Dignity Health
Mercy Medical Center
Mt. Shasta

Mercy Medical Center Mt. Shasta
2019 Community Health Needs Assessment

EXECUTIVE SUMMARY

Mercy Medical Center Mt. Shasta is a non-profit health care facility designated a 25-bed Critical Access Hospital, accredited by The Joint Commission, and a member of the American Hospital Association. The Hospital is located off of California Interstate 5 in Mt. Shasta and the facility's campus is 14 acres in size located at the base of Mount Shasta. In addition to the acute care hospital, MMCMS also operates three Rural Health Clinics: Mercy Mt. Shasta Community Clinic, Mercy Lake Shastina Community Clinic and the Dignity Health Pine Street Clinic. With more than 250 skilled professionals and support staff, approximately 45 active doctors, and more than 80 dedicated volunteers, Mercy Mt. Shasta has been consistently named in the Top 100 Critical Access Hospitals by the National Rural Health Association.

Rooted in Dignity Health's mission, vision and values, Mercy Medical Center Mt. Shasta (MMCMS) is dedicated to delivering community benefit with the engagement of its management team, Community Board and other key stakeholders within the community. The Board is composed of community members who provide stewardship and direction for the hospital as a community resource.

The purpose of this community health needs assessment (CHNA) is to identify and prioritize significant health needs of the community served by MMCMS. The significant health needs identified in this report will help 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 Affordable Care Act and of California Senate Bill 697 that not-for-profit hospitals conduct a community health needs assessment at least once every three years.

While MMCMS focuses community health programs and services in its primary service area, it does not exclude the needs of those residing in neighboring communities, following its commitment to raise the common good and improve the quality of life for all.

MMCMS is committed to involving residents in the community needs assessment process while being a good steward of limited resources. MMCMS was a contributing participant to the comprehensive community health improvement planning process that was initiated by Siskiyou County Public Health. In an effort to reach a cross-section of the population, the 2019 CHNA utilized a mixed-methods approach that included the collection of secondary or quantitative data from existing data sources and community input or qualitative data from surveys and meetings with key community stakeholders. The process was iterative as both the secondary and primary data were used to help inform each other. The advantage of using this approach is that it validates data by cross-verifying from a multitude of sources. The health needs assessment process aimed to gain a thorough understanding of the medically underserved, low-income and minority populations living in MMCMS' service area. Using a convenience sampling (non-probability sampling) approach,

locations were selected based on the perception of being able to encounter our medically underserved, low-income and minority populations.

Siskiyou County Public Health also enlisted the expertise of local public health system partners to guide the assessment planning efforts to improve Siskiyou County's health. Representatives of these partner organizations formed a collaborative, titled Siskiyou Well, which included representatives from local hospitals, federally qualified health centers, tribal health, and non-profit organizations. During the CHNA process, the Siskiyou Well collaborative engaged residents and health system stakeholders to:

- Examine the current health status of Siskiyou County
- Identify the most pressing health issues
- Determine what resources and opportunities exist to address those issues

Prioritized Significant Health Needs

The assembled data, information, and analyses provide a comprehensive identification and description of significant community health needs. After a review of all available primary and secondary data, and taking into consideration the focus group participants' discussions, ranking and prioritization process, the following areas were identified as the areas of the most significant need for the community:

- Access to Care
- Maternal and Child Health
- Mental Health

MMCMS partnered with Siskiyou County Public Health and Fairchild Medical Center to conduct the CHNA. This CHNA report was adopted by the North State Service Area community board in June 2019 (tax year 2018), and follows the previous CHNA report adopted in May 2018 (tax year 2017). This report is widely available to the public on the hospital's web site, and a paper copy is available for inspection upon request at Mercy Medical Center Mt. Shasta's Community Health Office. Written comments on this report can be submitted to the Mercy Medical Center Mt. Shasta's Community Health Office, 914 Pine Street, Mt. Shasta, CA 96067 or by e-mail to alexis.ross@dignityhealth.org.

MISSION, VISION AND VALUES

Mercy Medical Center Mt. Shasta (MMCMS) is a member of Dignity Health, a 40 hospital faith-based organization providing health care services in California, Nevada and Arizona. MMCMS is designated as a not-for-profit, 25-bed Critical Access hospital and provides a full range of health care services and programs that contribute to the physical, psychological, social and spiritual well-being of area residents and visitors of Siskiyou County. At Dignity Health, we unleash the healing power of humanity through the work we do every day, in hospitals, in other care sites and the community.

Our Mission

We are committed to furthering the healing ministry of Jesus. We dedicate our resources to:

- Delivering compassionate, high-quality, affordable health services;
- Serving and advocating for our sisters and brothers who are poor and disenfranchised; and
- Partnering with others in the community to improve the quality of life.

Our Vision

A vibrant, national health care system known for service, chosen for clinical excellence, standing in partnership with patients, employees, and physicians to improve the health of all communities served.

Our Values

Dignity Health is committed to providing high-quality, affordable healthcare to the communities we serve. Above all else we value:

Dignity - Respecting the inherent value and worth of each person.

Collaboration - Working together with people who support common values and vision to achieve shared goals.

Justice - Advocating for social change and acting in ways that promote respect for all persons and demonstrates compassion for our sisters and brothers who are powerless.

Stewardship - Cultivating the resources entrusted to us to promote healing and wholeness.

Excellence - Exceeding expectations through teamwork and innovation.

COMMUNITY DEFINITION

Mercy Medical Center Mt. Shasta (MMCMS) serves a core service area population of 27,099 residents within the broader Siskiyou County. Siskiyou County is a rural county with the residents spread out over approximately 6,347 square miles. Due to the rural nature of the county, access to care is a consistent barrier for the many residents who are medically underserved and low-income and minority populations. The following zip codes make up the core service area for MMCMS: 96025, 96057, 96067, 96094, and 96097. While MMCMS focuses community health programs and services in its primary service area, it does not exclude the needs of those residing in neighboring communities, following its commitment to raise the common good and improve the quality of life for all.

The service area's population remains flat with a slight decline between 2010 and 2019 by -1.4%, while California has grown 6.8% within the same timeframe. The age and sex distribution within MMCMS's service area indicates that 50.9% are female and 49.1% are male and that there are more individuals that are 65 and over (25.3%) as compared to California (14.5%) and this age segment is projected to experience an annual growth rate of 1.8%. The largest age segment within MMCMS's service area are those between the ages of 45 to 64, accounting for 7,441 individuals or 27.5% of the service area population. Other pertinent demographics for MMCMS' service area are listed below:

- Hispanic or Latino: 12.0%
- Race: 77.2% White, 1.7% Black/African American, 2.0% Asian/Pacific Islander, 7.1% All Others
- Median Income: $45,279
- Uninsured: 15.7%
- Unemployment: 5.3%
- No High School Diploma: 9.4%
- Medicaid Population: 35.6%
- Other Area Hospitals: 1
- Medically Underserved Areas or Populations: Yes

RESOURCES POTENTIALLY AVAILABLE TO ADDRESS NEEDS

While resources are available to address the needs of the community, the needs are too significant and diverse for any one organization. Making a substantial and upstream impact will require the collaborative efforts of community organizations, local government, local business leaders, and institutions. Siskiyou County is home to a wealth of organizations, businesses, and nonprofits including MMCMS. The table below illustrates potential resources available for the significant health needs in Shasta County:

Significant Health Need	Potential Community Resource
Access to Care	Dignity Health Pine St. Clinic Dunsmuir Clinic Fairchild Medical Center McCloud Clinic Mercy Lake Shastina Community Clinic Mercy Medical Center Mt. Shasta Mercy Mt. Shasta Community Clinic Partnership Health Plans of California Siskiyou County Health and Human Services Siskiyou County Public Health (Healthy Siskiyou Mobile Unit)
Maternal and Child Health	CASA Child Protective Services Children First Foster Family Agency Choices Yreka/ Mount Shasta Fairchild Medical Center First 5 Siskiyou Local health clinics Local resource centers Mercy Medical Center Mt. Shasta Remi Vista Siskiyou County Office of Education Women, Infant, Children Program (WIC)
Mental Health	Fairchild Medical Center Heal Therapy Karuk Tribe Northern Valley Catholic Social Services (Six Stones Wellness Center) Quartz Valley Tribe Remi Vista Siskiyou County Behavioral Health Siskiyou County Office of Education

IMPACT OF ACTIONS TAKEN SINCE THE PRECEDING CHNA

Aging issues, child abuse/neglect, domestic violence, heart disease & stroke, and obesity were identified as significant health needs in the 2018 CHNA. Since the preceding CHNA several improvements in health behaviors, health outcomes, resources and services have been made. In addition, MMCMS's annual Community Benefit Reports and Plans describe actions and impacts in greater detail. The most recent report is available at http://www.dignityhealth.org/cm/content/pages/community-benefit-reports.asp.

Below are examples of the programs developed through collaborative efforts with community based organizations that represent actions taken since the preceding CHNA that directly address identified significant health needs:

Aging Issues

- A trained diabetes educator on staff available at no cost to patients referred through our clinics and area providers
- Education Table 3x per year with our Diabetes educator at the Senior Nutrition Meals in City Park
- Local Community Health grant to Meals on Wheels
- Staff Nutritionist will present on topics of nutrition and cooking for the community in conjunction with the Senior Nutrition program
- Two articles published in the local newspaper on aging issues written by a gerontologist presently living in the community
- The hospital has secured a Podiatrist to come to one of our clinics one day per month in response to the number one stated need by elders in the community in our recent CHNA
- Three articles in the local newspaper written by staff professionals on topics of prevention and treatment

Heart Disease & Stroke

- Heart Check Program
- Continuation of CHF education program with Medical/Surgical staff in our rural health clinics
- Articles in the local newspaper written by staff professionals on topics of prevention and treatment

Obesity

- Community Grant dollars to Great Northern Services (GNS) in support of their emergency food pantries established in every elementary school in our service area
- Community Grant dollars to Great Northern Services in support of their "Cook'n Up Healthy" courses in the middle school.
- Support for GNS's "Snack Bag" program for children over the weekends and holidays and their Summer Lunch program in city parks.

- Hospital involvement and encouragement for a local interdisciplinary community effort, Team Shasta, involving local politicians, police, business owners, and residents to address issues of hunger and homelessness.
- Individualized Nutritional Counseling Program with MMCMS Registered Dietitian
- Articles in the local newspaper written by staff professionals on the topic of prevention and treatment

Safety & Violence – including child abuse/neglect and domestic violence

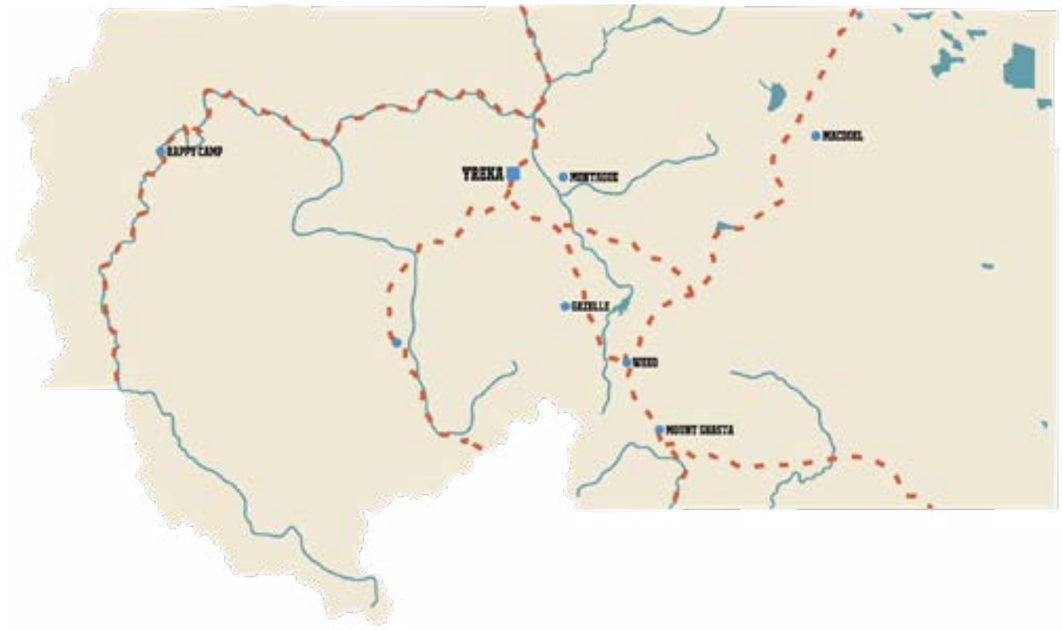
- The Human Trafficking (HT) initiative focuses on:
    - Educating staff to identify and respond to victims within the hospital;
    - Provide victim-centered, trauma-informed care;
    - Collaborate with community agencies to improve quality of care;
    - Access critical resources for victims; and
    - Provide and support innovative programs for recovery and reintegration
- Continue community education efforts for the community to identify and refer victims to appropriate interventions
- Continue to collaborate with community agencies to improve coordination of initiatives

Ongoing collaboration with internal and external key stakeholders, post-acute care services, and the Care Coordinators has proven to be integral when addressing community needs outside the walls of the hospital.

COMMUNITY HEALTH NEEDS ASSESSMENT

SISKIYOU WELL

Our vision is to meet the needs of our community through collaboration and intentional planning to ensure access to quality services, care, and education that support the health and wellness of the whole person.



Siskiyou Well was established in 2019 as a community health and wellness collaborative between Siskiyou County Public Health, Fairchild Medical Center, Mercy Medical Center Mt. Shasta and local community partners.

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EXECUTIVE SUMMARY

The *Siskiyou Well* Community Health Needs Assessment is a report on the status of health and well-being of Siskiyou County residents. In past years, organizations involved have completed similar work independently related to their service area(s). For the 2019 community health needs assessment (CHNA), Siskiyou County Public Health, Fairchild Medical Center, and Mercy Medical Center Mt. Shasta sought to form a collaboration which would capture the health of the entire community (hereby referred to as the "key partners"). The collaborative *Siskiyou Well* was formed, and community organizations throughout the county were invited to participate. *Siskiyou Well* embodies the commitment to the community which each of our organizations shares, and fosters the level of collaboration necessary for our community to thrive. Our vision is to meet the needs of our community through collaboration and intentional planning to ensure access to quality services, care, and education that support the health and wellness of the whole person.

The purpose of this CHNA is to identify and prioritize the health priorities of Siskiyou County. The health priorities identified in this report will help guide the community health programs and activities of the involved organizations, both independently and collaboratively. The Patient Protection and Affordable Care Act (ACA), enacted on March 23, 2010, added a requirement that hospitals covered under section §501(r) of the Internal Revenue Code conduct a Community Health Needs Assessment (CHNA) and adopt an implementation strategy to meet the community health needs identified through the CHNA at least once every three years. This CHNA report meets those requirements. This CHNA report also meets the requirements of the Public Health Accreditation Board measures 1.1.1-1.1.3 that a local Public Health Department conduct a community health assessment at least once every five years.

Siskiyou County is located in rural Northern California on the California-Oregon border with a population of approximately 45,000. Siskiyou County is a geographically large county covering 6,347 square miles, making the population density approximately seven people per square mile.

The service population of Siskiyou County Public Health (SCPH) covers the entire county. In recent years, SCPH has renewed its commitment to bringing services to the unincorporated and outlying areas of the community which are often home to a more vulnerable population. Fairchild Medical Center is located in the county seat of Yreka along with SCPH and primarily serves the northern, eastern, and western sections of the county. Mercy Medical Center Mt. Shasta, is located in Mount Shasta and serves the southern part of the county.

S*iskiyou Well* analyzed many aspects of health and well-being, rather than simply the absence or presence of clinical care, to obtain a comprehensive understanding of the factors which influence the quality of life and health in our county. Information was gathered on topic areas such as health outcomes, mortality rates, economic factors, health behaviors, and access to care. This process involved a combination of quantitative and qualitative data. The outcome of the 2019 CHNA is presented in upcoming sections and the community health survey and results can be found in Appendix C of this document. The health priorities were identified through the data collection process and prioritized during a steering committee meeting. A detailed description of the process is given beginning on page 16 in the Assessment Process and Methods section of this report.

Following the initial analysis of the collected data, the following were identified as the preliminary health priorities for Siskiyou County:

- Abuse and Neglect
- Access to Care
- Aging
- Chronic Disease
- Drug, Alcohol, and Tobacco Use
- Food and Nutrition
- Homelessness
- Infectious Disease
- Maternal/ Child Health
- Mental Health
- Oral Health
- Pain Management
- Reproductive Health
- Unintentional Injury

While there are potential resources available to address the identified needs of the community, the needs are too significant for any one organization. In order to leverage the collective impact which *Siskiyou Well* can have on these health issues, a continuous, open collaboration among community organization will begin. The collaboration will allow for the development of multifaceted approaches to address health issues of many underrepresented individuals. While not all of the health issues will be addressed in the upcoming Community Health Improvement Plan, *Siskiyou Well* hopes that local community-based organizations will continue to build and support efforts in these areas.

