



FAIRCHILD
MEDICAL CENTER

Fairchild Medical Center

2019 COMMUNITY HEALTH ASSESSMENT & 2016 REVIEW



2019 COMMUNITY HEALTH NEEDS ASSESSMENT & 2016 REVIEW

TABLE OF CONTENTS

About Fairchild Medical Center | pg. 4

Our Mission, Vision and Values | pg. 5

Executive Summary | pg. 6

2019 CHNA Collaboration | pg. 7

2019 Community Health Needs Assessment & IRS Regulations | pg. 8

2016 FMC Community Health Improvement Plan Review | pg. 13

2019 *Siskiyou Well* Community Health Needs Assessment | pg. 33

2019 Community Health Improvement Plan | pg. 107



ABOUT FAIRCHILD MEDICAL CENTER

Fairchild Medical Center is a 25-bed Critical Access Hospital located in Yreka, California. Yreka is a historic California Gold Rush town and serves as the county seat for Siskiyou County. Siskiyou County is located in far Northern California and the northern border of the county sits along the California/Oregon border.

Fairchild Medical Center (FMC) is accredited by the Joint Commission, and a member of the American Hospital Association. In addition to the hospital, FMC operates two Rural Health Clinics; Fairchild Medical Clinic in Yreka and Scott Valley Rural Health Clinic in Etna, California.

FMC serves the rural populations of northern, western and eastern Siskiyou County. With a large geographic area coverage, patients who use the Fairchild facilities, range from Orleans, Seiad Valley and Happy Camp in the western part of the County, to the mountain valley communities of Fort Jones, Greenview, Etna and Callahan in Scott Valley; north to the Oregon Border with the towns of Hornbrook and Hilt; and east to Dorris and Tulelake; as well as communities from the areas of Somes Bar, Forks of Salmon, and Sawyers Bar.

Fairchild Medical Center is a leader and catalyst in the formation of a fully-integrated health care system. We seek to involve the entire community in achieving a healthier population, ensuring the availability and accessibility of health care services to all. Every year, Fairchild Medical Center cares for more than 60,000 patients, including more than 12,000 Emergency Department patients. Fairchild Medical Center has a medical staff of more than 80 physicians with an active staff of 26 physicians.

At Fairchild Medical Center we value what it means to be a team, to put other people first and to be a leader in our local community. For more than 20 years we have been providing quality health care to our rural area. As health care continues to change we are committed to making access to quality care possible and we continue to evaluate how we can make the best possible impact upon the well being of our community. As the single largest private employer in Siskiyou County we are proud to contribute significantly to our local economy through our annual payroll which exceeds \$42 million per year and through our more than 500 employees and 26 physicians who call the area home. Thank you for allowing us to care for you and your family.

At FMC, caring for you is at the heart of who we are.

OUR MISSION, VISION AND VALUES

Our Mission

Our mission is to provide health care services of exceptional quality to all who need us.

Our Vision

Fairchild Medical Center will serve the health care needs of our area by:

- Providing high quality, cost effective health care services related to inpatient, outpatient, wellness, prevention, and health education
- Seeking to involve the entire community in achieving a healthier population
- Being a leader and catalyst in the formation of a fully integrated health care system
- Ensuring the availability and accessibility of health care services to our communities.

Our Values

The source of our strength is a team of caring people including the Board of Directors, Leaders, Hospital Employees, Medical Staff and Volunteers. We value teamwork, compassion, respect, innovation and quality.

TEAMWORK | COMPASSION | RESPECT | INNOVATION | QUALITY

Quality is paramount. Every decision we make is an attitude which we will nurture. Customers are the focus of everything we do. Customers include patients, patients' families, employees, physicians, volunteers, suppliers, and our community at large. Services will be provided with our customers in mind, through a business and humanitarianism approach at a cost-competitive price.

Continuous improvement is essential for our success. We will plan, measure, evaluate and improve the processes as necessary in order to continually make improvements in systems and services throughout our organization.



EXECUTIVE SUMMARY

At Fairchild Medical Center (FMC), as part of our commitment to continue providing access to quality health care in our rural area, it is important we engage our local community members around the issues of health and wellness. As a nonprofit hospital we are required every three years to complete a Community Health Needs Assessment (CHNA) as well as a Community Health Improvement Plan (CHIP).

The CHNA involves engaging community members as well as key stakeholders through a process to identify the felt and perceived health needs of the residents living in the areas we serve. After the completion of the CHNA survey process and the development of the final CHNA report, we have a four-and-a-half month time frame in which to develop the resulting CHIP.

For our organization, this process has significant impact upon our planning and ultimately our community. In the following pages you will find three distinct documents that collectively provide a roadmap of where we've been, where we're going and how we plan to get there.

The 2016 FMC Community Health Improvement Plan Review details the work FMC has done between 2016 and 2018 to meet the needs our community identified during the 2016 CHNA.

The 2019 *Siskiyou Well* Community Health Needs Assessment provides in detail the results of the 2019 Siskiyou Well Health Survey as well as data showing the health status of Siskiyou County as a whole. *Siskiyou Well*, a community health and wellness collaborative, was formed in 2019 to better identify and meet the health and wellness needs of Siskiyou County communities. At the core of Siskiyou Well is a partnership between FMC, Mercy Mt. Shasta and Siskiyou County Public Health.

Finally, the 2019 Community Health Improvement Plan details the planned efforts of FMC and provides a forecast of the health priorities we will focus on from 2019 - 2022.

2019 CHNA COLLABORATION

The 2019 Community Health Needs Assessment (CHNA) was developed in partnership with Fairchild Medical Center, Mercy Medical Center Mt. Shasta and the Siskiyou County Health and Human Services Agency's Public Health Branch. The collaborative CHNA is titled, *Siskiyou Well* 2019 Community Health Needs Assessment and can be found in this document beginning on page 33.

The *Siskiyou Well* CHNA utilizes Siskiyou County as the geographic area for the CHNA and is inclusive of Fairchild Medical Center's (FMC's) primary service area which includes the northern, eastern, and western sections of the county. FMC's primary and secondary service area is Siskiyou County.

There are no identified material differences in the *Siskiyou Well* CHNA and a CHNA that would have been produced independently by FMC. Therefore, the *Siskiyou Well* 2019 Community Health Needs Assessment is adopted with the addition of the information specific to FMC included in this section.



2019 COMMUNITY HEALTH NEEDS ASSESSMENT SYNOPSIS & IRS REGULATIONS

The purpose of the 2019 Community Health Needs Assessment (CHNA) is to identify and prioritize significant health needs of the communities served by Fairchild Medical Center. The significant health needs identified in the 2019 CHNA will help guide Fairchild Medical Center’s community health improvement programs and community benefit activities, as well as its collaborative efforts with other organizations that share a mission to improve health.

The following list of significant health needs were identified as an outcome of the CHNA process, and primary and secondary data evaluation during the assessment process. The assembled data, information, and analyses provide a comprehensive identification and description of significant community health needs.

The significant health needs in alphabetical order are:

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

While there are potential resources available to address the identified needs of the community, the needs are too significant and diverse for any one organization. The community has many marginalized, under represented individuals. In order to reach out to the underrepresented individuals, open collaboration needs to begin with community organizations, local government, local business leaders and other institutions in order to make a substantial and upstream impact. Siskiyou County is home to a wealth of organizations, businesses, and non-profits that currently offer programs and services in several of the identified significant health needs areas. Fairchild Medical Center will continue to build community capacity by strengthening partnerships among local community-based organizations.

The 2019 CHNA meets the requirements of California Senate Bill 697 and section §501(r)(3) of the Internal Revenue Code that not-for-profit hospitals conduct a community health needs assessment at least once every three years.

There are no known information gaps that limit the ability of the 2019 CHNA to assess the health needs of the communities served by Fairchild Medical Center.

FMC contracted with HealthTechS3 to assist with development of the 2019 CHNA.

The 2019 CHNA was adopted by the Fairchild Medical Center Governing Board in June 2019 (tax year 2019) and follows the previous CHNA report adopted in November 2016 (tax year 2016).

This report is available to the public on the FMC website and requests for copies of the 2019 CHNA and any written comments on this report can be submitted to:

Fairchild Medical Center
Contact: Elizabeth Langford
elangford@fairchildmed.org
Phone: (530) 841 - 6239
444 Bruce Street, Yreka, California

Fairchild Medical Center did not receive any comments or feedback from the public on the 2016 CHNA.

The impact of actions taken since the 2016 CHNA are described on the following pages.



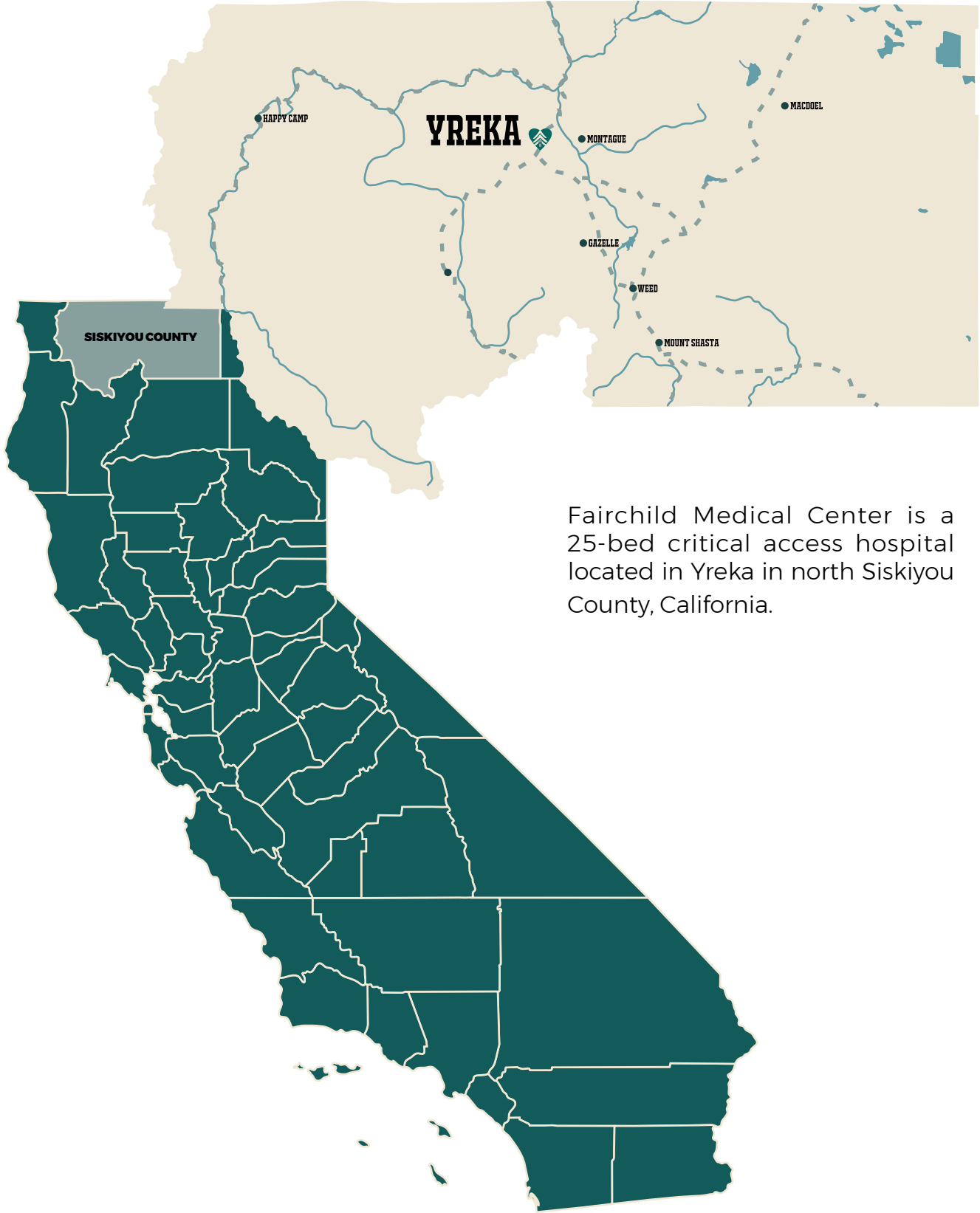
CARING FOR YOU IS **AT THE HEART** OF WHO WE ARE.



FAIRCHILD
MEDICAL CENTER



Our mission is to provide health care services of exceptional quality to all who need us.



Fairchild Medical Center is a 25-bed critical access hospital located in Yreka in north Siskiyou County, California.

TABLE OF CONTENTS

Priority One | Access to Healthcare

- Goal One | pg. 14
- Goal Two | pg. 15
- Goal Three | pg. 16
- Goal Four | pg. 18
- Goal Five | pg. 19
- Goal Six | pg. 21
- Goal Seven | pg. 23
- Goal Eight | pg. 24

Priority Two | Nutrition Education

- Goal One | pg. 28
- Goal Two | pg. 28
- Goal Three | pg. 29
- Goal Four | pg. 30



2016 COMMUNITY HEALTH NEEDS IMPROVEMENT PLAN REVIEW

Priority One | Access to Healthcare

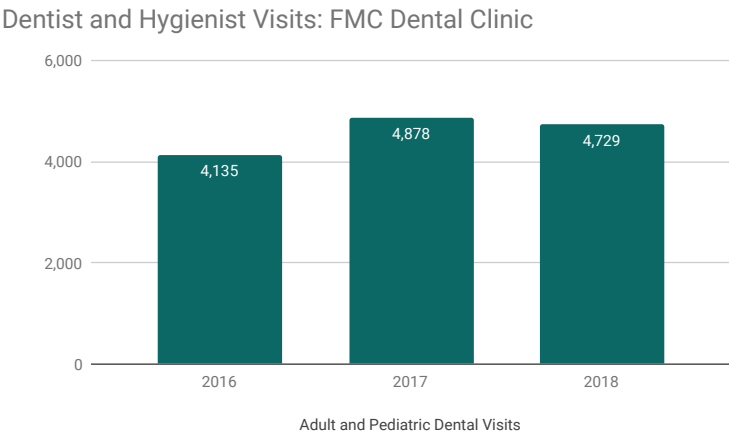
Goal 1: Increase access to Dental Services

The Dental Clinic was originally opened in December 2015 for limited care and opened for service full time in January 2016. The clinic was established with the goal of providing dental services to the Medi-Cal community, which previously had limited access to dental care within Siskiyou County due to a shortage of dental providers accepting Medi-Cal patients.

With a high demand for services, the Dental Clinic closed to new adult patients in January 2017. In 2018, the Dental Clinic continued offering services to Medi-Cal patients with dental coverage but remained closed to new adult patients. In response to the needs of the community, a second full-time dentist was added in August of 2018. With the addition we were able to re-open to new adult patients (although on a limited basis) as well as to patients with urgent needs. We were also able to decrease wait times for the completion of a treatment plan for patients from 8 -9 months to a month or less.

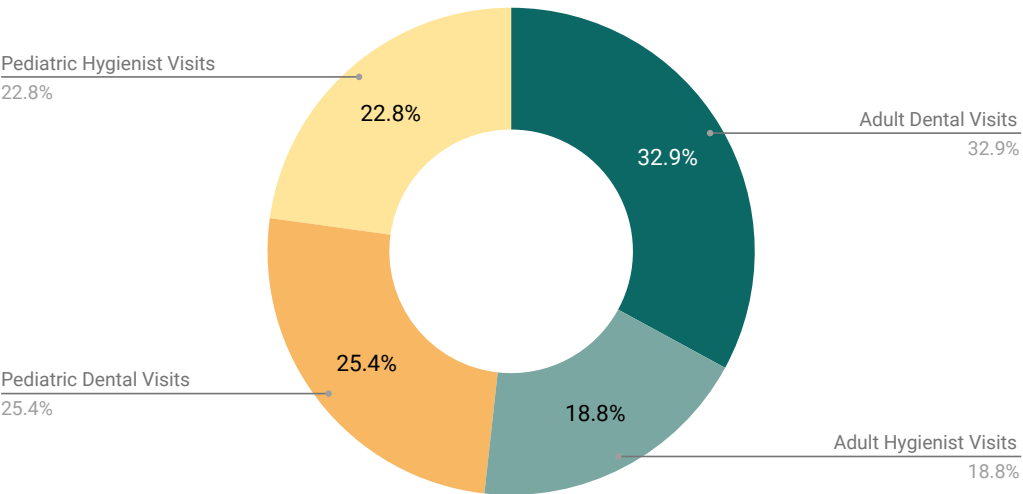
When the FMC Dental Clinic opened in December 2015 there was one (1) full-time dentist, one (1) full-time hygienist, one (1) dental assistant and one (1) dental scheduler. As of 2019, the practice has expanded with two (2) full-time dentists, two (2) full-time registered dental assistants, two (2) full-time dental assistants, two (2) full-time registered dental hygienists, and two (2) full time dental schedulers.

From 2016 to 2018, the number of patients seen in the dental clinic has increased by 14.4%.



In 2018, dental visits were almost evenly divided between adult and pediatric patients. With the addition of another full-time dentist in 2018, the FMC Dental Clinic will now be able to once again accept new adult patients on a limited basis.

2018 Adult and Pediatric Visits to the FMC Dental Clinic



Goal 2: Improve access to Mental Health services

In an effort to expand access to behavioral health the Behavioral Health Clinic hired an additional psychiatric mental health nurse practitioner, licensed clinical social worker (LCSW). The Behavioral Health Clinic contracts for services by a clinical psychologist. Oversight of the program is provided by a board-certified psychiatrist via tele-medicine link.

