HEALTH EQUITY AND CALIFORNIA’S CENTRAL VALLEY

CURRENT TRENDS IN HEALTHCARE FOR WOMEN IN THE CENTRAL VALLEY SYMPOSIUM
MARCH 11, 2017

Gail Newel, MD, MPH, FACOG
A BRIEF DESCRIPTION OF TERMS

Equality, equity, disparities, inequities, health equity
Equality vs Equity
“Health equity” means efforts to ensure that all people have full and equal access to opportunities that enable them to lead healthy lives.

Source: California Health and Safety Code Section 131019.5
DEFINITION: Health Equity

The assurance of conditions for optimal health and well-being for all people and communities for both present and future generations.
Disparities vs Inequities

- Not all health disparities are unjust or inequitable.
- However, where disparities in health may be avoided by the decisions a society or community makes, yet are not avoided, they are inequitable. These then are health inequities.
Fresno County Preterm Birth Collective Impact Initiative:
We are exploring opportunities in three counties with among the highest PTB rates and/or disparities.

<table>
<thead>
<tr>
<th>County Name</th>
<th>Population</th>
<th>County Wide PTB Rate</th>
<th>White</th>
<th>Hispanic</th>
<th>African American</th>
<th>Asian / Pacific Islander</th>
<th>Native American</th>
<th>Ratio of AA / White Rates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fresno County</td>
<td>955,272</td>
<td>10.10%</td>
<td>8.20%</td>
<td>10.60%</td>
<td>15.50%</td>
<td>10.10%</td>
<td>12.60%</td>
<td>189%</td>
</tr>
<tr>
<td>Madera County</td>
<td>152,389</td>
<td>9.70%</td>
<td>6.80%</td>
<td>10.70%</td>
<td>Not Available</td>
<td>Not Available</td>
<td>Not Available</td>
<td>Not Available</td>
</tr>
<tr>
<td>Kern County</td>
<td>864,124</td>
<td>9.30%</td>
<td>7.10%</td>
<td>10.10%</td>
<td>13.00%</td>
<td>10.20%</td>
<td>Not Available</td>
<td>183%</td>
</tr>
<tr>
<td>San Bernardino County</td>
<td>2,088,371</td>
<td>9.20%</td>
<td>8.00%</td>
<td>9.40%</td>
<td>13.10%</td>
<td>8.60%</td>
<td>9.60%</td>
<td>164%</td>
</tr>
<tr>
<td>San Joaquin County</td>
<td>704,379</td>
<td>9.10%</td>
<td>7.80%</td>
<td>9.40%</td>
<td>13.00%</td>
<td>9.00%</td>
<td>Not Available</td>
<td>167%</td>
</tr>
<tr>
<td>Los Angeles County</td>
<td>10,017,068</td>
<td>8.40%</td>
<td>6.40%</td>
<td>9.20%</td>
<td>12.10%</td>
<td>7.00%</td>
<td>7.80%</td>
<td>189%</td>
</tr>
<tr>
<td>Riverside County</td>
<td>2,292,507</td>
<td>8.10%</td>
<td>6.90%</td>
<td>8.30%</td>
<td>12.50%</td>
<td>8.90%</td>
<td>7.60%</td>
<td>181%</td>
</tr>
<tr>
<td>Alameda County</td>
<td>1,578,891</td>
<td>7.50%</td>
<td>6.20%</td>
<td>7.80%</td>
<td>11.00%</td>
<td>7.30%</td>
<td>Not Available</td>
<td>177%</td>
</tr>
<tr>
<td>San Francisco County</td>
<td>837,442</td>
<td>6.90%</td>
<td>5.40%</td>
<td>8.40%</td>
<td>13.10%</td>
<td>7.70%</td>
<td>Not Available</td>
<td>243%</td>
</tr>
<tr>
<td>San Mateo County</td>
<td>747,373</td>
<td>6.90%</td>
<td>4.50%</td>
<td>8.50%</td>
<td>14.00%</td>
<td>7.40%</td>
<td>Not Available</td>
<td>311%</td>
</tr>
</tbody>
</table>

