MADERA COUNTY

COMMUNITY THEMES & STRENGTHS ASSESSMENT











JULY **2023**

Background

In 2021, Madera County Department of Public Health and members from the Live Well Madera County Coalition surveyed individuals who live or work in Madera County to obtain more information about health and quality of life issues in the community. In addition to the survey, local community-based organizations, led by United Way of Fresno & Madera Counties, conducted focus groups and key informant interviews with community leaders to gather data from specific groups that are underserved or historically marginalized. LWMC uses a communitydriven planning framework called Mobilizing for Action through Planning and Partnership (MAPP) to prioritize public health issues and mobilize resources to address them. The Community Strengths and Themes Assessment is one of four assessments in the the MAPP 1.0 framework. The other assessments are the Force of Change Assessment, Local Public Health System Assessment, and Community Health Assessment (CHA). Together, these assessments provide the information needed to comprehensively understand the health system and local needs.

Introduction: What is the Community Themes and Strengths Assessment?

The Community Themes and Strengths Assessment (CTSA) is used to provide an understanding of the issues that the community feels are important. CTSA answers three important questions:

- 1. "How is the quality of life perceived in our community?"
- 2. "What is important to our community?"
- 3. "What assets do we have that can be used to improve community health?"

The answers to these questions will help identify strategic issues and inform the goals and objectives in the community health improvement plan.



Methodology

The primary data gathered from the Community Health Assessment process was used to inform the Community Themes & Strengths Report.

Community-Wide Surveys:

The community-wide survey consisted of a wide-range of questions related to demographic, racial and social equity, social determinants of health, healthcare access, lifestyle, and COVID-19. The survey was distributed through LWMC partners and local community-based organizations in English and Spanish and made available by digital and paper format. A total of 1,699 surveys were collected.

Focus Groups:

Eleven focus groups were conducted by United Way Fresno and Madera Counties. Specific focus groups were held for Teens/Young Adults, Moms/ Pregnant Women, Geography-Chowchilla, Geography- Mountain Areas, Seniors/Disabled, African American/ Black, Latino or Hispanic/Latino-monolingual, Latino or Hispanic/Latino-bilingual, Latino or Hispanic/Latino-indigenous, Homeless, and LGTBQ.

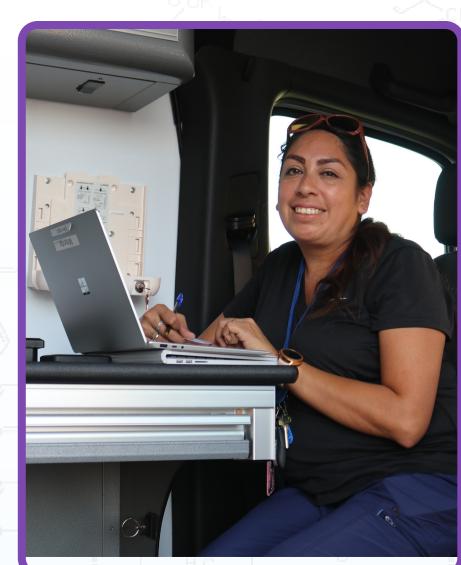
Key Informant Interviews:

A total of 21 key informant interviews were conducted over Zoom. Community leaders came from various sectors such as social services, education, business and government and were identified based upon their expertise and their ability to provide information and insight on health issues affecting Madera County.

Data Limitations:

Limitations of the Community Themes and Strengths Assessment include convenience sampling and limited pilot testing of instruments used to collect data. Convenience sampling does not allow for data results to be generalizable. Convenience sampling can also result in under- or over-representation of certain population groups.

Selected secondary data highlighting the strengths of Madera County is also included in this report. Full data including county demographic information can be viewed in the 2023 Madera County LWMC CHA available at MaderaCounty.com/CHA



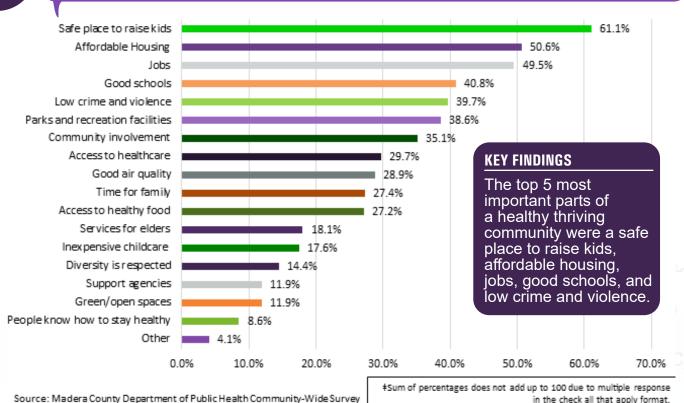
What is important to our community?

