

2016



Oroville Hospital

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's County of Butte. Oroville Hospital provides personalized health care to Oroville and the surrounding foothill and valley communities.

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

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 2016 Community Health Needs Assessment (CHNA) includes the community's perspective regarding health care needs and available services for residents living in the seven zip codes listed above.

A Snapshot of the Oroville Hospital Medical Service Areas

- The Oroville Hospital primary medical service area includes seven zip codes in Butte County.
- The population of Oroville Hospital's primary medical service area (2010, Census) is 68,423.
- The total population of the secondary medical service area (2010, Census) is 332,743.
- The total population served by Oroville Hospital (2010, Census) is 401,166.

Demographic Characteristics from the 2014 Community Health Assessment Survey

- A total of 704 Community Health Assessment surveys from residents of the Oroville Hospital primary service area were included in the data analysis.
- Nearly 40% of the survey respondents had an annual household income of less than \$34,999.
- Approximately 35% of the survey respondents were between the ages of 40-54.
- Approximately 69% of the survey respondents were White and 12% were of Latin/Hispanic descent.
- Top health concerns identified: substance abuse, mental and emotional health, homelessness and poverty, obesity/overweight (access to healthy food, food insecurity), pulmonary issues (smoking, asthma), access to health care and diabetes.

I. Introduction and Description of Oroville Hospital

Description of the Community Health Needs Assessment

The purpose of the Community Health Needs Assessment was 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.

Partnership with Together We Can! Healthy Living in Butte County and Butte County Hospitals

Since the 2013 CHNA, Oroville Hospital has started a new partnership with Together We Can! Healthy Living in Butte County and three other Butte County Hospitals, Enloe Medical Center (Chico), Feather River Hospital (Paradise) and Orchard Hospital (Gridley) to better identify, strategize and implement action plans. Together We Can! Healthy Living is a county-wide Community Health Assessment that started in May 2014. This effort brought together about 100 different organizations across the county. The group as a whole is currently working on activities to improve the health of Butte County that were developed in the Community Health Improvement Plan.

These new partnerships offer future capability to address a broader scope of the community's needs rather than just Oroville Hospital's clinical abilities.

About Oroville Hospital

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

Oroville Hospital is a 133-bed acute care facility that specializes in a broad range of inpatient and outpatient services, including multiple physician practices. Other services include:

Aesthetic Medicine	Gastroenterology	Podiatry
Ambulatory Care	Home Health	Primary Care Services
Anesthesia Services	Hospitalist Services	Pulmonary Function Testing
Anticoagulation Services	Intensive Care Unit	Radiology Services
Breast Cancer Services	Laboratory Services	Rehabilitation Services
Cancer Care Program	Medical Concierge	Respiratory Care
Cardiac Rehabilitation	Medical-Surgical Units	Robotic Surgery
Cardiology	Neurodiagnostics	Sleep Disorder Testing
Cardiovascular Testing	Neurology	Stroke Program
Childbirth Services	Nutritional Therapy	Surgical Services
Chiropractic Services	Ophthalmology	Telemedicine
Dermatology	Orthopedic Surgery	Urology
Emergency Care Services	Pain Management	Valley Medical Imaging
Endoscopy	Palliative Care Program	Vascular Surgery
Ear, Nose, Throat Services	Pediatric Services	Women's Imaging

Table 1. Oroville Hospital's Patient Care Statistics from Fiscal Year 2015

Oroville Hospital's Patient Care Statistics (FY2015)			
Discharges	11,873	Lab Procedures-Inpatient	1,236,026
Inpatient Days	41,493	Lab Procedures-Outpatient	987,680
Deliveries	462	Total Surgery Cases-Outpatients	1,688
ER Visits	33,574	Total Surgery Cases-Inpatients	3,291
Total Outpatient Clinic Visits	227,118		

Description of Primary Medical Service Area

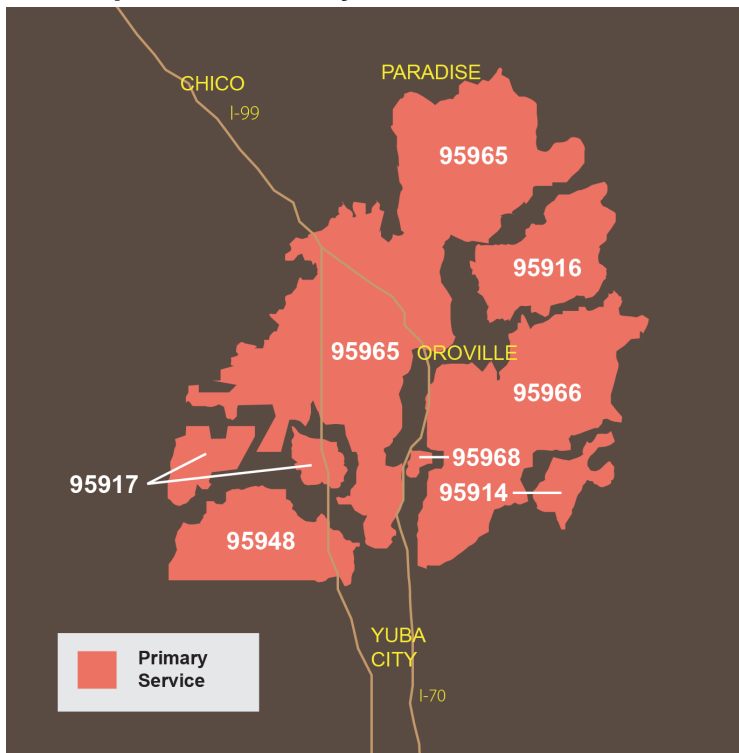


Figure 1. Zip Code Boundaries of the Primary Medical Service Area¹

This Community Health Needs Assessment serves the Oroville Hospital primary medical service area which includes: Oroville (95965/95966), Bangor (95914), Berry Creek (95916), Biggs (95917), Gridley (95948) and Palermo (95968). The total population in the primary medical service area is 68,423.

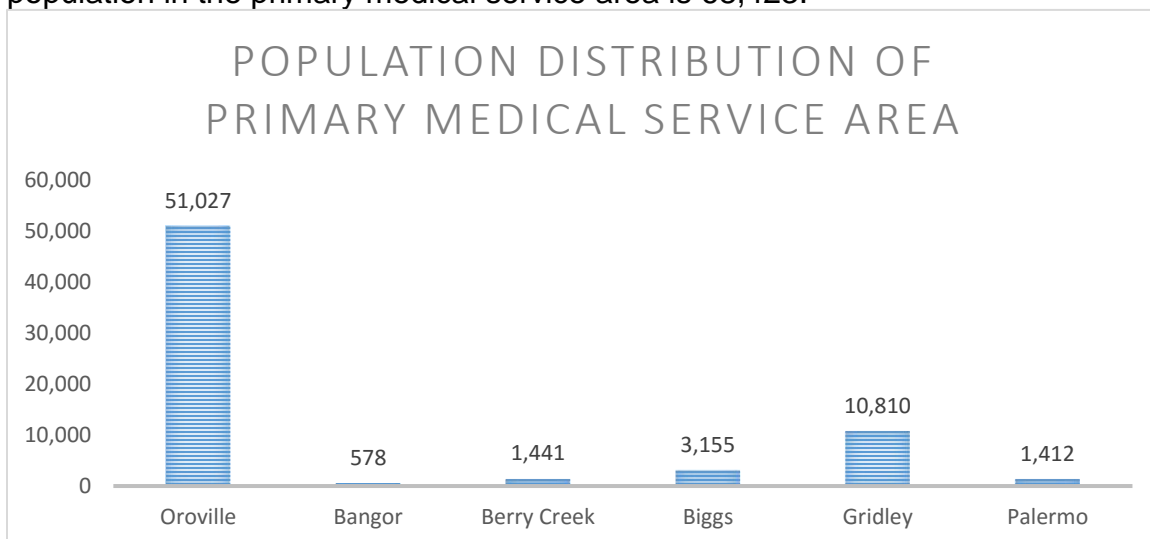


Figure 2. Population Distribution of Primary Medical Service Area²

¹ Map compiled by John Coryat USNaviguide. Available from: <http://www.usnaviguide.com/>

² 2010 US Census Bureau Demographic Profile Data. Available from: <https://factfinder.census.gov>

Description of Secondary Medical Service Area

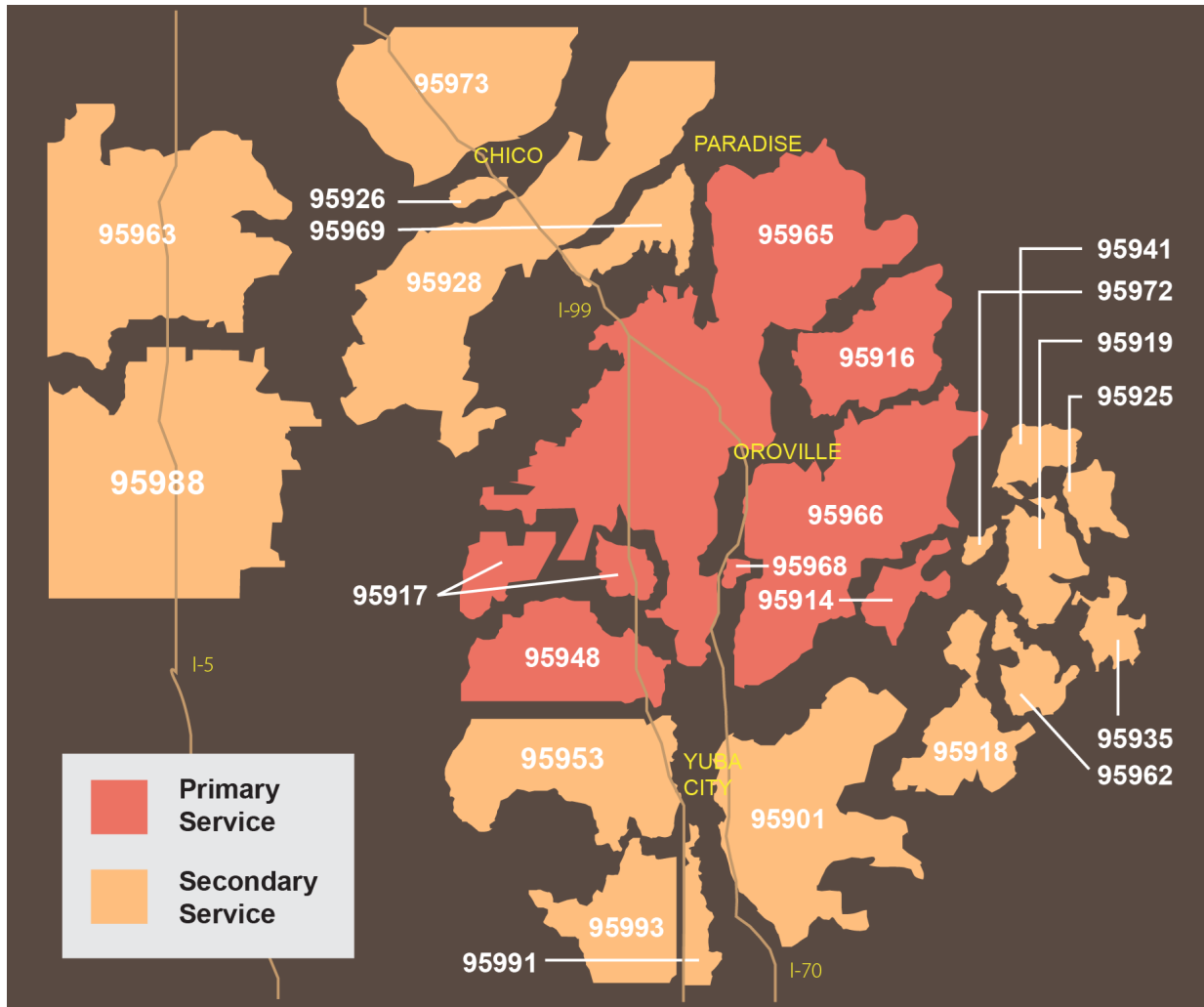


Figure 3. Zip Code Boundaries of the Secondary Medical Service Area³

Oroville Hospital's secondary medical service area includes: Browns Valley (95918), Brownsville (95919), Challenge (95925), Chico (95926, 95927, 95928, 95929, 95973, 95976), Dobbins (95935), Durham (95938), Feather Falls (95940), Forbestown (95941), Live Oak (95953), Magalia (95954), Marysville (95901), Olivehurst (95961), Oregon House (95962), Orland (95963), Paradise (95969), Rackerby (95972), Richvale (95974), Weed (96094), Willows (95988) and Yuba City (95991, 95993). The total population of the secondary medical service area is 332,743.

³ Map compiled by John Coryat USNaviguide. Available from: <http://www.usnaviguide.com/>

Figure 4 displays the population distribution of the secondary medical service area. No data was available for the Feather Falls and Rackerby areas, thus there is no value presented in the figure.