Note: PTB rates are for singleton births <37 weeks
Sources: CDC Wonder Natality Database, U.S. Census Bureau
DETERMINANTS OF HEALTH

Health Behaviors 30-40%
Medical Care 10-20%
Underlying Determinants of Health 20-50%
Life Course Perspective

A PORTRAIT OF CALIFORNIA
CALIFORNIA HUMAN DEVELOPMENT REPORT 2011
Sarah Burd-Sharps
Kristen Lewis
AMERICAN HUMAN DEVELOPMENT PROJECT of the Social Science Research Council
A Long and Healthy Life
- Life expectancy at birth

Access to Knowledge
- Educational degree attainment
- School enrollment

A Decent Standard of Living
- Median earnings

INDICATORS

Health INDEX + Education INDEX + Income INDEX

3

American Human Development INDEX
VARIATION BY GEOGRAPHY: ECONOMIC REGIONS

In an effort to better develop strategies for California’s economic growth, the state government’s Economic Strategy Panel has divided the state into a set of economic regions, each made up of counties that share similar economic, demographic, and geographic features. Human development levels differ markedly in these different regions (see TABLE 2 and MAP 1). The range of American Human Development Index scores across the regions is greater than the range of scores among the 50 U.S. states. See page 153 for the list of counties that make up each region.

- The Bay Area region scores 6.80 out of 10 on the American HD Index; if the Bay Area were a state, it would surpass top-ranking Connecticut (6.30) for first place on the American Human Development Index, with some of the highest health, education, and income outcomes in the nation.

- The San Joaquin Valley region scores 3.84; if the San Joaquin Valley were a state, it would vie for last place on the American Human Development Index with West Virginia (3.85).

- The San Diego and the Southern Border region scores 5.65, and Greater Sacramento scores 5.48, both performing better than California as a whole.

- The Southern California region performs slightly below the state as a whole, with a score of 5.28, but still outperforms the U.S. average (5.09).

- The Central Coast (4.82), Central Sierra (4.67), and Northern California (4.26) regions have well-being scores that fall below those of both California and the country as a whole. If Northern California were a state, it would rank forty-fifth in the country, between Tennessee and Kentucky.
California has long drawn people to its fertile farmland, temperate climate, abundant natural resources, and optimistic spirit of reinvention. With the largest population and state economy, California heralds the nation’s successes and challenges—if California does well, so does the nation. As the state with the country’s most diverse population, California is also in a unique and unprecedented position to harness the potential of its people to prosper in an increasingly globalized world.

The difficulties facing California today are not unique to the state; rather, they are emblematic of challenges facing states across the country. Nationwide, states are experiencing depressed economies in the aftermath of the most devastating financial crisis since the Great Depression. In addition, they must grapple with demographic challenges that are already well under way in California.

California is also a state of contrasts, home to people with vastly differing levels of well-being. In *The Measure of America 2010-2011: Mapping Risks and Resilience*, the latest iteration of the national human development report series, California as a whole ranks twelfth of the fifty states and Washington, DC, on the American Human Development Index. This series applies a widely accepted international approach for assessing the well-being of different population groups: the human development approach. The *centerpiece of this work is the American Human Development Index*, a composite measure made up of health, education, and income indicators and expressed as a single number from 0 to 10.

While California’s score of 5.46 is above the national average, a deeper look reveals startling variation within the state in these most basic areas. California’s congressional districts have the greatest range of American Human Development Index scores of any state: Five of the country’s top ten congressional districts are in California—as is the bottom-ranked Congressional District 20 around Fresno.
# The Five Californias

These "Five Californias" represent the wildly divergent realities faced by California residents in terms of well-being.

