2025 Community Health Needs Assessment

Sierra Nevada Memorial Hospital

Adopted May 2025

Dignity Health®

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Acknowledgements

This 2025 Community Health Needs Assessment was completed through the cooperative efforts of various individuals, hospital employees, and organizations that contributed and volunteered their time for the betterment of the community.

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Executive Summary

The purpose of this community health needs assessment (CHNA) is to identify and prioritize significant health needs in the community served by Sierra Nevada Memorial Hospital ("SNMH" or "the Hospital"). The Hospital is a member of Dignity Health, which is part of CommonSpirit Health. The priorities identified in this report help to guide the Hospital's community health improvement programs and community benefit activities, as well as its collaborative efforts 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.

Sierra Nevada Memorial Hospital is located at 155 Glasson Way in Grass Valley, California, and has been serving the western Nevada County communities since its opening in 1958. The Hospital proudly serves approximately 80,000 residents who reside in the rural, mountainous communities located on the western slope of the Sierra Nevada Foothills, and extending into Tahoe National Forest. The community served by the Hospital includes the following zip codes: 95945 (Grass Valley and Alta Sierra), 95946 (Penn Valley), 95949 (Grass Valley), 95959 (Nevada City), 95960 (North San Juan), 95975 (Rough and Ready), 95977 (Smartsville), and 95986 (Washington).

The largest incorporated area in the SNMH community is the City of Grass Valley, which is home to 14,126 residents. Nearly adjacent to Grass Valley is the much smaller City of Nevada City, which has 3,168 residents and serves as the county seat of Nevada County.

The Hospital serves an aging community of 79,880 residents, where nearly one out of every two people is 55 years or older. The majority of the community (81.8%) identify as White alone, not Hispanic or Latino(a), with a lesser 9.9% identifying as Hispanic or Latino(a) and 5.5% identifying as two or more races.[1] Evaluation of the 2020 U.S. Census reveals that 2,079 community members identifying as two or more races consider one of their races as American Indian and Alaska Native.[2] This is in addition to the 618 identifying as American Indian or Alaska Native alone.

Poverty levels vary from community to community. Overall, 11.6% of the Hospital community lives below 100% of the federal poverty level, but nearly one in three (29%) people in North San Juan (95960) and almost one in four (22.7%) people in Washington (95986) reside in poverty.

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[1] 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=dp05&g=860XX00US95945,95946,95949,95959,95960,95975,95977,95986. Accessed on March 22, 2025.

[2] U.S. Census Bureau. "HISPANIC OR LATINO, AND NOT HISPANIC OR LATINO BY RACE." Decennial Census, DEC Demographic and Housing Characteristics, Table P9, 2020, https://data.census.gov/table/DECENNIALDHC2020.P9?q=race&g=860XX00US95945,95946,95949,95959,95960,95975,95977,95986. Accessed on April 22, 2025.

The Hospital community is unique due to its location in the Sierra Nevada foothills and Sierra Nevada Mountains. It has striking natural beauty and geographically isolated rural and frontier areas. The community hosts 516 individuals experiencing homelessness in the area.

One frontier community in Nevada County is the Greater North San Juan Ridge Area (95969). North San Juan is a community of concern for the Hospital because it is geographically isolated, plagued by generational poverty, distrust of the government, and faces numerous public health challenges that stem from its rural location.

The Hospital's commitment to engaging with the community, assessing priority needs, and helping to address them with community partners is in keeping with its mission. As CommonSpirit Health, we make the healing presence of God known in our world by improving the health of the people we serve, especially those who are vulnerable, while we advance social justice for all.

The 2025 CHNA data collection process included a compilation of 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 and Dignity Health SNMH healthcare providers. Focus groups were held in 2024 and early 2025. They included representative input for the LGBTQ+, Black or African American, Hispanic or Latino(a), American Indian, unhoused, disabled, and socially disadvantaged youth and senior communities. 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 SNMH CHNA 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.

As shared during one focus group,

"Everyone should have the ability and opportunity to succeed, along with a vision and hope for a better life." *– Key Informant*

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

Priority 1: Unmet vital conditions, including transportation, finances, housing (including the unhoused population), and education.

Priority 2: Access to behavioral health, including substance use disorder treatment and navigation of services.

Priority 3: Access to primary care and dental care

Priority 4: Community belonging and the power to work across differences.

Poverty is the root cause of the communities' struggle to access vital conditions. The perpetuation of poverty has impacted the overall health and wellbeing of nearly 16,000 youth and adults in the community who live below 149% of the federal poverty level. 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 lends individuals to self-medicate with substances. Access to primary care physicians and dental providers was repeatedly mentioned during key informant and focus group interviews and is substantiated through secondary data. Individuals can live in the community for years and still are not able to find a medical home. In order to have a community with a strong society all community members need to have a sense of belonging. All residents should be able to live their day to day lives in a welcoming, hate-free community.

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.

The 2025 SNMH CHNA report was completed as a collaborative effort between Brian Stoltey, BCC, Director, Mission Integration and Community Health, Dignity Health SNMH, Alexis Ross, MPH, MSDA, Dignity Health North State Market Director, Community Health, and Amanda Gettig, MPH, Ganey Science, San Francisco, CA.

This CHNA report was adopted by the Sierra Nevada Memorial Hospital Board of Directors on May 22, 2025. The report is widely available to the public on the hospital's website, and a paper

copy is available for inspection upon request at the Hospital's Mission Integration Office. Written comments on this report can be submitted to the Mission Integration and Community Health Department at 155 Glasson Way in Grass Valley, California, or you may email brian.stoltey@commonspirit.org.

I. Community Definition

Sierra Nevada Memorial Hospital ("SNMH" or "the Hospital"), a member of Dignity Health, which is part of CommonSpirit Health, is located at 155 Glasson Way in Grass Valley, California. The Hospital proudly serves approximately 80,000 residents who reside in the rural, mountainous communities located on the western slope of the Sierra Nevada Foothills, and extending into Tahoe National Forest. These lands were originally home to the indigenous Nisenan people since time immemorial. Following the discovery of gold in the Sierra Nevada Foothills, thousands of additional people migrated from 1848 to 1851 to the communities of Grass Valley and Nevada City.[3] The massive influx of gold miners created competition for resources, destruction of the environment, and the persecution of indigenous people.[4]

The largest incorporated area in the SNMH community is the City of Grass Valley, which is home to 14,126 residents. Nearly adjacent to Grass Valley is the much smaller City of Nevada City, where 3,168 individuals reside. Nevada City serves as the county seat of Nevada County. The Hospital also serves the communities of Alta Sierra, Lake Wildwood, North San Juan, Penn Valley, Smartsville, and Washington, California.

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

- 95945 (Grass Valley and Alta Sierra);
- 95946 (Penn Valley);
- 95949 (Grass Valley);
- 95959 (Nevada City);
- 95960 (North San Juan);
- 95975 (Rough and Ready);
- 95977 (Smartsville); and,
- 95986 (Washington).

The SNMH community does not exclude any low-income or underserved populations and includes all members of the community. The communities served by the Hospital align with the residence location (contiguous zip codes) for more than 75% of all inpatient discharges. Nevada County is also served by Tahoe Forest Hospital in Truckee and the entire County is supported by the Nevada County Public Health Department.

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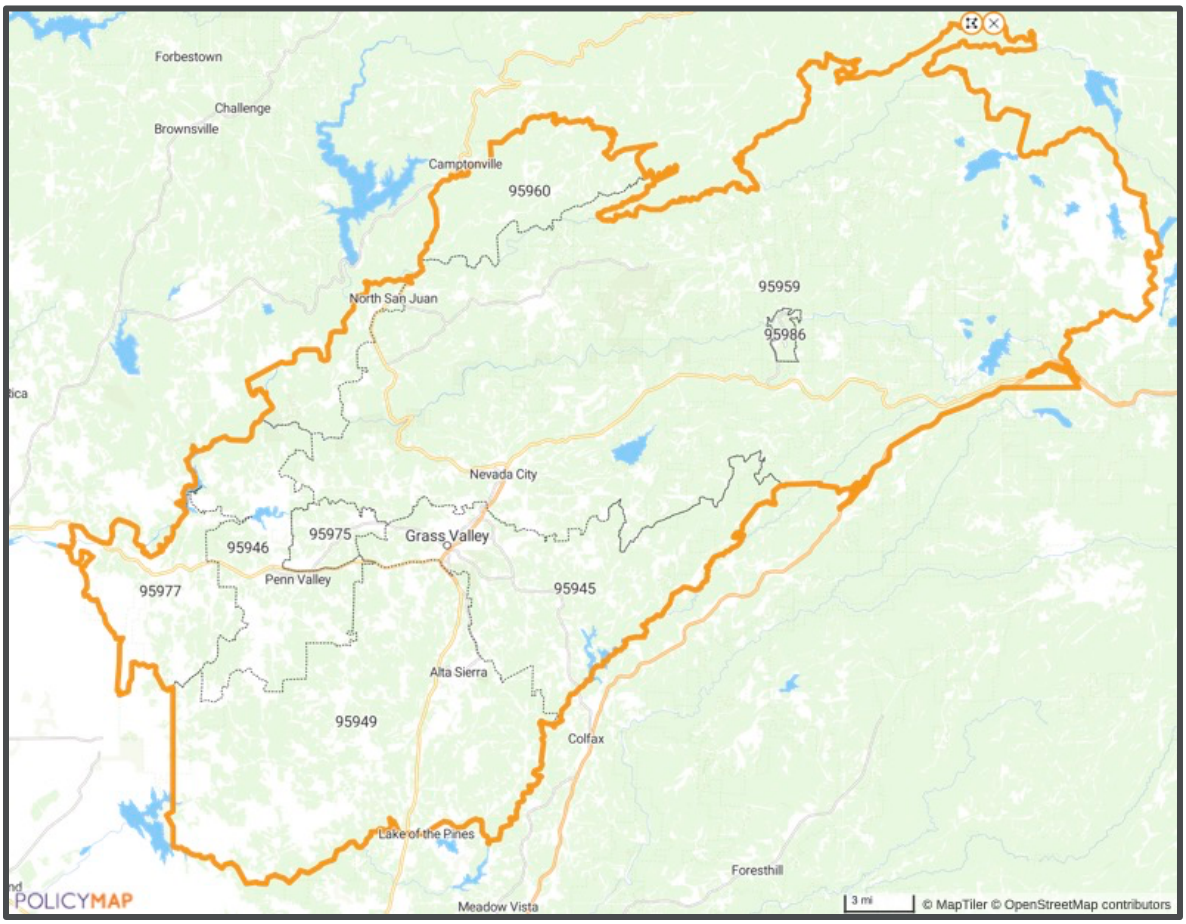
[3] Greater Grass Valley Chamber of Commerce. (2025). *Our Community History.* https://www.grassvalleychamber.com/community/history/#:~:text=A%20Grassy%20Valley&text=The%20first%20notations%20about%20the,from%20its%20rich%20underground%20mines. Accessed April 10, 2025.
[4] Nevada County Library. (2025). *Nisenan Heritage.* https://www.nevadacountyca.gov/2862/Nisenan-Heritage#:~:text=The%20massive%20influx%20of%20gold,became%20the%20Nevada%20City%20Rancheria. Accessed April 21, 2025.

Figure 1. Sierra Nevada Memorial Hospital Communities Served



According to the American Community Survey (2019-2023, 5-year Estimate), the Hospital community is home to 79,880 residents, with 81.8% of the community identifying as White alone, not Hispanic or Latino(a). Approximately one in ten (9.9%) community members identify as Hispanic or Latino(a), and 5.5% of the community identifies as two or more races.[5] Evaluation of the 2020 U.S. Census reveals that 2,079 community members identifying as two or more races consider one of their races as American Indian and Alaska Native.[6] This is in addition to the 618 identifying as American Indian or Alaska Native alone. Approximately 8% of the community

[5] 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=dp05&g=860XX00US95945,95946,95949,95959,95960,95975,95977,95986. Accessed on March 22, 2025.

[6] U.S. Census Bureau. "HISPANIC OR LATINO, AND NOT HISPANIC OR LATINO BY RACE." Decennial Census, DEC Demographic and Housing Characteristics, Table P9, 2020, https://data.census.gov/table/DECENNIALDHC2020.P9?q=race&g=860XX00US95945,95946,95949,95959,95960,95975,95977,95986. Accessed on April 22, 2025.

speaks a language other than English, but only 2% of community members (fewer than 1,800 individuals) speak English less than "very well."

The Hospital serves an aging community where nearly one out of every two people is 55 years or older. Individuals aged 65+ account for 31.6% of the community, more than twice the state rate of 15.3%. According to the U.S. Census, the median age of the Hospital community ranges from 37.6 to 61.4 years, with North San Juan (95960), Rough and Ready (95975), and Smartsville (95977) having more youthful communities.[7]

Overall, educational attainment in the hospital community exceeds the state (84.8%) rate, with 94.9% of the Hospital community (age 25+) completing high school. However, educational attainment levels drop in North San Juan (95960), where 18% of the adults (age 25+) have less than a high school education. The highest levels of education can be found in the adult population (age 25+) residing in Nevada City (95959), where over 45% reported having a bachelor's degree or higher.

According to 2023 U.S. Census estimates, the community median household income ranged from $40,099 in North San Juan (95960) to $100,909 in Smartsville (95977), compared to the state median of $95,521.[8] Approximately one-third (35.1%) of households in the Hospital community had an annual income of less than $50,000, compared to 26.5% in California. Overall, 11.6% of the Hospital community lives below the federal poverty level. Nearly one in three (29%) people in North San Juan (95960) live in poverty, and almost one in four (22.7%) people in Washington (95986) reside in poverty.

According to the Partnership 2024 Annual Data Report[9], 28,772 individuals in Nevada County are Medi-Cal members, which is over a quarter of the County's population. Approximately 5% of Hospital community members have no health insurance coverage.

Section III, Assessment Data and Findings, provides further evaluation regarding demographic indicators, including economics and education. Table 1 below presents U.S. Census population characteristics for the SNMH community. Additional community population details can be found in Appendix A.

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[7] U.S. Census Bureau, American Community Survey.

[8] 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.

