2019 Community Health Needs Assessment Report

CHOMP Service Area
Monterey Peninsula
Monterey County, California

Prepared for:
Community Hospital of the Monterey Peninsula

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Introduction

Project Overview

Project Goals

This Community Health Needs Assessment, a follow-up to similar studies conducted in 2007, 2010, 2013, and 2016, is a systematic, data-driven approach to determining the health status, behaviors, and needs of residents in the service area of Community Hospital of the Monterey Peninsula (CHOMP). Subsequently, this information may be used to inform decisions and guide efforts to improve community health and wellness.

A Community Health Needs Assessment provides information so that communities may identify issues of greatest concern and decide to commit resources to those areas, thereby making the greatest possible impact on community health status. This Community Health Needs Assessment will serve as a tool toward reaching three basic goals:

- **To improve residents' health status, increase their life spans, and elevate their overall quality of life.** A healthy community is not only one where its residents suffer little from physical and mental illness, but also one where its residents enjoy a high quality of life.
- **To reduce the health disparities among residents.** By gathering demographic information along with health status and behavior data, it will be possible to identify population segments that are most at-risk for various diseases and injuries. Intervention plans aimed at targeting these individuals may then be developed to combat some of the socio-economic factors that historically have had a negative impact on residents' health.
- **To increase accessibility to preventive services for all community residents.** More accessible preventive services will prove beneficial in accomplishing the first goal (improving health status, increasing life spans, and elevating the quality of life), as well as lowering the costs associated with caring for late-stage diseases resulting from a lack of preventive care.

This assessment was conducted on behalf of CHOMP by PRC, Inc. PRC is a nationally recognized healthcare consulting firm with extensive experience conducting Community Health Needs Assessments in hundreds of communities across the United States since 1994.

Methodology

This assessment incorporates data from both quantitative and qualitative sources. Quantitative data input includes primary research (the PRC Community Health Survey) and secondary research (vital statistics and other existing health-related data); these quantitative components allow for trending and comparison to benchmark data at the state and national levels. Qualitative data input includes primary research gathered through an Online Key Informant Survey.

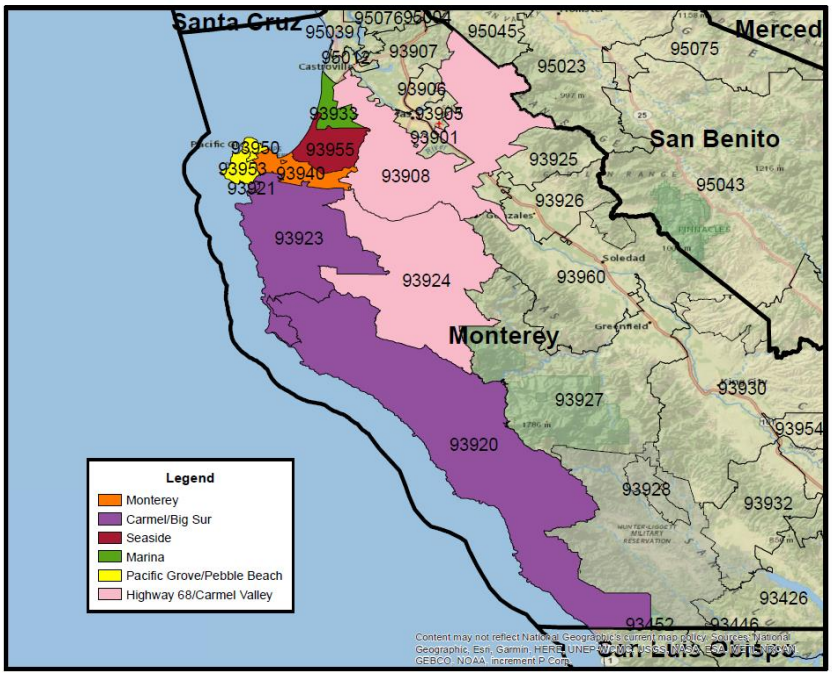
PRC Community Health Survey

Survey Instrument

The survey instrument used for this study is based largely on the Centers for Disease Control and Prevention (CDC) Behavioral Risk Factor Surveillance System (BRFSS), as well as various other public health surveys and customized questions addressing gaps in indicator data relative to health promotion and disease prevention objectives and other recognized health issues. The final survey instrument was developed by CHOMP and PRC and is similar to the previous surveys used in the region, allowing for data trending.

Community Defined for This Assessment

The study area for the survey effort (referred to as the "CHOMP Service Area" in this report) is defined as each of the communities comprising the hospital's primary service area, the Monterey Peninsula, Health Facility Planning Area (HFPA) #707. The Monterey Peninsula includes the ZIP Codes outlined below, encompassing the communities of Monterey, Carmel/Big Sur, Seaside, Marina, Pacific Grove/Pebble Beach, and Highway 68/Carmel Valley. This community definition represents 80.3% of the hospital's patients.



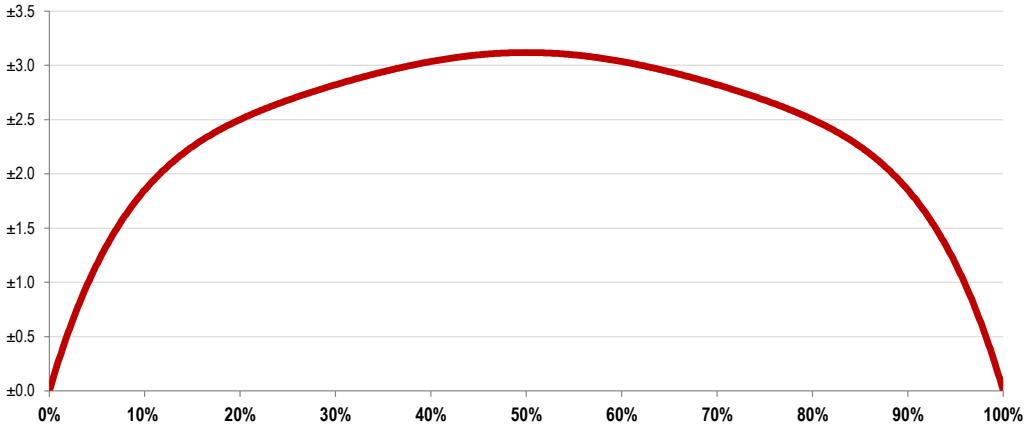
Sample Approach & Design

A precise and carefully executed methodology is critical in asserting the validity of the results gathered in the PRC Community Health Survey. Thus, to ensure the best representation of the population surveyed, a telephone interview methodology—one that incorporates both landline and cell phone interviews—was employed. The primary advantages of telephone interviewing are timeliness, efficiency, and random-selection capabilities.

The sample design used for this effort consisted of a stratified random sample of 1,000 individuals age 18 and older in the CHOMP Service Area, including 234 in Monterey, 123 in Carmel/Big Sur, 215 in Seaside, 157 in Marina, 145 in Pacific Grove/Pebble Beach, and 126 in Highway 68/Carmel Valley. Once the interviews were completed, these were weighted in proportion to the actual population distribution so as to appropriately represent the CHOMP Service Area as a whole. All administration of the surveys, data collection, and data analysis was conducted by PRC.

For statistical purposes, the maximum rate of error associated with a sample size of 1,000 respondents is ±3.1% at the 95 percent confidence level.

Expected Error Ranges for a Sample of 1,000 Respondents at the 95 Percent Level of Confidence



Note:
- The "response rate" (the percentage of a population giving a particular response) determines the error rate associated with that response. A "95 percent level of confidence" indicates that responses would fall within the expected error range on 95 out of 100 trials.

Examples:
- If 10% of the sample of 1,000 respondents answered a certain question with a "yes," it can be asserted that between 8.1% and 11.9% (10% ± 1.9%) of the total population would offer this response.
- If 50% of respondents said "yes," one could be certain with a 95 percent level of confidence that between 46.9% and 53.1% (50% ± 3.1%) of the total population would respond "yes" if asked this question.

Sample Characteristics

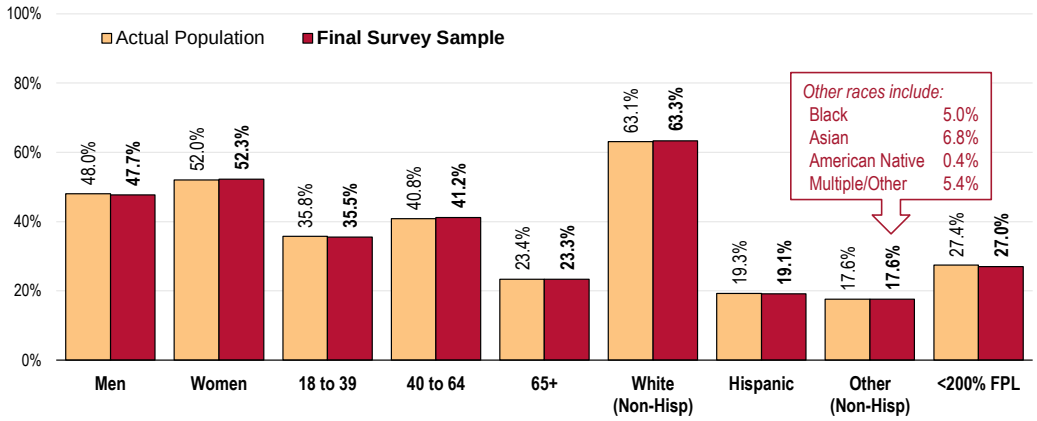
To accurately represent the population studied, PRC strives to minimize bias through application of a proven telephone methodology and random-selection techniques. While this random sampling of the population produces a highly representative sample, it is a common and preferred practice to “weight” the raw data to improve this representativeness even further. This is accomplished by adjusting the results of a random sample to match the

geographic distribution and demographic characteristics of the population surveyed (poststratification), so as to eliminate any naturally occurring bias. Specifically, once the raw data are gathered, respondents are examined by key demographic characteristics (namely sex, age, race, ethnicity, and poverty status), and a statistical application package applies weighting variables that produce a sample which more closely matches the population for these characteristics. Thus, while the integrity of each individual's responses is maintained, one respondent's responses may contribute to the whole the same weight as, for example, 1.1 respondents. Another respondent, whose demographic characteristics may have been slightly oversampled, may contribute the same weight as 0.9 respondents.

The following chart outlines the characteristics of the CHOMP Service Area sample for key demographic variables, compared to actual population characteristics revealed in census data. [Note that the sample consisted solely of area residents age 18 and older; data on children were given by proxy by the person most responsible for that child's healthcare needs, and these children are not represented demographically in this chart.]

Population & Survey Sample Characteristics

(CHOMP Service Area, 2019)



Sources:
- U.S. Census Bureau, 2011-2015 American Community Survey.
- 2019 PRC Community Health Survey, PRC, Inc.

Notes:
- FPL is federal poverty level, based on guidelines established by the US Department of Health & Human Services.

Further note that the poverty descriptions and segmentation used in this report are based on administrative poverty thresholds determined by the US Department of Health & Human Services. These guidelines define poverty status by household income level and number of persons in the household *(e.g., the 2019 guidelines place the poverty threshold for a family of four at $25,750 annual household income or lower)*. In sample segmentation: "**low income**" refers to community members living in a household with defined poverty status or living just above the poverty level, earning up to twice (<200% of) the poverty threshold; "**mid/high income**" refers to those households living on incomes which are twice or more (≥200% of) the federal poverty level.

The sample design and the quality control procedures used in the data collection ensure that the sample is representative. Thus, the findings may be generalized to the total population of community members in the defined area with a high degree of confidence.

Online Key Informant Survey

To solicit input from key informants, those individuals who have a broad interest in the health of the community, an Online Key Informant Survey also was implemented as part of this process. A list of recommended participants was provided by Community Hospital of the Monterey Peninsula (CHOMP); this list included names and contact information for physicians, public health representatives, other health professionals, social service providers, and a variety of other community leaders. Potential participants were chosen because of their ability to identify primary concerns of the populations with whom they work, as well as of the community overall.

Key informants were contacted by email, introducing the purpose of the survey and providing a link to take the survey online; reminder emails were sent as needed to increase participation. In all, 106 community stakeholders took part in the Online Key Informant Survey, as outlined below:

Online Key Informant Survey Participation	
Key Informant Type	**Number Participating**
Physicians	24
Public Health Representatives	6
Other Health Providers	8
Social Services Providers	28
Other Community Leaders	40

Final participation included representatives of the organizations outlined below.

- Community Hospital of the Monterey Peninsula
- Community Health Innovations
- City of Monterey
- Doctors on Duty Medical Clinics
- Montage Health
- Montage Medical Group
- Action Coalition
- Agriculture and Land-Based Training Association
- Alliance on Aging
- Big Sur Marathon Foundation
- Boys and Girls Clubs of Monterey County
- Breakthrough Men's Community
- Breast Cancer Assistance Group of Monterey County
- Central Coast VNA and Hospice
- City of Monterey Fire Department
- City of Monterey Recreation
- City of Seaside
- Clinica de Salud del Valle de Salinas

- Coalition of Homeless Services Providers
- Coastal Kids Home Care
- Community Partnership for Youth
- County of Monterey
- California State University–Monterey Bay (CSUMB)
- Door to Hope
- Family inHome Caregiving, Inc.
- Good Shepherd Corral
- I-HELP
- Interim Inc.
- Kernes Adaptive Aquatics at the Josephine Kernes Pool
- Local Law Enforcement Agency
- MDVIP-affiliated Primary Care Practice
- Monterey Peninsula Unified School District (MPUSD)
- Monterey Bay Urgent Care
- Monterey County Department of Social Services
- Monterey County Health Department
- Monterey County Rape Crisis Center
- Monterey Peninsula Chamber of Commerce
- Monterey Peninsula Water Management District
- Monterey Peninsula College (MPC)
- Municipalities, Colleges, Schools Insurance Group
- Natividad Clinics
- North Monterey County League of United Latin American Citizens (NMC LULAC)
- Pass the Word Ministry
- Peacock Acres Inc.
- Planned Parenthood–Mar Monte
- Salinas Valley Memorial Healthcare System
- Stanford Children's Health
- Sun Street Centers
- The Blind and Visually Impaired Center of Monterey County
- The Carmel Foundation
- The Salvation Army–Monterey Corps
- United Way Monterey County
- Veterans Transition Center

Through this process, input was gathered from several individuals whose organizations work with low-income, minority, or other medically underserved populations.

In the online survey, key informants were asked to rate the degree to which various health issues are a problem in their own community. Follow-up questions asked them to describe why they identify problem areas as such and how these might better be addressed. Results of their ratings, as well as their verbatim comments, are included throughout this report as they relate to the various other data presented.

NOTE: These findings represent qualitative rather than quantitative data. The Online Key Informant Survey was designed to gather input regarding participants' opinions and perceptions of the health needs of the residents in the area. Thus, these findings are not necessarily based on fact.

Public Health, Vital Statistics & Other Data

A variety of existing (secondary) data sources was consulted to complement the research quality of this Community Health Needs Assessment. Data for the CHOMP Service Area were obtained from the following sources (specific citations are included with the graphs throughout this report):

- Center for Applied Research and Engagement Systems (CARES) Engagement Network, University of Missouri Extension
- Centers for Disease Control & Prevention, Office of Infectious Disease, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
- Centers for Disease Control & Prevention, Office of Public Health Science Services, Center for Surveillance, Epidemiology and Laboratory Services, Division of Health Informatics and Surveillance (DHIS)
- Centers for Disease Control & Prevention, Office of Public Health Science Services, National Center for Health Statistics
- ESRI ArcGIS Map Gallery
- National Cancer Institute, State Cancer Profiles
- OpenStreetMap (OSM)
- US Census Bureau, American Community Survey
- US Census Bureau, County Business Patterns
- US Census Bureau, Decennial Census
- US Department of Agriculture, Economic Research Service
- US Department of Health & Human Services
- US Department of Health & Human Services, Health Resources and Services Administration (HRSA)
- US Department of Justice, Federal Bureau of Investigation
- US Department of Labor, Bureau of Labor Statistics

Note that secondary data reflect county-level data (all of Monterey County).

Benchmark Data

Trending

Similar surveys were administered in the CHOMP Service Area in 2007, 2010, 2013, and 2016 by PRC on behalf of Community Hospital of the Monterey Peninsula (CHOMP). Trending data, as revealed by comparison to prior survey results, are provided throughout this report whenever available. Historical data for secondary data indicators are also included for the purposes of trending.

California Risk Factor Data

Statewide risk factor data are provided where available as an additional benchmark against which to compare local survey findings; these data represent the most recent *BRFSS (Behavioral Risk Factor Surveillance System) Prevalence and Trends Data* published online

by the Centers for Disease Control and Prevention. State-level vital statistics are also provided for comparison of secondary data indicators.

Nationwide Risk Factor Data

Nationwide risk factor data, which are also provided in comparison charts, are taken from the *2017 PRC National Health Survey*; the methodological approach for the national study is similar to that employed in this assessment, and these data may be generalized to the US population with a high degree of confidence. National-level vital statistics are also provided for comparison of secondary data indicators.

Healthy People 2020

Healthy People provides science-based, 10-year national objectives for improving the health of all Americans. For three decades, Healthy People has established benchmarks and monitored progress over time in order to:

- Encourage collaborations across communities and sectors.
- Empower individuals toward making informed health decisions.
- Measure the impact of prevention activities.

Healthy People strives to:

- Identify nationwide health improvement priorities.
- Increase public awareness and understanding of the determinants of health, disease, and disability and the opportunities for progress.
- Provide measurable objectives and goals that are applicable at the national, State, and local levels.
- Engage multiple sectors to take actions to strengthen policies and improve practices that are driven by the best available evidence and knowledge.
- Identify critical research, evaluation, and data collection needs.

Determining Significance

Differences noted in this report represent those determined to be significant. For survey-derived indicators (which are subject to sampling error), statistical significance is determined based on confidence intervals (at the 95 percent confidence level), using question-specific samples and response rates. For the purpose of this report, “significance” of secondary data indicators (which do not carry sampling error but might be subject to reporting error) is determined by a 15% variation from the comparative measure.

Information Gaps

While this assessment is quite comprehensive, it cannot measure all possible aspects of health in the community, nor can it adequately represent all possible populations of interest. It must be recognized that these information gaps might in some ways limit the ability to assess

all of the community's health needs.

For example, certain population groups — such as the homeless, institutionalized persons, or those who only speak a language other than English or Spanish — are not represented in the survey data. Other population groups — for example, pregnant women, lesbian/gay/bisexual/transgender residents, undocumented residents, and members of certain racial/ethnic or immigrant groups — might not be identifiable or might not be represented in numbers sufficient for independent analyses.

In terms of content, this assessment was designed to provide a comprehensive and broad picture of the health of the overall community. However, there are certainly medical conditions that are not specifically addressed.

Public Comment

Community Hospital of the Monterey Peninsula (CHOMP) made its prior Community Health Needs Assessment (CHNA) report publicly available through its website; through that mechanism, the hospital requested from the public written comments and feedback regarding the CHNA and implementation strategy. At the time of this writing, Community Hospital of the Monterey Peninsula (CHOMP) had not received any written comments. However, through population surveys and key informant feedback for this assessment, input from the broader community was considered and taken into account when identifying and prioritizing the significant health needs of the community. Community Hospital of the Monterey Peninsula (CHOMP) will continue to use its website as a tool to solicit public comments and ensure that these comments are considered in the development of future CHNAs.

IRS Form 990, Schedule H Compliance

For non-profit hospitals, a Community Health Needs Assessment (CHNA) also serves to satisfy certain requirements of tax reporting, pursuant to provisions of the Patient Protection & Affordable Care Act of 2010. To understand which elements of this report relate to those requested as part of hospitals' reporting on IRS Schedule H (Form 990), the following table cross-references related sections.

IRS Form 990, Schedule H (2018)	See Report Page
Part V Section B Line 3a *A definition of the community served by the hospital facility*	8
Part V Section B Line 3b *Demographics of the community*	41
Part V Section B Line 3c *Existing health care facilities and resources within the community that are available to respond to the health needs of the community*	231
Part V Section B Line 3d *How data was obtained*	8
Part V Section B Line 3e *The significant health needs of the community*	17
Part V Section B Line 3f *Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups*	Addressed Throughout
Part V Section B Line 3g *The process for identifying and prioritizing community health needs and services to meet the community health needs*	18
Part V Section B Line 3h *The process for consulting with persons representing the community's interests*	11
Part V Section B Line 3i *The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)*	238

Summary of Findings

Significant Health Needs of the Community

The following "Areas of Opportunity" represent the significant health needs of the community, based on the information gathered through this Community Health Needs Assessment. From these data, opportunities for health improvement exist in the area with regard to the following health issues (see also the summary tables presented in the following section).

The Areas of Opportunity were determined after consideration of various criteria, including: standing in comparison with benchmark data (particularly national data); identified trends; the preponderance of significant findings within topic areas; the magnitude of the issue in terms of the number of persons affected; and the potential health impact of a given issue. These also take into account those issues of greatest concern to the community stakeholders (key informants) giving input to this process.

Areas of Opportunity Identified Through This Assessment	

Access to Healthcare Services	• Barriers to Access
	  ○ Appointment Availability
	  ○ Finding a Physician
	• Primary Care Physician Ratio
	• Emergency Room Utilization
	• Advance Directives
	• Linguistically Isolated Population
	• *Key Informants: Access to healthcare services ranked as a top concern*.

Cancer	• Leading Cause of Death • Skin Cancer Prevalence • Cancer (Non-Skin) Prevalence • Female Breast Cancer Screening [Age 50-74] • Cervical Cancer Screening [Age 21-65]
Diabetes	• *Key Informants: Diabetes ranked as a top concern.*
Family Planning	• Teen Births
Heart Disease & Stroke	• Leading Cause of Death • Stroke Prevalence • High Blood Pressure Prevalence • Overall Cardiovascular Risk
Injury & Violence	• Homicide Deaths • Domestic Violence Experience
Mental Health	• "Fair/Poor" Mental Health • Symptoms of Chronic Depression • Sleep <7 Hours per Night • *Key Informants: Mental health ranked as a top concern.*

—continued on the following page—

Areas of Opportunity (continued)	
Nutrition, Physical Activity & Weight	• Fruit/Vegetable Consumption • Overweight & Obesity [Adults] • Access to Recreation/Fitness Facilities • *Key Informants: Nutrition, physical activity, and weight ranked as a top concern.*
Potentially Disabling Conditions	• Activity Limitations • Alzheimer's Disease Deaths • Progressive Memory Loss/Confusion • Caregiving
Respiratory Diseases	• Asthma Prevalence [Children] • Chronic Obstructive Pulmonary Disease (COPD) Prevalence • Flu Vaccination [Age 65+] • Pneumonia Vaccination [Age 65+]
Substance Abuse	• Personally Impacted by Substance Abuse (Self or Other's) • *Key Informants: Substance abuse ranked as a top concern.*
Tobacco Use	• Use of Vaping Products

Community Feedback on Prioritization of Health Needs

On July 24, 2019, Community Hospital of the Monterey Peninsula (CHOMP) convened two meetings to evaluate, discuss, and prioritize health issues for the community, based on findings of this Community Health Needs Assessment (CHNA). The first meeting included 31 community stakeholders (representing a cross-section of community-based agencies and organizations); the second included representation of hospital leadership and staff. Professional Research Consultants, Inc. (PRC) began each meeting with a presentation of key findings from the CHNA, highlighting the significant health issues identified from the research (see Areas of Opportunity above). Following the data review, PRC answered any questions. Finally, participants were provided an overview of the prioritization exercise that followed.

In order to assign priority to the identified health needs (i.e., Areas of Opportunity), a wireless audience response system was used in which each participant was able to register his/her ratings using a small remote keypad. The participants were asked to evaluate each health issue along two criteria:

- **Scope & Severity** — The first rating was to gauge the magnitude of the problem in consideration of the following:
    - How many people are affected?
    - How does the local community data compare to state or national levels, or Healthy People 2020 targets?
    - To what degree does each health issue lead to death or disability, impair quality of life, or impact other health issues?

Ratings were entered on a scale of 1 (not very prevalent at all, with only minimal health consequences) to 10 (extremely prevalent, with very serious health consequences).

- **Ability to Impact** — A second rating was designed to measure the perceived likelihood of the hospital having a positive impact on each health issue, given available resources, competencies, spheres of influence, etc. Ratings were entered on a scale of 1 (no ability to impact) to 10 (great ability to impact).

Individuals' ratings for each criteria were averaged for each tested health issue, and then these composite criteria scores were averaged to produce an overall score. This process yielded the following prioritized list of community health needs:

1. **Mental Health**
2. **Access to Healthcare Services**
3. **Diabetes**
4. **Heart Disease & Stroke**
5. **Substance Abuse**
6. **Nutrition, Physical Activity & Weight**
7. **Cancer**
8. **Potentially Disabling Conditions**
9. **Respiratory Diseases**
10. **Injury & Violence**
11. **Tobacco Use**
12. **Family Planning**

Hospital Implementation Strategy

CHOMP will use the information from this Community Health Needs Assessment to develop an Implementation Strategy to address the significant health needs in the community. While the hospital will likely not implement strategies for all of the health issues listed above, the results of this prioritization exercise will be used to inform the development of the hospital's action plan to guide community health improvement efforts in the coming years.

Note: An evaluation of the hospital's past activities to address the needs identified in prior CHNAs can be found as an appendix to this report.

Summary Tables: Comparisons With Benchmark Data

The following tables provide an overview of indicators in the CHOMP Service Area, including comparisons among the individual communities, as well as trend data. These data are grouped by health topic.

Reading the Summary Tables

TREND SUMMARY
(Current vs. Baseline Data)

Survey Data Indicators: Trends for survey-derived indicators represent significant changes since 2007 (or the earliest data possible). Note that survey data reflect the ZIP Code-defined CHOMP Service Area.

Other (Secondary) Data Indicators: Trends for other indicators (e.g., public health data) represent point-to-point changes between the most current reporting period and the earliest presented in this report (typically representing the span of roughly a decade).

Note that secondary data reflect county-level data.

In the following tables, CHOMP Service Area results are shown in the larger, blue column.

Tip: Indicator labels beginning with a "%" symbol are taken from the PRC Community Health Survey; the remaining indicators are taken from secondary data sources.

The green columns [to the left of the service area column] provide comparisons among the six communities, identifying differences for each as "better than" (☼), "worse than" (☁), or "similar to" (⛅) the combined opposing areas.

The columns to the right of the CHOMP Service Area column provide trending, as well as comparisons between local data and any available state and national findings, and Healthy People 2020 objectives. Again, symbols indicate whether the service area compares favorably (☼), unfavorably (☁), or comparably (⛅) to these external data.

Note that blank table cells signify that data are not available or are not reliable for that area and/or for that indicator.

Social Determinants	Disparity Among Subareas: Monterey	Carmel/ Big Sur	Seaside	Marina	Pac Grv/ Pebble Beach	Hwy 68/ Carmel Valley	CHOMP Service Area	CHOMP Service Area vs. Benchmarks: vs. CA	vs. US	vs. HP2020	TREND
Linguistically Isolated Population (Percent)							14.6	8.6	4.4		
Population in Poverty (Percent)							14.7	15.1	14.6		
Children in Poverty (Percent)							21.6	20.8	20.3		
No High School Diploma (Age 25+, Percent)							28.8	17.5	12.7		
Unemployment Rate (Age 16+, Percent)							7.2	4.8	4.4		6.9
% Worry/Stress Over Rent/Mortgage in Past Year	29.1	23.5	29.1	32.7	20.8	16.2	26.2		30.8		31.7
% "Always/Usually/Sometimes" Have Trouble w/Transportation	5.9	5.9	10.8	19.5	6.0	9.6	9.5				
% Low Health Literacy	26.9	17.2	18.5	19.0	16.0	18.4	20.0		23.3		20.2

Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

better similar worse

Overall Health	Disparity Among Subareas: Monterey	Carmel/ Big Sur	Seaside	Marina	Pac Grv/ Pebble Beach	Hwy 68/ Carmel Valley	CHOMP Service Area	CHOMP Service Area vs. Benchmarks: vs. CA	vs. US	vs. HP2020	TREND
% "Fair/Poor" Overall Health	10.3	15.5	20.1	26.4	9.5	14.8	15.9	17.6	18.1		14.5

Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

better similar worse

Access to Health Services	Disparity Among Subareas: Monterey	Carmel/ Big Sur	Seaside	Marina	Pac Grv/ Pebble Beach	Hwy 68/ Carmel Valley	CHOMP Service Area	CHOMP Service Area vs. Benchmarks: vs. CA	vs. US	vs. HP2020	TREND
% [Age 18-64] Lack Health Insurance	8.5	15.7	10.1	9.9	7.8	5.6	9.3	12.7	13.7	0.0	19.7
% Difficulty Accessing Healthcare in Past Year (Composite)	50.0	45.1	55.0	59.9	33.2	44.3	48.9		43.2		39.5
% Difficulty Finding Physician in Past Year	23.4	14.0	24.1	23.7	13.8	17.4	20.3		13.4		12.2
% Difficulty Getting Appointment in Past Year	30.6	25.6	30.2	34.5	16.3	24.6	27.7		17.5		14.3
% Cost Prevented Physician Visit in Past Year	17.0	13.1	15.1	15.7	12.1	16.6	15.2	11.8	15.4		19.4
% Transportation Hindered Dr Visit in Past Year	3.6	6.9	10.6	13.5	4.3	5.6	7.4		8.3		6.4

Access to Health Services (continued)	Disparity Among Subareas						CHOMP Service Area	CHOMP Service Area vs. Benchmarks			
	Monterey	Carmel/ Big Sur	Seaside	Marina	Pac Grv/ Pebble Beach	Hwy 68/ Carmel Valley		vs. CA	vs. US	vs. HP2020	TREND
% Inconvenient Hrs Prevented Dr Visit in Past Year	14.6	12.9	20.9	21.3	9.2	9.1	15.3		12.5		16.3
% Language/Culture Prevented Care in Past Year	1.1	1.0	0.1	0.7	0.8	0.0	0.6		1.2		2.4
% Cost Prevented Getting Prescription in Past Year	14.8	11.7	18.3	16.9	4.5	12.3	13.7		14.9		15.2
% Skipped Prescription Doses to Save Costs	14.4	7.8	16.9	22.9	6.1	14.6	14.3		15.3		14.5
% Difficulty Getting Child's Healthcare in Past Year							5.5		5.6		7.1
Primary Care Doctors per 100,000							63.1	86.7	87.8		
% Have a Specific Source of Ongoing Care	80.1	77.3	73.7	68.3	85.1	80.5	77.3		74.1	95.0	73.0
% Have Had Routine Checkup in Past Year	60.8	77.6	67.5	70.9	70.6	62.6	67.5	67.6	68.3		65.1
% Child Has Had Checkup in Past Year							87.2		87.1		85.6
% Two or More ER Visits in Past Year	5.1	13.1	9.6	13.1	7.7	3.2	8.5		9.3		5.4

Access to Health Services (continued)	Disparity Among Subareas: Monterey	Carmel/ Big Sur	Seaside	Marina	Pac Grv/ Pebble Beach	Hwy 68/ Carmel Valley	CHOMP Service Area	CHOMP Service Area vs. Benchmarks: vs. CA	vs. US	vs. HP2020	TREND
% Rate Local Healthcare "Fair/Poor"	14.7	14.2	16.5	23.6	9.7	14.7	15.7		16.2		19.5
% Attended Health Event in Past Year	15.0	11.5	15.7	12.9	23.2	20.4	16.3				16.0
% [Insured 18-64] Have Coverage Through ACA	13.7	12.8	16.6	12.1	13.1	7.6	13.1		8.2		12.5
% Have Completed Advance Directive Documents	37.6	50.7	24.0	28.3	48.5	39.2	36.6		34.6		42.0

Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

better similar worse

Cancer	Disparity Among Subareas: Monterey	Carmel/ Big Sur	Seaside	Marina	Pac Grv/ Pebble Beach	Hwy 68/ Carmel Valley	CHOMP Service Area	CHOMP Service Area vs. Benchmarks: vs. CA	vs. US	vs. HP2020	TREND
Cancer (Age-Adjusted Death Rate)							127.9	139.7	155.6	161.4	138.7
Lung Cancer (Age-Adjusted Death Rate)							23.4	28.0	38.5	45.5	
Prostate Cancer (Age-Adjusted Death Rate)							17.8	19.7	18.9	21.8	

Cancer (continued)	Disparity Among Subareas						CHOMP Service Area	CHOMP Service Area vs. Benchmarks			
	Monterey	Carmel/ Big Sur	Seaside	Marina	Pac Grv/ Pebble Beach	Hwy 68/ Carmel Valley		vs. CA	vs. US	vs. HP2020	TREND
Female Breast Cancer (Age-Adjusted Death Rate)							16.7	19.2	20.1	20.7	
Colorectal Cancer (Age-Adjusted Death Rate)							10.1	12.7	13.9	14.5	
Female Breast Cancer Incidence Rate							115.9	121.5	124.7		
Prostate Cancer Incidence Rate							114.6	101.2	109.0		
Lung Cancer Incidence Rate							39.1	43.3	60.2		
Colorectal Cancer Incidence Rate							30.2	36.2	39.2		
% Cancer (Other Than Skin)	8.6	15.0	5.4	7.8	14.7	8.7	9.5	5.9	7.1		5.8
% Skin Cancer	6.4	21.2	3.8	4.5	13.7	16.3	9.6	5.9	8.5		6.8
% [Women 50-74] Mammogram in Past 2 Years							73.0	82.4	77.0	81.1	81.3
% [Women 21-65] Pap Smear in Past 3 Years							79.4	81.6	73.5	93.0	88.4
% [Age 50-75] Colorectal Cancer Screening	75.3	69.6	67.3	78.3	74.7	71.5	72.8	71.4	76.4	70.5	66.7

Diabetes	Disparity Among Subareas: Monterey	Carmel/ Big Sur	Seaside	Marina	Pac Grv/ Pebble Beach	Hwy 68/ Carmel Valley	CHOMP Service Area	CHOMP Service Area vs. Benchmarks: vs. CA	vs. US	vs. HP2020	TREND
Diabetes (Age-Adjusted Death Rate)							19.4	21.6	21.3	20.5	17.4
% Diabetes/High Blood Sugar	7.6	9.7	13.5	17.6	6.9	6.5	10.5	10.5	13.3		8.5
% Borderline/Pre-Diabetes	8.2	12.5	12.9	11.3	10.1	10.4	10.8		9.5		11.8
% [Non-Diabetes] Blood Sugar Tested in Past 3 Years	41.1	57.6	44.0	61.5	64.1	57.3	52.2		50.0		55.6
% Blood Relative Has Been Diagnosed w/Diabetes	42.4	39.8	68.1	57.8	43.1	46.6	50.7				

Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

better similar worse

Heart Disease & Stroke	Disparity Among Subareas: Monterey	Carmel/ Big Sur	Seaside	Marina	Pac Grv/ Pebble Beach	Hwy 68/ Carmel Valley	CHOMP Service Area	CHOMP Service Area vs. Benchmarks: vs. CA	vs. US	vs. HP2020	TREND
Diseases of the Heart (Age-Adjusted Death Rate)							109.5	143.9	166.3	156.9	137.0
Stroke (Age-Adjusted Death Rate)							32.4	36.9	37.5	34.8	37.2
% Heart Disease (Heart Attack, Angina, Coronary Disease)	3.6	5.3	5.7	8.2	6.7	4.8	5.6		8.0		5.3

Heart Disease & Stroke (continued)	Disparity Among Subareas: Monterey	Carmel/ Big Sur	Seaside	Marina	Pac Grv/ Pebble Beach	Hwy 68/ Carmel Valley	CHOMP Service Area	CHOMP Service Area vs. Benchmarks: vs. CA	vs. US	vs. HP2020	TREND
% Stroke	3.6	3.9	3.0	3.0	2.6	3.6	3.3	2.2	4.7		1.9
% Blood Pressure Checked in Past 2 Years	94.0	96.2	93.9	97.2	98.1	95.0	95.5		90.4	92.6	94.1
% Told Have High Blood Pressure (Ever)	35.8	35.9	41.4	33.6	37.6	41.1	37.6	28.4	37.0	26.9	27.1
% [HBP] Taking Action to Control High Blood Pressure							90.7		93.8		91.2
% Cholesterol Checked in Past 5 Years	81.3	92.4	86.0	88.1	94.8	88.3	87.6	87.6	85.1	82.1	83.6
% Told Have High Cholesterol (Ever)	30.8	41.2	29.8	24.7	37.2	38.1	32.7		36.2	13.5	33.2
% [HBC] Taking Action to Control High Blood Cholesterol	95.9	92.5	93.2	99.2	84.6	88.4	92.2		87.3		88.5
% 1+ Cardiovascular Risk Factor	80.8	75.7	87.4	84.2	82.5	80.3	82.3		87.2		77.5

Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

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Infant Health & Family Planning	Disparity Among Subareas: Monterey	Carmel/ Big Sur	Seaside	Marina	Pac Grv/ Pebble Beach	Hwy 68/ Carmel Valley	CHOMP Service Area	CHOMP Service Area vs. Benchmarks: vs. CA	vs. US	vs. HP2020	TREND
No Prenatal Care in First Trimester (Percent)							24.3	16.3		22.1	28.4
Low Birthweight Births (Percent)							6.1	6.9	8.2	7.8	5.8
Infant Death Rate							4.3	4.2	5.8	6.0	5.0
Births to Adolescents Age 15 to 19 (Percent)							6.8	4.5	5.4		11.8
	Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.							better	similar	worse	

Injury & Violence	Disparity Among Subareas: Monterey	Carmel/ Big Sur	Seaside	Marina	Pac Grv/ Pebble Beach	Hwy 68/ Carmel Valley	CHOMP Service Area	CHOMP Service Area vs. Benchmarks: vs. CA	vs. US	vs. HP2020	TREND
Unintentional Injury (Age-Adjusted Death Rate)							34.3	31.9	46.7	36.4	30.1
Motor Vehicle Crashes (Age-Adjusted Death Rate)							11.4	9.5	11.4	12.4	
[65+] Falls (Age-Adjusted Death Rate)							32.9	39.9	62.1	47.0	

Injury & Violence (continued)	Disparity Among Subareas: Monterey	Carmel/ Big Sur	Seaside	Marina	Pac Grv/ Pebble Beach	Hwy 68/ Carmel Valley	CHOMP Service Area	CHOMP Service Area vs. Benchmarks: vs. CA	vs. US	vs. HP2020	TREND
% [Age 45+] Fell in the Past Year	32.0	35.2	33.7	28.9	34.0	28.7	32.3		31.6		29.3
Firearm-Related Deaths (Age-Adjusted Death Rate)							14.0			9.3	
Homicide (Age-Adjusted Death Rate)							12.4	5.1	6.0	5.5	10.3
Violent Crime Rate							425.5	403.2	379.7		
% Victim of Violent Crime in Past 5 Years	2.0	4.1	3.1	2.2	3.9	0.0	2.5		3.7		3.5
% Victim of Domestic Violence (Ever)	18.2	10.6	15.6	18.0	12.2	15.9	15.5		14.2		11.0
	Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.							better	similar	worse	

Kidney Disease	Disparity Among Subareas: Monterey	Carmel/ Big Sur	Seaside	Marina	Pac Grv/ Pebble Beach	Hwy 68/ Carmel Valley	CHOMP Service Area	CHOMP Service Area vs. Benchmarks: vs. CA	vs. US	vs. HP2020	TREND
Kidney Disease (Age-Adjusted Death Rate)							8.4	8.7	13.2		9.4
% Kidney Disease	2.0	4.5	2.3	5.0	0.8	4.1	2.9	3.3	3.8		3.1

Mental Health	Disparity Among Subareas: Monterey	Carmel/ Big Sur	Seaside	Marina	Pac Grv/ Pebble Beach	Hwy 68/ Carmel Valley	CHOMP Service Area	CHOMP Service Area vs. Benchmarks: vs. CA	vs. US	vs. HP2020	TREND
% "Fair/Poor" Mental Health	18.1	16.6	20.6	24.4	11.3	13.6	17.9		13.0		9.6
% Diagnosed Depression	22.3	16.1	22.8	31.5	26.8	15.8	22.9	17.3	21.6		20.0
% Symptoms of Chronic Depression (2+ Years)	31.5	30.5	40.9	48.0	27.0	32.6	35.5		31.4		25.0
% Typical Day Is "Extremely/Very" Stressful	11.5	6.3	17.6	13.9	8.7	8.7	11.8		13.4		9.9
% Average <7 Hours of Sleep per Night	39.6	28.7	41.1	44.4	39.6	33.0	38.5		36.7		30.4
Suicide (Age-Adjusted Death Rate)							9.3	10.4	13.6	10.2	10.4
Mental Health Providers per 100,000							323.8	327.4	202.8		
% Taking Rx/Receiving Mental Health Trtmt	15.3	15.7	14.4	21.4	13.8	8.3	15.0		13.9		15.8
% Have Ever Sought Help for Mental Health	40.7	34.8	39.5	40.3	41.8	35.3	39.1		30.8		28.6
% [Those With Diagnosed Depression] Seeking Help							88.2		87.1		

Mental Health (continued)	Disparity Among Subareas: Monterey	Carmel/ Big Sur	Seaside	Marina	Pac Grv/ Pebble Beach	Hwy 68/ Carmel Valley	CHOMP Service Area	CHOMP Service Area vs. Benchmarks: vs. CA	vs. US	vs. HP2020	TREND
% Unable to Get Mental Health Svcs in Past Yr	7.2	3.4	8.1	7.9	0.0	6.4	5.9		6.8		4.7
% Child [Age 5-17] Experiences "Fair/Poor" Mental Health							7.0		10.3		
% Child [Age 5-17] Needed Mental Health Svcs in the Past Yr							11.8		13.6		
% [Parents] Aware of Resources for Child's Mental Health							55.0		60.5		
% Child [Age 5-17] Took Prescribed Meds for Mental Health							4.4		10.0		

Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

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Nutrition, Physical Activity & Weight	Disparity Among Subareas: Monterey	Carmel/ Big Sur	Seaside	Marina	Pac Grv/ Pebble Beach	Hwy 68/ Carmel Valley	CHOMP Service Area	CHOMP Service Area vs. Benchmarks: vs. CA	vs. US	vs. HP2020	TREND
% Food Insecure	14.4	10.7	23.0	23.8	7.4	13.6	16.1		27.9		24.0
% 5+ Servings of Fruits/Vegetables per Day	38.3	38.3	30.8	27.3	34.2	45.5	35.3		33.5		53.9
% "Very/Somewhat" Difficult to Buy Fresh Produce	12.6	8.2	19.3	18.8	7.0	10.2	13.4		22.1		16.1

Nutrition, Physical Activity & Weight (continued)	Disparity Among Subareas						CHOMP Service Area	CHOMP Service Area vs. Benchmarks			
	Monterey	Carmel/ Big Sur	Seaside	Marina	Pac Grv/ Pebble Beach	Hwy 68/ Carmel Valley		vs. CA	vs. US	vs. HP2020	TREND
% 7+ Sugar-Sweetened Drinks in Past Week	18.6	18.5	23.3	22.5	15.8	15.8	19.5		29.0		20.0
Population With Low Food Access (Percent)							16.9	13.4	22.4		
% No Leisure-Time Physical Activity	10.4	19.1	19.5	19.7	10.1	8.8	14.6	20.0	26.2	32.6	19.6
% Meeting Physical Activity Guidelines	33.8	33.3	28.1	19.4	30.0	31.5	29.4	23.9	22.8	20.1	29.8
Recreation/Fitness Facilities per 100,000							7.0	10.8	11.0		
% Healthy Weight (BMI 18.5-24.9)	32.3	50.1	24.6	22.2	37.1	32.5	32.1	36.6	30.3	33.9	42.4
% Overweight (BMI 25+)	66.8	47.5	74.6	76.3	61.7	64.6	66.4	60.9	67.8		56.1
% [Overweights] Trying to Lose Weight	59.4	67.0	64.0	57.6	57.0	49.5	59.3		61.3		
% Obese (BMI 30+)	27.5	19.5	38.0	42.2	16.9	22.1	28.7	25.1	32.8	30.5	16.7
% Medical Advice on Weight in Past Year	22.8	21.0	24.3	26.3	17.0	22.3	22.6		24.2		21.4
% [Overweights] Counseled About Weight in Past Year	29.6	39.0	26.8	33.0	25.6	29.7	29.9		29.0		28.5

Nutrition, Physical Activity & Weight (continued)	Disparity Among Subareas: Monterey	Carmel/ Big Sur	Seaside	Marina	Pac Grv/ Pebble Beach	Hwy 68/ Carmel Valley	CHOMP Service Area	CHOMP Service Area vs. Benchmarks: vs. CA	vs. US	vs. HP2020	TREND
% Children [Age 5-17] Healthy Weight							61.1		58.4		56.1
% Children [Age 5-17] Overweight (85th Percentile)							32.3		33.0		25.5
% Children [Age 5-17] Obese (95th Percentile)							16.7		20.4	14.5	12.1
% Child [Age 2-17] Physically Active 1+ Hours per Day							48.6		50.5		47.5

Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

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Oral Health	Disparity Among Subareas: Monterey	Carmel/ Big Sur	Seaside	Marina	Pac Grv/ Pebble Beach	Hwy 68/ Carmel Valley	CHOMP Service Area	CHOMP Service Area vs. Benchmarks: vs. CA	vs. US	vs. HP2020	TREND
% Have Dental Insurance	70.3	47.2	67.3	81.1	62.4	65.1	66.6		59.9		60.0
% [Age 18+] Dental Visit in Past Year	83.8	82.5	63.3	72.1	85.3	77.3	76.8	67.1	59.7	49.0	72.5
% Child [Age 2-17] Dental Visit in Past Year							89.1		87.0	49.0	85.3

Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

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Potentially Disabling Conditions	Disparity Among Subareas: Monterey	Carmel/ Big Sur	Seaside	Marina	Pac Grv/ Pebble Beach	Hwy 68/ Carmel Valley	CHOMP Service Area	CHOMP Service Area vs. Benchmarks: vs. CA	vs. US	vs. HP2020	TREND
% Activity Limitations	27.0	32.1	30.5	22.9	23.8	23.3	26.8	19.1	25.0		18.6
% [50+] Arthritis/Rheumatism	38.4	34.7	37.2	35.8	26.5	29.0	33.7		38.3		29.4
% [50+] Osteoporosis	10.0	10.8	8.2	14.8	11.0	7.9	10.3		9.4	5.3	8.2
% Sciatica/Chronic Back Pain	17.5	30.2	28.5	27.1	21.6	24.0	24.3		22.9		21.7
% Eye Exam in Past 2 Years	55.5	65.4	57.2	52.6	61.5	53.3	57.3		55.3		60.9
% 3+ Chronic Conditions	36.8	47.2	39.8	46.3	40.2	42.1	41.4		41.4		
Alzheimer's Disease (Age-Adjusted Death Rate)							27.1	36.3	30.2		17.0
% [Age 45+] Increasing Confusion/Memory Loss in Past Yr	15.6	15.3	14.3	23.1	15.7	20.2	17.0		11.2		15.9
% Caregiver to a Friend/Family Member	29.0	24.1	36.9	21.8	29.2	26.4	28.7		20.8		24.4

Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

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Respiratory Diseases	Disparity Among Subareas: Monterey	Carmel/ Big Sur	Seaside	Marina	Pac Grv/ Pebble Beach	Hwy 68/ Carmel Valley	CHOMP Service Area	CHOMP Service Area vs. Benchmarks: vs. CA	vs. US	vs. HP2020	TREND
CLRD (Age-Adjusted Death Rate)							27.7	32.6	41.0		31.8
Pneumonia/Influenza (Age-Adjusted Death Rate)							11.4	14.5	14.3		10.7
% [Adult] Currently Has Asthma	11.9	9.0	8.6	10.5	1.9	10.3	9.0	7.9	11.8		6.9
% [Child 0-17] Currently Has Asthma							7.2		9.3		2.9
% COPD (Lung Disease)	15.6	8.1	9.6	9.5	9.1	11.2	10.9	4.5	8.6		7.6
% [Age 65+] Flu Vaccine in Past Year	46.7	51.7	52.3	47.0	62.9	39.0	50.5	59.3	76.8	70.0	66.7
% [Age 65+] Pneumonia Vaccine Ever	73.0	75.0	76.8	68.8	78.7	77.3	75.2	76.8	82.7	90.0	67.7
	Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.							better	similar	worse	

Sexual Health	Disparity Among Subareas: Monterey	Carmel/ Big Sur	Seaside	Marina	Pac Grv/ Pebble Beach	Hwy 68/ Carmel Valley	CHOMP Service Area	CHOMP Service Area vs. Benchmarks: vs. CA	vs. US	vs. HP2020	TREND
Chlamydia Incidence Rate							416.2	506.2	497.3		
Gonorrhea Incidence Rate							79.3	164.9	145.8		
HIV/AIDS (Age-Adjusted Death Rate)							1.1	1.9	2.3	3.3	
HIV Prevalence Rate							179.1	376.4	362.3		

Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

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Substance Abuse	Disparity Among Subareas: Monterey	Carmel/ Big Sur	Seaside	Marina	Pac Grv/ Pebble Beach	Hwy 68/ Carmel Valley	CHOMP Service Area	CHOMP Service Area vs. Benchmarks: vs. CA	vs. US	vs. HP2020	TREND
Unintentional Drug-Related Deaths (Age-Adjusted Death Rate)							8.5	9.8	16.7	11.3	8.3
Cirrhosis/Liver Disease (Age-Adjusted Death Rate)							11.4	12.3	10.8	8.2	10.6
% Current Drinker	69.8	68.4	57.6	44.8	65.7	80.5	63.8	56.9	55.0		61.7
% Excessive Drinker	20.6	22.0	26.1	20.1	12.6	27.5	21.6		22.5	25.4	22.2
% Drinking & Driving in Past Month	2.8	0.6	4.9	0.5	2.3	5.2	2.9	2.4	5.2		3.0
% Illicit Drug Use in Past Month	1.9	1.1	7.1	1.8	1.9	4.3	3.2		2.5	7.1	4.4
% Have Used Opiates/Opioids in the Past Year	10.5	16.0	17.0	21.0	12.2	13.5	14.8				12.5
% Ever Sought Help for Alcohol or Drug Problem	8.4	2.8	8.4	11.2	2.6	6.2	7.1		3.4		4.6
% Personally Impacted by Substance Abuse	54.7	54.6	48.1	46.5	54.4	53.0	51.7		37.3		38.7

Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

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Tobacco Use	Disparity Among Subareas: Monterey	Carmel/ Big Sur	Seaside	Marina	Pac Grv/ Pebble Beach	Hwy 68/ Carmel Valley	CHOMP Service Area	CHOMP Service Area vs. Benchmarks: vs. CA	vs. US	vs. HP2020	TREND
% Current Smoker	7.2	9.6	9.1	14.5	4.1	10.6	9.0	11.3	16.3	12.0	13.9
% Someone Smokes at Home	7.4	8.9	6.6	12.4	4.8	4.6	7.5		10.7		10.3
% [Nonsmokers] Someone Smokes in the Home	3.4	4.6	5.8	6.5	3.1	2.8	4.4		4.0		3.9
% [Household With Children] Someone Smokes in the Home							5.7		7.2		9.1
% [Smokers] Have Quit Smoking 1+ Days in Past Year							54.3		34.7	80.0	51.0
% [Smokers] Received Advice to Quit Smoking							74.3		58.0		54.4
% Currently Use Vaping Products	4.9	2.3	6.0	6.0	1.9	1.9	4.2	3.0	3.8		1.6

Note: In the green section, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

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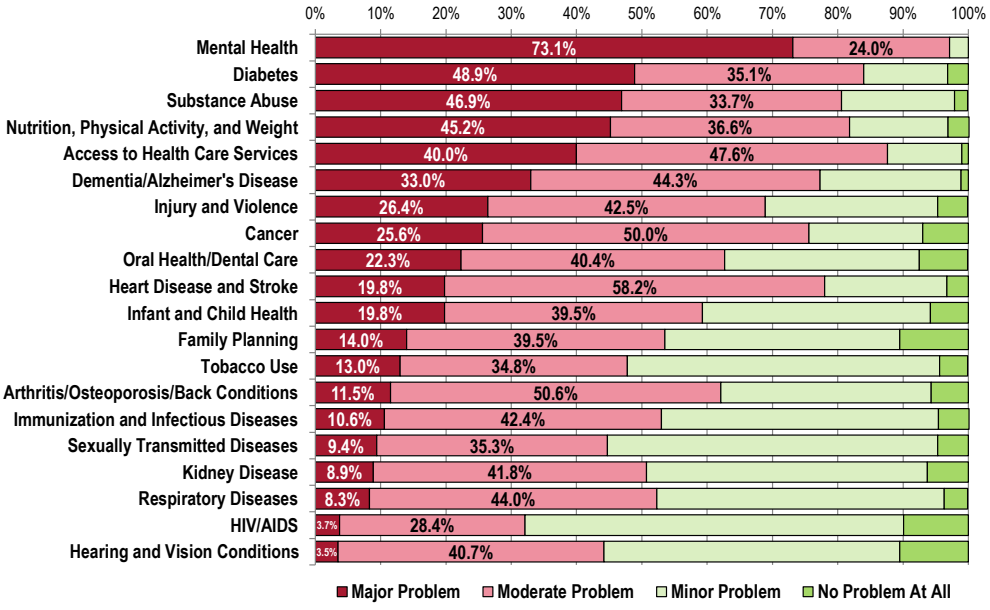
Summary of Key Informant Perceptions

In the Online Key Informant Survey, community stakeholders were asked to rate the degree to which each of 20 health issues is a problem in their own community, using a scale of "major problem," "moderate problem," "minor problem," or "no problem at all." The following chart summarizes their responses; these findings also are outlined throughout this report, along with the qualitative input describing reasons for their concerns. (Note that these ratings alone do not establish priorities for this assessment; rather, they are one of several data inputs considered for the prioritization process described earlier.)

Key Informants: Relative Position of Health Topics as Problems in the Community



Community Description

Population Characteristics

Total Population

Monterey County, California, the focus of this Community Health Needs Assessment, encompasses 3,280.59 square miles and houses a total population of 433,168 residents, according to latest census estimates.

Total Population
(Estimated Population, 2013-2017)

	Total Population	Total Land Area (Square Miles)	Population Density (Per Square Mile)
Monterey County	433,168	3,280.59	132.04
California	38,982,847	155,785.74	250.23
United States	321,004,407	3,532,315.66	90.88

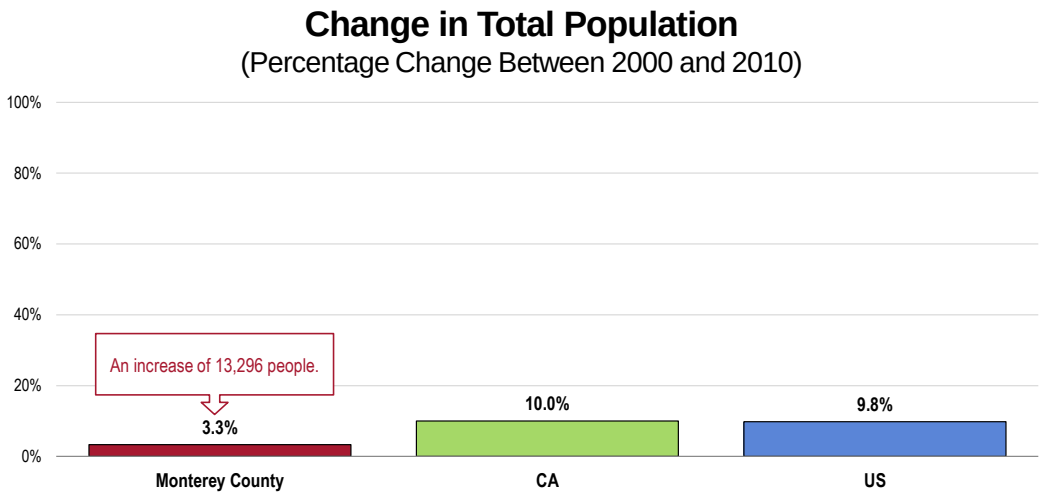
Sources:
- US Census Bureau American Community Survey 5-year estimates.
- Retrieved May 2019 from CARES Engagement Network at https://engagementnetwork.org.

Population Change 2000-2010

A significant positive or negative shift in total population over time impacts healthcare providers and the utilization of community resources.

Between the 2000 and 2010 US Censuses, the population of Monterey County increased by 13,300 persons, or 3.3%.

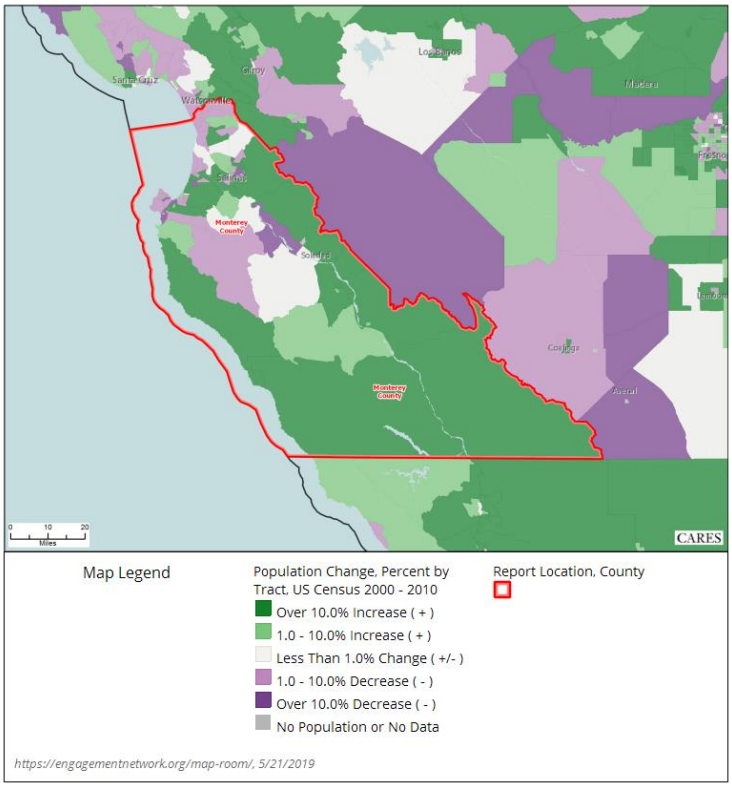
- **BENCHMARK**: Well below the increases in population recorded statewide and nationally.



Sources:
- US Census Bureau Decennial Census (2000-2010).
- Retrieved May 2019 from CARES Engagement Network at https://engagementnetwork.org.

Notes:
- A significant positive or negative shift in total population over time impacts healthcare providers and the utilization of community resources.

This map shows the areas of greatest increase or decrease in population between 2000 and 2010.



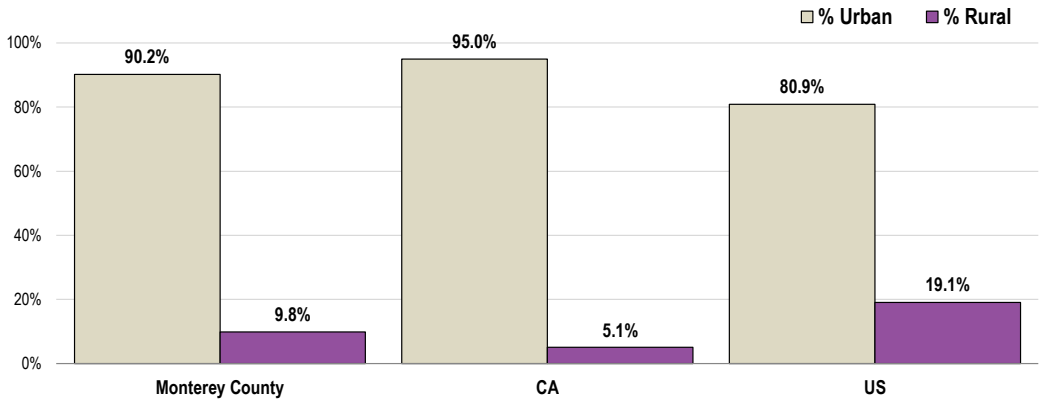
Urban/Rural Population

Urban areas are identified using population density, count, and size thresholds. Urban areas also include territory with a high degree of impervious surface (development). Rural areas are all areas that are not urban.

Monterey County is predominantly urban, with 90.2% of the population living in areas designated as urban.

- **BENCHMARK**: Higher than the US proportion of urban residents.

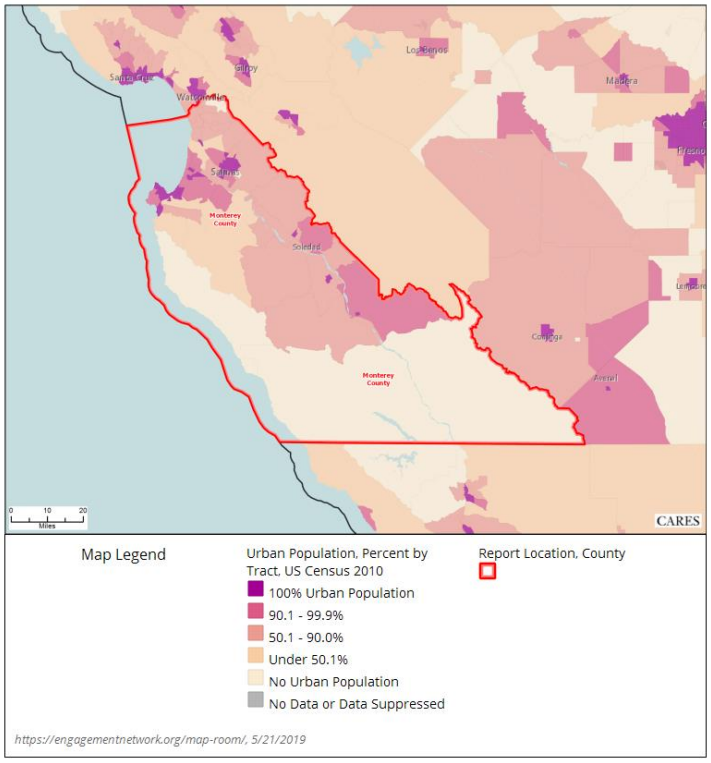
Urban and Rural Population
(2010)



Sources:
- US Census Bureau Decennial Census.
- Retrieved May 2019 from CARES Engagement Network at https://engagementnetwork.org.

Notes:
- This indicator reports the percentage of population living in urban and rural areas. Urban areas are identified using population density, count, and size thresholds. Urban areas also include territory with a high degree of impervious surface (development). Rural areas are all areas that are not urban.

Note the following map outlining the urban population in Monterey County census tracts as of 2010.

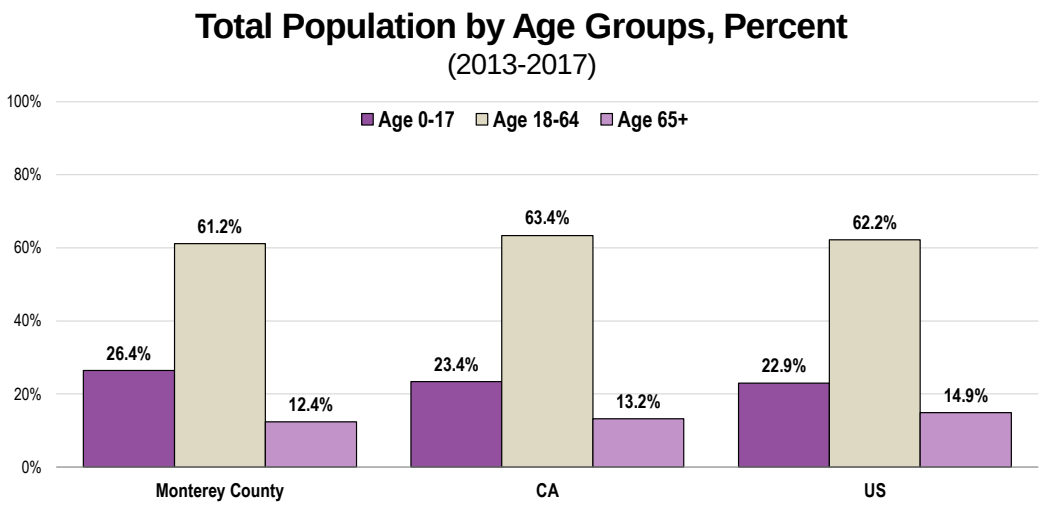


Age

It is important to understand the age distribution of the population, as different age groups have unique health needs that should be considered separately from others along the age spectrum.

In Monterey County, 26.4% of the population are children age 0-17; another 61.2% are age 18 to 64, while 12.4% are age 65 and older.

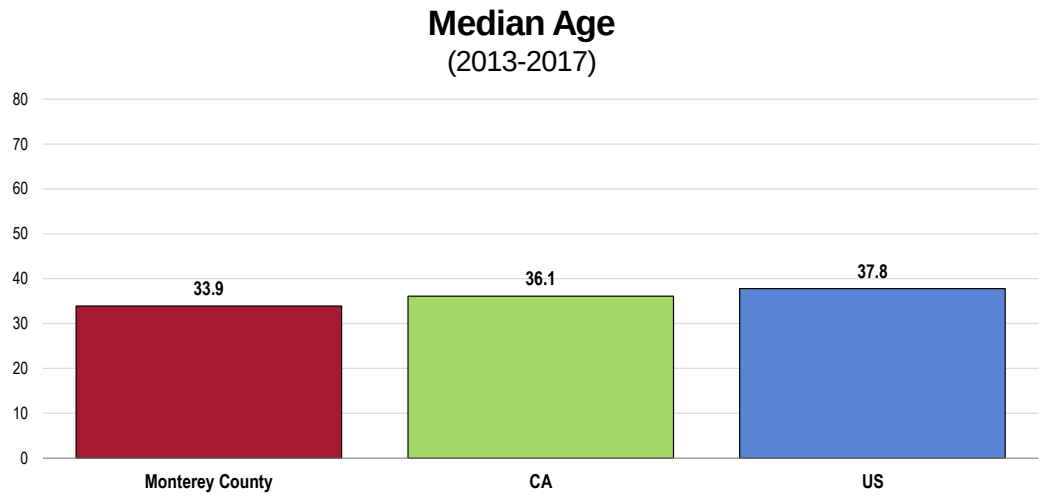
- **BENCHMARK**: The proportion of young adults is higher than California and US proportions.



Sources:
- US Census Bureau American Community Survey 5-year estimates.
- Retrieved May 2019 from CARES Engagement Network at https://engagementnetwork.org.

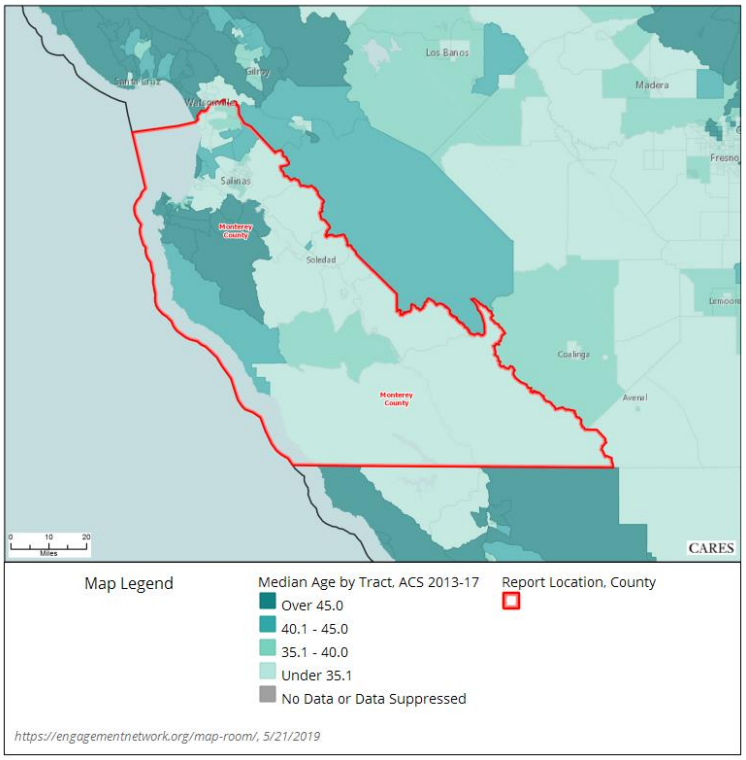
Median Age

Monterey County is "younger" than the state and the nation in that the median age is lower.



Sources:
- US Census Bureau American Community Survey 5-year estimates.
- Retrieved May 2019 from CARES Engagement Network at https://engagementnetwork.org.

The following map provides an illustration of the median age in Monterey County, segmented by census tract.

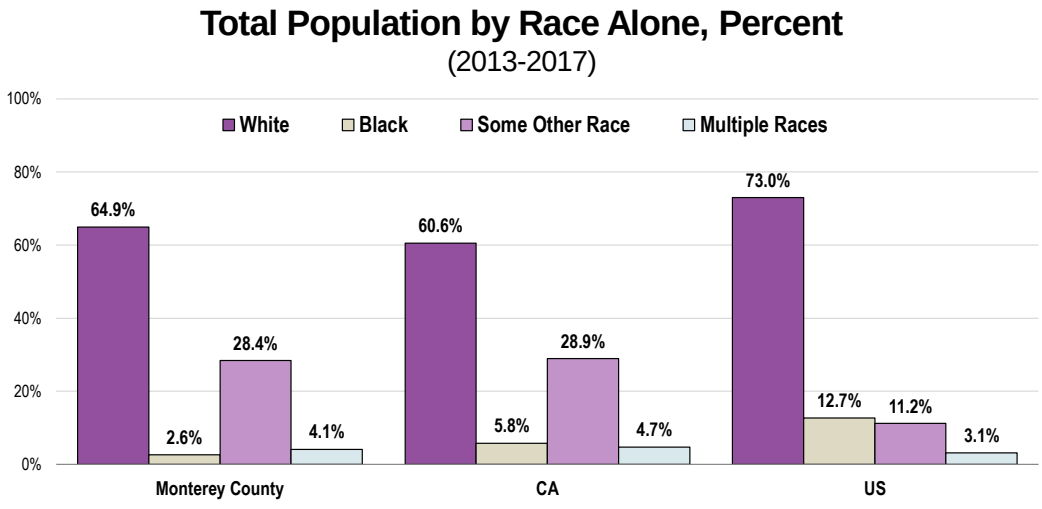


Race & Ethnicity

Race

In looking at race independent of ethnicity (Hispanic or Latino origin), 64.9% of county residents are White, 2.6% are Black, and 28.4% are some other race.

- **BENCHMARK**: The county is less likely to be White or Black and more likely to be some other race than the US as a whole.

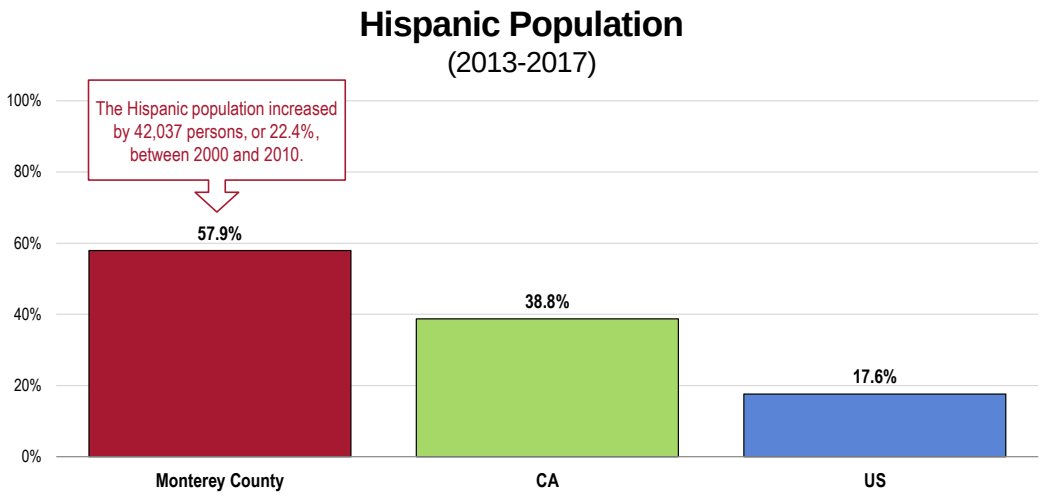


Sources:
- US Census Bureau American Community Survey 5-year estimates.
- Retrieved May 2019 from CARES Engagement Network at https://engagementnetwork.org.

Ethnicity

A total of 57.9% of Monterey County residents are Hispanic or Latino.

- **BENCHMARK**: Higher than the California and US percentages.



