

# 2025 Siskiyou County Community Health Needs Assessment

Adopted June 2025

*Prepared for:*

**Dignity Health Mercy Medical Center Mt. Shasta**

**Fairchild Medical Center**

**Siskiyou County Health and Human Services Agency –  
Public Health Department**

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## EXECUTIVE SUMMARY

The purpose of this Siskiyou County, CA 2025 Community Health Needs Assessment (CHNA) was to identify and prioritize significant health needs in the community served by Dignity Health Mercy Medical Center Mt. Shasta, Fairchild Medical Center, and Siskiyou County Health and Human Services Agency, Public Health Division (“SCPHD”). The priorities identified in this report help guide future community health improvement programs and community benefit activities in Siskiyou County, as well as the collaborative efforts of these institutions with other organizations that share a mission to improve health. This CHNA report meets the requirements of the Patient Protection and Affordable Care Act, which mandates that not-for-profit hospitals conduct a CHNA at least once every three years.

Mercy Medical Center Mt. Shasta, (“MMCMS”), a member of Dignity Health, which is part of CommonSpirit Health, is located at 914 Pine Street in Mt. Shasta, CA. Fairchild Medical Center (“FMC”) is located approximately 38 miles north of MMCMS along the interstate highway “I-5” corridor at 444 Bruce Street in Yreka, CA. MMCMS and FMC are referred to collectively herein as “the Hospitals.” As designated Critical Access Hospitals, both facilities provide vital healthcare services to all residents of Siskiyou County, CA, including those individuals who reside in rural and frontier areas.

The community served by the Hospitals and SCPHD encompasses all of Siskiyou County and includes the Cities of Yreka, Weed, and Mt. Shasta, and multiple smaller communities such as Hornbrook, Montague, Grenada, Gazelle, Lake Shastina, Dunsmuir, and McCloud. Weed is home to a historic Black community, Lincoln Heights. The Lincoln Heights neighborhood was believed to be one of the only intact Black neighborhoods west of the Mississippi River that dates back to the early days of the last century.

Siskiyou County has a total population of 43,834 residents, with nearly 75% of the county considering themselves White alone, not Hispanic or Latino(a). Approximately 13% of community members identify as Hispanic or Latino(a). The remaining community members primarily identify as Black or African American (1.6%), Asian (1.6%), American Indian (2.8%), and 6.0% of the county identifies as two or more races. The median age in Siskiyou County is 47.2 years, higher than California's state median of 38.2 years.

Native Americans represent a significant cultural group in Siskiyou County, especially in the community of Happy Camp, which serves as the headquarters for the Karuk Tribe. Happy Camp sits on the historic village of Athithúfvuunupma or “where the hazel creek flows into,” the ancestral homeland of the Karuk Tribe. The Karuk have lived in the lands surrounding the middle Klamath River in Northern California for millennia.

Siskiyou County is also home to an estimated 5,000 Asian American/Hmong community members, according to Asian American/Hmong community leadership. They primarily reside in the remote areas of Siskiyou County along the eastern side of “I-5” near Mount Shasta.

Poverty plagues Siskiyou County, where 16.6% of residents live below the federal poverty level, compared to the California state rate of 12.0%. The poverty rate by community increases to 20.4% in Yreka, where one in five residents lives in poverty. Also, one in five county residents (20.1%) under 18 lives in poverty. Compared to the other counties in the state, Siskiyou County has one of the highest youth poverty rates.

The CHNA process was guided by input from the Siskiyou County, CA CHNA Collaborative. The 2025 CHNA data collection process included compiling primary and secondary data sources, comprising community organization focus groups, key informant interviews, public health statistics, and U.S. Census data. Primary qualitative data was obtained through the facilitation of focus groups and key informant interviews with community stakeholders. Overall, 17 different focus groups/key informant interviews were facilitated between November 2024 and February 2025, either virtually or in person. Focus groups were held with community members and individuals who represented the following vulnerable community members: LGBTQ+, Black or African American, Native American, Hmong, unhoused, foster youth, and socially disadvantaged communities (including seniors). This mixed-methods approach validates data by cross-verifying from multiple sources, providing a broader perspective of the community and population health needs. This information was corroborated with secondary quantitative data obtained from datasets maintained by governmental and nongovernmental organizations at the local, state, and national levels.

The Siskiyou County CHNA Collaborative and preparation team thoughtfully determined the significant community health needs during collaborative discussions and presentations with senior leadership. Qualitative data and anecdotal stories all pointed to the identified community health needs. The same concerns and needs consistently emerged and were reiterated throughout many focus group meetings and key informant interviews. The following criteria were also utilized to evaluate the prioritization of community needs, including:

- Size or scale of the problem (how many impacted);
  - Cause harm or impact others
  - Root cause of other problems
- Community's capacity and willingness to act on an issue or barrier;
- Availability of hospital and community resources;
- Known effective interventions and ability to intervene upstream;
- Resource feasibility and sustainability; and
- Measurable impact.

The following significant community health needs were determined for this 2025 CHNA report:

**Priority 1: Unmet vital conditions, including transportation, education, food and economic stability.**

**Priority 2: Low-income and supportive humane housing.**

**Priority 3: Access to health care, including specialty care and dental care.**

**Priority 4: Access to behavioral health, including substance use disorder treatment and navigation of services.**

**Priority 5: Violence prevention.**

Poverty is the root cause of the communities' struggle, and the intergenerational impact of poverty, drug use, and trauma has affected child health outcomes. Across an individual's lifespan, residents of impoverished communities are at an increased risk for mental illness, chronic disease, higher mortality, and lower life expectancy. The lack of behavioral health services leads individuals to self-medicate with alcohol and controlled substances. Access to primary care physicians and dental providers was repeatedly mentioned as an issue during key informant and focus group interviews and that is substantiated through secondary data.

While potential resources are available to address the community's identified needs, these needs are too significant for any single organization. Making a substantial and upstream impact will require the collaborative efforts of community organizations, local government, local business leaders, and other institutions.

This CHNA report was adopted by the Dignity Health California Region North State Community Board and the Fairchild Medical Center Board of Directors in June 2025. The CHNA will also be presented by SCPHD to the Siskiyou County Board of Supervisors in Summer 2025. Each hospital and SCPHD published a copy of this CHNA on its website. A paper copy is available upon request from each hospital's Administration Office and the SCPHD. Written comments on this report can be submitted to Dignity Health Mercy Medical Center at 914 Pine Street in Mt. Shasta, CA 96067, Fairchild Medical Center at 444 Bruce Street in Yreka, CA 96067, Siskiyou County Health and Human Services Agency, Public Health Division at 810 S. Main Street, Yreka, CA 96067. Comments can also be submitted electronically to either [alexis.ross@commonspirit.org](mailto:alexis.ross@commonspirit.org), [kapodaca@fairchildmed.org](mailto:kapodaca@fairchildmed.org), or [sdavis@co.siskiyou.ca.us](mailto:sdavis@co.siskiyou.ca.us).

## 1.0 INTRODUCTION

This Siskiyou County, CA 2025 Community Health Needs Assessment (CHNA) was prepared as a collaborative effort on behalf of Dignity Health Mercy Medical Center Mt. Shasta, Fairchild Medical Center, and Siskiyou County Health and Human Services Agency, Public Health Division. This 2025 CHNA meets the requirements of the Patient Protection and Affordable Care Act and California Senate Bill 697, which mandate that not-for-profit hospitals conduct a CHNA at least once every three years. Siskiyou County Health and Human Services Agency, Public Health Division intends to use this CHNA as part of its application to the Public Health Accreditation Board.

The CHNA process was guided by input from the CHNA collaborative. Members of the Siskiyou County, CA CHNA Collaborative are provided on Table 1. The collaborative was instrumental in facilitating introductions for key informant and focus group interviews.

Table 1. Members of Siskiyou County, CA 2025 CHNA Collaborative

Individuals & Organization
Alexandra Agron, Siskiyou County Public Health Division
Alexis Ross, Dignity Health, California Region, North State Market
Amanda Smith, Partnership HealthPlan of California
Angelica Cook, Siskiyou County Public Health Division
Diana Smith, Siskiyou County Public Health Division
Eric Jauregui, Siskiyou County Behavioral Health Services
George West, Dignity Health, California Region, North State Market
Kristi Apodaca, Fairchild Medical Center
Kyle Walton, Siskiyou County Public Health Division
Michelle Line, Siskiyou County Office of Education
Paula Reynolds, Great Northern Services
Scott A. Schoonover, Siskiyou County Public Health Division
Shelly Davis, Director, Siskiyou County Public Health Division
Steven Bryan, Siskiyou Community Resource Collaborative
Tim Sharp, Partnership HealthPlan of California

The Siskiyou County, CA CHNA was prepared between September 2024 and May 2025 and the collaborative met virtually eight different times following project kick-off, specifically on the following dates: September 17, 2024, October 28, 2024, November 25, 2024, December 5, 2024, January 16 and 30, 2025, March 13, 2025, and April 17, 2025.



This 2025 CHNA was developed through the guidance and engagement of these collaborative partners and followed the Association of Community Health Improvement Assessment Toolkit (Steps 1 – 6) as a guide for the CHNA process. Dignity Health Mercy Medical Center Mt. Shasta, Fairchild Medical Center, and the Siskiyou County Health and Human Services Agency, Public Health Division have committed to continuing the collaboration during the community health implementation strategy planning process and potentially longer.

## 2.0 COMMUNITY DEFINITION

Siskiyou County, California is situated in northern California along the Oregon border, spans over 6,300 square miles and is supported by two critical access hospitals. Mercy Medical Center Mt. Shasta, (“MMCMS”) a member of Dignity Health, which is part of CommonSpirit Health, is located at 914 Pine Street in Mt. Shasta, CA. Fairchild Medical Center (“FMC”) is located approximately 38 miles north along the interstate highway “I-5” corridor at 444 Bruce Street in Yreka, CA. MMCMS and FMC are referred to collectively herein as “the Hospitals.” As designated Critical Access Hospitals, both facilities provide vital healthcare services to approximately 44,000 individuals who reside in the rural and frontier communities of Siskiyou County.

The community served by the Hospitals encompasses all of Siskiyou County and includes the Cities of Yreka, Weed, and Mt. Shasta, and multiple smaller communities such as Hornbrook, Montague, Grenada, Gazelle, Lake Shastina, Dunsmuir, and Mc Cloud.

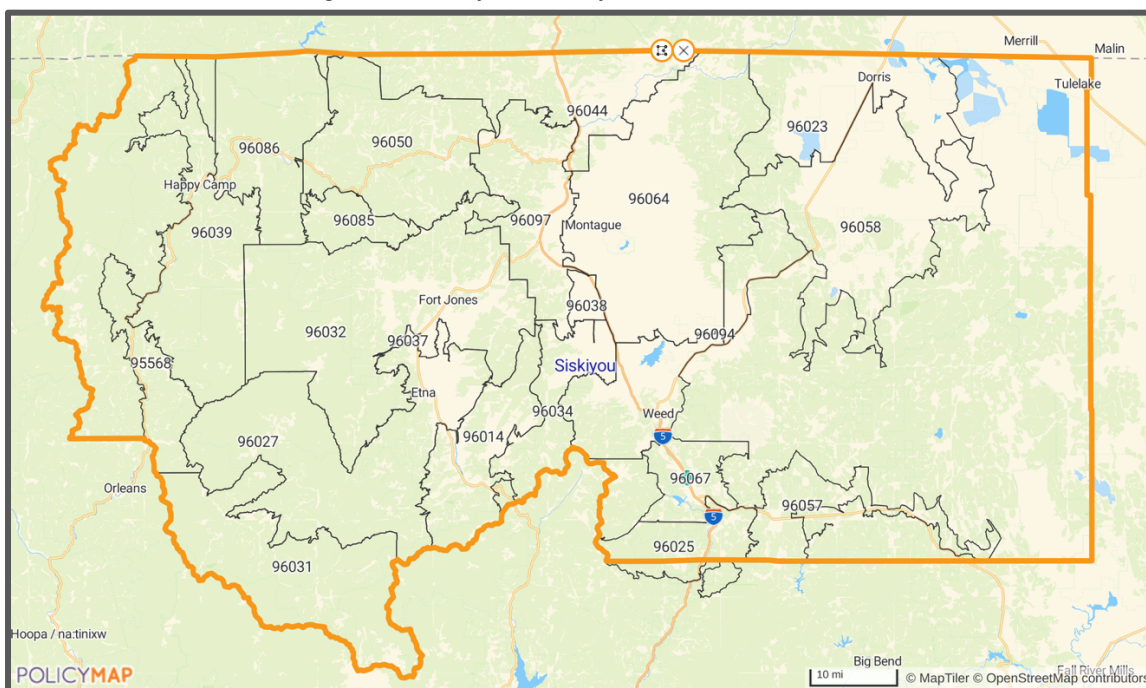
The community served by the Hospitals includes the following zip codes, as geographically depicted in Figure 1:

- 95568 (Somes Bar);
- 96014 (Callahan);
- 96023 (Dorris);
- 96025 (Dunsmuir);
- 96027 (Etna);
- 96031 (Forks of Salmon);
- 96032 (Fort Jones);
- 96034 (Gazelle);
- 96037 (Greenview);
- 96038 (Grenada);
- 96039 (Happy Camp);
- 96044 (Hornbrook);
- 96050 (Klamath River);
- 96057 (McCloud);
- 96058 (Macdoel);
- 96064 (Montague);
- 96067 (Mt. Shasta);
- 96085 (Scott Bar);
- 96086 (Seiad Valley);
- 96094 (Weed);
- 96097 (Yreka); and,
- 96134 (Tulelake)

The Siskiyou County, CA 2022 CHNA also included zip code 96049, an area near Happy Camp. The population demographics for zip code 96049 are now included as part of zip codes 96039 and 96086.

The Hospitals do not exclude any low-income or underserved populations and include all community members. While both hospitals serve all of Siskiyou County, due to the distance between communities and the hospital locations, typically MMCMS serves residents from southern Siskiyou County and FMC serves residents from northern Siskiyou County.

Figure 1. Siskiyou County Communities Served



The Hospitals are supported by the Siskiyou County Health and Human Services Agency, Public Health Division (“SCPHD”). The SCPHD provides a wide range of support services through public health programs and initiatives, behavioral health support, and social services, which complement the local health care system. According to the Partnership 2024 Annual Data Report<sup>1</sup>, 19,100 individuals in Siskiyou County are Partnership members (Medi-Cal), which is nearly half of the County’s population.

The following subsection and Section 4, Assessment Data and Findings, provide further details and evaluation regarding demographic indicators. Table 2 below presents U.S. Census population characteristics for Siskiyou County. Additional community population details can be found in Appendix A.

<sup>1</sup> Partnership HealthPlan of California. (April 2024). *Annual Partnership County Report 2024: Siskiyou County*. <https://www.partnershiphp.org/Community/Documents/AnnualDataReports/Siskiyou%20County%202024%20Annual%20Data%20Report.pdf>. Accessed March 22, 2025.

Table 2. Siskiyou County Community Served<sup>2</sup>

U.S. Census Data	Siskiyou County	California
Total population	43,834	39,242,785
Median age (years)	47.4	37.6
Percent Hispanic or Latino(a)	13.1%	39.8%
Percent White alone, not Hispanic or Latino(a)	74.2%	34.6%
Median household income	\$55,499	\$95,521
Percent of families living in poverty (below 100% federal poverty level)	16.6%	12.0%
Unemployment rate	8.2%	5.3%
Percent with less than a high school diploma, 25 years and over	8.9%	15.4%
Percent, age 5 and older who speak English less than “very well”	3.3%	17.3%
Percent without health insurance	6.4%	6.9%
No. of Partnership HealthPlan Members Residing in Community <sup>3</sup>	19,100	14.9 Million Medi-Cal Members

## 2.1. POPULATION

Siskiyou County has a total population of 43,834 residents. Population growth in the County has been slow, with an increase of only 32.2% between 1969 and 2022, compared to California’s statewide growth of approximately 98% during the same period.<sup>4</sup> The median age in Siskiyou County is 47.2 years, higher than California's state median of 38.2 years. The age distribution in the County reveals the presence of a large aging population, with 41.9% being age 55 or older. According to the U.S. Census, the median age of the County ranges from a low of 35.9 in Somes Bar (95568) to a high of 69.5 in Forks of Salmon (96031).

The youth population is largely consistent with state averages. Approximately 20% of residents are under the age of 18, which is slightly lower than California’s state average of

<sup>2</sup> U.S. Census Bureau, U.S. Department of Commerce. "ACS Demographic and Housing Estimates." *American Community Survey, ACS 5-Year Estimates Data Profiles*, 2023.

<sup>3</sup> Partnership HealthPlan of California. (April 2024). *Annual Partnership County Report 2024: Siskiyou County*.

<sup>4</sup> California Regional Economics and Analysis Project (REAP). *Population Trends over 1969-2022 - Siskiyou County vs. California*. California REAP

21.7%. Similarly, 4.8% of Siskiyou County's population is under the age of 5, compared to 5.4% statewide.<sup>5</sup>

Overall, Siskiyou County has a population density of 7 people per square mile (mi<sup>2</sup>), ranging from a high of 102 people/mi<sup>2</sup> in Mt. Shasta (96067) to a low of <1 (0.22) person/mi<sup>2</sup> in Forks of Salmon (96031). The City of Yreka (96097) is the county's largest population center with 10,220 residents, and the "I-5" corridor serves as a population center that transects the County north to south.<sup>6</sup>

Educational attainment in Siskiyou County exceeds the state rate (84.8%), with 94.9% of the Hospital community (age 25+) completing high school. However, educational attainment levels drop below the state rate in the northeastern portion of the county. High school graduation rates for adults (age 25+) range from a low of 61.5% in Macdoel (96058) to 79.4% in Tulelake (96134).

### 2.1.1. Race and Ethnicity

Siskiyou County's demographic profile contrasts sharply with California's in terms of racial and ethnic diversity. Overall, 74.2% of the County residents identify as White alone, not Hispanic or Latino(a), with a lesser 13.1% considering themselves Hispanic or Latino(a), well below the state average of 40.2%. It is important to note that racial groups are unevenly distributed across the county, with areas like Macdoel (96058) and Tulelake (96134) containing a strongly concentrated Hispanic or Latino population, representing 52.9% and 41.9% of the community, respectively. In contrast, the community of Callahan (96014) has no statistically significant presence of Hispanic or Latino residents.<sup>7</sup>

The remaining 12.6% not Hispanic or Latino(a) community members identify as follows:

- 1.6% – Black or African American;
- 2.8% – American Indian and Alaska Native;
- 1.6% – Asian;
- 0.4% – Native Hawaiian and Other Pacific;
- 0.2% – Some Other Race; and,
- 6.0% – Two or More Races.

Further evaluation reveals the City of Weed has the largest Black, not Hispanic or Latino(a) community and the largest concentration and percent (8.3%) of Black community members in Siskiyou County. The Black community in Weed, CA, historically resided in the Lincoln Heights neighborhood, which was believed to be (until the Mill Fire) one of the only intact

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<sup>5</sup> U.S. Census Bureau. *QuickFacts: Siskiyou County, California*. U.S. Census Bureau,

<sup>6</sup> U.S. Census Bureau, *QuickFacts: Siskiyou County, California*.

<sup>7</sup> U.S. Census Bureau, *QuickFacts: Siskiyou County, California*.

Black neighborhoods west of the Mississippi River that dates back to the early days of the last century.<sup>8</sup>

Native Americans represent a significant cultural group in Siskiyou County, especially in the community of Happy Camp, which serves as the headquarters for the Karuk Tribe. Happy Camp sits on the historic village of Athithúfvuunupma or "where the hazel creek flows into," the ancestral homeland of the Karuk Tribe. The Karuk have lived in the lands surrounding the middle Klamath River in Northern California for millennia. Their 1.04 million-acre aboriginal territory stretches about 170 miles along the Klamath River from Orleans to Yreka in Humboldt and Siskiyou counties. With more than 3,700 enrolled members and another 5,000 enrolled descendants, the Karuk Tribe is one of California's largest by population.<sup>9</sup>

Happy Camp continues to represent a central hub for the tribe's cultural, social, and economic activities, drawing a high concentration of Native American residents into the Happy Camp community. Programs administered by the tribe focus on preserving Native American traditions and supporting community welfare through health, education, and housing initiatives.<sup>101112</sup>

Overall, 7.6% of community members identify as American Indian and Alaska Native, if the community analyzed by race alone, or in combination with one or more other races. Additional variations are summarized in Table 3. According to the U.S. Census, the communities with the highest number of residents who identify as American Indian and Alaska Native are Fort Jones (96032 – 336 residents), Yreka (96097 – 278 residents), Montague (96064 – 169), and Happy Camp (96039 – 117 residents).

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<sup>8</sup> Baron, Ethan. (2022). *It's historic and we need to save it: Vital piece of Black history burns up in Mill Fire*. Red Bluff Daily News. <https://www.redbluffdailynews.com/2022/09/04/its-historic-and-we-need-to-save-it-vital-piece-of-black-history-burns-up-in-mill-fire/>. Accessed April 15, 2025.

<sup>9</sup> Krok, Debra. (2020). *'Our right to fire': Tribes battle agencies, old policies to restore fire practices*. <https://www.azcentral.com/in-depth/news/local/arizona-environment/2020/11/25/tribes-battle-agencies-old-policies-restore-fire-practices/3547198001/>. Retrieved April 15, 2025.

<sup>10</sup> Karuk Tribe. *Community Needs Assessment and Community Action Plan (2024-2025)*. 2023.

