



Oroville Hospital
Community Health
Needs Assessment
2019

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Executive Summary

Oroville Hospital Community Health Needs Assessment

Oroville Hospital is an independent, non-profit corporation located in Northern California. It proudly serves the citizens of Oroville, as well as the surrounding foothill and valley communities.

This Community Health Needs Assessment addresses the Oroville Hospital primary medical service area which includes: Oroville (95965/95966), Concow (95965), Yankee Hill (95965), Palermo (95968), Berry Creek (95916), Bangor (95914), Biggs (95917) and Gridley (95948).

In response to the 2010 Patient Protection and Affordable Care Act, Oroville Hospital has developed an ongoing, community-based assessment that will become part of a strategic plan on a long-term, continuing basis. This 2019 Community Health Needs Assessment (CHNA) includes the community's perspective regarding health care needs and available services for individuals living and working in the seven zip codes listed above. Special consideration has been taken to ensure input was received from community representatives that possess broad interests of the community served by Oroville Hospital, including those who have particular knowledge or expertise in public health.

A Snapshot of the Oroville Hospital Medical Service Areas

Due to the most current US Census data now being nine years old, the following population and demographic figures have been resourced from the 2013-2017 American Community Survey by the Census Bureau's Population Estimates Program.¹ Additionally, due to the 2018 Camp Fire that destroyed over 18,000 structures within neighboring communities, the number of displaced individuals that have taken residence in Oroville Hospital's primary service area have not been accounted for.

- The Oroville Hospital primary medical service area includes seven zip codes in Butte County.
- The approximate population of Oroville Hospital's primary medical service area is 67,632.
- The approximate total population of the secondary medical service area is 341,735.
- The approximate total population served by Oroville Hospital is 409,367.
- Approximately 46% of the primary medical service area is between the ages of 18 and 54 years of age, while approximately 31% of the population is 55 years of age and over.
- Approximately 63% of the primary medical service area is White and about 17% are Hispanic/Latino.
- Approximately 60% of the primary medical service area reported an annual household income of under \$50,000.
- Approximately 50% of the primary medical service area reported using a public form of health insurance, and approximately 8% reported having no form of health insurance.

¹ Population and demographic estimates produced by the Census Bureau's Population Estimates Program and the American Community Survey: <https://factfinder.census.gov>

I. Introduction and Description of Oroville Hospital

Description of the Community Health Needs Assessment

The purpose of the Community Health Needs Assessment is to 1) assess and prioritize the current health needs of the community of which Oroville Hospital serves 2) identify available resources to meet the priorities established in the Community Health Needs Assessment 3) draft implementation strategies to address health priorities and 4) build capacity and community infrastructure to assist with health issues within the context of Oroville Hospitals' existing programs, resources, priorities and partnerships.

This report has been compiled in response to the 2010 Patient Protection and Affordable Care Act that requires each tax-exempt hospital to conduct a Community Health Needs Assessment (CHNA) every three years.

About Oroville Hospital

Oroville Hospital, located in Oroville, California, is a private 501(c)(3) non-profit corporation. The hospital serves individuals of the Oroville area, Butte County and the North Valley. Oroville Hospital provides laboratory services throughout the North State including Orland, Yuba City, Redding and Grass Valley. Oroville Hospital's mission is to provide personalized health care to residents of Oroville and the surrounding foothill and valley communities. This is accomplished by offering a medical home with a wide range of integrated services, from prevention and treatment to wellness.

Oroville Hospital is an acute care facility that specializes in a broad range of inpatient and outpatient services, including multiple specialty physician practices. Due to the recent Camp Fire, Oroville Hospital increased their number of licensed beds from 133 to 153 in late 2018.

Oroville Hospital's complete service line includes:

- Aesthetic Medicine
- Ambulatory Care
- Anesthesia Services
- Anticoagulation Services
- Cancer Care Program
- Cardiac Catheterization
- Cardiac Rehabilitation
- Cardiology
- Cardiovascular Testing
- Childbirth Services
- Chiropractic Services
- Dentistry Services
- Dermatology
- Ear, Nose and Throat Services
- Emergency Care Services
- Endoscopy
- Gastroenterology
- General Surgery
 - Breast
 - Colon & Rectal
 - Vascular
- Home Health
- Hospitalist Services
- Intensive Care Unit
- Laboratory Services
- Medical-Surgical Unit
- Mental Health Services
- Nephrology
- Neurodiagnostics
- Neurology
- Nutritional Therapy
- Obstetrics & Gynecology
- Ophthalmology
- Orthopedic Surgery
- Pain Management
- Palliative Care Program
- Pediatric Services
- Pharmacy
- Podiatry
- Post Acute Care Services
- Primary Care Services
- Pulmonary Function Testing
- Radiology Services
- Rehabilitation Services
 - Occupational Therapy
 - Physical Therapy
 - Speech Therapy
- Respiratory Care
- Robotic Surgery
 - Colorectal
 - General Surgery
 - Gynecology
 - Urology
- Sleep Disorder Testing
- Stroke Program
- Surgical Services
- Telemedicine
 - Cardiology
 - Neonatal
 - Neurology
 - Radiology
- Urology
- Medical Imaging
- Vascular Services
- Women's Imaging

Oroville Hospital's Patient Care Statistics (FY2018)

	2016	2017	2018		2016	2017	2018
% of Occupancy	85.7%	89.9%	93.0%	Inpatient Days	41,712	43,646	45,158
Births	453	393	430	Lab Procedures	2,151,169	2,333,858	2,549,695
Discharges	12,392	12,753	13,372	Outpatient Clinic Visits	255,609	272,525	301,465
ER Visits	33,587	29,930	27,779	Surgery Cases	5,196	5,329	5,861

Table 1. Oroville Hospital's Patient Care Statistics from Fiscal Year 2016-2018

Description of Primary Medical Service Area

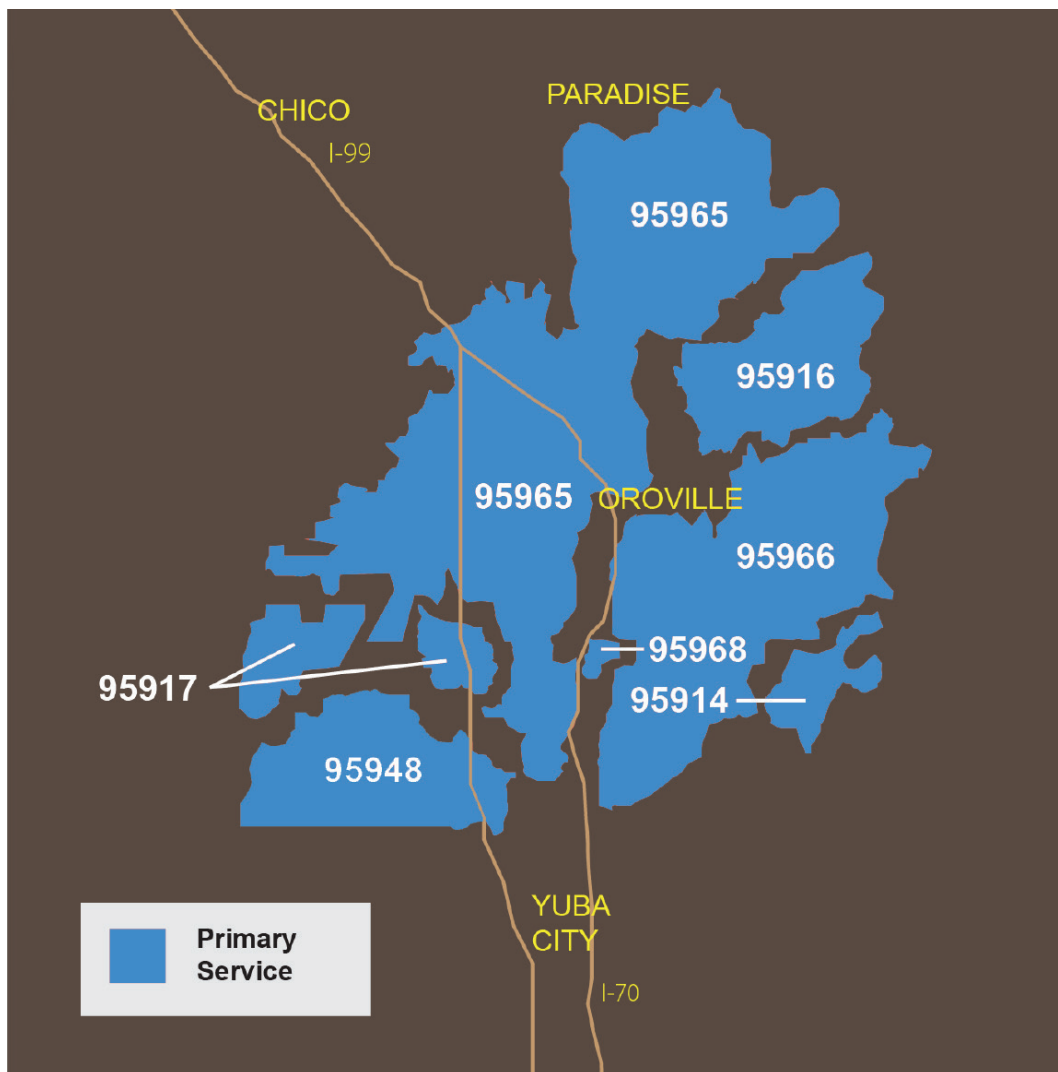


Figure 1. Zip Code Boundaries of the Primary Medical Service Area ²

This Community Health Needs Assessment serves the Oroville Hospital primary medical service area which includes: Oroville (95965/95966), Concow (95965), Yankee Hill (95965), Bangor (95914), Berry Creek (95916), Biggs (95917), Gridley (95948) and Palermo (95968).

² Map compiled by John Coyat USNaviguide. Available from: <http://www.usnaviguide.com/>

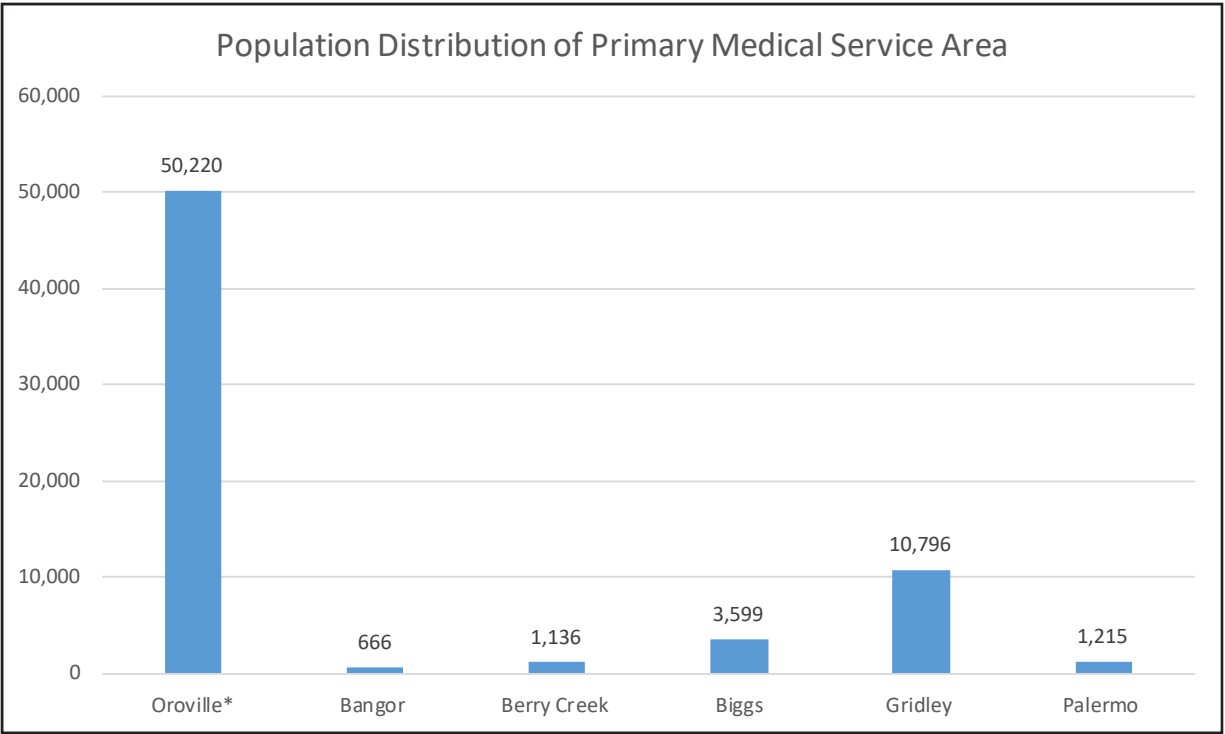


Figure 2. Population Distribution of Primary Medical Service Area ³

* = Concow and Yankee Hill populations are included in Oroville zip code population estimates.

Description of Secondary Medical Service Area

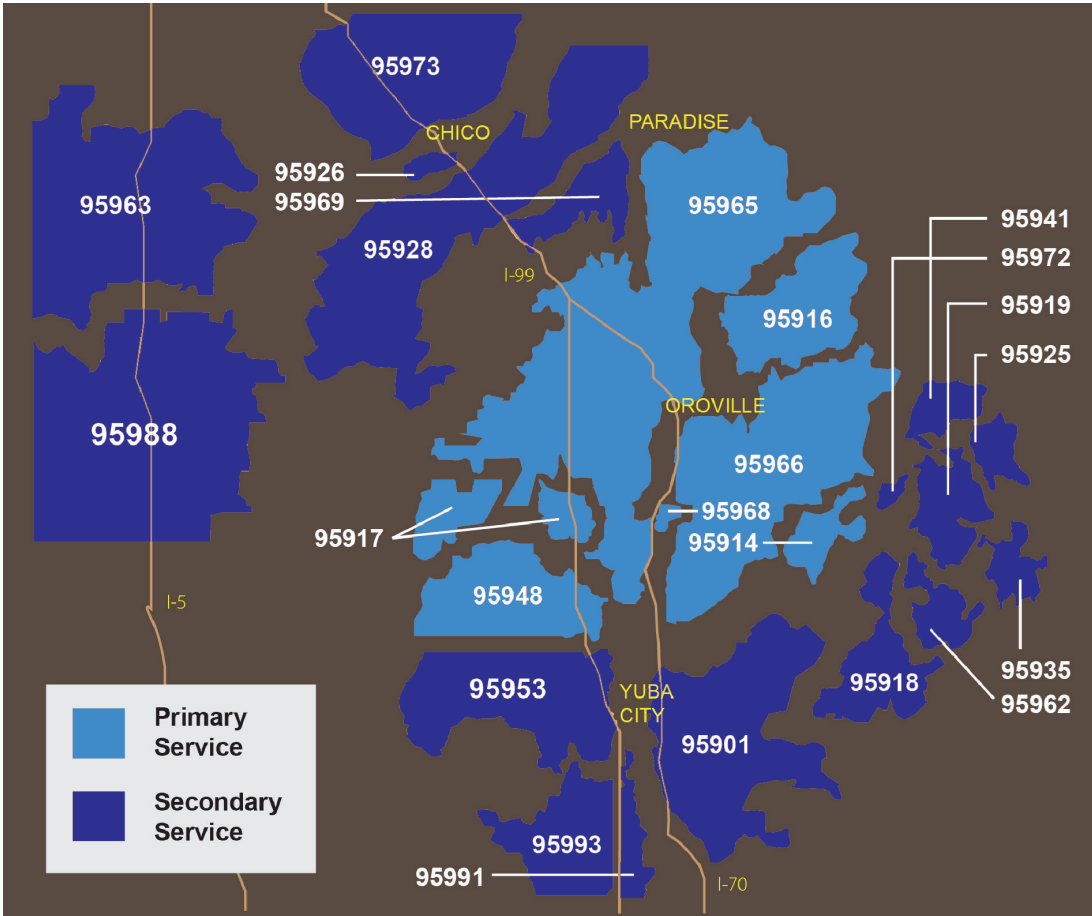


Figure 3. Zip Code Boundaries of the Secondary Medical Service Area ⁴

³ Population figures resourced from the Census Bureau’s Population Estimates Program. Available from: <https://factfinder.census.gov>

⁴ Map compiled by John Coyat USNaviguide. Available from: <http://www.usnaviguide.com/>

Oroville Hospital’s secondary medical service area includes: Browns Valley (95918), Brownsville (95919), Challenge (95925), Chico (95926, 95927, 95928, 95929, 95973, 95976), Dobbins (95935), Durham (95938), Feather Falls (95940), Forbestown (95941), Live Oak (95953), Magalia (95954), Marysville (95901), Olivehurst (95961), Oregon House (95962), Orland (95963), Paradise (95969), Rackerby (95972), Richvale (95974), Weed (96094), Willows (95988) and Yuba City (95991,95993). The total population of the secondary medical service is 341,735.

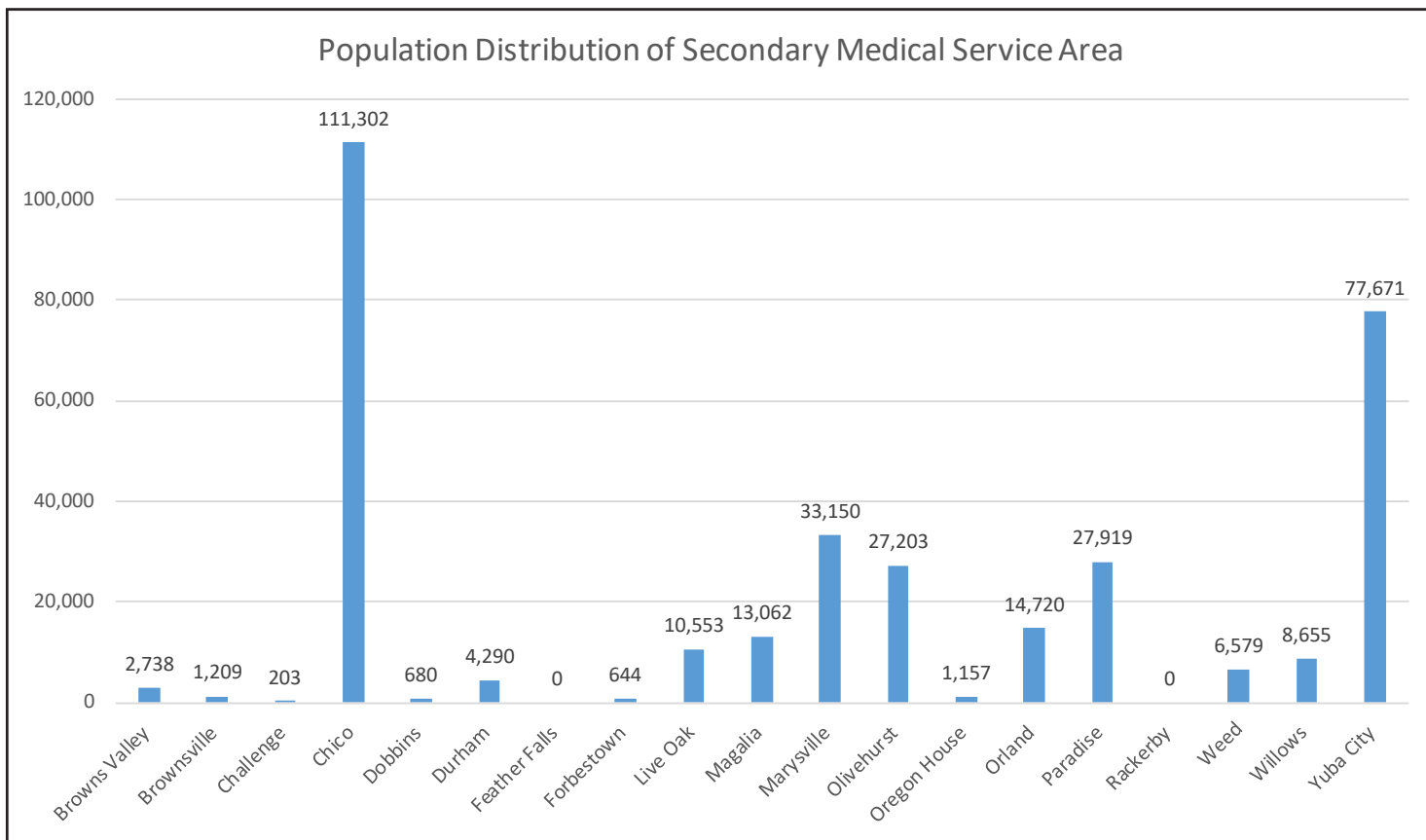


Figure 4. Population Distribution of Secondary Medical Service Area ⁵

II. Methodology of the Community Health Needs Assessment

A. Primary Data

Primary data was collected from the following sources and methods:

Community Health Needs Survey 2019

Two versions of the 2019 Community Health Needs Survey were developed using the framework of the 2013 and 2016 Community Health Needs Surveys. The first version was targeted to residents of Oroville Hospital’s Primary Medical Service Area, and the second version was targeted to employees of Oroville Hospital. Adjustments were made to the 2013 and 2016 Community Health Needs Surveys to ensure the content and feedback that we received was applicable to current times.

⁵ Population figures resourced from the Census Bureau’s Population Estimates Program. Available from: <https://factfinder.census.gov>

1. Community Health Needs Survey 2019 - Primary Medical Service Area Residents

The survey intended for residents of Oroville Hospital's primary medical service area was accessible from 04/03/2019 – 06/30/2019. It was made available in English, Spanish and Hmong. The English version was available in both paper and electronic formats. The electronic format was made available through the Oroville Hospital website. The Spanish and Hmong versions were available in paper format, and a PDF version was available for print on the Oroville Hospital website.

The survey consisted of 47 questions, and included numerous opportunities for participants to write in answers to questions that were not provided. To solicit participation in our survey, postcards containing information about the Community Health Needs Assessment, and how to access the survey, were mailed out to all residents of the primary medical service area zip codes. Flyers including the same information were posted and distributed at all Oroville Hospital inpatient and outpatient sites, all Valley Clinical Lab Draw Stations and many community centers. Printed versions of the survey were made available in all three previously listed languages at various locations including: African American Family and Cultural Center, Hmong Cultural Center of Butte County, Oroville Library and the Farmers' Market located at Dove's Landing. Participation in the survey was voluntary, and care was taken to ensure that respondent's answers were confidential in accordance with laws pertaining to privacy of personal and protected health information. For the purpose of the CHNA, participant surveys were stratified and analyzed by Oroville Hospital's Community Benefits Coordinator. A total of 170 surveys were collected.

The purpose of this survey was to gain insight into issues that affect the health of those living and working in Butte County, specifically Oroville Hospital's primary medical service area.

The Primary Medical Service Area Resident Survey will be referred to as the PMSAR Survey for the remainder of this Community Health Needs Assessment.

2. Community Health Needs Survey 2019 - Oroville Hospital Employees

The survey intended for Oroville Hospital Employees was accessible from 04/04/2019 - 06/30/2019. It was made available in a paper and electronic format.

The survey consisted of 14 questions, and included numerous opportunities for participants to write in answers to questions that were not provided. To solicit participation in our survey, a mass email to all Oroville Hospital Employees was sent out describing the Community Health Needs Assessment, as well as a link that provided access to the electronically formatted survey.

Participation in the survey was voluntary, and care was taken to ensure that respondent's answers were confidential in accordance with laws pertaining to privacy of personal and protected health information. For the purpose of the CHNA, participant surveys were stratified and analyzed by Oroville Hospital's Community Benefits Coordinator. A total of 214 surveys were collected.

Oroville Hospital Employee's input was considered when conducting the 2019 Community Health Needs Assessment for numerous reasons. The first being, Oroville Hospital is a top employer of Oroville and the neighboring communities, thus the high number of employees represents a large portion of the population that live and work within the primary medical service area. Additionally, this population contains a high number of community representatives that possess broad interests of the community served, and have particular knowledge or expertise in public health. Lastly, health care workers within Oroville also possess the experience and knowledge to identify specific needs of patients within our service area, including those that remain medically underserved.

The Oroville Hospital Employee Survey will be referred to as the OHE Survey for the remainder of this Community Health Needs Assessment.

Focus Groups and Community Meeting

Three focus groups were conducted throughout the Oroville community, targeting the medically underserved, low-income and minority populations. The first focus group was located at the African American Family and Cultural Center and had a total of 12 participants. The second focus group was located at the Feather River Senior Center and had a total of 51 participants. The last focus group was at the Hmong Cultural Center of Butte County and had a total of 10 participants.

A fourth focus group had been planned to target the business owners and community leaders from throughout the primary medical service area, but due to a lack of participation, the focus group was canceled.

In addition to the focus groups that of which targeted a specific population, Oroville Hospital also hosted a Community Meeting that was open to the general public. Invitations were sent out to all residents living within Oroville Hospital's primary medical service area. A total of 45 participants were present at the meeting.

The purpose of the focus groups and meeting was to seek out and utilize the input of groups that represent medically underserved, low-income and minority populations. Input that was received was used to help identify and prioritize the health needs facing our community, resources available or new resources that could help mitigate these needs and how past action plans provided by Oroville Hospital have assisted the community in addressing the identified health needs.

Community Leadership Questionnaire

Due to the lack of participants in the focus group designated for business owners and community leaders, a questionnaire was sent to all individuals that were invited to the focus group via e-mail. The questionnaire addressed what the community leader's vision was for the community, how Oroville Hospital can assist in achieving that vision and how our past action plans have been received. Respondents included members of Butte County Public Health, the University of California Agriculture and Natural Resources and Prestige Assisted Living at Oroville. A total of five completed questionnaires were received and the data was then stratified and analyzed by Oroville Hospital's Community Benefits Coordinator for the purpose of the CHNA.

B. Secondary Data

Secondary data was retrieved and compiled from local, state, national and other data resources. Those sources include:

- United States Census Bureau
- Center for Disease and Prevention (CDC)
- United States Department of Health and Human Services
- United States Department of Agriculture (USDA)
- Substance Abuse and Mental Health Services Administration (SAMHSA)
- World Health Organization
- National Coalition for the Homeless
- Healthy People 2020
- UCLA Center for Health Policy Research
- California Department of Public Health
- California Center for Public Health Advocacy
- Butte County Department of Public Health
- Butte County Coroner's Office
- Butte County-wide Homeless Continuum of Care
- Butte County Health Rankings

III. 2019 CHNA Survey Results and Secondary Data Findings

This section begins with a report of demographic findings within Oroville Hospital’s primary medical service area. The findings present a combination of primary data collected through both versions of the 2019 Community Health Needs Surveys, and secondary data retrieved from sources listed previously.

A. Demographics

1. Race/Ethnicity

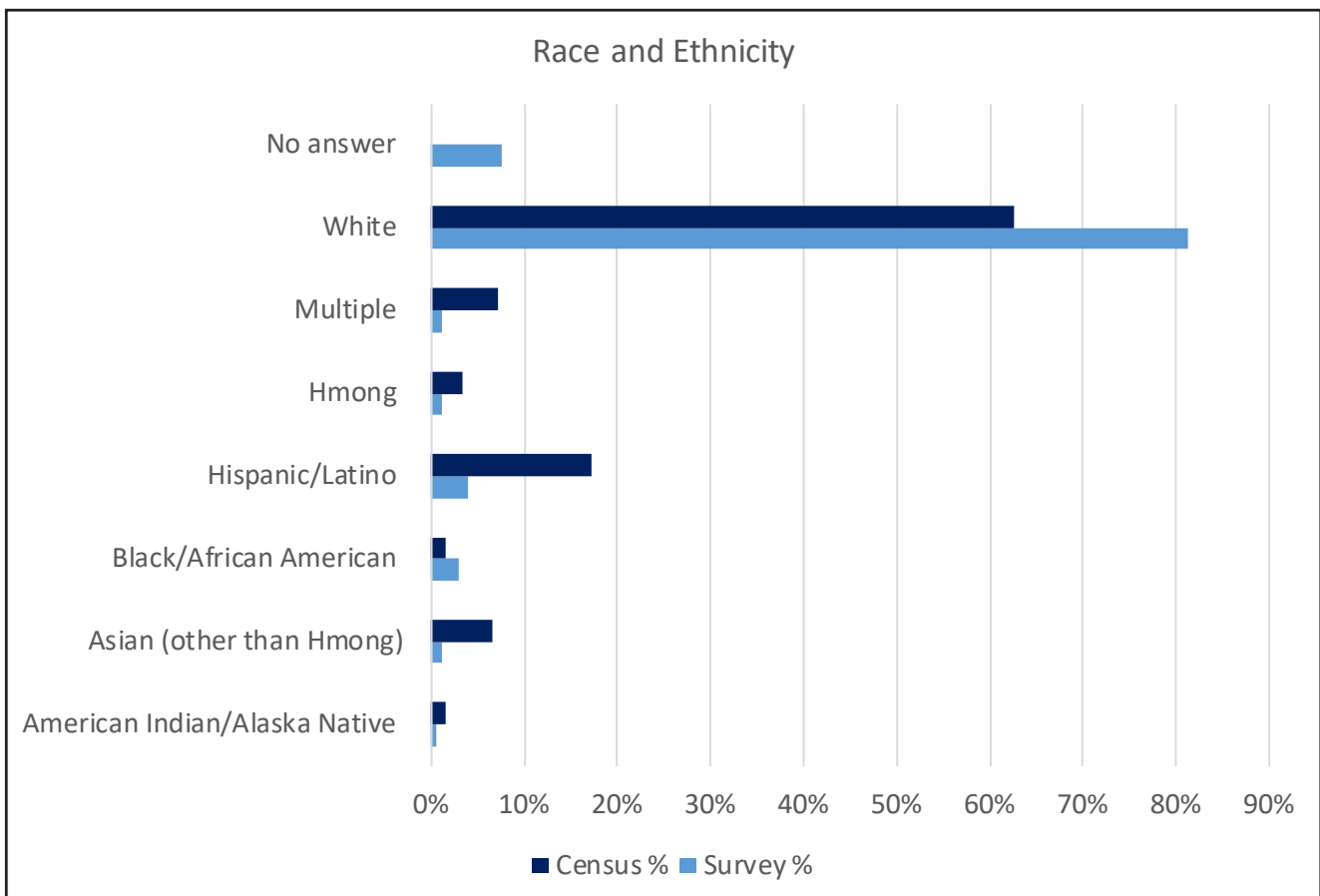


Figure 5. Comparison of Race and Ethnicity between CHNA Surveys and 2017 ACS ⁶

Race/Ethnicity	Survey %	Census %
American Indian/Alaska Native	0.6%	1.5%
Asian (other than Hmong)	1.2%	6.5%
Black/African American	3%	1.6%
Hispanic/Latino	4%	17.3%
Hmong	1.2%	3.4%
Multiple	1.2%	7.1%
White	81.2%	62.6%
No answer	7.6%	N/A

Table 2. Comparison of Race and Ethnicity between CHNA Surveys and 2017 ACS ⁶

⁶ Race/Ethnicity percentile estimates resourced from the Census Bureau’s Population Estimates Program and American Community Survey Results. Available from: <https://factfinder.census.gov>

Figure 6 and 7 present a comparison of the racial and ethnic makeup of the respondents of the PMSAR Survey and the data presented by the American Community Survey (ACS) and the Census Bureau’s Population Estimates Programs.