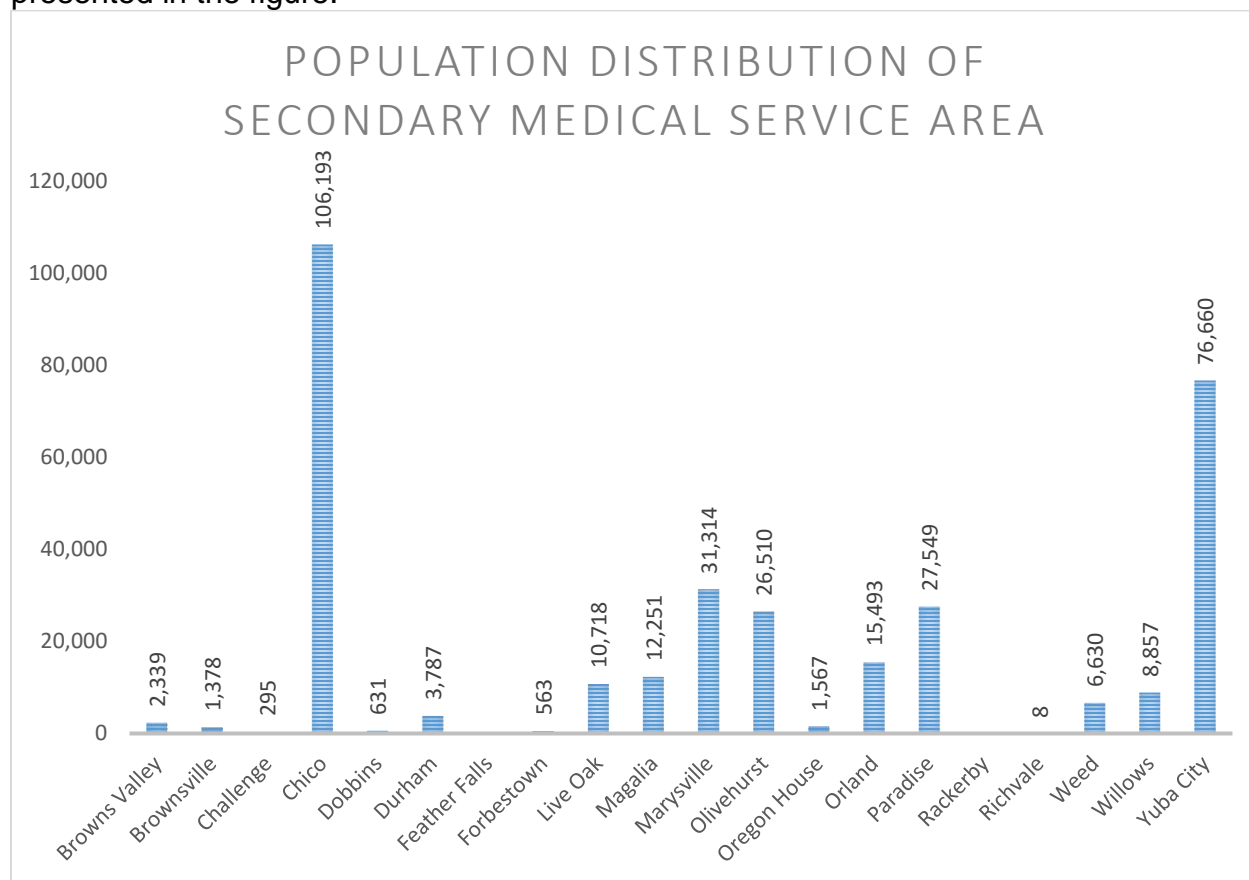


Figure 4. Population Distribution of Secondary Medical Service Area⁴

II. Methodology of the Community Health Needs Assessment

A. Primary Data

Primary data was collected from the following sources and methods:

1. Together We Can! Healthy Living in Butte County 2014 Community Health Assessment (CHA) Survey

A Community Health Assessment Survey was developed by the Together We Can! Healthy Living in Butte County collaboration to gain insight into issues that affect the health of those living and working in Butte County. The survey consisted of 36 questions. Participation in the survey was voluntary, and care was taken to ensure that respondents' answers were confidential in accordance

⁴ 2010 US Census Bureau Demographic Profile Data. Available from: <https://factfinder.census.gov>

with laws pertaining to privacy of personal and protected health information. The survey was made available in English, Spanish and Hmong; and in both paper and electronic formats for each language. For the purpose of this CHNA, participant surveys from the Oroville Hospital primary service area were stratified and analyzed. A total of 704 surveys were completed between September and October 2014. Data analysis was completed by the California State University, Chico's Center for Healthy Communities (CHC).

2. Focused Conversations

Together We Can! Healthy Living in Butte County conducted focused conversations to collect input from community members all over Butte County. However, Together We Can! Healthy Living in Butte County had a lack of participation from seniors. Thus, Oroville Hospital reached out to the senior population and conducted a focused conversation at the Feather River Senior Center in 2016. The focused conversation utilized the guidelines from Together We Can! Healthy Living in Butte County (See Appendix C). A total of 9 seniors participated in the focused conversation.

3. Follow-Up Focused Conversations

Focused conversation guidelines were prepared by the CHC and adapted from Together We Can! Healthy Living in Butte County. The focused conversations were designed to provide information on current health concerns, implementation strategies, evaluate any improvements in community health and collect feedback. Two focused conversations were conducted in 2016, one with Oroville Hospital health care providers, and the other with Oroville Hospital service area community members. A total of 10 health care providers and 13 community members attended the two focused conversations.

B. Secondary Data

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

- United States Census Bureau
- Center for Disease and Prevention (CDC)
- United States Department of Health and Human Services
- United States Department of Agriculture (USDA)
- Substance Abuse and Mental Health Services Administration (SAMHSA)
- Center for Medicare and Medicaid Services (CMS)
- Office of Statewide Health Planning and Development (OSHPD)
- California Department of Public Health
- California Center for Public Health Advocacy
- Butte County Department of Public Health
- Butte County Coroner's Office
- Butte County-wide Homeless Continuum of Care

- UCLA Center for Health Policy Research
- Dartmouth College Institute for Health Policy and Clinical Practice
- Feeding America
- Community Commons, an online tool managed by the Institute for People, Place and Possibility, Community Initiatives and the Center for Applied Research and Environmental Systems
- County Health Rankings, a Robert Wood Johnson Foundation program

III. 2014 CHA Survey and Secondary Data Findings

This section begins with a report of demographic findings. The findings present a combination of primary data from the Together We Can! Healthy Living in Butte County 2014 CHA survey and secondary data retrieved from online data sources.

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 Together We Can! Healthy Living in Butte County 2014 CHA Survey.

1. Race/Ethnicity

Figure 5 presents a comparison of the racial and ethnic makeup of the primary medical service area between the CHA Survey respondents and secondary data collected from the 2010 Census. The CHA survey did not collect data on multi-race or ethnic respondents, thus there is no value presented in the figure.

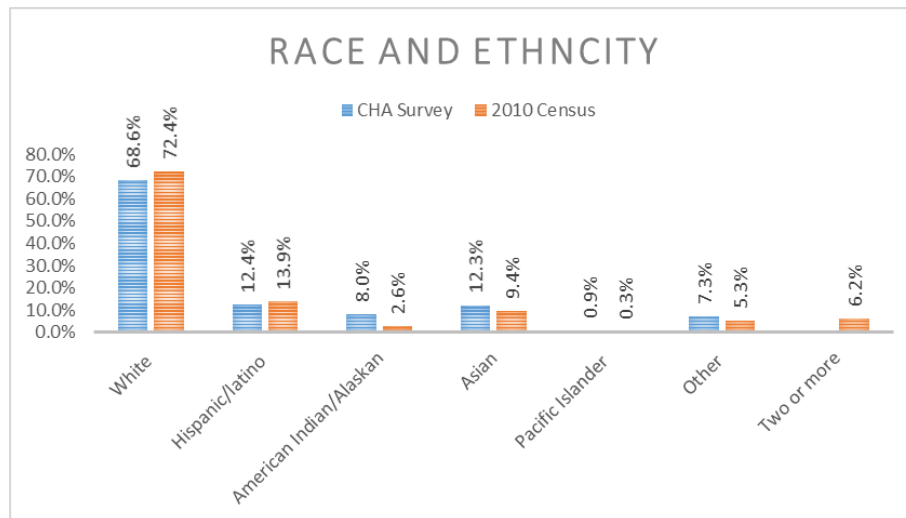


Figure 5. Comparison of Race and Ethnicity between CHA survey and 2010 Census⁵

⁵ 2010 US Census Bureau Demographic Profile Data. Available from: <https://factfinder.census.gov>

2. Age

Figure 6 represents the age distribution provided by the 2010 Census data.

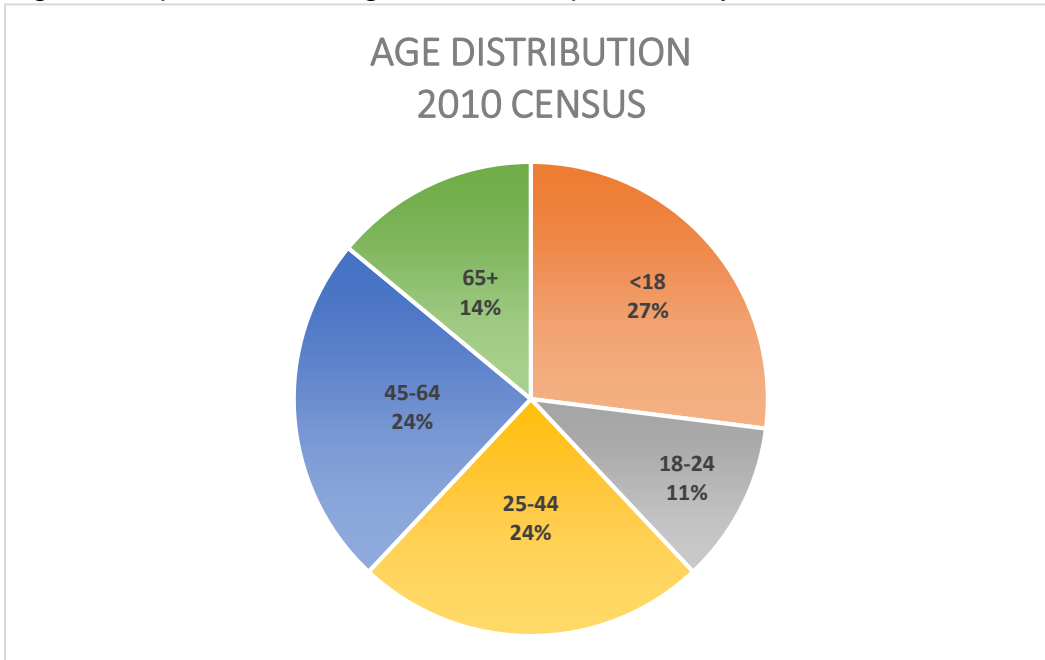


Figure 6. Age Distribution According to 2010, Census⁶

Figure 7 shows the age distribution based on data collected by the CHA survey. Individuals under 18 years were not surveyed, thus not represented below.

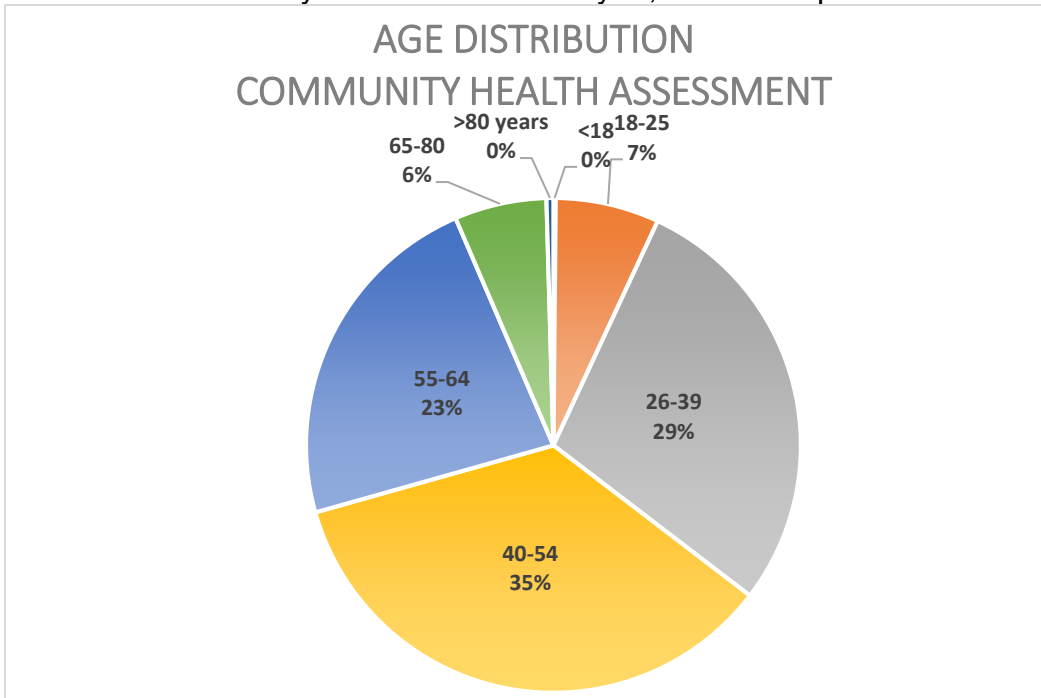


Figure 7. Age Distribution of 2014 CHA Survey Respondents

⁶ 2010 US Census Bureau Demographic Profile Data. Available from: <https://factfinder.census.gov>

3. Gender

Figure 8 displays a comparison of the gender makeup between CHA Survey respondents and data collected from the 2010 Census. Females made up a significantly higher percentage of survey respondents compared to males.