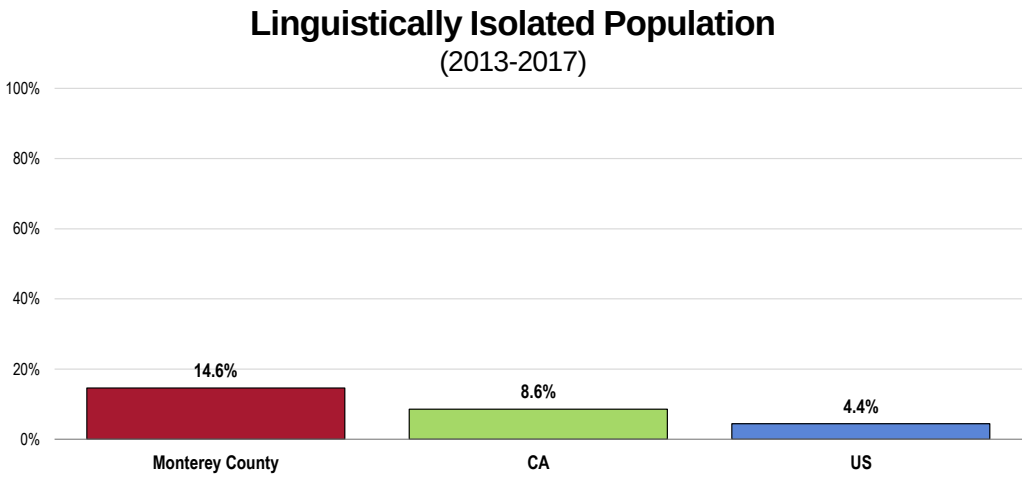
Sources:
- US Census Bureau American Community Survey 5-year estimates.
- Retrieved May 2019 from CARES Engagement Network at https://engagementnetwork.org.

Notes:
- Origin can be viewed as the heritage, nationality group, lineage, or country of birth of the person or the person's parents or ancestors before their arrival in the United States. People who identify their origin as Hispanic, Latino, or Spanish may be of any race.

Linguistic Isolation

A total of 14.6% of the county's population age 5 and older live in a home in which no person age 14 or older is proficient in English (speaking only English or speaking English "very well").

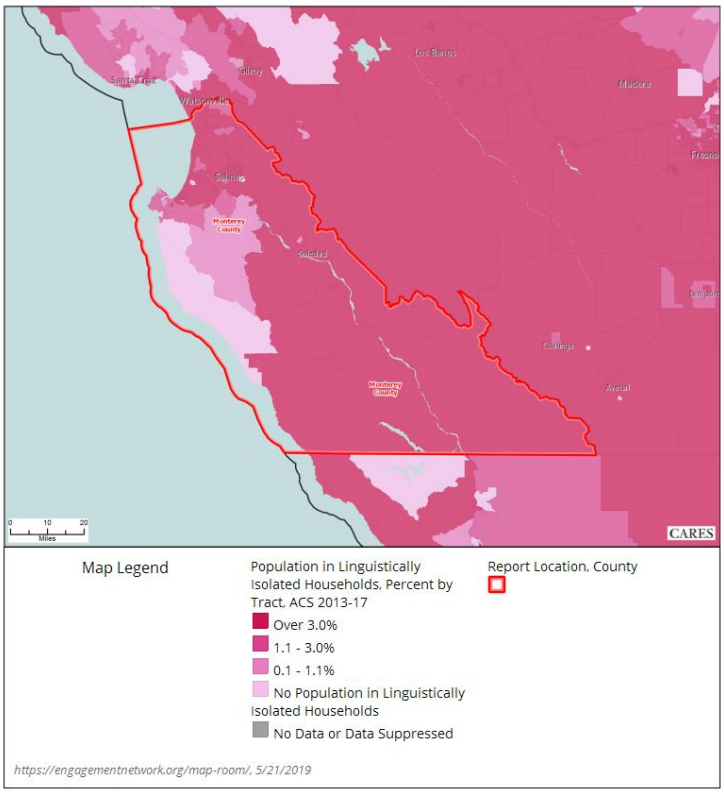
- **BENCHMARK**: Well above the state and national percentages.



Sources:
- US Census Bureau American Community Survey 5-year estimates.
- Retrieved May 2019 from CARES Engagement Network at https://engagementnetwork.org.

Notes:
- This indicator reports the percentage of the population age 5+ who live in a home in which no person age 14+ speaks only English, or in which no person age 14+ speak a non-English language and speak English "very well."

Note the following map illustrating linguistic isolation throughout Monterey County.



Social Determinants of Health

About Social Determinants

Health starts in our homes, schools, workplaces, neighborhoods, and communities. We know that taking care of ourselves by eating well and staying active, not smoking, getting the recommended immunizations and screening tests, and seeing a doctor when we are sick all influence our health. Our health is also determined in part by access to social and economic opportunities; the resources and supports available in our homes, neighborhoods, and communities; the quality of our schooling; the safety of our workplaces; the cleanliness of our water, food, and air; and the nature of our social interactions and relationships. The conditions in which we live explain in part why some Americans are healthier than others and why Americans more generally are not as healthy as they could be.

— Healthy People 2020 (www.healthypeople.gov)

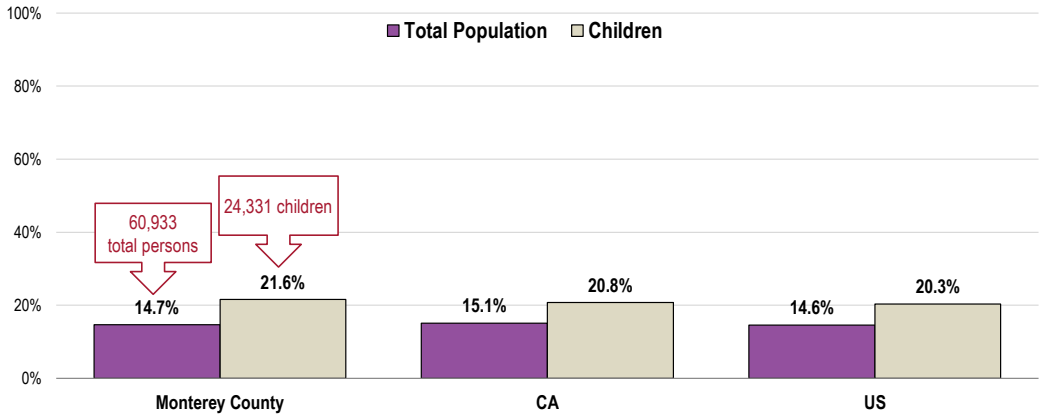
Poverty

The latest census estimate shows 14.7% of the total county population living below the federal poverty level.

Among just children (ages 0 to 17), this percentage in the county is 21.6% (representing an estimated 24,331 children).

Population in Poverty

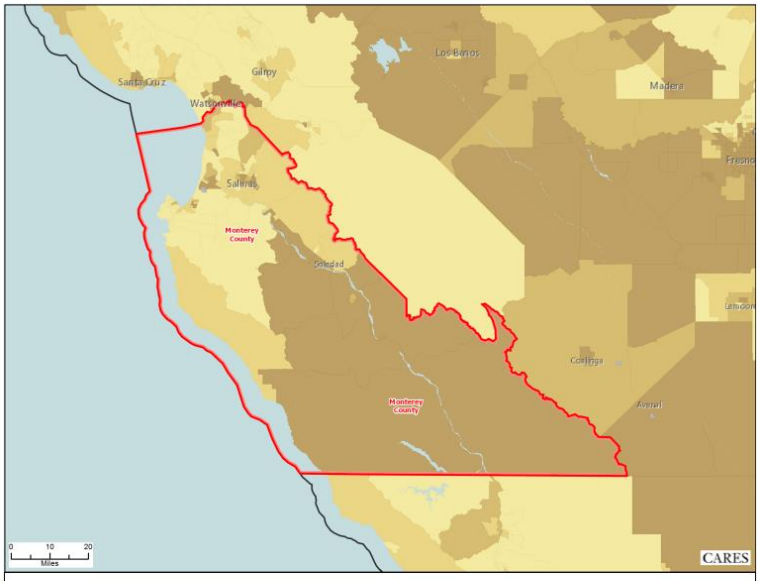
(Populations Living Below the Poverty Level; 2013-2017)



Sources:
- US Census Bureau American Community Survey 5-year estimates.
- Retrieved May 2019 from CARES Engagement Network at https://engagementnetwork.org.

Notes:
- Poverty is considered a key driver of health status. This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.

The following maps highlight concentrations of persons living below the federal poverty level.

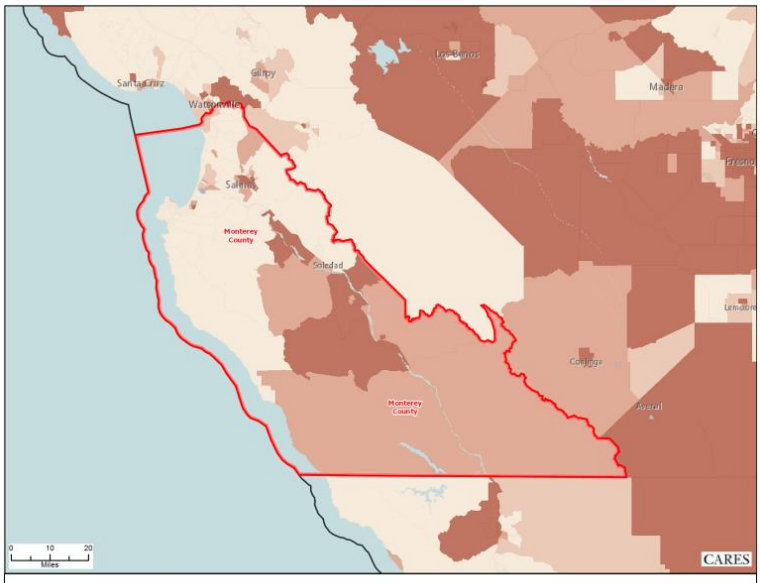


Map Legend

Population Below the Poverty Level, Percent by Tract, ACS 2013-17
- Over 20.0%
- 15.1 - 20.0%
- 10.1 - 15.0%
- Under 10.1%
- No Data or Data Suppressed

Report Location, County

https://engagementnetwork.org/map-room/, 5/21/2019



Map Legend

Population Below the Poverty Level, Children (Age 0-17), Percent by Tract, ACS 2013-17
- Over 30.0%
- 22.6 - 30.0%
- 15.1 - 22.5%
- Under 15.1%
- No Population Age 0-17 Reported
- No Data or Data Suppressed

Report Location, County

https://engagementnetwork.org/map-room/, 5/21/2019

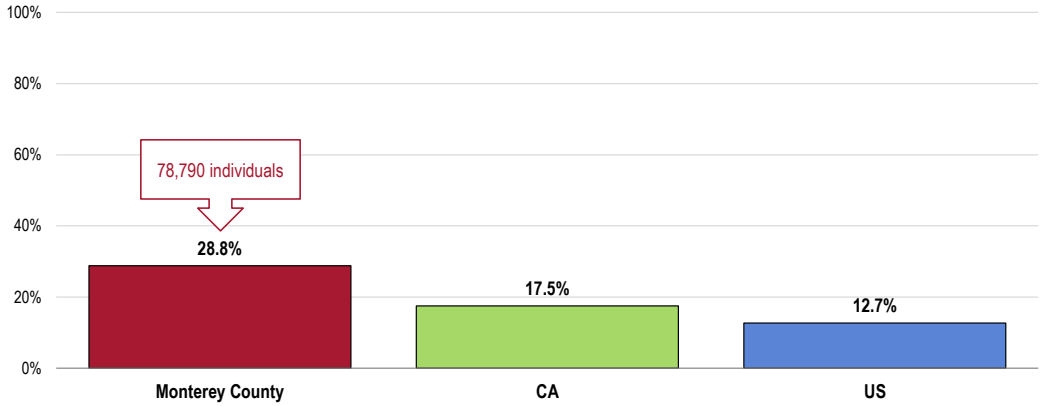
Education

Among the county's population age 25 and older, an estimated 28.8% (nearly 79,000 people) do not have a high school education.

- **BENCHMARK**: Much higher than the California and US percentages.

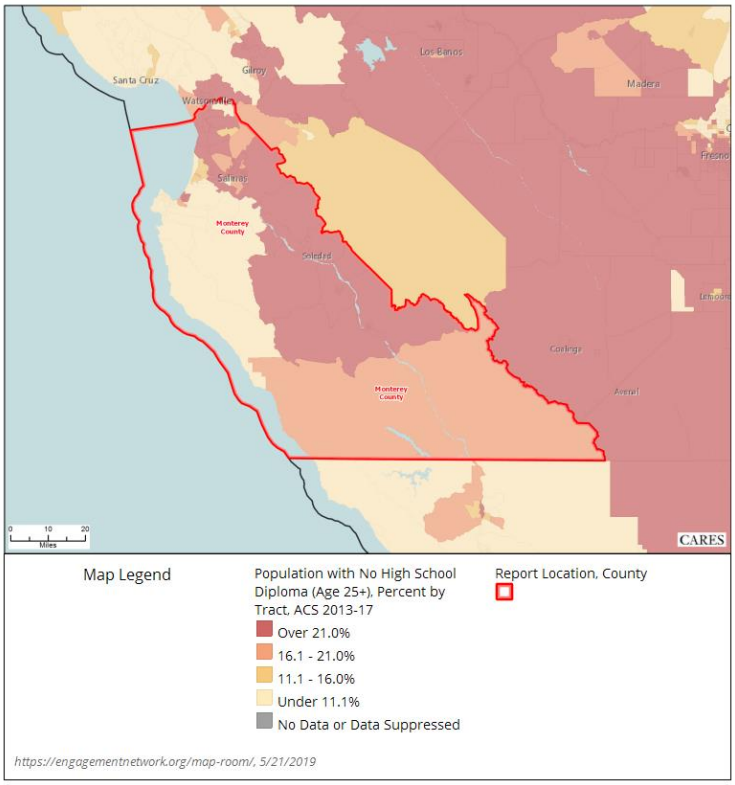
Population With No High School Diploma

(Population Age 25+ Without a High School Diploma or Equivalent, 2013-2017)



Sources:
- US Census Bureau American Community Survey 5-year estimates.
- Retrieved May 2019 from CARES Engagement Network at https://engagementnetwork.org.

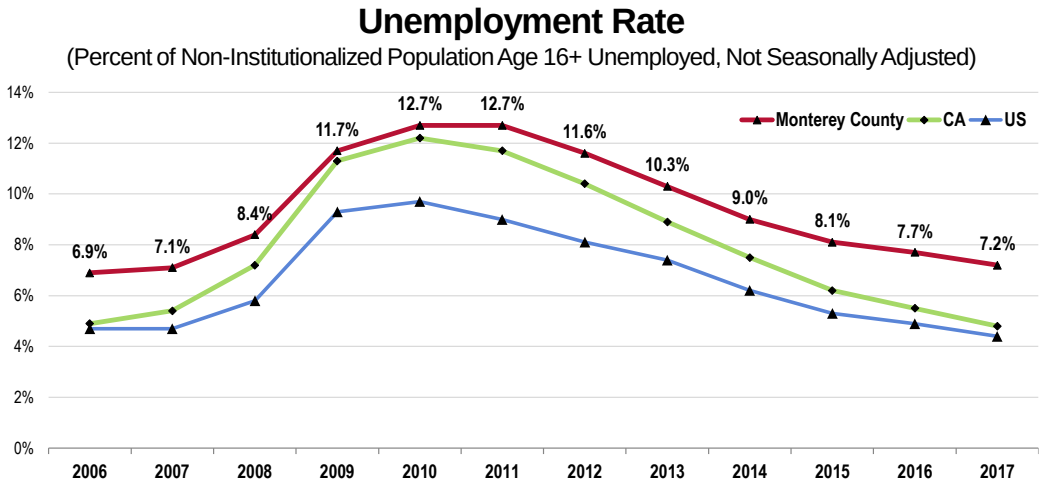
Notes:
- This indicator is relevant because educational attainment is linked to positive health outcomes.



Employment

According to data derived from the US Department of Labor, the 2017 unemployment rate in Monterey County was 7.2%.

- **BENCHMARK**: Higher than the state and national unemployment rates.

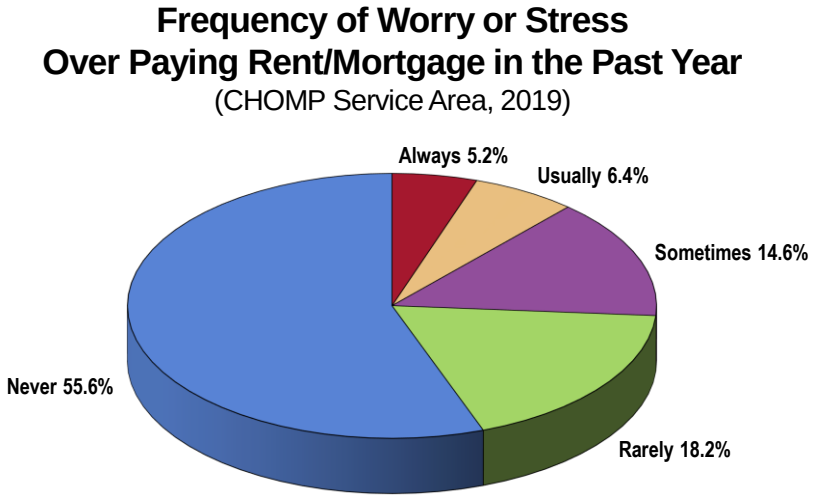


Sources:
- US Department of Labor, Bureau of Labor Statistics.
- Retrieved May 2019 from CARES Engagement Network at https://engagementnetwork.org.

Notes:
- This indicator is relevant because unemployment creates financial instability and barriers to access including insurance coverage, health services, healthy food, and other necessities that contribute to poor health status.

Housing Insecurity

Most surveyed adults rarely, if ever, worry about the cost of housing.



Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 71]

Notes:
- Asked of all respondents.

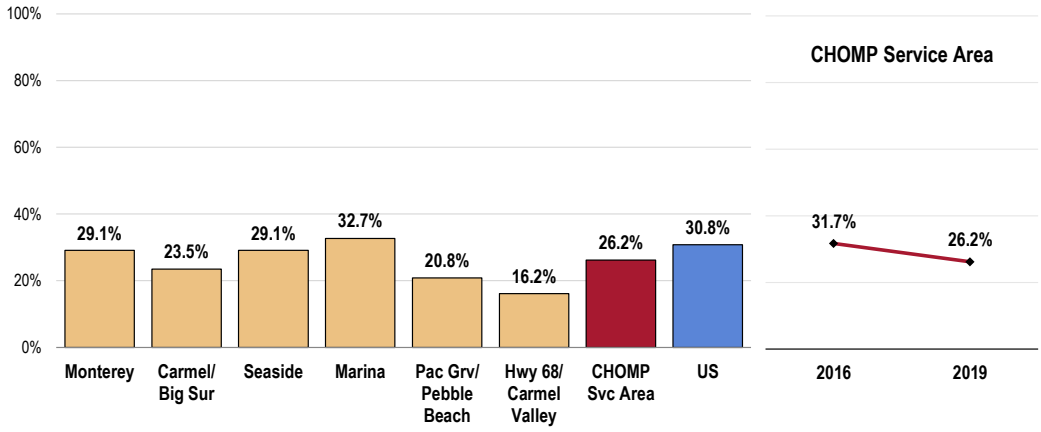
However, a considerable share (26.2%) report that they were "sometimes," "usually," or "always" worried or stressed about having enough money to pay their rent or mortgage in the past year.

NOTE:

For indicators derived from the population-based survey administered as part of this project, text describes significant differences determined through statistical testing. The reader can assume that differences (against or among local findings) that are not mentioned are ones that are not statistically significant.

- **BENCHMARK**: Lower than the US prevalence.
- **TREND**: Marks a statistically significant decrease since 2016.
- **DISPARITY**: Favorably low in the Highway 68/Carmel Valley community. The prevalence is higher among women, adults under 65, Hispanics, Other people of color, and especially low-income residents.

"Always/Usually/Sometimes" Worried About Paying Rent/Mortgage in the Past Year



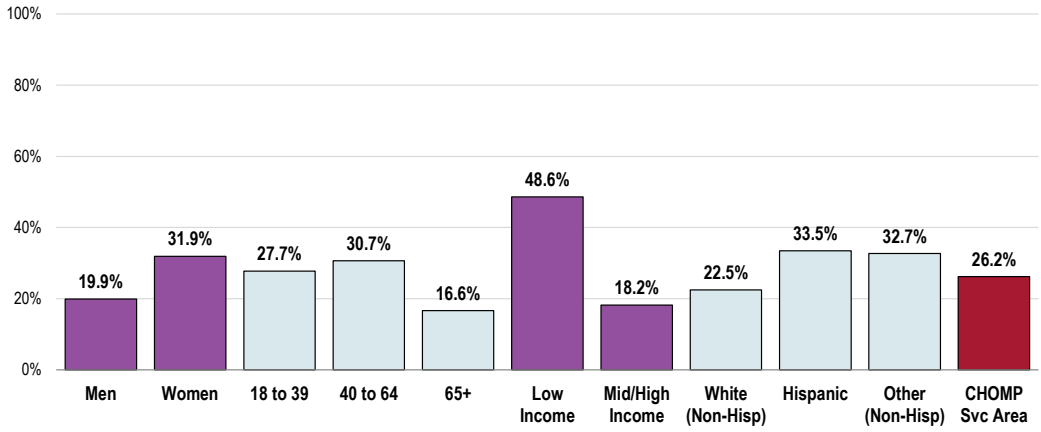
Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 196]
- 2017 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Charts throughout this report (such as that here) detail survey findings among key demographic groups – namely by sex, age groupings, income (based on poverty status), and race/ethnicity.

"Always/Usually/Sometimes" Worried About Paying Rent/Mortgage in the Past Year

(CHOMP Service Area, 2019)



Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 196]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

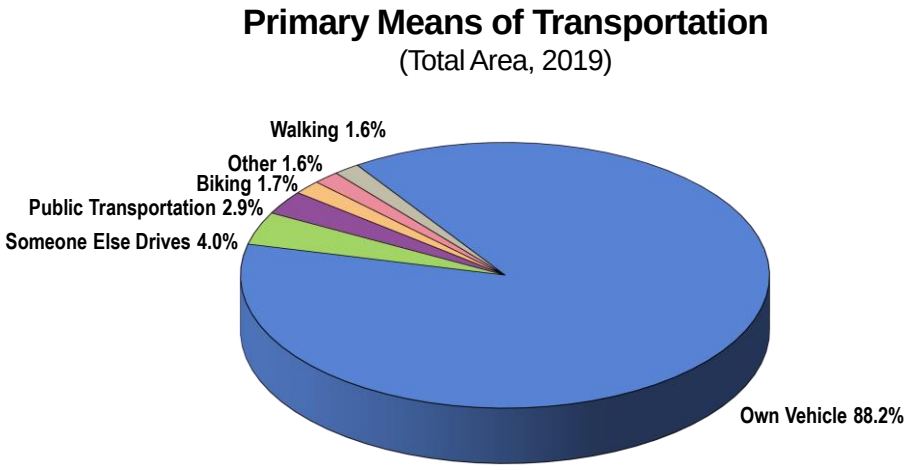
Related Key Informant Comments

Lack of Affordable Housing

> *Housing/Affordable Housing. Many people do not equate housing as a health issue, but we know that people who are homeless typically have more health issues than housed people. Those who spend more money on housing (lack of affordable) have less to spend on health-related issues (basic health care, good nutrition, etc.). – Social Services Provider*
>
> *Housing availability, transportation needs, and early childhood supports (childcare and parenting education) all contribute to one's overall health and all these areas require more services and/or expansions and funding support in our county, especially for low-income communities. – Public Health Representative*

Transportation

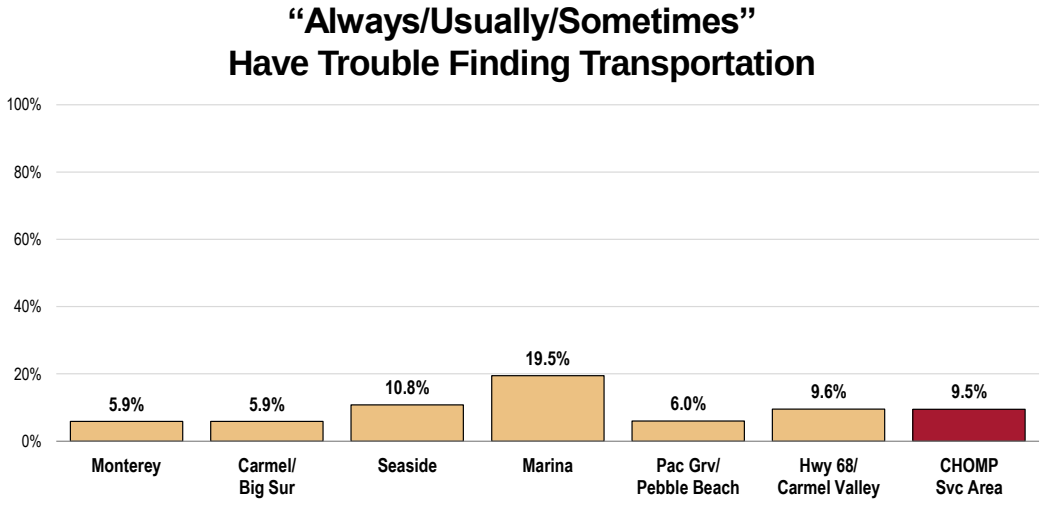
While most residents own their own vehicle, 11.8% do not and must rely on walking, biking, public transportation, or rides from someone else.



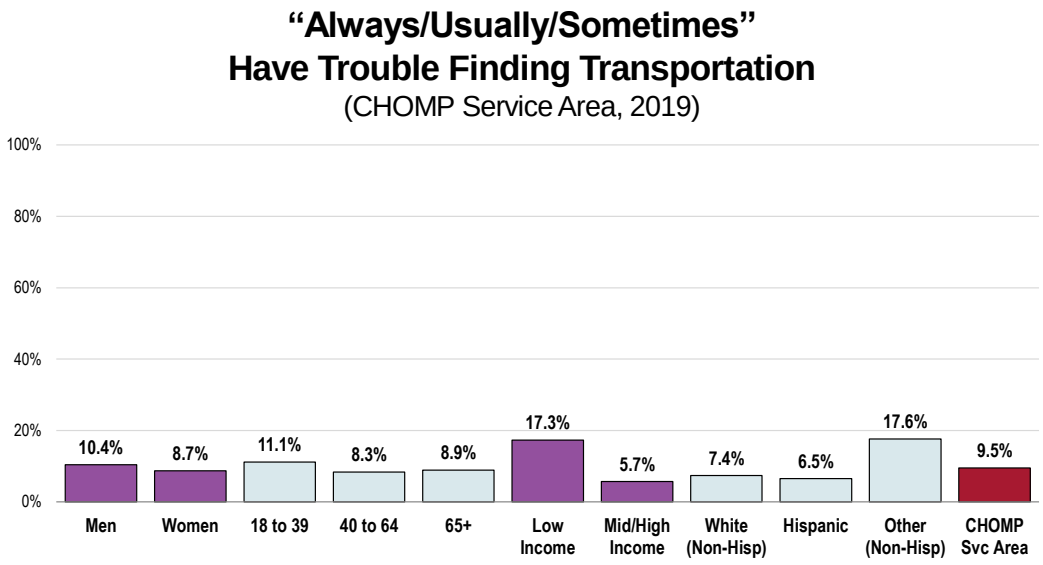
Sources: • 2019 PRC Community Health Survey, PRC, Inc. [Item 306]
Notes: • Asked of all respondents.

Note that 9.5% of survey respondents report that they "always," "usually," or "sometimes" have difficulty finding transportation.

- **DISPARITY**: Unfavorably high in Marina. The prevalence is higher among low-income residents and Other people of color.



Sources: ● 2019 PRC Community Health Survey, PRC, Inc. [Item 307]
Notes: ● Asked of all respondents.



Sources: ● 2019 PRC Community Health Survey, PRC, Inc. [Item 307]
Notes: ● Asked of all respondents.
● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Food Access

Low Food Access

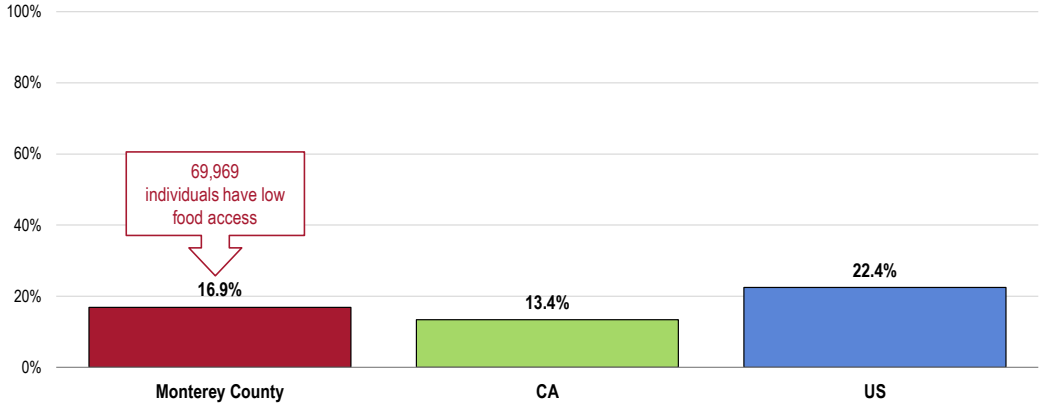
Low food access is defined as living more than ½ mile from the nearest supermarket, supercenter, or large grocery store.

US Department of Agriculture data show that 16.9% of the Monterey County population (representing just less than 70,000 residents) have low food access, meaning that they do not live near a supermarket or large grocery store.

- **BENCHMARK**: Higher than the California proportion but lower than the US proportion.

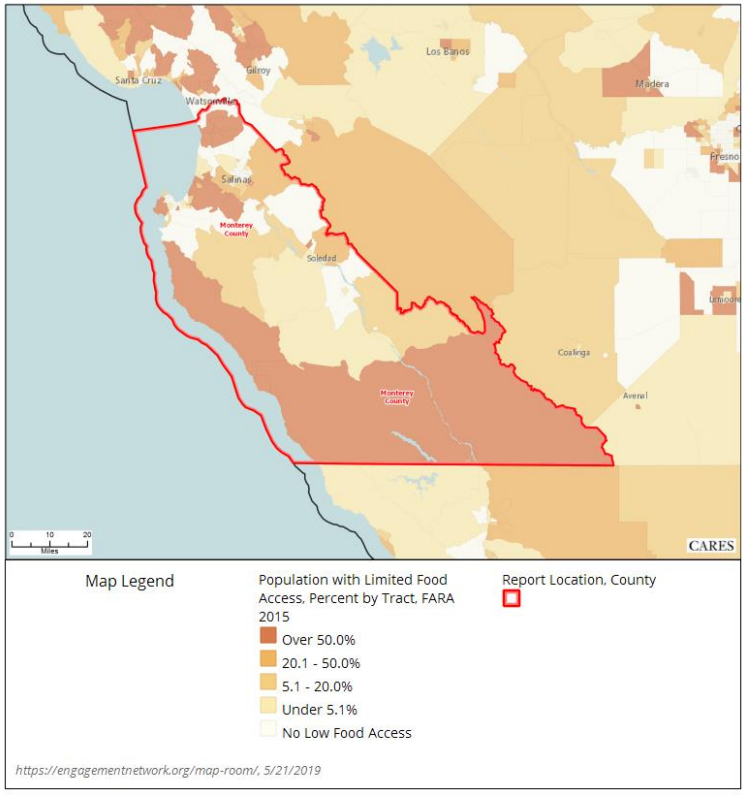
Population With Low Food Access

(Percent of Population That Is Far From a Supermarket or Large Grocery Store, 2015)



Sources:
- US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas (FARA).
- Retrieved May 2019 from CARES Engagement Network at https://engagementnetwork.org.

Notes:
- This indicator reports the percentage of the population with low food access. Low food access is defined as living more than ½ mile from the nearest supermarket, supercenter, or large grocery store. This indicator is relevant because it highlights populations and geographies facing food insecurity.



Difficulty Accessing Fresh Produce

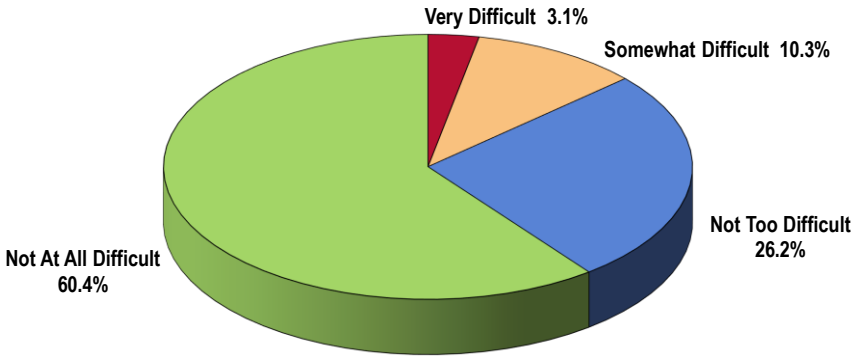
Most CHOMP Service Area adults report little or no difficulty buying fresh produce at a price they can afford.

Respondents were asked:

"How difficult is it for you to buy fresh produce like fruits and vegetables at a price you can afford? Would you say: Very Difficult, Somewhat Difficult, Not Too Difficult, or Not At All Difficult?"

Level of Difficulty Finding Fresh Produce at an Affordable Price

(CHOMP Service Area, 2019)

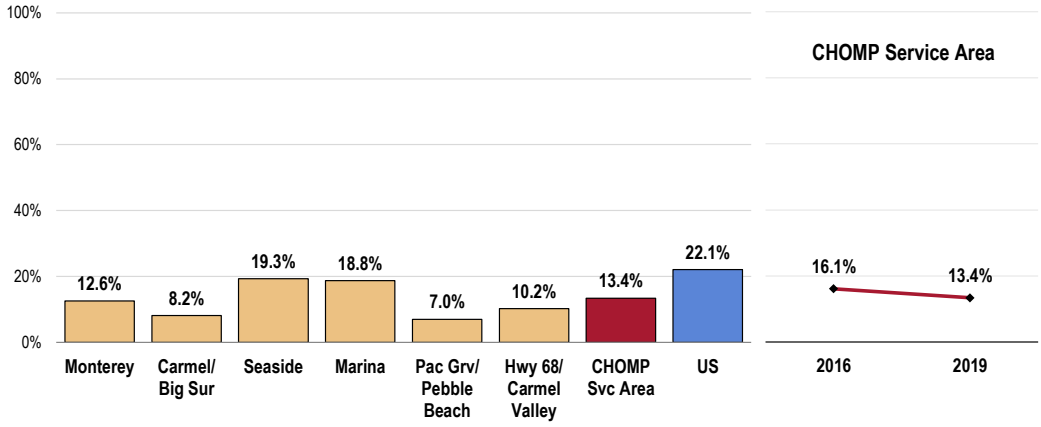


Sources: • 2019 PRC Community Health Survey, PRC, Inc. [Item 86]
Notes: • Asked of all respondents.

However, 13.4% of CHOMP Service Area adults find it "very" or "somewhat" difficult to access affordable fresh fruits and vegetables.

- **BENCHMARK**: Below the US prevalence.
- **DISPARITY**: Favorably low in Carmel/Big Sur and Pacific Grove/Pebble Beach; unfavorably high in Seaside. Correlates with age and is especially high among low-income residents.

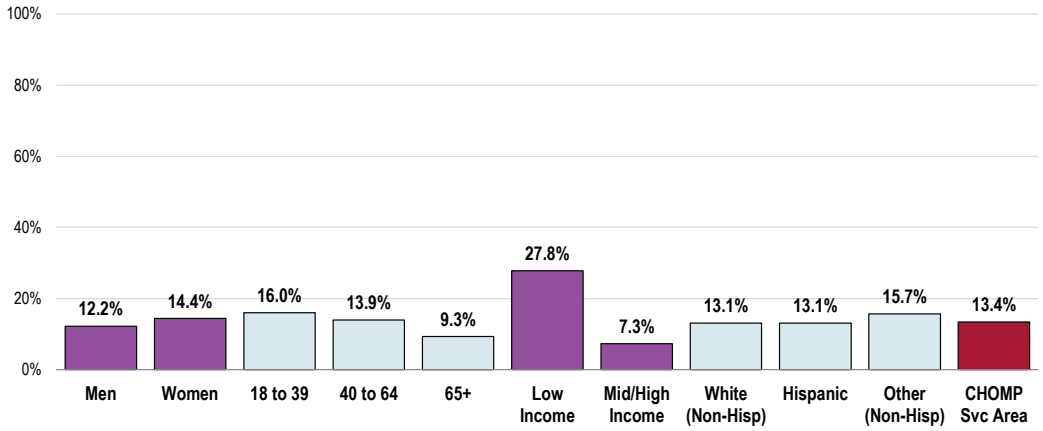
Find It "Very" or "Somewhat" Difficult to Buy Affordable Fresh Produce



Sources: • 2019 PRC Community Health Survey, PRC, Inc. [Item 189]
• 2017 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.

Find It "Very" or "Somewhat" Difficult to Buy Affordable Fresh Produce

(CHOMP Service Area, 2019)



Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 189]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Food Insecurity

Overall, 16.1% of community residents are determined to be "food insecure," having run out of food in the past year and/or been worried about running out of food.

- **BENCHMARK**: Below the US percentage.
- **TREND**: Marks a statistically significant decrease from 2016 survey findings.
- **DISPARITY**: Lowest in Carmel/Big Sur and Pacific Grove/Pebble Beach; unfavorably high in the Seaside and Marina communities. Food insecurity is higher among women, adults under 65, Hispanics, and especially low-income residents.

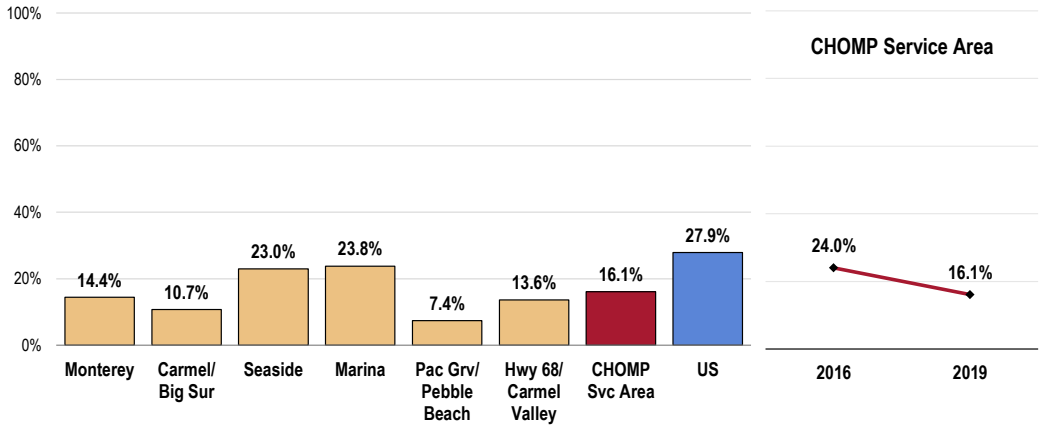
Surveyed adults were asked:

"Now I am going to read two statements that people have made about their food situation. Please tell me whether each statement was "Often True," "Sometimes True," or "Never True" for you in the past 12 months:

- *I worried about whether our food would run out before we got money to buy more.*
- *The food that we bought just did not last, and we did not have money to get more."*

Those answering "Often" or "Sometimes True" for either statement are considered to be food insecure.

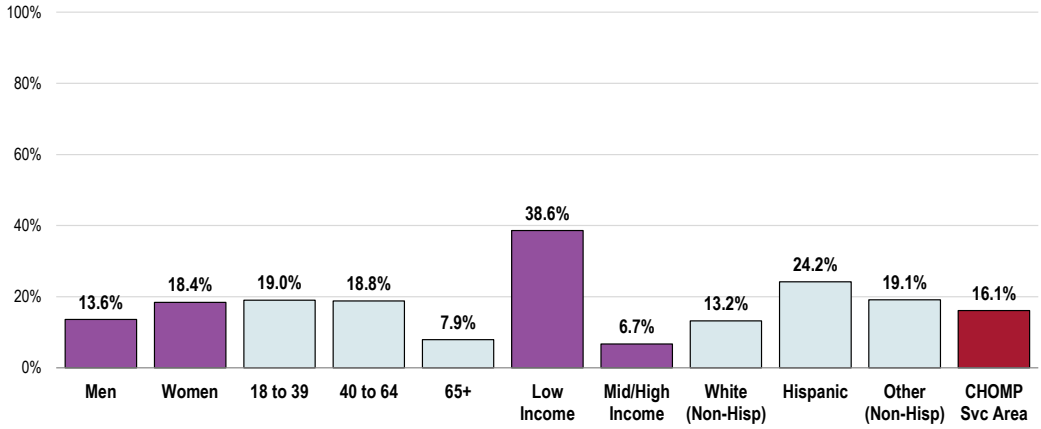
Food Insecurity



Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 149]
- 2017 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- Includes adults who A) ran out of food at least once in the past year and/or B) worried about running out of food in the past year.

Food Insecurity
(CHOMP Service Area, 2019)



Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 149]

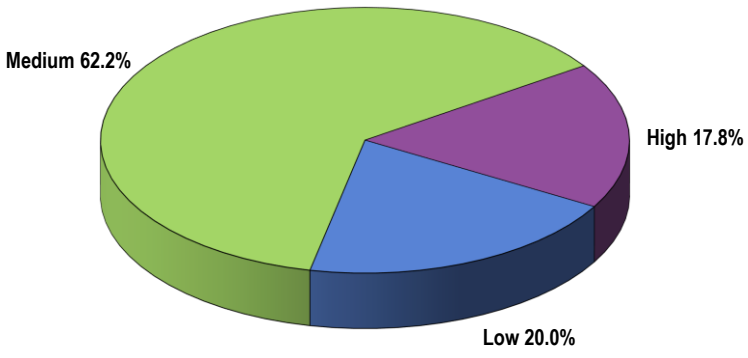
Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
- Includes adults who A) ran out of food at least once in the past year and/or B) worried about running out of food in the past year.

Health Literacy

Most surveyed adults in the CHOMP Service Area are found to have a moderate level of health literacy.

Low health literacy is defined as those respondents who "Seldom/Never" find written or spoken health information easy to understand, and/or who "Always/Nearly Always" need help reading health information, and/or who are "Not At All Confident" in filling out health forms.

Level of Health Literacy
(CHOMP Service Area, 2019)

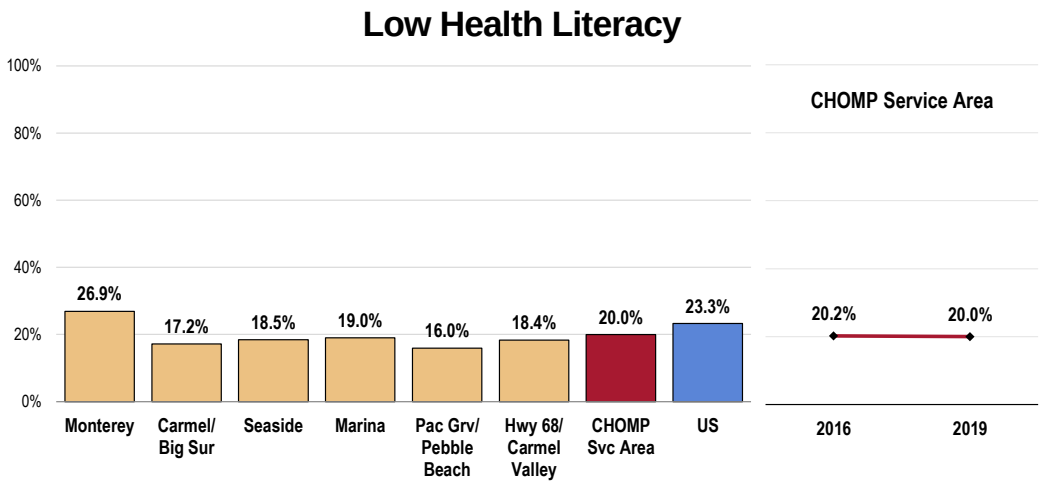


Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 172]

Notes:
- Asked of all respondents.
- Respondents with low health literacy are those who "seldom/never" find written or spoken health information easy to understand, and/or who "always/nearly always" need help reading health information, and/or who are "not at all confident" in filling out health forms.

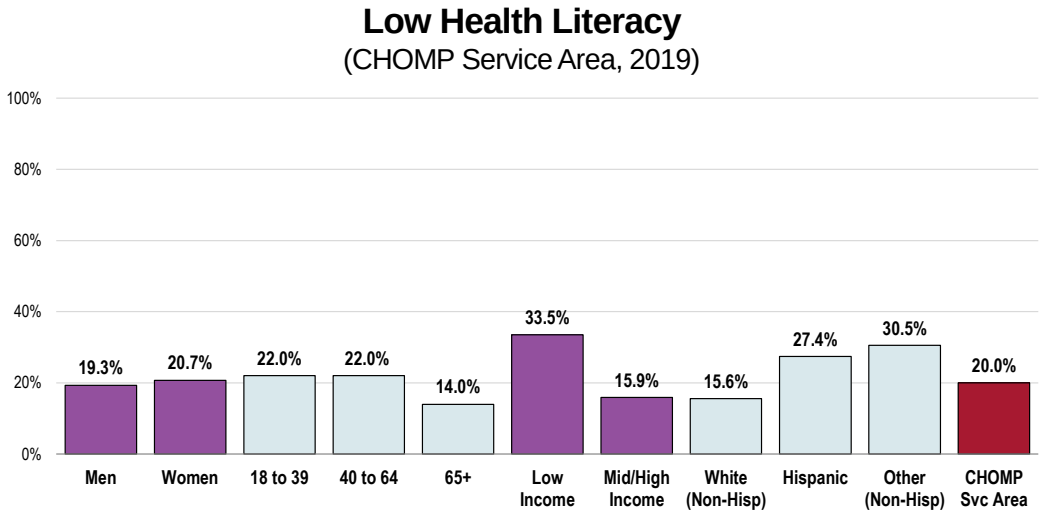
A total of 20.0% are determined to have low health literacy.

- **DISPARITY**: The prevalence is highest in Monterey and among adults under 65, communities of color, and low-income adults.



Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 172]
- 2017 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- Respondents with low health literacy are those who "seldom/never" find written or spoken health information easy to understand, and/or who "always/nearly always" need help reading health information, and/or who are "not at all confident" in filling out health forms.



Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 172]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
- Respondents with low health literacy are those who "seldom/never" find written or spoken health information easy to understand, and/or who "always/nearly always" need help reading health information, and/or who are "not at all confident" in filling out health forms.

Related Key Informant Comment

Health Literacy

> *Very low levels of basic health literacy. – Physician*

General Health Status

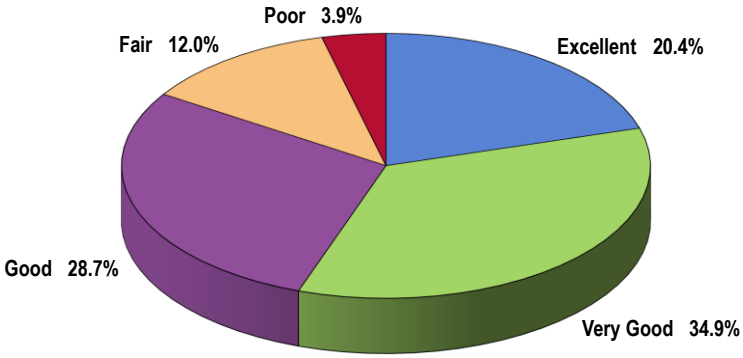
Overall Health Status

The initial inquiry of the PRC Community Health Survey asked respondents the following:

"Would you say that in general your health is: Excellent, Very Good, Good, Fair, or Poor?"

Most CHOMP Service Area residents rate their overall health favorably (responding "excellent," "very good," or "good").

Self-Reported Health Status
(CHOMP Service Area, 2019)

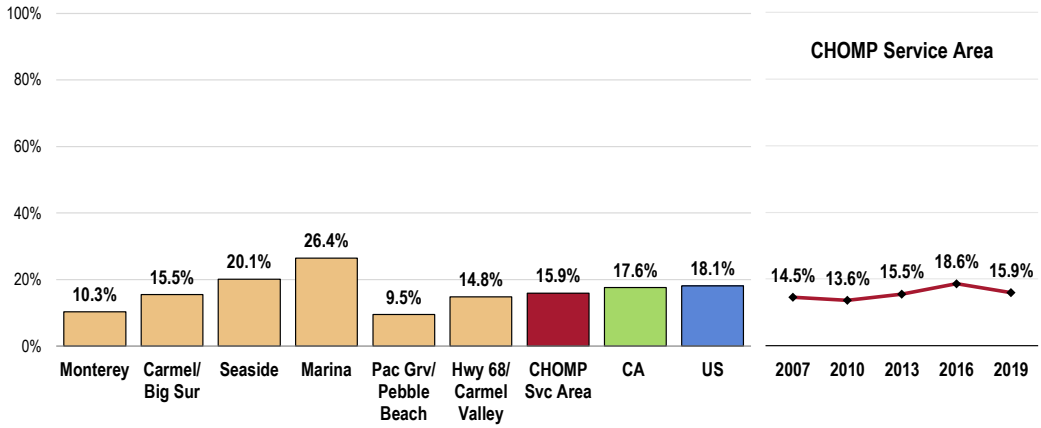


Sources: • 2019 PRC Community Health Survey, PRC, Inc. [Item 5]
Notes: • Asked of all respondents.

However, 15.9% of CHOMP Service Area adults believe that their overall health is "fair" or "poor."

- **DISPARITY**: The prevalence is favorably low in Monterey and Pacific Grove/Pebble Beach but highest in Marina. Adults more likely to report "fair/poor" health include women, adults 40+, and low-income residents.

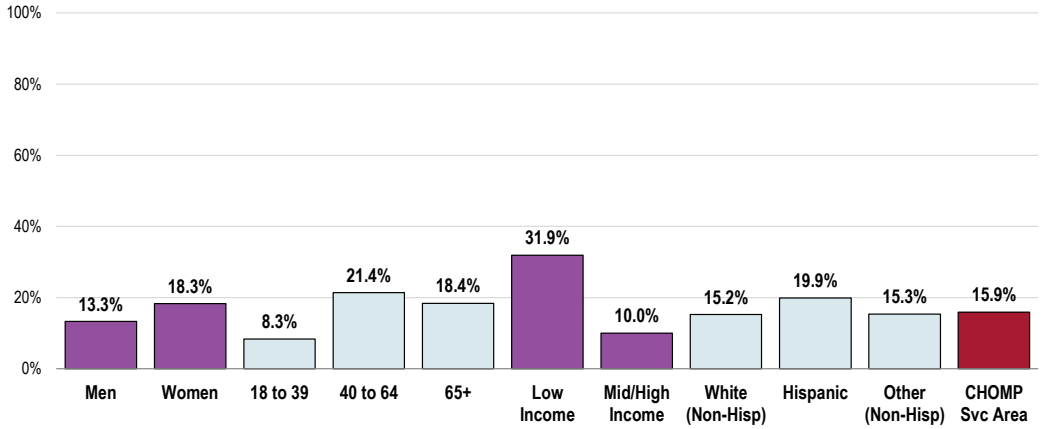
Experience "Fair" or "Poor" Overall Health



Sources: • 2019 PRC Community Health Survey, PRC, Inc. [Item 5]
• Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2017 California data.
• 2017 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.

Experience "Fair" or "Poor" Overall Health

(CHOMP Service Area, 2019)



Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 5]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Mental Health

About Mental Health & Mental Disorders

Mental health is a state of successful performance of mental function, resulting in productive activities, fulfilling relationships with other people, and the ability to adapt to change and to cope with challenges. Mental health is essential to personal well-being, family and interpersonal relationships, and the ability to contribute to community or society. Mental disorders are health conditions that are characterized by alterations in thinking, mood, and/or behavior that are associated with distress and/or impaired functioning. Mental disorders contribute to a host of problems that may include disability, pain, or death. Mental illness is the term that refers collectively to all diagnosable mental disorders. Mental disorders are among the most common causes of disability. The resulting disease burden of mental illness is among the highest of all diseases.

Mental health and physical health are closely connected. Mental health plays a major role in people's ability to maintain good physical health. Mental illnesses, such as depression and anxiety, affect people's ability to participate in health-promoting behaviors. In turn, problems with physical health, such as chronic diseases, can have a serious impact on mental health and decrease a person's ability to participate in treatment and recovery.

The existing model for understanding mental health and mental disorders emphasizes the interaction of social, environmental, and genetic factors throughout the lifespan. In behavioral health, researchers identify: **risk factors**, which predispose individuals to mental illness; and **protective factors**, which protect them from developing mental disorders. Researchers now know that the prevention of mental, emotional, and behavioral (MEB) disorders is inherently interdisciplinary and draws on a variety of different strategies. Over the past 20 years, research on the prevention of mental disorders has progressed. The major areas of progress include evidence that:

- MEB disorders are common and begin early in life.
- The greatest opportunity for prevention is among young people.
- There are multiyear effects of multiple preventive interventions on reducing substance abuse, conduct disorder, antisocial behavior, aggression, and child maltreatment.
- The incidence of depression among pregnant women and adolescents can be reduced.
- School-based violence prevention can reduce the base rate of aggressive problems in an average school by 25 to 33%.
- There are potential indicated preventive interventions for schizophrenia.
- Improving family functioning and positive parenting can have positive outcomes on mental health and can reduce poverty-related risk.
- School-based preventive interventions aimed at improving social and emotional outcomes can also improve academic outcomes.
- Interventions targeting families dealing with adversities, such as parental depression or divorce, can be effective in reducing risk for depression in children and increasing effective parenting.
- Some preventive interventions have benefits that exceed costs, with the available evidence strongest for early childhood interventions.
- Implementation is complex, and it is important that interventions be relevant to the target audiences.
- In addition to advancements in the prevention of mental disorders, there continues to be steady progress in treating mental disorders as new drugs and stronger evidence-based outcomes become available.

— Healthy People 2020 (www.healthypeople.gov)

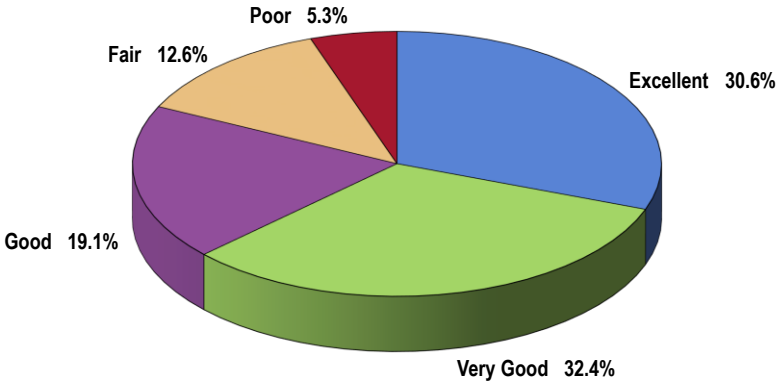
Mental Health Status

Adults

"Now thinking about your mental health, which includes stress, depression, and problems with emotions, would you say that, in general, your mental health is: Excellent, Very Good, Good, Fair, or Poor?"

Most CHOMP Service Area adults rate their overall mental health favorably ("excellent," "very good," or "good").

Self-Reported Mental Health Status
(CHOMP Service Area, 2019)

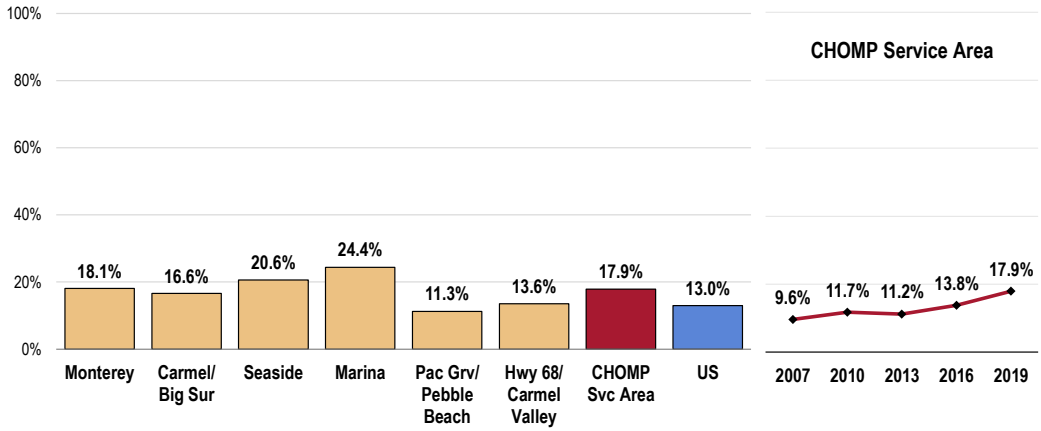


Sources: • 2019 PRC Community Health Survey, PRC, Inc. [Item 99]
Notes: • Asked of all respondents.

However, 17.9% believe that their overall mental health is "fair" or "poor."

- **BENCHMARK**: Worse than the US prevalence.
- **TREND**: Marks a statistically significant increase since 2007.
- **DISPARITY**: Highest in Marina, lowest in Pacific Grove/Pebble Beach.

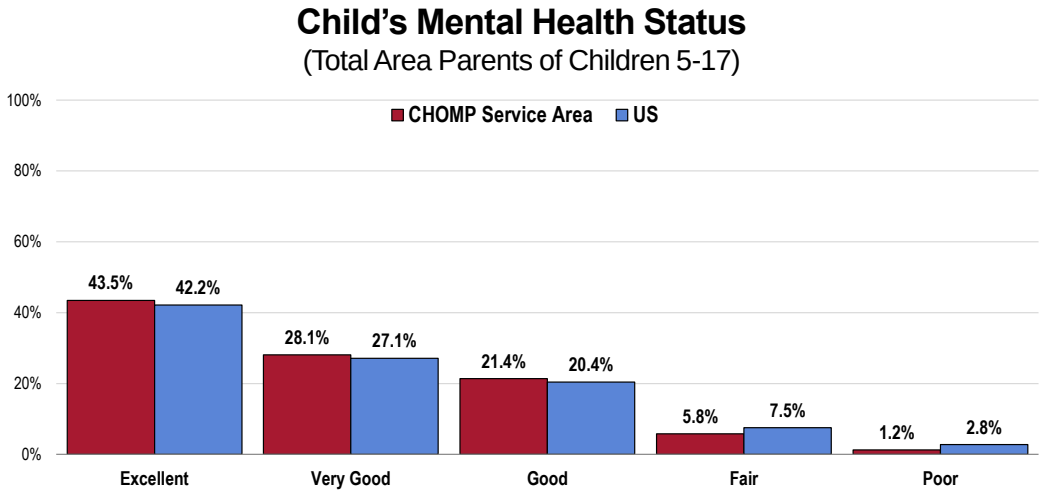
Experience "Fair" or "Poor" Mental Health



Sources: • 2019 PRC Community Health Survey, PRC, Inc. [Item 99]
• 2017 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.

Children

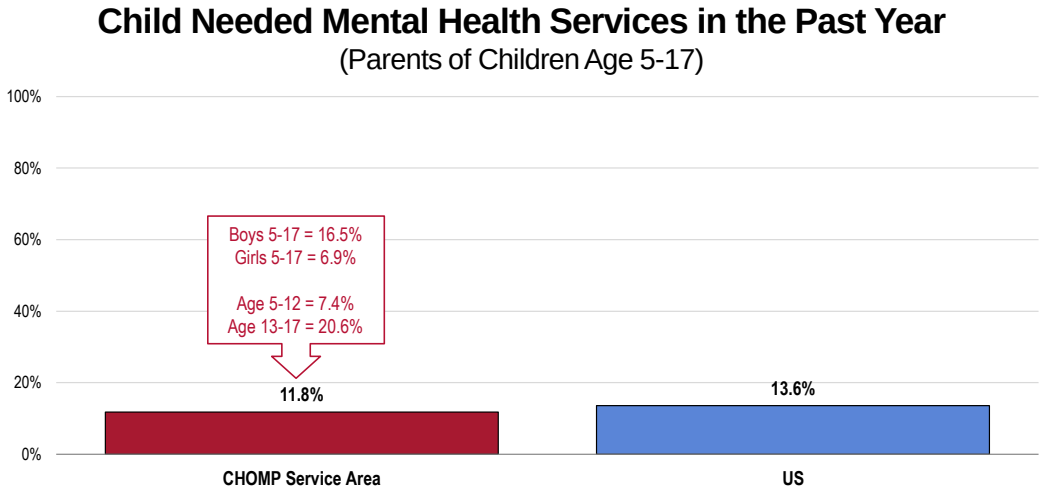
Among respondents with children age 5 to 17, 7.0% report that their child's mental health is "fair" or "poor."



Sources: • 2019 PRC Community Health Survey, PRC, Inc. [Item 315]
• 2017 PRC National Children's Health Survey, PRC, Inc.
Notes: • Asked of all respondents with a child age 5-17 at home.

In the past year, 11.8% of CHOMP Service Area children age 5-17 needed some type of mental health service.

- **DISPARITY**: Highest among boys and teens in the service area.



Sources: • 2019 PRC Community Health Survey, PRC, Inc. [Item 316]
• 2017 PRC National Children's Health Survey, PRC, Inc.
Notes: • Asked of all respondents with children age 5 through 17.

Of the 20 parents indicating their child needed some type of mental health service in the past year, most (87.2%) report that their child **received the necessary services**.

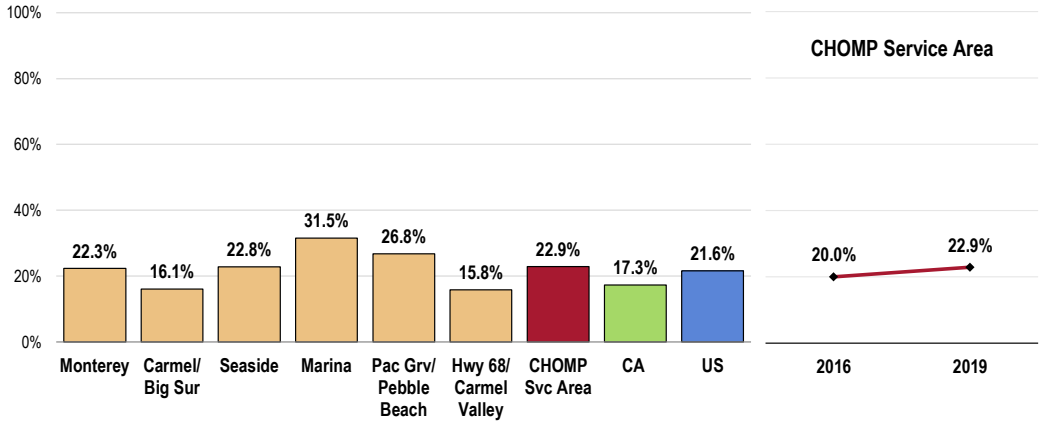
Depression

Diagnosed Depression

A total of 22.9% of CHOMP Service Area adults have been diagnosed by a physician as having a depressive disorder (such as depression, major depression, dysthymia, or minor depression).

- **BENCHMARK**: Higher than the California prevalence.
- **DISPARITY**: Highest in Marina; favorably low in Carmel/Big Sur and Highway 68/Carmel Valley.

Have Been Diagnosed With a Depressive Disorder



Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 102]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2017 California data.
- 2017 PRC National Health Survey, PRC, Inc.

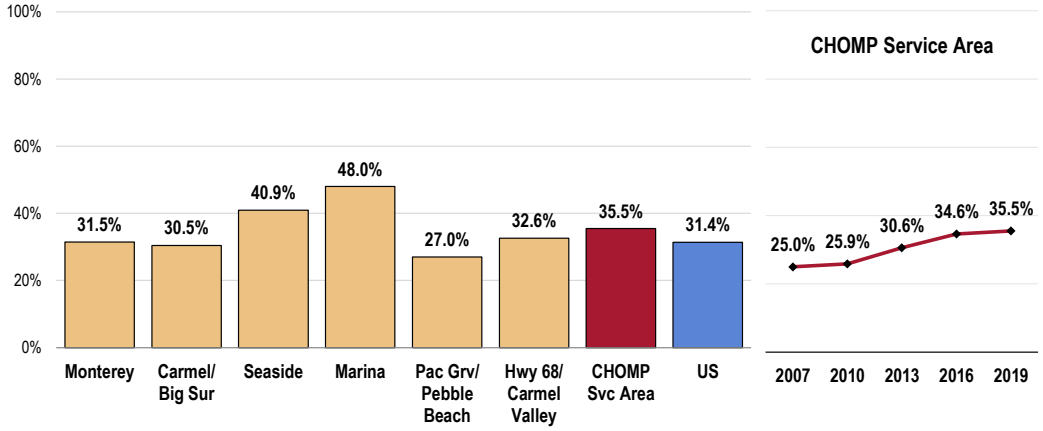
Notes:
- Asked of all respondents.
- Depressive disorders include depression, major depression, dysthymia, or minor depression.

Symptoms of Chronic Depression

A total of 35.5% of CHOMP Service Area adults have had two or more years in their lives when they felt depressed or sad on most days, although they may have felt okay sometimes (symptoms of chronic depression).

- **BENCHMARK**: Worse than the US prevalence.
- **TREND**: Marks a statistically significant increase since 2007.
- **DISPARITY**: Reported by nearly half of survey respondents in Marina; lowest in Pacific Grove/Pebble Beach. More often reported among adults age 40 to 64, Other persons of color, and low-income residents.

Have Experienced Symptoms of Chronic Depression

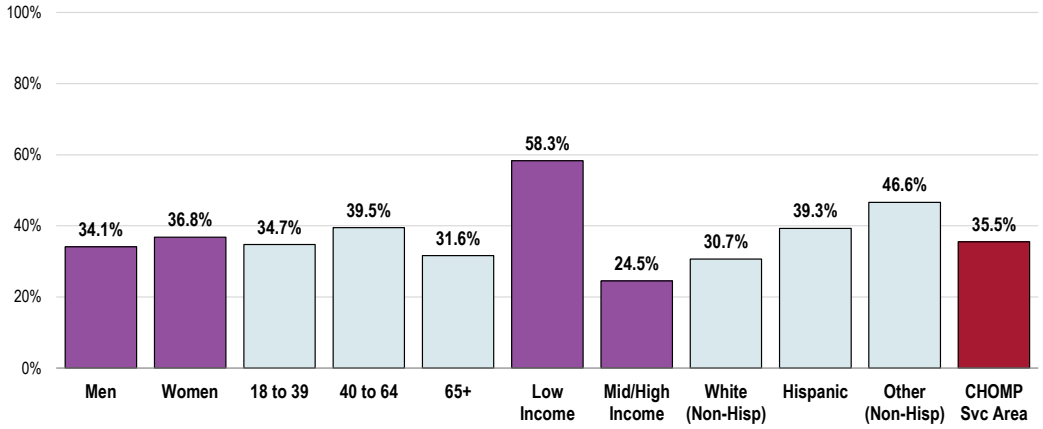


Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 100]
- 2017 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- Chronic depression includes periods of two or more years during which the respondent felt depressed or sad on most days, even if (s)he felt okay sometimes.

Have Experienced Symptoms of Chronic Depression

(CHOMP Service Area, 2019)



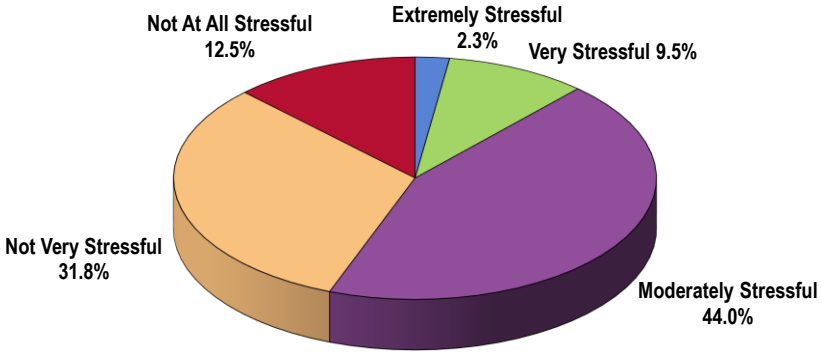
Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 100]

Notes:
- Asked of all respondents.
- Chronic depression includes periods of two or more years during which the respondent felt depressed or sad on most days, even if (s)he felt okay sometimes.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Stress

A majority of surveyed adults characterize most days as no more than "moderately" stressful.

Perceived Level of Stress On a Typical Day
(CHOMP Service Area, 2019)

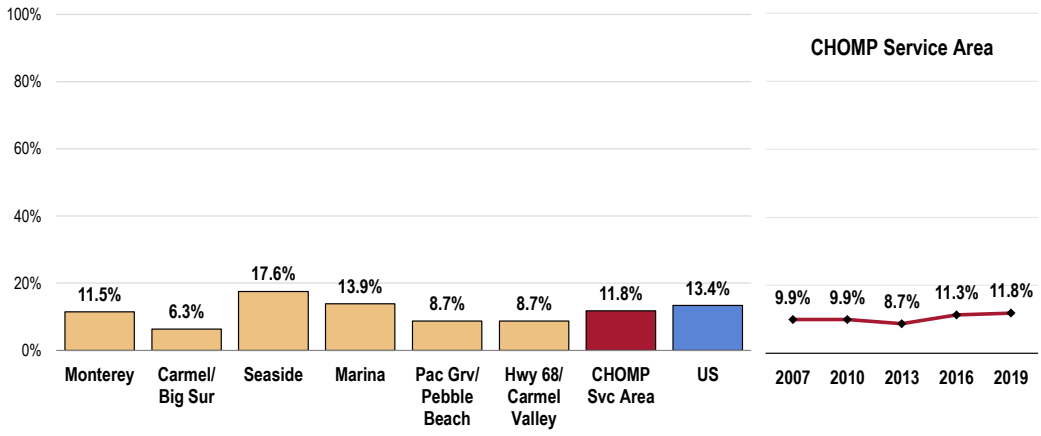


Sources: • 2019 PRC Community Health Survey, PRC, Inc. [Item 101]
Notes: • Asked of all respondents.

In contrast, 11.8% of CHOMP Service Area adults feel that most days for them are "very" or "extremely" stressful.

- **DISPARITY**: Favorably low in Carmel/Big Sur; highest in Seaside. Correlates with age and is especially high among Other persons of color.

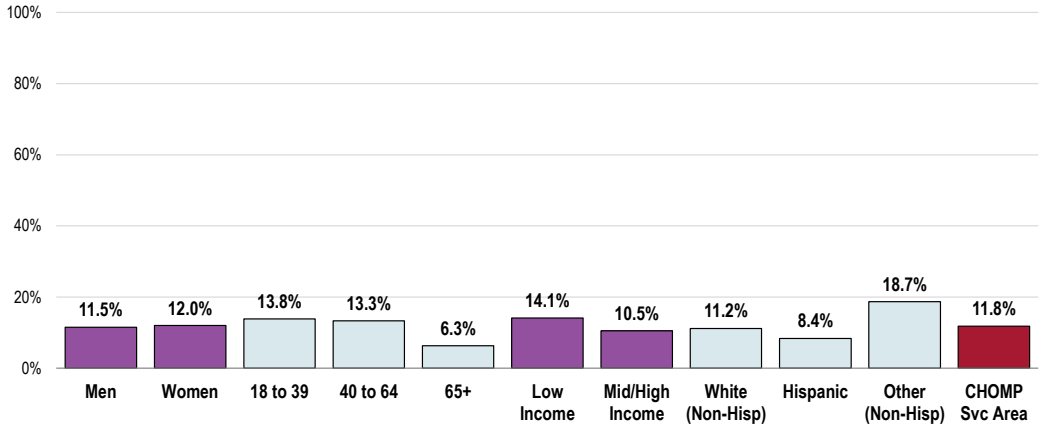
Perceive Most Days As "Extremely" or "Very" Stressful



Sources: • 2019 PRC Community Health Survey, PRC, Inc. [Item 101]
• 2017 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.

