



Mee Memorial
Hospital

Community Health Needs Assessment

FY2020-FY2022

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Executive Summary

Background

As a community not-for-profit hospital, MMH is required to conduct a community health needs assessment (CHNA) every three years. MMH's update for FY2020-2022 is due in the fall of 2019.

The CHNA requirement was instituted as a component of the Affordable Care Act legislation that was passed by Congress and signed into law in March 2010. The triennial process also stipulates that MMH must:

- ✓ Implement a strategic plan to meet identified needs.
- ✓ Solicit input from public health experts as well as individuals representing the broad interests of the community.
- ✓ Make the assessment widely available to the public.
- ✓ Report progress toward addressing issues annually on the IRS Form 990.
- ✓ Include a description of needs not being addressed by the hospital and why.








MMH engaged Carol Davis, owner and principal consultant with Strategy Connections, a healthcare consultancy, to facilitate the three-year CHNA update for MMH.

The executive summary includes a summary of the CHNA process and timeline (page 5), key findings from the assessment (page 6), criteria used to prioritize areas of focus for MMH (page 7), scoring of needs according to criteria (page 8), and MMH's role in addressing identified community health needs during the next three years (pages 9-10).

MMH will develop an annual implementation plan as a companion document to this FY2020-2022 CHNA report. Both documents will be available on the hospital's website:

<https://meememorial.com>.

Process and Timeline for 2019 CHNA

	Dec 2018	Jan 2019	Feb 2019	Mar 2019	Jul 2019
Step 1: Conducted kick-off activities with MMH work group, including process and timeline for updating CHNA					
Step 2: Collected and analyzed secondary data re: community health needs					
Step 3: Collected and analyzed primary data re: community health needs via an internet survey of community leaders and meeting with medical staff leaders					
Step 4: Planned and facilitated a meeting with hospital and community leaders to evaluate key findings from primary and secondary research, and prioritize health needs					
Step 5: Finalized criteria for prioritizing community health needs that MMH will address					
Step 6: Reviewed key findings and preliminary recommendations with Board of Trustees					
Step 7: Obtained board approval for priority health needs that MMH will address and role/focus for MMH					

Community Health Needs Considered

Based on stakeholder survey findings, health indicator data, and input from medical staff and community leaders, nine community health issues emerged:

- ❖ Access to primary care
- ❖ Access to specialty care
- ❖ Availability of urgent/after hours care
- ❖ Access to mental health services
- ❖ Availability of substance abuse prevention and treatment services
- ❖ Availability of prescription drugs
- ❖ Transportation to/from medical services
- ❖ Services and outreach to vulnerable populations (e.g., seniors, disabled, homeless, LGBTQ)
- ❖ Patient education/counseling related to medical conditions

Criteria for Prioritizing Community Health Needs that MMH Will Work to Address

The IRS requires that hospital leaders develop criteria for prioritizing the issues that are identified in the Community Health Needs Assessment. MMH established the following criteria for evaluating needs. Scoring results are on the next page.

- Does the issue align with MMH's **mission and expertise**?
- Does the issue impact a **large number of people**?
- Are there **collaborators** that would commit to working with MMH to address the issue?
- Does the issue provide an opportunity to **reduce health disparities** among subgroups of the population?
- Are there **gaps** in current services and programs related to the issue?
- Would solving this particular issue help to **address other health needs**?
- Do key **stakeholders** perceive this to be an important health issue?
- Would there be **negative consequences** if MMH does not work to address the issue?

Community Health Issues Prioritized According to Evaluative Criteria

5 = Very strong fit with criterion to 1 = Very weak fit with criterion	Aligns with MMH's mission and expertise	Impacts a large number of people	Provides an opportunity to collaborate with committed partners	Addresses health disparities of subgroups	Gaps in current resources and programs that address this issue	Solution could impact multiple problems	Perceived as an important issue by stakeholders	Not intervening would have negative consequences	TOTAL
Access to primary care	5	4	3	3	5	5	5	4	34
Access to mental health services	3	3	5	3	5	4	5	3	31
Patient education/counseling related to medical conditions	5	3	3	3	5	3	4	3	29
Access to specialty care	4	3	4	3	4	4	4	3	29
Services and outreach to vulnerable populations (e.g. seniors, other subgroups)	4	3	4	4	4	3	3	3	28
Availability of substance abuse prevention and treatment services	3	3	5	3	3	4	4	3	28
Transportation to/from medical services	2	2	5	3	4	3	4	3	26
Availability of urgent/after hours care	4	2	3	2	3	3	2	2	21
Availability of prescription drugs	2	2	3	2	3	3	2	2	19



Role and Focus for MMH FY2020-2022

During the first year of CHNA implementation, MMH will undertake initiatives that help to address three high priority community health needs:

- Access to primary care
- Patient education/counseling related to medical conditions or health behaviors
- Access to specialty care

Specific tactics will be identified in the first year implementation plan that accompanies this summary report. MMH will undertake implementation activities that best leverage the hospital's limited resources to achieve meaningful results in areas that are within the organization's reasonable sphere of influence.

MMH will evaluate progress and update the CHNA implementation plan annually. Depending on availability of resources at that time, MMH may elect to address additional community health needs identified in this assessment, including one or more of the following:

- Access to mental health services
- Availability of urgent/after hours care
- Availability of prescription drugs

The preferred model for addressing community health needs is alignment and collaboration with community partners whenever possible.

Role and Focus for MMH FY2020-2022

For the three remaining health needs listed on page 8 that were not discussed on the previous page, MMH anticipates that other community groups may undertake activities related to those issues and approach the hospital to be a collaborative partner. The hospital will evaluate its participation on a case-by-case basis, driven primarily by level of internal expertise and availability of resources.

- Services and outreach to vulnerable populations (seniors, homeless, LGBTQ, etc.)
- Availability of substance abuse prevention and treatment services
- Transportation to/from medical services

Seven additional issues identified by community participants during the CHNA process will not be actively addressed by MMH during the next three years due to resource constraints and/or lack of expertise:

- Alternative medicine
- Chiropractic care
- Assisted living
- Alzheimer's/dementia care
- Teen pregnancy prevention
- Chronic pain care (other than increasing awareness of current services)
- Cancer care (other than facilitating patient referrals to and coordinating care with cancer treatment providers)

Community Definition and Demographics

Demographic Snapshot

Estimated population for the CHNA service area is 66,535, which represents 3.9% overall growth since the 2010 census. Ninety-four percent of the population lives in the Soledad, Greenfield or King City zip codes. Greenfield and King City are experiencing approximately 1% population growth annually, while Soledad has seen a modest decline in population since 2010.

Zip Code	City/Town	Estimated Current Population	2010 Population	Percent Change
93960	Soledad	26,788	27,080	-1.1%
93927	Greenfield	18,612	17,547	6.1%
93930	King City	16,914	15,866	6.6%
93426	Bradley	1,839	1,401	31.3%
93450	San Ardo	853	740	15.3%
93932	Lockwood	782	592	32.1%
93928	Jolon	401	506	-20.8%
93954	San Lucas	346	302	14.6%
	TOTAL SERVICE AREA	66,535	64,034	3.9%

Source: US Census Bureau, American Community Survey. 2013-2017. Accessed at www.census.gov on Jan. 16, 2019.

Demographic Snapshot

Compared to the state of California, the overall profile of the CHNA service population indicates that residents:

- ✓ Are younger
- ✓ Have less formal education
- ✓ Have less household income
- ✓ Are more likely to be foreign-born
- ✓ Are more likely to live in poverty
- ✓ Are more likely to be Hispanic or Latino
- ✓ Are less likely to be military veterans

Indicator	MMH Service Area	California	United States
Median Age	31.7	36.4	38.0
Percent High School Graduate or Higher	51.3%	82.5%	87.3%
Median Household Income	\$51,174	\$67,169	\$57,652
Percent Foreign-Born	37.1%	27.0%	13.4%
Percent Below Poverty	18.5%	13.3%	12.3%
Percent Hispanic or Latino	78.3%	39.1%	18.1%
Percent Military Veterans	2.0%	4.2%	5.8%

Source: US Census Bureau, American Community Survey. 2013-2017. Accessed at www.census.gov on Jan. 16, 2019.

Summary of Findings: Health Indicators

Summary of Social and Economic Indicators – Monterey County Compared to State and National

Favorable	Comparable	Unfavorable
Disabled population	Unemployment	English-speaking households Uninsured population Teen births Violent crime

Summary of Clinical Care Indicators – Monterey County Compared to State and National

Favorable	Comparable	Unfavorable
Mammography	Diabetes care (A1c)	Access to primary care
Federally qualified health centers	Access to mental health providers	Recent primary care visit
Preventable hospital admits	Access to dentists	Early prenatal care
Hospital readmissions		

Summary of Health Outcome Indicators – Monterey County Compared to State and National

Favorable	Comparable	Unfavorable
Dental health	Obesity	General health
Low birthweight babies	Heart disease	High blood pressure
Depression	Asthma	Prostate cancer
Diabetes		
Cancer incidence (overall)		
Breast cancer		
Lung cancer		
Colon & rectum cancer		

Summary of Mortality Indicators – Monterey County Compared to State and National

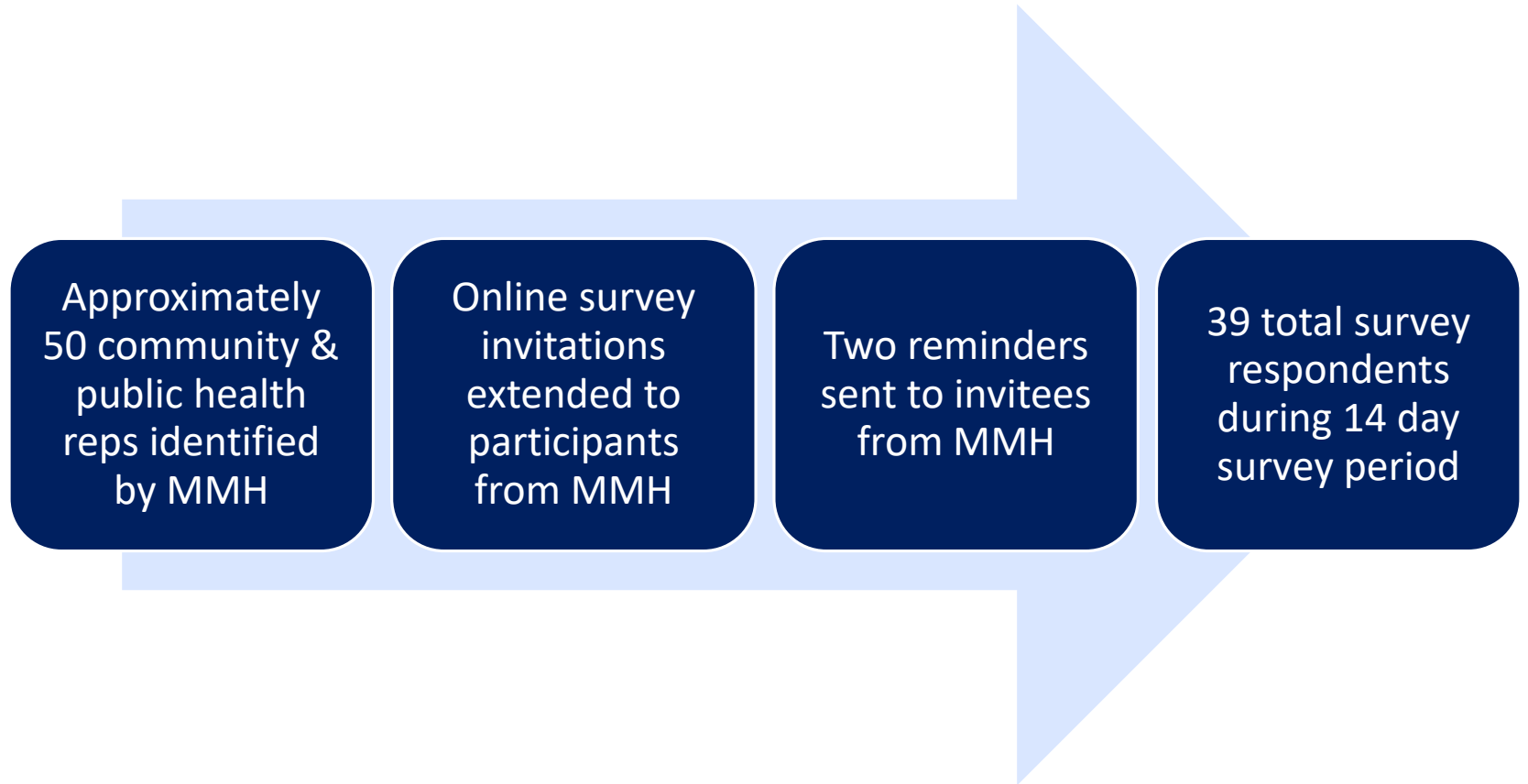
Favorable	Comparable	Unfavorable
Infant mortality	Unintentional injury	Homicide
Premature death	Drug poisoning	
Cancer	Motor vehicle crash	
Coronary heart disease	Pedestrian – motor vehicle crash	
Lung disease		
Stroke		
Suicide		

Summary of Health Behavior Indicators – Monterey County Compared to State and National

Favorable	Comparable	Unfavorable
Alcohol consumption	Physical activity	
Tobacco use		
Sexually transmitted infections		

Summary of Findings: Stakeholder Survey

Methodology and Participation



How well is the need for PRIMARY CARE being met in southern Monterey County?