<sup>11</sup> Northern California Indian Development Council (NCIDC). *Community Action Report for the Northern Region of California*. 2023.

<sup>12</sup> Siskiyou County Public Health Department. *Siskiyou County Minoritized Communities Report*. 2024.

Table 3. American Indian and Alaska Native Community Members by Race<sup>13</sup>

Race	Total	Percent
Siskiyou County	43,834	***
Race		
One race	1,420	3.2%
American Indian and Alaska Native		
Two or more races		
White and American Indian and Alaska Native	1,568	3.6%
Black or African American and American Indian and Alaska Native	51	0.1%
Race alone or in combination with one or more races		
American Indian and Alaska Native	3,314	7.6%

### 2.1.2. Languages Spoken

Language diversity in Siskiyou County is significantly lower than in California as a whole. Only 9.7% of Siskiyou County residents aged five and older speak a language other than English at home, and 3.3% of residents have limited-English proficiency. Further evaluation reveals the number of community members with limited-English proficiency is highest in Macdoel (34.8%) and Dorris (14.0%).<sup>14</sup>

Native American communities also contribute to the county's linguistic diversity with efforts by the Karuk Tribe in Happy Camp to preserve the indigenous language as part of their efforts to retain tribal culture within community development initiatives.<sup>15</sup>

### 2.1.3. Poverty

According to the U.S. Census, American Community Survey (2019-2023 5-Year Estimates), 16.6% of Siskiyou County residents live below the federal poverty level, compared to the California state rate of 12.0%. The poverty rate by community increases to 20.4% in Yreka (96097), where one in five residents reside in poverty. Other communities within the County where at least one in five residents reside in poverty includes: Tulelake (96134), McCloud (96057), Klamath River (96050), Happy Camp (96039), Forks of Salmon (96031), Dorris (96023), and Callahan (96014). In the county, one in five residents (20.1%) under 18 lives in poverty. As compared to the state Siskiyou County has one of the highest youth poverty rates

<sup>13</sup> U.S. Census Bureau, U.S. Department of Commerce. "ACS Demographic and Housing Estimates." *American Community Survey, ACS 5-Year Estimates Data Profiles, Table DP05*, 2023, <https://data.census.gov/table/ACSDP5Y2023.DP05?q=siskiyou+county,+ca>. Accessed on April 4, 2025.

<sup>14</sup> U.S. Census Bureau, U.S. Department of Commerce. "Selected Characteristics of the Total and Native Populations in the United States." *American Community Survey, ACS 5-Year Estimates Subject Tables, Table S0601*, 2023, <https://data.census.gov/table/ACSST5Y2023.S0601?q=siskiyou+county,+ca>. Accessed on May 4, 2025.

<sup>15</sup> Karuk Tribe. *Community Needs Assessment and Community Action Plan (2024-2025)*. 2023.



in the state. The community median household income ranged from \$35,250 in Forks of Salmon (96031) to \$128,125 in Somes Bar (95568), compared to the state median of \$95,521.<sup>16</sup> Nearly half (45.3%) of households in the county had an annual income of less than \$50,000, compared to 26.5% in California.

## 2.2. COMMUNITIES OF CONCERN

The 2023 Siskiyou County Point-In-Time (PIT) Count identified 507 individuals experiencing homelessness, with 231 people living in unsheltered conditions.<sup>17</sup> Due to the challenges of accessing the unhoused population in a rural county, this number is considered a significant undercount. According to the Annual Partnership County Data Report, which uses several sources including patient addresses and the use of homeless or unstable housing documentation, there were 2,204 homeless members in 2022, which is a rate of 11.5% of total Partnership members.<sup>18</sup>

The Asian American/Hmong population is a community of concern in Siskiyou County because they face multiple barriers to health and well-being, including housing access, limited English proficiency and geographic isolation. The Hmong are also considered a racial or ethnic group experiencing disparate health outcomes under California Assembly Bill (AB) 1204.

The Asian American/Hmong community is structured by clans and is communitarian in nature.<sup>19</sup> Asian American/Hmong is primarily a spoken language and community members rely on their clan leaders for information. Critical health issues for Asian American/Hmong people living in the U.S. include diabetes, high blood pressure, kidney disease, hepatitis A, and mental health. Changes in diet and lack of knowledge of screening services are potential reasons for the increased prevalence of these chronic conditions.

From 2015 to 2017, over 1,500 Asian American/Hmong individuals moved to remote areas of Siskiyou County along the eastern side of “I-5” near Mount Shasta<sup>20</sup>. There, they built homes

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<sup>16</sup> U.S. Census Bureau, U.S. Department of Commerce. "Median Income in the Past 12 Months (in 2023 Inflation-Adjusted Dollars)." American Community Survey, ACS 5-Year Estimates Subject Tables, Table S1903, 2023, <https://data.census.gov/table/ACSST5Y2023.S1903?q=median+household+income&g=860XX00US95945,95946,95949,95959,95960,95975,95977,95986>. Accessed on April 22, 2025.

<sup>17</sup> County of Siskiyou. IRFP for a Homeless Service Provider to Operate a Non-Congregate Shelter. [https://www.siskiyoucounty.gov/sites/default/files/fileattachments/housing\\_resources/page/30850/rfp\\_palletshelteroperator.pdf](https://www.siskiyoucounty.gov/sites/default/files/fileattachments/housing_resources/page/30850/rfp_palletshelteroperator.pdf)

<sup>18</sup> Partnership HealthPlan. *Annual Partnership County Data Report 2024: Siskiyou County*. April 2024. <https://partnershiphp.org/Community/Documents/AnnualDataReports/Siskiyou%20County%202024%20Annual%20Data%20Report.pdf>

<sup>19</sup> Wilson Owens, Christine. *Hmong*, 2007. <https://ethnomed.org/culture/hmong/>

<sup>20</sup> St. John, Paige. *Hmong pot growers in Siskiyou County seeking identity, profit – or both*. September 10, 2017. Los Angeles Times. <https://www.latimes.com/local/california/la-me-hmong-marijuana-siskiyou-20170910-htmlstory.html>



that do not meet the state building code and do not have formal addresses, causing many of the Asian American/Hmong to qualify as homeless. Not having an address makes it difficult for many of the Asian American/Hmong to sign up for public health insurance and access other social services.

Many of the Asian American/Hmong's homes do not have wells or running water and they rely on water transported in by truck. In 2021 the County banned trucks from transporting more than 100 gallons of water in an effort to hinder the illegal marijuana grows in Siskiyou County. The Asian American/Hmong have reported struggling to get enough water to cover their basic needs.<sup>21</sup> One resident shared, "he and his wife were constantly thirsty and could only bathe once a week".<sup>22</sup> The average American family uses over 300 gallons of water a day. A recent drought has made disputes over water even more tense.

By 2021, there were at least 4,000 Asian American/Hmongs living in Siskiyou County, but Partnership HealthPlan reported in March 2024 that there were only 112 members that identified as Asian or Pacific Islander. However, there were 2,386 members of an unknown race or ethnicity. According to a key informant interview with the Asian American/Hmong community leadership they are estimating there are 5,000 Asian American/Hmong community members in Siskiyou County.

### **2.3. MEDICALLY UNDERSERVED AREAS/POPULATIONS AND HEALTH PROFESSIONAL SHORTAGE AREAS**

The U.S. Health Resources and Services Administration (HRSA) has identified Medically Underserved Areas/Populations (MUA/P) and Health Professional Shortage Areas (HPSA) within Siskiyou County. All of Siskiyou County has been designated a mental health HPSA and nearly all of the County, except the northwestern mountainous region, has been designated as a HPSA for primary care. Fairchild Medical Center has two provider based Rural Health Clinics in this region and has made good progress in building primary care capacity. Also, the eastern portions of the County have been designated as a dental health HPSA. MMCMS is projecting that they will need an additional 16.8 full-time equivalent primary care physicians by 2026, nearly doubling the current supply of 17.5 primary care physicians. Additional details are provided in Table 4.

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<sup>21</sup> Anguiano, Dani. *'I don't believe anyone is safe': drought rules spark accusations of racism in California outpost*. The Guardian. <https://www.theguardian.com/us-news/2021/aug/21/california-drought-hmong-americans-race-water>

<sup>22</sup> Deng, Grace. *Hmong Americans are being targeted by law enforcement in California's Siskiyou County*. Prism. : <https://prismreports.org/2022/05/04/hmong-americans-targeted-siskiyou-county/>

Table 4. MUA/P and HPSA as Identified by HRSA in the Community<sup>23</sup>

Discipline	MUA/P ID	Service Area Name	Designation Type	Update Date
Primary Care	00320	Butte Valley (MSSA 200)	Medically Underserved Area	7/13/1994
Primary Care	00323	Dunsmuir (MSSA 198)	Medically Underserved Area	7/13/1994
Primary Care	00322	Etna/Fort Jones (MSSA 194)	Medically Underserved Area	7/13/1994
Primary Care	00324	McCloud-Medicine (MSSA 199)	Medically Underserved Area	7/13/1994
Primary Care	00321	MSSA 195/Hornbrook-Hilt	Medically Underserved Area	7/13/1994
Primary Care	07000	Tule Lake (MSSA 196)	Medically Underserved Area	7/13/1994
Discipline	HPSA ID	HPSA or Service Area Name	Designation Type	Update Date
Primary Care	1065856521	MSSA 194/Etna	Geographic HPSA	9/10/2021
Dental Health	6068755521	LI-MSSA 197/198-Weed/Dunsmuir	Low Income Population HPSA	9/10/2021
Primary Care	1062429945	MSSA 200/Dorris	High Needs Geographic HPSA	3/3/2022
Mental Health	7068851186	Siskiyou County	High Needs Geographic HPSA	1/5/2022
Dental Health	6062299124	MSSA 199 McCloud	High Needs Geographic HPSA	5/11/2022
Primary Care	1068771044	LI/MFW/H - MSSAs197/198/199/Weed/Dunsmuir/McCloud	Low Income Homeless Migrant Farmworker Population HPSA	6/22/2022
Dental Health	6064467097	MSSA 196 and 200 Tulelake/Dorris	High Needs Geographic HPSA	10/24/2022
Primary Care	1062836588	LI/MFW - MSSA 195/Yreka/Montague/Grenada /Gazelle/Hilt/Hornbrook	Low Income Migrant Farmworker Population HPSA	10/4/2022

<sup>23</sup> U.S. Department of Health and Human Services, Health Resources and Services Administration. (2025). *HRSA Data Warehouse, Find Shortage Areas*. <https://data.hrsa.gov/tools/shortage-area>. Accessed March 9, 2025.

## 3.0 ASSESSMENT PROCESS AND METHODS

The 2025 CHNA was completed through a compilation of primary qualitative and secondary quantitative data sources. Broad interests of the community were solicited and taken into account through primary data sources, including focus groups, key informant interviews, and input from the SCPHD. This information was corroborated with secondary quantitative data obtained from datasets maintained by governmental and nongovernmental organizations at the local, state, and national levels. This mixed-methods approach allowed for the cross-referencing of data to validate information and provide a broader perspective of community health needs. Each data source and the process utilized for collection and assessment are described in the following subsections.

### 3.1. COMMUNITY INPUT, VULNERABLE POPULATIONS

A focus group and key informant interview program was developed and completed in 2024 and 2025. The goal was to take into account members of the medically underserved, low-income, and minority populations in the community, including vulnerable populations.

Overall, 17 focus groups/key informant interviews were facilitated between November 2024 and February 2025, either virtually or in person. The CHNA Collaborative members provided guidance and introductions to potential community partners for focus groups or to serve as key informants. To maintain consistency with the State of California Community Benefit Reporting Requirements, the definition of vulnerable populations from Assembly Bill (AB) 1204 was utilized. Focus groups and key informant interviews included members, organizations, or healthcare providers serving vulnerable members of the community. Focus groups were held with community members and individuals who represented the following vulnerable community members: LGBTQ+, Black or African American, Native American, Hmong, unhoused, foster youth, and socially disadvantaged communities (including seniors).<sup>24</sup>

Focus group and key informant summaries were analyzed using ATLAS.ti qualitative analysis software. Using ATLAS.ti, phrases from the summaries were coded and thematically analyzed. The frequency with which a topic was discussed across the focus groups was used to determine key themes and conclusions.

The focus group script is provided in Appendix B and summaries of each focus group/key informant interview are provided in Appendix C. Table 5 provides a list of completed focus groups and key informant interviews.

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<sup>24</sup> State of California, Legislative Counsel Bureau. "Assembly Bill No. 1204 , Chapter 751," 2021, [https://leginfo.ca.gov/faces/billNavClient.xhtml?bill\\_id=202120220AB1204](https://leginfo.ca.gov/faces/billNavClient.xhtml?bill_id=202120220AB1204). Accessed March 1, 2025.

Table 5. Siskiyou County Primary Data Sources

Community Member Focus Groups	Community Provider Focus Groups
Hmong Community SiskiyouOUT Weed Senior Luncheon	Fairchild Medical Center Emergency Department & Social Work Fairchild Medical Center Visiting Nurses Healthy Siskiyou Team, Siskiyou County Health and Human Services Mercy Mt. Shasta Healthcare Providers Siskiyou County Office of Education Community School Coordinators
Key Informant Interviews	
Abigail Yeager, Happy Camp Community Center Carla Charraga, Siskiyou Domestic Violence and Crisis Center Dr. Char Perlas, Superintendent/President, College of the Siskiyous Dr. Nicholas Brown, MD, Integrative Psychiatry Erica Mitchell, Siskiyou County Office of Education Jeremiah LaRue, Siskiyou County Sheriff Katy Popa, HUB Communities Center Maddelyn Bryan and Joanne Johnson, Housing Coordinators, Siskiyou County Health and Human Services Agency Sara Johnson, Foster and Homeless Youth Program Director	

### 3.2. SISKIYOU COUNTY HEALTH AND HUMAN SERVICES AGENCY, PUBLIC HEALTH DIVISION

The SCPHD is one of the organizations that has financially supported the preparation of this Siskiyou County, CA 2025 CHNA and have provided regular input throughout the process. SCPHD graciously provided meeting space for the facilitation of focus groups and key informant interviews.

### 3.3. WRITTEN COMMENTS FROM PREVIOUS CHNA

Each hospital invited written comments on the 2022 CHNA Report and Implementation Strategy, in both documents and on the Hospital website, where they are widely available to the public. No written comments were received at the time of this CHNA report's development.

### 3.4. SECONDARY DATA SOURCES

The CHNA encompasses a multitude of secondary data indicators that help illustrate the community's health. Secondary data from local, county, state, and national sources were reviewed and include data points about demographics, mortality, morbidity, social determinants of health, health behaviors, clinical care, health outcomes, and physical environment. Secondary county, state, or national level data sources provide a comparison to community-level qualitative data. This CHNA report utilized the following secondary data sources, among others:

California Department of Education	Education Data Partnership
California Department of Justice	Partnership HealthPlan of California
California Department of Public Health	PolicyMap
California Employment Development Department	The Rippel Foundation
California Energy Commission	Siskiyou County, CA
California Health Kids Survey	U.S. Census
Centers for Disease Control and Prevention (CDC)	U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion

All secondary data sources were thoroughly evaluated, and every effort was made to use the best available data at the time of report publication. While there are always data limitations, the assembled data, information, and completed analyses provide a comprehensive identification and description of significant community health needs.

### 3.5. CHNA REPORT PREPARERS

This CHNA report and the preceding data collection effort were prepared collaboratively between members of the Siskiyou County, CA CHNA Collaborative and Ganey Science, San Francisco, CA. The Ganey Science Team was led by Amanda Gettig, MPH, and supported by Georges Merceron, MPH, and Julia Turnak. Amanda has been preparing CHNA reports for Dignity Health since 2016. Amanda has been published at the Annual Meeting of the American Public Health Association and at the National Conference for the Association of Community Health Improvement.

4.0 ASSESSMENT DATA AND FINDINGS

The data assessment for this CHNA Report consists of a systematic review of primary and secondary data sources. The results of the focus groups are summarized below and will be presented and included within each subsection, as appropriate. The data assessment compares the community against state and national levels, as well as the U.S. Department of Health and Human Services’ Healthy People 2030 (HP 2030) benchmarks, when available. Data were analyzed for health and social inequities, health indicators, health behaviors, and health conditions. The analysis specifically notes population segments that are particularly vulnerable or experiencing disproportionate unmet health needs or poor outcomes.

4.1. FOCUS GROUP AND KEY INFORMANT INTERVIEW RESULTS

Between November 2024 – April 2025 a total of 17 different focus groups and key informant interviews were conducted. Key informants and focus group participants were provided a safe space to share their lived experiences with the facilitators, allowing for an in-depth understanding of their community’s needs. Table 6 below provides the top themes identified during the focus groups and interviews by vulnerable populations.

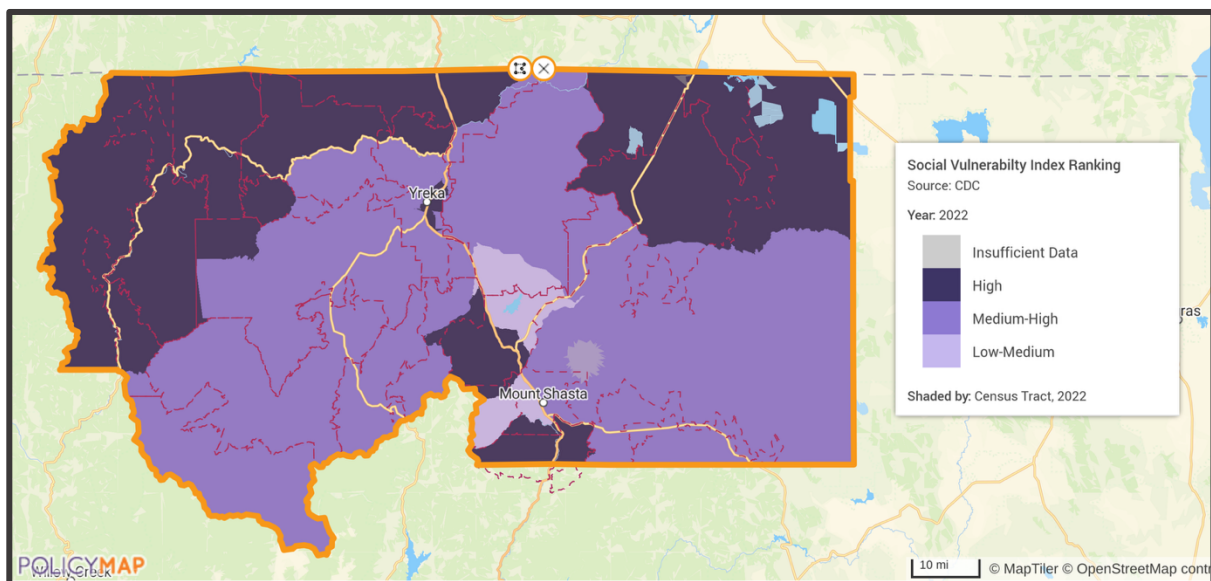
Table 6. SNMH Primary Data – Top Themes by Sub-population

Native American	LGBTQ+	Asian American/Hmong
Access to Basic Needs: Housing, Food Insecurity, Transportation Educational Attainment Generational Trauma	Community Belonging Poor Access to Basic Needs: Housing, Food Insecurity Poor Access to Primary and Specialty Care	Community Belonging Housing Access to Specialty Care (Dialysis)
Seniors	Unhoused	Youth
Access to Basic Needs: Housing, Transportation Access to Specialty Care (Dialysis)	Substance Use Access to Supportive Housing Access to Behavioral Health Care	Access to Basic Needs: Transportation, Food Insecurity, Internet Access, Housing Exposure to Trauma Substance Use Access to Behavioral Health Care

## 4.2. SOCIAL VULNERABILITY INDEX (SVI)

The Social Vulnerability Index (SVI) is a tool, developed by the CDC, that evaluates a community's capacity to prepare for, respond to, and recover from incidents that can cause human suffering and financial loss. The SVI examines indicators related to socioeconomic status, household composition and disability, minority status and language, and housing type and transportation. Scores are structured so that lower values represent lesser vulnerability, while higher values denote greater vulnerability. Overall, Siskiyou County has a High SVI ranking. However, examined at the census tract level, High SVI areas can be found in the northwestern and northeastern portions of the county, as well as in Weed (96094) and Dunsmuir (96025). The darkest purple areas shown in Figure 2 represent the highest SVI census tract areas, with medium purple representing the medium-high areas.

Figure 2. Siskiyou County Social Vulnerability Index



## 4.3. VITAL CONDITIONS FRAMEWORK

One of the National Health Initiatives developed by the U.S. Office of Disease Prevention and Health Promotion is the Federal Plan for Equitable Long-Term Recovery and Resilience for Social, Behavioral, and Community Health Plan. The Plan is organized around the Vital Conditions for Health and Well-Being structure. The overarching goal of the Plan states:

**“All people and places THRIVING – no exceptions.”**

The strengths-based Vital Conditions for Health and Well-Being Framework provides an actionable, asset-based approach that is key to improving social determinants of health and addressing inequities. The Vital Conditions framework has roots in the community and is



centered on the elements of “belonging and civic muscle.” Civic engagement capacity and local, self-driven solutions are critical to addressing local needs.<sup>25</sup>

Through the six urgent services developed alongside the vital conditions, communities can organize action to promote health equity and respond to crises that threaten health and well-being. The six urgent services are: acute care for illness or injury, addiction treatment, crime response, environmental cleanup, unemployment and food assistance, and homeless services. Urgent services are necessary and lifesaving, but they alone cannot produce human flourishing. Figure 3 further illustrates the relationship between vital conditions and urgent services.

