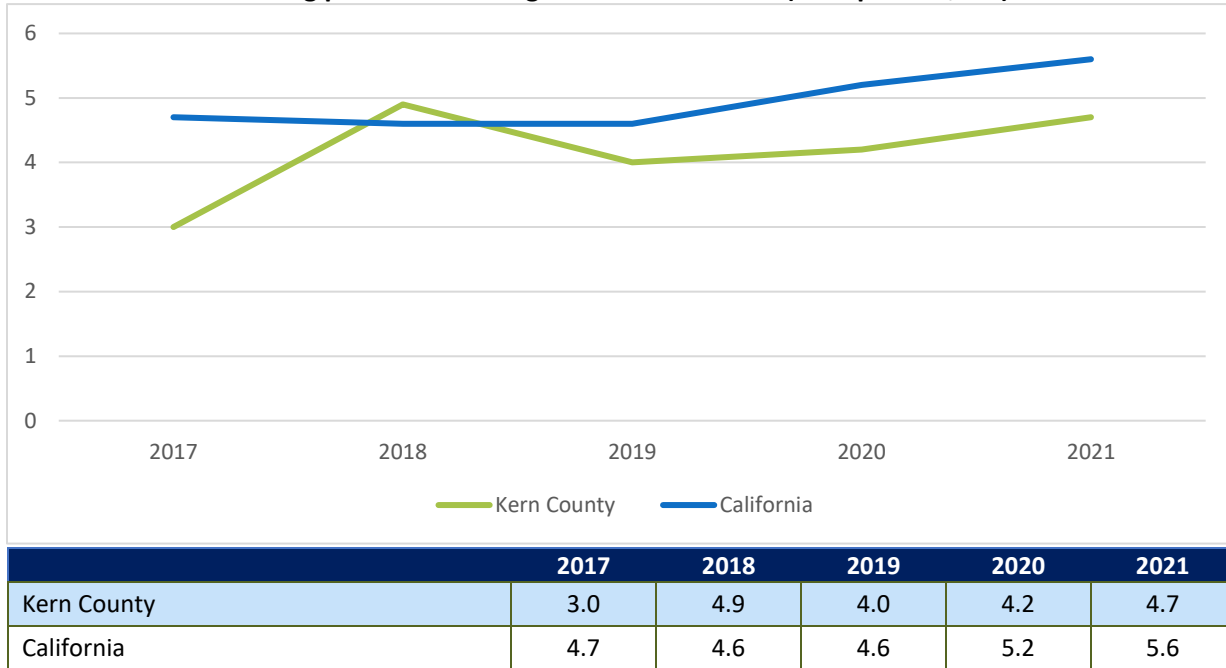


	2017	2018	2019	2020	2021
Kern County	17.0	17.1	19.9	18.0	20.0
California	12.4	12.1	11.5	10.1	11.1

Source: California HIV Surveillance Report, 2021

Death rates of individuals living with HIV in Kern County are lower than in the state. However, **the rate has increased by about 60%** in Kern County since 2017, compared to a 20% increase at the state level.

Exhibit 59: Deaths among persons with diagnosed HIV infection (Rate per 100,000)



Source: California HIV Surveillance Report, 2021

FOCUS ON: Project FOCUS

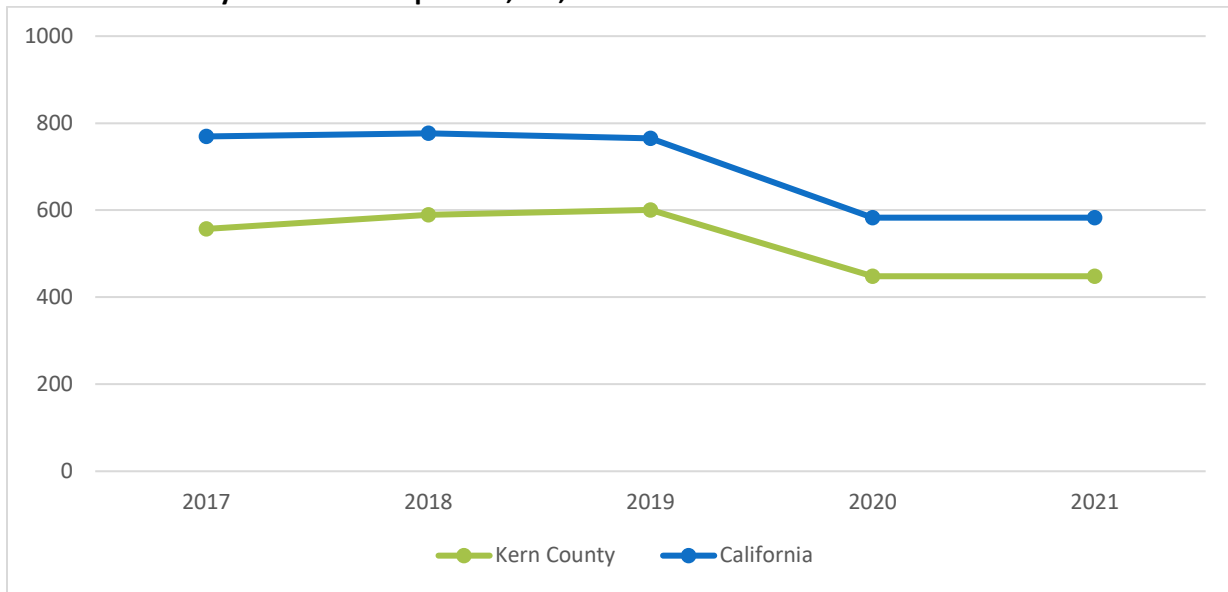
Kern County Public Health in collaboration with Adventist Health, Bakersfield Memorial, and Kern Medical implemented Project FOCUS, a routine opt out testing of HIV, Syphilis, and Hepatitis C. The model program embodies best practices in HIV and hepatitis screening and linkage to care.

Key outcomes of project FOCUS include:

- Hospital screening of all patients through emergency department visits
- Identify unknown or undiagnosed disease or infection
- Patient to receive onsite empiric treatment when possible
- Linkage to Care Navigators are notified of all positive/reactive results
- Positive reports are sent to Public Health in real time
- Public Health coordinated linkage to care and treatment
- Comprehensive prevention services are offered.

The rate of chlamydia cases has steadily decreased at both the state and county level since 2017. In Kern County, **the rate has decreased by about 13%**, comparable to a 14% decrease in the state of California. In 2021 chlamydia incidence rates in California were 1.4 times higher than in Kern County.

Exhibit 60: Chlamydia Case Rates per 100,000, 2017-2021

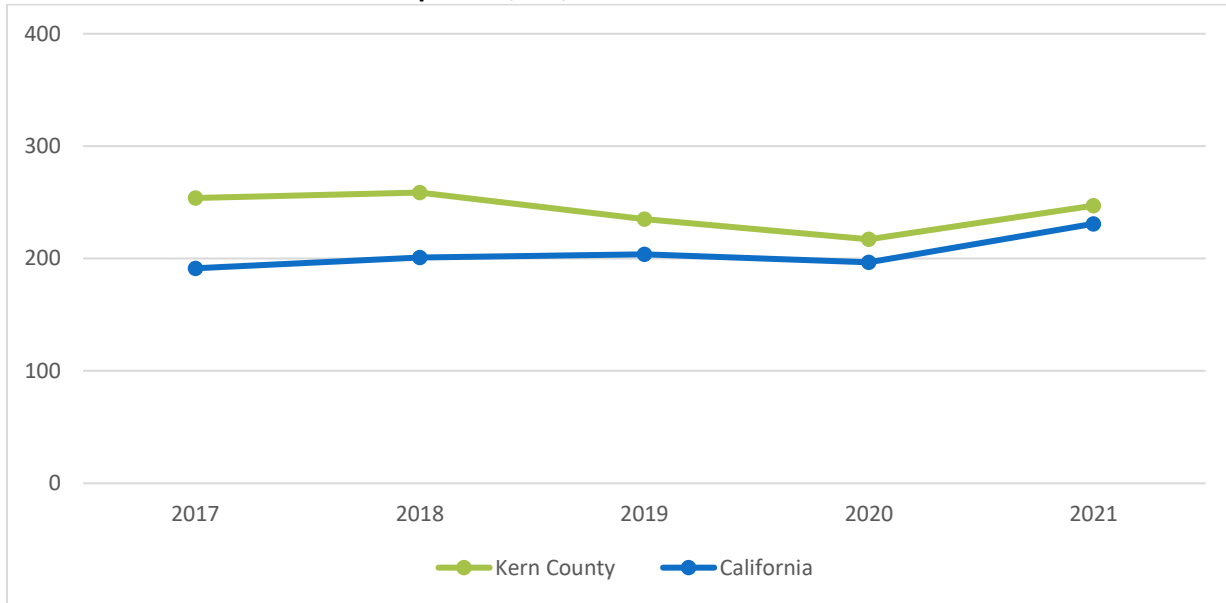


	2017	2018	2019	2020	2021
Kern County	556.7	589.0	600.7	448.2	484.7
California	769.6	776.6	764.8	582.8	658.9

Source: California Department of Public Health STD Tables, 2021

The rate of gonorrhea cases has steadily decreased at the county level by about 3% and increased at the state level by 20% since 2017, yet rates remained slightly higher at the county level in 2021.

Exhibit 16: Gonorrhea Case Rates per 100,000, 2017-2021

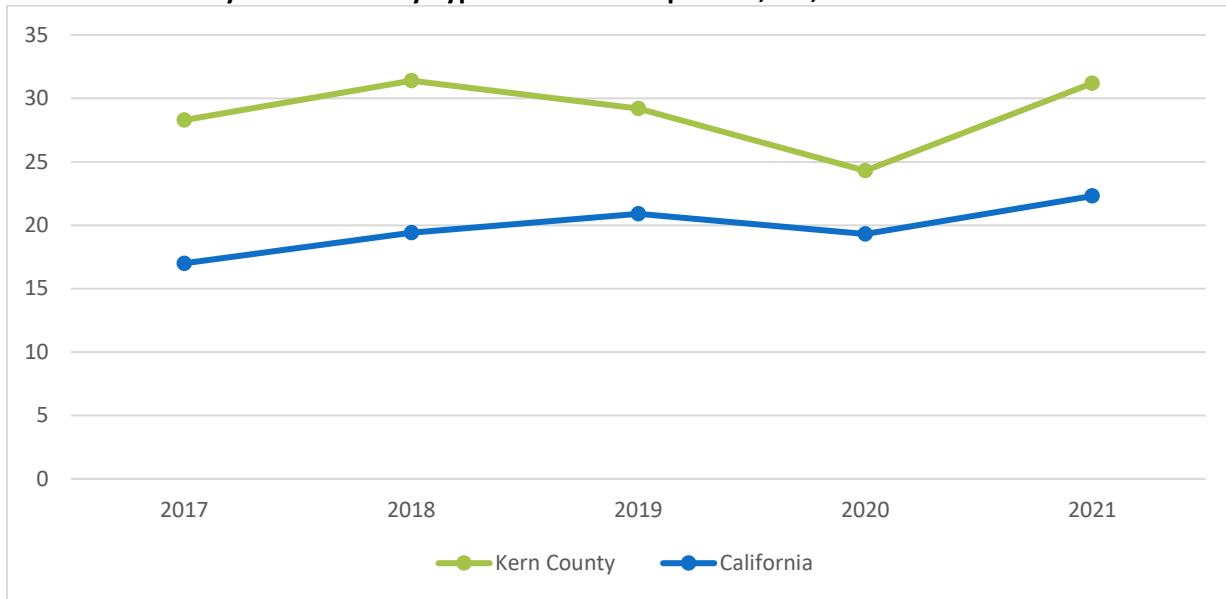


	2017	2018	2019	2020	2021
Kern County	253.9	258.7	235.2	217.1	246.9
California	191.3	201.0	203.8	196.7	230.9

Source: California Department of Public Health STD Tables, 2021

Primary and secondary syphilis cases have been consistently higher in Kern County compared to the state proportions. In 2021, **the incidence rate among Kern County residents was 1.4 times higher** than in the state of California. From 2020 to 2021 a sharp increase in the number of cases was reported at both the county (30%) and state level (15%).

Exhibit 61: Primary and Secondary Syphilis Case Rates per 100,000, 2017-2021



	2017	2018	2019	2020	2021
Kern County	28.3	31.4	29.2	24.3	31.2
California	17.0	19.4	20.9	19.3	22.3

Source: California Department of Public Health STD Tables, 2021

Causes of Death

In 2021, heart disease was the leading cause of death across geographies. In Kern County, the second leading cause of death was COVID-19, whereas for California and the United States, the second-leading cause of death was cancer.

Exhibit 62: Leading Causes of Death (2021), Rate per 100,000 People

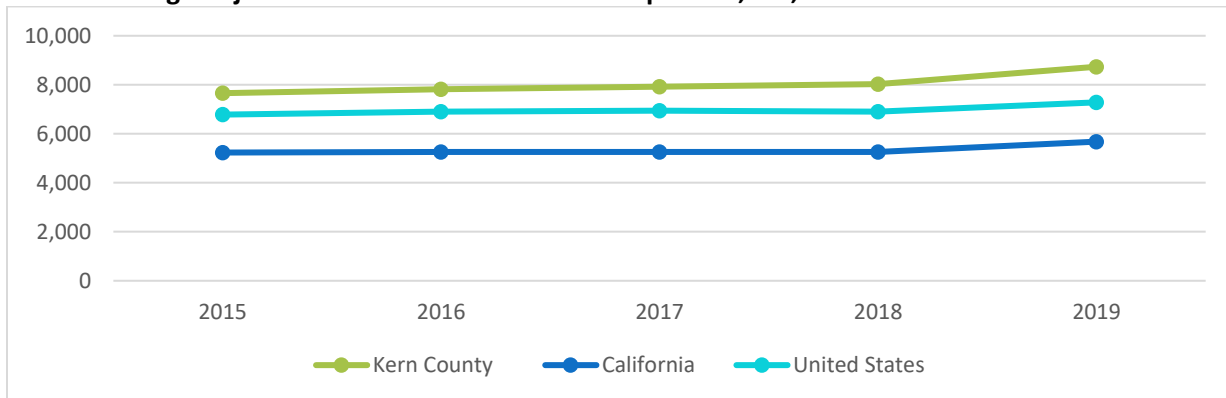
	Kern County [^]	California	United States
Heart Disease	176.9	147.8	173.8
Cancer (Malignant Neoplasms)	127.0	132.4	146.6
COVID-19	148.0	99.9	104.1
Accidents / Unintentional Injuries	88.5	50.6	64.7
Stroke / Cerebrovascular Disease	35.9	42.1	41.1
Chronic Lower Respiratory Disease	46.9	26.1	34.7
Alzheimer's Disease	44.9	39.5	31.0
Diabetes	45.4	25.5	25.4
Chronic Liver Disease / Cirrhosis	23.6	16.0	14.5
Suicide	11.7	10.1	14.1

Source: CDC WONDER 2021

[^]County-level rates are crude death rates; state and national rates are age-adjusted death rates.

The *years of potential life lost* measures premature mortality, rather than overall mortality, emphasizing **deaths that might have been prevented**. Premature death rates have been steadily increasing at the national, state, and county levels. Notably, **the premature death rate in Kern County is 1.2 times higher** than in the state of California and has increased at a faster rate (14%) than the state (8%).

Exhibit 63: Age-adjusted Years of Potential Life Lost per 100,000, 2015-2019



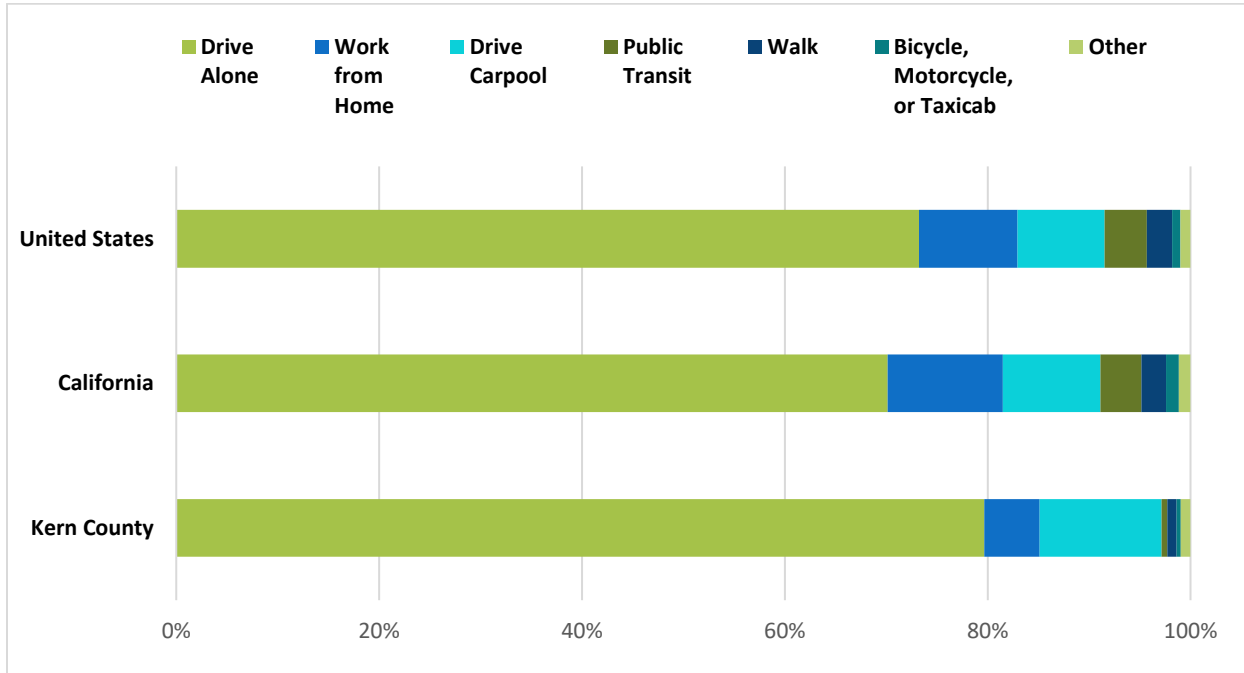
	2015	2016	2017	2018	2019
Kern County	7,658	7,822	7,923	8,031	8,735
California	5,234	5,264	5,260	5,253	5,679
United States	6,783	6,901	6,940	6,907	7,282

Source: National Vital Statistics System (NVSS), 2021

Transportation

About 4 out of 5 individuals in Kern County report driving alone to work, which is about **10% higher** than the state average. Kern County residents are **1.4 times more likely** to carpool than the average American. The proportion of individuals commuting to work via public transportation at the national and state level is **seven times greater** than the numbers reported in Kern County.

Exhibit 64: Commute to Work



	Kern County	California	United States
Drive Alone	79.7%	70.1%	73.2%
Work from Home	5.4%	11.4%	9.7%
Drive Carpool	12.0%	9.6%	8.6%
Public Transit	0.6%	4.1%	4.2%
Walk	0.9%	2.4%	2.5%
Bicycle, Motorcycle, or Taxicab	0.4%	1.2%	0.8%
Other	1.0%	1.2%	1.0%

Source: U.S. Census Bureau. American Community Survey Five-Year Estimates, 2017-2021

FOCUS ON: Community Walkability Assessment

Kern County Public Health completed a walkability assessment of community locations throughout Kern County to ensure the locations in which services are mobilized are accessible for communities with transportation barriers. The assessment provides a total score for accessibility based on available bike lanes, sidewalks, bus stops, clear walking paths, crosswalks, stop lights, and pedestrian safety.

Environmental Impact on Health

In Kern County, the proportion of area covered by parks is half the state average (6.5%) and slightly lower than the national average (4.4%). The largest proportion of environmental exposures in Kern County are **earthquakes, hail, strong wind, and tornado**, similar to the state and national trends.

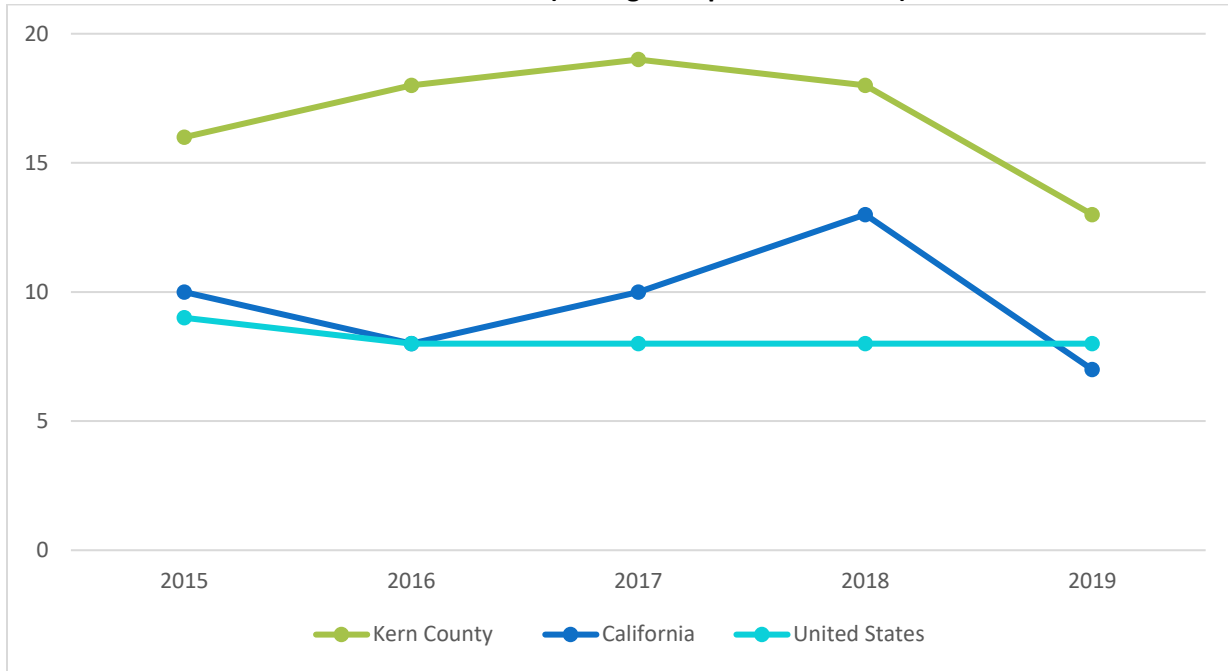
Exhibit 65: Environmental Exposure by Type

	Kern County	California	United States
Avalanche	ND	0.0%	0.0%
Coastal flooding	ND	9.7%	7.9%
Cold Wave	0%	0%	43.4%
Earthquake	92.7%	94.4%	93.6%
Hail	92.7%	94.4%	93.6%
Heat Wave	89.8%	87.2%	73.0%
Hurricane	92.7%	64.7%	82.2%
Ice Storm	24.6%	19.4%	6.7%
Landslide	6.7%	19.4%	24.6%
Lightning	92.7%	94.4%	93.6%
Riverine Flooding	5.8%	3.3%	5.6%
Strong Wind	92.7%	94.4%	93.6%
Tornado Hazard	92.7%	94.4%	93.6%
Tsunami Hazard	ND	0.2%	0.7%
Volcanic Activity	ND	1.4%	2.3%
Wildfire	3.4%	3.4%	2.7%
Winter	15.5%	20.1%	77.3%
% Area covered by Parks (2018)	3.3%	6.5%	4.4%
Building Potential of Lead Paint (Built 1978 or earlier)	24.3%	43.7%	34.2%

Source: FEMA NRI 2021, County Tax Assessors 2021, openICPSR NaNDA 2018

The reported air pollution in Kern County is about **twice the state and national measures**. Since 2017, air pollution in the county has decreased by 30%, while remaining consistent in the U.S.

Exhibit 66: Air Pollution - Particulate Matter (micrograms per cubic meter)



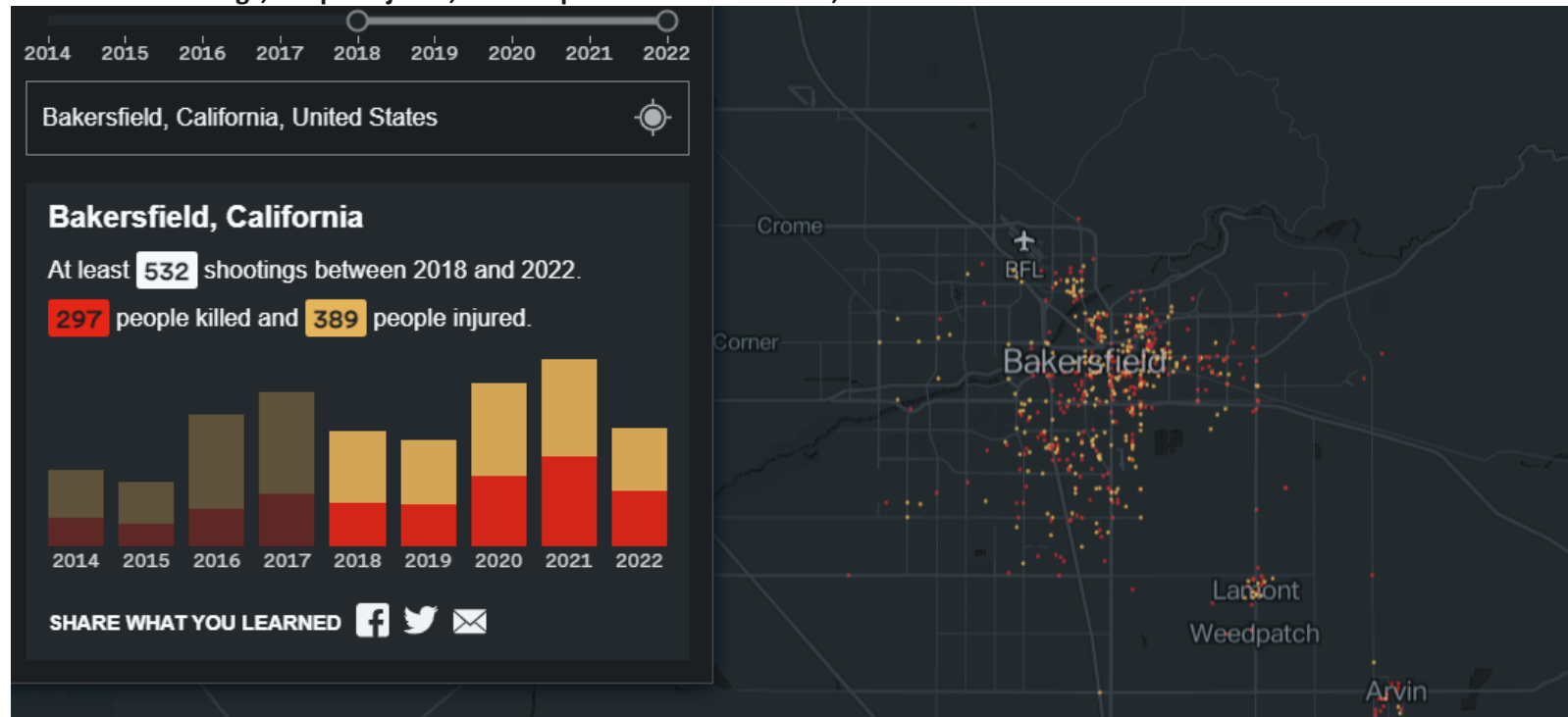
	2015	2016	2017	2018	2019
Kern County	16.0	18.0	19.0	18.0	13.0
California	10.0	8.0	10.0	13.0	7.0
United States	9.0	8.0	8.0	8.0	8.0

Source: U.S Center for Disease Control (CDC) Wonder, 2019

Firearm-Related Violence

In Bakersfield, there have been at least 530 shootings from 2018 to 2022, resulting in nearly 300 deaths and nearly 400 injuries. These data include only those shootings that have been recorded in the Gun Violence Archive and almost certainly represent an undercount of each figure cited. Among cities with populations of 250,000 to 499,999 Bakersfield had a gun homicide rate of 8.3 per 100,000 in 2022, a lower rate than the average among cities of this size (10.1 per 100,000).²³

Exhibit 67: Shootings, People Injured, and People Killed – Bakersfield, 2018-2022



Source: Gun Violence Archive. The Trace Gun Violence Map. Available at: <https://www.thetrace.org>.

²³ Everytown Research & Policy. Everytown analysis of 2021-2022 FBI Supplementary Homicide Report (accessed December 2023) and 2021-2022 FBI National Incident-Based Reporting System (accessed October 2023).

Access to Care

In Kern County, there are fewer health care providers available per capita when compared to California or the U.S., including bigger gaps with regards to specialty care such as dental care and optometry care.

