Fairchild Medical Center

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2016 COMMUNITY HEALTH NEEDS ASSESSMENT

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Letter from the CEO

Dear Community:

As the Chief Executive Officer at Fairchild Medical Center, I would like to share our Community Health Needs Assessment with you. Under the Patient Protection and Affordable Care Act (PPACA), tax- exempt hospitals are required to conduct a Community Health Needs Assessment (CHNA) every three years with input from our community, public health experts and key stakeholders

The Community Health Needs Assessment outlines the priority health issues facing our community. Over the next several months we will be developing a plan, in collaboration with community partners, to address each of the prioritized health needs. Building a healthy community requires multiple stakeholders working together. We must strive to build lasting partnerships and actively engage in finding solutions. We invite you to review our plan, provide feedback, and join us creating a healthier community.

Very truly yours,

Jonathon Andrus
Chief Executive Officer

Introduction and Hospital Overview

Fairchild Medical Center (FMC), located in Yreka, California, is a federally designated Critical Access Hospital, accredited by The Joint Commission. FMC serves a large geographic area that includes northern, western and eastern Siskiyou County. Yreka, Siskiyou's county seat, is located in the beautiful Shasta Valley at the northern edge of the Siskiyou and Shasta Cascade mountain ranges of the northern most part of the State on the California-Oregon Border. It is surrounded by the Klamath National Forest, which offers a myriad of outdoor activities that include: hiking, hunting, boating, snowboarding, and skiing as well as fishing and rafting on the beautiful Klamath River.

FMC is a state-of-the-art healthcare facility built in 1997 to replace the old Siskiyou General Hospital that had served the residents of Siskiyou since 1921. FMC includes a 17-bed medical surgical unit, a four-bed intensive care unit and two clinics, the Fairchild Medical Clinic and the Scott Valley Rural Health Clinic. In addition to medical and surgical care, services include orthopedic, emergency, obstetrical, pediatric and additional specialties through telemedicine.

With a service area of approximately 24,469 people, over 60,000 patients visited Fairchild Medical Center last year, 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 over 28 physicians and 400 employees.

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. Our focus is to provide comprehensive, high-quality health care services to those in need.

Our Vision & Values

Vision Statement

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

Value Statement

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 quality, compassion, teamwork, innovation, and professionalism.

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 so that we may continually make improvements in systems and services throughout our organization.

Community Health Needs Assessment Approval

The Fairchild Medical Center Board of Directors approved and adopted the CHNA on October 25, 2016.

Community Health Needs Assessment Availability to the Community

This report is available to the community on the Fairchild Medical Center's website, http://www.farichildmed.org. Paper copies are available free of charge at Fairchild Medical Center Administration offices.

Acknowledgements and Steering Committee

Steering Committee

The steering committee established the framework and methodology for conducting the Community Health Needs Assessment (CHNA) and provided guidance and direction throughout the process. The steering committee members included:

→ Jonathon Andrus	Chief Executive Officer
→ Judy Baker	Board Member
→ Sherry Crawford	Board Member
→ Carrie Hayden	Board Member
→ Vina Swenson, MD	Chief of Staff
→ Sam Rabinowitz, MD	Medical Director Primary Care
→ Joann Sarmento	Human Resources Manager

Consultants

Fairchild Medical Center contracted with HealthTechS3 to assist in conducting the 2016 Community Health Needs Assessment. HealthTechS3 is a healthcare consulting and hospital management company based in Brentwood, Tennessee. HealthTechS3 principal consultants were Carolyn St.Charles and Cheri Benander. Jane Brewster provided assistance with secondary data collection.

2013 Community Health Improvements

A Community Health Needs Assessment was completed in 2013. The following community health improvements were implemented as a result of the 2013 CHNA.

Goal: Improve Access to Dental Care

Strategy 1: Open a Dental Clinic for Low Income Residents

Action(s):

1. Fairchild Medical Center hired a dentist and opened a dental clinic on December 7, 2015. The clinic is open Monday – Friday from 8am – 5pm.

Results / Outcomes:

From December 7, 2015 thru August 1, 2016, the clinic has served a total of 1,382 adults and 668 children.

This is higher than the projected utilization of 2,700 annually.

Goal: Improve access to Mental Health Care for residents of Yreka County

Strategy 1: Participate as an active member of the Behavioral Health Task Group established in 2014 by Siskiyou Healthcare Collaborative to explore opportunities for increasing access to mental health and substance abuse services.

Action(s):

1. Complete a "Behavioral Health Community Capacity and Needs Assessment".
2. Complete a "Behavioral Health Integration Implementation Plan".

Results / Outcomes:

A Behavioral Health Community Capacity and Needs Assessment was completed in April 2016 by the Siskiyou Healthcare Collaborative.

Strategy 2: Provide support for primary care providers providing care to the chronically mentally ill population.

Action(s):

1. Develop a team of four people: nurse practitioner, physician assistant, psychologist, and social worker to help manage the psychiatric / mental health needs of patients that are seen at the Fairchild Medical Center Clinic.

Results / Outcomes:

1. Physician Assistant was hired November 2013.
2. Nurse Practitioner was hired November 2015.
3. Psychologist was hired June 2016.
4. Social Worker was hired August 2016.

Encounters:

1. There were a total of 1,991 encounters in 2015.
2. There were a total of 1,807 encounters from January 1, 2016 – August 1, 2016.

Perspective and Overview

Robert Wood Johnson Foundation County Health Rankings:
http://www.countyhealthrankings.org/roadmaps/action-center

The Patient Protection and Affordable Care Act (ACA), enacted on March 23, 2010, added a requirement that hospitals covered under section §501(c)(3) of the Internal Revenue Code must complete a Community Health Needs Assessment every three years to maintain their tax-exempt status.

The Community Health Needs Assessment defines priorities for health improvement, with an emphasis on the needs of populations that are at risk for poor health outcomes due to geographic, language, financial or other barriers. The CHNA process creates a platform to engage community stakeholders and to understand the needs of the community served by Fairchild Medical Center.

Process and Methods

A multi-faceted approach was used to gather information about the health needs of the community and to develop priorities for health improvement. The process focused on gathering and analyzing secondary data as well as obtaining input from key stakeholders and the community to identify and define significant health needs, issues, and concerns.

- Interviews with key stakeholders were conducted with individuals and groups that represented the broad interests of the community. These representatives included public health and individuals with knowledge of medically underserved, low-income, and minority populations and populations with chronic disease. The interviews were completed in-person or by phone between March 2016 and August 2016. There were a total of sixteen (16) interviews conducted.

- A community survey to solicit feedback regarding community health needs and priorities for health improvement was developed. A total of 151 surveys were completed.

- Secondary data was obtained from a variety of sources to create a comprehensive community profile and to identify health disparities and barriers to accessing care. Every effort was made to obtain the most current and reliable data. Data by zip code, if available and county data were analyzed for comparison purposes with the State of California, other counties within California, United States, and with Healthy People 2020 targets when available.

- A meeting was held on October 4, 2016 with the CHNA steering committee to review primary and secondary data and to develop priority community health goals for the next three years.

The 2016 CHNA report includes:

- Community demographics and populations served

- Methods for obtaining, analyzing and synthesizing data about the health needs of the community

- Process for consulting with persons representing the broad interests of the community, including those with special knowledge of or expertise in public health

- Process and criteria used in identifying health needs of the community as significant and prioritizing those needs

- Resources to address priority community health needs

Gap Analysis

Data was obtained from all required sources in completing the CHNA and identifying community health priorities. Fairchild Medical Center is not aware of any information gaps affecting the assessment of the community's health needs.

Next Steps

Over the next several months Fairchild Medical Center in collaboration with community partners, will develop an implementation plan for each of the priority health needs. The implementation plan will be published in a separate report.

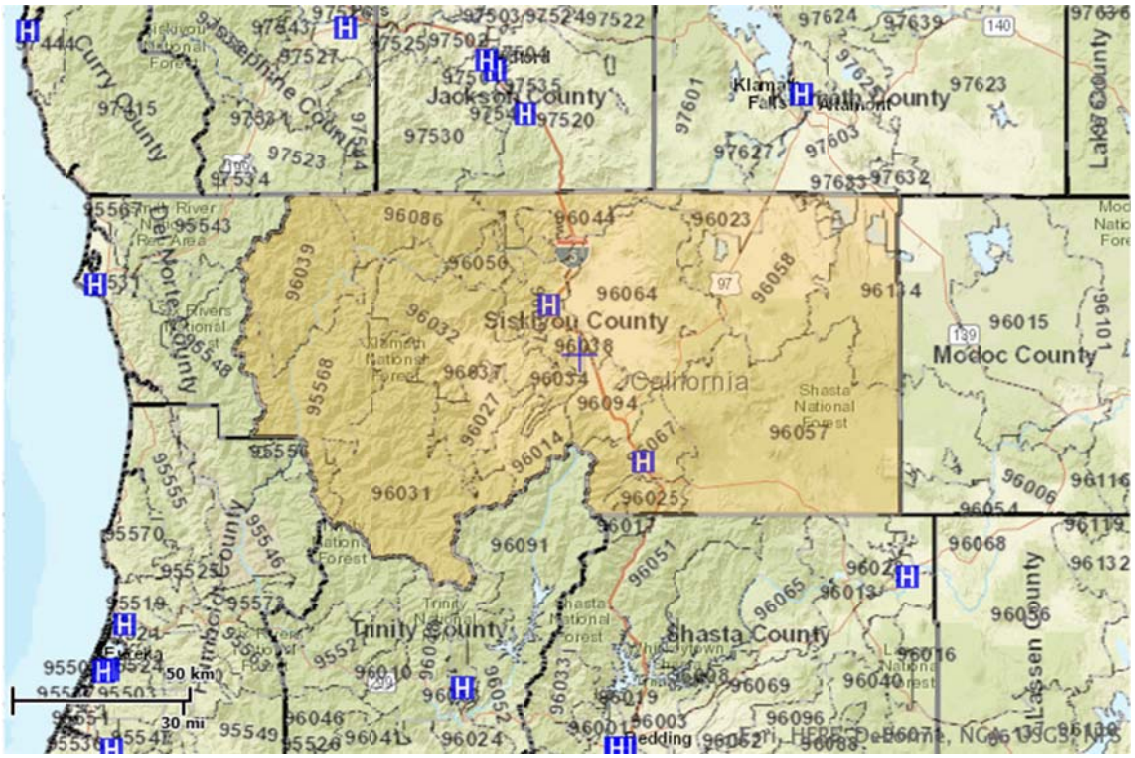
Geographic Assessment Area

Siskiyou County was utilized as the geographic area for the CHNA. The majority of Fairchild Medical Center inpatients and outpatients are from ZIP codes in Siskiyou County. It is therefore reasonable to utilize Siskiyou County as the CHNA geographic area.