Figure 3. Vital Conditions and Urgent Services<sup>26</sup>



<sup>25</sup> Office of Disease Prevention and Health Promotion. (January 20, 2022). *Federal Plan for Equitable Long-Term Recovery and Resilience for Social, Behavioral, and Community Health*. [https://origin.health.gov/sites/default/files/2022-04/ELTRR-Report\\_220127a\\_ColorCorrected\\_2.pdf](https://origin.health.gov/sites/default/files/2022-04/ELTRR-Report_220127a_ColorCorrected_2.pdf). Accessed March 15, 2025.

<sup>26</sup> The Rippel Foundation. (2025). *What is a Well-Being Portfolio?* <https://rippel.org/vital-conditions/>. Accessed March 9, 2025.



Currently, the Vital Conditions and Urgent Services model has not been developed to include measurable goals similar to those in the Social Determinants of Health and HP 2030. To analyze the community holistically, the following subsections use the Vital Conditions and Urgent Services perspective with the Social Determinants of Health.

#### 4.4. SOCIAL DETERMINANTS OF HEALTH

According to the U.S. Centers for Disease Control and Prevention, the Social Determinants of Health (SDOH) are the nonmedical factors that influence health outcomes. They are the conditions in which people are born, grow, work, live and age, and the forces and systems affecting daily life. The five key SDOH factors include:

- Economic stability,
- Education access and quality,
- Healthcare access and quality,
- Neighborhood and built environment, and
- Social and community context.

Figure 4. Social Determinants of Health



The SDOH are one of three priority areas for HP 2030, along with health equity and health literacy. A graphic depicting the SDOH is provided in the adjacent Figure 4.<sup>27</sup>

#### 4.5. ECONOMIC STABILITY | MEANINGFUL WORK AND WEALTH

Personal, family, and community wealth provides the means for healthy, secure lives. That includes well-paying, fulfilling jobs and financial security that extends across the life span. The ability to accumulate adequate wealth shapes the living standards not only for individual families and communities, but for generations to come.

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<sup>27</sup> U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. *Healthy People 2030*. <https://odphp.health.gov/healthypeople/objectives-and-data/social-determinants-health>. Accessed on March 17, 2025.

In 2023, Siskiyou County had a gross domestic product of \$2.37 million,<sup>28</sup> an unemployment rate of 8.2% in March 2025,<sup>29</sup> and a median household income of \$55,499. The county's median household income of \$55,499 in 2023 is only 58% of the state median household income of \$95,521.<sup>30</sup> According to the 2025 Poverty Guidelines, as published by the U.S. Department of Health and Human Services, households with income below \$15,650 (one-person household) and \$32,150 (four-person household) are considered in poverty.<sup>31</sup>

Overall, the community has 11.6% of families in poverty and 4.5% of the community reside in deep poverty (less than 50% of poverty level), an improvement from 6% in 2013.<sup>32</sup> The five communities with the highest rates of families in deep poverty and poverty are shown in Table 7.

Table 7. Estimated Percent of Families in Deep Poverty and Poverty (2019-2023)<sup>33</sup>

Location	Families in Deep Poverty	Location	Families in Poverty
Siskiyou County	3.1%	Siskiyou County	11.6%
96086	10.3%	96023	27.4%
96023	8.1%	96097	16.1%
96027	7.0%	96014	15.5%
96050	6.8%	96044	14.7%
96064	6.2%	96050	14.5%

Key informants highlighted in the western region of the county, the Karuk Tribe and the U.S. Forest Service are the only major employers, leaving residents with few career options. When higher-paying jobs have become available, many remain unfilled due to a lack of skilled

<sup>28</sup> U.S. Bureau of Economic Analysis, Gross Domestic Product: All Industries in Siskiyou County, CA [GDPALL06093], retrieved from FRED, Federal Reserve Bank of St. Louis; <https://fred.stlouisfed.org/series/GDPALL06093>, May 5, 2025.

<sup>29</sup> U.S. Bureau of Labor Statistics, Unemployment Rate in Siskiyou County, CA [CASISK3URN], retrieved from FRED, Federal Reserve Bank of St. Louis; <https://fred.stlouisfed.org/series/CASISK3URN>, May 5, 2025.

<sup>30</sup> U.S. Census Bureau, U.S. Department of Commerce. "Income in the Past 12 Months (in 2023 Inflation-Adjusted Dollars)." *American Community Survey, ACS 1-Year Estimates Subject Tables, Table S1901*, 2023, <https://data.census.gov/table/ACSST1Y2023.S1901?q=california+median+household+income>. Accessed on May 1, 2025.

<sup>31</sup> U.S. Department of Health and Human Services. "Poverty Guidelines." *Office of the Assistant Secretary for Planning and Evaluation*, 2025, <https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines>. Accessed March 18, 2025.

<sup>32</sup> PolicyMap. (n.d.). Estimated percent of families that live in deep poverty (at less than 50% of the poverty level), between 2019-2023 [Map based on data from Census: US Bureau of the Census]. Retrieved May 9, 2025, from <http://www.policymap.com>.

<sup>33</sup> PolicyMap. (n.d.). Estimated percent of families that live in deep poverty (at less than 50% of the poverty level), between 2019-2023 [Map based on data from Census: US Bureau of the Census]. Retrieved May 9, 2025, from <http://www.policymap.com>.

workers. Transportation costs and access to transportation hinder residents' financial stability. In many cases, local families cannot afford gas to travel to jobs or access social services. Some families in the agricultural areas of the county depend on income earned by their school-aged children from their agricultural jobs to help support the household. These students often struggle to balance work and education.

## 4.6. HUMANE HOUSING

People are able to thrive when they have safe, stable places to live. Humane housing encompasses access to secure, consistent places to live, homes and neighborhoods that are safe from hazards, and neighborhoods that provide access to basic needs and resources that promote healthy living.<sup>34</sup> Housing is often the largest expense in household budgets, making housing affordability a significant factor in financial well-being. Homeownership has long been at the center of the American Dream, offering a way to build family wealth and stable, diverse communities.

Housing insecurity is a consistent issue in Siskiyou County, with many families struggling to find affordable and stable housing. Access to humane housing was identified as a health need in over half of the primary data community interviews. Community service providers shared that many of the community members they serve live in unsafe, unhealthy conditions. The Siskiyou County Housing Element Report states that waitlists for subsidized housing in the county are now one to three years long and Section 8 vouchers are difficult to obtain.

Housing insecurity has been compounded by the impact of natural disasters in recent years, which have further reduced the housing stock. In the past ten years, Siskiyou County has experienced numerous wildfires. The community of Happy Camp lost about 200 homes due to the Slater Fire, displacing more than half of the population and destroying half of the available housing in the area.<sup>35</sup> Many of those impacted families currently live in RVs or makeshift housing as a long-term solution (from Focus groups). The Mill Fire burned through the historically black community of Lincoln Heights in Weed, CA in 2022 and burned approximately 100 homes. The fire also impacted the nearby town of Lake Shastina,

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<sup>34</sup> Community Commons. *Humane Housing as a Vital Condition*.

<https://www.communitycommons.org/collections/Humane-Housing-as-a-Vital-Condition>

<sup>35</sup> McGivney, Annette. "Fire Tore through the Karuk Tribe's Homeland. Many Won't Be Able to Return." *The Guardian*, 23 Oct. 2020, <https://www.theguardian.com/us-news/2020/oct/23/karuk-tribe-california-slater-fire-insurance>.

destroying between 30 and 50 homes.<sup>36</sup> In 2021, the Lava Fire burned areas that had over 100 households living in precarious housing conditions, such as sheds and RVs.<sup>37</sup>

## 4.7. RELIABLE TRANSPORTATION

Reliable, safe, and accessible transportation is one of the seven vital conditions because access to transportation is a major driver of health and well-being. Individuals living in poverty, with functional limitations, and those who are under- or uninsured have a higher healthcare-related transportation burden.<sup>38</sup> Transportation is a challenge if residents lack access to a personal vehicle because public transportation can be unreliable and difficult to access.

According to secondary data sources there are 1,091 households in Siskiyou County with no vehicles available. This is an improvement from ten years ago when the number was 1,538. The highest number of households without a vehicle reside in the communities along the “I-5” corridor, however the highest percentage of households without a vehicle can be found in the remote isolated communities of Macdoel (96058 – 15.3%), Forks of Salmon (96031 – 18.6%), and Scott Bar (96085 – 21.9%).<sup>39</sup> Additional details are shown on Figure 5.

Siskiyou County’s public transportation, STAGE (Siskiyou Transit and General Express), is a Yreka/Montague bus and a Yreka/Scott Valley bus that runs only on Mondays and Thursdays.<sup>40</sup> The need for transportation was shared in three different focus groups: Healthy Siskiyou Team, Community School Coordinators, and Weed Senior Luncheon. The lack of public transportation contributes the county’s isolation and can contribute to individuals’ vulnerability. Sheriff LaRue shared stories of individuals that work on remote grow sites that do not have access to a car or any transportation. The community school coordinators shared how poor access to transportation causes absenteeism in their students and makes it difficult for youth in the community to access other resources that are not provided at school such as the doctor’s office, grocery store, or public offices that offer social services.

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<sup>36</sup> National Low Income Housing Coalition. (2022). *Mill Fire in Northern California Kills Two and Destroys More Than 100 Homes*. <https://nlihc.org/resource/mill-fire-northern-california-kills-two-and-destroys-more-100-homes>. Accessed April 15, 2025.

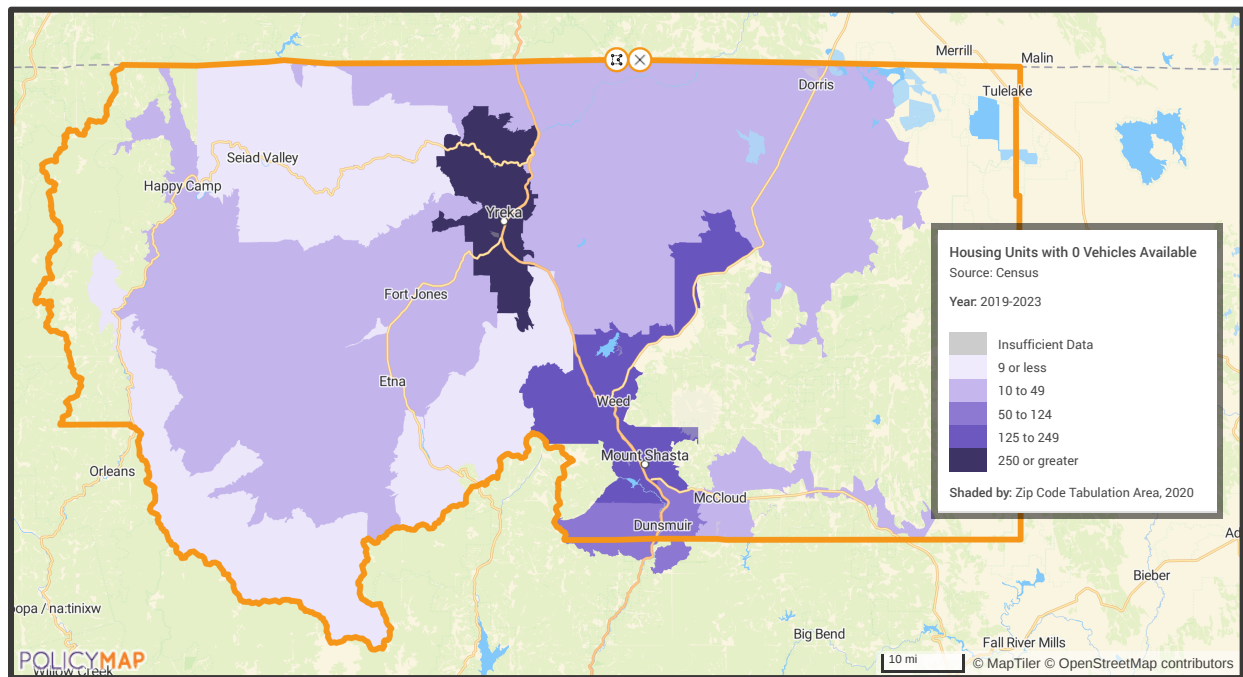
<sup>37</sup> County of Siskiyou, California. (2023). *Housing Element, Final Adopted Version, November 14, 2023*. [https://www.siskiyoucounty.gov/sites/default/files/fileattachments/planning/page/2601/pln\\_20240206\\_housingelement2022-2030.pdf](https://www.siskiyoucounty.gov/sites/default/files/fileattachments/planning/page/2601/pln_20240206_housingelement2022-2030.pdf). Accessed May 4, 2025.

<sup>38</sup> Ufere, Nneka N, Lago-Hernandez, Carlos, et al. January 2024. *Health care-related transportation insecurity is associated with adverse health outcomes among adults with chronic liver disease*. Hepatology Communications. [https://journals.lww.com/hepcomm/fulltext/2024/01010/health\\_care\\_related\\_transportation\\_insecurity\\_is.20.aspx](https://journals.lww.com/hepcomm/fulltext/2024/01010/health_care_related_transportation_insecurity_is.20.aspx). Accessed on March 21, 2025.

<sup>39</sup> PolicyMap. (n.d.). Estimated percent of housing units for which no vehicles are available in 2019-2023 [Map based on data from Census: US Bureau of the Census]. Retrieved May 10, 2025, from <http://www.policymap.com>

<sup>40</sup> Siskiyou County. *STAGE – Siskiyou Transit and General Express*. <https://www.siskiyoucounty.gov/stage>

Figure 5. Siskiyou County Housing Units with Zero Vehicles to Access



## 4.8. EDUCATION ACCESS AND QUALITY | LIFELONG LEARNING

The high school graduation rate (for adults aged 25 and over) in the county is 91.9%, which is higher than the state’s rate of 85%. However, the county lags the state rate for residents who attained a bachelor’s (15.8% vs. 22.4%) or graduate (7.3% vs. 14.1%) degrees. Nearly half (42..0%) of the community reported they attended some college or have an associate’s degree.

**HP 2030 Goal: Increase educational opportunities and help children and adolescents do well in school.**

California Education Code Section 8484.65 designates “frontier areas,” where school sites are located in an area with a population density of less than 11 people per square mile. Except for the population centers and few remote towns like Etna and Tulelake, the rural areas of Siskiyou County are considered frontier areas.

Key informants shared that some families who live in remote/frontier areas of the county lack reliable transportation, which makes school attendance and participation in extracurricular activities difficult. It was reported that some students must travel two to four hours for sports and academic competitions, an option only available to those who can afford the costs. School districts struggle to provide adequate transportation resources to meet the gap, which also impacts students participating in independent study programs.

Foster and homeless youth in the county face additional challenges with accessing education, including frequent relocation due to unstable housing, which makes it difficult for some students to stay in the same school. According to information shared by the Siskiyou County Office of Education, during the 2024-25 school year, Siskiyou County schools served 225 unhoused youth and 62 foster youth. Many unhoused students live in cars, trailers, campgrounds, or hotels, which makes it difficult for them to attend school consistently.

Extracurricular activities such as the Future Farmers of America (FFA), Family, Career, and Community Leaders of America (FCCLA), and school sports provide important engagement opportunities, but financial barriers prevent some students from participating. The lack of affordable recreational activities outside of school—beyond sports and 4H—leaves many students without structured activities. Many students fall into substance use as a result of the lack of entertainment and job opportunities available for youth.

According to the State of California’s Department of Education, the Four-Year Adjusted Cohort Graduation Rate for Siskiyou County for 2023-24 was 87.4%, with 28.1% of the students meeting the University of California/California State University (UC/CSU) Admission Requirements. The majority of students (76.5%) in the 2023-24 cohort were considered socioeconomically disadvantaged; however, they only represent about half of the 119 cohort students who met the UC/CSU requirements. Overall, 51.9% of California high school graduates in 2024 met the UC/CSU requirements.<sup>41</sup>

## **4.9. CLIMATE AND HEALTH | THRIVING NATURAL WORLD**

A thriving natural world is a community that has sustainable natural resources and freedom from climate impacts including extreme heat, flooding, wind, radiation, earthquakes, and pathogens. This needs assessment incorporates climate and health indicators because the physical environment in which an individual lives, learns, works, and plays is vital to their health.

This section summarizes the local climate, the potential impacts of climate change on the environment and public health in the service area, and discusses potential ways to manage the effects of climate impacts on health.

### **4.9.1. Climate Change and Human Health**

The impacts of climate change on human health are described by the National Institute of Environmental Health Sciences, which references global health organizations stating that

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<sup>41</sup> State of California, Department of Education. “2023-24 Four-Year Adjusted Cohort Graduation Rate, Siskiyou County Report.” <https://dq.cde.ca.gov/dataquest/dqcensus/CohRate.aspx?cds=47&agglevel=county&year=2023-24&initrow=&ro=y> Accessed on March 22, 2025.



the effects of climate change worsen many existing illnesses and diseases by increasing exposure to increased temperatures, introducing new pests and pathogens to an area, and affecting air and water quality.<sup>42</sup> The Fifth National Climate Assessment prepared by the U.S. Global Change Research Program states, “*It is an established fact that climate change is harming physical, mental, spiritual, and community health and well-being through the increasing frequency and intensity of extreme events, increasing cases of infectious and vector-borne diseases, and declines in food and water quality and security.*” Certain populations are at higher risk for climate change health impacts, including children, the elderly, low-income populations, and persons with underlying health conditions.

According to data mapping by the New York Times, the highest climate risk in Siskiyou County is from wildfire.<sup>43</sup> The same data map lists water stress as high and extreme rainfall risk as medium. High risk of water stress presents clear risk to human health from drinking water shortages and reduced irrigation water for food supply. Siskiyou County is affected by both water stress, leading to droughts and wildfires, and extreme rainfall, which feeds the vegetation that causes worsening wildfires. As temperatures increase, Siskiyou County will face an increased risk of death from dehydration, heat stroke, heat exhaustion, heart attack, stroke, and respiratory distress caused by extreme heat.

Rising temperatures and extreme weather events pose significant risks to public health. Increased heat exposure can exacerbate respiratory and cardiovascular illnesses, particularly among vulnerable populations such as the elderly and individuals with preexisting conditions. Additionally, higher temperatures may lead to the proliferation of vector-borne diseases by expanding the range of disease-carrying insects such as mosquitoes and ticks.

#### **4.9.2. Managing Climate Impacts on Health**

Siskiyou County is actively developing strategies to address the impacts of climate change on public health and safety. In 2022, the county received a \$1.5 million grant from the California Strategic Growth Council to establish the Siskiyou Climate Collaborative.<sup>44</sup> This initiative will result in the development of a Climate Resiliency Plan that is due to be released in 2025. This planning effort will bring together partners from natural resources, agriculture, outdoor recreation, and workforce sectors and focus on enhancing the region’s ability to adapt to challenges such as wildfires, droughts, and other extreme climate events that can impact community health.

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<sup>42</sup> National Institute of Environmental Health Sciences. (n.d). *Climate Change and Human Health*. <https://www.niehs.nih.gov/research/programs/climatechange>. Accessed October 23, 2024.

<sup>43</sup> S. Thompson and Y. Serkez. (September 18, 2020). *Every Place Has Its Own Climate Risk. What Is It Where You Live?* New York Times.

<sup>44</sup> California Strategic Growth Council. "Press Release: California Invests \$8.5 Million to Help Communities Accelerate Climate Action." *California Strategic Growth Council*, 15 Dec. 2022, <https://sgc.ca.gov/news/2022/12-15a.html>.

Public health and environmental health initiatives aimed at climate adaptation involve the establishment of community cooling centers, air quality monitoring programs, and water conservation measures to ensure sustainable access to clean drinking water. The county is also exploring ways to incorporate climate adaptation strategies into its General Plan update, aligning with state and federal efforts to address climate vulnerabilities.<sup>45</sup>

The U.S. Centers for Disease Control and Prevention (CDC) maintains a Heat & Health Tracker that provides local information to help communities better prepare for and respond to extreme heat events.<sup>46</sup> The Heat-Related Illness and Temperature map shows the rate of emergency department (ED) visits associated with heat-related illness per 100,000 ED visits by region. Local communities can monitor this data and create or expand cooling centers in response to changing data. The Heat Exposure Map on the same CDC site shows the expected number of days in the next month at or above a dangerous level of heat.

## **4.10. SOCIAL AND COMMUNITY CONTEXT | BELONGING & CIVIC MUSCLE**

The social and community context in which people live and work includes the relationships between neighbors and their social and civic connections. Social and community context can be evaluated through the following indicators:

- Discrimination;
- Incarceration and crime;
- Social cohesion and social connectedness; and,
- Community capacity.

Siskiyou County is defined by its strong sense of community, connection to nature, and a commitment to preserving rural and historic heritage. The county's natural beauty and vast open spaces largely shape the community lifestyle and local economy in Siskiyou County. Agriculture, forestry, and outdoor recreation represent key sectors that sustain businesses, with tourism and outdoor activities playing an important role in local economic development. Community input has emphasized the importance of maintaining access to natural resources, greater opportunities for volunteerism, and a focus on preserving existing recreational spaces rather than community development. The community is home to churches, schools, parks, and senior centers that can be used by the community and that foster community engagement. An example of the multitude of community organizations supporting the

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<sup>45</sup> Siskiyou County Community Development Department. *Siskiyou County General Plan*. Siskiyou County, 2024.