[9] Partnership Health Plan of California. (2024). *Annual Partnership County Data Report 2024: Nevada County.* https://www.partnershiphp.org/Community/Documents/AnnualDataReports/Nevada%20County%202024%20Annual%20Data%20Report.pdf. Accessed March 22, 2025

Table 1. Sierra Nevada Memorial Hospital Community Served[10]

U.S. Census Data	Hospital Community Served
Total population	79,880
Median age (years)	50.6
Percent Hispanic or Latino(a)	9.9%
Percent White alone, not Hispanic or Latino(a)	81.8%
Median household income range[1]	$40,099 - $100,909
Percent of families living in poverty (below 100% federal poverty level)	7.2%
Unemployment rate	4.5%
Percent with less than a high school diploma, 25 years and over	5.1%
Percent, age 5 and older who speak English less than "very well"	2.3%
Percent without health insurance	5.3%
No. of Partnership HealthPlan of California Members (Medi-Cal administrator)	28,772

1. Range represents the lowest and highest median household incomes for the community.

Communities of Concern

The 2024 Nevada County Point-in-Time (PIT) Count was conducted on the night of January 24, 2024, and identified at least 516 individuals experiencing homelessness, half sheltered and the other half unsheltered. Of the individuals experiencing homelessness in the County, approximately 382 sheltered and unsheltered individuals reside in Grass Valley and Nevada City, with a lesser number residing in the unincorporated areas of the County including North San Juan. The 2024 PIT Count encountered a total of 34 families and 11 unaccompanied youth and young adults experiencing homelessness. [11]

The Greater North San Juan Ridge Area (95969) is a community of concern for the Hospital because it has been determined as a disadvantaged unincorporated community by CalEnviroScreen and as severely disadvantaged according to the California Department of Water Resources. A

[10] U.S. Census Bureau, American Community Survey.
[11] Applied Survey Research. (2024). *Nevada County Homeless Census and Survey.* https://cloud-1de12d.b-cdn.net/customfile/135b6d802aa7a71d26662fcd7d5ac446c59a93d6fb9cc123148dec2f2b8b243f/Nevada-Exec-Sum-PITC-2024.pdf. Accessed April 15, 2025.

Frontier Area is designated by California Education Code Section 8484.65, where school sites are located in an area where the population density is less than 11 people per square mile. North San Juan or the Ridge is a Frontier Community with 7.67 people per sq. mile (census tract 06057000900) in rural Nevada County that extends east-west for approximately 24 miles between the South and Middle Yuba Rivers. The 2020 census estimated North San Juan's population at 245, yet local service providers estimate the population to be between 2,000 and 3,000 people. North San Juan faces numerous public health challenges that stem from its rural location and culture, such as year-round fire danger, lack of infrastructure and public transportation, and a lack of local work opportunities and reliable internet service.

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 the Hospital community. Grass Valley and Nevada City have been designated as a medically underserved area for primary care for nearly 30 years. According to county-wide physician needs assessment, Nevada County currently has 21.4 primary care physicians and is projected to need an additional 52.6 full-time equivalent primary care physicians by 2027. Additional details are provided in Table 2.

Table 2. MUA/P and HPSA as Identified by HRSA in the Community[12]

Discipline	ID Number	HPSA or Service Area Name	Designation Type	Update Date
Primary Care	00250	Low Income - Grass Valley/Nevada City Service Area	MUP Low Income	06/06/1995
Mental Health	7066034136	Nevada County	High Needs Geographic HPSA	09/10/2021

[12] 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.

II. Assessment Process and Methods

The 2025 Community Health Needs Assessment (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 Nevada County Public Health Department. The qualitative primary data was analyzed thematically and the frequency with which a topic was discussed was used to determine key themes and conclusions. 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 enabled 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.

Community Input, Vulnerable Populations

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

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 Dignity Health SNMH healthcare providers serving vulnerable members of the community. The CHNA includes representative input for the LGBTQ+, Black or African American, Hispanic or Latino(a), American Indian, unhoused, disabled, and socially disadvantaged youth and senior communities.[13]

Overall, 11 different focus groups/key informant interviews were facilitated between the June 2024 and February 2025, either virtually or in-person. The focus group script has been provided in Appendix B and summaries of each focus group are provided in Appendix C. The CHNA team also provided an opportunity to Nevada County District Attorney Jesse Wilson and former Mayor of Nevada City, Daniela Fernández to serve as key informants, however, after repeated attempted the CHNA team was unsuccessful. Table 3 provides a list of completed focus groups and key informant interviews.

[13] State of California, Legislative Counsel Bureau. "Assembly Bill No. 1204 , Chapter 751," 2021, https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220AB1204. Accessed March 1, 2025.

Table 3. SNMH Primary Data Sources

Key Informant Interviews
1. Callum Hancock, Color Me Human & Habitat for Humanity 2. Shelly Covert, Nevada City Rancheria Nisenan Tribe and California Heritage: Indigenous Research Project 3. Sarah Morgan, Nevada County Superintendent of Schools, Community Schools 4. Bright Futures for Youth 5. Foothills Compassionate Care 6. Hospitality House 7. Women of Worth 8. Dignity Health SNMH Emergency Department 9. Dignity Health Substance Use Disorder Team
Focus Groups
1. FREED Center for Independent Living 2. North San Juan Community Center

Nevada County Public Health Department

An initial meeting was held between Dignity Health and Shannon Harney, MS, with Nevada County Public Health Department on May 22, 2024, regarding the CHNA process Dignity Health was initiating for its 2025 CHNA Report. Nevada County Public Health was then in the process of finalizing their Community Health Assessment, which was published in late 2024, and had undertaken extensive outreach to community providers. Nevada County Public Health encouraged Dignity Health to be cautious of reaching out to the same community partners and encountering survey fatigue. Dignity Health regularly participates in the Nevada County Health Collaborative and provided an update on this CHNA to the collaborative in June 2024.

A follow-up meeting was held between Dignity Health and Kathy Cahill, MPH, Public Health Director, Nevada County Public Health Department on February 21, 2025. During this meeting, an overview of the process was completed, and the need for additional focus groups was discussed.

Written Comments from Previous CHNA

The Hospital invited written comments on the most recent CHNA Report and Implementation Strategy, both in the documents and on the Hospital website, where they are widely available to the public. No written comments were received during this CHNA report's development.

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 Air Resources Board
- California Department of Education
- California Department of Justice
- California Department of Public Health
- California Employment Development Department
- California Energy Commission
- California Health Kids Survey
- Centers for Disease Control and Prevention (CDC)
- Education Data Partnership
- Nevada County, California Public Health
- Partnership HealthPlan of California
- PolicyMap
- The Rippel Foundation
- U.S. Census
- 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.

CHNA Report Preparers

This CHNA report and the preceding data collection process were completed as a collaborative effort between the Dignity Health SNMH team including Brian Stoltey, BCC, Director, Mission Integration and Community Health, Health Equity Liaison and Alexis Ross, MPH, MSDA, North State Market Director, Community Health, and Ganey Science, San Francisco, CA. The Ganey Science Team was led by Amanda Gettig, MPH and supported by Julia Turnak. Amanda has been

preparing Dignity Health CHNA reports since 2016 and began her career in public health in 2013 with Dignity Health, St. John's Regional Medical Center, Oxnard, CA. She published the findings of her Oxnard Plain, CA Latino Community Health Needs Assessment at the Annual Meeting of the American Public Health Association and at the National Conference for the Association of Community Health Improvement.

III. 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 and key informant interviews 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.

Focus Group and Key Informant Interview Results

Eleven focus groups and key informant interviews were conducted between 2024 and 2025 with community members who were an ethnic or racial minority, veterans, unhoused, seniors, youth, or identified as LGBTQ+ or served individuals from those populations. 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. The data collected during this time does not take into account the apprehension felt by many community members that began in November 2024. Table 4 below provides the top themes identified during the focus groups and interviews by vulnerable populations.

Table 4. SNMH Primary Data – Top Themes by Sub-population

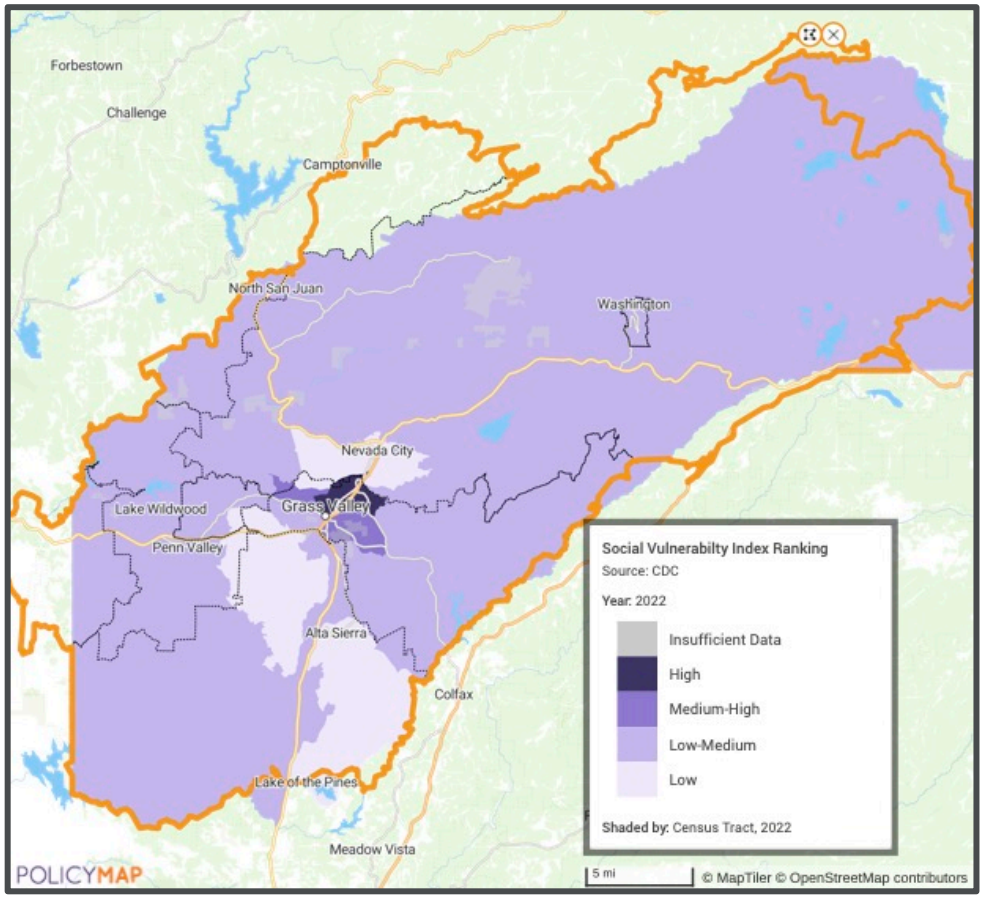
Native American	LGBTQ+	Unhoused
Access to care barriers: - History of negative experiences, distrust - Insurance - Communication issues - Poor health literacy **Basic needs** **Chronic conditions**	**Access to care barriers:** - Stigma - Diversity - Negative experience **Behavioral health** **Cultural humility, feeling dismissed** **Discrimination and fear in the community**	**Basic needs** **Behavioral health, including trauma** **Navigation** **No housing and no housing for alcohol use disorder** **Substance use disorder treatment**

Victims of Violence and Exploitation	Socially Disadvantaged	Youth
Access to care barriers: **Behavioral health** - Distrust **Inequality/Invisible** **Lack of housing and economic opportunity** **Stigma**	**Access to care barriers:** - Insurance - Long wait time - Communication issues - Geographical barriers/ lack of transportation **Basic needs** - Affordable housing - Transportation **Behavioral health** **Community building**	**Access to care barriers:** - Poverty - Lack of transportation **Basic needs** - Affordable housing - Food insecurity **Behavioral health** **Educational attainment** **Substance use**

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. The majority of the hospital community has a Low or Low-Medium SVI ranking, except some areas of Grass Valley have a medium-high or high SVI score. While the overall SVI index for the community is favorable, the following subsections will provide additional insight into disparities within the community. The darkest purple areas shown in Figure 2 represent the highest SVI census tract areas.

Figure 2. SNMH Social Vulnerability Index



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:

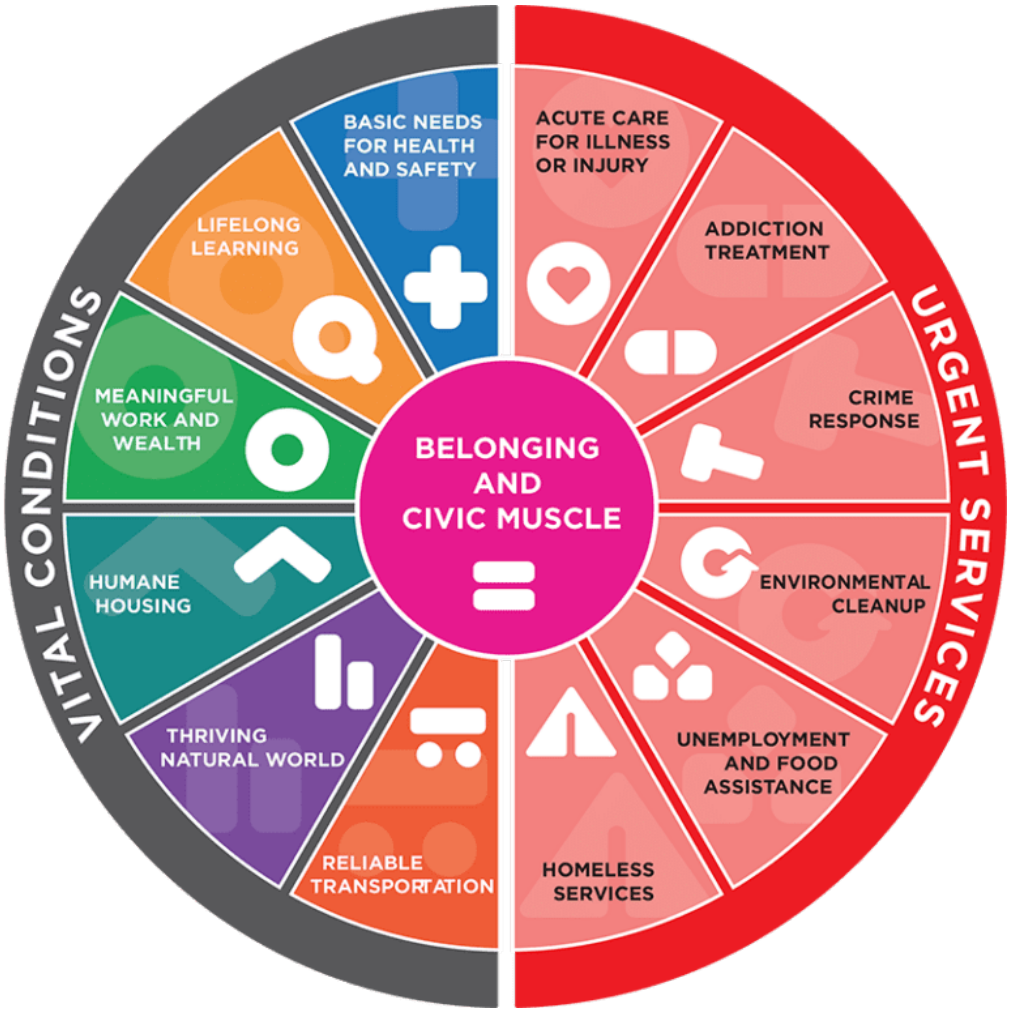
"All people and places THRIVING – no exceptions."