Siskiyou County includes medically underserved, low-income and minority populations. All residents were used to determine the CHNA geographic area.

Demographic and other data were gathered for those communities in Fairchild Medical Center's primary and secondary service area when available at the ZIP code level.

- 96014 (Callahan)
- 96027 (Etna)
- 96031 (Forks of Salmon)
- 96032 (Fort Jones)
- 96034 (Gazelle)
- 96037 (Greenview)
- 96038 (Grenada)
- 96039 (Happy Camp)
- 96044 (Hornbrook)
- 96045 (Horse Creek)
- 96050 (Klamath River)
- 96064 (Montague)
- 96085 (Scott Bar)
- 96086 (Seiad Valley)
- 96097 (Yreka)



Demographic Profile

The following is a summary of Siskiyou County and the Fairchild Medical Center service area demographics. Demographic data was abstracted from iVantage Health Analytics unless otherwise noted.

Population

Siskiyou County had an estimated population of 45,408 in 2015, which is expected to increase to 45,899 by 2020, an increase of 491 residents.

Fairchild Medical Center service area by contrast is expected to increase from 23,506 residents to 23,934 residents by 2020, a 1.8% increase. The largest changes in population are for Yreka (124), Montague (107) and Fort Jones (108).

County	2015 Estimated Population	2020 Projected Population	2015-2020 Projected Population Change	2015-2020 Projected % Change
SISKIYOU COUNTY	45,408	45,899	491	1.1%
Total Service Area	**45,408**	**45,899**	**491**	**1.1%**

Source: iVantage Health Analytics

Zip Code (City)	2015 Estimated Population	2020 Projected Population	2015-2020 Projected Population Change	2015-2020 Projected % Change
96097 (Yreka)	10,368	10,492	124	1.2%
96064 (Montague)	4,873	4,980	107	2.2%
96032 (Fort Jones)	2,869	2,977	108	3.8%
96027 (Etna)	2,242	2,299	57	2.5%
96039 (Happy Camp)	1,356	1,368	12	0.9%
96044 (Hornbrook)	737	751	14	1.9%
96038 (Grenada)	735	734	-1	-0.1%
96031 (Forks of Salmon)	326	333	7	2.1%
96050 (Klamath River)	323	331	8	2.5%
96086 (Seiad Valley)	284	290	6	2.1%
96014 (Callahan)	226	234	8	3.5%
96034 (Gazelle)	78	78	0	0.0%
96037 (Greenview)	52	54	2	3.8%
TOTAL	**23,506**	**23,934**	**428**	**1.8%**

Source: iVantage Health Analytics

Age

The majority of the population in Siskiyou County are 45 – 64. By 2020 the number of residents 45 – 64 is expected to decrease and residents over 65 is expected to increase.

COUNTY Population Distribution by Age 2015						
Age Group	SISKIYOU COUNTY 2015		CALIFORNIA 2015		UNITED STATES 2015	
<15	7,129	15.7%	7,570,577	19.7%	60,703,764	19.1%
15-24	5,086	11.2%	5,560,487	14.5%	43,805,862	13.8%
25-44	8,763	19.3%	10,685,513	27.8%	83,329,651	26.2%
45-64	14,122	31.1%	9,605,264	25.0%	83,728,979	26.3%
65>	10,308	22.7%	4,949,995	12.9%	46,968,183	14.7%
TOTAL	45,408	100.0%	38,371,836	100.0%	318,536,439	100.0%

Source: iVantage Health Analytics

COUNTY Population Distribution by Age 2020						
Age Group	SISKIYOU COUNTY 2020		CALIFORNIA 2020		UNITED STATES 2020	
<15	7,068	15.4%	7,668,023	19.3%	61,676,080	18.7%
15-24	4,728	10.3%	5,148,917	12.9%	42,316,726	12.8%
25-44	9,088	19.8%	11,535,680	29.0%	87,933,307	26.6%
45-64	13,081	28.5%	9,641,853	24.2%	83,464,005	25.2%
65>	11,934	26.0%	5,808,338	14.6%	55,232,457	16.7%
TOTAL	45,899	100.0%	39,802,811	100.0%	330,622,575	100.0%

Source: iVantage Health Analytics

Ethnicity

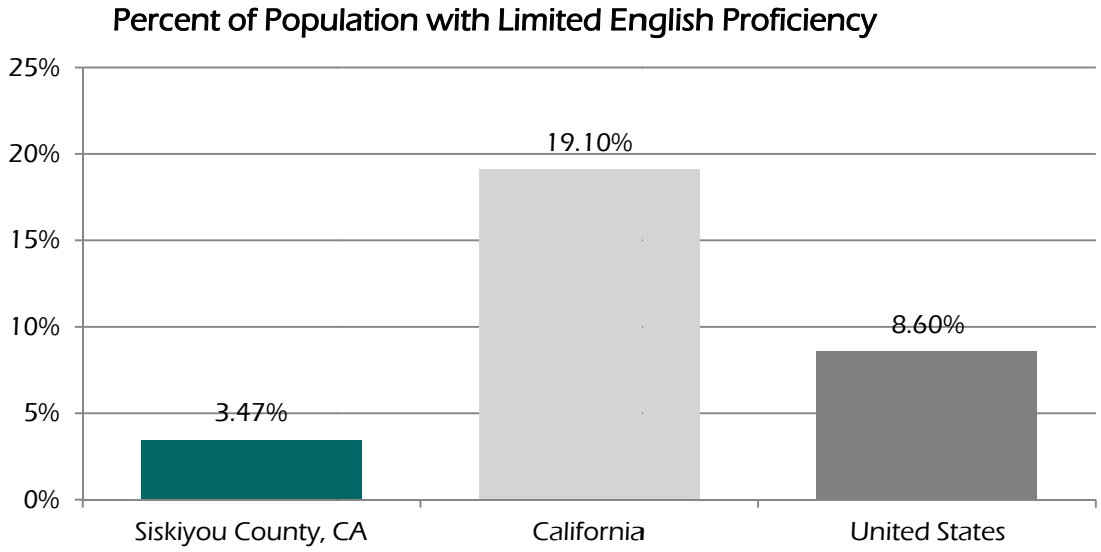
The majority of the population in Siskiyou County are Caucasian, significantly higher than the percentage for the State. The Hispanic population ranges from 6.4% in Grenada to 11% in Yreka. The American Indian population is highest in Happy Camp (19.8%).

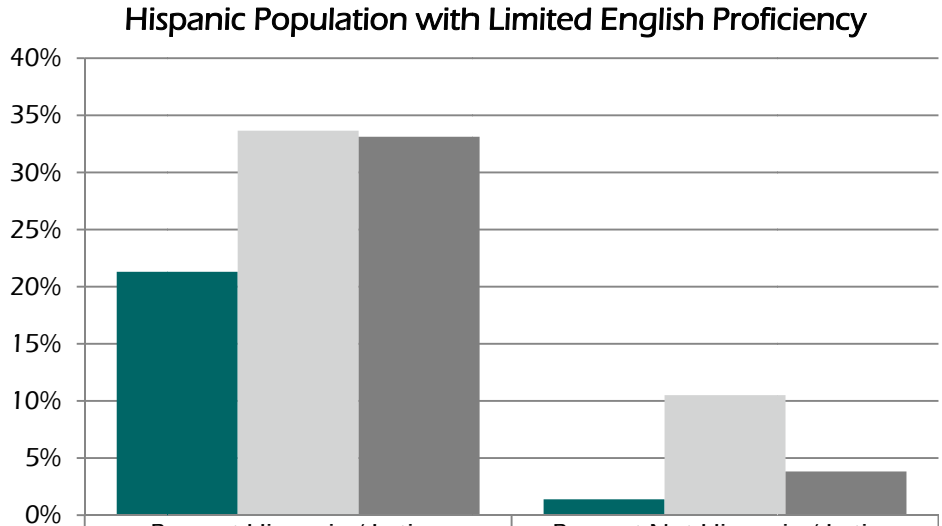
COUNTY Population Distribution by Ethnicity						
Race	SISKIYOU COUNTY #	%	CALIFORNIA #	%	UNITED STATES #	%
Caucasian	34,884	76.8%	14,546,005	37.9%	196,246,439	61.6%
Black	642	1.4%	2,151,324	5.6%	39,280,020	12.3%
American Indian	1,676	3.7%	159,859	0.4%	2,337,710	0.7%
Asian	643	1.4%	5,335,198	13.9%	16,968,476	5.3%
Other Non-Hispanic	1,927	4.2%	1,168,905	3.0%	7,547,553	2.4%
Hispanic	5,636	12.4%	15,010,545	39.1%	56,156,241	17.6%
TOTAL	45,408	100.0%	38,371,836	100.0%	318,536,439	100.0%

Source: iVantage Health Analytics

Limited English Proficiency

3.5% of Siskiyou County residents have limited English proficiency, significantly less than the State.[1] Of the 3.5% with limited English proficiency, the majoirty, 21.3%, are Hispanic.[2]





	Percent Hispanic / Latino	Percent Not Hispanic / Latino
Siskiyou County, CA	21.31%	1.39%
California	33.66%	10.51%
United States	33.12%	3.83%

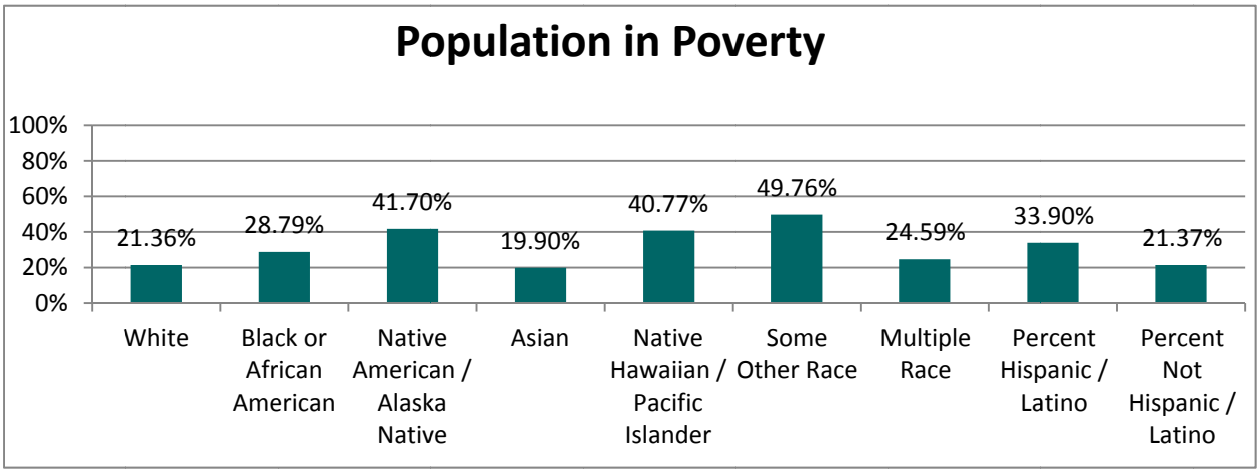
[1] U.S. Census Bureau. American Communities Survey, 2010-2014
[2] IBID

Income and Poverty

The median household income in Siskiyou County is $35,823 annually. 30% of children in the County live in households below the Federal Poverty Level and 22.7% of households are below the federal poverty level. The highest rates of poverty are for: Some Other Race, Native American/Alaska Native and Native Hawaiian/Pacific Islander.

