Dignity Health
Sierra Nevada Memorial Hospital

Sierra Nevada Memorial Hospital

2019 Community Health Needs Assessment – Data and Technical Section

Acknowledgements

We are deeply grateful to all those who contributed to the joint community health needs assessment/community health assessment conducted on behalf of Sierra Nevada Memorial Hospital and Nevada County Public Health Department. Many dedicated community health experts and members of various social-service organizations working with the most vulnerable members of Nevada County supported the Community Health Need Assessment (CHNA)/Community Health Assessment (CHA) findings of this joint assessment. We also express our deepest appreciation to the many Nevada County residents who participated as focus group participants or completed the countywide survey. To everyone who supported this important work, we extend our deepest heartfelt gratitude.

Community Health Insights (www.communityhealthinsights.com) conducted the work on behalf of the partners. Community Health Insights is a Sacramento-based research-oriented consulting firm dedicated to improving the health and well-being of communities across Northern California. This joint report was authored by:

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CHNA Main Report can be found online at https://www.dignityhealth.org/sacramento/about-us/community-health-and-outreach/health-needs-assessment.

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Sierra Nevada Memorial Hospital (SNMH) 2019 CHNA/CHA Data and Technical Section

The following section presents a detailed account of data collection, analysis, and results, as well as appendices to the CHNA/CHA report for the SNMH service area. The main report can be found online at *https://www.dignityhealth.org/sacramento/about-us/community-health-and-outreach/health-needs-assessment*.

Results of Data Analysis SNMH

Secondary Data

The tables and figures that follow show the specific values for the health need indicators used as part of the health need identification process, and organized using the County Health Rankings Model displayed in Figure 7. Each indicator value for Nevada County was compared to the California state benchmark. Indicators where performance was worse in the county than in the state are highlighted in Tables 1-6. Indicators where performance was worse in the county (labeled as poor performing) compared to the state benchmark are indicated in Figures 1-6.

All references for the data presented in Tables 1-6 and Figures 1-6 are contained in Table 13.

Length of Life

Table 1: Length of Life Indicators Compared to State Benchmarks

Indicators	Description	Nevada County	California
Early Life			
Infant Mortality	Infant deaths per 1,000 live births	3.96	4.50
Child Mortality	Deaths among children under age 18 per 100,000	32.88	38.46
Overall			
Life Expectancy	Life expectancy at birth in years	81.30	80.82
Age-Adjusted Mortality	Age-adjusted deaths per 100,000	596.70	608.50
Premature Age-Adjusted Mortality	Age-adjusted deaths among residents under age 75 per 100,000	256.90	268.80
Years of Potential Life Lost	Age-adjusted years of potential life lost before age 75 per 100,000	5,913.61	5,217.32
Cancer			
Cancer Mortality	Deaths per 100,000	230.25	153.44
Female Breast Cancer Mortality	Age-adjusted deaths per 100,000	25.80	19.10
Colorectal Cancer Mortality	Age-adjusted deaths per 100,000	10.50	12.80
Lung Cancer Mortality	Age-adjusted deaths per 100,000	27.80	28.90
Prostate Cancer Mortality	Age-adjusted deaths per 100,000	20.00	19.60
Liver and Kidney Disease			
Liver Disease Mortality	Deaths per 100,000	14.36	13.18

Indicators	Description	Nevada County	California
Kidney Disease Mortality	Deaths per 100,000	10.88	8.30
Chronic Disease			
Stroke Mortality	Deaths per 100,000	52.43	37.51
CLD Mortality	Deaths per 100,000	69.26	34.92
Diabetes Mortality	Deaths per 100,000	16.92	22.07
Heart Disease Mortality	Deaths per 100,000	224.08	157.33
Hypertension Mortality	Deaths per 100,000	13.04	12.57
Intentional and Unintentional Injuries			
Suicide Mortality	Deaths per 100,000	20.22	10.78
Unintentional Injury Mortality	Deaths per 100,000	54.59	31.24
Other			
Alzheimer's Mortality	Deaths per 100,000	60.54	35.03
Influenza Pneumonia Mortality	Deaths per 100,000	21.48	15.96
Opioid Overdose Deaths	Age-adjusted opioid overdose deaths per 100,000	5.47	4.49

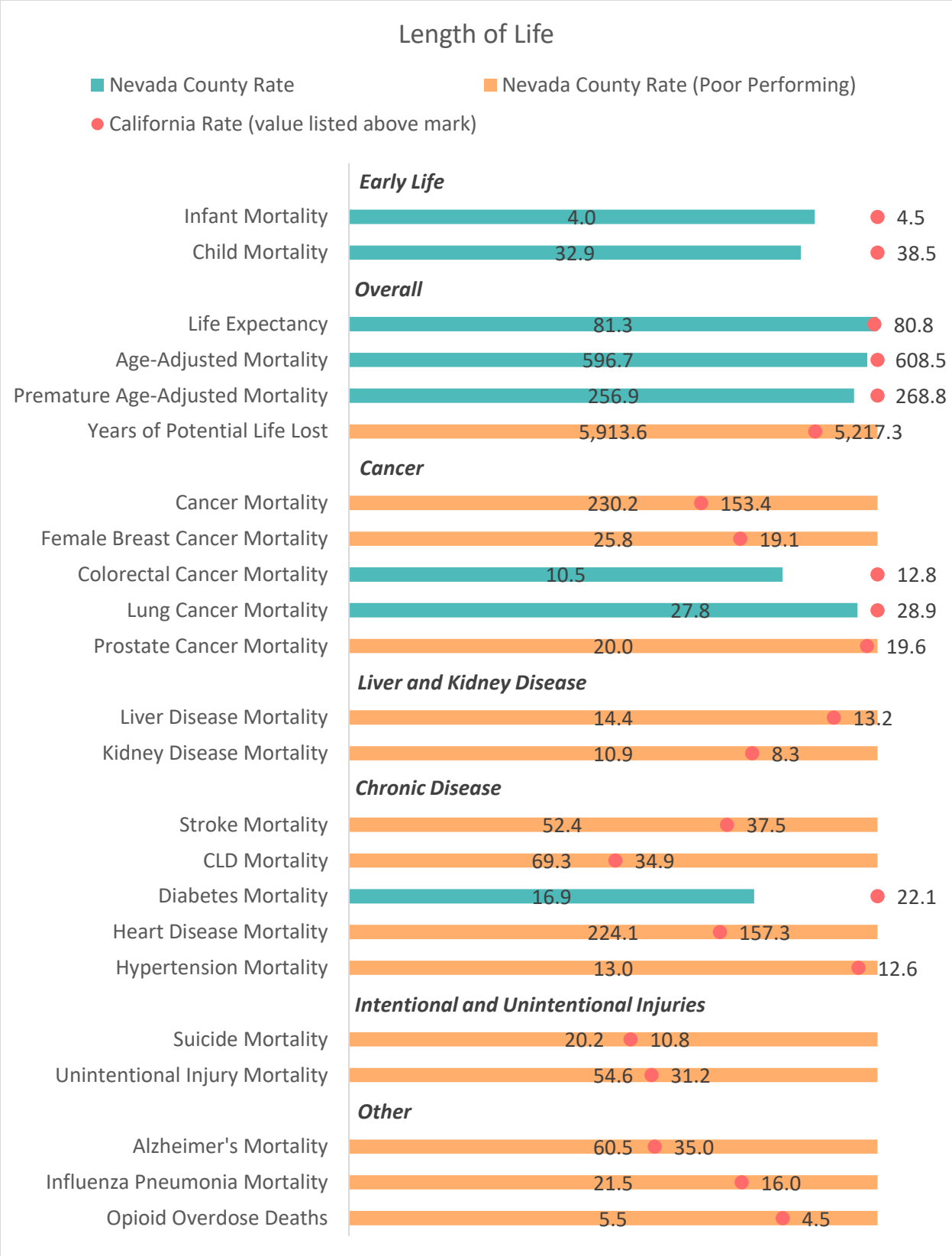


Figure 1: Length of life indicators compared to state benchmarks

Quality of Life

Table 2: Quality of Life Indicators Compared to State Benchmarks

Indicators	Description	Nevada County	California
Chronic Disease			
Prediabetes	Percentage of adults with prediabetes	54.00%	48.00%*
Asthma	Asthma emergency department visit rates per 100,000	33.60	45.80
Percent with Disability	Percentage of total civilian noninstitutionalized population with a disability	14.80%	10.60%
Diabetes Prevalence	Percentage age 20 and older with diagnosed diabetes	8.70%	8.50%
HIV Prevalence	Persons age 13 or older with a(n) Human Immunodeficiency Virus (HIV) infection per 100,000	89.90	376.40
Low Birth Weight	Percentage of live births with birthweight below 2,500 grams	5.82%	6.78%
Hepatitis C Virus	Cases per 100,000	73.30	86.40
Cancer			
Cancer Female Breast	Age-adjusted incidence per 100,000	131.27	120.57
Cancer Colon and Rectum	Age-adjusted incidence per 100,000	32.48	37.08
Cancer Lung and Bronchus	Age-adjusted incidence per 100,000	44.09	44.63
Cancer Prostate	Age-adjusted incidence per 100,000	109.21	109.16
Invasive Cancer Incidence	Age-adjusted cases per 100,000	402.99	398.88
Mental Health			
Poor Mental Health Days	Age-adjusted average number of mentally unhealthy days reported in past 30 days	3.64	3.54
Poor Physical Health Days	Age-adjusted average number of physically unhealthy days reported in past 30 days	3.21	3.51
Nonfatal Poisoning	Number of non-fatal hospitalizations due to unintentional poisoning per 100,000	75.30	34.40

*Northern and Sierra counties rate[1]

[1] Definition of Northern and Sierra rate is contained in Babey SH, Wolstein J, Diamant AL, Goldstein H. Prediabetes in California: Nearly Half of California Adults on Path to Diabetes. Los Angeles, CA: UCLA Center for Health Policy Research and California Center for Public Health Advocacy, 2016.

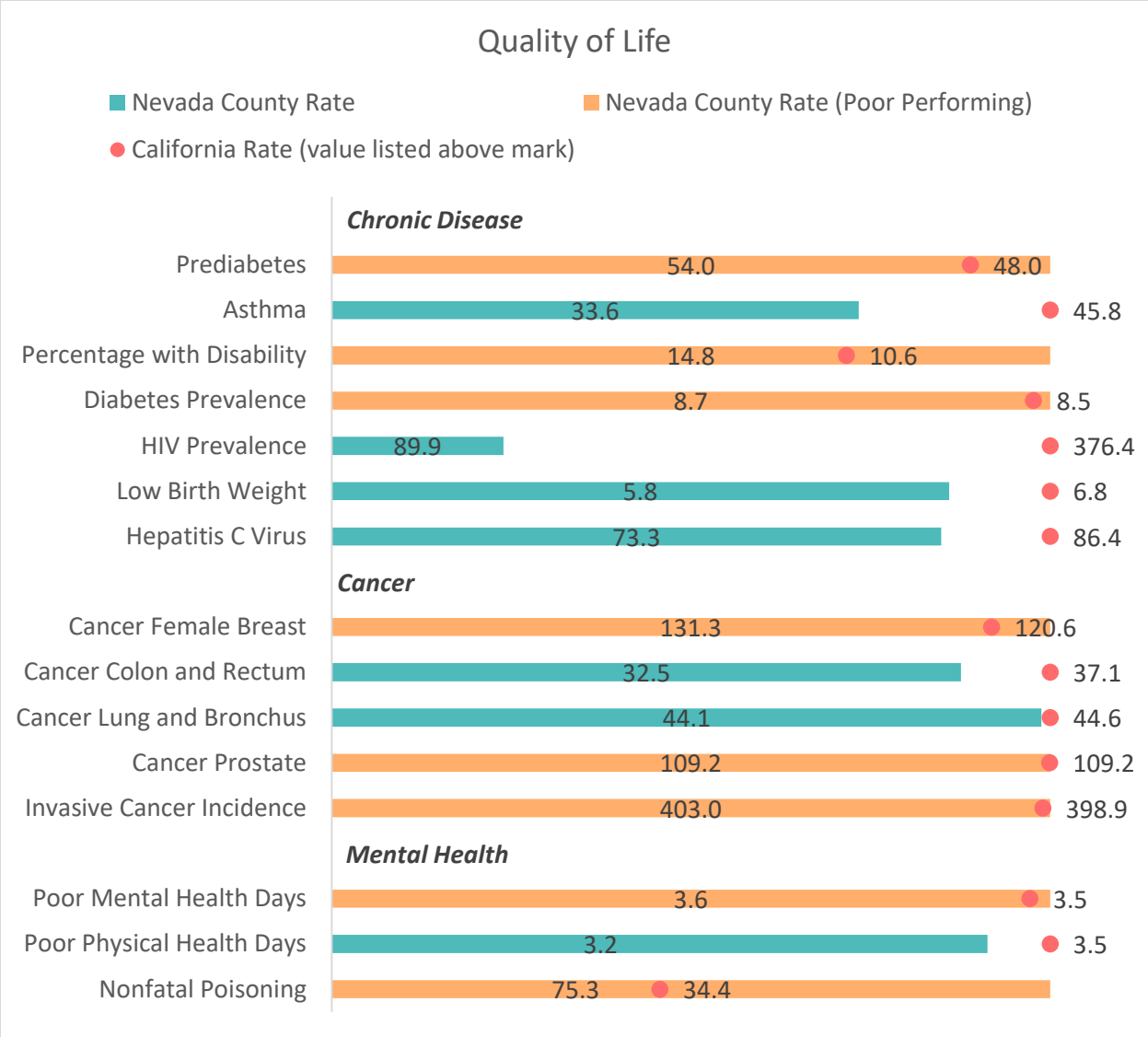


Figure 2: Quality of life indicators compared to state benchmarks

Health Behaviors

Table 3: Health Behavior Indicators Compared to State Benchmarks

Indicators	Description	Nevada County	California
Excessive Drinking	Percentage of adults reporting binge or heavy drinking	19.09%	17.81%
Drug Overdose Deaths	Age-adjusted deaths per 100,000	21.90	12.20
Substance Use Hospitalizations	Non-fatal hospitalizations due to alcohol and/or other drugs per 100,000	145.50	143.40
Emergency Department (ED) Utilization Substance Use	Number of non-fatal emergency department visits due to alcohol and/or other drugs per 100,000	662.30	453.00
Unintentional Poisonings	Number of non-fatal emergency department visits due to unintentional poisonings per 100,000	105.80	97.60
Emergency Department (ED) Visit Opioid Overdose	Age-adjusted opioid overdose ED visits per 100,000	22.03	10.31
Adult Obesity	Percentage of adults reporting BMI of 30 or more	21.10%	22.70%
Physical Inactivity	Percentage age 20 and older with no reported leisure-time physical activity	16.70%	17.90%
Limited Access to Healthy Food	Percentage of population that is low-income and does not live close to a grocery store	6.77%	3.29%
mRFEI	Percentage of food outlets that are classified as 'healthy'	19.39%	12.29%
Access to Exercise	Percentage of population with adequate access to locations for physical activity	62.39%	89.62%
Food Insecurity Children	Percentage of children experiencing food insecurity	23.00%	23.00%
Food Insecurity Overall	Percentage of population experiencing food insecurity	14.00%	14.00%
Youth Obesity Rates	Percentage of persons aged 5-19 years that are obese	15.60%	23.30%
In Hospital Exclusive Breastfeeding	Percentage of infants exclusively breast fed in hospital	89.60%	69.60%
Chlamydia Rate	Cases per 100,000	223.50	552.10
Gonorrhea Rate	Cases per 100,000	62.00	190.50
Teen Birth Rate	Number of births per 1,000 females aged 15-19	13.98	24.05
Adult Smokers	Percentage of adults who are current smokers	11.80%	10.97%
E Products Use	Percentage of tobacco retailer stores selling electronic smoking devices (including e-cigarettes, other vapor devices or e liquids)	72.00%	62.30%

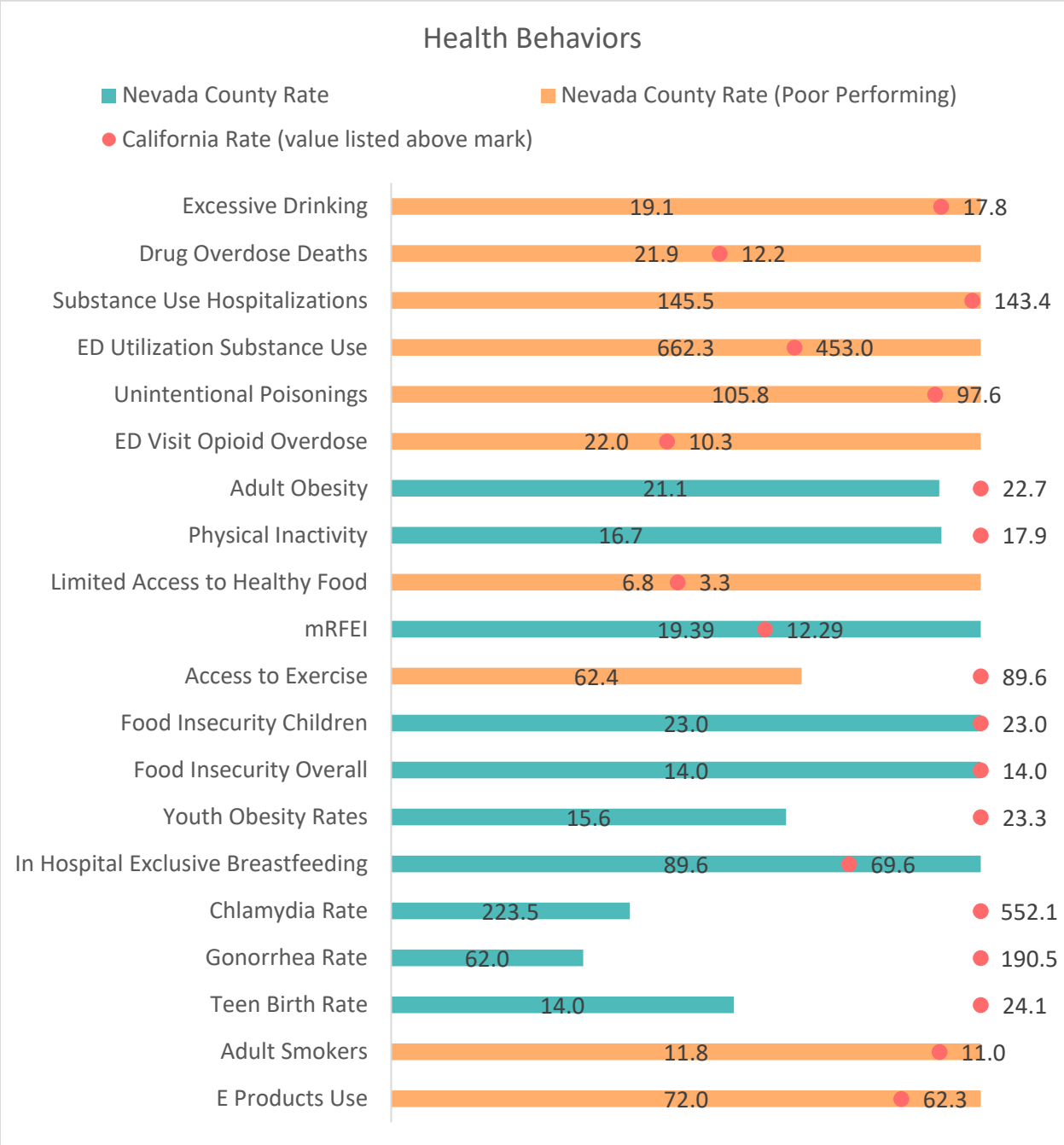


Figure 3: Health behavior indicators compared to state benchmarks

Clinical Care

Table 4: Clinical Care Indicators Compared to State Benchmarks

Indicators	**Description**	**Nevada County**	**California**
Healthcare Costs	Amount of price-adjusted Medicare reimbursements per enrollee	7,151.77	9,100.13
HPSA Dental Health	Reports if a portion of the county falls within a Health Professional Shortage Area	No	
HPSA Mental Health	Reports if a portion of the county falls within a Health Professional Shortage Area	Yes	
HPSA Primary Care	Reports if a portion of the county falls within a Health Professional Shortage Area	Yes	
HPSA Medically Underserved Area	Reports if a portion of the county falls within a Medically Underserved Area	Yes	
Mammography Screening	Percentage of female Medicare enrollees aged 67-69 that receive mammography screening	69.23%	59.66%
Dentists	Number per 100,000	86.77	82.35
Mental Health Providers	Number per 100,000	623.57	308.21
Psychiatry Providers	Number per 100,000	9.13	13.42
Specialty Care Providers	Number per 100,000	162.32	183.24
Primary Care Physicians	Number per 100,000	80.91	78.05
Immunization Rates 7th Grade	Percentage of 7th grade entrants with TDAP completed	90.50%	98.40%
Immunization Rates Kindergarten	Percentage of Kindergarten entrants with all required immunizations	81.70%	95.10%
Prenatal Care	Percentage of infants receiving prenatal care in beginning in the first trimester	69.72%	83.20%
Preventable Hosp. Stays	Number of hospital stays for ambulatory-care sensitive conditions per 1,000 Medicare enrollees	33.44	36.16

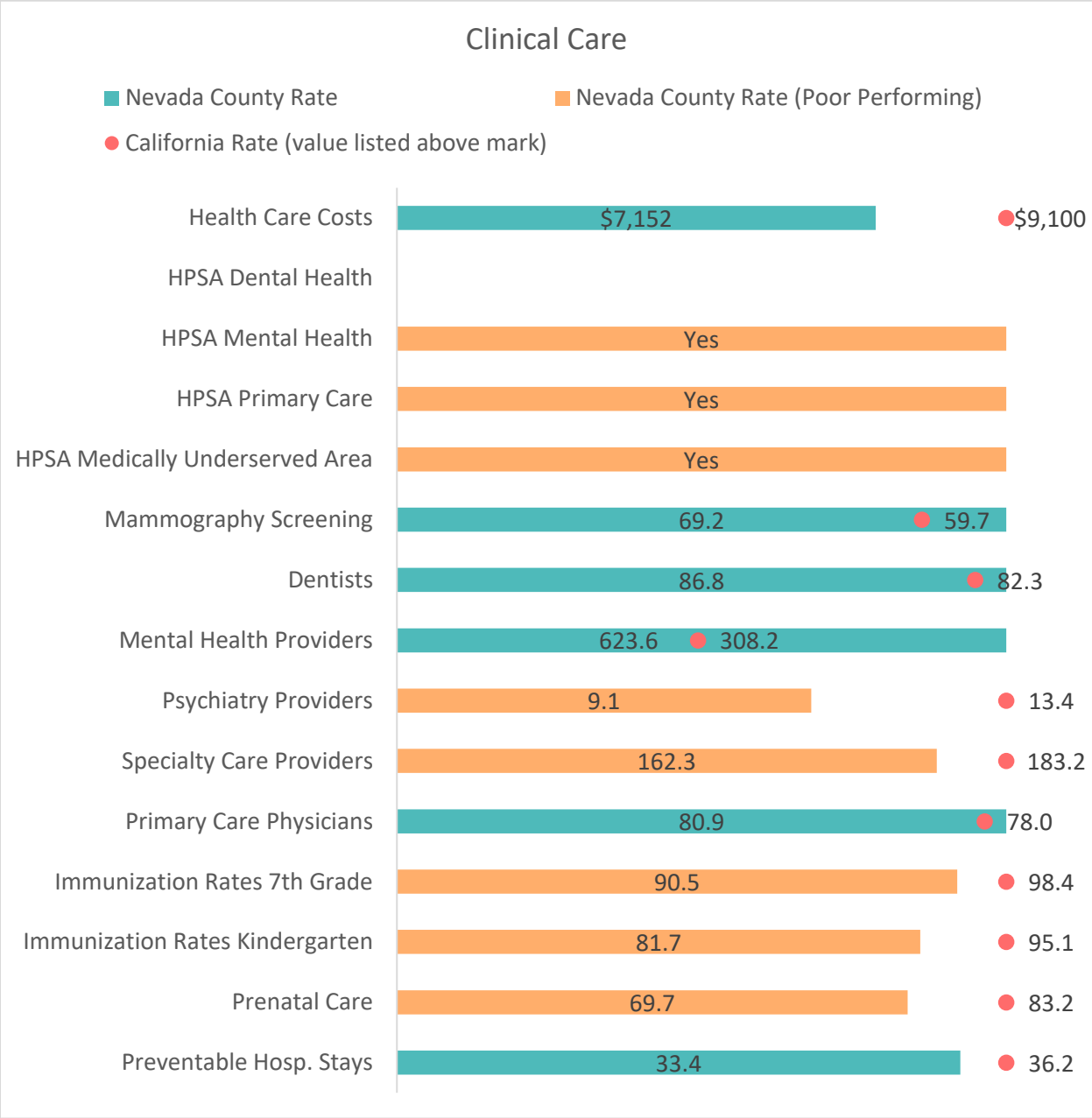


Figure 4: Clinical care indicators compared to state benchmarks

Social and Economic/ Demographic Factors

Table 5: Social and Economic/Demographic Factors Compared to State Benchmarks

Indicators	Description	Nevada County	California
Homicides	Deaths per 100,000	1.59	4.97
Violent Crimes	Reported violent crime offenses per 100,000	332.00	407.01
Motor Vehicle Crash Deaths	Deaths per 100,000	12.31	8.50
Some College	Percentage aged 25-44 with some post-secondary education	69.91%	63.55%
High School Graduation	Percentage of ninth-grade cohort graduating high school in 4 years	46.93%	82.27%
Unemployed	Percentage of population 16 and older unemployed but seeking work	4.75%	5.43%
Children with Single Parents	Percentage of children living in a household headed by a single parent	26.90%	31.84%
Social Associations	Membership associations per 100,000	9.41	5.77
Free Reduced Lunch	Percentage of children in public schools eligible for free or reduced-price lunch	45.03%	58.91%
Children in Poverty	Percentage of children under age 18 in poverty	13.70%	19.90%
Median Household Income	Median household income	$60,501	$67,715
Uninsured	Percentage of population under age 65 without health insurance	8.10%	9.72%

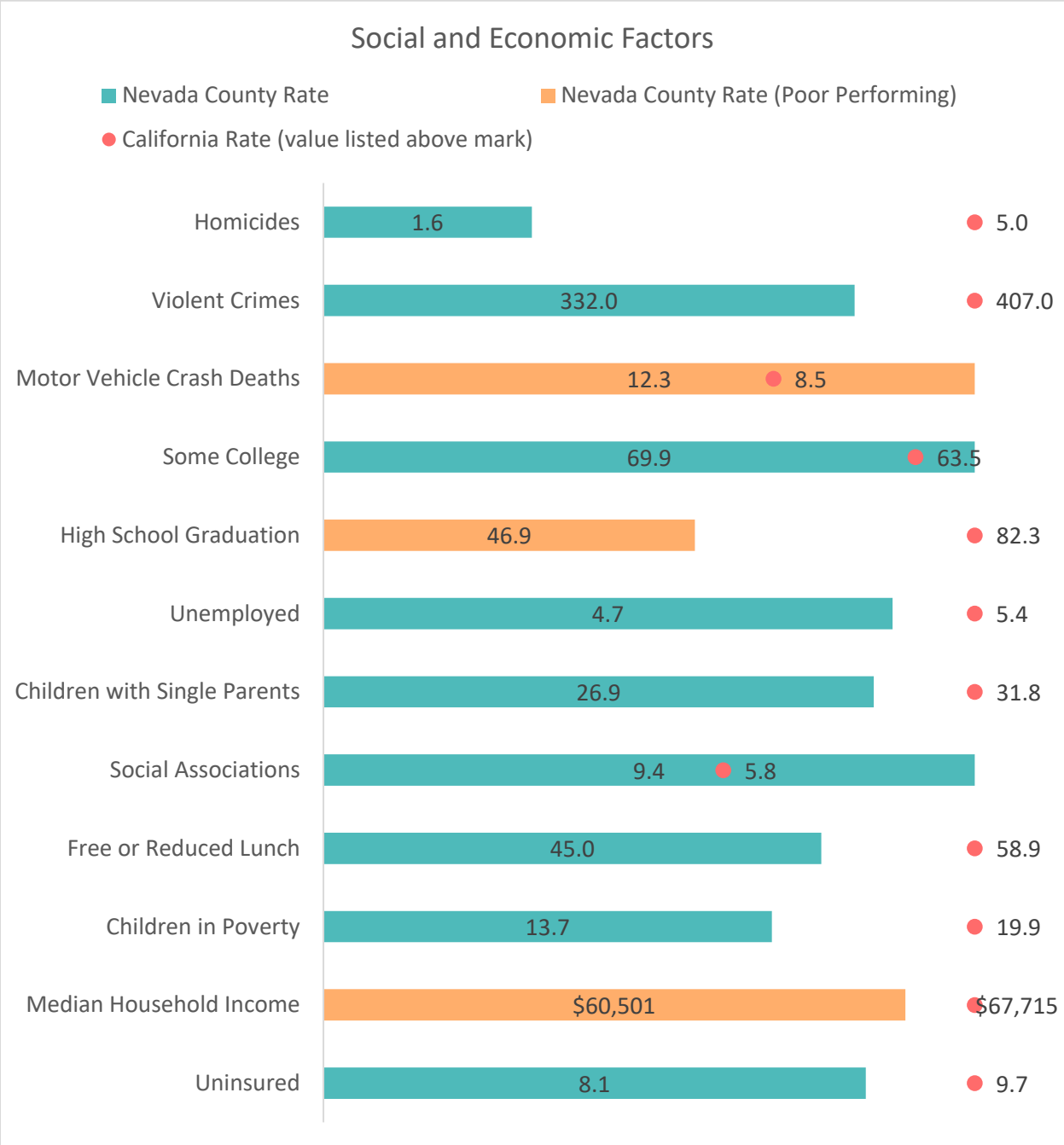


Figure 5: Social and economic factors compared to state benchmarks

Physical Environment

Table 6: Physical Environment Indicators Compared to State Benchmarks

Indicators	Description	Nevada County	California
Severe Housing Problems	Percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, or lack of kitchen or plumbing facilities	22.69%	27.88%
Homelessness	Homeless persons per 100,000	272.51	339.25
Housing Units with No Vehicle	Percentage of households with no vehicle available	4.60%	7.60%
Public Transit Proximity	Percentage of population living in a Census block within a quarter of a mile to a fixed transit stop	47.64%	50.00%
Pollution Burden	Percentage of population living in a Census tract with a CalEnviroscreen Pollution Burden score greater than the 50th percentile for the state	12.92%	50.44%
Air Particulate Matter	Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5)	6.70	8.00
Drinking Water Violations	Reports whether or not there was a health-related drinking water violation in a community within the county	Yes	

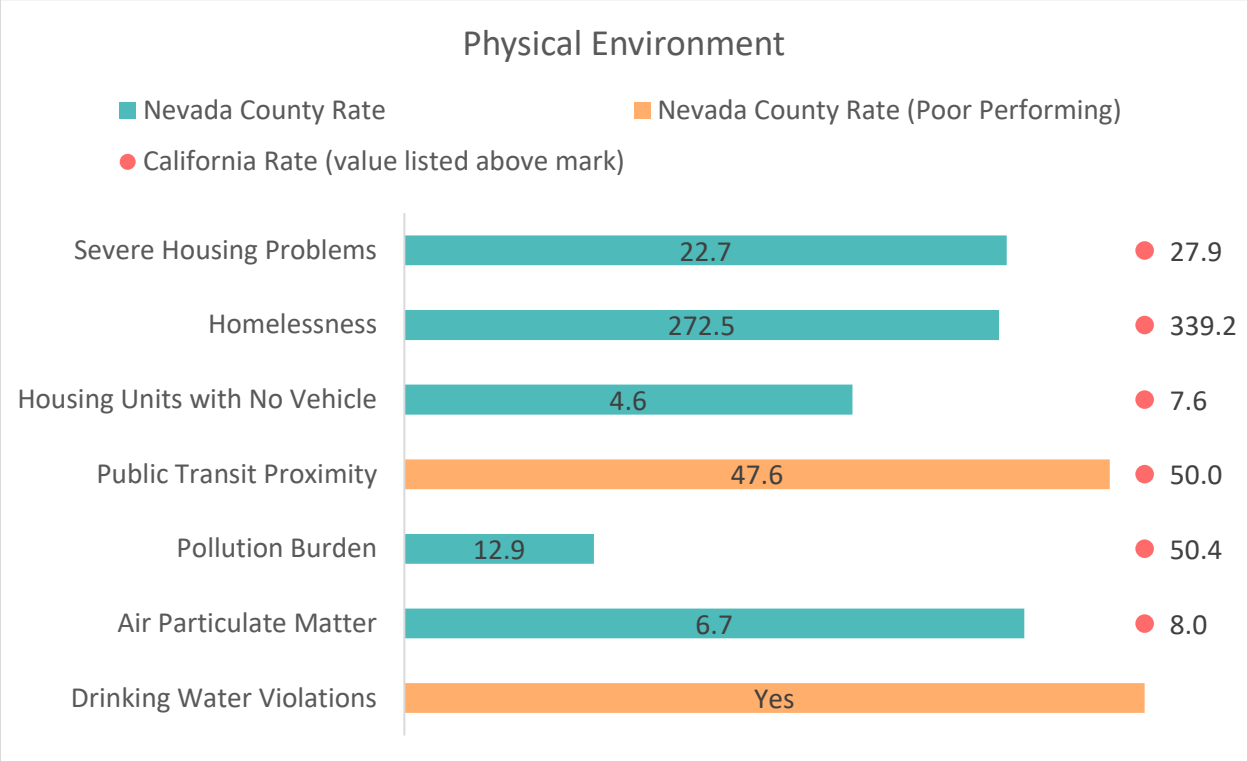


Figure 6: Physical environment indicators compared to state benchmarks

Primary Data Collection

Key Informant Interviews and Focus Group Results

Integrating the community voice in the assessment was a top priority. Collaborative members worked to embed data from key informants and community members in multiple parts of the assessment, in addition to allowing this data to be a main components of health need identification and the sole data for prioritization. Results from all key informant interviews and focus groups are presented throughout the main report and technical section including:

- Word cloud of the results from the 2019 assessment interviews in response to the question: What are the biggest health needs in the community?
- Identification and prioritization of significant health needs
- Identification of populations and locations experiencing health disparities
- Significant health need descriptions
- Identification of resources to address significant health needs

Community Health Assessment Survey Results

The results of the Community Health Assessment Survey administered by NCDPH in July and August of 2018 are displayed in Tables 7 and 8 listed by survey question. Survey results on key questions are presented in Table 7 for the entire Nevada County area and compared to results from the Community Health Assessment Survey conducted by NCDPH in 2014-2015 for benchmark comparison. Table 8 contains results from participants that reside in the main areas of SNMH (survey data results for all of Nevada County except for data from ZIP Codes in Truckee 96160 and 96161 were omitted from the data to represent the SNMH service area). Survey results in Table 8 are compared to Behavioral Risk Factor Surveillance System (BRFSS) survey data for 2017 (note that a few state rates are provided from 2015 and 2016) for the state of California. All survey results are visually displayed in Appendix B.

Table 7: Community Health Assessment Survey 2018 Countywide Responses - Key Questions

q40	**What do you think are the three most important factors for quality of life in a "healthy community"?**	**2018 Community Health Assessment Survey (Top 5)**	**2014-2015 Community Health Assessment Survey (Top 5)**
		Affordable housing (60.5%)	Good jobs and health economy (55.6%)
		Access to healthcare (e.g. family doctor, dentist) (53.75%	Access to healthcare (46.3%)
		Good jobs and healthy economy (39.25%)	Affordable housing (39.9%)
		Access to healthy foods (22.0%)	Healthy Behaviors and lifestyles (30.8%)
		Healthy behaviors and lifestyle (20.5%)	Low crime/safe neighborhoods (22.7%)
q41	How heathy would you rate your community?	25.7% of respondents rated the community "healthy"	47% of respondents rated the community "healthy"
q44	My community is a good place to raise children	58.8% of respondents agreed that the community is a good place to raise children	73% of respondents agreed that the community is a good place to raise children
q48	What do you think are the three most important factors for quality of life in a "healthy community"? (Top 4 listed)	Affordable housing (60.5%)	Good jobs and health economy (56%)
		Access to healthcare (53.75%)	Access to healthcare (46%)
		Good jobs and health economy (39.25%)	Affordable housing (40%)
		Healthy behaviors and lifestyle (20.5%)	Healthy behaviors and lifestyle (31%)

Table 8: Community Health Assessment Survey Results by Question - SNMH results compared to BRFSS State Benchmarks

NVCPH Community Health Assessment Survey Question		Community Health Assessment Survey (2018) Sierra Nevada Memorial Hospital Service Area rates			Behavioral Risk Factor Surveillance System survey (BRFSS, 2017)[2] California State rates		
		Response	**Count**	**Percent**	**Response**	**Count**	**Percent**
q2	Would you say that in general your health is:	Excellent	43	10.90%	Excellent	1942	20.75%
		Very Good	157	39.90%	Very Good	3017	32.24%
		Good	123	31.30%	Good	2835	30.29%
		Fair	57	14.50%	Fair	1173	12.53%
		Poor	13	3.30%	Poor	380	4.06%
q3	Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good? (Physical Health Not Good)	None	191	48.60%	None	6003	64.15%
		1 or more	184	46.80%	1 or more	3276	35.01%
		Don't know, not sure	18	4.60%			
q4	Now thinking about your mental health, which includes stress, depression, and problems with emotions or how many days during the past 30 days was your mental health NOT good?	None	176	100%	None	3268	34.92%
		1 or more	0	0%	1 or more	5999	64.11%
		Don't know, not sure	0	0%			
q5	Do you have any kind of health care coverage, including health insurance from an employer or private, prepaid plans such as HMOs, or government plans such as Medicare, MediCal, or CHIP?	Yes	367	93.40%			

[2] Survey questions q28, q29, and q38 are from the BRFSS CA Statewide 2016 survey: q37 is from BRFSS 2015

NVCPH Community Health Assessment Survey Question		Community Health Assessment Survey (2018) Sierra Nevada Memorial Hospital Service Area rates			Behavioral Risk Factor Surveillance System survey (BRFSS, 2017)[2] California State rates		
		Response	**Count**	**Percent**	**Response**	**Count**	**Percent**
q6	Do you have ONE person you think of as your personal doctor or health care provider?	Yes, only one	196	50.10%			
		Yes, more than one	129	33%			
		No personal doctor	66	16.90%			
q7	Which of the following BEST describes your relationship with your physician and your health care use:	I have a chronic health conditional and require frequent care	82	20.80%			
		I use health care mostly for preventive check-ups and health monitoring	195	49.50%			
		I seek out health care ONLY when I'm sick or injured	102	25.90%			
		I never use the health care system	6	1.50%			

NVCPH Community Health Assessment Survey Question		Community Health Assessment Survey (2018) Sierra Nevada Memorial Hospital Service Area rates			Behavioral Risk Factor Surveillance System survey (BRFSS, 2017)[2] California State rates		
		Response	**Count**	**Percent**	**Response**	**Count**	**Percent**
q9	Has a lack of transportation kept you from getting to a doctor's office or to any other health care appointment during the PAST YEAR?	Yes	37	9.50%			
q10	During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?	Yes	308	78.80%			
q11	Have you ever been told by a doctor that you have diabetes?	Yes	35	9%			
q12	Has a doctor, nurse, or other health professional EVER told you that you had...	A heart attack, also called a myocardial infarction? (Yes)	27	6.92%			
		Angina or coronary heart disease? (Yes)	26	6.67%			
		A stroke? (Yes)	15	3.95%			
		Chronic obstructive pulmonary disease, emphysema, or chronic bronchitis? (Yes)	33	8.62%			

NVCPH Community Health Assessment Survey Question		Community Health Assessment Survey (2018) Sierra Nevada Memorial Hospital Service Area rates			Behavioral Risk Factor Surveillance System survey (BRFSS, 2017)[2] California State rates		
		Response	**Count**	**Percent**	**Response**	**Count**	**Percent**
q13	Has a doctor, nurse or other health professional EVER told you that your blood cholesterol is high?	Yes	141	36.20%			
q14	Has a doctor, nurse, or other health professional EVER told you that you had high blood pressure?	Yes	133	34.30%	Yes	6487	69.32%
q15	How long has it been since you last visited a dentist or a dental clinic for any reason?	Within the past year (anytime less than 12 months ago)	264	67.30%			
		Within the past 2 years (1 year ago but less than 2 years ago)	48	12.20%			
		Within the past 5 years (2 years ago but less than 5 years ago)	38	9.70%			
		5 or more years ago	41	10.50%			
		Never	1	0.30%			
q17	Do you have asthma?	Yes	46	11.80%	Yes	811	8.67%
q18	Do you now smoke cigarettes every day, some days or not at all?	Every day	29	7.50%	Every day	565	6.04%
		Some days	20	5.20%	Some days	389	4.16%
		Not at all	339	87.40%	Not at all	2121	22.67%

NVCPH Community Health Assessment Survey Question		Community Health Assessment Survey (2018) Sierra Nevada Memorial Hospital Service Area rates			Behavioral Risk Factor Surveillance System survey (BRFSS, 2017)[2] California State rates		
		Response	**Count**	**Percent**	**Response**	**Count**	**Percent**
q19	Do you currently use chewing tobacco, snuff, or snus every day, some days or not at all?	Every day	4	1%	Every day	64	0.68%
		Some days	3	0.80%	Some days	68	0.73%
		Not at all	385	98.20%	Not at all	8596	91.86%
q20	Electronic Cigarettes, or e-cigarettes as they are often called, are battery-operated devices that simulate smoking a cigarette, but do not involve the burning of tobacco. The heated vapor produced by an e-cigarette often contains nicotine. Have you ever used an electronic cigarette, even just one time in your life?	Yes	41	10.50%	Yes	1507	16.10%
q21	Do you now use electronic cigarettes every day, some days, or not at all?	Every day	4	1%	Every day	100	6.65%
		Some days	4	1%	Some days	168	11.17%
		Not at all	384	98%	Not at all	1234	82.05%
q2	During the past 30 days, how many DAYS per WEEK did you have at least one drink of any alcoholic beverage? Please fill in number of days.	0 days	179	45.80%	0 days	3504	40.79%
		1 day	66	16.90%	1 day	430	5.01%
		2 days	37	9.50%	2 days	354	4.12%
		3 days	32	8.20%	3 days	269	3.13%
		4 days	13	3.30%	4 days	139	1.62%
		5 days	23	5.90%	5 days	130	1.51%
		6 days	14	3.60%	6 days	32	0.37%
		7 days	27	6.90%	7 days	166	1.93%

NVCPH Community Health Assessment Survey Question		Community Health Assessment Survey (2018) Sierra Nevada Memorial Hospital Service Area rates			Behavioral Risk Factor Surveillance System survey (BRFSS, 2017)[2] California State rates		
		Response	**Count**	**Percent**	**Response**	**Count**	**Percent**
q23	During the past 30 days, how many DAYS per MONTH did you have at least one drink of any alcoholic beverage?	None	156	39.70%	None	3504	40.79%
		1-3 days	86	21.90%	1-3 days	1672	19.50%
		4-6 days	29	7.40%	4-6 days	649	7.60%
		7-9 days	25	6.40%	7-9 days	173	2.00%
		10-15 days	31	7.90%	10-15 days	437	5.10%
		16-20 days	19	4.80%	16-20 days	175	2.00%
		21-25 days	20	5.10%	21-25 days	91	1.10%
		26 or more days	27	6.90%	26 or more days	370	4.30%
q24	Considering all types of alcoholic beverages, how many times during the past 30 days did you have FIVE for men, FOUR for women or more drinks on an occasion?	0-1 times	346	88.50%	0-1 times	4112	82.20%
		2-4 times	27	6.90%	2-4 times	574	11.50%
		5 or more times	18	4.60%	5 or more times	317	6.30%
q25	The next two questions are about marijuana (aka cannabis, pot, grass, weed, etc.) and hashish. Marijuana is usually smoked or it is sometimes cooked in food. Hashish is a form of marijuana that is also called "hash". It is usually smoked in a pipe. Another form of hashish is hash oil. Have you ever, even once, used marijuana or hashish?	Yes	235	60.70%			
q26	Think specifically about the past 30 days, from today up to and including today. During the past 30 days, on how many days did you use marijuana or hashish?	None	302	78%	None	5718	87.10%
		1-3 days	23	5.90%	1-3 days	229	3.50%
		4-6 days	11	2.80%	4-6 days	117	1.80%

NVCPH Community Health Assessment Survey Question		Community Health Assessment Survey (2018) Sierra Nevada Memorial Hospital Service Area rates			Behavioral Risk Factor Surveillance System survey (BRFSS, 2017)[2] California State rates		
		Response	**Count**	**Percent**	**Response**	**Count**	**Percent**
		7-9 days	9	2.30%	7-9 days	24	0.40%
		10-15 days	7	1.80%	10-15 days	106	1.60%
		16-20 days	8	2.10%	16-20 days	68	1.00%
		21-25 days	6	1.60%	21-25 days	27	0.40%
		26 or more days	21	5.40%	26 or more days	276	4.20%
q27	A flu shot is an influenza vaccine injected into your arm. During the past 12 months, have you had a seasonal flu shot?	Yes	219	58.20%	Yes	35.7	42.03%
q28	Females only - A Pap test is a test for cancer of the cervix. Have you ever had a Pap test?	Yes	251	86%		4807	81.25%
q29	Sigmoidoscopy and colonoscopy are exams in which a tube is inserted in the rectum to view the colon for signs of cancer or other health problems. Have you ever had either of these exams?	Yes	210	54.30%	Yes	3523	60.70%
q30	Have you EVER been told by a doctor, nurse, or other health professional you had cancer?	Yes	71	18.30%	Yes	1494	15.90%
q31: Over the last 2 weeks, how many days have you…	Had little interest or pleasure doing things?	1-3 days	103	26.96%			
		10-12 days	10	2.62%			
		13-14 days	10	2.62%			
		4-6 days	26	6.81%			
		7-9 days	16	4.19%			
	Felt down, depressed or hopeless?	1-3 days	104	27.15%			

NVCPH Community Health Assessment Survey Question		Community Health Assessment Survey (2018) Sierra Nevada Memorial Hospital Service Area rates			Behavioral Risk Factor Surveillance System survey (BRFSS, 2017)[2] California State rates		
		Response	**Count**	**Percent**	**Response**	**Count**	**Percent**
		10-12 days	11	2.87%			
		13-14 days	16	4.18%			
		4-6 days	27	7.05%			
		7-9 days	13	3.39%			
	Had trouble falling asleep or staying asleep or sleeping too much?	1-3 days	114	29.69%			
		10-12 days	23	5.99%			
		13-14 days	51	13.28%			
		4-6 days	40	10.42%			
		7-9 days	28	7.29%			
	Felt tired or had little energy?	1-3 days	149	39.11%			
		10-12 days	30	7.87%			
		13-14 days	40	10.50%			
		4-6 days	50	13.12%			
		7-9 days	37	9.71%			
	Felt bad about yourself or that you were a failure or had let yourself or your family down?	1-3 days	66	17.10%			
		10-12 days	10	2.59%			
		13-14 days	20	5.18%			
		4-6 days	23	5.96%			

NVCPH Community Health Assessment Survey Question		Community Health Assessment Survey (2018) Sierra Nevada Memorial Hospital Service Area rates			Behavioral Risk Factor Surveillance System survey (BRFSS, 2017)[2] California State rates		
		Response	**Count**	**Percent**	**Response**	**Count**	**Percent**
		7-9 days	11	2.85%			
q32	Has a doctor or other healthcare provider EVER told you that you have: An anxiety disorder (including acute stress disorder, anxiety, generalized anxiety disorder, OCD, panic disorder, phobia, PTSD, or social anxiety disorder)?	Yes	100	25.90%			
q33	Has a doctor or other healthcare provider EVER told you that you have :A depressive disorder (including depression, major depression, dysthymia, or minor depression	Yes	108	27.80%	Yes	1793	19.25%
q34	During the past 12 months, have you received any treatment or counseling for any problem you were having with your emotions, nerves or mental health? Please do not include treatment for alcohol or drug use.	Yes	82	21.20%			
q35	Not counting carrots, potatoes, or salad, how many SERVINGS of VEGETABLES did you eat during the PAST WEEK? Example: a serving of vegetables at both lunch and dinner would be two servings.	None	6	1.50%			
		1-2 times	51	13.10%			
		3-4 times	72	18.60%			
		5-7 times	127	32.70%			
		8 or more servings	131	33.80%			
q36	Does the COST keep you from eating more vegetables?	Yes	68	17.62%			

NVCPH Community Health Assessment Survey Question		Community Health Assessment Survey (2018) Sierra Nevada Memorial Hospital Service Area rates			Behavioral Risk Factor Surveillance System survey (BRFSS, 2017)[2] California State rates		
		Response	**Count**	**Percent**	**Response**	**Count**	**Percent**
	Does NOT HAVING TIME TO COOK keep you from eating more vegetables?	Yes	94	24.74%			
	Does NOT KNOWING HOW TO PREPARE THEM keep you from eating more vegetables?	Yes	41	10.90%			
q37: How many days in the past WEEK did you purchase or receive food from…	A Senior Center or Food Pantry?	1 day	25	6.51%			
		2 days	1	0.26%			
		3 days	0	0.00%			
		4 days	4	1.04%			
		5 or more days	23	5.99%			
	A Wal Mart, Target, Kmart or other big box store?	1 day	39	10.18%			
		2 days	14	3.66%			
		3 days	6	1.57%			
		4 days	3	0.78%			
		5 or more days	2	0.52%			
	A convenience store or corner store?	1 day	33	8.78%			
		2 days	21	5.59%			
		3 days	8	2.13%			
		4 days	2	0.53%			
		5 or more days	4	1.06%			

NVCPH Community Health Assessment Survey Question		Community Health Assessment Survey (2018) Sierra Nevada Memorial Hospital Service Area rates			Behavioral Risk Factor Surveillance System survey (BRFSS, 2017)[2] California State rates		
		Response	**Count**	**Percent**	**Response**	**Count**	**Percent**
	A Farmer's Market?	1 day	114	30.32%			
		2 days	13	3.46%			
		3 days	14	3.72%			
		4 days	0	0.00%			
		5 or more days	7	1.86%			
	A grocery store such as (examples varied between surveys)?	1 day	111	28.91%			
		2 days	93	24.22%			
		3 days	62	16.15%			
		4 days	32	8.33%			
		5 or more days	66	17.19%			
	A fast food or chain restaurant?	1 day	117	30.87%	1 day	44	1.42%
		2 days	39	10.29%	2 days	10	0.32%
		3 days	18	4.75%	3 days	3	0.10%
		4 days	7	1.85%			
		5 or more days	9	2.37%			

NVCPH Community Health Assessment Survey Question		Community Health Assessment Survey (2018) Sierra Nevada Memorial Hospital Service Area rates			Behavioral Risk Factor Surveillance System survey (BRFSS, 2017)[2] California State rates		
		Response	**Count**	**Percent**	**Response**	**Count**	**Percent**
q38	Some people play the role of caregiver as part of their daily lives, which means they are responsible for meeting the physical and psychological needs of others. Do you act as a caregiver for another ADULT, such as spouse, sibling, aunt, uncle, parent or grandparent?	Yes	73	19%	Yes	484	14.18%
q39	Do you have...	A living will? (Yes)	127	33.16%			
		An advanced directive related to healthcare treatment or not? (Yes)	158	42.02%			
		A power of attorney? (Yes)	112	29.40%			
		A health care proxy? (Yes)	102	27.35%			
q50	Have any language, cultural barriers, or your immigration status kept you from seeking medical care in the past year?	Yes	3	0.80%			
q51	What is the highest education level you completed?	Less than 9th grade	3	0.80%	Less than 9th grade	554	6.73%
		9th to 12th grade, no diploma	10	2.60%	9th to 12th grade, no diploma	516	6.27%

NVCPH Community Health Assessment Survey Question		Community Health Assessment Survey (2018) Sierra Nevada Memorial Hospital Service Area rates			Behavioral Risk Factor Surveillance System survey (BRFSS, 2017)[2] California State rates		
		Response	**Count**	**Percent**	**Response**	**Count**	**Percent**
		High school graduate (includes equivalency)	40	10.50%	High school graduate (includes equivalency)	1545	18.78%
		Some college, no degree	109	28.60%	Some college, no degree	1877	22.81%
		Associate's degree	43	11.30%			
		Bachelor's degree	79	20.70%			
					College graduate	2052	24.94%
		Graduate or professional degree	97	25.50%	Graduate or professional degree	1453	17.66%
q52	Are you currently	Employed for wages	190	50%	Employed for wages	4289	45.83%
		Self employed	33	8.70%	Self employed	962	10.28%
		Out of work for MORE than one year	1	0.30%	Out of work for MORE than one year	246	2.63%
		Out of work for LESS than one year	7	1.80%	Out of work for LESS than one year	292	3.12%

NVCPH Community Health Assessment Survey Question		Community Health Assessment Survey (2018) Sierra Nevada Memorial Hospital Service Area rates			Behavioral Risk Factor Surveillance System survey (BRFSS, 2017)[2] California State rates		
		Response	**Count**	**Percent**	**Response**	**Count**	**Percent**
		A homemaker (stay at home parent/guardian)	9	2.40%	A homemaker (stay at home parent/guardian)	612	6.54%
		A student	6	1.60%	A student	462	4.94%
		Retired	109	28.70%	Retired	1883	20.12%
		Unable to work	25	6.60%	Unable to work	547	5.85%
q53	Annual income…	Under $10,000	32	8.50%	Under $10,000	598	8.48%
		$10,000-25,000	88	23.30%	$10,000-25,000	1367	19.40%
		$26,000-35,000	57	15.10%	$26,000-35,000	627	8.89%
		$36,000-50,000	49	13%	$36,000-50,000	743	10.54%
		$51,000-75,000	61	16.10%	$51,000-75,000	937	13.29%
		$76,000-100,000	35	9.30%	$76,000-100,000	798	11.32%
		Over $100,000	39	10.30%	Over $100,000	1979	28.10%

CHNA/CHA Methods and Processes

Two related models were foundational in this CHNA/CHA. The first is a conceptual model that expresses the theoretical understanding of community health used in the analysis. This understanding is important because it provides the framework underpinning the collection of primary and secondary data. It is the tool used to ensure that the results are based on a rigorous understanding of those factors that influence the health of a community. The second model is a process model that describes the various stages of the analysis. It is the tool that ensures that the resulting analysis is based on a tight integration of community voice and secondary data and that the analysis meets both federal regulations for conducting hospital CHNAs and the requirement for conducting CHAs under PHAB.