In December 2018, inpatient tele-psychiatry was implemented for patients in the hospital that needed further evaluation, placement and/or medication stabilization through a contract service with VeeMed.

In 2019 Fairchild will continue to expand services by hiring a certified psychiatric physician assistant or nurse practitioner and additional LCSWs.

Ongoing partnership and discussions continue with Siskiyou County Behavioral Health to better collaborate and provide improve access to mental health services.



Goal 3: Improve access to primary care including access through virtual (telephone or video) links and after-hours care.

FMC clinics had a total of 56,625 patient visits in 2018. The overall volume of patients for the clinic increased 7%. The largest increase in volumes was for telemedicine, up 96%, and orthopedics, up 30% compared to 2017. In addition, the new visiting nurse services program had 133 clinical encounters.

In addition, the rural health clinics had a combined total of 3,638 nurse-only visits which are not included in the visit numbers.

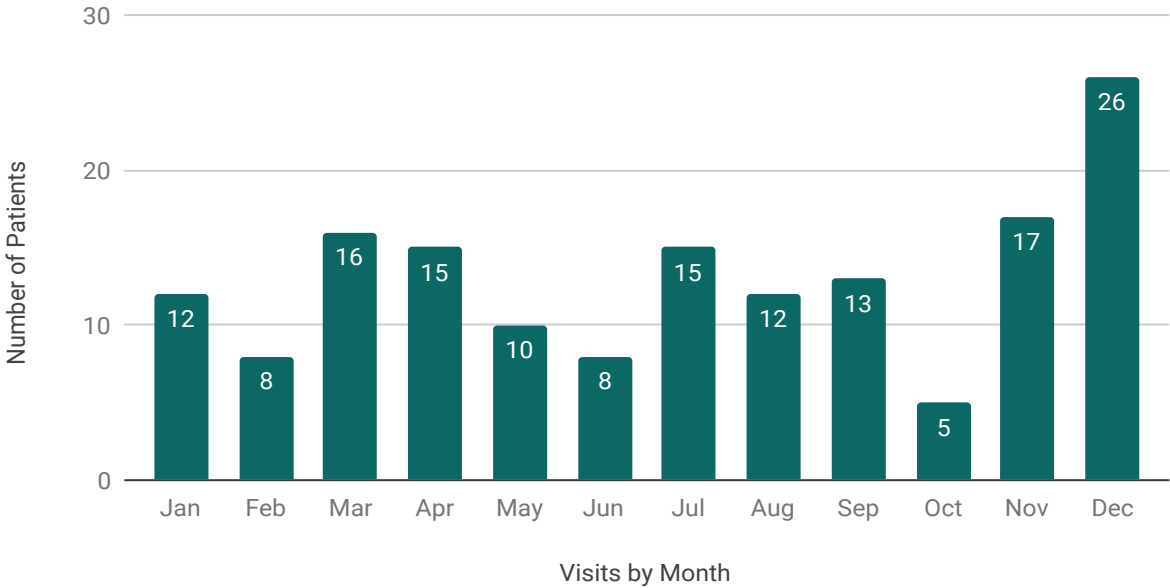
Specialty	2018 Visits	2018 Percent of Total	2017 Visits	2017 Percent of Total
Primary Care	25,507	45%	25,111	47%
Orthopedics	7,830	14%	5,914	12%
Women’s Health	5,869	10%	5,017	10%
Pediatrics	5,620	10%	5,757	11%
Dental	4,729	8%	4,878	9%
Scott Valley Rural Health Clinic	4,323	8%	4,178	8%
General Surgery	1,138	2%	992	2%
Telehealth	932	2%	486	1%
Podiatry	544	1%	0	0%
Visiting Nurse Services	133	0%	0	0

In an effort to increase access to care, Fairchild Medical Center ambulatory services developed a Virtual Clinic to address simple urgent care needs of patients seven days a week from 8am-8pm. The virtual platform was implemented in September of 2017.

The virtual platform removed many barriers to care such as traveling distance, patient’s mobility difficulties, waiting times and all personnel between the patient and the treating provider. This service offers immediate and convenient care at relatively low cost.

Since the launch of the platform in September 2017, a total of 196 patients have used the virtual service. In 2018, a total of 157 virtual patients corresponds to approximately double the monthly average of 13 virtual patients visit per month when compared to 2017. In December 2018, 26 patients were seen.

2018 Virtual Visit Volume



In a six months sampling (June to December 2018), 97 patients were seen. Of the virtual patients seen 74% live in Northern Siskiyou County, 22% of the virtual patients did not have a Primary Care Provider (PCP), and 10% made a follow-up visit at FMC Clinic. This is a process that is being emphasized and closely managed with the intent of assuring all patients looking for a PCP are contacted and given the opportunity to schedule a visit with a clinic provider.

At this time, the Virtual Clinic charges an access fee and no billing of insurance is involved in the transaction. The program remains competitive in price, but similar services are readily becoming available from other providers/insurers with increased competition expected in the future.

In 2019, more targeted data collection and further strategy development will be a focus. Employee engagement and utilization will continue to be a priority. As an industry standard healthcare is about ten years behind technology. Virtual medicine is expanding across the industry at a fast pace. Multiple large health systems and insurance companies offer similar virtual services to patients nation-wide without any true connection or ties to the community or Fairchild. It is imperative that Fairchild continue to pursue offering virtual access to the local community and thus preventing potential out-migration of patients. Virtual Care for simple urgent care needs is linked to patients’ preference of getting their higher level of care needs from the same health organization that provided them with the virtual access.



Goal 4: Improve access to specialty care including access through virtual telephone or video links

In an effort to expand access to specialty care, two significant telehealth projects were implemented including agreements with VeeMed and Direct Radiology to offer five new ED and inpatient telemedicine specialties including:

- Tele-Behavioral Health (3 providers)
- Tele-Stroke/Neurology (4 providers)
- Tele-Pulmonary (2 providers)
- Tele-Palliative Care (2019 effective start date) (1 provider)
- Tele-Radiology (30 providers)

In addition, FMC continues to offer:

- Inpatient pediatric critical care physician access through UC Davis
- Infectious-Disease consults
- Tele-Endocrinology
- Tele-Nephrology
- Tele-Neurology
- Tele-Pediatric Neurology
- Tele-Rheumatology
- Tele-Dietitian support.

The goal is to continue to expand inpatient and outpatient telemedicine services in 2019 including the addition of Tele-Gastroenterology.

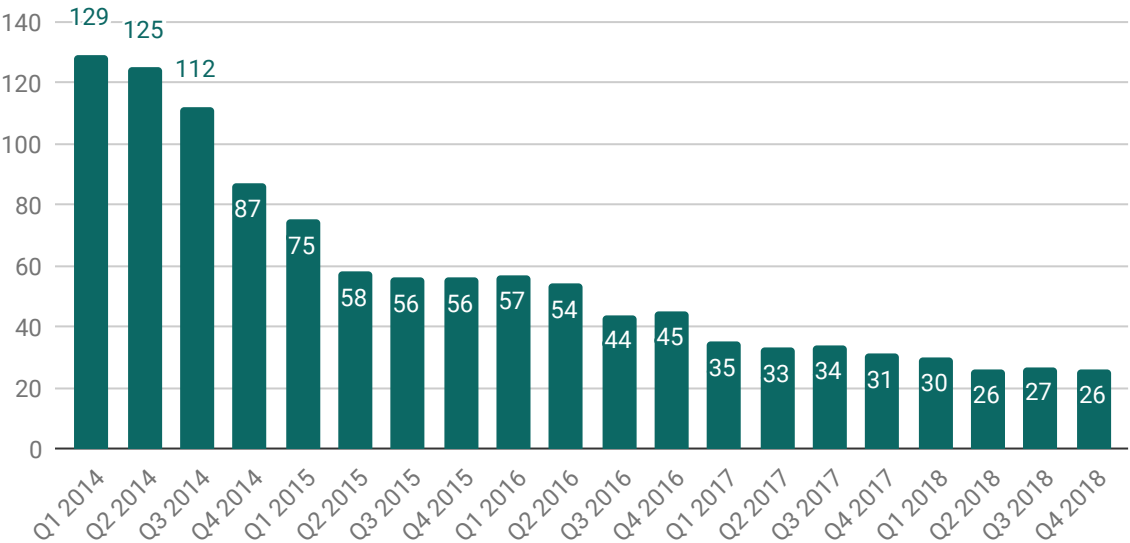
Goal 5: Improve access to substance abuse services

The Safe Prescribing Committee is a combination of management, healthcare providers, and hospital staff, including representatives from the Emergency Department and Pharmacy, who monitor patient cases and oversee policies pertaining to clinic medication prescribing.

In 2018, the Safe Prescribing Committee developed and submitted a Benzodiazepine policy that would allow safe tapering of current patients and monitoring and minimizing new patient prescriptions.

Siskiyou County ranks seventh out of California’s 58 counties regarding highest number of opioid overdose deaths per capita. Since the Safe Prescribing Committee was established nearly four years ago, FMC providers have successfully reduced the average prescription dose by 80%, a reduction from an average patient use of 129 Morphine Milligram Equivalents (MMEs) per day to 26 MMEs per day.

Average Morphine Milligram Equivalents per Day



Fairchild Medical Center is actively involved with the Siskiyou Against Rx Addiction (SARA) Coalition. SARA is a broadly based opioid safety coalition formed in October 2016. The mission of SARA is to prevent prescription drug related overdosed, addiction, crime and other negative impacts by engaging the community to implement collective actions in the areas of public education, safe prescribing, increasing access to Naloxone and medicated assisted treatment (MAT), and policy work.

Fairchild Medical Clinic was also able to opt-in to the new 2018 federal “NHSC Substance Use Disorder Work Force Loan Repayment Program” to assist in recruiting more providers to provide these services. There are currently two (2) Ziboxan certified prescribers in the FMC Primary Care Clinic. In 2019 a psychiatric physician assistant with extensive training through the Veteran Affairs (VA) will be joining the FMC Behavioral Health Clinic and will also be a certified Ziboxan prescriber.

Other FMC initiatives include:

- Narcotic prescribing policy and limits on opioid prescriptions in the emergency department
- Pain management contracts in primary care clinics including requirements for testing and monitoring
- Medication-Assisted Treatment (MAT) through primary and behavioral health clinics

Goal 6: Increase access to healthcare services by providing additional space at FMC Clinics and the Hospital

In March 2017, a Master Facility Plan consisting of six projects was presented to the FMC Board of Directors. The plan was updated and presented to the Board of Directors in February 2019.

The following outlines the current progress.

Scott Valley Rural Health Clinic

This new facility replaced a rented space the clinic had used since 1972 with a new 4,055 square foot building costing 2.9 million. Jim Hendrix, a local community member, donated the land for the clinic. The clinic opened September 2018 with six exam rooms, one procedure room, and space for three providers. Patient volume at this location has increased since opening.

FMC Clinic Remodel

In-depth analysis of multiple clinic configurations was evaluated to expand Primary Care, Dental Clinic, and Medication Administration departments, and a determination was made to re-locate Rehabilitation and Sleep Lab from the current clinic location.

Design development is complete, and construction documents are expected to be submitted to the City of Yreka for permitting July/ August 2019. The clinic is expanding from 20 exam rooms to 27 exam rooms. Dental clinic is expanding from 6 exam rooms to 10 exam rooms, and Medication Administration expands from two rooms to four rooms. Parking will be addressed to provide more off-street patient parking and a separate staff parking lot. Construction is expected to be complete July 2020. This expansion should shorten the length of time it takes to be seen at Primary Care but will be dependent on recruitment of additional primary care providers.

Temporary Re-location of FMC Rehabilitation Main.

Several options of temporary re-location sites for Rehabilitation were evaluated, a final site was selected at the south end of Yreka near the Raley’s grocery store. This allowed planning to proceed with clinic space analysis, and design development.



Pharmacy

Fairchild Medical Center is working to comply with USP 797, Federal Standard for pharmaceutical compounding, by revision to our compounding area adjacent to the hospital pharmacy. Medications that are mixed with intravenous fluids need to be prepared in a sterile environment. The Federal government is raising the standard of the sterility measures it expects hospitals to take. To accomplish this half of our existing Health Information Department will be converted into the required compounding space. Plans are expected to be sent to the State of California State Board of Pharmacy, and California Office of Statewide Health Planning and Development in May 2019. Permitting to begin work is expected to be complete by December 2019 and construction complete by August 2020.

Lobby/ Registration

The Board of Directors approved in March 2019 the design cost to freshen up the front lobby and provide private registration for patients. The Business Office Billing staff have already re-located to the Business Services Building, making room for this remodel to begin.

Emergency Department Remodel

The Board of Directors approved a design budget to analyze different options to maximize the flow of patients and provide staff and providers additional workspace. To address access, statistics around patients leaving without being seen are being evaluated. Special consideration around the lower acuity patients in one renovation model layout is being evaluated to reduce patients leaving before being seen. Project design is expected to be complete in 2019.

Rehabilitation Services Consolidation

Space is currently being designed to consolidate Rehabilitation Services operations into a single location off Wendy Drive across from the clinic. The current timeline is tentative until detailed requirement from the City of Yreka can be worked out. Bruce Street is expected to be extended to accommodate the new building. The Planned Unit Development for the 30-acre parcel will need to be modified. The Board of Directors have asked that this building be called the Friden Building. Design is expected to be complete by December 2019 and then be placed for bid. Construction is expected to be complete first quarter 2021.

Nuclear Medicine

Current equipment is in process of being replaced. Plans are in process to be submitted to the California Office of Statewide Health Planning and Development by May 2019. Room remodeling is needed to fit the new equipment. Permit to begin construction is expected in September 2019, and work is expected to be complete in February 2020. A temporary trailer will be located in the back of the hospital to eliminate disruption to patient testing.

Goal 7: Increase access to healthcare services by investing in new services and equipment

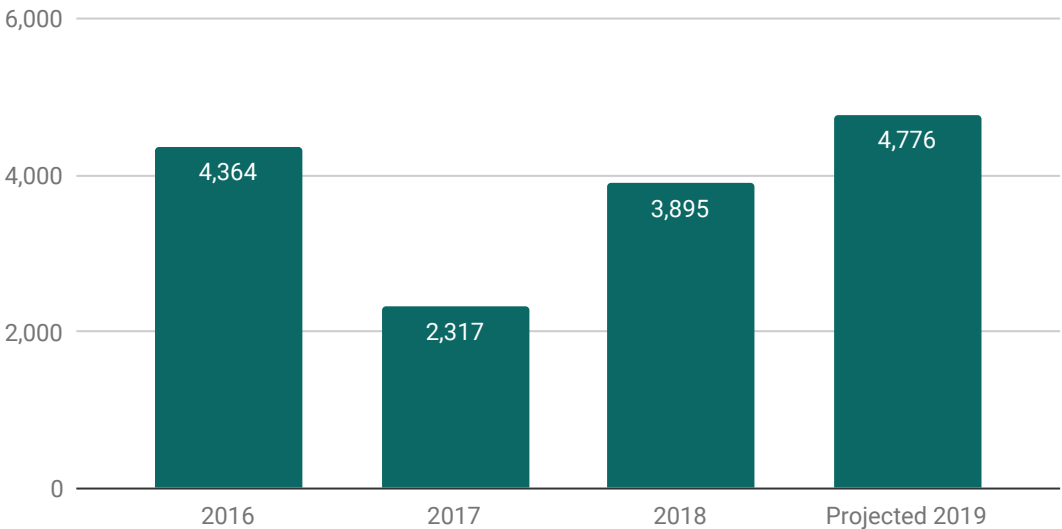
Digital mammography was upgraded to a new unit with 3-D tomosynthesis imaging and computer aided detection. The construction project was overseen by the Office of Statewide Health Development and Planning, and the equipment inspected by the State of California Department of Public Health Radiology Branch. Additional approvals were received by the California Department of Public Health licensing Branch, and also certified by the American College of Radiology.

Construction and equipment replacement began in September 2017 and was budgeted to be complete in three months. However, the project was not completely signed-off for patient use until June 2018. A temporary mammogram unit was in place during this 9 month period, eliminating patient test disruption.

Recommendations from the American College of Radiology are for women to start receiving screening mammograms by the age of 40, and younger for higher risk patients. FMC has a full range of imaging options for detection of breast cancer. A diagnostic mammogram if needed can be followed by an ultrasound, and if indicated a breast MRI exam before a surgical procedure.

Ultrasound equipment was updated in 2019 and the MRI was updated in 2016. Patient volume has rebounded from the reduction experienced in 2017.

Mammography Volume



Goal 8: Increase access to healthcare services by increasing provider capacity through successful recruitment and retention

The following providers were added from 2017 – 2019:

Endocrinology (TM2U)

- Dr Bhaduri approx 14.2 hours per month
- Dr Arambulo approx 17.3 hours per month

Rheumatology (TM2U)

- Dr Spriggs approx 19.5 hours per month

Neurology (TM2U)

- Dr Younger approx 13.8 hours per month

Nutrition (TM2U)

- Diana Urcuyo approx 2.6 hours per month

Pediatric Neurology (University of California, Davis)

- Dr Benko 4 hours every other month

In March 2017 FMC opened an Internal Medicine Physician search. We have had a limited number of candidates presented since the search first opened. The financial package was increased twice in November 2017 and again in October 2018. We currently have a contingent recruiter sourcing the position.

As part of our recruitment efforts, we participate with Partnership Recruitment Program, post our positions on the Partnership Practice Site website and post our positions on the HRSA website (Loan Repayment site).

