

2025 Community Health Needs Assessment

St. Elizabeth Community Hospital

Adopted June 2025



Table of Contents

Table of Contents	2
Acknowledgements	3
Executive Summary	4
I. Community Definition	7
Medically Underserved Areas/Populations and Health Professional Shortage Areas.....	10
II. Assessment Process and Methods	12
Community Input, Vulnerable Populations.....	12
Tehama County Public Health Department	13
Written Comments from Previous CHNA	13
Secondary Data Sources.....	13
CHNA Report Preparers.....	14
III. Assessment Data and Findings	15
Key Informant Interview Results.....	15
Social Vulnerability Index (SVI)	16
Vital Conditions Framework	16
Social Determinants of Health.....	18
Economic Stability Meaningful Work and Wealth	18
Humane Housing.....	20
Reliable Transportation	21
Education Access and Quality Lifelong Learning	21
Climate and Health Thriving Natural World	22
Social and Community Context Belonging & Civic Muscle	26
Basic Needs for Health + Safety.....	28
Chronic Conditions	32
Substance Use	35
Mortality.....	36
IV. Description of Prioritized Significant Community Health Needs	38
V. Resources Potentially Available to Address Needs	42
VI. Impact of Actions Taken Since the Preceding CHNA	43

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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 St. Elizabeth Community Hospital (“SECH” 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.

St. Elizabeth Community Hospital is located at 2550 Sister Mary Columba Drive in the City of Red Bluff, Tehama County, California. The Hospital was opened in 1906 by the Sisters of Mercy to serve the City of Red Bluff and Tehama County. The Hospital proudly serves the community residents who primarily reside in the urban population centers of Red Bluff and Corning along the interstate highway I-5 corridor in the Sacramento Valley (Central Valley) and the surrounding rural foothills, agricultural, and range land. The community served by the Hospital includes the following zip codes: 96021 (Corning), 96022 (Cottonwood), 96035 (Gerber), 96055 (Los Molinos), 96078 (Proberta), 96080 and 96090 (Red Bluff). The largest incorporated area in the community is the City of Red Bluff, which is home to approximately 14,700 residents.

The community is home to 70,584 residents, with 64.7% of the community identifying as White alone, not Hispanic or Latino(a). Approximately one in four (26.4%) community members identify as Hispanic or Latino(a), with the majority of Hispanic or Latino(a) individuals residing in Corning (96021) and Red Bluff (96080). The remaining community members either identify as Asian (1.9%), American Indian or Alaska Native (1.1%), Black (0.8%), two or more races (4.3%) or other (0.8%).¹ Nearly 20% of the community speaks a language other than English, but only 7.0% of community members speak English less than “very well.”

Poverty and educational attainment levels vary from community to community. Overall, 86.3% of the community (age 25+) reported completing high school, but in Corning (96021), more than one in five did not finish high school. While 14.2% of the community resides in poverty, one in five under the age of 18 in Tehama County resides in poverty. Youth in poverty rates increase substantially to approximately 50% in Gerber (96035) and Los Molinos (96055).

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=860XX00US96021,96022,96035,96055,96078,96080,96090>. Accessed on March 22, 2025.

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 SECH healthcare providers. Key informant interviews were held between November 2024 and April 2025. They included representative input for the Hispanic or Latino(a), 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 SECH 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.

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

Priority 1: Access to primary care, specialists, and dental care

Priority 2: Access to behavioral health, including substance use disorder treatment.

Priority 3: Basic needs – education, housing, transportation, and food insecurity.

Priority 4: Navigation of care

Priority 5: Community belonging and freedom from violence.

Tehama County was described by one key informant as a resource desert. It lacks affordable housing, educational opportunities, and employment, resulting in economic crisis. A society with limited opportunities and resources causes victimization (domestic violence, violent crime, drug abuse, etc.). Over a quarter of community members live below 149% of the federal poverty level. Poverty and deep poverty plague youth and families in Corning (96021), Gerber (96035) and Los Molinos (96055). Childhood poverty is associated with developmental delays, toxic stress, chronic illness and nutritional deficits, all impacting their future life expectancy. Poverty is also at the root of the community's struggle to access vital conditions and urgent services. Following Maslow's hierarchy of needs, an individual will first focus on their basic needs, including air, water, food, shelter, sleep, and clothing, before addressing any health or employment needs.

Access to healthcare (including primary care, dental care, and behavioral health) is an overarching community health challenge that has impacted the community so much that it could have contributed to the reported high mortality and cancer mortality rates in the county. All areas of the community have been identified as either a medically underserved or health professional shortage area for all professions. Furthermore, the lack of behavioral health services leads individuals to self-medicate with substances. To have a community with a strong society, all community members must have a sense of belonging. All residents should be able to live their day-to-day lives in a welcoming, hate and violence-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 SECH CHNA report was completed as a collaborative effort between 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 North State Market Board of Directors on June 12, 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 2550 Sister Mary Columba Drive in the City of Red Bluff, California, or you may email alexis.ross@commonspirit.com.

I. Community Definition

St. Elizabeth Community Hospital (“SECH” or “the Hospital”) is located at 2550 Sister Mary Columba Drive in the City of Red Bluff, California. The Hospital serves community members who primarily reside in the urban population centers of Red Bluff and Corning along the interstate highway I-5 corridor in the Sacramento Valley (Central Valley) and the surrounding rural foothills, agricultural and range land. The interstate highway I-5 corridor transects the community from south to north and connects the urban areas of the community. The Hospital is a member of Dignity Health, which is part of CommonSpirit Health.

The community was originally home to indigenous people and was first inhabited by the Nomlaki people. Their communities thrived on the area’s abundant natural resources, including salmon from the Sacramento River and acorns from the oak-rich foothills. The arrival of European explorers and fur trappers in the early 1800s brought disease and disruption, leading to a dramatic decline in the Indigenous population. By the mid-1800s, settlers arrived in increasing numbers, drawn by fertile land, open range, and eventually California’s 1848 Gold Rush. Tehama County was created in 1856.²

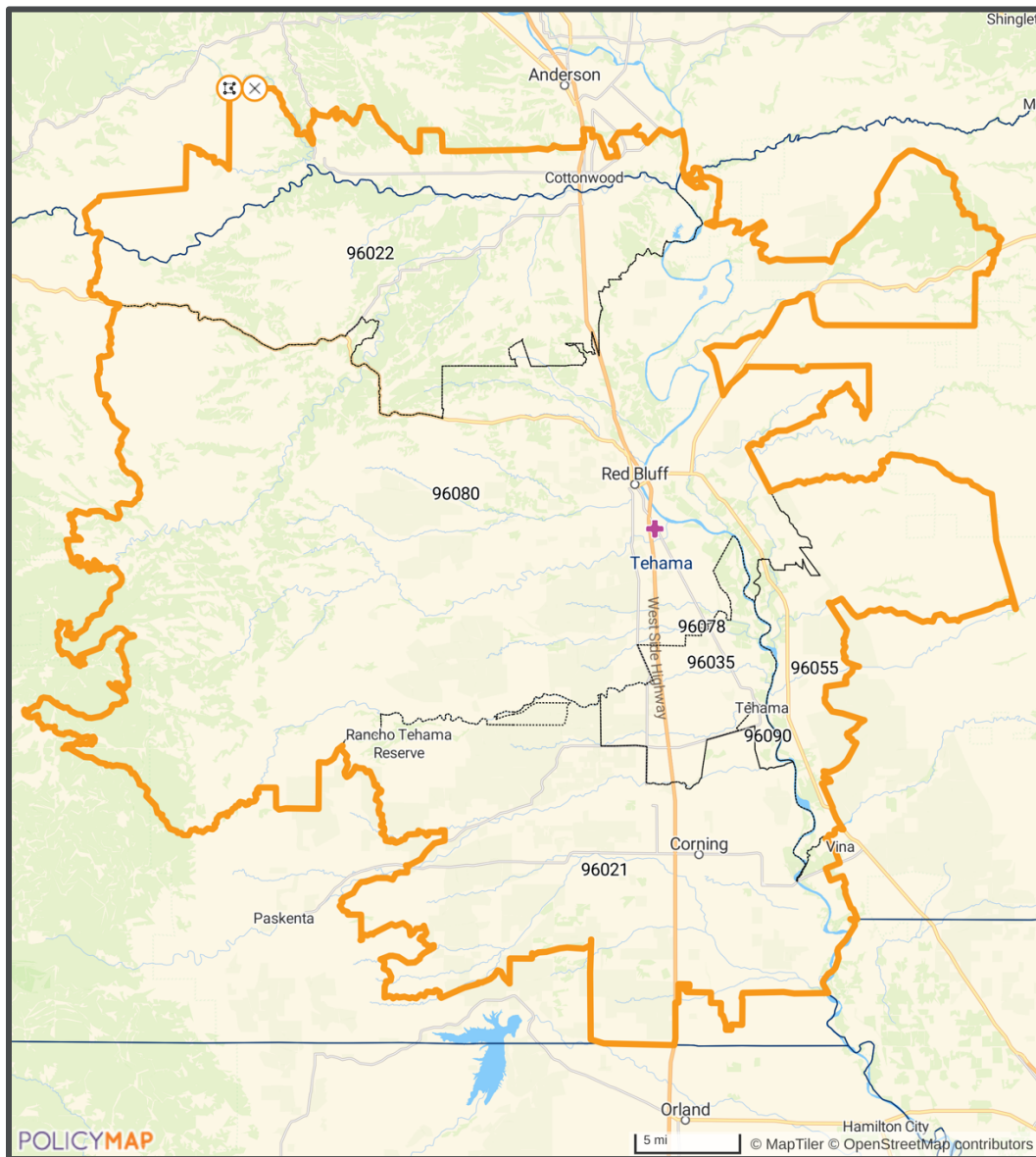
The City of Red Bluff serves as the county seat of Tehama County and is home to 14,592 residents, making it the largest city (by population) in Tehama County. The hospital also serves the communities of Cottonwood, Lake California, Bend, Proberta, Tehama, Rancho Tehama Reserve, Richfield, and Corning. The community served by the Hospital includes the following zip codes, as geographically depicted in Figure 1:

- 96021 (Corning);
- 96022 (Cottonwood);
- 96035 (Gerber);
- 96055 (Los Molinos);
- 96078 (Proberta);
- 96080 (Red Bluff); and,
- 96090 (Red Bluff).

The Hospital 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. SECH is the only acute care hospital in Tehama County, however, Red Bluff and Cottonwood are also served by Dignity Health Mercy Medical Center Redding. The entire county is supported by Tehama County Public Health.

² Vestra Resources. (2006). *Tehama West Watershed Assessment*.
<https://www.tehamacountyred.org/files/b38080c49/Tehama+West+Watershed+Assessment.pdf>.

Figure 1. St. Elizabeth Community Hospital Communities Served



According to the American Community Survey (2019-2023, 5-year Estimate), the Hospital community is home to 70,584 residents, with 64.7% of the community identifying as White alone, not Hispanic or Latino(a). Approximately one in four (26.4%) community members identify as Hispanic or Latino(a), with the majority of Hispanic or Latino(a) individuals residing in Corning (96021) and Red Bluff (96080). The communities with the highest percentage of Hispanic or Latino(a) residents can be found in Corning (96021 – 50.7%) and Gerber (96035 – 46.8%). The remaining community members either identify as Asian (1.9%), American Indian or Alaska Native

(1.1%), Black (0.8%), two or more races (4.3%) or other (0.8%).³ Nearly 20% of the community speaks a language other than English, but only 7.0% of community members speak English less than “very well.”

Overall, 86.3% of the community (age 25+) reported completing high school, near the state rate of 84.8%. However, educational attainment levels below the state rate can be found in the communities of Corning (96021) and Gerber (96035). In Gerber (96035) more than one in four individuals (28.9%) did not finish high school. In Corning (96021), the number of community members who did not complete high school improves to one in five or 21.0%.

Overall, 14.2% of the community resides in poverty with over ¼ of the community in Gerber (96035) and Los Molinos (96055) residing in poverty. Families in poverty range from a high of 16.8% in Gerber (96035) to a low of 5.7% in Cottonwood (96022). According to 2023 U.S. Census estimates, the community median household income varies based on geographic location and ranges from \$51,336 in Gerber (96035) to a high of \$87,220 in Cottonwood (96022).⁴ According to the Partnership HealthPlan of California (Partnership) 2024 Annual Data Report⁵, 31,250 individuals in Tehama County are Medi-Cal members, which is nearly half of the County’s population. Approximately 6% of Hospital community members have no health insurance coverage.⁶

The 2025 Point-in-Time (PIT) Count conducted by the Tehama County Continuum of Care (CoC) results were not available at the time this CHNA was published. However, the PIT Count includes only those found outside or in shelters on one night in January, so it is often an undercount of the population with insecure housing. According to the California Homelessness Data Integration System, Tehama County CoC reported 746 homeless individuals in 2024. This number included 119 individuals under the age of 18, and 61 people age 65+.⁷

³ 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=860XX00US96021,96022,96035,96055,96078,96080,96090>. Accessed on March 22, 2025.