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.

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.[14] Figure 3 further illustrates the relationship between vital conditions and urgent services.

Figure 3. Vital Conditions and Urgent Services[15]



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. For the purpose of holistically analyzing the community, the following subsections analyze the community using the Vital Conditions perspective combined with the Social Determinants of Health.

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[14] 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. Accessed March 15, 2025.

[15] The Rippel Foundation. (2025). *What is a Well-Being Portfolio?* https://rippel.org/vital-conditions/. Accessed March 9, 2025.

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 impacting 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.[16]

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.

In 2023, Nevada County had a gross domestic product of $5.9 billion,[17] an employment rate of 48.2%, an unemployment rate of 4.1%, and a median household income of $87,998.[18] According to the California Employment Development Department, the top three industries employing the most individuals in Nevada County in December 2024 were: government; private education and health services; and leisure and hospitality.[19] Several key informant interviews shared the community lacks sufficient good paying jobs and many people work in leisure and hospitality

[16] 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.
[17] U.S. Bureau of Economic Analysis, Gross Domestic Product: All Industries in Nevada County, CA [GDPALL06057], retrieved from FRED, Federal Reserve Bank of St. Louis; https://fred.stlouisfed.org/series/GDPALL06057, April 8, 2025.
[18] U.S. Census Data. *2023 American Community Survey 1-Year Estimates.* Accessed April 8, 2025.
[19] California Employment Development Department. *Nevada County Labor Force Data: December 2024.* https://labormarketinfo.edd.ca.gov/cgi/dataanalysis/cesReport.asp?menuchoice=ces Accessed April 8, 2025.

which are traditionally lower paying jobs. One key informant shared that family units are broken, and the community is plagued with generational poverty and a lack of income in the homes.[20]

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.[21]

Although the Hospital community has a better poverty rate than the State of California (11.6% versus 12.0%), the disparities in poverty between community members are notable. As previously mentioned, the community has an aging population, and retirees move to the community from other, more affluent areas. However, some community members are struggling financially, resulting in higher rates of youth and families residing in poverty. Over half (58.7%) of the residents of North San Juan (95960) between the ages of 45 and 74 years reside in poverty. Overall, Nevada County has 6.4% families in poverty and 3.1% are in deep poverty (less than 50% poverty level). Disparities within the different communities are shown in Table 5. Data for zip codes with poverty rates that exceed the County rates are shown in bold. Zip codes without available data are not shown.

Table 5. Estimated Percent of Families and Youth in Poverty (2019-2023)

Location	Families in Deep Poverty[22]	Families in Poverty	17 and under in poverty[23]
Nevada County	3.1%	6.4%	12.7%
Grass Valley (95945)	**5.5%**	**9.9%**	**17.3%**
Penn Valley (95946)	**3.9%**	**5.5%**	**18.6%**
Grass Valley (95949)	2.4%	4.4%	8.6%
Nevada City (95959)	1.4%	**8.2%**	7.9%
N. San Juan (95960)	**8.4%**	**15.0%**	**14.7%**
Washington (95986)	0%	**25.8%**	0%

According to the California Department of Education, nearly half (48.4%) of the students enrolled in Nevada County schools were eligible for free/reduced-price meals during the 2023-24 school

[20] See Appendix C.
[21] 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.
[22] 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 April 28, 2025, from http://www.policymap.com.
[23] U.S. Census Bureau, U.S. Department of Commerce. "ACS Demographic and Housing Estimates." *American Community Survey, ACS 5-Year Estimates Data Profiles*, 2023.

year.[24] At Grizzly Hill Elementary, which serves North San Juan (95969), this rate increases to 85.5% of students receive free or reduced-price lunch. Similarly, Lyman Gilmore Middle School in Grass Valley serves free and reduced-price meals to 77.7% or 352 students.

The ongoing stress and challenges associated with low incomes can result in numerous impacts on both physical and mental health. For example, chronic illness and mental health problems are more likely to affect those with low incomes, and children in low-income families are less healthy than their counterparts in high-income families.[25]

Humane Housing

HP 2030 Goal: Reduce the proportion of families that spend more than 30% of income on housing.

According to the U.S. Department of Housing and Urban Development, a household is considered cost-burdened when it spends more than 30% of its income on rent and utilities. Severe overpaying occurs when households pay 50% or more of their gross income for housing.[26] "*An estimated 32.4% of Nevada County households are burdened by housing costs, and this percentage is up to 47.6% in some areas of the county.*"[27] The highest rates of housing cost burden are in the communities of Grass Valley and Lake Wildwood.

The lack of housing in the community was identified as a primary health need in four different primary data interviews. Seniors, youth, and young families all struggle to find affordable housing. Leadership staff from both Bright Futures for Youth and Women of Worth shared that women and their children are often trapped with their abusers because of the lack of available housing options for them. The cost of housing is so much that while the County is the largest employer, many of their staff cannot afford to live in the County. More details are available in Appendix C.

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[24] California Department of Education (2025). *Selected County Level Data – Nevada for the Year 2023-24.* https://dq.cde.ca.gov/dataquest/Cbeds2.asp?FreeLunch=on&cChoice=CoProf2&cYear=2023-24&TheCounty=29%2CNEVADA&cLevel=County&cTopic=FRPM&myTimeFrame=S&submit1=Submit Accessed on April 27, 2025.

[25] Cunningham, P. J. (2018). *Why even Healthy Low-Income People Have Greater Health Risks Than Higher-Income People.* The Commonwealth Fund. https://www.commonwealthfund.org/blog/2018/healthy-low-income-people-greater-health-risks

[26] United States Census Bureau. *Nearly Half of Renter Households are Cost-Burdened, Proportions Differ by Race.* September 12, 2024, https://www.census.gov/newsroom/press-releases/2024/renter-households-cost-burdened-race.html#:~:text=Households%20are%20considered%20cost%2Dburdened,are%20considered%20severely%20cost%2Dburdened. Accessed January 15, 2025.

[27] Nevada County, California Public Health. (2024) *Community Health Assessment.* https://www.nevadacountyca.gov/DocumentCenter/View/53845/2024-Nevada-County-Public-Health-Community-Health-Assessment. Accessed March 23, 2025.

The Regional Housing Authority provides Section 8 housing vouchers for Sutter, Yuba, Colusa, and Nevada Counties. There were 4,617 families on the four-county waitlist in October 2023, and the Regional Housing Authority Occupancy Manager reports an average wait time of 12-14 months.[28] Seniors shared in a focus group held at the FREED Center that the wait to get into a low income housing apartment is two to three years and that there are more people on the waiting list than there are apartments.[29]

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.[30] Interviews with leaders of community organizations found that poor access to transportation as a significant need for seniors, the Latino/a community, and unincorporated communities such as North San Juan.

Education Access and Quality | Lifelong Learning

When looking at the overall Hospital community's educational attainment, it is similar to the educational attainment across the state of California. The high school graduation rate (for adults aged 25 and over) in the community is 94.9%, which is higher than the state's rate of 85%. Both the Hospital community and the state have similar rates of educational attainment for bachelor's (22.0%) and graduate (13.2%) degrees.

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

According to the State of California's Department of Education, Nevada Joint Union High School had 604 four-year adjusted cohort students during the 2023-24 school year, or students who should have received a high school diploma in 2024. During the 2023-24 school year, 88.1% of the cohort students received a regular high school diploma, and approximately 10% were considered dropouts. The 2023-24 cohort had 62 homeless youth, 95 students with disabilities, and 309 socioeconomically disadvantaged students. Additional details

[28] Nevada County, California Public Health. (2024) *Community Health Assessment.*
[29] Focus Group Summary. Appendix C.
[30] 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. Accessed on March 21, 2025.

for the 2023-24 Nevada Joint Union High School Four-Year Adjusted Cohort Outcome are provided in Table 6. [31]

Table 6. 2023-24 Four-Year Adjusted Cohort Outcome

Four-Year Adjusted Cohort Outcome	Nevada Joint Union High	Statewide Total
Total Cohort Students	604	432,499
Regular High School Diploma Graduates	88.1%	90.2%
Graduates Meeting UC/CSU Requirements	30.3%	51.5%
Graduates Earning a Golden State Seal Merit Diplomat	19.9%	33.8%
Dropouts	9.9%	6.3%

Interviews with leaders of community organizations reported that many youths in western Nevada County lack motivation and do not have relational role models. Local community members who do leave to pursue higher education often do not return.

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. In alignment with Dignity Health's commitment to environmental stewardship and its Climate Action Plan, this needs assessment incorporates climate and health indicators. 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.

Local Climate

Nevada County falls within the North Sierra Region and is characterized as a sparsely settled mountainous region where the economy is primarily tourism-based. The region is rich in natural

[31] State of California, Department of Education. *2023-24 Four-Year Adjusted Cohort Graduation Rate, Nevada Joint Union High District Report (29-66357)*. https://dq.cde.ca.gov/dataquest/dqcensus/CohOutcome.aspx?cds=2966357&agglevel=District&year=2023-24&ro=y&ro=y&ro=y&ro=y&ro=y&ro=y&ro=y&ro=y&ro=y&ro=y. Accessed on March 22, 2025.

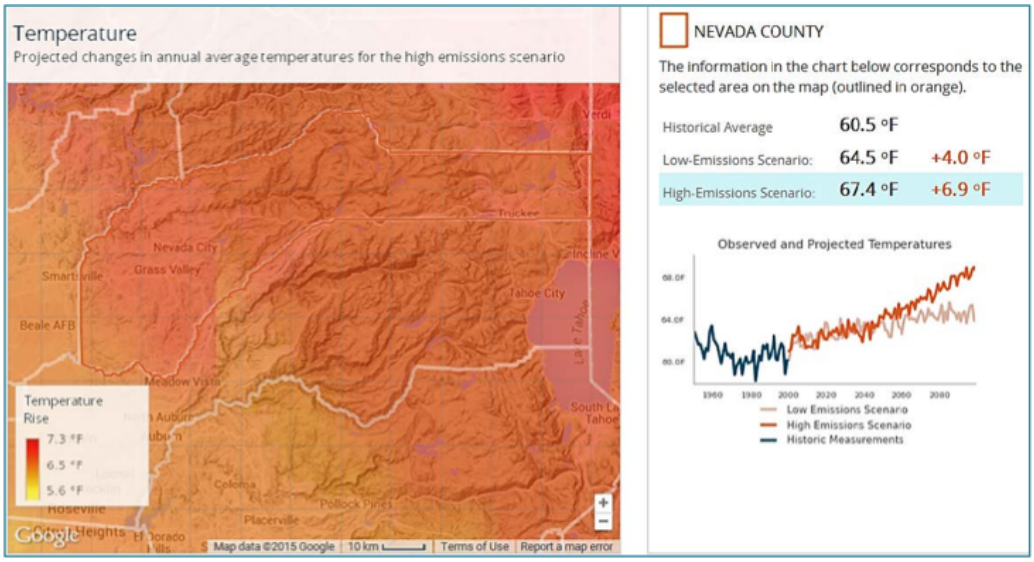
resources, biodiversity, and is the source for the majority of water used by the state[32].

The communities' climate is described by the Sierra Nevada Region Report[33] and consists of cool, wet winters and warm, dry summers with large differences due to latitude and topography. Variability is another notable feature of the climate with the region experiencing some of the largest year-to-year climatic fluctuations in the United States. Because the southern Sierra Nevada is mostly higher topographically than the northern Sierra Nevada, temperatures are warmer, and precipitation is less snowy in the northern part of the range.

Climate Change in Nevada County

California's Fourth Climate Change Assessment provides data showing a warming trend and annual temperature increases over most of the state since 1986 have exceeded 1°F, with some areas exceeding 2°F.[34] The Climate Change and Health Profile Report projected changes in annual average temperature in a high-carbon emissions scenario for Nevada County in the year 2099 are shown in Figure 5.[35]

Figure 5. Projected Temperature Change by 2099 in During High Emissions



[32] Nevada County Local Hazard Mitigation Plan Update. 2017. (https://www.nevadacountyca.gov/DocumentCenter/View/19365/Nevada-County-LHMP-Update-Complete-PDF?bidId=)

[33] California's Fourth Climate Change Assessment Sierra Nevada Region Report, California Energy Commission. 2018. (energy.ca.gov/sites/default/files/2019-11/Reg_Report-SUM-CCCA4-2018-004_SierraNevada_ADA.pdf)

[34] California Energy Commission. (2018) *California's Fourth Climate Change Assessment Statewide Summary Report*. https://www.energy.ca.gov/sites/default/files/2019-11/Statewide_Reports-SUM-CCCA4-2018-013_Statewide_Summary_Report_ADA.pdf. Accessed on October 23, 2024.

[35] California Department of Public Health; U.C. Davis. (February 2017). *Climate Change and Health Profile Report, Nevada County*. https://www.cdph.ca.gov/Programs/OHE/CDPH%20Document%20Library/CHPRs/CHPR057Nevada_County2-23-17.pdf)

The Climate Change Assessment also reports that future warming will reduce California's spring snowpack. Snowpack in the mountains of California provides a natural reservoir and a key source of surface and groundwater. Several climate model projections estimate that the mean snow water equivalent will decline to less than two-thirds of its historical average by 2050. The decline in spring snowpack occurs even if the amount of precipitation remains relatively stable over the central and northern California region; the snow loss is the result of a progressively warmer climate.

Regarding extreme weather, it is predicted that warmer temperatures will contribute to more frequent and severe droughts. Nevada County is projected to have a significant decline in precipitation, with the amount of decrease potentially reaching more than 10 inches by 2100. By 2050, annual heat waves are expected to increase by two. By 2100, annual heat waves are expected to increase by 8 to 10 more per year. Future warming is expected to lead to increases in the occurrence of large wildfires and overall burn areas. Western Nevada County is in an area of mostly high and very high severity Fire Hazard Severity Zones. These areas will continue to experience an increase in areas burned with each wildfire. The rise in temperature causing snow melt could also increase the potential for dam failure and uncontrolled releases in Nevada County.