Perceive Most Days as "Extremely" or "Very" Stressful

(CHOMP Service Area, 2019)



Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 101]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Suicide

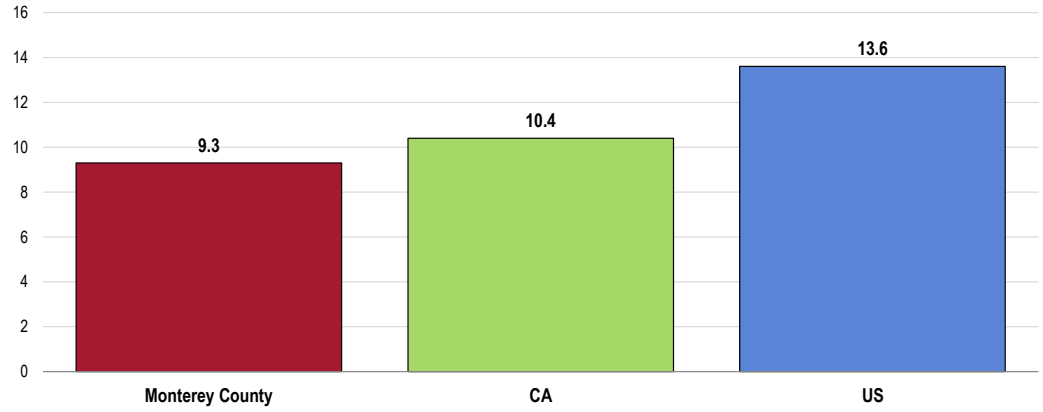
Between 2015 and 2017, there was an annual average age-adjusted suicide rate of 9.3 deaths per 100,000 population in Monterey County.

- **BENCHMARK**: Lower than the national suicide rate.
- **DISPARITY**: The rate is nearly four times as high among Monterey County Whites as among Hispanics.

Suicide: Age-Adjusted Mortality

(2015-2017 Annual Average Deaths per 100,000 Population)

Healthy People 2020 = 10.2 or Lower



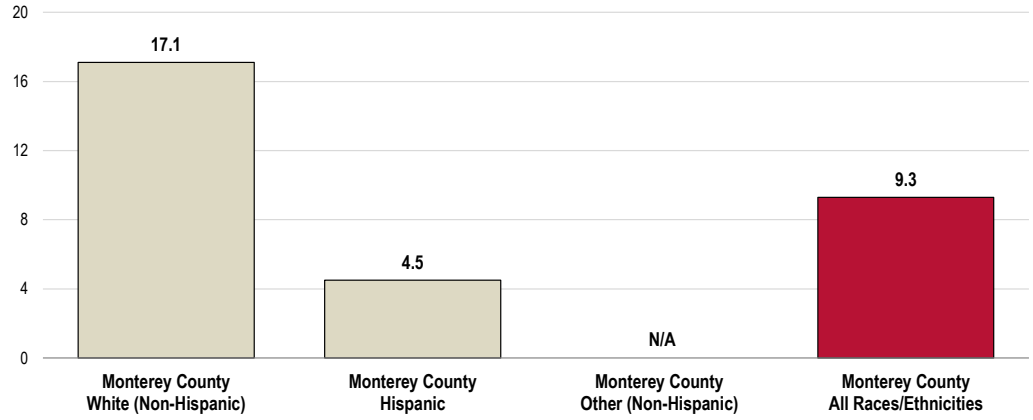
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2019.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MHMD-1]

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Suicide: Age-Adjusted Mortality by Race

(2015-2017 Annual Average Deaths per 100,000 Population)

Healthy People 2020 = 10.2 or Lower



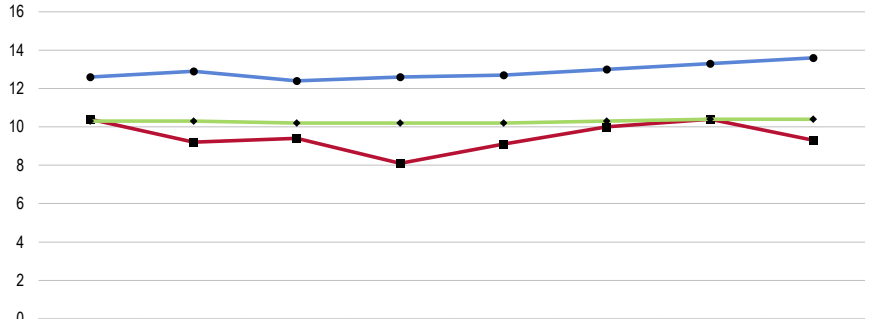
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2019.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MHMD-1]

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Suicide: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)

Healthy People 2020 = 10.2 or Lower



	2008-2010	2009-2011	2010-2012	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017
Monterey County	10.4	9.2	9.4	8.1	9.1	10.0	10.4	9.3
CA	10.3	10.3	10.2	10.2	10.2	10.3	10.4	10.4
US	12.6	12.9	12.4	12.6	12.7	13.0	13.3	13.6

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2019.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MHMD-1]

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Mental Health Treatment

Mental Health Providers

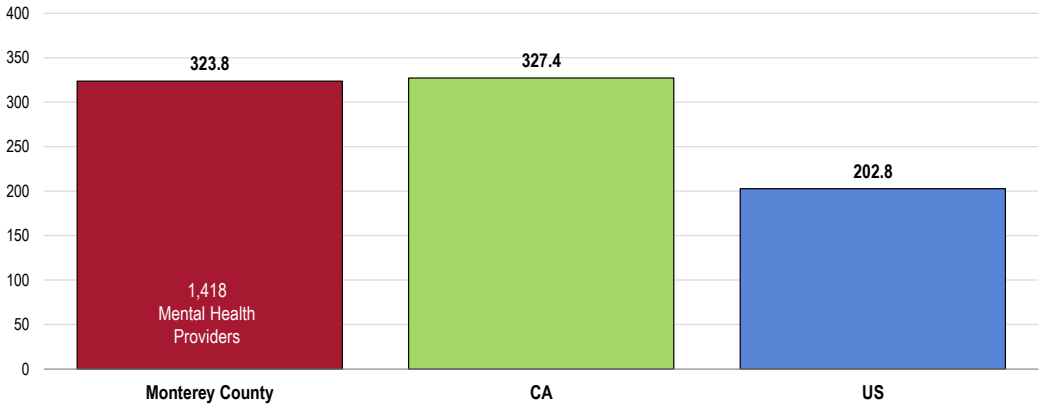
In Monterey County in 2017, there were 323.8 mental health providers for every 100,000 population.

Here, "mental health providers" includes psychiatrists, psychologists, clinical social workers, and counsellors who specialize in mental health care.

- **BENCHMARK**: Above the national proportion of mental health providers.

Access to Mental Health Providers

(Number of Mental Health Providers per 100,000 Population, 2017)



Sources:
- University of Wisconsin Population Health Institute, County Health Rankings.
- Retrieved May 2019 from CARES Engagement Network at https://engagementnetwork.org.

Notes:
- This indicator reports the rate of the county population to the number of mental health providers including psychiatrists, psychologists, clinical social workers, and counsellors that specialize in mental health care.

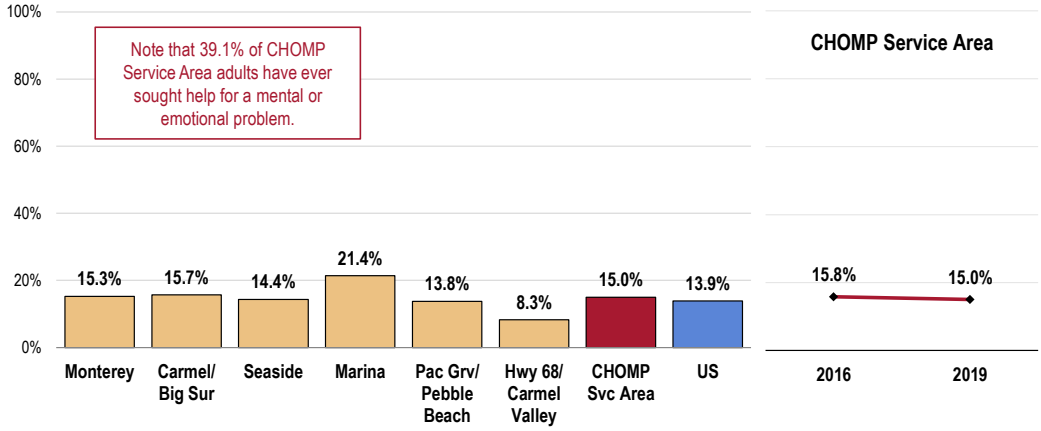
Currently Receiving Treatment

Adults

A total of 15.0% of surveyed adults are currently taking medication or otherwise receiving treatment from a doctor or other health professional for some type of mental health condition or emotional problem.

- **DISPARITY**: Adults in Marina are more likely to be receiving treatment for mental health issues; the prevalence is lowest among Highway 68/Carmel Valley respondents.

Currently Receiving Mental Health Treatment



Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Items 103-104]
- 2017 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- "Treatment" can include taking medications for mental health.

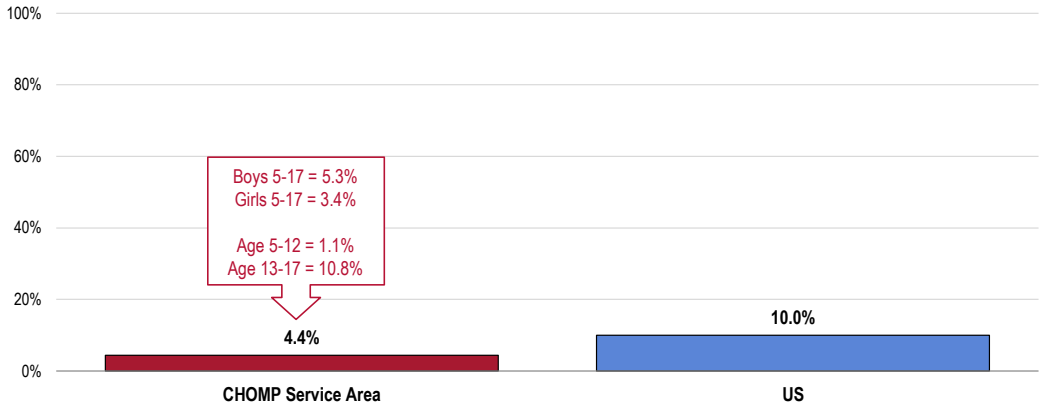
Children

Among parents of children age 5-17, 4.4% indicate that their child has taken prescription medication for mental health.

- **BENCHMARK**: Less than half the US prevalence.
- **DISPARITY**: The prevalence is higher among teens than among children age 5-12.

Child Has Taken Prescription Medication for Mental Health

(Parents of Children Age 5-17)

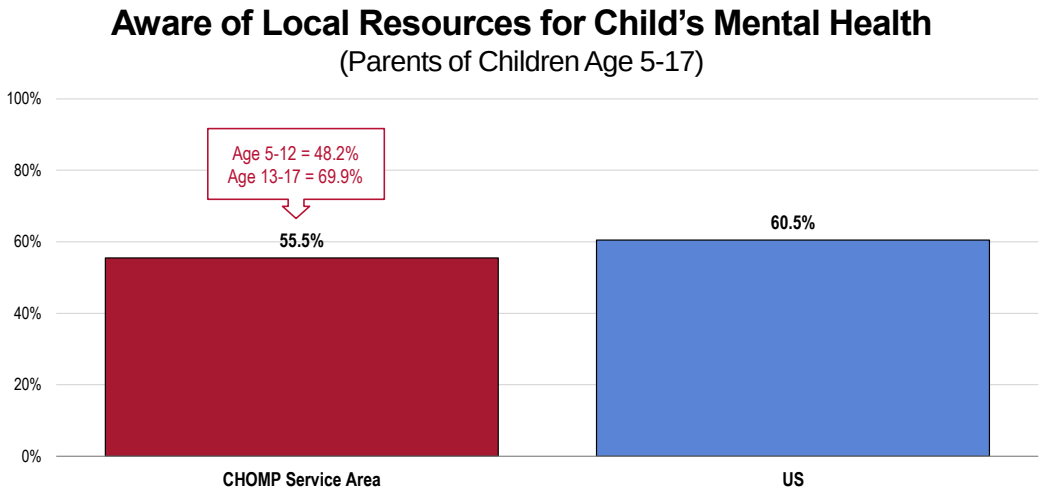


Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 319]
- 2017 PRC National Children's Health Survey, PRC, Inc.

Notes:
- Asked of all respondents with children age 5 through 17.

Over half of service area parents with children age 5-17 (55.5%) are aware of local resources for their child's mental health.

- **DISPARITY**: The prevalence is higher among parents of teens.

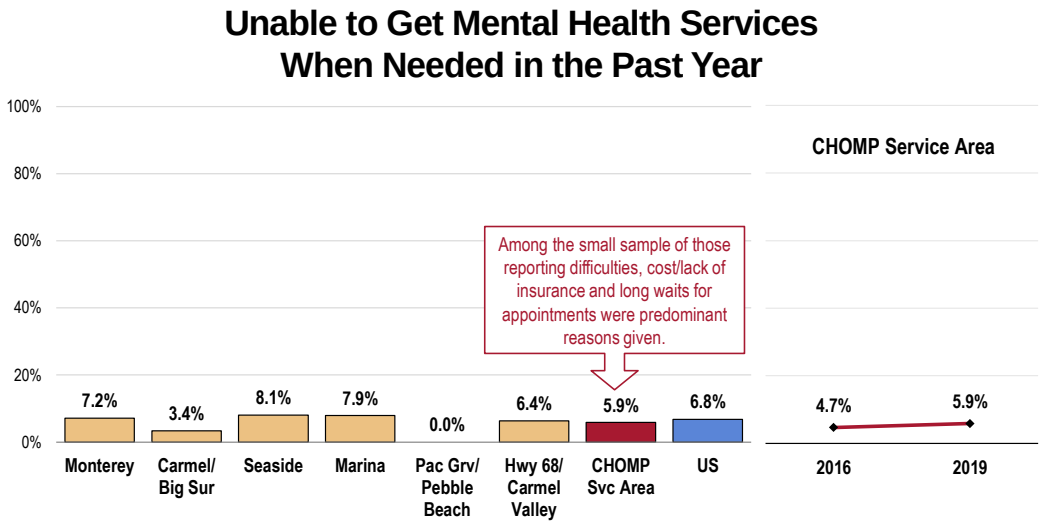


Sources: ● 2019 PRC Community Health Survey, PRC, Inc. [Item 320]
● 2017 PRC National Children's Health Survey, PRC, Inc.
Notes: ● Asked of all respondents with children age 5 through 17.

Difficulty Accessing Mental Health Services

A total of 5.9% of CHOMP Service Area adults report a time in the past year when they needed mental health services but were not able to get them.

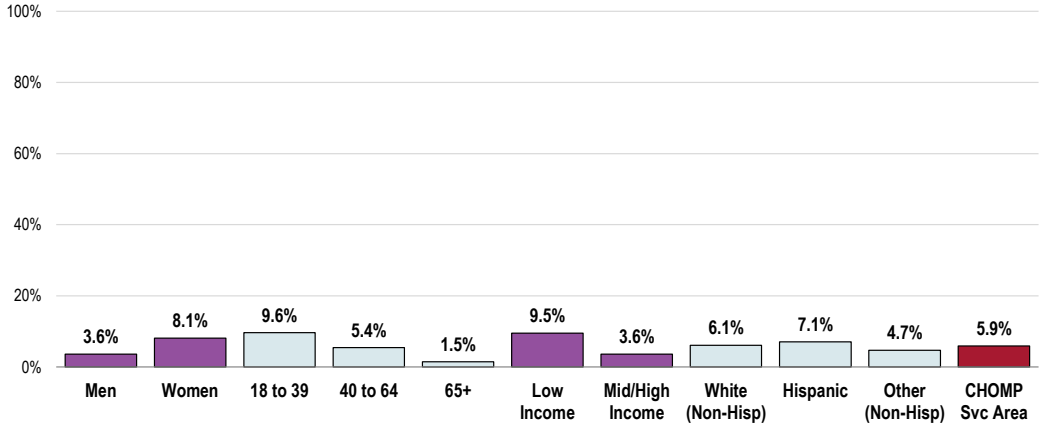
- **DISPARITY**: No mention of difficulty in Pacific Grove/Pebble Beach. Difficulty is most often noted among women and low-income residents and correlates with age.



Sources: ● 2019 PRC Community Health Survey, PRC, Inc. [Items 105-106]
● 2017 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Unable to Get Mental Health Services When Needed in the Past Year

(CHOMP Service Area, 2019)



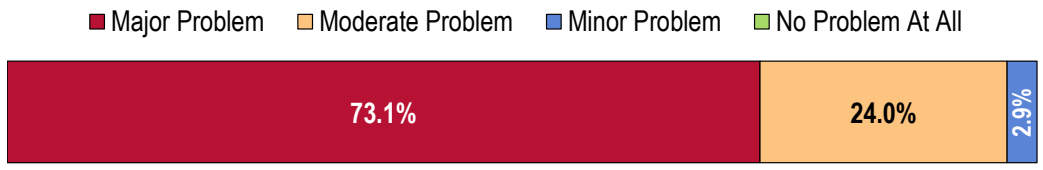
Sources: • 2019 PRC Community Health Survey, PRC, Inc. [Item 105]
Notes: • Asked of all respondents.
• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Key Informant Input: Mental Health

Nearly three in four key informants taking part in an online survey characterized *Mental Health* as a "major problem" in the community.

Perceptions of Mental Health as a Problem in the Community

(Key Informants, 2019)



Sources: • PRC Online Key Informant Survey, PRC, Inc.
Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons related to the following:

Access to Care/Services

> *Lack of resources to help them manage their disease. Economic barriers to access. The stigma associated with the disease. Fragmented healthcare delivery system. Substance abuse, isolation. – Community Leader*
>
> *Access for chronic and acute mental health services are minimal. – Physician*

Access to care and support from family and friends. Folks with private and public insurance often struggle to be seen quickly. A large portion of our homeless have severe untreated mental health and outreach services and mobile services could be very helpful. – Physician

Lack of depth and breadth of behavioral health professionals and scalable programs. – Physician

Limited access to behavioral health providers, especially for complex disease management, such as psychiatry services. – Other Health Provider

No access, uncoordinated care, lack of pediatric resources and a locked pediatric MHU. – Physician

Provider availability. – Community Leader

Access to care. – Community Leader

Availability of sufficient resources. – Community Leader

California's fractured mental health system acts as a barrier to care. Monterey County lacks bilingual/bicultural psychiatrists, psychologists and social workers. Rates of depression, anxiety and suicide are increasing and we lack resources to help County Residents cope with these illnesses. – Public Health Representative

We need to provide hospitals that can care for the mentally ill. – Community Leader

Lack of Housing

Lack of access to housing for low income minorities with mental health issues, and lack of and/or inadequate access to mental health services in schools, after 8-5 hours, and in rural/unincorporated areas of the County. Lack of/insufficient dual diagnosis (substance abuse and mental illness) facilities and services. – Social Services Provider

Zero access or options. Limited physician options, no pediatric options except a part time doctor at the SVMH clinic. The system is broken. – Community Leader

Lack of access to psychiatrists. – Physician

Access to counseling, drugs and proven strategies. – Community Leader

Inadequate services and insurance coverage. – Physician

Access to treatment services, insurance coverage for mental services. Affordable services and providers in underserved communities of color. – Community Leader

Access to quality mental healthcare. Access to coverage for mental healthcare. – Community Leader

Access to professionals, many persons are not accepting new patients, or are out of the area of Monterey. – Community Leader

Access to care and amount of funding for services. – Community Leader

Access to proper care and housing. – Community Leader

Long term treatment in secure facilities is lacking. People with chronic mental health issues, especially in the homeless community, have difficulty obtaining long term treatment and services. – Community Leader

There isn't a good support system for older adults living alone. If they stop taking medications, legally, nobody else can authorize that they be given medications. They end up in a crisis and behavioral health closes out their case. – Community Leader

Tremendous lack of counseling and therapy services for homeless and low income residents. – Social Services Provider

Access to consultations, especially for patients with acute issues or finally willing to seek care. Wait times to see a psychiatrist can take months. – Physician

Access to healthcare. There are waiting lists for services at many agencies. We also have a homeless population who are in need of mental health services and who sometimes find themselves having difficulties with law enforcement who, in turn, are not adequately trained to deal with people with mental health issues. – Social Services Provider

Lack of access for people with private insurance. Lack of providers who will accept Medicare for outpatient mental health treatment. Lack of substance use treatment that accepts private insurance. Blue Cross won't pay for CHOMP's substance use treatment. – Social Services Provider

Denial/Stigma

Mental health conditions still come with a stigma. There are no mental health hospitals in Monterey County and youth stay in local emergency rooms for long periods of time when they are taken to local hospitals for a 5150 assessment. – Social Services Provider

Stigma. Little resources. Being set aside as behavior problems versus seeing this as a symptom. – Social Services Provider

It's still so taboo that people do not ask for help, especially in many national and international communities. – Community Leader

I think mental health affects all walks of life. The homeless, seniors, kids in schools, working and stressed adults. There is a stigma still in society. Also, affordable and accessible mental health needs to be available. We need to develop a community of caring for ourselves and others. – Community Leader

Stigma related to cultural viewpoints of Hispanics for seeking care, plus knowledge of what services exist for care. – Community Leader

A lot of people with mental illness suffer from rejection and are not taken serious. They are abused and forgotten. – Social Services Provider

Affordable Care/Services

The biggest challenges are a lack of free or affordable care, shelter, and public education highlighting mental health as not exclusive from all healthcare. The greatest tragedy is the injustice and lack of realized-human potential due to folks being incarcerated rather than getting the mental health services needed that may lead to whole and manageable lives... perhaps even thriving lives. The degree of human suffering resulting from this short-fall in quality resources is tragic...and perpetuates a cycle of financial overwhelm for our community. Dollars invested here would be very well placed and help prevent devastating (and costly) outcomes on down the line. – Social Services Provider

There are few, if any, doctors who take Medi-Cal/Medicare. Many people with mental health concerns have poor access to healthcare and/or are not able to pay. There needs to be a more robust effort to handle these concerns and promote these services. If people are unaware of the services available, they are of no use. I'm most concerned about mental health for teens in public schools, women, and the elderly – Physician

No treatment, can't afford medications. – Social Services Provider –

Counseling and psychological services that are affordable and available. – Physician

Finding affordable or insurance covered providers, both psychiatrists and counselors. – Physician

Lack of Providers

Full panels by physicians, and not enough therapists in the community. – Physician

There are not enough mental health psychiatrists for children or adults in the area. – Community Leader

Lack of mental health providers with prescribing authority. The painfully long wait to get scheduled appointments with mental health professionals, particularly those with prescribing authority, given the often urgency of mental health problems. Lack of inpatient facilities and beds. Stigma associated with seeking mental health services. – Community Leader

Getting personalized, trained counseling services, especially during crisis issues. – Other Health Provider

Lack of mental healthcare providers across spectrum of ages and diseases, especially affordable providers of cognitive behavioral therapy, psychiatrists, psychologists. – Physician

Aging Population

Older adults suffer from both physical and mental isolation which can disrupt their ability to perform their activities of daily living. They can manifest symptoms of depression, anxiety and suicide ideation. They often go untreated and it is often viewed as a normal part of aging. Services are often not sough until there is a crisis and a negative outcome. Mental health illness has stigma across cultures. In the Latino community, health myths which are "their design for living" can be barriers to seeking help. These myths cannot be dismissed but evidence-based information, education, and resources for assistance can be presented from the "humble expert" respecting their design for living at the same time. Older adults from both cultures are often dealing with adult children or grandchildren suffering from mental health issues. They do not know what to do and often do not seek help for them or try to manage it themselves … at everyone's expense. – Social Services Provider

Through my work with foundation members, I have come to realize that a good majority of our seniors are suffering from mental health issues. This goes beyond dementia. I am talking about paranoias, delusions, anxiety, and depression – with no treatments available to them. Many do not have family to notice or assist them in seeking help – and many do not have the funds available to pay for the help. – Social Services Provider

Diagnosis/Treatment

Underdiagnosed, mistaken for other problems, homelessness and destitution. Limited access for evaluation and diagnosis. Limited non-medication treatment, limited housing. – Physician

Many are going undiagnosed. There is a huge problem in teens and homeless. – Community Leader

Many people are not diagnosed and often times, individuals suffering mental illness don't realize they are ill. Mental Health illness symptoms may be difficult to differentiate if the individual abuses substances. Lack of health insurance and/or don't know how to reach the resources available to them – Social Services Provider

Contributing Factors

Risk evidence, homelessness, stigma. – Community Leader

Affordability of services for those that make a bit more than 138% of FPL; stigma associated with using mental health services; cultural sensitivity of services. – Public Health Representative

There are so few doctors who provide any care for mental health issues and those who do are clearly overworked and unprepared to meet the needs of local clients experiencing mental health challenges. There is no access into the mental health system other than thru the emergency room – it is ridiculous, traumatic, expensive, and a failure to the people and families who need help. We don't systemically support any kind of prevention and early treatment for mental health issues faced by women – waiting until a crisis before getting access to services. Our general practice doctors are not able to provide a basic level of care for mental health issues – we could be using mid-level practitioners for many of these things but fail to provide the training and support they need. Schools could be HUGE allies in helping kids and families access mental health treatment, but need access to health dollars. We can't expect schools to fund mental health with education money. – Community Leader

Co-Occurrences

Homelessness and incarceration. – Social Services Provider

A high number of homeless individuals suffer from mental health issues. This directly impacts the ability to secure and maintain housing. – Social Services Provider

Dealing with stress, anxiety, PTSD. Not having enough mental health professionals. Not have enough for the entire payer mix. People not knowing how to access services. – Social Services Provider

Incidence/Prevalence

Mental health is a nationwide crisis. – Other Health Provider

The high prevalence of mental health issues among the population and significant access issues. – Other Health Provider

Cultural/Personal Beliefs

Boys are raised to believe they must sacrifice their loving human nature in order to be a "real man." Most men struggle with an inability to access their own emotions and carry emotional pain from childhood they have been unable to heal. Our community lacks the places for men to gather in an environment that is safe and where their value and sense of belonging is encouraged and nourished. They struggle as individuals, husbands, fathers and team players as a result. They need an opportunity to learn to be vulnerable, to trust, heal, and grow. – Social Services Provider

Youth

Youth mental health, depression and anxiety due to social media, demanding school expectations, and social pressures, have more of our youth using drugs, sex and other negative acts to solve their problems. This has lead too many of our local youth to death and or jail. – Community Leader

Our youth, as well as military returning home, that turn to self-medication with drugs and alcohol, to assist with the perils of war, chemical imbalance and post-traumatic stress disorder. – Community Leader

Maternal Health

Prenatal depression symptoms per 100 females delivering a live birth were significantly higher than the rest of the state. – Public Health Representative

Homelessness

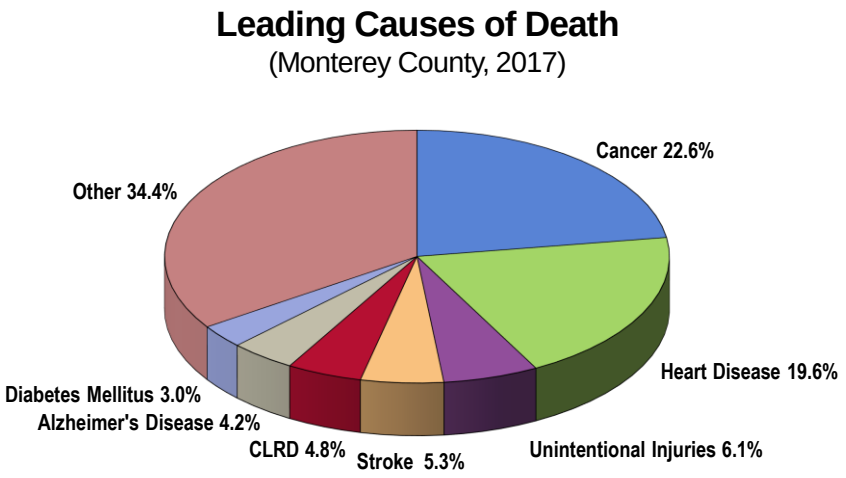
I simply do not know how we can take care of the mentally ill living on our streets and in our wooded areas. – Community Leader

Death, Disease & Chronic Conditions

Leading Causes of Death

Distribution of Deaths by Cause

Together, heart disease and cancers accounted for over four in 10 deaths in the county in 2017.



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2019.

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Lung disease is CLRD, or chronic lower respiratory disease.

Age-Adjusted Death Rates for Selected Causes

About Age-Adjusted Death Rates

In order to compare mortality in the region with other localities (in this case, California and the United States), it is necessary to look at rates of death — these are figures which represent the number of deaths in relation to the population size (such as deaths per 100,000 population, as is used here).

Furthermore, in order to compare localities without undue bias toward younger or older populations, the common convention is to adjust the data to some common baseline age distribution. Use of these "age-adjusted" rates provides the most valuable means of gauging mortality against benchmark data, as well as Healthy People 2020 objectives.

The following chart outlines 2015-2017 annual average age-adjusted death rates per 100,000 population for selected causes of death in Monterey County.

Each of these is discussed in greater detail in subsequent sections of this report.

For infant mortality data, see *Birth Outcomes & Risks* in the **Births** section of this report.

Age-Adjusted Death Rates for Selected Causes

(2015-2017 Deaths per 100,000 Population)

	Monterey County	CA	US	HP2020
Malignant Neoplasms (Cancers)	127.9	139.7	155.6	161.4
Diseases of the Heart	109.5	143.9	166.3	156.9*
Unintentional Injuries	34.3	31.9	46.7	36.4
Cerebrovascular Disease (Stroke)	32.4	36.9	37.5	34.8
Chronic Lower Respiratory Disease (CLRD)	27.7	32.6	41	n/a
Alzheimer's Disease	27.1	36.3	30.2	n/a
Diabetes	19.4	21.6	21.3	20.5*
Firearm-Related	14.0	7.8	11.6	9.3
Homicide/Legal Intervention	12.4	5.1	6.0	5.5
Pneumonia/Influenza	11.4	14.5	14.3	n/a
Motor Vehicle Deaths	11.4	9.5	11.4	12.4
Cirrhosis/Liver Disease	11.4	12.3	10.8	8.2
Intentional Self-Harm (Suicide)	9.3	10.4	13.6	10.2
Unintentional Drug-Related Deaths	8.5	9.8	16.7	11.3
Kidney Disease	8.4	8.7	13.2	n/a
HIV/AIDS (2008-2017)	1.1	1.9	2.3	3.3

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2019.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov.

Note:
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population and coded using ICD-10 codes.
- *The Healthy People 2020 Heart Disease target is adjusted to account for all diseases of the heart; the Diabetes target is adjusted to reflect only diabetes mellitus-coded deaths.

Cardiovascular Disease

About Heart Disease & Stroke

Heart disease is the leading cause of death in the United States, with stroke following as the third leading cause. Together, heart disease and stroke are among the most widespread and costly health problems facing the nation today, accounting for more than $500 billion in healthcare expenditures and related expenses in 2010 alone. Fortunately, they are also among the most preventable.

The leading modifiable (controllable) risk factors for heart disease and stroke are:

- High blood pressure
- High cholesterol
- Cigarette smoking
- Diabetes
- Poor diet and physical inactivity
- Overweight and obesity

The risk of Americans developing and dying from cardiovascular disease would be substantially reduced if major improvements were made across the US population in diet and physical activity, control of high blood pressure and cholesterol, smoking cessation, and appropriate aspirin use.

The burden of cardiovascular disease is disproportionately distributed across the population. There are significant disparities in the following based on gender, age, race/ethnicity, geographic area, and socioeconomic status:

- Prevalence of risk factors
- Access to treatment
- Appropriate and timely treatment
- Treatment outcomes
- Mortality

Disease does not occur in isolation, and cardiovascular disease is no exception. Cardiovascular health is significantly influenced by the physical, social, and political environment, including: maternal and child health; access to educational opportunities; availability of healthy foods, physical education, and extracurricular activities in schools; opportunities for physical activity, including access to safe and walkable communities; access to healthy foods; quality of working conditions and worksite health; availability of community support and resources; and access to affordable, quality healthcare.

— Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Heart Disease & Stroke Deaths

Heart Disease Deaths

The greatest share of cardiovascular deaths is attributed to heart disease.

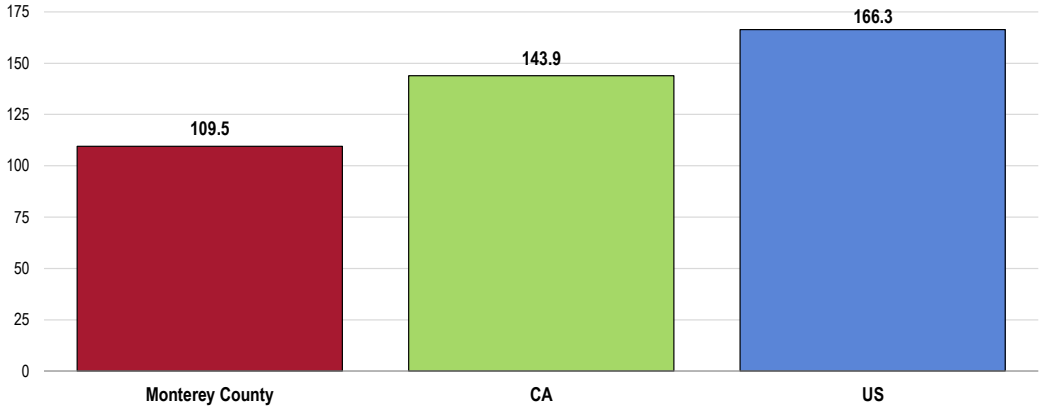
Between 2015 and 2017, there was an annual average age-adjusted heart disease mortality rate of 109.5 deaths per 100,000 population in Monterey County.

- **BENCHMARK**: A lower death rate than reported statewide and nationally. Satisfies the Healthy People 2020 objective.
- **TREND**: Decreasing over the past decade.
- **DISPARITY**: The death rate is higher in the county's White population.

Heart Disease: Age-Adjusted Mortality

(2015-2017 Annual Average Deaths per 100,000 Population)

Healthy People 2020 = 156.9 or Lower (Adjusted)



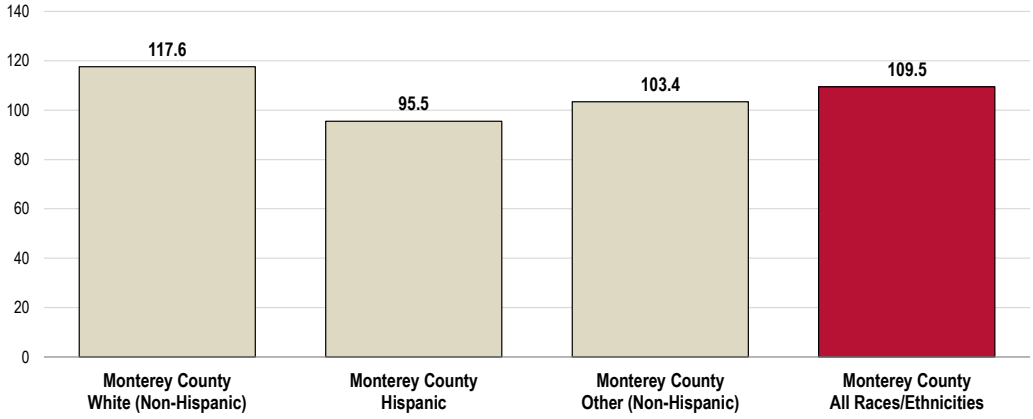
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2019.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-2]

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- The Healthy People 2020 Heart Disease target is adjusted to account for all diseases of the heart.

Heart Disease: Age-Adjusted Mortality by Race

(2015-2017 Annual Average Deaths per 100,000 Population)

Healthy People 2020 = 156.9 or Lower (Adjusted)



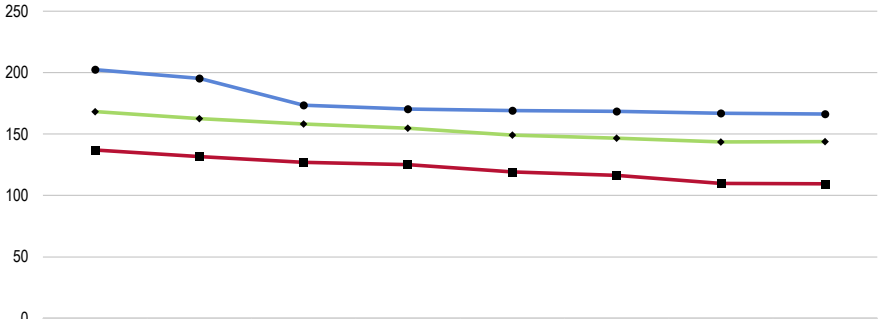
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2019.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-2]

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- The Healthy People 2020 Heart Disease target is adjusted to account for all diseases of the heart.

Heart Disease: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)

Healthy People 2020 = 156.9 or Lower (Adjusted)



	2008-2010	2009-2011	2010-2012	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017
Monterey County	137.0	131.6	127.0	125.2	119.3	116.3	109.7	109.5
CA	168.3	162.6	158.1	154.7	149.1	146.5	143.6	143.9
US	202.4	195.2	173.4	170.3	169.1	168.4	167.0	166.3

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2019.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-2]

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- The Healthy People 2020 Heart Disease target is adjusted to account for all diseases of the heart.

Stroke Deaths

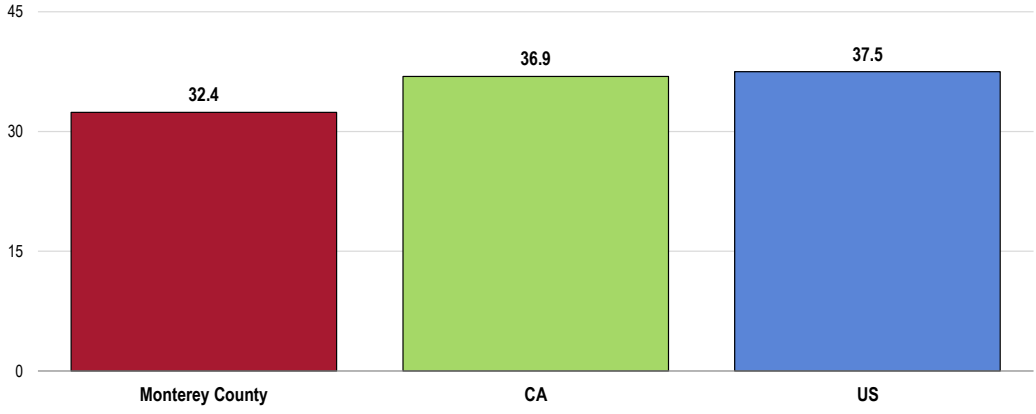
Between 2015 and 2017, there was an annual average age-adjusted stroke mortality rate of 32.4 deaths per 100,000 population in the county.

- **BENCHMARK**: Below the US mortality rate.
- **DISPARITY**: The stroke death rate is higher in the Other (non-Hispanic) population.

Stroke: Age-Adjusted Mortality

(2015-2017 Annual Average Deaths per 100,000 Population)

Healthy People 2020 = 34.8 or Lower



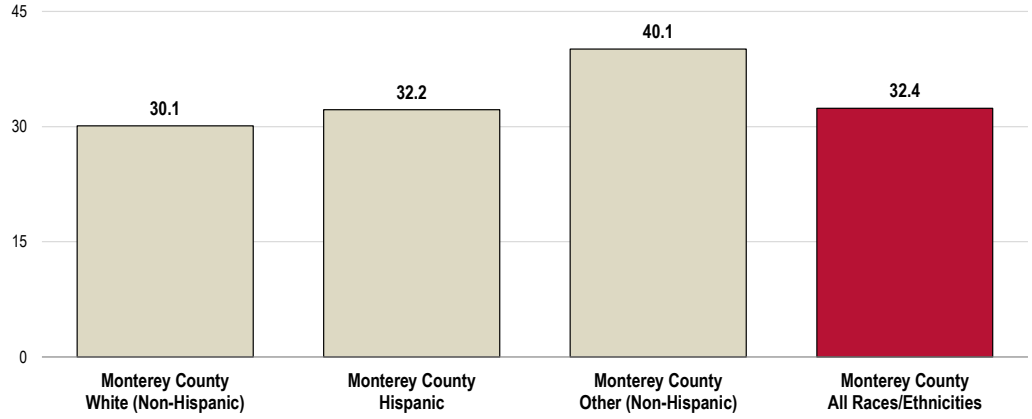
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2019.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-3]

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Stroke: Age-Adjusted Mortality by Race

(2015-2017 Annual Average Deaths per 100,000 Population)

Healthy People 2020 = 34.8 or Lower



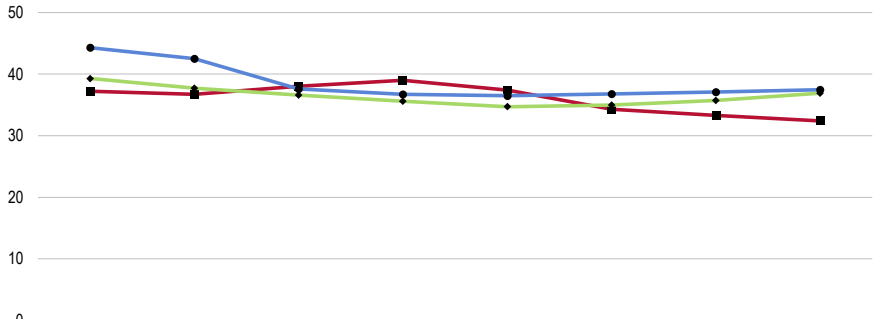
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2019.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-3]

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Stroke: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)

Healthy People 2020 = 34.8 or Lower



	2008-2010	2009-2011	2010-2012	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017
Monterey County	37.2	36.7	38.0	39.0	37.4	34.3	33.3	32.4
CA	39.3	37.7	36.6	35.6	34.7	35.0	35.7	36.9
US	44.3	42.5	37.6	36.7	36.5	36.8	37.1	37.5

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2019.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-3]

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

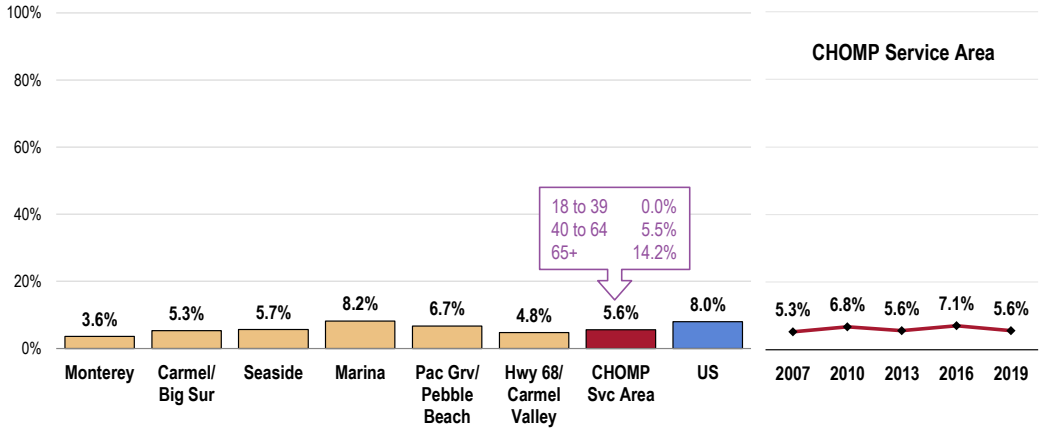
Prevalence of Heart Disease & Stroke

Prevalence of Heart Disease

A total of 5.6% of surveyed adults report that they suffer from or have been diagnosed with heart disease, such as coronary heart disease, angina, or heart attack.

- **BENCHMARK**: Lower than the national percentage.
- **DISPARITY**: The prevalence correlates with age.

Prevalence of Heart Disease



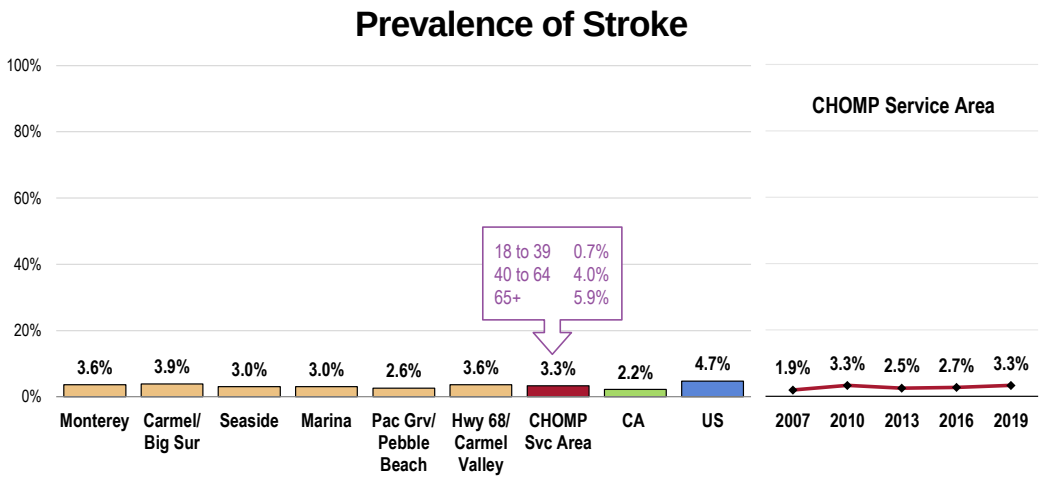
Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 128]
- 2017 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- Includes diagnoses of heart attack, angina, or coronary heart disease.

Prevalence of Stroke

A total of 3.3% of surveyed adults report that they suffer from or have been diagnosed with cerebrovascular disease (a stroke).

- **TREND**: Marks a statistically significant increase in stroke prevalence since 2007.
- **DISPARITY**: The prevalence correlates with age.



Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 33]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2017 California data.
- 2017 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Cardiovascular Risk Factors

About Cardiovascular Risk

Controlling risk factors for heart disease and stroke remains a challenge. High blood pressure and cholesterol are still major contributors to the national epidemic of cardiovascular disease. High blood pressure affects approximately 1 in 3 adults in the United States, and more than half of Americans with high blood pressure do not have it under control. High sodium intake is a known risk factor for high blood pressure and heart disease, yet about 90% of American adults exceed their recommendation for sodium intake.

— Healthy People 2020 (www.healthypeople.gov)

Blood Pressure & Cholesterol

A total of 37.6% of CHOMP Service Area adults have been told at some point that their blood pressure was high.

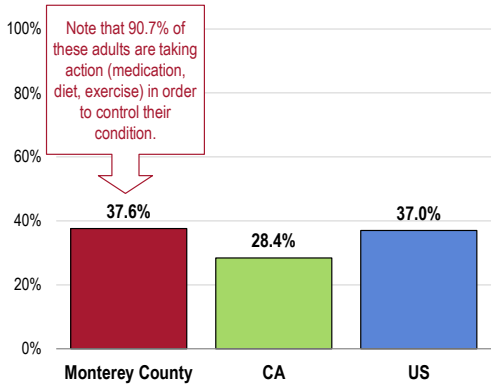
- **BENCHMARK**: Higher than the California prevalence and failing to satisfy the Healthy People 2020 objective.
- **TREND**: Denotes a statistically significant increase since 2007.

A total of 32.7% of adults have been told by a health professional that their cholesterol level was high.

- **BENCHMARK**: Fails to meet the 2020 objective.
- **DISPARITY**: Unfavorably high in Carmel/Big Sur; lowest in Marina (not shown).

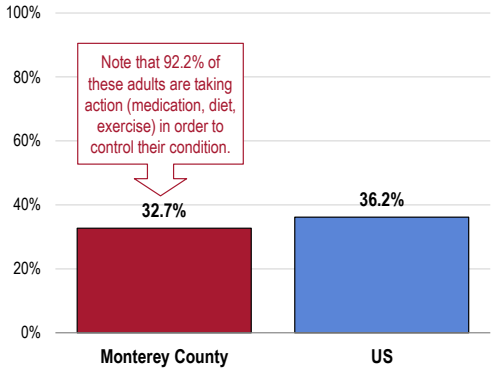
Prevalence of High Blood Pressure

Healthy People 2020 = 26.9% or Lower



Prevalence of High Blood Cholesterol

Healthy People 2020 = 13.5% or Lower



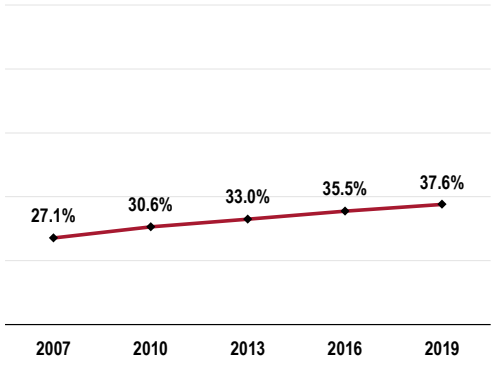
Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Items 41, 44, 129, 130]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2017 California data.
- 2017 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objectives HDS-5.1, HDS-7]

Notes:
- Asked of all respondents.

Prevalence of High Blood Pressure

(CHOMP Service Area)

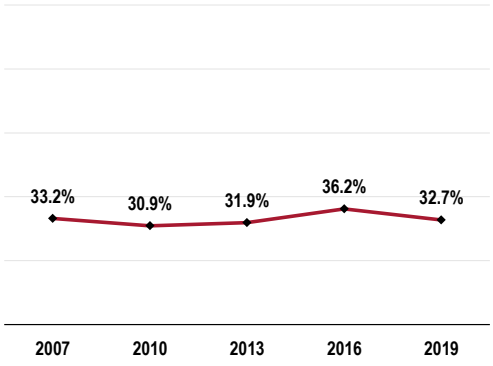
Healthy People 2020 = 26.9% or Lower



Prevalence of High Blood Cholesterol

(CHOMP Service Area)

Healthy People 2020 = 13.5% or Lower



Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Items 129, 130]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objectives HDS-5.1, HDS-7]

Notes:
- Asked of all respondents.

Total Cardiovascular Risk

About Cardiovascular Risk

Individual level risk factors which put people at increased risk for cardiovascular diseases include:

- High Blood Pressure
- High Blood Cholesterol
- Tobacco Use
- Physical Inactivity
- Poor Nutrition
- Overweight/Obesity
- Diabetes

— National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention

Three health-related behaviors contribute markedly to cardiovascular disease:

Poor nutrition. People who are overweight have a higher risk for cardiovascular disease. Almost 60% of adults are overweight or obese. To maintain a proper body weight, experts recommend a well-balanced diet which is low in fat and high in fiber, accompanied by regular exercise.

Lack of physical activity. People who are not physically active have twice the risk for heart disease of those who are active. More than half of adults do not achieve recommended levels of physical activity.

Tobacco use. Smokers have twice the risk for heart attack of nonsmokers. Nearly one-fifth of all deaths from cardiovascular disease, or about 190,000 deaths a year nationally, are smoking-related. Every day, more than 3,000 young people become daily smokers in the US.

Modifying these behaviors is critical both for preventing and for controlling cardiovascular disease. Other steps that adults who have cardiovascular disease should take to reduce their risk of death and disability include adhering to treatment for high blood pressure and cholesterol, using aspirin as appropriate, and learning the symptoms of heart attack and stroke.

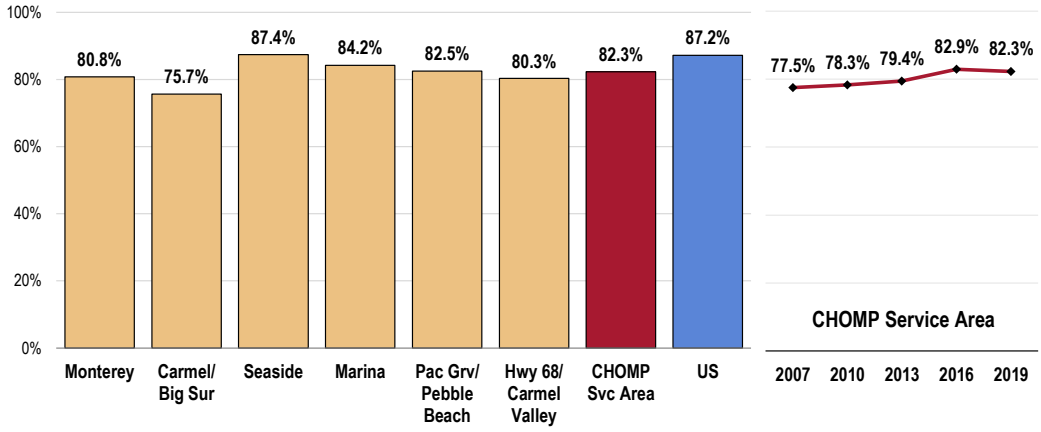
— National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention

RELATED ISSUE:
See also *Nutrition*, *Physical Activity*, *Weight Status*, and *Tobacco Use* in the **Modifiable Health Risks** section of this report.

A total of 82.3% of CHOMP Service Area adults report one or more cardiovascular risk factors, such as being overweight, smoking cigarettes, being physically inactive, or having high blood pressure or cholesterol.

- **BENCHMARK**: Below the US prevalence.
- **TREND**: Marks a statistically significant increase over time.
- **DISPARITY**: Unfavorably high in the Seaside community. Highest among men and older residents.

Present One or More Cardiovascular Risks or Behaviors

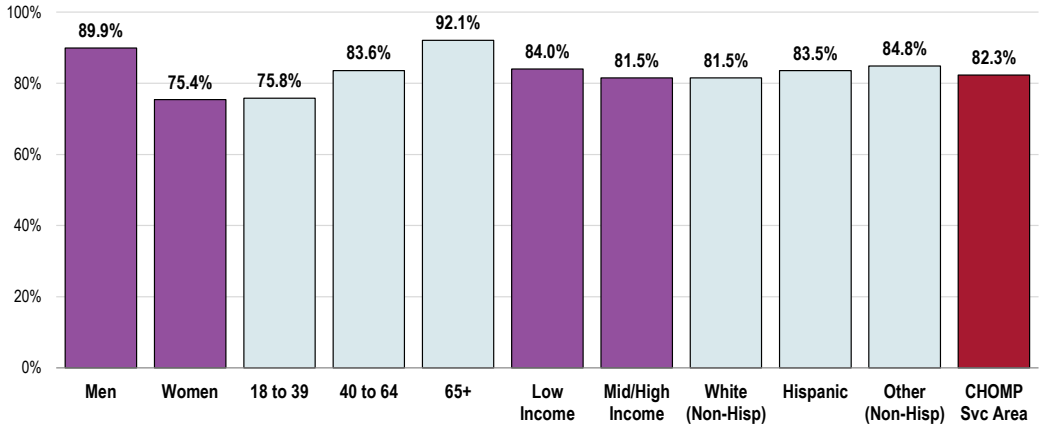


Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 131]
- 2017 PRC National Health Survey, PRC, Inc.

Notes:
- Reflects all respondents.
- Cardiovascular risk is defined as exhibiting one or more of the following: 1) no leisure-time physical activity; 2) regular/occasional cigarette smoking; 3) high blood pressure; 4) high blood cholesterol; and/or 5) being overweight/obese.

Present One or More Cardiovascular Risks or Behaviors

(CHOMP Service Area, 2019)



Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 131]

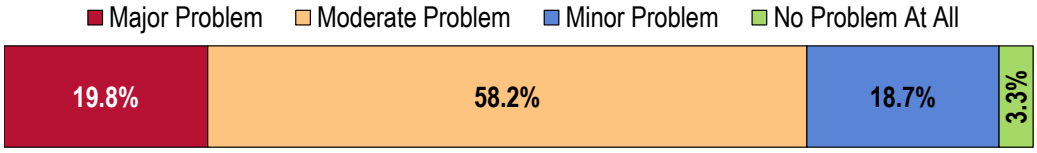
Notes:
- Reflects all respondents.
- Cardiovascular risk is defined as exhibiting one or more of the following: 1) no leisure-time physical activity; 2) regular/occasional cigarette smoking; 3) high blood pressure; 4) high blood cholesterol; and/or 5) being overweight/obese.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Key Informant Input: Heart Disease & Stroke

Over half of key informants taking part in an online survey characterized *Heart Disease & Stroke* as a "moderate problem" in the community.

Perceptions of Heart Disease and Stroke as a Problem in the Community

(Key Informants, 2019)



Sources: • PRC Online Key Informant Survey, PRC, Inc.
Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons related to the following:

Contributing Factors

Again, a lot of this starts with diet and exercise. There are not enough affordable recreational activities. People are stressed and over-worked, leaving little time for diet and exercise. For all of these issues, there needs to be more public education and outreach. Services need to be mobile. – Community Leader

Once again, our dietary habits contribute greatly to the risk of cardiac diseases. – Community Leader

Genetics and poor eating and exercising. – Community Leader

Due to obesity. – Community Leader

Correlated to the alarming diabetes rates in Monterey County, as well as obesity. – Other Health Provider

This is a problem because of diet and exercise. – Community Leader

Incidence/Prevalence

They are high-number killers overall so it stands to reason they would be a problem proportionally in our community. – Social Services Provider

High rates and resulting debility. No comprehensive stroke center. – Physician

High blood pressure. – Social Services Provider

Number-one cause of death. – Physician

Prevalence and cost. – Other Health Provider

Aging Population

Again because we serve older adults, many of our clients are dealing with these conditions and are being treated for them. In the Part D assessments that are done in our HICAP program, we see many beneficiaries who require drugs to manage the conditions. Our ombudsmen deal with many residents in skilled nursing facilities and residential care facilities who are in LTC placement as a result of these conditions. Seniors in our peer counseling program are dealing with emotional issues around chronic diseases like these that result in stress, anxiety, and depression. – Social Services Provider

As we age, and due to our unhealthy habits, such as smoking, diet of fried foods and lack of exercise, I think we have more heart disease and stroke. I also think our stressful lifestyles play into this. – Public Health Representative

Access to Care/Services

Wait times to see a new cardiologist can be months, even with a new issue with symptoms that might not trigger a crisis that requires the emergency room. – Physician

Cancer

About Cancer

Continued advances in cancer research, detection, and treatment have resulted in a decline in both incidence and death rates for all cancers. Among people who develop cancer, more than half will be alive in five years. Yet, cancer remains a leading cause of death in the United States, second only to heart disease.

Many cancers are preventable by reducing risk factors such as: use of tobacco products; physical inactivity and poor nutrition; obesity; and ultraviolet light exposure. Other cancers can be prevented by getting vaccinated against human papillomavirus and hepatitis B virus. In the past decade, overweight and obesity have emerged as new risk factors for developing certain cancers, including colorectal, breast, uterine corpus (endometrial), and kidney cancers. The impact of the current weight trends on cancer incidence will not be fully known for several decades. Continued focus on preventing weight gain will lead to lower rates of cancer and many chronic diseases.

Screening is effective in identifying some types of cancers (see US Preventive Services Task Force [USPSTF] recommendations), including:

- Breast cancer (using mammography)
- Cervical cancer (using Pap tests)
- Colorectal cancer (using fecal occult blood testing, sigmoidoscopy, or colonoscopy)

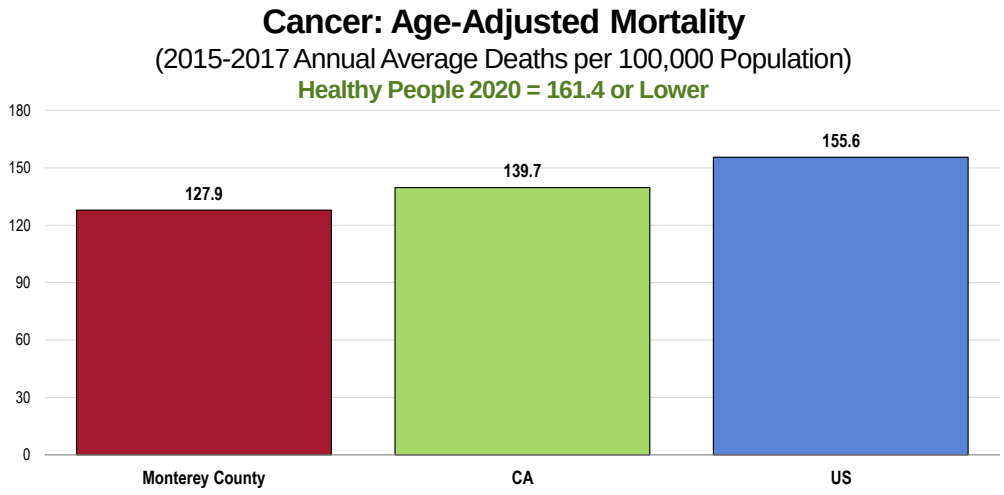
— Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Cancer Deaths

All Cancer Deaths

Between 2015 and 2017, there was an annual average age-adjusted cancer mortality rate of 127.9 deaths per 100,000 population in Monterey County.

- **BENCHMARK**: Below the US death rate and satisfies the 2020 goal.
- **DISPARITY**: The death rate is higher among Whites in the county.



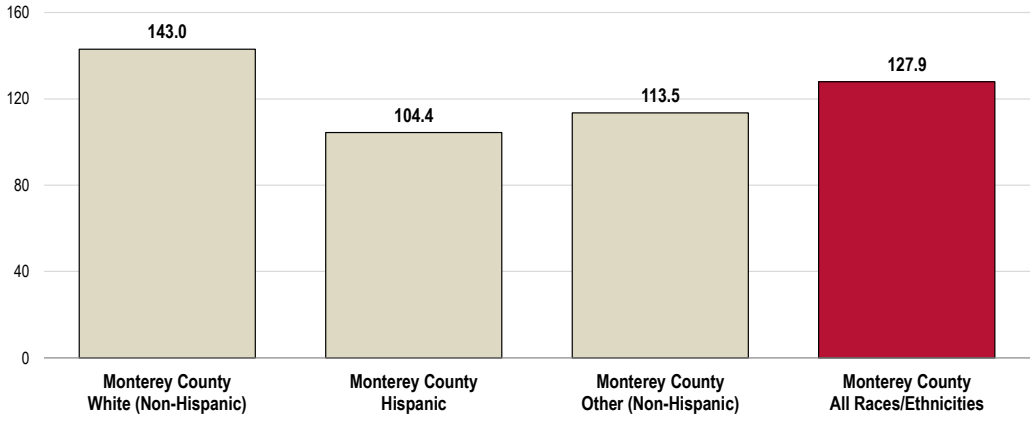
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2019.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective C-1]

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Cancer: Age-Adjusted Mortality by Race

(2015-2017 Annual Average Deaths per 100,000 Population)

Healthy People 2020 = 161.4 or Lower



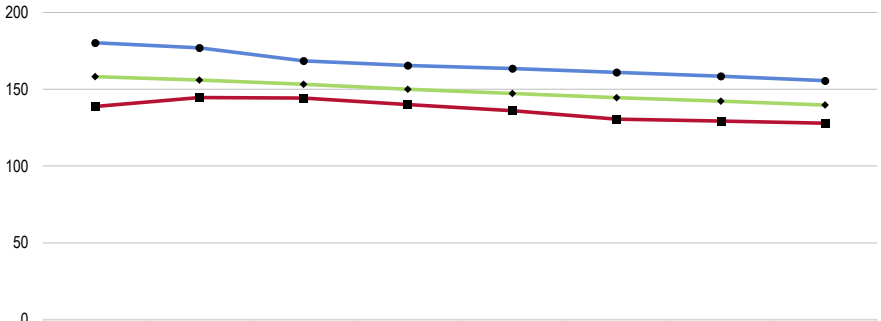
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2019.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective C-1]

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Cancer: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)

Healthy People 2020 = 161.4 or Lower



	2008-2010	2009-2011	2010-2012	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017
Monterey County	138.7	144.6	144.3	140.0	136.0	130.6	129.4	127.9
CA	158.2	155.9	153.2	149.9	147.3	144.6	142.2	139.7
US	180.3	177.0	168.6	165.4	163.6	161.0	158.5	155.6

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2019.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective C-1]

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Cancer Deaths by Site

Lung cancer is by far the leading cause of cancer deaths in the county.

Other leading sites include prostate cancer among men, breast cancer among women, and colorectal cancer (both sexes).

BENCHMARKS: Based on 2015-2017 annual average age-adjusted cancer death rates by site, note the following significant comparisons for Monterey County:

- **Lung Cancer**: Lower than both state and national rates. Satisfies the Healthy People 2020 objective.
- **Prostate Cancer**: Satisfies the Healthy People 2020 objective.
- **Female Breast Cancer**: Lower than the national rate. Satisfies the Healthy People 2020 objective.
- **Colorectal Cancer**: Lower than both state and national rates. Satisfies the Healthy People 2020 objective.

Age-Adjusted Cancer Death Rates by Site

(2015-2017 Annual Average Deaths per 100,000 Population)

	Monterey County	CA	US	HP2020
ALL CANCERS	127.9	139.7	155.6	161.4
Lung Cancer	23.4	28.0	38.5	45.5
Prostate Cancer	17.8	19.7	18.9	21.8
Female Breast Cancer	16.7	19.2	20.1	20.7
Colorectal Cancer	10.1	12.7	13.9	14.5

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2019.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov

Cancer Incidence

Incidence rates reflect the number of newly diagnosed cases in a given population in a given year, regardless of outcome. These rates are also age-adjusted.

"Incidence rate" or "case rate" is the number of new cases of a disease occurring during a given period of time.

It is usually expressed as cases per 100,000 population per year.

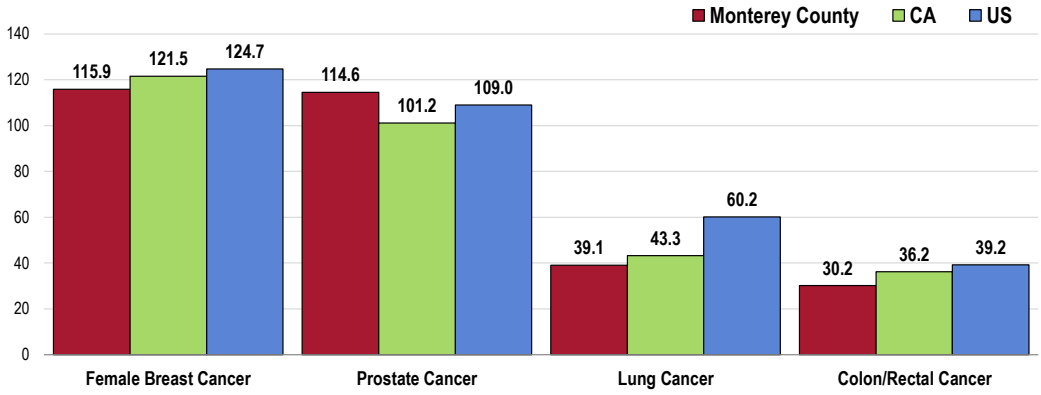
The highest cancer incidence rates are for breast cancer in women and prostate cancer in men.

BENCHMARKS: Based on 2015-2017 annual average incidence rates by site, note the following favorable comparisons for Monterey County:

- **Lung Cancer**: Lower than the national rate.
- **Colorectal Cancer**: Lower than both state and national rates.

Cancer Incidence Rates by Site

(Annual Average Age-Adjusted Incidence per 100,000 Population, 2011-2015)



Sources:
- State Cancer Profiles.
- Retrieved May 2019 from CARES Engagement Network at https://engagementnetwork.org.

Notes:
- This indicator reports the age adjusted incidence rate (cases per 100,000 population per year) of cancers, adjusted to 2000 US standard population age groups (under age 1, 1-4, 5-9, ..., 80-84, 85 and older). This indicator is relevant because cancer is a leading cause of death and it is important to identify cancers separately to better target interventions.

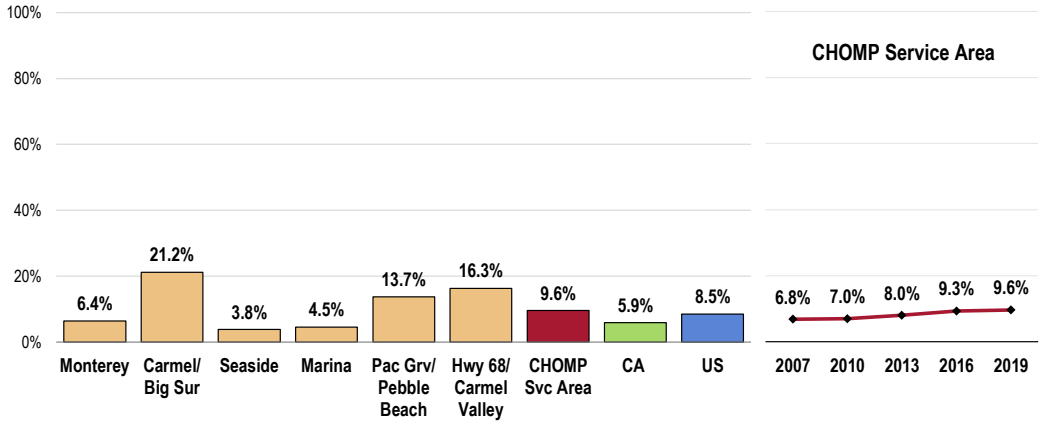
Prevalence of Cancer

Skin Cancer

A total of 9.6% of surveyed CHOMP Service Area adults report having been diagnosed with skin cancer.

- **BENCHMARK**: Higher than the California percentage.
- **TREND**: Marks a statistically significant increase since 2007.
- **DISPARITY**: Highest in Carmel/Big Sur and Highway 68/Carmel Valley; favorably low in the communities of Monterey, Seaside, and Marina.

Prevalence of Skin Cancer



Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 28]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2017 California data.
- 2017 PRC National Health Survey, PRC, Inc.

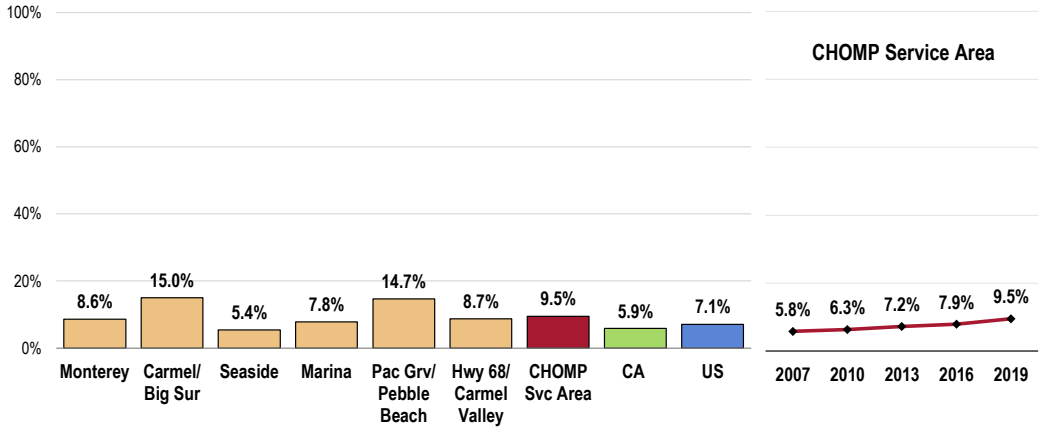
Notes:
- Asked of all respondents.

Other Cancers

A total of 9.5% of survey respondents have been diagnosed with some type of (non-skin) cancer.

- **BENCHMARK**: Higher than the state and US percentages.
- **TREND**: Denotes a statistically significant increase since 2007.
- **DISPARITY**: Unfavorably high in Pacific Grove/Pebble Beach; lowest in Seaside.

Prevalence of Cancer (Other Than Skin Cancer)



Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 27]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2017 California data.
- 2017 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Cancer Risk

RELATED ISSUE:
See also *Nutrition*, *Physical Activity*, *Weight Status*, and *Tobacco Use* in the **Modifiable Health Risks** section of this report.

About Cancer Risk

Reducing the nation's cancer burden requires reducing the prevalence of behavioral and environmental factors that increase cancer risk.

- All cancers caused by cigarette smoking could be prevented. At least one-third of cancer deaths that occur in the United States are due to cigarette smoking.
- According to the American Cancer Society, about one-third of cancer deaths that occur in the United States each year are due to nutrition and physical activity factors, including obesity.

— National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention

Cancer Screenings

The American Cancer Society recommends that both men and women get a cancer-related checkup during a regular doctor's checkup. It should include examination for cancers of the thyroid, testicles, ovaries, lymph nodes, oral cavity, and skin, as well as health counseling about tobacco, sun exposure, diet and nutrition, risk factors, sexual practices, and environmental and occupational exposures.

Screening levels in the community were measured in the PRC Community Health Survey relative to three cancer sites: female breast cancer (mammography); cervical cancer (Pap smear testing); and colorectal cancer (sigmoidoscopy and fecal occult blood testing).

Female Breast Cancer

The US Preventive Services Task Force (USPSTF) recommends biennial screening mammography for women aged 50 to 74 years.

Cervical Cancer

The US Preventive Services Task Force (USPSTF) strongly recommends screening for cervical cancer every 3 years with cervical cytology alone in women aged 21 to 29 years.

Colorectal Cancer

The US Preventive Services Task Force (USPSTF) recommends screening for colorectal cancer starting at age 50 years and continuing until age 75 years.

— US Preventive Services Task Force, Agency for Healthcare Research and Quality, US Department of Health & Human Services

Note that other organizations (e.g., American Cancer Society, American Academy of Family Physicians, American College of Physicians, National Cancer Institute) may have slightly different screening guidelines.