Ratios of Population per Provider, by Provider Type

	Kern County	California	United States
Primary Care Physicians	1,564:1	1,038:1	959:1
Dental Care	2,141:1	1,297:1	1,631:1
Optometry Care	10,291:1	5,247:1	5,811:1

Sources: NPPS NPI 2022

Maternal and Infant Health

The teen birth rate in Kern County is **double** the state rate and **1.5 times greater** than the national rate. Low birthweight and pre-term births in Kern County are **comparable** to the state and national proportions.

Exhibit 68: Maternal & Infant Health Measures

	Kern County	California	United States
Teen Birth Rate (per 1,000)	22	11	15
Low Birthweight	7.8%	7.3%	8.5%
Preterm Births	9.6%	9.1%	10.5%
Infant Mortality	5.6	4.0	5.6

Source: CDC WONDER Natality

FOCUS ON: Kern County Black Infant Maternal Health Initiative

The Kern County Black Infant Maternal Health Initiative (BIMHI) community steering committee, formed in February 2021, meets monthly to address health and outcome disparities in black infants and mothers. In its Three-Year Strategic Plan (2022-2025), BIMHI aims to accomplish three goals:

1. Increase by 3% African American/Black health care professionals in Kern County.
2. Address mental health as a factor for African American/Black infant and maternal mortality.
3. Increase provider awareness of African American/Black infant and maternal health disparities.

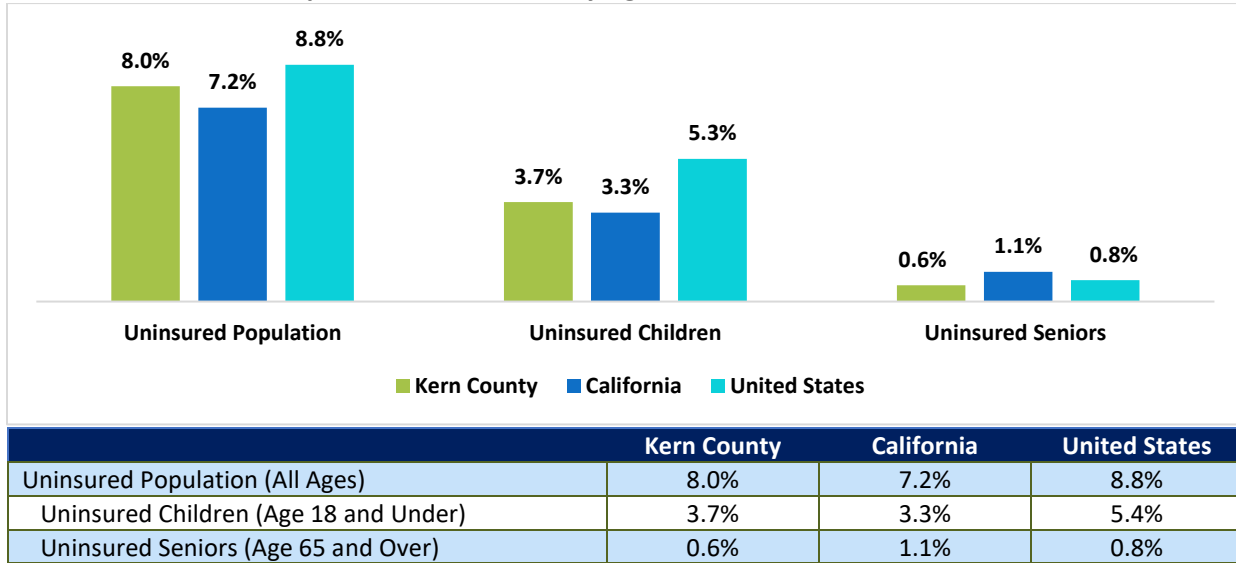


SOURCE: Kern County Black Infant Maternal Health Initiative. Available at: <https://kernbimhi.com>.

Insurance Status

The overall percentage of uninsured people in Kern County (8.0%) is greater than the percentage at the state level (7.2%). The percentage of uninsured children in Kern County is **slightly higher** than in the state of California, but lower than the national number.

Exhibit 69: Uninsured Population, Overall and by Age



Source: U.S. Census Bureau. American Community Survey Five-Year Estimates, 2017-2021

FOCUS ON: Health Coverage among California Farmworkers

A recent publication by Insure the Uninsured Project (ITUP) highlights the critical need for increased levels of health insurance coverage among California’s farmworkers, a population integral to communities across Kern County.

Nearly 88% of farmworkers in California are immigrants (primarily from Mexico) and slightly more than half are undocumented. When it comes to health insurance, 47% of farmworkers in California are currently uninsured, with undocumented farmworkers more likely to be uninsured (62% vs. 22%).

Ultimately, efforts to promote health equity, both in California and in Kern County, hinge upon addressing these types of disparities.

SOURCE: Insure the Uninsured Project. *Expanding Health Coverage for California Farmworkers*. July 2023.

ITUP
Insure the Uninsured Project
July 2023

Expanding Health Coverage for California Farmworkers

THE PROBLEM
The COVID-19 pandemic exposed the risks of the low income, predominantly immigrant agricultural workforce. Farmworkers are the backbone of California's food and agricultural systems. Farmworkers are exposed to health risks which led to the Delta through extensive food, travel, and workplace use of the common room shower complexes. The California farmworker community is significantly less likely to have health insurance coverage than the general population. Farmworkers are also ineligible for most of the federal safety net services, their skills are eroding and they are ineligible for many immigration protections. In 2021, an estimated 84 percent of farmworkers were uninsured.*

SUMMARY: Current Landscape of Health Insurance for California's Farmworker Communities

- Nearly **88%** of farmworkers in California are immigrants, primarily from Mexico.¹
- Approximately **51%** of California farmworkers are undocumented immigrants.²
- 47%** of farmworkers are currently uninsured.³
- 10%** of uninsured farmworkers are undocumented immigrants.⁴
- 16%** of uninsured farmworkers are undocumented immigrants.⁴
- 22%** of undocumented farmworkers are uninsured.⁴
- 62%** of undocumented farmworkers are uninsured.⁴
- Approximately **31%** of undocumented farmworkers have employer-based coverage.⁴
- Approximately **54%** of undocumented farmworkers have employer-based coverage.⁴

THIS PROJECT
Over the past year, we have worked with UC Merced, California Rural Legal Assistance Foundation (CRLAF), Insure the Uninsured Project (ITUP), and Designer and Associates to explore options to improve coverage and improve healthcare access for California farmworkers. This report is based on data from the 2019 California Health Access Survey (CHAS) and the 2019 National Agricultural Workers Survey (NAWS). This report focuses on the availability of coverage for farmworkers, and the comparison from both sources how to improve coverage and outcomes of health of farmworkers.

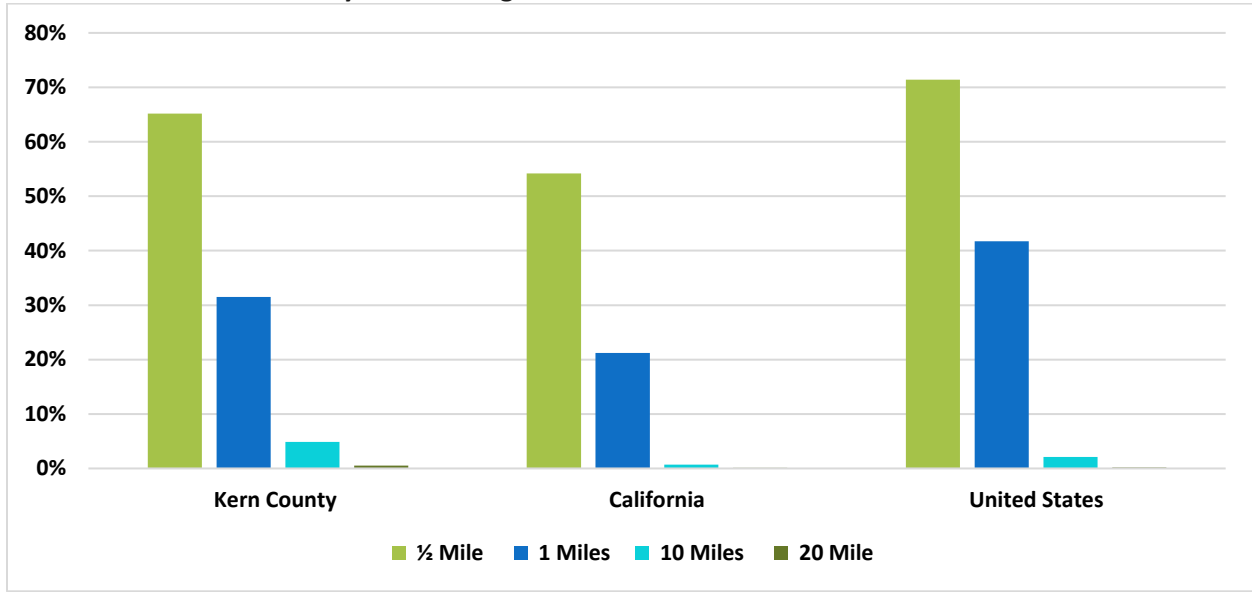
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DESIGNER AND ASSOCIATES

* The 2019 CHAS is based on data from the 2019 California Health Access Survey (CHAS) and the 2019 National Agricultural Workers Survey (NAWS).
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Senior Metrics

Most seniors (65%) in Kern County live about half a mile from the nearest supermarket or large grocery store, about **10% higher** than the state level. Seniors living in Kern County are **five times more likely** to live 20 miles from access to healthy food compared to the state average.

Exhibit 70: Access to Healthy Food among Seniors

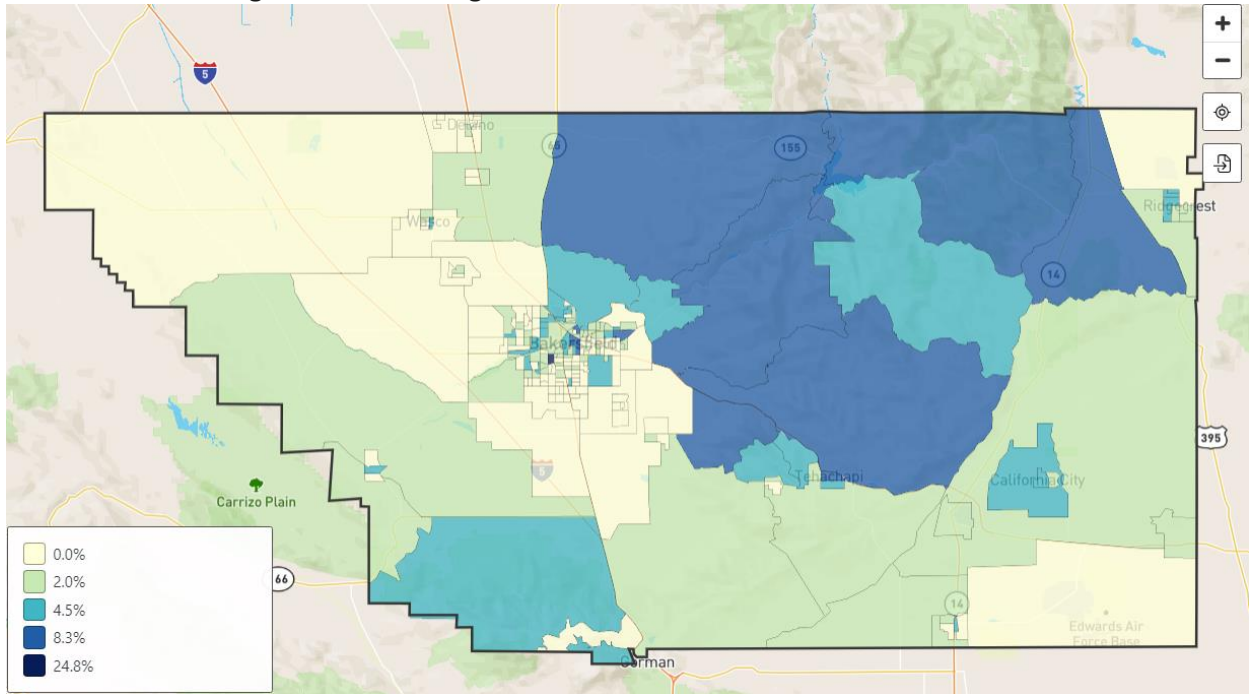


	Kern County	California	United States
Access to Food			
1/2 Mile	65.2%	54.2%	71.4%
1 Miles	31.5%	21.2%	41.7%
10 Miles	4.9%	0.7%	2.1%
20 Mile	0.5%	0.1%	0.2%

Source: USDA ERS 2019

The percentage of seniors living alone in Kern County (2.6%) is about **half** the national proportion and **comparable** to the state level (3.2%)

Exhibit 71: Percentage of Seniors Living Alone



	Kern County	California	United States
Seniors Living Alone per capita	2.6%	3.2%	4.2%

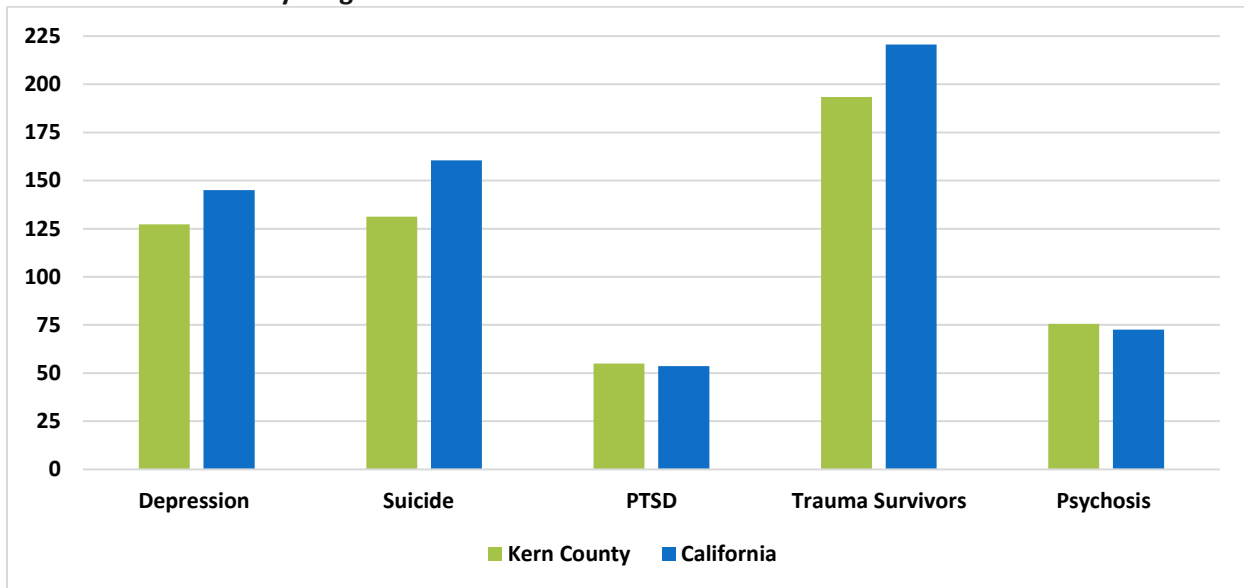
Source: U.S. Census Bureau. American Community Survey Five-Year Estimates, 2017-2021

Domain 4: Behavioral Health

Preventive Behaviors

The rate of key mental health diagnoses in Kern County are **slightly lower** than the state rates for all categories except for the number of individuals positive for post-traumatic stress disorder (PTSD) in Kern County, with a rate of about 55 compared to the state rate of 54. Residents of Kern County are **1.2 times less likely** to report frequent suicidal ideation on the Patient Health Questionnaire-9, an instrument that objectifies and assesses an individual’s degree of depression severity, than California residents.

Exhibit 72: Rates of Key Diagnoses

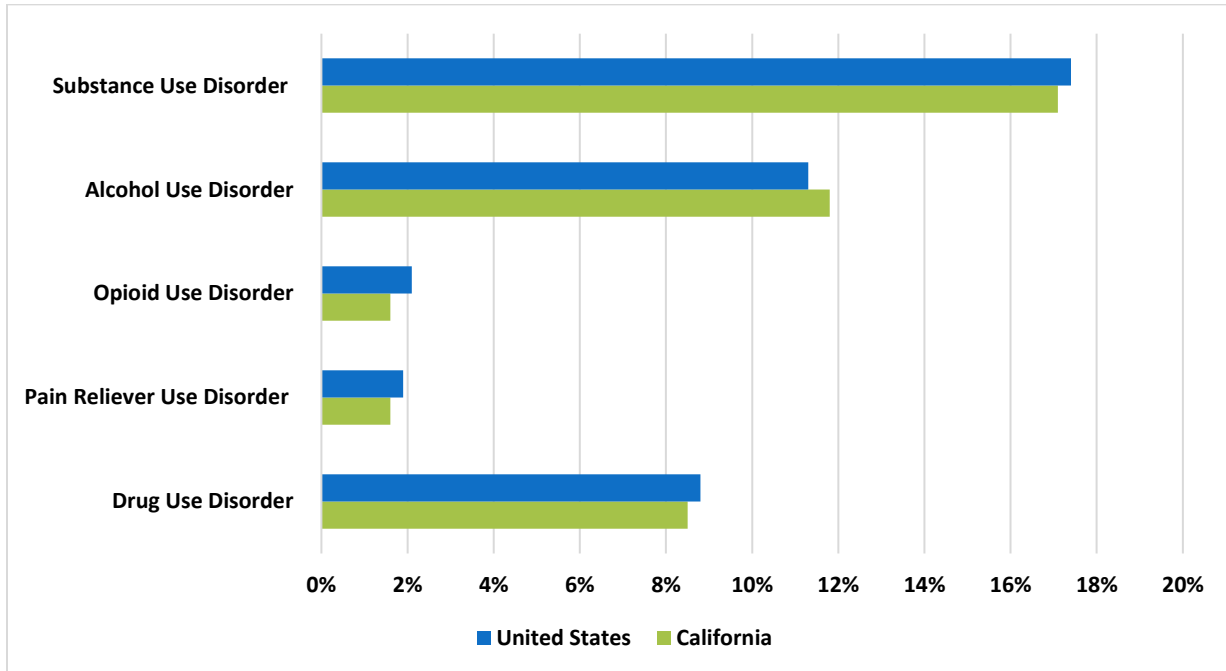


	Kern County	California
Depression	127.3	145.0
Suicide	131.3	160.5
PTSD	54.9	53.7
Trauma Survivors	193.4	220.6
Psychosis	75.5	72.6

Source: Mental Health America

The percentage of adults with substance and drug use disorder in the state of California is comparable to the U.S. The largest proportion identified at both the state and national level is substance use disorder (17%) followed by alcohol use disorder (12%). There is a **slightly higher proportion** of individuals needing but not receiving treatment at a specialty facility for illicit drug use in the state of California (7.3%) compared to the U.S. proportion (6.9%).

Exhibit 73: Substance Use Disorder and Treatment Adult

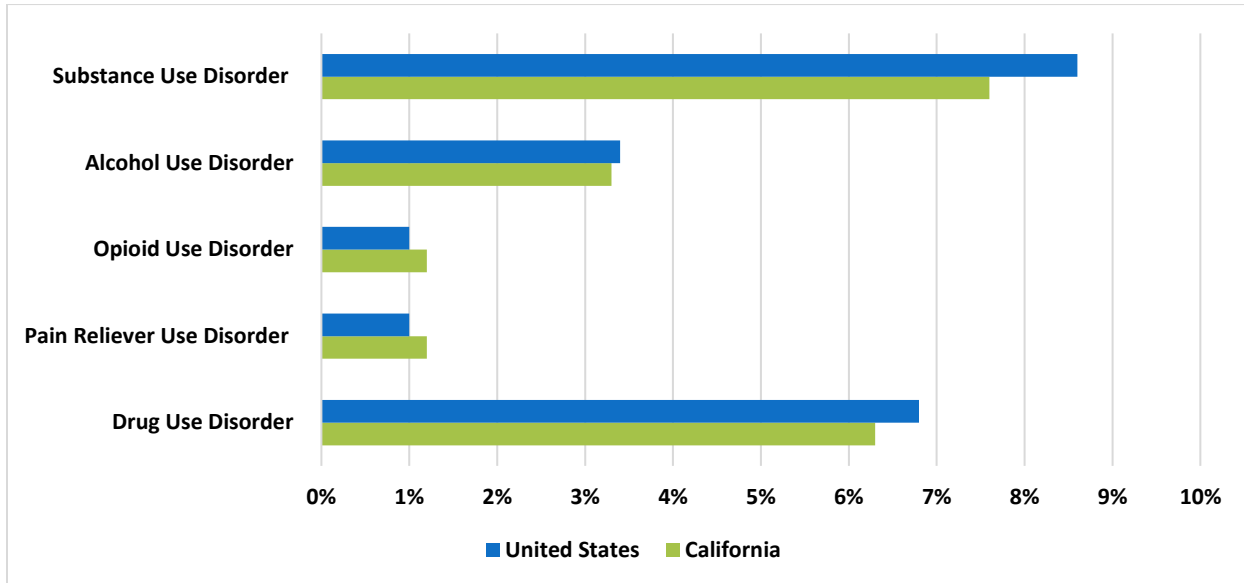


	California	United States
Drug Use Disorder	8.5%	8.8%
Pain Reliever Use Disorder	1.6%	1.9%
Opioid Use Disorder	1.6%	2.1%
Alcohol Use Disorder	11.8%	11.3%
Substance Use Disorder	17.1%	17.4%
Needing but not receiving treatment at a specialty facility for illicit drug use	7.3%	6.9%
Needing but not receiving treatment at a specialty facility for alcohol use	10.9%	10.9%
Needing but not receiving treatment at a specialty facility for substance use	15.4%	15.3%

Source: 2021 NSDUH: State-Specific Tables

Among teens, the substance use and disorder treatment trends are **comparable** at the state and national levels. The largest proportion of substance use disorders identified at both the state and national level is substance use disorder (8%) followed by drug use disorder (6%).

Exhibit 74: Teen Substance Use Disorder and Treatment



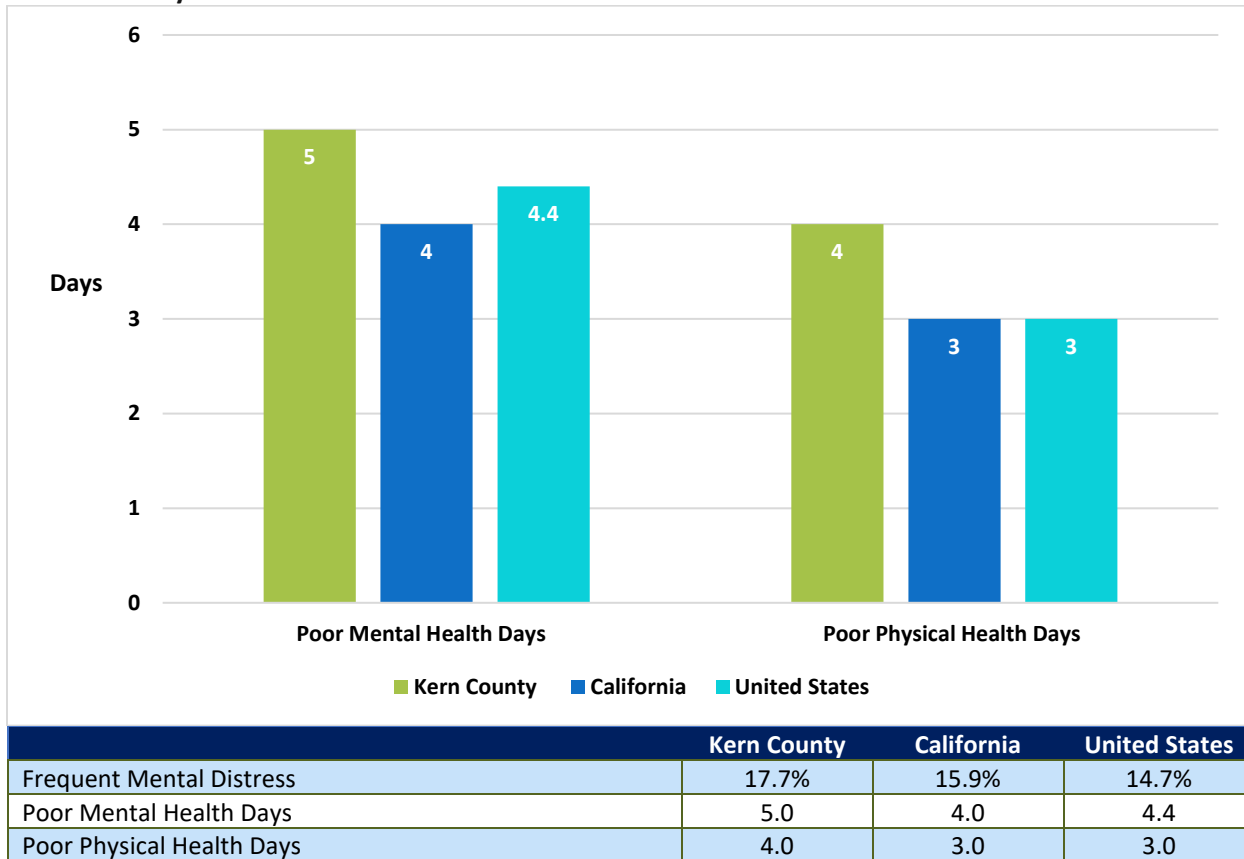
	California	United States
Drug Use Disorder	6.3%	6.8%
Pain Reliever Use Disorder	1.2%	1%
Opioid Use Disorder	1.2%	1%
Alcohol Use Disorder	3.3%	3.4%
Substance Use Disorder	7.6%	8.6%
Needing but not receiving Treatment at a specialty facility for illicit drug use	4.6%	5.5%
Needing but not receiving treatment at a specialty facility for alcohol use	3.0%	3.4%
Needing but not receiving treatment at a specialty facility for substance use	6.4%	7.4%

Source: 2021 NSDUH: State-Specific Tables

Physical and Mental Health Status

Frequent mental distress is defined by the percentage of adults who reported that their mental health was ‘not good’ or ‘poor’ for 14 or more days during the past 30 days. More Kern County residents reported frequent mental distress (17.7%) compared to the state (15.9%) and national levels (14.7%). In contrast to the number of poor mental health days, this measure emphasizes those who are experiencing more chronic, and likely severe, mental health issues. The average number of mentally unhealthy days reported in the past month was similarly **slightly higher** among Kern County residents (five days) compared to the state and national averages (four days).

Exhibit 75: Physical and Mental Health Status

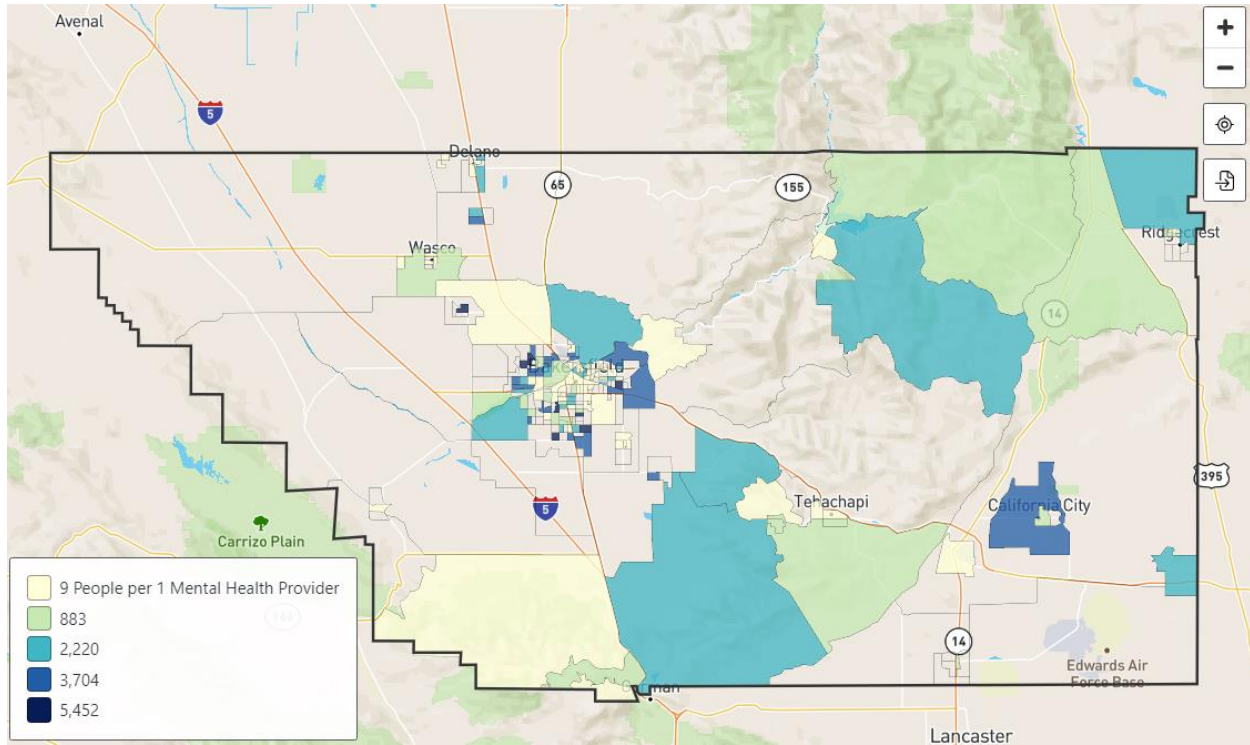


Source: (Frequent Mental Distress) CDC Behavioral Risk Factor Surveillance System (BRFSS), 2021.
 (Poor Mental/Physical Health Days) CDC Behavioral Risk Factor Surveillance System (BRFSS), 2020.