2. Age

Figure 6 shows the age distribution based on the data collected by both the OHE Survey and the PMSAR Survey. Individuals under 18 years of age were not surveyed, thus not represented below.

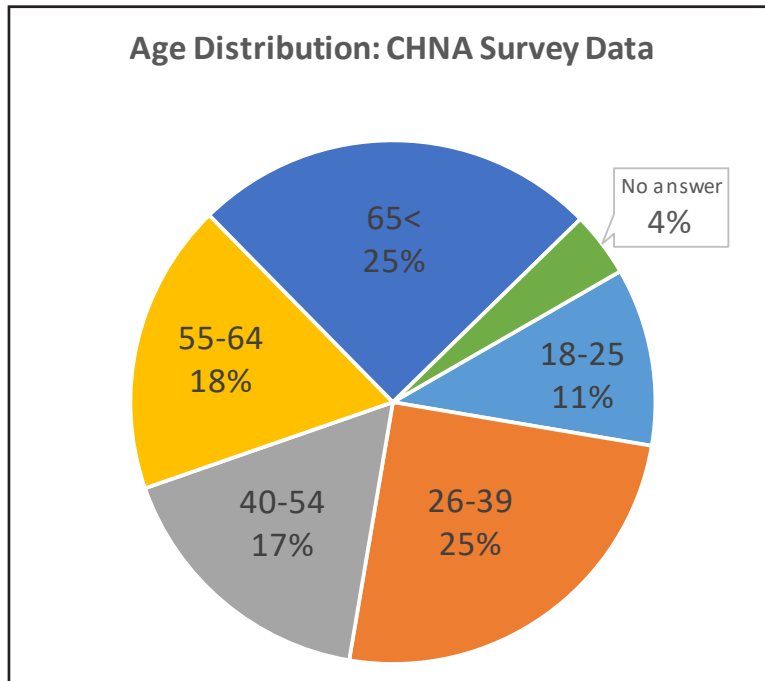


Figure 6. Age distribution of combined 2019 CHNA Surveys

Figure 7 presents the age distribution provided by the American Community Survey (ACS) and the Census Bureau’s Population Estimates Programs.

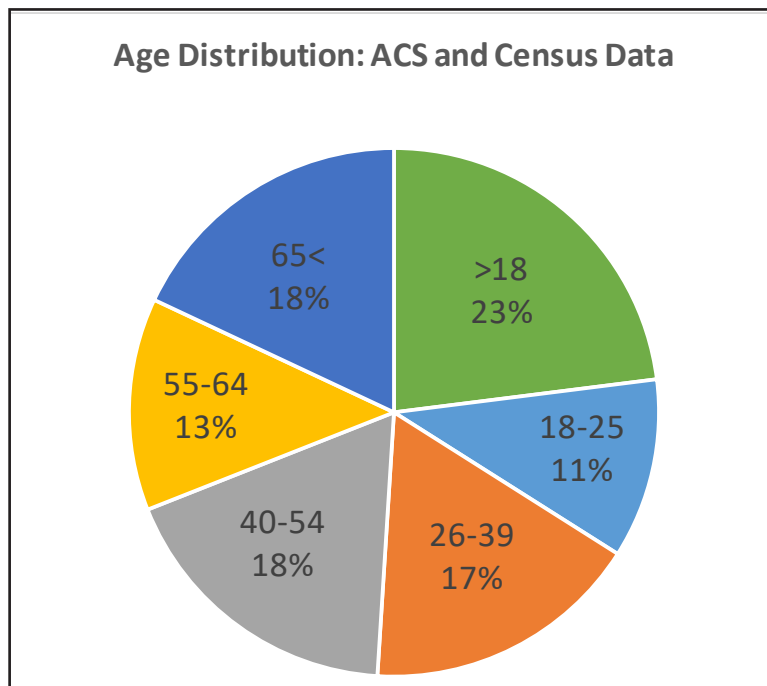


Figure 7. Age distribution According to 2017 ACS ⁷

⁷ Age percentile estimates resourced from the Census Bureau’s Population Estimates Program. Available from: <https://factfinder.census.gov>

3. Gender

Figure 8 displays a comparison of the gender makeup between the PMSAR Survey respondents and data collected from the American Community Survey (ACS) and the Census Bureau’s Population Estimates Program.

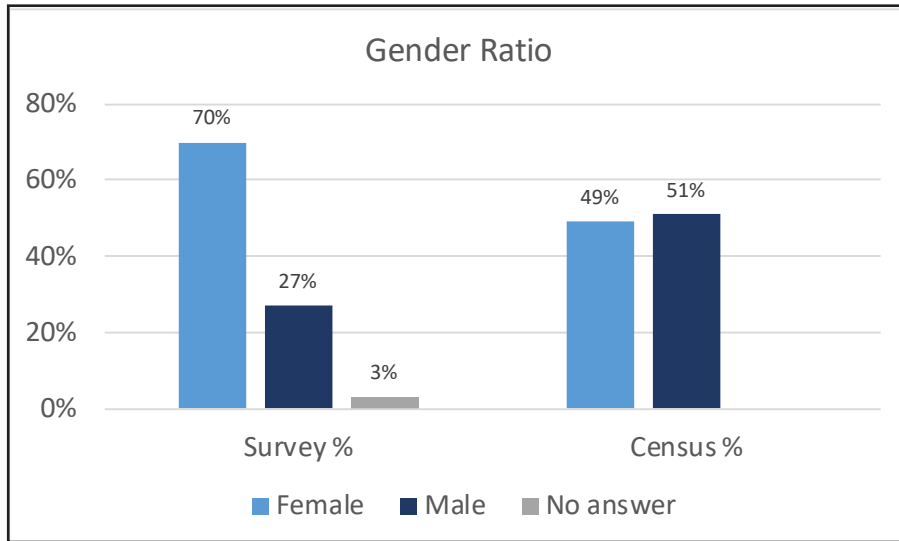


Figure 8. Gender ratio comparison between CHNA Survey and 2017 ACS ⁸

4. Annual Household Income

Figure 9 displays the annual household income among the PMSAR survey respondents. Approximately 52% of survey respondents have an annual household income of \$60,000 or less. In comparison, Butte County’s median household income was \$46,516 in the years 2013 through 2017. ⁹

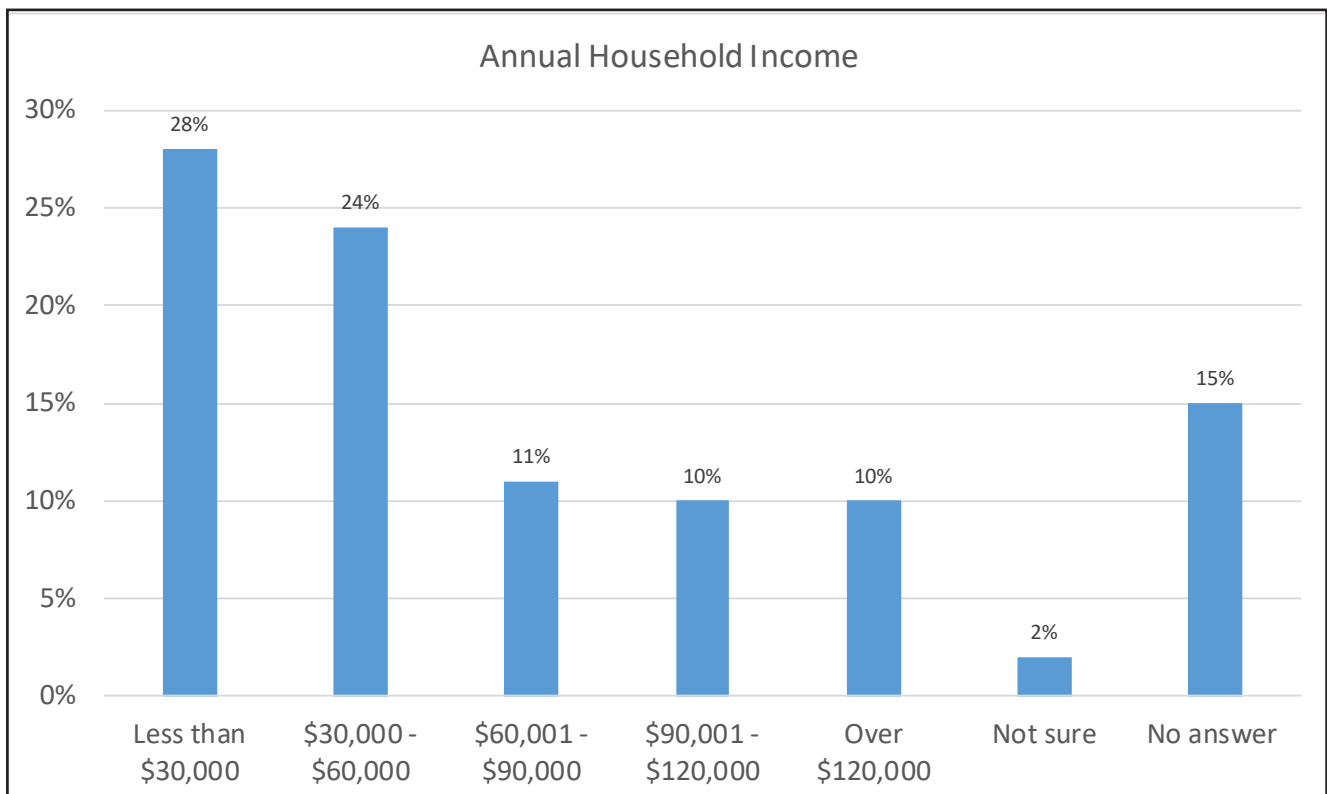


Figure 9. Annual household income of PMSAR Survey respondents ⁹

^{8,9} Butte County Median household income resourced from US Census Bureau QuickFacts. Available from: <https://www.census.gov/quickfacts>

B. Identified Primary Health Concerns of the Community

Primary and secondary data collection and analysis identified the following as the most significant health needs for residents of the Oroville Hospital primary medical service area:

1. Substance Abuse
 - A. Shortage of Primary Care Providers
2. Overweight/Obesity
3. Mental Health Issues
4. Access to Health Care
5. Heart Disease/High Blood Pressure
6. Diabetes
7. Homelessness/Poverty

1. Substance Abuse

In both of our Community Health Needs Surveys, we presented our respondents with a list of 10 of the “most challenging and ‘risky behaviors’ facing our community”. After reviewing the list, respondents were then asked to choose their 1st, 2nd and 3rd choice in accordance to what behaviors they believed were most important. To properly analyze responses, behaviors that were chosen as a 1st choice were given a weight of 3, behaviors chosen second were given a weight of 2 and behaviors that were chosen 3rd were given a weight of 1.

The graph below illustrates how alcohol and drug abuse were the leading behaviors in both the PMSAR Survey, and the OHE Survey.

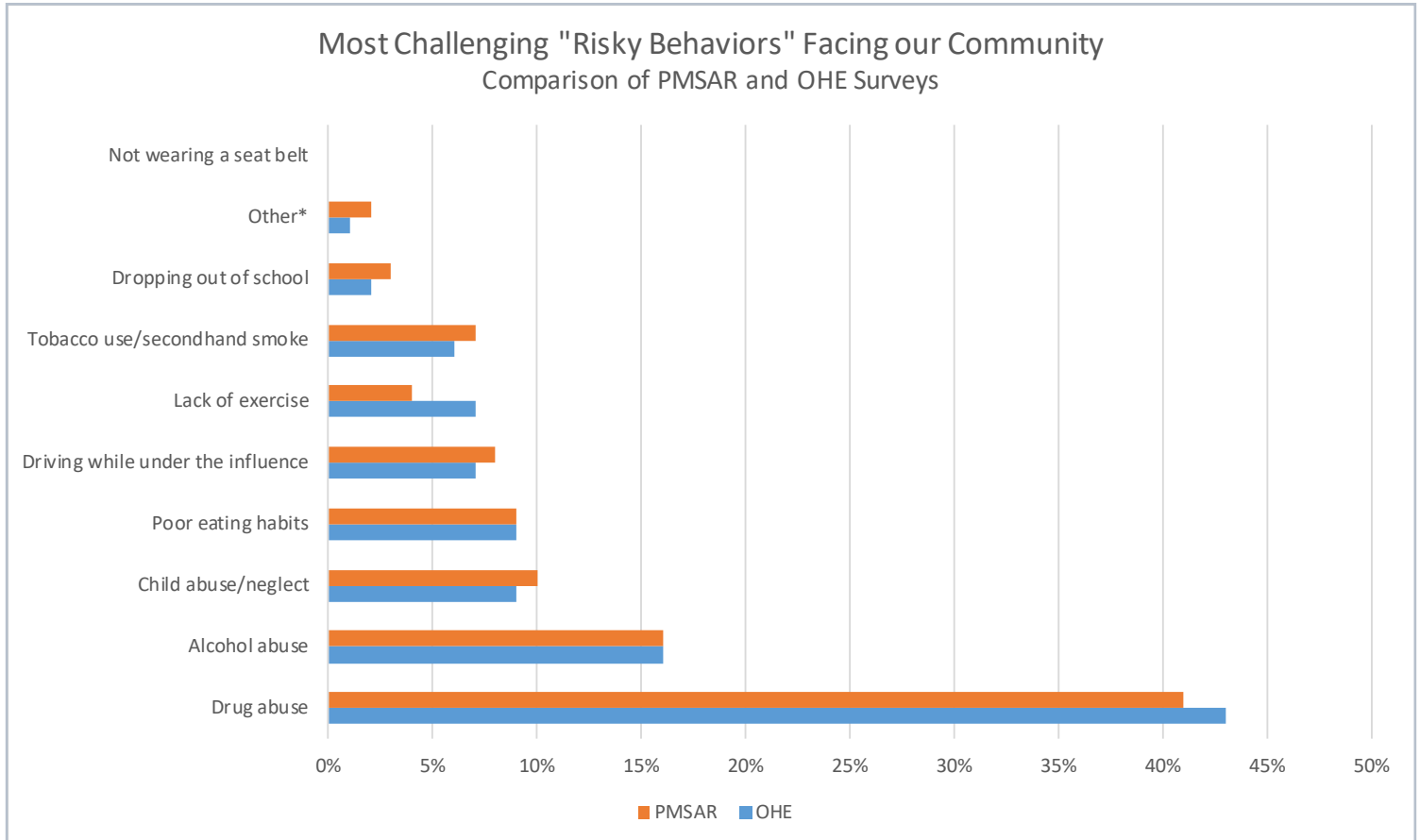


Figure 10. Response of PMSAR and OHE Survey respondents when asked to rank “Most Challenging ‘Risky Behaviors’ Facing our Community”

* = Not weighted

A considerable proportion of issues revolving around substance abuse can be attributed to the inappropriate use of prescription and illicit opioids. According to the Centers for Disease Control and Prevention, Butte County health providers have consistently been prescribing nearly double the amount of retail opioid prescriptions than the average of the United States, and nearly three times the amount of the California average.¹⁰

# of Retail Opioid Prescriptions Dispensed per 100 Persons			
	2015	2016	2017
Butte County	136.9	125.4	106.7
California	47.7	44.8	39.5
United States	70.6	66.5	58.7

Table 3. Comparison of retail opioid prescriptions per 100 persons¹⁰

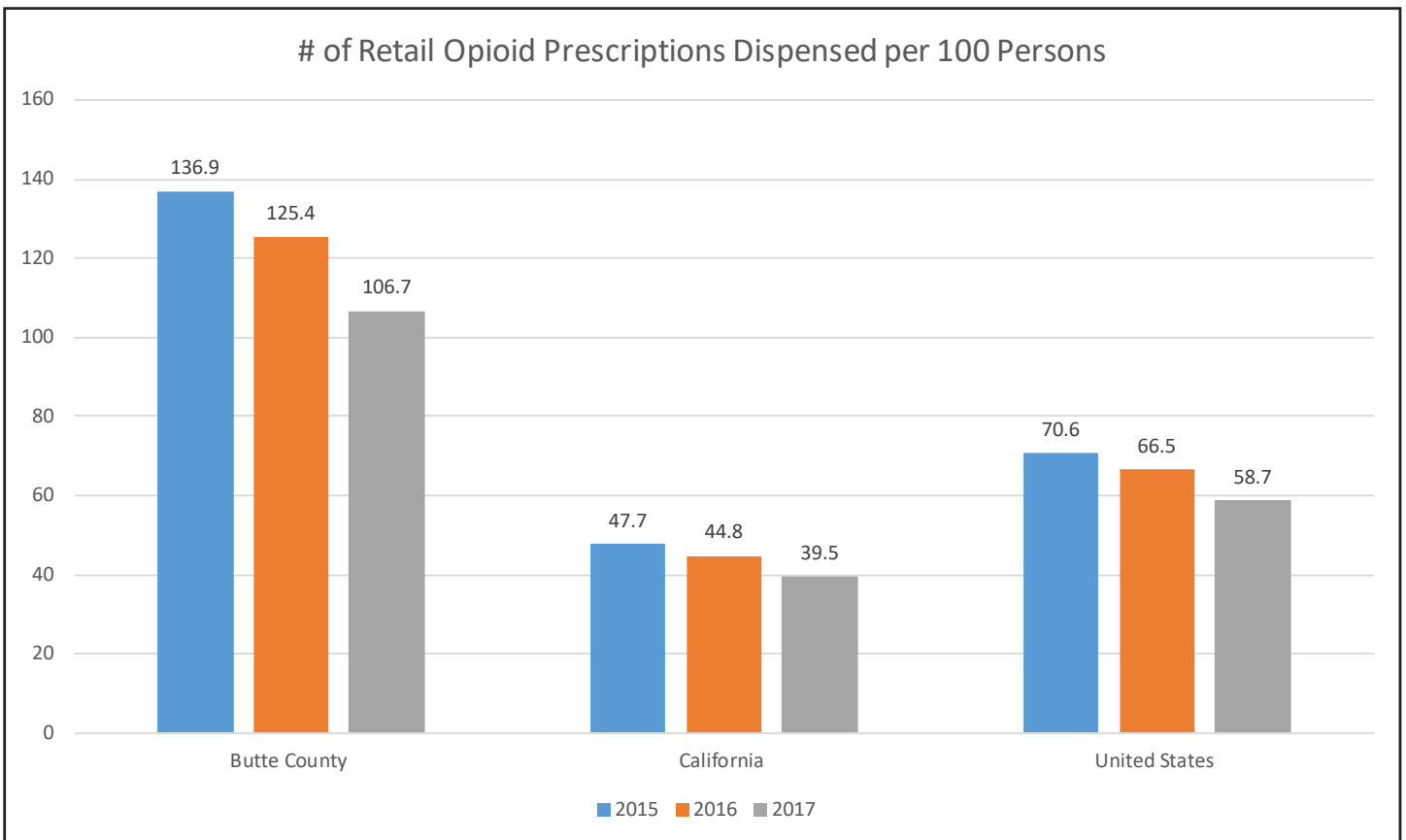


Figure 11. Comparison of retail opioid prescriptions per 100 persons¹⁰

In correlation to the high number of opioid prescriptions that are dispensed in Butte County, the County Health Ranking’s database reveals that Butte County has a drug overdose mortality rate that is more than double the California drug overdose mortality rate.¹¹

¹⁰Center for Disease Control and Prevention: U.S. Opioid Prescribing Rate Maps.

Available from: <https://www.cdc.gov/drugoverdose/maps/rxrate-maps.html>

¹¹County Health Rankings: Butte County Health Behaviors.

Available from: <https://www.countyhealthrankings.org/app/california/2019/rankings/butte/county/outcomes/overall/snapshot>

According to the California Department of Public Health, in 2017 Oroville Hospital’s primary medical service area had the lowest age-adjusted opioid-related overdose death rate when compared to the rest of Butte County and California. A visualization of this data can be reviewed in the map and graph listed below.¹²

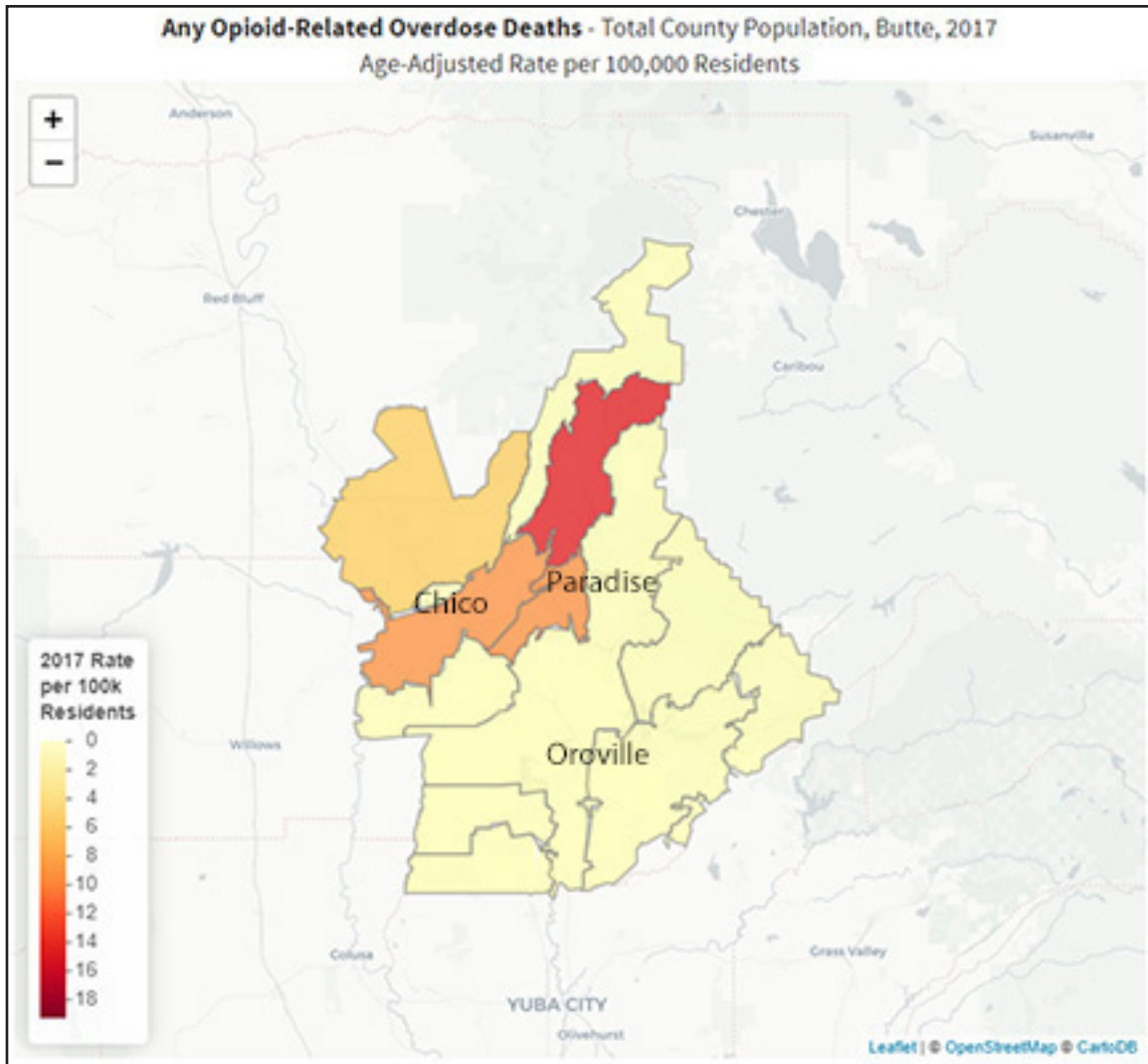


Figure 12. Geographic distribution map of Butte County’s opioid-related overdose deaths Age-Adjusted Rate per 100,000 Residents¹²

¹² California Department of Public Health: California Opioid Overdose Surveillance Dashboard
Available from: <https://discovery.cdph.ca.gov/CDIC/ODdash/>

Any Opioid-Related Overdose Death - Total County Population, 2017
Age-Adjusted Rate per 100,000 Residents

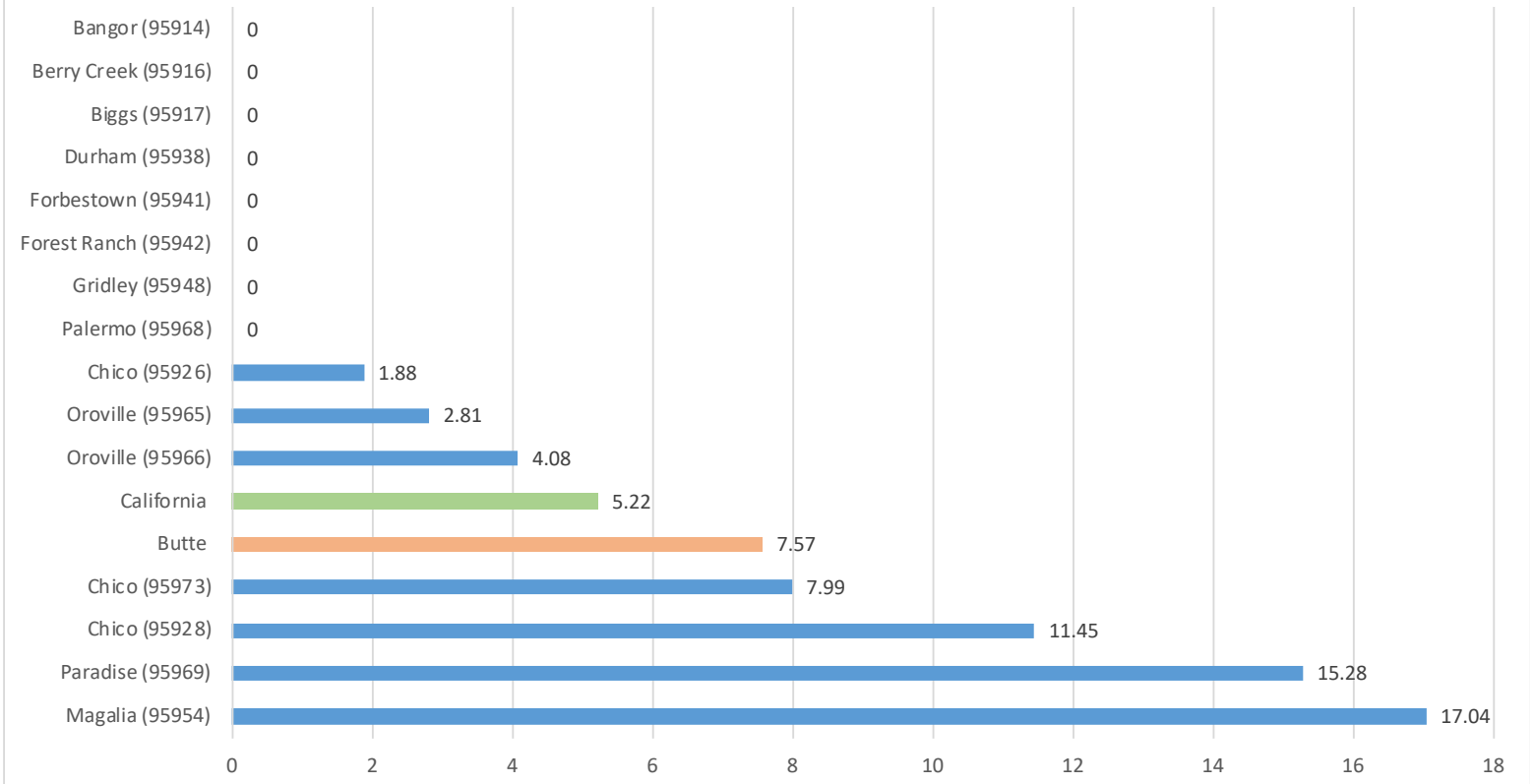


Figure 13. Geographic distribution graph of any opioid-related overdose death in Butte County and California ¹³

Table 4 below depicts the annual number of drug overdose deaths that are reported annually by the Butte County Coroner’s office.