Extra attention and effort have been made on Loan Repayment Primary Care Options. FMC is continuing to work with OSHPD to review FMC Clinic Healthcare Professional Shortage Area (HPSA) score and redefining the areas we actually serve. The poverty level and current physicians within the HRSA system will be used to provide our new automated scores which will greatly impact our HPSA score. It is important that FMC's HPSA score is 17 or higher to stay competitive with recruitment and to be considered for the NHSC loan repayment award. In recent years FMC's HPSA score dropped to 15, and although competitive two years ago is not competitive now.

In June of 2018 FMC signed an agreement with UC Davis for a medical school rotation starting in June of 2019.

FMC has implemented and been focused on a “Grow Your Own” strategy. FMC believes recruitment and retention efforts are improved when candidates have local ties. A priority this past year has been to focus our efforts on identifying and developing local connections to students who are from Siskiyou County (or surrounding areas) and who are pursuing medicine. This past year meetings were held with a 4th year resident in psychiatry who has local connections, and a 3rd year resident in general surgery whose fiancé grew up in Yreka and is interested in returning to the area. Meetings were also held with a 4th year medical student from Mt. Shasta and 4th year medical student from Medford wanting to pursue emergency medicine. FMC has also started discussion and had a site visit from a 4th year orthopedic resident with ties to the area.

The *Marcia Churchill Scholarship* fund has been well received by local medical students and residents. In 2018, the FMC Governing Board and medical staff contributed \$13,200 to support students' cost of taking the MCATs and applying for Medical School and Residency Programs.

As a result, the following scholarships were awarded:

- Hannah Myer, MD, Residency Interview Scholarship - \$5,000
- Emily Dooley, Medical School Application Scholarship - \$1,200

Christopher VonTunglen was accepted to Arkansas Osteopathic School of Medicine and Kaitlin VanHooser was accepted to Ohio State Osteopathic School of Medicine; both started their programs in the fall of 2018.

Both medical students were given personalized stethoscopes for their next journey. FMC continues to foster relationships established with local students pursuing medicine during residency training and offers approved support, written as forgivable loans as an important retention tool.



The following paragraphs outline site visits and successful recruitment efforts:

2016- 2019

- 48 site visits
- 33 new providers joined the medical staff:

Anesthesia

Samuel Birkholz, CRNA
Rebekah Cummings, CRNA
Brenna Lopez-Ortez, CRNA
Benjamin Weaver, CRNA

LCSW

Lauri Hunner

OB/GYN

Erin Conroy, MD
Joann Smith

Behavioral Health

Teresa Schuyler, PMHNP

Dental

Seamus Mannix, DMD
Kevin Shearer, DMD
Gabriel Smith, DMD

Orthopedics

Orrin Rice, PA-C
Keith Ure, MD

Pediatrics

Ezekiel Melquist, MD

Emergency Department

M. Sami Akram, MD
Revaz Boukia, PA-C
Peggy Einsele, FNP-C
Robert Milanes, MD
Emily (Eastman) Sander, MD

Primary Care

Alex Childs PA-C
Kasia Mannix, FNP
Carolina Mona-Keene, DNP
Paul Wertzberger, PsyD
Moudy Youssef, MD

Hospitalist

Hussain Gilani, MD
Daniel Jardini, MD
John Nepomuceno, MD
Walter Wynne, MD

2019 Recruitment & Provider Priorities

1. Internal Medicine
Outpatient
2. General Surgery
Two full-time Surgeons needed by Dec. 2020
3. Orthopedic Surgery
Recruiting two full-time Surgeons & developing a succession and transition plan
4. Psychiatric Care
PA or PMHNP
5. Primary Care Providers
2020 Clinic Primary Care expansion

Although not specifically related to physician recruitment, FMC as part of the “Grow Your Own” initiative will continue to partner with many programs and employers within the county.

In cooperation with the Yreka Union High School (YUHS) ROP Program, Fairchild has expanded its collaboration by participating in Career Days (High School and College Options and Eighth Grade Health Career Day), as well as Job Fairs, and also

participates on the YUHS Advisory Committee for Health Career Pathways. Fairchild has encouraged senior project mentoring and preceptorships.

In 2018, nine preceptorship opportunities were coordinated for the following students:

Olivia Brandt Health Career Student	Lisa Mizzeur FNP Student/Clinical Rotation
Emily Dooley PreMed Student	Anni Moa PreMed Student
Ryan Eastman PreMed Student	Jace Thackeray PreMed Student
Joshua Holmes PreMed Student	Kaitlin VanHooser DO Student
Savannah Kenny FNP Student/Clinical Rotation	

In 2018 the hospital piloted an employment internship opportunity for local upper level undergraduate students within the Emergency Department for Brandon Swenson.

In addition, through Fairchild’s focus on our youth, the Fairchild Medical Center Foundation has also aligned with this philosophy and now hosts an annual event called Healthy Kids Fair which focuses on getting local third grade students excited about their long-term health and well being.

Connecting with our youth and reinforcing FMC is here to support them and meet their health needs for life, plant the seeds that the hospital hopes to continue to water through the years for a better community.



Priority Two | Nutrition Education

Goal 1: Screen FMC Clinic patients at nutritional risk and connect those patients to community resources to improve food access

Fairchild Medical Clinics implemented a screening process to identify patients with food insecurity in February 2017. As a result, an average 5-10% of the patients screened have been identified with food insecurity.

A county nutritional resource brochure was developed and is available to patients.

In 2018, the clinic partnered with the Yreka Resource Center (YRC) to develop a food insecurity referral process. While working with YRC, FMC learned that many of the food insecure patients go to the YRC as a source of food. Due to regulatory, staffing and funding restrictions, the YRC is not a foodbank and has to turn patients away who are hungry and in need of food at times.

FMC hospital and clinics worked in collaboration with the FMC dietitian and employees to conduct a healthy food drive in August of 2018 to stock the YRC’s shelves and to meet food insecure residents’ immediate needs. Over 876 individual and packaged healthy food items valued around \$2200 were donated and stocked the Yreka Resource Centers shelves for two (2) months.

In 2019 the plan is to partner with public health, SNAP ED and Great Northern for upcoming 2019 commodity days. The SNAP ED and FMC dietitians will select a healthy recipe for food insecure residents to make and sample on with the food items received that day.

Moving forward the Hospital would like to challenge Community Nutrition Advisory Council (CNAC) to coordinate six (6) employers or employer types (i.e. healthcare, banking, county, state, schools) to partner with a local service group to conduct healthy food drives and support commodity days at the YRC.

Goal 2: Provide opportunities for FMC Staff to make healthier food choices

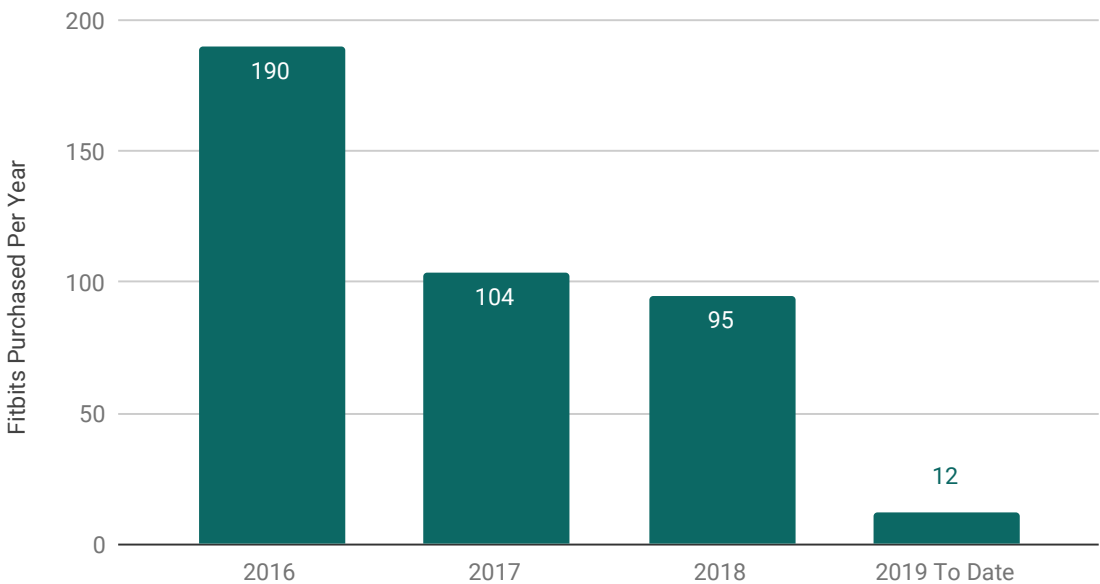
The following strategies were implemented to help FMC employees make healthier food choices:

- Desserts were relocated to the trash can area and the 2nd salad bar area in 2016
- Fruits and vegetables are one of the first items seen when entering the cafeteria tray line.

Goal 3: Provide opportunities for staff to improve physical fitness

Discounts on fitness devices have been offered to staff since 2015. FMC team members use fitness tracking devices to track their steps for special programs such as *Healthy Trails*.

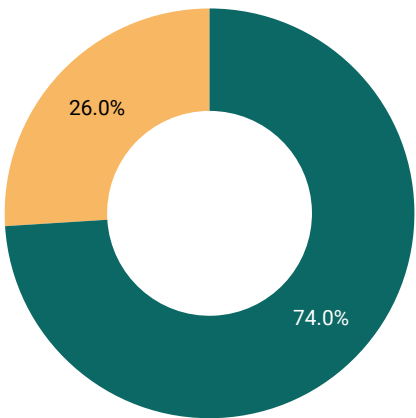
Fitbit Devices Purchased by FMC Team Members



The BMI improvement contest in 2019 had 26 participants which is about the same as prior years. Staff were rewarded with points for the wellness program.

Employees that participate in the Wellness Program did not have an increase in insurance premium cost. 74% of employees who are benefit eligible participate in the Wellness Program.

74% of Eligible FMC Team Members Participate in the Wellness Program



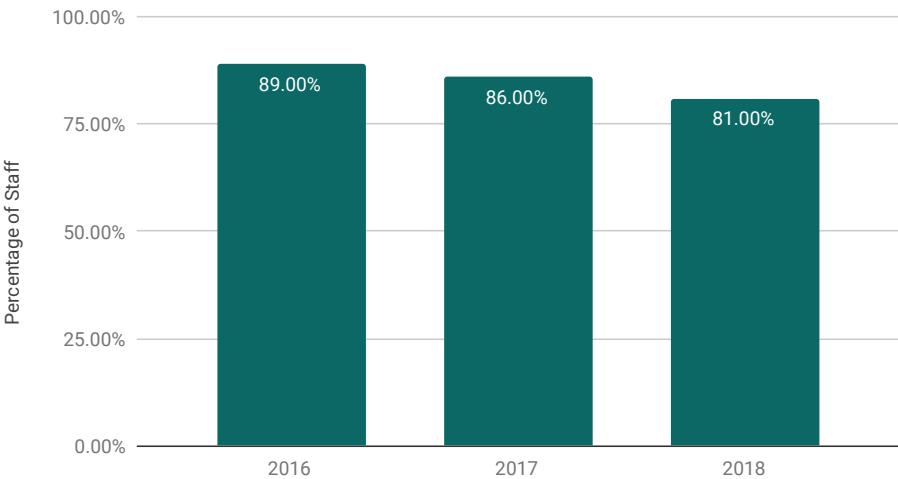
Goal 4: Implement a disease management program

A disease management program was not implemented as initially planned. The cost of a disease management program was determined to be prohibitive. In addition, a wellness program was in place and it was determined that the program could provide the data to determine if a disease management program was actually needed.

In an effort to reduce smoking, FMC charges an additional premium staff and spouses who smoke. Currently about 50 individuals are identified as smokers.

The Wellness Program finished its third year in June 2018. The program continues to have favorable participation.

Wellness Program Participation



The program requires all benefit eligible employees to complete three tasks:

1. Biometric Screening (body fat percentage and weight)
2. Glucose testing, and cholesterol screening)
3. Online Health Risk Assessment

If the employee completes the three tasks, they pay a reduced rate for their health insurance for the next plan year.

The Wellness Program was awarded the highest achievement of Gold level in 2018 by the American Heart Association. The award measures effectiveness of workplace health programs and the

overall heart health of employee, as well as the overall quality and comprehensiveness of the program offering.

Staff education was provided through the Employee Wellness Forums. In 2018, forums were provided on the topics of exercise, stress management and nutrition in addition to a mini Health Fair.



In 2019, Employee Wellness will provide Wellness Forums for staff members on similar topics.



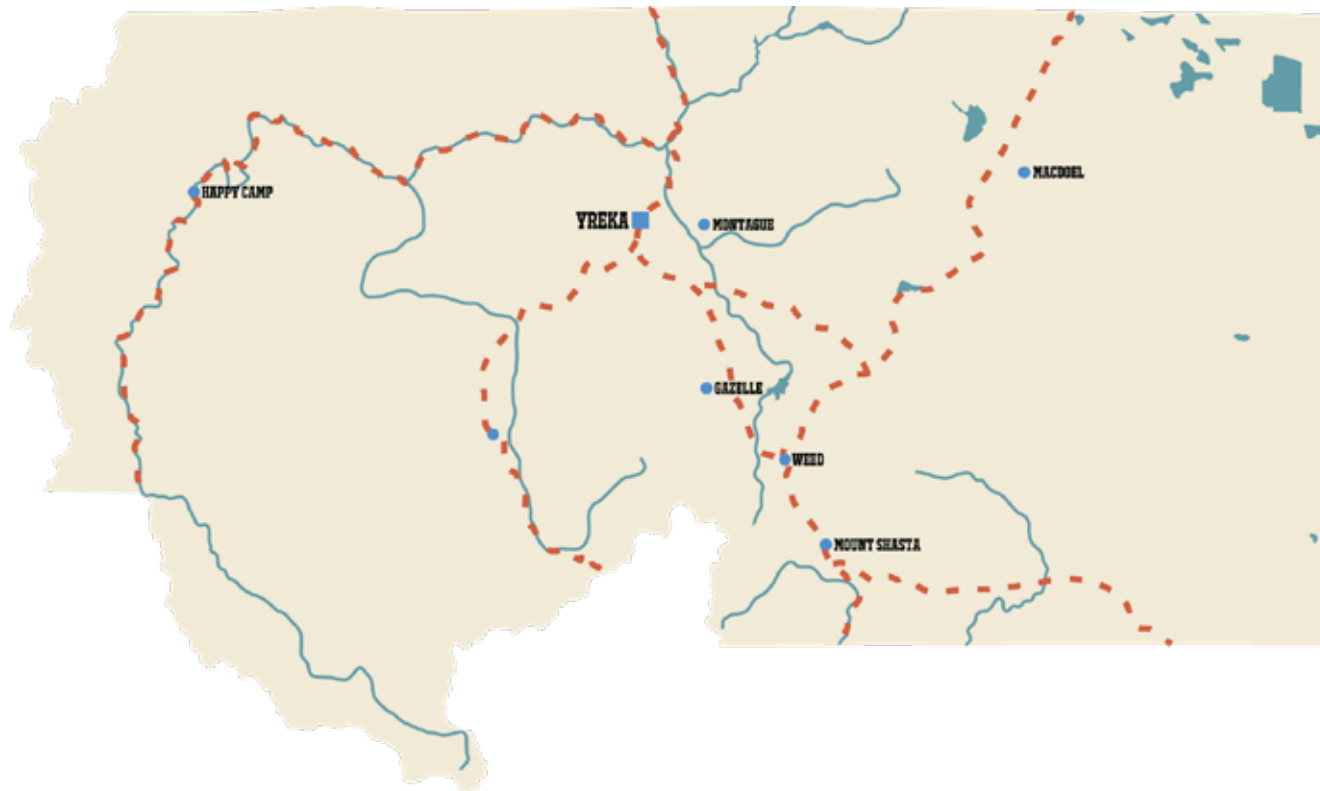


At Fairchild Medical Center, our mission is to
provide health care services
of exceptional quality to all who need us.