<sup>46</sup> U.S. Centers for Disease Control and Prevention, Heat & Health Tracker, <https://ephtracking.cdc.gov/Applications/heatTracker/>



community is provided in Section 5. According to the voting records for Siskiyou County, 78% of registered voters cast ballots in the November 2024 general election.<sup>47</sup>

Multiple key informants talked about grandparents who are raising grandchildren, often due to incarceration or substance use within families. The high rates of substance use disorder has been reported to affect nearly every family in some way. Generational trauma, poverty, and unemployment contribute to substance use as a coping mechanism, reinforcing the cycle.

## 4.11. BASIC NEEDS FOR HEALTH + SAFETY

### 4.11.1. Food Insecurity

A thriving natural world is a community that has sustainable natural resources and freedom from climate impacts. This includes clean air, water, and soil. While local industry is a source of employment and feeds the local economy, it may at times affect the physical environment, potentially exacerbating or increasing the risk factors for chronic disease.

In addition, food insecurity is widespread, with approximately 63% of Siskiyou County students qualifying for free and reduced price lunch.<sup>48</sup> This number increases to 80% or more of students at Weed Union Elementary, McCloud Union Elementary, Klamath River Union Elementary, Hornbrook Elementary, Dunsmuir Elementary, and Bogus Elementary. It has been noted through key informant interviews that some students come to school hungry every day, particularly in more remote areas where the nearest full-service supermarket is miles away.

According to the U.S. Department of Agriculture Food Atlas Research, there are many areas of the county that are considered both low-income and low-access tracts. The analysis compares low-income census tracts to the distance to the nearest supermarket or large grocery store. Figure 7. provides a geographic depiction of this analysis for Siskiyou County, and includes many areas of the county along the “I-5” corridor, including the Cities of Yreka, Weed, and Mt. Shasta.<sup>49</sup>

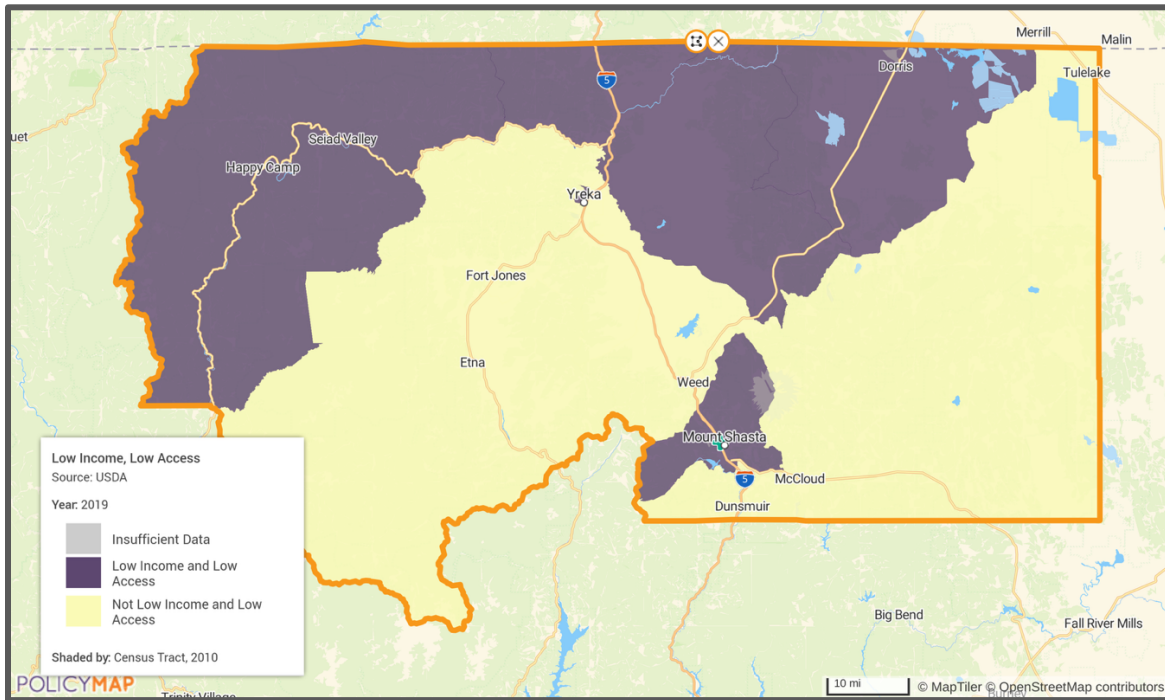
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<sup>47</sup> November 5, 2024, General Election Voter Participation Statistics by County. <https://admin.cdn.sos.ca.gov/elections/sov/2024-general/sov/03-voter-participation-stats-by-county.pdf>. Accessed on April 27, 2025.

<sup>48</sup> California Department of Education (2025). *Selected County Level Data – Siskiyou for the Year 2023-24*. <https://dq.cde.ca.gov/dataquest/cbeds2.asp?FreeLunch=on&cChoice=CoProf2&cYear=2023-24&cLevel=County&cTopic=FRPM&myTimeFrame=S&submit1=Submit&TheCounty=47,SISKIYOU> Accessed on April 27, 2025.

<sup>49</sup> U.S. Department of Agriculture, Economic Research Service. (2025). *Food Access Research Atlas*. <https://www.ers.usda.gov/data-products/food-access-research-atlas>. Accessed May 10, 2025.

Figure 7. Low Income and Low Access Tracts, 2019



#### 4.11.2. Neighborhood and Built Environment

Access to the outdoors, clean water, healthy soils for agriculture, clean air, and park and recreation facilities all impact an individual's wellness. Groundwater in Siskiyou County is a precious commodity based upon key informants and news articles. The City of Weed battled for years in court for rights to the spring that is their source of domestic water.<sup>50</sup> Due to a lack of infrastructure, the Asian American/Hmong community relies on water trucks as their source of water for their neighborhood near Mt. Shasta.

There are two designated U.S. Environmental Protection Agency Superfund Sites in Siskiyou County. The J.H. Baxter & Co./Roseburg Forest Products site on Mill Street in Weed has been continuously used for wood treatment and related activities since 1937. Contaminants

<sup>50</sup> Fuller, Thomas. (2021). *New York Times*, "A Battle Over Water Comes to a Sweet End." <https://www.nytimes.com/2021/04/06/us/weed-ca-water.html>. Accessed April 15, 2025.

such as arsenic, polycyclic aromatic hydrocarbons, pentachlorophenol, and dioxins were identified on site. Multiple remedial actions have been completed, and the site is undergoing long-term monitoring.<sup>51</sup>

HP 2030 Goal: Reduce the amount of toxic pollutants released into the environment.

The Blue Ledge Mine site is located along the Rogue River in the Siskiyou National Forest approximately 3 miles south of the Oregon-California border. The mine impacted water quality and caused an absence of fish for more than 3 miles downstream.<sup>52</sup> Since this Superfund site is within the Siskiyou National Forest, there is limited potential for the contamination to impact any residents.

Finally, it was reported during focus groups and key informant interviews that some community members, especially in the frontier areas, do not have access to the internet and may live “off grid.” For students in independent study programs, internet access also presents a major barrier. To address this challenge, Golden Eagle Charter referenced a program that provides mobile hotspots to students. However, many families lack consistent broadband access, and so the hot spots become a resource for the family making it difficult for students to complete coursework due to limited bandwidth.

Overall, 13.66% of households in Siskiyou County do not have access to broadband internet. However, this number varies greatly depending on location and the socioeconomic status of the household. For example, although Weed (96034) is located along the “I-5” corridor, 22.2% of the community reported they did not have a broadband internet subscription.<sup>53</sup>

#### 4.11.3. Injury and Violence

Freedom from trauma, violence, addiction and crime is considered a Basic Need for Health and Safety. Approximately 34% of women from the northern California counties of Del Norte, Siskiyou, Lassen, Trinity, Modoc, Plumas, and Sierra reported ever experiencing physical or sexual violence by an intimate partner.<sup>54</sup> According to the California Office of the Attorney General’s Open Justice data portal, law enforcement agencies in Siskiyou County reported a total of 160 domestic violence-related calls for assistance in 2023, a slight decrease from 197

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<sup>51</sup> U.S. Environmental Protection Agency. (2025). *Superfund Site: J.H. Baxter & Co., Weed, CA*. <https://cumulis.epa.gov/supercpad/SiteProfiles/index.cfm?fuseaction=second.cleanup&id=0900917>. Accessed April 15, 2025.

<sup>52</sup> U.S. Environmental Protection Agency. (2025). *Superfund Site: Blue Ledge Mine Rogue River – Siskiyou NF, CA*. <https://cumulis.epa.gov/supercpad/cursites/csitinfo.cfm?id=0906063>. Accessed April 15, 2025.

<sup>53</sup> PolicyMap. (n.d.). Availability of residential wired broadband internet access in 2020 [Map based on data from FCC: Data downloaded from <https://www.fcc.gov/general/broadband-deployment-data-fcc-form-477>, August 2021]. Retrieved April 28, 2025, from <http://www.policymap.com>.

<sup>54</sup> UCLA Center for Health Policy Research. AskCHIS Dashboard. <https://healthpolicy.ucla.edu/our-work/askchis/askchis-dashboard>. Accessed March 24, 2025.

in 2022. Over half (118) of the domestic violence calls in 2023 involved a weapon, of which 94 involved a personal weapon, which includes hands or feet.<sup>55</sup>

Additionally, teen dating violence and sexual exploitation were identified as growing threats in the county with service providers noting that at-risk youth, particularly those experiencing housing instability or coming from abusive homes, are at an elevated risk of being groomed for exploitation. School-based prevention programs remain underfunded and underdeveloped, and community stakeholders emphasized the need for expanded prevention, intervention, and victim support services.<sup>56</sup>

The violent crime rate is the measurement of homicide, forcible rape, robbery and aggravated assault that occur in a community compared to the total population. According to the California Office of the Attorney General Open Justice data portal, in Siskiyou County the total number of violent crimes reported in 2023 was 207, which includes three homicides, 25 rapes, 174 aggravated assaults, and five robberies. Additionally, in 2023, law enforcement agencies in Siskiyou County reported 300 property crimes.<sup>57</sup>

#### 4.11.4. Health Care Access and Quality

The Vital Conditions framework considers healthcare a basic need. Access to comprehensive, quality healthcare services is critical for achieving health equity and for increasing the quality of a healthy life for everyone. Inadequate health insurance coverage is one of the most significant barriers to healthcare access, and the unequal distribution of coverage contributes to health disparities.

Healthcare access in Siskiyou County is severely limited due to the county's geographic rural setting and small population. The county is profoundly medically underserved and has multiple health professional shortage areas as previously depicted in Table 4. The county relies heavily on the two critical access hospitals, their physicians, local federally qualified health centers, the County Health and Human Services, and tribal health centers for health care. As a result, residents frequently travel out of the county or state for specialized care with the lack of dental, vision, and primary care providers locally. However, for many residents there is a lack of adequate transportation to reach health services, which often delays needed care.

HP 2030 Goal: Increase access to comprehensive, high-quality health care services.

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<sup>55</sup> California Department of Justice, Office of the Attorney General. (2025). *OpenJustice, Crimes & Clearances*. <https://openjustice.doj.ca.gov/exploration/crime-statistics/domestic-violence-related-calls-assistance>. Accessed on March 23, 2025.

<sup>56</sup> *Siskiyou County Behavioral Health: Mental Health Services Act (MHSA) Plan Update 2023-2024*.

<sup>57</sup> California Department of Justice, Office of the Attorney General. (2025). *OpenJustice, Crimes & Clearances*. <https://openjustice.doj.ca.gov/exploration/crime-statistics/crimes-clearances>. Accessed on March 23, 2025.

For uninsured or low-income patients, affording healthcare is an ongoing challenge. In addition, Medicare recipients struggle to find in-home support services, and many residents cannot afford out-of-pocket expenses for caregivers or medications. Behavioral health care is also severely lacking in the community, with many individuals unable to access therapy, substance use treatment, or crisis intervention services.

Cultural factors also play a significant role in shaping outcomes for these communities. Marginalized groups, such as the Native American, Asian American/Hmong and Hispanic populations, have been found to have strong mistrust of healthcare providers. This mistrust stems from experiences of perceived discrimination and inadequate service delivery. Stakeholders within focus groups have strongly emphasized the need for outreach to rebuild trust and increase utilization of available services.

#### **4.11.5. Oral Health**

Siskiyou County residents face substantial barriers to access routine and specialized dental care. Difficulties accessing oral health have been reported through focus groups that, like other health services, individuals must travel out of the county for dental services, including oral surgery. There is only one dentist per 1,510 people in Siskiyou County which is nearly 500 more people per dentist than the ratio in California.<sup>58</sup> Some community members reported seeking care in Oregon because of a lack of available specialists nearby.

Approximately 10.9% of adults in the northern California counties of Del Norte, Siskiyou, Lassen, Trinity, Modoc, Plumas, and Sierra have not visited the dentist in the past five years, which is higher than the state rate of 6.7%.<sup>59</sup> Of the adults surveyed in the same northern California counties about why they had not visited a dentist in the past 12 months, 31.3% answered they could not find one, 23.2% could not afford or did not have insurance, and 25.7% said they had no reason to go.

As a result, preventive care including regular cleanings and fluoride treatments, is not consistently accessible. In addition, financial constraints often lead individuals to delay necessary treatments. Pediatric dental care is particularly limited, leaving parents with few options for preventative treatment and immediate care. Given the high rates of poverty and food insecurity in the county, children are also believed to be at an increased risk of untreated dental issues, which can have long-term health impacts. Almost three out of every ten children (27.6%) in northern California counties have never been to the dentist.<sup>60</sup>

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<sup>58</sup> County Health Rankings. <https://www.countyhealthrankings.org/health-data/california/siskiyou?year=2025>  
Accessed April 27, 2025.

<sup>59</sup> UCLA Center for Health Policy Research. AskCHIS Dashboard.

<sup>60</sup> UCLA Center for Health Policy Research. AskCHIS Dashboard.

## 4.12. HEALTH CONDITIONS

Chronic diseases, including heart disease and cancer, are the leading cause of death in the United States, in California, and in Siskiyou County. According to the CDC, chronic diseases are defined as heart disease, stroke, cancer, diabetes, obesity, arthritis, Alzheimer's disease, epilepsy, and tooth decay. Chronic conditions also encompass mental health conditions, including depression and anxiety.

Partnership HealthPlan of California provided a summary of chronic conditions prevalence for 2024. The top six most prevalent chronic conditions in Siskiyou County during 2024 were tobacco use, anxiety, hypertension, depression, substance use, and trauma and stress. The entire Partnership snapshot report has been provided as Appendix D.

### 4.12.1. Heart Disease, Diabetes and Obesity

Heart disease is the leading cause of death in the United States, California, and Siskiyou County.<sup>61,62</sup> Heart disease encompasses many different conditions, including coronary artery disease, heart attack, or stroke. Heart disease risk factors include high blood pressure, high cholesterol, diabetes, obesity, an individual's lifestyle, age, and family history. The rates of heart disease, diabetes, high cholesterol, and high blood pressure are all greater for Siskiyou County than the state rates. These indicators are presented in Table 8 based on data from the California Health Interview Survey (CHIS), 2023.<sup>63</sup>

Hypertension and heart disease are also persistent health burdens, with Siskiyou County residents experiencing higher-than-average rates of hospitalizations and complications related to these conditions. The region's rural nature, limited healthcare access, and an aging population exacerbate these chronic disease challenges, making disease prevention and management essential.

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<sup>61</sup> National Center for Health Statistics, CDC. Leading Causes of Death. <https://www.cdc.gov/nchs/fastats/leading-causes-of-death.htm>. Accessed March 21, 2025.

<sup>62</sup> CDC Wonder. Underlying Cause of Death 2018-2023. <https://wonder.cdc.gov/controller/datarequest/D158;jsessionid=CC6416286DEF8440F9781C77CB2B>

<sup>63</sup> UCLA Center for Health Policy Research. AskCHIS Dashboard.



Table 8. Prevalence of Heart Disease and Stroke Indicators

2023 CHIS Topic	Northern Counties*	CA
Told high cholesterol in past year (>240)	22.5%	19.7%
Ever diagnosed with high blood pressure	34.1%	27.2%
Ever diagnosed with heart disease	9.3%	6.7%
Ever diagnosed with diabetes	13.0%	11.8%
*Includes Del Norte, Siskiyou, Lassen, Trinity, Modoc, Plumas, and Sierra		

In the Northern Counties, 24.9% of adults are considered to be overweight and 30.1% of adults are obese. This accounts for over half of the adult population being considered overweight or obese. The Northern Counties' rate for adults considered overweight is lower than the state's rate for overweight (32.6%), but the counties' rate of obesity is higher than the state's (29.2%).<sup>64</sup>

#### 4.12.2. Cancer

Cancer is a genetic disease caused by changes to genes that control the way cells function, particularly in their growth and replication. While some of the factors are inherited at birth, others are influenced by lifestyle and environmental factors. Cancer disparities are thought to reflect the relationship of socioeconomic factors, culture, diet, stress, the environment, and genetics. The poor and medically underserved are less likely to have recommended cancer screening tests than those who are medically well served. They are also more likely to be diagnosed with late-stage cancer that may have been treated more effectively if diagnosed earlier. Preventive cancer screening rates in Siskiyou and Del Norte Counties are similar to the state rates for colorectal (58.5% and 58.7%) and cervical (81.0% and 80.8%) cancer screenings, but the counties' mammogram rate lags behind the state rate of 73.0% at 70.9%.<sup>65</sup> The rates of obesity (33.5%) and smoking (17.3%) in the counties exceed the state rates (28.9% and 11.8%).<sup>66</sup>

HP 2030 Goal: Reduce new cases of cancer and cancer-related illness, disability, and death.

According to the California Cancer Registry, there were 1,928 cases of cancer in Siskiyou and Del Norte Counties from 2017 to 2021. The California Cancer Registry determined the crude rate of cancer for each county and then adjusted it for age, allowing for an “apples to apples”

<sup>64</sup> UCLA Center for Health Policy Research. AskCHIS Dashboard.

<sup>65</sup> University of California, San Francisco. California Health Maps website.

<sup>66</sup> University of California, San Francisco. California Health Maps website.

comparison between the 58 counties in California. The most common cancer sites with age-adjusted rates for Siskiyou and Del Norte Counties and the state are provided in Table 9.<sup>67</sup>

Table 9. Age-Adjusted Cancer Incidence Rates (2017-2021)

Site	Siskiyou and Del Norte Counties		California
	Total Cases	Age Adjusted Rate*	Age Adjusted Rate*
All Sites	1,928	348.0	398.3
Breast, Females	228	89.0	124.1
Prostate, Males	191	64.2	99.0
Lung	314	52.1	36.8
Colorectal	162	29.5	33.5
Melanoma of the Skin	102	18.4	22.8
* All rates are per 100,000. Rates are age adjusted to the 2000 US Standard Population.			

#### 4.12.3. Social and Emotional Wellness

Social and emotional wellness includes our emotional, psychological, and social well-being. Social and emotional wellness is essential to a person's overall well-being. Individuals from marginalized communities who have been subjected to long-term mistreatment and abuse often have a higher disease burden and more significant health disparities. Community members and medical providers expressed during focus groups the desire and need for more efforts to competently address underlying trauma, life experiences, and stressors that influence health and well-being. Partnership HealthPlan of California reported anxiety as the second most prevalent chronic condition for Siskiyou County members of all ages in 2024.<sup>68</sup>

According to the California Healthy Kids Survey's most recent Siskiyou County report, almost half of 11<sup>th</sup> grade students (49%) and over a third of 7<sup>th</sup> and 9<sup>th</sup> grade students (35% and 36%) reported chronic sad or hopeless feelings in the past 12 months.<sup>69</sup> A quarter of 9<sup>th</sup> grade students and 28% of 11<sup>th</sup> grade students in Siskiyou County reported seriously considering suicide in the past 12 months.

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<sup>67</sup> University of California, San Francisco. California Health Maps website. <https://www.californiahealthmaps.org/?areatype=county&address=35.53890%2C-120.80429&sex=Both&site=Kidney&race=&year=05yr&overlays=counties&choropleth=AAIR>. Accessed March 24, 2025.

<sup>68</sup> See Appendix D.

<sup>69</sup> [https://data.calschls.org/resources/Siskiyou\\_County\\_2123\\_Sec\\_CHKS.pdf](https://data.calschls.org/resources/Siskiyou_County_2123_Sec_CHKS.pdf)

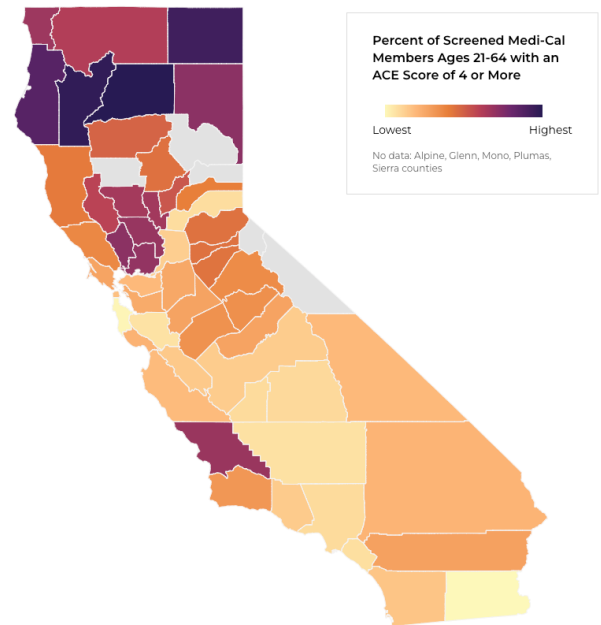


#### 4.12.4. Adverse Childhood Experiences

Trauma and toxic stress experienced in childhood have long-lasting effects into adulthood. Adverse Childhood Experiences (ACEs) are all types of abuse, neglect, and other experiences in children's lives that may have the potential to cause traumatic stress or negatively affect children's feelings of safety and stability.<sup>70</sup> Individuals from marginalized communities that have been subjected to long-term mistreatment and abuse often have a higher disease burden and more significant health inequities.