38 total responses

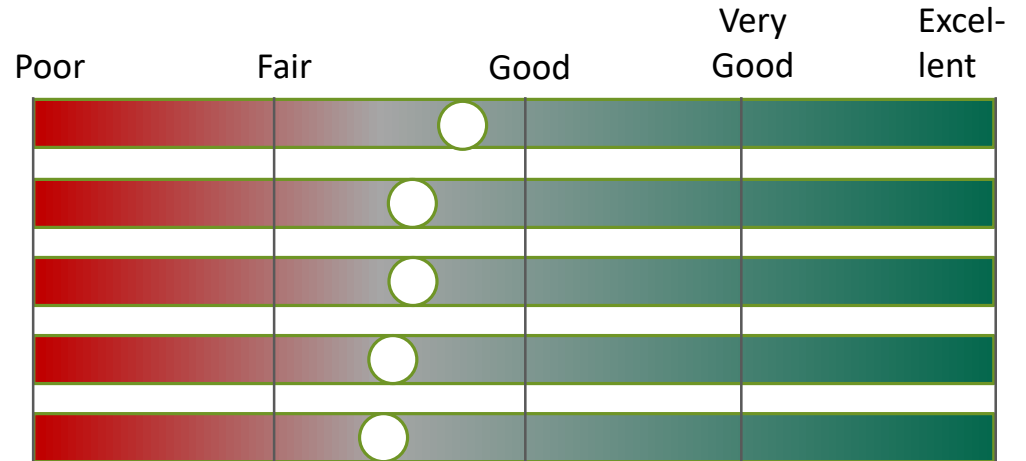
Obstetrics (17 "I don't know")

Family medicine (8 "I don't know")

Gynecology (16 "I don't know")

Pediatrics (12 "I don't know")

General internal medicine (10 "I don't know")



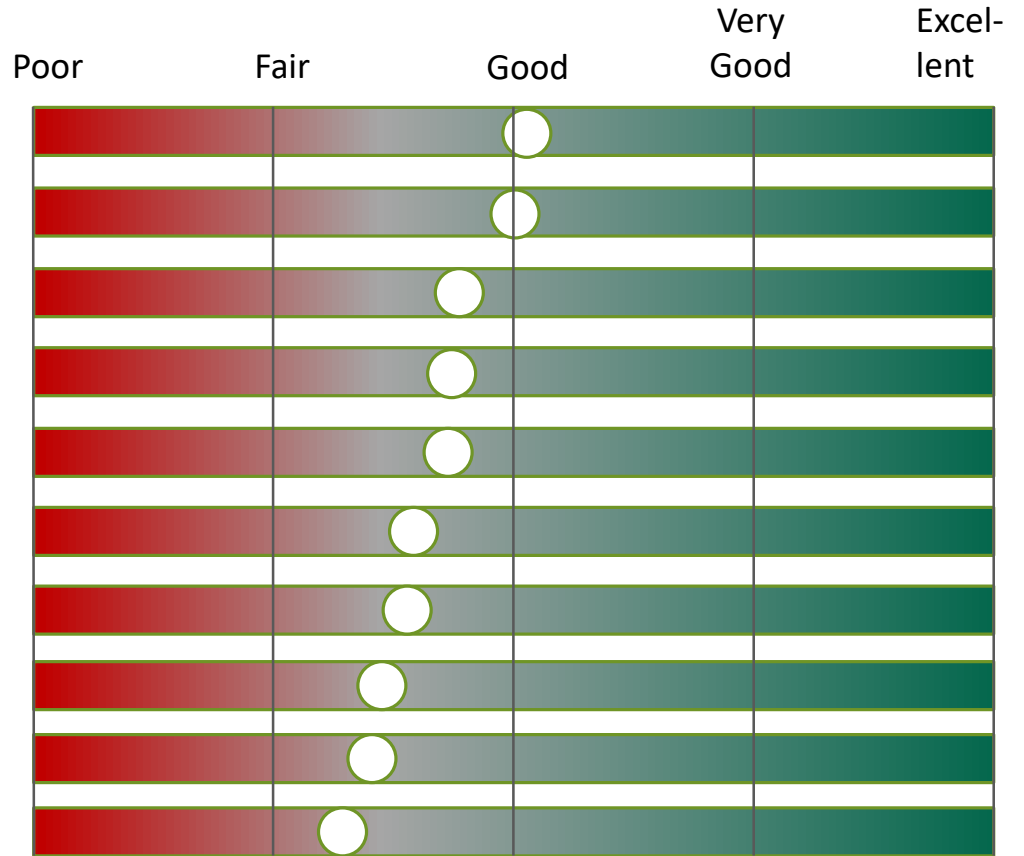
How well is the need for SPECIALTY CARE services being met in southern Monterey County?

39 total responses



How well is the need for these HEALTH CARE services being met in southern Monterey County?

36 total responses



How well is the need for these HEALTH CARE services being met in southern Monterey County?

36 total responses



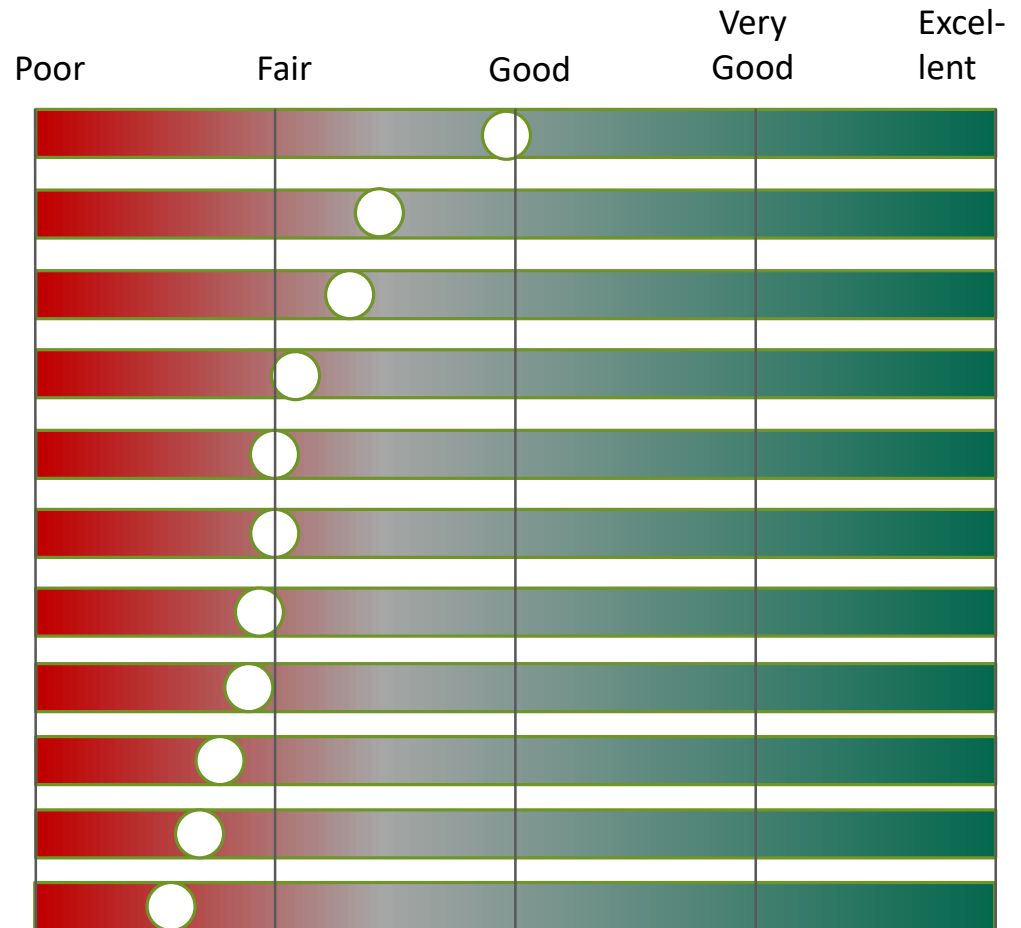
How well are the health care needs for SPECIAL POPULATIONS being met in southern Monterey County?

35 total responses



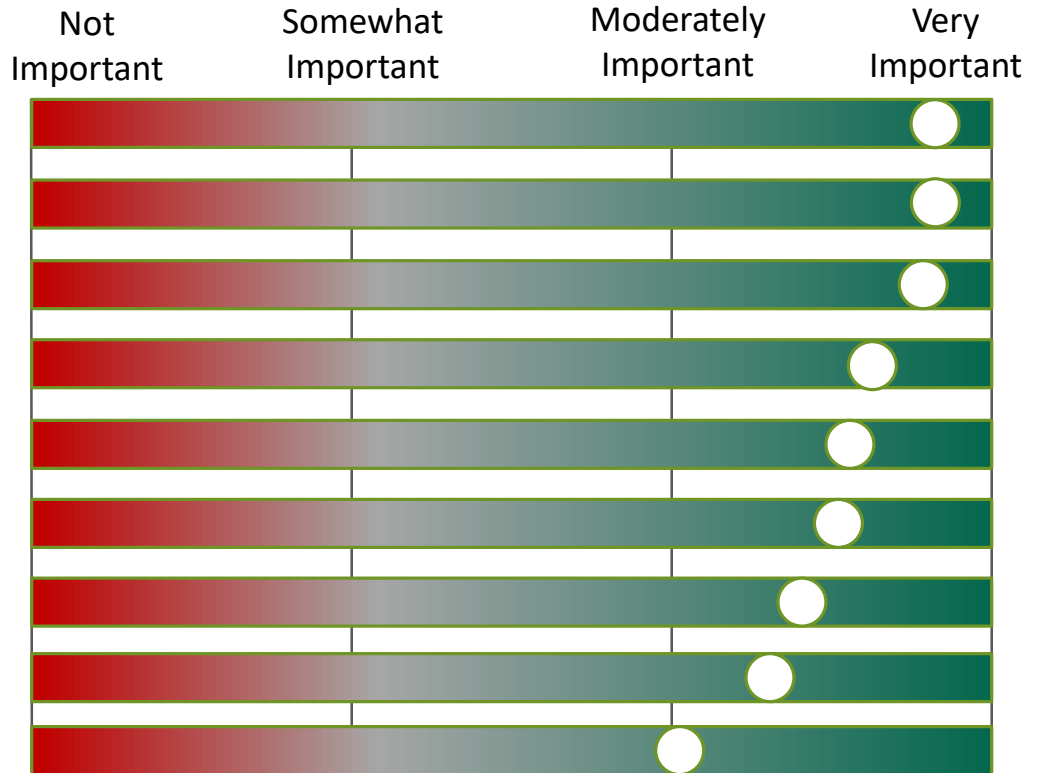
How well are the needs being met in southern Monterey County for people with these HEALTH CONDITIONS?

34 total responses



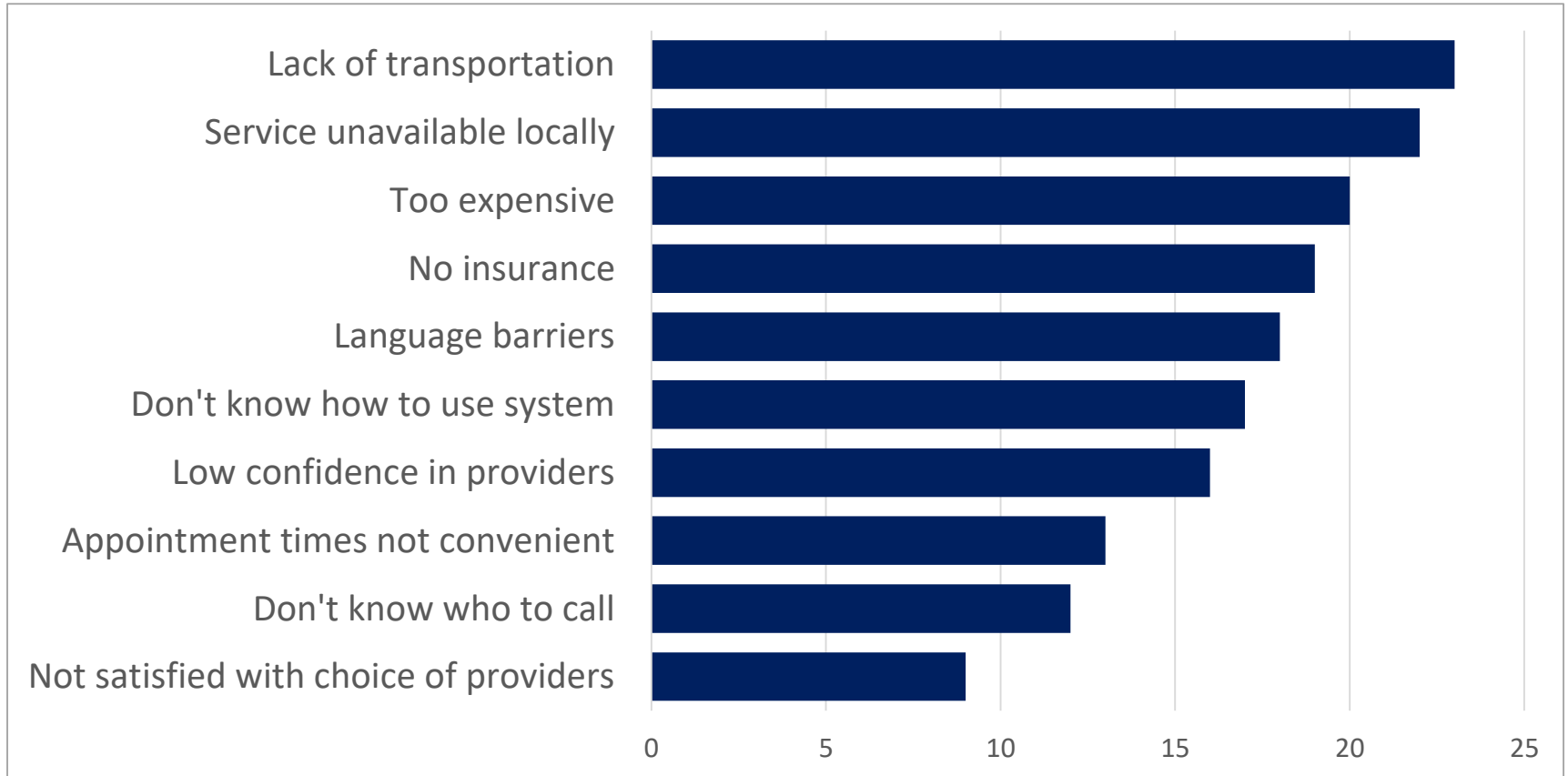
How important are these goals in IMPROVING OVERALL HEALTH of southern Monterey County residents?