SISKIYOU WELL

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



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

TABLE OF CONTENTS

- Executive Summary | pg. 36**
- Community Definition | pg. 39**
 - Population Density & Demographics | pg. 40
 - Age Distribution | pg. 41
 - Race and Ethnicity | pg. 42
 - Community Needs Index | pg. 45
- Assessment Process and Methods | pg. 48**
- Assessment Data and Findings | pg. 53**
 - Survey Result: “Healthy Community” | pg. 53
 - Survey Result: “Health Problem” | pg. 53
 - Survey Result: “Risky Behavior” | pg. 53
 - County Health Rankings | pg. 54
- Prioritized Description of Significant Health Needs | pg. 60**
 - Health Priorities | pg. 61
- Resources Potentially Available to Address Needs | pg. 70**
- Appendices | pg. 72**
 - Appendix A – Health Indicators Data | pg. 72
 - Appendix B – Community Health Survey Results | pg. 78
 - Appendix C – Key Informant Survey Participants | pg. 98
 - Appendix D - Key Informant Survey Results | pg. 99



EXECUTIVE SUMMARY

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

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

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

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

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

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

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

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

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

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



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

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

Siskiyou County Public Health Department

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

Fairchild Medical Center

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

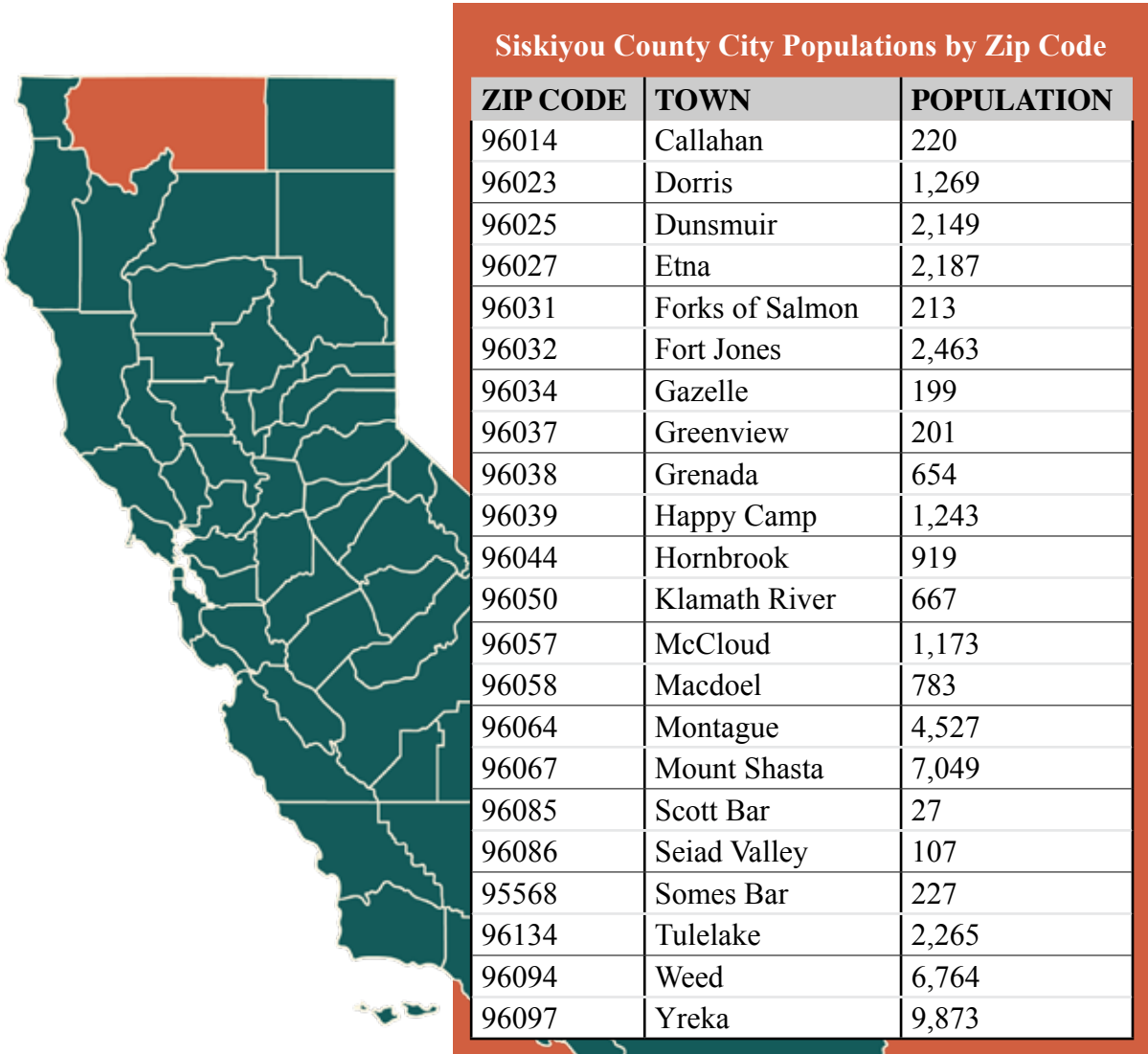
Mercy Medical Center Mt. Shasta

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

COMMUNITY DEFINITION

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

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



Population Density & Demographics

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

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

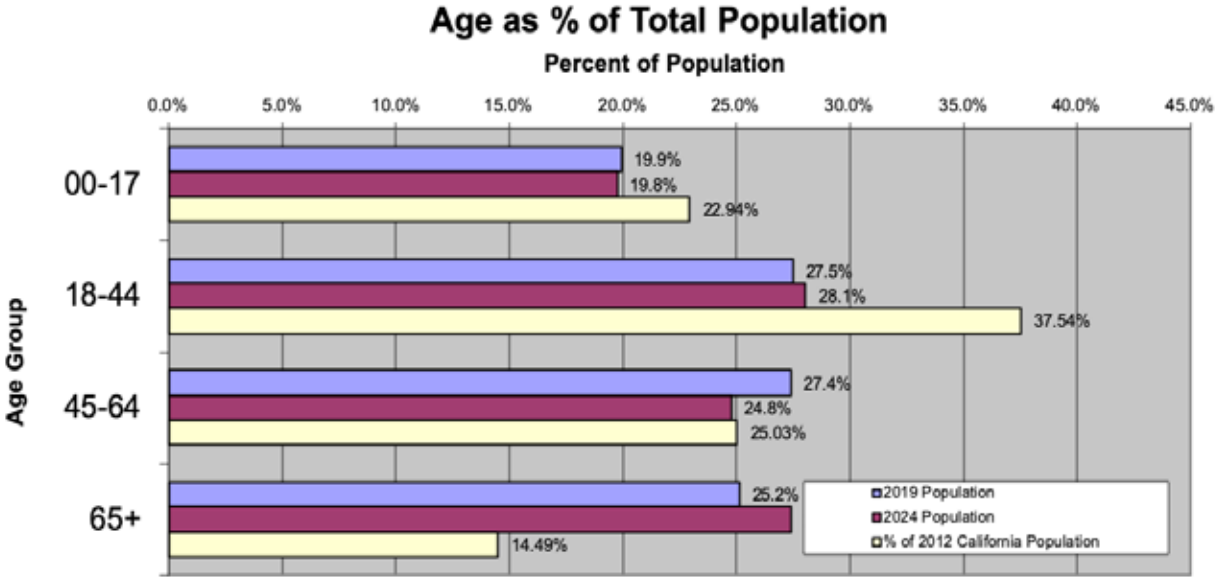
	SISKIYOU COUNTY	CALIFORNIA
2010 Population	43,713	37,253,937
2019 Population	45,069	39,964,848
Change in population	1356	2,710,911
Percent Change	3.1%	6.8%
Land in Square Miles	6,347	155,779
Population Density	7.2	256.5

Age Distribution

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

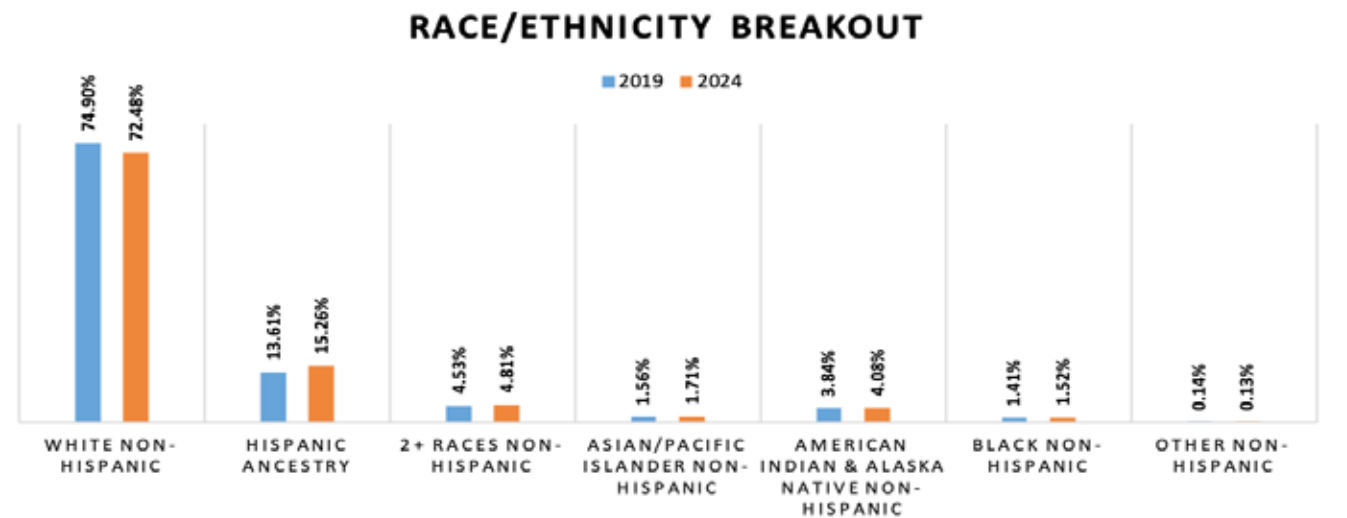
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Age 4 Groups	2019 Population	% of Total	2024 Population	% of Total	Growth 2019-2024	% Growth 2019-2024	% Annual Growth	California Age 4 Groups	California 2019 Population	% of Total
00-17	8,990	19.9%	8,943	19.8%	-47	-0.5%	-0.10%	00-17	9,168,028	22.94%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



Race and Ethnicity

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

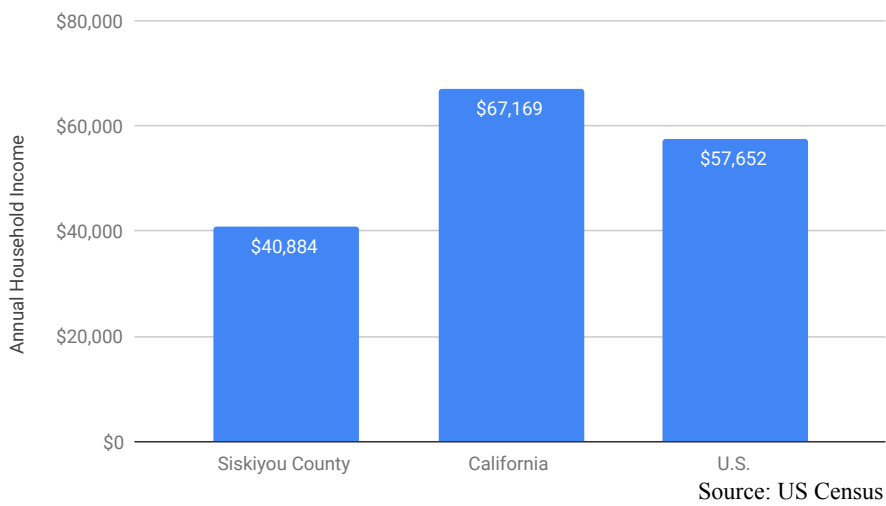


Source: Claritas 2019 and 2024 Estimates

Employment and Income

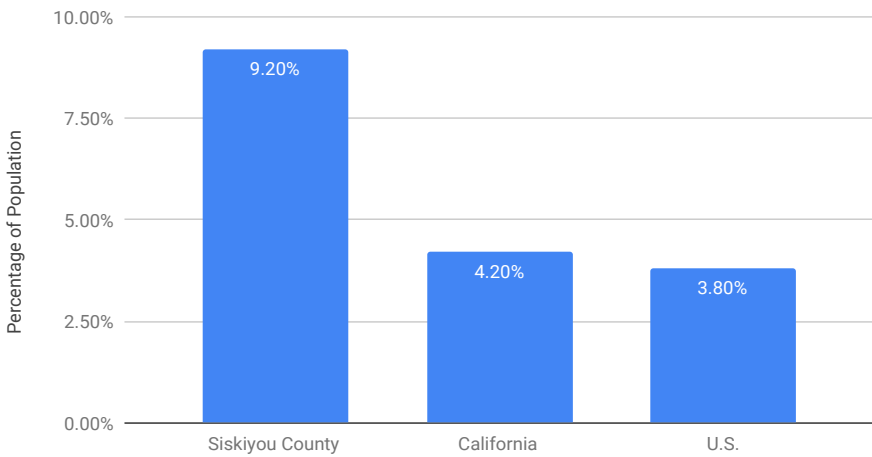
The median household income for the state of California is 64% higher than the median household income of Siskiyou County. In March 2019, Siskiyou County’s unemployment rate was twice the rate of state unemployment. Poverty rates for Siskiyou County are also significantly higher than state or national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

Median Household Income, 2017



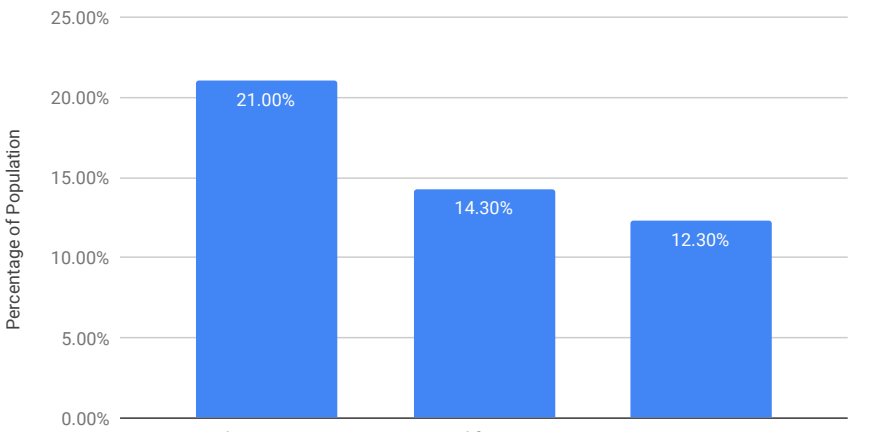
Source: US Census

Unemployment Rate, March 2019



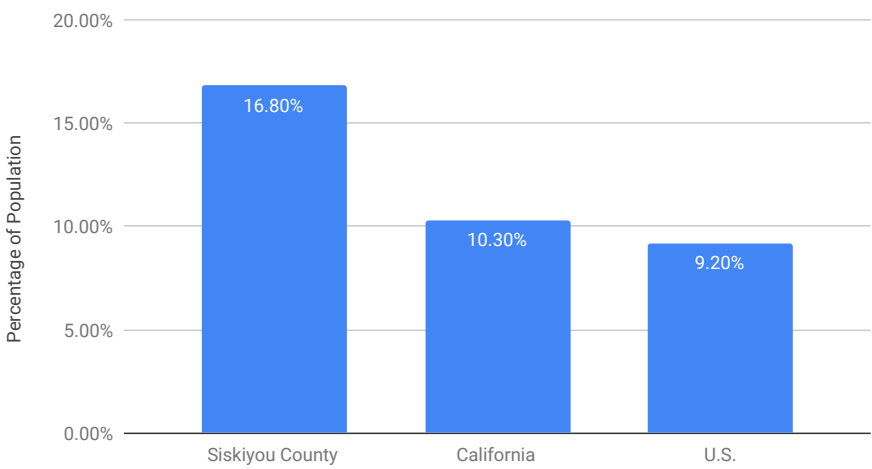
Source: US Bureau of Labor and Statistics

Percentage of Population Living in Poverty, 2017



Source: US Census

Poverty Rate, 65+



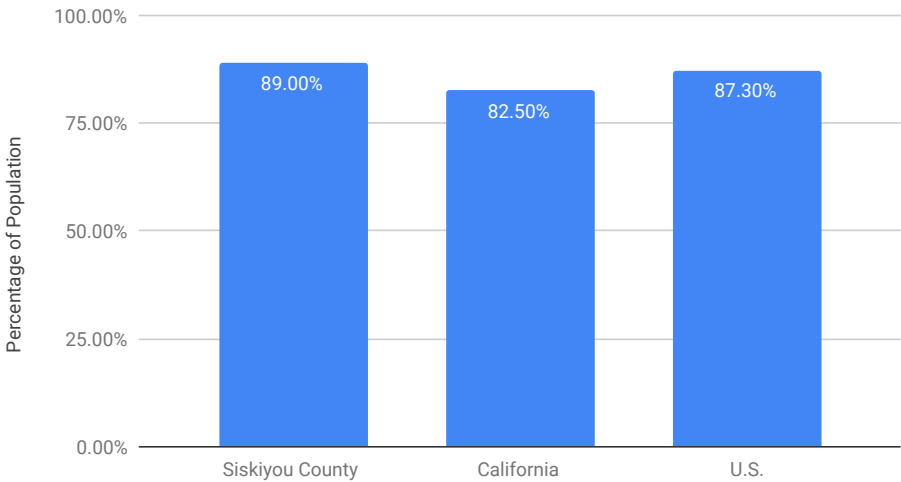
Source: Kaiser Family Foundation, America’s Heath Rankings



Education

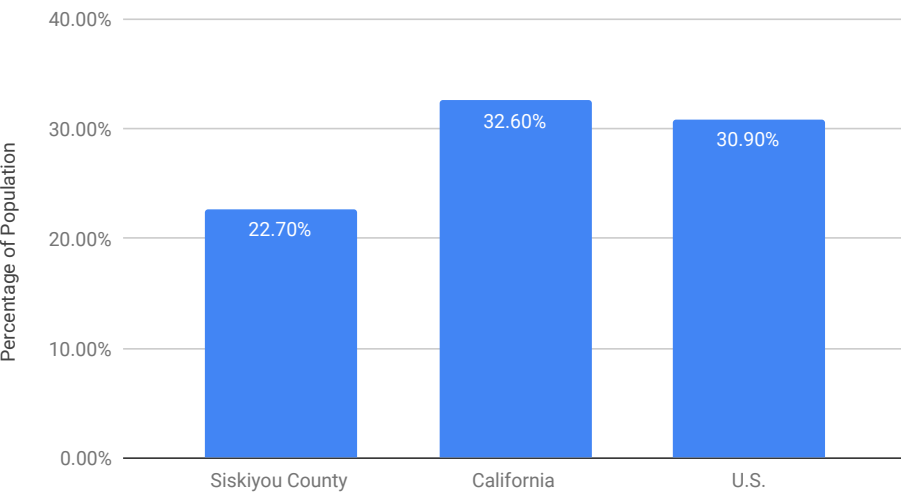
Siskiyou County’s high school diploma attainment rate is 6.5% higher than the state rate and 1.7% higher than the national rate. The percentage of the population with a bachelor’s degree or higher is approximately 10% lower than the state and 8% lower than national rates.