Of the adults surveyed in California's northeastern counties (Del Norte, Siskiyou, Lassen, Trinity, Modoc, Plumas, and Sierra), 33.2% have four or more ACEs.<sup>71</sup> From 2020 to 2024, 154 Medi-Cal members ages 21-64 were screened for ACEs in Siskiyou County and 47.4% had an ACE Score of 4 or more.<sup>72</sup>

Individuals with an ACE Score of 4 or more are twelve times more likely to have attempted suicide, seven times more likely to be an alcoholic, and ten times more likely to have injected street drugs. Addiction and suicide are the two health issues that most highly correlate with high ACE scores.<sup>73</sup> These experiences can increase the risks of injury, sexually transmitted infections, teen pregnancy, and involvement in sex trafficking. Foster youth often have high rates of ACEs and lack a steady support system, which makes them vulnerable to substance use and behavioral health disorders, sex trafficking, and housing instability.



### 4.13. HEALTH BEHAVIORS

Healthy behaviors can help reduce an individual's risk of developing chronic conditions and improve mental wellness. These healthy behaviors include maintaining a healthy weight, avoiding tobacco, limiting alcohol consumption, and engaging in physical fitness.

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<sup>70</sup> Centers for Disease Control and Prevention. About Adverse Childhood Experiences. <https://www.cdc.gov/aces/about/index.html>

<sup>71</sup> UCLA Center for Health Policy Research. AskCHIS Dashboard.

<sup>72</sup> ACES Aware. *Medi-Cal Members Ages 21-64 Screened with an ACE Score of 4 or More*. <https://data.acesaware.org/medi-cal-aces-adults/>

<sup>73</sup> Pinetree Institute Learning Center. *The ACE Study*. <https://pinetreeinstitute.org/aces/#:~:text=The%20%20ACE%20Score%20%20D&text=Individuals%20with%20ACE%20scores%20of,20%20%20year%20shortening%20of%20lifespan>. Accessed March 23, 2025.

#### **4.13.1. Physical Activity**

Access to physical activity and organized sports in Siskiyou County presents significant challenges for both youth and adults. While physical activity is a key component of overall health and well-being, many residents face barriers that limit their ability to engage in regular exercise or participate in school-based and recreational sports programs. These challenges contribute to broader health concerns, including higher rates of obesity and chronic disease, as well as reduced opportunities for social engagement and community building.

Multiple focus group and key informants discussed the logistical and financial obstacles that prevent youth from participating in school and organized sports. Many students must travel long distances—sometimes two to four hours—to attend sporting events, which places a strain on families who may not have the resources to support this level of commitment. Beyond transportation, the costs associated with sports participation, including equipment, uniforms, and travel expenses, further limit access, particularly for low-income families. These financial burdens make it difficult for many students to take part in structured physical activities, leading to disparities in engagement and overall fitness levels.

In addition to organized sports, general access to recreational physical activity remains limited. This is not only an issue for youth but also a concern for the adult population. Lifestyle shifts, economic factors, and the physical environment all contribute to reduced levels of activity, which in turn are associated with rising obesity rates and related chronic health conditions such as Type 2 diabetes and cardiovascular disease. Without adequate access to fitness facilities, walking paths, and other recreational opportunities, maintaining an active lifestyle remains a challenge for many residents.

#### **4.13.2. Substance Use**

Substance use is a high-risk behavior that can lead to immediate or long-term health problems, and ultimately impacts individuals, families, and communities. According to the California Department of Public Health, Siskiyou County experienced 14 opioid-related overdose deaths in 2023, which equates to an age-adjusted rate of 40.1/100,000 residents. There were also 43 visits to the emergency department related to any opioid overdose and 87 visits attributed to all drugs. The county has the 12th highest overdose rate as compared to all California counties (State rate = 20.81). In Yreka, the opioid overdose death rate is 114.1/100,000 residents (rate may be unstable), which is 2.8 times the county rate and 5.5 times the state rate.<sup>74</sup> The Siskiyou County Overdose Snapshot Report is available in Appendix E.

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<sup>74</sup> California Department of Public Health. (2025). *California Overdose Surveillance Dashboard*. <https://skylab.cdph.ca.gov/ODdash/?tab=CTY>. Accessed March 21, 2025.

Substance use disorder represents a significant public health concern in Siskiyou County, impacting individuals, families, and the broader community. Methamphetamine and opioid addiction are particularly prevalent, with the use of multiple substances further complicating treatment and recovery efforts. The persistence of substance abuse in the region is influenced by generational drug use, trauma, and limited access to behavioral health services, creating complex challenges for those seeking help.

Dr. Nicholas Brown, the county's only practicing psychiatrist, has noted that Siskiyou County faces significant challenges in addressing substance abuse. He highlights the need for expanded treatment options and resources to improve access to care and support for those struggling with addiction.

The impact of substance abuse is evident across multiple populations, including Native American communities, youth, and low-income individuals. In particular, Native American populations in Siskiyou County experience disproportionately high rates of substance abuse that are often linked to historical trauma and systemic barriers to accessing culturally competent care. Reports from the Karuk Tribe highlight the prevalence of addiction among both youth and adults, with challenges such as stigma, transportation barriers, and a lack of integrated treatment models that incorporate traditional healing practices alongside western medicine.

Another common theme in key informant and focus groups is youth exposure to substance use perpetuating generational drug use. Educators and behavioral health professionals report that drug and alcohol use affect nearly every family in the county, with many children and adolescents exposed to substance use at an early age due to family or community influences. Schools and community organizations recognize the need for early intervention; however, resource limitations preclude the ability to address this challenge consistently.

#### **4.13.3. Tobacco Use/Vaping**

Tobacco use or smoking in any form (including e-cigarettes) is unsafe and causes cumulative, irreversible harm. According to the Siskiyou County, California Healthy Kids Survey's most recent data from 2021-2023, 11<sup>th</sup> grade respondents from Siskiyou County reported using the following substances:

- 36% current alcohol or drug use;
- 20% current marijuana use;

- 19% currently vape; and
- 4% smoke cigarettes.<sup>75</sup>

Partnership HealthPlan of California reported tobacco use as the third most prevalent chronic condition for their members for all ages during 2024.

#### 4.14. HUMAN TRAFFICKING

California is one of the nation's top destinations for trafficking human beings, and Siskiyou County has many factors that contribute to an environment of exploitation such as isolation, low socioeconomic status, and illegal cannabis farms. Human trafficking is a form of modern-day slavery where people profit from the control and exploitation of others.<sup>76</sup>

The Los Angeles Times reported in 2023 that satellite imagery showed Siskiyou County had the state's greatest concentration of illegal cannabis grows. Cannabis is among the nation's most labor-intensive crops; the laborers are low-wage and transitory. The laborers are predominantly minority from immigrant communities and migrant labor pools.<sup>77</sup> This report was substantiated through focus group and key informants. The key informants raised serious concerns about human trafficking among migrant farmworkers and vulnerable youth. The County Sheriff Department reported they encountered cases of labor trafficking in the grows. Individuals have been dropped off and expected to work for long periods of time. There have been cases of individuals being told they will not be paid until the marijuana is harvested and sold. Placing the liability on the trafficked individuals instead of those who own the grows.

#### 4.15. MATERNAL & CHILD HEALTH

Overall, 83% of pregnant women received prenatal care during the first trimester between 2020 and 2022, below the state average of 87.6%. The timeliness of prenatal care, measured by the percentage of deliveries where a prenatal visit occurred in the first trimester, remains an area of concern, with a significant portion of expectant mothers not receiving prenatal care within the first trimester, which can adversely impact birth outcomes.

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<sup>75</sup> Siskiyou County. (2024). *California Healthy Kids Survey, 2021-2023: Main Report*. San Francisco: West Ed for the California Department of Education.

[https://data.calschls.org/resources/Siskiyou\\_County\\_2123\\_Sec\\_CHKS.pdf](https://data.calschls.org/resources/Siskiyou_County_2123_Sec_CHKS.pdf) Accessed March 21, 2025.

<sup>76</sup> California Department of Justice. (2025). *What is Human Trafficking*. <https://oag.ca.gov/human-trafficking/what-is>. Accessed on March 23, 2025.

<sup>77</sup> St. John, Paige. (2023). Los Angeles Times. *In the fight against illegal cannabis, language complicates the conversation*. Los Angeles Times. <https://www.latimes.com/california/newsletter/2023-11-13/in-the-fight-against-illegal-cannabis-language-complicates-the-conversation-essential-california>. Accessed April 15, 2025.

Low birthweight prevalence in the county is 8.2%, above the state average of 7.2%, putting Siskiyou County as having one of the highest rates of low birthweight infants in the state (as compared to other counties). Siskiyou County has an adolescent birth rate (teen pregnancy) of 20.4 per 1,000 females aged 15-19 years old, more than double the California average of 9.5 per 1,000<sup>78</sup>.

4.16. MORTALITY

According to the California Department of Public Health, Siskiyou County has the highest crude mortality rate per 100,000 as compared to all counties in California.<sup>80</sup> The county also has the highest rate of deaths due to chronic liver disease, and ranks third for the number of deaths due to female breast cancer. Siskiyou County also has the third highest rate of deaths due to motor vehicle traffic crashes and firearm-related deaths.

Table 10. Top Underlying Causes of Death 2018-2023 <sup>79</sup>		
Cause of Death (2018-2023)	Crude Rate Per 100,000	
	Siskiyou County	California
Heart Disease	304.4	164.4
Cancer	291.7	152.6
Unintentional Injuries	101.8	47.1
Chronic lower respiratory diseases (CLRD)	97.6	31.9
Strokes	72.0	45.0
Alzheimer disease	68.9	43.5
COVID-19	50.5	41.7
Diabetes	39.8	27.7

According to the CDC Wonder database, heart disease and cancer were the two leading causes of death in Siskiyou County between 2018 and 2023, which are the same two leading causes of death for California. Table 10 provides the leading causes of death and the respective crude rate for Siskiyou County and California.

The 2023 California County Health Status Profiles provide an age-adjusted rate for the leading causes of mortality in the state. Even when accounting for age, Siskiyou County’s mortality rates for disease and injury exceed the state’s rates.

Siskiyou County had elevated rates of mortality from lung cancer and chronic lower respiratory disease (CLRD), which are often linked to smoking and environmental exposures.

<sup>78</sup> California Department of Public Health. (2024) *County Health Status Profiles 2024*. Center for Health Statistics and Informatics. Retrieved from [https://www.cdph.ca.gov/Programs/CHSI/CDPH%20Document%20Library/CHSP\\_Profiles/CHSP-2024.pdf](https://www.cdph.ca.gov/Programs/CHSI/CDPH%20Document%20Library/CHSP_Profiles/CHSP-2024.pdf). Accessed May 10, 2025.

<sup>79</sup> Centers for Disease Control and Prevention, National Center for Health Statistics. National Vital Statistics System, Mortality 2018-2023 on CDC WONDER Online Database, released in 2024. Data are from the Multiple Cause of Death Files, 2018-2023, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. <http://wonder.cdc.gov/ucd-icd10-expanded.html>. Accessed on March 24, 2025.

<sup>80</sup> California Department of Public Health. (2024) *County Health Status Profiles 2024*. Center for Health Statistics and Informatics. Retrieved from [https://www.cdph.ca.gov/Programs/CHSI/CDPH%20Document%20Library/CHSP\\_Profiles/CHSP-2024.pdf](https://www.cdph.ca.gov/Programs/CHSI/CDPH%20Document%20Library/CHSP_Profiles/CHSP-2024.pdf). Accessed May 10, 2025.

Beyond chronic diseases, unintentional injuries represent a significant cause of mortality. This includes fatalities from motor vehicle accidents, falls, and other preventable incidents. The high rates of mortality due to suicide, drug overdose, and firearms highlight the need for expanded access to mental health services, crisis intervention resources, and firearm safety measures to address behavioral health concerns in the region.

When taken together, the elevated mortality rates in Siskiyou County reflect a combination of economic, environmental, and healthcare access challenges. High rates of chronic disease, injury-related fatalities, and mental health struggles suggest that targeted public health interventions are needed to address the underlying factors contributing to premature death in the community.

One length of life measure is premature death, which is tabulated through the years of life lost (YLL) and sums the number of years prior to age 75 that each death occurs. Evaluating the causes of death in 2023 in Siskiyou County, the top three YLL can be attributed to the following causes:

- Drug overdose – 1,297 YLL per 100,000;
- Road injury – 1,273.8 YLL per 100,000; and
- Suicide/self-harm – 805.1 YLL per 100,000.<sup>82</sup>

Table 11. Age-Adjusted Mortality Rates

Cause of Death (2020-2022) <sup>81</sup>	Age-Adjusted Rate Per 100,000	
	Siskiyou County	California
Coronary Heart Disease	76.3	77.2
Cancer	163.5	122.0
Lung Cancer	32.0	21.6
Unintentional Injuries	103.6	47.9
CLRD	52.3	24.5
Suicide	26.6	10.1
Firearms	21.6	8.7
Drug Overdose	42.1	25.3

<sup>81</sup> California Department of Public Health. (2023). *County Health Status Profiles 2023*. Center for Health Statistics and Informatics. Retrieved from

[https://www.cdph.ca.gov/Programs/CHSI/CDPH%20Document%20Library/CHSP2023\\_Final\\_Draft\\_v10.pdf](https://www.cdph.ca.gov/Programs/CHSI/CDPH%20Document%20Library/CHSP2023_Final_Draft_v10.pdf)

<sup>82</sup> California Department of Public Health. (2025). *California Community Burden of Disease and Cost Engine (CCB)*. <https://skylab.cdph.ca.gov/communityBurden/?tab=rankbycause>. Accessed on March 24, 2025.

## 5.0 DESCRIPTION OF PRIORITIZED SIGNIFICANT COMMUNITY HEALTH NEEDS

As identified in the previous sections, significant community health needs were clearly identified. The same concerns and needs consistently emerged and were reiterated through many focus group meetings and key informant interviews. Community health needs were prioritized based upon duplications of identified needs in primary data and substantiated by secondary data. Additionally, the community health survey results were compared, when available, to state and national rates, as well as HP 2030 benchmarks.

The following criteria were also utilized to evaluate the prioritization of community needs, including:

- Size or scale of the problem (how many impacted);
  - Cause harm or impact others
  - Root cause of other problems
- Community's capacity and willingness to act on an issue or barrier;
- Availability of hospital and community resources;
- Known effective interventions and ability to intervene upstream;
- Resource feasibility and sustainability; and
- Measurable impact.

The significant community health needs were thoughtfully determined during a collaborative discussion with the CHNA preparation team on April 17, 2025, and the Siskiyou County CHNA Collaborative Team on April 24, 2025. The significant community health needs identified for the community extend far beyond healthcare. Social factors, including generational poverty, education, employment and income, gender, and ethnicity, all contribute to health inequities.

Health inequities are measurable differences in the health status of different population groups. These inequities have significant social and economic costs both to individuals and societies and affect an individual's healthspan. Health equity is the state in which everyone has a fair and just opportunity to attain their highest level of health. Attaining health equity in the hospital community will require addressing the most significant inequities and helping the pockets of the community facing a constant struggle with everyday life. The following paragraphs present a prioritized list of the significant health needs identified through the CHNA primary and secondary data.



### **Priority 1: Unmet vital conditions, including transportation, education, food and economic stability.**

Poverty plagues Siskiyou County. High poverty affects a family's ability to have a car, which in turn affects their access to food and educational opportunities. In Yreka one in five residents reside in poverty. One in five children (age <18 years) reside in poverty. Individuals who experience childhood poverty are more likely to experience poverty into adulthood, which contributes to generational cycles of poverty.<sup>83</sup> Poverty leads to other unmet vital conditions, such as reliable transportation, humane housing, access to healthy foods, education, and health care access.

Just over one-quarter of the recent four-year cohort for Siskiyou County met the UC/CSU Admission Requirements. If you were considered a socioeconomically disadvantaged student, a lesser 16.7% met the UC/CSU admission requirements. Figure 8 further depicts the cycle of generational poverty and trauma.

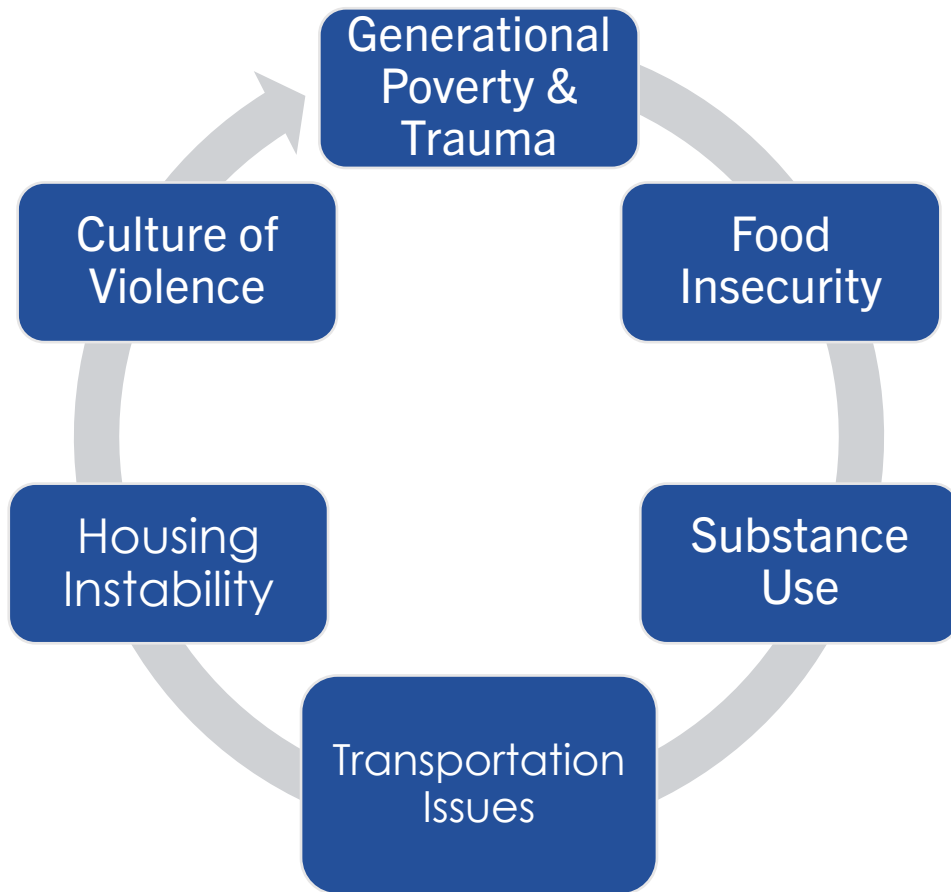
### **Priority 2: Low-income and supportive humane housing**

Housing insecurity is a significant challenge in the County with many living in precarious housing situations that often involve families resorting to the use of trailers, tents, and vehicles that do not have utilities. The unhoused population in Siskiyou County calls a field in Yreka their home. Over 400 homes have been lost to wildfires since 2020, and the Asian American/Hmong community resides in conditions that lack infrastructure. Low-income and low-income senior housing rental units are not nearly sufficient. As one focus group participant shared, they never had a roommate, but now, as a single person who never owned a home, they can no longer afford their rental home.

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<sup>83</sup> Wagmiller Jr, R. L., & Adelman, R. M. (2009). *Childhood and intergenerational poverty: The long-term consequences of growing up poor*. National Center for Children in Poverty. <https://www.nccp.org/publication/childhood-and-intergenerational-poverty>

Figure 8. Cycle of Generational Poverty and Trauma



**Priority 3: Access to health care, including specialty care and dental care**

Key informant interviews and focus group responses identified access to healthcare as an overarching community health challenge. Siskiyou County has the highest crude mortality rate per 100,000 as compared to all counties in California, the highest rate of deaths due to chronic liver disease. It ranks third for the number of deaths due to female breast cancer.

In addition to transportation challenges, healthcare access in Siskiyou County is limited by a shortage of providers. In some parts of the County, primary care appointments can take months to secure, and community members often need to travel outside of the County—and sometimes out of state—to access specialists for services. Provider shortages also strain local hospitals and clinics that struggle to meet the demand for acute care.

**Priority 4: Access to behavioral health, including substance use disorder treatment and navigation of services.**

Behavioral health was consistently identified as a need facing the community during the focus groups. Community members and medical providers expressed the desire and need for more efforts to competently address underlying trauma, life experiences, and stressors that influence health and well-being. Siskiyou County has the 5<sup>th</sup> highest rate for suicide and the 12<sup>th</sup> highest overdose rate compared to all California counties. The rate of opioid-related overdose deaths in Siskiyou County is nearly twice the California rate. Partnership HealthPlan of California reported anxiety as the second most prevalent chronic condition for their members of all ages in 2024.<sup>84</sup>

Substance use is a countywide issue in Siskiyou County that is marked by the rampant use of methamphetamine and increasing use of fentanyl. This issue is multigenerational, impacting rural and economically depressed areas, contributing to poverty, social isolation, and trauma.