⁴ U.S. Census Bureau, U.S. Department of Commerce. "Median Income in the Past 12 Months (in 2023 Inflation-Adjusted Dollars)."

⁵ Partnership Health Plan of California. (2024). *Annual Partnership County Data Report 2024: Tehama County*. <https://www.partnershiphp.org/Community/Documents/AnnualDataReports/Tehama%20County%202024%20Annual%20Data%20Report.pdf>. Accessed March 22, 2025

⁶ U.S. Census Bureau, U.S. Department of Commerce. "Selected Characteristics of Health Insurance Coverage in the United States." *American Community Survey, ACS 5-Year Estimates Subject Tables, Table S2701*, 2023, <https://data.census.gov/table/ACSST5Y2023.S2701?q=health+insurance&g=860XX00US96021,96022,96035,96055,96078,96080,96090>. Accessed on March 18, 2025.

⁷ California Open Data Portal. (2025). *Homelessness Count by Age – CA-527*. <https://data.ca.gov/dataset/homelessness-demographics/resource/b1a5ae24-5842-425c-b56c-aa90f8f1c767>. Accessed on May 27, 2025.

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 SECH community. Additional community population details can be found in Appendix A.

Table 1. St. Elizabeth Community Hospital Community Served⁸

U.S. Census Data	SECH Community
Total population	70,584
Median age (years)	39.9
Percent Hispanic or Latino(a)	26.4%
Percent White alone, not Hispanic or Latino(a)	64.7%
Average median income	\$34,813
Percent of individuals living in poverty (below 100% federal poverty level)	14.2%
Percent with less than a high school diploma, 25 years and over	13.6%
Percent, age 5 and older who speak English less than “very well”	7.0%
Percent without health insurance	6.0%
No. of Partnership HealthPlan of California Members Tehama County (Medi-Cal administrator)	31,250

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. The entire hospital community is considered a primary care, mental health, and behavioral health HPSA. The communities Corning, Cottonwood, and Anderson are considered a MUA. According to a community physician needs assessment, the community currently has nine general primary care physicians and is projected to need an additional 33 full-time equivalent general primary care physicians by 2026. Additional details are provided in Table 2.

⁸ U.S. Census Bureau, American Community Survey.

Table 2. MUA/P and HPSA as Identified by HRSA in the Community⁹

Discipline	ID Number	HPSA or Service Area Name	Designation Type	Update Date
Primary Care	07333	Corning (MSSA 222)	Medically Underserved Area	05/06/2003
Primary Care	00303	MSSA 186/Anderson/Cottonwood	Medically Underserved Area	03/03/2022
Primary Care	1065307746	MSSA 220/Dairyville/Paynes Creek	High Needs Geographic HPSA	09/10/2021
Primary Care	1061164785	MSSA 222/Corning, Los Molinos, Tehama County	High Needs Geographic HPSA	08/27/2021
Primary Care	1064567269	LI/MFW – MSSA 221/ Red Bluff	Low Income Migrant Farmworker Population HPSA	01/20/2022
Primary Care	1065294205	ME – MSSA 219/ Paskenta/ Rancho Tehama	Medicaid Eligible Population HPSA	11/27/2020
Dental Health	6068053928	MSSA 220/ Dairyville	High Needs Geographic HPSA	09/10/2021
Dental Health	6067285324	LI-MSSA 219 Paskenta/ Rancho Tehama	Low Income Population HPSA	09/10/2021
Dental Health	6068026753	ME MSSA 221 and 222 – Red Bluff / Corning	Medicaid Eligible Population HPSA	11/22/2022
Mental Health	7062259318	Tehama County	High Needs Geographic HPSA	09/10/2021
Dental Health	6062207458	LI/MFW – MSSA 186 Anderson/Cottonwood/ French Gulch	Low Income Homeless Migrant Farmworker Population HPSA	07/20/2022

⁹ 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 key informant interviews and input from the Tehama 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 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 SECH healthcare providers serving vulnerable members of the community. The CHNA includes representative input for the Hispanic or Latino(a), unhoused, disabled, and socially disadvantaged youth and senior communities.¹⁰

Overall, 10 different key informant interviews were facilitated between November 2024 and April 2025, either virtually or in-person. Summaries of each key informant interview are provided in Appendix B. The apprehension felt by many community members that began in November 2024 impacted the ability to connect with some vulnerable populations. The CHNA team emailed with multiple Community Health Workers/Promotoras in February 2025 in an attempt to gain their insight into the Hispanic/Latino(a) community they serve. Regrettably, after repeated attempts to coordinate a time to talk or meet in person, they stopped responding. The CHNA team also provided an opportunity to another community organization to serve as a host for a focus group. Unfortunately, due to time constraints, a focus group could not be scheduled. Table 3 provides a list of completed focus groups and key informant interviews.

¹⁰ State of California, Legislative Counsel Bureau. “Assembly Bill No. 1204 , Chapter 751,” 2021, https://leginfo.ca.gov/faces/billNavClient.xhtml?bill_id=202120220AB1204. Accessed March 1, 2025.

Table 3. SECH Primary Data Sources

Focus Groups/Key Informant Interviews	
Healthcare	Social Services
1. Dignity Health SECH Care Coordination	6. Tehama County Department of Education
2. Dignity Health SECH Emergency Department	7. Empower Tehama
3. Dignity Health SECH Outpatient Clinics	8. PATH (Poor and the Homeless) Tehama County Coalition
4. Dignity Health SECH	9. Family Counseling Center
5. Corning Healthcare District	10. Tehama County Elder Service Providers

Tehama County Public Health Department

SECH reached out to Tehama County Public Health to share the CHNA process they were initiating for their 2025 CHNA. A meeting was held with Tehama County Public Health on June 7, 2024 and May 5, 2025 and they shared reports and information to use during the preparation of this CHNA. Tehama County Public Health also participated in the Tehama County Elder Services Providers Key Informant interview. SECH also participated in the Tehama County Health Collaborative and presented at the Community Health Improvement Plan Steering Committee Meeting on June 26, 2024.

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

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 Alexis Ross, MPH, MSDA, Dignity Health, North State Market Director, Community Health, and Ganey Science, San Francisco, CA. The Ganey Science Team was led by Amanda Gettig, MPH. Amanda has been preparing CHNA reports for Dignity Health since 2016. Amanda has been published at 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.

Key Informant Interview Results

Ten key informant interviews were conducted between November 2024 and April 2025 with community members who were an Hispanic or Latino(a), unhoused, disabled, and socially disadvantaged youth and senior communities, or served individuals from those populations. Table 4 below provides the top themes identified during the focus groups and interviews by vulnerable populations.

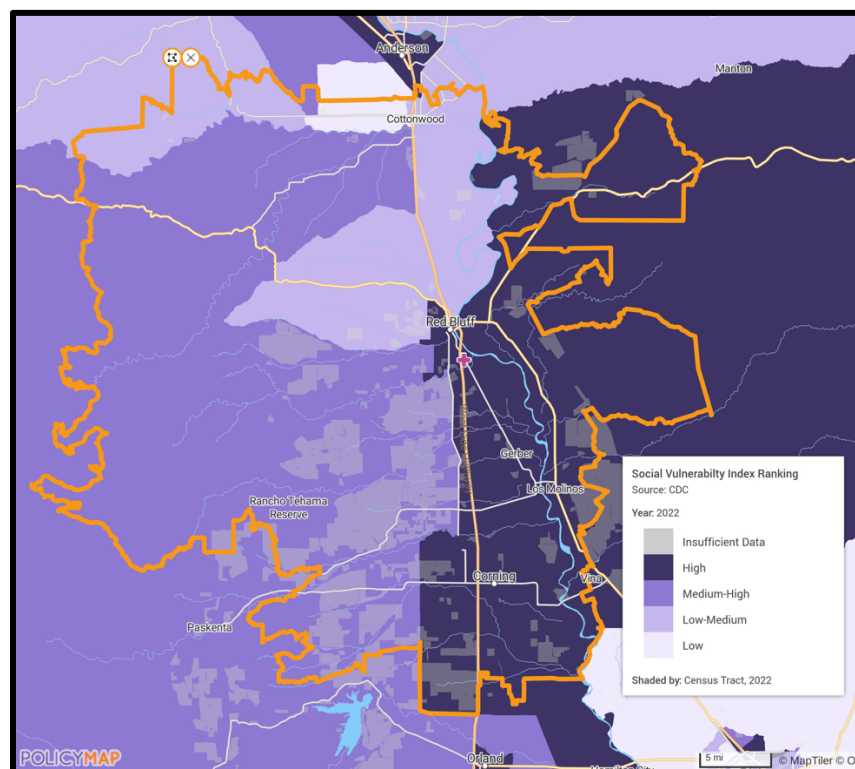
Table 4. SECH Key Informant Top Themes

Identified Greatest Health Needs	Healthcare					Social Services					Total No. of Mentions
Behavioral health	✓	✓	✓	✓	✓	✓	✓	✓	✓		9
Transportation	✓	✓	✓	✓	✓	✓	✓			✓	8
Community connection and freedom from violence	✓					✓	✓	✓	✓	✓	6
Primary care	✓		✓	✓	✓	✓				✓	6
Housing	✓						✓	✓	✓	✓	5
Substance use			✓	✓		✓		✓	✓		5
Food insecurity	✓					✓	✓			✓	4
Services Navigation			✓	✓				✓		✓	4
Economic opportunity						✓	✓				2

Social Vulnerability Index (SVI)

The Social Vulnerability Index (SVI) is a tool, developed by the CDC, that evaluates a community's capacity to prepare for, respond to, and recover from incidents that can cause human suffering and financial loss. The SVI examines indicators related to socioeconomic status, household composition and disability, minority status and language, and housing type and transportation. Scores are structured so that lower values represent lesser vulnerability, while higher values denote greater vulnerability. Overall, Tehama County has a high SVI ranking. Examining the community at the census tract levels, the SVI ranking across the community varies from low to high. High and medium high SVI rankings exist the majority of the community. The darkest purple areas shown in Figure 2 represent the highest SVI ranking census tract areas within the community.

Figure 2. SECH Social Vulnerability Index



Vital Conditions Framework

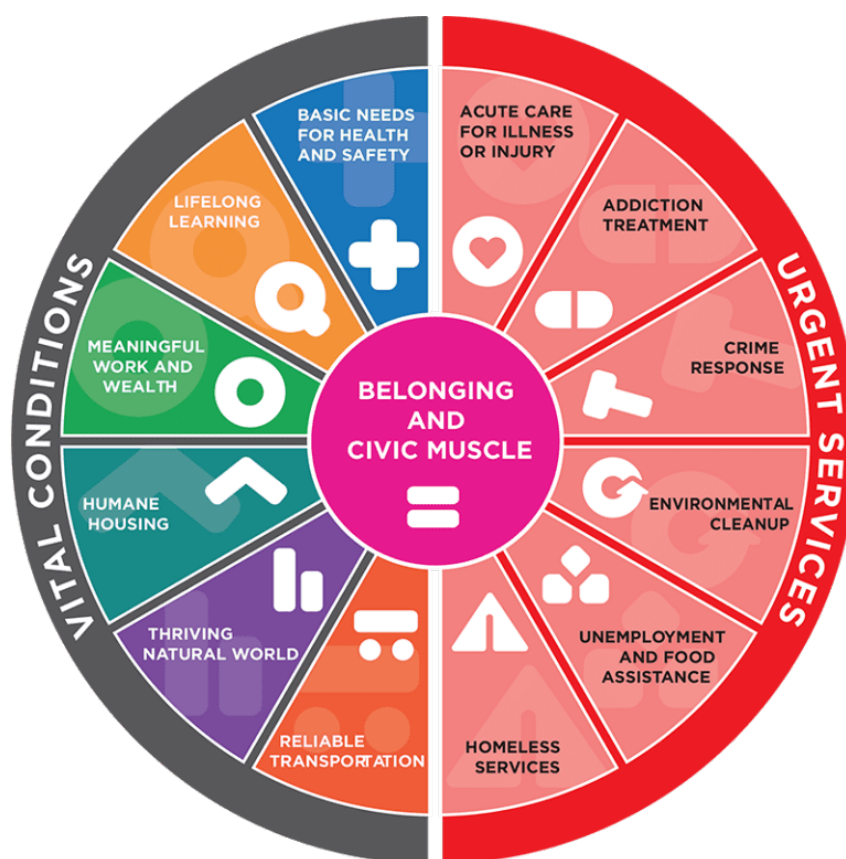
One of the National Health Initiatives developed by the U.S. Office of Disease Prevention and Health Promotion is the Federal Plan for Equitable Long-Term Recovery and Resilience for Social, Behavioral, and Community Health Plan. The Plan is organized around the Vital Conditions for Health and Well-Being 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.¹¹ Figure 3 further illustrates the relationship between vital conditions and urgent services.