After review of the data and prioritization criteria, the following three primary health priorities were identified and are listed in alphabetical order:

- **Access to Care**
- **Maternal/Child Health**
- **Mental Health**

The next step is for *Siskiyou Well* to develop a Community Health Improvement Plan (CHIP). The CHNA/CHIP process will be repeated every three years, ensuring our organizations are informed and responsive to the community's ever-changing health needs. Collaboration through this process enables our organizations to establish collective goals, minimizing duplication of efforts and maximizing our ability to positively impact the health and well being of our approximately 45,000 Siskiyou County residents.

This CHNA report was adopted by each of the key partners in June, 2019, and follows previous reports adopted independently by Fairchild Medical Center in October, 2016 and Mercy Medical Center Mt. Shasta in 2018. This report is available to the public on each key partner's website and comments, questions or requests for a paper copy can be submitted to the following:

Siskiyou County Public Health Department
Contact: Michelle Line
mline@co.siskiyou.ca.us | (530) 841-2127 | 810 S Main St, Yreka, CA

Fairchild Medical Center
Contact: Elizabeth Langford
elangford@fairchildmed.org | (530) 841-6239 | 444 Bruce St, Yreka, CA

Mercy Medical Center Mt. Shasta
Contact: Alexis Ross
alexis.ross@dignityhealth.org | (530) 225-6114 | 914 Pine St, Mt. Shasta, CA

COMMUNITY DEFINITION

Siskiyou County, California is located in the Northern-most region of California on the California-Oregon border with numerous mountain ranges dividing the county. Yreka, the largest town and the county seat, is located along the I-5 corridor along with the second largest town of Mount Shasta. Two critical access hospitals, Fairchild Medical Center in Yreka and Mercy Medical Center Mt. Shasta in Mt. Shasta, serve the county.

Siskiyou County is home to approximately 45,000 people and is a geographically large county covering 6,347 square miles, making the population density approximately seven people per square mile. As is the case for many rural counties, access to care is a consistent barrier for many residents, particularly for underserved, at-risk populations who live in geographically isolated communities.

Siskiyou County City Populations by Zip Code

ZIP CODE	TOWN	POPULATION
96014	Callahan	220
96023	Dorris	1,269
96025	Dunsmuir	2,149
96027	Etna	2,187
96031	Forks of Salmon	213
96032	Fort Jones	2,463
96034	Gazelle	199
96037	Greenview	201
96038	Grenada	654
96039	Happy Camp	1,243
96044	Hornbrook	919
96050	Klamath River	667
96057	McCloud	1,173
96058	Macdoel	783
96064	Montague	4,527
96067	Mount Shasta	7,049
96085	Scott Bar	27
96086	Seiad Valley	107
95568	Somes Bar	227
96134	Tulelake	2,265
96094	Weed	6,764
96097	Yreka	9,873

Population Density & Demographics

The population of Siskiyou County has remained relatively consistent between the years 2010 and 2019. In 2018, Northern California was devastated by two large wildfires, the Carr Fire (Shasta and Trinity Counties) and Camp Fire (Butte County), which destroyed more than 20,000 homes. While an official count has not been conducted, Siskiyou County has experienced an increase of individuals relocating to the area as a result of these wildfires.

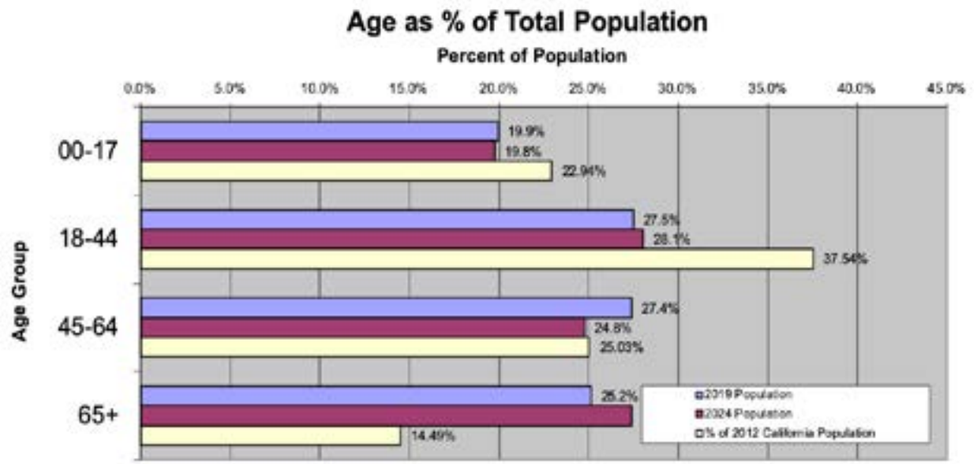
Siskiyou County is a sparsely populated county hosting 7.2 people per square mile, where California has approximately 256.5 people per square mile.

	SISKIYOU COUNTY	CALIFORNIA
2010 Population	43,713	37,253,937
2019 Population	45,069	39,964,848
Change in population	1356	2,710,911
Percent Change	3.1%	6.8%
Land in Square Miles	6,347	155,779
Population Density	7.2	256.5

Age Distribution

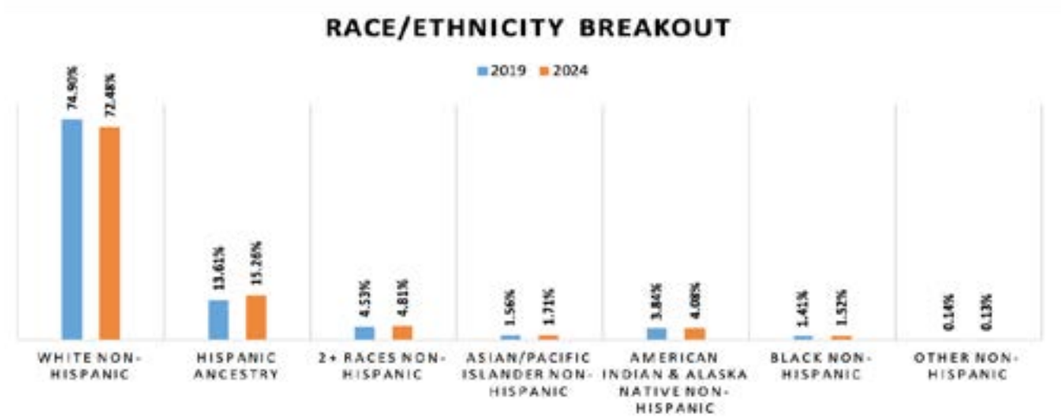
Siskiyou County has an aging population with a significantly larger percentage of the population belonging to the 65 and older age group. In Siskiyou County 25.2% of the population is 65+ compared to just 14.49% of the overall population of California. Siskiyou County gender distribution is 49.8% male and 50.2% female.

Age 4 Groups	2019 Population	% of Total	2024 Population	% of Total	Growth 2019-2024	% Growth 2019-2024	% Annual Growth	California Age 4 Groups	California 2019 Population	% of Total
00-17	8,990	19.9%	8,943	19.8%	-47	-0.5%	-0.10%	00-17	9,168,028	22.94%
18-44	12,399	27.5%	12,686	28.1%	287	2.3%	0.46%	18-44	15,001,417	37.54%
45-64	12,343	27.4%	11,206	24.8%	-1,137	-9.2%	-1.91%	45-64	10,004,232	25.03%
65+	11,337	25.2%	12,390	27.4%	1,053	9.3%	1.79%	65+	5,791,171	14.49%
Total	45,069	100%	45,225	100%	156	0.35%	0.07%	Total	39,964,848	100%



Race and Ethnicity

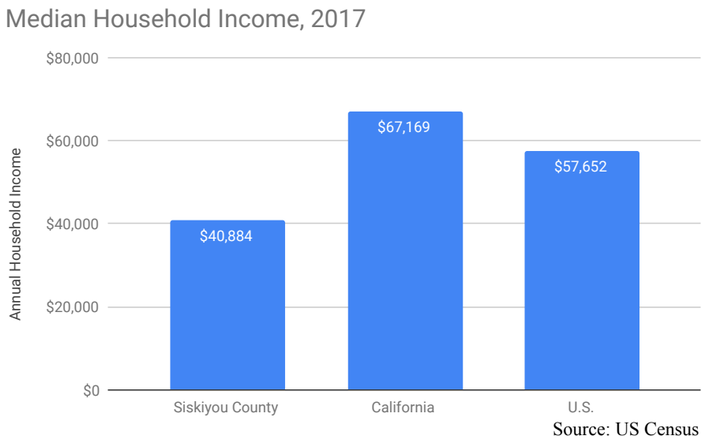
The majority of Siskiyou County residents are Caucasian, with the minority population far below state and national averages, excluding the American Indian & Alaskan Native population. Siskiyou County has an American Indian & Alaskan Native population 3.7% higher than the national average and 3.8% higher than the state average.



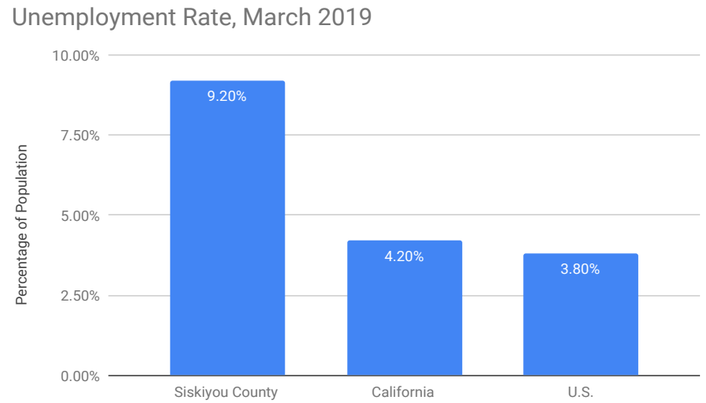
Source: Claritas 2019 and 2024 Estimates

Employment and Income

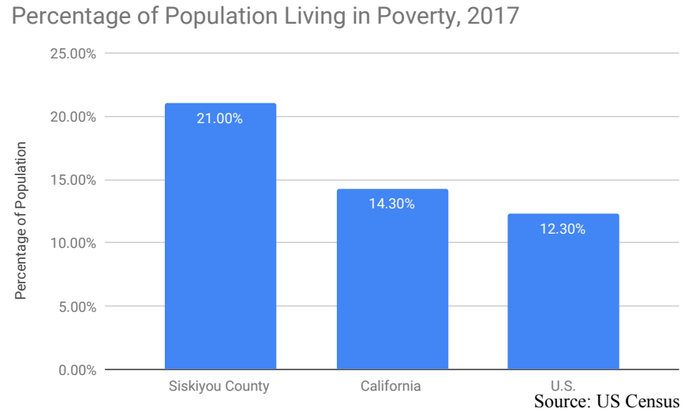
The median household income for the state of California is 64% higher than the median household income of Siskiyou County. In March 2019, Siskiyou County's unemployment rate was twice the rate of state unemployment. Poverty rates for Siskiyou County are also significantly higher than state or national rates at 21%. Poverty in the senior population is associated with poor health outcomes, including emphysema, kidney disease, loss of teeth, and liver disease. In 2019 the Federal Poverty guidelines for a family/household of two is $16,910 per year and for a family/household of one is $12,490 per year.



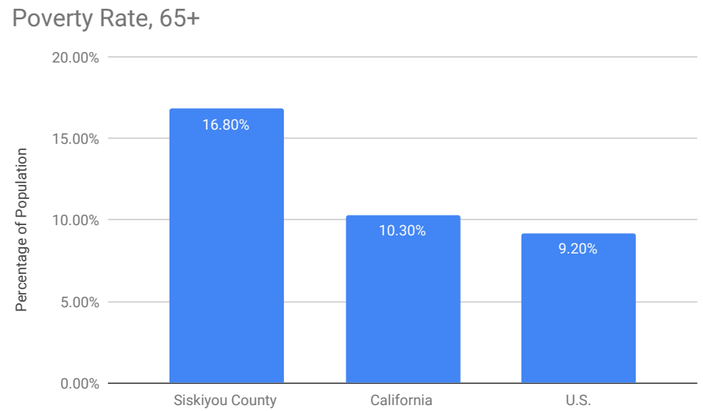
Source: US Census



Source: US Bureau of Labor and Statistics



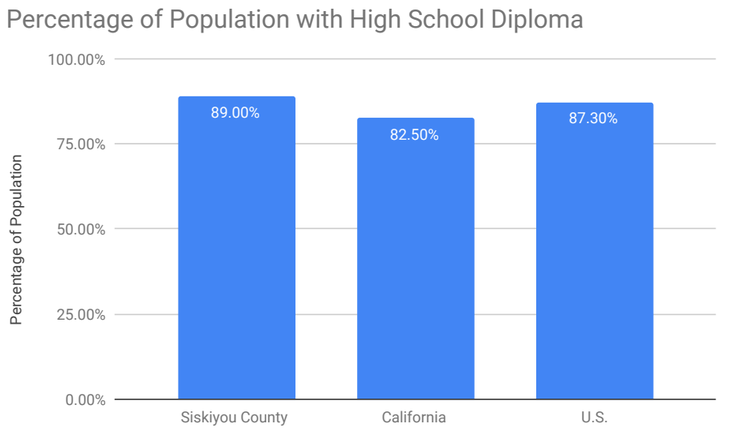
Source: US Census



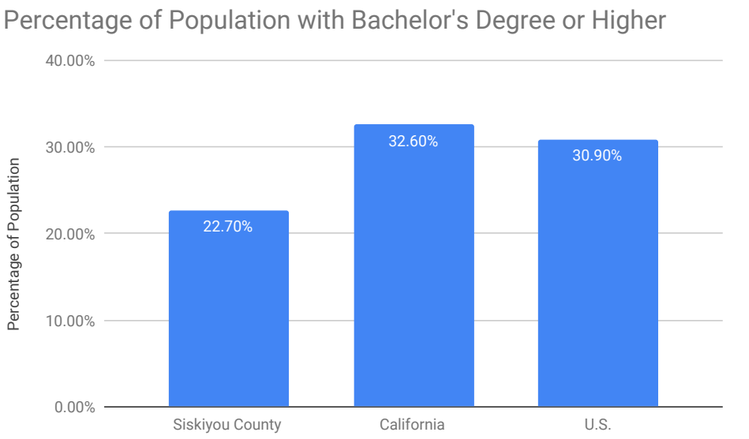
Source: Kaiser Family Foundation, America's Heath Rankings

Education

Siskiyou County's high school diploma attainment rate is 6.5% higher than the state rate and 1.7% higher than the national rate. The percentage of the population with a bachelor's degree or higher is approximately 10% lower than the state and 8% lower than national rates.



Source: US Census



Source: US Census

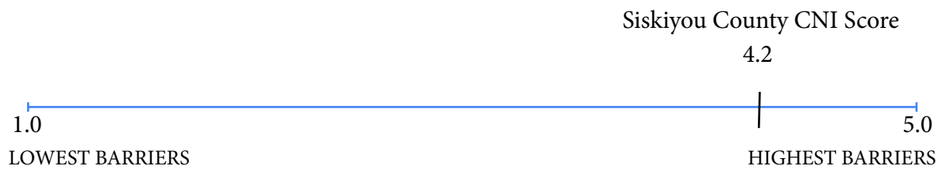
Community Needs Index

The Community Need Index (CNI) created and made publicly available by Dignity Health and Truven Health Analytics is a tool used to assess health needs. The CNI analyzes data at the zip code level on five factors known to contribute or be barriers to health care access including: income, culture/language, education, housing, and insurance coverage.

