



# Oroville Hospital

2013

## Community Health Needs Assessment

### Final Report

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# Executive Summary

## Oroville Hospital Community Health Needs Assessment

Oroville Hospital is a private, non-profit corporation located in Northern California. It serves the citizens of the Oroville area and Butte County. Oroville Hospital's provides personalized healthcare to Oroville and the surrounding foothill and valley communities.

As part of 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 2013 Community Health Needs Assessment (CHNA) includes the community's perspective regarding health care needs and available services.

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

### A Snapshot of the Oroville Hospital Medical Service Areas

- The Oroville Hospital primary medical service area includes 7 zip codes in Butte County.
- The total population of the secondary medical service area is 332,743
- The population of the Oroville Hospital primary medical service area (2010, Census): 68,413.
- The total population served by Oroville Hospital is 401,156

### Demographic Characteristics from the Community Health Survey

- A total of 562 surveys were collected from paper and online sources.
- Fifty-five percent (55%) of the survey respondents were under the age of 55.
- Several identified community leaders and health care professionals provided input for this CHNA.
- Thirty-seven percent (37%) of the residents in the primary medical service area live on an annual income of less than \$30,000 per year.
- Approximately 74% are white and 5.3% are of Latin/Hispanic descent.
- Top health needs identified: 1) overweight and obesity, 2) asthma, 3) mental and emotional conditions, 4) diabetes, and 5) incidence of prostate and colorectal cancer screenings

### Identified Health Needs of the Oroville Hospital Primary Medical Service Area

Poor health status can result from a variety of factors including: genetic, environmental, behavioral, and socioeconomic. The best way to address this is by identifying the causes of these diseases, conditions and challenges and developing interventions in order to decrease the incidence or prevalence of these conditions.

The identified health needs are based on secondary data retrieved and compiled from the Community Commons website, CHNA.org, and primary data collected from the Community Health Needs Assessment.

<b>Top Identified Health Needs of the Community</b>
<b>Overweight and Obesity</b>
<ul style="list-style-type: none"> <li>• Two-thirds of the Oroville primary medical service area is overweight and obese. Overweight and obesity is caused from a variety of elements such as poor diet, sedentary lifestyle, and genetic and environmental factors.</li> <li>• Overweight and obesity cause many preventable chronic diseases such as type-2 diabetes, heart disease and several types of cancers. The American Medical Association (AMA) now recognizes obesity as a disease. This will allow the medical community to provide medical interventions to advance obesity treatment and prevention.</li> </ul>
<b>Asthma</b>
<ul style="list-style-type: none"> <li>• Butte County has a higher prevalence of asthma than state and national averages, as well as more days per year of poor air quality.</li> <li>• Asthma is caused by genetic factors and exacerbated by poor environmental conditions. There is no known cure for asthma, but information can be provided to sufferers in order to learn how to control it and be mindful of the air quality in their community.</li> </ul>
<b>Mental and Emotional Conditions</b>
<ul style="list-style-type: none"> <li>• It is estimated that over a quarter of people over the age of 18 suffer from an emotional or mental condition in the United States, most suffering from depression. Many people never get diagnosed with a mental illness for many reasons, some out of shame, and others for lack of financial resources. Approximately 9% of the CHNA survey respondents indicated that they have been diagnosed with a mental or emotional condition.</li> <li>• Poor mental health can inhibit physically healthy behaviors. It is important to be able to identify if you or a loved one is suffering from a mental or emotional condition. Services such as free/low cost counseling or referral services to a mental health professional should be made available to anyone seeking help.</li> </ul>
<b>Diabetes</b>
<ul style="list-style-type: none"> <li>• CHNA survey respondents indicated that ~8% suffered from diabetes. People living with both type I and II diabetes sometimes have problems managing this disease.</li> <li>• The best way individuals with diabetes can successfully manage their condition is to be educated on proper diabetes management techniques. Effective ways to manage diabetes would be paying attention to your blood glucose levels throughout the day, and to take the Hemoglobin A1c test on a frequent basis.</li> </ul>
<b>Incidence of Prostate and Colorectal Cancer Screenings</b>
<ul style="list-style-type: none"> <li>• A proportion of CHNA survey respondents indicated that they have never been screened for prostate and/or colorectal cancers. Educating the public regarding the importance of these tests could increase the number of individuals being screened for these types of cancers.</li> <li>• Prostate and colorectal cancers can be prevented, if caught early enough. Procedures such as prostate exams, prostate cancer screening blood tests, colonoscopies, and sigmoidoscopies can be administered to high-risk individuals (family history) and individuals over the age of 50.</li> </ul>

# 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 Oroville Hospital community 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. It serves the citizens of the Oroville area and Butte County. Oroville Hospital's mission is to provide personalized healthcare 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 employs approximately 1,400 people with an annual payroll of over \$100 million.

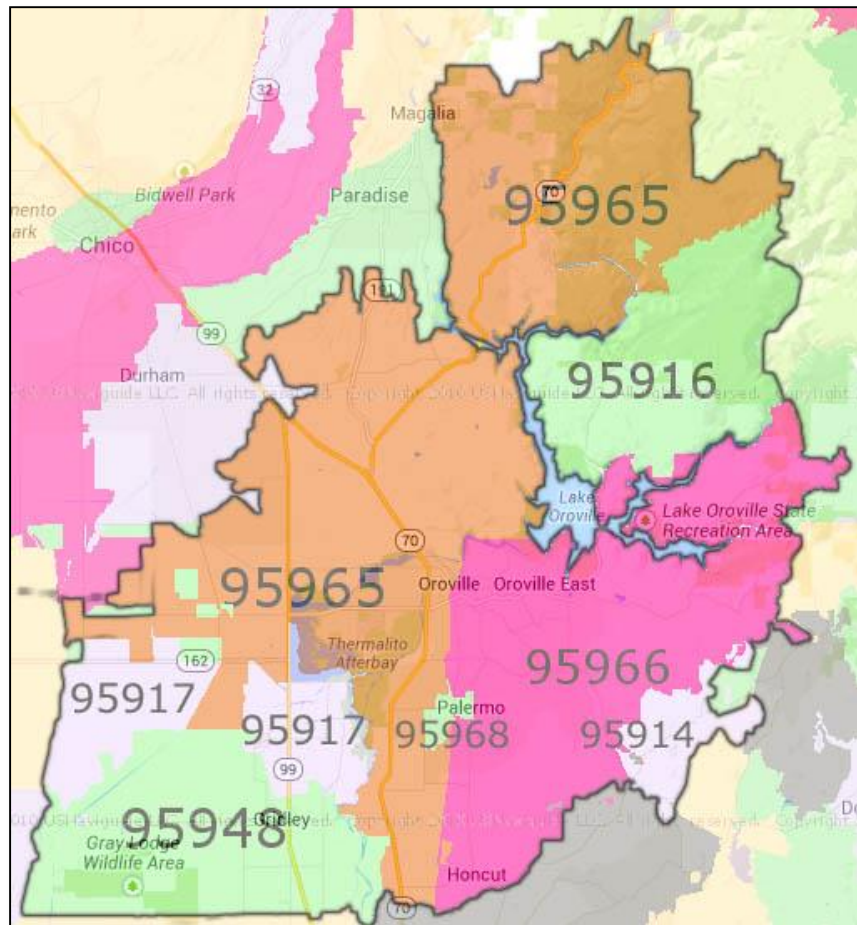
The 153-bed acute care facility specializes in a broad range of inpatient and outpatient services, including multiple physician practices. Other services include:

Anesthesia Services	Nutritional Therapy
Anticoagulation Services	Palliative Care Program
Cancer Services	Pediatric Services
Cardiac Rehabilitation	Robotic Surgery
Childbirth Services	Rehabilitation Services
Diabetes Care	Respiratory Care
Emergency Care Services	Stroke Program
Extended Care Services	Surgical Services
Home Health	Telemedicine
Hospitalist Services	Vascular Surgery
Medical-Surgical Units	

Oroville Hospital's Patient Care Statistics (FY2012)			
Patients Served	Totals	Diagnostics and Therapy	Totals
Discharges	9,538	Lab Tests (Clinical)-Inpatient	1,025,288
Inpatient Days	33,853	Lab Tests (Clinical)-Outpatient	882,780
Deliveries	409	X-Ray Tests-Inpatient	21,095
Total Surgery Patients	4,508	X-Ray Tests-Outpatient	46,285
Outpatients - 2936		Nuclear Medicine-Inpatient	2,067
Inpatients - 1572		Nuclear Medicine-Outpatient	2,071
ER Visits	34,979	CAT Scans-Inpatient	4,887
		CAT Scans-Outpatient	7,045
		MRI Scans-Inpatient	167
		MRI Scans-Outpatient	2,430

### Description of Primary Medical Service Area

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



**Bangor (95914)**

The population of Bangor is 578 according to the 2010 census. The percentage of residents unemployed in Bangor in 2010 was 12%. The median age in Bangor is 49.

**Berry Creek (95916)**

The population of Berry Creek is 1,441 according to the 2010 census. The percentage of residents unemployed in Berry Creek in 2010 was 9%. The median age in Berry Creek is 54.1.

**Biggs (95917)**

The population of Biggs is 3,155 according to the 2010 census. The percentage of residents unemployed in Biggs in 2010 was 14%. The median age in Biggs is 37.

**Gridley (95948)**

The population of Gridley is 10,810 according to the 2010 census. The percentage of residents unemployed in Gridley in 2010 was 8%. The median age in Gridley is 35.

**Oroville (95965/95966)**

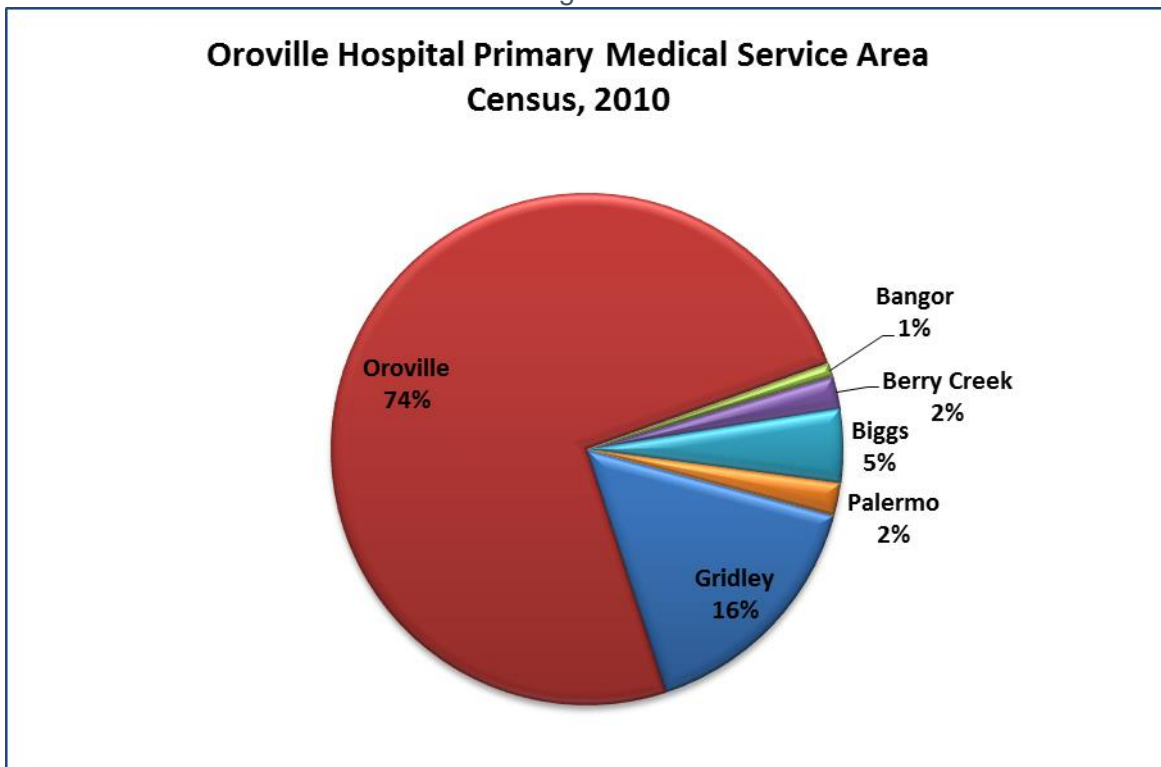
The population of Oroville is 51,027 according to the 2010 census. The percentage of residents unemployed in Oroville in 2010 was 9%. The median age in Oroville is 39.

**Palermo (95968)**

The population of Palermo is 1,412 according to the 2010 census. The percentage of residents living poverty in Palermo in 2010 was 14%. The median age in Palermo is 36.

The total population of the Oroville Hospital primary medical service area (according to the 2010 Census) is 68,413.

Figure 1



## Description of Secondary Medical Service Area

The secondary medical service area served by Oroville Hospital includes the following zip codes and cities:

Zip Code	City	Population
95918	Browns Valley	2,339
95919	Brownsville	1,378
95925	Challenge	295
95926	Chico	37,725
95927	Chico	NA*
95928	Chico	36,511
95929	Chico	NA*
95973	Chico	31,957
95976	Chico	NA*
95935	Dobbins	631
95938	Durham	3,787
95940	Feather Falls	NA*
95941	Forbestown	563
95953	Live Oak	10,718
95954	Magalia	12,251
95901	Marysville	31,314
95961	Olivehurst	26,510
95962	Oregon House	1,567
95963	Orland	15,493
95969	Paradise	27,549
95972	Rackerby	NA*
95974	Richvale	8
96094	Weed	6,630
95988	Willows	8,857
95991	Yuba City	40,593
95993	Yuba City	36,067
*Data are not available for this topic and the selected geography		

The total population of the Oroville Hospital secondary medical service area (according to the 2010 Census) is 332,743.

The total population of the Oroville Hospital's primary and secondary medical services area is 401,156.



## II. Methodology of the Community Health Survey

### Secondary Data

Secondary data was retrieved and compiled from the Community Commons website, CHNA.org. These data included:

- *Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System: 2006-10.*
- *Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Diabetes Atlas: 2010.*
- *Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System: 2006-10.*
- *Centers for Disease Control and Prevention, National Environmental Public Health Tracking Network: 2008.*
- *Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System: 2005-11.*
- *Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Diabetes Atlas: 2010.*
- *Dartmouth College Institute for Health Policy & Clinical Practice, Dartmouth Atlas of Health Care: 2010.*
- *State Cancer Profiles: 2006-10.*
- *Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System: 2004-10.*

### Primary Data

To ensure the information provided was gathered from a broad sampling of community stakeholders, hard copy versions of the Community Health Survey were distributed in English, Spanish and Hmong (Appendices G-I) at the following locations from June 22 - September 6, 2013: Postcards were also sent to all listed household in the 95965 and 95966 zip codes.

- Oroville Hospital Waiting Room
- Oroville Hospital Golden Valley Outpatient Rehabilitation Center
- Community Comprehensive Care, Walk-In Clinic
- African American Family & Cultural Center
- Hmong Cultural Center of Butte County
- Church of the Nazarene

An English version of the survey was also made available online through Oroville Hospital's website. Paper surveys (n = 387) and online surveys (n = 175) were collected (535 English and 27 Hmong) from the Oroville Hospital primary medical service area. Data analysis was completed by the Center for Nutrition and Activity Promotion at California State University, Chico.

Community leaders and health care professionals in Oroville and surrounding communities were identified by the hospital CEO. A list of community leaders who provided input are presented below:

- Corey Wilenberg, Superintendent of Oroville Union High School District
- Julian Diaz, Superintendent of Thermalito School District
- Lee Jerigan, President of the Retired Teachers Association
- Laurie Kee, VP Community Market Manager for Rabobank
- Georgia Nelson, Public Health Nurse
- Aimee Miles, Public Health Education Specialist

### III. Results and Findings

#### Demographics

The graphs below compare and contrast the population makeup of the Oroville Hospital primary medical service area as identified by US Census data, 2010 with the findings of the Community Health Survey.

- Race/Ethnicity

Figure 2 represents the racial makeup of the primary medical service area based on data compiled from the 2010 Census data. Figure 3 shows racial makeup based on data collected by the Community Health Survey. The data from the 2010 Census is proportional to the data collected from the Community Health Survey with few exceptions. Five percent (5%) of survey respondents vs. 12% of the primary medical service area population as identified by Census data indicated they were of Hispanic/Latin origin. There were also fewer respondents identifying with “Other Races” and “Two or More Races” on the Community Health Survey (1%) than the Census Data (13%).

Figure 2

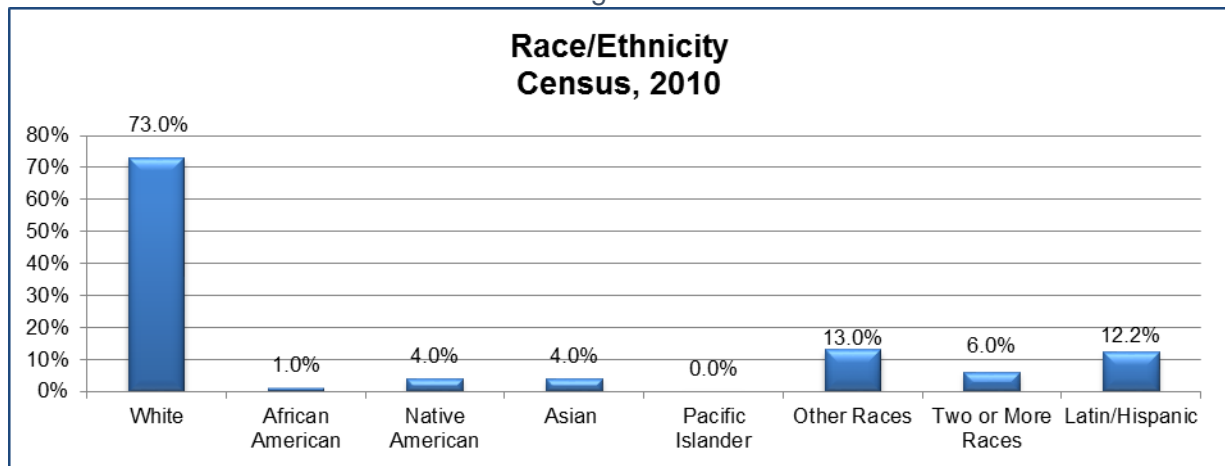
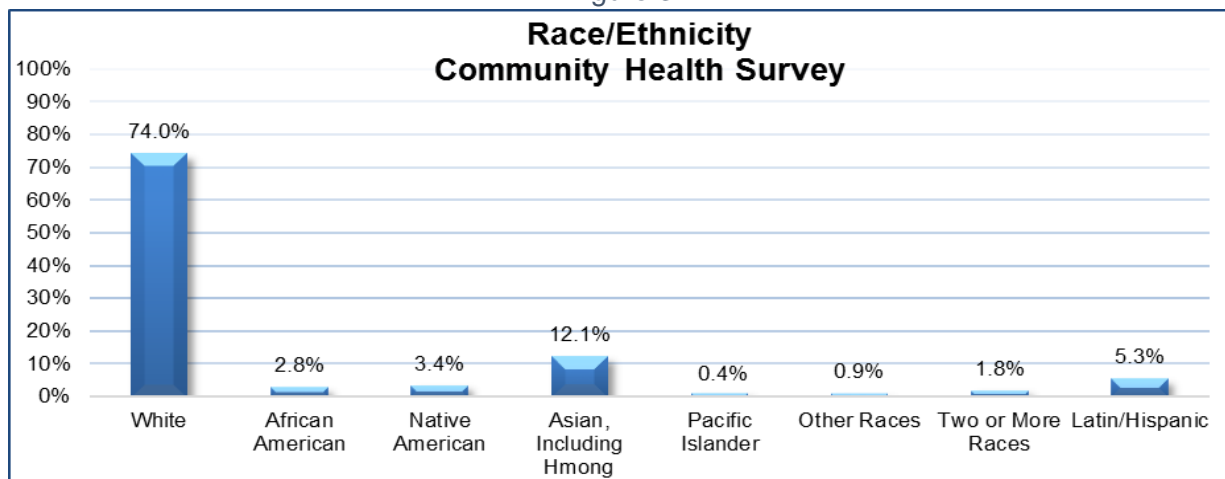


Figure 3



- Gender

Figure 4 displays the gender makeup of the primary medical service area population based on data from the 2010 Census. Figure 5 represents the gender makeup of the Community Health Needs Assessment survey respondents. At 77%, females are overrepresented among Community Health Needs Assessment respondents.