Mental Health Care Providers

The ratio of mental health providers to patients in Kern County is **1.7 times smaller** than the state ratio with an estimated 529 patients per provider compared to 319 per provider at the state level. Notably, this ratio is **slightly larger** than the national level at 633 patients per provider. The number of adults that reported visiting a doctor (not specifically a mental health care provider) within the past year in Kern County is **slightly lower (59%)** than the state figure (**62%**) and **14% lower** than the national percentage.

Exhibit 76: Mental Health Providers



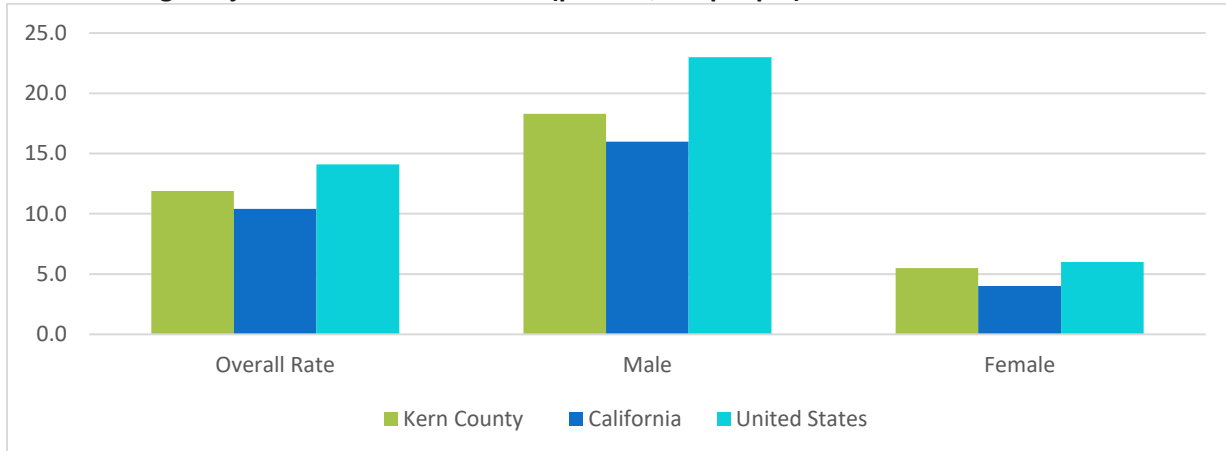
	Kern County	California	United States
Ratio of Mental Health Providers	529:1	319:1	633:1
Visited Doctor Last 12 Months	59.0%	61.7%	73.6%

Source: CDC Behavioral Risk Factor Surveillance System (BRFSS), 2021, NPPES NPI 2022

Suicide Data

The age-adjusted suicide death rate in Kern County (11.9 deaths per 100,000 people) higher than the rate for California, and each is lower than the national rate. Across geographies, suicide deaths are **higher among males than females**. Males in Kern County are **more than three times more likely** to die by suicide than females.

Exhibit 77: Age-Adjusted Suicide Death Rate (per 100,000 people)



	Kern County	California	United States
Overall Rate	11.9	10.4	14.1
Female	5.5	4.0	6.0
Male	18.3	16.0	23.0

Source: CDC WONDER Cause of Death 2021

The crude suicide death rate in Kern County is highest among those aged 65 and over, followed by individuals aged 25 to 34.

Exhibit 78: Crude Suicide Death Rate by Age Group (per 100,000), Kern County

	Kern County
Ages 1 to 14	ND [^]
Ages 15 to 24	55
Ages 25 to 34	73
Ages 35 to 44	62
Ages 45 to 54	67
Ages 55 to 64	64
Ages 65 and Over	77

Source: CDC WONDER Cause of Death 2018-2021

[^]No data

FOCUS ON: Youth Suicide Prevention Pilot Program

Kern Behavioral Health Recovery Services and Kern Public Health have launched the Youth Suicide Prevention Pilot Program aimed to decrease suicide rates among youth by increasing the capacity of rapid reporting and rapid response for suicide attempts and self-harm.

Across age groups, suicide death rates are lower in California than at the national level.

Exhibit 79: Age-Adjusted Suicide Death Rate by Age Group (per 100,000), California and the United States

	California	United States
Under 18	1	2
Ages 1 to14	1	1
Ages 15 to 24	10	14
Ages 25 to 34	13	18
Ages 35 to 44	12	18
Ages 45 to 54	14	19
Ages 55 to 64	15	18
Ages 65 and Over	16	17

Source: CDC WONDER Cause of Death 2018-2021

In California, suicide death rates are highest among those who identify as White (not Hispanic or Latino), whereas suicide death rates are highest among those who identify as American Indian or Alaska Native at the national level.

Exhibit 80: Age-Adjusted Suicide Death Rate by Race/ Ethnicity, California and the United States

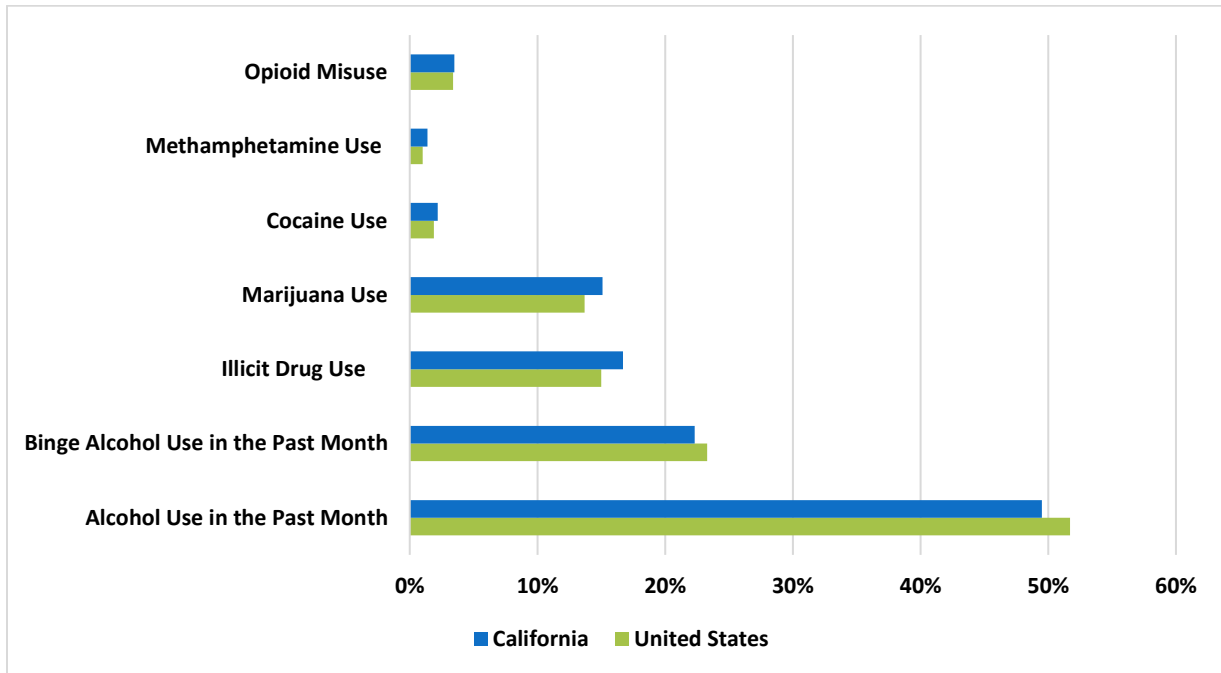
	California	United States
White (Not Hispanic or Latino)	16	18
Asian	6	7
Black or African American	9	8
More than One Race	9	9
American Indian or Alaska Native	14	24
Native Hawaiian or Other Pacific Islander	10	13

Source: CDC WONDER Cause of Death 2018-2021

Substance Use and Misuse - Adult

The proportion of individuals reporting alcohol and binge use in the past month is **comparable** at the state and national levels at around **50%** and **22%** respectively. Illicit Drug use is about 2% higher in the state of California than across the U.S. Similarly, the proportions of marijuana, cocaine, and methamphetamine use are about **1% higher** at the state level compared to the nation.

Exhibit 81: Adult Substance Use



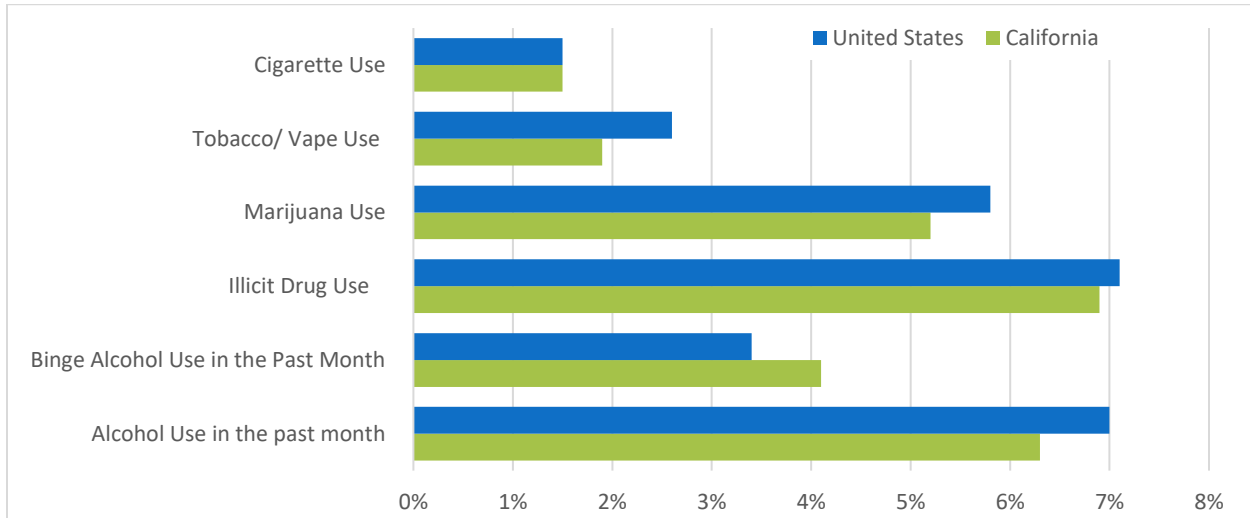
	California	United States
Alcohol Use in the Past Month	49.5%	51.7%
Binge Alcohol Use in the Past Month	22.3%	23.3%
Illicit Drug Use	16.7%	15.0%
Marijuana Use	15.1%	13.7%
Cocaine Use	2.2%	1.9%
Methamphetamine Use	1.4%	1.0%
Opioid Misuse	3.5%	3.4%

Source: NSDUH 2021 State Specific Tables

Substance Use and Misuse - Teen

The largest proportion of reported substance use among teens in the state of California is attributed to illicit drugs (7%) followed by alcohol use (6%). This trend is similar among teens at the national level. Teens in the state of California are **1.3 times less likely to use tobacco/vape products** compared to teens at the national level.

Exhibit 82: Teen Substance Use



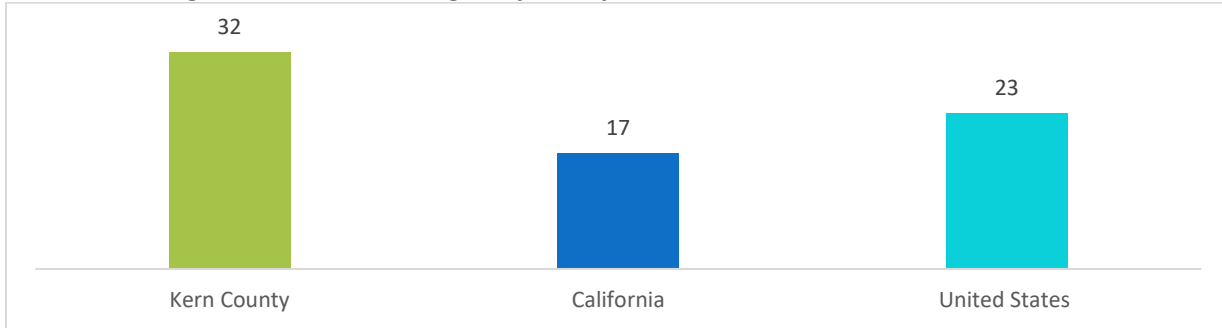
	California	United States
Alcohol Use in the past month	6.3%	7.0%
Binge Alcohol Use in the Past Month	4.1%	3.4%
Illicit Drug Use	6.9%	7.1%
Marijuana Use	5.2%	5.8%
Tobacco/ Vape Use	1.9%	2.6%
Cigarette Use	1.5%	1.5%
School Counselors	9,859	118,178
Ratio of population age 5 to 17 to number of school counselors	674:1	464:1

Source: NSDUH 2021 State Specific Tables; Ratio of population to counselors calculated using U.S. Census Bureau ACS 2017-2021 Five-Year Estimates.

DRUG OVERDOSE DEATHS

Drug overdose death rates in Kern County are **almost double the state rate** and are **1.3 times higher** than the national rate. The county does not meet the Healthy People 2030 objective of 20 drug overdose deaths per 100,000.

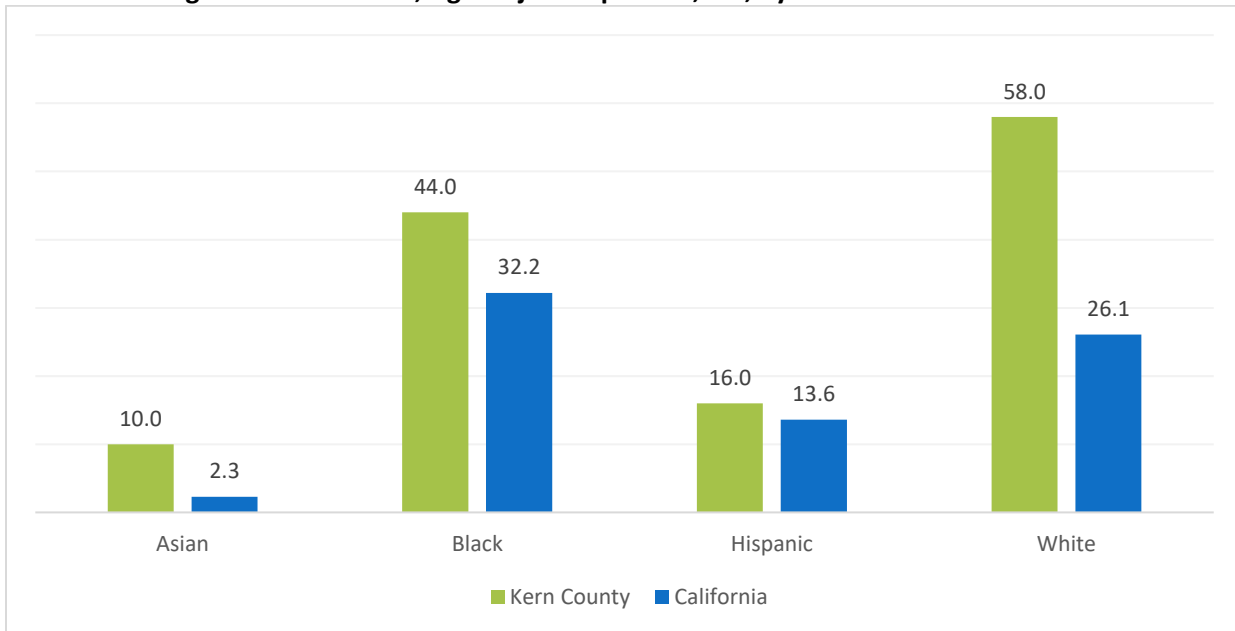
Exhibit 83: Drug Overdose Deaths, Age-Adjusted per 100,000



Source: U.S Center for Disease Control (CDC), 2022

In Kern County, all racial/ethnic groups experienced **higher overdose death rates** compared to the state of California. Rates of opioid overdose deaths in Kern County were highest among individuals who identify as White (58 deaths per 100,000) followed by Black residents (44 deaths per 100,000). These groups were followed by Hispanic individuals (16 deaths per 100,000). Rates were lowest among Asian residents of the county (10 deaths per 100,000).

Exhibit 84: Drug Overdose Deaths, Age-Adjusted per 100,000, by Race

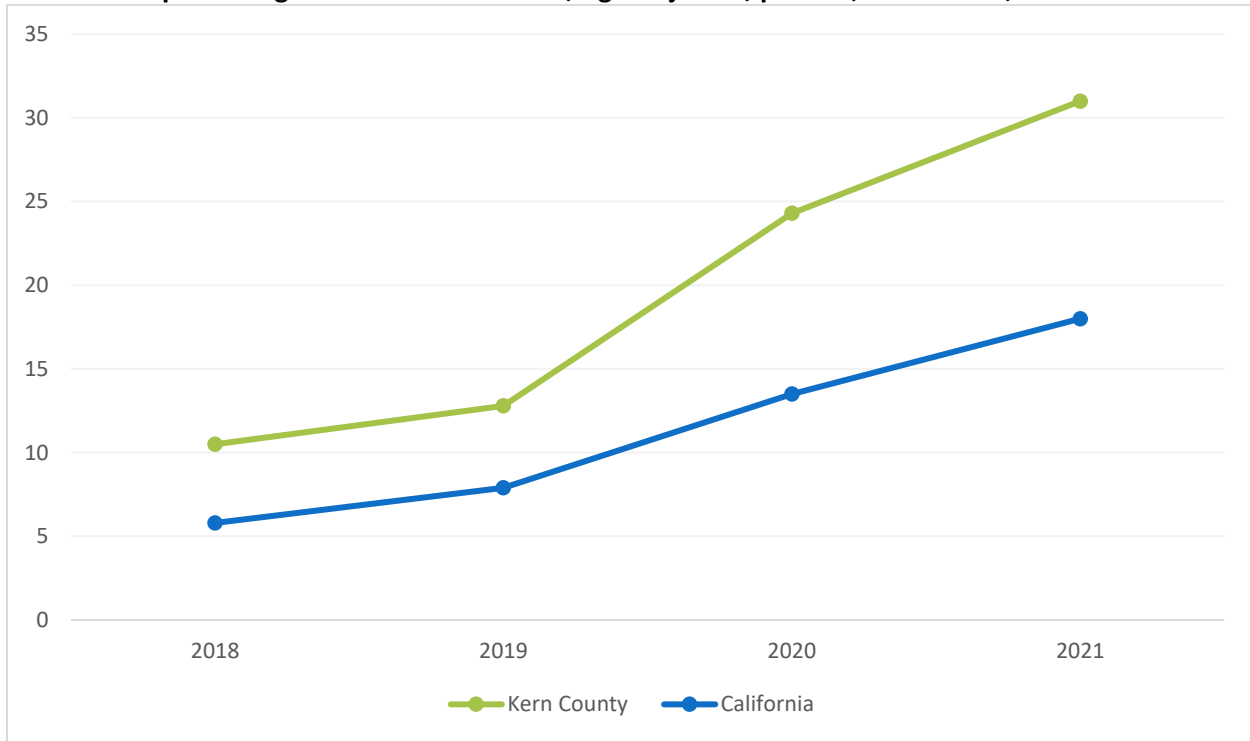


Source: County Health Rankings; National Center for Health Statistics, 2018-2020

Opioid Overdose Deaths

In 2021, the age-adjusted death rate from opioid overdoses in Kern County was 31.8 deaths per 100,000 persons, which is **higher than the state rate**. The rate of opioid deaths has risen in the county by 195% over the past four years versus 210% for the state. The Healthy People 2030 objective is a maximum of 13.1 overdose deaths involving opioids per 100,000 persons, which neither the county nor the state met in 2020 or 2021.

Exhibit 85: Opioid Drug Overdose Death Rates, Age-Adjusted, per 100,000 Persons, 2018-2021

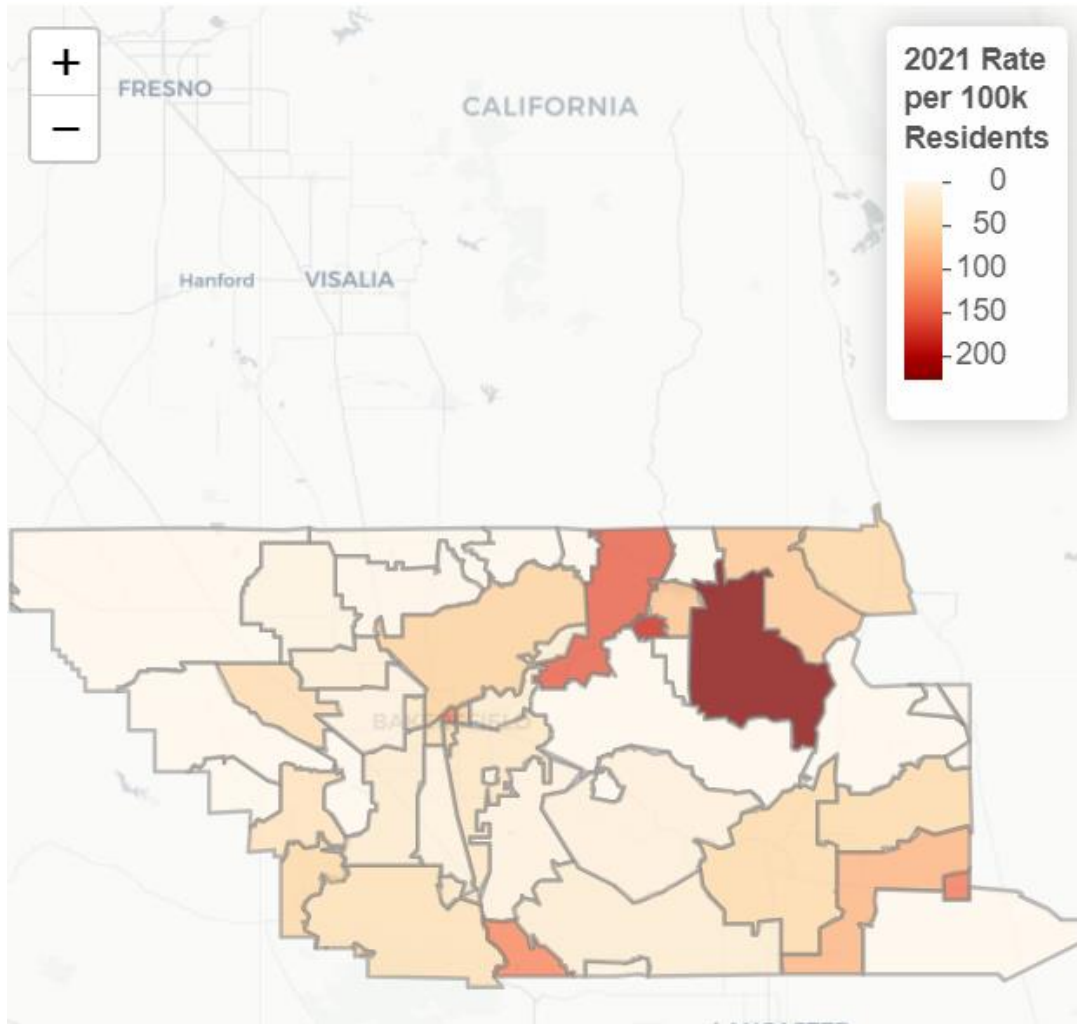


	2018	2019	2020	2021
Kern County	10.5	12.8	24.3	31.8
California	5.8	7.9	13.5	18.0

Source: California Overdose Surveillance Dashboard, 2021

The opioid overdose death rate in Kern County (31 deaths per 100,000) is almost twice the California rate (18 deaths per 100,000). These rates vary dramatically across Kern County zip codes – see map below.

Exhibit 86: Opioid-Related Overdose Deaths, Age-Adjusted Rate per 100,000 Residents, by Zip Code, 2021



Source: California Overdose Surveillance Dashboard, 2021

	Kern County		California	
	Counts	Rate per 100,000	Count	Rate Per 100,000
Deaths Related to Any Opioid Overdose	274	31.0	7,175	18.0
ED Visits Related to Any Opioid	709	75.3	21,016	-
Hospitalizations released to any opioid overdose	133	14.3	-	-
Prescriptions for Opioid	411,305	463.9	14,777,578	-

In 2021, there were 31.8 opioid-related deaths per 100,000 in Kern County, **higher than the rate for California** (18 deaths per 100,000). Rates were highest in Weldon (225.8 deaths per 100,000). The next highest rates were in Bodfish (184 deaths per 100,000), followed by Wofford Heights (152.4 deaths per 100,000).

Exhibit 87: Opioid-Related Overdose Death Rate, by Zip Code

Locale	ZIP Code	Kern County Rate (100,000)
Weldon	93283	225.8
Bodfish	93205	184.3
Wofford Heights	93285	152.4
Boron	93516	135.8
Bakersfield	93301	131.1
Lebec	93243	124.9
Edwards	93523	92.6
Lake Isabella	93240	82.1
	93255	78.3
Bakersfield	93305	67.6
Bakersfield	93308	63.7
Inyokern	93527	57.6
Mojave	93501	53.4
California City	93505	52.9
Buttonwillow	93206	49.1
Bakersfield	93304	47.6
Frazier Park	93225	44.3
Bakersfield	93309	41.7
Taft	93268	41.2
Bakersfield	93307	34.4
Kern County		31.8
Bakersfield	93312	30.6
Bakersfield	93311	27.6
Bakersfield	93306	26.7
Rosamond	93560	25.3
Shafter	93263	21.9
California		18.0
Tehachapi	93561	16.5
Bakersfield	93313	14.9
Lancaster	93536	14.3
Bakersfield	93314	13.6
Arvin	93203	12.9
Lamont	93241	12.9
Wasco	93280	11.8
McFarland	93250	4.9
Delano	93215	3.8

Source: California Overdose Surveillance Dashboard, 2021

In Kern County, the rate of death from opioids is highest among adults ages 40 to 44 (66.8 deaths per 100,000), which is **more than double the state rate** for individuals in this age group (26.9 deaths per

100,000). The next highest rate was reported for individuals ages 30 to 34 (56.3 deaths per 100,000). Rates are lowest among individuals younger than age 10 and older than age 75.

Exhibit 88: Any Opioid-Related Overdose Death by Age Groups

	Kern County Counts	Kern County Rate per 100,000	California Rate per 100,000
<5 years old	0	0	0.3
5 to 9 years old	0	0	0.0
10 to 14 years old	<6	1.4	0.4
15 to 19 years old	9	12.4	8.5
20 to 24 years old	19	24.5	20.2
25 to 29 years old	27	34.5	33.6
30 to 34 years old	36	56.3	40.6
35 to 39 years old	26	43.2	32.4
40 to 44 years old	37	66.8	26.9
45 to 49 years old	26	51.1	22.9
50 to 54 years old	21	43.6	24.7
55 to 59 years old	26	54.2	25.1
60 to 64 years old	24	51.4	22.5
65 to 69 years old	13	33.9	14.8
70 to 74 years old	9	30.8	7.1
75 to 79 years old	0	0	2.4
80 to 84 years old	0	0	2.2
85+ years old	0	0	1.2

Source: California Overdose Surveillance Dashboard, 2021

Treatment Facilities

Of 23 substance use treatment facilities in Kern County, more than one in three treat those with co-occurring disorders.