Percentage of Population with High School Diploma



Source: US Census

Percentage of Population with Bachelor's Degree or Higher



Source: US Census

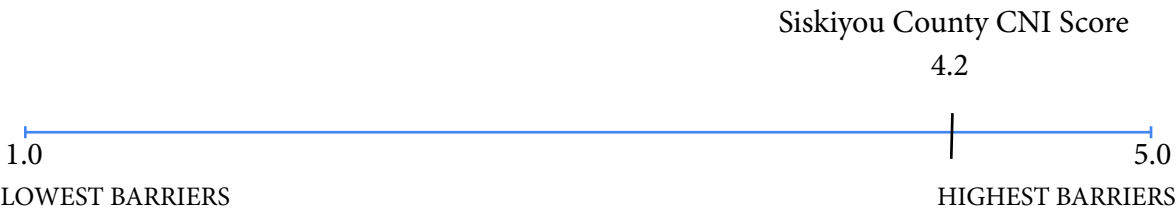
Community Needs Index

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

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

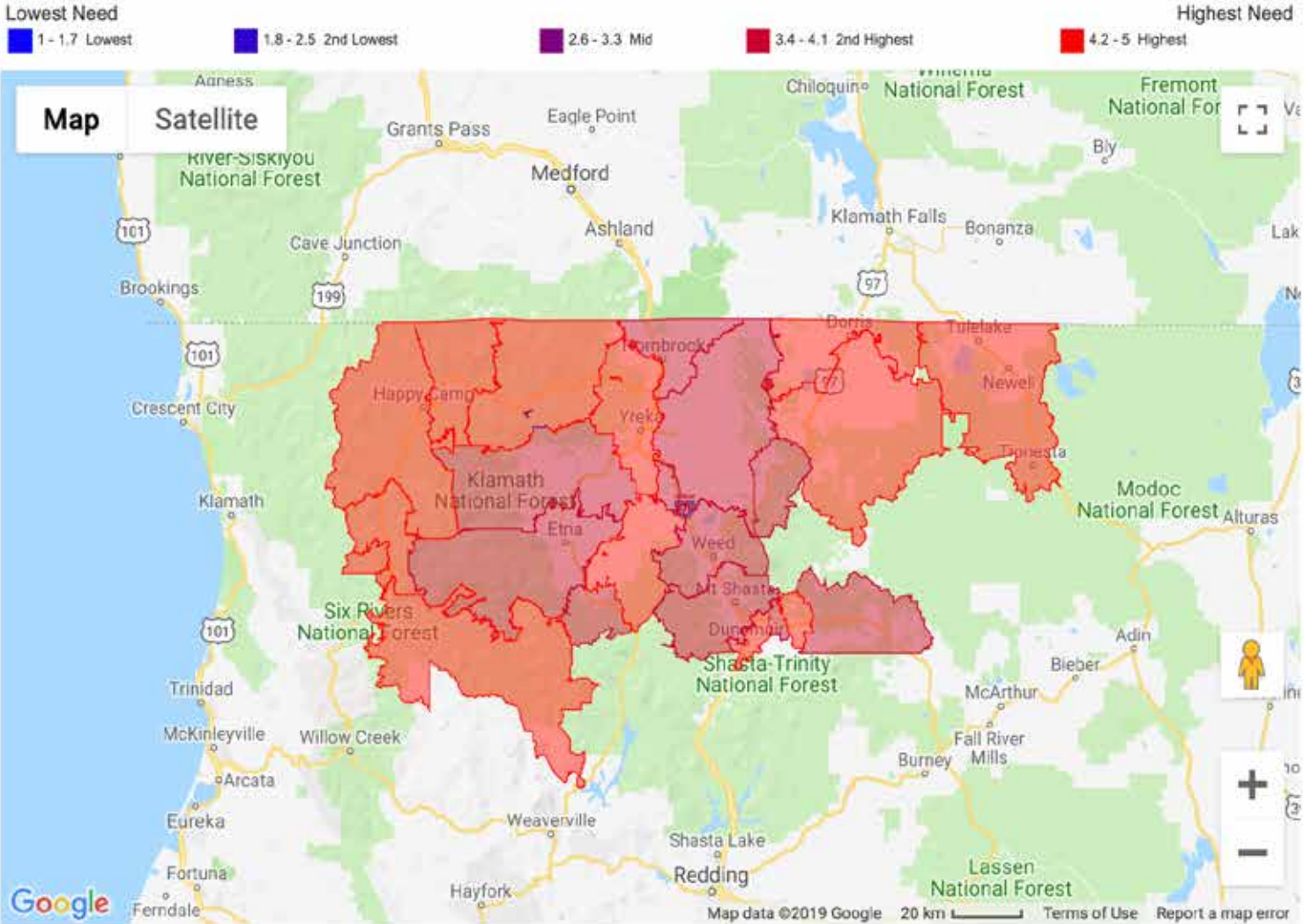
Scores range from 1.0 (lowest barriers) to 5.0 (highest barriers) for each factor and are then averaged to calculate a CNI score for each zip code in the county. Research has shown that communities with the highest CNI scores experience twice the rate of hospital admissions for ambulatory care sensitive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

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



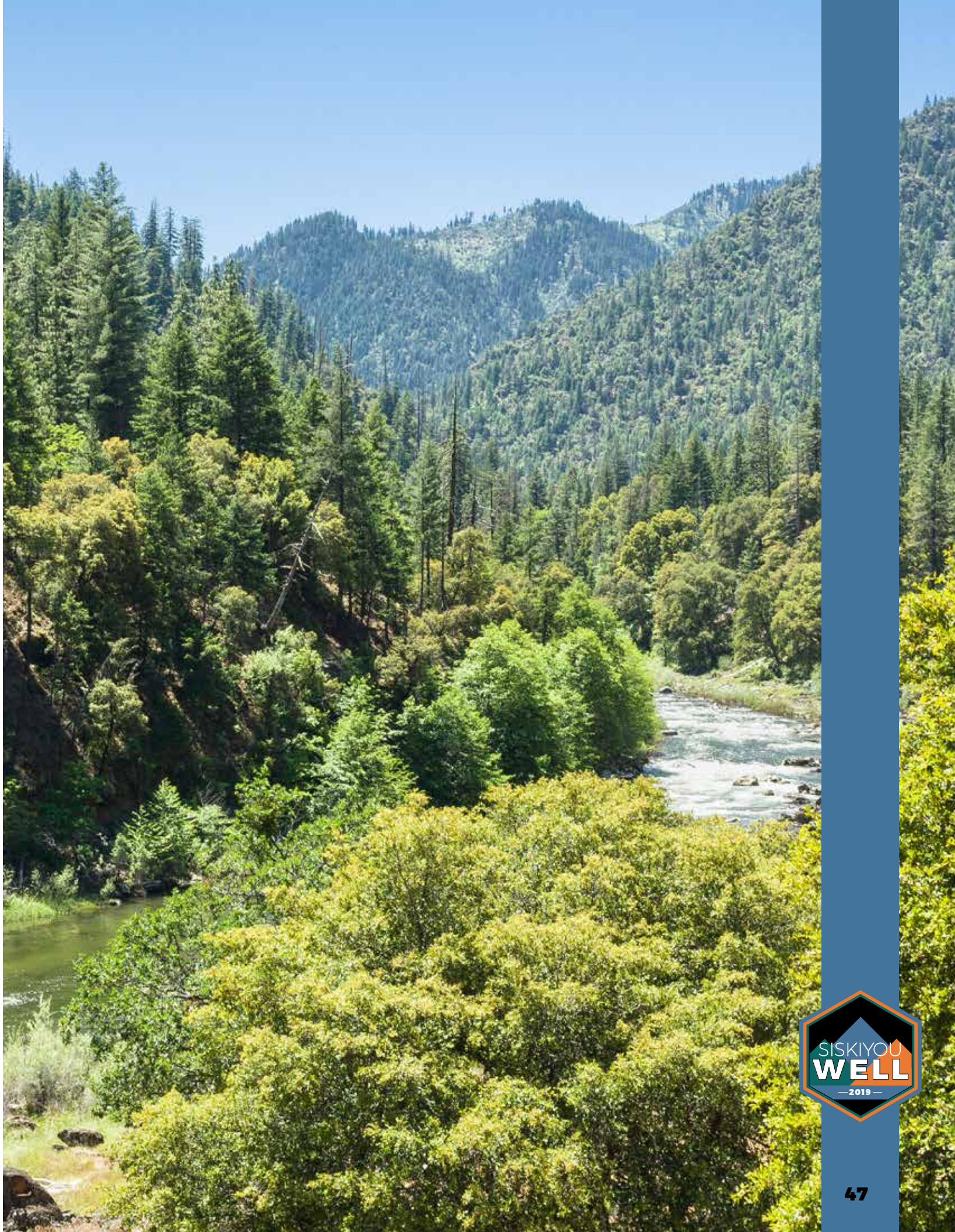
Community Needs Index Map

Source: Truven Health Analytics



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

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



ASSESSMENT PROCESS AND METHODS

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

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

The MAPP Process

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



Phase One | Organization and Partner Development

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

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

Steering committee members:

Fairchild Medical Center

Kristi Apodaca
Elizabeth Langford
Kelly Martin

First 5 Siskiyou

Bliss Bryan
Karen Pautz

Great Northern Services

Paula Reynolds

Mercy Medical Center Mt. Shasta

Alexis Ross

Mountain Valley Health Center

Joelle Clayton

PSA2 Area Agency on Aging

Teri Gabrielle

Shasta Cascade Health

Miku Sodhi

Siskiyou Childcare Council

Cathy Scott

Siskiyou Community Resource Collaborative

Steve Bryan
Michelle O’Gorman

Siskiyou Community Services Council

Lisa McCauley

Siskiyou County Behavioral Health

Tara Aimes

Siskiyou County Office of Education

Colette Bradley

Siskiyou County Public Health

Shelly Davis
Michelle Harris
Alexandra Kutzer
Michelle Line
Jessica Skillen
Diana Smith



Phase Two | Visioning and Assessment Development

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

Phase Three | Data Collection

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

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

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

Data sources included:

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

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



Phase Four | Prioritization and Asset Identification

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

Gap Analysis

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

ASSESSMENT DATA AND FINDINGS

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

Survey Responses

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

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

Survey Responses

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

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

Survey Responses

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

2019 Siskiyou Well Community Health Survey

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

Survey Result: Most Import Factors for a “Healthy Community”

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

Survey Result: Most Important “Health Problems”

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

Survey Result: Risky Behaviors

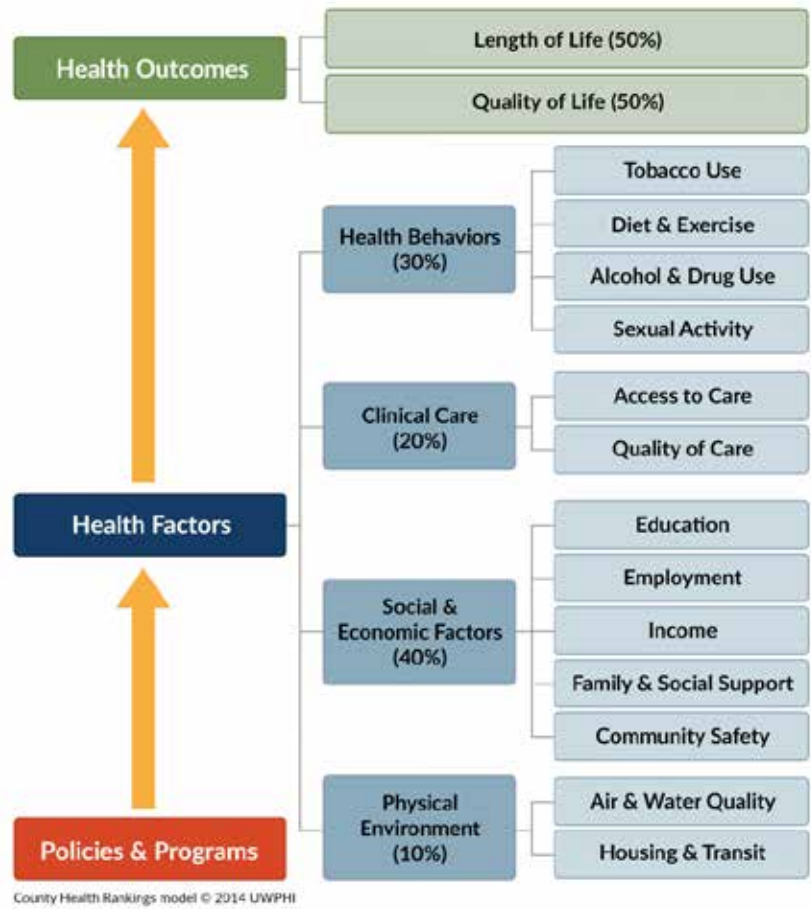
Survey respondents were asked to choose from a list of the five most common “*risky behaviors*” in the community. The top five responses were drug abuse, alcohol abuse, tobacco use, poor eating habits, and lack of exercise.

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



County Health Rankings

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



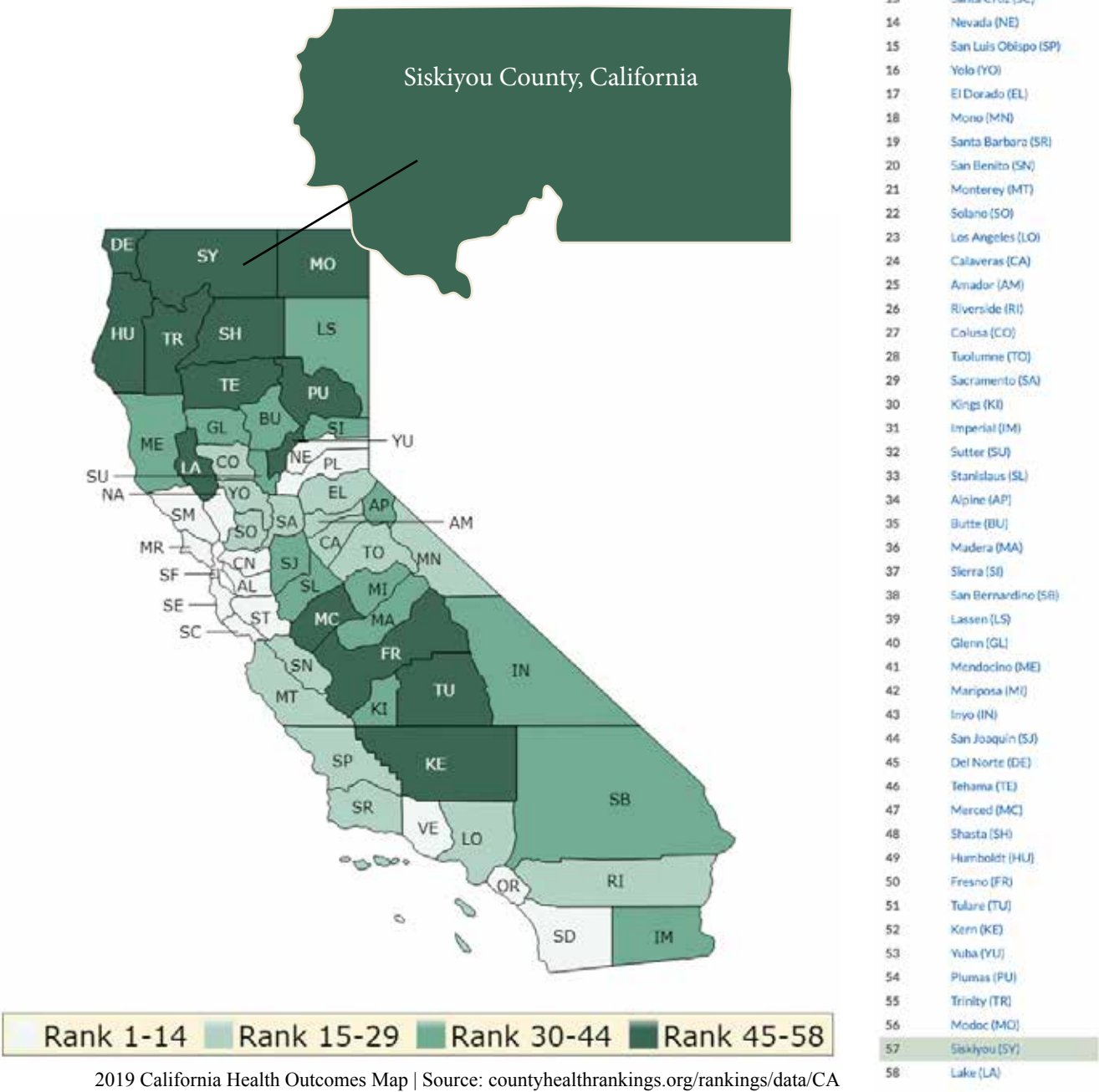
Health Outcomes: “The overall ranking in health outcomes represent how healthy a county is right now. They reflect the physical and mental well-being of residents within a community through measures representing length of life and quality of life.”

