

Community Health Assessment

Stanislaus County Health Coalition

2025



Prepared By

crescendo | 

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Letter from Stanislaus County Health Coalition

Dear Stanislaus County Community,

The Stanislaus County Health Coalition is proud to present the Community Health Assessment. This collaborative effort reflects the voices, needs, and aspirations of the residents of Stanislaus County. This comprehensive assessment is the result of dedicated partnerships between local healthcare systems, community organizations, and county agencies, all working together to gain a deeper understanding of the health challenges and opportunities in our region.

The assessment serves as a vital tool in identifying key health disparities, social determinants, and priority areas requiring focused attention. By leveraging data, community insights, and the expertise of our coalition members, we aim to inform policies, guide resource allocation, and inspire collective action that promotes health equity.

Through this assessment, we have gained valuable insights into the factors that influence health outcomes and the prevalence of chronic disease, such as access to care, economic stability, housing, and education. The findings will serve as a foundation for the Community Health Improvement Plan, guiding the development of targeted strategies and coordinated efforts to address the most pressing health needs.

We recognize that lasting community health improvements can only be achieved through shared responsibility and sustained collaboration. The coalition remains committed to fostering strong partnerships, aligning efforts, and continuously engaging with the community to drive meaningful change.

We extend our sincere gratitude to all the individuals, organizations, and stakeholders who contributed their time, knowledge, and experiences to this assessment. Your participation and dedication are essential to building a healthier, more equitable Stanislaus County.

Together, we will continue working to create a community where all residents can thrive.

In partnership,

The Stanislaus County Health Coalition

About Stanislaus County Health Coalition

The Stanislaus County Health Coalition (SCHC) is a collaborative alliance of local healthcare systems, community partners, and Stanislaus County agencies working together to improve community health through shared leadership and resource alignment. In the fall of 2021, SCHC began with representatives from healthcare systems and public health, later expanding to include health plans, local government, and other stakeholders. The coalition coordinates community health assessments and improvement planning, aligning efforts with existing initiatives to maximize impact.

SCHC drives priority-focused task forces that bring together organizations addressing similar health needs, ensuring streamlined efforts and efficient use of resources. The coalition also conducts ongoing evaluations to measure the effectiveness of its strategies and improve future efforts.

By fostering collaboration and expanding partnerships, SCHC catalyzes sustainable, community-driven health improvements across Stanislaus County.

About the Funders

The CHA was made possible through the support of Health Net, Health Plan of San Joaquin, Kaiser Permanente, the Stanislaus County Health Services Agency, Sutter Health Memorial Medical Center, United Way of Stanislaus County, and Valley Children's Healthcare. Together, these funders demonstrate a shared commitment to improving the health of Stanislaus County residents.

Health Net

Health Net, one of California's most experienced Medi-Cal managed care health plans, partners with and supports Stanislaus County in a shared mission of improving the health of the community. Founded in California more than 40 years ago, Health Net believes that every person deserves a safety net for their health, regardless of age, income, employment status, or current state of health. Since 2017, Health Net has invested more than \$100 million in nearly 500 community initiatives that work to bridge the divide in access, equity, and quality of healthcare.

Health Plan of San Joaquin / Mountain Valley Health Plan

Health Plan of San Joaquin/Mountain Valley Health Plan is a Medi-Cal managed care plan that serves over 415,000 individuals and families in Alpine, El Dorado, San Joaquin, and Stanislaus Counties.

Kaiser Permanente

Kaiser Permanente is committed to helping shape the future of health care. Kaiser Permanente is recognized as one of America's leading health care providers and not-for-profit health plans. Founded in 1945, Kaiser Permanente's mission is to provide high-quality, affordable health care services and to improve the health of its members and the communities they serve. They currently serve almost 12.5 million members in 8 states and the District of Columbia. Care for members and patients is focused on their total health and guided by their personal Permanente Medical Group physicians, specialists, and team of caregivers. Their expert and caring medical teams are empowered and supported by industry-leading technology advances and tools for health promotion, disease prevention, state-of-the-art care delivery, and world-class chronic disease management. Kaiser Permanente is dedicated to healthcare innovations, clinical research, health education, and the support of community health.

Stanislaus County Health Services Agency

The overarching goal of the Stanislaus County Public Health Division of the Health Services Agency is to ensure that all Stanislaus County residents can achieve optimal health and wellness at every stage of their lives. The Public Health Division is committed to improving the health and quality of life in the community through community engagement, collaboration, and partnerships, and to delivering effective, population-level health services that make a meaningful impact.

Sutter Health Memorial Medical Center

Memorial Medical Center provides and promotes effective inpatient and outpatient healthcare services. The facility provides a full continuum of care, including 24-hour emergency care, inpatient and outpatient surgery, obstetrics, pediatrics, nuclear medicine, dialysis therapy, diagnostic imaging, intensive care services, physical therapy, and home health services. Memorial Medical Center is part of Sutter Health, a not-for-profit, community-based healthcare system committed to advancing care for everyone.

United Way of Stanislaus County

The United Way of Stanislaus County is dedicated to improving the health, education, and financial stability of individuals and families in our community. Through strategic partnerships and community-driven initiatives, the United Way of Stanislaus County invests in programs that create a lasting impact, support economic mobility, and address critical local needs. By mobilizing resources and fostering collaboration, the United Way of Stanislaus County works to build a stronger, more equitable Stanislaus County.

Valley Children's Healthcare

Valley Children's Healthcare – one of the largest pediatric healthcare networks in the nation – provides Central California's only high-quality, comprehensive care exclusively for children, from before birth to young adulthood. With more than 670 physicians and 3,500 staff, Valley Children's delivers high-quality, comprehensive care to more than 1.3 million children in their service area. Their network offers highly specialized medical and surgical services to care for children with common to highly complex conditions at their 358-bed stand-alone children's hospital that includes 28 regional NICU beds. In addition, the Valley Children's Healthcare network includes women's health services, pediatric primary care practices, and pediatric specialty care centers, including our Pelandale Specialty Care Center in Modesto.

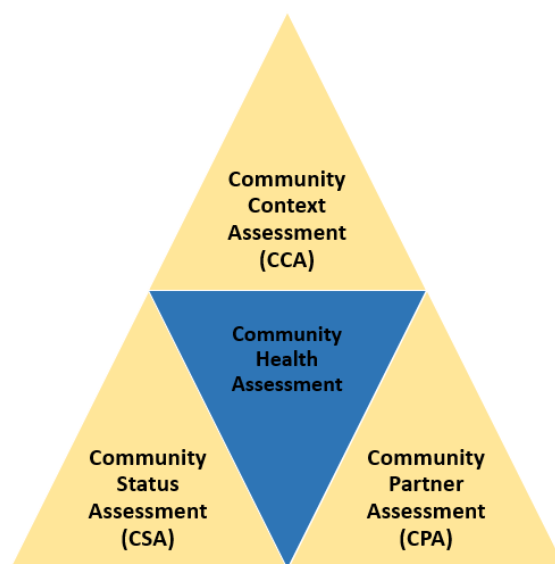


Background

Over a six month period, between July and December 2024, Crescendo Consulting Group (Crescendo) worked in collaboration with Stanislaus County Health Coalition partners 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 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 a Community Health Improvement Plan (CHIP).

MAPP 2.0

This Community Health Assessment (CHA) deployed a countywide, highly interactive strategy to learn the insights, experiences, ideas, and perceptions of the needs of Stanislaus County residents with a focus on health disparities and reaching vulnerable populations that have not historically participated in this process. To establish a foundation for continued efforts to address high-priority needs, SCHC 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.¹ MAPP 2.0 is a community-driven assessment and planning process designed to support health equity and build partnerships with local organizations 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 effect 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, including vulnerable populations and organizations that address social drivers of health, across Stanislaus County, learn their insights, engage stakeholders and service



¹ 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>

organizations, prioritize high priority needs and establish pathways to address the needs via the CHIP or other Stanislaus County Health Coalition activities.

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

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

The Community Status Assessment (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:

- 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 Stanislaus County sources, among others.

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

- 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?²

² NACCHO. Mobilizing for Action through Planning and Partnerships. Available at <https://www.naccho.org>.

Community Partner Assessment

The Community Partner Assessment (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 a 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 and make them accessible to community organizations and county residents.

Community partnerships form the required network of support for all or most public health improvements. Rarely can a single agency address the breadth of interrelated needs 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.
- Community members with complex or multi-faceted needs receive support more efficiently.
- Stanislaus 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. These relationships are 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's five goals are to:

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 specific roles for 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 who else should be involved in MAPP and ways to improve community partnerships, engagement, and power-building.³

Community Context Assessment

The Community Context Assessment (CCA) collects and analyzes qualitative data by engaging community members, key stakeholders, and others in qualitative research (e.g., stakeholder interviews, focus group discussions, etc.). In this effort, the CHA absorbs insight that reflects the lived experiences of community members. CCA data supplements and provides greater focus to secondary data collected during the CSA.

During CCA activities, community members share insights into helpful resources, organizational strengths and assets, culture and cultural nuances, and priorities, in addition to needs and service gaps. The CCA-related activities, like the CPA activities, also help to 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:

- Strengths and resources of the community to support health and well-being
- Current and historical forces of change locally, regionally, and globally that shape political, economic, and social conditions for community members
- Physical and cultural assets in the built environment, and how they may vary by neighborhood
- Current community efforts to improve health outcomes, and any potential solutions the community identifies to improve community health⁴

Community Health Improvement Plan

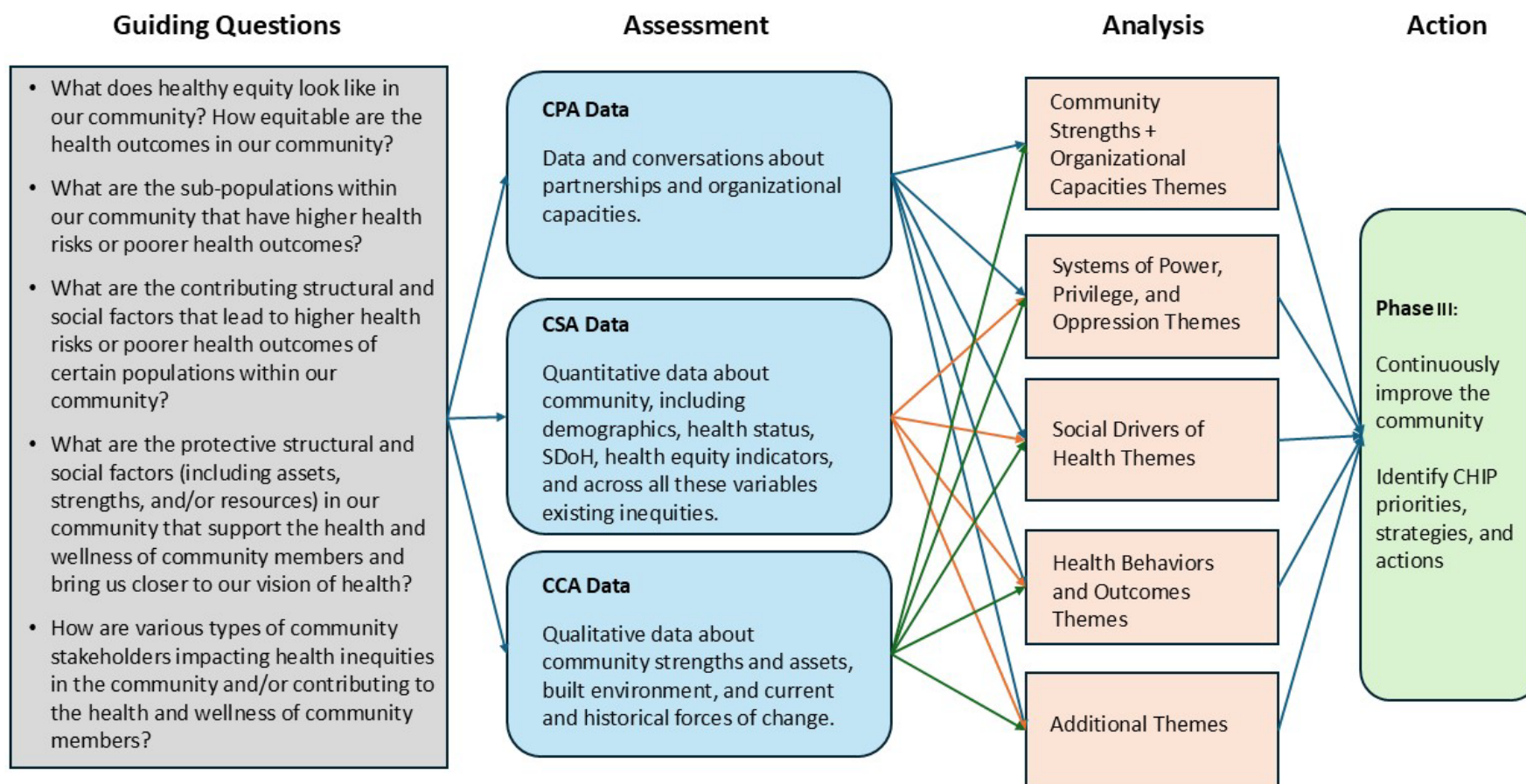
The CHIP is the next phase after the CHA. During the CHIP process, community members and leaders will work together to prioritize and identify which community needs to address and develop a plan to address the needs in Stanislaus County.

³ NACCHO. Mobilizing for Action through Planning and Partnerships. Available at <https://www.naccho.org>.

⁴ NACCHO. Mobilizing for Action through Planning and Partnerships. Available at <https://www.naccho.org>.

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

EXHIBIT 1 MAPP 2.0 FRAMEWORK



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

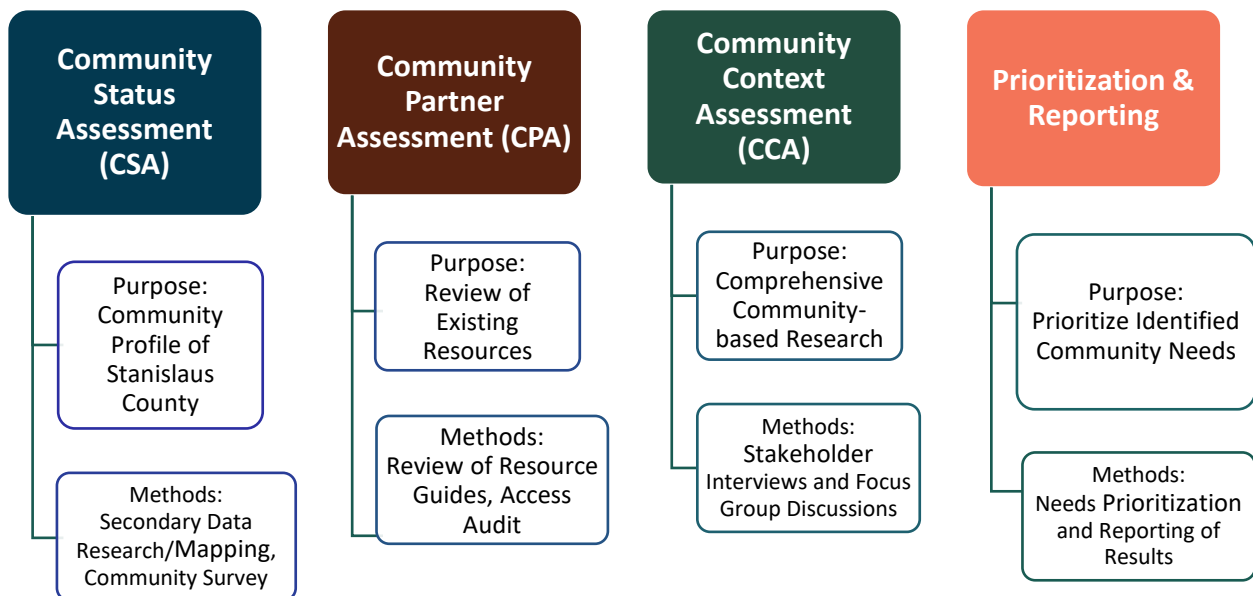
Assessment Methodology

The assessment methodology included a mixed-methods approach consisting of a combination of primary and secondary quantitative and qualitative research designed to evaluate the perspectives and opinions of community stakeholders, especially those from underserved and vulnerable populations. The assessment was implemented between July and December 2024. The approach included active participation from Health Equity Champions- select community members and organizational representatives who guided Crescendo and the SCHC to ensure that project materials and approaches were responsive to the diverse cultural norms of county residents.

Intentional outreach was made to vulnerable populations in the community, such as people of color, people experiencing homelessness, people living with behavioral health conditions, caregivers, refugees and other New Americans, and justice-involved people, among others. Focus groups and surveys were available in multiple languages to ensure community residents were able to participate in the process in their language of choice.

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 surveys, resource guide review, access audits, qualitative research, and a needs prioritization process. Each of these activities is explained in more detail below.

Secondary Data Research provided a critical insight into the demographics of Stanislaus County, social drivers of health, and behavioral health-related measures, among many others. The data was mainly collected from the U.S. Census Bureau American Community Survey, the United States Centers for Disease Control and Prevention, and the California Department of Public Health.

Qualitative Research included 36 one-on-one stakeholder interviews and 15 focus groups, speaking with over 100 participants. The primary qualitative data was collected between July and November 2024 in-person and virtually.

A **Community Survey** was conducted via SurveyMonkey to evaluate and address health care, housing, employment, and other needs, gaps, and resources in the community. Over 455 responses were collected and analyzed.



How to Read This Report

This Community Health Assessment aims to give a holistic depiction of the health and well-being of Stanislaus County. The report is organized by the five Social Drivers of Health domains (see page 18 for more information). Each section includes summary data from the primary and secondary quantitative and qualitative data. Additional data is in the Appendix. While the report aims to be comprehensive, it is not an exhaustive list of all the strengths, challenges, and data for Stanislaus County.

Data Limitations

A CHA is a systematic assessment of the community using both primary and secondary quantitative and qualitative data. The Stanislaus County Health Coalition and Crescendo aimed to be inclusive and intentional with community engagement to ensure the voices of all community members could participate in whatever form they felt comfortable and have their voices heard.

However, due to current events that occurred during the research process, we recognize that some voices are missing from the research. This Community Health Assessment is not fully representative of the population and should not be interpreted as such, especially the community survey, which did not have a statistically significant representation from all demographic groups.

Additionally, while Crescendo included the most current secondary data sources within the report, several data sources may be slightly outdated, and no new data updates were available at the publication of this report.

Emphasizing Racial Disparities When Combining Race/Ethnicity and Recognizing History

The Stanislaus County Health Coalition recognizes the need to highlight health disparities amongst different race/ethnic groups in our community. However, there are sometimes very small numbers for certain groups, making the information unreliable or unstable. In these cases, we choose not to publicly publish this information. We recognize the need to highlight health issues important to all individuals and groups and will do our best to obtain and publish accurate information whenever possible.

Community Engagement Summary



EXHIBIT 3 POPULATIONS AND ORGANIZATIONS ENGAGED

Target Population	Organization
Hispanic / Latino – Rural	Cradle 2 Career – Patterson
Hispanic / Latino – Urban	Cradle 2 Career – Modesto
Hispanic / Latino	Health Plan of San Joaquin
Youth & Young Adult – Experiencing Housing Instability	Youth Navigation Center
Justice Involved	Legacy Alliance Outreach
Youth & Young Adults	Invest in Me
Assyrian	Assyrian Wellness Collaborative
Migrant Workers	Central Valley Opportunity Center (CVOC)
Caregivers	Stanislaus County In-Home Supportive Services (IHSS)
People Living with Substance Use	Stanislaus County Behavioral Health and Recovery Services (BHRS)
Refugees and Other New Americans	International Rescue Committee (IRC)
Cancer Patients & Caregivers	Chem Crew
LGBTQIA+	CalPride
Black / African American	National Association for the Advancement of Colored People (NAACP)
Youth	Stanislaus County Schools

Population Demographics

Secondary data provides an essential framework from which to better understand the fabric of the community. This analysis highlights sociodemographic factors, social determinants of health, 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 U.S. Census Bureau 2018-2022 American Community Survey (ACS) Five-year Estimates, County Health Rankings and Roadmaps, and state and local government sources, among others.

American Community Survey Five-year Estimates

There is an intentional purpose in using five-year data estimates compared to one-year data 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.¹

Population Overview

Stanislaus County is a growing county in the Central Valley of California. Its current population is 552,063, with residents spread across 1,515 square miles. Since 2010, the county has grown by 7.4%, which largely aligns with population growth across the United States and California. However, Stanislaus County is expected to grow by 13.5% in the next 10 years, which is greater than both the projected population growth of California and the United States. Major population growth will impact the infrastructure and services needs in the county.

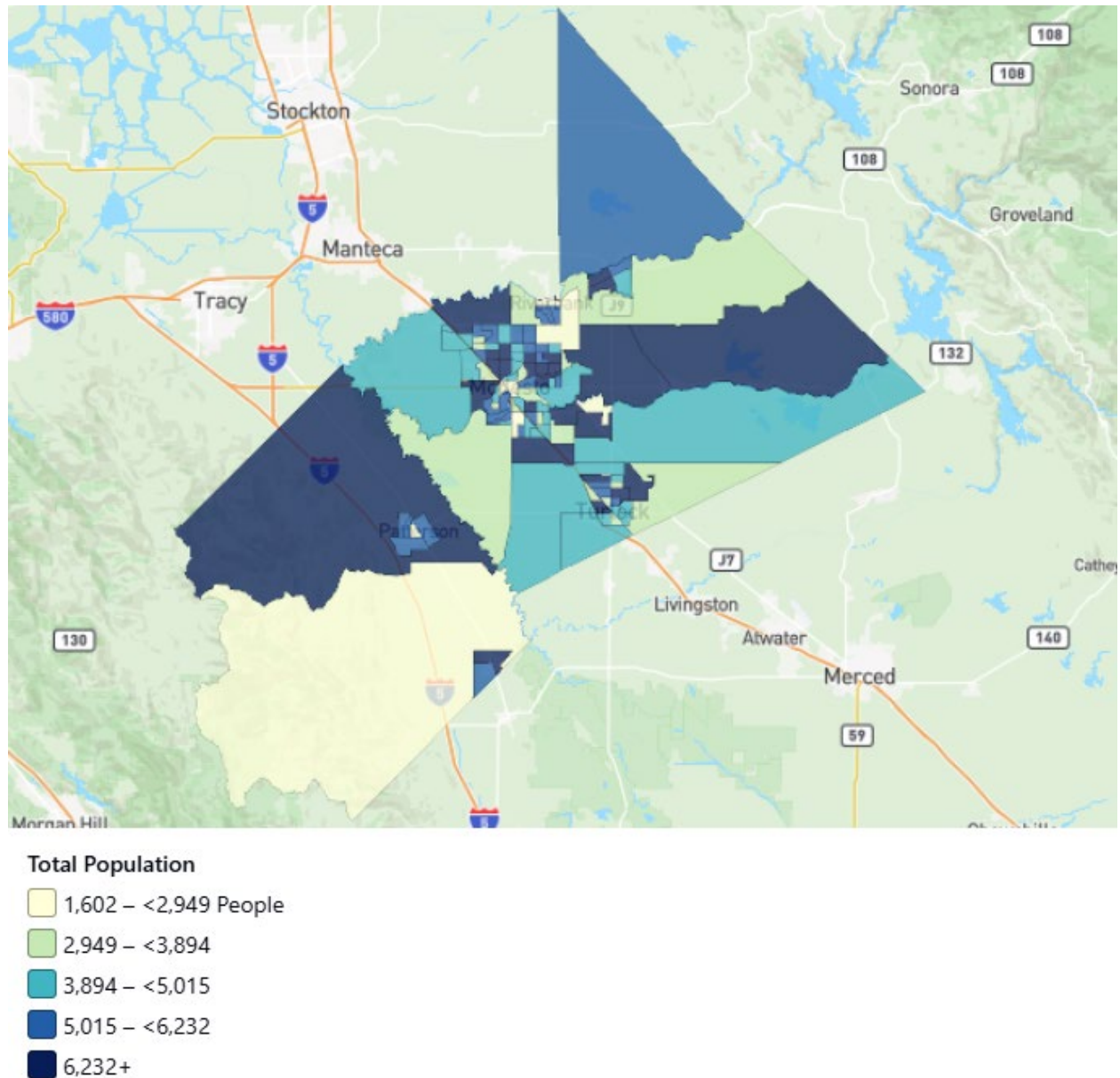
EXHIBIT 4 PROJECTED PERCENT CHANGE IN POPULATION, 2010 TO 2031

	Stanislaus County	California	U.S.
Total Population (2010)	514,075	37,253,956	308,745,538
Total Population (2022)	552,063	39,356,104	331,097,593
Percent Change (2010-2022)	+7.4%	+5.6%	+7.2%
Total Population (2031)	626,516	43,468,885	363,255,837
Percent Change (2022-2031)	+13.5%	+10.5%	+9.7%

Sources: U.S. Census Bureau American Community Survey 2010 One-year Estimates | U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

The highest concentration of Stanislaus County residents is in Modesto, Turlock, and Patterson. The following map shows the population of Stanislaus County by census tract.

EXHIBIT 5 POPULATION DENSITY IN STANISLAUS COUNTY



Source: US Census Bureau ACS 5-year 2019-2023

The following table (Exhibit 6) shows the estimated population for each of the major cities and towns within Stanislaus County.

EXHIBIT 6 POPULATION BY CITY/TOWN IN STANISLAUS COUNTY, 2022

Town	Population Size
Ceres	49,183
Crows Landing	212
Denair	4,289
Empire	3,726
Hickman	810
Hughson	7,523
Keyes	5,827
Modesto	218,308
Newman	14,059
Oakdale	23,120
Patterson	31,017
Riverbank	24,803
Salida	20,742
Turlock	87,491
Waterford	9,165
Westley	602

Source: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

Stanislaus County has a median age of 34.5 years, which is three years younger than the median age of California (37.3 years) and five years younger than the United States (38.5 years). This indicates that the county is home to a greater percentage of younger people than older people, which may indicate different service needs for the county.

EXHIBIT 7 MEDIAN AGE PERCENT CHANGE, 2010 TO 2022

	Stanislaus County	California	U.S.
Median Age (2010)	32.8	35.2	37.2
Median Age (2022)	34.5	37.3	38.5
Percent Change (2010-2022)	+5.2%	+6.0%	+3.5%

Sources: U.S. Census Bureau American Community Survey 2010 One-year Estimates; U.S. Census Bureau American Community Survey 2018-2-22 Five-year Estimates

As the median age shows, Stanislaus County has a greater percentage of younger people than older people. Approximately one in four Stanislaus County residents (26.8%) is under the age of 18. Approximately one in eight residents (13.3%) is over the age of 65.

EXHIBIT 8 POPULATION BY AGE GROUP, 2022

	Stanislaus County	California	U.S.
Under Age 18	26.8%	22.3%	22.1%
Age 18 to 64	59.8%	62.8%	61.4%
Age 65 and Over	13.3%	14.9%	16.5%
Age Under 5	6.9%	5.7%	5.7%
Age 5 to 9	7.1%	6.0%	6.0%
Age 10 to 14	8.2%	6.6%	6.5%
Age 15 to 19	7.5%	6.6%	6.6%
Age 20 to 24	6.8%	6.8%	6.7%
Age 25 to 34	14.3%	15.0%	13.7%
Age 35 to 44	13.1%	13.6%	12.9%
Age 45 to 54	11.7%	12.6%	12.4%
Age 55 to 59	5.8%	6.2%	6.5%
Age 60 to 64	5.4%	5.9%	6.4%
Age 65 to 74	7.9%	8.7%	9.7%
Age 75 to 84	3.7%	4.3%	4.8%
Age Over 85	1.8%	1.9%	2.0%

Source: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

EXHIBIT 9 POPULATION BY SEX, 2022

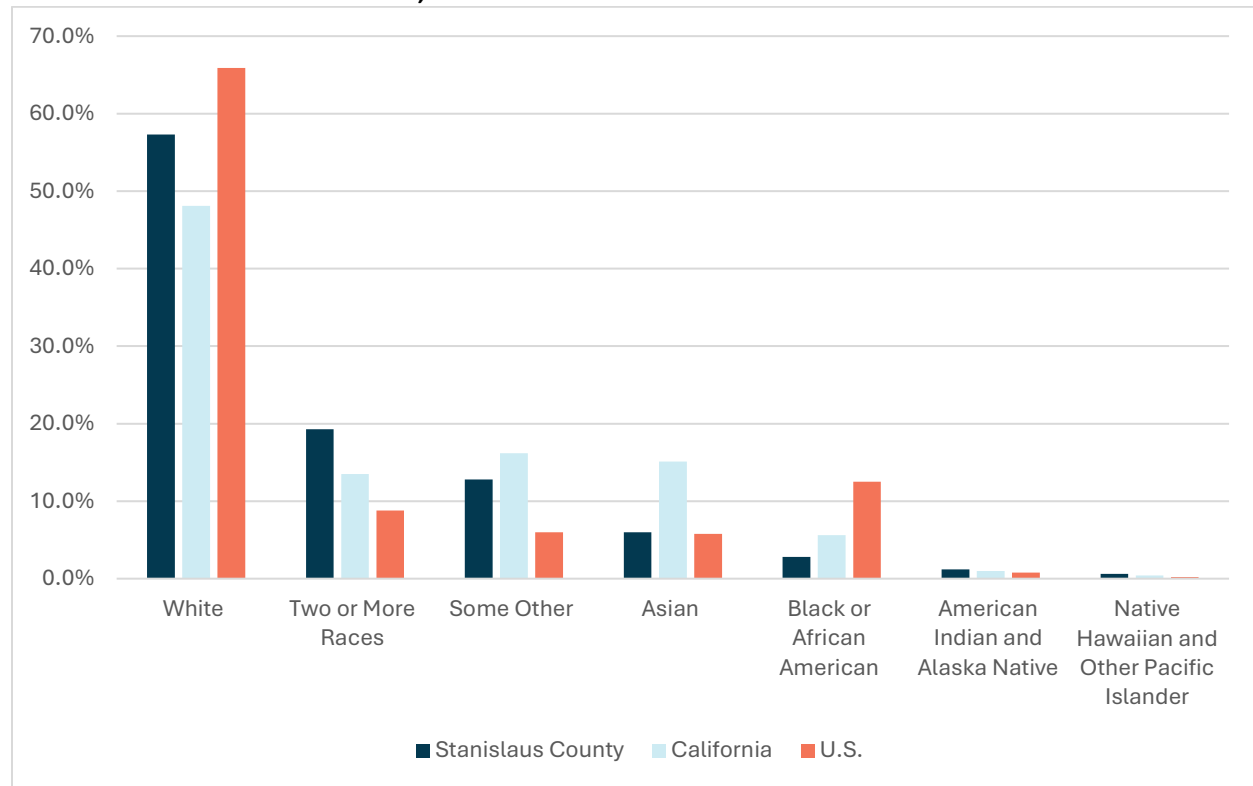
	Stanislaus County	California	U.S.
Females	50.1%	49.9%	50.4%
Males	49.9%	50.1%	49.6%

Source: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

Stanislaus County is notably diverse, with nearly half of its residents (48.6%) identifying as Hispanic or Latino, a figure higher than both California and the national average. Stanislaus County also has a higher percentage of residents who identify as “Two or More Races,” American Indian and Alaska Native, and Native Hawaiian and Other Pacific Islander.



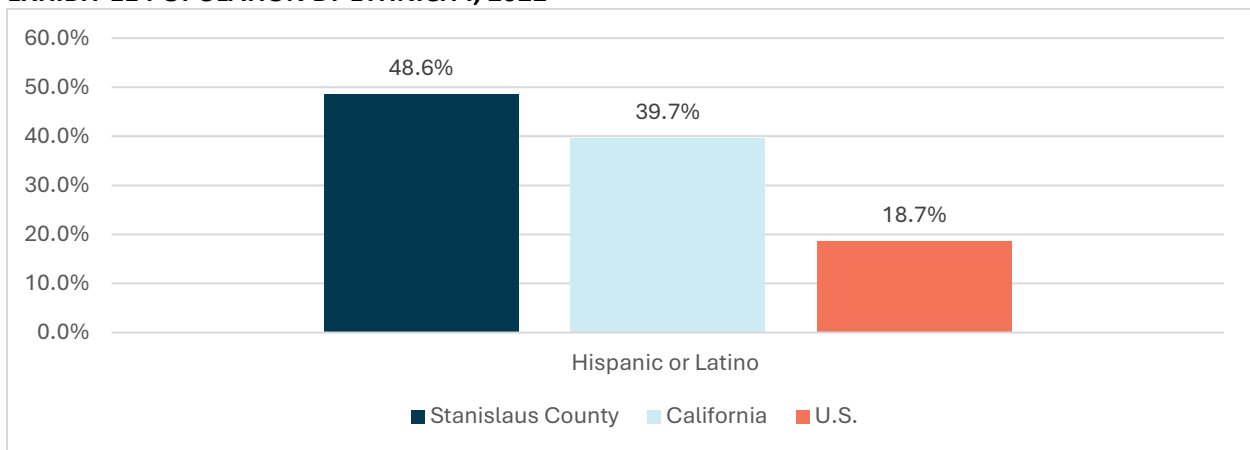
EXHIBIT 10 POPULATION BY RACE, 2022



	Stanislaus County	California	U.S.
White	57.3%	48.1%	65.9%
Two or More Races	19.3%	13.5%	8.8%
Some Other	12.8%	16.2%	6.0%
Asian	6.0%	15.1%	5.8%
Black or African American	2.8%	5.6%	12.5%
American Indian and Alaska Native	1.2%	1.0%	0.8%
Native Hawaiian and Other Pacific Islander	0.6%	0.4%	0.2%

Source: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

EXHIBIT 11 POPULATION BY ETHNICITY, 2022

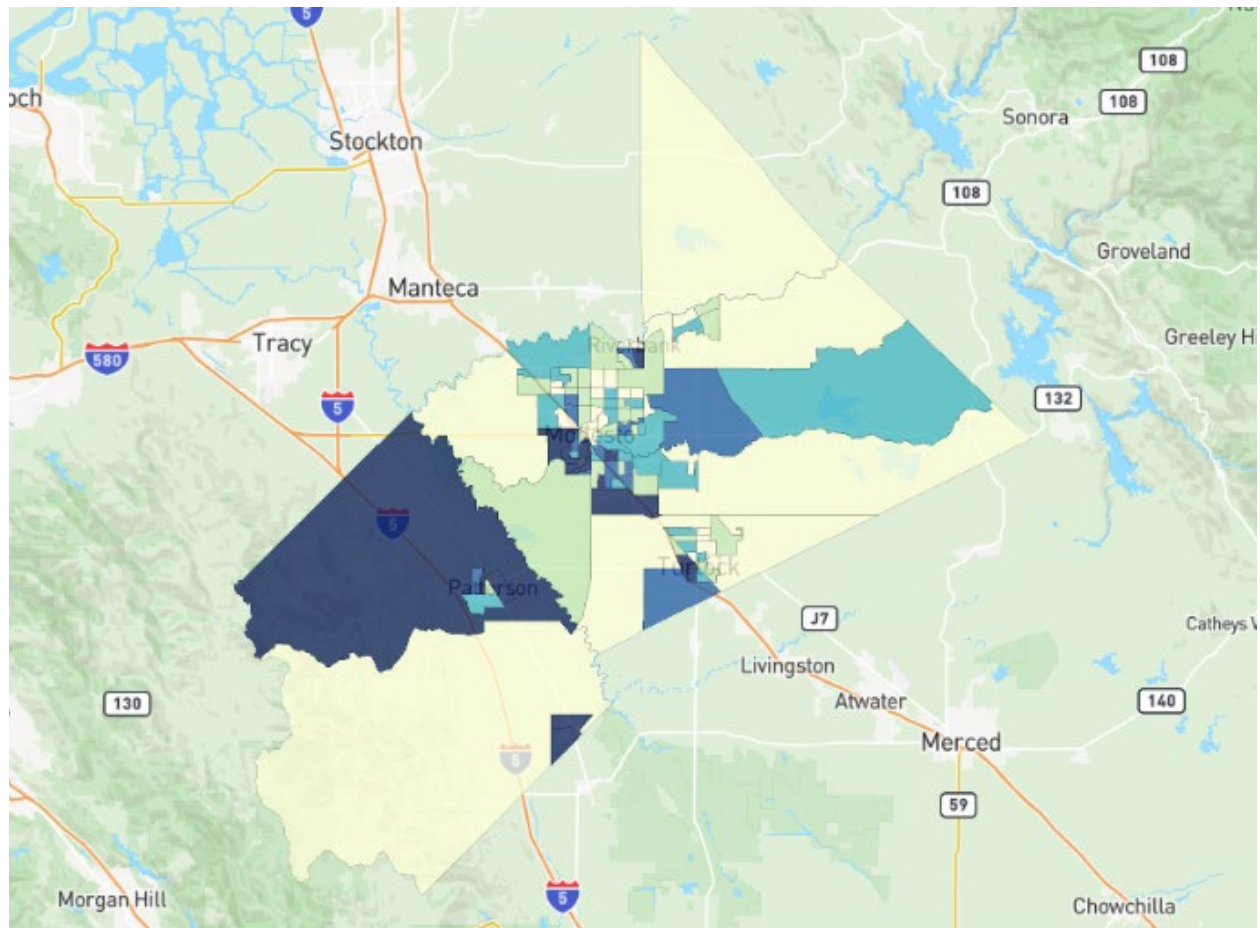


Source: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates



The highest percentage of the Hispanic or Latino population typically lives outside of the most urban areas in the county. Patterson and the surrounding census tracts have the highest percentage of Hispanic or Latino likely due to migrant workers and the agricultural industry in the county.

EXHIBIT 12 HISPANIC OR LATINO POPULATION HOUSEHOLDS, 2023



Hispanic or Latino Population in Households



Source: US Census Bureau ACS 5-year 2019-2023

One in three (33.9%) of Stanislaus County residents speaks Spanish at home. Additionally, approximately one in 10 residents speaks a language other than English or Spanish.

EXHIBIT 13 LANGUAGE SPOKEN AT HOME (PEOPLE OVER AGE 5), 2022

	Stanislaus County	California	U.S.
English Only	57.1%	56.1%	78.3%
Spanish	33.9%	28.2%	13.3%
Asian-Pacific Islander	2.8%	9.9%	3.5%
Other Indo-European	4.4%	4.6%	3.7%
Other	1.8%	1.1%	1.2%

Source: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

Social Drivers of Health Framework

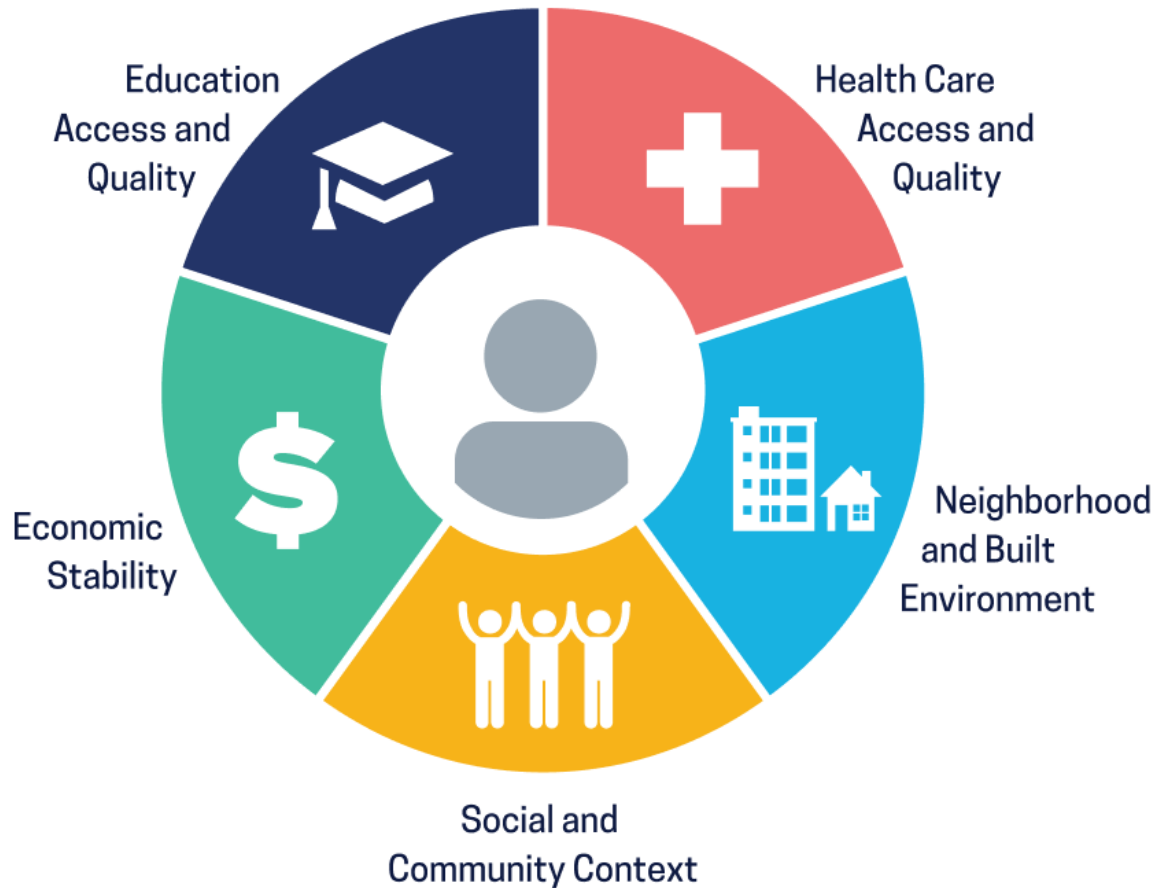
Social Drivers of Health (SDoH) are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. They also contribute to wide health disparities and inequities.

The framework has been championed by the US Centers for Disease Control and Prevention (CDC) and other governmental agencies and is integrated into the Healthy People 2030 goals⁵.

Social Drivers are also known as Social Determinants. “Determinants” suggest that nothing can be done to change our health fate. By using the term “drivers,” the conversation is reframed so that social factors don’t force health to be fated or destined, but rather something that people and communities can change.

⁵ Healthy People 2030. <https://odphp.health.gov/healthypeople/priority-areas/social-determinants-health>

Social Determinants of Health



Source: Healthy People 2030\Social Determinants of Health. [Social Determinants of Health - Healthy People 2030 | odphp.health.gov](https://odphp.health.gov)

Economic Stability

Economic Stability is one of the five social drivers of health. It includes key issues, such as income, poverty, employment, food security, and housing stability. People living in poverty are more likely to experience food insecurity, housing instability or poor housing conditions, and limited access to healthcare services, which can all contribute to poor health outcomes.

The 2022 median household income for all households in Stanislaus County is \$74,872, which is approximately \$17,000 less than the median household income in California and like the United States. However, income disparities exist in Stanislaus County based on the race or ethnicity of the residents. People who identify as Native Hawaiian and Other Pacific Islander have the highest median household income, while people who identify as Two or More Races have the lowest median household income at \$65,905.