SISKIYOU COUNTY	2015 Estimated Median Income	2020 Projected Median Income	2015-2020 Projected Median Income Change	2015-2020 Projected % Change
Median Income	35,823	39,777	3,954	9.9%
Total Service Area	35,823	39,777	3,954	9.9%

Source: iVantage Health Analytics



Education

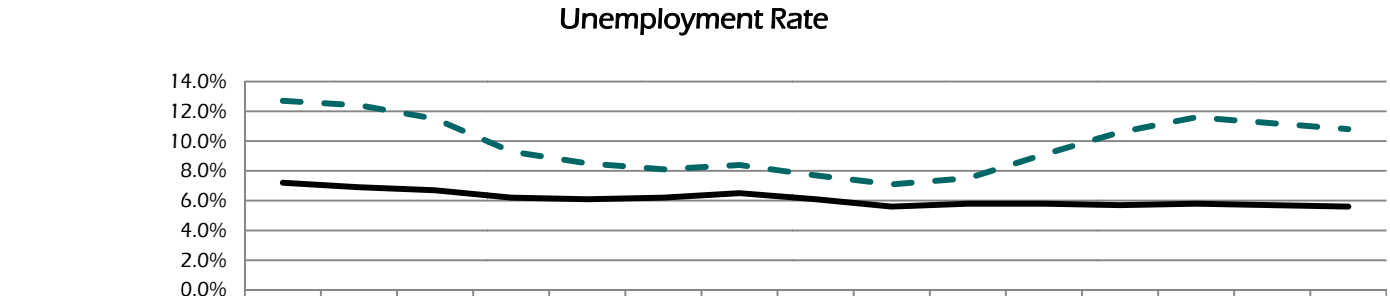
Siskiyou County has a higher high school graduation rate than the State.[3]

	Siskiyou County	California	Top U.S. Performers
High School Graduation	94%	85%	93%
Some College	62%	62%	72%

[3] iVantage Analytics

Unemployment Rate

The annual average unemployment rate in Siskiyou County in 2015, not seasonally adjusted, was 9.4% compared to 6.2% for the State of California. Siskiyou County routinely has a higher unemployment rate than the State.



	Jan-15	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan-16	Feb	Mar
Siskiyou County	12.7%	12.4%	11.5%	9.3%	8.5%	8.1%	8.4%	7.7%	7.1%	7.5%	9.1%	10.6%	11.6%	11.2%	10.8%
Californina	7.2%	6.9%	6.7%	6.2%	6.1%	6.2%	6.5%	6.1%	5.6%	5.8%	5.8%	5.7%	5.8%	5.7%	5.6%

Health Status and Social Determinants of Health

Information from a variety of secondary sources were reviewed and analyzed to develop a comprehensive picture of the health status and social determinants of health of the residents of Siskiyou County.

Data for Siskiyou County was compared to other counties in California, the United States, and Healthy People 2020, when data or information was available. Some data was only available at the State level.

Community Health Index

In 2005, Dignity Health, in partnership with Truven Health, pioneered the nation's first standardized Community Need Index (CNI). The CNI is strongly linked to variations in community healthcare needs and is a strong indicator of a community's demand for various healthcare services.

The Community Needs Index is based upon five barriers to health; Income Barriers, Cultural Barriers, Education Barriers, Insurance Barriers and Housing Barriers. Each is weighted equally at 20%.

Barriers to Healthcare Access	Indicator(s): Underlying causes of health disparity	
Income	Percentage of	households below poverty line, with head of household age 65 or more
	Percentage of	families with children under 18 below poverty line
	Percentage of	single female-headed families with children under 18 below poverty line
Culture/ Language	Percentage of	population that is minority (including Hispanic ethnicity)
	Percentage of	population over age 5 that speaks English poorly or not at all
Education	Percentage of	population over 25 without a high school education
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

Source: http://cni.chw-interactive.org; Community Need Index Methodology and Source Notes 2015

A score of 1.0 indicates a ZIP code with the least need, while a score of 5.0 represents a ZIP code with the most need. Siskiyou County has a weighted average CNI score of 3.9 and a median CNI score of 4.0.

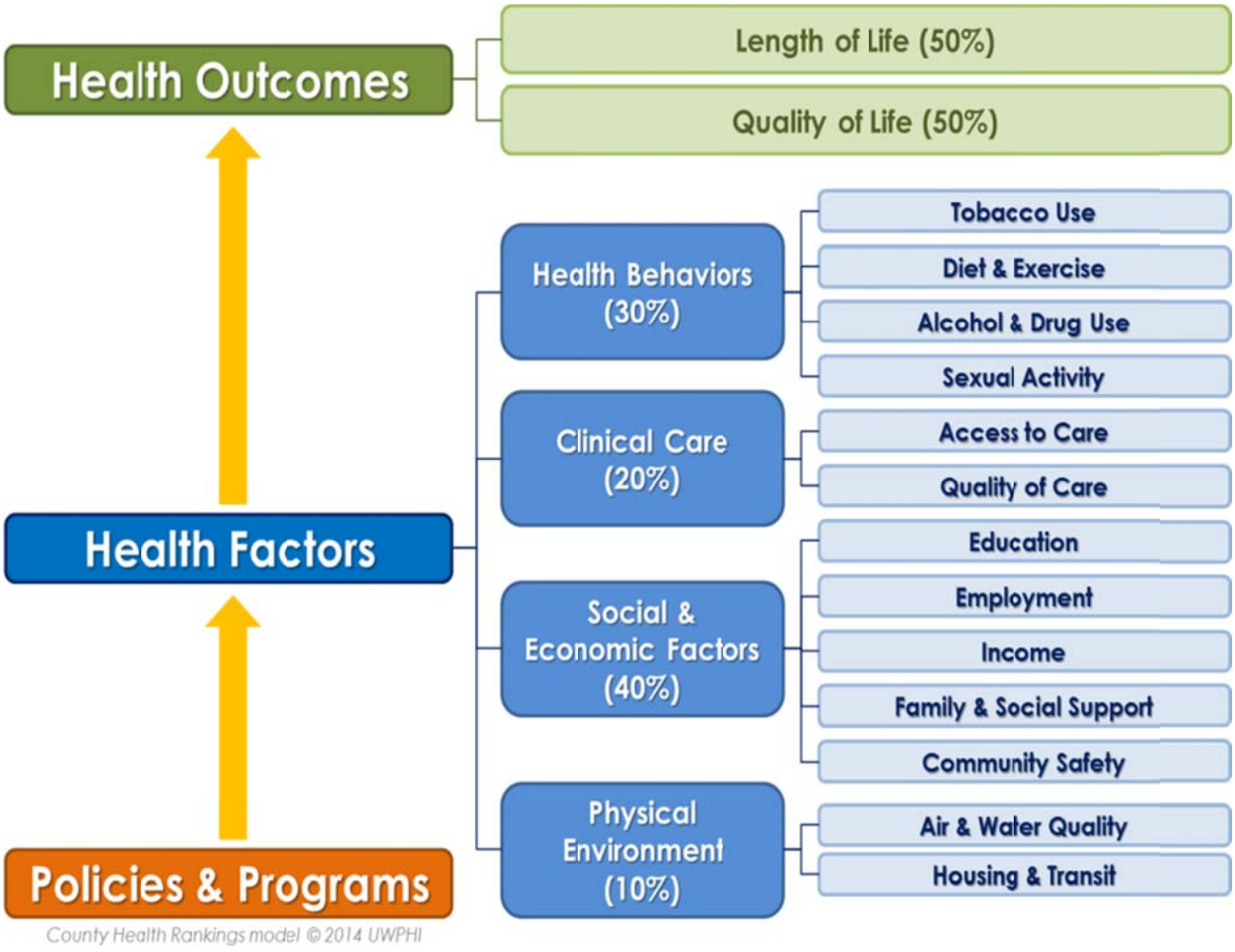
Lowest Need 1.0 – 1.7	2nd Lowest Need 1.8 – 2.5	Mid Need 2.6– 3.3	2nd Highest Need 3.4 – 4.1	Highest Need 4.2– 5.0
		Etna 3.2 Callahan 3.2 Scott Bar 3.0 Fort Jones 2.8	Klamath River 4.0 Hornbrook 3.8 Montague 3.8 Forks of Salmon 3.4	Happy Camp 4.6 Gazelle 4.4 Grenada 4.4 Seiad Valley 4.4 Yreka 4.4

County Health Rankings & Roadmaps

The County Health Rankings & Roadmaps program is a collaborative between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute. The rankings are determined by the following factors:

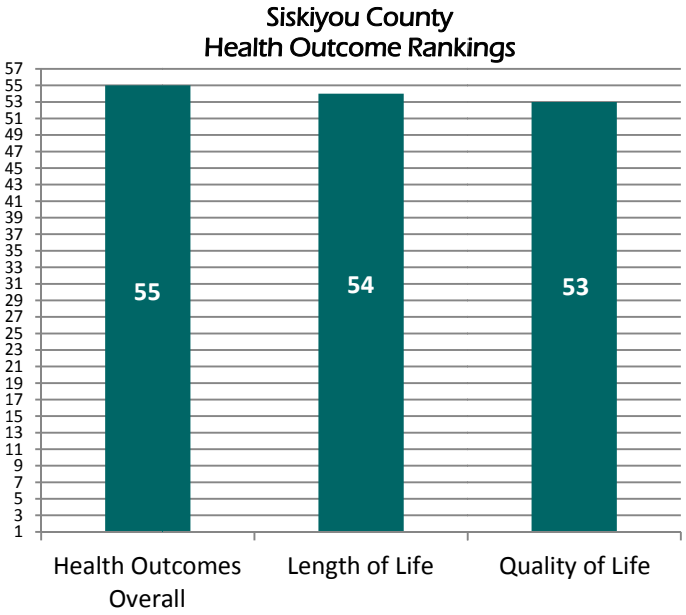
> *Health Outcomes: "The overall rankings in health outcomes represent how healthy counties are within the state. The healthiest county in the state is ranked #1. The ranks are based on two types of measures: how long people live and how healthy people feel while alive."*
>
> *Health Factors: "The overall rankings in health factors represent what influences the health of a county. They are an estimate of the future health of counties as compared to other counties within a state. The ranks are based on four types of measures: health behaviors, clinical care, social and economic, and physical environment factors."*

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.