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

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

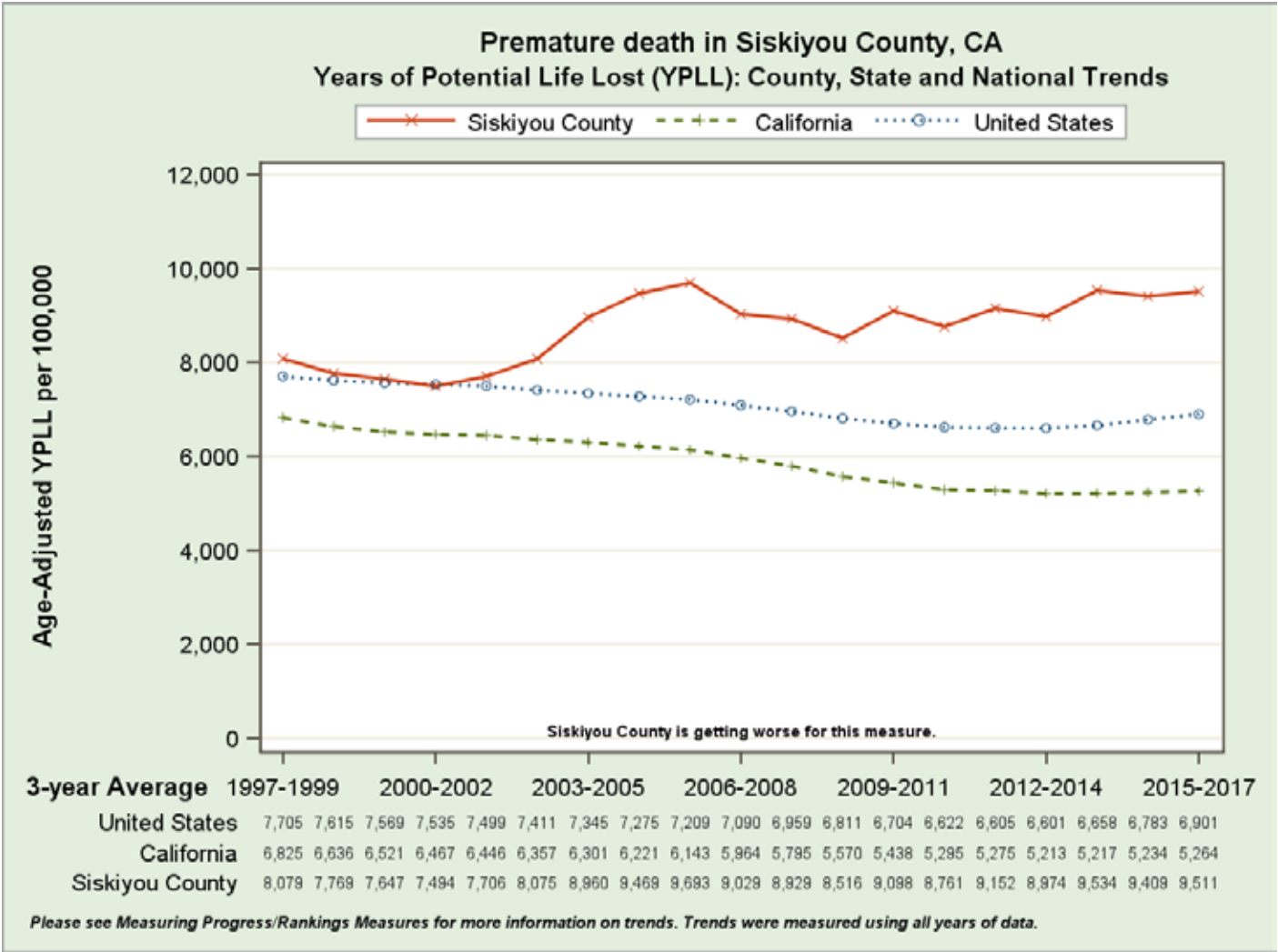
Health Outcomes

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



Length of Life

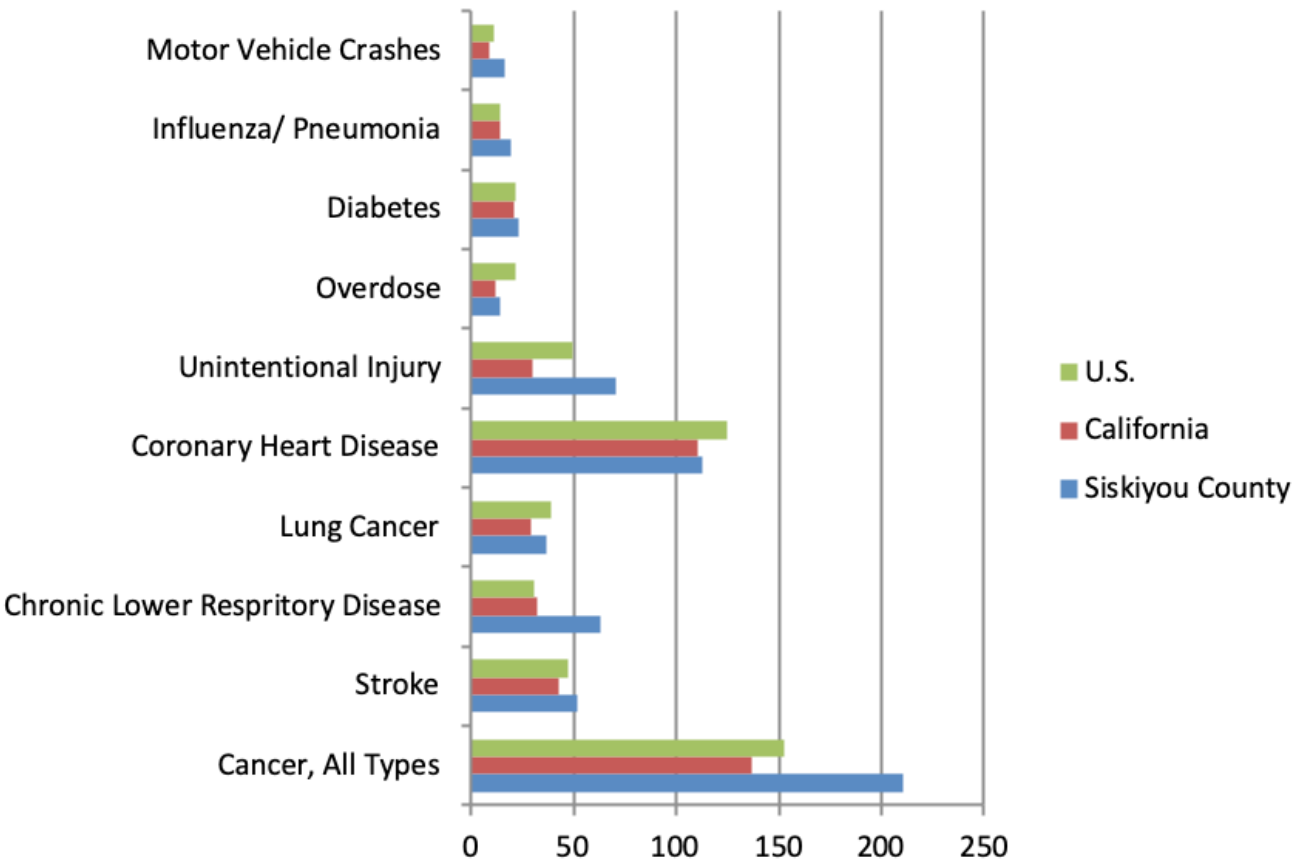
9,500 potential years of life are lost before age 75 per 100,000 population in Siskiyou County compared to 5,300 years of potential life lost in California.



Leading Causes of Death

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

Mortality, Age Adjusted Rate



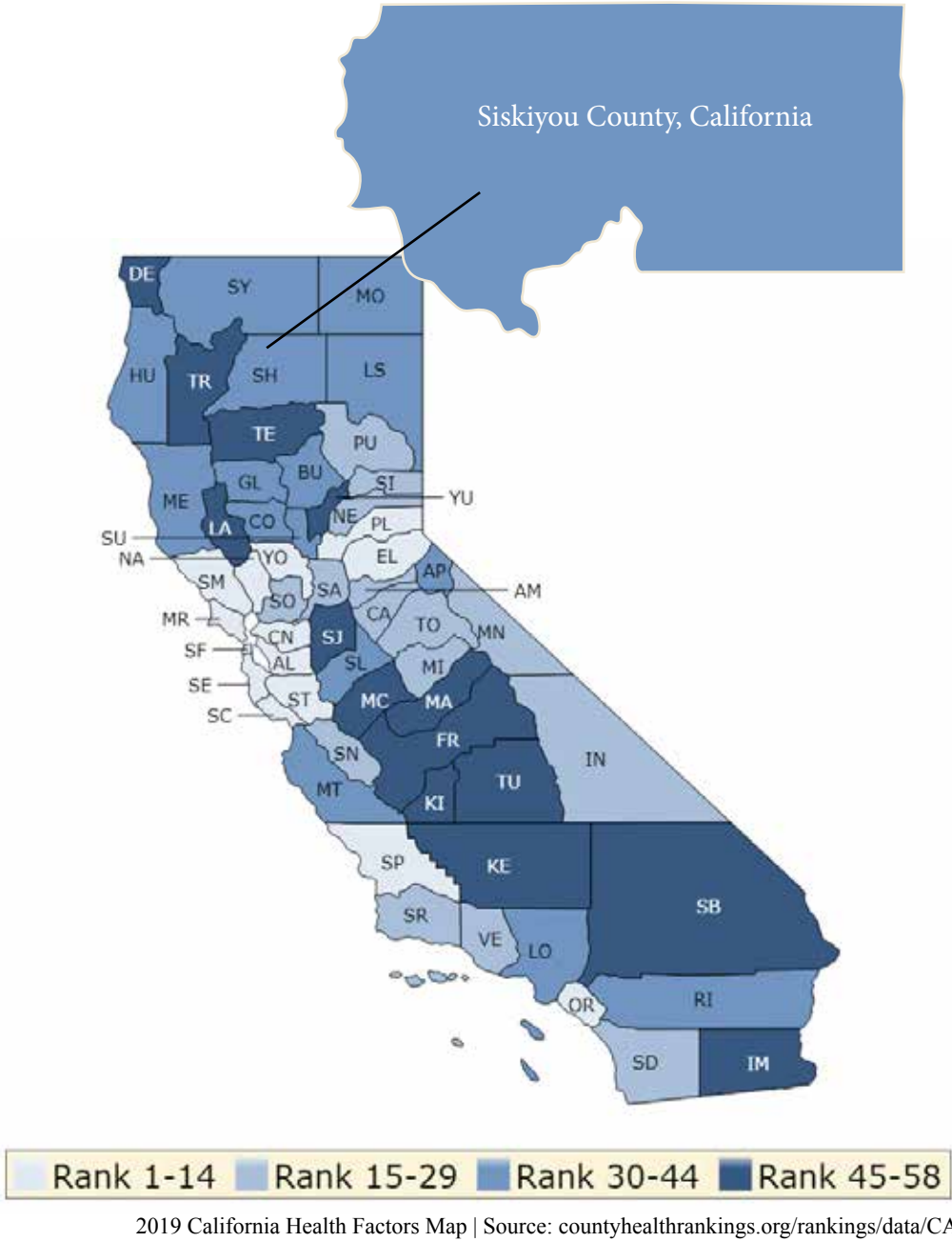
	Siskiyou County	California	U.S.
Motor Vehicle Crashes	16.2	8.8	11.4
Influenza/ Pneumonia	19.1	14.3	14.3
Diabetes	23.2	20.7	21.5
Overdose	14	11.7	21.7
Unintentional Injury	70.6	30.3	49.4
Coronary Heart Disease	112.9	110.2	124.9
Lung Cancer	37	28.9	39.3
Chronic Lower Respiratory Disease	62.9	32.1	31
Stroke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

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



Health Factors

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



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

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



PRIORITIZED DESCRIPTION OF SIGNIFICANT HEALTH NEEDS

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

Prioritization Criteria

- Magnitude/ scale of the problem**
The health need affects a large number of people within the community.
- Severity of the problem**
The health need has serious consequences (morbidity, mortality, and/or economic burden.
- Health disparities**
The health need disproportionately impacts the health status of one or more vulnerable population groups.
- Community assets**
The community can make a meaningful contribution to addressing the health need because of its relevant expertise and/or assets as a community and because of an organizational commitment to addressing the need.
- Ability to leverage** - Opportunity to collaborate with existing community partnerships working to address the health need, or to build on current programs, and emerging opportunities.

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

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

PRIORITY | Access to Care

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

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

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

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

Residents to Provider Ratios

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

* Not including OB/GYN

**Physician Assistants and Nurse Practitioners

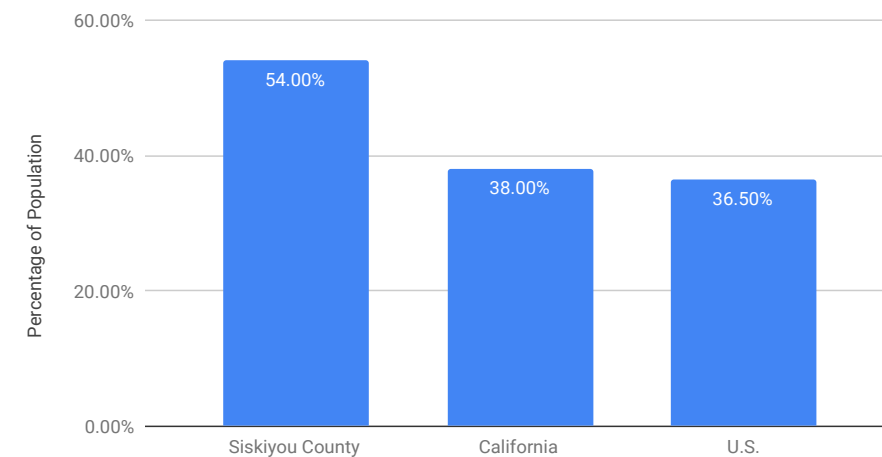
Source: County Health Rankings & Roadmaps | 2018

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



Public Health Insurance Includes: Medicaid | Medicare | VA

Portion of the Population with Public Health Insurance

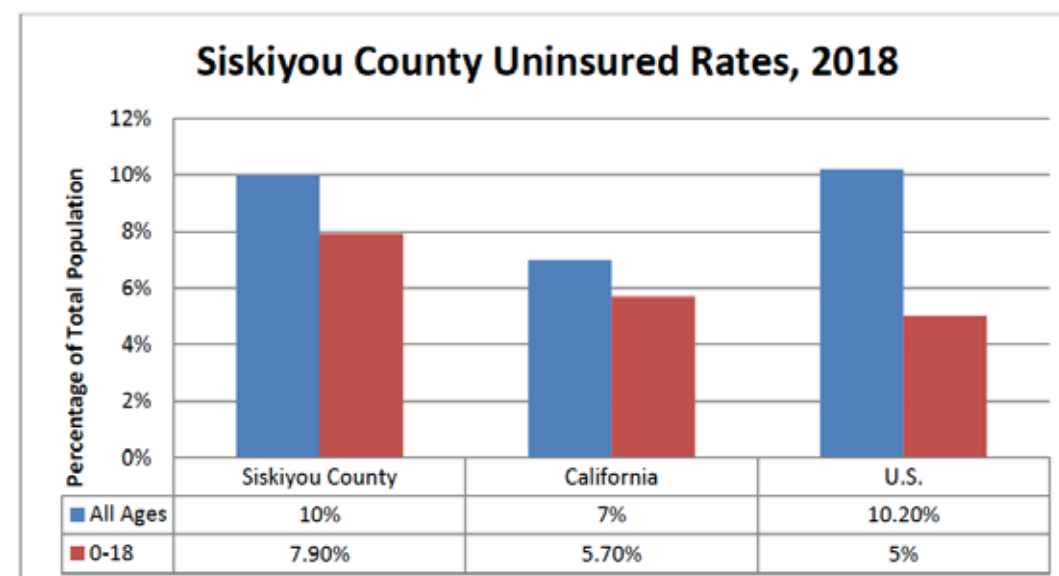


Source: American Community Survey, 2017

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

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

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



Community Health Needs Assessment | 2019

Source: Kids Data, US Census

PRIORITY | Maternal/ Child Health

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

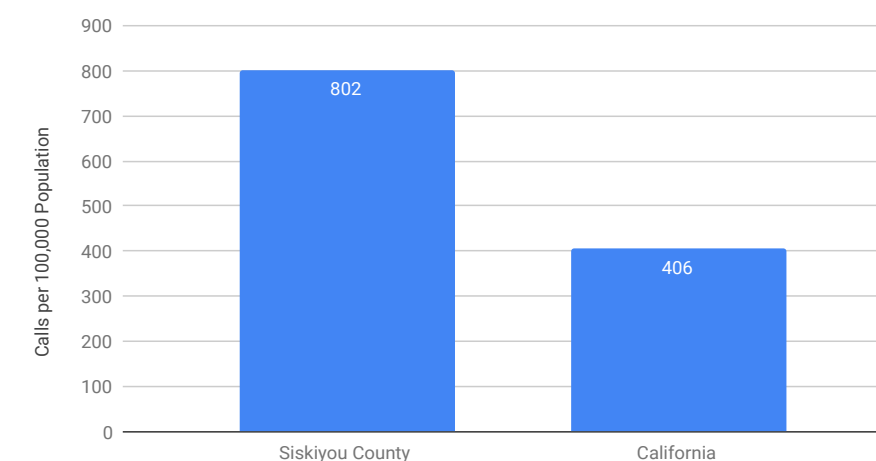
The following were the top concerns related to maternal/ child health:

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

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

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

Domestic Violence Calls



Source: Family Health Outcomes Project

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

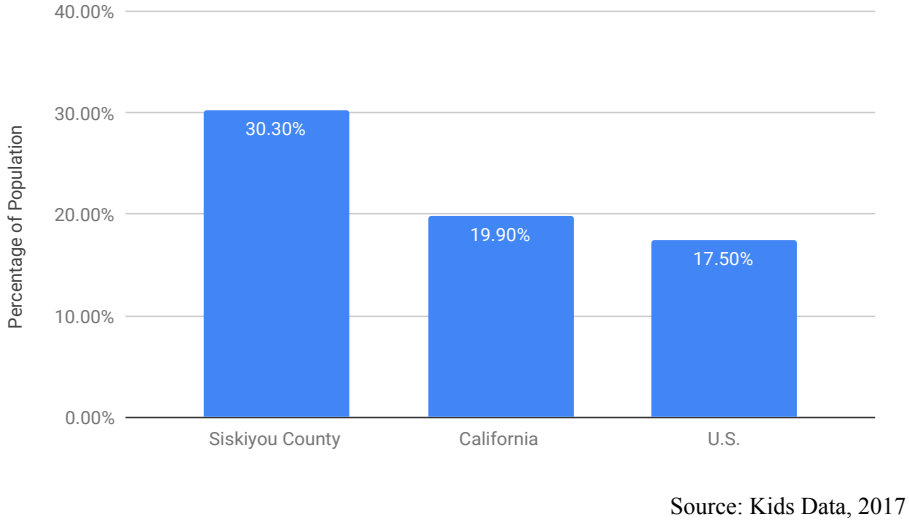


Childhood food insecurity is among the top challenges for children in the county. Siskiyou County has the second highest childhood food insecurity rate in the state at 31.8%. Childhood poverty is not far behind at 30%, the 10th highest in the state. Children who are hungry are not able to fully engage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

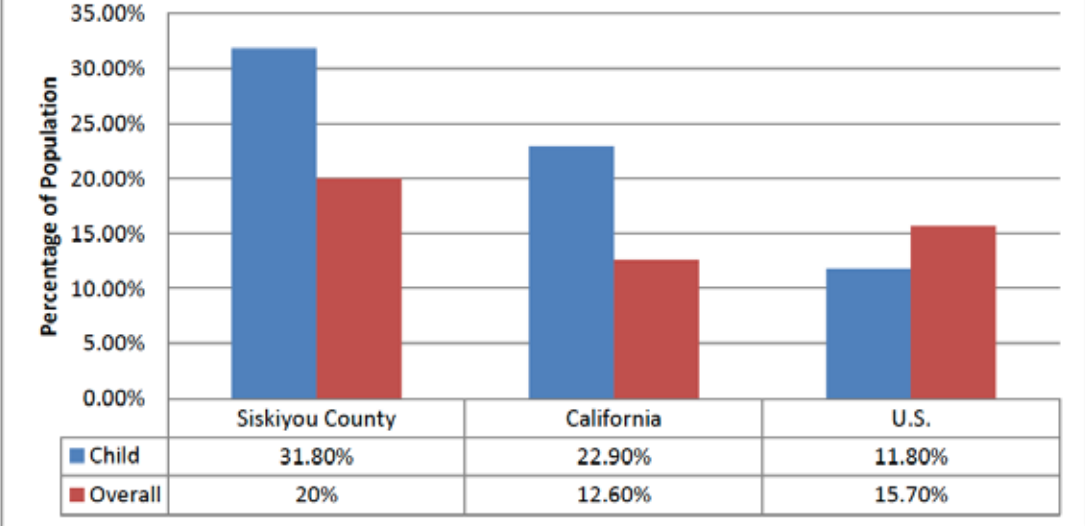
In recent years, many initiatives have been launched to combat food insecurity and childhood food insecurity. Fairchild Medical Clinic began screening for food insecurity following their 2016 CHNA and referring to local food pantries. Great Northern Services, a non-profit organization located in Weed,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

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

Child Poverty Rate



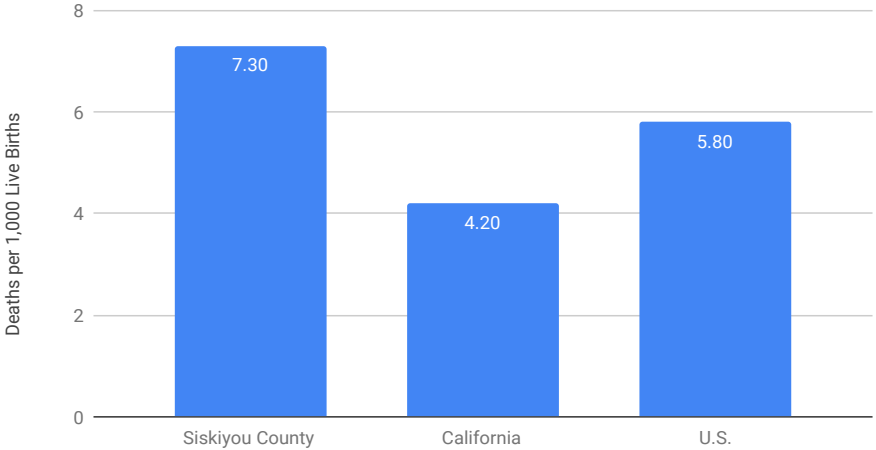
Food Insecurity Rates



Source: Kids Data, 2017

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

Infant Mortality Crude Rate



Source: Family Health Outcomes Project



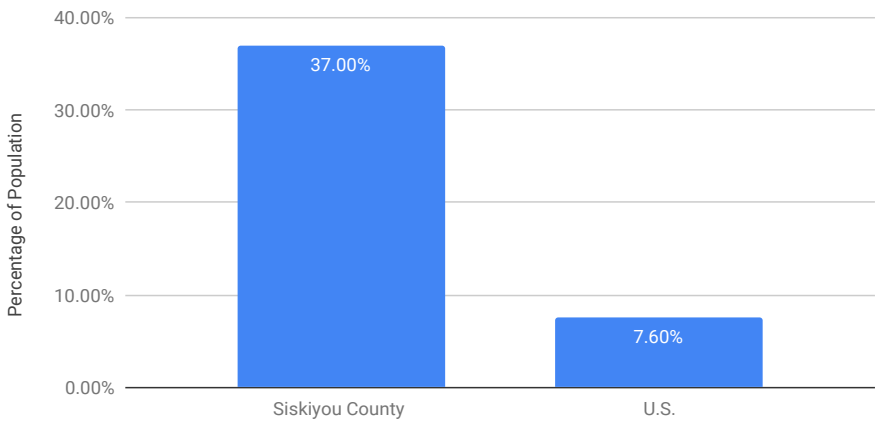
PRIORITY | Mental Health

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

The following were top concerns related to mental health:

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

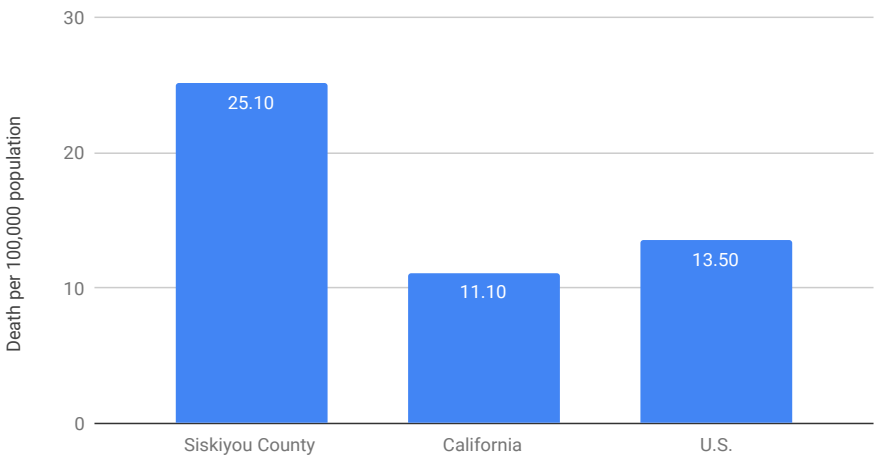
Percent of 11th Graders Who Felt Chronically Sad or Hopeless in the Last 12 Months.



Source: California Healthy Kids Survey, 2018

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

Suicide Rate

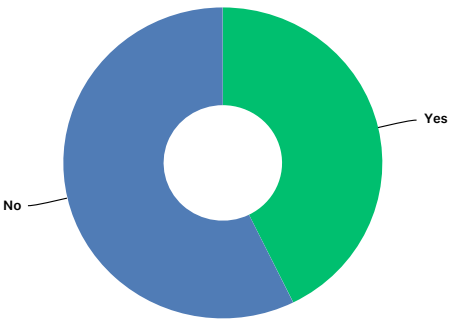


Source: US Census, Centers for Disease Control

Siskiyou Well Community Health Survey

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

Answered: 529 Skipped: 88

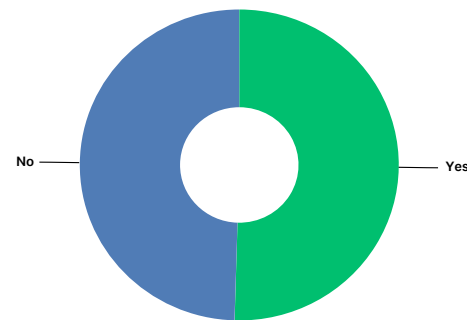


ANSWER CHOICES	RESPONSES	
Yes	42.72%	226
No	57.28%	303
TOTAL		529



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

Answered: 527 Skipped: 90



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

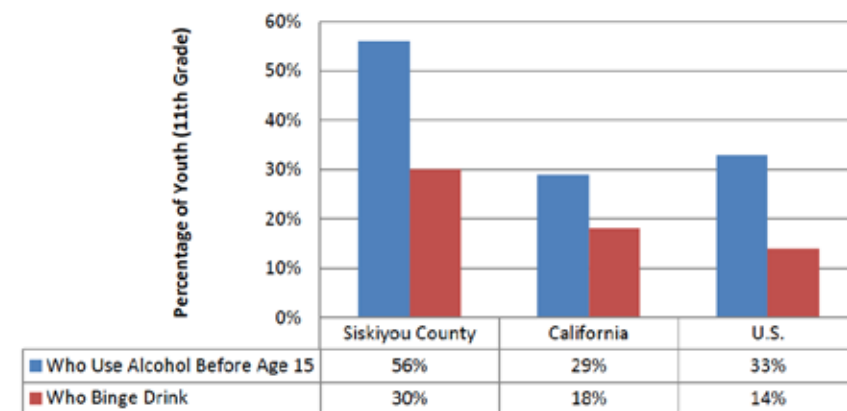
Stigma related to mental health was also noted in the surveys as a top concern for county residents. According to Siskiyou County Behavioral Health Department, stigma regarding mental health and substance use disorder has been identified as a significant barrier in focus groups. Small, rural counties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

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

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

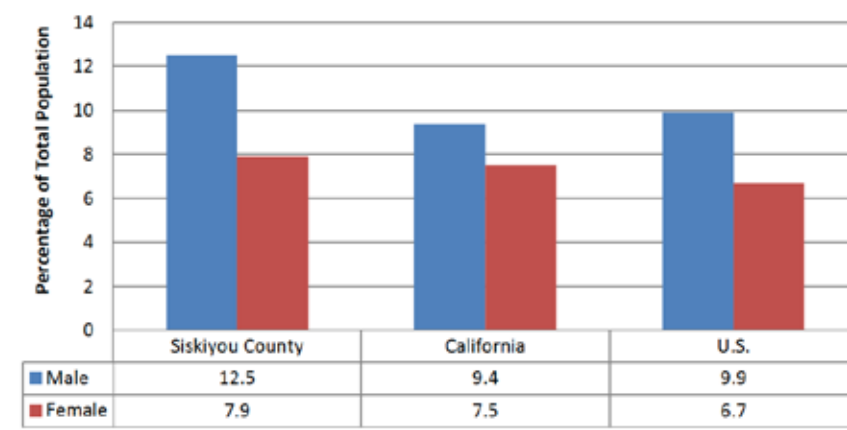
- National Alliance on Mental Illness

Alcohol Behaviors of Youth (11th Grade)



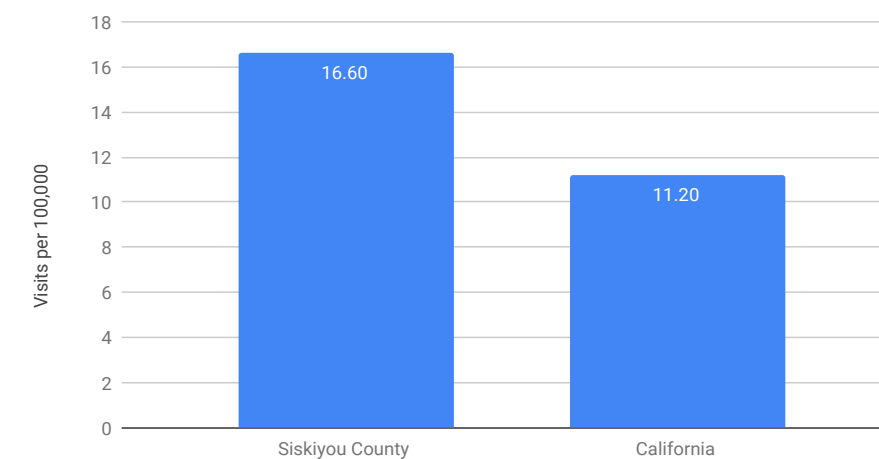
Source: California Healthy Kids Survey, 2018

Percentage of Adults Who Are Heavy Drinkers



Source: Health Data

Opioid Overdose Emergency Department Visits, per 100,000



Source: California Opioid Dashboard, 2018

RESOURCES POTENTIALLY AVAILABLE TO ADDRESS NEEDS

HEALTH TOPIC	POTENTIAL RESOURCES
Abuse and Neglect	<ul style="list-style-type: none"> Siskiyou Domestic Violence Adult Protective Services Area Agency on Aging Karuk Tribe Quartz Valley Tribe Local law enforcement First responders Siskiyou Family YMCA First 5 Siskiyou
Access to Care	<ul style="list-style-type: none"> Siskiyou County Health and Human Services Siskiyou County Behavioral Health Siskiyou County Public Health (Healthy Siskiyou Mobile Unit) Fairchild Medical Center Mercy Medical Center Mt. Shasta Partnership Health Plans of California Local Clinics Local Resource Centers
Aging	<ul style="list-style-type: none"> Area Agency on Aging Madrone Hospice Granada Gardens Siskiyou Springs Shasta Vista Karuk Tribe Quartz Valley Tribe Mercy Medical Center Mt. Shasta Fairchild Medical Center Local Resource Center
Chronic Disease	<ul style="list-style-type: none"> Mercy Medical Center Mt. Shasta Fairchild Medical Center Local healthcare clinics
Drug, Alcohol, and Tobacco Use	<ul style="list-style-type: none"> Public Health Behavioral Health (SUD) Local Physicians (9 that are X-Waivered) Karuk Tribe Anav Tribe MAT Hub and Spoke Yreka VA Rural Clinic Mt. Shasta Resource Center
Food and Nutrition	<ul style="list-style-type: none"> Great Northern Services Dorris Clinic Siskiyou Food Pantry Public Health Madrone Hospice - Meals on Wheels Program Mt. Shasta Resource Center

HEALTH TOPIC	POTENTIAL RESOURCES
Homelessness	<ul style="list-style-type: none"> Beacon of Hope Alta Vista Manor Siskiyou County Behavioral Health Eskaton Washington Manor Habitat for Humanity
Infectious Disease	<ul style="list-style-type: none"> Siskiyou County Public Health
Maternal/ Child Health	<ul style="list-style-type: none"> Siskiyou County Public Health Women, Infant, Children Program (WIC) Remi Vista Child Protective Services Siskiyou County Office of Education Children First Foster Family Agency Fairchild Medical Center CASA First 5 Siskiyou Mercy Medical Center Mt. Shasta Local health clinics Local resource centers Choices Yreka/ Mount Shasta
Mental Health	<ul style="list-style-type: none"> Siskiyou County Behavioral Health Fairchild Medical Center Siskiyou County Office of Education Remi Vista Heal Therapy Northern Valley Catholic Social Services (Six Stones Wellness Center) Karuk Tribe Quartz Valley Tribe
Oral Health	<ul style="list-style-type: none"> Dental Clinics - only 4 accept Medi-Cal Public Health First 5 Siskiyou - oral education no dental services Local providers Shasta Cascade Health Center - McCloud Clinic
Pain Management	<ul style="list-style-type: none"> MAT x-waivers Primary Care Physicians
Reproductive Health	<ul style="list-style-type: none"> Siskiyou County Public Health Family Pact providers Local health clinics Choices Yreka/ Mount Shasta
Unintentional Injury	<ul style="list-style-type: none"> Mercy Medical Center Mt. Shasta Fairchild Medical Center Local healthcare clinics