34 total responses



What are the biggest barriers that keep people from obtaining health care services?

174 responses from 34 total respondents



Additional Data: Health Indicators

Social and Economic Factors

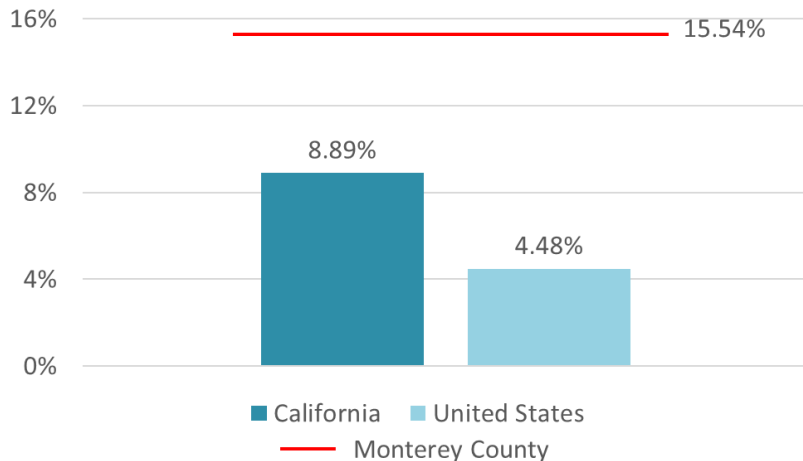
Population in Limited English-speaking Households

16%

Percent of Monterey County population living in a household in which no member 14 years old and over 1) speaks only English at home, or 2) speaks a language other than English at home and speaks English “very well.”

This indicator is significant as it identifies individuals who may need English-language assistance.

Population in Linguistically Isolated Households



Source: US Census Bureau, American Community Survey. 2012-2016. Accessed at <https://www.communitycommons.org> on Jan. 16, 2019.

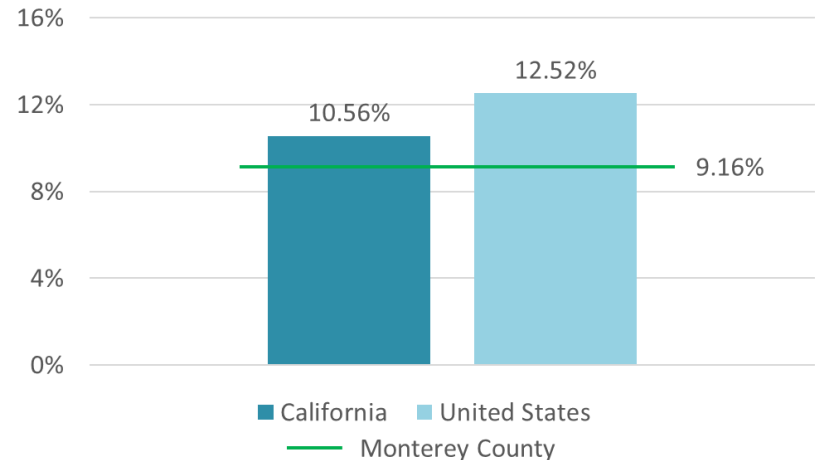
Population with Any Disability

9%

Percent of the total civilian non-institutionalized population of Monterey County with a disability.

This indicator is relevant because individuals who are disabled may require targeted services and outreach by healthcare providers.

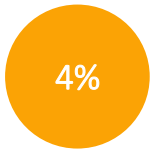
Population with Any Disability



Source: US Census Bureau, American Community Survey. 2012-2016. Accessed at <https://www.communitycommons.org> on Jan. 16, 2019.

Social and Economic Factors

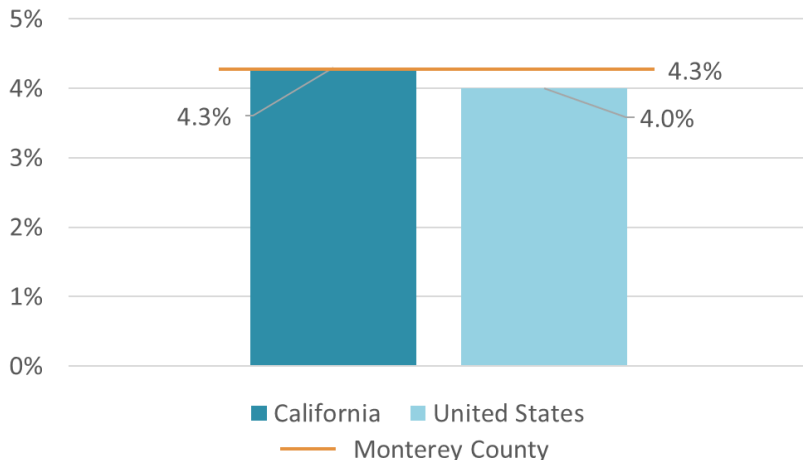
Unemployment Rate



Percent of the civilian non-institutionalized Monterey County population ages 16+ that was unemployed in August 2018.

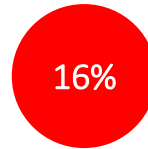
This indicator is relevant because unemployment contributes to financial instability and barriers to healthcare services, healthy food, and other necessities that contribute to healthy living.

Unemployment Rate



Source: US Department of Labor, Bureau of Labor Statistics. 2018 – August. Accessed at <https://www.communitycommons.org> on Jan. 16, 2019.

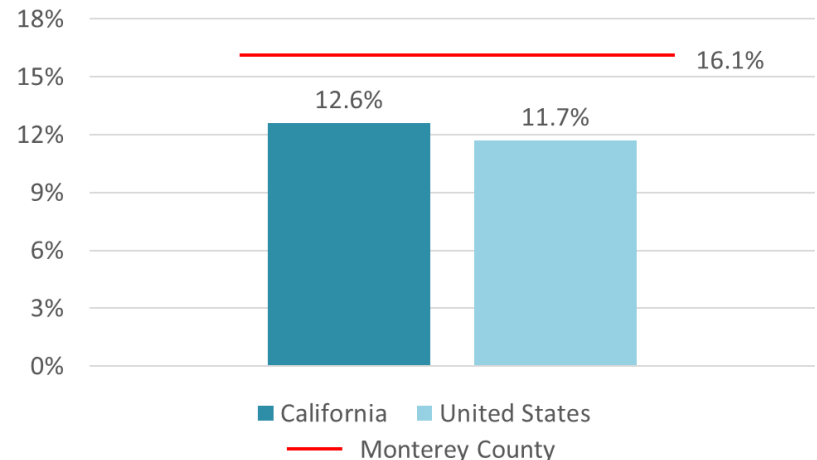
Uninsured Population



Percent of the total civilian non-institutionalized population of Monterey County without health insurance coverage.

This indicator is important because lack of insurance is a primary barrier for accessing healthcare services.

Uninsured Population



Source: US Census Bureau, American Community Survey. 2012-2016. Accessed at <https://www.communitycommons.org> on Jan. 16, 2019.

Social and Economic Factors

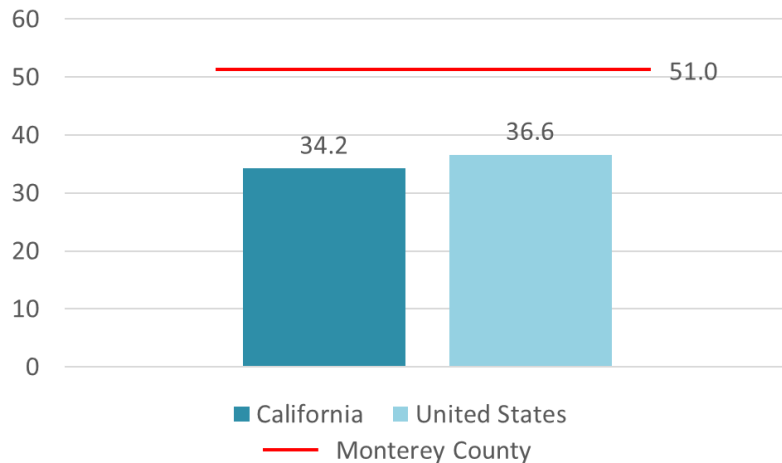
Teen Births

51

Number of total births to Monterey County women ages 15-19 per 1,000 female population ages 15-19.

This indicator is relevant because teen parents often have unique social, economic and health needs that require outside support services.

Teen Births (per 1,000 Population)



Source: US Department of Health & Human Services, Centers for Disease Control & Prevention, Nat'l Vital Statistics System. Accessed at <https://www.communitycommons.org> on Jan. 16, 2019.

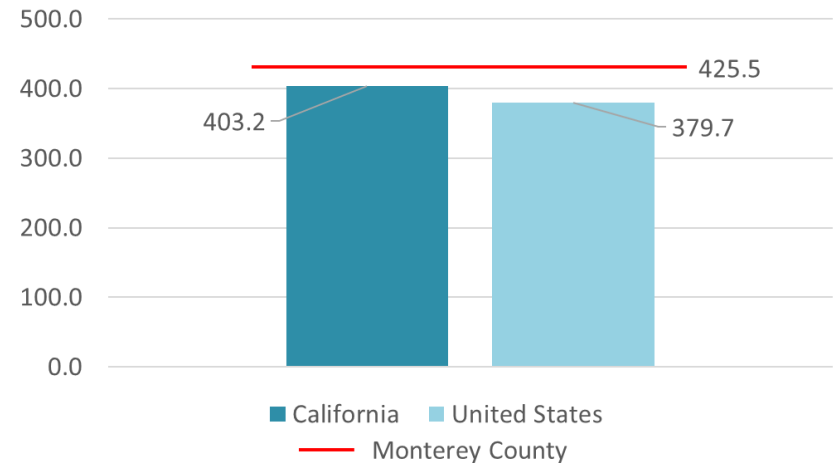
Violent Crime

426

Number of violent crimes in Monterey County per 100,000 residents, including homicide, rape, robbery, and aggravated assault.

This indicator is one measure of overall community safety.

Violent Crime (per 100,000 Residents)



Source: Federal Bureau of Investigation, FBI Uniform Crime Reports. Accessed at <https://www.communitycommons.org> on Jan. 16, 2019.

Clinical Care

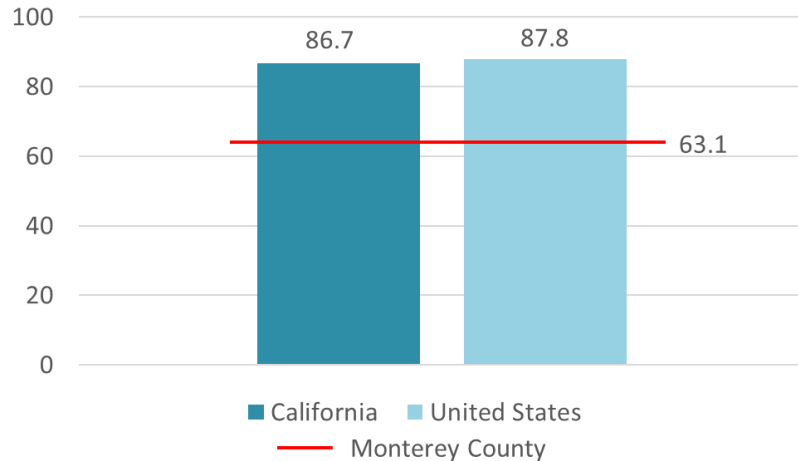
Access to Primary Care

63

Number of practicing primary care physicians in Monterey County per 100,000 population. Includes general and family physicians, general internists, and general pediatricians.

This indicator is important because a shortage of primary care providers creates barriers to access and contributes to health status issues.

Primary Care Physicians (per 100,000 Population)



Source: US Department of Health & Human Services, HRSA, Area Health Resource File. 2014. Accessed at <https://www.communitycommons.org> on Jan. 16, 2019.