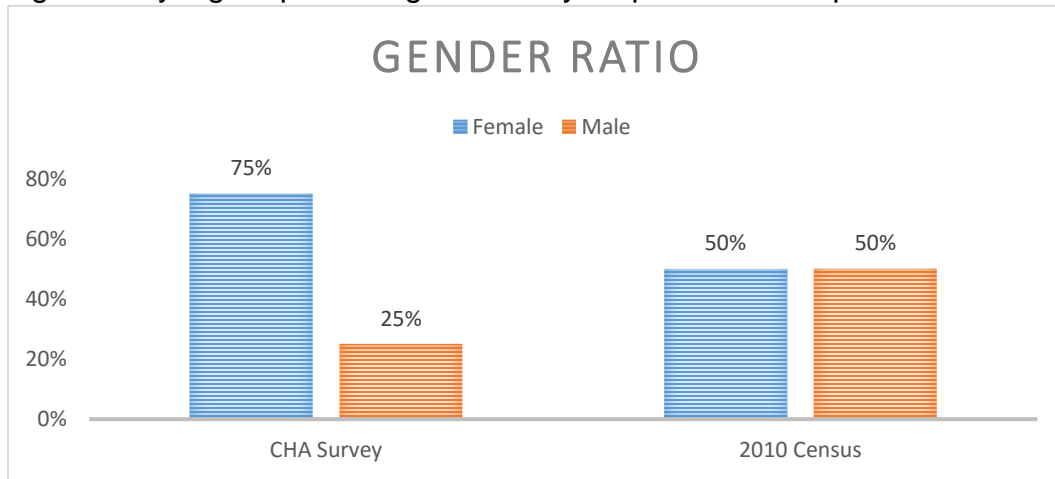


Figure 8. Gender Ratio Comparison Between CHA Survey and 2010 Census⁷

4. Annual Household Income

Figure 9 displays the annual household income among the CHA survey respondents. Approximately 40% of respondents had an annual household income of less than \$34,999, and about 55% reported annual incomes between \$35,000 and \$79,999. In comparison, Butte County's median household was \$43,165 in the years 2010 through 2014.⁸

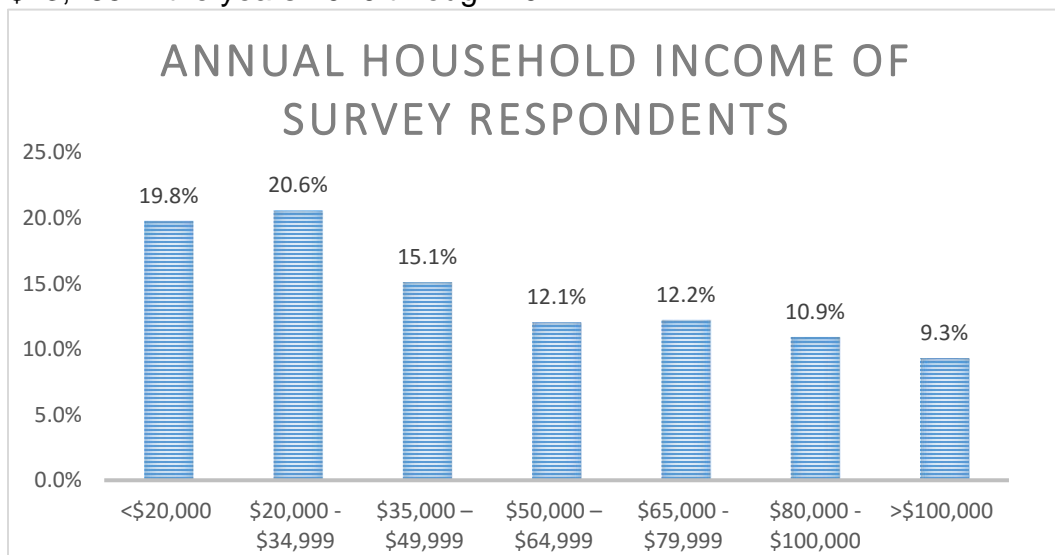


Figure 9. Annual Household Income Among CHA Survey Respondents

⁷ 2010 US Census Bureau Demographic Profile Data. Available from: <https://factfinder.census.gov>

⁸ US Census American Community Survey (ACS) 5-Year Estimates. Available from: <https://factfinder.census.gov>

Identified Primary Health Concerns of the Community

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

- A. Substance Abuse
- B. Mental and Emotional Health
- C. Homelessness and Poverty
- D. Overweight/Obesity
 - Access to Healthy Food/Food Insecurity
- E. Pulmonary Issues
 - Asthma
 - Smoking
- F. Access to Health Care
- G. Diabetes

A. Substance Abuse

Substance abuse (alcohol and drug) was ranked number one (out of 30 health issues) as the most important health issue in Butte County in the 2014 CHA survey. (See Figure 1 in Appendix A)

According to California Department of Public Health data, in Butte County, the age-adjusted drug induced death rate is roughly three times as high for the state of California, ranking 56th out of 58 counties. Drug-induced death rates are shown as number of deaths per 100,000 populations.

Table 2. Comparison of Age-Adjusted Drug-Induced Deaths⁹

Drug Induced Deaths	County Ranking (out of 58 CA counties)	Butte County age-adjusted death rate	California age-adjusted death rate	National age-adjusted death rate
3-Year Average: 2011-2013	56 th	32.6	11.1	12.3
3-Year Average: 2010-2012	56 th	37.1	10.8	12.3

A considerable proportion of drug-induced deaths in Butte County can be attributed to the misuse and abuse of prescription and illicit opioids. The Butte County

⁹ California Department of Public Health: Death Statistical Master Files 2013

Coroner’s office review of local drug induced deaths revealed that over the years 2011 to 2013, 66% of these fatalities involved lethal blood concentrations of opioids (prescription and/or illicit).

Table 3. Opioid-Indicated Drug Induced Death Rates in Butte County¹⁰

Year	Percent Opioid-Indicated Drug Induced Deaths	Opioid-Indicated Deaths	Total Drug-Induced Deaths
2013	64.4%	38	59
2012	65.2%	43	66
2011	67.6%	50	74
3 Year Average	65.7%	43.7	66.3

B. Mental and Emotional Conditions

According to the World Health Organization, mental health is “a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully and is able to make a contribution to his or her community.” Mental illness is defined as “health conditions that are characterized by alterations in thinking, mood or behavior (or some combination thereof) associated with distress and/or impaired functioning.”¹¹

The CDC also states that mental health and physical health care have a strong correlation. Mental health plays a major role in a person’s ability to maintain good physical health. Mental illnesses can inhibit an individuals ability to participate in physically healthy behaviors. In turn, poor physical health can seriously impact mental health, causing the individual to not take part in treatment and recovery of chronic diseases.¹²

Mental health ranked number two (out of 30 health concerns) as one of the most important health issues in Butte County in the 2014 CHA survey.

Additionally, approximately 35% of the CHA survey respondents have indicated that they or a family member have used one or more mental health services within a year. In comparison, 45% of CHA survey respondents from various communities in Butte County, reported that they or a family member have used one or more mental health services within a year. Of the respondents from Oroville Hospital’s primary service area, who reported to have used or had a family member use mental health

¹⁰ Butte County Coroner's Office

¹¹ World Health Organization, Mental Health: Strengthening Our Response. Available from: <http://www.who.int/mediacentre/factsheets/fs220/en/>

¹² CDC, Mental Health Basics. Available from: <https://www.cdc.gov/mentalhealth/basics.htm>

services, only 10% were not able to get these services in Butte County and 5% were able to get some services but not all the services they needed.

Table 4. Survey Respondents Reported They or a Family Member Have Used Some Type of Mental Health Service(s)

Report Area	Total Number of Survey Responses	Total Usage Number	Total Usage Percent
Oroville Hospital Primary Medical Service Area	731	254	34.7%
Butte County	2469	1110	44.9%

According to the Substance Abuse and Mental Health Services Administration (SAMHSA), data collected from the 2009 National Survey of Drug Use and Health (NSDUH) estimated nearly 7.8% of youth and 5.1% of adults in Butte County's total population meet the demographic and mental health diagnosis criteria. In comparison, those households who live 200% below the federal poverty level have a greater percentage (9.0% and 8.3%) of youth and adults who meet the mental health diagnosis criteria.

The NSDUH data shows a trend. Those who live 200% below the poverty level, are more likely to meet requirements for a mental health diagnosis, in both state and county report areas.

Table 5. Percentage of Individuals Within the Report Areas Who Meet the Demographic and Mental Health Diagnosis Criteria¹³

Report Area	Age	Total Population	Households below 200% Poverty level
Butte County	Youth 0-17	7.8%	9.0%
	Adults 18+	5.1%	8.3%
California	Youth 0-17	7.6%	8.9%
	Adults 18+	4.3%	7.7%

1. Lack of Social or Emotional Support

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. The CDC indicates social and emotional support are critical for navigating the

¹³ Substance Abuse and Mental Health Services Administration (SAMHSA), National Survey of Drug Use and Health (NSDUH) 2009.

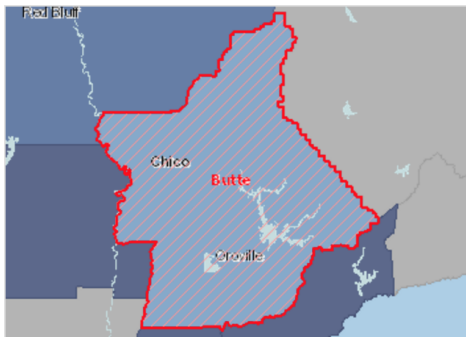
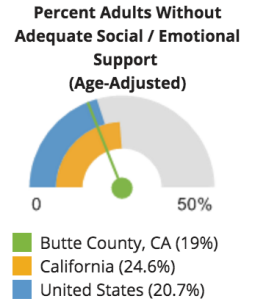
challenges of daily life as well as for good mental health. Social and emotional support is also linked to educational achievement and economic stability.¹⁴

According to CDC statistics cited below, 19% of the adult population in Butte County has inadequate social and emotional support. In comparison, Butte County provides better social and emotional support than the state and nation.

Report Area	Total Population Age 18+	Estimated Population Without Adequate Social / Emotional Support	Crude Percentage	Age-Adjusted Percentage
Butte County, CA	173,137	32,723	18.9%	19%
California	27,665,678	6,805,757	24.6%	24.6%
United States	232,556,016	48,104,656	20.7%	20.7%

Note: This indicator is compared with the state average.

Data Source: Centers for Disease Control and Prevention, [Behavioral Risk Factor Surveillance System](#). Accessed via the [Health Indicators Warehouse](#). US Department of Health & Human Services, [Health Indicators Warehouse](#), 2006-12. Source geography: County



Inadequate Social/Emotional Support, Percent of Adults Age 18+ by County, BRFSS 2006-12

- Over 23.0%
- 19.1 - 23.0%
- 15.1 - 19.0%
- Under 15.1%
- No Data or Data Suppressed
- Report Area

Figure 10. Percent Adults without Adequate Social/Emotional Support¹⁵

2. Suicide

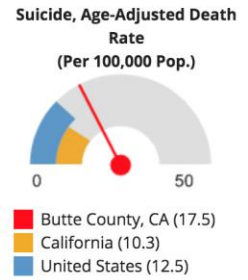
In Butte County, there were on average 17.5 suicide deaths per 100,000 persons. According to the WHO, many people remain undiagnosed with a mental illness for many reasons including the stigma associated with mental health illness and a lack of financial and mental health resources.¹⁶

¹⁴ CDC, Mental Health Basics. Available from: <https://www.cdc.gov/mentalhealth/basics.htm>

¹⁵ CDC Behavioral Risk Factor Surveillance System, US Department of Health & Human Services, Health Indicators Warehouse 2006-2012

¹⁶ World Health Organization: Investing in Mental Health. Available from: http://www.who.int/mental_health/media/investing_mnh.pdf

Report Area	Total Population	Average Annual Deaths, 2010-2014	Crude Death Rate (Per 100,000 Pop.)	Age-Adjusted Death Rate (Per 100,000 Pop.)
Butte County, CA	221,625	41	18.32	17.5
California	38,021,542	4,008	10.54	10.3
United States	313,836,267	40,466	12.89	12.5
HP 2020 Target				<= 10.2



Note: This indicator is compared with the state average.
 Data Source: Centers for Disease Control and Prevention, [National Vital Statistics System](#). Accessed via [CDC WONDER](#), 2010-14. Source geography: County

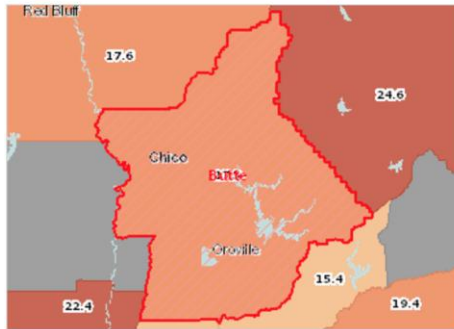


Figure 11. Suicide Death Rate Per 100,000 Population¹⁷.

C. Homelessness and Poverty

Homelessness and poverty are inevitably linked. Those who are living in poverty are frequently unable to pay for housing, food, childcare, health care and education. Difficult choices must be made when limited resources cover only some of these necessities. Often it is housing, which absorbs a high proportion of income that must be dropped. A lack of affordable housing and the limited scale of housing assistance programs contribute to homelessness. Other major factors that contribute to homelessness include: domestic violence, mental illness and substance addiction.¹⁸

According to the Federal Strategic Plan to Prevent and End Homelessness, in many homeless individuals and families, health conditions were a major contributing factor in the economic crisis that led to losing stable housing. Once left without support and resources for basic needs, even the most minor illness can escalate to more acute or chronic illness. Exposure to environmental elements and violence, along with a lack of proper nutrition and preventative care often results in more serious illness and financial strains on the community as hospitals are impacted and there are limited options for discharge plans. After medical care is offered, treatment cannot be

¹⁷ CDC National Vital Statistics System 2010-2014

¹⁸ National Coalition for the Homeless, Why Are People Homeless? Available from: <http://nationalhomeless.org/about-homelessness/>

sustained due to a lack of resources and transportation.¹⁹ The Federal Strategic Plan to Prevent and End Homelessness also states that housing integrated with health care is an effective and cost-saving intervention for people experiencing homelessness and those unstably housed with serious health problems.

1. Homelessness

Homelessness was ranked third (out of 30 health issues) as one of the most important health issues in Butte County in the 2014 CHA survey.

The Butte County-wide Homeless Continuum of Care conducted a biennial study to learn more about those who were homeless in Butte County. In 2015, 1 in 127 individuals who were experiencing homelessness were surveyed in the Point-In-Time Homeless Street Census Count. Table 6 shows the comparison of the number of surveys completed in 2013 and 2015 in four areas: Chico, Biggs/Gridley, Oroville and Paradise.¹⁸

Table 6. Comparison of Completed Surveys Between Four Geographic Areas¹⁸

Geographic Area	Year 2013	Year 2015
Chico	804	571
Biggs/Gridley	65	36
Oroville	579	390
Paradise	89	49
Other/Unknown	16	81
Butte County Total	1553	1127

According to the Point-In-Time Homeless Street Census Count survey results in Table 7, an alarming 54% of the countywide homeless have a disabling condition. Additionally, 38% of those same individuals also have some sort of mental illness. It was also reported, of those who had medical insurance coverage, 78% of them had Medicaid. They also concluded that 37% of the individuals experiencing homelessness do not have health insurance.