**1 in 7
people live
in poverty.**

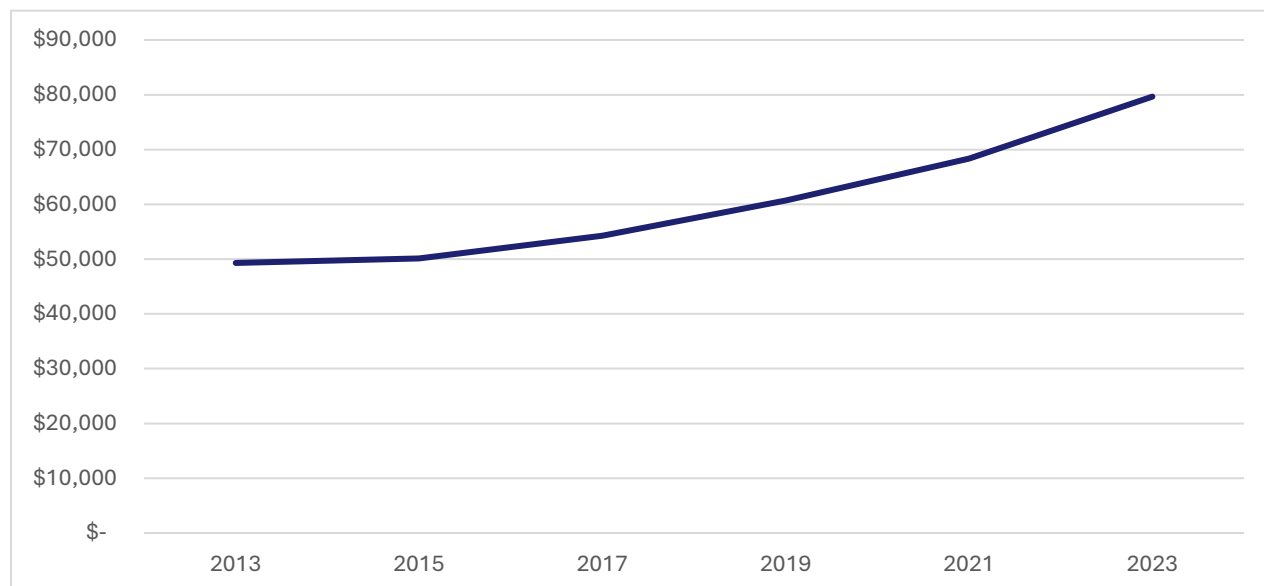
EXHIBIT 15 MEDIAN HOUSEHOLD INCOME BY RACE AND ETHNICITY IN THE PAST 12 MONTHS (2022 INFLATION ADJUSTED DOLLARS), 2022

	Stanislaus County	California	U.S.
All Races and Ethnicities	\$74,872	\$91,905	\$75,149
Native Hawaiian and Other Pacific Islander	\$105,858	\$95,021	\$76,568
White	\$78,285	\$97,859	\$80,042
Asian	\$74,854	\$118,815	\$107,637
Other Race	\$68,995	\$70,612	\$61,851
American Indian and Alaska Native	\$68,816	\$75,076	\$55,925
Black or African American	\$66,096	\$64,513	\$50,901
Two or More Race	\$65,905	\$85,219	\$70,596
Hispanic or Latino	\$67,929	\$74,517	\$64,936

Source: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

Over the past 10 years, the median household income has steadily increased in Stanislaus County by 62% from 2013 to 2023.

EXHIBIT 16 MEDIAN HOUSEHOLD INCOME IN STANISLAUS COUNTY, 2013-2023



Source: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

Overall, 13.7% of Stanislaus County residents live below 100% Federal Poverty Level (FPL). This is slightly higher than the state and national percentages. Poverty can be a vicious cycle. Economic instability can lead to poor health outcomes, which in turn can perpetuate economic hardship. For example, someone with a chronic health condition may struggle to maintain stable employment or access education, which can then limit their earning potential and perpetuate poverty across generations.

The poverty rate is higher for Two or More Races, Hispanic or Latino, and Black or African American individuals in Stanislaus County. Approximately one in five children under the age of eight lives in poverty, which is significantly higher than the other age groups.

EXHIBIT 17 PERCENT OF POPULATION LIVING IN POVERTY, 2022

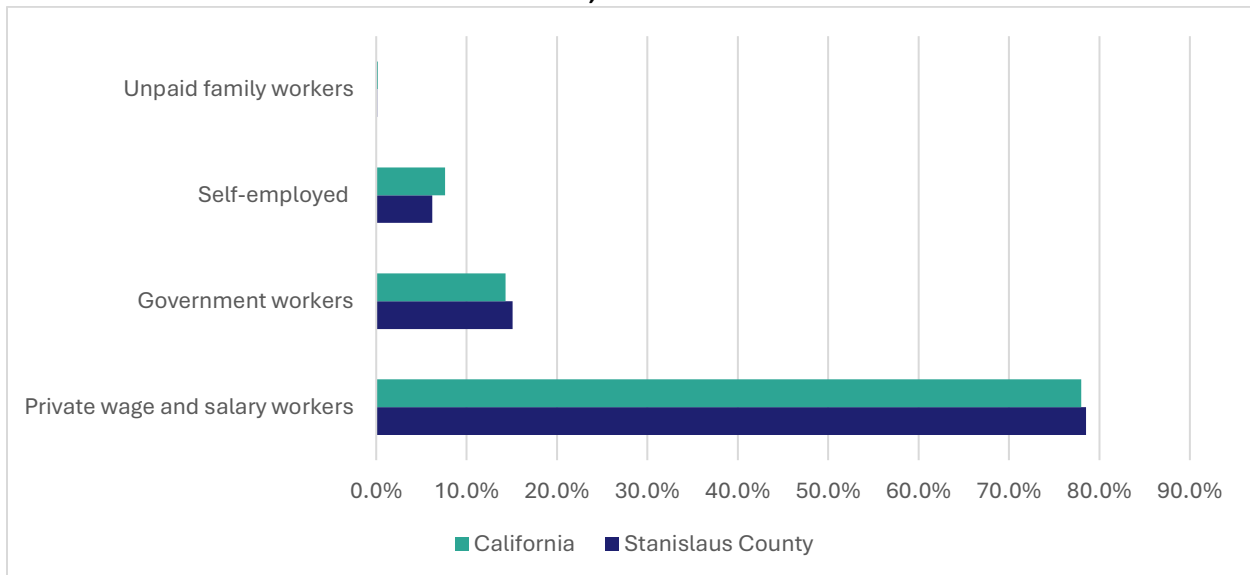
	Stanislaus County	California	U.S.
People Below Poverty Level	13.7%	12.1%	12.5%
American Indian and Alaska Native	9.8%	16.1%	22.6%
Asian	13.8%	9.8%	10.1%
Black or African American	15.8%	19.0%	21.5%
Native Hawaiian and Other Pacific Islander	8.3%	13.9%	17.0%

	Stanislaus County	California	U.S.
Some Other Race	13.1%	16.1%	18.6%
Two or More Races	17.2%	12.2%	14.8%
White	12.7%	10.6%	10.1%
Hispanic or Latino	16.1%	15.1%	17.2%
Age Under 5	18.7%	15.6%	18.1%
Age Under 18	18.2%	15.6%	16.7%
Age 18 to 64	12.1%	11.1%	11.7%
Age 65 and Over	12.1%	11.0%	10.0%

Source: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

Nearly 80% of all Stanislaus County residents currently in the workforce work for private wage or salary jobs, while 15.1% work for the government. Only 6.2% of Stanislaus County residents are self-employed.

EXHIBIT 18 WORKFORCE BY EMPLOYMENT TYPE, 2022



Source: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

Stakeholders and focus group participants expressed concerns about the impact of the economic state of the community on their ability to maintain their health. The most prominent needs identified – housing, cost of living concerns, and employment – frequently overlap with each other and with other social drivers. Being able to afford rent or a mortgage is dependent

on stable employment with livable wages, and by the cost of living, including groceries, childcare costs, and other basic needs.

- “The system right now, you need money to get a place, but you need a job to get money, and you need an address to have a job.” – Community Member

Every year, MIT calculates the cost of living for various household sizes in every county across the United States. For a two-adult working household with two children, in Stanislaus County it is estimated that the family would require an annual household income before taxes of \$119,303. This equates to each adult in the family earning \$28.68 an hour.

EXHIBIT 19 COST OF LIVING FOR TWO ADULTS IN STANISLAUS COUNTY

	0 Children	1 Child	2 Children	3 Children
Food	\$8,075	\$10,037	\$12,911	\$15,750
Child Care	\$0	\$12,449	\$22,201	\$25,926
Medical	\$6,684	\$10,379	\$10,652	\$10,955
Housing	\$14,569	\$18,871	\$18,871	\$26,438
Transportation	\$12,729	\$16,034	\$18,449	\$20,466
Civic	\$6,314	\$6,971	\$8,938	\$9,915
Internet & Mobile	\$2,133	\$2,133	\$2,133	\$2,133
Other	\$9,123	\$10,121	\$11,490	\$12,746
Required annual income after taxes	\$59,627	\$86,994	\$105,645	\$124,331
Annual taxes	\$8,642	\$11,962	\$13,658	\$18,056
Required annual income before taxes	\$68,269	\$98,956	\$119,303	\$142,387

Source: Living Wage Calculation, MIT, 2025.

Additionally, the United Ways of California published the Real Cost Measure (RCM), which is an annual report that estimates the amount of income required to meet basic needs, including the costs of housing, childcare, food, transportation, health care, and taxes.

According to the 2023 report,⁶ 34% of Stanislaus County households live below the RCM. This equates to 48,135 households. This means for a household with two adults and two children, the Real Cost Measure household budget goal is \$78,758. This is slightly higher than the actual

⁶ United Ways of California. The Real Cost Measure in California in 2023.

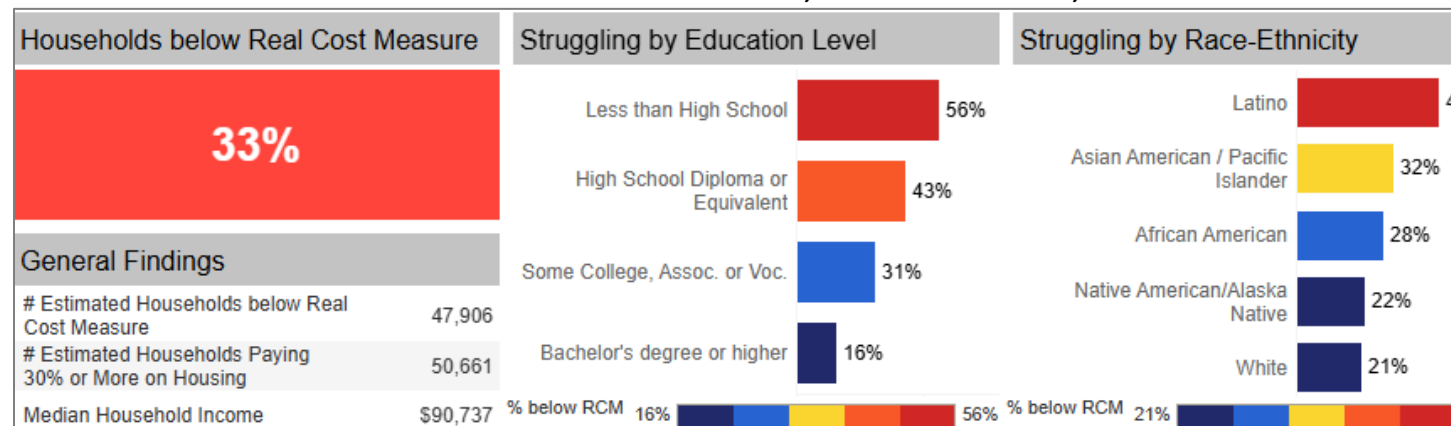
<https://public.tableau.com/app/profile/hgascon/viz/TheRealCostMeasureinCalifornia2023/RealCostDashboard?publish=yes>

median household income of \$74,155. The percentage of households living below RCM varies by education attainment levels, household types, ethnicity, and citizenship. Economic disparities exist, especially in households with lower educational attainment, single mothers, foreign-born individuals, and minority populations.

EXHIBIT 20 REAL COST MEASURE HOUSEHOLD BUDGET, STANISLAUS COUNTY, 2023

Household Budget	1 Adult	2 Adults	2 Adults, 1 Preschooler, 1 School-Aged Child
Housing	\$10,680	\$11,844	\$14,688
Food	\$4,224	\$7,740	\$11,964
Health Care	\$2,484	\$4,968	\$9,948
Child Care	\$0	\$0	\$15,480
Transportation	\$5,376	\$10,752	\$10,752
Miscellaneous	\$2,280	\$3,528	\$6,288
Taxes/Credits	\$4,036	\$5,271	\$9,638
Final Budget	\$29,080	\$44,103	\$78,758

EXHIBIT 21 REAL COST MEASURE ANNUAL INCOME COMPARISON, STANISLAUS COUNTY, 2023



Source: United Ways of California. (n.d.) The Real Cost Measures in California 2025.

<https://public.tableau.com/app/profile/hgascon/viz/TheRealCostMeasureinCalifornia2025/RealCostDashboard>

HOUSING WAGE

Every year the National Low Income Housing Coalition calculates a “Housing Wage,” which is the hourly wage needed to afford the Fair Market Rent (FMR) for a two-bedroom apartment without paying more than 30% of income on housing.

For Stanislaus County, the FMR for a two-bedroom in 2024 was \$1,528. The housing wage to afford this rent is \$29.38 or an annual salary of \$61,120.

NOTE: The U.S. Department of Housing and Urban Development (HUD) calculates FMR every year. It is typically calculated by identifying the 40th percentile of gross rents for standard-quality units in specific local housing markets. FMR may not be an accurate representation of true market rent rates in a community.

Affordable Housing

Affordable housing in Stanislaus County is a widespread concern among residents. Many reported barriers, such as high rental costs, steep down payments for mortgages, low wages, and long wait times for Section 8 housing.

While housing was a concern across all participants, some specific populations were noted as particularly vulnerable to the impact of housing inaccessibility, including seniors, those without children, or other dependents, and refugees.

- “I think as a whole, the senior population and how we are treated and viewed, is a social inequity [...] there are issues with getting housing for this age group, for example. I feel like there is a lot of aging discrimination that seniors experience. This inability to get housing has really increased our homeless population among seniors. We are often not able to get shelter; there is so much talk about family housing and thinking of ways to house others, but no talk of senior housing. I just feel that the policies that are being put in place are creating more inequities, especially among this group.” – Stakeholder

A lack of housing has a cascading effect on individuals’ and families’ ability to maintain their health through either preventative or secondary measures. The repercussions of this can be significant.

- “The hierarchy of needs, you know, [housing] is one of the things that you need. If you don't have that. My goodness! How can you even start thinking about getting yourself back on track?” - Stakeholder

If you had a magic wand, what would you do?

“Take care of housing, then it would eliminate so many other struggles in other areas. Even if groceries are expensive, you’d have your housing taken care of. People under a certain [income] bracket need more solutions in the housing department.”

– Stakeholder

Limited Employment and Livable Wages Opportunities

Residents face significant economic challenges in Stanislaus County, and the recurring sentiment

“The big theme is that the wages have not adjusted with the cost of living. I can’t afford to exist in a community.”

– Community Member

is that wages have not kept up with the rise in the cost of living. Low wages force vulnerable populations to make difficult choices between paying for rent, medications, food, and other basic needs.

- “Fast food employers will raise wages but then cut hours so people still can’t afford anything.” – Community Member

Many participants shared that a lack of jobs, especially well-paying jobs, was a concern. Addressing employment concerns require recruiting employers to the area and ensuring that employers are able to pay employees fair wages.

- “Finding ways to attract high-paying jobs here as I mentioned before, and creating wage parity [...] in order to address some of our employment and income issues. We need to bring more jobs, but we also need to create a pay parity to ensure people can afford to live here.” – Stakeholder

Childcare Crisis

The United States is in a childcare crisis. A recent study⁷ found that 67.8% of children in the United States have all available parents in the workforce, but a lack of access to affordable childcare often forces families to make the difficult decision to work or stay home and care for their children. The average annual cost of infant childcare in California is \$16,945 or \$1,412 per month per child. For a four-year-old child, the average cost is \$11,475 or \$956 per month per child⁸. For many families, childcare costs may be about 20-30% of their monthly household income.

When discussing the cost of living and employment, it is essential to consider the impacts of childcare as well. Participants shared that there is a need for more high-quality, accessible childcare that is flexible for working parents, including those who work outside of the traditional nine-to-five job.

⁷ CAP. States Are Taking Action To Address the Child Care Crisis. <https://www.americanprogress.org/article/states-are-taking-action-to-address-the-child-care-crisis/>

⁸ Tootris. Cost of Child Care in California (Updated January 2024). [https://tootris.com/edu/blog/parents/cost-of-child-care-in-california-by-city-age-and-type-of-care-provider/#:~:text=Center%2Dbased%20infant%20care%20\(for,an%20annual%20cost%20of%20%2411%2C999.](https://tootris.com/edu/blog/parents/cost-of-child-care-in-california-by-city-age-and-type-of-care-provider/#:~:text=Center%2Dbased%20infant%20care%20(for,an%20annual%20cost%20of%20%2411%2C999.)

- “Stanislaus County Office of Education] has childcare services, but we need expansion of that, especially for farm workers who work really early hours. There should be a program for people who work all different types of hours.” – Community Member

One individual shared how a lack of affordable childcare paired with low wages can be detrimental to families, with some parents being targeted as neglectful for working multiple jobs.

- “Childcare for a lot of people – they don’t understand [parents] have to work more than one job, especially if they have a family and children. As parents, they are demonized. I’ve had it in court – they think children are being neglected, but parents are working two jobs trying to support them.” – Stakeholder

Spotlight: Community Survey

Exhibit 22 shows some of the top needs related to social drivers and economic stability. The top three needs identified were: access to safe, affordable housing, livable wage job opportunities, and access to affordable, nutritious food. The top needs vary slightly across different ethnicities and socioeconomic statuses of survey respondents. Hispanic or Latino survey respondents identified livable wage jobs as the top need, followed by housing.

EXHIBIT 22 COMMUNITY SURVEY RESPONSES TO SOCIAL DRIVERS NEEDING MUCH MORE FOCUS

	All Responses	White	Hispanic	\$15,000- \$24,999	\$35,000- \$44,999	\$45,000- \$74,999	\$75,000- \$99,999	\$100,000 and above
Access to safe, affordable housing	63.8%	56.9%	65.2%	68.8%	35.0%	55.6%	66.7%	63.0%
Livable wage job opportunities	63.2%	50.8%	73.2%	56.3%	50.0%	64.9%	66.7%	56.5%
Access to affordable, nutritious food	51.9%	40.8%	59.9%	18.8%	40.0%	52.8%	58.3%	39.1%
Access to quality education for youth	47.8%	35.4%	59.2%	43.8%	35.0%	32.4%	62.5%	37.0%
Social services (shelter, outreach, etc.) for people experiencing homelessness	47.6%	43.1%	50.0%	18.8%	45.0%	59.5%	50.0%	39.1%
Affordable, quality childcare	46.6%	34.6%	55.8%	43.8%	40.0%	45.9%	50.0%	34.8%
Activities for youth (such as a public pool, roller skating rink, bowling alley, etc.)	46.6%	44.6%	51.7%	37.5%	50.0%	48.6%	58.3%	34.8%
Access to quality education and job training for adults	44.4%	30.8%	53.8%	25.0%	45.0%	40.5%	45.8%	30.4%

	All Responses	White	Hispanic	\$15,000- \$24,999	\$35,000- \$44,999	\$45,000- \$74,999	\$75,000- \$99,999	\$100,000 and above
Finding housing first for individuals who have several service needs (such as behavioral health treatment, job training, etc.)	43.7%	38.5%	47.3%	37.5%	20.0%	51.4%	50.0%	26.7%
Access to clean, public places to play and exercise where all people feel safe and welcome	43.5%	34.6%	52.7%	40.0%	40.0%	40.5%	45.8%	34.8%
Opportunities for physical fitness	34.6%	22.5%	42.0%	31.3%	25.0%	16.2%	16.7%	24.4%
Transportation services for people to go to medical appointments or the hospital	30.7%	18.5%	37.7%	18.8%	30.0%	28.9%	29.2%	17.4%
Public transportation	29.6%	19.2%	32.7%	25.0%	20.0%	23.7%	39.1%	30.4%

Education Access and Quality

Education Access and Quality is one of the five social drivers of health. High quality education and early childhood education programs can break intergenerational cycles of poverty by providing people with the skills and knowledge to promote social mobility and economic success. Higher income employment opportunities can increase a person's access to better quality healthcare, nutritious foods, and safe living environments.

Approximately one in four Stanislaus County residents is under the age of 18. Stanislaus County has 25 residential and public school districts serving a total of 106,973 students.⁹ Many parents in focus groups indicated the importance of quality education for their children. Unfortunately, Stanislaus County students have performed at significantly lower levels in math and English compared to California.

Lower proficiency rates may indicate that students are not as prepared for post-secondary education or employment after high school graduation compared to their peers. In the long term, this could impact their income potential. Black or African American, Hispanic, and Native American and Alaska Native students have some of the lowest proficiency rates compared to other races and ethnicities, indicating there are disparities.

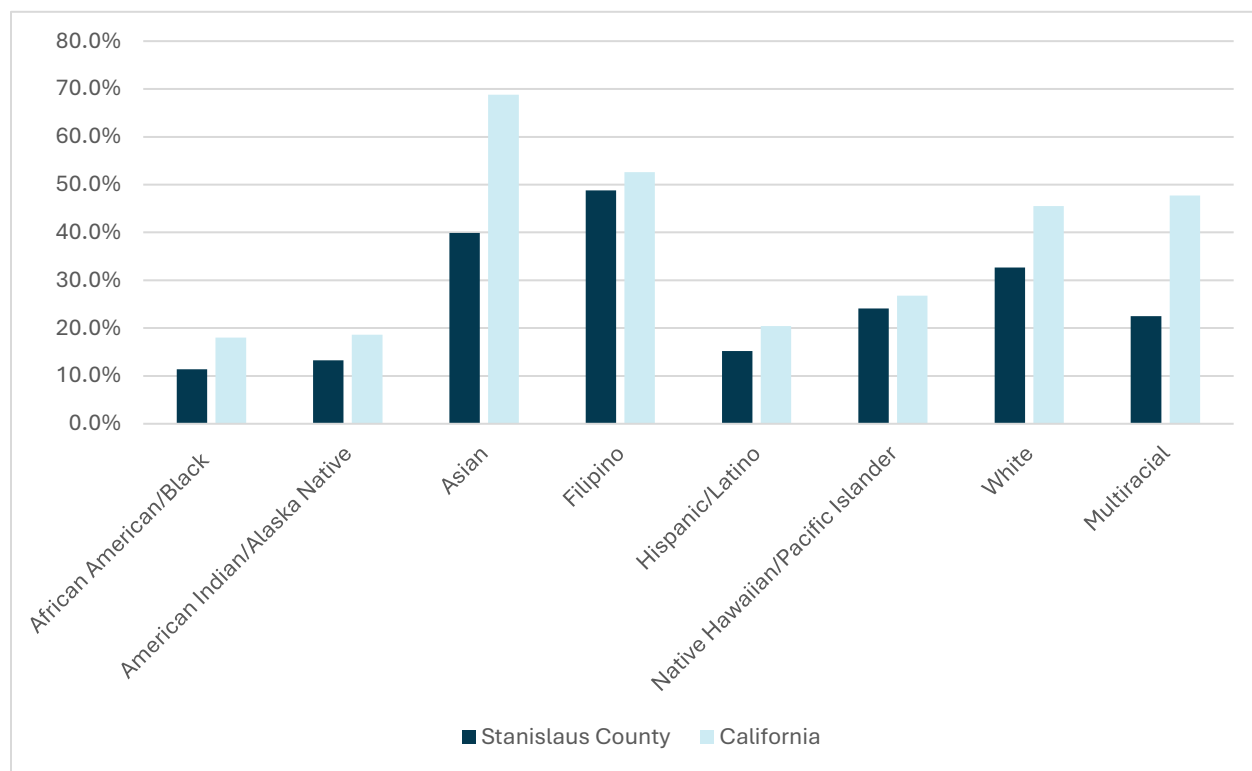
EXHIBIT 23 STUDENTS PROFICIENT IN MATH, 2021

	Stanislaus County	California	U.S.
Students Proficient in Math	21.4%	33.8%	ND

Source: California Department of Education, Test Results for California's Assessments (Feb. 2022) from KidsData. Students Meeting or Exceeding Grade-Level Standard in Mathematics (CAASP). <https://www.kidsdata.org/topic/108/math-caaspp-race/table#fmt=289&loc=2&tf=154&ch=7,11,70,85,10,72,9,73&sortColumnId=0&sortType=asc>

⁹ Stanislaus County Office of Education. Districts & Schools. <https://www.stancoe.org/about/districts-schools#:~:text=Stanislaus%20County%20is%20comprised%20of,10%20high%20school%20district%20boundaries.>

EXHIBIT 24 STUDENTS PROFICIENT IN MATH BY RACE, 2021



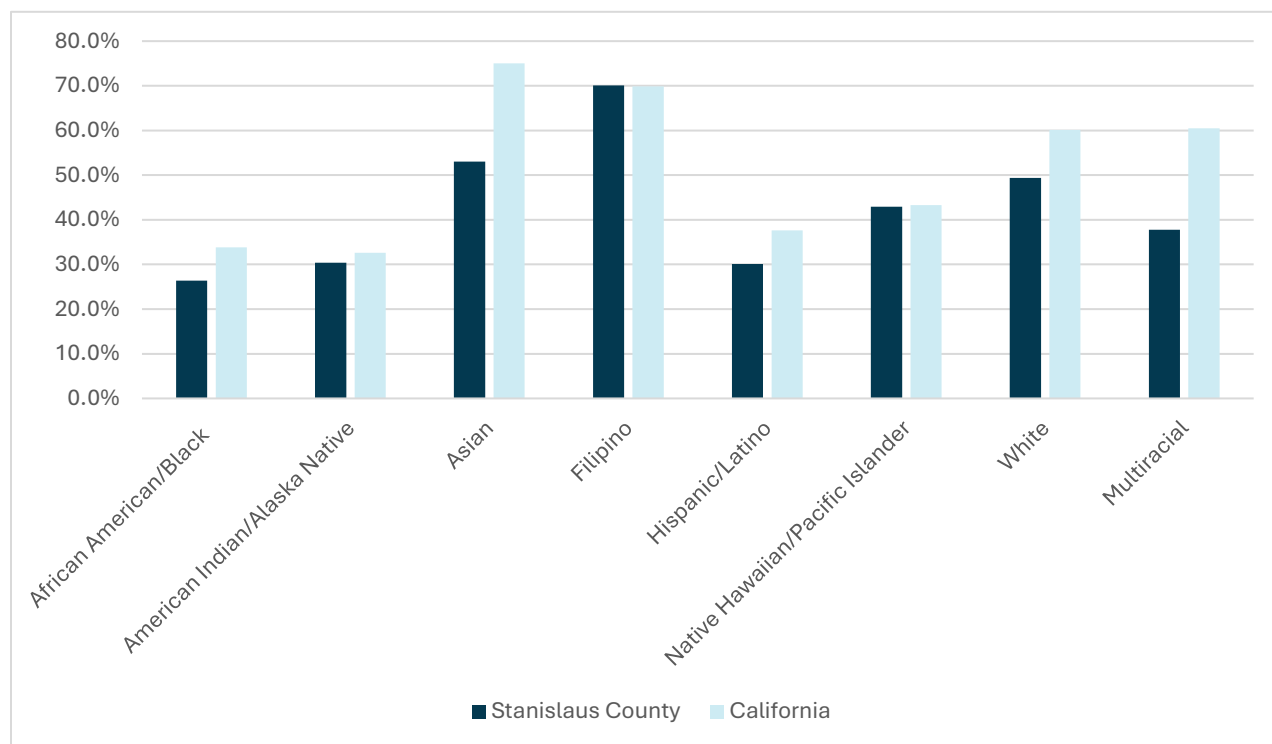
Source: California Department of Education, Test Results for California's Assessments (Feb. 2022) from KidsData. Students Meeting or Exceeding Grade-Level Standard in Mathematics (CAASP). <https://www.kidsdata.org/topic/108/math-caaspp-race/table#fmt=289&loc=2,350&tf=154&ch=7,11,70,85,10,72,9,73&sortColumnId=0&sortType=asc>

EXHIBIT 25 STUDENTS PROFICIENT IN ENGLISH LANGUAGE ARTS, 2021

	Stanislaus County	California	U.S.
Students Proficient in English Language Arts	36.8%	49.0%	ND

Source: California Department of Education, Test Results for California's Assessments (Feb. 2022) from KidsData. Students Meeting or Exceeding Grade-Level Standard in English Language Arts (CAASP). <https://www.kidsdata.org/topic/108/math-caaspp-race/table#fmt=289&loc=2&tf=154&ch=7,11,70,85,10,72,9,73&sortColumnId=0&sortType=asc>

EXHIBIT 26 STUDENTS PROFICIENT IN ENGLISH LANGUAGE ARTS BY RACE, 2021



Source: California Department of Education, Test Results for California's Assessments (Feb. 2022) from KidsData. Students Meeting or Exceeding Grade-Level Standard in English Language Arts (CAASP). <https://www.kidsdata.org/topic/108/math-caaspp-race/table#fmt=289&loc=2,350&tf=154&ch=7,11,70,85,10,72,9,73&sortColumnId=0&sortType=asc>

School System and Youth Needs

Substance Use

Substance use in schools and a lack of appropriate intervention by school staff leave many students feeling unsupported. This can affect the physical safety of the students but also impact their mental health and motivation. Additionally, the punitive reaction of school staff can perpetuate harm rather than providing support for the root causes.

- “At my school, there’s a lot of bad things, there’s a lot of drugs that are done in the bathroom, people just blow the smoke away. The security and teachers don’t really do anything about it.” – Community Member

Lack of Youth Activities

Youth identified a lack of engaging activities and programs as a precursor to substance use. Introduction to substance use at a young age can create negative habits that impact mental and physical health. Youth advocated for more programs that allow them to foster social connections and work together to better the community. They also feel the need for programs that prepare them for their future, whether in college or for entering the workforce.

- “Many of us grew up in the streets, and that’s all we know. People want to change but don’t know how.” – Community Member
- “We don’t have any funding to get youth activities; we have to go about 30 minutes away to do anything. People tend to get into bad habits if there is nothing else to do.” – Community Member

What do you need to feel more prepared for the future after high school?

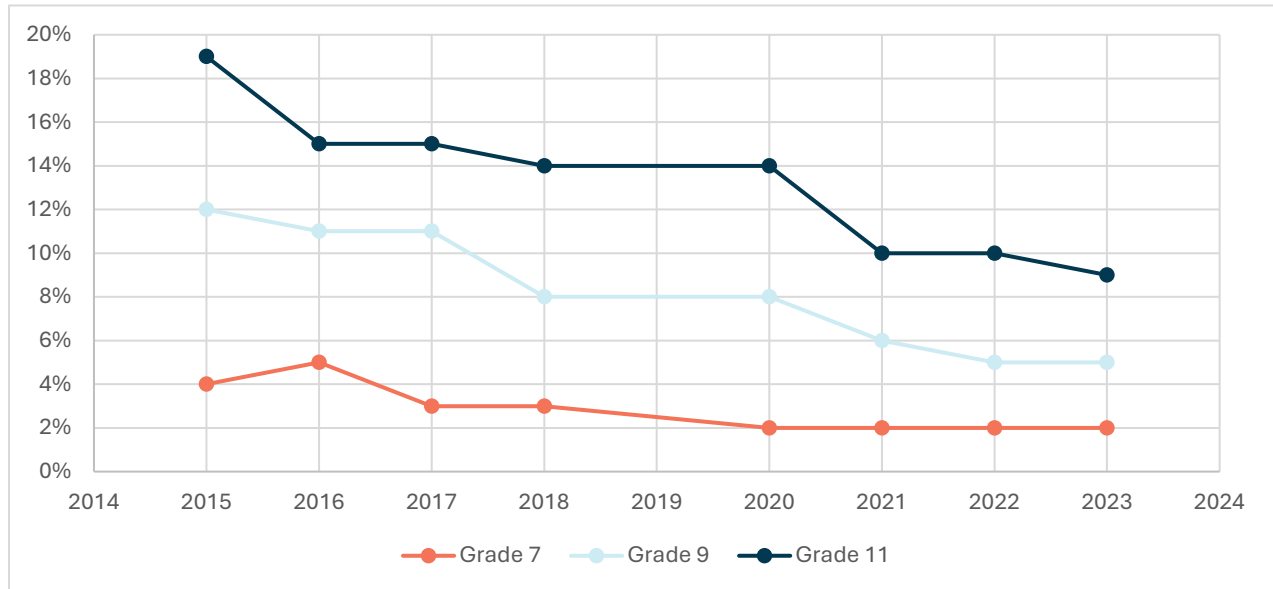
“Programs for internships and stuff like that, connecting with different businesses and colleges; right now you have to do it on your own and you have to do it all alone.”

- Community Member



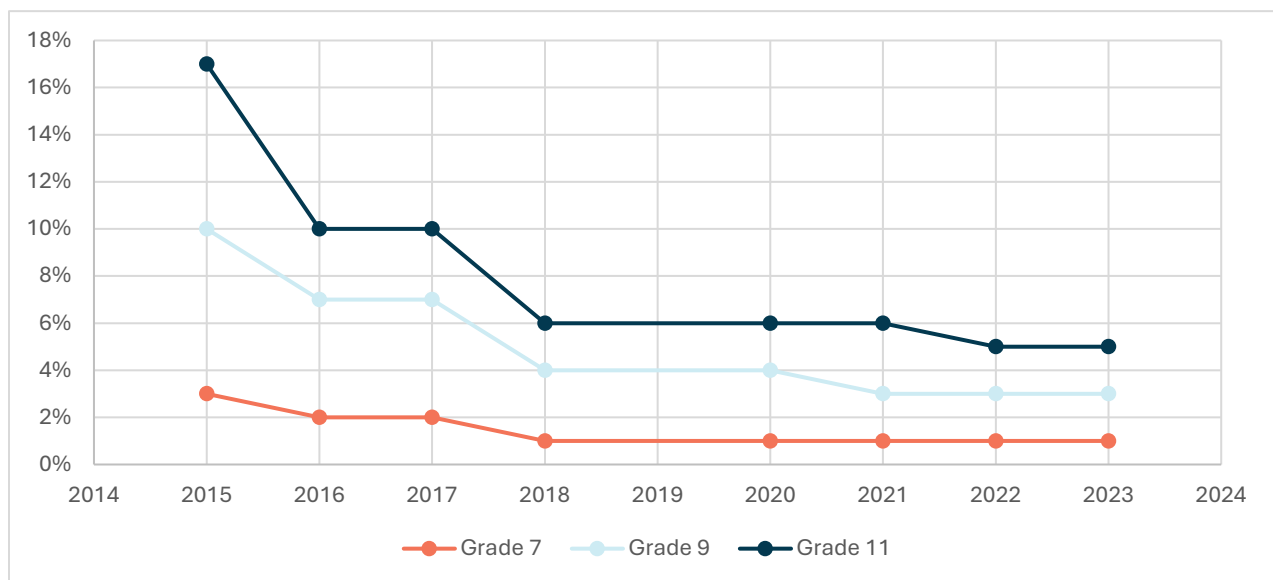
For both marijuana use and binge drinking in secondary school grades, there has been a decline in all grades for Stanislaus County students from 2015 to 2023.

EXHIBIT 27 CURRENT MARIJUANA USE BY SECONDARY SCHOOL GRADE IN STANISLAUS COUNTY, 2015-2023



Source: California Department of Public Health

EXHIBIT 28 CURRENT BINGE DRINKING BY SECONDARY SCHOOL GRADE IN STANISLAUS COUNTY, 2015-2023



Source: California Department of Public Health

Mental Health in Schools

Many participants highlighted the need for more mental health services for youth within the school system. Some shared that there are lingering effects on mental health from the COVID-19 pandemic and that current efforts are not as impactful as they would hope. However, the COVID-19 pandemic was not a major discussion point in the focus groups with youth.

- “Our town, schools and stuff, they say they want to help with mental health, but they just put it on for show and I don’t think they really take action.” – Community Member

Participants shared solutions that are currently in the works, along with others that they would like to see enacted. To have a meaningful impact, schools must take a holistic approach that focuses on programs for students, teachers, and parents working together to provide adequate mental health support.

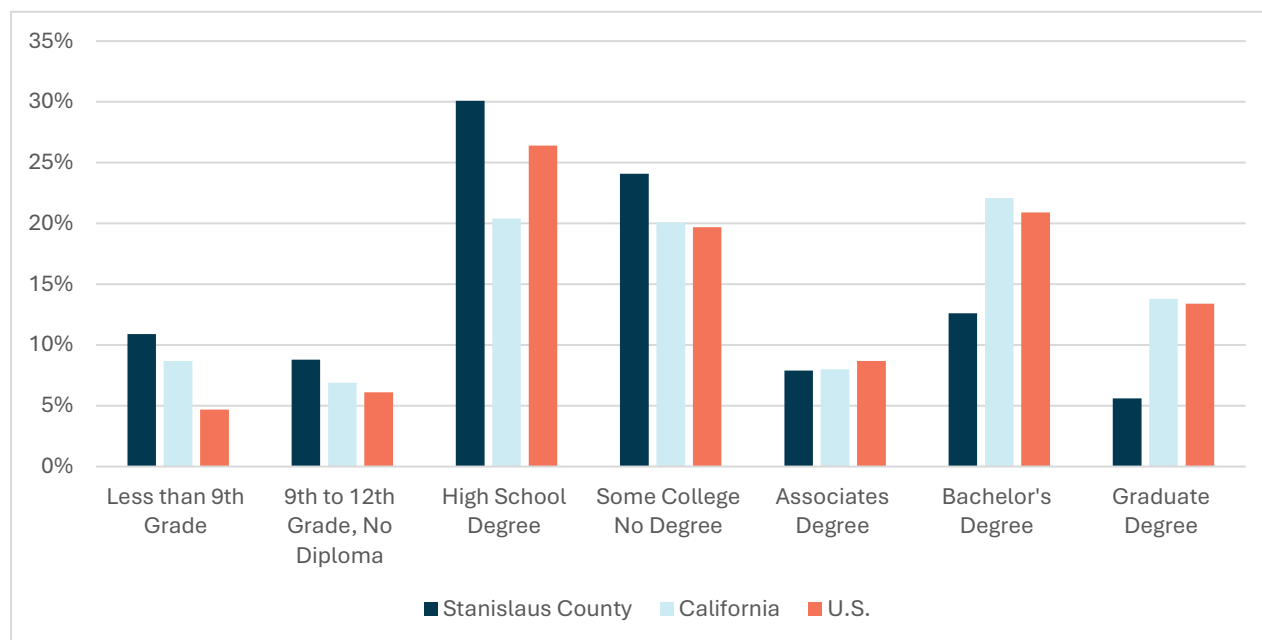
- “I see that there is a lot of mental health geared toward the young people toward the kids and really see the need to see teachers and staff needing the training and support. [...] Schools need the funding and support to get there. Teachers are not psychologists, and they don't have the training - one person for 20, 25, 30 students. They can't really teach, let alone give the mental health support.” – Stakeholder

Adult Educational Attainment

Approximately one in five Stanislaus County residents over the age of 25 do not have a high school diploma. This is a higher percentage of residents compared to those with a bachelor’s degree. People with a college degree generally have a higher lifetime income potential than those who do not have a college degree¹⁰.

¹⁰ Social Security Administration. Education and Lifetime Earnings. <https://www.ssa.gov/policy/docs/research-summaries/education-earnings.html>

EXHIBIT 29 HIGHEST LEVEL OF EDUCATIONAL ATTAINMENT, 25 YEARS AND OLDER, 2022



Source: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

Stakeholders and focus group participants highlighted the importance of strengthening the education system to both provide individuals with better opportunities and to strengthen the local workforce, specifically in healthcare. Adult education support and opportunities overlap with the economic prospects of individuals in Stanislaus County. Many participants proposed tangible solutions for utilizing secondary education in the area to improve the lives of area residents. The following is a summary of potential ideas suggested by community members in their own words.

- “... I also think we need a pipeline. A lot of times, they'll go to school here. And then when they're done, they get trained here, they go to school here, and then they go out and look for a job somewhere else. So there has to be a pipeline or a system that we create where they start here. They go to school here, they get trained here, and then they come back and work in my community when they're done. But part of that has to be that we're competitive with what they can find in other places as well. I do think that we need to consider that.” – Stakeholder

If you had all the money and resources in the world to make your community healthier, what would you do?

“Expanding the education programs. The nursing program turns away hundreds of kids that wanted to be in that program and now those people are in another field. Having medical students that get loans paid to stay and work at hospitals can bring people to the area.”

– Community Member

Health Care Access and Quality

Health Care Access and Quality is one of the five social drivers of health. Health care access and quality can impact a person's health outcomes and overall well-being by influencing the availability, effectiveness, and safety of health services. Vulnerable populations often face barriers to high-quality health care due to socioeconomic disparities, insurance gaps, and limited availability or access to providers among other factors.

Access to health care is important because it helps people achieve their best health, including physical, mental, and emotional health, prevents disease, and reduces health disparities. The United States has a complex healthcare system, which can be hard to navigate even for those who work within the system. Provider shortages, insurance or financial barriers, and transportation are all barriers that can prevent people from accessing timely and appropriate healthcare services within their communities.

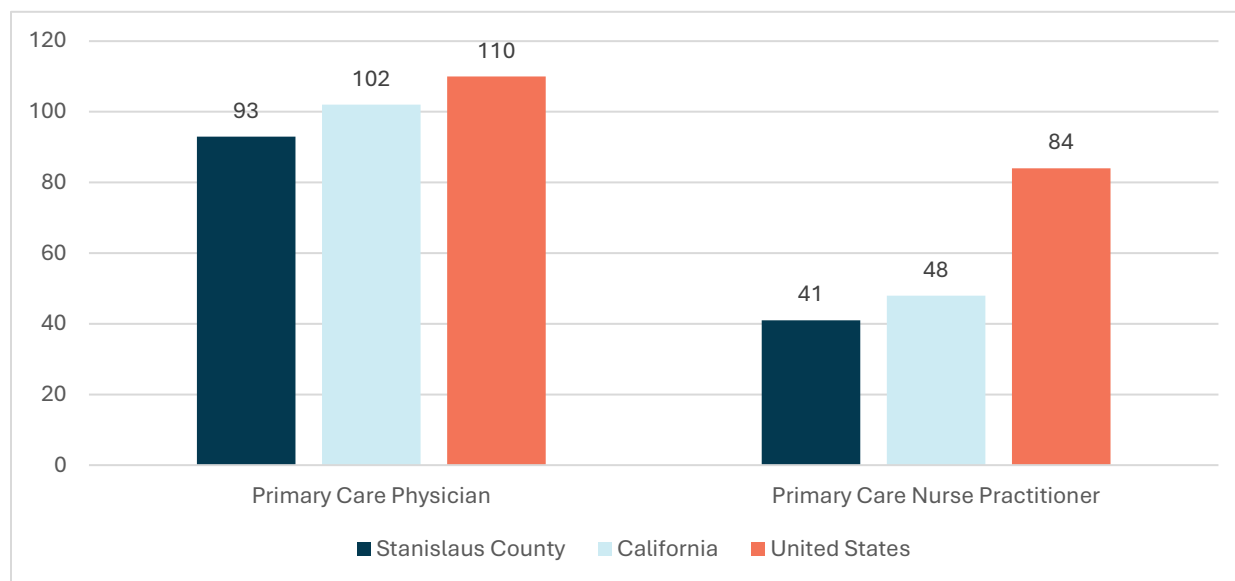
Access to Primary Care

Stanislaus County is designated by the Health Resources and Services Administration (HRSA)¹¹ as a primary care designated shortage area for the Hughson and Oakdale/Riverbank census tracts. The county is home to several Federally Qualified Health Centers (FQHCs) that provide care to Stanislaus County's most underserved communities.

Primary care is critical to providing preventive care and early screening for chronic diseases and the overall health of individuals. Care can be provided by physicians, nurse practitioners, or physician assistants. Stanislaus County has a slightly lower rate of primary care physicians and primary care nurse practitioners than California and the United States. Despite having low provider rates for primary care, most community residents did not indicate primary care to be one of the top needs in the community. However, community residents have reported that insurance, especially Medi-Cal, can be a barrier to accessing care for all types of providers. More information on insurance barriers is in the Medi-Cal section of the report.

¹¹ HRSA. <https://data.hrsa.gov/tools/shortage-area>

EXHIBIT 30 PRIMARY CARE PROVIDERS (PER 100,000 POPULATION), 2022



Sources: National Plan & Provider Enumeration System NPI, 2022. <https://www.cms.gov/Regulations-and-Guidance/Administrative-Simplification/NationalProviderStand/DataDissemination>

Access to Specialty Care

Specialty care is medical care provided by healthcare providers with specialized training and expertise in a particular area of medicine. Specialty care can include cardiology, neurology, and oncology, among many other specialties. Additionally, some specialists may even specialize further in a medical discipline such as pediatrics or a disease focus such as cancer.

Specialty care is critical for individuals with complex medical conditions that need specialized treatment and management. Specialty care was a common topic of discussion during focus groups throughout the community.

Provider ratios provided by the National Plan & Provider Enumeration System (NPI) suggest that Stanislaus County might have some provider shortages for primary care, pediatricians, and OBGYNs. Additionally, there are fewer dentists compared to California, but Stanislaus County is on par with the United States provider ratio.