BARRIERS TO HEALTHCARE ACCESS	INDICATORS: UNDERLYING CAUSES OF HEALTH DISPARITY
Income	Percentage of households below poverty line, with head of household age 65 or more
	Percentage of families with children under 18 below poverty line
	Percentage of single female-headed families with children under 18 below poverty line
Culture/Language	Percentage of population that is minority (including Hispanic ethnicity)
	Percentage of population over age 5 that speaks English poorly or not at all
Education	Percentage of population over 25 without a high school diploma
Insurance	Percentage of population in the labor force, aged 16 or more, without employment
	Percentage of population without health insurance
Housing	Percentage of households renting their home

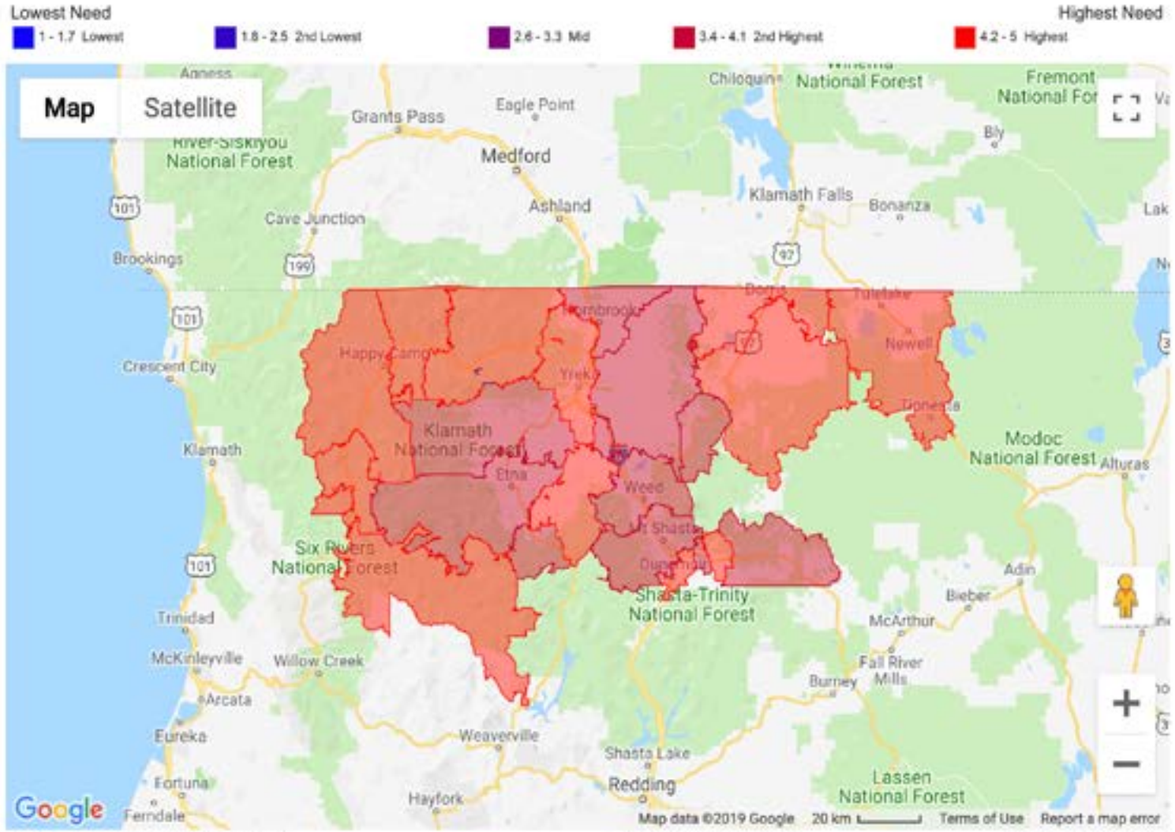
Scores range from 1.0 (lowest barriers) to 5.0 (highest barriers) for each factor and are then averaged to calculate a CNI score for each zip code in the county. Research has shown that communities with the highest CNI scores experience twice the rate of hospital admissions for ambulatory care sensitive conditions as those with the lowest scores.

The mean CNI score of 4.2 for Siskiyou County places the county toward the high end of relative need.



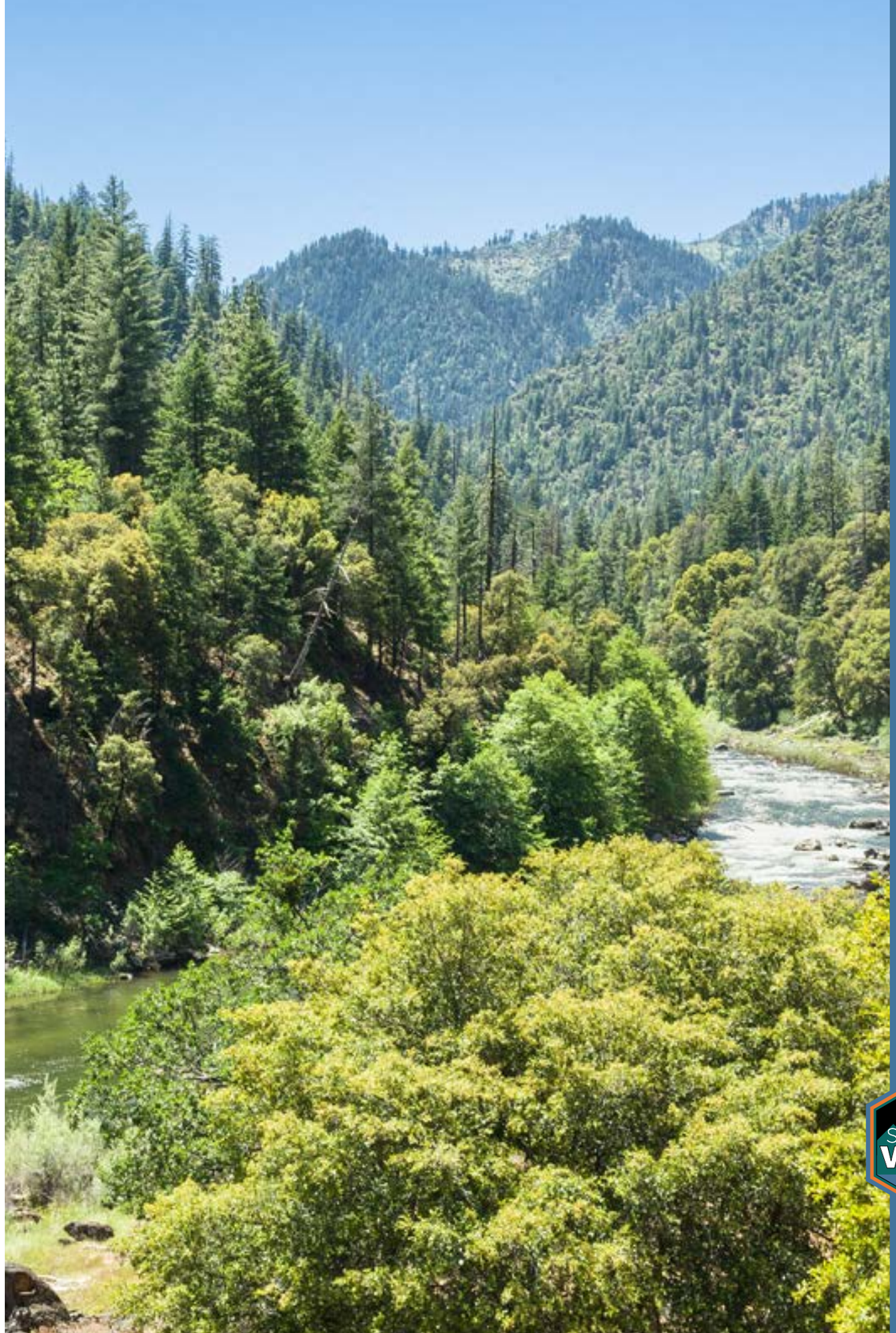
Community Needs Index Map

Source: Truven Health Analytics



Mean(zipcode): 4.1 / Mean(person): 4 CNI Score Median: 4.2 CNI Score Mode: 4.6

Zip Code	CNI Score	Population	City	County	State
95568	4.6	224	Somes Bar	Siskiyou	California
96014	4	225	Callahan	Siskiyou	California
96023	4.6	1276	Dorris	Siskiyou	California
96025	4.4	2200	Dunsmuir	Siskiyou	California
96027	4	2189	Etna	Siskiyou	California
96031	4.2	205	Forks Of Salmon	Siskiyou	California
96032	3.8	2446	Fort Jones	Siskiyou	California
96034	4.2	188	Gazelle	Siskiyou	California
96038	3.4	631	Grenada	Siskiyou	California
96039	4.4	1259	Happy Camp	Siskiyou	California
96044	3.8	886	Hornbrook	Siskiyou	California
96050	4.2	627	Klamath River	Siskiyou	California
96057	3.8	1142	Mccloud	Siskiyou	California
96058	4.6	789	Macdoel	Siskiyou	California
96064	3.4	4514	Montague	Siskiyou	California
96067	3.6	7049	Mount Shasta	Siskiyou	California
96085	3.2	23	Scott Bar	Siskiyou	California
96086	4.4	99	Seiad Valley	Siskiyou	California
96094	3.6	6719	Weed	Siskiyou	California
96097	4.6	9855	Yreka	Siskiyou	California
96134	4.8	2158	Tulelake	Siskiyou	California



ASSESSMENT PROCESS AND METHODS

Siskiyou Well is committed to creating a process centered on community engagement and collective impact. *Siskiyou Well* will conduct a CHNA at least every three years, building and evolving the process as the health needs of the community grow and change. By aligning hospital and Public Health efforts, the organizations will reduce duplication of efforts, allowing more resources to be dedicated to community health programs and services.

In order to be good stewards of limited organizational resources, the group opted for a mixed-method approach. To best accommodate the need of the key partners and the community, key elements from the MAPP process were utilized while ensuring the assessment remained community-based. The adapted process included four phases:

The MAPP Process

The Mobilizing for Action through Planing and Partnership process, championed by the National Association of County & City Health Officials (NACCHO), is a community-based strategic planning process for improving public health. MAPP utilizes several assessments and phases to investigate community conditions.

Phase One | Organization and Partner Development

Beginning in October 2018, the key partners held weekly meetings to design the process and define the roles of each partner. A variety of different data collection methods were explored before selecting those which maximized community engagement without becoming too burdensome for the key partners. The key partners were also careful to consider all legal guidelines hospitals and Public Health must comply with when completing the CHNA process.

By mid-January 2019, planning was complete, and the recruitment of steering committee members began. When inviting steering committee members, an effort was made to capture organizations which represent at-risk and vulnerable members of our community.

Steering committee members:

Fairchild Medical Center
Kristi Apodaca
Elizabeth Langford
Kelly Martin

First 5 Siskiyou
Bliss Bryan
Karen Pautz

Great Northern Services
Paula Reynolds

Mercy Medical Center Mt. Shasta
Alexis Ross

Mountain Valley Health Center
Joelle Clayton

PSA2 Area Agency on Aging
Teri Gabrielle

Shasta Cascade Health
Miku Sodhi

Siskiyou Childcare Council
Cathy Scott

Siskiyou Community Resource Collaborative
Steve Bryan
Michelle O'Gorman

Siskiyou Community Services Council
Lisa McCauley

Siskiyou County Behavioral Health
Tara Aimes

Siskiyou County Office of Education
Colette Bradley

Siskiyou County Public Health
Shelly Davis
Michelle Harris
Alexandra Kutzer
Michelle Line
Jessica Skillen
Diana Smith

Phase Two | Visioning and Assessment Development

The first steering committee meeting was held in February 2019 at Fairchild Medical Center. During this meeting, the steering committee was given a formal introduction to the CHNA process and expectations of the months to come. A visioning session was facilitated, a name and a logo were selected for the collaboration. During the coming month several key partner meetings and one steering committee were held, questions were finalized for the community health survey and key informant survey, and the list of health indicators sourced. Numerous sources were consulted to ensure the surveys and indicators were of highest quality and relevant for our community.

Phase Three | Data Collection

Data collection began in March 2019. The community health survey was distributed electronically to outlets throughout the county, including employees of the involved organization, schools, resource centers, healthcare providers, and social media. Hard copies were made available at healthcare provider offices, resource centers, the Public Health Mobile Unit, and upon request. The survey was made available in both English and Spanish for a time period of four weeks. While an effort was made to ensure collection of responses would not target any one group or population of residents, the number of responses from those with a household income of $50,000 per year or more was disproportionately higher than those with lower incomes and is not representative of the socioeconomic distribution of the county. For future CHNA health surveys, the key partners will review ways in which to increase the diversity of respondents.

The key informant surveys were distributed via email to 34 community leaders and decision makers. These individuals were selected by the key partners and reflect organizations from many sectors across the entire county. The key informant survey was available for ten days, in which 21 responses were collected.

The final element of data collection was a health indicators table (Appendix A). The data presented in the health indicator table represents a combination of a wide variety of data sets which were studied to obtain quantitative data about health outcomes, chronic health conditions, health behaviors, social determinants of health, and other factors in Siskiyou County. For comparison, state and national health indicator data was also collected. The most current data was sought for each measure, which ranged from 2011-2018, depending on the measure.

Data sources included:

- The Centers for Disease Control and Prevention
- California Healthcare Foundation
- United States Census Bureau
- California Department of Public Health
- Bureau of Labor and Statistics
- American Health Rankings
- County Health Rankings & Roadmaps
- Kids Data
- Kaiser Family Foundation
- CA Healthy Kids Survey
- Healthy Stores for Healthy Communities Survey
- Substance Abuse and Mental Health Services Administration
- Health Resources & Health Services Administration
- California Health Collaborative
- The National Institute on Alcohol and Alcohol Abuse
- HUD Point in Time Survey
- United States Interagency Council on Homelessness.
- The Claritas Company, © IBM Company

Data collection and parameters vary from source to source. To ensure the integrity of the data set collected, best efforts were made to compare local, state, and national statistics collected under like circumstances. Should the data not be comparable, or unavailable, the statistic will show “N/A”. Data collection took place between March and April, 2019. Locating secondary data for a rural area such as Siskiyou County is often challenging. Due to the low population of Siskiyou County, statistics are often not gathered for the area or are marked as statistically unreliable. This is a common challenge for many Northern California counties. In some cases, data sets combine neighboring counties to create statistical reliability, reducing the local relevance of the data. In the event that there was no statistically reliable data for an indicator, the indicator was removed from the table. For indicators which feature combined-county data, the data is marked as such and indicates the counties which are included.

Phase Four | Prioritization and Asset Identification

Two prioritization meetings were held in April of 2019. In the first meeting, the key partners met to discuss the data collected in phase three and identify major themes to present to the steering committee. The themes identified were: Access to Care, Maternal/Child Health, Abuse and Neglect, Aging, Chronic Disease, Food and Nutrition, Reproductive Health, Mental Health, Oral Health, Drug, Alcohol, and Tobacco Abuse, Homelessness, Infectious Disease, Pain Management, and Unintentional Accidents/ Injury. The areas identified, along with all of the relevant data collected in phase three, was presented to the steering committee in the second meeting. Attendees were asked to consider the prioritization criteria, the data which was presented, and the priorities of their organization to select the top priorities. See Prioritized Description of Significant Health Needs for the results of this process. Once the health priorities were established, a list of resources in the community were identified for each priority.

Gap Analysis

Information gaps were identified through the process that may limit the ability of this CHNA to assess the entirety of the community's health needs. Gaps included limited quantitative data available at the local level for rural areas, as well as, a disproportionate percentage of survey responses from those with household incomes of $50,000 or more.

ASSESSMENT DATA AND FINDINGS

*What are the top **five most important factors** for a Healthy Community?*

Survey Responses

#1. Access to care
#2. Good jobs and a healthy economy
#3. Low crime
#4. Healthy behaviors and lifestyle
#5. Affordable housing

*What are the top **five most important health problems** in the community?*

Survey Responses

#1. Mental health
#2. Chronic illness
#3. Affordable housing
#4. Aging problems
#5. Affordable foods

*What are the top **five most common risky behaviors** in the community?*

Survey Responses

#1. Drug abuse
#2. Alcohol abuse
#3. Tobacco use
#4. Poor eating habits
#5. Lack of exercise

2019 Siskiyou Well Community Health Survey

The results of the 2019 CHNA community health survey yielded two categories of data: perceived community health issues and data on health factors and behaviors. The analysis below includes highlights from the community health survey and key informant survey related to the perceived community health issues.

Survey Result: Most Import Factors for a "Healthy Community"

Survey respondents were asked to choose from a list provided *"What are the top five most important factors for a healthy community,"* with the option to write in a response. The top five responses were access to care, good jobs and a healthy economy, low crime, healthy behaviors and lifestyle, and affordable housing.

Survey Result: Most Important "Health Problems"

Survey respondents were asked to choose from a list of the top five most important health problems in the community. The top five responses were mental health, chronic illness, affordable housing, aging problems, and access to healthy, affordable foods.

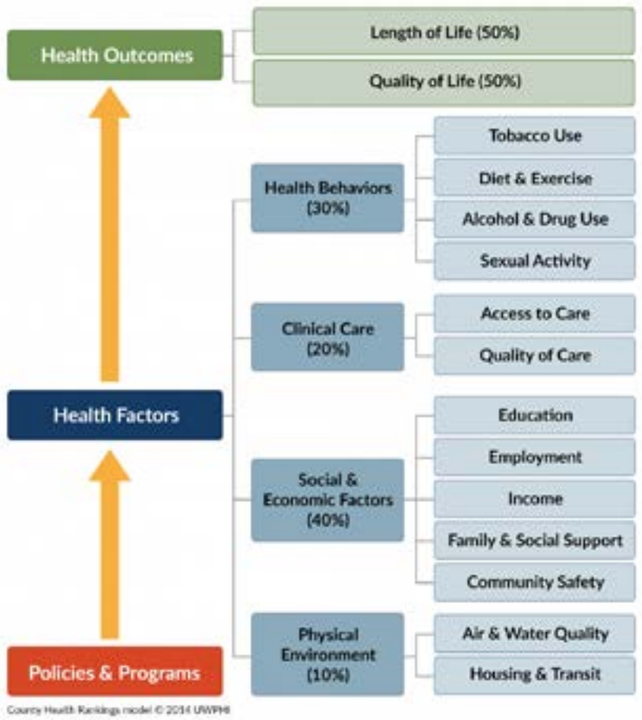
Survey Result: Risky Behaviors

Survey respondents were asked to choose from a list of the five most common *"risky behaviors"* in the community. The top five responses were drug abuse, alcohol abuse, tobacco use, poor eating habits, and lack of exercise.