**Priority 5: Violence prevention.**

Primary data shared many stories of the need for violence prevention in the County. Siskiyou County has one of the highest rates of firearm-related deaths as compared to other California counties. Teen dating violence and sexual exploitation were identified as growing threats in the county, with service providers noting that at-risk youth, particularly those experiencing housing instability or coming from abusive homes, are at an elevated risk of being groomed for exploitation.

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<sup>84</sup> See Appendix D.

## 6.0 RESOURCES POTENTIALLY AVAILABLE TO ADDRESS NEEDS

While potential resources are available to address the community's needs, these needs are too significant for any single organization. Making a substantial and upstream impact will require the collaborative efforts of the Hospitals, community organizations, local government, local business leaders, and institutions. Siskiyou County is home to a wealth of organizations, businesses, and non-profits that could contribute to this effort.

The resources potentially available to address the identified significant health needs include the following organizations, facilities, and programs:

211 NorCal	Siskiyou Community Resource Collaborative
Area Agency on Aging	
Boys & Girls Club of Greater Shasta	Siskiyou County Behavioral Health Division
College of the Siskiyous	
Community Foundation of the North State	Siskiyou County Health and Human Services
Dignity Health Mercy Mt. Shasta Medical Center	Siskiyou County Mobile Health Services and Clinic
Fairchild Medical Center	Siskiyou County Office of Education, Foster and Homeless Youth Program
First 5 Siskiyou	Siskiyou County Library
Great Northern Services	Siskiyou Domestic Violence & Crisis Center
Healthy Siskiyou	Siskiyou Food Assistance
HUB Communities Family Resource Center	Siskiyou OUTreach
Northern Valley Catholic Social Service	United Way of Northern California
Siskiyou Community Food Bank	Youth Empowerment Siskiyou
	Yreka VA Rural Clinic

## **7.0 IMPACT OF ACTIONS TAKEN SINCE THE PRECEDING CHNA**

The 2022 CHNA Report identified the following health needs:

1. Access to Mental/Behavioral Health and Substance Use Services
2. Injury and Disease Prevention and Management
3. Access to Basic Needs Such as Housing, Jobs, and Food
4. Access to Quality Primary Care Health Services
5. Access to Specialty and Extended Care
6. Access to Dental Care and Preventive Services
7. Active Living and Healthy Eating
8. Access to Functional Needs
9. Safe and Violence-Free Environment

After evaluation of the significant health needs identified in the 2022 CHNA, some of the health needs can be considered a component of another. Active Living and Healthy Eating was not addressed independently, but was considered a subset or component of another identified significant health need that is being addressed (Injury and Disease Prevention and Management).

As rural community hospitals, the Hospitals do not have the capacity or resources to independently address all nine priority health needs identified in the 2022 CHNA with unique programs. The Hospitals continuously strive to improve and broaden existing programs and to identify collaborative opportunities to better serve the community. The following subsections provide select details and impacts from the various community benefit programs currently addressing each 2022 prioritized health need.

### **7.1. DIGNITY HEALTH MERCY MEDICAL CENTER MT. SHASTA**

Dignity Health MMCMS 2022 Implementation Strategy addressed: Access to Mental/Behavioral Health and Substance-Use Services, Injury and Disease Prevention and Management, Access to Quality Primary Care Health Services, and Safe and Violence-Free Environment. The following activities were undertaken by Dignity Health to address the selected significant health needs since the completion of the 2022 CHNA. Further information can be found in their most recent community benefit report on the hospital's website.

## Access to Mental/ Behavioral Health and Substance-Use Services

- Substance use navigation.
- Tele-Psychiatry.
- Continuum of care.
- Education and awareness.

## Injury and Disease Prevention and Management

- Build community resiliency to create healthy communities.
- Improve quality of life for all Siskiyou County residents through physical activity and healthy eating.
- Health education outreach.

## Access to Quality Primary Care Health Services

- Increase access to care.
- Health education outreach.
- Workforce development.
- Community health worker/navigator.
- Patient financial assistance.
- Transportation assistance.

## Safe and Violence-Free Environment

- Violence prevention & intervention.

Dignity Health MMCMS Community Health Improvement Grants Program helps to address community health needs by awarding financial grants to non-profit organizations working together to improve health status and quality of life. Grant funds are used to deliver services and strengthen service systems, and to improve the health and well-being of vulnerable and underserved populations related to CHNA priorities.

Lead Grant Recipient	Project Name	2023	2024	2025
United Way of Northern California	Siskiyou Connect	\$27,660		
Great Northern Services	School Mini Projects		\$10,000	
Siskiyou Community Resource Collaborative	Help Me Grow Siskiyou Parent Support Grant		\$20,000	\$13,000
Boys and Girls Club of Greater Shasta	Summer Food Program and Nutritional Education			\$10,379
Siskiyou Domestic Violence and Crisis Center	Siskiyou Domestic Violence and Crisis Center			\$15,000
Total:		\$27,660	\$30,000	\$38,379

## 7.2. FAIRCHILD MEDICAL CENTER

Fairchild Medical Center's Implementation Strategy was centered on Access. The strategy was organized in four areas: expansion of services, workforce, technology, and plant and facilities. FMC also strove to serve as an effective health care navigator for patients seeking services. The bolded areas below highlight the specific community health needs from the 2022 CHNA that have been addressed through these efforts.

### Expansion of Services

- Expanded the organization's scope of services to include a non-opioid chronic pain management service, a comprehensive bariatric surgery program, and robotic-assisted surgical services. **Access to Specialty and Extended Care** and support **Injury and Disease Prevention and Management**.
- Improved emergency medicine services, including a significant reduction in overall length of stay and a reduction in the number of patients who leave without being seen. **Access to Quality Primary Care Health Services**.
- Increased transportation access through the Auxiliary Patient Transportation program. Implemented Enhanced Care Management (ECM) program in 2023 to improve care coordination for Medi-Cal patients with complex health and social needs, such as homelessness, mental illness, and chronic conditions. The ECM program enhances access to basic needs including housing, employment, and food, as well as functional support, helping to reduce avoidable emergency room visits and improve overall health outcomes. **Access to Basic Needs Such as Housing, Jobs, and Food** and **Access to Functional Needs**.
- Expanded mental health services for seniors by finalizing an agreement to implement Senior Life Solutions (SLS) program in 2025. The SLS program will offer specialized services to support mental health and emotional well-being of the senior population. These efforts enhance **Access to Mental/Behavioral Health and Substance Use Services**.
- Provision of pediatric and adult dental services to the underserved Medicaid or Denti-Cal patients. **Access to Dental Care and Preventive Services**.
- Provision of patient education including childbirth classes and a bariatric support group. **Active Living and Healthy Eating and Access to Quality Primary Care Health Services**.



## Workforce

- Recruited additional new providers across multiple specialties, including primary care, emergency medicine, pain management, and OB/GYN. **Access to Specialty and Extended Care.**
- Recruited new behavioral health providers (PMHNP) and a board-certified addiction medicine physician. **Access to Mental/Behavioral Health and Substance Use Services.**
- Recruited hospital workforce, including domestic and foreign nurses.
- Provided workforce education in the area of safety and security. **Safe and Violence-Free Environment.**

## Technology

- Fully implemented the EPIC Electronic Medical Record (EMR) system in September 2022, enhancing care coordination across FMC sites.
- Expanded digital health solution such as MyChart and EPIC EMR, improving **Access to Functional Needs and Access to Quality Primary Care Health Services.**
- Enhanced patient feedback and engagement tools to improve care quality, contributing to **Injury and Disease Prevention and Management.**

## Facilities

- Completed a pediatric clinic remodel and a pharmacy remodel. **Access to Quality Primary Care Health Services and Access to Functional Needs.**
- Introduced plans for a major hospital expansion project. **Access to Quality Primary Care Services.**
- Performed facility upgrades to bulk oxygen systems, seismic compliance, and HVAC systems. **Access to Quality Primary Care Services.**

## **APPENDIX A- U.S. CENSUS DATA**

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U.S. Census American Community Survey Community Name*	Somes Bar	Callahan	Dorris	Dunsmuir	Etna	Forks of Salmon	Fort Jones	Gazelle	Greenview	Grenada	Happy Camp
	95568	96014	96023	96025	96027	96031	96032	96034	96037	96038	96039
Total Population (2019-2023)	201	285	1128	2150	1872	70	2629	325	131	399	647
Under 18 years	5.5%	20.7%	23.0%	19.3%	18.3%	4.3%	22.9%	17.5%	0.0%	8.3%	13.4%
Median age (years)	35.9	52.4	39.4	51.4	52.3	69.5	44.1	45	45.7	53.6	59.2
HISPANIC OR LATINO AND RACE											
Hispanic or Latino (of any race)	28.4%	0.0%	32.4%	12.2%	9.9%	0.0%	9.0%	0.9%	0.0%	3.8%	9.6%
Not Hispanic or Latino	71.6%	100.0%	67.6%	87.8%	90.1%	100.0%	91.0%	99.1%	100.0%	96.2%	90.4%
White alone	30.8%	96.5%	64.3%	75.9%	79.4%	77.1%	71.9%	94.8%	100.0%	86.0%	55.8%
Black or African American alone	0.0%	0.0%	0.0%	1.4%	0.6%	0.0%	0.2%	3.7%	0.0%	3.8%	0.0%
American Indian and Alaska Native alone	10.9%	3.5%	0.6%	1.2%	1.2%	5.7%	12.8%	0.0%	0.0%	0.0%	18.1%
Asian alone	29.4%	0.0%	1.2%	1.5%	0.8%	0.0%	0.4%	0.0%	0.0%	0.0%	1.1%
Islander alone	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Some Other Race alone	0.0%	0.0%	0.3%	0.1%	0.0%	0.0%	0.0%	0.6%	0.0%	0.0%	0.6%
Two or More Races	0.5%	0.0%	1.2%	7.7%	8.0%	17.1%	5.7%	0.0%	0.0%	6.5%	14.8%
LANGUAGE SPOKEN AT HOME AND ABILITY TO SPEAK ENGLISH											
Population 5 years and over	201	285	1069	1997	1795	67	2503	299	131	393	631
Speak language other than English	41.3%	10.5%	28.7%	6.4%	1.7%	0.0%	2.7%	2.7%	0.0%	0.8%	12.4%
Speak English "very well"	88.1%	100.0%	86.0%	99.3%	98.2%	100.0%	99.6%	100.0%	100.0%	100.0%	96.7%
Speak English less than "very well"	11.9%	0.0%	14.0%	0.7%	1.8%	0.0%	0.4%	0.0%	0.0%	0.0%	3.3%
EDUCATION ATTAINMENT											
Population 25 years and over	161	226	786	1616	1484	67	1954	245	131	307	536
Less than high school graduate	1.2%	8.0%	26.2%	9.2%	5.3%	4.5%	7.7%	3.3%	0.0%	4.9%	9.7%
High school graduate (includes equivalency)	12.4%	37.2%	35.6%	28.3%	26.7%	40.3%	30.7%	29.0%	31.3%	27.4%	34.5%
Some college or associates degree	61.5%	44.7%	27.4%	39.9%	37.4%	20.9%	40.9%	37.6%	47.3%	47.9%	35.4%
Bachelor's degree	24.8%	5.3%	7.1%	17.3%	17.5%	28.4%	14.9%	14.7%	21.4%	15.0%	12.1%
Graduate or professional degree	0.0%	4.9%	3.7%	5.3%	13.1%	6.0%	5.7%	15.5%	0.0%	4.9%	8.2%
Median income (dollars)	\$60,422	\$28,365	\$23,553	\$28,047	\$36,220	\$21,250	\$39,063	\$31,500	\$56,386	\$25,962	\$21,483
POVERTY STATUS IN THE PAST 12 MONTHS											
Population 1 year and over for whom poverty status is determined	197	285	1094	2132	1858	70	2568	319	131	390	634
Below 100 percent of the poverty level	18.3%	27.0%	21.4%	15.0%	13.3%	30.0%	13.6%	4.4%	0.0%	14.1%	22.2%

U.S. Census American Community Survey Community Name*	Hornbrook	Klamath River	McCloud	Macdoel	Montague	Mt. Shasta	Scott Bar	Seiad Valley	Weed	Yreka	Tulelake	Siskiyou County
	96044	96050	96057	96058	96064	96067	96085	96086	96094	96097	96134	
Total Population (2019-2023)	1181	369	1076	706	4696	7800	65	307	6674	10220	2347	43,834
Under 18 years	23.2%	1.6%	13.8%	18.8%	23.4%	17.4%	15.4%	15.6%	18.9%	23.6%	23.9%	20.1%
Median age (years)	45.8	68.7	60.6	40.3	44.4	51.6	59.6	54.8	48.3	41.3		
HISPANIC OR LATINO AND RACE												
Hispanic or Latino (of any race)	10.5%	2.7%	6.2%	53.0%	10.5%	8.8%	0.0%	13.7%	16.1%	12.3%	41.9%	13.1%
Not Hispanic or Latino	89.5%	97.3%	93.8%	47.0%	89.5%	91.2%	100.0%	86.3%	83.9%	87.7%	58.1%	86.9%
White alone	67.7%	81.0%	79.4%	23.2%	74.3%	81.7%	70.8%	62.2%	69.3%	78.1%	53.4%	74.2%
Black or African American alone	0.0%	0.0%	0.8%	9.8%	1.8%	0.8%	0.0%	0.0%	4.1%	1.4%	0.3%	1.6%
American Indian and Alaska Native alone	1.7%	5.1%	2.2%	0.0%	3.6%	0.2%	26.2%	15.0%	1.4%	2.7%	1.9%	2.8%
Asian alone	2.5%	4.6%	1.1%	3.4%	1.0%	1.7%	3.1%	1.0%	3.9%	0.3%	0.0%	1.6%
Islander alone	0.0%	0.0%	0.6%	0.0%	0.2%	1.9%	0.0%	0.0%	0.1%	0.0%	0.0%	0.4%
Some Other Race alone	0.6%	1.6%	0.0%	0.0%	0.5%	0.0%	0.0%	0.0%	0.2%	0.3%	0.3%	0.2%
Two or More Races	17.0%	4.9%	9.7%	10.6%	8.1%	4.9%	0.0%	8.1%	4.8%	4.9%	2.1%	6.0%
LANGUAGE SPOKEN AT HOME AND ABILITY TO SPEAK ENGLISH												
Population 5 years and over	1123	369	1076	670	4369	7625	65	289	6217	9738	2193	41,740
Speak language other than English	4.7%	2.7%	4.1%	51.8%	8.0%	9.8%	0.0%	5.2%	11.8%	6.3%	30.2%	9.7%
Speak English "very well"	97.4%	100.0%	98.9%	65.2%	97.5%	97.4%	100.0%	99.3%	95.4%	99.5%	17.9%	6.4%
Speak English less than "very well"	2.6%	0.0%	1.1%	34.8%	2.5%	2.6%	0.0%	0.7%	4.6%	0.5%	12.3%	3.3%
EDUCATION ATTAINMENT												
Population 25 years and over	841	358	833	493	3314	6009	55	251	4869	6990	1612	32,183
Less than high school graduate	9.6%	7.0%	10.2%	38.5%	8.7%	3.1%	0.0%	14.3%	9.0%	9.0%	20.6%	8.9%
High school graduate (includes equivalency)	29.6%	27.4%	29.2%	21.3%	30.5%	17.5%	58.2%	25.9%	23.1%	26.6%	34.1%	26.0%
Some college or associates degree	46.6%	45.5%	36.9%	30.2%	43.4%	45.6%	18.2%	35.5%	43.8%	44.3%	27.0%	42.0%
Bachelor's degree	9.6%	12.6%	19.7%	7.9%	12.5%	24.2%	12.7%	12.7%	14.6%	13.4%	15.4%	15.8%
Graduate or professional degree	4.5%	7.5%	4.1%	2.0%	4.9%	9.6%	10.9%	11.6%	9.6%	6.6%	2.9%	7.3%
Median income (dollars)	\$33,861	\$29,330	\$24,821	\$25,946	\$30,178	\$33,601	*	\$26,118	\$31,078	\$33,308	\$31,748	31,315
POVERTY STATUS IN THE PAST 12 MONTHS												
Population 1 year and over for whom poverty status is determined	1174	369	1076	690	4575	7764	65	307	6381	10081	2347	43050
Below 100 percent of the poverty level	17.7%	23.6%	20.1%	16.5%	16.0%	10.7%	0.0%	17.3%	16.6%	20.4%	19.6%	16.5%

## **APPENDIX B- FOCUS GROUP SCRIPT**

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Thank you for coming – I am very excited that you are willing to help us with our Community Health Needs Assessment and we appreciate your time. My name is Amanda Gettig with Ganey Science and I have been contracted to work with Siskiyou County Public Health, Fairchild Medical Center, and Mercy Medical Center Mt. Shasta and prepare their 2025 Community Health Needs Assessment.

Purpose: The hospital prepares a Community Health Needs Assessment every three years. You have been asked to come here today to share your thoughts about you and life in Siskiyou County. My hope is the information that we talk about today will shed light on the health needs for the community. The information talked about can be something you have seen or experienced and will be used for our Community Health Needs Assessment.

What is a focus group? Different people coming together to discuss and share your opinions and experiences on a specific subject. There are no right or wrong answers.

As you entered the room you were asked to sign-in. If you would like us to acknowledge you at the beginning of the CHNA please be sure you checked the box next to your name.

This focus group will be recorded so that we can listen to you and focus on our discussion and summarize the discussion later. Although the discussion will be taped, your input will remain confidential. Once the audio is summarized, there will not be any information to link individuals back to statements made during the session and the recording will be deleted. Our conversation today will be summarized and you will be referred to as a participant, never your name. If you would like your participation in our CHNA process to be confidential and anonymous please be sure you did not check the box next to your name on the sign-in sheet.

I am encouraging you to be as involved as possible. It is up to you to add as much or as little information you feel comfortable sharing. I will not call on you.

Your presence is your consent to participate in our focus group. If at any time you no longer wish to participate you are free to leave.

Before we begin I would like to go over a few basic ground rules for our discussion:

- Participation in this discussion is voluntary.
- There are no right or wrong answers.
- Please respect the opinions and experiences of others even if you disagree.
- If you feel uneasy about a topic you do not have to respond.
- Speak as openly as you feel comfortable.

- Help protect others' privacy by not discussing details outside the group.

If your focus group is virtual, say: "As a reminder you have pressed the ok button to give consent to be recorded and participate in the focus group. Thank you and now we are ready to begin.

### **Focus Group Questions**

1. When you think about living in Siskiyou County, what are the greatest challenges or barriers to being healthy? This could include topics such as health, quality of life, social or environmental needs.
  - a. Basic needs, health and safety?
  - b. Humane housing?
  - c. Financial stability?
  - d. Reliable safe and accessible transportation?
2. Let's talk about accessing health, do you access healthcare on a regular basis?
  - a. How do you do it? Do you go to the clinic, urgent care, natural healer, ER, family member?
  - b. Why not? What are the barriers that prevent people from going to the hospital? (equity)
3. When you come into a doctor's office or hospital do you feel welcome?
  - a. Why not?
4. If you are given instructions by a healthcare provider do you follow the plan of care? Please explain.
5. If you were to help your community address some of the concerns already mentioned, what would you do?
6. Thinking about the youth in the community, what do you view as the greatest challenge for youth in our community and what could be done to improve their health?
7. Is there anything else you would like to share with our team about the health of the community?

Thank you very much for participating. Once again, your input will be used to prepare our Community Health Needs Assessment. This report will be available in June of 2025.



## **APPENDIX C- FOCUS GROUP AND KEY INFORMANT SUMMARIES**

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**Key Informant Interview – Katy Popa at HUB Communities Center  
September 18, 2024**

Amanda Gettig met with Katy Popa the Director of HUB Resource Center in Montague, CA.

Katy shared that seniors are struggling. The most recent social security raise actually raised annual incomes so that they were not able to receive other prescription benefits and they ended up paying more out of pocket.

There is a lack of providers and transportation.

Habitat for Humanity helps the community and they are active. Many seniors live in the trailer park in poor conditions. Seniors are living in trailers without electricity or with holes in their roofs. Some seniors are living in vans. Many of the seniors have mental health issues.

A large portion of Siskiyou County is considered a food desert. Montague needs a grocery store because all they have are convenience stores.

They also need an adult day care center and a multipurpose senior center.

Families in Montague are mostly older families living in poverty. The HUB Resource Center previously had a parenting class for families in substance use recovery that was well-attended and successful. Families that had lost their children to CPS (Child Protective Services) were able to complete the class and ultimately their children were returned to them. First Five funded the class and is pending additional funding.

The HUB used to offer mental health services act classes and had one for men and one for women. They also offered PTSD and grief groups. Katy recommended looking into ACEs (Adverse Childhood Experiences) data for the community.

In Montague, substance use (meth or fentanyl) is common. Poverty is common, too.

## **Key Informant Interview – Healthy Siskiyou Team September 19, 2024**

Amanda Gettig spoke with the Healthy Siskiyou Team at the County Offices on Thursday, September 19th.

They have a mobile van that they drive out across the County doing health education and do lots of chronic disease screenings. However, the community does not typically address their chronic conditions until it is an emergent issue.

Healthcare providers are going out into the community.

Transportation is the greatest challenge. There is a lack of resources and knowing what is actually available. Everything is silo'd.

The County is home to many transient residents who, they are seasonal migrant farmworkers from the Hmong and Hispanic Community.