Conceptual Model

The conceptual model used in this needs assessment is shown in Figure 7. This model organizes populations' individual health-related characteristics in terms of how they relate to up- or downstream health and health-disparities factors. In this model, health outcomes (quality and length of life) are understood to result from the influence of health factors describing interrelated individual, environmental, and community characteristics, which in turn are influenced by underlying policies and programs.

This model was used to guide the selection of secondary indicators in this analysis as well as to express in general how these upstream health factors lead to the downstream health outcomes. It also suggests that poor health outcomes within the SNMH service area can be improved through policies and programs that address the health factors contributing to them. This conceptual model is a slightly modified version of the County Health Rankings Model used by the Robert Wood Johnson Foundation. It was altered by adding a "Demographics" category to the "Social and Economic Factors" in recognition of the influence of demographic characteristics on health outcomes.

To generate the list of secondary indicators used in the assessment, all partners reviewed each conceptual model category and discussed potential indicators that could be used or that were important to each partner in order to fully represent the category. The results of this discussion were then used to guide secondary data collection.

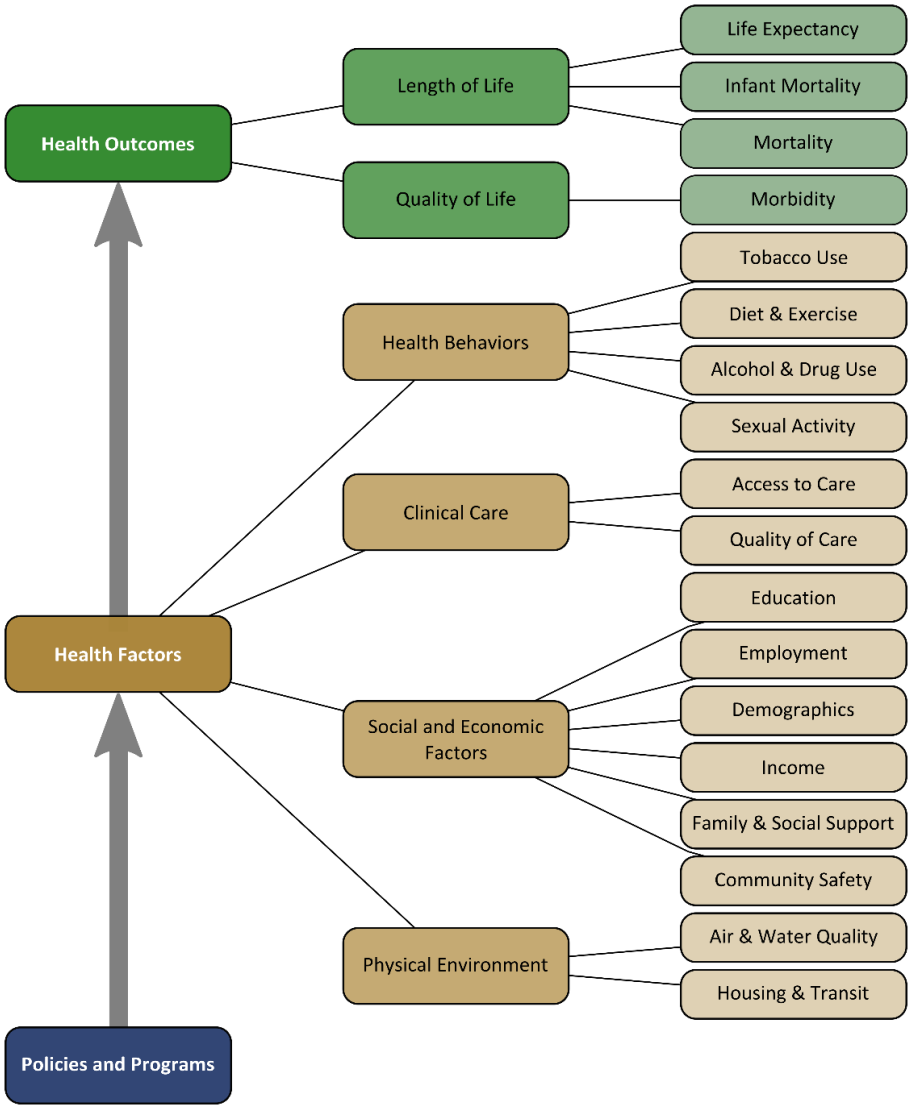


Figure 7: Community Health Assessment Conceptual Model as modified from the County Health Rankings Model, Robert Wood Johnson Foundation, and University of Wisconsin, 2015

Process Model

Figure 8 outlines the data collection and stages of this analysis. The project began by confirming the geographic area agreed to by the partners. SNMH representatives and NCPHD representatives agreed to share CHNA/CHA work for the SNMH service area, with the addition of the eastern portion of the county to be added to the Nevada County CHNA/CHA report.

Primary data collection included both key informant and focus-group interviews with community health experts and residents, as well as a community survey spanning the county area (only survey responses contained within the SNMH service area are reported in this report). Secondary data, including the health-factor and health-outcome indicators identified using the conceptual model and the Community Health Vulnerability Index (CHVI) values for each census tract within the service area, were used to identify areas or population subgroups within the county experiencing health disparities.

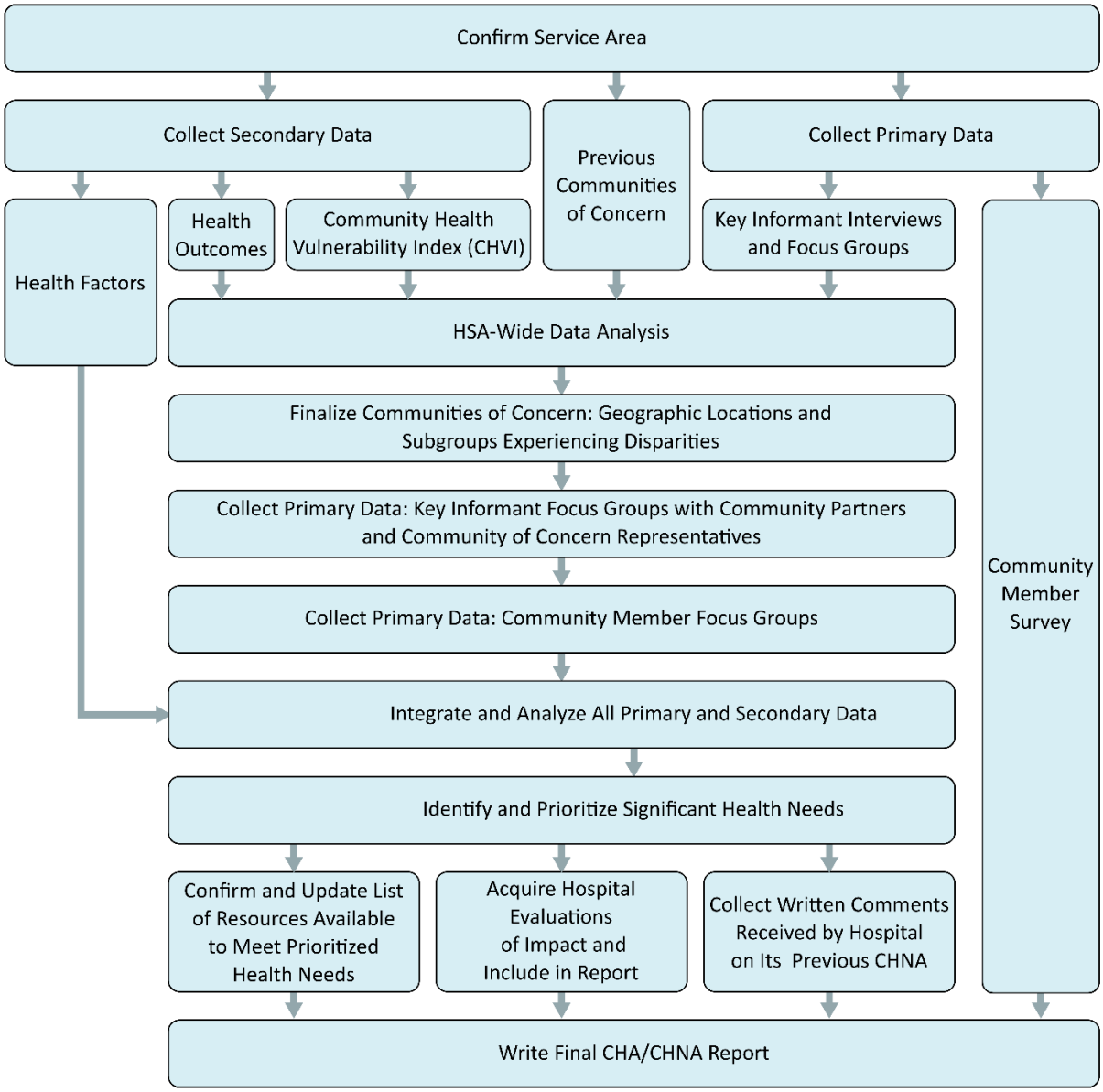


Figure 8: CHNA/CHA process model

Overall primary and secondary data were integrated to identify significant health needs for the SNMH service area. Significant health needs were then prioritized based on analysis of the primary data. Finally, information was collected regarding the resources available within the community to meet the identified health needs. For the hospital partners, an evaluation of the impact of the hospital's prior efforts was obtained from hospital representatives and written comments on the previous CHNA were gathered and included in the report.

Greater detail on the collection and processing of the secondary and primary data is given in the next two sections. This is followed by a more detailed description of the methodology utilized during the main analytical stages of the process.

Primary Data Collection and Processing

Primary Data Collection

Input from the community in the SNMH service area was collected through three main mechanisms. First, key Informant interviews were conducted with community health experts and area service providers (i.e., members of social-service nonprofit organizations and related healthcare organizations). These interviews occurred in both one-on-one and in group interview settings. Second, focus groups were conducted with community residents living in identified Communities of Concern or representing communities experiencing health disparities. Third, a countywide survey was administered with community residents.

For key informant interviews and focus groups, all participants were given an informed consent form prior to their participation, which provided information about the project, asked for permission to record the interview, and listed the potential benefits and risks of involvement in the interview. All interview data were collected through note-taking.

Key Informant Results

Primary data collection with key informants included two phases. Phase one began by interviewing area-wide service providers with knowledge of Nevada County region, including input from the designated public health department. Data from these area-wide informants, coupled with sociodemographic data, were used to identify additional key informants for the assessment that were included in phase two.

As a part of the interview process, all key informants were asked to identify vulnerable populations both geographically and demographically. The interviewer asked each participant to verbally explain what vulnerable populations existed in the county. As needed, for a visual aid, key informants were provided a map of the county to directly point to the geographically locations of these vulnerable communities. Additional key informant interviews were focused on the geographic locations and subgroups identified.

Table 9 contains a listing of community health experts, or key informants, that contributed input to the CHNA/CHA. The table describes the name of the represented organization, the number of participants, area of expertise and organization, populations served by the organization, and the date of the interview. The instrument used, Key Informant Interview Guide, is contained in Appendix A.

Table 9: Key Informant List for SNMH

Organization	**# of participants**	**Area of Expertise**	**Population(s) Served**	**Date**
Nevada County Public Health Department	3	Public health	All Nevada county residents	6.11.18
Sierra Nevada Memorial Hospital	10	Clinical Staff with included: Nursing Director, Patient Registration, ER Patient Navigator, Ambulance Service; Clinical Social Worker; Hospital administration of	All residents of the SNMH service area; low-income; under-and un-insured	6.28.18

Organization	# of participants	Area of Expertise	Population(s) Served	Date
		various departments		
Chapa-De Indian Health	1	Indian Health Services - Clinic administration	Residents of Nevada County; Native Indian county residents; low-income; under- and un-insured	6.29.11
Western Sierra Medical Clinic	1	Community Clinic - FQHC	Residents of Nevada County; Low-income; under- and un-insured	7.10.18
Sierra Clinic	1	Community Clinic - FQHC	Residents of Nevada County; Low-income; under- and un-insured	7.10.18
County Service Providers – Hospitality House; Community Recovery Resources; New Events and Opportunities; Helping Hands; Hospice of the Foothills; Child Advocates	6	County service providers – Dignity grantees	Residents of Nevada County; Low-income; under- and un-insured; Youth/young adults; Aging residents	5.24.18

Organization	# of participants	Area of Expertise	Population(s) Served	Date
Nevada County Health Collaborative - County Public Health; County Behavioral Health; Sierra Nevada Memorial Hospital Community Benefit Staff; Connecting Point; County Social Services – Adult Protective Services; ChapaDe Indian Health Services; Sierra Family Medical Clinic; NAMI; FREED (Center for Independent Living)	9	Community health; Public health; community mental health/behavioral health	Residents of Nevada County; Low-income; under- and un-insured; Youth/young adults; Aging residents; Native Indian county residents; community residents experiencing substance abuse; community residents experiencing mental illness;	7.3.18
Community Collaborative Tahoe Truckee Community Health Foundation	1	Health foundation director; Service provider	Community members of the Truckee and eastern portion of the county	7.31.18

Focus Group Results

Focus group interviews were conducted with community members living in geographic areas of the service area identified as locations or populations experiencing a disparate amount of poor socioeconomic conditions and poor health outcomes, or, Communities of Concern. Recruitment consisted of referrals from designated service providers representing vulnerable populations, as well as direct outreach to special population groups.

Table 10 contains a listing of community resident groups that contributed input to the CHNA. The table describes the location of the focus group, the date it occurred, the total number of participants, and demographic information for focus group members

Table 10: Focus Group List for SNMH

Location	Date	# of participants	Demographic Information
Grass Valley Family Resource Center	8.8.18	2	Community members in the Grass Valley area; low-income; families with young children
North San Juan Family Resource Center	8.29.18	5	Community residents of the North San Juan Ridge; Aging population; families with young children;
Connecting Point	9.10.18	8	Community residents of Nevada County; low-income; unemployed; under-and un-insured

Community Health Assessment Survey – SNMH service area

The NCPHD conducted a community health assessment survey during summer 2018 (July 24-September 1, 2018). Residents throughout the county completed the survey (412 responses countywide and 394 specific to the SNMH service area), however most of the respondents resided in Western Nevada County. The Community Health Assessment Survey was developed using questions from a 2014-2015 Community Health Assessment Survey in addition to the Tahoe Forest Community Health Needs Assessment from 2017 in conjunction with the SNMH-Dignity Staff.

Significant community outreach efforts were made to distribute the survey countywide. NCPHD staff worked with a variety of Chamber of Commerce's, Family Resource Centers, local healthcare coalitions and facilities, local nonprofits, Nevada County staff, Non-Governmental Organizations, and Women Infant and Children program to distribute survey. Direct interview collection methods were conducted to obtain survey results at the Back to School immunization clinic, grocery stores, the Madelyn Helling Library, and the Nevada County Fair by UC Davis nursing students. At the completion of the survey respondents were able to complete an entry to be entered into a drawing for gift cards. Individuals were randomly selected to receive the gift cards after every 50 surveys were completed. The community health assessment survey was anonymous with no personal information identifying respondents.

The survey instrument is contained in Appendix A of this report. Figure 9 displays the racial/ethnic profile of the survey respondents in comparison to census counts for the county.

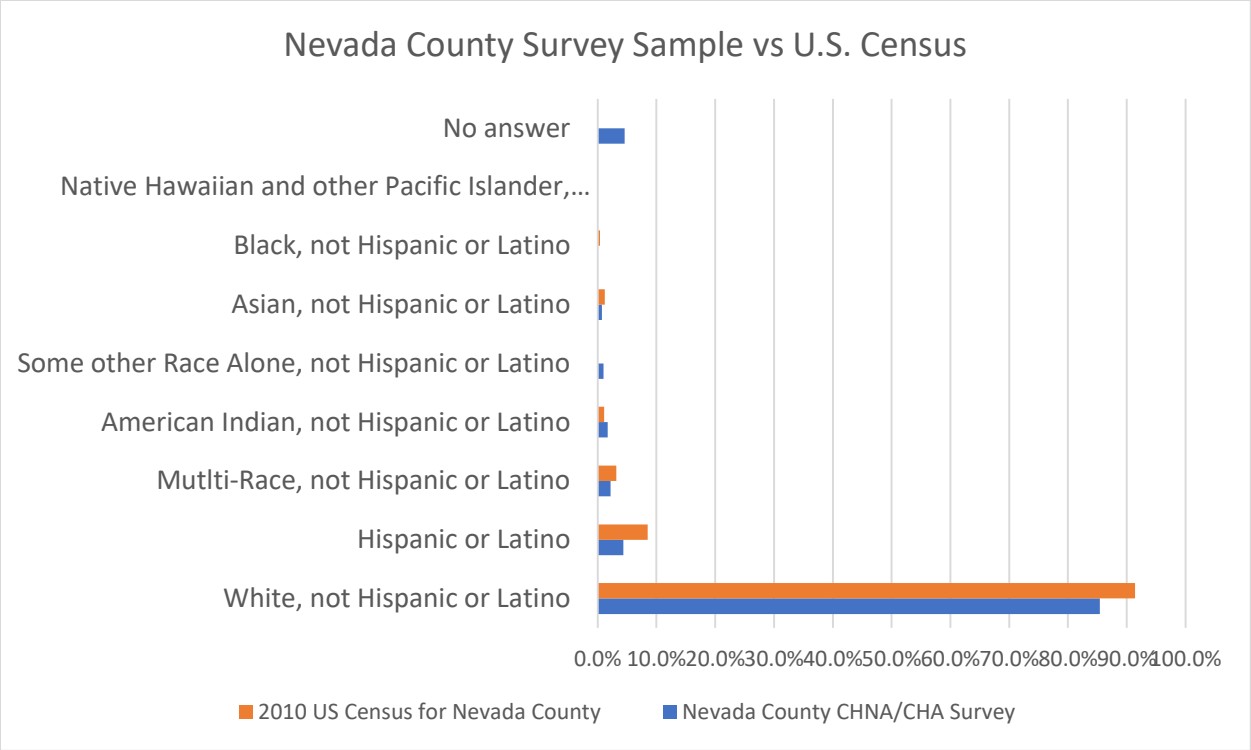


Figure 9: Survey of race/ethnicity profile for Nevada County vs. U.S. Census profile for Nevada County (U.S. Census Bureau, 2010)

Primary Data Processing

Data were analyzed using NVivo 11 qualitative software. Key informants were also asked to write data directly onto a map of Nevada County for identification of vulnerable populations in the county. Content analysis included thematic coding to potential health need categories, the identification of special populations experiencing health issues, and the identification of resources. In some instances, data were coded in accordance with the interview question guide. Results were aggregated to inform the determination of prioritized significant health needs. Survey responses were organized by question, and frequency/distribution counts were compared to previous CHA surveys results from 2014 and California state rates when available. The Nevada County Public Health Community Health Assessment Survey results are contained in Tables 7 and 8 and Appendix B.

Secondary Data Collection and Processing

The secondary data used in the analysis can be thought of as falling into four categories. The first three are associated with the various stages outlined in the process model. These include 1) health-outcome indicators, 2) Community Health Vulnerability Index (CHVI) data used to identify areas and population subgroups experiencing disparities, and 3) health-factor and health-outcome indicators used to identify significant health needs. The fourth category of indicators is used to help describe the socioeconomic and demographic characteristics of Nevada County.

Mortality data at the ZIP Code level from the California Department of Public Health (CDPH) was used to represent health outcomes. U.S. Census Bureau data collected at the tract level was used to create the CHVI. Countywide indicators representing the concepts identified in the conceptual model and collected from multiple data sources were used in the identification of significant health needs. In the fourth category, U.S. Census Bureau data were collected at the state, county, and ZIP Code Tabulation Areas (ZCTA) levels and used to describe general socioeconomic and demographic characteristics in the county.

This section details the sources and processing steps applied to the CDPH health-outcome data; the U.S. Census Bureau data used to create the CHVI; the countywide indicators used to identify significant health needs; and the sources for the socioeconomic and demographic variables obtained from the U.S. Census Bureau.

CDPH Health-Outcome Data

Mortality and birth-related data for each ZIP Code within the county were collected from the California Department of Public Health (CDPH). The specific indicators used are listed in Table 11. To increase the stability of calculated rates, each of these indicators were collected for the years from 2012 to 2016. The specific processing steps used to derive these rates are described below.

Table 11: Mortality and Birth-Related Indicators Used in the CHNA

Indicator	ICD10 Codes
Heart Disease Mortality	I00-I09, I11, I13, I20-I51
Malignant Neoplasms (Cancer) Mortality	C00-C97
Cerebrovascular Disease (Stroke) Mortality	I60-I69
Chronic Lower Respiratory Disease (CLD) Mortality	J40-J47
Alzheimer's Disease Mortality	G30
Unintentional Injuries (Accidents) Mortality	V01-X59, Y85-Y86
Diabetes Mellitus Mortality	E10-E14
Influenza and Pneumonia Mortality	J09-J18
Chronic Liver Disease and Cirrhosis Mortality	K70, K73, K74
Essential Hypertension and Hypertensive Renal Disease Mortality	I10, I13, I15
Intentional Self-Harm (Suicide) Mortality	Y03, X60-X84, Y87.0
Nephritis, Nephrotic Syndrome, and Nephrosis (Kidney disease) Mortality	N00-N07, N17-N19, N25-N27
Total Births	
Deaths of those with age less than 1 year	

ZIP Code definitions

All CDPH indicators used at this stage of the analysis are reported by patient mailing ZIP Codes. ZIP Codes are defined by the U.S. Postal Service as a single location (such as a PO Box), or a set of roads along which addresses are located. The roads that comprise such a ZIP Code may not form contiguous areas and do not match the areas used by the U.S. Census Bureau, which is the main source of population and demographic information in the United States. Instead of measuring the population along a collection of roads, the census reports population figures for distinct, largely contiguous areas. To support the analysis of ZIP Code data, the U.S. Census Bureau created ZCTAs. ZCTAs are created by identifying the dominant ZIP Code for addresses in a given census block (the smallest unit of census data available), and then grouping blocks with the same dominant ZIP Code into a corresponding ZCTA. The creation of ZCTAs allows us to identify population figures that, in combination with the health-outcome data reported at the ZIP Code level, make it possible to calculate rates for each ZCTA. However, the difference in the definition between mailing ZIP Codes and ZCTAs has two important implications for analyses of ZIP Code level data.

First, ZCTAs are approximate representations of ZIP Codes rather than exact matches. While this is not ideal, it is nevertheless the nature of the data being analyzed. Second, not all ZIP Codes have corresponding ZCTAs. Some PO Box ZIP Codes or other unique ZIP Codes (such as a ZIP Code assigned to a single facility) may not have enough addressees residing in a given census block to ever

result in the creation of a ZCTA. But residents whose mailing addresses correspond to these ZIP Codes will still show up in reported health-outcome data. This means that rates cannot be calculated for these ZIP Codes individually because there are no matching ZCTA population figures.

To incorporate these patients into the analysis, the point location (latitude and longitude) of all ZIP Codes in California[3] were compared to ZCTA boundaries.[4] These unique ZIP Codes were then assigned to either the ZCTA in which they fell or, in the case of rural areas that are not completely covered by ZCTAs, the ZCTA closest to them. The CDPH information associated with these PO Boxes or unique ZIP Codes were then added to the ZCTAs to which they were assigned.

For example, 95924 is the PO Box located for Cedar Ridge, CA. ZIP Code 95924 is not represented by a ZCTA, but it could have reported patient data. Through the process identified above, it was found that 95924 is located within the 95945 ZCTA. Data for both ZIP Codes 95924 and 95945 were therefore assigned to ZCTA 95945 and used to calculate rates. All ZIP Code level health outcome variables given in this report are therefore reporting approximate rates for ZCTAs, but for the sake of familiarity of terms they are elsewhere presented as ZIP Code rates.

Rate Smoothing

All CDPH indicators were collected for all ZIP Codes in California. To protect privacy, CDPH masked the data for a given indicator if there were 10 or fewer cases reported in the ZIP Code. ZIP Codes with masked values were treated as having NA values reported, while ZIP Codes not included in a given year were assumed to have 0 cases for the associated indicator. As described above, patient records in ZIP Codes not represented by ZCTAs were added to those ZCTAs that they fell inside or were closest to.

When consolidating ZIP Codes into ZCTAs, if a PO Box ZIP Code with an NA value was combined with a non–PO Box ZIP Code with a reported value, then the NA value for the PO Box ZIP Code was converted to a 0. Thus, ZCTA values were recorded as NA only if all ZIP Codes contributing values to them had their values masked.

The next step in the analysis process was to calculate rates for each of these indicators. However, rather than calculating raw rates, Empirical Bayes smoothed rates (EBRs) were created for all indicators possible.[5] Smoothed rates are considered preferable to raw rates for two main reasons. First, the small population of many ZCTAs, particularly those in rural areas, meant that the rates calculated for these areas would be unstable. This problem is sometimes referred to as the small-number problem. Empirical Bayes smoothing seeks to address this issue by adjusting the calculated rate for areas with small populations so that they more closely resemble the mean rate for the entire study area. The amount of this adjustment is greater in areas with smaller populations, and less in areas with larger populations.

Because the EBR were created for all ZCTAs in the state, ZCTAs with small populations that may have unstable high rates had their rates "shrunk" to more closely match the overall indicator rate for ZCTAs in the entire state. This adjustment can be substantial for ZCTAs with very small populations. The difference between raw rates and EBRs in ZCTAs with very large populations, on the other hand, is negligible. In this way, the stable rates in large-population ZIP Codes are preserved, and the unstable rates in smaller-population ZIP Codes are shrunk to more closely match the state norm. While this may not entirely

[3] Datasheer, L.L.C. (2018, July 16). *ZIP Code Database Free.* Retrieved from Zip-Codes.com: http://www.Zip-Codes.com

[4] U.S. Census Bureau. (2017). *TIGER/Line Shapefile, 2017, 2010 nation, U.S., 2010 Census 5-Digit ZIP Code Tabulation Area (ZCTA5) National.* Retrieved July 16, 2018, from http://www.census.gov/geo/maps-data/data/tiger-line.html

[5] Anselin, L. (2003). *Rate Maps and Smoothing.* Retrieved February 16, 2013, from http://www.dpi.inpe.br/gi

resolve the small-number problem in all cases, it does make the comparison of the resulting rates more appropriate. Because the rate for each ZCTA is adjusted to some degree by the EBR process, this also has a secondary benefit of better preserving the privacy of patients within the ZCTAs.

EBRs were calculated for each mortality indicator using the total population figure reported for ZCTAs in the 2014 American Community Survey 5-year Estimates table DP05. Data for 2014 were used because this represented the central year of the 2012–2016 range of years for which CDPH data were collected. To calculate infant mortality rate, the total number of deaths for the population under one-year-old was divided by the total number of births.

ZCTAs with NA values recorded were treated as having a value of 0 when calculating the overall expected rates for a state during the smoothing process but were kept as NA for the individual ZCTA. This meant that smoothed rates could be calculated for indicators, but if a given ZCTA had a value of NA for a given indicator, it retained that NA value after smoothing.

Empirical Bayes smoothing was attempted for every overall indicator but could not be calculated for some. In these cases, raw rates were used instead. These smoothed or raw mortality rates were then multiplied by 100,000 so that the final rates represented deaths per 100,000 people. In the case of infant mortality, the rates were multiplied by 1,000, so the final rate represents infant deaths per 1,000 live births.

Community Health Vulnerability Index (CHVI)

The CHVI is a health-care-disparity index largely based on the Community Need Index (CNI) developed by Barsi and Roth.[6] The CHVI uses the same basic set of demographic indicators to address healthcare disparities as outlined in the CNI, but these indicators are aggregated in a different manner to create the CHVI. For this report, the following nine indicators were obtained from the 2016 American Community Survey 5-year Estimate dataset at the census tract[7] level and are contained in Table 12.

Table 12: Indicators Used to Create the Community Health Vulnerability Index

Indicator	Description	Source Data Table	Variables Included
Minority	The percentage of the population that is Hispanic or reports at least one race that is not white	B0302	HD01_VD01, HD01_VD03
Limited English	The percentage of the population 5 years or older that speaks English less than "well"	B16004	HD01_DD01, HD01_VD07, HD01_VD08, HD01_VD12, HD01_VD13, HD01_VD17, HD01_VD18, HD01_VD22, HD01_VD23, HD01_VD29, HD01_VD30, HD01_VD34, HD01_VD35, HD01_VD39, HD01_VD40, HD01_VD44, HD01_VD45, HD01_VD51, HD01_VD52, HD01_VD56, HD01_VD57, HD01_VD61,

[6] Barsi, E. L., & Roth, R. (2005). The Community Needs Index. *Health Progress, 86*(4), 32-38. Retrieved from https://www.chausa.org/docs/default-source/health-progress/the-community-need-index-pdf.pdf?sfvrsn=2

[7] Census tracts are data reporting regions created by the U.S. Census Bureau that roughly correspond to neighborhoods in urban areas but may be geographically much larger in rural locations.

Indicator	Description	Source Data Table	Variables Included
			HD01_VD62, HD01_VD66, HD01_VD67
Not a High School Graduate	Percentage of population over 25 that are not high school graduates	S1501	HC02_EST_VC17
Unemployed	Unemployment rate among the population 16 or older	S2301	HC04_EST_VC01
Families with Children in Poverty	Percentage of families with children that are in poverty	S1702	HC02_EST_VC02
Elderly Households in Poverty	Percentage of households with householders 65 years or older that are in poverty	B17017	HD01_VD01, HD01_VD08, HD01_VD14, HD01_VD19, HD01_VD25, HD01_VD30
Single-Female-Headed Households in Poverty	Percentage of single-female-headed households with children that are in poverty	S1702	HC02_EST_VC02
Renters	Percentage of the population in renter-occupied housing units	B25008	HD01_VD01, HD01_VD03
Uninsured	Percentage of population that is uninsured	S2701	HC05_EST_VC01

Each indicator was scaled using a min-max stretch so that the tract with the maximum value for a given indicator within the study area received a value of 1, the tract with the minimum value for that same indicator within the study area received a 0, and all other tracts received some value between 0 and 1 proportional to their reported values. All scaled indicators were then summed to form the final CHVI. Areas with higher CHVI values therefore represent locations with relatively higher concentrations of the target index populations and are likely experiencing greater health disparities.

Significant Health Need Identification Dataset

The third set of secondary data used in the analysis were the health-factor and health-outcome indicators used to identify the significant health needs. The selection of these indicators was guided by the previously identified conceptual model. Table 13 lists these indicators, their sources, the years they were measured, and the health-related characteristics from the conceptual model they are primarily used to represent.

Table 13: Health Factor and Health Outcome Data Used in CHNA, Including Data Source and Time Period in Which the Data were Collected

Conceptual Model Alignment			Indicator	Data Source	Time Period
Health outcomes	Length of life	Infant mortality	Infant Mortality Rate	CHR*	2010-2016
		Life expectancy	Life Expectancy at Birth	CDPH†	2012-2016
		Mortality	Age-adjusted mortality	CDPH	2012-2016

Conceptual Model Alignment			Indicator	Data Source	Time Period
			Alzheimer's Disease mortality	CDPH	2012-2016
			Child mortality	CHR	2013-2016
			Premature age-adjusted mortality	CHR	2014-2016
			Premature death (Years of Potential Life Lost)	CHR	2014-2016
			Cerebrovascular Disease (Stroke)	CDPH	2012-2016
			Chronic Lower Respiratory Disease	CDPH	2012-2016
			Diabetes Mellitus	CDPH	2012-2016
			Diseases of the Heart	CDPH	2012-2016
			Essential Hypertension & Hypertensive Renal Disease	CDPH	2012-2016
			Influenza and Pneumonia	CDPH	2012-2016
			Intentional Self Harm (Suicide)	CDPH	2012-2016
			Liver Disease	CDPH	2012-2016
			Malignant Neoplasms (Cancer)	CDPH	2012-2016
			Nephritis, Nephrotic Syndrome and Nephrosis (Kidney Disease)	CDPH	2012-2016
			Unintentional Injuries (Accidents)	CDPH	2012-2016
			Opioid Overdose Deaths	CDPH	2017
			Female Breast Cancer Mortality	CDPH	2014-2016
			Colorectal Cancer Mortality	CDPH	2014-2016
			Lung Cancer Mortality	CDPH	2014-2016
			Prostate Cancer Mortality	CDPH	2014-2016
	Quality of life	Morbidity	Breast Cancer Incidence	California Cancer Registry	2010-2014
			Colorectal Cancer Incidence	California Cancer Registry	2010-2014
			Diabetes prevalence	CHR	2014
			Disability	Census	2016
			HIV prevalence rate	CHR	2015
			Low birthweight	CHR	2010-2016
			Lung Cancer Incidence	California Cancer Registry	2010-2014
			Prostate Cancer Incidence	California Cancer Registry	2010-2014
			Poor mental health days	CHR	2016
			Poor physical health days	CHR	2016
			Hepatitis C Virus	CDPH‡	2015
			Nonfatal Poisonings	OSHPD	2014

Conceptual Model Alignment			Indicator	Data Source	Time Period
			Invasive Cancer Incidence	California Cancer Registry	2010-2015
			Prediabetes	UCLA Center for Health Policy Research and California Center for Public Health Advocacy	2016
			Asthma	California Health and Human Services	2016
Health factors	Health Behavior	Alcohol and drug use	Excessive drinking	CHR	2016
			Drug Overdose Deaths	CDPH	2014-2016
			Substance Use Hospitalizations	CDPH	2014
			ED Utilization for Substance Abuse	CDPH	2014
			Unintentional Poisonings	CDPH	2014
			ED Visits for Opioid Overdose	CDPH	2017
		Diet and exercise	Adult obesity	CHR	2014
			Physical inactivity	CHR	2014
			Limited access to healthy foods	CHR	2015
			Modified Retail Food Environment Index (mRFEI)	Census	2016
			Access to exercise opportunities	CHR	2010 population/ 2016 facilities
			Food Insecurity, Children	CalFresh	2017
			Food Insecurity, Overall	CalFresh	2017
			Youth Obesity Rates	SNAP-ED County Profiles	2017
			Breastfeeding (in Hospital Exclusive)	CDPH	2016
		Sexual activity	Chlamydia Rate	CDPH	2017
			Gonorrhea Rate	CDPH	2017
			Teen birth rate	CHR	2010-2016
		Tobacco use	Adult smoking	CHR	2016
			E Products use	CDPH	2016
	C l i -		Healthcare costs	CHR	2015

Conceptual Model Alignment			Indicator	Data Source	Time Period
		Access to care	Health Professional Shortage Area - Dental	HRSA§	2018
			Health Professional Shortage Area - Mental Health	HRSA	2018
			Heath Professional Shortage Area - Primary Care	HRSA	2018
			Medically Underserved Areas	HRSA	2018
			Mammography screening	CHR	2014
			Dentists	CHR	2016
			Mental health providers	CHR	2017
			Psychiatrists	HRSA	2015
			Specialty Care providers	HRSA	2015
			Primary care physicians	CHR	2015
			Seventh Grade Immunization Rates	CDPH	2016-2017
			Kindergarten Immunization Rates	CDPH	2017-2018
			Prenatal Care	FHOP Family Health Outcomes Project University of California, San Francisco	2015
		Quality care	Preventable hospital stays (Ambulatory Care Sensitive Conditions)	CHR	2015
	Social & economic/ Demographic factors	Community safety	Homicide rate	CHR	2010-2016
			Violent crime rate	CHR	2012-2014
			Motor vehicle crash death rate	CHR	2010-2016
		Education	Some college (post-secondary education)	CHR	2012-2016
			High school graduation	CHR	2014-2015
		Employment	Unemployment	CHR	2016
		Family and social support	Children in single-parent households	CHR	2012-2016
			Social associations	CHR	2015
		Income	Children eligible for free lunch	CHR	2015-2016
			Children in poverty	CHR	2016
			Median household income	CHR	2016
			Uninsured	CHR	2015
	Phy		Severe Housing problems	CHR	2010-2014

Conceptual Model Alignment			Indicator	Data Source	Time Period
		Housing and transit	Homelessness	Nevada County Homeless Point in Time Count	2018
			Households with no vehicle	Census	2012-2016
			Access to Public Transit	Census/ GTSF data	2010,2012-2016,2018
		Air and water quality	Pollution Burden Score	Cal-EnviroScreen	2017
			Air pollution - particulate matter	CHR	2012
			Drinking water violations	CHR	2016

*County Health Rankings
†California Department of Public Health
‡California Office of Statewide Health Planning and Development
§Health Resources and Services Administration

County Health Rankings Data

All indicators listed with County Health Rankings (CHR) as their source were obtained from the 2018 County Health Rankings[8] dataset. This was the most common source of data, with 38 associated indicators included in the analysis. Indicators were collected at both the county and state levels. County-level indicators were used to represent the health factors and health outcomes in the county. State-level indicators were collected to be used as benchmarks for comparison purposes. All variables included in the CHR dataset were obtained from other data providers. The original data providers for each CHR variable are given in Table 14.

Table 14: County Health Rankings Data Set, Including Indicators, the Time Period the Data were Collected, and the Original Source of the Data

CHR Indicator	Time Period	Original Data Provider
Infant Mortality Rate	2010–2016	CDC WONDER Mortality Data
Child Mortality	2013–2016	CDC WONDER Mortality Data
Premature Age-Adjusted Mortality	2014–2016	CDC WONDER Mortality Data
Premature Death (Years of Potential Life Lost)	2014–2016	National Center for Health Statistics - Mortality Files
Diabetes Prevalence	2014	CDC Diabetes Interactive Atlas
HIV Prevalence Rate	2015	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
Low Birth Weight	2010–2016	National Center for Health Statistics - Natality Files
Poor Mental Health Days	2016	Behavioral Risk Factor Surveillance System
Poor Physical Health Days	2016	Behavioral Risk Factor Surveillance System
Excessive Drinking	2016	Behavioral Risk Factor Surveillance System

[8] Robert Wood Johnson Foundation. 2018. *County Health Rankings & Roadmaps*. Available online at: http://www.countyhealthrankings.org/. Accessed July 10, 2018.

CHR Indicator	Time Period	Original Data Provider
Adult Obesity	2014	CDC Diabetes Interactive Atlas
Physical Inactivity	2014	CDC Diabetes Interactive Atlas
Limited Access to Healthy Foods	2015	USDA Food Environment Atlas
Access to Exercise Opportunities	2010 population/ 2016 facilities	Business Analyst, Delorme Map Data, ESRI, & U.S. Census Tiger Line Files
Sexually Transmitted Infections (Chlamydia Rate)	2015	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
Teen Birth Rate	2010–2016	National Center for Health Statistics - Natality Files
Adult Smoking	2016	Behavioral Risk Factor Surveillance System
Healthcare Costs	2015	Dartmouth Atlas of Healthcare
Mammography Screening	2014	Dartmouth Atlas of Healthcare
Dentists	2016	Area Health Resource File/National Provider Identification File
Mental Health Providers	2017	CMS, National Provider Identification
Primary Care Physicians	2015	Area Health Resource File/American Medical Association
Preventable Hospital Stays (Ambulatory Care Sensitive Conditions)	2015	Dartmouth Atlas of Healthcare
Homicide Rate	2010–2016	CDC WONDER Mortality Data
Violent Crime Rate	2012–2014	Uniform Crime Reporting - FBI
Motor Vehicle Crash Death Rate	2010–2016	CDC WONDER Mortality Data
Some College (Postsecondary Education)	2012–2016	American Community Survey, 5-Year Estimates
High School Graduation	2014–2015	California Department of Education
Unemployment	2016	Bureau of Labor Statistics Local Area Unemployment Statistics
Children in Single-Parent Households	2012–2016	ACS 5-Year Estimates
Social Associations	2015	County Business Patterns
Children Eligible for Free Lunch	2015–2016	National Center for Education Statistics
Children in Poverty	2016	U.S. Census Bureau Small Area Income and Poverty Estimates
Median Household Income	2016	U.S. Census Bureau Small Area Income and Poverty Estimates
Uninsured	2015	U.S. Census Bureau Small Area Health Insurance Estimates
Severe Housing Problems	2010–2014	HUD Comprehensive Housing Affordability Strategy (CHAS) Data
Air Pollution - Particulate Matter	2012	CDC's National Environmental Public Health Tracking Network

CHR Indicator	Time Period	Original Data Provider
Drinking Water Violations	2016	Safe Drinking Water Information System

CDPH Data

The next most common source of health-outcome and health-factor variables used for health need identification was California Department of Public Health (CDPH). This includes the same by-cause mortality rates as those described previously. But in this case, they were calculated at the county level to represent health conditions in the county and at the state level to be used as comparative benchmarks. County-level rates were smoothed using the same process described previously. State-level rates were not smoothed.