EXHIBIT 31 HEALTH CARE PROVIDER RATIO PER 100,000 POPULATION, 2023

	Stanislaus County	California	U.S.
Dentist	66	80	64
Mental Health Provider	203	333	171
Pediatrician	67	121	122
Obstetrics Gynecology / OBGYN	21	26	28
Midwife and Doula	6	9	9

Sources: National Plan & Provider Enumeration System NPI, 2022. <https://www.cms.gov/Regulations-and-Guidance/Administrative-Simplification/NationalProviderStand/DataDissemination>

Focus group participants highlighted the barriers to accessing healthcare in Stanislaus County. They emphasized challenges with transportation, provider availability, and technical challenges, like difficulty navigating the system or knowing what their healthcare options are. Participants shared how healthcare access is impacted by workforce shortages in the area, further supporting the previous suggestions for utilizing secondary education opportunities to build the workforce.

- “The other key piece is lack of access to health services, either because it is too far or not accessible – a lack of transportation or someone being able to take them. This also goes back to the issues of caregiving. We do not have enough help to get to and from appointments. We also do not have good doctors. Seniors must go far to get access to the specialist they need to be treated for some of their medical conditions, and oftentimes, some of those transportation services do not take them.” – Community Member

Technical challenges, such as navigating complex health systems, further impede individuals from receiving the care that they need.

- “It was difficult to navigate those referrals from my primary care doc. You have to be on it to seek that care with a specialist.” – Community Member

LGBTQIA+

Participants shared that healthcare services for LGBTQIA+ individuals in the community can be hard to access, especially for trans individuals who often have more complex needs. These individuals often must travel elsewhere for care, provided they have transportation, or feel the need to educate their healthcare provider on appropriate care.

- “I’ve heard a lot from trans folks that we work with and go to sensitivity trainings in medical fields. A lot of trans folks say that when they seek care [the doctors] kind of

freak out and say, "go see someone else," and people feel defeated that they don't give them the time of day and expect the individual to educate them." – Community Member

Cancer

Individuals who were diagnosed with cancer or caring for someone diagnosed with cancer shared the unique challenges that they face when seeking care. The challenges include the lack of pediatric oncology providers and concerns regarding transportation to care.

- “We have Valley Children’s Hospital here, but we still go to Stanford. I spent the first year of [my daughter’s] diagnosis trying to find somewhere closer. I think the closest option is in Sacramento for kids’ oncology. They’re all about an hour and a half away. I feel that’s a really big gap we have. We have oncologists, but they don’t see kids, and we have peds oncology, but they don’t see kids under 13.” – Community Member
- “The only transportation we have is for those 65+, and you’re seeing cancer younger and younger. [...] The number one issue across the board is transportation in Stanislaus County, and if you can’t get them to every radiation, every chemo, they are not going to heal, and those aren’t patients that you can put on public transportation.” – Community Member

Home Healthcare

Many individuals, particularly within the Assyrian community in Stanislaus County, have family members whom they provide care for within the home. This is a unique type of healthcare that requires consideration of both those receiving care and those providing care. Many shared that they are not able to access the tools to care for their loved ones, and there are financial and cultural barriers to hiring any caregivers to assist them.

- “My request is that if someone wants to take care of their parents at home, they need more tools, more help.” – Community Member
- “When it comes to the [Assyrian] elderly, cultural competency becomes a priority. You can’t communicate with someone who doesn’t speak your language or know your culture. For example, if you have an elderly gentleman and you bring in a young woman to bathe him, that’s a cultural barrier. We realize that an elderly person can be helped at home; that is saving money for the community. Being able to provide culturally competent care in their home gives them the dignity to live in their own home.” – Community Member

Mental Health Access

One in five adults in the United States experiences a mental health condition each year. For youth aged six to 17, this is one in six. Suicide is the second leading cause of death among people aged 10 to 14.¹² Mental health conditions, such as depression and anxiety, are just as prevalent as many physical chronic diseases like diabetes, asthma, and more.

In Stanislaus County, mental health was identified as one of the top community needs in qualitative research. The secondary data also indicates that it is an emerging need in the community. Stanislaus County adult residents have self-reported their mental health as poor at slightly higher rates than California and the United States. This may indicate that adults in the county need access to mental health providers. While the suicide rate in Stanislaus County is below the national rate, it is slightly higher than in California, indicating that individuals may be struggling with their mental health and need adequate access to care.

EXHIBIT 32 SUICIDE DEATH RATE PER 100,000, 2022

	Stanislaus County	California	U.S.
Suicide Death Rate	11.4	10.5	14.2

Source: California Department of Public Health, Injury and Violence Prevention Branch, Data on Suicide and Self-Harm, 2018-2020 | CDC WONDER Cause of Death, Suicide Death Rate, 2022. <https://wonder.cdc.gov/>

EXHIBIT 33 SELF-RATED MENTAL HEALTH, ADULTS (18+), 2022

	Stanislaus County	California	U.S.
Poor Mental Health (14 or more days per month)	17.9%	16.7%	15.8%

Source: CDC BRFSS PLACES, 2022. <https://www.cdc.gov/places/>.

In the qualitative research, the need for more mental health care services was noted across the age spectrum, from youth to older adults. Participants shared that a lack of preventative care, transportation barriers, and prolonged wait times are all barriers that individuals face when seeking mental health care. Low-income individuals and families are particularly affected by this.

- “Dementia care is also a need. It’s something we don’t talk about in our community; we need to start educating what Alzheimer’s looks like, what it feels like.” - Stakeholder

¹² NAMI. Mental Health by the Numbers. <https://www.nami.org/about-mental-illness/mental-health-by-the-numbers/>

- “One thing that is very much lacking is access to mental health services for young adults who are in crisis but have not been hospitalized. I’ve sought services for that population, and they ask, “When is the last time you were hospitalized?” and if they haven’t been, that makes them ineligible. It’s a step too late.” - Stakeholder
- “It takes forever for people to get their first appointment for mental health. If people are affluent, there are a lot of therapists, but there is a gap.” – Stakeholder

“I would say that access to services for mental health is important. I think we are doing such good work with creating wraparound services, and making services accessible through telehealth and other options, but I do think there is still lots of work that needs to be done on diagnosis of mental health and making sure we are addressing the needs earlier. I think because we lack the access to providers, a lot of this work cannot be done. We need to attract more mental health service providers to the county to help with diagnosis and treatment.”

- Stakeholder

Substance Use Treatment

Individuals who need substance use treatment also face barriers that prevent them from reaching care, including stigma and transportation. Stigma may prevent individuals from seeking help, while the lack of transportation can make it difficult for them to access treatment centers. Participants shared that there is a need for comprehensive and compassionate substance use treatment that is tailored to the individual seeking care.

- “Too many people who don’t understand that substance [mis]use or alcoholism is a disease and there could be a genetic component; people are ill-informed of the causes. Also, there’s a lack of adequate services to address those needs if someone wants to address them. There are not enough programs or follow-up within programs themselves.” – Stakeholder

In 2022, Stanislaus County had a slightly higher opioid overdose death rate than California, but similar to the United States.

EXHIBIT 34 OVERDOSE DEATH RATES PER 100,000, 2022

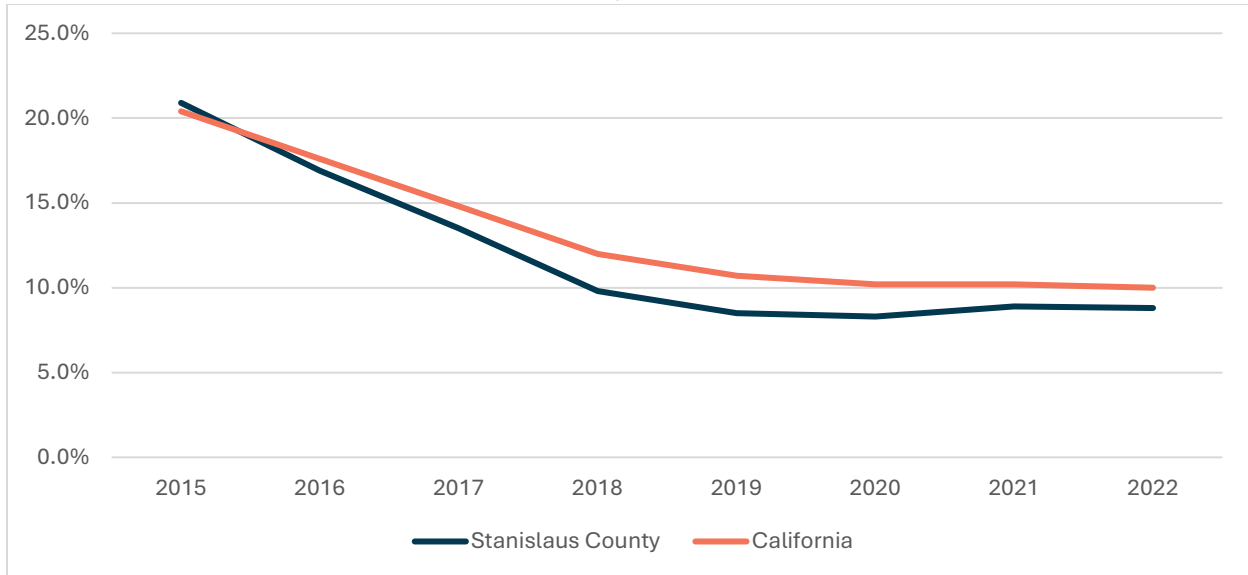
	Stanislaus County	California	U.S.
Opioid Overdose Death Rate	24	18	25
Alcohol Impaired Driving Death Rate	15	900	11,348

Source: CDC WONDER, Cause of Death Data, 2022. <https://wonder.cdc.gov>

Health Insurance – Uninsured Populations

In 2022, 8.8% of adults aged 19 to 64 did not have health insurance in Stanislaus County. Since 2015, the percentage of uninsured individuals in Stanislaus County has declined following a similar trend to California.

EXHIBIT 35 PERCENT OF UNINSURED INDIVIDUALS, 2022



Source: U.S. Census Bureau American Community Survey Five Year Estimates, 2015-2022

Almost half the population of Stanislaus County has public health insurance, which includes both Medicaid and Medicare. Nearly one in 10 adults aged 19 to 64 do not have health insurance in Stanislaus County. Exhibit 36 shows that the highest percentage of uninsured adults reside in Modesto and Turlock.

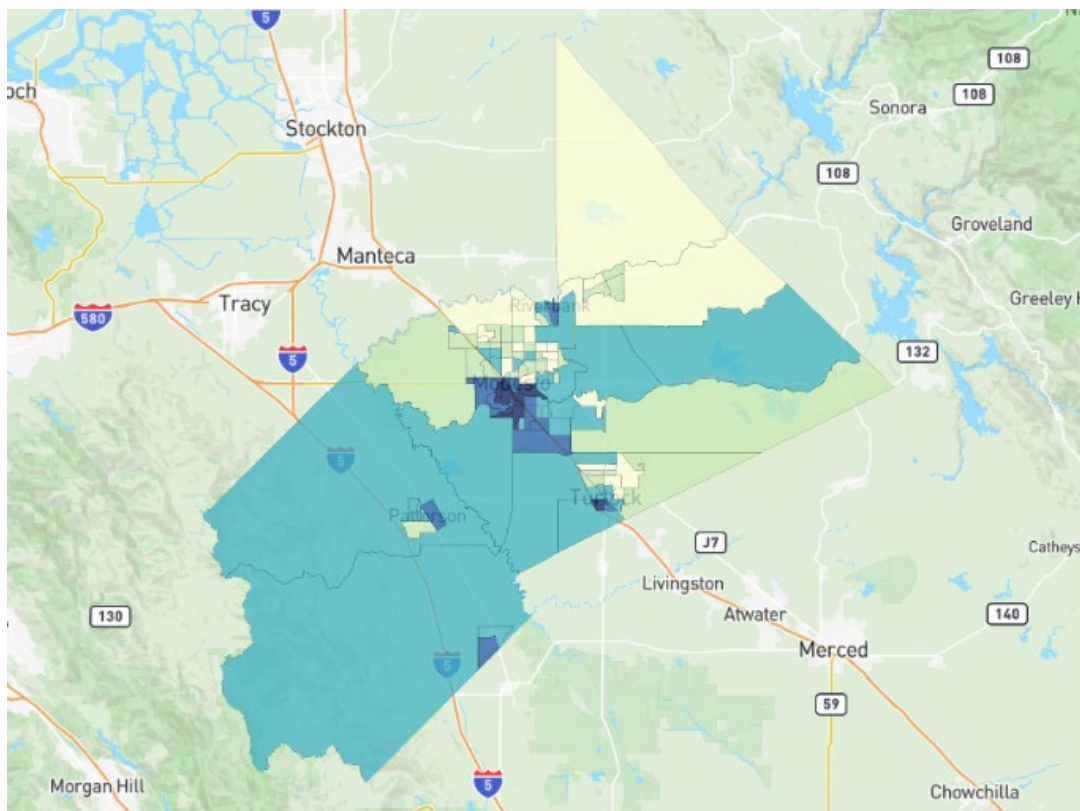
EXHIBIT 36 UNINSURED POPULATION, 2022

	Stanislaus County	California	U.S.
Age Under 6 without Health Insurance	2.4%	2.5%	4.4%
Age 6 to 18 without Health Insurance	3.1%	3.7%	5.7%
Age 19 to 64 without Health Insurance	8.8%	10.0%	12.2%
Age 65 and Over without Health Insurance	0.8%	1.1%	0.8%
People with Private Health Insurance	62.1%	69.1%	74.0%
People with Public Health Insurance	47.8%	41.4%	39.3%
Age 18 and Under with a Disability without Health Insurance	1.6%	2.8%	3.9%

	Stanislaus County	California	U.S.
Age 19 to 64 with a Disability without Health Insurance	7.8%	7.3%	10.1%
People in Labor Force without Health Insurance	8.8%	9.5%	11.5%

Source: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

EXHIBIT 37 LACK OF HEALTH INSURANCE AMONG ADULTS, 2022



Lack of Health Insurance Among Adults

- 6.3% – <9.1% People
- 9.1% – <13.0%
- 13.0% – <17.8%
- 17.8% – <23.5%
- 23.5%+

Source: CDC BRFSS Places 2022

Medi-Cal

Medi-Cal is California's Medicaid program, which provides health insurance to low-income Californians, including families, seniors, persons with disabilities, children in foster care, pregnant women, and childless adults with incomes below 138% federal poverty level. As of June 2024, there were 13.5 million people across California enrolled in Medi-Cal.¹³

Stanislaus County residents have the option of three Medi-Cal health plans: Health Net, Health Plan of San Joaquin, and Kaiser Permanente.

While many participants shared that Medi-Cal insurance coverage is an incredibly helpful resource in the community, they also shared concerns over the quality of providers and accessibility of services. Many shared that finding a provider that accepts Medi-Cal is difficult, which also leads to very long wait times for providers that do accept it. This creates inequitable access to care depending on insurance status.

- “A lot of the community is low-income, so we are on Medi-Cal. So, a lot of offices don't take Medi-Cal. A lot of providers don't take this insurance for any of the specialties or dentists. I had to make an appointment for mom at the neurologist, but I have been waiting six months and still no call.” – Community Member

Medi-Cal is a blessing and a curse. You have to know three months in advance if you're going to be sick so you can get in to your doctor.”

- Community member

¹³ California Health Care Foundation. Medi-Cal Facts and Figures – 2024 Edition.

<https://www.chcf.org/publication/medi-cal-facts-and-figures-2024-edition/#:~:text=View%20the%20Report&text=Medi%2DCal%2C%20California's%20Medicaid%20program,immigrants%2C%20regardless%20of%20immigration%20status.>

Healthcare Quality

When sharing about the healthcare they have received, many participants reflected on the quality of the care and how important trust is when it comes to quality care. Many shared that having a relationship built on trust with healthcare systems and providers is essential. For specific groups such as undocumented immigrants, the Black/African American community, and the LGBTQIA+ community, trust is essential to encourage individuals to seek care, and providing quality care is essential to building trust.

“There are a lot of doctors who are nervous and want to help LGBTQ+ people but don’t necessarily have the education. They’re supportive and their heart is in the right place, but how do we make sure they are able to provide that care? I would love to see collaboration to educate healthcare providers.”

– Community Member

- “And I think that there was an investment in making sure that there were African Americans who were part of that that were going out to speak to the African American community. I think those trusted leaders are really, really important - the trusted leaders in the medical field, the health field. I think hiring more staff to teach those that you're trying to reach is really important in building trust and in communicating, not only in the information, but just the lived experiences that another African American staff member can understand. Perhaps someone who's not from the same makeup would not or wouldn't be as accepted.” – Community Member
- “There needs to be a better job of the education that is being done for the people who are going into these health fields. There needs to be a better screening process to make sure that the people that are going into these fields are those who want to help people and don't want to take advantage or mistreat people [...] And so when we're talking about the idea that there needs to be trust that happens, it cannot be that you're just coming out to fulfill a box and say that we did this, we had this conversation, because people are not willing to accept that any longer.” – Community Member

Spotlight On

Potential Strategies

Many participants shared their own ideas on how to improve the quality of care that individuals in Stanislaus County receive. These strategies focus on building a strong workforce to provide consistent care, implementing training opportunities to educate healthcare staff, and helping individuals from diverse backgrounds enter the healthcare field. By focusing efforts on building consistent, culturally sensitive care, healthcare providers can foster trust with the community they serve.

Spotlight: Community Survey

In the community survey, survey respondents were asked if they needed medical care in the past 12 months but did not receive it. One in three survey respondents reported they needed medical care and did not receive it. Nearly one in two survey respondents with a household income of \$15,000 to \$24,999 indicated they needed medical care and did not receive it in the past 12 months.

1 in 3 survey respondents needed medical care but did not receive it in the past 12 months.

EXHIBIT 38 NEEDED MEDICAL CARE BUT DID NOT RECEIVE IT

	All	White	Hispanic	\$15,000-\$24,999	\$35,000-\$44,999	\$45,000-\$74,999	\$75,000-\$99,999	\$100,000 and above
Yes	30.0%	25.6%	30.9%	46.7%	20.0%	33.3%	26.1%	26.1%

The top reasons survey respondents did not receive medical care include long wait times to see a provider, providers unavailable in my community, and no money/inability to pay.

EXHIBIT 39 REASONS FOR NOT SEEKING MEDICAL CARE

Reasons	All Responses
Long wait times to see a provider	66.7%
Providers unavailable in my community	34.1%
No money/inability to pay	27.3%
No health insurance	20.5%
The doctor's office does not accept my insurance	19.7%
The provider did not listen to my needs	16.7%
No way to get to that service (lack of transportation, whether car, bus, etc.)	12.9%
Other	10.6%
Providers or staff did not speak my language	8.3%
Do not trust providers or staff	6.1%
My neurological or developmental conditions (such as ADHD, ADD, OCD, autism spectrum disorder, etc.)	5.3%

Reasons	All Responses
Concern about the impact on my immigration status	3.8%
Providers or staff do not understand my culture	3.0%
Providers or staff are not knowledgeable about people with my sexual orientation or gender identification	2.3%

Similar to medical care above, survey respondents were asked if they needed mental health or substance use services in the past 12 months and did not receive them. One in six survey respondents reported needing mental health or substance use services and did not receive them. Survey respondents with incomes of \$15,000-\$24,999 and \$45,000-\$74,999 reported needing services at the highest percentages compared to other demographic groups.

EXHIBIT 40 NEEDED MENTAL HEALTH OR SUBSTANCE USE CARE AND DID NOT RECEIVE IT

	All	White	Hispanic	\$15,000 -\$24,999	\$35,000 -\$44,999	\$45,000 -\$74,999	\$75,000 -\$99,999	\$100,000 and above
Yes	16.2%	17.7%	15.3%	25.0%	15.0%	23.7%	12.5%	8.5%

The top reasons why survey respondents did not receive mental health or substance use care that they needed include long wait times to see a provider, providers unavailable in my community, and no money/inability to pay.

EXHIBIT 41 REASONS FOR NOT SEEKING MENTAL HEALTH OR SUBSTANCE USE CARE

Reasons	All Responses
Long wait times to see a provider	52.1%
Providers unavailable in my community	49.3%
No money/inability to pay	32.9%
The doctor's office does not accept my insurance	27.4%
The provider did not listen to my needs	17.8%
Do not trust providers or staff	16.4%
No health insurance	15.1%
My neurological or developmental conditions (such as ADHD, ADD, OCD, autism spectrum disorder, etc.)	12.3%

Reasons	All Responses
Other	11.0%
Providers or staff do not understand my culture	6.8%
No way to get to that service (Lack of transportation, whether car, bus, etc.)	5.5%
Providers or staff did not speak my language	5.5%
Providers or staff are not knowledgeable about people with my sexual orientation or gender identification	5.5%
Concern about the impact on my immigration status	1.4%

The above two survey questions indicate that the availability of medical and behavioral health services may have significant barriers for some community members to access, such as the availability of providers and the ability to pay for care. The sample size is small for each demographic group; persons of lower income and people of color may experience more barriers compared to other demographic groups, indicating health disparities in Stanislaus County.



Neighborhood and Built Environment

Neighborhood and Built Environment is one of the five social drivers of health. It includes key issues such as quality of housing, access to transportation, and neighborhood crime and violence. The environment, such as air pollution, unsafe drinking water, and climate change can also impact the health of an individual person and the community as a whole.

The communities we live in, even the street we live on, can have a major impact on our health and well-being. Many people within the United States live in neighborhoods without sidewalks and high rates of violence, unsafe air or water, and other health and safety risks. People of color and households of lower income disproportionately live in neighborhoods with these health risks.

Equity of Neighborhoods

Many participants shared that there are significant disparities between different areas of Modesto, with South and West Modesto facing the highest levels of inequity. Participants shared that these communities are often systemically neglected and provided minimal resources to maintain their communities. These areas are often home to immigrant and Hispanic communities. The built environment in the neighborhoods only adds to the challenges they face. Many feel that certain areas are unsafe, which restricts residents' ability to be outdoors and engage with their community.

- “There is a huge segregation of wealth. It’s a lot of our immigrant community. Because there are no real services or care being provided, it’s not getting any better. [...] The roads are torn up, the buildings are dilapidated, there is trash everywhere. They’re not caring for it like they do other parts of the city.” – Community Member
- “The neighbors do things that scare them. [The kids] aren't comfortable going outside to play. [...] We are not all calm at home. [My daughter] goes to school and comes straight home, and she doesn't want to go outside. [...] The neighborhood we live in is not letting us be healthy. We’re not able to go outside for a walk.” - Community Member

Transportation

Transportation is critical for people to live, work, and play in their communities. Stanislaus County is a very geographically diverse county with pockets of urban areas but is mostly suburban and rural land. While there is limited public transportation in the county, most people rely on private vehicles to get around.

EXHIBIT 42 TRANSPORTATION TO WORK, 3-YEAR ROLLING ESTIMATES, 2018-2022

	Stanislaus County	California	U.S.
Mean Travel Time to Work (in minutes)	30.8	29.2	26.7
Commute Transportation by Public Transit	0.8%	3.6%	3.8%
Commute Transportation by Driving Alone	79.6%	68.4%	71.7%

Source: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

Most households in Stanislaus County have a vehicle; however, 5.4% of households have no vehicle, which may hinder their ability to access services.

EXHIBIT 43 AUTOMOBILE ACCESS. 3-YEAR ROLLING ESTIMATES, 2018-2022

	Stanislaus County	California	U.S.
No Vehicles Available	5.4%	6.9%	8.3%
One Vehicle Available	26.4%	30.1%	32.6%
Two Vehicles Available	36.5%	36.7%	37.0%
Three or More Vehicles Available	31.7%	26.2%	22.1%

Source: American Community Survey, ACS 2018-2022 Five-year Estimates

Participants in focus groups noted that there is an opportunity for improvement when reflecting on the public transportation in Stanislaus County. Individuals' proximity to a public transportation route directly affects their ability to reach healthcare services, schools, and other resources. Similarly, the operating hours and duration of transportation affect community members' ability to reach care.

- "Transportation - huge lack of options. Many families struggle with getting their kids to school or live outside of an area where the bus operates, they can't get to doctor's appointments. Then it gets into child neglect, and they end up in the child welfare system." - Stakeholder

- “When I used to work for radiology for Sutter, we had appointments on the weekends. A lot of the patients said, ‘I don’t have public transportation to get me there on the weekend.’ – Community Member
- “But if you live in a rural area, there's one bus that goes through the county. And like, for example, let's say they have an appointment in Modesto, a person from Patterson, they have an appointment at 10 o'clock. They probably have to take the 6:00 a.m. bus and probably arrive in Modesto at 10 o'clock, and they probably won't be able to be home until like 2 o'clock because it's just one bus that rides around, and it takes two or three hours to make it.” - Stakeholder

Environment

Located in the Central Valley of California, Stanislaus County can have extreme weather. Climate and weather extremes can impact a person’s health. Stanislaus County has a much higher drought risk than California and the United States. As an agricultural community, water is important to the economic health and stability of the community as well.

EXHIBIT 44 DROUGHT HAZARD RISK INDEX, 2023

	Stanislaus County	California	U.S.
Drought Hazard Risk Index Score	99	88	49

Source: FEMA, The National Risk Index, [National Risk Index | FEMA.gov](https://www.fema.gov/national-risk-index)

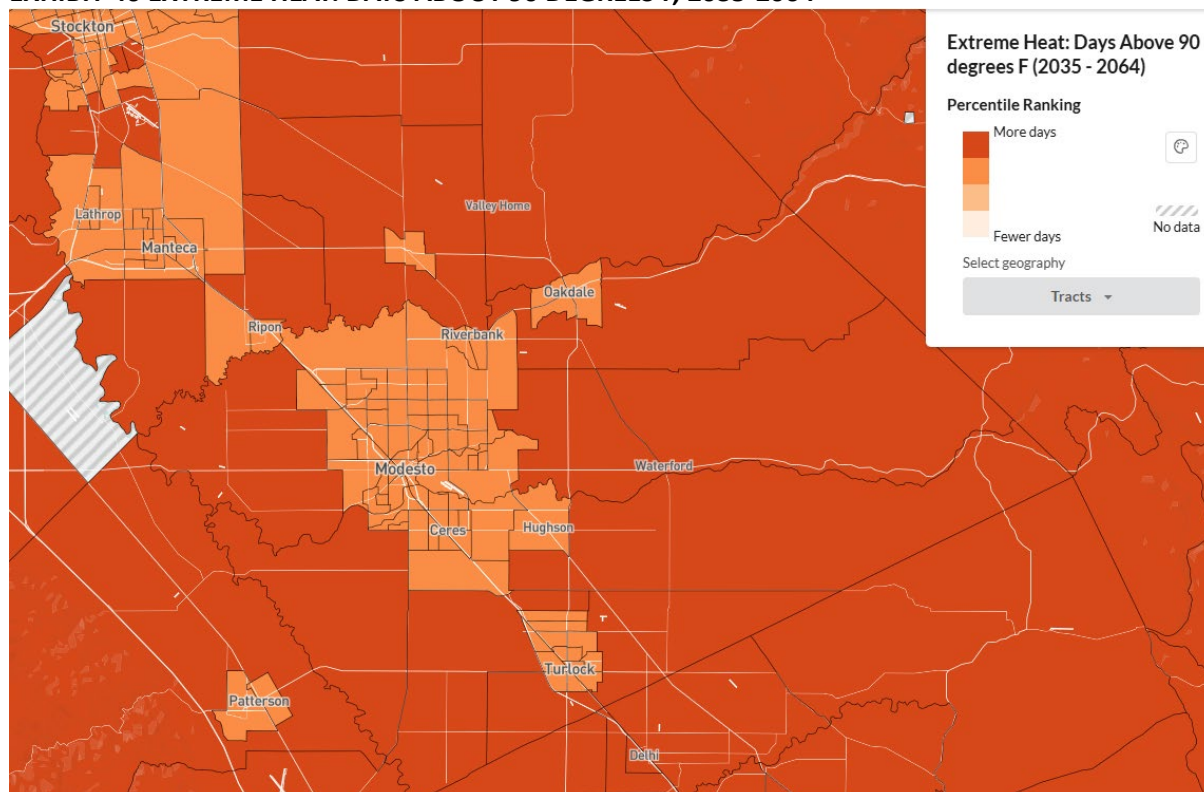
Stanislaus County has a much higher heat wave hazard risk than California and the United States. Extreme heat events can be dangerous to health and even fatal. These events result in increased hospital admissions for heat-related illness, as well as cardiovascular and respiratory disorders.

EXHIBIT 45 HEAT WAVE HAZARD RISK INDEX, 2023

	Stanislaus County	California	U.S.
Heat Wave Hazard Risk Index Score	93	76	49

Source: FEMA, The National Risk Index, [National Risk Index | FEMA.gov](https://www.fema.gov/national-risk-index)

EXHIBIT 46 EXTREME HEAT: DAYS ABOUT 90 DEGREES F, 2035-2064



Source: California Health Places Index: Extreme Heat Edition

The Air Toxics Cancer Risk Environmental Justice Index is the estimate of individual lifetime cancer risk from inhalation of air toxics multiplied by the proportion of the population identified as low-income or belonging to an ethnic/racial minority group. Lower values indicate lower relative individual lifetime cancer risk from inhalation of air toxics, while higher values indicate greater relative individual lifetime cancer risk from inhalation of air toxics.¹⁴

Stanislaus County has a slightly higher Air Toxics Cancer Risk Environmental Justice Index score than California, indicating that Stanislaus County residents may have a slightly higher cancer risk. Cancer data is reported in the Health Status section of this report.

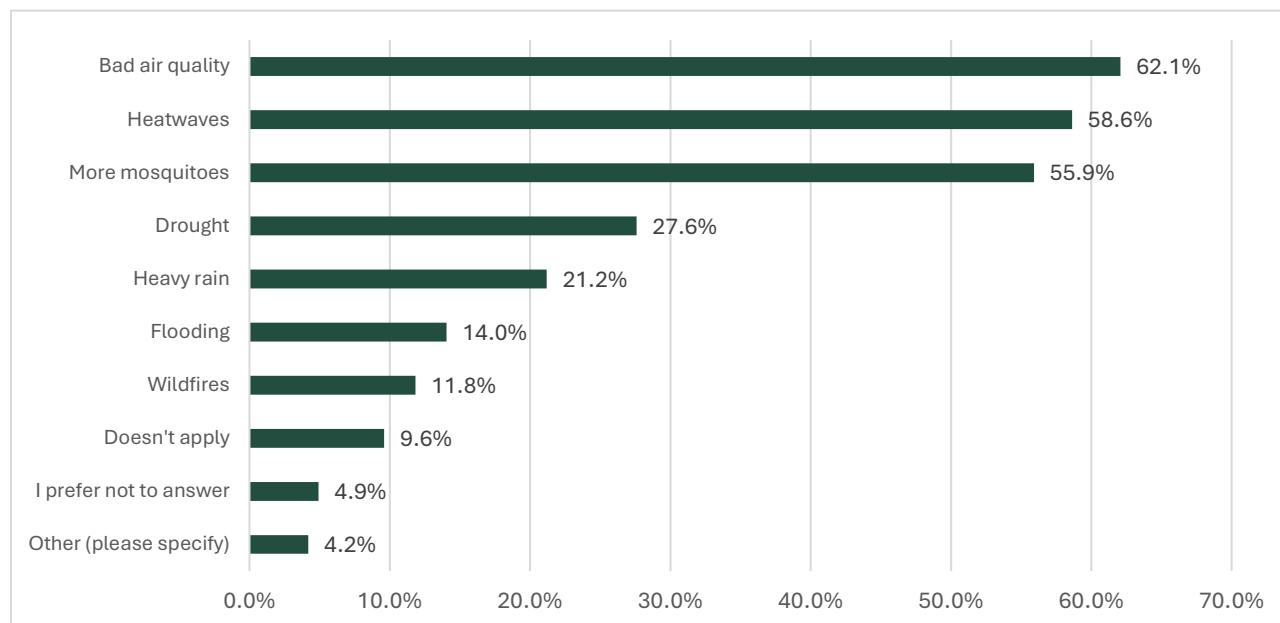
¹⁴ Source: [Learn About Environmental Justice | US EPA](#)

EXHIBIT 47 AIR TOXICS CANCER RISK ENVIRONMENTAL JUSTICE INDEX, 2023

	Stanislaus County	California	U.S.
Air Toxic Cancer Risk Environmental Justice Index	21	18	ND

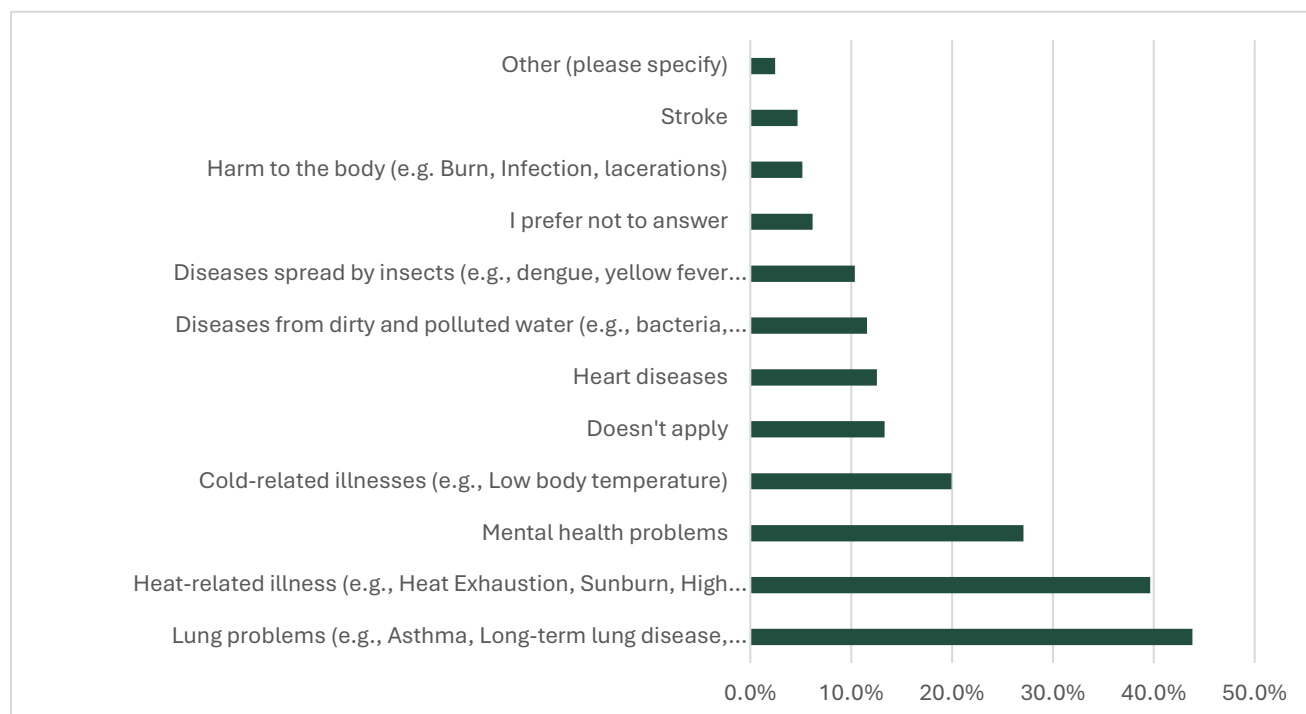
Source: United States Environmental Protection Agency Environmental Justice Screening and Mapping Tool [EJScreen: Environmental Justice Screening and Mapping Tool | US EPA](#)

Several environment-related questions were asked in the community survey. Survey respondents reported that bad air quality, heatwaves, and more mosquitoes impacted them the most directly.

EXHIBIT 48 AIR QUALITY CONCERNS IDENTIFIED BY SURVEY RESPONDENTS

Survey respondents reported that lung problems and heat-related illnesses were the top health problems linked to environmental events.

EXHIBIT 49 TOP ENVIRONMENTAL HEALTH CONCERNS IDENTIFIED BY SURVEY RESPONDENTS



Food Access

Nutritious food is essential for the health of individuals and communities. Unfortunately, access to healthy, nutritious foods are not always available in every community for a variety of reasons. Food access refers to an individual's or household's ability to obtain food for a nutritious diet, encompassing both physical and economic access to food sources. Nearly one in eight (13.5%) of United States households were considered food insecure at some time during 2023¹⁵. The food insecurity rate in 2023 was statistically significantly higher than the 2022 rate of 12.8%.

The 2021 food insecurity rate for Stanislaus County was 11.0%, which is slightly higher than California and the United States.

¹⁵ USDA. Food Security and Nutrition Assistance. [https://www.ers.usda.gov/data-products/ag-and-food-statistics-charting-the-essentials/food-security-and-nutrition-assistance#:~:text=The%20prevalence%20of%20food%20insecurity%20increased%20in%202023%20compared%20with%202022&text=In%202023%2C%2013.5%20percent%20of,in%202022%20\(12.8%20percent\)](https://www.ers.usda.gov/data-products/ag-and-food-statistics-charting-the-essentials/food-security-and-nutrition-assistance#:~:text=The%20prevalence%20of%20food%20insecurity%20increased%20in%202023%20compared%20with%202022&text=In%202023%2C%2013.5%20percent%20of,in%202022%20(12.8%20percent).).

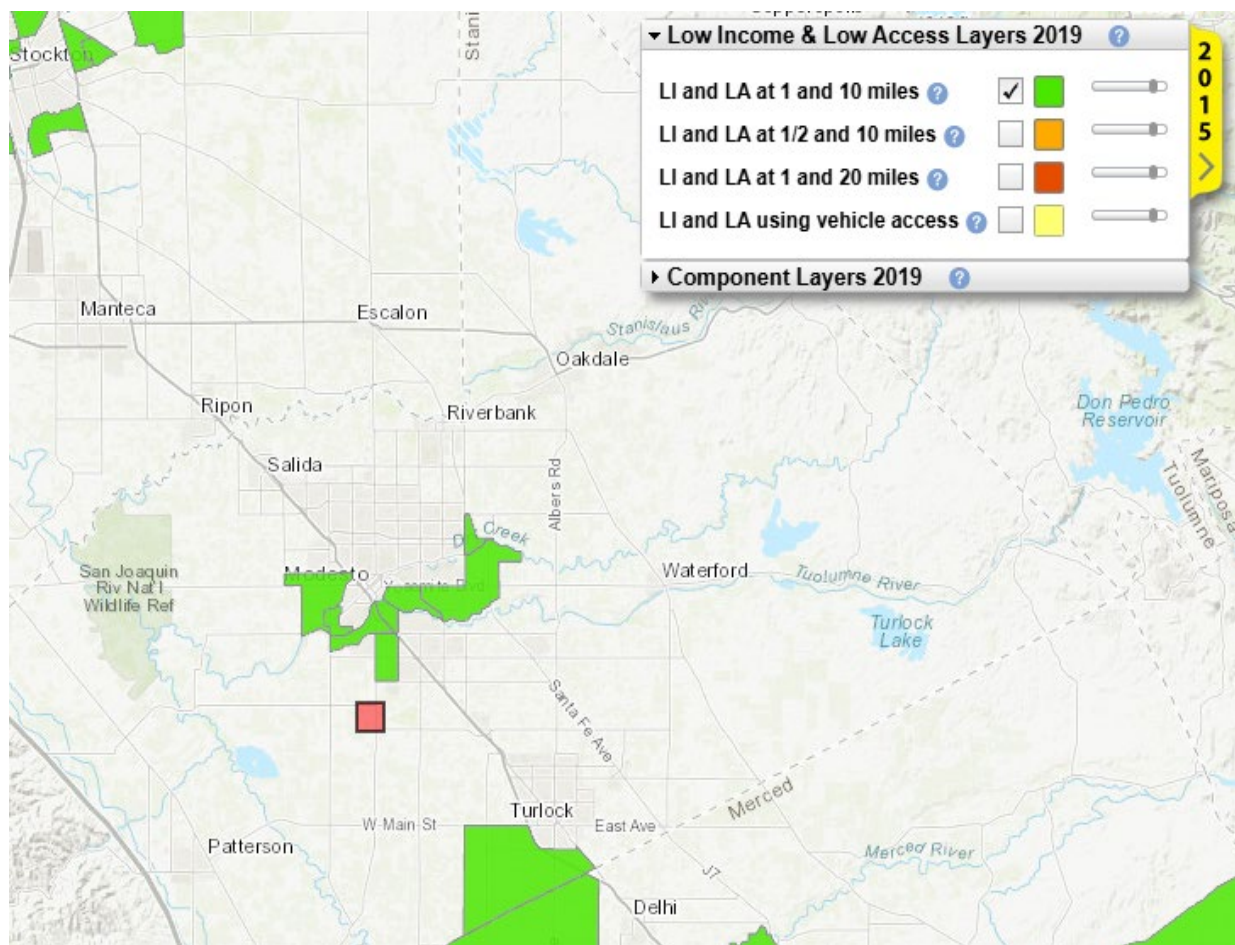
EXHIBIT 50 FOOD INSECURITY RATE, 2021

	Stanislaus County	California	U.S.
Food Insecurity Rate	11.0%	10.5%	10.5%
Child Food Insecurity Rate	15.2%	13.5%	12.8%

Source: Feeding America. Hunger and Poverty in the U.S. <https://map.feedingamerica.org/>.

The USDA Food Atlas indicates there are many low-income census tracts where a significant number or share of residents are more than one mile (urban) or 10 miles (rural) from the nearest supermarket.

EXHIBIT 51 LOW-INCOME AND LOW-ACCESS FOOD DESERTS, STANISLAUS COUNTY, 2019



Source: USDA Atlas

Approximately one in two survey respondents identified that access to affordable, nutritious foods needs much more focus in the community. More Hispanic (59.9%) than White (40.8%) survey respondents agreed that affordable, nutritious foods need more focus.

Social and Community Context

Social and Community Context is one of the five social drivers of health. A person's relationships and interactions with family, friends, coworkers, and community members can have a major impact on their health and well-being. Many people face challenges, such as unsafe neighborhoods, discrimination, or difficulty affording the basic things they need to survive, which can have a negative impact on their health and safety.

According to the National Institute on Aging, the health risks associated with prolonged social isolation are equivalent to smoking 15 cigarettes a day.¹⁶ Humans thrive on social connection, which is the feeling of closeness and belonging to others. However, due to a variety of factors, including social media and the digital world, the COVID-19 pandemic, and other factors, people are not feeling as connected to their communities.

Additionally, racism and discrimination are common occurrences in the United States. A Harvard T.H. Chan School of Public Health study¹⁷ found that 51% of Black Americans say they have personally experienced people using racial slurs against them, and 35% of Asian Americans reported personally experiencing people making offensive comments about their race or ethnicity.

Community and Collaboration

Focus group participants frequently voiced the need for the community and stakeholders to work together to address the needs of the community. This includes working together to allocate funding, authentically engage the community, and develop and implement sustainable solutions. Participants shared that it is essential to listen to the voices of those living in the community to meet the needs that the community identifies as a priority. Additionally, consistent follow-through is a critical way to foster a relationship of trust with the community. Participants shared a collective vision for inclusive, community-driven solutions.

¹⁶ Our Epidemic of Loneliness and Isolation. 2023. <https://www.hhs.gov/sites/default/files/surgeon-general-social-connection-advisory.pdf>

¹⁷ Harvard T.H. Chan School of Public Health. Discrimination in America. <https://hsph.harvard.edu/news/discrimination-in-america/#:~:text=Workplace,hiring%2C%20promotion%2C%20and%20compensation.&text=%E2%80%9494Robert%20Blendon%2C%20Richard%20L.,who%20co%2Ddirected%20the%20surveys.>

- “We need people to hear about people’s lived experience. Address policy systems and environments and programs in specific organizations, listen to what people actually need, not what *you* think they need. Ask what people need and then evolve programs to address this.” – Stakeholder
- “I’ll say that you should designate dollars to go to organizations that are currently working within the communities that serve the populations that you’re trying to address. Reduce some of the overhead of the agencies that are receiving dollars just because you’re used to working with them, and you don’t know the ones that need other addressing. Bringing in leaders, as you have here, so that we can actually create plans for ourselves, instead of coming in with plans and telling us how things should be done. Listen to us when we say, ‘That’s not going to work, and this is why.’ Engage the youth to be a part of the conversations and pay them for their efforts. That would be a start.” – Stakeholder

“Listen. Just learn to listen and learn to listen to what their needs are, and see what you can do, and be very honest about what you can offer, because some of the mistrust that’s out there is because, well, so and so said they were going to help. But they didn’t help.”