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 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.[36] 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 Nevada County is associated with wildfire. The same data map lists water stress risk as high, and extreme rainfall risk as medium.[37] Nevada County is affected by both water stress, leading to droughts and wildfires, and extreme rainfall, which feed the vegetation that causes worsening wildfires. As

[36] 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.
[37] S. Thompson and Y. Serkez. (September 18, 2020). *Every Place Has Its Own Climate Risk. What Is It Where You Live?* New York Times.

temperatures increase, Nevada County will face increased risk of death from dehydration, heat stroke, heat exhaustion, heart attack, stroke and respiratory distress caused by extreme heat.

Managing Climate Impacts on Health

There are steps that can be taken to help manage and mitigate the negative impacts of climate on health in the service area. The Climate Change and Health Profile Report for Nevada County has listed several public health strategies and action steps for adapting to climate change. The goal of these strategies is to minimize the negative health impacts of climate change.

Wildfire and drought mitigation measures will help manage the predicted climate risk and water stress in the services area. Wildfire mitigation measures can consist of projects at the homeowner and community level and can consist of fuel management by reducing flammable vegetation, thinning tree canopies, and removing dead wood and debris. Land-use planning, development of regulations, building codes, and homeowner education are also important components of wildfire mitigation.

Drought mitigation measures can consist of planning, water conservation measures, improved water storage, water recycling, and xeriscaping (drought landscaping). Funding may be available for natural hazard mitigation projects through the Federal Emergency Management Agency and other sources. Mitigation of extreme heat can be performed through strategic planning, including the establishment of extreme heat warning systems and the maintenance of cooling centers throughout the community.

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.

The community is home to churches, schools, gyms, parks, senior centers, and farmers' markets that can be used by the community and that foster community engagement. An example of the multitude of community organizations supporting the Hospital community is provided in Section V.

According to the voting records for Nevada County, 83.6% of registered voters cast ballots in the November 2024 general election.[38]

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, law enforcement agencies in Grass Valley, Nevada City, and the Nevada County Sheriff's Department reported a total of 352 violent crimes in 2023. This includes two homicides, 44 rapes, 285 aggravated assaults, and 21 robberies. Additionally, in 2023, they reported 716 property crimes.[39]

About one third (31.7%) of adults in Nevada County reported that firearms were kept in their home, which is twice the rate for California.[40] Approximately 40% of teens reported ever using a firearm for hunting or target shooting, more than twice the state rate (18.6%)[41] and 16% of 11th grade students in Nevada County reported seeing a weapon on school campus.[42]

Discrimination, racism and bullying/teasing can have detrimental effects on an individual. Key informant interviews and focus groups shared stories of discrimination against other community members based upon their sexual orientation or place of origin (even within the community). Some individuals mentioned the presence of upside-down flags and white supremacy makes them feel uncomfortable, and they have witnessed or experienced open discrimination.[43]

One goal of HP 2030 prior to January 2025, was to reduce bullying of transgender students. Between 2019 and 2021, 31% of 11th-grade students in Nevada County reported being harassed or bullied and one-quarter reported being cyberbullied in the past 12 months. Both female (34%) and nonbinary (65%) 11th grade students were more likely to report being bullied than their male counterparts.[44]

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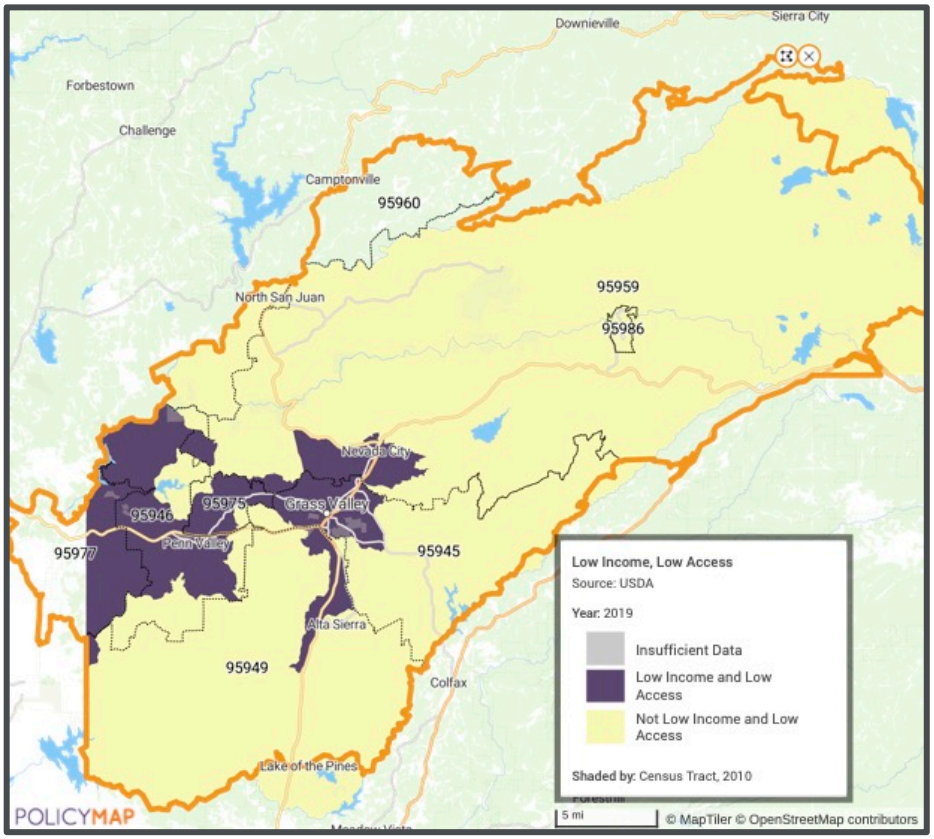
[38] November 5, 2024, General Election Voter Participation Statistics by County. https://admin.cdn.sos.ca.gov/elections/sov/2024-general/sov/03-voter-participation-stats-by-county.pdf. Accessed on April 27, 2025.
[39] California Department of Justice, Office of the Attorney General. (2025). *OpenJustice, Crimes & Clearances.* https://openjustice.doj.ca.gov/exploration/crime-statistics/crimes-clearances. Accessed on March 23, 2025.
[40] UCLA Center for Health Policy Research. AskCHIS Dashboard. https://healthpolicy.ucla.edu/our-work/askchis/askchis-dashboard. Accessed March 24, 2025.
[41] UCLA Center for Health Policy Research. AskCHIS Dashboard.
[42] Nevada 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/Nevada_County_2123_Sec_CHKS.pdf Accessed March 21, 2025.
[43] See Appendix C.
[44] Nevada County. (2024). *California Healthy Kids Survey, 2021-2023: Main Report.*

Basic Needs for Health + Safety

Food Insecurity

Food insecurity is defined by the CDC as a household-level economic and social condition of limited or uncertain access to adequate food. Food insecurity may be influenced by a number of factors, including income, employment, race/ethnicity, and disability.[45] In 2022, Feeding America estimated the food insecurity rate in Nevada County to be 11.1%.[46] Nevada County experiences more severe food security challenges compared to the average Californian. The percentage of the population that is both low-income and geographically distant from a grocery store is three times higher in the county than in California.[47] The dark purple areas in Figure 6 depict the designated low income/low access tracts by the U.S. Department of Agriculture in 2019.

Figure 6. Low Income and Low Access Tracts, 2019



[45] U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. *Healthy People 2030.* https://odphp.health.gov/healthypeople/priority-areas/social-determinants-health/literature-summaries/food-insecurity. Accessed March 21, 2025.
[46] PolicyMap. (n.d.). *Estimated food insecurity rate in 2022 [Map based on data from Feeding America].* Retrieved April 27, 2025, from http://www.policymap.com
[47] Nevada County, California Public Health. (2024) *Community Health Assessment.*

Childhood Immunizations

Kindergarteners in Nevada County are less likely to be immunized than the average Californian kindergartener. During the 2023-24 school year, Nevada County had the fifth-lowest kindergarten immunization rate compared to the other California counties. Only 84.3% of Nevada County kindergarteners have all the required immunizations compared to the state rate of 93.7%.[48] This immunization rate falls below the threshold for herd immunity for certain diseases (the measles threshold is 95%).

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.

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

The community (western Nevada County) has been designated by the U.S. Environmental Protection Agency (EPA) as a serious nonattainment area for ozone. This means that the air quality in western Nevada County exceeds state and federal standards for ozone. Ozone forms in the atmosphere due to vehicle emissions, industrial plants, and other sources including wildfire smoke. Western Nevada County is affected by emissions and polluted air masses from Sacramento and the San Francisco Bay Area that are transported into the area by prevailing winds and trapped in mountain valleys. Ozone levels typically peak in early evening and remain elevated through the night, with the highest levels being found during the summer. Depending on the level of exposure, ozone can cause coughing and sore or scratchy throat, make it difficult to breathe deeply, inflame and damage the airways, and aggravate lung diseases such as asthma, emphysema, and chronic bronchitis.[49]

There is one EPA Superfund Site in Nevada County. Lava Cap Mine is a former gold and silver mine that occupies approximately 33 acres between Nevada City and Grass Valley. The site includes the mining area where ore was processed to recover gold and areas where tailings (waste materials) have been washed downstream and deposited over time.[50] The downstream areas of the site include Lost Lake, a private lake surrounded by homes, located less than a mile and a half

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[48] California Department of Public Health. (2025). *Immunization Branch, Reporting Data for Kindergarten and 7th Grade.* https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Immunization/School/tk-12-reports.aspx. Accessed April 27, 2025.
[49] California Air Resources Board. (February 2023). *Staff Report, CARB Review of the Ozone Attainment Plan for Western Nevada County for the 70 ppb 8-Hour Ozone Standard.* *https://ww2.arb.ca.gov/sites/default/files/2023-02/WNevada_70ppb_ozone_plan_CARB_Staff%20Report_February2023.pdf.* Accessed April 15, 2025.
[50] EnviroStor. *Lava Cap Mine (29100004).* https://www.envirostor.dtsc.ca.gov/public/profile_report.asp?global_id=29100004

downstream of the Lava Cap mine site. A new drinking water pipeline was constructed in 2014 to ensure that the drinking water of nearby residents could not be affected by contaminated groundwater beneath the mine. The EPA expects to perform remedial action in 2025 by installing a mine drainage treatment system. [51]

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." The mountainous eastern portion of the community does not have wired broadband internet access available; however, wireless broadband is partially available.[52]

Domestic Violence and Human Trafficking

Freedom from trauma, violence, addiction and crime is considered a Basic Need for Health and Safety. Approximately 28% of women in Nevada County reported ever experiencing physical or sexual violence by an intimate partner.[53] According to the California Office of the Attorney General's Open Justice data portal, law enforcement agencies in Grass Valley, Nevada City, and the Nevada County Sheriff's Department reported a total of 254 domestic violence-related calls for assistance in 2023, a slight increase from 237 in 2022. Nearly all of the domestic violence calls in 2023 involved a weapon, and 223 involved a personal weapon, which includes hands or feet.[54]

The FBI has identified California as one of the nation's top four destination states for trafficked persons, and Nevada County has many factors that contribute to an environment of exploitation such as isolation, low socioeconomic status, and the prevalence of firearms. Human trafficking is a form of modern-day slavery where people profit from the control and exploitation of others. [55]

According to the key informant interview with Women of Worth, women who are the most vulnerable are in remote areas where traffickers and abusers go because there are no neighbors, phones, or ways to get help. The only way to encounter these women is when they come into the

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[51] U.S. Environmental Protection Agency. (2025). *Superfund Site: Lava Cap Mine, Nevada City, CA Cleanup Activities.* https://cumulis.epa.gov/supercpad/SiteProfiles/index.cfm?fuseaction=second.Cleanup&id=0904343#bkground. Accessed April 15, 2025.
[52] 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.
[53] UCLA Center for Health Policy Research. AskCHIS Dashboard.
[54] 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.
[55] Nevada County. (2025). *Look Beneath the Surface.* https://nevadacountyca.gov/DocumentCenter/View/7254/Human-Trafficking-Brochure-PDF?bidId= Accessed March 23, 2025.

hospital or in public if someone recognizes they are in trouble. Women of Worth reportedly serves about 40 trafficked individuals per year, and there are typically a dozen on a waiting list.

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 increasing the quality of a healthy life for everyone. The community's ability to access healthcare was assessed through focus group discussions and key informant interviews supplemented with secondary data sources to validate information contributed for this report.

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

For many community members, the opportunity to access healthcare, education, and employment requires relying on institutions that historically have not been a safe space for minority communities, immigrants, the LGBTQ+ community, women, and survivors of abuse. Focus group discussions and key informant interviews shared similar themes of avoiding accessing healthcare due to fear and mistrust of the hospital system, and finding it difficult to navigate the healthcare system. As shared during one key informant interview,

"They believe they will go into the hospital with a broken leg and come out with cancer or, in the case of some family members, pregnant…" *– Focus group participant*

Key informant interviews and focus group responses identified access to healthcare (including primary care, dental care and behavioral health) as an overarching challenge affecting community health. Discussions with Nevada County Public Health Department noted that there is only one dental provider in the County that accepts Medi-Cal, and many children miss school time to attend dental appointments. As shared by an employee of Nevada County Public Health Department,

"Doctors are not taking new patients, so I am going out of state to my old doctor for a physical." *– Focus group participant*

Additionally, key informant interview and focus groups expressed the difficulties many individuals have accessing care that reside in the more remote areas of the community. These

difficulties are exacerbated if the individual needs in home care or does not have the means or ability to drive themselves into town.[56]

Chronic Conditions

Chronic diseases, including heart disease and cancer, are the leading cause of death in the U.S., California, and Nevada County. According to the CDC, chronic diseases include conditions such 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 Nevada County during 2024 were anxiety, depression, tobacco use, hypertension, substance use and trauma and stress. The entire Partnership snapshot report has been provided as Appendix D.

An individual's healthspan, or the years of life free from disease, has been shrinking. Healthspan can be defined as the period of one's life that one is healthy, which includes being free from serious disease.[57] means living better, not just longer. Lifestyle choices and toxic stress can increase an individual's risk of developing a chronic disease decreasing their potential healthspan.