To view the complete 2019 *Siskiyou Well* Community Health Survey Results please see Appendix B

County Health Rankings

County Health Rankings & Roadmaps program is a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute. The annual County Health Rankings measure vital health factors, including high school graduation rates, obesity, smoking, unemployment, access to healthy foods, the quality of air and water, income inequality, and teen births. The rankings are determined by the following factors:



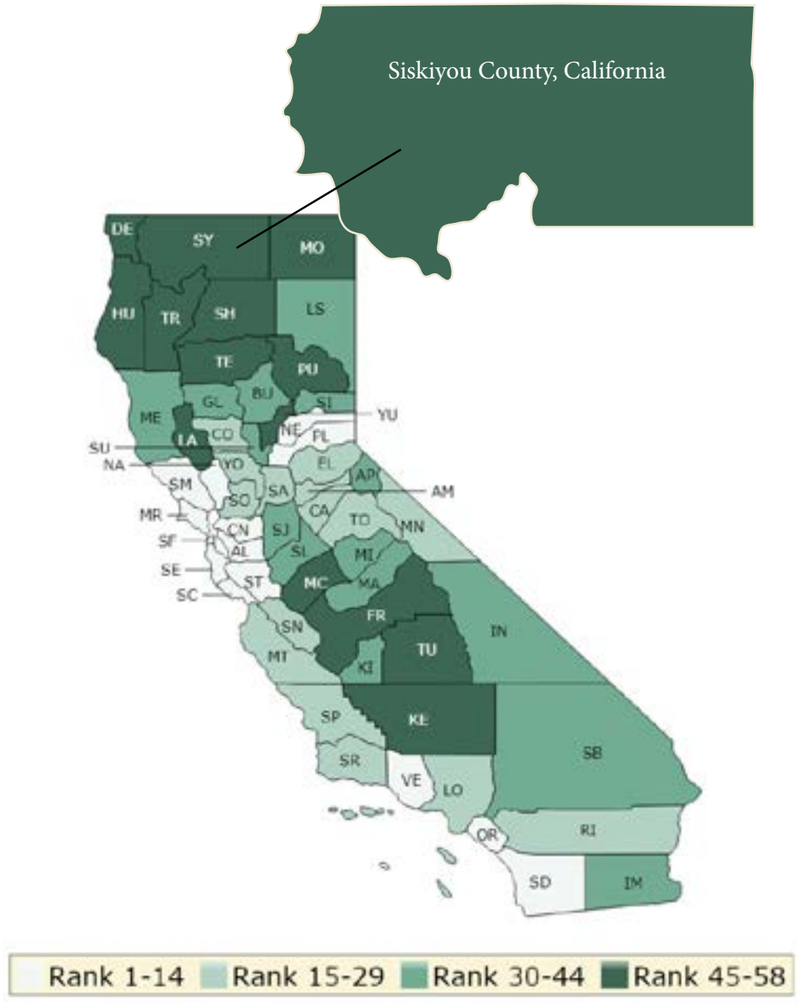
Health Outcomes: "The overall ranking in health outcomes represent how healthy a county is right now. They reflect the physical and mental well-being of residents within a community through measures representing length of life and quality of life."

Health Factors: "The overall ranking in health factors represent many things that influence how well and how long we live. Health Factors represent those things we can modify to improve the length and quality of life for residents. They are predictors of how healthy our communities can be in the future."

The Rankings are based on a model of population health that emphasizes the many factors that, if improved, can help make communities healthier places to live, learn, work and play.

Health Outcomes

Siskiyou County is ranked 57th out of 58 counties in California for overall health outcomes, which includes length of life and quality of life. Siskiyou County ranks 55th out of 58 counties for length of life and 57th out of 58 counties for quality of life.

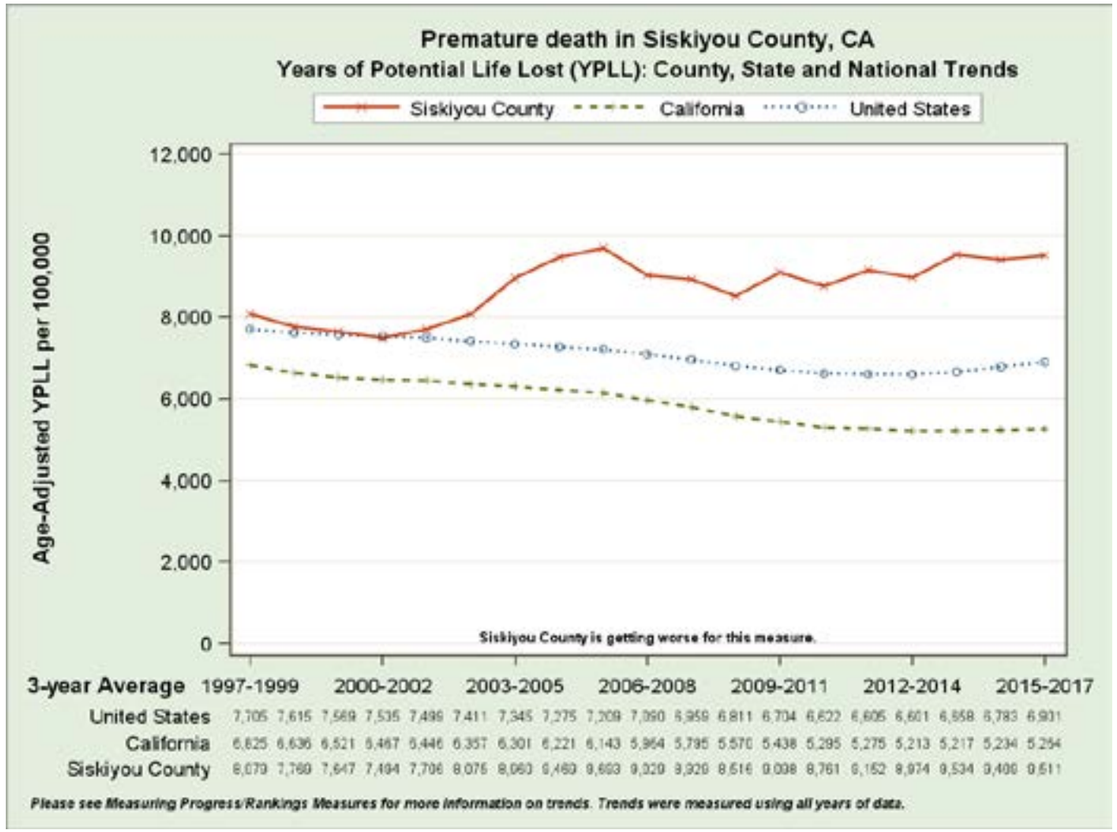


2019 California Health Outcomes Map | Source: countyhealthrankings.org/rankings/data/CA

Rank	County
1	Marin (MR)
2	San Mateo (SE)
3	Santa Clara (ST)
4	Placer (PL)
5	Orange (OR)
6	San Francisco (SF)
7	Napa (NA)
8	Sonoma (SM)
9	Ventura (VE)
10	San Diego (SD)
11	Contra Costa (CN)
12	Alameda (AL)
13	Santa Cruz (SC)
14	Nevada (NE)
15	San Luis Obispo (SP)
16	Yolo (YO)
17	El Dorado (EL)
18	Mono (MN)
19	Santa Barbara (SR)
20	San Benito (SN)
21	Monterey (MT)
22	Solano (SO)
23	Los Angeles (LO)
24	Calaveras (CA)
25	Amador (AM)
26	Riverside (RI)
27	Colusa (CO)
28	Tuolumne (TO)
29	Sacramento (SA)
30	Kings (KI)
31	Imperial (IM)
32	Sutter (SU)
33	Stanislaus (SL)
34	Alpine (AP)
35	Butte (BU)
36	Madera (MA)
37	Sierra (SI)
38	San Bernardino (SB)
39	Lassen (LS)
40	Glenn (GL)
41	Mendocino (ME)
42	Mariposa (MI)
43	Inyo (IN)
44	San Joaquin (SJ)
45	Del Norte (DE)
46	Tehama (TE)
47	Merced (MC)
48	Shasta (SH)
49	Humboldt (HU)
50	Fresno (FR)
51	Tulare (TU)
52	Kern (KE)
53	Yuba (YU)
54	Plumas (PU)
55	Trinity (TR)
56	Modoc (MO)
57	Siskiyou (SY)
58	Lake (LA)

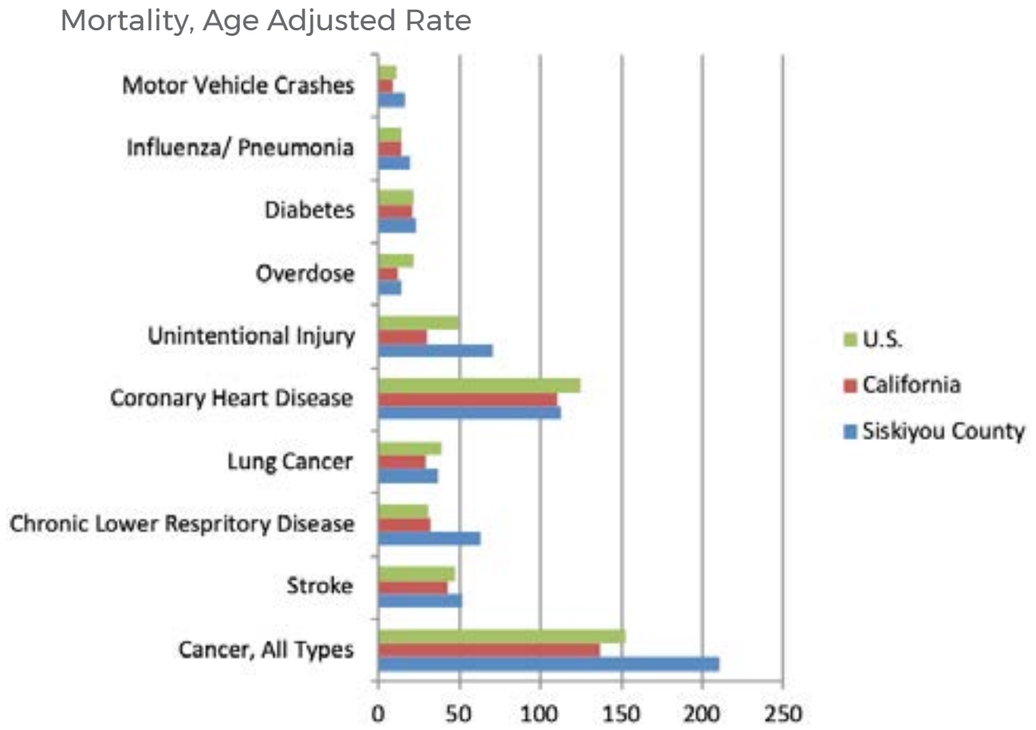
Length of Life

9,500 potential years of life are lost before age 75 per 100,000 population in Siskiyou County compared to 5,300 years of potential life lost in California.



Leading Causes of Death

The age-adjusted death rate by the leading causes of death is included in the following chart.

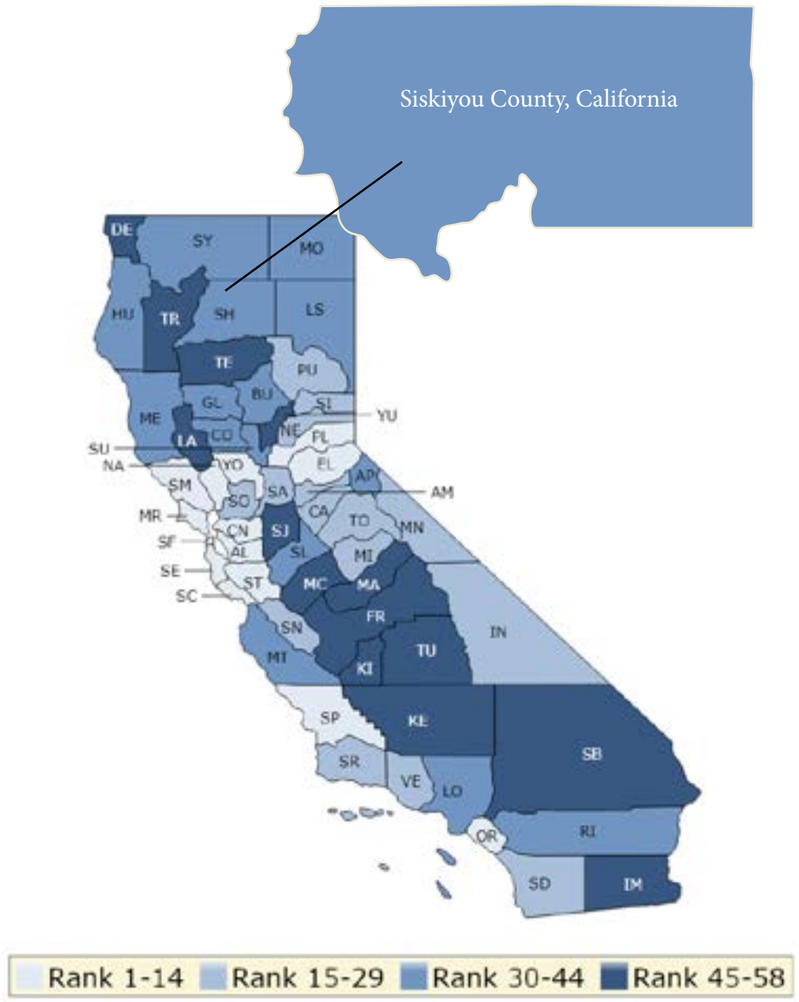


	Siskiyou County	California	U.S.
Motor Vehicle Crashes	16.2	8.8	11.4
Influenza/ Pneumonia	19.1	14.3	14.3
Diabetes	23.2	20.7	21.5
Overdose	14	11.7	21.7
Unintentional Injury	70.6	30.3	49.4
Coronary Heart Disease	112.9	110.2	124.9
Lung Cancer	37	28.9	39.3
Chronic Lower Respiratory Disease	62.9	32.1	31
Stroke	51.4	43	47.4
Cancer, All Types	210.8	136.7	152.5

County Health Status Profiles,
California Department of Public Health, 2018

Health Factors

Siskiyou County ranks 36th out of 58 California counties for health factors which include health behaviors, clinical care, social & economic factors, and physical environment. The chart on page 27 was sourced from County Health Rankings & Roadmaps and shows Siskiyou County's ranking for each health factor category:



2019 California Health Factors Map | Source: countyhealthrankings.org/rankings/data/CA

Health Factors					**36**
Health Behaviors					**39**
Adult smoking	15%		14-15%	14%	11%
Adult obesity	25%		19-31%	26%	23%
Food environment index	6.5			8.7	8.9
Physical inactivity	18%		13-23%	19%	17%
Access to exercise opportunities	76%			91%	93%
Excessive drinking	16%		16-17%	13%	18%
Alcohol-impaired driving deaths	37%		29-44%	13%	30%
Sexually transmitted infections	234.2			152.8	506.2
Teen births	28		24-32	14	22
Additional Health Behaviors (not included in overall ranking) +					
Clinical Care					**27**
Uninsured	8%		7-9%	6%	8%
Primary care physicians	1,280:1			1,050:1	1,270:1
Dentists	1,510:1			1,260:1	1,200:1
Mental health providers	240:1			310:1	310:1
Preventable hospital stays	2,861			2,765	3,507
Mammography screening	36%			49%	36%
Flu vaccinations	29%			52%	40%
Additional Clinical Care (not included in overall ranking) +					
Social & Economic Factors					**39**
High school graduation	80%			96%	83%
Some college	61%		56-66%	73%	64%
Unemployment	7.2%			2.9%	4.8%
Children in poverty	26%		18-33%	11%	18%
Income inequality	4.5		4.2-4.8	3.7	5.3
Children in single-parent households	36%		31-42%	20%	31%
Social associations	11.5			21.9	5.8
Violent crime	344			63	421
Injury deaths	116		102-130	57	49
Additional Social & Economic Factors (not included in overall ranking) +					
Physical Environment					**25**
Air pollution - particulate matter	9.6			6.1	9.5
Drinking water violations	Yes				
Severe housing problems	22%		20-24%	9%	27%
Driving alone to work	74%		72-77%	72%	74%
Long commute - driving alone	22%		20-25%	15%	40%

Source: countyhealthrankings.org/app/california/2017/rankings/siskiyou/county/outcomes/overall/snapshot

PRIORITIZED DESCRIPTION OF SIGNIFICANT HEALTH NEEDS

After the preliminary health priorities were identified by the key partners, the steering committee was asked to prioritize the community health needs. The steering committee members were asked to identify the three health priorities that they believed to be the most significant for the community. They were asked to consider the following criteria for prioritizing the needs:

Prioritization Criteria

- **Magnitude/ scale of the problem**
  The health need affects a large number of people within the community.

- **Severity of the problem**
  The health need has serious consequences (morbidity, mortality, and/or economic burden.

- **Health disparities**
  The health need disproportionately impacts the health status of one or more vulnerable population groups.

- **Community assets**
  The community can make a meaningful contribution to addressing the health need because of its relevant expertise and/or assets as a community and because of an organizational commitment to addressing the need.

- **Ability to leverage** - Opportunity to collaborate with existing community partnerships working to address the health need, or to build on current programs, and emerging opportunities.

