



Health Disparities

erced County lies in the northern San Joaquin Valley in central California. Like many communities in California and the United States, Merced County has many health conditions afflicting it residents. These health conditions are often accompanied by health disparities. With a population of 286,641, Merced is the 23rd largest county in the state of California.

Merced County's race demographics are:

Race Demographics		
Hispanic	62.5%	
White	24.3%	
Asian	7.5%	
Black	2.8%	
Multiracial	2.1%	
American Indian / Alaska Native	0.3%	
Other	0.3%	
Native Hawaiian / Pacific Islander	0.2%	

Merced County's age demographics are:

Age Demographics		
Aged 0-9	15.6%	
Aged 10-19	17.3%	
Aged 20-29	14.7%	
Aged 30-39	14.3\$	
Aged 40-49	11.4%	
Aged 50-59	10.3%	
Aged 60-69	8.9%	
Aged 70-79	4.7%	
Aged 80+	2.9%	

In terms of educational attainment, nearly 1 out of every 3 adults (31.1%) lacks a high school diploma, nearly 3 out of every 4 adults (71.8%) read at or below an 8th Grade level, and more than 3 out of every 4 adults (76.3%) struggle to solve math problems with more than three steps. Nearly 2 out of every 5 residents (38.8%) lives in poverty with nearly 1 out of every 4 residents (23.3%) living in extreme poverty, and 1 in 5 residents (20.9%) rely on SNAP for Nutrition Assistance.

COVID-19 in Merced County

As of October 12th, 2022, Merced County has seen 72,326 COVID-19 diagnoses with an incidence rate of 4.4 (per 100k), and 868 COVID-19 deaths with a mortality rate of 0.1 (per 100k).

In Merced County, 52% of residents have received the full primary COVID-19 vaccination series. Of the respective demographic populations, the following percentages of those populations in Merced County have received the full primary COVID-19 vaccination series:

Residents Fully Vaccinated Against COVID-19, by Race		
American Indian / Alaska Native	46.5%	
Asian	49.2%	
Black	36.6%	
Latino	41.9%	
Native Hawaiian / Pacific Islander	72.%	
White	41%	
Multiracial	3.6%	

Just 40.4% of residents have received both the primary vaccine series and received COVID-19 booster vaccinations. Of the respective demographic populations, the following percentages of those populations in Merced County have received both the primary COVID-19 vaccine series and booster vaccinations:

Residents Fully Vaccinated & Boosted Against COVID-19, by Race		
American Indian / Alaska Native	44%	
Asian	47.7%	
Black	44%	
Latino	34.3%	
Native Hawaiian / Pacific Islander	41.6%	
White	46.9%	
Multiracial	65.9%	
Other	34.8%	
Unknown	41.9%	





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Chronic Hepatitis B in Merced County

The most recent surveillance report for Chronic Hepatitis B (HBV) provides data for years 2012, 2014, and 2016. The last report was published in 2018.

Surveillance of HBV in the state of California is limited to Chronic HBV and does not account for the incidence of Acute Hepatitis B diagnoses despite the fact that there is no cure for HBV. Moreover, the issuance of surveillance reports is limited, at best, making accurate data gathering difficult.

In 2016, Merced County saw 36 new Chronic Hepatitis B diagnoses with a prevalence rate of 13.2 (per 100k). This represented an 11.4% decrease from 2014 and continues a pattern of steady decline since 2012.

In 2016 in the state of California, 65.3% of all reported cases of Chronic Hepatitis B occurred in Asian and Pacific Islander populations, with 16.7% in Whites, 11.1% in Latinos, 6.4% in Blacks, and 0.5% in American Indian/ Alaska Natives.

Chronic HBV Incidence Rates, 2016		
Jurisdiction Incidence		Rate (Per 100k)
Merced Co.	36	13.2
California	9.778	24.8
United States	14,847	4.6

Due to the incidence rate of HBV being so low, county data are not broken down into demographic categories in order to protect the identities of patients.

The transmission of HBV can be prevented through the administration of a complete course of vaccination. There is no cure for HBV. Chronic HBV is treatable with entecavir (Baraclude, Bristol Myers Squibb), tenofovir disoproxil fumarate (Viread, Gilead Sciencs), tenofovir alafenamide (Vemlidy, Gilead), and pegylated interferon being the first-line drugs of choice for anti-HBV therapy. The costs of these medications runs between \$900.00 and \$1,300.00 per month, though generics for Viread and Baraclude are significantly cheaper.