Figure 3. Vital Conditions and Urgent Services¹²



¹¹ 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.

¹² The Rippel Foundation. (2025). *What is a Well-Being Portfolio?* <https://rippel.org/vital-conditions/>. Accessed March 9, 2025.

Currently, the Vital Conditions and Urgent Services model has not been developed to include measurable goals similar to those in the Social Determinants of Health and HP 2030. For the purpose of holistically analyzing the community, the following subsections examine the community using the Vital Conditions perspective combined with the Social Determinants of Health.

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



Social Determinants of Health
Copyright-free

Healthy People 2030

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 4.¹³

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.

Tehama County had an unemployment rate of 6.2% in April 2025¹⁴ and a median household income of \$61,834 between 2019-2023.¹⁵ According to the 2023 Tehama County Community

¹³ 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.

¹⁴ Federal Reserve Bank of St. Louis. *Unemployment Rate in Tehama County, CA*. <https://fred.stlouisfed.org/series/CATEHA3URN>. Accessed May 27, 2025.

¹⁵ PolicyMap. (n.d.). Estimated median income of a household, between 2019-2023 [Map based on data from Census: US Bureau of the Census]. Retrieved May 28, 2025, from <http://www.policymap.com>

Health Assessment, the employment rate for Tehama County residents ages 25-64 years is 66% which is lower than the state rate of 73%.¹⁶ The top industries employing the most individuals in Tehama County are: educational services, health care and social assistance; retail trade; and manufacturing. The key informants shared that the community lacks sufficient well-paying jobs and affordable childcare. One key informant shared stories of parents choosing not to work because the income would not be worth the cost of childcare.

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.¹⁷ Although the Hospital community has only a slightly higher rate of poverty than the State of California (14.2% versus 12.0%), some areas and populations within the community are struggling financially where there are higher rates of youth and families residing in poverty. Overall, 20.4% or one in five individuals under the age of 18 in Tehama County live in poverty. Over half of the youth under the age of 18 in Gerber (96035) and Los Molinos (96055) reside in poverty. 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 and italics. Zip codes without available data are not shown (96078 and 96090).

Table 5. Community Poverty Rates (2019-2023)

Location	Age 65+ in Poverty ¹⁸	Families in Poverty	Under 18 in poverty ¹⁹
Tehama County	13.5%	10.5%	20.4%
Corning (96021)	15.9%	10.5%	17.8%
Cottonwood (96022)	18.2%	5.7%	5.3%
Gerber (96035)	2.8%	16.8%	50.5%
Los Molinos (96055)	16.6%	14.8%	53.9%
Red Bluff (96080)	12.2%	10.2%	15.6%

¹⁶ Tehama County. (2025). *2023 Tehama County Community Health Assessment*. <https://www.tehamacohealthservices.net/wp-content/uploads/2025/03/2023-Tehama-CHA-FINAL-updated-Feb-2025.pdf>.

¹⁷ 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.

¹⁸ 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>.

¹⁹ U.S. Census Bureau, U.S. Department of Commerce. "ACS Demographic and Housing Estimates." *American Community Survey, ACS 5-Year Estimates Data Profiles*, 2023.

According to the California Department of Education, nearly three quarters (74.0%) of the students enrolled in Tehama County schools were eligible for free/reduced-price meals during the 2023-24 school year.²⁰ At Red Bluff Joint Union High, which had an enrollment of 1,709 students in 2023-24, this rate increased to 80% and Corning Union Elementary serves free and reduced-price meals to 90.3% of their nearly 2,000 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.²¹

Humane 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.²²

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

According to the United Way of California, 31% of all households in Colusa, Glenn, Tehama, and Trinity Counties are cost-burdened or spend more than 30% of their income on housing. Approximately half of the cost-burdened families have less than a high school diploma and identify as Hispanic or Latino(a).²³ The communities with the highest rates of homeowners that are cost burdened are Corning (96021) and Los Molinos (96035).²⁴ Furthermore, there are reportedly 718 homeless students enrolled in the county schools, of which 80.9% are temporarily doubled-up.²⁵

²⁰ California Department of Education (2025). *Selected County Level Data – Tehama for the Year 2023-24*. <https://www.ed-data.org/county/Tehama> Accessed on April 27, 2025.

²¹ 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>

²² 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.

²³ United Way. *Real Cost Measure in California 2025*. <https://public.tableau.com/app/profile/hgascon/viz/TheRealCostMeasureinCalifornia2025/RealCostDashboard>. Accessed May 28, 2025.

²⁴ PolicyMap.

²⁵ California Department of Education, Data Quest. (2025). *2023-24 Homeless Student Enrollment by Dwelling Type*. <https://dq.cde.ca.gov/dataquest/DQCensus/HmlsEnrByDTLevels.aspx?cds=52&aggllevel=County&year=2023-24&charter=No&UY=All&Display=Pct&ro=1>. Accessed on May 28, 2025.

The lack of housing in the community was identified as a primary health need in five different key informant interviews. Seniors, youth, and young families all struggle to find affordable housing. More details are available in Appendix B.

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.²⁶ Transportation is a challenge when residents lack access to a personal vehicle because public transportation is limited.

According to secondary data sources, there are 1,505 housing units in the community with zero vehicles available. The highest number of households without a vehicle reside in Red Bluff (96080).²⁷ Access to transportation was identified as a community health need in eight key informant interviews. Interviews with leaders of community organizations found that poor access to transportation is a significant need for seniors, youth, and unhoused individuals.

Education Access and Quality | Lifelong Learning

Overall the community’s educational attainment rate it is slightly above the educational attainment across the state of California. The high school graduation rate (for adults aged 25 and over) in the community is 86.3%, which is higher than the state’s rate of 84.6%.

However, the community lags behind the state rate for residents who attained a bachelor’s (13.2% vs. 22.4%) or graduate (5.3% vs. 14.1%) degree. Additional education data are provided on Table 6.

According to the State of California’s Department of Education, Tehama County had 829 four-year adjusted cohort students during the 2023-24

Table 6. 2023-24 Four-Year Adjusted Cohort Outcome		
Program Group/Subgroup	Regular HS Diploma	UC/CSU Admission Requirement
California	86.4%	51.9%
Tehama County	92.3%	18.8%
Hispanic or Latino	95.0%	16.0%
Homeless Youth	81.9%	3.5%
Students with Disabilities	80.9%	2.2%
Socioeconomically Disadvantaged	91.8%	16.9%

²⁶ 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.

²⁷ PolicyMap. (n.d.). Estimated number of housing units for which no vehicles are available in 2019-2023 [Map based on data from Census: US Bureau of the Census]. Retrieved May 28, 2025, from <http://www.policymap.com>

school year, representing students who are expected to have received a high school diploma in 2024. During the 2023-24 school year, the graduation rate was 92.3%, with 18.8% of the students meeting the University of California/California State University (UC/CSU) Admission Requirements.²⁸ Further examination of the program subgroups, including homeless and foster youth, students with disabilities, and socioeconomically disadvantaged students reveals disparities in educational attainment. The 2023-24 cohort had 135 English learners, 105 homeless youth, 110 students with disabilities, and 720 socioeconomically disadvantaged students.

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 (CAP), 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.

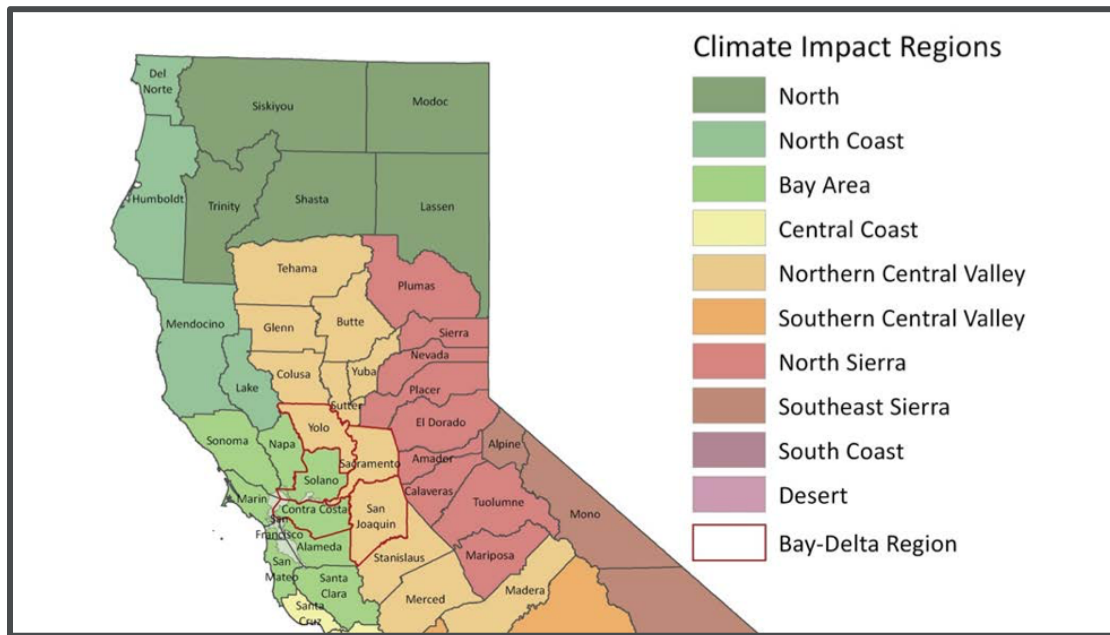
Local Climate

The community is primarily located in Tehama County, California, but extends slightly into southern Shasta County. The area is centered around the City of Red Bluff, but includes areas to the north, south and west, consisting of the northern end of the Sacramento Valley. The Climate Change and Health Profile Report Tehama County²⁹ maps the community within the Northern Central Valley Region as shown in Figure 5 below.

²⁸ State of California, Department of Education. *2023-24 Four-Year Adjusted Cohort Graduation Rate, Tehama County Report*. <https://dq.cde.ca.gov/dataquest/dgcensus/CohRate.aspx?cds=52&agglevel=county&year=2023-24&initrow=&ro=y>. Accessed on March 22, 2025.

²⁹ Climate Change and Health Profile Report Tehama County. California Department of Health. 2017. https://www.cdph.ca.gov/Programs/OHE/CDPH%20Document%20Library/CHPRs/CHPR103Tehama_County2-23-17.pdf

Figure 5. Climate Regions of Northern California



The Northern Central Valley Region is a largely agricultural inland region with over 3.7 million people, concentrated near Sacramento³⁰. Tehama County’s elevation varies drastically throughout, averaging approximately 728 feet (ft) above sea level. The center of the community is the valley floor, with the highest elevation points occurring in the east along the Sierra Nevada Mountain range and the Coastal Range to the west.³¹

As Tehama County’s landscape varies from valley to surrounding mountains, so does its climate. The valley areas are characterized by hot, dry summers and mild, wet winters. Mountain regions offer warm, dry summer weather, and the higher elevations are considerably colder and snowy during winter. Due to the inland location, temperatures in Tehama County vary significantly between summer and winter. According to U.S. Climate Data³², average summer high temperatures for Red Bluff are between 90 and 97° Fahrenheit (F). Winter low temperatures are typically from 38 to 41°F. In the mountain town of Mineral, located at 4,872 ft above sea level, the average highs in July are 84°F and average lows in January are 27°F.³³ Rain may occur year-

³⁰ California Emergency management Agency, California Natural Resources Agency. California Adaptation Planning Guide: Understanding Regional Characteristics. 2012.

https://resources.ca.gov/CNRALegacyFiles/docs/climate/APG_Understanding_Regional_Characteristics.pdf

³¹ Tehama County Multi-Jurisdictional Hazard Mitigation Plan. 2024.