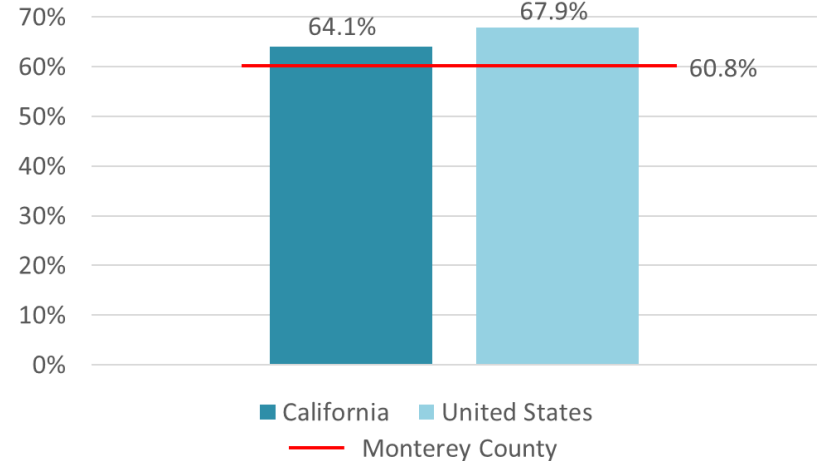
Recent Primary Care Visit

61%

Percentage of Monterey County adults who received a routine checkup within the past year.

This indicator is relevant because routine checkups facilitate early detection and treatment of disease and contribute to overall health status.

Adults with Routine Checkup in Past Year



Source: Centers for Disease Control & Prevention, Behavioral Risk Factor Surveillance System. 2015. Accessed at <https://www.communitycommons.org> on Jan. 16, 2019.

Clinical Care

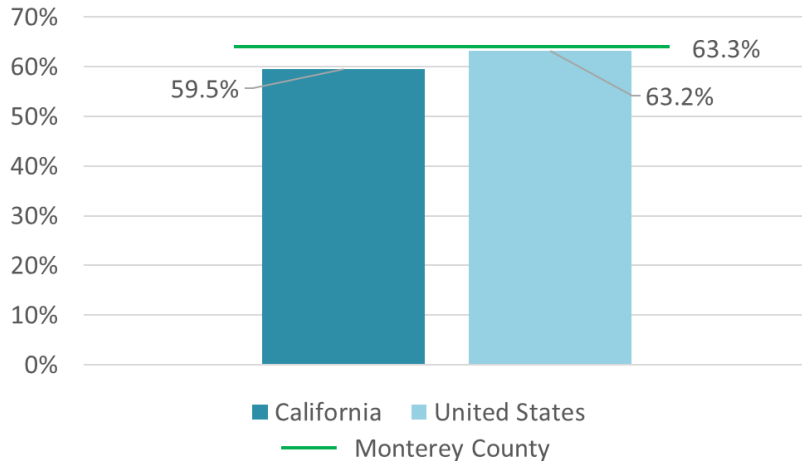
Mammography Exams (Medicare)

63%

Percentage of female Monterey County Medicare enrollees ages 67-69 who received one or more mammograms in the past two years.

This indicator is relevant because screenings facilitate early detection and treatment of health problems. It can also suggest access, social and/or health literacy issues.

Mammograms (Female Medicare Beneficiaries Age 67-69)



Source: Dartmouth College Institute for Health Policy & Clinical Practice, Dartmouth Atlas of Health Care. 2015. Accessed at <https://www.communitycommons.org> on Jan. 16, 2019.

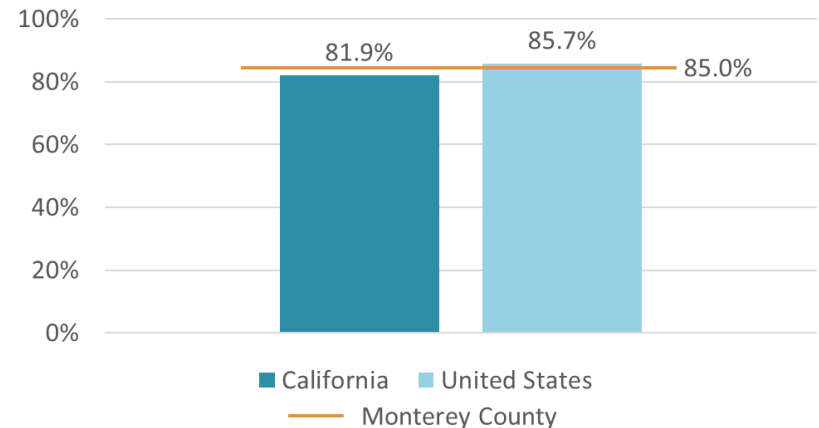
Diabetes Care – Hemoglobin A1c Tests (Medicare)

85%

Percentage of Medicare beneficiaries with diabetes who have had an hA1C test in the past year.

This indicator is a measure of effective clinical management of diabetes. It can also highlight access or social barriers, patient compliance issues, and/or insufficient provider outreach.

Hemoglobin A1c Test (Medicare Beneficiaries with Diabetes)



Source: Dartmouth College Institute for Health Policy & Clinical Practice, Dartmouth Atlas of Health Care. 2015. Accessed at <https://www.communitycommons.org> on Jan. 16, 2019.

Clinical Care

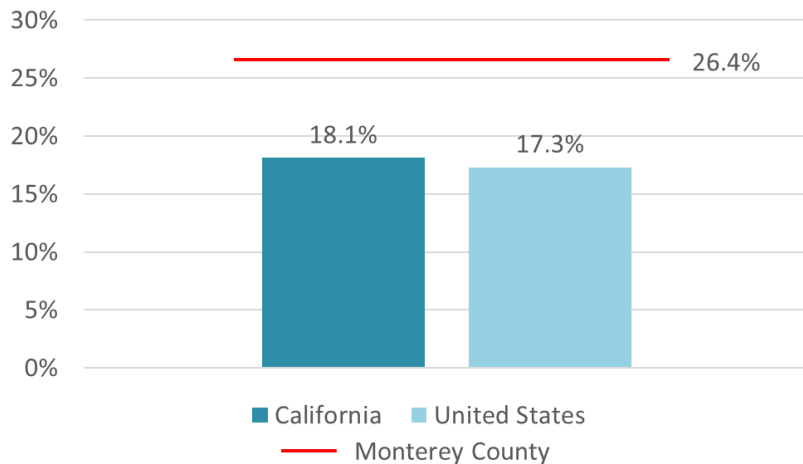
Lack of Prenatal Care

26%

Percentage of women living in Monterey County who do not receive prenatal care during the first trimester of pregnancy.

This indicator is relevant because lack of early prenatal care increases maternal and infant health risks. It can also suggest access and/or social barriers or low levels of health literacy.

Lack of First Trimester Prenatal Care



Source: Centers for Disease Control and Prevention, National Vital Statistics System. 2007-2010. Accessed at <https://www.communitycommons.org> on Jan. 16, 2019.

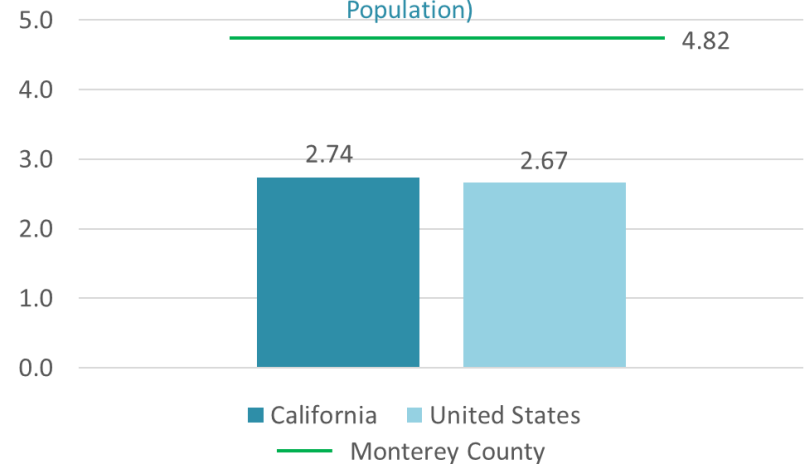
Federally Qualified Health Centers

4.8

Number of FQHCs in Monterey County per 100,000 population.

This indicator is relevant because FQHCs provide healthcare to vulnerable populations. They receive special funding from the federal government to facilitate access to ambulatory care.

Federally Qualified Health Centers (per 100,000 Population)



Source: US Department of Health & Human Services, CMMS, Provider of Services File. March 2018. Accessed at <https://www.communitycommons.org> on Jan. 16, 2019.

Clinical Care

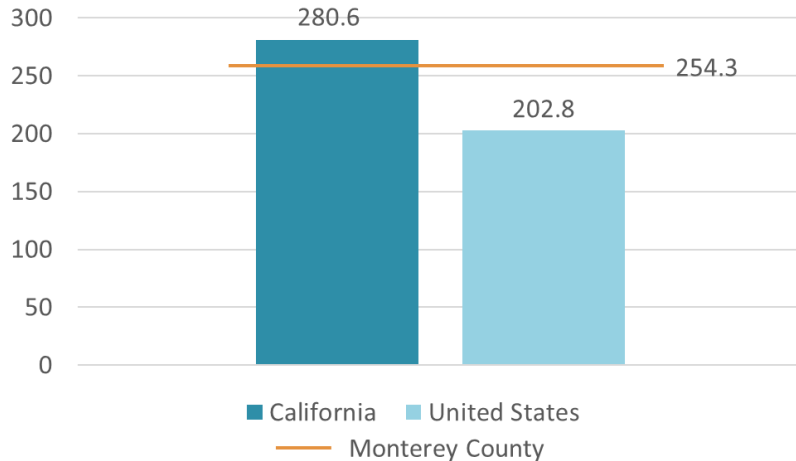
Access to Mental Health Providers

254

Number of mental health providers in Monterey County per 100,000 population. Includes psychiatrists, psychologists, social workers, and counselors that specialize in mental health care.

This indicator is important because it measures accessibility to diagnostic and treatment resources for mental health needs.

Mental Health Providers (per 100,000 Population)



Source: University of Wisconsin Population Health Institute, County Health Rankings. 2018. Accessed at <https://www.communitycommons.org> on Jan. 16, 2019.

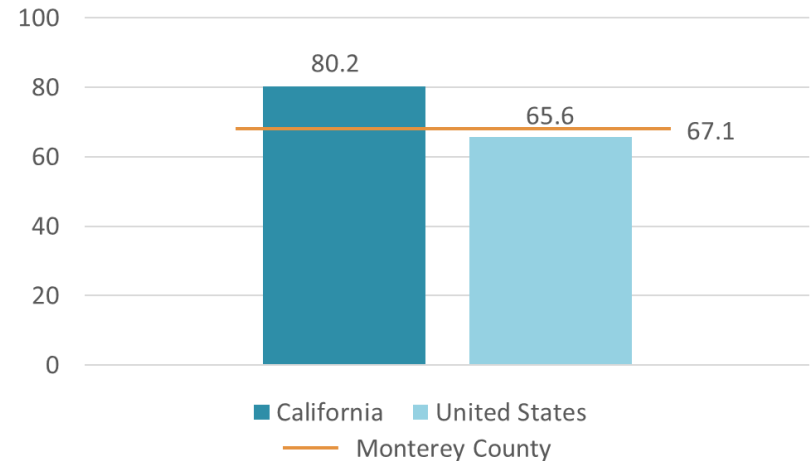
Access to Dentists

67

Number of dentists practicing in Monterey County per 100,000 population.

This indicator is one measure of access to dental care. Dental health contributes to overall health status.

Dentists (per 100,000 Population)



Source: US Department of Health & Human Services, HRSA, Area Health Resource File. 2015. Accessed at <https://www.communitycommons.org> on Jan. 16, 2019.

Clinical Care

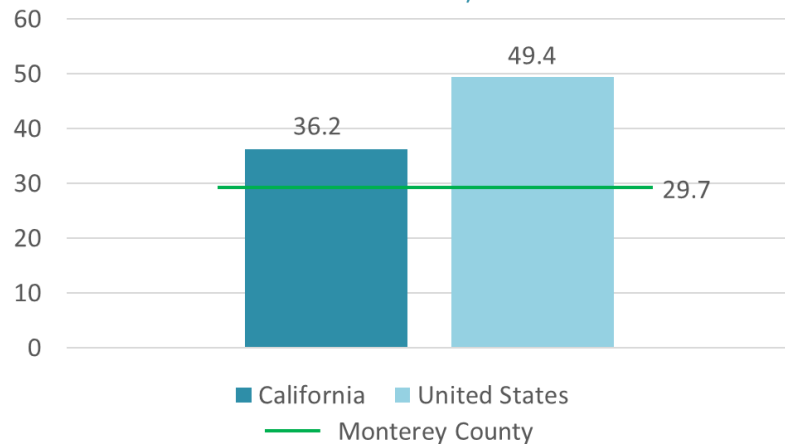
Preventable Hospital Admissions

30

Number of hospital admissions per 1,000 Monterey County Medicare beneficiaries that could have been avoided with better outpatient care management.

This indicator is important because it can highlight opportunities for better detection and early treatment of ambulatory sensitive conditions.

Preventable Hospital Admissions (per 1,000 Medicare Beneficiaries)



Source: Dartmouth College Institute for Health Policy & Clinical Practice, Dartmouth Atlas of Health Care. 2015. Accessed at <https://www.communitycommons.org> on Jan. 16, 2019.