Figure 4

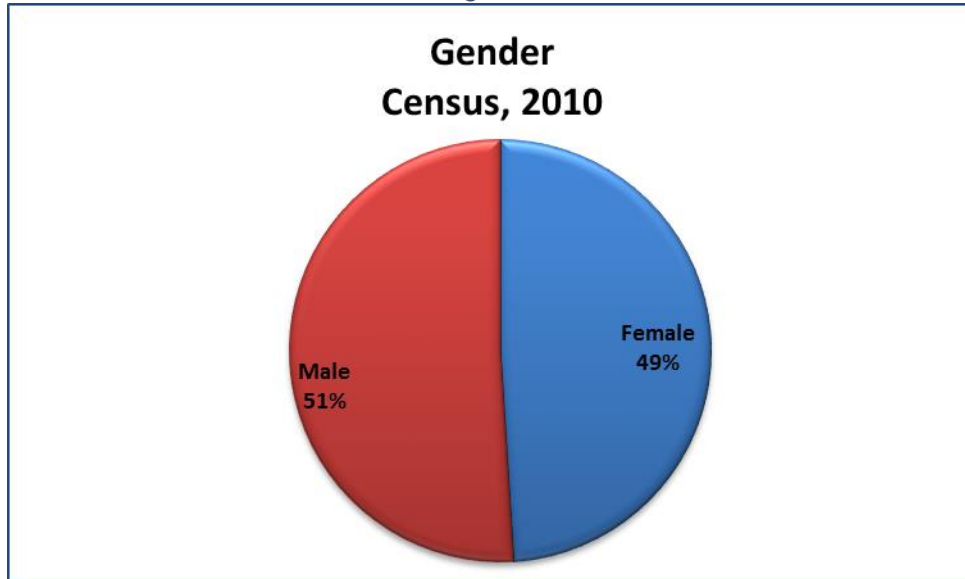
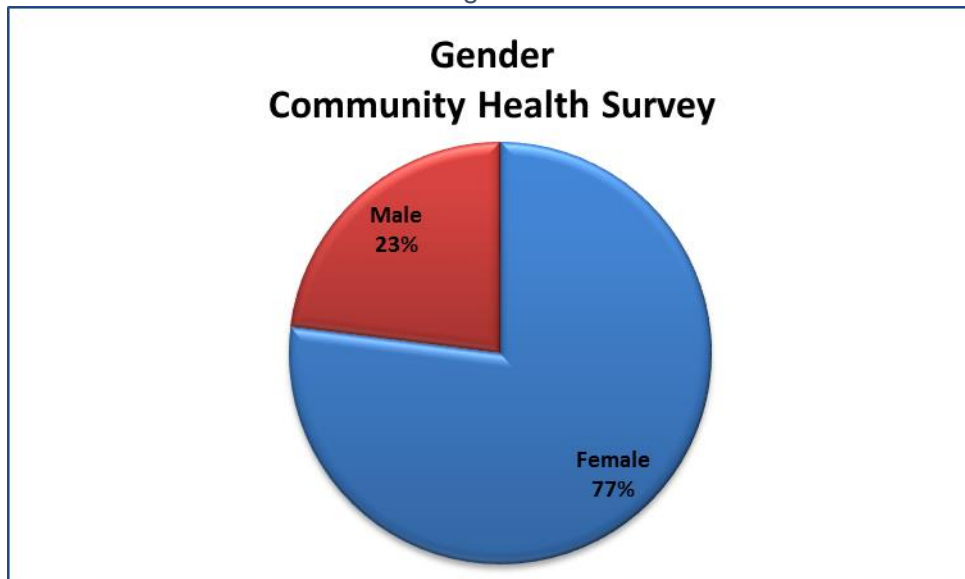


Figure 5



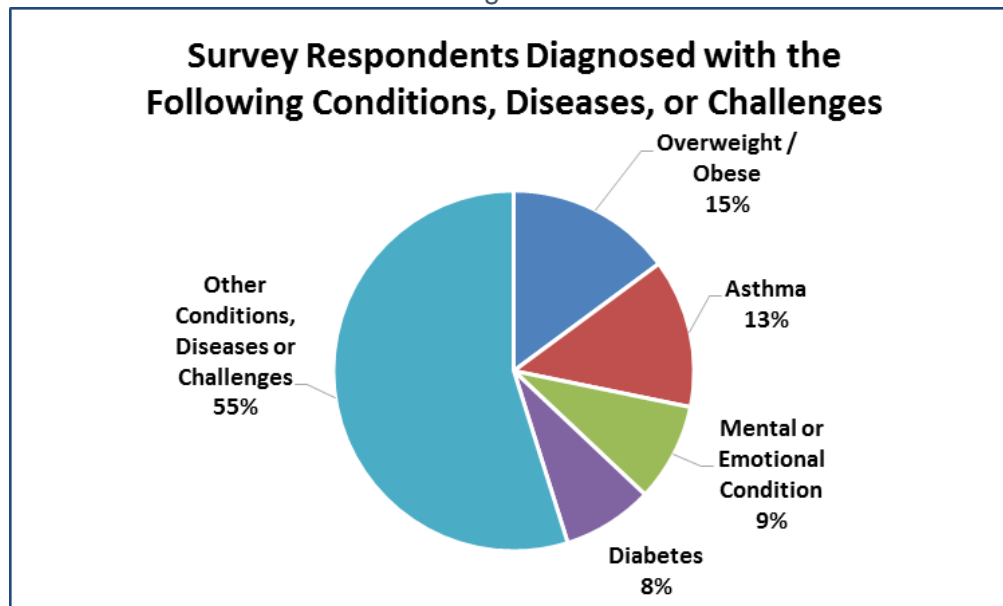
## Identified Health Needs of the Community

Community Health Survey respondents indicated that the most commonly occurring conditions, diseases, or challenges with which they have been diagnosed are those identified in Figure 6. While heart disease (5.6%), cancer (5.1%), and substance abuse (3.2%) were also identified as health related concerns, they did not approach the rates of the top five conditions, diseases and challenges shown in Figure 6.

It is noteworthy that only 15% of respondents indicated that they have been diagnosed with overweight or obesity by a health care professional. This rate is in stark contrast to respondents reports of BMI data (height and weight) indicative of overweight and obesity (66%) and to alternative data sources for Butte County identifying a combined overweight/obesity rate of 61% (see page 11).

Additional information regarding the survey respondents' perception of community health and behaviors are located in Appendices C-F.

Figure 6



Based on the methodology and criteria described in Section II and survey data, the top five Oroville Hospital priority health needs are:

- Overweight and obesity
- Asthma
- Mental and emotional conditions
- Diabetes
- Incidence of Prostate and Colorectal Cancer Screenings

For each of these top five conditions, the following section presents a comparison of the Community Health Survey data with secondary data retrieved from the Center for Disease Control and Prevention (source cited previously).

## Overweight and Obesity

The National Institutes of Health states that there are many conditions attributed to overweight and obesity. Some include: sleep apnea, osteoarthritis, hypertension, type-2 diabetes, stroke, coronary heart disease and certain types of cancers (colon, breast, endometrial and gallbladder). The reduction of overweight and obesity would help decrease the leading causes of preventable deaths in the United States as well as reduce the medical costs associated with overweight and obesity.

The 2009 article “*Annual Medical Spending Attributable to Obesity: Payer and Service-Specific Estimates*” prepared by Public Health Economics Programs at RTI International emphasizes the high-cost of healthcare spending in the United States. The estimates of this study suggest that the costs of overweight and obesity could have been as high as \$78.5 billion in 1998. This number has risen 10% from 1998, incurring a total cost of \$147 billion per year, as of 2008. This report suggests that the health care costs of Oroville area residents could be reduced via a reduction in the rate of overweight and obesity.

Many factors cause overweight and obesity including: socioeconomic, poor diet, sedentary lifestyles, and low/no access to healthy foods. Programs to reduce the incidence of overweight and obesity would save taxpayer dollars and reduce the incidences of many preventable chronic diseases. As noted previously, approximately 15% of the survey respondents have indicated that a health care professional has diagnosed them as being overweight or obese.

### Adult Survey Respondants Overweight

Report Area	Total Number of Survey Participants	Total Survey Respondents Overweight	Percent of Survey Respondents Overweight
Oroville Hospital Primary Medical Service Area	562	191	34%

### Adult Overweight Prevalence (Butte County)

CDC data indicate that 36.7% of adults aged 18 and older self-report that they have a Body Mass Index (BMI) between 25.0 and 30.0 (overweight) in Butte County. These figures are comparable the rest of the state Excess weight may indicate an unhealthy lifestyle and puts individuals at risk for further health issues.

Report Area	Total Population (Age 18 )	Total Adults Overweight	Percent Adults Overweight
Butte County, California	171,968	63,153	36.72%
California	27,665,678	10,015,473	36.20%
United States	235,375,690	85,495,735	36.32%

Note: This indicator is compared with the state average.

Data Source: [Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System: 2006-10](#). Additional data analysis by [CARES](#). Source geography: County.

### Percent Adults Overweight



- Butte County, California (36.72%)
- California (36.20%)
- United States (36.32%)

## Adult Survey Respondants Obese

Report Area	Total Number of Survey Participants	Total Survey Respondents Obese	Percent of Survey Respondents Obese
Oroville Hospital Primary Medical Service Area	562	180	32%

## Adult Obesity Prevalence (Butte County)

24.30% of adults aged 20 and older self-report that they have a Body Mass Index (BMI) greater than 30.0 (obese) in Butte County. Excess weight may indicate an unhealthy lifestyle and puts individuals at risk for further health issues.

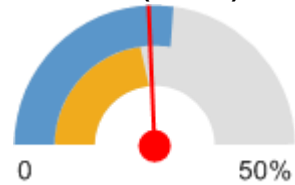
Report Area	Total Population Age 20	Population with BMI > 30.0 (Obese)	Percent Population with BMI > 30.0 (Obese)
Butte County, California	164,901	40,071	24.30%
California	26,882,506	6,232,137	23%
United States	226,126,076	62,144,711	27.29%

*Note: This indicator is compared with the state average.*

*Data Source: [Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Diabetes Atlas: 2010.](#)*

*Source geography: County.*

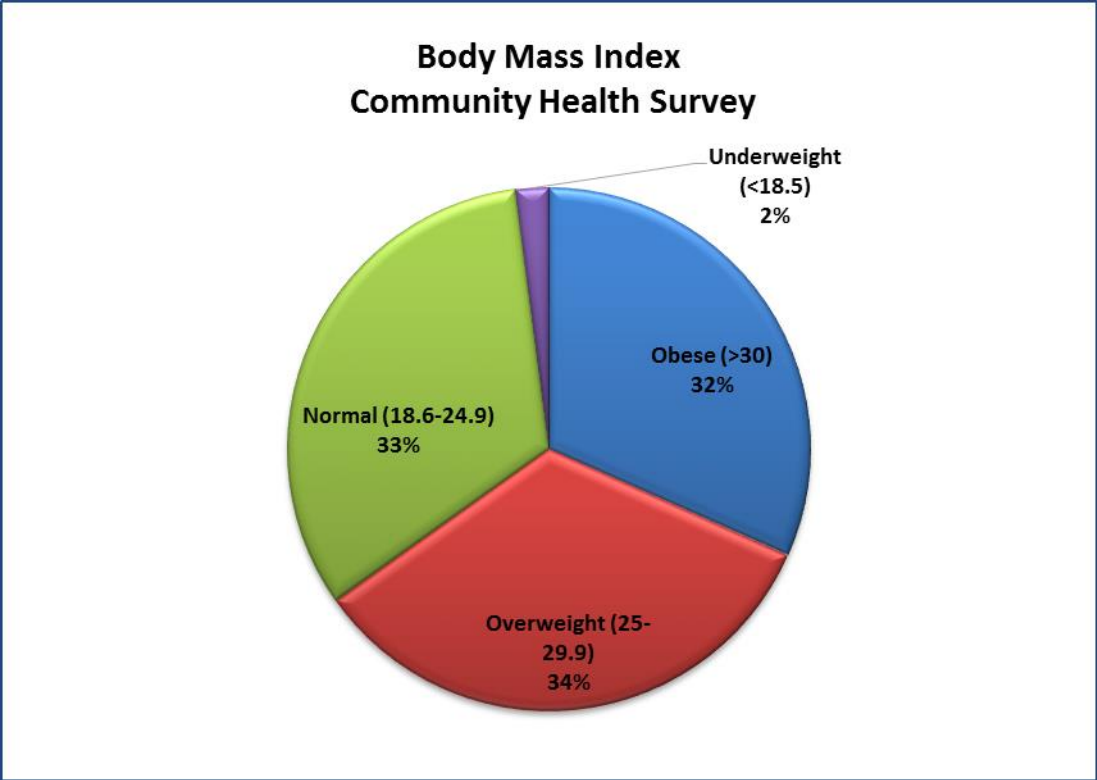
**Percent Population with BMI > 30.0 (Obese)**



- Butte County, California (24.30%)
- California (23%)
- United States (27.29%)

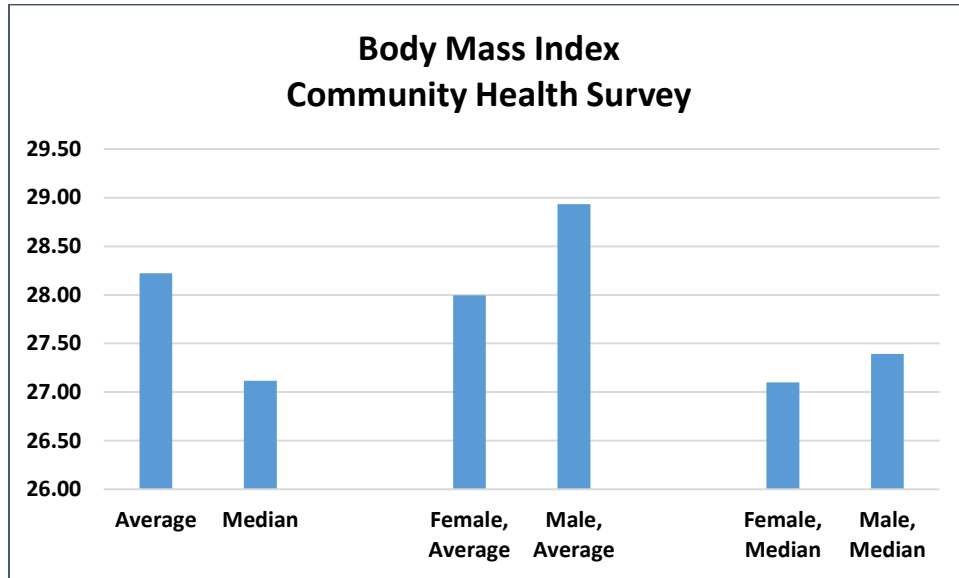
Figure 7 displays the classification of respondents' Body Mass Index based on self-reported height and weight data from the Community Health Survey. As shown below, 34% of the survey participants are overweight and an additional 32% are obese. Thus, BMI (weight and height) data reveal that two-thirds (66%) of the population served by Oroville Hospital are either overweight or obese.

Figure 7



The data in below indicates that the average Body Mass Index for the Oroville Hospital primary medical service area is 28.22 with a median of 27.12. Females have an average Body Mass Index of 27.99 with a median of 27.10. Males have an average Body Mass Index of 28.93 with a median of 27.39 (Figure 8).

Figure 8





## Asthma

According to CDC statistics, Butte County has a higher percentage of asthma sufferers (17.07%) with a rate almost 4% higher than state and national levels. Approximately 21% of the survey respondents have indicated that they have been diagnosed with asthma.

### Survey Respondants Reporting to Have Been Diagnosed with Asthma

Report Area	Total Number of Survey Participants (Adjusted to Include Spouses and Children)	Total Survey Respondents Diagnosed with Asthma	Percent of Survey Respondents Diagnosed with Asthma
Oroville Hospital Primary Medical Service Area	755	156	21%

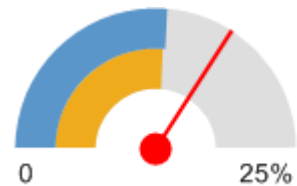
The exact cause of asthma is not yet known. Researchers believe that genetic and environmental factors interact to cause asthma, often early in life. Though environment alone is not thought to cause asthma, poor air quality does exacerbate asthma symptoms. Butte County has a higher than state average rate of poor air quality days. This may contribute to this higher than state average rate for asthma among survey respondents.

### Asthma Prevalence (Butte County)

CDC reports the percentage of adults aged 18 and older who self-report that they have ever been told by a doctor, nurse, or other health professional that they had asthma. This indicator is relevant because asthma is a prevalent problem in the U.S. that is often exacerbated by poor environmental conditions.

Report Area	Total Population (Age 18 )	Total Adults with Asthma	Percent Adults with Asthma
Butte County, California	171,968	29,348	17.07%
California	27,665,678	3,628,547	13.12%
United States	235,375,690	31,061,484	13.20%

**Percent Adults with Asthma**



- Butte County, California (17.07%)
- California (13.12%)
- United States (13.20%)

*Note: This indicator is compared with the state average.*

*Data Source: [Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System: 2006-10](#). Additional data analysis by [CARES](#). Source geography: County.*

The air quality of Butte County is significantly worse when compared to the rest of state, and the country. The percentage of days exceeding the National Ambient Air Quality Standards are twice as much when compared to the rest of the state at 4.17%, and more than seven times greater than the rest of the country at 1.19%.

### Air Quality (Butte County)

This indicator reports the percentage of days with particulate matter 2.5 levels above the National Ambient Air Quality Standard (35 micrograms per cubic meter) per year, calculated using data collected by monitoring stations and modeled to include counties where no monitoring stations occur. This indicator is relevant because poor air quality contributes to respiratory issues and overall poor health.

Report Area	Total Population	Average Daily Ambient	Number of Days Exceeding Emissions Standards	Percentage of Days Exceeding Standards, Crude Average	Percentage of Days Exceeding Standards, Pop. Adjusted Average
Butte County, California	220,000	17.81	32.59	8.93%	8.96%
California	37,253,956	14.14	15.51	4.25%	4.17%
United States	312,471,327	10.65	4.17	1.14%	1.19%

**Percentage of Days Exceeding Standards, Pop. Adjusted Average**



- Butte County, California (8.96%)
- California (4.17%)
- United States (1.19%)

*Note: This indicator is compared with the state average. Data breakout by demographic groups are not available.*

*Data Source: [Centers for Disease Control and Prevention, National Environmental Public Health Tracking Network: 2008](#). Additional data analysis by [CARES](#). Source geography: Tract.*

## Mental and Emotional Conditions

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 a contribution to his or her community.” Mental illness is defined as “collectively all diagnosable mental disorders” or “health conditions that are characterized by alterations in thinking, mood, or behavior (or some combination thereof) associated with distress and/or impaired functioning.”

Mental health and physical health care have a strong correlation. Mental health plays a major role in people’s ability to maintain good physical health. Poor mental health and physical health run on a vicious cycle. Mental illnesses can inhibit individuals in participating 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 diseases.

About 9% of the survey respondents have indicated that they have been diagnosed with a mental or emotional condition. Data from the study “*Prevalence, severity, and comorbidity of twelve-month DSM-IV disorders in the National Comorbidity Survey Replication (NCS-R)*” indicates an estimated rate of 26.2% of Americans 18 and older suffer from a diagnosable mental disorder in a given year. It is possible that many of the Community Health Survey respondents have not been diagnosed with a mental disorder by a health professional, yet still suffer from a mental illness or emotional condition.

### Survey Respondants Reporting to Have Been Diagnosed with a Mental or Emotional Condition

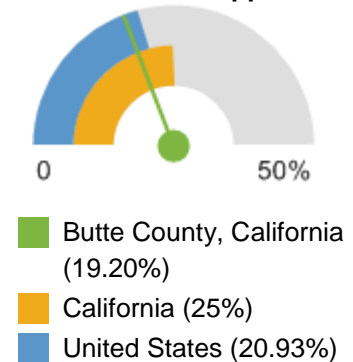
Report Area	Total Number of Survey Participants (Adjusted to Include Spouses and Children)	Total with a Mental or Emotional Condition	Percent of Survey Participants with a Mental or Emotional Condition
Oroville Hospital Primary Medical Service Area	755	103	14%

### Adequate Social or Emotional Support (Butte County)

This indicator reports the percentage of adults aged 18 and older who self-report that they receive insufficient social and emotional support all, or most of the time. This indicator is relevant because social and emotional support is critical for navigating the challenges of daily life as well as for good mental health. Social and emotional support is also linked to educational achievement and economic stability.

Report Area	Total Population Age 18	Estimated Population Without Adequate Social / Emotional Support	Percent Population Without Adequate Social / Emotional Support
Butte County, California	171,968	33,018	19.20%
California	27,311,960	6,827,990	25.00%
United States	229,932,154	48,120,965	20.93%

**Percent Population Without Adequate Social / Emotional Support**



*Note: This indicator is compared with the state average. Data breakout by demographic groups are not available.*

*Data Source: [Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System: 2005-11](#). Accessed using the [Health Indicators Warehouse](#).*

*Source geography: County.*

According to CDC statistics in the table above, Butte County at 19.20% has a lower percentage of the population without adequate social or emotional support. In this regard, Butte County is has more adequate social and emotional support when compared to the rest of the state, 25.00% and country, 20.93%.

## Diabetes

Diabetes is a disease in which blood glucose levels are above normal. Glucose is derived from the foods we eat and is used to fuel the processes in the body. A person who has diabetes doesn't have the ability to make sufficient insulin (a hormone that facilitates glucose uptake in the body's cells) causing glucose to build up in the blood. Symptoms include: frequent urination, sudden vision changes, extreme hunger, excessive thirst, unexplained weight loss, and extreme hunger. If not managed properly, diabetes can cause serious health complications like heart disease, kidney failure, lower-extremity amputation and blindness. Risk factors for type 1 diabetes are autoimmune, and genetic. Risk factors for type 2 are overweight/obesity, and physical inactivity.