# of Drug Overdose Deaths in Butte County				
	2016	2017	2018	2019 (As of 06/05/19)
Drug Overdose Deaths	70	44	48	19

Table 4. Yearly comparison of fatal drug overdoses in Butte County ¹⁴

¹³ California Department of Public Health: California Opioid Overdose Surveillance Dashboard
Available from: <https://discovery.cdph.ca.gov/CDIC/ODdash/>

¹⁴ Butte County Coroner’s Office

2. Overweight and Obesity

In both of our Community Health Needs Surveys, we presented our respondents with a list of 14 of the “most important ‘health problems’ facing our community”. After reviewing the list, respondents were then asked to choose their 1st, 2nd and 3rd choice in accordance to what behaviors they believed were most important. To properly analyze responses, behaviors that were chosen as a 1st choice were given a weight of 3, behaviors chosen second were given a weight of 2 and behaviors that were chosen 3rd were given a weight of 1.

The graphs below illustrate how overweight/obesity was the leading health problem in both the PMSAR Survey, and the OHE Survey.

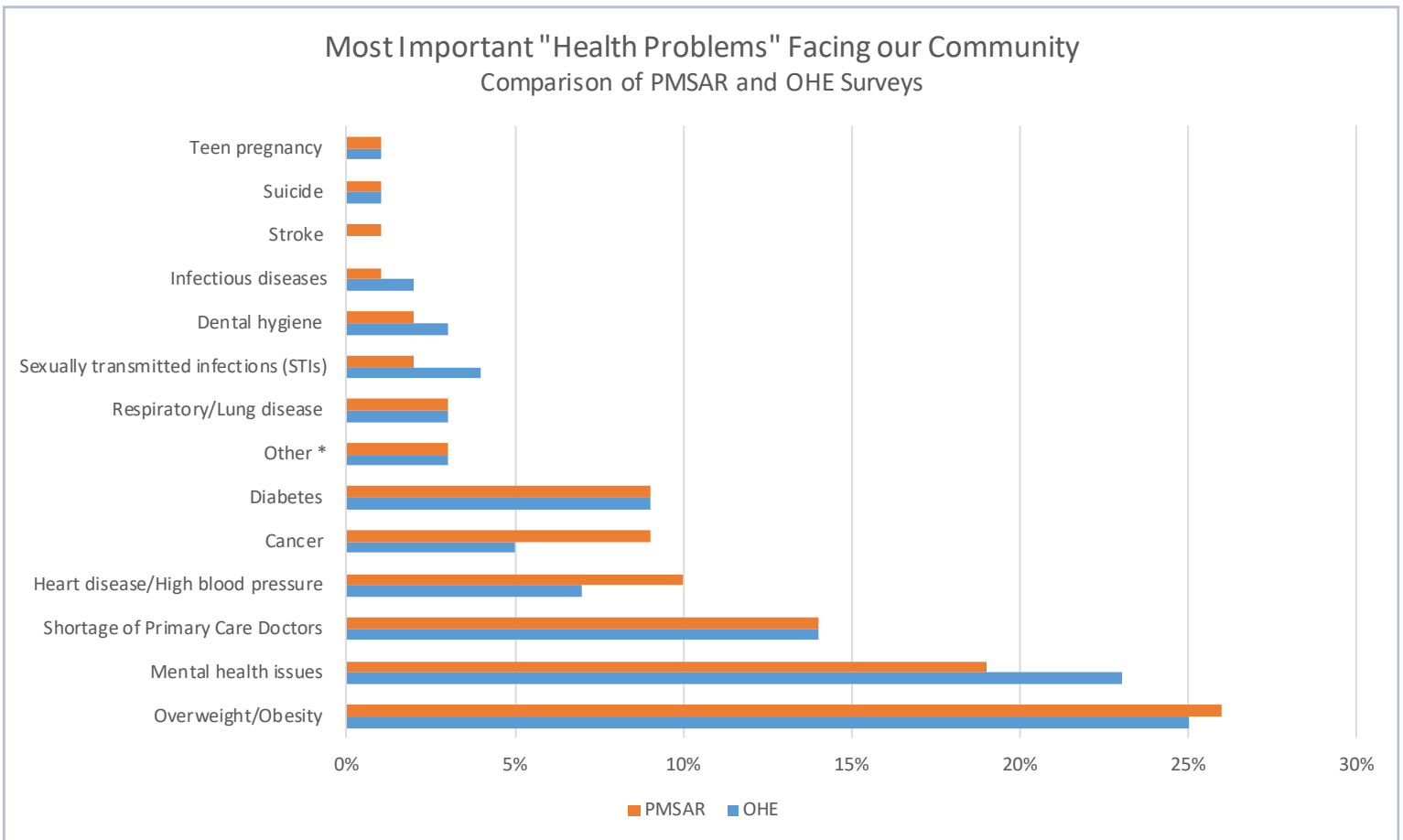


Figure 14. Response of PMSAR Survey respondents when asked to rank “Most Important ‘Health Problems’ Facing our Community”

* = Not weighted

Using the height and weight that was reported through the survey of the primary medical service area residents, BMI scores were calculated. According to the data collected, approximately 66% of the survey respondents are either overweight or obese.

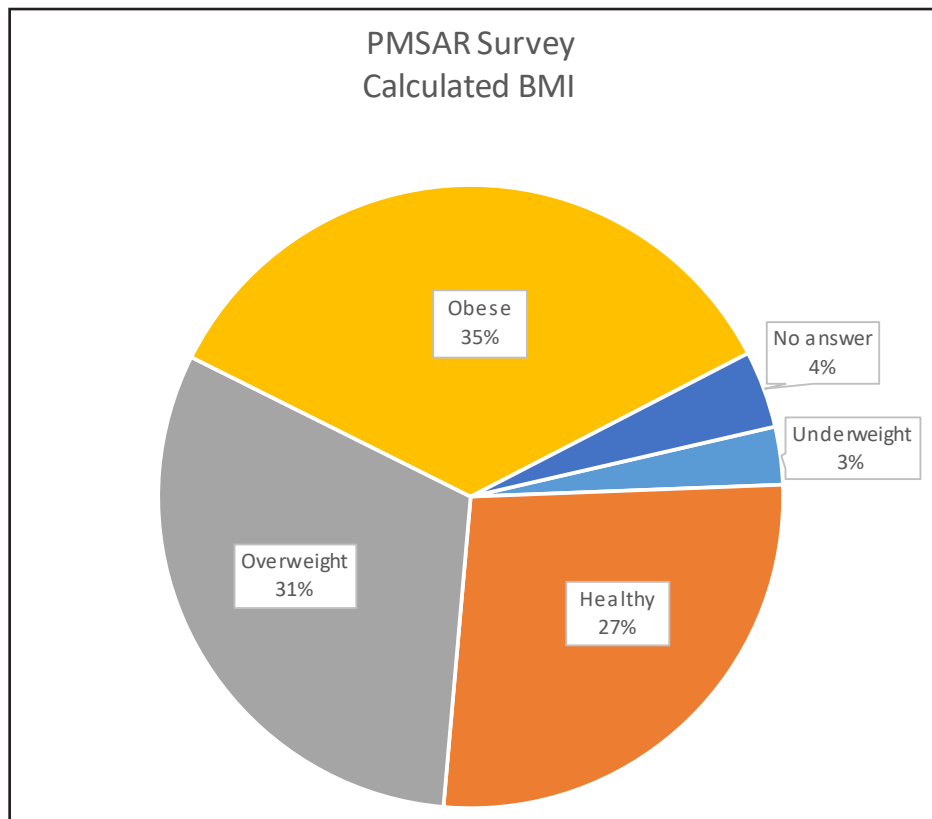


Figure 15. BMI distribution of PMSAR Survey Respondents

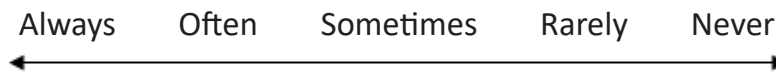
According to the CDC, obesity can be the result of numerous risk factors including an individual's behavior, genetics and community environment. Obesity is a serious health concern because it is associated with poorer mental health outcomes, reduced quality of life and the leading causes of death worldwide, such as diabetes, heart disease, stroke and some types of cancer.¹⁵

¹⁵ CDC Adult Obesity Causes and Consequences. Available from: <https://discovery.cdph.ca.gov/CDIC/ODdash/>

An individual’s access to affordable and healthy food also plays a large role in their ability to eat a healthful diet, that of which aids in preventing themselves and their families from becoming overweight or obese.

In our PMSAR Survey, respondents were asked if they felt they had “adequate access to affordable and healthy food”. In our OHE Survey, respondents were asked if they felt *patients* had “adequate access to affordable and healthy food”.

To answer, respondents of both surveys were given the following range to select from:



If respondents felt that they themselves, or Oroville Hospital patients, did not have adequate access, the following potential reasons as to why were presented for the respondent to select their top three choices:

1. Too costly
2. No transportation
3. Not available in grocery stores
4. Not enough time to shop
5. Don’t know what to buy
6. Other: _____

The following table and figure display the response that was collected from both the PMSAR Survey and the OHE Survey.

Adequate Access to Affordable and Healthy Food		
	PMSAR Survey Response	OHE Survey Response
Always	49%	8%
Often	21%	18%
Sometimes	22%	49%
Rarely	5%	23%
Never	3%	2%

Table 5. Response of PMSAR Survey and OHE Survey when asked to rank accessibility of affordable and healthy foods

Access to Healthy and Affordable Foods Comparison of PMSAR and OHE Surveys

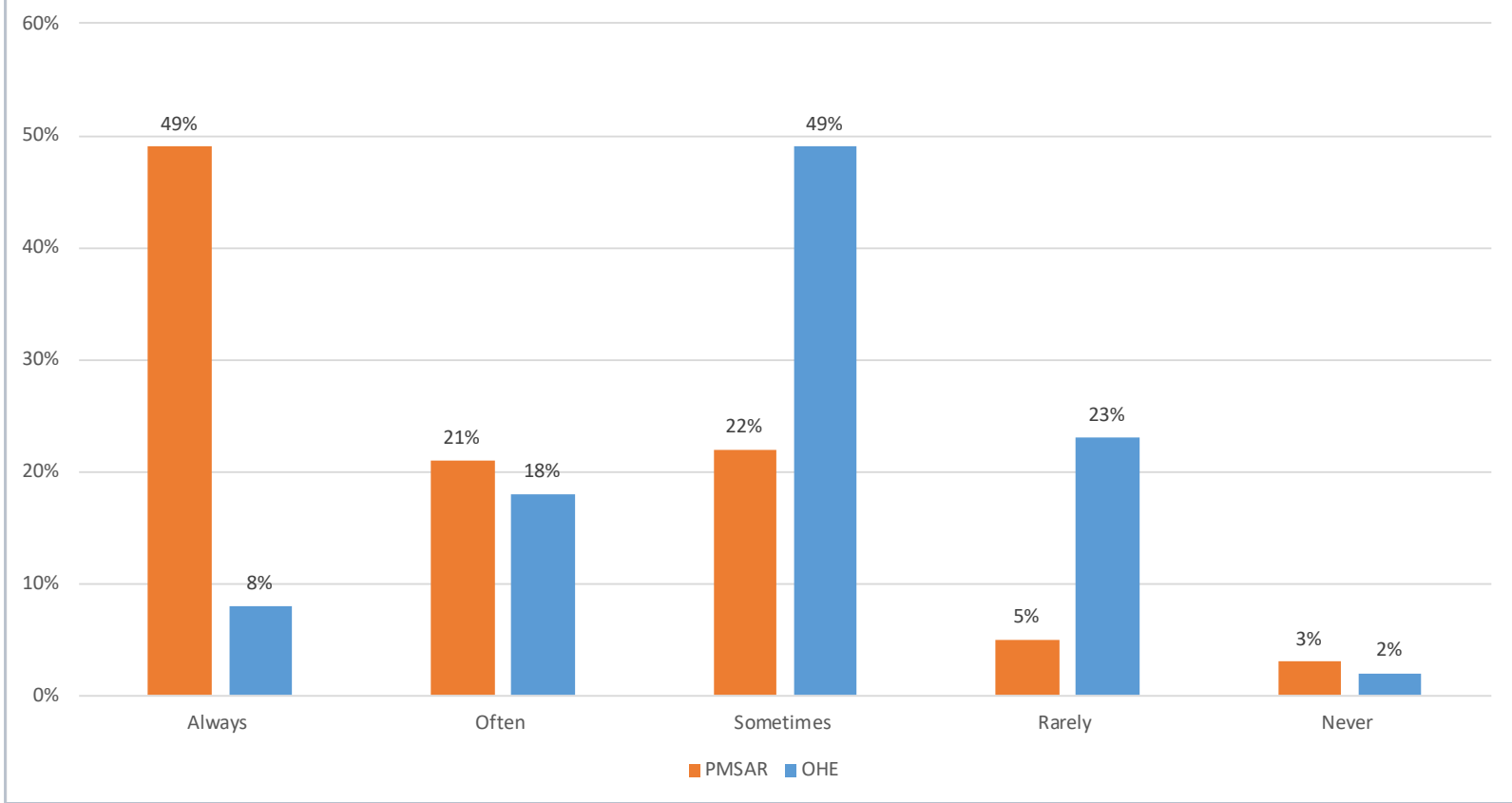


Figure 16. Response of OHE Survey respondents when asked to rank patients accessibility to healthy and affordable foods

According to the survey results displayed in Figure 16, there is a discrepancy between the two surveys in regards to Oroville Hospital patient’s access to healthy and affordable food. According to the results of the PMSAR Survey, approximately 70% self-reported that they either “always” or “often” have adequate access to healthy and affordable foods. When Oroville Hospital employees were asked through the survey if they felt patients had adequate access to healthy and affordable foods, approximately 74% reported that patients “sometimes”, “rarely” or “never” have adequate access to healthy and affordable foods.

Due to the difference in what potential patients are reporting on their own behalf, and what Oroville Hospital Employees believe is available to patients, further primary research will be preformed in subsequent Community Health Needs Assessments to better determine if there is indeed limited access to healthy and affordable foods in our targeted geographic location, and whether or not it is effecting the prevalence of overweight and obesity amongst Oroville Hospital patients.

Percentage of Population with Adult Obesity

Report Area	Percent of Adults with BMI > 30.0 (Obese)
CHNA Survey Response*	35%
Butte County	25%
California	23%

Table 6. Percentage of adults who have reported a BMI of 30.0 or greater ¹⁶

* = Response from PMSAR Survey only

Comparatively, the respondents of the PMSAR Survey had a 10% increase in adult obesity prevalence. According to County Health Rankings, 25% of Butte County’s adult population suffers from obesity, and overall in California 23% of the population suffers from adult obesity.

3. Mental Health Issues

According to the World Health Organization, mental health is “a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully and is able to make contribution to his or her community.” Mental illness is defined as “health conditions that are characterized by alterations in thinking, mood or behavior (or some combination thereof) associated with distress and/or impaired functioning.” ¹⁷

The CDC also states that mental health and physical health care have a strong correlation. Mental health plays a major role in a person’s ability to maintain good physical health. Mental illness can inhibit an individuals ability to participate in physically healthy behaviors. In turn, poor physical health can seriously impact mental health, causing the individual to not take part in treatment and recovery of chronic disease. ¹⁸

Referring back to Figures 14, survey respondents were asked to prioritize the “most important ‘health problems’ facing our community”, Mental Health Issues was ranked number two.

¹⁶ 2019 County Health Rankings California Adult Obesity, data used from 2015
Available from: <https://www.countyhealthrankings.org/app/california/2019/measure/factors/11/map>

¹⁷ World Health Organization, Mental Health: Strengthening Our Response. Available from:
<http://www.who.int/mediacentre/factsheets/fs220/en/>

¹⁸ CDC, Mental Health Basics. Available from: <https://www.cdc.gov/mentalhealth/basics.htm>

To get a better understanding of what Oroville Hospital’s primary medical service area is experiencing personally, the PMSAR Survey respondents were asked to disclose health conditions, diseases or challenges of themselves, spouse/partner and child(ren).

Figure 17 below shows the percentage of PMSAR Survey respondents that have been told by a doctor or health care professional that either themselves, spouse/partner and/or child(ren) have a “Mental/Emotional Condition”.

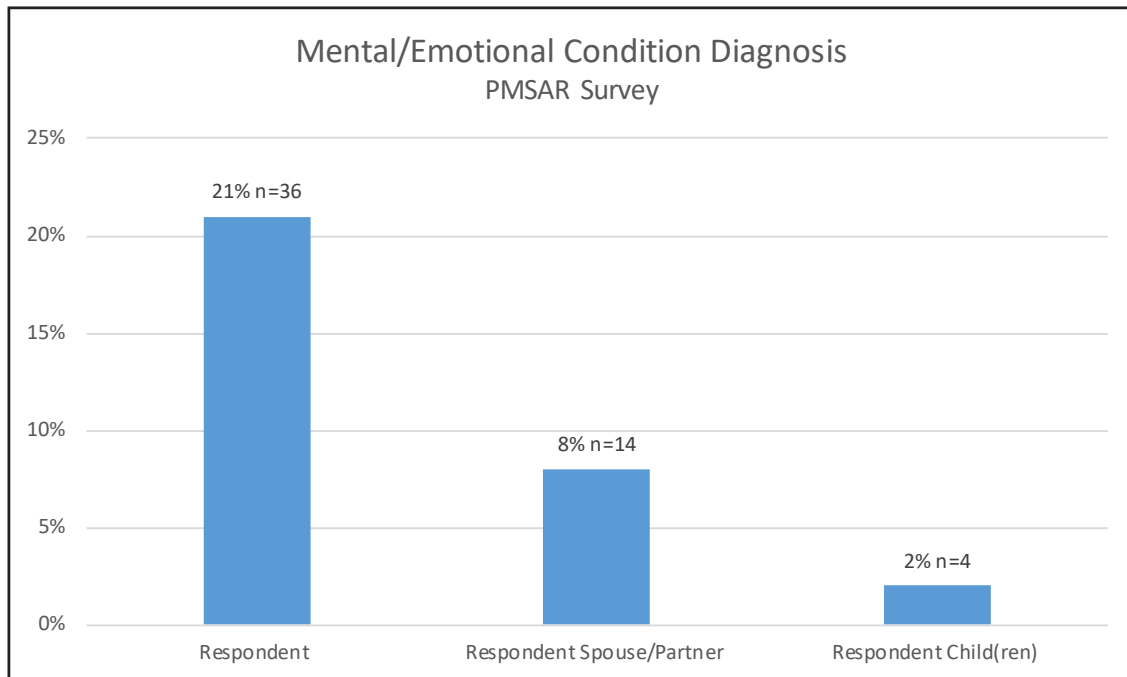


Figure 17. PMSAR Survey response when asked if themselves, spouse/partner or child(ren) have been told by a doctor or health care professional that they have a mental/emotional condition. n= number of respondents

Additionally, PMSAR Survey respondents were asked if themselves, or anyone in their family had utilized mental health services within the past year. Approximately 30% reported that yes, either themselves or a family member had used services. Of that 30%, approximately 11% utilized two or more mental health services. We asked them to identify from a list of services, which had been used. The service list included the following: Behavior/Mental Health Clinic, Counseling/Therapy, Crisis Care/Emergency Mental Health Services, Hospitalization, Psychiatric Medication Management, Residential Treatment, or Other. “Other” mental health services reported by respondents included bereavement support groups/grief share, Alzheimer’s disease treatment and medication management through their primary care provider.

Figure 18 below shows the utilization patterns of mental health services used by the PSMAR Survey respondents and/or the respondent’s family member(s).

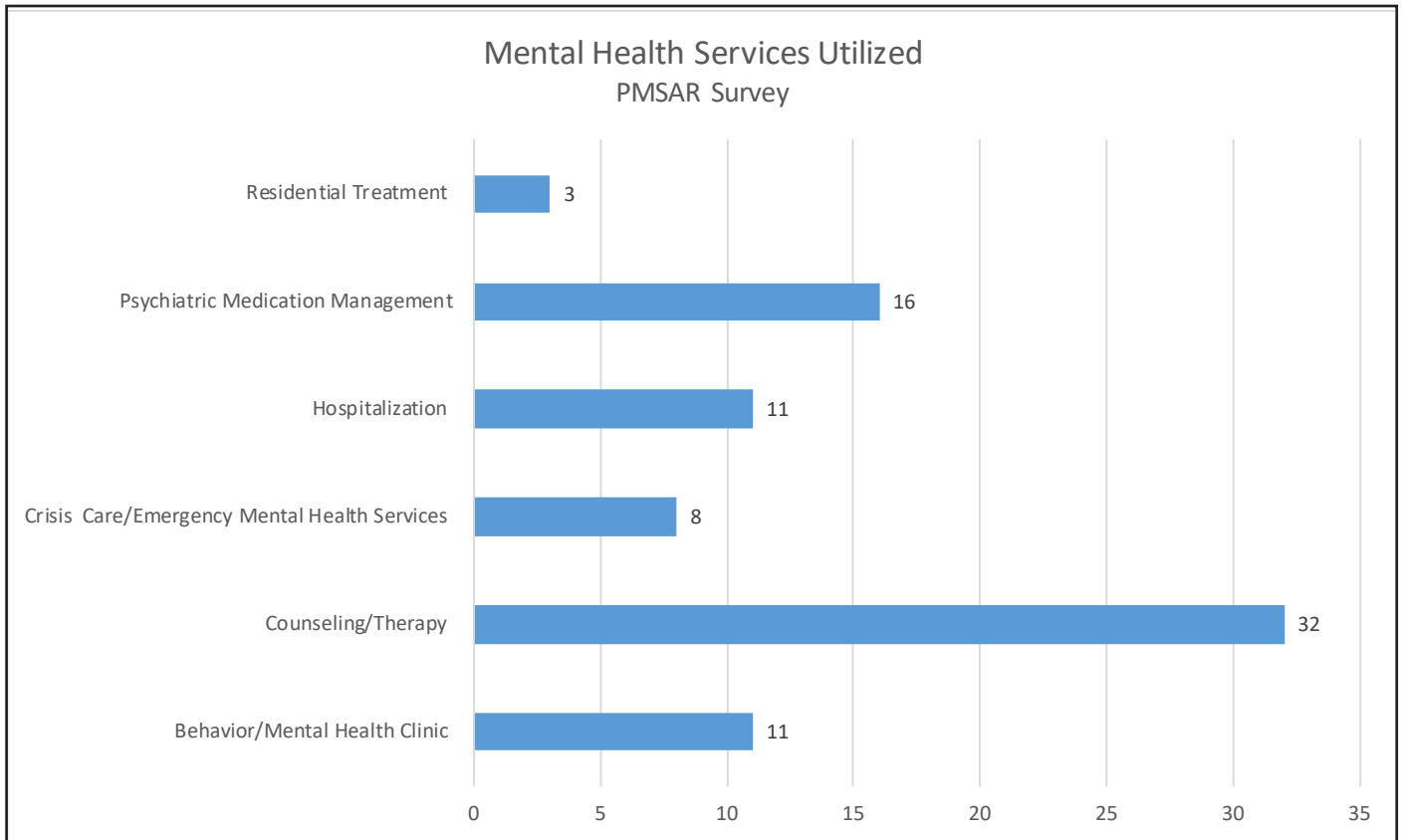


Figure 18. Number of PSMAR Survey respondents and/or respondent family member(s) that utilize the listed mental health services

Subsequently, the PMSAR Survey asks if the respondent was in need of mental health services, but were unable to obtain them, to please explain why. Only five respondents replied to this question, claiming that the biggest issue they faced when attempting to access mental health services in the Oroville area was a lack of mental health professionals that they could see to receive treatment from.

Through the OHE Survey, we saw a potential correlation to Mental Health Issues when respondents were asked “which health care services they would like to see expanded at Oroville Hospital”. Respondents were given a list of 18 different services they could choose from, including an “other” option where the respondent could write in an alternative answer. After reviewing the list, respondents were then asked to choose their 1st, 2nd and 3rd choice in accordance to what services they believe need to be expanded in order to better meet the needs of the community. To properly analyze responses, services that were chosen as a 1st choice were given a weight of 3, services chosen second were given a weight of 2 and services that were chosen 3rd were given a weight of 1.

Figure 19 below illustrates the weighted response of what services Oroville Hospital Employees believe need to be expanded in order to better meet the needs of the Oroville community. It is depicted that Oroville Hospital employee’s feel that Mental Health Issues can better be addressed through the expansion of Behavioral/Mental health services.

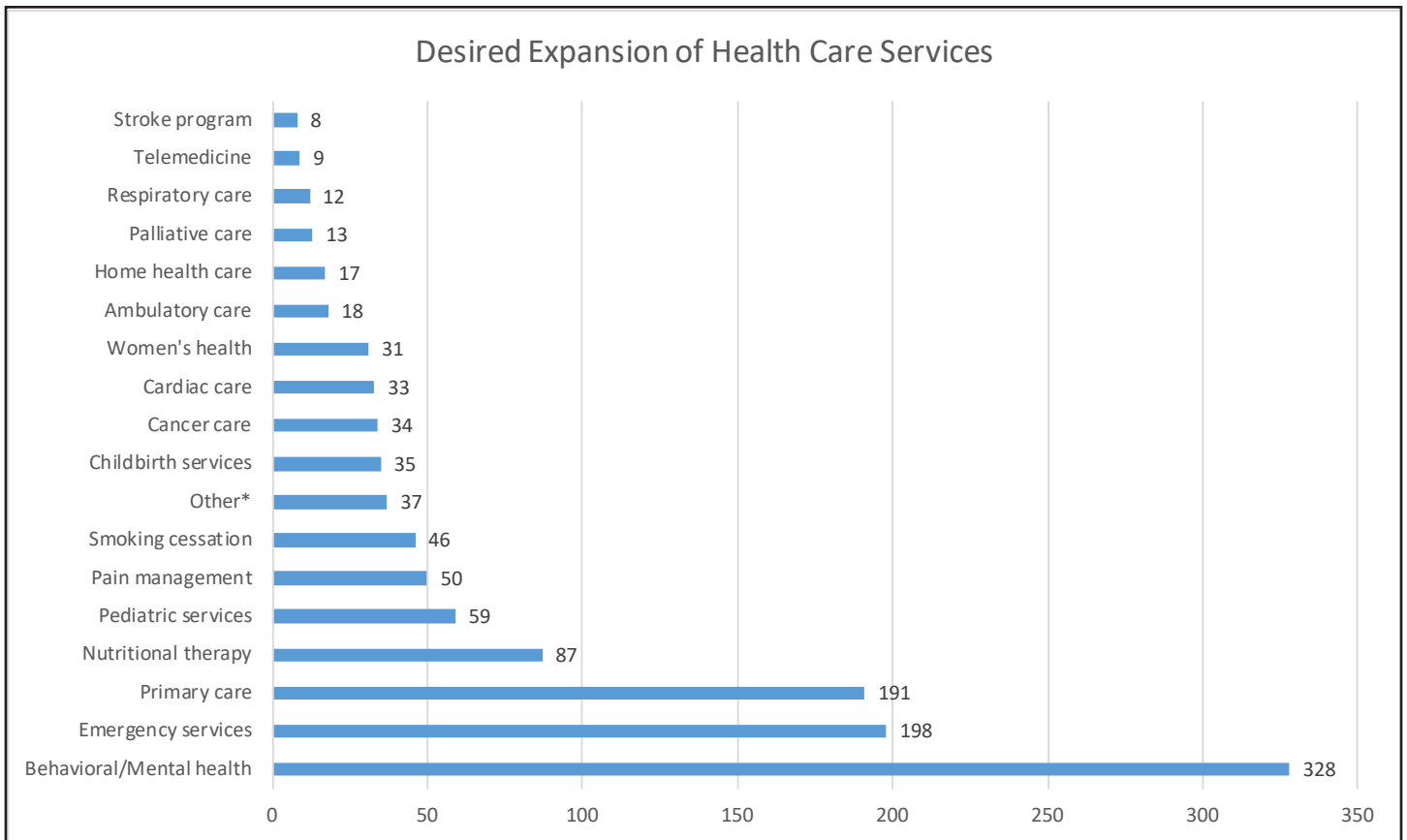


Figure 19. Number of PSMAR Survey respondents and/or respondent family member(s) that utilize the listed mental health services

* = Not weighted

Having a history of behavioral or mental health issues puts a patient at a significantly higher risk of suicide. According to the CDC suicide is a large and growing public health problem and in 2016, suicide accounted for nearly 45,000 deaths equating to about one death every 12 minutes throughout the United States. Suicide affects individuals of all ages, though some demographics possess higher rates of suicide than others. For example, non-Hispanic American Indian/Alaska Native and non-Hispanic White populations carry the highest rates across the life span. Those who are Veterans, other military personnel and certain occupational groups also experience a disproportionately high impact by suicide.¹⁹

When compared to California, Butte County has a significantly high age-adjusted suicide death rate. According to the California Department of Public Health's County Health Status Profile 2019, California had an age-adjusted rate of 10.4, whereas Butte County had an age-adjusted rate of 18.7.²⁰

Table 7 below shows the past three years of data derived from the Butte County Coroner's Office regarding deaths caused by suicide.