After review of the data and prioritization criteria, the following three health priorities were identified and are listed in alphabetical order:

- Access to Care
- Maternal/Child Health
- Mental Health

PRIORITY | Access to Care

Accessing adequate health care is a challenge in rural communities across the state. Issues accessing care have been noted in all communities within Siskiyou County and in nearly all health disciplines, including primary care, specialty care, dental, and mental health. California has noted a shortage of primary care providers throughout the state. Physician recruitment and retention is especially difficult for rural areas. With rural areas payer mix being less ideal along with a smaller population to support the physician's practice, shortages are a continuous challenge. While many incentive programs exist to entice practitioners to rural areas, housing shortages and geographical isolation present additional barriers.

The following were the top concerns related to access to care:

- Access to primary care
- Access to specialists
- Insurance coverage
- Challenges in system navigation

The absence and shortages in specialty care providers force residents to seek care in neighboring counties. As noted in previous sections, transportation and travel out of the county present particular challenges. For many specialty care areas, the low population count of the county would not support the service.

Residents to Provider Ratios

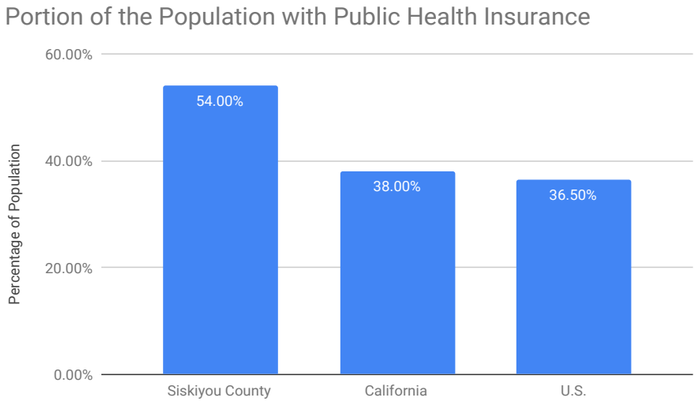
	SISKIYOU COUNTY	CALIFORNIA
Primary Care Physicians*	1,497 : 1	1,341 : 1
Other Primary Care Providers**	1,218 : 1	1,770 : 1
Mental Health Providers	7,483 : 1	1,829 : 1
Dentists	1,497 : 1	1,386 : 1

* Not including OB/GYN
**Physician Assistants and Nurse Practitioners

Source: County Health Rankings & Roadmaps | 2018

Access to dental care, particularly for the Medi-Cal population, is perhaps the most challenging. Currently, there are four dental clinics which accept Medi-Cal, three of which are located in the northern part of the county. New patients often wait upwards of one year to be seen. For children, there are no specialty pediatric dentists in Siskiyou County. Children with Medi-Cal, who need major dental work are referred outside of the county, once again with wait times for appointments upwards of one year.

Public Health Insurance Includes: Medicaid | Medicare | VA

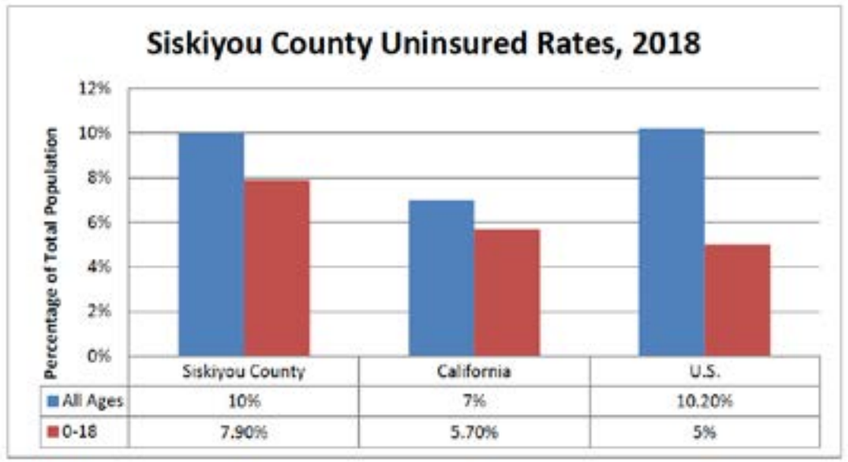


Source: American Community Survey, 2017

27% of health survey respondents said they had issues accessing the care they needed in the last 12 months, with providers not accepting their insurance as the top issue.

Accessing mental health services is also impacted by a shortage of providers, long wait times, and the distance between patient and providers. Siskiyou County Behavioral Health operates a fleet of vehicles that provide transportation services throughout the county, which reduces the burden for patients. Mental health services for those without public insurance is extremely limited and often results in residents seeking care outside of the county.

Other pertinent access to care statistics include the rate of uninsured residents:



Source: Kids Data, US Census

PRIORITY | Maternal/ Child Health

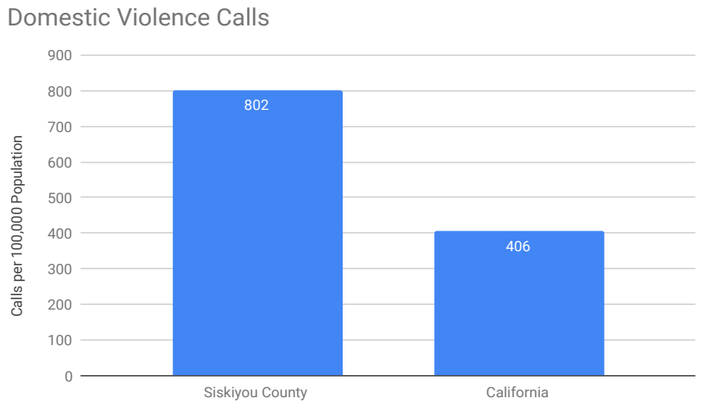
In a county health profile report published by the Family Health Outcomes Project in 2018, many maternal and child health issues were brought to light. Many of these statistics were used to inform the health indicators data set for this CHNA. Among the most concerning statistics were a high infant mortality rate, high domestic violence call rate, child abuse and neglect, and childhood food insecurity rate.

The following were the top concerns related to maternal/ child health:

- Infant mortality
- Teen pregnancy and family planning
- ACEs
- Child abuse and neglect
- Childhood food insecurity

In Siskiyou County, more than 20% of adults have experienced four or more Adverse Childhood Experiences (ACEs), which include abuse, neglect, and household challenges, such as domestic violence, substance abuse, and mental illness. According to the 70/30 Project, people with six or more ACEs can die 20 years earlier than those who have none. ACEs can lead to social and emotional development impairment, adoption of health-risk behaviors, and other social problems.

The domestic violence call rate per 100,000 is double the state rate at 802/100,000 compared at 406/100,000. Siskiyou Domestic Violence & Crisis Center provides access to support, temporary shelter, and a system navigation support for those experiencing domestic violence, sexual assault, and other types of abuse.



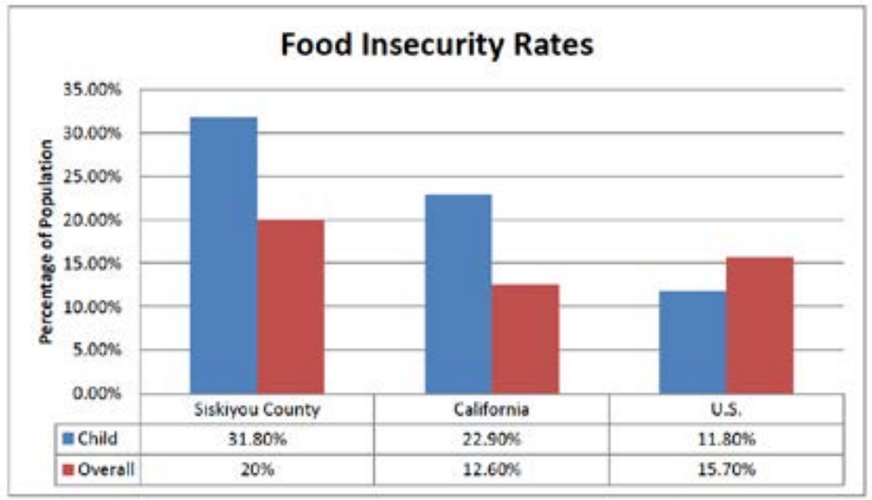
Source: Family Health Outcomes Project

15% of health survey respondents answered "yes" to the question *"Have you witnessed/ experienced actual or threatened violence by a significant other in the last 12 months?"*

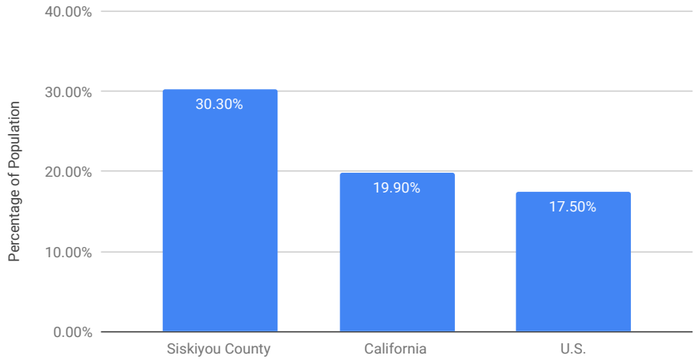
Childhood food insecurity is among the top challenges for children in the county. Siskiyou County has the second highest childhood food insecurity rate in the state at 31.8%. Childhood poverty is not far behind at 30%, the 10th highest in the state. Children who are hungry are not able to fully engage during school as they lack the energy to focus, learn, and grow. Food insecurity rates for the general population are approximately 20%.

In recent years, many initiatives have been launched to combat food insecurity and childhood food insecurity. Fairchild Medical Clinic began screening for food insecurity following their 2016 CHNA and referring to local food pantries. Great Northern Services, a non-profit organization located in Weed, has opened 9 school mini pantries which offer snacks and take home bags for students.

- Two areas in the county are located in food deserts which are 20 or more miles from a grocery store
- Approximately 6,460 individuals in the county currently receive CalFresh benefits

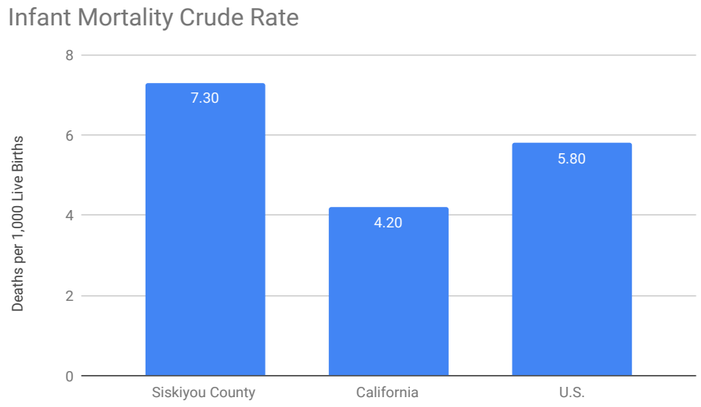


Source: Kids Data, 2017



Source: Kids Data, 2017

The infant mortality rate in Siskiyou County is 7.3 per 1,000 live births compared to 4.2 in California.



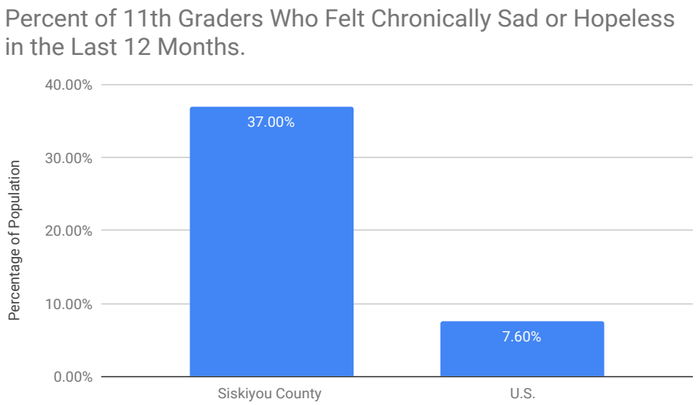
Source: Family Health Outcomes Project

PRIORITY | Mental Health

Throughout the community health survey, key informant survey, and prioritization meetings, mental health was consistently identified as a significant health concern for the residents of Siskiyou County. Access to mental health services is extremely difficult and has many barriers to entry. A severe shortage of mental health providers leaves those in need with long wait times for appointments and lack of treatment options. With the majority of mental health and behavioral health services being located in the county seat of Yreka, transportation to appointments also presents a significant barrier for those who live in other communities within the county. Long distances through the mountainous terrain limit public transportation options, when available, and cost limits accessibility for low-income individuals.

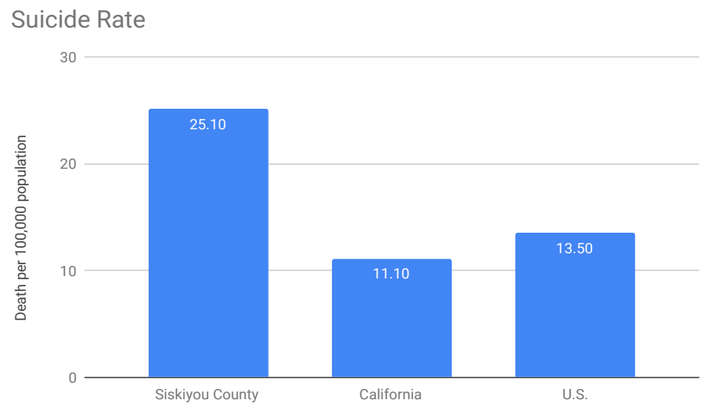
The following were top concerns related to mental health:

- Access to services
- Barriers to entry
- Suicide
- Mental health with a co-occurring diagnosis of substance abuse



Source: California Healthy Kids Survey, 2018

Mental health statistics for Siskiyou County raise many concerns. Five times as many 11th graders in the county report feeling chronically sad or hopeless in the last 12 months than the national average, while the suicide rate is more than twice the state rate. Depression and feelings of isolation are also among the top health concerns for the aging population of the county. Many health challenges which county residents face have been linked to increased rates of depression and poor mental health status, including lower socioeconomic status, isolation, unemployment, food insecurity, and substance abuse.

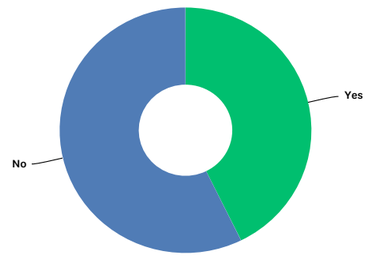


Source: US Census, Centers for Disease Control

Siskiyou Well Community Health Survey

Q39 Have you had two years or more in your life when you felt depressed or sad most days, even if you felt okay sometimes?

Answered: 529 Skipped: 88

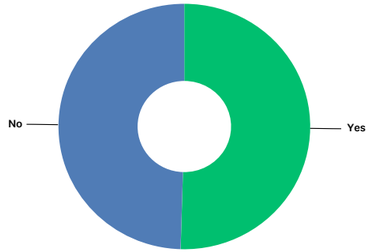


ANSWER CHOICES	RESPONSES	
Yes	42.72%	226
No	57.28%	303
TOTAL		529

Siskiyou Well Community Health Survey

Q40 Have you ever sought help from a professional for a mental or emotional problem?

Answered: 527 Skipped: 90



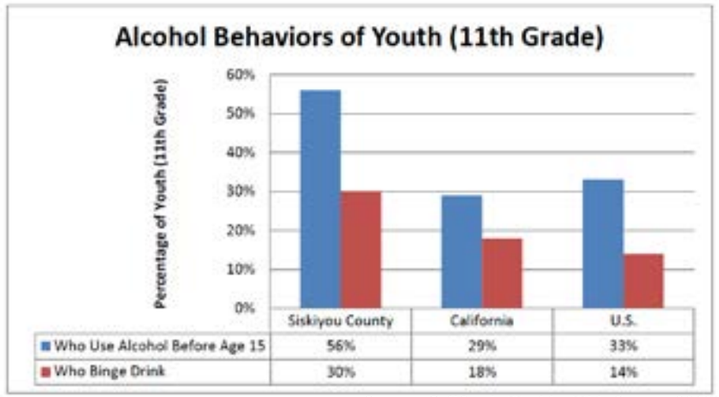
ANSWER CHOICES	RESPONSES	
Yes	50.47%	266
No	49.53%	261
TOTAL		527

Stigma related to mental health was also noted in the surveys as a top concern for county residents. According to Siskiyou County Behavioral Health Department, stigma regarding mental health and substance use disorder has been identified as a significant barrier in focus groups. Small, rural counties such as Siskiyou have increased potential for stigma, often delaying people from seeking the services they need. In the community health survey, two questions related to mental health were asked. 50% of respondents said they have sought help for a mental or emotional problem in their lifetime, and 43% stated they have experienced chronic depression.

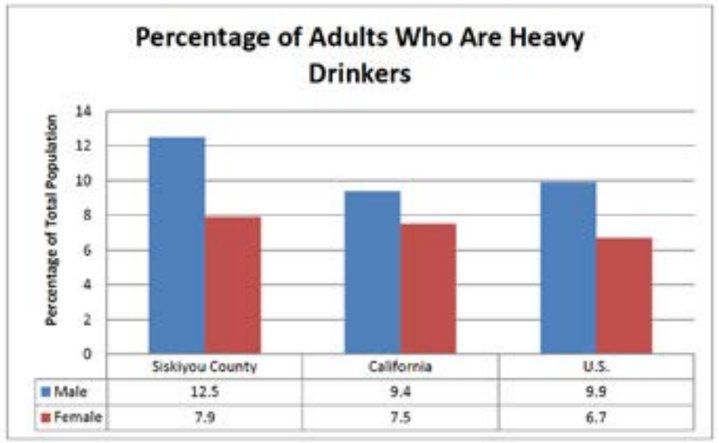
In the last several years, addressing mental health concerns has become a national focus. Funding opportunities for education, treatment, and innovative solutions are continuing to support efforts to decrease barriers to services and increase positive mental health outcomes.