Heart Disease, Diabetes and Obesity

Heart disease is the leading cause of death in the United States, California, and Nevada County.[58] 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. Nevada County is favorable as compared to the state for high cholesterol and diabetes; however, the heart disease rate in Nevada County is 16.0% compared to the state rate of 6.7%. The higher rate could be a reflection of Nevada County's aging population, since the age-adjusted rate provided by the CDC for this same indicator is 5.6%. These indicators are presented in Table 6 based on data from the California Health Interview Survey (CHIS), 2023.[59]

[56] See Appendix C.
[57] Washington University in St. Louis, Harvey A. Friedman Center for Aging. (2017). *Healthspan is more important than lifespan, so why don't more people know about it? https://publichealth.wustl.edu/heatlhspan-is-more-important-than-lifespan-so-why-dont-more-people-know-about-it/.* Accessed April 29, 2025.
[58] 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.
[59] UCLA Center for Health Policy Research. AskCHIS Dashboard.

Table 6. Prevalence of Heart Disease and Stroke Indicators

2023 CHIS Topic	Nevada County	CA
Told high cholesterol in past year (>240)	16.1%	19.7%
Ever diagnosed with high blood pressure	27.0%	27.2%
Ever diagnosed with heart disease	16.0%	6.7%
Ever diagnosed with diabetes	7.6%	11.8%

In Nevada County, 31.0% of adults are considered to be overweight and 25.8% of adults are obese. This accounts for over half of the adult population being considered overweight or obese. Nevada County's rates are lower than the state rates for overweight (32.6%) and obesity (29.2%).[60]

Cancer

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

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. County cancer preventive screening rates exceed the state rates for colorectal (66.3%) and cervical cancer screenings (84.6%); but the county's mammogram rate lags behind the state rate at 69.9%.[61]

According to the California Cancer Registry, there were 3,552 new cases of cancer diagnosed in Nevada County between 2017 – 2021. Cancer was the cause of death for 262 Nevada County residents in 2023, with lung cancer causing one in five deaths.[62] 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" comparison between the 58 counties in California. Nevada County's cancer rates are similar to the California average, and the County has the 31st cancer incidence rate as

[60] UCLA Center for Health Policy Research. AskCHIS Dashboard
[61] University of California, San Francisco. California Health Maps website.
[62] California Department of Public Health. (2025). *California Community Burden of Disease Engine*. https://skylab.cdph.ca.gov/communityBurden/?tab=rankbycause. Accessed April 15, 2025.

compared to the other 57 California Counties. The most common cancer sites with age-adjusted rates for the county and state are provided in Table 7. [63]

Table 7. Age-Adjusted Cancer Incidence Rates (2017-2021)

Site	Nevada County		California
	Total Cases	Age Adjusted Rate*	Age Adjusted Rate*
All Sites	3,552	401.7	398.3
Breast, Females	548	129.8	124.1
Prostate, Males	488	98.2	99.0
Lung	343	34.1	36.8
Melanoma of the Skin	331	38.9	22.8
Colorectal	228	27.4	33.5
Bladder	169	16.5	15.4
* All rates are per 100,000. Rates are age adjusted to the 2000 US Standard Population.			

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. Chronic health conditions can also be tied to historical trauma. Partnership HealthPlan of California reported anxiety and depression as the two most prevalent chronic conditions for their members of all ages in 2024.[64] According to 2022 CHIS, 30.6% of females in Nevada County reported taking prescription medicine for emotional/mental health issue in the past year, two times the state rate.

According to the California Healthy Kids Survey's most recent report (2021-2023), 19% of 9th and 23% of 11th grade students in Nevada County reported considering suicide. "Nevada County's rate of suicide has been approximately double that of California's overall rate for the past six years."[65] In 2023 the age adjusted rate per 100,000 for suicide/self-harm in California was 10.2 compared to 17.4 in Nevada County.

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

[63] University of California, San Francisco. California Health Maps website. https://www.californiahealthmaps.org/?areatype=county&address=39.36828%2C-120.71228&sex=Both&site=AllSite&race=&year=05yr&overlays=counties&choropleth=AAIR. Accessed March 24, 2025.
[64] See Appendix D.
[65] Nevada County, California Public Health. (2024) *Community Health Assessment.*

children's lives that may have the potential to cause traumatic stress or negatively affect children's feelings of safety and stability.[66] 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, which reduces their healthspan.

In Nevada County, 18.7% of the screened Medi-Cal members aged 0-20 have an ACE score of 4 or more (1,796 screenings).[67] 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.[68]

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.

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.

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, Nevada County experienced 33 opioid-related overdose deaths in 2023, which equates to an age-adjusted rate of 37.7 per 100,000 residents. There were also 89 visits to the emergency department related to any opioid overdose and 212 visits attributed to all drugs. The county has the 14th highest overdose rate as compared to all California counties (State rate = 20.81). There are especially high rates of overdose deaths in Nevada City, North San Juan, and Pike (although the rate is unstable due to low population).[69] The Nevada County Overdose Snapshot Report is available in Appendix E.

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[66] Centers for Disease Control and Prevention. About Adverse Childhood Experiences. https://www.cdc.gov/aces/about/index.html

[67] California Department of Health Care Services. (2024). *Medi-Cal Members Ages 0-20 Screened with an ACE Score of 4 or More.* https://data.acesaware.org/medi-cal-aces-children/. Accessed April 27, 2025.

[68] Pinetree Institute Learning Center. *The ACE Study*. https://pinetreeinstitute.org/aces/#:~:text=The%20%E2%80%9CACE%20Score%E2%80%9D&text=Individuals%20with%20ACE%20scores%20of,20%E2%80%90year%20shortening%20of%20lifespan. Accessed March 23, 2025.

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

The Emergency Department Manager at Sierra Nevada Memorial Hospital, Jessica Enos, shared that substance use is impacting families because parents who use substances are not able to care for their children. The leadership team from Bright Futures for Youth also shared that the family unit has broken down and that many of the youth use substances and medications (whether prescribed or not) to get through the day.

Dr. Nathan Claydon, the Substance Use Inpatient Champion, shared that there is recreational use of fentanyl in the community and that there were 31 fentanyl overdose deaths in the past year (2023), which is a one-year increase of 125%. He also shared that approximately half of the patients in the Intensive Care Unit have alcohol or methamphetamine related issues.

Tobacco Use/Vaping

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

- 38% current alcohol or drug use;
- 26% current marijuana use;
- 17% current binge drinking;
- 22% currently vape; and
- 5% smoke cigarettes.[70]

Partnership HealthPlan of California reported tobacco use as the third most prevalent chronic condition for their members for all ages during 2024.[71] The section below further describes the impact that drug and alcohol use has on life expectancy and premature mortality.

Mortality

According to the California Department of Public Health, heart disease, other chronic conditions, and cancer were the top three leading causes of death in Nevada County in 2023.[72] Nevada County residents have a lower age-adjusted death rate than California for cardiovascular disease, chronic conditions, and cancer. However, Nevada County has a higher death rate, approximately 50%

[70] Nevada 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/Nevada_County_2123_Sec_CHKS.pdf Accessed March 21, 2025.
[71] See Appendix D.
[72] California Department of Public Health. (2025). *California Community Burden of Disease Engine*.

higher for injuries, which includes suicides and overdoses.[73] Table 8 provides the leading causes of death and age-adjusted rate for Nevada County and California.

Table 8. Top Underlying Causes of Death 2023[74]

Cause of Death	Number of Deaths, 2023	Age-Adjusted Death Rate Per 100,000	
		Nevada County	California
Cardiovascular diseases (incl. stroke)	353	171.6	201.6
Other Chronic Conditions (incl. Alzheimer's disease and other dementias, chronic respiratory disease, kidney)	340	169.7	193.9
Injuries (incl suicide, overdose)	145	128.5	83.5
Cancer	262	127.8	132.9

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 cause of death in 2023 in Nevada County, the top three YLL can be attributed to the following causes:

- Drug overdose – 1,327 YLL per 100,000;
- Alcohol-related – 655.3 YLL per 100,000; and
- Heart disease – 455.8 YLL per 100,000.[75]

In Nevada County, the leading cause of death for 15 – 54 year olds is a drug overdose, heart disease for those 55 – 74 years old, and Alzheimer's disease for those over the age of 75.

[73] Nevada County, California Public Health. (2024) *Community Health Assessment.*
[74] California Department of Public Health. (2025). *California Community Burden of Disease Engine*.
[75] 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.

IV. Prioritized Description of 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. In addition, 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 10, 2025, and the Dignity Health SNMH Executive Leadership Team Meeting on April 21, 2025. The significant community health needs identified for the local community served by the Hospital extend far beyond healthcare. Social factors, including generational poverty, education, employment and income, gender, and ethnicity, all contribute to health inequities.

Health inequities are systematic 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.

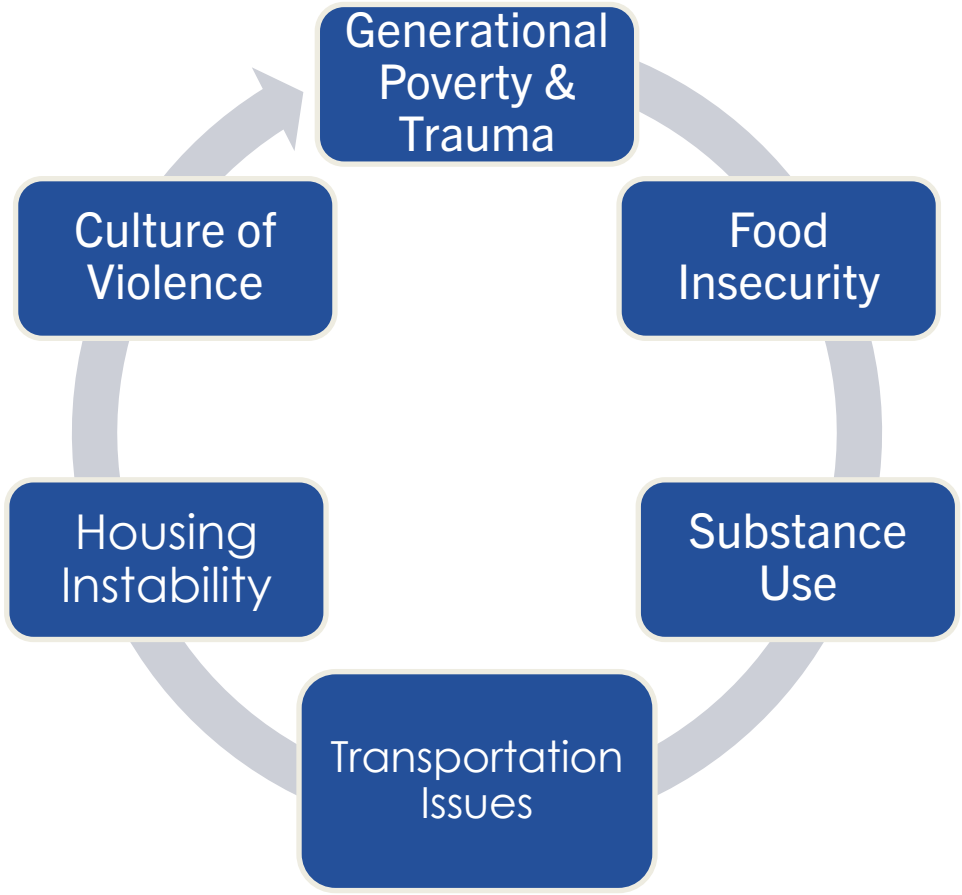
Priority 1: Unmet vital conditions, including transportation, finances, housing (including the unhoused population), and education.

Poverty and deep poverty plague youth and families in Grass Valley (95945), Penn Valley (95960), N. San Juan (95960), and Washington (95986). At Grizzly Hill Elementary, which serves North San Juan (95969), nearly all students (85.5%) receive free or reduced price lunch. Childhood poverty is associated with developmental delays, toxic stress, chronic illness and nutritional deficits, all impacting their future healthspan.[76]

While secondary data sources do not identify any generational poverty tracts in Nevada County, primary qualitative data sources mention generational poverty as occurring in the community. Individuals who experience childhood poverty are more likely to experience poverty into adulthood, which contributes to generational cycles of poverty.[77] Poverty leads to other unmet vital conditions, such as reliable transportation, humane housing, access to healthy foods, education, and health care access. 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. Figure 7. further depicts the cycle of generational poverty and trauma.

[76] U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. (2025). *Heathy People 2030, Poverty.* https://odphp.health.gov/healthypeople/priority-areas/social-determinants-health/literature-summaries/poverty#cit25. Accessed on April 15, 2025.
[77] 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 7. Cycle of Generational Poverty and Trauma



Priority 2: 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. Nevada County has the 14th highest overdose rate compared to all California counties. The rate of opioid-related overdose deaths in Nevada County is nearly twice the California rate.

Partnership HealthPlan of California reported anxiety and depression as the two most prevalent chronic conditions for their members of all ages in 2024.[78] Children whose families are medically vulnerable or of low socioeconomic status are more likely to have ACEs. Medi-Cal has been

[78] See Appendix D.

screening its members for ACEs. In Nevada County, 18.7% of screened members ages 0-20 have an ACE Score of 4 or more.

Priority 3: Access to primary care and dental care

For many community members, the opportunity to access healthcare requires relying on institutions that historically have not been a safe space for minority communities, immigrants, the LGBTQ+ community, women, and survivors of abuse. The community's ability to access healthcare was assessed through focus group discussions and key informant interviews supplemented with secondary data sources to validate information contributed for this report.

Key informant interviews and focus group responses identified access to healthcare (including primary care, dental care and behavioral health) as an overarching community health challenge. Discussions with Nevada County Public Health Department identified that finding a new primary care doctor can take years and noted there is only one dental provider in the County that accepts Medi-Cal. Furthermore, according to a county-wide physician needs assessment, Nevada County currently has 21.4 primary care physicians and is projected to need an additional 52.6 full time equivalent primary care physicians by 2027.

Priority 4: Community belonging and civic muscle.

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. Community belonging and civic muscle refers to a community where an individual feels valued. Civic muscle is the power to work across differences for a thriving future.

Discrimination, racism and bullying/teasing can have detrimental effects on an individual. Key informant interviews and focus groups shared stories of discrimination against other community members based upon their sexual orientation or place of origin (even within the community). Some individuals mentioned the presence of upside-down flags and white supremacy makes them feel uncomfortable, and they have witnessed or experienced open discrimination.[79]

[79] See Appendix C.