¹⁹ Butte Countywide Homeless Continuum of Care. Available from: http://buttehomelesscoc.com/reports/pit/butte_coc_2015_homeless_census_survey_report.pdf

Table 7. Percentage of Homeless Individuals With Disabilities²⁰

Disability	Chico	Gridley/ Biggs	Oroville	Paradise	Countywide
Disabling Condition	64%	3%	43%	76%	54%
Physical Disability	23%	31%	30%	44%	27%
Developmental Disability	4%	3%	7%	11%	5%
Chronic Health Condition	16%	11%	18%	24%	17%
HIV-AIDS	0%	0%	1%	2%	1%
Mental Illness	38%	22%	39%	42%	38%
Drug Abuse	20%	9%	28%	21%	2%
Alcohol Abuse	16%	11%	42%	11%	16%

2. Poverty

Healthy People 2020 states the determinants of health are a range of personal, social, economic and environmental factors. Social determinants of health reflect the social factors and physical conditions of environment in which people are born, live, learn, play, work and age. These social and physical determinants of health impact a wide range of health, functioning and quality-of-life outcomes. Thus, poverty can play a major role in an individual's health outcome.²¹

The 2010 Census reveals, within the Oroville Hospital primary service area, the average percent of individuals in poverty is approximately 20%. In comparison, the average percent of individuals in poverty, in Butte County is approximately 22%.²²

²⁰ Butte Countywide Homeless Continuum of Care. Available from:

http://buttehomelesscoc.com/reports/pit/butte_coc_2015_homeless_census_survey_report.pdf

²¹ Healthy People 2020, Determinants of Nutrition, Physical Activity, and Obesity. Available from:

<https://www.healthypeople.gov/2020>

²² 2010 US Census Bureau Quick Facts. Available from: <http://www.census.gov/quickfacts>

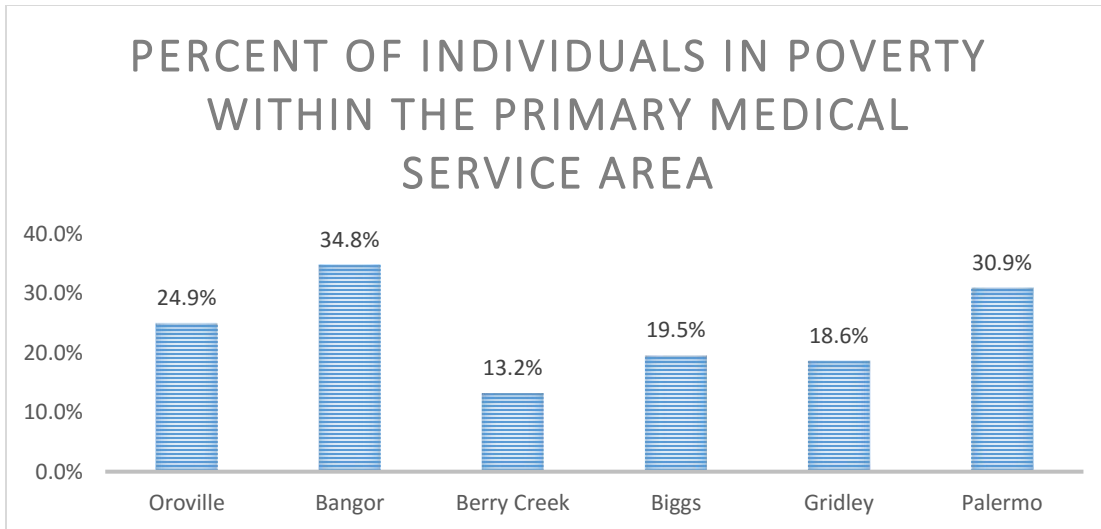


Figure 12. Percent of Individuals in Poverty within the Primary Medical Service Area

D. Overweight and Obesity

According to the CDC, obesity is a serious health concern because it is associated with poorer mental health outcomes, reduced quality of life and the leading causes of death worldwide, such as diabetes, heart disease, stroke and some types of cancer.²³

A reduction in the overweight and obese population would help decrease the leading causes of preventable deaths in the United States as well as reduce the medical costs associated with overweight and obese individuals. Programs to reduce the incidence of overweight and obese individuals would save taxpayer dollars and reduce the incidences of many preventable chronic diseases.²²

A number of factors can affect a person's ability to eat a healthful diet, stay physically active and achieve or maintain a healthy weight. The individual's environment has a critical impact on behaviors that influence health. For example, in many communities, there is nowhere to buy fresh fruit and vegetables, and no safe or appealing place to play or be active. These environmental factors are aggravated by social and individual factors such as gender, age, race and ethnicity, education level, socioeconomic status and disability status—that influence nutrition, physical activity and obesity. For example, low-income families may not have enough money to afford meals on a daily basis, let alone healthy nutrient dense foods. According to the Healthy People 2020 initiative, it is critically important to address these factors in

²³ CDC Adult Obesity Causes and Consequences. Available from: <https://www.cdc.gov/obesity/adult/causes.html>

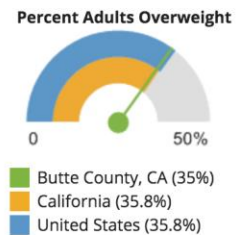
order to improve the nutrition and activity levels among Americans.²⁴

In the 2013 CHNA survey, 33% of respondents were overweight, and an additional 32% were obese. Therefore, a total of 65% of the respondents were either overweight or obese. In the 2014 CHA survey, **obesity was ranked number 4 (out of 30 other health issues) as one of the most important issues in Butte County.**

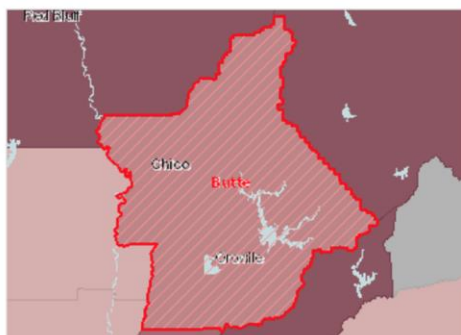
1. Overweight

CDC data indicates that 35% 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 to the rest of the state.

Report Area	Survey Population (Adults Age 18+)	Total Adults Overweight	Percent Adults Overweight
Butte County, CA	224,837	78,690	35%
California	26,907,825	9,646,443	35.8%
United States	224,991,207	80,499,532	35.8%



Note: This indicator is compared with the state average.
 Data Source: Centers for Disease Control and Prevention, [Behavioral Risk Factor Surveillance System](#). Additional data analysis by CARES. 2011-12. Source geography: County



Overweight (BMI 25.0-29.9), Adults Age 18+, Percent by County, BRFSS 2011-12



Figure 13. Comparison of Percent Adults Overweight²⁵

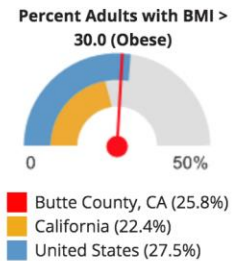
2. Obesity

According to the CDC, approximately 26% of Butte County adults aged 20 and older self-reported that they have a Body Mass Index (BMI) greater than 30.0 (obese) in Butte County.

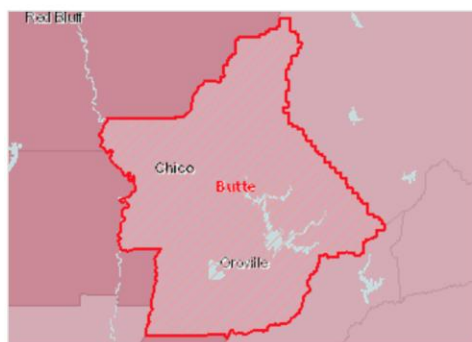
²⁴ Healthy People 2020, Determinants of Nutrition, Physical Activity, and Obesity. Available from: <https://www.healthypeople.gov/2020>

²⁵ CDC Behavioral Risk Factor Surveillance System 2011-2012

Report Area	Total Population Age 20+	Adults with BMI > 30.0 (Obese)	Percent Adults with BMI > 30.0 (Obese)
Butte County, CA	168,934	43,754	25.8%
California	28,174,046	6,390,985	22.4%
United States	234,188,203	64,884,915	27.5%



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](#), 2013.
 Source geography: County



Obese (BMI >= 30), Adults Age 20+, Percent by County, CDC NCCDPHP 2013



Figure 14. Comparison of Percent Adults with Obese BMI >30²⁶

3. Adolescent Overweight/Obesity

According to the CDC, obese youth are at higher risk for: cardiovascular diseases (such as high cholesterol or high blood pressure), bone and joint problems, sleep apnea and social and psychological problems such as stigmatization and poor self-esteem.²⁷ In Butte County, nearly 28% percent of youth between the ages 12 and 17 are considered overweight or obese.

Table 8. Adolescent Overweight and Obesity Estimates²⁸

Years	Butte	California
2001	43.5%	30.5%
2009,2011-12	25.9%	30.5%
2011-2014	27.7%	32.1%

Adolescent data from 2009 and 2011-12 were combined to produce stable estimates.

4. Access to Healthy Food

According to the First Lady’s Lets Move! initiative, more than 23 million Americans, including 6.5 million children, live in low-income urban and rural neighborhoods that are more than a mile from a supermarket.²⁹ The USDA Economic Research Service defines these communities as “food deserts” since they lack access to affordable,

²⁶ CDC National Center for Chronic Disease Prevention and Health Promotion 2013

²⁷ CDC Childhood Obesity Facts. Available from: <https://www.cdc.gov/healthyschools/obesity/facts.htm>

²⁸ 2001, 2009, 2011-12 and 2011-2014 California Health Interview Surveys.

²⁹ Let’s Move! Make Healthy Food Affordable and Accessible. Available from: <http://www.letsmove.gov/make-healthy-food-affordable-and-accessible>

nutritious food.³⁰ The USDA Food Access Research Atlas reports the percentage of the population living in census tracts designated as food deserts. This indicator is relevant because it highlights populations and geographies facing food insecurity. In comparison to California, Butte County has a higher population (20%) with low food access.

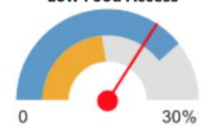
The lack of access to affordable, nutritious foods could steer individuals and households to rely on high caloric, nutrient poor foods that are easily available at fast food or convenient stores. Thus, by increasing access to healthy foods, individuals and households have a greater opportunity to purchase nutritious food that could potentially combat obesity and being overweight.

Report Area	Total Population	Population with Low Food Access	Percent Population with Low Food Access
Butte County, CA	220,000	45,216	20.55%
California	37,253,956	5,332,093	14.31%
United States	308,745,538	72,905,540	23.61%

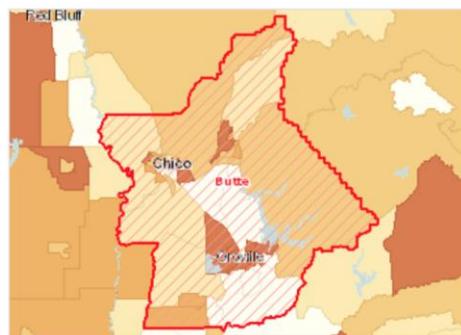
Note: This indicator is compared with the state average.

Data Source: US Department of Agriculture, Economic Research Service, [USDA - Food Access Research Atlas](#), 2010. Source geography: Tract

Percent Population with Low Food Access



■ Butte County, CA (20.55%)
 ■ California (14.31%)
 ■ United States (23.61%)



Population with Limited Food Access, Percent by Tract, FARA 2010

■ Over 50.0%
 ■ 20.1 - 50.0%
 ■ 5.1 - 20.0%
 ■ Under 5.1%
 ■ No Low Food Access
 □ Report Area

Figure 15. Percent Population with Low Food Access³¹

5. Food Insecurity

The USDA measures food insecurity by the number of households that are uncertain of having, or unable to acquire enough food to meet the needs of all their members because they have insufficient money or other resources for food. It is estimated, in Butte County, 18% of the population faces food insecurity at some point during the report year.

³⁰ Access to Affordable and Nutritious Food: Measuring and Understanding Food Deserts and Their Consequences. Available from: http://www.ers.usda.gov/media/242675/ap036_1_.pdf

³¹ USDA Food Access Research Atlas 2010

Report Area	Total Population	Food Insecure Population, Total	Food Insecurity Rate
Butte County, CA	220,542	40,640	18.43%
California	38,332,521	5,731,740	14.95%
United States	320,750,757	48,770,990	15.21%

Note: This indicator is compared with the state average.
Data Source: [Feeding America](#), 2013. Source geography: County

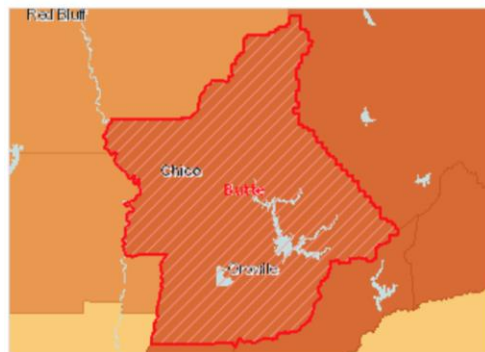
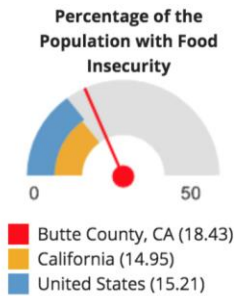


Figure 16. Percentage of Population with Food Insecurity³²

E. Pulmonary issues

Chronic obstructive pulmonary disease (COPD) refers to a group of diseases including emphysema, chronic bronchitis and asthma – all of which when exposed to tobacco smoke (first or secondhand), is a key factor in the development and progression of airflow blockage and breathing-related symptoms. Exposure to air pollution, chemical fumes or dust over long periods of time may also lead to the development of these symptoms; however, the leading factor for the development of chronic lower respiratory disease is smoking.³³

1. Asthma

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. Asthma is one of the most common chronic diseases and recognized as a growing public health concern.³⁴

The effects of asthma include missed school and work days, disruption of sleep and daily activities, urgent medical visits for asthma exacerbations and even death. Asthma affects not only those with the disease but also their family members and

³² Feeding America Data 2013

³³ CDC Chronic Obstructive Pulmonary Disease. Available from: <http://www.cdc.gov/copd/index.html>,

³⁴ National Institute of Health Medline Plus, Chronic Diseases: Asthma and You. Available from: <https://medlineplus.gov/magazine/issues/fall11/articles/fall11pg5-7.html>

friends, as well as schools and businesses. There is no cure for asthma, but symptoms can be controlled with access to medical care, appropriate medications, proper self-management and trigger reduction.³⁴

The CDC and the California Environmental Protection Agency specifies asthma is a prevalent problem in the U.S. that is often exacerbated by poor environmental conditions.³⁵ According to CDC Behavioral Risk Factor Surveillance System data reported from 2006-2010 and 2011-2012, the prevalence of asthma in Butte County has increased from 17% to currently 21%.