"People experiencing a mental health condition may turn to alcohol or other drugs as a form of self medication to improve the mental health symptoms they experience."

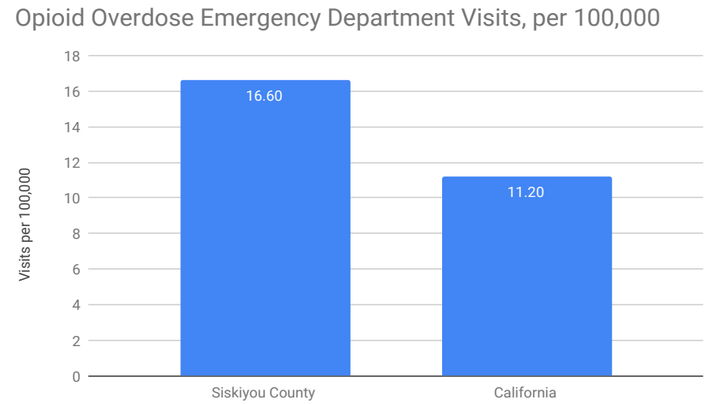
- National Alliance on Mental Illness



Source: California Healthy Kids Survey, 2018



Source: Health Data



Source: California Opioid Dashboard, 2018

RESOURCES POTENTIALLY AVAILABLE TO ADDRESS NEEDS

HEALTH TOPIC	POTENTIAL RESOURCES
Abuse and Neglect	• Siskiyou Domestic Violence • Adult Protective Services • Area Agency on Aging • Karuk Tribe • Quartz Valley Tribe • Local law enforcement • First responders • Siskiyou Family YMCA • First 5 Siskiyou
Access to Care	• Siskiyou County Health and Human Services • Siskiyou County Behavioral Health • Siskiyou County Public Health (Healthy Siskiyou Mobile Unit) • Fairchild Medical Center • Mercy Medical Center Mt. Shasta • Partnership Health Plans of California • Local Clinics • Local Resource Centers
Aging	• Area Agency on Aging • Madrone Hospice • Granada Gardens • Siskiyou Springs • Shasta Vista • Karuk Tribe • Quartz Valley Tribe • Mercy Medical Center Mt. Shasta • Fairchild Medical Center • Local Resource Center
Chronic Disease	• Mercy Medical Center Mt. Shasta • Fairchild Medical Center • Local healthcare clinics
Drug, Alcohol, and Tobacco Use	• Public Health • Behavioral Health (SUD) • Local Physicians (9 that are X-Waivered) • Karuk Tribe • Anav Tribe • MAT Hub and Spoke • Yreka VA Rural Clinic • Mt. Shasta Resource Center
Food and Nutrition	• Great Northern Services • Dorris Clinic • Siskiyou Food Pantry • Public Health • Madrone Hospice - Meals on Wheels Program • Mt. Shasta Resource Center
Homelessness	• Beacon of Hope • Alta Vista Manor • Siskiyou County Behavioral Health • Eskaton Washington Manor • Habitat for Humanity
Infectious Disease	• Siskiyou County Public Health
Maternal/ Child Health	• Siskiyou County Public Health • Women, Infant, Children Program (WIC) • Remi Vista • Child Protective Services • Siskiyou County Office of Education • Children First Foster Family Agency • Fairchild Medical Center • CASA • First 5 Siskiyou • Mercy Medical Center Mt. Shasta • Local health clinics • Local resource centers • Choices Yreka/ Mount Shasta
Mental Health	• Siskiyou County Behavioral Health • Fairchild Medical Center • Siskiyou County Office of Education • Remi Vista • Heal Therapy • Northern Valley Catholic Social Services (Six Stones Wellness Center) • Karuk Tribe • Quartz Valley Tribe
Oral Health	• Dental Clinics - only 4 accept Medi-Cal • Public Health • First 5 Siskiyou - oral education no dental services • Local providers • Shasta Cascade Health Center - Mcloud Clinic
Pain Management	• MAT x-waivers • Primary Care Physicians
Reproductive Health	• Siskiyou County Public Health • Family Pact providers • Local health clinics • Choices Yreka/ Mount Shasta
Unintentional Injury	• Mercy Medical Center Mt. Shasta • Fairchild Medical Center • Local healthcare clinics

Appendix A - HEALTH INDICATORS DATA

Siskiyou Well Community Health Assessment

Health Indicators Data

The data presented below represents a combination of a wide variety of data sets which were studied to obtain quantitative data about health outcomes, chronic health conditions, health behaviors, social determinants of health, and other factors in Siskiyou County. For comparison, health indicator data for State and National were also collected. The most current data was sought for each measure, which ranged from 2011-2018, depending on the measure.
Data sources include, but are not limited to: Centers for Disease Control and Prevention, California Healthcare Foundation, United States Census Bureau, California Department of Public Health, Bureau of Labor and Statistics, American Health Rankings, County Health Rankings & Roadmaps, Kids Data, Kiaser Family Foundation, CA Healthy Kinds Survey, Healthy Stores for Healthy Communities Survey, Substance Abuse and Mental Health Services Administration, Health Resources & Health Services Administration, California Health Collaborative, and the National Institute on Alcohol and Alcohol Abuse, HUD Point in Time Survey, and United States Interagency Council on Homelessness.
Data collection and parameters vary from source to source. In order to ensure the integrity of the data set collected, best efforts were made to compare local, state, and national statistics collected under like circumstances. Should the data not be comparable, or unavailable, the statistic will show "N/A".

KEY	Higher is "Good"		Lower is "Good"		No Objective	
Rates	Significantly Higher	↑	Significantly Lower	↓	Significantly Higher	↑
	Significantly Lower	↓	Significantly Higher	↑	Significantly Lower	↓
	No difference	↔	No difference	↔	No difference	↔

Access to Care

1 Indicator	*Measure*	*Data Parimeters*	*Statistic*	*State Comparison*	*National Comparison*
1.1 Persons with medical insurance	i. The portion of the population with public health insurance	**Local:**	54%	↑	↑
		State:	38%		
		National:	36.50%		
	ii. The portion of the population that has no health insurance	**Local:**	10.00%	↑	↔
		State:	7%		
		National:	10.20%		
	iii. Unisured per 100 population age 0 to 18	**Local:**	7.9	↑	↑
		State:	5.7		
		National:	5		
1.2 Access to care providers	i. Number of primary care providers ratio	**Local:**	1,497:1	↑	N/A
		State:	1,341:1		
		National:	N/A		
	ii. Number of speaciality care providers per 100,000 population	**Local:**	75.8	N/A	↑
		State:	N/A		
		National:	49.4		
	iii. Number of dental providers ratio	**Local:**	1,497:1	↑	N/A
		State:	1,386:1		
		National:	N/A		
	iv. Number of mental health providers ratio	**Local:**	7,483:1	↑	N/A
		State:	1,829:1		
		National:	N/A		
1.3 Oral Health	i. Rate per 100,000 of non-traumatic dental conditions related emergency department visits	**Local:**	1295.5	↑	N/A
		State:	353.3		
		National:	N/A		
	ii. Percent of MediCal recipients ages 0-20 who had an anual dental visits	**Local:**	31.40%		
		State:			
		National:			

Disease Rates

2 Indicator	*Measure*	*Data Parimeters*	*Statistic*	*State Comparison*	*National Comparison*
2.1 Chronic Illness	i. Percentage of adults who have been diagnosed with diabetes	**Local:**	8.20%	↔	↓
		State:	8.40%		
		National:	10.50%		
	i. Percentage of adults who have been diagnosed with hypertension	**Local:**	36.20%	↑	↑
		State:	27.20%		
		National:	33.40%		
2.2 Infectious Disease	i. Children receiving the recommended doses of DTaP, polio, MMR, Hib, HepB, varicella, and PCV vaccines by 19-35 months	**Local:**			
		State:	68.60%		
		National:	70.40%		
	ii. Percentage of fee-for-service Medicare enrollees that had an annual flu vaccination	**Local:**	29%	↓	N/A
		State:	40%		
		National:			

Environment

3 Indicator	*Measure*	*Data Parimeters*	*Statistic*	*State Comparison*	*National Comparison*
3.1 Air Quality	i. Air pollution particulate matter per cubic meter	**Local:**	10.3	↓	↑
		State:	11.9		
		National:	8.4		
3.2 Recreation	i. Rate of recreational facilities per 100,000	**Local:**	9	↔	N/A
		State:	9		
		National:	N/A		
	v. Percentage of population with adequate access to locations for physcical activity	**Local:**	76%	↓	N/A
		State:	93%		
		National:	N/A		

Health Behaviors and Substance Abuse

4 Indicator	*Measure*	*Data Parimeters*	*Statistic*	*State Comparison*	*National Comparison*
4.1 Alcohol	i. Percent of youth (11th grade) who use alcohol before age 15	**Local:**	56%	↑	↑
		State:	29%		
		National:	33%		
	ii. Percent of youth (11th grade) who binge drink	**Local:**	30%	↑	↑
		State:	18%		
		National:	14%		
4.2 Obesity	i. Obesity among adults	**Local:**	34.8	↑	↓
		State:	32.9		
		National:	36.1		
	ii. Obesity among children and adolescents	**Local:**			
		State:	17%		
		National:	19%		
	ii. Percentage of people who are physically inactive	**Local:**	20%	↑	↓
		State:	18%		
		National:	25.60%		
4.3 Tobacco	i. The percentage of adults who currently smoke	**Local:**	22.4	↑	↔
		State:	17.5		
		National:	22.2		
	ii. Percent of youth who use any tocacco	**Local:**	22.70%	↑	↓
		State:	13.80%		
		National:	27.10%		
	iii. Percentage of adolescents who report use chew in the last 30 days	**Local:**	5%	↑	↓
		State:	2%		
		National:	5.90%		
	iv. The percentage of adolescents (11th grade) who report ever using e-cigarettes, vapes, or Juuls	**Local:**	4%	↓	↓
		State:	32%		
		National:	20.80%		
4.4 Substance Abuse	i. Percentage of adults who are heavy drinkers	**Local:**	Female: 7.9 Male: 12.5	Female: ↔	Female: ↑
		State:	Female:7.5 Male: 9.4	Male: ↑	Male: ↑
		National:	Female: 6.7 Male: 9.9		
	ii. Opiod overdose (excluding heroin) emergency department visits per 100,000	**Local:**	16.6	↑	N/A
		State:	11.2		
		National:	N/A		

Mortality					
5 Indicator	***Measure***	***Data Parimeters***	***Statistic***	***State Comparison***	***National Comparison***
5.1 Mortality (age-adjusted rate, per 100,000 population)	i. Deaths due to cancer (all types)	**Local:**		↑	↑
		State:	136.7		
		National:	152.5		
	ii. Deaths due to stroke	**Local:**	51.4	↑	↑
		State:	43		
		National:	47.4		
	iii. Deaths due to chronic lower respiratory diseases	**Local:**	62.9	↑	↑
		State:	32.1		
		National:	31		
	iv. Deaths due to lung cancer	**Local:**	37	↑	↓
		State:	28.9		
		National:	39.3		
	v. Deaths due to coronary heart disease	**Local:**	112.9	↔	↓
		State:	110.2		
		National:	124.9		
	vi. Rate of deaths due to unitentional injury	**Local:**	70.6	↑	↑
		State:	30.3		
		National:	49.4		
5.1 Mortality (age-adjusted rate, per 100,000 population) (Continued)	vii. Drug overdose death rate	**Local:**	14	↑	↓
		State:	11.7		
		National:	21.7		
	x. Deaths due to diabetes	**Local:**	23.2	↔	↔
		State:	20.7		
		National:	21.5		
	xi. Deaths due to influenza/ pneumonia	**Local:**	19.1	↑	↑
		State:	14.3		
		National:	14.3		
	xii. Deaths due to motor vehicle traffic crashes	**Local:**	16.2	↑	↑
		State:	8.8		
		National:	11.4		
Maternal/ Women/ Child/ Infant Health					
6 Indicator	***Measure***	***Data Parimeters***	***Statistic***	***State Comparison***	***National Comparison***
6.1 Maternal and child heatlh	i. The number of births to females aged 15-19 years per 1,000 teens	**Local:**	24.9	↑	N/A
		State:	21		
		National:	N/A		
	ii. Infant mortality rate (crude rate, deaths per 1,000 live births)	**Local:**	7.3	↑	↑
		State:	4.2		
		National:	5.8		
	iii. Domestic violence calls per 100,000 population	**Local:**	802	↑	N/A
		State:	406		
		National:	N/A		
	iv. Percent of adults with 4 or more ACEs	**Local:**	20.1+	↑	N/A
		State:	15.6+		
		National:	N/A		
6.2 Pregnancy	i. Prenatal care in the first trimester per 100 live births	**Local:**	77.5	↓	↔
		State:	83.3		
		National:	77.9		
	ii. Percentage of babies born before 37 weeks gestation (pre-term)	**Local:**	8.5	↔	↔
		State:	8.4		
		National:	8.7		
	iii. Gestational diabetes per 100 females are 15 to 44 delivering a live or still-born infant in-hospital	**Local:**	6.4	↓	N/A
		State:	9.2		
		National:	N/A		
6.3 Growth and Nutrition	i. Exclusive in-hospital breastfeeding per 100 females delivering a live birth	**Local:**	82.6	↑	↑
		State:	69.6		
		National:	81.9		
	ii. The percentage of babies weighing less than 2500 grams (5lbs 8oz) at birth	**Local:**	8.5	↑	N/A
		State:	6.8		
		National:	N/A		

Mental Health					
7 Indicator	***Measure***	***Data Parimeters***	***Statistic***	***State Comparison***	***National Comparison***
7.1 Mental Health	i. Suicides per 100,000 population	**Local:**	25.1	↑	↑
		State:	11.1		
		National:	13.5		
	ii. Percent of 11th grade students who felt chronicly sad or hopeless in the last 12 months	**Local:**	37%	↑	↑
		State:	N/A		
		National:	7.60%		
	iii. Hospitalizations due to mental health issues per 1000	**Local:**	2.6 (three counties data Siskiyou, Tehema, Trinity)	↓	N/A
		State:	5.1		
		National:	N/A		
	iv: Mood Disorder hospitalizations per 100,000 females population 15 to 44	**Local:**	1218	↑	N/A
		State:	1106		
		National:	N/A		
Social Determinents of Health					
8 Indicator	***Measure***	***Data Parimeters***	***Statistic***	***State Comparison***	***National Comparison***
8.1 Education	i. Percent of population with high school diploma	**Local:**	89%	↑	↑
		State:	82.50%		
		National:	87.30%		
	ii. Percent of population with Bachelor's degree or higher	**Local:**	22.70%	↓	↓
		State:	32.60%		
		National:	30.90%		
8.2 Socioeconomic	i. Unemployment rate	**Local:**	9.20%	↑	↑
		State:	4.20%		
		National:	3.80%		
	ii. Percentge of all people living below the federal poverty level	**Local:**	21.00%	↑	↑
		State:	14.30%		
		National:	12.30%		
	iii. The percentage of families living below the federal poverty level	**Local:**			
		State:	14%		
		National:	15%		
	iv. Percentage of individuals 18 years of age or youger living below the federal poverty level	**Local:**	30.30%	↑	↑
		State:	19.90%		
		National:	17.50%		
	v. Percentage of individuals over age 65 living below the federal poverty level	**Local:**	16.80%	↑	↑
		State:	10.30%		
		National:	9.20%		
	vi. Median household income	**Local:**	$40,884	↓	↓
		State:	$67,169		
		National:	$57,652		
8.3 Age	i. Percentage of total population by age range	**Local:**	Under 18: 20.8%	Under 18:	Under 18:
			19 to 64: 59.7%	↓ 19 to 64:	↓ 19 to 64:
			65 and over: 19.6%		
		State:	Under 18: 22.9%		
			19 to 64: 63.2%	↓ 65 and over:	↓ 65 and over:
			65 and over: 13.9%		
		National:	Under 18: 22.6%		
			19 to 64: 61.8%	↑	↑
			65 and over: 15.6%		
	ii. Percentage of individuals from one or more chronic illness	**Local:**	14.60%	↑	N/A
		State:	11%		
		National:			
8.4 Disability	i. Percentage of population 64 and under who are disabled	**Local:**	14.10%	↑	↑
		State:	6.90%		
		National:	8.70%		
8.5 Food	i. Food insecurity rates	**Local:**	Overall: 20%	Overall: ↑	Overall: ↑
			Child: 31.8%		
		State:	Overall: 12.6%		
			Child: 22.9%	Child: ↑	Child: ↑
		National:	Oveall: 11.8%		
			Child: 15.7%		