Among surveyed women age 50-74, 73.0% have had a mammogram within the past 2 years.

- **BENCHMARK**: Higher than the California percentage but failing to meet the Healthy People 2020 objective.
- **TREND**: Denotes a statistically significant decrease since 2007.

Among CHOMP Service Area women age 21 to 65, 79.4% have had a Pap smear within the past 3 years.

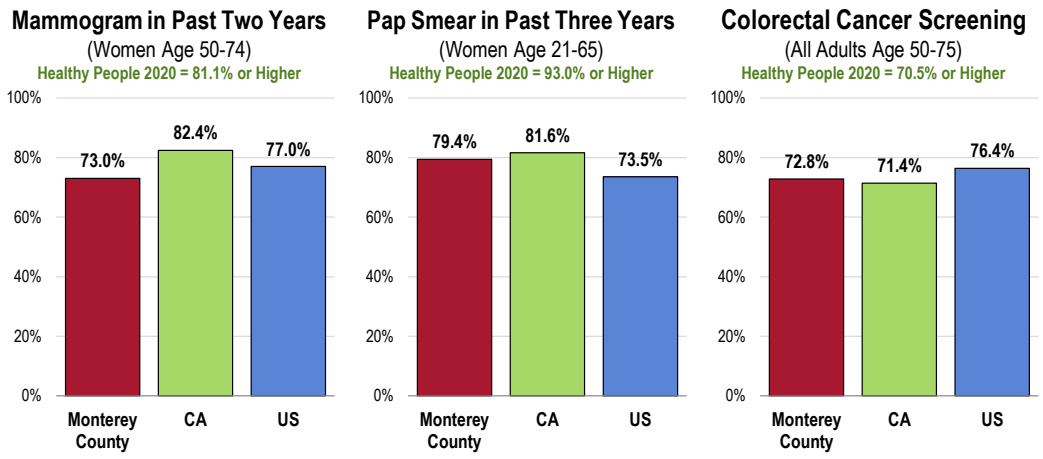
- **BENCHMARK**: Fails to meet the 2020 objective.
- **TREND**: Denotes a statistically significant decrease since 2007.

Among all adults age 50-75, 72.8% have had appropriate colorectal cancer screening.

- **TREND**: Marks a statistically significant increase since 2013.

"Appropriate colorectal cancer screening" includes a fecal occult blood test within the past year and/or a lower endoscopy (sigmoidoscopy or colonoscopy) within the past 10 years.

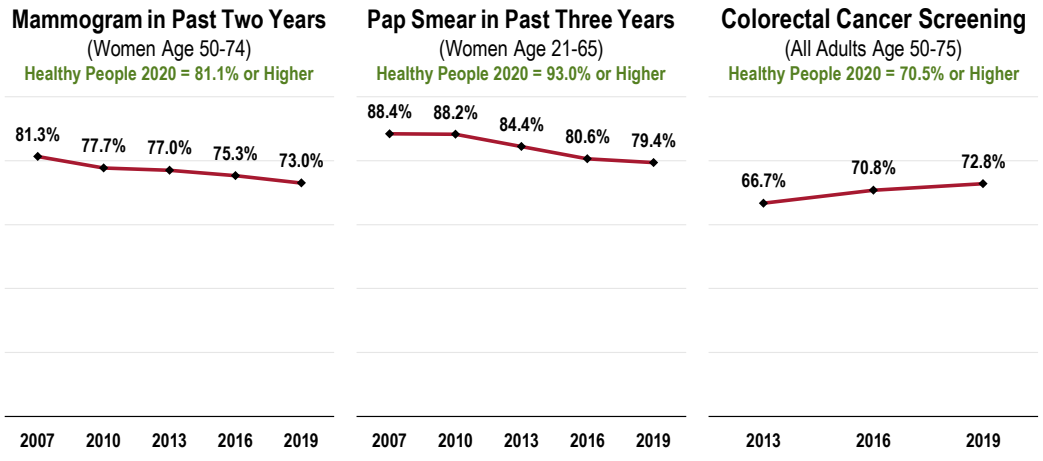
Cancer Screenings



Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Items 133, 134, 137]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 California data.
- 2017 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objectives C-15, C-16, C-17]

Notes:
- Each indicator is shown among the gender and/or age group specified.

Cancer Screenings: CHOMP Service Area Trends

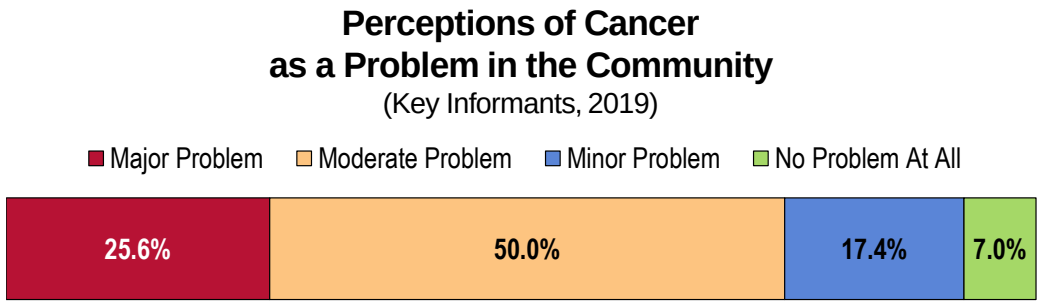


Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Items 133, 134, 137]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objectives C-15, C-16, C-17]

Notes:
- Each indicator is shown among the gender and/or age group specified.

Key Informant Input: Cancer

Half of key informants taking part in an online survey characterized *Cancer* as a "moderate problem" in the community.



Sources: • PRC Online Key Informant Survey, PRC, Inc.
Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons related to the following:

Incidence/Prevalence

It seems like everyone I know has lost or has a family member that has been in treatment for some type of cancer. – Community Leader

It seems that there are way too many people diagnosed with cancer. All are at different stages and many are referred out of the area for treatment, such as Stanford and UCSF. – Community Leader

There is a high prevalence and the care is fragmented, costly and often it hard for patients and families to understand what is the best care plan for them. End of life cancer care management for all county residents needs to be improved. – Community Leader

Many have it. – Community Leader

It affects many places in the body and there are limited facilities nearby that can help. – Community Leader

I think cancer doesn't discriminate. I see it as a healthcare issue for the young and old. As people age, cancer seems to be more prevalent. It is draining physically, emotionally, mentally and financially to the individual and family. Also, many elderly do not have a support system which makes it more difficult. – Community Leader

260 new breast cancer cases diagnosed per year in Monterey County. Breast Cancer Assistance Group provides financial support to 33% of them each year. – Social Services Provider

Prevalence, cost of care, need to send patients out of the community for specialty care. – Other Health Provider

About 700 new cases a year, just on the Monterey Peninsula. Second most common cause of death. – Physician

Cancer seems to be the highest threat to my age group, 50 to 60 years of age. – Community Leader

1 in 4 adults over 60 years old I know have or had cancer, some multiple times. I know more than 1 child with cancer and 1 is always too many. – Community Leader

Few of our clients, volunteers and coworkers have not been directly or indirectly touched by cancer. It is no longer viewed as a short or even long-term death sentence as it once was. People are more open about their diagnosis, treatment and progress. Many share success stories about being cancer free but do state a fear a recurrence. For older adults, the treatment does take a toll on their overall physical and emotional state. It also can have a negative financial impact on them and the entire family. – Social Services Provider

Aging community and general increase in incidence of some cancers. – Physician

Contributing Factors

Exposure to pesticides. – Community Leader

It is still unknown as to the sources of the disease. We do know that the agricultural industry uses many products that are carcinogens. That is a primary industry in our region that employs many that are not able to understand the risks and protecting themselves. – Community Leader

It seems more and more people are being diagnosed with cancer. The agricultural industry plays a major role in the cancer issue, as well as the amount of fast food establishments in our area. – Community Leader

Cervical and breast cancer, access to care, uninsured workforce, education and knowledge. – Other Health Provider

Access to Care/Services

Lack of local resources, forcing patients to travel a long distance for treatments, sometimes out of the area. Transportation to and from medical treatments is a major challenge, often not covered by medical insurance. – Social Services Provider

Only one group and two individual oncologists locally. – Physician

How can cancer not be a major problem? It's cancer. It's a battle for life for victims as well as caregivers. I know most people in Monterey County have to go to Stanford or UCSF for treatment and opinions. Need more expertise and ways to receive treatment in Monterey County. Also more on research donated to areas that do cancer research. – Community Leader

Impact on Families/Caregivers

It devastates families and though we do a good job at providing the care, it often leaves families bankrupt. – Physician

Respiratory Disease

About Asthma & COPD

Asthma and chronic obstructive pulmonary disease (COPD) are significant public health burdens. Specific methods of detection, intervention, and treatment exist that may reduce this burden and promote health.

Asthma is a chronic inflammatory disorder of the airways characterized by episodes of reversible breathing problems due to airway narrowing and obstruction. These episodes can range in severity from mild to life threatening. Symptoms of asthma include wheezing, coughing, chest tightness, and shortness of breath. Daily preventive treatment can prevent symptoms and attacks and enable individuals who have asthma to lead active lives.

COPD is a preventable and treatable disease characterized by airflow limitation that is not fully reversible. The airflow limitation is usually progressive and associated with an abnormal inflammatory response of the lung to noxious particles or gases (typically from exposure to cigarette smoke). Treatment can lessen symptoms and improve quality of life for those with COPD.

The burden of respiratory diseases affects individuals and their families, schools, workplaces, neighborhoods, cities, and states. Because of the cost to the healthcare system, the burden of respiratory diseases also falls on society; it is paid for with higher health insurance rates, lost productivity, and tax dollars. Annual healthcare expenditures for asthma alone are estimated at $20.7 billion.

Asthma. The prevalence of asthma has increased since 1980. However, deaths from asthma have decreased since the mid-1990s. The causes of asthma are an active area of research and involve both genetic and environmental factors.

Risk factors for asthma currently being investigated include:

- Having a parent with asthma
- Sensitization to irritants and allergens
- Respiratory infections in childhood
- Overweight

Asthma affects people of every race, sex, and age. However, significant disparities in asthma morbidity and mortality exist, in particular for low-income and minority populations. Populations with higher rates of asthma include: children; women (among adults) and boys (among children); African Americans; Puerto Ricans; people living in the Northeast United States; people living below the Federal poverty level; and employees with certain exposures in the workplace.

While there is not a cure for asthma yet, there are diagnoses and treatment guidelines that are aimed at ensuring that all people with asthma live full and active lives.

— Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Respiratory Disease Deaths

Chronic Lower Respiratory Disease Deaths (CLRD)

Note: Chronic lower respiratory disease (CLRD) includes lung diseases such as emphysema, chronic bronchitis, and asthma.

Between 2015 and 2017, there was an annual average age-adjusted CLRD mortality rate of 27.7 deaths per 100,000 population in Monterey County.

- **BENCHMARK**: Below the California and US mortality rates.
- **DISPARITY**: The mortality rate is much higher in the county's White population.

CLRD: Age-Adjusted Mortality

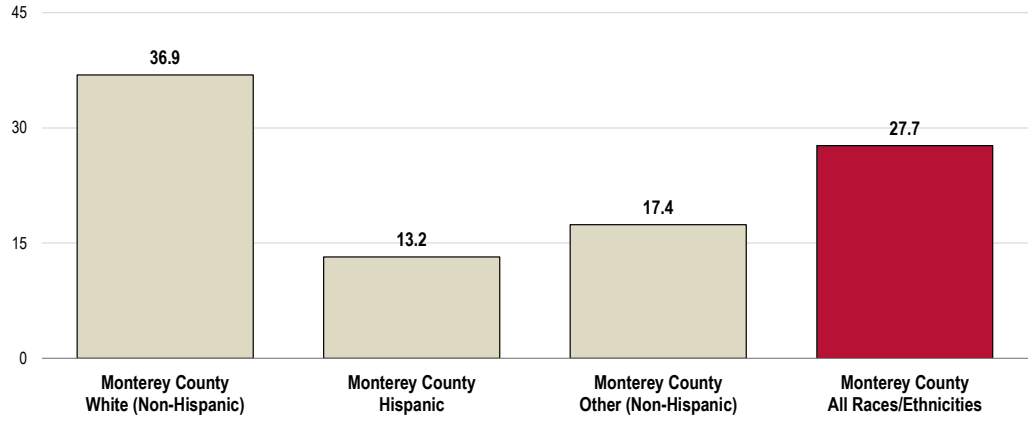
(2015-2017 Annual Average Deaths per 100,000 Population)

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2019.

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- CLRD is chronic lower respiratory disease.

CLRD: Age-Adjusted Mortality by Race

(2015-2017 Annual Average Deaths per 100,000 Population)

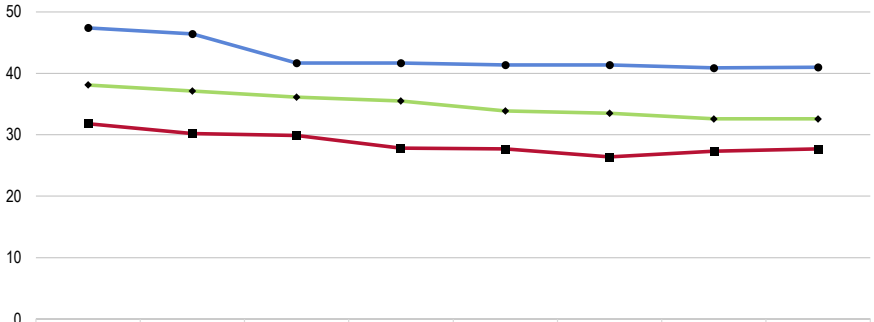


Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and. Informatics. Data extracted May 2019.

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- CLRD is chronic lower respiratory disease.

CLRD: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)



	2008-2010	2009-2011	2010-2012	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017
Monterey County	31.8	30.2	29.9	27.8	27.7	26.4	27.3	27.7
CA	38.1	37.1	36.1	35.5	33.9	33.5	32.6	32.6
US	47.4	46.4	41.7	41.7	41.4	41.4	40.9	41.0

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2019.

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- CLRD is chronic lower respiratory disease.

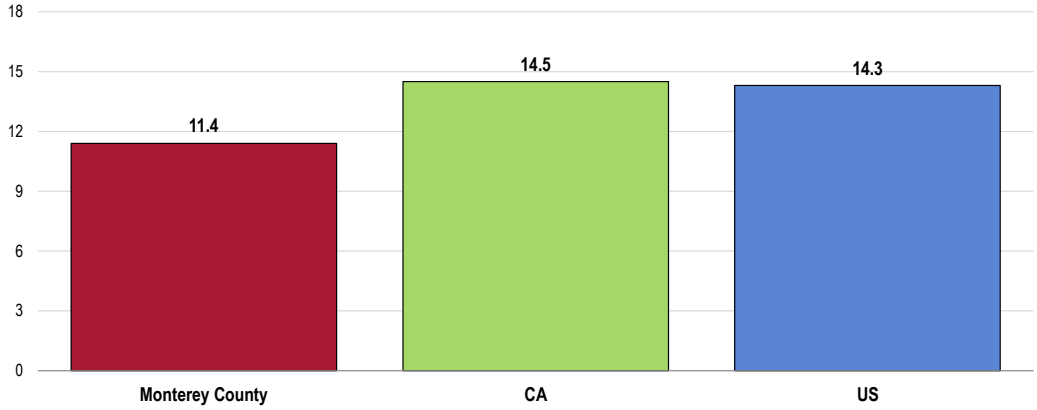
Pneumonia/Influenza Deaths

Between 2015 and 2017, the county reported an annual average age-adjusted pneumonia influenza mortality rate of 11.4 deaths per 100,000 population.

- **BENCHMARK**: Lower than the state and national mortality rates.
- **DISPARITY**: Higher among Whites in Monterey County.

Pneumonia/Influenza: Age-Adjusted Mortality

(2015-2017 Annual Average Deaths per 100,000 Population)

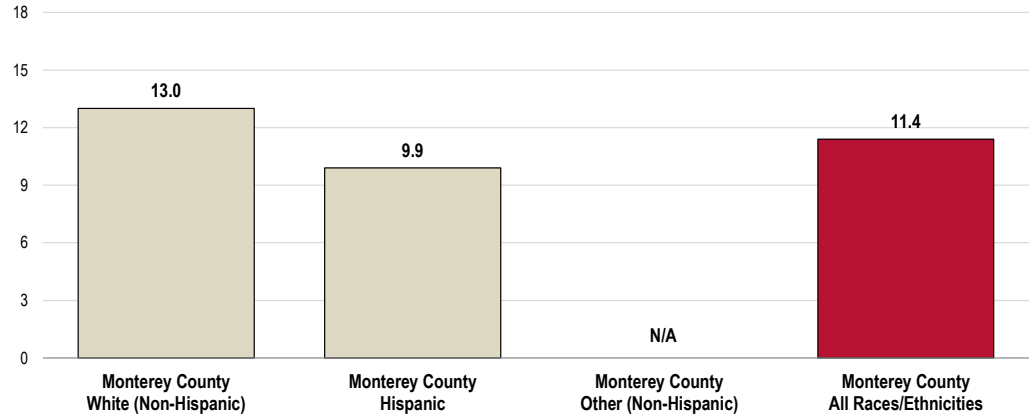


Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2019.

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Pneumonia/Influenza: Age-Adjusted Mortality by Race

(2015-2017 Annual Average Deaths per 100,000 Population)

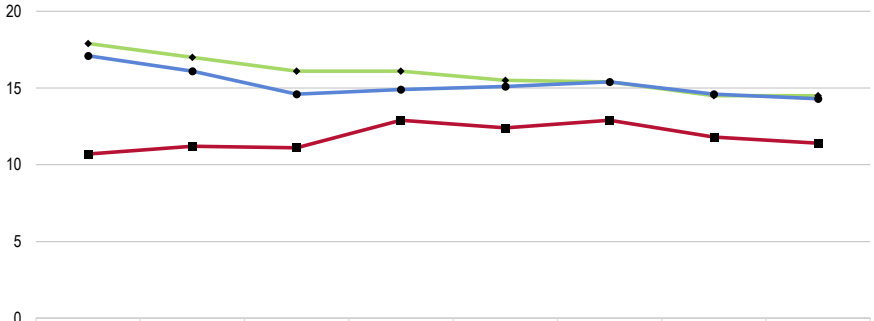


Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2019.

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Pneumonia/Influenza: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)



	2008-2010	2009-2011	2010-2012	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017
Monterey County	10.7	11.2	11.1	12.9	12.4	12.9	11.8	11.4
CA	17.9	17.0	16.1	16.1	15.5	15.4	14.5	14.5
US	17.1	16.1	14.6	14.9	15.1	15.4	14.6	14.3

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2019.

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Influenza & Pneumonia Vaccination

About Influenza & Pneumonia

Acute respiratory infections, including pneumonia and influenza, are the 8th leading cause of death in the nation, accounting for 56,000 deaths annually. Pneumonia mortality in children fell by 97% in the last century, but respiratory infectious diseases continue to be leading causes of pediatric hospitalization and outpatient visits in the US. On average, influenza leads to more than 200,000 hospitalizations and 36,000 deaths each year. The 2009 H1N1 influenza pandemic caused an estimated 270,000 hospitalizations and 12,270 deaths (1,270 of which were of people younger than age 18) between April 2009 and March 2010.

— Healthy People 2020 (www.healthypeople.gov)

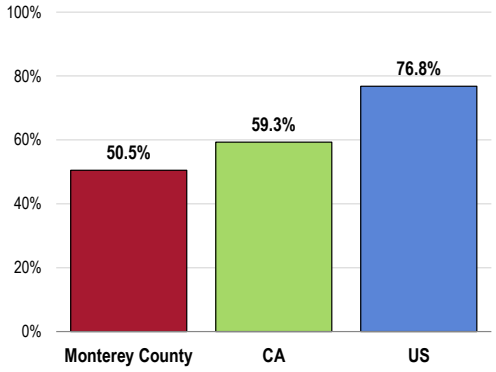
Among CHOMP Service Area adults age 65 and older, 50.5% received a flu vaccination within the past year.

- **BENCHMARK**: Lower than state and US percentages and failing to satisfy the Healthy People 2020 objective.
- **TREND**: Denotes a statistically significant decrease over time (not shown).
- **DISPARITY**: Favorably higher in Pacific Grove/Pebble Beach (not shown).

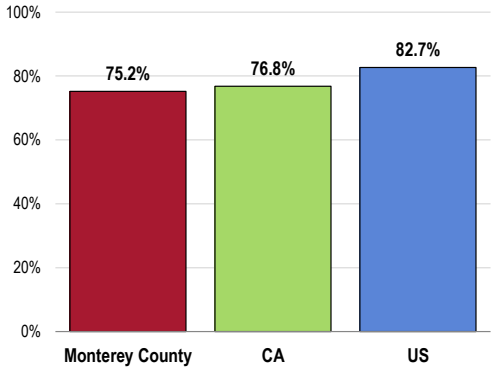
Among CHOMP Service Area adults age 65 and older, 75.2% have received a pneumonia vaccination at some point in their lives.

- **BENCHMARK**: Lower than the US prevalence and failing to meet the 2020 goal.
- **TREND**: Denotes a statistically significant increase since 2007 (not shown).

Older Adults:
Flu Vaccination in the Past Year
(Adults Age 65+)
Healthy People 2020 = 70.0% or Higher



Older Adults:
Ever Had a Pneumonia Vaccine
(Adults Age 65+)
Healthy People 2020 = 90.0% or Higher



Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Items 144, 146]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2017 California data.
- 2017 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IID-12.12]

Notes:
- Reflects respondents 65 and older.

Prevalence of Respiratory Disease

Asthma

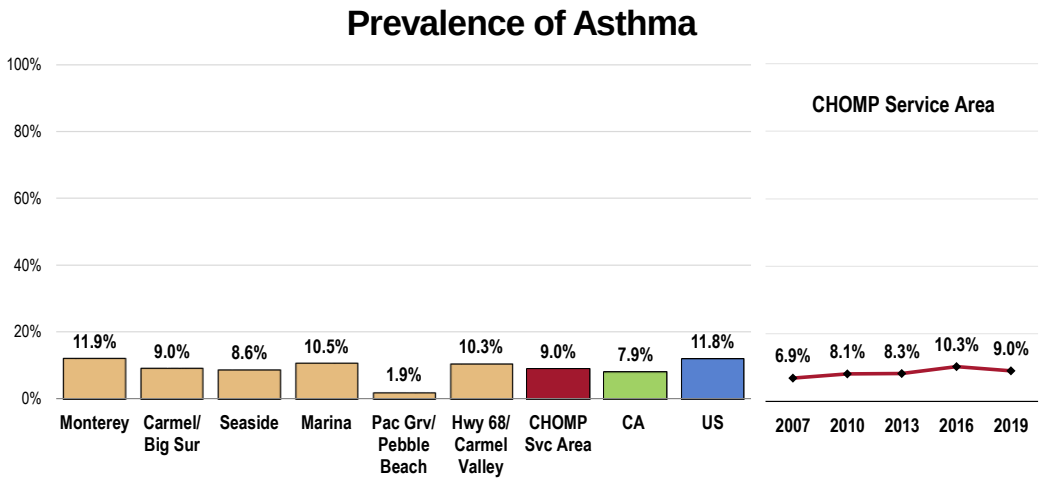
Adults

Survey respondents were asked to indicate whether they suffer from or have been diagnosed with various respiratory conditions, including asthma and COPD.

.

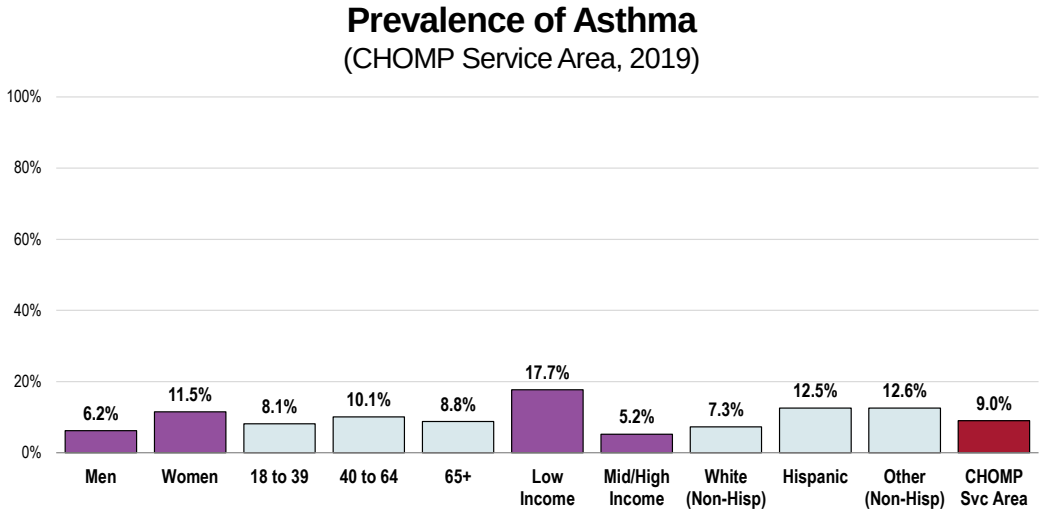
A total of 9.0% of CHOMP Service Area adults currently suffer from asthma.

- **BENCHMARK**: Lower than the US prevalence.
- **DISPARITY**: Favorably low in Pacific Grove/Pebble Beach. More often reported among women and low-income residents in the service area.



Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 138]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2017 California data.
- 2017 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- Includes those who have ever been diagnosed with asthma, and who report that they still have asthma.



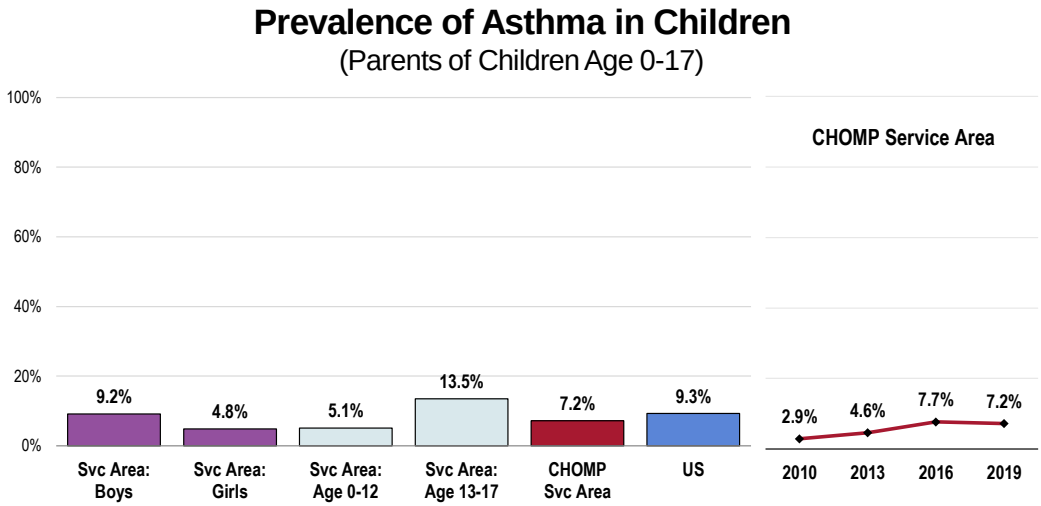
Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 138]

Notes:
- Asked of all respondents.
- Includes those who have ever been diagnosed with asthma, and who report that they still have asthma.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Children

Among CHOMP Service Area children under age 18, 7.2% currently have asthma.

- **TREND**: Marks a statistically significant increase in children's asthma since 2010.
- **DISPARITY**: Differences by age and gender are not statistically significant.



Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 139]
- 2017 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents with children 0 to 17 in the household.
- Includes children who have ever been diagnosed with asthma, and whom are reported to still have asthma.

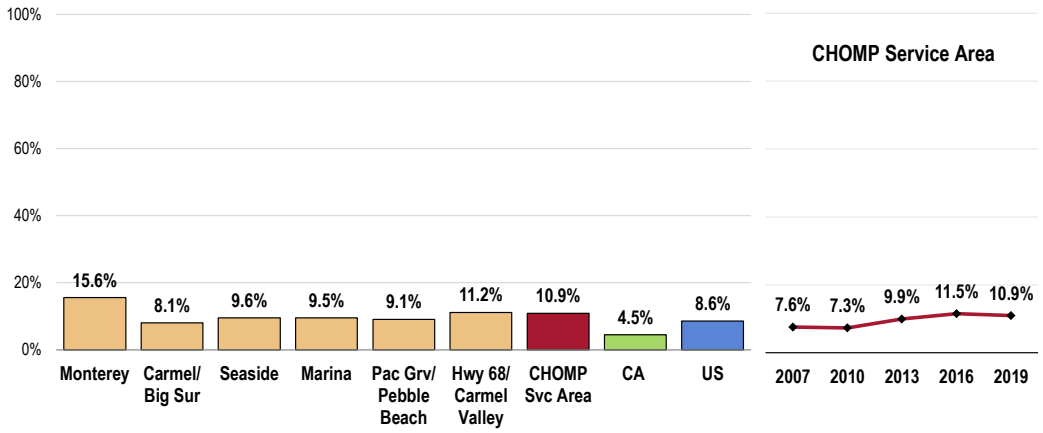
Chronic Obstructive Pulmonary Disease (COPD)

Note: COPD includes lung diseases such as emphysema and chronic bronchitis.

A total of 10.9% of CHOMP Service Area adults suffer from chronic obstructive pulmonary disease (COPD, including emphysema and bronchitis).

- **BENCHMARK**: Over twice the California percentage.
- **TREND**: Marks a statistically significant increase since 2007.
- **DISPARITY**: Unfavorably high in Monterey.

Prevalence of Chronic Obstructive Pulmonary Disease (COPD)



Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 24]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2017 California data.
- 2017 PRC National Health Survey, PRC, Inc.

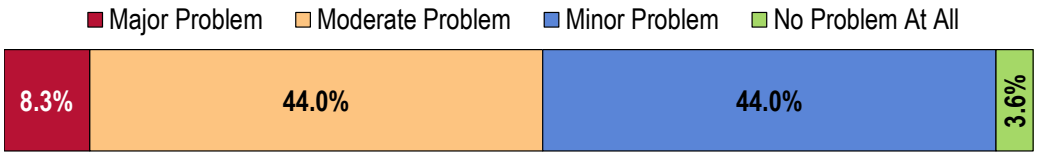
Notes:
- Asked of all respondents.
- Includes children who have ever been diagnosed with asthma, and whom are reported to still have asthma.
- Includes those having ever suffered from or been diagnosed with COPD or chronic obstructive pulmonary disease, including bronchitis or emphysema.
- In prior data, the term "chronic lung disease" was used, which also included bronchitis or emphysema.

Key Informant Input: Respiratory Disease

Key informants taking part in an online survey were equally likely to characterize *Respiratory Disease* as a "moderate" and a "minor" problem in the community.

Perceptions of Respiratory Diseases as a Problem in the Community

(Key Informants, 2019)



Sources:
- PRC Online Key Informant Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons related to the following:

Environmental Issues

> *Intensive agriculture area, dirt, pollen, pesticides. – Community Leader*
>
> *Exposure to chemicals and pollution serves to increase the incidence of respiratory diseases. I believe this issue will see increases over time. – Community Leader*

Incidence/Prevalence

> *I was thinking about asthma when I identified this. I do know that COPD is seen, often inappropriately, at our emergency departments. – Public Health Representative*
>
> *High prevalence, cost of care for chronic conditions. – Other Health Provider*

Injury & Violence

About Injury & Violence

Injuries and violence are widespread in society. Both unintentional injuries and those caused by acts of violence are among the top 15 killers for Americans of all ages. Many people accept them as "accidents," "acts of fate," or as "part of life." However, most events resulting in injury, disability, or death are predictable and preventable.

Injuries are the leading cause of death for Americans ages 1 to 44, and a leading cause of disability for all ages, regardless of sex, race/ethnicity, or socioeconomic status. More than 180,000 people die from injuries each year, and approximately 1 in 10 sustains a nonfatal injury serious enough to be treated in a hospital emergency department.

Beyond their immediate health consequences, injuries and violence have a significant impact on the well-being of Americans by contributing to:

- Premature death
- Disability
- Poor mental health
- High medical costs
- Lost productivity

The effects of injuries and violence extend beyond the injured person or victim of violence to family members, friends, coworkers, employers, and communities.

Numerous factors can affect the risk of unintentional injury and violence, including individual behaviors, physical environment, access to health services (ranging from pre-hospital and acute care to rehabilitation), and social environment (from parental monitoring and supervision of youth to peer group associations, neighborhoods, and communities).

Interventions addressing these social and physical factors have the potential to prevent unintentional injuries and violence. Efforts to prevent unintentional injury may focus on:

- Modifications of the environment
- Improvements in product safety
- Legislation and enforcement
- Education and behavior change
- Technology and engineering

Efforts to prevent violence may focus on:

- Changing social norms about the acceptability of violence
- Improving problem-solving skills (for example, parenting, conflict resolution, coping)
- Changing policies to address the social and economic conditions that often give rise to violence

— Healthy People 2020 (www.healthypeople.gov)

Unintentional Injury

Age-Adjusted Unintentional Injury Deaths

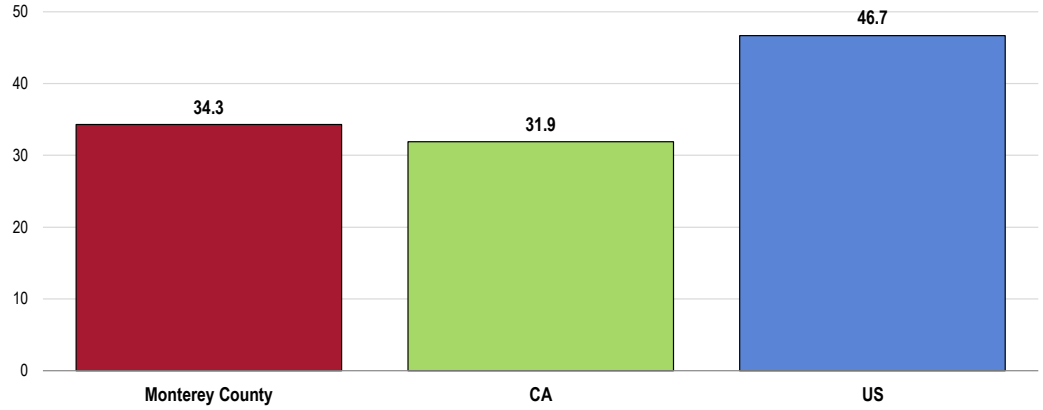
Between 2015 and 2017, there was an annual average age-adjusted unintentional injury mortality rate of 34.3 deaths per 100,000 population in the county.

- **BENCHMARK**: Lower than the national mortality rate for unintentional injuries.
- **DISPARITY**: The mortality rate is much higher among Whites.

Unintentional Injuries: Age-Adjusted Mortality

(2015-2017 Annual Average Deaths per 100,000 Population)

Healthy People 2020 = 36.4 or Lower



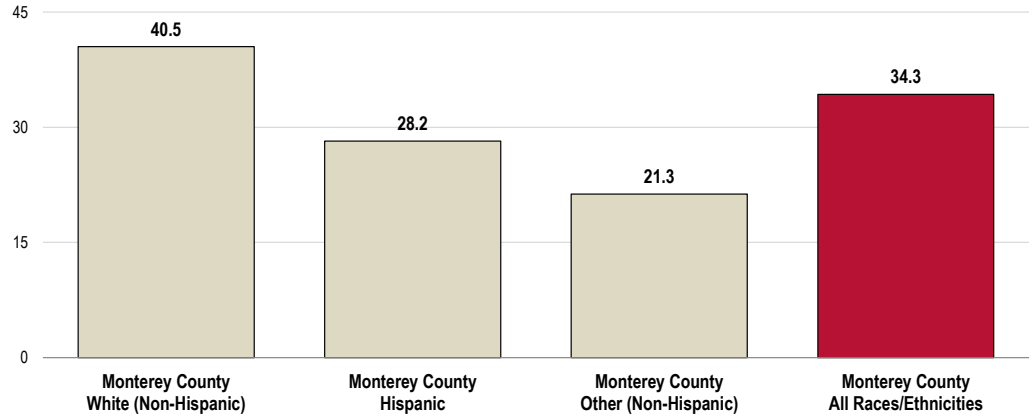
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2019.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IVP-11]

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Unintentional Injuries: Age-Adjusted Mortality by Race

(2015-2017 Annual Average Deaths per 100,000 Population)

Healthy People 2020 = 36.4 or Lower



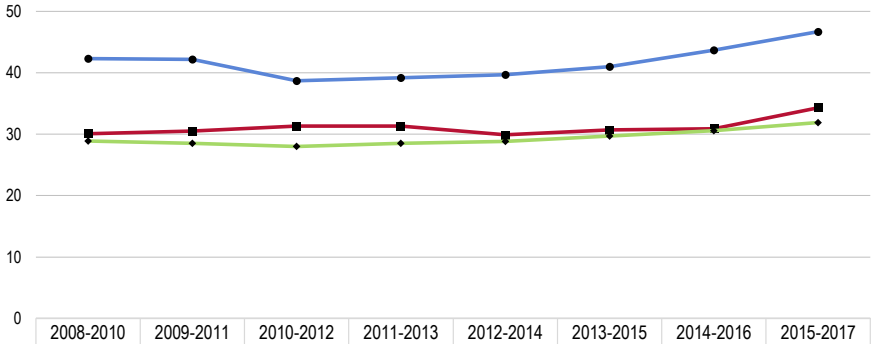
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2019.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IVP-11]

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Unintentional Injuries: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)

Healthy People 2020 = 36.4 or Lower



	2008-2010	2009-2011	2010-2012	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017
Monterey County	30.1	30.5	31.3	31.3	29.9	30.7	30.9	34.3
CA	28.9	28.5	28.0	28.5	28.8	29.7	30.6	31.9
US	42.3	42.2	38.7	39.2	39.7	41.0	43.7	46.7

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2019.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IVP-11]

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Leading Causes of Unintentional Injury Deaths

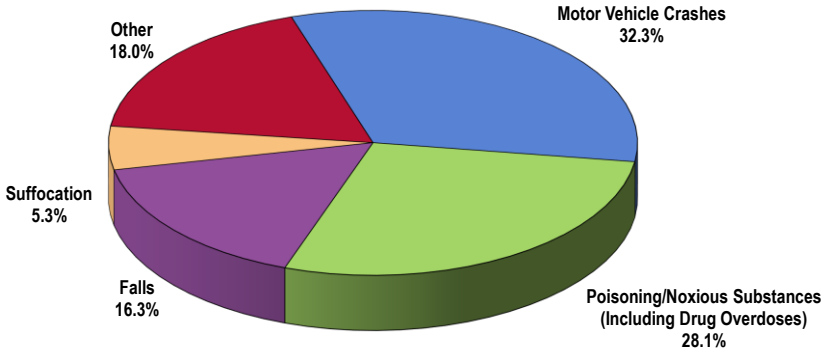
RELATED ISSUE:

For more information about unintentional drug-related deaths, see also *Substance Abuse* in the **Modifiable Health Risks** section of this report.

Motor vehicle crashes, poisoning (including unintentional drug overdose), falls, and suffocation accounted for most unintentional injury deaths in Monterey County between 2015 and 2017.

Leading Causes of Unintentional Injury Deaths

(Monterey County, 2015-2017)



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2019.

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).

Falls

Falls

Each year, an estimated one-third of older adults fall, and the likelihood of falling increases substantially with advancing age. In 2005, a total of 15,802 persons age ≥65 years died as a result of injuries from falls.

Falls are the leading cause of fatal and nonfatal injuries for persons aged ≥65 years … In 2006, approximately 1.8 million persons aged ≥65 years (nearly 5% of all persons in that age group) sustained some type of recent fall-related injury. Even when those injuries are minor, they can seriously affect older adults' quality of life by inducing a fear of falling, which can lead to self-imposed activity restrictions, social isolation, and depression.

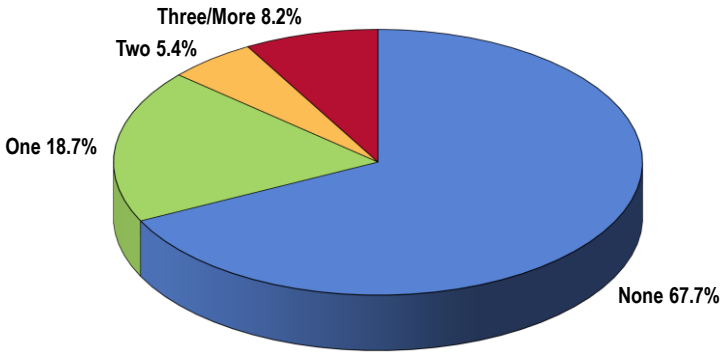
In addition, fall-related medical treatment places a burden on US healthcare services. In 2000, direct medical costs for fall-related injuries totaled approximately $19 billion. A recent study determined that 31.8% of older adults who sustained a fall-related injury required help with activities of daily living as a result, and among them, 58.5% were expected to require help for at least 6 months.

Modifiable fall risk factors include muscle weakness, gait and balance problems, poor vision, use of psychoactive medications, and home hazards. Falls among older adults can be reduced through evidence-based fall-prevention programs that address these modifiable risk factors. Most effective interventions focus on exercise, alone or as part of a multifaceted approach that includes medication management, vision correction, and home modifications.

— Division of Unintentional Injury Prevention, National Center for Injury Prevention and Control, CDC

Among surveyed CHOMP Service Area adults age 45 and older, most have not fallen in the past year.

Number of Falls in Past 12 Months
(Adults Age 45 and Older; CHOMP Service Area, 2019)



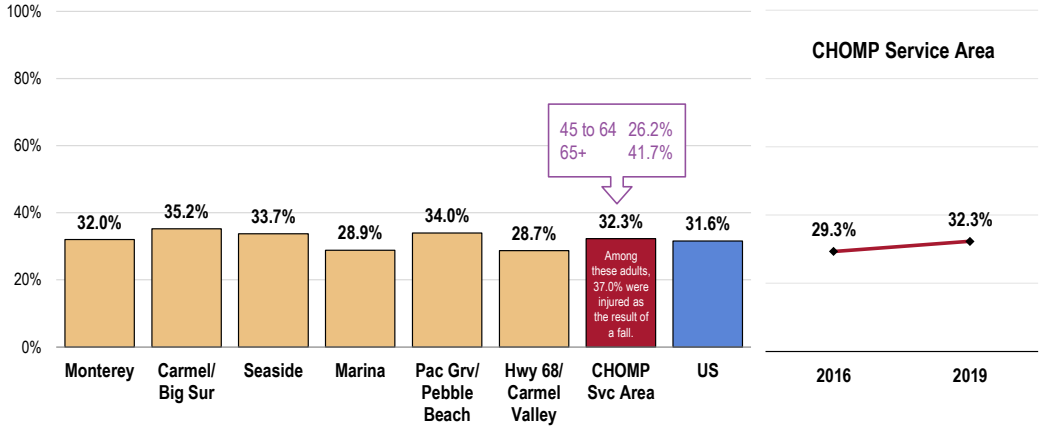
Sources: • 2019 PRC Community Health Survey, PRC, Inc. [Item 107]
Notes: • Asked of all respondents age 45+.

However, 32.3% have experienced a fall at least once in the past year.

- **DISPARITY**: The prevalence is higher among seniors in the service area.

Fell One or More Times in the Past Year

(Adults Age 45 and Older)



Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Items 107-108]
- 2017 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of those respondents age 45 and older.

Intentional Injury (Violence)

Age-Adjusted Homicide Deaths

Between 2015 and 2017, there was an annual average age-adjusted homicide rate of 12.4 deaths per 100,000 population in the county.

- **BENCHMARK**: Over twice the state and US death rates. Fails to satisfy the Healthy People 2020 objective.
- **TREND**: The mortality rate has increased in recent years.

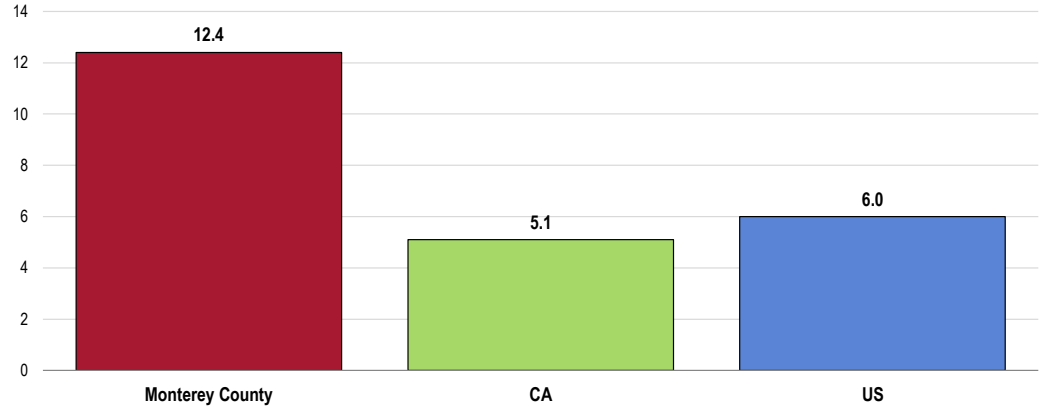
RELATED ISSUE:

See also *Mental Health: Suicide* in the **General Health Status** section of this report.

Homicide: Age-Adjusted Mortality

(2015-2017 Annual Average Deaths per 100,000 Population)

Healthy People 2020 = 5.5 or Lower



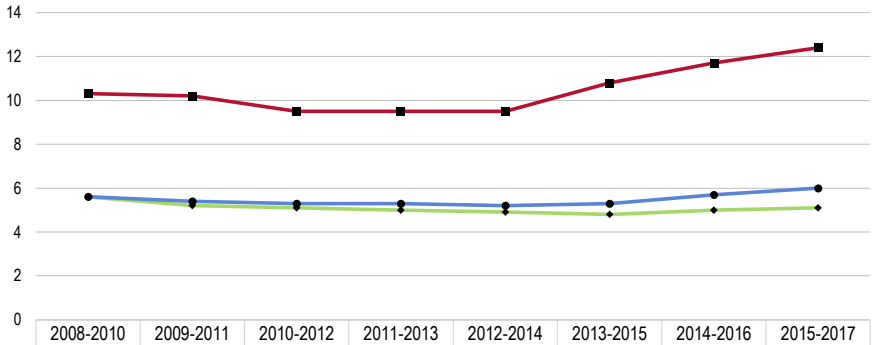
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2019.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IVP-29]

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Homicide: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)

Healthy People 2020 = 5.5 or Lower



	2008-2010	2009-2011	2010-2012	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017
Monterey County	10.3	10.2	9.5	9.5	9.5	10.8	11.7	12.4
CA	5.6	5.2	5.1	5.0	4.9	4.8	5.0	5.1
US	5.6	5.4	5.3	5.3	5.2	5.3	5.7	6.0

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2019.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IVP29]

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

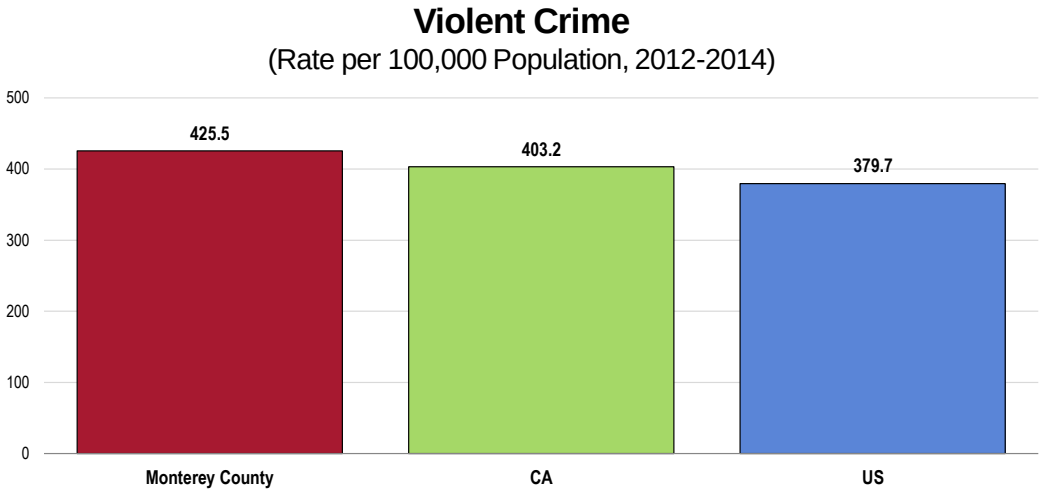
Violent Crime

Violent Crime Rates

Violent crime is composed of four offenses (FBI Index offenses): murder and non-negligent manslaughter; forcible rape; robbery; and aggravated assault.

Note that the quality of crime data can vary widely from location to location, depending on the consistency and completeness of reporting among various jurisdictions.

Between 2012 and 2014, there were a reported 425.5 violent crimes per 100,000 population in the county.



Sources:
- Federal Bureau of Investigation, FBI Uniform Crime Reports.
- Retrieved May 2019 from CARES Engagement Network at https://engagementnetwork.org.

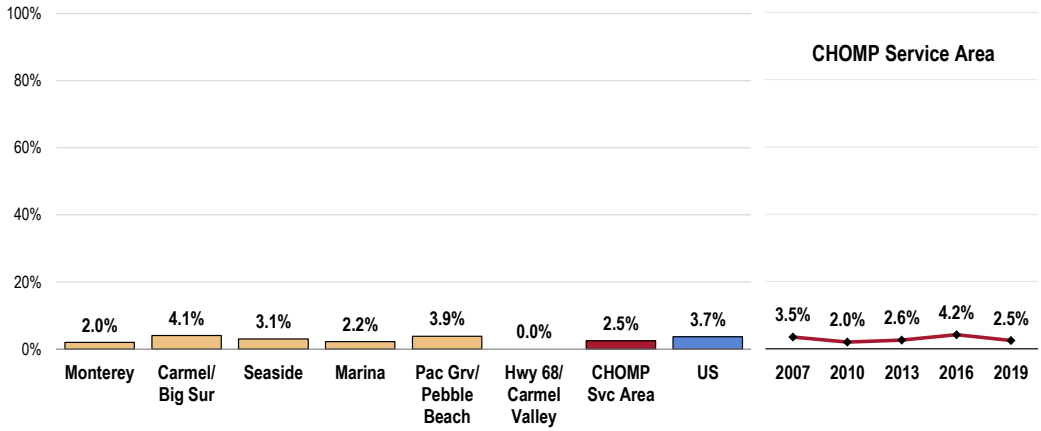
Notes:
- This indicator reports the rate of violent crime offenses reported by the sheriff's office or county police department per 100,000 residents. Violent crime includes homicide, rape, robbery, and aggravated assault. This indicator is relevant because it assesses community safety.
- Participation by law enforcement agencies in the UCR program is voluntary. Sub-state data do not necessarily represent an exhaustive list of crimes due to gaps in reporting. Also, some institutions of higher education have their own police departments, which handle offenses occurring within campus grounds; these offenses are not included in the violent crime statistics but can be obtained from the Uniform Crime Reports Universities and Colleges data tables.

Community Violence

A total of 2.5% of surveyed CHOMP Service Area adults acknowledge being the victim of a violent crime in the area in the past five years.

- **DISPARITY**: No reports of violent crime victimization among respondents in Highway 68/Carmel Valley. More often reported among adults age 40 to 64 and low-income residents.

Victim of a Violent Crime in the Past Five Years

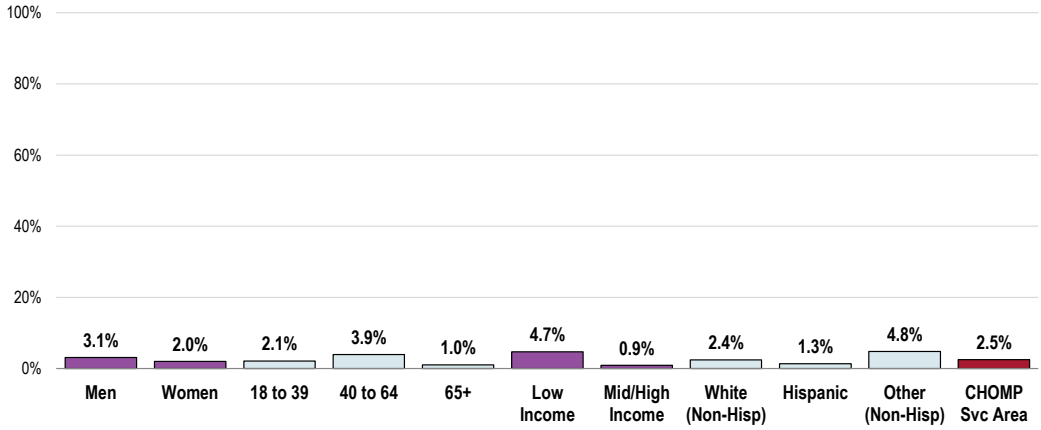


Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 46]
- 2017 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Victim of a Violent Crime in the Past Five Years

(CHOMP Service Area, 2019)



Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 46]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

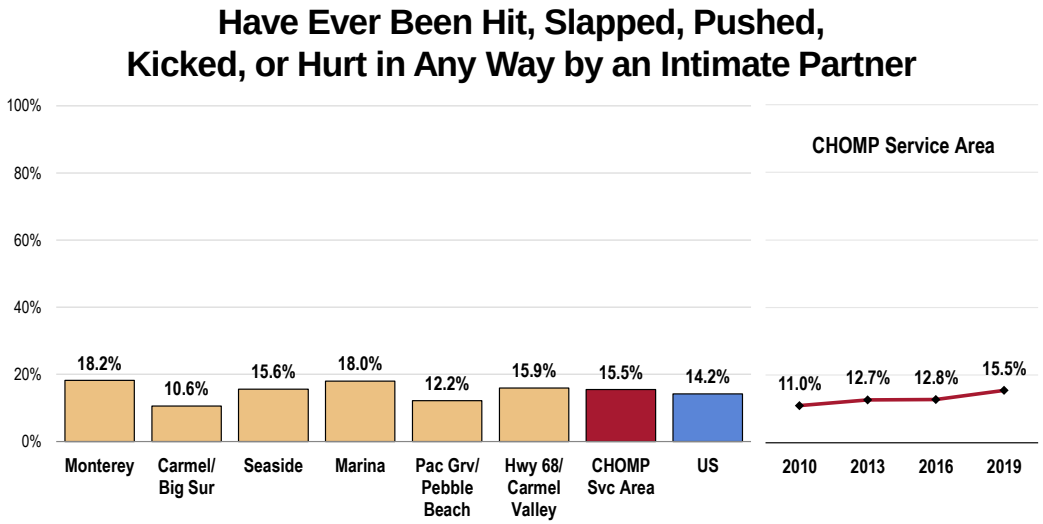
Family Violence

Respondents were read:

"By an intimate partner, I mean any current or former spouse, boyfriend, or girlfriend. Someone you were dating, or romantically or sexually intimate with would also be considered an intimate partner."

A total of 15.5% of CHOMP Service Area adults acknowledge that they have ever been hit, slapped, pushed, kicked, or otherwise hurt by an intimate partner.

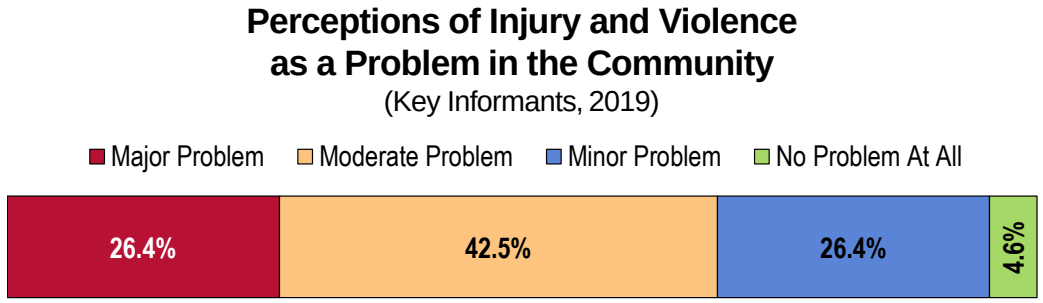
- **TREND**: Denotes a statistically significant increase since 2010.



Sources: • 2019 PRC Community Health Survey, PRC, Inc. [Item 47]
• 2017 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.

Key Informant Input: Injury & Violence

The largest share of key informants taking part in an online survey characterized *Injury & Violence* as a "moderate problem" in the community.



Sources: • PRC Online Key Informant Survey, PRC, Inc.
Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons related to the following:

Incidence/Prevalence

High rates of patients screening positive during intimate-partner-violence discussions at health center visits. – Other Health Provider

Monterey County has a significantly higher number of domestic violence calls than the rest of the state. Deaths per 100,000 of population between 20-24 were significantly higher. Teen dating violence is seen as a growing threat. – Public Health Representative

Monterey County has the second highest homicide rate in the state. Homicide is one of the top four causes of premature death in South County, Salinas and North County, and suicide is one on the Peninsula, or it was five years ago. – Public Health Representative

While violent crime rates have declined over the past 10 years, we are seeing rising motor vehicle injury rates and high homicide rates. – Public Health Representative

High incidence and acuity. – Physician

Because there are many families living in these situations. – Community Leader

Salinas and some of the surrounding communities have a very high violent crime rate. – Community Leader

Gang Violence

Gang violence in Salinas. – Physician

Gang activity in Monterey County. – Other Health Provider

Violence in general with all the gang activity in the community. Also, bullying at school. – Community Leader

Gangs in Salinas and other areas of the country. Too much violence is accepted in video games, TV and movies. Needless death and injury. Also cell phone use while driving causes needless injuries. – Community Leader

Gang violence and illegal drug activity, especially in Salinas. – Other Health Provider

Gang activity, high homicide rate. – Community Leader

Homeless Population

A large homeless population are doing illegal drugs, which leads to both injury and violence. – Social Services Provider

The number of homeless people who experience injury and/or violence is much higher than the general population. This is especially true for homeless women and sexual assault. – Social Services Provider

Diabetes

About Diabetes

Diabetes mellitus occurs when the body cannot produce or respond appropriately to insulin. Insulin is a hormone that the body needs to absorb and use glucose (sugar) as fuel for the body's cells. Without a properly functioning insulin signaling system, blood glucose levels become elevated and other metabolic abnormalities occur, leading to the development of serious, disabling complications. Many forms of diabetes exist; the three common types are Type 1, Type 2, and gestational diabetes. Effective therapy can prevent or delay diabetic complications.

Diabetes mellitus:

- Lowers life expectancy by up to 15 years.
- Increases the risk of heart disease by 2 to 4 times.
- Is the leading cause of kidney failure, lower limb amputations, and adult-onset blindness.

The rate of diabetes mellitus continues to increase both in the United States and throughout the world. Due to the steady rise in the number of persons with diabetes mellitus, and possibly earlier onset of type 2 diabetes mellitus, there is growing concern about the possibility that the increase in the number of persons with diabetes mellitus and the complexity of their care might overwhelm existing healthcare systems.

People from minority populations are more frequently affected by type 2 diabetes. Minority groups constitute 25% of all adult patients with diabetes in the US and represent the majority of children and adolescents with type 2 diabetes.

Lifestyle change has been proven effective in preventing or delaying the onset of type 2 diabetes in high-risk individuals.

— Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Diabetes Deaths

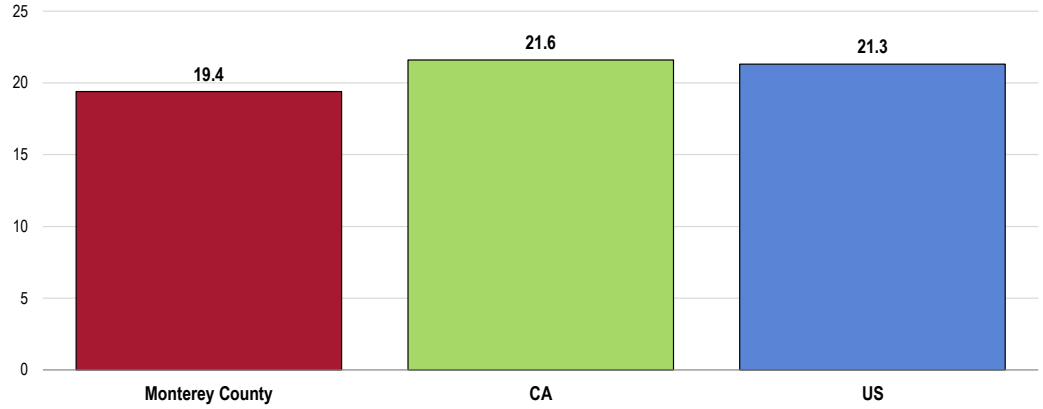
Between 2015 and 2017, there was an annual average age-adjusted diabetes mortality rate of 19.4 deaths per 100,000 population in Monterey County.

- **DISPARITY**: The death rate is much higher in the Hispanic and other non-White populations.

Diabetes: Age-Adjusted Mortality

(2015-2017 Annual Average Deaths per 100,000 Population)

Healthy People 2020 = 20.5 or Lower (Adjusted)



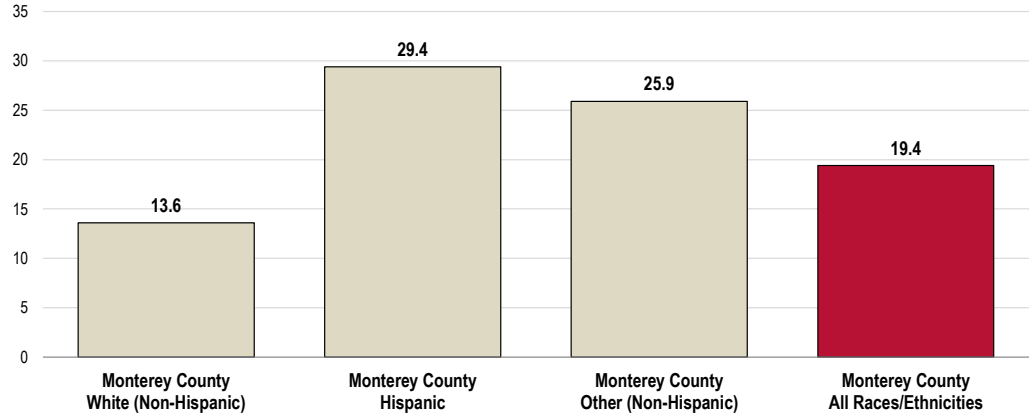
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2019.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective D-3]

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- The Healthy People 2020 target for Diabetes is adjusted to account for only diabetes mellitus coded deaths.

Diabetes: Age-Adjusted Mortality by Race

(2015-2017 Annual Average Deaths per 100,000 Population)

Healthy People 2020 = 20.5 or Lower (Adjusted)



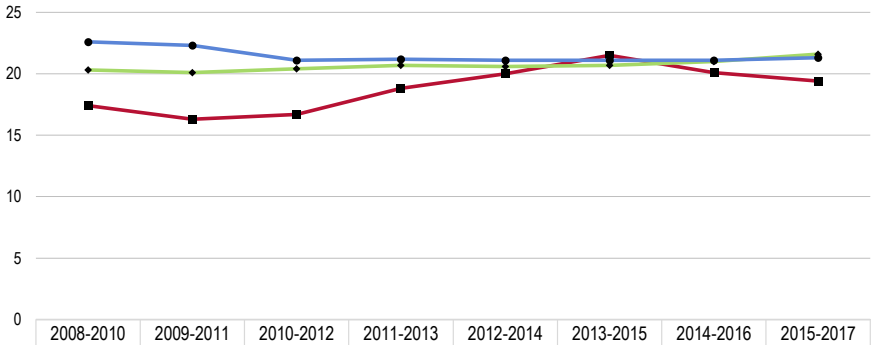
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2019.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective D-3]

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- The Healthy People 2020 target for Diabetes is adjusted to account for only diabetes mellitus coded deaths.

Diabetes: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)

Healthy People 2020 = 20.5 or Lower (Adjusted)



	2008-2010	2009-2011	2010-2012	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017
Monterey County	17.4	16.3	16.7	18.8	20.0	21.5	20.1	19.4
CA	20.3	20.1	20.4	20.7	20.6	20.7	21.0	21.6
US	22.6	22.3	21.1	21.2	21.1	21.1	21.1	21.3

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2019.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective D-3]

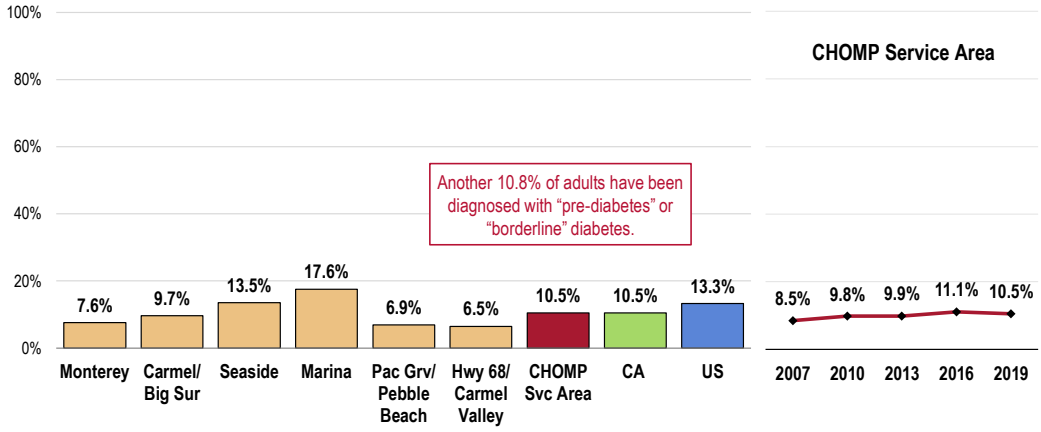
Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- The Healthy People 2020 target for Diabetes is adjusted to account for only diabetes mellitus coded deaths.

Prevalence of Diabetes

A total of 10.5% of CHOMP Service Area adults report having been diagnosed with diabetes.

- **DISPARITY**: Unfavorably high among Marina respondents. More often noted among adults age 40+, low-income residents, and Other people of color.

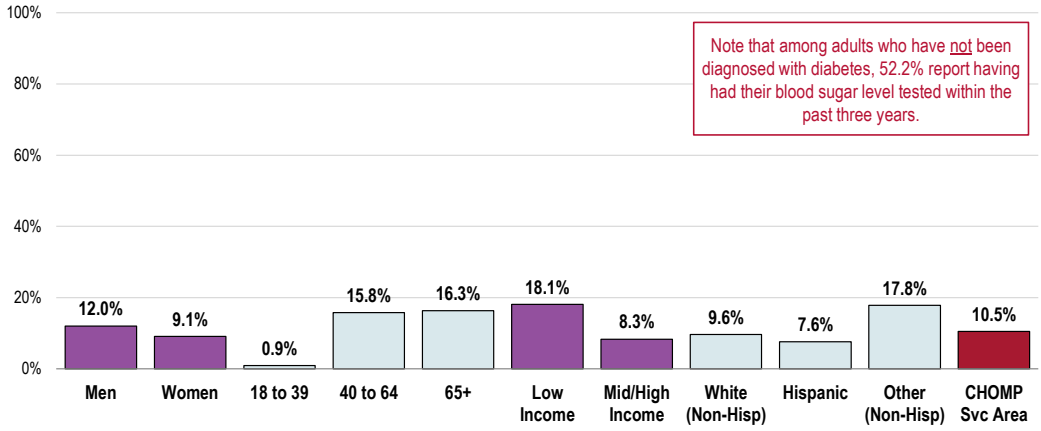
Prevalence of Diabetes



Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 140]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2017 California data.
- 2017 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Prevalence of Diabetes
(CHOMP Service Area, 2019)

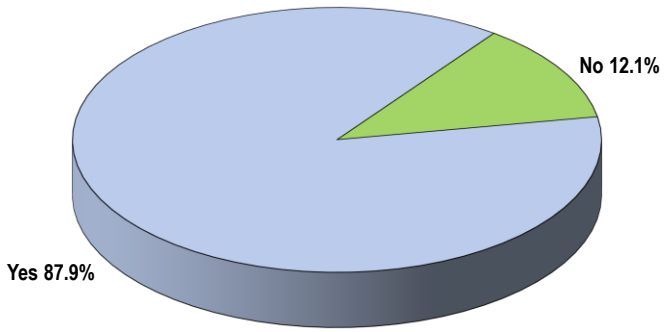


Sources: • 2019 PRC Community Health Survey, PRC, Inc. [Items 37, 140]
Notes: • Asked of all respondents.
• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
• Excludes gestational diabetes (occurring only during pregnancy).

Among respondents who have been diagnosed with borderline/prediabetes, most (87.9%) report that a health professional has made recommendations for lifestyle changes in order to manage their condition.

Specific recommendations generally included references to eating healthier, losing excess weight, and increasing exercise.

Health Professional Has Made Recommendations for Lifestyle Changes in Order to Manage Borderline/Prediabetes
(Adults Diagnosed with Borderline/Prediabetes, 2019)



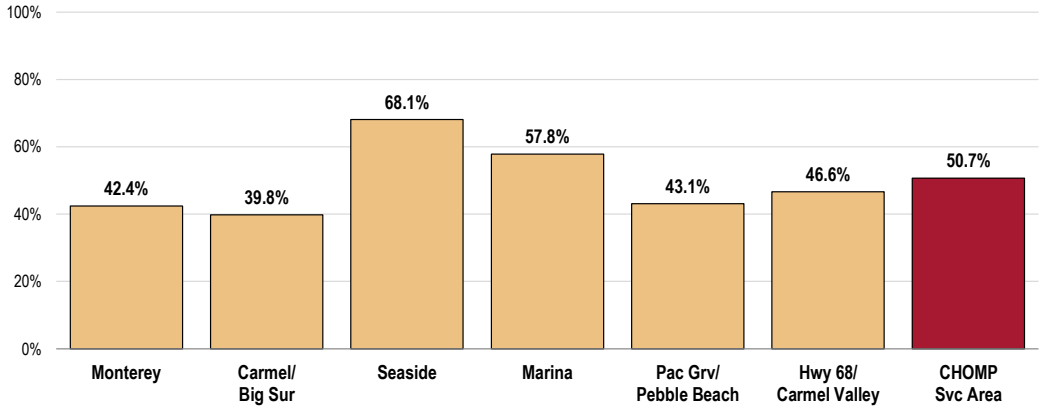
Sources: • 2019 PRC Community Health Survey, PRC, Inc. [Item 301]
Notes: • Asked of those respondents who have been diagnosed as borderline or prediabetic.

Familial Diabetes

Half of survey respondents (50.7%) indicate that a blood relative (such as a grandparent, parent, sibling, or parent's sibling) has been diagnosed with diabetes.

- **DISPARITY**: The prevalence is especially high among Seaside and Marina respondents.

Blood Relative Has Been Diagnosed with Diabetes



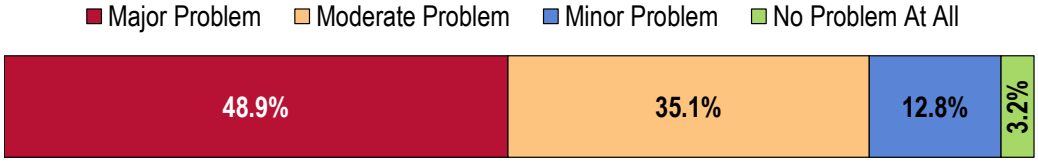
Sources: • 2019 PRC Community Health Survey, PRC, Inc. [Item 303]
Notes: • Asked of all respondents.
• A blood relative includes grandparents, parents or their siblings, and/or the respondent's siblings.

Key Informant Input: Diabetes

Nearly half of key informants taking part in an online survey characterized *Diabetes* as a "major problem" in the community.

