Dignity Health
St. Elizabeth Community Hospital

St. Elizabeth Community Hospital
2019 Community Health Needs Assessment

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EXECUTIVE SUMMARY

Rooted in Dignity Health's mission, vision and values, St. Elizabeth Community Hospital (SECH) 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 Dignity Health's St. Elizabeth Community Hospital (SECH). 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 California Senate Bill 697 that not-for-profit hospitals conduct a community health needs assessment at least once every three years.

SECH is located off of California Interstate 5 in Red Bluff, and serves a core service area population of 86,762 residents. Tehama County is a rural county with the residents being spread out over approximately 2,950 square miles. The majority of individuals served reside in Tehama County; however, there are community health services available to bordering communities in Glenn and Shasta counties. While SECH 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.

SECH is committed to involving residents in the community needs assessment process while being good stewards of limited resources. SECH took into consideration available internal and external resources and partnered with outside individuals and organizations as appropriate throughout the CHNA process. 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 key stakeholder focus groups, surveys, and meetings with 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 SECH's 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.

The health needs were identified through the data collection process and focus group participants were asked to help prioritize the health needs for the community. They were asked to choose three needs that they believed to be the most significant for the community in terms of having the greatest impact on the population and are not being met very well right now in the community. They were asked to consider the following factors when prioritizing the needs: size or scale of problem; severity

of problem; disparity and equity; known effective interventions; resource feasibility and sustainability; and community acceptability of intervention. For a health indicator to be a considered a health need, a health outcome, or a health factor it had to meet two criteria; first, existing data had to demonstrate that the service area had a health outcome or factor rate worse than the State rate, demonstrate a worsening trend when compared to Tehama County data in recent years, or indicate an apparent health disparity; second, the health outcome or factor had to be mentioned in a substantial way in at least two primary data collection sources which were focus groups, surveys, or stakeholder meetings.

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 (primary, specialty, urgent care)
- Aging Issues (Alzheimer's, dementia)
- Homelessness
- Mental Health

While there are potential resources available to address the identified needs of the community, the needs are too significant for any one organization. The community has many marginalized, under represented individuals. In order to reach out to the underrepresented individuals, open collaboration needs to begin with community organizations, local government, local business leaders and other institutions in order to make a substantial and upstream impact. Tehama County is home to a wealth of organizations, businesses, and nonprofits that currently offer programs and services in several of the identified significant health needs areas, including domestic violence, food programs, housing, mental health, and senior services to name a few. SECH will continue to build community capacity by strengthening partnerships among local community-based organizations.

Because SECH is the only hospital in Tehama County, it did not collaborate with other hospitals to conduct the CHNA. SECH and Dignity Health staff led the process, and SECH did not use outside consultants. 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 St. Elizabeth Community Hospital's Community Health Office. Written comments on this report can be submitted to the St. Elizabeth Community Hospital's Community Health Office, 2550 Sister Mary Columba Drive, Red Bluff, CA 96080 or by e-mail to alexis.ross@dignityhealth.org.

MISSION, VISION AND VALUES

St. Elizabeth Community Hospital (SECH) is a member of Dignity Health, a 40 hospital faith-based organization providing health care services in California, Nevada and Arizona. SECH is a not-for-profit, 76-bed licensed acute care hospital and a sponsored ministry of the Sisters of Mercy of the Americas. 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

Tehama County is situated in the northern portion of the Sacramento Valley and is divided in half by the Sacramento River. Red Bluff, the county seat, was established in 1856 and is located on the Interstate 5 corridor. While the majority of individuals served reside in Tehama County there are community health services available to bordering communities in Glenn and Butte counties. SECH serves a core service area population of 86,762 residents. Tehama County is a rural county with the residents being spread out over approximately 2,950 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 SECH:

Zip Code	*City*	*County*
95963	Orland	Glenn
96021	Corning	Tehama
96022	Cottonwood	Shasta
96035	Gerber	Tehama
96055	Los Molinos	Tehama
96080	Red Bluff	Tehama

Population Density & Demographics

The service area's population remains relatively flat with growth between 2010 and 2019 being 1.7%, while California has grown 6.8% within the same timeframe. Additionally, SECH serves a very rural population with approximately 24.1 people per square mile, while California has approximately 256.5 people per square mile.

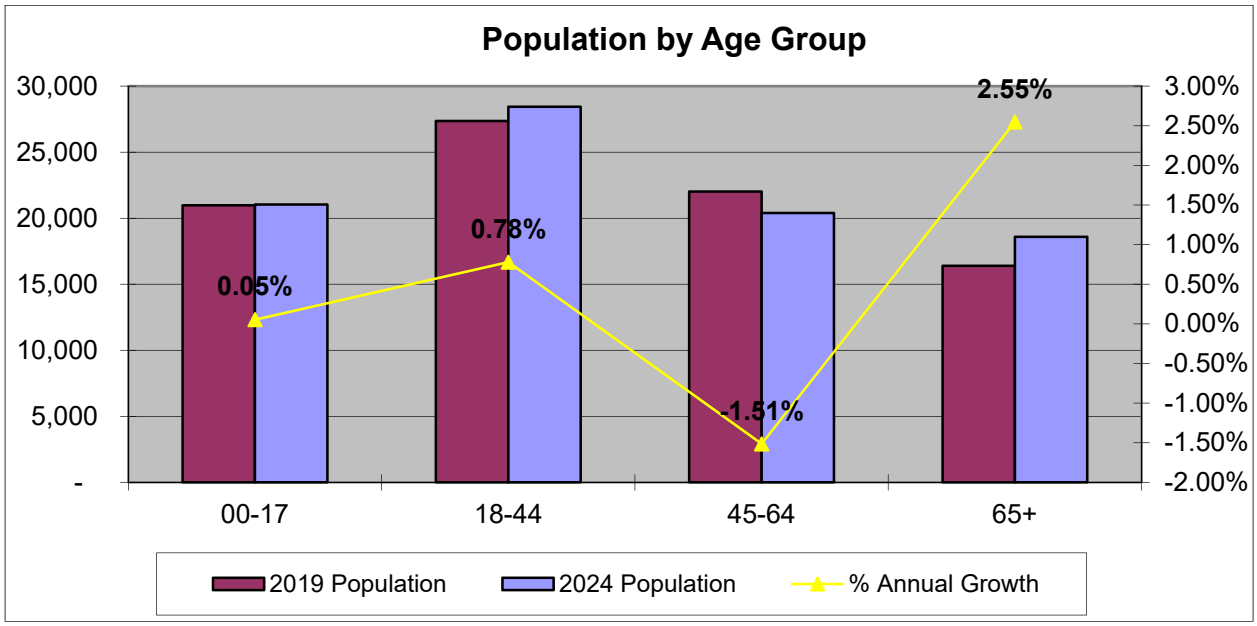
	Core Service Area	California
2010 Population	85,269	37,253,937
2019 Population	86,762	39,964,848
Change in population	1493	2,710,911
Percent Change	1.7%	6.8%
Land in Square Miles	2,950	155,779
Population Density	24.1	256.5

Age Distribution

Age and sex distribution within SECH's service area indicates that 50.3% are female and 49.7% are male and that there are more individuals that are 65 and over (18.9%) as compared to California (14.5%) and this age segment is projected to experience an annual growth rate of 2.55%. The largest

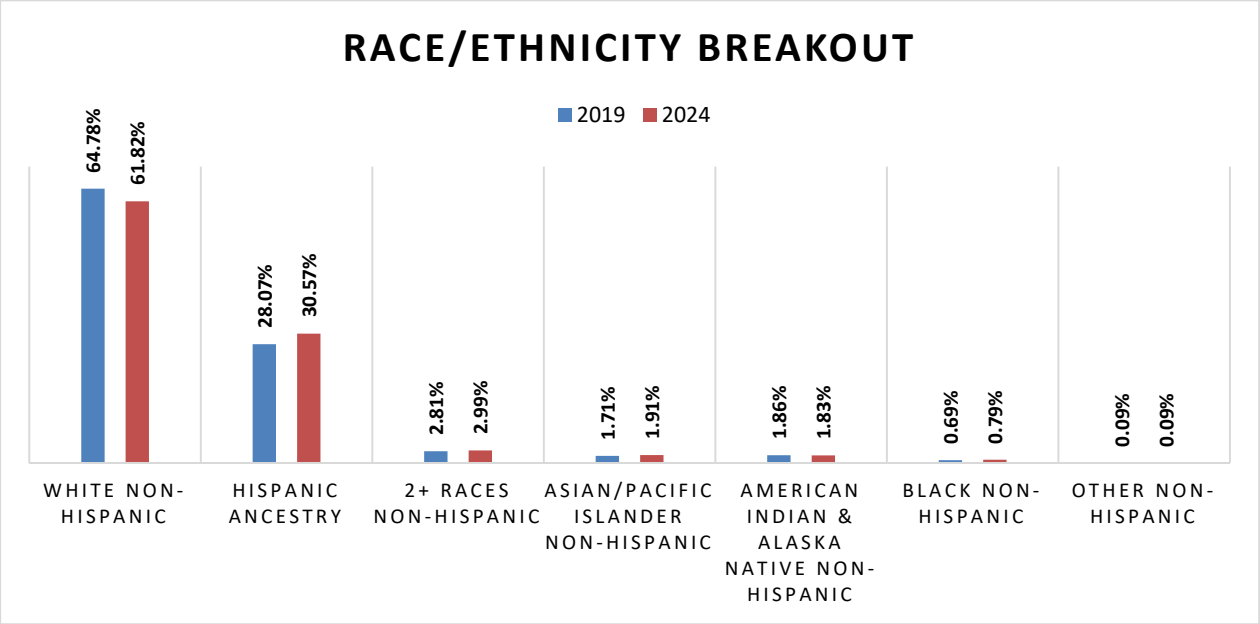
age segment within SECH's service area are those between the ages of 18 to 44, accounting for 27,364 individuals or 31.54% of the service area population.

	SECH Service Area Population					California Population	
Age Group	***2019***	***% of Total***	***2024***	***% of Total***	***% of Annual Growth***	***2019***	***% of Total***
0-17	20,983	24.18%	21,039	23.78%	0.05%	9,168,028	22.94%
18-44	27,364	31.54%	28,446	32.15%	0.78%	15,001,417	37.54%
45-64	22,018	25.38%	20,400	23.06%	-1.51%	10,004,232	25.03%
65 and Over	16,397	18.90%	18,595	21.02%	2.55%	5,791,171	14.49%
Total	**86,762**	**100.0%**	**87,542**	**100.0%**	**0.39%**	**39,964,848**	**100.00%**



Race and Ethnicity

While the majority of the service area population is Caucasian, there is a large Hispanic population that is anticipated to grow by 2.5% over the next five years.



Other pertinent demographics for SECH's service area are listed below:

- Median Income: $45,609
- Uninsured: 14.2%
- Unemployment: 6.3%
- No HS Diploma: 18.2%
- Medicaid Population: 33.9% - *Does not include individuals dually-eligible for Medicaid and Medicare*

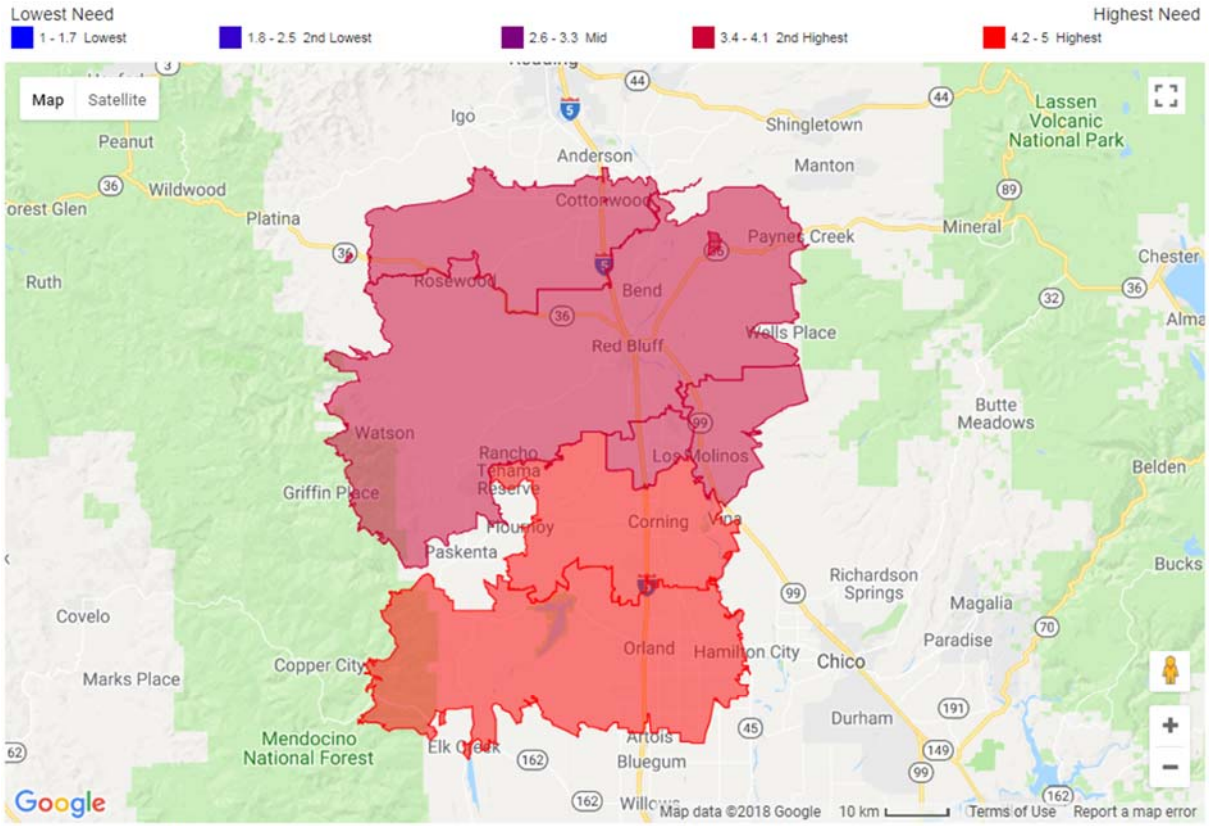
Community Needs Index

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

Barriers to Healthcare Access	Indicator(s): 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 community. 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 SECH's community places it toward the high end of relative need. The CNI map and ZIP code-specific scores are outlined on the following page.