Community members have valuable insight and knowledge of the issues affecting them and their community. Understanding what they feel is important helps to inform program planning and prioritization.

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Community-Wide Survey:

What are the 5 most important parts of a healthy thriving community? (2021)



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Community-Wide Survey:

What are two things that make you most proud of your community? (Open-Ended)

- Community involvement
- Close-knit community
- Cleanliness

- Community support
- Security/Safety

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Key Informant Interview:

How can policymakers improve community health?

- Improve local transportation
- More integrated healthcare team
- More doctors/health facilities (including incentivizing providers to come/stay, supporting local healthcare training)

How is the quality of life perceived in our community?

The quality of life within a community is influenced by many things including the availability of jobs, housing, schools, neighborhood environment safety, culture and values. The quality of life within a community is linked to both mental and physical health.

Focus Groups

Things you like most about your community:

Topography-mountains/nature (eastern Madera, seniors & disabled)

Small town feels/close knit (Latino bilingual, African American/Black, eastern Madera, Fairmead, seniors and disabled, LGBTQ+, parents/caretakers, homeless & veterans)

Community programs (homeless, Veterans, seniors, indigenous)

Sense of community (Latino monolingual, eastern Madera, seniors and disabled, LGBTQ, homeless and veterans)

Peaceful/quiet (Latino bilingual, Fairmead, parents/caretakers)

Good place to raise kids (Fairmead)

Job opportunities/short distance to job (LGBTQ, parents/caretakers)

Affordable housing

Easy networking

Agricultural town with easy food accessibility

"I like to live in Madera because people are very friendly, they like to help people who need it and it is also very cordial and with good attitude." -Madera County Resident

Good things about the community:

Close-knit and supportive friends and family

Community involvement

Central/convenient location

Good patient service

Suggestions for how institutions can help:

Improve local transportation

More integrated healthcare team

More doctors/health facilities (including incentivizing providers to come/stay, supporting local healthcare training)

Health insurance

Homelessness

Medical payment assistance: services and outreach

Improved health information and resource sharing

Ambulance accessibility and availability

What assets do we have that can be used to improve community health?

A community asset is anything that can be used to improve the quality of community life. Assets may be people, a physical structure or place, community services, associations, or private, public and non-profit businesses. Assets can be used as a building block for community improvement.

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Community-Wide Survey:

What three community resources, services or organizations help keep your community healthy? (Open-Ended)

Camarena Health, the Food Bank, Public Health Department, Churches, WIC, First 5 and Community Action Partnership of Madera County. (Health Services, Community programs, Food Assistance)

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Community-Wide Survey:

What strengths and resources are available in your community that help residents maintain or improve their overall health? (Open-Ended)

Camarena Health, Central Valley Indian Health Clinic, Public Health Department, Behavioral Health Services, Department of Social Services, Food Bank and the gym. (Health Services, Outdoor Areas)

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Key Informant Interview:

How can the community address health issues?

- · Collaboration with other groups and sectors
- Community education about health problems and their impact
- Advocacy



What assets do we have that can be used to improve community health?

Other Resources Mentioned in Focus Groups:

Transportation Assistance Services

CalViva Health transport

Adventist Health transport

Free bus services due to COVID-19

City of Madera Dial-A-Ride (for seniors and disabled persons)

In-Home Services

IHSS (In-home Supportive Services)

Seniors and disabled qualify for Medi-Cal eligibility

Cost Assistance

LIHEAP (Low Income Home Energy Assistance Program)

Food assistance

Madera County Food Bank

CalFresh

SNAP (Supplemental Nutrition Assistance Program)