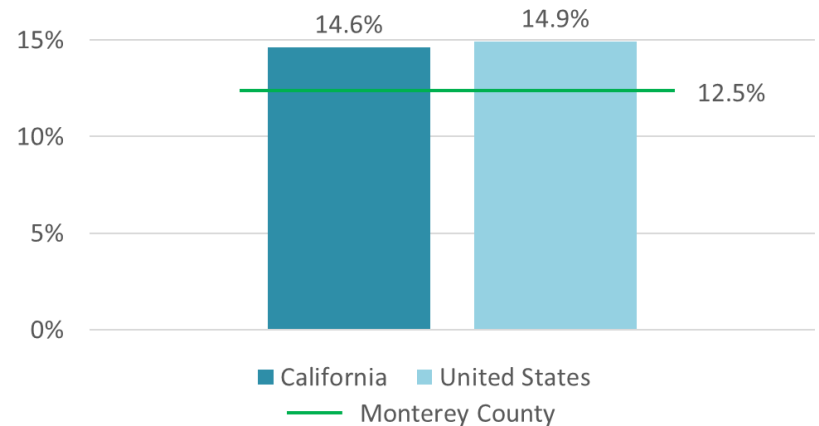
30 Day Hospital Readmissions (Medicare)

13%

Percentage of Monterey County Medicare beneficiaries readmitted to a hospital within 30 days of discharge.

This indicator is one way to measure effectiveness of care transitions and coordination between healthcare providers and other support services.

30 Day Hospital Readmissions (Medicare beneficiaries)



Source: Dartmouth College Institute for Health Policy & Clinical Practice, Dartmouth Atlas of Health Care. Accessed at <https://www.communitycommons.org> on Jan. 16, 2019.

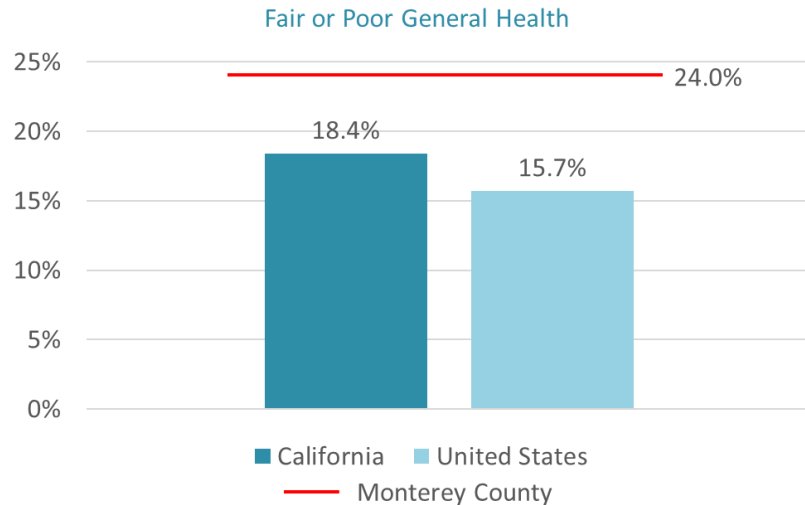
Health Outcomes

Poor General Health



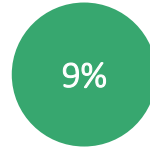
Percentage of Monterey County adults who reported having poor or fair health.

This indicator is relevant because it is a measure of self-perceived health status.



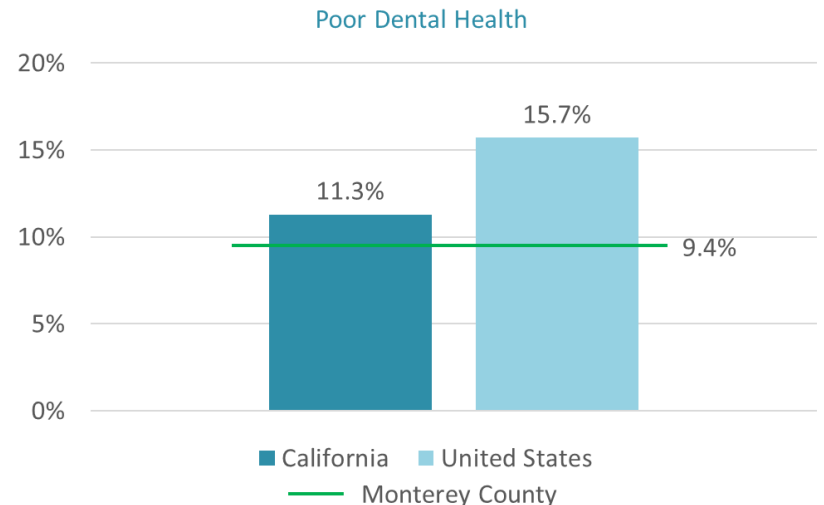
Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. 2006-12. Accessed at <https://www.communitycommons.org> on Jan. 16, 2019.

Poor Dental Health



Percentage of Monterey County adults who reported the loss of 6 or more permanent teeth due to tooth decay, gum disease, or infection.

This indicator is relevant because it may reflect lack of access to dental care and/or other barriers to utilization of services.



Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. 2006-2010. Accessed at <https://www.communitycommons.org> on Jan. 16, 2019.

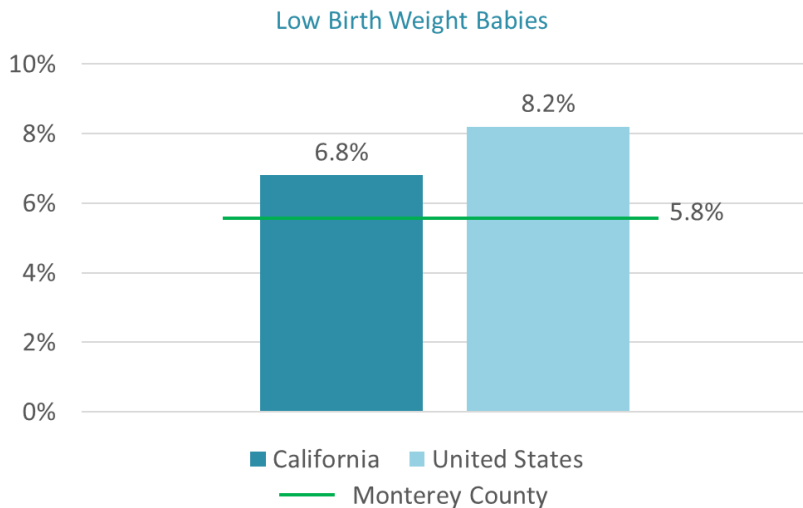
Health Outcomes

Low Birthweight Babies



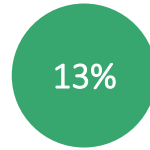
Percentage of total births in Monterey County that result in a low birth weight baby <2,500 grams.

This indicator is relevant because low birth weight babies are at higher risk for health problems.



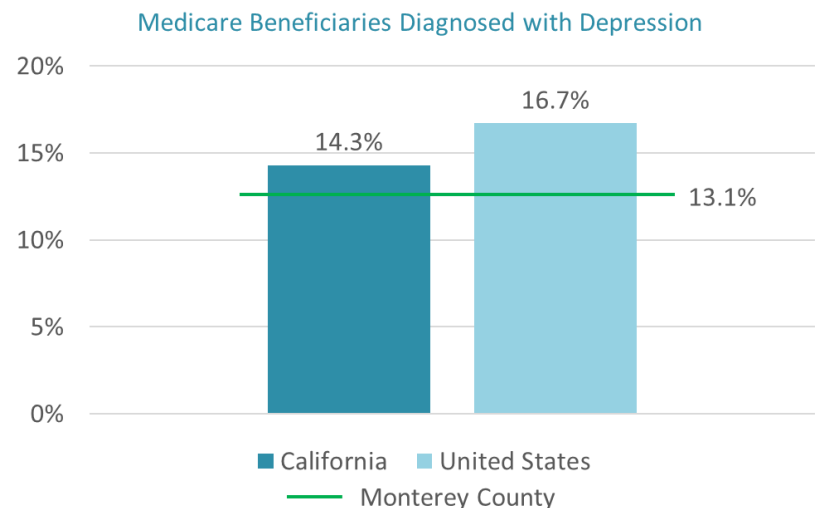
Source: US Department of Health & Human Services and Centers for Disease Control & Prevention. 2006-2012. Accessed at <https://www.communitycommons.org> on Jan. 16, 2019.

Depression (Medicare)



Percentage of Monterey County Medicare beneficiaries diagnosed with depression.

This indicator is important because depression is a common and frequently undiagnosed mental health condition that also affects physical health and well-being.



Source: Centers for Medicare & Medicaid Services. 2015. Accessed at <https://www.communitycommons.org> on Jan. 16, 2019.

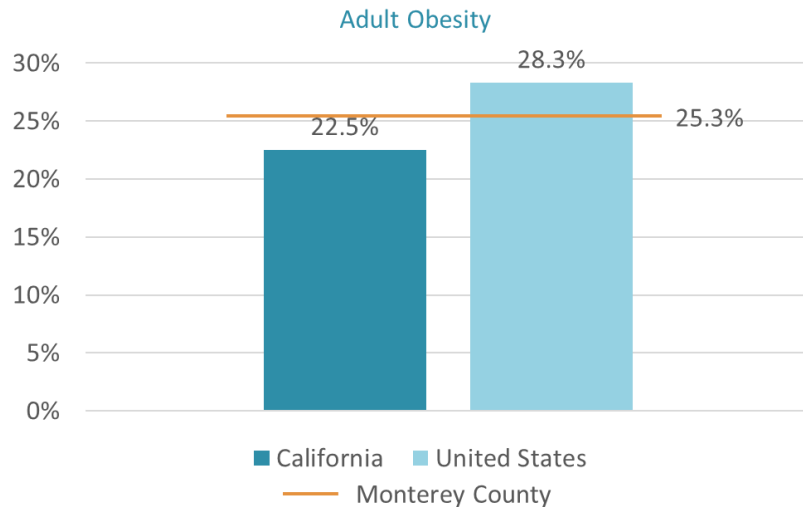
Health Outcomes

Obesity



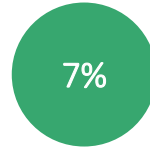
Percentage of Monterey County adults who have a body mass index (BMI) greater than 30.

This indicator is relevant because obesity may reflect an unhealthy lifestyle and increases the risk for additional health issues.



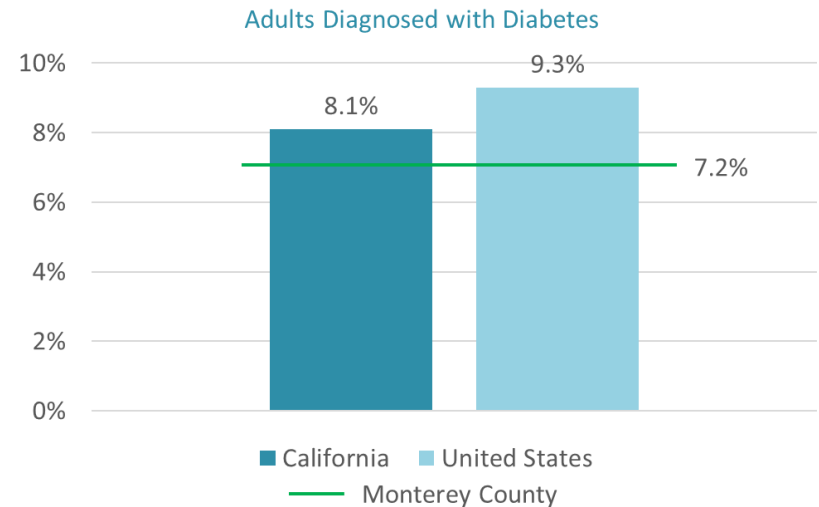
Source: Centers for Disease Control & Prevention, Nat'l Center for Chronic Disease Prevention & Health Promotion. 2015. Accessed at <https://www.communitycommons.org> on Jan. 16, 2019.

Diabetes



Percentage of Monterey County adults who have been diagnosed with diabetes.

This indicator is important because diabetes is a prevalent problem in the U.S.; it may indicate an unhealthy lifestyle and can lead to additional health issues.



Source: Centers for Disease Control & Prevention, Nat'l Center for Chronic Disease Prevention & Health Promotion. 2015. Accessed at <https://www.communitycommons.org> on Jan. 16, 2019.

Health Outcomes

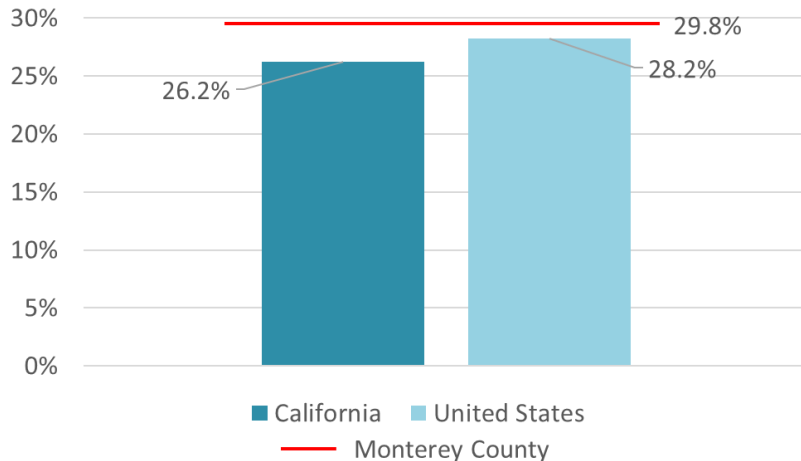
High Blood Pressure

30%

Percentage of Monterey County adults who have been diagnosed with high blood pressure.