Drug overdose deaths and age-adjusted mortality rates were also obtained from CDPH. These indicators report age-adjusted drug-induced death rates and age-adjusted all-cause mortality rates for counties and the state from 2014 to 2016 as reported in the 2018 County Health Status Profiles.[9]

HRSA Data

Indicators related to the availability of healthcare providers were obtained from the Health Resources and Services Administration[10] (HRSA). These included Dental, Mental Health, and Primary Care Health Professional Shortage Areas and Medically Underserved Areas/Populations. They also included the number of specialty care providers and psychiatrists per 100,000 residents, derived from the county-level Area Health Resource Files.

The health professional shortage area and medically underserved area data were not provided at the county level. Rather, they are showed as all areas in the state that were designated as shortage areas. These areas could include a portion of a county or an entire county, or they could span multiple counties. To develop measures at the county level to match the other health-factor and health-outcome indicators used in health need identification, these shortage areas were compared to the boundaries of each county in the state. Counties that were partially or entirely covered by a shortage area were noted.
The HRSA's Area Health Resource Files provide information on physicians and allied healthcare providers for U.S. counties. This information was used to determine the rate of specialty care providers and the rate of psychiatrists for each county and for the state. For the purposes of this analysis, a specialty care provider was defined as a physician who was not defined by the HRSA as a primary care provider. This was found by subtracting the total number of primary care physicians (both MDs and DOs, primary care, patient care, and nonfederal, excluding hospital residents and those 75 years of age or older) from the total number of physicians (both MDs and DOs, patient care, nonfederal) in 2015. This number was then divided by the 2015 total population given in the 2015 American Community Survey 5-year Estimates table B01003, and then multiplied by 100,000 to give the total number of specialty care physicians per 100,000 residents. The total of specialty care physicians in each county was summed to find the total specialty care physicians in the state, and state rates were calculated following the same approach as used for county rates. This same process was also used to calculate the number of psychiatrists per 100,000 for each county and the state using the number of total patient care, nonfederal psychiatrists from the Area Health Resource Files. It should be noted that psychiatrists are included in the

[9] California Department of Public Health. 2018. *County Health Status Profiles 2018*. Available online at: https://www.cdph.ca.gov/Programs/CHSI/Pages/County-Health-Status-Profiles.aspx. Last accessed October 23, 2018.
[10] Health Resources and Services Administration. 2018. Data Downloads, Available online at: https://data.hrsa.gov/data/download. Last accessed June 19 2018 (for county level Area Health Resource Files) and 1 August 2018 (for Health Professional Shortage Area files)

list of specialty care physicians, so that indicator represents a subset of specialty care providers rather than a separate group.

California Cancer Registry Data

Data obtained from the California Cancer Registry[11] includes age-adjusted incidence rates for colon and rectum, female breast, lung and bronchus, and prostate cancer sites for counties and the state. Reported rates were based on data from 2010 to 2014, and report cases per 100,000. For low-population counties, rates were calculated for a group of counties rather than for individual counties. That group rate was used in this report to represent incidence rates for each individual county in the group.

Census Data

Data from the U.S. Census Bureau were used to calculate three additional indicators: the percentage of households with no vehicle available, the percentage of the civilian noninstitutionalized population with some disability, and the Modified Retail Food Environment Index (mRFEI). The sources for the indicators used are given in Table 15.

Table 15: Detailed Description of Data Used to Calculate Percentage of Population with Disabilities, Households Without a Vehicle, and the mRFEI

Indicator	Source Data Table	Variable	NAICS code	Employee Size Category	Data Source
Percentage with Disability	S1810	HC03_EST_VC01			2016 American Community Survey 5-Year Estimates
Households with No Vehicle Available	DP04	HC03_VC85			
Large Grocery Stores	BP_2016_00A3	Number of Establishments	445110	10 or More Employees	2016 County Business Patterns
Fruit and Vegetable Markets	BP_2016_00A3	Number of Establishments	445230	All Establishments	
Warehouse Clubs	BP_2016_00A3	Number of Establishments	452910	All Establishments	
Small Grocery Stores	BP_2016_00A3	Number of Establishments	445110	1 to 4 Employees	
Limited-Service Restaurants	BP_2016_00A3	Number of Establishments	722513	All Establishments	
Convenience Stores	BP_2016_00A3	Number of Establishments	445120	All Establishments	

The mRFEI indicator reports the percentage of the total food outlets in a ZCTA that are considered healthy food outlets. The mRFEI indicator was calculated using a modification of the methods described by the National Center for Chronic Disease Prevention and Health Promotion[12] using data obtained from the U.S. Census Bureau's 2016 County Business Pattern datasets.

[11] California Cancer Registry. 2018. *Age-Adjusted Invasive Cancer Incidence Rates in California*. Available online at: https://www.cancer-rates.info/ca/. Accessed: May 11, 2018.

[12] National Center for Chronic Disease Prevention and Health Promotion. (2011). *Census Tract Level State Maps of the Modified Retail Food Environment Index (mRFEI).* Centers for Disease Control. Retrieved Jan 11, 2016, from http://ftp.cdc.gov/pub/Publications/dnpao/census-tract-level-state-maps-mrfei_TAG508.pdf

Healthy food retailers were defined based on North American Industrial Classification Codes (NAICS), and included large grocery stores, fruit and vegetable markets, and warehouse clubs.
Food retailers that were considered less healthy included small grocery stores, limited-service restaurants, and convenience stores.

To calculate the mRFEI, the total number of health food retailers was divided by the total number of healthy and less healthy food retailers, and the result was multiplied by 100 to calculate the final mRFEI value for each county and for the state.

CalEnviroScreen Data

CalEnviroScreen[13] is a dataset produced by CalEPA. It includes multiple indicators associated with various forms of pollution for census tracts within the state. These include multiple measures of air and water pollution, pesticides, toxic releases, traffic density, cleanup sites, groundwater threats, hazardous waste, solid waste, and impaired bodies of water. One indicator, pollution burden, combines all of these measures to generate an overall index of pollution for each tract. To generate a county-level pollution-burden measure, the percentage of the population residing in census tracts with pollution-burden scores greater than or equal to the 50th percentile was calculated for each county as well as for the state.

Google Transit Feed Specification (GTSF) Data

The final indicator used to identify significant health needs measures was proximity to public transportation. This indicator reports the percentage of a county's population that lives in a census block located within a quarter mile of a fixed transit stop. Census block data from 2010 (the most recent year available) was used to measure population.

An extensive search was conducted to identify stop locations for transportation agencies in the service area. Many transportation agencies publish their route and stop locations using the standard GTFS data format. Listings for agencies covering the service area were reviewed at TransitFeeds (https://transitfeeds.com) and Trillium (https://trilliumtransit.com/gtfs/our-work/). These were compared to the list of feeds used by Google Maps (https://www.google.com/landing/transit/cities/index.html#NorthAmerica) to try to maximize coverage.

Table 16 notes the agencies for which transit stops could be obtained. It should be noted that while every attempt was made to include as comprehensive a list of data sources as possible, there may be transit stops associated with agencies not included in this list in the county. Caution should therefore be used in interpreting this indicator.

Table 16: Transportation Agencies Used to Compile Proximity to Public Transportation Indicator

County	**Agency**
Tahoe Area (Nevada, Placer, El Dorado Counties)	Town of Truckee, Tahoe Truckee Area Regional Transit, Tahoe Transportation District, Alpine Meadows Shuttle, Northstar-at-Tahoe, North Lake Tahoe Express
Nevada County	Gold Country Stage
Yuba/Sutter	Yuba-Sutter Transit

[13] CalEPA. 2018. CalEnviroscreen 3.0 Shapefile. Available online at: https://data.ca.gov/dataset/calenviroscreen-30. Last accessed: May 26, 2018.

Descriptive Socioeconomic and Demographic Data

The final secondary data set used in this analysis was comprised of multiple socioeconomic and demographic indicators collected at the ZCTA, county, and state level. These data were not used in an analytical context. Rather, they were used to provide a description of the overall population characteristics within the county. Table 17 lists each of these indicators as well as their sources.

Table 17: Descriptive Socioeconomic and Demographic Data Descriptions

Indicator	Description	Source Data Table	Variables Included
Population	Total population	DP05	HC01_VC03
Minority	The percentage of the population that is Hispanic or reports at least one race that is not white	B0302	HD01_VD01, HD01_VD03
Median Age	Median age of the population	DP05	HC01_VC23
Median Income	Median household income	S2503	HC01_EST_VC14
Poverty	Percentage of population below the poverty level	S1701	HC03_EST_VC01
Unemployed	Unemployment rate among the population 16 or older	S2301	HC04_EST_VC01
Uninsured	Percentage of population without health insurance	S2701	HC05_EST_VC01
Not a High School Graduate	Percentage of population over 25 that are not high school graduates	S1501	HC02_EST_VC17
High Housing Costs	Percentage of the population for whom total housing costs exceed 30% of income	S2503	HC01_EST_VC33, HC01_EST_VC37, HC01_EST_VC41, HC01_EST_VC45, HC01_EST_VC49
Disability	Percentage of civilian noninstitutionalized population with a disability	S1810	HC03_EST_VC01

Detailed Analytical Methodology

The collected and processed primary and secondary data were integrated in three main analytical stages. In the first stage, secondary health-outcome and health-factor data were combined with primary data collected from key informant interviews providing an overall view of the county to identify Communities of Concern. These Communities of Concern potentially included geographic regions and specific subpopulations, in which certain populations bear disproportionate health burdens. The identified Communities of Concern are then used to focus the remaining interview and focus-group collection efforts on those areas and subpopulations. The resulting data is then combined with survey results and secondary health need identification data to identify significant health needs within the service area. Finally, primary data (focus group, interview, and survey results) is used to prioritize those identified significant health needs. The specific details for these analytical steps are given in the following three sections.

Community of Concern Identification

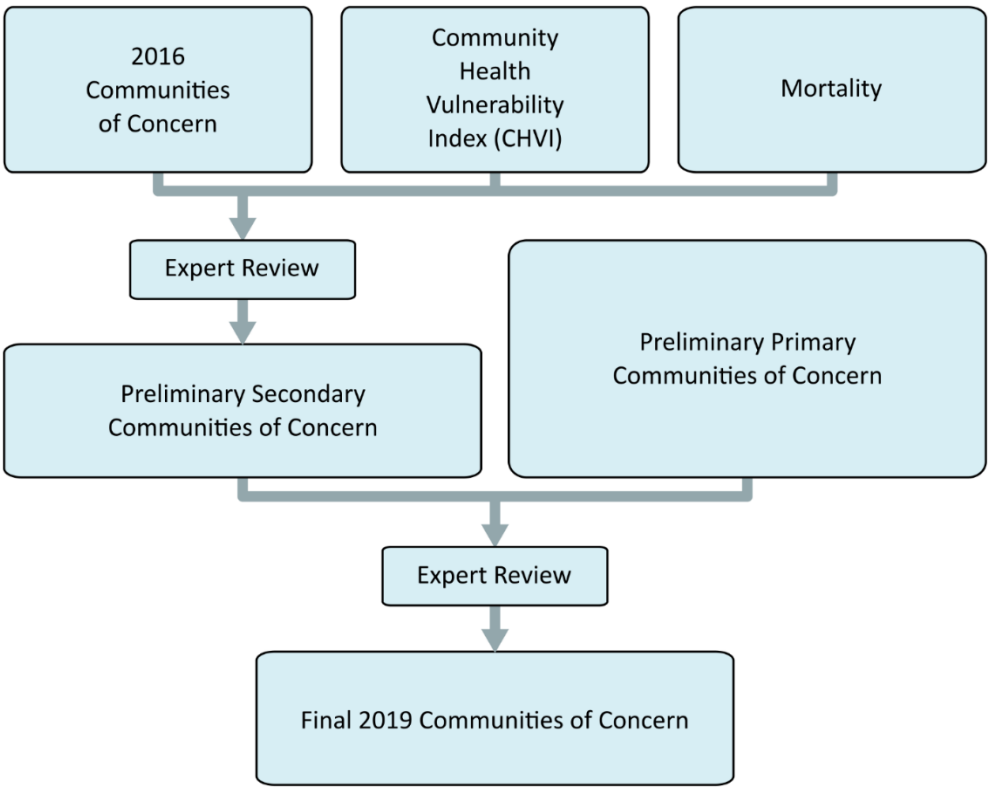


Figure 10: Process followed to identify Communities of Concern

As illustrated in Figure 10, the 2019 Communities of Concern were identified through a process that drew upon both primary and secondary data. Three main secondary data sources were used in this analysis: Communities of Concern identified in the 2016 CHNA; the census tract–level Community Health Vulnerability Index (CHVI); and the CDPH ZCTA-level mortality data.

An evaluation procedure was developed for each of these data sets and applied to each ZCTA within the county. The following secondary data selection criteria were used to identify preliminary Communities of Concern.

2016 Community of Concern

The ZCTA was included in the 2016 CHNA Community of Concern list for the hospital service area of SNMH. This was done to allow greater continuity between the 2016 CHNA round and the current assessment, and it reflects the work of the partners to serve these disadvantaged communities.

Community Health Vulnerability Index (CHVI)

The ZCTA intersected a census tract whose CHVI value fell within the top 20% of the county. Census tracts with these values represent areas with consistently high concentrations of demographic subgroups identified in the research literature as being more likely to experience health-related disadvantages.

Mortality

The review of ZCTAs based on mortality data utilized the ZCTA-level CDPH health-outcome indicators described previously. These indicators were heart disease, cancer, stroke, CLD, Alzheimer's disease, unintentional injuries, diabetes, influenza and pneumonia, chronic liver disease, hypertension, suicide,

and kidney disease mortality rates per 100,000 people, and infant mortality rates per 1,000 live births. The number of times each ZCTA's rates for these indicators fell within the top 20% in the county was counted. Those ZCTAs whose counted values exceeded the 80th percentile for all of the ZCTAs in the county met the Community of Concern mortality selection criteria.

Integration of Secondary Criteria

Any ZCTA that met any of the three selection criteria (2016 Community of Concern, CHVI, and mortality) was reviewed for inclusion as a 2019 Community of Concern, with greater weight given to those ZCTAs meeting two or more of the selection criteria. An additional round of expert review was applied to determine if any other ZCTAs not thus far indicated should be included based on some other unanticipated secondary data consideration. This list then became the final preliminary secondary Communities of Concern.

Preliminary Primary Communities of Concern

Preliminary primary Communities of Concern were identified by reviewing the geographic locations or population subgroups that were consistently identified by the area-wide primary data sources.

Integration of Preliminary Primary and Secondary Communities of Concern

Any ZCTA that was identified in either the preliminary primary or secondary Community of Concern list was considered for inclusion as a 2019 Community of Concern. An additional round of expert review was then applied to determine if, based on any primary or secondary data consideration, any final adjustments should be made to this list. The resulting set of ZCTAs was then used as the final 2019 Communities of Concern.

Significant Health Need Identification

The general methods through which significant health needs (SHNs) were identified are shown in Figure 11 and described here in greater detail. The first step in this process was to identify a set of potential health needs (PHNs) from which significant health needs could be selected. This was done by reviewing the health needs identified during the 2016 CHNA among various hospitals throughout northern California and then supplementing this list based on a preliminary analysis of the primary qualitative data collected for the 2019 CHNA. This resulted in a list of 10 PHNs for the county, shown in Table 18.

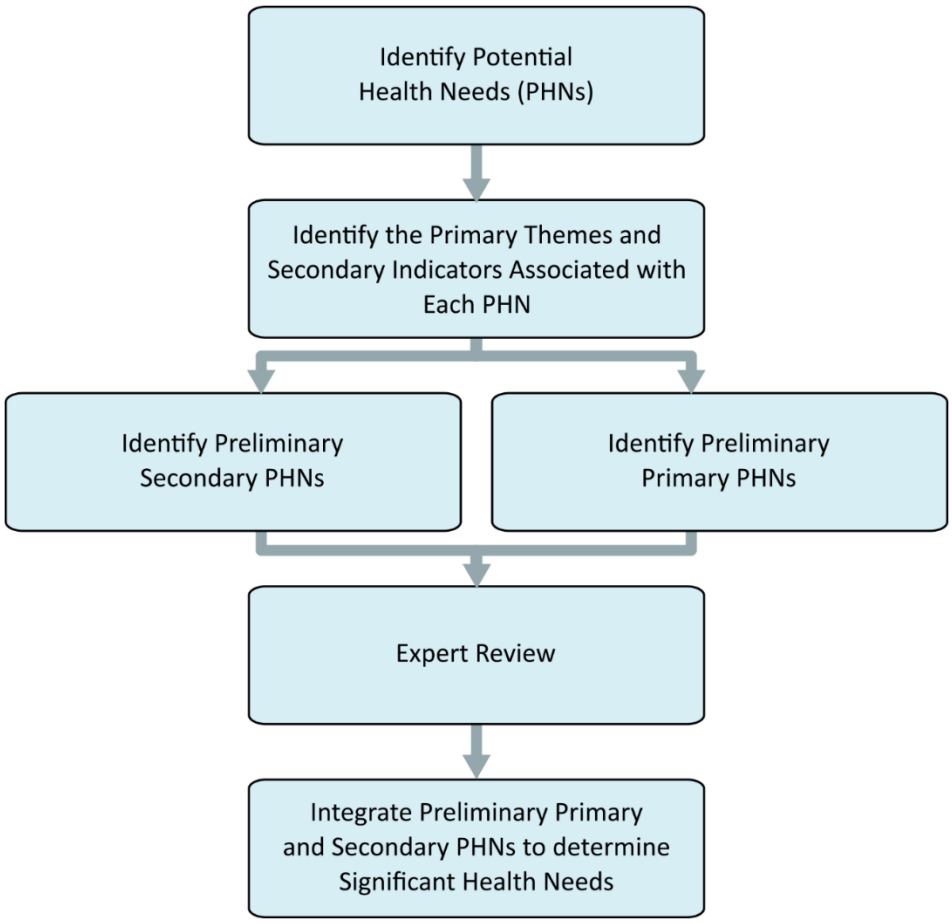


Figure 11: Process followed to identify Significant Health Needs

Table 18: Potential Health Needs

2019 Potential Health Needs (PHNs)	
PHN1	Access to Mental/Behavioral/Substance Abuse Services
PHN2	Access to Quality Primary Care Health Services
PHN3	Active Living and Healthy Eating
PHN4	Safe and Violence-Free Environment
PHN5	Access to Dental Care and Preventive Services
PHN6	Pollution-Free Living Environment
PHN7	Access to Basic Needs such as Housing, Jobs, and Food
PHN8	Access and Functional Needs
PHN9	Access to Specialty and Extended Care
PHN10	Injury and Disease Prevention and Management

The next step in the process was to identify secondary indicators and primary qualitative themes associated with each of these health needs as shown in Table 19. Primary theme associations were used to guide coding of the primary qualitative data sources to specific PHNs.

Table 19: Secondary Indicator Associations and Qualitative Primary Indicators used to Identify Significant Health Needs

Health Need Number	2019 CHI Potential Health Needs	2019 CHI Secondary Indicators	Primary Indicators
PHN1	Access to Mental/ Behavioral/ Substance Abuse Services	• Life Expectancy at Birth • Liver Disease Mortality • Suicide mortality • Poor Mental Health days • Poor Physical Health days • Drug Overdose Deaths • Excessive Drinking • Health Professional Shortage Area – Mental Health • Mental Health Providers • Psychiatrists • Social associations • Liver Cancer Incidence • Mental Health/Drug Related Hospitalizations • Hospitalizations for Self-Inflicted Injuries in Youth • Mental Health Hospitalizations in Youth	• Self-injury • Mental health and coping issues • Substance abuse • Smoking • Stress • Mentally ill homeless • PTSD • Access to psychiatrist • Homelessness
Health Need Number	**2019 CHI Potential Health Needs**	**2019 CHI Secondary Indicators**	**Primary Indicators**
PHN2	Access to Quality Primary Care Health Services	• Life Expectancy at Birth • Cancer Mortality • Child Mortality • Chronic Lower Respiratory Disease Mortality • Diabetes Mortality • Heart Disease Mortality • Hypertension Mortality • Influenza and Pneumonia Mortality • Kidney Disease Mortality • Liver Disease Mortality • Stroke Mortality • Breast Cancer Incidence • Colorectal Cancer Incidence • Diabetes Prevalence • Low Birthweight • Lung Cancer Incidence • Prostate Cancer Incidence • Healthcare Costs	• Issue of quality of care • Access to care • Health insurance • Care for cancer/cancer occurrence • Indicators in PQI: Diabetes, COPD, CRLD, HTN, HTD, Asthma, Pneumonia

		• Health Professional Shortage Area – Primary Care • Medically Underserved Areas • Mammography Screening • Primary Care Physicians • Preventable hospital stays • Percent Uninsured • Prenatal Care (1st Trimester) • Liver Cancer Incidence • Hospitalizations for Diabetes, Long Term Complications • Preterm Births • ED Visits for Asthma • Colon Cancer Hospitalizations	
Health Need Number	**2019 CHI Potential Health Needs**	**2019 CHI Secondary Indicators**	**Primary Indicators**
PHN3	Active Living and Healthy Eating	• Cancer Mortality • Diabetes Mortality • Heart Disease Mortality • Hypertension Mortality • Kidney Disease Mortality • Stroke Mortality • Breast Cancer Incidence • Colorectal Cancer Incidence • Diabetes Prevalence • Prostate Cancer Incidence • Limited Access to Healthy Foods • mRFEI • Access to Exercise Opportunities • Physical Inactivity • Adult Obesity • Breastfeeding Rate (Exclusive in Hospital) • Hospitalizations for Diabetes, Long Term Complications • Colon Cancer Hospitalizations	• Food access/insecurity • Community gardens • Fresh fruits and veggies • Distance to grocery stores • Food swamps • Chronic disease outcomes related to poor eating • Diabetes, HTD, HTN, Stroke, Kidney issues, Cancer • Access to parks • Places to be active
Health Need Number	**2019 CHI Potential Health Needs**	**2019 CHI Secondary Indicators**	**Primary Indicators**
PHN4	Safe and Violence-Free Environment	• Life Expectancy at Birth • Poor Mental Health Days • Homicide Rate • Motor Vehicle Crash Death Rate • Violent Crime Rate • Social Associations	• Crime rates • Violence in the community • Feeling unsafe in the community • Substance abuse-alcohol and drugs • Access to safe parks

		• Mental Health/Drug Related Hospitalizations • Hospitalizations for Self-Inflicted Injuries in Youth • Mental Health Hospitalizations in Youth	• Pedestrian safety • Safe streets • Safe places to be active
Health Need Number	**2019 CHI Potential Health Needs**	**2019 CHI Secondary Indicators**	**Primary Indicators**
PHN5	Access to Dental Care and Preventive Services	• Dentists • Health Professional Shortage Area – Dental • ED Visits by Children with Dental Diagnosis • ED Visits by Adults with Dental Diagnosis	• Any issues related to dental health • Access to dental care
Health Need Number	**2019 CHI Potential Health Needs**	**2019 CHI Secondary Indicators**	**Primary Indicators**
PHN6	Pollution-Free Living Environment	• Cancer Mortality • Chronic Lower Respiratory Disease Mortality • Breast Cancer Incidence • Colorectal Cancer Incidence • Lung Cancer Incidence • Prostate Cancer Incidence • Adult Smoking • Air Pollution – Particulate Matter • Drinking Water Violations • Pollution Burden • ED Visits for Asthma	• Smoking • Unhealthy air, water, housing, • Health issues: Asthma, COPD, CLRD, Lung Cancer
Health Need Number	**2019 CHI Potential Health Needs**	**2019 CHI Secondary Indicators**	**Primary Indicators**

PHN7	Access to Basic Needs such as Housing, Jobs, and Food	• Life Expectancy at Birth • Infant Mortality • Age-Adjusted All-Cause Mortality • Child Mortality • Premature Age-Adjusted Mortality • Premature Death (Years of Potential Life Lost) • Low Birthweight • Medically Underserved Areas • Healthcare Costs • High School Graduation • Some College (post-secondary education) • Unemployment • Children in Single-Parent Household • Social Associations • Children Eligible for Free Lunch • Children in Poverty • Median Household Income • Uninsured • Severe Housing Problems • Households with no Vehicle • mRFEI • Limited Access to Healthy Food • Breastfeeding Rate (Exclusive in Hospital) • Third-Grade Reading Level • English Language Learners • ED Visits for Asthma	• Employment and unemployment • Poverty • Housing issues • Homelessness • Education access • Community quality of life • Housing availability • Housing affordability
Health Need Number	**2019 CHI Potential Health Needs**	**2019 CHI Secondary Indicators**	**Primary Indicators**
PHN8	Access and Functional Needs	• Access to Public Transportation • Households with no Vehicle • Percent of Population with a Disability	• Physical access issues • Cost of transportation • Ease of transportation access • No car • Disability
Health Need Number	**2019 CHI Potential Health Needs**	**2019 CHI Secondary Indicators**	**Primary Indicators**

PHN9	Access to Specialty and Extended Care	• Life Expectancy at Birth • Alzheimer's Mortality • Cancer Mortality • Chronic Lower Respiratory Disease Mortality • Diabetes Mortality • Heart Disease Mortality • Hypertension Mortality • Kidney Disease Mortality • Liver Disease Mortality • Stroke Mortality • Diabetes Prevalence • Lung Cancer Incidence • Psychiatrists • Specialty Care Providers • Preventable Hospital Stays • Liver Cancer Incidence • Colon Cancer Hospitalizations	• Seeing a specialist for health conditions • Diabetes related specialty care • Specialty care for: HTD, HTN, Stroke, Kidney diseases
Health Need Number	**2019 CHI Potential Health Needs**	**2019 CHI Secondary Indicators**	**Primary Indicators**
PHN10	Injury and Disease Prevention and Management	• Infant mortality • Alzheimer's Mortality • Child mortality • Chronic Lower Respiratory Disease Mortality • Diabetes Mortality • Heart Disease Mortality • Hypertension Mortality • Influenza and Pneumonia Mortality • Kidney Disease Mortality • Liver Disease Mortality • Stroke Mortality • Suicide Mortality • Unintentional Injury Mortality • Diabetes Prevalence • HIV Prevalence Rate • Low Birthweight • Drug Overdose Deaths • Excessive Drinking • Adult Obesity • Physical Inactivity • Sexually Transmitted Infections • Teen Birth Rate • Adult Smoking • Motor Vehicle Crash Death Rate	• Anything related to helping people prevent getting a preventable disease or injury • Unintentional injury • Smoking and alcohol/drug abuse • Teen pregnancy • HIV/STD • TB • Influenza and Pneumonia • Health classes • Health promotion teams and interventions • Need for health literacy

		• Breastfeeding Rate (Exclusive in Hospitals) • Prenatal Care (1st Trimester) • Hospitalizations for Diabetes, Long Term Complications • Liver Cancer Incidence • ED Visits for Asthma • Mental Health/Drug Related Hospitalizations • Hospitalizations for Self-Inflicted Injuries in Youth • Mental Health Hospitalizations in Youth • ED Visits Due to falls Age 65+ • Hospitalization Due to Falls Age 65+ • Colon Cancer Hospitalization	

Next, values for the secondary health-factor and health-outcome indicators identified were compared to state benchmarks to determine if a secondary indicator performed poorly within the county. Some indicators were considered problematic if they exceeded the benchmark, others were considered problematic if they were below the benchmark, and the presence of certain other indicators within the county, such as health professional shortage areas, indicated issues. Table 20 lists each secondary indicator and describes the comparison made to the benchmark to determine if it was problematic.

Table 20: Benchmark Comparisons to Show Indicator Performance for the SNMH CHNA/CHA Indicators

Indicator	**Benchmark Comparison Indicating Poor Performance**
Years of Potential Life Lost	Higher
Poor Physical Health Days	Higher
Poor Mental Health Days	Higher
Low Birth Weight	Higher
Adult Smokers	Higher
Adult Obesity	Higher
Physical Inactivity	Higher
Access to Exercise	Lower
Excessive Drinking	Higher
Teen Birth Rate	Higher
Uninsured	Higher
Primary Care Physicians	Lower
Dentists	Lower
Mental Health Providers	Lower
Preventable Hospital Stays	Higher
Mammography Screening	Lower
High School Graduation	Lower

Indicator	Benchmark Comparison Indicating Poor Performance
Some College	Lower
Unemployed	Higher
Children in Poverty	Higher
Children with Single Parents	Higher
Social Associations	Lower
Violent Crimes	Higher
Air Particulate Matter	Higher
Drinking Water Violations	Present
Severe Housing Problems	Higher
Premature Age-adjusted Mortality	Higher
Child Mortality	Higher
Infant Mortality	Higher
Diabetes Prevalence	Higher
HIV Prevalence	Higher
Limited Access to Healthy Food	Higher
Motor Vehicle Crash Deaths	Higher
Healthcare Costs	Higher
Median Household Income	Lower
Free Reduced Lunch	Higher
Homicides	Higher
Cancer Female Breast	Higher
Cancer Colon and Rectum	Higher
Cancer Lung and Bronchus	Higher
Cancer Prostate	Higher
Drug Overdose Deaths	Higher
HPSA Dental Health	Present
HPSA Mental Health	Present
HPSA Primary Care	Present
HPSA Medically Underserved Area	Present
mRFEI	Lower
Housing Units No Vehicle	Higher
Specialty Care Providers	Lower
Psychiatry Providers	Lower
Cancer Mortality	Higher
Heart Disease Mortality	Higher
Unintentional Injury Mortality	Higher
CLD Mortality	Higher
Stroke Mortality	Higher
Alzheimer's Mortality	Higher

Indicator	Benchmark Comparison Indicating Poor Performance
Diabetes Mortality	Higher
Suicide Mortality	Higher
Hypertension Mortality	Higher
Influenza Pneumonia Mortality	Higher
Kidney Disease Mortality	Higher
Liver Disease Mortality	Higher
Life Expectancy	Lower
Age-adjusted Mortality	Higher
Pollution Burden	Higher
Public Transit Proximity	Lower
Percentage with Disability	Higher
Gonorrhea Rate	Higher
Chlamydia Rate	Higher
Hepatitis C Virus	Higher
Nonfatal Poisoning	Higher
Opioid Overdose Deaths	Higher
Substance Use Hospitalizations	Higher
ED Utilization Substance Use	Higher
Unintentional Poisonings	Higher
ED Visit Opioid Overdose	Higher
E Products Use	Higher
Female Breast Cancer Mortality	Higher
Colorectal Cancer Mortality	Higher
Invasive Cancer Incidence	Higher
Lung Cancer Mortality	Higher
Prostate Cancer Mortality	Higher
Food Insecurity Children	Higher
Food Insecurity Overall	Higher
Youth Obesity Rates	Higher
Homelessness	Higher
Immunization Rates 7th Grade	Lower
Immunization Rates Kindergarten	Lower
In Hospital Exclusive Breastfeeding	Lower
Prenatal Care	Lower
Pre-Diabetes	Higher
Asthma	Higher

Once these poorly performing quantitative indicators were identified, they were used to identify preliminary secondary significant health needs. This was done by calculating the percentage of all secondary indicators associated with a given PHN that were identified as performing poorly within the

county. While all PHNs represented actual health needs within the county to a greater or lesser extent, a PHN was considered a preliminary secondary health need if the percentage of poorly performing indicators exceeded one of a number of established thresholds: any poorly performing associated secondary indicators; or at least 20%, 25%, 33%, 40%, 50%, 60%, 66%, 75%, or 80% of the associated indicators were found to perform poorly. These thresholds were chosen because they correspond to divisions of the indicators into fifths, quarters, thirds, or halves. A similar set of standards was used to identify the preliminary interview and focus-group health needs: any of the survey respondents mentioned a theme associated with a PHN, or if at least 20%, 25%, 33%, 40%, 50%, 60%, 66%, 75%, or 80% of the respondents mentioned an associated theme. Finally, the same basic set of standards was used to identify preliminary survey health needs: any poorly performing survey question; or at least 20%, 25%, 33%, 40%, 50%, 60%, 66%, 75%, or 80% of the associated survey questions were found to perform poorly.

These sets of criteria (any mention, 20%, 25%, 33%, 40%, 50%, 60%, 66%, 75%, or 80%) were used because we could not anticipate which specific standard would be most meaningful within the context of the county. Having multiple objective decision criteria allows the process to be more easily described but still allows for enough flexibility to respond to evolving conditions in the county. To this end, a final round of expert reviews was used to compare the set selection criteria to find the level at which the criteria converged towards a final set of SHNs. Once the final criteria used to identify the SHN were selected for the interview and focus groups, survey, and secondary analyses, any PHN included in any preliminary health need list was included as a final significant health need for the county.

For this Nevada County report, A PHN was selected as a Preliminary Secondary Significant Health need only if 50% of the associated indicators were identified as performing poorly. A PHN was identified as a Preliminary Primary Significant Health Need only if it was mentioned by 50% or more of the sources as performing poorly.

Community Health Survey Results

In addition to quantitative secondary data and qualitative primary data being assigned to PHNs for SHN identification and prioritization, survey questions were also assigned to various SHNs for further examination of health needs. Survey results were not used in the determination of health needs. Table 21 displays how each survey question was assigned to a corresponding SHN, and whether or not the specific survey question was included in the health need description. Criteria for inclusion in the health needs descriptions included one of the following:

- Yes (results for the specific survey question exceeded benchmark rate and included in the health need description)
- No (survey results were better in the sample vs the benchmark)
- No (survey results were not included due to lacking a benchmark comparison for appropriate interpretation).

Table 21: Community Health Assessment Survey Assignments to SHNs

Question # in Nevada County CHA Survey	Question Content	Significant Health Need Assignment (SHNs 1-10)[14]	Include in the Health Need Profiles (based on comparison to state benchmark survey)
q2	Would you say that in general your health is?	2, 3, 4	Yes
q3	Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?	1,3,4,5	Yes
q4	Now thinking about your mental health, which includes stress, depression, and problems with emotions or how many days during the past 30 days was your physical health not good?	2,10	No (results better in SNMH sample vs state)
q5	Do you have any kind of health care coverage, including health insurance from an employer or private, prepaid plans such as HMOs, or government plans such as Medicare, MediCal, or CHiP?	1,3,5,8(?)	No (lack benchmark comparison)
q6	Do you have ONE person you think of as your personal doctor or health care provider?	1, 3, 4	No (lack benchmark comparison)
q7	Which of the following BEST describes your relationship with your physician and your health care use:	3,4,5	No (lack benchmark comparison)
q8	How confident do you feel when leaving the doctor's office that you understand what the doctor has told you:	2,3,4,5	No (lack benchmark comparison)
q9	Has a lack of transportation kept you from getting to a doctor's office or to any other healthcare appointment during the PAST YEAR?	3,5,6	No (lack benchmark comparison)
q10	During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?	7	No (lack benchmark comparison)

[14] 1. Access to basic needs such as housing, jobs and food, 2. Access to mental/behavioral/substance abuse services, 3. Access to quality primary care health services, 4. Injury and disease prevention and management, 5. Access to specialty and extended care, 6. Access and functional needs, 7. Active living and health eating, 8. Access to dental care and preventive services, 9. Pollution-free living environment, 10. Safe and violence-free environment

q11	Have you ever been told by a doctor that you have diabetes?	3,4,5	No (lack benchmark comparison)
q12	Has a doctor, nurse or other health professional EVER told you that you had…	3,4,5	No (lack benchmark comparison)
q13	Has a doctor, nurse or other health professional EVER told you that your blood cholesterol is high?	3,4,5	No (lack benchmark comparison)
q14	Has a doctor, nurse or other health professional EVER told you that you had high blood pressure?	3,4,5	No (results better in SNMH sample vs state)
q15	How long has it been since you last visited a dentist or a dental clinic for any reason?	8	No (lack benchmark comparison)
q16	If you have not visited a dentist within the past year, what is the MAIN reason you have not visited the dentist?	8	No (lack benchmark comparison)
q17	Do you have asthma?	4,9	Yes
q18	Do you now smoke cigarettes every day, some days or not at all?	2,4,9	Yes
q19	Do you currently use chewing tobacco, snuff, or snus every day, some days or not at all?	2,4,9	Yes
q20	Electronic Cigarettes, or e-cigarettes as they are often called, are battery-operated devices that simulate smoking a cigarette, but do not involve the burning of tobacco. The heated vapor produced by an e-cigarette often contains nicotine. Have you ever used and electronic cigarette, even just one time in your life?	2,4,9	No (results better in SNMH sample vs state)
q21	Do you now use electronic cigarettes every day, some days or not at all?	2,4,9	No (results better in SNMH sample vs state)
q22	During the past 30 days, how many DAYS per WEEK did you have at least one drink of any alcoholic beverages?	4, 10	Yes
q23	During the past 30 days, how many DAYS per MONTH did you have at least one drink of any alcoholic beverages?	4, 10	Yes
q24	Considering all types of alcoholic beverages, how many times during the past 30 days did you have FIVE for men, FOUR for women or more drinks on an occasion?	4, 10	No (results better in SNMH sample vs state)

q25	The next two questions are about marijuana (aka cannabis, pot, grass, weed, etc.) and hashish. Marijuana is usually smoked or it is sometimes cooked in food. Hashish is a form of marijuana that is also called hash. It is usually smoked in a pipe. Another form of hashish is hash oil. Have you ever, even once, used marijuana or hashish?	2,4,9,10	No (lack benchmark comparison)
q26	Think specifically about the past 30 days, from today up to and including today. During the past 30 days, on how many days did you use marijuana or hashish?	2,9,10	Yes
q27	A flu shot is an influenza vaccine injected into your arm. During the past 12 months, have you had a seasonal flu shot?	1,3,4	No (results better in SNMH sample vs state)
q28	Females only - A Pap test is a test for cancer of the cervix. Have you ever had a Pap test?	3, 4, 5	No (results better in SNMH sample vs state)
q29	Sigmoidoscopy and colonoscopy are exams in which a tube is inserted in the rectum to view the colon for signs of cancer or other health problems. Have you ever had either of these exams?	3, 4, 5	Yes
q30	Have you EVER been told by a doctor, nurse or other health professional you had cancer?	3, 4, 5	Yes
q31	Over the last 2 weeks, how many days have you:		No (lack benchmark comparison)
	- Felt bad about yourself or that you were a failure or had let yourself or your family down?	2	
	- Felt tire or had little energy?	2	
	- Had trouble falling asleep or staying asleep or sleeping too much?	2	
	- Felt down, depressed or hopeless	2, 4	
	- Had little interest or pleasure doing things?	2	
q32	Has a doctor or other healthcare provider EVER told you that you have: An anxiety disorder (including acute stress disorder, anxiety, generalized anxiety disorder, OCD, panic disorder, phobia, PTSD, or social anxiety disorder)?	2,3,5,10	No (lack benchmark comparison)

q33	Has a doctor or other healthcare provider EVER told you that you have: A depressive disorder (including depression, major depression, dysthymia, or minor depression)	2,3,4,5	Yes
q34	During the past 12 months, have you received any treatment or counseling for any problem you were having with your emotions, nerves, or mental health? Please do not include treatment for alcohol or drug use.	2,4,5	No (lack benchmark comparison)
q35	Not counting carrots, potatoes, or salad, how many SERVINGS of VEGETABLES did you eat during the PAST WEEK?	1, 4	No (lack benchmark comparison)
q36	Do any of the following keep you and your family from eating more vegetables?	1, 6	No (lack benchmark comparison)
q37	How many days in the past week did you purchase or receive food from the following sources?	1, 6	No (lack benchmark comparison)
	A fast food or chain restaurant	1, 6	Yes
q38	Some people play the role of caregiver as part of their daily lives, which means they are responsible for meeting the physical and psychological needs of others. Do you act as a caregiver for another ADULT, such as spouse, sibling, aunt, uncle, parent or grandparent?	1, 4, 5, 6	Yes
q39	Do you have :		No (lack benchmark comparison)
	- A living will?	NA	
	- An advanced directive related to healthcare treatment or not?	NA	
	- A power of attorney?	NA	
	- A health care proxy?	NA	
q40	What do you think are the three biggest health problems in your community?		YES
	- Housing that is adequate, safe and affordable	1	
	- Mental health problems	2, 5, 7	
	- Access to health care	3, 4, 5, 8	
	- Aging problems (arthritis, hearing loss, etc.)	5, 6	
	- Poverty	1, 7	
	- Cancers	3, 5, 7	

	- Dementia including Alzheimer's Disease	2, 3, 5	
	- Lack of nutritious foods/food insecurity or hunger	7,1	
	- Diabetes	3, 4, 5, 7	
	- Dental problems	8	
	- Heart disease and stroke	3, 4, 5, 7	
	- Domestic violence	10	
	- Climate change	9	
	- High blood pressure	3, 4, 5, 7	
	- Motor vehicle crash injuries	4, 10	
	- Accident/unintentional injuries	10	
	- Child abuse/neglect	1	
	- Respiratory / lung disease	3, 4, 5	
	- Suicide	2	
	- Sexually transmitted diseases (STDs)	4, 5	
	- Homicide	10	
	- Autism spectrum disorders	5, 6	
	- Rape/sexual assault	10	
	- Infectious disease (e.g. Hepatitis, TB)	4, 5	
	- Firearm-related injuries	10	
q41	How healthy would you rate your community (the area where you live)?	NA	
q42	There are adequate health and wellness activities in my community	NA	
q43	There are adequate cultural events in my community	NA	
q44	My community is good place to raise children	NA	
q45	My community offers plenty of other educational/learning activities for children and youth.	NA	
q46	My community is a good place to grow old	NA	
q47	In order of priority, what do you think are the THREE most significant risky behaviors in your community?		Yes
	- Violence/bullying	10	
	- Unsafe sex	4	
	- Unhealthy weight	7	
	- Tobacco use	9	
	- Poor eating habits	7	
	- Not using seat belts and/or child safety seats	10	

	- Not using birth control	4	
	- Not getting shots to prevent disease	4	
	- Lack of exercise	7	
	- Drug abuse	10	
	- Dropping out of school	1	
	- Distracted driving/driving under the influence (legal or illegal substances)	10	
	- Binge drinking or alcohol abuse	7	
q48	What do you think are the THREE most important factors for quality of life in a healthy community	NA	
q49	Which describes your race/ethnicity? Please select just one..	NA	
q50	Have any language, cultural barriers, or your immigration status kept you from seeking medical care in the past?	NA	
q51	What is the highest education level you completed?	NA	
q52	Are you currently employed?	NA	
q53	Annual income?	NA	

NA = Not applicable refers to survey questions that were not directly mapped to a specific PHN

Health Need Prioritization

Primary and secondary data were analyzed to identify and prioritize the significant health needs within the SNMH service area. This began by identifying 10 potential health needs (PHNs). These PHNs were those identified in the previously conducted CHNAs for the SNMH CHNA. Data were analyzed to discover which, if any, of the PHNs were present in the area. These were then called significant health needs (SHNs). Once identified for the county, the final set of SHNs was prioritized. To reflect the voice of the community, significant health need prioritization was based solely on primary data. Key informants and focus-group participants were asked to identify the three most significant health needs in their communities. These responses were associated with one or more of the potential health needs. This, along with the responses across the rest of the interviews and focus groups, was used to derive two measures for each significant health need.

First, the total percentage of all primary data sources that mentioned themes associated with a significant health need at any point was calculated. This number was taken to represent how broadly a given significant health need was recognized within the community. Next, the percentage of times a theme associated with a significant health was mentioned as one of the top three health needs in the community was calculated. Since primary data sources were asked to prioritize health needs in this question, this number was taken to represent the intensity of the need. These measures were next rescaled so that the SHN with the maximum value for each measure equaled one, the minimum equaled zero, and all other SHNs had values appropriately proportional to the maximum and minimum values. The rescaled values were then summed to create a combined SHN prioritization index. SHNs were ranked in descending order based on this index value so that the SHN with the highest value was identified as the highest priority health need, the SHN with the second highest value was identified as the second highest priority health need, and so on.