– Stakeholder

Stigma

Stigma is an ever-present barrier that community members face. This can include self-stigma, societal stigma, and institutional stigma, all of which impact if and how individuals are able to maintain their health and well-being. Stigma can directly affect individuals’ health through inferior health care services. It can also have indirect effects, such as limiting community members’ economic opportunities, impacting the built environment that people live and work in, fueling feelings of shame, and leading to isolation. Because stigma shows up in a multitude of ways, it impacts many, if not all social drivers of health.

“Stigma kills. How we view people – LGBTQ, homelessness, people with substance abuse issues – people who experience stigma feel that very quickly and then don’t seek out services.”

Types of Stigmas

Societal stigma, self-stigma, and institutional stigma are three types of stigmas that can affect the health of a community:

Self-stigma: This is when people have negative attitudes or beliefs about themselves, including internalized shame. Examples of self-stigma include feeling inferior, blaming yourself for your illness, or feeling like no one understands.

Societal stigma: Also known as public stigma, this is when a large portion of society has negative attitudes or beliefs about people based on their own bias. This can lead to prejudice and stereotypes, including racism, homophobia, xenophobia, and other

Institutional stigma: Also known as structural stigma, this is when schools, governments, corporations, and other institutions create policies that intentionally or unintentionally limit opportunities for certain populations.

Stigma in the Black and African American Community

The societal and institutional stigma that the Black/African American community faces serve as a deterrent to maintaining health and well-being. The stress that stigma causes, and the stigma faced when seeking care creates an environment that does not foster health. Additionally, historic injustices have created justified skepticism toward medical institutions and providers. Participants shared that rebuilding trust within the Black/African American community is essential.

“Racism comes at you in every direction.”

- Community member

- “Stress is a big factor, and stress kills, and it's hard. It's really. It's hard being Black, especially in counties like Stanislaus County where it's really difficult to get a sense of belonging, and so, you know, a lot of people are stressed out about a lot of things.” – Community Member
- “I think [Black/African American] males are also negatively impacted by some of the health disparities. A lot of our African American males are perceived as dangerous, or people will be scared of them or won't always listen to them when they have different conversations. And that's an observation that I've seen. There's one way when my husband would go in and be a different way when I would come in, and so I think that that's another group of the community that are negatively impacted.” – Community Member

Stigma in the LGBTQIA+ Community

Individuals in the LGBTQIA+ community in Stanislaus County reported that they see stigma in the healthcare they receive, but also in home and family dynamics. Family relationships can be a significant source of stress on LGBTQIA+ youth, especially. While this stress affects mental health directly, it was also shared how strained family dynamics can have an impact on other social drivers, such as transportation. Participants also shared that health care providers, despite their best efforts, often lack the training to provide adequate care.

- “I just think it's the stigma and discrimination people face, the lack of training for doctors and nurses, and service providers, and how to treat people getting gender affirming care, or any type of LGBT-affirming care. I've run into doctors and different nurses, and they want to learn, but there's no place for them to go to work, or their organizations don't offer it, or they offer it once, and they did not get the training.” – Stakeholder
- “A lot of what we heard from younger populations is the lack of awareness of LGBTQ+ sensitivity, but also their mental health with their parents. [...] Familial relationships is a huge driver of stress in our community. A lot can come back to finances, which causes stress in the household.” – Community Member

“It's once again stigma, and the stigma of working with LGBT folks and also the mentality that we get as ‘you guys are asking for special treatment.’ We're not asking for special treatment, we're asking for equal treatment. And yet people feel some folks in the medical system have said that to me that, you know, ‘oh, well, we can't do anything special just because it's, you know, you're LGBT and stuff like that’ and no, we're not asking for anything special, but we're asking for you to give us the level of care that you give everybody else – the same quality of care.”

– Stakeholder

Mental Health Stigma

Stigma impacts individuals' mental health directly by creating stress and anxiety, and it also prevents individuals from seeking mental health services. Participants shared how they see stigma and mental health intersect and provided strategies for reducing the stigma around receiving mental health care.

- “My concern was regarding mental health and the young people right now. Both of my sons are very interested. Stress is very scary in young people. Anxiety about the future, life, work, what is going to happen to me. Stress about deportation. People start self-medicating when they experience stress - young people start taking cannabis. We have been advocating for counseling.” – Community Member
- “A lot of parents don’t understand their kids’ complex issues or struggles, or if the kid has autism. It’s clear when a child has autism, but parents may shut down the idea because they don’t want their kids labeled (stigma), but then kids don’t get the care they need. Parents need someone to speak with about their kids’ diagnosis, and so do the kids.” - Stakeholder

"There is a stigma to receiving these services or seeing a therapist where people feel like that means they are a failure. Breaking down the stigma of needing support and asking for it."

– Community Member

Substance Use Disorder (SUD)

Participants shared that societal and institutional stigma, specifically, can discourage individuals from seeking substance use treatment. The “label” of addiction can have negative impacts on other aspects of individuals’ lives, such as quality of care, employment opportunities, and child custody. Fear of repercussions can significantly affect one’s decision to seek care.

- “SUD still has stigma, especially with the homeless population. Our society hangs on to the ‘they did this to themselves.’” – Stakeholder
- “[My magic wand] would be more and better rehabilitative services that are in active addiction instead of sending them to jail or prison, just helping them get clean, and then things would fall in place.” – Community Member

Culture and Communication

The cultural and linguistic diversity within Stanislaus County necessitates a tailored approach when reaching out to individuals and providing services. Being able to provide care in a patient’s language is an additional factor that can help build trust and facilitate a positive relationship between providers and the community. Cultural considerations are also essential to providing

quality care and reaching the individuals in need. By understanding the different cultures that have unique needs, service providers can better engage them in services.

- “The only other thing I would say is there needs to be communication that is relatable to the population. So, what I mean by that is, let's take young people - their dialect is a little different. Their method of communication is a little different. You know, they're quick, simple, get to the point and don't want to read a whole lot, whereas we tend to like a little more information. We want to make sure we understand what it is that we've been told or asked. So, in saying that we work hard to try to make things more accessible, that we speak the language and, you know, generational gap is a real thing, so I'm hoping that we realize that as we continue to do this work.” - Stakeholder
- “There's a lot of anxiety for people who have a language barrier to access services. So, like, will they be somebody that speaks Spanish? Will they be able to help me? Will they want to help me? So, I can tell you there's a lot of anxiety, a lot of social anxiety.” - Stakeholder

“Knowing where to go to be seen in a culturally sensitive way, making sure that advertisements and services are offered in languages that they could understand. If they don't know what they're being offered, it can be dangerous. Language is huge.”

– Stakeholder

Misinformation

The presence of misinformation can have a significant impact on public health in the community, particularly among youth who may unknowingly consume misleading information online or from peers. This can be exacerbated by a lack of trusted information and awareness of where to find this trusted information. Participants highlighted the need for transparent, accurate information provided to communities through trusted sources.

- “Disinformation is a major problem for some youth who are getting information that they believe is correct because they are looking at a site or whatever else is going on, and that information is just purposely there to mislead.” – Stakeholder
- “People don't trust the medical field since COVID. My doctor and I concluded the surgeons didn't lose any ground, but the rest of the doctors took a beating. It takes a toll on the doctors we do have, too.” - Community Member

Community Violence

Stanislaus County has a significantly high violent crime rate compared to California and the United States. During the focus groups, several mothers identified the gang activity in the local parks as a top community need as the public parks are not safe places for their children to play.

EXHIBIT 52 VIOLENT CRIMES PER 100,000, 2022

	Stanislaus County	California	U.S.
Violent Crimes	538.5	173.0	251.0

Source: Federal Bureau of Investigation Uniform Crime Reporting Program (UCR). Crimes by Type – Property Crime. Available from <https://cde.ucr.cjis.gov/LATEST/webapp/#/pages/downloads>

Social Connectedness

Social connectedness is the feeling that a person belongs to a group or generally feels close to other people. Survey respondents were asked a series of questions about how often they feel supported in a variety of situations.

While most survey respondents reported that they felt supported at least some of the time, not all survey respondents had a person to support them in a variety of situations, especially if they were sick. This indicates that some Stanislaus County residents may experience social isolation or a lack of connection to other community residents.

EXHIBIT 53 SURVEY RESPONDENTS' FEELINGS OF SOCIAL CONNECTEDNESS, STANISLAUS COUNTY

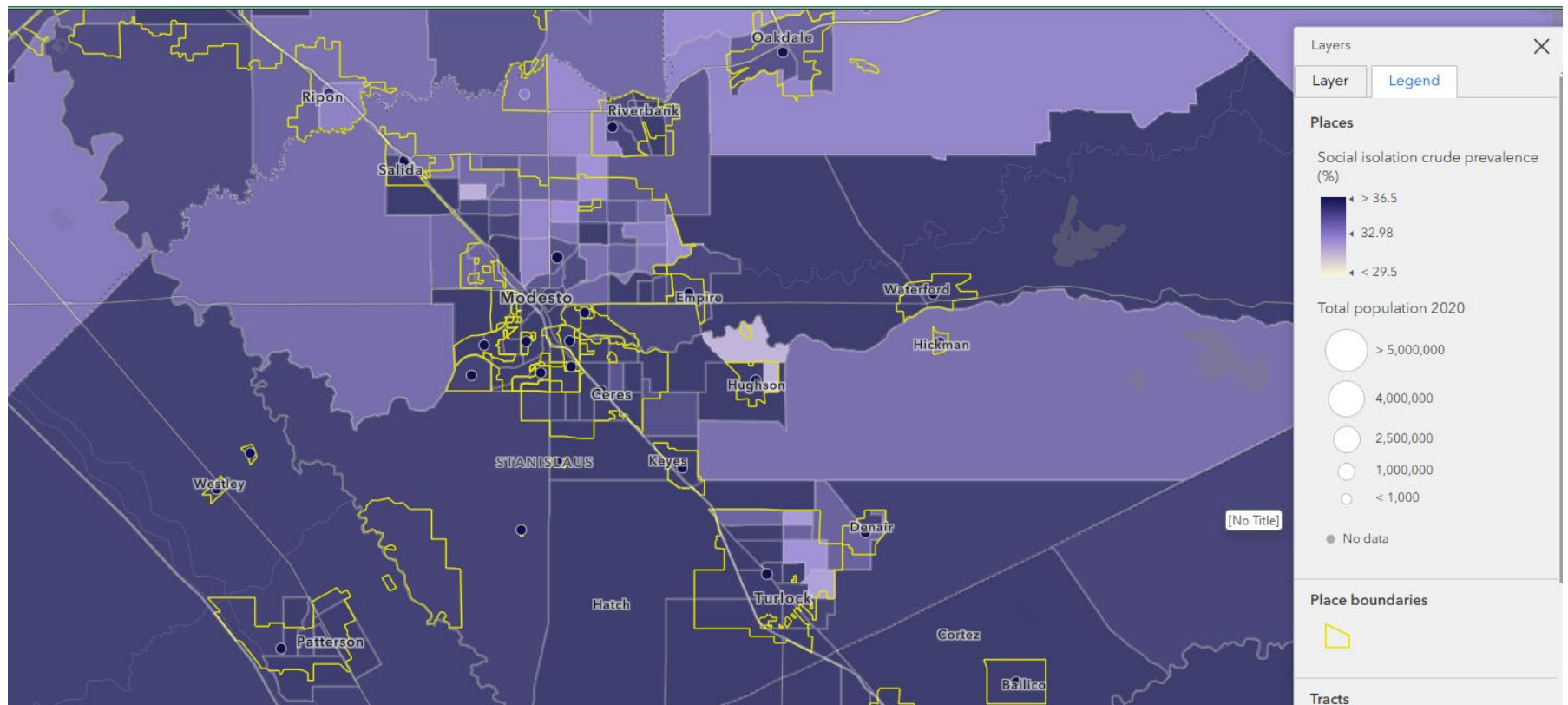
Situation	None of the Time	A Little of the Time
Someone you can count on to listen to you when you need to talk about yourself, your problems, or hear suggestions about how to manage personal problems.	6.6%	12.0%
Someone who will help me when I have a complicated piece of mail, or a question about housing, or just something going on in my personal life that I need to discuss.	9.6%	17.2%
Someone to help take care of you if you are sick.	13.2%	15.2%
Someone to take you to the doctor if you need it.	11.7%	13.7%

Situation	None of the Time	A Little of the Time
Someone to help with daily chores if you are sick.	15.0%	18.3%
Someone who shares an emotional connection with you.	7.9%	15.0%
Someone to get together with for relaxation.	7.4%	16.8%
Someone to do something fun with.	8.1%	14.7%



Social isolation varies across Stanislaus County, with some census tracts experiencing social isolation above the national rate (32.9%). This equates to nearly one in three community members in pockets of the county experiencing social isolation.

EXHIBIT 54 SOCIAL ISOLATION CRUDE PREVALENCE (%), 2022



Source: CDC Places, 2022

Health Status and Outcomes

Health outcomes are the effects or results of healthcare interventions. These outcomes can be measured clinically through physical examinations, lab tests, and imaging, self-reported by patients, or observed by healthcare providers and caregivers. The following section contains data on the health status and outcomes of Stanislaus County residents.

Health status is how people perceive their health and is a predictor of health outcomes such as mortality, morbidity, and functional status. In California, the average person lives to 79.9 years. This is several years higher than the average life expectancy of a Stanislaus County resident, which is 76.0 years. Additional chronic disease and health status data are located in Appendix A.

EXHIBIT 55 LIFE EXPECTANCY, 2024

	Stanislaus County	California	U.S.
Life Expectancy	76.0	79.9	77.6

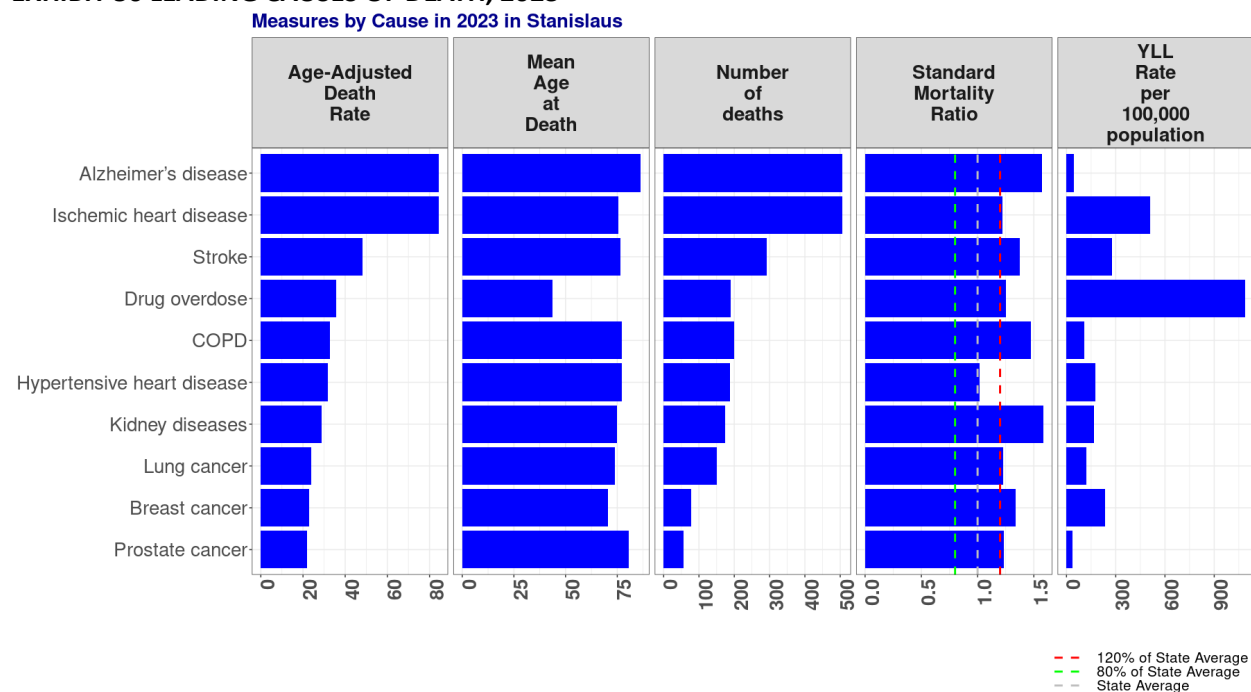
Source: County Health Rankings, 2024.

In 2022, Stanislaus County had the 11th highest age-adjusted death rate in California at 889.5 per 100,000. Its death rate is higher than California's (676.9) and the United States (793.7).¹⁸

Alzheimer's Disease and Ischemic heart disease are the leading causes of death in Stanislaus County in 2023. Drug overdoses are the fourth leading cause of death in Stanislaus County but also have the lowest mean age at time of death, indicating that drug overdose deaths occur more often among younger people.

¹⁸ NIH. HDPulse. California Mortality – Table. https://hdpulse.nimhd.nih.gov/data-portal/mortality/table?age=001&age_options=age_11&cod=247&cod_options=cod_15&comparison=states_to_us&comparison_options=comparison_statenameto_us&race=00&race_options=race_6&ratetype=aa&ratetype_options=ratetype_2&ruralurban=0&ruralurban_options=ruralurban_3&sex=0&sex_options=sex_3&statefips=06&statefips_options=area_states&yeargroup=5&yeargroup_options=yearmort_2

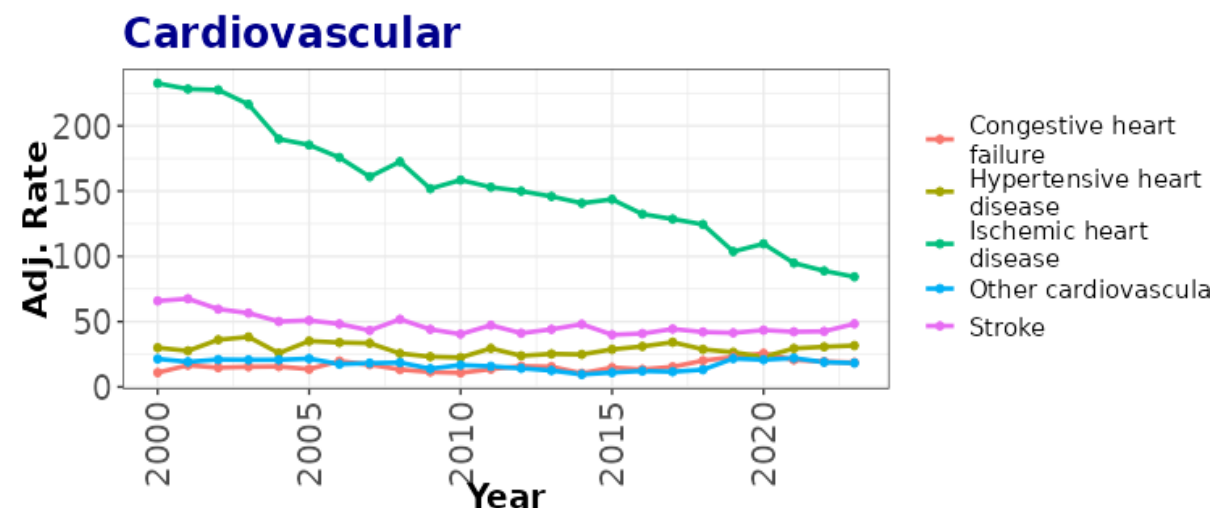
EXHIBIT 56 LEADING CAUSES OF DEATH, 2023



Source: CDPH. California Community Burden of Disease, <https://skylab.cdph.ca.gov/communityBurden/>

Since 2000, ischemic heart disease deaths have decreased in Stanislaus County despite still being one of the leading causes of death in the county.

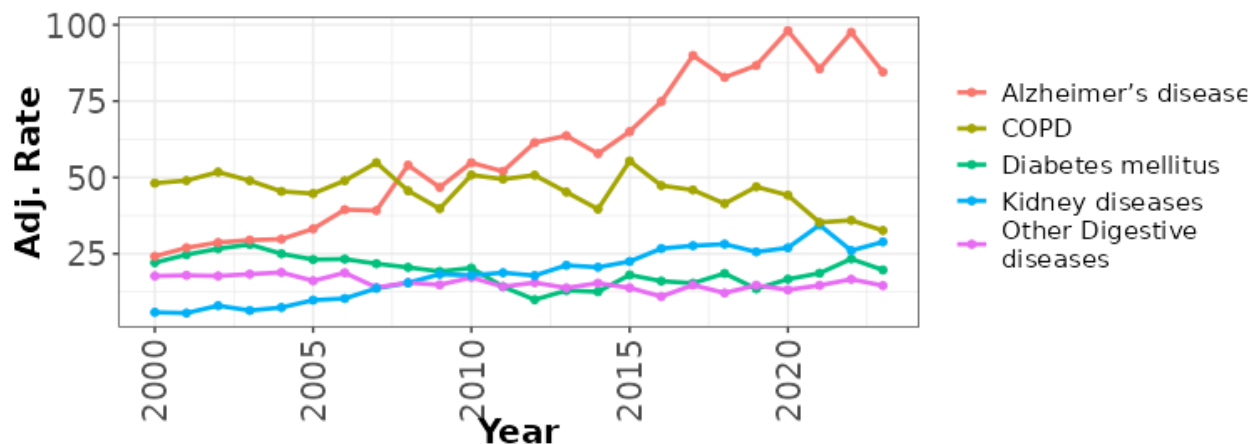
EXHIBIT 57 AGE-ADJUSTED CARDIOVASCULAR DEATHS, STANISLAUS COUNTY 2000-2020



Source: CDPH. California Community Burden of Disease, <https://skylab.cdph.ca.gov/communityBurden/>

Since 2000, Alzheimer's Disease has increased significantly in the county. COPD has decreased slightly in recent years, while kidney disease has increased slightly.

EXHIBIT 58 AGE-ADJUSTED OTHER CHRONIC DISEASE DEATHS, STANISLAUS COUNTY, 2000-2020



Obesity and Weight

One in three adults (34.5%) in Stanislaus County is considered obese, which is significantly higher than in California (28.6%). Nearly half of all students in the county are considered overweight or obese. Obesity can increase a person's risk of heart disease, stroke, type 2 diabetes, and more.

EXHIBIT 59 OBESITY AND OVERWEIGHT, 2019 & 2022

	Stanislaus County	California	U.S.
Obesity (Age 18+)¹	34.5%	28.6%	33.3%
Students Who Are Overweight or Obese, 5th Grade²	44.5%	41.3%	ND
Students Who Are Overweight or Obese, 7th Grade²	45.3%	40.0%	ND
Students Who Are Overweight or Obese, 9th Grade²	43.8%	37.8%	ND

Source: 1 CDC BRFSS PLACES 2022. <https://www.cdc.gov/places/>. 2 KidsData. Students Who Are Overweight or Obese, by Grade Level. <https://www.kidsdata.org/topic/725/overweight/table#fmt=1026&loc=2,350&tf=124&ch=623,69,305&sortColumnId=0&sortType=asc>

Hispanic or Latino and Black or African American populations have a higher prevalence rate of obesity as shown in Exhibit 60. Several factors may contribute to these health disparities including genetics, environment, and social factors.

EXHIBIT 60 OBESITY (BMI >29.99) FOR AGE 18+ BY RACE, 2022

	Stanislaus County	California	U.S. 2017-March 2020
Hispanic or Latino	38.6%	37.0%	45.6%
White	33.7%	24.7%	41.4%
Black or African American	31.8%	39.7%	49.9%
Other Race	18.0%	ND	ND

Source: California Department of Public Health [Obesity Web Tool](#) | U.S. Centers of Disease Control and Prevention [Adult Obesity Facts](#) | [Obesity](#) | [CDC](#)

Health Status

One in five adults in Stanislaus County has self-reported their health as ‘fair’ or ‘poor.’ Stanislaus County adults have self-reported their mental health as poor at a slightly higher percentage than California and the United States.

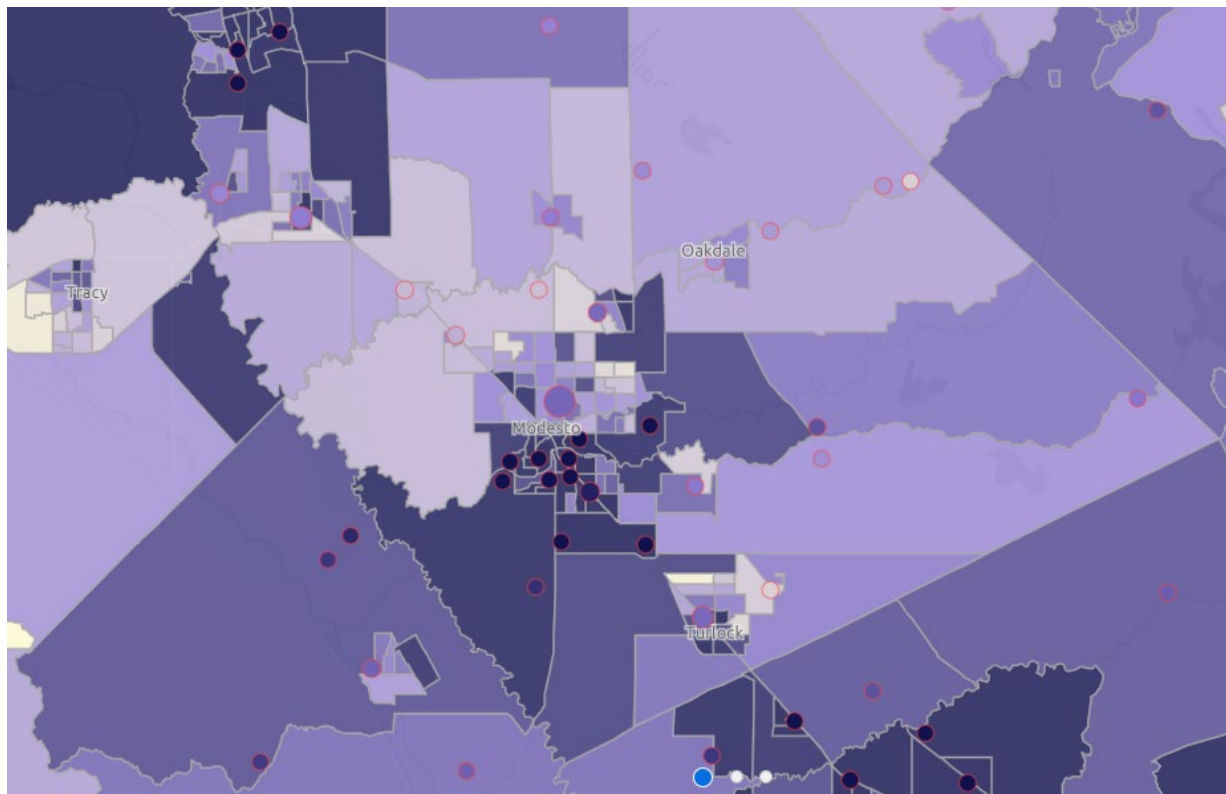
EXHIBIT 61 SELF-RATED HEALTH STATUS, ADULTS (AGES 18+), 2022

	Stanislaus County	California	U.S.
Poor Physical Health (14 or more days per month)	14.1%	13.6%	12.7%
Poor or Fair General Health	19.8%	20.0%	17.9%
Poor Mental Health (14 or more days per month)	17.9%	16.7%	15.8%

Source: CDC BRFSS PLACES, 2022. <https://www.cdc.gov/places/>.

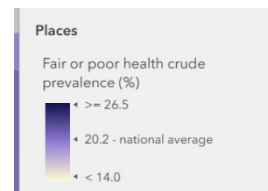
CDC Places provides Behavioral Risk Factor Surveillance System (BRFSS) data spatially by census tract. The following map depicts the percentage of Stanislaus County residents by census tract who self-reported their health as ‘fair’ or ‘poor.’ A high percentage of residents have self-reported their health to above the national percentage of 20.2%. In some census tracts nearly one in three individuals have reported their personal health to be ‘fair’ or poor.’

EXHIBIT 62 FAIR OR POOR HEALTH CRUDE PREVALENCE (%), 2022



Source: CDC Places, 2022

The community survey also asked survey respondents to rate their health using the same questions as the CDC Behavioral Risk Factor Surveillance Survey (BRFSS). One in three survey respondents reported their physical health as 'fair' or 'poor,' which is significantly higher than the CDC BRFSS data above.



Survey respondents with a household income of \$15,000 to \$24,999 reported having the highest percentage of 'fair' or 'poor' health for physical, emotional, and spiritual health compared to other demographic groups. Hispanic survey respondents reported less 'fair' or 'poor' mental health than white survey respondents.

EXHIBIT 63 SURVEY RESPONDENTS' SELF REPORTED HEALTH RATINGS BY INCOME

	All	White	Hispanic	\$15,000 - \$24,999	\$35,000 - \$44,999	\$45,000 - \$74,999	\$75,000 - \$99,999	\$100,000 and above
Physical Health - Fair & Poor	35.9%	38.5%	35.7%	42.9%	26.3%	39.4%	35.0%	26.8%
Mental Health - Fair & Poor	31.2%	36.2%	29.1%	42.9%	31.6%	42.4%	45.0%	17.1%
Emotional and Spiritual Health - Fair & Poor	29.2%	33.8%	28.5%	35.7%	26.3%	30.3%	35.0%	19.5%

Chronic Disease

Stanislaus County has similar chronic disease prevalence rates to California and slightly lower than the United States.

EXHIBIT 64 CHRONIC DISEASE, ADULTS (18+) 2022

	Stanislaus County	California	U.S.
Diabetes	11.3%	11.6%	12.0%
Heart Disease	5.9%	5.7%	6.8%
Stroke	3.2%	3.2%	3.6%

Source: PLACES. Centers for Disease Control and Prevention. (2022). Diagnosed Diabetes Among Adults.
<https://www.cdc.gov/places/>

Cancer

Cancer affects one in three people in the United States. There are many types of cancer, which can be caused by a variety of factors, including genetics, being exposed to cancer-causing agents in the environment, and lifestyle habits.

Stanislaus County has a slightly higher cancer incidence rate than California, but slightly lower than the United States. The incidence rate for lung cancer is slightly higher in Stanislaus County than in California, which may be due to smoking or tobacco use or possible environmental factors.

EXHIBIT 65 CANCER INCIDENCE PER 100,000 POPULATION, 2017-2021

	Stanislaus County	California	U.S.
Breast Cancer	129.9	124.0	129.8
Colorectal Cancer	35.4	36.4	33.5
Lung Cancer	44.8	36.7	53.1
Prostate Cancer	98.0	98.6	113.2
All Sites	423.6	397.4	444.4

Source: National Cancer Institute State Cancer Profiles. (2017-2021). Incidence Rates Table.

<https://statecancerprofiles.cancer.gov/incidencerates/index.php>

When looking at cancer incidence rates by race and ethnicity, health disparities begin to emerge. Black or African American people have much higher cancer incidence rates for breast and prostate cancer than the other demographic groups. The higher incidence rates may be because of lifestyle behaviors, obesity, and not seeking preventive care, like prostate screenings and mammograms.¹⁹ To reduce health disparities, such as higher cancer incidence rates, targeted culturally appropriate campaigns may help increase access and usage of preventive screenings and services in the community.

¹⁹ CDC. Cancer and African American People. <https://www.cdc.gov/cancer/health-equity/african-american.html#:~:text=Overview,other%20parts%20of%20the%20body.>

EXHIBIT 66 CANCER INCIDENCE BY RACE & ETHNICITY FOR STANISLAUS COUNTY, PER 100,000 POPULATION, 2017-2021

	Breast Cancer	Colorectal Cancer	Lung Cancer	Prostate Cancer	All Sites
White	136.4	35.2	52.7	94.5	446.1
Black	156.4	31.5	65.8	164.7	468.1
American Indian Alaska Native	ND	ND	ND	ND	324.3
Asian Pacific Islander	107.7	39.0	34.5	58.3	320.9
Hispanic	110.3	32.5	26.4	79.8	350.1

Source: National Cancer Institute State Cancer Profiles. (2017-2021). Incidence Rates Table.
<https://statecancerprofiles.cancer.gov/incidencerates/index.php>

Stanislaus County has a slightly higher cancer death rate for all cancers compared to California and the United States, with the exception of lung cancer. This may indicate that patients are not utilizing preventive screening for early diagnosis, or access to providers could be limited, resulting in a slightly higher cancer death rate for most cancers in Stanislaus County.

EXHIBIT 67 CANCER DEATH RATE PER 100,000 POPULATION

	Stanislaus County	California	U.S.
Breast Cancer	23.2	18.8	19.3
Colorectal Cancer	14.8	12.0	12.9
Lung Cancer	29.7	23.2	32.4
Prostate Cancer	23.2	20.2	19.0
All Sites	156.9	132.7	146.0

Source: National Cancer Institute State Cancer Profiles. (2018-2022). Death Rates Table.
<https://statecancerprofiles.cancer.gov/deathrates/index.php>

The Black or African American population in Stanislaus County has a significantly higher death rate for breast cancer and colorectal cancer compared to other demographic groups. The American Indian and Alaska Native population also has a similar cancer death rate for all sites as Black or African American.

EXHIBIT 68 CANCER DEATH RATE BY RACE & ETHNICITY FOR STANISLAUS COUNTY, PER 100,000 POPULATION, 2018-2022

	Breast Cancer	Colorectal Cancer	Lung Cancer	Prostate Cancer	All Sites
White	25.8	15.1	36.3	24.8	173.9
Black or African American	43.9	27.4	38.6	ND	199.0
American Indian and Alaska Native	ND	ND	ND	ND	198.1
Asian Pacific Islander	15.3	15.6	26.4	ND	117.5
Hispanic	15.6	12.3	13.2	21.5	121.3

Source: National Cancer Institute State Cancer Profiles. (2018-2022). Death Rates Table.
<https://statecancerprofiles.cancer.gov/deathrates/index.php>

Asthma

Nearly 28 million, or one in 12 people in the United States, have asthma²⁰. Asthma is a chronic disease that causes inflammation and swelling of the airways. Asthma symptoms can be caused by a variety of things, like seasonal pollen, mold spores, pollution, and more. According to the CDC, 8.2% of people have asthma²¹.

In Stanislaus County, the asthma prevalence rate for all ages is 10.9% and 16.7% for children under the age of 18, which is significantly higher than in California.

EXHIBIT 69 ASTHMA PREVALENCE, 2019-2020

	Stanislaus County	California	U.S.
All Ages	10.9%	8.7%	ND
0-17 years old	16.7%	12.1%	ND

Source: California Health and Human Services Open Data Portal. (2019-2020). Asthma Prevalence.
<https://data.chhs.ca.gov/dataset/asthma-prevalence>

Stanislaus County has a significantly higher emergency department visit rate compared to California. As shown in Exhibit 71, Black or African Americans have a significantly higher emergency department visit rate than other races.

²⁰ Asthma and Allergy Foundation of America, Asthma Facts. <https://aafa.org/asthma/asthma-facts/>

²¹ CDC. Most Recent Asthma Data. <https://www.cdc.gov/asthma-data/about/most-recent-asthma-data.html>

EXHIBIT 70 ASTHMA EMERGENCY DEPARTMENT VISIT RATES PER 10,000, 2020

	Stanislaus County	California	U.S.
All Ages	32.8	25.1	ND
0-17 years old	33.9	25.2	ND

Source: California Health and Human Services Open Data Portal. (2020). Asthma ED Visit Rates by County.
<https://data.chhs.ca.gov/dataset/asthma-emergency-department-visit-rates/resource/94d84508-8046-40a7-b8d9-0ed73b13b697>

EXHIBIT 71 ASTHMA EMERGENCY DEPARTMENT VISIT RATES BY RACE/ETHNICITY, PER 10,000, 2020

	Stanislaus County	California	U.S.
Hispanic	31.6	24.6	ND
Multi-Race	ND	14.1	ND
Black or African American	111.3	89.9	ND
American Indian Alaska Native	ND	20.7	ND
Asian	18.8	10.5	ND
Pacific Islander	64.2	53.6	ND
White	29.8	18.3	ND
Other	ND	ND	ND
Unknown	ND	ND	ND

Source: California Health and Human Services Open Data Portal. (2020). Asthma ED Visit Rates by County.
<https://data.chhs.ca.gov/dataset/asthma-emergency-department-visit-rates/resource/94d84508-8046-40a7-b8d9-0ed73b13b697>

Maternal Health

The United States has one of the highest maternal death rates of any high-income country, and within the U.S., Black women have the highest rates. Nearly 80% of all pregnancy-related deaths are preventable.²² Many factors, including a limited number of OBGYNs, cost of health care services, insurance status, and more, may contribute to high maternal mortality rates and the overall health of mothers and their babies.

²² CDC. Pregnancy-Related Deaths: Data from Maternal Mortality Review Committees in 36 U.S. States, 2017-2019.
<https://www.cdc.gov/maternal-mortality/php/data-research/mmrc-2017-2019.html>

Stanislaus County has a slightly higher birth rate compared to California and the United States. The Hispanic or Latino population has the highest birth rate in the county and is significantly higher than the state. Additionally, Stanislaus County has a higher teen birth rate than the state but similar to the nation. This may indicate that sex education and access to reproductive health services for teenagers could reduce the teen birth rate in the county.

EXHIBIT 72 BIRTH RATE PER 1,000, 2020

	Stanislaus County	California	U.S.
Overall Birth Rate (2022)	12.8	10.7	11.0
Teen Birth Rate (2020)	16.7	11.0	15.4

Source: CDC Wonder Natality, *Birth Rate*, 2022. <https://wonder.cdc.gov/> | CDC National Center for Health Statistics, *Teen Birth Rates for Age Group 15-19 in the U.S. by County*, 2020. <https://www.cdc.gov/nchs/data-visualization/county-teen-births/>

EXHIBIT 73 BIRTH RATE BY RACE AND ETHNICITY, 2021

	Stanislaus County	California
Hispanic/Latino	59.4%	46.6%
White	29.0%	27.3%
Asian	5.1%	13.2%
Black or African American	2.5%	5.0%
Multiracial	2.0%	2.5%
Unknown	1.1%	4.6%
Native Hawaiian Pacific Islander	0.7%	0.4%
American Indian Alaska Native	0.2%	0.3%
Other	S	0.1%

Source: California Dept. of Public Health, Birth Statistical Master Files & California Vital Data (Cal-ViDa) Query Tool; CDC WONDER Online Database, Natality Public-Use Data (Feb. 2022).

Stanislaus County has a slightly higher infant death rate than California. The infant death rate is highest with the white population at nearly double the death rate of California.

EXHIBIT 74 INFANT DEATHS PER 1,000 LIVE BIRTHS, 2021

	Stanislaus County	California	U.S.
Infant Deaths	5.93	4.13	5.44

Source: Let's Get Healthy California. (n.d.). Reducing infant mortality. <https://letsgethealthy.ca.gov/goals/healthy-beginnings/reducing-infant-mortality/>

EXHIBIT 75 INFANT DEATHS PER 1000 LIVE BIRTHS BY RACE, 2021

	Stanislaus County, 2019-2021	California	U.S.
White	6.8	3.1	4.5
Hispanic or Latino	4.2	4.3	4.9
Black or African American	ND	7.9	10.9
Asian	ND	ND	3.5
Native Hawaiian and other Pacific Islander	ND	8.8	8.5
American Indian and Alaska Native	ND	2.8	9.1
Multi-Race	ND	3.2	ND

Source: California Department of Public Health, Maternal, Child & Adolescent Health Division Infant Mortality Dashboard, [Infant Mortality](#) | (U.S.) Centers for Disease Control and Prevention Maternal Infant Health, [Infant Mortality | Maternal Infant Health | CDC](#)

Prenatal care is critical because it allows the provider to monitor the health of both the mother and the developing baby throughout pregnancy. It is recommended to start prenatal care as early as eight weeks with regular checkups and screenings. In Stanislaus County, 87.6% of pregnant women received prenatal care in their first trimester. However, health disparities exist. American Indian or Alaska Native, Pacific Islander, and Black or African American women accessed prenatal care in their first trimester at lower rates than white or Asian women. This may be due to a variety of factors, including provider availability, transportation, and insurance status, among other potential barriers.

EXHIBIT 76 EARLY PRENATAL CARE, 2022

	Stanislaus County	California	U.S.
Initiated Prenatal Care in the 1st Trimester	87.6%	86.3%	ND

Source: California Open Data Portal. (2019-2022). Prenatal Care.

<https://www.cdph.ca.gov/Programs/CFH/DMCAH/surveillance/Pages/Prenatal-Care.aspx>

EXHIBIT 77 EARLY PRENATAL CARE BY RACE/ETHNICITY, 2020-2022

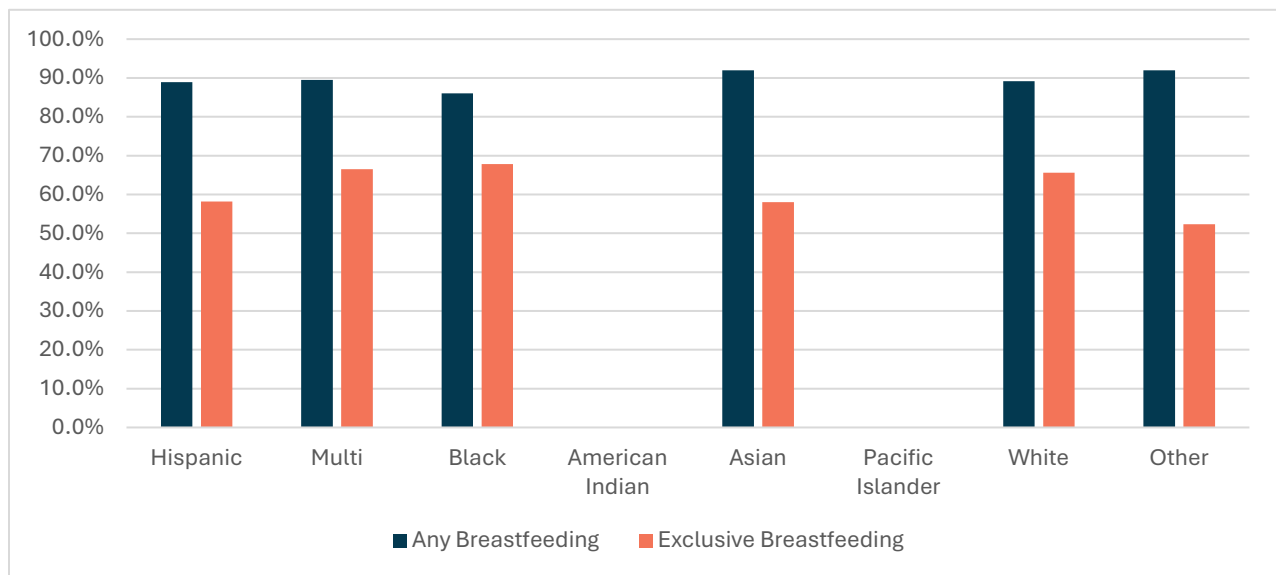
	Stanislaus County	California	U.S.
White	90.7%	90.7%	ND
Asian	90.6%	91.8%	ND
Multi-Race	87.9%	88.3%	ND
Hispanic	87.8%	85.1%	ND
Black or African American	85.7%	83.1%	ND
Pacific Islander	83.7%	77.8%	ND
American Indian Alaska Native	82.1%	76.1%	ND
Unknown	82.1%	87.6%	ND
Other	ND	86.6%	ND

Source: California Open Data Portal. (2020-2022). Prenatal Care.

<https://www.cdph.ca.gov/Programs/CFH/DMCAH/surveillance/Pages/Prenatal-Care.aspx>

Nearly 90% of all Stanislaus County women have participated in any breastfeeding as indicated on the Newborn Screening Test Form while only 60.8% of women are exclusively breastfeeding in 2020. While breastfeeding has many benefits for the child and mother, not all mothers are able to breastfeed their children and choose to supplement or feed their child formula.

EXHIBIT 78 IN-HOSPITAL BREASTFEEDING BY RACE/ETHNICITY, 2020²³



Source: CDPH. Breastfeeding. <https://www.cdph.ca.gov/Programs/CFH/DMCAH/Breastfeeding/Pages/County-of-Residence-by-Race-2020.aspx>

Spotlight Community Survey

Survey respondents were asked to rate a variety of health services and programs on a scale of needing more focus in the community. The following tables show all survey respondents who rated an item as needing 'much more focus' in the community.