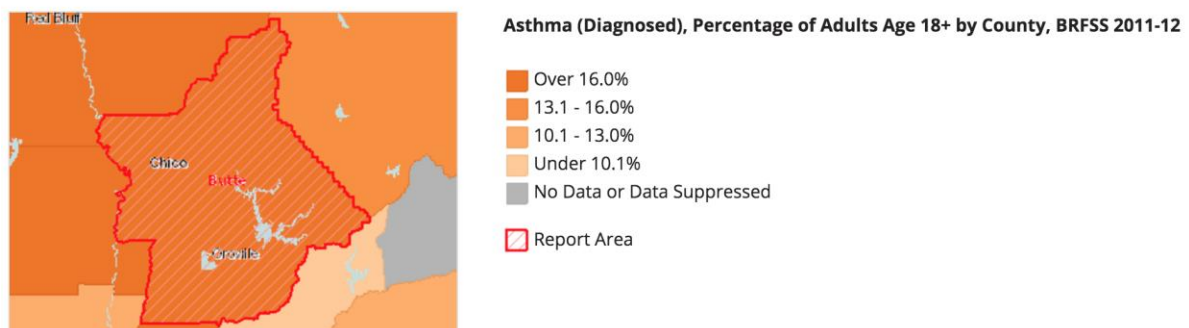
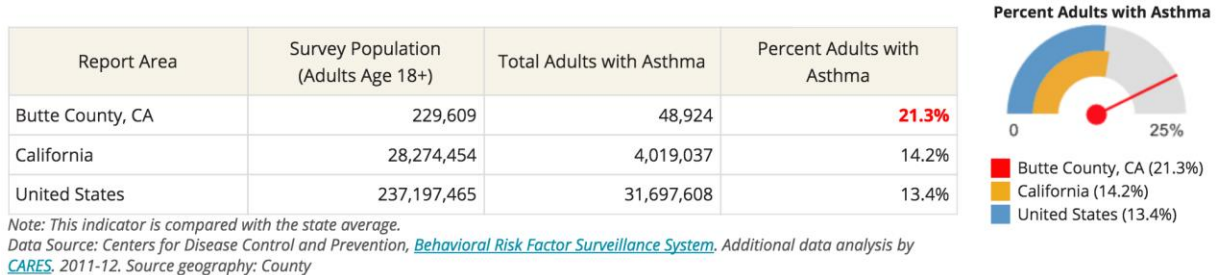


Figure 17. Percent Adults with Asthma³⁶

Emergency Department Visit Rates: The National Heart, Lung, and Blood Institute states children without access to regular medical care are more likely to suffer from serious asthmatic attacks that may result in repeated absences from school, trips to the emergency room and even hospitalization.³⁷

According to the Office of Statewide Health Planning and Development's (OSHPD) 2014 asthma emergency department visits data, it was reported that Butte County children, birth to 17 years of age, had an emergency department visit rate of 66.3 per 10,000 and adults 18 and older had a rate of 40.5. Butte County's rate of emergency department visits among children has increased from a rate of 54.8 to

³⁵ California Environmental Protection Agency, Asthma and Air Pollution. Available from: <https://www.arb.ca.gov/research/asthma/asthma.htm>

³⁶ CDC Behavioral Risk Factor Surveillance System 2011-2012.

³⁷ National Heart, Lung, and Blood Institute, Managing Asthma: A Guide for Schools. Available from: <http://www.nhlbi.nih.gov/health-pro/resources/lung/managing-asthma-guide-schools-2014-edition-html>

66.3 per 10,000 individuals over two years. Whereas the adult rate decreased from 42.6 to 40.5 per 10,000 individuals from 2012 to 2014.

Table 9. Comparison of Asthma Emergency Department Visit Rates³⁸

Year	Age	Butte County	California
2012	Children 0-17	54.8	79.4
	Adults 18+	42.6	N/A
2014	Children 0-17	66.3	80.7
	Adult 18+	40.5	38.6

In Butte County, a greater percentage of patients (56.9%) with asthma related conditions who visit the emergency departments are Medi-Cal beneficiaries in comparison to California overall (48.6%). In order to qualify for Medi-Cal, a family or individual must earn less than 138% of the federal poverty level. This highlights the influence that socio-economic status may be playing in relation to asthma in Butte County.

Table 10. Expected Source of Payment for Asthma Emergency Department Visits³⁹

Payment Source	Butte County	California
Medicare	18.1%	13.3%
Medi-Cal	56.8%	48.6%
Private	17.0%	26.3%
Other	8.1%	11.8%

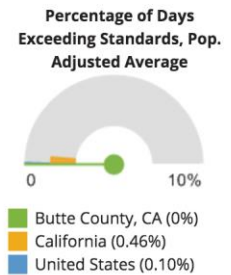
Air Quality (Particulate Matter 2.5): This indicator reports the percentage of days with particulate matter 2.5 levels above the National Ambient Air Quality Standard (35 micrograms per cubic meter) per year, calculated using data collected by monitoring stations and modeled to include counties where no monitoring stations occur. The California Environmental Protection Agency indicates poor air quality contributes to respiratory issues and overall poor health.⁴⁰ The air quality in Butte County has improved drastically from nearly 9% to 0% between the years 2008 and 2012.

³⁸ California Department of Public Health: California Breathing, OSHPD Emergency Department Data 2012-2014

³⁹ Office of Statewide Health Planning and Development Emergency Department Data 2014

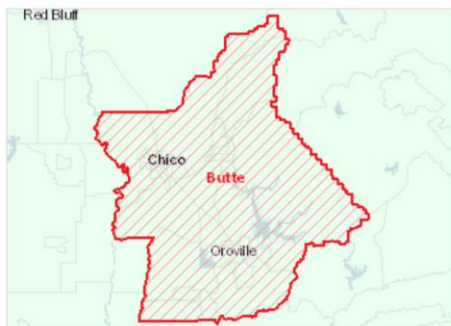
⁴⁰ California Environmental Protection Agency, Asthma and Air Pollution. Available from: <https://www.arb.ca.gov/research/asthma/asthma.htm>

Report Area	Total Population	Average Daily Ambient Particulate Matter 2.5	Number of Days Exceeding Emissions Standards	Percentage of Days Exceeding Standards, Crude Average	Percentage of Days Exceeding Standards, Pop. Adjusted Average
Butte County, CA	220,000	6.90	0	0	0%
California	37,253,956	9.79	1.60	0.44	0.46%
United States	312,471,327	9.10	0.35	0.10	0.10%



Note: This indicator is compared with the state average.

Data Source: Centers for Disease Control and Prevention, [National Environmental Public Health Tracking Network](#), 2012. Source geography: Tract



Fine Particulate Matter Levels (PM 2.5), Percentage of Days Above NAAQ Standards by Tract, NEPHTN 2012



Figure 18. Percent of Days Exceeding Emission Standards⁴¹

2. Smoking

Comprehensive data has shown that cigarette smoking is the leading preventable cause of death in the United States. According to the CDC, cigarette smoking causes more than 480,000 deaths each year in the United States. This is nearly one in five deaths. Smokers are more likely than nonsmokers to develop heart disease, stroke and lung cancer. Additionally, tobacco smoke can trigger an attack or make an attack worse for those individuals with asthma.⁴²

Compared to the 37% state average, Butte County has an estimated 48% of adults who reported smoking 100 or more cigarettes in their life. Furthermore, according to the 2016 County Health Rankings, 15% of adults in Butte County currently smoke compared to the 13% state average.⁴³ On average, Butte County has a greater population of smokers compared to the state. This could also be a contributing factor to the high asthma rates in the county as well as other environmental factors.

⁴¹ Data Source: CDC National Environmental Public Health Tracking Network 2012

⁴² CDC Tobacco-Related Mortality. Available from:

https://www.cdc.gov/tobacco/data_statistics/fact_sheets/health_effects/tobacco_related_mortality/

⁴³ County Health Rankings 2016. Available from:

<http://www.countyhealthrankings.org/app/california/2016/rankings/butte/county/outcomes/overall>

Report Area	Survey Population (Adults Age 18+)	Total Adults Ever Smoking 100 or More Cigarettes	Percent Adults Ever Smoking 100 or More Cigarettes
Butte County, CA	229,609	109,426	47.66%
California	28,252,018	10,438,205	36.95%
United States	235,151,778	103,842,020	44.16%

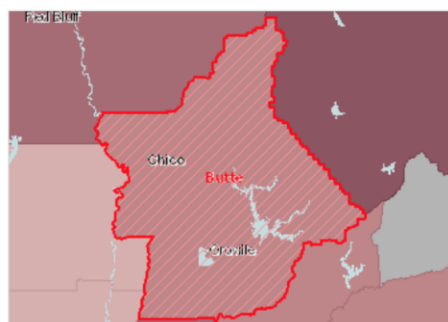
Percent Adults Ever Smoking 100 or More Cigarettes



■ Butte County, CA (47.66%)
 ■ California (36.95%)
 ■ United States (44.16%)

Note: This indicator is compared with the state average.

Data Source: Centers for Disease Control and Prevention, [Behavioral Risk Factor Surveillance System](#). Additional data analysis by CARES, 2011-12. Source geography: County



Adults Age 18+ Smoking > 99 Cigarettes (Ever), Percent by County, BRFSS 2011-12

■ Over 56.0%
 ■ 48.1 - 56.0%
 ■ 40.1 - 48.0%
 ■ Under 40.1%
 ■ No Data or Data Suppressed
 □ Report Area

Figure 19. Percent Adults Ever Smoking 100 or More Cigarettes⁴⁴

F. Access to Health Care

Access to health services means the timely use of personal health services to achieve the best health outcomes. Access to health services usually requires three distinct steps: gaining entry into the health care system, accessing a health care location where needed services are provided and finding a health care provider whom the patient can communicate with and trust.⁴⁵

A lack of health insurance is considered a key driver of health status. It is the primary barrier to health care access including regular primary care, specialty care and other health services that contribute to poor health status.⁴⁶

Results from the Together We Can! Healthy Living in Butte County CHA survey show approximately 54% of respondents pay for health care through their private health insurance and 6.8% of respondents do not have health insurance.

⁴⁴ CDC Behavioral Risk Factor Surveillance System 2011-2012

⁴⁵ Institute of Medicine, Committee on Monitoring Access to Personal Health Care Services. Access to health care in America. Millman M, editor. Washington: National Academies Press; 1993

⁴⁶ US Department of Health and Human Services, With Understanding and Improving Health and Objectives for Improving Health. Available from: <http://www.healthypeople.gov>

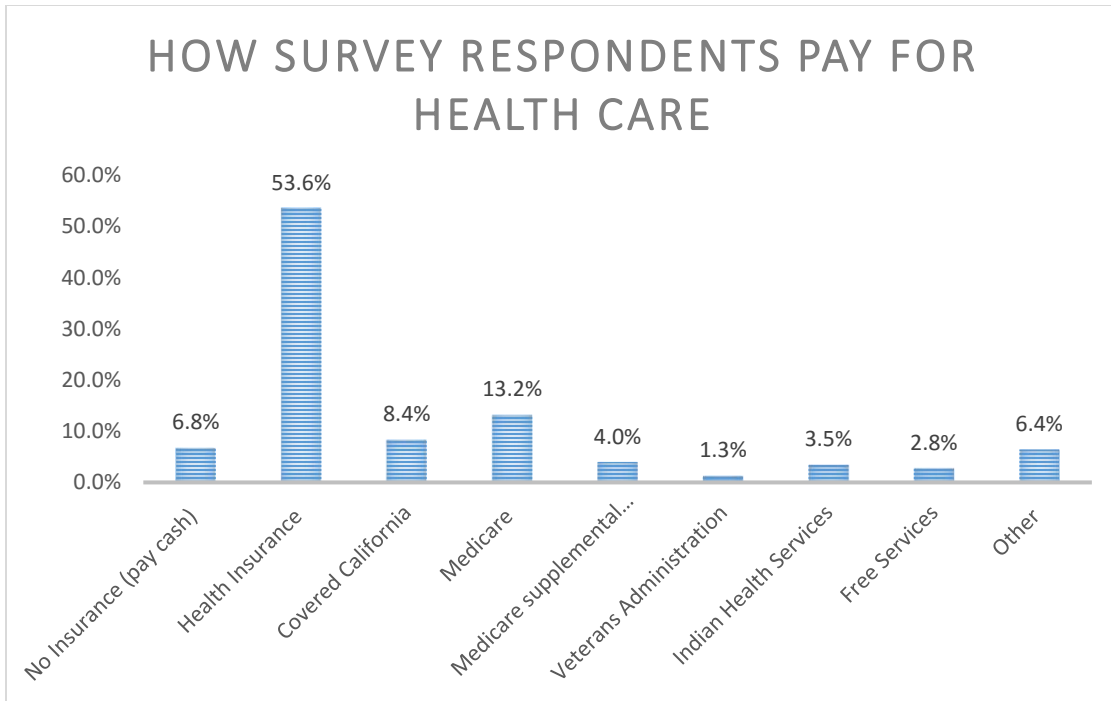


Figure 20. Survey Respondents Source of Health Care Payment

1. Population Without Medical Insurance

The U.S. Census Bureau estimates 15.5% of Butte County adults age 18 to 64 do not have health insurance coverage. In comparison, to the CHA survey results, only 6.8% do not have medical insurance.