Exhibit 89: Substance Use

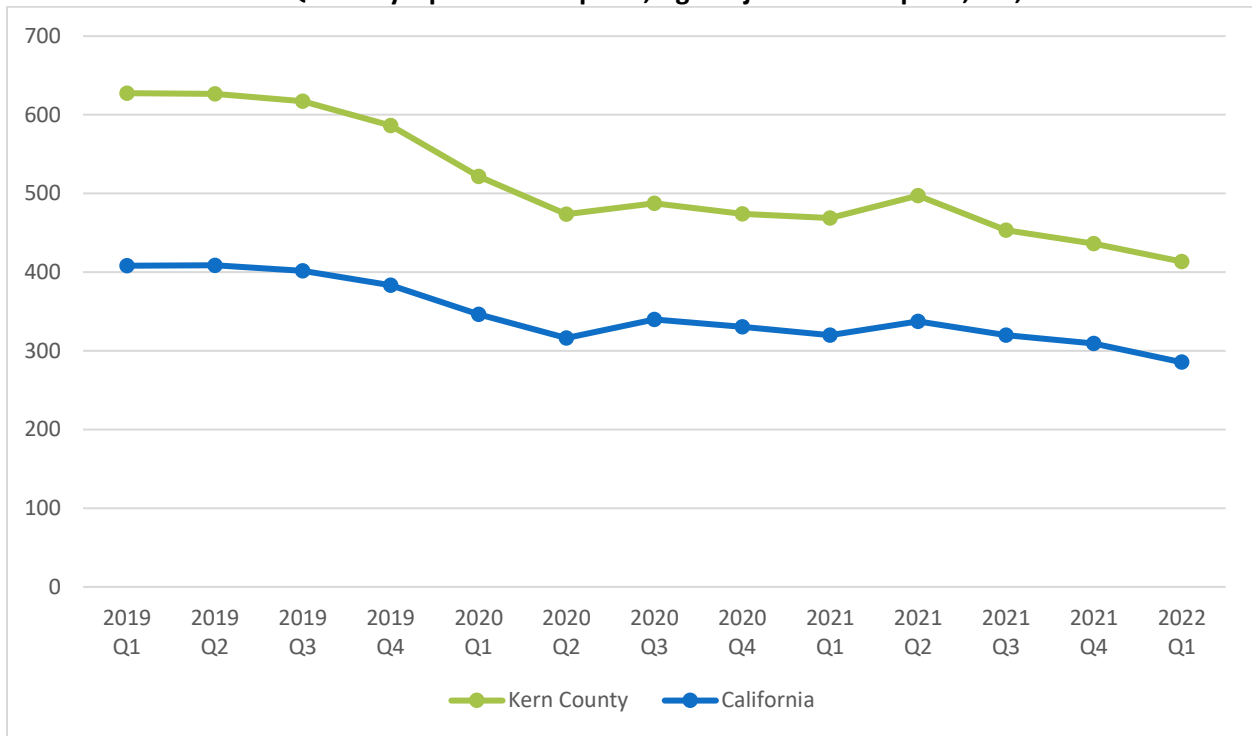
	Kern County	California	United States
Substance Use Treatment Facilities	23	1,185	12,903
Residential	5	503	2,993
Transitional	3	86	1,169
Co-occurring	8	558	7,551
Certified Opioid Treatment Program	4	150	1,814

Source: SAMHSA N-SUMHSS 2021

PRESCRIPTION OF OPIOIDS

Opioid prescription rates in Kern County are consistently higher than state rates. In the most recent quarter, opioid prescription rates were nearly **1.5 times** the rate for the state of California. Over the past three years, opioid prescription rates have been steadily decreasing at both the county (34% decrease) and state level (30% decrease).

Exhibit 90: Annualized Quarterly Opioid Prescription, Age-adjusted Rates per 1,000, 2019-2022



	Kern County	California
2019 Q1	627.5	408.4
2019 Q2	626.8	408.8
2019 Q3	617.1	401.6
2019 Q4	586.5	383.5
2020 Q1	521.7	346.5
2020 Q2	473.7	316.5
2020 Q3	487.7	339.7
2020 Q4	474.1	330.6
2021 Q1	468.7	320.0
2021 Q2	497.1	337.6
2021 Q3	453.5	320.0
2021 Q4	436.1	309.3
2022 Q1	413.5	285.5

Source: California Overdose Surveillance Dashboard, 2021

Community Survey

The purpose of the community survey was to comprehensively evaluate community members' insights as well as to enable a greater share of people living across Kern County to share their perspectives on the unique barriers, challenges, and potential solutions to address identified community health needs.

Methodology

The community survey was made available online in English, Punjabi, Spanish, and Tagalog from October 2 through October 31, 2023. The questionnaire included closed-ended, need-specific questions, open-ended questions, and demographic questions. Invitations to participate were distributed by partners through channels including email and social media. Strategic outreach was conducted to ensure maximum participation from community members, especially in vulnerable communities through canvassing, social media, schools, churches, and through partner networks.

In total, there were 602 valid survey responses, with the vast majority (94.5%) the English language version of the survey. Special care was exercised to minimize the amount of non-sampling errors through the assessment of design effects (e.g., question order, question-wording, response alternatives). The survey was designed to maximize accessibility and comprehensively evaluate respondents' insights. Sub-questions included requests to rate community health needs on a five-point scale. See Appendix F for the English language survey instrument.

The survey served as a practical tool for capturing insights of individuals across Kern County. This was not a random sample, and findings should not be interpreted as representative of the full population. Additionally, sample sizes of demographic subpopulations are not large enough to consider samples to be representative of the broader populations from which responses were received. Differences in responses have not been tested for statistical significance as part of this assessment.

Respondent Demographics

Among valid responses to the community survey (n=602), **most (81.2%) identify as female (81.2%), heterosexual (89.9%), and White (74.8%)**. A majority identify as Hispanic, Latino, or Spanish origin (55.8%). One in 10 respondents identify as Black or African American (9.4%) and a slightly smaller percent identify as Asian (7.0%). When asked **how they self-identify their race/ethnicity**, respondents most often identify as Hispanic (19.5%), White (17.3%), Mexican American (9.1%), Mexican (8.7%), Latino/a/x (6.9%), or Hispanic/Latino/a/x (5.6%). With regards to age, more than one-third of respondents (34.0%) report being younger than age 35, with a majority of respondents (50.5%) clustered in the 25 to 44 age group.

Exhibit 91: Community Survey Respondent Demographics

DEMOGRAPHIC VARIABLE	PERCENT OF RESPONDENTS
GENDER IDENTITY	
Female	82.8%
Male	15.2%
Gender Non-Binary	1.3%
Transgender Male	0.5%
My gender identity is not listed	0.3%
SEXUAL ORIENTATION	
Heterosexual	89.9%
Bisexual/Pansexual	5.5%
Gay/Lesbian	3.3%
My sexual orientation is not listed	1.4%
RACE[^]	
White	74.8%
Black or African American	9.4%
Asian	7.0%
Native American or Alaska Native	5.8%
Native Hawaiian or Pacific Islander	1.5%
Another Race	7.3%
ETHNICITY	
Hispanic, Latino, or Spanish origin	55.8%
Not Hispanic, Latino, or Spanish origin	44.2%
AGE	
Under 25	9.0%
25 to 34	25.0%
35 to 44	25.5%
45 to 54	20.1%
55 to 64	16.5%
65 and older	3.9%

[^] Percentages total more than 100% because respondents were instructed to select as many options as apply to them.

Four in five respondents (79.1%) report living in Bakersfield, with the largest proportions of respondents from the 93306 (12.5%), 93307 (9.1%), or 93309 (8.8%) zip codes.

Nearly half of respondents (45.4%) reported having one or more of the disabilities/abilities listed, with more than one in six (17.3%) reporting having a mental health disorder, and one in 10 (9.9%) having a long-term medical illness.

Exhibit 92: Community Survey Respondent City of Residence, Zip Code, and Disability Status

DEMOGRAPHIC VARIABLE	PERCENT OF RESPONDENTS
CITY (TOP SIX)	
Bakersfield	79.1%
Arvin	5.6%
Delano	3.0%
Tehachapi	2.3%
Shafter	1.7%
Wasco	1.7%
ZIP CODE (TOP TEN)	
93306	12.5%
93307	9.1%
93309	8.8%
93311	7.8%
93312	7.3%
93313	7.0%
93308	6.5%
93203	5.6%
93301	5.6%
93314	4.8%
DISABILITY STATUS	
A mental health disorder	17.3%
A long-term medical illness (i.e., epilepsy, cystic fibrosis)	9.9%
A learning disability (i.e., ADHD, dyslexia)	8.1%
A sensory impairment (vision or hearing)	7.0%
A mobility impairment	5.6%
A disability or impairment not listed	5.6%
A temporary impairment due to illness or injury (i.e., broken ankle, surgery)	2.5%
I do not identify with a disability or impairment	54.6%

A near-majority of respondents (47.5%) report having a bachelor’s degree, master’s degree, and/or professional or doctorate degree. The median household income reported by respondents falls in the \$65,000 to \$74,999 range, which is higher than the median household income estimated for the population in Kern County (\$58,824).²⁴ More than one in four respondents (27.3%) report currently living in a single-parent household, and one in five (20.7%) live in a home with three or more generations living together, such as grandparents, kids, and grandkids.

Exhibit 93: Community Survey Respondent Educational Attainment and Household Demographics

DEMOGRAPHIC VARIABLE	PERCENT OF RESPONDENTS
EDUCATION (HIGHEST LEVEL ATTAINED)	
Less than high school or equivalent	4.0%
High school diploma or equivalent (such as GED/HiSET)	9.8%
Some college, no degree	23.9%
Associate’s degree	14.8%
Bachelor’s degree	32.2%
Master’s degree	13.8%
Professional or doctorate (such as MD, DDS, DVM, PhD)	1.5%
ANNUAL HOUSEHOLD INCOME	
None	0.8%
Under \$15,000	4.4%
\$15,000 to \$24,999	7.1%
\$25,000 to \$34,999	10.4%
\$35,000 to \$44,999	9.6%
\$45,000 to \$54,999	10.4%
\$55,000 to \$64,999	6.3%
\$65,000 to \$74,999	8.8%
\$75,000 to \$99,999	13.5%
\$100,000 and above	28.6%
RESPONDENT HOUSEHOLD CHARACTERISTICS	
Currently live in a single-parent household	27.3%
Live in a home with three or more generations living together	20.7%

²⁴ U.S. Census Bureau. American Community Survey Five-Year Estimates, 2017-2021.

Key Findings

Routine Care

The vast majority of respondents (85.2%) reported having a family doctor, family health center, or clinic where they go for routine care, and an additional 5.0% reported using a walk-in urgent care facility for such care. One in 12 respondents (8.8%) reported not having a source of routine care.

Exhibit 94: Presence of a Family Doctor or Other Source of Routine Care

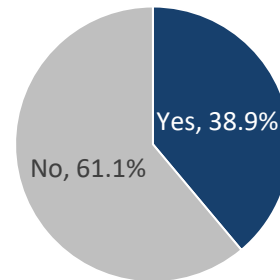
Do you have a family doctor or a place where you go for routine care?	Percent of Respondents
Yes, family doctor, family health center, or clinic	85.2%
Yes, walk-in urgent care	5.0%
Yes, emergency room	0.7%
Other	0.3%
No	8.8%

Seeking Needed Care

Nearly two in five respondents (38.9%) reported experiencing one or more occasions in which they needed medical or mental health care in the past year but chose not to get it.

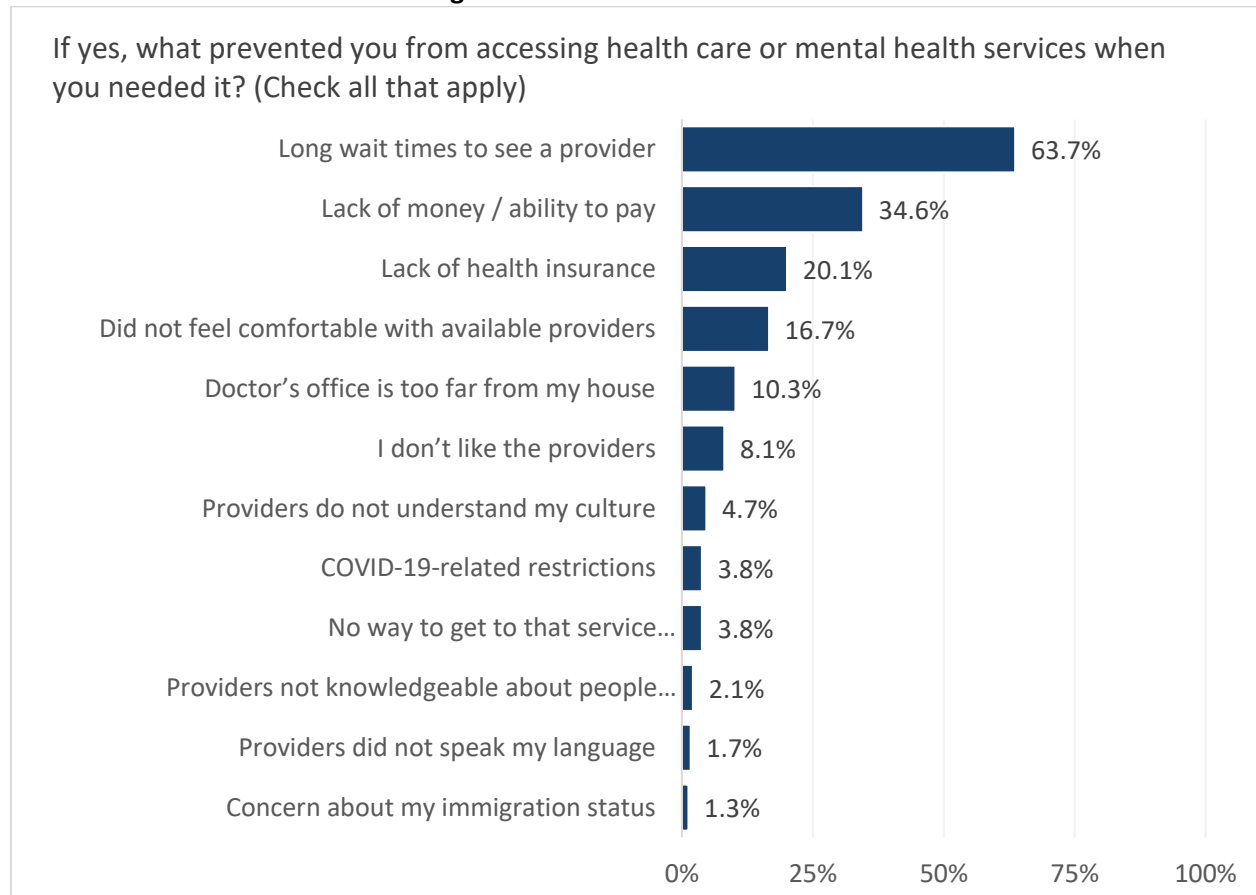
Exhibit 95: Occasion(s) When Respondent Needed Medical or Mental Health Care but Chose Not to Get it, Past Year

In the **past year**, has there been one or more occasions when you needed medical or mental health care but chose **NOT** to get it?



Of those who reported choosing not to get needed health care or mental health services, respondents most frequently identified **long wait times to see a provider** (63.7%) as a reason preventing them from accessing care. One in three reported **lack of money/ability to pay** (34.6%), and one in five identified **lack of health insurance** (20.1%) as a barrier.

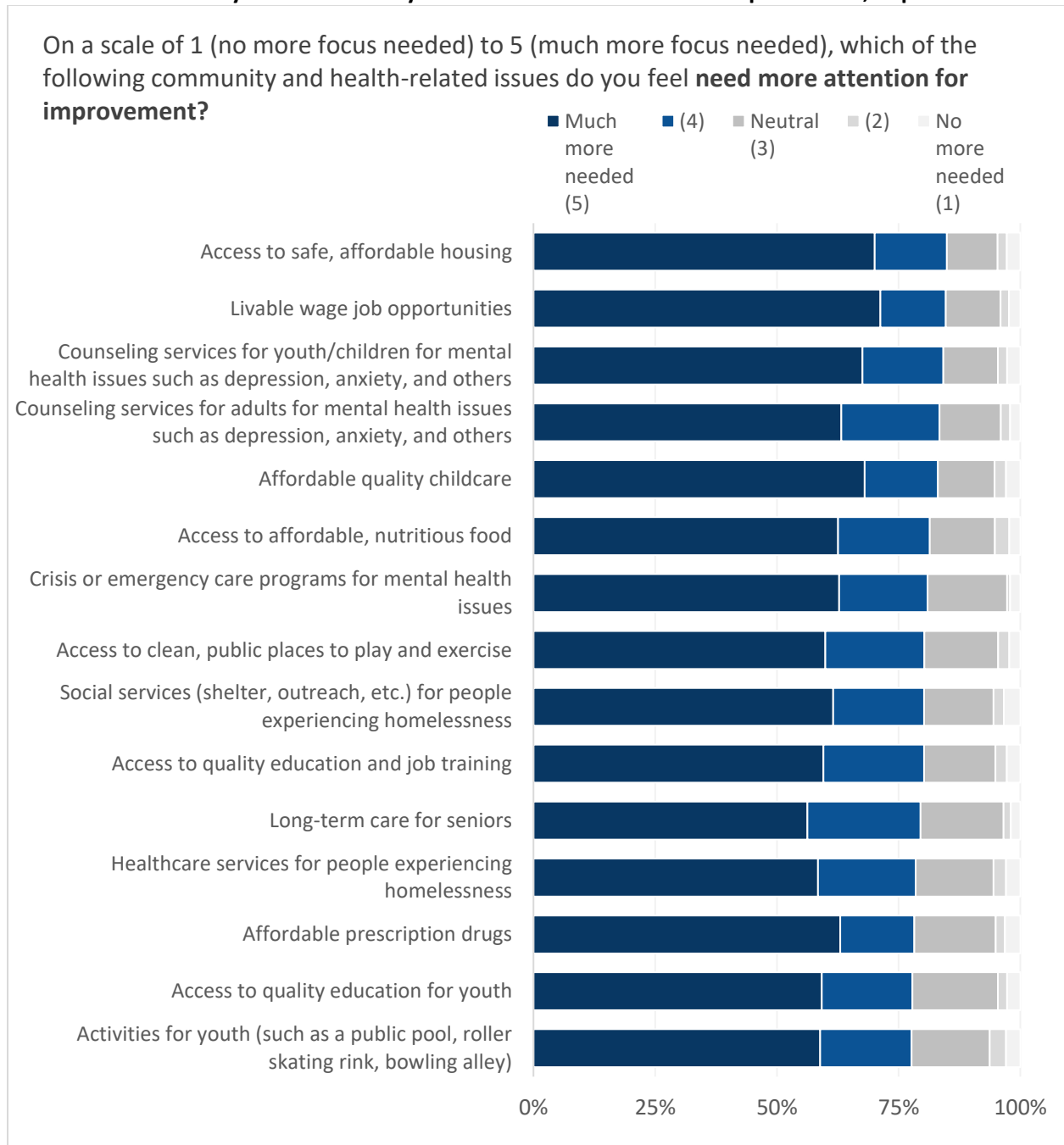
Exhibit 96: Reasons for Not Accessing Needed Health Care or Mental Health Services in the Past Year



Community Health Needs

Asked to score a list of 51 identified community health needs on a scale of 1 (“No more focus needed”) to 5 (“Much more focus needed”), respondents most commonly identified **access to safe, affordable housing** (84.9%), **livable wage job opportunities** (84.7%), **mental health counseling services for youth/children** (84.2%) and **adults** (83.4%), and **affordable quality childcare** (83.1%) as in need of more attention for improvement.

Exhibit 97: Community Health Needs by Need for More Attention for Improvement, Top 15 Needs



Among all needs scored, those with the lowest scores include the need for HIV/AIDS education, screening, and treatment, and programs for smoking cessation (including vaping). However, more than half of respondents reported that these are in need of more attention for improvement (scores of 4 or 5 on the five-point scale).

Exhibit 98: Community Health Needs by Need for More Attention for Improvement, All Needs

Community Health Need	Much more needed		Neutral		No more needed
	(5)	(4)	(3)	(2)	(1)
Access to safe, affordable housing	70.1%	14.9%	10.4%	1.9%	2.8%
Livable wage job opportunities	71.3%	13.4%	11.3%	1.7%	2.3%
Counseling services for youth/children for mental health issues such as depression, anxiety, and others	67.6%	16.6%	11.2%	1.9%	2.7%
Counseling services for adults for mental health issues such as depression, anxiety, and others	63.2%	20.2%	12.6%	1.9%	2.1%
Affordable quality childcare	68.0%	15.0%	11.7%	2.3%	3.0%
Access to affordable, nutritious food	62.6%	18.8%	13.4%	2.9%	2.3%
Crisis or emergency care programs for mental health issues	62.8%	18.2%	16.3%	0.6%	2.1%
Access to clean, public places to play and exercise	60.0%	20.3%	15.1%	2.3%	2.3%
Social services (shelter, outreach, etc.) for people experiencing homelessness	61.6%	18.7%	14.2%	2.1%	3.4%
Access to quality education and job training	59.6%	20.6%	14.7%	2.3%	2.8%
Long-term care for seniors	56.3%	23.3%	17.0%	1.5%	1.9%
Healthcare services for people experiencing homelessness	58.4%	20.0%	16.0%	2.5%	3.0%
Affordable prescription drugs	63.0%	15.2%	16.7%	1.9%	3.2%
Access to quality education for youth	59.2%	18.6%	17.6%	1.9%	2.7%
Activities for youth (such as a public pool, roller skating rink, bowling alley)	58.9%	18.8%	16.1%	3.3%	2.9%
Programs to help drug and other substance use disorder patients in recovery stay healthy	52.9%	24.6%	17.5%	2.4%	2.6%
Drug and other substance use prevention	54.8%	22.3%	17.4%	2.3%	3.2%
Dementia care for seniors	56.6%	19.7%	19.7%	1.3%	2.7%
Housing for individuals who have several service needs, such as behavioral health treatment, job training, etc.	57.3%	18.9%	18.2%	2.1%	3.4%
Drug and other substance use treatment services	53.3%	22.7%	18.4%	2.4%	3.2%
Transportation services for people needing to go to doctor’s appointments or the hospital	55.2%	20.8%	19.3%	2.6%	2.1%
Affordable healthcare services for individuals or families with low-income	57.1%	18.6%	16.7%	4.6%	2.9%
Special care (for example, caseworkers or navigators) for people with chronic diseases such as diabetes, cancer, asthma, and others.	53.4%	22.2%	19.5%	2.5%	2.3%
Drug and other substance use education	52.0%	23.4%	17.6%	3.2%	3.8%

Community Health Need	Much more needed		Neutral		No more needed
	(5)	(4)	(3)	(2)	(1)
Support services for adults with developmental disabilities	50.2%	25.1%	19.6%	2.4%	2.6%
Support services for children with developmental disabilities	54.7%	20.6%	19.3%	2.4%	3.0%
Services to help people learn about programs that provide financial support for people needing healthcare	51.1%	24.1%	19.6%	1.9%	3.4%
Women's health services	52.9%	22.0%	18.2%	4.4%	2.5%
Drug and other substance use early intervention services	53.5%	21.2%	20.8%	2.1%	2.4%
Healthcare services for seniors	54.1%	20.5%	21.2%	1.9%	2.4%
Programs for obesity prevention, awareness, and care	52.5%	21.0%	21.2%	2.3%	3.0%
Services to help people enroll in programs that provide financial support for people needing healthcare	49.0%	24.1%	18.8%	3.6%	4.4%
Programs to help supply and protect environmental resources (such as access to clean air and water)	51.5%	21.3%	19.6%	4.3%	3.4%
Crisis or emergency care services for medical issues	49.1%	22.9%	21.4%	3.6%	3.0%
Programs for heart or cardiovascular health	42.9%	29.0%	21.1%	4.4%	2.6%
Education to help reduce teen pregnancy	49.1%	22.7%	19.3%	4.7%	4.1%
Coordination of patient care between health service providers	52.1%	19.4%	23.5%	1.9%	3.0%
Programs for diabetes prevention, awareness, and care	47.1%	23.9%	24.3%	2.1%	2.6%
Programs that bring communities together, including those that focus on inclusion and combatting discrimination	49.5%	20.6%	21.1%	4.4%	4.4%
Parenting classes for new parents	47.2%	22.7%	23.2%	3.0%	3.9%
Opportunities for physical fitness	49.1%	20.8%	23.6%	3.2%	3.4%
Primary care services (such as a family doctor or other provider of routine care)	47.8%	21.4%	23.9%	3.8%	3.2%
Services to help reduce teen pregnancy	47.1%	20.6%	22.7%	4.5%	5.1%
Emergency care and trauma services	47.4%	19.4%	24.5%	4.9%	3.8%
Prenatal care	43.1%	22.0%	25.9%	3.9%	5.0%
Public transportation	45.8%	17.7%	25.2%	4.5%	6.8%
Programs to support health during environmental changes	40.4%	22.6%	28.3%	5.0%	3.7%
Reproductive health services	40.6%	21.4%	28.3%	5.4%	4.3%
HIV / AIDS education and screening	38.2%	22.9%	28.5%	5.6%	4.7%
Programs for smoking cessation (including vaping)	38.3%	22.7%	28.3%	6.3%	4.4%
HIV / AIDS treatment services	35.0%	23.3%	30.5%	5.5%	5.7%

Respondents most commonly disagreed (or strongly disagreed) with the statement “My community works together to improve its health” (46.2%). More than one in three respondents disagreed (or strongly disagreed) that “My community has the resources to improve its health” (36.5%) or that “My community works together to make positive change for health” (35.2%).

Exhibit 99: Respondent Disagreement with Statements about Community Health

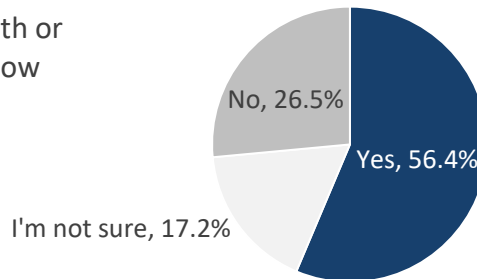
Thinking about Community Health, please rate each statement below on a scale of 1 (strongly disagree) to 5 (strongly agree).	Percent of Respondents selecting “Disagree” or “Strongly Disagree”
My community works together to improve its health	46.2%
My community has the resources to improve its health	36.5%
My community works together to make positive change for health	35.2%
I know my neighbors will help me stay healthy	32.7%

Mental Health

While **more than half of respondents (56.4%)** reported knowing where to turn for help if they were experiencing a mental health or substance use challenge, a slightly smaller proportion reported not knowing (26.5%) or not being sure (17.2%) of such resources.

Exhibit 100: Knowledge of Help Available During a Mental Health or Substance Use Challenge

If you were experiencing a mental health or substance use challenge, would you know where to turn for help?



Two in three respondents (65.1%) reported that neither they nor their family currently have unmet mental health or substance use needs. Nearly one in five respondents (17.8%) reported that an adult family member has an unmet need, and more than one in 20 (6.8%) reported that they themselves have such a need.

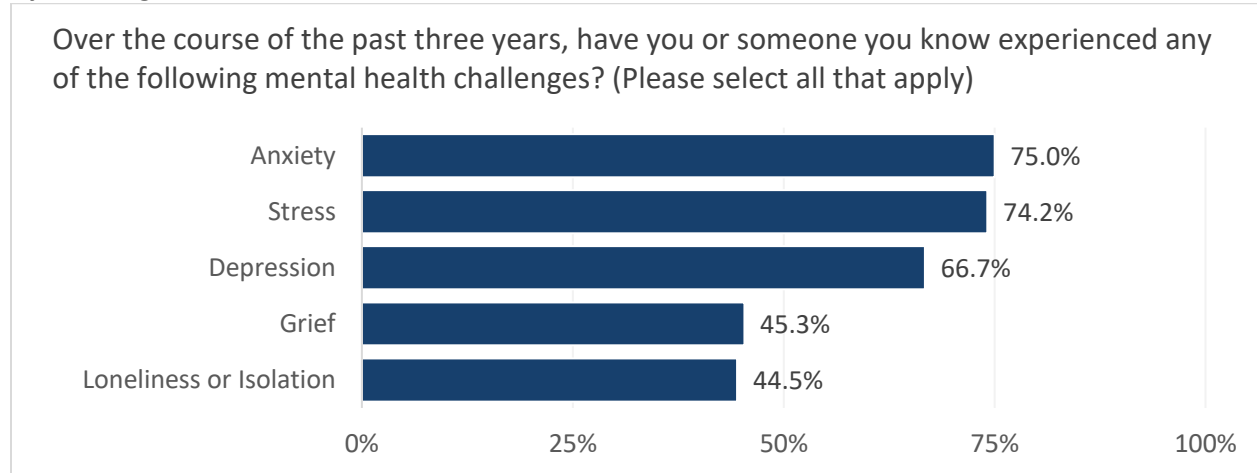
Exhibit 101: Current Personal or Familial Unmet Mental Health or Substance Use Needs

Do you or your family currently have unmet mental health or substance use needs?	Percent of Respondents
No	65.1%
Yes, an adult family member has an unmet need	17.8%
Yes, I have an unmet need	6.8%
Yes, a child family member has an unmet need	4.4%
I don't know	5.9%

Majorities of respondents reported that they or someone they know **experienced anxiety (75.0%), stress (74.2%), and/or depression (66.7%) over the past three years.** Nearly half of respondents

reported that they or someone they know experienced grief (45.3%) and/or loneliness or isolation (44.5%) over the same period.