Community Need Index Map



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

Zip Code	CNI Score	Population	City	County	State
95963	4.8	16734	Orland	Glenn	California
96021	4.8	16331	Corning	Tehama	California
96022	3.6	15993	Cottonwood	Tehama	California
96035	4	3696	Gerber	Tehama	California
96055	3.8	3812	Los Molinos	Tehama	California
96080	4	29524	Red Bluff	Tehama	California

ASSESSMENT PROCESS AND METHODS

SECH is committed to involving and informing the residents in the community health needs assessment process while being good stewards of limited resources. The CHNA is conducted at least every three years and identifies the health needs of residents by acknowledging ongoing health concerns within the community. SECH conducted the needs assessment at the facility level using community health staff to oversee the process. By conducting the CHNA internally the hospital was able to gain a better insight into the specific needs of the community while conserving financial resources to be used to deliver direct community health programs and services for the community.

SECH took into consideration available internal and external resources and partnered with outside individuals and organizations as appropriate throughout the CHNA process. Based on this assessment, issues of greatest concern were identified and the hospital determined the areas to commit resources to, thereby focusing outreach efforts to continually improve the health status of the community we serve.

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 key stakeholder focus groups, surveys, and meetings with community stakeholders. The process was reiterative 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.

Primary Data Sources

Primary data can be described as data that is collected or observed directly from first-hand experience. The primary data for the SECH needs assessment was obtained through the use of focus groups and a convenience sampling health survey in an effort to gain a thorough understanding of the medically underserved, low-income and minority populations most often served.

SECH looked to community based organizations to represent their respective clientele in the survey process wherever appropriate, to understand the services underrepresented populations are accessing. Focus group meetings were conducted with individuals and groups that represented the broad interests of the community. These representatives included public health and individuals with knowledge of medical underserved, low-income, and minority populations. Listed below are the community stakeholders from whom input was sought during each focus group meeting (listed in alphabetical order):

- 211 Tehama
- Adult Services
- Blairs Cremation
- Board of Supervisors
- Brookdale Assisted Living
- Community Action Agency
- Corning Healthcare District
- Corning Senior Center
- Dignity Health Connected Living
- Greenville Rancheria
- Housing Tools
- Mercy Housing

- P.A.T.H – Poor & the Homeless
- Paratransit Services
- Passages – Area Agency on Aging
- Tehama County Public Health
- Red Bluff Health Care
- Social Services/Community Action Agency
- Tehama County Health Services
- Tehama County Public Guardian
- Tehama Together
- Veterans Services

These active community members represent a multidisciplinary cross section of organizations and individuals that work with all facets of the community and are well versed in the specific needs and the health disparities of each subgroup of the population.

The focus groups were facilitated March-April, 2019 by community health leadership. On average, each focus group took approximately one hour to complete. The facilitator guided each group through an in-depth discussion by first reviewing and adding topics of health need. Participants were then asked to prioritize the health areas that were just identified. At the end of each focus group session, participants were also asked to complete three brief community health perception surveys. The final survey instrument was previously developed by SECH and Tehama County Public Health and is similar to the surveys used by the hospital for previous CHNA's to keep trending intact. A copy of the facilitator packet with accompanying survey tools are listed in Appendix A. It is important to note that the survey process was not intended to capture a statistically representative sample of the community due to the rural nature of the service area.

Secondary Data Sources

Secondary data can be described as data that has already been collected and published by another party. The secondary data for the 2019 CHNA was obtained from a variety of sources to create a comprehensive community profile and to identify health disparities and barriers to accessing care. Every effort was made to obtain the most current and reliable data. Data by zip code, if available, and county data were analyzed for comparison purposes with the State of California, other counties within California, and with Healthy People 2020 targets when available. Sources included (but were not limited to): Community Commons, Centers for Disease Control & Prevention, U.S. Census data, and the University of Wisconsin Population Health Institute.

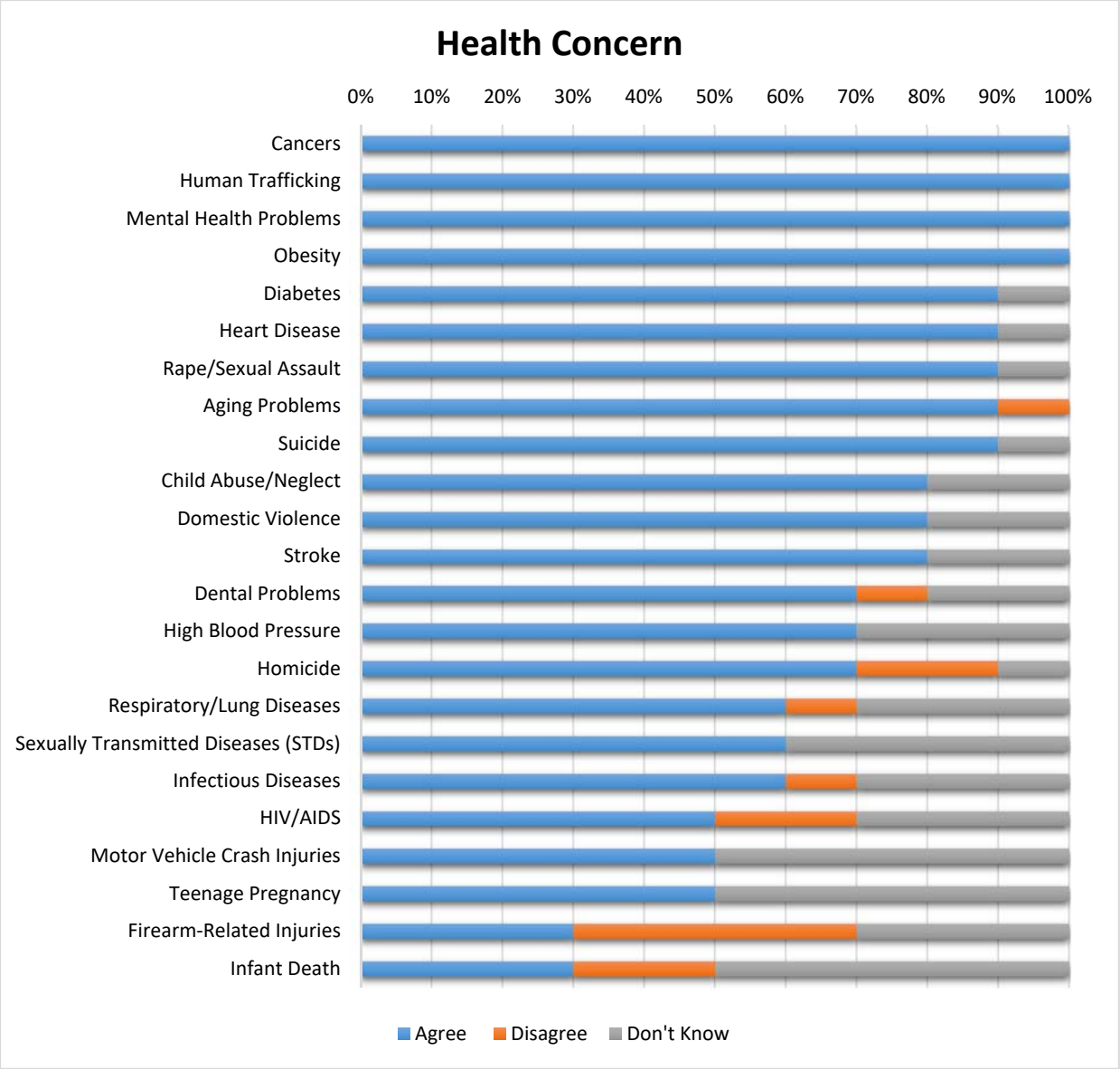
ASSESSMENT DATA AND FINDINGS

In order to help streamline the CHNA process, previous assessments were built upon and the existing health needs of the community were used as a starting point for the data collection portion of the assessment. The results of the primary data collection revealed the perceived health concerns, risk behaviors, and availability of community services from the community's perspective. Listed below are the health needs from previous assessments that were utilized to begin the primary data collection portion of the CHNA process. The individual results of the surveys are listed on the following pages.

- Access to Primary & Specialty Care
- Addiction/Substance Use
- Aging Issues
- Cancers
- Child Abuse/Neglect
- Dental Problems
- Diabetes
- Domestic Violence
- Firearm-Related Injuries
- Food Insecurity
- Heart Disease
- High Blood Pressure
- HIV/AIDS
- Homicide
- Homelessness
- Human Trafficking
- Infant Death
- Infectious Diseases
- Mental Health Problems
- Motor Vehicle Crash Injuries
- Obesity
- Rape/Sexual Assault
- Respiratory/Lung Diseases
- Sexually Transmitted Diseases (STDs)
- Stroke
- Suicide
- Teenage Pregnancy
- Tobacco Use

Survey: Perceived Health Concerns

The health concerns survey contained a list of pre-populated health concerns that were based on previous assessments. Respondents to the survey were asked to agree or disagree with whether or not they perceive the health issue as a concern for the community. The bar chart on the following page displays the results for each health issue sorted by the percentage of answers that were "agree" it is a significant need. It is important to note that individuals were only allowed one choice per health concern. Additional health concern categories that respondents identified were captured in the focus group results and will be included in future CHNA surveys.

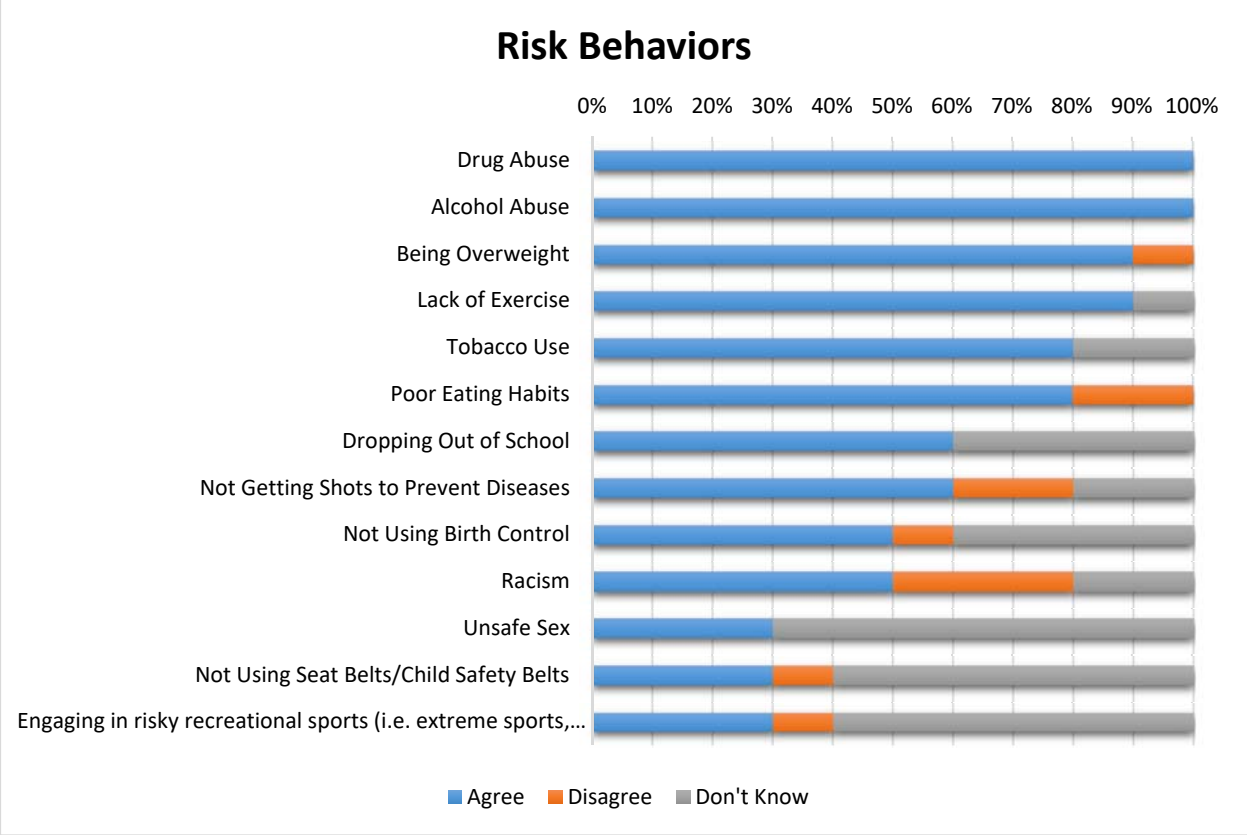


Cancers, human trafficking, mental health, and obesity were among the tier one health needs identified by this method, receiving 100% of the respondents agreeing that they are significant issues in the community. Tier two health needs identified were: diabetes, heart disease, rape/sexual assault, aging problems and suicide with 90% of respondents agreeing that they are significant issues.

Survey: Perceived Health Risk Behaviors

Still focused on the community as a whole, respondents were then asked to agree or disagree with whether or not certain behaviors were perceived as a high risk behavior and an issue for the community. The list of high risk behaviors was pre-populated with risk behaviors from prior assessments in order to keep trending from previous assessments intact. Respondents to the survey

were again asked to agree or disagree with whether or not they perceive the risk behavior as a concern for the community. The following bar chart displays the results for each risk behavior sorted by the percentage of answers that were "agree" based high to low. It is also important to note that individuals were only allowed one choice per risk behavior. As with the health concerns survey, any additional risky behavior categories that respondents wanted to see as a choice were captured in the focus group results and will be included in future CHNA surveys.