Perceptions of Diabetes as a Problem in the Community

(Key Informants, 2019)



Sources: • PRC Online Key Informant Survey, PRC, Inc.
Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons related to the following:

Awareness/Education

Unaware of their disease. – Other Health Provider

Education regarding nutrition, reading labels, understanding what foods that appear healthy are not. – Community Leader

Lack of knowledge of the disease, access to education, motivation to change lifestyle, access to healthy food. – Community Leader

Early education and prevention. Access in some parts of the county to fresh produce. Engagement of the patients to minimize impact. Some patients and their families do not believe that there are things they can do to help their condition. – Other Health Provider

Access to expert diabetologists and dietary expertise. – Physician

The ability to identify patients at risk on a community-wide scale and assess their readiness to change, followed by programs to move them along the change continuum. – Physician

Knowing they are at risk and taking steps to prevent it. – Community Leader

Unaware of their risk/status. Condition management, don't know how to track their numbers, don't have efficiency to meet their target health goals. – Community Leader

Paying for medication; access to doctors and health insurance; support services that fit folks' schedules. For example, lifestyle intervention programs that work with farmworker schedules. – Public Health Representative

Lack of education, especially in schools to target youth population. – Community Leader

Health literacy. – Public Health Representative Limited information about meal prep and exercise available to county residents. – Physician

Contributing Factors

Having a healthy lifestyle, achieving and maintaining a healthy weight. Barriers include poor nutrition, large portion sizes, inactivity. – Social Services Provider

Diet and exercise. – Community Leader

Waiting too long to get services, fear of identity and the unknown. – Social Services Provider

Childhood obesity is a major problem – quality nutrition, physical activity, and preventative medical care are not accessible for too many kids. Diabetes impacts many in our farmworker community – who don't have health insurance because of their documentation status. They just need basic access to a doctor and to medication. – Community Leader

The frequency and problems with obesity. – Physician

Maintaining healthy diet and exercise levels. – Physician

Poverty, extremely high cost of living in Monterey County. Access to healthy foods and knowing how to cook those healthier foods when access is available. – Social Services Provider

Early Diagnosis/Prevention

Lack of preventative care or how to make healthier choices around nutrition and exercise. – Community Leader

Many go undiagnosed because there are no real symptoms. Treatment such as insulin are so expensive that many are forgoing taking medications because they can't afford it. Diet and exercise for many is a struggle, especially for those impoverished whose diets are more carbs than anything. – Community Leader

Many people are pre-diabetic and do not know it. Often access the unhealthy foods because they are seen as cheaper and more convenient. Younger and younger children are becoming diabetic and the parents need to understand the importance of diet and exercise in this disease. – Public Health Representative

Lack of access to prevention services such as green spaces, recreational opportunities, access to fresh foods. Lack of access to primary care services and inability to purchase medications and testing strips if uninsured or underinsured. – Public Health Representative

Lack of resources, lack of education, denial of condition, not accessing healthcare to know if they are diabetic, medications may be expensive. – Public Health Representative

Diabetes prevention strategies: Lack of access/affordability in impoverished/ low-income communities to healthy foods, knowledge about impacts of sugary foods and drinks on overall health, parks and open space/recreation, swimming pools, safe walking and bike trails. – Social Services Provider

We have more and more youth with diabetes. We need prevention as well as treatment. Nutrition education. More physical activity for kids. Less junk food. Schools should do the Just Run program provided for free by the Big Sur Marathon Foundation. – Community Leader

Nutrition

The typical diet of most people, especially those in lower income brackets, is unhealthy and leads to diabetes. I am sure we don't truly know the scope of the problem and that it is much larger than we think. – Community Leader

Knowledge of a healthy diet and lifestyle as well as access to fresh fruits and vegetables. – Community Leader

Unhealthy foods (corn, grains, high fructose syrup) are subsidies by our government, and produce grown locally is shipped out of our country rather than feeding the local need. Huge system issues with access to healthy foods at affordable cost along with a convenience go-go-go society all making people lazy and no desire to cook or eat well. Many MC residence do not have health insurance so they're living with NO diagnosed symptoms resulting in large health issues. – Social Services Provider

Better nutrition, education of parents of pre-diabetic children. – Physician

This is problem that I see for all ages. Children in our programs have horrible diets. Parents are stressed and making quick decisions when it comes to food not only for themselves but their families. For seniors, they often cannot cook for themselves or pick foods that are easy to make but not necessarily the healthiest. Junk food and fast food are easy to find and inexpensive. – Community Leader

Incidence/Prevalence

Diabetes is one of the major chronic illness that we see with seniors in our agency. Uncontrolled diabetes triggers other ailments and symptoms. We work with diabetic clients in our counseling and therapy programs who demonstrate behaviors that are a result of uncontrolled or untreated diabetes. They cannot participate in therapy until these issues are addressed. Our therapist does make contact with the primary physician to help resolve the issues to stabilize the client so therapy can be done. The recommended diets for diabetes are not always culturally appropriate for Latinos and are not sustained over time. – Social Services Provider

Diabetes is highly prevalent in our community, but the various resources to address and treat are highly fragmented. Additionally, the long(er)-term solution to diabetes is not treatment, but prevention, so tackling the problem is not just medical intervention, but education and public health. – Community Leader

Access to Healthy Food

Access to fresh produce at a reasonable price. Cost of produce. Accessibility – not available in food desert areas, only corner stores. Congested housing arrangements. Farm Workers live in hotels so no fridge/stove/access for storage of fresh item. Unhealthy choices very easily available. – Community Leader

The lack of good food and income to purchase quality food lends to the homeless population eating a bad diet and or an alcohol diet. – Social Services Provider

Kidney Disease

About Kidney Disease

Chronic kidney disease and end-stage renal disease are significant public health problems in the United States and a major source of suffering and poor quality of life for those afflicted. They are responsible for premature death and exact a high economic price from both the private and public sectors. Nearly 25% of the Medicare budget is used to treat people with chronic kidney disease and end-stage renal disease.

Genetic determinants have a large influence on the development and progression of chronic kidney disease. It is not possible to alter a person's biology and genetic determinants; however, environmental influences and individual behaviors also have a significant influence on the development and progression of chronic kidney disease. As a result, some populations are disproportionately affected. Successful behavior modification is expected to have a positive influence on the disease.

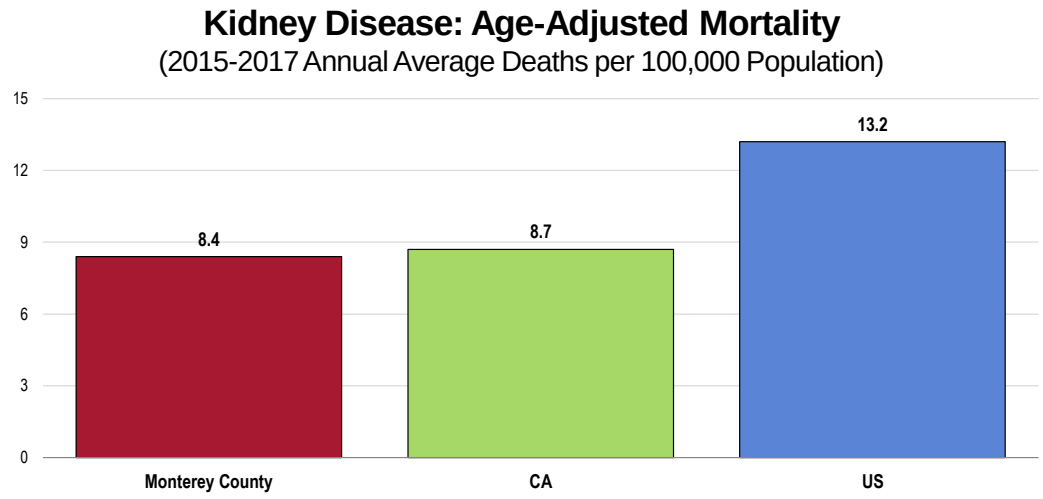
Diabetes is the most common cause of kidney failure. The results of the Diabetes Prevention Program (DPP) funded by the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) show that moderate exercise, a healthier diet, and weight reduction can prevent development of type 2 diabetes in persons at risk.

— Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Kidney Disease Deaths

Between 2015 and 2017, there was an annual average age-adjusted kidney disease mortality rate of 8.4 deaths per 100,000 population in the county.

- **BENCHMARK**: Lower than the US mortality rate.
- **DISPARITY**: Higher in the Hispanic population.

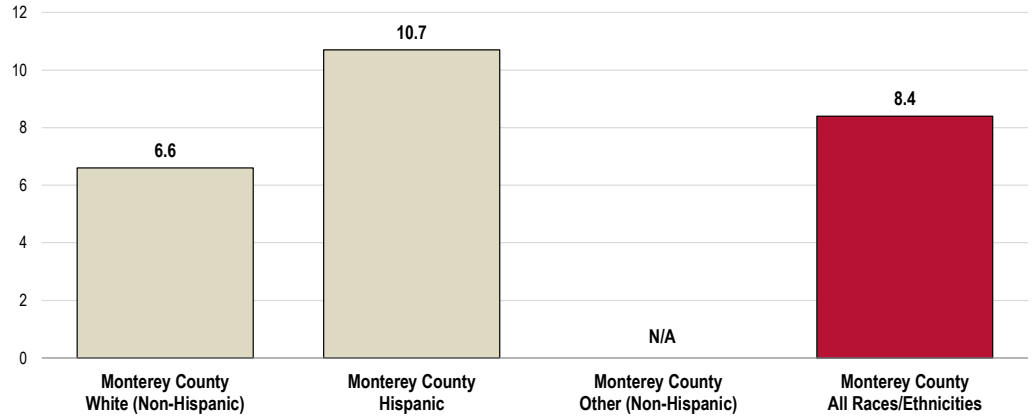


Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2019.

Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
• Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Kidney Disease: Age-Adjusted Mortality by Race

(2015-2017 Annual Average Deaths per 100,000 Population)

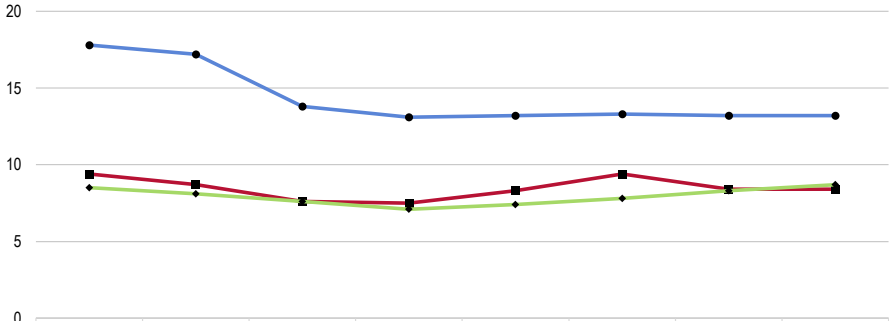


Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2019.

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Kidney Disease: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)



	2008-2010	2009-2011	2010-2012	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017
Monterey County	9.4	8.7	7.6	7.5	8.3	9.4	8.4	8.4
CA	8.5	8.1	7.6	7.1	7.4	7.8	8.3	8.7
US	17.8	17.2	13.8	13.1	13.2	13.3	13.2	13.2

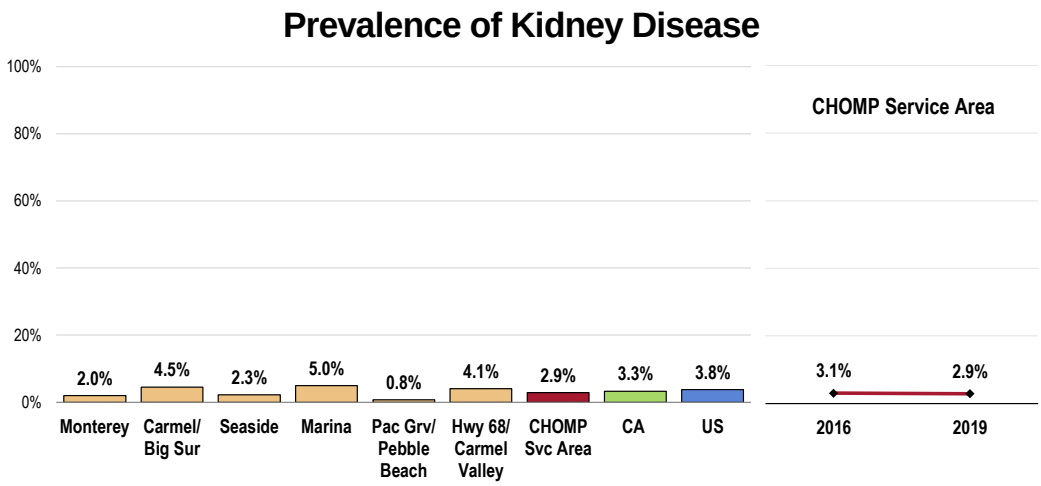
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2019.

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Prevalence of Kidney Disease

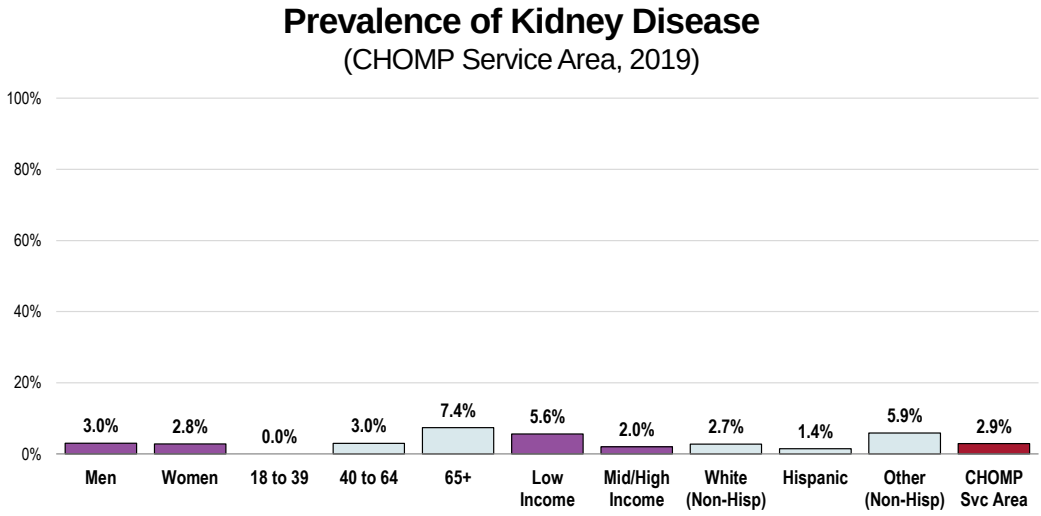
A total of 2.9% of CHOMP Service Area adults report having been diagnosed with kidney disease.

- **DISPARITY**: Lowest in Pacific Grove/Pebble Beach. The prevalence of kidney disease correlates with age in the service area.



Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 30]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2017 California data.
- 2017 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.

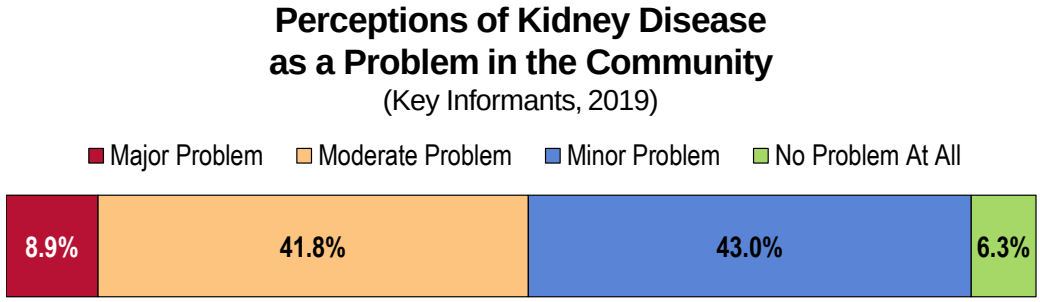


Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 30]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Key Informant Input: Kidney Disease

Key informants taking part in an online survey generally characterized *Kidney Disease* as a "minor problem" in the community, followed closely by "moderate problem" ratings.



Sources: • PRC Online Key Informant Survey, PRC, Inc.
Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons related to the following:

Access to Care/Services

> *Lack of ready access to dialysis for new dialysis patients. – Physician*
>
> *Very few providers and nephrologists. – Physician*
>
> *I don't believe that there are many local options for dialysis, but I am not sure. I have read that people who have this issue must go to other areas for treatment. – Community Leader*

Incidence/Prevalence

> *Increasing incidence and lack of access to dialysis chairs. – Physician*
>
> *Prevalence and cost. – Other Health Provider*

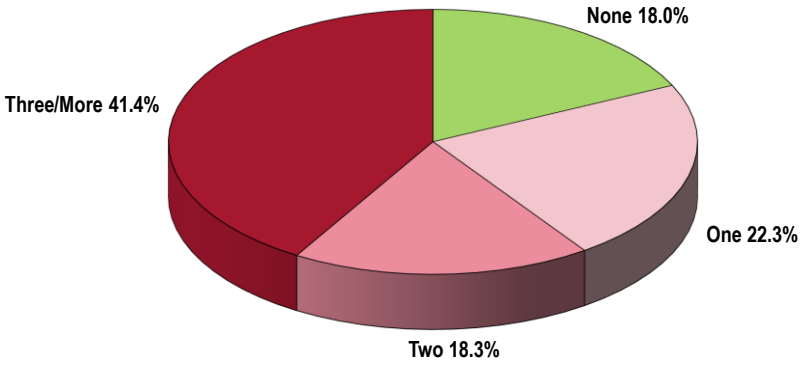
Potentially Disabling Conditions

Multiple Chronic Conditions

Among CHOMP Service Area survey respondents, most report currently having at least one chronic health condition.

For the purposes of this assessment, chronic conditions include lung disease, arthritis, sciatica, cancer, osteoporosis, kidney disease, heart attack, angina, stroke, asthma, high blood pressure, high blood cholesterol, diabetes, obesity, and/or diagnosed depression. Multiple chronic conditions are concurrent conditions.

Number of Current Chronic Conditions
(CHOMP Service Area, 2019)



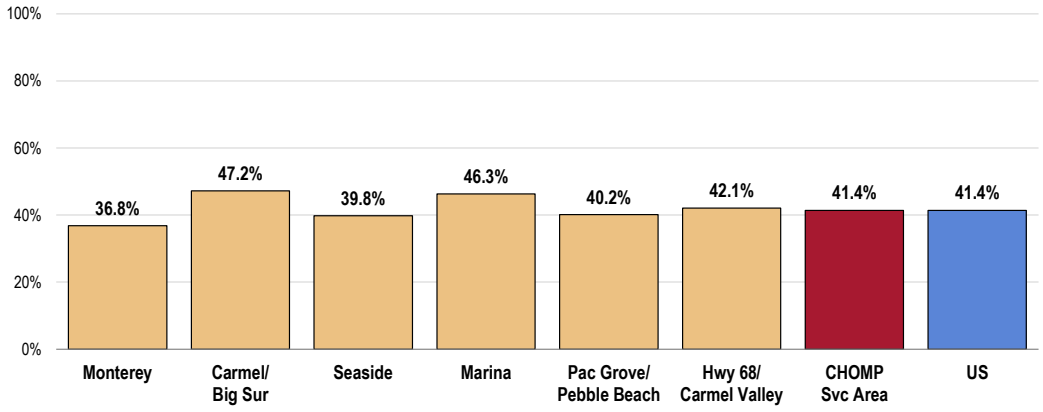
Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 143]

Notes:
- Asked of all respondents.
- In this case, chronic conditions include lung disease, arthritis, sciatica, cancer, osteoporosis, kidney disease, heart attack, angina, stroke, asthma, high blood pressure, high blood cholesterol, diabetes, obesity, and/or diagnosed depression.

In fact, 41.4% of service area adults report having three or more chronic conditions

- **DISPARITY**: The prevalence correlates with age and is higher among low-income residents.

Currently Have Three or More Chronic Conditions

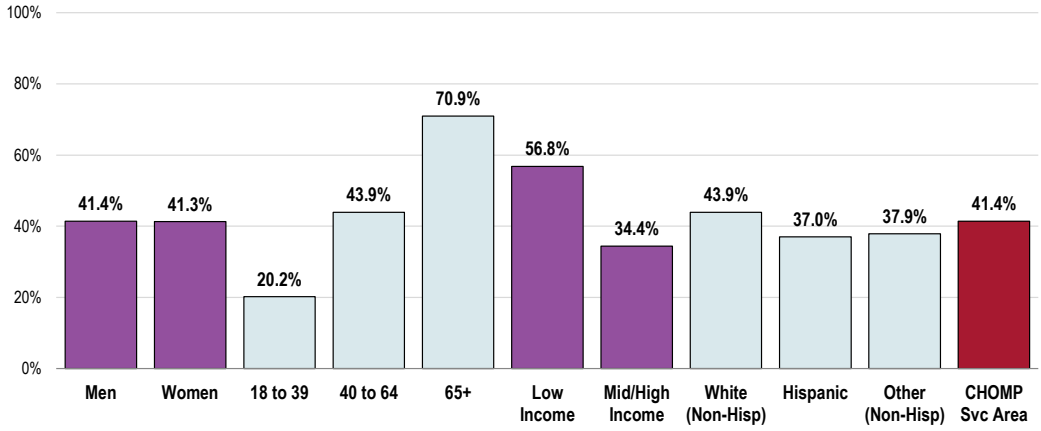


Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 143]
- 2017 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- In this case, chronic conditions include lung disease, arthritis, sciatica, cancer, osteoporosis, kidney disease, heart attack, angina, stroke, asthma, high blood pressure, high blood cholesterol, diabetes, obesity, and/or diagnosed depression.

Currently Have Three or More Chronic Conditions

(CHOMP Service Area, 2019)



Sources: • 2019 PRC Community Health Survey, PRC, Inc. [Item 143]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
- In this case, chronic conditions include lung disease, arthritis, sciatica, cancer, osteoporosis, kidney disease, heart attack, angina, stroke, asthma, high blood pressure, high blood cholesterol, diabetes, obesity, and/or diagnosed depression.

Activity Limitations

About Disability & Health

An individual can get a disabling impairment or chronic condition at any point in life. Compared with people without disabilities, people with disabilities are more likely to:

- Experience difficulties or delays in getting the health care they need.
- Not have had an annual dental visit.
- Not have had a mammogram in past 2 years.
- Not have had a Pap test within the past 3 years.
- Not engage in fitness activities.
- Use tobacco.
- Be overweight or obese.
- Have high blood pressure.
- Experience symptoms of psychological distress.
- Receive less social-emotional support.
- Have lower employment rates.

There are many social and physical factors that influence the health of people with disabilities. The following three areas for public health action have been identified, using the International Classification of Functioning, Disability, and Health (ICF) and the three World Health Organization (WHO) principles of action for addressing health determinants.

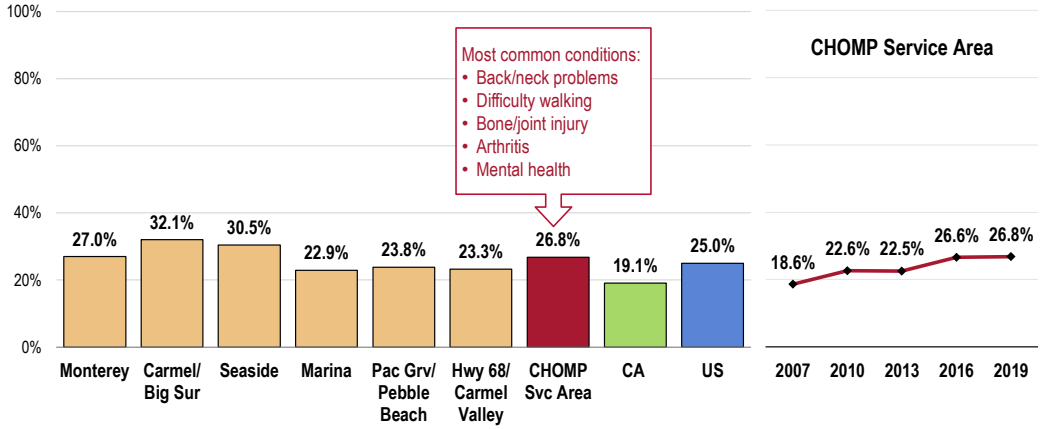
- **Improve the conditions of daily life** by: encouraging communities to be accessible so all can live in, move through, and interact with their environment; encouraging community living; and removing barriers in the environment using both physical universal design concepts and operational policy shifts.
- **Address the inequitable distribution of resources among people with disabilities and those without disabilities** by increasing: appropriate health care for people with disabilities; education and work opportunities; social participation; and access to needed technologies and assistive supports.
- **Expand the knowledge base and raise awareness about determinants of health for people with disabilities** by increasing: the inclusion of people with disabilities in public health data collection efforts across the lifespan; the inclusion of people with disabilities in health promotion activities; and the expansion of disability and health training opportunities for public health and health care professionals.

— Healthy People 2020 (www.healthypeople.gov)

A total of 26.8% of CHOMP Service Area adults are limited in some way in some activities due to a physical, mental, or emotional problem.

- **BENCHMARK**: Well above the state prevalence.
- **TREND**: Marks a statistically significant increase since 2007.
- **DISPARITY**: Noted more often among adults age 40+, low-income residents, Whites, and Other (non-Hispanic) people of color.

Limited in Activities in Some Way Due to a Physical, Mental or Emotional Problem

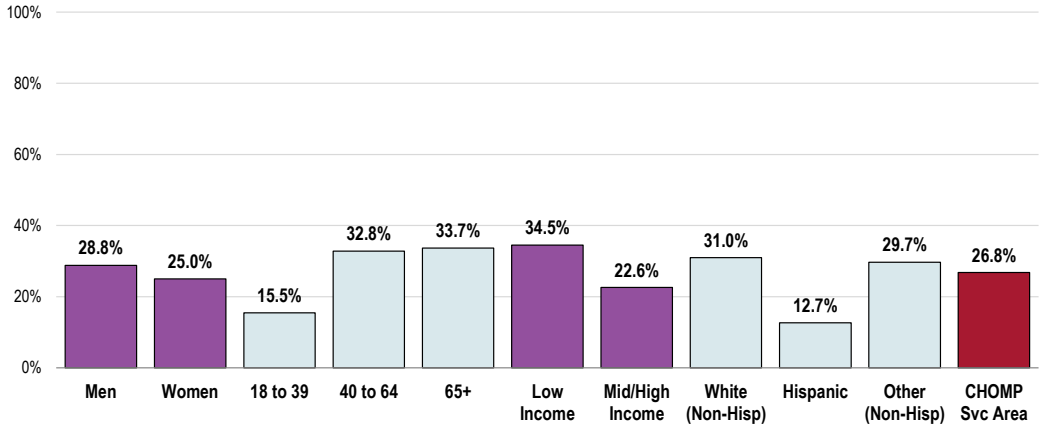


Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Items 109-110]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2015 California data.
- 2017 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Limited in Activities in Some Way Due to a Physical, Mental or Emotional Problem

(CHOMP Service Area, 2019)



Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 109]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Arthritis, Osteoporosis & Chronic Back Conditions

About Arthritis, Osteoporosis & Chronic Back Conditions

There are more than 100 types of arthritis. Arthritis commonly occurs with other chronic conditions, such as diabetes, heart disease, and obesity. Interventions to treat the pain and reduce the functional limitations from arthritis are important, and may also enable people with these other chronic conditions to be more physically active. Arthritis affects 1 in 5 adults and continues to be the most common cause of disability. It costs more than $128 billion per year. All of the human and economic costs are projected to increase over time as the population ages. There are interventions that can reduce arthritis pain and functional limitations, but they remain underused. These include: increased physical activity; self-management education; and weight loss among overweight/obese adults.

Osteoporosis is a disease marked by reduced bone strength leading to an increased risk of fractures (broken bones). In the United States, an estimated 5.3 million people age 50 years and older have osteoporosis. Most of these people are women, but about 0.8 million are men. Just over 34 million more people, including 12 million men, have low bone mass, which puts them at increased risk for developing osteoporosis. Half of all women and as many as 1 in 4 men age 50 years and older will have an osteoporosis-related fracture in their lifetime.

Chronic back pain is common, costly, and potentially disabling. About 80% of Americans experience low back pain in their lifetime. It is estimated that each year:

- 15%-20% of the population develop protracted back pain.
- 2-8% have chronic back pain (pain that lasts more than 3 months).
- 3-4% of the population is temporarily disabled due to back pain.
- 1% of the working-age population is disabled completely and permanently as a result of low back pain.

Americans spend at least $50 billion each year on low back pain. Low back pain is the:

- 2nd leading cause of lost work time (after the common cold).
- 3rd most common reason to undergo a surgical procedure.
- 5th most frequent cause of hospitalization.

Arthritis, osteoporosis, and chronic back conditions all have major effects on quality of life, the ability to work, and basic activities of daily living.

— Healthy People 2020 (www.healthypeople.gov)

One-third of CHOMP Service Area adults age 50 and older (33.7%) reports suffering from arthritis or rheumatism.

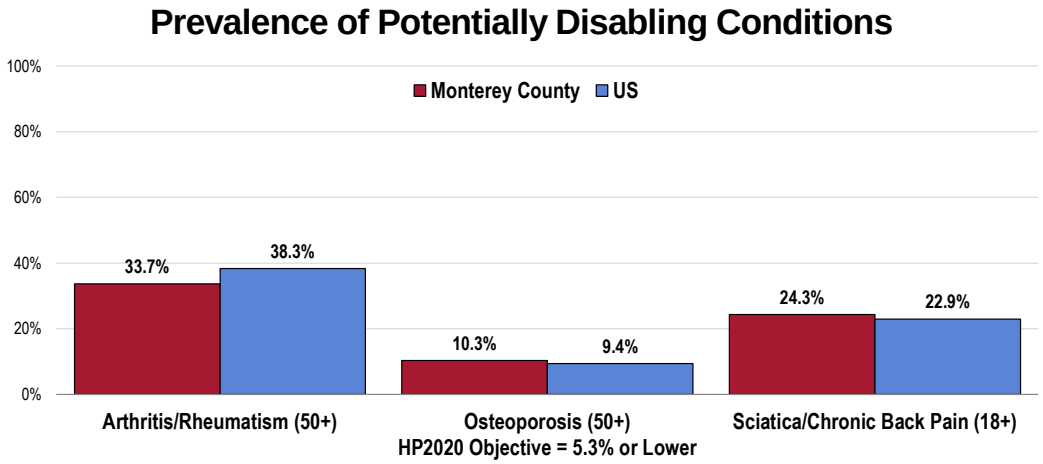
- **DISPARITY**: Lowest in Pacific Grove/Pebble Beach (not shown).

A total of 10.3% of CHOMP Service Area adults age 50 and older have osteoporosis.

- **BENCHMARK**: Fails to satisfy the 2020 objective.

A total of 24.3% of CHOMP Service Area adults (18 and older) suffer from chronic back pain or sciatica.

- **DISPARITY**: Lowest in Monterey (not shown).

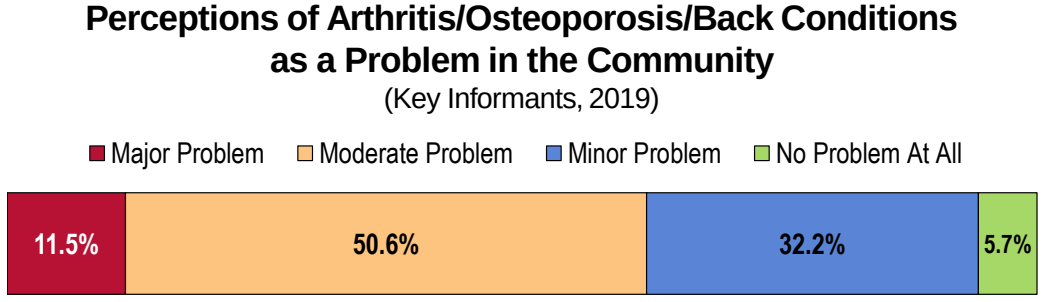


Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Items 26, 141-142]
- 2017 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective AOCBC-10]

Notes:
- The sciatica indicator reflects the total sample of respondents; the arthritis and osteoporosis columns reflect adults age 50+.

Key Informant Input: Arthritis, Osteoporosis & Chronic Back Conditions

Half of key informants taking part in an online survey characterized *Arthritis, Osteoporosis & Chronic Back Conditions* as a "moderate problem" in the community.



Sources:
- PRC Online Key Informant Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons related to the following:

Aging Population

> *There are currently over 76,000 individuals in Monterey County over the age of 60. They are all at greater risk for these conditions. Our agency provides social support services to older adults and in that context we learn about the pervasiveness of these conditions. For many, these chronic conditions impact their ability to perform their basic activities of daily living, to work, and to engage in their family and community. It can negatively affect their overall mobility and quality of life and often increases their sense of isolation. The older adult demographic is growing faster than the birthrate in our county, and this will only become a greater problem. These conditions place older adults at risk for misuse of opioids and other drugs because of their lack of understanding of their proper use and lack of physician supervision. – Social Services Provider*

Age of our population. – Physician

We have an aging community where it seems there are more patients that require assistance with back problems. – Community Leader

I see seniors who are really struggling and don't seem to have many options available to support them. And they struggle to meet their basic needs and daily activities. The area is not laid out for people to easily access care. It requires some form of transportation to get anywhere. – Community Leader

I work with the elderly in their own home and I see a lot of these issues. – Community Leader

Old age. – Community Leader

Incidence/Prevalence

It appears that most of the homeless people complain of their aches and pains. Could be from sleeping on the ground and a lack of personal care. – Social Services Provider

When we did a community study, this was the most common disability described by the community. – Community Leader

Awareness/Education

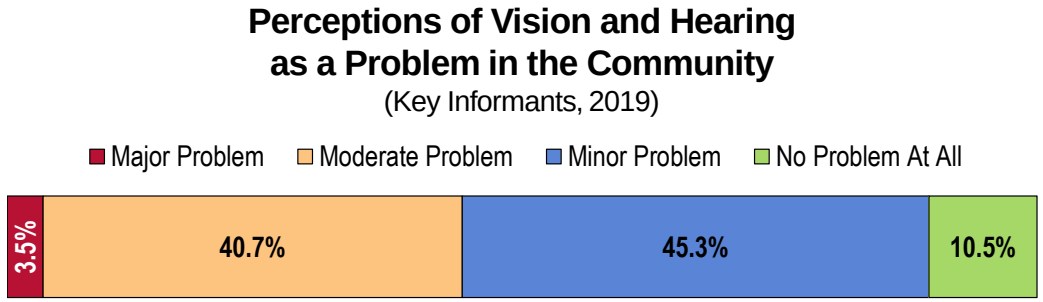
Very little community-based programing. Care is almost exclusively driven by MD, which leads to prescriptions but little resources for water or land-based therapy, diet consult, lifestyle consult, etc. – Social Services Provider

Lack of Providers

There are only 3 rheumatologists on the Monterey Peninsula. – Community Leader

Key Informant Input: Vision & Hearing

Key informants taking part in an online survey most often characterized *Vision & Hearing* as a "minor problem" in the community (followed closely by "moderate problem" ratings).



Sources: • PRC Online Key Informant Survey, PRC, Inc.
Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons related to the following:

Aging Population

As the baby-boomer generation continues to age into the senior years, the number of people experiencing vision and hearing loss will increase. Without appropriate services, both can impact a person's ability to maintain independence. An average of 4% of the general population experience vision loss in the US. These percentages increase with age, jumping to nearly 30% for seniors age 80+. Medicare does not pay for assistive equipment for vision loss. As many seniors become cash-poor, it isn't possible for them to afford assistive devices, which can help them maintain independence. – Social Services Provider

> *Our organization serves older adults, most of whom deal with age-related hearing and vision impairments. For many there is reluctance to access care due to denial and cost concerns. Medicare does not cover the cost of vision and hearing care. As a result of these impairments, older adults often have negative experiences and outcomes with healthcare providers at every level. Service delivery does not always include adequate accommodations for these conditions. – Social Services Provider*

Denial/Stigma

> *Not wanting people to know they are here. – Social Services Provider*

Alzheimer's Disease

About Dementia

Dementia is the loss of cognitive functioning—thinking, remembering, and reasoning—to such an extent that it interferes with a person's daily life. Dementia is not a disease itself but rather a set of symptoms. Memory loss is a common symptom of dementia, although memory loss by itself does not mean a person has dementia. Alzheimer's disease is the most common cause of dementia, accounting for the majority of all diagnosed cases.

Alzheimer's disease is the 6th leading cause of death among adults age 18 years and older. Estimates vary, but experts suggest that up to 5.1 million Americans age 65 years and older have Alzheimer's disease. These numbers are predicted to more than double by 2050 unless more effective ways to treat and prevent Alzheimer's disease are found.

— Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Alzheimer's Disease Deaths

Between 2015 and 2017, there was an annual average age-adjusted Alzheimer's disease mortality rate of 27.1 deaths per 100,000 population in Monterey County.

- **BENCHMARK**: Lower than the California mortality rate.
- **TREND**: The rate has increased over time, echoing state and national trends.
- **DISPARITY**: The rate is higher among Whites (especially) and Hispanics in Monterey County.

Alzheimer's Disease: Age-Adjusted Mortality

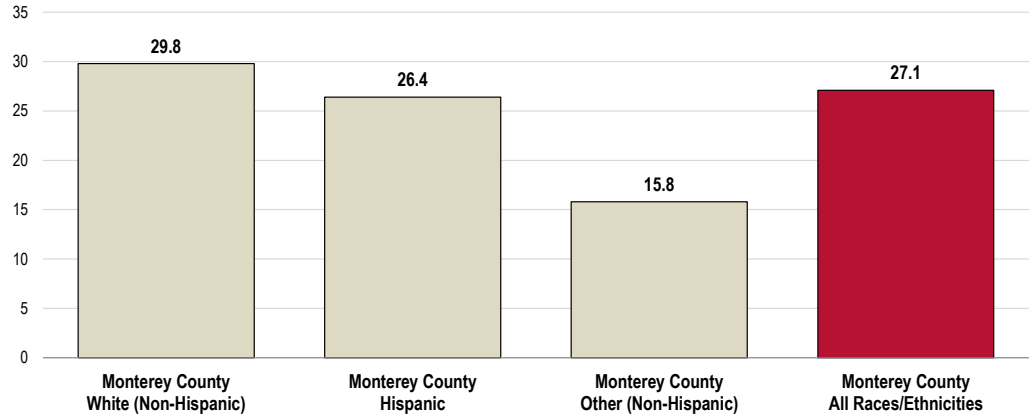
(2015-2017 Annual Average Deaths per 100,000 Population)

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2019.

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Alzheimer's Disease: Age-Adjusted Mortality by Race

(2015-2017 Annual Average Deaths per 100,000 Population)

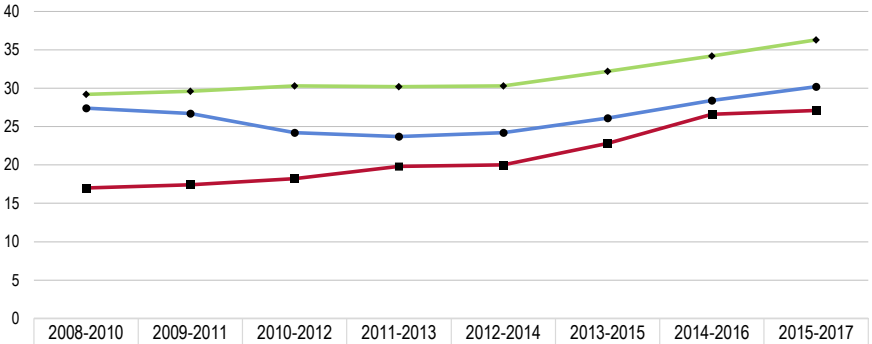


Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2019.

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Alzheimer's Disease: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)



	2008-2010	2009-2011	2010-2012	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017
Monterey County	17.0	17.4	18.2	19.8	20.0	22.8	26.6	27.1
CA	29.2	29.6	30.3	30.2	30.3	32.2	34.2	36.3
US	27.4	26.7	24.2	23.7	24.2	26.1	28.4	30.2

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2019.

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

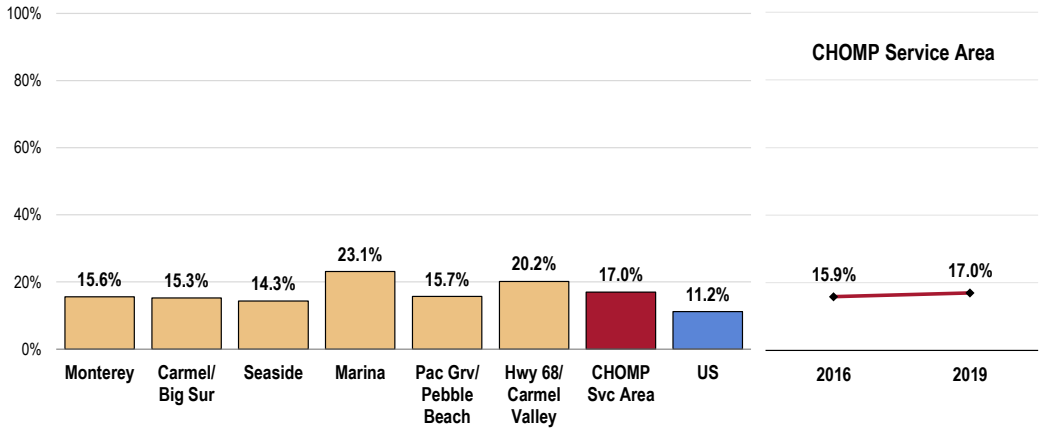
Progressive Confusion/Memory Loss

A total of 17.0% of adults age 45 and older report experiencing confusion or memory loss in the past year that is happening more often or getting worse.

- **BENCHMARK**: Worse than the US prevalence.
- **DISPARITY**: Reported more often among low-income respondents.

Experienced Increasing Confusion/Memory Loss in Past Year

(Adults Age 45 and Older)

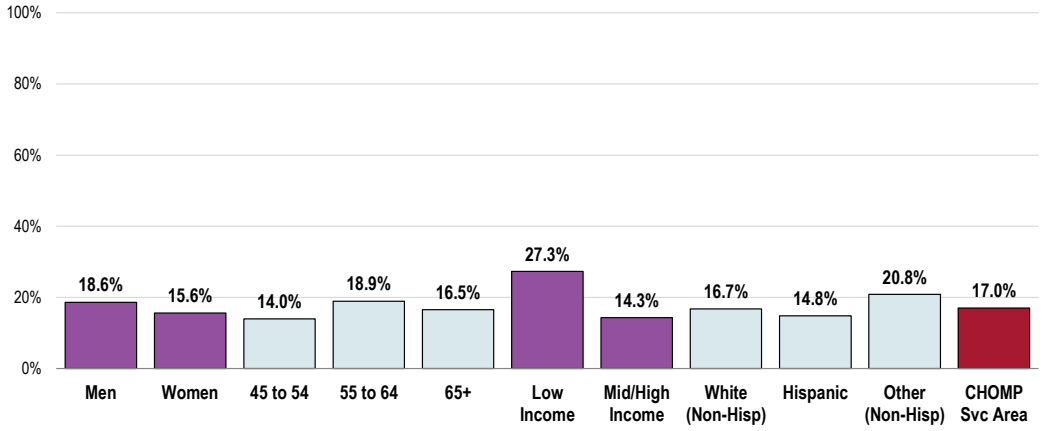


Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 314]
- 2017 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of those respondents age 45 and older.

Experienced Increasing Confusion/Memory Loss in Past Year

(Adults Age 45 and Older; CHOMP Service Area, 2019)

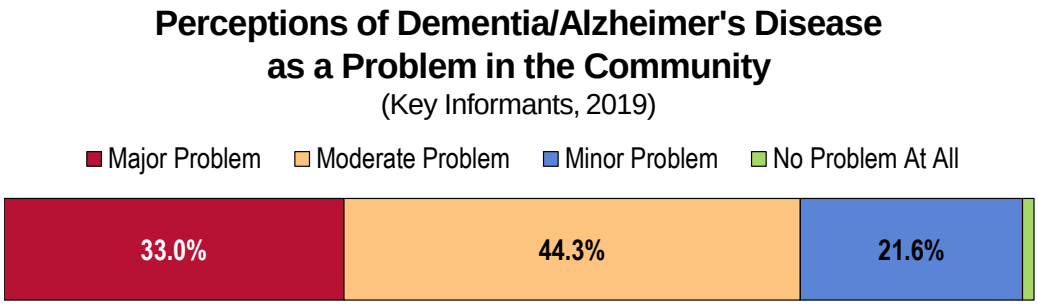


Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 314]

Notes:
- Asked of those respondents age 45 and older.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Key Informant Input: Dementias, Including Alzheimer's Disease

Key informants taking part in an online survey are most likely to consider *Dementias, Including Alzheimer's Disease* as a "moderate problem" in the community.



Sources: • PRC Online Key Informant Survey, PRC, Inc.
Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons related to the following:

Aging Population

Aging population. – Physician

Nationally it's an issue and we have many sub-communities with older populations. – Community Leader

Aging population. – Physician

Our population is getting older and there are limited locations in Monterey County for treatment and living facilities that deal with this. – Community Leader

I work with the elderly in their own home and I see a lot of these issues. – Community Leader

It seems that the longer people live the more dementia/Alzheimer's develops. For older adults with very little to no support, there is often no one to take care of them. They cannot cope with basic needs, dr. appointments, pharmacy, taking their medication appropriately etc. – Community Leader

The Monterey Peninsula has a very large older population, from those living in senior living to those living at home. Dementia often results in the neglect of chronic diseases and contributes to things like falls. Regrettably, lots of healthcare dollars are spent on demented patients, often without providing them without additional resources, resulting in little meaningful improvement in health. – Physician

Aging population of the region. – Community Leader

In our aging community, dementia is common and the resources to assist with overall care are limited; primarily the Alzheimer's Assoc and moderate use of the local neurologists. Finding affordable adult day care options and/or caregivers is a critically missing and/or scarce resource. – Physician

Aging population in this community. Lack of affordable living facilities, caregivers, programs. – Social Services Provider

We have a very elderly population with a high incidence of dementia issues. – Physician

Impact on Families/Caregivers

I see many patients with various stages of dementia and observe the stress in their caregivers. – Physician

It often goes undetected until the person has very severe symptoms. It also affects the family as deeply as the patient. – Community Leader

Ineffective medications. Caregiver shortage and overload. Day care is too expensive. If there are behavior problems, it compounds all the above. – Physician

Detrimental social determinants of health impacting patients who have dementia is rising. Social and family support, affordable care, access to care once mobility is impaired. – Physician

Devastating to the patient and family. – Physician

Great difficulty for families to navigate health care bureaucracy to arrange for safe care for family members in the least restrictive environment. – Community Leader

In all of all our program areas but particularly ombudsman, we see many individuals and families struggling at every stage of this disease. Family members contact us seeking long-term care placement options and general information about care options. Overall the news is not good for them. It is limited and expensive. Medicare coverage is limited in SNFs and Medi-Cal kicks in when the senior's resources are exhausted. Most individuals do not realize that residential care level of care is not reimbursed by Medi-Cal or 'the county' and that it must be paid out of the resources of the individual or their family. This is often the ideal level of care but not affordable for many. Long-term care insurance may pay for a portion, but most people do not have it. Many family members are faced with moving their loved one into their home or moving in with them and managing the 24-hour care challenges. – Social Services Provider

Incidence/Prevalence

A lot of the homeless population have dementia or some sort of mental illness. – Social Services Provider

It is becoming more and more prevalent but there do not seem to be sufficient providers and facilities in our community that specialize in this disease. – Community Leader

Again on the rise and why? – Community Leader

This is the only top 10 leading cause of death with no cure, treatment, or prevention option. It is often misdiagnosed due to the medical professionals not having tools/treatments. There are huge societal misconceptions of what dementia looks like, and often people account it to aging, when it really is not a normal part of getting older. – Social Services Provider

It is increasingly common, places a huge burden on the family, and there is no good treatment. – Physician

With the boomers now entering their 70s, the cases of dementia will increase exponentially. Memory care is cost-prohibitive for many in our area and no options exist for low-income residents of this county or in CA. We offer low-income housing for seniors who are independent but when they are no longer able to live independently, there is nowhere for them to go. Out of our 3,400 members, a good portion have at least mild cognitive impairment, and many have varying degrees of dementia. – Social Services Provider

Planning for the Elderly

Advanced care planning for the elderly. – Physician

Care for aging adults: basic supportive care that allows older adults to remain in their home, living on their own. Not all older adults have a caregiver who can provide that level of care, and those who can are often doing so as unpaid labor with tremendous stress added to their lives. – Community Leader

Access to Care

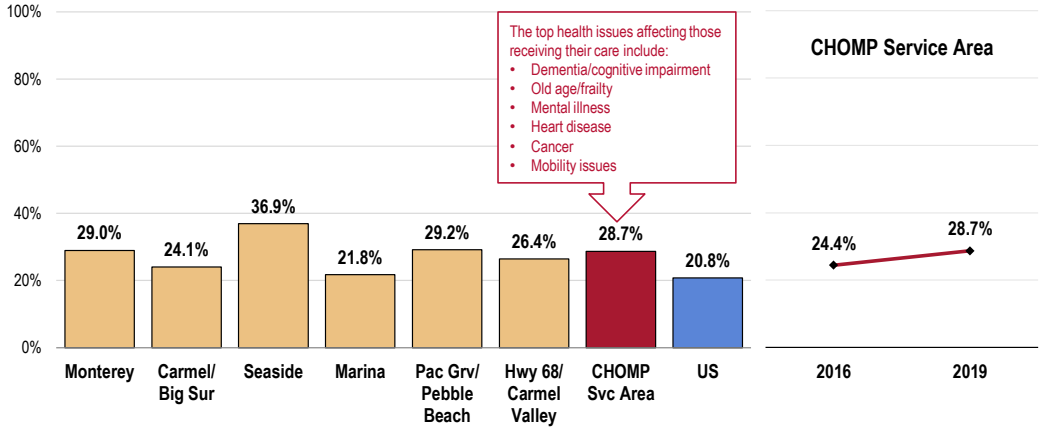
Not enough long-term-care beds. – Other Health Provider

Caregiving

A total of 28.7% of CHOMP Service Area adults currently provide care or assistance to a friend or family member who has a health problem, long-term illness, or disability.

- **BENCHMARK**: Higher than the US prevalence.
- **TREND**: Marks a statistically significant increase since 2016.
- **DISPARITY**: Highest among Seaside respondents, lowest in Marina.

Act as Caregiver to a Friend or Relative with a Health Problem, Long-Term Illness, or Disability



Sources: ● 2019 PRC Community Health Survey, PRC, Inc. [Items 111-112]
● 2017 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

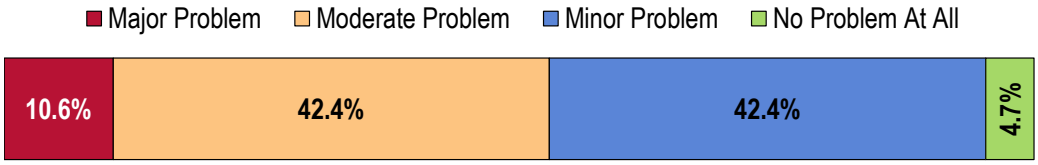
Immunization & Infectious Diseases

Key Informant Input: Immunization & Infectious Diseases

Key informants taking part in an online survey were equally likely to characterize *Immunization & Infectious Diseases* as a "moderate problem" and a "minor problem" in the community.

Perceptions of Immunization and Infectious Diseases as a Problem in the Community

(Key Informants, 2019)



Sources: • PRC Online Key Informant Survey, PRC, Inc.
Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons related to the following:

Lack of Immunizations

Families who are against immunizations. – Physician

Anti-vax and resurgence of contagious diseases, such as the measles, is on the rise. Incidents of yellow fever are growing in Monterey County. Recent alarming news of candida auris. – Community Leader

Lack of trust in efficiency of immunizations. Transient populations. – Community Leader

There seems to be a growing movement in opposing vaccinations. We need to get right on top of that or we will have hell to pay on public health fights we figured were won decades ago. Perhaps a source-checker page (as they do to address "fake news"), which could be promoted as a site/place to get separate fact from fiction in the age of the frightening – and incorrect – "don't vaccinate!" memes. – Social Services Provider

I think we are seeing an increase in unvaccinated people and an increase in infectious disease because of this. We also have a growing homeless population in Monterey County who are not receiving adequate healthcare and infectious disease tends to spread in unsanitary environments. – Community Leader

Incidence/Prevalence

I run an infectious disease clinic and I can tell you the number of patients we are seeing with a variety of infectious diseases is increasing, including HIV, cocci, syphilis, TB, and chlamydia. – Public Health Representative

Infections in the homeless such as TB and cocci. – Physician

Awareness/Education

Health literacy. – Public Health Representative

Births

Prenatal Care

About Infant & Child Health

Improving the well-being of mothers, infants, and children is an important public health goal for the US. Their well-being determines the health of the next generation and can help predict future public health challenges for families, communities, and the healthcare system. The risk of maternal and infant mortality and pregnancy-related complications can be reduced by increasing access to quality preconception (before pregnancy) and inter-conception (between pregnancies) care. Moreover, healthy birth outcomes and early identification and treatment of health conditions among infants can prevent death or disability and enable children to reach their full potential. Many factors can affect pregnancy and childbirth, including pre-conception health status, age, access to appropriate healthcare, and poverty.

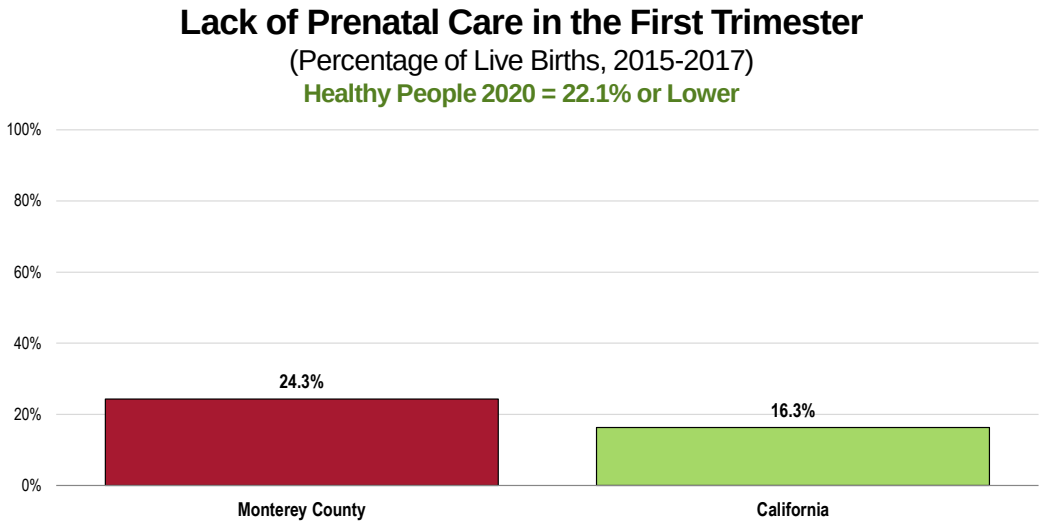
Infant and child health are similarly influenced by socio-demographic factors, such as family income, but are also linked to the physical and mental health of parents and caregivers. There are racial and ethnic disparities in mortality and morbidity for mothers and children, particularly for African Americans. These differences are likely the result of many factors, including social determinants (such as racial and ethnic disparities in infant mortality; family income; educational attainment among household members; and health insurance coverage) and physical determinants (i.e., the health, nutrition, and behaviors of the mother during pregnancy and early childhood).

— Healthy People 2020 (www.healthypeople.gov)

Early and continuous prenatal care is the best assurance of infant health.

Between 2015 and 2017, 24.3% of all Monterey County births did not receive prenatal care in the first trimester of pregnancy.

- **BENCHMARK**: Worse than the California percentage.
- **TREND**: Decreasing over time in Monterey County.



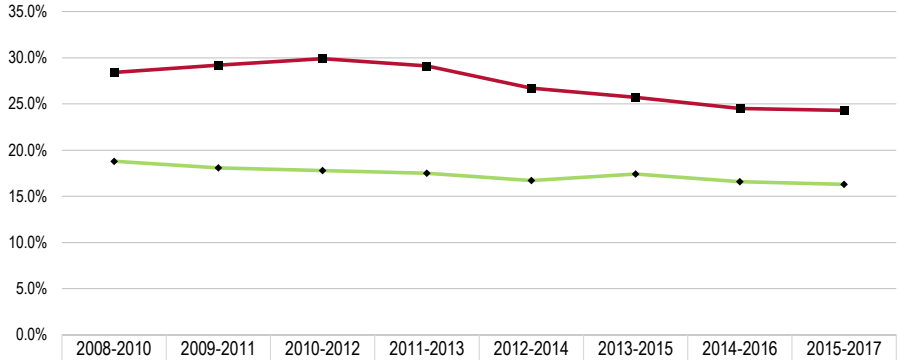
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2019.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MICH-10.1]

Note:
- This indicator reports the percentage of women who do not obtain prenatal care during their first trimester of pregnancy. This indicator is relevant because engaging in prenatal care decreases the likelihood of maternal and infant health risks. This indicator can also highlight a lack of access to preventive care, a lack of health, knowledge insufficient provider outreach, and/or social barriers preventing utilization of services.

Lack of Prenatal Care in the First Trimester

(Percent of Live Births)

Healthy People 2020 = 22.1% or Lower



	2008-2010	2009-2011	2010-2012	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017
Monterey County	28.4%	29.2%	29.9%	29.1%	26.7%	25.7%	24.5%	24.3%
CA	18.8%	18.1%	17.8%	17.5%	16.7%	17.4%	16.6%	16.3%

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics. Data extracted May 2019.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MICH-10.1]

Note:
- This indicator reports the percentage of women who do not obtain prenatal care during their first trimester of pregnancy. This indicator is relevant because engaging in prenatal care decreases the likelihood of maternal and infant health risks. This indicator can also highlight a lack of access to preventive care, a lack of health, knowledge insufficient provider outreach, and/or social barriers preventing utilization of services.

Birth Outcomes & Risks

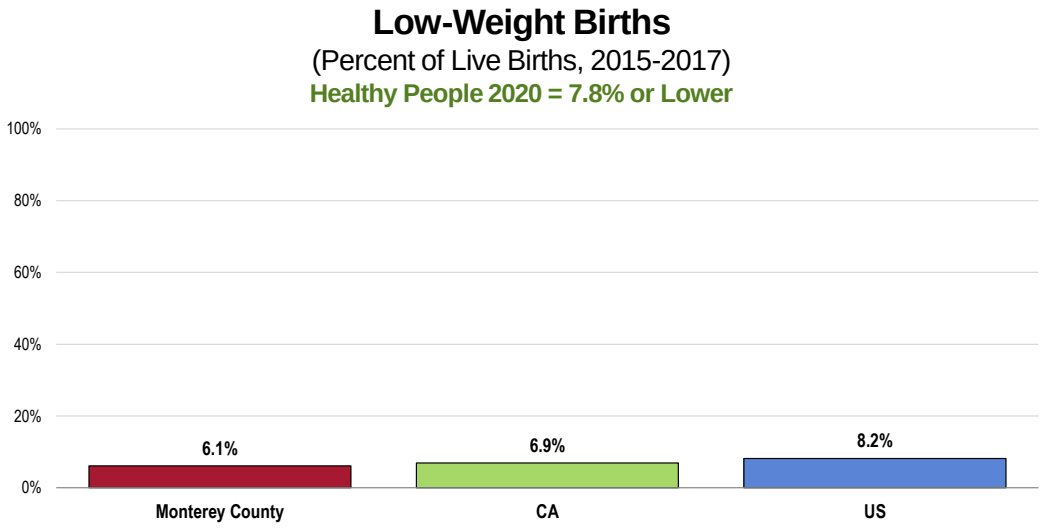
Low-Weight Births

Low birthweight babies, those who weigh less than 2,500 grams (5 pounds, 8 ounces) at birth, are much more prone to illness and neonatal death than are babies of normal birthweight.

Largely a result of receiving poor or inadequate prenatal care, many low-weight births and the consequent health problems are preventable.

A total of 6.1% of 2015-2017 Monterey County births were low-weight.

- **BENCHMARK**: Lower than the national percentage. Satisfies the Healthy People 2020 objective.



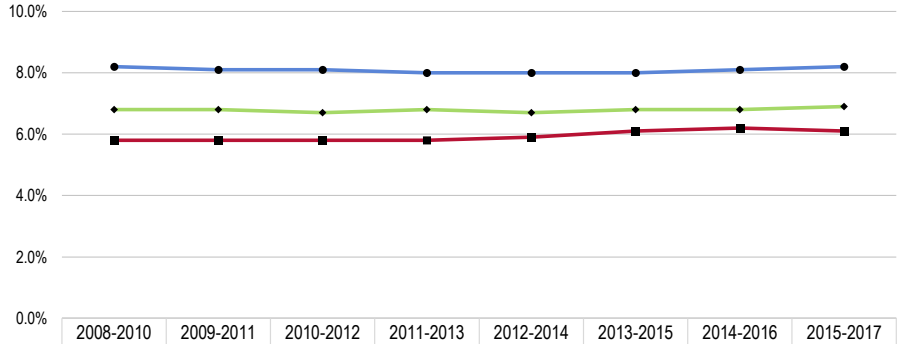
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics. Data extracted May 2019.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MICH-8.1]

Note:
- This indicator reports the percentage of total births that are low birth weight (Under 2500g). This indicator is relevant because low birth weight infants are at high risk for health problems. This indicator can also highlight the existence of health disparities.

Low-Weight Births

(Percent of Live Births)

Healthy People 2020 = 7.8% or Lower



	2008-2010	2009-2011	2010-2012	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017
Monterey County	5.8%	5.8%	5.8%	5.8%	5.9%	6.1%	6.2%	6.1%
CA	6.8%	6.8%	6.7%	6.8%	6.7%	6.8%	6.8%	6.9%
US	8.2%	8.1%	8.1%	8.0%	8.0%	8.0%	8.1%	8.2%

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics. Data extracted May 2019.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MICH-8.1]

Note:
- This indicator reports the percentage of total births that are low birth weight (Under 2500g). This indicator is relevant because low birth weight infants are at high risk for health problems. This indicator can also highlight the existence of health disparities.

Infant Mortality

Infant mortality rates reflect deaths of children less than one year old per 1,000 live births.

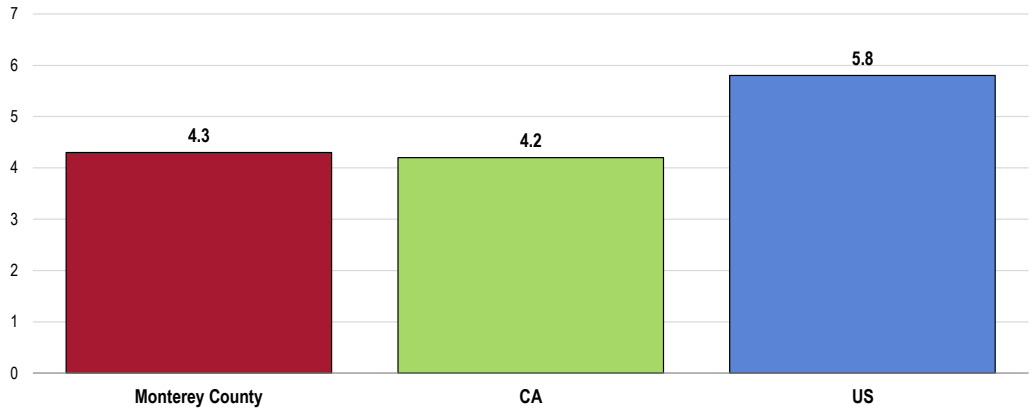
Between 2015 and 2017, the county reported an annual average of 4.3 infant deaths per 1,000 live births.

- **BENCHMARK**: A lower mortality rate than found nationwide. Satisfies the 2020 goal.
- **TREND**: Infant mortality has decreased over time in Monterey County.
- **DISPARITY**: The rate is higher outside the White and Hispanic populations.

Infant Mortality Rate

(Annual Average Infant Deaths per 1,000 Live Births, 2015-2017)

Healthy People 2020 = 6.0 or Lower



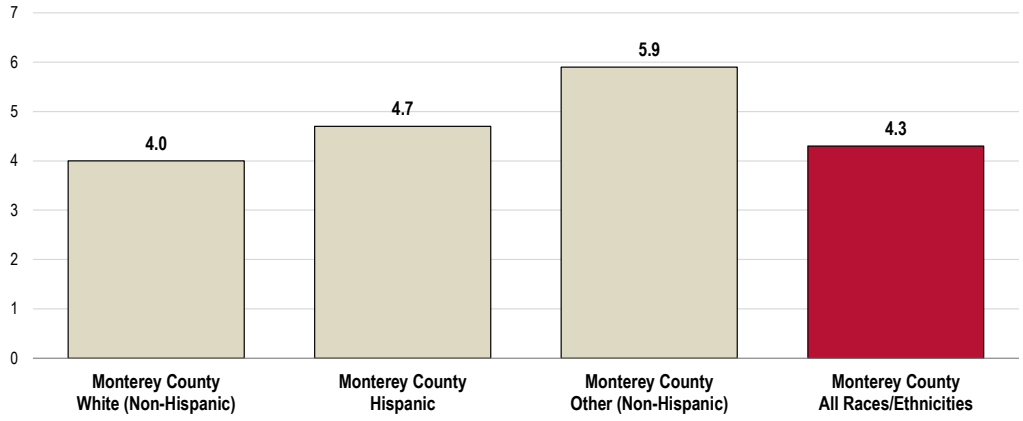
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics. Data extracted May 2019.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MICH-1.3]

Notes:
- Infant deaths include deaths of children under 1 year old.
- This indicator is relevant because high rates of infant mortality indicate the existence of broader issues pertaining to access to care and maternal and child health.

Infant Mortality Rate by Race/Ethnicity

(Annual Average Infant Deaths per 1,000 Live Births, 2006-2010)

Healthy People 2020 = 6.0 or Lower



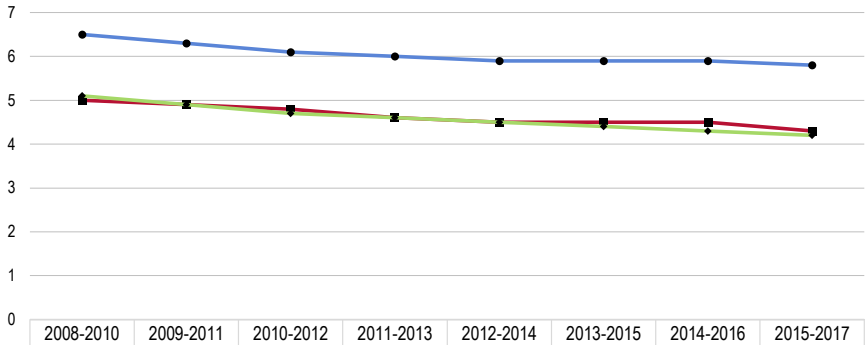
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics. Data extracted May 2019.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MICH-1.3]

Notes:
- Infant deaths include deaths of children under 1 year old.
- This indicator is relevant because high rates of infant mortality indicate the existence of broader issues pertaining to access to care and maternal and child health.

Infant Mortality Trends

(Annual Average Infant Deaths per 1,000 Live Births)

Healthy People 2020 = 6.0 or Lower



	2008-2010	2009-2011	2010-2012	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017
Monterey County	5.0	4.9	4.8	4.6	4.5	4.5	4.5	4.3
CA	5.1	4.9	4.7	4.6	4.5	4.4	4.3	4.2
US	6.5	6.3	6.1	6.0	5.9	5.9	5.9	5.8

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics. Data extracted May 2019.
- Centers for Disease Control and Prevention, National Center for Health Statistics.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MICH-1.3]

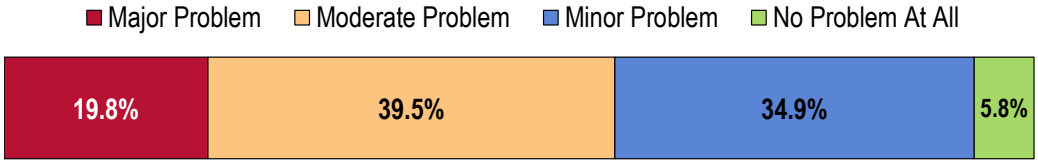
Notes:
- Rates are three-year averages of deaths of children under 1 year old per 1,000 live births.

Key Informant Input: Infant & Child Health

A plurality of key informants taking part in an online survey characterized *Infant & Child Health* as a "moderate problem" in the community.

Perceptions of Infant and Child Health as a Problem in the Community

(Key Informants, 2019)



Sources: • PRC Online Key Informant Survey, PRC, Inc.
Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons related to the following:

Contributing Factors

Lack of free/affordable healthcare and a high degree of poverty go hand in hand negatively affect the health of infants and children. Funds for prenatal care and first-five-years healthcare/nutrition would go far as a good investment for the community...lower costs invested early on prevent huge costs years late in myriad ways (far beyond just health). – Social Services Provider

More and more of our children are becoming obese and so have related health problems. We are also looking at having to implement ACE screening and programs that can address the possible effects of exposure to stress and violence. – Public Health Representative

Diabetes and other chronic conditions impacting our youth, such as obesity. Access to physical activity and healthy food. – Community Leader

With the large migrant, illegal immigrant, and low-income populations there is a large segment of children that do not have adequate access to good healthcare. – Community Leader

Early Diagnosis/Prevention

With proper early intervention we can better support lifelong learners, specifically mental, emotional and physical health. – Community Leader

Infants and children are being developmentally screened and the referrals for diagnosis and treatment are being made. However, there is a problem with follow up on these referrals. When the infant or child comes back for the next annual visit the developmental referral has often not been followed up on and valuable time in the child's life has been lost. – Public Health Representative

More and more children in Monterey County are getting juvenile diabetes. Need prevention like the Just Run program free to every school but not all schools do it. Need more physical activity, nutrition education for the children and their parents. Small stores have to move their healthy foods up front and the junk food to the back. – Community Leader

Awareness/Education

I think infant and child death is preventable but for some reason the US has a high mortality rate for women and infants. I think public education is a factor. Access to pre-natal care and more education for doctors/nurses so they can spot an issue in a timely manner before it becomes a bigger problem. – Community Leader

Noncompliance of parents in bringing in children for wellness visits for infants and children. – Other Health Provider

Poverty

> *Children shouldn't have to live on the streets or live in an environment of violence and lack of care and hygiene. – Social Services Provider*

> *Poverty and homeless issues. – Other Health Provider*

Access to Care/Services

> *There is limited access to pediatric services for children with special healthcare needs in our community. – Community Leader*

Denial/Stigma

> *Not wanting to be noticed. Wait until they are very ill. – Social Services Provider*

Family Planning

Births to Adolescent Mothers

About Adolescent Births

The negative outcomes associated with unintended pregnancies are compounded for adolescents. Teen mothers:

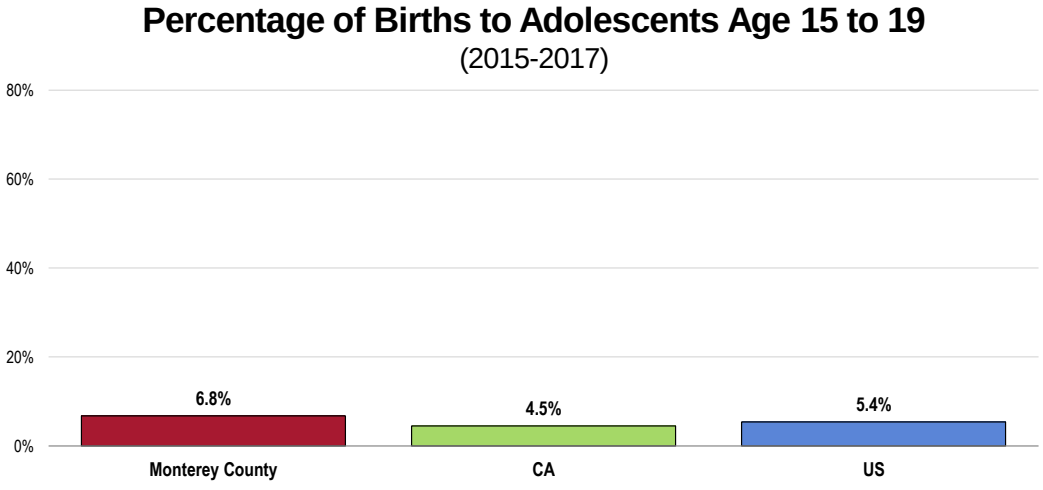
- Are less likely to graduate from high school or attain a GED by the time they reach age 30.
- Earn an average of approximately $3,500 less per year, when compared with those who delay childbearing.
- Receive nearly twice as much Federal aid for nearly twice as long.

Similarly, early fatherhood is associated with lower educational attainment and lower income. Children of teen parents are more likely to have lower cognitive attainment and exhibit more behavior problems. Sons of teen mothers are more likely to be incarcerated, and daughters are more likely to become adolescent mothers.

— Healthy People 2020 (www.healthypeople.gov)

Between 2015 and 2017, 6.8% of all births in the county were to adolescents age 15 to 19.

- **BENCHMARK**: Higher than the California and US percentages of teen births.
- **TREND**: Signifies a decreasing trend over the past decade, in keeping with state and national trends.