### Survey Respondants Reporting to Have Been Diagnosed with Diabetes

Report Area	Total Number of Survey Participants (Adjusted to Include Spouses and Children)	Total of Survey Participants with Diabetes	Percent of Survey Participants with Diabetes
Oroville Hospital Primary Medical Service Area	755	95	13%

Based on the CDC data in the table in pg. 19, the management of diabetes using the HbA1c test method is somewhat lower in Butte County than the rest of both the state and the country. This indicates that those diagnosed with this disease may not be managing it as well as possible with more frequent testing. Approximately 13% of the survey respondents have indicated that they have been diagnosed with diabetes (both type 1 and 2).

### Diabetes Prevalence (Butte County)

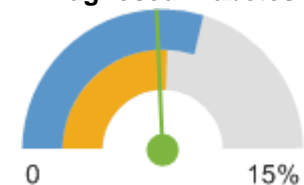
This indicator reports the percentage of adults aged 20 and older who have ever been told by a doctor that they have either type 1 or type 2 diabetes.

Report Area	Total Population Age 20	Population with Diagnosed Diabetes	Percent Population with Diagnosed Diabetes
Butte County, California	164,580	13,331	7.30%
California	26,876,472	2,112,548	7.72%
United States	228,834,127	21,876,232	8.95%

Note: This indicator is compared with the state average.

Data Source: [Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Diabetes Atlas: 2010](#). Source geography: County.

### Percent Population with Diagnosed Diabetes



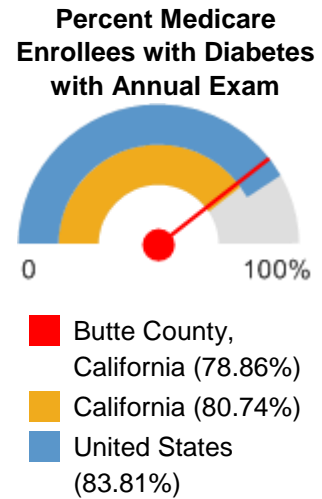
- Butte County, California (7.30%)
- California (7.72%)
- United States (8.95%)

### Diabetes Management (Butte County)

The hemoglobin A1c (HbA1c) test shows the average level of blood glucose over the previous three months. This is the best method to determine how well a diabetic patient has been managing their diabetes.

This indicator reports the percentage of diabetic Medicare patients who have had a hemoglobin A1c (HbA1c) test, a blood test which measures blood sugar levels, administered by a health care professional in the past year. In the report area, 2,513 Medicare enrollees with diabetes have had an annual exam out of 3,188 Medicare enrollees in the report area with diabetes, or 78.86%. This indicator is relevant because engaging in preventive behaviors allows for early detection and treatment of health problems. This indicator can also highlight a lack of access to preventive care, a lack of health knowledge, insufficient provider outreach, and/or social barriers preventing utilization of services.

Report Area	Total Medicare Enrollees	Medicare Enrollees with Diabetes	Medicare Enrollees with Diabetes with Annual Exam	Percent Medicare Enrollees with Diabetes with Annual Exam
Butte County, California	29,346	3,188	2,513	78.86%
California	2,197,173	236,747	191,151	80.74%
United States	51,875,184	6,218,804	5,212,097	83.81%



Data Source: [Dartmouth College Institute for Health Policy & Clinical Practice, Dartmouth Atlas of Health Care: 2010](#). Source geography: County.

## Prostate and Colorectal Cancer

### Male Survey Respondents Participating in Rectal Exam

Report Area	Total Number of Survey Participants	Total of Survey Participants Receiving a Rectal Exam*	Percent of Survey Participants Receiving a Rectal Exam*
Oroville Hospital Primary Medical Service Area	252	140	56%

*\*Within the last five or more years*

- Rectal exams and prostate cancer screening tests are the best methods for early detection of prostate cancer. Rectal exams are administered to men and are conducted in order to examine the prostate, looking for abnormal enlargement or other signs of prostate cancer.

### Male Survey Respondents Participating in Prostate Cancer Screening Blood Test

Report Area	Total Number of Survey Participants	Total of Survey Participants Receiving a Prostate Cancer Screening*	Percent of Survey Participants Receiving a Prostate Cancer Screening*
Oroville Hospital Primary Medical Service Area	247	115	47%

*\*Within the last five or more years*

- The Prostate Cancer Screening Tests, commonly known as the Prostate-Specific Antigen (PSA) Test are done on men and measure the blood level of PSA. If these levels are high, it is likely that prostate cancer is present. However, there are other reasons for high PSA levels and not all men who have high PSA in their blood, necessarily have prostate cancer.

### Survey Respondents Receiving Colonoscopies

Report Area	Total Number of Survey Participants	Total of Survey Participants Receiving a Colonoscopy*	Percent of Survey Participants Receiving a Colonoscopy*
Oroville Hospital Primary Medical Service Area	366	177	48%

*\*Within the last five years*

## Survey Respondents Receiving Sigmoidoscopies

Report Area	Total Number of Survey Participants	Total of Survey Participants Receiving a Sigmoidoscopy*	Percent of Survey Participants Receiving a Sigmoidoscopy *
Oroville Hospital Primary Medical Service Area	339	55	16%

\*Within the last five or more years

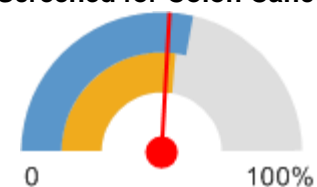
- Colonoscopies and Sigmoidoscopies are the best methods for early detection of colon and rectum cancer. Colonoscopies are conducted on both men and women. This test is most commonly done to check for colorectal cancer. Other reasons a colonoscopy may be necessary would be to test for inflammatory bowel disease (ulcerative colitis and Crohn's disease) or for when abnormal changes occur, such as presence of polyps.
- Sigmoidoscopies are also conducted on both men and women and is generally performed to screen for colorectal cancer or polyps and to confirm findings of other tests or x-rays.

## Colon Cancer Screening (Butte County)

This CDC indicator reports the percentage of adult men aged 50 and older who self-report that they have ever had a sigmoidoscopy or colonoscopy. This indicator highlights a lack of access to preventive care, a lack of health knowledge, insufficient provider outreach, and/or social barriers preventing utilization of services. The table below indicates that males in Butte County get screened less often compared to the rest of the state and country.

Report Area	Male Population Age 50	Estimated Population Ever Screened for Colon Cancer	Percent Population Ever Screened for Colon Cancer
Butte County, California	33,523	17,331	51.70%
California	4,598,297	2,519,867	54.80%
United States	41,994,838	24,124,869	57.45%

**Percent Population Ever Screened for Colon Cancer**



- Butte County, California (51.70%)
- California (54.80%)
- United States (57.45%)

Note: This indicator is compared with the state average. Data breakout by demographic groups are not available.

Data Source: [Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System: 2004-10](#). Accessed using the [Health Indicators Warehouse](#).

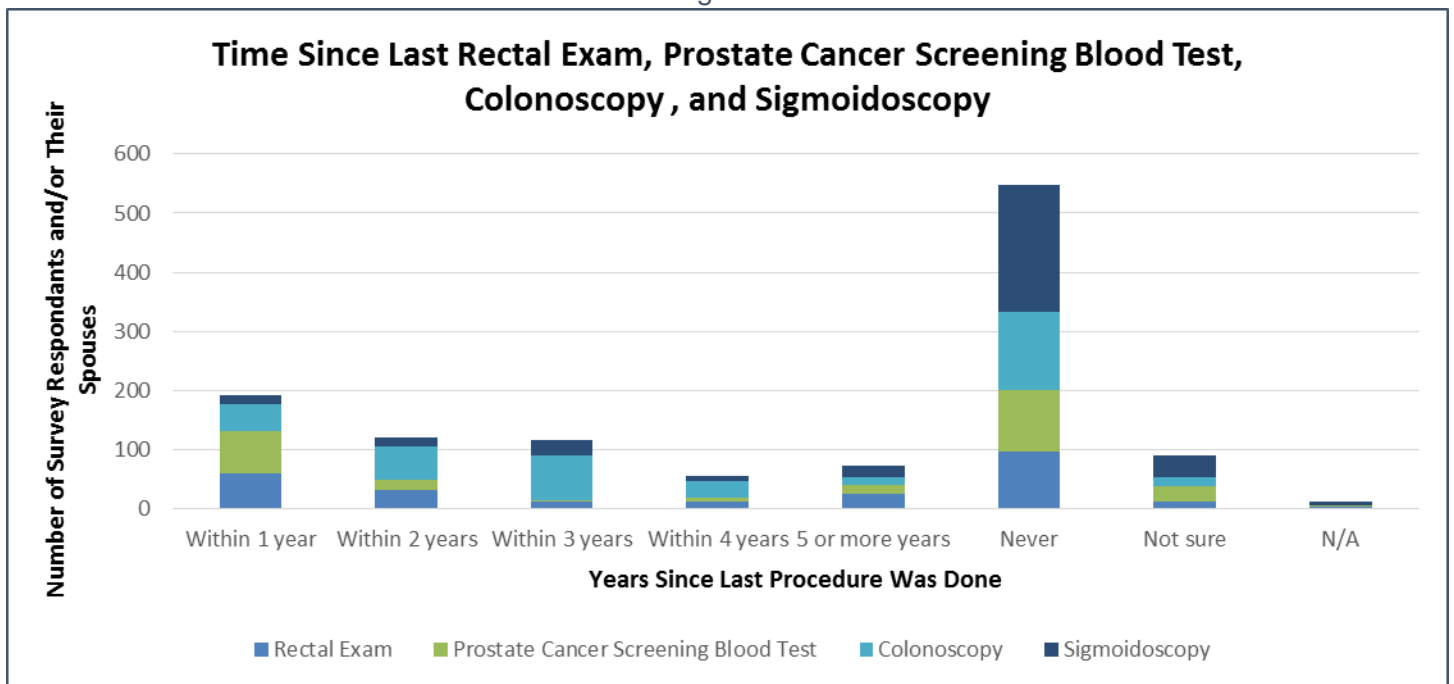
Source geography: County.



In order to reach the goals put forth by Healthy People 2020, Butte County has to reach a colon and rectum cancer incidence of <38.60/100,000 people. Butte County is close, but in order to reach these goals, measures have to be taken to increase awareness and availability of these procedures.

Figure 9 shows that the proportion of Community Health Survey respondents (and/or their spouses) that never had a rectal exam, prostate cancer screening blood test, colonoscopy, or sigmoidoscopy. Additional information regarding survey responses to prostate and colorectal cancer screening procedures is located in Appendix B.

Figure 9



## Prostate Cancer Rates

CDC reports the age adjusted rate (cases per 100,000 population per year) of males with prostate cancer adjusted to 2000 U.S. standard population age groups (Under age 1, 1-4, 5-9... 80-84, 85 and older).

## Prostate Cancer Incidence (Butte County)

This indicator reports the age adjusted incidence rate (cases per 100,000 population per year) of males with prostate cancer adjusted to 2000 U.S. standard population age groups (Under age 1, 1-4, 5-9, 80-84, 85 and older). This indicator is relevant because cancer is a leading cause of death and it is important to identify cancers separately to better target interventions.

Report Area	Total Population, ACS 2006-2010	Annual Cancer Incidence, 2006-2010 Average	Annual Incidence Rate (Per 100,000 Pop.)
Butte County, California	108,175	187	153.40
California	1,595,785	22,436	140.20
United States	no data	215,232	143.70
<a href="#">HP 2020 Target</a>			<= 38.6

Note: This indicator is compared with the state average.

Data Source: [State Cancer Profiles: 2006-10](#). Source geography: County.

### Annual Incidence Rate (Per 100,000 Pop.)



- Butte County, California (39.30)
- HP 2020 Target (38.60)
- United States (43.90)

## Colon and Rectum Cancer Rate (Butte County)

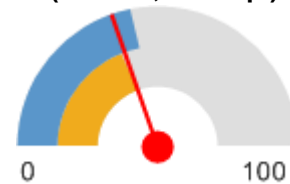
This CDC indicator reports the age adjusted incidence rate (cases per 100,000 population per year) of colon and rectum cancer adjusted to 2000 U.S. standard population age groups (Under age 1, 1-4, 5-9... 80-84, 85 and older). This indicator is relevant because cancer is a leading cause of death and it is important to identify cancers separately to better target interventions.

Report Area	Total Population, ACS 2006-2010	Annual Cancer Incidence, 2006-2010 Average	Annual Incidence Rate (Per 100,000 Pop.)
Butte County, California	218,635	104	39.30
California	3,090,061	14,896	42.60
United States	no data	141,281	43.90
<a href="#">HP 2020 Target</a>			<= 38.6

Note: This indicator is compared with the Healthy People 2020 Target.

Data Source: [State Cancer Profiles: 2006-10](#). Source geography: County.

### Annual Incidence Rate (Per 100,000 Pop.)



- Butte County, California (39.30)
- HP 2020 Target (38.60)
- United States (43.90)

## IV. Community Input

### Questions Presented to Community Leaders

Following are open-ended survey questions posed to Oroville Hospital service area community leaders. Responses were provided via email. The responses from the following community leaders were provided to the survey team and are presented in italics below.

- **Question 1:** Where do you live?

Laurie Kee - VP Community Market Manager

*"I live in the Oroville area, outside of the city limits in the county of Butte, in the Thermalito area."*

Corey Willenberg – Superintendent Oroville Union High School District

*"I live in Oroville and have lived in Oroville for 27 years."*

Lee Jernigan – President Retired Teachers Association

*"Oroville. Lived in Oroville since summer of 1950."*

Julian Diaz – Superintendent Thermalito Union School District

*"Oroville."*

Georgia Nelson, Public Health Nurse

*"Oroville."*

Aimee Myles – Public Health Education Specialist

*"Oroville."*

- **Question 2:** What is your vision for a healthy community? What is healthy about your community and what is unhealthy?

Laurie Kee - VP Community Market Manager

*"My vision for a healthy community is one that takes a healthy lifestyle seriously. The community should promote and sponsor events and activities that support a healthy diet and regular exercise programs. Our community currently as a whole is unhealthy. The majority of people are sedentary, overweight, and do not make healthy eating a priority. This ultimately leads to health issues that cost the community as a whole."*

Corey Willenberg – Superintendent Oroville Union High School District

*"I think a healthy community is a place where education, healthy lifestyles and respect for each other are valued."*

Lee Jernigan – President Retired Teachers Association

*"Small town atmosphere, friendly acceptance of each individual, and conducive of people to people mutual interaction, good governance, good economic base, recreational opportunities, and first-rate healthcare facilities and providers are some important factors of communities. Healthcare facilities that are up to date, and healthcare professionals who are well trained, experienced, and can and do communicate well with patients and others. Prime factors in the well-being of this community include Oroville Hospital, its staff, and all of the private practice healthcare providers and their staff personnel. Due to Oroville's location its lake, and other many natural and town provided recreational features, people can improve life-styles, physical well-being, and cultural enrichment. A big, and decidedly unhealthy factor is the cultivation, manufacture, and use of illicit drugs, i.e. marijuana, meth, etc. This is creating very poor environments for children, youth, and adults, as well as a very significant*

*expenditure of law enforcement resources. Also it appears that this creates problems for healthcare providers, as users of illicit drugs try to access these through healthcare facilities.”*

Julian Diaz – Superintendent Thermalito Union School District

*“It is healthy in that our students and families come to school, they engage in our various activities like ‘back to school’ night, open house, Christmas programs and other special events hosted by our schools. It is unhealthy in that we are a high poverty area in Thermalito and many of our families cannot afford the simplest of things related to health care or do not see it as their priority when they are struggling to make ends meet. Many student still need dental and vision care but families sometimes don’t have gas money to make an appointment or a car to get there. Many do not see the importance or fear the medical field for unknown past experiences and costs.”*

Georgia Nelson, Public Health Nurse

*“A community where all residents had a doctor or clinic and health care whenever they needed it. We have a community with some residents that have no home and no food. They are on the streets and they are not healthy. We also have some very fine doctors and we have more medical services all the time. I am happy to see our community grow. The Sports Club is a good asset for our community.”*

Aimee Myles – Public Health Education Specialist

*“We have access to fresh fruit and veggies. Local doc[tor] (Alino) promotes a healthy weight and exercise in our young people. As for unhealthy, too many overweight and obese people of all ages; high rates of drug use/abuse, both prescription and illegal; too many children with tooth decay.”*

- **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.

Laurie Kee - VP Community Market Manager

*“I have been very pleased with the service that I, and my family, have received at Oroville Hospital. That said, we have not had many occasions to use the Hospital’s services or programs as we are basically a healthy family with a healthy lifestyle. I cannot speak to any program gaps as I have always had my needs met at Oroville Hospital.”*

Corey Willenberg – Superintendent Oroville Union High School District

*“I think Oroville Hospital has improved its perception to the public in the last 27 years. I use the lab regularly and have used the ER a few times over the last 13 years. I think a lot of people that have lived in the community for many, many years, have a primary physician in Chico and so they do not refer to Oroville Hospital.”*

Lee Jernigan – President Retired Teachers Association

*“Having personally received hospitalizations, tests, and treatments from Oroville Hospital I have the opinion that the Oroville Hospital facility and staff are first-rate in quality care, and second to no other in this category. When comparing to other facilities I believe Oroville Hospital does an excellent job, and one would not expect to compare those facilities with those of larger communities that have greater resources. I cannot fail to mention the exceptional monitoring of Patient care and concern for patients as provided by Dr. Regina Ottem. This person appreciates Bob Wentz’s willingness to meet with organized groups of people to explain objectives, features, and challenges, among other related topics, of Oroville Hospital. I appreciate his presentations to the Oroville Section of The California Retired Teachers Association.”*

Julian Diaz – Superintendent Thermalito Union School District

*“Being a resident of Oroville, I have a very positive perception of our hospital. I hate hearing bad rumors of Oroville health care without specifics to back them. I am not aware of any specific programs or services, to be honest, that the hospital provides. I can address improvements to programs I am not aware of.”*

Georgia Nelson, Public Health Nurse

*“I have been very impressed with Dr. Alino’s obesity treatment program. I believe that area of health care is a good investment in our community. It is difficult for clients with MediCal to find counseling services.”*

Aimee Myles – Public Health Education Specialist

*“Again, I appreciate Dr. Alino for offering the child/teen healthy weight and exercise program. It has proven successful and made our children healthy(ier).”*

- **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.

Laurie Kee - VP Community Market Manager

*“I appreciate that Oroville Hospital is very visible in our community promoting a healthy lifestyle. Oroville Hospital was prominent at the Salmon Festival, the 5K River Run, the Oroville Economic Development BBQ, and many other events. The Farmer’s Market is also a great outreach in promoting right choices in eating habits within the community. Any activities that will promote people to get up and move and improve their quality of life would be great. These could range from organized run/walks to education on a healthy lifestyle. Maybe even outreach to the middle school and high school ages as they are beginning to make these choices for themselves and may need to break years of unhealthy habits.”*

Corey Willenberg – Superintendent Oroville Union High School District

*“Keep getting your message out in the community of the services the hospital offers and the doctors that are accepting new patients.”*

Lee Jernigan – President Retired Teachers Association

*“Instituting, or extension, of follow-up monitoring of patients after discharge. I feel that it would enhance the healing process, forge a better provider – patient bond, and perhaps prevent possible re-hospitalization for the same affliction, (This may mitigate future Medicare reduction of payments to providers). It seems that after discharge some patients could feel “dumped,” with insufficient guidance for after - dismissal recovery issues. This could also be a valuable PR effort. Hospitalists Nurses: A staff nurse could be assigned to each patient of surgery, and other serious conditions. These could provide coordination of hospital services rendered by doctors, and other providers.”*

Julian Diaz – Superintendent Thermalito Union School District

*“I would like to see the hospital reach out to all schools like providing a healthy clinic for first grade physicals in the spring for all kindergartners as this is required by law prior to entering grade 1 or within a window of time. Or even flu shots at a district location, things that show health care going out into the community to provide services. Connect with our nurses and see what they see in the field and get that input for improving services within each of our smaller communities in Oroville.”*

Georgia Nelson, Public Health Nurse

*“Anything the hospital can do to promote healthy lifestyle in Oroville is a positive.”*

Aimee Myles – Public Health Education Specialist

*“It would be great if a local dentist (Butte County) who accepts Medi-Cal had privileges at Oroville Hospital and the hospital allowed him/her plenty of OR time. Hundreds of children in our County, under age 6, need oral surgery each year due to extensive tooth decay.”*

## V. Description of Community Resources Available to Assist in Addressing Identified Health Needs

### Existing Programs and Resources to Address Top Five Identified Community Needs

#### Overweight and Obesity:

Currently the Center for Nutrition & Activity Promotion (CSU at Chico) offers a variety of nutrition and activity promotion services in Butte County, in partnership with the Butte County Department of Public Health.

#### Asthma:

There are federal programs available like the National Institutes for Health's (NIH) National Asthma Control Initiative (NACI)

<http://www.nhlbi.nih.gov/health/prof/lung/asthma/naci/index.htm>, and the Centers for Disease Control and Prevention's (CDC) National Asthma Control Program

<http://www.cdc.gov/asthma/nacp.htm> as well as The California Department of Public Health's Strategic Plan for Asthma in California

<http://www.cdph.ca.gov/programs/caphi/Documents/AsthmaStrategicPlan.5-5-08.pdf>.