### **The Unhoused Community**

There is a collaboration for the unhoused. The homeless shelter is supposed to be open in November and are concentrated in a Yreka field and scattered throughout South County. In Dunsmuir they hop on and off the train. A shower and laundry service are brought to the park.

### **Substance Use**

Meth is being cooked in the County and the greatest users are non-functioning and out of view. There is little to no heroin in Siskiyou County. There used to be a needle exchange where 50 to 60 users would come weekly, however it is down to 20 people weekly and instead they are smoking fentanyl. Typically, if you smoke fentanyl you are not able to overdose on it as easily. Party drugs are also being mixed with fentanyl. There is a lot of alcohol use.

For “fun” you would travel to Ashland or Medford.

County Behavioral Health has a mobile crisis clinic. The housing crisis becomes even more of a struggle during fire season and most of the hotels are occupied by Cal Fire.

## **Siskiyou OUTreach Focus Group Summary**

### **November 12, 2024**

A focus group was facilitated by Amanda Gettig at Siskiyou County Offices with Siskiyou OUTreach.

#### **1. What are the greatest challenges or barriers to being healthy in Siskiyou County?**

The greatest challenges to being healthy in Siskiyou County are the inaccessibility of basic needs and primary care because of how rural the area is.

Basic needs are difficult to meet in Siskiyou County. The cost of food is high and there is a food desert in the middle of town because the grocery stores are on each side of town, so it can be difficult to get transportation to the grocery store without a car. The lack of public transportation also contributes to social isolation. Housing is also limited and expensive. The community is also very conservative and is not open to people that are LGBTQ+. The public school system's internet blocks websites that provide resources to the LGBTQ+ community, such as the Trevor Project. There is also little community support for addressing health concerns that are resulting from climate change such as cooling centers or mitigation for smoke from fires.

There is a lack of healthcare providers and primary and dental care in the county so community members have to travel out of town for care. There are long wait times for dental and vision care, so most people go outside the community for care. Everyone has to travel for specialty care because there are no specialists in Siskiyou. When asked if the community's lack of equity and tolerance results in a poor retention of healthcare providers, the participants shared that they haven't seen that and believe that the lack of providers is because of how rural the county is and that people only move there if they want to live in the mountains.

#### **2. Do you access care on a regular basis? Where do you go if you do?**

The participants shared that although it was difficult to find primary care providers, they do see a PCP regularly. One participant shared that in order to see an oral surgeon for a tooth extraction they had to travel to Oregon. The PCPs in the community are not comfortable providing sexual healthcare and the participants travel outside the community for gender-affirming care. There are also no safe or obvious resources for gender-affirming care or for trans patients in the community. The closest Planned Parenthood in California is in Redding, but there's a Planned Parenthood in Medford, OR that is offering gender-affirming care. The previously closest Planned Parenthood in Ashland closed after always having protests outside of it. There are also no behavioral or mental health resources in the community despite the prevalence of behavioral health needs.

**3. When you go into a doctor's office or the hospital, do you feel welcome?**

Most of the participants shared that they do feel welcome.

**4. When you are given instructions by a healthcare provider, do you follow them?**

The participants shared that they would follow their instructions to the best of their abilities.

**5. If you were to help your community address its health concerns, what would you do? What would you change to improve the county's health?**

The participants shared that Siskiyou County's board is very conservative so they do not support some public health practices. Despite needle exchange programs having evidence of harm reduction, the board believes it supports drug abuse and refuses to introduce harm reduction measures. The participants hope that with time new and younger people will join the board and improve the decisions.

The participants would also address the lack of healthcare providers if they could improve their community's health. Most of the independent practices have closed, so the only resource is Fairchild.

There is very little support for LGBTQ+ youth in the community. Most LGBTQ+ community members just survive through high school until they can move away and then they never come back because they know they wouldn't be safe. "Survive and escape" was the mentality shared by one of the participants.

**6. What do you view as the greatest challenge facing the health of the youth in the community?**

The participants shared that there are very few opportunities for youth in Siskiyou County. There are not many activities for youth while they are still in school besides sports and 4H and there aren't many job opportunities or nightlife for older youths. The county has an older population because most of the youth leave.

**7. Is there anything else you'd like to share?**

They want to make sure hospital staff and healthcare providers know that there are queer people living in rural communities and that there are people with traumatic experiences that are in need of care in their community, too. They were also concerned that the focus group findings would be taken seriously.

**Key Informant Interview with Dr. Nicholas Brown**  
**November 12 and 27, 2024**

Nicholas Brown, DO met Amanda Gettig, MPH in person at his office and virtually. Dr. Brown is the only psychiatrist in practice in Siskiyou County. Dr. Brown said, “*We don’t come close to the standard of care.*”

Siskiyou County needs a child psychiatrist and an inpatient psych unit.

The county is now faced with generational meth use, generational lack of education, and generational poverty. These three factors are some of the root causes to the high number of childhood trauma in the county. Siskiyou County historically had a lumbering industry, however some of that has since left the area.

He reiterated that there are limited resources in the county and the county is overwhelmed and the population is underserved.

He suggested a few programs that would be useful in the county, including:

DBT Program – Dialectic Behavioral Therapy is based on cognitive behavioral therapy and should be taught at the high school level. <https://my.clevelandclinic.org/health/treatments/22838-dialectical-behavior-therapy-dbt> It could be group-based and helps with emotion regulation.

The county needs an “IOP” program or an intensive outpatient program.

PCIT or Parent Child Interaction Therapy Program teaches parents how to manage their child’s behavior. <https://www.pcit.org/>

Also he shared that in Portland, Oregon there is the Central City Concern whose model is to have wrap-around services supporting the whole person, this includes, housing, healthcare, employment, and recovery. <https://centralcityconcern.org/impact/>

**Key Informant Interview – Fairchild Medical Center Visiting Nurses Association  
December 5, 2024**

Fairchild Medical Center Visiting Nurses Association (VNA) team met with Amanda Gettig, MPH virtually for 30-minutes. The greatest health need facing their patients is the need for in-home support services. If an individual has only Medicare there are no options for in-home support services or assistance with transportation unless they pay privately. If they are lucky enough to get a caregiver it is difficult to keep one and most cannot afford to privately pay for caregivers. Also, many of the Partnership patients that the VNA encounters are not able to afford their medications. They also shared that there are no in-home physical therapy or social workers in the county.

The VNA team shared that some of the homes they go into are in bad shape, and sometimes adult protective services are called because it is not safe. Historically there used to be social workers but now the team is concerned over the lack of healthcare providers in the county. They also shared that two of the visiting nurses are close to retirement, but they do not know who will take their positions and that there is a gap with in-home caregivers in the Mt. Shasta area.

The VNA team feels the greatest health needs in the community are housing, access to behavioral healthcare, lack of finances, and substance use disorders (alcohol and drugs). The VNA team also shared there is a high number of low-income, low-functioning individuals with behavioral health issues in the community. They are mostly unhoused or a large number live with family or extended family. They believe there are a lot of high needs autistic children and it is caused by parents with substance use disorder.



## **Key Informant Interview – Siskiyou County Office of Education School Coordinators December 11, 2024**

A focus group was conducted with community school coordinators from Yreka Elementary, Butte Valley Unified, and Golden Eagle Charter. When asked about the greatest health challenge facing the youth of the hospital community, the community school coordinators identified transportation, internet access, and food insecurity.

Lack of transportation is a barrier to health for many youths because families may have only one car or not be able to afford gas. Although there are school buses, some families live far from the bus stops and still struggle to get their children to the bus stop. The students also lack transportation to their doctor's appointments or to the offices for social services such as EBT.

The community school coordinator from Golden Eagle Charter identified internet access as a significant need for the students at her school because there are about 250 students doing independent study and the entire school studies from home on Fridays. Many students will try to do their schooling from their grandparents' or other family members' houses but have poor internet access there. Golden Eagle provides hot spots for some of their students, but the hot spots frequently run out because the student's family will also use them.

The school coordinator from Butte Valley Unified shared that transportation and internet access is less of an issue at her school because many students work in agriculture. Her students struggle with social and emotional needs, behavior and attendance. There are students that will drop out of school to work to support their families, so the school created independent study programs that allow students to work during the day and study at night. The school also sends teachers out to the farms during the summer which is the busiest season for agricultural work. The school coordinator from Yreka Elementary agreed that her students also have underdeveloped social and emotional skills and the students struggle with frustration management.

All three coordinators agreed that their students and their families are food insecure. At Golden Eagle, approximately 68% of the students qualify for free and reduced lunch.

They also shared how substance use disorder affects the social and emotional health of youth. The school coordinator from Yreka Elementary shared that substance use affects every family at her school. They try to guide their students to make healthy choices and counsel them through the grief that results from being surrounded by substance use and incarceration. The school coordinator from Golden Eagle shared that substance use and incarceration leads to grandparents raising their grandchildren. Because they aren't considered foster youth, they don't receive the same support. Some students are able to do well, but some need more support than they receive.

The school coordinators shared that it is difficult for their students to avoid substance use because there's not much else they can do in their area if they cannot afford extreme outdoor sports. The high school has sports but they have to drive three to four hours and the students have to bring money for food. Sports and clubs like FFA (Future Farmers of America) and FCCLA (Family, Career and Community Leaders of America) are a good way for students to get out of Siskiyou County and learn about the outside world.

**Key Informant Interview – Erica Mitchell, Educational Services Director**  
**Siskiyou County Office of Education**  
**December 16, 2024**

A key informant interview was conducted with Erica Mitchell, the Educational Services Director for the Siskiyou County Office of Education. Ms. Mitchell also serves on the Board of Trustees Service Area 7 for the College of the Siskiyous.

Ms. Mitchell resides in Happy Camp, CA which is an impoverished area that is 75 miles from anywhere – where the only available jobs are with the Karuk Tribe or the U.S. Forest Service. The Karuk Tribe has their administration offices, a housing authority, a health clinic, and a dental clinic in Happy Camp, however, many positions go unfilled because community members are not qualified to fill the available positions.

The greatest struggle facing the Happy Camp community is multigenerational trauma and drug use, many are “poly pharmacy” users. She shared that many of the youth are exposed to trauma and substance use at an early age.

She also shared that homelessness is a concern since half of the homes in Happy Camp were destroyed by the Slater Fire. In response to the housing crisis following the fire the Karuk Tribe purchased 200 RVs for people to live in.

Happy Camp Elementary is not unified so the Elementary school is not part of the Siskiyou Union School District, which includes Happy Camp Union High School. She said the schools struggle to find credentialed teachers and there are no substitute teachers. She shared that she was a school educator in Happy Camp from 2011 – 2021 and during this time period some students had ambition and desire to further their education following high school, however, this trend is not continuing today. Many students in Happy Camp High School do not see the opportunities/potential of furthering their education. Because of their exposure to trauma, students need social emotional support and help learning healthy coping skills.

She also shared that when she worked in the schools there were students who were hungry everyday and the nearest “supermarket” is either in Oregon or Yreka. In Happy Camp much of the community struggles with transportation and relies on some form of public assistance.

Ms. Mitchell also shared in her opinion Dunsmuir is similar to Happy Camp and struggles with poverty, unemployment and substance use disorder.

Despite all of the difficulties the community has faced, Happy Camp is a resilient, giving, and supportive community.

## **Key Informant Interview – Sara Johnson, Foster and Homeless Youth Program Director January 15, 2025**

A key informant interview was conducted with Sara Johnson the Foster and Homeless Youth Program Director for the Siskiyou County Office of Education. When asked about the greatest health needs facing the community, Johnson identified access to affordable housing and behavioral healthcare. Housing is a great need because many of the unhoused families have nowhere to go. Behavioral healthcare is needed because alcohol and drug use and generational trauma are ubiquitous. The current way of life is normalized and many people believe they cannot escape their situation so they turn to substance use. Johnson believes that early intervention and education are the solutions to getting families out of the cycle of poverty and chronic homelessness.

Johnson's role as Program Director is to ensure that local education agencies (LEA) are in compliance with LCAP (Local Control and Accountability Plan) by making sure that the school districts are providing proper services, working closely with child welfare agencies, and maintaining relationships with the social workers. The Foster Youth Services Coordinating Program provides services to the schools' foster youth because they have different educational rights than students not in foster care. The program has a case manager that works with each of the foster youths one on one and provides support in the classroom, at meetings, and with the parents. The program also has an AmeriCorps mentor that works with junior high and high school students helping them get ready for college, assisting them with learning life skills, and providing tutoring.

Foster youth have a lot of instability and many different people coming in and out of their lives, so the program strives to provide school stability since the youth spend half of their waking hours at school. This is a significant opportunity for them to support the students because it is easier to support them at school than once they go home. Foster youth have the right to stay in the same school of origin, but the lack of transportation in Siskiyou schools can make it difficult to achieve that for students.

There are approximately 45 foster youth in Siskiyou County. Some of the foster youth are also on probation and have been removed from their families by the court system. There are also some families that will voluntarily place their children in foster care because they know they are having difficulties caring for them and don't want to have them taken involuntarily. There are two different family placement organizations in the county: one is through the county and the other is Children's First, a private organization.

The Foster and Homeless Youth Program serves unhoused youth by helping the school districts identify homeless students and follow the McKinney-Vento Homeless Assistance Act (the federal law that ensures educational stability for homeless children and youth, guaranteeing them a free, appropriate public education, immediate enrollment, and the right

to attend their school of origin or the local attendance area school). The program also provides school supplies, clothing, hygiene kits, and books.

There are between 200 and 300 unhoused youth in the county and the number is likely underreported. Homeless students are identified through the free and reduced lunch program or by the family telling the school, so there are likely more students that qualify as homeless that are not reported. Many homeless youth live with their families in trailers or cars, many are camping, and some live in hotels or stay with other families. A youth qualifies as homeless if they don't have an adequate normal place to sleep. There are also many homeless youth that are considered unaccompanied youth because they are old enough to refuse foster care but not yet 18 and are often staying with friends.

It is the school district's responsibility to provide students with transportation, but it can be difficult for the schools to coordinate when the students are frequently moving around. Sometimes the special education transportation route will help pick the homeless students up. When the students live outside their school district it becomes even more difficult to organize transportation for them.

Johnson shared that there needs to be more preventive efforts to support the youth. Once a child is in foster care they are eligible to receive services, but there are very few resources for students before that point.

## **Key Informant Interview with Abigail Yeager, Happy Camp Community Center January 28, 2025**

A key informant interview was held with Abigail Yeager from the Happy Camp Community Center. In her opinion, the greatest health needs affecting the community are isolation, poor access to basic needs, and generational poverty and trauma that results in a failure to thrive for many community members.

The Happy Camp Community Center offers three main service branches: social services, youth programming, and the Slater Fire Long Term Recovery Group (SF LTRG). The social services arm of the community center primarily runs a food distribution service that serves about 60% of the community. Every third Friday of the month they distribute food boxes into the cars of about 100 households. They also offer an Isolated Emergency Fund, gas and food vouchers, veterans services, and partner with Siskiyou County Behavioral Health by hosting a therapist and case manager. They also provide assistance with applications for WIC, CalFresh, and energy assistance. During the growing season, the community center will also store fresh produce. The youth programming branch of the center serves youth under the age of 18 through First 5 and their MHSA Program that provides group education in the Happy Camp schools. The Slater Fire LTRG consists of a resilience officer that they hired through funds from a jump start grant from California Office of Emergency Services (CalOES). They have also applied for a grant to start up a small scale saw mill that could bring nine full time jobs to Happy Camp.

The Happy Camp schools are understaffed and often pull staff to teach classes. The community's capacity to help their youth is limited by a lack of funding, infrastructure, and people.

Happy Camp is a rural, unincorporated community. The elderly and those with mobility issues have difficulty getting around and accessing healthcare. There is a clinic in Happy Camp, but even getting there can be difficult for folks. The community grew around the logging industry but that ended in the 90s and nothing replaced it. Although some people have left, many of those who stayed behind do not have jobs and have turned to drugs and alcohol. There are about 800 to 950 people in Happy Camp, but the population has been decreasing. In 2003, the high school had 120 students and in 2025 there were fewer than 50 students.

In addition to the community center, another community leader is the Karuk Tribe. There are about 30 positions open in the council, but there aren't any community members with the education or desire to fill them. The schools try to offer career placement fairs, but without the intrinsic desire to leave or having people pushing students to achieve, it is difficult to break out of the generational trauma of families not wanting their children to leave. Many people have close ties to their ancestral land and don't want to leave.

The Slater fire burned over 157,000 acres through the Klamath Mountains and Happy Camp in September 2020. Nearly 200 homes were lost and over half the community was unhoused afterwards. Many of the families that lost their homes were uninsured. Eventually there was a lawsuit against the energy company and families won between \$200 thousand and \$2.5 million. Despite this increased flow of money through the community, most individuals do not have the education or skills needed to manage it and have spent it on consumables (motorcycles, cars, etc.). The increase in cash in the community has also caused an increase in drug sales and overdoses. If they lose the school buildings, they won't be able to rebuild and recover because as an unincorporated community they have no public infrastructure.

**Key Informant Interview – Siskiyou County Sheriff Jeremiah LaRue**  
**February 19, 2025**

A key informant interview was conducted with Siskiyou County Sheriff Jeremiah LaRue. The Sheriff's Department is responsible for the entire county, and patrols primarily the unincorporated areas but also contracts with a few towns. They serve as courthouse security, coroner, search and rescue, and SWAT. The most frequent calls the Siskiyou County Sheriff's respond to are related to drugs and alcohol, theft, and domestic violence.

Siskiyou County spans a large geographic area and is made up of many distinct communities. The rural nature of the county causes many of the small communities to be extremely isolated. There are sayings in the county that people will move to the more isolated areas to hide from people. The isolated communities have a culture of self-reliance and distrust government authorities.

One of the isolated communities are the Hmong who moved to the county in the 2010s. The Hmong community have built marijuana grows on remote parcels of land. Some of them live out by the grows in homes not up to the county's building codes. They do not have running water or septic tanks and rely on generators for power. There were a few carbon monoxide deaths in the first few years after they arrived but an education effort has prevented any more deaths. Hmong families with children will often live closer to town so their children can attend school and the adults will commute out to the grows. The Hmong govern themselves and have a deep distrust for government officials and law enforcement. There are five clans in Siskiyou County and the clan leaders have great influence because they are the primary source of information for their community. Sheriff LaRue has worked to build a relationship with the Hmong and communicates with one of the clan leaders.

The Sheriff's Department has encountered cases of labor trafficking in the grows. Individuals have been dropped off and expected to work for long periods of time. There have been cases of individuals being told they will not be paid until the marijuana is harvested and sold. This places the liability on the trafficked individuals instead of those who own the grows.

Some of the unhoused population are not originally from Siskiyou County and are service resistant which makes it difficult for law enforcement to address the issue.

The Sheriff's Department has worked to improve their response to people experiencing mental health crises. The current procedure is to take people in crisis to a hospital's emergency department.



## **Weed Senior Luncheon Focus Group Summary**

### **February 24, 2025**

Focus group facilitated by Amanda Gettig at the Weed Community Center with four participants.

When you think about living in Siskiyou County, what are the greatest challenges or barriers to being healthy? This could include topics such as health, quality of life, social or environmental needs.

Transportation to medical appointments.

We are struggling financially, for one participant their Social Security raise has caused them to no longer be able to be eligible for Medi-Cal. For instance you get \$28 more a month in Social Security, but then they take away \$14 a month for food stamps. The community is also worried about Medi-Cal getting gutted.

Everything is so expensive, rents are sky high. If you are a senior on social security and rent, you need a roommate. It didn't used to be that way. Section 8 home vouchers have a long wait and low-income rent assisted senior apartments have a very long wait list. Six Stones in Yreka works with about half seniors that are homeless

One participant shared they ran out fuel for their heat earlier in the week. They said that fuel assistance takes 6 months to be posted to your account. They play a game to try and order just enough to get them through until the credit gets posted. But, they forgot to order in time and ran out.

Let's talk about accessing health, do you access healthcare on a regular basis?

There are hardly any physicians in South County and they only have 15 minutes per appointment. One participant had the same doctor for 30 years and if you need to urgently see the doctor it's harder. They were generally happy with the care provided by the local hospitals, but they feel confusion surrounding medical records and navigation. They wanted to thank the caregivers, but the corporations are a "whole nother story." They feel Dignity Health has sent out confusing letters about lab testing. They felt that the walk-in clinic hours/days are limited, and if they don't have a medical doctor they are not open. Overall they struggle with health navigation and literacy especially surrounding electronic medical records and "My Chart."

Healthcare costs have gone through the roof because you now have to pay \$200 for Medicare a month, plus some medications, but can't keep up with the chronic condition doctors because you need lab work and doctor and have to pay out of pocket. This participant is trying to keep up with stage four kidney disease and there is no dialysis in Siskiyou County. They have to go to Redding.

For youth, education is very important. Kids do not stay here, since there are no opportunities unless you work in government, healthcare, or the schools. College opens your eyes to a world of opportunities. How to get the kids to feel the desire to go for higher education? Allow them to experience the world.

When one participant started teaching at the local elementary school over thirty years ago, no one ever left Siskiyou County. Now the kids are taken on a multi-day trip to San Francisco.

## **Key Informant Interview – Hmong Community Leadership February 25, 2025**

A key informant interview was held with Mr. Lee the community chief, April, May, and William served as the translator. Alexandra Agron with Siskiyou County Health and Human Services Agency also attended and Amanda Gettig and Doug Ganey, Ganey Science.