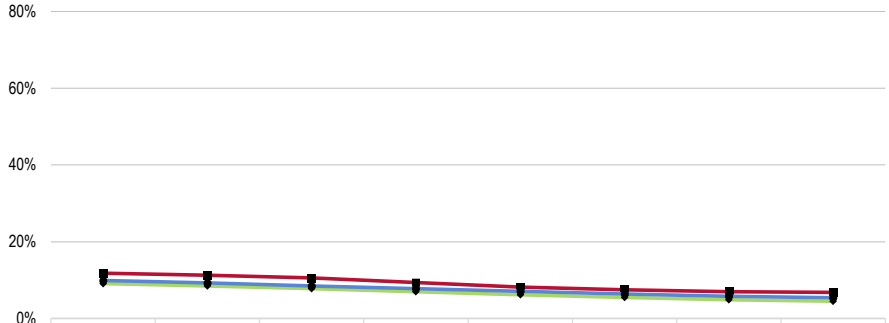


Sources:
- Centers for Disease Control and Prevention, National Vital Statistics System. Accessed using CDC WONDER.
- Retrieved May 2019 from CARES Engagement Network at https://engagementnetwork.org.

Note:
- Percentages are the proportion of live births within each population born to mothers ages 15 to 19 years.

Adolescent Birth Trends

(Percentage of Births to Adolescents Age 15-19)



	2008-2010	2009-2011	2010-2012	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017
Monterey County	11.8%	11.3%	10.6%	9.4%	8.2%	7.5%	7.0%	6.8%
CA	9.1%	8.5%	7.8%	7.0%	6.2%	5.5%	4.9%	4.5%
US	9.9%	9.3%	8.5%	7.8%	7.1%	6.4%	5.8%	5.4%

Sources:
- Centers for Disease Control and Prevention, National Vital Statistics System. Accessed using CDC WONDER.
- Retrieved from CARES Engagement Network at https://engagementnetwork.org.

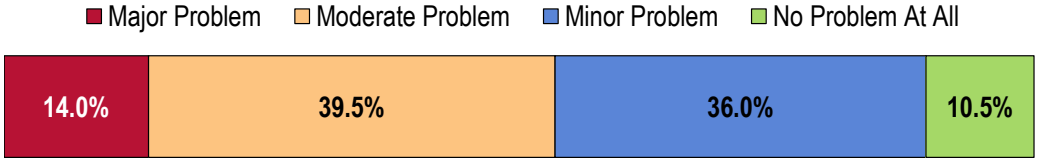
Notes:
- This indicator reports the rate of total births to women under the age of 15–19 per 1,000 female population age 15–19. This indicator is relevant because in many cases, teen parents have unique social, economic, and health support services. Additionally, high rates of teen pregnancy may indicate the prevalence of unsafe sex practices.

Key Informant Input: Family Planning

Key informants taking part in an online survey largely characterized *Family Planning* as a "moderate problem" in the community (followed closely by "minor problem" ratings).

Perceptions of Family Planning as a Problem in the Community

(Key Informants, 2019)



Sources:
- PRC Online Key Informant Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons related to the following:

Family Planning

> *Monterey County has a significantly higher level of teen pregnancies than other counties in the state and a significantly higher number of women do not get first trimester prenatal care compared with other counties in the state. – Public Health Representative*
>
> *The ability for people to actively plan the number of children they want is important. I see way too many families who have more children that they actually wanted fall into homelessness and they do not have the financial means to secure and maintain housing. – Social Services Provider*
>
> *Many people are having unplanned pregnancies, which results in being under-prepared for self-care and/or care of a family. – Community Leader*

Vulnerable Populations

> *Most of the homeless population do not have the income to procure contraceptives or do not care. – Social Services Provider*
>
> *We have families that have too many children that are not receiving the care and attention they need. TV, Xbox and phones have replaced parents. – Community Leader*
>
> *Access to affordable family planning is lacking and that leads to perpetuating generation after generation of poverty ... especially hurts women and teen girls, limiting their chances to attain their goals for career and financial security. Also increases chances of being subject to domestic violence. – Social Services Provider*

Teenage Pregnancy

> *Teen pregnancy and the devaluing of females. – Social Services Provider*
>
> *Teen pregnancy rates are high in Monterey County. – Other Health Provider*

Awareness/Education

> *Lack of education, access to confidential resources, and religious beliefs limit women from making informed decisions. – Social Services Provider*

Modifiable Health Risks

Nutrition

About Healthful Diet & Healthy Weight

Strong science exists supporting the health benefits of eating a healthful diet and maintaining a healthy body weight. Efforts to change diet and weight should address individual behaviors, as well as the policies and environments that support these behaviors in settings such as schools, worksites, healthcare organizations, and communities.

The goal of promoting healthful diets and healthy weight encompasses increasing household food security and eliminating hunger.

Americans with a healthful diet:

- Consume a variety of nutrient-dense foods within and across the food groups, especially whole grains, fruits, vegetables, low-fat or fat-free milk or milk products, and lean meats and other protein sources.
- Limit the intake of saturated and trans fats, cholesterol, added sugars, sodium (salt), and alcohol.
- Limit caloric intake to meet caloric needs.

Diet and body weight are related to health status. Good nutrition is important to the growth and development of children. A healthful diet also helps Americans reduce their risks for many health conditions, including: overweight and obesity; malnutrition; iron-deficiency anemia; heart disease; high blood pressure; dyslipidemia (poor lipid profiles); type 2 diabetes; osteoporosis; oral disease; constipation; diverticular disease; and some cancers.

Diet reflects the variety of foods and beverages consumed over time and in settings such as worksites, schools, restaurants, and the home. Interventions to support a healthier diet can help ensure that:

- Individuals have the knowledge and skills to make healthier choices.
- Healthier options are available and affordable.

Social Determinants of Diet. Demographic characteristics of those with a more healthful diet vary with the nutrient or food studied. However, most Americans need to improve some aspect of their diet.

Social factors thought to influence diet include:

- Knowledge and attitudes
- Skills
- Social support
- Societal and cultural norms
- Food and agricultural policies
- Food assistance programs
- Economic price systems

Physical Determinants of Diet. Access to and availability of healthier foods can help people follow healthful diets. For example, better access to retail venues that sell healthier options may have a positive impact on a person's diet; these venues may be less available in low-income or rural neighborhoods.

The places where people eat appear to influence their diet. For example, foods eaten away from home often have more calories and are of lower nutritional quality than foods prepared at home.

Marketing also influences people's—particularly children's—food choices.

— Healthy People 2020 (www.healthypeople.gov)

Daily Recommendation of Fruits/Vegetables

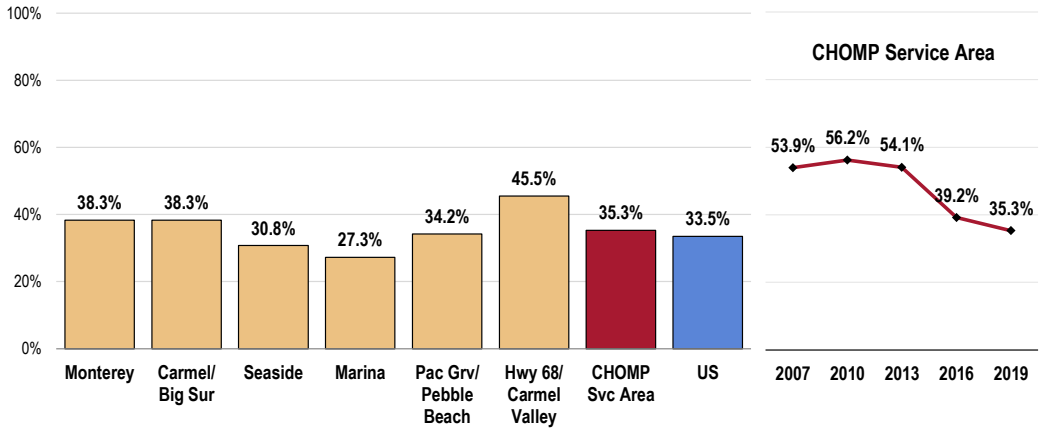
A total of 35.3% of CHOMP Service Area adults report eating five or more servings of fruits and/or vegetables per day.

To measure fruit and vegetable consumption, survey respondents were asked multiple questions, specifically about the foods and drinks they consumed on the day prior to the interview.

RELATED ISSUE:
See also *Food Access* in the **Social Determinants of Health** section of this report.

- **TREND**: Marks a statistically significant decrease since 2007.
- **DISPARITY**: The prevalence is highest in Highway 68/Carmel Valley and lowest in Marina. Consumption is statistically lower among seniors, low-income residents, and Other populations of color.

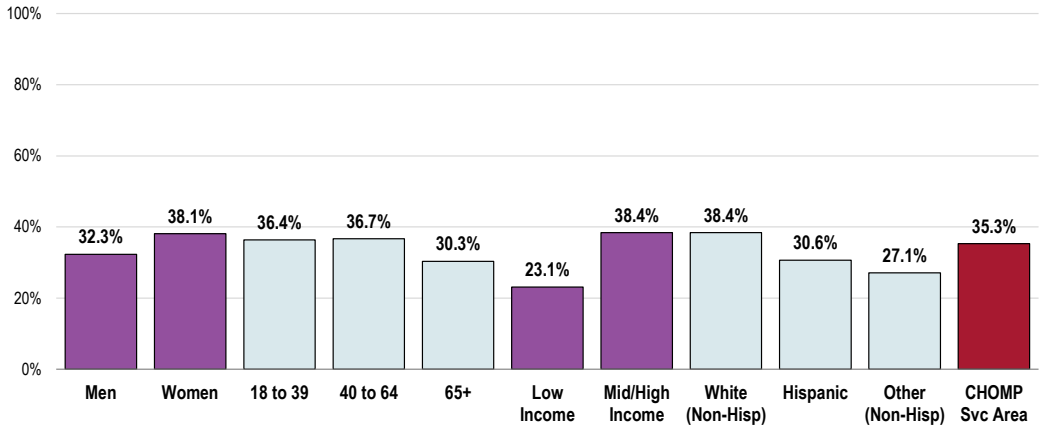
Consume Five or More Servings of Fruits/Vegetables Per Day



Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 148]
- 2017 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- For this issue, respondents were asked to recall their food intake on the previous day.

Consume Five or More Servings of Fruits/Vegetables Per Day
(CHOMP Service Area, 2019)



Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 148]

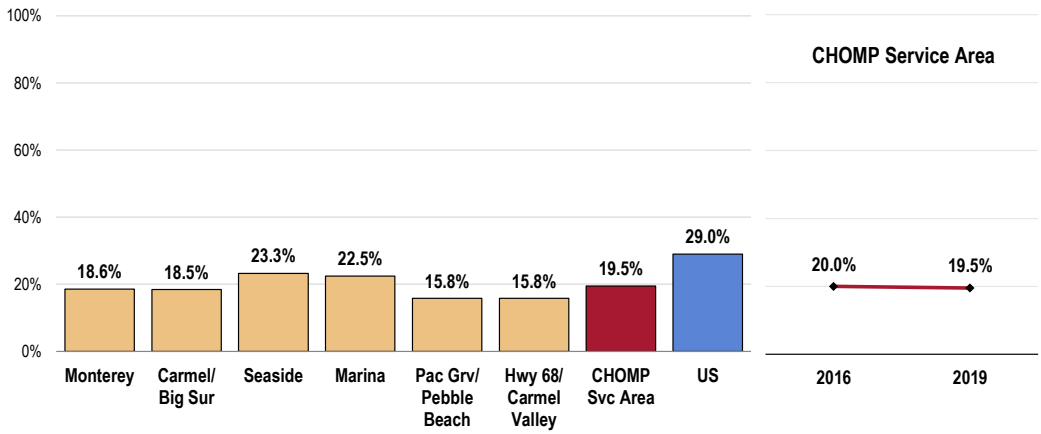
Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
- For this issue, respondents were asked to recall their food intake on the previous day.

Sugar-Sweetened Beverages

A total of 19.5% of CHOMP Service Area adults report drinking an average of at least one sugar-sweetened beverage per day in the past week.

- **BENCHMARK**: Well below the US prevalence.
- **DISPARITY**: Response is higher among service area men, young adults, low-income residents, and Other people of color.

Had Seven or More Sugar-Sweetened Beverages in the Past Week

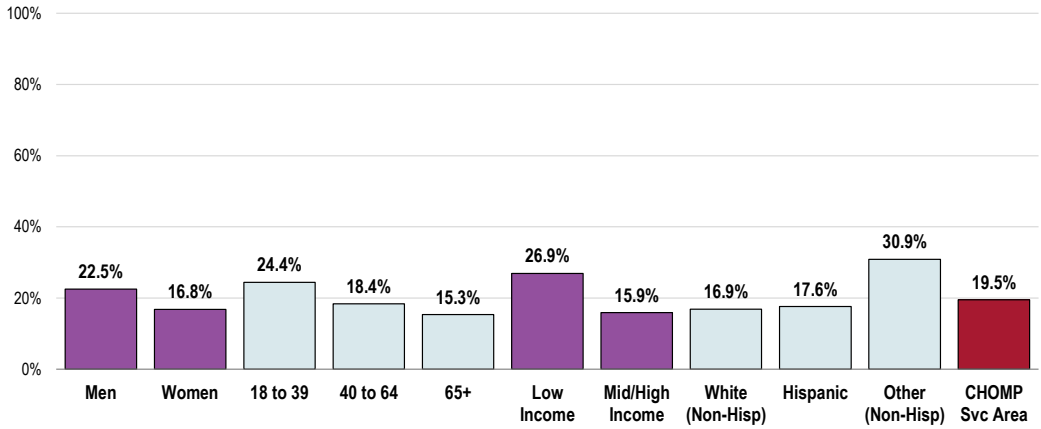


Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 312]
- 2017 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Had Seven or More Sugar-Sweetened Beverages in the Past Week

(CHOMP Service Area, 2019)



Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 312]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Physical Activity

About Physical Activity

Regular physical activity can improve the health and quality of life of Americans of all ages, regardless of the presence of a chronic disease or disability. Among adults, physical activity can lower the risk of: early death; coronary heart disease; stroke; high blood pressure; type 2 diabetes; breast and colon cancer; falls; and depression. Among children and adolescents, physical activity can: improve bone health; improve cardiorespiratory and muscular fitness; decrease levels of body fat; and reduce symptoms of depression. For people who are inactive, even small increases in physical activity are associated with health benefits.

Personal, social, economic, and environmental factors all play a role in physical activity levels among youth, adults, and older adults. Understanding the barriers to and facilitators of physical activity is important to ensure the effectiveness of interventions and other actions to improve levels of physical activity.

Factors **positively** associated with adult physical activity include: postsecondary education; higher income; enjoyment of exercise; expectation of benefits; belief in ability to exercise (self-efficacy); history of activity in adulthood; social support from peers, family, or spouse; access to and satisfaction with facilities; enjoyable scenery; and safe neighborhoods.

Factors **negatively** associated with adult physical activity include: advancing age; low income; lack of time; low motivation; rural residency; perception of great effort needed for exercise; overweight or obesity; perception of poor health; and being disabled. Older adults may have additional factors that keep them from being physically active, including lack of social support, lack of transportation to facilities, fear of injury, and cost of programs.

Among children ages 4 to 12, the following factors have a positive association with physical activity: gender (boys); belief in ability to be active (self-efficacy); and parental support.

Among adolescents ages 13 to 18, the following factors have a positive association with physical activity: parental education; gender (boys); personal goals; physical education/school sports; belief in ability to be active (self-efficacy); and support of friends and family.

Environmental influences positively associated with physical activity among children and adolescents include:

- Presence of sidewalks
- Having a destination/walking to a particular place
- Access to public transportation
- Low traffic density
- Access to neighborhood or school play area and/or recreational equipment

People with disabilities may be less likely to participate in physical activity due to physical, emotional, and psychological barriers. Barriers may include the inaccessibility of facilities and the lack of staff trained in working with people with disabilities.

— Healthy People 2020 (www.healthypeople.gov)

Leisure-Time Physical Activity

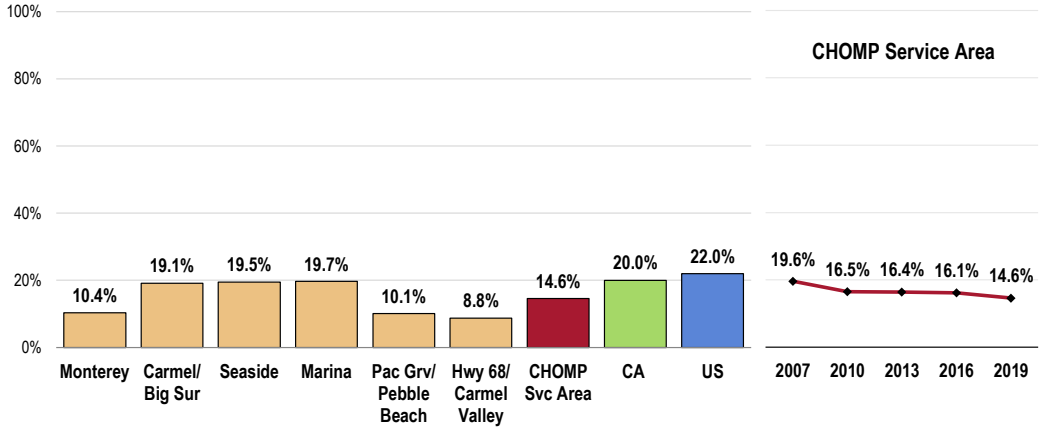
Leisure-time physical activity includes any physical activities or exercises (such as running, calisthenics, golf, gardening, walking, etc.) which take place outside of one's line of work.

A total of 14.6% of CHOMP Service Area adults report no leisure-time physical activity in the past month.

- **BENCHMARK**: Well below state and US percentages and easily satisfying the Healthy People 2020 goal.
- **TREND**: Marks a statistically significant decrease (improvement) over time.
- **DISPARITY**: Favorably low in Monterey and Highway 68/Carmel Valley.

No Leisure-Time Physical Activity in the Past Month

Healthy People 2020 = 32.6% or Lower



Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 89]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2017 California data.
- 2017 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective PA-1]

Notes:
- Asked of all respondents.

Activity Levels

Adults

Recommended Levels of Physical Activity

Adults should do 2 hours and 30 minutes a week of moderate-intensity (such as walking), or 1 hour and 15 minutes (75 minutes) a week of vigorous-intensity **aerobic** physical activity (such as jogging), or an equivalent combination of moderate- and vigorous-intensity aerobic physical activity. The guidelines also recommend that adults do **muscle-strengthening** activities, such as push-ups, sit-ups, or activities using resistance bands or weights. These activities should involve all major muscle groups and be done on two or more days per week.

The report finds that nationwide nearly 50 percent of adults are getting the recommended amounts of aerobic activity and about 30 percent are engaging in the recommended muscle-strengthening activity.

— 2013 Physical Activity Guidelines for Americans, US Department of Health and Human Services. www.cdc.gov/physicalactivity
— Learn more about CDC's efforts to promote walking by visiting http://www.cdc.gov/vitalsigns/walking.

"Meeting physical activity recommendations" includes adequate levels of both aerobic and strengthening activities:

Aerobic activity is one of the following: at least 150 minutes per week of light to moderate activity, 75 minutes per week of vigorous activity, or an equivalent combination of both.

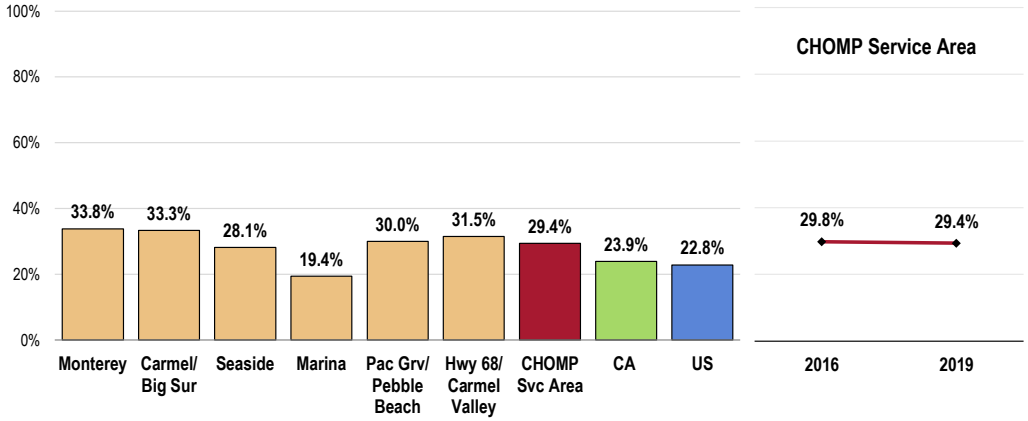
Strengthening activity is at least 2 sessions per week of exercise designed to strengthen muscles.

A total of 29.4% of CHOMP Service Area adults regularly participate in adequate levels of both aerobic and strengthening activities (meeting physical activity recommendations).

- **BENCHMARK**: Higher than California and US percentages and meeting the Healthy People 2020 objective.
- **DISPARITY**: Lowest among respondents in Marina and among adults age 40+, those in lower-income households, Whites, and Other persons of color.

Meets Physical Activity Recommendations

Healthy People 2020 = 20.1% or Higher



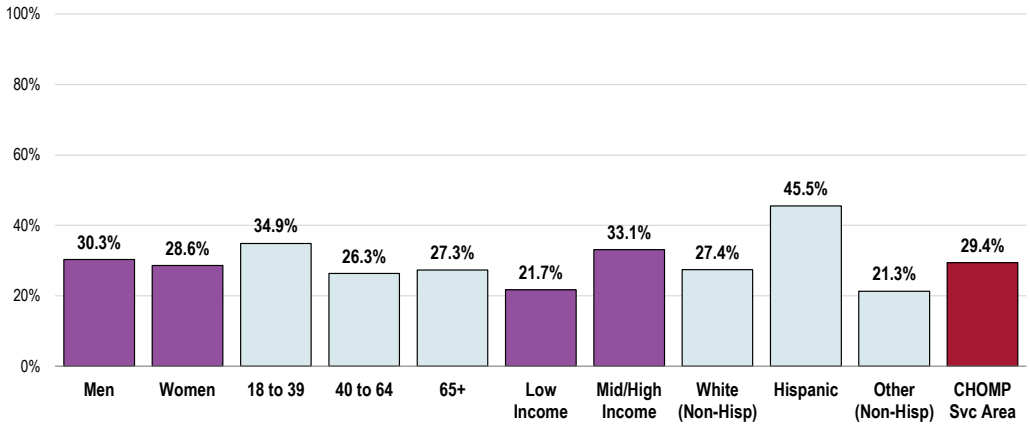
Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 152]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2017 California data.
- 2017 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective PA-2.4]

Notes:
- Asked of all respondents.
- Meeting both guidelines is defined as the number of persons age 18+ who report light or moderate aerobic activity for at least 150 minutes per week or who report vigorous physical activity 75 minutes per week or an equivalent combination of moderate and vigorous-intensity activity and report doing physical activities specifically designed to strengthen muscles at least twice per week.

Meets Physical Activity Recommendations

(CHOMP Service Area, 2019)

Healthy People 2020 = 20.1% or Higher



Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 152]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective PA-2.4]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
- Meeting both guidelines is defined as the number of persons age 18+ who report light or moderate aerobic activity for at least 150 minutes per week or who report vigorous physical activity 75 minutes per week or an equivalent combination of moderate and vigorous-intensity activity *and* report doing physical activities specifically designed to strengthen muscles at least twice per week.

Children

Recommended Levels of Physical Activity

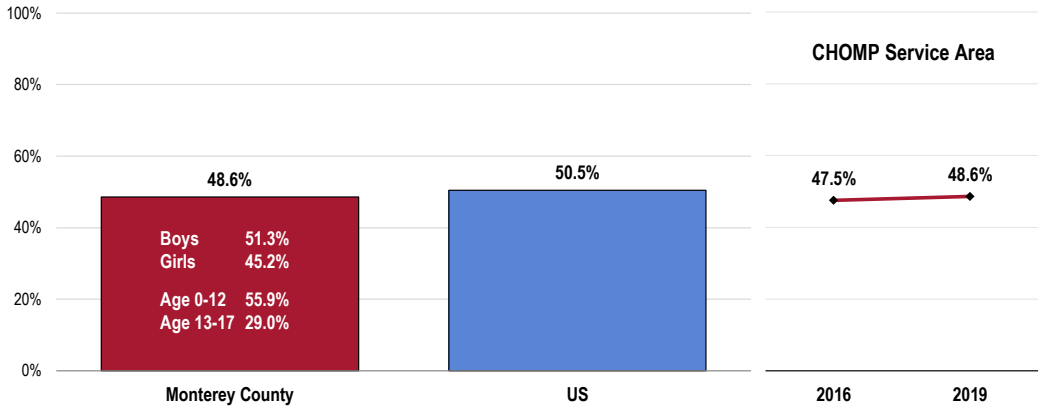
Children and adolescents should do 60 minutes (1 hour) or more of physical activity each day.

— 2013 Physical Activity Guidelines for Americans, US Department of Health and Human Services. www.cdc.gov/physicalactivity

Among CHOMP Service Area children age 2 to 17, 48.6% are reported to have had 60 minutes of physical activity on each of the seven days preceding the interview (1+ hours per day).

- **DISPARITY**: Similar by child's gender but lower among teens when compared with younger children.

Child Is Physically Active for One or More Hours per Day
(Parents of Children Age 2-17)



Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 124]
- 2017 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents with children age 2-17 at home.
- Includes children reported to have one or more hours of physical activity on each of the seven days preceding the survey.

Access to Physical Activity

In 2016, there were 7.0 recreation/fitness facilities for every 100,000 population in the county.

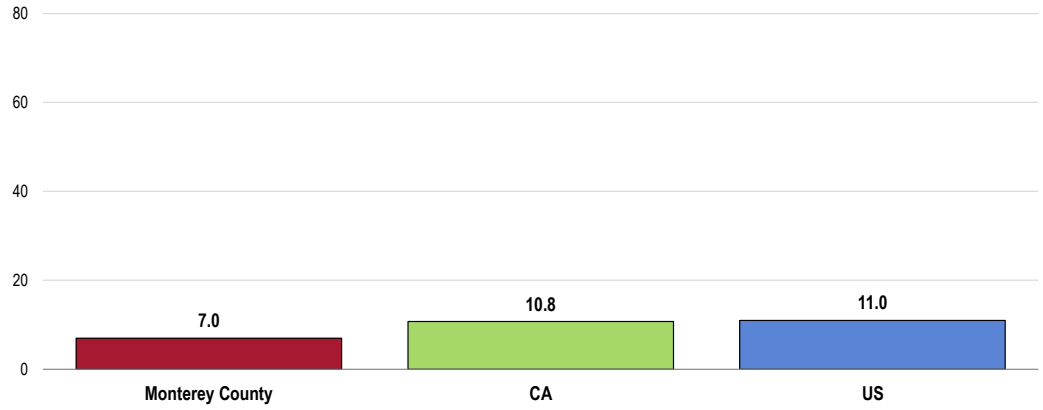
Here, recreation/fitness facilities include establishments engaged in operating facilities which offer "exercise and other active physical fitness conditioning or recreational sports activities."

Examples include athletic clubs, gymnasiums, dance centers, tennis clubs, and swimming pools.

- **BENCHMARK**: Lower than the California and US proportions.

Population With Recreation & Fitness Facility Access

(Number of Recreation & Fitness Facilities per 100,000 Population, 2016)



Sources:
- US Census Bureau, County Business Patterns. Additional data analysis by CARES.
- Retrieved May 2019 from CARES Engagement Network at https://engagementnetwork.org.

Notes:
- Recreation and fitness facilities are defined by North American Industry Classification System (NAICS) Code 713940 , which include *Establishments engaged in operating facilities which offer "exercise and other active physical fitness conditioning or recreational sports activities". Examples include athletic clubs, gymnasiums, dance centers, tennis clubs, and swimming pools.* This indicator is relevant because access to recreation and fitness facilities encourages physical activity and other healthy behaviors.

Weight Status

About Overweight & Obesity

Because weight is influenced by energy (calories) consumed and expended, interventions to improve weight can support changes in diet or physical activity. They can help change individuals' knowledge and skills, reduce exposure to foods low in nutritional value and high in calories, or increase opportunities for physical activity. Interventions can help prevent unhealthy weight gain or facilitate weight loss among obese people. They can be delivered in multiple settings, including healthcare settings, worksites, or schools.

The social and physical factors affecting diet and physical activity (see Physical Activity topic area) may also have an impact on weight. Obesity is a problem throughout the population. However, among adults, the prevalence is highest for middle-aged people and for non-Hispanic black and Mexican American women. Among children and adolescents, the prevalence of obesity is highest among older and Mexican American children and non-Hispanic black girls. The association of income with obesity varies by age, gender, and race/ethnicity.

— Healthy People 2020 (www.healthypeople.gov)

Body Mass Index (BMI), which describes relative weight for height, is significantly correlated with total body fat content. The BMI should be used to assess overweight and obesity and to monitor changes in body weight. In addition, measurements of body weight alone can be used to determine efficacy of weight loss therapy. BMI is calculated as weight (kg)/height squared (m^2). To estimate BMI using pounds and inches, use: [weight (pounds)/height squared ($inches^2$)] x 703.

In this report, overweight is defined as a BMI of 25.0 to 29.9 kg/m^2 and obesity as a BMI ≥30 kg/m^2. The rationale behind these definitions is based on epidemiological data that show increases in mortality with BMIs above 25 kg/m^2. The increase in mortality, however, tends to be modest until a BMI of 30 kg/m^2 is reached. For persons with a BMI ≥30 kg/m^2, mortality rates from all causes, and especially from cardiovascular disease, are generally increased by 50 to 100 percent above that of persons with BMIs in the range of 20 to 25 kg/m^2.

— Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report. National Institutes of Health. National Heart, Lung, and Blood Institute in Cooperation With The National Institute of Diabetes and Digestive and Kidney Diseases. September 1998.

Adult Weight Status

Classification of Overweight and Obesity by BMI	BMI (kg/m^2)
Underweight	<18.5
Normal	18.5 – 24.9
Overweight	25.0 – 29.9
Obese	≥30.0

Source: Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report. National Institutes of Health. National Heart, Lung, and Blood Institute in Cooperation With The National Institute of Diabetes and Digestive and Kidney Diseases. September 1998.

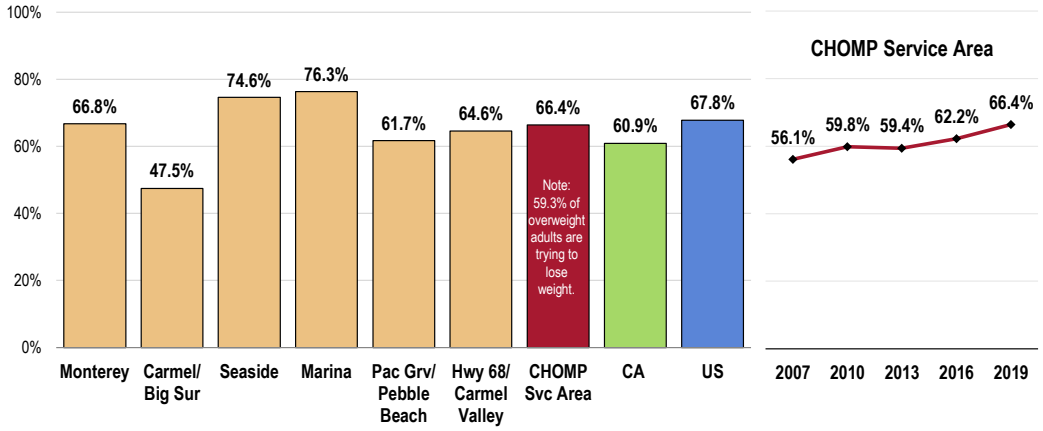
Overweight Status

Two-thirds of CHOMP Service Area adults (66.4%) are overweight.

Here, "overweight" includes those respondents with a BMI value ≥25.

- **BENCHMARK**: Higher than the California prevalence.
- **TREND**: Denotes a statistically significant increase since 2007.
- **DISPARITY**: Highest in Seaside and Marina; lowest in Carmel/Big Sur.

Prevalence of Total Overweight (Overweight and Obese)



Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Items 155, 191]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2017 California data.
- 2017 PRC National Health Survey, PRC, Inc.

Notes:
- Based on reported heights and weights, asked of all respondents.
- The definition of overweight is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 25.0, regardless of gender. The definition for obesity is a BMI greater than or equal to 30.0.

Note that 29.9% of overweight adults have been given advice about their weight by a health professional in the past year (while most have not).

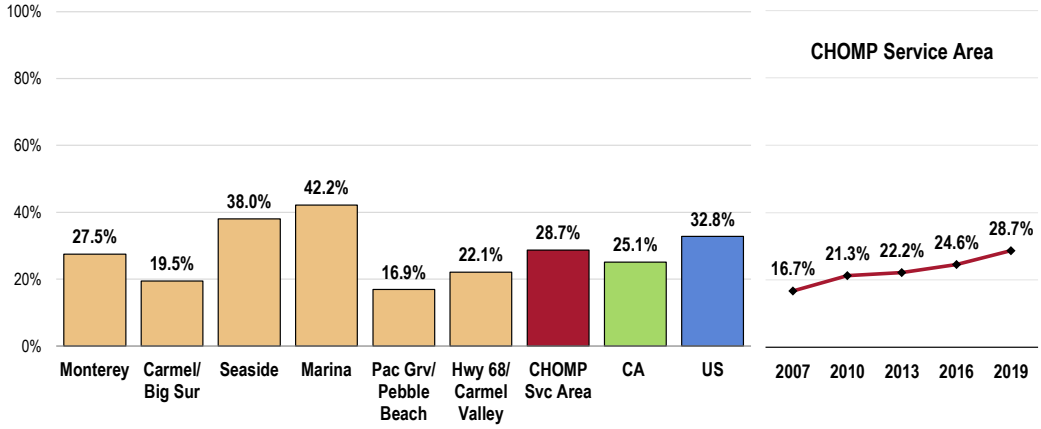
The overweight prevalence above includes 28.7% of CHOMP Service Area adults who are <u>obese</u>.

"Obese" (also included in overweight prevalence discussed previously) includes respondents with a BMI value ≥30.

- **BENCHMARK**: Higher than the state percentage.
- **TREND**: Increasing significantly since 2007.
- **DISPARITY**: Highest in Seaside and Marina; lowest in Carmel/Big Sur and Pacific Grove/Pebble Beach. Reported more often among adults 40 to 64, low-income residents, and Hispanics in the service area.

Prevalence of Obesity

Healthy People 2020 = 30.5% or Lower



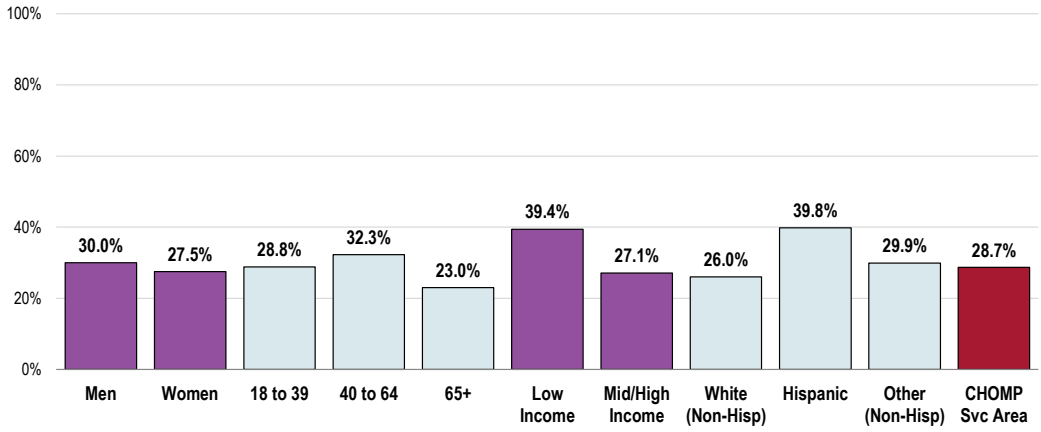
Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 154]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2017 California data.
- 2017 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective NWS-9]

Notes:
- Based on reported heights and weights, asked of all respondents.
- The definition of obesity is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 30.0, regardless of gender.

Prevalence of Obesity

(CHOMP Service Area, 2019)

Healthy People 2020 = 30.5% or Lower



Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 154]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective NWS-9]

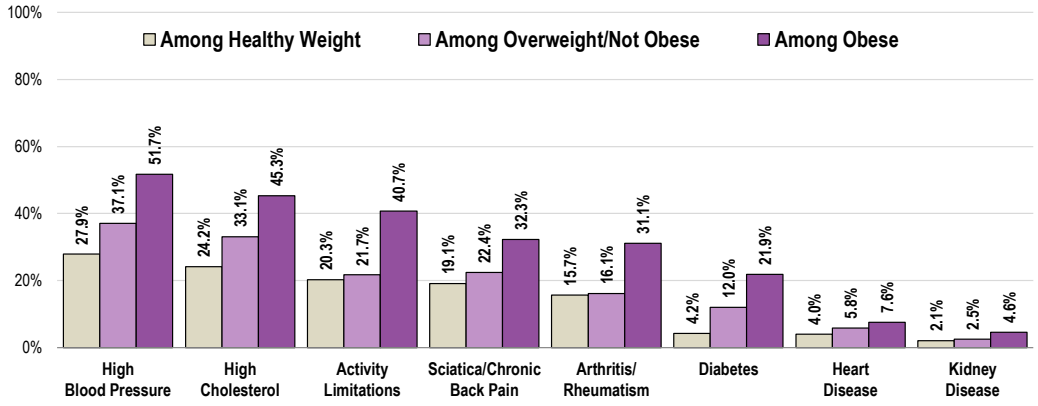
Notes:
- Based on reported heights and weights, asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
- The definition of obesity is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 30.0, regardless of gender.

Relationship of Overweight With Other Health Issues

The correlation between overweight and various health issues cannot be disputed.

Overweight and obese adults are more likely to report a number of adverse health conditions, as outlined in the following chart.

Relationship of Overweight With Other Health Issues
(CHOMP Service Area, 2019)



Sources: • 2019 PRC Community Health Survey, PRC, Inc. [Item 154]
Notes: • Based on reported heights and weights, asked of all respondents.

Children's Weight Status

About Weight Status in Children & Teens

In children and teens, body mass index (BMI) is used to assess weight status – underweight, healthy weight, overweight, or obese. After BMI is calculated for children and teens, the BMI number is plotted on the CDC BMI-for-age growth charts (for either girls or boys) to obtain a percentile ranking. Percentiles are the most commonly used indicator to assess the size and growth patterns of individual children in the United States. The percentile indicates the relative position of the child's BMI number among children of the same sex and age.

BMI-for-age weight status categories and the corresponding percentiles are shown below:

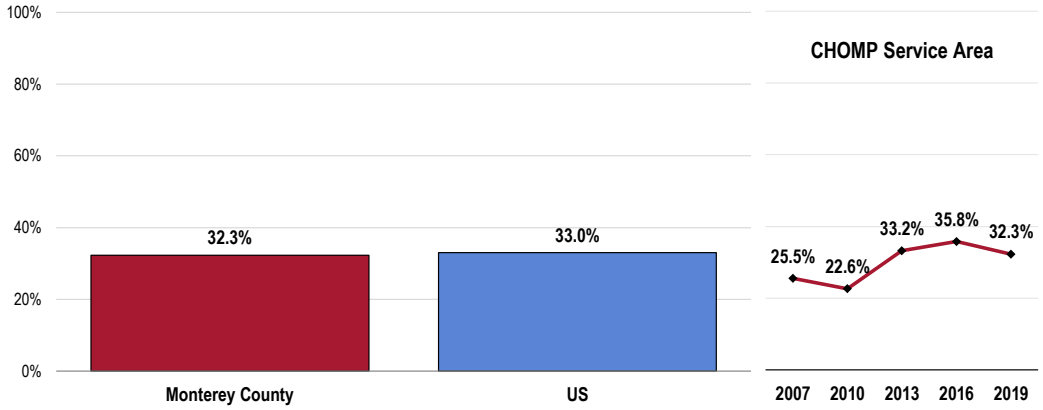
- Underweight — <5th percentile
- Healthy Weight — ≥5th and <85th percentile
- Overweight — ≥85th and <95th percentile
- Obese — ≥95th percentile

— Centers for Disease Control and Prevention

Based on the heights/weights reported by surveyed parents, 32.3% of CHOMP Service Area children age 5 to 17 are overweight or obese (≥85th percentile).

Prevalence of Overweight in Children

(Parents of Children Age 5-17)



Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 192]
- 2017 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents with children age 5-17 at home.
- Overweight among children is determined by children's Body Mass Index status at or above the 85th percentile of US growth charts by gender and age.

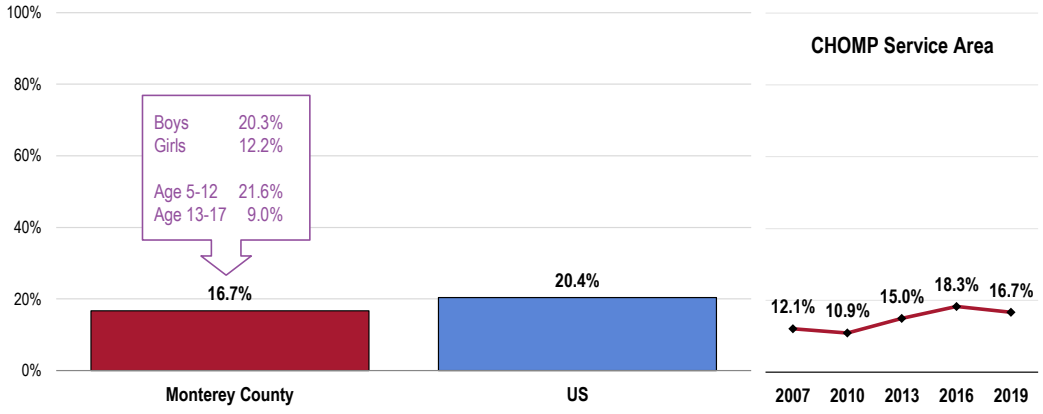
The childhood overweight prevalence above includes 16.7% of area children age 5 to 17 who are obese (≥95th percentile).

- **DISPARITY**: Statistically similar by gender but higher among children age 5 to 12 when compared with service area teens.

Prevalence of Obesity in Children

(Children Age 5-17 Who Are Obese; BMI in the 95th Percentile or Higher)

Healthy People 2020 = 14.5% or Lower



Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 158]
- 2017 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective NWS-10.4]

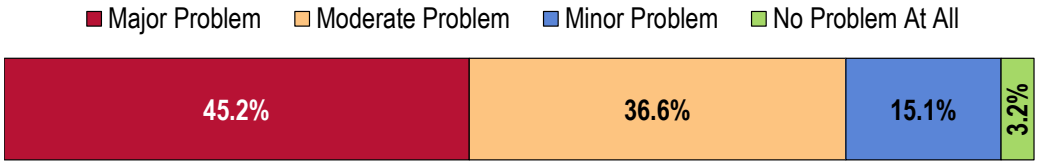
Notes:
- Asked of all respondents with children age 5-17 at home.
- Obesity among children is determined by children's Body Mass Index status equal to or above the 95th percentile of US growth charts by gender and age.

Key Informant Input: Nutrition, Physical Activity & Weight

Key informants taking part in an online survey most often characterized *Nutrition, Physical Activity & Weight* as a "major problem" in the community.

Perceptions of Nutrition, Physical Activity, and Weight as a Problem in the Community

(Key Informants, 2019)



Sources: • PRC Online Key Informant Survey, PRC, Inc.
Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons related to the following:

Contributing Factors

Environmental, marketing of unhealthy foods, lack of activity, access to unhealthy foods at convenience, fast food or small stores, safety in neighborhoods to get out and be active, not educated about what foods are healthy, high percentage of adults and kids in this county are overweight/obese. – Public Health Representative

Convenience of low-cost, high-calorie fast foods. Lack of appropriate green space available to all residents. School system reducing the number of physical activity credits needed in all K-12 levels. Overconsumption of high-sugar and high-caloric drinks. Cost of recreational programs (soccer, softball, etc.). – Public Health Representative

Access to affordable healthy food, food insecurity among low-income and working poor, safety and concerns about exercising outside or not having the time. – Community Leader

Too much screen time, poor family habits in food choices, health literacy, too few team sports, violence in the community, making it difficult to walk or exercise outside. – Public Health Representative

Obesity is an issue here. Parents are scared o let their children play outside. Medi messages encourage fast food consumption and grocery stores give unhealthy foods the prime product placement areas. Video games have taken the place of more active sports and games. – Public Health Representative

Encourage home meals; free community cooking classes would be great. Physical activity: more walking trails needed and rec league opportunities. For worksites: start a corporate games/friendly competition to increase activity. Weight: currently there is no evidence that long-term weight loss through diet and exercise is sustainable for most people. Use as a secondary by-product, not as a goal. – Community Leader

Too much work, not enough play. Not feeling safe in their community, either risk of violence or not having sidewalks that are safe enough, or crosswalks, or neighborhood parks. Too much fast food, the easy choices are not the healthiest choices. – Community Leader

I think this is a nationwide problem not only in Monterey. People have poor nutrition and sedentary lifestyle and are gaining weight. Opportunities for healthy foods and public education, as well as outdoor fitness and exercise opportunities. More walking and bike paths etc. – Community Leader

Insufficient Physical Activity

People are too sedentary and eat too much junk food. Hopefully the Blue Zones project will help but groups have been doing the same things for 25 years with little progress. The Just Run program of the Big Sur Marathon foundation is great and preventative and free to schools. We need education, prevention, etc. We need more community walking and running clubs. – Community Leader

All ages in all areas of the United States have become more sedentary and diets have deteriorated – obesity is prevalent. Seniors are often not able to drive to the store to purchase food – and if they can, many of them cannot stand long enough in the kitchen to prepare food or wash dishes. They tend to rely on frozen prepared foods that are full of fat and sodium. Alternately, many can lose weight due to the lack of the ability to get food – and because of depression and isolation. Some are on fixed incomes and cannot afford food. – Social Services Provider

Environmental, marketing of unhealthy foods, lack of activity, access to unhealthy foods at convenience, fast food or small stores, safety in neighborhoods to get out and be active, not educated about what foods are healthy, high percentage of adults and kids in this county are overweight/obese. – Public Health Representative

Convenience of low-cost high calorie fast foods. Lack of appropriate green space available to all residents. School system reducing the number of physical activity credits needed in all K-12 levels. Overconsumption of high sugar and high caloric drinks. Cost of recreational programs (soccer, softball, etc.). – Public Health Representative

Access to affordable healthy food, food insecurity among low-income and working poor, safety and concerns about exercising outside or not having the time. – Community Leader

Too much screen time, poor family habits in food choices, health literacy, too few team sports, violence in the community, making it difficult to walk or exercise outside. – Public Health Representative

Sedentary lifestyle, eating habits, food environment, and lack of knowledge and engagement. – Other Health Provider

Access to Services/Resources

It costs so much money to access workout equipment. – Community Leader

Not enough clinical support staff. – Physician

Rampant obesity and few programs to help. – Physician

We have a serious overweight problem with few resources. – Physician

The ability to assess risk and readiness to change on a broad community-wide basis, and effective programs to facilitate and sustain changed behaviors. – Physician

Access to free nutrition and weight management program. – Other Health Provider

Access to Healthy Food

Access to healthy food and education. – Other Health Provider

Cheaper to buy starchy and fast food. Children not allowed to run around in the neighborhood due to safety. Too much time spent in front of the screen. – Social Services Provider

No money to purchase quality food will result in bad nutrition. – Social Services Provider

Limited access by all to fresh food/produce. Some people work in excess of 5 days/week to afford living here, it is not safe to walk/bike due to lack of walkability in most areas and connectivity is most areas. MoCo (Monterey County) parks now have a fee to use, which reduces access to a safe park which limits opportunity for natural movement. – Community Leader

Awareness/Education

How all three things play a role in our health and more free education would help. – Community Leader

Limited access to evidence-based, data-informed nutrition and weight-management services. – Other Health Provider

Poor education in general regarding nutrition in our society; poor diet and exercise habits in society. A large underserved population experiences this more. – Community Leader

Nutrition

Eating right. – Community Leader

Nutrition for the homeless is ignored. – Social Services Provider –

Cultural/Personal Beliefs

> *A culture of unhealthy practices, growing girth, foods that are high in salt and sugar. – Social Services Provider*
>
> *High numbers of Latino population prone to cultural influences in food that is high in carbs. Many other cultures are overweight. Need healthier choices and more exercise. – Community Leader*

Co-Occurrences

> *Diabetes and pre-diabetes. – Physician*
>
> *Poor nutrition and lack of physical activity can lead to secondary conditions such as diabetes, arthritis, and obesity. – Social Services Provider*

Incidence/Prevalence

> *I work with the elderly in their own home and I see a lot of these issues. This also goes for my own family. – Community Leader*

Weight Status

> *Obesity, I see a lot of overweight children and teens. – Physician*

Sleep

Sleep

Sleep is an important part of good health, but an estimated 35% of US adults do not get enough sleep. Approximately 83 million US adults report usually sleeping less than 7 hours in a 24-hour period. According to professional sleep societies, adults aged 18 to 60 years should sleep at least 7 hours each night for the best health and wellness.

Sleeping less than 7 hours per night is linked to increased risk of chronic diseases such as diabetes, stroke, high blood pressure, heart disease, obesity, and poor mental health, as well as early death. Not getting the recommended amount of sleep can affect one's ability to make good decisions and increases the chances of motor vehicle crashes.

Habits for improving sleep health can include:

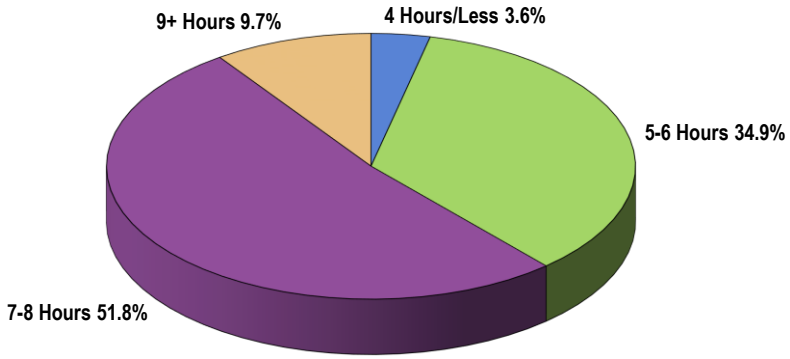
- Be consistent. Go to bed at the same time each night and get up at the same time each morning, including on the weekends.
- Make sure your bedroom is quiet, dark, relaxing, and at a comfortable temperature.
- Remove electronic devices, such as TVs, computers, and smart phones, from the bedroom.
- Avoid large meals, caffeine, and alcohol before bedtime.
- Avoid tobacco/nicotine.
- Get some exercise. Being physically active during the day can help you fall asleep more easily at night.

— Institute of Medicine (US) Committee on Sleep Medicine and Research; 2014 Behavioral Risk Factor Surveillance System (BRFSS), CDC

A total of 38.5% of CHOMP Service Area adults reporting getting an average of less than seven hours of sleep per night.

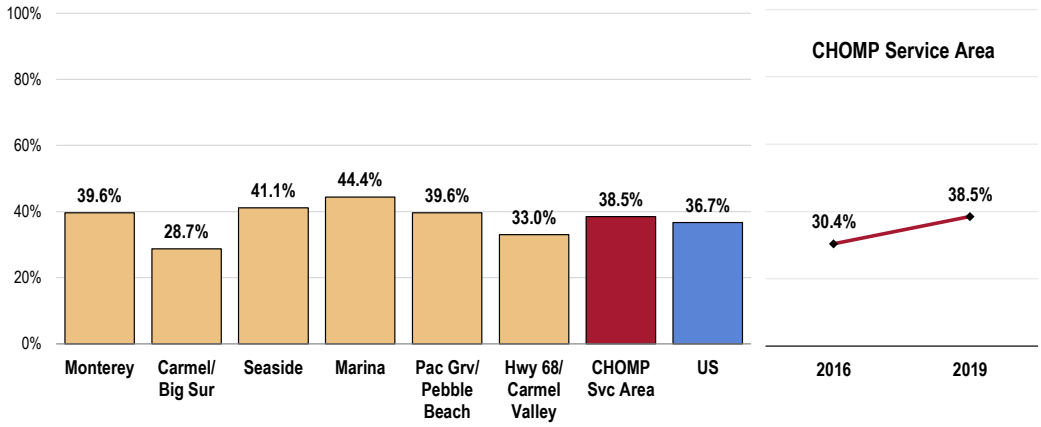
- **TREND**: Marks a statistically significant increase since 2016.
- **DISPARITY**: Lowest in Carmel/Big Sur. Higher among adults under 65, those in low-income households, Hispanics, and Other persons of color.

Average Hours of Sleep Per Night
(CHOMP Service Area, 2019)



Sources: • 2019 PRC Community Health Survey, PRC, Inc. [Item 313]
Notes: • Asked of all respondents.

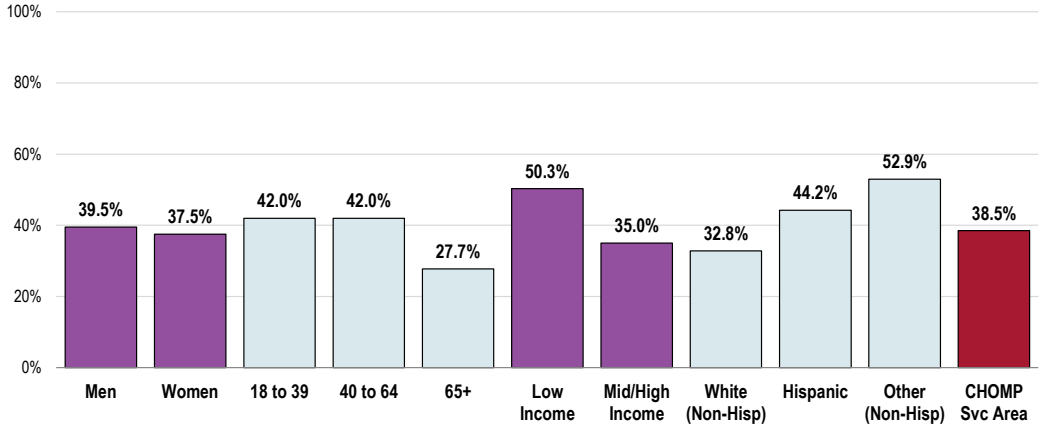
Generally Sleep Less Than Seven Hours Per Night



Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 313]
- 2017 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Generally Sleep Less Than Seven Hours Per Night
(CHOMP Service Area, 2019)



Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 313]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Substance Abuse

About Substance Abuse

Substance abuse has a major impact on individuals, families, and communities. The effects of substance abuse are cumulative, significantly contributing to costly social, physical, mental, and public health problems. These problems include:

- Teenage pregnancy
- Human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS)
- Other sexually transmitted diseases (STDs)
- Domestic violence
- Child abuse
- Motor vehicle crashes
- Physical fights
- Crime
- Homicide
- Suicide

Substance abuse refers to a set of related conditions associated with the consumption of mind- and behavior-altering substances that have negative behavioral and health outcomes. Social attitudes and political and legal responses to the consumption of alcohol and illicit drugs make substance abuse one of the most complex public health issues. In addition to the considerable health implications, substance abuse has been a flashpoint in the criminal justice system and a major focal point in discussions about social values: people argue over whether substance abuse is a disease with genetic and biological foundations or a matter of personal choice.

Advances in research have led to the development of evidence-based strategies to effectively address substance abuse. Improvements in brain-imaging technologies and the development of medications that assist in treatment have gradually shifted the research community's perspective on substance abuse. There is now a deeper understanding of substance abuse as a disorder that develops in adolescence and, for some individuals, will develop into a chronic illness that will require lifelong monitoring and care.

Improved evaluation of community-level prevention has enhanced researchers' understanding of environmental and social factors that contribute to the initiation and abuse of alcohol and illicit drugs, leading to a more sophisticated understanding of how to implement evidence-based strategies in specific social and cultural settings.

A stronger emphasis on evaluation has expanded evidence-based practices for drug and alcohol treatment. Improvements have focused on the development of better clinical interventions through research and increasing the skills and qualifications of treatment providers.

— Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Cirrhosis/Liver Disease Deaths

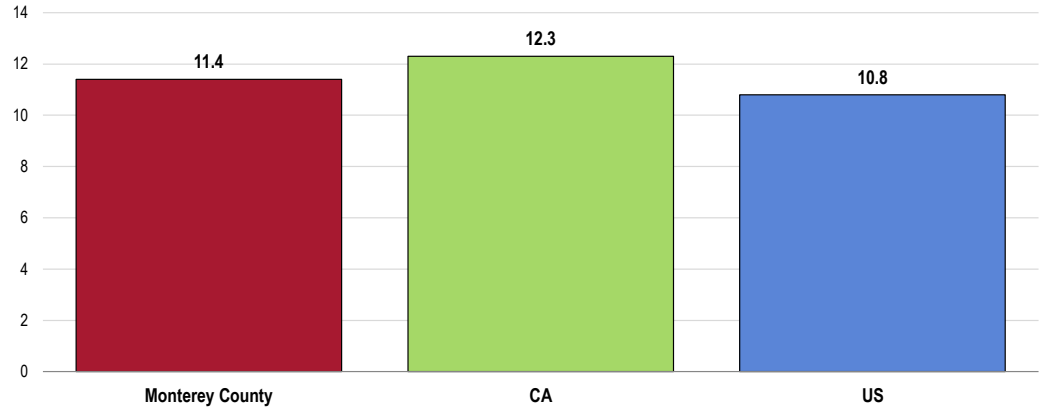
Between 2015 and 2017, the county reported an annual average age-adjusted cirrhosis/ liver disease mortality rate of 11.4 deaths per 100,000 population.

- **BENCHMARK**: Fails to satisfy the Healthy People 2020 objective.

Cirrhosis/Liver Disease: Age-Adjusted Mortality

(2015-2017 Annual Average Deaths per 100,000 Population)

Healthy People 2020 = 8.2 or Lower



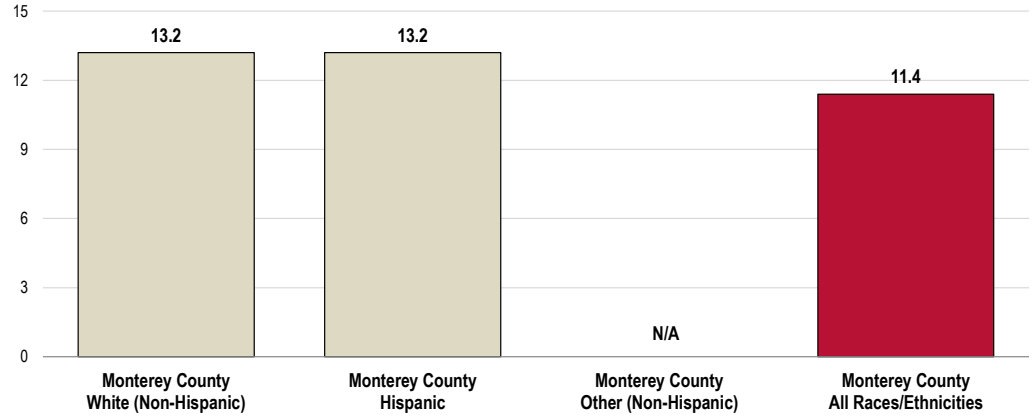
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2019.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective SA-11]

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Cirrhosis/Liver Disease: Age-Adjusted Mortality by Race

(2015-2017 Annual Average Deaths per 100,000 Population)

Healthy People 2020 = 8.2 or Lower



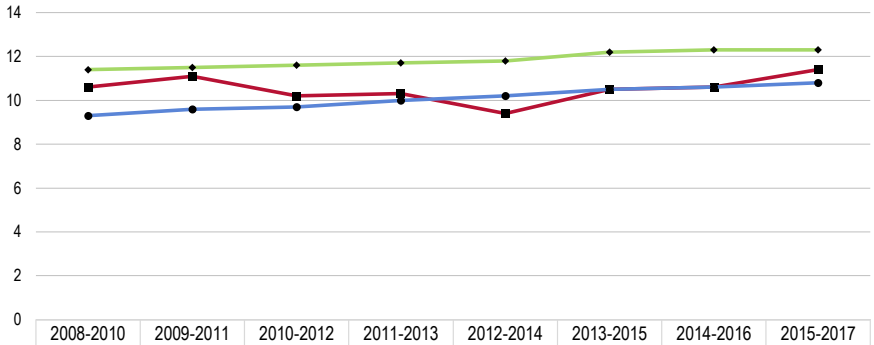
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2019.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective SA-11]

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Cirrhosis/Liver Disease: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)

Healthy People 2020 = 8.2 or Lower



	2008-2010	2009-2011	2010-2012	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017
Monterey County	10.6	11.1	10.2	10.3	9.4	10.5	10.6	11.4
CA	11.4	11.5	11.6	11.7	11.8	12.2	12.3	12.3
US	9.3	9.6	9.7	10.0	10.2	10.5	10.6	10.8

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2019.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective SA-11]

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Alcohol Use

Excessive Drinking

"**Excessive drinking**" includes heavy **and/or** binge drinkers:

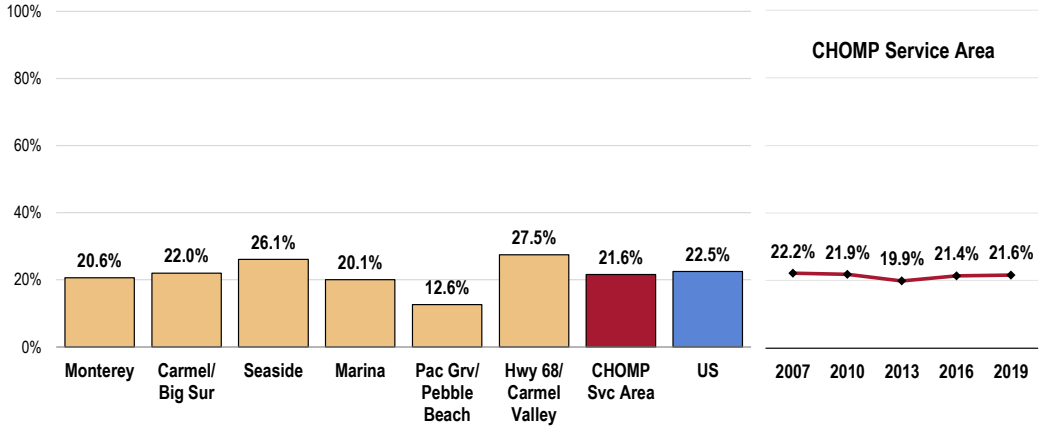
- **Heavy drinkers** include men reporting 2+ alcoholic drinks per day or women reporting 1+ alcoholic drink per day in the month preceding the interview.
- **Binge drinkers** include men reporting 5+ alcoholic drinks or women reporting 4+ alcoholic drinks on any single occasion during the past month.

A total of 21.6% of area adults are excessive drinkers (heavy and/or binge drinkers).

- **BENCHMARK**: Satisfies the Healthy People 2020 objective.
- **DISPARITY**: The prevalence is lowest in Pacific Grove/Pebble Beach. More often reported among men and correlates with age in the service area.

Excessive Drinkers

Healthy People 2020 = 25.4% or Lower



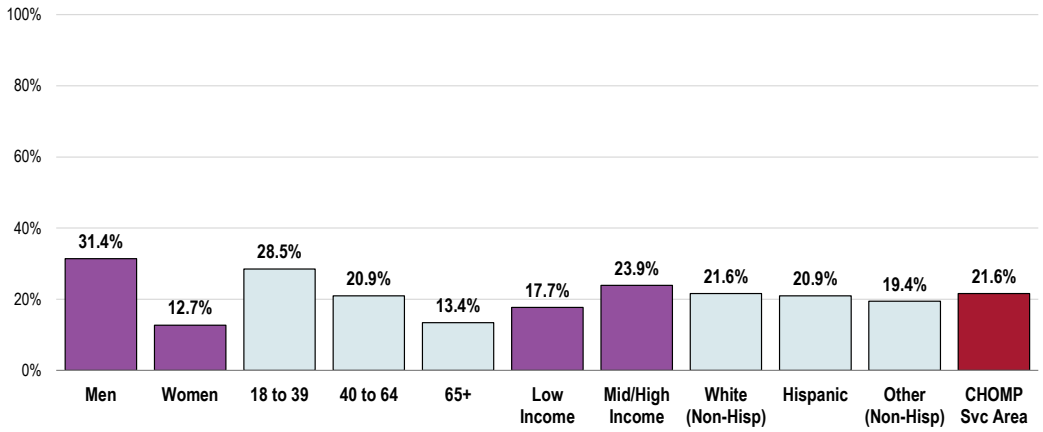
Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 168]
- 2017 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective SA-15]

Notes:
- Asked of all respondents.
- Excessive drinking reflects the number of persons aged 18 years and over who drank more than two drinks per day on average (for men) or more than one drink per day on average (for women) OR who drank 5 or more drinks during a single occasion (for men) or 4 or more drinks during a single occasion (for women) during the past 30 days.

Excessive Drinkers

(CHOMP Service Area, 2019)

Healthy People 2020 = 25.4% or Lower



Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 168]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective SA-15]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
- Excessive drinking reflects the number of persons aged 18 years and over who drank more than two drinks per day on average (for men) or more than one drink per day on average (for women) OR who drank 5 or more drinks during a single occasion (for men) or 4 or more drinks during a single occasion (for women) during the past 30 days.

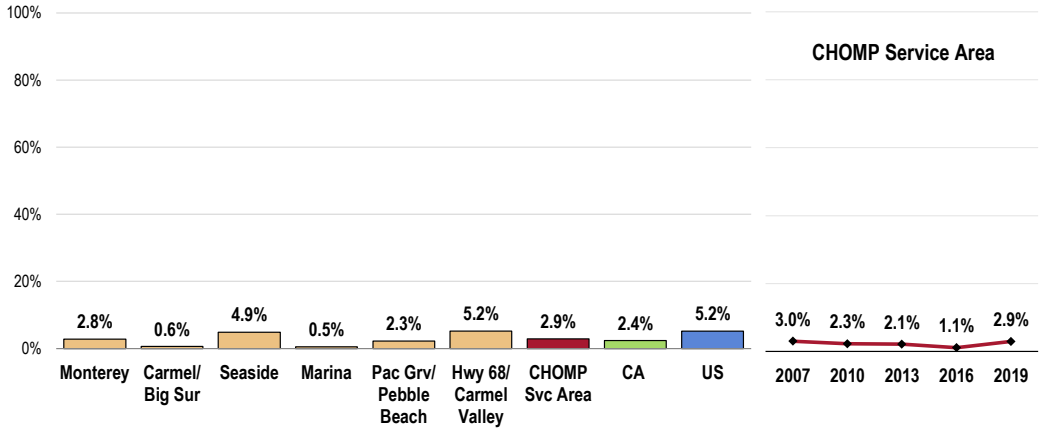
Drinking & Driving

A total of 2.9% of CHOMP Service Area adults acknowledge having driven a vehicle in the past month after they had perhaps too much to drink.

Note: As a self-reported measure – and because this indicator reflects potentially illegal behavior – it is reasonable to expect that it might be underreported, and that the actual incidence of drinking and driving in the community is likely higher.

- **BENCHMARK**: Below the US prevalence.
- **DISPARITY**: Lowest among Carmel/Big Sur and Marina respondents.

Have Driven in the Past Month After Perhaps Having Too Much to Drink



Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 58]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 California data.
- 2017 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Age-Adjusted Unintentional Drug-Related Deaths

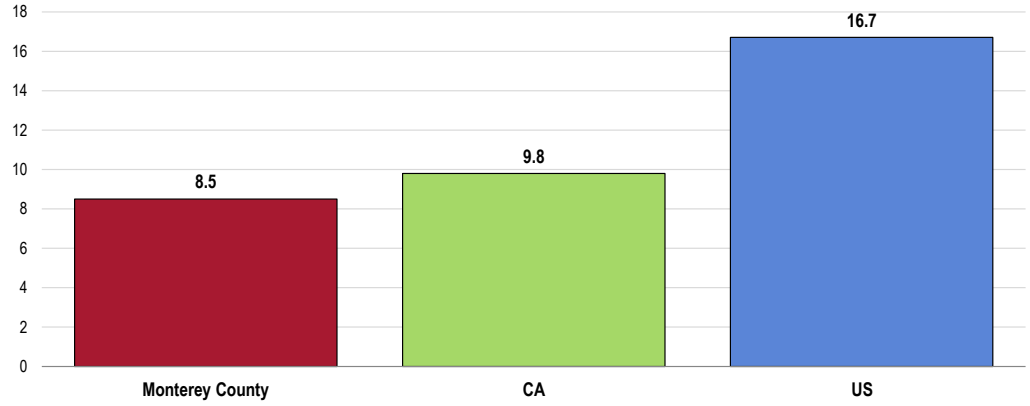
Between 2015 and 2017, there was an annual average age-adjusted unintentional drug-related mortality rate of 8.5 deaths per 100,000 population in Monterey County.

- **BENCHMARK**: Below the state and US death rates. Satisfies the Healthy People 2020 objective.
- **DISPARITY**: Considerably higher in the county's White population.

Unintentional Drug-Related Deaths: Age-Adjusted Mortality

(2015-2017 Annual Average Deaths per 100,000 Population)

Healthy People 2020 = 11.3 or Lower



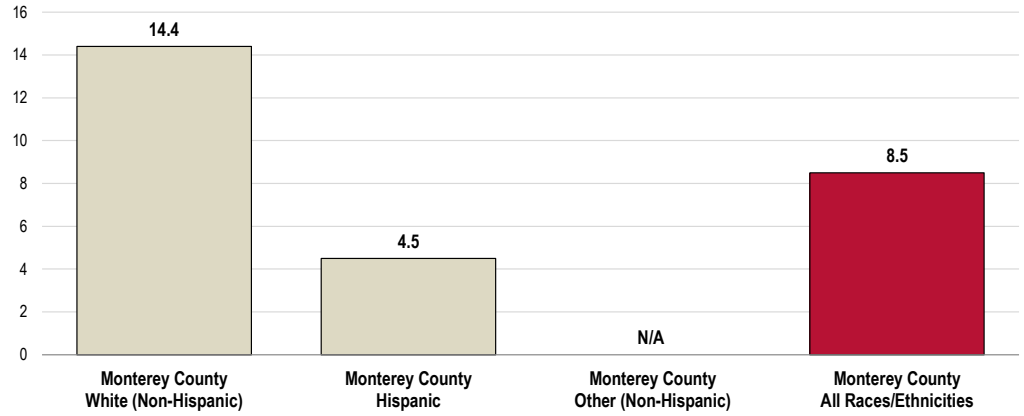
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2019.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective SA-12]

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Unintentional Drug-Related Deaths: Age-Adjusted Mortality by Race

(2015-2017 Annual Average Deaths per 100,000 Population)

Healthy People 2020 = 11.3 or Lower



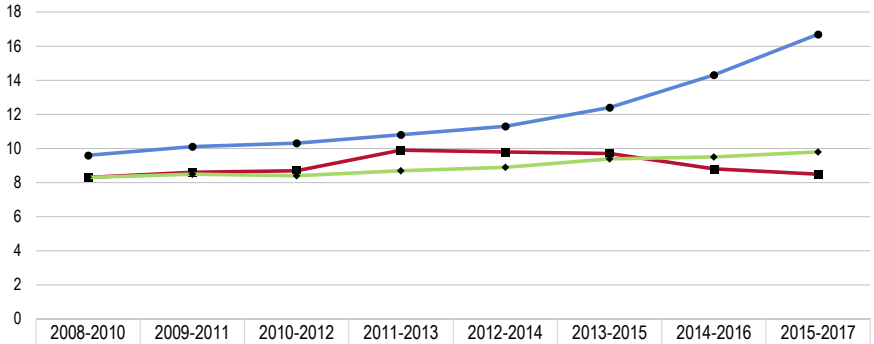
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2019.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective SA-12]

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Unintentional Drug-Related Deaths: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)

Healthy People 2020 = 11.3 or Lower



	2008-2010	2009-2011	2010-2012	2011-2013	2012-2014	2013-2015	2014-2016	2015-2017
Monterey County	8.3	8.6	8.7	9.9	9.8	9.7	8.8	8.5
CA	8.3	8.5	8.4	8.7	8.9	9.4	9.5	9.8
US	9.6	10.1	10.3	10.8	11.3	12.4	14.3	16.7

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2019.
- UD Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective SA-12].

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Illicit Drug Use

For the purposes of this survey, "illicit drug use" includes use of illegal substances or of prescription drugs taken without a physician's order.