Social Determinents of Health (continued)					
8.5 Food (continued)	ii. Children receiving free or reduced price meals at school per 100 students	**Local:**	61.1		
		State:	58.6		
		National:	48.1		
8.6 Housing/ Household	i. Number of homeless	**Local:**	244 (1:180)	↑	↑
		State:	129,972 (1:304)		
		National:	552830 (1:592)		
	ii. Number of chronically homeless	**Local:**	35 (1:1252)	↓	↑
		State:	34332 (1:1152)		
		National:	96913 (1:3,376)		
	iii. Percentage of single parent households	**Local:**	36%	↑	↔
		State:	33%		
		National:	35%		
	iv. Owner occupied housing unit rate	**Local:**	65.50%	↑	↔
		State:	54.50%		
		National:	63.80%		

Appendix B - 2019 COMMUNITY HEALTH SURVEY

Q1. What is the zip code where you live?		
96027		46
96023		2
96094		73
96067		89
96097		209
96064		68
96044		9
96034		8
96058		1
96038		12
96057		8
96132		3
96039		4
96032		37
96037		12
96014		3
96025		17
97520		5
96050		3
92823		1
95060		1
96658		1
97501		1
	Answered	615
	Skipped	2
Q2. What is the zip code where you work?		
96027		18
96023		3
96094		27
96067		70
96097		362
96064		7
96044		3
96034		5
96058		0
96038		11
96057		7
96132		0
96039		3
96032		14
96037		0
96014		0
96025		7
97520		5
96050		2
92823		0
95060		1
96658		1
97501		5
Out of County		5
Retired		21
	Answered	563
	Skipped	54
Q3. What is your age?		
Answer Choices	Responses	
Under 25	4.46%	27
26-39	29.21%	177
40-54	29.54%	179
55-64	23.43%	142
65 and over	13.37%	81
	Answered	606
	Skipped	11
Q4. What is your gender?		
Female		500
Male		94
Undecided		1
Non-Conforming		1
Decline to State		19
	Answered	600
	Skipped	17

Q5. What is your ethnicity? Check all with which you identify		
Answer Choices	Responses	
Black or African American	0.33%	2
Hispanic or Latino	6.56%	40
Asian or Asian American	1.15%	7
American Indian or Alaska Native	7.21%	44
White or Caucasian	89.34%	545
Native Hawaiian or other Pacific Islander	1.15%	7
Another race	0.98%	6
Other (please specify)	2.30%	14
	Answered	610
	Skipped	7
Q6. What is your marital status?		
Answer Choices	Responses	
Married/ co-habitating	72.61%	432
Not married/ single	27.39%	163
	Answered	595
	Skipped	22
Q7. How many people live in your home?		
One		68
Two		232
Three		107
Four		124
Five		53
Six		21
Seven or More		6
	Answered	611
	Skipped	6
Q8. What is your household income?		
Answer Choices	Responses	
Under $20,000	6.00%	35
$20,000 to $29,999	10.63%	62
$30,000 to $49,999	20.58%	120
More than $50,000	62.78%	366
	Answered	583
	Skipped	34

Q9. Housing Type:		
Answer Choices	Responses	
Single family home	93.09%	552
Multi-unit housing (apartment/ duplex/ townhouse)	6.75%	40
Homeless/ couch-surfing	0.17%	1
	Answered	593
	Skipped	24
Q10. Education Level:		
Answer Choices	Responses	
Less than high school	1.23%	7
High school diploma or GED	32.39%	184
College degree or higher	66.37%	377
Other (please specify)		58
	Answered	568
	Skipped	49
Q11. How would you rate the overall health of the community?		
Answer Choices	Responses	
Very Unhealthy	5.35%	29
Unhealthy	28.97%	157
Somewhat healthy	53.51%	290
Healthy	11.25%	61
Very Healthy	0.92%	5
	Answered	542
	Skipped	75
Q12. How would you rate your own personal health?		
Answer Choices	Responses	
Very Unhealthy	1.65%	9
Unhealthy	6.95%	38
Somewhat healthy	29.62%	162
Healthy	53.38%	292
Very healthy	8.41%	46
	Answered	547
	Skipped	70

Q13. On a scale of 1 to 5, one being absolutely not, and five being yes, do you feel you are able to actively make choices affecting your health? Such as diet change, activity, access to care options and other health services?		
Answer Choices	Responses	
1	1.46%	8
2	4.39%	24
3	14.99%	82
4	23.03%	126
5	56.12%	307
	Answered	547
	Skipped	70
Q14. In the following list, what do you think are the five most important factors for a "Healthy Community" (Factors that would most improve the quality of life in our community) Check only 5		
Answer Choices	Responses	
Good place to raise children	0.00%	0
Low crime/ safe neighborhoods	51.28%	280
Low level of child abuse/ neglect	34.80%	190
Good schools	36.63%	200
Access to health care	64.29%	351
Local transportation options	11.72%	64
Clean environment	26.74%	146
Affordable housing	41.76%	228
Activities for teens/families	22.89%	125
Excellent race/ ethnic relations	2.38%	13
Good jobs and healthy economy	61.36%	335
Strong family life	36.63%	200
Healthy behaviors and lifestyle	49.63%	271
Low adult death and disease rates	3.11%	17
Low infant death rate	2.20%	12
Opportunities for physical activity	19.96%	109
Emergency preparedness	5.13%	28
Adolescent health education (nutrition, lifestyle habits, safe sex)	24.91%	136
Support for caregivers	10.44%	57
Other (please specify)		27
	Answered	546
	Skipped	71

Q15. In the following list, what do you think are the five most important "health problems" in our community? Check only 5		
Answer Choices	Responses	
Aging problems/ support for the elderly	43.15%	233
Access to birth control	7.78%	42
Access to healthy, affordable foods	40.56%	219
Affordable Housing	43.33%	234
Cancers	14.26%	77
Child abuse / neglect	36.85%	199
Dental problems/ Access	23.70%	128
Domestic Violence	27.41%	148
Chronic Illness (diabetes, high blood pressure, heart disease, etc.)	47.22%	255
Firearm-related injuries	0.74%	4
HIV / AIDS	0.19%	1
Homicide	1.11%	6
Infant Death	0.37%	2
Infectious Diseases	5.37%	29
Mental health (including undiagnosed)	82.59%	446
Motor vehicle crash injuries	2.22%	12
Rape / sexual assault	2.96%	16
Respiratory / lung disease	7.41%	40
Sexually transmitted diseases	3.89%	21
Suicide	7.22%	39
Teenage pregnancy	5.00%	27
Behavioral Health	51.11%	276
Stress	22.22%	120
Other (please specify)		69
	Answered	540
	Skipped	77

Q16. In the following list, what do you think are the five most common "risky behaviors" in our community? Check only 5		
Answer Choices	Responses	
Alcohol abuse	86.92%	472
Being overweight	60.41%	328
Dropping out of school	20.63%	112
Drug abuse	91.34%	496
Lack of exercise	40.33%	219
Lack of maternity care	4.60%	25
Poor eating habits	62.80%	341
Not getting vaccines (shots) to prevent disease	19.34%	105
Racism	8.10%	44
Tobacco use	41.62%	226
Not using birth control	14.36%	78
Not using seat belts / child safety seats	6.45%	35
Unsafe sex	21.18%	115
Unsecured firearms	7.00%	38
Other (please specify)		27
	Answered	543
	Skipped	74
Q17. What are the top five things you think negatively influence child wellness and safety in our community? Check only Five		
Answer Choices	Responses	
I think generally child wellness and safety in our community is positive	7.95%	43
Limited access to affordable, nutritious food	42.70%	231
Limited physical activity	26.06%	141
No safe place to play	14.97%	81
Not enough parenting classes	11.65%	63
Parents not knowing child safety recommendations	11.46%	62
Not enough safe sports equipment or not used	2.22%	12
Inappropriate use of seat belts or child safety seats	4.07%	22
Child unable to swim, not using a life jacket, or needs water safety education	6.28%	34
Violence in home or community	55.08%	298
Medicines, drugs, or cleaning supplies are accessible to children in the home	13.31%	72
Cigarette smoke exposure	31.79%	172
Parents abuse alcohol & drugs	79.85%	432
Teen drug, alcohol, or tobacco use/abuse	45.66%	247
Bullying or harassment	34.94%	189
Not enough adult supervision	23.84%	129
Child abuse	32.72%	177
Not enough infant safe sleep education for parents and caregivers	1.66%	9
Parents or caregivers put infants in high-risk sleep situations (examples: sleeping with soft objects, no hard bed surface, not sleeping alone)	1.85%	10
Lack of support services for children with special health care needs	23.48%	127
Other (please specify)		30
	Answered	541
	Skipped	76
Q18. What are the top three reasons you think people do not get the mental health services they need? Check only 3		
Answer Choices	Responses	
I think people generally get the mental health services they need	1.30%	7
Not enough screenings and referrals for Mental Health	20.59%	111
Not enough Mental Health Providers	51.58%	278
Not enough family, individual, or group therapy services	19.11%	103
Not understanding Mental Health Disorders	34.88%	188
Multiple mental health disorders	7.79%	42
Multi-generational mental health issues	17.07%	92
Language or cultural barriers	1.67%	9
Stigma or prejudice	25.60%	138
Lack of coping skills or problem-solving strategies	15.77%	85
Chronic stress	4.08%	22
Drug or alcohol abuse	43.41%	234
Social acceptance of alcohol and/or drug use	7.42%	40
Untreated substance use problems	21.89%	118
Not enough substance use screening and treatment	6.12%	33
Not aware of the negative effects of substance use	5.19%	28
Lack of Support (community, family, friends)	18.74%	101
Violence in the home	5.38%	29
Violence or crime in the community	1.86%	10
Financial concerns	21.52%	116
Other (please specify)		21
	Answered	539
	Skipped	78

Q19. What would you like to see Public Health and the Hospitals, in collaboration with community partners, focus on over the next three years? Check only 3		
Answer Choices	Responses	
Help people get to doctors appointments (transportation)	14.04%	75
Help people sign up for insurance	7.12%	38
Help people get the medicine they need to stay healthy	16.85%	90
Increase the number of family doctors or increase number of appointments	25.28%	135
Increase the number of specialists	24.34%	130
Help people to lose weight and eat more healthy foods	22.47%	120
Help women who are pregnant to have a healthy pregnancy	5.99%	32
Help people to stay healthy who have a chronic disease like diabetes, heart failure, lung disease, cancer, etc.	25.28%	135
Help prevent teen pregnancy	7.12%	38
Help prevent sexually transmitted diseases	3.00%	16
Help stop domestic violence, child abuse and neglect, or elder abuse and neglect	43.63%	233
Help people get mental health care	57.68%	308
Help adults and teens to stop using illegal drugs, opioids, alcohol, or tobacco	47.38%	253
Help support caregivers	6.93%	37
Other (please specify)		22
	Answered	534
	Skipped	83

Q20. In the last 12 months, was there a time that you needed to see a doctor, but were unable to?		
Answer Choices	Responses	
Yes	27.81%	151
No	72.19%	392
	Answered	543
	Skipped	74

Q21. If you answered “yes” to question #20, please specify why:		
Answer Choices	Responses	
I did not have health insurance.	27.66%	13
My health insurance was not accepted	46.81%	22
Lack of transportation	25.53%	12
Other (please specify)		97
	Answered	47
	Skipped	570

Q22. About how long has it been since you last were seen by a dentist or dental clinic? Check one		
Answer Choices	Responses	
Within the past year	75.05%	400
More than a year but within the past two years	12.38%	66
Not Sure	11.44%	61
Never	1.13%	6
	Answered	533
	Skipped	84

Q23. When you are sick or need advice regarding your health, which of these places do you seek care? Check all that apply):		
Answer Choices	Responses	
Hospital Emergency Room	18.50%	96
Urgent Care/Walk-In Clinic	26.01%	135
Doctor’s Office	73.22%	380
Clinic	32.37%	168
Hospital Outpatient Clinic	5.39%	28
Military or Other VA Healthcare	1.73%	9
Other (please specify)		38
	Answered	519
	Skipped	98

Q24. How do you pay for your healthcare?		
Answer Choices	Responses	
Pay cash (no insurance)	2.63%	14
Private insurance	30.77%	164
MediCal/ Partnership	12.38%	66
Medicare	11.26%	60
Veterans's Administration	0.56%	3
Indian Health Services	0.38%	2
Employer insurance	42.03%	224
	Answered	533
	Skipped	84

Q25. Are there any issues that prevent you from accessing care? Check all that apply		
Answer Choices	Responses	
Cultural/ Religious beliefs	0.39%	2
Don’t know how to find doctor	0.98%	5
Don’t understand the need to see doctor	0.59%	3
Fear	3.33%	17
Lack of availability of doctors	25.49%	130
Lack of time off work to see doctor	15.88%	81
Language barriers	0.00%	0
No insurance	3.14%	16
Unable to pay co-pays/ deductibles	12.35%	63
Transportation	3.73%	19
I have no issues accessing the care I need	58.63%	299
Other (please specify)		19
	Answered	510
	Skipped	107
Q26. In the past 12 months, have you used technology as part of your health-care? Check all that apply.		
Answer Choices	Responses	
Online Virtual Care Visit from mobile device or computer	11.61%	59
Hospital or Provider Online Patient Portal	26.97%	137
Telemedicine Visit in the Hospital or Provider’s office	3.15%	16
Mobile App	10.04%	51
I have not used any technology as a part of my healthcare	60.63%	308
Other (please specify)		21
	Answered	508
	Skipped	109
Q27. How do you fill your prescription medications?		
Answer Choices	Responses	
Local retail pharmacy	88.09%	451
Via mail	20.12%	103
At providers office	1.76%	9
Other (please specify)		23
	Answered	512
	Skipped	105

Q28. How often do you use seat belts when you drive or ride in a car?		
Answer Choices	Responses	
Always	91.74%	489
Nearly Always	5.63%	30
Sometimes	1.50%	8
Seldom	0.94%	5
Never	0.19%	1
	Answered	533
	Skipped	84
Q29. In the last 12 months, was there ever an occasion when you experienced or witnessed actual or threatened physical or sexual violence directed toward you or another person by a significant other?		
Answer Choices	Responses	
Yes	15.23%	81
No	84.77%	451
	Answered	532
	Skipped	85
Q30. In the last 30 days, have you or someone you know driven under the influence of drugs or alcohol, or been a passenger with an impaired driver?		
Answer Choices	Responses	
Yes	15.88%	84
No	84.12%	445
	Answered	529
	Skipped	88
Q31. If applicable, what type of vaping product do you use?		
Answer Choices	Responses	
Pod mods (e.g. JUUL, MarkTen, Suorin or other non-refillable pod)	0.95%	5
Vape pen (skinny small refillable tank)	1.72%	9
MOD (large battery with refillable tank)	1.72%	9
I do not use vape products	95.80%	502
	Answered	524
	Skipped	93

Q32. In the last 30 days, have you smoked while children are present? (e.g. in the home, car, standing near by)		
Answer Choices	Responses	
Yes	3.01%	16
No	40.79%	217
N/A	56.20%	299
	Answered	532
	Skipped	85
Q33. During the past month, have you used an illegal drug or taken a prescription drug that was not prescribed to you?		
Answer Choices	Responses	
Yes	1.32%	7
No	98.68%	524
	Answered	531
	Skipped	86
Q34. Not counting a shot given or prescribed by a doctor or health professional, have you used an injection drug in the past 12 month? (Not counting insulin injections for diabetes, fertility shots, steroid shots for MS, etc.).		
Answer Choices	Responses	
Every Day	0.00%	0
Some Days	0.00%	0
Not at All	100.00%	7
	Answered	7
	Skipped	610
Q35. Have you been involved in a treatment program specifically related to drug use?		
Answer Choices	Responses	
Yes	14.29%	1
No	85.71%	6
	Answered	7
	Skipped	610
Q36. Have you had medical problems as a result of drug use? (e.g. memory loss, hepatitis, convulsions, bleeding, etc.)		
Answer Choices	Responses	
Yes	14.29%	1
No	85.71%	6
	Answered	7
	Skipped	610

Q37. During the past month, how many days did you drink alcoholic beverages, such as beer, wine, wine coolers, or liquor?		
Answer Choices	Responses	
None	38.49%	204
1-5	38.11%	202
6-14	10.38%	55
15-24	7.92%	42
25-30	5.09%	27
	Answered	530
	Skipped	87
Q38. On the day(s) when you drank, how many drinks did you have on the average?		
Answer Choices	Responses	
None	36.61%	190
1-2	54.34%	282
3-5	8.29%	43
6-8	0.77%	4
9-10	0.00%	0
	Answered	519
	Skipped	98
Q39. Have you had two years or more in your life when you felt depressed or sad most days, even if you felt okay sometimes?		
Answer Choices	Responses	
Yes	42.72%	226
No	57.28%	303
	Answered	529
	Skipped	88
Q40. Have you ever sought help from a professional for a mental or emotional problem?		
Answer Choices	Responses	
Yes	50.47%	266
No	49.53%	261
	Answered	527
	Skipped	90