Healthcare

Madera Community Hospital

Camarena

Family Medical Services clinic

Other Organizations

Churches

Non-profit organizations

Community Action Partnership of Madera
County

United Farm Workers of America

Madera County Department of Public Health

WIC (Women, Infant & Children) Program

Madera County Department of Behavioral Health

Manna House

United Way

Centro Binacional

Fairmead Community & Friends

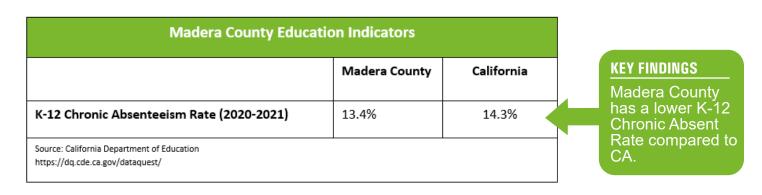
Mental Health

School-based mental health services

For a full list of resources in Madera County please see our Community Health Assessment: <u>MaderaCounty.com/CHA</u>

This section highlights the strengths of the county through data. The data presented is data collected from the 2023 Community Health Assessment that indicates where Madera County is doing better than the state and areas Madera County has shown improvement since the 2017 Community Health Assessment. The full set of data can be found in the 2023 Community Health Assessment.

Social Determinants of Health



Point in Time Total Homeless Count for Madera County



Source: Fresno Madera Continuum of Care on Homelessness https://fresnomaderahomeless.org/



of land with tree canopy in Madera County (compared to 7.63% in CA)

KEY FINDINGS

Madera County has a higher percentage of land with tree canopy compared to CA.



Madera County has an average of 0.127 kg/day of particulate pollution from diesel sources (compared to 0.219 kg/day in CA)

KEY FINDINGS

Madera County has a lower average of particulate pollution from diesel sources compared to CA.





California



KEY FINDINGS

A lower percentage of Madera County stores sell vape products compared to CA.

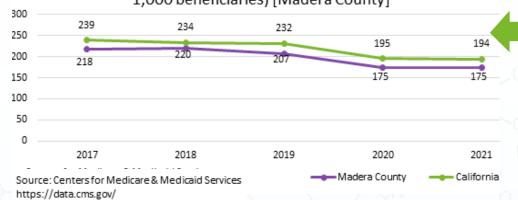
Infant Health Indicators ہ

	Madera County	California
Low Birthweight Infants (percent average)	6.3%	7.0%

KEY FINDINGS

Madera County has a lower percentage of infants with low birth weights compared to CA.

Medicare Hospitalizations for Primary Chronic Conditions (per 1,000 beneficiaries) [Madera County]



KEY FINDINGS

Medicare hospitalizations for primary chronic conditions in Madera County is less than California.



Health Behaviors

Opioid-Related Overdose Deaths

2021 Rate (Per 100,000)



Source: California Overdose Surveillance Dashboard https://skylab.cdph.ca.gov/ODdash/?tab=Home



KEY FINDINGS

Madera County has a lower opioid-related overdose deaths compared to CA.

Drug Overdose Death Rate

2021 (Per 100,000)



Source: California Community Burden of Disease Engine https://skylab.cdph.ca.gov/communityBurden/#tab-7558-1



KEY FINDINGS

Madera County has a lower drug overdose death rate compared to CA.



7.9%

of students currently use tobacco products and vaping is the most popular

(compared to 9.7% in CA)

Source: California Department of Public Health- California Student Tobacco Survey 2019-2020 https://www.cdph.ca.gov/Programs/CCDPHP/DCDIC/CTCB/Pages/CaliforniaTobaccoControlBranch.aspx



11.5-15.0%

of students have used a marijuana product in the past 30 days

(compared to 15.9% in CA)

Source: California Department of Public Health-California Student Tobacco Survey 2019-2020 https://www.cdph.ca.gov/Programs/CCDPHP/DCDIC/CTCB/Pages/CaliforniaTobaccoControl-Branch.aspx

KEY FINDINGS

Madera County has a lower percent of students who currently use tobacco products compared to CA. A lower percentage of students use marijuana products in Madera County compared to CA.

Prevalence of Cancer Screening (2020)

	Cervical Cancer Screening (21-65 Years) (Women)
Madera County	82.3%
California	79.7%
United States	78.0%

Source: Center for Disease Control and Prevention- United States Cancer Statistics https://www.cdc.gov/cancer/uscs/

KEY FINDINGS

Madera County has a higher percentage of women getting cervical cancer screening compared to CA.