<https://acrobat.adobe.com/id/urn:aaid:sc:US:ef460f64-48dd-494d-9b67-10cb60e0ca7e>

³² U.S. Climate Data, Climate Red Bluff – California. <https://www.usclimatedata.com/climate/red-bluff/california/united-states/usca0919>

³³ Tehama County Multi-Jurisdictional Hazard Mitigation Plan. 2024.

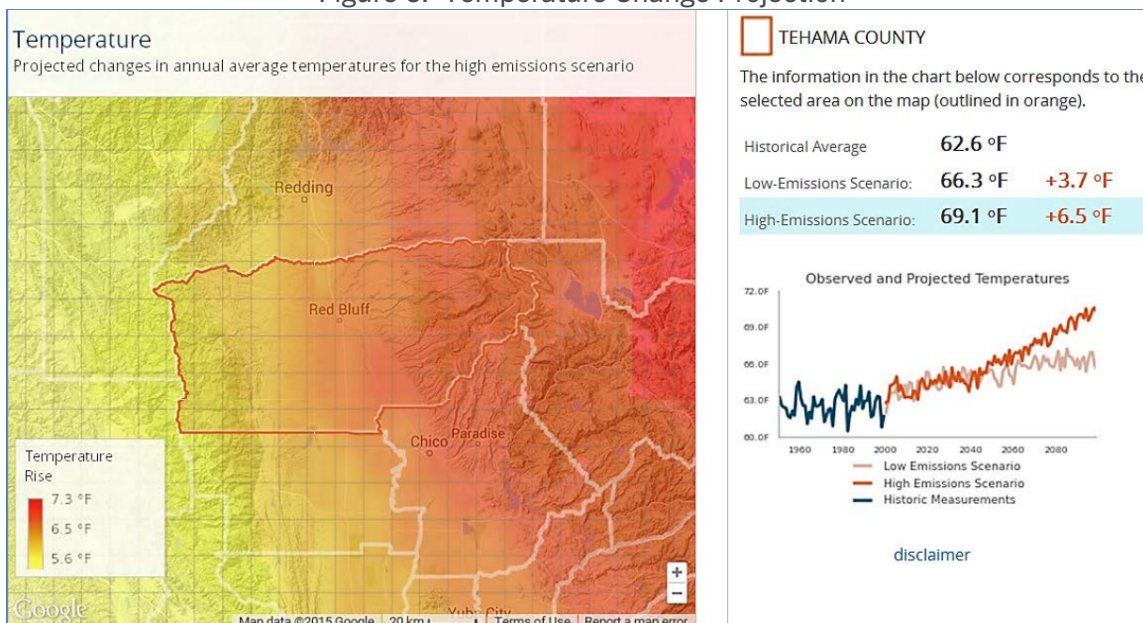
<https://acrobat.adobe.com/id/urn:aaid:sc:US:ef460f64-48dd-494d-9b67-10cb60e0ca7e>

round in Tehama County, although most precipitation occurs during the winter. Much of the moisture from the Pacific storms falls on the windward (western) side of the Coastal Ranges. The leeward (east) side of the Coastal Range and the valley is in a rain shadow and is therefore considerably drier. Annual average precipitation in Red Bluff is 26 inches. On the windward side of the Sierra Nevada, Mineral's mean annual precipitation exceeds 56 inches.

Climate Change in Tehama County

California's Fourth Climate Change Assessment³⁴ provides data showing a warming trend. California's annual temperature increases over most of the state since 1986 have exceeded 1°F, with some areas exceeding 2°F. The Climate Change and Health Profile Report projected changes in annual average temperature in a high carbon emissions scenario for Tehama County in the year 2099 are shown in Figure 6.

Figure 6. Temperature Change Projection



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 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

³⁴ Houlton, Benjamin, Jay Lund. Sacramento Summary Report. California's Fourth Climate Change Assessment. 2018. https://www.energy.ca.gov/sites/default/files/2019-11/Reg_Report-SUM-CCCA4-2018-002_SacramentoValley_ADA.pdf

climate. The Northern Sierras – a primary water source for the Sacramento Valley- are expected to have almost no annual snowpack by the end of this century.³⁵

Regarding extreme weather, it is predicted that warmer temperatures will contribute to more frequent and severe droughts. The Northern Central Valley Region’s annual precipitation is projected to decline by approximately one to two inches by 2050 and three to six inches by 2100.³⁶ Heat wave is defined as five days over 102°F and 105°F, except in the mountainous areas to the east. Two to three more heat waves per year are expected by 2050 with five to eight more by 2100. Future warming is expected to increase the occurrence of large wildfires and overall burn areas. By 2085, the northern and eastern portions of the region will experience an increase in wildfire risk, more than four times the current levels in some areas.

Extreme weather can include periods of excessive rain. The Sacramento River meanders north-south through the community, traversing through the City of Red Bluff, including the downtown area. According to mapping by the Federal Emergency Management Agency, the area immediately adjacent to SECH is considered a regulatory floodway and a small area of the rear outer roadway is considered flood hazard area (.2% Annual Chance).³⁷

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.³⁸ 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 Tehama County is associated with wildfire. The same data map lists water stress risk as high, and extreme rainfall

³⁵ Houlton, Benjamin, Jay Lund. Sacramento Summary Report. California’s Fourth Climate Change Assessment. 2018.

³⁶ Climate Change and Health Profile Report Tehama County. California Department of Health. 2017.

³⁷ FEMA. (2025). *FEMA Flood Map Service Center: Search by Address*. <https://msc.fema.gov/portal/search>. Accessed May 17, 2025.

³⁸ 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.

risk as medium.³⁹ High risk of water stress presents clear risk to human health from drinking water shortages and reduced irrigation water for food supply. Tehama County is affected by both water stress, leading to droughts and wildfires, and extreme rainfall, which feeds the vegetation that causes worsening wildfires. As temperatures increase, Tehama 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 Tehama 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 establishment of extreme heat warning systems and 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,

³⁹ S. Thompson and Y. Serkez. (September 18, 2020). *Every Place Has Its Own Climate Risk. What Is It Where You Live?* New York Times.

- Community capacity.

The community is home to a number of churches, schools, gyms, parks, and senior centers that can be used by the community and that foster community engagement. An example of the multitude of community organizations supporting the Hospital community is provided in Section V. According to the voting records for Tehama County, 71.7% of registered voters cast ballots in the November 2024 general election.⁴⁰

According to key informants community members are fearful and stopping the use of social services such as Women, Infants and Children (WIC), First Time Mother's Nurse Support, and Medi-Cal. It was shared that in Corning, people were detained until they could provide proof of citizenship. As shared during one interview, when talking about the Hispanic/Latino(a) population,

“They are afraid, they are scared because whether they have legal status or not they are still being profiled...Some people will ask others what their status is.” – Key Informant

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. The Tehama County Sheriff Department reported that in 2024 there were 3 murders, 21 rapes, 323 assaults, and 14 robberies. The number of murders in 2024 has increased to three from one reported in 2023.⁴¹ In Red Bluff, youth violence is increasing and in 2024 at least one teen was fatally shot near their home. Key informants reported the presence of youth gang activity in Red Bluff and some are affiliated with the South Side Locos.

Another key informant shared how the community has shifted in the past few years and that it feels different and less safe. They shared that if children do not have stability at home, they will look for it somewhere else, and gangs offer youth a sense of belonging.

One goal of HP 2030 prior to January 2025, was to reduce bullying of transgender students. Between 2021 and 2023, 54% of 11th-grade students identifying as not straight-gay/lesbian/bisexual in Tehama County reported being harassed on school property and 37% reported being cyberbullied in the past 12 months.⁴²

⁴⁰ 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.

⁴¹ Tehama County Sheriff's Office. (2025). *2024 Annual Report*. <https://tehamaso.org/wp-content/uploads/2025/02/2024-TCSO-annual-report-final.pdf>. Accessed on May 20, 2025.

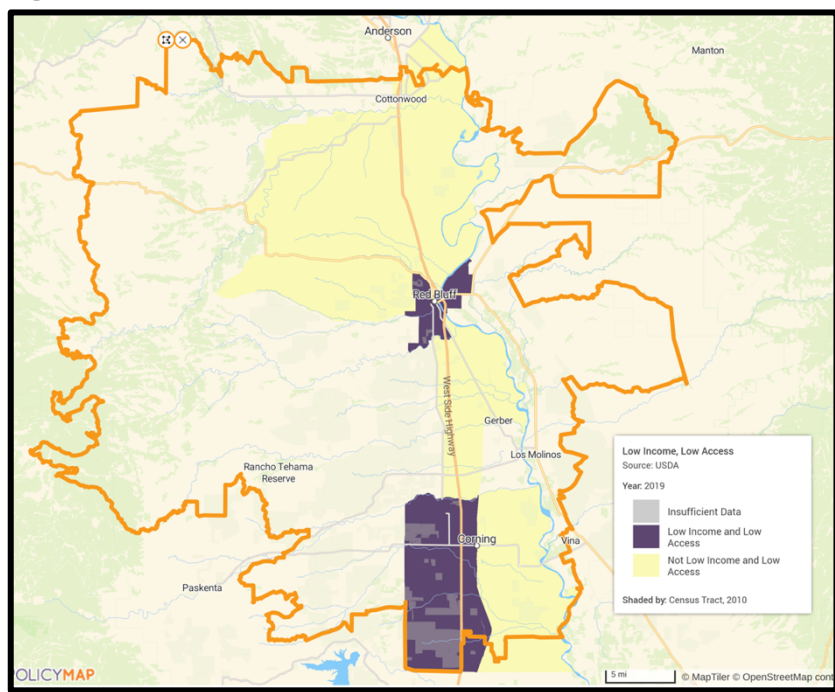
⁴² Tehama County. (2024). *California Healthy Kids Survey, 2021-2023: Main Report*.

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.⁴³ According to the 2023 Tehama County Community Health Assessment, Tehama County has one of the highest rates of food insecurity in the state.

Figure 7. Low Income and Low Access Tracts, 2019



In 2022, Feeding America estimated the food insecurity rate in Tehama County to be 15.2%.⁴⁴ Tehama County experiences more severe food security challenges compared to the average Californian. Approximately one in three Tehama County residents have adequate access to a supermarket. The dark purple areas in Figure 7 depict the designated low income/low access tracts by the U.S. Department of Agriculture in 2019 and are found in Red Bluff and Corning.

⁴³ 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.

⁴⁴ 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>

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 2023 Air Toxics “Hot Spots” Program Report published by the Tehama County Air Pollution Control District prioritizes facilities based upon their air emissions and potential risks to public health as a result of exposure to these emissions. The prioritization ranks facilities as low, intermediate, or high. In Tehama County there are 25 intermediate ranked facilities and the facilities with the highest prioritization score for carcinogenic toxins are Lassen Forest Products, Tehama County RCD, and Evoqua Water Technologies.⁴⁵ Air quality in the community is impacted by pollution from the Broader Sacramento Area, local emissions, wildfires, among other sources. The American Lung Association, State of the Air Report, 2025 ranks Tehama County air an “F” for ozone and particulate matter over 24-hours. While ozone levels have decreased from the 1990s the level is still above an acceptable/passable level.⁴⁶

There are no active EPA Superfund Sites in Tehama County, however, there are a total of nine archived known facilities, seven are listed in Red Bluff, one in Cottonwood, and one in Paskenta.⁴⁷

While broadband is available in the community, the U.S. Census estimates that between 10% -- 17% of households in the community do not have a broadband internet subscription. The most households without a subscription can be found in Los Molinos (96055) and Corning (96021).

Domestic Violence and Human Trafficking

Freedom from trauma, violence, addiction and crime is considered a Basic Need for Health and Safety. Approximately 26% of women from Tehama, Glenn, and Colusa Counties reported ever experiencing physical or sexual violence by an intimate partner.⁴⁸ According to the California Office of the Attorney General's Open Justice data portal, there were 309 domestic violence-

⁴⁵ Tehama County, Air Pollution Control District. (2025). *Air Toxics Program*. <https://www.tehcoapcd.net/air-toxics-program/>. Accessed May 15, 2025.

⁴⁶ American Lung Association. (2025). *State of the Air, California: Shasta*. <https://www.lung.org/research/sota/city-rankings/states/california/shasta>. Accessed on May 20, 2025.

⁴⁷ U.S. Environmental Protection Agency. (2025). *Superfund Site Search Results*. <https://cumulis.epa.gov/supercpad/CurSites/srchsites.cfm>. Accessed April 15, 2025.