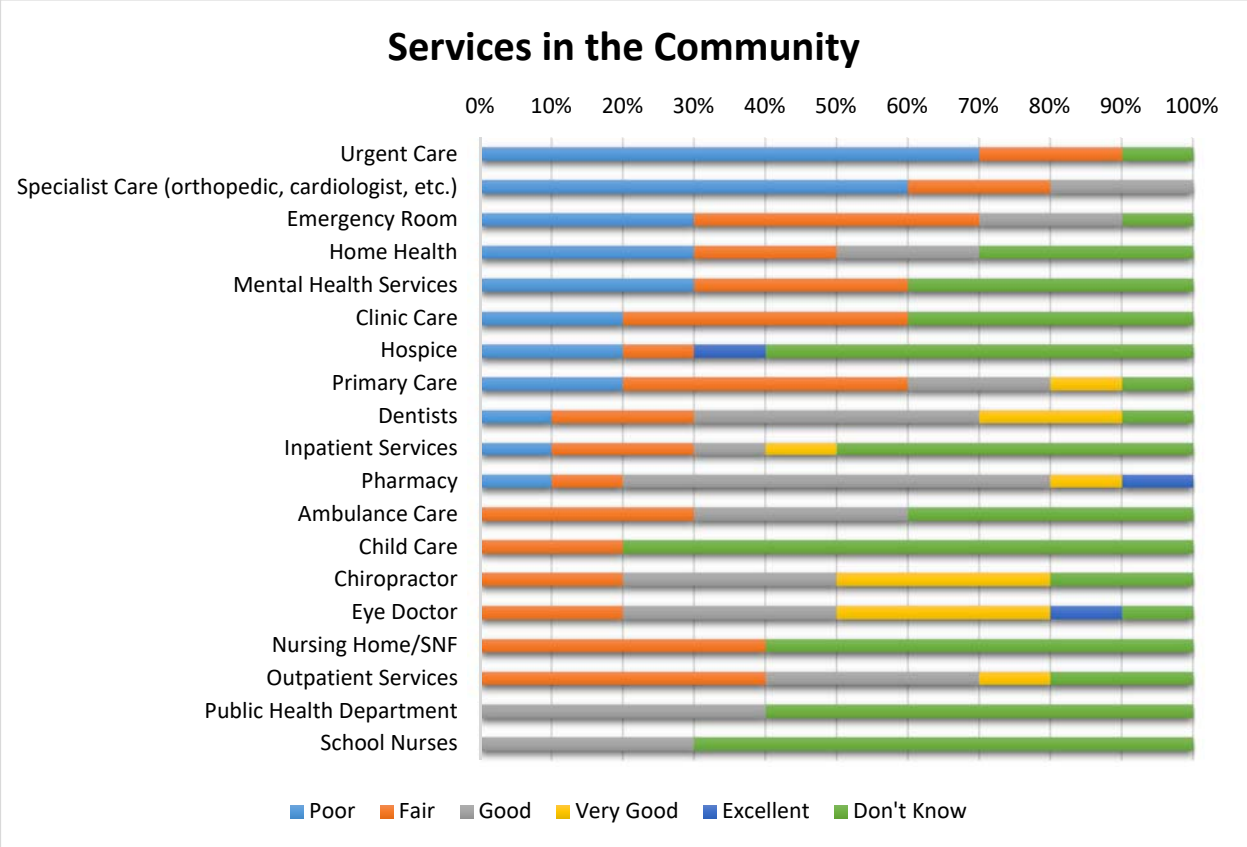
Drug abuse and alcohol abuse were identified as the highest risk behaviors for the community with 100% of the respondents agreeing that they perceive drug abuse and alcohol abuse to be significant high risk behaviors in the community. Other perceived high risk behaviors identified through this method included, lack of exercise, tobacco use, and poor eating habits. These high risk behaviors received between 80 and 90% of respondents agreeing that they are significant issues.

Survey: Community Services

Participants were also asked to rate the quality of various services in the community. The intent behind this survey was for the Hospital to begin to understand the quality and availability of services available to residents. The ability to access quality services/resources that enhance quality of life can have a significant influence on population health within the context of the social determinants of health framework. Social determinants of health are conditions in the environment in which people

are born, live, learn, work, play, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks[1].

Respondents to the community services survey were asked to rate the quality and availability of various community services from "poor" to "excellent". The results of the community services perception survey will help the hospital establish and/or support programs and services that positively influence social and economic conditions to improve the health of the community that can be sustained over time. The following bar chart illustrates the results for the community services survey sorted by the percentage of answers that were "poor" based high to low. It is also important to note that individuals were only allowed one choice per community service. As with the health concerns and risk behavior surveys, any additional community service categories that respondents wanted to see as a choice were captured in the focus group results and will be included in future CHNA surveys.



The quality of urgent care services in the community was rated poor by 70% of respondents. Specialist care was also rated poor by 60% of the respondents with comments referring mainly to the availability of specialist care in the area.

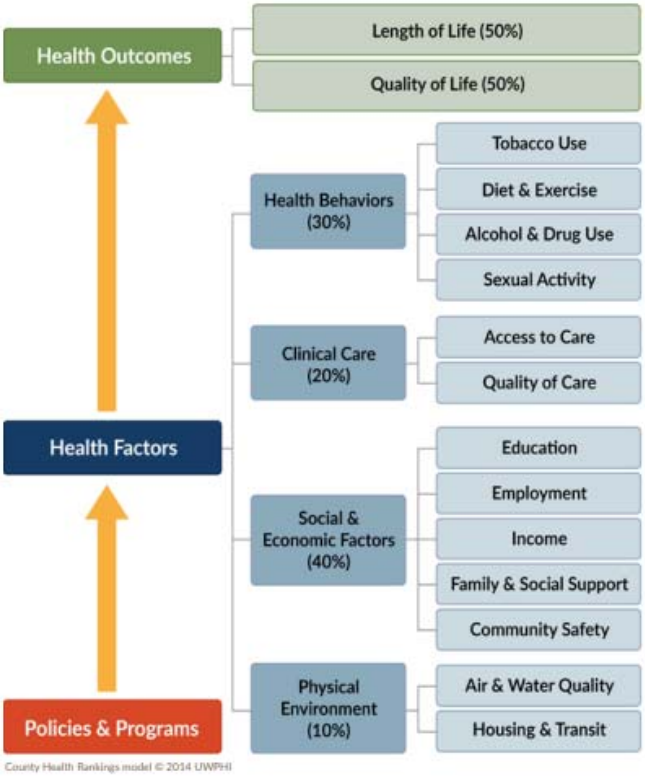
[1] Healthy People 2020

County Health Rankings

The County Health Rankings & Roadmaps program is a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute[2]. 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."*

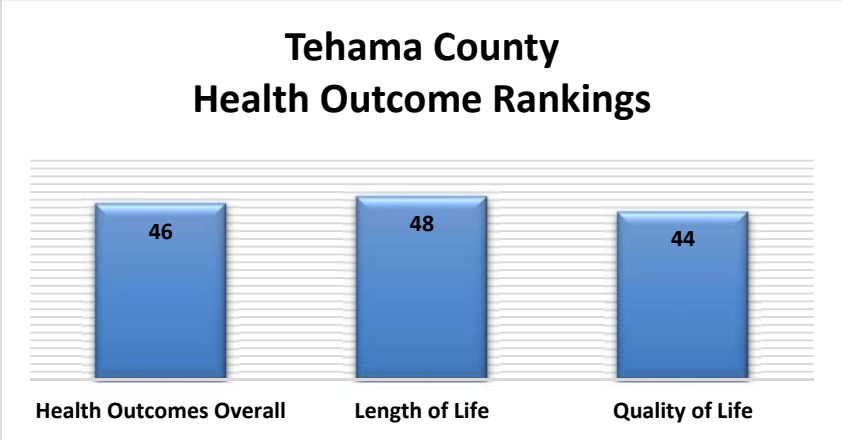
The Rankings are based on a model of population health that emphasizes the many factors that, if improved, can help make communities healthier places to live, learn, work and play.



[2] County Health Rankings

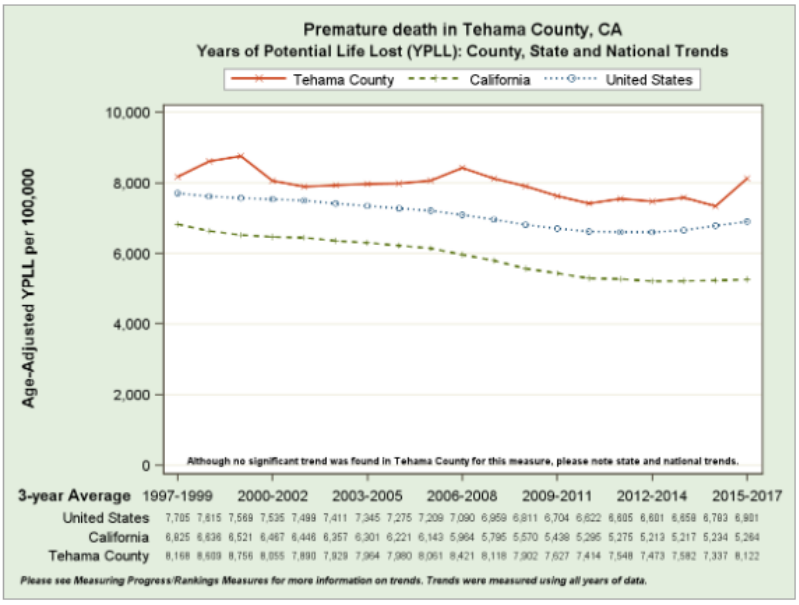
Health Outcomes

Tehama County is ranked 46th out of 58 counties in California for overall Health Outcomes, which includes Length of Life and Quality of Life. Length of Life is ranked 48th and Quality of Life is ranked 44th. This places Tehama County in approximately the bottom 20 percent of counties on these indices.



Length of Life

In a measure of premature deaths among the population, 8,100 years of potential life are lost before age 75 per 100,000 population in Tehama County, compared to 5,300 years of potential life lost per 100,000 population in California as a whole[3].



[3] County Health Rankings

Leading Causes of Death

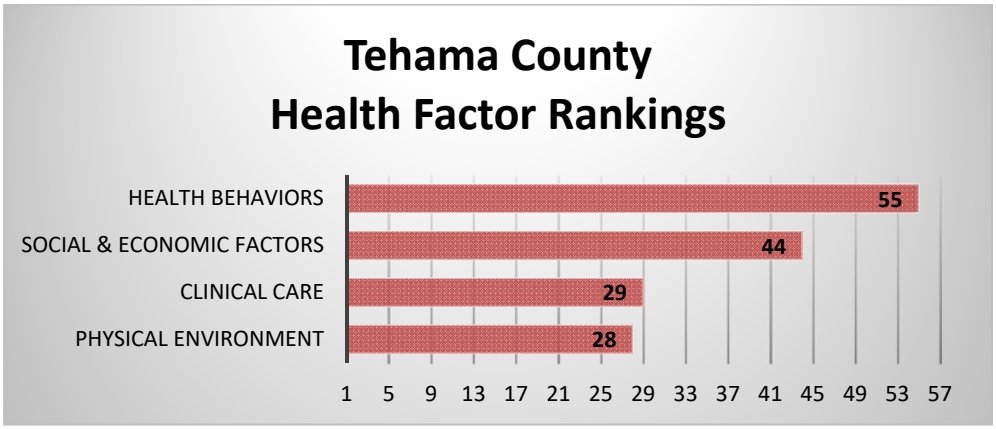
Listed below are is the age-adjusted death rate for California Department of Public Health, health status indicators between 2015-2017. The rank is compared to 57 other counties in California[4] and Tehama County is higher than the State in most categories. Values listed in red indicate that the Tehama County rate is higher than the State rate. In addition, cells highlighted in gray indicate the current rate is higher than the County's previously reported rate.

Rank	Leading Causes of Death (2015-2017)	Tehama County Age-Adjusted Death Rate	California Deaths Age-Adjusted Death Rate	HP 2020 National Objective	Tehama County Previous Rate (2012-2014)
43	All Causes	746.9	610.3	*Not Established*	823.1
34	All Cancers	144.1	137.4	161.4	187.4
40	Coronary Heart Disease	101.7	87.4	103.4	100.9
53	Chronic Lower Respiratory Disease	59.4	32.0	*Not Established*	63.3
40	Accidents (unintentional injuries)	52.4	32.2	36.4	55.1
35	Alzheimer's Disease	37.0	35.7	*Not Established*	25.0
32	Cerebrovascular Disease (Stroke)	36.7	36.3	34.8	43.0
45	Lung Cancer	35.5	27.5	45.5	51.5
44	Suicide	19.2	10.4	10.2	19.0
44	Motor Vehicle Traffic Crashes	18.5	9.5	12.4	18.4
47	Chronic Liver Disease and Cirrhosis	18.4	12.2	8.2	19.3
22	Prostate Cancer	18.2	19.4	21.8	20.0
20	Female Breast Cancer	16.9	18.9	20.7	21.0
18	Diabetes	16.2	21.2	*Not Established*	24.5
25	Colorectal Cancer	11.8	12.5	14.5	19.2
14	Influenza/Pneumonia	10.8	14.2	*Not Established*	16.2
32	Firearm Related Deaths	10.7	7.9	9.3	16.1
11	Drug Induced Deaths	10.5	12.7	11.3	14.1
28	Homicide	4.6	5.2	5.5	7.1

[4] California Department of Public Health

Health Factors

Tehama County is ranked 45th out of 58 counties in California for overall Health Factors, which includes Health Behaviors, Clinical Care, Social & Economic Factors, and Physical Environment[5]. The chart below illustrates Tehama County's ranking per Health Factor category:



Health Needs Data Review

The following section contains a review of data available for each of the health needs that were identified as an output of the overall CHNA process. For a health indicator to be a considered a health need, it had to meet two criteria; first, existing data had to demonstrate that the service area had a health outcome or factor rate worse than the State rate, demonstrate a worsening trend when compared to Tehama County data in recent years, or indicate an apparent health disparity. Second, the health outcome or factor had to be mentioned in a substantial way in at least two primary data collection sources which were focus groups, surveys, or stakeholder meetings. Where available, statistical data, data source, accompanying focus group comments, and the process utilized for collection are included in each identified health need subsection.