EXHIBIT 79 HEALTH PROGRAM SERVICES NEEDING MUCH MORE FOCUS

	All Responses
Crisis or emergency care programs for mental health issues	48.4%
Programs for obesity prevention, awareness, and care	41.9%
Programs that bring people together to combat feelings of isolation and loneliness (such as a community meal or event)	41.8%
Programs that bring communities together, including those that focus on inclusion and combatting discrimination (such as cultural events)	40.7%

²³ No data is available for American Indian or Pacific Islander.

	All Responses
Programs to help supply and protect environmental resources (such as access to clean air and water)	40.0%
Case management (support and programs) for persons living with chronic diseases	36.2%
Programs for diabetes prevention, awareness, and care	35.3%
Programs for smoking cessation (including vaping)	34.0%
Programs for heart or cardiovascular health	33.0%

EXHIBIT 80 HEALTHCARE SERVICES NEEDING MUCH MORE FOCUS

	All Responses
Affordable prescription medications	53.1%
Specialist services (such as endocrinologists, pediatricians, rheumatologists, etc.)	51.8%
Dental care	47.4%
Coordination of patient care between health service providers	46.7%
Healthcare services for people experiencing homelessness or who do not have permanent shelter	45.6%
Primary care services (such as a family doctor or other provider of routine care)	41.7%
Emergency care and trauma services	36.0%
HIV / HCV (hepatitis C) / STI (sexually transmitted infection) education and screening	34.8%
HIV / HCV (hepatitis C) / STI (sexually transmitted infection) treatment services	34.2%

Community Needs

Informed by both quantitative and qualitative data collected between July and December 2024, the assessment identified 39 distinct community needs. In January 2025, the Steering Committee reviewed the findings and organized the needs into seven key priority areas, grouped by common themes. The seven priority areas in alphabetical order are:

- Affordable & Stable Housing
- Chronic Disease Prevention & Management (including Nutrition and Obesity)
- Economic Stability & Basic Needs (including Food Security and Childcare Access)
- Education & Youth Development (including Support Services and Substance Use Prevention)
- Healthcare Access & Affordability (including Workforce and Coordination of Care)
- Maternal, Infant, and Reproductive Health
- Mental & Behavioral Health (including Substance Use and Suicide Prevention)

These priority areas will serve as the foundation and guide the development of the Community Health Improvement Plan, which outlines collaborative strategies to address the most pressing health challenges across Stanislaus County.



Conclusion

Stanislaus County is a growing and diverse community in the Central Valley, rich with numerous strengths, resources, and strong community partnerships. Like many regions across California and the United States, the county continues to face service gaps and barriers that impact residents' ability to access care and essential services.

Over the past several years, the COVID-19 pandemic reshaped daily life and strained the public health system. Coupled with rising costs of living and inflation, more individuals and families are struggling to meet their basic needs. Throughout the Community Health Assessment process, residents shared not only the challenges they face but also their appreciation for the services, programs, and initiatives that support the community.

While identifying the priority areas is a critical milestone, the real work lies ahead. The development and implementation of the Community Health Improvement Plan will guide efforts to turn insights into action. The Stanislaus County Health Coalition aims to foster collaboration, expand partnerships, and serve as a catalyst for sustainable, community-driven health improvements across Stanislaus County.



Appendices

- [Appendix A: Secondary Data Tables](#)
- [Appendix B: Additional Qualitative Data](#)
- [Appendix C: Stakeholder Interview Guide](#)
- [Appendix D: Focus Group Discussion Guide](#)
- [Appendix E: Community Survey Tool](#)
- [Appendix F: Qualitative Perinatal and Youth Needs](#)
- [Appendix G: Access Audit](#)

Appendix A: Secondary Data Tables

Secondary data provides an essential framework from which to better understand the fabric of the community. This analysis highlights sociodemographic factors, social determinants of health, 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 U.S. Census Bureau 2018-2022 American Community Survey (ACS) Five-year Estimates, County Health Rankings and Roadmaps, and state and local government sources, among others.

American Community Survey Five-year Estimates

There is an intentional purpose in using five-year data estimates compared to one-year data 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.²⁴

Domain 1: Demographics

Social Vulnerability Index (SVI)

EXHIBIT 81 SOCIO-ECONOMIC STATUS, 2022

	Stanislaus County	California	U.S.
Total Population	552,063	39,356,104	331,097,593
Population Below Poverty Level	13.7%	12.1%	12.5%
Unemployment Rate	8.2%	6.4%	5.3%
Median Household Income	\$74,872	\$91,905	\$75,149
Percent of Low-Income Households Severely Cost Burdened	37.9%	37.3%	29.5%
No High School Diploma	19.7%	15.6%	10.9%
Uninsured Population	5.3%	6.3%	7.8%

Source: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

²⁴ [American Community Survey, 2010 and 2019 Five-year Estimates](https://www.census.gov/programs-surveys/acs). Link: [census.gov/programs-surveys/acs](https://www.census.gov/programs-surveys/acs)
Photo Source: UCAP

EXHIBIT 82 SVI: HOUSEHOLD CHARACTERISTICS & MINORITY STATUS, 2022

	Stanislaus County	California	U.S.
Population Under Age 18	26.8%	22.3%	22.1%
Population Age 65 and Over	13.3%	14.9%	16.5%
Living with a Disability	11.2%	9.8%	11.5%
English Language Proficiency	15.6%	17.1%	8.2%
Racial & Ethnic Minority	61.5%	64.8%	41.1%
Children Living in Single Parent Households	22.7%	22.4%	24.9%

Source: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

EXHIBIT 83 SVI: HOUSING TYPE & TRANSPORTATION, 2022

	Stanislaus County	California	U.S.
Mobile Homes	4.4%	3.6%	5.8%
Multi-Unit Housing Structures	15.5%	31.8%	26.6%
Overcrowded Housing Units	7.6%	8.2%	3.4%
No Vehicles Available for Household	5.4%	6.9%	8.3%
Group Quarters	1.1%	2.2%	2.4%

Source: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

Population Overview**EXHIBIT 84 PROJECTED PERCENT CHANGE IN POPULATION, 2010 TO 2031**

	Stanislaus County	California	U.S.
Total Population (2010)	514,075	37,253,956	308,745,538
Total Population (2022)	552,063	39,356,104	331,097,593
Percent Change (2010-2022)	+7.4%	+5.6%	+7.2%
Total Population (2031)	626,516	43,468,885	363,255,837
Percent Change (2022-2031)	+13.5%	+10.5%	+9.7%

Sources: U.S. Census Bureau American Community Survey 2010 One-year Estimates | U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

EXHIBIT 85 MEDIAN AGE PERCENT CHANGE, 2010 TO 2022

	Stanislaus County	California	U.S.
Median Age (2010)	32.8	35.2	37.2
Median Age (2022)	34.5	37.3	38.5
Percent Change (2010-2022)	+5.2%	+6.0%	+3.5%

Sources: U.S. Census Bureau American Community Survey 2010 One-year Estimates | U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

EXHIBIT 86 POPULATION BY AGE GROUP, 2022

	Stanislaus County	California	U.S.
Under Age 18	26.8%	22.3%	22.1%
Age Under 5	6.9%	5.7%	5.7%
Age 18 to 64	59.8%	62.8%	61.4%
Age 65 and Over	13.3%	14.9%	16.5%
Age 5 to 9	7.1%	6.0%	6.0%
Age 10 to 14	8.2%	6.6%	6.5%
Age 15 to 19	7.5%	6.6%	6.6%
Age 20 to 24	6.8%	6.8%	6.7%
Age 25 to 34	14.3%	15.0%	13.7%
Age 35 to 44	13.1%	13.6%	12.9%
Age 45 to 54	11.7%	12.6%	12.4%
Age 55 to 59	5.8%	6.2%	6.5%
Age 60 to 64	5.4%	5.9%	6.4%
Age 65 to 74	7.9%	8.7%	9.7%
Age 75 to 84	3.7%	4.3%	4.8%
Age Over 85	1.8%	1.9%	2.0%

Source: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

EXHIBIT 87 POPULATION BY RACE, 2022

	Stanislaus County	California	U.S.
White	57.3%	48.1%	65.9%
Two or More Races	19.3%	13.5%	8.8%
Some Other	12.8%	16.2%	6.0%
Asian	6.0%	15.1%	5.8%
Black or African American	2.8%	5.6%	12.5%

	Stanislaus County	California	U.S.
American Indian and Alaska Native	1.2%	1.0%	0.8%
Native Hawaiian and Other Pacific Islander	0.6%	0.4%	0.2%

Source: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

EXHIBIT 88 POPULATION BY ETHNICITY, 2022

	Stanislaus County	California	U.S.
Hispanic or Latino	48.6%	39.7%	18.7%

Source: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

EXHIBIT 89 POPULATION BY SEX, 2022

	Stanislaus County	California	U.S.
Females	50.1%	49.9%	50.4%
Males	49.9%	50.1%	49.6%

Source: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

EXHIBIT 90 SENIORS LIVING ALONE (AGES 65+ YEARS), 2022

	Stanislaus County	California	U.S.
Seniors Living Alone	22.4%	22.7%	22.7%

Source: American Community Survey, ACS 2018-2022 Five-year Estimates

EXHIBIT 91 VOTING, 2020

	Stanislaus County	California	U.S.
Total Votes	217,517	17,785,151	155,506,285

Source: Voter Participation by County. www.ca.gov & 2020 National Popular Vote Tracker.
<https://www.cookpolitical.com/vote-tracker/2020/electoral-college>

Language & Naturalization

EXHIBIT 92 LANGUAGE SPOKEN AT HOME (PEOPLE OVER AGE 5), 2022

	Stanislaus County	California	U.S.
English Only	57.1%	56.1%	78.3%
Spanish	33.9%	28.2%	13.3%
Asian-Pacific Islander	2.8%	9.9%	3.5%
Other Indo-European	4.4%	4.6%	3.7%
Other	1.8%	1.1%	1.2%

Source: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

EXHIBIT 93 FOREIGN-BORN POPULATION, 2022

	Stanislaus County	California	U.S.
Naturalized US Citizen	9.6%	14.3%	7.1%
Not US Citizen	10.6%	12.2%	6.5%

Source: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

EXHIBIT 94 STUDENT ENROLLMENT LIMITED ENGLISH PROFICIENCY, 2020-2021

	Stanislaus County	California	U.S.
Student Enrollment Limited English Proficiency	25,128	1,067,379	5,202,292

Source: CRCD. *Student Enrollment – Limited English Proficiency*. (2020-2021)

<https://www2.ed.gov/about/offices/list/ocr/data.html>

EXHIBIT 95 STUDENT ENROLLMENT LIMITED ENGLISH PROFICIENCY BY RACE, FALL 2021

	U.S.
Hispanic or Latino	77.9%
Asian	9.7%
White	6.1%
Black or African American	4.2%
Two or more races	0.8%
American Indian Alaska Native	0.7%
Native Hawaiian or Pacific Islander	0.6%

Source: (U.S.) National Center for Education Statistics [English learners \(ELs\) enrolled in public elementary and secondary schools, by home language, grade, and selected student characteristics: Selected school years, 2011-12 through fall 2021](#)

EXHIBIT 96 STUDENT ENROLLMENT LIMITED ENGLISH PROFICIENCY BY LANGUAGE IN STANISLAUS COUNTY, 2023-24

	Stanislaus County	
All Grades (K-12)	Total	Percent of Total
Spanish	22,866	87.5%
Persian (Farsi)	607	2.3%
Panjabi; Punjabi	572	2.2%
Arabic	519	2.0%
Pushto; Pashto	324	1.2%
Uncoded Languages (Other non-English Languages)	229	0.9%
Syriac (Assyrian)	209	0.8%
Hindi	160	0.6%

Source: California Department of Education, [English Learner Students by Language by Grade - DataQuest \(CA Dept of Education\)](#)

EXHIBIT 97 STUDENT ENROLLMENT LIMITED ENGLISH PROFICIENCY BY LANGUAGE IN CALIFORNIA, 2023-24

	California
Individuals Aged 3-21 Preparing to Enroll in Elementary or Secondary School	Number
Spanish; Castilian	869,438
Mandarin (Putonghua, Guoyu)	22,243
Vietnamese	19,938
Arabic	15,135
Russian	14,038
Persian (Farsi)	11,946
Cantonese	11,726
Panjabi; Punjabi	9,848

Source: California Department of Education, [Title III English Learner Student Demographics - Multilingual Learners \(CA Dept of Education\)](#)

Disability

EXHIBIT 98 POPULATION LIVING WITH DISABILITY BY AGE, 2022

	Stanislaus County	California	U.S.
Age Under 5	0.5%	0.7%	0.7%
Age 5 to 17	5.2%	4.7%	5.9%
Age 18 to 34	6.5%	5.9%	7.2%
Age 35 to 64	13.7%	9.8%	12.4%
Age 65 to 74	29.5%	22.8%	24.1%
Age 75 and Over	54.3%	48.9%	46.9%

Source: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

EXHIBIT 99 POPULATION LIVING WITH DISABILITY BY TYPE, 2022

	Stanislaus County	California	U.S.
Any Disability	32.9%	30.2%	29.9%
Ambulatory Difficulty	6.2%	5.5%	6.3%
Independent Living Difficulty	5.0%	4.4%	4.5%
Cognitive Difficulty	5.0%	4.3%	5.0%
Hearing Difficulty	3.9%	2.9%	3.6%
Vision Difficulty	2.7%	2.1%	2.4%

Source: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

EXHIBIT 100 POPULATION LIVING WITH DISABILITY BY RACE, 2022

	Stanislaus County	California	U.S.
American Indian and Alaska Native	15.7%	14.4%	16.0%
White	14.5%	12.3%	13.6%
Black or African American	14.3%	15.4%	14.2%
Some Other Race	11.0%	8.8%	9.7%
Asian	10.3%	8.6%	7.6%
Two or More Races	9.1%	9.6%	10.7%
Native Hawaiian and Other Pacific Islander	7.1%	11.7%	11.9%

Source: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

EXHIBIT 101 POPULATION LIVING WITH DISABILITY BY ETHNICITY, 2022

	Stanislaus County	California	U.S.
Hispanic or Latino	9.4%	8.9%	9.6%

Source: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

EXHIBIT 102 POPULATION LIVING WITH DISABILITY BY AGE, 2022

	Stanislaus County	California	U.S.
People Living with a Disability (All Ages)	11.2%	9.8%	11.5%
Age Under 5	0.5%	0.7%	0.7%
Age 5 to 17	5.2%	4.7%	5.9%
Age 18 to 34	6.5%	5.9%	7.2%
Age 35 to 64	13.7%	9.8%	12.4%
Age 65 to 74	29.5%	22.8%	24.1%
Age 75 and Over	54.3%	48.9%	46.9%

Source: American Community Survey, ACS 2018-2022 Five-year Estimates

EXHIBIT 103 DISABILITY POPULATION (AGES <65 YEARS) BY RACE, 2022

	Stanislaus County	California	U.S.
White Alone	3.4%	2.2%	4.3%
Hispanic or Latino	3.1%	2.4%	1.2%
Two or More Races	1.2%	0.9%	0.7%
Some Other Race	0.9%	0.9%	0.4%
Black or African American	0.3%	0.5%	1.2%
American Indian and Alaska Native	0.1%	0.1%	0.1%
Native Hawaiian and Other Pacific Islander	0.0%	0.0%	0.0%

Source: American Community Survey, ACS 2018-2022 Five-year Estimates

Domain 2: Education

Early Education

EXHIBIT 104 CHILD CARE CENTERS, 2021

	Stanislaus County	California	U.S.
Child Care Centers	97	8,856	77,383

Source: U.S. Census Bureau County Business Patterns 2021. <https://www.census.gov/programs-surveys/cbp.html>

EXHIBIT 105 PRESCHOOL ENROLLMENT, FY 2022-2023

	Stanislaus County	California	U.S.
Preschool Enrollment	2,009	141,309 ²⁵	ND

Source: CSPP data reports by County - Accessing Educational Data (CA Dept of Education). (n.d.).

<https://www.cde.ca.gov/ds/ad/csppproviderreports.asp>, Annual Aggregate Reports - Accessing Educational Data (CA Dept of Education). (n.d.). <https://www.cde.ca.gov/ds/ad/annualagggregatereports.asp>

K-12 Education

EXHIBIT 106 STUDENTS PROFICIENT IN MATH, 2021

	Stanislaus County	California	U.S.
Students Proficient in Math	21.4%	33.8%	ND

Source: California Department of Education, Test Results for California's Assessments (Feb. 2022) from KidsData. Students Meeting or Exceeding Grade-Level Standard in Mathematics (CAASP). <https://www.kidsdata.org/topic/108/math-caaspp-race/table#fmt=289&loc=2&tf=154&ch=7,11,70,85,10,72,9,73&>

EXHIBIT 107 STUDENTS PROFICIENT IN MATH BY RACE, 2021

	Stanislaus County	California	U.S.
Filipino	48.8%	52.6%	ND
Asian	39.9%	68.8%	ND
White	32.7%	45.5%	ND
Native Hawaiian/Pacific Islander	24.1%	26.8%	ND
Multiracial	22.5%	47.7%	ND

²⁵ Child counts are unduplicated within each program type. A child may be counted more than once if they received services within multiple program types during the year. The total does not equal the sum of the rows. Rather, the total represents the unduplicated number of children served regardless of program type. [Annual Aggregate Reports - Accessing Educational Data \(CA Dept of Education\)](#)

	Stanislaus County	California	U.S.
Hispanic/Latino	15.2%	20.4%	ND
American Indian/Alaska Native	13.3%	18.6%	ND
African American/Black	11.4%	18.0%	ND

Source: California Department of Education, Test Results for California's Assessments (Feb. 2022) from KidsData. Students Meeting or Exceeding Grade-Level Standard in Mathematics (CAASP). <https://www.kidsdata.org/topic/108/math-caaspp-race/table#fmt=289&loc=2,350&tf=154&ch=7,11,70,85,10,72,9,73&sortColumnId=0&sortType=asc>

EXHIBIT 108 STUDENTS PROFICIENT IN ENGLISH LANGUAGE ARTS, 2021

	Stanislaus County	California	U.S.
Students Proficient in English Language Arts	36.8%	49.0%	ND

Source: California Department of Education, Test Results for California's Assessments (Feb. 2022) from KidsData. Students Meeting or Exceeding Grade-Level Standard in English Language Arts (CAASP). <https://www.kidsdata.org/topic/108/math-caaspp-race/table#fmt=289&loc=2&tf=154&ch=7,11,70,85,10,72,9,73&sortColumnId=0&sortType=asc>

EXHIBIT 109 STUDENT PROFICIENT IN ENGLISH LANGUAGE ARTS BY RACE. 2021

	Stanislaus County	California	U.S.
Filipino	70.1%	69.9%	ND
Asian	53.0%	75.0%	ND
White	49.4%	60.1%	ND
Native Hawaiian/Pacific Islander	42.9%	43.3%	ND
Multiracial	37.8%	60.5%	ND
American Indian/Alaska Native	30.4%	32.6%	ND
Hispanic/Latino	30.1%	37.6%	ND
African American/Black	26.4%	33.8%	ND

Source: California Department of Education, Test Results for California's Assessments (Feb. 2022) from KidsData. Students Meeting or Exceeding Grade-Level Standard in English Language Arts (CAASP). <https://www.kidsdata.org/topic/108/math-caaspp-race/table#fmt=289&loc=2,350&tf=154&ch=7,11,70,85,10,72,9,73&sortColumnId=0&sortType=asc>

EXHIBIT 110 CHILDREN AGES 0-5 WHOSE PARENTS READ WITH THEM, 2017-2018

	Stanislaus County	California	U.S.
Daily	ND	65.2%	ND
3-6 Days per Week	ND	20.9%	ND
0-2 Days per Week	ND	13.8%	ND

Source: Young Children Whose Parents Read with Them, by Frequency - Kidsdata.org,

EXHIBIT 111 HIGH SCHOOL ENROLLMENT, 3-YEAR ROLLING, 2018-2022

	Stanislaus County		California		U.S.	
	Total	Percent	Total	Percent	Total	Percent
High School Enrollment (grade 9-12)	35,379	23.2%	2,144,625	21.2%	17,242,773	21.4%

Source: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

EXHIBIT 112 ON-TIME HIGH SCHOOL GRADUATION RATE, 2023-2024

	Stanislaus County	California
On-time high school graduation rate	90.7%	86.4%

Source: California Department of Education [Four-Year Adjusted Cohort Graduation Rate - Stanislaus County \(CA Dept of Education\)](#)

EXHIBIT 113 ON-TIME HIGH SCHOOL GRADUATION, 2021-2022

	U.S.
On-time high school graduation	87.0%

Source: National Center for Education Statistics [COE - High School Graduation Rates](#)

EXHIBIT 114 ON-TIME HIGH SCHOOL GRADUATION BY RACE, 2023-2024

	Stanislaus County	California
American Indian/Alaska Native	96.9%	79.6%
Asian	93.1%	92.2%
White	91.5%	89.0%
Native Hawaiian/Pacific Islander	91.3%	82.8%
Hispanic/Latino	90.7%	84.9%
African American/Black	87.7%	78.4%

Source: (Stanislaus County and California) California Department of Education [Four-Year Adjusted Cohort Graduation Rate - Statewide \(CA Dept of Education\)](#); (U.S.) [COE - High School Graduation Rates](#)

EXHIBIT 115 ON-TIME HIGH SCHOOL GRADUATION BY RACE, 2021-2022

	U.S.
Asian/Pacific Islander	94.0%
White	90.0%
Hispanic/Latino	83.0%
African American/Black	81.0%
American Indian/Alaska Native	74.0%
Two or More Races	ND

Source: [COE - High School Graduation Rates](#)

Adult Education**EXHIBIT 116 POPULATION WITH A BACHELOR'S DEGREE OR HIGHER, PERCENT CHANGE, 2010**

	Stanislaus County	California	U.S.
Population with a Bachelor's Degree or Higher Education (2010)	16.4%	30.2%	28.2%
Population with a Bachelor's Degree or Higher Education (2022)	18.2%	35.9%	34.3%
Percent Change (2010-2022)	10.8%	18.6%	21.7%

Sources: U.S. Census Bureau American Community Survey 2010 One-year Estimates | U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

EXHIBIT 117 HIGHEST LEVEL OF EDUCATIONAL ATTAINMENT, 3-YEAR ROLLING, 2018-2022

	Stanislaus County	California	U.S.
Less than 9th Grade	10.9%	8.7%	4.7%
9th to 12th Grade, No Diploma	8.8%	6.9%	6.1%
High School Degree	30.1%	20.4%	26.4%
Some College No Degree	24.1%	20.1%	19.7%
Associate's Degree	7.9%	8.0%	8.7%
Bachelor's Degree	12.6%	22.1%	20.9%
Graduate Degree	5.6%	13.8%	13.4%

Source: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

EXHIBIT 118 EDUCATIONAL ATTAINMENT OF BACHELOR'S DEGREE OR HIGHER BY RACE, 3-YEAR ROLLING, 2018-2022

	Stanislaus County	California	U.S.
Asian	34.4%	55.1%	56.3%
Black or African American	22.0%	28.5%	24.0%
White	20.1%	39.9%	36.5%
Two or More Races	12.5%	26.3%	28.3%
American Indian and Alaska Native	12.2%	16.6%	15.8%
Native Hawaiian and Other Pacific Islander	11.6%	21.2%	18.7%
Some Other Race	7.9%	12.1%	14.8%

Source: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

EXHIBIT 119 EDUCATIONAL ATTAINMENT OF BACHELOR'S DEGREE OR HIGHER BY ETHNICITY, 3-YEAR ROLLING, 2018-2022

	Stanislaus County	California	U.S.
Hispanic or Latino	9.2%	15.5%	19.1%

Source: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

EXHIBIT 120 ADULT EDUCATION, 2022

	Stanislaus County	California	U.S.
No High School Diploma	19.7%	15.6%	10.9%
Adults with some college education	24.1%	20.1%	19.7%
Bachelor's education or higher	18.2%	35.9%	34.3%

Source: US Census Bureau ACS 5-year 2018-2022. Education. <https://www.census.gov/programs-surveys/acs>

EXHIBIT 121 ADULTS WITH NO HIGH SCHOOL DIPLOMA BY RACE, 2022

	Stanislaus County	California	U.S.
Hispanic or Latino	13.4%	11.1%	4.4%
Some Other Race	4.5%	5.4%	1.8%
Two or More Races	4.3%	2.4%	1.2%
White alone	4.1%	1.9%	3.9%
Asian	1.3%	1.8%	0.7%
American Indian and Alaska Native	0.3%	0.3%	0.2%
Black or African American	0.3%	0.5%	1.5%
Native Hawaiian and Other Pacific Islander	0.1%	0.1%	0.0%

Source: US Census Bureau ACS 5-year 2018-2022. Education less than high school. <https://www.census.gov/programs-surveys/acs>

EXHIBIT 122 ADULTS WITH SOME COLLEGE OR ASSOCIATE'S DEGREE EDUCATION, 2022

	Stanislaus County	California	U.S.
White, not Hispanic or Latino	16.9%	12.6%	18.6%
Hispanic or Latino	11.0%	8.8%	3.9%
Two or More Races	4.6%	3.3%	2.0%
Some Other Race	3.1%	3.3%	1.2%
Asian	1.5%	3.3%	1.0%
Black or African American	1.2%	2.2%	3.9%
American Indian and Alaska Native	0.5%	0.3%	0.2%
Native Hawaiian and Other Pacific Islander	0.2%	0.1%	0.1%

Source: US Census Bureau ACS 5-year 2018-2022. Education: Some College or Associate's Degree. <https://www.census.gov/programs-surveys/acs>

EXHIBIT 123 ADULTS WITH BACHELOR'S DEGREE OR HIGHER BY RACE, 2018-2022

	Stanislaus County	California	U.S.
White alone	20.1%	39.9%	36.5%
Black or African American	22%	28.5%	24%
Asian	34.4%	55.1%	56.3%
American Indian Alaska Native	12.2%	16.6%	15.8%

Hispanic or Latino	9.2%	15.5%	19.1%
Native Hawaiian or Pacific Islander	11.6%	21.2%	18.7%
Two or more races	12.5%	26.3%	28.3%
Other Race	7.9%	12.1%	14.8%

Source: US Census Bureau ACS 5-year 2018-2022. Education: Bachelor's Degree or Higher. <https://www.census.gov/programs-surveys/acs>

Domain 3: Economic Stability

Household Income

EXHIBIT 124 INCOME, 2022

	Stanislaus County	California	U.S.
Median Household Income	\$74,872	\$91,905	\$75,149
Income less than \$25,000	14.5%	13.2%	15.7%
Income \$25,000 to \$49,999	18.4%	14.7%	18.1%
Income \$50,000 to \$74,999	17.2%	13.7%	16.1%
Income \$75,000 to \$99,999	13.7%	12.0%	12.8%
Income \$100,000 to \$124,999	10.6%	10.0%	9.9%
Income \$125,000 to \$149,999	7.9%	7.8%	7.2%
Income \$150,000 to \$199,999	8.5%	10.7%	8.8%
Income \$200,000 or more	9.2%	17.9%	11.4%

Source: US Census Bureau ACS 5-year 2018-2022. <https://www.census.gov/programs-surveys/acs>

EXHIBIT 125 MEDIAN HOUSEHOLD INCOME PERCENT CHANGE

	Stanislaus County	California	U.S.
Median Household Income (2010)	\$53,684	\$61,632	\$52,762
Median Household Income (2022)	\$74,872	\$91,905	\$75,149
Percent Change (2010-2022)	+39.5%	+49.1%	+42.4%

Sources: U.S. Census Bureau American Community Survey 2010 One-year Estimates | U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

EXHIBIT 126 MEDIAN HOUSEHOLD INCOME BY RACE

	Stanislaus County	California	U.S.
Native Hawaiian and Other Pacific Islander	\$105,858	\$95,021	\$76,568
White	\$78,285	\$97,859	\$80,042
Asian	\$74,854	\$118,815	\$107,637
Other Race	\$68,995	\$70,612	\$61,851
American Indian and Alaska Native	\$68,816	\$75,076	\$55,925
Black or African American	\$66,096	\$64,513	\$50,901
Two or More Race	\$65,905	\$85,219	\$70,596

Source: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

EXHIBIT 127 MEDIAN HOUSEHOLD INCOME BY ETHNICITY, 2018-2022

	Stanislaus County	California	U.S.
Hispanic or Latino	\$67,929	\$74,517	\$64,936

Source: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

EXHIBIT 128 INCOME BY RACE, 2022

	Stanislaus County	California	U.S.
White			
Income less than \$25,000	13.4%	11.7%	13.5%
Income \$25,000 to \$49,999	17.1%	12.8%	17.0%
Income \$50,000 to \$74,999	15.6%	12.2%	15.8%
Income \$75,000 to \$99,999	13.3%	11.2%	13.1%
Income \$100,000 to \$124,999	10.7%	10.1%	10.4%
Income \$125,000 to \$149,999	8.9%	8.0%	7.7%
Income \$150,000 to \$199,999	9.4%	11.8%	9.6%
Income \$200,000 or more	11.6%	22.1%	12.8%
Black or African American			
Income less than \$25,000	19.7%	22.9%	26.3%
Income \$25,000 to \$49,999	21.4%	18.1%	23.0%
Income \$50,000 to \$74,999	11.8%	15.1%	16.8%
Income \$75,000 to \$99,999	14.3%	11.9%	11.4%
Income \$100,000 to \$124,999	11.1%	9.0%	7.5%

	Stanislaus County	California	U.S.
Income \$125,000 to \$149,999	5.3%	6.3%	4.8%
Income \$150,000 to \$199,999	8.6%	7.4%	5.3%
Income \$200,000 or more	7.9%	9.4%	4.8%
American Indian and Alaska Native			
Income less than \$25,000	9.9%	16.1%	23.7%
Income \$25,000 to \$49,999	22.3%	17.0%	21.9%
Income \$50,000 to \$74,999	19.2%	16.9%	17.2%
Income \$75,000 to \$99,999	13.2%	13.6%	12.6%
Income \$100,000 to \$124,999	9.0%	10.7%	8.6%
Income \$125,000 to \$149,999	9.1%	8.2%	5.4%
Income \$150,000 to \$199,999	14.2%	8.8%	5.8%
Income \$200,000 or more	3.0%	8.8%	4.9%
Asian			
Income less than \$25,000	13.4%	12.6%	12.4%
Income \$25,000 to \$49,999	18.0%	10.3%	11.8%
Income \$50,000 to \$74,999	18.8%	10.1%	11.8%
Income \$75,000 to \$99,999	11.0%	9.7%	10.9%
Income \$100,000 to \$124,999	10.5%	9.3%	10.0%
Income \$125,000 to \$149,999	6.1%	8.1%	8.2%
Income \$150,000 to \$199,999	8.8%	12.7%	12.0%
Income \$200,000 or more	13.5%	27.1%	23.0%
Native Hawaiian and Other Pacific Islander			
Income less than \$25,000	15.1%	14.2%	15.1%
Income \$25,000 to \$49,999	2.8%	13.3%	18.6%
Income \$50,000 to \$74,999	12.5%	12.9%	15.3%
Income \$75,000 to \$99,999	10.3%	12.2%	13.0%
Income \$100,000 to \$124,999	32.0%	12.5%	10.8%
Income \$125,000 to \$149,999	20.6%	9.8%	8.1%
Income \$150,000 to \$199,999	3.2%	10.7%	9.4%
Income \$200,000 or more	3.4%	14.5%	9.8%
Other Race			
Income less than \$25,000	13.2%	14.2%	18.0%

	Stanislaus County	California	U.S.
Income \$25,000 to \$49,999	20.2%	20.3%	22.4%
Income \$50,000 to \$74,999	20.9%	18.5%	18.9%
Income \$75,000 to \$99,999	15.3%	14.7%	13.8%
Income \$100,000 to \$124,999	11.5%	10.5%	9.2%
Income \$125,000 to \$149,999	6.7%	7.1%	6.0%
Income \$150,000 to \$199,999	5.9%	8.2%	6.4%
Income \$200,000 or more	6.3%	6.5%	5.3%
Two or more races			
Income less than \$25,000	18.9%	13.1%	16.8%
Income \$25,000 to \$49,999	18.7%	15.6%	19.0%
Income \$50,000 to \$74,999	18.2%	15.5%	16.9%
Income \$75,000 to \$99,999	13.0%	13.2%	13.1%
Income \$100,000 to \$124,999	9.6%	10.4%	9.7%
Income \$125,000 to \$149,999	7.5%	7.9%	6.9%
Income \$150,000 to \$199,999	6.9%	10.5%	8.2%
Income \$200,000 or more	7.2%	13.8%	9.4%

Source: US Census Bureau ACS 5-year 2018-2022. <https://www.census.gov/programs-surveys/acs>

Poverty

EXHIBIT 129 GINI INDEX, 2022

	Stanislaus County	California	U.S.
Gini Index	0.44	0.49	0.48

Source: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

EXHIBIT 130 INCOME TO POVERTY RATIOS, 2010

	Stanislaus County	California	U.S.
100% to 124% FPL	5.0%	3.9%	3.9%
125% to 149% FPL	5.0%	4.0%	4.1%
150% to 184% FPL	7.3%	5.6%	5.8%
185% to 199% FPL	3.0%	2.4%	2.6%
200% and Over FPL	66.1%	72.0%	71.2%

Sources: U.S. Census Bureau American Community Survey 2010 One-year Estimates | U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

EXHIBIT 131 POVERTY PERCENT CHANGE, 2018-2022

	Stanislaus County	California	U.S.
Total Households Below Poverty Level (2010)	15.8%	12.5%	13.1%
Total Households Below Poverty Level (2022)	13.3%	11.8%	12.4%
Percent Change (2010-2022)	-16.1%	-6.0%	-5.5%

Source: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

EXHIBIT 132 PERCENT OF POPULATION LIVING IN POVERTY

	Stanislaus County	California	U.S.
People Below Poverty Level	13.7%	12.1%	12.5%
American Indian and Alaska Native	9.8%	16.1%	22.6%
Asian	13.8%	9.8%	10.1%
Black or African American	15.8%	19.0%	21.5%
Native Hawaiian and Other Pacific Islander	8.3%	13.9%	17.0%
Some Other Race	13.1%	16.1%	18.6%
Two or More Races	17.2%	12.2%	14.8%
White	12.7%	10.6%	10.1%
Hispanic or Latino	16.1%	15.1%	17.2%
Age Under 5	18.7%	15.6%	18.1%
Age Under 18	18.2%	15.6%	16.7%
Age 18 to 64	12.1%	11.1%	11.7%
Age 65 and Over	12.1%	11.0%	10.0%

Source: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

EXHIBIT 133 SENIORS (AGES 65+) LIVING IN POVERTY BY RACE, 2018-2022

	Stanislaus County	California	U.S.
Two or More Races	22.4%	13.1%	15.0%
Hispanic or Latino	17.1%	14.6%	17.8%
Some Other Race	15.0%	16.0%	18.8%
White alone	10.3%	8.5%	7.8%
Asian	9.2%	13.1%	12.9%

Black or African American	8.4%	16.1%	17.7%
Native Hawaiian and Other Pacific Islander	8.0%	13.2%	13.6%
American Indian and Alaska Native	7.3%	14.9%	18.5%

Source: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

EXHIBIT 134 CHILDREN (AGES 18 AND BELOW) LIVING IN POVERTY BY RACE, 2018-2022

	Stanislaus County	California	U.S.
Hispanic or Latino	21.3%	20.4%	23.0%
Two or More Races	21.1%	14.1%	17.7%
Asian	20.9%	9.5%	10.2%
Black or African American	19.5%	25.8%	30.6%
Some Other Race	17.8%	22.9%	25.5%
White alone	12.0%	8.1%	10.2%
American Indian and Alaska Native	11.5%	21.3%	29.1%
Native Hawaiian and Other Pacific Islander	8.2%	19.6%	23.4%

Source: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

Employment

EXHIBIT 135 EMPLOYMENT BY INDUSTRY, 2018-2022

	Stanislaus County	California	U.S.
Office and Administrative Support	9.6%	9.8%	10.3%
Sales	8.2%	8.8%	9.1%
Management	8.0%	10.5%	10.4%
Production	6.7%	4.3%	5.2%
Material Moving	6.7%	3.6%	3.6%
Construction and Extraction	6.3%	4.5%	4.7%
Education, Training and Library	5.2%	5.2%	5.9%
Food Preparation and Serving	5.0%	5.0%	5.0%
Building, Grounds Cleaning, and Maintenance	4.0%	3.5%	3.3%
Transportation	4.0%	3.3%	3.6%
Installation, Maintenance, and Repair	3.5%	2.4%	2.9%

	Stanislaus County	California	U.S.
Healthcare Support	3.4%	3.4%	3.1%
Business and Finance	3.1%	5.4%	5.5%
Farming, Fishing and Forestry	3.1%	1.3%	0.6%
Health Diagnosis and Treating Practitioners	2.8%	3.4%	4.1%
Personal Care and Service	2.3%	2.5%	2.4%
Health Technologist and Technicians	1.8%	1.5%	1.9%
Community and Social Service	1.6%	1.6%	1.7%
Computer and Mathematical	1.3%	3.8%	3.3%
Architecture and Engineering	1.3%	2.4%	2.0%
Arts, Design, Entertainment, Sports and Media	1.1%	2.8%	2.0%
Fire Fighting and Prevention	1.1%	1.2%	1.1%
Law Enforcement	1.0%	0.8%	0.9%
Life, Physical, and Social Science	0.6%	1.2%	1.0%
Legal	0.4%	1.2%	1.1%

Source: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

EXHIBIT 136 PERCENT OF POPULATION IN LABOR FORCE, BY AGE (AGES 20-64 YEARS), 2022

	Stanislaus County	California	U.S.
Age 20 to 24	10.9%	9.5%	9.9%
Age 25 to 34	24.4%	24.2%	22.4%
Age 35 to 44	22.4%	21.9%	21.1%
Age 45 to 54	19.6%	20.0%	19.8%
Age 55 to 59	8.4%	8.9%	9.4%
Age 60 to 64	5.8%	6.7%	7.3%

Source: US Census Bureau ACS 5-year 2018-2022. <https://www.census.gov/programs-surveys/acs>

EXHIBIT 137 YOUNG PEOPLE NOT IN SCHOOL AND NOT WORKING (AGES 16-19), 2024

	Stanislaus County	California	U.S.
Disconnected Youth	8.0%	7.0%	7.0%

Source: County Health Rankings and Roadmaps, Disconnected Youth* | County Health Rankings & Roadmaps

EXHIBIT 138 EMPLOYED BY RACE, 2022

	Stanislaus County	California	U.S.
White	56.2%	60.7%	61.9%
Black or African American	56.5%	60.8%	63.3%
American Indian and Alaska Native	61.3%	64.0%	60.0%
Asian	60.8%	64.4%	66.2%
Native Hawaiian and Other Pacific Islander	68.2%	65.8%	65.9%
Other Race	65.9%	66.7%	67.7%
Two or More Races	67.1%	67.0%	67.6%
Hispanic or Latino	66.5%	67.0%	68.0%

Source: US Census Bureau ACS 5-year 2018-2022. <https://www.census.gov/programs-surveys/acs>

Food & Nutrition Security**EXHIBIT 139 HOUSEHOLDS RECEIVING SNAP, 2022**

	Stanislaus County	California	U.S.
Households Receiving Food Stamps/SNAP	13.7%	10.3%	11.5%

Source: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

EXHIBIT 140 WIC PROGRAM TOTAL PARTICIPATION, 2020-2024

	FY 2020	FY 2021	FY 2022	FY 2023	FY 2024
California	880,923	947,788	936,127	964,415	995,558

Source: WIC Data Tables | Food and Nutrition Service. <https://www.fns.usda.gov/pd/wic-program>
<https://fns-prod.azureedge.us/sites/default/files/resource-files/26wifypart-3.pdf>

EXHIBIT 141 SNAP ENROLLMENT BY RACE, 2022

	Stanislaus County	California	U.S.
White alone	54.2%	41.6%	51.6%
Black or African American	3.9%	11.6%	26.2%
American Indian Alaska Native	1.5%	1.5%	1.4%
Asian	5.6%	10.7%	3.5%
Native Hawaiian or Pacific Islander	0.5%	0.5%	0.2%
Some Other Race	13.9%	19.7%	7.6%
Two or more races	20.4%	14.4%	9.5%
Hispanic or Latino	49.5%	46.1%	22.4%

Source: American Community Survey, ACS 2018-2022 Five-year Estimates

EXHIBIT 142 CONVENIENCE AND GROCERY STORES PER 1,000 PEOPLE, 2016

	Stanislaus County	California	U.S.
Convenience Stores	0.30	0.34	0.60
Grocery Stores	0.24	0.26	0.25

Source: USDA ERS Food Environmental Atlas 2016. Convenience Stores and Grocery Stores per 1,000 People.

<https://www.ers.usda.gov/data-products/food-environment-atlas>

EXHIBIT 143 LOW ACCESS TO GROCERY STORE, 2019

	Stanislaus County	California	U.S.
Low access to grocery store	3.0%	3.0%	6.0%

Source: County Health Rankings 2024, [Stanislaus, California | County Health Rankings & Roadmaps](#)

EXHIBIT 144 STUDENTS ELIGIBLE FOR FREE OR REDUCED-PRICE SCHOOL MEALS, 2021

	Stanislaus County	California	U.S.
Free and Reduced-Price Lunch	65.6%	58.8%	ND

Source: California Dept. of Education, Free or Reduced-Price Meal (Student Poverty) Data; National Center for Education Statistics, Digest of Education Statistics (Jul. 2021).

EXHIBIT 145 FOOD INSECURITY RATE, 2021

	Stanislaus County	California	U.S.
Food Insecurity Rate	11.0%	10.5%	10.5%

Source: Feeding America. Hunger and Poverty in the U.S. <https://map.feedingamerica.org/>.