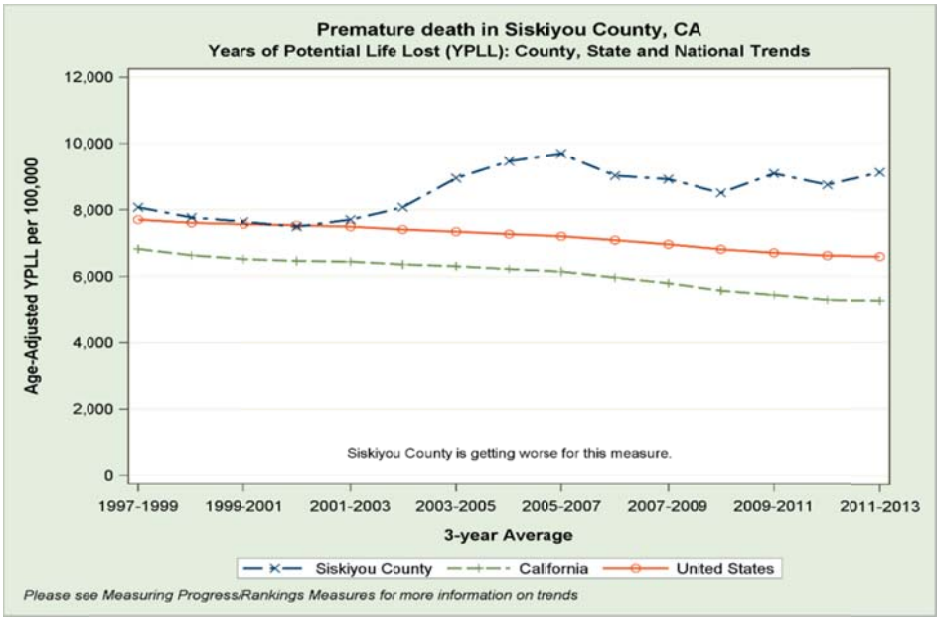
Health Outcomes

Siskiyou County is ranked 55th compared to 57 counties in California for Health Outcomes, which includes Length of Life and Quality of Life. Length of Life is ranked 54th and Quality of Life is ranked 53rd.[4]



Length of Life

9,200 years of potential life are lost before age 75 per 100,000 population (age adjusted) in Siskiyou County compared to 5,300 years of potential life lost in California.[5] Causes of death that are higher in Siskiyou County than the State include: All Cancer, Lung Cancer, Cerebrovascular Disease (Stroke), Chronic Lower Respiratory Disease and Unintentional Injury.[6]



[4] County Health Rankings
[5] IBID
[6] CA Department of Health: County Health Status Profiles 2016

*Rank	Cause of Death 2012-2014	**Siskiyou County	**California	**Healthy People 2020
50	Deaths – All Causes	759.90	619.60	
55	All Cancer	175.50	146.50	<=161.40
45	Lung Cancer	39.8	31.70	
32	Alzheimer's Disease	28.40	30.10	
32	Coronary Artery Disease	94.60	96.60	<=103.40
36	Cerebrovascular Disease (Stroke)	36.60	34.40	<=34.80
52	Chronic Lower Respiratory Disease	56.40	33.70	
48	Unintentional Injury	56.90	28.20	<=36.40

**Rank is compared to 55 other counties in California*
***Mortality per 100,000 population*

Quality of Life

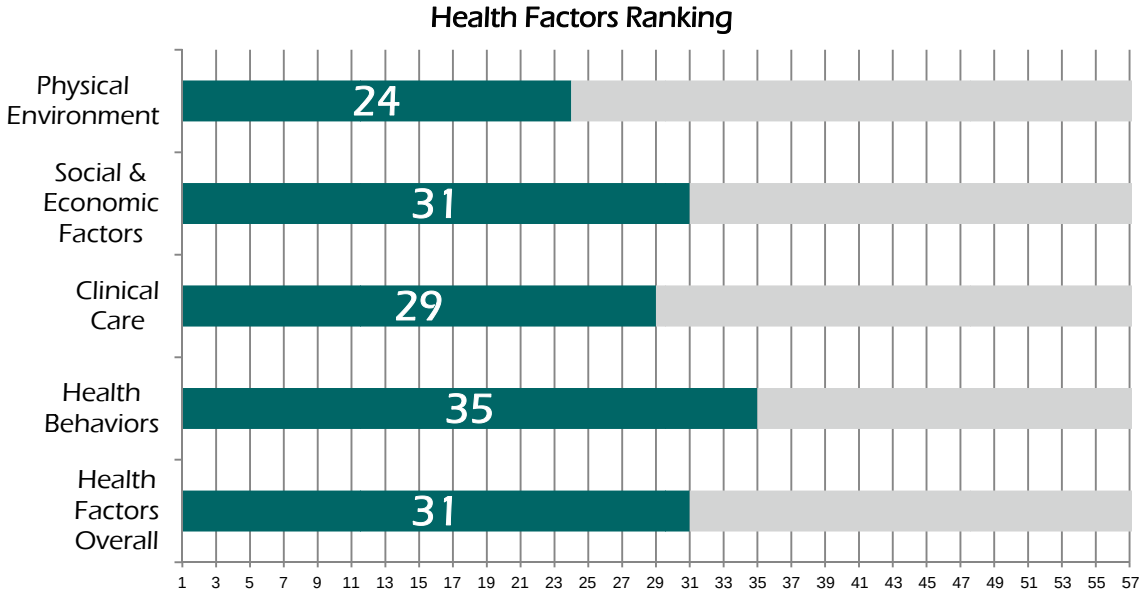
Incidence, cases per 100,000 population, of cervical cancer and lung cancer are higher in Siskiyou County than the State of California.[7]

Morbidity Indicators per 100,000 Population	Siskiyou County	California	Healthy People 2020
Cervical Cancer Incidence 2008-2012	15.6	7.7	<=7.1
Lung Cancer Incidence 2008-2012	60.5	46.5	

[7] County Health Rankings

Health Factors

Siskiyou County is ranked 31st compared to 57 counties in California for Health Factors that include Health Behaviors, Clinical Care, Social, Economic Factors, and Physical Environment.[8]



Social & Economic Factors

Data regarding social & economic factors is included in the section on demographics.

Health Behaviors

Alcohol and Drug Abuse

Tobacco use in Northern and Western California counties is 15.1%, higher than the rate of 13.8% for the State of California.[9]

Adult excessive drinking in Siskiyou County is 16% which is similar to the rate for the State of 17%.[10] Illicit drug use and alcohol dependence among adolescents is higher in California than the United States.[11]

The Siskiyou Behavioral Health Task Group in their 2015 study identified that 9.72% of youth between the ages of 12 and 17 and 8.79% of adults in Siskiyou County have an Alcohol or Drug diagnosis and are in need of services.

[8] County Health Rankings
[9] California Department of Public Health
[10] County Health Rankings
[11] SAMHSA, Center for Behavioral Health Statistics and Quality, National Surveys on Drug Use and Health

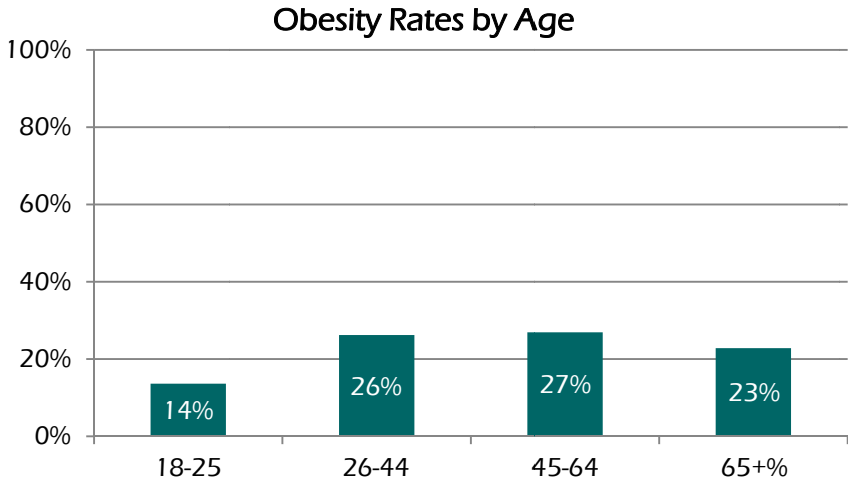
Diet and Exercise

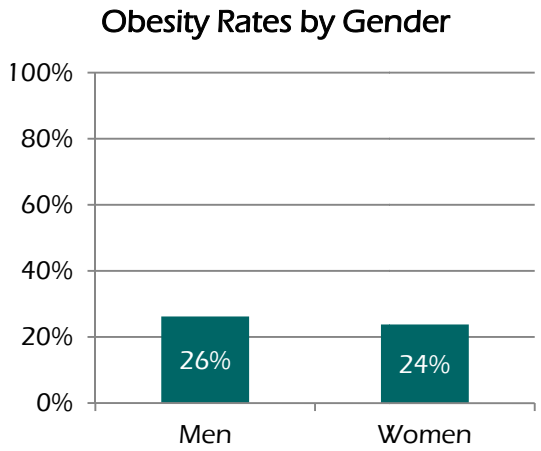
Obesity:

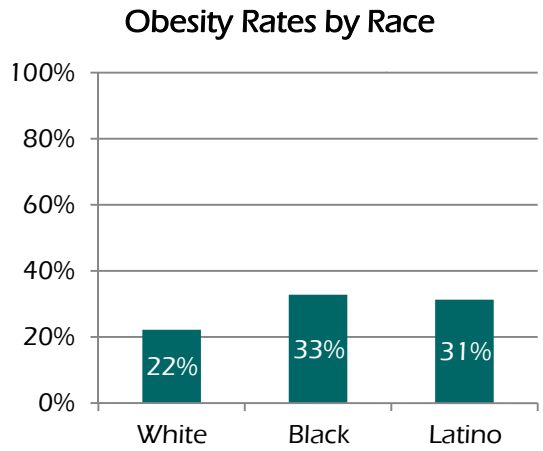
In 2015, California ranked 47 out of 51 states for obesity making it the fifth lowest adult obesity rate in the nation at 24.2%.[12] Data from 2015 demonstrates an obesity rate for 10-17 year olds of 13.9%.[13]