<table>
<thead>
<tr>
<th>Region</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Silicon Valley Shangri-La</strong></td>
<td>Extremely well-educated, high-tech high-flyers living in Silicon Valley—entrepreneurs and professionals fueling, and accruing the benefits of, innovation, especially in information technology. Highly developed capabilities give these Californians unmatched freedom to pursue the goals that matter to them.</td>
</tr>
<tr>
<td><strong>Metro-Coastal Enclave California</strong></td>
<td>Affluent, credentialed, and resilient, the knowledge workers living in Metro-Coastal Enclave California enjoy comparative financial comfort and security in upscale urban and suburban neighborhoods. They have extremely high levels of well-being and access to opportunity.</td>
</tr>
<tr>
<td><strong>Main Street California</strong></td>
<td>High levels of human development overall characterize this majority-minority group of Californians, who enjoy longer lives, higher levels of educational attainment, and higher earnings than the typical American. Yet these suburban and ex-urban Californians have an increasingly tenuous grip on middle-class life.</td>
</tr>
<tr>
<td><strong>Struggling California</strong></td>
<td>Struggling California can be found across the state, from the suburbs, exurbs, and rural areas of the Central Valley to parts of major metro areas and the Inland Empire to swaths of Northern California. Struggling Californians work hard but find it nearly impossible to gain a foothold on security.</td>
</tr>
<tr>
<td><strong>The Forsaken Five Percent</strong></td>
<td>Bypassed by the digital economy, left behind in impoverished LA neighborhoods as well as in rural and urban areas in the San Joaquin Valley, these Californians face an extremely constrained range of opportunities and choices.</td>
</tr>
</tbody>
</table>

**1% of CA population**

**2 Neighborhood and County Groups**
<table>
<thead>
<tr>
<th>HD INDEX</th>
<th>LIFE EXPECTANCY AT BIRTH (years)</th>
<th>LESS THAN HIGH SCHOOL (%)</th>
<th>AT LEAST HIGH SCHOOL DIPLOMA (%)</th>
<th>AT LEAST BACHELOR'S DEGREE (%)</th>
<th>GRADUATE OR PROFESSIONAL DEGREE (%)</th>
<th>SCHOOL ENROLLMENT (%)</th>
<th>MEDIAN EARNINGS (2009 dollars)</th>
</tr>
</thead>
<tbody>
<tr>
<td>9.35</td>
<td>85.3</td>
<td>4.1</td>
<td>95.9</td>
<td>70.1</td>
<td>38.0</td>
<td>100.0</td>
<td>$63,106</td>
</tr>
<tr>
<td>7.92</td>
<td>83.2</td>
<td>7.5</td>
<td>92.5</td>
<td>52.3</td>
<td>20.9</td>
<td>100.0</td>
<td>$46,077</td>
</tr>
<tr>
<td>5.91</td>
<td>80.5</td>
<td>15.4</td>
<td>84.6</td>
<td>31.5</td>
<td>10.7</td>
<td>92.9</td>
<td>$32,686</td>
</tr>
<tr>
<td>4.17</td>
<td>78.3</td>
<td>28.2</td>
<td>71.8</td>
<td>16.8</td>
<td>5.2</td>
<td>84.3</td>
<td>$24,796</td>
</tr>
<tr>
<td>2.59</td>
<td>76.1</td>
<td>45.6</td>
<td>54.4</td>
<td>8.3</td>
<td>2.2</td>
<td>80.6</td>
<td>$18,343</td>
</tr>
</tbody>
</table>
Wealth is Health

The life expectancy used is the average of the male and female life expectancies for 2009.
Fresno County Preterm Birth Collective Impact Initiative:
Prenatal data from the MIHA survey reaffirms the high levels of risk factors in Fresno in particular.