EXHIBIT 146 LOW INCOME WITH LIMITED ACCESS TO HEALTHY FOOD, 2019

	Stanislaus County	California	U.S.
Low-income people with low access to healthy foods	211,747	12,496,818	100,453,837

Source: USDA ERS 2019. <https://www.ers.usda.gov/data-products/food-access-research-atlas>

Domain 4: Neighborhood & Built Environment**Housing****EXHIBIT 147 HOUSING COSTS & HOME VALUE, 2023**

	Stanislaus County	California	U.S.
Median Household Income	\$79,661	\$96,334	\$78,538
Homeowner Excessive Housing Costs	29.2%	30.7%	22.1%
Renter Excessive Housing Costs	49.0%	52.0%	46.9%
Renter Housing Mobile Homes	3.5%	2.0%	4.0%
Homeowner Vacancy Rate	0.9%	0.9%	1.0%

Sources: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

EXHIBIT 148 FAIR MARKET RENT (FMR), 2023

	Stanislaus County	California	U.S.
0 Bedrooms	\$1,039	ND	ND
1 Bedrooms	\$1,072	ND	ND
2 Bedrooms	\$1,365	ND	ND
3 Bedrooms	\$1,929	ND	ND
4 Bedrooms	\$2,258	ND	ND

Source: U.S. Department of Housing and Urban Development HOME Rent Limits 2023

EXHIBIT 149 MEDIAN HOME RENT, 2022

	Stanislaus County	California	U.S.
Median Home Rent	\$1,433	\$1,856	\$1,268

Source: US Census Bureau ACS 5-year 2018-2022. Median Home Rent. <https://www.census.gov/programs-surveys/acs>

EXHIBIT 150 HOUSING AFFORDABILITY INDEX, 2024

	Stanislaus County	California	U.S.
Percent of Households that Could Afford to Purchase a Median-Priced Home	ND	17.0%	103.0

Source: California Association of Realtors, [First quarter 2024 housing affordability report](#) |

EXHIBIT 151 PERCENT OF INCOME FOR OWNERSHIP COSTS, 2018-2022

	Stanislaus County	California	U.S.
Percent of Income for Ownership Costs	19.6%	21.0%	17.5%

Source: US Census Bureau ACS 5-year 2018-2022. Median Monthly Ownership Costs as a Percentage of Income. <https://www.census.gov/programs-surveys/acs>

EXHIBIT 152 HOUSEHOLD COMPOSITION, 2018-2022

	Stanislaus County	California	U.S.
Household with Children	39.4%	33.3%	30.2%
Households with Grandparents Responsible for Grandchildren	1.5%	1.2%	1.3%

Source: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

EXHIBIT 153 HOMEOWNERSHIP RATE, 2018-2022

	Stanislaus County	California	U.S.
Homeownership Rate	60.8%	55.6%	65.8%

Source: FRED. Homeownership Rate (5-year estimate) for Stanislaus County, CA. (2022)

<https://fred.stlouisfed.org/series/HOWNRATEACS006099>

EXHIBIT 154 HOMEOWNERSHIP RATE BY RACE, 2018 - 2022

	Stanislaus County	California	U.S.
White	62.8%	60.7%	71.1%
Black or African American	44.0%	35.6%	43.1%
Asian	61.7%	60.7%	61.6%
American Indian Alaska Native	63.7%	48.2%	55.0%
Hispanic or Latino	54.1%	45.7%	50.1%
Native Hawaiian or Pacific Islander	63.8%	44.8%	43.3%
Two or more races	54.4%	49.7%	54.5%
Other Race	58.9%	42.4%	45.1%

Source: US Census Bureau ACS 5-year 2018-2022. Homeownership Rate. <https://www.census.gov/programs-surveys/acs>

EXHIBIT 155 CROWDED HOUSING, 2015-2019

	Stanislaus County	California	U.S.
Crowded Housing	7.6%	8.2%%	3.3%

Source: California Healthy Places Index, 2015-2019. <https://map.healthypacesindex.org>

EXHIBIT 156 HOUSING HABITABILITY, 2013-2017

	Stanislaus County	California	U.S.
Housing Habitability	99.2%	98.7%	ND

Source: California Healthy Places Index, 2013-2017. <https://www.map.healthypacesindex.org>

EXHIBIT 157 POINT-IN-TIME COUNT, STANISLAUS COUNTY, 2023-2024

	2020	2021	2022	2023	2024	Percent Change (2020-2024)
Longitudinal Trend	2,107	2,927	1,857	2,091	2,052	-2.6%

Source: U.S. Department of Housing and Urban Development 2024 Stanislaus County Homeless Point-In-Time Count Executive Summary

FOR MORE DATA FROM THE 2024 POINT IN TIME COUNTY, PLEASE VISIT: [HTTPS://CSOCSTAN.COM/WP-CONTENT/UPLOADS/2024/07/ENGLISH-2024-STANISLAUS-COUNTY-PIT-HOMELESS-COUNT-EXECUTIVE-AND-DATA-SUMMARY.PDF](https://CSOCSTAN.COM/WP-CONTENT/UPLOADS/2024/07/ENGLISH-2024-STANISLAUS-COUNTY-PIT-HOMELESS-COUNT-EXECUTIVE-AND-DATA-SUMMARY.PDF)

EXHIBIT 158 YOUTH POINT-IN-TIME COUNT, STANISLAUS COUNTY, 2020-2024

	2020	2021	2022	2023	2024
Under 18	ND	1,089	183	231	153

Source: U.S. Department of Housing and Urban Development 2024 Stanislaus County Homeless Point-In-Time Count Executive Summary

EXHIBIT 159 UNHOUSED STUDENT ENROLLMENT, 2023-2024

	Cumulative Enrollment	Homeless Student Enrollment	Temporarily Doubled Up	Temporary Shelters	Hotels/Motels	Temporarily Unsheltered
Stanislaus County	102,076	2,676	81.7%	5.8%	9.9%	2.6%
California	5,299,875	264,599	84.1%	6.5%	5.8%	3.6%

Source: California Department of Education, Stanislaus County Report

<https://dq.cde.ca.gov/dataquest/DQCensus/HmlsEnrByDTLevels.aspx?cds=50&aggllevel=County&year=2023-24>

Transportation**EXHIBIT 160 TRANSPORTATION, 2018-2022**

	Stanislaus County	California	U.S.
Mean Travel Time to Work (in minutes)	30.8	29.2	26.7
Commute Transportation by Public Transit	0.8%	3.6%	3.8%
Commute Transportation by Drive Alone	79.6%	68.4%	71.7%

Sources: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

EXHIBIT 161 WORKERS DRIVING ALONE TO WORK, 2018-2022

	Stanislaus County	California	U.S.
Workers driving alone to work	79.6%	68.4%	71.7%

Source U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

EXHIBIT 162 WORKERS DRIVING ALONE TO WORK, BY RACE, 2018-2022

	Stanislaus County	California	U.S.
White alone	46.6%	34.0%	50.0%
Hispanic or Latino	37.1%	27.5%	12.4%
Two or More Races	13.9%	8.5%	5.3%
Some Other Race	10.5%	11.4%	3.9%
Asian	5.0%	10.1%	3.7%
Black or African American	2.0%	3.5%	8.1%
American Indian Alaska Native	1.0%	0.7%	0.5%
Native Hawaiian or Pacific Islander	0.6%	0.3%	0.1%

Source U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

EXHIBIT 163 WORKERS DRIVING ALONE TO WORK WITH LONG COMMUTE, 2018-2022

	Stanislaus County	California	U.S.
Commute 30+ Minutes	29.7%	28.4%	26.2%
Commute 45+ Minutes	15.8%	13.1%	11.0%

Source U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

EXHIBIT 164 WORKERS COMMUTING BY TRANSIT, BIKING, OR WALKING, 2018-2022

	Stanislaus County	California	U.S.
Workers Commuting by Transit, Biking, or Walking	2.4%	6.7%	6.7%

Source U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

EXHIBIT 165 AUTOMOBILE ACCESS, 2018-2022

	Stanislaus County	California	U.S.
No Vehicles Available	5.4%	6.9%	8.3%
One Vehicle Available	26.4%	30.1%	32.6%

Two Vehicles Available	36.5%	36.7%	37.0%
Three or More Vehicles Available	31.7%	26.2%	22.1%

Source: American Community Survey, ACS 2018-2022 Five-year Estimates

Internet

EXHIBIT 166 : BROADBAND, 2021

	Stanislaus County	California	U.S.
Household Without Internet Access	8.3%	6.4%	9.0%
Number of Internet Providers (2021)	ND	ND	3,002

Sources: Federal Communications Commission Fixed Broadband Deployment Data 2021 | U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

Community Safety

EXHIBIT 167 PREMATURE DEATHS PER 100,000, 2019-2021

	Stanislaus County	California	U.S.
Premature deaths	450.0	319.0	390.0

Source: HDPulse: An Ecosystem of Minority Health and Health Disparities Resources. National Institute on Minority Health and Health Disparities. <https://hdpulse.nimhd.nih.gov>

EXHIBIT 168 VIOLENT CRIMES PER 100,000, 2022

	Stanislaus County	California	U.S.
Violent Crimes	538.5	173.0	251.0

Source: Federal Bureau of Investigation Uniform Crime Reporting Program (UCR). Crimes by Type – Property Crime. Available from <https://cde.ucr.cjis.gov/LATEST/webapp/#/pages/downloads>

EXHIBIT 169 ACCIDENTAL INJURIES DEATH RATE PER 100,000, 2022

	Stanislaus County	California	U.S.
Accidental Injury Death Rate	64.0	51.0	64.0

Source: CDC WONDER Cause of Death 2022. Accidental Injuries Death Rate. <https://wonder.cdc.gov/>

EXHIBIT 170 ACCIDENTAL INJURIES DEATH RATE PER 100,000 BY RACE AND ETHNICITY, 2018-2022

	Stanislaus County	California	U.S.
White	ND	53	62
Black or African American	ND	70	66
Asian	29	16	17
American Indian Alaska Native	0	88	106
Hispanic or Latino	ND	38	41

Source: CDC WONDER Cause of Death 2018 - 2022. Accidental Injuries Death Rate. <https://wonder.cdc.gov/>

EXHIBIT 171 MOTOR VEHICLE ACCIDENT FATALITIES, 2022

	Stanislaus County	California	U.S.
Fatal Motor Vehicle Crashes	67	4,109	39,221
Motor Vehicle Crash Pedestrian Fatality	14	1,158	7,522

Source: National Highway Traffic Safety Administration – Fatality Analysis Reporting System (FARS). Motor Vehicle Crash Pedestrian Fatality & Fatal Motor Vehicle Crashes. <https://www.nhtsa.gov/research-data/fatality-analysis-reporting-system-fars>

EXHIBIT 172 FATAL MOTOR VEHICLE CRASHES BY SEX, 2022

	Stanislaus County	California	U.S.
Female	ND	26.6%	27.6%
Male	ND	73.2%	72.1%
Unknown	ND	0.2%	0.3%
Total	ND	4,428	42,514

Source: United States Department of Transportation National Highway Traffic Safety Administration Fatality Analysis Reporting System (FARS). Motor Vehicle Crash Pedestrian Fatality & Fatal Motor Vehicle Crashes [People - All Victims](#)

EXHIBIT 173 FATAL MOTOR VEHICLE CRASHES, 2022

Victims Killed and Injured	Stanislaus County
Total Fatal and Injury	4,605
Alcohol Involved	13.7%
Had Been Drinking Driver <21	1.3%
Had Been Drinking Driver <21 – 34	6.6%
Speed Related	13.7%

Source: California Office of Traffic Safety [OTS Crash Rankings Results](#) | [Office of Traffic Safety](#)

EXHIBIT 174 FATAL MOTOR VEHICLE CRASHES BY MOTORIST TYPE, 2022

Motorist Type	California	U.S.
Total Fatal and Injury	3,020	33,562
Driver	58.2%	62.3%
Passenger	20.7%	19.0%
Unknown Occupant	0.1%	0.1%
Motorcyclists	21.0%	18.5%

Source: United States Department of Transportation National Highway Traffic Safety Administration, [FARS Encyclopedia: States - Crashes and All Victims](#)

EXHIBIT 175 STANISLAUS COUNTY PEDESTRIAN ACCIDENT DEATHS, 2022

Non-motorist Type	Stanislaus County
Total	391
Pedestrians	49.3%
Pedestrian age less than 15	5.4%
Pedestrian age 65 and over	5.6%
Bicycle	35.0%
Bicycle age less than 15	4.6%

Source: California Office of Traffic Safety [OTS Crash Rankings Results | Office of Traffic Safety](#)

EXHIBIT 176 STATE AND NATIONAL PEDESTRIAN ACCIDENT DEATHS, 2022

	California	U.S.
Total	1,408	8,952
Pedestrian	82.2%	84.0%
Cyclist	12.6%	12.3%
Other/Unknown	5.2%	3.6%

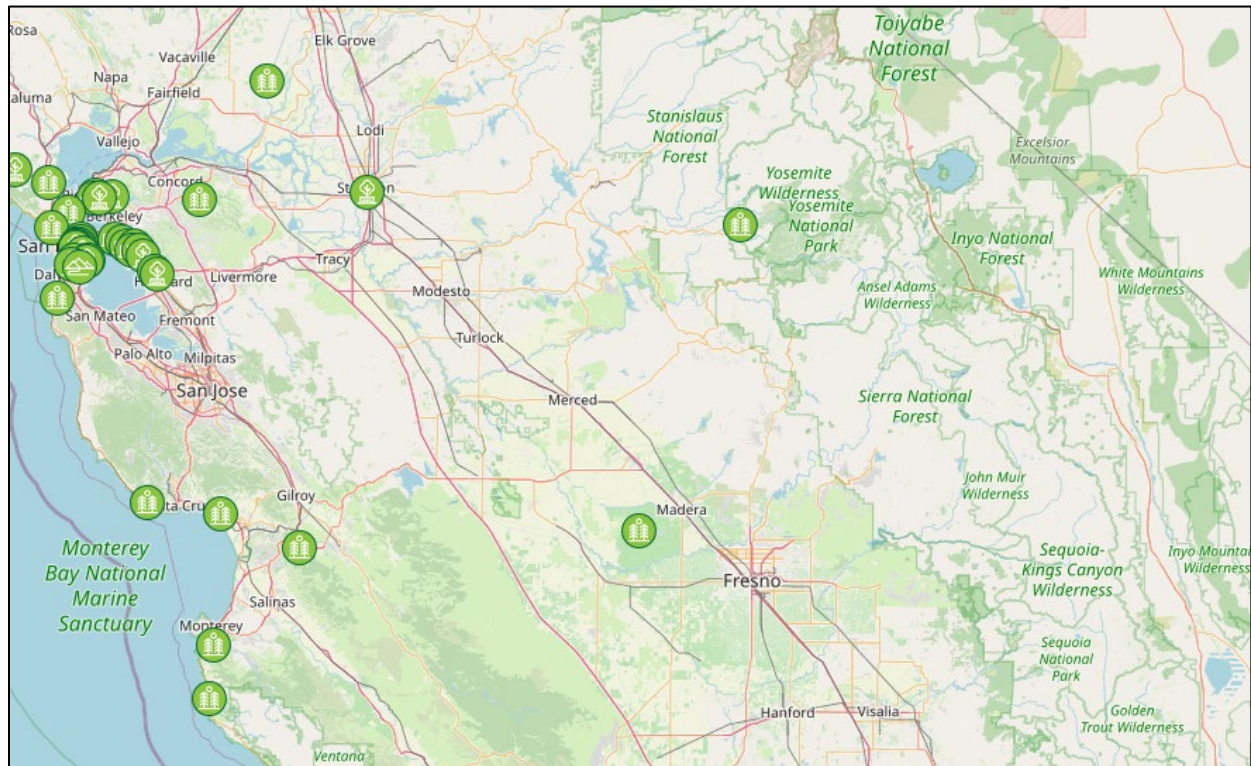
Source: United States Department of Transportation National Highway Traffic Safety Administration, [People - All Victims](#)

EXHIBIT 177 DROWNING (2018-2021) AND FIREARM (2022) DEATHS PER 100,00

	Stanislaus County	California	U.S.
Drowning Deaths (2018-2021)	ND	1.1	1.3
Firearm Deaths (2022)	ND	8.6	14.2

Source: Centers for Disease Control and Prevention [Drowning Data | Drowning Prevention | CDC](#) | (State) Centers for Disease Control and Prevention National Center for Health Statistics [Stats of the States - Firearm Mortality](#) | (U.S.) Centers for Disease Control and Prevention WONDER [Provisional Mortality Statistics, 2018 through Last Week Results Form](#)

EXHIBIT 178 PARK ACCESS



Source: The Trust for Public Land, [California - Trust for Public Land](#), accessed, May 2025

EXHIBIT 179 ROAD NETWORK DENSITY, 2019

	Stanislaus County	California	U.S.
Per square mile	17	21	16

Source: EPA Smart Location Database 2019, [Smart Location Mapping | US EPA](#)

EXHIBIT 180 WALKABILITY INDEX, 2019

	Stanislaus County	California	U.S.
Walkability Index	12	12	10

Source: EPA. Walkability Index. <https://www.epa.gov/smartgrowth/national-walkability-index-user-guide-and-methodology>

This National Risk Index contains the hazard risk index score by environmental hazard. The score is on a range from 0 to 100, where 0 is the least risk and 100 is the highest risk. Recommended County Classification: Very Low (0 - 8.09) Relatively Low (8.1 - 13.38) Relatively Moderate (13.39 - 22.74) Relatively High (22.75 - 40.5) Very High (41.6 - 100) Risk 'is defined as the potential for negative impacts as a result of a natural hazard'.”²⁶

EXHIBIT 181 COASTAL FLOODING HAZARD RISK INDEX, 2023

	Stanislaus County	California	U.S.
Coastal Flooding Hazard Risk Index Score	ND	54	49

Source: FEMA, The National Risk Index, [National Risk Index | FEMA.gov](https://www.fema.gov/national-risk-index)

EXHIBIT 182 DROUGHT HAZARD RISK INDEX, 2023

	Stanislaus County	California	U.S.
Drought Hazard Risk Index Score	99	88	49

Source: FEMA, The National Risk Index, [National Risk Index | FEMA.gov](https://www.fema.gov/national-risk-index)

EXHIBIT 183 HEAT WAVE HAZARD RISK INDEX, 2023

	Stanislaus County	California	U.S.
Heat Wave Hazard Risk Index Score	93	76	49

Source: FEMA, The National Risk Index, [National Risk Index | FEMA.gov](https://www.fema.gov/national-risk-index)

²⁶ Source: <https://hazards.fema.gov/nri/determining-risk>

“The Air Toxics Cancer Risk Environmental Justice Index is the estimate of individual lifetime cancer risk from inhalation of air toxics multiplied by the proportion of the population identified as low-income or belonging to an ethnic/racial minority group. Lower values indicate lower relative individual lifetime cancer risk from inhalation of air toxics, while higher values indicate greater relative individual lifetime cancer risk from inhalation of air toxics.”²⁷

EXHIBIT 184 AIR TOXICS CANCER RISK ENVIRONMENTAL JUSTICE INDEX, 2023

	Stanislaus County	California	U.S.
Air Toxic Cancer Risk Environmental Justice Index	21	18	ND

Source: United States Environmental Protection Agency Environmental Justice Screening and Mapping Tool [EJScreen: Environmental Justice Screening and Mapping Tool | US EPA](#)

EXHIBIT 185 RIVER FLOODING HAZARD RISK SCORE, 2023

	Stanislaus County	California	U.S.
River Flooding Hazard Risk Score²⁸	43	79	50

Source: FEMA, The National Risk Index, [National Risk Index | FEMA.gov](#)

“The Respiratory Hazard Environmental Justice Index is the ratio of air toxic exposure concentration to health-based reference concentration weighted by the proportion of the population identified as low-income or belonging to an ethnic/racial minority group.”²⁹

EXHIBIT 186 RESPIRATORY HAZARD ENVIRONMENTAL JUSTICE INDEX, 2023

	Stanislaus County	California	U.S.
Respiratory Hazard Environmental Justice Index	19	23	ND

Source: United States Environmental Protection Agency EJ Screening and Mapping Tool EJScreen: [EJScreen: Environmental Justice Screening and Mapping Tool | US EPA](#)

²⁷ Source: [Learn About Environmental Justice | US EPA](#)

²⁸ The score is on a range from 0 to 100, where 0 is the least risk and 100 is the highest risk. Source: [Determining Risk | National Risk Index](#)

²⁹ Source: [Learn About Environmental Justice | US EPA](#)

Domain 5: Health & Behavioral Health

HEAL Opportunities

EXHIBIT 187 OBESITY AND OVERWEIGHT, 2019 & 2022

	Stanislaus County	California	U.S.
Obesity (Age 18+)¹	34.5%	28.6%	33.3%
Students Who Are Overweight or Obese, 5th Grade²	44.5%	41.3%	ND
Students Who Are Overweight or Obese, 7th Grade²	45.3%	40.0%	ND
Students Who Are Overweight or Obese, 9th Grade²	43.8%	37.8%	ND

Source: 1 CDC BRFSS PLACES 2022. <https://www.cdc.gov/places/>. 2 KidsData. Students Who Are Overweight or Obese, by Grade Level.
<https://www.kidsdata.org/topic/725/overweight/table#fmt=1026&loc=2,350&tf=124&ch=623,69,305&sortColumnId=0&sortType=asc>

EXHIBIT 188 OBESITY (BMI >29.99) FOR AGE 18+ BY RACE AND ETHNICITY, 2022

	Stanislaus County	California	U.S. 2017-March 2020
Hispanic or Latino	38.6%	37.0%	45.6%
White	33.7%	24.7%	41.4%
Black or African American	31.8%	39.7%	49.9%
Other Race	18.0%	ND	ND

Source: California Department of Public Health [Obesity Web Tool](#) | (U.S.) U.S. Centers of Disease Control and Prevention [Adult Obesity Facts](#) | [Obesity](#) | [CDC](#)

EXHIBIT 189 STUDENTS WHO ARE OVERWEIGHT OR OBESE, 5TH GRADE BY RACE, 2019

	Stanislaus County	California	U.S.
African American/Black	46.2%	41.6%	ND
American Indian/Alaska Native	54.5%	44.3%	ND
Asian	35.1%	26.2%	ND
Filipino	42.9%	34.7%	ND

	Stanislaus County	California	U.S.
Hispanic/Latino	48.7%	49.7%	ND
Native Hawaiian/Pacific Islander	42.5%	53.2%	ND
White	35.6%	28.8%	ND
Multiracial	45.6%	35.2%	ND

Source: As cited on kidsdata.org, California Dept. of Education, Physical Fitness Testing Research Files (Jan. 2020).

[https://www.kidsdata.org/topic/727/overweight-](https://www.kidsdata.org/topic/727/overweight-race/table#fmt=1028&loc=2,350&tf=124&ch=623,69,305,7,11,70,85,10,72,9,73&sortColumnId=0&sortType=asc)

[race/table#fmt=1028&loc=2,350&tf=124&ch=623,69,305,7,11,70,85,10,72,9,73&sortColumnId=0&sortType=asc](https://www.kidsdata.org/topic/727/overweight-race/table#fmt=1028&loc=2,350&tf=124&ch=623,69,305,7,11,70,85,10,72,9,73&sortColumnId=0&sortType=asc)

EXHIBIT 190 STUDENTS WHO ARE OVERWEIGHT OR OBESE, 7TH GRADE BY RACE AND ETHNICITY, 2019

	Stanislaus County	California	U.S.
African American/Black	48.0%	42.1%	ND
American Indian/Alaska Native	47.2%	44.7%	ND
Asian	35.3%	23.4%	ND
Filipino	35.1%	30.6%	ND
Hispanic/Latino	49.2%	48.0%	ND
Native Hawaiian/Pacific Islander	52.5%	52.0%	ND
White	37.9%	29.3%	ND
Multiracial	39.9%	33.5%	ND

Source: As cited on kidsdata.org, California Dept. of Education, Physical Fitness Testing Research Files (Jan. 2020).

[https://www.kidsdata.org/topic/727/overweight-](https://www.kidsdata.org/topic/727/overweight-race/table#fmt=1028&loc=2,350&tf=124&ch=623,69,305,7,11,70,85,10,72,9,73&sortColumnId=0&sortType=asc)

[race/table#fmt=1028&loc=2,350&tf=124&ch=623,69,305,7,11,70,85,10,72,9,73&sortColumnId=0&sortType=asc](https://www.kidsdata.org/topic/727/overweight-race/table#fmt=1028&loc=2,350&tf=124&ch=623,69,305,7,11,70,85,10,72,9,73&sortColumnId=0&sortType=asc)

EXHIBIT 191 STUDENTS WHO ARE OVERWEIGHT OR OBESE, 9TH GRADE BY RACE AND ETHNICITY, 2019

	Stanislaus County	California	U.S.
African American/Black	37.0%	41.0%	ND
American Indian/Alaska Native	S	42.7%	ND
Asian	33.8%	21.2%	ND
Filipino	35.7%	30.0%	ND
Hispanic/Latino	47.3%	45.8%	ND
Native Hawaiian/Pacific Islander	52.3%	51.9%	ND
White	36.3%	27.9%	ND
Multiracial	48.9%	30.6%	ND

Source: As cited on kidsdata.org, California Dept. of Education, Physical Fitness Testing Research Files (Jan. 2020).

[https://www.kidsdata.org/topic/727/overweight-](https://www.kidsdata.org/topic/727/overweight-race/table#fmt=1028&loc=2,350&tf=124&ch=623,69,305,7,11,70,85,10,72,9,73&sortColumnId=0&sortType=asc)

[race/table#fmt=1028&loc=2,350&tf=124&ch=623,69,305,7,11,70,85,10,72,9,73&sortColumnId=0&sortType=asc](https://www.kidsdata.org/topic/727/overweight-race/table#fmt=1028&loc=2,350&tf=124&ch=623,69,305,7,11,70,85,10,72,9,73&sortColumnId=0&sortType=asc)

EXHIBIT 192 PHYSICAL ACTIVITY, 2021, 2020, 2022, AND 2023

	Stanislaus County	California	U.S.
Physical Inactivity	24.0%	20.0%	23.0%
Access to Exercise Opportunities	94.0%	94.0%	84.0%

Source: County Health Rankings. Stanislaus, CA. (2024) <https://www.countyhealthrankings.org/health-data/california/stanislaus?year=2024>

EXHIBIT 193 YOUTH AGED 12-17 CONSUMING 5+ SERVINGS OF FRUITS AND VEGETABLES DAILY, 2020

Stanislaus County	California
37.5%	33.3%

Source: Let's Get Healthy California, Increasing Adolescent Fruit and Vegetable Consumption, <https://letsgethealthy.ca.gov/goals/healthy-beginnings/healthy-diet-adolescent-fruit-and-vegetable-consumption/>

EXHIBIT 194 WALKABILITY INDEX, 2019

	Stanislaus County	California	U.S.
Walkability Index	12	12	10

Source: EPA. Walkability Index. <https://www.epa.gov/smartgrowth/national-walkability-index-user-guide-and-methodology>

EXHIBIT 195 FOOD ENVIRONMENT NEED RATING, 2021

	Stanislaus County	California	U.S.
Food Environment Need Rating	8.2	8.6	7.7

Source: County Health Rankings, Stanislaus CA, 2024. <https://www.countyhealthrankings.org/health-data/health-factors/health-behaviors/diet-and-exercise/food-environment-index?year=2024&county=06099>

Health Care Providers**EXHIBIT 196 HEALTH CARE PROVIDER RATIO (PEOPLE PER PROVIDER), 2023**

	Stanislaus County	California	U.S.
Primary Care Physician	1,078:1	979:1	907:1
Primary Care Nurse Practitioner	2,454:1	2,078:1	1,186:1
Dentist	1,525:1	1,249:1	1,567:1
Mental Health Provider	492:1	300:1	584:1
Pediatrician	1,496:1	828:1	820:1
Obstetrics Gynecology / OBGYN	4,765:1	3,778:1	3,541:1
Midwife and Doula	17,274:1	10,557:1	11,496:1

Sources: National Plan & Provider Enumeration System NPI, 2022. <https://www.cms.gov/Regulations-and-Guidance/Administrative-Simplification/NationalProviderStand/DataDissemination>

EXHIBIT 197 PROVIDERS PER 100,000 PEOPLE, 2023

	Stanislaus County	California	U.S.
Primary Care Physicians	92.8	102.2	110.2
Dentists	65.6	80.1	63.8

Source: NPPES NPI. (2023). Dentist and Primary Care Physician Ratio.

<https://www.cms.gov/Regulations-and-Guidance/Administrative-Simplification/NationalProviderStand/DataDissemination>

Health Insurance**EXHIBIT 198 UNINSURED POPULATION, 2018-2022**

	Stanislaus County	California	U.S.
Age Under 6 without Health Insurance	2.4%	2.5%	4.4%
Age 6 to 18 without Health Insurance	3.1%	3.7%	5.7%
Age 19 to 64 without Health Insurance	8.8%	10.0%	12.2%
Age 65 and Over without Health Insurance	0.8%	1.1%	0.8%
People with Private Health Insurance	62.1%	69.1%	74.0%
People with Public Health Insurance	47.8%	41.4%	39.3%
Age 18 and Under with a Disability without Health Insurance	1.6%	2.8%	3.9%
Age 19 to 64 with a Disability without Health Insurance	7.8%	7.3%	10.1%
People in Labor Force without Health Insurance	8.8%	9.5%	11.5%

Sources: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

EXHIBIT 199 INSURANCE STATUS, 2018-2022

	Stanislaus County	California	U.S.
Uninsured Children (ages <19 years)	3.2%	4.1%	8.5%
People without Health Insurance	5.3%	6.3%	7.8%
Insured (ages 19-64 years)	87.9%	83.4%	75.7%
People with Medicaid or Public Health Insurance	47.8%	41.4%	39.3%

Source: American Community Survey, ACS 5-Year Estimates Detailed Tables. (2022). People with Public Health Insurance.

https://data.census.gov/table/ACSDT5Y2022.C27001A?t=Health%20Insurance:Race%20and%20Ethnicity&g=010XX00US_040XX00US06_050XX00US06099&d=ACS%205-Year%20Estimates%20Detailed%20Tables

EXHIBIT 200 UNINSURED CHILDREN (AGES <19 YEARS) BY RACE AND ETHNICITY, 2022

	Stanislaus County	California	U.S.
Native Hawaiian and other Pacific Islander alone	6.2%	5.1%	9.7%
White alone	2.7%	3.1%	4.9%
Asian alone	2.5%	2.4%	3.7%
Two or More Races	2.2%	2.5%	4.1%
Black or African American alone	1.6%	2.8%	4.6%
Some other Race alone	1.6%	2.9%	5.8%
American Indian and Alaska Native alone	1.3%	5.8%	12.6%
Total all Races	3.2%	4.1%	8.5%
Hispanic or Latino	25.7%	3.1%	7.8%

Source: American Community Survey, ACS 5-Year Estimates Detailed Tables. (2022). *Health Insurance Coverage Status by Age*. https://data.census.gov/table/ACSDT5Y2022.C27001A?t=Health%20Insurance:Race%20and%20Ethnicity&g=010XX00US_040XX00US06_050XX00US06099&d=ACS%205-Year%20Estimates%20Detailed%20Tables

EXHIBIT 201 MAIN REASON FOR DELAYED CARE FOR YOUTH, 2017-2018

	California
Cost or Insurance Reasons	32.4%
Provider or System Issues	25.4%
Personal Reasons	42.2%

Source: Main Reason for Delayed or Forgone Medical Care in Past Year - Kidsdata.org

EXHIBIT 202 USUAL SOURCE OF MEDICAL CARE, 2017-2018

	California
No Usual Source of Care	17.4%
Clinic or Hospital	23.3%
Doctor's Office or HMO	55.1%

Source: Usual Source of Health Care - Kidsdata.org

EXHIBIT 203 INSURED (AGES 19-64 YEARS) BY RACE AND ETHNICITY, 2018-2022

	Stanislaus County	California	U.S.
White alone	96.3%	96.3%	94.1%
Asian	96.3%	95.9%	93.9%
Black or African American	95.1%	94.2%	90.2%
American Indian and Alaska Native	94.4%	88.3%	80.7%
Two or More Races	93.2%	91.9%	87.4%
Some Other Race	89.7%	86.3%	80.2%
Native Hawaiian and Other Pacific Islander	82.6%	92.6%	88.5%
Total, all races	93.9%	92.9%	91.3%
Hispanic or Latino	91.7%	88.4%	82.4%

Source: U.S. Census Bureau American Community Survey 2018-2022 Five-year Estimates

EXHIBIT 204 PEOPLE WITH PUBLIC HEALTH INSURANCE BY AGE, 2019-2023

	Stanislaus County	California	U.S.
Total	248,290	15,092,705	118,877,986
Under Age 6	4.4%	3.0%	3.0%
Age 6 to 18	10.3%	7.3%	6.3%
Age 19 to 64	17.7%	14.4%	11.1%
Age 65 and Over	12.8%	14.3%	15.9%

Source: U.S. Census Bureau American Community Survey 2019-2023 Five-year Estimates

Birth Rates & Prenatal Care

EXHIBIT 205 BIRTH RATE PER 1,000, 2020 AND 2022

	Stanislaus County	California	U.S.
Overall Birth Rate (2022)	12.8	10.7	11.0
Teen Birth Rate (2020)	16.7	11.0	15.4

Source: CDC Wonder Natality, *Birth Rate*, 2022. <https://wonder.cdc.gov/> | CDC National Center for Health Statistics, *Teen Birth Rates for Age Group 15-19 in the U.S. by County*, 2020. <https://www.cdc.gov/nchs/data-visualization/county-teen-births/>

EXHIBIT 206 BIRTH RATE PER BY RACE AND ETHNICITY, 2021

	Stanislaus County	California
Hispanic/Latino	59.4%	46.6%
White	29.0%	27.3%
Asian	5.1%	13.2%
Black or African American	2.5%	5.0%
Multiracial	2.0%	2.5%
Unknown	1.1%	4.6%
Native Hawaiian Pacific Islander	0.7%	0.4%
American Indian Alaska Native	0.2%	0.3%
Other	S	0.1%

Source: California Dept. of Public Health, Birth Statistical Master Files & California Vital Data (Cal-ViDa) Query Tool; CDC WONDER Online Database, Natality Public-Use Data (Feb. 2022).

EXHIBIT 207 TEEN BIRTH RATE PER 1,000 PER BY RACE AND ETHNICITY, 2021

	Stanislaus County	California	U.S.
Hispanic/Latino	18.5	13.8	21.2
White	7.7	3.8	9.3
Asian	ND	1.1	1.7
Other	ND	ND	ND
Unknown	ND	ND	ND
American Indian Alaska Native	ND	11.4	24.4
Black or African American	ND	10.7	21.6
Native Hawaiian Pacific Islander	ND	6.4	21.1
Multiracial	ND	5.9	14.2

Source: California Dept. of Public Health, Birth Statistical Master Files; Centers for Disease Control and Prevention (CDC), Births: Final Data (Aug. 2017); CDC WONDER, Natality; California Dept. of Finance, Population Estimates and Projections (Jun. 2023).

EXHIBIT 208 LOW BIRTH WEIGHT RATE, 2022

	Stanislaus County	California	U.S.
Low Birth Weight Rate	6.8%	7.4%	ND

Source: California Open Data Portal. (n.d.). Low Birthweight.

<https://www.cdph.ca.gov/Programs/CFH/DMCAH/surveillance/Pages/Low-Birthweight.aspx>

EXHIBIT 209 LOW BIRTH RATE BY RACE/ETHNICITY, 2020-2022

	Stanislaus County	California	U.S.
Unknown	13.0%	9.3%	ND
Black	10.1%	12.3%	ND
Asian	9.3%	8.4%	ND
Multi-Race	7.5%	7.7%	ND
White	6.5%	5.8%	ND
Hispanic	6.4%	6.9%	ND
American Indian Alaska Native	ND	7.8%	ND
Pacific Islander	ND	7.2%	ND
Other	ND	8.9%	ND

Source: California Open Data Portal. (2020-2022). Low Birthweight.

<https://www.cdph.ca.gov/Programs/CFH/DMCAH/surveillance/Pages/Low-Birthweight.aspx>

EXHIBIT 210 PRETERM BIRTH RATE, 2022

	Stanislaus County	California	U.S.
Preterm Birth Rate	9.2%	9.1%	9.1%

Source: California Open Data Portal. (2019-2022). Preterm Birth.

<https://www.cdph.ca.gov/Programs/CFH/DMCAH/surveillance/Pages/Preterm-Birth.aspx>

EXHIBIT 211 LOW BIRTH RATE BY RACE AND ETHNICITY, 2020-2022

	Stanislaus County	California	U.S.
Unknown	18.4%	11.4%	ND
Black	11.4%	12.5%	ND
Pacific Islander	11.1%	10.5%	ND
Asian	9.8%	8.8%	ND
Hispanic	8.8%	9.2%	ND
White	8.3%	7.6%	ND
Multi-Race	6.7%	9.4%	ND
American Indian Alaska Native	ND	11.8%	ND
Other	ND	10.2%	ND

Source: California Open Data Portal. (2020-2022). Preterm Birth.

<https://www.cdph.ca.gov/Programs/CFH/DMCAH/surveillance/Pages/Preterm-Birth.aspx>

EXHIBIT 212 EARLY PRENATAL CARE, 2022

	Stanislaus County	California	U.S.
Initiated Prenatal Care in the 1st Trimester	87.6%	86.3%	ND

Source: California Open Data Portal. (2019-2022). Prenatal Care.

<https://www.cdph.ca.gov/Programs/CFH/DMCAH/surveillance/Pages/Prenatal-Care.aspx>

EXHIBIT 213 EARLY PRENATAL CARE BY RACE AND ETHNICITY, 2020-2022

	Stanislaus County	California	U.S.
White	90.7%	90.7%	ND
Asian	90.6%	91.8%	ND
Multi-Race	87.9%	88.3%	ND
Hispanic	87.8%	85.1%	ND
Black	85.7%	83.1%	ND

	Stanislaus County	California	U.S.
Pacific Islander	83.7%	77.8%	ND
American Indian Alaska Native	82.1%	76.1%	ND
Unknown	82.1%	87.6%	ND
Other	ND	86.6%	ND

Source: California Open Data Portal. (2020-2022). Prenatal Care.
<https://www.cdph.ca.gov/Programs/CFH/DMCAH/surveillance/Pages/Prenatal-Care.aspx>

Chronic Disease

EXHIBIT 214 ASTHMA PREVALENCE, 2019-2020

	Stanislaus County	California	U.S.
All Ages	10.9%	8.7%	ND
0-17 years old	16.7%	12.1%	ND

Source: California Health and Human Services Open Data Portal. (2019-2020). Asthma Prevalence.
<https://data.chhs.ca.gov/dataset/asthma-prevalence>

EXHIBIT 215 ASTHMA EMERGENCY DEPARTMENT VISIT RATES PER 10,000, 2020

	Stanislaus County	California	U.S.
All Ages	32.8	25.1	ND
0-17 years old	33.9	25.2	ND

Source: California Health and Human Services Open Data Portal. (2020). Asthma ED Visit Rates by County.
<https://data.chhs.ca.gov/dataset/asthma-emergency-department-visit-rates/resource/94d84508-8046-40a7-b8d9-0ed73b13b697>

EXHIBIT 216 ASTHMA EMERGENCY DEPARTMENT VISIT RATES PER 10,000 BY RACE/ETHNICITY, 2020

	Stanislaus County	California	U.S.
Black or African American	111.3	89.9	ND
Pacific Islander	64.2	53.6	ND
Hispanic	31.6	24.6	ND
White	29.8	18.3	ND
Asian	18.8	10.5	ND
Multi-Race	ND	14.1	ND
American Indian Alaska Native	ND	20.7	ND
Other	ND	ND	ND
Unknown	ND	ND	ND

Source: California Health and Human Services Open Data Portal. (2020). Asthma ED Visit Rates by County.
<https://data.chhs.ca.gov/dataset/asthma-emergency-department-visit-rates/resource/94d84508-8046-40a7-b8d9-0ed73b13b697>

EXHIBIT 217 ASTHMA HOSPITALIZATION RATES PER 10,000, 2020

	Stanislaus County	California	U.S.
All Ages	2.5	2.2	ND
0-17 years old	3.6	3.1	ND

Source: California Health and Human Services Open Data Portal. (2019-2022). Asthma Hospitalization Rates by County.
<https://data.chhs.ca.gov/dataset/asthma-hospitalization-rates-by-county/resource/96a383fc-2aa5-4c3c-beed-64d9c010b55d>

EXHIBIT 218 ASTHMA HOSPITALIZATION RATES PER 10,000, BY RACE/ETHNICITY, 2020-22

	Stanislaus County	California	U.S.
White	2.6	1.7	ND
Hispanic	2.4	2.1	ND
Multi-Race	0	2	ND
American Indian Alaska Native	0	1.9	ND
Black or African American	ND	7.4	ND
Asian	ND	1	ND
Pacific Islander	ND	7.6	ND
Other	ND	ND	ND
Unknown	ND	ND	ND

Source: California Open Data Portal. (2020-2022). Low Birthweight.
<https://www.cdph.ca.gov/Programs/CFH/DMCAH/surveillance/Pages/Low-Birthweight.aspx>

EXHIBIT 219 DIABETES PREVALENCE, 2022

	Stanislaus County	California	U.S.
Ages 18+	11.3%	11.6%	12.0%

Source: PLACES. Centers for Disease Control and Prevention. (2022). Diagnosed Diabetes Among Adults.

<https://www.cdc.gov/places/>

EXHIBIT 220 DIABETES PREVALENCE BY RACE AND ETHNICITY, 2022

Adults Aged 18 and Over	Stanislaus County, Adults Aged 20 and Over	California	U.S.
Non-Hispanic White	ND	7.0%	7.2%
Non-Hispanic Black or African American	ND	10.9%	11.5%
Non-Hispanic Asian	ND	12.4%	10.2%
Total, all races	9.5%	10.6%	8.4%
Hispanic or Latino	ND	14.6%	11.5%

Source: U.S. Centers for Disease Control and Prevention [Surveillance - United States Diabetes Surveillance System](#)

EXHIBIT 221 HEART DISEASE PREVALENCE, 2022

	Stanislaus County	California	U.S.
Adults (Ages 18+)	5.9%	5.7%	6.8%

Source: PLACES. Centers for Disease Control and Prevention. (2022). Coronary Heart Disease Among Adults.

<https://www.cdc.gov/places/>

EXHIBIT 222 HEART DISEASE DEATH RATE PER 100,000 PEOPLE BY RACE AND ETHNICITY, 2018-2022

	Stanislaus County	California	U.S.
Non-Hispanic American Indian and Alaska Native	291	193	144
Non-Hispanic Native Hawaiian and other Pacific Islander	226	207	149
Non-Hispanic Asian	129	109	85
Non-Hispanic More than One Race	68	50	36

	Stanislaus County	California	U.S.
Non-Hispanic White	ND	160	172
Non-Hispanic Black or African American	ND	224	219
Hispanic or Latino	ND	117	116

Source: CDC WONDER Cause of Death 2018-2022, [CDC WONDER](#)

EXHIBIT 223 HEART DISEASE HOSPITALIZATION RATE PER 1,000 MEDICARE BENEFICIARIES, 2019-2021

Ages 65+	Stanislaus County	California	U.S.
Heart Disease Hospitalization Rate	39.8	31.2	39.4

Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion DHDSP Interactive Atlas County Report

EXHIBIT 224 HEART DISEASE HOSPITALIZATION RATE PER 1,000 MEDICARE BENEFICIARIES BY RACE AND ETHNICITY, 2019-2021

Ages 65+	Stanislaus County	California	U.S.
Non-Hispanic Black	45.6	47.8	48.1
Non-Hispanic White	41.1	32.1	39.5
Hispanic	28.0	28.8	29.9

Source: (County) Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion [DHDSP Interactive Atlas County Report](#) | (State and National) [Interactive Atlas of Heart Disease and Stroke Tables](#)

EXHIBIT 225 STROKE PREVALENCE, 2022

	Stanislaus County	California	U.S.
Ages 18+	3.2%	3.2%	3.6%

Source: PLACES. Centers for Disease Control and Prevention. (2022) Stroke Among Adults. <https://www.cdc.gov/places/>

EXHIBIT 226 STROKE HOSPITALIZATION RATE PER 1,000 MEDICARE BENEFICIARIES, 2019-2021

Ages 65+	Stanislaus County	California	U.S.
Stroke Hospitalizations	10.3	0	10.7

Source: (County) Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion [DHDSP Interactive Atlas County Report](#)

EXHIBIT 227 STROKE HOSPITALIZATION RATE PER 1,000 MEDICARE BENEFICIARIES BY RACE AND ETHNICITY, 2019-2021

Ages 65+	Stanislaus County	California	U.S.
Non-Hispanic Black	14.2	0	15.3
Non-Hispanic White	10.2	0	10.4
Hispanic	9.5	0	9.0

Source: (County) [DHDSP Interactive Atlas County Report](#) (State and National) [Interactive Atlas of Heart Disease and Stroke Tables](#)

EXHIBIT 228 HEART DISEASE DEATHS BY RACE AND ETHNICITY, PER 100,000, 2019-2021

Ages 35+	Stanislaus County	California	U.S.
Non-Hispanic Black	446.5	435.5	430.8
Non-Hispanic White	425.0	313.7	335.4
All Races	357.8	277.4	325.7
Hispanic	215.1	229.5	229.7

Source: (County) [DHDSP Interactive Atlas County Report](#), (State and National) [Interactive Atlas of Heart Disease and Stroke Tables](#)

EXHIBIT 229 SELF-RATED PHYSICAL HEALTH, ADULTS (AGES 18+), 2022

	Stanislaus County	California	U.S.
Poor Physical Health (14 or more days per month)	14.1%	13.6%	12.7%
Poor or Fair General Health	19.8%	20.0%	17.9%

Source: CDC BRFSS PLACES, 2022. <https://www.cdc.gov/places/>.