Detailed List of Resources to Address Health Needs for SNMH

Table 22: Resources Potentially Available to Address Significant Health Needs Identified in the CHNA/CHA

Organization Information			Significant Health Need Med (X)									
Name	ZIP Code	Website	Access to Mental/ Behavioral/ Substance Abuse Services	Access to Quality Primary Care Health Services	Active Living and Healthy Eating	Safe and Violence-Free Environ-ment	Access to Dental Care and Pre-ventive Services	Pollution-Free Living Environ-ment	Access to Basic Needs Such as Housing, Jobs, and Food	Access and Functional Needs	Access to Specialty and Extended Care	Injury and Disease Preven-tion and Manage-ment
Adult and Family Services Commission (AFSC) of Nevada County	95959	mynevadacounty.com		X		X			X		X	
Agency on Aging – Area 4	95815	agencyonaging4.org	X	X		X			X		X	X
Alliance for Workforce Development, Inc.	95949	afwd.org							X			
Alternatives Pregnancy Center	95825	alternativespc.org	X	X							X	
Alzheimer's Association	95815	alz.org/norcal	X								X	X
American Red Cross	95815	redcross.org/local/california/gold-country.html		X					X			
Anew Day	95959	anew-day.com	X									
Another Choice Another Chance	95823	acacsac.org	X									
Bear Yuba Land Trust	95949	bylt.org			X			X				
Big Brothers Big Sisters of Nevada	96160	bigsofnc.org	X			X						

Organization Information			Significant Health Need Med (X)									
Name	ZIP Code	Website	Access to Mental/ Behavioral/ Substance Abuse Services	Access to Quality Primary Care Health Services	Active Living and Healthy Eating	Safe and Violence-Free Environ-ment	Access to Dental Care and Pre-ventive Services	Pollution-Free Living Environ-ment	Access to Basic Needs Such as Housing, Jobs, and Food	Access and Functional Needs	Access to Specialty and Extended Care	Injury and Disease Preven-tion and Manage-ment
County and North Lake Tahoe												
Booth Family Center	95945	(530) 272-2669							X			
Breathe California of Sacramento – Emigrant Trails	95814	sacbreathe.org		X				X				X
Cal Fresh – Market Match	95959	marketmatch.org			X				X			
California Forensic Medical Group	95945	cfmg.com	X	X								
Chapa-De Indian Health	95945	chapa-de.org	X	X	X		X					X
Charis Youth Center	95945	charisyouthcenter.org	X						X	X		
Child Advocates of Nevada County	95959	caofnc.org		X		X			X			
Child Protective Services	95949	mynevadacounty.com	X	X		X			X			
Clinical CareForce	95678	californiacareforce.org		X			X					
Coalition for a Drug-Free Nevada County	95945	drugfreenevadacounty.org				X						X
Common Goals Inc.	95945	wp.commongoalsinc.org	X									

Organization Information			Significant Health Need Med (X)									
Name	ZIP Code	Website	Access to Mental/ Behavioral/ Substance Abuse Services	Access to Quality Primary Care Health Services	Active Living and Healthy Eating	Safe and Violence-Free Environ-ment	Access to Dental Care and Pre-ventive Services	Pollution-Free Living Environ-ment	Access to Basic Needs Such as Housing, Jobs, and Food	Access and Functional Needs	Access to Specialty and Extended Care	Injury and Disease Preven-tion and Manage-ment
Community Beyond Violence (Domestic Violence Sexual Assault Coalition)	95949	cbv.org	X			X			X			
Community Recovery Resource Center (CoRR)	95945	corr.us	X									
Community Support Network of Nevada County (CSNNC)	95959	csnnc.org	X	X	X				X			
Connecting Point	95945	connectingpoint.org	X						X	X		
Del Oro Caregiver Resource Center	95610	deloro.org	X	X							X	X
Falls Prevention Coalition of Nevada County	95945	(530) 274-6739										X
Families Now (Mission Focused Solutions)	95945	familiesnow.org				X			X			
First 5 Nevada	95959	first5nevco.org	X	X	X				X			
Food Bank of Nevada County	95945	foodbankofnc.org			X				X			

Organization Information			Significant Health Need Med (X)									
Name	ZIP Code	Website	Access to Mental/ Behavioral/ Substance Abuse Services	Access to Quality Primary Care Health Services	Active Living and Healthy Eating	Safe and Violence-Free Environ-ment	Access to Dental Care and Pre-ventive Services	Pollution-Free Living Environ-ment	Access to Basic Needs Such as Housing, Jobs, and Food	Access and Functional Needs	Access to Specialty and Extended Care	Injury and Disease Preven-tion and Manage-ment
FREED Center for Independent	95945	freed.org		X					X			
Gender Health Center	95817	thegenderhealthcenter.org	X	X		X			X			
Gold Country Community Services	95945	goldcountryservices.org			X				X			
Goodwill – Sacramento Valley	95776	goodwillsacto.org							X			
Grass Valley Police Department	95945	gvpd.net				X						
Grass Valley Seventh-Day Adventist Church	95945	gvadventist.com							X			
Helping Hands Nurturing Center	95945	helpinghandsnurturingcenter.org	X			X			X			
Hospice of the Foothills	95945	hospiceofthefoothills.org		X		X			X		X	
Hospitality House	95945	hhshelter.org	X	X		X			X			
Interfaith Food Ministries	95945	interfaithfoodministry.org							X			
KARE Crisis Nursery, Inc.	95959	karecrisisnursry.org				X			X			
Legal Services of Northern California – Health Rights	95814	lsnc.net							X			

Organization Information			Significant Health Need Med (X)									
Name	ZIP Code	Website	Access to Mental/ Behavioral/ Substance Abuse Services	Access to Quality Primary Care Health Services	Active Living and Healthy Eating	Safe and Violence-Free Environ-ment	Access to Dental Care and Pre-ventive Services	Pollution-Free Living Environ-ment	Access to Basic Needs Such as Housing, Jobs, and Food	Access and Functional Needs	Access to Specialty and Extended Care	Injury and Disease Preven-tion and Manage-ment
Lilliput Children's Services	96150	lilliput.org							X			
Living Well Medical Clinic	95945	livingwellmedicalclinic.com	X									X
Mercy Housing	95838	mercyhousing.org							X			
Mountain Valley Child and Family Services	95959	mountainvalleyfamilyservices.net	X						X			
NAMI (National Association of Mental Illness)	95945	naminevadacounty.org	X									
NEO Youth Center	95945	ncneo.org/youth-center			X	X						X
Nevada City Methodist	95959	nevadacitymethodist.com							X			
Nevada City School District – Wellness Program	95959	ncsd.school	X		X							X
Nevada County 2-1-1 Community Services Central	95945	211connectingpoint.org							X	X		
Nevada County Behavioral Health	95945	mynevadacounty.com	X			X						X
Nevada County Consolidated Fire	95959	nccfire.com		X		X						

Organization Information			Significant Health Need Med (X)									
Name	ZIP Code	Website	Access to Mental/ Behavioral/ Substance Abuse Services	Access to Quality Primary Care Health Services	Active Living and Healthy Eating	Safe and Violence-Free Environ-ment	Access to Dental Care and Pre-ventive Services	Pollution-Free Living Environ-ment	Access to Basic Needs Such as Housing, Jobs, and Food	Access and Functional Needs	Access to Specialty and Extended Care	Injury and Disease Preven-tion and Manage-ment
Nevada County Corrections	95945	mynevadacounty.com	X	X					X			
Nevada County Health and Human Services Agency	95945	mynevadacounty.com	X	X	X	X	X	X	X	X	X	X
Nevada County Local One Stop Business and Career Network	95959	nevadacitychamber.com/nevada-countys-local-one-stop-business-career-network/							X			
Nevada County Probation	95959	mynevadacounty.com				X						
Nevada County Superintendent of Schools	95945	nevco.org	X	X	X	X			X			
Nevada County WIC	95945	mynevadacounty.com		X	X				X			
Nevada County Youth Probation	95959	mynevadacounty.com				X						
North Columbia Schoolhouse Cultural Center	95959	northcolumbiaschoolhouse.org							X			
North San Juan Community Church	95960	nsjcommchurch.org							X			

Organization Information			Significant Health Need Med (X)									
Name	ZIP Code	Website	Access to Mental/ Behavioral/ Substance Abuse Services	Access to Quality Primary Care Health Services	Active Living and Healthy Eating	Safe and Violence-Free Environ-ment	Access to Dental Care and Pre-ventive Services	Pollution-Free Living Environ-ment	Access to Basic Needs Such as Housing, Jobs, and Food	Access and Functional Needs	Access to Specialty and Extended Care	Injury and Disease Preven-tion and Manage-ment
North San Juan Volunteer Fire Department	95960	nsjfire.org		X		X			X			
North Tahoe Family Resource Center	96143	northtahoefrc.org			X							
Nutrition Education and Obesity Prevention Program (NEOP)	95945	mynevadacounty.com			X							
PARTNERS Family Resource Centers	95945	partnersfamilyresourcecenters.org			X	X			X			
Partners in English Language Learning (PiELL)	95959	piell.org							X			
PFLAG	95949	pflag.org/chapter/pflag-grass-valleynevada-city				X			X			
Placer-Nevada County Medical Society – Opioid Safety Coalition	95677	pncms.org	X									X
PRIDE Industries	95747	prideindustries.com							X			
Rotary Club of Nevada City	95959	nevadacityrotary.org							X			

Organization Information			Significant Health Need Med (X)									
Name	ZIP Code	Website	Access to Mental/ Behavioral/ Substance Abuse Services	Access to Quality Primary Care Health Services	Active Living and Healthy Eating	Safe and Violence-Free Environ-ment	Access to Dental Care and Pre-ventive Services	Pollution-Free Living Environ-ment	Access to Basic Needs Such as Housing, Jobs, and Food	Access and Functional Needs	Access to Specialty and Extended Care	Injury and Disease Preven-tion and Manage-ment
San Juan Ridge Family Resource Center	95960	sanjuanridgefrc.org			X	X			X			
School of Care	95945	wolfcreekcarecenter/wolf-creek-school-of-care/							X			X
Shingle Springs Tribal TANF Program	95825	shinglespringsrancheria.com/tanf/							X			
Shriner's Hospital for Children – Northern California	95817	shrinershospitalforchildren.org/sacramento		X							X	
Sierra Family Medical Clinic	95959	sierraclinic.org	X	X	X		X					X
Sierra Foothills AIDS Foundation	95602	sierrafoothillsaids.org		X					X			X
Sierra Harvest	95959	sierraharvest.org				X						
Sierra Mental Wellness	96145	sierramentalwellness.org	X									
Sierra Nevada Children's Services	95945	sncs.org	X	X	X	X			X			
Sierra Nevada Memorial Hospital	95945	dignityhealth.org		X							X	X
Sierra Roots	95959	sierraroots.org			X				X			

Organization Information			Significant Health Need Med (X)									
Name	ZIP Code	Website	Access to Mental/ Behavioral/ Substance Abuse Services	Access to Quality Primary Care Health Services	Active Living and Healthy Eating	Safe and Violence-Free Environ-ment	Access to Dental Care and Pre-ventive Services	Pollution-Free Living Environ-ment	Access to Basic Needs Such as Housing, Jobs, and Food	Access and Functional Needs	Access to Specialty and Extended Care	Injury and Disease Preven-tion and Manage-ment
Sierra Services for the Blind	95959	sierraservices.org	X							X		
Spirit Peer Empowerment Center	95945	spiritpeerempowermentcenter.org	X						X			
The Center for the Arts	95945	thecenterfortheartss.com							X			
The Church of Jesus Christ of Latter-day Saints	95959	lds.org							X			
The Clinic!	95945	citizensforchoice.org		X								
The Friendship Club	95959	friendshipclub.org				X			X			
The Keaton Raphael Memorial	95661	childcancer.org										X
The Mental Health Association in California	95814	mhac.org	X									
The Salvation Army – Del Oro Division	95834	deloro.salvationarmy.org	X	X					X			
The Unity Gold Spiritual Center	95945	unitygold.us							X			
Tobacco Use Prevention	95945	nevco.org/programs-services/tupe/										X

Organization Information			Significant Health Need Med (X)									
Name	ZIP Code	Website	Access to Mental/ Behavioral/ Substance Abuse Services	Access to Quality Primary Care Health Services	Active Living and Healthy Eating	Safe and Violence-Free Environ-ment	Access to Dental Care and Pre-ventive Services	Pollution-Free Living Environ-ment	Access to Basic Needs Such as Housing, Jobs, and Food	Access and Functional Needs	Access to Specialty and Extended Care	Injury and Disease Preven-tion and Manage-ment
Education (TUBE)												
Turning Point Community Programs	95670	tpcp.org	X						X			
Twin Cities Church	95945	twincities.church							X			
University of California, Davis	95616	ucdavis.edu							X			
VA Northern California Health Care System	95655	northerncalifornia.va.gov	X	X					X			
Volunteers of America – Northern California & Northern Nevada	95821	voa-ncnn.org	X						X			
WarmLine Family Resource Center	95818	warmlinefrc.org	X	X					X			
Western Sierra Medical Clinic	95945	wsmcmed.org	X	X	X		X					X
Willow Springs	95960	willowspringsnsj.org			X							
Woman of Worth	95959	women-of-worth.org	X			X			X			
YMCA of Superior California	95845	ymcasuperiorcal.org			X	X						

Limits and Information Gaps

Study limitations included challenges in obtaining secondary quantitative data and assuring community representation via primary data collection. For example, most of the data used in this assessment were not available by race or ethnicity. The timeliness of the data also presented a challenge, as some of the data were collected in different years; however, this is clearly noted in the report to allow for proper comparison.

As always with primary data collection, gaining access to participants that best represented the populations needed for this assessment was a challenge. This was increasing difficult in the rural areas of the county identified as Communities of Concern, and especially difficult in the Truckee area. In addition, though efforts were made to insure adequate sample size of the countywide survey, the survey was administered via convenience sample by the multiple partners of the project. Convenience sampling limits generalizability of the survey findings. In addition, all primary data are self-reported data, which has inherent limitations in accuracy.

An effort was made to verify all resources (assets) collected in the 2016 hospital partner CHNAs via web search, to add any additional resources identified during primary data collection, and to add any other resources identified as part of the partnership work in Nevada County. Ultimately some resources may not be listed that exist in the county to address the SHNs.

Appendix A: CHNA/CHA Data Collection Instruments

Key Informant Interview Guide

The following questions served at the interview guides for both key informant and focus group interviews:

Key Informant Interview Guide

1) BACKGROUND
- a) Tell me about your current role and the organization you work for?
- b) How would you define the community (ies) you serve or live in?
  - i) Consider:
    - (1) Specific geographic areas?
    - (2) Specific populations served?
      - *(a) Who? Where? Racial/ethnic make-up, physical environment (urban/ rural, large/small*

2) HEALTH ISSUES
- a) What are the biggest health needs in the community?
  - i) *INSERT MAP exercise: Please use this map to help our team understand where communities that experience health burdens live?*
    - (1) Consider:
      - *(a)* What specific geographic locations struggle with health issues the most?
      - *(b)* What specific groups of community members experience health issues the most?
- *b)* What historical/societal influences have occurred since the last assessment (2015-16) that should be taken into consideration around health needs?

3) CHALLENGES/BARRIERS
- a) What are the challenges (barriers) to being healthy for the community?
  - i) Consider:
    - (1) Health Behaviors
    - (2) Social factors
    - (3) Economic factors
    - (4) Clinical Care factors
    - (5) Physical (Built) environment

4) SOLUTIONS
- a) What solutions will address the health needs and or challenges mentioned?
  - i) Consider:
    - (1) Health Behaviors
    - (2) Social factors
    - (3) Economic factors
    - (4) Clinical Care factors
    - (5) Physical (Built) environment

5) **PRIORITY: Based on what we have discussed so far, what are currently the most important or urgent top 3 health issues or challenges to address in order to improve the health of the community?**

6) RESOURCES
- a) What resources exist in the community to help people live healthy lives?
  - **i)** Consider:
    - (1) Barriers to accessing these resources.
    - (2) New resources that have been created since 2016
    - (3) New partnerships/projects/funding

7) **What other people, groups or organizations would you recommend we speak to about the health of the community?**
    i) Name 3 types of service providers that you would suggest we include in this work?
    ii) Name 3 types of community members that you would recommend we speak to in this work?
8) **OPEN: Is there anything else you would like to share with our team about the health of the community?**

Focus Group Interview Guide

1. **BACKGROUND**
    a. Where in the county (HSA) do you live?
        i. Specific town? General area?
    b. How would you describe the community (ies) you live in using a few words?
        i. Probe for:
            1. Specific geographic areas?
            2. Specific populations served?
                1. *Who? Where? Racial/ethnic make-up, physical environment (urban/ rural, large/small*
2. **HEALTH ISSUES**
    a. What are the biggest health needs in the community that you live?
        i. *INSERT MAP exercise: Please use this map to help our team understand where communities that experience health burdens live?*
            1. Probe for:
                1. What specific geographic locations struggle with health issues the most?
                2. What specific groups of community members experience health issues the most?
3. **CHALLENGES/BARRIERS**
    a. What are the challenges (barriers) to being healthy for the community you live in?
        i. Probe for:
            1. Health Behaviors; Social factors; Economic factors; Clinical Care factors; Physical (Built) environment
4. **SOLUTIONS**
    a. What solutions do you think are needed to address the health needs and or challenges mentioned previously?
        i. Probe for:
            1. Health Behaviors; Social factors; Economic factors; Clinical Care factors; Physical (Built) environment
5. **PRIORITY: Based on what we have discussed so far, what are currently the most important or urgent top 3 health issues or challenges to address in order to improve the health of the community you live in?**
6. **RESOURCES**
    a. What resources exist in your community to help people live healthy lives?
        i. Probe for:
            1. Barriers to accessing these resources.
            2. New resources that have been created since 2016
            3. New partnerships/projects/funding

7. **OPEN: Is there anything else you would like to share with our team about the health of the community?**

Community Health Assessment Survey Instrument

Nevada County Public Health Department – 2018
Community Health Assessment Survey

NEVADA COUNTY
Public Health

Greetings!

The Nevada County Public Health Department and Dignity Health are partnering to conduct a community health assessment. Our goal is to have a deeper understanding of what issues residents feel are important, how quality of life is perceived in our various communities, and what community assets we have already that can be used to improve community health.

We are asking our community members to complete this survey. The questions are about quality of life, health care, exercise, children, social support, community health, and risk behaviors in the community. In addition, we gather some basic demographic information which helps us understand what matters to the different individuals and communities completing the survey.

You qualify to complete this survey if you are a) a resident of Nevada County, and b) if you are 18 years of age or older, or if you are under 18, then your parent or guardian is aware that you are taking this survey.

With every 50 completed surveys we receive, we offer an option to be entered into a drawing for your choice of one of three prizes:

- $25 gift certificate to Safeway
- $25 Amazon.com gift card
- $25 gift certificate to The Book Seller

Award winners will be selected and notified as the drawings occur.

Any questions please contact: Holly Whittaker, MS, Epidemiologist, at 530.470.2658 or via email at holly.whittaker@co.nevada.ca.us or by mail, Nevada County Public Health Department, 500 Crown Point Circle, Grass Valley, CA 95945. Results can be scanned and returned to the email address above.

2018 Nevada County Community Health Survey

Your answers to the questions below will impact decisions about the health of our communities. Please answer each question to the best of your ability.

* 1. What is your zip Code

2. Would you say that in general your health is:

- Excellent
- Very Good
- Good
- Fair
- Poor

3. Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?

None 1 or more Don't know, not sure

4. Now thinking about your mental health, which includes stress, depression, and problems with emotions or how many days during the past 30 days was your mental health NOT good?

None 1 or More Don't Know, Not Sure

5. Do you have any kind of health care coverage, including health insurance from an employer or private, prepaid plans such as HMOs, or government plans such as Medicare, MediCal, or CHIP?

Yes No health insurance coverage

6. Do you have ONE person you think of as your personal doctor or health care provider?

Yes, only one Yes, more than one No personal doctor

7. Which of the following BEST describes your relationship with your physician and your health care use:

- I have a chronic health conditional and require frequent care
- I use health care mostly for preventive check-ups and health monitoring
- I seek out health care ONLY when I'm sick or injured
- I never use the health care system
- Don't know

8. How confident do you feel when leaving the doctor's office that you understand what the doctor has told you:

- ◯ Extremely confident
- ◯ A little bit
- ◯ Quite a bit
- ◯ Not at all confident
- ◯ Somewhat
- ◯ Do not know

9. Has a lack of transportation kept you from getting to a doctor's office or to any other health care appointment during the PAST YEAR?

◯ Yes ◯ No ◯ Don't know

10. During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?

◯ Yes ◯ No

11. Have you ever been told by a doctor that you have diabetes?

◯ Yes ◯ No

12. Has a doctor, nurse, or other health professional EVER told you that you had...

	YES	No
A heart attack, also called a myocardial infarction?	◯	◯
Angina or coronary heart disease?	◯	◯
A stroke?	◯	◯
Chronic obstructive pulmonary disease, emphysema, or chronic bronchitis?	◯	◯

13. Has a doctor, nurse or other health professional EVER told you that your blood cholesterol is high?

◯ Yes ◯ No ◯ Don't Know

14. Has a doctor, nurse, or other health professional EVER told you that you had high blood pressure?

◯ Yes ◯ No ◯ Do not know

15. How long has it been since you last visited a dentist or a dental clinic for any reason?

- Within the past year (anytime less than 12 months ago)
- Within the past 2 years (1 year ago but less than 2 years ago)
- Within the past 5 years (2 years ago but less than 5 years ago)
- 5 or more years ago
- Never

16. If you have not visited a dentist within the past year, what is the MAIN reason you have NOT visited the dentist.

17. Do you have asthma?

- Yes
- No

18. Do you now smoke cigarettes every day, some days or not at all?

- Every day
- Some days
- Not at all

19. Do you currently use chewing tobacco, snuff, or snus every day, some days or not at all?

- Every day
- Some days
- Not at all

20. Electronic Cigarettes, or e-cigarettes as they are often called, are battery-operated devices that simulate smoking a cigarette, but do not involve the burning of tobacco. The heated vapor produced by an e-cigarette often contains nicotine. Have you ever used an electronic cigarette, even just one time in your life?

- Yes
- No

21. Do you now use electronic cigarettes every day, some days, or not at all?

- Every day
- Some days
- Not at all

22. During the past 30 days, how many DAYS per WEEK did you have at least one drink of any alcoholic beverage? Please fill in number of days.

- 0 days
- 1 day
- 2 days
- 3 days
- 4 days
- 5 days
- 6 days
- 7 days

23. During the past 30 days, how many DAYS per MONTH did you have at least one drink of any alcoholic beverage?

- None
- 1-3 days
- 4-6 days
- 7-9 days
- 10-15 days
- 16-20 days
- 21-25 days
- 26 or more days

24. Considering all types of alcoholic beverages, how many times during the past 30 days did you have FIVE for men, FOUR for women or more drinks on an occasion?

- 0-1 times
- 2-4 times
- 5 or more times

25. The next two questions are about marijuana (aka cannabis, pot, grass, weed, etc.) and hashish. Marijuana is usually smoked or it is sometimes cooked in food. Hashish is a form of marijuana that is also called "hash". It is usually smoked in a pipe. Another form of hashish is hash oil.
Have you ever, even once, used marijuana or hashish?

- Yes
- No
- Don't know, not sure

26. Think specifically about the past 30 days, from today up to and including today. During the past 30 days, on how many days did you use marijuana or hashish?

- None
- 1-3 days
- 4-6 days
- 7-9 days
- 10-15 days
- 16-20 days
- 21-25 days
- 26 or more days

27. A flu shot is an influenza vaccine injected into your arm. During the past 12 months, have you had a seasonal flu shot?

- Yes
- No
- Don't know, not sure

28. Females only - A Pap test is a test for cancer of the cervix. Have you ever had a Pap test?

- Yes
- No

29. Sigmoidoscopy and colonoscopy are exams in which a tube is inserted in the rectum to view the colon for signs of cancer or other health problems. Have you ever had either of these exams?

- Yes
- No

30. Have you EVER been told by a doctor, nurse, or other health professional you had cancer?

Yes No

31. When answering the next 3 questions, please think about how many days each of the following has occurred in the past two weeks. Over the last 2 weeks, how many days have you:
(Responses are following – none, 1-3 days, 4-6 days, 7-9 days, 10-12 days, 13-14 days, Do not know)

	None	1-3 days	4-6 days	7-9 days	10-12 days	13-14 days	Do not Know
Had little interest or pleasure doing things?							
Felt down, depressed or hopeless?							
Had trouble falling asleep or staying asleep or sleeping too much?							
Felt tired or had little energy?							
Felt bad about yourself or that you were a failure or had let yourself or your family down?							

32. Has a doctor or other healthcare provider EVER told you that you have:
An anxiety disorder (including acute stress disorder, anxiety, generalized anxiety disorder, OCD, panic disorder, phobia, PTSD, or social anxiety disorder)?

Yes No

33. Has a doctor or other healthcare provider EVER told you that you have:
A depressive disorder (including depression, major depression, dysthemia, or minor depression

Yes No

34. During the past 12 months, have you received any treatment or counseling for any problem you were having with your emotions, nerves or mental health? Please do not include treatment for alcohol or drug use.

Yes No

35. Not counting carrots, potatoes, or salad, how many SERVINGS of VEGETABLES did you eat during the PAST WEEK? Example: a serving of vegetables at both lunch and dinner would be two servings.

None
1-2 times
3-4 times
5-7 times
8 or more servings
Never eat/drink item/don't know

36. Do any of the following keep you and your family from eating more vegetables?

	Yes	No
Does the COST keep you from eating more vegetables?	○	○
Does NOT HAVING TIME TO COOK keep you from eating more vegetables?	○	○
Does NOT KNOWING HOW TO PREPARE THEM keep you from eating more vegetables?	○	○

37. How many days in the past week did you purchase or receive food from the following sources? (none, 1 day, 2 days, 3 days, 4 days, 5 or more days)

	none	1 day	2 days	3 days	4 days	5 or more days
A Senior Center or Food Pantry?	○	○	○	○	○	○
A Wal Mart, Target, KMart or other big box store?	○	○	○	○	○	○
A convenience store or corner store?	○	○	○	○	○	○
A Farmer's Market?	○	○	○	○	○	○
A grocery store such as Grocery Outlet, Safeway, Raleys?	○	○	○	○	○	○
A fast food or chain restaurant?	○	○	○	○	○	○

38. Some people play the role of caregiver as part of their daily lives, which means they are responsible for meeting the physical and psychological needs of others. Do you act as a caregiver for another ADULT, such as spouse, sibling, aunt, uncle, parent or grandparent?

○ Yes ○ No

39. Do you have any of the following legal documents that are used in end-of-life situation? Do you have:

	Yes	No	Don't Know, Not Sure
A living will?	○	○	○
An advanced directive related to healthcare treatment or not?	○	○	○
A power of attorney?	○	○	○
A health care proxy?	○	○	○

* 40. What do you think are the three biggest "health problems" in your community? (Please check NO MORE THAN THREE)

- ☐ Access to health care
- ☐ Accident / unintentional injuries
- ☐ Aging problems (arthritis, hearing loss, etc.)
- ☐ Autism spectrum disorders
- ☐ Cancers
- ☐ Child abuse / neglect
- ☐ Climate change
- ☐ Dementia including Alzheimer's Disease
- ☐ Dental problems
- ☐ Diabetes
- ☐ Domestic violence
- ☐ Firearm-related injuries
- ☐ Heart disease and stroke
- ☐ High blood pressure
- ☐ Homicide
- ☐ Housing that is adequate, safe and affordable
- ☐ Infant death
- ☐ Infectious disease (e.g. Hepatitis, TB)
- ☐ Lack of nutritious foods/food insecurity or hunger
- ☐ Mental health problems
- ☐ Motor vehicle crash injuries
- ☐ Poverty
- ☐ Rape/sexual assault
- ☐ Respiratory / lung disease
- ☐ Sexually transmitted diseases (STDs)
- ☐ Suicide

41. How healthy would you rate your community (the area where you live)?

○ Healthy ○ Neutral ○ Unhealthy ○ Not Sure

42. There are adequate health and wellness activities in my community.

○ Agree ○ Neutral ○ Disagree ○ Not Sure

43. There are adequte cultural events in my community

○ Agree ○ Neutral ○ Disagee ○ Not Sure

44. My community is good place to raise children

○ Agree ○ Neutral ○ Disagree ○ Not Sure

45. My community offers plenty of other educational/learning activities for children and youth.

Agree Neutral Disagree Not Sure

46. My community is a good place to grow old.

Agree Neutral Disagree Not Sure

* 47. In order of priority, what do you think are the THREE most significant "risky behaviors" in your community?
(Check only one behavior for each column)

	#1 - Top Priority, most significant behavior risk	#2 - Second Priority, next highest behavior risk	#3 - Third Priority, after #2, next highest behavior risk
Binge drinking or alcohol abuse			
Distracted driving/Driving under the influence (legal or illegal substances)			
Dropping out of school			
Drug abuse			
Lack of exercise			
Not getting "shots" to prevent disease			
Not using birth control			
Not using seat belts and/or child safety seats			
Poor eating habits			
Tobacco use			
Unhealthy weight			
Unsafe sex			
Violence/bullying			

* 48. What do you think are the THREE most important factors for quality of life in a "healthy community"? PLEASE CHECK NO MORE THAN THREE.

- ☐ Access to health care (e.g. family doctor, dentist)
- ☐ Access to healthy foods
- ☐ Affordable housing
- ☐ Arts and cultural events
- ☐ Clean environment
- ☐ Good jobs and healthy economy
- ☐ Good place to raise children
- ☐ Good schools
- ☐ Healthy behaviors and lifestyles, e.g., healthy nutrition choices and physical activity
- ☐ Low adult death and disease rates
- ☐ Low infant deaths
- ☐ Low levels of child abuse
- ☐ Parks and recreation
- ☐ Religious or spiritual values
- ☐ Strong family life
- ☐ Strong social ties
- ☐ Transportation
- ☐ Other (please specify)

49. Which describes your race/ethnicity? Please select just one.

- ◯ American Indian, not Hispanic or Latino
- ◯ Asian, not Hispanic or Latino
- ◯ Black, not Hispanic or Latino Hispanic or Latino
- ◯ Native Hawaiian and other Pacific Islander, Not Hispanic or Latino
- ◯ White, not Hispanic or Latino
- ◯ Multi-Race, not Hispanic or Latino
- ◯ Some Other Race Alone, Not Hispanic or Latino

50. Have any language, cultural barriers, or your immigration status kept you from seeking medical care in the past year?

- ◯ Yes
- ◯ No

51. What is the highest education level you completed?

- ◯ Less than 9th grade
- ◯ 9th to 12th grade, no diploma
- ◯ High school graduate (includes equivalency)
- ◯ Some college, no degree
- ◯ Associate's degree
- ◯ Bachelor's degree
- ◯ Graduate or professional degree

52. Are you currently

- ◯ Employed for wages
- ◯ Self employed
- ◯ Out of work for MORE than one year
- ◯ Out of work for LESS than one year
- ◯ A homemaker (stay at home parent/guardian)
- ◯ A student
- ◯ Retired
- ◯ Unable to work

53. Annual Income...

- ◯ Under $10,000
- ◯ $10,000-25,000
- ◯ $26,000-35,000
- ◯ $36,000-50,000
- ◯ $51,000-75,000
- ◯ $76,000-100,000
- ◯ Over $100,000
- ◯ Don't know, not sure

54. Thank you for taking the time to complete this survey. Please add any additional comments about the health of your community or yourself.

OPTIONAL – In appreciation for those taking the time to answer this survey we are randomly selecting individuals to win a prize every time we receive another 50 completed surveys. If you would like to be entered, please complete the following.

Note: The information you provide to be eligible for a prize will not be linked to your survey answers.

Would you like to be entered to win a prize?

No
Yes
If yes, please provide the following information so we can contact you if you win.

Name: _____

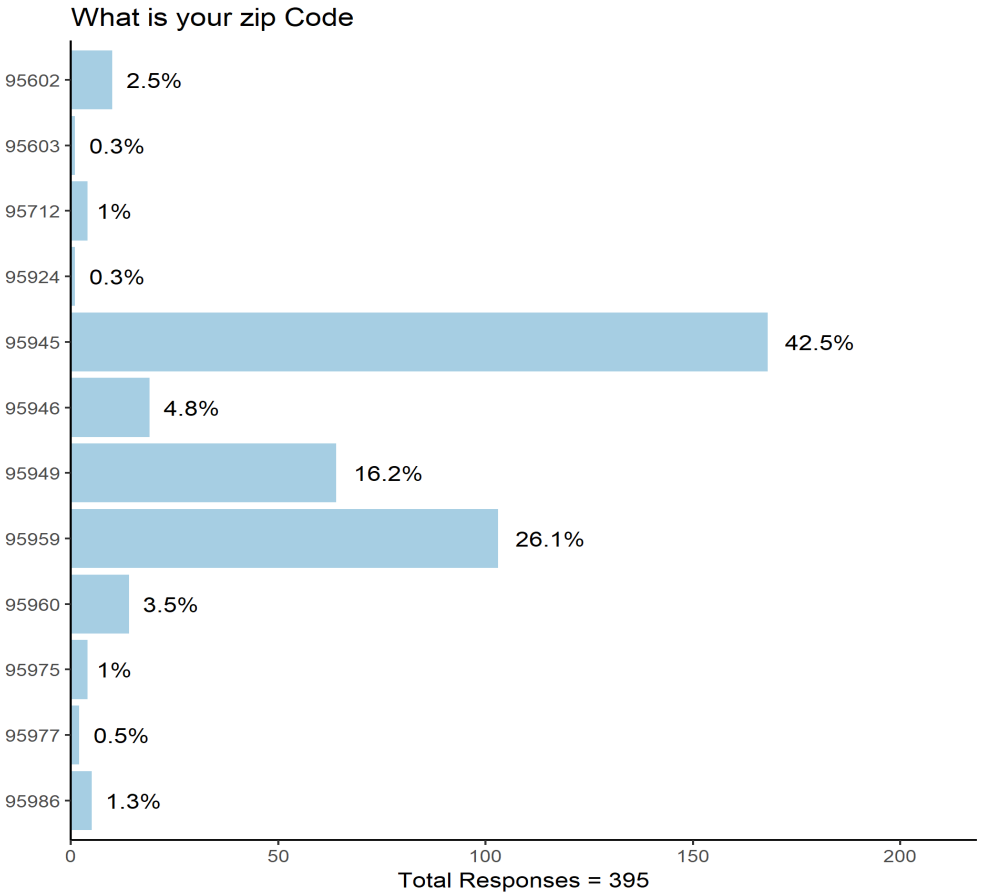
Phone: _____ (best number to reach you)

Email: _____

Appendix B: Nevada County Community Health Assessment Survey Results – 2018

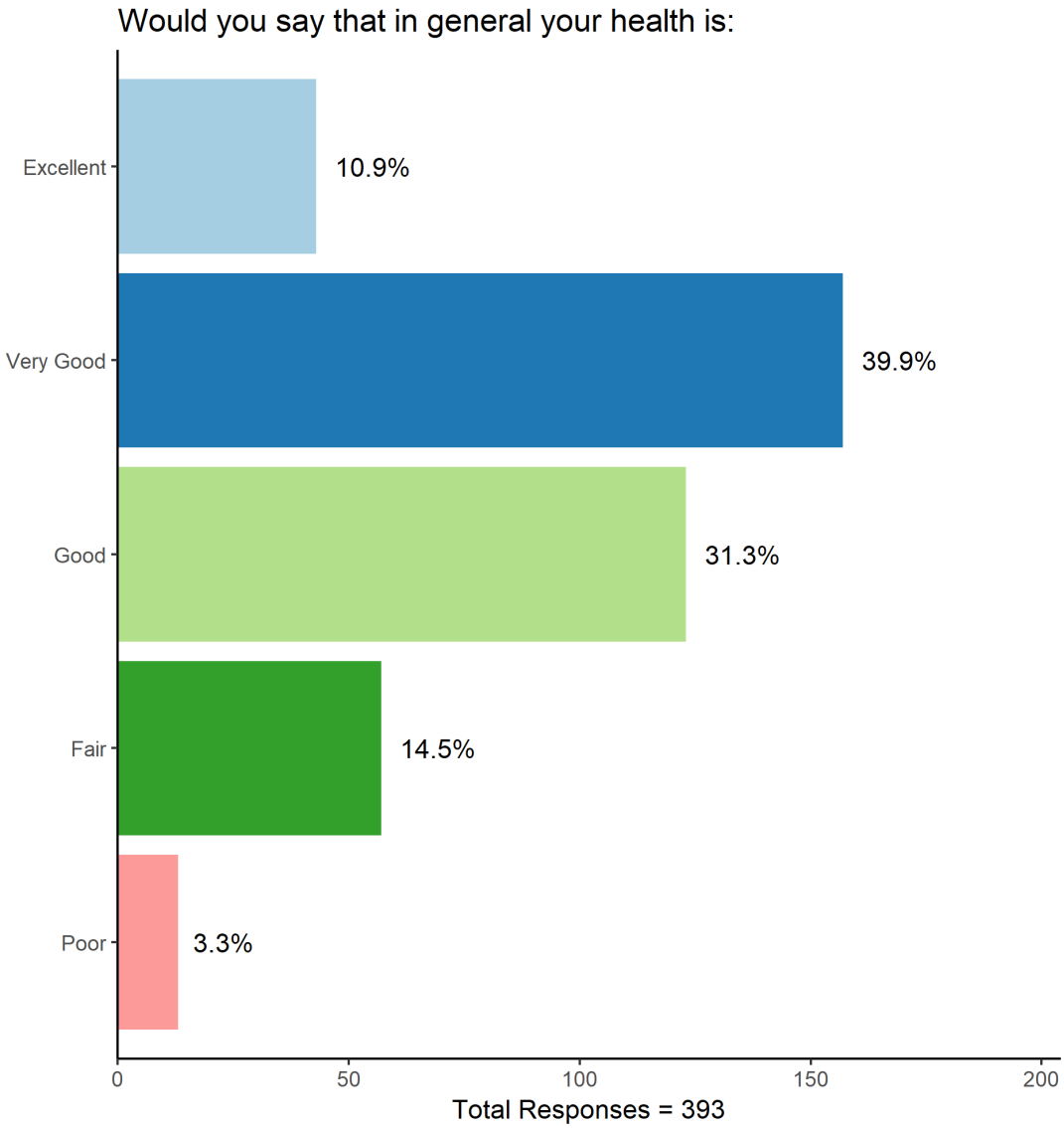
Sierra Nevada Memorial Hospital Survey Responses

Question 1



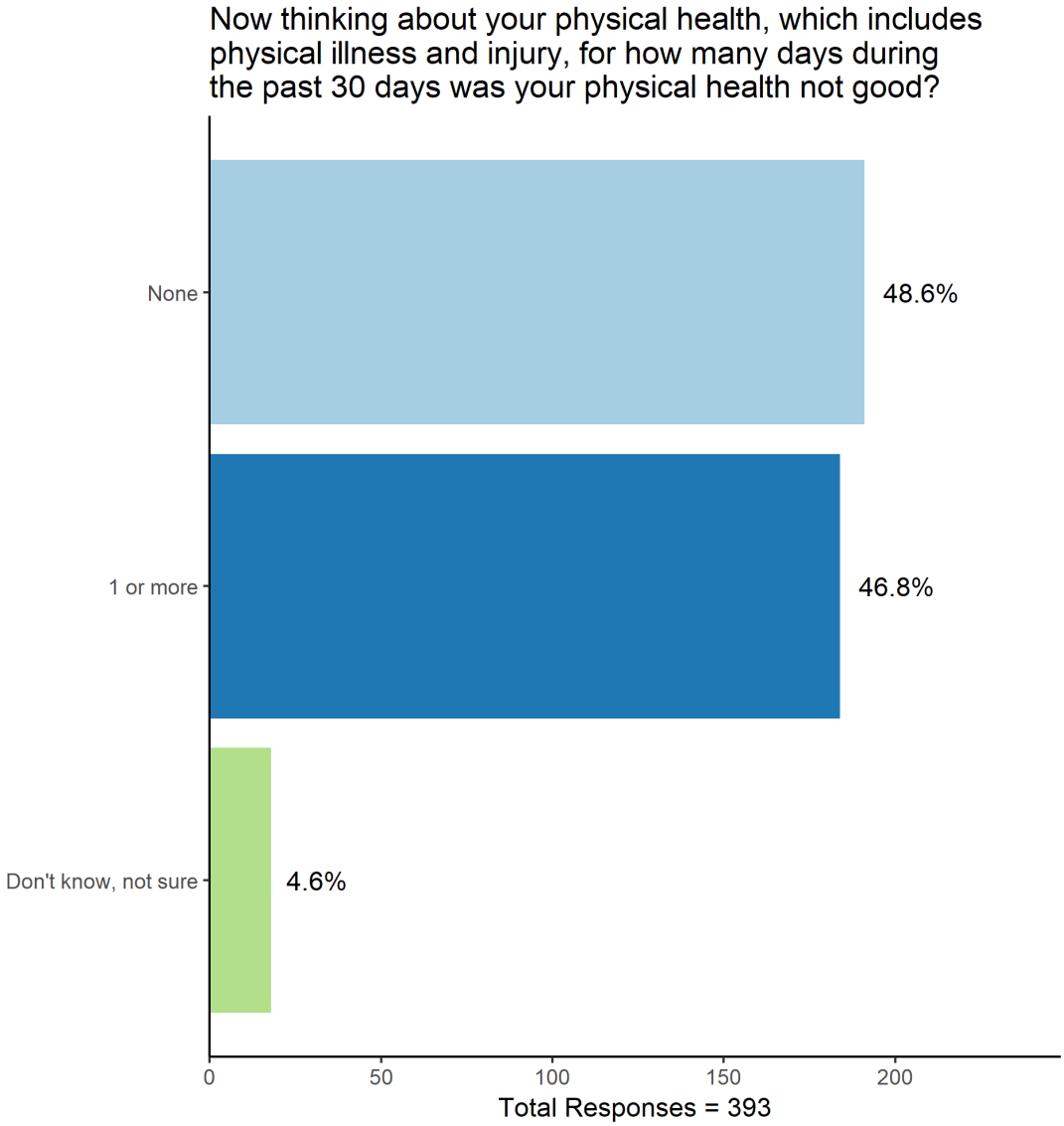
Response	Count	Percent
95602	10	2.5%
95603	1	0.3%
95712	4	1%
95924	1	0.3%
95945	168	42.5%
95946	19	4.8%
95949	64	16.2%
95959	103	26.1%
95960	14	3.5%
95975	4	1%
95977	2	0.5%
95986	5	1.3%
Total Responses	395	

Question 2



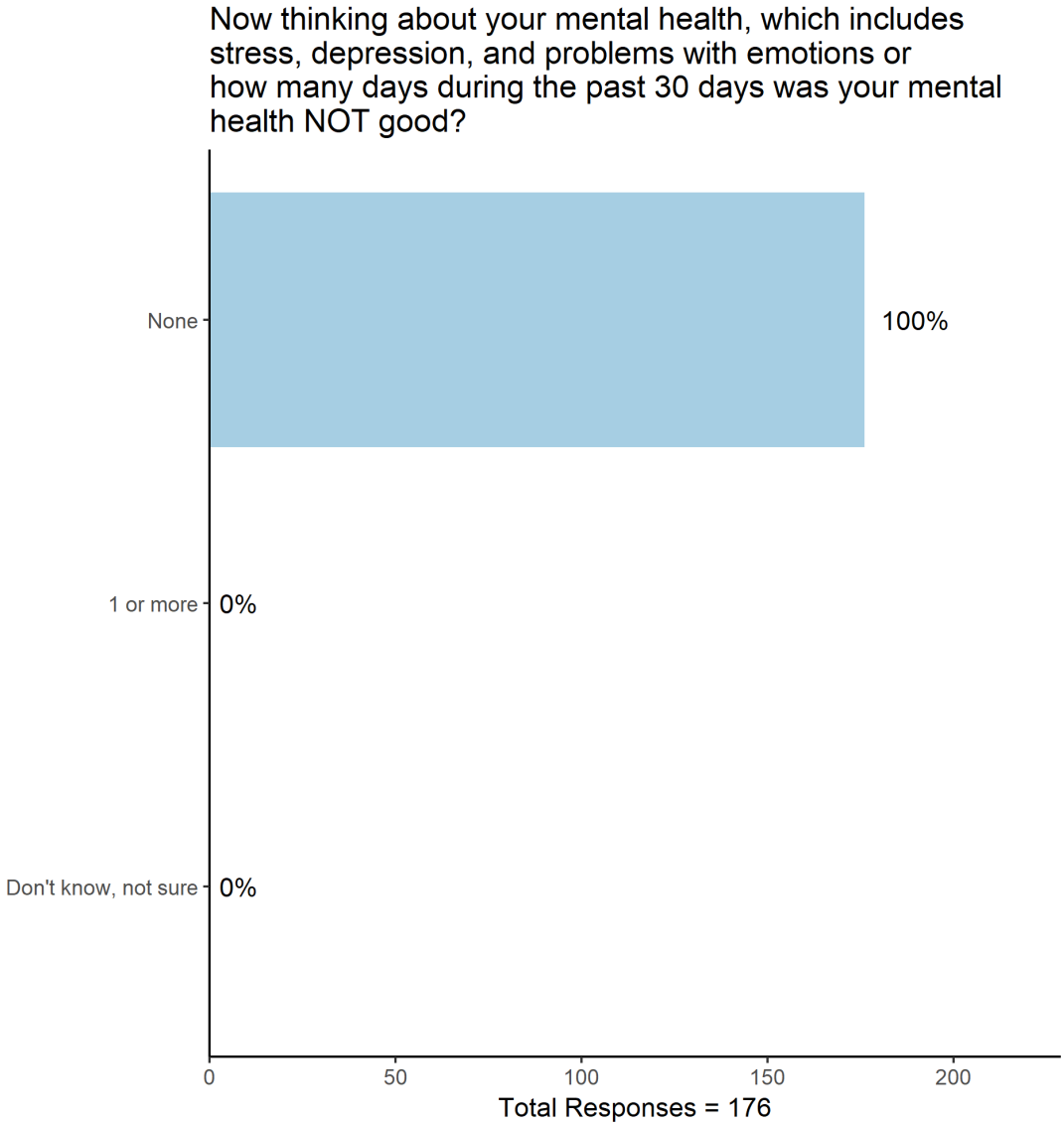
Response	Count	Percent
Excellent	43	10.9%
Very Good	157	39.9%
Good	123	31.3%
Fair	57	14.5%
Poor	13	3.3%
Total Responses	393	

Question 3



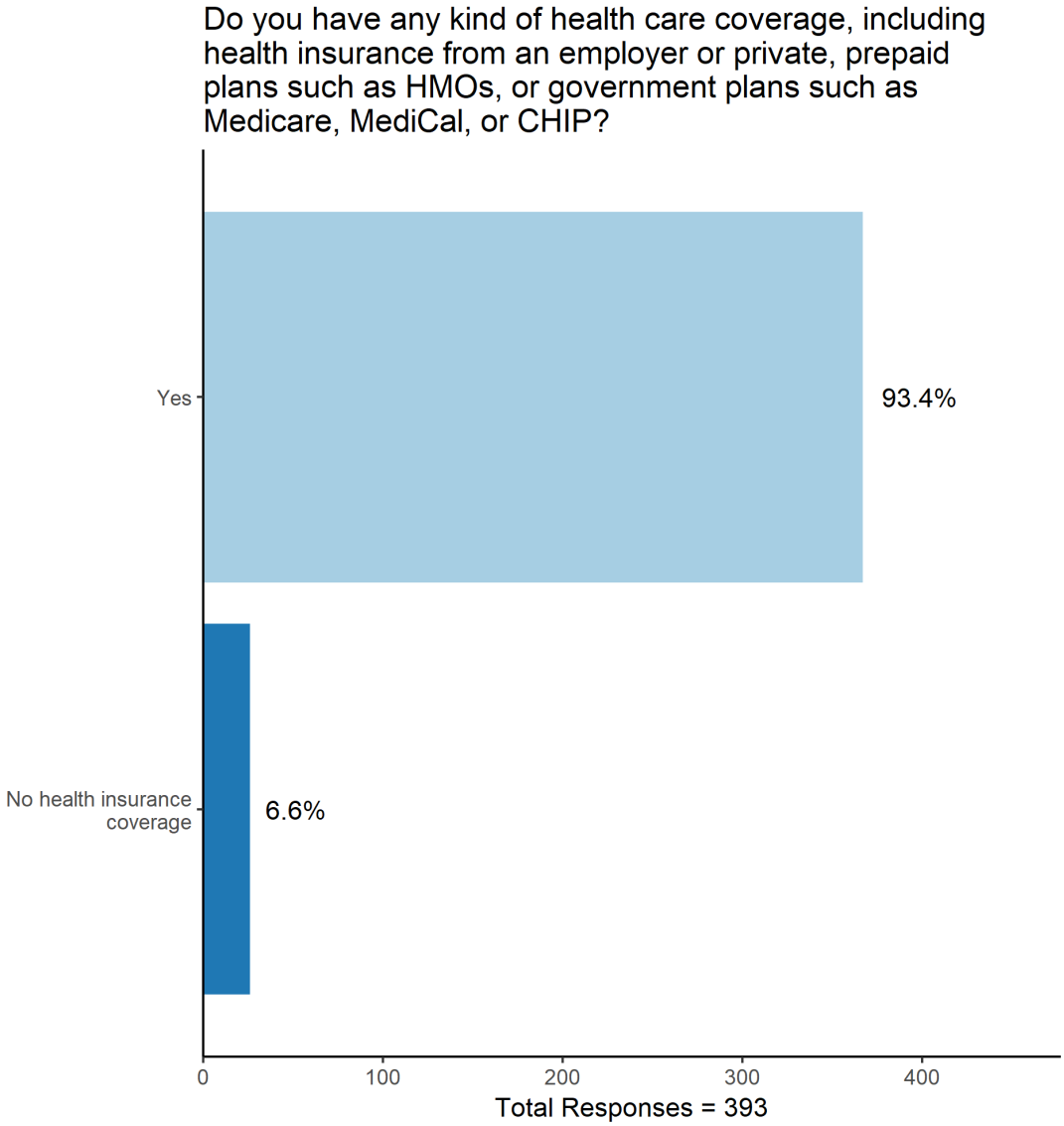
Response	Count	Percent
None	191	48.6%
1 or more	184	46.8%
Don’t know, not sure	18	4.6%
Total Responses	393	