Chronic Hepatitis C in Merced County

The most recent surveillance report for Chronic Hepatitis C (HCV) provides data for years 2014, 2016, and 2018. The last report was published in 2020.

Surveillance of HCV in the state of California is limited to Chronic HCV and does not account for the incidence of Acute Hepatitis C diagnoses. This creates an incomplete picture of the state of HCV across the state and make comparing data across states difficult. Currently treatment recommendations indicate treatment for Acute HCV.

In 2018, Merced County saw 292 new Chronic Hepatitis C diagnoses with a prevalence rate of 104.0 (per 100k). This represented an 25.3% increase from 2016. Using data from the state of California and the Centers for Disease Control and Prevention for the same year, Merced County compares thusly:

In 2018 in the state of California, 71% of all reported cases of Chronic Hepatitis C were reported in the category of "Other, Multiple, and Unknown." It is very likely that data collection was either poorly conducted or the data were not available. 16% of cases were in Whites, 7% in Latinos, 3% in Blacks, 2% in Asian/Pacific Islanders, and ~0% in American Indian/Alaska Natives.

Chronic HCV Incidence Rates, 2018		
Jurisdiction Incidence		Rate (Per 100k)
Merced Co.	292	104.0
California	35,448	89.0
United States	137,713	42.2

Due to the incidence rate of HCV being so low, county data are not broken down into demographic categories in order to protect the identities of patients.

There is currently no vaccine to prevent the transmission of HCV. HCV can, however, be effectively cured through 8 to 12-week regimens of Direct-Active Antiviral drugs. The cost of treatment, however, is significant, with the lowest-priced authorized generics costing between \$20,000 and \$30,000 for 12 weeks of treatment.







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Mental Health in Merced County

There are 605 mental health providers in Merced County, with a patient per provider ratio of 460 patients for every 1 provider.

When examining self-reported and diagnosed mental health issues, the rates per diagnosis per 100,000 residents in Merced County are:

Rates of Self-Reported Mental Health Conditions, 2020			
Condition	County Rate	State Rate	US Rate
Severe Depression	33.7	37.2	36.7
Frequent Suicidal Ideation	37.8	41.2	39.6
PTSD	7.8	10.4	12.4
Trauma Survivors	31.1	42.2	47.3
Risk of Psychotic-Like Experience	13.7	18.7	21.2

These data represent self-reporting from individuals who took the Patient Health Questionnaire 9-item tool to screen for depression.

Substance Use Disorder in Merced County

In 2020, Merced County saw 29 opioid-related drug overdose deaths with a rate of 10.4 (per 100k). Fentanyl was related in 18 of those overdose deaths with a rate of 6.4 (per 100k). 27 of those overdose deaths occurred in White residents, with a rate of 11.8 (per 100k).

Due to the low incidence of overdose deaths, age and race demographic reporting are unavailable for any category in which 10 or fewer deaths occurred.

Opioid-Related Drug Overdose Deaths, 2020				
Jurisdiction	All Opioids	Rate	Fentanyl	Rate
Merced Co.	29	10.4	18	6.4
California	5,502	13.9	3,946	9.9
United States	68,630	21.4	23,837	7.4

HIV in Merced County

Merced County saw 28 new HIV diagnoses in 2019—the last year for reliable HIV reporting due to 2020 data being impacted by the COVID-19 pandemic—with an incidence rate of 12.8 (per 100k). There were approximately 313 persons living with HIV/AIDS (PLWHA) with a prevalence rate of 142.9 (per 100k).

HIV Incidence and Prevalence Rates (Per 100k), 2019		
Jurisdiction Incidence Rate		Prevalence Rate
Merced Co.	12.8	142.9
California	13.5	401.9
United States	13.2	376.9

This disparity extends to the incidence, with 42% of new HIV diagnoses occurring in Black Americans and 27.8% in Hispanic/Latino Americans. According to the Centers for Disease Control and Prevention (CDC) 26% of new HIV diagnoses were among Black gay and bisexual Men who have Sex with Men (MSM), 23% were among Hispanic/Latino gay and bisexual MSM, and 45% among gay and bisexual MSM under the age of 35.

Due to the incidence rate of HIV being so low, county data are not broken down into demographic categories in order to protect the identities of patients.

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