Percent of Stores with Condoms (2019)



Source: Healthy Stores for a Healthy Community https://healthystoreshealthycommunity.com/

Percent of Stores with Condoms on Shelf and Unlocked (2019)



Source: Healthy Stores for a Healthy Community https://healthystoreshealthycommunity.com/

KEY FINDINGS

Madera County has a higher percentage of stores with condoms and percent of stores with condoms on the shelf and unlocked compared to CA.

Physical Activity Indicators (2018)		
	Madera County	California
Percent of Children (ages	-	
5-11) physically active 1+		
hour every day	31.0%	29.0%
Percent of children/teens		
(2-17) sedentary 2+ hours		
on a typical weekday	39.0%	55.0%
Source: Colifornia Department of Bublic Health Mutrition Education and Obsaits Proportion Proposition		

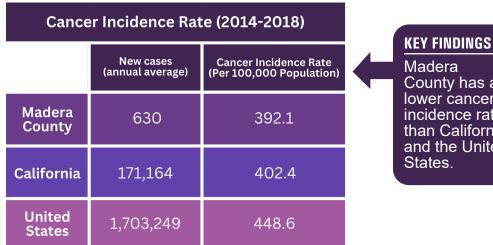
Source: California Department of Public Health, Nutrition Education and Obesity Prevention Branch https://www.cdph.ca.gov/Programs/CCDPHP/DCDIC/NEOPB/Pages/SNAPEdCountyProfileDashboard.aspx

KEY FINDINGS

- Madera County has a higher percentage of children (ages 5-11) who are physically active 1+ hour every day compared to CA.
- Madera County has a lower percentage of children/teens (age 2-17) who are sedentary 2+ hours on a typical weekday compared to CA.



Health Outcomes



Source: State Cancer Profiles

https://statecancerprofiles.cancer.gov/index.html

Risk-Adjusted Rates for Diabetes-Related PQIs (2020)

	Madera County	California
Diabetes Composite:	140.3	186.6
Diabetes Short-Term Complications:	48.3	61.2
Diabetes Long-Term Complications:	64.6	85.6
Uncontrolled Diabetes:	13.9	25.8

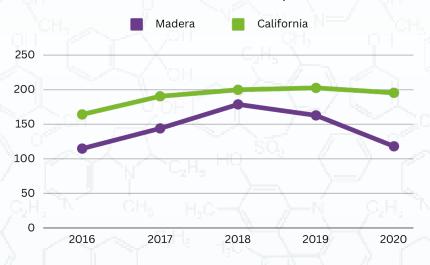
Source: California Department of Health Care Access and Information https://hcai.ca.gov/visualizations/preventable-hospitalizations-for-diabetes/

County has a lower cancer incidence rate than California and the United

KEY FINDINGS

Madera County's riskadjusted rates for diabetesrelated prevention quality indicators (PQIs) is lower than CA for diabetes composite, short-term complications, longterm complications and uncontrolled diabetes.

Gonorrhea Incidence Rate per 100,000

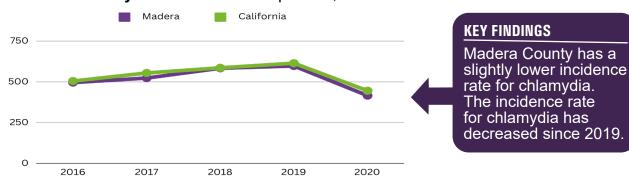


KEY FINDINGS

Overall, the rate of of gonorrhea in Madera County increased from 2016-2018 but decreased in 2019

Source: California Department of Public Health https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/STD-Data.aspx

Chlamydia Incidence Rate per 100,000



Source: California Department of Public Health

https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/STD-Data.aspx

Primary and Secondary Syphilis Incidence Rate per 100,000



KEY FINDINGS

Primary and secondary syphilis incidence rates are lower in Madera County compared to CA. The incidence rates for Madera County have continued to decrease since 2018.

Source: California Department of Public Health https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/STD-Data.aspx

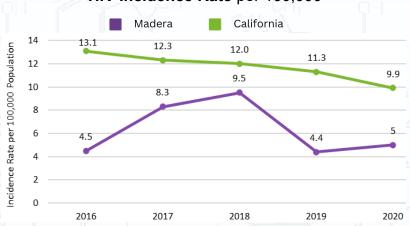
Congenital Syphilis Incidence Rate per 100,000



KEY FINDINGS

Congenital syphilis incidence rates are lower in Madera County compared to CA. Incidence rates in Madera county have decreased significantly since 2018.