Although the rate of obesity in California is better than most other States, it is still increasing, 18.7% in 2000 and 9.9% in 1990.[14] The obesity rate is higher in Men, Latino and Black populations and the 26 – 44 age groups.[15]

The rate of Obesity for adults in Siskiyou County was 23% in 2012, which at that time was the same as the rate in California.[16]







[12] The State of Obesity. Available from http://stateofobesity.org/states/ca/
[13] IBID
[14] County Health Rankings
[15] Trust for America's Health and Robert Wood Johnson Foundation, The State of Obesity 2016
[16] County Health Rankings

Physical Activity

California had one of the lowest rates of physical inactivity in 2015 compared to other states with a rank of 47.[17] The rate of inactivity for adults in Siskiyou County was 20% in 2012, which was worse than the rate in California of 17% at that time.[18]

> *"Being physically inactive is responsible for one in 10 deaths among U.S. adults. Eighty percent of American adults do not meet the government's physical activity recommendations for aerobic and muscle strengthening. Sixty percent of adults are not sufficiently active to achieve health benefits. There are also health risks to being sedentary (physically inactive), including increased risk of mortality and metabolic syndrome. Sedentary adults pay $1,500 more per year in healthcare costs than physically active adults. Studies have also found the more sedentary the mother, the more sedentary the child, and the more physically active the mother, the more physically active the child early in life."*

Nutrition and Food Insecurity

Based on data from *Feeding America*, the food insecurity rate in Siskiyou County is 20%, an estimated 8,480 food insecure people. 16% of the population were above and 84% below SNAP and other Nutrition Program thresh-hold of 200% of the poverty level.[19]
Data from *California Food Policy Advocates* found that:

- 50% of Low-Income Households are Food Insecure, 23,000 Households (2014: Del Norte, Lassen Modoc, Plumas, Sierra, Siskiyou, and Trinity Counties)
- 69% of Low-Income students are reached by school lunch and 38% by school breakfast (2014-2015: Siskiyou County)
- 10% of school lunch participants were reached during the summer (2015: Siskiyou County)[20]

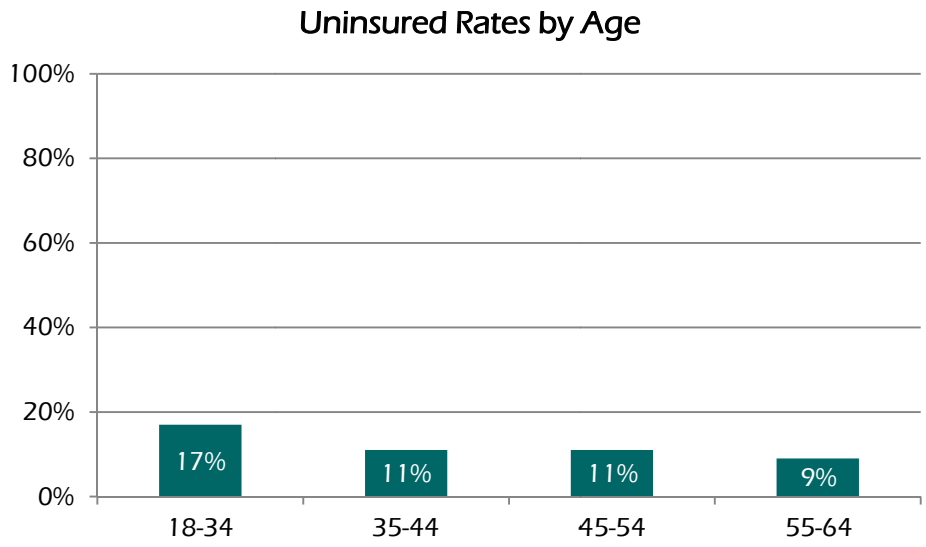
[17] Trust for America's Health and Robert Wood Johnson Foundation, The State of Obesity 2016
[18] County Health Rankings
[19] Feeding America
[20] California Food Policy Advocates Updated July 7, 2016

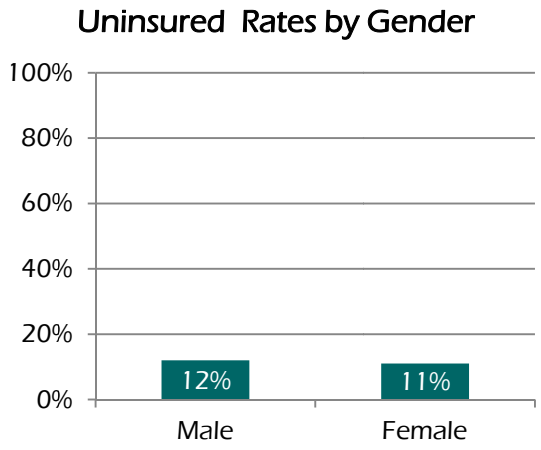
Clinical Care

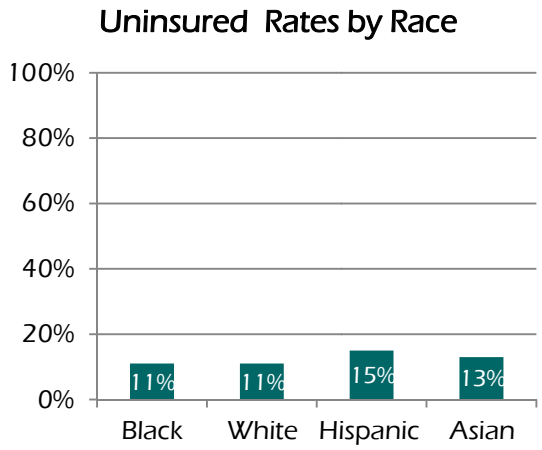
Insurance Coverage:

The rate of uninsured was 8.1% in California and 11% in Siskiyou County in 2015.[21] The rate decreased from 18% in California and 20% in Siskiyou County from 2013.[22]

The highest rate of uninsured in Siskiyou County is for ages 18-34 (17%) and the Hispanic population (15%).[23]







[21] Enroll America
[22] IBID
[23] IBID

Access to Care

The ratio of primary care providers and mental health providers to residents was better while the ratio of dental providers to residents was worse than the State.[24] Siskiyou County is designated as a Health Professional Shortage Areas (HPSA) for primary care, dental care, and mental health providers by HRSA (Health Resources & Services Administration).

The 2015 Siskiyou Behavioral Task Group identified that 7.8% of youth and 4.82% of adults are in need of mental health service due to a serious mental illness diagnosis.

Fairchild Medical Center opened a dental clinic in December of 2015. The clinic is projected to serve over 2,700 clients in 2016.

	Siskiyou County	California
Primary Care Physicians 2013	1250:1	1270:1
Mental Health Providers 2015	310:1	360:1
Dentists 2014	1360:1	1260:1

Chronic Disease

Hypertension and Coronary Artery Disease

In 2015, the hypertension rate in California was 28.5%. California ranks 46 out of 51 states - better than 46 other states.[25] Siskiyou County had a rate of 27.3% based on data from 2006-2012.[26]

> *"One in three adults has high blood pressure, a leading cause of stroke. Approximately 30 percent of hypertension cases may be attributable to obesity, and the figure may be as high as 60 percent in men under age 45."*[27]

[24] County Health Rankings
[25] Trust for America's Health and Robert Wood Johnson Foundation, The State of Obesity 2016
[26] Community Commons
[27] Trust for America's Health and Robert Wood Johnson Foundation, The State of Obesity 2016

Indicator	Siskiyou County	California	United States
Adults with Coronary Artery Disease 2011-2012	3.0%	3.5%	4.4%
Adults with High Blood Pressure	27.3% 2006-2012	28.5% 2015	28.16% 2006-2012

Diabetes

In 2015, the rate of adult Type 2 diabetes in California was 10%. California ranks 25th compared to 51 other states - better than 25 other states.[28] The percentage of adults with diabetes in Siskiyou County was 6.5% based on data from 2012.[29]

Indicator	Siskiyou County	California
Adult Diabetes	6.5% 2012	10.0% 2015

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[28] Trust for America's Health and Robert Wood Johnson Foundation, The State of Obesity 2016
[29] County Health Rankings

Community Survey

A community survey was developed to solicit input from the community regarding community health needs and priorities for health improvement.

The surveys were available in hard copy for clients of the Family and Community Resource Center and patients seen at Fairchild Medical Center provider clinics. In addition, a link to an on-line survey was placed on the Fairchild Medical Center web site. The survey results are included in **Appendix 1.**

Summary of Community Survey

A total of 155 surveys were completed. Respondents were:

- 70.2% female and 29.1% male
- 87.7% White / Caucasian, 4.1% Hispanic, 4.1% American Indian, 4.1% Multiple Race
- Ages were fairly evenly distributed between the ages of 26 – 64
- 53% were married
- 40.3% had some college
- The majority, 52.6%, came from the Yreka zip code
- 59% reported income less than $39,999 annually

Health Education

- 69.7% indicated that if they have a question about their health they ask their doctor. 47.7% indicated they looked on the internet.

- The most frequent responses to the question, "I would like to learn more about...." was diet, nutrition and weight control.

Access to Care

- 76.5% of respondents indicated that they make an appointment with a doctor when they or a member their family are sick. 15% indicated that they go to the emergency department.

- Respondents were asked if they could access healthcare providers when it was needed based on a scale of 1- 5 with 5 being strongly agree. The lowest score was related to accessing dental care.
  - I can see a family doctor 4.92
  - I can get the medicine we need 4.92
  - I can see a specialist 4.66
  - I can see a mental health provider 4.53
  - I can see a drug or alcohol counselor 4.52
  - I can see a dentist 4.35

→ The primary reasons identified for not receiving services when they were needed were:

	Transportation	Appointments weren't available when I could get there	Does not accept my insurance	I don't have insurance coverage	I couldn't afford it
Doctor	20.6%	20.6%			
Dentist		34.7%	16.3%	14.3%	14.3%
Mental Health		31.3%			
Drug or Alcohol		18.2%	18.2%		27.3%

At Risk Populations for Poor Health Outcomes

The majority of the respondents felt that those who are at most risk in the community for poor health outcomes were:

- Homeless 73.9%
- Mentally Ill 67%
- People over 65 52.3%

Creating a Healthier Community

Respondents were asked what we can do to create a healthier community. The most frequent responses were related to:

→ Nutrition: Access to affordable healthy foods – Less Fast Food Options – More Farmers Markets – Healthier School Meals – Healthy Food Options at Food Banks

→ Access: Increased access to doctors including after-hours / urgent care and increased access to specialists

Priorities for Improving Community Health

Respondents were asked what areas they would recommend focusing on to improve the health in the community. The top three responses were:

1) Help people see a dentist

2) Help people see a family doctor

3) Help people see a specialist

Key Stakeholder Interviews

The individuals selected for key informant interviews included individuals with expertise and special knowledge of underserved populations and the health needs of the community including social determinants of health. The Community Health Needs Assessment (CHNA) steering committee identified individuals for interviews. Each of the individuals in the list below were interviewed.