The Hmong community reside in Districts 1 and 3 of Siskiyou County. The team estimates that currently there are about 5,000 members of the Hmong community in Siskiyou County. They first arrived ten years ago.

The County does not approve of their living conditions. The County will not give them addresses and they are essentially homeless on their own parcels. Some live in mobile homes or trailers and they are trying to plan a mobile home park. The community helps each other on a regular basis. The county has no housing for the population....they are basically homeless. The county doesn't want expansion. Bought property but now the county has a hard time dealing with them.

Why Siskiyou County?

The atmosphere is perfect for the community because the mountains here remind them of the mountains back home. But, back home they didn't go to the doctor because the environment was so good and the natural waters maintained your health. The Mountain is the hope of the community - that is a God to the community.

Housing Challenges:

Where the Hmong community lives in Siskiyou County, there is no good water and the groundwater is not good.

Greatest challenges to being healthy?

Their community believes natural spring is better than regular drinking water and they have some elders without doctors.

Some of their population is older and struggle with chronic health conditions such as high blood pressure. The local hospitals do not have the equipment for the dialysis. They find it hard to decide if they should go to the hospital.

They are also concerned about Medi-Cal and the current status of the government. They are beginning to lose hope and fear that Medi Cal will be affected and the Affordable Care Act will get cut.

Many in their community have no prior dental care.

How do you access care?

They have a Shaman that does spiritual healing. About half of their population adopted to Christianity also have spiritual healing from that side as well. They go to the clinic and only go to the emergency room if it is a real emergency.

The community has more trust with the local medical community and they are trying to get a non-profit to provide transportation to the hospital. They trust Mt. Shasta more because they are treated better. Some members of their community struggle with language barriers at the hospital and there are no interpreters on staff. They have a few folks that need dialysis a few times a week and travel to Redding.

Kids have to be taken to bigger towns or areas for help. Each school has a Hmong community. Most are adults/retirees.

**Key Informant Interview – Char Perlas, PhD, MPA, MS, Superintendent/President  
College of the Siskiyous  
April 4, 2025**

College of the Siskiyous is a public community college and the only college in Siskiyou County. The college's demographics shift annually because many of their students that are recruited for athletics are international students or from Oregon. There are over 3,200 enrolled students and of that about 1,500 are full-time students. There are 145 students that live on campus and they are building a new dorm to be able to offer housing to more students.

The primary health needs identified by Char Perlas are access to basic needs, housing and economic opportunity. She also shared that there is a belief in the community that the local healthcare is not good quality and that many community members travel far distances, such as to Sacramento or Medford, to access care.

The rate of poverty in Siskiyou County is high and the college supports their students through their Base Camp program which provides basic needs such as food and hygiene supplies. Char shared that Base Camp is always busy and is well utilized which demonstrates the need for it.

During the 2022 Mill Fire, the campus in Weed, CA had to be evacuated and they housed their students at the Yreka campus. The City of Weed was without power for a week and the residents with wells did not have access to water, so the college became the center for resources. Char shared that the evacuation and the fires are stressful and impact the mental health of the community. The Mill fire also contributed to the community's need for housing because an entire neighborhood was destroyed in the fire.

Educational attainment and economic opportunities are limited in Siskiyou County, and the College of the Siskiyous is working to encourage educational attainment in the community. The only two employers that require more than a high school diploma are the hospitals and the community college. Because healthcare is a primary industry in the area, the college works with the hospitals to offer programs that address needs in the community. The college offers nursing programs (LVN and LVN to RN) and is looking to offer physical therapy aid and phlebotomy programs.

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**Key Informant Interview – Carla Charraga**  
**Siskiyou Domestic Violence & Crisis Center**  
**April 7, 2025**

Carla Charraga is the executive director of the Siskiyou Domestic Violence & Crisis Center (SDVCC). SDVCC began in 1981 as a grassroots effort and then became a nonprofit organization in 1984. SDVCC is the sole non-tribal shelter in the county, providing support to victims of domestic violence and/or sexual assault, along with their children, through housing and office-based services such as restraining order assistance, counseling, and advocacy.

Most of the clients they serve are from the county, but sometimes there are people passing through or that have recently moved to the county. Their client demographic matches the demographics of the county, except clients typically have lower incomes than the average in the county because individuals with higher incomes can afford a lawyer and have other housing options. The number of individuals seeking help at the center does not reflect the true prevalence of domestic violence in the community; the incidence in the county is higher than other counties in the state. The county's low educational attainment and income, isolation, and prevalence of guns are all factors that contribute to high rates of violence.

Carla shared that in the past clients would move out of the shelter into their own housing, but now that housing has gotten so expensive in Siskiyou County most clients move into alternative housing. Some of their clients also need supportive housing or someone to help take care of them.

Carla also shared that people in the community are “barely making it.” People in the community used to be able to scrape by with welfare and disability, but now they cannot afford rising costs. When Carla started working in the community 20 years ago, she knew young people that lived in trailers in poor condition but now that the youth have grown up they are living on the street. She shared that things are worse now and that the use of drugs has gotten worse. The teens she knew from when she worked at the probation office have passed away from drug use. Over the course of her career working at SDVCC and juvenile probation she has seen the children that witnessed domestic violence in their youth grow up and continue to be involved in domestic violence.

**APPENDIX D- PARTNERSHIP HEALTHPLAN OF CALIFORNIA  
SISKIYOU COUNTY CHRONIC CONDITION PREVALENCE 2024**

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## Summary of Chronic Conditions Prevalence

This dashboard provides an estimate of the prevalence of certain chronic conditions in adults and children with Partnership members. Prevalence is the number of members with a given condition in a given year divided by the average membership during the same year, multiplied by 1000. Children are members 0-21 years of age.



Refreshed on: 3/25/2025 1:38:50 PM  
Contact: dbikila@partnershiphp.org

**11,025**

Total Mbrs with Chronic Conditions

**9,319**

Adults with Chronic Conditions

**510.9**

Adult Prevalence

**1,706**

Children with Chronic Conditions

**93.5**

Children Prevalence

Select Year

2024

How Does Each Chronic Conditions Prevalence in **All** Trend Over the Years?

Select Age Group

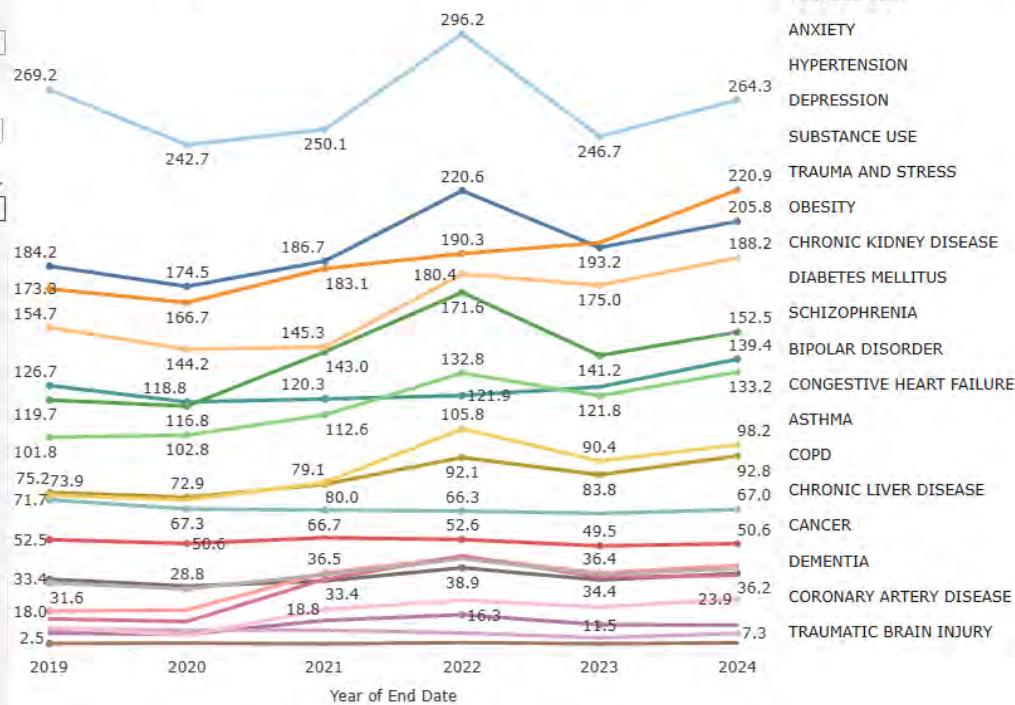
(All)

Dual Eligibility

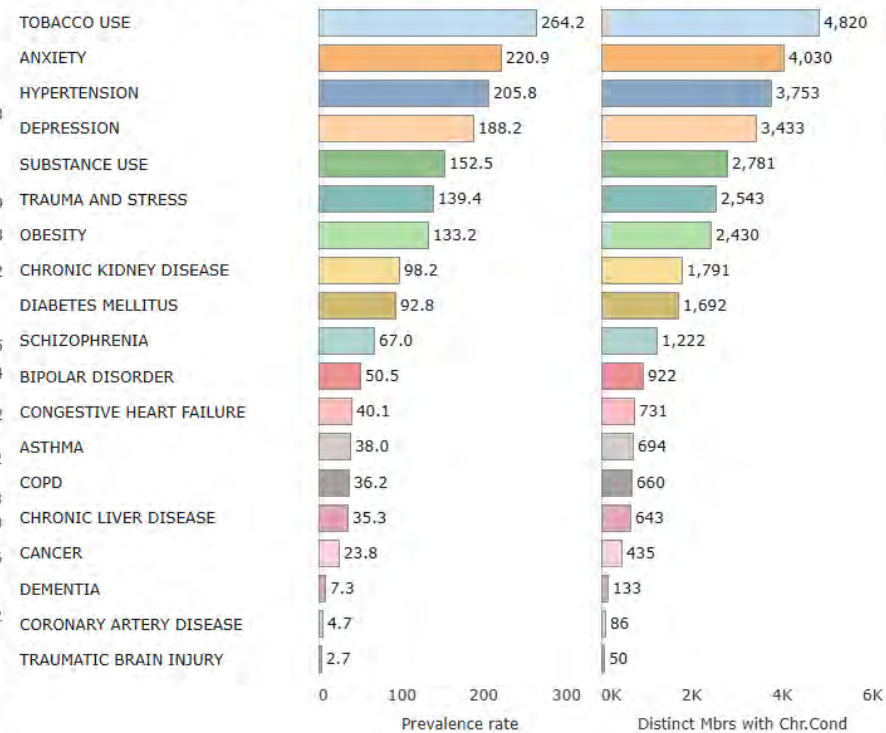
(All)

Select County

SISKIYOU



What is the Prevalence of Chronic Conditions in **All** in the year **2024**?





## **APPENDIX E- SISKIYOU COUNTY OVERDOSE SNAPSHOT REPORT**

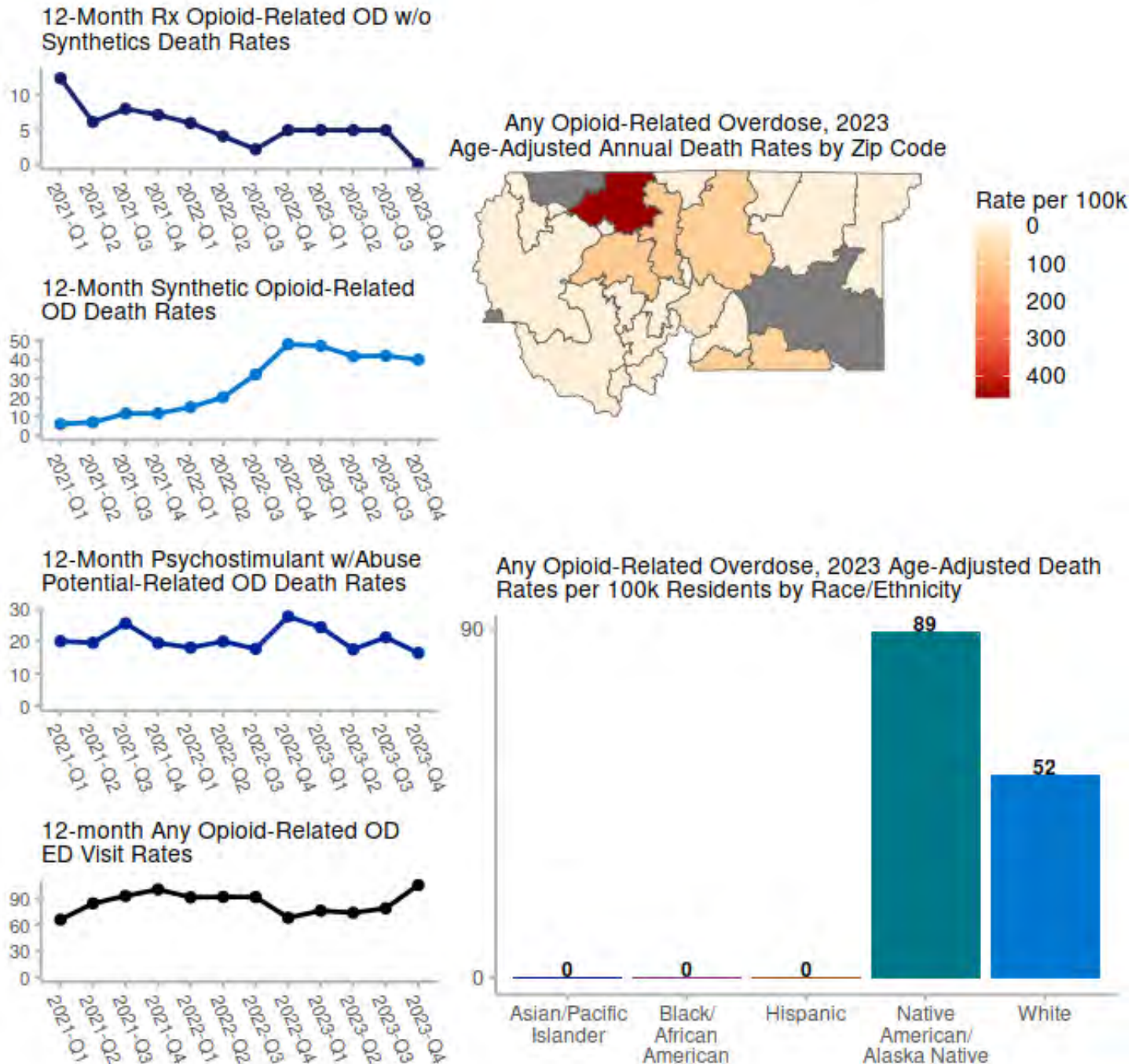
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## Overdose Prevention Initiative

### Siskiyou County Overdose Snapshot: 2021-Q1 through 2023-Q4

Report downloaded 05-08-2025

Siskiyou County experienced 14 opioid-related overdose deaths in 2023, the most recent full year of data available. The annual age-adjusted mortality rate for 2023 was 40.12 per 100k residents, an decrease of 24.76% from 2022. The following charts present 12-month age-adjusted rates for selected overdose indicators (visit the CA Overdose Surveillance Dashboard [Data Definitions](#) page for indicator details). The map displays the annual age-adjusted rates for Any Opioid-Related overdose deaths by zip code. Synthetic opioid overdose deaths may be largely related to fentanyl.



#### Footnotes:

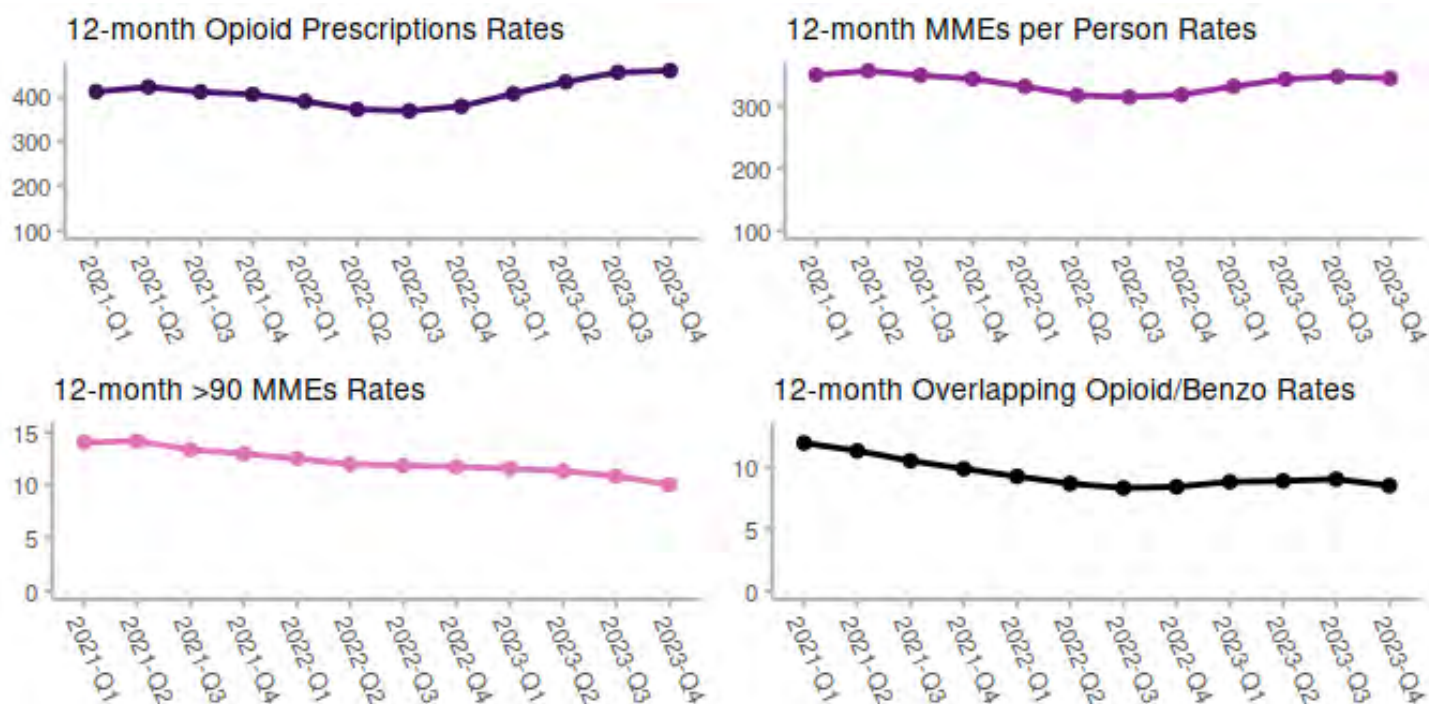
12-month rates are based on moving averages; OD = Overdose

Produced by the California Overdose Surveillance Dashboard: <https://skylab.cdph.ca.gov/ODdash>

## Overdose Prevention Initiative

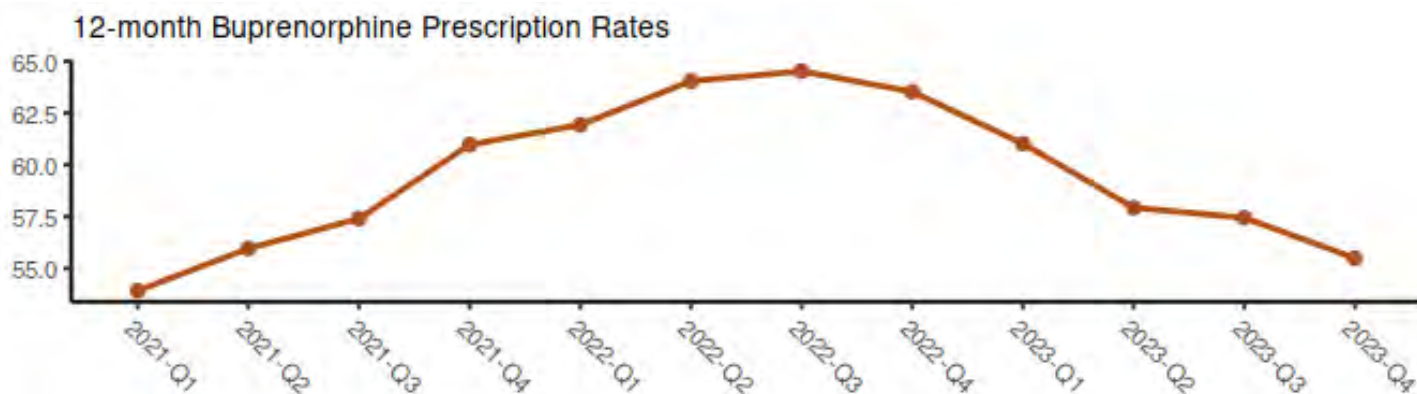
### Prescribing

There were 26,668 prescriptions for opioids in Siskiyou in 2023. The annual age-adjusted opioid prescribing rate for 2023 was 459.43 per 1,000 residents. This represents a 21% increase in prescribing from 2022. The following charts present 12-month moving averages for age-adjusted opioid prescribing rates, MMEs (morphine milligram equivalents) per person, high dosage (i.e. greater than 90 Daily MMEs in the quarter), and opioid/benzodiazepine overlap age-adjusted rate from 2021 to 2023.



### Treatment

Buprenorphine prescriptions in the county are used to gauge the expansion of medications for opioid use disorder (MOUD). The annual age-adjusted buprenorphine prescribing rate for 2023 was 55.49 per 1,000 residents. This represents a 13% decrease in buprenorphine prescribing from 2022.



#### Footnotes:

12-month rates are based on moving averages; OD = Overdose

Produced by the California Overdose Surveillance Dashboard: <https://skylab.cdph.ca.gov/ODdash>