<table>
<thead>
<tr>
<th>Category</th>
<th>Fresno</th>
<th>Alameda</th>
<th>SF</th>
</tr>
</thead>
<tbody>
<tr>
<td>IPV during pregnancy</td>
<td>12.0%</td>
<td>12.0%</td>
<td>10.4%</td>
</tr>
<tr>
<td>CA overall: 7.7%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prenatal depressive symptoms</td>
<td>20.8%</td>
<td>20.8%</td>
<td>13.4%</td>
</tr>
<tr>
<td>CA overall: 15.2%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mistimed or unwanted pregnancy</td>
<td>33.0%</td>
<td>33.0%</td>
<td>21.2%</td>
</tr>
<tr>
<td>CA overall: 32.1%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Had to move due to problems paying rent/mortgage during pregnancy</td>
<td>8.9%</td>
<td>8.9%</td>
<td>n/a</td>
</tr>
<tr>
<td>CA overall: 7.4%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Had a lot of unpaid bills during pregnancy</td>
<td>22.7%</td>
<td>22.7%</td>
<td>8.7%</td>
</tr>
<tr>
<td>CA overall: 21.5%</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Woman or partner lost job during pregnancy</td>
<td>19.7%</td>
<td>19.7%</td>
<td>15.7%</td>
</tr>
<tr>
<td>CA overall: 17.2%</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Source: MIHA survey, 2011 *except 2010 where noted
Postnatal data from the MIHA survey reaffirms the high levels of risk factors in Fresno in particular.

- **Postpartum depressive symptoms**
  - CA overall: 13.5%
  - SF: 11.7%
  - Alameda: 15.4%
  - Fresno: 19.9%

- **Mom or infant needed but could not afford care postpartum**
  - CA overall: 13.0%
  - SF: 6.1%
  - Alameda: 13.5%
  - Fresno: 15.7%

- **Postpartum birth control use**
  - CA overall: 91.1%
  - SF: 91.5%
  - Alameda: 90.9%
  - Fresno: 88.5%

- **Any breastfeeding, 3 months after delivery**
  - CA overall: 63.7%
  - SF: 81.3%
  - Alameda: 70.1%
  - Fresno: 50.8%

Source: MIHA survey, 2011
PORTRAIT OF PROMISE:
California’s Statewide Plan to Promote Health and Mental Health Equity

Report to the Legislature and the People of California by the Office of Health Equity, California Department of Public Health.
1 in 4 children in California does not have enough food to eat

Child food insecurity rate: percentage of children under 18 years old who are food insecure, California, 2012.

†Median family income with own children under 18 years.
Children in Poverty

38.9%  
Fresno County

22.7%  
California

Federal Poverty Level 2015:
A family of four earning less than $24,250 in annual household income.

Data Source: U.S. Census Bureau, (Sept. 2015).

Free or Reduced Lunch

71.6%  
Fresno County

58.6%  
California

294 of the 350 Fresno County schools have greater than 50% of students qualifying for FRL.

Children 0-18 hospitalized for ASTHMA

22 per 10,000 

Fresno County

California 11 per 10,000

Health-related excuses account for a majority of chronic absenteeism of school-age children.

Data Source: CA Dept. of Public Health, CA Dept. of Education, CA Dept. of Finance and US Census Bureau (April, 2016).

Preterm BIRTHS

11.1% 

Fresno County

California 8.3%

The African American preterm birth rate in Fresno County is 16.5%.

HEALTHY PEOPLE 2010
A 2010 Profile of Health Status in the San Joaquin Valley

Marlene Bengiamin, Ph.D.
John Amson Capitman, Ph.D.
Xi Chang

Published by:
Central Valley Health Policy Institute
Central California Center for Health and Human Services
College of Health and Human Services
California State University, Fresno

This publication was made possible by a grant from:

The California Endowment
Table 8: Top 10 Most Ozone Polluted Counties in the Nation, 2006 and 2008