Question 4



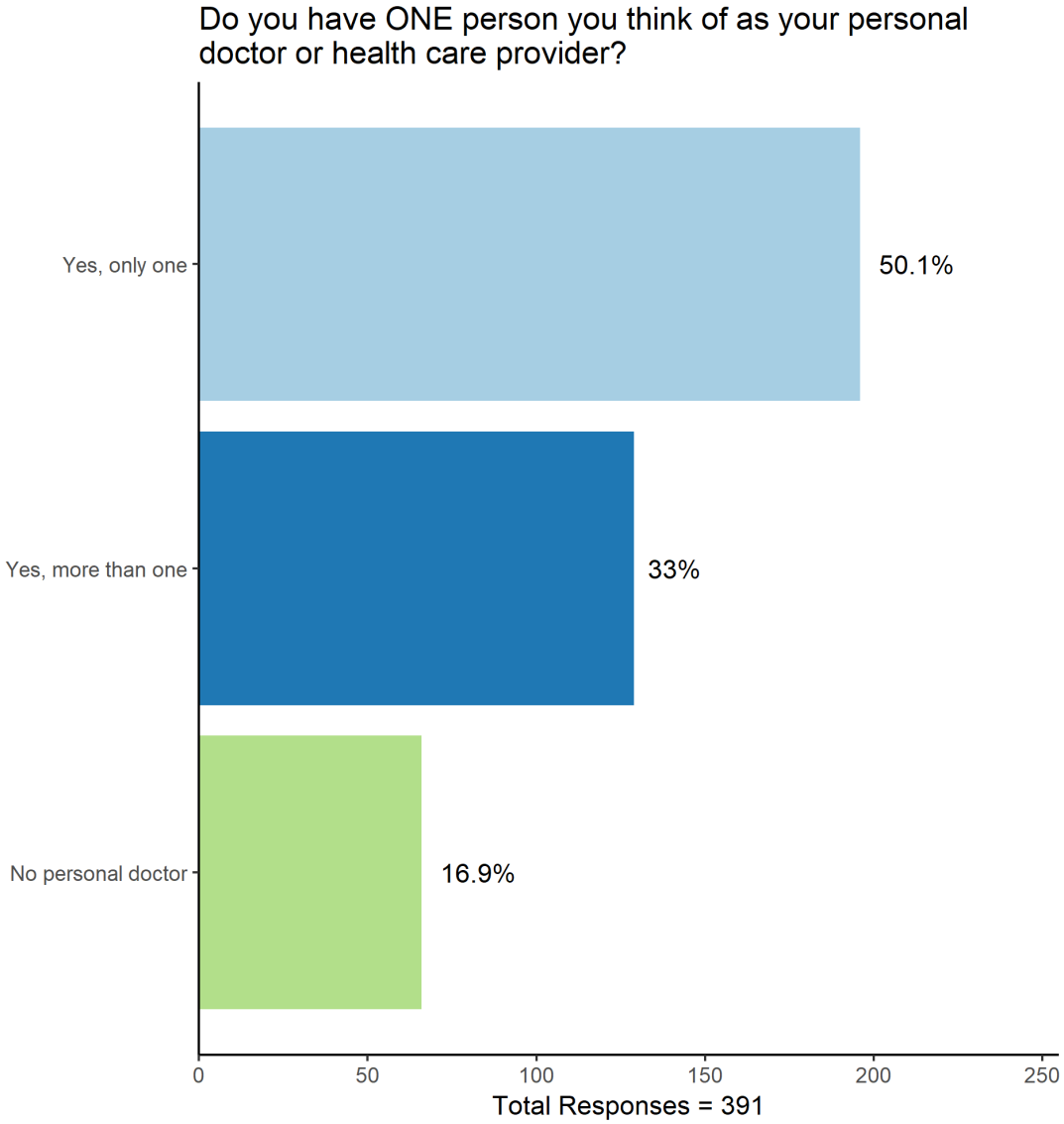
Response	Count	Percent
None	176	100%
1 or more	0	0%
Don’t know, not sure	0	0%
Total Responses	176	

Question 5



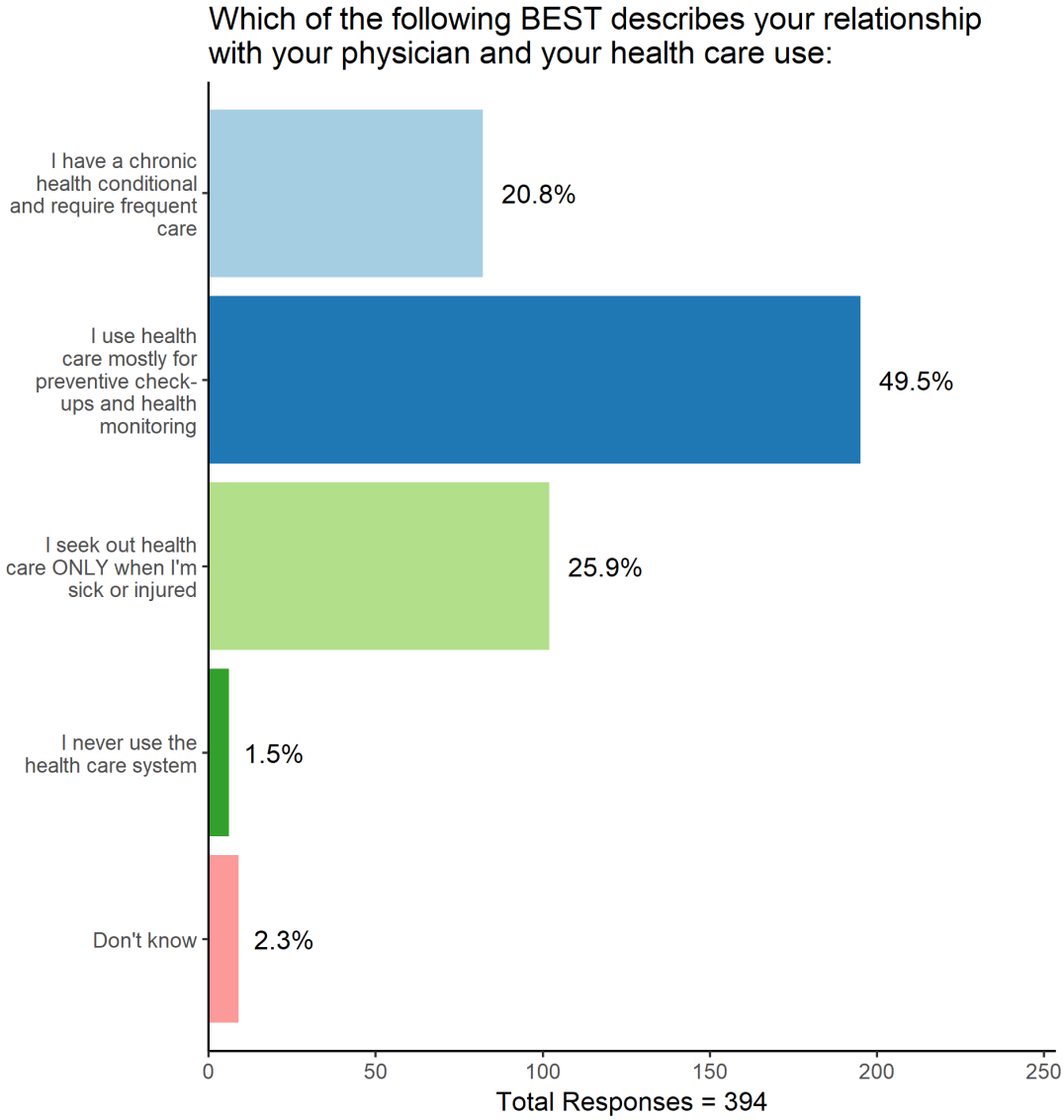
Response	Count	Percent
Yes	367	93.4%
No health insurance coverage	26	6.6%
Total Responses	393	

Question 6



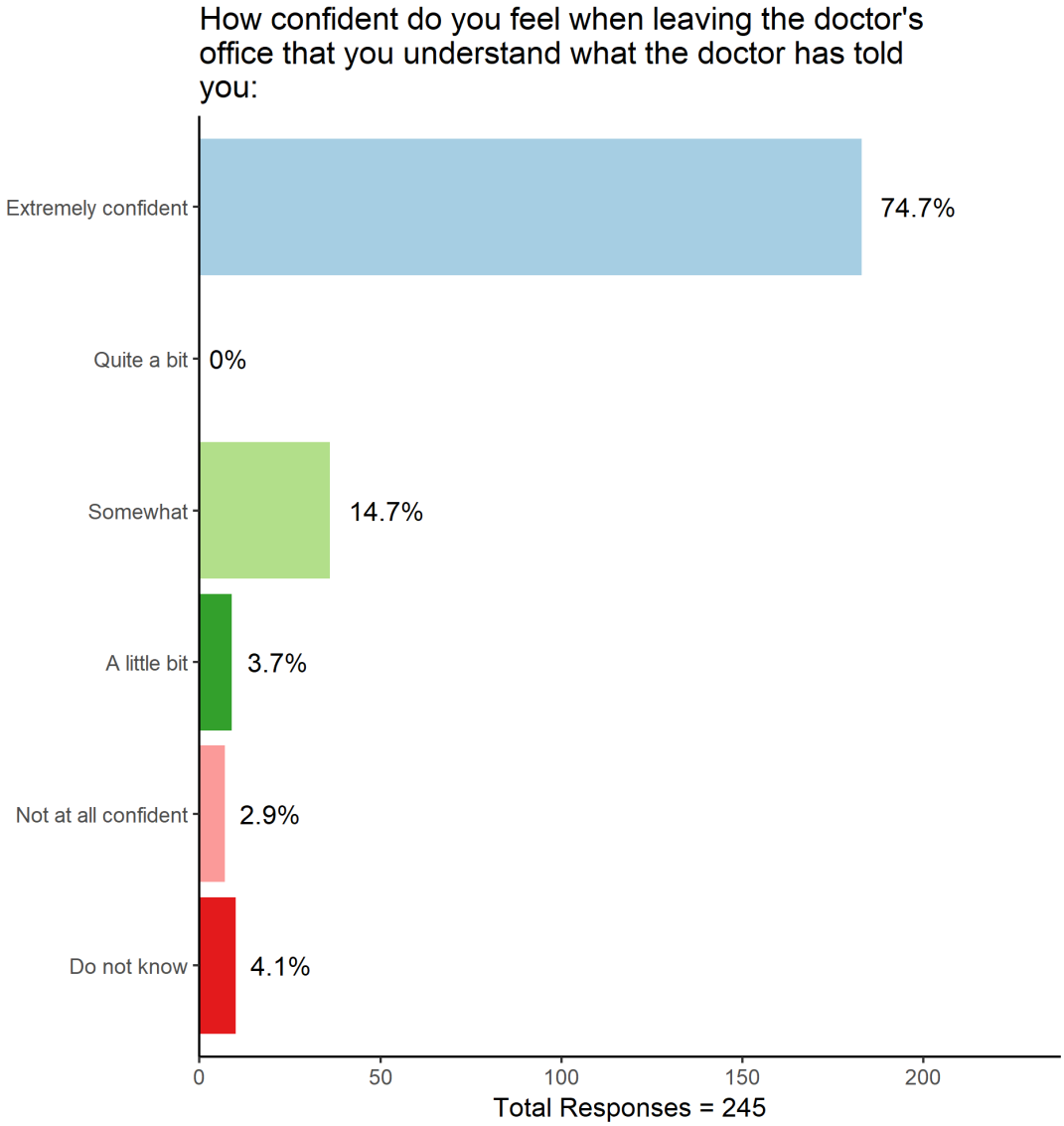
Response	Count	Percent
Yes, only one	196	50.1%
Yes, more than one	129	33%
No personal doctor	66	16.9%
Total Responses	391	

Question 7



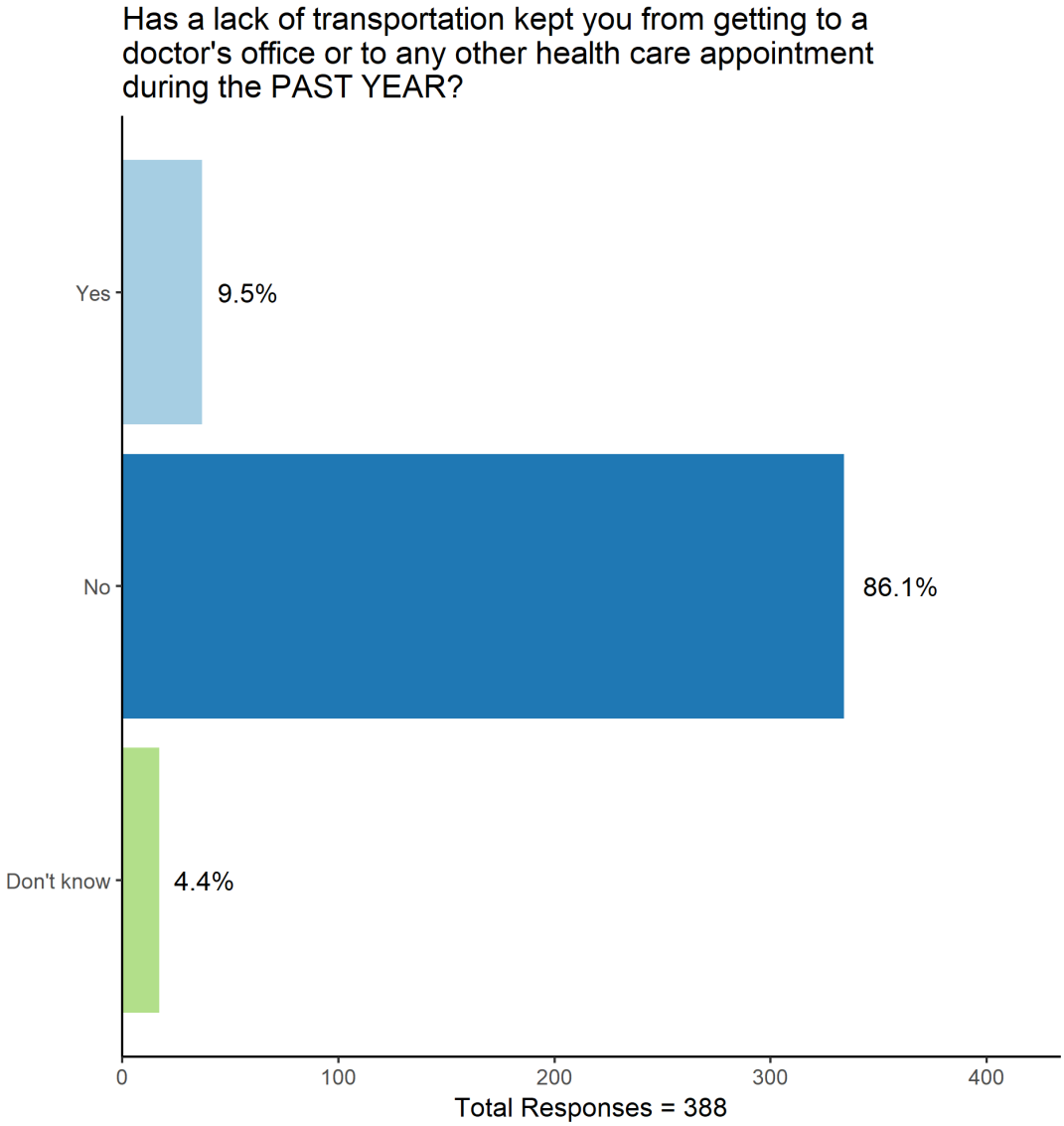
Response	Count	Percent
I have a chronic health conditional and require frequent care	82	20.8%
I use healthcare mostly for preventive check-ups and health monitoring	195	49.5%
I seek out healthcare ONLY when I'm sick or injured	102	25.9%
I never use the healthcare system	6	1.5%
Don't know	9	2.3%
Total Responses	394	

Question 8



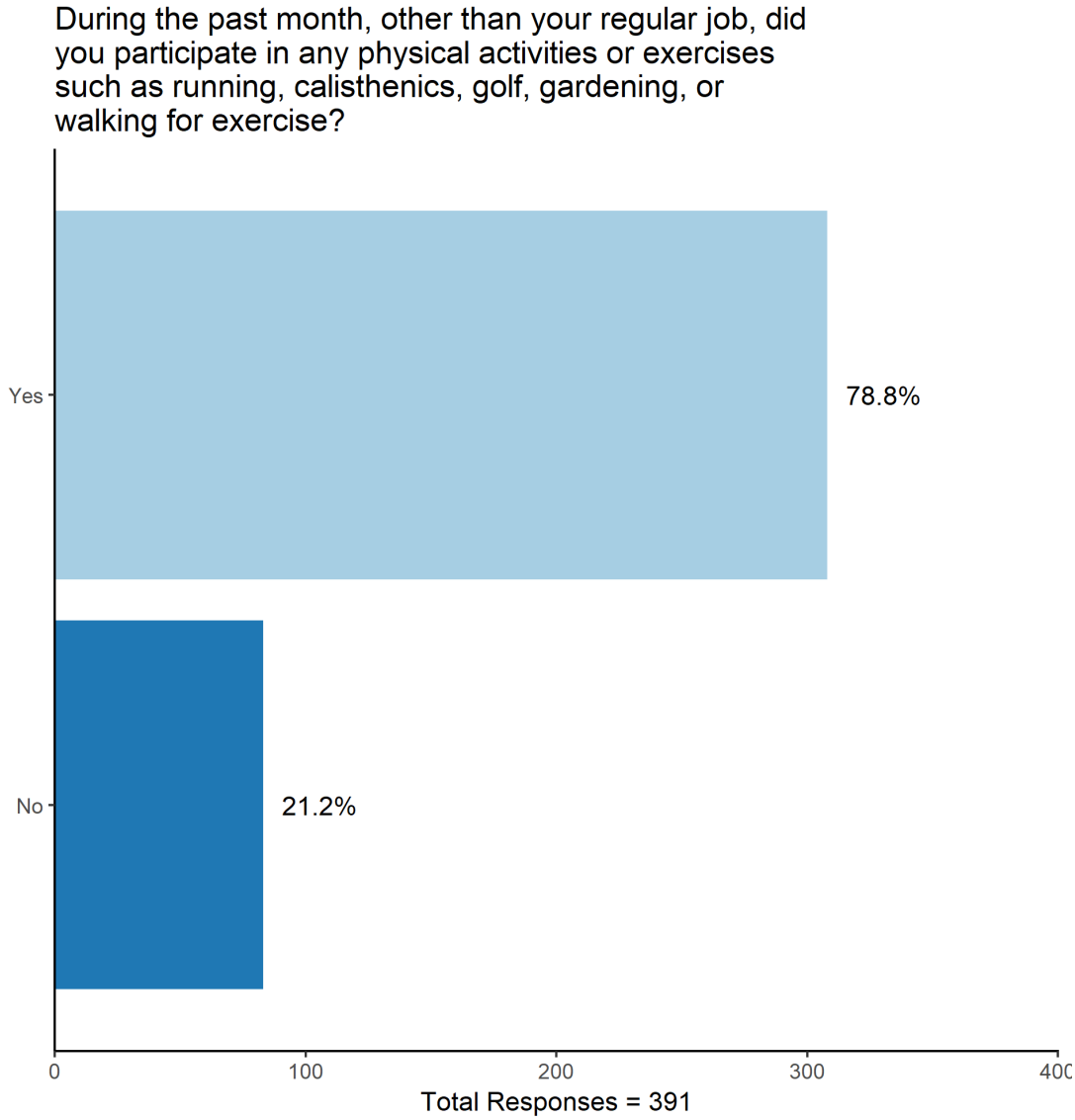
Response	Count	Percent
Extremely confident	183	74.7%
Quite a bit	0	0%
Somewhat	36	14.7%
A little bit	9	3.7%
Not at all confident	7	2.9%
Do not know	10	4.1%
Total Responses	245	

Question 9



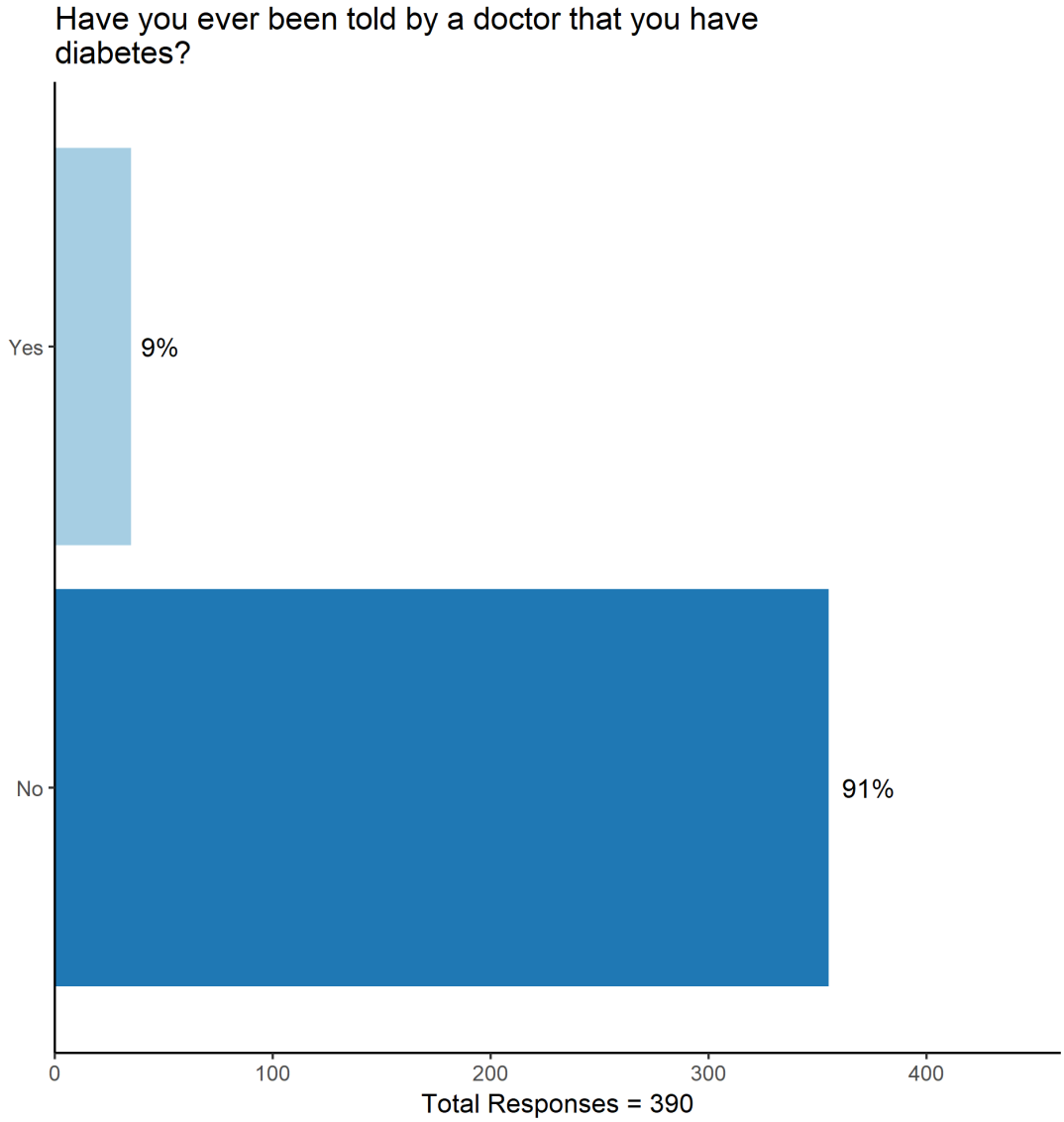
Response	Count	Percent
Yes	37	9.5%
No	334	86.1%
Don’t know	17	4.4%
Total Responses	388	

Question 10



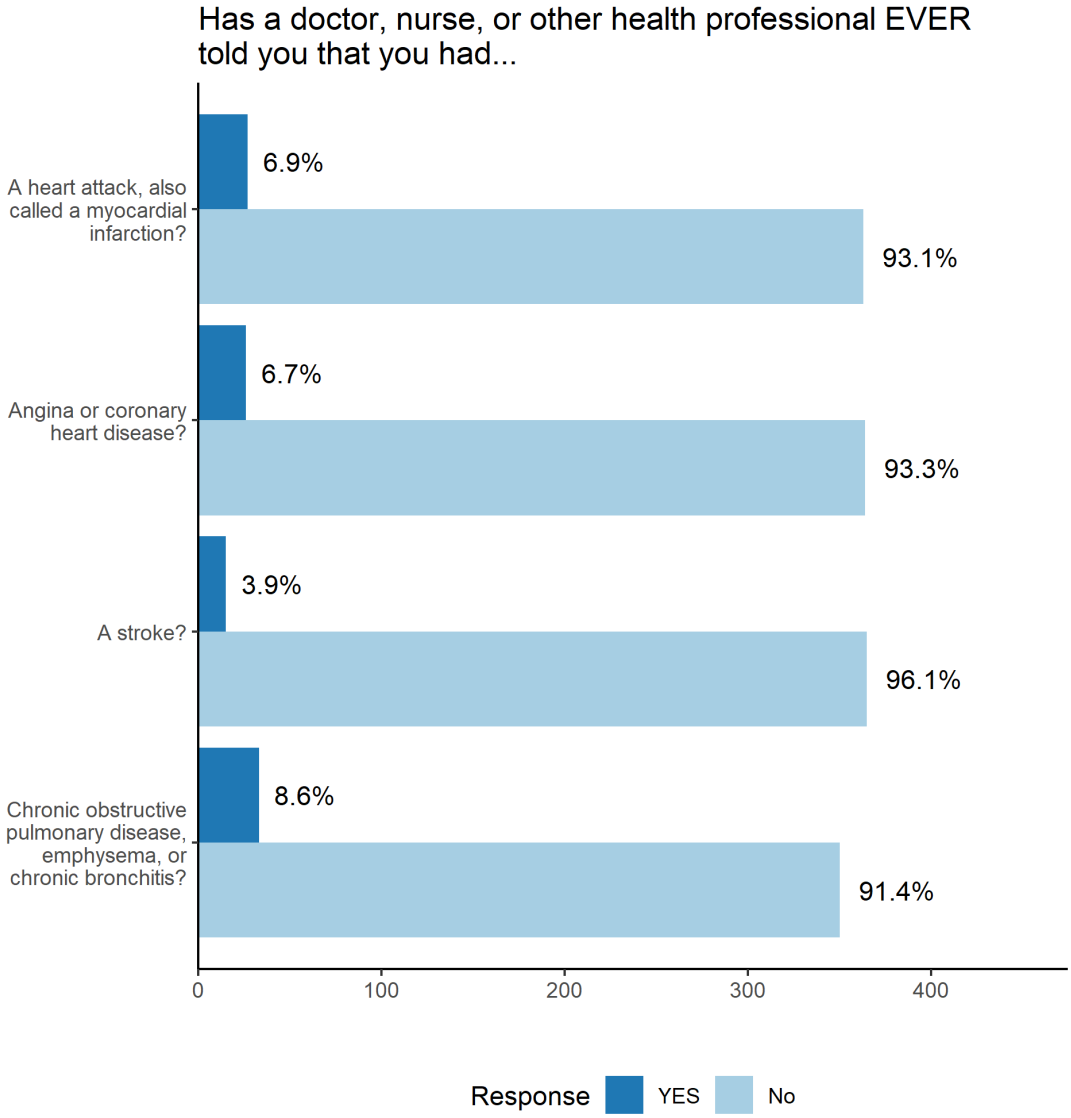
Response	Count	Percent
Yes	308	78.8%
No	83	21.2%
Total Responses	391	

Question 11



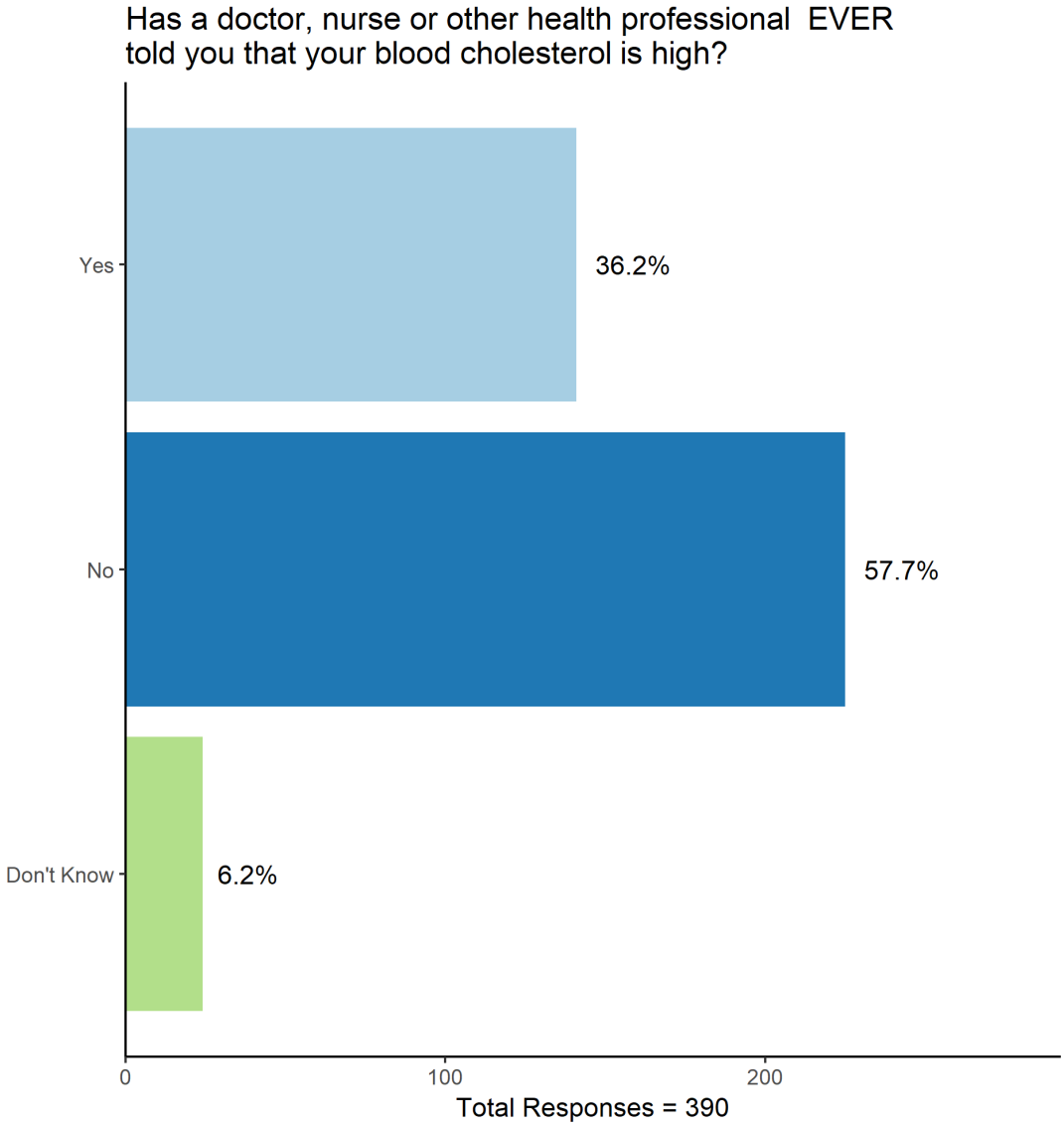
Response	Count	Percent
Yes	35	9%
No	355	91%
Total Responses	390	

Question 12



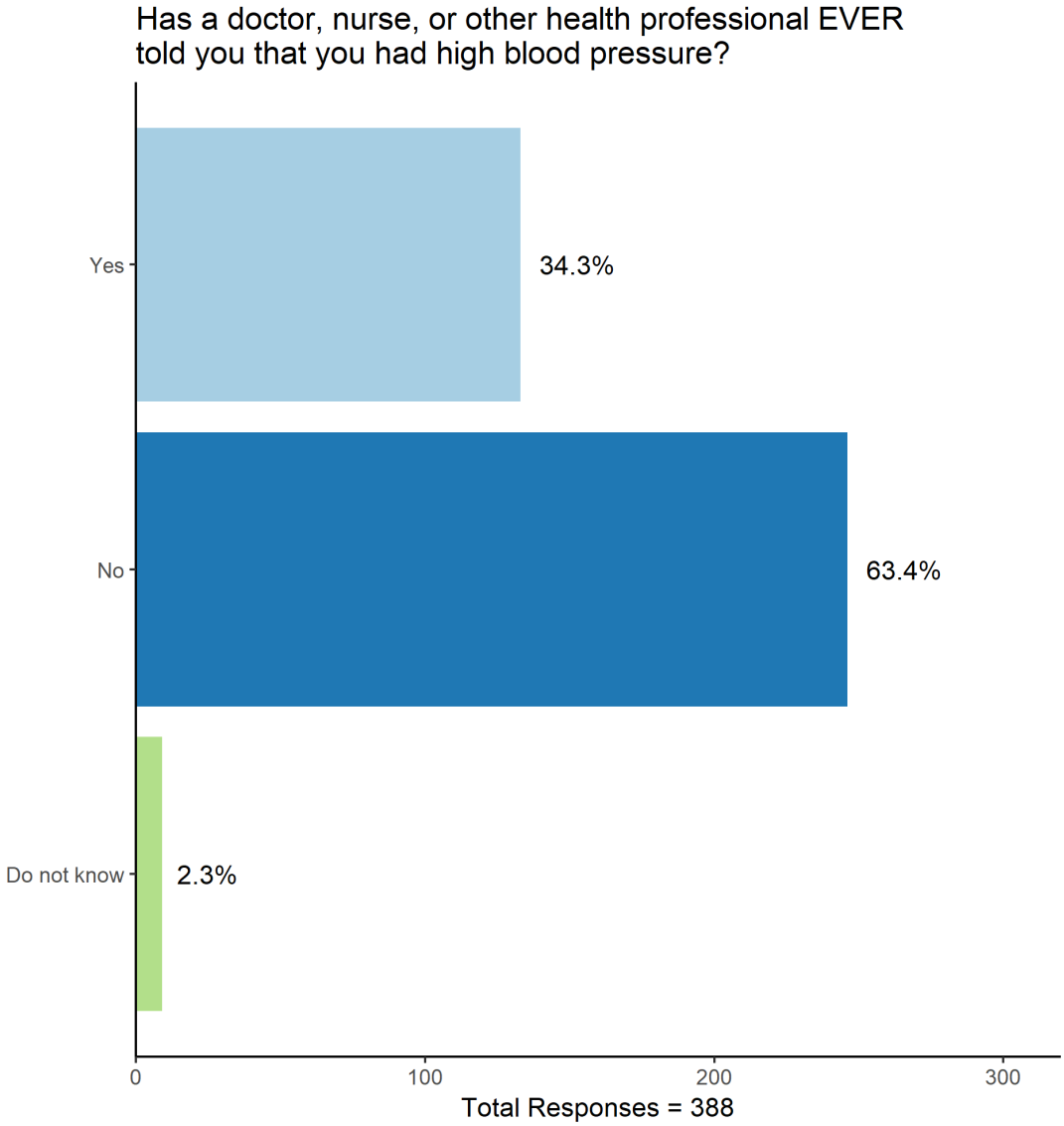
Question	No	YES	Total
A heart attack, also called a myocardial infarction?	363	27	390
Angina or coronary heart disease?	364	26	390
A stroke?	365	15	380
Chronic obstructive pulmonary disease, emphysema, or chronic bronchitis?	350	33	383

Question 13



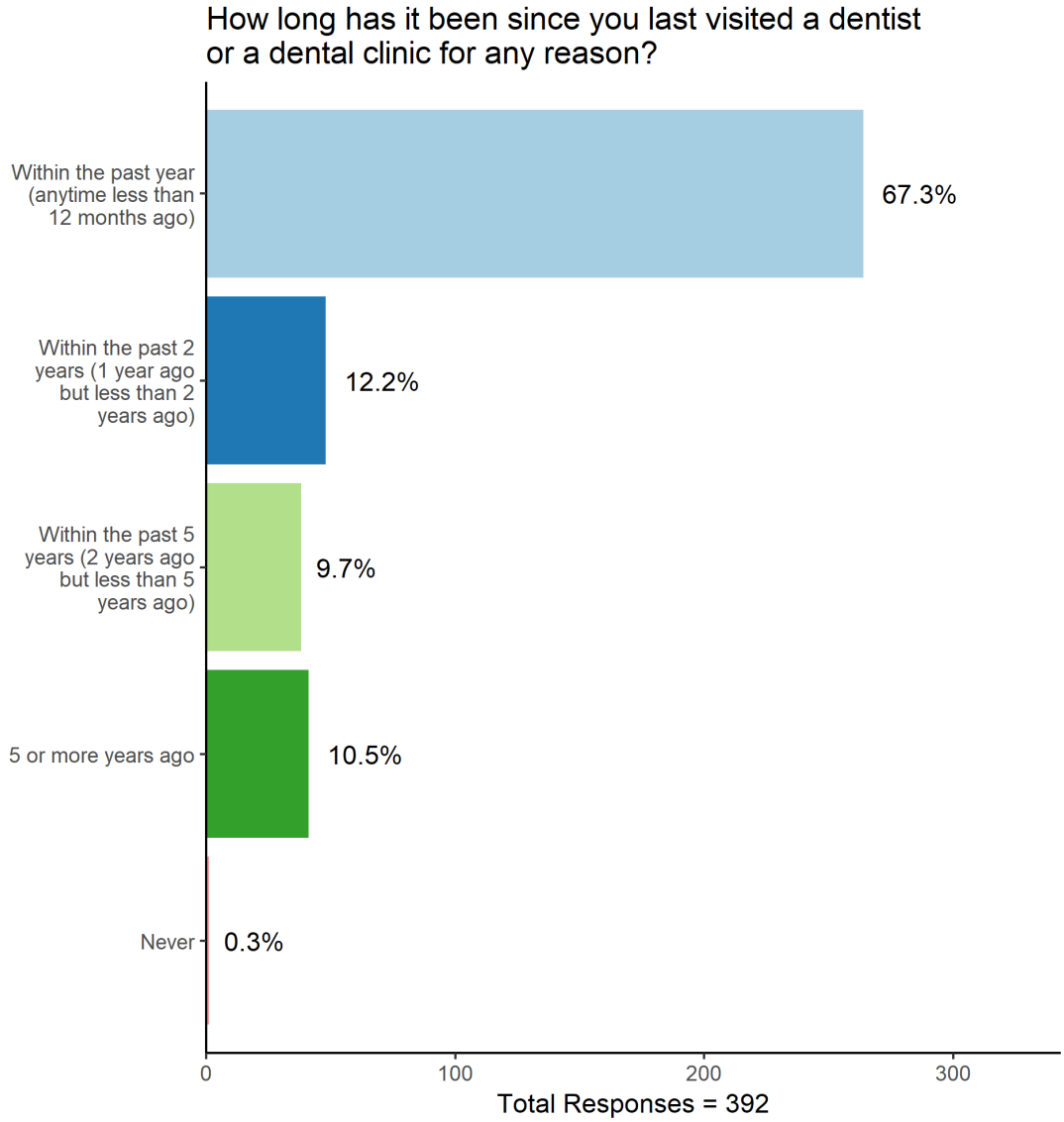
Response	Count	Percent
Yes	141	36.2%
No	225	57.7%
Don't Know	24	6.2%
Total Responses	390	

Question 14



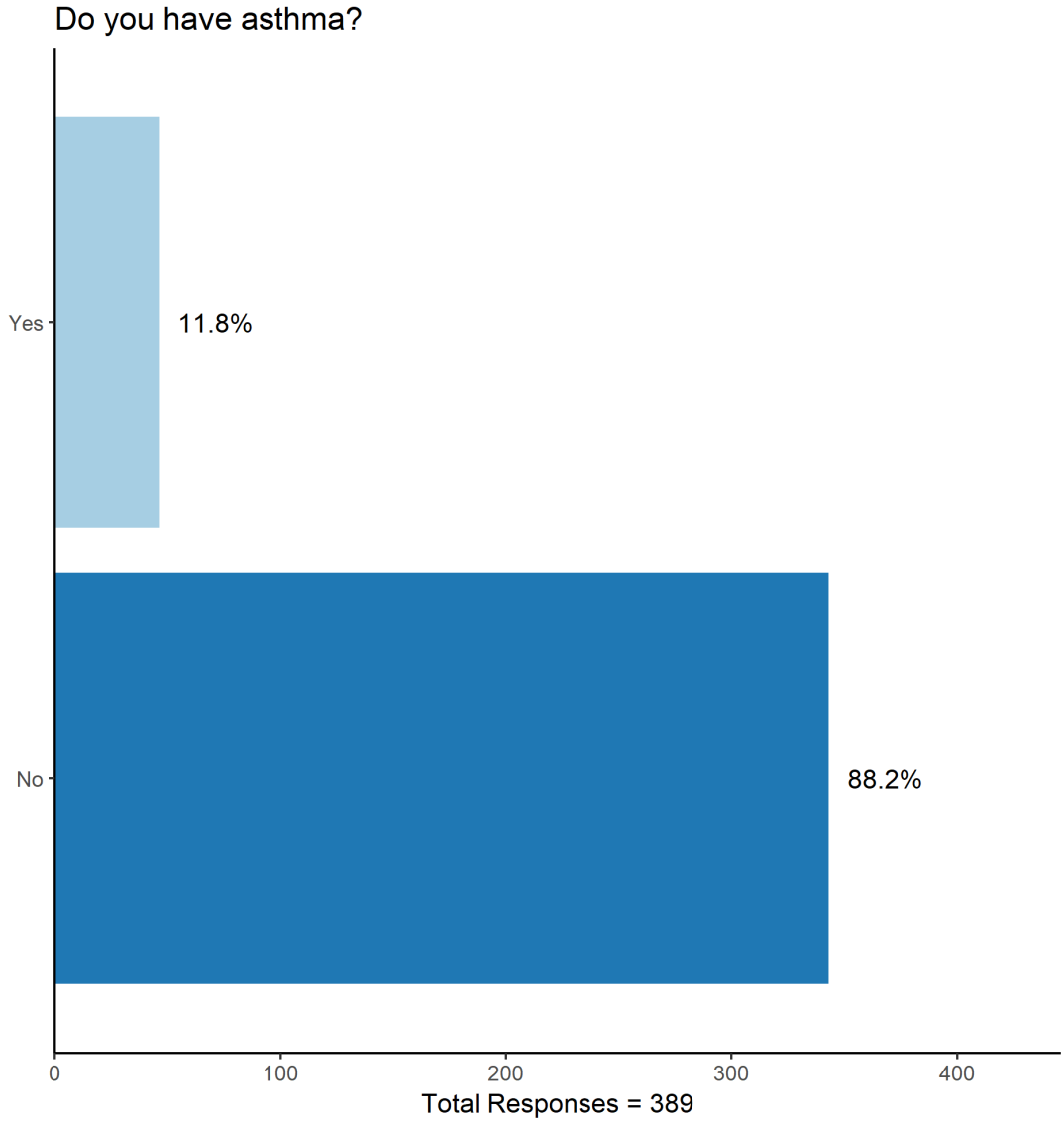
Response	Count	Percent
Yes	133	34.3%
No	246	63.4%
Do not know	9	2.3%
Total Responses	388	

Question 15



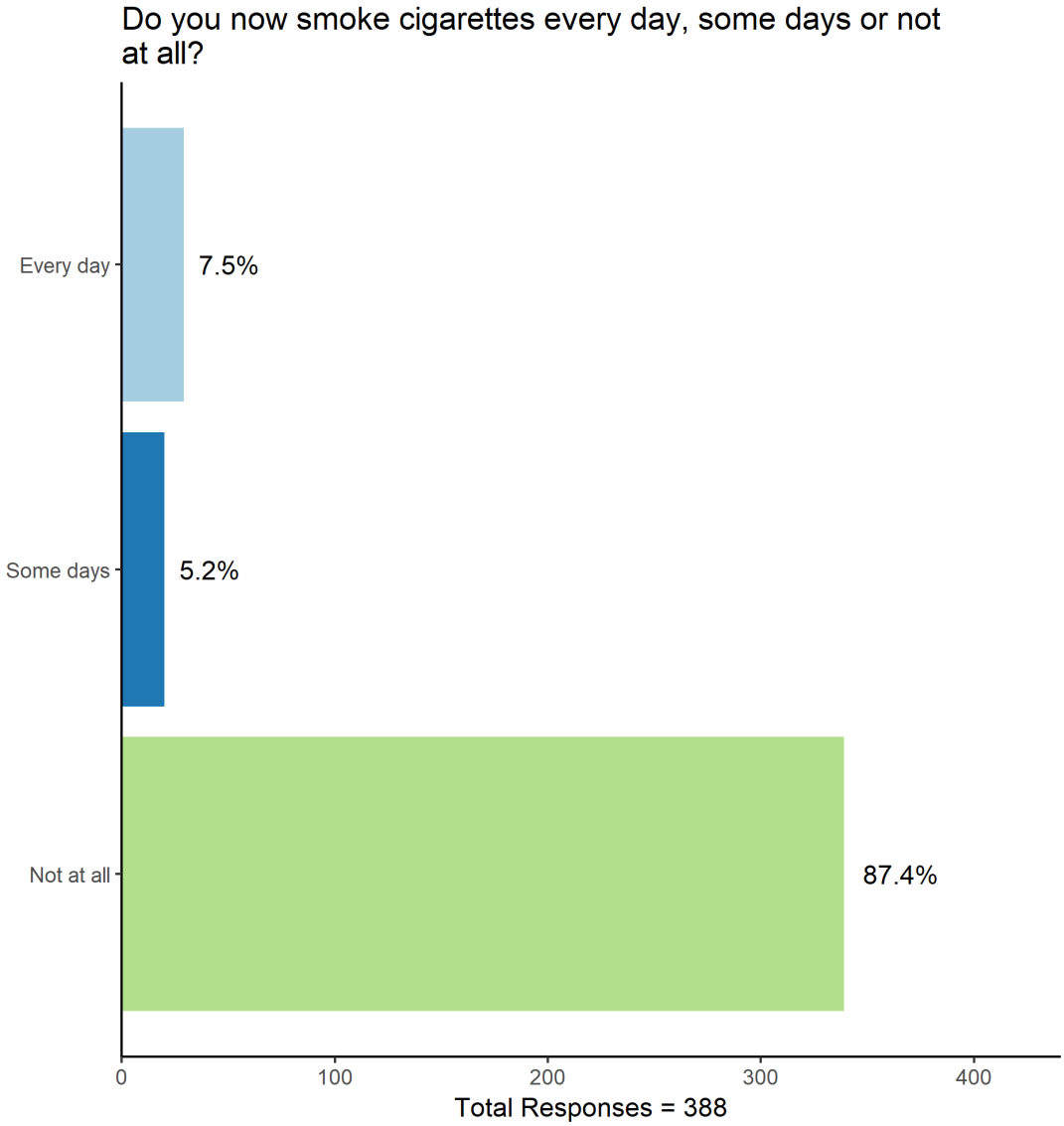
Response	Count	Percent
Within the past year (anytime less than 12 months ago)	264	67.3%
Within the past 2 years (1 year ago but less than 2 years ago)	48	12.2%
Within the past 5 years (2 years ago but less than 5 years ago)	38	9.7%
5 or more years ago	41	10.5%
Never	1	0.3%
Total Responses	392	