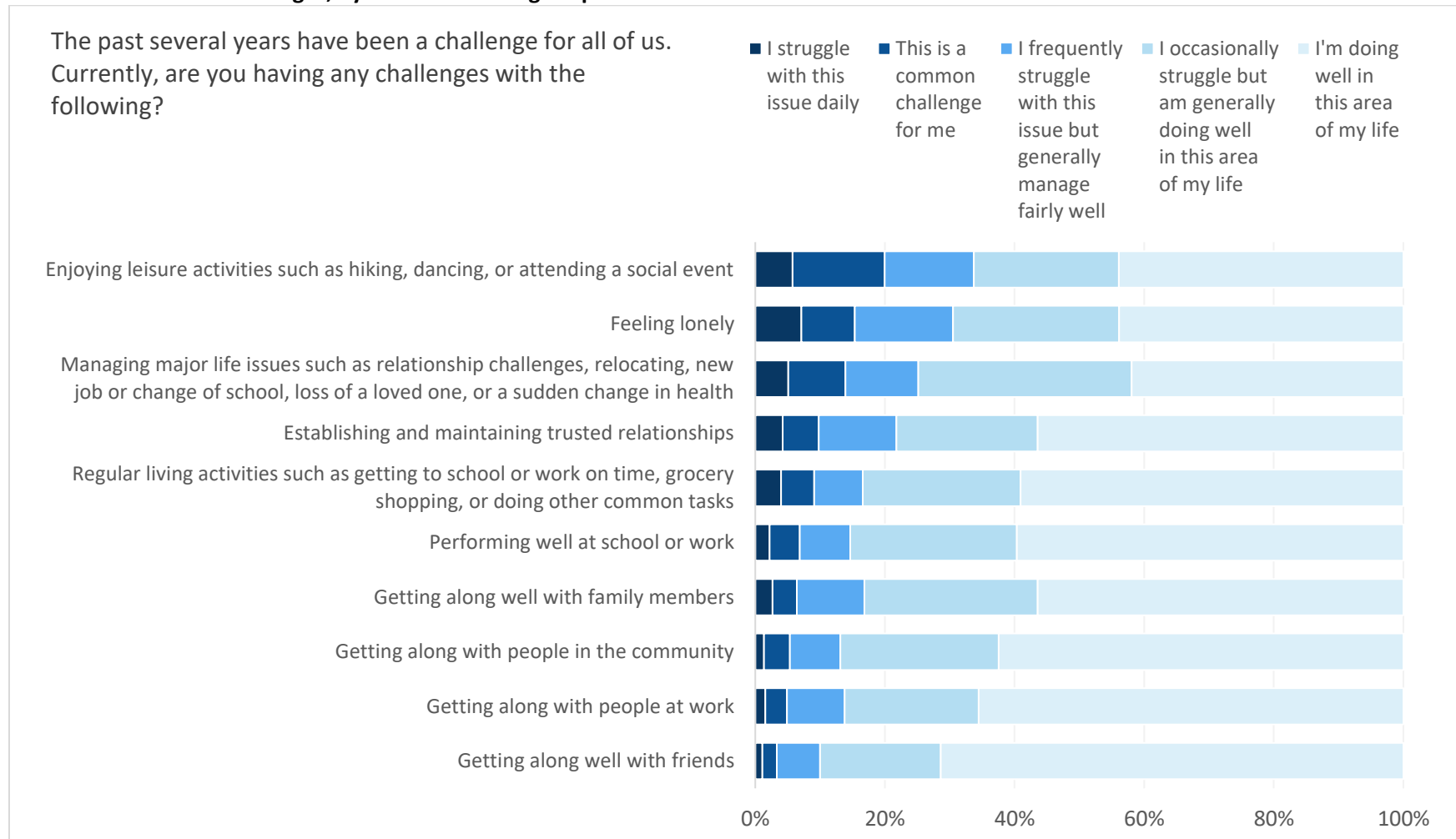
Exhibit 102: Experience with Mental Health Challenges (Self or Acquaintance) over Past Three Years, by Challenge



Challenges

With regards to challenges experienced over the past three years, respondents most commonly report struggling daily or commonly having challenges **enjoying leisure activities** (20.0%), **feeling lonely** (15.4%), and/or **managing major life issues** (13.9%).

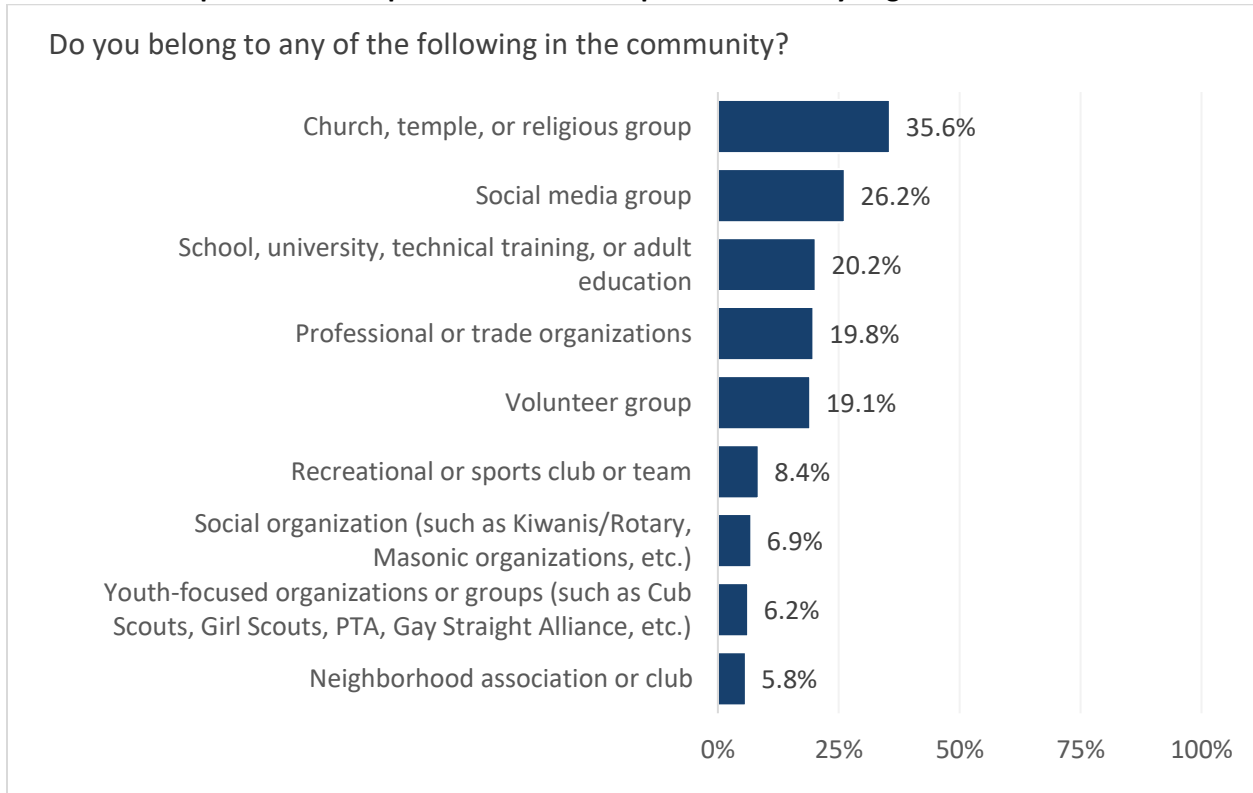
Exhibit 103: Current Challenges, by Level of Challenge Experienced



Social Connectedness

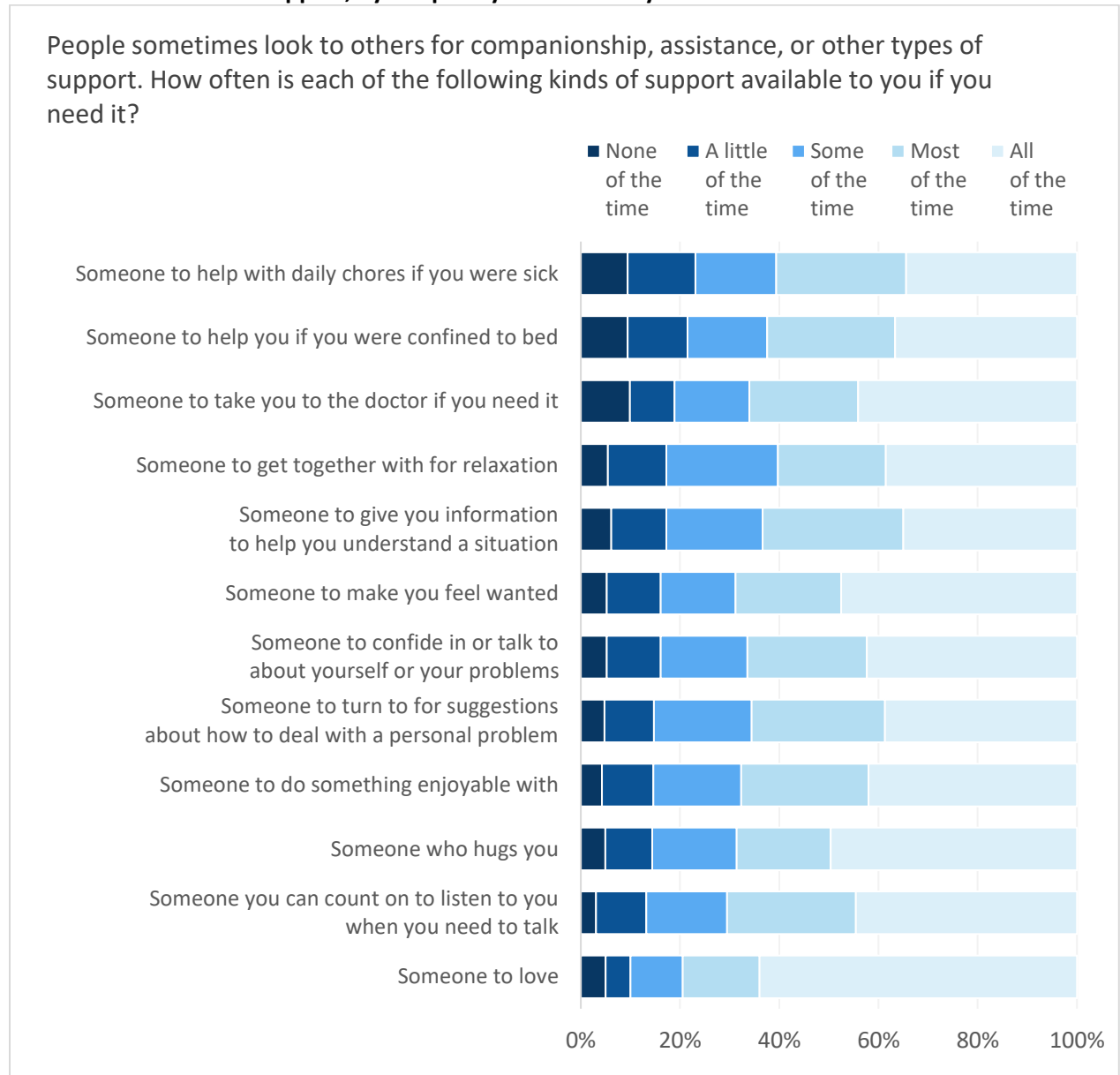
Respondents most frequently reported participating in **church, temple, or religious groups** (35.6%), with one-quarter (26.2%) reporting participating in a **social media group**. One in five respondents reported participating in a **school, university, technical training, or adult education group** (20.2%), **professional or trade organization** (19.8%), and/or **volunteer group** (19.1%).

Exhibit 104: Respondent Participation in Social Groups or Community Organizations



The majority of respondents reported having all of the supports listed available to them most of the time or all of the time. Nearly one in four respondents (23.1%) reported not having **someone to help with daily chores if they were sick**, and one in five (21.5%) reported not having **someone to help them if they were confined to bed**.

Exhibit 105: Sources of Support, by Frequency of Availability



Sexual Health

While half of respondents (50.9%) reported not having any challenges accessing any of the care options listed, one in seven (14.6%) reported that they or someone close to them had challenges accessing **menopause support and education**, and more than one in six (13.4%) reported challenges accessing **birth control (pills, hysterectomy, and/or vasectomy)**.

Exhibit 106: Challenges Accessing Reproductive Health Services (Self or Acquaintance)

Have you, or someone close to you, had any challenges accessing any of the following care in your community? (Select all that apply)	Percent of Respondents
Menopause support and education	14.6%
Birth control (pills, hysterectomy, vasectomy)	13.4%
Fertility treatments	9.7%
Postpartum care (with a medical provider or doula)	9.4%
Prenatal care (with a medical provider or doula)	8.7%
Sexual violence and/or rape support	8.3%
STI testing and/or treatment	7.3%
Abortion	6.4%
None	50.9%

Resource Guide Review

Kern County is equipped with a number of general and health-specific resource repositories available to those seeking services or seeking to connect others to needed services and resources.

2-1-1 Kern County

Most prominent among these is 2-1-1 Kern County, a web-based resource directory that is also available with resource navigation support via telephone. A program of Community Action Partnership of Kern (CAPK), 2-1-1 Kern County provides comprehensive information and referral services that link Kern County residents to community health and human services and support.²⁵

Callers seeking assistance dial 2-1-1 and are connected with Information and Referral Specialists who utilize the same resource directory available on the 2-1-1 Kern County website. By responding to clients' information and referral needs by phone or through the website, CAPK (designated by the California Public Utilities Commission as the 2-1-1 provider for Kern County) ensures that the information sought is provided in the most customer-friendly way possible depending on the client. Services are available 24 hours a day, seven days a week.

Exhibit 107: Screenshot of 2-1-1 Kern County Childhood Immunization Resources

You may either type in an agency/program name, or choose a suggested service as you type, then click the button.

Childhood Immunizations

Search Names Search All Fields

Look for resources in or near a location:

State:

County:

City:

Zip code:

Sort alphabetically Sort by proximity

(Found 22 results)

A Program: 34th Street Community Health Center
Agency: Clinica Sierra Vista Incorporated

Provides assistance with primary care including: Pediatrics, Gynecology, WIC nutrition services, HIV ...
www.clinicasieravista.org
2000 Physicians Plaza Boulevard
Bakersfield CA 93301 United States
Phone: 661-324-1455

B Program: Family Health Center
Agency: Clinica Sierra Vista Incorporated

Provides gynecological, general medical, obstetrics, and pediatric care including im ...
<https://clinicasieravista.org>
1611 1st Street
Bakersfield CA 93304 United States
Phone: 661-336-5300

C Program: Central Bakersfield Community Health Center
Agency: Clinica Sierra Vista Incorporated

(Map will appear here when there are search results with at least one non-private location.)

Exhibit 108: 2-1-1 Kern County Health Care Resources, by Category

²⁵ 2-1-1 Kern County. Available at: <https://www.211kerncounty.org>.

2-1-1
Kern County

CAN'T FIND WHAT YOU ARE LOOKING FOR? DIAL 2-1-1

[Click here to list your services on 211 Kern County](#)

IF YOU ARE HAVING DIFFICULTY ACCESSING 211 BY DIALING 2-1-1, PLEASE TRY CALLING 1-800-273-2275



HEALTH CARE

Medical Expense Assistance

[Prescription Drug Discount Cards](#)

[Prescription Expense Assistance](#)

Medical / Dental

[Community Clinics](#)

[City/County Hospitals](#)

[Cancer Detection](#)

[AIDS/HIV](#)

[Urgent Care Centers](#)

[Medical and Health Sciences Research](#)

[Alzheimer's Disease](#)

[Pediatric Dentistry](#)

[Eye Care Referrals](#)

[Visual/Reading Aids](#)

Insurance

[State/Local Health Insurance Programs](#)

[State/Local Health Insurance Information/Counseling](#)

[Affordable Care Act Information/Counseling](#)

[Medicare Information/Counseling](#)

[Health Insurance Marketplaces](#)

[Health Insurance Premium Assistance](#)

[Health Insurance Information/Counseling](#)

Healthy Living

[Childhood Immunizations](#)

[General Health Education Programs](#)

[Health Related Advocacy Groups](#)

[General Sexuality/Reproductive Health Education](#)

[AIDS/HIV Prevention Counseling](#)

[Smoking Education/Prevention](#)

[First Aid Instruction](#)

[Public Health Nursing](#)

Women's Health

[Gynecology Services](#)

[Prenatal Care](#)

[Pregnancy/Birth Problems](#)

[Postpartum Mothers](#)

Specialized Service

[Females](#)

[Down Syndrome](#)

[Disability Awareness Programs](#)

[Telecommunication Relay Services](#)

[Disability/Rehabilitation Related Occupational Therapy](#)

Across resource categories, resources listed on 2-1-1 Kern County can be filtered by service type, city, zip code, and proximity to the user. Mapping functionality also allows users to locate identified resources geographically.

In addition to resources currently listed, the 2-1-1 Kern County website also allows for submission of new services to be posted (or for currently listed resources to be updated) through a link available directly on the website, with clearly specified parameters with regards to criteria for inclusion. Related queries can also be posed by phone or email.

Kern County Public Health

Along with 2-1-1 Kern County, Kern County Public Health also utilizes an internal resource directory intended to support Public Health staff by providing them with information on resources available in the community in one central location. This directory comprises specific programs and services organized into categories that range from Assistance Programs to Transportation. As of publication of this report, the directory contained nearly 140 total resources.

Kern County Public Health's internal resource directory is driven by staff utilization, and it is equipped with a feedback link allowing staff members to submit feedback on additions, deletions, or other suggested changes to directory entries. The Health Education Team regularly reviews it and makes changes to the directory as needed.

A copy of the current resource guide can be found on page 125.



Access Audit

Access audits calls are an effective way to evaluate the community’s access to healthcare services within the Kern County service area. The goal of conducting access audits is to understand practical access to healthcare and other services and barriers experienced by community members seeking care. Results provide insight on access gaps, improvement strategies, and service variations. The service sites were called on the telephone by Crescendo, seeking to schedule an appointment or to learn about other factors that potentially impact access to services.

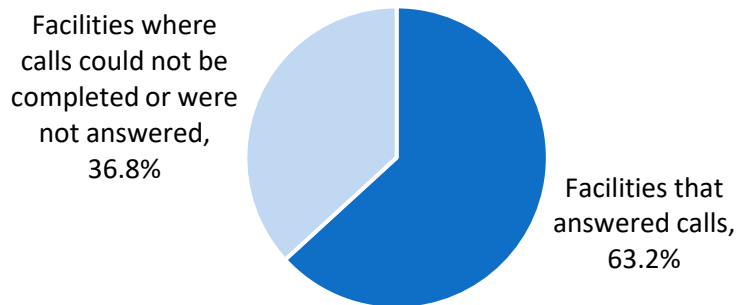
Calls were made to 19 healthcare facilities across Kern County. Healthcare facilities included in the access audit calls included the following:

Exhibit 109: Sites Included in Kern County Access Audit

Bakersfield Kern Regional Homeless Collaborative	Dignity Health
Open Door Network	Kern Valley Hospital
CapK's 211	Mountain View Health Center
Kern County Public Health	Aging and Adult Services
Department of Human Services	Bakersfield American Indian Health Project
Clinica Sierra Vista	Owens Valley Career Development Center
Kern Medical	Jamison Center
Omni Family Health	Flood Ministries
Kern Health Systems	Wonderful Company Family Resource Center (Lost Hills)
Kern Behavioral Health and Recovery Services	

Calls were made at different times throughout the business day, Monday through Friday, in late September 2023. The caller spoke with a person at 12 of the 19 sites. The remaining seven calls were either not answered, could not be completed, or sent to voicemail. Of the four sites where the caller left a voicemail, none of the sites returned a call.

Exhibit 110: Access Audit Sites by Call Completion Status



Ability of the site or facility to accept new patients

Of the 19 sites, seven are accepting new patients, though this is not applicable for three of the sites, and one site is prioritizing adults with children. Two other sites indicated that their waitlist is months-long,

with one site indicating that they need a referral, medical records, and insurance before taking on new patients. Wait times for an appointment ranged depending on the facility type and/or services offered. Another site did not indicate whether they were taking new clients, and instead offered how many total clients they are able to take on at once. Four of the sites that accept patients were able to offer initial appointments within 30 days. Two of the sites provided vague answers about when they could accept new patients, repeatedly telling the caller that “all pieces must line up”. The other site asked the caller who they were and why they were calling again after the caller introduced themselves and provided one-word answers to the caller’s questions.

Ability of the facility to answer questions and refer the caller elsewhere when the desired services are unavailable

Five of the 19 calls yielded interactions with staff members who were friendly and informative, often anticipating patient questions and providing specific information without it being explicitly requested by the caller. The staff members asked comprehensive and in-depth questions to assess the appropriate level of care needed and were willing to explain the process of becoming a new patient to the caller. Five other sites contacted had staff that either did not ask comprehensive questions, referred the caller to the website, or were less forthcoming about the intake process. One site left the caller bouncing between different automated messages without an opportunity to leave a voicemail.

How staff inquiries help to determine prospective patient’s needs

Staff members at some of the facilities asked comprehensive and in-depth questions to ensure that their facilities’ services aligned with the caller’s needs. One of the sites repeatedly referred the caller to the provider website, and two other sites were not as forthcoming about services without asking the caller questions. Staff at one site repeated the necessary information required for the initial appointment at the end of the call without being asked to do so. Staff at another site asked the caller if they wanted to speak directly with a nurse about services.

Ease of speaking with a person

While the majority of sites had efficient and clear phone trees, two had confusing or very long phone trees. Seven of the 19 sites (36.8%) offered another language option, most commonly Spanish. At eleven of the 19 sites, the caller was able to connect with a person in less than five minutes. However, at seven of the sites, the caller was unable to connect with a person. Of those seven sites, four did not offer a voicemail option:

- One site had a busy signal for every attempted call;
- Another site had a confusing phone system;
- A third site only had options to speak with a current patient or someone with a known extension; and
- At a fourth site, nobody answered, and there was no voicemail option.

Discussion

In this access audit, callers had mixed experiences, both in terms of being able to connect to a staff person, as well as the depth of information received once a staff person was reached. For community members who may be seeking services or information from providers across Kern County, this has several important implications in that community members may feel tired, annoyed, or confused when trying to navigate the system for resources. They may attempt calling a facility without being able to speak with a person or have the option for leaving a voicemail, or they may not receive a call back, all of which is frustrating. Sites with friendly, kind staff can help callers feel heard and assisted in their search for help. There is a need for compassionate staff who can anticipate a caller's questions and thereby direct them to the correct helpful person on staff or to an appropriate facility if services are not desired. Depending on whether a community member has the time, educational, or financial resources for navigating a system with barriers, community members may feel powerless or frustrated and possibly unable to access the services they need.

Qualitative Research

To identify the root causes and conditions of health disparities and the greatest health care needs within Kern County, a qualitative research approach was implemented comprising both one-on-one stakeholder interviews and focus group discussions with a broad range of community members.

One-on-One Interviews & Focus Group Discussions

A total of **30 stakeholders** were interviewed via telephone or Zoom, lasting approximately 30 minutes. The interviews provided the opportunity for in-depth conversations about the strengths and opportunities for Kern County’s Public Health Department to identify vulnerable populations within various locations throughout the county.

Additionally, nine in-person focus groups with a total of **130** community members were held for this assessment. Each discussion began with brief introductions, followed by hearing participants’ broad thoughts about several topics based on the social determinants of health, such as housing, health care, and awareness of services, among others. Participants were encouraged to speak about their particular areas of concern, interest, or experiences.

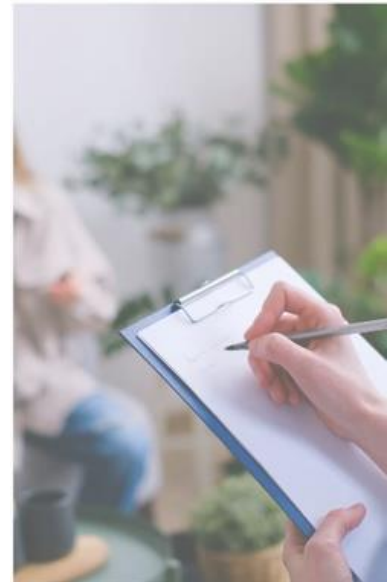


Exhibit 111: Qualitative Research Participants

Organization	
Adventist Health Tehachapi Valley	Kern County Community College
Anthem Blue Cross	Kern County Network for Children
Bakersfield American Indian Health Project	Kern County Public Health
Dignity Health	Kern Family Health Center
Dream Center	Mountain Communities Family Resource Center
First 5 Kern	Native Star
Greenfield Family Resource Center	North of the River Rec & Park Center
Hall Ambulance	Oasis Family Resource Center
Kern Behavioral Health and Recovery	United Way of Kern County
Kern County Administrative Offices	Vision y Compromiso

Community Strengths

For this Community Health Assessment, it is important to focus on programs and services seeing success. Qualitative research

The Stakeholder Interview Guide & Focus Group Moderator’s Guide can be found in Appendix D and E, respectively.

participants shared positive traits about Kern County, as well as Kern County Public Health and other agency partners.



Qualitative Themes

The following High-Level Action Areas are most representative of respondents' consensus in both qualitative interviews and focus group discussions. These key action areas and some associated observations that are representative of respondents' consensus perspectives from the interviews, are included on the following pages.

Please note that the Action Areas are alphabetized but are not presented in any other prioritized order.



**Access
to Care**



**Behavioral
Health**



**Child and Youth
Development**



Food Insecurity



**Housing and
Homelessness**



**Income
Threshold**



**Substance
Use**



Transportation



Access to Care

Most healthcare accessibility issues in the county are rooted in the rural and remote geographies that lack primary care providers and specialists to meet the needs of the community. Provider shortages result in high turnover rates and discontinued care. Therefore, residents often face long wait times that exacerbate health issues and must often travel up to two hours into a major city to receive the care they need.

“There is no level one trauma center, we don’t have a tertiary hospital. We don’t have anything children’s, our PICU is so small it’s closed half the time, we are trying to expand our services but that takes time, effort, and money.”

“Trying to get same day appointments is very hard and clinics are not open on the weekend,

so it is either waiting until Monday or taking my child to an urgent care.”

“My son had an infection on his tooth, and they wanted to send him to a specialist, and no one would take him until he was 12. I called everywhere and no one would take him.”

“Only one of my older kids qualifies for Medical and we pay \$1,200 for Kaiser. When I delivered my baby, it was \$15,000. It’s almost like being punished to live.”

“I earn \$124 a day and just a consult is \$129. How am I supposed to pay for this?”

“From a health standpoint, there’s really two challenges. The main one is access. We know that there simply is not enough access for the number of residents we have in Kern County, especially in rural areas. We only have one hospital in all North Kern County. For instance, in southeast Bakersfield, we have two clinics, but you go to some of the rural areas and there is no clinic.”

AIR AND WATER QUALITY

Among the most urgent healthcare needs that stakeholders from various organizations identified include the poor air quality of the county due to its geographic location in the valley, as well as environmental contaminants from nearby oil fields resulting in a high prevalence of respiratory illnesses such as asthma and chronic obstructive pulmonary disease (COPD). Notably, when community members were asked about healthcare challenges, this concern was overshadowed by more urgent needs such as accessibility to care, equitable resources and culturally competent care. Residents of mountain communities also expressed a challenge with water quality.

“[Air quality] I hold back because of the risk with air quality. I know individuals that have asthma and always must check the API [air pollution index] for whether we can go out. There are some higher areas in the county that are better quality but in Bakersfield it’s bad. With all the fires that have been happening in California and Washington, it comes down and sits in the valley. The pictures of New York this year is a typical summer here.”

*“Air quality – **it is horrendous here**, mainly in the city of Bakersfield. There’s the large mountain range to our south so when we get north winds, it blows all the pollution down here from the Bay area or from fires in Washington, [and] it sits here. We’ve also been in drought because we don’t have rain. This year air quality has been great for us, but **normally we are under red flag air quality days.**”*

CULTURALLY COMPETENT CARE

A number of Spanish-speaking residents discussed a lack of culturally competent care to meet their health care needs, often facing language and cultural barriers to access services. As a result, they rely on cultural home remedies and prefer to seek services across the border in Tijuana, Mexico.

“The issue is access to anything, access to finding like-minded people that look like you, access to hearing someone that sounds like you, access to somebody that understands you.”