Q41. Do you experience any of these problems? Check all that apply		
Answer Choices	Responses	
Daytime sleepiness	33.14%	175
Un-refreshing sleep	37.12%	196
Fatigue	48.30%	255
Insomnia	33.52%	177
I do not experience any of these problems	31.06%	164
	Answered	528
	Skipped	89
Q42. How many servings of fruits and vegetables did you have yesterday (a serving size is typically one cup of leafy vegetables and one medium fruit – both can be defined as about the size of a baseball)?		
Answer Choices	Responses	
None	7.27%	38
1	16.25%	85
2	29.64%	155
3	25.62%	134
4	13.58%	71
5+	7.65%	40
	Answered	523
	Skipped	94
Q43. In the past 12 months, has a doctor, nurse, or other healthcare professional given you advice about your diet and/or nutrition?		
Answer Choices	Responses	
Yes	41.52%	218
No	58.48%	307
	Answered	525
	Skipped	92
Q44. Yesterday, how many glasses or cans of soda, such as Coke, or other sweetened drinks, such as fruit punch or sports drinks did you have (this also includes any drinks with added sugar, such as energy drinks, sunny delight, iced tea drinks, Gatorade, and sweetened water drinks)? Do not count diet drinks.		
Answer Choices	Responses	
None	76.34%	400
1-4	23.09%	121
5-10	0.38%	2
11+	0.19%	1
	Answered	524
	Skipped	93

Q45. How many meals per week do you eat from fast food restaurants?		
Answer Choices	Responses	
None	57.82%	303
1-2	38.93%	204
3-5	2.67%	14
6+	0.57%	3
	Answered	524
	Skipped	93
Q46. In the past 12 months, were you worried whether your food would run out before you received money to buy more?		
Answer Choices	Responses	
Often true	4.38%	23
Sometimes true	15.81%	83
Never true	79.81%	419
Not sure	0.00%	0
	Answered	525
	Skipped	92
Q47. In the past 12 months, have you worried that the food you bought wouldn't last and that you wouldn't have the money to get more?		
Answer Choices	Responses	
Often true	4.40%	23
Sometimes true	15.87%	83
Never true	79.73%	417
Not sure	0.00%	0
	Answered	523
	Skipped	94
Q48. Is transportation or distance from a grocery store a limiting factor in getting to a store which sells healthy, nutritious, and affordable food?		
Answer Choices	Responses	
Often true	8.97%	47
Sometimes true	10.31%	54
Never true	80.73%	423
Not sure	0.00%	0
	Answered	524
	Skipped	93

Q49. Are you limited in any way in any activities because of any impairment or health problem?		
Answer Choices	Responses	
Yes	30.08%	157
No	69.92%	365
	Answered	522
	Skipped	95
Q55. How many children under the age of 18 are currently living in your household?		
Answer Choices	Responses	
0	54.30%	284
1	15.68%	82
2	19.89%	104
3	6.12%	32
4	3.25%	17
5	0.38%	2
6+	0.38%	2
	Answered	523
	Skipped	94
Q56. Was there a time in the past 12 months when you needed medical care for your child but were unable to get it?		
Answer Choices	Responses	
Yes	14.64%	35
No	85.36%	204
	Answered	239
	Skipped	378
Q57. If you answered "yes" to the question above, please specify why		
Answer Choices	Responses	
No health insurance.	40.00%	8
Health insurance was not accepted	25.00%	5
Lack of transportation	35.00%	7
Other (please specify)		43
	Answered	20
	Skipped	597

Q58. About how long has it been since your child has seen a doctor for a routine check-up or general physical exam? (Not including visits for a specific injury or illness)		
Answer Choices	Responses	
Within the past year (1 to 12 months ago)	86.44%	204
Within the past 2 years (1 to 2 years ago)	10.59%	25
Within the past 5 Years (2 to 5 years ago)	0.85%	2
Never	0.85%	2
Not applicable	1.27%	3
	Answered	236
	Skipped	381
Q59. About how long has it been since your child has seen a dentist or dental clinic for a routine check-up?		
Answer Choices	Responses	
Within the past year (1 to 12 months ago)	81.36%	192
Within the past 2 years (1 to 2 years ago)	5.51%	13
Within the past 5 Years (2 to 5 years ago	3.81%	9
Never	5.51%	13
Not applicable	3.81%	9
	Answered	236
	Skipped	381
Q60. How many servings of fruits and vegetables did your child have yesterday (a serving size is typically one cup of leafy vegetables and one medium fruit – both can be defined as about the size of a baseball)?		
Answer Choices	Responses	
None	3.81%	9
1	14.83%	35
2	35.59%	84
3	27.12%	64
4	12.29%	29
5	6.36%	15
	Answered	236
	Skipped	381

Q61. Yesterday, how many glasses or cans of soda, such as Coke, or other sweetened drinks, such as fruit punch or sports drinks did your child have (this also includes any drinks with added sugar, such as energy drinks, sunny delight, iced tea drinks, Gatorade, and sweetened water drinks)? Do not count diet drinks.		
Answer Choices	Responses	
None	66.95%	158
1-4	33.05%	78
5-10	0.00%	0
11+	0.00%	0
	Answered	236
	Skipped	381

Q62. How many meals per week does your child eat from fast food restaurants?		
Answer Choices	Responses	
None	47.88%	113
1-2	48.31%	114
3-5	3.81%	9
6 or more	0.00%	0
	Answered	236
	Skipped	381

Q63. About how many times per week or per month does your child take part in any physical activities?		
Answer Choices	Responses	
Per week:	98.66%	221
Per month:	48.66%	109
	Answered	224
	Skipped	393

Q64. When your child took part in activities, for about how many minutes or hours did they usually keep at it?		
Answer Choices	Responses	
Minutes:	60.18%	133
Hours:	56.11%	124
	Answered	221
	Skipped	396

Q65. About how long do you estimate your child spend in front of a screen per day? (tablet, phone, television, computer, etc.)		
Answer Choices	Responses	
Minutes:	33.48%	75
Hours:	76.34%	171
	Answered	224
	Skipped	393

The Community Health Survey included 65 questions.

Appendix C - KEY INFORMANT SURVEY PARTICIPANTS

- Terry Barber, County Administrator, County of Siskiyou
- Rodger Page, President, Mercy Medical Center, Mt. Shasta
- Jonathan Andrus, Chief Executive Officer, Fairchild Medical Center
- Sarah Collard, Ph.D., Director of Health and Human Services, County of Siskiyou
- Marie Caldwell, Superintendent of Schools, Scott Valley Unified School District
- Dave Parsons, Superintendent of Schools, Yreka Union Elementary School District
- Joyce Jones, Regional Manager, Employment Development Specialist, Northern California Indian Development Council, Inc.
- Patty Morris, Director of Health Services, Siskiyou County Office of Education
- Dr. Sam Rabinowitz, Medical Director, Fairchild Medical Center
- Dr. Ezekiel Melquist, Pediatrician, Fairchild Medical Center
- Jim Reynolds, Social Worker, Fairchild Medical Center
- Dr. Richard Swenson, Physician, Fairchild Medical Center
- Brian Witherell, Operations Manager, Mt. Shasta Ambulance
- Joelle Clayton, Site Manager, Mountain Valley Health Centers
- James Proffitt, Chief Executive Officer, Shasta Cascade Clinics
- Linda Nichols, Director, Mercy Medical Center, Mt. Shasta
- Dave Jones, Chief Executive Officer, Mountain Valley Health Centers
- Paulette Adams, Director of Hospital Clinics, Fairchild Medical Center
- Jason Vela, Director of Emergency Services, County of Siskiyou
- Maggie Sheppard, Facilitator/Spoke Coordinator, Siskiyou Against Rx Addiction/ CA Hub and Spoke Grant
- Elizabeth Mitchell-Collard, Executive Director, Klamath Health Services, Inc.

Appendix D - KEY INFORMANT SURVEY RESULTS

Q1. Please tell us about yourself and your organization		
Answer Choices	Responses	
Name:	100.00%	21
Title:	100.00%	21
Organization:	100.00%	21
	Answered	21
	Skipped	0
Q2. Please tell us the type of organization you represent		
Answer Choices	Responses	
Government	15.00%	3
Law Enforcement	0.00%	0
Healthcare	70.00%	14
Industry/ Business	0.00%	0
Social Services	10.00%	2
Education	15.00%	3
Mental Health/ Behavioral Health	15.00%	3
Other (please specify)		4
	Answered	20
	Skipped	1
Q3. Please tell us if your organization provides services or programs to any of the populations listed below.		
Answer Choices	Responses	
Women and children	89.47%	17
Teens	89.47%	17
Individuals over the age of 65	84.21%	16
Adults with mental illness	73.68%	14
Children or teens with mental illness	84.21%	16
Adults with an addiction to alcohol or drugs, or who use tobacco products, marijuana, or illegal drugs	73.68%	14
Youth and teens who use alcohol, tobacco products, marijuana, or illegal drugs	89.47%	17
Homeless	78.95%	15
Ethnic minorities	84.21%	16
Individuals with limited English proficiency	84.21%	16
Individuals who are victims of domestic violence; child abuse and neglect, or elder abuse and neglect	84.21%	16
Other/ additional (please specify)		5
	Answered	19
	Skipped	2

Q4. In the following list, what do you think are the five most common "risky behaviors" in our community? Check Only Five		
Answer Choices	Responses	
Alcohol abuse	92.31%	12
Being overweight	38.46%	5
Dropping out of school	30.77%	4
Drug abuse	92.31%	12
Lack of exercise	30.77%	4
Lack of maternity care	0.00%	0
Poor eating habits	53.85%	7
Not getting vaccines (shots) to prevent disease	30.77%	4
Racism	15.38%	2
Tobacco use	61.54%	8
Not using birth control	30.77%	4
Not using seat belts / child safety seats	15.38%	2
Unsafe sex	30.77%	4
Unsecured firearms	15.38%	2
Other (please specify)		1
	Answered	13
	Skipped	8
Q5. What factors or barriers do you believe contribute to the health challenges of at-risk populations in Siskiyou County (social determinants of health)?		
Answer Choices	Responses	
Access to a family doctor (medical home)	15.00%	3
Access to urgent care	30.00%	6
Access to healthcare services	15.00%	3
Access to post acute care (skilled nursing, hospice, and home health)	25.00%	5
Poverty	85.00%	17
Access to healthy food	35.00%	7
Access to educational opportunities	25.00%	5
Access to economic opportunities, jobs and job training	45.00%	9
Access to affordable housing that is maintained in good repair	40.00%	8
Access to leisure and recreational opportunities	15.00%	3
Social support from community, family or friends	40.00%	8
Other (please specify)		2
	Answered	20
	Skipped	1

Q6. What strategies or programs have been successful in addressing the challenges of at-risk populations? (Your organizations or other organizations efforts)		
Answered	18	
Skipped	3	
Q7. What is the one action or strategy that is undertaken could jumpstart other actions to positively impact the health challenges of at-risk populations?		
Answered	17	
Skipped	4	
Q8. What are the top three reasons you think people do not get the medical services they need?		
Answer Choices	Responses	
Cultural/ religious beliefs	4.76%	1
Not understanding what services are available or how to access them	52.38%	11
Not understanding the importance of regular checkups	42.86%	9
Only seeking medical care when in pain or very sick	61.90%	13
Fear	14.29%	3
Difficulty finding an available doctor/ specialist	14.29%	3
Lack of time off work to see doctor	4.76%	1
Language barrier	9.52%	2
No insurance	14.29%	3
Unable to pay co-pays/ deductibles	33.33%	7
Limited transportation	57.14%	12
Trouble enrolling in health insurance	19.05%	4
Other (please specify)		4
	Answered	21
	Skipped	0

Q9. What do you think are the five most important "health problems" in our community?		
Answer Choices	Responses	
Aging problems / support for the elderly	42.86%	9
Access to birth control	9.52%	2
Access to healthy, affordable foods	23.81%	5
Affordable Housing	33.33%	7
Cancers	14.29%	3
Child abuse / neglect	38.10%	8
Dental problems/ Access	61.90%	13
Domestic Violence	28.57%	6
Chronic Illness (diabetes, high blood pressure, heart disease, etc)	66.67%	14
Firearm-related injuries	0.00%	0
HIV / AIDS	0.00%	0
Homicide	0.00%	0
Infant Death	0.00%	0
Infectious Diseases	0.00%	0
Mental health (including undiagnosed)	85.71%	18
Behavioral Health	47.62%	10
Chronic stress	4.76%	1
Motor vehicle crash injuries	4.76%	1
Rape / sexual assault	0.00%	0
Respiratory / lung disease	23.81%	5
Sexually transmitted diseases	9.52%	2
Suicide	9.52%	2
Teenage pregnancy	14.29%	3
Other (please specify)		3
	Answered	21
	Skipped	0
Q10. What are the top five things you think negatively influence child wellness in out community?		
Answer Choices	Responses	
Limited access to affordable, nutritious food	42.86%	9
Limited physical activity	33.33%	7
No safe place to play	9.52%	2
Not enough parenting classes	9.52%	2
Parents not knowing child safety recommendations	4.76%	1
Not enough safe sports equipment or not used	0.00%	0
Inappropriate use of seat belts or child safety seats	0.00%	0
Child unable to swim, not using a life jacket, or needs water safety education	0.00%	0
Violence in home or community	47.62%	10
Medicines, drugs, or cleaning supplies are accessible to children in the home	28.57%	6
Cigarette smoke exposure	42.86%	9
Parents abuse alcohol & drugs	90.48%	19
Teen drug, alcohol, or tobacco use/abuse	28.57%	6
Bullying or harassment	14.29%	3
Not enough adult supervision	33.33%	7
Child abuse	33.33%	7
Not enough infant safe sleep education for parents and caregivers	4.76%	1
Parents or caregivers put infants in high-risk sleep situations (examples: sleeping with soft objects, no hard bed surface, not sleeping alone)	9.52%	2
Lack of support services for children with special health care needs	23.81%	5
I think generally child wellness and safety in our community is positive	0.00%	0
Other (please specify)		5
	Answered	21
	Skipped	0
Q11. What are the top three reasons you think people do not get the mental health services they need?		
Answer Choices	Responses	
Not enough screenings and referrals for Mental Health	14.29%	3
Not enough Mental Health Providers	57.14%	12
Not enough family, individual, or group therapy services	0.00%	0
Not understanding Mental Health Disorders	28.57%	6
Multiple mental health disorders	14.29%	3
Multi-generational mental health issues	28.57%	6
Language or cultural barriers	9.52%	2
Stigma or prejudice	28.57%	6
Lack of coping skills or problem-solving strategies	9.52%	2
Chronic stress	0.00%	0
Drug or alcohol abuse	47.62%	10
Social acceptance of alcohol and/or drug use	19.05%	4
Untreated substance use problems	33.33%	7
Not enough substance use screening and treatment	4.76%	1
Not aware of the negative effects of substance use	9.52%	2
Lack of Support (community, family, friends)	19.05%	4
Violence in the home	4.76%	1
Violence or crime in the community	0.00%	0
Financial concerns	4.76%	1
I think people generally get the mental health services they need	0.00%	0
Other (please specify)		3
	Answered	21
	Skipped	0

Q12. What are the top three reasons you think influence dental care in our community?		
Answer Choices	Responses	
Lack of dentists	23.81%	5
Lack of dentists who accept Medi-Cal or Denti-Cal insurance	71.43%	15
Lack of pediatric dentists	33.33%	7
Lack of dental hygienists	0.00%	0
Lack of appointments at a time the community can go to the dentist	14.29%	3
Lack of dental insurance	28.57%	6
Lack of fluoride in the water	14.29%	3
Lack of education about dental health	33.33%	7
Lack of oral health screenings to identify problems	19.05%	4
Tobacco use	19.05%	4
Drug use	33.33%	7
Use of sugar including soft drinks and other foods with high sugar content	19.05%	4
I do not think generally dental health in our community is positive	0.00%	0
Other (please specify)		2
	Answered	21
	Skipped	0
Q13. Of all the health topics discussed, what is the most important to you/ your organization?		
Answered	19	
Skipped	2	

Q14. What would you like to see Public Health and the Hospitals, in collaboration with community partners, focus on over the next three years? Please choose 3		
Answer Choices	Responses	
Help people get to doctors appointments (transportation)	14.29%	3
Help people sign up for insurance	4.76%	1
Help people get the medicine they need to stay healthy	14.29%	3
Increase access to the number of family doctors or increase number of appointments	19.05%	4
Increase access to the number of telemedicine specialists	4.76%	1
Help educate people make healthy foods choices	14.29%	3
Help women who are pregnant to have a healthy pregnancy	4.76%	1
Help people to stay healthy who have a chronic disease like diabetes, heart failure, lung disease, cancer, etc.	42.86%	9
Help prevent teen pregnancy	4.76%	1
Help prevent sexually transmitted diseases	4.76%	1
Help stop domestic violence, child abuse and neglect, or elder abuse and neglect	38.10%	8
Help people get mental health care	66.67%	14
Increase access to post acute care services (skilled nursing, hospice, and home health)	9.52%	2
Help adults and teens to stop using illegal drugs, opioids, alcohol, tobacco, or vaping products	66.67%	14
Help support caregivers	4.76%	1
Other (please specify)		1
	Answered	21
	Skipped	0

The Key Informant Survey included 14 questions.

The 2019 Community Health Needs Assessment was produced and distributed by *Siskiyou Well* key partners; Fairchild Medical Center, Mercy Medical Center Mt. Shasta and Siskiyou County Public Health.