Question 17



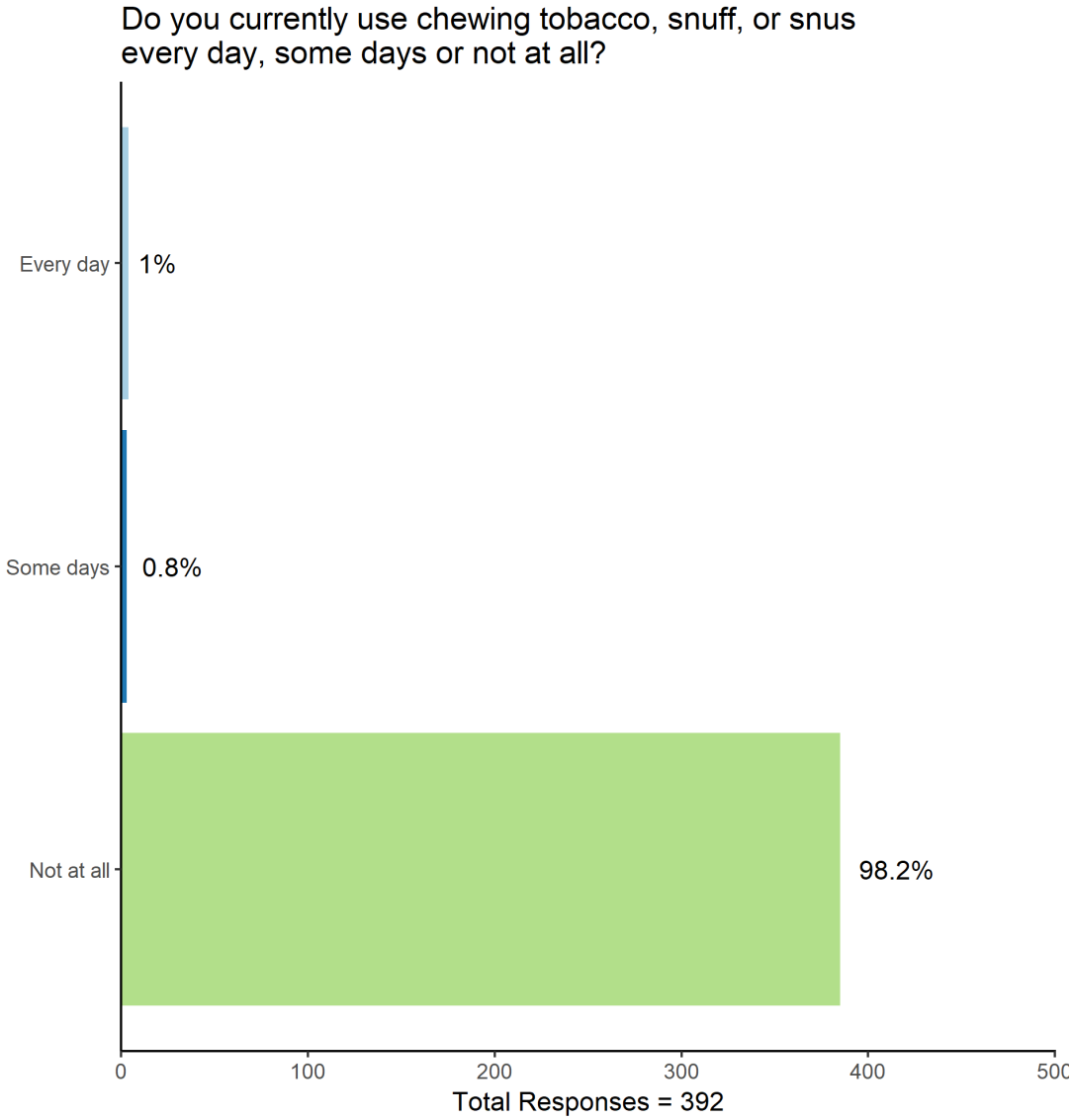
Response	Count	Percent
Yes	46	11.8%
No	343	88.2%
Total Responses	389	

Question 18



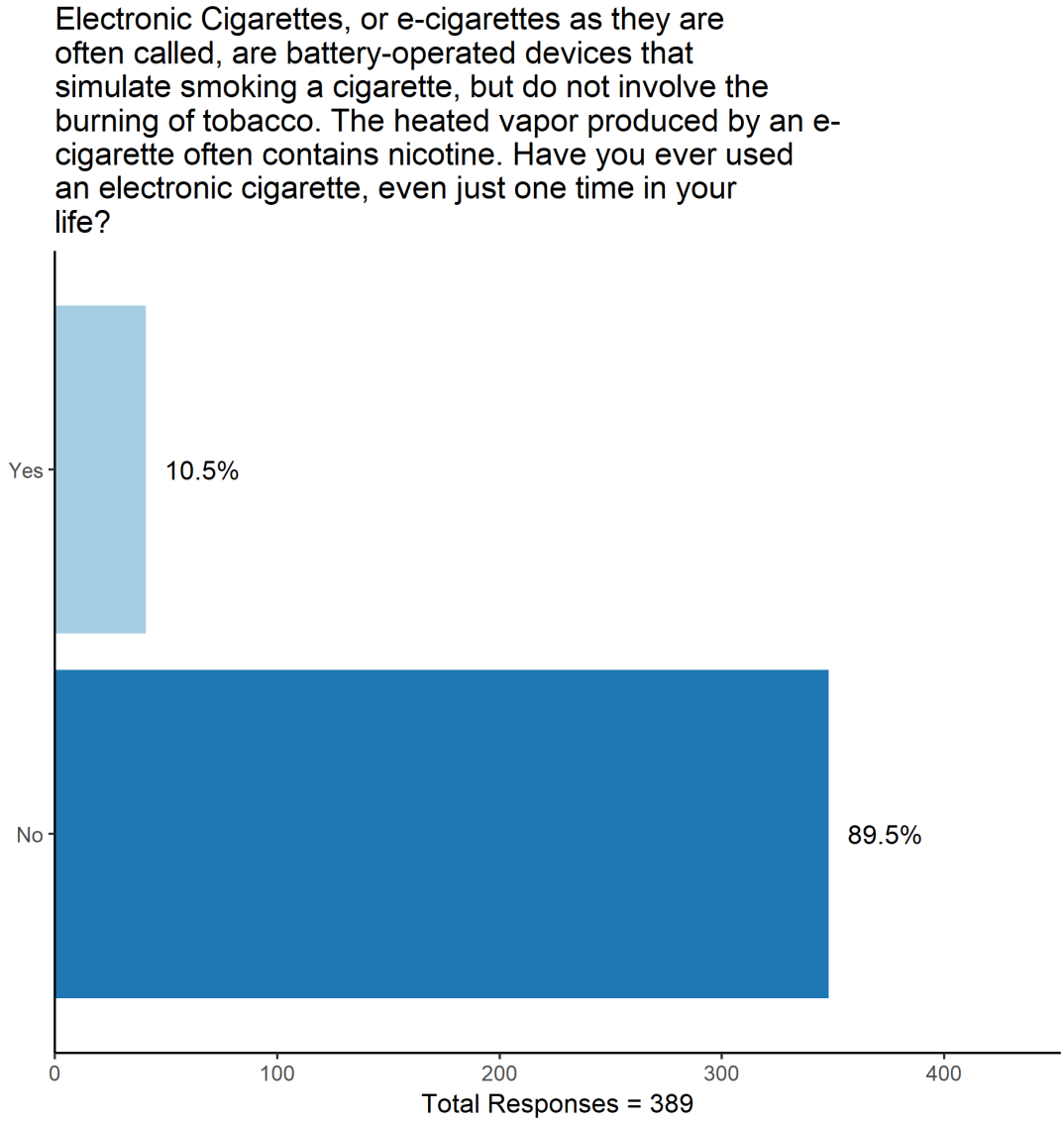
Response	Count	Percent
Every day	29	7.5%
Some days	20	5.2%
Not at all	339	87.4%
Total Responses	388	

Question 19



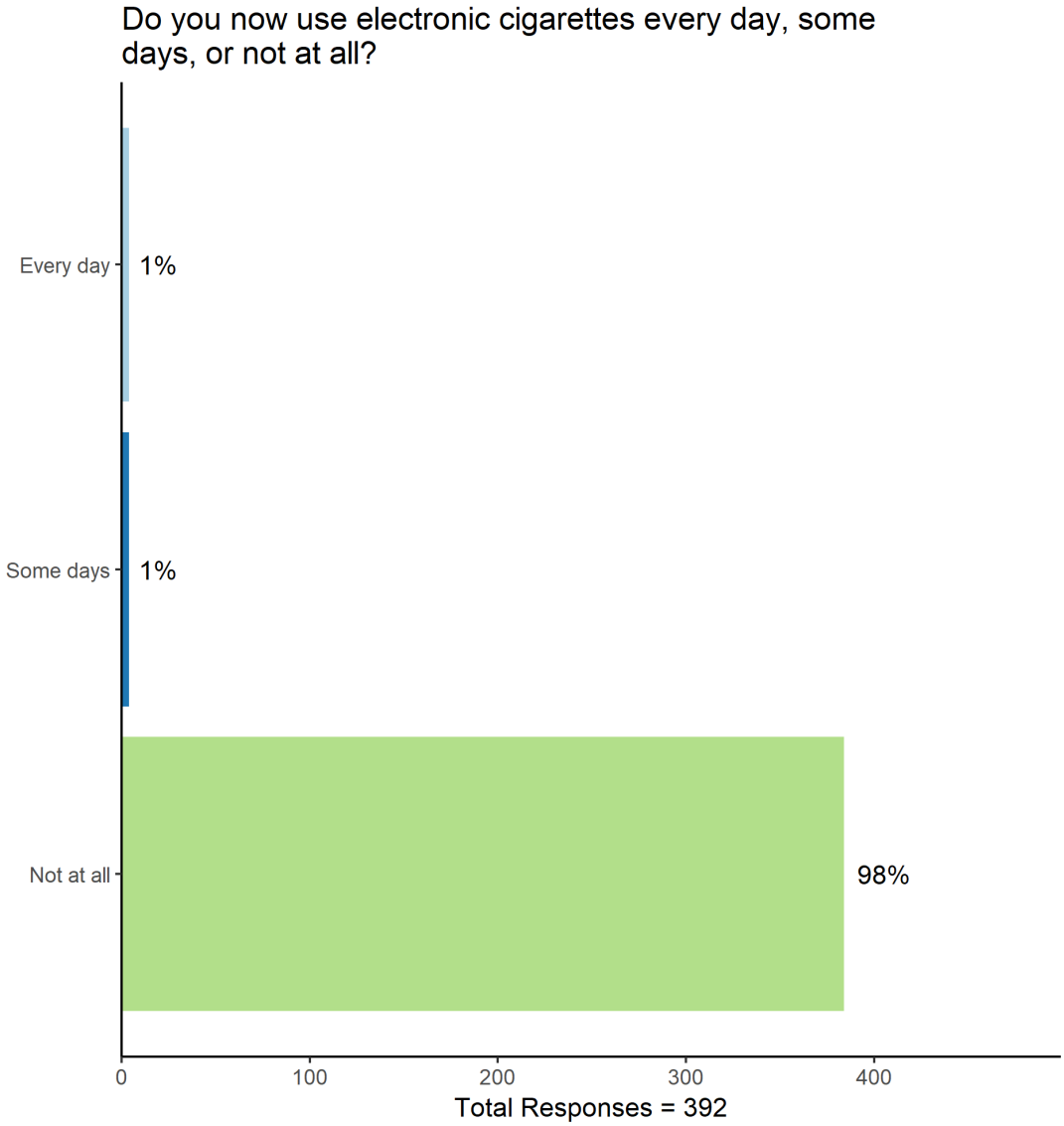
Response	Count	Percent
Every day	4	1%
Some days	3	0.8%
Not at all	385	98.2%
Total Responses	392	

Question 20



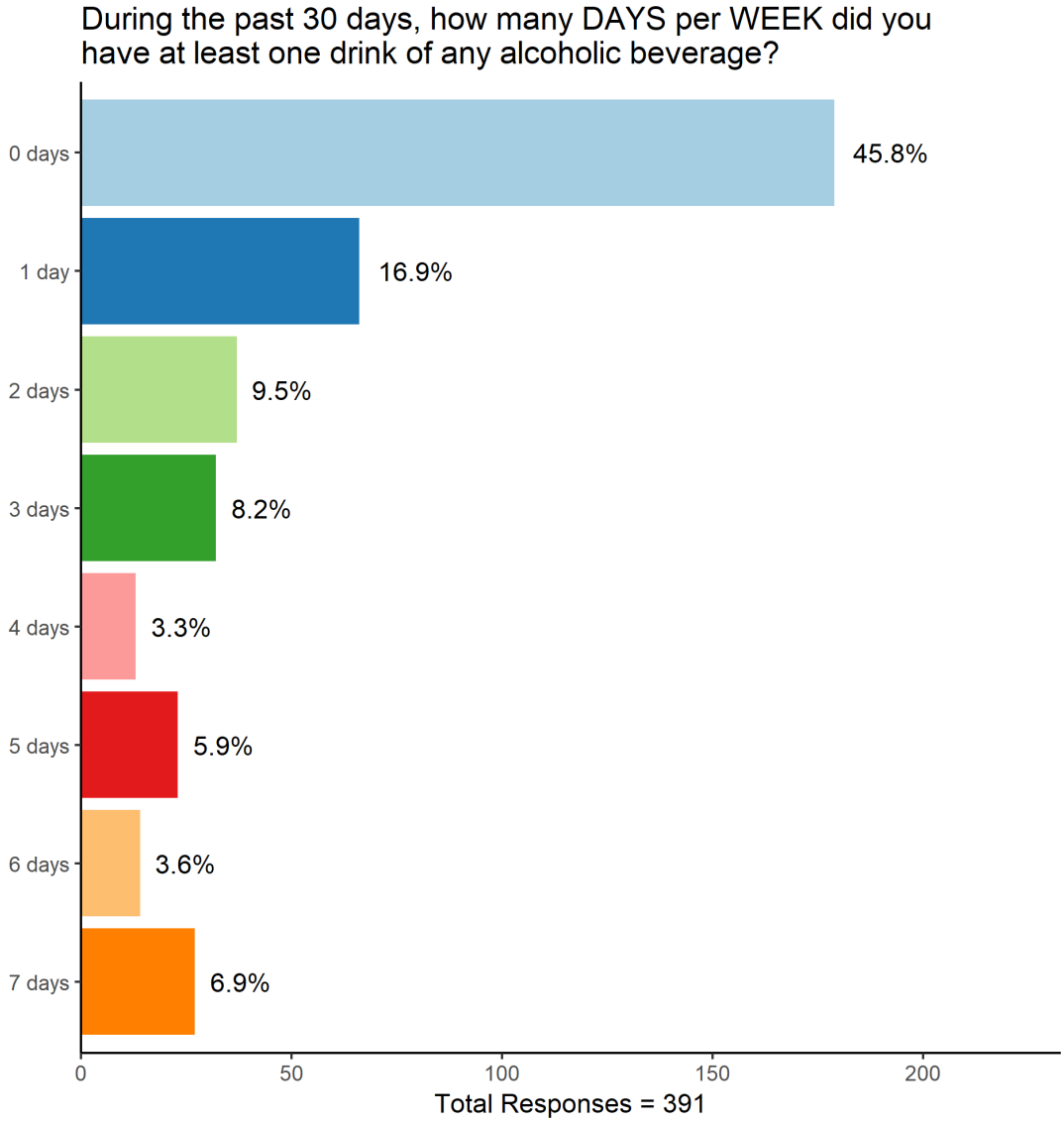
Response	Count	Percent
Yes	41	10.5%
No	348	89.5%
Total Responses	389	

Question 21



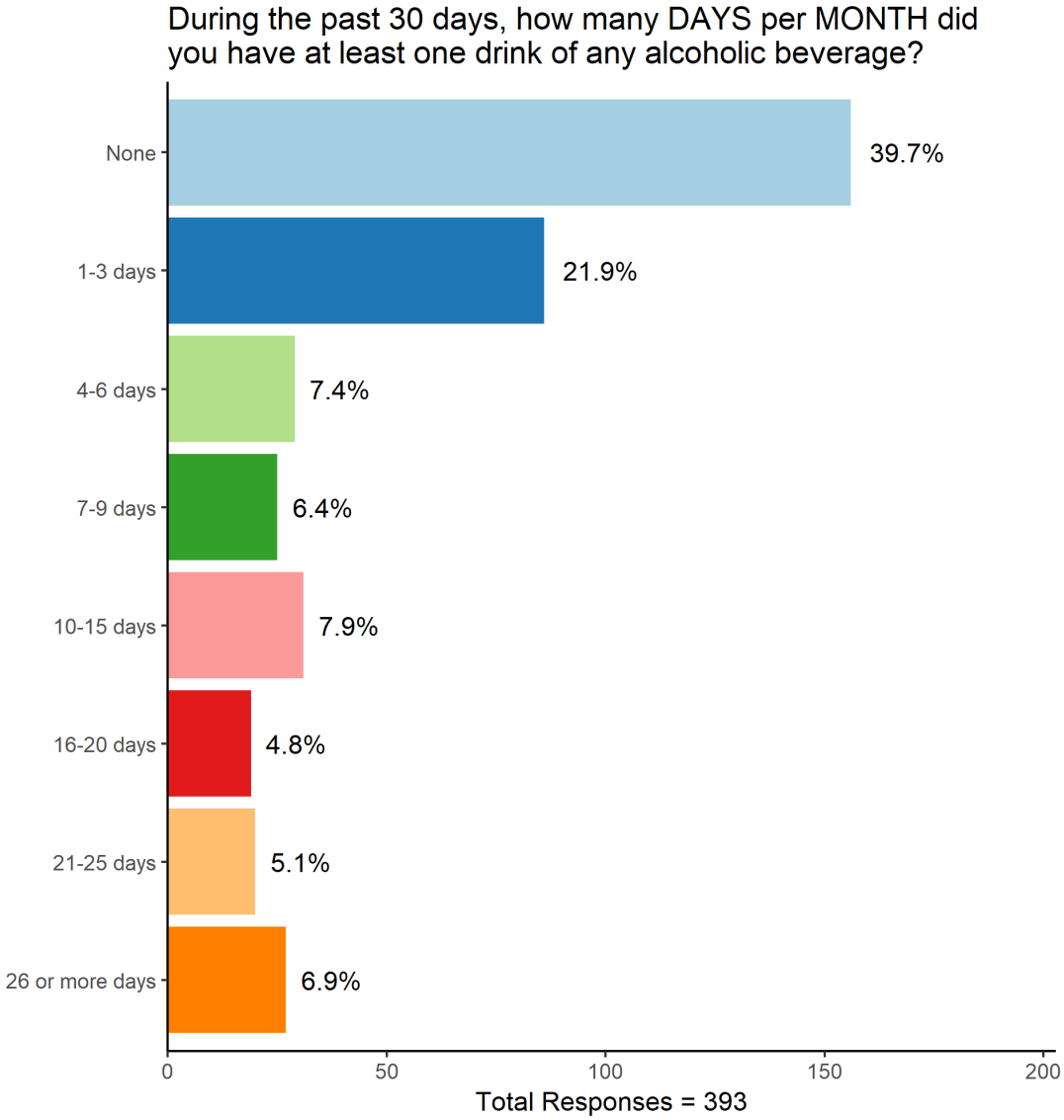
Response	Count	Percent
Every day	4	1%
Some days	4	1%
Not at all	384	98%
Total Responses	392	

Question 22



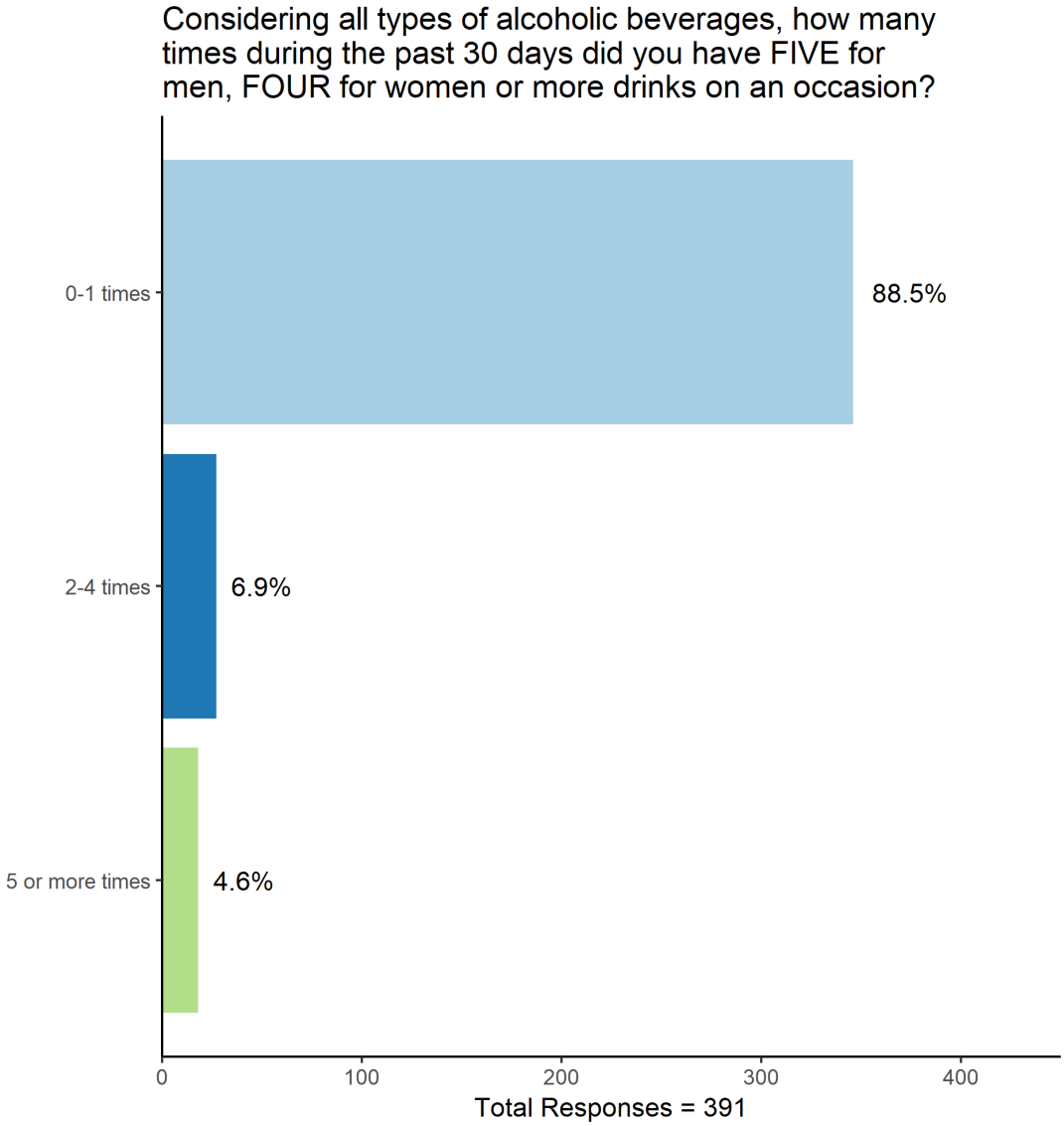
Response	Count	Percent
0 days	179	45.8%
1 day	66	16.9%
2 days	37	9.5%
3 days	32	8.2%
4 days	13	3.3%
5 days	23	5.9%
6 days	14	3.6%
7 days	27	6.9%
Total Responses	391	

Question 23



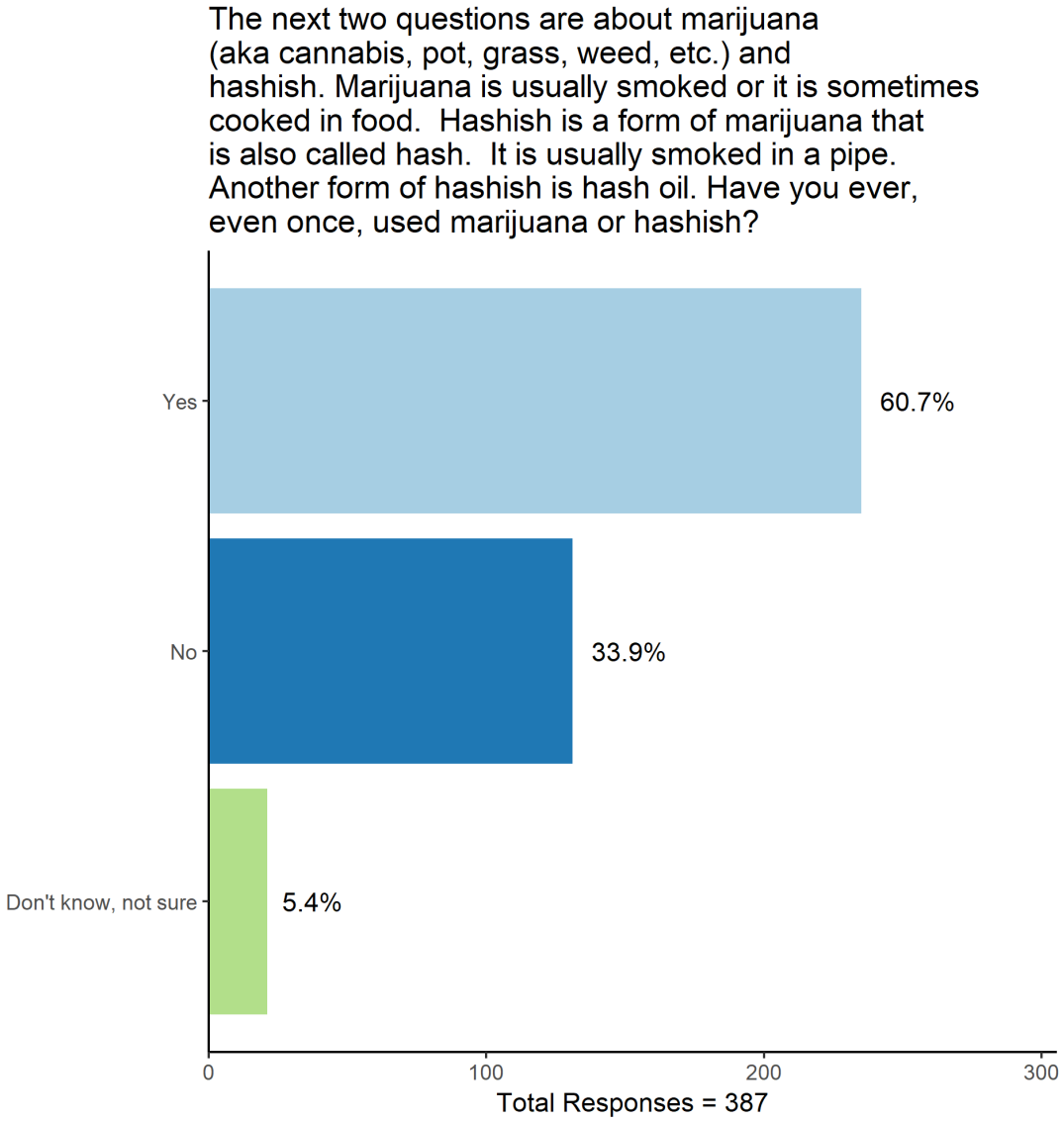
Response	Count	Percent
None	156	39.7%
1-3 days	86	21.9%
4-6 days	29	7.4%
7-9 days	25	6.4%
10-15 days	31	7.9%
16-20 days	19	4.8%
21-25 days	20	5.1%
26 or more days	27	6.9%
Total Responses	393	

Question 24



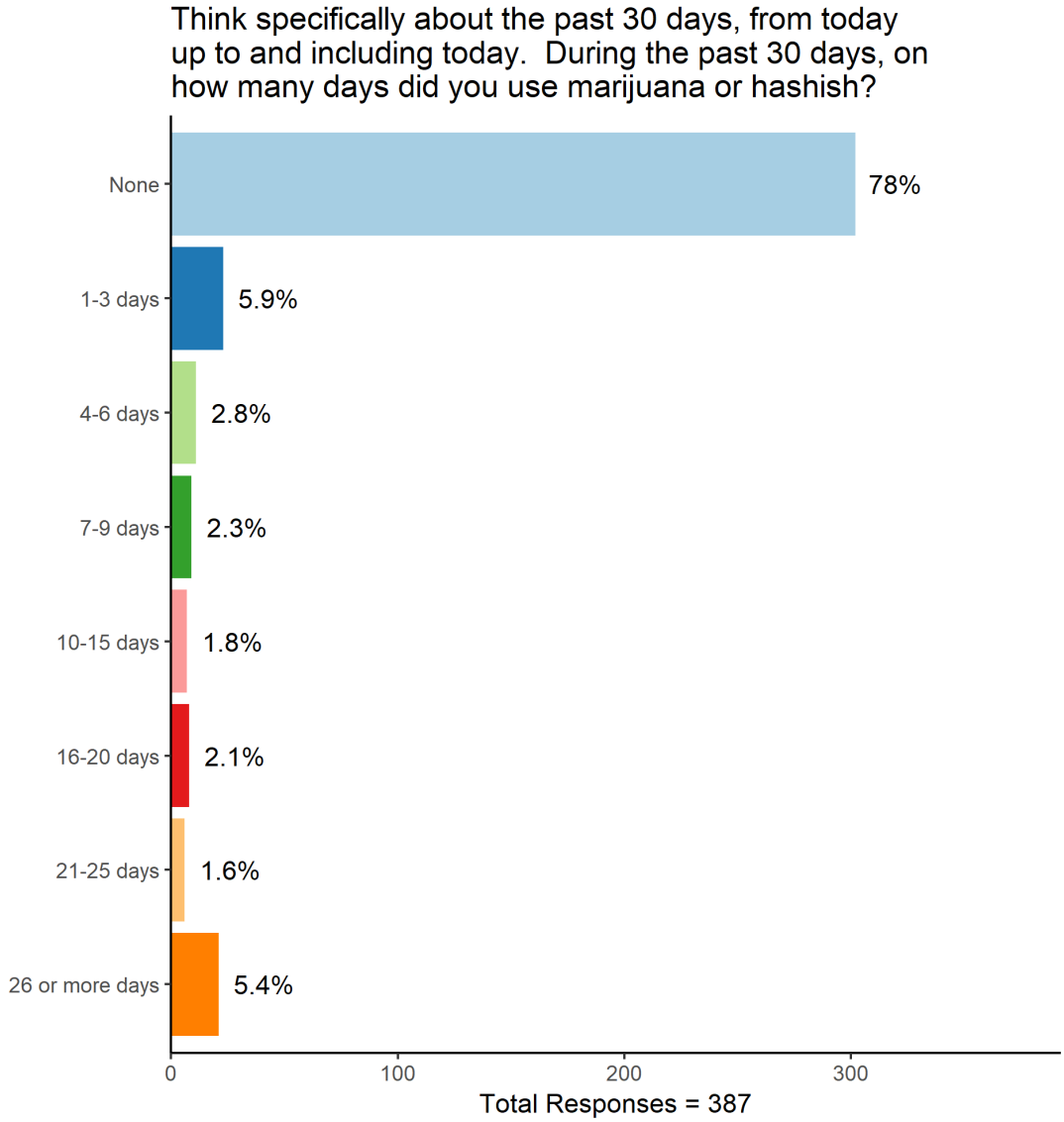
Response	Count	Percent
0-1 times	346	88.5%
2-4 times	27	6.9%
5 or more times	18	4.6%
Total Responses	391	

Question 25



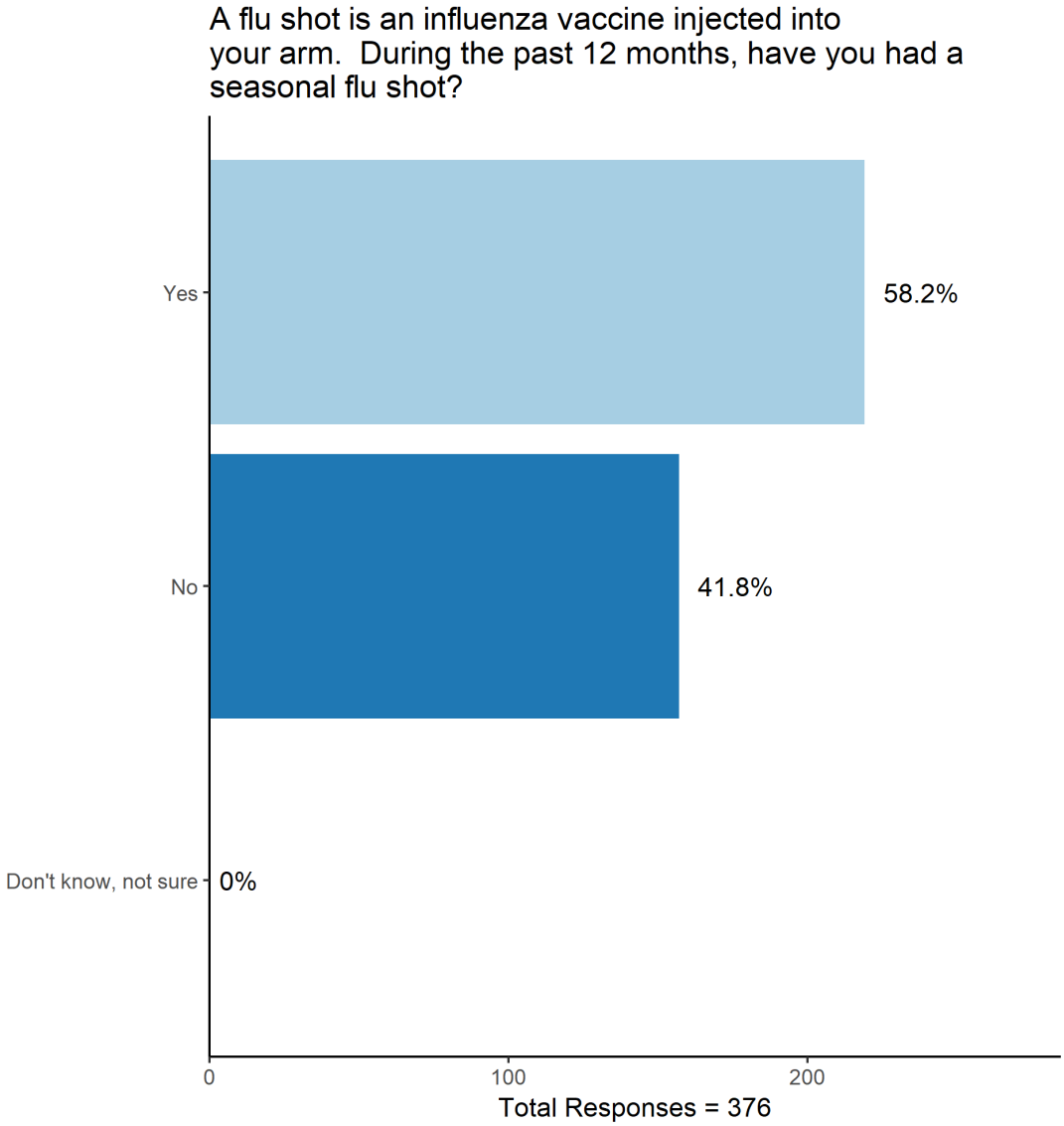
Response	Count	Percent
Yes	235	60.7%
No	131	33.9%
Don’t know, not sure	21	5.4%
Total Responses	387	

Question 26



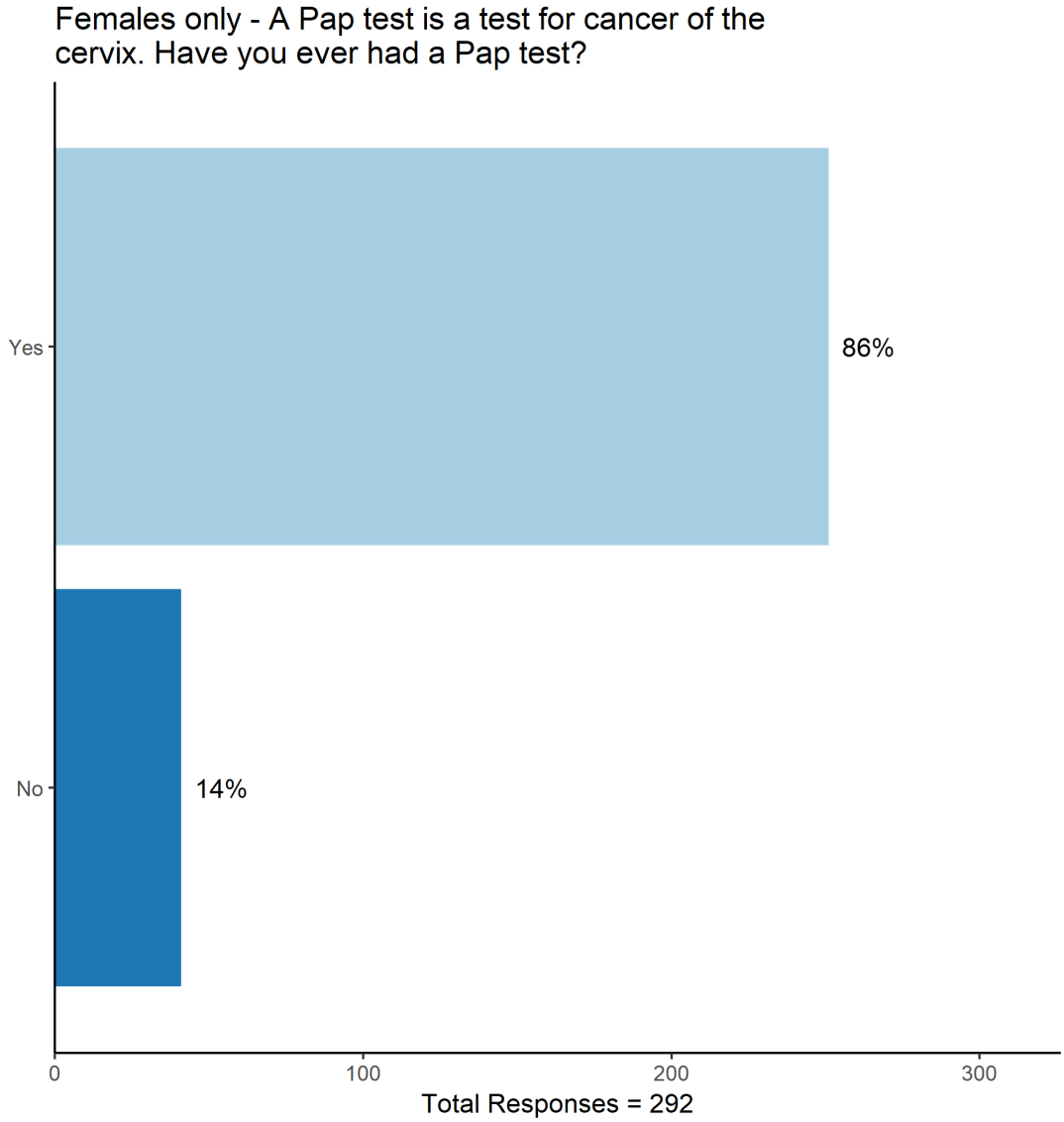
Response	Count	Percent
None	302	78%
1-3 days	23	5.9%
4-6 days	11	2.8%
7-9 days	9	2.3%
10-15 days	7	1.8%
16-20 days	8	2.1%
21-25 days	6	1.6%
26 or more days	21	5.4%
Total Responses	387	

Question 27



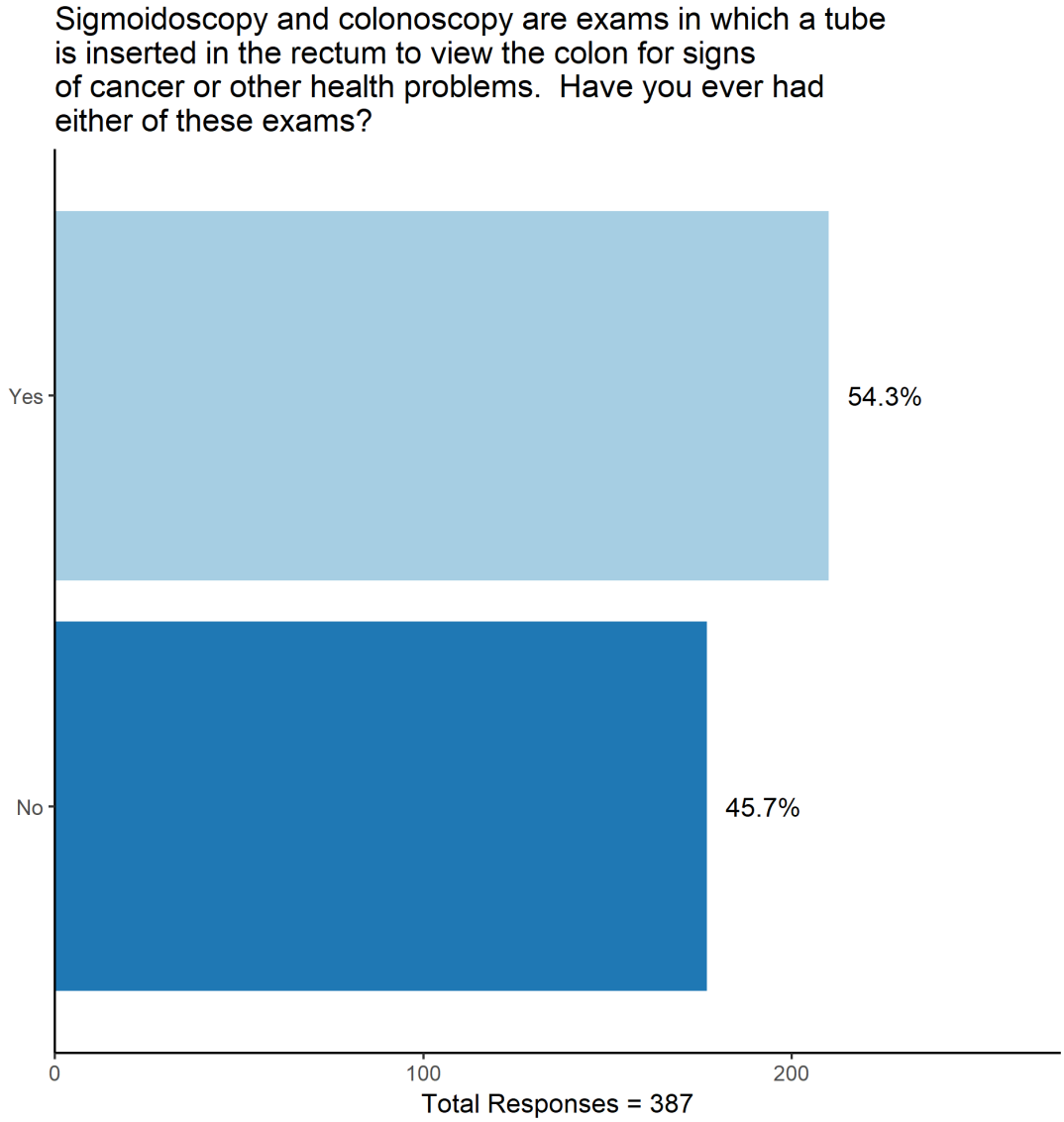
Response	Count	Percent
Yes	219	58.2%
No	157	41.8%
Don't know, not sure	0	0%
Total Responses	376	

Question 28



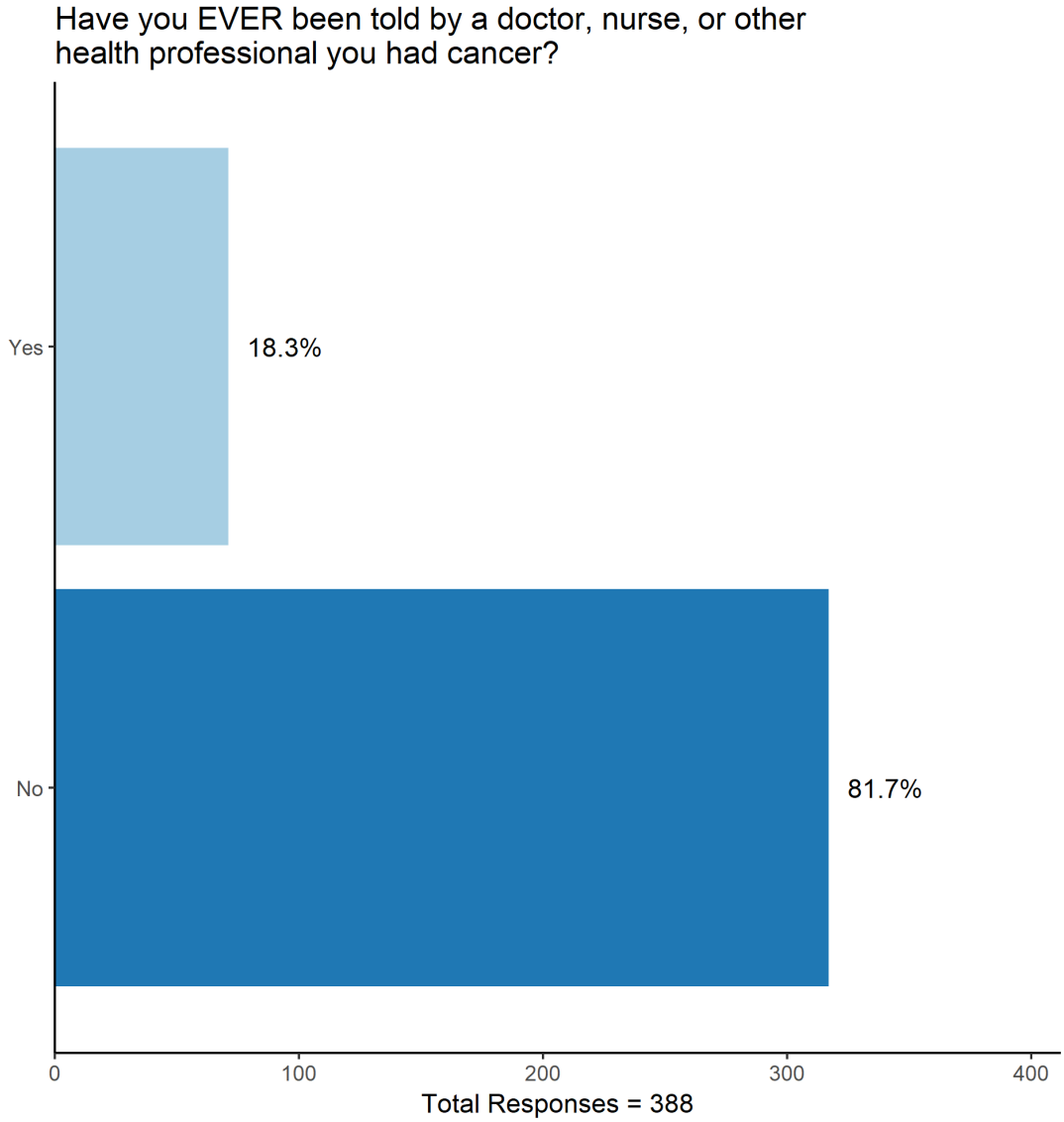
Response	Count	Percent
Yes	251	86%
No	41	14%
Total Responses	292	