Access to Care - Primary Care; Specialty Care; Urgent Care

Access to comprehensive, quality healthcare services is important for the achievement of health equity and for increasing the quality of a healthy life for everyone. Efforts are continually being made to assist more people in accessing affordable, quality health care; however, limitations to health care access can greatly impact people's ability to reach their full potential, negatively affecting their quality of life.

The U.S. Department of Health and Human Services (HHS) designates certain areas as being medically underserved. They are known as Health Professional Shortage Areas (HPSA). There are three categories of HPSAs: primary care (shortage of primary care clinicians), dental (shortage of oral health professionals), and mental health (shortage of mental health professionals). There is another designation known as a Medically Underserved Area (MUA); they are areas or populations

[5] County Health Rankings

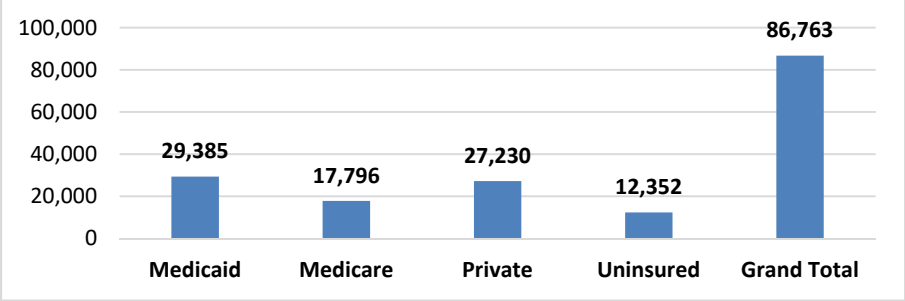
designated by the U.S. Department of Health and Human Services as having: too few primary care providers, high infant mortality, high poverty and/or high elderly population. Tehama County is both a Health Professional Shortage Area (HPSA) and a Medically Underserved Area (MUA). Therefore it is extremely important that the hospital work with community organizations, local government, local business leaders and other institutions to help increase access to critical services for the community. All available shortage area maps for California are located in Appendix B.

Tehama County's ratio of primary care, mental health, and dental providers to residents was worse than the State[6]. In addition, residents may experience difficulties scheduling appointments due to the shortage of health professionals in the area.

Health Professional	Tehama County	California
Primary Care Physicians 2019	2,430:1	1,270:1
Mental Health Providers 2019	630:1	310:1
Dentists 2019	1,880:1	1200:1

Insurance Coverage Estimates

Health insurance coverage can be a key element in an individual's ability to access health care services. For individuals and families, health insurance both enhances access to health services and offers financial protection against high expenses that are relatively unlikely to be incurred as well as those that are more modest but are still not affordable to some. To a great extent, the costs and consequences of uninsured and unstably insured populations are hidden and difficult to measure and the health effects may be absorbed by families in the form of diminished physical and psychological well-being, productivity, and income[7]. The following insurance coverage estimates for the Hospital's service area uses multiple proprietary and public data sets to estimate the counts of covered lives by insurance type[8].



[6] County Health Rankings
[7] National Institutes of Health
[8] The Claritas Company, IBM Corporation 2019

Access to Care Focus Group Comments

Strengths

- SECH continuing to recruit physicians and specialists to area
- ED Navigators
- Greenville Rancheria
- Increase in urgent care clinics

Challenges

- Programs designed to address critical social and health issues are hampered with limited qualified staff and financial resources
- Cost of care
- Physician shortage
- Length of time to get in to see doctor or specialist
- Lack of Quality caregivers
- Urgent cares do not have extended hours/weekends
- Transportation

Opportunities

- Introduce incentives for healthcare professionals to stay in the area
- Increase medical coverage in the community
- Decrease prescription drug costs

Addiction/Substance Abuse (including Tobacco)

Substance abuse refers to a set of related conditions associated with the consumption of mind- and behavior-altering substances that have negative behavioral and health outcomes. Social attitudes and political and legal responses to the consumption of alcohol and illicit drugs make substance abuse one of the most complex health issues. In addition to the considerable health implications, substance abuse has been a flash-point in the criminal justice system and a major focal point in discussions about social values[9].

Alcohol Consumption

Excessive drinking is associate with significant increases in short-term risks to health and safety and the risk increases as the amount of drinking increases[10]. Tehama County residents exhibit a slightly higher rate of excessive drinking than the State. The Tehama County rate is 19% which is similar to the rate for the State (18%). Additionally, the number of alcohol-impaired driving deaths in Tehama

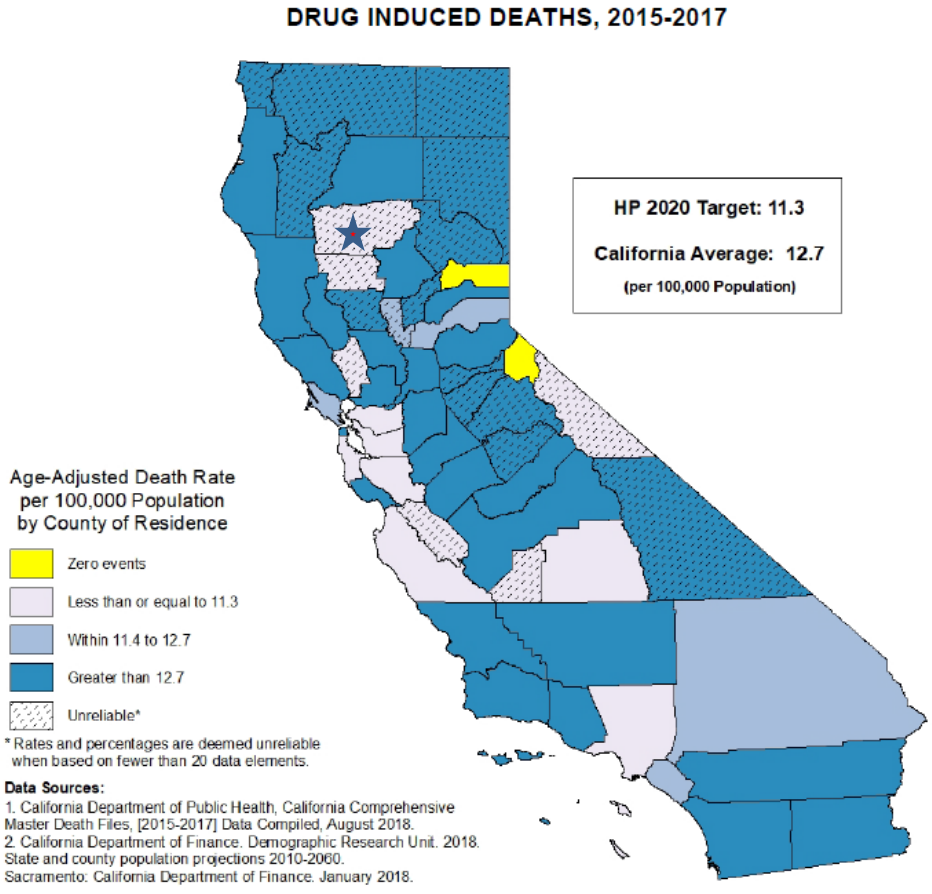
[9] Healthy People 2020
[10] Centers for Disease Control and Prevention

County are higher than the State. Excessive alcohol use may also be an indicator of other significant health issues, such as cirrhosis, cancers, and untreated mental and behavioral health needs.

Health Behavior	Tehama County	California
Excessive Drinking	19%	18%
Alcohol-impaired deaths	35%	30%

Drug Induced Deaths

The California Department of Public Health County Health Status Profiles indicates the age-adjusted death rate for drug induced deaths for Tehama County is 10.5 per 100,000 population. This rate is lower than the State (12.7). It should be noted, however, that rates for rural areas could be unreliable when they are based on fewer than 20 data elements[11].



[11] California Department of Public Health

Opioid Overdose

The California Department of Public Health County Health Opioid Overdose Surveillance Dashboard provides a data tool with enhanced data visualization and integration of statewide and geographically-specific non-fatal and fatal opioid-involved overdose and opioid prescription data[12]. The data indicates the age-adjusted death rate for opioid induced deaths for Tehama County is 0 per 100,000 while the state of California experienced 5.5 deaths per 100,000 people. Additional opioid related data is illustrated below.

Tobacco Use

Tobacco use is the leading cause of preventable death and can lead to disease and disability that harms nearly every organ of the body[13]. Adult tobacco use in Tehama County is 15% and is higher than the State rate of 11%[14]. It is important to note that California's adult cigarette smoking rate varies by population density, with higher rates predominantly in rural counties.

Addiction/Substance Abuse/Tobacco Use Focus Group Comments

Strengths

- Community working together to address opioid concerns
- Agency collaboration

Challenges

- Education Awareness
- Funding
- Staffing
- Isolation
- No sobering center in community
- No rehab center in community

Opportunities

- Interagency collaboration
- Prevention education

[12] California Department of Public Health
[13] Center for Disease Control and Prevention
[14] County Health Rankings

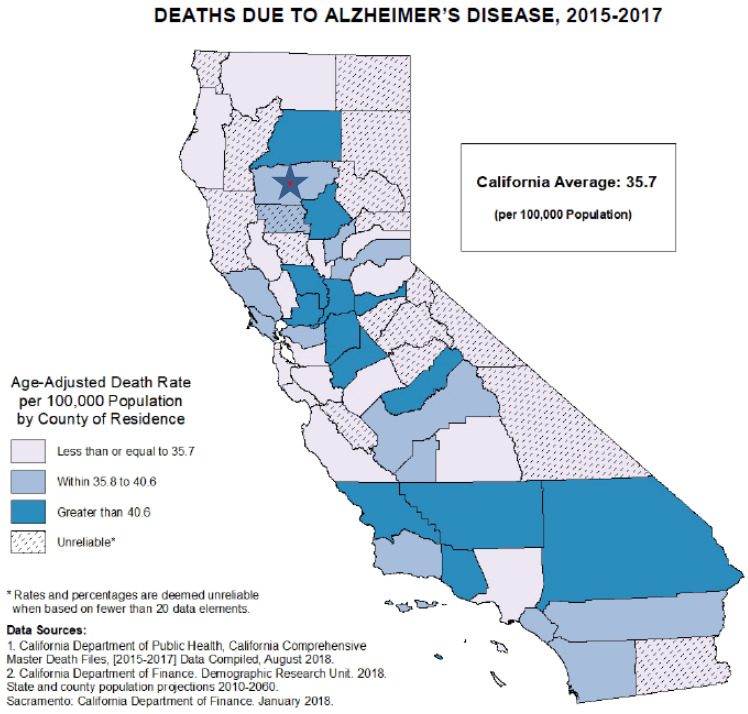
Aging Issues; Alzheimer's/Dementia

Tehama County demographics indicate that 18.9% of those living in the hospital's service area are aged 65 and over. As Americans live longer, growth in the number of older adults is unprecedented. The US population aged 65 or older is projected to reach 23.5% (98 million) by 2060. Aging adults experience higher risk of chronic disease. Chronic diseases can lower quality of life for older adults and contribute to the leading causes of death among this population. Common chronic conditions include: heart disease, cancer, chronic bronchitis or emphysema, stroke, diabetes, and Alzheimer's disease

Screenings and immunizations can prevent disease or help to detect disease early, when treatment is more effective. Unfortunately older adults, especially those from certain racial and ethnic groups, underuse these services. Professionals, paraprofessionals, as well as paid and unpaid caregivers need basic and continuing geriatric education to improve care for older adults[15].

Alzheimer's

The age-adjusted death rate from Alzheimer's disease for California was 35.7 deaths per 100,000 population, a risk of dying from Alzheimer's disease equivalent to approximately one death for every 2,519.5 persons[16]. Tehama County's age-adjusted death rate from Alzheimer's was slightly higher than the State at 37.0.



[15] Healthy People 2020

[16] California Department of Public Health

Elder Population Focus Group Comments

Strengths

- Nutrition for Seniors
- Community Support for Services
- Caregiver resource program
- Fall prevention programs

Challenges

- Lack of caregiver support (respite care)
- Lack of resources
- Cost of medications for seniors
- Low-income services overtaxed - it can be a 6-month wait for meals on wheels
- Lack of senior and low-income housing
- Increase in elder abuse

Opportunities

- Collaboration among community organizations
- Expansion of Alzheimer's care in the community

Cancers

Tehama County was ranked 34 out of 58 counties for deaths due to all cancers with an age-adjusted rate of 144.1 which is higher than the State at 137.4[17]. Additionally, lung cancer, prostate cancer, female breast cancer, and colorectal cancer were listed in the top 20 leading causes of death in Tehama County.