#### Mental and/or Emotional Conditions:

The Butte County Department of Behavioral Health offers crisis (1-800-334-6622) and non-crisis services (530-891-2810) for all of Butte County.

The Northern Valley Talk Line (1-855-582-5554), provided by Northern Valley Catholic Social Services (NVCSS), is a non-crisis warm line offering peer to peer support, compassionate listening, and county-wide resource referrals.

The Friendship Line (1-800-971-0016) reaches out to older adults, offering a wealth of emotional and well-being resources. In the comfort and privacy of their home, seniors receive emotional support, reassurance, counseling, crisis intervention, abuse prevention help, medication reminders, well-being checks, and information and referral for additional care.

#### Diabetes:

The CDC's National Diabetes Education Program <http://www.ndep.nih.gov/>. The California Department of Public Health's California Diabetes Program

<http://www.cdph.ca.gov/programs/diabetes/Pages/default.aspx>.

#### Rectal exams, Prostate Cancer Screening Blood Tests, Colonoscopies, and Sigmoidoscopies:

The CDC's Colorectal Cancer Control Program (CRCCP) has two components: screening promotion and screening provision. By emphasizing a population-based approach (screening promotion), this program intends to increase screening rates among both insured and uninsured populations. [http://www.cdc.gov/cancer/crccp/pdf/CRCCP\\_FactSheet.pdf](http://www.cdc.gov/cancer/crccp/pdf/CRCCP_FactSheet.pdf)

### Additional Services, Health Care Facilities, and Resources

- Butte County Department of Behavioral Health

The Butte County Department for Behavioral Health serves as a safety net program for individuals and families suffering from serious mental illness, and substance abuse disorders. They provide prevention, intervention, treatment, and crisis services programs for both youth and adults. They serve over 7,000 individuals annually.

- Butte County Department of Public Health

The Butte County Health Department is responsible for continually assessing the health of the community and ensuring that certain services are available and accessible for its

citizens. They are responsible for assuring the provision of services in the following areas: maternal and child health, hazardous materials, public water supplies, food service sanitation, immunization, sexually transmitted diseases, on-site sewage disposal management, animal control, health education, and general communicable disease control. In addition, the Health Department operates two public health clinics throughout the county that offer immunizations, family planning, and the Women, Infants and Children program (WIC).

- Child Development Programs and Services, Butte County Office of Education

The Child Development Programs and Services' mission is to provide high quality, diverse early care and education programs and services, offered through qualified professionals, that provide environments, opportunities, and foundations for individualized education, emotional, social and physical growth and development. Program administers, coordinates and delivers early care and education programs to children and families throughout Butte County.

- Enloe Behavioral Health

Enloe Behavioral Health is a division of the Enloe Medical Center that provides patient-centered psychiatric care for adults ages 18 and over at an inpatient hospital facility. It is the only voluntary acute-care inpatient mental health program for adults from the North of Sacramento to the Oregon border.

- Enloe Medical Center

Enloe Medical Center is a 298-bed nonprofit hospital located in Chico, California. It is one of two Level II trauma centers north of Sacramento, housing the region's only Level II neonatal intensive care unit and operates the FlightCare air ambulance service. Enloe's comprehensive medical services include cardiac surgery, stroke, neurosurgery, orthopedics, cancer care, maternity care, and bariatrics.

- Feather River Tribal Health

Originally founded in Oroville as a clinic for the local Native American tribes, Feather River Tribal Health is open to all the community to serve their healthcare needs. The clinic provides medical, dental, behavioral health, and other services to the community. They have a satellite facility in Yuba City.

- Oroville Cares

Oroville Cares is a community coalition serving the City of Oroville and the Oroville Union High School District. They collect and analyze data, identifies problems, maps local resources and networks with other agencies, groups, schools, businesses, individuals, etc. to develop a plan for Oroville youth, and to share information about local resources related to partner agencies, community organizations, and schools. Oroville Cares Coalition and its subcommittees assist in monitoring the implementation of activities that address positive Youth Development, Alcohol, Tobacco, and other Drug, Violence Prevention, and other health related programs in community and schools.

- Valley Oak Children's Services

Valley Oak Children's Services, Inc. is a private non-profit agency serving Butte County. Their primary function is to make childcare more accessible to parents while encouraging quality care situations for families in the area. They are contracted with the California State Department of Education to provide the following child and family related services: Child



Care Food Program, and the Child Care Payment Program. They also provide information on child care, child and family services, and other related services and programs.

## VI. Implementation Strategies

### Implementation Strategies

#### Asthma

- Kids Asthma Camp
  - Oroville Hospital sponsors an ongoing Breathe Easy Asthma Camp that is open to children ages 5 and over. The camp includes activities designed to raise asthma awareness and teach medication instructions.
- Smoking Cessation Education
  - Oroville Hospital provides evidence-based information on tobacco cessation information and resources to all smoking patients. Informational handouts and health providers help patients identify triggers and make plans to handle cravings as they quit using tobacco.

#### Overweight/Obesity

- Farmers' Market
  - The Oroville Hospital Farmer's Market has been available for the past 5 years and is open every Wednesday, beginning at 10am until 2pm. This resource provides fresh, local fruits and vegetables to the Oroville community from June until October and accepts EBT as a form of payment.
- Fitness for Teens
  - Fitness for Teens is an eight-week program spearheaded by Dr. Alice Alino that introduces and builds on basic health concepts, including nutrition and activity information. Weekly classes are held in the fall and spring and cover topics like: instructing teens to read food labels, getting daily physical activity, and setting or monitoring appropriate healthy goals.
- Healthy Hustle for Teens
  - Oroville Hospital hosts a yearly 5K walk-a-thon. This year the event was held on October 19<sup>th</sup> in Eagle Point Pavilion at Riverbed Park. Children ages 8-18 are encouraged to participate. Course participants receive health information and resources provided at multiple booths along the trail.
- Healthy Running Event
  - Oroville Hospital hosts a yearly walk/running event during the Salmon Festival. This year the Hospital hosted the Salmon Splash N Dash 3K on September 28<sup>th</sup>. Cost for Registration was \$25 for adults and \$15 for kids ages 12 and under. This event was held at the Levee in Downtown Oroville near the Municipal Auditorium.
- OB Patient – Free Health Club Membership
  - Oroville Hospital provides gym memberships to all OB patients throughout their pregnancy to help ensure a healthy delivery and recovery.
- Subsidize Employee Gym Memberships
  - Oroville Hospital also offers gym membership subsidies to all employees. Through this program, hospital personnel are able to obtain a gym membership in Oroville or the surrounding areas at a discounted rate.

## **Mental and Emotional Conditions**

- Pain Management Clinic
  - Oroville Hospital will be starting a pain management clinic in 2014 to provide community members with services and treatment for all types of pain stemming from a variety of different causes - whether it's neuropathic pain or headache, or the result of injury, a surgical procedure, cancer or another illnesses. Dr. Carla Toms will be the overseeing physician for the new clinic.
- Psychiatrist Recruitment
  - Oroville Hospital continues to try and recruit a psychiatrist to assist with Oroville's mental health.  
(<http://www.orovillehospital.com/OrovilleContentPage.aspx?nd=67>)

## **Diabetes**

- Diabetes Educators
  - Oroville Hospital staffs certified diabetes educators to provide individualized care plans and ongoing support for attaining the best possible outcomes for patients with diabetes.
- Diabetes Support Group
  - Free support groups are available for patients with diabetes. Discussions cover how to manage diabetes with medication, diet, and exercise. The group meets twice a month at the Greater Oroville Family Resource Center.

## **Incidence of Prostate and Colorectal Cancer Screenings**

- Automated EHR Physician Screening Reminders
  - All providers at Oroville Hospital receive automated reminders to monitor and schedule colorectal cancer screenings for patients.
  - The hospital recruited a new GI Doctor in 2013 to help increase colorectal cancer screenings.  
(<http://www.orovillehospital.com/OrovilleContentPage.aspx?nd=91&id=134>)

## **Documenting and Communicating Results**

- The CHNA Report and Implementation Strategies are available to the community on the Oroville Hospital public website ([www.orovillehospital.com](http://www.orovillehospital.com)) and are downloadable. To obtain a copy, contact the Shanna Roelofson at (530) 532-8044.

## **Planning for Action and Monitoring Progress**

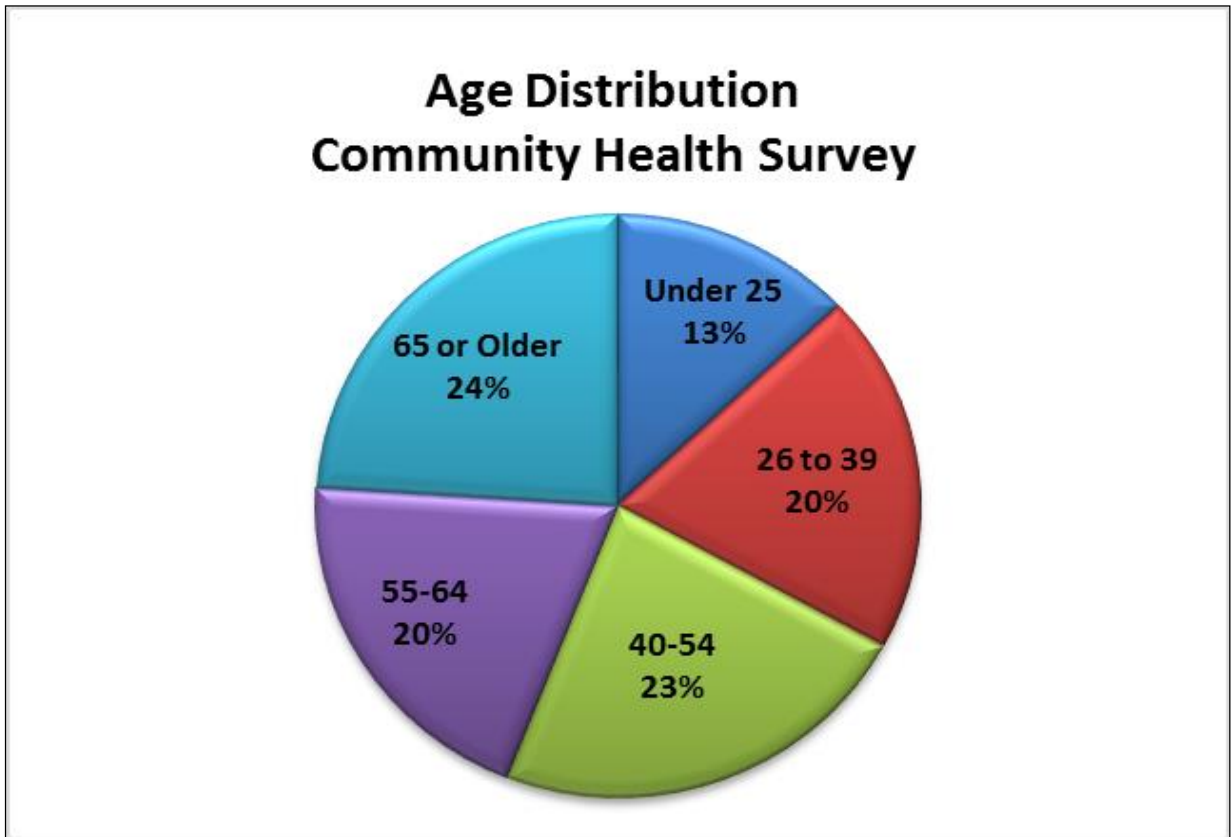
- The Oroville Hospital community health priorities will be addressed through the programs described in the Implementation Strategies. The logic model below outlines each health priority and displays the link between the epidemiology of the problem, reasons for the problem and the strategies Oroville Hospital and its partners will apply to improve the health of the community. Furthermore, Oroville Hospital will build on their existing programs and partnerships to ensure their sustainability to continue addressing the identified health needs.

Health Outcomes: Core Indicators & Priorities	Intervention Domain	Performance Measures	Hospital Implementation Strategies	Community Support
Asthma	Physical Environment	Adult Smoking Rates Adult Asthma Rates	<a href="#">Kids Asthma Camp</a> <a href="#">Smoking Cessation Education</a>	<a href="#">Strategic Plan for Asthma in California</a>
Mental and Emotional Conditions	Health Behaviors	Self-Reported Adequate Social / Emotional Support Healthy Eating Active Living	<a href="#">Pain Management Clinic</a> <a href="#">Psychiatrist Recruitment</a> <a href="#">Farmers' Market</a> <a href="#">Fitness for Teens</a> <a href="#">Healthy Hustle for Teens</a> <a href="#">Healthy Running Event</a> <a href="#">OB Patient – Free Health Club Membership</a> <a href="#">Diabetes Educators</a> <a href="#">Diabetes Support Group</a>	<a href="#">Butte County Department of Behavioral Health</a> <a href="#">Center for Nutrition and Activity Promotion</a> <a href="#">Oroville Sports Club</a> <a href="#">Greater Oroville Family Resource Center</a>
Overweight & Obesity	Health Behaviors	Active Living	<a href="#">Healthy Hustle for Teens</a> <a href="#">Healthy Running Event</a>	<a href="#">Oroville Sports Club</a>
Diabetes	Health Behaviors	Diabetes Management (Hemoglobin A1c test)	<a href="#">OB Patient – Free Health Club Membership</a> <a href="#">Diabetes Educators</a> <a href="#">Diabetes Support Group</a>	<a href="#">Greater Oroville Family Resource Center</a>
Incidence of Prostate and Colorectal Cancer Screenings	Clinical Care	Colonoscopies, Sigmoidoscopies, Rectal Exam Rates	<a href="#">Recruitment of new GI Physician</a>	<a href="#">Online info from IMPACT</a>

**Appendix A: Information Gaps and Data Limitations**

Certain limitations and gaps impacted our ability to conduct a more rigorous assessment. Survey data is all self-reported and is limited to the sample drawn from adults willing to participate. For certain results, adults were utilized as proxies for child/household data. In addition, the qualitative feedback data from public health professionals was obtained via email, thus the quality and thoroughness of these data cannot be completely assured. Finally, due to limited resources and time constraints, data were not collected on every vulnerable population (linguistically isolated, homeless, LGBT community, etc.)

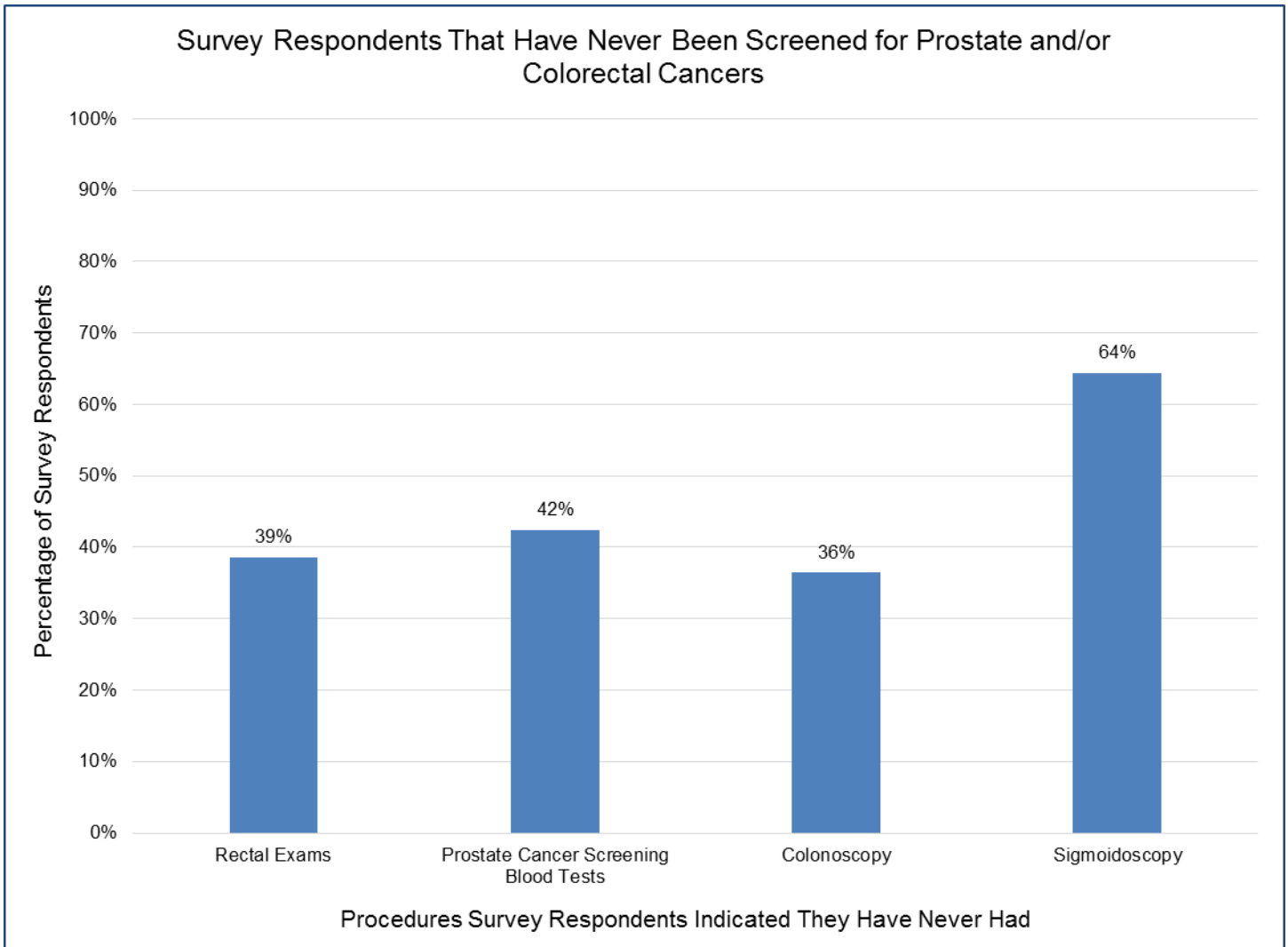
**Appendix B: Age Characteristics of Survey Respondents** The age distribution for respondents to the Community Health Survey are displayed in the figure below. An even distribution of ages were represented in this data source.



**Appendix C: Survey Respondents Never Screened for Prostate/Colorectal Cancers**

A significant percentage of survey respondents indicating that they have never had a rectal exam, prostate cancer screening blood test, colonoscopy, and/or a sigmoidoscopy is notable. It is important to point out that only 44% of the survey respondents were aged 55 or older.

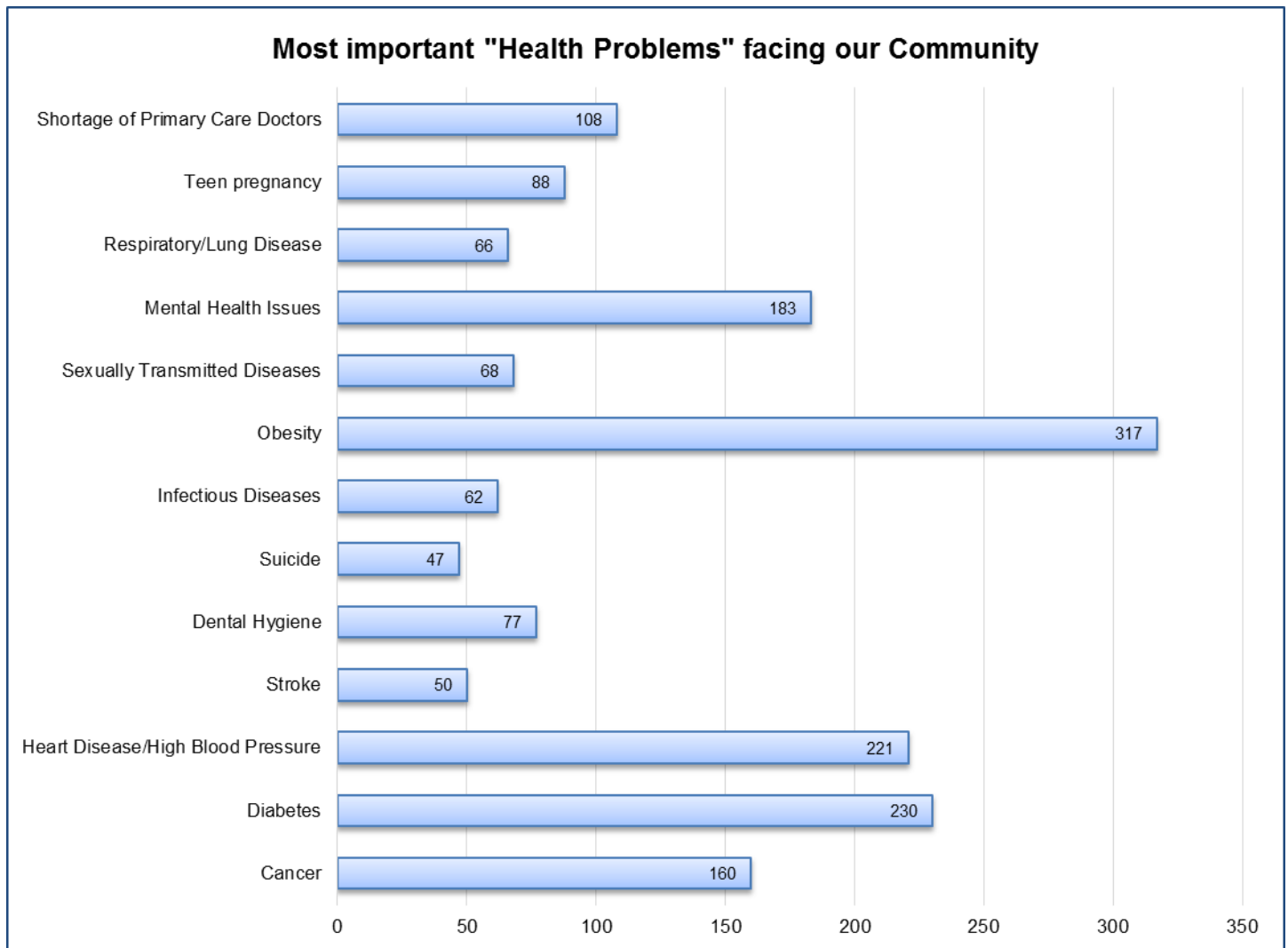
The CDC recommends regular prostate and colorectal screenings starting at age 50. However, if you are at a higher risk for these diseases, it is recommended to begin getting screened at a younger age.