This indicator is relevant because untreated high blood pressure is associated with an increased risk of heart disease and stroke.

Adults Diagnosed with High Blood Pressure



Source: Centers for Disease Control & Prevention, Behavioral Risk Factor Surveillance System. 2006-2012. Accessed at <https://www.communitycommons.org> on Jan. 16, 2019.

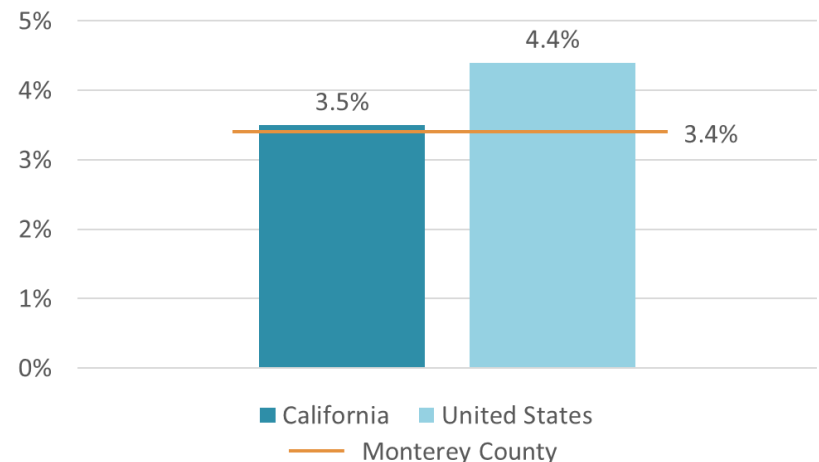
Heart Disease

3%

Percentage of Monterey County adults who have been diagnosed with coronary heart disease or angina.

This indicator is relevant because heart disease is a leading cause of death in the U.S. and is also associated with high blood pressure, high cholesterol, and heart attacks.

Adults Diagnosed with Coronary Heart Disease



Source: Centers for Disease Control & Prevention, Behavioral Risk Factor Surveillance System. 2011-2012. Accessed at <https://www.communitycommons.org> on Jan. 16, 2019.

Health Outcomes

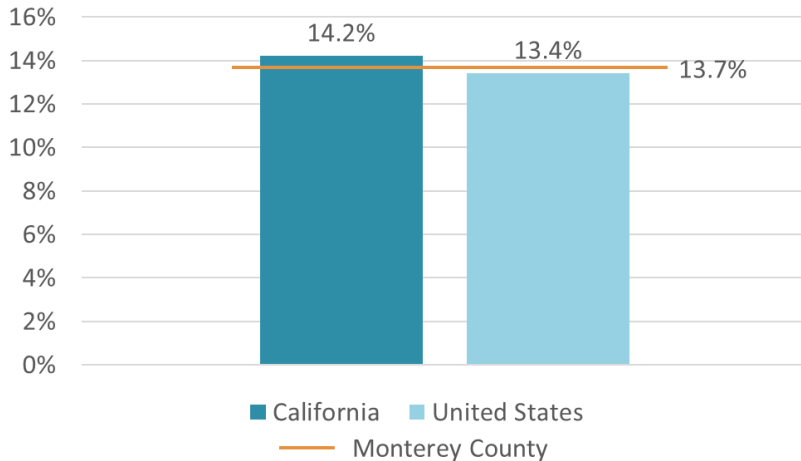
Asthma

14%

Percentage of Monterey County adults who have been diagnosed with asthma.

This indicator is relevant because asthma is a prevalent health condition in the U.S. that is often exacerbated by poor environmental conditions.

Asthma Diagnosis



Source: Centers for Disease Control & Prevention, Behavioral Risk Factor Surveillance System. 2011-2012. Accessed at <https://www.communitycommons.org> on Jan. 16, 2019.

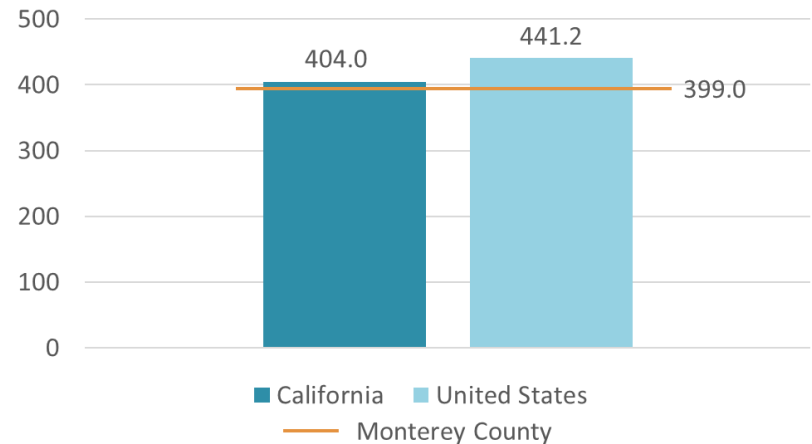
Cancer – All Sites

xxx

Incidence of cancer cases in Monterey County per 100,000 population (age-adjusted).

This indicator is relevant because cancer is a leading cause of death in the U.S.

Cancer Incidence – All Sites (per 100,000 Population)



Source: National Institutes of Health, National Cancer Institute, State Cancer Profiles. 2011-2015. Accessed at <https://www.statecancerprofiles.cancer.gov> on Jan. 16, 2019.

Health Outcomes

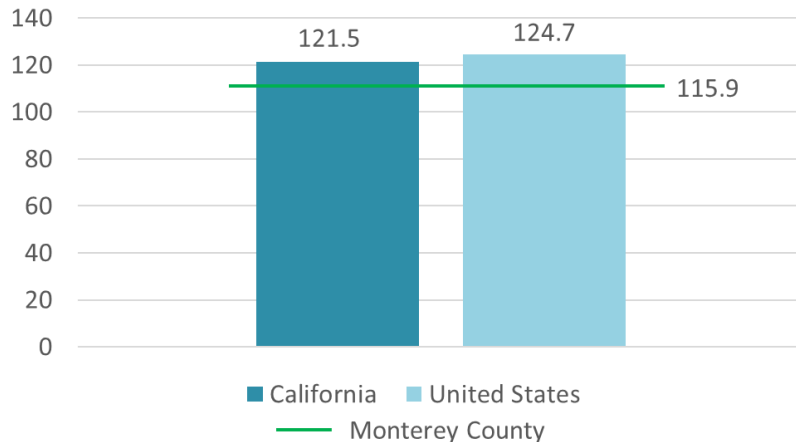
Breast Cancer

116

Incidence of breast cancer among Monterey County females per 100,000 population (age-adjusted).

This indicator is relevant because cancer is a leading cause of death, and treatments are more effective when diagnosed in the early stages.

Breast Cancer Incidence (per 100,000 Females)



Source: *State Cancer Profiles. 2011-2015.* Accessed at <https://www.communitycommons.org> on Jan. 16, 2019.

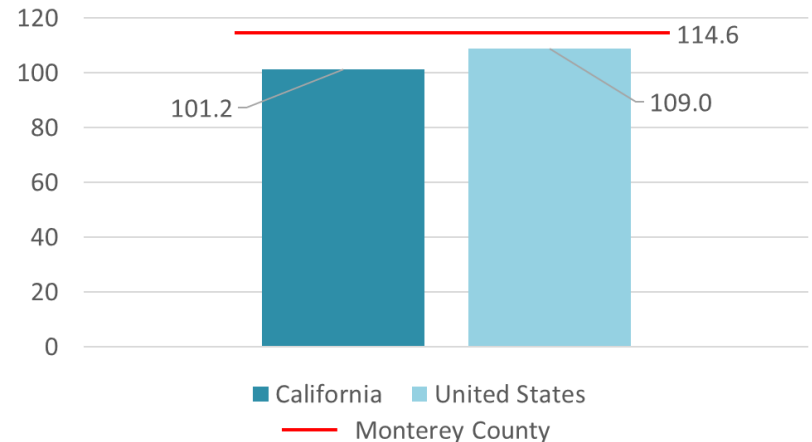
Prostate Cancer

115

Incidence of prostate cancer among Monterey County males per 100,000 population (age-adjusted).

This indicator is relevant because cancer is a leading cause of death, and treatments are more effective when diagnosed in the early stages.

Prostate Cancer Incidence (per 100,000 Males)



Source: *State Cancer Profiles. 2011-2015.* Accessed at <https://www.communitycommons.org> on Jan. 16, 2019.

Health Outcomes

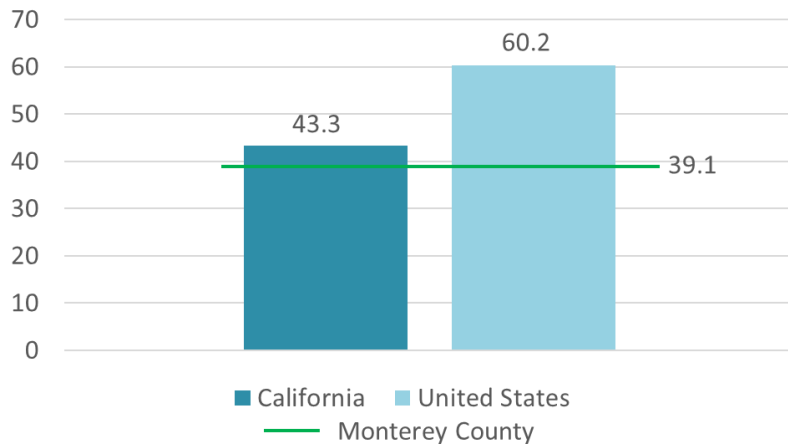
Lung Cancer

39

Incidence of lung cancer within Monterey County per 100,000 population (age-adjusted).

This indicator is relevant because cancer is a leading cause of death, and treatments are more effective when diagnosed in the early stages.

Lung Cancer Incidence (per 100,000 Population)



Source: *State Cancer Profiles. 2011-2015.* Accessed at <https://www.communitycommons.org> on Jan. 16, 2019.

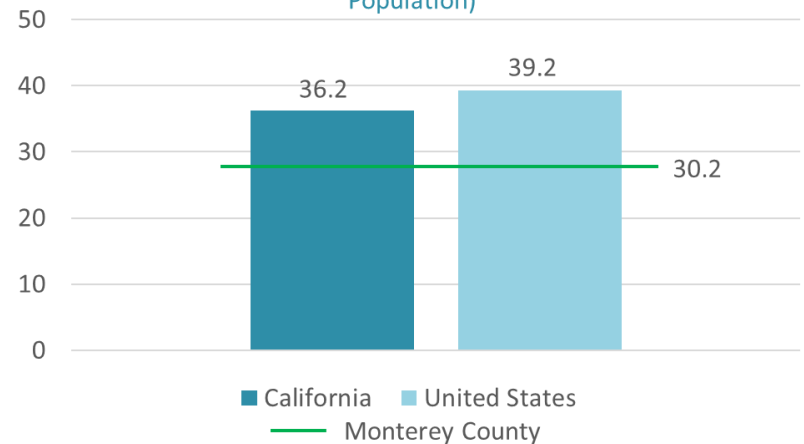
Colon and Rectum

30

Incidence of colon and rectum cancer within Monterey County per 100,000 population (age-adjusted).

This indicator is relevant because cancer is a leading cause of death, and treatments are more effective when diagnosed in the early stages.

Colon and Rectum Cancer Incidence (per 100,000 Population)



Source: *State Cancer Profiles. 2011-2015.* Accessed at <https://www.communitycommons.org> on Jan. 16, 2019.

Mortality

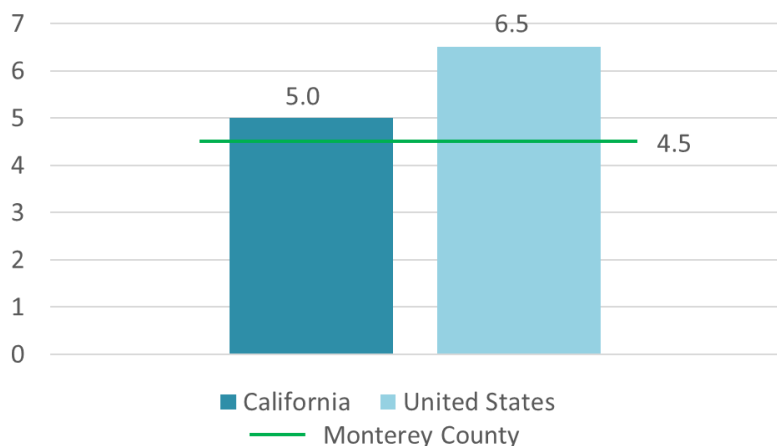
Infant Mortality

4.5

Number of infants per 1,000 births in Monterey County who died at less than one year of age.

This indicator is relevant because a high rate of infant mortality suggests that there are issues related to access to care and maternal/child health.

Infant Deaths <1 Year of Age (per 1,000 Births)



Source: US Department of Health & Human Services, HRSA, Area Health Resource File. 2006-2010. Accessed at <https://www.communitycommons.org> on Jan. 16, 2019.