<table>
<thead>
<tr>
<th>County</th>
<th>National Rank</th>
<th># of Orange Days Unhealthy for Sensitive People</th>
<th># of Red Days Unhealthy</th>
<th># of Purple Days Very Unhealthy</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>San Bernardino, CA</td>
<td>1</td>
<td>227</td>
<td>107</td>
<td>19</td>
<td>F</td>
</tr>
<tr>
<td>Riverside, CA</td>
<td>2</td>
<td>242</td>
<td>87</td>
<td>13</td>
<td>F</td>
</tr>
<tr>
<td>Kern, CA</td>
<td>3</td>
<td>228</td>
<td>74</td>
<td>4</td>
<td>F</td>
</tr>
<tr>
<td><strong>Tulare, CA</strong></td>
<td>4</td>
<td>253</td>
<td>49</td>
<td>2</td>
<td><strong>F</strong></td>
</tr>
<tr>
<td>Los Angeles, CA</td>
<td>5</td>
<td>169</td>
<td>60</td>
<td>9</td>
<td>F</td>
</tr>
<tr>
<td>Fresno, CA</td>
<td>6</td>
<td>148</td>
<td>31</td>
<td>2</td>
<td><strong>F</strong></td>
</tr>
<tr>
<td>El Dorado, CA</td>
<td>7</td>
<td>104</td>
<td>26</td>
<td>1</td>
<td>F</td>
</tr>
<tr>
<td>Nevada, CA</td>
<td>8</td>
<td>122</td>
<td>12</td>
<td>0</td>
<td>F</td>
</tr>
<tr>
<td>Sacramento, CA</td>
<td>9</td>
<td>92</td>
<td>24</td>
<td>3</td>
<td>F</td>
</tr>
<tr>
<td>Kings, CA</td>
<td>10</td>
<td>103</td>
<td>10</td>
<td>1</td>
<td>F</td>
</tr>
</tbody>
</table>

Source: American Lung Association, 2010

Note: Unhealthy days are based on 2006-2008 ranges.
Understanding and Addressing Health Equity Challenges in San Joaquin Valley

A Presentation for the California Department of Public Health, Office of Health Equity

John A. Capitman, PhD, Tania Werner, PhD, and Emanuel Alcala, MA

May 9, 2016
Place Matters Report of the San Joaquin Valley

- Higher poverty, premature mortality and hospital use than State.
- The premature death rate in the poorest zip codes is nearly double the rate in the most affluent.
- Premature mortality is highest in zip codes with higher % Latinos and higher poverty.
- Similar findings for life expectancy. 21 years differences between zip codes.
## SJV Health Department Revenue

### Table 1: Local Health Departments Revenue: San Joaquin Valley Counties and Comparison Counties 2010

<table>
<thead>
<tr>
<th>County</th>
<th>Total Revenue most recent</th>
<th>Total Revenue minus Medi-Cal/ Medicare and fees</th>
<th>Total revenue minus Medi-Cal/Medicare and fees per person*</th>
<th>Total Revenue minus Medi-Cal/ Medicare and fees per poor person**</th>
<th>Percent Revenue from Local*</th>
<th>Local Revenue per person minus prison population*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fresno</td>
<td>$60,202,387</td>
<td>$54,207,682</td>
<td>$60</td>
<td>$220</td>
<td>3%</td>
<td>$2</td>
</tr>
<tr>
<td>Kern</td>
<td>$31,228,792</td>
<td>$29,002,240</td>
<td>$36</td>
<td>$145</td>
<td>25%</td>
<td>$10</td>
</tr>
<tr>
<td>San Joaquin</td>
<td>$25,504,085</td>
<td>$249,02,542</td>
<td>$37</td>
<td>$183</td>
<td>30%</td>
<td>$12</td>
</tr>
<tr>
<td>Stanislaus</td>
<td>$23,896,905</td>
<td>$22,101,921</td>
<td>$43</td>
<td>$221</td>
<td>24%</td>
<td>$10</td>
</tr>
<tr>
<td>Tulare</td>
<td>$44,975,800</td>
<td>$33,627,713</td>
<td>$79</td>
<td>$270</td>
<td>2%</td>
<td>$1</td>
</tr>
<tr>
<td>Average 250K -1 Million¹</td>
<td>$271,985,975</td>
<td>$113,554,585</td>
<td>$182</td>
<td>$2,029</td>
<td>28%</td>
<td>$121</td>
</tr>
<tr>
<td>Kings</td>
<td>$12,090,556</td>
<td>$11,706,880</td>
<td>$79</td>
<td>$384</td>
<td>4%</td>
<td>$3</td>
</tr>
<tr>
<td>Madera</td>
<td>$9,131,144</td>
<td>$9,131,144</td>
<td>$62</td>
<td>$262</td>
<td>0%</td>
<td>$0</td>
</tr>
<tr>
<td>Merced</td>
<td>$14,153,180</td>
<td>$13,841,470</td>
<td>$57</td>
<td>$211</td>
<td>11%</td>
<td>$7</td>
</tr>
<tr>
<td>Average &lt;250K²</td>
<td>$14,285,427</td>
<td>$12,256,160</td>
<td>$110</td>
<td>$653</td>
<td>33%</td>
<td>$10</td>
</tr>
<tr>
<td>SJV Average</td>
<td>$29,308,884</td>
<td>$26,499,847</td>
<td>$60</td>
<td>$231</td>
<td>13%</td>
<td>5.62</td>
</tr>
</tbody>
</table>