**Appendix D: Survey Respondents Perception of Health Concerns in the Community**

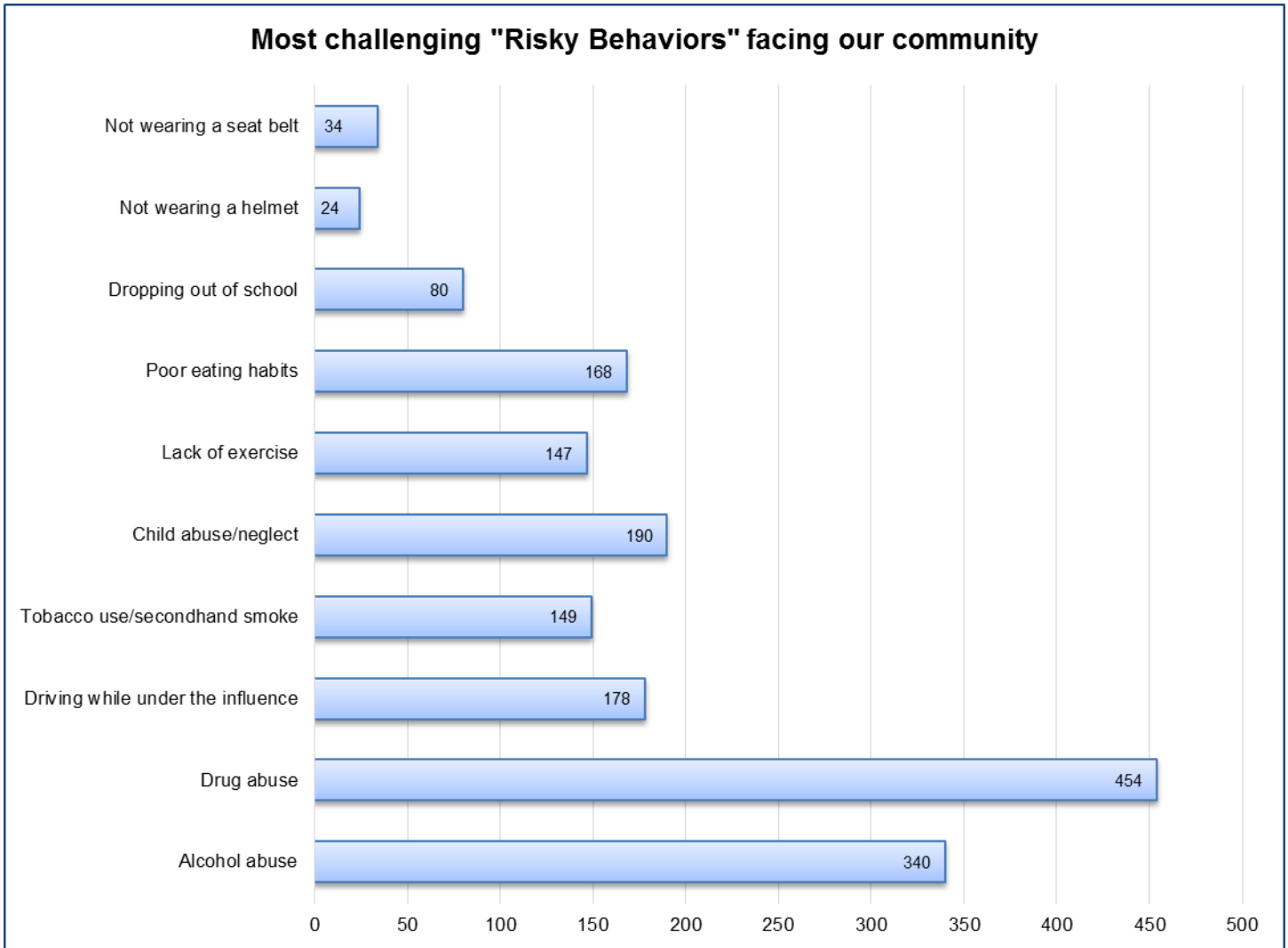
The table below reflects what the survey respondents believe are the most important health problems in their community. The data shows that 56.4% of the survey respondents indicated that obesity is an important problem in their community and close to 41% reported that diabetes is a major health concern.

It is important to note that 39.3% of the survey respondents believe that heart disease and high blood pressure is a major concern in their community. However, only 5.6% indicated that they have been diagnosed with heart disease (Fig. 9).



**Appendix E: Survey Respondents Perception of Risky Behaviors in the Community**

The table below outlines the perception of the community in regards to risky behaviors. It is important to point out that the majority of the survey respondents reported that they believe that drug and alcohol abuse is a major concern in their community with 80.8% and 60.5%, respectively. This is notable because only 3.2% of the survey respondents indicated that they have been diagnosed with substance abuse.

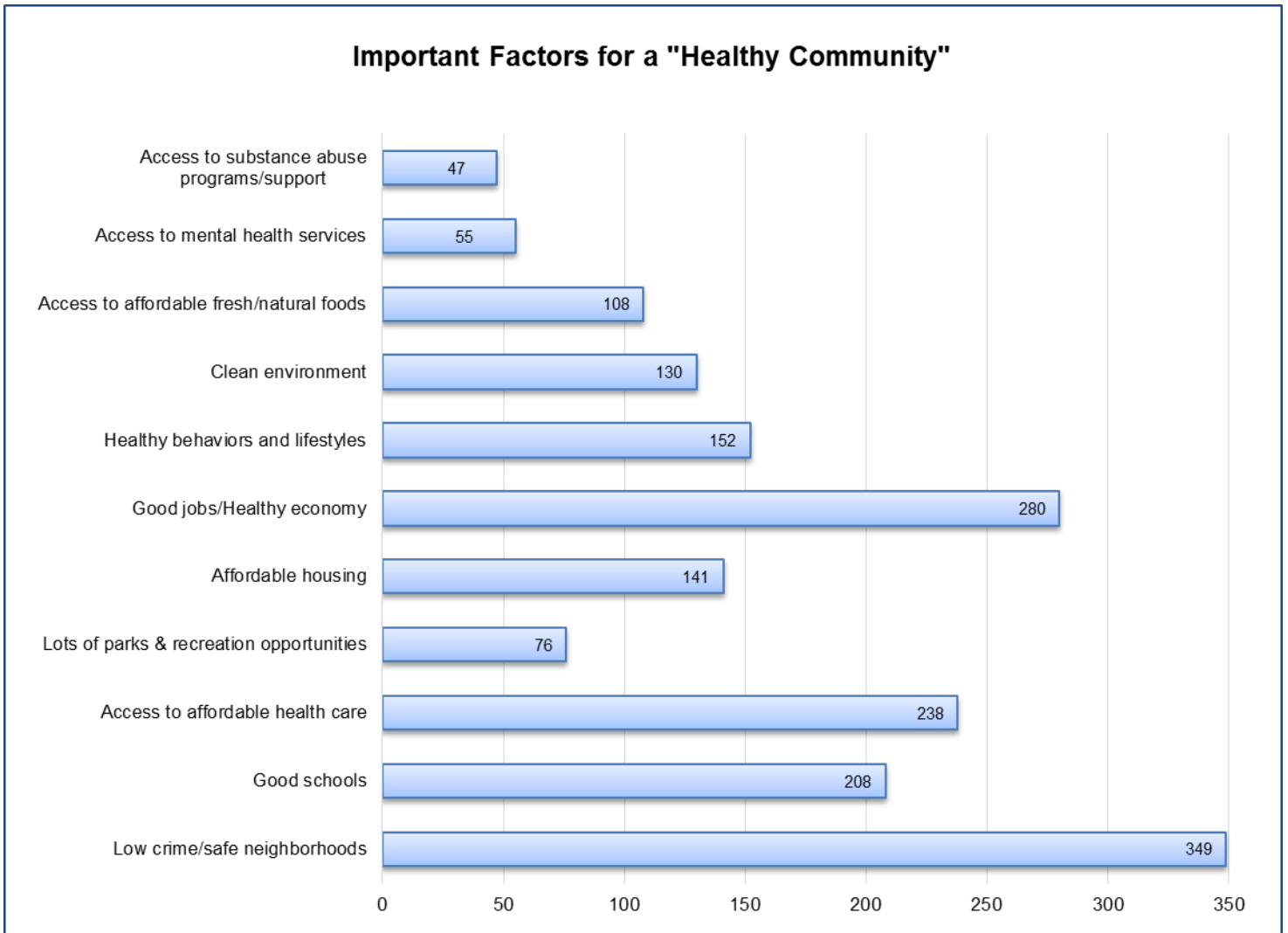




**Appendix F: Survey Respondents Perception of Factors for a Healthy Community**

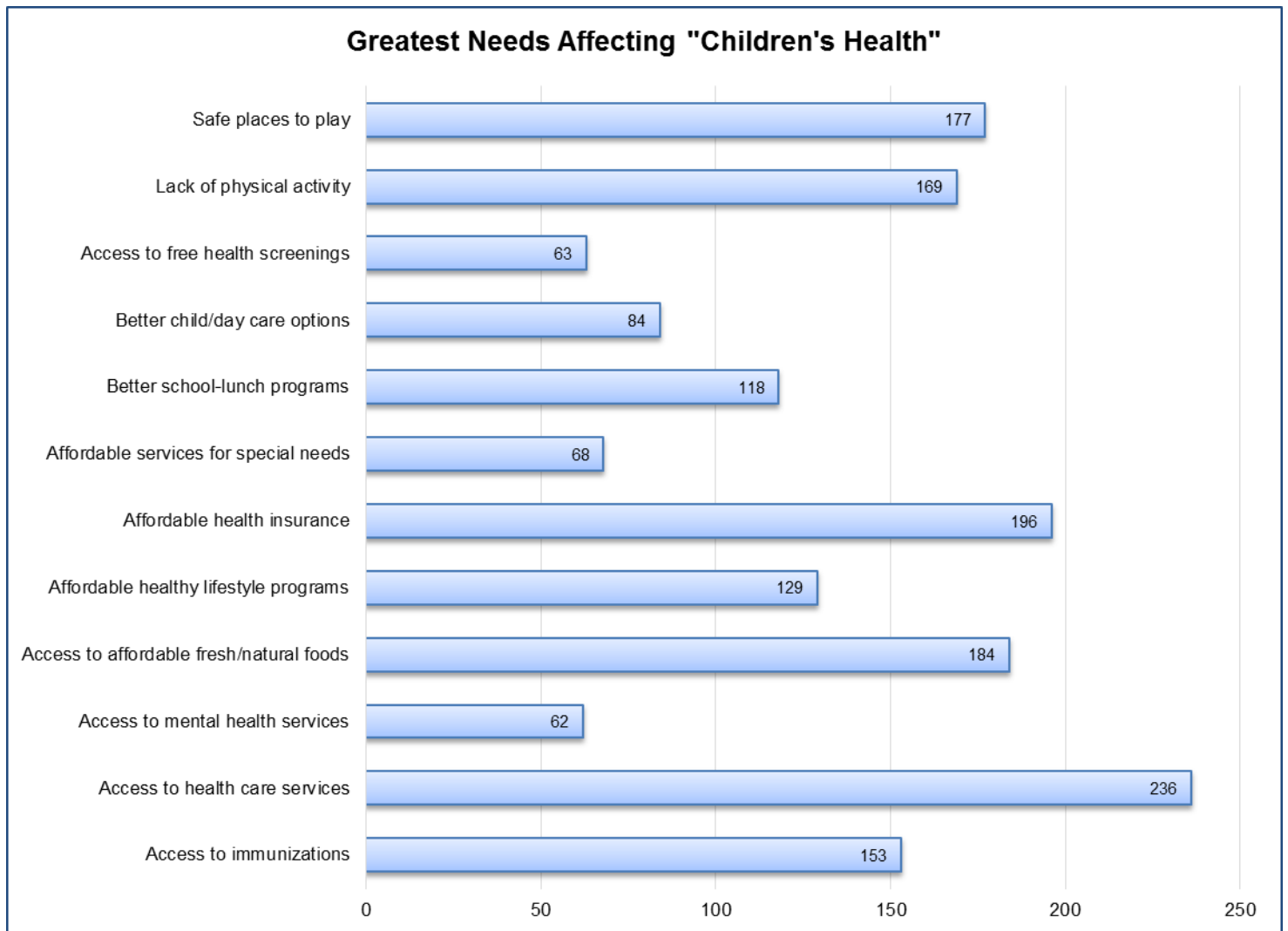
The table below reflects the beliefs of the survey respondents as to what are important factors for a healthy community. Approximately 62% believe that low crime and safe neighborhoods are significant factors for a healthy community, and 50% indicated that good jobs and a healthy economy are important factors as well.

It is important to point out that approximately 42% of the survey respondents believe that access to affordable health care is important for a healthy community.



## Appendix G: Survey Respondents Perception of the Greatest Needs Affecting Children’s Health

The table below reflects what the community identifies as the greatest needs affecting children’s health. Access to health care services and affordable health insurance were the top two factors with 42% and 35%, respectively. This is notable because both Appendices E and F show a high percentage of survey respondents indicating that access to health care services and affordable health insurance is an issue in their community.



# Oroville Hospital Community Health Survey

INSTRUCTIONS | We invite you to participate in the 2013 Oroville Hospital Community Health Survey, providing information about your health, the health of your family and health issues facing our community.

The survey will take about 10 to 15 minutes to complete and will help us identify the unique health-related concerns facing residents of Oroville and surrounding areas. It will also help us develop a series of activities to address the needs identified.

**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.**

## SECTION 1: ABOUT YOUR HEALTH AND FAMILY

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

About how tall are you (without shoes)? \_\_\_\_\_

About how much do you weigh (without shoes)? \_\_\_\_\_

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

Very good	<input type="checkbox"/>	You	<input type="checkbox"/>	Spouse/Partner	<input type="checkbox"/>	Child(ren)
Good	<input type="checkbox"/>	You	<input type="checkbox"/>	Spouse/Partner	<input type="checkbox"/>	Child(ren)
Fair	<input type="checkbox"/>	You	<input type="checkbox"/>	Spouse/Partner	<input type="checkbox"/>	Child(ren)
Poor	<input type="checkbox"/>	You	<input type="checkbox"/>	Spouse/Partner	<input type="checkbox"/>	Child(ren)
Not sure	<input type="checkbox"/>	You	<input type="checkbox"/>	Spouse/Partner	<input type="checkbox"/>	Child(ren)

Are you currently the primary caregiver for an ill or elderly family member?

- Yes  No

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

Private doctor's office	<input type="checkbox"/>	You	<input type="checkbox"/>	Spouse/Partner	<input type="checkbox"/>	Child(ren)
Urgent/prompt care	<input type="checkbox"/>	You	<input type="checkbox"/>	Spouse/Partner	<input type="checkbox"/>	Child(ren)
Emergency room	<input type="checkbox"/>	You	<input type="checkbox"/>	Spouse/Partner	<input type="checkbox"/>	Child(ren)
Free/low-cost clinic	<input type="checkbox"/>	You	<input type="checkbox"/>	Spouse/Partner	<input type="checkbox"/>	Child(ren)
School-based clinic	<input type="checkbox"/>	You	<input type="checkbox"/>	Spouse/Partner	<input type="checkbox"/>	Child(ren)
Homeless shelter	<input type="checkbox"/>	You	<input type="checkbox"/>	Spouse/Partner	<input type="checkbox"/>	Child(ren)
Store-based clinic	<input type="checkbox"/>	You	<input type="checkbox"/>	Spouse/Partner	<input type="checkbox"/>	Child(ren)
No routine health care	<input type="checkbox"/>	You	<input type="checkbox"/>	Spouse/Partner	<input type="checkbox"/>	Child(ren)
Not sure	<input type="checkbox"/>	You	<input type="checkbox"/>	Spouse/Partner	<input type="checkbox"/>	Child(ren)

Do you have a Primary Care Physician (PCP)?

Yes	<input type="checkbox"/>	You	<input type="checkbox"/>	Spouse/Partner	<input type="checkbox"/>	Child(ren)
No	<input type="checkbox"/>	You	<input type="checkbox"/>	Spouse/Partner	<input type="checkbox"/>	Child(ren)
Yes, but I don't see him/her regularly	<input type="checkbox"/>	You	<input type="checkbox"/>	Spouse/Partner	<input type="checkbox"/>	Child(ren)

If you do not see a primary health provider regularly, please tell us why

- |   |   |
|---|---|
| <input type="checkbox"/> I don't know how to find a good doctor | <input type="checkbox"/> Lack of transportation                 |
| <input type="checkbox"/> I am uncomfortable with doctors        | <input type="checkbox"/> It costs too much money                |
| <input type="checkbox"/> My doctor has inconvenient hours       | <input type="checkbox"/> Language, racial, or cultural barriers |
| <input type="checkbox"/> Other _____                            | <input type="checkbox"/> N/A                                    |

What other kinds of health care professionals do you visit regularly? (Check all that apply)

- |  |                              |   |                                     |
|--|------------------------------|---|-------------------------------------|
| Medical specialist                       | <input type="checkbox"/> You | <input type="checkbox"/> Spouse/Partner | <input type="checkbox"/> Child(ren) |
| Dentist                                  | <input type="checkbox"/> You | <input type="checkbox"/> Spouse/Partner | <input type="checkbox"/> Child(ren) |
| Eye doctor                               | <input type="checkbox"/> You | <input type="checkbox"/> Spouse/Partner | <input type="checkbox"/> Child(ren) |
| Mental Health Professional               | <input type="checkbox"/> You | <input type="checkbox"/> Spouse/Partner | <input type="checkbox"/> Child(ren) |
| Home care nurse                          | <input type="checkbox"/> You | <input type="checkbox"/> Spouse/Partner | <input type="checkbox"/> Child(ren) |
| Spiritual healer                         | <input type="checkbox"/> You | <input type="checkbox"/> Spouse/Partner | <input type="checkbox"/> Child(ren) |
| Alternative healer<br>(ex: Chiropractor) | <input type="checkbox"/> You | <input type="checkbox"/> Spouse/Partner | <input type="checkbox"/> Child(ren) |

Have you ever been told by a doctor or health care professional that a member of your family has any of these conditions, diseases or challenges? (Check all that apply)

- |   |                              |   |                                     |
|---|------------------------------|---|-------------------------------------|
| Asthma  | <input type="checkbox"/> You | <input type="checkbox"/> Spouse/Partner | <input type="checkbox"/> Child(ren) |
| Cancer  | <input type="checkbox"/> You | <input type="checkbox"/> Spouse/Partner | <input type="checkbox"/> Child(ren) |
| Diabetes  | <input type="checkbox"/> You | <input type="checkbox"/> Spouse/Partner | <input type="checkbox"/> Child(ren) |
| Heart Disease   | <input type="checkbox"/> You | <input type="checkbox"/> Spouse/Partner | <input type="checkbox"/> Child(ren) |
| Substance Abuse   | <input type="checkbox"/> You | <input type="checkbox"/> Spouse/Partner | <input type="checkbox"/> Child(ren) |
| Overweight/Obesity                                      | <input type="checkbox"/> You | <input type="checkbox"/> Spouse/Partner | <input type="checkbox"/> Child(ren) |
| Eating Disorder   | <input type="checkbox"/> You | <input type="checkbox"/> Spouse/Partner | <input type="checkbox"/> Child(ren) |
| Genetic Disorder  | <input type="checkbox"/> You | <input type="checkbox"/> Spouse/Partner | <input type="checkbox"/> Child(ren) |
| Birth Defect  | <input type="checkbox"/> You | <input type="checkbox"/> Spouse/Partner | <input type="checkbox"/> Child(ren) |
| Mental/Emotional Condition<br>(including Depression)    | <input type="checkbox"/> You | <input type="checkbox"/> Spouse/Partner | <input type="checkbox"/> Child(ren) |
| Developmental & Learning<br>Concerns (including Autism) | <input type="checkbox"/> You | <input type="checkbox"/> Spouse/Partner | <input type="checkbox"/> Child(ren) |

**FOR WOMEN ONLY:**

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

- |  |   |   |   |
|--|---|---|---|
| <input type="checkbox"/> Within 1 year   | <input type="checkbox"/> Within 2 years | <input type="checkbox"/> Within 3 years | <input type="checkbox"/> Within 4 years |
| <input type="checkbox"/> 5 or more years | <input type="checkbox"/> Never          | <input type="checkbox"/> Not sure       | <input type="checkbox"/> N/A            |

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

- |  |   |   |   |
|--|---|---|---|
| <input type="checkbox"/> Within 1 year   | <input type="checkbox"/> Within 2 years | <input type="checkbox"/> Within 3 years | <input type="checkbox"/> Within 4 years |
| <input type="checkbox"/> 5 or more years | <input type="checkbox"/> Never          | <input type="checkbox"/> Not sure       | <input type="checkbox"/> N/A            |

Have you ever had a bone density scan (a screening exam for osteoporosis)?