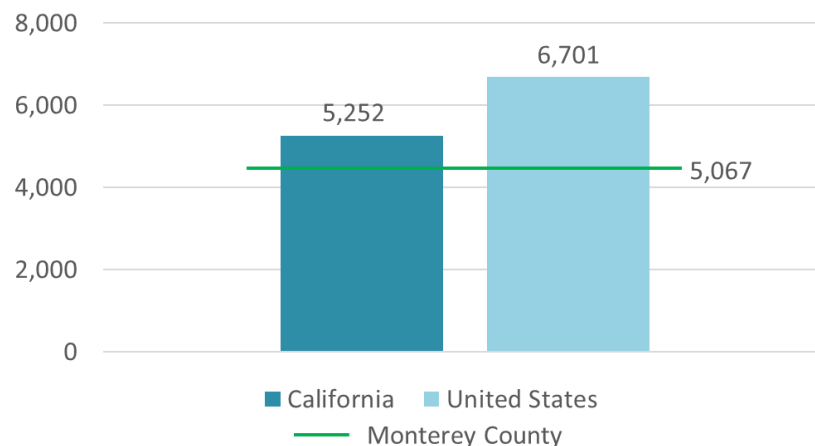
Premature Death

5,067

Years of potential life lost in Monterey County per 100,000 population due to premature death, which is calculated by subtracting the age of death from the 75 year benchmark.

This indicator is relevant because it provides a unique and composite perspective on overall health status.

Years of Potential Life Lost (per 100,000 Population)



Source: University of Wisconsin Population Health Institute, County Health Rankings. 2014-2016. Accessed at <https://www.communitycommons.org> on Jan. 16, 2019.



Mortality

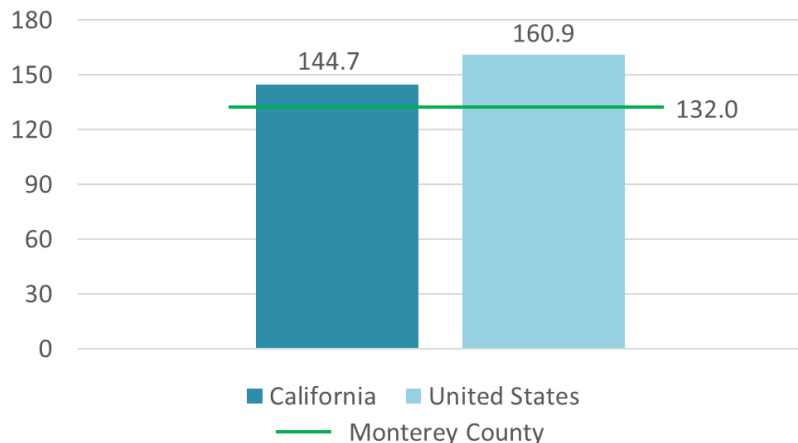
Cancer

132

Number of cancer deaths per 100,000 Monterey County residents (age-adjusted).

This indicator is relevant because cancer is a leading cause of death in the U.S. and the #1 cause of death in Monterey County.

Cancer Deaths (per 100,000 Population)



Source: Centers for Disease Control & Prevention, National Vital Statistics System. 2012-2016. Accessed at <https://www.communitycommons.org> on Jan. 16, 2019.

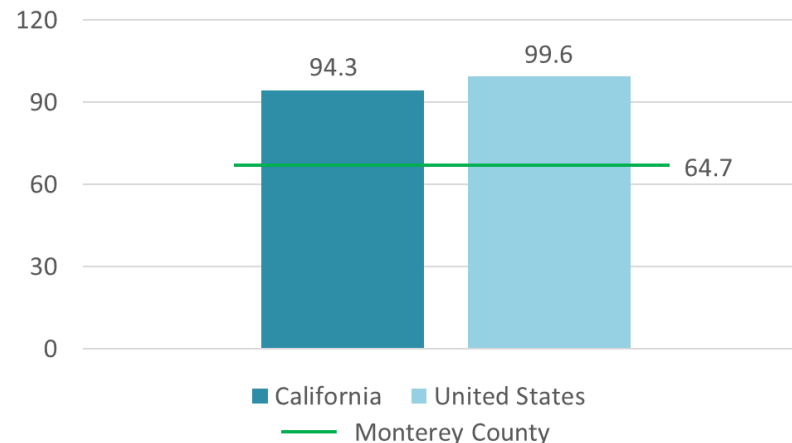
Coronary Heart Disease

65

Number of deaths from coronary heart disease per 100,000 Monterey County residents (age-adjusted).

This indicator is relevant because heart disease is a leading cause of death in the U.S.

Coronary Heart Disease Deaths (per 100,000 Population)



Source: Centers for Disease Control & Prevention, National Vital Statistics System. 2012-2016. Accessed at <https://www.communitycommons.org> on Jan. 16, 2019.



Mortality

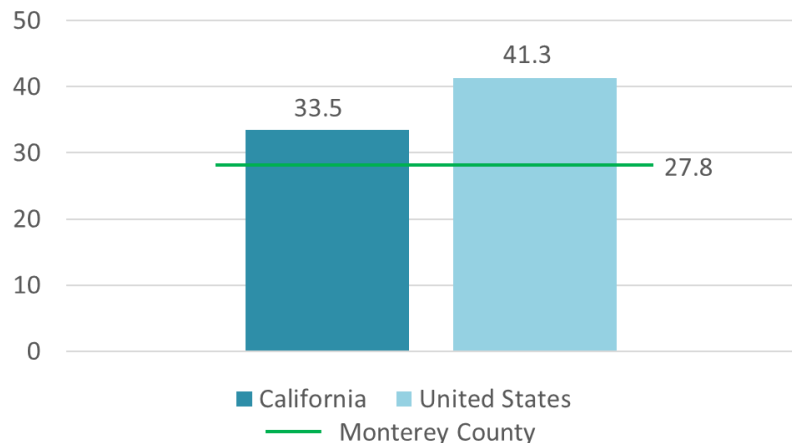
Lung Disease

28

Number of deaths in Monterey County per 100,000 population due to lung disease (age-adjusted).

This indicator is relevant because lung disease is a leading cause of death in the U.S.

Lung Disease Deaths (per 100,000 Population)



Source: Centers for Disease Control & Prevention, National Vital Statistics System. 2012-2016. Accessed at <https://www.communitycommons.org> on Jan. 16, 2019.

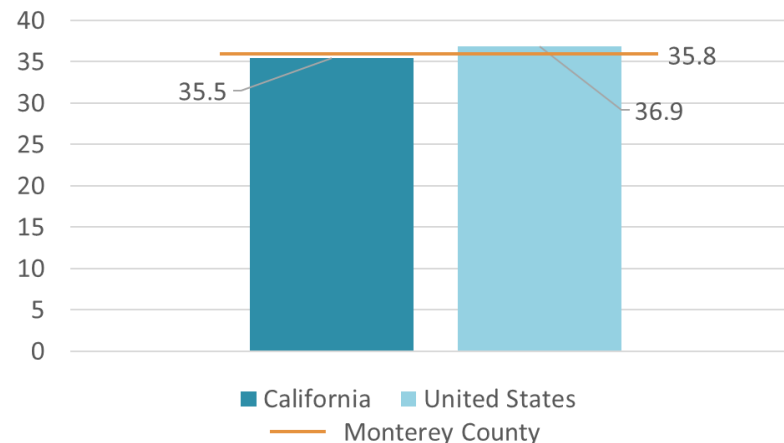
Stroke

36

Number of deaths in Monterey County per 100,000 population due to stroke (age-adjusted).

This indicator is relevant because stroke is a leading cause of death in the U.S.

Stroke Deaths (per 100,000 Population)



Source: Centers for Disease Control & Prevention, National Vital Statistics System. 2012-2016. Accessed at <https://www.communitycommons.org> on Jan. 16, 2019.

Mortality

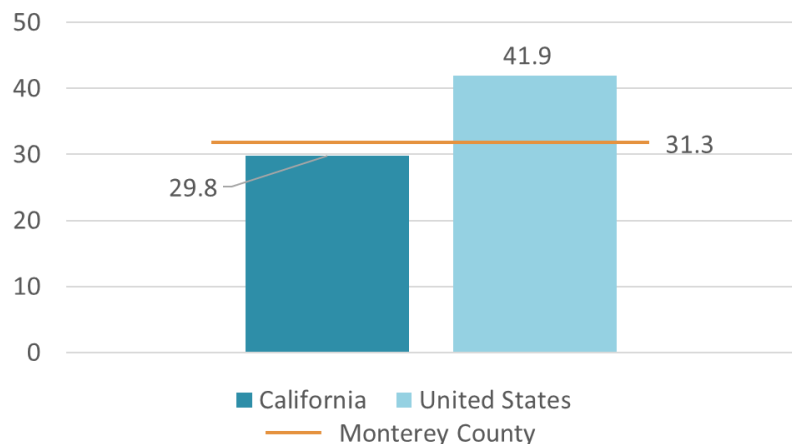
Unintentional Injury

31

Number of deaths in Monterey County per 100,000 population due to unintentional injury (age-adjusted).

This indicator is relevant because accidents are a leading cause of death in the U.S.

Unintentional Injury Deaths (per 100,000 Population)



Source: Centers for Disease Control & Prevention, National Vital Statistics System, 2012-2016. Accessed at <https://www.communitycommons.org> on Jan. 16, 2019.

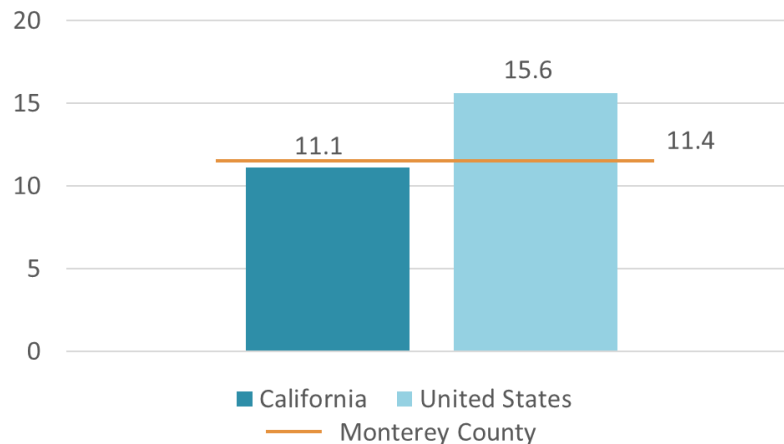
Drug Poisoning

11

Number of deaths in Monterey County per 100,000 population due to drug overdose (age-adjusted).

This indicator is relevant because it may reflect a need for better diagnosis and treatment of substance abuse.

Drug Overdose Deaths (per 100,000 Population)



Source: Centers for Disease Control & Prevention, National Vital Statistics System, 2012-2016. Accessed at <https://www.communitycommons.org> on Jan. 16, 2019.



Mortality

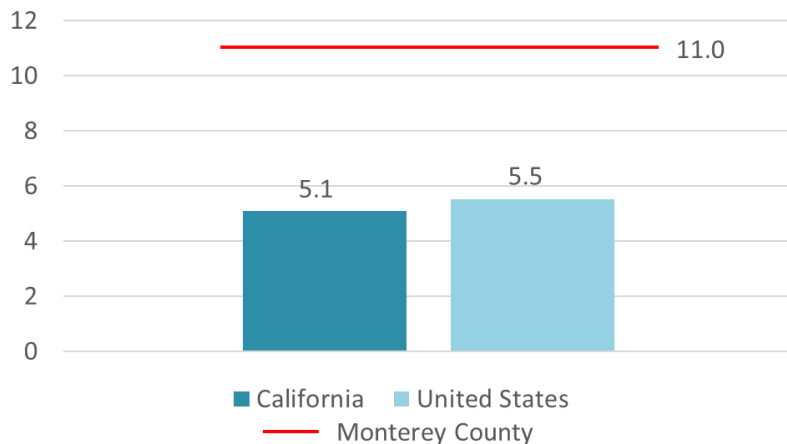
Homicide

11

Number of homicide deaths per 100,000 population in Monterey County (age-adjusted).

This indicator is relevant because homicide is a measure of poor community safety and a leading cause of premature death.

Homicides (per 100,000 Population)



Source: Centers for Disease Control & Prevention, National Vital Statistics System. 2012-2016. Accessed at <https://www.communitycommons.org> on Jan. 16, 2019.

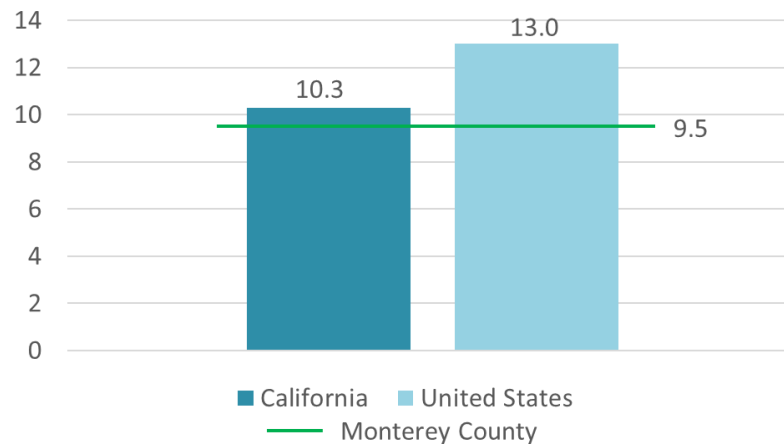
Suicide

9.5

Number of deaths per 100,000 population in Monterey County due to intentional self-harm (age-adjusted).

This indicator is relevant because suicide is associated with poor mental health.

Suicide Deaths (per 100,000 Population)



Source: Centers for Disease Control & Prevention, National Vital Statistics System. 2012-2016. Accessed at <https://www.communitycommons.org> on Jan. 16, 2019.