“In my case, which is the same as thousands, if your work pays your insurance you have to include your family and then it's half your

“We must make a line at 5 a.m. to be seen by a Spanish-speaking doctor at a clinic that provides care at a lower cost. This means I must pick and choose between missing a day of work and taking care of my health. In our communities, we must think twice about getting sick.”

paycheck, leaving us in a black hole and we just prefer to go to Tijuana, Mexico.”

“Language barrier – some [healthcare workers] do speak the language, but they don't understand the culture. They translate to the best of their abilities, but sometimes this is not enough. Some [patients] do not adhere to the medication regimen because it was not explained in easy terms.”

“Diversity amongst leadership is a definite challenge tied directly to the negative outcomes we see in our community. We are led by a big group of white people that have old money and they are not very open to change, change of color or sexual orientation or the ability to open any doors for anyone that doesn't look like them.”

COMMUNITY MISTRUST

When asked about the challenges in accessing healthcare, community members and stakeholders identified mistrust as one of the biggest barriers, especially among undocumented and farming communities. The need for building relationships with community members through culturally competent care was expressed, given that individuals often feel dismissed and unheard when voicing their health concerns.

“It becomes difficult when you work with the community to make them feel like they’re

*“Health care providers know that [community members] **don't trust them** – people used to believe what doctors said and now after COVID, people just don't have trust and it's demoralizing.”*

valued. And of course, the trust – if I can't get to you down the street or you aren't providing good quality care to me, why would I trust you and go back?”

“Working in the preschool I see a lot of young parents that don't like to talk to us because they are scared. Building relationships with them [parents] is essential.”

“People are not comfortable coming in to seek services. Word of mouth is huge – once you get one member of the community and there is no negative consequence then others will come in. We have started leaving multiple business cards when we visit a client so that they can share within their network.”

“As a young parent, the doctors see you as a young parent and act like you don't know what you're talking about. They watch them for 15 minutes and act like they know what's wrong or not wrong. You try to advocate, and they still don't listen.”

“Finding doctors who care is a problem. Doctors who will listen to you. Some will try to put fear into you – ‘You're going to die.’ They try to exaggerate.”

“People should not be worried about being locked up if they need help; they should have peace of mind when seeking services.”

*“A lot of undocumented people don't want to come forward because they are **scared** that their immigration status will be a deterrent.”*

LACK OF AWARENESS/ RESOURCE NAVIGATION

Community members as well as stakeholders indicated the lack of ease in navigating and accessing health care services in the community, often getting stuck in phone trees, and facing the challenge of complex applications. Community members and stakeholders expressed the need for streamlined services as well as additional resources to aid vulnerable communities in accessing services.

“We have gone to the farming community, and it is still a struggle for them to participate

“Getting people linked to services is hard – it can get frustrating for people very quickly, dealing with all the different agencies. The resources are there, but you have to be pretty savvy/knowledgeable to navigate.

because the healthcare system is so complex to navigate. Nobody ever answers the phone and if patients don't go in person to ask, they would never find out.”

“Just accessing care in this community is difficult. When I am trying to help a client access care, just getting through the line with an FQHC

is impossible. I can't imagine a family of four waiting while they need to change their baby's diaper or cook their meals and then being told the next appointment is in four months. That's not acceptable.”

*“The only way to get to the community is **door to door.**”*

“A lot of our community members have lower literacy levels, and a lot of these applications are not easy to read. We need to think about how simple we are making these processes for our target groups.”

“When I call, I just get the same message played over and over again. The options are so long – is it the same option, is it even the same number?”

“We encourage people to self-service but if the questions are too hard then they do not want to do it. We need to simplify these applications and put them in simpler terms.”

“Some patients don't advocate for themselves if they are not able to articulate; this happens a lot with our community members that do not have the education or are not comfortable, and there are emergency room stories where they went to the doctor's and go home and die because no one is listening to them.”



Behavioral Health

LACK OF SERVICES/ AWARENESS

Community members and stakeholders alike voiced the need for an expansion of behavioral healthcare services across all age groups to meet the swiftly growing needs of the community post-COVID in a timely and culturally competent manner.

“Our clinic has some licensed therapists ... when

*“When I think about the needs of health care – do we have all specialty care? No. Do we have all the beds? No. But you get something. **With mental health it’s nothing.**”*

residents experience a mental health crisis their only option is the emergency room and we do not have any inpatient psych beds.”

“Parents are constantly asking for mental health services [for their children], but there is a long wait time. In the meantime, the parents are still struggling, the student is still struggling. Services are just not offered in a timely manner.”

“With mental health care even calling my insurance for a specialist is difficult, hardly any of the information is up to date – trying to hunt down services is hard.”

“We are seeing an increase in need across the board in age range, the mental health and substance use disorder needs of county residents is increasing. It is challenging because while it’s a good thing that there’s less stigma and more access to behavioral services, it’s hard to build up capacity as quickly as the need is increasing.”

CULTURAL STIGMA

Latino and Hispanic residents in Kern County expressed the deep-rooted cultural stigma as a major barrier to accessing mental health services. They also shared the need for culturally competent and prevention programs that would aid in bridging this gap.

“There are a lot more people dealing with mental illness whether they know it or not, but they are reluctant to seek help because of the cultural stigma, ‘we do not want to ask for help.’”

“I don’t feel dismissed. I know that I am dismissed. When we seek services, we are often dismissed and the last thing someone that is

*“There is a lot of shame in our communities, a lot of people still think **‘What if I go and they just tell me that I am crazy?’**”*

looking for mental services needs is all the barriers they face.”



Child and Youth Development

Many Kern County residents with children rely heavily on friends, family, and neighbors for childcare needs, voicing the need for expanded quality affordable childcare services. Current services are limited and not widely available throughout the county. Families and youth further voiced their desire for a wider breadth of recreational and educational opportunities that would foster safe spaces for child and adolescent development.

*“A lot of people come to this [Head Start] program from far away because they can't find the service nearby. I am thankful for this program, but I just **wish there was something closer.**”*

“A lot of the older generation do not seek help for physical and mental health. Mental health even more. Machismo is very prominent still and that idea, it's very prominent in our culture”

*“It would be good to have more recreational activities where you can get out in the community and hang out with those who like the same things as you. If you go out now, you might run into somebody and get into trouble and **that's why I just stay home.**”*

“It is more affordable for me not to work and care for my four kids than give half my paycheck to childcare services.”

“TK is the only thing offered here; we are trying to shift to meet a growing need of childcare services.”

“Childcare costs have risen about 5%-15% over the past four years or so. People are trying to keep up with increases. Head Start caters to the lowest income population – there are others.

“We would love to see a recreational center for kids with play areas and activities aside from what the school offers.”



Food Insecurity

Despite being a large agricultural community, residents of Kern County cited food insecurity as a pressing challenge due to rising cost of groceries, unequal distribution of resources, limited affordable food options and lack of culturally preferred and quality options in local food banks and pantries.

*“It's such an incredible challenge that I can't wrap my mind around because Kern County is one of the highest agriculture-producing counties in the nation and Bakersfield is one of the **hungriest** food deserts in the nation.”*

“Everything is too expensive. A McDonald's breakfast should not be cheaper than making a healthy breakfast for my family.”

“Food banks give you expired and unhealthy foods. I gave the beef to my dog, and he threw it up; I was afraid he was going to die.”

“There are grocery stores all over the place, but we should have farmers' markets – not only in the nice areas. “

“This is the reality, people are working multiple jobs and a side hustle so there is just not enough time to do everything, so how do you balance it out, when do you have time to cook meals for your family?”

“Ironically being the biggest provider of food, you would think we have food, but we don't. We have a robust food bank system, but it is underutilized.”



Housing and Homelessness

Rapidly increasing housing costs and rental market prices post-COVID have posed new affordability challenges for residents and senior citizens looking to downsize, worsening the homelessness crisis in Kern County.

“With the remote boom, the rental market got worse and prices out our lower socioeconomic community. Rent has significantly increased while the wages have not left a limited inventory for first-time home buyers.”

“Prices of new developments will be very difficult for first-time home buyers, folks coming from the north and Los Angeles will outprice a lot of locals.”

“There are area parks that I cannot take a stroll with my kids because of the amount of homeless people.”

“We need more affordable housing, we used to be affordable. A one-bedroom is \$1,200, which is outrageous up here [in Frazier Park].”

“The county was one of the most affordable in the state. Now with mortgage rates higher, the population that was on the border of homelessness is now experiencing it.”

“I know for our community, housing is a really big problem, and it affects a lot of people because if they don’t have secure housing or their housing isn’t safe, it leads to a lot of health problems. Right now, it’s very hard to find something affordable in Arvin; people are farm workers, and they don’t make a lot and it’s families with four or more. And you’ll see people renting out a garage or one room for the family. And that leads to financial stress and other health problems.”



INCOME THRESHOLD

Focus group respondents voiced their challenges with qualifying for subsidized programs due to limiting income thresholds that often leave working class families devoid of critically necessary resources.

“We need to raise the income limit thresholds. Our community members are still living

paycheck to paycheck; you are making too much but still struggling.”

“We make too much but it is not enough to live or qualify for the resources we need.”

“How is it okay to just raise minimum wage and nothing else?”

“The income requirement is a challenge. The people that are working are right at the cusps. I get WIC by \$14, and I could go get a second job that would benefit my family but then I don't qualify for Medical or WIC, so what is the point of working? I just don't work to not cross that threshold.”



Substance Use

Throughout the county, the community expressed a deep concern for the large percentage of individuals living with substance use disorders and co-occurring mental health conditions. Several residents, including parents, youth, and health care workers, expressed a pressing need for the expansion of resources to meet the growing needs of this population.

“Meth, fentanyl, and heroin. Meth is cheap, and we are a poor community, and it is easy to get. Fentanyl is the buzz word of the year; everyone is worried about it.”

“I just had a conversation with my five-year-old about fentanyl because it’s in the news. That is a problem.”

“A lot of systems put into place are enabling. I have an older brother who has been on drugs since he was 13. He came down here and here he gets his drug legally – how is that helping him? They are not giving him a solution.”

*“We see lots of substance use and [there is] nowhere to send them. Unless they have a PPO there is nowhere to send them. **If we do not catch them in that small window of time that they are seeking care, we may lose them forever.**”*

“Some doctors give out meds too easily. There is a pill for everything. I got Xanax at age 13.”

“The issue has gotten worse! Since the jails are so overcrowded, they are not arresting the big crime. They are very open with their use in public since it’s just a ticket.”

“Fentanyl is the new drug. It has gotten more popular and it’s the new street drug. We have lost a lot more youth to these street drugs.”

“The older homeless people have their issues, then it boils over to the youth. These kids do some crazy things because that’s all they ever see.”

“We are seeing dramatic increases in fentanyl as a newer drug. It is exponentially increasing at a faster rate in comparison to others.”



TRANSPORTATION

Throughout focus group discussions and stakeholder interviews, Kern County residents consistently cited the lack of transportation as a prominent barrier to accessing a wide range of resources in the community including health care and childcare. The lack of transportation is further worsened by the lack of reliable and safe public transportation as well as increasing gas prices. Due to the vastness of the county's remote communities, locations farther from Bakersfield are most vulnerable to transportation challenges.

“Transportation is a significant barrier. When you look at families that don't have a car, it's not just that they have access to a bus but what else they have going on in their lives. You have a single mom with multiple kids in tow and a stroller – using a bus is not possible for them, so it makes some of the available sources not usable for them.”

“Lack of transportation is an issue. The vast majority of clients don't own a vehicle. Kern Health System offers some transport services – this is limited to medical appointments and services [specific criteria].”

“In California City, the only transportation is cars, everything is so far away. There are grocery stores but in a place like Lost Hills there's one. So, in those areas that are more rural and further out, there are limited grocery stores.”

“The ones that can travel will, but a lot of our elderly community members do not have access [to transportation] or the funds, and then you just get what you get.”

Needs Prioritization

Building consensus among local leadership was essential in prioritizing the needs identified throughout the Community Health Assessment. The needs prioritization process provided Kern County Public Health an opportunity to review key findings and categorize which identified needs fall within its scope of work to address, as well as to assess levels of resources available to meet needs, among other considerations.

The prioritization process consisted of two steps:

1

First, an online survey was open for approximately one week to allow each Leadership Group participant to answer the following question about each of the 25 identified needs: *"How great is the need for additional focus..."* This tool was used to gauge the level of focus necessary to impact the issue in the community. Participants were permitted to provide comments supporting their selection.

No more needed	More needed	Much more needed	NA
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

The second step was the collaborative prioritization session. The Leadership Group participated in a virtual needs prioritization session to review the 25 needs identified through the Community Health Assessment process.

2

Each need was evaluated using the following scales:

Locus of Control:

- 1 = Lead
- 3 = Collaboration or Partnership
- 5 = Support or Advocate

Timeline:

- 1 = "Impact within Year 1"
- 3 = "Impact in Year 2 or Year 3"
- 5 = "Impact would be long-term, 3+ years"

The table below indicates the ‘score’ of each need ranked by the Leadership Group through the survey and collaborative prioritization session.

Exhibit 112: Identified Needs as Scored by CHA Leadership Group

Need	Survey	Collaborative Session	
	Average ‘Need for More Focus’ Score (scale of 1 to 7)	Locus of Control (scale of 1 to 5)	Timeline (scale of 1 to 5)
More primary and specialty health and behavioral health care providers, particularly in outlying areas of the county.	6.3	3	4
Counseling services for children/youth and adults for mental health issues such as depression, anxiety, and others	6.3	4	3
Expanded provider availability to meet the needs of working families that are unable to access services during regular (weekday) business hours.	6.1	4	4
Expansion of STI prevention and testing efforts to mitigate county-level trends in incidence of STIs like syphilis	5.8	1	1
Substance use prevention programs, particularly for methamphetamines and fentanyl	5.6	3	1
Culturally competent mental health programs that aim to reduce stigma and to promote awareness of early signs of mental illness	5.6	3	1
Affordable, high-quality child care options across the county, including for working families who do not meet eligibility criteria for Head Start	5.5	5	4
Outreach to raise public awareness of available health and behavioral health services and resources, specifically to populations encountering obstacles related to factors such as language, culture, and/or immigration status	5.4	1	1
More safe public recreational spaces for children and adults, including enhancement of existing spaces through maintenance of public bathrooms and water fountains, particularly in underserved areas, such as farmworker communities	5.3	4.5	2
Access to local substance use treatment services, including inpatient care	5.3	5	4
Crisis or emergency care programs for behavioral health issues	5.1	3.5	1
Efforts to streamline health and behavioral health care services to increase accessibility and ease navigation	5.1	3	1
Appropriate use of services across the continuum of community health and behavioral health care resources in order to reduce use of acute care facilities for non-emergent care.	5.1	3	1

Bold = Consensus high-priority need based on Leadership Group discussion

Need	Survey	Collaborative Session	
	Average 'Need for More Focus' Score (scale of 1 to 7)	Locus of Control (scale of 1 to 5)	Timeline (scale of 1 to 5)
Equitable access to prenatal care, including expanded availability of ultrasounds	5.0	3	3
Expanded transportation services across the county, such as for residents of outlying communities and for populations like older adults who require additional assistance	5.0	4	2
Access to safe, affordable housing, particularly for those at risk for housing instability, including individuals and families with low incomes, multigenerational households, and seniors	5.0	4	5
Promotion of community safety and crime reduction, including gang activity	5.0	5	5
Efforts to address chronic health issues stemming from poor regional air quality, including asthma and other heart and lung conditions	4.9	2	1
Affordable dental care services for individuals regardless of insurance status, including support for those paying out-of-pocket	4.6	2	2
Resources to address hunger and food insecurity, including support for food pantries and other sources of emergency food	4.6	3	1
Diabetes education and prevention programs	4.3	NS	NS
Services and resources for older adults seeking to age in place, from in-home care and support to assisted living or memory care resources.	4.1	5	3
Culturally competent public health prevention programs and resources, such as for farming families and non-English-speaking communities across the county	4.0	2.5	3
Social services (shelter, outreach, etc.) for people experiencing homelessness	3.9	3	3
Equitable access to quality education and job training, including augmented educational support and career guidance resources to assist first-generation students	3.3	5	4

Bold = Consensus high-priority need based on Leadership Group discussion

NS = Not scored by Leadership Group; need chosen to be merged with another prioritized need

Needs not selected as consensus high-priority by the Leadership Group were frequently identified as being more directly under the scope of work of another County department and/or associated with a long-term time frame for anticipated impact.

Following scoring of the identified needs, the Leadership Group approved the following set of high priority needs by consensus:

Exhibit 113: High-Priority Identified Needs and Categories

CATEGORY OF NEED	SPECIFIC IDENTIFIED NEEDS
Expanded chronic disease and communicable disease prevention and surveillance efforts	Expansion of STI prevention and testing efforts to mitigate county-level trends in incidence of STIs like syphilis
	Efforts to prevent and address chronic health conditions such as diabetes, asthma, and heart disease
Enhanced behavioral health programs and services for children/youth and adults	Counseling services for children/youth and adults for mental health issues such as depression, anxiety, and others
	Crisis or emergency care programs for behavioral health issues
	Substance use prevention programs, particularly for methamphetamines and fentanyl
	Culturally competent mental health programs that aim to reduce stigma and to promote awareness of early signs of mental illness
	More primary and specialty health and behavioral health care providers, particularly in outlying areas of the county.
Improved access to care through increased capacity and enhanced navigation support	Efforts to streamline health and behavioral health care services to increase accessibility and ease navigation
	Appropriate use of services across the continuum of community health and behavioral health care resources in order to reduce use of acute care facilities for non-emergent care.
	Affordable dental care services and navigation support for individuals regardless of insurance status, including support for those paying out-of-pocket
Promotion of equitable access to health and behavioral health services and resources	Outreach to raise public awareness of available health and behavioral health services and resources, specifically to populations encountering obstacles related to factors such as language, culture, and/or immigration status
	Culturally competent public health prevention programs and resources, such as for farming families and non-English-speaking communities across the county
	Equitable access to prenatal care, including expanded availability of ultrasounds, to close the maternity care disparity for Black and Native American persons
Better support to assist community members to meet basic needs	More safe public recreational spaces for children and adults, including enhancement of existing spaces through maintenance of public bathrooms and water fountains, particularly in underserved areas, such as farmworker communities
	Expanded transportation services across the county, such as for residents of outlying communities and for populations like older adults who require additional assistance
	Resources to address hunger and food insecurity, including support for food pantries and other sources of emergency food

Appendices

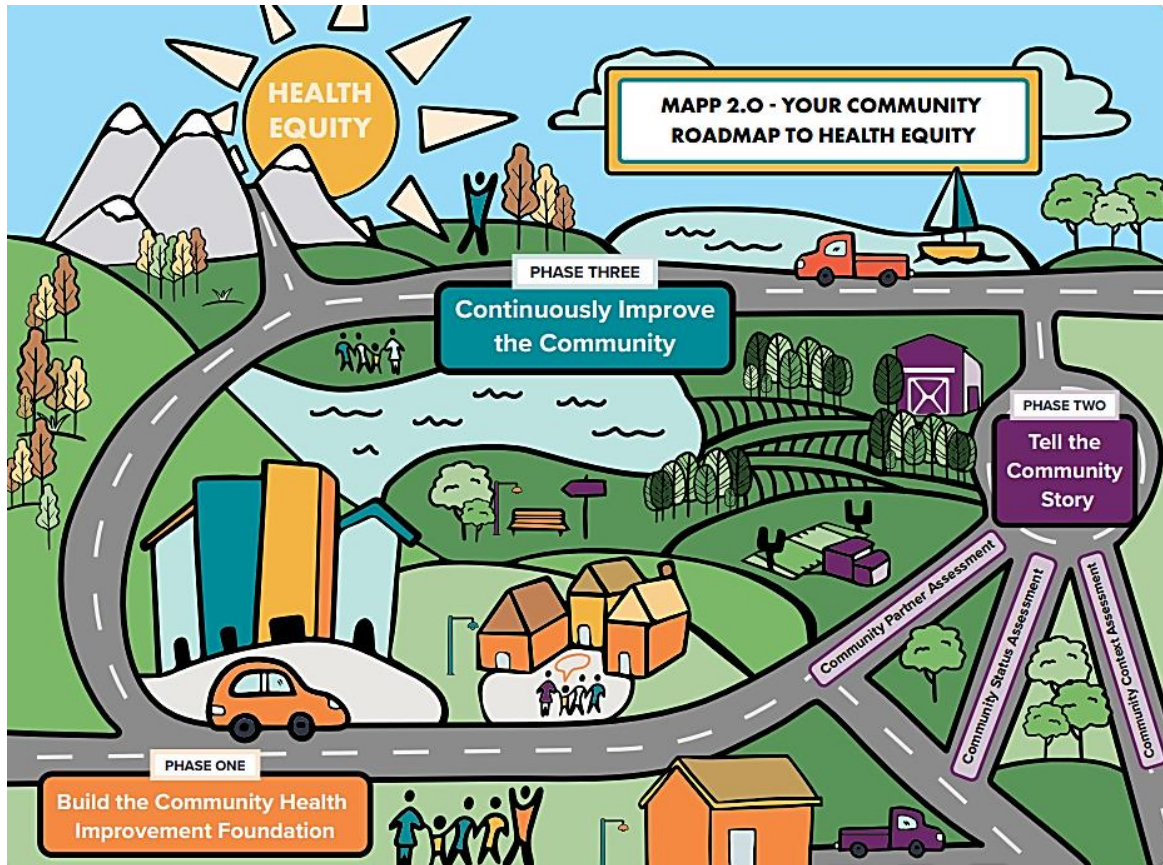
Appendix A: MAPP 2.0 Framework

Mobilizing for Action through Planning and Partnerships (MAPP) was developed by the National Association of County and City Health Officials (NACCHO) in 2001 and is one of the most widely used and reputable community health improvement frameworks in the field. It is a community-driven strategic planning process that helps communities assess their public health needs and resources, prioritize health issues, and develop strategies to improve the health and well-being of their populations through a shared community health improvement plan.

Read the Introduction to MAPP 2.0:

<https://www.naccho.org/uploads/card-images/public-health-infrastructure-and-systems/MAPP-2.0-Launch-V3.pdf>

Exhibit 114: MAPP 2.0 Framework Graphic



Source: Mobilizing for Action through Planning and Partnerships 2.0 Handbook

Appendix B: KCPH Resource Directory



KCPH Resource Directory

This resource directory is meant to support Public Health staff by providing information on resources available in the community in one central location. The work will be driven by staff utilization as we hope to hear from you if anything should be added, deleted, or changed.

To submit requests to change, add or delete information please complete the survey using the following link:

<https://forms.office.com/g/Bjnu6vWSD8>

Our Health Education Team will be reviewing the feedback and making changes as needed.

Category	Program/Services	Description	Link
Assistance Programs	California CalWORKs (TANF)	Welfare program that gives cash aid and services to eligible needy California families. Must meet eligibility requirements to qualify for services.	https://benefitscal.com/ApplyForBenefits/begin/ABOVR?lang=en
Assistance Programs	CAPK - Utility Assistance Programs	Program offers assistance in paying electricity, gas, and propane bills. Must meet program requirements to qualify. Can call to make an appointment to determine eligibility.	Utility Assistance – CAPK Energy Program – Free Utility Assistance and Energy Efficiency for Kern County Residents
Assistance Programs	PG&E - CARE or FERA Program	Programs offers assistance in obtaining discounts on gas and electric rates. Must meet eligibility requirements.	CARE and FERA enrollment (pge.com)
Assistance Programs	REACH Program - PG&E	Relief for Energy Assistance through Community Help (REACH) assists in paying for energy during a crisis. REACH is available once within a 12-month period and the customer must qualify for the program.	Relief for Energy Assistance Through Community Help – REACH (pge.com)
Behavioral Health Services	Bakersfield Behavioral Healthcare Hospital	Inpatient and outpatient services for children, adolescents, and adults needing behavioral health services. Services include but are not limited to medication management, individual counseling, holistic therapies, and community referrals.	Child, Adolescent, and Adult Inpatient Services In Bakersfield, CA Bakersfield Behavioral Healthcare Hospital



Behavioral Health Services	Behavioral Health & Recovery Services	Provides a combination of treatment and support services to a person with substance abuse issues and mental illness.	Kern Behavioral Health & Recovery Services (kernbhhs.org)
Behavioral Health Services	Clinica Sierra Vista	Provides counseling & behavioral services for adults and children. Services may include but are not limited to: individual and group counseling, rehabilitation and recovery services, family counseling, psychiatric services, medication management and psychiatric services.	Health Care Services in Kern & Fresno Counties Clinica Sierra Vista
Behavioral Health Services	Crisis Hotline	Warmline for mental health/substance use concerns, safe outlet to vent with a trained counselor.	KCMH Crisis Services (kernbhhs.org)
Behavioral Health Services	Crisis Text Line	Free text line for any crisis, available 24/7.	Crisis Text Line Text HOME To 741741 free, 24/7 Crisis Counseling
Behavioral Health Services	Henrietta Weill Memorial Child Guidance Clinic & Adult Behavioral Health	Provides mental health and substance abuse services and the resources necessary to promote wellness and recovery for Kern County children, adults and families. Services include: individual, family and group therapy, case management, parent education, and parent support groups.	Henrietta Weill Memorial Child Guidance Clinic & Adult Behavioral Health (hwmcgc.org)
Behavioral Health Services	National Suicide Prevention Lifeline (988 Suicide & Crisis Lifeline)	The Lifeline provides 24/7, free and confidential support for people in distress, prevention and crisis resources for you or your loved ones, and best practices for professionals in the United States.	Lifeline (988lifeline.org)
Behavioral Health Services	Veterans Crisis Line	24/7 crisis support for Veterans and their loved ones. You do not have to be enrolled in VA benefits or health care to connect.	Home (veteranscrisisline.net)
Child Care	Blanton Child Development Center	Childcare facility offering services for students and families attending Kern County Superintendent of Schools Alternative Education School sites. Parenting	https://kern.org/early-childhood-education/our-



		teens must be between 14 and 19 years of age and children must be between 6 weeks to 36 months old.	centers/blanton-child-development-center/
Child Care	CAPK Migrant Childcare Alternative Payment (MCAP) Program	Provides childcare services to migrant agriculturally working families in Kern. Families are admitted in accordance with family income. Can call office or visit their website.	https://www.capk.org/programs/migrant-ap-child-care/
Child Care	Community Connection for Childcare	Agency dedicated to providing options, education, and support to children, families, child development professionals and the community.	https://kern.org/cccc/for-parents/
Child Care	Head Start Early Childhood Education	CAPK Head Start is a comprehensive child development program for low-income families and children with disabilities.	https://www.capk.org/head-start-programs/
Children Safety	California Highway Patrol	Provides law enforcement services on California freeways. Free infant car seat installation. Call for more information.	https://www.chp.ca.gov/Programs-Services/Programs/Child-Safety-Seats
Children Safety	California Youth Crisis Hotline	Text or Call service available 24 hours a day, 7 days a week to support youth (ages 12-24) and families in crisis. Professionally trained staff and volunteer counselors are available to provide crisis intervention counseling and resource referrals to service providers in the caller's local community.	CA Youth Crisis Line CA Coalition for Youth (calyouth.org)
Children Safety	Car seat and Booster seat safety	Information on car seat safety for infants and children.	Car Seat & Booster Seat Safety, Ratings, Guidelines NHTSA
Children Safety	Child Protective Services	Provides Emergency Response with 24-hour response system designed to receive, investigate, and evaluate reports of child abuse and neglect. In emergency situation, an immediate, in person response is made by a	Child Protective Services Kern County, CA - Department of Human Services (kcdhs.org)



		social worker in accordance with department regulations. Non-emergency situations are responded to within 10 days.	
Children Safety	Domestic Violence Reduction Project	Provides legal assistance to protect children, prenatal to five, from further exposure to domestic violence, child abuse and or neglect.	https://www.gbla.org/services/children-families/
Children Safety	Jamison Children's Center	A 24-hour Temporary Shelter Care Facility, operated by the Human Services Department of Kern County. The center temporarily houses children who are taken into protective custody by law enforcement agencies or social workers.	Jamison Children's Center Kern County, CA - Department of Human Services (kcdhs.org)
Children Safety	Safe Home, Safe Baby	Program focused on providing the community with educational information and resources to assist parents in providing a Safe Home for their infants. Classes are provided in English and Spanish.	Safe Home, Safe Baby Medical Services in Kern County, CA (kernmedical.com)
Community Resources	211 Hotline	Program that provides comprehensive information and referral services that link Kern County residents to community health and human services and support.	Home - 211 Kern County
Community Resources	Arvin Family Resource Center	The resource center provides local resource referrals, assistance with Cal Fresh and Medical Applications, school readiness, and social security application assistance.	https://www.arvinschools.com/family-resource-center
Community Resources	Bakersfield American Indian Health Project (BAIHP)	A Public Health Case Management and Referral Program that focuses on improving the access and utilization of quality health care services for the Urban American Indian population of Bakersfield, California.	Our Services - Bakersfield American Indian Health Project (bakersfieldaihp.org)
Community Resources	Buttonwillow Community Resource Center	The resource center provides services including Emergency Food/Clothing, school supplies, school readiness, health care services, and local resource referrals.	https://www.buttonwillow.k12.ca.us/