# of Suicide Deaths in Butte County				
	2016	2017	2018	2019 (As of 06/05/19)
Suicide Deaths	41	41	51	24

Table 7. Yearly comparison of suicide deaths in Butte County²¹

¹⁹ CDC Preventing Suicide. Available from: <https://www.cdc.gov/violenceprevention/suicide/fastfact.html>

²⁰ California Department of Public Health County Health Status Profile 2019.

Available from: https://www.cdph.ca.gov/Programs/CHSI/CDPH%20Document%20Library/CountyProfiles_2019.pdf

²¹ Butte County Coroner's Office

4. Access to Health Care

According to Healthy People 2020, when patients have access to comprehensive, quality health care they are better able to promote and maintain their overall health, prevent and manage disease, reduce unnecessary disability and premature death. The term ‘access to health care’ typically refers to three components of a patient’s ability to utilize health care services: insurance coverage, health services, and timeliness of care. ²²

Referring to Figure 14, survey respondents were asked to rank the “most important ‘health problems’ facing our community”, Shortage of Primary Care Doctors was ranked third.

Figure 20 below displays the response of PMSAR Survey respondents when asked whether they themselves, their spouse/partner, and/or child(ren) had a Primary Care Physician.

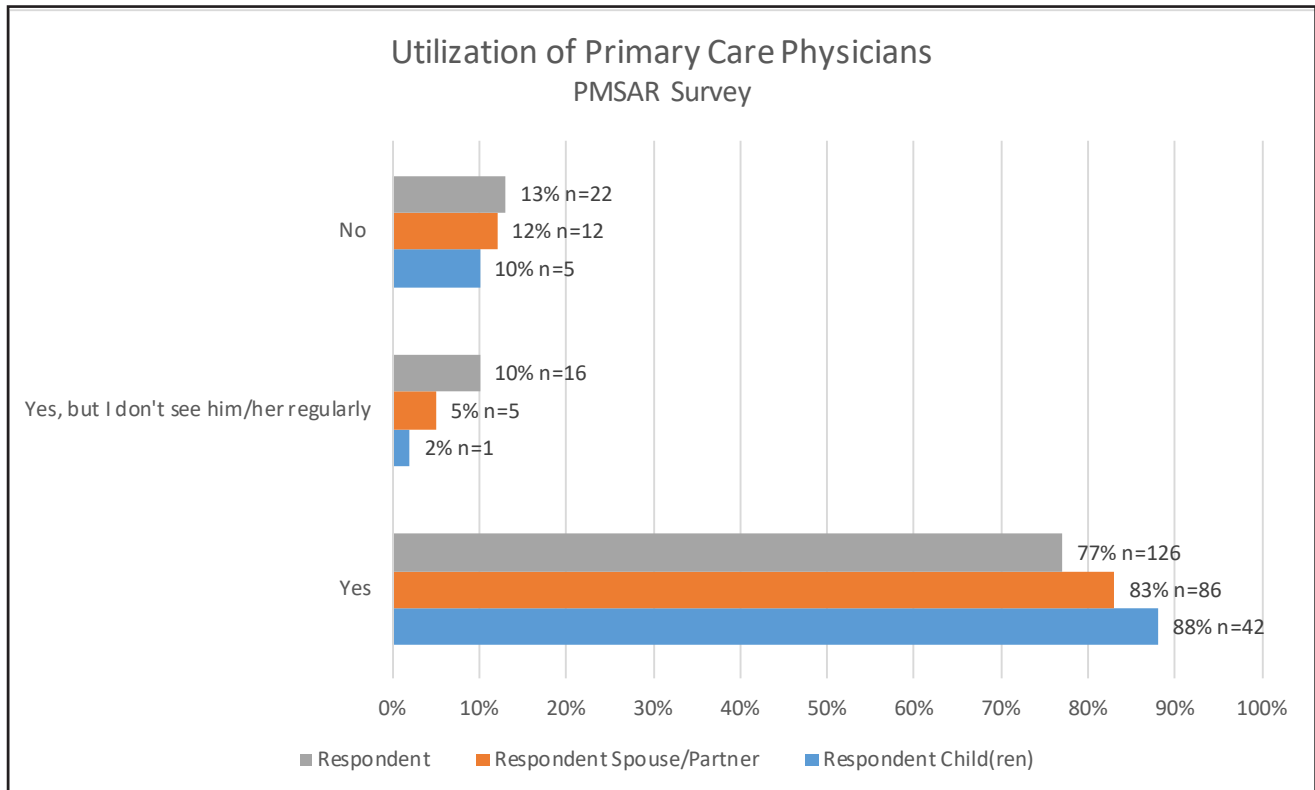


Figure 20. PMSAR Survey respondents utilization disbursement of Primary Care Physicians n=number of respondents

If respondents did not see a primary health provider regularly, we inquired as to why. Table 8 below shows how respondents answered this question.

Reasons for No Primary Care Physician	
	% distribution
I am no longer able to see my doctor due to the Camp Fire	4%
I am uncomfortable with doctors	16%
I don't know how to find a good doctor	24%
It costs too much money	9%
My doctor has inconvenient hours	2%
Other	45%

Table 8. PMSAR Survey respondents reasons for not having a Primary Care Physician

²² Healthy People 2020, Access to Health Services.

Available from: <https://www.healthypeople.gov/2020/topics-objectives/topic/Access-to-Health-Services>

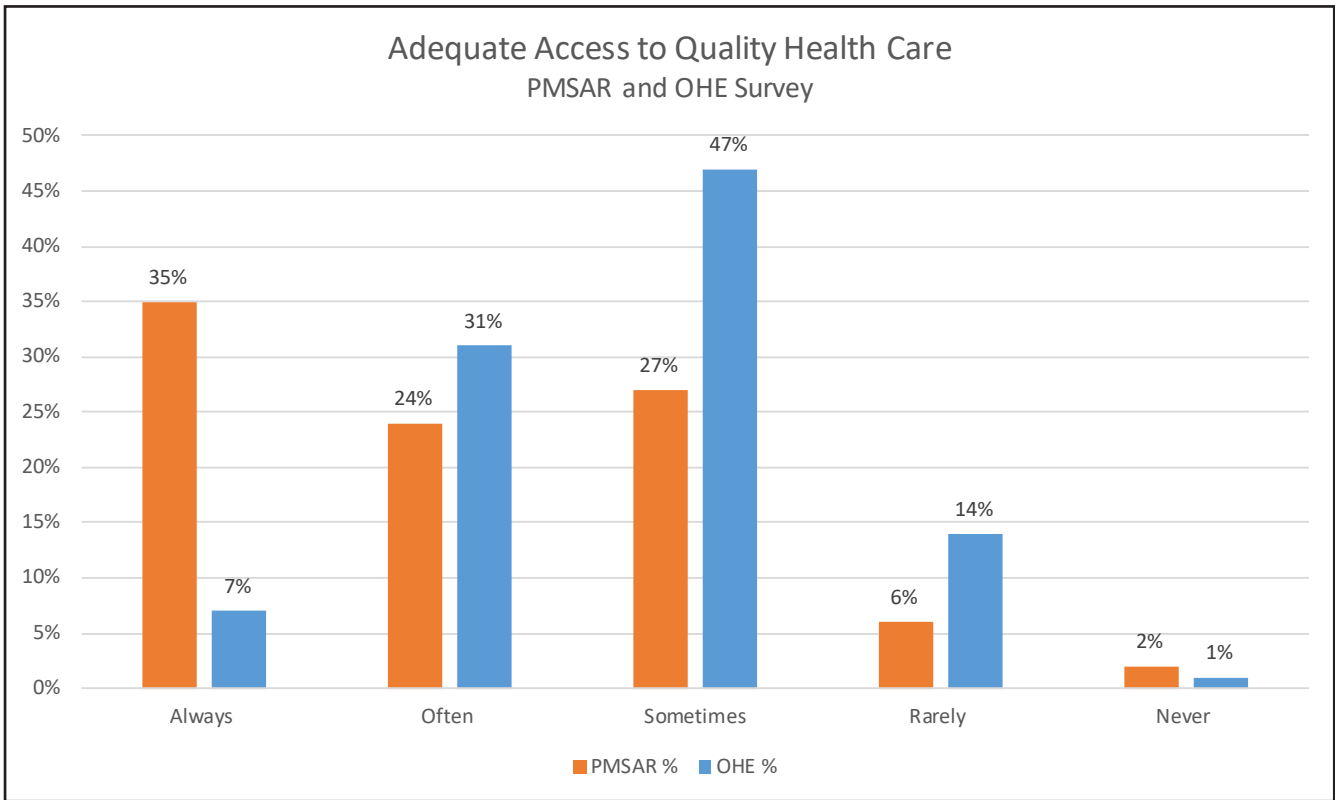


Figure 21. PMSAR and OHE Survey response when asked to rank accessibility of quality health care

To get a better understanding of how our patients paid for their health care, and whether or not a lack of health insurance coverage played a role in limiting accessibility to health care services, we asked our PMSAR Survey respondents how much of the past year themselves and their family had health insurance coverage. We then followed with a question asking what their primary form of health coverage was: employer-sponsored plan, private insurance, Medicare, Medi-Cal, no health insurance or if they did not know. The following figures display the response we received.

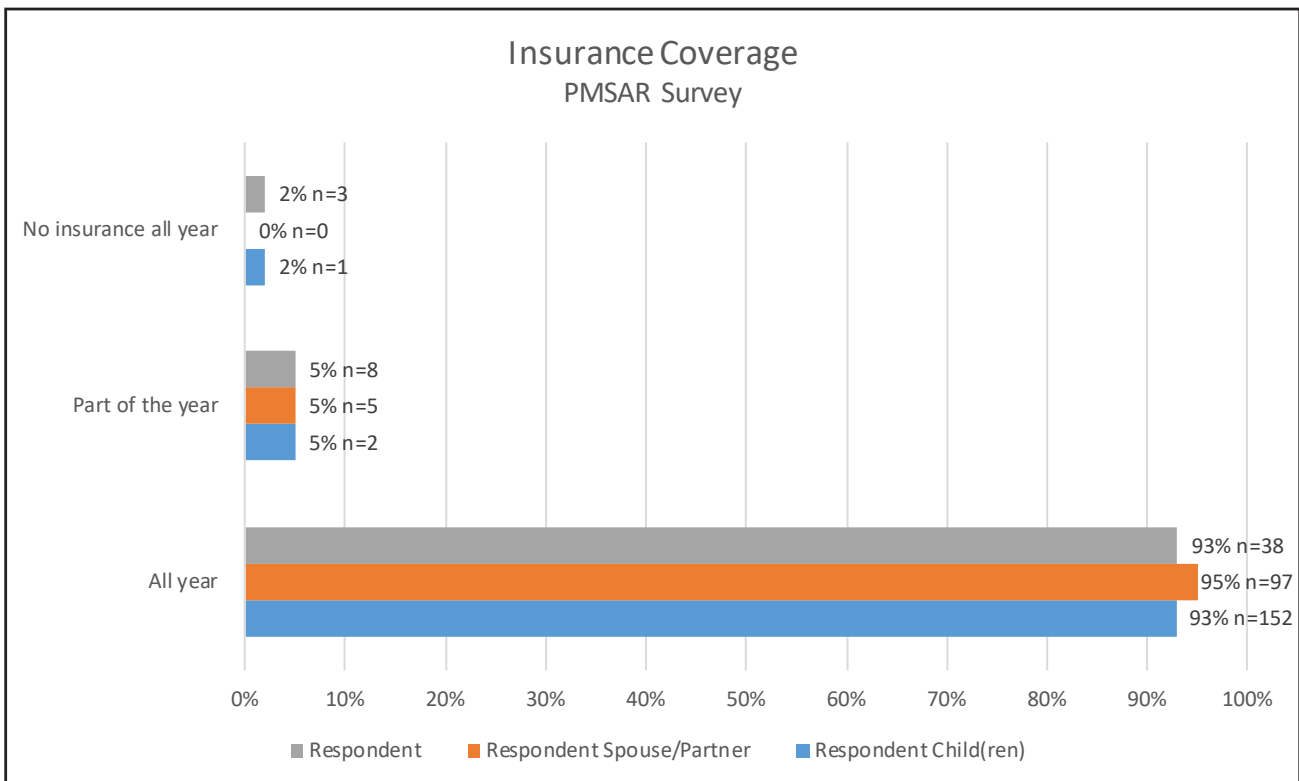


Figure 22. PMSAR Survey response when asked if they had health insurance all, part or none of the past year n=number of respondents 25

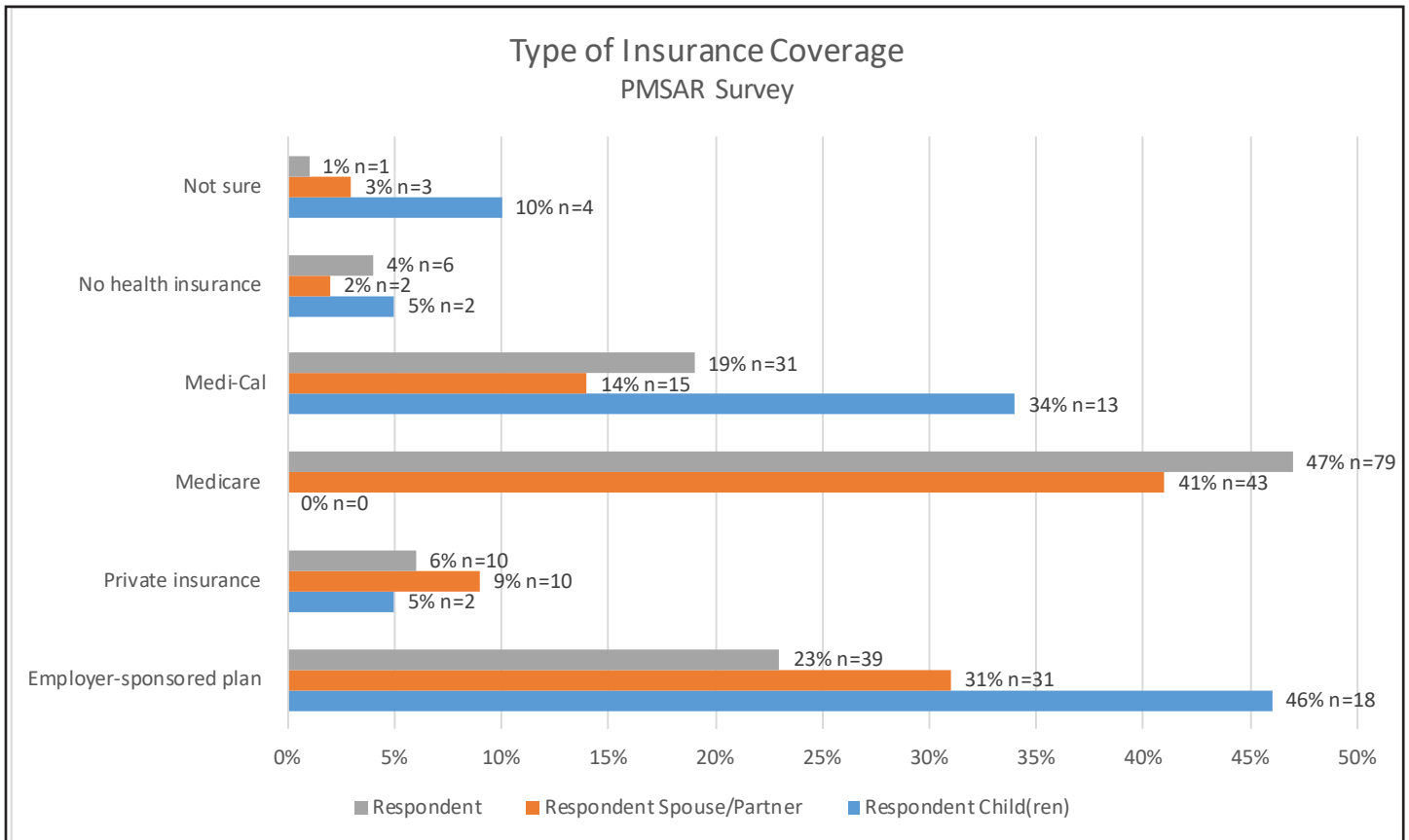


Figure 23. PMSAR Survey response when asked to identify their primary form of health insurance n=number of respondents

5. Heart Disease/High Blood Pressure

According to the CDC, “heart disease” can refer to several different types of heart conditions. The most common type of heart disease in the United States is coronary artery disease, which can affect the blood flow leading to the heart, ultimately increasing an individual’s risk of experiencing a heart attack.²⁴

A person’s lifestyle choices and underlying health conditions can play a big role in their risk for acquiring heart disease. Lifestyle choices that increase an individual’s risk can include behaviors such as: an unhealthy diet, physical inactivity, consuming too much alcohol and tobacco use. Underlying health conditions that contribute to the onset of heart disease include: high blood pressure, high cholesterol, diabetes and obesity.²⁵

As of 2017, heart disease was the leading cause of death in California, as well as the United States, which aids to this particular health concern being prioritized in the 2019 Community Health Needs Assessment. The following table shows the leading causes of death in 2017, as well as their rates, the state rank and the U.S. rates. Rates listed within the table are calculated age-adjusted death rates.²⁶

²⁴ CDC Division of Heart Disease and Stroke Prevention: About Heart Disease. Available from: <https://www.cdc.gov/heartdisease/about.htm>
²⁵ CDC Division of Heart Disease and Stroke Prevention: Heart Disease Risk Factors. Available from: https://www.cdc.gov/heartdisease/risk_factors.htm
²⁶ CDC National Center for Health Statistics: CA Leading Causes of Death 2017 Available from: <https://www.cdc.gov/nchs/pressroom/states/california/california.htm>

Leading Causes of Death in California (2017)

CA Leading Cause of Death, 2017	Deaths	CA Rate	State Rank	U.S. Rate
1. Heart Disease	62,797	142.9	40th	165.0
2. Cancer	59,516	136.7	45th	152.5
3. Stroke	16,355	37.6	24th	37.6
4. Alzheimer's Disease	16,238	37.1	14th	31.0
5. Chronic Lower Respiratory Diseases	13,881	32.2	44th	40.9
6. Accidents	13,840	33.1	50th	49.4
7. Diabetes	9,595	22.1	20th (tie)	21.5
8. Influenza/Pneumonia	6,340	14.6	23rd (tie)	14.3
9. Hypertension	5,596	12.8	3rd	9.0
10. Chronic Liver Disease/Cirrhosis	5,325	12.1	18th	10.9

Table 11. Leading causes of death in California ²⁷

Referring back to Figure 14, survey respondents were asked to rank the “most important ‘Health Problems’ facing our community”. According to the PMSAR Survey, Heart disease/High blood pressure was ranked 4th out of 14 health problems, and according to the OHE Survey it was ranked 5th out of 14 health problems.

In Table 12 listed below, you can see the prevalence of heart disease throughout Oroville Hospital’s primary medical service area.

Percentage of Population 18 yrs + Ever Diagnosed with Heart Disease (2016)

Zip Code/City	Percentage of Total Population
95965 - Oroville, Concow, Yankee Hill	4.9%
95966 - Oroville	5.8%
95968 - Palermo	4.9%
95916 - Berry Creek	6.3%
95914 - Bangor	No information available
95917 - Biggs	4.2%
95948 - Gridley	4.5%
California Average	6.4%

Table 12. Distribution in percentage of heart disease diagnoses amongst Oroville Hospital primary medical service area.²⁸

²⁷ CDC National Center for Health Statistics: CA Leading Causes of Death 2017
Available from: <https://www.cdc.gov/nchs/pressroom/states/california/california.htm>

²⁸ UCLA Center for Health Policy and Research AskCHIS Neighborhood Edition
Available from: http://askchisne.ucla.edu/ask/_layouts/ne/dashboard.aspx#/

Figure 24 below shows the total cardiovascular disease death rate per 100,000 persons of the total population. According to the map provided by the CDC, Butte County has a rate of 231.6 people dying of a cardiovascular disease per 100,000 people from the total population during the years 2014-2016.

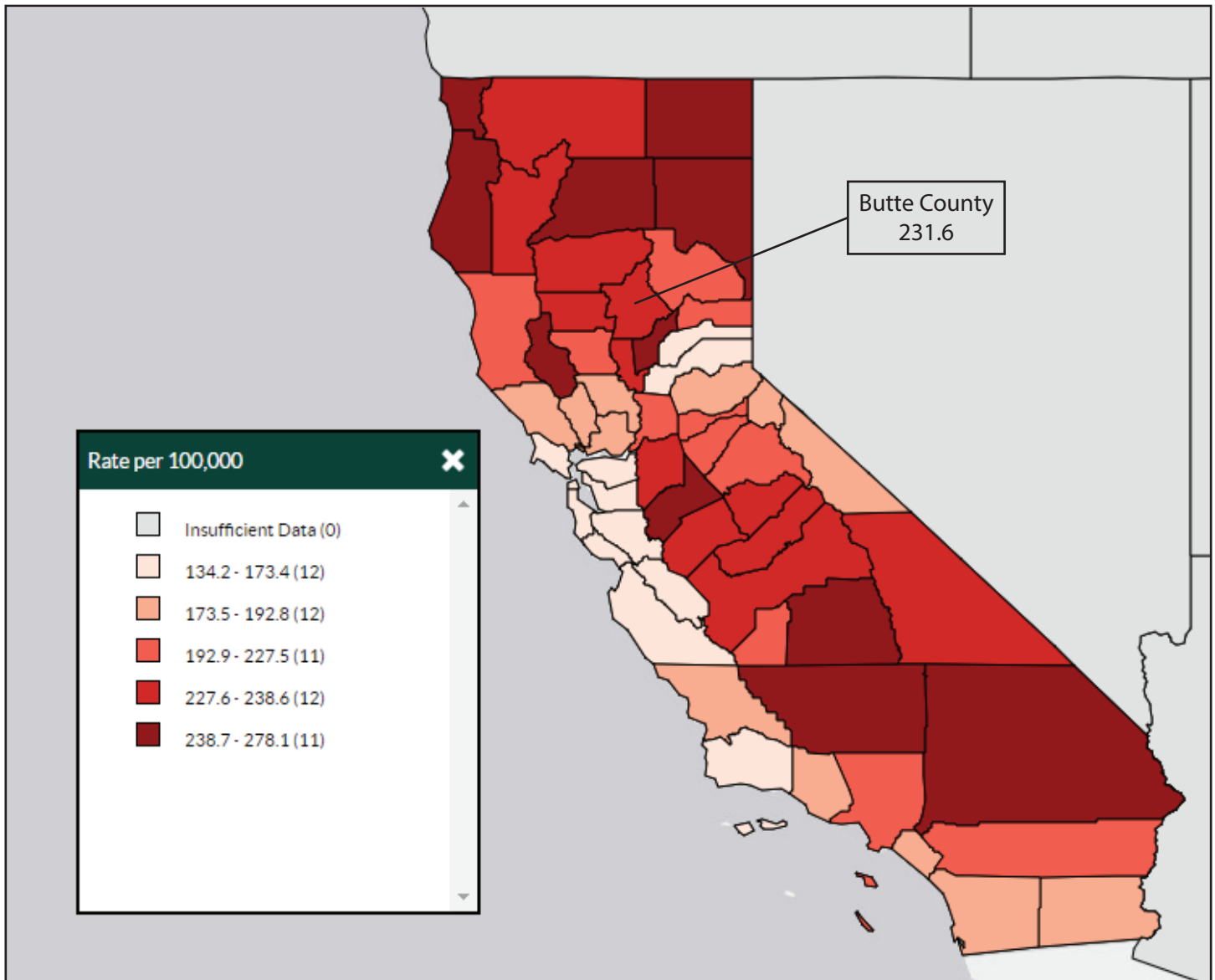


Figure 24. Total Cardiovascular Disease Death Rate per 100,000 of total population (2014-2016) ²⁹

6. Diabetes

According to the CDC, the risk factors for type 2 diabetes include older age, obesity, family history of diabetes, prior history of gestational diabetes, impaired glucose tolerance, physical inactivity and race/ethnicity. African Americans, Hispanic/Latino Americans, American Indians and some Asian American and Pacific Islanders have a particularly high risk for developing type 2 diabetes. If not managed properly, diabetes can cause serious health complications like heart disease, kidney failure, lower extremity amputation and blindness.³⁰

²⁹ CDC Interactive Atlas of Heart Disease and Stroke

Available from: <https://nccd.cdc.gov/DHDSAtlas/Default.aspx?state=CA>

³⁰ CDC Diabetes Basics. Available from: <http://www.cdc.gov/diabetes/basics/index.html>

The CDC also states risk factors are less well defined for type 1 diabetes than for type 2 diabetes, but autoimmune, genetic and environmental factors are involved in developing this type of diabetes.³¹

Referring back to Figure 14, PMSAR and OHE survey respondents were asked to rank what they felt were the “most important ‘health problems’ facing our community”. The results show that PMSAR survey respondents ranked diabetes 6th, and OHE survey respondents ranked diabetes 4th.

PMSAR survey respondents were also asked to disclose any health conditions, diseases or challenges (including diabetes) that they themselves, their spouse/partner, and/or child(ren) suffered from. Approximately 15% of respondents have been diagnosed with diabetes, approximately 8% of respondent’s spouse/partner have been diagnosed and no children were reported to have been diagnosed.

According to the UCLA Center for Health Policy Research, utilizing data derived from 2015-2016, approximately 7.1% of the entire population of Butte County has ever been diagnosed with diabetes, excluding gestational diabetes. This compares relatively well with California’s overall percentage sitting at approximately 9.7%.³²

Table 13 below shows the variance of diabetes prevalence that exists amongst the differing zip codes throughout Oroville Hospital’s primary medical service area. The data provided in the following table is derived from the results of the California Health Interview Survey that was conducted by the UCLA Center for Health Policy Research in 2014.

Percentage of Population 18 yrs + Ever Diagnosed with Diabetes (2016)	
Zip Code/City	Percentage of Total Population
95965 - Oroville, Concow, Yankee Hill	8.6%
95966 - Oroville	10.1%
95968 - Palermo	10.3%
95916 - Berry Creek	10.3%
95914 - Bangor	No information available
95917 - Biggs	9.0%
95948 - Gridley	10.3%
California Average	9.7%

Table 13. Distribution in percentage of diabetes diagnoses amongst Oroville Hospital primary medical service area.³³

³¹ CDC Diabetes Handout. Available from: <https://www.cdc.gov/media/presskits/aahd/diabetes.pdf>

³² UCLA Center for Health Policy and Research
Available from: <https://healthpolicy.ucla.edu/Pages/home.aspx>

³³ UCLA Center for Health Policy and Research AskCHIS Neighborhood Edition
Available from: http://askchisne.ucla.edu/ask/_layouts/ne/dashboard.aspx#/

7. Homelessness/Poverty

Individuals who are living in poverty are often times unable to pay for housing, food, childcare, health care and education. Difficult choices must be made when limited resources cover only some of these necessities. Often it is housing, which absorbs a high proportion of income that must be dropped. A lack of affordable housing can contribute to homelessness. Other major factors that contribute to homelessness include: domestic violence, mental illness and substance addiction.³⁴

According to the Federal Strategic Plan to Prevent and End Homelessness, in many homeless individuals and families, health conditions were a major contributing factor in the economic crisis that led to losing stable housing. Once left without support and resources for basic needs, even the most minor illness can escalate to more acute or chronic illness. Exposure to environmental elements and violence, along with a lack of proper nutrition and preventative care can often result in more serious illness and financial strains on the community as hospitals are impacted and there are limited options for discharge plans. After medical care is offered, treatment may not be sustainable due to a lack of personal resources and transportation.³⁵ The Federal Strategic Plan to Prevent and End Homelessness also states that housing integrated with health care is an effective and cost-saving intervention for people experiencing homelessness and those unstably housed with serious health problems.

Approximately 13% of those who made additional voluntary comments at the end of the PMSAR Survey stated that they felt the homeless population in various ways, had a negative impact on the health and well-being of the community in which they reside. Approximately 9% of those who made additional voluntary comments at the end of the OHE Survey stated that they too, had similar feelings about the impact the homeless population has on the community.