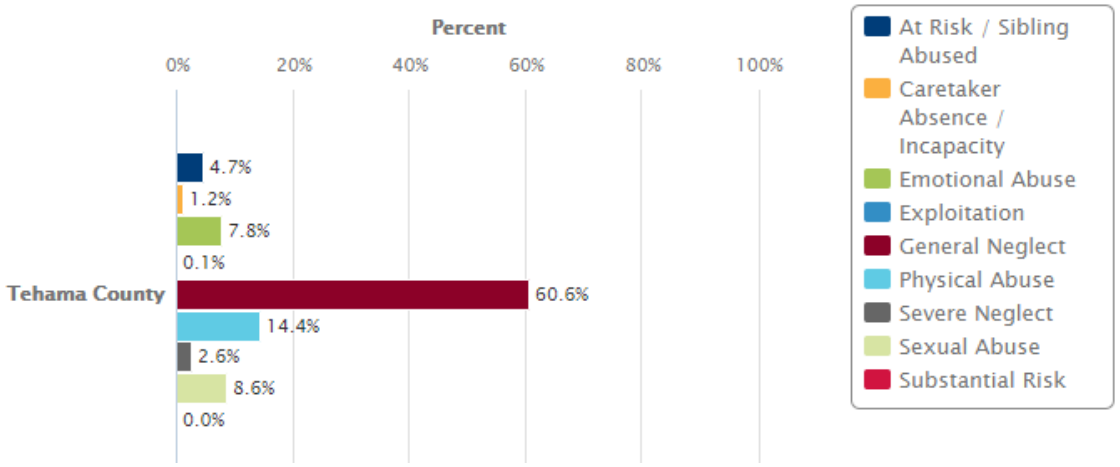
Rank	Leading Causes of Death (2015-2017)	Tehama County Age-Adjusted Death Rate	California Deaths Age-Adjusted Death Rate	HP 2020 National Objective
34	All Cancers	144.1	137.4	161.4
45	Lung Cancer	35.5	27.5	45.5
22	Prostate Cancer	18.2	19.4	21.8
20	Female Breast Cancer	16.9	18.9	20.7
25	Colorectal Cancer	11.8	12.5	14.5

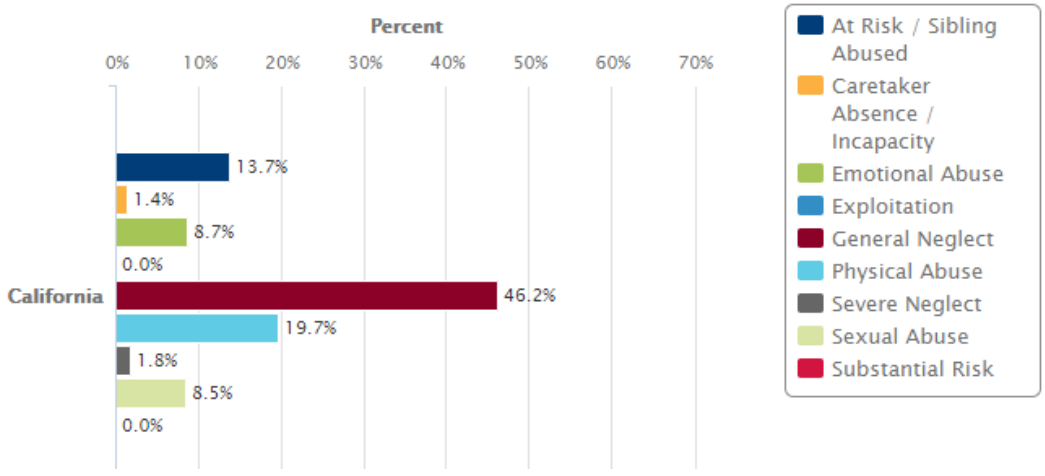
[17] California Department of Public Health

Child Abuse/Neglect

Child abuse and neglect has been a recurring issue in SECH's CHNA since at least 2002. In 2015, there were 1,606 total reports of child abuse in Tehama County. Children who are abused or neglected, including those who witness domestic violence, also are more likely to experience cognitive, emotional, and behavioral problems, such as anxiety, depression, substance abuse, delinquency, difficulty in school, and early sexual activity. In addition, child maltreatment can disrupt brain and physical development, particularly when experienced in early childhood, increasing the risk for health problems in adulthood, e.g., heart disease, cancer, obesity, depression, and suicide, among others. Children who are abused or neglected also are more likely to repeat the cycle of violence by entering into violent relationships as teens and adults or by abusing their own children[18].

Child Abuse Reports – 2015 Data

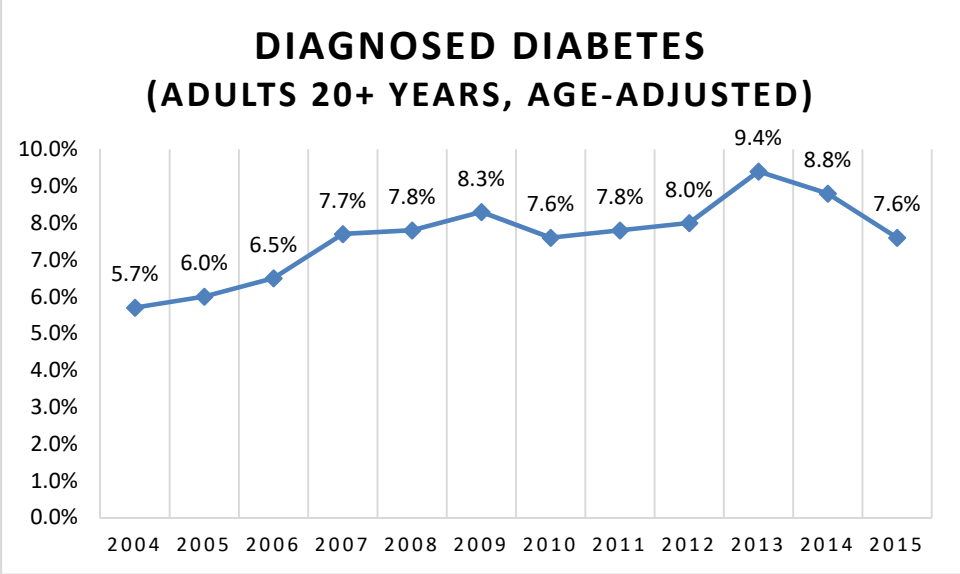




[18] Lucile Packard Foundation for Children's Health

Diabetes

Diabetes is an important marker for a range of health behaviors. This can be a valuable source of data for communities in understanding the toll that risky health behaviors can take on their population[19]. Diabetes puts individuals at risk for further health issues and increased costs of medical care and possibly disability, and premature death. Tehama County has a slightly lower rate (7.6%) than the State rate (9.6%) of individuals aged 20 and over who received a diabetes diagnosis. Even though Tehama County's rate of diagnosed diabetes is lower than the State, diabetes is listed in the leading causes of death in Tehama County indicating a sustained health need.

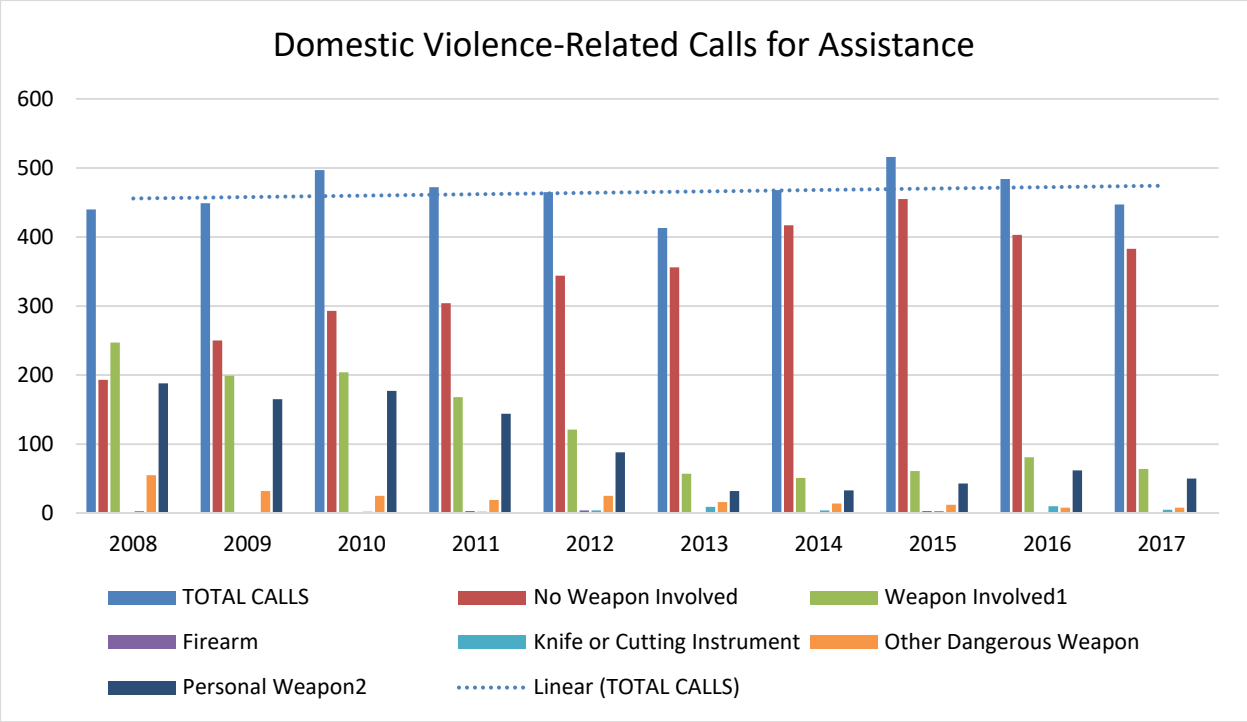


Domestic Violence

Violence between intimate partners or former partners in dating or marriage relationships can result in physical injury, psychological trauma, and even death. Violence may include intimidation, physical assault, battery, sexual assault, emotional abuse, stalking, and other abusive behavior. In the United States, an average of 20 people experience intimate partner physical violence every minute. This equates to more than 10 million abuse victims annually[20]. These figures are considered underestimates, as many victims do not report it.

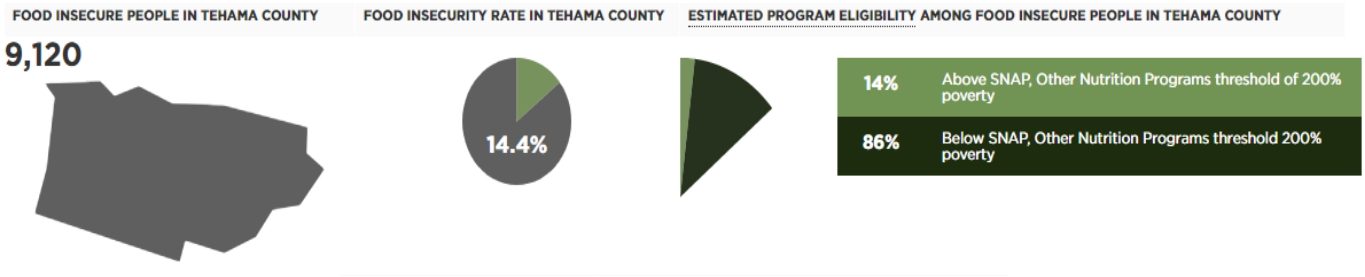
The number of domestic violence-related calls for assistance in Tehama County has remained steady between 2008-2017[21] indicating a sustained issue in the community.

[19] County Health Rankings
[20] National Coalition Against Domestic Violence
[21] Department of Justice



Food Insecurity

Food insecurity refers to USDA's measure of lack of access, at times, to enough food for an active, healthy life for all household members and limited or uncertain availability of nutritionally adequate foods[22]. Based on data from *Feeding America*, the food insecurity rate in Tehama County is 14.4%, an estimated 9,100 food insecure people. In Tehama County, 14% of the population were above and 86% were below SNAP and other Nutrition Programs threshold of 200% of the poverty level.

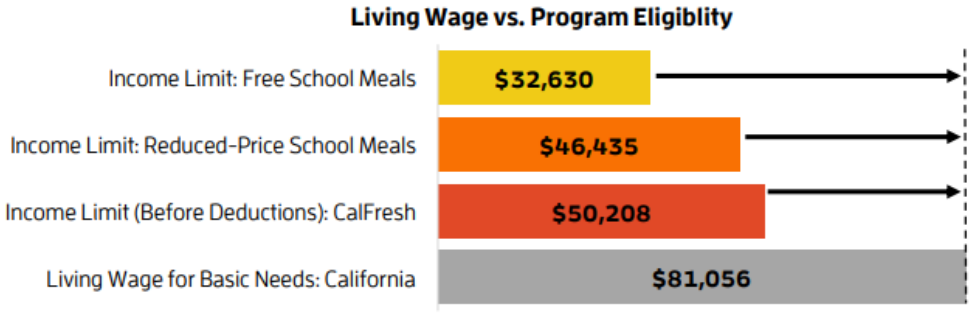


[22] Feeding America

Data from *California Food Policy Advocates* also found that[23]:

- 94% of low-income students in Tehama County benefit from free or reduced-price meals during the school year but not during summer
- 60% of low-income Public Schools in Tehama County did not have access to an open summer meal site within a one-mile radius

While the data from *California Food Policy Advocates* focused on Californians with incomes below 200% of the official federal poverty measure ($51,500 for a household/family size of four[24]), food insecurity also affects households with higher incomes. In many California communities, the official federal poverty measure does not reflect the true level of need – and neither do program eligibility criteria based on that measure. Below is a comparison of the maximum allowable income (before deductions) for CalFresh, income limits for school meal programs, and the living wage deemed necessary to meet the basic needs of a family of four in California.



Homelessness

Homelessness data is extremely difficult to obtain, especially for rural communities. An individual experiencing homelessness is defined as "an individual who lacks housing (without regard to whether the individual is a member of a family), including an individual whose primary residence during the night is a supervised public or private facility (e.g., shelters) that provides temporary living accommodations, and an individual who is a resident in transitional housing." A homeless person is an individual without permanent housing who may live on the streets; stay in a shelter, mission, single room occupancy facilities, abandoned building or vehicle; or in any other unstable or non-permanent situation[25].