Appendix A - HEALTH INDICATORS DATA

Siskiyou Well Community Health Assessment						
Health Indicators Data						
The data presented below represents a combination of a wide variety of data sets which were studied to obtain quantitative data about health outcomes, chronic health conditions, health behaviors, social determinants of health, and other factors in Siskiyou County. For comparison, health indicator data for State and National were also collected. The most current data was sought for each measure, which ranged from 2011-2018, depending on the measure.						
Data sources include, but are not limited to: Centers for Disease Control and Prevention, California Healthcare Foundation, United States Census Bureau, California Department of Public Health, Bureau of Labor and Statistics, American Health Rankings, County Health Rankings & Roadmaps, Kids Data, Kiaser Family Foundation, CA Healthy Kinds Survey, Healthy Stores for Healthy Communities Survey, Substance Abuse and Mental Health Services Administration, Health Resources & Health Services Administration, California Health Collaborative, and the National Institute on Alcohol and Alcohol Abuse, HUD Point in Time Survey, and United States Interagency Council on Homelessness.						
Data collection and parameters vary from source to source. In order to ensure the integrity of the data set collected, best efforts were made to compare local, state, and national statistics collected under like circumstances. Should the data not be comparable, or unavailable, the statistic will show "N/A".						
KEY	Higher is "Good"		Lower is "Good"		No Objective	
Rates	Significantly Higher	↑	Significantly Lower	↓	Significantly Higher	↑
	Significantly Lower	↓	Significantly Higher	↑	Significantly Lower	↓
	No difference	↔	No difference	↔	No difference	↔
Access to Care						
1 Indicator	Measure	Data Parimeters	Statistic	State Comparison	National Comparison	
1.1 Persons with medical insurance	i. The portion of the population with public health insurance	Local:	54%	↑	↑	
		State:	38%			
		National:	36.50%			
	ii. The portion of the population that has no health insurance	Local:	10.00%	↑	↔	
		State:	7%			
		National:	10.20%			
	iii. Unisured per 100 population age 0 to 18	Local:	7.9	↑	↑	
		State:	5.7			
		National:	5			
1.2 Access to care providers	i. Number of primary care providers ratio	Local:	1,497:1	↑	N/A	
		State:	1,341:1			
		National:	N/A			
	ii. Number of speaciality care providers per 100,000 population	Local:	75.8	N/A	↑	
		State:	N/A			
		National:	49.4			
	iii. Number of dental providers ratio	Local:	1,497:1	↑	N/A	
		State:	1,386:1			
		National:	N/A			
	iv. Number of mental health providers ratio	Local:	7,483:1	↑	N/A	
		State:	1,829:1			
		National:	N/A			
1.3 Oral Health	i. Rate per 100,000 of non-traumatic dental conditions related emergency department visits	Local:	1295.5	↑	N/A	
		State:	353.3			
		National:	N/A			
	ii. Percent of MediCal recipients ages 0-20 who had an anual dental visits	Local:	31.40%			
		State:				
		National:				
Disease Rates						
2 Indicator	Measure	Data Parimeters	Statistic	State Comparison	National Comparison	
2.1 Chronic Illness	i. Percentage of adults who have been diagnosed with diabetes	Local:	8.20%	↔	↓	
		State:	8.40%			
		National:	10.50%			
	i. Percentage of adults who have been diagnosed with hypertension	Local:	36.20%	↑	↑	
		State:	27.20%			
		National:	33.40%			
2.2 Infectious Disease	i. Children receiving the recommended doses of DTaP, polio, MMR, Hib, HepB, varicella, and PCV vaccines by 19-35 months	Local:				
		State:	68.60%			
		National:	70.40%			
	ii. Percentage of fee-for-service Medicare enrollees that had an annual flu vaccination	Local:	29%	↓	N/A	
		State:	40%			
		National:				

Environment					
3 Indicator	Measure	Data Parimeters	Statistic	State Comparison	National Comparison
3.1 Air Quality	i. Air pollution particulate matter per cubic meter	Local:	10.3	↓	↑
		State:	11.9		
		National:	8.4		
3.2 Recreation	i. Rate of recreational facilities per 100,000	Local:	9	↔	N/A
		State:	9		
		National:	N/A		
	v. Percentage of population with adequate access to locations for physical activity	Local:	76%	↓	N/A
		State:	93%		
		National:	N/A		
Health Behaviors and Substance Abuse					
4 Indicator	Measure	Data Parimeters	Statistic	State Comparison	National Comparison
4.1 Alcohol	i. Percent of youth (11th grade) who use alcohol before age 15	Local:	56%	↑	↑
		State:	29%		
		National:	33%		
	ii. Percent of youth (11th grade) who binge drink	Local:	30%	↑	↑
		State:	18%		
		National:	14%		
4.2 Obesity	i. Obesity among adults	Local:	34.8	↑	↓
		State:	32.9		
		National:	36.1		
	ii. Obesity among children and adolescents	Local:			
		State:	17%		
		National:	19%		
	ii. Percentage of people who are physically inactive	Local:	20%	↑	↓
		State:	18%		
		National:	25.60%		
4.3 Tobacco	i. The percentage of adults who currently smoke	Local:	22.4	↑	↔
		State:	17.5		
		National:	22.2		
	ii. Percent of youth who use any tocacco	Local:	22.70%	↑	↓
		State:	13.80%		
		National:	27.10%		
	iii. Percentage of adolescents who report use chew in the last 30 days	Local:	5%	↑	↓
		State:	2%		
		National:	5.90%		
	iv. The percentage of adolescents (11th grade) who report ever using e-cigarettes, vapes, or Juuls	Local:	4%	↓	↓
		State:	32%		
		National:	20.80%		
4.4 Substance Abuse	i. Percentage of adults who are heavy drinkers	Local:	Female: 7.9	↔	↑
			Male: 12.5		
		State:	Female:7.5		
		National:	Male: 9.4	↑	↑
			Female: 6.7		
			Male: 9.9		
	ii. Opiod overdose (excluding heroin) emergency department visits per 100,000	Local:	16.6	↑	N/A
		State:	11.2		
		National:	N/A		

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

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

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

Appendix B - 2019 COMMUNITY HEALTH SURVEY

Q1. What is the zip code where you live?		
96027		46
96023		2
96094		73
96067		89
96097		209
96064		68
96044		9
96034		8
96058		1
96038		12
96057		8
96132		3
96039		4
96032		37
96037		12
96014		3
96025		17
97520		5
96050		3
92823		1
95060		1
96658		1
97501		1
	Answered	615
	Skipped	2
Q2. What is the zip code where you work?		
96027		18
96023		3
96094		27
96067		70
96097		362
96064		7
96044		3
96034		5
96058		0
96038		11
96057		7
96132		0
96039		3

96032		14
96037		0
96014		0
96025		7
97520		5
96050		2
92823		0
95060		1
96658		1
97501		5
Out of County		5
Retired		21
	Answered	563
	Skipped	54
Q3. What is your age?		
Answer Choices	Responses	
Under 25	4.46%	27
26-39	29.21%	177
40-54	29.54%	179
55-64	23.43%	142
65 and over	13.37%	81
	Answered	606
	Skipped	11
Q4. What is your gender?		
Female		500
Male		94
Undecided		1
Non-Conforming		1
Decline to State		19
	Answered	600
	Skipped	17

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

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

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

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

Q16. In the following list, what do you think are the five most common “risky behaviors” in our community? Check only 5		
Answer Choices	Responses	
Alcohol abuse	86.92%	472
Being overweight	60.41%	328
Dropping out of school	20.63%	112
Drug abuse	91.34%	496
Lack of exercise	40.33%	219
Lack of maternity care	4.60%	25
Poor eating habits	62.80%	341
Not getting vaccines (shots) to prevent disease	19.34%	105
Racism	8.10%	44
Tobacco use	41.62%	226
Not using birth control	14.36%	78
Not using seat belts / child safety seats	6.45%	35
Unsafe sex	21.18%	115
Unsecured firearms	7.00%	38
Other (please specify)		27
	Answered	543
	Skipped	74
Q17. What are the top five things you think negatively influence child wellness and safety in our community? Check only Five		
Answer Choices	Responses	
I think generally child wellness and safety in our community is positive	7.95%	43
Limited access to affordable, nutritious food	42.70%	231
Limited physical activity	26.06%	141
No safe place to play	14.97%	81
Not enough parenting classes	11.65%	63
Parents not knowing child safety recommendations	11.46%	62
Not enough safe sports equipment or not used	2.22%	12
Inappropriate use of seat belts or child safety seats	4.07%	22
Child unable to swim, not using a life jacket, or needs water safety education	6.28%	34
Violence in home or community	55.08%	298
Medicines, drugs, or cleaning supplies are accessible to children in the home	13.31%	72
Cigarette smoke exposure	31.79%	172
Parents abuse alcohol & drugs	79.85%	432
Teen drug, alcohol, or tobacco use/abuse	45.66%	247

Bullying or harassment	34.94%	189
Not enough adult supervision	23.84%	129
Child abuse	32.72%	177
Not enough infant safe sleep education for parents and caregivers	1.66%	9
Parents or caregivers put infants in high-risk sleep situations (examples: sleeping with soft objects, no hard bed surface, not sleeping alone)	1.85%	10
Lack of support services for children with special health care needs	23.48%	127
Other (please specify)		30
	Answered	541
	Skipped	76
Q18. What are the top three reasons you think people do not get the mental health services they need? Check only 3		
Answer Choices	Responses	
I think people generally get the mental health services they need	1.30%	7
Not enough screenings and referrals for Mental Health	20.59%	111
Not enough Mental Health Providers	51.58%	278
Not enough family, individual, or group therapy services	19.11%	103
Not understanding Mental Health Disorders	34.88%	188
Multiple mental health disorders	7.79%	42
Multi-generational mental health issues	17.07%	92
Language or cultural barriers	1.67%	9
Stigma or prejudice	25.60%	138
Lack of coping skills or problem-solving strategies	15.77%	85
Chronic stress	4.08%	22
Drug or alcohol abuse	43.41%	234
Social acceptance of alcohol and/or drug use	7.42%	40
Untreated substance use problems	21.89%	118
Not enough substance use screening and treatment	6.12%	33
Not aware of the negative effects of substance use	5.19%	28
Lack of Support (community, family, friends)	18.74%	101
Violence in the home	5.38%	29
Violence or crime in the community	1.86%	10
Financial concerns	21.52%	116
Other (please specify)		21
	Answered	539
	Skipped	78

Q19. What would you like to see Public Health and the Hospitals, in collaboration with community partners, focus on over the next three years? Check only 3		
Answer Choices	Responses	
Help people get to doctors appointments (transportation)	14.04%	75
Help people sign up for insurance	7.12%	38
Help people get the medicine they need to stay healthy	16.85%	90
Increase the number of family doctors or increase number of appointments	25.28%	135
Increase the number of specialists	24.34%	130
Help people to lose weight and eat more healthy foods	22.47%	120
Help women who are pregnant to have a healthy pregnancy	5.99%	32
Help people to stay healthy who have a chronic disease like diabetes, heart failure, lung disease, cancer, etc.	25.28%	135
Help prevent teen pregnancy	7.12%	38
Help prevent sexually transmitted diseases	3.00%	16
Help stop domestic violence, child abuse and neglect, or elder abuse and neglect	43.63%	233
Help people get mental health care	57.68%	308
Help adults and teens to stop using illegal drugs, opioids, alcohol, or tobacco	47.38%	253
Help support caregivers	6.93%	37
Other (please specify)		22
	Answered	534
	Skipped	83
Q20. In the last 12 months, was there a time that you needed to see a doctor, but were unable to?		
Answer Choices	Responses	
Yes	27.81%	151
No	72.19%	392
	Answered	543
	Skipped	74
Q21. If you answered “yes” to question #20, please specify why:		
Answer Choices	Responses	
I did not have health insurance.	27.66%	13
My health insurance was not accepted	46.81%	22
Lack of transportation	25.53%	12
Other (please specify)		97
	Answered	47
	Skipped	570

Q22. About how long has it been since you last were seen by a dentist or dental clinic? Check one		
Answer Choices	Responses	
Within the past year	75.05%	400
More than a year but within the past two years	12.38%	66
Not Sure	11.44%	61
Never	1.13%	6
	Answered	533
	Skipped	84
Q23. When you are sick or need advice regarding your health, which of these places do you seek care? Check all that apply):		
Answer Choices	Responses	
Hospital Emergency Room	18.50%	96
Urgent Care/Walk-In Clinic	26.01%	135
Doctor’s Office	73.22%	380
Clinic	32.37%	168
Hospital Outpatient Clinic	5.39%	28
Military or Other VA Healthcare	1.73%	9
Other (please specify)		38
	Answered	519
	Skipped	98
Q24. How do you pay for your healthcare?		
Answer Choices	Responses	
Pay cash (no insurance)	2.63%	14
Private insurance	30.77%	164
MediCal/ Partnership	12.38%	66
Medicare	11.26%	60
Veterans's Administration	0.56%	3
Indian Health Services	0.38%	2
Employer insurance	42.03%	224
	Answered	533
	Skipped	84

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

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

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

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

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

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

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

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

Q61. Yesterday, how many glasses or cans of soda, such as Coke, or other sweetened drinks, such as fruit punch or sports drinks did your child have (this also includes any drinks with added sugar, such as energy drinks, sunny delight, iced tea drinks, Gatorade, and sweetened water drinks)? Do not count diet drinks.		
Answer Choices	Responses	
None	66.95%	158
1-4	33.05%	78
5-10	0.00%	0
11+	0.00%	0
	Answered	236
	Skipped	381
Q62. How many meals per week does your child eat from fast food restaurants?		
Answer Choices	Responses	
None	47.88%	113
1-2	48.31%	114
3-5	3.81%	9
6 or more	0.00%	0
	Answered	236
	Skipped	381
Q63. About how many times per week or per month does your child take part in any physical activities?		
Answer Choices	Responses	
Per week:	98.66%	221
Per month:	48.66%	109
	Answered	224
	Skipped	393
Q64. When your child took part in activities, for about how many minutes or hours did they usually keep at it?		
Answer Choices	Responses	
Minutes:	60.18%	133
Hours:	56.11%	124
	Answered	221
	Skipped	396

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

The Community Health Survey included 65 questions.

Appendix C - KEY INFORMANT SURVEY PARTICIPANTS

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

Appendix D - KEY INFORMANT SURVEY RESULTS

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

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

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

Q9. What do you think are the five most important "health problems" in our community?		
Answer Choices	Responses	
Aging problems / support for the elderly	42.86%	9
Access to birth control	9.52%	2
Access to healthy, affordable foods	23.81%	5
Affordable Housing	33.33%	7
Cancers	14.29%	3
Child abuse / neglect	38.10%	8
Dental problems/ Access	61.90%	13
Domestic Violence	28.57%	6
Chronic Illness (diabetes, high blood pressure, heart disease, etc)	66.67%	14
Firearm-related injuries	0.00%	0
HIV / AIDS	0.00%	0
Homicide	0.00%	0
Infant Death	0.00%	0
Infectious Diseases	0.00%	0
Mental health (including undiagnosed)	85.71%	18
Behavioral Health	47.62%	10
Chronic stress	4.76%	1
Motor vehicle crash injuries	4.76%	1
Rape / sexual assault	0.00%	0
Respiratory / lung disease	23.81%	5
Sexually transmitted diseases	9.52%	2
Suicide	9.52%	2
Teenage pregnancy	14.29%	3
Other (please specify)		3
	Answered	21
	Skipped	0
Q10. What are the top five things you think negatively influence child wellness in out community?		
Answer Choices	Responses	
Limited access to affordable, nutritious food	42.86%	9
Limited physical activity	33.33%	7
No safe place to play	9.52%	2
Not enough parenting classes	9.52%	2
Parents not knowing child safety recommendations	4.76%	1
Not enough safe sports equipment or not used	0.00%	0
Inappropriate use of seat belts or child safety seats	0.00%	0
Child unable to swim, not using a life jacket, or needs water safety education	0.00%	0
Violence in home or community	47.62%	10

Medicines, drugs, or cleaning supplies are accessible to children in the home	28.57%	6
Cigarette smoke exposure	42.86%	9
Parents abuse alcohol & drugs	90.48%	19
Teen drug, alcohol, or tobacco use/abuse	28.57%	6
Bullying or harassment	14.29%	3
Not enough adult supervision	33.33%	7
Child abuse	33.33%	7
Not enough infant safe sleep education for parents and caregivers	4.76%	1
Parents or caregivers put infants in high-risk sleep situations (examples: sleeping with soft objects, no hard bed surface, not sleeping alone)	9.52%	2
Lack of support services for children with special health care needs	23.81%	5
I think generally child wellness and safety in our community is positive	0.00%	0
Other (please specify)		5
	Answered	21
	Skipped	0
Q11. What are the top three reasons you think people do not get the mental health services they need?		
Answer Choices	Responses	
Not enough screenings and referrals for Mental Health	14.29%	3
Not enough Mental Health Providers	57.14%	12
Not enough family, individual, or group therapy services	0.00%	0
Not understanding Mental Health Disorders	28.57%	6
Multiple mental health disorders	14.29%	3
Multi-generational mental health issues	28.57%	6
Language or cultural barriers	9.52%	2
Stigma or prejudice	28.57%	6
Lack of coping skills or problem-solving strategies	9.52%	2
Chronic stress	0.00%	0
Drug or alcohol abuse	47.62%	10
Social acceptance of alcohol and/or drug use	19.05%	4
Untreated substance use problems	33.33%	7
Not enough substance use screening and treatment	4.76%	1
Not aware of the negative effects of substance use	9.52%	2
Lack of Support (community, family, friends)	19.05%	4
Violence in the home	4.76%	1
Violence or crime in the community	0.00%	0
Financial concerns	4.76%	1
I think people generally get the mental health services they need	0.00%	0
Other (please specify)		3
	Answered	21
	Skipped	0

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

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

The Key Informant Survey included 14 questions.



FAIRCHILD
MEDICAL CENTER

2019 COMMUNITY HEALTH IMPROVEMENT PLAN



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

2019 COMMUNITY HEALTH IMPROVEMENT PLAN

The Fairchild Medical Center 2019 Community Health Improvement Plan is currently under development and will be made available to the public in October 2019.

Digital copies will be available beginning October 1, 2019 by visiting fairchildmed.org/chip.

For a printed copy beginning October 1, 2019 please contact:

Fairchild Medical Center
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