The Butte Countywide Homeless Continuum of Care conducts a bi-annual “Point in Time” (PIT) Count that attempts to collect data on the sheltered and unsheltered population currently residing in Butte County the day of the count. The U.S. Department of Housing and Urban Development (HUD) defines sheltered homeless persons as adults, children, and unaccompanied children who, on the night of the count, are living in shelters or transitional housing for the homeless; unsheltered homeless are defined as those who reside in places not meant for human habitation, such as cars, parks, sidewalks, abandoned buildings, or on the street. The sheltered count consists of data extracted from the countywide Homeless Management Information System (HMIS), and the unsheltered count consists of a street-based count. The PIT Count provides a snapshot of the County’s visible homeless and is not intended to represent a complete accounting of the homeless population. It is estimated that the actual number of homeless individuals is higher than PIT Count Results display, due to the ongoing challenge in locating homeless individuals, especially those who are displaced and unhoused due to the Camp Fire.³⁵

³⁴ National Coalition for the Homeless, Why Are People Homeless?
Available from: <https://nationalhomeless.org/about-homelessness/>

³⁵ Butte Countywide Homeless Continuum of Care

Available from: http://www.buttehomelesscoc.com/uploads/1/1/7/5/117500423/final_2019_point_in_time_executive_summary_report_published_on_june_17_2019.pdf

Figure 25 below shows the year by year comparison of individuals who self reported they were currently living “unsheltered”. Please note that the following data does not include information about 397 FEMA temporary housed households, and is an inconclusive sampling of the homeless population status in Butte County during a 24 hour period of time.³⁶

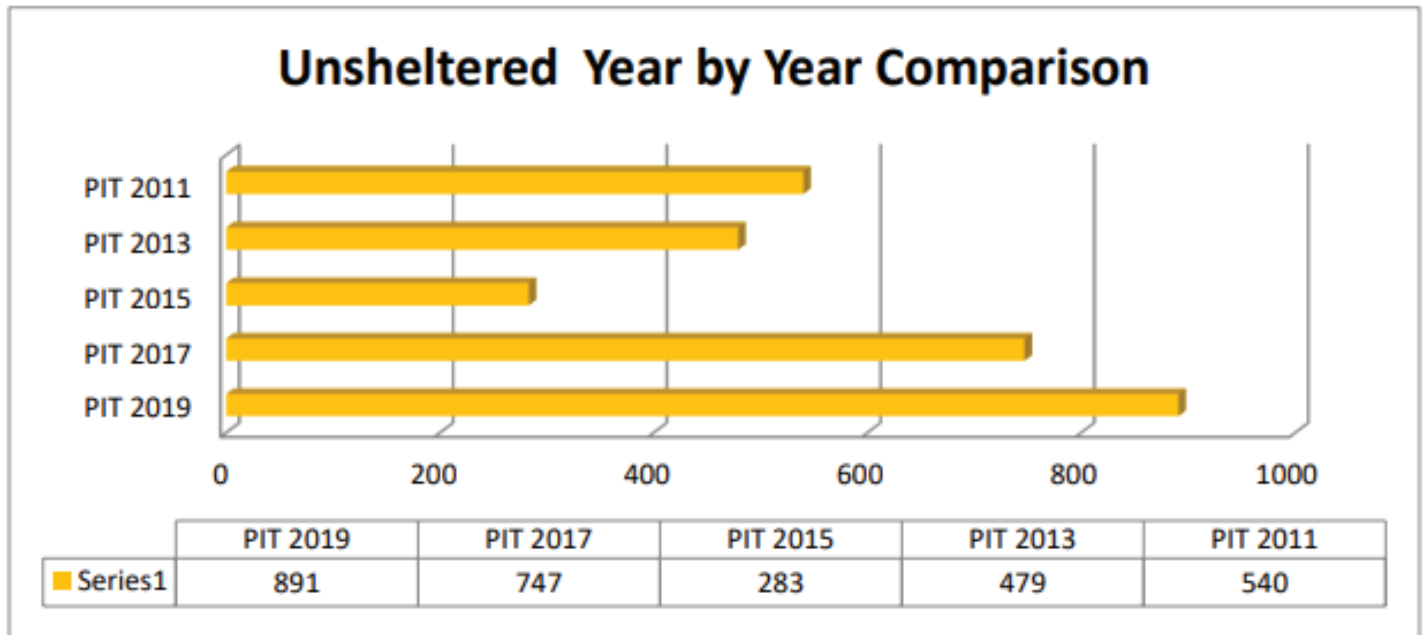


Figure 25. Year by year comparison of self reported unsheltered individuals in Butte County³⁶

To get a better understanding of the needs and circumstances that are taking place in Oroville Hospital’s primary medical service area regarding poverty and homelessness, insight was sought out from local individuals who possess specific knowledge, information and expertise on the subject.

The following information was derived courtesy of representatives from the Haven of Hope on Wheels, and the Greater Oroville Homeless Coalition:³⁷

- **Demographics** - Representatives found that white males from the baby boomer generation (approx: 55-75 years old) currently make up the majority of the homeless population in the Oroville area. The majority of the population also seems to be getting older than it was previously, as well as acquiring a higher number of unmanaged chronic illnesses. It was also noted that there are many families with children in the area that are on the verge of becoming homeless. For example, if an aspect of their income was lost, or an unforeseen expense arose, they are likely to become homeless within the following 30 days.³⁷
- **Causes/Risk Factors** -
 1. Housing: After the emergency that occurred with the Camp Fire in 2018, representatives have noticed a harmful change in the housing market, specifically rentals.³⁷

³⁶Butte Countywide Homeless Continuum of Care

Available from: http://www.buttehomelesscoc.com/uploads/1/1/7/5/117500423/final_2019_point_in_time_executive_summary_report_published_on_june_17_2019.pdf

³⁷Haven of Hope on Wheels, Greater Oroville Homeless Coalition Representatives: Kevin Thompson, Keesha Hills and Carol Zanon, MSW

1. Housing cont.: They have noticed that many of the rentals that were once available and affordable, have either been put up for sale at an inflated price, or the price/month has increased to the point that they are no longer affordable. ³⁸
2. Unmanaged Chronic Illness: As mentioned before, representatives have noticed a large percentage of the homeless population that are living with one or more chronic illnesses. Representatives reportedly have asked homeless individuals when they were last seen by a doctor. The overwhelming response was most individuals not having received care for 6 months - 1 year or more. Unmanaged chronic illness can inhibit an individual from being able to become a part of the work force, and can also lead to unforeseen medical expenses. ³⁸
3. Lack of transportation: Representatives explained how restricted access to affordable transportation can aid in an individual experiencing chronic homelessness. Due to local bus schedules having a limited amount of runs and stops, it is difficult for people to arrive at their destination at specific times. This can become an issue when a person is attempting to make a doctor's appointment, DMV or court date/appearance. An individual not being able to accomplish these tasks often leads to further legal repercussions, fees/fines and a decline in health. ³⁸

IV. Community Representatives & Leadership Input

Multiple strategies were used to seek out insight from members of our community that not only represent the community as a whole, but specifically targeted those that represent the medically underserved, low-income and minority populations. CHNA Focus Groups were carried out at multiple community centers that represented Oroville Hospital's primary medical service area's African American population, the senior citizen population and the Hmong population.

Additionally, a Community Dinner/Talk was held that encompassed individuals of a multitude of backgrounds. Including but not limited to a variety of local health care consumers that possess varying forms of health insurance coverage as well as local labor and workforce representatives. The purpose of this dinner was to elicit input regarding health concerns that are currently present in our community, as well as to receive participant's response to Oroville Hospital's previous CHNA Action Plan.

Lastly, due to a lack of participants in the focus group designated for business owners and community leaders, the meeting was canceled and a questionnaire was emailed to all of the individuals that were invited to the focus group. A list of the individuals that were emailed and the questionnaire can both be found in **Appendix C & D**.

³⁸ Haven of Hope on Wheels, Greater Oroville Homeless Coalition Representatives: Kevin Thompson, Keesha Hills and Carol Zanon, MSW

A. Focus Groups

1. African American Family & Cultural Center

Participants agreed that many of the 2016 CHNA prioritized health concerns were still an ongoing issue throughout the community. These health concerns included: Substance Abuse, Mental and Emotional Health, and Access to Health Care. Additional health concerns that were not addressed in the 2016 CHNA Assessments include Education, Diversity, Transportation, Cancer, Patient Advocacy and Teen Sex Education.

Participants stated that they think the community could benefit from more affordable adult education programs that give individuals with limited resources the opportunity to gain skills to make them eligible for jobs within the health care field. They believe that this would also benefit the African American population in our community by giving them an increased opportunity to see individuals with the same cultural background delivering their health care.

Approximately half of the participants had heard of one or more of the interventional actions listed in the 2016 CHNA Action Plan. Actions that participants had previous knowledge of included Oroville Hospital's Farmers' Market, utilization of Butte 2-1-1 referrals, bi-annual health fairs and the Comprehensive Pain and Spine Clinic. Participants believed that the most beneficial program out of all of them was the Farmers' Market. The majority of the room felt that it greatly benefited the community, and would like to see additional vendors selling fresh produce, as well as extended hours/ days of operation.

2. Feather River Senior Center

Seniors identified the following as the most critical health concerns facing our community that have been previously identified in the 2016 CHNA Assessment: Mental and Emotional Health, Homelessness/Poverty, Pulmonary Issues and Diabetes. In addition to these health concerns, seniors also felt that access to health care, and access to healthy and organic foods were also important factors that could be improved to better our community.

After the senior's top health concerns were identified, they were asked if they had previous knowledge of Oroville Hospital's 2016 Action Plan items that had been put into place to help alleviate the identified health concerns. In regards to Mental and Emotional Health, 3 out of the 51 seniors had heard of Oroville Hospital's Mental Well-Being Clinic. Though the majority of the room had previous knowledge of the utilization of Butte 2-1-1 and had used their services in the past. The Butte 2-1-1 services were also included in the 2016 CHNA Action Plan to alleviate the affects of Homelessness/ Poverty. There were no seniors present that knew about Oroville Hospital's Smoking Cessation program that was instituted to combat Pulmonary Issues. A couple seniors expressed that they knew about Nutritional Counseling services that are used to help patients suffering from diabetes, but stated that the program was too expensive to be used long-term. The majority of the seniors knew about the Farmers' Market and felt that it made a positive impact on the community, but also felt that the hours/days of operation should be extended and that shuttles to the market should be made available for those that do not have regular access to transportation.

When discussing access to health care, seniors stated that they faced long wait times in the ER as well as long wait times to schedule an appointment with a Primary Care Provider. It was also stated that there has been instances where their usual Primary Care Provider either no longer practices in Oroville, or they retire leaving the patient to re-establish care with an alternative Primary Care Provider. Three seniors also expressed difficulty in gaining access to rehabilitation services, specifically following a recent stay at an acute care hospital.

3. Hmong Cultural Center of Butte County

According to the participants the overwhelming number one concern in regards to health care amongst the local Hmong population is Access to Health Care. The most common restriction that the Hmong population faces when seeking health care is the language barrier. Participants stated that this issue seems to create the biggest negative impact when a patient is receiving inpatient hospital care, receiving services from the Comprehensive Pain and Spine Clinic and at specialty providers offices. Participants stated that Hmong speaking patients would prefer to have an in person translator, opposed to using the interpreter services that are currently being used over the phone. They feel that when the interpreter cannot be seen in person, they fear that there may be a lack of confidentiality.

Participants suggested identifying providers that speak Hmong in the Oroville Hospital Physician Directory, to make it easier for patients to select a provider that would be best equipped to meet their needs. They also suggested that Oroville Hospital's Chaplain coordinate with local shaman to arrange visitation to Hmong patients when needed for spiritual reasoning.

Participants suggested that a support group addressing Mental and Emotional Health, preferably with a Hmong speaking facilitator would be greatly beneficial to the Hmong population.

B. Community Meeting

Invitations were sent out for the CHNA Community Meeting to all addresses within Oroville Hospital's primary medical service area. A total of 45 community members of varying demographic backgrounds participated in the meeting.

The top health concerns that were identified were Access to Health Care, Emergency Room Issues, Mental and Emotional Health and Homelessness/Poverty.

Access to Health Care was the number one concern for the majority of the participants. One barrier discussed was long wait times to set up an appointment with Primary Care Providers and Specialty Providers, as well as long wait times in the Emergency Room. Participants suggested implementing a triage system in all departments, not just the Emergency Room, when scheduling appointments. They also suggested increasing advertising for the outpatient clinics and urgent care centers.

Another barrier to access that was discussed was the high cost associated with health care. Participants suggested Oroville Hospital inform patients ahead of time what their estimated out of pocket expenses are going to be, as well as assist patients in enrolling in affordable health insurance plans.

Another highly discussed topic was Mental and Emotional Health, and it's correlation to Homelessness and Poverty. To help alleviate this health concern, participants suggested implementing free mental health support groups and increasing the reach of our current psychiatric resources. The group also felt a reduction in prescription prices, a 24 hour walk-in Medi-Cal clinic and a collaboration with the VA would result in an improvement in the overall quality of life within the large population of individuals currently struggling financially, physically and mentally.

C. Community Leadership Questionnaire

We received completed questionnaires from three Butte County Public Health Officials, including the Director of Environmental Health, a representative of a local assisted living program, and a local nutrition, family and consumer advisor.

The majority of the respondents felt that it was essential for community members to have access to affordable nutritious foods and a safe environment in which they could exercise regularly. They also felt that promoting a smoke-free lifestyle also leads to a healthy community.

Respondents identified the following health concerns: pulmonary issues due to environmental smoke, pollution and the use of tobacco products, diabetes, substance abuse and poverty/homelessness. Multiple respondents stated that they foresee Oroville Hospital's new 5-story tower expansion helping alleviate many of the current health issues facing our community. It was also stated that Oroville Hospital's midwifery and lactation consultants provide a positive impact on mothers throughout the community and women's health. Respondents suggested more nutrition and pre-diabetes education would benefit the community as well as insuring community members have access to healthy foods. In regards to mental and emotional health, respondents felt that Oroville Hospital should continue to expand it's psychiatric services and branch out into more substance abuse treatments such as support groups and 12-step programs.

V. Action Plan

The health concerns identified in the 2016 CHNA have been adapted and added to meet the needs of the 2019 health concerns. After identifying the community's top health concerns, Oroville Hospital has new and existing action plans in place. Since there are many similar prioritized health concerns between the 2016 and 2019 Community Health Needs Assessments, many of the Action Plan items have either remained the same since the services are still needed in the community.

A. Substance Abuse

Oroville Hospital Programs

Managing Prescription Pain Medications

To minimize the risk factors of patients developing a dependency on pain killers, specifically opioids, Oroville Hospital has developed multiple pain management policies. To begin, when a patient presents to the Emergency Department with a chief complaint of chronic pain, the hospital does not prescribe controlled substances. Instead, the patient is stabilized using alternative and effective measures, then directed to one of Oroville Hospital's two Comprehensive Pain and Spine Centers, or to a primary care provider. This ensures that the patient's chronic condition is closely monitored, and receives an appropriate treatment plan that is tailored to the patient's specific circumstances. If the patient does indeed require a prescription for a controlled substance, it is exponentially safer for them to receive continuous treatment through the Comprehensive Pain and Spine Center and/or through their established primary care provider. In the event that a patient does require a controlled substance, providers across all departments are required to look up the patient through the CURES (Controlled Substance Utilization Review and Evaluation System) data base. This allows providers to see if patients have received a controlled substance prescription from another facility, and reduces a patient's ability to abuse prescription drugs.

Comprehensive Pain and Spine Clinic

As mentioned previously, Oroville Hospital has two Comprehensive Pain and Spine Centers that provide services and treatment for all types of pain stemming from a variety of different causes. By incorporating many treatment methods such as physical and occupational therapy, counseling, and targeted therapeutic injections, patients are able to achieve whole body wellness without the use of high dose controlled substances. The clinic has two programs, one addresses addictive disorders and the other assists patients with chronic pain management.

Mental Well-Being Clinic

Oroville Hospital has a Mental Well-Being Clinic that provides patients with drug and alcohol abuse counseling services, along with many other psychiatric treatments. The clinic welcomes patients of all ages and accepts all forms of health insurance policies.

Community Programs

Butte County Behavioral Health

Butte County Behavioral Health has numerous programs in Chico and Oroville that assist individuals of all demographics with conquering substance abuse issues. The following is the list of programs currently operating in Oroville Hospital's primary medical service area: Outpatient Centers (Age 12-17 and 18+), Mothers and/or Pregnant Women Program, Treatment Court Programs and Medical Assisted Treatment.

Butte Glenn Opioid Coalition (BGOC)

The BGOC is a newly formed group under the guidance of the California Opioid Safety Coalition and Public Health Institutes's Accelerator Program that works towards fighting the opioid epidemic through prevention and harm reduction.

B. Overweight/Obesity

Oroville Hospital Programs

Fitness for Kids Program

In an effort to help alleviate and prevent overweight and obesity rates, Oroville Hospital offers the “Fitness for Kids” programs that introduces and builds on basic health concepts, including nutrition and physical activity information. Weekly classes are held in the fall and spring and cover topics including: reading food labels, getting daily physical activity and setting and monitoring appropriate health goals.

Sports Club Membership

All Oroville Hospital employees are offered a membership to the Oroville Sports Club at a discounted price. Additionally, pregnant patients have free access to the Oroville Sports Club throughout their pregnancy and three months postpartum to help ensure a healthy delivery and recovery.

Annual Walking/Running Events

Oroville Hospital hosts an annual walking/running event that showcases to the community that exercise can be fun and enjoyable. During this event, there is a special section designated for children that are at risk for becoming overweight called the Healthy Hustle. The Healthy Hustle not only includes the walk/run, but it also provides nutrition and exercise education to the children and their parents.

Farmers’ Market

Oroville Hospital offers a seasonal Farmers’ Market held Wednesdays from 9 am - 2 pm to better provide access to healthy, local and nutritious foods. The farmers’ market is located at Oroville Hospital’s Dove’s Landing parking lot at 2450 Oro Dam Blvd. Most vendors at the market accept EBT, Farmers’ Market WIC vouchers and Senior Farmers’ Market vouchers.

Community Programs

Butte County Public Health (BCPH) Classes, Workshops, Events

BCPH offers local nutrition and physical activity workshops and classes taught by Health Education Specialists. BCPH also provides outreach events in local communities.

Passages Senior Nutrition

Passages supplies seniors with healthy and nutritious meals in Oroville and Chico at service centers as well as delivering to senior homes.

C. Mental Health Issues

Oroville Hospital Programs

Mental Well-Being Clinic

As stated previously, Oroville Hospital is home to the Mental Well-Being Clinic. The clinic is lead by a psychiatrist that oversees the great work of other psychiatry professionals including counselors, social workers and a nurse practitioner. The clinic offers services such as perinatal counseling, marriage and family counseling, and drug and alcohol counseling.

Butte 2-1-1 Utilization

Oroville Hospital has increasingly been referring patients in need to the Butte 2-1-1 service line that connects individuals with a plethora of resources that are available throughout Butte County. The resources available address a wide range of needs including, but not limited to, mental health issues, crisis management, domestic violence, homelessness and substance abuse.

Transportation to Inpatient Psychiatric Care

In certain circumstances, patients require a higher level of psychiatric care that requires an inpatient setting. To streamline the transfer of care for the patient, Oroville Hospital has developed a transportation department that staffs drivers who are CIT (Crisis Intervention Team) Certified and are able to transport patients from Oroville Hospital to an Inpatient Psychiatric Care Hospital. By having drivers that are available 24/7, Oroville Hospital is able to provide patients that are needing to be transferred to an inpatient facility with rides at any time so they will not have to wait long periods of time in the Emergency Department. This also frees up a highly demanded bed in the Emergency Department for other patients in need.

Support Groups

Oroville Hospital's Stroke and Cancer Support Groups brings together survivors, caregivers, family and friends. The support groups help individuals with similar situations talk about their personal experiences to help heal and head toward a healthier and more positive life. At the meetings participants are given a safe place to discuss how cancer and stroke has affected their life in a group setting to encourage healing.

Community Programs

Butte County Behavioral Health

Butte County Behavioral Health offers a multitude of health services including crisis support, youth and adult mental health services, substance use disorder treatment, prevention and community information. Due to the Camp Fire that occurred in 2018, Butte County Behavioral Health has responded by instituting many resources post disaster including a disaster distress helpline, California HOPE of Butte County, and the Camp Fire Long Term Recovery Group.

D. Access to Health Care

Oroville Hospital Programs

Biannual Health Fairs

For individuals who do not have health insurance, or restricted access to preventative care, Oroville Hospital hosts Biannual Health Fairs in June and September. These health fairs provide free educational information, free health care advice, free health screenings such as COPD screening, blood pressure monitoring, oxygen saturation checks, cholesterol checks, pulse checks, blood glucose checks and free flu shots.

Five-Story Tower Expansion

Construction is currently underway for Oroville Hospital's new five-story tower expansion, located adjacent to the existing hospital. A renovation of the existing hospital will also be completed, as well as an expanded parking lot to provide ample parking for patients and visitors. The tower will have state-of-the-art equipment, private patient rooms and will connect to the original facility via enclosed passageways on the first and second floors. The total investment for the entire project will cost approximately 200 million dollars.

The first floor will host ambulatory care services including pre-operative guidance, outpatient surgeries and endoscopies. The labor and delivery center will be located on the tower's second floor. There will be nine private, spacious rooms which serve as labor and delivery, postpartum and recovery rooms. In addition, new moms and dads can enjoy views of the rooftop garden in a soothing and relaxing environment. The hospital's intensive care unit will relocate to the third floor of the tower. The addition of 14 intensive care rooms, bringing the total to 24, allows Oroville Hospital to care for more critical care patients while ensuring they still receive the high level of care needed. Finally, the tower's fourth and fifth floors will be home to the hospital's medical-surgical units. Each floor will have 35 private rooms to ensure patients have the ability to recuperate and heal quickly. Outside every room will be nurse kiosks that provide immediate access to nursing staff. Physicians will also have designated areas on each floor where they can talk with patients and family members, review patient information and consult with nursing staff about patient care.

In conjunction with the new tower, Oroville Hospital will also be introducing neurosurgery, cardiothoracic surgery, and obtain a trauma 2 designation to reduce a patient's need to travel to obtain the appropriate care.

Recruitment Program

Oroville Hospital has prioritized the continuous recruitment of specialty and primary care providers to ensure that all of our patient's medical needs are met, thus reducing the need for patients to travel out of the area to receive care. As a teaching facility, Oroville Hospital was able to expedite the recruitment process by partnering with California Northstate University Medical School to develop a rotations program that stems across all departments and specialties. Not only does the program give future doctors the chance to learn from our expert physicians, but it also gives the students the opportunity to become invested in the community and greater the chances that they choose to practice at Oroville Hospital. Physicians that oversee the students are also able to see and care for an increased amount of patients due to the assistance provided by the students.

Patient Portal

Oroville Hospital's Patient Portal creates a connection between a patient and their medical record. The goal of the service is to help encourage more interaction and involvement in one's health care. The portal also allows patients to share important information with caregivers or family members to help support their health. The information that is available is presented in an easy to understand dashboard, that summarizes your past visit with Oroville Hospital.

Translator Services

To communicate effectively with patients who do not speak English, Oroville Hospital has partnered with Stratus, a health care interpreting service. Through the Video Remote Interpreting (VRI), patients and hospital staff use an iPad to live video chat with an interpreter. The main language that is to be utilized through the VRI system is sign language, though an additional 35 languages are also available as a video language. For languages other than English, a telephone language line is also available through Stratus 24/7. To utilize this service, patients and health care providers use a 3-way phone to connect with the interpreter. For special circumstances, or if requested by a patient, an on-site interpreter can be scheduled to come to the hospital to interpret in-person.

Community Programs

Medspire Health

Medspire Health is a non-profit mobile medical clinic that provides free health care to patients seeking assistance with immediate, non-emergency health concerns. They provide services such as providing basic prescriptions and routine health screenings. The mobile clinic travels to various locations throughout Butte County to treat patients in need.

Butte County Public Health Clinic

Butte County Public Health has two clinics, one in Chico and one in Oroville, that offer a plethora of confidential clinical services such as: immunizations, breast cancer screening, family planning services and employment screenings. Many of these services are covered free of charge to patients who meet certain qualifications or have Medi-Cal, Anthem Blue Cross or California Health and Wellness, and are low-cost to patients who are paying privately.

E. Heart Disease/High Blood Pressure

Oroville Hospital Programs

Cardiac Catheterization Lab and Cardiac Rehabilitation

In 2018, Oroville Hospital expanded its Cardiology Program and added a Cardiac Catheterization Lab to address the large segment of the population that suffer from heart disease. The state-of-the-art imaging within the Cath Lab, combined with the expertise of Oroville Hospital's Interventional Radiologist, patient's cardiovascular issues can now be diagnosed and treated before any irreversible damage is caused.

Following a heart procedure or receiving a coronary diagnosis, patients can also take advantage of Oroville Hospital's cardiac rehabilitation services. The cardiac rehab program guides patients through the recovery process, enabling them to live their healthiest life with the greatest amount of independence.

Chronic Care Management

According to the CDC, high blood pressure and high cholesterol are two common and major risk factors that lead to heart disease and stroke. In the United States 1 in 3 deaths are caused by chronic cardiovascular disease. To help alleviate these extreme risk factors, Oroville Hospital provides Chronic Care Management services to patients that are suffering from two or more chronic conditions (including heart disease and hypertension), and are established with an Oroville Hospital Primary Care Provider.³⁹

The Chronic Care Management team is comprised of medical assistants who check in with patients monthly to ensure that preventative measures, such as appropriate health screenings, are taking place in a timely matter. They also ensure that patients have all their required prescriptions filled, and that they are not experiencing any adverse side effects. Chronic Care Management medical assistants can also schedule or reschedule patients with any provider at Oroville Hospital, to take the burden off of the patient and higher the likelihood that patients receive the care they need to properly manage their chronic conditions.

Community Programs

Butte County Public Health (BCPH) Classes, Workshops, Events

See previous description on page 37.

F. Diabetes

Oroville Hospital Programs

Nutritional Counseling

Oroville Hospital's registered dietitians offer counseling for patients needing assistance with a variety of issues including digestive issues and blood glucose disorders.

Fitness for Kids Program

In addition to addressing overweight and obesity, the Fitness for Kids program also teaches kids how to maintain a balanced diet in tandem with appropriate exercise to limit the risk factors that lead to children/adolescence developing type 2 diabetes.

Chronic Care Management

See previous description on this page.

Farmers' Market

See previous description on page 37.

³⁹ CDC: National Center for Chronic Disease Prevention and Health Promotion.

Available from: <https://www.cdc.gov/chronicdisease/resources/publications/factsheets/heart-disease-stroke.htm>

Community Programs

Butte County Public Health (BCPH) Classes, Workshops, Events

See previous description on page 37.

Passages Senior Nutrition

See previous description on page 37

G. Homelessness/Poverty

Oroville Hospital Programs

Butte 2-1-1 Utilization

See previous description on page 38.

Case Management

Oroville Hospital employs social workers that are trained to connect patients in need with resources and services that can reduce their risk of becoming homeless or experiencing the affects that come with poverty.

Food Assistance

Oroville Hospital addresses poverty driven food insecurity in the community by regularly donating extra, unused food. The Natural Resources Defense Council estimated that approximately 40 percent of America's food goes uneaten, leading to large amounts of food waste.⁴⁰ Instead of contributing to this surplus, the hospital routinely donates food to local churches for distribution to those who may not be able to afford daily nutritional meals. The hospital also distributes free meals to families in need during Thanksgiving.

Community Sponsorships

Oroville Hospital regularly donates funds to benefit a wide variety of charitable causes throughout the community. Recently, the hospital made a sizable donation to the Haven of Hope on Wheels, which is a non-profit organization that drives a mobile unit around Oroville providing people in need with showers, laundry services and other resources that help individuals break the cycle of homelessness.

Driving Economic Growth

Oroville Hospital is a large employer in Butte County. With almost 1,900 employees in 2018, the hospital delivers economic stability and mobility for employees and local businesses, which benefit from the demands of a large organization. The hospital employs a large number of skilled and unskilled workers, giving those with lower education levels a steady career with health insurance benefits, along with the ability to provide for themselves and their families.

⁴⁰ National Resources Defense Council Data

Available from: <https://www.nrdc.org/issues/food-waste>

Community Programs

Haven of Hope on Wheels

The Haven of Hope on Wheels is a non-profit organization that utilizes a mobile shower and laundry unit to travel around to various locations in Oroville and provide people in need with free shower and laundry services. They also connect the transient population with other resources that may be available in the community.

The Hope Center and The Greater Oroville Homeless Coalition

The Hope Center is a non-profit organization that offers many services to individuals and families in need. Those services include, but are not limited to: emergency food and clothing, resources for poverty stricken families, monthly food boxes, commodities distribution every fourth Wednesday of the month and support groups. The Greater Oroville Homeless Coalition is a subgroup within the Hope Center that assists people who have, or are on the verge of losing housing.

Oroville Rescue Mission

The Oroville Rescue Mission is a shelter that serves the transient population in South Butte County. They provide shelter to approximately 60 men, 18 women and have 2 rooms designated for mothers and children. They also provide meals three times a day, every day of the year. To serve those who are suffering from addiction, they hold a 13 month faith-based drug and alcohol recovery program.

H. Additional Services and Resources

Educational Talks

Oroville Hospital periodically hosts community educational events that address a plethora of common health conditions and challenges. The educational events include easy to understand presentations from a selection of Oroville Hospital's many expert physicians and health care professionals. These events are free, and open to public. Past presentation topics have included: chronic pain management, acid reflux, prostate health, breast health and colon cancer health.