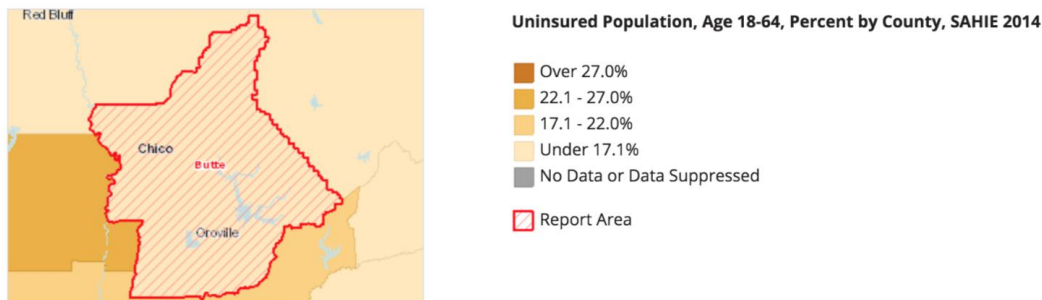
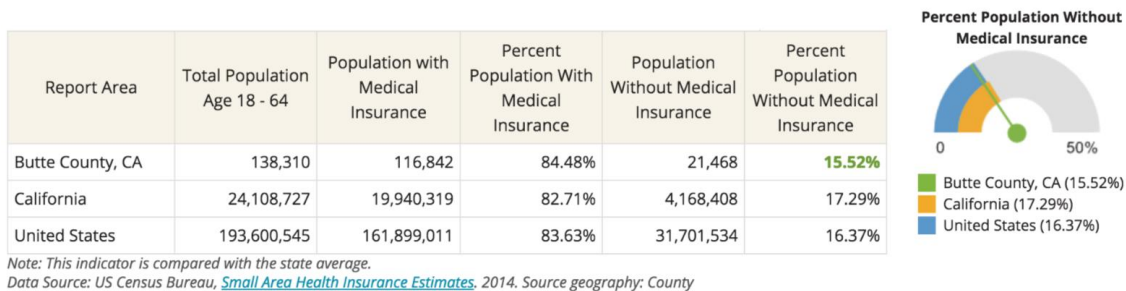


Figure 21. Percent Population Without Medical Insurance⁴⁷

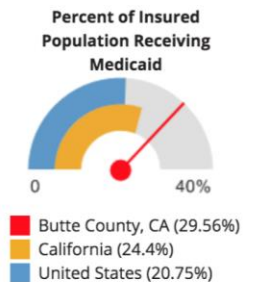
⁴⁷ US Census Bureau, Small Area Health Insurance Estimates 2014

2. Population Receiving Medicaid

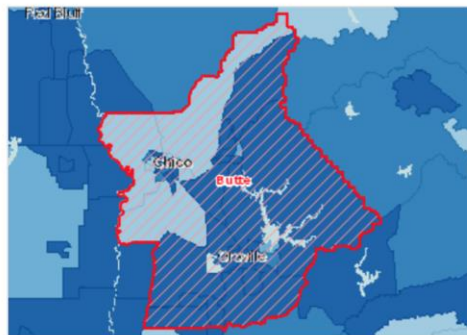
Medicaid is a jointly funded, federal-state health insurance program for low-income and in need people. It covers children, the elderly, blind, and/or disabled and other people who are eligible to receive federal assistance.⁴⁸ Financial counselors can use this data in combination with poverty data to assess gaps in Medicaid eligibility and enrollment.

In Butte County, nearly 30% of the population with insurance is enrolled in Medicaid. According to the U.S. Census Bureau, this indicator assesses vulnerable populations which are more likely to have multiple health access, health status and social support needs.⁴⁹

Report Area	Total Population (For Whom Insurance Status is Determined)	Population with Any Health Insurance	Population Receiving Medicaid	Percent of Insured Population Receiving Medicaid
Butte County, CA	219,426	186,749	55,211	29.56%
California	37,551,064	31,283,264	7,634,104	24.4%
United States	309,082,272	265,204,128	55,035,660	20.75%



Note: This indicator is compared with the state average.
Data Source: US Census Bureau, [American Community Survey](#), 2010-14. Source geography: Tract



Insured, Medicaid / Means-Tested Coverage, Percent by Tract, ACS 2010-14



Figure 22. Percent of Insured Population Receiving Medicaid⁵⁰

G. Diabetes

According to the CDC, the risk factors for type 2 diabetes include older age, obesity, family history of diabetes, prior history of gestational diabetes, impaired glucose tolerance, physical inactivity and race/ethnicity. African Americans, Hispanic/Latino Americans, American Indians and some Asian Americans and Pacific Islanders have a particularly high risk for type 2 diabetes. If not managed properly, diabetes

⁴⁸ Social Security Administration, Medicaid Information. Available from: <https://www.ssa.gov/disabilityresearch/wi/medicaid.htm>

⁴⁹ United States Census Bureau, 1997 Population Profile of United States. Available from: <https://www.census.gov/prod/3/98pubs/p23-194.pdf>

⁵⁰ US Census Bureau, American Community Survey 2010-2014

can cause serious health complications like heart disease, kidney failure, lower-extremity amputation and blindness.⁵¹

The CDC also states risk factors are less well defined for type 1 diabetes than for type 2 diabetes, but autoimmune, genetic and environmental factors are involved in developing this type of diabetes.⁵²

1. Diabetes Rates

Although Figures 23 and 24 show Type 1 and Type 2 rates combined, it is the Type 2 form of diabetes that is much more common and almost always associated with overweight and obese individuals. A University of California, Los Angeles study found that an estimated 43% of Butte County adults were prediabetic, and 10% of adults were diagnosed diabetic. Therefore, a total of 53% of Butte County adults were either prediabetic or diagnosed diabetic.

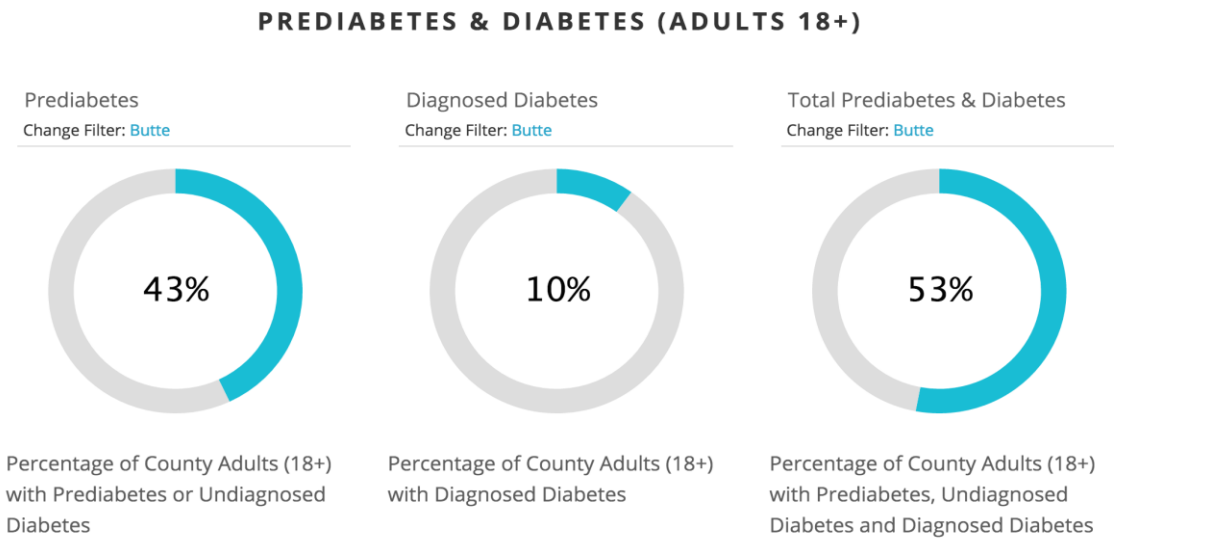


Figure 23. Estimated Adult Rates of Prediabetes and Diabetes in Butte County⁵³

⁵¹ CDC Diabetes Basics. Available from: <http://www.cdc.gov/diabetes/basics/index.html>

⁵² CDC Diabetes Handout. Available from: <https://www.cdc.gov/media/presskits/aahd/diabetes.pdf>

⁵³ UCLA Center for Health Policy Research, California Center for Public Health Advocacy, California Health Interview Survey 2013-2014.

PREDIABETES BY AGE GROUP

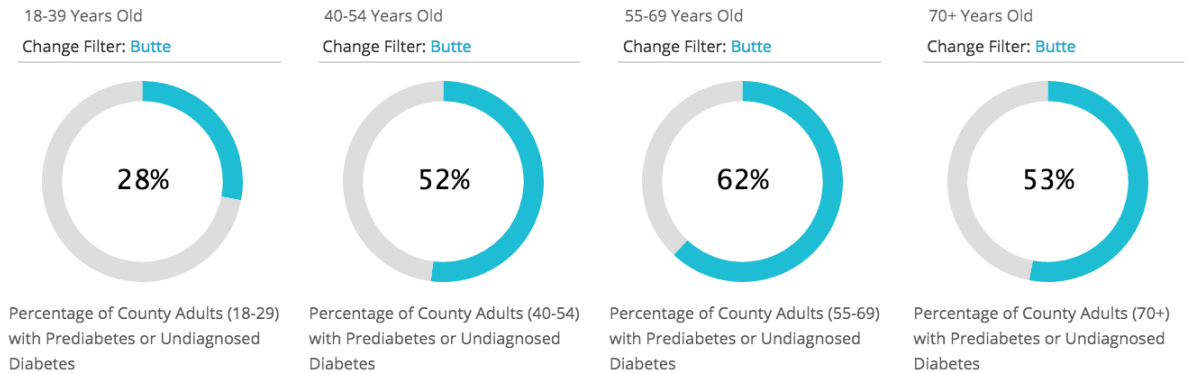
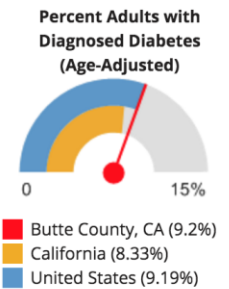


Figure 24. Estimated Rates of Prediabetes and Diabetes by Age Group in Butte County⁵⁴

The CDC National Center for Chronic Disease Prevention and Health Promotion found that 9.2% of Butte County adults were diagnosed with diabetes by a medical doctor.

Report Area	Total Population Age 20+	Population with Diagnosed Diabetes	Population with Diagnosed Diabetes, Crude Rate	Population with Diagnosed Diabetes, Age-Adjusted Rate
Butte County, CA	168,863	17,224	10.2	9.2%
California	28,210,468	2,440,812	8.65	8.33%
United States	236,919,508	23,685,417	10	9.19%



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](#), 2013.
 Source geography: County

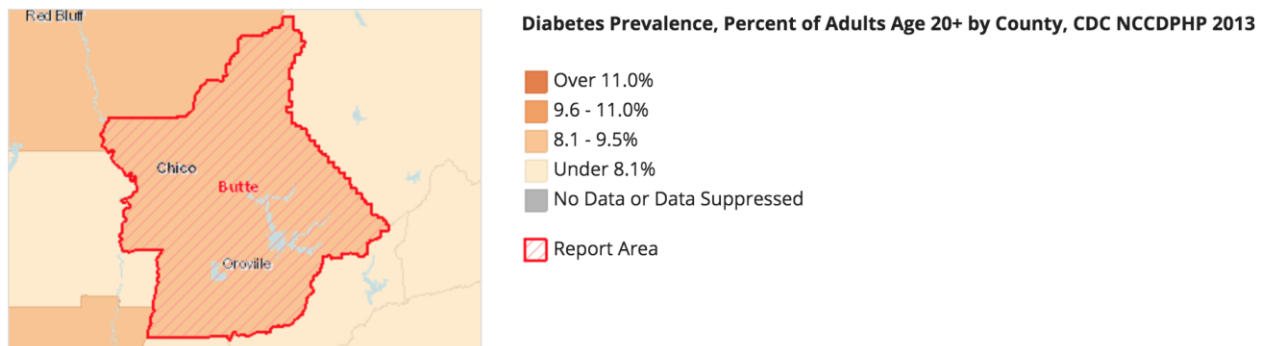


Figure 25. Percent Adults with Diagnosed Diabetes⁵⁵

⁵⁴ UCLA Center for Health Policy Research, California Center for Public Health Advocacy, California Health Interview Survey 2013-2014.

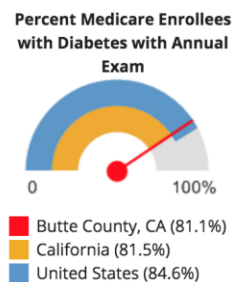
⁵⁵ CDC National Center for Chronic Disease Prevention and Health Promotion 2013

2. Diabetes Management

The hemoglobin A1c (HbA1c) test shows an individual's average level of blood glucose over a time period of three months. This is the best method to determine how well a diabetic patient has been managing their diabetes.⁵⁶

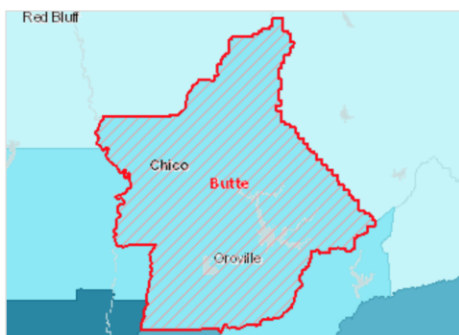
This indicator reports the percentage of diabetic Medicare patients who have had a hemoglobin A1c test, administered by a health care professional in the past year. In Butte County, 2,861 Medicare enrollees with diabetes had an annual exam out of 3,529 Medicare enrollees in the report area with diabetes (approximately 81%). According to the Center for Medicaid and Medicare Services, this indicator can also highlight a lack of access to preventive care, a lack of health knowledge and/or social barriers preventing utilization of services.⁵⁷

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, CA	32,316	3,529	2,861	81.1%
California	2,316,274	251,921	205,216	81.5%
United States	53,131,712	6,517,150	5,511,632	84.6%



Note: This indicator is compared with the state average.

Data Source: Dartmouth College Institute for Health Policy & Clinical Practice, *Dartmouth Atlas of Health Care*, 2012. Source geography: County



Patients with Annual HA1C Test (Diabetes), Percent of Medicare Enrollees with Diabetes by County, DA 2012

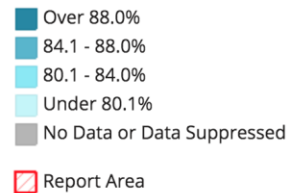


Figure 26. Percentage of Diabetic Medicare Enrollees with Annual Exam⁵⁸

⁵⁶ Medline Plus, A1c Test. Available from: <https://medlineplus.gov/ency/article/003640.htm>

⁵⁷ Center for Medicare and Medicaid Services, Medicare's Coverage of Diabetes Supplies and Services. Available from: <https://www.medicare.gov/Pubs/pdf/11022.pdf>

⁵⁸ Center for Medicare and Medicaid Services, Dartmouth College Institute for Health Policy & Clinical Practice, *Dartmouth Atlas of Health Care* 2012.

IV. Focused Conversation Findings

A. Focused Conversation

In collaboration with Together We Can! Healthy Living in Butte County, Oroville hospital reached out to the senior population and conducted a focused conversation at the Feather River Senior Center. The purpose of this focused conversation was to gather senior input to better address community concerns.

Seniors

Almost all seniors agreed that they live in a healthy community. The participants stated that outdoor activities, parks and recreation, sense of community, public infrastructure and services, medical facilities and services and cost of living all contribute to making the community a healthy place. Whereas, issues like drugs and alcohol abuse, violence, crime, vandalism, theft, public safety issues, unsafe roads and lighting prevent their community from being healthy.

Seniors also stated, when thinking about themselves, friends or family, the biggest health concerns were substance abuse, homelessness, overweight/obesity, mental health, access to exercise opportunities, asthma, diabetes, prostate and colorectal screening, gastrointestinal issues, heart disease, high blood pressure, cancer, dementia, Alzheimer's disease, lack of preventative health care and access to health care.