Question 29



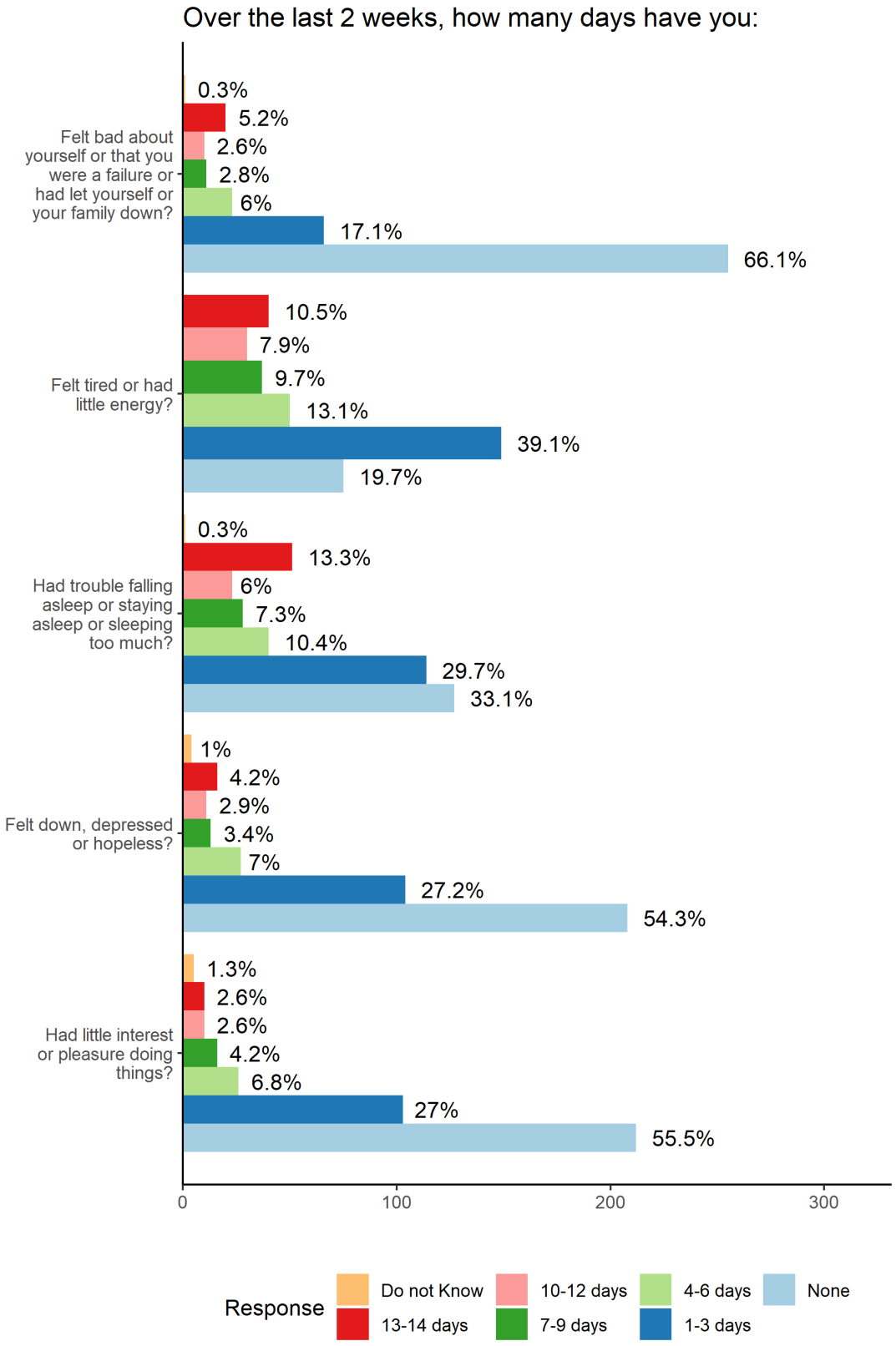
Response	Count	Percent
Yes	210	54.3%
No	177	45.7%
Total Responses	387	

Question 30



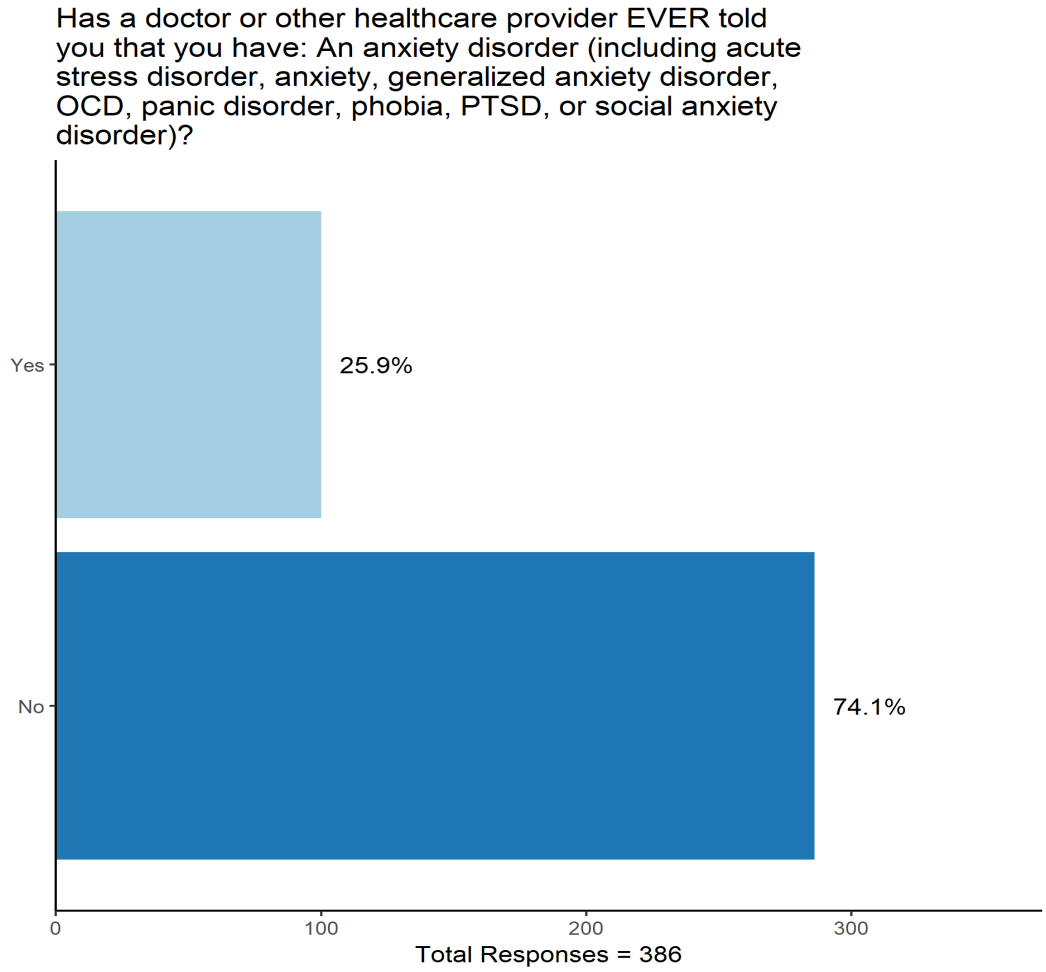
Response	Count	Percent
Yes	71	18.3%
No	317	81.7%
Total Responses	388	

Question 31


Over the last 2 weeks, how many days have you:
Felt bad about yourself or that you were a failure or had let yourself or your family down?
0.3%
5.2%
2.6%
2.8%
6%
17.1%
66.1%
Felt tired or had little energy?
10.5%
7.9%
9.7%
13.1%
39.1%
19.7%
Had trouble falling asleep or staying asleep or sleeping too much?
0.3%
13.3%
6%
7.3%
10.4%
29.7%
33.1%
Felt down, depressed or hopeless?
1%
4.2%
2.9%
3.4%
7%
27.2%
54.3%
Had little interest or pleasure doing things?
1.3%
2.6%
2.6%
4.2%
6.8%
27%
55.5%
0
100
200
300
Response
Do not Know
10-12 days
4-6 days
None
13-14 days
7-9 days
1-3 days

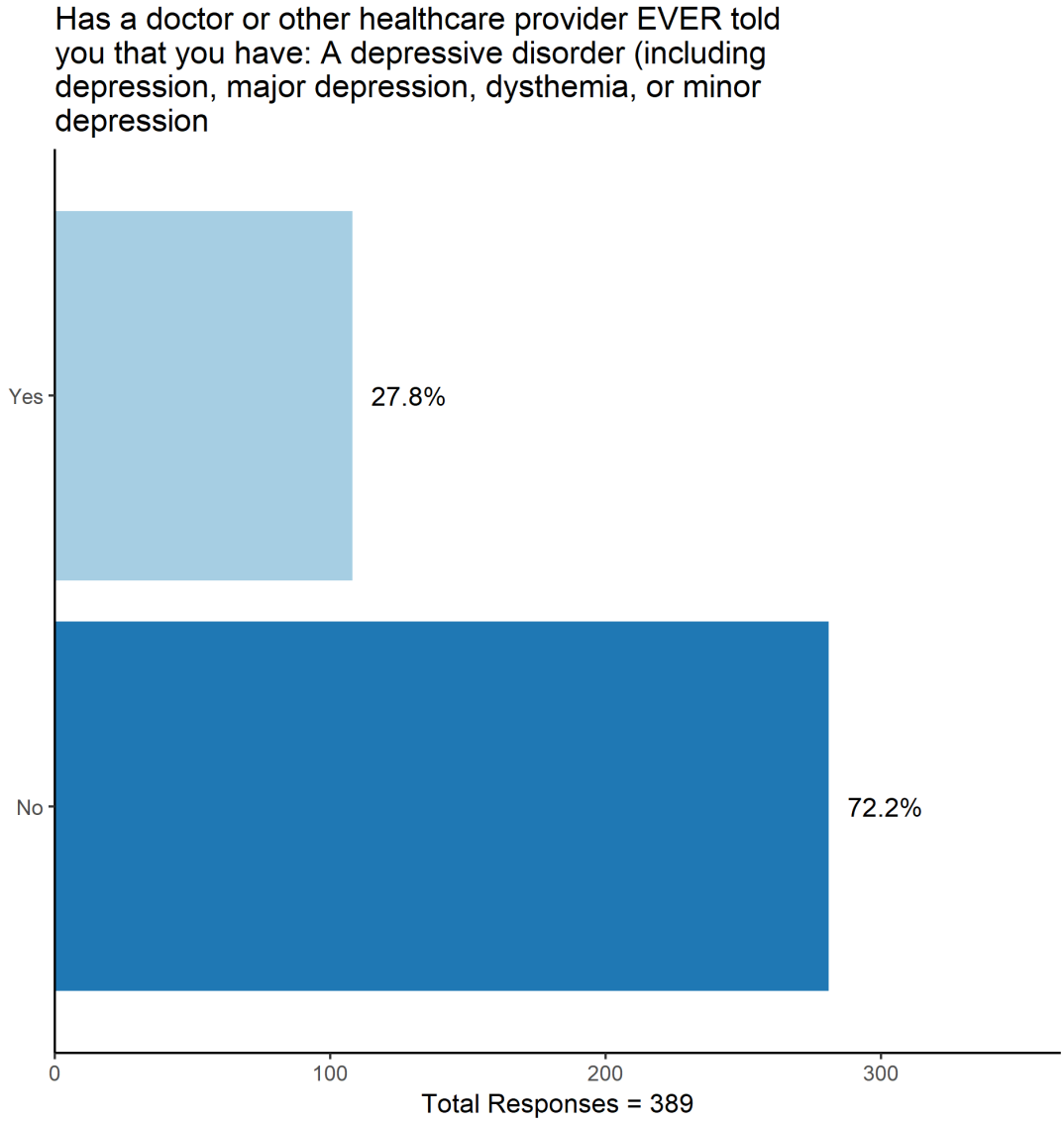
Question	1-3 days	10-12 days	13-14 days	4-6 days	7-9 days	Do not Know	None	Total
Had little interest or pleasure doing things?	103	10	10	26	16	5	212	382
Felt down, depressed or hopeless?	104	11	16	27	13	4	208	383
Had trouble falling asleep or staying asleep or sleeping too much?	114	23	51	40	28	1	127	384
Felt tired or had little energy?	149	30	40	50	37	0	75	381
Felt bad about yourself or that you were a failure or had let yourself or your family down?	66	10	20	23	11	1	255	386

Question 32



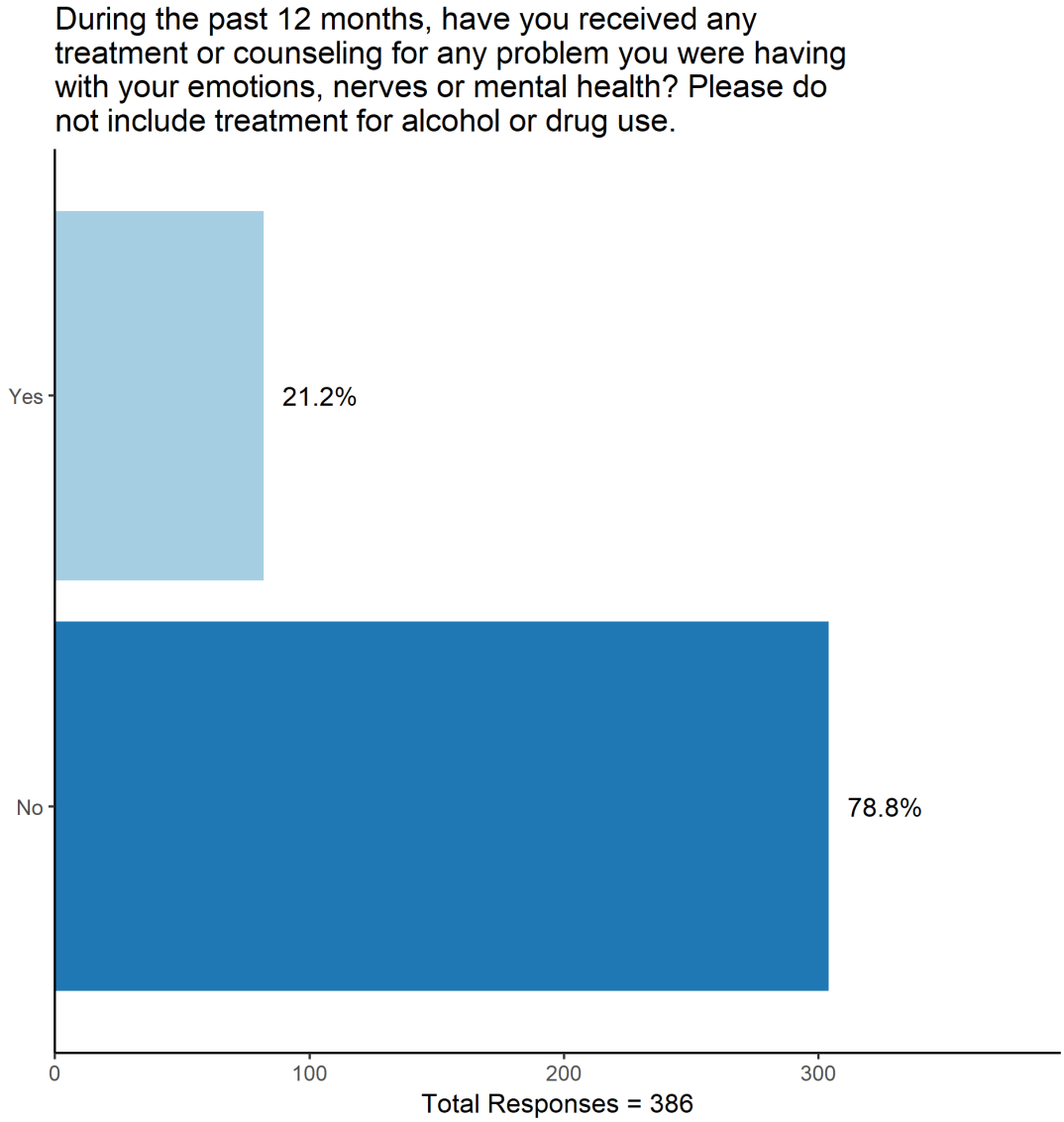
Response	Count	Percent
Yes	100	25.9%
No	286	74.1%
Total Responses	386	

Question 33



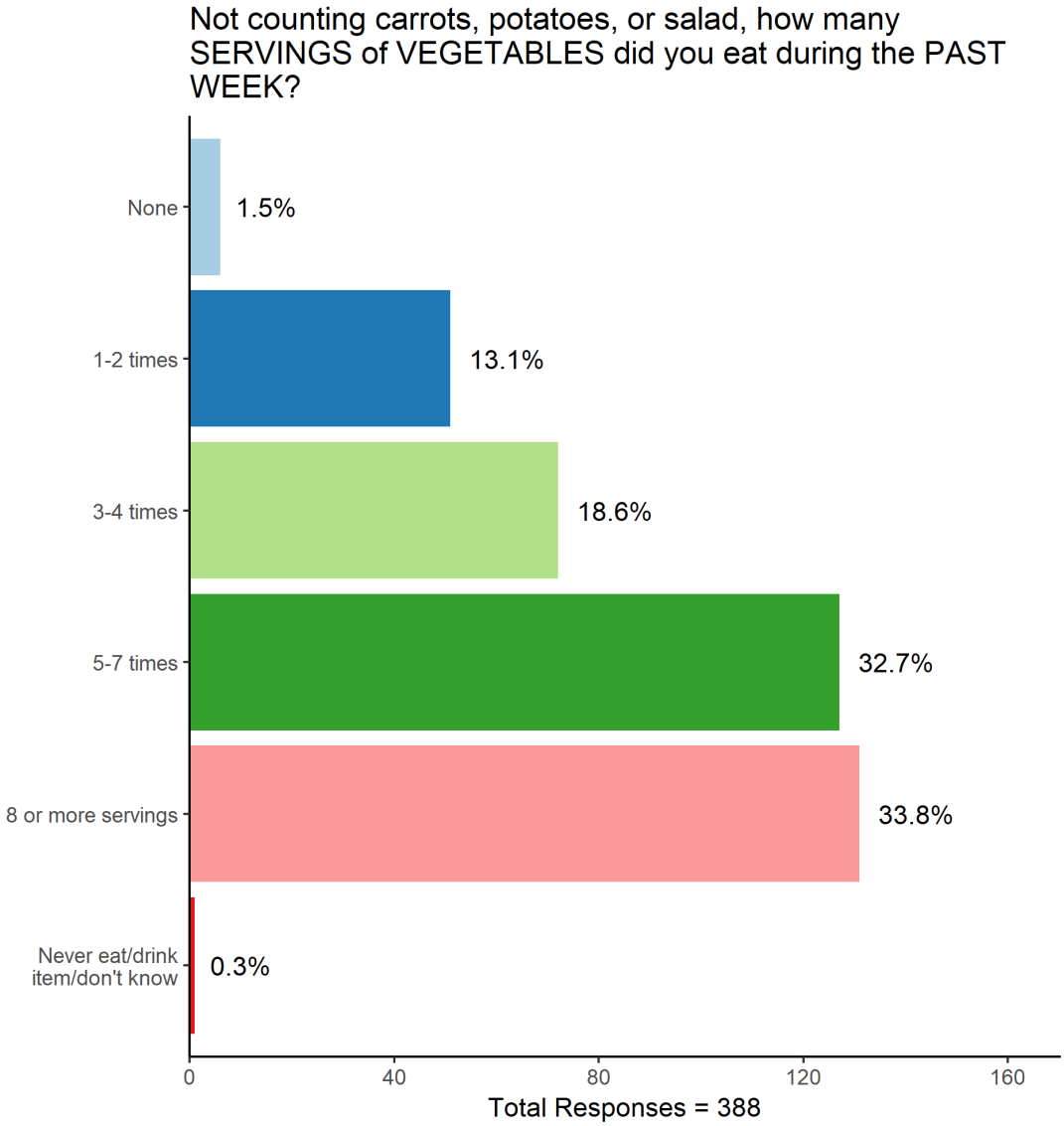
Response	Count	Percent
Yes	108	27.8%
No	281	72.2%
Total Responses	389	

Question 34



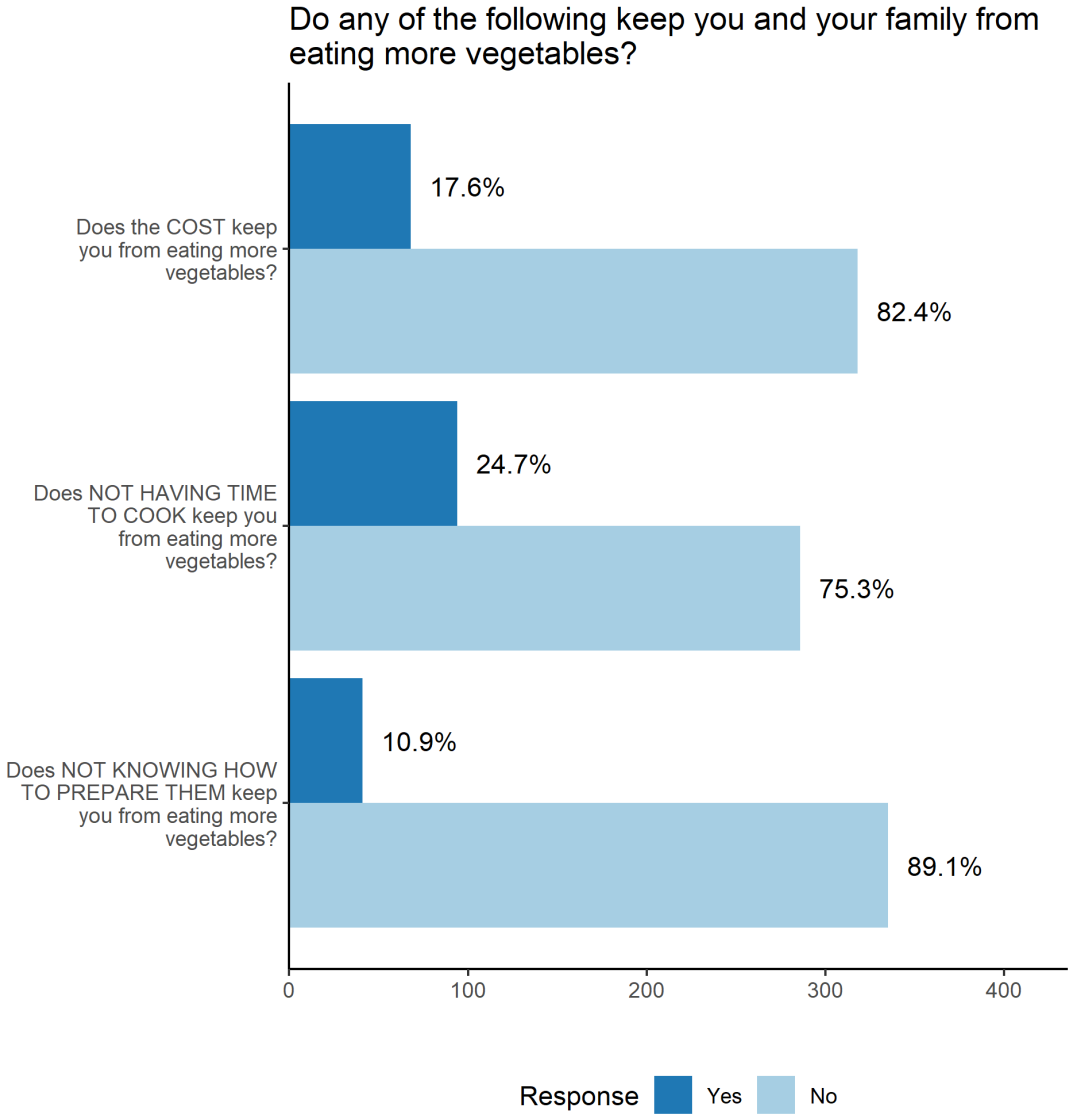
Response	Count	Percent
Yes	82	21.2%
No	304	78.8%
Total Responses	386	

Question 35



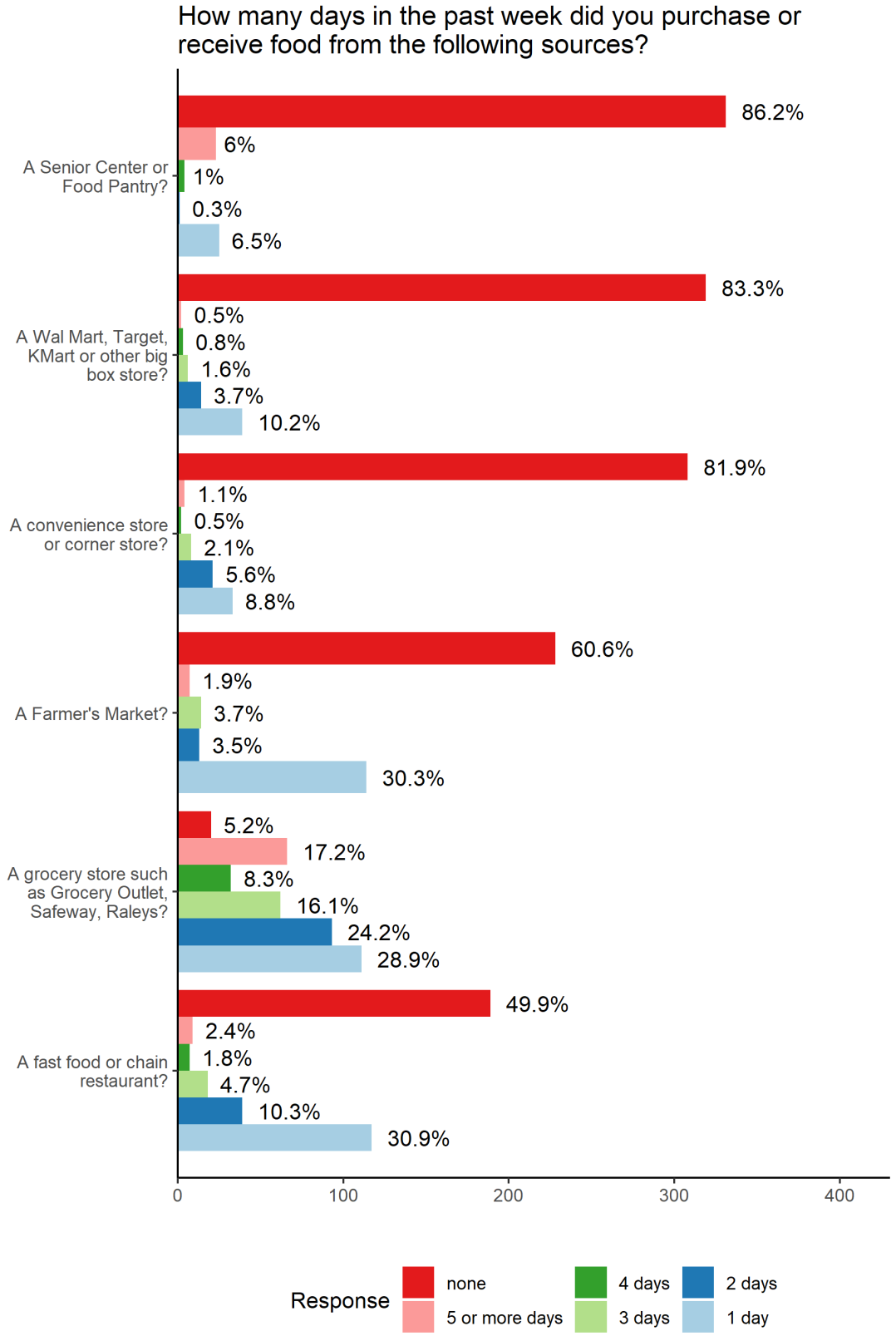
Response	Count	Percent
None	6	1.5%
1-2 times	51	13.1%
3-4 times	72	18.6%
5-7 times	127	32.7%
8 or more servings	131	33.8%
Never eat/drink item/don’t know	1	0.3%
Total Responses	388	

Question 36



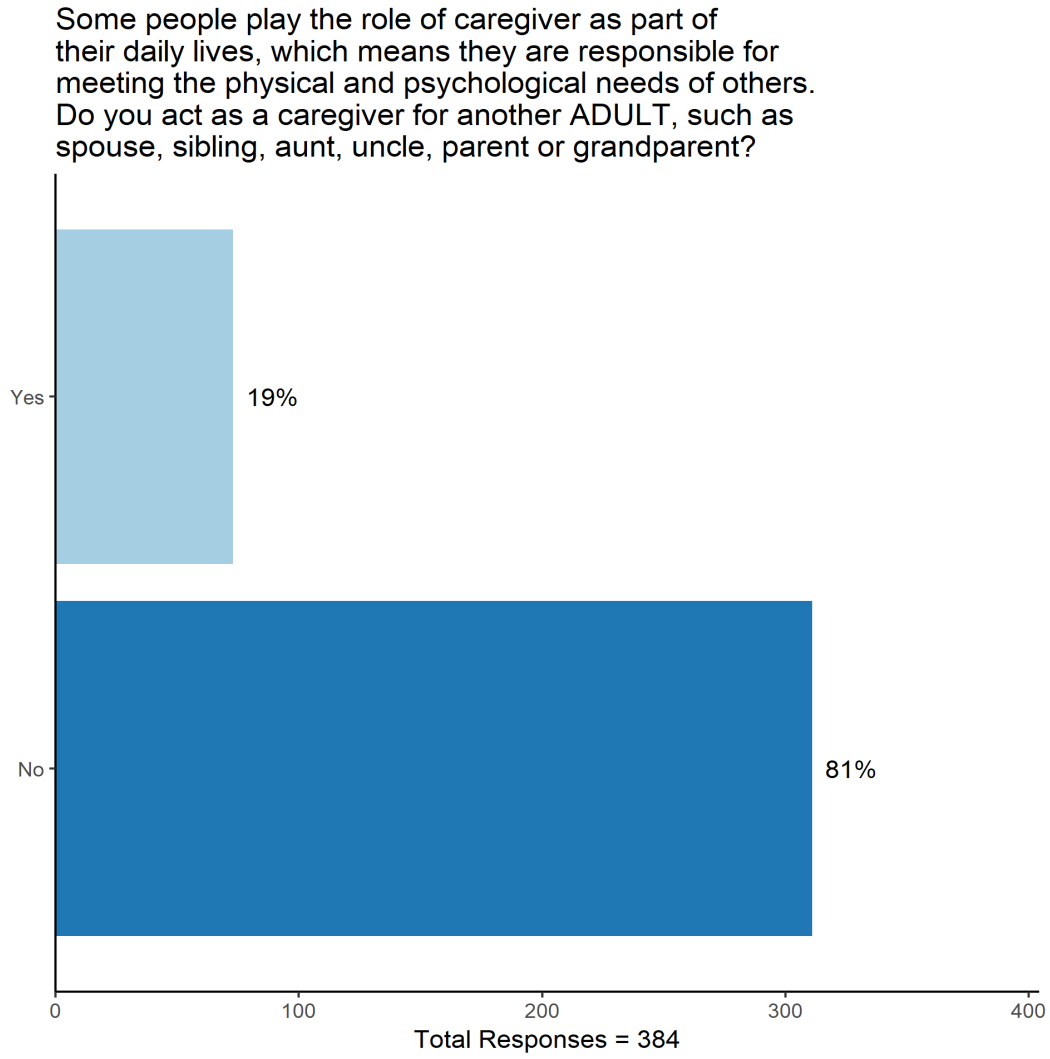
Question	No	Yes	Total
Does the COST keep you from eating more vegetables?	318	68	386
Does NOT HAVING TIME TO COOK keep you from eating more vegetables?	286	94	380
Does NOT KNOWING HOW TO PREPARE THEM keep you from eating more vegetables?	335	41	376

Question 37


How many days in the past week did you purchase or receive food from the following sources?
A Senior Center or Food Pantry?
86.2%
6%
1%
0.3%
6.5%
A Wal Mart, Target, KMart or other big box store?
83.3%
0.5%
0.8%
1.6%
3.7%
10.2%
A convenience store or corner store?
81.9%
1.1%
0.5%
2.1%
5.6%
8.8%
A Farmer's Market?
60.6%
1.9%
3.7%
3.5%
30.3%
A grocery store such as Grocery Outlet, Safeway, Raleys?
5.2%
17.2%
8.3%
16.1%
24.2%
28.9%
A fast food or chain restaurant?
49.9%
2.4%
1.8%
4.7%
10.3%
30.9%
0
100
200
300
400
Response
none
5 or more days
4 days
3 days
2 days
1 day

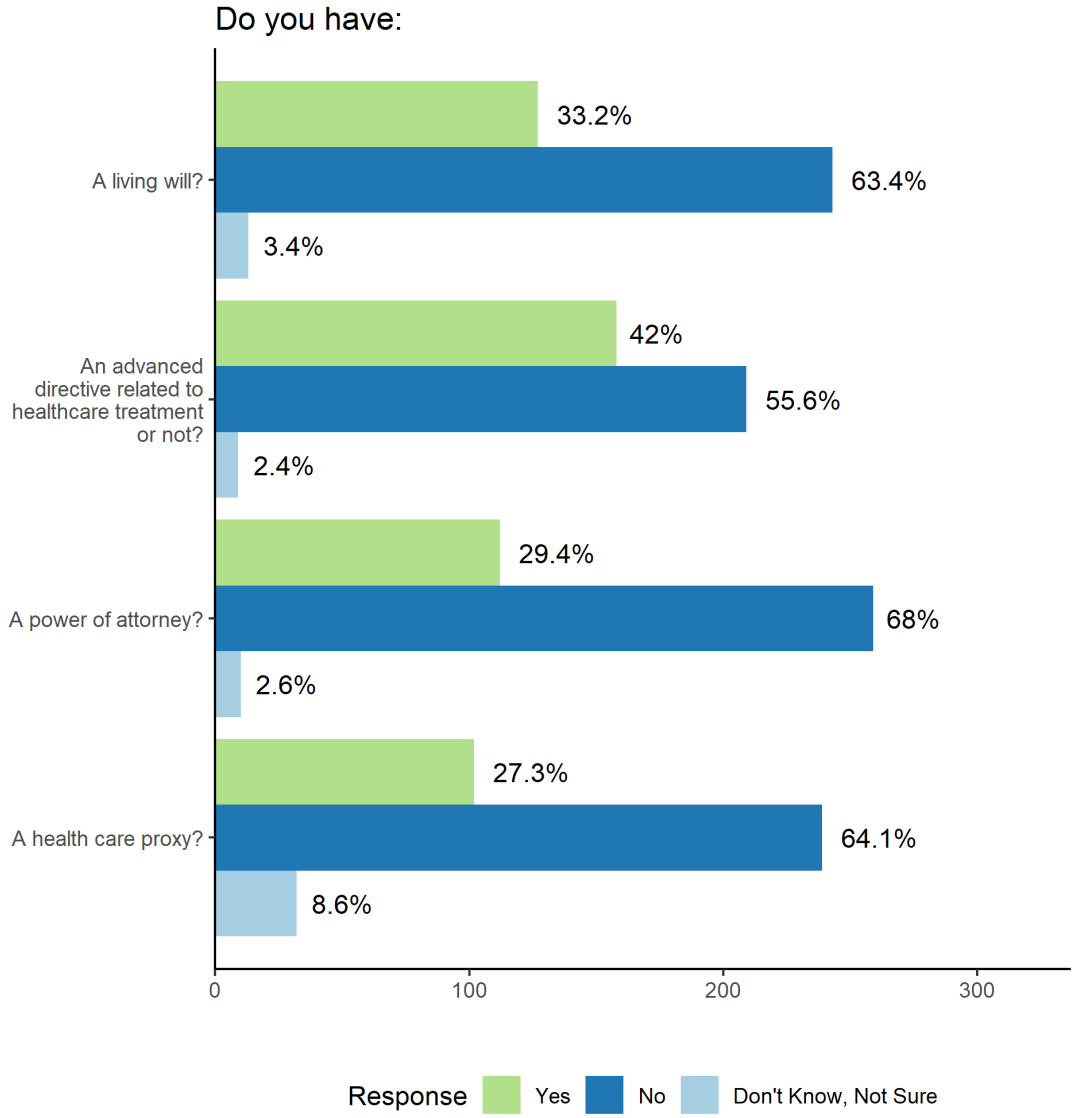
Question	1 day	2 days	3 days	4 days	5 or more days	none	Total
A Senior Center or Food Pantry?	25	1	0	4	23	331	384
A Wal Mart, Target, Kmart or other big box store?	39	14	6	3	2	319	383
A convenience store or corner store?	33	21	8	2	4	308	376
A Farmer's Market?	114	13	14	0	7	228	376
A grocery store such as Grocery Outlet, Safeway, Raley's?	111	93	62	32	66	20	384
A fast food or chain restaurant?	117	39	18	7	9	189	379

Question 38



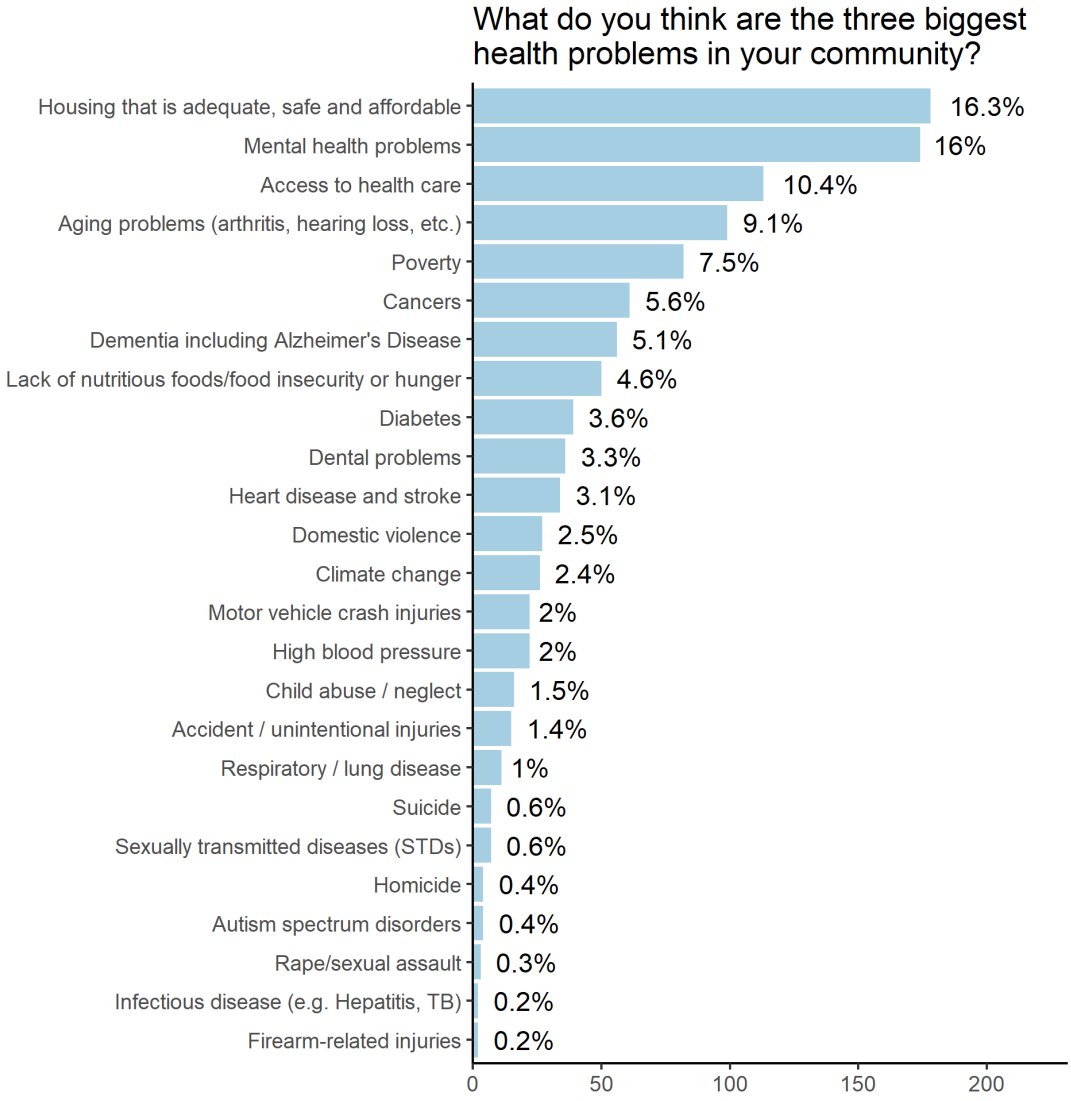
Response	Count	Percent
Yes	73	19%
No	311	81%
Total Responses	384	

Question 39



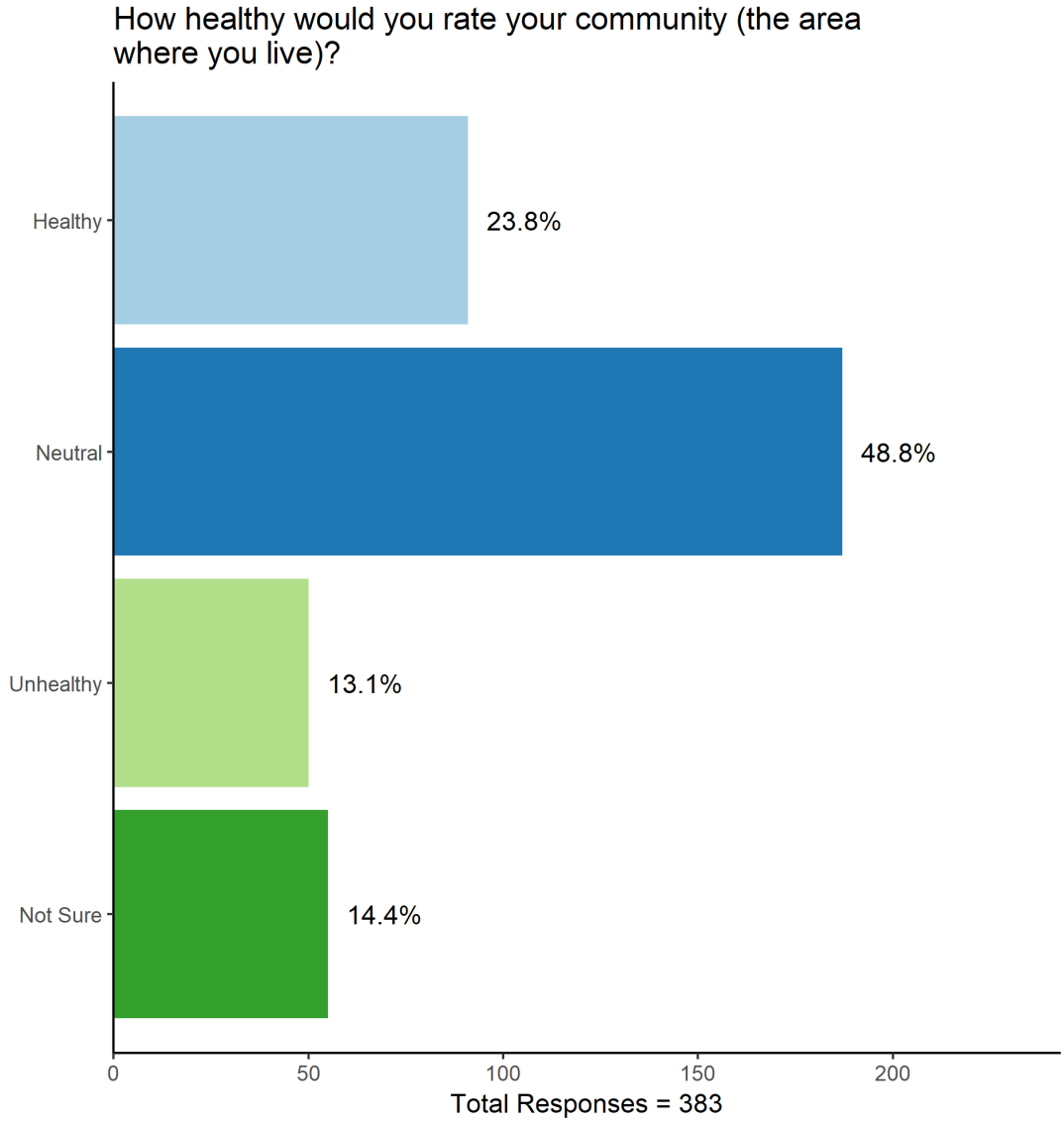
Question	Don't Know, Not Sure	No	Yes	Total
A living will?	13	243	127	383
An advanced directive related to healthcare treatment or not?	9	209	158	376
A power of attorney?	10	259	112	381
A healthcare proxy?	32	239	102	373

Question 40


What do you think are the three biggest health problems in your community?
Housing that is adequate, safe and affordable
16.3%
Mental health problems
16%
Access to health care
10.4%
Aging problems (arthritis, hearing loss, etc.)
9.1%
Poverty
7.5%
Cancers
5.6%
Dementia including Alzheimer's Disease
5.1%
Lack of nutritious foods/food insecurity or hunger
4.6%
Diabetes
3.6%
Dental problems
3.3%
Heart disease and stroke
3.1%
Domestic violence
2.5%
Climate change
2.4%
Motor vehicle crash injuries
2%
High blood pressure
2%
Child abuse / neglect
1.5%
Accident / unintentional injuries
1.4%
Respiratory / lung disease
1%
Suicide
0.6%
Sexually transmitted diseases (STDs)
0.6%
Homicide
0.4%
Autism spectrum disorders
0.4%
Rape/sexual assault
0.3%
Infectious disease (e.g. Hepatitis, TB)
0.2%
Firearm-related injuries
0.2%
0
50
100
150
200

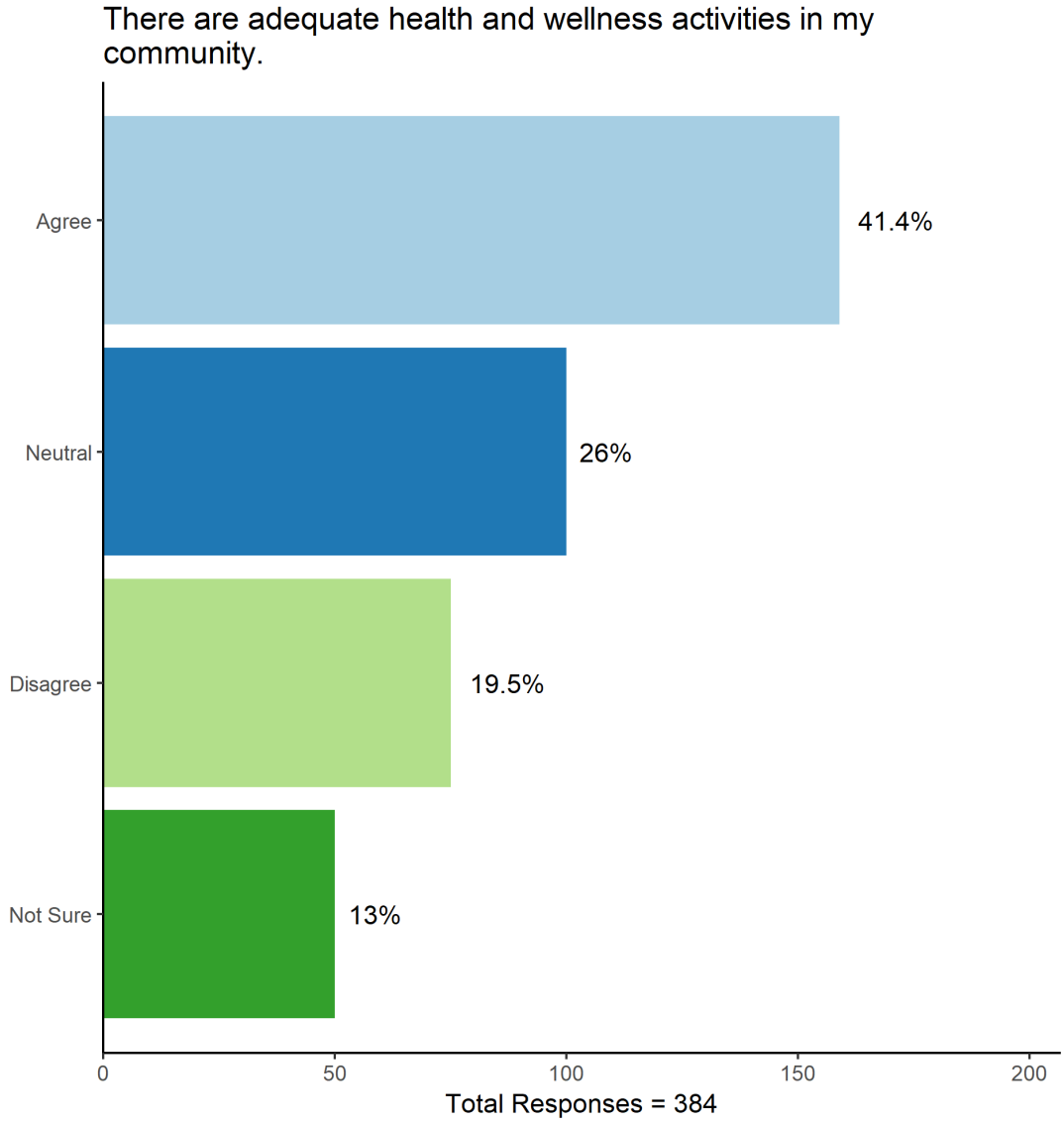
Response	Count	Percent
Housing that is adequate, safe and affordable	178	16.3%
Mental health problems	174	16%
Access to healthcare	113	10.4%
Aging problems (arthritis, hearing loss, etc.)	99	9.1%
Poverty	82	7.5%
Cancers	61	5.6%
Dementia including Alzheimer's Disease	56	5.1%
Lack of nutritious foods/food insecurity or hunger	50	4.6%
Diabetes	39	3.6%
Dental problems	36	3.3%
Heart disease and stroke	34	3.1%
Domestic violence	27	2.5%
Climate change	26	2.4%
High blood pressure	22	2%
Motor vehicle crash injuries	22	2%
Child abuse / neglect	16	1.5%
Accident / unintentional injuries	15	1.4%
Respiratory / lung disease	11	1%
Sexually transmitted diseases (STDs)	7	0.6%
Suicide	7	0.6%
Autism spectrum disorders	4	0.4%
Homicide	4	0.4%
Rape/sexual assault	3	0.3%
Firearm-related injuries	2	0.2%
Infectious disease (e.g. Hepatitis, TB)	2	0.2%