HIV Incidence Rate per 100,000



KEY FINDINGS

HIV incidence was lower in Madera County compared to California 2016-2020; however, between 2016-2018, the incidence of HIV increased drastically.

Source: California Department of Public Health 2016-2020 https://www.cdph.ca.gov/Programs/CID/DOA/CDPH%20Document%20Li-brary/California_HIV_Surveillance_Report2020_ADA.pdf

Kindergartners With All Required Immunizations

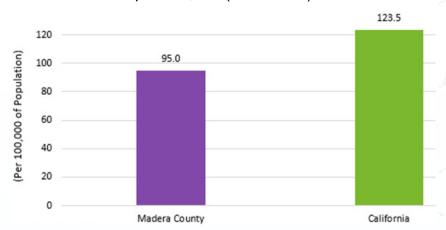




Source: KidsData. Kindergartners with All Required Immunizations, 2017-2019. https://www.kidsdata.org/topic/292/immunizations-kindergarteners/

Survey Takers Who Reported They Have Severe Depression

per 100,000 (2020-2022)



KEY FINDINGS

Madera County has a lower PHQ-9 score for severe depression and suicide ideation than CA. PHQ-9 is a multipurpose instrument for screening, diagnosing, monitoring, and measuring the severity of depression.

Source: Mental Health America Mhanational.org

Survey Takers Who Reported Frequent Suicidal Ideation per 100,000 (2020-2022)



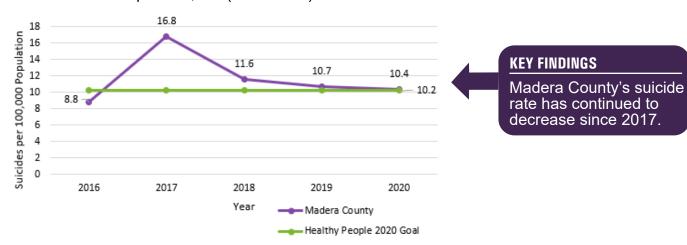
KEY FINDINGS

Madera County has a lower PHQ-9 score for severe depression and suicide ideation than CA. PHQ-9 is a multipurpose instrument for screening, diagnosing, monitoring, and measuring the severity of depression.

Source: Mental Health America Mhanational.org

Madera County Suicide Rate

per 100,000 (2016-2020)



Source: Madera County Department of Public Health

Madera County Long-Term & Short-Term Complications of Diabetes		
	2014	2020
Long-Term	99.0 per 100,000	64.6 per 100,000
Short-Term	65.0 per 100,000	48.3 per 100,000
Source: California Department of Health Care Access and Information https://bcai.ca.gov/visualizations/preventable-hospitalizations-for-diabetes/		

KEY FINDINGS

The 2017 CHA reported long-term and short-term complications of diabetes from 2005-2014. The current data shows that the risk-adjusted rate has decreased.

Madera County Prenatal Care Begun during the First Trimester of Pregnancy		
	2012-2014	2018-2020
Madera County	72.8%	80.2%
Source: California Department of Public Health- County Health Status Profiles 2022		

KEY FINDINGS

Current data shows the average percentage of prenatal care begun during the first trimester of pregnancy has increased.

Madera County Emergency Department Visits Due to Asthma		
	2014	2019
0-17 Years	140 per 100,000	105.1 per 100,000
18+ Years	32.5 per 100,000	29.7 per 100,000
Source: California Department of Public Health https://www.cdph.ca.gov/Programs/CCDPHP/DEODC/EHIB/CPE/Pages/CaliforniaBreathingCountyAsthmaProfiles.aspx		

KEY FINDINGS

Current data shows the ageadjusted rate for emergency department visits due to asthma for 2019 has decreased in both age groups, 0-17 years, and 18+ years.

Conclusion:

https://www.cdph.ca.gov/

The information summarized in this Community Themes and Strengths report represents Madera County community member's opinion towards community assets, community strengths, and their perceptions of Madera County. This report and the accompanying MAPP assessments will be used to inform the community health improvement plan. Community members will continue to be active and collaborative partners as the improvement plans are created and implemented throughout the county.



Madera County Community Themes and Strengths Assessment July 2023

MaderaCounty.com/CHA

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Madera County Department of Public Health



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