Seniors suggested the three most important issues that should be addressed to improve health and quality of life in Butte County were:

1. Health concerns (asthma, diabetes, prostate and colorectal screening, heart disease, gastrointestinal issues, obesity, blood pressure, cancer, quality of health care, lack of preventative care).
2. Social concerns (mental health, substance abuse, access to exercise opportunities, community outreach).
3. Public infrastructure (not enough street lighting, roads are not paved, no transportation in rural areas).

Seniors suggested improvements in the quality of care. Those improvements included increasing time spent with a doctor, decreasing wait time in the emergency room, providing transportation to the hospital and consolidation of services in the same proximity. Seniors also suggested paving roads and adding street lights would make the community healthier. Additionally, seniors stated their voices are not heard in the community and it is difficult for them to get help to solve problems.

B. Follow-Up Focused Conversations

Two follow-up focused conversations were conducted to support the hospitals' and county's current implementation strategies and action plans. They included health care providers and community members. Comments from each focused conversation are presented below.

Healthcare Providers

Various health care providers attended the focused conversation, which included the following departments: dietary, nursing, pharmacy, rehabilitation, education and business support.

Most health care providers agreed that the identified issues often result in the development of other issues. The health care providers also stated referrals for diabetes, low access to healthy foods for individuals in outlying rural areas, respiratory complications, preventative measures for asthma and transportation were other top concerns of the community.

When the health care providers were asked about their knowledge of the action plans, most were aware of many while only three individuals were aware of all the plans. Many had utilized the hospital's resources, like the sports club, flu shots, annual health-fair, farmers' market and physical activity events.

One of the top concerns the health care providers stated was the lack of resources in the community to care for individuals with psychiatric issues. They stated there are not enough group homes or shelters for those who are uninsured (both adults and children). It was also stated there are many individuals who reach out for substance abuse and mental health help but there are limited resources the hospital can offer.

When health care providers were asked about resources, changes, or improvements the community needed, many agreed there is a need for collaboration between all hospitals and the county to invest in homes and shelters for mentally ill individuals. They also stated there is a discrepancy in insurance coverage for diabetes and asthma, where patients are not able to purchase the equipment or medications needed to maintain their health. Registered dietitians (RDs) stated it would be beneficial if RDs were available at the primary care provider's office to help patients feel more comfortable, however lack of physical space is a limitation.

Major themes that occurred throughout the focused conversation were mental health resources, diabetes resources and access to affordable health care. These major themes are consistent with the identified health concerns.

Community Members

The community members of Oroville Hospital's service area who attended represented the following groups: seniors, veterans, nursing, school educator, Butte County Public Health, African American Cultural Center, Hmong Cultural Center, California Health Collaborative and community residents.

All participants agreed the identified health concerns are concerns of the community. However, other concerns that were identified included: children's dental health, overall wellness/well-being, health education, aging population needs, negative childhood experiences and environmental issues related to air quality.

When community members were asked about their awareness of the hospital's action plans some participants stated they were aware but a majority of participants were not. The community members were aware of Oroville Hospital's Biannual Health Fair, the Sports Club and free flu shots. A couple participants utilize the Sport's Club in conjunction with the Silver Sneakers program. One participant stated that she utilized the recent reduced hospital charges when she became acutely ill. Another participant stated that she attends the Biannual Health Fairs and utilizes the free flu shots.

Community members felt a lack of transportation and geographic isolation in rural areas prevent others from utilizing the resources. Senior participants requested an increase in outreach to their community. Meanwhile, representatives from the African American Cultural Center and Hmong Cultural Center suggested the hospital bring resources to the cultural centers for those who do not have transportation to the hospital and/or resources.

When community members were asked about resources, changes or improvements the community needed, many voiced ideas about educating the public. Participants requested monthly educational talks, while others suggested educational training on precautions of medications to prevent drug addiction. There was also a suggestion to educate children on the consequences of flavored tobacco, vaping, e-cigarettes and nicotine. A senior participant suggested building a cooperative network of organizations to collaboratively help the community. Participants also voiced the need for live-in-homes for individuals who need housing stability. It was recognized by attendees that homelessness and substance abuse are often co-morbid conditions.

Major themes that occurred throughout the focused conversation were greater need for outreach, education and resources.

V. Hospital Action Plans

The health concerns identified in the 2013 Community Health Needs Assessment have been adapted and added to meet the needs of the 2016 health concerns and to align with the Together We Can! Healthy Living in Butte County Community Health Improvement Plan (CHIP). After identifying the community's top health concerns, Oroville Hospital has new and existing action plans in place.

A. Substance Abuse

Managing Prescription Pain Medications

In collaboration with Together We Can! Healthy Living in Butte County and all Butte County hospitals, Oroville Hospital has implemented a policy for managing prescription pain medications based on best-practices. Steps are being identified and actualized to inform physicians, dentists, other prescribing providers and support staff regarding prescription opioid misuse, abuse and dependence, as well as intervention and treatment resources for prescription opioid-related addictive disorders.

Comprehensive Pain and Spine Clinic

Oroville Hospital has a Comprehensive Pain and Spine Clinic that provides services and treatment for all types of pain stemming from a variety of different causes. The clinic has two programs, one addresses addictive disorders and the other assists patients with chronic pain management.

B. Mental and Emotional Health

Butte 2-1-1 Utilization

In partnership with Together We Can! Healthy Living in Butte County, Oroville Hospital is a stakeholder in the county's Community Health Improvement Plan to address substance abuse and mental health related concerns. According to the Butte County 2015 Homeless Point-In-Time Census Report, 38% of homeless individuals reported mental illness. Together We Can! Healthy Living in Butte County has developed an objective that aims to increase the homeless utilization of the local 2-1-1 program to connect with social services such as transitional housing or mental health and substance abuse treatment resources.

Increasing Psychiatric Care

Oroville Hospital has partnered with Butte County Mental Health and Heritage Oaks Psychiatric Hospital in Sacramento to increase the capacity and streamline necessary admissions for psychiatric care. Oroville Hospital is now able to guarantee inpatient psychiatric care for individuals needing treatment.

C. Homelessness and Poverty

Homelessness

In collaboration with Together We Can! Healthy Living in Butte County and all Butte County hospitals, Oroville Hospital physicians, nurses and other support staff plan to increase Butte 2-1-1 referrals and provide homeless patients with the appropriate resources/services.

Poverty

In partnership with Together We Can! Healthy Living in Butte County, Oroville Hospital is a stakeholder in the county's Community Health Improvement Plan to address and improve poverty rates.

Oroville Hospital Case Management provides patients with a comprehensive social services guide that includes local, county and state resources.

D. Overweight/Obesity

Fitness for Teens

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

Sports Club Membership

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

Annual Walking/Running Events

Oroville Hospital hosts an annual walking/running event for the community. Furthermore, Oroville Hospital also hosts a Healthy Hustle event to motivate and educate overweight children about the benefits of exercise and nutrition.

Access to Healthy Food/Food Insecurity

Oroville Hospital offers a seasonal Farmers' market on Wednesdays from 10am to 2pm to better provide access to healthy, local and nutritious foods. The farmer's market is located at Oroville Hospital's Dove's Landing parking lot at 2540 Oro Dam Blvd. Most vendors at the Farmers' Market accept EBT, Farmer's Market WIC vouchers and Senior Farmers' Market Nutrition Program vouchers. The Farmer's Market increases opportunities for patients and residents of the community to purchase fresh and nutritious foods.

E. Pulmonary Issues

Asthma

Pediatric asthma patients are treated and given an Asthma Action Plan to follow. Patient and family members are educated on how to manage their condition at home. Oroville Hospital also offers a Kid's Asthma Camp that provides education and trains patients on how to manage their disease.

Smoking

Inpatient and outpatient physicians are prompted through the electronic health record system to document smoking habits. If patient is a smoker, they are given counseling and a resource pamphlet. Oroville Hospital also provides patients with smoking cessation education.

Oroville Hospital physicians are currently looking into developing a comprehensive smoking cessation program for patients.

F. Access to Health Care

Butte County Health Collaborative

To address the issue of access to health care, Oroville Hospital actively participates on the Butte County Health Collaborative Access to Care team. This committee works to address barriers to accessing health care among Butte County residents. The group has already identified the Hmong community's trouble accessing health care. To address this issue, Oroville Hospital opened a Hmong Clinic and continues to reach out to their community to further alleviate this concern.

Biannual Health Fairs

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

Reduced Hospital Charges

A 30% reduction in charges was adopted December 1, 2015 to improve access to health care among Oroville Hospital constituents. The hospital spent three years negotiating with health insurance companies to reduce its charges and make health care more affordable for its patients. Oroville Hospital is using what the California Hospital Association calls "modern pricing." Modern pricing is an approach where hospitals can voluntarily adopt to adjust their charges to a level that is explainable and understandable and reflects the unique cost structure of the hospital's mission and patient population. Using this approach will provide more affordable rates to those who have high deductible insurance plans or no insurance and will hopefully encourage and empower more people to seek treatment.

New Hospital Expansion

Oroville Hospital has plans underway for a new five-story medical tower located adjacent to the existing hospital. Upgrades will also be made to the emergency services, dietary and pharmacy departments. In addition, a new lot will provide ample parking for guests and patients.

With a potential completion date of fall 2018, the tower will have state-of-the-art equipment, private patient rooms and will connect with the original facility via enclosed passageways on the first and second floors. The total investment for the entire project will cost in excess of \$100 million, which includes upgrades to the current structure.

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

Free Health Clinic

In April 2016, Oroville Hospital was proud to partner with the Oroville Seventh-day Adventist Church and the Adventist Medical Evangelism Network to provide free medical, laboratory, imaging and financial counseling services for community members. This partnership was spearheaded by Oroville Hospital general surgeon, Randell Skau, MD. Dr. Skau, along with other Oroville Hospital medical professionals including emergency services director Mark Heinrich, MD, ophthalmologist John Johansson, MD, PhD, and chaplain LaFreeda Thomas donated their time and expertise during the health care clinic.

Access to medical care plays an essential role in preventing diseases such as heart failure, diabetes and hypertension. The ability to receive an annual exam to determine one's health status and discuss recommended lifestyle changes with a physician is the first step in preventing these diseases and creating a healthier community. With this need in mind, Oroville Hospital provided supplies such as dressings, lidocaine, sutures, alcohol swabs, exam tables, syringes and an ultrasound machine for use during routine medical exams. Dr. Skau and other

participating physicians conducted health screenings and spent time educating patients on preventive measures that help keep the body in optimal health.

While the free health clinic provided access to medical, dental and vision care for one day, Oroville Hospital's goal is to ensure community members have access to quality health care year-round. Financial and insurance counselors from the Patient Access department were present to educate patients on Covered California and discuss the best insurance plan options based on an individual's need.

Access to quality health care and insurance coverage is a benefit that every community member should receive.

G. Diabetes

Nutrition Consultations

Oroville Hospital's Registered Dietitians offer consultations for patients needing assistance with blood glucose disorders.

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

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

H. Additional Services and Resources

Monthly Educational Talks

Oroville Hospital hosts monthly community educational events. The educational events are free and open to the public, but do require reservation in advance. Future talks will focus on the top health concerns identified in this report. Past topics offered include chronic pain management, acid reflux, prostate health, breast health and colon cancer health.

Health Outcomes: Core Indicators & Priorities	Intervention Domain	Performance Measures	Hospital Action Plans	Community Support
Substance Abuse	Behavioral Health	Opioid Death-Induced Rates	Pain Medication Policy Pain and Spine Clinic	Together We Can! Healthy Living in Butte County, Butte County Department of Behavioral Health, Butte County Hospitals
Mental and Emotional Health		Utilization of Mental Health Services	Increasing Access to Psychiatric Care	
Homelessness and Poverty	Public Health	Homeless and Poverty Rates	Butte 2-1-1 Referral/Utilization	
Overweight/Obesity	Clinical Care & Health Behaviors	Overweight Obesity Rates & Healthy Eating Behaviors	Fitness Events Sports Club Access Farmers' Market	CHC, Sports Club & Community Participation
Pulmonary Issues	Clinical Care & Physical Environment	Asthma and Smoking Rates	Asthma Action Plan Kid's Asthma Camp Smoking Cessation Education	California Strategic Plan for Asthma & Community Participation
Access to Health Care	Physical Environment	Insured and Uninsured Rates	BC Health Collaborative Biannual Health Fairs Reduced Hospital Charges New Hospital Expansion Free Health Clinic Educational Talks	Butte County Health Collaborative & Community Participation
Diabetes	Clinical Care & Health Behaviors	Diagnosed Diabetes Rates	Nutrition Counseling Public Health Events	Butte County Public Health

VI. Proposed Community-Wide Plan

Together We Can! Healthy Living in Butte County and all the Butte County Hospitals have initiated a partnership to better understand and address the concerns of the community. The partnership has allowed the county and hospitals to work together, ultimately meeting to explore ideas, sharing assessment tools and data to address the needs of the county as a whole.

The agencies plan to continue their collaboration to further meet the needs of the community. As this partnership continues to strengthen, it could possibly set forth best-practices for other agencies and hospitals in the country.

Additionally, Oroville Hospital will continue to take part in the Together We Can! Healthy Living in Butte County collaboration. The hospital is currently a stake holder for many of the Community Health Improvement Plan goals and plans to continue their involvement in this county-wide initiative.

For this community health needs assessment, all Butte County Hospitals conducted follow-up focused conversations to gather community input. All focused conversations utilized the same guidelines that were prepared by the CHC and adopted from Community Health Assessment completed by Together We Can! Healthy Living in Butte County. To better address the needs of the community as a whole, all the follow-up focused conversations are summarized below.

In 2013 and 2014, health assessments conducted by Enloe Medical Center, Feather River Hospital, Orchard Hospital, Oroville Hospital and Together We Can! Healthy Living in Butte County identified the following top concerns: substance abuse, overweight/obesity, lack of exercise/physical activity, access to healthy food, mental health, diabetes, access to affordable health care, heart disease, shortage of primary care doctors/access to specialists, pulmonary issues in relation to tobacco use, secondhand smoke and asthma. The follow-up conversations from each of the hospitals revealed that community members agreed these concerns reflect the communities' needs.

Other major concerns discussed in the follow-up conversations were transportation, language and cultural competency and sensitivity, community outreach, programs and resource awareness, health and nutrition education, elderly needs, Alzheimer's and dementia resources, children's health and environmental issues related to air and water quality.