V. 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 community organizations, local government, local business leaders, and institutions. Nevada 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 Connecting Point

Agency on Aging

Big Brothers Big Sisters of Northern Sierra

Bright Futures for Youth

Community Beyond Violence

First 5 Nevada

Food Bank of Nevada County

Foothills Compassionate Care

FREED Center for Independence

Granite Wellness

Hospitality House

Mobile Crisis Response Team

Nevada County HOME (Homeless Outreach Medical Engagement) Team

Nevada County Behavioral Health

Nevada County Health and Human Services

Nevada County Senior Outreach Nurse Program

PRIDE Industries

Sierra Services for the Blind

United Way

Western Sierra Medical Clinic

Women of Worth

VI. Impact of Actions Taken Since the Preceding CHNA

The 2022 CHNA Report identified the following health needs:

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

SNMH, as a rural community hospital, does not have the capacity or resources to independently address all ten priority health needs with unique programs. After evaluation of the significant health needs identified in the 2022 CHNA, many of the identified health needs can be considered a component of another. The Community Benefit FY2024 Report and FY 2025 Plan reported that the Hospital intended to address all of the prioritized needs, except System Navigation, Increased Community Connections, Access to Functional Needs, and Active Living and Healthy Eating. The following activities were undertaken to address these selected significant health needs since completion of the 2022 CHNA.

Access to Basic Needs such as Housing, Jobs, and Food

- The Medical Respite/Recuperative Care Program provides a respite/recuperative care shelter for those experiencing homelessness.
- In collaboration with Partnership the Patient Navigator Program will assist patients that rely on the emergency department for non-urgent needs.
- SNMH provides subsidized transportation, medication, medical supplies, basic needs, and short-term room and board for low-income and unhoused patients.

- The Connecting Youth to Positive Social Determinants of Health is a partnership to improve access to basic needs, health care, mental health supports, substance use prevention and intervention services.

Access to Mental/Behavioral Health and Substance-Use Services

- The Nevada County Health Collaborative Integrated Network increases access, integration, and coordination of rural health services, including primary care, behavioral health, and telemedicine.

- The Crisis Stabilization Unit, operated by Nevada County, is a 23-hour 4-bed mental health urgent care and crisis unit that provides patients in acute psychiatric crises with appropriate care for their psychiatric emergency.

- Mental Health Crisis Support Partnership—Nevada County contracted mental health crisis workers to assist patients in the hospital's emergency department, providing support, identifying placement, and creating safe discharge plans.

- The CA Bridge program provides 24/7 high-quality care for individuals with substance use disorder.

- Care Transition Intervention Program is a collaborative focusing on care transition and patient navigation between organizations.

Access to Primary Care Health Services

- In collaboration with Partnership, the Patient Navigator Program will assist patients who rely on the emergency department for non-urgent needs.

- Health Professions Education provides a clinical setting for students to further their educational experience.

- Care Transition Intervention Program is a collaborative focusing on care transition and patient navigation between organizations.

Access to Specialty and Extended Care

- The Oncology Nurse Navigation program offers one-to-one support and guidance to cancer patients from the day of diagnosis onwards.

- The SNMH Home Care Department, in collaboration with Sierra Nevada Memorial Hospital Foundation, and Nevada County Health and Human Services offers an

Alzheimer's Outreach Program that serves as a unique community education, resource and support center.

- Sierra Community Palliative Care serves Western Nevada County residents with life-limiting illnesses using an integrative approach to prioritize pain relief, enhance quality of life, and reduce hospitalization.

- Care Transition Intervention Program is a collaborative focusing on care transition and patient navigation between organizations.

Injury and Disease Prevention and Management

- The Oncology Nurse Navigation program offers one-to-one support and guidance to patients diagnosed with cancer from the day of diagnosis onwards.

- The CA Bridge program provides 24/7 high-quality care for individuals with substance use disorder.

- The SNMH Home Care Department, in collaboration with Sierra Nevada Memorial Hospital Foundation, and Nevada County Health and Human Services offers an Alzheimer's Outreach Program that serves as a unique community education, resource and support center.

- The Falls Prevention Program provides education to the community about fall risk factors and prevention strategies.

- Hospital-sponsored support groups are offered for cancer, brain injury, pulmonary issues, and stroke for patients and family members.

Safe and Violence-Free Environment

- Community-based violence prevention provides victim-centered, trauma-informed care for victims of violence and human trafficking, and community agencies provide access to critical victim resources.

- The Domestic Violence and Sexual Assault Mobile Response Team responds to victims of domestic violence and sexual assault.

Community Health Improvement Grants

One crucial way the Hospital helps to address community health needs is 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, to improve the health and

well-being of vulnerable and underserved populations related to CHNA priorities. Table 9 depicts the various organizations SNMH has supported to help address community health needs over the past several years.

Table 9. SNMH Community Grant Recipients

Lead Grant Recipient	Project Name	2023	2024	2025
Bright Futures for Youth	Connecting Youth to Positive Social Determinants of Health	$43,045		$95,000
Community Beyond Violence	Domestic Violence and Sexual Assault Mobile Response Team	$43,800		
Hospice of the Foothills (Foothills Compassionate Care)	Sierra Community Palliative Care		$94,479	
	Total:	$86,845	$94,479	$95,000

Appendix A

U.S. Census Demographic Data

U.S. Census Data	Grass Valley and Alta Sierra	Penn Valley	Grass Valley	Nevada City	N. San Juan
	95945	95946	95949	95959	95960
Total Population (2019-2023)	27,675	9,448	20,709	18,017	568
Under 18 years	18.7%	16.3%	13.8%	13.8%	20.4%
65 years and over	30.0%	36.3%	31.5%	31.6%	11.1%
Median age (years)	49.4	57.0	54.4	54.2	37.6
HISPANIC OR LATINO AND RACE					
Hispanic or Latino (of any race)	10.9%	14.5%	8.4%	8.5%	1.6%
Not Hispanic or Latino	89.1%	85.5%	91.6%	91.5%	98.4%
White alone	80.9%	79.4%	83.9%	81.2%	95.2%
Black or African American alone	0.3%	0.2%	0.1%	0.6%	0.0%
American Indian or and Alaska Native alone	0.2%	0.5%	0.9%	0.1%	0.0%
Asian alone	0.9%	1.0%	0.6%	2.7%	0.9%
Native Hawaiian and Other Pacific Islander alone	0.0%	0.0%	0.1%	0.0%	0.0%
Some Other Race alone	0.8%	0.1%	0.6%	1.1%	0.0%
Two or More Races alone	5.9%	4.4%	5.2%	5.8%	2.3%
LANGUAGE SPOKEN AT HOME AND ABILITY TO SPEAK ENGLISH					
Population 5 years and over	26,541	9,177	20,081	17,307	561
Speak Language other than English	10.9%	5.1%	5.6%	6.3%	5.0%
Speak English "very well"	7.5%	3.8%	4.6%	3.8%	5.0%
Speak English less than "very well"	3.4%	1.3%	1.0%	2.6%	0.0%
EDUCATIONAL ATTAINMENT					
Population 25 years and over	21,051	7,465	16,458	14,459	442
Less than high school graduate	6.3%	5.8%	3.8%	3.7%	17.9%
High school graduate	26.1%	24.5%	21.9%	17.1%	48.9%
Some college, associate's degree	35.2%	34.5%	41.9%	33.7%	18.3%
Bachelor's degree	18.5%	24.5%	21.0%	29.2%	14.9%
Graduate or professional degree	14.0%	10.8%	11.4%	16.3%	0.0%
PERCENTAGE OF FAMILIES AND PEOPLE WHOSE INCOME IN THE PAST 12 MONTHS IS BELOW THE POVERTY LEVEL					
All families	9.9%	5.5%	4.4%	8.2%	15.0%
All people	14.1%	11.7%	9.3%	10.2%	29.0%
Median household income (dollars)	61,068	84,700	90,309	79,509	40,099

U.S. Census Data	Rough and Ready	Smartsville	Washington	Hospital Community
	95975	95977	95986	
Total Population (2019-2023)	1,615	1,738	110	79,880
Under 18 years	30.9%	17.5%	0.0%	16.2%
65 years and over	21.7%	21.2%	35.5%	31.0%
Median age (years)	38.9	43.1	61.4	52.3
HISPANIC OR LATINO AND RACE				
Hispanic or Latino (of any race)	0.0%	13.3%	0.0%	9.9%
Not Hispanic or Latino	100.0%	86.7%	100.0%	90.11%
White alone	97.6%	69.9%	100.0%	81.8%
Black or African American alone	0.0%	1.2%	0.0%	0.3%
American Indian or and Alaska Native alone	0.0%	0.7%	0.0%	0.4%
Asian alone	0.4%	4.4%	0.0%	1.3%
Native Hawaiian and Other Pacific Islander alone	0.0%	0.0%	0.0%	0.0%
Some Other Race alone	0.0%	0.0%	0.0%	0.7%
Two or More Races alone	2.0%	10.5%	0.0%	5.5%
LANGUAGE SPOKEN AT HOME AND ABILITY TO SPEAK ENGLISH				
Population 5 years and over	1,559	1,725	110	77,061
Speak Language other than English	1.5%	13.0%	0.0%	7.6%
Speak English "very well"	1.5%	8.5%	0.0%	5.3%
Speak English less than "very well"	0.0%	4.6%	0.0%	2.3%
EDUCATIONAL ATTAINMENT				
Population 25 years and over	1,057	1,350	110	62,392
Less than high school graduate	7.1%	9.2%	0.0%	5.1%
High school graduate	27.2%	24.7%	56.4%	22.9%
Some college, associate's degree	44.1%	47.9%	36.4%	36.8%
Bachelor's degree	6.5%	12.1%	0.0%	22.0%
Graduate or professional degree	15.0%	6.1%	7.3%	13.2%
PERCENTAGE OF FAMILIES AND PEOPLE WHOSE INCOME IN THE PAST 12 MONTHS IS BELOW THE POVERTY LEVEL				
All families	0.0%	0.0%	25.8%	(X)
All people	8.0%	9.6%	22.7%	11.6%
Median household income (dollars)	74,954	100,909	(X)	(X)

Appendix B

Focus Group Script

Focus Group Facilitation

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 prepare the 2025 Community Health Needs Assessment for Dignity Health Sierra Nevada Memorial Hospital.

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 Nevada 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.

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. I have a sign-in sheet that you can sign if you would like to be acknowledged in our report as a participant. If you would like to remain anonymous you should not sign-in and your participation in our CHNA process will remain confidential and anonymous.

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.

Focus Group Questions

1. When you think about living in the community, what are your 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 and if not, why?
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?

Conclusion

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

Key Informant Interview with Callum Hancock
Color Me Human and Habitat for Humanity
June 27, 2024

A key informant interview was held by Amanda Gettig from Ganey Science and Brian Stoltey from Dignity Health with Callum Hancock in Grass Valley, CA. Callum at the time was affiliated with Color Me Human and Habitat for Humanity.

Callum shared that as a member of the LGBTQ+ and Black community he faces discrimination, and at times a feeling of being unsafe. Callum shared that he has openly heard discriminating comments when working with other stakeholders in the community. Callum has been in the community for several years, living with his partner. Callum shared that as a trans individual he does not seek healthcare in the community and only goes to Sutter closer to Sacramento. He fears stigma and judgment when seeking healthcare. Callum also shared he often sees upside down flags.

Key Informant Interview with Hospitality House Team
June 27, 2024

A key informant interview was held by Amanda Gettig from Ganey Science and Brian Stoltey from Dignity Health with the Hospital House Team in Grass Valley, CA.

The Hospitality House team consistently has a greater need than capacity. They have seen an increase in overdoses since last June. The SUD problem is taking a toll emotionally on their staff. They have three recuperative beds dedicated to the hospital but should have additional space. The greatest need identified is a local inpatient psychiatric facility. Currently patients are transported to Redding or south of Sacramento. There is also no local rehabilitation facility. Police fly heat drones through the woods to look for fires from homeless encampments. The team noted there is not a sexual assault response team at SNMH – in an ideal situation someone would come to Hospital House.

Key Informant Interview with Jessica Enos
SNMH Emergency Department Manager
June 28, 2024

A key informant interview was held by Amanda Gettig from Ganey Science with Jessica Enos, the Emergency Department Manager at Dignity Health SNMH in Grass Valley, CA.

We had a limited amount of time and Jessica was prepared to share the following key concerns for the community, including:

- Fentanyl abuse is a critical issue in the community.
- There is no behavioral health facility in the community, the closest is in Roseville. The ED Department often finds themselves holding patients for two days waiting for placement and they average two to three behavioral health patients a day.
- The unhoused use the ED as their respite especially on cold nights and hot days.
- She feels the community has incarcerated parents or those who are on drugs – the youth wind up unhoused.
- Suicide ideations within LGBTQ+ community.
- Substance abuse, including alcohol and drugs (meth), is a persistent issue among the senior population.
- Transportation a challenge for patients after discharge, especially at night.
- Violence against health care workers

Key Informant Interview – Substance Use Disorder
June 28, 2024

A key informant session was held between Dr. Nathan Claydon, Christine Norwood, and Brian Stoltey with Dignity Health, Toby Guevin, Nevada County Public Health Department, and Amanda Gettig, Ganey Science. Dr. Claydon serves as the Substance Use Inpatient Champion (California Bridge Grant).

Historically in Nevada County the overdose rate was 8 in 100,000, but it has increased to 30/100,000 in 2021, making it the second highest per capita rate in the state. In Nevada County there were 31 fentanyl related deaths in 2023. Prescription drug misuse, transitions to more concentrated opioids, including heroin which now is transitioning to fentanyl.

The goal is to keep people safe while they are using instead of criminalizing it. However, medication assisted treatment has delays and access issues. Buprenorphine costs about $200 to $300/month but Medicare/Medi-Cal will only cover sometimes. Harm Reduction group is trying to reduce overdose deaths, advocate for naloxone for lay person reversals. The use of naloxone can lead to fewer overdose deaths by enabling individuals to reduce their substance use independently. The naloxone saturation goal is 2X the population for each zip code in the county.

The unhoused population typically accounts for 5 to 10% of hospital census, and many suffer from alcohol withdrawal. Homeless problem is compounded by the fact that there is no housing, there is no wet housing, and there is no affordable housing. Alcohol and meth use is a consistent problem in the senior population, and about half of ICU patients have alcohol or meth related issues.

On the Ridge, folks are living off the grid and there are “trimmigrants” in the area of all different ethnicities. Anecdotally there is a lot of substance use on the Ridge for alcohol and meth. A stigma has developed over the decades and poor treatment has become the norm towards people living on the Ridge.

Latest trend is nitrous oxide abuse which depletes your B12 and can cause paralysis.

Focus Group at North San Juan Community Center (Zip Code 95960)
June 28, 2024

A focus group was held at the North San Juan Community Center with Pam Rosada, Stormy (Head Start Program), Lael from Sierra Family Health Center (https://www.sierraclinic.org/), Kristen (setting up community school), and a Community Center Volunteer facilitated by Amanda Gettig, Ganey Science.