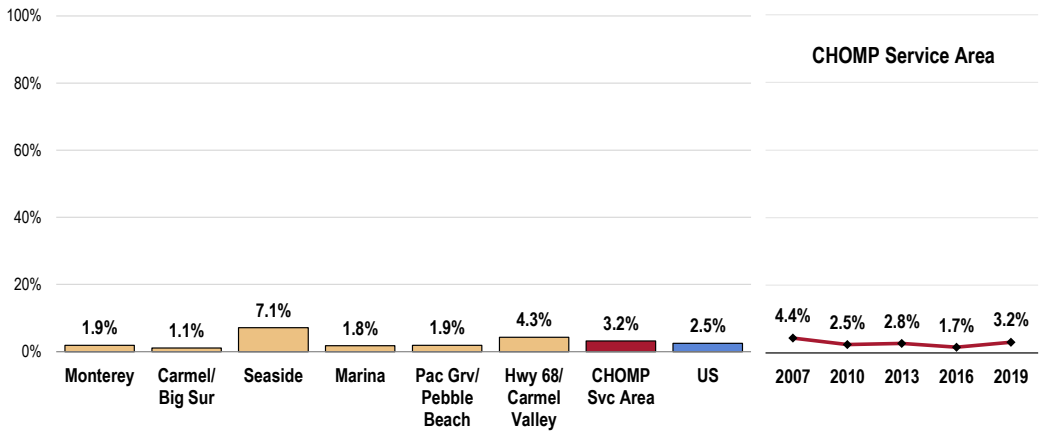
Note: As a self-reported measure – and because this indicator reflects potentially illegal behavior – it is reasonable to expect that it might be underreported, and that actual illicit drug use in the community is likely higher.

A total of 3.2% of CHOMP Service Area adults acknowledge using an illicit drug in the past month.

- **BENCHMARK**: Satisfies the Healthy People 2020 objective.
- **DISPARITY**: Highest in Seaside, lowest in Carmel/Big Sur. Correlates with age among survey respondents.

Illicit Drug Use in the Past Month

Healthy People 2020 = 7.1% or Lower



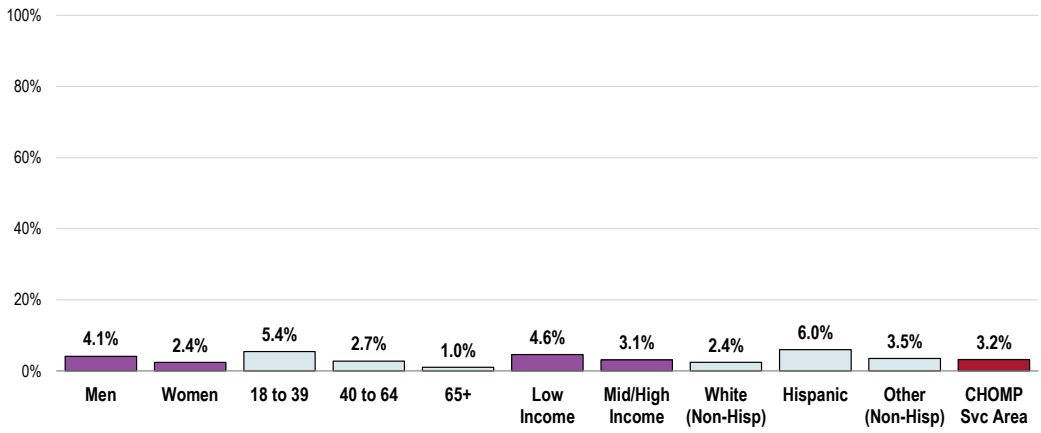
Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 59]
- 2017 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective SA-13.3]

Notes:
- Asked of all respondents.

Illicit Drug Use in the Past Month

(CHOMP Service Area, 2019)

Healthy People 2020 = 7.1% or Lower



Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 59]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective SA-13.3]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

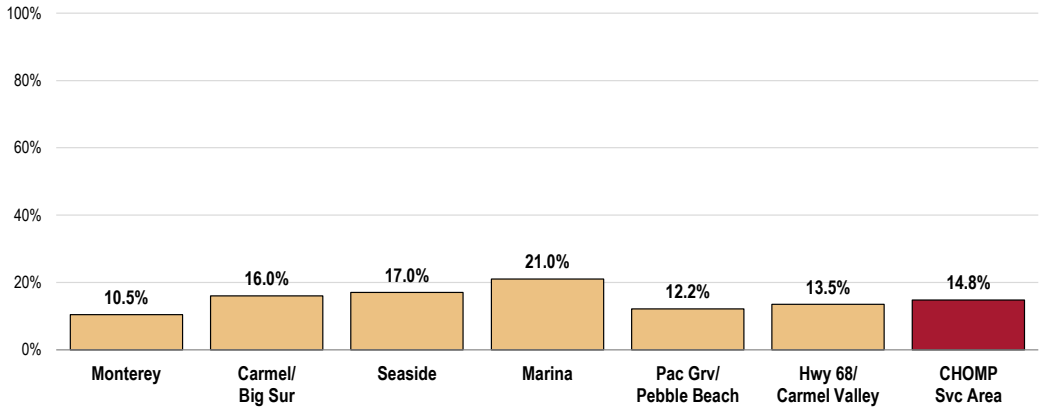
Use of Opiates/Opioids

A larger proportion of survey respondents (14.8%) acknowledge using some type of opiate or opioid (whether prescribed or not) <u>in the past year</u>.

Opiates or opioids are drugs that doctors prescribe to treat pain. Examples of prescription opiates include morphine, codeine, hydrocodone, oxycodone, methadone, and fentanyl.

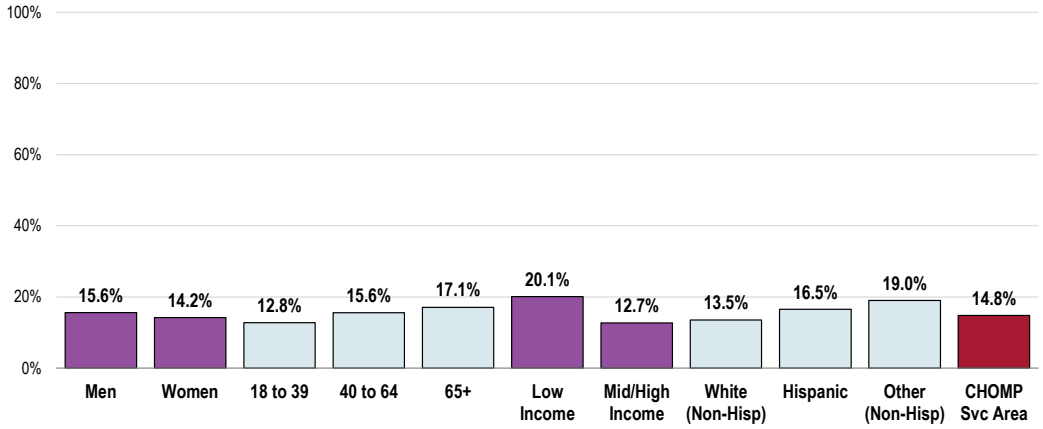
- **DISPARITY**: Statistically highest in Seaside, lowest in Carmel/Big Sur. Correlates with age among survey respondents.

Opiate/Opioid Use in the Past Year



Sources: ● 2019 PRC Community Health Survey, PRC, Inc. [Item 304]
Notes: ● Asked of all respondents.

Opiate/Opioid Use in the Past Year
(Total Area, 2019)

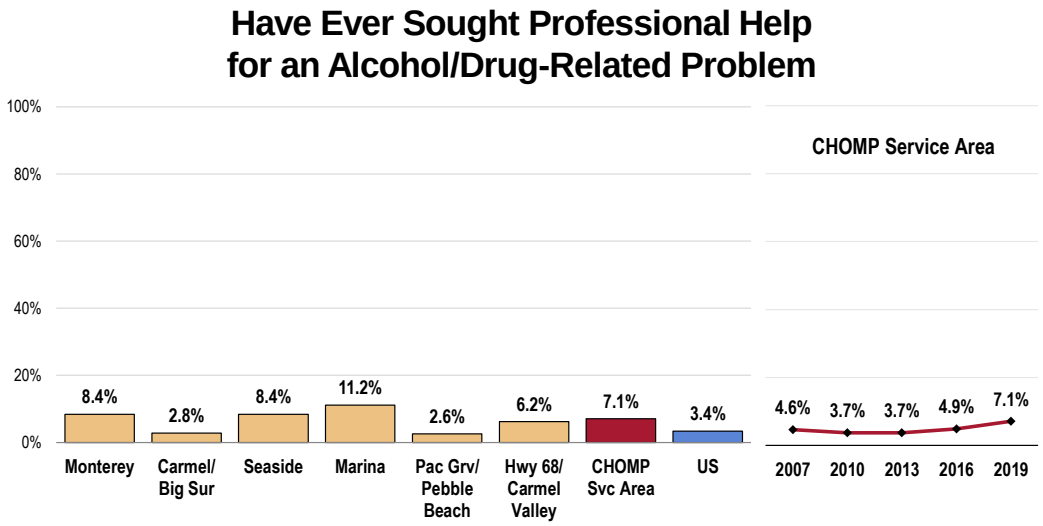


Sources: ● 2019 PRC Community Health Survey, PRC, Inc. [Item 304]
Notes: ● Asked of all respondents.
● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "NH White" reflects non-Hispanic White respondents).
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Alcohol & Drug Treatment

A total of 7.1% of service area adults report that they have sought professional help for an alcohol or drug problem at some point in their lives.

- **BENCHMARK**: Twice the national prevalence.
- **TREND**: Marks a statistically significant increase since 2007.
- **DISPARITY**: The prevalence is lowest in Carmel/Big Sur and Pacific Grove/Pebble Beach.



Sources: ● 2019 PRC Community Health Survey, PRC, Inc. [Item 60]
● 2017 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

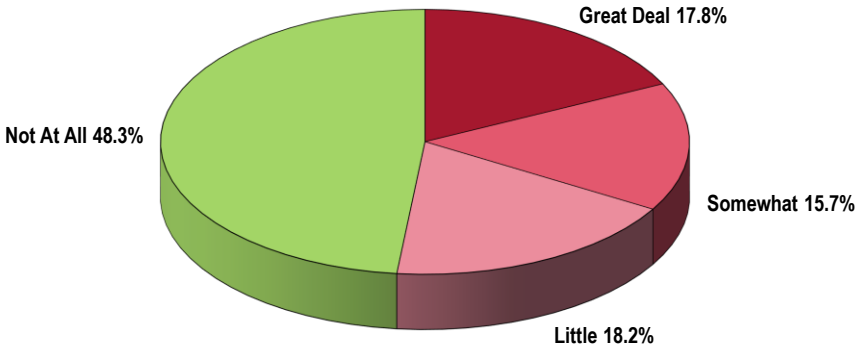
Personal Impact From Substance Abuse

Area adults were also asked to what degree their lives have been impacted by substance abuse (whether their own abuse or that of another).

Just under half of CHOMP Service Area residents' lives have <u>not</u> been negatively affected by substance abuse (either their own or someone else's).

Degree to Which Life Has Been Negatively Affected by Substance Abuse (Self or Other's)

(CHOMP Service Area, 2019)

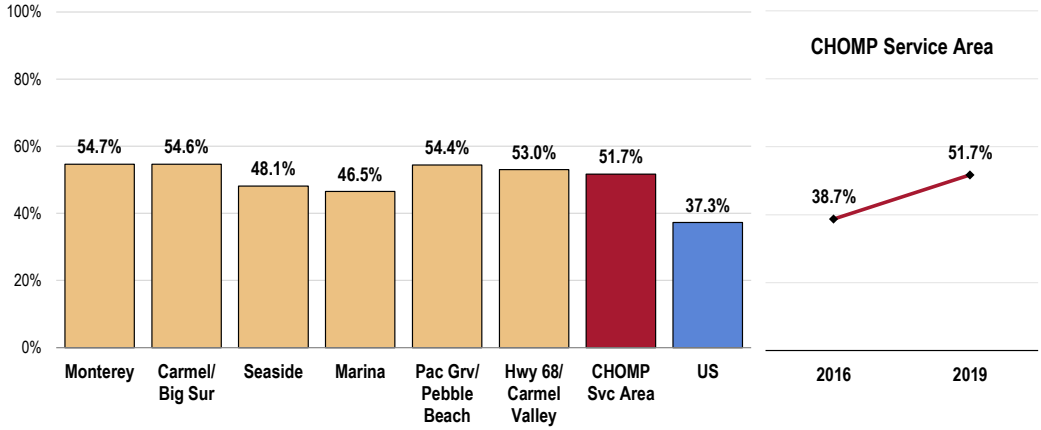


Sources: • 2019 PRC Community Health Survey, PRC, Inc. [Item 61]
Notes: • Asked of all respondents.

However, over half (51.7%) have felt a personal impact to some degree ("a little," "somewhat," or "a great deal").

- **BENCHMARK**: Well above the US prevalence.
- **TREND**: Marks a statistically significant increase since 2016.
- **DISPARITY**: More often reported among men, young adults, Whites, and Other persons of color in the service area.

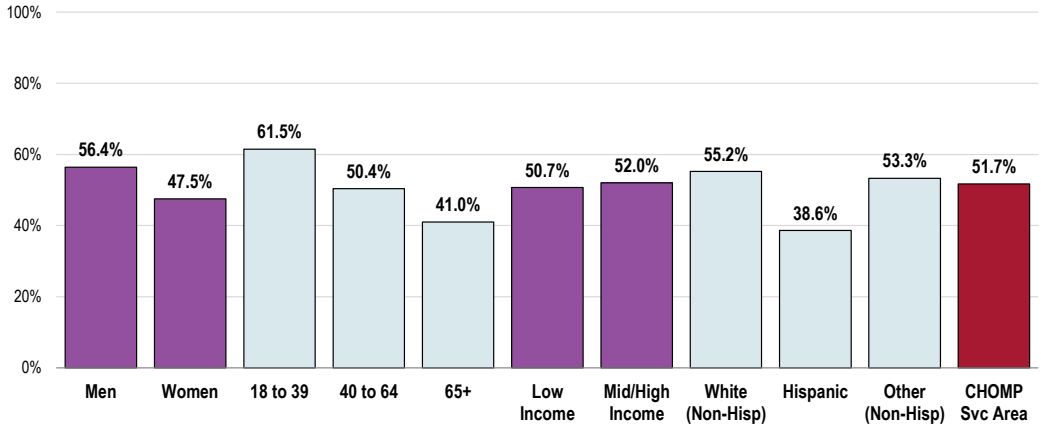
Life Has Been Negatively Affected by Substance Abuse (by Self or Someone Else)



Sources: • 2019 PRC Community Health Survey, PRC, Inc. [Item 195]
• 2017 PRC National Health Survey, PRC, Inc.
Notes: • Asked of all respondents.
• Includes response of "a great deal," "somewhat," and "a little."

Life Has Been Negatively Affected by Substance Abuse (by Self or Someone Else)

(CHOMP Service Area, 2019)



Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 195]

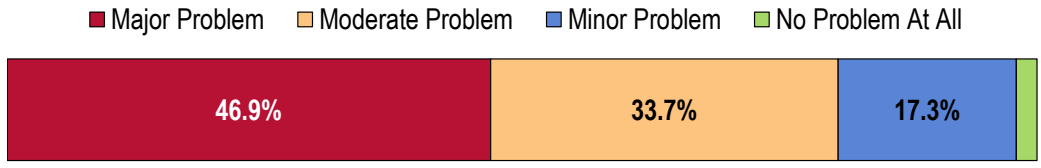
Notes:
- Asked of all respondents.
- Includes response of "a great deal," "somewhat," and "a little."
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Key Informant Input: Substance Abuse

The greatest share of key informants taking part in an online survey characterized *Substance Abuse* as a "major problem" in the community.

Perceptions of Substance Abuse as a Problem in the Community

(Key Informants, 2019)



Sources:
- PRC Online Key Informant Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons related to the following:

Access to Care/Services

> *Programs for outreach and treatment are overloaded, particularly among and for homeless populations. – Social Services Provider*
>
> *Treatment facilities. – Other Health Provider*
>
> *Limited access to providers specializing in substance abuse support and MAT. – Other Health Provider*

The county needs intensive outpatient programs to address relapse prevention and harm reduction. Many need this service but do not qualify due to lacking medical insurance. – Social Services Provider

The ability to refer identified patients with SUD to professional programs in a timely fashion. – Physician

Cost. – Physician

Very few providers, psychiatric or addition medicine, locally. – Physician

Bed space. – Social Services Provider –

Cost. – Community Leader

Monterey County does not spend money on addiction treatment. We lack treatment beds for residential treatment programs, prescribers that can administer medication assisted treatment for opioid users, and not enough sober living environment residences. – Social Services Provider

Access to and cost of inpatient treatment centers. – Physician

Getting in to treatment when ready. Wait lists to be seen are often long, resulting in continued drug use. – Physician

Incidence/Prevalence

High instance of meth use in Monterey County. Most treatment programs are abstinence based models, and not medication assisted. – Social Services Provider

This is a problem everywhere and touches all walks of life and economic situations. It includes abuse of prescribed medications as well as street drugs. – Community Leader

I think a large portion of those using illegal substances enjoy them. I also believe that for a large portion, homelessness is the result of substance abuse and vice versa. – Social Services Provider

Substance abuse is a huge, hidden secret in this community. Alcohol abuse is an issue for youth, seniors and the homeless. Drug use is also a huge factor including opioids. I think the local police departments could provide a lot of information. – Community Leader

Many seniors have addictions to pain medications. – Social Services Provider

Denial/Stigma

Stigma, economic barriers, lack of care options, mental illness. – Community Leader

The stigma still exists in our community regarding mental illness and as a result our youth and homeless are the hardest hit. Being more careful about prescriptions and digging a little deeper regarding addiction when prescribing drugs for pain. – Community Leader

Stigma. – Public Health Representative

Stigma, fear, trauma-based issues. – Social Services Provider

The patients themselves often don't want to seek treatment. Lack of qualified addiction medicine specialists. PCPs lack of interest in treating substance abuse patients and lack of PCPs using evidence-based medicine in properly treating addiction. Lack of reputable inpatient and outpatient facilities and programs that use evidence-based medicine to treat substance abuse. For addiction or substance abuse that arose out of narcotics to treat chronic pain, the lack of providers and programs that address the chronic pain as the root cause of addiction and substance abuse. – Community Leader

Co-Occurrences

Many older adults suffer from chronic pain and as a result of misuse of drugs become addicted to opioids and other substances which have a negative overall impact on their physical and mental health. They do always get proper medical supervision when using these substances. The drugs can mask the both the physical and emotional pain they are dealing with and having negative impacts on their physical wellbeing. – Social Services Provider

Many individuals suffering from SUD are not ready to engage in services. Social conditions such as poverty, lack of employment, lack of housing may drive individuals to abusing substances. Availability of services for diagnosis and treatment are limited both in provider capacity and payor sources. – Public Health Representative

> *Much of it dovetails with mental health. The biggest challenges in this area are a lack of free or affordable care that includes mental and psychological help and early trauma or PTSD care. Housing first for those addicted will lead to shelter THEN care. Public education highlighting mental health aspect of substance abuse is key. The greatest tragedy is the injustice and lack of realized-human potential due to folks being incarcerated rather than getting the mental health services and psychological care needed that may lead to whole and manageable lives... perhaps even thriving lives. The degree of human suffering resulting from this short-fall in quality resources is yet another tragedy...and perpetuates a cycle of financial overwhelm for our community. Dollars invested here would be very well placed and help prevent devastating (and costly) outcomes on down the line. – Social Services Provider*
>
> *A large number of homeless people suffer from substance abuse issues. We have expanded outpatient opportunities, but we really need residential treatment on demand. – Social Services Provider*

Awareness/Education

> *Not enough education around substance abuse for the younger population. – Community Leader*
>
> *Past approaches have a limited impact on participants. There needs to be a new review of why folks self-medicate and treatment approaches, need to follow that data. – Social Services Provider*
>
> *Outcome is usually controlled availability of substance rather than decreased use or even abstinence. Treatment is expensive. It is an addiction, which takes a toll on everyone and resources. – Physician*

Funding

> *Insufficient funding for programs to meet the needs of the County. Need to develop more dual diagnosis programs and a holistic approach for addressing mental health/substance abuse issues that includes counseling, housing, and other support services for both individuals and families living with substance abuse. – Social Services Provider*

Opioid Use

> *Although the community has done an excellent job lowering opioid deaths, we still have a significant number of people with SUDs, and we lack programs or education about how to access the programs that exist. – Public Health Representative*
>
> *Opioid use, vaping, cannabis. – Community Leader*

Crime

> *This is a growing problem in the entire country. Monterey County has a high gang affiliated population that derives much income from the sale of illegal drugs. – Community Leader*

Insurance Issues

> *Generally insurance doesn't cover much of it. Medicaid only covers the bare minimum. The only people who can get coverage are people with money. – Community Leader*

Most Problematic Substances

Key informants (who rated this as a "major problem") clearly identified **alcohol** as the most problematic substance abused in the community, followed closely by **methamphetamine/ other amphetamines** and **heroin/other opioids**.

Problematic Substances as Identified by Key Informants				
	Most Problematic	Second-Most Problematic	Third-Most Problematic	**Total Mentions**
Alcohol	48.6%	17.1%	14.3%	28
Methamphetamines or Other Amphetamines	25.7%	28.6%	11.4%	23
Heroin or Other Opioids	20.0%	20.0%	22.9%	22
Prescription Medications	2.9%	20.0%	20.0%	15
Marijuana	2.9%	5.7%	17.1%	9
Over-The-Counter Medications	0.0%	5.7%	8.6%	5
Cocaine or Crack	0.0%	0.0%	5.7%	2
Club Drugs (e.g. MDMA, GHB, Ecstasy, Molly)	0.0%	2.9%	0.0%	1

Tobacco Use

About Tobacco Use

Tobacco use is the single most preventable cause of death and disease in the United States. Scientific knowledge about the health effects of tobacco use has increased greatly since the first Surgeon General's report on tobacco was released in 1964.

Tobacco use causes:

- Cancer
- Heart disease
- Lung diseases (including emphysema, bronchitis, and chronic airway obstruction)
- Premature birth, low birth weight, stillbirth, and infant death

There is no risk-free level of exposure to secondhand smoke. Secondhand smoke causes heart disease and lung cancer in adults and a number of health problems in infants and children, including: severe asthma attacks; respiratory infections; ear infections; and sudden infant death syndrome (SIDS).

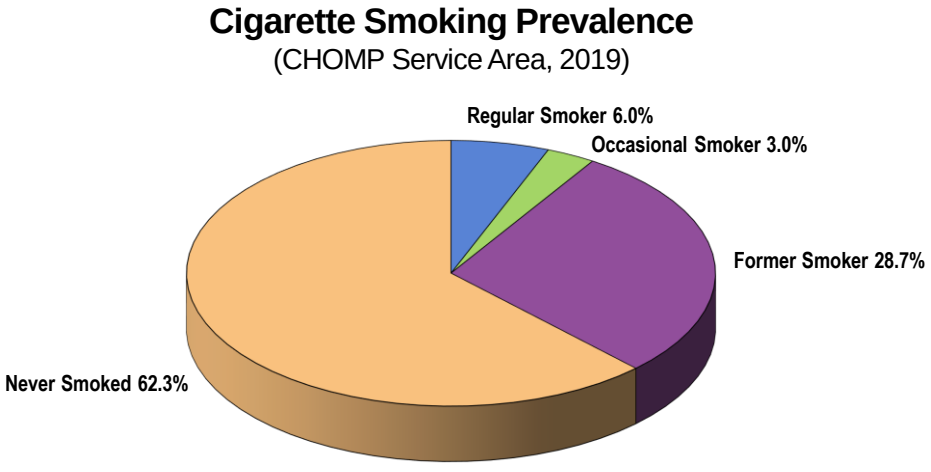
Smokeless tobacco causes a number of serious oral health problems, including cancer of the mouth and gums, periodontitis, and tooth loss. Cigar use causes cancer of the larynx, mouth, esophagus, and lung.

— Healthy People 2020 (www.healthypeople.gov)

Cigarette Smoking

Cigarette Smoking Prevalence

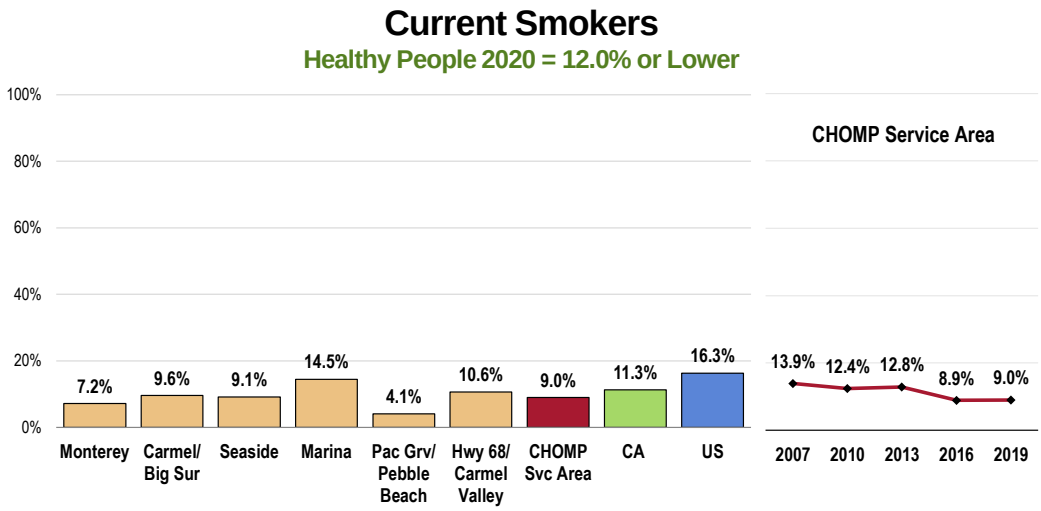
A total of 9.0% of CHOMP Service Area adults currently smoke cigarettes, either regularly (every day) or occasionally (on some days).



Sources: • 2019 PRC Community Health Survey, PRC, Inc. [Item 159]
Notes: • Asked of all respondents.

Note the following findings related to cigarette smoking prevalence in the CHOMP Service Area.

- **BENCHMARK**: Well below state and US percentages and satisfying the Healthy People 2020 goal.
- **TREND**: Denotes a statistically significant decrease since 2007.
- **DISPARITY**: The smoking prevalence is highest in Marina and lowest in Pacific Grove/Pebble Beach. More often reported among men, adults age 40 to 64, low-income residents, and Other people of color.



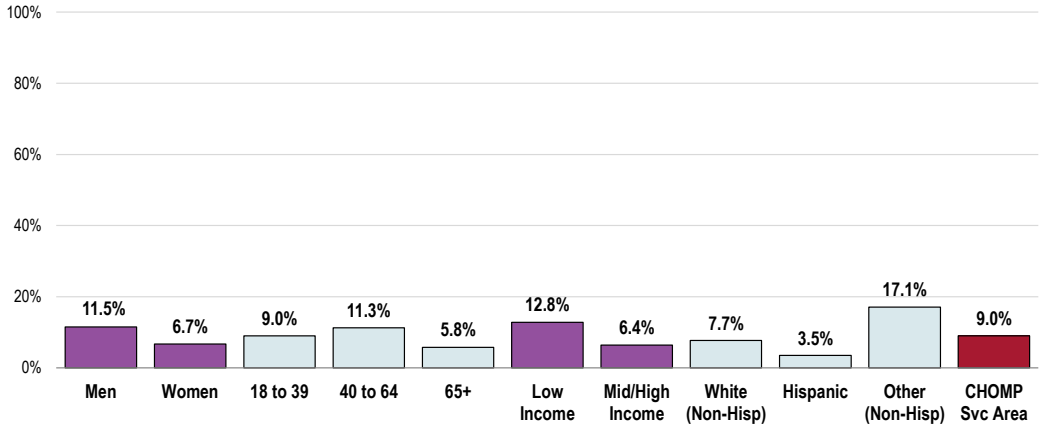
Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 193]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2017 California data.
- 2017 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective TU-1.1]

Notes:
- Asked of all respondents.
- Includes regular and occasional smokers (those who smoke cigarettes every day or on some days).

Current Smokers

(CHOMP Service Area, 2019)

Healthy People 2020 = 12.0% or Lower



Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 193]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective TU-1.1]

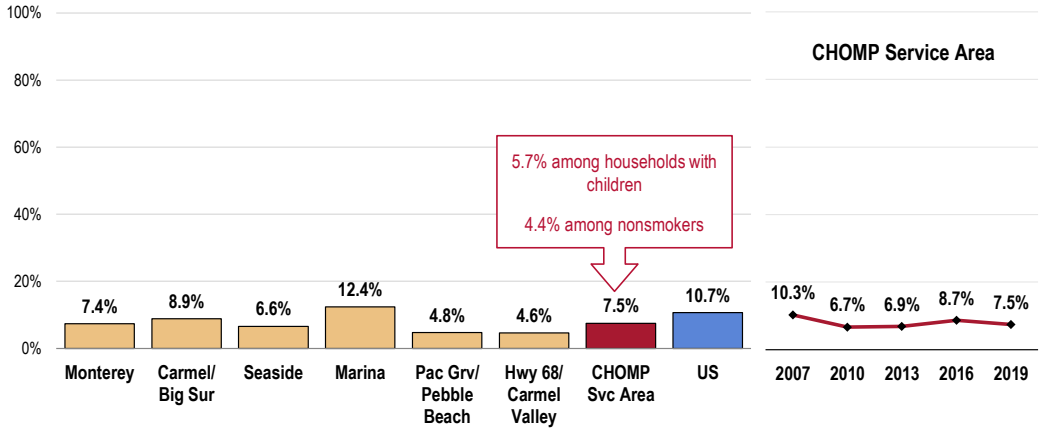
Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
- Includes regular and occasion smokers (every day and some days).

Environmental Tobacco Smoke

Among all surveyed households in the CHOMP Service Area, 7.5% report that someone has smoked cigarettes in their home on an average of four or more times per week over the past month.

- **BENCHMARK**: Lower than the national prevalence.
- **TREND**: Marks a statistically significant decrease from 2007 findings (similar to 2010, 2013, and 2016 survey responses).
- **DISPARITY**: Highest in Marina.

Member of Household Smokes at Home



Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Items 52, 161-162]
- 2017 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- "Smokes at home" refers to someone smoking cigarettes, cigars, or a pipe in the home an average of four or more times per week in the past month.

Smoking Cessation

About Reducing Tobacco Use

Preventing tobacco use and helping tobacco users quit can improve the health and quality of life for Americans of all ages. People who stop smoking greatly reduce their risk of disease and premature death. Benefits are greater for people who stop at earlier ages, but quitting tobacco use is beneficial at any age.

Many factors influence tobacco use, disease, and mortality. Risk factors include race/ethnicity, age, education, and socioeconomic status. Significant disparities in tobacco use exist geographically; such disparities typically result from differences among states in smoke-free protections, tobacco prices, and program funding for tobacco prevention.

— Healthy People 2020 (www.healthypeople.gov)

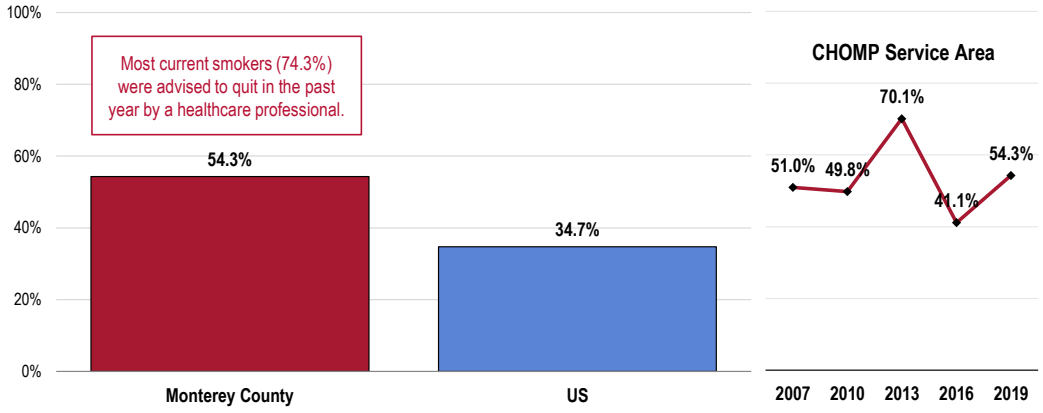
Over half of regular smokers (54.3%) went without smoking for one day or longer in the past year because they were trying to quit smoking.

- **BENCHMARK**: Better than the US prevalence but failing to satisfy the Healthy People 2020 objective.
- **TREND**: Similar to 2007 survey findings, though fluctuating considerably (keep in mind the small sample size that this indicator surveys).

Have Stopped Smoking for One Day or Longer in the Past Year in an Attempt to Quit Smoking

(Everyday Smokers)

Healthy People 2020 = 80.0% or Higher



Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Items 50-51]
- 2017 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective TU-4.1]

Notes:
- Asked of respondents who smoke cigarettes every day.

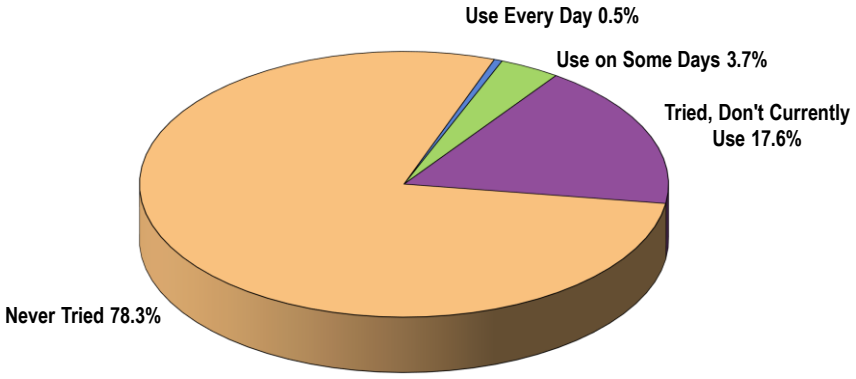
Other Tobacco Use

Use of Vaping Products

Most CHOMP Service Area adults have <u>never</u> tried electronic cigarettes (e-cigarettes) or other electronic vaping products.

Use of Vaping Products

(CHOMP Service Area, 2019)



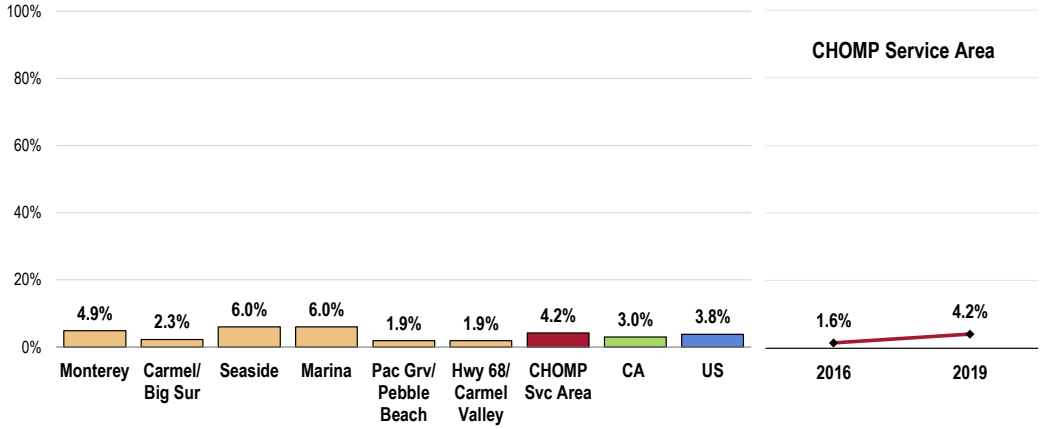
Sources: • 2019 PRC Community Health Survey, PRC, Inc. [Item 163]
Notes: • Asked of all respondents.

However, 4.2% currently use vaping products either regularly (every day) or occasionally (on some days).

- **TREND**: Denotes a statistically significant increase in vaping since 2016.
- **DISPARITY**: Vaping is more often reported among men, young adults, and Other people of color.

Currently Use Vaping Products

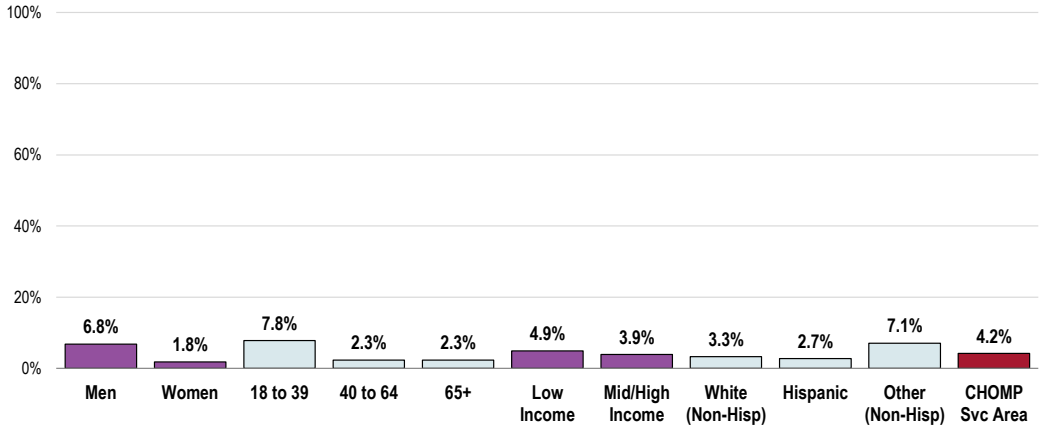
(Every Day or on Some Days)



Sources: • 2019 PRC Community Health Survey, PRC, Inc. [Item 194]
• 2017 PRC National Health Survey, PRC, Inc.
• Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2017 California data.
Notes: • Asked of all respondents.
• Includes regular and occasional users (those who smoke e-cigarettes every day or on some days).

Currently Use Vaping Products

(CHOMP Service Area, 2019)



Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 194]

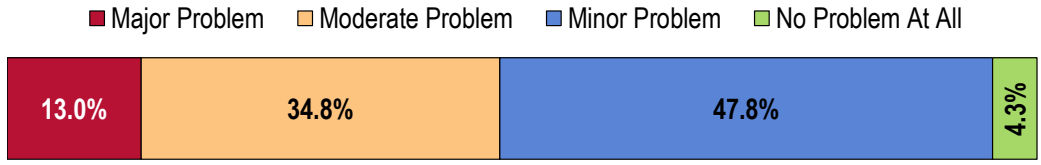
Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
- Includes regular and occasional users (those who smoke e-cigarettes every day or on some days).

Key Informant Input: Tobacco Use

The greatest share of key informants taking part in an online survey characterized *Tobacco Use* as a "minor problem" in the community.

Perceptions of Tobacco Use as a Problem in the Community

(Key Informants, 2019)



Sources:
- PRC Online Key Informant Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons related to the following:

Vulnerable Populations

> *Cigarettes seem to be in use by most of the homeless population. – Social Services Provider*
>
> *Less privileged populations tend to have a higher tobacco use. I believe that this is another issue where we don't know the true scope of the problem. – Community Leader*
>
> *High tobacco use by people with mental illness and/or substance use disorders. More than 50% of adults in these groups use tobacco. – Social Services Provider*

Vaping

> *There is a high rise of nicotine use through the sale of e-cigarettes and children are now being addicted at an earlier age. – Social Services Provider*
>
> *Too many young kids are getting hooked on the vapes and plastic devices to smoke with. – Community Leader*

Secondary Smoke Inhalation

> *Second- and third-hand smoke is a big issue. California does a better job than other states, but there still is significant tobacco sales in stores. Should ban it completely. Also no one has studied marijuana smoke extensively to see if it is an issue as well. – Community Leader*

Sexual Health

HIV

About Human Immunodeficiency Virus (HIV)

The HIV epidemic in the United States continues to be a major public health crisis. An estimated 1.1 million Americans are living with HIV, and 1 in 5 people with HIV do not know they have it. HIV continues to spread, leading to about 56,000 new HIV infections each year.

HIV is a preventable disease, and effective HIV prevention interventions have been proven to reduce HIV transmission. People who get tested for HIV and learn that they are infected can make significant behavior changes to improve their health and reduce the risk of transmitting HIV to their sex or drug-using partners. More than 50% of new HIV infections occur as a result of the 21% of people who have HIV but do not know it.

In the era of increasingly effective treatments for HIV, people with HIV are living longer, healthier, and more productive lives. Deaths from HIV infection have greatly declined in the United States since the 1990s. As the number of people living with HIV grows, it will be more important than ever to increase national HIV prevention and healthcare programs.

There are gender, race, and ethnicity disparities in new HIV infections:

- Nearly 75% of new HIV infections occur in men.
- More than half occur in gay and bisexual men, regardless of race or ethnicity.
- 45% of new HIV infections occur in African Americans, 35% in whites, and 17% in Hispanics.

Improving access to quality healthcare for populations disproportionately affected by HIV, such as persons of color and gay and bisexual men, is a fundamental public health strategy for HIV prevention. People getting care for HIV can receive:

- Antiretroviral therapy
- Screening and treatment for other diseases (such as sexually transmitted infections)
- HIV prevention interventions
- Mental health services
- Other health services

As the number of people living with HIV increases and more people become aware of their HIV status, prevention strategies that are targeted specifically for HIV-infected people are becoming more important. Prevention work with people living with HIV focuses on:

- Linking to and staying in treatment.
- Increasing the availability of ongoing HIV prevention interventions.
- Providing prevention services for their partners.

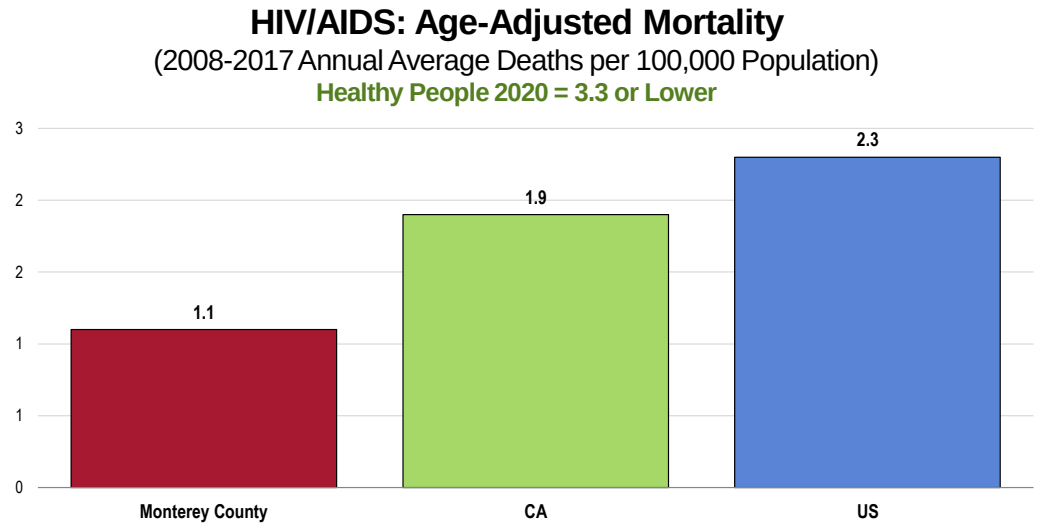
Public perception in the US about the seriousness of the HIV epidemic has declined in recent years. There is evidence that risky behaviors may be increasing among uninfected people, especially gay and bisexual men. Ongoing media and social campaigns for the general public and HIV prevention interventions for uninfected persons who engage in risky behaviors are critical.

— Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted HIV/AIDS Deaths

Between 2008 and 2017, there was an annual average age-adjusted HIV/AIDS mortality rate of 1.1 deaths per 100,000 population in Monterey County.

- **BENCHMARK**: Well below the state and US rates. Satisfies the Healthy People 2020 goal.



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted May 2019.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HIV-12]

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

HIV Prevalence

In 2015, there was a prevalence of 179.1 HIV cases per 100,000 population in the county.

- **BENCHMARK**: Well below the state and US prevalence rates.
- **DISPARITY**: Dramatically higher in Monterey County's Black population.

HIV Prevalence

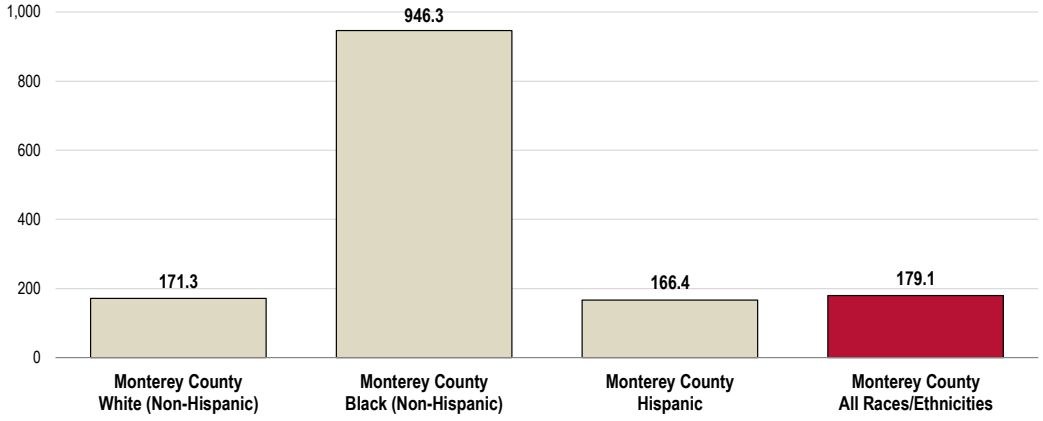
(Prevalence Rate of HIV per 100,000 Population, 2015)

Sources:
- Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.
- Retrieved May 2019 from CARES Engagement Network at https://engagementnetwork.org.

Notes:
- This indicator is relevant because HIV is a life-threatening communicable disease that disproportionately affects minority populations and may also indicate the prevalence of unsafe sex practices.

HIV Prevalence by Race/Ethnicity

(Rate per 100,000 Population, 2015)

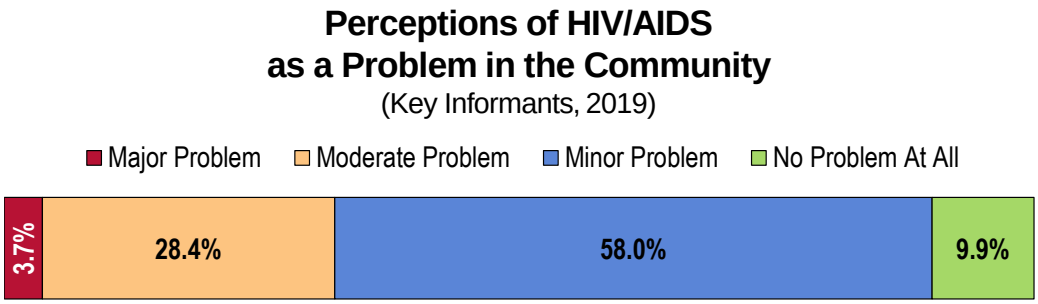


Sources:
- Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.
- Retrieved May 2019 from CARES Engagement Network at https://engagementnetwork.org.

Notes:
- This indicator is relevant because HIV is a life-threatening communicable disease that disproportionately affects minority populations and may also indicate the prevalence of unsafe sex practices.

Key Informant Input: HIV/AIDS

Key informants taking part in an online survey most often characterized *HIV/AIDS* as a "minor problem" in the community.



Sources: • PRC Online Key Informant Survey, PRC, Inc.
Notes: • Asked of all respondents.

Top Concerns

The key informant rating this issue as a "major problem" gave the following reason:

Access to Care/Services

> *Lack of providers familiar with treatment or even familiar with local resources for treatment. – Physician*
> *Resurging incidence, shortage of ID specialists. – Physician*
> *Fear of accessing services. – Public Health Representative*

Sexually Transmitted Diseases

About Sexually Transmitted Diseases

STDs refer to more than 25 infectious organisms that are transmitted primarily through sexual activity. Despite their burdens, costs, and complications, and the fact that they are largely preventable, STDs remain a significant public health problem in the United States. This problem is largely unrecognized by the public, policymakers, and health care professionals. STDs cause many harmful, often irreversible, and costly clinical complications, such as: reproductive health problems; fetal and perinatal health problems; cancer; and facilitation of the sexual transmission of HIV infection.

Because many cases of STDs go undiagnosed—and some common viral infections, such as human papillomavirus (HPV) and genital herpes, are not reported to CDC at all—the reported cases of chlamydia, gonorrhea, and syphilis represent only a fraction of the true burden of STDs in the US. Untreated STDs can lead to serious long-term health consequences, especially for adolescent girls and young women. Several factors contribute to the spread of STDs.

Biological Factors. STDs are acquired during unprotected sex with an infected partner. Biological factors that affect the spread of STDs include:

- **Asymptomatic nature of STDs**. The majority of STDs either do not produce any symptoms or signs, or they produce symptoms so mild that they are unnoticed; consequently, many infected persons do not know that they need medical care.
- **Gender disparities**. Women suffer more frequent and more serious STD complications than men do. Among the most serious STD complications are pelvic inflammatory disease, ectopic pregnancy (pregnancy outside of the uterus), infertility, and chronic pelvic pain.
- **Age disparities**. Compared to older adults, sexually active adolescents ages 15 to 19 and young adults ages 20 to 24 are at higher risk for getting STDs.
- **Lag time between infection and complications**. Often, a long interval, sometimes years, occurs between acquiring an STD and recognizing a clinically significant health problem.

Social, Economic, and Behavioral Factors. The spread of STDs is directly affected by social, economic, and behavioral factors. Such factors may cause serious obstacles to STD prevention due to their influence on social and sexual networks, access to and provision of care, willingness to seek care, and social norms regarding sex and sexuality. Among certain vulnerable populations, historical experience with segregation and discrimination exacerbates these factors. Social, economic, and behavioral factors that affect the spread of STDs include: racial and ethnic disparities; poverty and marginalization; access to healthcare; substance abuse; sexuality and secrecy (stigma and discomfort discussing sex); and sexual networks (persons “linked” by sequential or concurrent sexual partners).

— Healthy People 2020 (www.healthypeople.gov)

Chlamydia & Gonorrhea

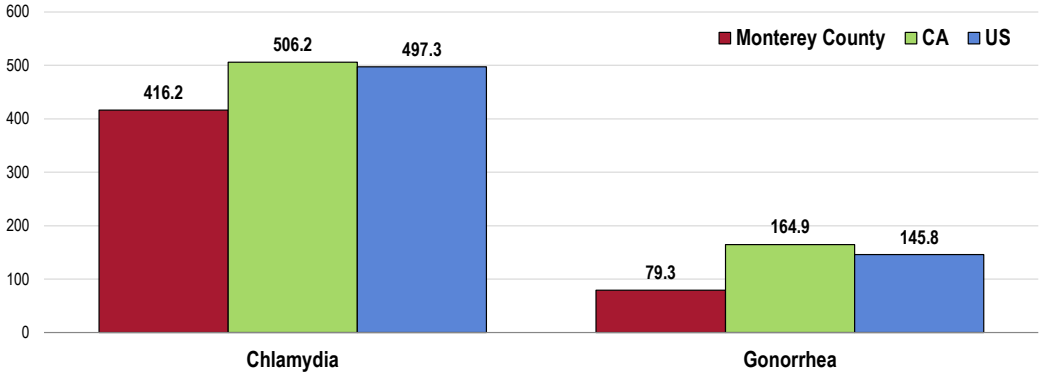
In 2016, the chlamydia incidence rate in the county was 416.2 cases per 100,000 population.

The Monterey County gonorrhea incidence rate in 2016 was 79.3 cases per 100,000 population.

- **BENCHMARK**: Both rates fall well below state and national incidence rates.

Chlamydia & Gonorrhea Incidence

(Incidence Rate per 100,000 Population, 2016)



Sources:
- Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.
- Retrieved May 2019 from CARES Engagement Network at https://engagementnetwork.org.

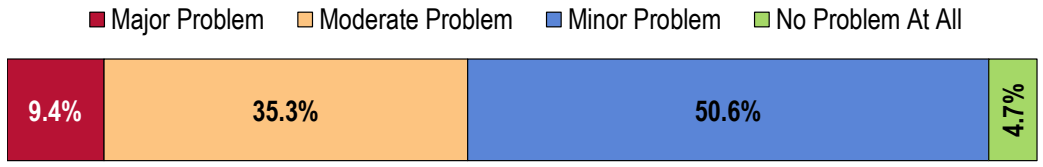
Notes:
- This indicator is relevant because it is a measure of poor health status and indicates the prevalence of unsafe sex practices.

Key Informant Input: Sexually Transmitted Diseases

Half of key informants taking part in an online survey characterized *Sexually Transmitted Diseases* as a "minor problem" in the community.

Perceptions of Sexually Transmitted Diseases as a Problem in the Community

(Key Informants, 2019)



Sources:
- PRC Online Key Informant Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons related to the following:

Incidence/Prevalence

> *Rates are rising for gonorrhea, HIV, and syphilis. – Public Health Representative*
>
> *The rate of STDs in increasing in the county. HIV/AIDs, syphilis, chlamydia and I think gonorrhea are all increasing. – Public Health Representative*
>
> *Infectious diseases such as tuberculosis, sexually transmitted diseases, and cocci. The rates of these IDs are increasing statewide. Syphilis for example is on the rise after not having been a problem for decades. – Public Health Representative*
>
> *Increasing rates of occurrence in our county. – Other Health Provider*

Access to Care/Services

> *Very few locations for diagnosis and treatment and local emergency rooms are not very good about knowing how to deal with needed follow-up. – Physician*

Contributing Factors

> *Health literacy, fear of ridicule, concerns for privacy from parents. – Public Health Representative*

Access to Health Services

Health Insurance Coverage

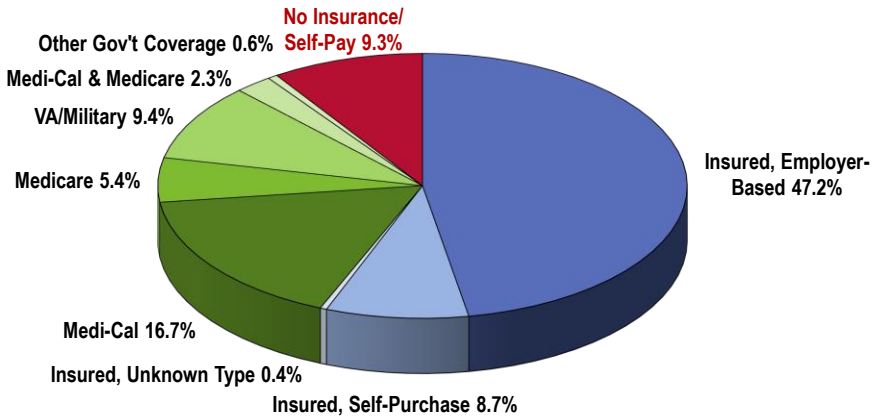
Type of Healthcare Coverage

Survey respondents were asked a series of questions to determine their healthcare insurance coverage, if any, from either private or government-sponsored sources.

A total of 56.3% of CHOMP Service Area adults age 18 to 64 report having healthcare coverage through private insurance. Another 34.4% report coverage through a government-sponsored program (e.g., Medi-Cal, Medicare, military benefits).

Healthcare Insurance Coverage

(Adults Age 18-64; CHOMP Service Area, 2019)



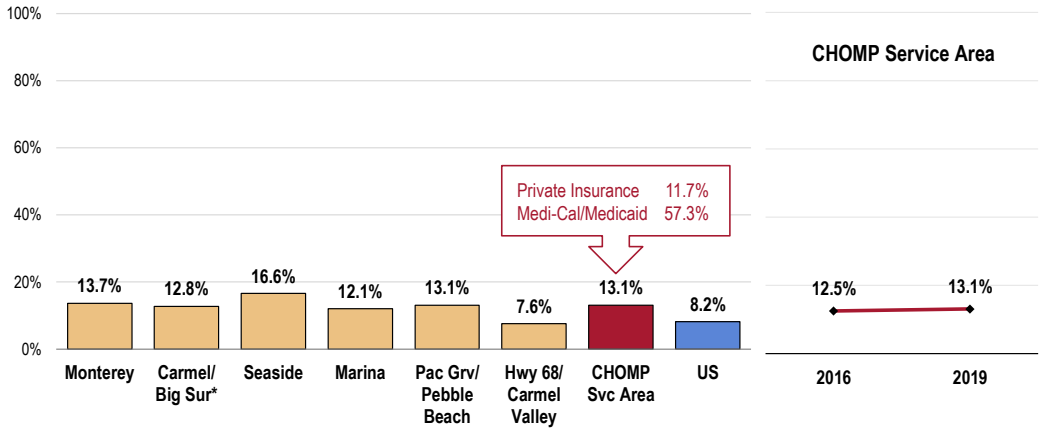
Sources: • 2019 PRC Community Health Survey, PRC, Inc. [Item 169]
Notes: • Reflects respondents age 18 to 64.

A total of 13.1% of residents under age 65 with private coverage or Medicaid secured their coverage under the Affordable Care Act (ACA), otherwise known as "Obamacare."

- **BENCHMARK**: A higher proportion than reported nationally.
- **DISPARITY**: Lowest in Highway 68/Carmel Valley.

Insurance Was Secured Under the Affordable Care Act/"Obamacare"

(Adults Age 18-64 With Private Insurance or Medi-Cal, By Type of Coverage)



Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 308]
- 2017 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents under 65 with private insurance or Medi-Cal/Medicaid.
- *The Carmel/Big Sur percentage reflects a sample size less than 50.

Lack of Health Insurance Coverage

Among adults age 18 to 64, 9.3% report having no insurance coverage for healthcare expenses.

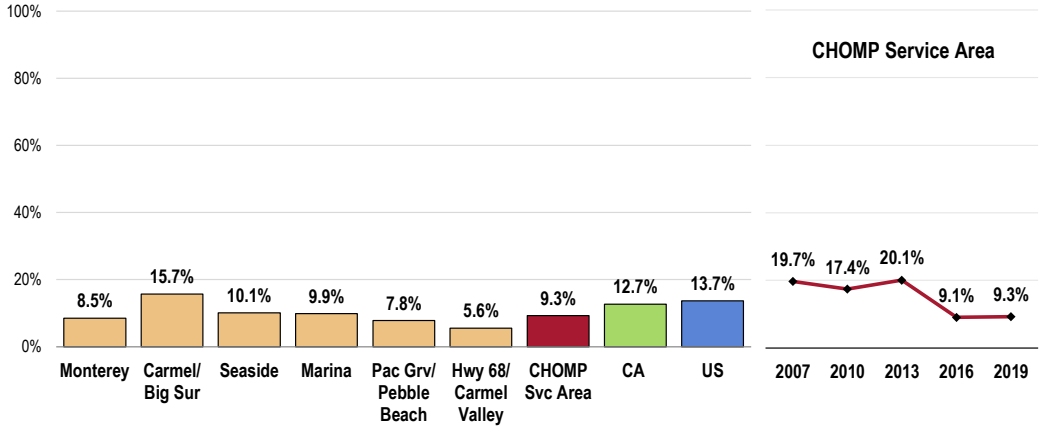
Here, lack of health insurance coverage reflects respondents age 18 to 64 (thus, excluding the Medicare population) who have no type of insurance coverage for healthcare services – neither private insurance nor government-sponsored plans (e.g., Medicaid).

- **BENCHMARK**: Below the state and US percentages. The Healthy People 2020 objective is universal coverage.
- **TREND**: Marks a statistically significant decrease (improvement) since 2007.
- **DISPARITY**: Lack of coverage is higher among area men, Whites, and Hispanics.

Lack of Healthcare Insurance Coverage

(Adults Age 18-64)

Healthy People 2020 = 0.0% (Universal Coverage)



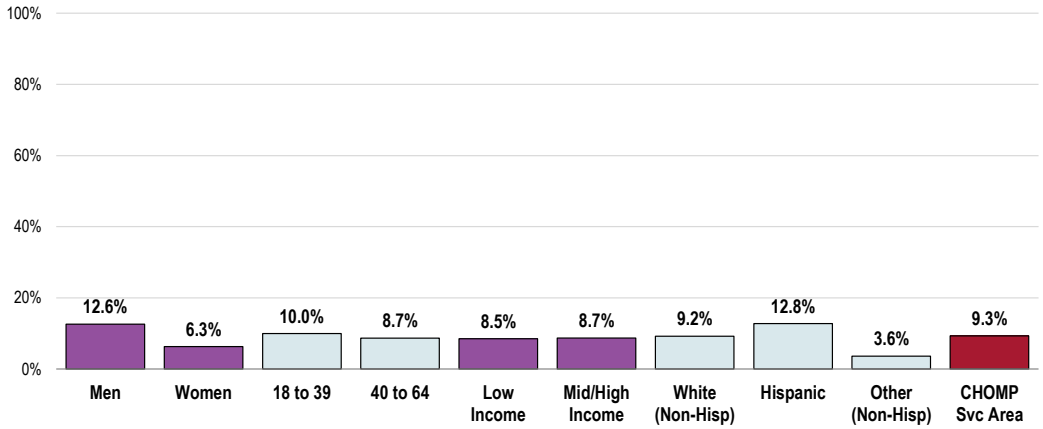
Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 169]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2017 California data.
- 2017 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective AHS-1]

Notes:
- Asked of all respondents under the age of 65.

Lack of Healthcare Insurance Coverage

(Adults Age 18-64; CHOMP Service Area, 2019)

Healthy People 2020 = 0.0% (Universal Coverage)



Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 169]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective AHS-1]

Notes:
- Asked of all respondents under the age of 65.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Difficulties Accessing Healthcare

About Access to Healthcare

Access to comprehensive, quality health care services is important for the achievement of health equity and for increasing the quality of a healthy life for everyone. It impacts: overall physical, social, and mental health status; prevention of disease and disability; detection and treatment of health conditions; quality of life; preventable death; and life expectancy.

Access to health services means the timely use of personal health services to achieve the best health outcomes. It requires three distinct steps: 1) Gaining entry into the health care system; 2) Accessing a health care location where needed services are provided; and 3) Finding a health care provider with whom the patient can communicate and trust.

— Healthy People 2020 (www.healthypeople.gov)

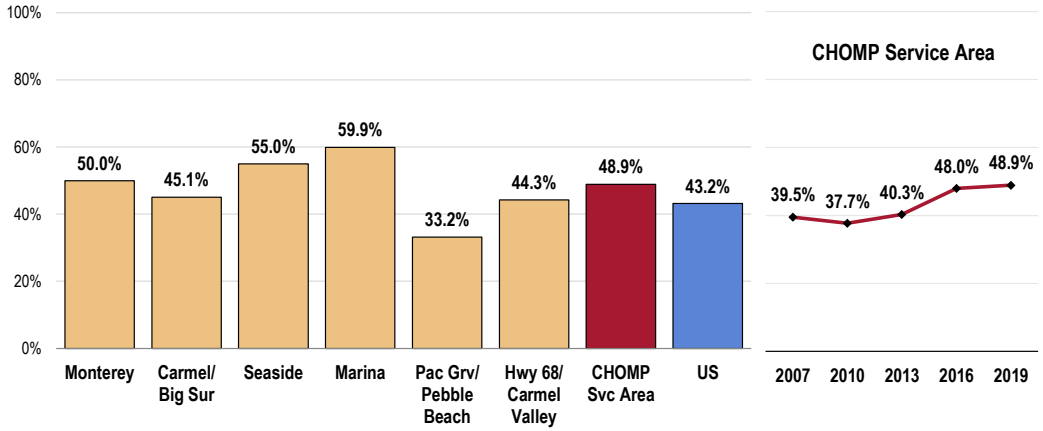
Difficulties Accessing Services

This indicator reflects the percentage of the total population experiencing problems accessing healthcare in the past year, regardless of whether they needed or sought care. It is based on reports of the barriers outlined in the following section.

A total of 48.9% of CHOMP Service Area adults report some type of difficulty or delay in obtaining healthcare services in the past year.

- **BENCHMARK**: Higher than the national prevalence.
- **TREND**: Denotes a statistically significant increase since 2007.
- **DISPARITY**: Unfavorably high in Seaside and Marina; lowest in Pacific Grove/Pebble Beach.

Experienced Difficulties or Delays of Some Kind in Receiving Needed Healthcare in the Past Year

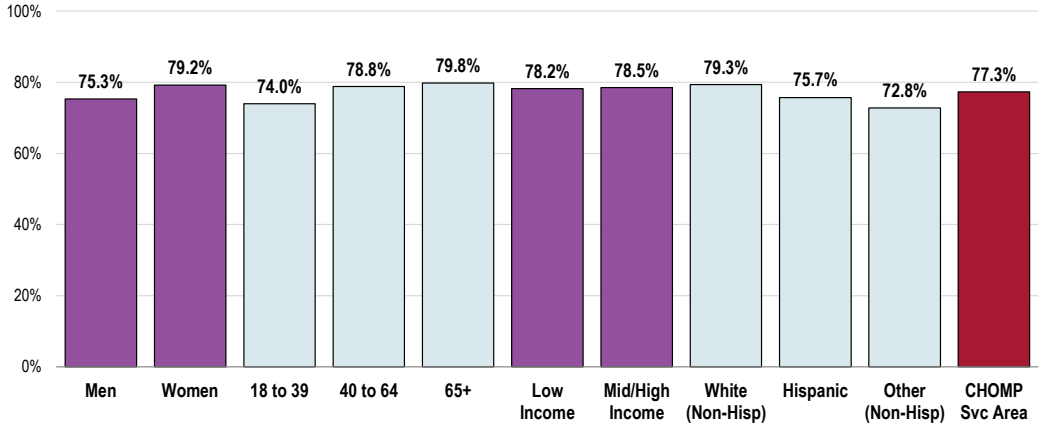


Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 171]
- 2017 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- Percentage represents the proportion of respondents experiencing one or more barriers to accessing healthcare in the past 12 months.

Experienced Difficulties or Delays of Some Kind in Receiving Needed Healthcare in the Past Year

(CHOMP Service Area, 2019)



Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 171]

Notes:
- Asked of all respondents.
- Percentage represents the proportion of respondents experiencing one or more barriers to accessing healthcare in the past 12 months.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Barriers to Healthcare Access

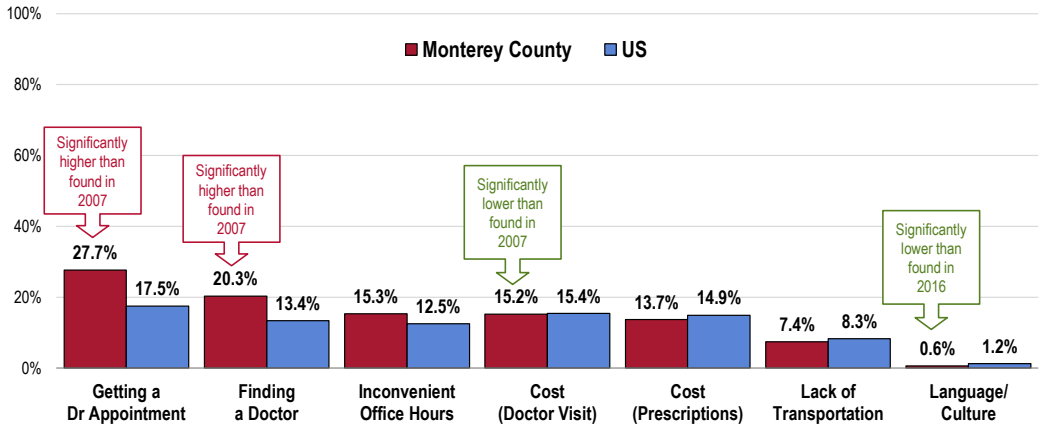
To better understand healthcare access barriers, survey participants were asked whether any of seven types of barriers to access prevented them from seeing a physician or obtaining a needed prescription in the past year.

Again, these percentages reflect the total population, regardless of whether medical care was needed or sought.

Of the tested barriers, appointment availability and finding a physician impacted the greatest shares of CHOMP Service Area adults.

- **BENCHMARK**: The service area prevalence is worse than the US prevalence for the barriers of appointment availability and finding a physician.
- **TREND**: Improvements have been seen for cost of doctor visits and for the barriers of language and culture, but these barriers have worsened over time: appointment availability and difficulty finding a physician.
- **DISPARITY**: Seaside and Marina fared worse than the other surveyed communities for many of the barriers tested (not shown).

Barriers to Access Have Prevented Medical Care in the Past Year



Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Items 7-13]
- 2017 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Note also that 14.3% of CHOMP Service Area adults have skipped or reduced medication doses in the past year in order to stretch a prescription and save costs.

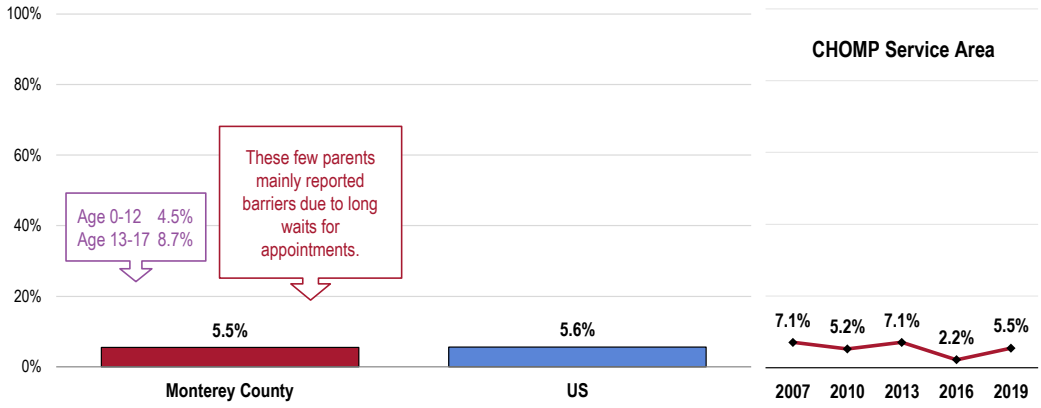
Accessing Healthcare for Children

A total of 5.5% of parents say there was a time in the past year when they needed medical care for their child but were unable to get it.

Surveyed parents were also asked if, within the past year, they experienced any trouble receiving medical care for a randomly selected child in their household.

Had Trouble Obtaining Medical Care for Child in the Past Year

(Parents of Children 0-17)



Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Items 118-119]
- 2017 PRC National Health Survey, PRC, Inc.

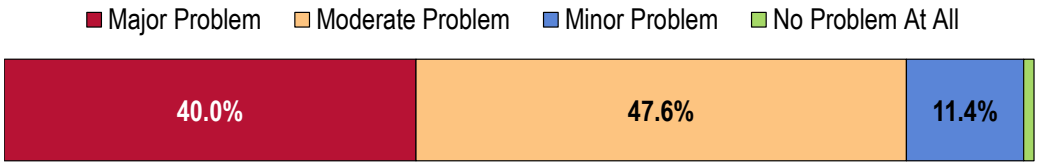
Notes:
- Asked of all respondents with children 0 to 17 in the household.

Key Informant Input: Access to Healthcare Services

Key informants taking part in an online survey most often characterized *Access to Healthcare Services* as a "moderate problem" in the community.