Mortality

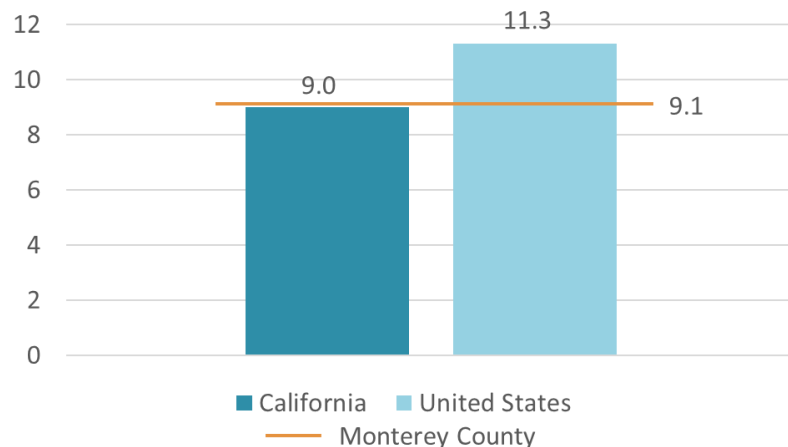
Motor Vehicle Crash

9

Number of deaths in Monterey County per 100,000 population due to motor vehicle crashes (age-adjusted).

This indicator is relevant because motor vehicle accidents are largely preventable and a leading cause of premature death.

Motor Vehicle Deaths (per 100,000 Population)



Source: Centers for Disease Control & Prevention, National Vital Statistics System, 2012-2016. Accessed at <https://www.communitycommons.org> on Jan. 16, 2019.

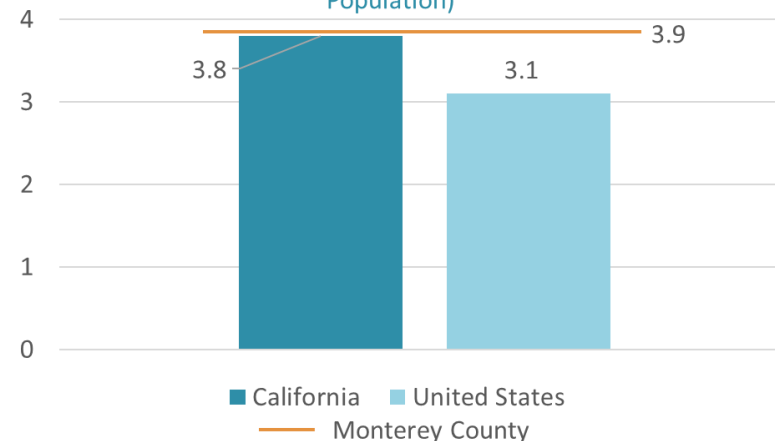
Pedestrian-Motor Vehicle Crash

4

Number of deaths in Monterey County per 100,000 population due to pedestrian-motor vehicle crashes.

This indicator is relevant because motor vehicle accidents are largely preventable and a leading cause of premature death.

Pedestrian - Motor Vehicle Deaths (per 100,000 Population)



Source: US Department of Transportation, Nat'l Highway Traffic Safety Administration, 2011-2015. Accessed at <https://www.communitycommons.org> on Jan. 16, 2019.



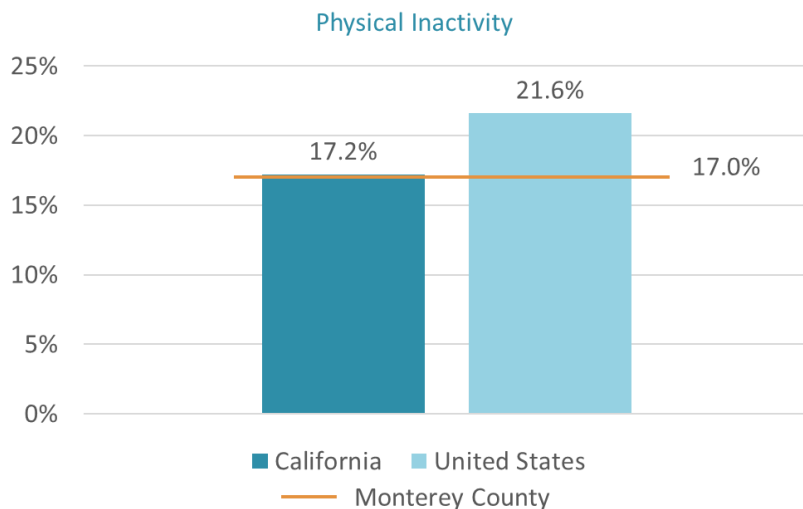
Health Behaviors

Physical Inactivity

17%

Percentage of Monterey County population that does not engage in leisure time physical activity.

This indicator is relevant because lack of physical activity can contribute to significant health issues, such as obesity and poor cardiovascular health.



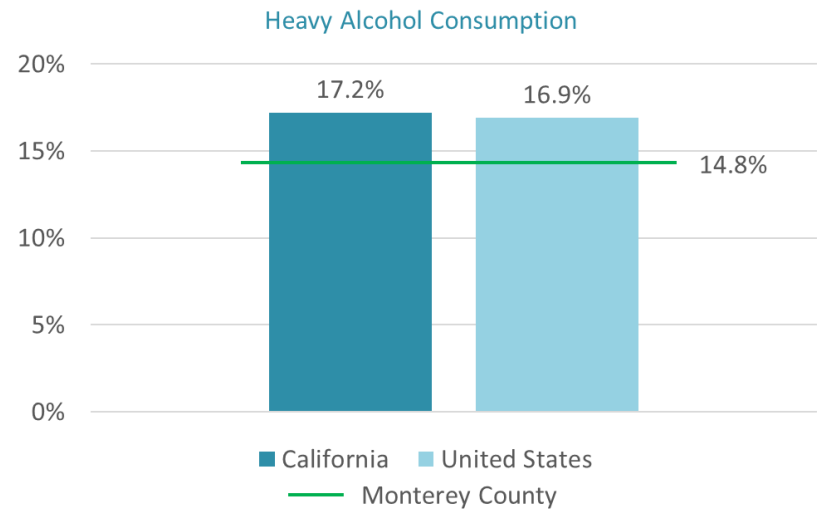
Source: Centers for Disease Control & Prevention, Nat'l Center for Chronic Disease Prevention & Health Promotion. 2015. Accessed at <https://www.communitycommons.org> on Jan. 16, 2019.

Alcohol Consumption

15%

Percentage of Monterey County adults who self-report heavy alcohol consumption, defined as more than 2 drinks/day for men and 1 drink/day for women.

This indicator is relevant because alcohol consumption can lead to significant health issues – cirrhosis, cancers, substance abuse and other behavioral health needs.



Source: Centers for Disease Control & Prevention, Behavioral Risk Factor Surveillance System. 2006-2012. Accessed at <https://www.communitycommons.org> on Jan. 16, 2019.

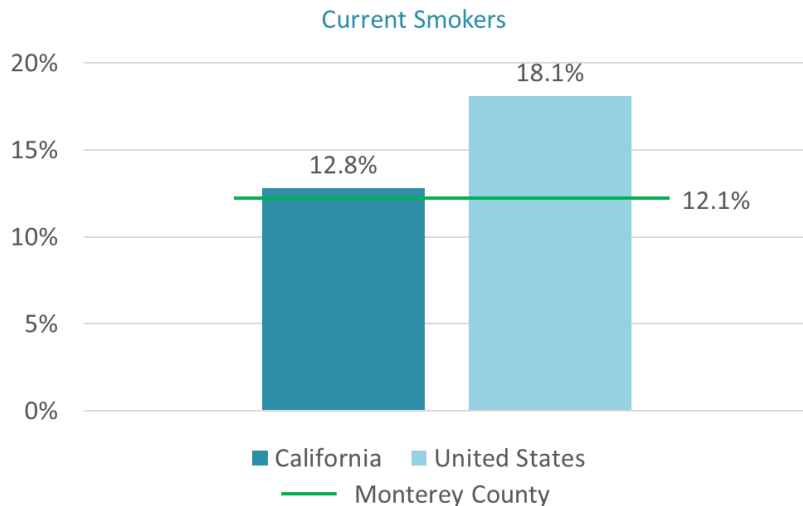
Health Behaviors

Tobacco Use

12%

Percentage of Monterey County adults who currently smoke cigarettes.

This indicator is relevant because tobacco use is linked to leading causes of death such as cancer and cardiovascular disease.



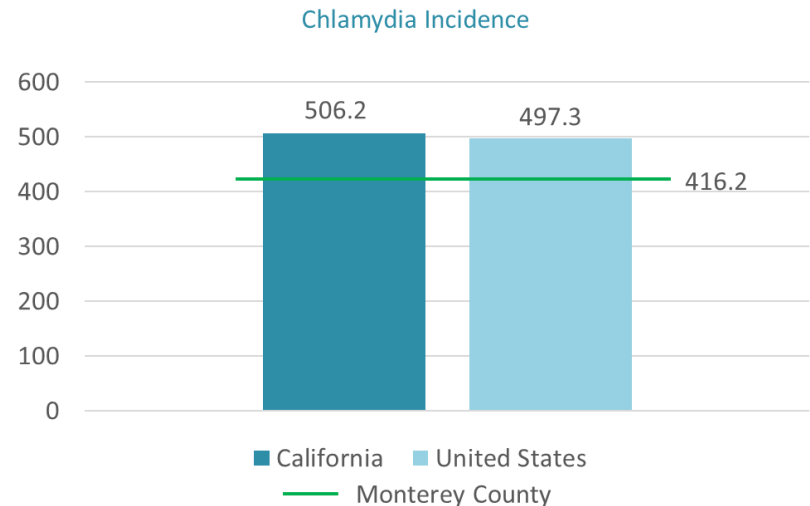
Source: Centers for Disease Control & Prevention, Behavioral Risk Factor Surveillance System, 2006-2012. Accessed at <https://www.communitycommons.org> on Jan. 16, 2019.

Sexually Transmitted Infections - Chlamydia

416

Incidence of chlamydia cases in Monterey County per 100,000 population.

This indicator is relevant because it can be associated with poor health status and unsafe sex practices.



Source: US Dept of Health & Human Services, Centers for Disease Control & Prevention, 2016. Accessed at <https://www.communitycommons.org> on Jan. 16, 2019.

Health Behaviors

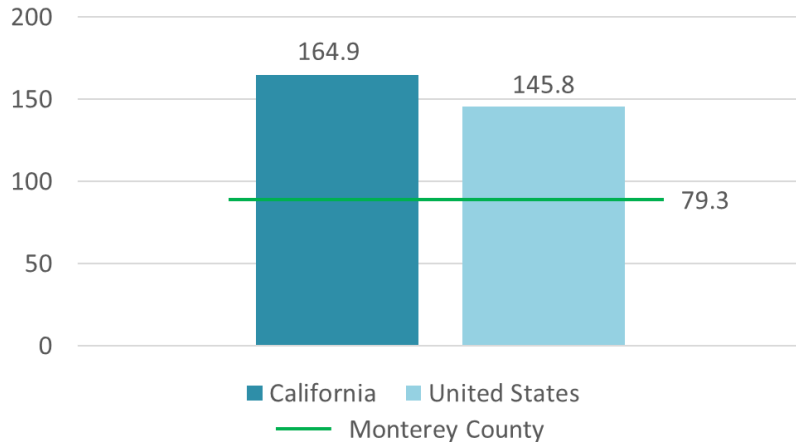
Sexually Transmitted Infections - Gonorrhea

79

Incidence of gonorrhea cases in Monterey County per 100,000 population.

This indicator is relevant because it may be associated with poor health status and unsafe sex practices.

Gonorrhea Incidence



Source: US Dept of Health & Human Services, Centers for Disease Control & Prevention, 2016. Accessed at <https://www.communitycommons.org> on Jan. 16, 2019.

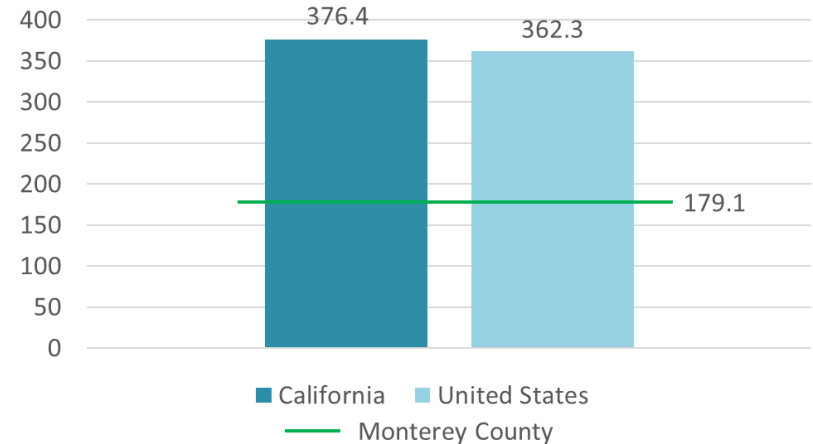
Sexually Transmitted Infections - HIV

179

Prevalence of HIV cases in Monterey County per 100,000 population.

This indicator is relevant because HIV is a life-threatening communicable disease that may be associated with unsafe sex practices.

HIV Prevalence



Source: US Dept of Health & Human Services, Centers for Disease Control & Prevention, 2015. Accessed at <https://www.communitycommons.org> on Jan. 16, 2019.