North San Juan is a census designated community on the edge of Nevada County affectionately known as "The Ridge." The North San Juan community is geographically isolated, nearly 18 miles from Sierra Nevada Memorial Hospital and approximately a 30-minute drive through mountain roads. They are "forgotten people" that are discriminated against when seeking services in Grass Valley or Nevada City due to the "red dirt" on their shoes. The actual number of individuals residing in North San Juan is underrepresented in the US Census.

The NSJ community has generational poverty, does not trust the government and also does not trust social service providers. Social service providers are inconsistent and there is a lot of misinformation in the community. They need sustainable programs that can be counted on.

The North San Juan Community Center was used as a homeless shelter (emergency shelter) for 75 days last year. The reported local homeless count was low and is estimated to be closer to approximately 150 to 200 people living "down by the river".

The community struggles with a lack of public transportation - there is a bus in the area at 6:00 a.m., 1:00 p.m., and 5:00 p.m.

The North San Juan Community Center provides free dinners on Tuesday; however they currently need a source of protein and only have donations for vegetables. Many folks in the community live "off the grid" and have a strong distrust for the "government." Cannabis was the last economic boost in North San Juan.

The local Federally Qualified Health Center (FQHC) last accepted new patients over three years ago.

The greatest needs of the community are access to healthcare/prescriptions, health literacy, housing and economic stability, transportation, and providers coming to them. Kristen is working on setting up the "Community School" however when she reaches out to the community to try and get input they are silent.

Teens are isolated, many folks hitchhike to get where they need to be.

Key Informant Interview with Women of Worth
September 11, 2024

A key informant session was held between Dignity Health, Ganey Science, and Cinnamon Danielson of Women of Worth.

Women of Worth operates a safe house that houses women and children from different counties that have been trafficked or a victim of domestic violence. They serve about 40 individuals a year, but there is always a dozen on the waitlist. Women of Worth specializes in helping women who are trafficked but men can also call for help.

For generations men have had the power to do things they ought not to and it is taboo to call them out with the blame being placed on the victim. The stigma and consequences of calling men out cause women/victims to stay quiet (losing their home, their families, the breadwinner, their status). Society has not called it out because it happens more than reported and patriarchy is difficult to challenge if one is female or a child.

Women who are the most vulnerable are in remote areas, where traffickers/abusers can go because there are no neighbors, phones, or way to get help. The only way to reach these women are when they come into the hospital or in the radical case that they are in public (grocery store) and another woman recognizes that they are in trouble and grabs them.

It takes a long time for women to recover from the trauma of trafficking and it is hard for them to trust again or be in new environments. It also can take a long time for women to confront trauma in therapy because it is so overwhelming. At times women do not realize they are being trafficked or are in denial, so they are not ready to leave their situation. Women of Worth partners with Community Beyond Violence.

Community Beyond Violence provides a shelter, food pantry, wellness center to victims of violence. At their shelter they have "angel beds" that give people a break from their situation. Community Beyond Violence does advocacy, support and coordination, and can provide funding for legal fees (divorce, restraining orders). and need funding for hotel stays

Most women have nothing when they leave, so there is a need for everything. For most women they will reach out to the organization approximately four times before they are ready to leave.

Advocates are needed to help women who are suffering from trauma to navigate through the administrative process. Some women go to jail/are sentenced for defending themselves, abusers are narcissists and have planned scenarios to protect themselves.

The greatest need in the community (as a whole) is mental health services/access to therapy and better/more resources for behavioral health. There is a need for therapy resources that are available

outside normal work hours so that working people do not have to miss work. Anger management and treatment for outpatient SUD (substance use disorder) are only during the day. Ideally resources are available so that people can get connected to care when they are ready for it.

Housing a also a community need, which includes affordable, emergency, and temporary housing.

Community doesn't have enough housing or enough work, being employed is needed for people to feel good about themselves and take care of their family

There is also a community need for support for youths in crisis and the community needs a youth shelter. Housing minors is difficult because of regulations/mandates. There are some agencies that provide support and services, but housing is still needed. Due to state regulations limiting housing, there are people offering assistance unofficially.

Key Informant Interview with Foothills Compassionate Care
November 20, 2024

A key informant session was held between Dignity Health, Ganey Science, and Foothills Compassionate Care leadership. They identified access to care as the largest barrier to care in the community. It is difficult for many community members to access primary care and dental care. The rural nature of the community and low socioeconomic status are also barriers to health, but access to care is the primary need. It is also more difficult for individuals with private health insurance to find providers than those with Medi-Cal.

Foothills Compassionate Care offers hospice and palliative care services. The majority of their patients on hospice are seniors, but they serve anyone in the last six months of a terminal illness. They currently serve 55 patients, but there is enough need in the community for them to serve about 300 people. The proportion of the community over the age of 65 is twice that of the state of California.

Hospice is reimbursed through Medi-Cal, but it can be more difficult to fund palliative care. There is increasing funding from Medi-Cal and private insurance, but there is still a gap that has been covered by the community health grant they received from the hospital.

They are trying to improve their ability to help patients that are struggling to meet their basic needs. Their social worker is a resource for families and they have thrift stores so they are able to give families basic items, but they believe there is a need for a community health worker to be placed in the more rural areas.

Foothills Compassionate Care is expanding their services to increase youth education because they want to help community members be healthier earlier in life so they see fewer patients that need palliative care in their 40s and 50s. They see patients that haven't seen a doctor in 20 years but end up in the emergency room and then have six months to live. There are a variety of reasons why community members do not access care. Some are so rural that they choose not to go and for some it is too difficult to navigate the system and not worth the effort if they don't think anything is wrong. The North San Juan community in Nevada County has a culture of self-reliance and self-sufficiency. North San Juan is a "fire wise" community. Also, some parts of the county lack internet so they do not have access to information.

Focus Group Summary FREED
February 21, 2025

1. **What are the greatest challenges or barriers to being healthy in the community?**

Multiple participants shared that their insurance does not cover physical therapy. There are no local providers that are in-network that provide at-home health for private insurance. The Imperial Medical Advantage Plan doesn't cover any local providers of home health or physical therapy. There's another plan, United, that does cover them, but it costs more. A local doctor was advocating for them to sign up for the free plan, but it isn't worth it. Partnership only has one physical therapy place and it's full, even the waitlist.

Another participant shared that after switching to Partnership, all of the specialists are out of town. Transportation is difficult, especially in the winter. All of the providers are in Yuba City. But before Partnership there were people in the local area. Another participant said they also have to go down to Yuba City for physical therapy. Another participant said that there is only one gastroenterologist and there was a waiting list of 200 people, so he had to go back to his primary care provider and ask for another referral to someone else. Another participant said that it's frightening to her. But the contract has been updated to improve that now for Partnership.

There's a waiting list for every low-income housing apartment and the wait is two to three years to get in. One participant has been waiting for a year to get into low-income housing. It took another participant three years. There are more people on the waiting list than there are apartments. People don't move out of their units so the waiting list moves very slowly.

Partnership's transportation services are "terrible" and unreliable. One participant shared that they hung up on her. She made an appointment for them to pick her up and they didn't come. They weren't helpful over the phone. The FREED center employee shared that there are a lot of no-shows for Partnership's medical transport. The participants shared that it's terrible to wait so long to see a specialist and then the transportation doesn't show up and it takes forever to get a new appointment to see that specialist. One participant said, "it's a nightmare." One of the participants shared a story about a patient that skipped one dialysis treatment and then the transport didn't show up for his following fluid removal appointment and he passed away days later. Another participant shared that the county will pay for some transportation, however she needs to use a Gold Country Lift because of her mobility scooter and it's $6 to use the Lift which adds up over time.

2. **Are you able to get care when you need it? Where do you go?**

The participants are able to see their primary care providers (PCPs), but it is difficult to get into a new PCP. One of the participants doesn't have a PCP. There is a lot of turnover at Western Sierra Medical Clinic, one of the local medical centers which causes patients that are sick and want to

see a PCP to have to go through a new patient appointment even though they have already been going there.

One participant shared that Chapa-De is pretty good except that specialty care is referred out of town. Western Sierra also has a dental clinic. One participant has to travel to Yuba City for dental care.

Another participant goes swimming for her health, but the YMCA doesn't accept insurance so she has to pay for that out of pocket.

3. **If you are given instructions by a healthcare provider, do you follow them? Are you able to follow your care plan?**

The participants shared that they will follow their healthcare providers' instructions and their care plans.

One participant was on a prescription medication for her osteoporosis but it wore away at her teeth, so the doctor took her off it and switched it to a different medication that was $300. The doctor wrote a letter to the insurance asking them to cover it because she had adverse effects from the covered medication, but the insurance company denied the doctor's request so now she doesn't take any medication for her osteoporosis.

Even though she has a copay, her medication will cost her $45. She thought Partnership was supposed to cover all medication costs, but they still sent her a bill.

4. **When you go to the hospital, do you feel welcome?**

One participant said that most of the hospital is good, but that the staff in the emergency department (ED) are disrespectful. She has had multiple bad experiences in the ED. Another participant said that it depends on who is working.

Another participant said that they have heard that the people from the Ridge are treated differently. She also worked with people who say they don't know what is going on when they are at the hospital. There is a real sense of confusion. They don't know where they are going or if they are being discharged. The case managers work really hard, but they often don't stay with the same patients day to day so the patients are confused as to who they are talking to or what is going on.

One participant shared that one of their family members was in the hospital for 24 hours and their emergency contact wasn't called, so they had to call the police and then the hospital to find them because the hospital didn't reach out first. He tried to update their emergency contact to him instead of his grandmother, but they wouldn't change it. They even transferred his mother to another hospital and the new hospital continued to call the wrong person.

One participant shared that she was homeless for five years and when she would go to the ED, as soon as they found out she was sleeping in her car or staying at the shelter there was a visible change in their demeanor and the way they would treat her. She said it was like "treat 'em and street 'em" and that they would try to get rid of her as quickly as possible. In 2018, she tripped on the pavement and when she got to the hospital, the doctor laughed, said that it looked like someone worked her over, and asked what camp she came from. He told her that "when you live on the streets you're going to get beat up." He didn't order imaging or call Hospitality House. They just discharged her to the street and directed her to the bus stop. Once she got housing she thought they would treat her better, but when she went back to the ED in 2022 she witnessed a mix up and the nurse almost gave a syringe of medication to the wrong patient. Now she refuses to go back to the ED. She's had issues where she's frightened for her health but she won't go back. She said she could overhear the staff talking about going out partying or laughing and it makes her feel uneasy. She said that her experience was dependent on who was working because she did have some good doctors while she was homeless.

Another participant shared that she has a psychiatric disorder and that she will receive very different treatment depending on who's working. Some of the providers are kind, but some will read her chart and say "oh you have schizophrenia" and treat her differently. The nurses will talk to each other instead of to the patients and when "you're not feeling well it makes you feel invisible."

One of the participants shared that he calls Wolf Creek Care Center, a skilled nursing facility, the "Wolf Creek doesn't care center." When he went to Wolf Creek in the three months he was there he never got any sleep. He was placed with people who were dying. They were taking his social security check to pay for it. He had to ask someone for a loan so that he could pay his rent and keep his housing. Switching from Medicaid to Medicare causes individuals to lose their social security income and it forces them into long-term care. If their Medi-Cal days are up then they take their social security. Thankfully he had someone who could give him the loan. It was against the doctor's recommendation for him to leave, so they tried to keep him there. But they got him out and built a wheelchair ramp on his trailer. The center staff's job is to advocate for the seniors. So they help them to get out and set up home health. The medical staff will place safety over autonomy and will resist the patients leaving.

Another participant shared that the hospital is doing a good job with the "love notes." She thinks that's a good idea. She likes that the hospital will stay with them when they have a hard time. One of the nurses held her hand through her panic attack and helped her calm down.

Another participant said that when she had sepsis and was inpatient she had a fantastic experience.

Another participant shared that in the ED she was treated well, but she saw a man who was there often and the staff were yelling at him and telling him that he shouldn't be there. She was really appalled by how they were treating him. The whole hospital area could hear them yelling at him

that “the doctors don’t want you here anymore and the EMTs are tired of picking you up”. Another participant shared that they think “addicts aren’t treated well” in the ED. She overheard someone say “it’s hard for us to care about your life when you don’t even care about it.”

5. **What do you think is the greatest challenge facing the youth of the community?**

One participant shared that the youth don’t have enough to do.

Another shared that access to quality education is their greatest need. His son was getting in trouble for disrupting the class. So he went to class with his son and he couldn’t even focus. The teacher didn’t have control of the class. There are two students in the back of the room making noises the whole time. The school eventually fired that teacher, and the new teacher had better control of the class. There are playgrounds for the younger children, but the older students (6th, 7th, and 8th graders) don’t have anything to do at recess. There’s one basketball hoop and a merry-go-round.

Another participant shared that there isn’t enough behavioral healthcare for the youth in the area. She shared that there is a high rate of suicide. They need somewhere to go. There is a club by the hospital for the high schoolers with video games and pool tables, but only a small group of teens use it. There is a need for healthy activities for youth that are over the age of 18 and not all high schoolers will go there. They want more multigenerational centers, like a community center. There is a senior center but it is small.

One participant shared that cell phones are a huge problem for the youth. His 17 year old lives on her phone, spending 16 hours a day on it. She feels like she can hide on her phone and talk to people online. His kids don’t go outside anymore. The principal was trying to bring in a workshop on phone addiction to the school. The youth’s social skills are lacking. His kid will text him from the other room instead of talking to him. When he was a kid he would yell through the house.

Key Informant Interview with Shelly Covert
Nevada City Rancheria Nisenan Tribe
February 24, 2025

A key informant interview was held with Shelly Covert and Ember Amador from the California Heritage Indigenous Research Project (CHIRP). Shelly Covert is a spokesperson for the Nevada City Rancheria Nisenan Tribe; she sits on the Tribal Council, is the community outreach liaison, and she is executive director of CHIRP. The greatest barriers to health for the Nisenan Tribe are a fear and mistrust of government authorities and the hospital system, health literacy, and difficulty navigating the healthcare system.

Shelly identified fear and distrust of governmental authorities and the healthcare system as one of the largest barriers to care in her community. There are generations of trauma and violence from the system that cause many of her community members to be fearful of accessing care at the hospital. **They believe they will go into the hospital with a broken leg and come out with cancer or, in the case of Shelly's family, pregnant.** Shelly suggested that the hospital conduct a survey to share data with the community that proves that community members from vulnerable populations are receiving adequate care and that the hospital is safe for them. Written surveys may be the best way to start so that individuals can respond anonymously, but then they could host listening sessions in person. Shelly also recommended that the family leads may be interested in speaking with the hospital on behalf of their families.