Community Resources	Cityserve	Kern County HUB sorts and distributes food and merchandise to church PODs throughout Kern County. Individuals can be referred for services using their resource referral form.	https://www.buttonwillow.k12.ca.us/
Community Resources	Delano Community Connection Center	The resource center provides services including nurturing parenting classes, food distributions, HEAP Assistance referrals, car seat distribution with Delano PD and school readiness.	Community Connection Center / Home (duesd.org)
Resources	East Kern Family Resource Center	The resource center provides outreach, case management and supportive services to the community. Services include emergency food/clothing, court mandated parenting classes, HEAP and VITA assistance, and school readiness.	https://www.capk.org/east-kern-family-resource-center/
Community Resources	Greenfield Family Resource Center	The resource center provides services including Families Enrichment and Nutrition classes; referrals for food, utility assistance and health insurance; Immunization clinic, medical enrollment, and health screenings.	https://www.gfusd.net/apps/pages/index.jsp?uREC_ID=444495&type=d&pREC_ID=958499
Community Resources	Kern County Network For Children Dream Center	The Dream Center is Kern County's one-stop resource center for current and former foster youth up to the age of 25. Services include but are not limited to counseling, assistance with accessing housing, transportation, food, medical care, and hygiene items, assistance with obtaining employment and assistance with applying for and accessing CalFresh & Medi-Cal benefits.	https://kern.org/kcnc/dream-center/
Community Resources	Kern River Valley Family Resource Center	The resource center provides services including Early Child Home Visiting Program (0-5), CAPK Nutrition Programs, Nurturing Parenting Class, Loving Solutions, Parent Project and 211/HEAP.	KERNVILLE UNION SCHOOL DISTRICT (kernvilleusd.org)
Community Resources	Kern Rx Return	Safe medication disposal projects that provide free receptacles for unused, unwanted, expired prescriptions and over the counter medications.	Disposal Sites Kern Rx Return



Community Resources	Lamont Weedpatch Family Resource Center	The resource center provides services including court mandated parenting classes and parent project classes. It serves as a one stop for resources and referrals.	https://www.lwfrc.org/
Community Resources	Lost Hills Family Resource Center	The resource center provides services including school readiness, parenting classes, car seat safety, kits for new parents, nutrition and wellness information and local resource referrals.	Lost Hills Union School District Home
Community Resources	McFarland Family Resource Center	The resource center provides services including case management, parent education classes, center-based activities, utility assistance and emergency food baskets.	MCFARLAND UNIFIED SCHOOL DISTRICT (mcfarlandusd.com)
Community Resources	Mountain Communities Family Resource Center	The resource center provides services including rent and utility assistance, food pantry, parenting classes and bus passes.	https://mcfrc.com/
Community Resources	Oasis Family Resource Center	The resource center services include emergency food and hygienic necessities, school readiness, case management services, HEAP and VITA assistance, and local resource referrals.	https://www.capk.org/oasis/
Community Resources	Shafter Healthy Start Family Resource Center	The resource center provides services including school readiness, medical representative, unemployment representative.	https://search.kinshipcareca.org/v2-detail/?idServiceAtLocation=211sofcali-70363602&location=&user=
Community Resources		The resource center services include case management for families of 0-5 children, car seat education and installation, nurturing parenting classes, and local resource referrals.	Southeast Neighborhood Partnership Family Resource Center Clinica Sierra Vista



Community Resources	West Side Outreach & Learning Center	The resource center services include family success coaching, preschool program, parent education classes, case management for families of 0-5 children and local resource referrals.	https://wsrpdonline.myrec.com/info/dept/details.aspx?DeptInfoID=1054
Community Resources	North of the River Parks and Recreation District	North of the River Recreation and Park District plans, organizes and conducts a wide variety of park and recreation programs within the designated NOR boundaries. Available to preschools through senior citizens.	North of the River Recreation and Park District (norfun.org)
Dental Health	Clinica Sierra Vista - Dental Centers	Provide urgent need for primary dental care among vulnerable and low-income patients and accept Denti-Cal, private insurance, most HMO plans, including Covered California, and cash. A sliding-fee scale is used to determine rates for the uninsured.	Affordable Dental Services & Mobile Dental Units Clinica Sierra Vista
Dental Health	Kern County Children's Dental Health Network (KCCDHN)	The program is intended to address a need, identified from the community. They offer comprehensive dental services to children (2-5 years of age) at pre and elementary school sites throughout Kern County to increase access to dental care.	About Us Children's Dental Network Kern County Superintendent of Schools - Office of Mary C. Barlow
Dental Health	Smile California	Medi-Cal Dental provides free or low-cost dental services to eligible children and adults. This site has more information on the benefits and importance of oral health care.	Smile California Medi-Cal Dental Program
Education	After school program- Boys and Girls Clubs	Program works with school hours accommodations, non-school hours enrichment opportunities, offers life skill programs that challenge children.	After School Program BGCKC (bgclubsofkerncounty.org)
Education	Friendship House - After School Program	After school program for community youth provides homework assistance, academic activities, a community garden, and basketball. Daily meals and snacks provided. Program registration required, can be completed at site or online.	Programs & Activities - CAPK



Education	Migrant Education-Region V	Provides services to districts and families to ensure that migrant students succeed in basic curriculum.	Migrant Education - Region V Kern County Superintendent of Schools - Office of Mary C. Barlow
Environmental Health	Governor's Office of Business and Economic Development	Website to assist individuals in finding appropriate permit information for their business.	CalGold Home Page
Environmental Health	Kern County Environmental Health	Information on permitting and compliance in different industries including food, water, land, waste, and consumer protection.	Kern County Public Health Department (kernpublichealth.com)
Environmental Health	Kern County Environmental Health-Hazardous Materials	Provides basic information necessary for use by first responders in order to protect public health, safety, and the environment from a release or threatened release of a hazardous material/waste.	Hazardous Materials Business Plan/California Environmental Reporting System (CERS)
Environmental Health	Bakersfield Code Enforcement	Code enforcement takes property maintenance, housing, zoning, and junk and/or abandoned vehicles complaints about properties that are within the City on private property.	Code Enforcement Bakersfield, CA - Official Website (bakersfieldcity.us)
Environmental Health	Kern County Code Compliance	Code Compliance works in partnership people of Kern County to promote health and welfare and maintain community standards and corrects violations that threaten public health and safety	Public Works Bakersfield CA- Kern County Code Compliance
Food Services	CAPK Food Bank	Program distributes food throughout Kern County. For information on locations, dates and times, please call 211 or 1-800-273-2275.	Food Bank - CAPK
Food Services	Catholic Charities	Food pantry for families experiencing difficult economic times. Begin serving clients at 8AM until 3:45PM Monday-Friday (closed for lunch from 12PM-1PM daily).	Food Pantry - Catholic Charities (ccdof.org)



		Clients are eligible for food pantry visits every 30 days. Must meet eligibility criteria. Also offer assistance with Cal-Fresh application for program enrollment.	
Food Services	Senior Food Program	Provides low-income seniors with 30-pound box of healthy food items each month.	Senior Food Program - CAPK
Food Services	Senior Sack - Golden Empire Gleaners	Seniors whose annual income is \$15,000 or below must register at a site in their local area. Golden Empire Gleaners delivers food to each site twice a month to be distributed to register seniors. Each "Senior Sack" offers 10-12 items including fresh fruits and vegetables, bread, boxed staples and canned food.	PROGRAMS My Site (goldenempiregleaners.com)
Food Services	Villagers Inc.	Food pantry available for families weekly, on a referral need basis. Food is provided to the community every 2nd Friday of the month.	https://www.guidestar.org/profile/61-1906205
Food Services	Meals on Wheels	Home-delivered meals are available to persons 60 years or older who are homebound (by reason of illness, incapacitation, disability or isolation) and unable to leave their homes to participate in the congregate meals.	Meals on Wheels
Food, Clothing, & Shelter	Salvation Army - Bakersfield, CA Corps Community Center	Offer several services including emergency financial assistance, food and nutrition programs, emergency shelter, casework services, senior citizens clubs, and character-building programs.	Bakersfield Corps (salvationarmy.org)
Food, Clothing, & Shelter	St. Vincent de Paul Bakersfield	Charitable organization that offers free meals, hygiene kits, clothing, snack packs, referrals, showers, and even a safe place to spend the day. The homeless center is open Monday through Saturday from 8AM-2:30PM.	https://svdpbakersfield.org/get-help/
Food, Clothing, & Shelter	The Open Door Network	Homeless and Victim Shelter that provides housing services and supportive services to homeless and at-risk families. Support services included childcare, job	Shelter – The Open Door Network (opendoorhelps.org)



		development program, trauma informed case management, and therapy and counseling.	
Food, Clothing, & Shelter	The Mission at Kern County	Offers several services including free meals, shelter, education, and clothing.	https://themissionkc.org/
Health Education	CalFresh Healthy Living	Organization provides nutrition education, physical activity education, and leadership towards healthy community initiatives.	Home CalFresh Healthy Living
Health Education	Diabetes Management - Kern Family Health Care	Program provides education on diabetes and how to keep it under control. Additional information covered includes healthy shopping, physical activity, caring for your feed, and when to see your doctor.	Education programs Kern Family Health Care
Health Education	Healthy Eating and Active Lifestyle Classes - Kern Family Health Care	Classes provide education on nutrition and weight management. Additional information provided on shopping, cooking and eating healthy, being active without joining a gym, reading food labels, and making healthier choices at restaurants. Classes are offered in English and Spanish.	Education programs Kern Family Health Care
Health Insurance	California Mortgage Relief Program	Offers financial assistance to get caught up on past-due mortgages or property taxes to help homeowners who have a mortgage, a reverse mortgage, or who are mortgage-free.	California Mortgage Relief Program United Way of Kern County (uwkern.org)
Health Insurance	Community Health Initiative of Kern County	Certified Enrollment Counselors are available to help complete the application process for Medi-Cal, Covered CA, and Medicare.	HOME - (coveredkerncounty.org)
Health Insurance	Health Insurance Assistance Program - Clinica Sierra Vista	Enrollment and case management to make sure uninsured families successfully apply to available health insurance.	Health Insurance Assistance Program - Clinica Sierra Vista



Health Insurance	Healthcare Enrollment Assistance/Navigators	CBOs who can help with health coverage needs: Catholic Charities Diocese of Fresno, Garden Pathways, and Kern County Superintendent of Schools. More information can be found on page 21 and 22 of the link.	https://www.dhcs.ca.gov/services/medicaid/eligibility/Documents/SB154-Subcontractor-and-Local-CBO-Assistance.pdf
Health Insurance	Healthcare Enrollment Assistance - Omni Family Health	Enrollment Specialists help with renewing health plans, enrolling, and applying for any other programs.	Healthcare Enrollment Assistance - Omni Family Health – Official Site
Housing Services	Flood Ministries	Street outreach team finds and assess unsheltered individuals, Housing navigation connects individuals to a housing plan, and case management keeps them on track for staying in their home	Flood (floodbako.com)
Housing Services	Bakersfield Kern Regional Homeless Collaborative	Nonprofit organization that works to reduce the impacts of homelessness in Kern county. Provides housing, supportive services, prevention and outreach to the community.	Ten Year Plan To End Homelessness – Bakersfield-Kern Regional Homeless Collaborative (bkrhc.org)
Housing Services	Housing Authority of the County of Kern	The Housing Authority is an independent, local government agency providing safe, affordable housing to thousands of Kern County residents through special programs serving families, individuals, senior citizens, Veterans, the disabled, homeless persons, farm workers, and emancipated foster youth.	Housing Authority of the County of Kern Creating brighter futures...one home, one family at a time (kernha.org)
Legal Services	California Rural Legal Assistance	Nonprofit law firm serving low-income residents of California's rural areas and small cities. Office visits require an appointment.	Programs California Rural Legal Assistance, LLC (crla.org)
Legal Services	Greater Bakersfield Legal Assistance (GBLA)	GBLA is located in Bakersfield, CA and offers free legal services in civil matters to eligible low-income persons residing withing service areas in Kern County.	Need Legal Help? - GBLA. Greater Bakersfield Legal Assistance, Inc

Legal Services	Kern County Law Library	The library provides the legal community and residents of Kern County with access to legal information services. Staff may provide procedural information but is not permitted to give legal advice. Appointments preferred but not necessary. Individuals are encouraged to review services through the Kern County Self-Help Center to determine if there is a better match for the subject of their research.	Bakersfield Law Library Kern County Law Library (kclawlib.org)
Legal Services	Kern County Self-Help Center	Self-Help Center and Family Law Facilitator staff and volunteers may be able to assist with procedural information and instruction completing forms. Services are available by appointment.	Self Help Superior Court of California County of Kern
LGBT Resources	LGBT National Help Center	Organization provides free and confidential peer-support, information, and local resources through national hotlines and online programs.	HOME Lgbthelpcenter (lgbthotline.org)
LGBT Resources	PFLAG Resources	Organization dedicated to supporting, educating and advocating for LGBTQ+ people and their families. Call for additional information.	Get Support - PFLAG
LGBT Resources	The Center for Sexuality & Gender Diversity	Organization acting as an access hub providing safe, supportive spaces and services to LGBTQIA2S+ community and allies. Programs and services offered include support groups for different identities, community building activities, counseling, and cultural competency training.	The Center for Sexuality and Gender Diversity - The Center Home (thecenterbak.org)
LGBT Resources	The Source LGBT+ Center	Organization focused on creating spaces where LGBTQ+ people can cultivate community. Services offered include LGBTQ+ Youth resources, transgender resource, HIV resources, mental health resources, and community training. Contact the organization for more information.	Home (thesourcelgbt.org)
LGBT Resources	The Trevor Project	Crisis counselors available 24/7, 365 days a year from anywhere in the U.S.	We're here for you Now The Trevor Project



Medical Services	Children's Mobile Immunization Program	Free vaccination for children 0-5 years, free for qualifying 6-18 years, No appointment or registration necessary, free hemoglobin tests for children and expecting/postpartum mothers.	Children's Mobile Immunization Program (CMIP) Adventist Health
Medical Services	Clinica Sierra Vista	Offers comprehensive health care through walk-in clinics, women's health centers, dental offices, and behavioral health centers. Provides a sliding fee scale policy to uninsured patients.	Health Care Services in Kern & Fresno Counties Clinica Sierra Vista
Medical Services	Disabilities Pathpoint Services	Assists individuals with developmental disabilities with strengthening workplace abilities, building life skills, and developing meaningful relationships.	Kern County Disability Services PathPoint
Medical Services	Emergency Medical Services (EMS) - Services and Certification	EMS includes the system of services organized to provide rapid response to serious medical emergencies, including immediate medical care and patient transport to definitive care in an appropriate hospital setting.	EMS Services and Certification - Kern County Public Health (kernpublichealth.com)
Medical Services	Kern Regional Center	Nonprofit regional centers contracted by the state to coordinate community-based services and support for individuals with developmental disabilities and their families. Must go through a registration assessment and evaluation to determine eligibility for center services.	Kern Regional Center Kern Regional Center (kernrc.org)
Medical Services	Mobile Health Program	Mobile clinic in collaboration with Adventist Health clinics in Delano, Bakersfield, and Tehachapi which provides services such as Family medicine, Blood Work, Pediatric Care, etc.	Children's Mobile Immunization Program (CMIP) Adventist Health
Medical Services	Omni Family Health Care	Health centers offering comprehensive medical, dental, behavioral health, and pharmacy services. Provides a sliding fee scale policy to uninsured patients.	Services & Programs - Omni Family Health – Official Site
Medical Services	Planned Parenthood -	Health center that offers services including but not limited to: abortion services, birth control, emergency contraception, HIV services, men's health services,	Birth Control, STD Testing & Abortion - Bakersfield, CA (plannedparenthood.org)



	Bakersfield Health Center	pregnancy testing and services, and STD Testing, treatment and vaccines. Services offered in-person or online. Appointments are not required but can be scheduled by visiting their website or calling their office.	
Pregnancy	Adolescent Family Life Program - Clinica Sierra Vista	Pregnant/parenting teen program for mothers and fathers. Prenatal care, family planning and adoption information. Parenting classes on infant care and child development. Case management and support services.	Expecting Teen Family Planning & Teen Pregnancy Clinica Sierra Vista
Pregnancy	Baby Cafe Bakersfield- Breastfeeding Education	Provides free in-person drop-in sessions, support groups, lactation care and intervention.	baby café Bakersfield (babycafebakersfield.org)
Pregnancy	Baby Steps Program	Offers prenatal and postpartum care follow-ups, phone calls, pregnancy & postpartum health guides.	Baby Steps program Kern Family Health Care
Pregnancy	Bakersfield Pregnancy Center	Fully licensed, primary care, free clinic providing medical and advocacy services. Medical services include pregnancy testing, ultrasounds in the first trimester, and STI testing and treatment. They also offer parenting classes, material assistance, and coaching for men and women to come alongside clients with a wrap-around service.	Bakersfield Pregnancy Center - Schedule Your Appointment (wehelpyou.org)
Pregnancy	Dignity Health - Birth and Parenting Classes	Support groups for expectant parents who will be delivering their babies or have delivered their babies at Memorial Hospital's 'Miracles on 34th Birth Center'.	Birth and Parenting Classes Bakersfield Memorial Hospital Dignity Health
Pregnancy	Kern Medical Hospital Prenatal Classes	Prenatal classes for expectant mothers provide education about pregnancy, childbirth, breastfeeding and the care of the mother and infant after delivery.	Prenatal Classes Kern Medical



Pregnancy	La Leche League International	Online information on topics to parents of breastfed children.	Breastfeeding Info - La Leche League International (llli.org)
Pregnancy	Postpartum Support International	Provides online support groups and resources for mothers, fathers, family members experiencing postpartum depression or needing extra support during and after experiencing pregnancy or a loss and much more.	Postpartum Support International - PSI
Pregnancy	The Motherhood Collective	Free lactation support group every Wednesday 10AM-11AM	https://themothhoodcollective.net/
Pregnancy	The Nest & Co.	Free lactation support group every Friday 10AM-1PM.	The Nest & Company (thenestandco.com)
Pregnancy	WIC Community Action Partnership of Kern (CAPK)	The Woman, Infants, and Children (WIC) Program is a nutrition education program that helps pregnant women, women who just had a baby, and children up to age 5 eat well, be active, and stay healthy. WIC also works with dads, grandparents, foster parents, or guardians who care for eligible children. Must apply to receive program services.	WIC - Women, Infants & Children - CAPK
Pregnancy	WIC Lactation Support - Clinica Sierra Vista	Access to lactation experts, WIC breastfeeding classes, peer counselors, resources for partners and/or support system.	Learn About WIC Programs Lactation Education Clinica Sierra Vista
Senior Services	California Department of Aging CRISIS Line	The CRISIS line is available 24 hours a day, 7 days a week, to receive complaints from residents residing in long-term care facilities.	Contact Us California Department of Aging - State of California
Senior Services	Healthy Living Program - Kern	The program helps seniors establish healthier eating habits and a more physically active lifestyle by offering in-person and online classes.	Healthy Living Program Kern County, CA



	County Aging & Adult Services		
Senior Services	In-Home Supportive Services (IHSS) - Kern County Aging & Adult Services	The program provides services to assist eligible aged or blind persons or persons with disabilities who are unable to remain safely in their own homes without assistance. Recipients must be eligible for or receiving Medi-Cal.	<u>In-Home Supportive Services (IHSS) Kern County, CA</u>
Senior Services	Kern County Adult Protective Services	Adult Protective Services provides services to protect elder and dependent adults. These services include investigation of suspected abuse or neglect, case management to those accepting assistance, tangible services such as emergency food, clothing, and assistance in finding appropriate shelter, and coordination of services through community agencies and resources.	<u>Adult Protective Services (APS) Kern County, CA</u>
Senior Services	Kern County Aging & Adult Services	Department that provides services for older adults and persons with disabilities. Services include adult protective services, senior nutrition, in-home services, and social programs.	<u>Services – Aging and Adult Services Kern County, CA</u>
Senior Services	Kern County Aging and Disability Resource Connection	The program serves as a hub for aging and disabled individuals and their families. The program assists in identifying and accessing programs and services that meet their specific needs.	<u>About KC-ADRC - Kern County Aging and Disability Resource Connection (KC-ADRC) (kerncountyardrc.org)</u>
Senior Services	Kern County Health Insurance Counseling and Advocacy Program (HICAP) - Kern	HICAP offers free counseling, education, and assistance to Medicare beneficiaries who need assistance navigating and understanding Medicare rights and benefits, supplemental plans, prescription drug coverage, understanding long-term care insurance, and appealing Medicare claim denials.	<u>Health Insurance Counseling and Advocacy Program (HICAP) Kern County, CA</u>



	County Aging & Adult Services		
Senior Services	Senior Nutrition Sites - Kern County Aging & Adult Services	Lunchtime meals are available for anyone 60 years and older at several sites. (24 prior hour reservation may be required, a donation is requested, and some sites provide free or low-cost transportation to and from the site) Visit the website for additional information.	Senior Nutrition Sites Kern County, CA
Substance Use	Aegis Treatment Center	Offers assessment to determine specific care, participation in various therapies, aftercare for long term recoveries.	Drug Addiction - Pinnacle Treatment Centers
Substance Use	Alcoholics Anonymous	Shows different times and places of AA meetings in Kern County whether it's in person, or online.	Meetings – Kern County AA
Substance Use	Bakersfield Recovery Services	Offers residential-based treatment for adult men and women struggling with alcoholism and/or addiction. The program offers proven 12-step recovery principles in non-medical, social model settings.	Home - Bakersfield Recovery Services
Substance Use	Fresh Start - Kern Family Health Care	Smoking cessation program that provides individuals with the tools needed to quit smoking. Classes are available in English and Spanish.	Education programs Kern Family Health Care
Substance Use	KCHC Outpatient Recovery Services	Offers both English and Spanish information on awareness of their addiction other disorders, education, in both group and individual settings	Kern County Hispanic Commission on Alcohol and Drug Abuse – KCHC (abuseservices.org)
Substance Use	Kick It California	Free tobacco cessation program. Individuals can speak to a Quit Coach via phone or chat.	Kick It California - Our Program
Substance Use	Naloxone Distribution Program - Behavioral Health &	The Naloxone Distribution Program is based on the train-the-trainer model. The Program offers training to organizations and the public on warning signs of opioid overdose, how to administer Naloxone, and best practices in relation to engaging active substance users.	https://www.kernbhrs.org/narcan



	Recovery Services		
Substance Use	STEPS	Nonprofit organization provides the DUI program, Minor Alcohol and Drug education programs that help individuals with their DUI process and with getting their driver's license back.	STEPS, Kern County DUI School, DUIP, DDPSTEPS, Kern County DUI School, DUIP, DDP (steps-inc.com)
Substance Use	Substance Use Disorder Treatment Gateway Team	24-hour substance use disorder access line, individual needs will be assessed and connections to those resources will be made accordingly.	https://www.kernbhrs.org/copy-of-gateway
Support Groups	9889 Suicide & Crisis Lifeline	Lifeline Chat and Text is a service of the 988 Suicide & Crisis Lifeline (formerly known as the National Suicide Prevention Lifeline), connecting individuals with crisis counselors for emotional support and other services via web chat or SMS texting. Lifeline Chat and Text is available 24/7 across the U.S. and certain territories.	https://988lifeline.org/chat/
Support Groups	College Community Services/Hope Center	The Hope Center is open Monday-Friday from 8AM-5PM. Peer specialists available to meet with clients to discuss needs and link to services. 24-hour crisis line 1-877-300-4738.	College Community Services/Hope Center Community Organizations Counseling Human Resource Services - — Ridgecrest Chamber
Support Groups	Dream Center Bakersfield	Recovery program that aims to support individuals by offering free resources and services that address immediate and long-term needs in the areas of poverty, addiction, abuse, as well as kids and youth mentorship.	https://dreamcenterbakersfield.com/our-mission
Support Groups	H.E.A.R.T.S. Connection	Family resource center focuses on enhancing the quality of life for people with special needs. Services offered include support and mentor programs, support groups, parent training, and sibling activities.	H.E.A.R.T.S. Connection (heartsrc.org)



Support Groups	Kern County Family Justice Center	Organization supporting victims of domestic violence and their children. Services include: advocacy, case management, restraining orders, counseling, legal assistance, Cal/Works and Cash Aid, law enforcement and prosecution, immigration assistance, safety planning and child support services.	Family Justice Center Kern County, CA
Support Groups	Kern County Narcotics Anonymous	Support group for recovering addicts. Visit website or call for meeting information.	KERN COUNTY NARCOTICS ANONYMOUS - What is the Narcotics Anonymous Program? KCNA.ORG
Support Groups	NAMI (National Alliance on Mental Illness) Kern County	Services include support groups, education classes and helpline services. Support groups require registration, visit their website for additional information.	Home NAMI Kern County
Support Groups	Open Door Network	Organization offers emergency and transitional shelter support as well as counseling. The two campuses welcome any survivor of domestic violence, sexual assault or human trafficking.	Therapy – The Open Door Network (opendoorhelps.org)
Tax Agencies	California Franchise Tax Board	Assistance and information to help taxpayers file tax returns time, accurately, and pay correct amount to fund services important to Californians.	Franchise Tax Board Homepage FTB.ca.gov
Tax Agencies	IRS	Assistance and information to help individuals understand and meet their tax responsibilities.	About IRS Internal Revenue Service
Tax Agencies	Taxpayer Advocate Service	Organization that offers assistance for individuals and businesses.	Home - Taxpayer Advocate Service (TAS) - Taxpayer Advocate Service (irs.gov)
Tax Agencies	Volunteer Income Tax Assistance (VITA)	Free income tax assistance program.	Appointment – Kern VITA



Transportation	Amtrak Railway	Provides rail transportation to and from destination.	Amtrak Tickets, Schedules and Train Routes
Transportation	CommuteKern	Provides a carpool, vanpool, transit program.	Commute Kern Transportation Guidance
Transportation	GET bus On-Demand Paratransit	Service is eligible for riders who have a disability that prevents them from making some or all of their trips on fixed-route buses. Must apply for program and determination of eligibility is done within 21 days.	Home - Golden Empire Transit District (getbus.org)
Transportation	Greyhound Bus Lines	Provides commercial short and long-range bus transportation services throughout the United States.	https://www.greyhound.com/en-us/bus-station-890219
Transportation	Kern511	Provides real-time traffic conditions, including traffic accidents, construction information, travel times and transit information.	Kern511
Transportation	GET bus On-Demand Reduced Fare	Reduced Fare as a low-cost subsidized transportation program for seniors over 60 who meet income requirements. Transportation provided for doctor appointments, grocery shopping, senior activities and other essential trips. Must apply for eligibility.	GET Bus on Demand Reduced Fare