⁴⁸ UCLA Center for Health Policy Research. AskCHIS Dashboard.

related calls for assistance in Tehama County in 2023, with all except one involved a weapon (which includes hands or feet), and 15 cases involved strangulation.⁴⁹

California is one of the nation's top destinations for trafficking human beings, and I-5 serves as a natural corridor for human trafficking activities through the community. Human trafficking is a form of modern-day slavery where people profit from the control and exploitation of others.⁵⁰ As one key informant shared, Tehama County is extremely rural so it is easy to evade law enforcement and difficult for victims to find help. The I-5 corridor also provides access for the movement of drugs and human trafficking. Foster youth are at a higher risk of being trafficked. A foster youth that runs away is expected to be targeted for trafficking within the first 24 hours of being on the street. There are also over 750 homeless youth accounted for through the school system and although they access school services and receive meals during the day, the instability of being unhoused makes them especially vulnerable. The undocumented population will ebb and flow throughout the year as migrant farmworkers come to Tehama County for the harvest season.

Health Care Access and Quality

The Vital Conditions framework considers healthcare a basic need. Access to comprehensive, quality healthcare services is critical for achieving health equity and for increasing the quality of a healthy life for everyone. 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.

The community is profoundly medically underserved and has multiple health professional shortage areas as previously depicted in Table 2. As a result, residents frequently travel out of the county for specialized care with the lack of dental, vision, and primary care providers locally. However, for many residents there is a lack of adequate transportation to reach health services, which often delays needed care, and for uninsured or low-income patients, affording healthcare is an ongoing challenge. Lack of transportation was identified as a barrier to accessing health care in three out of four healthcare provider key informant interviews and in the interview with Corning Health District.

Overall, nearly half of adults in the California counties of Tehama, Glenn, and Colusa reported they consider their health status as very good or excellent and 68.9% reported receiving a routine check-up in the past year (2020-2024).⁵¹ The rate of residents of Shasta, Tehama, Glenn, and

⁴⁹ 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.

⁵⁰ California Department of Justice. (2025). *What is Human Trafficking*. <https://oag.ca.gov/human-trafficking/what-is>. Accessed on March 23, 2025.

⁵¹ AskCHIS.

Colusa counties that answered that their usual source of care is a community/government clinic or community hospital is higher than the rate of all Californians.

Of the adults surveyed in Tehama, Glenn, and Colusa counties, 19.1% reported they had difficulty finding primary care compared to 12.1% of adult Californians. There are fewer primary care physicians per capita in Tehama County than in California. In Tehama County, there are 1,870 residents for every one physician whereas there are 1,230 individuals for every one physician in California.⁵² A healthcare key informant commented that Dignity Health provides approximately 80% of primary care in the county.

One indicator of access to preventive care is the rate of annual flu vaccinations. Only 28% of Tehama County residents enrolled in Medicare received a flu shot in 2022 compared to 44% of Medicare enrollees in California.⁵³

A key informant from the Corning Health District shared that access to care can be limited because health clinics in Tehama County are only open during normal working hours and are closed on weekends. Because there are no urgent care facilities, Tehama County residents must go to the St. Elizabeth Community Hospital Emergency Department (ED) to access care. Hospitals in areas designated as HPSAs for primary care and mental health experience higher ED burden.⁵⁴

Emergency Department burden can be measured by comparing the number of ED visits to the number of treatment stations so that the capacity of the hospital is accounted for. St. Elizabeth has a much higher rate of ED visits per station than nearby hospitals and the statewide median rate as depicted in the following Table 7.

Table 7. ED Visits Comparison

Location	ED Visits per Station	Stations	Total ED Visits
Statewide	1,500	-	-
St. Elizabeth's	2,100	14	29,405
Mercy Medical Center Redding	1,720	26	44,717
Mercy Medical Center Mt. Shasta	907	11	9,972

⁵² County Health Rankings. <https://www.countyhealthrankings.org/health-data/compare-counties?compareCounties=06000%2C06103%2C06089&year=2025>

⁵³ County Health Rankings.

⁵⁴ California Department of Health Care Access and Information. *Emergency Department Volume and Capacity by Facility, Health Category and Health Professional Shortage Area*. <https://hcai.ca.gov/visualizations/emergency-department-volume-and-capacity-by-facility-health-category-and-health-professional-shortage-area/>

In the same 2023 survey, 25.5% of adults reported having difficulty finding specialty care compared to the state rate of 22.5%.

Access to Oral Healthcare

A percentage of adults from Shasta, Tehama, Glenn, and Colusa counties have not seen a dentist in the past 2 to 5 years or 5 years or more, exceeding California rates. When asked why they had not visited the dentist in the past 12 months, adults from those counties were more likely to answer they could not find a dentist (10.2% and 7.4%) and could not afford to go/had no insurance (31.6% and 26.4%). There are 1,590 individuals for every one dentist in Tehama County and 1,080 individuals for every dentist in California.⁵⁵

Chronic Conditions

Chronic diseases, including heart disease and cancer, are the leading cause of death in the U.S., California, and Tehama 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 Tehama County during 2024 were hypertension, tobacco use, depression, anxiety, diabetes mellitus, and chronic kidney disease. The entire Partnership snapshot report has been provided as Appendix C.

Heart Disease, Diabetes and Obesity

Heart disease is the leading cause of death in the United States, California, and Tehama County.⁵⁶ Heart disease encompasses many different conditions, including coronary artery disease, heart attack, or stroke. Heart disease risk factors include high blood pressure, high cholesterol, diabetes, obesity, an individual's lifestyle, age, and family history. The three county region of Tehama, Glenn, and Colusa Counties are slightly above the state average rate for the heart disease and stroke indicators presented on Table 8. These indicators are based on data from the California Health Interview Survey (CHIS), 2023.⁵⁷

⁵⁵ County Health Rankings.

⁵⁶ 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.

⁵⁷ UCLA Center for Health Policy Research. AskCHIS Dashboard. <https://healthpolicy.ucla.edu/our-work/askchis/askchis-dashboard>. Accessed March 24, 2025.

Table 8. Prevalence of Heart Disease and Stroke Indicators

CHIS Questions	Tehama, Glenn, Colusa	CA
Informed blood cholesterol high, adults age 20+	22.1%	20.5%
Ever diagnosed with high blood pressure	33.6%	27.2%
Ever diagnosed with heart disease	7.4%	6.7%
Ever diagnosed with diabetes, adults age 20+	12.6%	11.6%

In Tehama, Glenn, and Colusa Counties, 32.1% of adults are considered to be overweight and 37.1% of adults are obese. This accounts for over half of the adult population being considered overweight or obese. The Counties' rates are similar to the state rates for overweight (32.6%) and higher than the state rate for obesity (29.2%).⁵⁸

Cancer

Cancer is a genetic disease caused by changes to genes that control the way cells function, particularly in their growth and replication. While some of the factors are inherited at birth, others are influenced by lifestyle and environmental factors. Cancer disparities are thought to reflect the relationship of socioeconomic factors, culture, diet, stress, the environment, and genetics. The poor and medically underserved are less likely to have recommended cancer screening tests than those who are medically well served. They are also more likely to be diagnosed with late-stage cancer that may have been treated more effectively if diagnosed earlier. County cancer preventive screening rates exceed the state rates for colorectal cancer screenings; but the county's mammogram rate lags behind the state rate at 65.9%.⁵⁹

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

According to the California Cancer Registry, there were 2,030 cases of cancer in Tehama County from 2017 to 2021. The California Cancer Registry determined the crude rate of cancer for each county and then adjusted it for age, allowing for an "apples to apples" comparison between the 58 counties in California. These rates were ranked from highest to lowest, with Tehama County having the seventh-highest rate of cancer.⁶⁰ The incidence of cancer exceeds the state rate for lung, colorectal and melanoma of the skin and additional details are provided in Table 9.⁶¹

⁵⁸ UCLA Center for Health Policy Research. AskCHIS Dashboard

⁵⁹ University of California, San Francisco. California Health Maps website.

⁶⁰ National Cancer Institute. *State Cancer Profiles*.

⁶¹ University of California, San Francisco. California Health Maps website. <https://www.californiahealthmaps.org/?areatype=county&address=35.53890%2C-120.80429&sex=Both&site=Kidney&race=&year=05yr&overlays=counties&choropleth=AAIR>. Accessed March 24, 2025.

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

Site	Tehama County		California
	Total Cases	Age Adjusted Rate*	Age Adjusted Rate*
All Sites	2,030	449.7	398.3
Breast, Females	273	119.0	124.1
Prostate, Males	212	90.2	99.0
Lung	275	56.7	36.8
Colorectal	175	40.4	33.5
Melanoma of the Skin	115	26.3	22.8
* All rates are calculated per 100,000 people. Rates are age adjusted to the 2000 US Standard Population.			

Additional details regarding cancer mortality are provided below in the Mortality subsection.

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 depression and anxiety as the 3rd and 4th most prevalent chronic conditions for their members of all ages in 2024.⁶² According to the California Healthy Kids Survey's most recent report (2021-2023), 20% of 9th and 17% of 11th grade students in Tehama County reported seriously considered attempting suicide.⁶³ In 2023 the age adjusted rate per 100,000 for suicide/self-harm in California was 10.2 compared to 27.8 in Tehama County. The suicide rate in Tehama County is more than double California's overall rate for the past six years.⁶⁴

Adverse Childhood Experiences

Trauma and toxic stress experienced in childhood have long-lasting effects into adulthood. Adverse Childhood Experiences (ACEs) are all types of abuse, neglect, and other experiences in children's lives that may have the potential to cause traumatic stress or negatively affect children's feelings of safety and stability.⁶⁵ Individuals from marginalized communities that have been

⁶² See Appendix C.

⁶³ Tehama County. *California Healthy Kids Survey, 2021-2023: Main Report*. San Francisco: WestEd for the California Department of Education. https://data.calschls.org/resources/Tehama_County_2123_Sec_CHKS.pdf

⁶⁴ California Department of Public Health. (2025). *California Community Burden of Disease Engine*. <https://skylab.cdph.ca.gov/communityBurden/?tab=rankbycause>. Accessed May 1, 2025.

⁶⁵ Centers for Disease Control and Prevention. About Adverse Childhood Experiences. <https://www.cdc.gov/aces/about/index.html>

subjected to long-term mistreatment and abuse often have a higher disease burden and more significant health inequities, which impacts their quality of life.

Children whose families are medically vulnerable or of low socioeconomic status are more likely to have ACEs. Medi-Cal has been screening its members for ACEs. In Tehama County, 14.9% of screened members ages 0-20 and 38.5% of the screened Medi-Cal members aged 21-64 have an ACE score of 4 or more (4,991 screenings).⁶⁶ 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.⁶⁷

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, Tehama County experienced 27 opioid-related overdose deaths in 2023, which equates to an age-adjusted rate of 45.1 per 100,000 residents. In 2023, the county had the 6th highest overdose rate as compared to all California counties (State rate = 20.81). In Tehama County, 33,198 prescriptions were written for opioids in 2023, which equates to 415 prescriptions/1,000 people.⁶⁸ The Tehama County Overdose Snapshot Report is available in Appendix D.

Smoking is the leading cause of preventable and premature death in the United States. Tobacco use or smoking in any form (including e-cigarettes) is unsafe and causes cumulative, irreversible

⁶⁶ 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.

⁶⁷ Pinetree Institute Learning Center. *The ACE Study*. <https://pinetreeinstitute.org/aces/#:~:text=The%20E2%80%9CACE%20Score%20E2%80%9D&text=Individuals%20with%20ACE%20scores%20of,20%E2%80%90year%20shortening%20of%20lifespan>. Accessed March 23, 2025.

⁶⁸ California Department of Public Health. (2025). *California Overdose Surveillance Dashboard*. <https://skylab.cdph.ca.gov/ODdash/?tab=CTY>. Accessed March 21, 2025.

harm. Partnership HealthPlan of California reported tobacco use as the second most prevalent chronic condition for their members of all ages in 2024.⁶⁹

According to the Tehama County, California Healthy Kids Survey's most recent data (2021-2023), 11th grade respondents from Tehama County reported using the following substances:

- 18% current alcohol or drug use;
- 10% current marijuana use;
- 8% current binge drinking;
- 9% currently vape; and
- 1% smoke cigarettes.⁷⁰

The section below further describes the impact that drug and alcohol use have on life expectancy and premature mortality.

Mortality

The 2023 California County Health Status Profiles provide an age-adjusted rate for the leading causes of mortality in the state. Between 2020-2022, Tehama County had the fourth highest age-adjusted mortality rate for all causes as compared to the other 57 California counties. Tehama County had high rates of death due to cancer, ranking 2nd highest for deaths due to all cancers and 1st in the state for deaths due to lung cancer.⁷¹

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

⁶⁹ See Appendix C.