Question 41



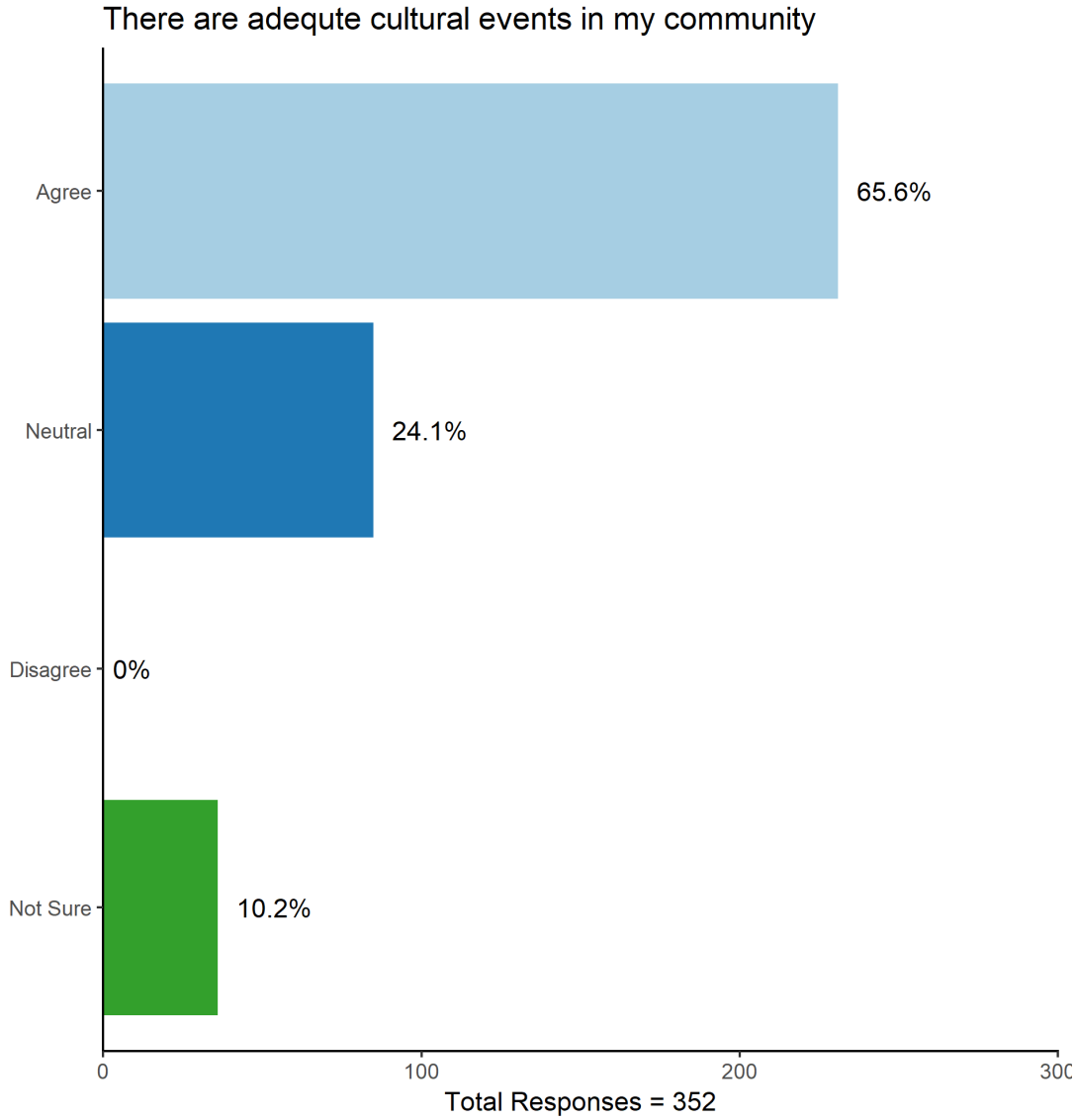
Response	Count	Percent
Healthy	91	23.8%
Neutral	187	48.8%
Unhealthy	50	13.1%
Not Sure	55	14.4%
Total Responses	383	

Question 42



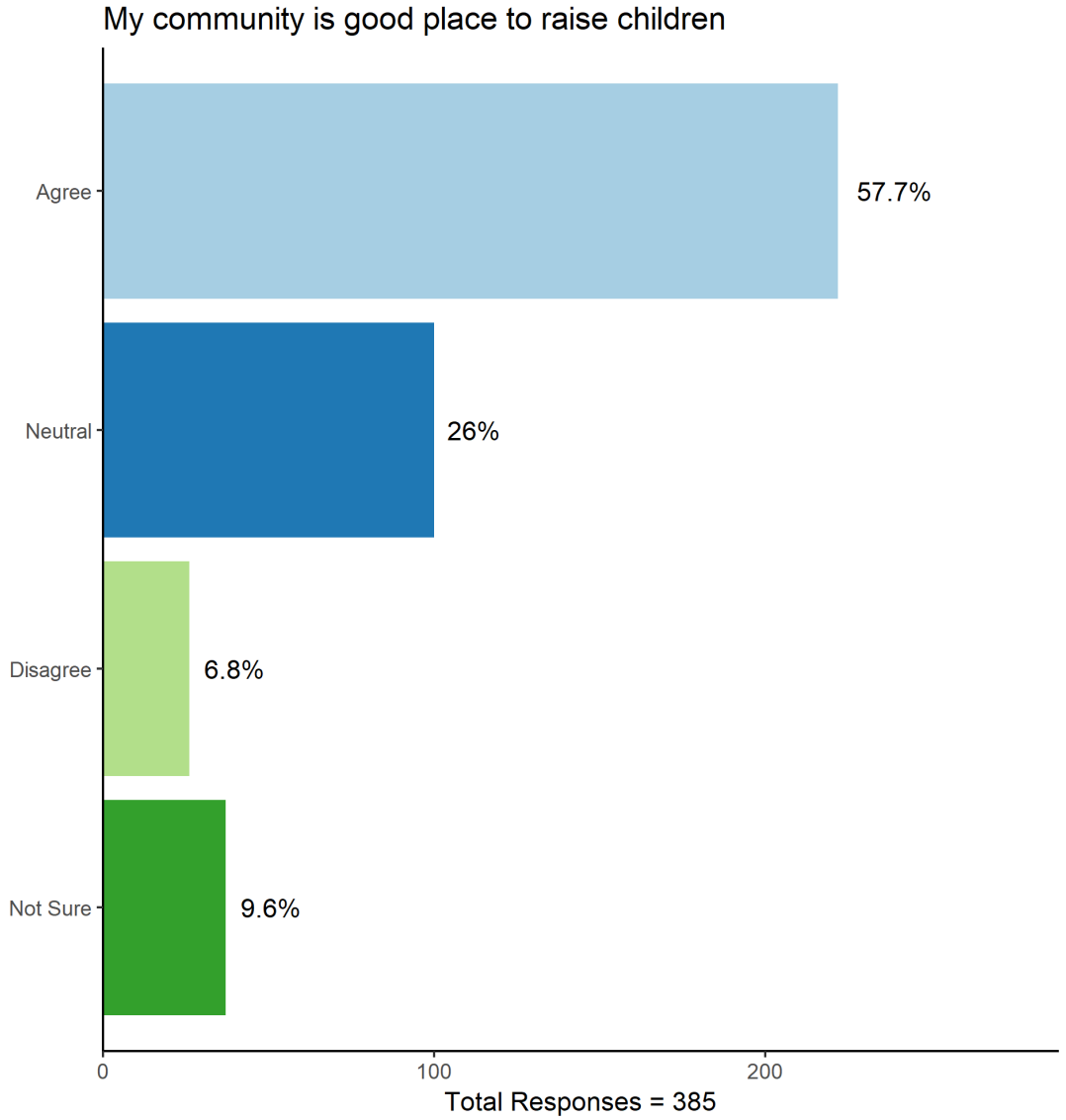
Response	Count	Percent
Agree	159	41.4%
Neutral	100	26%
Disagree	75	19.5%
Not Sure	50	13%
Total Responses	384	

Question 43



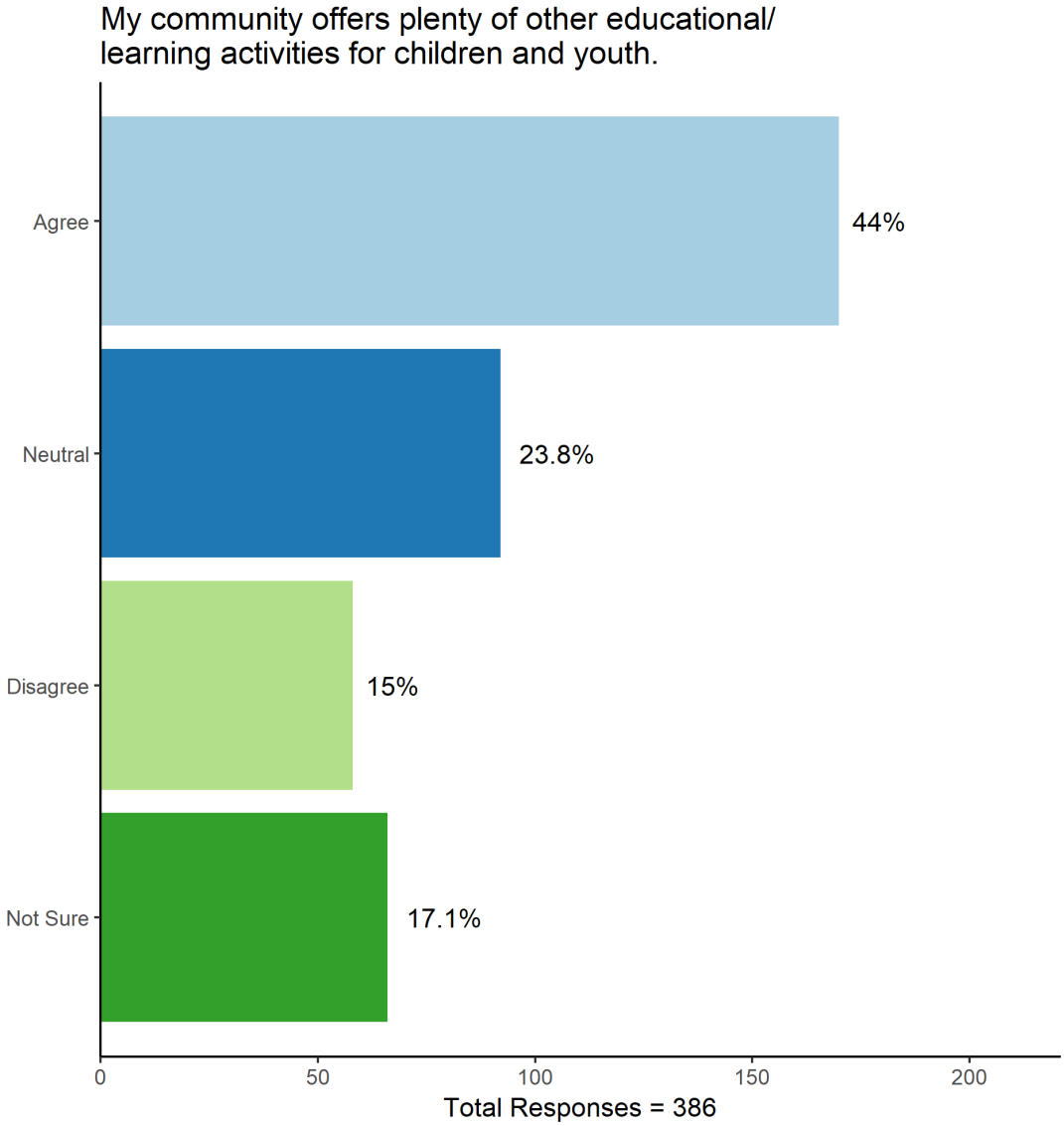
Response	Count	Percent
Agree	231	65.6%
Neutral	85	24.1%
Disagree	0	0%
Not Sure	36	10.2%
Total Responses	352	

Question 44



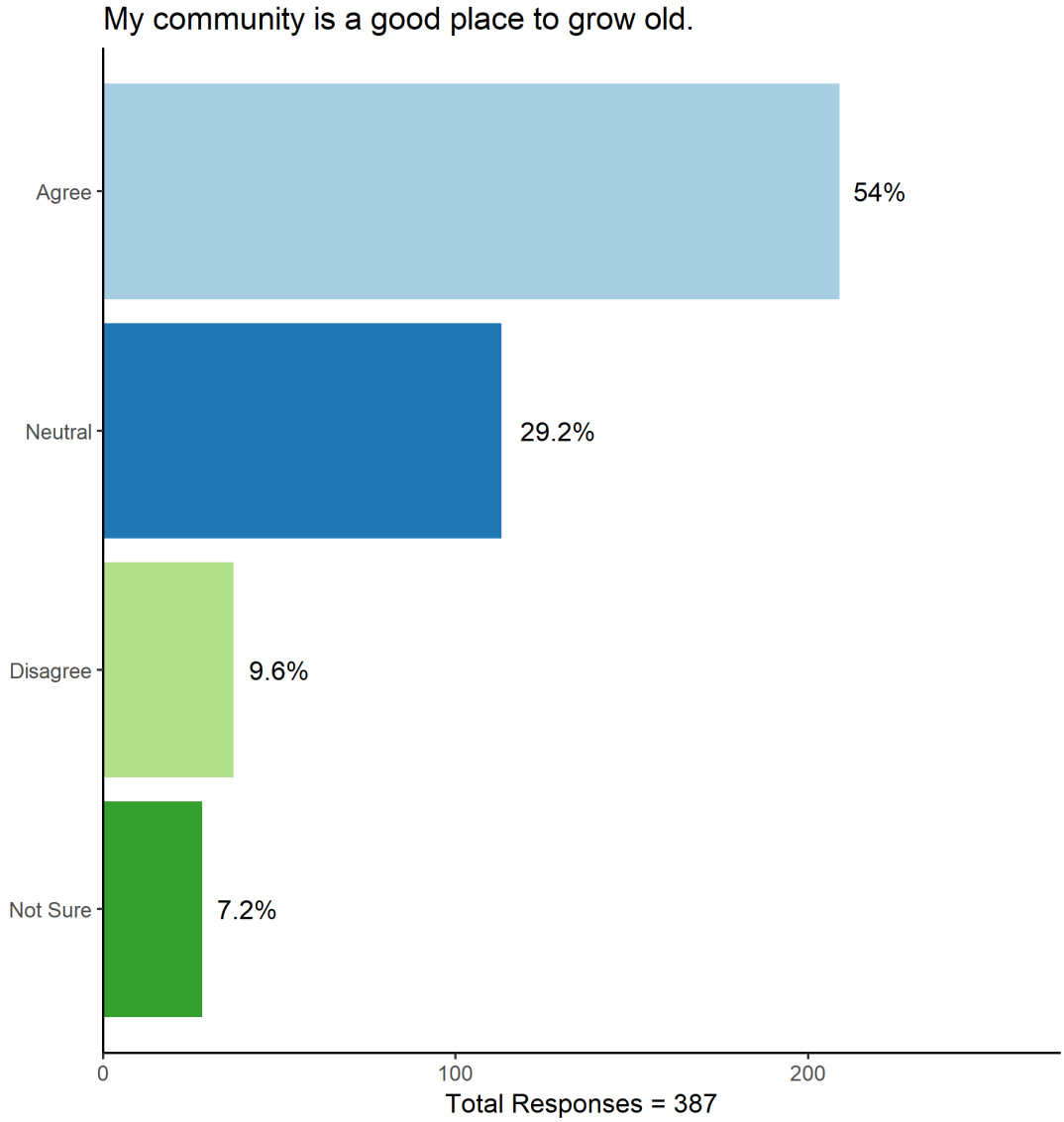
Response	Count	Percent
Agree	222	57.7%
Neutral	100	26%
Disagree	26	6.8%
Not Sure	37	9.6%
Total Responses	385	

Question 45



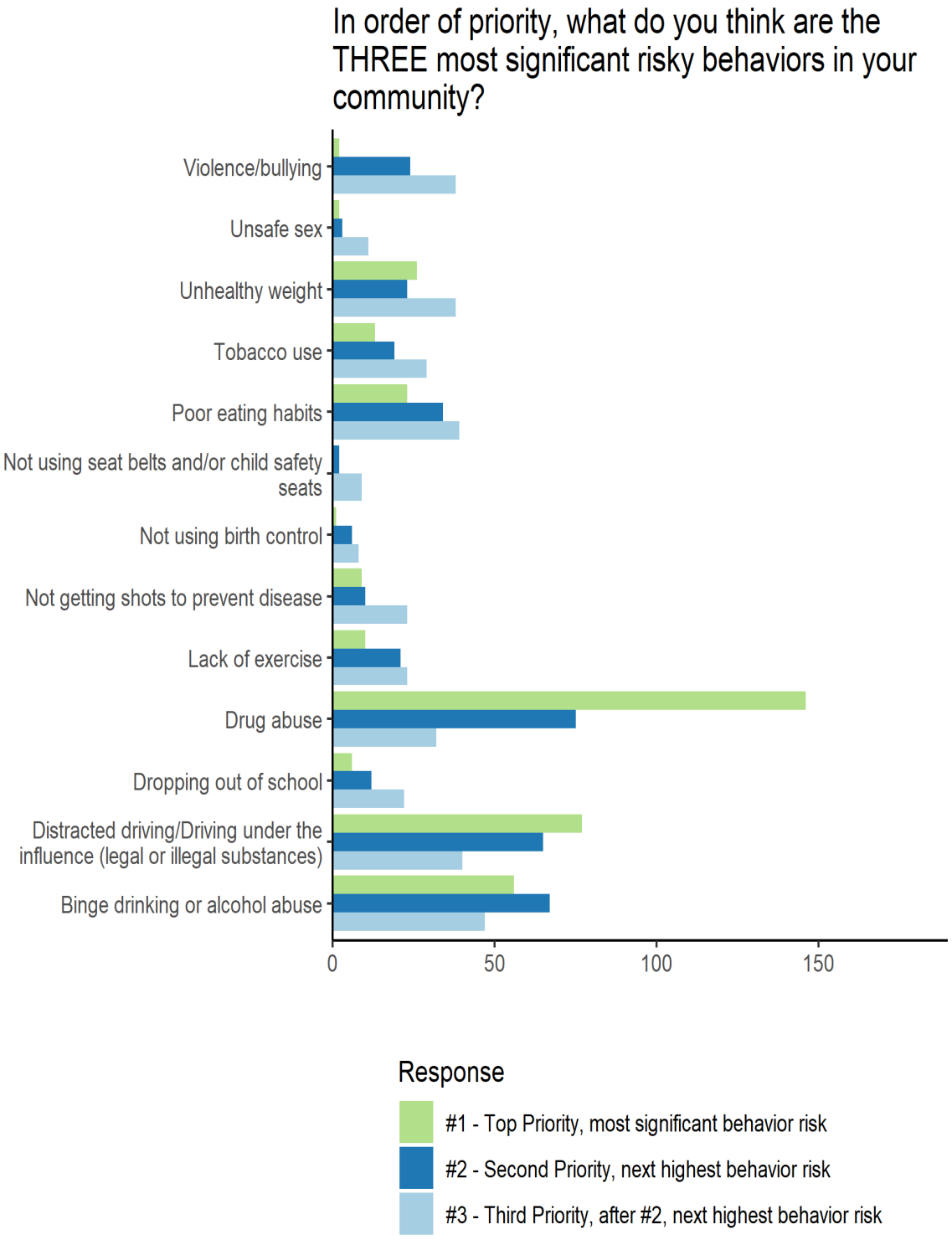
Response	Count	Percent
Agree	170	44%
Neutral	92	23.8%
Disagree	58	15%
Not Sure	66	17.1%
Total Responses	386	

Question 46



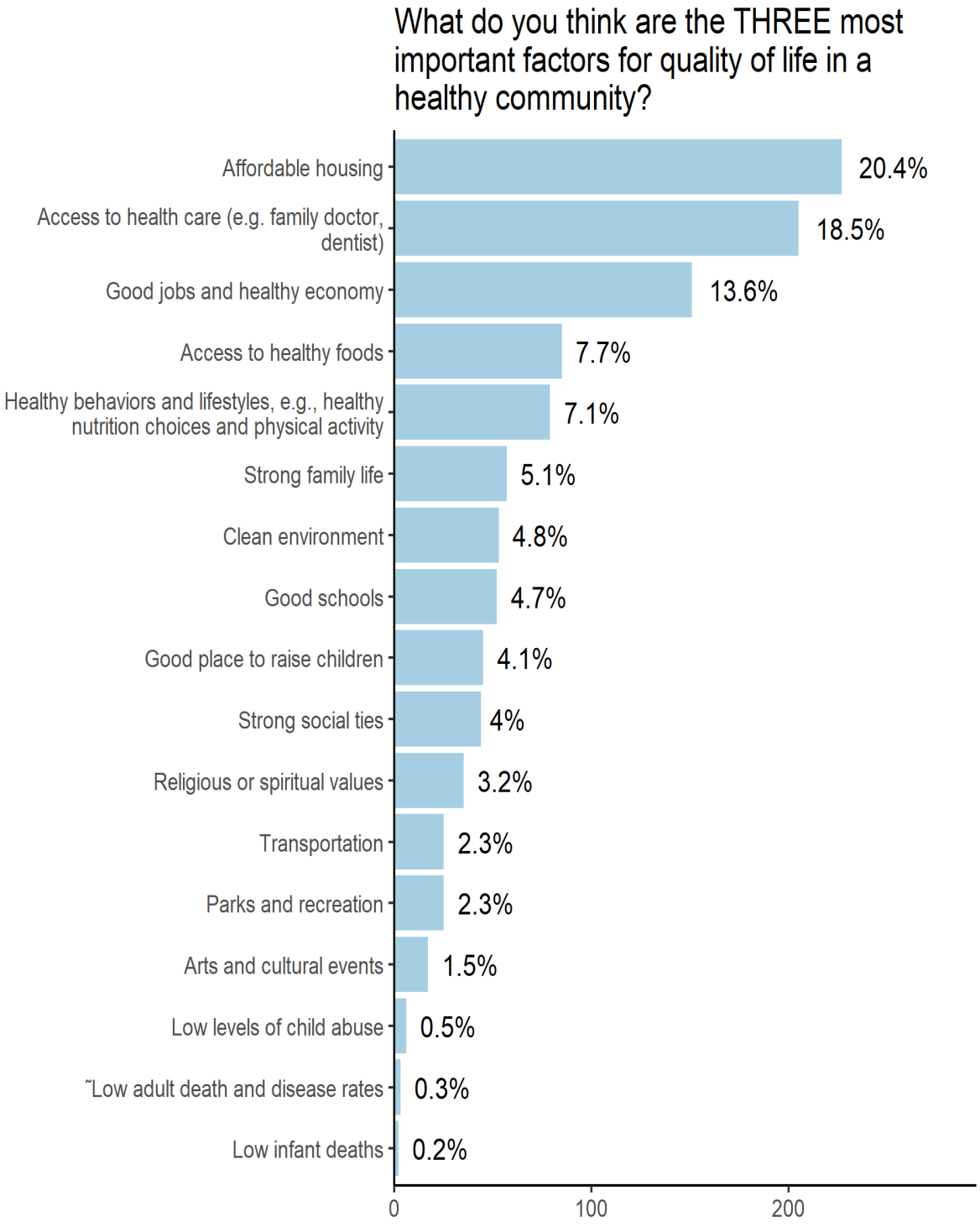
Response	Count	Percent
Agree	209	54%
Neutral	113	29.2%
Disagree	37	9.6%
Not Sure	28	7.2%
Total Responses	387	

Question 47


In order of priority, what do you think are the THREE most significant risky behaviors in your community?
Violence/bullying
Unsafe sex
Unhealthy weight
Tobacco use
Poor eating habits
Not using seat belts and/or child safety seats
Not using birth control
Not getting shots to prevent disease
Lack of exercise
Drug abuse
Dropping out of school
Distracted driving/Driving under the influence (legal or illegal substances)
Binge drinking or alcohol abuse
0
50
100
150
Response
#1 - Top Priority, most significant behavior risk
#2 - Second Priority, next highest behavior risk
#3 - Third Priority, after #2, next highest behavior risk

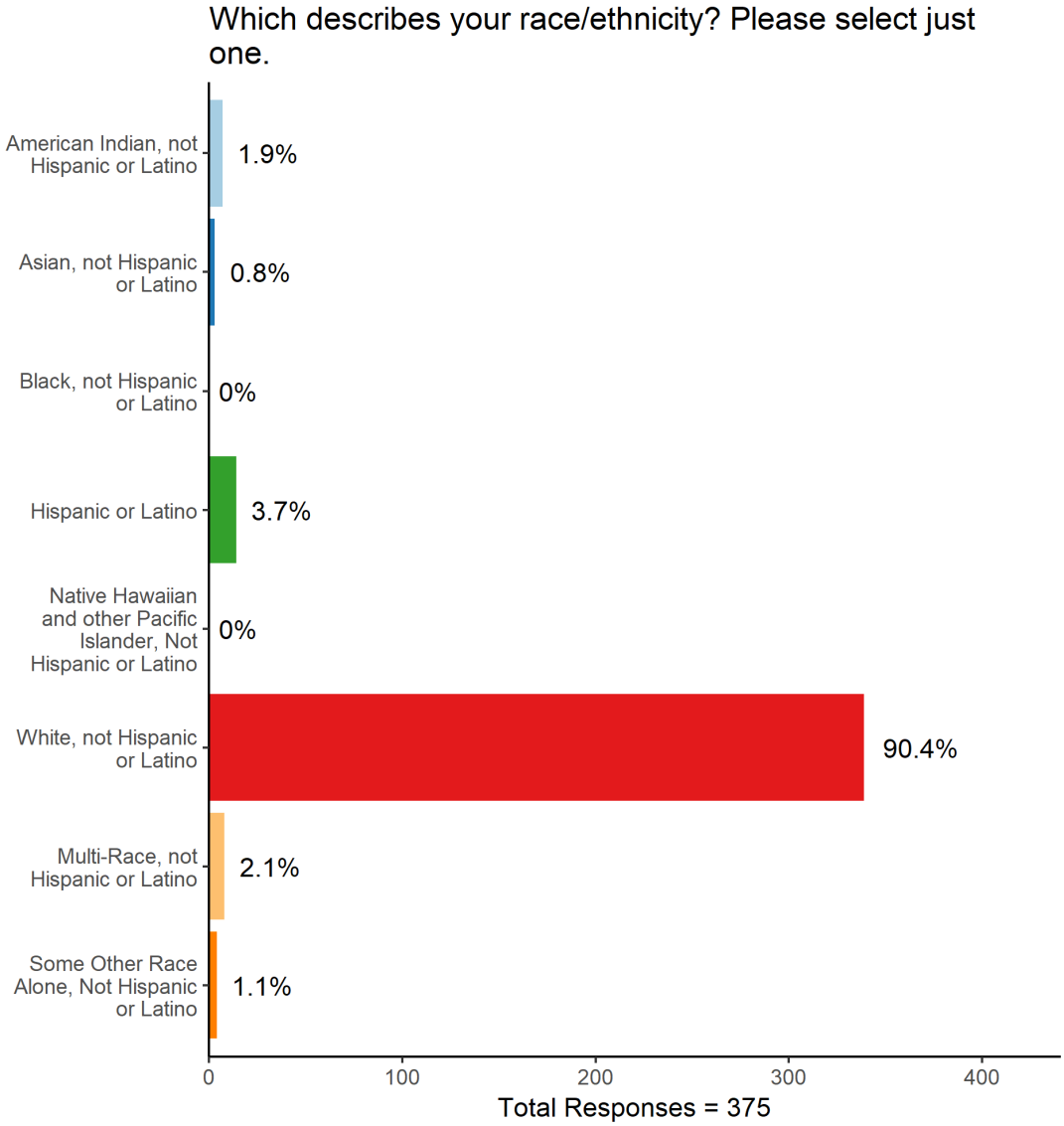
Question	#1 - Top Priority, most significant behavior risk	#2 - Second Priority, next highest behavior risk	#3 - Third Priority, after #2, next highest behavior risk	Total
Binge drinking or alcohol abuse	56	67	47	170
Distracted driving/Driving under the influence (legal or illegal substances)	77	65	40	182
Dropping out of school	6	12	22	40
Drug abuse	146	75	32	253
Lack of exercise	10	21	23	54
Not getting shots to prevent disease	9	10	23	42
Not using birth control	1	6	8	15
Not using seat belts and/or child safety seats	0	2	9	11
Poor eating habits	23	34	39	96
Tobacco use	13	19	29	61
Unhealthy weight	26	23	38	87
Unsafe sex	2	3	11	16
Violence/bullying	2	24	38	64

Question 48


What do you think are the THREE most important factors for quality of life in a healthy community?
Affordable housing
20.4%
Access to health care (e.g. family doctor, dentist)
18.5%
Good jobs and healthy economy
13.6%
Access to healthy foods
7.7%
Healthy behaviors and lifestyles, e.g., healthy nutrition choices and physical activity
7.1%
Strong family life
5.1%
Clean environment
4.8%
Good schools
4.7%
Good place to raise children
4.1%
Strong social ties
4%
Religious or spiritual values
3.2%
Transportation
2.3%
Parks and recreation
2.3%
Arts and cultural events
1.5%
Low levels of child abuse
0.5%
˜Low adult death and disease rates
0.3%
Low infant deaths
0.2%
0
100
200

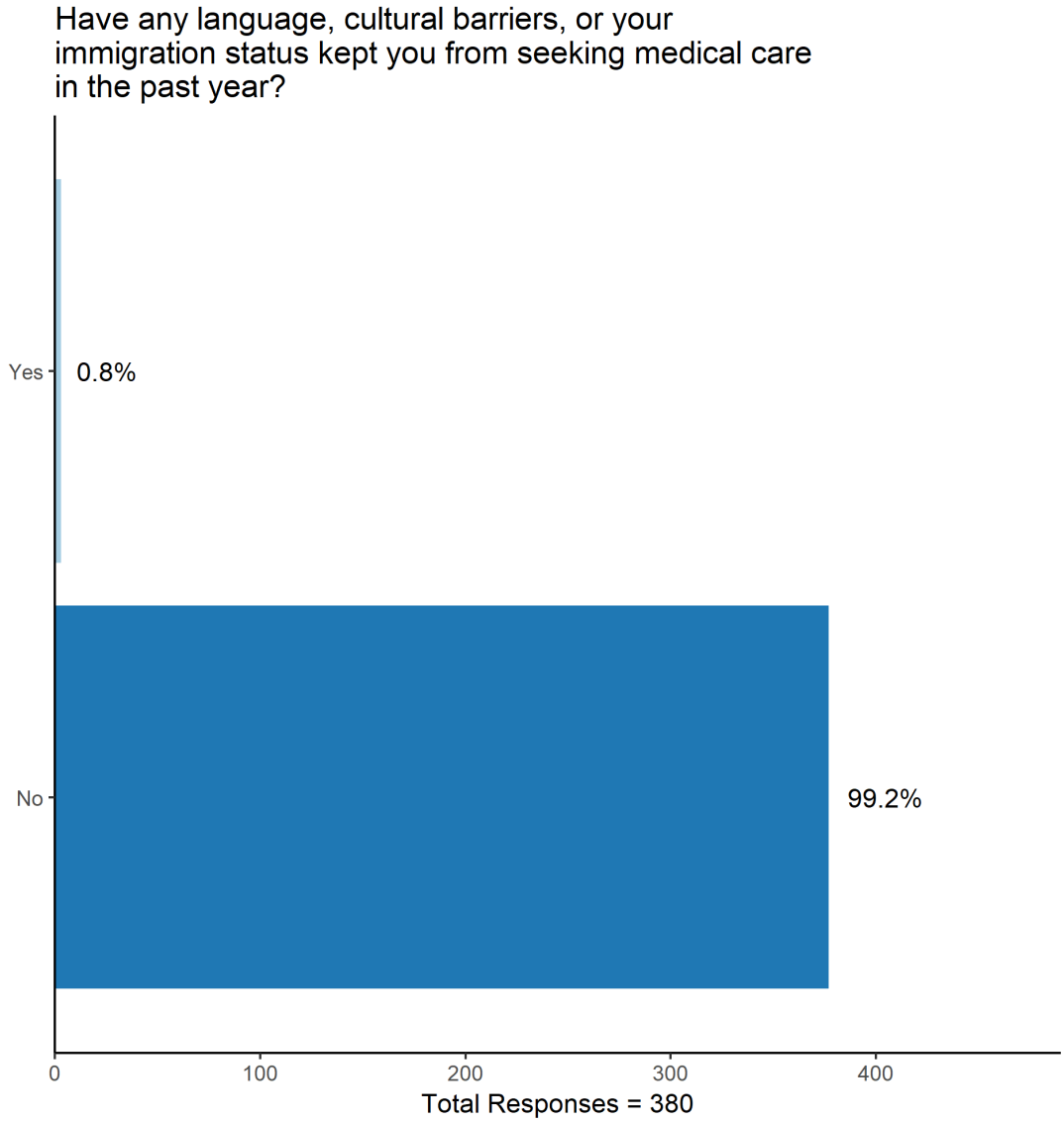
Response	Count	Percent
Affordable housing	227	20.4%
Access to healthcare (e.g. family doctor, dentist)	205	18.5%
Good jobs and healthy economy	151	13.6%
Access to healthy foods	85	7.7%
Healthy behaviors and lifestyles, e.g., healthy nutrition choices and physical activity	79	7.1%
Strong family life	57	5.1%
Clean environment	53	4.8%
Good schools	52	4.7%
Good place to raise children	45	4.1%
Strong social ties	44	4%
Religious or spiritual values	35	3.2%
Parks and recreation	25	2.3%
Transportation	25	2.3%
Arts and cultural events	17	1.5%
Low levels of child abuse	6	0.5%
˜Low adult death and disease rates	3	0.3%
Low infant deaths	2	0.2%

Question 49



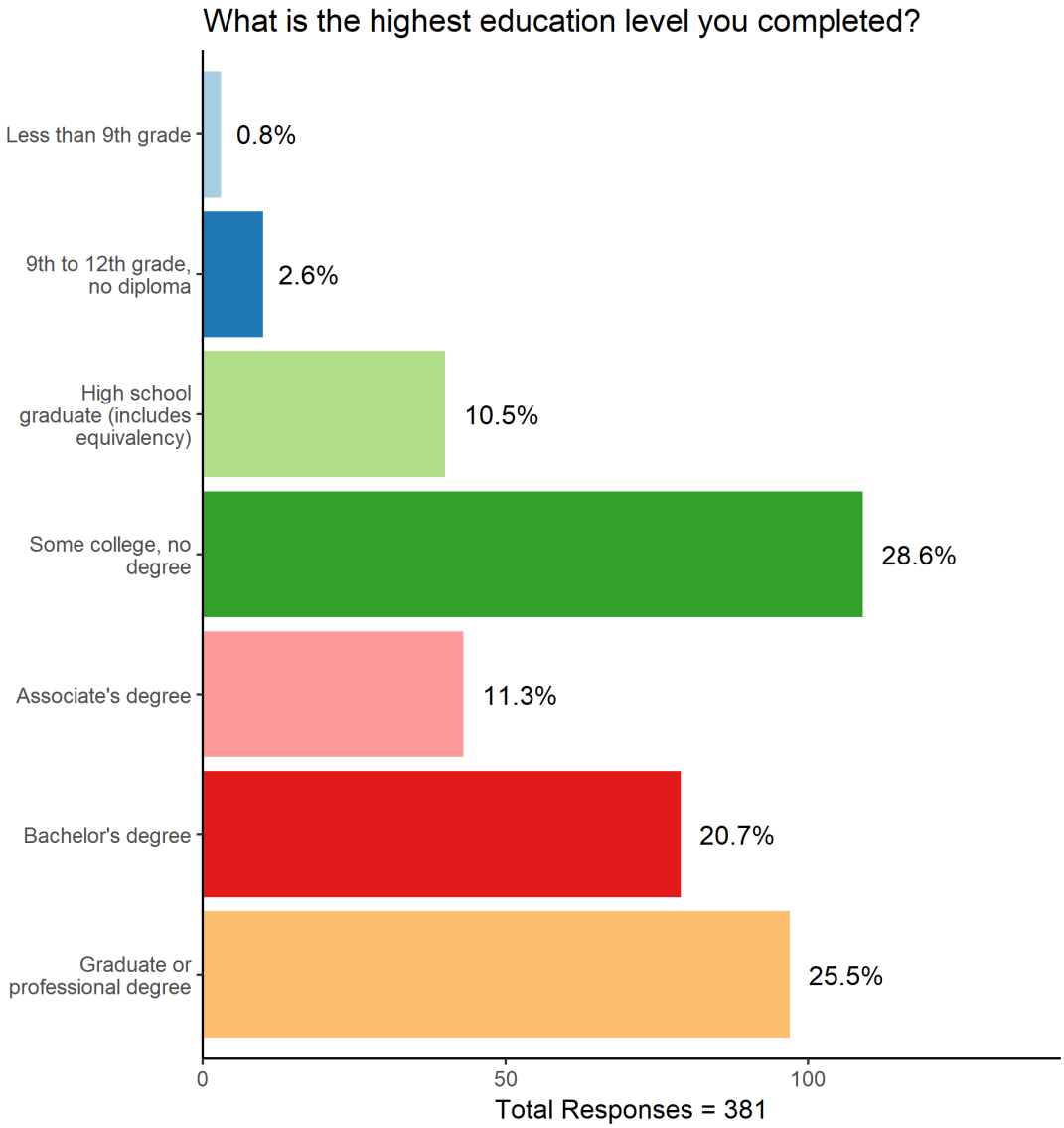
Response	Count	Percent
American Indian, not Hispanic or Latino	7	1.9%
Asian, not Hispanic or Latino	3	0.8%
Black, not Hispanic or Latino	0	0%
Hispanic or Latino	14	3.7%
Native Hawaiian and other Pacific Islander, Not Hispanic or Latino	0	0%
White, not Hispanic or Latino	339	90.4%
Multi-Race, not Hispanic or Latino	8	2.1%
Some Other Race Alone, Not Hispanic or Latino	4	1.1%
Total Responses	375	

Question 50



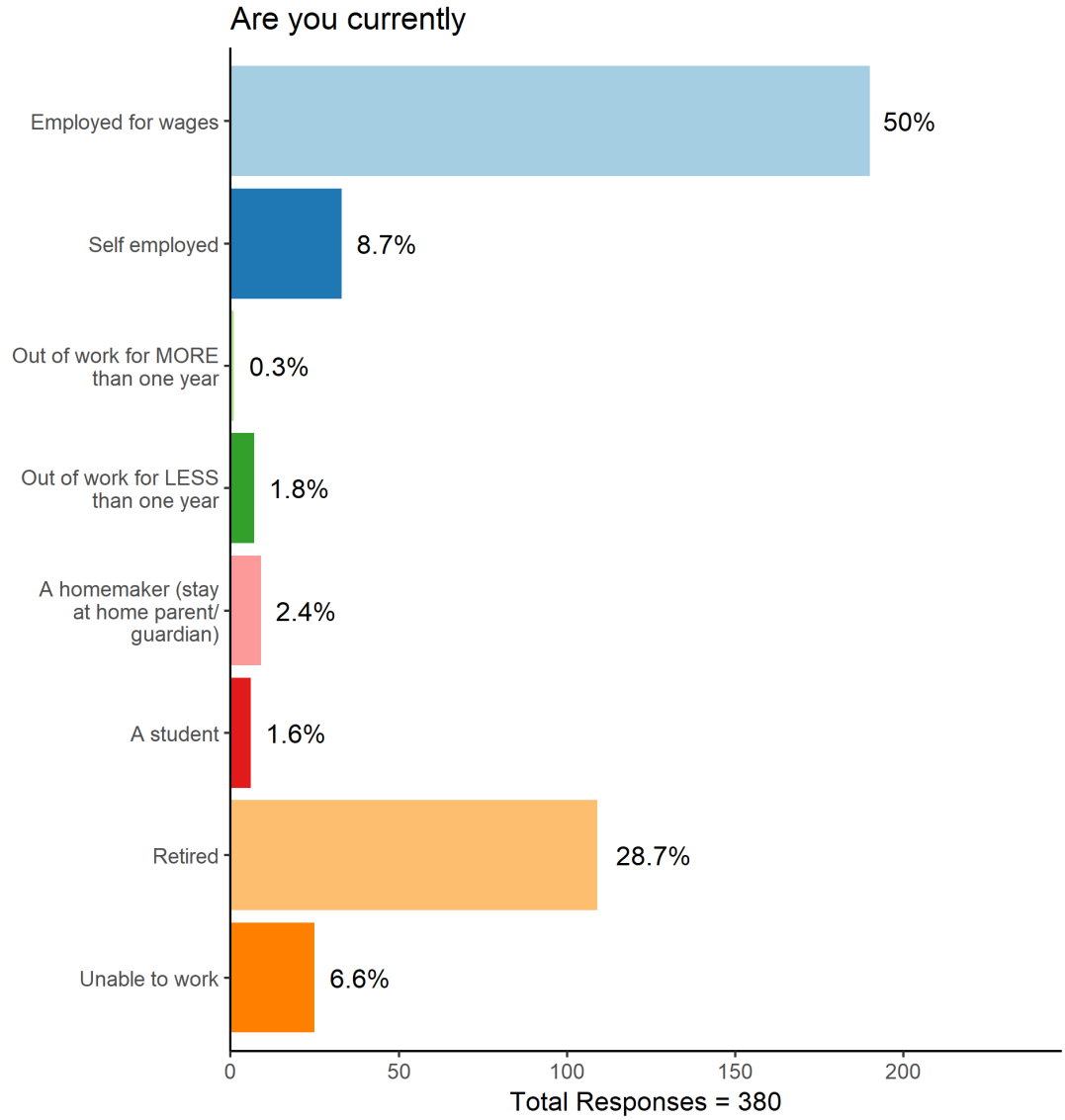
Response	Count	Percent
Yes	3	0.8%
No	377	99.2%
Total Responses	380	

Question 51



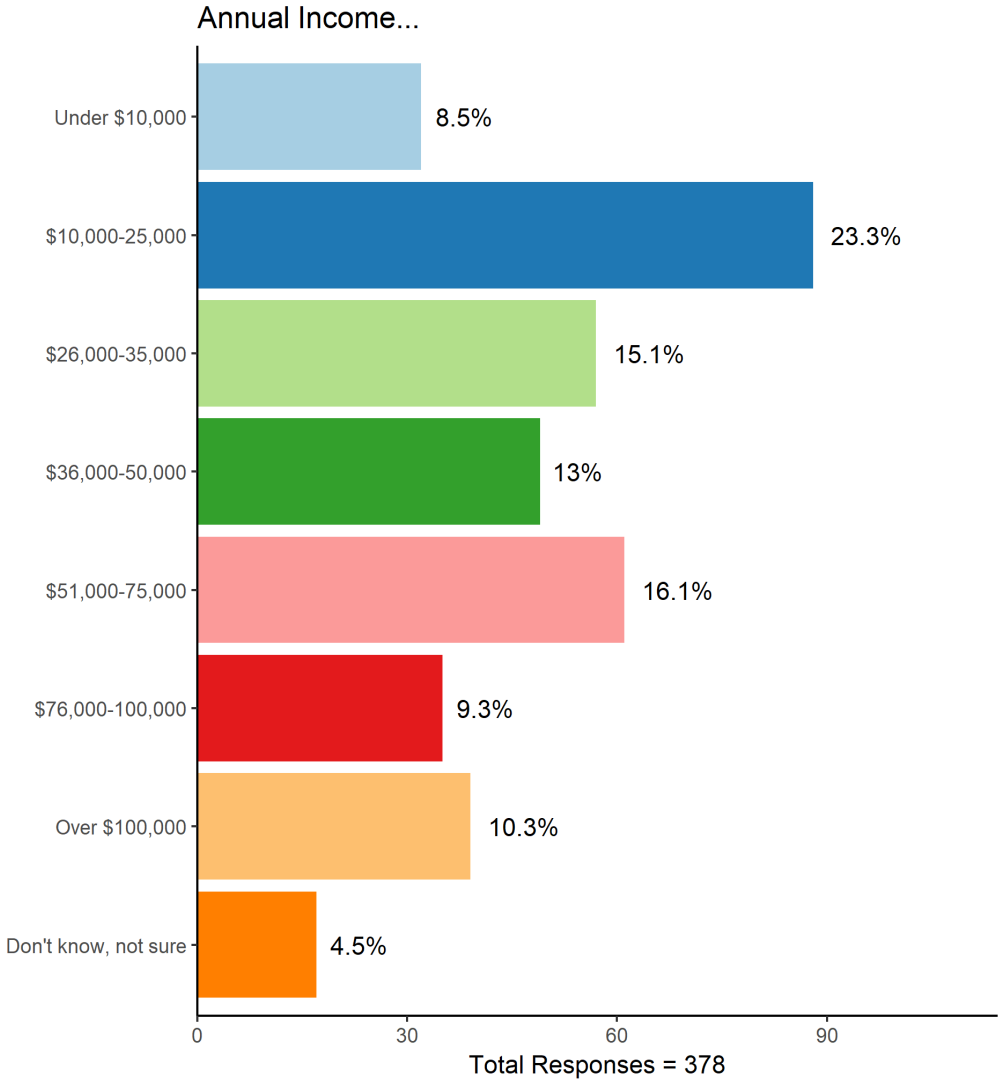
Response	Count	Percent
Less than 9th grade	3	0.8%
9th to 12th grade, no diploma	10	2.6%
High school graduate (includes equivalency)	40	10.5%
Some college, no degree	109	28.6%
Associate's degree	43	11.3%
Bachelor's degree	79	20.7%
Graduate or professional degree	97	25.5%
Total Responses	381	

Question 52



Response	Count	Percent
Employed for wages	190	50%
Self employed	33	8.7%
Out of work for MORE than one year	1	0.3%
Out of work for LESS than one year	7	1.8%
A homemaker (stay at home parent/guardian)	9	2.4%
A student	6	1.6%
Retired	109	28.7%
Unable to work	25	6.6%
Total Responses	380	

Question 53



Response	Count	Percent
Under $10,000	32	8.5%
$10,000-25,000	88	23.3%
$26,000-35,000	57	15.1%
$36,000-50,000	49	13%
$51,000-75,000	61	16.1%
$76,000-100,000	35	9.3%
Over $100,000	39	10.3%
Don’t know, not sure	17	4.5%
Total Responses	378	