- |                              |                             |                                   |                              |
|------------------------------|-----------------------------|-----------------------------------|------------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not sure | <input type="checkbox"/> N/A |
|------------------------------|-----------------------------|-----------------------------------|------------------------------|

**FOR MEN ONLY:**

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

- |  |   |   |   |
|--|---|---|---|
| <input type="checkbox"/> Within 1 year   | <input type="checkbox"/> Within 2 years | <input type="checkbox"/> Within 3 years | <input type="checkbox"/> Within 4 years |
| <input type="checkbox"/> 5 or more years | <input type="checkbox"/> Never          | <input type="checkbox"/> Not sure       | <input type="checkbox"/> N/A            |

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

- |  |   |   |   |
|--|---|---|---|
| <input type="checkbox"/> Within 1 year   | <input type="checkbox"/> Within 2 years | <input type="checkbox"/> Within 3 years | <input type="checkbox"/> Within 4 years |
| <input type="checkbox"/> 5 or more years | <input type="checkbox"/> Never          | <input type="checkbox"/> Not sure       | <input type="checkbox"/> N/A            |

**FOR MEN AND WOMEN, AGE 50 AND OVER:**

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

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> Within 1 year | <input type="checkbox"/> Within 2 years | <input type="checkbox"/> Within 5 years | <input type="checkbox"/> Within 10 years |
| <input type="checkbox"/> Over 10 years | <input type="checkbox"/> Never          | <input type="checkbox"/> Not sure       | <input type="checkbox"/> N/A             |

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

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> Within 1 year | <input type="checkbox"/> Within 2 years | <input type="checkbox"/> Within 5 years | <input type="checkbox"/> Within 10 years |
| <input type="checkbox"/> Over 10 years | <input type="checkbox"/> Never          | <input type="checkbox"/> Not sure       | <input type="checkbox"/> N/A             |

**ABOUT YOUR HEALTH COVERAGE:**

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

- |                       |                              |   |                                     |
|-----------------------|------------------------------|---|-------------------------------------|
| All year              | <input type="checkbox"/> You | <input type="checkbox"/> Spouse/Partner | <input type="checkbox"/> Child(ren) |
| Part of the year      | <input type="checkbox"/> You | <input type="checkbox"/> Spouse/Partner | <input type="checkbox"/> Child(ren) |
| No insurance all year | <input type="checkbox"/> You | <input type="checkbox"/> Spouse/Partner | <input type="checkbox"/> Child(ren) |
| Not sure              | <input type="checkbox"/> You | <input type="checkbox"/> Spouse/Partner | <input type="checkbox"/> Child(ren) |

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

- |                         |                              |   |                                     |
|-------------------------|------------------------------|---|-------------------------------------|
| Employer-sponsored plan | <input type="checkbox"/> You | <input type="checkbox"/> Spouse/Partner | <input type="checkbox"/> Child(ren) |
| Private insurance       | <input type="checkbox"/> You | <input type="checkbox"/> Spouse/Partner | <input type="checkbox"/> Child(ren) |
| Medicare                | <input type="checkbox"/> You | <input type="checkbox"/> Spouse/Partner | <input type="checkbox"/> Child(ren) |
| Medi-cal                | <input type="checkbox"/> You | <input type="checkbox"/> Spouse/Partner | <input type="checkbox"/> Child(ren) |
| No health insurance     | <input type="checkbox"/> You | <input type="checkbox"/> Spouse/Partner | <input type="checkbox"/> Child(ren) |
| Not sure                | <input type="checkbox"/> You | <input type="checkbox"/> Spouse/Partner | <input type="checkbox"/> Child(ren) |

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

- |          |                              |   |                                     |
|----------|------------------------------|---|-------------------------------------|
| Yes      | <input type="checkbox"/> You | <input type="checkbox"/> Spouse/Partner | <input type="checkbox"/> Child(ren) |
| No       | <input type="checkbox"/> You | <input type="checkbox"/> Spouse/Partner | <input type="checkbox"/> Child(ren) |
| Not sure | <input type="checkbox"/> You | <input type="checkbox"/> Spouse/Partner | <input type="checkbox"/> Child(ren) |

**SECTION 2: ABOUT YOUR LIFESTYLE**

Please answer each question based on the past year. Check the boxes that best apply for you, your spouse or partner, and/or your child(ren).

On average, how many servings of fruit do you eat or drink daily?

**NOTE:** one serving is 1/2 cup of canned or cooked fruit, 1 medium piece of fruit or 6 ounces of juice

- |                     |                              |   |                                     |
|---------------------|------------------------------|---|-------------------------------------|
| 3 or more servings  | <input type="checkbox"/> You | <input type="checkbox"/> Spouse/Partner | <input type="checkbox"/> Child(ren) |
| 2 servings          | <input type="checkbox"/> You | <input type="checkbox"/> Spouse/Partner | <input type="checkbox"/> Child(ren) |
| 1 or fewer servings | <input type="checkbox"/> You | <input type="checkbox"/> Spouse/Partner | <input type="checkbox"/> Child(ren) |
| Not sure            | <input type="checkbox"/> You | <input type="checkbox"/> Spouse/Partner | <input type="checkbox"/> Child(ren) |

On average, how many servings of vegetables do you eat or drink daily?

**NOTE:** one serving is 1/2 cup of cooked or raw vegetable or 6 ounces of juice

- |                     |                              |   |                                     |
|---------------------|------------------------------|---|-------------------------------------|
| 3 or more servings  | <input type="checkbox"/> You | <input type="checkbox"/> Spouse/Partner | <input type="checkbox"/> Child(ren) |
| 2 servings          | <input type="checkbox"/> You | <input type="checkbox"/> Spouse/Partner | <input type="checkbox"/> Child(ren) |
| 1 or fewer servings | <input type="checkbox"/> You | <input type="checkbox"/> Spouse/Partner | <input type="checkbox"/> Child(ren) |
| Not sure            | <input type="checkbox"/> You | <input type="checkbox"/> Spouse/Partner | <input type="checkbox"/> Child(ren) |

On average, how many sugar-sweetened beverages do you drink daily?

**NOTE:** include sodas, energy drinks, less than 100% juice drinks, etc.

- |                     |                              |   |                                     |
|---------------------|------------------------------|---|-------------------------------------|
| 3 or more servings  | <input type="checkbox"/> You | <input type="checkbox"/> Spouse/Partner | <input type="checkbox"/> Child(ren) |
| 2 servings          | <input type="checkbox"/> You | <input type="checkbox"/> Spouse/Partner | <input type="checkbox"/> Child(ren) |
| 1 or fewer servings | <input type="checkbox"/> You | <input type="checkbox"/> Spouse/Partner | <input type="checkbox"/> Child(ren) |
| Not sure            | <input type="checkbox"/> You | <input type="checkbox"/> Spouse/Partner | <input type="checkbox"/> Child(ren) |

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

- |                   |                              |   |                                     |
|-------------------|------------------------------|---|-------------------------------------|
| 5-7 days          | <input type="checkbox"/> You | <input type="checkbox"/> Spouse/Partner | <input type="checkbox"/> Child(ren) |
| 3-4 days          | <input type="checkbox"/> You | <input type="checkbox"/> Spouse/Partner | <input type="checkbox"/> Child(ren) |
| 1-2 days          | <input type="checkbox"/> You | <input type="checkbox"/> Spouse/Partner | <input type="checkbox"/> Child(ren) |
| Only occasionally | <input type="checkbox"/> You | <input type="checkbox"/> Spouse/Partner | <input type="checkbox"/> Child(ren) |

What obstacles prevent you from getting regular exercise?

- |  |  |
|--|--|
| <input type="checkbox"/> Not enough time in my day             | <input type="checkbox"/> I don't know how to properly exercise |
| <input type="checkbox"/> I don't know where to go for exercise | <input type="checkbox"/> I'm not healthy enough to exercise    |
| <input type="checkbox"/> It's hard to stay motivated           | <input type="checkbox"/> Not sure                              |

How often do you wear a helmet when riding a bicycle, skateboard or scooter?

- |                                 |  |                                    |
|---------------------------------|--|------------------------------------|
| <input type="checkbox"/> Always | <input type="checkbox"/> Nearly always | <input type="checkbox"/> Sometimes |
| <input type="checkbox"/> Seldom | <input type="checkbox"/> Never         | <input type="checkbox"/> Not sure  |

How often do you wear a seat belt when driving or riding in a car?

- |                                 |  |                                    |
|---------------------------------|--|------------------------------------|
| <input type="checkbox"/> Always | <input type="checkbox"/> Nearly always | <input type="checkbox"/> Sometimes |
| <input type="checkbox"/> Seldom | <input type="checkbox"/> Never         | <input type="checkbox"/> Not sure  |

How many days per week do you drink alcoholic beverages?

- |   |                                   |                                   |
|---|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> I do not drink alcohol | <input type="checkbox"/> 1-2 days | <input type="checkbox"/> 3-4 days |
| <input type="checkbox"/> 5 or more days         | <input type="checkbox"/> Not sure |                                   |

If you do drink, how many drinks might you have at one time?

- |   |                                   |                                   |
|---|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> 1 drink          | <input type="checkbox"/> 2 drinks | <input type="checkbox"/> 3 drinks |
| <input type="checkbox"/> 4 or more drinks | <input type="checkbox"/> Not sure | <input type="checkbox"/> N/A      |

How often do you smoke cigarettes or use other forms of tobacco?

- |   |                                   |                                   |
|---|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> I do not use tobacco | <input type="checkbox"/> 1-2 days | <input type="checkbox"/> 3-4 days |
| <input type="checkbox"/> 5 or more days       | <input type="checkbox"/> Not sure |                                   |

If you smoke, have you tried to quit?

- |                                      |   |  |                              |
|--------------------------------------|---|--|------------------------------|
| <input type="checkbox"/> Yes, I quit | <input type="checkbox"/> Yes, I started again | <input type="checkbox"/> No, I still smoke | <input type="checkbox"/> N/A |
|--------------------------------------|---|--|------------------------------|

How often would you say you feel sad, blue or depressed?

- |                                |                                 |                                    |
|--------------------------------|---------------------------------|------------------------------------|
| <input type="checkbox"/> Never | <input type="checkbox"/> Seldom | <input type="checkbox"/> Sometimes |
| <input type="checkbox"/> Often | <input type="checkbox"/> Always | <input type="checkbox"/> Not sure  |

Have you considered suicide?

- Yes  No  Not sure

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?

- Stranger  Friend  Spouse  Boyfriend/Girlfriend  
 Ex-spouse  Separated spouse  Acquaintance  Other

### SECTION 3: ABOUT YOUR COMMUNITY'S HEALTH

Please select your **TOP THREE** answers for each of the following:

Most important factors for a "Healthy Community"

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

Greatest needs affecting "Children's Health"

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

Most important "Health Problems" facing our community

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> Cancer                            | <input type="checkbox"/> Dental Hygiene                      | <input type="checkbox"/> Sexually Transmitted Diseases (STDs) | <input type="checkbox"/> Shortage of Primary Care Doctors |
| <input type="checkbox"/> Diabetes                          | <input type="checkbox"/> Suicide                             | <input type="checkbox"/> Mental Health Issues                 |   |
| <input type="checkbox"/> Heart Disease/High Blood Pressure | <input type="checkbox"/> Infectious Diseases (ex: Hepatitis) | <input type="checkbox"/> Respiratory/Lung Disease             |   |
| <input type="checkbox"/> Stroke                            | <input type="checkbox"/> Obesity                             | <input type="checkbox"/> Teen pregnancy                       |   |

Most challenging "Risky Behaviors" facing our community

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

## SECTION 4: ABOUT YOU AND WHERE YOU LIVE

Check the box that best applies.

Where did you learn about this survey?

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> At the hospital  | <input type="checkbox"/> From my doctor    | <input type="checkbox"/> At my church  | <input type="checkbox"/> At a community meeting |
| <input type="checkbox"/> At a health fair | <input type="checkbox"/> At a retail store | <input type="checkbox"/> From a friend | <input type="checkbox"/> At work                |
| <input type="checkbox"/> Online           | <input type="checkbox"/> Other _____       |  |   |

Which hospital do you normally go to for care?

- |  |   |
|--|---|
| <input type="checkbox"/> Biggs-Gridley Memorial Hospital | <input type="checkbox"/> Feather River Hospital |
| <input type="checkbox"/> Enloe Medical Center            | <input type="checkbox"/> Oroville Hospital      |
| <input type="checkbox"/> Other _____                     |   |

What is your home zip code? \_\_\_\_\_

Your gender:

- Female  
 Male

Your age:

- 25 or less  
 55-64

- 26-39  
 65 or over

- 40-54

What is your race?

- |   |  |  |                                   |
|---|--|--|-----------------------------------|
| <input type="checkbox"/> White                                  | <input type="checkbox"/> Hispanic/Latino               | <input type="checkbox"/> Asian                   | <input type="checkbox"/> Hmong    |
| <input type="checkbox"/> Native Hawaiian/Other Pacific Islander | <input type="checkbox"/> American Indian/Alaska Native | <input type="checkbox"/> Black, African American | <input type="checkbox"/> Multiple |
| <input type="checkbox"/> Other                                  |  |  |                                   |

What is your marital status?

- |   |                                  |                                    |   |
|---|----------------------------------|------------------------------------|---|
| <input type="checkbox"/> Single/Never Married | <input type="checkbox"/> Married | <input type="checkbox"/> Divorced  | <input type="checkbox"/> Unmarried Couple |
| <input type="checkbox"/> Separated            | <input type="checkbox"/> Widowed | <input type="checkbox"/> No answer |   |

Do you have children currently living in your household?

- |  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> Yes, under 18 years old | <input type="checkbox"/> Yes, 18 years or older | <input type="checkbox"/> Both of the above | <input type="checkbox"/> No children living at home |
|--|---|--|---|

What is the highest level of education you have completed?

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> Elementary School    | <input type="checkbox"/> Middle School     | <input type="checkbox"/> High School     | <input type="checkbox"/> Some College           |
| <input type="checkbox"/> Associate Degree     | <input type="checkbox"/> Bachelor's Degree | <input type="checkbox"/> Graduate School | <input type="checkbox"/> Technical/Trade School |
| <input type="checkbox"/> Union Apprenticeship | <input type="checkbox"/> Other _____       |  |   |

What is your current employment status?

- |                                    |                                    |                                       |  |
|------------------------------------|------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Full-time | <input type="checkbox"/> Part-time | <input type="checkbox"/> Not employed | <input type="checkbox"/> Self-Employed |
| <input type="checkbox"/> Homemaker | <input type="checkbox"/> Student   | <input type="checkbox"/> Retired      | <input type="checkbox"/> No answer     |

What is your annual household income before taxes?

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Less than \$30,000    | <input type="checkbox"/> \$30,000 to \$60,000 | <input type="checkbox"/> \$60,001 to \$90,000 |
| <input type="checkbox"/> \$90,001 to \$120,000 | <input type="checkbox"/> Over \$120,000       | <input type="checkbox"/> Not sure             |
| <input type="checkbox"/> No answer             |   |   |

How would you prefer to access your personal health information?

- |                                     |                                 |  |
|-------------------------------------|---------------------------------|--|
| <input type="checkbox"/> Paper Copy | <input type="checkbox"/> Online | <input type="checkbox"/> Mobile Device |
|-------------------------------------|---------------------------------|--|



How would you prefer to receive health information?

Traditional Mail

Email

Text

**IS THERE ANYTHING WE'VE OVERLOOKED?**

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

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**Thank you for your time!**

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

## Encuesta de Salud Comunitaria del Hospital de Oroville

INSTRUCCIONES | Lo invitamos a participar en la Encuesta de Salud Comunitaria de 2013 del Hospital de Oroville, proporcionando información acerca de su salud, la salud de su familia y los problemas de salud a los que se enfrenta nuestra comunidad.

La encuesta le tomará aproximadamente 10 a 15 minutos para completar y nos ayudará a identificar los problemas propios relacionados con la salud que enfrentan los residentes de Oroville y sus alrededores. También nos ayudará a desarrollar una serie de actividades para hacer frente a las necesidades identificadas.

**Esta es una encuesta anónima y queremos asegurarle que sus respuestas se mantendrán estrictamente confidenciales. Si no desea responder a una pregunta, o si una pregunta no se aplica a usted, usted puede dejar su respuesta en blanco.**

### SECCIÓN 1: ACERCA DE 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

¿Cuánto mide aproximadamente (sin zapatos)? \_\_\_\_\_

¿Cuánto pesa aproximadamente (sin zapatos)? \_\_\_\_\_

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

Muy bien	<input type="checkbox"/>	Usted	<input type="checkbox"/>	Cónyuge o pareja	<input type="checkbox"/>	Hijo(s)
Bien	<input type="checkbox"/>	Usted	<input type="checkbox"/>	Cónyuge o pareja	<input type="checkbox"/>	Hijo(s)
Pasable	<input type="checkbox"/>	Usted	<input type="checkbox"/>	Cónyuge o pareja	<input type="checkbox"/>	Hijo(s)
En mal estado	<input type="checkbox"/>	Usted	<input type="checkbox"/>	Cónyuge o pareja	<input type="checkbox"/>	Hijo(s)
No estoy seguro	<input type="checkbox"/>	Usted	<input type="checkbox"/>	Cónyuge o pareja	<input type="checkbox"/>	Hijo(s)

¿Es usted actualmente el cuidador principal de un miembro de la familia enfermo o adulto mayor?

Sí  No

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

Muy bien	<input type="checkbox"/>	Usted	<input type="checkbox"/>	Cónyuge o pareja	<input type="checkbox"/>	Hijo(s)
Buena	<input type="checkbox"/>	Usted	<input type="checkbox"/>	Cónyuge o pareja	<input type="checkbox"/>	Hijo(s)
Regular	<input type="checkbox"/>	Usted	<input type="checkbox"/>	Cónyuge o pareja	<input type="checkbox"/>	Hijo(s)
Mala	<input type="checkbox"/>	Usted	<input type="checkbox"/>	Cónyuge o pareja	<input type="checkbox"/>	Hijo(s)
No estoy seguro	<input type="checkbox"/>	Usted	<input type="checkbox"/>	Cónyuge o pareja	<input type="checkbox"/>	Hijo(s)

¿En dónde reciben usted y los miembros de su familia sus servicios de atención de salud de rutina?

El consultorio de un médico privado	<input type="checkbox"/>	Usted	<input type="checkbox"/>	Cónyuge o pareja	<input type="checkbox"/>	Hijo(s)
Atención de urgencia/inmediata	<input type="checkbox"/>	Usted	<input type="checkbox"/>	Cónyuge o pareja	<input type="checkbox"/>	Hijo(s)
Sala de emergencia	<input type="checkbox"/>	Usted	<input type="checkbox"/>	Cónyuge o pareja	<input type="checkbox"/>	Hijo(s)
Clínica gratuita o de bajo costo	<input type="checkbox"/>	Usted	<input type="checkbox"/>	Cónyuge o pareja	<input type="checkbox"/>	Hijo(s)
Clínica basada en la escuela	<input type="checkbox"/>	Usted	<input type="checkbox"/>	Cónyuge o pareja	<input type="checkbox"/>	Hijo(s)
Albergue para personas sin hogar	<input type="checkbox"/>	Usted	<input type="checkbox"/>	Cónyuge o pareja	<input type="checkbox"/>	Hijo(s)
Clínica basada en una tienda	<input type="checkbox"/>	Usted	<input type="checkbox"/>	Cónyuge o pareja	<input type="checkbox"/>	Hijo(s)
Sin atención de salud de rutina	<input type="checkbox"/>	Usted	<input type="checkbox"/>	Cónyuge o pareja	<input type="checkbox"/>	Hijo(s)

No estoy seguro/a  Usted  Cónyuge o pareja  Hijo(s)

¿Tiene un Médico de Atención Primaria (MAP)?

Sí  Usted  Cónyuge o pareja  Hijo(s)

No  Usted  Cónyuge o pareja  Hijo(s)

Sí, pero no lo veo con regularidad  Usted  Cónyuge o pareja  Hijo(s)

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

Otra razón \_\_\_\_\_

¿Qué otros tipos de profesionales de atención de salud visita usted con regularidad?

Médico especialista  Usted  Cónyuge o pareja  Hijo(s)

Dentista  Usted  Cónyuge o pareja  Hijo(s)

Oftalmólogo  Usted  Cónyuge o pareja  Hijo(s)

Profesional en salud mental  Usted  Cónyuge o pareja  Hijo(s)

Enfermera de atención en el hogar  Usted  Cónyuge o pareja  Hijo(s)

Sanador espiritual  Usted  Cónyuge o pareja  Hijo(s)

Sanador alternativo (por ejemplo: Quiropráctico)  Usted  Cónyuge o pareja  Hijo(s)

¿Le ha dicho alguna vez un médico o profesional de atención de salud que un miembro de su familia tiene algunas de estas condiciones, enfermedades o problemas?