⁷⁰ Tehama County. *California Healthy Kids Survey, 2021-2023: Main Report*. San Francisco: West Ed for the California Department of Education. https://data.calschls.org/resources/Tehama_County_2123_Sec_CHKS.pdf. Accessed March 21, 2025.

⁷¹ California Department of Public Health. (2024) *County Health Status Profiles 2024*. Center for Health Statistics and Informatics. Retrieved from https://www.cdph.ca.gov/Programs/CHSI/CDPH%20Document%20Library/CHSP_Profiles/CHSP-2024.pdf. Accessed May 10, 2025.

Table 10. Top Underlying Causes of Death

Cause of Death	Tehama County	California
Age-Adjusted Death Rate Due to All Causes (2020-2022) ⁷²	976.6	670.0
Crude Rate Per 100,000 (2018-2023) ⁷³		
Heart Disease	257.8	164.4
All Cancers	245.4	152.6
Chronic lower respiratory diseases	74.5	31.9
Unintentional Injuries	84.0	47.1
Alzheimer disease	49.3	43.5
COVID-19	61.4	41.7
Strokes	54.0	45.0

When taken together, the elevated mortality rates in Tehama County reflect a combination of economic, environmental, and healthcare access challenges. High rates of chronic disease, injury-related fatalities, and mental health struggles suggest that targeted public health interventions are needed to address the underlying factors contributing to premature death in the community. In 2021, the life expectancy in Tehama County overall was 74.7 years which represents a slight trend down over time.⁷⁴

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 Tehama County, the top five YLL can be attributed to the following causes:

- Drug overdose – 1,668.6 YLL per 100,000;
- Ischemic heart disease – 720.8 YLL per 100,000;
- Suicide/self-harm – 682.2 YLL per 100,000; and,
- Alcohol-related conditions – 449.2 YLL per 100,000; and
- Chronic obstructive pulmonary disease – 356.6 YLL per 100,000.⁷⁵

⁷² California Department of Public Health. (2024) *County Health Status Profiles 2024*. Center for Health Statistics and Informatics. Retrieved from https://www.cdph.ca.gov/Programs/CHSI/CDPH%20Document%20Library/CHSP_Profiles/CHSP-2024.pdf. Accessed May 10, 2025.

⁷³ Centers for Disease Control and Prevention, National Center for Health Statistics. National Vital Statistics System, Mortality 2018-2023 on CDC WONDER Online Database, released in 2024. Data are from the Multiple Cause of Death Files, 2018-2023, as compiled from data provided by the 57 vital statistics jurisdictions through the Vital Statistics Cooperative Program. <http://wonder.cdc.gov/ucd-icd10-expanded.html>. Accessed on March 24, 2025.

⁷⁴ 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.

⁷⁵ California Department of Public Health. (2025). *California Community Burden of Disease and Cost Engine (CCB)*.

IV. Description of Prioritized Significant Community Health Needs

As identified in the previous sections, significant community health needs were clearly identified. The same concerns and needs consistently emerged and were reiterated through many focus group meetings and key informant interviews. Community health needs were prioritized based upon duplications of identified needs in primary data and substantiated by secondary data. 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 Dignity Health SEH Executive Leadership Team Meeting on May 20, 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 measurable differences in the health status of different population groups. These inequities have significant social and economic costs both to individuals and societies. Health inequities can be best addressed by setting a goal to attain health equity in the community. 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 community will require addressing the most significant disparities and helping the pockets of the community that are 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: Access to primary health care, specialty care, and dental health care

The community is profoundly medically underserved and key informant interviews identified access to healthcare (including primary care, dental care and behavioral health) as an overarching community health challenge. Corning has had a MUA designation since 2003, and there are multiple health professional shortage areas as previously depicted in Table 2. As a result, residents frequently travel out of the county for specialized care with the lack of dental, vision, and primary care providers locally.

In Tehama County there are 1,870 residents for each physician as compared to 1,230:1 physician in California. Annual flu vaccination rates are 16% lower in Tehama County for Medicare enrollees as compared state levels. Between 2020-2022, Tehama County had the 4th highest age-adjusted mortality rate for all causes as compared to the other 57 California counties. Tehama County had high rates of death due to all cancers, ranking 2nd in the state.

One key informant shared access to care can be limited because health clinics in Tehama County are closed nights and weekends. Because there are no urgent care facilities, Tehama County residents must go to the St. Elizabeth Community Hospital ED to access care. Research shows hospitals in areas designated as HPSAs for primary care and mental health experience higher ED burden.⁷⁶

Priority 2: Access to behavioral health, including substance use disorder treatment.

Behavioral health was consistently identified as a need facing the community by key informants. Tehama County has been identified by HRSA as a HPSA for mental health care. Partnership HealthPlan of California reported anxiety and depression as the third and fourth most prevalent chronic conditions for their members of all ages in 2024.⁷⁷

“I haven’t seen this many teens in mental health crisis before in my career. Kids say they feel such big feelings and they don’t have anyone to talk to about it.” – Key Informant

Tehama County has the 6th highest overdose rate as compared to all California counties (state rate = 20.81). In 2023, there were 33,198 prescriptions were written for opioids in 2023, which equates to 415 prescriptions/1,000 people. Besides the high overdose rates in Tehama County, key informants anecdotally reported that vaping use is on the rise by as young as third grade students.

⁷⁶ California Department of Health Care Access and Information. *Emergency Department Volume and Capacity by Facility, Health Category and Health Professional Shortage Area*. <https://hcai.ca.gov/visualizations/emergency-department-volume-and-capacity-by-facility-health-category-and-health-professional-shortage-area/>

⁷⁷ See Appendix C.

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. Children whose families are medically vulnerable or of low socioeconomic status are more likely to have ACEs. Medi-Cal has been screening its members for ACEs. In Tehama County, 14.9% of screened members ages 0-20 and 38.5% of screened members ages 21-64 have an ACE Score of 4 or more. Tehama County has the 6th highest overdose rate as compared to all California counties (State rate = 20.81).

Priority 3: Basic needs – education, housing, transportation, and food insecurity

Tehama County was described by one key informant as a resource desert. It lacks affordable housing, educational opportunities, and employment, resulting in an economic crisis. A society with limited opportunities and resources causes victimization (domestic violence, violent crime, drug abuse, etc.).

Poverty and deep poverty plague youth and families in Corning (96021), Gerber (96035) and Los Molinos (96055). At Corning Union Elementary, nearly all students (90.3%) receive free or reduced-price lunch. Childhood poverty is associated with developmental delays, toxic stress, chronic illness and nutritional deficits, all impacting their future life expectancy.⁷⁸ Individuals who experience childhood poverty are more likely to experience poverty into adulthood, which contributes to generational cycles of poverty.⁷⁹ Poverty leads to other unmet vital conditions, such as reliable transportation, humane housing, access to healthy foods, education, and health care access.

“There is definitely generational poverty. Especially Rancho Tehama, some of the people have been there for generations and it’s all they know.” – Key Informant

In Tehama County, 6.5% of all students are considered homeless by the school. Tehama County does not have any taxis or ride-hailing services, and transportation options are limited to the public transportation system. At times, community members rely on the ambulance service provided by Dignity Health for rides home from the hospital.

⁷⁸ U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. (2025). *Healthy People 2030, Poverty*. <https://odphp.health.gov/healthypeople/priority-areas/social-determinants-health/literature-summaries/poverty#cit25>. Accessed on April 15, 2025.

⁷⁹ 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>

Priority 4: Navigation of care

Following Maslow’s hierarchy of needs, an individual will first focus on their air, water, food, shelter, sleep, and clothing before they address any health or employment needs.⁸⁰ The vulnerable members of the community have suffered an upheaval in their healthcare delivery and many were assigned primary care physicians outside of the county. While there is a system of requesting reassignment the process is not automatic and requires the ability to skillfully navigate the healthcare system. Individuals with lower educational attainment, those lacking stable transportation, or not speaking English fluently struggle with traversing the healthcare system.

Priority 5: Community belonging and freedom from violence

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). According to key informants, it was reported that community members are fearful and stopping the use of social services such as WIC, First Time Mother’s Nurse Support, and Medi-Cal.⁸¹

“The safety of things has shifted. The community feels different.”
— *Key Informant*

⁸⁰ Wichita State University. (2025). *Hierarchy of Needs, Maslow’s Hierarchy of Needs*. Retrieved from <https://www.wichita.edu/services/mrc/OIR/Pedagogy/Theories/maslow.php>. Accessed on May 28, 2025.

⁸¹ 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. Tehema 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 Tehama

Brookdale Assisted Living Center

Corning Chamber of Commerce – Corning Senior Center

Corning Healthcare District

Dignity Health Connected Living

Disability Action Center

Elder Services Coordinating Council

Empower Tehama

Family Counseling Center

First 5 Tehama

Greenville Rancheria Tribal Health Center

Latino Outreach of Tehama County

Mercy Housing

NorCal Outreach Project

Northern Valley Catholic Social Services

Passages – Area Agency on Aging

PATH – Poor and the Homeless

Solano Street Medical Clinic

Tehama County Behavioral Health Services

Tehama County Health Services Agency/Public Health

VI. Impact of Actions Taken Since the Preceding CHNA

The 2022 CHNA Report identified the following health needs:

1. Access to Mental/Behavioral Health and Substance-Use Services
2. Access to Quality Primary Care Health Services
3. Access to Basic Needs such as Housing, Jobs, and Food
4. Access to Specialty and Extended Care
5. Access to Functional Needs
6. Increased Community Connections

The Hospital does not have the capacity or resources to independently address all six priority health needs in the 2022 CHNA with unique programs. The hospital continuously strives to improve and broaden existing programs, and to identify collaborative opportunities to better serve the community.

According to SECH 2024 Community Benefit Report and 2025 Plan, the Hospital was working to address the following needs:

- Access to mental/behavioral health and substance use services;
- Access to specialty and extended care; and
- Access to quality primary care health services.

The following activities were undertaken to address these selected significant health needs since the completion of the 2022 CHNA.

Access to Mental/Behavioral Health and Substance-Use Services

- The CA Bridge program provides 24/7 high-quality care for individuals with substance use disorder.
- Education was provided in the community to reduce stigma.
- The PATH Transitional Care Program beds were established and provides short-term transitional housing and coordinated care for homeless adults recently discharged from the hospital.

- SECH provides transportation for recently discharged patients to necessary medical appointments or facilities.
- The Community Health Worker (CHW)/Promotora Navigator will build the skills of leaders using the Promotoras Transforming Families and Communities core skills training.

Access to Quality Primary Care Health Services and Specialty and Extended Care

- Provide financial assistance and transportation to patients in need.
- Attend community outreach events and conduct health education and blood pressure screenings.
- The PATH Transitional Care Program beds were established and provides short-term transitional housing and coordinated care for homeless adults recently discharged from the hospital.
- The CHW/Promotora Navigator will build the skills of leaders using the Promotoras Transforming Families and Communities core skills training.

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 11 depicts the various organizations SECH has supported to help address community health needs over the past several years.