1. Terry Barber, County Administrator Siskiyou County
2. Terrie Berensen, Executive Director , Madrone Hospice
3. Marie Caldwell, Principal Yreka Union High School
4. Dr. Sara Collard, Director Behavioral Health Division, Siskiyou County Human Services Agency
5. Scott Eastman, President, YMCA
6. Terri Funk, Director of Public Health
7. Joyce Jones, Regional Manager, Employment Development Specialist, Northern California Indian Development Council, Inc.
8. Jon E Lopey, Sheriff, Siskiyou County
9. Patty Morris, Director of Health Services, County Office of Education
10. Michelle O'Gorman, Executive Director, Yreka Community Resource Center
11. Dr. Sam Rabinowitz, Medical Director, Clinics
12. Jim Reynolds, Social Work, Fairchild Medical Center
13. Jim Roseman, Executive Director, Siskiyou Domestic Violence Crisis Center
14. Dr. Richard E. Swenson
15. Debbie Walsh, Deputy Director, Social Services Division, Siskiyou County Human Services Agency
16. Brian Witherell, Operations Manager, Mt. Shasta Ambulance

Carolyn St.Charles conducted the interviews. There were specific questions asked of each person; however, the interviews were designed to be open-ended and to garner the expertise and knowledge of the individual being interviewed.

A summary of the interviews are included in the following paragraphs.

→ **In Siskiyou County, which populations or groups have the greatest challenges in achieving and maintaining good health?**

Mental Health

Those individuals with mental /behavioral health concerns was the most frequent population identified as having challenges in achieving and maintaining good health. The lack of services including inadequate number of mental health providers resulting in long waits times, limited number of services, lack of crisis stabilization, difficulty obtaining placement for children and the inability of the county behavior health programs to keep up with the demand. Key stakeholders also voiced concerns about the lack of training to deal with mental health emergencies, including the ability to differentiate between mental illness, dementia and substance abuse.

Suggested Strategies related to mental health included:

- Increasing training to first responders and ambulance personnel
- Increasing communication among providers and improving care coordination and collaboration
- Improve public access to services

Substance Abuse

Assisting community members with substance abuse issues was the second most common concern identified. Jon Lopey, Siskiyou County Sheriff, indicated that illegal drugs have grown significantly in the last two years in the County. The lack of resources for detoxification and rehabilitation were viewed as significant needs. Crime related to both adults and juvenile drug use was identified as a concomitant problem. A few individuals cited marijuana, methamphetamine and heroin as the current drugs of choice.

Suggested Strategies for substance abuse concerns included:

- Increased treatment options
- Improve collaboration between counties
- Develop a pain management committee to coordinate care for pain management patients

Health and Wellness

Encouraging residents to live health lifestyles, obtain preventive care and have proper nutrition were identified as a concern within the community with the majority of the comments focused on the lack of education in both the schools and for adults. There was a concern that there may be students that do not have adequate food available on holidays and weekends. One interviewee indicated that there are some schools who have 100% of the student body receiving free lunches.

Suggested Strategies for preventive health, wellness and nutrition:

- Increased collaboration between community service programs and physicians to identify non-pharmacological approaches to health, wellness and prevention
- Increase education related to nutrition
- Increase education related to the connection between wellness and the management of chronic diseases

Other

Additional issues that were identified included:

- Lack of access to specialty care
- Lack of access to dental care
- Lack of access to ophthalmology
- Homeless population
- Limited transportation
- Child abuse and neglect

Priority Community Health Needs

A meeting was held on October 4th with Board Members, Medical Staff and Senior Leaders of Fairchild Medical Center to develop priority community health needs. Members of the community participated in identifying priority community health needs thru completion of the community survey and by participation in key stakeholder interviews. Individuals participating in the meeting included:

→ Jonathon Andrus	Chief Executive Officer, Fairchild Medical Center
→ Vina Swenson, MD	Chief of Staff, Fairchild Medical Center
→ Sam Rabinowitz, MD	Medical Director Primary Care, Fairchild Medical Center
→ Judy Baker	Board Member Fairchild Medical Center
→ Sherry Crawford	Board Member Fairchild Medical Center
→ Carrie Hayden	Board Member Fairchild Medical Center
→ Michelle Harris	Health & Screening Coordinator First 5
→ Paulette Adams	Director of Hospital Clinics Fairchild Medical Center
→ Michael Madden	Assistant Administrator Fairchild Medical Center
→ Kellie Martin	Chief Financial Officer Fairchild Medical Center
→ Joann Sarmento	Human Resources Manager Fairchild Medical Center
→ Susan Westphal, R.N.	Assistant Administrator

Summary of Primary and Secondary Data

Carolyn St.Charles provided an overview of primary and secondary data.

The community health needs identified through review of the community survey, key stakeholder interviews, provider survey and secondary data included:

ACCESS TO CARE			
	Secondary Data	Key Stakeholder Interviews	Community Survey
Lack of insurance coverage	X		
Access to dentists	X	X	X
Access to ophthalmology		X	
Access to primary care	X		X
Access to specialty care		X	X
Access to Behavioral Health / Mental Health Services	X	X	X
CHRONIC DISEASE			
	Secondary Data	Key Stakeholder Interviews	Community Survey
Hypertension	X		
Diabetes	X		
Cancer	X		
Stroke	X		
SUBSTANCE ABUSE			
	Secondary Data	Key Stakeholder Interviews	Community Survey
Cigarette Smoking	X		
Illegal Drug Use	X	X	
Alcohol Abuse	X		
DIET & EXERCISE			
	Secondary Data	Key Stakeholder Interviews	Community Survey
Nutrition and Access to Healthy Food	X	X	X
Physical Activity	X	X	X
OTHER			
	Secondary Data	Key Stakeholder Interviews	Community Survey
Child Abuse & Neglect		X	
Homelessness		X	

Prioritization Criteria

The following criteria were utilized to identify priority community health 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) for those affected.
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, emerging opportunities, etc.

Prioritized Community Health Needs

Participants were asked to individually rank the top three health needs. Following discussion, the group chose two priorities: (1) Improved access to healthcare services, and (2) Nutrition education.

Access to healthcare services included five specific areas of focus:

1. Improve access to Dental Services
2. Improve access to Mental Health Services
3. Improve access to Primary Care including access thru virtual (telephone or video) links and after-hours care
4. Improve access to Specialty Care including access thru virtual (telephone or video) links
5. Improve access to Substance Abuse Services

The participants also identified potential community partners for each of the prioritized initiatives.

Community Resources

Community Resources available to meet the health needs of the community are included in **Appendix** 2.

Appendix 1: Community Survey Results

Profile of Respondents

Tell us your gender		
Answer Options	Response Percent	Response Count
Female	70.2%	106
Male	29.1%	44
Transgender	0.7%	1
	answered question	**151**
	skipped question	**4**

Tell us how old you are		
Answer Options	Response Percent	Response Count
18-25	7.2%	11
26-39	32.0%	49
40-54	22.9%	35
55-64	23.5%	36
65 or older	14.4%	22
	answered question	**153**
	skipped question	**2**

Tell us your marital status		
Answer Options	Response Percent	Response Count
Married	53.0%	80
Divorced or Separated	16.6%	25
Single	21.2%	32
Widow or Widower	4.6%	7
Live with a Domestic Partner	4.6%	7
	answered question	**151**
	skipped question	**4**

Tell us about your education		
Answer Options	Response Percent	Response Count
I did not finish high school	10.1%	15
I finished high school or have a GED	18.1%	27
I went to some college	40.3%	60
I have a college degree	31.5%	47
	answered question	**149**
	skipped question	**6**

Tell us your race		
Answer Options	Response Percent	Response Count
American Indian	4.1%	6
Asian	0.0%	0
Alaskan Native	0.0%	0
Black or African American	0.0%	0
Hispanic	4.1%	6
White/Caucasian	87.7%	128
Multiple Race	4.1%	6
Other, please specify	0.0%	0
	answered question	**146**
	skipped question	**9**

Tell us where you live		
Answer Options	Response Percent	Response Count
96014 - Callahan	0.6%	1
96027 - Etna	7.1%	11
96031 – Forks of Salmon	0.0%	0
96032- Fort Jones	5.2%	8
96034- Gazelle	1.3%	2
96037- Grenada	3.2%	5
96034- Happy Camp	0.6%	1
96044- Hornbrook	1.9%	3
96045- Horse Creek	0.0%	0
96050 Klamath River	1.3%	2
96064- Montague	15.6%	24
96085- Scott Bar	1.3%	2
96086- Seiad Valley	0.0%	0
96097- Yreka	52.6%	81
Other (please specify)	9.1%	14
	answered question	154
	skipped question	1

Tell us where you work		
Answer Options	Response Percent	Response Count
I work at Fairchild Medical Center	13.5%	21
I own a business	3.9%	6
I work full-time or part-time	33.5%	52
I do not work outside my home	49.0%	76
	answered question	155
	skipped question	0

Tell us how many people live with you (Choose only one)		
Answer Options	Response Percent	Response Count
I live alone	16.2%	25
I live with 1 other person	36.4%	56
I live with 2 other people	15.6%	24
I live with 3 other people	13.6%	21
I live with 4 other people	7.1%	11
I live with 5 other people	5.8%	9
I live with 6 other people or more	5.2%	8
	answered question	154
	skipped question	1

Tell us how much money you make every year (Choose only one)		
Answer Options	Response Percent	Response Count
Less than $20,000	37.1%	56
$20,000 - $39.999	22.5%	34
$40,000 - $59,999	15.9%	24
$60,000 - $79,999	8.6%	13
More than $80,000 per year	5.3%	8
I prefer not to say	10.6%	16
	answered question	151
	skipped question	4

Sources of Health Information

If you have a question about your health, where do you go to find the answer?		
Answer Options	Response Percent	Response Count
I ask my doctor	69.7%	92
I ask someone at the health department	0.8%	1
I talk to my family or friends	16.7%	22
I talk to a pharmacist	8.3%	11
I talk to the nurse at my child's school	4.5%	6
I look on the internet	47.7%	63
I go to the library	3.8%	5
Other		2
answered question		132
skipped question		23

What three (3) things about you or your family's health would you like to learn more about?	
Answers	Response Count
Diet – Nutrition – Weight Control	
answered question	47
skipped question	108