Prioritized Health Concern	Intervention Domain	Performance Measures	Hospital Action Plans	Community Support
Substance Abuse	Behavioral Health	Opioid-Related Overdose Death Rate	<ul style="list-style-type: none"> • Pain Medication Policy • Pain & Spine Clinic • Mental Well-Being Clinic 	<p>Together We Can! Healthy Living in Butte County</p> <p>Butte County Department of Behavioral Health</p> <p>Butte County Hospitals</p> <p>Butte County Public Health</p> <p>Center for Healthy Communities - CSU, Chico</p> <p>Oroville Sports Club</p> <p>Butte County Health Collaborative</p> <p>African American Family & Cultural Center</p> <p>Oroville Southside Community Improvement Association</p> <p>Hmong Cultural Center of Butte County</p> <p>Haven of Hope on Wheels</p> <p>Feather River Senior Center</p> <p>The Greater Oroville Homeless Coalition</p>
Overweight/ Obesity	Clinical Care and Health Behavior	Overweight and Obesity Rates	<ul style="list-style-type: none"> • Fitness for Kids • Sports Club Access • Fitness Events • Farmers' Market 	
Mental Health Issues	Behavioral Health	Mental Illness/Condition Rates and Utilization of Services	<ul style="list-style-type: none"> • Mental Well-Being Clinic • Psychiatric Placement • Support Groups 	
Access to Health Care	Physical Environment	Insured Rates and Proximity to Healthcare Services	<ul style="list-style-type: none"> • Biannual Health Fairs • Expansion • Recruitment Program • Transportation • Patient Portal • Translator Service 	
Heart Disease/ High Blood Pressure	Clinical Care and Health Behavior	Heart Disease and Mortality Rates	<ul style="list-style-type: none"> • Cardiac Cath Lab • Cardiac Rehab • Chronic Care Management 	
Diabetes	Clinical Care and Health Behavior	Diabetes Rates	<ul style="list-style-type: none"> • Nutritional Counseling • Fitness for Kids • Chronic Care Management • Farmers' Market 	
Homelessness/ Poverty	Public Health	Homeless and Poverty Rates	<ul style="list-style-type: none"> • Case Management • Food Assistance • Community Support • Driving Economic Growth 	

Appendix

Appendix A: 2019 Community Health Needs Surveys - PMSAR (English, Spanish and Hmong versions)

Appendix B: 2019 Community Health Needs Survey - OHE

Appendix C: Community Leader & Business Owner List

Appendix D: Community Leader Questionnaire

Oroville Hospital Community Health Survey 2019

Thank you for choosing to participate in the 2019 Oroville Hospital Community Health Survey. By completing this survey, we will get a better understanding of the community we serve, and what health concerns are most important to residents like yourself. With this information we will construct and implement an action plan that addresses these concerns, and make Oroville and its surrounding communities a healthier and happier place to call home.

This is an **anonymous** survey and we want to assure you that your responses will be kept **strictly confidential**. If you do not wish to answer a question, or if a question does not apply to you, you may leave your answer blank. The survey will take about 5-10 minutes to complete.

SECTION 1: About You and Your Family

Check the boxes that best apply for you, your spouse or partner, and/or your child(ren)

1. About how tall are you (without shoes)? _____
About how much do you weigh (without shoes)? _____

2. How would you classify your gender identity?
 Male Female
 Transgender Male (assigned female at birth, identifies as male)
 Transgender Female (assigned male at birth, identifies as female)
If your identity is not listed above, please self-identify: _____

3. What is your home zip code? _____

4. Your age:
 25 or less 26-39 40-54
 55-64 65 or older

5. What is your race?
 White Black/African American American Indian/ Alaska Native
 Hispanic/Latino Hmong Asian (other than Hmong)
 Multiple Other: _____ Native Hawaiian/Other Pacific Islander

6. What is your marital status?
 Single/Never married Married Divorced
 Unmarried couple Separated Widowed
 No answer

7. Are you currently employed?
 Not employed Self-employed Employed part-time
 Employed full-time Disabled Retired

8. Do you have a child or children under the age of 18?

- Yes No

If yes, what type of school is your child(ren) enrolled in?

- Public Faith-based Charter
 Homeschool Other: _____

9. What is your highest level of education?

- Elementary school Middle school High school
 Some college Associate degree Bachelor's degree
 Graduate school Technical/Trade school Union apprenticeship
 Other: _____

10. What is your annual household income before taxes?

- Less than \$30,000 \$30,000-\$60,000 \$60,001-\$90,000
 \$90,001-\$120,000 Over \$120,000 Not sure
 No answer

11. How would you describe the overall health of each member of your family?

You:

- Very good Good Fair
 Poor Not sure

Spouse/Partner:

- Very good Good Fair
 Poor Not sure

Child(ren):

- Very good Good Fair
 Poor Not sure

12. On average, how many days per week do you get at least 30 minutes of exercise or other physical activity?

Examples: walking, running, weight-lifting, team sports or gardening

You:

- 5-7 days 3-4 days 1-2 days
 Only occasionally Not at all

Spouse/Partner:

- 5-7 days 3-4 days 1-2 days
 Only occasionally Not at all

Child(ren):

- 5-7 days 3-4 days 1-2 days
 Only occasionally Not at all

13. What obstacles prevent you from getting regular exercise?

- Not enough time in the day
 I don't know how to properly exercise

- I don't know where to go for exercise
- I am not healthy enough to exercise
- It's hard to stay motivated
- Not sure
- Other: _____

14. Do you use, or have you used, any of the following substance? *Check each box that applies:*

	Every day	Most days	Occasionally	Past use	Never
Alcohol					
Cigarettes					
Electronic cigarettes					
Cigars, chew, or snuff					
Cocaine					
Crystal Methamphetamine (Meth)					
Heroin					
Marijuana					
Unprescribed prescriptions					

15. If you are a current or former smoker, are you aware of Oroville Hospital's smoking cessation program?

- Yes No
- Are you interested in joining the program?
- Yes No
- Maybe Currently or formerly enrolled

SECTION 2: About Your Health and Health Care

16. Do you have a Primary Care Physician (PCP)? **You:**

- Yes No Yes, but I don't see him/her regularly

Spouse/Partner:

- Yes No Yes, but I don't see him/her regularly

Child(ren):

- Yes No Yes, but I don't see him/her regularly

17. If you answered "yes" please list your doctor's name:

18. If you do not see a primary health provider regularly, please tell us why. *Check all that apply.*

- I don't know how to find a good doctor I am uncomfortable with doctors
- My doctor has inconvenient hours Language, racial, or cultural barriers
- It costs too much money Lack of transportation
- I am no longer able to see my doctor due to the Camp Fire Other: _____

19. What other kinds of health care professionals do you visit regularly?

Check all that apply.

You:

- | | | |
|---|--|---|
| <input type="checkbox"/> Medical specialist | <input type="checkbox"/> Dentist | <input type="checkbox"/> Eye doctor |
| <input type="checkbox"/> Mental Health Professional | <input type="checkbox"/> Home care nurse | <input type="checkbox"/> Spiritual healer |
| <input type="checkbox"/> Alternative healer (ex: Chiropractor) | | <input type="checkbox"/> Other: _____ |

Spouse/Partner:

- | | | |
|---|--|---|
| <input type="checkbox"/> Medical specialist | <input type="checkbox"/> Dentist | <input type="checkbox"/> Eye doctor |
| <input type="checkbox"/> Mental Health Professional | <input type="checkbox"/> Home care nurse | <input type="checkbox"/> Spiritual healer |
| <input type="checkbox"/> Alternative healer (ex: Chiropractor) | | <input type="checkbox"/> Other: _____ |

Child(ren):

- | | | |
|---|--|---|
| <input type="checkbox"/> Medical specialist | <input type="checkbox"/> Dentist | <input type="checkbox"/> Eye doctor |
| <input type="checkbox"/> Mental Health Professional | <input type="checkbox"/> Home care nurse | <input type="checkbox"/> Spiritual healer |
| <input type="checkbox"/> Alternative healer (ex: Chiropractor) | | <input type="checkbox"/> Other: _____ |

20. Where do you and your family members receive routine health care services?

You:

- | | | |
|---|---|--|
| <input type="checkbox"/> Doctor's office | <input type="checkbox"/> Urgent/prompt care | <input type="checkbox"/> Emergency room |
| <input type="checkbox"/> Free/low-cost clinic | <input type="checkbox"/> Homeless shelter | <input type="checkbox"/> School-based clinic |
| <input type="checkbox"/> Tribal Health Center | <input type="checkbox"/> No routine health care | |

Spouse/Partner:

- | | | |
|---|---|--|
| <input type="checkbox"/> Doctor's office | <input type="checkbox"/> Urgent/prompt care | <input type="checkbox"/> Emergency room |
| <input type="checkbox"/> Free/low-cost clinic | <input type="checkbox"/> Homeless shelter | <input type="checkbox"/> School-based clinic |
| <input type="checkbox"/> Tribal Health Center | <input type="checkbox"/> No routine health care | |

Child(ren):

- | | | |
|---|---|--|
| <input type="checkbox"/> Doctor's office | <input type="checkbox"/> Urgent/prompt care | <input type="checkbox"/> Emergency room |
| <input type="checkbox"/> Free/low-cost clinic | <input type="checkbox"/> Homeless shelter | <input type="checkbox"/> School-based clinic |
| <input type="checkbox"/> Tribal Health Center | <input type="checkbox"/> No routine health care | |

21. Did you have health insurance during all, part or none of the past year?

You:

- | | | |
|-----------------------------------|---|--|
| <input type="checkbox"/> All year | <input type="checkbox"/> Part of the year | <input type="checkbox"/> No insurance all year |
|-----------------------------------|---|--|

Spouse/Partner:

- | | | |
|-----------------------------------|---|--|
| <input type="checkbox"/> All year | <input type="checkbox"/> Part of the year | <input type="checkbox"/> No insurance all year |
|-----------------------------------|---|--|

Child(ren):

- | | | |
|-----------------------------------|---|--|
| <input type="checkbox"/> All year | <input type="checkbox"/> Part of the year | <input type="checkbox"/> No insurance all year |
|-----------------------------------|---|--|

22. Currently, what is your primary type of health care coverage?

You:

- | | | |
|--|--|-----------------------------------|
| <input type="checkbox"/> Employer-sponsored plan | <input type="checkbox"/> Private insurance | <input type="checkbox"/> Medicare |
| <input type="checkbox"/> Medi-Cal | <input type="checkbox"/> No health insurance | <input type="checkbox"/> Not sure |

Spouse/Partner:

- Employer-sponsored plan Private insurance Medicare
 Medi-Cal No health insurance Not sure

Child(ren):

- Employer-sponsored plan Private insurance Medicare
 Medi-Cal No health insurance Not sure

23. Which hospital do you normally go to for care?

- Oroville Hospital Enloe Medical Center Orchard Hospital
 Adventist Health Rideout Other: _____

FOR WOMEN, AGE 21 AND OLDER:

24. How long has it been since your last pap smear (a screening exam for cervical cancer)?

- Within 1 year Within 2 years Within 3 years
 Within 4 years 5 or more years Never
 Not sure N/A

FOR WOMEN, AGE 40 AND OLDER:

25. How long has it been since your last mammogram (a screening exam for breast cancer)?

- Within 1 year Within 2 years Within 3 years
 Within 4 years 5 or more years Never
 Not sure N/A

FOR MEN, AGE 50 AND OLDER:

26. How long has it been since your last rectal exam (a screening used to examine the prostate)?

- Within 1 year Within 2 years Within 3 years
 Within 4 years 5 or more years Never
 Not sure N/A

27. How long has it been since you had a prostate cancer screening blood test?

- Within 1 year Within 2 years Within 3 years
 Within 4 years 5 or more years Never
 Not sure N/A

FOR MEN AND WOMEN, AGE 50 AND OLDER:

28. How long has it been since your last colonoscopy (a screening exam for colon cancer)?

- Within 1 year Within 2 years Within 5 years
 Within 10 years Over 10 years Never
 Not sure N/A

How long has it been since your last sigmoidoscopy (a screening exam for colorectal cancer)?

- Within 1 year Within 2 years Within 5 years
 Within 10 years Over 10 years Never

Not sure N/A

FOR EVERYONE:

29. Have you ever considered suicide?

Yes No Not sure

30. Do you have an advance care plan, living will or health care power of attorney?

You:

Yes No Not sure
 N/A

Spouse/Partner:

Yes No Not sure
 N/A

Child(ren):

Yes No Not sure
 N/A

31. Have you ever been told by a doctor or health care professional that you have any of the following conditions, diseases or challenges? *Check all that apply.*

You:

Asthma Cancer Diabetes
 Heart Disease Substance Abuse Overweight/Obesity
 Eating Disorder Genetic Disorder Birth Defect
 Mental/Emotional Condition (including Depression)
 Developmental & Learning Concerns (including Autism)
 Other: _____ N/A

Spouse/Partner:

Asthma Cancer Diabetes
 Heart Disease Substance Abuse Overweight/Obesity
 Eating Disorder Genetic Disorder Birth Defect
 Mental/Emotional Condition (including Depression)
 Developmental & Learning Concerns (including Autism)
 Other: _____ N/A

Child(ren):

Asthma Cancer Diabetes
 Heart Disease Substance Abuse Overweight/Obesity
 Eating Disorder Genetic Disorder Birth Defect
 Mental/Emotional Condition (including Depression)
 Developmental & Learning Concerns (including Autism)
 Other: _____ N/A

32. Within the past year, what types of mental health services did you or anyone in your family use?

Check all that apply.

Counseling/Therapy Hospitalization Crisis care/Emergency mental health services
 Residential treatment Psychiatric Medication Management

- Behavioral/Mental Health Clinic
- Other: _____
- N/A

If you were in need of services, but were unable to access them, please explain why:

33. Do you feel that you have adequate access to quality health care?

- Always
- Often
- Sometimes
- Rarely
- Never



If you feel you do not have adequate access, what is the biggest problem?

Please write in your 1st, 2nd, and 3rd choice.

- Transportation
- Cost
- Long wait times
- Cultural/language barriers
- Lack of specialty doctors
- Inadequate or no insurance
- Doctors not accepting new patients
- Other: _____

34. Where do you receive information about local health services?

Check all that apply:

- Mail and flyers
- Online
- Social media
- TV advertisements
- Radio advertisements
- Print advertisements (ex: newspaper, Upgraded Living)

35. How would you prefer to receive your health information?

Check all that apply.

- Traditional mail
- Email
- Phone calls
- Text message

SECTION 3: Social and Community Context

36. Has anyone made you feel afraid for your personal safety or physically hurt you?

- Yes
- No
- Not sure

If yes, what relationship is this person (or people) to you?

37. How often do you experience unwanted stress?

- Always
- Often
- Sometimes
- Rarely
- Never



38. How satisfied are you with Oroville's school system?

- Very satisfied
- Satisfied
- Neutral
- Dissatisfied
- Very dissatisfied

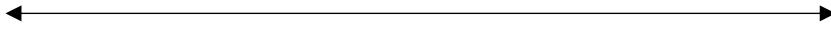
If you are not satisfied, what do you think could be improved?

Please write in your 1st, 2nd, and 3rd choice.

- | | | |
|---|---|--|
| <input type="checkbox"/> Curriculum | <input type="checkbox"/> Breakfast/lunch programs | <input type="checkbox"/> Extra-curricular activities |
| <input type="checkbox"/> After school programs | <input type="checkbox"/> Educators | <input type="checkbox"/> Safety |
| <input type="checkbox"/> Infrastructure (ex: classrooms, playgrounds) | <input type="checkbox"/> Other: _____ | |

39. Do you feel that there are enough extra-curricular activities available to children in Oroville and the surrounding communities?

- Always Often Sometimes Rarely Never



What improvements do you think would be beneficial?

PLEASE WRITE IN YOUR 1ST, 2ND, AND 3RD CHOICE FOR EACH OF THE FOLLOWING:

40. Most important factors for a “Healthy Community”

- | | |
|---|---|
| <input type="checkbox"/> Low crime/safe neighborhoods | <input type="checkbox"/> Good schools |
| <input type="checkbox"/> Access to affordable health care | <input type="checkbox"/> Lots of parks & recreation opportunities |
| <input type="checkbox"/> Affordable housing | <input type="checkbox"/> Good jobs/Healthy economy |
| <input type="checkbox"/> Healthy behaviors and lifestyles | <input type="checkbox"/> Clean environment |
| <input type="checkbox"/> Access to affordable fresh/natural foods | <input type="checkbox"/> Access to mental health services |
| <input type="checkbox"/> Access to substance abuse programs/support | <input type="checkbox"/> Other: _____ |

Greatest needs affecting “Children’s Health”

- | | |
|--|---|
| <input type="checkbox"/> Access to immunizations | <input type="checkbox"/> Access to health care services |
| <input type="checkbox"/> Access to mental health services | <input type="checkbox"/> Access to affordable fresh/natural foods |
| <input type="checkbox"/> Affordable healthy lifestyle programs | <input type="checkbox"/> Affordable health insurance |
| <input type="checkbox"/> Affordable services for special needs | <input type="checkbox"/> Better school-lunch programs |
| <input type="checkbox"/> Better child/day care options | <input type="checkbox"/> Access to free health screenings |
| <input type="checkbox"/> Lack of physical activity | <input type="checkbox"/> Safe places to play |
| <input type="checkbox"/> Other: _____ | |

Most important “Health Problems” facing our community

- | | | |
|---|---|--|
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Heart disease/High blood pressure |
| <input type="checkbox"/> Stroke | <input type="checkbox"/> Overweight/Obesity | <input type="checkbox"/> Mental Health Issues |
| <input type="checkbox"/> Respiratory/Lung disease | <input type="checkbox"/> Dental hygiene | <input type="checkbox"/> Sexually transmitted infections (STIs) |
| <input type="checkbox"/> Suicide | <input type="checkbox"/> Teen pregnancy | <input type="checkbox"/> Infectious diseases (ex: Hepatitis, TB) |
| <input type="checkbox"/> Shortage of Primary Care Doctors | <input type="checkbox"/> Other: _____ | |

Most challenging “Risky Behaviors” facing our community

- | | | |
|--|---|--|
| <input type="checkbox"/> Alcohol abuse | <input type="checkbox"/> Drug abuse | <input type="checkbox"/> Driving while under the influence |
| <input type="checkbox"/> Child abuse/neglect | <input type="checkbox"/> Lack of exercise | <input type="checkbox"/> Tobacco use/secondhand smoke |
| <input type="checkbox"/> Poor eating habits | <input type="checkbox"/> Dropping out of school | <input type="checkbox"/> Not wearing a helmet |

Not wearing a seatbelt Other: _____

SECTION 4: Neighborhood and Built Environment

41. Do you feel that you have adequate access to affordable and healthy food?

Always Often Sometimes Rarely Never



If you feel you do not have adequate access, why not? *Please write in your 1st, 2nd, and 3rd choice.*

Too costly No transportation Not available in grocery stores
 Not enough time to shop Don't know what to buy Other: _____

42. Are you satisfied with your current housing situation?

Yes No

If no, why not?

Please write in your 1st, 2nd, and 3rd choice.

Too small Too expensive Too many people living in the same home
 Problems with neighbors Too far from town/services Too run down, unsafe, or unhealthy
 Other: _____

43. Were you forced to relocate as a result of the recent Camp Fire?

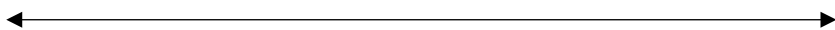
Yes No Temporarily

44. What resources do you think Butte County residents need post Camp Fire? *Please write in your 1st, 2nd, and 3rd choice.*

Housing Health care Emotional support
 Jobs Schools Rebuilding resources
 Other: _____

45. Do you feel safe in the environment that you live in?

Always Often Sometimes Rarely Never



46. What changes would you like to see made in order to improve the neighborhood you live in?

Better roads Better lighting Better parks/playgrounds
 More sidewalks Increased security Other: _____

47. Where did you learn about this survey?

At the hospital At my church At a health fair
 From a friend Online From my doctor
 At a community meeting At a retail store At work
 Other: _____

IS THERE ANYTHING WE'VE OVERLOOKED?

Feel free to write in additional information you think we should know about the health of our community.

Thank you for your time!

Your anonymous response will be used by Oroville Hospital to better serve the health needs of our community's residents.

Tsev hoo maum Oroville pejxeem chaw kho mob 2019 Kev nug kom paub

Ua koj tsaug uas koj tseem raus tes rau hauv tsab ntawv 2019 tsev hoo maum Oroville Community Health li kev nug kom paub. Yog daim ntawv nug txog no teb tiav hlo, peb thiaj li yuav nkag siab ntau tuaj txog tias tej pej xeem peb pab tau zoo li cas, thiab yam kev mob nkeeg twg yog yam tseem ceeb dua rau tus neeg pejxeem li koj ko. Thaum tau tej lus teb no tag lawd ces peb thiaj li paub los ntau tswvyim nrhiav dua txoj kev los tsim kho sawvdaws tej kev txhawj xeeb, thiab ua kom lub zej zog Oroville thiab ib cheeb tsam tej pej xeem nyob cob phum thiab kaj siab lug yam yus xav nyob mus kom ruaj chaw ntxiv.

Koj tej lus teb hauv no ces peb yeej tsis paub koj yog leetwg thiab koj tso siab tias koj tej lus no yuav khaws cia yam nraim nkoos zais ntshis. Yog muaj ib lo lus twg koj ho tsis kam teb, lossis yog kab lus nug ntawd twb tsis phim koj ces cia li txhob teb nws es hla mus rau lwm kab lawm xwb. Tsab ntawv nug kom no yuav siv li ntawm 5-10 nas this teb thiaj tag.

KEM 1: Hais txog koj thiab koj tsev neeg

Kab twg yog raug koj thiab koj tus txij nkawm thiab/lossis tej menyuam no ces khij kab ntawds

1. Koj siab li cas? _____
Koj nyhav li cas? _____

2. Qhia seb koj tus kheej nyob rau sab txiv neej lossis sab pojniam?
 Txiv neej Poj niam
 Pauv lub cev mus ua txvineej (Nruab thiab yog me ntxhais, ho lees mus yog me tub tom qab no)
 Pauv lub cev mus ua Pojniam (Nruag thiab yog me Tub, ho lees mus yog me ntxhais tom qab no)
Yog tias koj sab tsis sau saum toj no, thov qhia seb koj yog sab dabtsi: _____

3. Koj tus ziv khauj yog dabtsi? _____

4. Koj muaj pe tsawg xyoo:
 25 xyoo rov hauv 26-39 40-45
 55-64 65 tshaj rov sauv

5. Koj yog neeg dabtsi?
 Dawb Dub/Meskas Dub Africa Meskas Indian/ Ib txwm yog neeg Alaska
 Neeg Mev Hmoob Esxias (tsis yog Hmoob)
 Tsuam Tsoov Lwm Yam: _____ Neeg Hawaii/Lwm hom neeg hiavtxwv

6. Koj puas tau yuav pojniam lossis yuav txiv?
 Tsis tau yuav dua Yuav lawm Sib nrauj lawm
 Ua nkauj nraug xwb Yuav tabsi tsis nyob uake Poj/yawg ntsuag
 Tsis xav teb

7. Tam sim no, koj puas muaj hauj lwm them nyiaj ua?

- | | | |
|---|--|--|
| <input type="checkbox"/> Tsis ua haujlwm | <input type="checkbox"/> Tsis xav teb | <input type="checkbox"/> Ua ib tag hnuv (PT) |
| <input type="checkbox"/> Ua tas hnuv (FT) | <input type="checkbox"/> Tsis ua haujlwm | <input type="checkbox"/> So haulwm lawm |

8. Koj puas muaj tej menyuam uas hnuv nyoog qis tshaj 18 xyoo?

- | | |
|-------------------------------|------------------------------------|
| <input type="checkbox"/> Muaj | <input type="checkbox"/> Tsis muaj |
|-------------------------------|------------------------------------|

Yog tias muaj yam tsev kawm ntawg dabtsi uas koj tej menyuam mus kawm os?

- | | | |
|---|---|---|
| <input type="checkbox"/> Pejxeem (Public) | <input type="checkbox"/> Hauv Church | <input type="checkbox"/> Cov tsev Charter |
| <input type="checkbox"/> Kawm hauv tsev | <input type="checkbox"/> Lwm yam: _____ | |

9. Koj kawm ntawm siab npaum li cas?

- | | | |
|---|---|---|
| <input type="checkbox"/> Kawm (Elementary school) | <input type="checkbox"/> Kawm (Middle school) | <input type="checkbox"/> Kawm (High school) |
| <input type="checkbox"/> Me ntsis college | <input type="checkbox"/> Tau (Associate degree) | <input type="checkbox"/> Tau daim (Bachelor's degree) |
| <input type="checkbox"/> Kawm (Graduate school) | <input type="checkbox"/> Kawm haulwm | <input type="checkbox"/> Kawm ntawv ua pab pawg |
| <input type="checkbox"/> Lwm Yam: _____ | | |

10. Ib xyoo no, koj tau pe tsawg nyiaj ua ntej txiav tax?

- | | | |
|--|---|---|
| <input type="checkbox"/> \$30,000 rov hau | <input type="checkbox"/> \$30,000 txog rau \$60,000 | <input type="checkbox"/> \$60,001 txog rau \$90,000 |
| <input type="checkbox"/> \$90,001 txog rau \$120,000 | <input type="checkbox"/> txhaj \$120,000 | <input type="checkbox"/> Tsis paub |
| <input type="checkbox"/> Tsis xav teb | | |

11. Koj soj ntsuam hais tias koj tsev neeg puas muaj kev noj qab nyob zoo?

Koj:

- | | | |
|--|--|------------------------------|
| <input type="checkbox"/> Zoo tshaj plaws | <input type="checkbox"/> Zoo heev | <input type="checkbox"/> Zoo |
| <input type="checkbox"/> Tsi zoo | <input type="checkbox"/> Tsi zoo kiag li | |

Koj tus txij nkawm:

- | | | |
|--|--|------------------------------|
| <input type="checkbox"/> Zoo tshaj plaws | <input type="checkbox"/> Zoo heev | <input type="checkbox"/> Zoo |
| <input type="checkbox"/> Tsi zoo | <input type="checkbox"/> Tsi zoo kiag li | |

Koj cov menyuam:

- | | | |
|--|--|------------------------------|
| <input type="checkbox"/> Zoo tshaj plaws | <input type="checkbox"/> Zoo heev | <input type="checkbox"/> Zoo |
| <input type="checkbox"/> Tsi zoo | <input type="checkbox"/> Tsi zoo kiag li | |

12. Lub xyoo tag los no, Koj los koj tsev neej tau kev uasi rau ib hnuv twg ntau npaum li cas?

(xws li: mus kev, khiav, nqa kaab, ntau npas lossis ua teb zaub)

Koj:

- | | | |
|-------------------------------------|---------------------------------------|-----------------------------------|
| <input type="checkbox"/> 5-7 Hnuv | <input type="checkbox"/> 3-4 hnuv | <input type="checkbox"/> 1-2 hnuv |
| <input type="checkbox"/> Yom me yom | <input type="checkbox"/> Tsis muaj li | |

Koj tus txij nkawm:

- | | | |
|-------------------------------------|---------------------------------------|-----------------------------------|
| <input type="checkbox"/> 5-7 hnuv | <input type="checkbox"/> 3-4 hnuv | <input type="checkbox"/> 1-2 hnuv |
| <input type="checkbox"/> Yom me yom | <input type="checkbox"/> Tsis muaj li | |

Koj cov menyuam:

- | | | |
|-----------------------------------|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> 5-7 hnuv | <input type="checkbox"/> 3-4 hnuv | <input type="checkbox"/> 1-2 hnuv |
|-----------------------------------|-----------------------------------|-----------------------------------|

- Zaum puav
- Tsis muaj kiag

13. Yog koj tsis mus tau kev uasi, vim li cas koj ho ua tsis tau?

- Tsis muaj sij hawm
- Kuv tsis paub mus uasi
- Tsis pauj yuav mus ua rau qhov twg
- Kuv muaj moj muaj nkeeg es ua tsis tau
- Kuv tsis xav
- Kuv tsis paub

14. Koj puas siv, lossis tau siv dua los, tej yam yeeb tshuaj xws li nram no?

Kab twg twg raug koj ces khij kab ntawd:

	<i>Txhua hnuv</i>	<i>Ntau hnuv</i>	<i>Zaum puav</i>	<i>Ntev los</i>	<i>Tsis tau siv</i>
<i>Cawv</i>					
<i>Luam yeeb</i>					
<i>Luam yeem siv fais fab</i>					
<i>Luam yeeb npuav qhov ncauj</i>					
<i>Yeeb dawb</i>					
<i>Yeeb dawb cuav (Meth)</i>					
<i>Yeeb Heroin txhaj raws leeg</i>					
<i>Xas(Marijuana)</i>					
<i>Tsis muaj thaj maum tso cai</i>					

15. Yog koj tseem haus luam yeeb lossis haus thaum ub, es koj puas paub tias chaw Oroville hoo maum muaj kev phais luam yeeb?