Table 11. SECH Community Grant Recipients

Lead Grant Recipient	Project Name	2023	2024	2025
Poor and the Homeless of Tehama County Coalition (PATH)	PATH Transitional Care	\$50,000	\$39,751	
Family Service Agency of Tehama County – Family Counseling Center	Supporting Latino Mental Health	\$20,500		
Family Service Agency of Tehama County	Increasing accessibility to Mental Health Services		\$23,000	\$30,000
Vision y Compromiso	Increasing Access to Care by Building the Leadership Skills of Trusted Leaders as Promotoras		\$35,000	
United Way of Northern California	Connected Tehama: 211 Outreach			\$47,500
Total:		\$70,500	\$97,751	\$77,500

Appendix A

U.S. Census Demographic Data

U.S. Census American Community Survey	Corning 96021	Cottonwood 96022	Gerber 96035	Los Molinos 96055	Red Bluff 96080	Red Bluff 96090	Proberta 96078	SECH Community
Total Population (2019-2023)	15,076	16497	3,968	3,404	31149	395	95	70,584
Under 18 years	25.6%	21.2%	28.7%	18.6%	24.5%	19.5%	26.3%	23.9%
65 years and over	16.4%	19.7%	18.1%	19.1%	21.4%	24.9%	0.0%	19.6%
Median age (years)	36.3	42.4	39.1	42.1	40.2	50.6	21.0	39.9
HISPANIC OR LATINO AND RACE								
Hispanic or Latino (of any race)	50.7%	11.2%	46.8%	34.0%	19.3%	28.9%	0.0%	26.4%
Not Hispanic or Latino	49.3%	88.8%	53.2%	66.0%	80.7%	71.1%	100.0%	73.6%
White alone	43.6%	76.7%	44.3%	60.9%	71.4%	63.0%	100.0%	64.7%
Black or African American alone	0.1%	0.6%	0.0%	0.0%	1.5%	0.0%	0.0%	0.8%
American Indian or and Alaska Native alone	0.0%	0.5%	1.8%	0.0%	2.0%	1.5%	0.0%	1.1%
Asian alone	3.0%	2.5%	0.0%	1.3%	1.3%	0.0%	0.0%	1.9%
Native Hawaiian and Other Pacific Islander alone	0.1%	0.0%	0.0%	0.0%	0.2%	0.0%	0.0%	0.1%
Some Other Race alone	0.7%	1.5%	0.0%	0.3%	0.4%	0.0%	0.0%	0.7%
Two or more races	1.7%	7.0%	7.2%	3.5%	3.9%	6.6%	0.0%	4.3%
LANGUAGE SPOKEN AT HOME AND ABILITY TO SPEAK ENGLISH								
Population 5 years and over	13,879	15,882	3,533	3,263	29,358	383	95	66,393
Speak Language other than English	41.2%	7.6%	37.8%	27.9%	10.8%	18.0%	0.0%	18.7%
Speak English "very well"	24.1%	4.6%	25.2%	20.9%	7.0%	7.3%	0.0%	11.6%
Speak English less than "very well"	17.1%	3.0%	12.6%	7.0%	3.8%	10.7%	0.0%	7.0%
EDUCATIONAL ATTAINMENT								
Population 25 years and over	9,845	11,797	2,604	2,486	21,346	306	47	48,431
Less than high school graduate	21.0%	10.9%	28.9%	9.6%	10.4%	11.8%	0.0%	13.6%
High school graduate	30.9%	24.7%	24.3%	32.8%	27.8%	43.1%	100.0%	27.9%
Some college, associate's degree	35.2%	42.3%	27.6%	40.8%	42.4%	31.4%	0.0%	39.9%
Bachelor's degree	8.8%	17.1%	14.6%	8.9%	13.5%	10.8%	0.0%	13.2%
Graduate or professional degree	4.1%	5.0%	4.5%	7.8%	5.8%	2.9%	0.0%	5.3%
POVERTY STATUS IN THE PAST 12 MONTHS								
Below 100 percent of poverty level	15.0%	9.6%	26.5%	26.4%	13.6%	3.9%	0.0%	14.2%
Below 100 to 149 percent of poverty level	15.2%	7.8%	13.4%	6.6%	13.6%	6.7%	0.0%	12.2%
Median income (dollars)	30,724	40,580	31,959	26,378	35,063	34,145	---	34,813

Appendix B

Key Informant Summaries

Key Informant Interview A

St. Elizabeth Community Hospital Caregivers

A key informant interview was held with caregivers from St. Elizabeth Community Hospital. When they were asked what do they view as the greatest health needs they responded to behavioral health care including substance use treatment. The county previously had a crisis unit that is now closed and converted to a mobile clinic operating model. The closure of the crisis unit is impacting the whole hospital and this is not unique to Tehama County. Outpatient mental health needs more services, including social work and a psychiatrist.

For the unhoused there is the new “PATH” (Poor and the Homeless) that provides day and night services and is accessed by calling 211. There are two medical respite beds at PATH but will only take males.

Another need is access to health care including primary and specialty care. Access to specialty care is a challenge requiring a car, money for gas, as well as time off of work. More specialists are needed in the area.

There is also limited access to food (AKA “food desert”) in the community. Transportation is required to access healthy food, doctors, and medication. There are some food pantries in the area. It takes a long time to get in-home health services in place and if you don’t have a PCP you can’t receive in-home care.

With respect to youth, there are gangs in Corning, crime along the I-5 corridor, and trafficking.

The consensus was, “There are no resources in the county.”

Key Informant Interview B

St. Elizabeth Community Hospital Caregivers

A key informant interview was held with caregivers from St. Elizabeth Community Hospital. When asked what is the greatest health need facing the community, their response was mental health care.

The incidence of mental health visits has increased since the County Crisis Stabilization Center was closed.

Youth mental health (Adverse Childhood Experiences) - they see one case a week.

“The behavioral health system is broken.” Patients have suffered heart attacks and strokes in the waiting room unnoticed because the ED is so impacted with mental health patients.

There is a new “PATH” where unhoused individuals can go - no barriers. The medication assisted treatment program is contracted with the county and Rolling Hills.

The second greatest health need is for transportation.

There is no Uber or Lyft in the community. There is a free bus service.

The county is supported by three ambulances, all provided by the hospital. At times there is no way to transport discharged patients if they don’t have transportation.

Key Informant Interview C

St. Elizabeth Community Hospital Caregivers

A key informant interview was held with caregivers from St. Elizabeth Community Hospital. Access to healthcare is a struggle. The clinics provide behavioral health with one licensed clinical social worker, but the nearest psychiatry is in Greenville. The clinics offer women’s health services, but there is no cancer center nurse navigator. They give about 500 referrals for lung cancer screening and the most common cancers are lung, breast, colon, prostate. Most cancers are Stage 2 to 4 and are referrals from the emergency department (incidental findings).

Insurance is a barrier to accessing care because insurance will only pay for an MRI, then a CT, then a PET scan.

Access to primary care physicians is a challenge. There is a lack of providers and it is extremely difficult to recruit physicians. There are no cancer specialists; no specialists at all. Two general surgeons do all GI. Rural health care facilities have better luck at physician recruitment because they can hire on a visa and will help you repay your loans. There are also upcoming physician

retirements. Many community members go to the ED if they cannot get an appointment with their doctor.

Transportation is a very big problem.

The strain on the ED from mental health cases is largely due to the difficulty of securing placement in a mental health facility. Mental health and substance use disorder has changed the entire dynamic of healthcare and there is a clear need for wrap-around services.

Key Informant Interview D St. Elizabeth Community Hospital Caregivers

A key informant interview was held with caregivers from St. Elizabeth Community Hospital. In their opinion the greatest health needs facing the community are transportation and mental health services.

Regarding mental health there is a substance use navigator starting soon as well as community health workers. The county had a four-bed crisis stabilization unit, which was a holding spot for people that needed care, but since that is no longer available the emergency department has become the holding spot. St. Elizabeth's has been successful in getting a space waiver for the old infusion center to become a holding space. Transportation is a need because the "no-show" rate is high.

The Hospital operates four rural health clinics: Cottonwood, Women's Health, Solano, and Lassen. Three of these provide walk-in services.

Dignity Health provides 80% of primary care in the county, with the other 20% being provided by Indian Health.

Key Informant Interview E

Community Organization

A key informant interview was held with an individual that has a Tehama County government position that serves vulnerable individuals. In their opinion, the lack of economic opportunities has the greatest impact on the health and well-being of the community. The lack of economic opportunity impacts the community's physical and mental health because there is poor access to primary care providers, increased substance use and food insecurity, and there are negative impacts on mental health from chronic stress and the poor self-esteem that unemployment can cause.

They shared that there has been an increase in vaping in Tehama County students, with vaping starting as young as third grade. They are developing brief intervention sessions with older students that start the conversation of cessation and then students can also join their cessation program. For younger students, their families are invited to the health center as well. In one of the schools, a student overdosed on a vape that was laced with something and the paramedics were called.

There has been an increase in gang activity in the past two years. They lost a student this year and two last year to gang violence. The District Attorney office has restarted their gang outreach taskforce and will host an informational session in March because the signs of gang involvement have changed. They are trying to target parents because the main reason for youth to join a gang is to have a family. The gang activity is real and it impacts the feeling of safety in the community.

They also identified scarcity of childcare as a need impacting the community. A recent survey indicated that only 30% of the labor force is employed, and while much of that is due to the limited economic opportunities in the community the lack of affordable childcare also prevents some from joining the workforce. Parents must choose between working and paying for childcare or caring for their child themselves and sometimes it isn't worth it to work because childcare is so expensive.

Transportation is difficult for many families, but most families must travel outside of the county for primary care. There is no urgent care in Tehama, so they go up to Redding if they or their children are sick.

Key Informant Interview F

Community Organization

A key informant interview was held with leadership from a community organization that serves vulnerable individuals. The greatest health needs affecting the community are access to basic needs and supportive services for the victims of domestic and sexual violence. One key informant described Tehama County as a “resource desert” that has a scarcity of adequate affordable housing, educational opportunities, and employment that results in economic crisis. A society with limited opportunities and resources causes victimization (domestic violence, violent crime, drug abuse, etc.) to be more likely because the fulfillment of basic needs are in flux.

The key informants shared that Tehama County has high rates of domestic violence, homelessness, and violent crime because of compounding factors of its geographic makeup, the prevalence of vulnerable populations, and the political climate. Tehama County is extremely rural so it is easy to evade law enforcement and difficult for victims to find help. The I-5 corridor also provides access for the movement of drugs and human trafficking. The county has a greater rate of populations that are at risk of domestic violence including foster youth, unhoused, and undocumented agricultural workers. A foster youth that runs away is expected to be targeted for trafficking within the first 24 hours of being on the street. The unhoused population are at risk for sexual violence as well. They shared stories of survival sex, when a person will trade sex for necessities such as food or blankets. There are also over 750 homeless youth accounted for through the school system and although they access school services and receive meals during the day, the instability of being unhoused makes them especially vulnerable. The undocumented population will ebb and flow throughout the year as migrant farmworkers come to Tehama County for the harvest season. The farmworkers will endure abuse and poor working conditions out of fear of deportation.

Key Informant Interview G

Community Organization

A key informant interview was held with leadership from a community organization that serves vulnerable individuals.

The key informant shared the greatest health need facing her community is better coordination of care between their organization and the hospital emergency department. They shared her frustrations on behalf of a client that suffered from a seizure disorder and their organization had to call the ambulance multiple times. The client would be transported to the hospital emergency department only to be released without an understanding of their discharge plan. They shared that their organization is willing to give their clients rides to doctors' appointments. This client eventually received care out of town and their medication was adjusted and they are no longer suffering from seizures. However, the cycle of transport, ED visit, discharge, repeat for the same individuals is not helpful for any of the involved parties and a better continuum of care needs to be in place.

They shared that many of their clients suffer from substance use disorder, which masks behavioral health challenges, and typically have other underlying physical health conditions.

Their motto is, "I don't care why you do the right thing, but you have to do the right thing."

In talking about the greater community, they said that gang activity is present in Red Bluff and some are affiliated with the South Side Locos. In speaking about the community that resides in Rancho Tehama, many struggle with poverty. Some live in old trailers that may be missing doors or they have no shelter at all. The people of Rancho Tehama struggle with generations of trauma, poverty, and substance use.

Key Informant Interview H

Community Organization

A key informant interview was held with leadership from a community organization that serves vulnerable individuals. In their opinion, the greatest health needs affecting the community are access to behavioral health care, substance use disorder, and access to affordable housing.

The key informant shared they have not seen this many youths in mental health crisis before in their career. They shared that the youth have “such big feelings and they don’t have anyone to talk to about it.” They need better crisis care for teens. There is also a population of unhoused youth in Red Bluff that doesn’t know that they have insurance and could be receiving behavioral health care. Red Bluff high school has a wellness center that tries to provide resources (clothing, food, gift cards).

There is also gang activity and gun violence among the youth. They shared how the community has shifted in the past few years and that it feels different and less safe. They also shared how if children do not have stability at home, then they will look for it somewhere else. Gangs offer youth a sense of belonging and someone telling them that they are wanted.

When asked about younger children, they shared that they are impacted by exposure to older siblings and parents going through mental health crises and by their parents struggling to make ends meet. Young children need a lot of attention, and their parents are struggling just to take care of themselves.

They also identified affordable housing as a health need in Tehama County. The cost of rent is so high that families are spending half of their income on it. There is also a scarcity of houses. Housing is also limited because they are destroyed in natural disasters. Homes have been lost to wildfire, floods, and falling trees.

Appendix C

**Partnership Health Plan of
California**

**Tehama 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 with Partnership members. Prevalence is the number of members with a given condition in a given year divided by the average membership during the same year, multiplied by 1000. Children are members 0-21 years of age.