* Minus Prison Population  +Population with income < Federal Poverty Level in 2010
¹ San Francisco, San Luis Obispo, Santa Barbara, Santa Cruz, Sonoma, Ventura
² El Dorado, Humboldt, Imperial, Lake, Mendocino, Napa, Nevada, San Benito, Shasta, Tuolumne, Yolo
Hospital Quality Measures

A TALE OF TWO BIRTHS
IN CALIFORNIA

SARA and MAYA, each expecting her first child, have similar low-risk pregnancies. How different can their birth experiences be?

**A TALE OF TWO BIRTHS IN CALIFORNIA**

*Sara* and *Maya*, each expecting her first child, have similar low-risk pregnancies. How different can their birth experiences be?

The experiences of pregnant mothers at California hospitals—small or large, urban or rural—can vary dramatically.

<table>
<thead>
<tr>
<th>Low-Risk C-Section</th>
<th>Episiotomy</th>
<th>Exclusive Breastfeeding Before Discharge</th>
<th>Vaginal Birth After C-Section (VBAC)</th>
</tr>
</thead>
<tbody>
<tr>
<td>In low-risk pregnancies, C-sections should be avoided to reduce post-surgical complications.</td>
<td>While this minor surgical procedure makes more space for the baby's birth, it may lead to complications for the mother.</td>
<td>Breastfeeding benefits mother and baby.</td>
<td>Women who have had a C-section do not necessarily need to deliver subsequent babies by C-section.</td>
</tr>
</tbody>
</table>

Lower rate is better. Lower rate is better. Higher rate is better. Higher rate is better.
The experiences of pregnant mothers at California hospitals—small or large, urban or rural—can vary dramatically.

**Low-risk C-section**
In low-risk pregnancies, C-sections should be avoided to reduce post-surgical complications. Lower rate is better.

**Episiotomy**
While this minor surgical procedure makes more space for the baby's birth, it may lead to complications for the mother. Lower rate is better.

**Exclusive breastfeeding before discharge**
Breastfeeding benefits mother and baby. Higher rate is better.

**Vaginal birth after C-section (VBAC)**
Women who have had a C-section do not necessarily need to deliver subsequent babies by C-section. Higher rate is better.

### Sara Goes to a High-Performing Hospital
The likelihood that she will experience these procedures is:
- **19%** C-section
- **2%** Episiotomy
- **88%** Breastfeeding
- **27%** VBAC

### Maya Goes to a Low-Performing Hospital
The likelihood that she will experience these procedures is:
- **56%** C-section
- **46%** Episiotomy
- **19%** Breastfeeding
- **1%** VBAC

### What if this variation did not exist?
If all California hospitals were high performing on maternity measures, it would mean (annually):
- **14,800** [31%] fewer C-sections
- **38,900** [84%] fewer episiotomies
- **119,900** [41%] more babies breastfed
- **12,300** [144%] more VBACs
<table>
<thead>
<tr>
<th>Mother &amp; Baby</th>
<th>Community Regional Medical Center</th>
<th>Clovis Community Medical Center</th>
<th>Saint Agnes Medical Center</th>
<th>State Average</th>
</tr>
</thead>
</table>
| **C-Section Rate (NTSV)** | Current | Current | Current | 26.50%  
(lower is better) |
| AVERAGE | 24.10%  
(lower is better) | 29.20%  
(lower is better) | 30.30%  
(lower is better) | |
| **Breastfeeding Rate** | Current | Current | Current | 66.50% |
| BELOW AVERAGE | 43.20% | ABOVE AVERAGE | 73.30% | 47.70% |
| **Episiotomy Rate** | Current | Current | Current | 11.60%  
(lower is better) |
| ABOVE AVERAGE | 5.90%  
(lower is better) | AVERAGE | 9.70%  
(lower is better) | 12.90%  
(lower is better) |
| **VBAC Rate** | Current | Current | Current | 9.40% |
| NOT RATED | 11.40% | 6.40% | 1.80% | |
| **VBAC Routinely Available** | Current | Current | Current | NA |
| Yes | Yes | No | |