Access to Healthcare - Insurance

Tell us how you pay when you need to go to the doctor or to the hospital (Please choose all that apply)		
Answer Options	Response Percent	Response Count
I don't have insurance - I pay in cash	2.6%	4
I have MediCal insurance	17.4%	27
I have MediCal Partnership insurance	32.3%	50
I have private insurance (like Humana, Blue Cross, Aetna)	48.4%	75
I have Medicare	14.8%	23
I have VA insurance	2.6%	4
I don't go to the doctor or to the hospital because I can't afford it	1.3%	2
answered question		155
skipped question		0

If you do not have insurance please tell us why		
Answer Options	Response Percent	Response Count
I can't afford it	80.0%	4
I don't know how to get it	0.0%	0
I don't need insurance - I'm healthy and don't go to the doctor	20.0%	1
Other (please explain)		4
answered question		5
skipped question		150

Access to Healthcare – Sources of Care

What do you do when you or someone in your family is sick?		
Answer Options	Response Percent	Response Count
I make an appointment with a doctor	76.5%	117
I go to the health department	0.7%	1
I go to the community clinic	11.1%	17
I go to the emergency department	15.0%	23
I don't go anywhere	6.5%	10
Other (please explain)	6.5%	10
answered question		153
skipped question		2

Access to Healthcare

Tell us about getting care for you or your family							
Answer Options	Strongly Disagree	Somewhat Disagree	Don't Agree or Disagree	Somewhat Agree	Strongly Agree	Rating Average	Response Count
My family and I can see a family doctor when we need one	6	14	15	26	85	4.92	146
My family and I can see a specialist (like a pediatrician or a cardiologist) when we need one	10	13	16	38	63	4.66	140
My family and I can see a dentist when we need one	17	19	20	21	70	4.35	147
My family and I can see a mental health counselor when we need one	12	10	26	20	67	4.53	135
My family and I can see a counselor for a drug or alcohol problem if we need help	11	5	29	22	57	4.52	124
My family and I can get the medicine we need	8	11	13	30	80	4.92	142
						answered question	**147**
						skipped question	**8**

Access to Healthcare - Doctor

During the past 12 months, was there any time when you or your family needed to see a doctor and didn't?		
Answer Options	Response Percent	Response Count
Yes	28.4%	44
No	71.6%	111
	answered question	**155**
	skipped question	**0**

If you or your family didn't see a doctor, please tell us why (Please choose all that apply)		
Answer Options	Response Percent	Response Count
I don't have insurance	2.9%	1
The doctor doesn't take my insurance	5.9%	2
I have insurance but the co-pay was too high (What you pay out-of-pocket)	5.9%	2
I couldn't afford it	5.9%	2
I didn't have a way to get there	20.6%	7
Appointments weren't available at a time I could get there	20.6%	7
Other reasons you or your family were not able to see a doctor	47.1%	16
	answered question	**34**
	skipped question	**121**

Access to Healthcare - Dentist

During the past 12 months was there any time when you or your family needed to see a dentist and didn't see one?		
Answer Options	Response Percent	Response Count
Yes	32.9%	50
No	67.1%	102
	answered question	**152**
	skipped question	**3**

If you or your family didn't see a dentist, please tell us why (Please choose all that apply)		
Answer Options	Response Percent	Response Count
I don't have insurance	14.3%	7
The dentist doesn't take my insurance	16.3%	8
I have insurance but the co-pay was too high (What you pay out-of-pocket)	4.1%	2
I couldn't afford it	14.3%	7
I didn't have a way to get there	10.2%	5
Appointments weren't available at a time I could get there	34.7%	17
Other reasons you or your family were not able to see a dentist	34.7%	17
	answered question	**49**
	skipped question	**106**

Access to Healthcare – Mental Health

During the past 12 months, was there any time when you or your family needed to see a counselor or get mental health care and couldn't get it?		
Answer Options	Response Percent	Response Count
Yes	10.5%	16
No	89.5%	136
answered question		152
skipped question		3

If you or your family needed a counselor or mental health care and couldn't get it, please tell us why		
Answer Options	Response Percent	Response Count
My insurance won't pay for it	6.3%	1
They won't take my insurance	6.3%	1
I have insurance but the co-pay was too high (What you pay out-of-pocket)	0.0%	0
I couldn't afford it	6.3%	1
I didn't have a way to get there	6.3%	1
Appointments weren't available at a time when I could get there	31.3%	5
The person who needed help wouldn't go	12.5%	2
Other reason you or your or your family weren't able to get mental health care	50.0%	8
answered question		16
skipped question		139

Access to Healthcare – Drug or Alcohol

During the past 12 months, was there any time when you or your family needed to get treatment or counseling for drug or alcohol problems and couldn't get it?		
Answer Options	Response Percent	Response Count
Yes	7.3%	11
No	92.7%	139
answered question		150
skipped question		5

If you or your family couldn't get treatment for a drug or alcohol problem, please tell us why		
Answer Options	Response Percent	Response Count
I don't have insurance	0.0%	0
The counselor or treatment center won't take my insurance	18.2%	2
I have insurance but the co-pay was too high (What you pay out-of-pocket)	9.1%	1
I couldn't afford it	27.3%	3
I didn't have a way to get there	9.1%	1
Appointments weren't available at a time I could get there	18.2%	2
The person who needed help wouldn't go	9.1%	1
Other reason you or your family were not able to get care for drug and alcohol problems	36.4%	4
answered question		11
skipped question		144

Chronic Disease

Have you ever been told that you have a chronic disease such as diabetes or heart disease?		
Answer Options	Response Percent	Response Count
Yes	41.3%	62
No	58.7%	88
answered question		150
skipped question		5

Which of these chronic diseases do you have?		
Answer Options	Response Percent	Response Count
Diabetes	26.2%	16
High Blood Pressure	39.3%	24
Congestive Heart Failure (CHF)	3.3%	2
Arthritis	27.9%	17
Stroke	1.6%	1
Cancer	4.9%	3
Chronic Obstructive Pulmonary Disease (COPD)	9.8%	6
Asthma	14.8%	9
Kidney Disease	4.9%	3
Liver Disease	1.6%	1
Depression	37.7%	23
Chronic mental illness	13.1%	8
Please tell us any other chronic disease you may have	32.8%	20
	answered question	**61**
	skipped question	**94**

Do you see a doctor for your chronic disease at least once a year?		
Answer Options	Response Percent	Response Count
Yes	93.5%	58
No	6.5%	4
	answered question	**62**
	skipped question	**93**

If you don't see a doctor for your chronic disease at least once a year, why not?		
Answer Options	Response Percent	Response Count
I don't have insurance	0.0%	0
The doctor doesn't take my insurance	0.0%	0
I have insurance but the co-pay is too high (What you pay out-of-pocket)	0.0%	0
I can't afford it	0.0%	0
I don't have a way to get there	0.0%	0
Appointments aren't available at times when I can get there	0.0%	0
Please tell us any other reasons you don't see a doctor at least once a year	100.0%	4
	answered question	**4**
	skipped question	**151**

Health - Overweight

Has a doctor ever told you that you are overweight?		
Answer Options	Response Percent	Response Count
Yes	44.7%	63
No	55.3%	78
	answered question	**141**
	skipped question	**14**

Are there children that live with you who are overweight?		
Answer Options	Response Percent	Response Count
Yes	7.0%	9
No	93.0%	120
	answered question	**129**
	skipped question	**26**

Health - Nutrition

Yesterday, how many times did you eat vegetables? FOR EXAMPLE: Cooked and uncooked vegetables; salads; boiled, baked or mashed potatoes. DO NOT INCLUDE: French fries, potato chips or lettuce on a sandwich.		
Answer Options	Response Percent	Response Count
I did not eat vegetables yesterday	11.9%	17
One Time	22.4%	32
Two Times	35.0%	50
Three Times	16.1%	23
Four Times	9.8%	14
Five or More Times	4.9%	7
	answered question	143
	skipped question	12

If you have children living with you, how many times did your children eat vegetables yesterday?		
Answer Options	Response Percent	Response Count
They did not eat vegetables yesterday	16.9%	13
One Time	16.9%	13
Two Times	35.1%	27
Three Times	24.7%	19
Four Times	1.3%	1
Five or more Times	5.2%	4
	answered question	77
	skipped question	78

Yesterday, how many cans or glasses of soda with sugar did you drink? COUNT a 20 ounce bottle as 2 glasses. DO NOT COUNT diet sodas.		
Answer Options	Response Percent	Response Count
I did not drink any soda with sugar yesterday	68.6%	96
1 can or glass	20.0%	28
2 cans or glasses	9.3%	13
3 or more cans or glasses	2.1%	3
	answered question	140
	skipped question	15

Yesterday, how many cans or glasses of soda with sugar did your children drink? COUNT a 20 ounce bottle as 2 glasses. DO NOT COUNT diet sodas.		
Answer Options	Response Percent	Response Count
They did not drink any soda with sugar yesterday	75.3%	61
1 can or glass	14.8%	12
2 cans or glasses	6.2%	5
3 or more cans or glasses	3.7%	3
	answered question	81
	skipped question	74

How often do you eat at fast food restaurants?		
Answer Options	Response Percent	Response Count
4 or more times per week	2.9%	4
1-3 times per week	15.8%	22
Less than one time per week	66.2%	92
Never	15.1%	21
	answered question	139
	skipped question	16

How often do your children eat at fast food restaurants?		
Answer Options	Response Percent	Response Count
4 or more times per week	1.1%	1
1-3 or more times per week	14.3%	13
Less than one time per week	71.4%	65
Never	13.2%	12
	answered question	**91**
	skipped question	**64**

Do you think that you and your family eat healthy foods?		
Answer Options	Response Percent	Response Count
Yes	77.9%	113
No	22.1%	32
	answered question	**145**
	skipped question	**10**

Why do you think you or your family don't eat healthy foods?		
Answer Options	Response Percent	Response Count
It's too expensive	56.7%	17
There isn't a grocery store close by that I can get to	0.0%	0
Not enough time to cook	20.0%	6
We don't like fresh fruit and vegetables	6.7%	2
Please tell us other reasons you think you and your family don't eat healthy foods	20.0%	6
	answered question	**30**
	skipped question	**125**

What do you think would help you and your family to eat more healthy food?		
Answer Options	Response Percent	Response Count
Cooking classes so I know how to cook healthy meals	23.4%	26
Cooking classes for my kids	14.4%	16
Healthier food in the cafeteria at school	10.8%	12
Someone I can talk to about eating or cooking more healthy food	12.6%	14
Grocery stores that carry more fresh fruits and vegetables that I can afford	55.0%	61
Other (please specify)	17.1%	19
	answered question	**111**
	skipped question	**44**