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

12,937
Total Mbrs with Chronic Conditions

10,763
Adults with Chronic Conditions

349.8
Adult Prevalence

2,174
Children with Chronic Conditions

70.6
Children Prevalence

Select Year

2024

Select Age Group

(All)

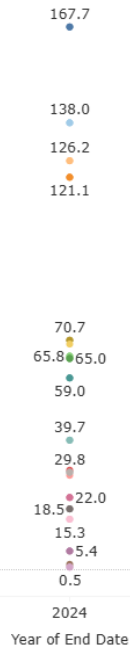
Dual Eligibility

(All)

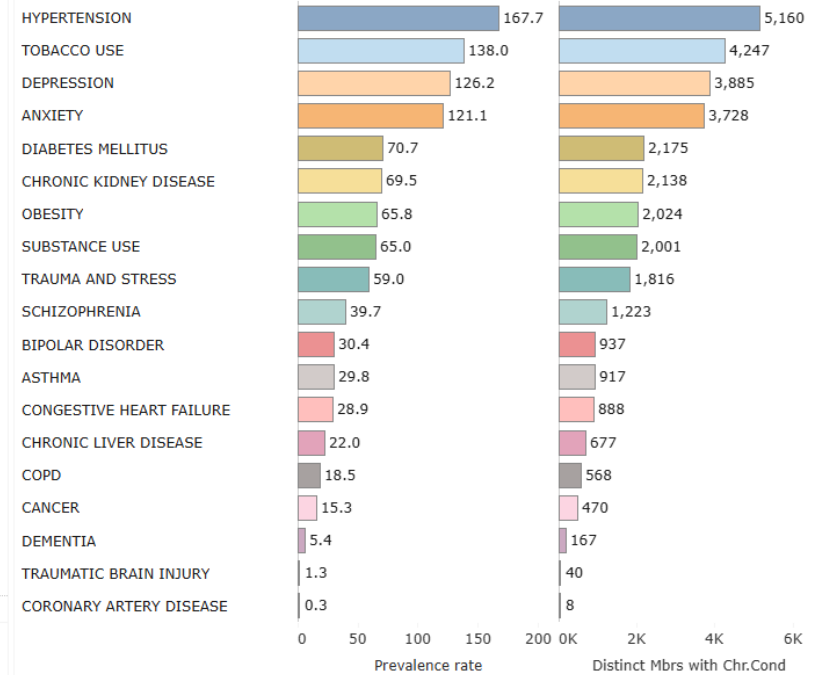
Select County

TEHAMA

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 D

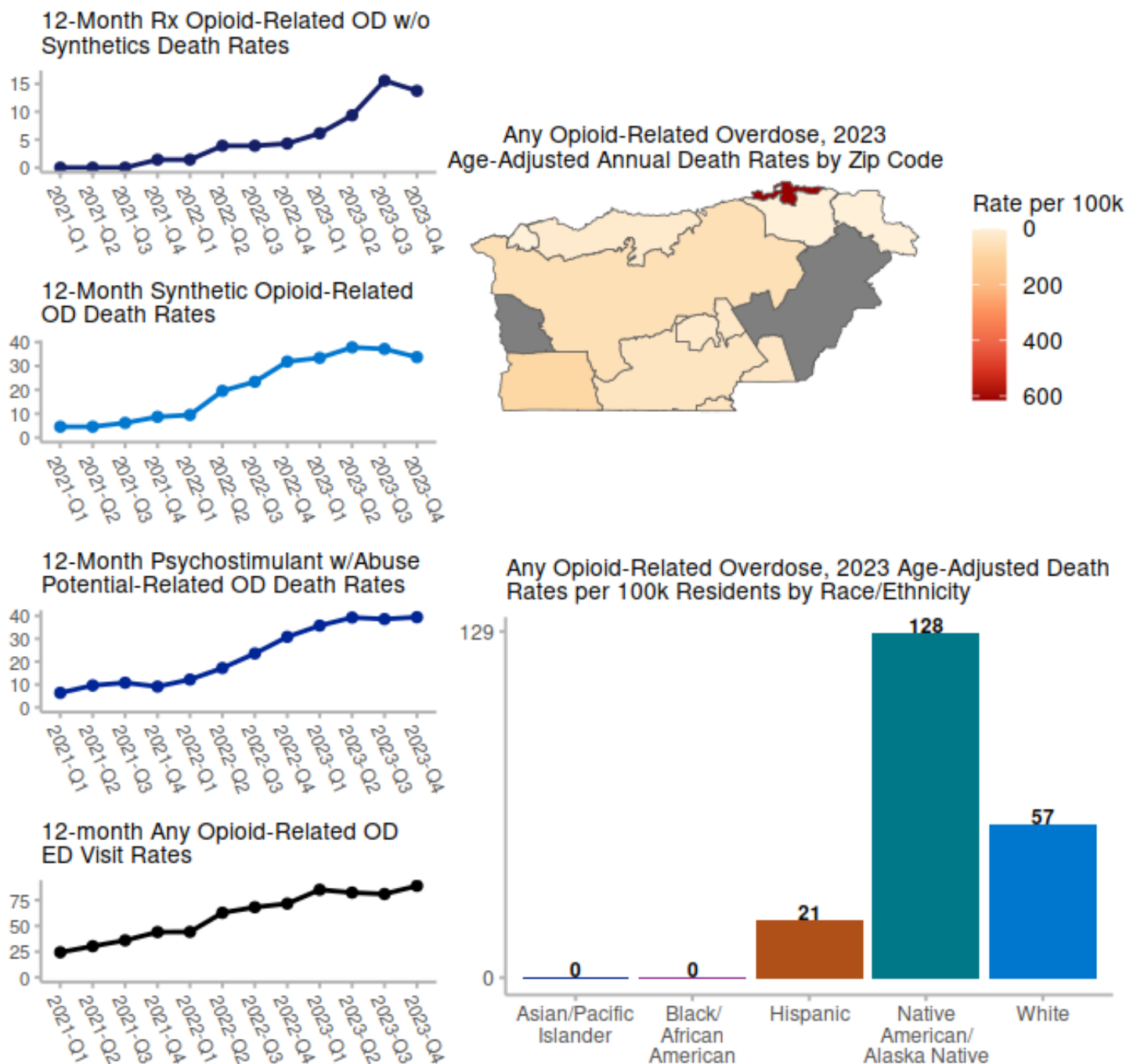
Tehama County Overdose Snapshot Report

Overdose Prevention Initiative

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

Report downloaded 05-20-2025

Tehama experienced 27 opioid-related overdose deaths in 2023, the most recent full year of data available. The annual age-adjusted mortality rate for 2023 was 45.14 per 100k residents, an increase of 31.45% from 2022. The following charts present 12-month age-adjusted rates for selected overdose indicators (visit the CA Overdose Surveillance Dashboard [Data Definitions](#) page for indicator details). The map displays the annual age-adjusted rates for Any Opioid-Related overdose deaths by zip code. Synthetic opioid overdose deaths may be largely related to fentanyl.



Footnotes:

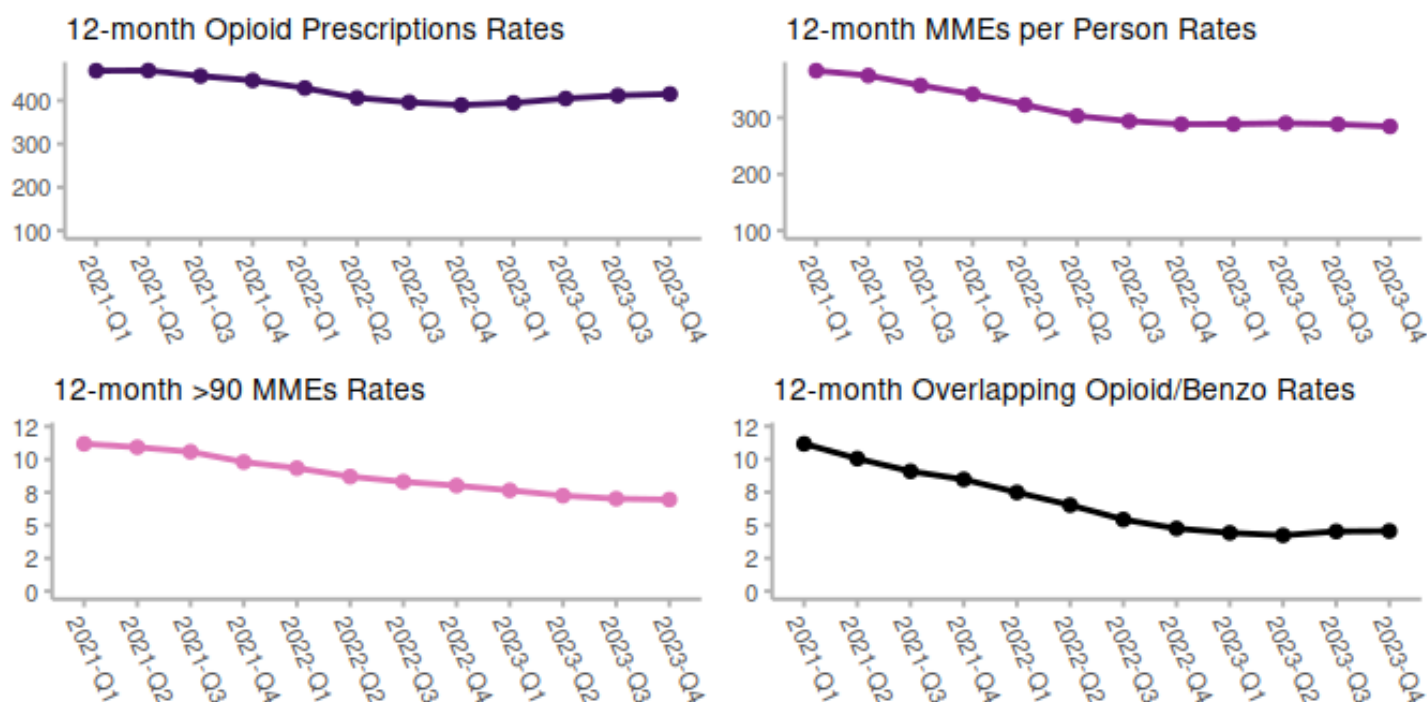
12-month rates are based on moving averages; OD = Overdose

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

Overdose Prevention Initiative

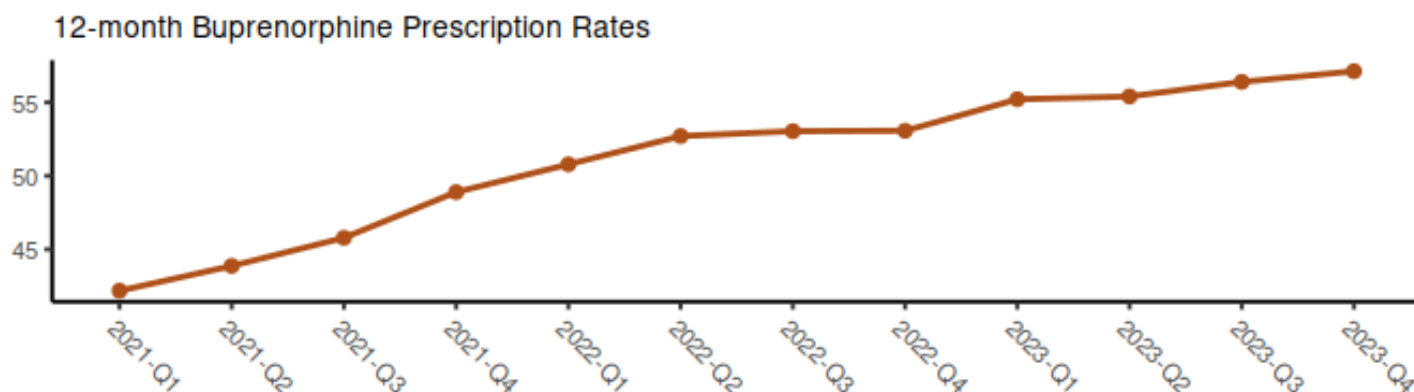
Prescribing

There were 33,198 prescriptions for opioids in Tehama in 2023. The annual age-adjusted opioid prescribing rate for 2023 was 415.02 per 1,000 residents. This represents a 6% increase in prescribing from 2022. The following charts present 12-month moving averages for age-adjusted opioid prescribing rates, MMEs (morphine milligram equivalents) per person, high dosage (i.e. greater than 90 Daily MMEs in the quarter), and opioid/benzodiazepine overlap age-adjusted rate from 2021 to 2023.



Treatment

Buprenorphine prescriptions in the county are used to gauge the expansion of medications for opioid use disorder (MOUD). The annual age-adjusted buprenorphine prescribing rate for 2023 was 57.12 per 1,000 residents. This represents a 8% increase in buprenorphine prescribing from 2022.



Footnotes:

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

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