- Haus
- Tsis haus

Koj puas nyiam koom tus program no?

- Kam
- Tsis kam
- Tej zaum
- Tseem niaj hnuv tuaj koom lossis tau koom yav tag los

KEM 2: Hais txog koj kev noj qab haus huv thiab kev tu mob

16. Koj puas muaj ib tug Thaj maum uas yog yus tsev neeg tug?

Koj:

- Muaj
- Tsis muaj
- Muaj, tabsi kuv tsis mus xyuas nwg raws nraim txua xyoo

Koj tus txij nkawm:

- Muaj
- Tsis muaj
- Muaj, tabsi kuv tsis mus xyuas nwg raws nraim txua xyoo

Koj cov menyuam:

- Muaj
- Tsis muaj
- Muaj, tabsi kuv tsis mus xyuas nwg raws nraim txua xyoo

17. Yog tias koj teb tias muaj es nws npe hu li cas:

18. Yog koj tsis mus xyuas koj tsevneeg tus thaj maum raws nraim no, thov qhia yog vim li cas?

Kab twg raug koj no ces khij kab ntawv kom txhua nrho.

- | | |
|---|---|
| <input type="checkbox"/> Kuv tsis paub yuav nrhiav tau ib tug doctor zoo qhov twg | <input type="checkbox"/> Kuv tsis nyiam mus nyuas thaj maum |
| <input type="checkbox"/> Kuv tus doctor tsis muaj sib hawm zoo rau kuv teem sib hawm | <input type="checkbox"/> Kuv tsis muaj tsheb tsav |
| <input type="checkbox"/> Kuv tsis muaj nyiaj them thaj maum | <input type="checkbox"/> Kuv tsis paub lus |
| <input type="checkbox"/> Kuv twb tsis mus cuag kuv tus thaj maum lawm vim tsev raug khub nyhiab | <input type="checkbox"/> Lwm yam: _____ |

19. Puas muaj lwm tus thaj maum es koj mus xyuas nraim?

Kab twg raug koj ces khij kab ntawm txhua nrho.

Koj:

- | | | |
|--|---|--|
| <input type="checkbox"/> Kws kho yam mob nws txawj | <input type="checkbox"/> Kws kho hniav | <input type="checkbox"/> Kws kho qhov muag |
| <input type="checkbox"/> Kws kho mob nyuaj siab | <input type="checkbox"/> Tu mob hauv tsev | <input type="checkbox"/> Txiv neeb txiv yaig |
| <input type="checkbox"/> Lwm txoj kev kho (ex: tus zuaj ib ce) | | <input type="checkbox"/> Lwm yam: _____ |

Koj tus txij nkawm:

- | | | |
|--|---|--|
| <input type="checkbox"/> Kws kho yam mob nws txawj | <input type="checkbox"/> Kws kho hniav | <input type="checkbox"/> Kws kho qhov muag |
| <input type="checkbox"/> Kws kho mob nyuaj siab | <input type="checkbox"/> Tu mob hauv tsev | <input type="checkbox"/> Txiv neeb txiv yaig |
| <input type="checkbox"/> Lwm txoj kev kho (ex: Tus zuaj ib ce) | | <input type="checkbox"/> Lwm yam: _____ |

Koj cov menyuam:

- | | | |
|--|--|--|
| <input type="checkbox"/> Kws kho yam mob nws txawj | <input type="checkbox"/> Kws kho hniav | <input type="checkbox"/> Kws kho qhov muag |
| <input type="checkbox"/> Kws kho mob nyuaj siab | <input type="checkbox"/> Tus mob hauv tsev | <input type="checkbox"/> Txiv neeb txiv yaig |
| <input type="checkbox"/> Lwm txoj kev kho (ex: Tus Zuaj ib ce) | | <input type="checkbox"/> Lwm yam: _____ |

20. Koj thiab koj tsev neeg mus txais kev pab thaum muaj kev mob nkeeg rau qhov twg?

Koj:

- | | | |
|---|---|--|
| <input type="checkbox"/> Thaj maum lub hoobkas | <input type="checkbox"/> Mus (Urgent/prompt care) | <input type="checkbox"/> Mus (Emergency room) |
| <input type="checkbox"/> Mus kho dawb/Pheejiyig | <input type="checkbox"/> Mus rau tej chaw nyob dawb | <input type="checkbox"/> Mus tej chaw kawm ntawv |
| <input type="checkbox"/> Mus chaw thov khawv | <input type="checkbox"/> Tsis muaj ib qho chaw mus | |

Koj tus txij nkawm:

- | | | |
|---|---|--|
| <input type="checkbox"/> Thaj maum hoobkas | <input type="checkbox"/> Mus (Urgent/prompt care) | <input type="checkbox"/> Mus (Emergency room) |
| <input type="checkbox"/> Mus kho dawb/Pheejiyig | <input type="checkbox"/> Mus rau tej chaw nyob dawb | <input type="checkbox"/> Mus tej chaw kawm ntawv |
| <input type="checkbox"/> Mus chaw thov khawv | <input type="checkbox"/> Tsis muaj ib qho chaw mus | |

Koj cov menyuam:

- | | | |
|---|---|--|
| <input type="checkbox"/> Thaj maum hoobkas | <input type="checkbox"/> Mus (Urgent/prompt care) | <input type="checkbox"/> Mus (Emergency room) |
| <input type="checkbox"/> Mus kho dawb/Pheejiyig | <input type="checkbox"/> Mus rau tej chaw nyob dawb | <input type="checkbox"/> Mus tej chaw kawm ntawv |
| <input type="checkbox"/> Mus chaw thov khawv | <input type="checkbox"/> Tsis muaj ib qho chaw mus | |

21. Koj puas muaj daim ntawv mus kho mob rau lub xyoo tag los no?

Koj:

- | | | |
|---|---|--|
| <input type="checkbox"/> Muaj rau lub xyoo tag los no | <input type="checkbox"/> Muaj rau 6 lub hli xwb | <input type="checkbox"/> Tsis muaj ntawv kho mob rau lub xyoo tag los no |
|---|---|--|

Koj tus txij nkawm:

- | | | |
|---|---|--|
| <input type="checkbox"/> Muaj rau lub xyoo tag los no | <input type="checkbox"/> Muaj rau 6 lub hli xwb | <input type="checkbox"/> Tsis muaj ntawv kho mob rau lub xyoo tag los no |
|---|---|--|

Koj cov menyuam:

- Muaj rau lub xyoo tag los no Muaj rau 6 lub hli xwb Tsis muaj ntawv kho mob rau lub xyoo tag los no

22. Lub sij hawm tam si no, Koj them koj cov nuj nqis kuaj kev mob li cas?

Koj:

- Chaw haulwm nrog them nqi Yus ntiag tug (insurance) Muaj (Medicare) neeg laus
 Muaj (Medi-Cal) Tsis muaj ntawv kho mob Tsis paub tseeb es

Koj tus txij nkawm:

- Chaw haulwm nrog them nqi Yus ntiag tug (insurance) Muaj (Medicare) neeg laus
 Muaj (Medi-Cal) Tsis muaj ntawv kho mob Tsis paub tseeb es

Koj cov menyuam:

- Chaw haulwm nrog them nqi Yus ntiag tug (Insurance) Muaj (Medicare) neeg laus
 Mauj (Medi-Cal) Tsis muaj ntawv kho mob Tsis paub tseeb es

23. Koj nyiam mus rau lub tsev hoo mauml twg tau muaj mob muaj nkeeg?

- Tsev hoo maum Oroville Chaw (Enloe Medical Center) Tsev hoo maum Orchard
 Lwm qhov: _____

HAI RAU COV POJNIAM, HNUB NYOOG 21 XYOOS ROV SAUD:

24. Koj mus kuaj koj caws si rau thaum twg lawm?

- 1 xyoo rhau los 2 xyoo rhau los 3 xyoo rhau los
 4 xyoo rhau los 5 xyoo rhua los Tsis tau mus kuaj ib zaug
 Tsis paub N/A

HAI RAU COV POJNIAM, HNUB NYOOG 45 XYOOS ROV SAUD:

25. Koj mus kuaj koj lub mis (mus xyuas seb puas muaj breat cancer) rau thaum twg lawm?

- 1 xyoo rhau los 2 xyoo rhau los 3 xyoo rhau los
 4 xyoo rhau los 5 xyoo rhua los Tsis tau mus kuaj ib zaug
 Tsis paub Tsis yog nug txog kuv (N/A)

HAI RAU COV TXIVNEEJ, HNUB NYOOG 50 XYOO ROV SAUD:

26. Twb tau hov ntev txij li zaum tom qab no uas lawv kuaj koj nyhuv quav (kuaj tsam ho sawv pob (prostate))?

- 1 xyoo rhau los 2 xyoo rhau los 3 xyoo rhau los
 4 xyoo rhau los 5 xyoo rhua los Tsis tau mus kuaj ib zaug
 Tsis paub Tsis yog nug txog kuv (N/A)

27. Twb tau hov ntev txij li thaum zaum tom qab no uas lawv tso koj ntshav mus kuaj tus kab mov qog cancer?

- 1 xyoo rhau los 2 xyoo rhau los 3 xyoo rhau los
 4 xyoo rhau los 5 xyoo rhua los Tsis tau mus kuaj ib zaug
 Tsis paub Tsis yog nug txog kuv (N/A)

HAI RAU COV TXIINEEJ THIAB POJNIAM, HNUB NYOOG LI 50 ROV SAUD:

28. Twb tau hov ntev los lawm txij li zaum lawv cev xov mus tsom saib koj txoj nyhuv (kuaj nyhuv mob cancer)?

- 1 xyoo rhau los
- 2 xyoo rhau los
- 3 xyoo rhau los
- 4 xyoo rhau los
- 5 xyoo rhua los
- Tsis tau mus kuaj ib zaug
- Tsis paub
- Tsis yog nug txog kuv (N/A)

Twb tau hov ntev los lawm txij li zaum lawv cev xov mus tsom saib koj lub nplos qhov quav (kuaj mob cancer nplos)?

- 1 xyoo rhau los
- 2 xyoo rhau los
- 3 xyoo rhau los
- 4 xyoo rhau los
- 5 xyoo rhua los
- Tsis tau mus kuaj ib zaug
- Tsis paub
- Tsis yog nug txog kuv (N/A)

HAI TXOG RAU TXHUA TUS NEEG:

29. Koj puas tau muaj ib lub siab es koj xav tua koj tus keej?

- Muaj rua
- Tsis tau muaj
- Tsis paub

30. Koj Puas muaj daim ntawv teev lus tseg cia txog tu koj tus mob, daim ntawv muaj zog zis tso cai ua kws lij choj?

Koj:

- Muaj
- Tsis muaj
- Tsis paub
- Tsis hais txog kuv (N/A)

Koj tus txij nkawm:

- Muaj
- Tsis muaj
- Tsis paub
- Tsis hais txog kuv (N/A)

Koj cov menyuam:

- Muaj
- Tsis muaj
- Tsis paub
- Tsis hais txog kuv (N/A)

31. Koj tus kws kho mob puas tau hais qhia rau koj hais tias muaj ib tug neeg nyob rau hauv koj tsev neeg muaj tej

yam rau hauv no?

Koj:

- Hawb pob
- kab mob Cancer
- Ntshav qab zib
- Kab mob plawv
- Quaj yeeb tshuaj
- Nyhav thiab rog
- Txom ncauj ua tau
- Cob pob
- Yug los tsis xwm yeem
- Kev nyuaj siab/Ntxhov plawv (ua neeg ntsoos)
- Hlwb qeeb & kawm tsis tau txuj (muaj kab mob rem ruam (Autism))
- Lwm yam: _____
- Tsis yog hais kuv (N/A)

Koj tus txij nkawm:

- Hawb pob
- Kab mob Cancer
- Ntshav qab zib
- Kab mob plawv
- Quaj yeeb tshuaj
- Nyhav thiab rog
- Txom ncauj ua tau
- Cob pob
- Yug los tsis xwm yeem
- Kev nyuaj siab/Ntxhov plawv (ua neeg ntsoos)
- Hlwb qeeb & kawm tsis tau txuj (muaj kab mob rem ruam (Autism))
- Lwm Yamr: _____
- Tsis yog nug kuv (N/A)

Koj cov menyuam:

- Hawb pob
- Kab mob Cancer
- Ntshav qab zib

- Kab mob plawv
- Txom ncauj ua tau
- Kev nyuaj siab/Ntxhov plawv (ua neeg ntsoos)
- Hlwb qeeb & kawm tsis tau txuj (muaj kab mob rem ruam (Autism))
- Lwm Yamr: _____
- Quav yeeb tshuaj
- Cob pob
- Nyhav thiab rog
- Yug los tsis xwm yeem
- Tsis hais txog kuv (N/A)

32. Lub xyoo dhau los, koj thiab koj tsevneeg tau txais kev pab kho mob puas hlwb qhov twg?

Khij txhua qhov uas tau muaj los:

- Tau mus ntsib neeg tshwj xeeb sib tham daws kev nyuaj siab
- Tau mus cuag kev pab xwm txheej kub ntxhov rau kev mob puas hlwb
- Chaw pab rau cov neeg txiav cawv thum yeeb tshuaj lossis kev nyuaj siab
- Raug pw nyob tsev kho mob loj
- Tau noj tshuaj pab kev mob puas hlwb
- Tus moj yam tsis zoo
- Lwm Yam: _____

Yog tias koj yeej xav tau kev pab cuam, tabsis tsis pom qab nrhiav, thov qhia seb yog li cas:

33. Koj puas xav tias koj tau txais kev kho mob yam tsim nyog ntsos thiab?

- Tau tas mus li
- Tuab ntws
- Qee zaum
- Me ntsis
- Tsis tau hlo



Yog koj xav tias koj yeej tsis tau txais kev pab cuam kho mob yam tsim nyog, qhov teeb meem yog dabtsi?

Thov koj xaiv 3 kab es sau tus lej 1, 2, thiab 3 rau cov kab koj xaiv.

- ___ Tsis muaj tsheb thauj
- ___ Nyuaj ncauj nyuaj lus
- ___ Thaj maum twb tsis kam txais neeg mob ntxiv lawm ne
- ___ Lwm Yam: _____
- ___ Tim tus nqi kim
- ___ Tsis muaj thaj maum ntau
- ___ Tos ntev sij hawm heev
- ___ Tsis muaj nyiaj lossis ntawv kho mob

34. Koj pom txog tej chaw kho mob hauv zej zog no qhov twg?

Kab lus twg raug koj no ces mus khij kab ntawd:

- Ua ntawv tuaj
- Hauv TV
- Pom hauv tej ntawv xovxwm (xws li: newspaper, Upgraded Living)
- Hauv Online
- Hauv tej Xovtooj cua
- Hauv tej (Social media)

35. Koj xav tau kev noj qab haus huv li cas?

Kab lus twg raug koj no ces mus khij kab ntawd:

- Xa ntawv tuaj
- Sau ntawv xa hauv ntawv tuaj
- Xa raws Email
- Hu Phone tuaj

KEM 3: Kev sib ntsib thiab sib sau ua npoj ntw

36. Puas tau muaj leejtwg ua rau koj ntshai losis ua mob rau koj?

- Muaj rua Tsis tau muaj Tsis paub

Yog muaj dua lawm, tu neeg ua li no rau koj yog leejtwg?

37. Koj niaj zaus ntsib kev nyuaj siab ntau npaum li cas?

- Tas mus li Tuab ntw Qee zaum Yom me yom Tsis muaj li



38. Koj txaus siab rau Oroville tej chaw kawm ntawv zoo npaum twg?

- Txaus siab heev Txaus siab Nyob nruab nrabl
 Tsis txaus siab Tsis txaus siab heev

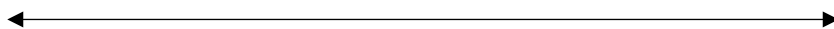
Yog koj ho tsis txaus siabne, koj xav kom ua li cas ntxiv rau kom zoo dua tuaj?

Thov teb cov kab lus 1^l, 2, thiab 3 rau koj xaiv.

- | | | |
|---|-------------------|--|
| ___ Kev txuj ci | ___ Noj tshais/Su | ___ Muaj ntau yam kev txuj ci los kawm |
| ___ Tom qab lawb ntawv | ___ Tej nai khu | ___ Kev ruaj ntseg |
| ___ Muaj chaw uasi (xws li: Hoob ntau, chaw uasi) | | ___ Lwm yam: _____ |

39. Koj puas xav tias tej txuj ci muaj rau tej menyuam no kawm yeej thiab rau hauv Oroville thiab ib cheeb tsam zej zog yee ntau txaus lawm?

- Txaus tas li Tuab ntw Qee zaum Yom me yom Tsis muaj li



Yog tias yam twg koj tsis pom zoo, yuav ntxiv yam dabtsi thiab li zoo ntxiv?

THOV XAIV 3 YAM RAU TXHUA LO LUS NOOG.

40. 3 yam uas tseem ceeb rau koj txog koj lub zos yog dabtsi?

- | | |
|--|---|
| <input type="checkbox"/> Neeg phem tsawg/Nyob tso siab plhuav | <input type="checkbox"/> Tej tsev kawm ntawv los zoo |
| <input type="checkbox"/> Yoojyim Nrhiav chaw kho mob pheejiyig | <input type="checkbox"/> Park uasi muaj ntau & Muaj chaw taug kev |
| <input type="checkbox"/> Vaj tse los pheejiyig | <input type="checkbox"/> Haulwm zoo/nplua nuj lawm ntau |
| <input type="checkbox"/> Muaj kev sib haum xeeb nplua mias | <input type="checkbox"/> Tej chaw nyob huv swb si du lwb lug |
| <input type="checkbox"/> Yoojyim nrhiav tau khoom noj tshiab khwb khiv | <input type="checkbox"/> Nrhiav kev kho mob ntxhov siab yoojyim |
| <input type="checkbox"/> Muaj chaw pab nrhiav ntau yam programs | <input type="checkbox"/> Lwm Yam: _____ |

3 yam uas tseem ceeb rau koj txog koj cov menyuam yog dabtsi?

- | | |
|---|--|
| <input type="checkbox"/> Muaj chaw xav tshuaj rau menyuam | <input type="checkbox"/> Muaj chaw musk ho mob ntau |
| <input type="checkbox"/> Muaj kev pab thaum ntxhov siab | <input type="checkbox"/> Yooj yim nrhiav tau khoom noj tshiab khiv |
| <input type="checkbox"/> Muaj kev sib haum xeeb npluas mias | <input type="checkbox"/> Them nqi yuav ntawv kho mob pheejiyig |
| <input type="checkbox"/> Yam twg xav tau los nrhiav tau yoojyim pheejiyig | <input type="checkbox"/> Tsev kawm ntawv muaj noj su zoo heev |
| <input type="checkbox"/> Muaj chaw zov menyuam yaus zoo heev | <input type="checkbox"/> Muaj chaw kuaj mob pub dawb |
| <input type="checkbox"/> Tsis tau siv lub zog nhyav | <input type="checkbox"/> chaw uasi tso siab lug |

Lwm Yam: _____

3 yam uas txhawj xeeb rau koj txog kev mob nkeeg nyob rau hauv lub zos no yog dabtsi?

- | | | |
|---|---|---|
| <input type="checkbox"/> Tau mob Cancer | <input type="checkbox"/> Tau ntshav qabzib | <input type="checkbox"/> Tau kab mob plawv/ntshav siab |
| <input type="checkbox"/> Tsam mob Stroke | <input type="checkbox"/> Tsam Rog | <input type="checkbox"/> Muaj kev nyuaj siab ntshov plawv |
| <input type="checkbox"/> Hawb pob tsis dim pa | <input type="checkbox"/> Mob kaus hniav | <input type="checkbox"/> Muaj kab mob kas cees |
| <input type="checkbox"/> Tua tus kheej tuag | <input type="checkbox"/> Muaj menyuam tsaub | <input type="checkbox"/> Kis mob phem (ex: ntsws qhuav, TB) |
| <input type="checkbox"/> Thaj maum los tsawg | <input type="checkbox"/> Lwm Yam: _____ | |

3 yam uas txhawj xeeb rau txoj kev tsis zoo nyob rau hauv lub zos no yog dabtsi?

- | | | |
|---|--|--|
| <input type="checkbox"/> Quav cawv | <input type="checkbox"/> Quav tshuaj | <input type="checkbox"/> Tsav tsheb qaug cawv |
| <input type="checkbox"/> Tsim txom menyuam yaus | <input type="checkbox"/> Tsis ua exercise | <input type="checkbox"/> Quav luam yeeb |
| <input type="checkbox"/> Noj khoom tsis huv | <input type="checkbox"/> Tsis kam kawm ntawv | <input type="checkbox"/> Tsis kam ntoo kaus mom hlau |
| <input type="checkbox"/> Tsis kam sia siv duav | <input type="checkbox"/> lwm yamr: _____ | |

KEM 4: Tej neeg zej zog thiab tej Vaj tsev ib ncig

41. Koj puas xav tias koj tau txais tus nqi pheej yig thiab khoom noj huv swb si txaus nkaus lawm ne?

- Tas mus li Tuab ntws Qee zaum Yom me yom Tsis tau li



Yog tias koj xav tias koj tsis tau txais, cas ho tsis tau? Xaiv 3 kab zoo tshaj plaws:

- | | | |
|--|---|---|
| <input type="checkbox"/> Kim dhau | <input type="checkbox"/> Tsis muaj tsheb thauj | <input type="checkbox"/> Tsis muaj muag nyob hauv khw |
| <input type="checkbox"/> Tsis muaj caij mus ncig khw | <input type="checkbox"/> Tsis pom qab yuav dabtsi | <input type="checkbox"/> Lwm Yam: _____ |

42. Koj puas txaus siab rau lub tsev koj nyob tam sim no thiab?

- Txaus siab Tsis txaus siab

Yog tsis txaus siab, vim li cas?

Xaiv li 3 yam es tso 1, 2, thiab 3 rau kab koj xaiv

- | | | |
|--|-----------------------------------|---|
| <input type="checkbox"/> Me heev | <input type="checkbox"/> Kim heev | <input type="checkbox"/> Nyob deb zos loj/deb kev pab |
| <input type="checkbox"/> Coob leej nyob hauv tib lub tsev (xws li, coob leej dhau lawm) | | |
| <input type="checkbox"/> Muaj teeb meem nrog lwm tus, uas yog tej neeg nyob qab vag tsib taug | | |
| <input type="checkbox"/> Pob puas lawm, tsis tso siab nyob, lossis nyob tau yam noj tsis huv nyob tsis zoo | | |
| <input type="checkbox"/> Lwm yam: _____ | | |

43. Puas yog koj raug yuam khiav tawm vim tim yog Camp Fire kub toj kub pes tuaj?

- Yog Tsis yog Tsuas yog ntu puav xwb

44. Koj xav kom cov neeg nyob hauv Butte County no tau kev pab dabtsi tom qab Camp Fire kub toj kub pes tag lawm?

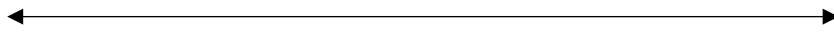
Xaiv li 3 yam es tso 1, 2, thiab 3 rau kab koj xaiv.

- | | | |
|-------------------|---------------------|-----------------------------------|
| ___ Tsev Nyob | ___ Kev kho mob | ___ Kev Ntxhov siab |
| ___ Nrhiav haulwm | ___ Tsev kawm ntawv | ___ Khoom kho vaj kho tsev tshiab |

___ Lwm Yam: _____

45. Koj puas tau luag nyob koj tej chaw koj nyob ntawm ko os?

Tas mus li Tuab ntws Qee zaum Yom me yom Tsis tau li



46. Koj yuav xav kom pauv li cas es thiaj li ua rau tej zej zog no rov xis nyob dua ne?

Muaj kev taug zoo Muaj teeb ci kaj lug Muaj zoo park/chaw dhia uasi
 Tsim kom sidewalk ntau Tsim kev ruaj ntseg ntau Lwm yam: _____

47. Leejtwg qhia koj txog daim ntawv nug kom paub no?

Hauv hoo maum Tom kuv lub church Tom chaw tshav puam
 Los ntawm phoojywg Hauv Online Los ntawv kuv tus thaj maum
 Hauv rooj sablaj Hauv Khw Tom Haulwm
 Lwm Qhov: _____

PUAS MUAJ TEJ YAM DABTSI KOJ XAV QHIA PEB?

Sau tej yam uas koj xav kom peb paub txog Noj qab haus huv nyob rau hauv lub zos no.

Ua tsaug rau koj lub sij hawm!

Koj tej lus teb yuav pab Oroville Hospital ua ib lub hospital kom zoo rau txhua tus nyog hauv lub zos no. Peb yuav tsis qhia koj tej information rau leejtwg.

Sondeo de Opinión sobre Salud Comunitaria 2019 del Hospital Oroville

Gracias por aceptar participar con nuestra encuesta. Una vez completada esta encuesta, tendremos una idea más clara de la comunidad a la que servimos, y los problemas en materia de salud más importantes para residentes como usted. La información recopilada se usará para elaborar e implementar un plan de acción, dirigido a tratar dicha problemática, y hacer de Oroville y las comunidades circundantes un lugar más saludable y ameno llamado hogar.

Esta encuesta es de carácter **anónimo**, le garantizamos que las respuestas son estrictamente **confidenciales**. Si no desea responder a cualquiera de las preguntas o alguna de ellas no aplica para usted, puede dejarla sin contestar. Le tomará de 5 a 10 minutos completar la información solicitada.

SECCIÓN 1: En Relación con Usted y su Familia

Marque las casillas que mejor se aplican a usted, su cónyuge o pareja, y/o su hijo(a)

POR FAVOR DESCRIBA SU ESTATURA Y PESO

1. ¿Cuánto mide aproximadamente (sin zapatos)? _____

¿Cuánto pesa aproximadamente (sin zapatos)? _____

2. ¿Cómo usted clasificaría su género o identidad?

Masculino

Femenino

Transgénero masculino (nació como mujer, pero se identifica como hombre)

Transgénero femenino (nació como hombre, pero se identifica como mujer)

Si su identidad no está indicada arriba, por favor identifique su identidad aquí: _____

3. ¿Cuál es el código postal de su casa? _____

4. Su edad:

25 o menos

26-39

40-45

55-64

65 o más

5. ¿Cuál es su raza?

Blanco

Negro, Afro-Americano

Indio Americano/ Nativo de Alaska

Hispano/Latino

Hmong

Asiático

Múltiple

Otro: _____

Hawaiano Nativo/Otra Isla del Pacífico

6. ¿Cuál es su estado civil?

Soltero/Nunca me casé

Casado

Divorciado

Pareja no casada

Separado

Viudo

Sin respuesta

7. ¿Cuál es su situación laboral actual?

- Tiempo completo Tiempo parcial Desempleado
 Jubilado Trabajador independiente Incapacitado

8. ¿Tiene uno o varios niños menores de 18 años?

- Sí No

En caso afirmativo, ¿en qué tipo de escuela está matriculado su hijo(s)?

- Pública Con Base Religiosa Autónoma
 Educación en casa Otra: _____

9. ¿Cuál es el nivel educativo más alto que ha completado?

- Primaria Secundaria Preparatoria
 Parte de la Universidad Grado de Asociado Licenciatura
 Posgrado Escuela Técnica/ Comercial Aprendizaje de Sindicato
 Otro: _____

10. ¿Cuál es su ingreso anual antes de impuestos?

- Menor a \$30,000 \$30,000-\$60,000 \$60,001-\$90,000
 \$90,001-\$120,000 Mayor a \$120,000 No estoy seguro
 Sin respuesta

11. ¿Cómo describiría el estado general de salud de cada miembro de su familia?

Usted:

- Muy bien Buena Regular
 Mala No estoy seguro

Cónyuge o pareja:

- Muy bien Buena Regular
 Mala No estoy seguro

Hijo(s):

- Muy bien Buena Regular
 Mala No estoy seguro

12. En promedio ¿cuántos días a la semana hace por lo menos 30 minutos de ejercicio u otra actividad física?

(ejemplos: caminar, correr, levantamiento de pesas, deportes en equipo o jardinería)

Usted:

- 5-7 días 3-4 días 1-2 días
 Sólo de Vez en Cuando Nunca

Cónyuge o pareja:

- 5-7 días 3-4 días 1-2 días
 Solamente de vez en cuando Nunca

Hijo(s):

- 5-7 días 3-4 días 1-2 días
 Solamente de vez en cuando Nunca

13. ¿Qué obstáculos le impiden hacer ejercicio con regularidad?

- No tengo suficiente tiempo durante el día
- No estoy lo suficientemente sano para hacer ejercicio
- No sé cómo hacer ejercicio adecuadamente
- Es difícil permanecer motivado
- No sé adónde ir para hacer ejercicio
- No estoy seguro/a

14. ¿Consume o ha consumido alguno de los siguientes estupefacientes?