Appendix C: Supplementary Secondary Research

HOUSEHOLD INCOME

Exhibit 115: Annual Household Income Category, by Race/Ethnicity

	Annual Household Income	Kern County	California	United States
American Indian and Alaska Native	Under \$25,000	25.6%	18.8%	26.8%
	\$25,000 to \$49,999	23.9%	18.7%	23.0%
	\$50,000 to \$74,999	12.0%	17.7%	17.7%
	\$75,000 to \$99,999	9.1%	13.2%	11.9%
	\$100,000 to 124,999	10.7%	10.1%	7.6%
	\$125,000 to 149,999	9.9%	6.9%	4.6%
	\$150,000 to 199,999	4.6%	7.7%	4.6%
	\$200,000 or More	4.3%	6.8%	3.7%
Asian	Under \$25,000	13.5%	13.4%	13.3%
	\$25,000 to \$49,999	17.6%	11.3%	13.0%
	\$50,000 to \$74,999	14.5%	11.3%	12.8%
	\$75,000 to \$99,999	13.4%	10.3%	11.5%
	\$100,000 to 124,999	7.3%	9.8%	10.2%
	\$125,000 to 149,999	10.6%	8.3%	8.1%
	\$150,000 to 199,999	9.6%	12.4%	11.6%
	\$200,000 or More	13.6%	23.1%	19.4%
Black or African American	Under \$25,000	35.0%	24.7%	28.4%
	\$25,000 to \$49,999	21.5%	19.2%	24.4%
	\$50,000 to \$74,999	14.0%	15.8%	17.0%
	\$75,000 to \$99,999	9.8%	11.8%	10.8%
	\$100,000 to 124,999	6.7%	8.4%	6.9%
	\$125,000 to 149,999	5.1%	5.9%	4.3%
	\$150,000 to 199,999	3.4%	6.7%	4.4%
	\$200,000 or More	4.6%	7.6%	3.7%
Native Hawaiian and Other Pacific Islander	Under \$25,000	27.1%	15.3%	16.0%
	\$25,000 to \$49,999	11.6%	14.0%	19.9%
	\$50,000 to \$74,999	7.4%	14.2%	16.4%
	\$75,000 to \$99,999	32.6%	12.8%	13.6%
	\$100,000 to 124,999	9.0%	12.6%	10.6%
	\$125,000 to 149,999	2.3%	10.1%	7.0%
	\$150,000 to 199,999	10.0%	10.7%	9.5%
	\$200,000 or More	0.0%	10.3%	7.0%
Hispanic or Latino	Under \$25,000	21.3%	15.4%	19.3%
	\$25,000 to \$49,999	28.0%	21.2%	23.3%
	\$50,000 to \$74,999	18.8%	18.6%	18.8%
	\$75,000 to \$99,999	12.7%	14.1%	13.1%
	\$100,000 to 124,999	7.6%	9.8%	8.8%
	\$125,000 to 149,999	4.3%	6.8%	5.6%
	\$150,000 to 199,999	4.4%	7.5%	5.8%
	\$200,000 or More	2.8%	6.7%	5.2%
White, not Hispanic or Latino	Under \$25,000	19.4%	13.2%	15.2%
	\$25,000 to \$49,999	22.2%	15.5%	18.9%
	\$50,000 to \$74,999	16.8%	14.2%	16.8%
	\$75,000 to \$99,999	13.1%	12.2%	13.3%

	Annual Household Income	Kern County	California	United States
	\$100,000 to 124,999	9.1%	10.1%	10.1%
	\$125,000 to 149,999	5.8%	7.8%	7.2%
	\$150,000 to 199,999	7.2%	10.4%	8.4%
	\$200,000 or More	6.3%	16.4%	10.2%
Other Race	Under \$25,000	20.9%	16%	20.1%
	\$25,000 to \$49,999	27.0%	22.6%	24.7%
	\$50,000 to \$74,999	19.2%	19.6%	19.6%
	\$75,000 to \$99,999	12.8%	14.3%	13.1%
	\$100,000 to 124,999	8.3%	9.7%	8.4%
	\$125,000 to 149,999	4.8%	6.3%	5.1%
	\$150,000 to 199,999	4.5%	6.7%	5.1%
	\$200,000 or More	2.5%	4.9%	4.0%
Two or More Race	Under \$25,000	21.6%	14.3%	18.5%
	\$25,000 to \$49,999	25.4%	16.4%	20.4%
	\$50,000 to \$74,999	18.3%	16.4%	17.5%
	\$75,000 to \$99,999	12.8%	13.2%	12.8%
	\$100,000 to 124,999	7.6%	10.3%	9.3%
	\$125,000 to 149,999	5.3%	7.6%	6.4%
	\$150,000 to 199,999	6.0%	9.7%	7.3%
	\$200,000 or More	3.1%	12.1%	7.9%

Source: U.S. Census Bureau. American Community Survey Five-Year Estimates, 2017-2021

NUTRITION MEASURES

Exhibit 116: Nutrition Measures – Fruit & Vegetable Consumption

	California	United States
Fruit Consumption		
One or more times per day	63.8%	59.2%
Less than one time per day	36.2%	40.8%
Vegetable Consumption		
One or more times per day	77.5%	80.3%
Less than one time per day	22.5%	19.7%

Source: CDC Behavioral Risk Factor Surveillance System (BRFSS), 2021

IMMUNIZATIONS

Exhibit 117: Immunization Coverage

	California	United States
Adults aged 65+ who have had a flu shot within the past year	64.0%	68.6%
Adults aged 65+ who have ever had a pneumonia vaccination	65.4%	71.0%
Tetanus Shot		
Tdap	42.5%	29.8%
Yes, not Tdap	4.3%	7.8%
Unsure the type	30.2%	34.1%
No	23.0%	27.3%
Shingler or Zoster vaccines	31.1%	28.9%

Source: CDC Behavioral Risk Factor Surveillance System (BRFSS), 2021

Appendix D: Stakeholder Interview Guide



STAKEHOLDER INTERVIEW GUIDE

Good morning [or afternoon]. My name is [Interviewer Name] from Crescendo Consulting Group. We are working with Kern County to conduct a community health assessment.

The purpose of this conversation is to learn more about the strengths and resources in the community as well as collect your insights regarding health care-related needs, ways that people seek services, service gaps, and ways to better meet the needs of the community.

We are also very interested to hear your insights about equal access to health care services and the challenges or advantages that specific populations experience. We will describe our discussion in a written report; however, individual names will not be used. **Please consider what you say in our conversation to be confidential.**

Do you have any questions for me before we start?

INTRODUCTION

Please tell me a little about yourself and the ways that you like to interact with the community where you live [where appropriate, "... and the populations your organization (or you) serves."].

1. When you think of the good things about living/working in this community, what are the first things that come to mind? *[PROBE: things to do, parks or other outdoor recreational activities, a strong sense of family, cultural diversity]*
2. Generally, what are some of the challenges to living here?
3. What would you say are the two or three most urgent health care-related needs in your community? *[PROBE: obesity, diabetes, depression]*

PUBLIC HEALTH AND PREVENTION

4. What types of public health prevention programs are you aware of in your community (e.g., drug and alcohol, smoking cessation, HIV/aids/STI, diabetes, etc.)?
5. Does the community view the local health department as a trusted source of information? Why or why not?
 - a. Which services do you use? What challenges have you faced in accessing services?

SOCIAL DETERMINANTS OF HEALTH

6. How difficult is it to find safe and affordable housing in your community? Name some of the greatest challenges.
7. Describe the job market in the area before the pandemic and currently. *[PROBES: Generally, are "good" jobs here, and can people get them? Is it easy to find a full-time job with good pay, benefits, and retirement?]*
 - a. What challenges with filling positions and employee retention are you aware of?
 - b. If people mention community education classes - what are some ideas/suggestions to increase attendance?
8. What is going well and what are some challenges with regards to K-12 education? What is going well? What are some challenges with serving families?
 - a. What resources are you aware of that schools provide to families? What is missing? *[PROBE: Student guidance through dedicated staff, clear pathways to college, etc.]*
9. Do you feel there is good access to broadband and high-speed internet in the region? What are some of the challenges to not having good, reliable internet?
10. To what degree is there a need for additional services to help people experiencing homelessness?
11. Does everyone typically have reliable transportation to work, the grocery store, doctors, school? If not, are there services in the community that help those without a vehicle?
12. How easy is it for families to find affordable and safe childcare in the area? What are some of the challenges or barriers?

HEALTH CARE SYSTEM

13. To what degree are community members or families struggling with finding and accessing quality health care? [*PROBE: Are there certain types of care that are more difficult to find? How do community members utilize urgent care facilities?*]
 - a. Quality primary care and/or specialty care availability (Services for adults, children & adolescents).
 - b. What specialty care services are available or missing?
14. Is maternal care for expectant mothers accessible in your community? Other OB/GYN services?
 - a. What barriers and facilitators exist to accessing prenatal or maternal health services?
15. What are some of the health care challenges and benefits that older adults may experience in your community? (*PROBE: hospice, end-of-life care, specialists, etc.*).
16. Do people have access to affordable prescription medications and a local place to pick them up?
17. How accessible/affordable are dental health services?
18. What types of prevention programs are available in your community (e.g., drug and alcohol, smoking cessation, HIV/AIDS/STI, diabetes, etc.)?
19. How do you think COVID-19 has impacted how people take care of themselves and how people interact with the health care system or doctors and other providers? [*PROBE: such as for screenings or routine services, vaccine perceptions, virtual health care, mental health, or others?*]
 - a. How, if at all, has COVID-19 affected the trust of health care providers or systems and the public health system?
20. What would improve access to or utilization of services, medications, and programs?

BEHAVIORAL HEALTH

21. When community members need help in a mental health crisis, who do they tend to turn to for assistance (health care-related, community services, or otherwise)? [*PROBE: Homelessness, substance use, mental health/behavioral health, and wrap around services*]
 - a. What about in a substance use crisis? What substances do you see or hear about in the community?
 - b. Are there existing early intervention programs for local youth that may be experimenting or initiating substance use?
 - c. Are there supports in place to help with treatment? [*Probe: AA/NA meetings*]
 - d. What is or is not working?
 - e. Is there a stigma around seeking treatment for mental health and/or substance use disorders?

NEIGHBORHOOD & PHYSICAL ENVIRONMENT

22. How would you describe access to healthful, affordable food? What are some features or services that are working well? Where are the service gaps? What communities face unique

challenges? What are these unique challenges, if any? [*PROBE: community safety, parks, built environment, neighborhood watch, community gardens, etc.*]

23. Does everyone typically have reliable transportation to work or go to the grocery store, doctors, or school? If not, are there services in the community that help those experiencing barriers/without a vehicle?

ENHANCING OUTREACH AND DISSEMINATING INFORMATION

24. To what degree is health literacy a community advantage or challenge? How do you think health organizations can improve the health literacy of the community?
25. How do community members generally learn about access to and availability of services in the area (e.g., online directory; social media; word of mouth)? What tends to work the best?
26. What do you think are some challenges to spreading awareness and understanding of the availability of services and ways to access them? What might help overcome the challenges?
27. What types of activities would best reach those more vulnerable groups in the community (People experiencing homelessness, people living with disabilities, or other diverse or hard-to-reach populations)? What resources are you aware of that are already helping those populations?

MAGIC WAND

(time-permitting) If you had a magic wand and could personally solve one issue in your community, what would it be?

Appendix E: Focus Group Discussion Moderator's Guide



FOCUS GROUP MODERATOR'S GUIDE

Good morning [or afternoon]. My name is [Moderator's Name] from Crescendo Consulting Group [if two moderators, both introduce themselves]. We are working with Kern County to conduct a community health assessment.

The purpose of this discussion is to learn more about the strengths and resources in the community as well as collect your insights regarding healthcare-related needs, ways that people seek services, service gaps, and ways to better meet the needs of the community. We are also very interested to hear your insights into equal access to healthcare services and the challenges or advantages that specific populations experience.

Kern County Public Health brought a consultant to work closely with communities and learn how they can do better. This is a safe space to share your challenges and guide how the county can be better. If there is a word that is too technical or difficult to understand, we can pause to describe what it means.

Today's discussion will include questions from a few broad categories and will last approximately 60 (or 90) minutes [depending on planned length]. While we will take notes and use some quotes from this discussion in a written report, individual names or identifying information will not be used. Please consider what you say in this room today to be confidential.

Does anyone have any questions before we begin?

INTRODUCTION

Please tell me a little about yourself and the ways that you like to interact with the community where you live [where appropriate, "... and the populations your organization (or you) serves."].

1. When you think of the good things about living/working in this community, what are the first things that come to mind? *PROBE: Local events; Parks/outdoor activities; Strong sense of family; Cultural diversity*
2. What would you say are the two or three most urgent health care-related needs in your community? *PROBE: Current needs and future needs; Root causes; Vulnerable populations*

SOCIAL DETERMINANTS OF HEALTH

3. How difficult is it to find safe and affordable housing in your community? Name some of the greatest challenges.
4. Describe the job market in the area before the pandemic and currently.
 - I. Is it easy to find a full-time job with good pay, benefits, and retirement?
 - II. What challenges with filling positions and employee retention are you aware of?
 - III. If people mention community education classes - what are some ideas/suggestions to increase attendance?
5. What is going well and what are some challenges with regards to K-12 education? What is going well? What are some challenges with serving families?
 - I. What resources are you aware of that schools provide to families?
 - II. What is missing?
6. Do you feel there is good access to broadband and high-speed internet in the region? What are some of the challenges to not having good, reliable internet?
7. To what degree is there a need for additional services to help people experiencing homelessness/housing insecurity?
8. Does everyone typically have reliable transportation to work, the grocery store, doctors, school? If not, are there services in the community that help those without a vehicle?
9. How easy is it for families to find affordable and safe childcare in the area? What are some of the challenges or barriers?

HEALTH CARE SYSTEM

10. What types of public health prevention programs are you aware of in your community? *PROBE: Substance use prevention; Smoking/vaping cessation; HIV/AIDS/STIs; Chronic diseases*
11. Does the community view the local health department as a trusted source of information? Why or why not?
 - I. Which (public health) services do you use?
 - II. What challenges have you faced in accessing (public health) services?
12. To what degree are community members or families struggling with finding and accessing quality health care?
 - I. Types of care that are more difficult to find
 - II. Utilization of urgent care facilities
 - III. Quality primary care and/or specialty care availability for adults, children & adolescents
13. What specialty care services are available or missing?
14. Is maternal care for expectant mothers accessible in your community? Other OB/GYN services?
 - I. What barriers and facilitators exist to accessing prenatal or maternal health services?
15. What are some of the healthcare challenges and benefits that older adults may experience in your community? *PROBE: Hospice; End-of-life care; Specialists*
16. Do people have access to affordable prescription medications and a local place to pick them up?
17. How accessible/affordable are dental health services?
18. How do you think COVID-19 has impacted how people take care of themselves and how people interact with the healthcare system or doctors and other providers? *PROBE: Preventative screenings or routine service; Vaccine perceptions; Virtual health care/telehealth; Mental health*
19. How, if at all, has COVID-19 affected the trust of health care providers or systems and the public health system?
20. What would improve access to or utilization of services, medications, and programs?

BEHAVIORAL HEALTH

21. When community members need help in a mental health crisis, who do they tend to turn to for assistance (healthcare-related, community services, or otherwise)? *PROBE: Homelessness; Substance use; Mental health/behavioral health; Wrap-around services*
22. What substances do you see or hear about in the community?
 - I. Are there existing early intervention programs for local youth who may be experimenting with or initiating substance use?
 - II. Are there supports in place to help with treatment such as AA/NA meetings?
23. Is there a stigma around seeking treatment for mental health and/or substance use disorders?

NEIGHBORHOOD & PHYSICAL ENVIRONMENT

24. How would you describe access to healthful, affordable food?
 - I. What are some features or services that are working well?
 - II. Where are the service gaps? What communities face unique challenges?
 - III. What are these unique challenges, if any?
25. Does everyone typically have reliable transportation to work or go to the grocery store, doctors, or school?
 - I. If not, are there services in the community that help those experiencing barriers/without a vehicle?

ENHANCING OUTREACH & DISSEMINATING INFORMATION

26. How do you think health organizations can improve the health literacy of the community?
27. How do community members generally learn about access to and availability of services in the area (e.g., online directory; social media; word of mouth)?
28. What do you think are some challenges to spreading awareness and understanding of the availability of services and ways to access them?
 - I. What might help overcome the challenges?
29. What types of activities would best reach those more vulnerable groups in the community? *PROBE: People experiencing homelessness; People living with disabilities; Other diverse or hard-to-reach populations*
 - I. What resources are you aware of that are already helping these populations?

WRAP-UP QUESTION

(Time-permitting) If you had a magic wish and could personally solve one issue in your community, what would you wish for?

Appendix F: Community Survey Instrument



Kern County Community Health Assessment (CHA) Community Survey

Kern County Public Health has started a Community Health Assessment to learn about things going well and things that can be done better to support community health. Your thoughts will help them learn about health needs, ways to seek services, services that may not be easy for you to get, and any issues you face in seeking health so that they can better meet the needs of you and the community.

If you would like the chance to be entered into a drawing for one of four (4) \$50 gift cards, please provide your contact information at the end of the survey. Your survey responses and contact information are kept separately.

If you have any questions about the survey, please contact our research partner, Crescendo Consulting Group at kkoegel@crescendocg.com.

Your responses are confidential.

1. What is your zip code? _____

2. What city do you live in?

- | | |
|--|---|
| <input type="checkbox"/> Arvin | <input type="checkbox"/> Maricopa |
| <input type="checkbox"/> Bakersfield | <input type="checkbox"/> McFarland |
| <input type="checkbox"/> Bodfish | <input type="checkbox"/> McKittrick |
| <input type="checkbox"/> Boron | <input type="checkbox"/> Mojave |
| <input type="checkbox"/> Buttonwillow | <input type="checkbox"/> Onyx |
| <input type="checkbox"/> Caliente | <input type="checkbox"/> Pine Mountain Club |
| <input type="checkbox"/> California City | <input type="checkbox"/> Randsburg |
| <input type="checkbox"/> Cantil | <input type="checkbox"/> Red Mountain |
| <input type="checkbox"/> Delano | <input type="checkbox"/> Ridgecrest |
| <input type="checkbox"/> Edison | <input type="checkbox"/> Rosamond |
| <input type="checkbox"/> Edwards | <input type="checkbox"/> Shafter |
| <input type="checkbox"/> Fellows | <input type="checkbox"/> Taft |
| <input type="checkbox"/> Frazier Park | <input type="checkbox"/> Tehachapi |
| <input type="checkbox"/> Glennville | <input type="checkbox"/> Tupman |
| <input type="checkbox"/> Inyokern | <input type="checkbox"/> Wasco |
| <input type="checkbox"/> Johannesburg | <input type="checkbox"/> Weldon |
| <input type="checkbox"/> Keene | <input type="checkbox"/> Wofford Heights |
| <input type="checkbox"/> Kernville | <input type="checkbox"/> Woody |
| <input type="checkbox"/> Lake Isabella | <input type="checkbox"/> Unincorporated Kern County |
| <input type="checkbox"/> Lamont | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Lebec | |
| <input type="checkbox"/> Lost Hills | |

ACCESS TO HEALTH CARE

3. Do you have a family doctor or a place where you go for routine care?

- Yes, family doctor, family health center, or clinic
 - Yes, emergency room
 - Yes, walk-in urgent care
 - No
 - Other (please specify):
-

4. In the **past year**, has there been one or more occasions when you needed medical **or** mental health care but chose **NOT** to get it?

- Yes
- No

5. If yes, what prevented you from accessing health care or mental health services when you needed it? (Check all that apply)

- Lack of health insurance
 - Lack of money / ability to pay
 - Did not feel comfortable with available providers
 - Providers did not speak my language
 - Providers do not understand my culture
 - Concern about my immigration status
 - Providers not knowledgeable about people with my sexual orientation or gender status
 - No way to get to that service (Lack of transportation - car, bus, etc.)
 - Long wait times to see a provider
 - Doctor's office is too far from my house
 - COVID-19-related restrictions
 - I don't like the providers
 - Other (please specify):
-

COMMUNITY HEALTH NEEDS

A healthy community can include a variety of things such as the availability of healthcare services (including behavioral health), social services, economic and career growth opportunities, environmental factors, lifestyle topics (such as obesity, smoking, substance abuse, and healthy living issues), and others. The next questions ask you about your opinions on programs and resources in your community.

6. On a scale of 1 (no more focus needed) to 5 (much more focus needed), which of the following community and health-related issues do you feel **need more attention for improvement**?

	No more needed (1)	(2)	Neutral (3)	(4)	Much more needed (5)	I don't know
Transportation services for people needing to go to doctor's appointments or the hospital						
Access to affordable, nutritious food						
Affordable quality childcare						
Access to quality education for youth						
Public transportation						
Access to safe, affordable housing						
Housing for individuals who have several service needs, such as behavioral health treatment, job training, etc.						
Programs that bring communities together, including those that focus on inclusion and combatting discrimination						
Access to clean, public places to play and exercise						
Healthcare services for people experiencing homelessness						
Social services (shelter, outreach, etc.) for people experiencing homelessness						
Access to quality education and job training						
Livable wage job opportunities						
Activities for youth (such as a public pool, roller skating rink, bowling alley)						
Primary care services (such as a family doctor or other provider of routine care)						
Emergency care and trauma services						

	No more needed (1)	(2)	Neutral (3)	(4)	Much more needed (5)	I don't know
Long-term care for seniors						
Dementia care for seniors						
Healthcare services for seniors						
Affordable healthcare services for individuals or families with low-income						
Affordable prescription drugs						
Services to help people learn about programs that provide financial support for people needing healthcare						
Services to help people enroll in programs that provide financial support for people needing healthcare						
Counseling services for adults for mental health issues such as depression, anxiety, and others						
Counseling services for youth/children for mental health issues such as depression, anxiety, and others						
Support services for children with developmental disabilities						
Support services for adults with developmental disabilities						
Drug and other substance use education						
Drug and other substance use prevention						
Drug and other substance use early intervention services						
Drug and other substance use treatment services						
Programs to help drug and other substance use disorder patients in recovery stay healthy						
Crisis or emergency care <u>programs</u> for mental health issues						
Crisis or emergency care <u>services</u> for medical issues						
Coordination of patient care between health service providers						
Special care (for example, caseworkers or navigators) for people with chronic diseases						

	No more needed (1)	(2)	Neutral (3)	(4)	Much more needed (5)	I don't know
such as diabetes, cancer, asthma, and others.						
Programs for diabetes prevention, awareness, and care						
Programs for heart or cardiovascular health						
Programs for obesity prevention, awareness, and care						
Programs for smoking cessation (including vaping)						
Programs to help supply and protect environmental resources (such as access to clean air and water)						
Programs to support health during environmental changes						
Women's health services						
Prenatal care						
Reproductive health services						
Services to help reduce teen pregnancy						
Education to help reduce teen pregnancy						
Parenting classes for new parents						
HIV / AIDS education and screening						
HIV / AIDS treatment services						
Opportunities for physical fitness						

7. Thinking about Community Health, please rate each statement below on a scale of 1 (strongly disagree) to 5 (strongly agree).

	Strongly Disagree (1)	Disagree (2)	Neither Agree nor Disagree (3)	Agree (4)	Strongly Agree (5)	I don't know
My community works together to improve its health						
My community has the resources to improve its health						
My community works together to make positive change for health						
I know my neighbors will help me stay healthy						

MENTAL HEALTH

We are interested in understanding the mental and emotional wellness of individuals and the community as a whole. Reminder: Your responses are confidential.

8. If you were experiencing a mental health or substance use challenge, would you know where to turn for help?
- Yes
 - No
 - I'm not sure
9. Do you or your family currently have unmet mental health or substance use needs?
- Yes, I have an unmet need
 - Yes, an adult family member has an unmet need
 - Yes, a child family member has an unmet need
 - No
 - I don't know
 - I prefer not to answer
10. Over the course of the past three years, have you or someone you know experienced any of the following mental health challenges? (Please select all that apply)
- Depression
 - Anxiety
 - Loneliness or Isolation
 - Stress
 - Grief
 - Other (please specify): _____

CHALLENGES

11. The past several years have been a challenge for all of us. Currently, are you having any challenges with the following?

	I struggle with this issue daily	This is a common challenge for me	I frequently struggle with this issue but generally manage fairly well	I occasionally struggle but am generally doing well in this area of my life	I'm doing well in this area of my life
Regular living activities such as getting to school or work on time, grocery shopping, or doing other common tasks					
Performing well at school or work					
Managing major life issues such as relationship challenges, relocating, new job or change of school, loss of a loved one, or a sudden change in health					
Enjoying leisure activities such as hiking, dancing, or attending a social event					
Getting along well with friends					
Getting along well with family members					
Getting along with people at work					
Getting along with people in the community					
Feeling lonely					
Establishing and maintaining trusted relationships					

12. What are three to five other challenges in the community that you can think of that you think are important for us to know about?
13. If you had a magic wand and could change one thing to make your community a better place, what would it be?

SOCIAL CONNECTEDNESS

This section will help us understand social connectedness or the feeling that you belong to a group and generally feel close to other people.

14. Do you belong to any of the following in the community?
- Church, temple, or religious group
 - Social organization (such as Kiwanis/Rotary, Masonic organizations, etc.)
 - Neighborhood association or club
 - Volunteer group
 - Recreational or sports club or team
 - School, university, technical training, or adult education
 - Professional or trade organizations
 - Youth-focused organizations or groups (such as Cub Scouts, Girl Scouts, PTA, Gay Straight Alliance, etc.)
 - Social media group
 - Other (Please specify)

15. People sometimes look to others for companionship, assistance, or other types of support. How often is each of the following kinds of support available to you if you need it?

	None of the time	A little of the time	Some of the time	Most of the time	All of the time
Someone you can count on to listen to you when you need to talk					
Someone to give you information to help you understand a situation					
Someone to confide in or talk to about yourself or your problems					
Someone to turn to for suggestions about how to deal with a personal problem					
Someone to help you if you were confined to bed					
Someone to take you to the doctor if you need it					
Someone to help with daily chores if you were sick					
Someone who hugs you					
Someone to love					

Someone to make you feel wanted					
Someone to get together with for relaxation					
Someone to do something enjoyable with					

SEXUAL HEALTH

This next section asks questions on sexual health services you have accessed in the past two years, such as prenatal care, postpartum care, birth control, testing, and education.

16. Have you, or someone close to you, had any challenges accessing any of the following care in your community?
- Prenatal care (with a medical provider or doula)
 - Postpartum care (with a medical provider or doula)
 - Abortion
 - Birth control (pills, hysterectomy, vasectomy)
 - STI testing and/or treatment
 - Fertility treatments
 - Menopause support and education
 - Sexual violence and/or rape support
 - Other (Please specify): _____
 - None
 -

A LITTLE BIT ABOUT YOU

17. To which gender identity do you most identify?
- Female
 - Male
 - Transgender Female
 - Transgender Male
 - Gender Non-Binary
 - My gender identity is not listed (please specify): _____
 - I prefer not to answer
18. What is your sexual orientation?
- Heterosexual
 - Gay/Lesbian
 - Bisexual/Pansexual
 - My sexual orientation is not listed (please specify): _____
 - I prefer not to answer
19. Are you of Hispanic, Latino, or other Spanish origin?
- Yes
 - No
 - I prefer not to answer
20. What is your race? [Check all that apply]
- White or Caucasian

- Black or African American
- Asian
- Native American or Alaska Native
- Native Hawaiian or other Pacific Islander
- Another race (please specify): _____
- I prefer not to answer

21. How do you self-identify your race/ethnicity? _____

22. Which of the following ranges best describes your total annual household income in the past year?

- | | |
|--|---|
| <input type="checkbox"/> None | <input type="checkbox"/> \$55,000 - \$64,999 |
| <input type="checkbox"/> Under \$15,000 | <input type="checkbox"/> \$65,000 - \$74,999 |
| <input type="checkbox"/> \$15,000 – \$24,999 | <input type="checkbox"/> \$75,000 - \$99,999 |
| <input type="checkbox"/> \$25,000 - \$34,999 | <input type="checkbox"/> \$100,000 and above |
| <input type="checkbox"/> \$35,000 – \$44,999 | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> \$45,000 - \$54,999 | <input type="checkbox"/> I prefer not to answer |

23. What is your age?

- | | |
|---|---|
| <input type="checkbox"/> Less than 18 years old | <input type="checkbox"/> 55 – 64 |
| <input type="checkbox"/> 18 – 24 | <input type="checkbox"/> 65 – 74 |
| <input type="checkbox"/> 25 – 34 | <input type="checkbox"/> More than 75 years old |
| <input type="checkbox"/> 35 – 44 | <input type="checkbox"/> I prefer not to answer |
| <input type="checkbox"/> 45 – 54 | |

24. Do you have any of the following disabilities / abilities?

- A sensory impairment (vision or hearing)
- A learning disability (i.e., ADHD, dyslexia)
- A mobility impairment
- A mental health disorder
- A long-term medical illness (i.e., epilepsy, cystic fibrosis)
- A temporary impairment due to illness or injury (i.e., broken ankle, surgery)
- A disability or impairment not listed
- I do not identify with a disability or impairment
- I prefer not to answer

25. What is the highest degree or level of school you have completed? (If you're currently enrolled in school, please indicate the highest degree you have received.)

- Less than a high school diploma
- High school degree or equivalent (such as GED/HiSET)
- Some college, no degree
- Associate's degree
- Bachelor's degree
- Master's degree
- Professional or doctorate (such as MD, DDS, DVM, PhD)
- I prefer not to answer

26. Do you currently live in a single-parent household?

- Yes
- No

27. Do you live in a home with three or more generations living together (such as grandparents, kids, and grandkids)?

- Yes
- No

Enter to Win

If you would like to be entered into a drawing for one of four (4) \$50 gift cards, please provide your contact information below. Your survey and contact information responses are kept separately.

Name: _____

Phone Number: _____

Email Address: _____