EXHIBIT 230 PHYSICALLY ACTIVE HIGH SCHOOLERS, 2017

	Stanislaus County	California	U.S.
Percent	27.5%	27.5%	24.6%

Source: US Department of Agriculture (USDA). Economic Research Service (ERS). Food Environment Atlas (FEA). <https://www.ers.usda.gov/data-products/food-environment-atlas>

EXHIBIT 231 POOR OR FAIR HEALTH (AGES 18+), 2022

	Stanislaus County	California	U.S.
Self-Rated Health Status Among Adults	19.8%	20.0%	17.9%

Source: Centers for Disease Control and Prevention BRFSS Places 2022

EXHIBIT 232 HIGH SCHOOL YOUTH SODA CONSUMPTION, 2019

	California
Drank a can, bottle, or glass of soda or pop (such as Coke, Pepsi, or Sprite, not counting diet soda or diet pop, during the 7 days before the survey)	68.5%
Drank a can, bottle, or glass of soda or pop one or more times per day (such as Coke, Pepsi, or Sprite, not counting diet soda or diet pop, during the 7 days before the survey)	14.5%
Drank a can, bottle, or glass of soda or pop two or more times per day (such as Coke, Pepsi, or Sprite, not counting diet soda or diet pop, during the 7 days before the survey)	9.0%

Source: Youth Online: High School YRBS - California 2019 Results | DASH | CDC,
<https://nccd.cdc.gov/youthonline/App/Results.aspx?LID=CA>

Dental**EXHIBIT 233 TREND OF THIRD GRADE ORAL HEALTH, 2019**

	California	
	2004-05	2018-20
With Cavities	81%	61%
Untreated Tooth Decay	29%	22%
Dental Sealants	28%	37%

Source: California Department of Public Health, Office of Oral Health California 2019 3rd Grade Smile Survey
<https://www.cdph.ca.gov/Programs/CCDCPHP/DCDIC/CDCB/Pages/OralHealthProgram/DataStatistics.aspx>

Immunizations and Disease

EXHIBIT 234 KINDERGARTEN IMMUNIZATION STATUS, 2023-2024

Location	Total Number of Students	Students with All Required Immunizations
Stanislaus County	9,527	93.8%
California	569,680	93.7%

Source: California Department of Public Health Kindergarten Immunization Assessment, 2023-2024, <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Immunization/School/tk-12-reports.aspx>

EXHIBIT 235 CALIFORNIA CASES AND DEATHS ASSOCIATED WITH COVID-19, 2023

	Percent of Cases	Percent of Deaths
Less than age 5	3.4%	0.0%
Age 5-17	14.1%	0.1%

Source: California Department of Public Health COVID-19 Age, Race and Ethnicity Data
<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-19/Age-Race-Ethnicity.asp>

Sexually Transmitted Infections

EXHIBIT 236 SEXUALLY TRANSMITTED INFECTION RATES PER 100,000, 2021

	Stanislaus County	California	U.S. ³⁰
2023			
Chlamydia	404.1	489.7	492.2
HIV Prevalence	ND	ND	ND
Gonorrhea	107.6	189.7	187.8
Congenital Syphilis	235.5	128.9	50.3
Primary and Secondary Syphilis	24.6	16.3	15.8
Early Latent Syphilis	15.2	19.1	12.7
2022			
Chlamydia	411.2	495.3	495.0
HIV Prevalence	ND	12.2	438.2

³⁰ National HIV prevalence data is for population aged 13 and older. Estimates for years 2020, 2021, and 2022 should be interpreted with caution due to adjustments made to the monthly distribution of reported diagnoses during those years to account for the impact of COVID-19 on HIV testing and diagnosis in the United States. See Technical Notes for more information. https://stacks.cdc.gov/view/cdc/156513/cdc_156513_DS1.pdf

	Stanislaus County	California	U.S. ³⁰
Gonorrhea	151.3	205.1	204.5
Congenital Syphilis	274.2	147.7	59.9
Primary and Secondary Syphilis	36.7	20.1	17.7
Early Latent Syphilis	30.8	22.7	13.0
2021			
Chlamydia	438.0	486.6	495.5
HIV Prevalence	8.2	11.4	432.9
Gonorrhea	173.2	231.4	214.0
Congenital Syphilis	288.9	121.5	78.6
Primary and Secondary Syphilis	48.1	22.4	16.2
Early Latent Syphilis	20.9	21.4	15.6
2020			
Chlamydia	457.2	448.2	476.7
HIV Prevalence	5.0	10.4	429.1
Gonorrhea	228.2	196.7	194.4
Congenital Syphilis	241.1	114.9	102.8
Primary and Secondary Syphilis	27.1	19.4	12.6
Early Latent Syphilis	14.6	18.8	13.0
2019			
Chlamydia	588.0	600.6	551.0
HIV Prevalence	7.2	11.6	430.5
Gonorrhea	177.1	203.8	179.5
Congenital Syphilis	164.5	99.9	105.8
Primary and Secondary Syphilis	26.5	20.9	11.9
Early Latent Syphilis	16.5	21.1	12.7

Source: California Department of Public Health, Sexually Transmitted Diseases Control Branch, Sexually Transmitted Infection Data, 2021; (U.S.) Centers for Disease Control Control and Prevention, Tables from STI Surveillance, 2023; (CA HIV) California Department of Public Health, Office of AIDS August 2024, HIV/AIDS Epidemiology and Health Disparities in California 2022; (County-level HIV) California Department of Public Health, Center for Infectious Diseases, Office of AIDS, Mah 3, 2023 California HIV Surveillance Report – 2021, (U.S.-level HIV) Centers for Disease Control Control and Prevention HIV Surveillance Report Supplemental Report, Estimated Incidence and Prevalence in the United States, 2018-2022.

EXHIBIT 237 HIV PREVALENCE RATE PER 100,000 BY RACE, ETHNICITY, AND SEX, 2022

	Stanislaus County	California	U.S. ³¹
Race			
Black or African American	597	1,163	1,398.6
White	178	380	199.3
Ethnicity			
Hispanic or Latino	201	455	628.3
Sex			
Female	71	99	187.7
Male	328	740	695.8

Source: AIDSvu Emory University. *HIV Prevalence Rate*. (2021)

<https://map.aidsvu.org/prev/county/rate/none/none/usa?geoContext=national>. (U.S.-level HIV) Centers for Disease Control and Prevention HIV Surveillance Report Supplemental Report, Estimated Incidence and Prevalence in the United States, 2018-2022.

Cancer**EXHIBIT 238 CANCER INCIDENCE PER 100,000 POPULATION, 2017-2021**

	Stanislaus County	California	U.S.
All Sites	423.6	397.4	444.4
Breast Cancer	129.9	124.0	129.8
Prostate Cancer	98.0	98.6	113.2
Lung Cancer	44.8	36.7	53.1
Colorectal Cancer	35.4	36.4	33.5

Source: National Cancer Institute State Cancer Profiles. (2017-2021). Incidence Rates Table.

<https://statecancerprofiles.cancer.gov/incidencerates/index.php>

³¹ National HIV prevalence data by sex is for population aged 13 and older. Estimates for years 2020, 2021, and 2022 should be interpreted with caution due to adjustments made to the monthly distribution of reported diagnoses during those years to account for the impact of COVID-19 on HIV testing and diagnosis in the United States. See Technical Notes for more information. https://stacks.cdc.gov/view/cdc/156513/cdc_156513_DS1.pdf

EXHIBIT 239 CANCER INCIDENCE PER 100,000 POPULATION BY RACE & ETHNICITY FOR STANISLAUS COUNTY, 2017-2021

	Breast Cancer	Colorectal Cancer	Lung Cancer	Prostate Cancer	All Sites
Black or African American	156.4	31.5	65.8	164.7	468.1
White	136.4	35.2	52.7	94.5	446.1
Hispanic	110.3	32.5	26.4	79.8	350.1
American Indian Alaska Native	ND	ND	ND	ND	324.3
Asian Pacific Islander	107.7	39	34.5	58.3	320.9

Source: National Cancer Institute State Cancer Profiles. (2017-2021). Incidence Rates Table.

<https://statecancerprofiles.cancer.gov/incidencerates/index.php>

EXHIBIT 240 CANCER DEATH RATE, PER 100,000 POPULATION

	Stanislaus County	California	U.S.
All Sites	156.9	132.7	146.0
Lung Cancer	29.7	23.2	32.4
Breast Cancer	23.2	18.8	19.3
Prostate Cancer	23.2	20.2	19.0
Colorectal Cancer	14.8	12.0	12.9

Source: National Cancer Institute State Cancer Profiles. (2018-2022). Death Rates Table.

<https://statecancerprofiles.cancer.gov/deathrates/index.php>

EXHIBIT 241 CANCER DEATH RATE PER 100,000 POPULATION BY RACE & ETHNICITY FOR STANISLAUS COUNTY, 2018-2022

	Breast Cancer	Colorectal Cancer	Lung Cancer	Prostate Cancer	All Sites
Black or African American	43.9	27.4	38.6	ND	199.0
American Indian Alaska Native	ND	ND	ND	ND	198.1
White	25.8	15.1	36.3	24.8	173.9
Hispanic	15.6	12.3	13.2	21.5	121.3
Asian Pacific Islander	15.3	15.6	26.4	ND	117.5

Source: National Cancer Institute State Cancer Profiles. (2018-2022). Death Rates Table.

<https://statecancerprofiles.cancer.gov/deathrates/index.php>

EXHIBIT 242 RISK-ADJUSTED HOSPITALIZATION RATES BY DIAGNOSIS, 2023

	Stanislaus County	California
Overall Composite	1,305.5	941
Chronic Composite	1,045.0	754.2
Acute Composite	259.5	186.6
Heart Failure	530.3	370.9
Diabetes Composite	309.3	234.4
COPD or Asthma in Adults Aged 40+	218.7	144.1

Source: State of California Department of Health Care Access and Information, Hospital Inpatient - Diagnosis, Procedure, and External Cause Codes, <https://catalog.data.gov/dataset/hospital-inpatient-diagnosis-procedure-and-external-cause-codes-e9224>

Death Rates**EXHIBIT 243 SUICIDE DEATH RATE PER 100,000, 2018-2020**

	Stanislaus County	California	U.S.
Suicide Death Rate	11.4	10.5	14.2

Source: California Department of Public Health, Injury and Violence Prevention Branch, Data on Suicide and Self-Harm, 2018-2020 | CDC WONDER Cause of Death, Suicide Death Rate, 2022. <https://wonder.cdc.gov/>

EXHIBIT 244 SUICIDE DEATH RATE PER 100,000 BY RACE, 2018 - 2022

	Stanislaus County	California	U.S.
White	ND	15.6	17.5
American Indian or Alaska Native	0	13.2	24.8
Native Hawaiian or Other Pacific Islander	0	10.5	13.7
Black or African American	ND	8.7	8.0
Asian	0	6.7	7.0
More than one race	0	8.3	7.8
Hispanic or Latino	ND	6.3	7.6

Source: CDC WONDER Cause of Death, Suicide Death Rate, 2018-2022. <https://wonder.cdc.gov/>

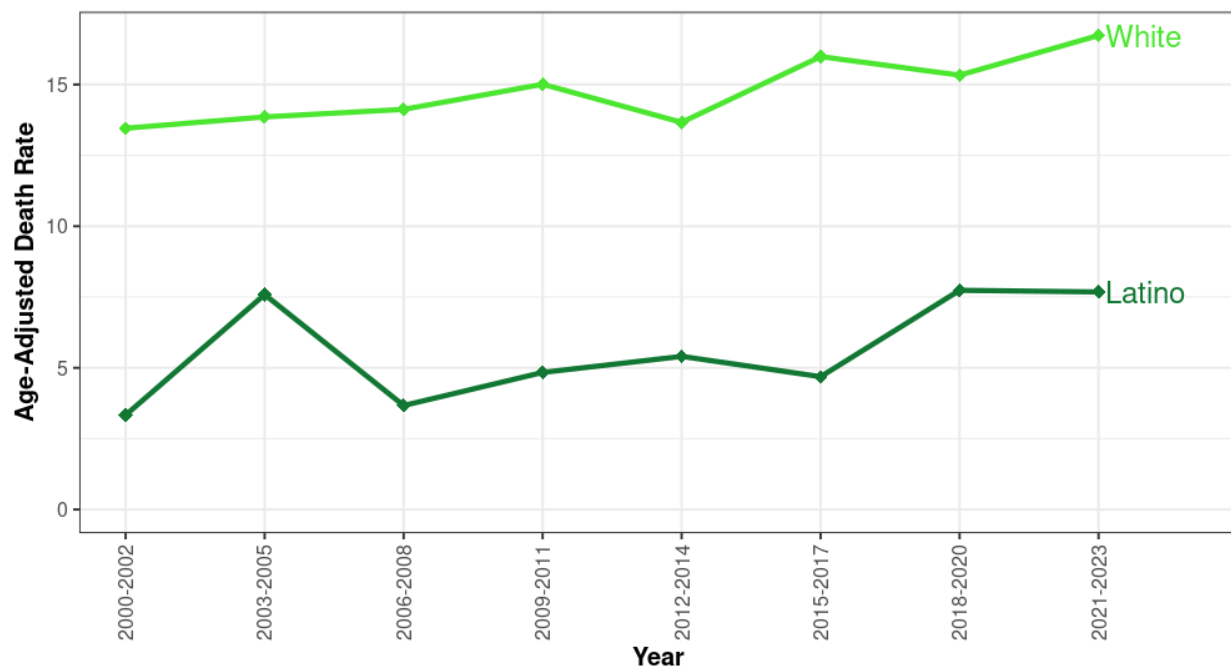
Youth Suicide

EXHIBIT 245 CALIFORNIA HIGH SCHOOL YOUTH SUICIDE, 2019

	California
Seriously Considered Attempting Suicide	26.6%
Attempted Suicide	9.2%

Source: Youth Online: High School YRBS - California 2019 Results | DASH | CDC. CDC.gov.
<https://nccd.cdc.gov/youthonline/App/Results.aspx?LID=CA>

EXHIBIT 246 TREND IN AGE-ADJUSTED DEATH RATE OF SUICIDE/SELF-HARM IN STANISLAUS COUNTY BY RACE/ETHNICITY



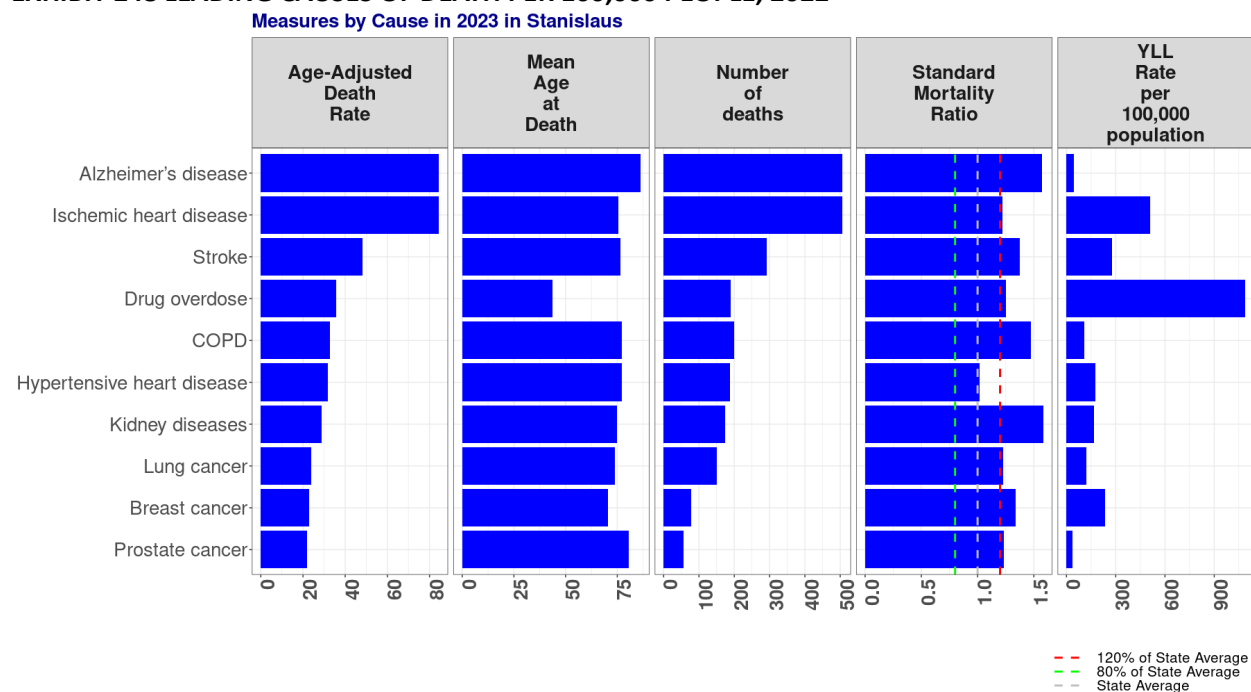
Source: CDPH. California Burden of Disease. <https://skylab.cdph.ca.gov/communityBurden/>

EXHIBIT 247 DEATH RATE PER 100,000, 2021

	Stanislaus County	California	U.S.
Death Rate	10.1	8.5	10.4

Source: CDC WONDER Causes of Death, 2021. <https://wonder.cdc.gov/>

EXHIBIT 248 LEADING CAUSES OF DEATH PER 100,000 PEOPLE, 2022



Source: California Department of Public Health

EXHIBIT 249 PREMATURE BIRTHS, 2023

	Stanislaus County	California	U.S.
Percentage	9.1%	9.2%	10.4%

Source: Centers for Disease Control and Prevention (CDC). Wide-ranging ONline Data for Epidemiologic Research (WONDER).

EXHIBIT 250 LIVE BIRTHS PER 100,000, 2023

	Stanislaus County	California	U.S.
Rate per 100,000 live births	ND	21.6	32.9

Source: Department of Public Health. (n.d.). *Pregnancy-Related mortality*.

<https://www.cdph.ca.gov/Programs/CFH/DMCAH/surveillance/Pages/Pregnancy-Related-Mortality.aspx> (U.S.) Centers for Disease Control and Prevention, National Center for Health Statistics Maternal Mortality Rates in the United States, 2023
<https://www.cdc.gov/nchs/data/hestat/maternal-mortality/2023/maternal-mortality-rates-2023.htm>

EXHIBIT 251 INFANT DEATHS PER 1,000 LIVE BIRTHS, 2021

	Stanislaus County	California	U.S.
Infant Deaths	5.93	4.13	5.44

Source: Let's Get Healthy California. (n.d.). Reducing infant mortality. <https://letsgethealthy.ca.gov/goals/healthy-beginnings/reducing-infant-mortality/>

EXHIBIT 252 INFANT DEATHS PER 1000 LIVE BIRTHS BY RACE, 2021

	Stanislaus County, 2019-2021	California	U.S.
White	6.8	3.1	4.5
Black or African American	ND	7.9	10.9
Asian	ND	ND	3.5
Native Hawaiian and other Pacific Islander	ND	8.8	8.5
American Indian and Alaska Native	ND	2.8	9.1
Multi-Race	ND	3.2	ND
Hispanic or Latino	4.2	4.3	4.9

Source: California Department of Public Health, Maternal, Child & Adolescent Health Division Infant Mortality Dashboard, [Infant Mortality](#) | (U.S.) Centers for Disease Control and Prevention Maternal Infant Health, [Infant Mortality](#) | [Maternal Infant Health](#) | CDC

EXHIBIT 253 HIV DEATH RATE PER 100,000, 2022

	Stanislaus County	California
HIV Death Rate	3.7	5.4

Source: California Department of Public Health, California HIV Surveillance Report, 2022.

Mental Health & Behavioral Health**EXHIBIT 254 SELF-RATED MENTAL HEALTH, ADULTS (18+), 2022**

	Stanislaus County	California	U.S.
Poor Mental Health (14 or more days per month)	17.9%	16.7%	15.8%

Source: CDC BRFSS PLACES, 2022. <https://www.cdc.gov/places/>.

EXHIBIT 255 YOUTH MENTAL HEALTH, 2017-2019

	Stanislaus County	California
Depression-Related Feelings Among 9 th Graders	34.1%	32.6%

Source: Department of Public Health. *Adolescent mental health*.

<https://www.cdph.ca.gov/Programs/CFH/DMCAH/surveillance/Pages/Adolescent-Mental-Health.aspx>

<https://www.cdph.ca.gov/Programs/CFH/DMCAH/surveillance/Pages/Adolescent-Mental-Health.aspx>

EXHIBIT 256 MIDDLE SCHOOL MENTAL HEALTH NEEDS, 2019

	California
Did Not Get 8 or More Hours of Sleep	71.8%
Felt Sad or Hopeless	45.3%
Were Electronically Bullied	14.7%
Seriously Considered attempting Suicide	26.6%
Attempted Suicide	9.2%

Source: Youth Online: High School YRBS - California 2019 Results | DASH | CDC. (n.d.). CDC.gov.
<https://nccd.cdc.gov/youthonline/App/Results.aspx?LID=CA>

EXHIBIT 257 YOUTH MENTAL HEALTH ACCESS, 2019

Resource Accessibility for Young People	California
Rarely/Never	31%
Most of the Time	55%
All of the Time	14%

Source: Mental Health Services Oversight & Accountability Commission, Born This Way Foundation. California Youth Mental Health: Understanding Resource Availability and Preferences, <https://bhsoac.ca.gov/sites/default/files/documents/2019-05/BTWf%20-%20California%20Youth%20Mental%20Health%20and%20Resource%20Access%20Survey%20-%20Results%20Deck.pdf>

EXHIBIT 258 CALIFORNIA HIGH SCHOOL YOUTH SUBSTANCE USE AND MISUSE, 2019

	California
Current Alcohol Use	21.4%
Ever Smoked a Cigarette	13.5%
Current Marijuana Use	17.1%
Currently Electronic Vapor Product Use	18.2%

Source: Youth Online: High School YRBS - California 2019 Results | DASH | CDC. CDC.gov.
<https://nccd.cdc.gov/youthonline/App/Results.aspx?LID=CA>

EXHIBIT 259 OVERDOSE DEATH RATES PER 100,000, 2022

	Stanislaus County	California	U.S.
Opioid Overdose Death Rate	24	18	25
Alcohol Impaired Driving Death Rate	15	900	11,348

Source: CDC WONDER, Cause of Death Data, 2022. <https://wonder.cdc.gov>

EXHIBIT 260 REGULAR SMOKING AMONG ADULTS, 2022

	Stanislaus County	California	U.S.
Regular Smoking Among Adults	12.6%	12.0%	12.9%

Source: CDC BRFSS PLACES, *Regular Smoking Among Adults*, 2022. <https://www.cdc.gov/places/>

EXHIBIT 261 BINGE DRINKING AMONG ADULTS, 2022

	Stanislaus County	California	U.S.
Binge Drinking (Adults)	19.2%	18.1%	16.6%

Source: CDC BRFSS PLACES, *Binge Drinking Among Adults*, 2022. <https://www.cdc.gov/places/>.

EXHIBIT 262 MENTAL HEALTH INPATIENT HOSPITALIZATIONS FOR INDIVIDUALS WITH A BEHAVIORAL HEALTH DIAGNOSIS, 2022

	Stanislaus County	California
Mood Disorders	ND	472,080
Anxiety Disorders	ND	367,889
Alcohol-Related Disorders	ND	229,683
Schizophrenia and Other Psychotic Disorders	ND	162,565

Source: California Department of Health Care Access and Information, *Inpatient Hospitalizations and Emergency Department Visits for Patients with a Behavioral Health Diagnosis in California: Patient Demographics*.

<https://hcai.ca.gov/visualizations/inpatient-hospitalizations-and-emergency-department-visits-for-patients-with-a-behavioral-health-diagnosis-in-california-patient-demographics/>

EXHIBIT 263 CALIFORNIA HIGH SCHOOL YOUTH MENTAL HEALTH HOSPITALIZATIONS, 2019

	California
Suicide Attempt Resulting in Treatment	3.7%

Source: *Youth Online: High School YRBS - California 2019 Results* | DASH | CDC., CDC.gov.
<https://nccd.cdc.gov/youthonline/App/Results.aspx?LID=CA>

EXHIBIT 264 ADVERSE CHILDHOOD EXPERIENCES (ACES) DATA 2020-2021

ACEs Ever Experienced by Children Aged 0-17	California	U.S.
None	65.5%	61.2%
One	19.5%	21.6%
Two or More	15.0%	17.2%

Source: Department of Public Health. (n.d.). Adverse Childhood Experiences (ACEs).
<https://www.cdph.ca.gov/Programs/CFH/DMCAH/surveillance/Pages/Adverse-Childhood-Experiences.aspx>

EXHIBIT 265 : CHILD MALTREATMENT SUBSTANTIATION RATES PER 1,000 CHILDREN 2021-2023

Age Under 18	Stanislaus County	California	U.S.
2021	12.5	6.6	54.0
2022	10.1	6.2	58.0
2023	7.8	5.7	60.0
2024	7.3	5.4	ND

Source: *Child Maltreatment Substantiation Rates Report California Child Welfare Indicators Project (CCWIP)*. (n.d.).
<https://ccwip.berkeley.edu/childwelfare/reports/SubstantiationRates/MTSG/r/rts/l/>. (U.S.) U.S. Department of Health & Human Services, *Child maltreatment*. (2025, January 8). The Administration for Children and Families. <https://acf.gov/cb/data-research/child-maltreatment>

Appendix B: Additional Qualitative Data

Housing

- “Rental prices are sky rocketing. People are losing housing because they can’t afford the rent anymore. Mortgage prices are cheaper than renting, but people can’t afford the down payment. And that’s not utilities, food, rent, etc. - all of that is stacking on top of it. Then job wages are not enough to sustain those costs. You need a village just to live in one space.” – Community Member
- “If you don’t already have a place that you can afford, you’re not going to find one.” – Community Member
- “The Section 8 process is extremely long; we’ve been on for eight years and are still waiting.” – Community Member
- “There is less help for [middle-aged people]. They’re single, don’t have children, no family to rely on. Your option is the shelter or the street. There are options for younger and older and families, but not others.” – Community Member
- “The government help [for refugees] is less than rent and how am I supposed to find a job to be able to pay that rest of the rent? We need to learn the language and they need to direct us to resources. We know we can't live off the government money. All [refugee] people understand that we aren't dependent on that money. We want to have a successful life. In my experience I need resources, good resources, to learn English and find a job.” – Community Member
- “We can’t do anything until something happens with the housing. It’s unaffordable and not safe. If people want to leave abusive situations, they can’t because of housing costs.” – Stakeholder

Employment and Wages

- “For example, an apartment in Stanislaus can go for upwards of \$1,600 a month. This is more than many of our seniors make a month. They are forced to have to choose between rent, food, and medication.” – Stakeholder
- “You have to have two-three jobs just to be comfortable.” - Community Member
- “We need more jobs available around here. Not all of us have a good job - balancing stuff like that is hard and for people who have a record, once they do a background check you don’t hear back.” – Community Member

- “I think that one of the largest issues that we see and come across, not only in our community but in the Central Valley, is workforce issues and resources to help deal with workforce needs. So the needs are much greater than the resources that exist in our region and in our county [...] We are seeing high disparities in salaries across the state, but especially in the county. The disparity is great between the public and private sector, and the minimum wage across the state is lackluster, and many are not able to make ends meet.” – Stakeholder

Childcare

- “My wife doesn’t even work because it’s more expensive to have childcare than it is to work.” – Community Member
- “Stanislaus is a childcare desert, and we want to become an oasis of childcare.” – Stakeholder

School System and Youth Needs

- “Not sure about Patterson, but Modesto had a lot of gang violence, a lot of substance abuse problems and harassment, and it also impacts mental health.” – Community Member
- “Especially with admins, when any situation happens, we don’t really get support. They are so ready to go straight to the punishment instead of going to the root cause.” – Community Member
- “A couple friends haven’t been with the best crowd or have been active in that. Especially during holidays, they had alcohol, marijuana, vapes, anything readily accessible. There is nothing to do for youth – if we became engaged and involved in things that aren’t so damaging, it would be so much better.” – Youth Community Member
- “Spend most [resources] for programs for residents, especially youth, free and low-cost ways, we can improve our mental health together when we’re combined as a community, and we can do positive uplifting things for the community.” – Community Member
- “[We need] good role models and I think in services like these, there’s a lot of telling people how to do this or do this. But I was always raised to lead by example, and I think if you showed people, it would be more effective.” – Youth Community Member

Mental Health in Schools

- “[We need] more mental health in the schools – had a terrifying experience in the high school. Teenagers need a standard workshop or class in mental health. I experienced a fight in school. Teenagers have so much anger and emotions inside them.” – Community Member
- “We're a huge school-based provider. So, we worked all through COVID with kids from elementary through high school and continue to see levels of anxiety and depression in kids that is alarming.” – Stakeholder
- “There's a new classification that the state is launching called a wellness coach, which will be a position that can be embedded in schools. Schools are also going to be able to bill for some services they haven't been able to provide or bill before for behavioral health and wellness and that position is sort of like combined with community health workers. So I'm excited to see what that opportunity brings to our community also.” – Stakeholder

Adult Education

- “I think what we need is for government to focus on students so that students can focus on their education. Help them graduate from school so we can have an educated health workforce. Cultivate it in our community. More focus on medical career.” – Stakeholder
- “Reduce qualifications needed for childcare and schools – many people would work for the schools, but requirements are too much.” - Stakeholder
- “[We need] more resources and funding for nursing schools to help the pipeline for nursing and physicians; scholarships available for those who want to go into the field.” - Stakeholder
- “Teachers are not paid enough, and they are not motivated to do better. I graduated to become a teacher, and I have not found a job. I lost interest because I never thought about how much money a teacher makes, and I have been doing research and they are only paying \$19 an hour.” – Community Member

Health Care Access

- “Health care and access to healthcare is a big challenge. We just do not have enough programs in place and cannot afford to keep talent. They go to places where they can get paid more.” – Stakeholder

- “With my dad who is having a lot of health problems and he has Medi-Cal and VA [...] and no one could see him before three months and that was supposed to be in three weeks, and the doctor said he needs tests and the VA wouldn’t approve it, and he got so frustrated and cancelled all of his appoints due to his PTSD. So we had to make all the appointments again, and now they’re four months out and now his referral is going to expire before he can see someone. It’s a very complicated system, but it’s taking several months to be seen for this important issue.” – Community Member

LGBTQIA+

- “The other one for us as an LGBTQ provider is transgender care. We have to go out of the area even with Kaiser. For most folks that are transitioning, they're either unemployed or underemployed. So there are Medi-Cal or Medicare or whatever; many don't have the luxury of shopping around for a doctor or traveling to a doctor because he can't afford it. So that's been an issue. Also, HRT [hormone replacement therapy] has been an issue for many people in that community. It's hard to find a provider that will do it and do it correctly. Some of our trans community have to actually train their providers on what HRT is.” – Stakeholder

Health Insurance

- “Trying to get Medi-Cal was kind of difficult. Those offices are always so busy; you have to call right away at 8:00 a.m. or you don’t get a connection with anyone.” – Community Member
- “[My mom] has a doctor through the county and she packs a full day of lunch and snacks, and I have Kaiser and it’s not even skipping a beat, but the disparity doesn’t make sense.” – Community Member

Home Healthcare

- “It’s very important for us to have someone come in and relieve us for 15 minutes. Many of us don’t qualify for IHSS [In-Home Supportive Services] because we haven’t worked in this country. So if I want to come in and help, it’s starting at \$30 an hour.” – Community Member
- “We are close-knitted family members. We have multiple families living together under one roof, mom, dad, children, in-laws - extended family members living together. During this time, as elders get older and sicker and needing help, we don’t know where to go. The kids don’t speak the language. It creates a complex situation.” – Community Member

Healthcare Quality

- “When someone goes to offer help, people question it and don’t trust it. How can people understand that there are those that can help? Harder for undocumented immigrants who want to become citizens – this was huge in California. People who are undocumented still hide in plain sight, but they don’t want the system to know anything about them or their family. Need to get someone trusted in the community, but that person may not know how to help people get access to the help they need. People are hard to find, and they don’t trust. Community health workers in the community and those attached to physicians (not county, health plan or government) would be best. Messaging is important.” – Stakeholder
- “There has been a lot of mistrust in the medical field from the queer community, so it takes a lot for someone to reach out, and when they do seek healthcare, they need to receive quality, stigma-free care from people that understand the needs of queer people.” – Community Member
- “Even having the ability as a professional to say, ‘I don’t know the answer but I’m willing to learn with you’ can be really impactful and is needed and necessary.” – Community Member
- “I think that would be great to develop a telehealth service where African Americans can actually be serviced by and speak with other African Americans, because of the lack of trust in the systems and, you know, a lot of situations that are more prevalent in African American communities, you just feel better if you your service provider or somebody that you're talking to is of the same race, ethnicity or background.” – Community Member
- “For all of our high needs group I think that what Kaiser can do is really help with improving access to health care. I am not talking about money, I'm talking about human resources, where they can send some of the [medical] residents that they have in the hospital, to do a community visit, you know, come out and just talk to the community and see how they see things and what kind of care do they are looking for and that gives the residents who abandon hope to maybe hopefully start seeing connections with the health care team. Also, how do we ensure those [medical] residents stay with Kaiser to continue to serve the community. People like to build relationships with their providers, and this can help to create those opportunities.” – Stakeholder
- “You know I think it is always good to include your university partners. They have access to data and resources that we do not. UC Davies, UC Merced - all of these people need

to meet at the table to really help us make inroads. I also think that many of the grassroots organizations working in the community should also be at the table; you know they really bring the community's perspective and are in the trenches working with people." – Stakeholder

- "Having that one provider that you get used to and I don't have to keep explaining my story and there isn't a disruption. Forming that trust is necessary." – Community Member
- "I think there also needs to be more investment from the county level in ensuring more opportunities and training for African American staff, which appears to be a shortage of to me, just on the outside looking in, and just like with [local institution]'s nursing program, very few African Americans really end up qualifying to even get in the program. And not even just nurses, but other types in that medical profession in general, there's so many other types of jobs that I think that there needs to be more outreach in trying to recruit and train more African Americans to be prepared to get into those fields." – Community Member

Mental Health Access

- "A lot of the families that we work with that live in poverty do not have transportation, or it's difficult for them. Or if you're a parent in Newman, which is 45 minutes away from Modesto, and your kid needs mental health services, and everything closes at five, and you work, what are you doing?" - Stakeholder

Substance Use Treatment

- "If I had a magic wand, we would stop criminalizing substance abuse, arresting and locking up folks with substance use disorder and offer treatment. Treatment would be trauma-informed, gender specific with the holistic approach, leaning more toward harm reduction than abstinence only. We would focus on prevention and earlier intervention for both SUD and mental health treatment. People who test positive in SUD in treatment wouldn't be kicked out of a program for using. Instead, it would be seen as a need for a higher level of care and increased engagement. Mental health services would be available in a timely manner and include regular therapy and counseling for all who seek it, ensuring that every community member has access to affordable and comprehensive healthcare. This would transform lives and strengthen our community as a whole." - Stakeholder

Neighborhood and Built Environment

- “In terms of equity, geographic areas that come to mind on where we see a need is West and South Modesto, where we have the largest concentration of Hispanics. There is a lot of work being done in these areas - trying to think through how we can do better to serve Hispanics in the region. But the problem is that once they get information, no one comes back and says, ‘Okay, this is what we're going to do to make your life better.’ And the only way that the community has been able to address that is that they've created their own groups.” – Stakeholder
- “South and West Modesto - there are no resources provided to these areas. There are a lot of excuses for not putting in the work. There is also a matter of overcriminalization and policing in lower income communities. Our communities are in flight or fight survival mode and trying to take it day by day and systems are not helping and making the situation worse. It's something I've seen since moving from one side of Modesto to the other.” – Community Member

Social and Community Context

- “So we need to figure out a better way to create sustainability. How do we keep that engine going when the money goes away? And I think that's a piece that really needs to be really looked at because you have all these different organizations like ourselves, and they're all competing for that dollar amount in that one bucket. That pits everyone against each other. How can we better systemize those resources? How can we spread the wealth among organizations and maximize services for the community?” – Stakeholder
- “My hope would be that health care organizations would be more willing to have the community be part of their efforts, whether that is allowing them to have a say, letting them really provide feedback for how they can do things better. Perhaps looking into more ways to expand their pool of providers that speak more than one language. I think you need to know who you are serving, and work to attract those providers that can serve the community. Also, I think finding ways to fund community organizations to help support their services. How can we help support the healthcare sector to meet their demands? I think we all need to be at the table.” – Stakeholder
- “I think we need to find more ways to include the community in this work. How can we fix things if the people we are trying to serve are not front and center in providing us solutions for how we can help?” – Stakeholder

Stigma

- “I think the big thing for a lot of people in the community is establishing trust. Trust that you really see individuals, don't label, don't judge, thinking you have an answer to everything without hearing the history and understanding the individual needs. As you may or may not know, you know, a lot of African Americans, especially the older ones [...] they were told that they were having one type of service that was going to help improve their health and instead, it made them sick and died, or they had diseases they had to live with.” – Community Member
- “Transportation is tough because the LGBTQ+ community don't drive when they're younger because of a lack of parental acceptance. If you don't have a good relationship with parents, you're kicked out at 14, so they don't learn how to drive.” – Stakeholder
- “We need education around mental health for parents and youth. The youth don't want to talk to the parents, they want to talk to other youth. CSU Stanislaus has an amazing social work program and there are a lot of Assyrian young women studying, and two of them contacted us. We could reach out to younger generations to be involved in programming on TV.” – Community Member
- “Now that they have a private practice, my impression is that the physician there doesn't have a preference for addicts. I've needed meds and not gotten it, then gotten the wrong one.” – Community Member
- “One of the most common is within family court. So many times, particularly women who have substance use history, custody will be given to partners when women are in treatment or recovery. The stigma in courts is much higher with women. That's one of the biggest things. There is so much stigma that comes with substance use disorder, and people don't want to get that label. And that can affect employment and other things.” – Stakeholder

Culture and Communication

- “[...] there is a lack of services, but also because many do not speak English, and they cannot even speak to their providers. I think we need to attract more bilingual providers that are able to speak Spanish and can help this growing population of seniors.” – Stakeholder
- “60% of our county is Latino and a lot of immigrants and dreamers don't necessarily speak English. We have an individual on our team that is Latino and even going into the community to spread awareness is really hard.” – Community Member

- “One thing that they could do is if you see a billboard talking about healthcare services, 99% of the time it’s in English, and the predominant languages are English and Spanish. On the same billboard services for healthcare or mental health, they could split the billboard and put half in Spanish and half in English so the majority of the population can understand it.” – Stakeholder

Misinformation

- “There’s a general lack of public awareness of health concerns. CalPride was one of only two places that provided the monkey pox vaccine. A lack of info leads to a level of misinformation or disinformation that leads people to not seek care and leads to further isolation. It’s really discouraging.” – Community Member

Appendix C: Stakeholder Interview Guide

Good morning [or afternoon]. My name is [Interviewer Name] from Crescendo Consulting Group. We are working with the Stanislaus County Health Coalition to conduct a community health needs assessment of the community.

The purpose of this conversation is to learn more about the strengths and resources in the community, as well as collect your insights regarding community health and related service needs. Specifically, we are interested in learning about the ways people seek services, and your insights about equal access to health care across the community. While we will describe our discussion in a written report, specific quotes will not be attributed to individuals.

Do you have any questions for me before we start?

Introductory Questions

1. Please tell me a little about yourself and how you interact with your local community (i.e., what does your organization do?)
2. When you think of good things about living and/or working in your 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]
3. What does a “healthy” community look like to you? How has the health of your community changed in the past three years (good or bad)?
4. What are the top two or three health needs or things people struggle with most in your community, what comes to mind? *[PROBE: behavioral health, access to care, housing, etc.]*

Access to Care and Delivery of Services

5. What, if any, health care services are difficult to find and/or access? And why?

PROBE List (As needed):

Specific to children, what health services are difficult to find?

Specific to pregnant women and new moms, what health service are difficult to find?

Quality primary care (Services for adults, children & adolescents).

Specialty care services

Maternal and prenatal care for expectant mothers Other OB/GYN services

Labs/imaging

Immunizations and preventative testing

Senior Services (PROBE: hospice, end-of-life care, specialists, etc.).

Post-COVID-19/impacts of COVID-19 care

Dental

6. What health-related resources are available in your community?

Behavioral Health

7. What, if any, behavioral health care services (including mental health and substance use) are difficult to find and/or access? Why?

PROBE LIST: Crisis Services, Inpatient Beds; Autism specialists, Outpatient services, transitional housing, integrated care/primary care, crisis services. Etc.

8. What behavioral-health resources are available in your community?

PROBE LIST: Treatment (IP & OP), Crisis, Recovery

9. What types of stigma, if any, exist when it comes to seeking treatment for mental health and/or substance use disorders?

Health Equity, Vulnerable Populations, Barriers

10. Would you say health care services are equally available to everyone in your community regardless of gender, race, age, or socioeconomic status? What populations are especially vulnerable and/or underserved in your community?

[PROBE: veterans, youth, immigrants, LGBTQ+ populations, people of color, older adults, people living with disabilities]

11. What barriers to services and resources exist, if any?

PROBE: based on economic, race/ethnicity, gender, or other factors?

Do community health care providers care for patients in a culturally sensitive manner?

12. What would you say are the two or three most urgent needs for the most vulnerable?

13. What strategies do you think could effectively address health inequities in your community?

Social Determinants, Neighborhood & Physical Environment

14. From your perspective what are the top three non-health-related needs in your community and why?

PROBE LIST AS NEEDED:

Affordable housing

Services for people experiencing homelessness

Food insecurity and access to healthy food

Childcare

Transportation

Internet and technology access

Employment and job training opportunities

Others

15. What roles do social determinants of health (education, access to care, income, social support, etc.) play in the health outcomes of your community?

Enhancing Outreach & Disseminating Information

16. How do individuals generally learn about access to and availability of services in your area?

PROBE: Social media, Text WhatsApp, word of mouth, etc.

To what degree is health literacy in the community an advantage or challenge?

17. 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?

Magic Wand

18. If there was one issue that you personally could change about community health in your area with the wave of a magic wand, what would it be?

Thank you for your time and participation!

Appendix D: Focus Group Discussion Guide

Good morning [or afternoon]. My name is [Name] from Crescendo Consulting Group. We are working with the Stanislaus County Health Coalition to conduct a community health needs assessment in your community.

The purpose of this focus group discussion is to learn more about the strengths and resources in the community. We will also gather your insights about health and related social needs. We are interested in learning about how you and people you know interact with health care systems. We would also like to hear about access to health care and social services in your community.

Your input is important because the information you and others share will be used to identify and describe important health needs in your community. The Stanislaus County Health Coalition will use this information to work to address these challenges.

We will describe our discussion and will include a list of populations and communities represented by focus group participants in a written report. Specific quotes may be reported by the geographic area or population of the focus group. Quotes will not be associated with individuals by name or by other characteristics that, in combination, could be used to identify you. **Please consider what you say in our conversation to be confidential and voluntary.**

We have some group agreements to consider before we start our conversation today. It is essential that this is a safe place, free from abusive words and actions, threats, and disrespectful behaviors. That includes words and behaviors directed towards us, your facilitators, or anyone else. It is really important that we have a rich conversation that is respectful and that we use language that does not put down other people or cause them to feel unsafe. It's also important to allow all people to speak.

As a facilitator, I will sometimes interject so I want you to know that up front. Due to time constraints, I may also need to move the conversation along.

I will sometimes come into the conversation to make sure we are allowing for all voices and to ensure that the conversation stays respectful. I recognize that I am interrupting at times, but it's an important part of my job as the facilitator, so I want you to know to expect that from me.

Do you have any questions for me before we start?

Facilitator Note: Only use probes as needed. We want to avoid leading questions as much as possible.

Introductory Questions

1. To start, please briefly introduce yourself and share something you like about your community.
2. What does a “healthy” community look like to you?
3. What are the two or three most important health needs in your community?
[PROBE: mental health, substance and alcohol use, cancer, heart disease, COVID-19, unintentional injury, chronic lower respiratory disease]

Access to Care and Delivery of Services

4. What services and resources for becoming and staying healthy are difficult to find? What services and resources are difficult to access? Why? *PROBE:*

Arthritis

Cancer

Cardiovascular disease

Children with Special Health Care Needs

Cognitive health

Community-based supports

Diabetes

Early intervention programs

Immunizations

Infectious disease

Mental health

Oral health

Physical activity, nutrition, and wellness

Pregnancy and birth outcomes

Prevention programs

Respiratory health

Substance use

Tobacco treatment

5. What health resources or services are easier to find? Why?

Social Determinants, Neighborhood & Physical Environment

6. What are the top three social driver/determinant of health needs or challenges in the community? Why? *PROBE: Affordable housing*

Air/water pollution

Childcare

Employment and job training opportunities

Extreme weather events

Food insecurity and access to healthy food

Internet and technology access

Power and internet outages

Services for people experiencing homelessness

Social isolation; loneliness

Transportation

Others

7. What resources and services are available and/or missing in your community to help people with *[needs or challenges identified in Question 6]*?

Health Equity and Vulnerable Populations

8. What populations in your community experience more challenges than others? *PROBE: veterans, youth, immigrants, LGBTQ+ populations, people of color, older adults, people living with disabilities, people with lower income*
9. What are the two or three biggest needs or challenges faced by these groups/your group?
10. What health or social services are not equally available to everyone in your community regardless of gender, race, age, income, or ability? Why?