The Point-in-Time (PIT) count is a count of sheltered and unsheltered homeless persons on a single night in January. HUD requires that Continuums of Care (CoCs) conduct an annual count of homeless persons who are sheltered in emergency shelter, transitional housing, and Safe Havens on a single night[26]. Preliminary results for the 2019 Point-in-Time survey showed that the numbers of individuals experiencing homelessness was 281. This is an increase of 55.8% since 2017.

[23] California Food Policy Advocates
[24] Families USA 2019 Federal Poverty Guidelines
[25] National Health Care for the Homeless Council
[26] HUD Exchange

Without ongoing definitive quantitative data regarding homelessness it is important to understand the perception of the issue from the community viewpoint. The focus groups indicated a lack of affordable housing available within the community as a contributing factor for homelessness.

Homelessness Focus Group Comments

Strengths

- Community desire to address the issue of homelessness

Challenges

- Not enough affordable housing available in community for those homeless or at risk of being homeless
- Lack of emergency food/housing resources
- Cultural/community perception regarding homelessness
- Sustainable Funding

Opportunities

- Collaboration among influencial community organizations for larger impact
- Create a whole person care navigation center with all services in one place

Human Trafficking

Human trafficking statistics are extremely difficult to obtain, especially for rural communities. Human trafficking cases are reported by state and in 2018 California was listed as the state with the most reported cases at 760[27].

While ongoing definitive quantitative data regarding the incidence rate of human trafficking is not available by county, it is important to recognize the issue from the community viewpoint. The focus groups indicated that human trafficking is an issue within the community with 100% of respondents agreeing that this is a significant issue in the community.

Mental Health

Mental health is described as a state of successful performance of mental function, resulting in productive activities, fulfilling relationships with other people, and the ability to adapt to change and to cope with challenges. Mental health is essential to personal well-being, family and interpersonal relationships, and the ability to contribute to community or society.

There is a severe lack of access to mental health services in SECH's service area due to a lack of providers and lack of ongoing sustainable funding for services. Compared to California, Tehama County has a significantly lower rate of providers relative to the population. Tehama County

[27] Human Trafficking Hotline

residents report slightly higher rates of reported mentally unhealthy days and frequent mental distress days[28].

Measurement	Tehama County	California
Mental Health Providers 2019	630:1	310:1
Average number of mentally unhealthy days reported in the last 30 days	4.3	3.5
Percentage of adults reporting 14 or more days of poor mental health per month	13%	11%

Mental Health Focus Group Comments

Strengths

- Opening of new mental health RestPadd facility
- Mental Health Navigator

Challenges

- Lack of mental health providers
- Sustainable Funding
- No coordination of services for individuals
- Stigma can prevent accessing of services
- Youth referral to mental health is not a satisfying situation

Opportunities

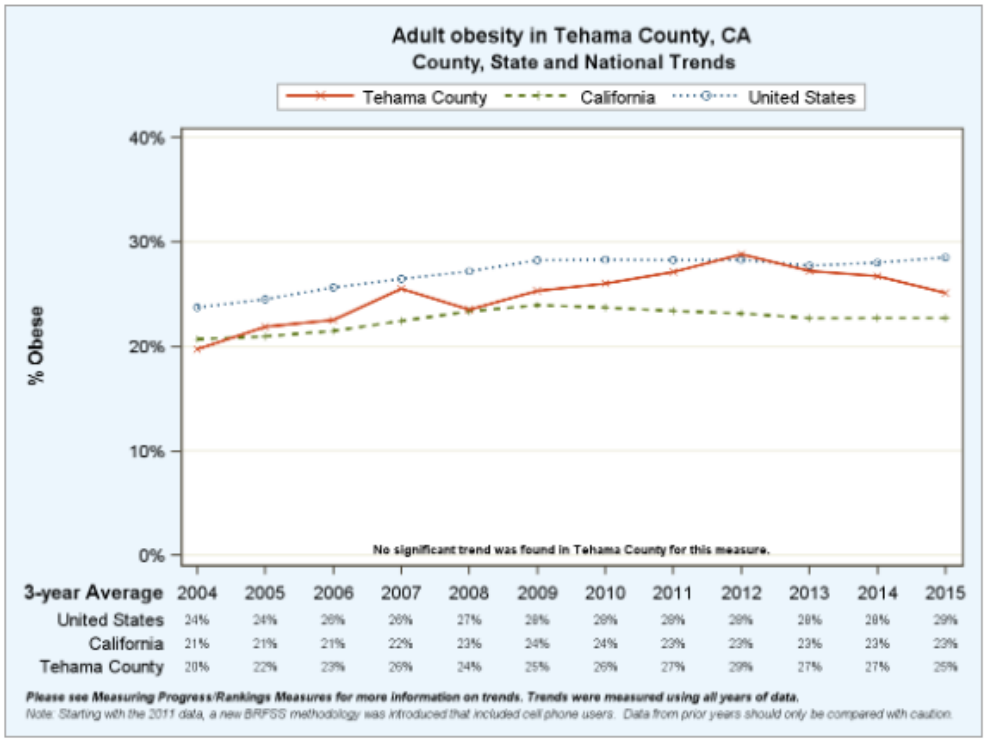
- Interagency collaboration
- Enhance reputation of steady provideers and putting their stamp on mental health services

[28] County Health Rankings

Obesity

In 2017, California ranked 48 out of 51 states for obesity, making it the fourth lowest adult obesity rate in the nation at 25.1%[29].

In Tehama County 25% of individuals aged 20 and over have a Body Mass Index greater than 30 and are considered obese as compared to 23% for California[30]. Although the rate of obesity in Tehama County is higher than the State, the obesity rate has decreased since 2012.



[29] The State of Obesity
[30] County Health Rankings

PRIORITIZED DESCRIPTION OF SIGNIFICANT HEALTH NEEDS

After the health needs were identified, focus group participants were asked to prioritize the needs. They were asked to choose three needs that they believed to be the most significant for the community in terms of having the greatest impact on the population and are not being met very well right now in the community. They were asked to consider the following definitions for prioritizing the needs:

- **Size or scale of problem** – the number, percentage, or rate of people affected
- **Severity of problem** – the degree to which the problem leads to death, disability or impairs one's quality of life. Also consider the risk of exacerbating the problem by not addressing at the earliest opportunity.
- **Disparity and equity** – the need has a disproportionate impact on a vulnerable segment of the community (subgroups of age, sex, race/ethnicity, geographic region)
- **Known effective interventions** - how likely it is that interventions will be successful in preventing or reducing the consequences of a problem; the potential to reach populations at greatest risk; and the ability of the community at large to mobilize to support the intervention.
- **Resource feasibility and sustainability** - consider what programs are currently in place to address the problem; consider the ability of organizations to reasonably impact the issue given available resources (i.e., availability of current or potential monetary, human, organizational, and/or community resources)
- **Community acceptability** – what does the community-at-large feel is important to address (i.e., evidence that it is important to community stakeholders)

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 four areas of the most significant need for the community:

- Access to Care (primary, specialty, urgent care)
- Aging Issues (Alzheimer's, dementia)
- Homelessness
- Mental Health

OVERALL THEMES OF THE CHNA

Reducing Health Disparities

Across the service area and in California, minorities and low-income families and individuals suffer disproportionately from lack of access to health care and a myriad of health problems linked to socio-economic status and race/ethnicity. A complex and interrelated set of individual, provider, health system, societal, and environmental factors contribute to disparities in health and health care. In Tehama County, this disparity is most evident in the areas of cultural and linguistic barriers to patient-provider communication for the Hispanic population. The results of the CHNA will be used, where possible, to highlight the health disparities and propose actions that can begin to alleviate them in the annual community health implementation plan.

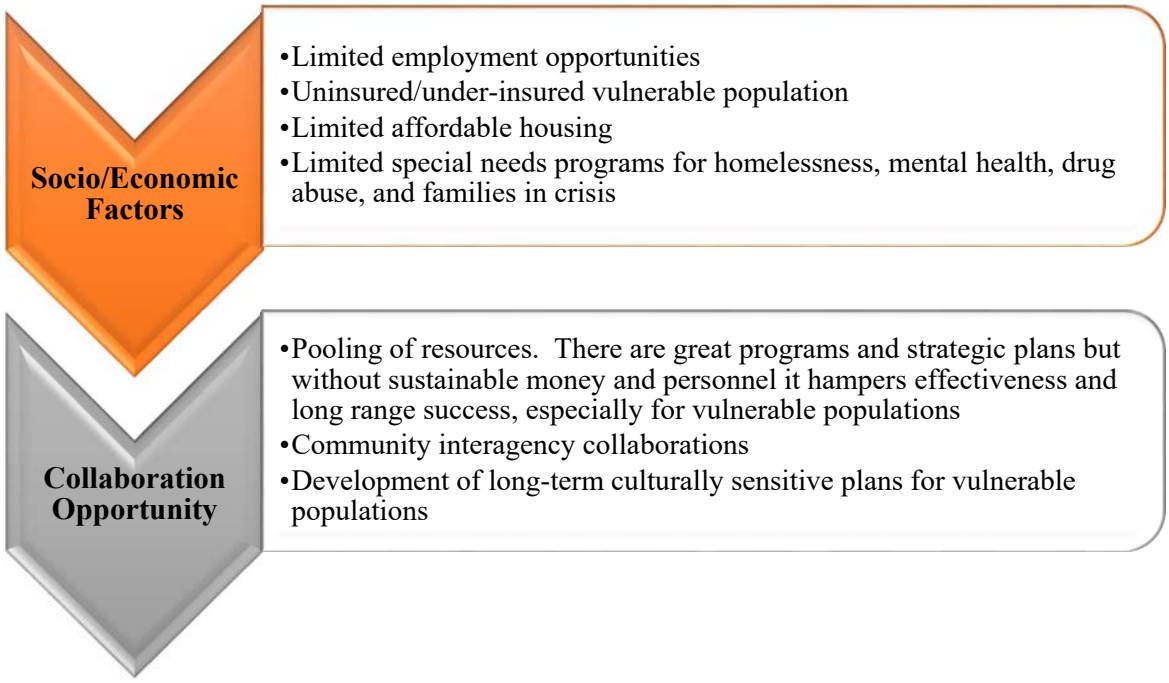
Understanding the Complexity of Health Drivers

There is a lack of understanding among the public about the connection between social and environmental factors, access to care, and chronic disease management. Improving the public's understanding of complex health issues necessitates the collection of accurate data now and into the future. In developing this CHNA, the hospital identified the key stakeholders who are working diligently on these issues and asked them to contribute their data and expertise. The hospital will use this information to create key data indicators that can be used to measure the community's progress in improving these health issues. The results of the CHNA will be used to inform the hospital's annual community health implementation plan and through continued collection of data and public education, increase the community's understanding of the link between particular health issues and overall health and well-being.

Leveraging Opportunities

The CHNA is a critical planning document for the hospitals, and also a call to action for the entire community. The hospitals have a large role to play but, every individual and organization in the community can contribute to turning the curve on the identified significant health needs and other important health issues. Through the focus groups, some information was collected about the many important efforts already underway in the community.

In addition to the themes already mentioned above focus group participants were asked, from their perspective, to identify overarching challenges and opportunities for collaboration to help impact the social determinants of heath for the community. Specific items around socio/economic factors and collaboration opportunities that emerged throughout the CHNA process are listed below:



It will take a groundswell of commitment from individuals and organizations, adding their resources and strength to other local efforts, if we are to be successful in making critical shifts in the overall health of the community and reduce health disparities.

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. Tehama County is home to a wealth of organizations, businesses, and nonprofits including SECH. The table below illustrates potential resources available for the significant health needs in Tehama County:

Significant Health Need	Potential Community Resource
Access to Health Services (Primary & Specialty Services)	Lassen Medical Clinic Lassen Medical Clinic Cottonwood Solano Street Clinic Corning Tehama County Public Health Greenville Rancheria Tribal Health Center WIC Tehama First 5
Housing	PATH (Poor And The Homeless) a. Transitional housing for Men b. Transitional housing for Women/Children c. Winter overnight shelter Empower Tehama
Mental Health and Mental Disorders	Family Counseling Resource Center Northern California Child Development Inc Tehama County Drug/Rehab Wellness Program Tehama County Mental Health Services Restpadd Psychiatric Hospital
Older Adults	Tehama Co Adult Protective Services Passages-Area Agency On Aging Tehama County Community Action Agency

IMPACT OF ACTIONS TAKEN SINCE THE PRECEDING CHNA

Access to care, child abuse/neglect, and diabetes 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, SECH'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.

Access to Care

- Rural Health Clinics offer sliding fee scale for patients who do not qualify for insurance
- Physician recruitment to increase access to care
- Care navigation and electronic referrals to community based organizations were implemented through the Coordinated Community Network Initiative (CCNI)
- Emergency Department based patient navigator program focused on assisting patients who rely on the emergency department for non-urgent needs. The navigators assist patients with scheduling follow-up appointments and any other barriers that may create obstacles with accessing care. This program represents a unique collaboration between Partnership Health Plan, a Medi-Cal insurance plan, and the hospital.

Child Abuse/Neglect

- Continued community education efforts for the community to identify and refer victims to appropriate interventions
- Continued to collaborate with community agencies to improve coordination of community wide initiatives

Diabetes

- Diabetes education program; Living Well With Diabetes Classes (SECH)
- Diabetes support group program

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.

APPENDIX A

FOCUS GROUP FACILITATOR PACKET AND SURVEYS

Dignity Health North State – St. Elizabeth Community Hospital
2019 Focus Group Instructions/Questions

ROOM PREP:

- Arrange room in small circle / horseshoe or combine tables; set up flip charts
- Place markers and nametags near entrance; pass out surveys, ballpoint pens, and stickers

INTRODUCTORY REMARKS (5 Minutes):

- Welcome and thanks
- What the project is about: We are conducting a Community Health Needs Assessment for St. Elizabeth Community Hospital, required by the IRS and the State of California.
- The purpose is to identify unmet health needs in our community, extending beyond patients.
- Ultimately, the intent is to use the information to understand and invest in community health strategies that will lead to better health outcomes.
- Why we're here (refer to agenda flipchart page):
    - Talk about impact of various other things that influence health
    - Hear from you about which community assets you are already aware of that can help address the identified health needs, and what community assets might still be needed
    - Please make yourself a nametag so that we can address one another appropriately.