Marque cada casilla que corresponda:

	Todos los días	Casi todos los días	Esporádicamente	Consumí en el pasado	Nunca
Alcohol					
Cigarrillos					
Cigarrillos electrónicos					
Masticar Tabaco					
Cocaína					
Cristal metanfetamina (Meth)					
Heroína					
Marijuana					
Medicamentos sin recetas					

15. Si es fumador o fumaba antes ¿Está usted al tanto del programa para dejar de fumar del Hospital Oroville?

- Sí No
- ¿Está interesado en vincularse a nuestro programa?
- Sí No Quizás
- Actualmente inscrito o lo estuvo anteriormente

SECCIÓN 2: En Relación con Su Salud y Atención Médica

16. ¿Tiene un Médico de Atención Primaria (MAP)?

Usted:

- Sí No Sí, pero no lo veo con regularidad

Cónyuge o pareja:

- Sí No Sí, pero no lo veo con regularidad

Hijo(s):

- Sí No Sí, pero no lo veo con regularidad

17. Si su respuesta es "Sí", sírvase indicar el nombre de su médico:

18. Si usted no ve a un proveedor primario de salud con regularidad, por favor díganos por qué no lo hace

- No sé cómo encontrar a un buen médico
- Barreras de idioma, raciales o culturales
- Me siento incómodo con los médicos
- Falta de transporte
- Mi médico tiene horarios poco convenientes
- Es demasiado caro
- No he podido acudir a mi médico, debido a los Incendios Forestales
- Otra razón: _____

Hijo(s):

- Todo el año Una parte del año Ningún seguro en todo el año

22. Actualmente, ¿cuál es su principal tipo de cobertura de atención de salud?

Usted:

- Plan patrocinado por el empleador Seguro privado
 Medicare Medi-Cal Ningún seguro de atención de salud
 No estoy seguro/a

Cónyuge o pareja:

- Plan patrocinado por el empleador Seguro privado
 Medicare Medi-Cal Ningún seguro de atención de salud
 No estoy seguro/a

Hijo(s):

- Plan patrocinado por el empleador Seguro privado
 Medicare Medi-Cal Ningún seguro de atención de salud
 No estoy seguro/a

23. ¿A qué hospital va usted generalmente para recibir atención?

- Oroville Hospital Enloe Medical Center Orchard Hospital
 Otro: _____

PARA MUJERES MAYORES DE 21 AÑOS:

24. ¿Cuánto tiempo ha pasado desde su último Papanicolaou (un examen para la detección de cáncer cervical)?

- Dentro de 1 año Dentro de 2 años Dentro de 3 años
 Dentro de 4 años 5 años o más Nunca
 No estoy segura N/A

PARA MUJERES MAYORES DE 45 AÑOS:

25. ¿Cuánto tiempo ha pasado desde su última mamografía (un examen para la detección de cáncer de mama)?

- Dentro de 1 año Dentro de 2 años Dentro de 3 años
 Dentro de 4 años 5 años o más Nunca
 No estoy segura N/A

PARA HOMBRES MAYORES DE 50 AÑOS:

26. ¿Cuánto tiempo ha pasado desde su último examen rectal (un examen utilizado para examinar la próstata)?

- Dentro de 1 año Dentro de 2 años Dentro de 3 años
 Dentro de 4 años 5 años o más Nunca
 No estoy seguro N/A

27. ¿Cuánto tiempo ha pasado desde que le hicieron un análisis de sangre para detectar cáncer de la próstata?

- Dentro de 1 año Dentro de 2 años Dentro de 3 años
 Dentro de 4 años 5 años o más Nunca
 No estoy segura N/A

PARA HOMBRES Y MUJERES MAYORES DE 50 AÑOS:

28. ¿Cuánto tiempo ha pasado desde su última colonoscopia (un examen para la detección de cáncer del colon)?

- | | | |
|---|---|---|
| <input type="checkbox"/> Dentro de 1 año | <input type="checkbox"/> Dentro de 2 años | <input type="checkbox"/> Dentro de 3 años |
| <input type="checkbox"/> Dentro de 4 años | <input type="checkbox"/> 5 años o más | <input type="checkbox"/> Nunca |
| <input type="checkbox"/> No estoy segura | <input type="checkbox"/> N/A | |

¿Cuánto tiempo ha pasado desde la última sigmoidoscopia (un examen para la detección de cáncer del colon)?

- | | | |
|---|---|---|
| <input type="checkbox"/> Dentro de 1 año | <input type="checkbox"/> Dentro de 2 años | <input type="checkbox"/> Dentro de 3 años |
| <input type="checkbox"/> Dentro de 4 años | <input type="checkbox"/> 5 años o más | <input type="checkbox"/> Nunca |
| <input type="checkbox"/> No estoy segura | <input type="checkbox"/> N/A | |

PARA TODOS:

29. ¿Ha pensado en el suicidio?

- | | | |
|-----------------------------|-----------------------------|--|
| <input type="checkbox"/> Sí | <input type="checkbox"/> No | <input type="checkbox"/> No estoy seguro/a |
|-----------------------------|-----------------------------|--|

30. ¿Tiene usted un plan de atención anticipado, testamento en vida o un poder para la atención de salud?

Usted:

- | | | |
|------------------------------|-----------------------------|--|
| <input type="checkbox"/> Sí | <input type="checkbox"/> No | <input type="checkbox"/> No estoy seguro |
| <input type="checkbox"/> N/A | | |

Cónyuge o pareja:

- | | | |
|------------------------------|-----------------------------|--|
| <input type="checkbox"/> Sí | <input type="checkbox"/> No | <input type="checkbox"/> No estoy seguro |
| <input type="checkbox"/> N/A | | |

Hijo(s):

- | | | |
|------------------------------|-----------------------------|--|
| <input type="checkbox"/> Sí | <input type="checkbox"/> No | <input type="checkbox"/> No estoy seguro |
| <input type="checkbox"/> N/A | | |

31. ¿Le ha dicho alguna vez un médico o profesional de atención de salud que usted tiene algunas de las siguientes condiciones, enfermedades o problemas?

Usted:

- | | | |
|---|--|---|
| <input type="checkbox"/> Asma | <input type="checkbox"/> Cáncer | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Enfermedad del corazón | <input type="checkbox"/> Abuso de sustancias | <input type="checkbox"/> Sobrepeso/Obesidad |
| <input type="checkbox"/> Trastorno alimenticio | <input type="checkbox"/> Trastorno genético | <input type="checkbox"/> Defecto Congénito |
| <input type="checkbox"/> Afección Mental/Emocional (incluida Depresión) | | |
| <input type="checkbox"/> Problemas de desarrollo/aprendizaje (incluido Autismo) | | |
| <input type="checkbox"/> Otro: _____ | | <input type="checkbox"/> N/A |

Cónyuge o pareja:

- | | | |
|---|--|---|
| <input type="checkbox"/> Asma | <input type="checkbox"/> Cáncer | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Enfermedad del corazón | <input type="checkbox"/> Abuso de sustancias | <input type="checkbox"/> Sobrepeso/Obesidad |
| <input type="checkbox"/> Trastorno alimenticio | <input type="checkbox"/> Trastorno genético | <input type="checkbox"/> Defecto Congénito |
| <input type="checkbox"/> Afección Mental/Emocional (incluida Depresión) | | |
| <input type="checkbox"/> Problemas de desarrollo/aprendizaje (incluido Autismo) | | |
| <input type="checkbox"/> Otro: _____ | | <input type="checkbox"/> N/A |

Hijo(s):

- | | | |
|---|--|---|
| <input type="checkbox"/> Asma | <input type="checkbox"/> Cáncer | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Enfermedad del corazón | <input type="checkbox"/> Abuso de sustancias | <input type="checkbox"/> Sobrepeso/Obesidad |
| <input type="checkbox"/> Trastorno alimenticio | <input type="checkbox"/> Trastorno genético | <input type="checkbox"/> Defecto Congénito |
| <input type="checkbox"/> Afección Mental/Emocional (incluida Depresión) | | |
| <input type="checkbox"/> Problemas de desarrollo/aprendizaje (incluido Autismo) | | |
| <input type="checkbox"/> Otro: _____ | <input type="checkbox"/> N/A | |

32. ¿Durante el año pasado, que tipo de servicios de salud mental usted o alguien en su familia utilizó?
Por favor marque todas las que apliquen:

- | | |
|--|---|
| <input type="checkbox"/> Terapia/consejería | <input type="checkbox"/> Hospitalización |
| <input type="checkbox"/> Tratamiento residencial | <input type="checkbox"/> Mantenimiento de medicina psiquiátrica |
| <input type="checkbox"/> Tratamiento de crisis/servicios de emergencia de salud mental | |
| <input type="checkbox"/> Clínica de Salud Mental/Conductual | |
| <input type="checkbox"/> Otro: _____ | |

Si precisa servicios de cuidado médico, pero no tiene acceso a ellos, sírvase explicar por qué:

33. ¿Considera que tiene el debido acceso a servicios médicos de calidad?

- Siempre Con frecuencia Algunas Veces Ocasionalmente Nunca



Si considera que no tiene el debido acceso, ¿cuál es el problema más grave?

Por favor indique su preferencia de selección, siendo 1 su primera elección, 2 para su segunda elección, y un 3 para su tercera elección.

- ___ Medio de transporte ___ Gastos ___ Tiempo de espera prolongado
___ Barreras culturales/lingüísticas ___ Carencia de médicos especialistas
___ Seguro médico insuficiente o sin cobertura alguna ___ Médicos que no están aceptando pacientes nuevos
___ Otro: _____

34. ¿De donde recibe la información sobre los servicios de salud local?

Marque todas las opciones que correspondan:

- | | | |
|---|---|---|
| <input type="checkbox"/> A través del correo y folletos | <input type="checkbox"/> Por internet | <input type="checkbox"/> Redes sociales |
| <input type="checkbox"/> Anuncios en la televisión | <input type="checkbox"/> Anuncios en la radio | |
| <input type="checkbox"/> Anuncios impresos (por ejemplo: periódicos, Fuentes Modernas de Información) | | |

35. ¿Cómo prefiere acceder a su información de salud personal? (marque todos los que se apliquen)

- | | | |
|---|---|---|
| <input type="checkbox"/> Por correo tradicional | <input type="checkbox"/> Correo Electrónico | <input type="checkbox"/> Llamadas telefónicas |
| <input type="checkbox"/> Mensajes de Texto | | |

SECCIÓN 3: Entorno Social y Comunitario

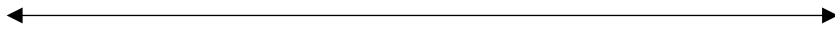
36. ¿Alguien ha hecho que sienta miedo por su seguridad personal o lo ha lastimado físicamente?

- Sí No No estoy seguro/a

En caso afirmativo, ¿qué parentesco tiene esta persona (o personas) con usted?

37. ¿Con qué frecuencia padece de estrés involuntario?

- Continuamente Con frecuencia Algunas veces Casi nunca Nunca



38. ¿Cuán satisfecho está con el sistema educativo de Oroville?

- Muy satisfecho Satisfecho Neutral
 Insatisfecho Muy insatisfecho

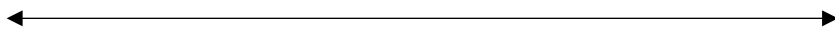
Si por alguna razón no está satisfecho, déjenos saber ¿en qué podríamos mejorar?

Por favor indique su preferencia de selección, siendo 1 su primera elección, 2 para su segunda elección, un 3 para su tercera elección.

- ___ Programa de estudios ___ Programa de desayunos/almuerzos ___ Actividades no académicas
___ Programas fuera del horario escolar ___ Personal docente ___ Seguridad
___ Infraestructura (ejemplo: aulas de clase y patios de recreo) ___ Otro: _____

39. ¿Considera que Oroville y las comunidades circundantes disponen de suficientes actividades extraescolares?

- Siempre Usualmente Algunas veces Casi nunca Nunca



Si por alguna razón no está satisfecho, déjenos saber cómo podemos mejorar

Por favor seleccione sus TRES PRINCIPALES respuestas para cada una de las siguientes:

40. Los factores más importantes para una «Comunidad Saludable»

- | | |
|---|---|
| <input type="checkbox"/> Poca delincuencia/vecindarios seguros | <input type="checkbox"/> Buenas escuelas |
| <input type="checkbox"/> Acceso a atención de salud asequible | <input type="checkbox"/> Muchos parques y oportunidades recreativas |
| <input type="checkbox"/> Vivienda asequible | <input type="checkbox"/> Economía fuerte/buenos empleos |
| <input type="checkbox"/> Comportamientos y estilos de vida saludables | <input type="checkbox"/> Entorno limpio |
| <input type="checkbox"/> Acceso a alimentos frescos/naturales asequibles | <input type="checkbox"/> Acceso a servicios de salud mental |
| <input type="checkbox"/> Acceso a programas/apoyo para el abuso de sustancias | <input type="checkbox"/> Otro: _____ |

Principales necesidades que afectan la «Salud de los Niños»

- | | |
|---|--|
| <input type="checkbox"/> Acceso a vacunas | <input type="checkbox"/> Acceso a servicios de atención de salud |
| <input type="checkbox"/> Acceso a servicios de salud mental | <input type="checkbox"/> Acceso a alimentos frescos/naturales asequibles |
| <input type="checkbox"/> Programas asequibles para un estilo de vida saludable | <input type="checkbox"/> Seguro médico asequible |
| <input type="checkbox"/> Servicios asequibles para necesidades especiales | <input type="checkbox"/> Mejores programas de almuerzos escolares |
| <input type="checkbox"/> Mejores opciones para el cuidado de los niños/guarderías | <input type="checkbox"/> Acceso a exámenes de salud gratuitos |
| <input type="checkbox"/> Falta de actividad física | <input type="checkbox"/> Lugares seguros para jugar |
| <input type="checkbox"/> Otro: _____ | |

Principales «Problemas de Salud» a los que se enfrenta nuestra comunidad

- Cáncer
- Accidente cerebrovascular
- Enfermedad respiratoria/
- Enfermedades de transmisión sexual (STI, por sus siglas en inglés)
- Enfermedad de los pulmones
- Suicidio
- Enfermedades infecciosas
(por ejemplo: Hepatitis, Tuberculosis)
- Otro: _____
- Diabetes
- Obesidad
- Higiene dental
- Enfermedad del corazón/Presión arterial alta
- Problemas de salud mental
- Embarazo de adolescentes
- Escasez de Médicos de Atención Primaria

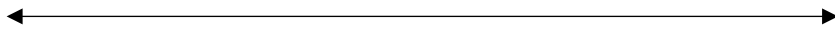
Principales desafíos de «Comportamientos Peligrosos» a los que se enfrenta nuestra comunidad

- Abuso de bebidas alcohólicas
- Abuso/negligencia infantil
- Malos hábitos alimenticios
- No usar cinturón de seguridad
- Abuso de drogas
- Falta de ejercicio
- Deserción escolar
- Conducir bajo la influencia de sustancias
- Uso del tabaco/humo de segunda mano
- No usar casco
- Otro: _____

SECCIÓN 4: El Vecindario y las Zonas Construidas

41. ¿Considera que tiene el debido acceso a una alimentación sana a precio asequible?

- Siempre Con frecuencia Algunas veces Casi nunca Nunca



Si considera que no tiene el debido acceso, ¿Por qué no?

Por favor indique su preferencia de selección, siendo 1 su primera elección, 2 para su segunda elección, y un 3 para su tercera elección.

- ___ Demasiado costosa ___ No dispone de transporte ___ No está disponible en supermercados
___ No dispone de tiempo suficiente para comprar ___ No sabe que comprar ___ Otro: _____

42. ¿Está usted satisfecho con su situación actual en relativo a donde vive (domicilio)?

- Sí No

Si la respuesta es No, ¿Por qué?

Por favor indique su preferencia de selección, siendo 1 su primera elección, 2 para su segunda elección, un 3 para su tercera elección.

- ___ Mi domicilio es muy pequeño ___ Es muy costoso
___ Muchas personas viven en el mismo domicilio ___ Problemas con los vecinos
___ Es muy lejos de la ciudad y los servicios que necesito
___ El domicilio está en malas condiciones y no es saludable
___ Otros: _____

43. ¿Se vió obligado a desplazarse por causa de los recientes Incendios Forestales?

- Sí No Temporarily

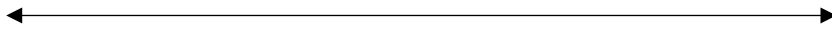
44. ¿Qué recursos cree usted que necesitan los residentes del Condado Butte después de los Incendios Forestales?

Por favor indique su preferencia de selección, siendo 1 su primera elección, 2 para su segunda elección, y un 3 para su tercera elección.

- | | | |
|---------------------------------------|---|--|
| <input type="checkbox"/> Viviendas | <input type="checkbox"/> Cuidados médicos | <input type="checkbox"/> Respaldo emocional |
| <input type="checkbox"/> Empleos | <input type="checkbox"/> Escuelas | <input type="checkbox"/> Recursos destinados a la reconstrucción |
| <input type="checkbox"/> Otros: _____ | | |

45. ¿Se siente seguro en el entorno actual en que vive?

- Siempre Con frecuencia Algunas veces Casi nunca Nunca



46. ¿Qué cambios le gustaría que se llevaran a cabo, con el fin de mejorar el vecindario en donde vive?

- | | | |
|---|---|---|
| <input type="checkbox"/> Mejores carreteras | <input type="checkbox"/> Un mejor alumbrado | <input type="checkbox"/> Mejores parques/lugares de esparcimiento |
| <input type="checkbox"/> Construir más aceras | <input type="checkbox"/> Incrementar la seguridad | <input type="checkbox"/> Otros: _____ |

47. ¿Dónde se enteró de esta encuesta?

- | | | |
|---|--|--|
| <input type="checkbox"/> En el hospital | <input type="checkbox"/> En mi iglesia | <input type="checkbox"/> En una feria de salud |
| <input type="checkbox"/> Por un amigo | <input type="checkbox"/> En línea | <input type="checkbox"/> Por mi médico |
| <input type="checkbox"/> En una reunión comunitaria | <input type="checkbox"/> En el trabajo | <input type="checkbox"/> En una tienda de venta al por menor |
| <input type="checkbox"/> Otro: _____ | | |

¿HAY ALGO QUE HAYAMOS PASADO POR ALTO?

No dude en anotar información adicional que a usted le parece que deberíamos conocer acerca de la salud de nuestra comunidad.

¡Muchas gracias por su tiempo!

Sus respuestas anónimas serán utilizadas por Oroville Hospital para atender mejor las necesidades de salud de los residentes de nuestra comunidad.

Oroville Hospital Employee Community Health Survey 2019

Thank you for choosing to participate in the Oroville Hospital Employee Community Health Survey. By completing this survey, we will get a better understanding of the community we serve, and what health concerns are most important to those who work within the health care system. With this information we will construct and implement an action plan that addresses these concerns, and make Oroville and its surrounding communities a healthier and happier place to work and live.

This is an **anonymous** survey and we want to assure you that your responses will be kept **strictly confidential**. If you do not wish to answer a question, or if a question does not apply to you, you may leave your answer blank. The survey will take about 5 minutes to complete.

PLEASE WRITE IN YOUR 1ST, 2ND, AND 3RD CHOICE FOR EACH OF THE FOLLOWING:

1. Most important factors for a "Healthy Community"

- Low crime/safe neighborhoods
- Access to affordable health care
- Affordable housing
- Healthy behaviors and lifestyles
- Access to affordable fresh/natural foods
- Access to substance abuse programs/support
- Good schools
- Lots of parks & recreation opportunities
- Good jobs/Healthy economy
- Clean environment
- Access to mental health services
- Other: _____

Greatest needs affecting "Children's Health"

- Access to immunizations
- Access to mental health services
- Affordable healthy lifestyle programs
- Affordable services for special needs
- Better child/day care options
- Lack of physical activity
- Other: _____
- Access to health care services
- Access to affordable fresh/natural foods
- Affordable health insurance
- Better school-lunch programs
- Access to free health screenings
- Safe places to play

Most important "Health Problems" facing our community

- Cancer
- Stroke
- Respiratory/Lung disease
- Suicide
- Shortage of Primary Care Doctors
- Diabetes
- Overweight/Obesity
- Dental hygiene
- Teen pregnancy
- Heart disease/High blood pressure
- Mental Health Issues
- Sexually transmitted infections (STIs)
- Infectious diseases (ex: Hepatitis, TB)
- Other: _____

Most challenging "Risky Behaviors" facing our community

- Alcohol abuse
- Child abuse/neglect
- Poor eating habits
- Not wearing a seatbelt
- Drug abuse
- Lack of exercise
- Dropping out of school
- Other: _____
- Driving while under the influence
- Tobacco use/secondhand smoke
- Not wearing a helmet

2. Your age:

- 25 or less 26-39 40-54
 55-64 65 or older

3. What is your home zip code? _____

4. Do you have a child or children under the age of 18?

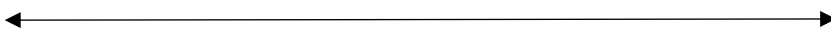
- Yes No

If yes, what type of school is your child(ren) enrolled in?

- Public Faith-based Charter
 Homeschool Other: _____

5. Do you feel that patients have adequate access to affordable and healthy food?

- Always Often Sometimes Rarely Never



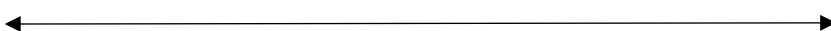
If you feel they do not have adequate access, what is the biggest problem?

Please write in your 1st, 2nd, and 3rd choice.

- ___ Too costly ___ Lack of transportation ___ Not available in local stores
___ Patients don't have enough time to shop ___ Patients don't know what to buy
___ Other: _____

6. Do you feel that patients have adequate access to quality health care?

- Always Often Sometimes Rarely Never



If you feel they do not have adequate access, what is the biggest problem?

Please write in your 1st, 2nd, and 3rd choice.

- ___ Transportation ___ Cost ___ Long wait times
___ Cultural/language barriers ___ Doctor shortage ___ Inadequate or no insurance
___ Other: _____

7. What health care services would you like to see expanded to better meet the needs of our community?

Please write in your 1st, 2nd, and 3rd choice.

- ___ Ambulatory care ___ Behavioral/Mental health ___ Cancer care
___ Cardiac care ___ Childbirth services ___ Emergency services
___ Home health care ___ Nutritional therapy ___ Pain management
___ Palliative care ___ Pediatric services ___ Primary care
___ Respiratory care ___ Smoking cessation ___ Stroke program
___ Telemedicine ___ Women's health ___ Other: _____

8. Are you satisfied with Oroville's current housing market?

- Yes No N/A

If no, why not? Please write in your 1st, 2nd, and 3rd choice.

- Too small Too expensive Too many people living in the same home
 Problems with neighbors Too far from town/services Too run down, unsafe, or unhealthy
 Other: _____

9. What resources do you think Butte County residents need post Camp Fire?

Please write in your 1st, 2nd, and 3rd choice.

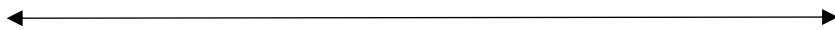
- Housing Health care Emotional support
 Jobs Schools Rebuilding resources
 Other: _____

10. What changes would you like to see made in order to improve the neighborhood you live in?

- Better roads Better lighting Better parks/playgrounds
 More sidewalks Increased security Other: _____

11. What is your impression of Oroville's school systems?

- Very good Good Acceptable Poor Very Poor



What do you think could be improved?

Please write in your 1st, 2nd, and 3rd choice.

- Curriculum Breakfast/lunch programs Extra-curricular activities
 After school programs Educators Safety
 Infrastructure (ex: classrooms, playgrounds) Other: _____

12. Do you feel that there are enough extra-curricular activities available to children in Oroville and the surrounding communities?

- Always Often Sometimes Rarely Never



13. Do you and/or your family utilize services provided by Oroville Hospital?

- Always Often Sometimes Rarely Never



14. How likely are you to recommend Oroville Hospital to friends and family?

- Very likely Likely Neutral
 Unlikely Very unlikely

Feel free to write in additional information you think we should know about the health of our community.

Thank you for your time!

Appendix C: 2019 Community Leader & Business Owner List

2019 Community Leader Contact List		
Name	Title	Workplace
<i>Public Health</i>		
Aaron Quin	Interim Director	BCDPH
Danielle Nuzum	Assistant Director	BCDPH
John Lord	Community Health and Sciences Director	BCDPH
Elaine McSpadden	Environmental Health Director	BCDPH
Andy Miller, M.D.	Health Officer	BCDPH
Monica Soderstrom	Nursing Director	BCDPH
Lisa Almaguer	Communications Manager	BCDPH
<i>Schools</i>		
Samia Yaqub	President	Butte College
Mary Sakuma	Superintendent	Butte County Office of Education
Spencer Holtom	Superintendent	Oroville City Elementary School District
Corey Willenberg	Superintendent	Oroville Union High School District
Kathleen Andoe Nolind	Superintendent	Palermo Union School District
Gregory Blake	Superintendent	Thermalito Union Elementary School District
Joshua Peete	Superintendent/Principal	Golden Feather Union Elementary School District
Jordan Reeves	Superintendent	Gridley Unified School District
Jeff Ochs	Director of Alternative Education	Oroville Adult Education
<i>Gridley City Representatives</i>		
Bruce Johnson	Mayor	City of Gridley

2019 Community Leader Contact List		
Name	Title	Workplace
<i>Oroville City Representatives</i>		
Chuck Reynolds	Mayor	City of Oroville
Scott Thomson	Vice Mayor	City of Oroville
Janet Goodson	City Council Member	City of Oroville
Linda Draper	City Council Member	City of Oroville
David W. Pittman	City Council Member	City of Oroville
Art Hatley	City Council Member	City of Oroville
Eric J. Smith	City Council Member & CEO	City of Oroville & Oroville Chamber of Commerce
Bill LaGrone	Chief of Police	City of Oroville
<i>Local Organizations</i>		
Seng S. Yang	Director	Hmong Cultural Center of Butte County
Bobby Jones Sr.	Executive Director	African American Family & Cultural Center
Annie Terry	CFO	Oroville Rescue Mission
Stephanie Hayden	Co-Founder	Oroville Hope Center
Luis Espino	County Director	UC Division of Agriculture and Natual Resources
Chelsey Slattery	Extension, Family, and Consumer Science Advisor	UC Division of Agriculture and Natual Resources
Dean Gurr	President/Owner	Oroville Rotary Club/ Creative Imaging
Cheri Bunker	Club Leader	Oroville Exchange Club
Pastor Kevin Thompson	Founder	Oroville Southside Community Improvement Association
<i>Gridley City Representatives</i>		
Bruce Johnson	Mayor	City of Gridley

PMSA Businesses & Organizations	
<u>Organization</u>	
<i>Top Employers</i>	
Gold Country Casino	
Roplast Industries	
Pacific Coast Producers	
Sierra Pacific Industries	
Feather Falls Casino	
<i>County & City Departments</i>	
Public Works Department	
Downtown Business Association	
Parks and Trees Department	
Housing Development Department	
Finance Department	
Oroville Library	
<i>First Responders</i>	
Oroville Fire Department	
Oroville Police Department	
Butte County Sheriff's Office	
Butte County First Responders	
Butte County EMS	
<i>Youth Programs</i>	
The Axiom	
Oroville YMCA	
4-H Youth Development	
Lake Oroville Little League	
Oroville Boys and Girls Club	
<i>Community Enhancement Organizations</i>	
Church of the Nazarene	
The Hope Center	
Haven of Hope on Wheels	
Nutrition Education Program Manager: UC Division of Agriculture and Natural Resources	
Feather River Rec. & Park District	
Oroville Rescue Mission	
<i>Senior Centered Organizations</i>	
Feather River Senior Citizen's Center	
Prestige	
Roseleaf Oroville	
Pacifica Senior Living Country Crest	
<i>Cultural Organizations</i>	
Mooretown Rancheria	
African American Family & Cultural Center	
Hmong Cultural Center of Butte County	

Appendix D: Community Leader Questionnaire

Dear Community Leaders and Public Health Professionals:

We are inviting you to participate in Oroville Hospital's 2019 Community Health Needs Assessment (CHNA). We have developed a community health survey and would appreciate additional input from individuals who represent the broad interests of the community served by Oroville Hospital. This will allow us to determine any specific needs by identifying gaps in health care services.

You have been asked to provide input because you are either a) a community leader or b) you have special knowledge or expertise in public health. Your expertise is integral to the CHNA process because it can provide specific information on medically underserved, low-income, or minority populations that may otherwise not necessarily be part of the patient population. Input from all members in our community is vital to the success of this assessment. The end result will be the development of a publically accessible community action plan that will address the identified health needs.

Question 1

Do you or a family member utilize services provided by Oroville Hospital? If you do not, please let us know why.

Question 2

What is your vision for a healthy community? What is healthy about our community and what is unhealthy?

Question 3

What is your perception of the hospital overall and of specific programs and services? Please identify opportunities for improving current programs and services, as well as highlight service and program gaps.

Question 4

What can the hospital do to improve health and quality of life in the community? Please list any ideas you have to improve services and relationships in the community and provide direction for new activities or strategies.

Thank you for your time and participation!

We invite you to join us **Thursday, May 16th from 12 pm - 1 pm** at Doves Landing for a focus group specifically for business and organization representatives. We will be further discussing the specific health needs of our community and ways we can make a positive impact.

If you will be attending, please RSVP at 530-712-2345 or cclark@orohosp.com.