Parents and Family Focused Focus Groups (OPTIONAL)

The following questions should be asked during parent, family, and/or youth focused focus groups. However, please ask the first two questions in other focus groups or weave it into other questions.

11. What are the greatest needs or challenges facing children in the community?
12. What are the greatest health issues negatively impacting children in the community?
13. What are two things we could do or two changes we could make that would measurably improve the overall health and well-being of children in the community?
14. What are the greatest needs or challenges facing pregnant women and new moms in the community?
15. What are the greatest health issues negatively impacting pregnant women and new moms in the community?
16. What are two things we could do or two changes we could make that would measurably improve the health and well-being of pregnant women and new moms in the community?

Protective and Risk Factors

11. In your community, what factors or lifestyle choices help people stay healthier and happier? *PROBE:*

Cancer prevention

Economic opportunity

Family/parental resilience

Health status

Immunizations and vaccinations

Nutrition

Oral care

Physical activity

Public policy protections

Safety

Screening and preventative visits

Social connections

12. What factors or lifestyle choices contribute the most to the health problems people in your community face? *PROBE:*

Cannabis Use

Tobacco Use

Alcohol Use

Opioid Use

Substance Use

Health Status

Pregnancy & Birth Outcomes

Overweight

Magic Wand

13. If you had all the money and resources in the world and could do any one thing to make your community healthier, what would it be?

Thank you for your time and participation!

Appendix E: Community Survey

Stanislaus County has started a Community Health Needs Assessment (CHNA) to learn about what is going well and what can be done better to support community health. Your thoughts will help us learn about the community's health needs, ways to seek services (both challenges and opportunities), and any issues you face in seeking health options so that we 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 five (5) \$100 Visa gift cards, please provide your contact information at the end of the survey. Your survey responses and contact information are kept separately and confidential. If you have any questions about the survey, please contact our research partner, Crescendo Consulting Group at katelynm@crescendocg.com.

This survey should take approximately 10 minutes.

What language would you like to take the survey in?

- ☐ English
- ☐ Spanish
- ☐ Punjabi
- ☐ Hmong

1. In what is zip code do you live?

Access to Health Care

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

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

3. In the **past year**, has there been one or more occasions when you needed medical care but could **NOT** get it?

- ☐ Yes
- ☐ No (skip to Q5)

4. If yes, what kept you from accessing health care services when you needed them? (Check all that apply)

- ☐ No health insurance
 - ☐ No money / inability to pay
 - ☐ Doctor's office does not accept my insurance
 - ☐ Long wait times to see a provider
 - ☐ Providers unavailable in my community
 - ☐ No way to get to that service (lack of transportation whether car, bus, etc.)
 - ☐ Do not trust providers or staff
 - ☐ Provider did not listen to my needs
 - ☐ Providers or staff do not understand my culture
 - ☐ Providers or staff did not speak my language
 - ☐ Concern about the impact on my immigration status
 - ☐ Providers or staff are not knowledgeable about people with my sexual orientation or gender identification
 - ☐ My neurological or developmental conditions (such as ADHD, ADD, OCD, autism spectrum disorder, etc.)
 - ☐ COVID-19-related restrictions
 - ☐ Other (please specify):
-

5. In the **past year**, has there been one or more occasions when you needed mental health or substance use services (such as alcohol, opioids, and other legal or illicit drugs) but could **NOT** access it?

- ☐ Yes
- ☐ No (skip to Q7)

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

- ☐ No health insurance
- ☐ No money / inability to pay
- ☐ Doctor's office does not accept my insurance
- ☐ Long wait times to see a provider
- ☐ Providers unavailable in my community
- ☐ No way to get to that service (Lack of transportation whether car, bus, etc.)
- ☐ Do not trust providers or staff
- ☐ Provider did not listen to my needs
- ☐ Providers or staff do not understand my culture
- ☐ Providers or staff did not speak my language
- ☐ Concern about the impact on my immigration status

- ☐ Providers or staff are not knowledgeable about people with my sexual orientation or gender identification
- ☐ My neurological or developmental conditions (such as ADHD, ADD, OCD, autism spectrum disorder, etc.)
- ☐ COVID-19-related restrictions
- ☐ 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.

7. On a scale of 1 (no more focus needed) to 5 (much more focus needed), how much attention do you think each of these community and health issues needs in your community?

Social Drivers	1: No more needed	2: Minimal Focus Needed	3: Moderate Focus Needed	4: High Focus Needed	5: Much More Focus Needed	I do not know
Transportation services for people to go to medical appointments or the hospital						
Access to affordable, nutritious food						
Affordable, quality childcare						
Access to a quality education for youth						
Public transportation						
Access to safe, affordable housing						
Finding housing first for individuals who have several service needs						

(such as behavioral health treatment, job training, etc.)						
Access to clean, public places to play and exercise where all people feel safe and welcome						
Social services (shelter, outreach, etc.) for people experiencing homelessness						
Access to a quality education and job training for adults						
Livable wage job opportunities						
Activities for youth (such as a public pool, roller skating rink, bowling alley, etc.)						
Opportunities for physical fitness						
Activities for adults (such as a concerts, festivals, book clubs, etc.)						

Health Program Services	1: No more needed	2: Minimal Focus Needed	3: Moderate Focus Needed	4: High Focus Needed	5: Much More Focus Needed	I do not know
Case management (support and programs) for persons living with chronic diseases						
Programs for diabetes prevention, awareness, and care						
Programs for heart or cardiovascular health						
Programs for obesity prevention, awareness, and care						
Programs that bring communities together, including those that focus on inclusion and combatting discrimination (such as cultural events)						
Programs for smoking cessation (including vaping)						
Programs to help supply and protect environmental resources (such as access to clean air and water)						

Programs that bring people together to combat feelings of isolation and loneliness (such as a community meal or event)						
Crisis or emergency care programs for mental health issues						

Healthcare Services	1: No more needed	2: Minimal Focus Needed	3: Moderate Focus Needed	4: High Focus Needed	5: Much More Focus Needed	I do not know
Primary care services (such as a family doctor or other provider of routine care)						
Emergency care and trauma services						
Coordination of patient care between health service providers						
Affordable prescription medications						
Specialist services (such as endocrinologists, pediatricians, rheumatologists, etc.)						
Healthcare services for people experiencing homelessness or who do not have permanent shelter						
HIV / HCV (hepatitis C) / STI (sexually						

transmitted infection) education and screening						
HIV / HCV (hepatitis C) / STI (sexually transmitted infection) treatment services						
Dental care						

Older Adults (55+)	1: No more needed	2: Minimal Focus Needed	3: Moderate Focus Needed	4: High Focus Needed	5: Much More Focus Needed	I do not know
Healthcare services for older adults (55+)						
Affordable housing for older adults						
Different options to long-term care or nursing facilities for older adult						
Services for persons living with dementia or memory needs						
Day programs for older adults						

Behavioral and Mental Health	1: No more needed	2: Minimal Focus Needed	3: Moderate Focus Needed	4: High Focus Needed	5: Much More Focus Needed	I do not know
Case management for those living with behavioral health conditions						
Drug and other substance use (such as alcohol, opioids, and legal or illicit						

drugs) education and prevention						
Drug and other substance use (such as alcohol, opioids, and legal or illicit drugs) treatment services						
Programs to help drug and other substance use (such as alcohol, opioids, and legal or illicit drugs) disorder patients in recovery stay healthy						
Counseling services for adults for mental health conditions such as depression, anxiety, and others						
Counseling services for youth/children for mental health conditions such as depression, anxiety, and others						
Inpatient mental health beds						
Support services for people with developmental disabilities						

Maternal, Child and Family Services	1: No more needed	2: Minimal Focus Needed	3: Moderate Focus Needed	4: High Focus Needed	5: Much More Focus Needed	I do not know
Women's health services, such as mammography, pap smears, etc.						
Care before, during, and after pregnancy						
Breastfeeding education and support						
Reproductive health services, including screenings and birth control						
Parenting classes for new parents						

1. Which of these environmental events have directly affected you or your family in your county? (Select all that apply)

- ☐ Flooding
- ☐ Drought
- ☐ Heatwaves
- ☐ Heavy rain
- ☐ More mosquitoes
- ☐ Wildfires

- ☐ Bad air quality
 - ☐ Other (please specify)
 - ☐ Doesn't apply (skip to Q9)
 - ☐ I prefer not to answer
2. If environmental events are selected, what kinds of health problems have you or your family had or were made worse because of the environmental events you selected above? (Select all that apply)
- ☐ Lung problems (e.g., Asthma, Long-term lung disease, Lung cancer, Pneumonia)
 - ☐ Heart diseases
 - ☐ Stroke
 - ☐ Cold-related illnesses (e.g., Low body temperature)
 - ☐ Heat-related illness (e.g., Heat Exhaustion, Sunburn, High body temperature, Dehydration, Painful muscle cramps from the heat, Itchy rash from heat, Fainting)
 - ☐ Diseases from dirty and polluted water (e.g., bacteria, parasites, and viral infections resulting in diarrhea)
 - ☐ Diseases spread by insects (e.g., dengue, yellow fever viruses, West Nile Virus)
 - ☐ Mental health problems
 - ☐ Harm to the body (e.g. Burn, Infection, lacerations)
 - ☐ Other (please specify)
 - ☐ Doesn't apply
 - ☐ I prefer not to answer
8. If you had a magic wand, what is the one thing you would change about your community and why?

9. 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 do not know
My community works together to improve our health outcomes.						
My community has the resources to improve our health outcomes.						
I know my neighbors will help me stay healthy.						
I strive to contribute to the health of my community.						
Everyone in my community has access to care and services according to their needs.						

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.

10. People sometimes look to others for companionship, friendship, assistance, or other types of support. How often is each of the following types 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 the time
Someone you can count on to listen to you when you need to talk about yourself, your problems, or hear suggestions about how to manage personal problems					
Someone that will help me when I have a complicated piece of mail, or a question about housing, or just something going on in my personal life that I need to discuss.					
Someone to help take care of you if you were sick					
Someone to take you to the doctor if you need it					
Someone to help with daily chores if you were sick					
Someone who shares an emotional connection with you					
Someone to get together with for relaxation					
Someone to do something fun with					

Health Status

11. How would you rate your physical health?

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor

12. How would you rate your mental health?

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor

13. How would you rate your emotional and spiritual health?

- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor

A little bit about you

14. To which gender identity do you most identify?

- ☐ Man/Male
- ☐ Woman/Female
- ☐ Transgender Woman/Female
- ☐ Transgender Man/Male
- ☐ Two-Spirit
- ☐ Genderqueer
- ☐ Non-Binary
- ☐ Agender
- ☐ Questioning/Unsure
- ☐ Use another term (please specify): _____
- ☐ Don't understand the question
- ☐ I prefer not to answer

15. What is your race and/or ethnicity? [Check all that apply]

- ☐ White or Caucasian
- ☐ Black or African American
- ☐ Middle Eastern or North Africa (Go to Q17)
- ☐ Asian (Go to Q16)
- ☐ Native American or Alaska Native
- ☐ Native Hawaiian or other Pacific Islander
- ☐ Hispanic, Latino, or other Spanish origin
- ☐ Another race/ethnicity (please specify): _____
- ☐ I prefer not to answer

16. Please select how you identify:

- ☐ Chinese
- ☐ Indian
- ☐ Cambodian
- ☐ Filipino
- ☐ Laotian
- ☐ Korean
- ☐ Vietnamese
- ☐ Japanese
- ☐ Hmong
- ☐ Other Asian (please specify)

17. Please select how you identify:

- ☐ Afghanistan
- ☐ Lebanese
- ☐ Iranian
- ☐ Jordanian
- ☐ Saudi
- ☐ Yemeni
- ☐ Other Middle Eastern or North African

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

- ☐ None
- ☐ Under \$15,000
- ☐ \$15,000 – \$24,999
- ☐ \$25,000 - \$34,999
- ☐ \$35,000 – \$44,999
- ☐ \$45,000 - \$54,999
- ☐ \$55,000 - \$64,999
- ☐ \$65,000 - \$74,999
- ☐ \$75,000 - \$99,999
- ☐ \$100,000 and above
- ☐ Unknown
- ☐ I prefer not to answer

19. What is your age?

- ☐ 18 – 24
- ☐ 25 – 34
- ☐ 35 – 44
- ☐ 45 – 54
- ☐ 55 – 64
- ☐ 65 – 74

- ☐ More than 75 years old
- ☐ I prefer not to answer

20. Do you have any of the following disabilities / abilities? (Check all that apply)

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

21. What is the highest degree or level of school you have completed? (If you are 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

Appendix F: Qualitative Perinatal and Youth Needs

Youth Programs

When discussing the needs of youth in the community, many community members noted a need for more programming for social and education opportunities. Youth themselves noted that without pro-social activities, many of their peers engage in substance use and other troublesome behavior. This was emphasized in the more rural areas of Stanislaus County.

- “A couple friends haven’t been with the best crowd or have been active in that. Especially during holidays they had alcohol, marijuana, vapes, anything readily accessible. There is nothing to do for youth – if we became engaged and involved in things that aren’t so damaging would be so much better.” – Youth Community Member
- [In Patterson] “People live in micro-camps and cabins – we are very limited on everything. We don’t have activities for kids and no parks.” – Community Member

Youth also noted that more career preparation would be a beneficial addition to allow them to enter a career path that will increase their economic opportunity. Many youth noted a particular interest in healthcare-related jobs, which aligns with suggestions for increasing education to workforce pipelines to improve healthcare staffing in the area.

- “Programs for internships and stuff like that, connecting with different businesses and colleges, right now you have to do it on your own and you have to do it all alone.” – Youth Community Member
- “We need more resources and funding for nursing schools to help pipeline nurses and physicians.” – Stakeholder

Mental and Behavioral Health

Many youth and stakeholders noted a need for improved mental and behavioral health access and for decreasing the stigma of seeking support. Some shared that poor mental health among their peers may be causing substance use as well. Stakeholders noted that in addition to youth-focused services, parent-focused services would be a beneficial resource for the community.

- “It feels like most teenagers drink or do drugs because they’re either depressed or going through things. Youth these days have low mental health. It keeps getting lower each generation.” – Youth Community Member
- “We need education around mental health for parents and youth. The youth don’t want to talk to the parents, they want to talk to other youth.” – Community Member
- “Sometimes kids don’t want to go to counseling. They think their friends might say something and tell other people. They think the counselor might disclose their issues. There is stigma.” – Community Member

Healthcare Access

Participants noted that accessing pediatric healthcare can be difficult. For those living in rural areas of Stanislaus County, traveling to Modesto for healthcare can be burdensome for families. For those needing more specialized care, such as cancer treatment, community members often have to travel outside of the county for care.

- “I think the problem is we need more specialists for children. We have hospitals and specialists for adults. Especially for the little ones we have to go out of town to San Francisco. It’s a long way to drive.” – Community Member
- “When my kids have appointments then my husband needs to take the time off work to drive them to Madera and Modesto. Gas is expensive to have to drive distances and it’s a whole day production so the kid misses school.” – Community Member
- “We have Valley Children's Hospital here, but we still go to Stanford. I spent the first year of her diagnosis trying to find somewhere closer. i think the closest option is in Sacramento for all of kids oncology. They’re all about an hour and a half away. I feel that’s a really big gap we have. We have oncologists, but they don't see kids. And we have pediatric oncologists, but they don't see kids under 13.” – Community Member

Perinatal Care

Community members shared that there is an opportunity for improving the accessibility and quality of perinatal care in Stanislaus County. Similar to pediatric care, for individuals in the more rural areas of the county, access to perinatal care is limited and requires significant transportation to reach. When discussing the needs of the perinatal community, stakeholders also considered the potential connection between a lack of access to care to higher rates of birth defects in Stanislaus County.

- “In my experience, [perinatal care] hasn’t been the greatest. It’s hard to get an appointment and they cancel appointments on you. I got diagnosed with depression while pregnant. The first available appointment was October which is a long wait time. You have to find your own resources.” - Community Member
- “There is a lack of access to care that has downstream effects. For well child checks parents can’t take three days off work. Prenatal care is very difficult.” – Stakeholder
- “In regards to birth defects, I would say that - I don't know for sure - but I would say that we know that there's populations who don't go to the doctor or don't have access to health care while they're pregnant, to be able to guide them through those things. I don't know the numbers off the top of my head as far as like what that looks like in our county, but I would assume that that has something to do with the fact that our [birth defect] numbers are higher than the state.” – Stakeholder

When discussing the quality of prenatal care, stakeholders noted that African American women often receive subpar treatment:

- “It's no big secret, especially African American women who are pregnant and they go see the doctor, they do not always receive the best care. [...] I see this a lot - i volunteer a lot - but going to see the doctor making sure their needs are met, and the attitudes of hospital staff is ridiculous.” – Stakeholder

Stakeholders also spoke of a specific need for substance use services for pregnant people. Due to the stigma individuals face and fear of repercussions, substance use treatment during pregnancy is rarely sought.

- “When it comes to SU it really affects prenatal care because when people feel like I can't trust to go there, they don't seek treatment. This affects healthy outcomes.” – Stakeholder

Appendix G: Access Audit

Purpose

This phone-based access audit was conducted to assess how easily residents of Stanislaus County can reach and utilize healthcare and social services. Rather than evaluating individual facilities, the audit focused on understanding real-world access experiences and identifying barriers that community members may face when seeking care. The findings provide meaningful insights into existing gaps, variations in service delivery, and opportunities to improve access across the county.

Overview of Methods

Sixteen health and social service facilities were included in the audit, spanning primary care, behavioral health, specialty care, and community-based resources. Organizations were included in the access audit if they were mentioned by community residents in focus groups, were funders of the CHA, or provided services identified as challenging to access during the research process.

Key areas of inquiry included:

- Ability to reach a live person
- Availability of appointments for new patients
- Quality of information and referrals provided
- Inquiry into caller needs
- Language accessibility

Facilities Included:

- Behavioral Health and Recovery Services
- Big Valley Grace Care Ministry
- CalPride
- Center for Human Services
- Golden Valley Health Center
- Hera OBGYN Medical Group
- Livingston Community Health
- Modesto Gospel Mission
- Modesto Love Center
- Rainbow Resource Center LGBTQ+ Collaborative
- Sierra Vista
- Stanislaus County Public Health
- Sutter Gould Medical Group
- Sutter Main Clinic 600 Coffee Road
- Valley Children's Hospital
- Wahid Medical

Phone calls were conducted at various times during standard business hours (Monday through Friday) in early May. Of the 16 facilities contacted, the caller successfully spoke with a staff member at 11. In eight of those cases, the staff answered directly, while others required navigating automated systems or leaving messages. At facilities where direct contact was not made, callers encountered automated voicemail systems or complex phone trees. Helpful information, such as available providers, wait times, and referrals to other providers if the organization was not accepting new patients or clients, was obtained from 10 of the facilities. One facility posed a significant access barrier—if an option was not selected immediately from the phone tree, the call disconnected, requiring the caller to redial.

Key Findings

Ability to accept new patients

The ability of facilities to accept new patients varied significantly. While most facilities reported that they were accepting new patients, the wait times for appointments differed greatly. Some facilities offered appointments within a week of the call, while others indicated waiting periods of over two months. One facility indicated the wait time was dependent on health insurance of the patient. Several clinics required a referral from another provider.

Ability to answer questions and refer

The ability to provide referrals or alternative options when services were unavailable varied among the facilities contacted. Some facilities demonstrated excellent service by proactively directing callers to nearby clinics or other providers that could meet their needs. This approach ensured continuity of care and minimized the burden on the caller. In other cases, facilities provided only general guidance about their own services without offering specific referrals or additional resources. Some facilities required callers to independently navigate referral systems or insurance processes, creating potential barriers for those seeking immediate care.

How staff inquiries help to determine prospective patient's needs

The extent to which staff members inquired about the caller's needs was inconsistent across facilities. In some cases, staff asked detailed questions about the caller's insurance coverage and the specific nature of their healthcare or social needs. This approach demonstrated a patient-centered commitment to understanding and addressing individual needs before scheduling appointments. However, in other instances, staff provided basic information without asking follow-up questions, which limited their ability to fully address the caller's concerns. In certain cases, the focus was placed on procedural steps, such as setting up accounts or obtaining

referrals, rather than engaging with the caller's specific circumstances. Standardized practices for staff engagement would improve the ability to meet prospective patient needs effectively.

Ease of speaking with a person

The ease of speaking with a staff member differed across facilities. While some facilities had no phone trees, allowing for direct and immediate access to staff, others required callers to navigate lengthy automated systems. For example, one facility's phone tree took several minutes and multiple steps before connecting the caller to the appropriate department. In another case, if you did not select an option in a phone tree almost immediately, the call was disconnected. Many phone trees were available in Spanish. Facilities with simpler phone systems provide a better overall experience for callers, emphasizing the importance of intuitive and efficient navigation systems.

Language offerings

Language accessibility across the facilities was primarily focused on Spanish. Most facilities included Spanish as an alternative language option in their phone systems, and some employed bilingual staff or interpreters to assist non-English-speaking callers. These efforts ensure that Spanish-speaking individuals can access the services they need effectively. However, other language options beyond Spanish were limited or nonexistent, indicating a potential area for improvement in serving a more linguistically diverse population.

Summary of Implications

These findings highlight several system-level challenges that impact access to care in Stanislaus County. Inconsistent phone navigation systems and long wait times create barriers for individuals with urgent needs or limited resources. Uneven referral practices and limited staff engagement reduce the quality of initial interactions and may prevent residents from connecting to appropriate services. Additionally, while Spanish-language access is common, the lack of multilingual support fails to reflect the county's full linguistic diversity.

At the same time, the audit revealed promising practices that can serve as models for improvement. Several facilities provided compassionate, patient-centered support, including clear referrals and proactive questions that helped identify caller needs. The consistent availability of Spanish-language options is a noteworthy strength that demonstrates a baseline commitment to language access. These positive examples point to local capacity and readiness for shared learning and system-wide improvement. Moving forward, these insights can help inform collective strategies to create a more equitable and accessible system of care for all residents.

Appendix H: Asset Map

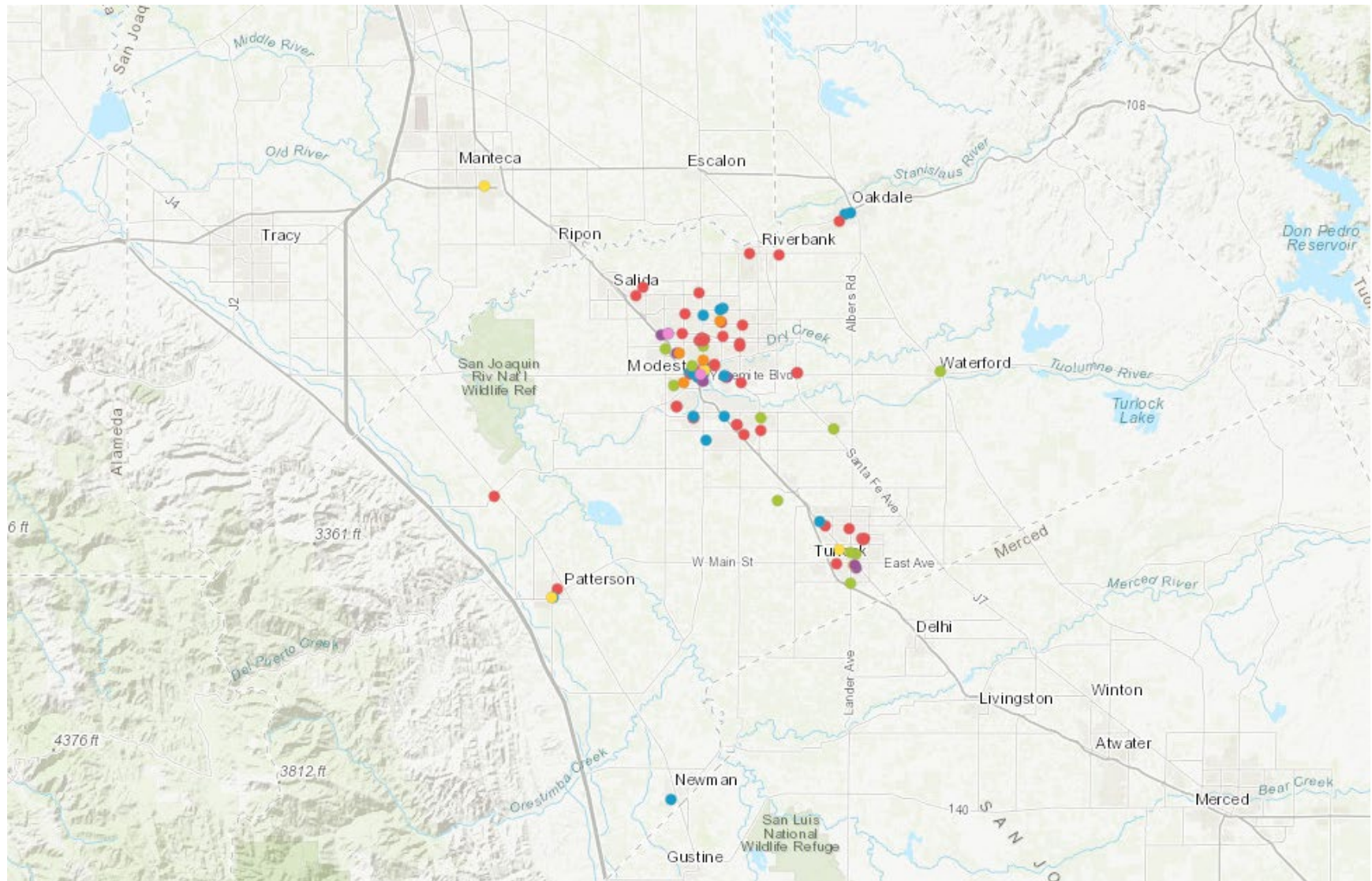
Stanislaus County Asset Map

The following table contains a list of community-based organizations and resources that provide services within Stanislaus County. Organizations included in the Asset Map are primarily health and behavioral health organizations, members of the Stanislaus County Health Coalition, and other community-based organizations that address at least one of the Community Health Assessment priority areas.

The list is not exhaustive as Stanislaus County has many resources and assets that provide programs and services to community residents. For more information on resources available in Stanislaus County, please visit <https://www.stancounty211.org/>.

For each of the resources listed in the table, its physical address and website information is provided along with a small summary of services followed by the organization. For a more complete list of up-to-date services, please visit the organization's website. Additionally, organizations that provide services and resources that align with the priority areas have been identified with an "X." Many organizations provide services and resources that address multiple priority areas.

For an interactive map version of the asset list below, please visit <https://arcg.is/mKmfq>.



Name of Resource or Facility	Address	Affordable & Stable Housing	Chronic Disease Prevention & Management	Economic Stability & Basic Needs	Education & Youth Development	Healthcare Access & Affordability	Maternal, Infant, and Reproductive Health	Mental & Behavioral Health	Other	Services Provided	Contact Information (Website)
Aegis Treatment Centers - Ceres	1768 Mitchell Rd, Ste 301, Ceres, CA 95307					X		X		Substance use disorder treatment, methadone clinic	https://pinnacle-treatment.com/location/california/ceres/aegis-treatment-centers-ceres/
Aegis Treatment Centers - Modesto	1235 McHenry Ave, Ste. A&B, Modesto, CA 95350					X		X		Substance use disorder treatment, methadone clinic	https://pinnacle-treatment.com/location/california/modesto/aegis-treatment-centers-modesto/
Aegis Treatment Centers - Turlock	1651 Lander Ave., Ste 1651, Turlock, CA 95380					X		X		Substance use disorder treatment, methadone clinic	https://pinnacle-treatment.com/location/california/turlock/aegis-turlock/

American Red Cross	1230 6th Street, Modesto, CA 95354		X						X	CPR training, disaster relief resources	https://www.redcross.org/local/california/northern-california-coastal/about-us/locations/heart-of-the-valley.html?srsltid=AfmBOoroWKxEFXzSQuPL-oWxDUOi5sPd8anWmhOirqSE5ej--y8MS38j
Aspiranet	440 East Canal Dr., Turlock, CA 95380				X			X		Foster care and adoption, behavioral health	https://www.aspiranet.org/foster/stanislus
Boys & Girls Clubs of Stanislaus County	819 17th Street, Modesto, CA 95354				X					Youth development	https://www.bgcstanislaus.org/
CalPride Stanislaus	1202 H St., Suite A,B,C, Modesto, CA 95354				X	X				LGBTQ	https://calpride.org/

CASA of Stanislaus County	800 11th St #4, Modesto, CA 95354				X					Advocacy and support for children in the foster care system	https://www.casaofstanco.org/
Catholic Charities	1506 H St., Modesto, CA 95354			X						Nutrition assistance	https://www.ccstockton.org/
Center for Human Services	2000 W. Briggsmore Ave, Modesto, CA 95350			X	X	X		X		Youth mental health and substance use, family resource centers, workforce development	https://www.centerforhumanservices.org/
Central Valley Opportunity Center	1801 H St, Suite A4, Modesto, CA 95354			X						Farmworker programs, LIHEAP, CalWORKS Job Club, job training	https://www.cvoc.org/
Ceres Partnership	1317 Grandview			X				X	X	Medi-Cal insurance	https://www.centerforhumanservices.org

	Ave, Ceres, CA 95307									enrollment, translation services, utility assistance, emergency food and clothing, case management, mental health services	/what-we-do/family- resource-centers/
Children's Crisis Center of Stanislaus County	Modesto, CA	X			X			X		Shelter, crisis counseling, FamilyLINE	https://www.children scrisiscenter.com/
City Ministry Network	820 H St., Modesto, CA 95354				X				X	Advocacy, pastor connect, community care, Catalyst	https://www.citymini strynetwork.org/
Community Hospice and Health Services	4368 Spyres Way, Modesto, CA 95356		X			X		X	X	Hospice, palliative care, respite, pediatric care program, veterans	https://hospiceheart. org/

										program, mental health counseling	
Dignity Village	914 E Street, Modesto, CA	X								Shelter, case management, housing navigation	https://dignitymoves.org/modesto/
Doctors Medical Center	1441 Florida Ave., Modesto, CA 95350		X				X	X		Hospital	https://www.dmc-modesto.com/
Downtown Streets Team	1300 H Street, Suite #100, Modesto, CA 95354	X		X						Streets Team Enterprises, Volunteer Work- Experience Program	https://www.streetsteam.org/modesto
DRAIL: Disability Resource Agency for Independent Living	1101 Sylvan Ave, Suite C- 105, Modesto, CA 95350	X	X	X		X			X	Housing referrals, Disability benefits advising, independent living skills	https://www.drail.org/

										training, Peer support, Transition youth services	
El Concilio	1314 H St., Modesto, CA 95354				X			X	X	Immigration legal services, preschool centers, behavioral health services	https://www.elconcilio.org/
Emanuel Medical Center	825 Delbon Ave., Turlock, CA 95382		X			X	X	X		Hospital	https://www.emanuelmedicalcenter.org/
Faith Home Teen Challenge	6643 Faith Home Rd, Ceres, CA 95307							X		Substance use program	https://www.fhtc.life/
First 5 Stanislaus	930 15th Street, Modesto, CA 95354				X					Parenting classes	https://www.first5stanislaus.org/about_us.shtm

Golden Valley Health Center	110 Delborn Ave, Turlock, CA 95382		X			X	X	X		Federally Qualified Health Center	https://www.gvhc.org/
Golden Valley Health Center	1200 W. Main Street, Turlock, CA 95380		X			X	X	X		Federally Qualified Health Center	https://www.gvhc.org/
Golden Valley Health Center	2240 W Monte Vista Ave., Turlock, CA 95382		X			X	X	X		Federally Qualified Health Center	https://www.gvhc.org/
Golden Valley Health Center	3109 Whitmore Ave, Ceres, CA 95307		X			X	X	X		Federally Qualified Health Center	https://www.gvhc.org/
Golden Valley Health Center	198 N G St, Empire, CA 95319		X			X	X	X		Federally Qualified Health Center	https://www.gvhc.org/
Golden Valley Health Center	2760 3rd St., Ceres, CA 95307		X			X	X	X		Federally Qualified Health Center	https://www.gvhc.org/

Golden Valley Health Center	1920 Memorial Dr., Ceres, CA 95307		X			X	X	X		Federally Qualified Health Center	https://www.gvhc.org/
Golden Valley Health Center	2101 Tenaya Dr., Modesto, CA 95354		X			X	X	X		Federally Qualified Health Center	https://www.gvhc.org/
Golden Valley Health Center	1717 Las Vegas St., Modesto, CA 95358		X			X	X	X		Federally Qualified Health Center	https://www.gvhc.org/
Golden Valley Health Center	209 Kerr Ave, Modesto, CA 95354		X			X	X	X		Federally Qualified Health Center	https://www.gvhc.org/
Golden Valley Health Center	1121 Hammond St., Modesto, CA 95351		X			X	X	X		Federally Qualified Health Center	https://www.gvhc.org/
Golden Valley Health Center	1114 6th St., Modesto, CA 95354		X			X	X	X		Federally Qualified Health Center	https://www.gvhc.org/

Golden Valley Health Center	5238 East Hedges Ave., Patterson, CA 95363		X			X	X	X		Federally Qualified Health Center	https://www.gvhc.org/
Golden Valley Health Center	208 W Coolidge, Modesto, CA 95350		X			X	X	X		Federally Qualified Health Center	https://www.gvhc.org/
Golden Valley Health Center	1524 McHenry Ave, Modesto, CA 95350		X			X	X	X		Federally Qualified Health Center	https://www.gvhc.org/
Golden Valley Health Center	1540 Florida Ave, Modesto, CA 95350		X			X	X	X		Federally Qualified Health Center	https://www.gvhc.org/
Golden Valley Health Center	4150 Patterson Rd., Riverbank, CA 95367		X			X	X	X		Federally Qualified Health Center	https://www.gvhc.org/
Golden Valley Health Center	1801 Tulley Rd, Ste F, Modesto, CA 95350		X			X	X	X		Federally Qualified Health Center	https://www.gvhc.org/

Golden Valley Health Center	301 Howard Rd., Westley, CA 95387		X			X	X	X		Federally Qualified Health Center	https://www.gvhc.org/
Golden Valley Health Center - Ceres East Dental	1920 Memorial Dr., Ceres, CA 95307		X			X	X	X		Dental	https://www.gvhc.org/
Golden Valley Health Center - Empire Dental	198 N G St, Empire, CA 95319		X			X	X	X		Dental	https://www.gvhc.org/
Golden Valley Health Center - Modesto Hanshaw School Dental	1717 Las Vegas St., Modesto, CA 95358		X			X	X	X		Dental	https://www.gvhc.org/
Golden Valley Health Center - Modesto Robertson Road Dental	1121 Hammond St., Modesto, CA 95351		X			X	X	X		Dental	https://www.gvhc.org/

Golden Valley Health Center - Urgent Care	1510 Florida Ave, Modesto, CA 95350		X			X	X	X		Federally Qualified Health Center	https://www.gvhc.org/
Golden Valley Health Center - Women's Health	1500 Florida Ave, Modesto, CA 95350		X			X	X	X		Federally Qualified Health Center	https://www.gvhc.org/
Hannah's House	120 Kerr Ave, Modesto, CA 95354	X								Women's shelter	https://www.hopeformodesto.org/about
HAVEN	618 13th St., Modesto, CA 95354	X		X						Support and services for domestic violence survivors	https://www.havenstan.org/
Health Net Insurance	2260 Floyd Ave #100, Modesto, CA 95355					X				Medi-Cal	https://www.healthnet.com/portal/shopping/content/iwc/shopping/shp/community_solutions_centers_modesto.action

Health Plan of San Joaquin	1025 J St., Modesto, CA 95354					X				Medi-Cal	https://www.hpsj.com/
Healthy Aging Association	3224 McHenry Ave, Suite F, Modesto, CA 95350		X						X	Older adult center, fitness classes, activities	https://www.healthyagingassociation.org/
HSA Family and Pediatric Center	830 Scenic Dr, Suite A, Modesto, CA		X			X				Family medicine, urgent care	https://www.schsa.org/clinics/
HSA McHenry Medical Office	1209 Woodrow Ave., Ste. B- 10, Modesto, CA		X			X				Family medicine, pregnancy care, teen clinic	https://www.schsa.org/clinics/
International Rescue Committee	3446 N Golden State Blvd, Turlock, CA 95382			X						Legal, financial coaching and personal finance workshops, immigration support	https://www.rescue.org/united-states/turlock-ca

Jenny's Place	710 N. 9th Street, Modesto, CA	X								Transitional housing	-
Kaiser Permanente Modesto Medical Center	4601 Dale Rd, Modesto, CA 95356		X			X	X	X		Hospital	https://healthy.kaiserpermanente.org/northern-california/facilities/modesto-medical-center-and-medical-offices-100301
La Familia Central Valley	875 Geer Rd, Turlock, CA 95380							X	X	Mental health services, case management	https://lafamiliacentralvalley.org/
Legacy Alliance Outreach	820 H St., Modesto, CA 95351			X						Clothing closet, unhoused placement, notary services	https://www.legacyallianceoutreach.org/
Livingston Community Health	2141 Colorado Ave, Turlock, CA 95382		X			X	X	X		Federally Qualified Health Center	https://www.visitlch.org/

Livingston Community Health	2116 E Orangeburg Ave., Modesto, CA 95355		X			X	X	X		Federally Qualified Health Center	https://www.visitlch.org/
Livingston Community Health	1444 Florida Ave. Suite 202, Modesto, CA 95350		X			X	X	X		Federally Qualified Health Center	https://www.visitlch.org/
Modesto Certified Farmers' Market	1522 H St., Modesto, CA 95354			X						Farmers market	https://modestocfm.com/
Modesto Gospel Mission	1400 Yosemite Blvd, Modesto, CA 95354	X		X						Meals, shelter, shower and hygiene, laundry	https://www.mymission.org/
Modesto Pregnancy Center	2801 Coffee Rd, Modesto, CA 95355					X	X			Reproductive health services, parenting classes	https://www.modestopc.org/

NAACP Modesto/Stani slaus	PO Box 181, Modesto, CA 95353				X					Tutoring & homework support program, advocacy, black business directory	<a href="https://www.naacpm
odestostanislaus.org
/">https://www.naacpm odestostanislaus.org /
Newman Family Resource Center	1300 Patchett Dr, Newman, CA 95360			X				X	X	Medi-Cal insurance enrollment, translation services, utility assistance, emergency food and clothing, case management, mental health services	<a href="https://www.centerf
orhumanservices.org
/what-we-do/family-
resource-centers/">https://www.centerf orhumanservices.org /what-we-do/family- resource-centers/
Oakdale Resource and Counseling Center	631 West F Street, Oakdale, CA 95361			X				X	X	Medi-Cal insurance enrollment, translation services, utility assistance,	<a href="https://www.centerf
orhumanservices.org
/what-we-do/family-
resource-centers/">https://www.centerf orhumanservices.org /what-we-do/family- resource-centers/

										emergency food and clothing, case management, mental health services	
Oak Valley Hospital Riverbank Clinic	2603 Patterson Road #3, Riverbank, CA		X			X	X	X		Primary care	https://oakvalleycare.org/clinics/
Oakdale Rescue Mission	131 W G St, Oakdale, CA 95361			X						Meals, clothing, homeless outreach	https://www.oakdalerescuemission.org/
Patterson Family Resource Center	1010 W Las Palmas Ave, Suite E, Patterson, CA 95363			X	X					Parent education, literacy and school readiness, family advocacy, emergency food,	https://www.centerforhumanservices.org/what-we-do/family-resource-centers/patterson/

										translation services	
Planned Parenthood	1431 McHenry Ave #100, Modesto, CA 95350					X	X			Reproductive health services	https://www.plannedparenthood.org/health-center/california/modesto/95350/modesto-health-center-2527-90130
Redwood Family Center	1030 California Ave, Modesto, CA 95351	X						X		Substance use disorder treatment, sober housing for women	https://redwoodfamilycenter.org/
Salvation Army - Modesto Corps Community Center	1649 Las Vegas St, Modesto	X		X					X	Food programs, casework, transitional housing, community recreation programs	https://westernusa.salvationarmy.org/modesto_corps/

Salvation Army - Modesto Homeless Shelter	320 9th Street, Modesto, CA	X								Homeless shelter	https://westernusa.salvationarmy.org/modesto_corps/
Second Harvest	1220 Vanderbilt Circle, Manteca, CA 95337			X						Food assistance	https://localfoodbank.org/
Sierra Vista Child & Family Services	1600 N. Carpenter Rd., Bldg. B, Modesto, CA 95351							X		Behavioral health	https://svcfs.org/
Sierra Vista Child & Family Services Family Resource Center	12617 Bentley Street, Waterford, CA 95386				X			X		Behavioral health	https://svcfs.org/
Sierra Vista Child & Family	6940 Hughson Ave.,				X			X		Behavioral health	https://svcfs.org/

Services Hughson Family Resource Center	Hughson, CA 95326										
Society for Disabilities	1129 8th St, Suite 101, Modesto, CA 95354			X	X				X	Recreation programs, workforce development	https://societyfordisabilities.org/
Stanislaus County Aging and Veterans Services	3500 Coffee Rd., Ste 19, Modesto, CA 95354	X		X		X					https://www.stancounty.com/aging/
Stanislaus County Behavioral Health and Recovery Services	1601 I St, Ste. 200, Modesto, CA 95354	X						X		Mental health services, advocate services, CARE Court, housing assistance	https://www.stancounty.com/bhrs/
Stanislaus County Community	251 Hackett Rd., Modesto, CA 95358			X	X					CalFresh, StanWORKS, In-home support services, foster	https://www.csa-stanislaus.com/

Services Agency										care, adoption programs	
Stanislaus County Office of Education	1100 H St, Modesto, CA 95354				X					Education	https://www.stancoe.org/
Stanislaus County Public Health	820 Scenic Dr., Modesto, CA 95350		X				X			Communicable disease, emergency preparedness, family health services, immunizations, health promotion, public health data, WIC	https://www.schsa.org/publichealth/
Stanislaus Regional Housing Authority	1612 Sisk Rd, Modesto, CA 95350	X								Public housing, housing vouchers	https://stanregionalha.org/

Sunblest Valley Farmers Market	1040 W Las Palmas, Patterson, CA			X						Farmers market	
Sutter Memorial Medical Center	1700 Coffee Rd, Modesto, CA 95355		X			X	X	X		Hospital	https://www.sutterhealth.org/find-location/facility/memorial-medical-center-1043246633
Turlock Certified Farmers Market	Stanislaus County Fairgrounds			X						Farmers market	https://www.turlockmarket.org/
Turlock Gospel Mission	432 S Broadway, Turlock, CA 95380	X		X						Emergency shelter, meals, day services	https://turlockgospelmission.org/
Turlock Pregnancy and Health Center	134 Regis St, Turlock, CA 95382					X	X			Reproductive health	https://turlockphc.com/

Turning Point Community Programs	989 Needham St, Modesto, CA 95350	X						X		Housing assistance, behavioral health	https://www.tpcp.org/county/stanislaus-county/
UDW	2813 Coffee RD., Building C., Modesto, CA 95355				X					Caregiver support	https://www.udw.org/districts/ihss-district-4/
United Samaritans Foundation	220 S Broadway, Turlock, CA 95380			X						Meals, hearing aid, eyeglasses	https://unitedsamaritans.org/
United Way Stanislaus County	422 McHenry Ave, Modesto, CA 95354			X						Income tax assistance, 211	https://uwaystan.org/
VA Clinic	1225 Oakdale Rd, Modesto, CA 95355					X		X		Primary care, specialty care	https://www.va.gov/northern-california-health-care/locations/modesto-va-clinic/
Valley Children's Hospital	3525 Pelandale		X			X	X	X		Pediatric hospital	https://www.valleychildrens.org/

Pelandale Specialty Care Center	Ave, Modesto, CA 95356										
Valley Mountain Regional Center	702 N Aurora St, Stock, CA 9522			X					X	Disability services	https://www.vmrc.net/
We Care Turlock	221 S Broadway, Turlock, CA 95380	X								Shelter	https://wecareturlock.org/
West Modesto Community Collaborative	601 S. MLK Dr, Modesto, CA 95351			X	X				X	Advocacy, community outreach, youth programs	https://westmodestocollaborative.com/
Youth Navigation Center of Stanislaus County	2008 W. Briggsmore Ave, Modesto, CA 95350			X	X			X		Shelter, drop-in services, housing, outreach and navigation, counseling and case management,	https://www.yncstanislaus.org/

										education and employment	
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