Health – Exercise

Over the past 7 days, did you exercise or participate in physical activity for at least 20 minutes that made you sweat or breathe hard. FOR EXAMPLE: basketball, soccer, running, swimming laps, fast bicycling, dancing, or other kinds of exercise?		
Answer Options	Response Percent	Response Count
One day	10.6%	14
Two days	15.2%	20
Three days	18.2%	24
Four days	12.9%	17
Five days	13.6%	18
Six days	3.0%	4
Seven days	12.9%	17
I didn't exercise in the past 7 days	13.6%	18
Other (please specify)		1
	answered question	**132**
	skipped question	**23**

If you have children, over the past 7 days did they exercise or participate in physical activity for at least 20 minutes that made them sweat or breathe hard. FOR EXAMPLE: basketball, soccer, running, swimming laps, fast bicycling, dancing, or other kinds of exercise?		
Answer Options	Response Percent	Response Count
One day	7.1%	5
Two days	11.4%	8
Three days	5.7%	4
Four days	11.4%	8
Five days	18.6%	13
Six days	0.0%	0
Seven days	44.3%	31
My children didn't exercise in the past 7 days	1.4%	1
Other (please specify)		0
	answered question	**70**
	skipped question	**85**

Creating a Healthier Community

What three (3) things do you think need to be done to create a healthier community?	
Answers	
Nutrition: Access to affordable healthy foods – Less fast food options – Farmers markets – Healthier school meals - Healthy food at food banks	
Access: Increased access to doctors including after-hours / urgent care and specialists	
answered question	**67**
skipped question	**88**

Populations At-Risk for Poor Health Outcomes

Please tell us if there are people in the community who are at risk for poor health outcomes.		
Answer Options	Response Percent	Response Count
Homeless	73.9%	65
Mentally Ill	67.0%	59
Adult victims of abuse	44.3%	39
Child victims of abuse	48.9%	43
People with a chronic disease such as diabetes or heart disease	48.9%	43
People over 65 - Senior Citizens	52.3%	46
People who do not have access to healthy foods or do not eat healthy foods	48.9%	43
Migrant workers	12.5%	11
Recent Immigrants	10.2%	9
Native Americans	9.1%	8
Other (please specify)	11.4%	10
answered question		**88**
skipped question		**67**

Community Health Priorities

Fairchild Hospital and its partners will be working on making the health of the community better over the next 3 years. What do you think we should work on? Please choose only 3		
Answer Options	Response Percent	Response Count
Help people to see a family doctor when they need one	40.9%	54
Help people to see a specialist when they need one	36.4%	48
Help people to see a dentist when they need one	41.7%	55
Help people to get insurance	12.1%	16
Make sure children and adults have the immunizations and vaccinations they need	21.2%	28
Make sure everyone in the community has the tests they need to stay healthy	22.7%	30
Help people with Diabetes stay healthy	13.6%	18
Help people with Lung Disease stay healthy	11.4%	15
Help people with Kidney Disease stay healthy	12.1%	16
Help people with Heart Disease stay healthy	9.8%	13
Help people who have had a Stroke	12.9%	17
Help people who have Cancer	18.9%	25
Help people who have Alzheimer's Disease or Dementia	15.9%	21
Help women who are pregnant to have a healthy baby	14.4%	19
Help stop teenage pregnancy	22.7%	30
Help prevent suicide	20.5%	27
Help people who have a chronic mental illness	30.3%	40
Help people to lose weight	28.8%	38
Help people to eat more healthy food	22.7%	30
Help prevent sexually transmitted diseases	14.4%	19
Help prevent Hepatitis and Tuberculosis	11.4%	15
Help adults who are heavy drinkers	12.9%	17
Help stop kids or teenagers from drinking alcohol	23.5%	31
Help stop drug abuse	34.8%	46
Help stop tobacco use by kids and teenagers	18.9%	25
Help stop tobacco use by adults	16.7%	22
Help stop rape or sexual assault	18.2%	24
Help stop domestic violence	17.4%	23
Help stop bullying	22.0%	29
Help stop elder abuse or neglect	14.4%	19
Help stop gun related accidents	9.8%	13
Help stop car accidents	10.6%	14
Help those who are homeless	16.7%	22
Help stop child abuse or neglect	12.1%	16
Help people to find a mental health counselor	15.2%	20
Other (please specify)	15.9%	21
	answered question	**132**
	skipped question	**23**

Appendix 2: Community Resources

ADVOCACY & CONSUMER PROTECTION AGENCIES

California Department of Consumer Affairs		800-952-5210
Golden Umbrella		226-3019
HICAP (Health Insurance Counseling & Advocacy)		800-434-0222
MSSP (Senior Case Management & MediCal)		226-3019
Ombudsman of Northern California		229-1435
PSA2 Area Agency on Aging	Yreka	842-1687
Siskiyou County District Attorney – Victim Services	Yreka	842-8229

BEREAVEMENT SUPPORT

Compassionate Friends		877-969-0010
Lassen Counseling Services		841-1030
Madrone Hospice	Yreka	842-3160
Mercy Hospice	Mt. Shasta	926-6111

CLINICS

Anav Tribal Health Clinic	Quartz Valley	468 - 4470
Butte Valley Health Center	Dorris	397-8411
Dignity Health Pine St. Clinic	Mt. Shasta	926-7196
Dunsmuir Community Healthcare	Dunsmuir	235-4138
Fairchild Medical Clinic	Yreka	842-3507
Karuk Tribal Health	Happy Camp	493 -5257
	Yreka	842-9200
Lake Shastina Community Clinic	Weed	938-2297
McCloud Healthcare Clinic	McCloud	964-2389
Mercy Mt. Shasta Community Clinic	Mt Shasta	926-7131
Scott Valley Rural Clinic	Etna	467-5393
Tulelake Health Clinic	Tulelake	667-2285
Yreka Family Practice	Yreka	842-1100
Yreka Immediate Care Clinic	Yreka	842-0606
Yreka V.A. Rural Clinic	Yreka	841-8500

DENTAL CLINICS

Anav Tribal Health Clinic	Fort Jones	468-4470
Butte Valley Health Center	Dorris	397-8411
Fairchild Dental Clinic	Yreka	842-3507
Karuk Tribal Health	Yreka	842-9200
McCloud Health Care Dental Clinic	McCloud	964-2389

DENTISTS

Douglas Langford, DDS	Yreka	842-4592
Evergreen Family Dentistry	Yreka	842-2558
Larry Meyer DDS	Yreka	842-5097
Angela Ferrari DDS	Mt. Shasta	918-9522
Family Smiles	Yreka	842-7323
John McGaughey, DDS	Mt. Shasta	926-6441
Kevin Shearer, DDS	Mt. Shasta	926-6333
Siskiyou Smile Design, Michelle L. Stark, DDS	Yreka	842-3900
Kimberly Centeno, DDS	Mt. Shasta	918-9055
Jeffery Lee, DDS	Mt. Shasta	926-5296

DRUG & ALCOHOL ABUSE TREATMENT

Behavioral Health	Yreka	841-4100
Yreka V.A. Rural Clinic	Yreka	841-8500

24-HOUR CRISIS ASSISTANCE

The Effort	1-800-273-8255
Behavioral Health	1-800-842-8979

FAMILY & COMMUNITY RESOURCE CENTERS

Butte Valley	397-2273
Dunsmuir	235-4400
Happy Camp	493-5117
McCloud	964-3250
Montague (HUB)	459-3481
Mt Shasta	926-1400
Scott Valley	468-2450
Tulelake	667-2147
Weed	938-9914
Yreka	842-1313

FOOD PANTRIES – MEAL CENTERS – HOME DELIVERED MEALS

Dunsmuir Resource Center	Dunsmuir	235-4400
Emergency Food Supplies (GNS)	Siskiyou County	938-4115 x 128
Food Commodities (GNS)	Siskiyou County	938-4115 x 134
Greenhorn Grange	Yreka	841-1379
Happy Camp Resource Center	Happy Camp	493-5117
Karuk Tribal Nutrition Center	Happy Camp	493-1645
Loaves & Fishes	Etna	467-3612
Madrone Senior Services	Yreka	841-2365
Mt. Shasta Senior Nutrition Program	Mt. Shasta	926-4611
Scott Valley Berean Church	Etna	467-3715
Scott Valley Grange Senior Nutrition	Greenview	468-2904
Siskiyou Community Food Bank	Yreka	842-1706 or 598-2133
Siskiyou Food Assistance	Gazelle-Big Springs	408-6115
	Weed-Mt. Shasta	
St. Joseph Catholic Church	Yreka	842-4874
St Vincent DePaul Society	Dunsmuir	235-4759
	Mt Shasta	926-3061
Tulelake Family Resource Center	Tulelake	667-2147
Tulelake Senior Center	Tulelake-Bray-Dorris-Tenant	667-3500
Yreka Food Ministry	Yreka & Surrounding	841-4376

HOME HEALTH & HOSPICE

Siskiyou Home Health	Yreka	842-7325
	Mt. Shasta	926-4142
Madrone Hospice	Yreka	842-3160
Mercy Hospice	Mt. Shasta	926-6111
Klamath Hospice	Macdoel-Dorris-Tulelake	877-882-2902

HOSPITALS

Fairchild Medical Center	Yreka	842-4121
Mercy Medical Center	Mt. Shasta	926-6111

HUMAN SERVICES

Adult Protective Services	Yreka	841-4200
Cal WORKS	Yreka	841-2700
Cal Fresh (Food Stamps)	Yreka	841-2700
In-Home Supportive Services (IHSS)	Yreka	841-4200
MSSP (Senior Case Management & Med-Cal)	Yreka	226-3019

MENTAL HEALTH – BEHAVIORAL HEALTH

Anav Tribal Health Clinic	Quartz Valley	468-4470
Butte Valley Health Center	Dorris	397-8411
Karuk Tribal Health	Happy Camp	493-5257
Lassen Counseling Services	Yreka	841-1030
Siskiyou County Behavioral Health	Yreka	841-4100
	Mt. Shasta	918-7200
Siskiyou County Veterans Service Office	Yreka	842-8010
Tulelake Health Clinic	Tulelake	667-2285

SENIOR SERVICES

Karuk Senior Center	Happy Camp	493-1645
Madrone Senior Services	Yreka	841-2365
Mount Shasta Senior Center	Mt. Shasta	926-4611
Tulelake Senior Center	Tulelake	667-3500

SUPPORT GROUPS

Alcoholics Anonymous	Mt. Shasta	918-7200
	Yreka	841-4100
Anav Tribal Health Clinic	Quartz Valley	468-4470
Bereavement- Madrone Hospice	Yreka	842-3160
Bereavement – Mercy Hospice	Mt. Shasta	926-6111
Disability Action Center		242-8550
Mountain Caregiver Resource Center of PASSAGES		800-995-0878
Yreka Caregiver Support Group	Yreka	459-3501