Asma  Usted  Cónyuge o pareja  Hijo(s)

Cáncer  Usted  Cónyuge o pareja  Hijo(s)

Diabetes  Usted  Cónyuge o pareja  Hijo(s)

Enfermedad del corazón  Usted  Cónyuge o pareja  Hijo(s)

Abuso de sustancias  Usted  Cónyuge o pareja  Hijo(s)

Sobrepeso/Obesidad  Usted  Cónyuge o pareja  Hijo(s)

Trastorno alimenticio  Usted  Cónyuge o pareja  Hijo(s)

Trastorno genético  Usted  Cónyuge o pareja  Hijo(s)

Defecto Congénito  Usted  Cónyuge o pareja  Hijo(s)

Afección Mental/Emocional (incluida Depresión)  Usted  Cónyuge o pareja  Hijo(s)

Problemas de desarrollo/aprendizaje (incluido Autismo)  Usted  Cónyuge o pareja  Hijo(s)

### ÚNICAMENTE PARA MUJERES:

¿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

¿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

¿Le han hecho alguna vez una prueba de densidad ósea (un examen para la detección de osteoporosis)?

- Sí                       No                       No estoy segura

**ÚNICAMENTE PARA HOMBRES:**

¿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 segura                       N/A

¿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 seguro                       N/A

**PARA HOMBRES Y MUJERES DE 50 AÑOS Y MÁS:**

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

- Dentro de 1 año                       Dentro de 2 años                       Dentro de 5 años                       Dentro de 10 años  
 Más de 10 años                       Nunca                       No estoy seguro/a                       N/A

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

- Dentro de 1 año                       Dentro de 2 años                       Dentro de 5 años                       Dentro de 10 años  
 Más de 10 años                       Nunca                       No estoy seguro/a                       N/A

**ACERCA DE SU COBERTURA DE SALUD:**

¿Ha tenido cobertura de seguro médico durante todo, una parte o ninguna parte del año pasado?

- |                              |                                |   |                                  |
|------------------------------|--------------------------------|---|----------------------------------|
| Todo el año                  | <input type="checkbox"/> Usted | <input type="checkbox"/> Cónyuge o pareja | <input type="checkbox"/> Hijo(s) |
| Una parte del año            | <input type="checkbox"/> Usted | <input type="checkbox"/> Cónyuge o pareja | <input type="checkbox"/> Hijo(s) |
| Ningún seguro en todo el año | <input type="checkbox"/> Usted | <input type="checkbox"/> Cónyuge o pareja | <input type="checkbox"/> Hijo(s) |
| No estoy seguro/a            | <input type="checkbox"/> Usted | <input type="checkbox"/> Cónyuge o pareja | <input type="checkbox"/> Hijo(s) |

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

- |                                    |                                |   |                                  |
|------------------------------------|--------------------------------|---|----------------------------------|
| Plan patrocinado por el empleador  | <input type="checkbox"/> Usted | <input type="checkbox"/> Cónyuge o pareja | <input type="checkbox"/> Hijo(s) |
| Seguro privado                     | <input type="checkbox"/> Usted | <input type="checkbox"/> Cónyuge o pareja | <input type="checkbox"/> Hijo(s) |
| Medicare                           | <input type="checkbox"/> Usted | <input type="checkbox"/> Cónyuge o pareja | <input type="checkbox"/> Hijo(s) |
| Medi-cal                           | <input type="checkbox"/> Usted | <input type="checkbox"/> Cónyuge o pareja | <input type="checkbox"/> Hijo(s) |
| Ningún seguro de atención de salud | <input type="checkbox"/> Usted | <input type="checkbox"/> Cónyuge o pareja | <input type="checkbox"/> Hijo(s) |
| No estoy seguro/a                  | <input type="checkbox"/> Usted | <input type="checkbox"/> Cónyuge o pareja | <input type="checkbox"/> Hijo(s) |

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

- |                 |                                |   |                                  |
|-----------------|--------------------------------|---|----------------------------------|
| Sí              | <input type="checkbox"/> Usted | <input type="checkbox"/> Cónyuge o pareja | <input type="checkbox"/> Hijo(s) |
| No              | <input type="checkbox"/> Usted | <input type="checkbox"/> Cónyuge o pareja | <input type="checkbox"/> Hijo(s) |
| No estoy seguro | <input type="checkbox"/> Usted | <input type="checkbox"/> Cónyuge o pareja | <input type="checkbox"/> Hijo(s) |

## SECCIÓN 2: ACERCA DE SU ESTILO DE VIDA

Por favor responda a cada pregunta basándose en el año pasado. Marque los cuadros que más se aplican a usted, su cónyuge o pareja y/o su(s) hijo(s).

En promedio ¿cuántas porciones de fruta come o bebe diariamente?

**NOTA:** una porción es ½ taza de fruta en lata o cocida, 1 fruta mediana o 6 onzas de jugo

- |                     |                          |       |                          |                  |                          |         |
|---------------------|--------------------------|-------|--------------------------|------------------|--------------------------|---------|
| 3 o más porciones   | <input type="checkbox"/> | Usted | <input type="checkbox"/> | Cónyuge o pareja | <input type="checkbox"/> | Hijo(s) |
| 2 porciones         | <input type="checkbox"/> | Usted | <input type="checkbox"/> | Cónyuge o pareja | <input type="checkbox"/> | Hijo(s) |
| 1 o menos porciones | <input type="checkbox"/> | Usted | <input type="checkbox"/> | Cónyuge o pareja | <input type="checkbox"/> | Hijo(s) |
| No estoy seguro/a   | <input type="checkbox"/> | Usted | <input type="checkbox"/> | Cónyuge o pareja | <input type="checkbox"/> | Hijo(s) |

En promedio, ¿cuántas porciones de verduras come o bebe diariamente?

**NOTA:** una porción es ½ taza de verduras cocidas o crudas o 6 onzas de jugo

- |                     |                          |       |                          |                  |                          |         |
|---------------------|--------------------------|-------|--------------------------|------------------|--------------------------|---------|
| 3 o más porciones   | <input type="checkbox"/> | Usted | <input type="checkbox"/> | Cónyuge o pareja | <input type="checkbox"/> | Hijo(s) |
| 2 porciones         | <input type="checkbox"/> | Usted | <input type="checkbox"/> | Cónyuge o pareja | <input type="checkbox"/> | Hijo(s) |
| 1 o menos porciones | <input type="checkbox"/> | Usted | <input type="checkbox"/> | Cónyuge o pareja | <input type="checkbox"/> | Hijo(s) |
| No estoy seguro/a   | <input type="checkbox"/> | Usted | <input type="checkbox"/> | Cónyuge o pareja | <input type="checkbox"/> | Hijo(s) |

En promedio, ¿cuántas bebidas endulzadas con azúcar bebe diariamente?

**NOTA:** incluya refrescos, bebidas energéticas, bebidas con menos del 100% de jugo, etc.

- |                     |                          |       |                          |                  |                          |         |
|---------------------|--------------------------|-------|--------------------------|------------------|--------------------------|---------|
| 3 o más porciones   | <input type="checkbox"/> | Usted | <input type="checkbox"/> | Cónyuge o pareja | <input type="checkbox"/> | Hijo(s) |
| 2 porciones         | <input type="checkbox"/> | Usted | <input type="checkbox"/> | Cónyuge o pareja | <input type="checkbox"/> | Hijo(s) |
| 1 o menos porciones | <input type="checkbox"/> | Usted | <input type="checkbox"/> | Cónyuge o pareja | <input type="checkbox"/> | Hijo(s) |
| No estoy seguro/a   | <input type="checkbox"/> | Usted | <input type="checkbox"/> | Cónyuge o pareja | <input type="checkbox"/> | Hijo(s) |

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

- |                            |                          |       |                          |                  |                          |         |
|----------------------------|--------------------------|-------|--------------------------|------------------|--------------------------|---------|
| 5-7 días                   | <input type="checkbox"/> | Usted | <input type="checkbox"/> | Cónyuge o pareja | <input type="checkbox"/> | Hijo(s) |
| 3-4 días                   | <input type="checkbox"/> | Usted | <input type="checkbox"/> | Cónyuge o pareja | <input type="checkbox"/> | Hijo(s) |
| 1-2 días                   | <input type="checkbox"/> | Usted | <input type="checkbox"/> | Cónyuge o pareja | <input type="checkbox"/> | Hijo(s) |
| Solamente de vez en cuando | <input type="checkbox"/> | Usted | <input type="checkbox"/> | Cónyuge o pareja | <input type="checkbox"/> | Hijo(s) |

¿Qué obstáculos le impiden hacer ejercicio con regularidad?

- |  |  |
|--|--|
| <input type="checkbox"/> No tengo suficiente tiempo durante el día | <input type="checkbox"/> No estoy lo suficientemente sano para hacer ejercicio |
| <input type="checkbox"/> No sé cómo hacer ejercicio adecuadamente  | <input type="checkbox"/> Es difícil permanecer motivado                        |
| <input type="checkbox"/> No sé adónde ir para hacer ejercicio      | <input type="checkbox"/> No estoy seguro/a                                     |

¿Qué tan a menudo usa un casco mientras anda en bicicleta, en patineta o en scooter?

- |                                      |                                       |  |
|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Siempre     | <input type="checkbox"/> Casi siempre | <input type="checkbox"/> Algunas veces     |
| <input type="checkbox"/> Pocas veces | <input type="checkbox"/> Nunca        | <input type="checkbox"/> No estoy seguro/a |

¿Qué tan a menudo usa un cinturón de seguridad al conducir o viajar en un automóvil?

- |                                      |                                       |  |
|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Siempre     | <input type="checkbox"/> Casi siempre | <input type="checkbox"/> Algunas veces     |
| <input type="checkbox"/> Pocas veces | <input type="checkbox"/> Nunca        | <input type="checkbox"/> No estoy seguro/a |

¿Cuántos días a la semana consume bebidas alcohólicas?

- |  |                                   |                                   |
|--|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> No bebe alcohol | <input type="checkbox"/> 1-2 días | <input type="checkbox"/> 3-4 días |
|--|-----------------------------------|-----------------------------------|

- 5 días o más  No estoy seguro/a

Si bebe, ¿cuántos tragos tomas en una sola sesión?

- Ninguno  1-2 días  3-4 días  
 5 días o más  No estoy seguro/a  N/A

¿Qué tan a menudo fuma cigarrillos o utiliza otras formas de tabaco?

- No fumo  1-2 días  3-4 días  
 5 días o más  No estoy seguro/a

Si fuma ¿ha intentado dejar de fumar?

- Sí, dejé de fumar  Sí, comencé de nuevo  No, todavía fumo  N/A

¿Qué tan a menudo diría que se siente triste, melancólico o deprimido?

- Nunca  Pocas veces  Algunas veces  
 A menudo  Siempre  No estoy seguro/a

¿Ha pensado en el suicidio?

- Sí  No  No estoy seguro/a

¿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?

- Un extraño  Amigo  Cónyuge  
 Novio/Novia  Ex-cónyuge  Cónyuge separado  
 Conocido  Otro

### SECCIÓN 3: ACERCA DE LA SALUD DE SU COMUNIDAD

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

Los factores más importantes para una «Comunidad Saludable»

- Poca delincuencia/vecindarios seguros  Buenos trabajos/una economía sana  
 Buenas escuelas  Comportamientos y estilos de vida saludables  
 Acceso a atención de salud asequible  Entorno limpio  
 Muchos parques y oportunidades recreativas  Acceso a alimentos frescos/naturales asequibles  
 Vivienda asequible  Acceso a servicios de salud mental  
 Acceso a programas/apoyo para el abuso de sustancias

Principales necesidades que afectan la «Salud de los Niños»

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

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

- |   |  |
|---|--|
| <input type="checkbox"/> Cáncer                                       | <input type="checkbox"/> Higiene dental  |
| <input type="checkbox"/> Diabetes                                     | <input type="checkbox"/> Enfermedades de transmisión sexual                              |
| <input type="checkbox"/> Enfermedad del corazón/Presión arterial alta | <input type="checkbox"/> Suicidio  |
| <input type="checkbox"/> Accidente cerebrovascular                    | <input type="checkbox"/> Embarazo de adolescentes  |
| <input type="checkbox"/> Obesidad                                     | <input type="checkbox"/> Enfermedades infecciosas (por ejemplo: Hepatitis, Tuberculosis) |
| <input type="checkbox"/> Problemas de salud mental                    | <input type="checkbox"/> Escasez de Médicos de Atención Primaria                         |
| <input type="checkbox"/> Enfermedad respiratoria/de los pulmones      |  |

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

- |  |  |
|--|--|
| <input type="checkbox"/> Abuso de bebidas alcohólicas              | <input type="checkbox"/> Falta de ejercicio            |
| <input type="checkbox"/> Abuso de drogas                           | <input type="checkbox"/> Malos hábitos alimenticios    |
| <input type="checkbox"/> Conducir bajo la influencia de sustancias | <input type="checkbox"/> Deserción escolar             |
| <input type="checkbox"/> Uso del tabaco/humo de segunda mano       | <input type="checkbox"/> No usar casco                 |
| <input type="checkbox"/> Abuso/negligencia infantil                | <input type="checkbox"/> No usar cinturón de seguridad |

## SECCIÓN 4: ACERCA DE USTED Y DE DÓNDE VIVE

Marque el cuadro que más se aplique.

¿Dónde se enteró de esta encuesta?

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

¿A qué hospital va usted generalmente para recibir atención?

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> Biggs-Gridley Memorial Hospital | <input type="checkbox"/> Feather River Hospital | <input type="checkbox"/> Enloe Medical Center | <input type="checkbox"/> Oroville Hospital |
| <input type="checkbox"/> Otro _____                      |   |   |  |

¿Cuál es el código postal de su casa? \_\_\_\_\_

Su género:

- Femenino  
 Masculino

Su edad:

- |                                     |                                   |                                |
|-------------------------------------|-----------------------------------|--------------------------------|
| <input type="checkbox"/> 25 o menos | <input type="checkbox"/> 26-39    | <input type="checkbox"/> 40-54 |
| <input type="checkbox"/> 55-64      | <input type="checkbox"/> 65 o más |                                |

¿Cuál es su raza?

- |   |   |  |   |
|---|---|--|---|
| <input type="checkbox"/> Blanco                                 | <input type="checkbox"/> Asiático                         | <input type="checkbox"/> Negro, Afro-Americano | <input type="checkbox"/> Hispano/Latino |
| <input type="checkbox"/> Hawaiano Nativo/Otra Isla del Pacífico | <input type="checkbox"/> Indio Americano/Nativo de Alaska | <input type="checkbox"/> Hmong                 | <input type="checkbox"/> Múltiple       |
| <input type="checkbox"/> Otro                                   |   |  |   |

¿Cuál es su estado civil?

- |  |                                 |  |   |
|--|---------------------------------|--|---|
| <input type="checkbox"/> Soltero/Nunca me casé | <input type="checkbox"/> Casado | <input type="checkbox"/> Divorciado    | <input type="checkbox"/> Pareja no casada |
| <input type="checkbox"/> Separado              | <input type="checkbox"/> Viudo  | <input type="checkbox"/> Sin respuesta |   |

¿Tiene hijos que actualmente viven en el hogar?

- Sí, menores de 18 años
- Los dos anteriores
- Sí, de 18 años o más
- No hay hijos viviendo en el hogar

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

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

¿Cuál es su situación laboral actual?

- Tiempo completo
- Trabajador independiente
- Tiempo parcial
- Ama de casa
- Desempleado
- Estudiante
- Jubilado
- Sin respuesta

¿Cuál es su ingreso anual antes de impuestos?

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

¿Cómo prefiere acceder a su información de salud personal?

- Copia en papel
- En línea
- Dispositivo Móvil

¿Cómo prefiere acceder a su información de salud personal?

- Por correo tradicional
- Correo Electrónico
- Texto

**¿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.

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**¡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 Community Health Survey

Peb nquag hu ib tsoom niam txiv kwv tij neej tsa los pab teb ib co lus rau hauv peb daim 2013 Oroville Hospital Community Health Survey, hais txog koj thiab koj tsev neeg tus keej nyob rau txoj kev noj qab nyob zoo.

Peb daim survey no yuav si li 10 txog rau 15 na this. Koj cov lus teb yuav pab peb soj ntsuam tej yam muaj mob muaj nkeeg nyob rau hauv peb lub zos Oroville no. Thiab, nws yuav pab peb nrhiav keb pab rau tej yam mob uas toob kas kev pab.

**Peb yuav tsis siv koj lub npe lossis koj tej lus teb qhia rau leejtwg. Yog koj tsis xav teb ib qho question twg ces koj tsis thas teb los tau.**

## SECTION 1: KOJ THIAB KOJ TSEV NEEG TXOJ KEV NOJ QAB NYOB ZOO

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

Koj siab li cas? \_\_\_\_\_

Koj nyhav li cas? \_\_\_\_\_

Koj soj ntsuam hais tais koj tsev neeg puas muaj kev noj qab nyob zoo?

- |                 |                              |   |  |
|-----------------|------------------------------|---|--|
| Zoo tshaj plaws | <input type="checkbox"/> Koj | <input type="checkbox"/> Koj tus txij nkawm | <input type="checkbox"/> Koj cov menyuam |
| Zoo heev        | <input type="checkbox"/> Koj | <input type="checkbox"/> Koj tus txij nkawm | <input type="checkbox"/> Koj cov menyuam |
| Zoo             | <input type="checkbox"/> Koj | <input type="checkbox"/> Koj tus txij nkawm | <input type="checkbox"/> Koj cov menyuam |
| Tsi zoo         | <input type="checkbox"/> Koj | <input type="checkbox"/> Koj tus txij nkawm | <input type="checkbox"/> Koj cov menyuam |
| Tsi zoo kiag li | <input type="checkbox"/> Koj | <input type="checkbox"/> Koj tus txij nkawm | <input type="checkbox"/> Koj cov menyuam |

Lub sij hawm no, puas muaj ib tug neeg laus uas koj pab tu?

- Muaj                       Tsis Muaj

Koj soj ntsuam hais tais txhua tus neeg nyob rau huav koj tsev neeg puas muaj kev noj qab nyob zoo?

- |                    |                              |   |  |
|--------------------|------------------------------|---|--|
| Zoo heev           | <input type="checkbox"/> Koj | <input type="checkbox"/> Koj tus txij nkawm | <input type="checkbox"/> Koj cov menyuam |
| Zoo                | <input type="checkbox"/> Koj | <input type="checkbox"/> Koj tus txij nkawm | <input type="checkbox"/> Koj cov menyuam |
| Zoo thiab tsis zoo | <input type="checkbox"/> Koj | <input type="checkbox"/> Koj tus txij nkawm | <input type="checkbox"/> Koj cov menyuam |
| Tsis zoo           | <input type="checkbox"/> Koj | <input type="checkbox"/> Koj tus txij nkawm | <input type="checkbox"/> Koj cov menyuam |
| Tsis paub          | <input type="checkbox"/> Koj | <input type="checkbox"/> Koj tus txij nkawm | <input type="checkbox"/> Koj cov menyuam |

Koj thiab koj tsev neeg mus txais kev pab thaum muaj keb mo nkeeg rau qhov twg?

- |                           |                              |   |  |
|---------------------------|------------------------------|---|--|
| Private doctor's office   | <input type="checkbox"/> Koj | <input type="checkbox"/> Koj tus txij nkawm | <input type="checkbox"/> Koj cov menyuam |
| Urgent/prompt care        | <input type="checkbox"/> Koj | <input type="checkbox"/> Koj tus txij nkawm | <input type="checkbox"/> Koj cov menyuam |
| Emergency room            | <input type="checkbox"/> Koj | <input type="checkbox"/> Koj tus txij nkawm | <input type="checkbox"/> Koj cov menyuam |
| Free/low-cost clinic      | <input type="checkbox"/> Koj | <input type="checkbox"/> Koj tus txij nkawm | <input type="checkbox"/> Koj cov menyuam |
| School-based clinic       | <input type="checkbox"/> Koj | <input type="checkbox"/> Koj tus txij nkawm | <input type="checkbox"/> Koj cov menyuam |
| Homeless shelter          | <input type="checkbox"/> Koj | <input type="checkbox"/> Koj tus txij nkawm | <input type="checkbox"/> Koj cov menyuam |
| Store-based clinic        | <input type="checkbox"/> Koj | <input type="checkbox"/> Koj tus txij nkawm | <input type="checkbox"/> Koj cov menyuam |
| Tsis muaj ib qho chaw mus | <input type="checkbox"/> Koj | <input type="checkbox"/> Koj tus txij nkawm | <input type="checkbox"/> Koj cov menyuam |
| Tsis paub                 | <input type="checkbox"/> Koj | <input type="checkbox"/> Koj tus txij nkawm | <input type="checkbox"/> Koj cov menyuam |

Koj puas muaj ib tug Primary Care Physician (PCP)?