Perceptions of Access to Healthcare Services as a Problem in the Community

(Key Informants, 2019)



Sources: • PRC Online Key Informant Survey, PRC, Inc.
Notes: • Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons related to the following:

Affordable Care/Services

Affordable emergency room care. Chomp is so expensive that people either travel out of our community, lie about their contact information, or go broke paying back services that should be more affordable. Chomp needs to do a better job of being accessible to its community by becoming more cost effective for those who use it. – Physician

Affordability – barring an emergency, I do not get medical care because I cannot afford hundreds of dollars in co-pays. I have, what looks like, Psoriasis on both my wrists going on a year now. I have not gone to a doctor, hopefully, it's not cancer? I cannot afford to throw money into a pit to have a doctor tell me I should lose 20 lbs. – Community Leader

Lack of affordable healthcare, both hospitals are among the highest cost in the country. Housing is health and we need more affordable housing built. – Community Leader

I have noticed that even for people with good health insurance, access to coordinated healthcare is a challenge. There may be a long wait time to schedule an appointment, there is a lack of coordination for patient care, prices are not transparent and there seems little effort to contain costs. Managed care has not been big in this market but there are some beneficial aspects to it. – Social Services Provider

Available affordable providers. – Social Services Provider

A large disparity between the wealthy population and the large underserved population. Lack of affordable and available healthcare resources in many parts of the county. Language and sociological barriers. Migrant and illegal workers not having access to healthcare. – Community Leader

Lack of affordable, accessible healthcare. Insurance may not be available or may not cover: treatment of chronic conditions; pain management; dental needs; wellness and disease prevention alternatives; mental and emotional health problems; addiction problems, etc. – Social Services Provider

High costs of cancer treatments and medications. Initial treatment often runs over the course of a year, with years of post-treatment costs, causing severe financial toxicity to local families. – Social Services Provider

Affordability of healthcare for a majority of the community and also transportation to healthcare especially for the senior population. – Community Leader

High costs of healthcare in general. Insurance deductibles and high share of costs often times discourage people from seeking preventative care. – Community Leader

Few primary care providers that are not charging fees, urgent care centers used, and primary care providers lack continuity. – Physician

Cost of care. High co-pay. Inability to pay. No access to specialists if they can't pay or if they are on Medi-Cal, some Medicare. – Physician

Access to Care/Services

There is very little care given to the homeless population. – Social Services Provider

Timely and geographical access; many patients must travel outside the area to access specialty care. – Other Health Provider

It is so hard to get into a primary care doctor within a reasonable time and accepting major insurance carriers. For example: my friend had a UTI a few months ago, she's been hospitalized by a UTI in the past, so she immediately made efforts to get into a doctors to take care of it. She called every single primary care physician and gynecologist on the peninsula and nobody could see her within the week – most of the providers were simply not accepting new patients. My wife and I both drive 4 hours to see a dentist because we have not been able to find a dentist who is accepting new patients. – Community Leader

Most patients with PCPs cannot get appointments for urgent visits, prompting them to use urgent care or the ER. Many patients do not have insurance and have essentially no access to healthcare. Medi-Cal can help with low-income families, but people who make too much for Medi-Cal yet can't afford their own insurance are in a very challenging financial position. Take the risk of serious illness without insurance, or pay high monthly premiums – Physician

Difficulty in accessing primary care providers. Lack of weekend coverage by Montage outpatient, forcing the use of emergency rooms for urgent needs that wouldn't require an emergency room visit if there were doctors that responded to weekend calls. – Social Services Provider

Transportation for low income, seniors and disabled. – Community Leader

Provider availability, adequate health insurance coverage. – Community Leader

Low number of providers, patient health literacy and self-advocacy. – Public Health Representative

Limited number of clinics, lack of access to primary care physicians, transportation, and hours of operation. Many patients are utilizing the emergency room of their local hospital for primary care. – Community Leader

Wait times and hours of service, Monday through Friday, 9:00-5:00. Payer mix makes it hard for no-pay and low-pay consumers. – Social Services Provider

It is very difficult for people to access Doctors in a timely manner. There always seems to be a waiting list. Also, not everybody has good insurance and there are very few doctors that take Medicaid for low income people. I also see the trend of concierge doctors emerging so that only people with money will be able to afford affordable and timely healthcare. – Community Leader

There may be a shortage of adequate skilled nursing facility beds and a system of care for patients in residential and skilled care. – Physician

Lack of adequate fully trained case managers and healthcare navigators. Without these roles, transition of care is poorly managed, expensive, often redundant and definitely risky. – Physician

Poor coordination of care. – Physician

Contributing Factors

Uninsured population, service and agricultural workforce. – Other Health Provider

Stigma and knowledge of where to get services is a major problem combined with workforce shortages. – Community Leader

Access to healthcare for residents. Lack of immunizations/vaccinations for students, which results in lack of ability to start school on time. Wait time for clinics if no primary care is 3 weeks plus. – Community Leader

There is limited access to services for key populations including low-income families with children and those who do not speak English. There is also limited availability of pediatric specialists in our area. – Community Leader

Access is challenging for two reasons: first, the cost of care prevents people without insurance and those with large deductibles from seeking help. Secondly, because of transportation issues in Monterey County. – Social Services Provider

Poverty, immigration status, transportation, PCP supply. – Physician

The costs at Community Hospital and the lack of primary care physicians. – Physician

A lack of providers that accept Medicare and Medi-Cal particularly on the Peninsula. This includes primary care physicians and specialists. Many of our clients report that they go outside of the area for consults or procedures from specialists. In the Spanish-speaking community, families can be reluctant to access services due to trust issues, stigma, and the immigration climate. Transportation can be also be a barrier. Latinos do not tend to trust the entity but the individual they had contact with. Their first contact, starting from the receptionist, is key to developing that trust. That person can frame their experience from that point on. We have found that we need to be prepared to deal not only with the presenting problem but the multiple issues that may require additional assessment, treatment, and referral. Knowledge of community resources is very important. – Social Services Provider

Homelessness. Address and contact information, some have phones. Reliable transportation, some have bikes and cars. Extremely low income, desire for change. – Social Services Provider

The lack of information to speakers other than English as to how to access care. Navigating the financial obligations of accessing healthcare. – Community Leader

Access is challenging for two reasons: first, the cost of care prevents people without insurance and those with large deductibles from seeking help. Secondly, because of transportation issues in Monterey County. – Social Services Provider

Undocumented Residents

Access to health services for undocumented residents. Access to affordable health services for low-income residents, especially in the Salinas Valley. – Community Leader

So many of our students are not accessing healthcare due to immigration issues and not wanting to be identified. Prevention is so necessary and it is not happening as we wish it would. – Social Services Provider

Lack of Providers

Lack of primary care physicians, lack of robust specialty services. – Physician

Not enough primary care physicians. – Physician

A shortage of physicians in general and primary care and behavioral health professionals specifically. – Physician

Lack of Specialists

Specialists, uninsured community, even those that have insurance are finding co-pays and deductibles and the cost of prescriptions unaffordable. – Social Services Provider

The amount of specialists available. It is difficult to see a doctor and get timely care due to booked schedules. Many turn to urgent care or an Emergency Room when they shouldn't. – Community Leader

Insurance Issues

Lack of doctors accepting certain types of insurance. You are almost better off having no insurance and get services through Medi-Cal. – Community Leader

Insurance or lack of insurance. – Social Services Provider

Clearinghouse Needed

Accurate and updated online directory of community services, including, but not exclusive to Montage. With and without hospital privileges. Accuracy of where doctors are changes too quickly. Google also has a hard time keeping up, and still lists doctors that have moved/ retired, etc. Turnover of employee physicians is increasing in our community. – Physician

Type of Care Most Difficult to Access

Key informants (who rated this as a "major problem") most often identified behavioral health, primary care, substance abuse treatment, and chronic disease care as the most difficult to access in the community.

Medical Care Difficult to Access as Identified by Key Informants				
	Most Difficult	Second-Most Difficult	Third-Most Difficult	**Total Mentions**
Behavioral Health	50.0%	12.5%	22.6%	**28**
Primary Care	23.5%	21.9%	3.2%	**16**
Substance Abuse Treatment	5.9%	12.5%	16.1%	**11**
Chronic Disease Care	2.9%	9.4%	22.6%	**11**
Dental Care	2.9%	15.6%	6.5%	**8**
Elder Care	2.9%	6.3%	9.7%	**6**
Urgent Care	2.9%	9.4%	6.5%	**6**
Specialty Care	2.9%	0.0%	9.7%	**4**
Prenatal Care	2.9%	3.1%	0.0%	**2**
Pain Management	0.0%	3.1%	3.2%	**2**
Palliative Care	0.0%	3.1%	0.0%	**1**
Non-Emergency Transportation	2.9%	0.0%	0.0%	**1**
Temporary Lodging Assistance	0.0%	3.1%	0.0%	**1**

Primary Care Services

About Primary Care

Improving health care services depends in part on ensuring that people have a usual and ongoing source of care. People with a usual source of care have better health outcomes and fewer disparities and costs. Having a primary care provider (PCP) as the usual source of care is especially important. PCPs can develop meaningful and sustained relationships with patients and provide integrated services while practicing in the context of family and community. Having a usual PCP is associated with:

- Greater patient trust in the provider
- Good patient-provider communication
- Increased likelihood that patients will receive appropriate care

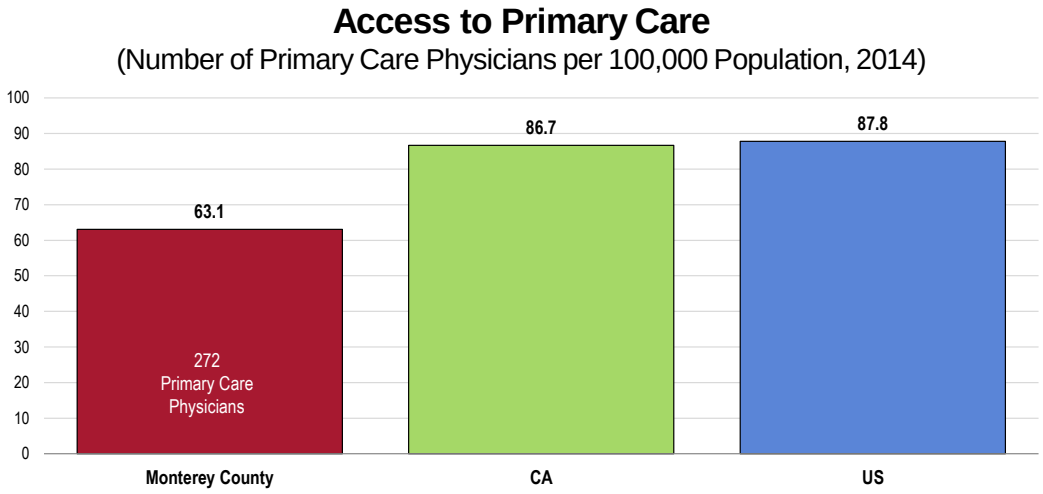
Improving health care services includes increasing access to and use of evidence-based preventive services. Clinical preventive services are services that: **prevent** illness by detecting early warning signs or symptoms before they develop into a disease (primary prevention); or **detect** a disease at an earlier, and often more treatable, stage (secondary prevention).

— Healthy People 2020 (www.healthypeople.gov)

Access to Primary Care

In 2014, there were 272 primary care physicians in Monterey County, translating to a rate of 63.1 primary care physicians per 100,000 population.

- **BENCHMARK**: Well below the state and US ratios.



Sources:
- US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File.
- Retrieved May 2019 from CARES Engagement Network at https://engagementnetwork.org.

Notes:
- Doctors classified as "primary care physicians" by the AMA include: General Family Medicine MDs and DOs, General Practice MDs and DOs, General Internal Medicine MDs, and General Pediatrics MDs. Physicians age 75 and over and physicians practicing sub-specialties within the listed specialties are excluded. This indicator is relevant because a shortage of health professionals contributes to access and health status issues.

Specific Source of Ongoing Care

Having a specific source of ongoing care includes having a doctor's office, clinic, urgent care center, walk-in clinic, health center facility, hospital outpatient clinic, HMO or prepaid group, military/VA clinic, or some other kind of place to go if one is sick or needs advice about his or her health. This resource is crucial to the concept of "patient-centered medical homes" (PCMH).

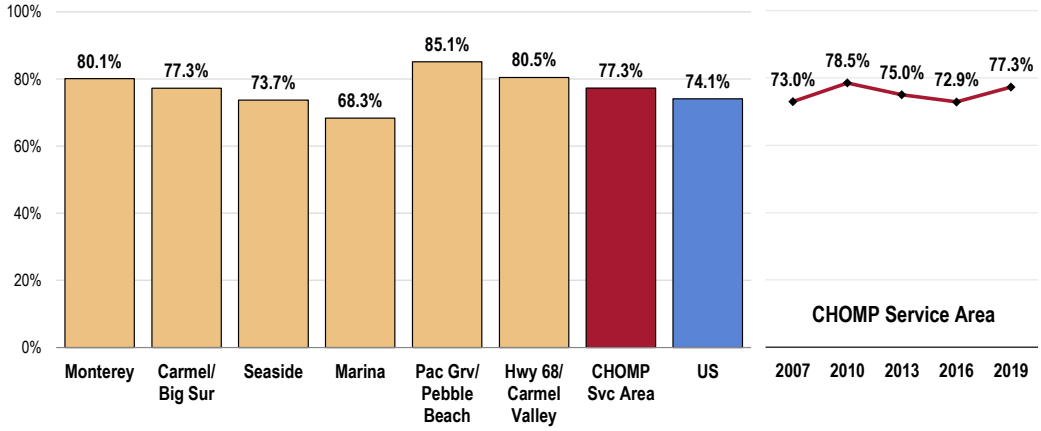
A hospital emergency room is not considered a specific source of ongoing care in this instance.

A total of 77.3% of CHOMP Service Area adults were determined to have a specific source of ongoing medical care.

- **BENCHMARK**: Fails to meet the Healthy People 2020 objective.
- **TREND**: Marks a statistically significant increase since 2007 (though fluctuating over time).
- **DISPARITY**: Unfavorably low in Marina; highest in Pacific Grove/Pebble Beach.

Have a Specific Source of Ongoing Medical Care

Healthy People 2020 = 95.0% or Higher



Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 170]
- 2017 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective AHS-5.1]

Notes:
- Asked of all respondents.

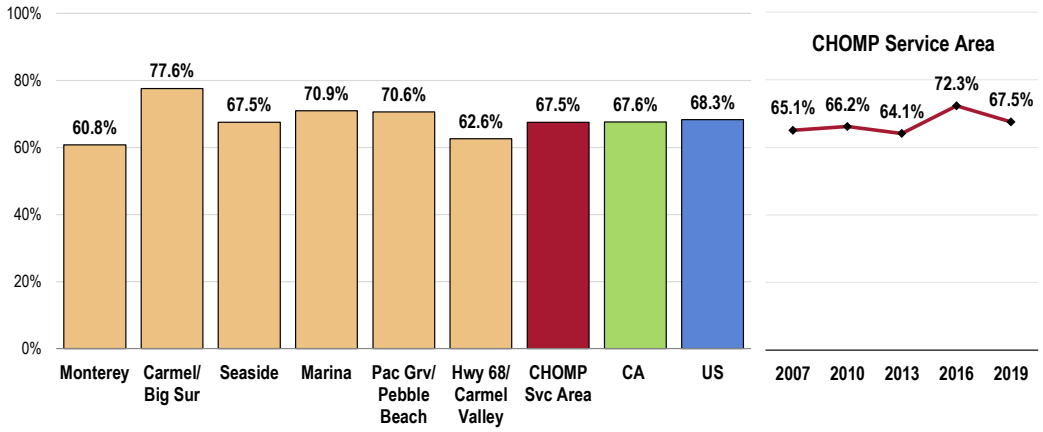
Utilization of Primary Care Services

Adults

About two-thirds of adults (67.5%) visited a physician for a routine checkup in the past year.

- **DISPARITY**: The prevalence is lowest in Monterey and highest in Carmel/Big Sur. Checkups are reported less often among men and Hispanics and correlate with age in the service area.

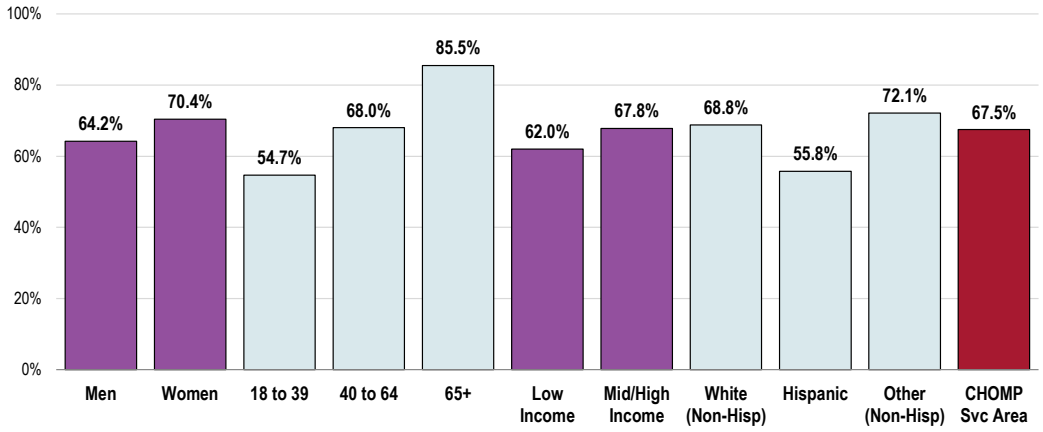
Have Visited a Physician for a Checkup in the Past Year



Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 18]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2017 California data.
- 2017 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Have Visited a Physician for a Checkup in the Past Year
(CHOMP Service Area, 2019)

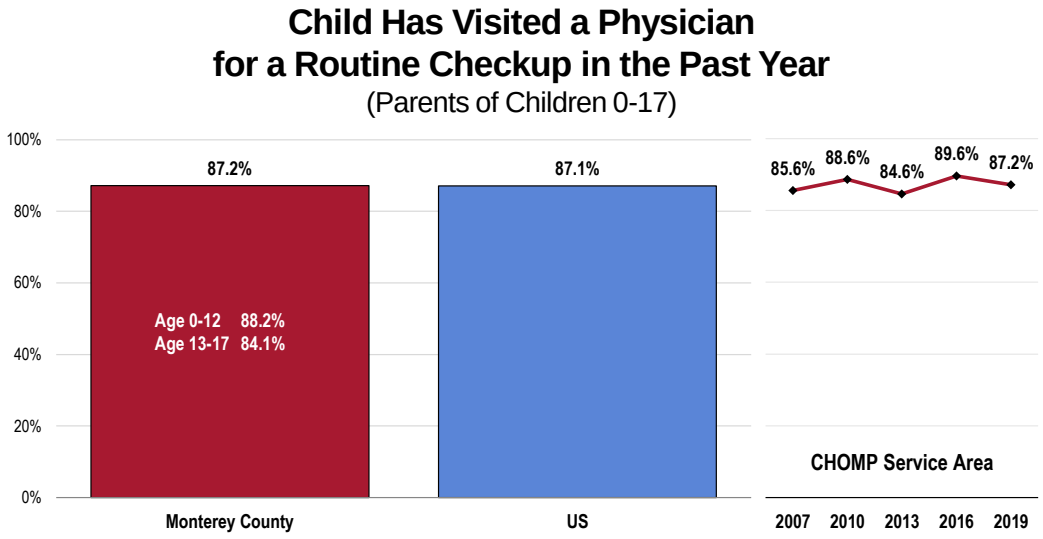


Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 18]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Children

Among surveyed parents, 87.2% report that their child has had a routine checkup in the past year.



Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 120]
- 2017 PRC National Health Survey, PRC, Inc.

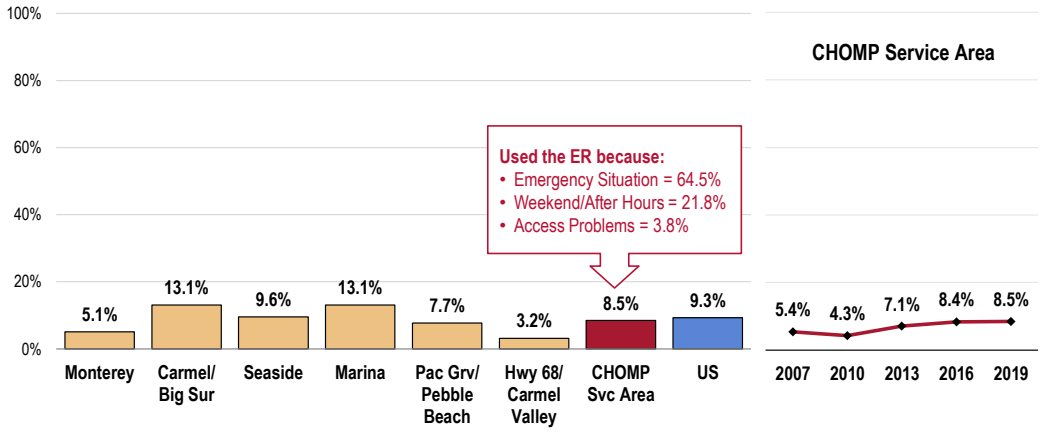
Notes:
- Asked of all respondents with children 0 to 17 in the household.

Emergency Room Utilization

A total of 8.5% of CHOMP Service Area adults have gone to a hospital emergency room more than once in the past year about their own health.

- **TREND**: Denotes a statistically significant increase in ER use since 2007.
- **DISPARITY**: The prevalence is favorably low in Monterey and Highway 68/Carmel Valley.

Have Used a Hospital Emergency Room More Than Once in the Past Year

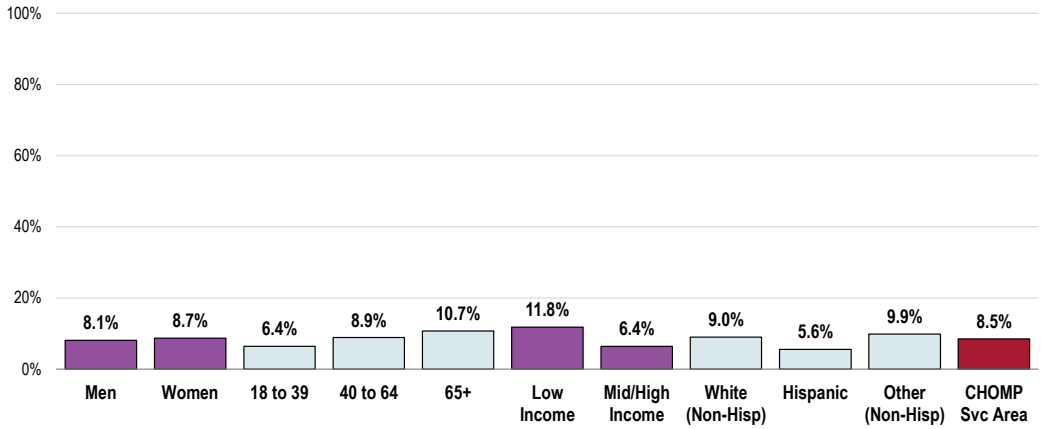


Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Items 22-23]
- 2017 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Have Used a Hospital Emergency Room More Than Once in the Past Year

(CHOMP Service Area, 2019)



Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 22]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

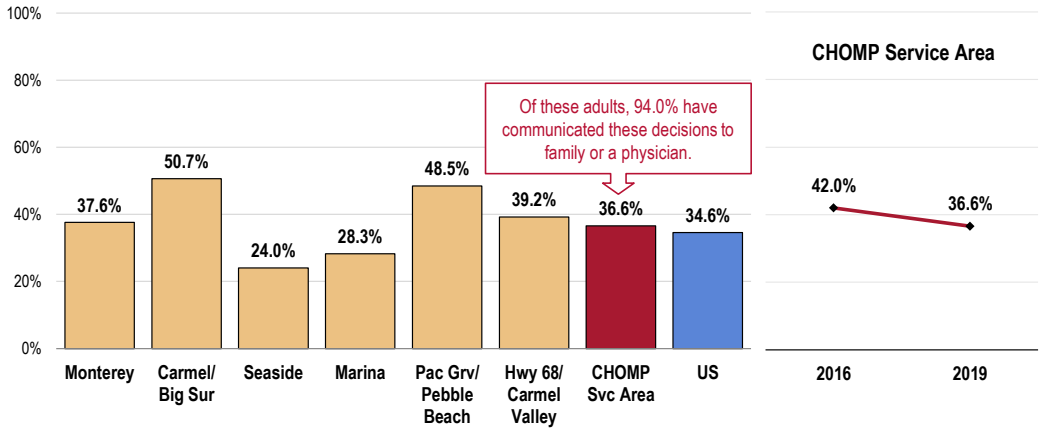
Advance Directives

An advance directive document is a set of directions given about the medical healthcare a person wants if he/she ever loses the ability to make those decisions. Formal advance directives include living wills and healthcare powers of attorney.

A total of 36.6% of CHOMP Service Area adults have completed advance directive documents.

- **TREND**: Marks a statistically significant decrease since 2016.
- **DISPARITY**: The prevalence is highest in Carmel/Big Sur and Pacific Grove/Pebble Beach and lowest in Seaside and Marina. Lowest among Hispanics and low-income residents and correlates with age, as expected.

Have Completed Advance Directive Documents

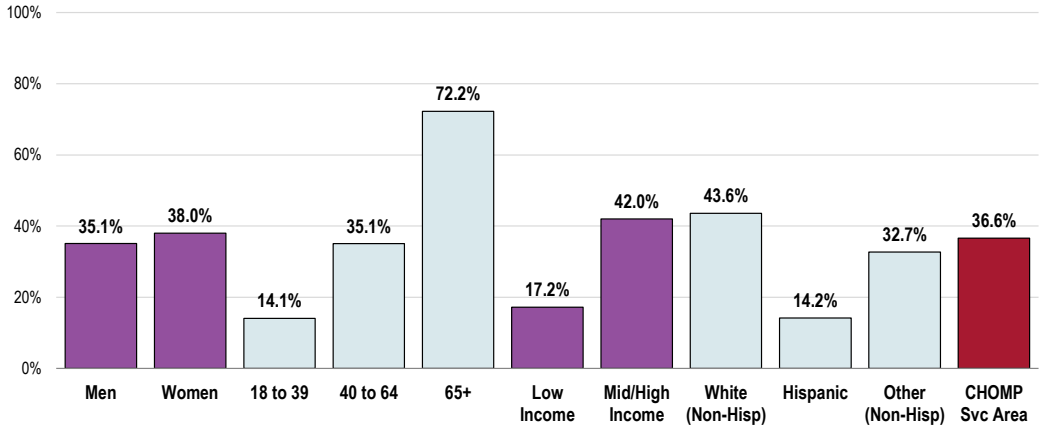


Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Items 309-310]
- 2017 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- An advance directive is a set of directions given about the medical healthcare a person wants if he/she ever loses the ability to make those decisions. Formal advance directives include living wills and health care powers of attorney.

Have Completed Advance Directive Documents

(CHOMP Service Area, 2019)



Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 309]

Notes:
- Asked of all respondents.
- An Advance Directive is a set of directions given about the medical healthcare a person wants if he/she ever loses the ability to make those decisions. Formal Advance Directives include Living Wills and Health Care Powers of Attorney.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Oral Health

About Oral Health

Oral health is essential to overall health. Good oral health improves a person's ability to speak, smile, smell, taste, touch, chew, swallow, and make facial expressions to show feelings and emotions. However, oral diseases, from cavities to oral cancer, cause pain and disability for many Americans. Good self-care, such as brushing with fluoride toothpaste, daily flossing, and professional treatment, is key to good oral health. Health behaviors that can lead to poor oral health include: **tobacco use; excessive alcohol use;** and **poor dietary choices**.

The significant improvement in the oral health of Americans over the past 50 years is a public health success story. Most of the gains are a result of effective prevention and treatment efforts. One major success is community water fluoridation, which now benefits about 7 out of 10 Americans who get water through public water systems. However, some Americans do not have access to preventive programs. People who have the least access to preventive services and dental treatment have greater rates of oral diseases. A person's ability to access oral healthcare is associated with factors such as education level, income, race, and ethnicity.

Barriers that can limit a person's use of preventive interventions and treatments include: limited access to and availability of dental services; lack of awareness of the need for care; cost; and fear of dental procedures.

There are also social determinants that affect oral health. In general, people with lower levels of education and income, and people from specific racial/ethnic groups, have higher rates of disease. People with disabilities and other health conditions, like diabetes, are more likely to have poor oral health.

Potential strategies to address these issues include:

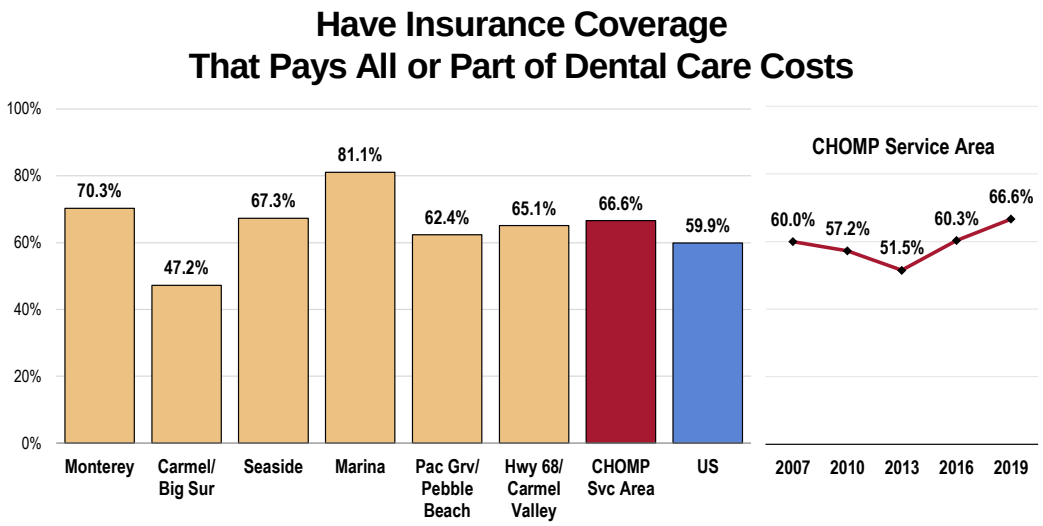
- Implementing and evaluating activities that have an impact on health behavior.
- Promoting interventions to reduce tooth decay, such as dental sealants and fluoride use.
- Evaluating and improving methods of monitoring oral diseases and conditions.
- Increasing the capacity of State dental health programs to provide preventive oral health services.
- Increasing the number of community health centers with an oral health component.

— Healthy People 2020 (www.healthypeople.gov)

Dental Insurance

Two in three CHOMP Service Area adults (66.6%) have dental insurance that covers all or part of their dental care costs.

- **BENCHMARK**: Above the US prevalence.
- **TREND**: Marks a statistically significant increase from previous findings.
- **DISPARITY**: Coverage is highest in Marina and lowest in Carmel/Big Sur.



Sources: ● 2019 PRC Community Health Survey, PRC, Inc. [Item 21]
● 2017 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Dental Care

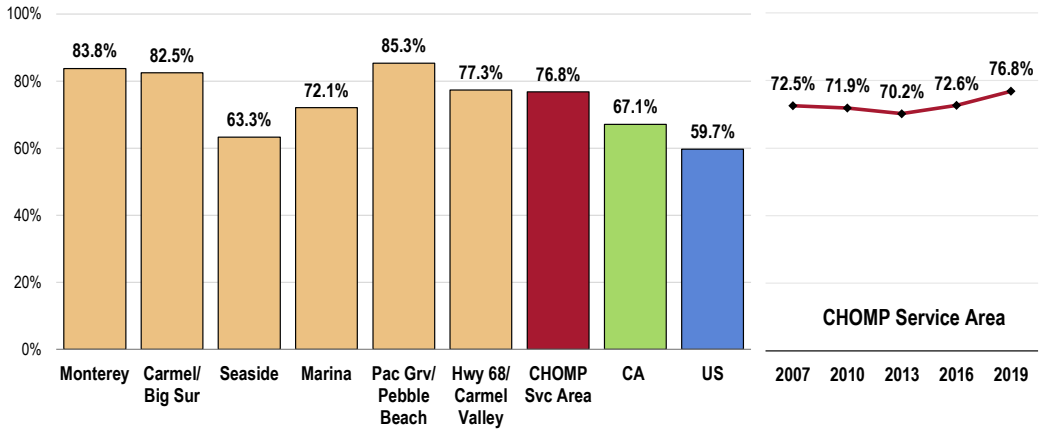
Adults

A total of 76.8% of CHOMP Service Area adults have visited a dentist or dental clinic (for any reason) in the past year.

- **BENCHMARK**: Above the state and US percentages and easily satisfying the Healthy People 2020 objective.
- **TREND**: Denotes a statistically significant increase over time.
- **DISPARITY**: Highest in Monterey and Pacific Grove/Pebble Beach, lowest in Seaside. Recent visits are reported less often among adults 40 to 64, those in low-income households, and those without dental coverage.

Have Visited a Dentist or Dental Clinic Within the Past Year

Healthy People 2020 = 49.0% or Higher



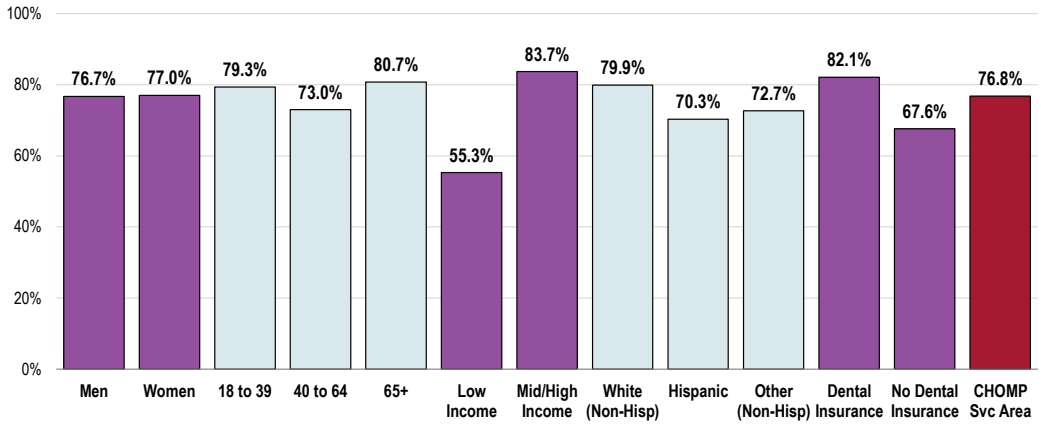
Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 20]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 California data.
- 2017 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective OH-7]

Notes:
- Asked of all respondents.

Have Visited a Dentist or Dental Clinic Within the Past Year

(CHOMP Service Area, 2019)

Healthy People 2020 = 49.0% or Higher



Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 20]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective OH-7]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Children

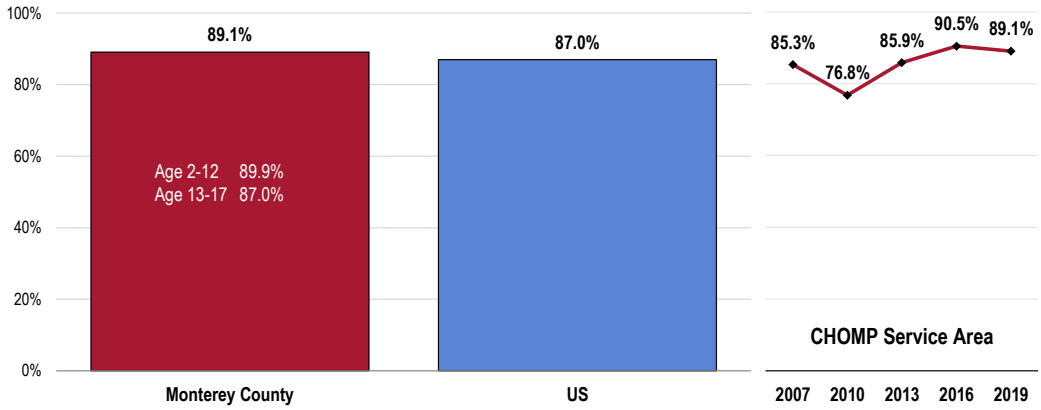
A total of 89.1% of parents report that their child (age 2 to 17) has been to a dentist or dental clinic within the past year.

- **BENCHMARK**: Easily satisfies the 2020 goal.
- **TREND**: Unchanged from 2007 survey results (but higher than 2010 findings).

Child Has Visited a Dentist or Dental Clinic Within the Past Year

(Parents of Children Age 2-17)

Healthy People 2020 = 49.0% or Higher



Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 123]
- 2017 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective OH-7]

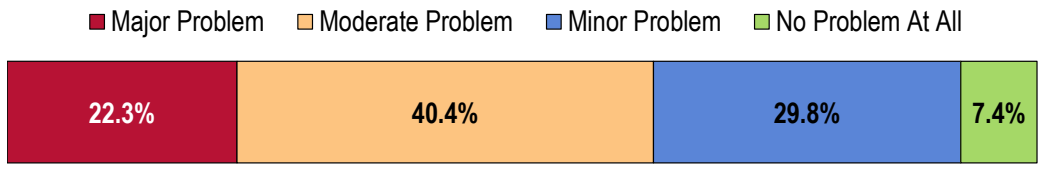
Notes:
- Asked of all respondents with children age 2 through 17.

Key Informant Input: Oral Health

Key informants taking part in an online survey most often characterized *Oral Health* as a "moderate problem" in the community.

Perceptions of Oral Health as a Problem in the Community

(Key Informants, 2019)



Sources:
- PRC Online Key Informant Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Top Concerns

Among those rating this issue as a "major problem," reasons related to the following:

Affordable Care/Services

Most of the area is living on a very fixed income. Healthcare is hard to find and dental care is even harder. With unhealthy diets and lack of care, dental issues are left untreated. This is especially a problem for youth, seniors and the homeless. – Community Leader

Access for low income patients. – Other Health Provider

Homeless people experience dental problems more than the average person. They typically do not have the resources to address the issue. – Social Services Provider

Uninsured population, as well as cost. – Other Health Provider

Generally not available without insurance, and often limited even with insurance. Inadequate dental care can lead to heart disease, and poor overall health and quality of life. – Social Services Provider

Lack of dental care for people on Medi-Cal. Very limited benefits. Dental care is very expensive, even with dental insurance. No low cost dental care in area. Dental care has no price controls. No "in-network" dentists for dental plans. – Social Services Provider

No available services for homeless or low-income residents needing dental care. – Social Services Provider

No free oral health clinic. – Other Health Provider

Access to Care/Services

Limited access to higher level dental care for extractions and dental surgery needs. – Other Health Provider

Not many dentists accepting Medi-Cal-eligible patients. Lack of access to regular cleaning to help prevent tooth decay and loss. Very limited (if any) coverage for individuals needing dentures. – Social Services Provider

Lack of resources and finances. – Social Services Provider

Access to providers. – Community Leader

Incidence/Prevalence

Too many children entering kindergarten have dental problems. My 4-year-old son asked me if he too could get silver teeth when he started school because all the other kids in class had them. People don't have dental insurance and there is nowhere to get preventative or emergency treatment provided – Community Leader

Just about every homeless person is in need of dental care. – Social Services Provider –

I meet patients every day that have unaddressed dental needs. This affects everything about the quality of life for an individual. I have patients that resort to eating only baby food because they aren't able to eat anything else without experiencing pain. – Social Services Provider

Awareness/Education

Very few people are aware of proper dental hygiene. – Community Leader

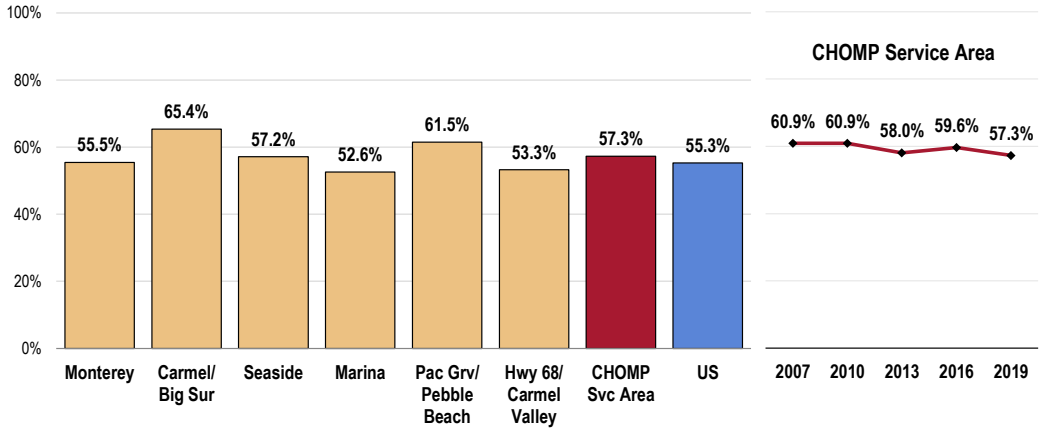
As much as we try to provide personal hygiene supplies, you have to want the help to benefit from the help. At the same time, we only have limited supplies to go around. Living in a transient state makes one travel light, and if hygiene isn't a priority, the toothbrush might get used a few times then lost or tossed. – Social Services Provider

Vision Care

A total of 57.3% of CHOMP Service Area residents had an eye exam in the past two years during which their pupils were dilated.

- **DISPARITY**: Highest in Carmel/Big Sur. Reports are lowest among service area men, young adults, and those in low-income households.

Had an Eye Exam in the Past Two Years During Which the Pupils Were Dilated

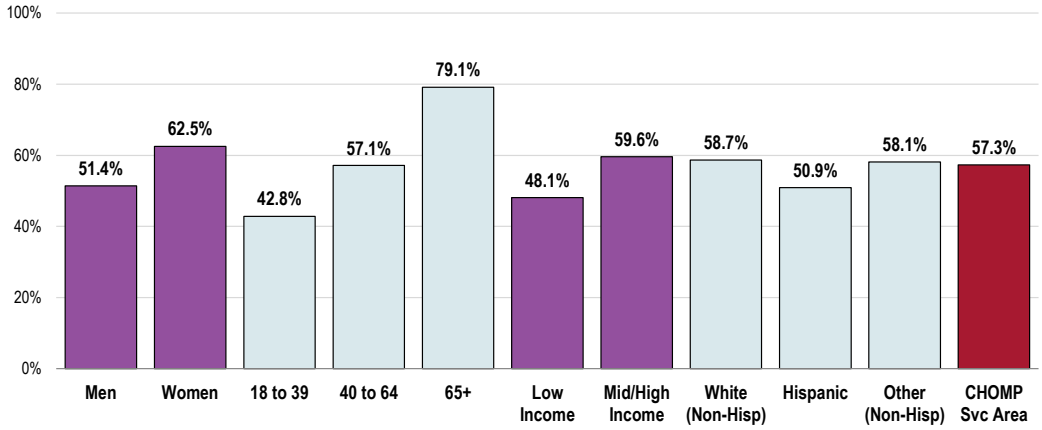


Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 19]
- 2017 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Had an Eye Exam in the Past Two Years During Which the Pupils Were Dilated

(CHOMP Service Area, 2019)



Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 19]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

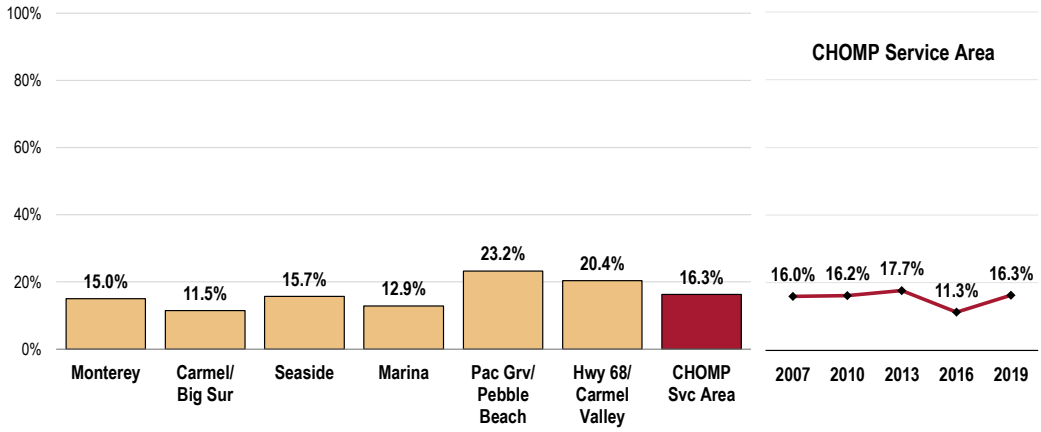
Health Education & Outreach

Participation in Health Promotion Events

A total of 16.3% of CHOMP Service Area adults participated in some type of organized health promotion activity in the past year, such as health fairs, health screenings, or seminars.

- **DISPARITY**: Highest in Pacific Grove/Pebble Beach. The prevalence is lower among men, seniors, and adults in low-income households.

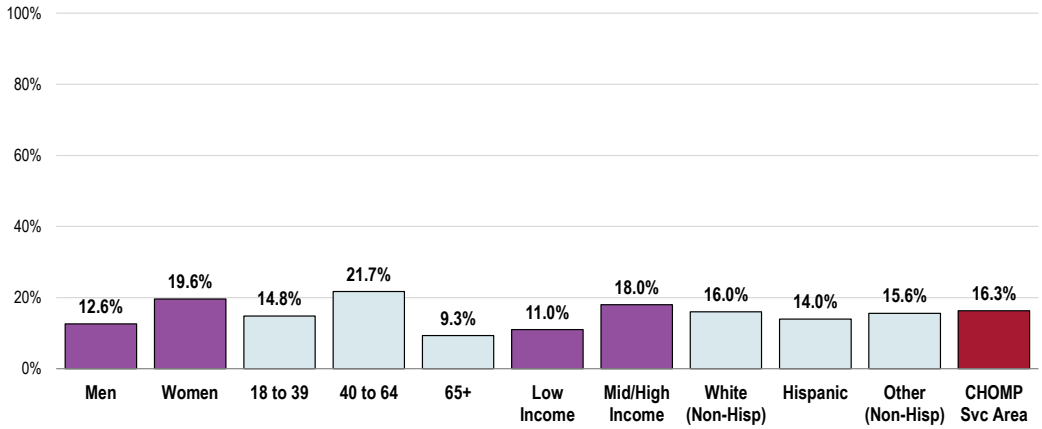
Attended a Health Promotion Event in the Past Year



Sources: ● 2019 PRC Community Health Survey, PRC, Inc. [Item 311]
Notes: ● Asked of all respondents.
● In this case, an organized health promotion activity includes health fairs, health screenings, or seminars, either through work, a hospital, or community organization.

Attended a Health Promotion Event in the Past Year

(CHOMP Service Area, 2019)

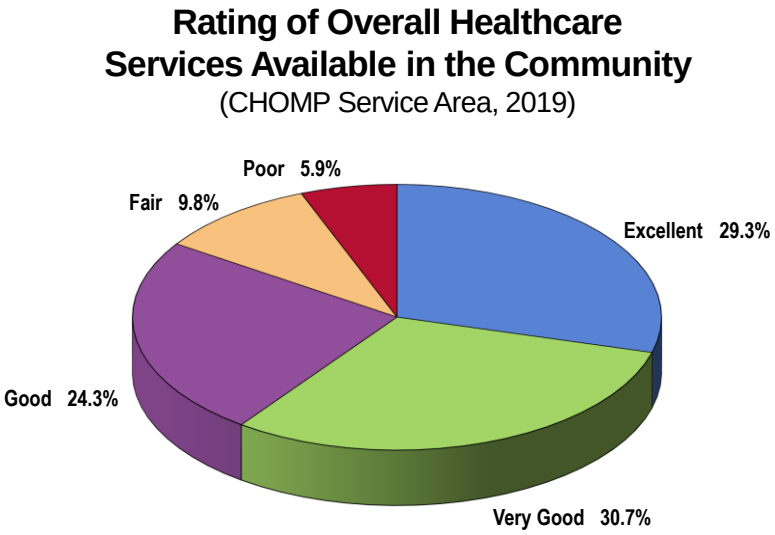


Sources: ● 2019 PRC Community Health Survey, PRC, Inc. [Item 311]
Notes: ● Asked of all respondents.
● In this case, an organized health promotion activity includes health fairs, health screenings, or seminars, either through work, a hospital, or community organization.
● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Local Resources

Perceptions of Local Healthcare Services

Most CHOMP Service Area adults rate the overall healthcare services available in their community as "excellent" or "very good."

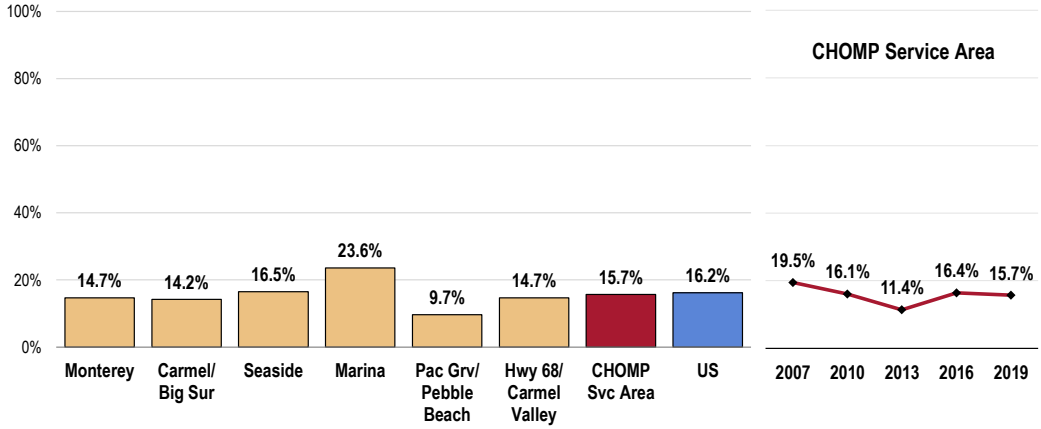


Sources: • 2019 PRC Community Health Survey, PRC, Inc. [Item 6]
Notes: • Asked of all respondents.

However, 15.7% of residents characterize local healthcare services as "fair" or "poor."

- **TREND**: Marks a statistically significant decrease (improvement) since 2007, though percentages have fluctuated over time.
- **DISPARITY**: The prevalence is highest in Marina and lowest in Pacific Grove/Pebble Beach. Young adults, low-income residents, and Hispanics are more critical of local healthcare services, as are those respondents reporting access difficulties in the past year.

Perceive Local Healthcare Services as "Fair/Poor"

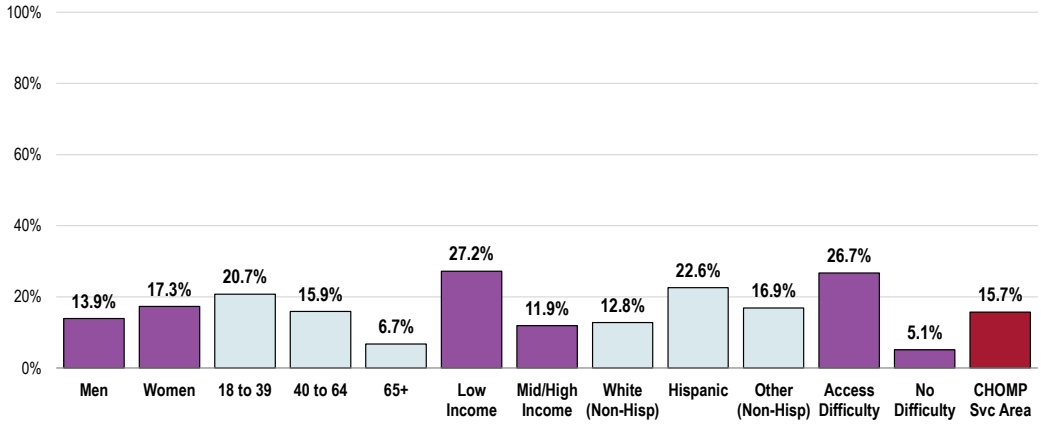


Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 6]
- 2017 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Perceive Local Healthcare Services as "Fair/Poor"

(CHOMP Service Area, 2019)



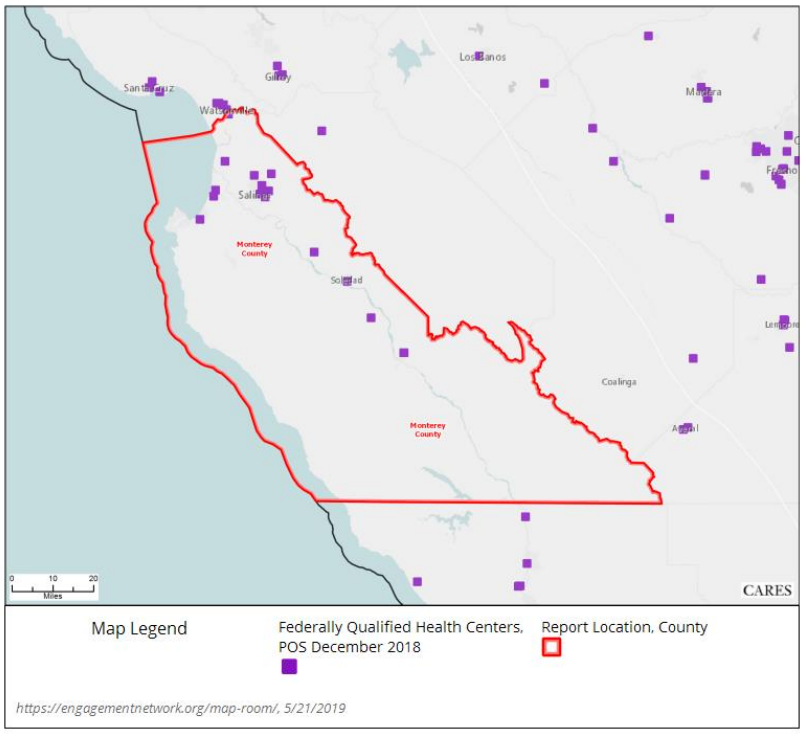
Sources:
- 2019 PRC Community Health Survey, PRC, Inc. [Item 6]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Healthcare Resources & Facilities

Federally Qualified Health Centers (FQHCs)

The following map details Federally Qualified Health Centers (FQHCs) within the CHOMP Service Area as of December 2018.



Resources Available to Address the Significant Health Needs

The following represent potential measures and resources (such as programs, organizations, and facilities in the community) identified by key informants as available to address the significant health needs identified in this report. This list only reflects input from participants in the Online Key Informant Survey and should not be considered to be exhaustive nor an all-inclusive list of available resources.

Access to Healthcare Services

- *911*
- *Alliance on Aging*
- *Behavioral Health Services*
- *Breast Cancer Assistance Group of Monterey County*
- *CHOMP Mobile Unit*
- *Clinica de Salud*
- *Coastal Kids Home Care*
- *Community Hospital of the Monterey Peninsula*
- *Concierge Physicians*
- *Doctor's Offices*
- *Doctors on Duty*
- *First Five Program*
- *Free Dental Clinics*
- *Free Medical Clinics*
- *Free Mobile Clinics*
- *Free Montague Clinic*
- *Home Health Services*
- *Hospital-Based Comprehensive Cancer Resource Centers*
- *Hospital-Based Oncology Social Workers*
- *Interim, Inc.*
- *Kernes Adaptive Aquatics*
- *Medicaid and Breast/Cervical Cancer Treatment Programs*
- *Medi-Cal*
- *Montage Health Mobile Clinic*
- *Montage Medical Group*
- *Monterey Adult School*
- *Monterey Bay Urgent Care*
- *Monterey County Behavioral Health*
- *Monterey County Clinics*
- *Monterey County Health Department*
- *MST Rides Program*
- *Natividad Free Clinic*
- *Natividad Medical Center*
- *Planned Parenthood*
- *Public Transportation*
- *RotaCare Clinic*
- *Salinas Valley Medical Clinic*
- *San Andreas Regional Center*
- *Seaside Family Health Center*
- *Seaside Health Clinic*
- *Stanford Children's Health*
- *Taylor Farms Clinic*
- *The Salvation Army*
- *Urgent Care*
- *Veterans Affairs*
- *Veterans Transition Center*

Arthritis/Osteoporosis/Back Conditions

- *Acupuncture Specialists on the Monterey Peninsula*
- *Arthritis Foundation*
- *Chiropractors on the Monterey Peninsula*
- *Community Hospital of the Monterey Peninsula*
- *Doctor's Offices*
- *Educational Resources*
- *Fitness Centers/Gyms*
- *Natividad Medical Center*
- *Physical Therapy*
- *Salinas Valley Memorial Hospital*
- *Spine and Joint Center - Monterey*
- *Supportive Medical Community and Hospital*

Cancer

- *Alliance on Aging*
- *American Cancer Society*
- *Breast Cancer Assistance Group of Monterey County*
- *Breast Cancer Awareness Group of Monterey County*
- *Cancer Center*
- *Cancer Survivorship Class*
- *CHOMP Cancer Services*

- *Community Hospital of the Monterey Peninsula*
- *Doctor's Offices*
- *Educational Resources*
- *Hospice*
- *Hospital-Based Comprehensive Cancer Resource Centers*
- *Hospital-Based Oncology Social Workers*
- *Hospitals*
- *Jacob's Heart*
- *Medicaid and Breast/Cervical Cancer Treatment Programs*
- *Natividad Medical Center*
- *Oncology Social Worker*
- *Pacific Cancer Care*
- *Salinas Valley Memorial Healthcare System*
- *Salinas Valley Memorial Hospital*
- *Stanford*
- *Stanford University*
- *Tertiary Care Centers*
- *UCSF Medical Center*

Chronic Kidney Disease

- *Community Hospital of the Monterey Peninsula*
- *Dialysis Centers*
- *Doctor's Offices*
- *Hospitals*
- *Natividad Medical Center*

Dementia/Alzheimer's Disease

- *Adult Day Care*
- *Adult Protective Services*
- *Alliance on Aging*
- *Alzheimer's Association*
- *Assisted Living*
- *Caregivers*
- *Carmel Foundation*
- *Central Coast Senior Services*
- *Community Health Innovations*
- *Community Hospital of the Monterey Peninsula*
- *Doctor's Offices*
- *Generations by the Bay*
- *Hilltop Park Senior Center*
- *Home Health Services*
- *Library*
- *Local Advocacy Groups*
- *Park Lane Outreach Programs*
- *Public Guardian's Office*
- *Salinas Senior Program*
- *The Carmel Foundation*

Diabetes

- *Alliance on Aging*
- *Big Sur Marathon Foundation/Just Run*
- *Blue Zones Project*
- *Champions for Change*
- *CHI Diabetes Collaborative*
- *CHOMP Diabetes Program*
- *CHOMP Mobile Unit*
- *Clinica de Salud*
- *Community Health Innovations*
- *Community Hospital of the Monterey Peninsula*
- *County Prevention and Wellness Classes*
- *Diabetes Care Center*
- *Diabetes Educators*
- *Diabetes Program*
- *Doctor's Offices*
- *Endocrinology Resources*
- *Esperanza Care*
- *Farmer's Markets*
- *Federally Qualified Health Centers*
- *Fitness Centers/Gyms*
- *Health Fairs*
- *Hospitals*
- *Meals on Wheels*
- *MEarth*
- *Montage Health*
- *Montage Health Mobile Clinic*
- *Montage Medical Group*
- *Monterey County Diabetes Initiative*
- *Monterey County Food Bank*
- *Natividad Medical Center*
- *Parks and Recreation*
- *RotaCare Clinic*
- *Salinas Valley Medical Center*
- *Salinas Valley Medical Clinic Diabetes Center*
- *Salinas Valley Memorial Healthcare System*
- *Salinas Valley Memorial Hospital*
- *School System*
- *Seaside Family Health Center*

Seaside Health Clinic
SVMC Endocrine Clinic
Weigh of Life
Weight Watchers
Whole Person Care Program
WIC

Family Planning

Access Support Network
Clinica de Salud
Community Hospital of the Monterey Peninsula
County Clinics
Monterey County Health Department
Monterey County Rape Crisis Center
Natividad Medical Center
Nurse Family Partnerships
Planned Parenthood
School System
Unitarian Universalist Church

Hearing and Vision Problems

Blind and Visually Impaired Center
CCCIL
Center for Deaf and Hard of Hearing
Deaf and Hard of Hearing Service Center
Department of Rehab
Doctor's Offices
Lions Club
MCOE
School System
Seaside Health Clinic
The Blind and Visually Impaired Center of Monterey County

Heart Disease and Stroke

Alliance on Aging
American Heart Association
Central Coast Cardiology
CHOMP Cardiology Program
CHOMP Mobile Unit
CHOMP Stroke Program
Clinica de Salud
Community Hospital of the Monterey Peninsula
Doctor's Offices
Montage Medical Group
Montage Wellness Center
Monterey Sports Center
Natividad Medical Center
Parks and Recreation
Salinas Valley Memorial Heart Center
Tyler Heart Institute
Whole Foods

HIV/AIDS

CHOMP Mobile Unit

Immunization/Infectious Disease

Doctor's Offices
Monterey County Health Department

Infant and Child Health

Big Sur Marathon Foundation/Just Run
CCAH
CHOMP Mobile Unit
Clinica de Salud
Coastal Kids Home Care
Community Hospital of the Monterey Peninsula
County Clinics
Diabetes Educators
Doctor's Offices
Hospitals
Monterey County Health Department
Natividad Medical Center
Public Health Clinic
Salinas Valley Memorial Healthcare System
School System
Seaside Health Clinic

Injury and Violence

Law Enforcement
Local Shelters

Mental Health Issues

211
Access Support Network

Adult Protective Services
AIM for Mental Health
Alliance on Aging
Beacon Health Options
Behavioral Health Department
BHS
Break Out/Break Free
Catholic Charities
CCAH/Beacon
CHOMP Behavioral Health
CHOMP Garden Pavilion
CHOMP Mental Health
Coastal Kids Home Care
Community Hospital of the Monterey Peninsula
Community Human Services
Community Human Services Family Resource Center
County Behavioral Health Department
Doctor's Offices
Doctors on Duty
First Five Program
Harmony at Home
Homeless Outreach Programs
Hospitals
HPC Behavioral Health Services
Interim McHome Program
Interim, Inc.
Kinship Center
Medi-Cal
Mental Health Center
Mental Health Services
Montage Medical Group
Monterey County Behavioral Health
Monterey County Health Department
Monterey County Mental Health
NAMI
Natividad Medical Center
Nonprofit Service Providers
Ohana Center
Ohana Project
OMRI
Parks and Recreation
Rehabilitation Centers
Richard Schwarz - Speaker
School System
The Breakfree Workshop for Women
The Breakthrough Workshop for Men
The Human Awareness Institute
The Mankind Project
Veterans Affairs
Whole Person Care Program
YMCA

Nutrition, Physical Activity, and Weight

Alisal School District
AOA Tai Chi Classes
Big Sur Marathon Foundation/Just Run
Blue Zones Project
Boys and Girls Clubs
Champions for Change
CHI Health Coaching
CHI Pediatric Wellness Program
Ciclovia Event
City and County for Built Environment
Community Health Innovations
Community Hospital of the Monterey Peninsula
Community Partnership for Youth
CSUMB
Diabetes Program
Doctor's Offices
Farmer's Markets
Fitness Centers/Gyms
Hartnell College
Health Coaches
Health in All Policies
Kids Eat Right
Meals on Wheels
MEarth
Montage Wellness Center
Monterey Bay Village
Monterey Bay Wednesday Night Laundry Runners Club
Monterey County Food Bank
Monterey Parks and Recreation
Monterey Sports Center
Nutrition Services
Obesity Surgery Program
Parks and Recreation
Pattullo Swim Center
Restaurants for Healthy Options
Salinas Valley Medical Clinic
Salinas Valley Memorial Healthcare System
Salinas Valley Memorial Hospital
School System

Senior Congregate Meal Sites
The Carmel Foundation
Weigh of Life
Weight Loss Clinics
Weight Watchers
Wellness Center
Wellness Center/Monterey Sports Center
WIC

Oral Health/Dental Care

Alvin Dental Clinic
CCAH
CDA Cares Volunteer Program
Central Coast Pediatric Dental Group
Clinica de Salud
Community Oral Health Services
Delta Dental of California
Dental Services From a Health Officer
DentiCal
Dentist Offices
Dientes
Hospitals
Local Association of Dentists
Seaside Family Health Center

Respiratory Diseases

AG Association
Clean Air Association
Community Hospital of the Monterey Peninsula
Doctor's Offices
Hospitals
Montage Medical Group
Salinas Valley Memorial Hospital

Sexually Transmitted Diseases

Doctor's Offices
Health Department
Monterey County Health Department

Substance Abuse

AA/NA
Assisted Living
Beacon House
Bridge Restoration Ministry
CHOMP Behavioral Health
CHOMP Mobile Unit
CHOMP Recovery Center
City of Monterey's List of CDGB Grantees
Community Hospital of the Monterey Peninsula
Community Human Services
Community Human Services Genesis House
Community Human Services South Main Street Clinic
County Programs
Doctor's Offices
Doctors on Duty
Door to Hope
Education Centers
Genesis House
Harmony Place
Hospitals
Interim, Inc.
Law Enforcement
Mental Health and Wellness Monterey
Mental Health Center
Monterey County Health Department
Off Main Street Clinic
Parents
Prescribe Safe Monterey County
Prescribe Safe Program
Private Programs
Sun Street Center
The Recovery Center
The Salvation Army

Tobacco Use

Addiction Groups
Doctor's Offices
Hospitals

Appendix

Evaluation of Past Activities

Evaluation of the 2016 Community Hospital of the Monterey Peninsula Community Health Needs Assessment Implementation Strategies

Community Hospital of the Monterey Peninsula's current community needs assessment implementation plan was reviewed for progress during 2017 and again in 2018 in each of our identified top five health priority areas, against the baseline measures established in 2017. We have been able to sustain and enhance our efforts in most areas described in our plan.

The following is a review of the results of each of the five priority areas of our 2016 plan:

Priority Area 1: Access to Health Services

Goal: Improve access to healthcare services and insurance coverage for individuals and families.

- Number of primary care physician/nurse Monterey County visits provided in part as a result of grant funding was increased.
    - 52,922 primary care visits were provided in 2017 and 54,631 in 2018 as a result of $75,000 grants each year to Monterey County Department of Health's primary care clinics in Marina and Seaside to improve access to primary care for the underserved.
- Dollar value and number of grants provided to support access to primary care for underserved populations increased.
    - Two grants totaling $105,000 were provided in 2017 and three grants totaling $235,000 were provided in 2018 to directly impact underserved populations.
- Number of visits provided by the mobile health clinic increased.
    - 175 visits were provided at the weekly clinic at Walgreens in Seaside (12 clinics were held) in 2017 and 818 patients were seen at the mobile health clinics (115 clinics were held in four different locations) in 2018.
- Number of visits provided by Access Support Network decreased.
    - 856 visits (80 patients) were provided in 2017 and 480 visits (40 patients) in 2018.
    - There were fewer patients and visits due to more people being eligible for the Affordable Care Act for California.
- Number of new physicians, nurse practitioners, physician assistants hired in primary care and other demonstrated-shortage specialties remained about the same.
    - 23 new physicians and 1 new nurse practitioner were hired in 2017 and 22 new physicians, 1 nurse practitioner and 1 physician assistant were hired in 2018.
- Number of enrollees in the Aspire Medicare Advantage Plan increased.
    - Enrollment in the Aspire Medicare Advantage Plan increased from 2,487 in 2017 to 3,460 in 2018.

- Number of individuals assisted with insurance enrollment by hospital's Patient Business Services patient advocate and the hospital-subsidized Diversified Healthcare Resources service decreased.
    - 2017 outcome: 2,259 individuals were assisted
    - 2018 outcome: 2,034 individuals were assisted
- Number of enrollees in Cal-PERS exclusive provider insurance plan increased slightly. The EPO was eliminated in 2017. It is now a HMO.
    - There were 2,500 enrollees in our Cal-PERS HMO in 2017 and 2,600 in 2018.
- Dollar value of care provided through the financial assistance program increased.
    - $3,513,446 was provided through the financial assistance program in 2017 and it increased to $3,821,927 in 2018.
    - The number of patients benefiting from the financial assistance program stayed about the same with 2,023 patients who benefitted in 2017 and 2,019 patients in 2018.

Priority Area 3: Nutrition, Physical Activity and Weight

Goal: Provide programs and services focused on prevention and disease management with an emphasis on nutrition education, physical activity and weight management.

- Number of participating school sites and students that participated in the Kids Eat Right program decreased from 38 schools (3,780 students) in 2017 to 31 schools (2,610 students) in 2018. However the program has grown and become more successful since 2014 when there were only 12 schools and 1,430 students participating.
- Two grants totaling $15,000 were provided in 2017 and again in 2018 to support healthy meals. Boys and Girls Clubs of Monterey County received $10,000 each year for their Healthy Lifestyles Initiative, and Meals on Wheels of the Monterey Peninsula received $5,000 each year for Save Our Breakfast.
- Number of residents served by grant-supported meal programs remained about the same
    - Boys and Girls Clubs of Monterey County served 1,201 residents in 2017 and 1,254 residents in 2018.
    - Meals on Wheels served 166 residents in 2017 & 2018.
- Number of exercise classes and number of participants increased
    - There were 7 exercise classes and 334 participants in 2017 and 12 exercise classes and 764 participants in 2018.
- Number of education classes and number of participants increased
    - There were 12 education classes and 976 participants in 2017 and 19 education classes and 1,115 participants in 2018.

Priority Area 2: Diabetes

Goal: Improve access to prediabetes and diabetes education and care

- Number of health fairs/health related events decreased from 17 in 2017 to 8 in 2018.
    - There were fewer health fair/ health related events scheduled in 2018. This was mainly due to the EPIC training schedule that prohibited the hospital from staffing non-hospital activities/events.
- Number of participants at health fairs/health related events also decreased in the two years. This was due to the decreased number of events held in 2018.
    - In 2017 there were 1,877 participants at health fairs and health related events. This number decreased to 913 in 2018.
- Number of preventive screenings provided declined.
    - 761 preventive screenings were provided in 2017 and 558 in 2018.
    - However the number of blood glucose screenings stayed almost the same (205 in 2017 and 203 in 2018).
- Number of organizations collaborating with the Diabetes Initiative increased.
    - There were 10 organizations collaborating in 2017 and 14 in 2018.
- There was an increase in the utilization of the online www.chomp.org Diabetes Risk Assessment (screening tool).
    - 457 people completed the online diabetes risk assessment in 2017 and 754 in 2018.
    - The diabetes risk assessment screening tool was discontinued at the end of 2018.
- Number of locations providing diabetes education increased.
    - There were 4 locations in 2017 and 5 in 2018.
- Number of classes offered increased.
    - 2 different regularly scheduled classes were offered in 2017 and 4 classes offered in 2018.
- Number of support groups offered stayed the same.
    - Two different support groups continued to be held monthly.
- Number of physician/provider referrals from physicians/providers to Outpatient Diabetes and Nutrition Therapy almost doubled in the two years.
    - There were 795 referrals in 2017 and 1534 in 2018.
    - The referrals to the Diabetes Initiative decreased (341 to 134).
- Number of Outpatient Diabetes and Nutrition Therapy Diabetes Self-Management Education (DSME) program participants increased.
    - 220 people participated in the DSME program in 2017 and 230 in 2018.
- Number of hospital-initiated referrals to ambulatory endocrinology care decreased.
    - There were 264 referrals in 2017 and 192 in 2018.
    - This data may not have captured all the referrals as there were some gaps in reporting data during the transition to a new electronic health record system (EPIC).

- The Diabetes Initiative continues to expand through a partnership with Community Health Innovations, Community Hospital of the Monterey Peninsula, Monterey Independent Physicians Association, and Salinas Valley Memorial Healthcare System.

Some goals were not met in this category due to Community Hospital's move to a new electronic health record, Epic, in 2018 which is designed to improve care. This project took space and staff resources to implement.

Priority Area 4: Mental Health and Mental Disorders

Goal: Improve access to general mental health services, improve identification of depression and reduce the impact of bullying in middle schools.

- Number of visits (MD/therapist/nurse practitioner) increased
    - There were 25,882 visits to Outpatient Behavioral Health Services in 2017 and 31,036 visits in 2018.
- Number of new evaluations increased significantly
    - There were 1,280 new evaluations in 2017 and 4,103 in 2018.
- Number of practitioner FTEs at Hartnell Professional Center increased slightly
    - Doctors & Nurse Practitioners = 9.2 FTEs, Therapists = 3.6 FTEs in 2017
    - Doctors & Nurse Practitioners = 12.5 FTEs, Therapists = 4.5 FTEs in 2018
- Dollar value of mental healthcare provided through the financial assistance program Increased
    - $766,124.41 in mental healthcare was provided in 2017 and $902,374 in 2018.
- Number of mental health patients benefitting from the financial assistance program increased slightly.
    - 196 mental health patients benefited from the financial assistance program in 2017 and 202 benefiting in 2018.
- Number of collaborating organizations and mental health professionals was unchanged
    - In 2017 two organizations (Community Hospital of the Monterey Peninsula & Community Health Innovations) and five mental health professionals met to develop a class about depression - "Understanding Depression." In 2018, the two organizations provided three Understanding Depression classes.
- Number of information distribution channels deployed for self-assessment tools and referral resources
    - This is still in progress. Some tools and referral resources will be distributed at the Understanding Depression classes.
    - In 2018 the depression assessment tool (PHQ-9) was geared towards TMS (Transcranial Magnetic Stimulation) referrals.

- Number of schools presenting anti-bullying program decreased due to the program being discontinued.
    - Two schools presented the program in 2017. The program was not held in 2018 due to the retirement of the lead therapist
    - 124 students participated in the anti-bullying program in 2017. Facilitators did not collect student evaluations.

Priority Area 5: Heart Disease and Stroke

Goal: Provide education and services focused on preventing and managing stroke and heart disease

- There was a decrease in the number of completers of the heart health risk assessment.
    - 495 people completed the online assessment in 2017.
    - 327 people completed the online assessment in 2018 before the HRA was discontinued due to the decline of responses and that very few people were taking the follow-up action of signing up for an appointment for basic lab tests and a consultation with a cardiac exercise physiologist (Know Your Numbers).
- The number of Know Your Numbers participants decreased from 14 in 2017 to 8 in 2018.
    - The program was discontinued at the end of 2018.
- The number of health screenings, blood pressure screenings, and health fairs, and therefore participants has decreased in the last 2 years.
    - There were 7 fewer health fair events and 4 fewer health screenings in 2018.

Some goals were not met in this category due to Community Hospital's move to a new electronic health record, Epic, in 2018 which is designed to improve care. This project took space and staff resources to implement.