WHAT WE'LL DO WITH THE INFORMATION YOU TELL US TODAY:

- Your responses will be summarized and your name will not be used to identify your comments.
- Your organization will be identified in the final report as having contributed input to the community assessment.
- Notes and summary of all focus group discussions will go to the hospital.
- Community input from focus groups and interviews will be considered, along with quantitative data on disease prevalence and socio-economic factors, to prioritize significant health needs for our report.
- The hospital will make decisions about which needs the hospital can best address, and how the hospital may collaborate or complement other community outreach work already being done in the community.

HOUSEKEEPING:

- Feel free to eat
- Focus group will end at _____ o'clock
- Silence cell phones
- Bathroom location

GUIDELINES/GROUND RULES:

- Don't wait to be called on.
- No right or wrong answers; we want to hear it all.
- Discussion –ask each other questions if you are unsure of what others mean
- Take turns being the first to jump in; Want to hear from everybody
- Please talk one at a time and hold side conversations for afterwards.
- It's OK to disagree, just be respectful. I may interrupt – [don't mean to be disrespectful; lots to cover, want to get you out on time.]

FOCUS GROUP SESSION

HEALTH NEEDS (5 Minutes):

When the hospital completed the 2018 Community Health Needs Assessment, the following significant health needs were identified (show list on flipchart page).

A. Are there any needs to add? Why?
B. Are there any needs you would say are not as significant now as in 2018? Why?

PRIORITIZING HEALTH NEEDS (10 Minutes):

A. Please think about the three needs (including any added ones) you believe are the most significant. These are the needs that you think have the greatest impact on the population and are not being met very well right now in Tehama County. You'll find some sticky colored dots on the table; once you've decided which three of these needs you think are the most important, please come on up here and put one sticky dot next to each one of those three.

Please consider the following definitions for weighting the needs:

- Size or scale of problem – the number, percentage, or rate of people affected
- Severity of problem – the degree to which the problem leads to death, disability or impairs one's quality of life. Also consider the risk of exacerbating the problem by not addressing at the earliest opportunity.
- Disparity and equity – the need has a disproportionate impact on a vulnerable segment of the community (subgroups of age, sex, race/ethnicity, geographic region)
- Known effective interventions - how likely it is that interventions will be successful in preventing or reducing the consequences of a problem; the potential to reach populations at greatest risk; and the ability of the community at large to mobilize to support the intervention.
- Resource feasibility and sustainability - consider what programs are currently in place to address the problem; consider the ability of organizations to reasonably impact the issue given available resources (i.e., availability of current or potential monetary, human, organizational, and/or community resources)
- Community acceptability – what does the community-at-large feel is important to address (i.e., evidence that it is important to community stakeholders)

Instruction to facilitator(s) – Each question should be written out on a separate easel pad for ease of recording answers

STRENGTHS (5 Minutes):

- **Thinking about the health needs that you just prioritized, what are our communities' strengths or what is working well today in addressing these needs?**

CHALLENGES (10-15 Minutes):

- **Again, thinking about the health needs that you just prioritized, what are our challenges and weaknesses?** *Prompts if they are having trouble thinking of anything:* transportation, housing, built environment incl. unsafe neighborhoods, lack of facilities/vendors, proximity to unhealthy things, policies/laws , cultural norms, stigma, lack of awareness, income challenges, lack of education, mental health and/or substance abuse issues, being victims of abuse, bullying, or crime.
    - **How do we overcome these challenges?**

- **What are some of the existing community resources could be used to address these health issues and inequities?** *Prompts if they are having trouble thinking of anything:* resources could include community organizations, religious and cultural organizations, characteristics of the community such as community cohesiveness, physical or built community characteristics such as parks, markets, or health centers, or other resources.

SOCIAL DETERMININTS (5-10 Minutes):

- **What socio/economic factors do you think have the biggest influence on these issues for the community? How and why?** *Prompts if they are having trouble thinking of anything:* income and social status; education; physical environment; social support networks; employment; housing; access to health care; food security

COLLABORATION (5 Minutes):

- **Are there any other opportunities for community organizations to partner/collaborate to address the social/economic needs identified?** *Prompts, if they are having trouble thinking of anything:* specific new/expanded programs or services; increase knowledge/understanding; address underlying drivers like poverty, crime, education; infrastructure (transportation, technology, equipment); information/educational materials; funding; collaborations and partnerships expertise

NEW RANKING FOR TRENDING PURPOSES (5-10 Minutes):

**Instruction to facilitator(s) Accompanying Stakeholder Survey – These surveys will be printed on separate pieces of paper for ease of handing out to participants to fill out*

In general, how would you rate the overall quality of the healthcare delivered to our community?

	Poor	Fair	Good	Very Good	Excellent	Don't Know
Ambulance Care						
Child Care						
Chiropractor						
Dentists						
Emergency Room						
Eye Doctor						
Home Health						
Hospice						
Inpatient Services						
Mental Health Services						
Nursing Home/SNF						
Outpatient Services						
Pharmacy						
Primary Care						
Specialist Care (orthopedic, cardiologist, etc.)						
Clinic Care						
Urgent Care						
Public Health Department						
School Nurse						

In your opinion, what are the top health concerns in this community?

	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know
Aging Problems					
Cancers					
Child Abuse/Neglect					
Dental Problems					
Diabetes					
Domestic Violence					

Firearm-Related Injuries					
Heart Disease					
High Blood Pressure					
HIV/AIDS					
Homicide					
Human Trafficking					
Infant Death					
Infectious Diseases (Tuberculosis, Hepatitis, etc.)					
Mental Health Problems					
Motor Vehicle Crash Injuries					
Obesity					
Rape/Sexual Assault					
Respiratory/Lung Diseases					
Sexually Transmitted Diseases (STDs)					
Stroke					
Suicide					
Teenage Pregnancy					

In your opinion, what would you say are the top health risk behaviors in this community?

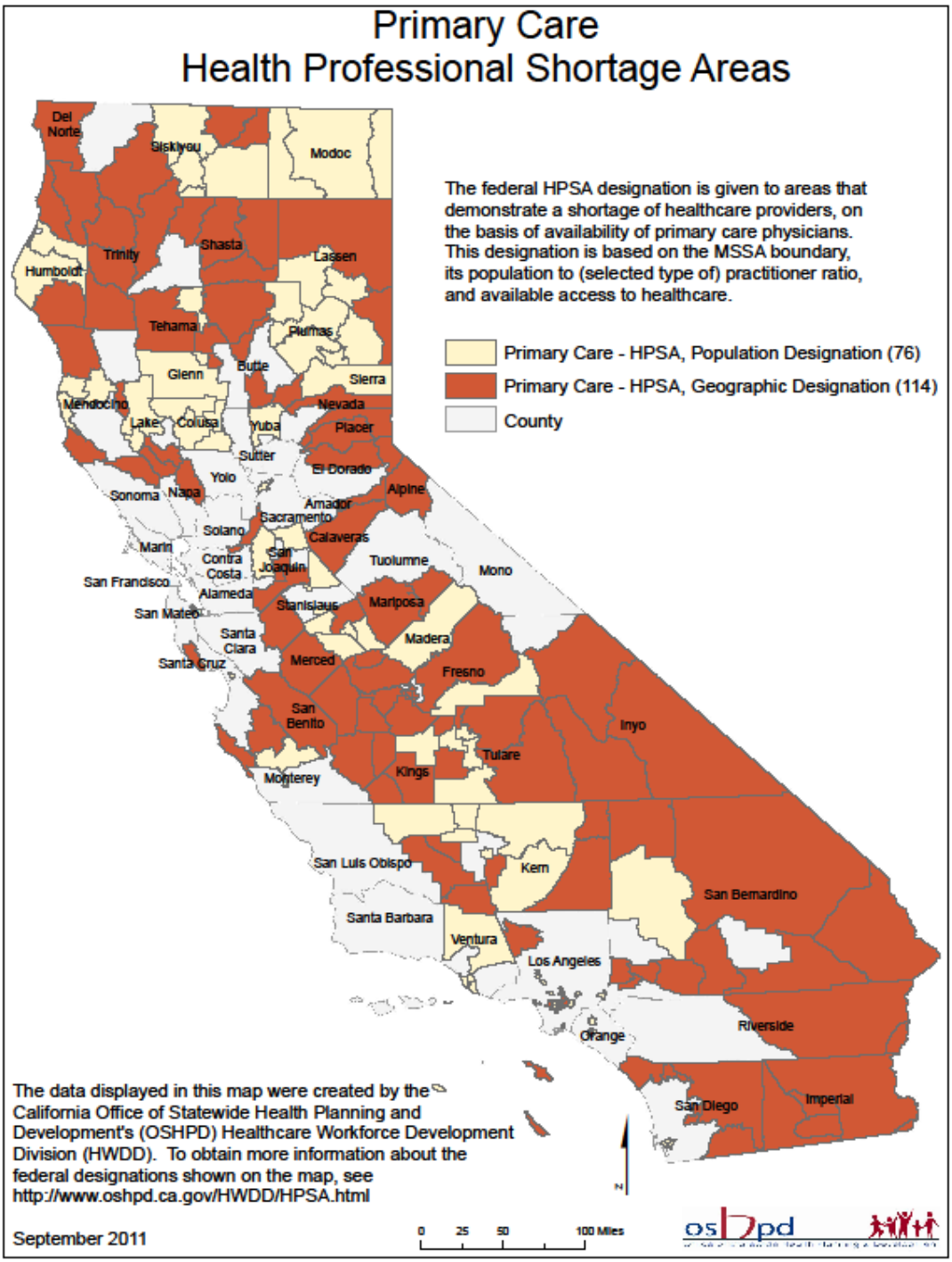
	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know
Alcohol Abuse					
Being Overweight					
Dropping Out of School					
Drug Abuse					
Engaging in risky recreational sports (i.e. extreme sports, rodeos, etc.) without safety gear (i.e. helmets, elbow/knee pads, etc).					
Lack of Exercise					
Not Getting Shots to Prevent Diseases					
Not Using Birth Control					
Not Using Seat Belts/Child Safety Belts					
Poor Eating Habits					
Racism					
Tobacco Use					
Unsafe Sex					

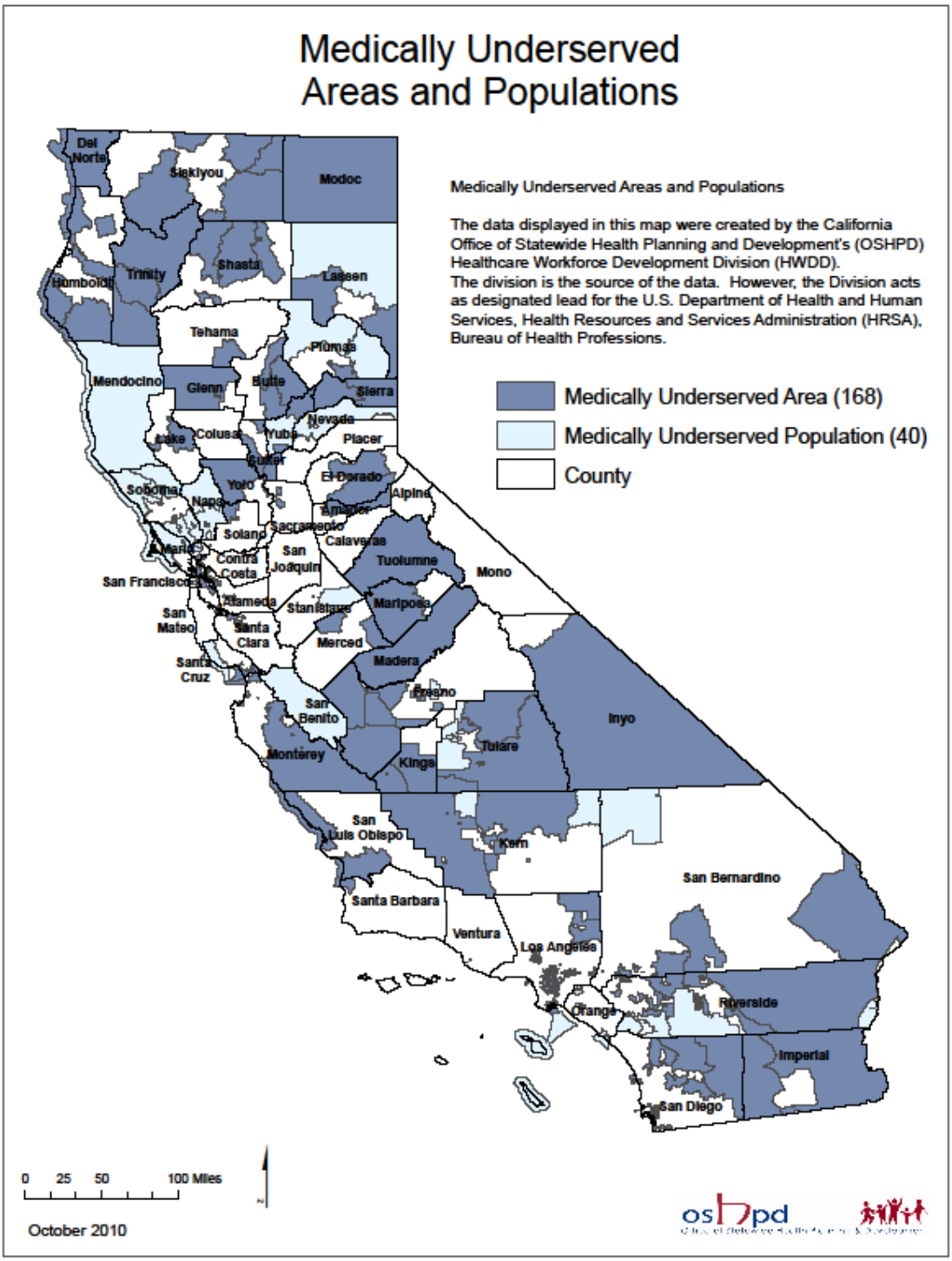
**Instruction to facilitator(s) – Concluding question if time*:

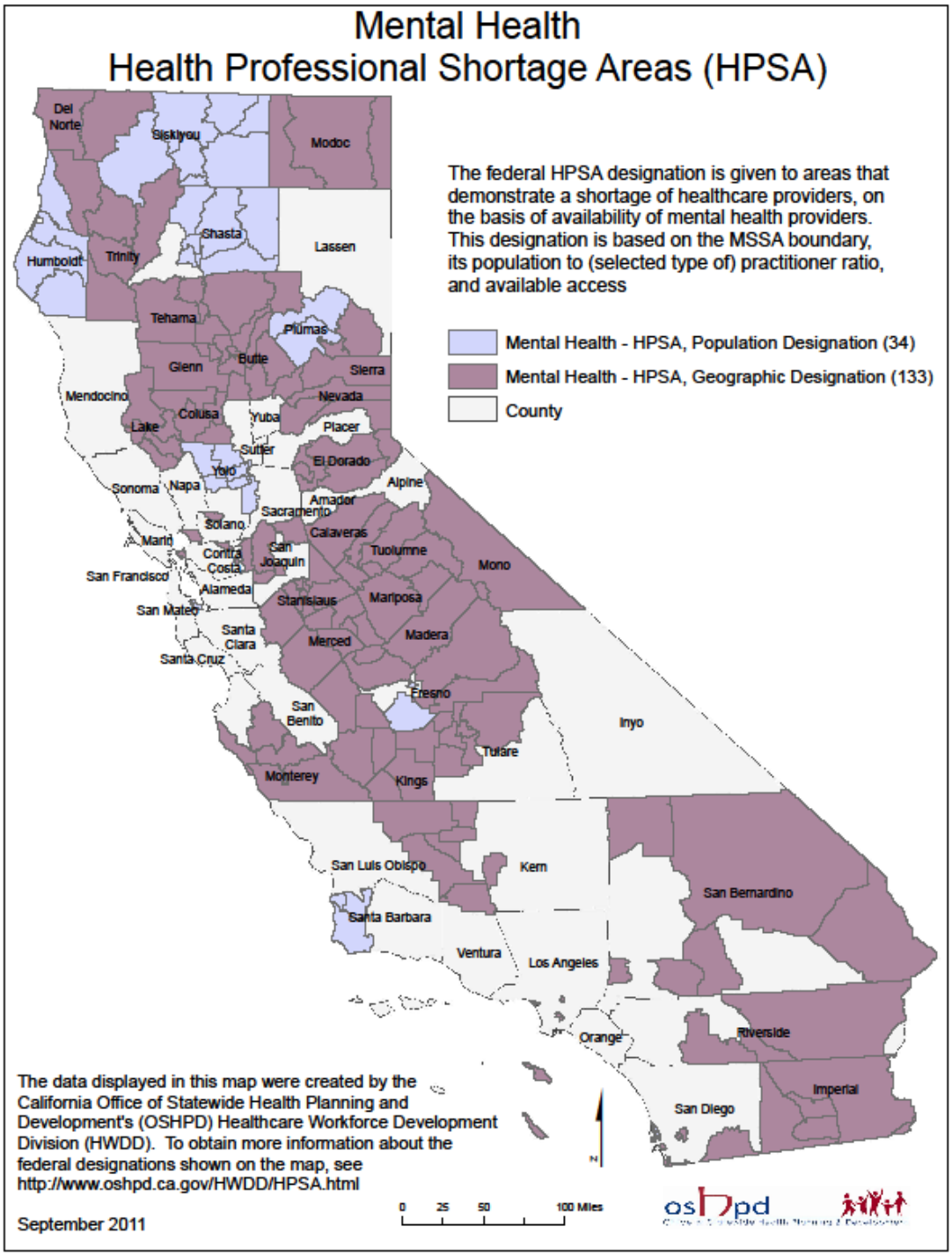
Can you recommend 1 or 2 additional people, groups or organizations you think would be most important to speak to about the health of the community?

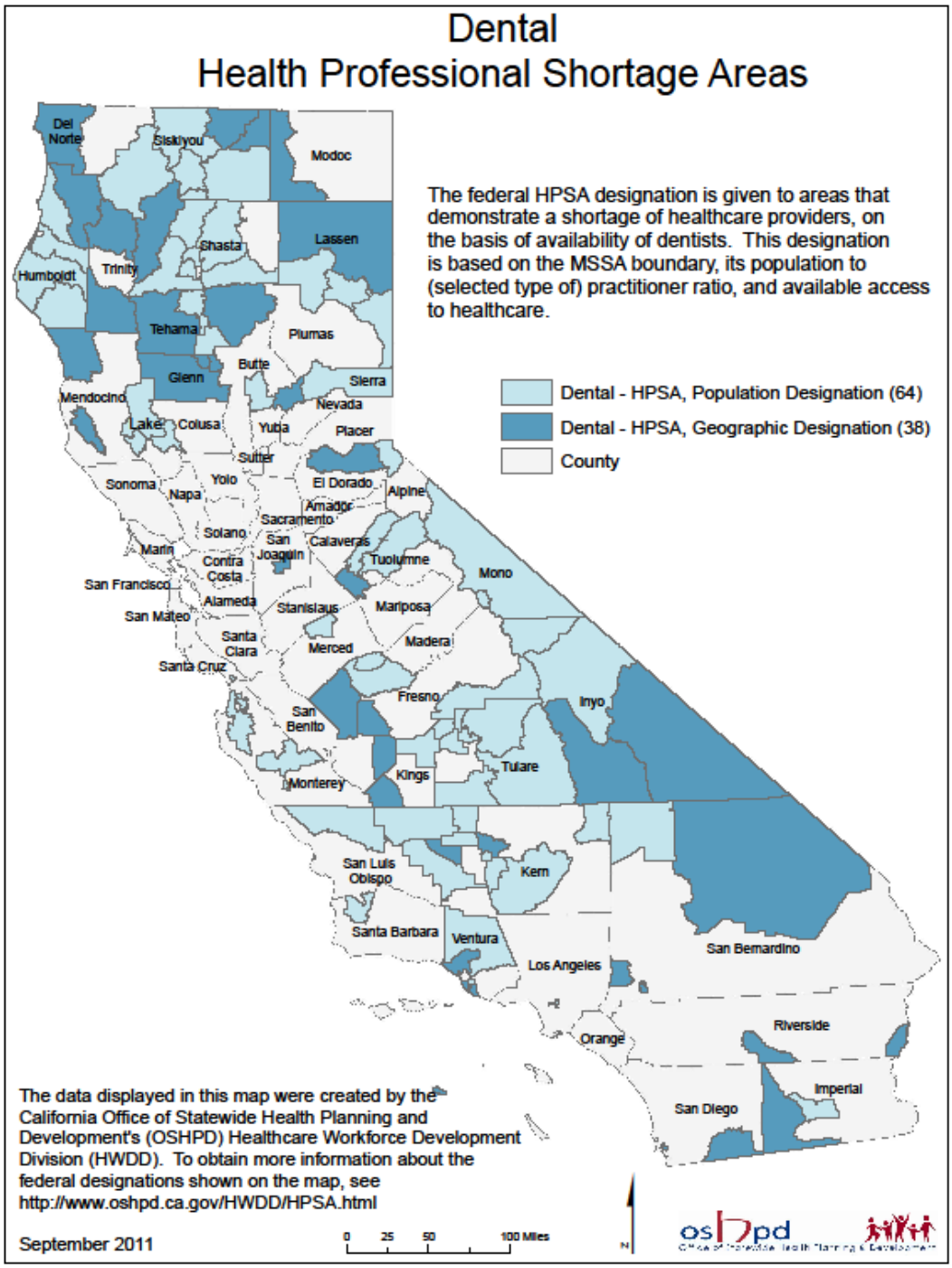
APPENDIX B

CALIFORNIA SHORTAGE AREA MAPS


Primary Care
Health Professional Shortage Areas
The federal HPSA designation is given to areas that demonstrate a shortage of healthcare providers, on the basis of availability of primary care physicians. This designation is based on the MSSA boundary, its population to (selected type of) practitioner ratio, and available access to healthcare.
Primary Care - HPSA, Population Designation (76)
Primary Care - HPSA, Geographic Designation (114)
County
Del Norte
Siskiyou
Modoc
Trinity
Shasta
Lassen
Humboldt
Tehama
Plumas
Glenn
Butte
Sierra
Mendocino
Nevada
Lake
Colusa
Yuba
Placer
Sutter
El Dorado
Yolo
Alpine
Sonoma
Napa
Amador
Sacramento
Solano
Calaveras
Marin
Contra Costa
San Joaquin
Tuolumne
Mono
San Francisco
Alameda
Stanislaus
Mariposa
San Mateo
Santa Clara
Madera
Santa Cruz
Merced
Fresno
San Benito
Inyo
Tulare
Monterey
Kings
San Luis Obispo
Kern
San Bernardino
Santa Barbara
Ventura
Los Angeles
Riverside
Orange
San Diego
Imperial
The data displayed in this map were created by the California Office of Statewide Health Planning and Development's (OSHPD) Healthcare Workforce Development Division (HWDD). To obtain more information about the federal designations shown on the map, see http://www.oshpd.ca.gov/HWDD/HPSA.html
September 2011
0 25 50 100 Miles
N
oshpd


Medically Underserved
Areas and Populations
Medically Underserved Areas and Populations
The data displayed in this map were created by the California Office of Statewide Health Planning and Development's (OSHPD) Healthcare Workforce Development Division (HWDD).
The division is the source of the data. However, the Division acts as designated lead for the U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA), Bureau of Health Professions.
Medically Underserved Area (168)
Medically Underserved Population (40)
County
Del Norte
Siskiyou
Modoc
Humboldt
Trinity
Shasta
Lassen
Tehama
Plumas
Mendocino
Glenn
Butte
Sierra
Nevada
Lake
Colusa
Yuba
Placer
Sutter
Yolo
El Dorado
Alpine
Sonoma
Napa
Amador
Solano
Sacramento
Calaveras
Marin
Contra Costa
San Joaquin
Tuolumne
Mono
San Francisco
Alameda
Stanislaus
Mariposa
San Mateo
Santa Clara
Merced
Santa Cruz
Madera
Fresno
San Benito
Inyo
Monterey
Tulare
Kings
San Luis Obispo
Kern
San Bernardino
Santa Barbara
Ventura
Los Angeles
Orange
Riverside
Imperial
San Diego
0 25 50 100 Miles
October 2010
oshpd


Mental Health
Health Professional Shortage Areas (HPSA)
The federal HPSA designation is given to areas that demonstrate a shortage of healthcare providers, on the basis of availability of mental health providers. This designation is based on the MSSA boundary, its population to (selected type of) practitioner ratio, and available access
Mental Health - HPSA, Population Designation (34)
Mental Health - HPSA, Geographic Designation (133)
County
Del Norte
Siskiyou
Modoc
Humboldt
Trinity
Shasta
Lassen
Tehama
Plumas
Glenn
Butte
Sierra
Mendocino
Nevada
Lake
Colusa
Yuba
Placer
Sutter
El Dorado
Yolo
Sonoma
Napa
Alpine
Amador
Sacramento
Solano
Calaveras
Marin
Contra Costa
San Joaquin
Tuolumne
Mono
San Francisco
Alameda
Stanislaus
Mariposa
San Mateo
Santa Clara
Merced
Madera
Santa Cruz
Fresno
San Benito
Inyo
Tulare
Monterey
Kings
San Luis Obispo
Kern
San Bernardino
Santa Barbara
Ventura
Los Angeles
Orange
Riverside
Imperial
San Diego
The data displayed in this map were created by the California Office of Statewide Health Planning and Development's (OSHPD) Healthcare Workforce Development Division (HWDD). To obtain more information about the federal designations shown on the map, see http://www.oshpd.ca.gov/HWDD/HPSA.html
September 2011
0 25 50 100 Miles
N
oshpd


Dental
Health Professional Shortage Areas
The federal HPSA designation is given to areas that demonstrate a shortage of healthcare providers, on the basis of availability of dentists. This designation is based on the MSSA boundary, its population to (selected type of) practitioner ratio, and available access to healthcare.
Dental - HPSA, Population Designation (64)
Dental - HPSA, Geographic Designation (38)
County
Del Norte
Siskiyou
Modoc
Lassen
Shasta
Trinity
Humboldt
Tehama
Plumas
Butte
Glenn
Sierra
Nevada
Mendocino
Lake
Colusa
Yuba
Placer
Sutter
Yolo
El Dorado
Alpine
Sonoma
Napa
Amador
Sacramento
Solano
San Joaquin
Calaveras
Marin
Contra Costa
Tuolumne
Mono
San Francisco
Alameda
Stanislaus
Mariposa
San Mateo
Santa Clara
Merced
Madera
Santa Cruz
Fresno
Inyo
San Benito
Tulare
Monterey
Kings
San Luis Obispo
Kern
Santa Barbara
Ventura
San Bernardino
Los Angeles
Riverside
Orange
Imperial
San Diego
The data displayed in this map were created by the California Office of Statewide Health Planning and Development's (OSHPD) Healthcare Workforce Development Division (HWDD). To obtain more information about the federal designations shown on the map, see http://www.oshpd.ca.gov/HWDD/HPSA.html
September 2011
0 25 50 100 Miles
N
oshpd