- |   |                              |   |  |
|---|------------------------------|---|--|
| Muaj  | <input type="checkbox"/> Koj | <input type="checkbox"/> Koj tus txij nkawm | <input type="checkbox"/> Koj cov menyuam |
| Tsis muaj   | <input type="checkbox"/> Koj | <input type="checkbox"/> Koj tus txij nkawm | <input type="checkbox"/> Koj cov menyuam |
| Muaj, tabsi kuv tsis mus xyuas nwg raws nraim txua xyoo | <input type="checkbox"/> Koj | <input type="checkbox"/> Koj tus txij nkawm | <input type="checkbox"/> Koj cov menyuam |

Yog koj tsis mus xyuas koj tus primary health provider raws nraim no, thov qhia yog vim li cas?

- |  |  |
|--|--|
| <input type="checkbox"/> Kuv tsis paub yuav nrhiav tau ib tug doctor zoo qhov twg    | <input type="checkbox"/> Kuv tsis muaj tsheb tsav        |
| <input type="checkbox"/> Kuv tsis nyiam mus nyuas doctor                             | <input type="checkbox"/> Kuv tsis muaj nyiaj them doctor |
| <input type="checkbox"/> Kuv tus doctor tsis muaj sib hawm zoo rau kuv teem sib hawm | <input type="checkbox"/> Kuv tsis paub lus               |
| <input type="checkbox"/> Lwm yam _____   |  |

Puas muaj lwm tus doctor es koj mus xyuas nraim?

- |                                       |                              |   |  |
|---------------------------------------|------------------------------|---|--|
| Medical specialist                    | <input type="checkbox"/> Koj | <input type="checkbox"/> Koj tus txij nkawm | <input type="checkbox"/> Koj cov menyuam |
| Dentist                               | <input type="checkbox"/> Koj | <input type="checkbox"/> Koj tus txij nkawm | <input type="checkbox"/> Koj cov menyuam |
| Eye doctor                            | <input type="checkbox"/> Koj | <input type="checkbox"/> Koj tus txij nkawm | <input type="checkbox"/> Koj cov menyuam |
| Mental Health Professional            | <input type="checkbox"/> Koj | <input type="checkbox"/> Koj tus txij nkawm | <input type="checkbox"/> Koj cov menyuam |
| Home care nurse                       | <input type="checkbox"/> Koj | <input type="checkbox"/> Koj tus txij nkawm | <input type="checkbox"/> Koj cov menyuam |
| Spiritual healer                      | <input type="checkbox"/> Koj | <input type="checkbox"/> Koj tus txij nkawm | <input type="checkbox"/> Koj cov menyuam |
| Alternative healer (ex: Chiropractor) | <input type="checkbox"/> Koj | <input type="checkbox"/> Koj tus txij nkawm | <input type="checkbox"/> Koj cov menyuam |

Koj tus 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?

- |  |                              |   |  |
|--|------------------------------|---|--|
| Asthma   | <input type="checkbox"/> Koj | <input type="checkbox"/> Koj tus txij nkawm | <input type="checkbox"/> Koj cov menyuam |
| Cancer   | <input type="checkbox"/> Koj | <input type="checkbox"/> Koj tus txij nkawm | <input type="checkbox"/> Koj cov menyuam |
| Diabetes   | <input type="checkbox"/> Koj | <input type="checkbox"/> Koj tus txij nkawm | <input type="checkbox"/> Koj cov menyuam |
| Heart Disease  | <input type="checkbox"/> Koj | <input type="checkbox"/> Koj tus txij nkawm | <input type="checkbox"/> Koj cov menyuam |
| Substance Abuse                                      | <input type="checkbox"/> Koj | <input type="checkbox"/> Koj tus txij nkawm | <input type="checkbox"/> Koj cov menyuam |
| Overweight/Obesity                                   | <input type="checkbox"/> Koj | <input type="checkbox"/> Koj tus txij nkawm | <input type="checkbox"/> Koj cov menyuam |
| Eating Disorder                                      | <input type="checkbox"/> Koj | <input type="checkbox"/> Koj tus txij nkawm | <input type="checkbox"/> Koj cov menyuam |
| Genetic Disorder                                     | <input type="checkbox"/> Koj | <input type="checkbox"/> Koj tus txij nkawm | <input type="checkbox"/> Koj cov menyuam |
| Birth Defect   | <input type="checkbox"/> Koj | <input type="checkbox"/> Koj tus txij nkawm | <input type="checkbox"/> Koj cov menyuam |
| Mental/Emotional Condition (including Depression)    | <input type="checkbox"/> Koj | <input type="checkbox"/> Koj tus txij nkawm | <input type="checkbox"/> Koj cov menyuam |
| Developmental & Learning Concerns (including Autism) | <input type="checkbox"/> Koj | <input type="checkbox"/> Koj tus txij nkawm | <input type="checkbox"/> Koj cov menyuam |

RAU COV POJ NIAM TEB XWB:

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

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> 1 xyoo rhau los | <input type="checkbox"/> 2 xyoo rhau los           | <input type="checkbox"/> 3 xyoo rhau los | <input type="checkbox"/> 4 xyoo rhau los |
| <input type="checkbox"/> 5 xyoo rhua los | <input type="checkbox"/> Tsis tau mus kuaj ib zaug | <input type="checkbox"/> Tsis paub       |  |

Koj mus kuaj koj caws si rau thaum twg lawm?

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> 1 xyoo rhau los | <input type="checkbox"/> 2 xyoo rhau los           | <input type="checkbox"/> 3 xyoo rhau los | <input type="checkbox"/> 4 xyoo rhau los |
| <input type="checkbox"/> 5 xyoo rhua los | <input type="checkbox"/> Tsis tau mus kuaj ib zaug | <input type="checkbox"/> Tsis paub       |  |

Koj puas tau mus kuaj poj txha (a screening exam for osteoporosis)?

- |                                       |   |                                    |
|---------------------------------------|---|------------------------------------|
| <input type="checkbox"/> Mus dua lawm | <input type="checkbox"/> Tsis tau mus dua | <input type="checkbox"/> Tsis paub |
|---------------------------------------|---|------------------------------------|

RAU COV TXIV NEEJ TEB XWB:

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

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> 1 xyoo rhau los | <input type="checkbox"/> 2 xyoo rhau los           | <input type="checkbox"/> 3 xyoo rhau los | <input type="checkbox"/> 4 xyoo rhau los |
| <input type="checkbox"/> 5 xyoo rhua los | <input type="checkbox"/> Tsis tau mus kuaj ib zaug | <input type="checkbox"/> Tsis paub       |  |

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

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> 1 xyoo rhau los | <input type="checkbox"/> 2 xyoo rhau los           | <input type="checkbox"/> 3 xyoo rhau los | <input type="checkbox"/> 4 xyoo rhau los |
| <input type="checkbox"/> 5 xyoo rhua los | <input type="checkbox"/> Tsis tau mus kuaj ib zaug | <input type="checkbox"/> Tsis paub       |  |

RAU COV TXIV NEEJ THIAB POJ NIAM 50 XYOO ROV SAUV XWB:

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

- |  |  |  |   |
|--|--|--|---|
| <input type="checkbox"/> 1 xyoo rhau los   | <input type="checkbox"/> 2 xyoo rhau los           | <input type="checkbox"/> 5 xyoo rhua los | <input type="checkbox"/> 10 xyoo rhua los |
| <input type="checkbox"/> Tshaj 10 xyoo los | <input type="checkbox"/> Tsis tau mus kuaj ib zaug | <input type="checkbox"/> Tsis paub       |   |

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

- |  |  |  |   |
|--|--|--|---|
| <input type="checkbox"/> 1 xyoo rhau los   | <input type="checkbox"/> 2 xyoo rhau los           | <input type="checkbox"/> 5 xyoo rhua los | <input type="checkbox"/> 10 xyoo rhua los |
| <input type="checkbox"/> Tshaj 10 xyoo los | <input type="checkbox"/> Tsis tau mus kuaj ib zaug | <input type="checkbox"/> Tsis paub       |   |

KEV THEM KUAJ MOB NKEEG:

Koj puas muaj health insurance rau lub xyoo tag los no?

- |  |                              |   |  |
|--|------------------------------|---|--|
| Muaj rau lub xyoo tag los no                       | <input type="checkbox"/> Koj | <input type="checkbox"/> Koj tus txij nkawm | <input type="checkbox"/> Koj cov menyuam |
| Muaj rau 6 lub hli xwb                             | <input type="checkbox"/> Koj | <input type="checkbox"/> Koj tus txij nkawm | <input type="checkbox"/> Koj cov menyuam |
| Tsis muaj health insurance rau lub xyoo tag los no | <input type="checkbox"/> Koj | <input type="checkbox"/> Koj tus txij nkawm | <input type="checkbox"/> Koj cov menyuam |
| Tsis Pauj  | <input type="checkbox"/> Koj | <input type="checkbox"/> Koj tus txij nkawm | <input type="checkbox"/> Koj cov menyuam |

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

- |                         |                              |   |  |
|-------------------------|------------------------------|---|--|
| Employer-sponsored plan | <input type="checkbox"/> Koj | <input type="checkbox"/> Koj tus txij nkawm | <input type="checkbox"/> Koj cov menyuam |
| Private insurance       | <input type="checkbox"/> Koj | <input type="checkbox"/> Koj tus txij nkawm | <input type="checkbox"/> Koj cov menyuam |

- |                     |                              |   |  |
|---------------------|------------------------------|---|--|
| Medicare            | <input type="checkbox"/> Koj | <input type="checkbox"/> Koj tus txij nkawm | <input type="checkbox"/> Koj cov menyuam |
| Medi-cal            | <input type="checkbox"/> Koj | <input type="checkbox"/> Koj tus txij nkawm | <input type="checkbox"/> Koj cov menyuam |
| No health insurance | <input type="checkbox"/> Koj | <input type="checkbox"/> Koj tus txij nkawm | <input type="checkbox"/> Koj cov menyuam |
| Not sure            | <input type="checkbox"/> Koj | <input type="checkbox"/> Koj tus txij nkawm | <input type="checkbox"/> Koj cov menyuam |

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

- |           |                              |   |  |
|-----------|------------------------------|---|--|
| Muaj      | <input type="checkbox"/> Koj | <input type="checkbox"/> Koj tus txij nkawm | <input type="checkbox"/> Koj cov menyuam |
| Tsis muaj | <input type="checkbox"/> Koj | <input type="checkbox"/> Koj tus txij nkawm | <input type="checkbox"/> Koj cov menyuam |
| Tsis paub | <input type="checkbox"/> Koj | <input type="checkbox"/> Koj tus txij nkawm | <input type="checkbox"/> Koj cov menyuam |

## SECTION 2: KOJ TXOJ KEV UA NEEG NYOB

Lub xyoo tag los no, Koj los koj tsev neej noj los hau txiv maj txiv ntoo rau ib hnuv twg ntau npaum li cas?

**NOTE:** one serving is 1/2 cup of canned or cooked fruit, 1 medium piece of fruit or 6 ounces of juice

- |                     |                              |   |  |
|---------------------|------------------------------|---|--|
| 3 or more servings  | <input type="checkbox"/> Koj | <input type="checkbox"/> Koj tus txij nkawm | <input type="checkbox"/> Koj cov menyuam |
| 2 servings          | <input type="checkbox"/> Koj | <input type="checkbox"/> Koj tus txij nkawm | <input type="checkbox"/> Koj cov menyuam |
| 1 or fewer servings | <input type="checkbox"/> Koj | <input type="checkbox"/> Koj tus txij nkawm | <input type="checkbox"/> Koj cov menyuam |
| Not sure            | <input type="checkbox"/> Koj | <input type="checkbox"/> Koj tus txij nkawm | <input type="checkbox"/> Koj cov menyuam |

Lub xyoo tag los no, Koj los koj tsev neej noj los hau zuab rau ib hnuv twg ntau npaum li cas?

**NOTE:** one serving is 1/2 cup of cooked or raw vegetable or 6 ounces of juice

- |                     |                              |   |  |
|---------------------|------------------------------|---|--|
| 3 or more servings  | <input type="checkbox"/> Koj | <input type="checkbox"/> Koj tus txij nkawm | <input type="checkbox"/> Koj cov menyuam |
| 2 servings          | <input type="checkbox"/> Koj | <input type="checkbox"/> Koj tus txij nkawm | <input type="checkbox"/> Koj cov menyuam |
| 1 or fewer servings | <input type="checkbox"/> Koj | <input type="checkbox"/> Koj tus txij nkawm | <input type="checkbox"/> Koj cov menyuam |
| Not sure            | <input type="checkbox"/> Koj | <input type="checkbox"/> Koj tus txij nkawm | <input type="checkbox"/> Koj cov menyuam |

Lub xyoo tag los no, Koj los koj tsev neej haus dej qab zib rau ib hnuv twg ntau npaum li cas?

**NOTE:** include sodas, energy drinks, less than 100% juice drinks, etc.

- |                     |                              |   |  |
|---------------------|------------------------------|---|--|
| 3 or more servings  | <input type="checkbox"/> Koj | <input type="checkbox"/> Koj tus txij nkawm | <input type="checkbox"/> Koj cov menyuam |
| 2 servings          | <input type="checkbox"/> Koj | <input type="checkbox"/> Koj tus txij nkawm | <input type="checkbox"/> Koj cov menyuam |
| 1 or fewer servings | <input type="checkbox"/> Koj | <input type="checkbox"/> Koj tus txij nkawm | <input type="checkbox"/> Koj cov menyuam |
| Not sure            | <input type="checkbox"/> Koj | <input type="checkbox"/> Koj tus txij nkawm | <input type="checkbox"/> Koj cov menyuam |

Lub xyoo tag los no, Koj los koj tsev neej exercise rau ib hnuv twg ntau npaum li cas?

**EXAMPLES:** walking, running, weight-lifting, team sports or gardening

- |                   |                              |   |  |
|-------------------|------------------------------|---|--|
| 5-7days           | <input type="checkbox"/> Koj | <input type="checkbox"/> Koj tus txij nkawm | <input type="checkbox"/> Koj cov menyuam |
| 3-4 days          | <input type="checkbox"/> Koj | <input type="checkbox"/> Koj tus txij nkawm | <input type="checkbox"/> Koj cov menyuam |
| 1-2 days          | <input type="checkbox"/> Koj | <input type="checkbox"/> Koj tus txij nkawm | <input type="checkbox"/> Koj cov menyuam |
| Only occasionally | <input type="checkbox"/> Koj | <input type="checkbox"/> Koj tus txij nkawm | <input type="checkbox"/> Koj cov menyuam |

Yog koj tsis exercise, vim li cas koj ho ua tsis tau? (Teb tshaj ib yam los tau)

- |   |   |
|---|---|
| <input type="checkbox"/> Tsis muaj sij hawm                 | <input type="checkbox"/> Kuv tsis paub exercise                 |
| <input type="checkbox"/> Tsis pauj yuav mus ua rau qhov twg | <input type="checkbox"/> Kuv muaj moj muaj nkeeg es ua tsis tau |
| <input type="checkbox"/> Kuv tsis xav                       | <input type="checkbox"/> Kuv tsis paub                          |

Thaum koj caij tsheb khaub vab, koj puas ntoo kaus mom pab kom tsis txhob raug mob?

- Txhau zaug       Tej thaum       Tsis tau ib zaug li       Tsis paub

Thau koj caij tsheb, koj puas sia siv?

- Txhau zaug       Tej thaum       Tsis tau ib zaug li       Tsis paub

Ib as thiv no, koj haus cov cawv ntau npaum li cas?

- Tsis haus li       1-2 hnuv       3-4 hnuv  
 Tshaj 5 hnuv       Tsis paub

Yog koj haus cawv no, koj haus pe tshawg poom cawv rau ib lub sij hawm?

- 1 poom       2 poom       3 poom  
 Tshaj 4 poom       Tsis paub       Kuv tsis haus cawm

Ib as thiv no, Koj haus luam yeeb ntau npaum li cas?

- Tsis tau hau li       1-2 hnuv       3-4 hnuv  
 Tshaj 5 hnuv       Tsis paub

Yog koj haus luam yeeb no, koj puas tau sim tsum txoj kev haus luam yeeb?

- Kuv sim thiab tsis haus lawm       Kuv sim, tabsis rov qab haus lawm       Tsis tau sim       Tsis tau hau rua ib zaug

Koj muaj kev tu siab, nyuaj siab, lossis cim siab ntau npaum li cas?

- Tsis tau muaj rua       Muaj me ntsis       Teb zaum xwb thiaj li muaj  
 Muaj ntau heev       Muaj tas li       Tsis paub

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

- Muaj rua       Tsis tau muaj       Tsis paub

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

- Muaj rua       Tsis tau muaj       Tsis paub

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

- Ib tug neeg kuv tsis paub       Poojywg       Kus tus txij nkawm       Hluas nrhaug lossis hluas nkauj  
 Kuv tus txij nkawm uas kuv nrauj lawm       Kuv tu txij nkawm uas mus nyob lwm qhov lawm       Ib tug neej kub paub       Lwm tus

### SECTION 3: KEV UA NEEJ NYOB RAU HAUV KOJ LUB ZOS

Thov xaiv 3 yam rau txhua lo lus noog.

3 yam uas ceem tsej rau koj txhog koj lub zos yog dabtsi?

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

3 yam uas ceem tsej rau koj txhog koj cov menyuam yog dabtsi?

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

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

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Cancer                             | <input type="checkbox"/> Dental Hygiene                      | <input type="checkbox"/> Sexually Transmitted Diseases (STDs) |
| <input type="checkbox"/> Diabetes                           | <input type="checkbox"/> Suicide                             | <input type="checkbox"/> Mental Health Issues                 |
| <input type="checkbox"/> Heart Disease/ High Blood Pressure | <input type="checkbox"/> Infectious Diseases (ex: Hepatitis) | <input type="checkbox"/> Respiratory/ Lung Disease            |
| <input type="checkbox"/> Stroke                             | <input type="checkbox"/> Obesity                             | <input type="checkbox"/> Teen pregnancy                       |
|   |  | <input type="checkbox"/> Shortage of Primary Care Doctors     |

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

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

### SECTION 4: KOJ THIAB QHOV CAW KOJ NYOB

Leejtwg qhia koj txog daim survey no?

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> At the hospital  | <input type="checkbox"/> From my doctor    | <input type="checkbox"/> At my church  | <input type="checkbox"/> At a community meeting |
| <input type="checkbox"/> At a health fair | <input type="checkbox"/> At a retail store | <input type="checkbox"/> From a friend | <input type="checkbox"/> At work                |
| <input type="checkbox"/> Online           | <input type="checkbox"/> Other _____       |  |   |

Koj nyiam mus rau lub hospital twg taug muaj moj muaj nkeeg?

- |  |   |
|--|---|
| <input type="checkbox"/> Biggs-Gridley Memorial Hospital | <input type="checkbox"/> Feather River Hospital |
| <input type="checkbox"/> Enloe Medical Center            | <input type="checkbox"/> Oroville Hospital      |
| <input type="checkbox"/> Other _____                     |   |

Koj qhov zip code yog dabtsi? \_\_\_\_\_

Koj yog pojniam los txiv neej:

- Pojniam
- Txivneej

Koj muaj pe tsawg xyoo:

- 25 xyoo rov hauv
- 55-64
- 26-39
- 65 tshaj rov sauv
- 40-54

Koj yog neeg dabtsi?

- White Native
- Hawaiian/Other Pacific Islander
- Other
- Hispanic/Latino
- American Indian/Alaska Native
- Asian
- Black, African American
- Hmong
- Multiple

Koj puas tau yuav pojniam lossis yuav txiv?

- Tsis tau yuav rua
- Yuav tabsi tsis nyob uake
- Yuav lawm
- Poj/txiv ntsuam
- Sib nrauj lawm
- Tsis xav teb
- Ua nkauj nraug xwb

Koj puas muaj menyuam nyob nrog koj?

- Muaj, noob nyoog 18 xyoo rov hauv
- Muaj, noob nyoog 18 xyoo rov sau
- Puav leej muaj cov 18 xyoo rov hauv thiab tshaj rov sau
- Tsis muaj menyuam

Koj kawm ntawm siab npaum li cas?

- Elementary School
- Associate Degree
- Union Apprenticeship
- Middle School
- Bachelor's Degree
- Other\_\_\_\_\_
- High School
- Graduate School
- Some College
- Technical/Trade School

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

- Full-time
- Nyob tsev
- Part-time
- Kawm ntawv
- Tsis ua haujlwm
- Retired
- Ua rau kuv tu keej
- Tsis xav teb

Ib xyoo no, koj tau pe tsawg nyiaj ua ntev txiav tax?

- \$30,000 rov hau
- \$90,001 txog rau \$120,000
- Tsis xav teb
- \$30,000 txog rau \$60000
- txhaj \$120,000
- \$60,001 txog rau \$90,000
- Tsis paub

Koj xav xyuas koj qhov personal health information li cas? (check all that apply)

- Paper Copy
- Online
- Mobile Device

Koj xav tau health information li cas? (check all that apply)

- Traditional Mail
- Email
- Text

**PUAS MUAJ TEJ YAM DABTSI KOJ XAV QHIA PEB?**

Sau teb yam uas koj xav kom peb paub txog health information nyob rau hau lub zos no.

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**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 teb information rau leejtwg.