<table>
<thead>
<tr>
<th>Category</th>
<th>Community Regional Medical Center</th>
<th>Clovis Community Medical Center</th>
<th>Kaiser Permanente Fresno Medical Center</th>
<th>State Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>C-Section Rate (NTSV)</td>
<td>Average</td>
<td>Average</td>
<td>Superior</td>
<td>26.50% (lower is better)</td>
</tr>
<tr>
<td></td>
<td>24.10% (lower is better)</td>
<td>29.20% (lower is better)</td>
<td>21.20% (lower is better)</td>
<td></td>
</tr>
<tr>
<td>Breastfeeding Rate</td>
<td>Below Average</td>
<td>Above Average</td>
<td>Superior</td>
<td>66.50%</td>
</tr>
<tr>
<td></td>
<td>43.20%</td>
<td>73.30%</td>
<td>89.70%</td>
<td></td>
</tr>
<tr>
<td>Episiotomy Rate</td>
<td>Above Average</td>
<td>Average</td>
<td>Above Average</td>
<td>11.60% (lower is better)</td>
</tr>
<tr>
<td></td>
<td>5.90% (lower is better)</td>
<td>9.70% (lower is better)</td>
<td>5.60% (lower is better)</td>
<td></td>
</tr>
<tr>
<td>VBAC Rate</td>
<td>Not Rated</td>
<td>Not Rated</td>
<td>Not Rated</td>
<td>9.40%</td>
</tr>
<tr>
<td></td>
<td>11.40%</td>
<td>6.40%</td>
<td>19.90%</td>
<td></td>
</tr>
<tr>
<td>VBAC Routinely Available</td>
<td>Yes</td>
<td>Yes</td>
<td>Yes</td>
<td>NA</td>
</tr>
</tbody>
</table>
PORTRAIT OF PROMISE:
California’s Statewide Plan to Promote Health and Mental Health Equity

Report to the Legislature and the People of California by the Office of Health Equity, California Department of Public Health.
Office of Health Equity MISSION

Promote equitable social, economic and environmental conditions to achieve optimal health, mental health, and well-being for all.
Achieving equity at every level

Transforming the conditions in which people are BORN, GROW, LIVE, WORK and AGE for optimal health, mental health & well-being.

Prevention
Mental Health Services
Culturally/Linguistically Appropriate and Competent Services
Income Security
Housing
Neighborhood Safety/Collective Efficacy
Environmental Quality

Health Care
Child Development, Education, and Literacy Rates
Food Security/Nutrition
Built Environments
Discrimination/Minority Stressors

Achieving Health & Mental Health Equity At Every Level.
Source: California Department of Public Health, Office of Health Equity as inspired by World Health Organization, Robert Wood Johnson Foundation, and many others.
Addressing the causes of the causes

ACHIEVING HEALTH EQUITY
The things you do every day...

<table>
<thead>
<tr>
<th>For our patients</th>
<th>For our community</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Assure access to and quality of healthcare</td>
<td></td>
</tr>
<tr>
<td>• Individualized care</td>
<td></td>
</tr>
<tr>
<td>• Address disparities</td>
<td></td>
</tr>
<tr>
<td>• Focus on prevention</td>
<td></td>
</tr>
<tr>
<td>• Advocacy work</td>
<td></td>
</tr>
</tbody>
</table>
...and in the long term