Another barrier to care is the difficulty many of her community members have navigating the system. Shelly identified a need for better health education and literacy. She shared that there is a lack of knowledge about the healthcare system and gave the example of her not hearing about hospice care until her family members were dying. She also felt that some of the mistrust of the system is from authorities not respecting individual's advance care directives or their desires to not be resuscitated. She also was not aware of all of the services offered by the county. There is a need for more community outreach and education about the services provided by the county because most community members think of the county as "bad" or only getting involved when someone is in trouble.

Accessing care can also be difficult for the broader community because there is a scarcity of primary care providers and long wait times to establish care. Ember shared that it is especially difficult for patients with private health insurance to find providers in the area. Ember shared that "it's vile to be paying each month for something that you don't even get to use." There is also high turnover of providers in the community, so by the time she reaches the top of a waiting list the provider has retired or moved away.

For youth programming to be successful there has to be buy-in or permission from the tribal elders and council members. Shelly suggested that there should be more youth service events for them to

help elders in the community. She shared that the youth often have unique insights into potential solutions to problems in the community because they have a different perspective from their elders. They've witnessed the struggles that their parents or older family members have experienced but they have less trauma than the older generations.

When asked about the common chronic health conditions of her community, Shelly shared that there are many community members that struggle with obesity, diabetes, and kidney disease. Many of the Nisenan tribe members have received gastric bypass surgery and she believes it to be the only solution to obesity that works well for them. Obesity and diabetes are so common in the community that it has become normalized for people to "get their feet chopped off." There are also many community members that suffer from kidney disease and require dialysis.

Key Informant Interview with
Sarah Morgan, Nevada County Superintendent of Schools
February 28, 2025

A key informant session was held between Dignity Health, Ganey Science, and Sarah Morgan. Sarah works for Nevada County Superintendent of Schools and holds two roles, she is responsible for the Family Resource Centers and also the Community Schools Coordinator. Family Resource Centers are almost always located at a school site and Community Schools is an effort to provide everything the school community needs at the school site. Sarah leads a team of Community Schools Liaisons.

Latino(a) Community

The Family Resource Centers are supported by two Latino Family Outreach Specialists, or promotoras. The promotoras are financially supported by a Nevada County Behavioral Health Mental Health Service Act. The promotoras serve over 200 unduplicated individuals a year, of all ages, and the number is only growing. The greatest barriers the promotoras see in the population they serve are language barriers, including the need for translation at doctor's appointments, cultural competency, and the need for transportation. For example, promotoras sometimes accompany their client to a doctor's appointment to provide translation. At times doctor's offices might have a bilingual individual, but they often do not get the culture. Most of the individuals supported by the promotoras live in Grass Valley. Sarah shared the promotoras often help their clients when they are in crisis and some clients currently are not seeking help for fear of "ICE". The current political landscape is alienating many people.

North San Juan

On the Ridge, the clinic is very busy, and many people just don't go to the doctor. Often folks on the Ridge injure themselves doing daily activities, but do not seek appropriate care ultimately leading to needing wound care later.

Sarah also sees dental care and optometry as unmet health needs for youth. She said the number one reason why kids are absent from school is due to accessing dental care during school time due to the lack of available appointments. Grizzly Hills School has 110 kids and absenteeism rates are very high.

Education and Mental Health in Youth

Mental health is also an unmet need increasing in severity for the youth. Youth now focus more on their emotional health and emotional intelligence and express their feelings more. However, there is a hypersensitivity juxtaposition between numbness and hypersensitivity that is difficult to navigate.

Many of the youth in Western Nevada County lack motivation and do not have relationship role models. Many parents are not calm and yell at each other. There are 19- and 20-year-old kids walking around without a high school diploma. Some local community members who do leave to pursue higher education do not often return.

Key Informant Interview with Bright Futures for Youth
March 11, 2025

A key informant interview was held by Amanda Gettig from Ganey Science and Alexis Ross and Brian Stoltey from Dignity Health with Jennifer Singer, Executive Director, and Cheryl Rubin, Strategic Communications Director from Bright Futures for Youth in Grass Valley, CA. Jennifer Singer is a member of the Hospital Board and Cheryl Rubin serves on the Sierra Nevada Memorial Hospital Community Engagement and Advisory Panel.

Bright Futures for Youth serve about 500 teens and young adults each week. Bright Futures for Youth provides free services to individuals who are in vulnerable family situations, including a Young Mom's program. Participants in the Young Mom's program are often connected to abusive men. The difficulty in finding affordable housing forces these young mothers to remain dependent on their abusers and trapped in unsafe living conditions.

Family units are broken; the community is plagued with generational poverty and there is a lack of income in the homes. The community transformed from a place with middle-class families working locally at good paying jobs to one based upon tourism. The tourism and service industry does not generally provide adequate wages for families and perpetuates generational poverty. While the county is the largest employer, most of their staff cannot afford to live in the county. If/when Section 8 vouchers get shut down, placing participants in stable housing will become more difficult because many are placed using the Section 8 vouchers.

Substance use is a concern, smoking pot is extremely common, but the latest drug challenge is fentanyl. Many kids medicate, whether prescribed or not to get through the day.

For individuals on Medi-Cal, accessing healthcare is more limited and many don't see primary care and end up in the Emergency Department. Accessing a primary care provider is difficult if you are not already an established patient. Although many have the ability to access mental health services through their health insurance, most don't know how. Accessing dental care is a consistent challenge.

The community is currently trying to get a Family Justice Center up and running because currently if you are a victim of rape, you cannot receive a rape kit in the community causing the incidents of rape to be underreported.

Everyone should have the ability and opportunity to succeed, along with a vision and hope for a better life.

Appendix D

Partnership Health Plan of California
Nevada County Chronic Condition Prevalence 2024

Summary of Chronic Conditions Prevalence

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

11,249	9,569	335.0	1,680	58.8
Total Mbrs with Chronic Conditions	Adults with Chronic Conditions	Adult Prevalence	Children with Chronic Conditions	Children Prevalence

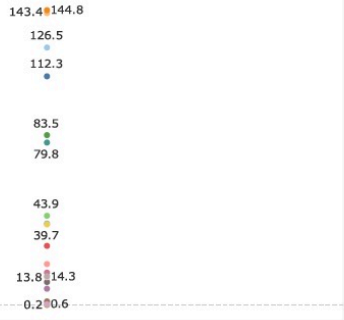
Select Ye.. 2024

Select Age Group
All

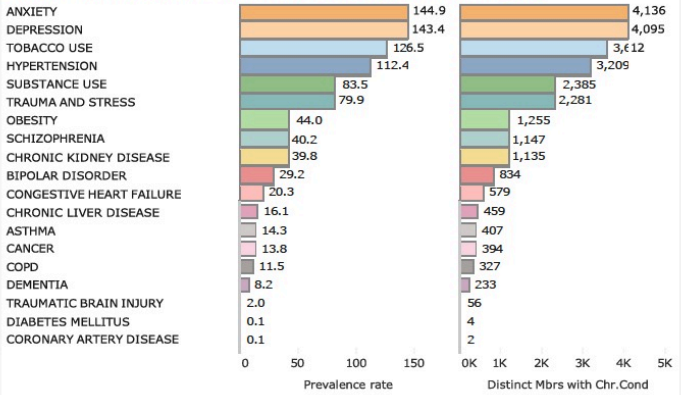
Dual Eligibility
All

Select County
NEVADA

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



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



Appendix E

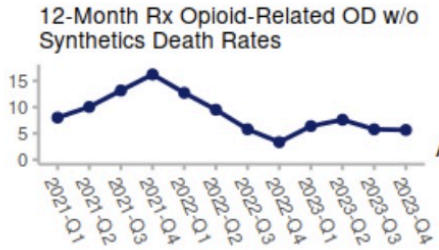
Nevada County
Overdose Snapshot Report

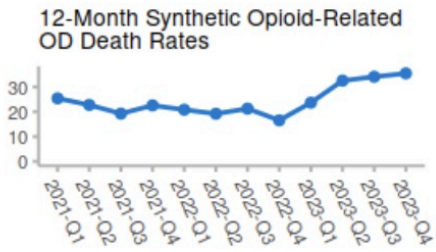
Overdose Prevention Initiative

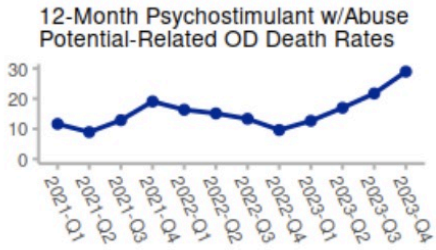
Nevada County Overdose Snapshot: 2021-Q1 through 2023-Q4

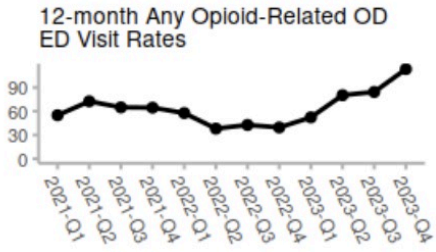
Report downloaded 04-27-2025

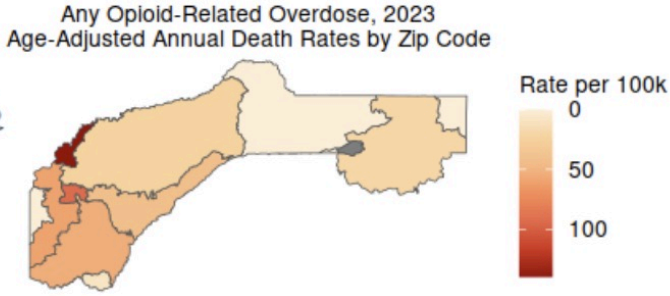
Nevada experienced 33 opioid-related overdose deaths in 2023, the most recent full year of data available. The annual age-adjusted mortality rate for 2023 was 37.67 per 100k residents, an increase of 108.92% from 2022. The following charts present 12-month age-adjusted rates for selected overdose indicators (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.

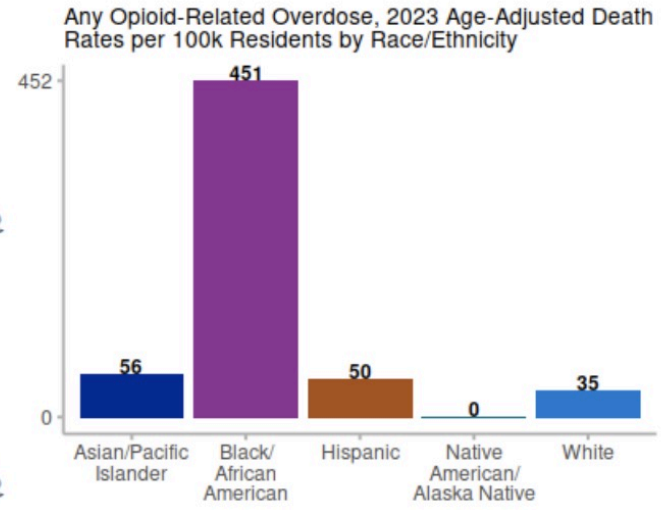








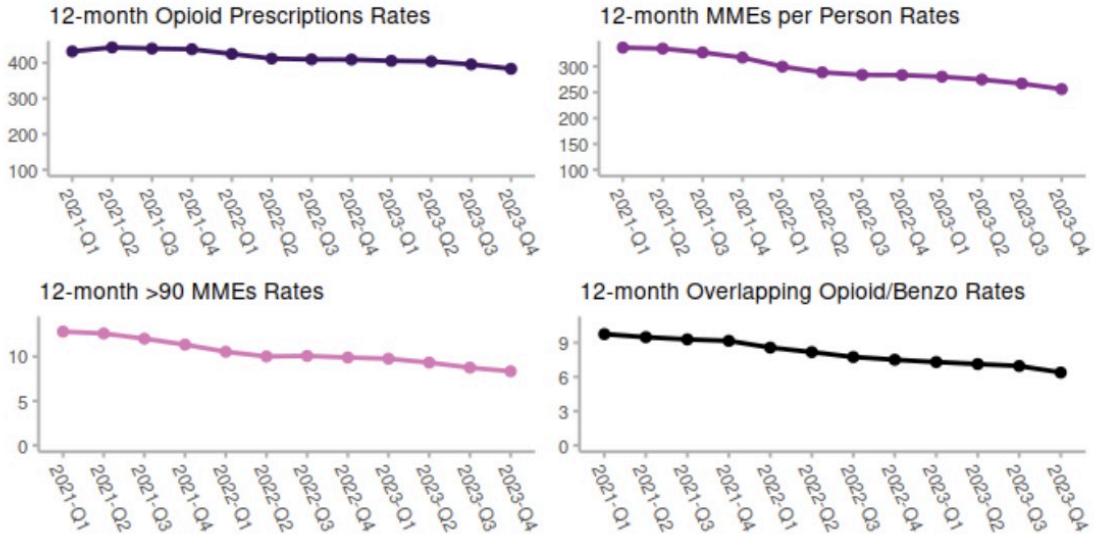




Footnotes:
12-month rates are based on moving averages; OD = Overdose
Produced by the California Overdose Surveillance Dashboard: https://skylab.cdph.ca.gov/ODdash

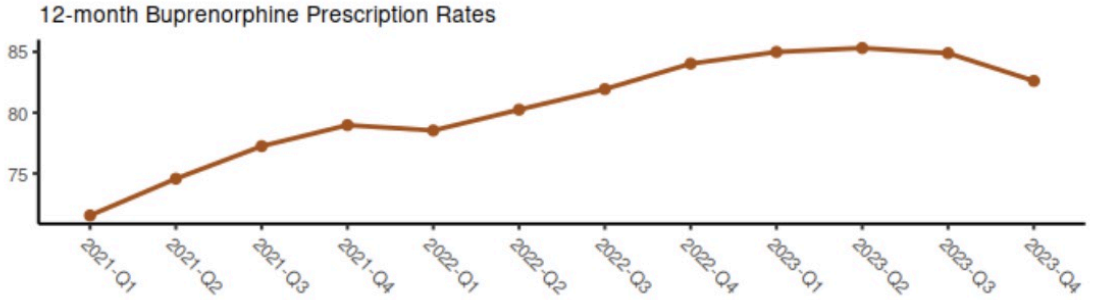
Prescribing

There were 55,053 prescriptions for opioids in Nevada in 2023. The annual age-adjusted opioid prescribing rate for 2023 was 383.29 per 1,000 residents. This represents a 6% decrease 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 82.61 per 1,000 residents. This represents a 2% decrease in buprenorphine prescribing from 2022.



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