Hospitals' community members suggested other improvements including: transportation services, safe disposal for medications, partnering with California State University, Chico, recruitment of more primary care physicians, veteran resources, collaboration between agencies to better provide for those who are substance abusers, homeless, and/or mentally ill, resources for cancer patients, increase school education and increase public knowledge.

In addition, at each hospital's follow-up conversation, community members brought up concerns and suggestions. Enloe Medical Center's community suggested resources, changes and improvements in the following areas: physical activity, outreach, volunteer opportunities to promote healthy lifestyle, communication, housing access, veteran resources, welcoming of LGBTQ community, behavioral health clinic, telemedicine, air quality, water quality conservation, homeless population, housing and mental health. Feather River Hospital's community suggested improvements for the following areas: domestic violence, homelessness, children's health and nutrition, pain medication prescription and management, education on healthy habits and lifestyle and access to healthy food. Orchard Hospital's community members suggested a Blue Zone Initiative for overall well-being, cardiac events, resources for substance addiction and abuse, physical activity opportunities, healthy heart events, mental health resources, obstetrics and gynecology (OB/GYN) services, tobacco use education and youth outreach. Oroville Hospital's community members suggested collaboration between agencies to better provide for the community, veterans resources, transportation assistance, community education opportunities, resources for substance abusers and the homeless, tobacco education, additional health care services, broader scope of health care and that the hospital look for ways to motivate community members to engage and utilize available resources.

Overall, the focused conversations revealed many overlapping needs between the communities such as transportation services, resources for substance abuse, mental health and homelessness, community outreach to racial and ethnic minorities, seniors, youth and veterans, health and nutrition education, the need for more primary care physicians and specialists and collaboration among agencies to better meet the needs of these communities.

The World Health Organization (WHO) envisions an integrated people-centered approach to health services. The WHO defines integrated people-centered health services as putting the needs of people and communities, not diseases, at the center of health systems and empowering people to take charge of their own health. The five interwoven strategies for moving towards integrated people-centered health services are: 1) empowering and engaging people and communities, 2) strengthening governance and accountability, 3) reorienting the model of care, 4) coordinating services within and across sectors and 5) creating an enabling environment.⁵⁹ With established partnerships, implementation strategies, goals and future collaborations, Butte County hospitals and Together We Can! Healthy Living in Butte County are taking a crucial step to create a healthier community.

⁵⁹ World Health Organization, Framework on Integrated People-Centered Health Services. Available from: <http://www.who.int/servicedeliverysafety/areas/people-centred-care/framework/en/>

Appendix

Appendix A: Community Health Assessment Survey Results

Appendix B: 2014 Community Health Assessment Survey from *Together We Can! Healthy Living in Butte County*.

Appendix C: Focused Conversation Guidelines from *Together We Can! Healthy Living in Butte County*.

Appendix D: Follow-Up Focused Conversation Reporting Forms

Appendix A: Community Health Assessment Survey Results

Figure 1.

The figure below reflects what the survey respondents believe are the most important health problems in their community. The top five health concerns identified in the community were substance abuse, mental health, homelessness, obesity and poverty.

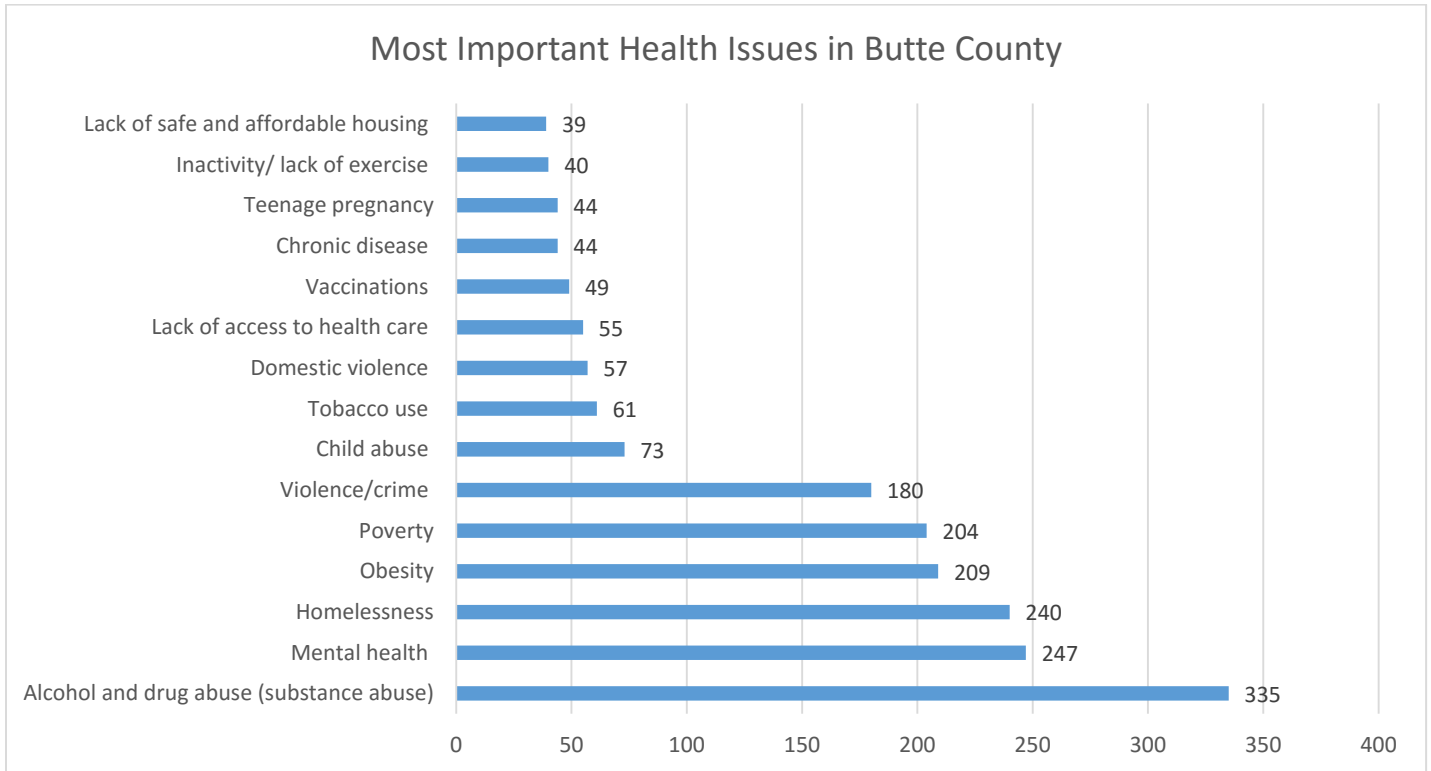
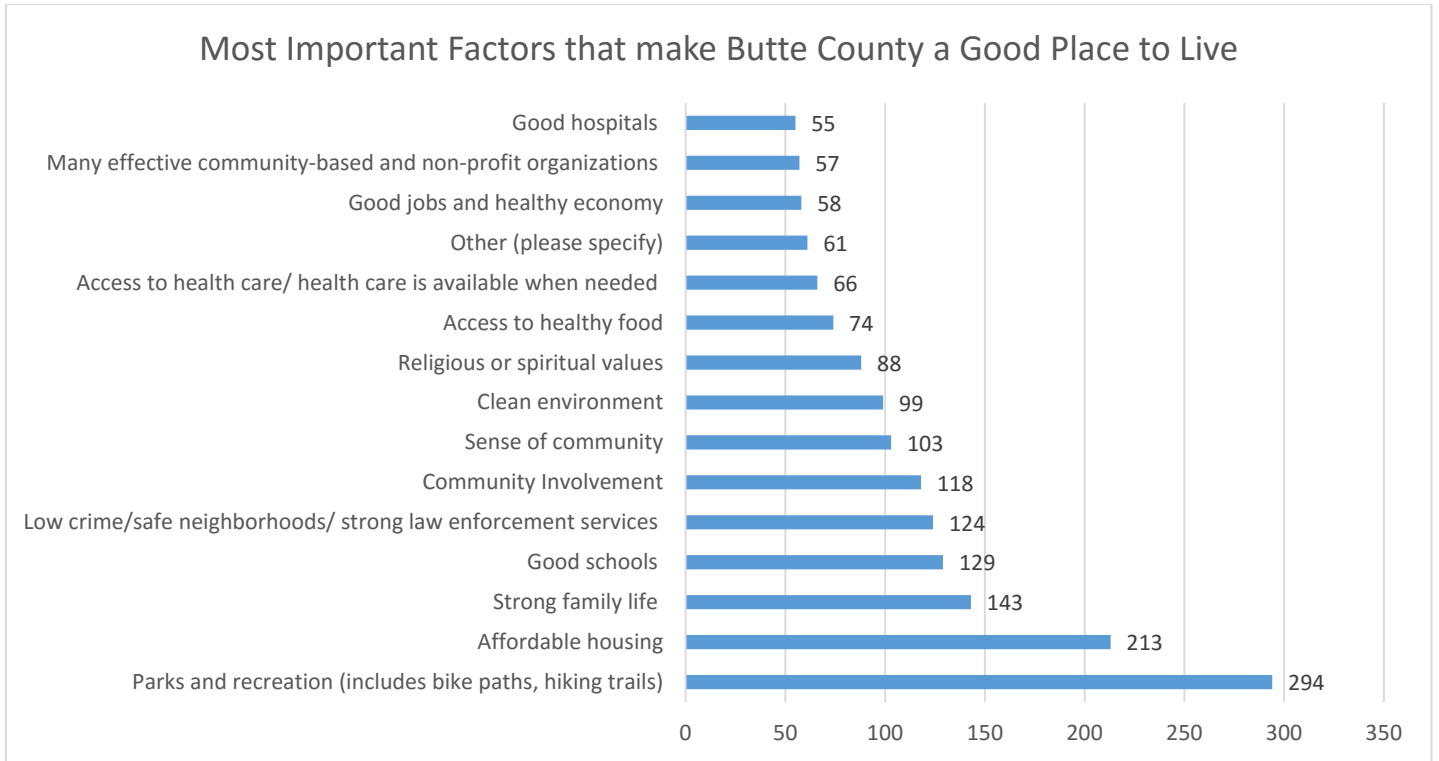


Figure 2.

The figure below reflects what the survey respondents believe are important factors that make Butte County a good place to live. The top five factors identified for healthy communities were parks and recreation, affordable housing, strong family life, good schools and low crime/safe neighborhoods.



Healthy Living in Butte County Community Health Survey



Please take 15-20 minutes to complete the survey below. **The purpose of this survey is to get your opinions about community health issues in Butte County.** Healthy Living in Butte County (HLBC) will use the results of this survey and other information to determine the most often identified problems that can be addressed through community action.

All survey answers are strictly confidential; the results will be reported in a summarized manner in such a way that individual information cannot be identified. You can skip any question that you do not feel comfortable answering.

Your opinion is important! If you have already completed a survey, please don't fill out another one. Thank you, and if you have any questions, please contact us (*see contact information at the end of the survey*).

1. Where do you live? Please **check one (1)** from the following list:

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Bangor | <input type="checkbox"/> Clipper Mills | <input type="checkbox"/> Gridley | <input type="checkbox"/> Thermalito |
| <input type="checkbox"/> Berry Creek | <input type="checkbox"/> Cohasset | <input type="checkbox"/> Magalia | <input type="checkbox"/> Palermo |
| <input type="checkbox"/> Biggs | <input type="checkbox"/> Concow | <input type="checkbox"/> Oroville | <input type="checkbox"/> Yankee Hill |
| <input type="checkbox"/> Butte Meadows | <input type="checkbox"/> Durham | <input type="checkbox"/> Paradise | <input type="checkbox"/> Nord |
| <input type="checkbox"/> Cherokee | <input type="checkbox"/> Forbestown | <input type="checkbox"/> South Oroville | <input type="checkbox"/> Stirling City |
| <input type="checkbox"/> Chico | <input type="checkbox"/> Forest Ranch | <input type="checkbox"/> Richvale | <input type="checkbox"/> Honcut |
| <input type="checkbox"/> Other _____ | | | |

2. Where do you work? Please **check one (1)** from the following list:

- | | | | |
|--------------------------------------|-----------------------------------|---|--------------------------------------|
| <input type="checkbox"/> Biggs | <input type="checkbox"/> Chico | <input type="checkbox"/> Gridley | <input type="checkbox"/> Paradise |
| <input type="checkbox"/> Magalia | <input type="checkbox"/> Durham | <input type="checkbox"/> Richvale | <input type="checkbox"/> Thermalito |
| <input type="checkbox"/> Palermo | <input type="checkbox"/> Oroville | <input type="checkbox"/> Work outside
Butte County | <input type="checkbox"/> Do not work |
| <input type="checkbox"/> Other _____ | | | |

3. In the list below, what do you think are the **three** most important factors that make Butte County a good place to live?

Please check only three (3) from the following list:

- | | |
|--|--|
| <input type="checkbox"/> Community involvement | <input type="checkbox"/> Healthy behaviors and lifestyles |
| <input type="checkbox"/> Low crime/safe neighborhoods/ strong law enforcement services | <input type="checkbox"/> Low death and disease rates |
| <input type="checkbox"/> Good schools | <input type="checkbox"/> Religious or spiritual values |
| <input type="checkbox"/> Access to health care/ health care is available when needed | <input type="checkbox"/> Arts and cultural events |
| <input type="checkbox"/> Parks and recreation (includes bike paths, hiking trails) | <input type="checkbox"/> Values diversity, tolerance and inclusiveness |
| <input type="checkbox"/> Clean environment | <input type="checkbox"/> Good jobs and healthy economy |
| <input type="checkbox"/> Affordable housing | <input type="checkbox"/> Good hospitals |
| <input type="checkbox"/> Strong family life | <input type="checkbox"/> Dedicated residents/volunteerism |
| <input type="checkbox"/> Sense of community | <input type="checkbox"/> Many effective community-based and non-profit organizations |
| <input type="checkbox"/> Culturally appropriate services and opportunities | <input type="checkbox"/> Support networks for individuals and families |
| <input type="checkbox"/> Many health care providers | <input type="checkbox"/> Specialized health care |
| <input type="checkbox"/> Dental vans | <input type="checkbox"/> Good transportation services |
| <input type="checkbox"/> Access to healthy food | <input type="checkbox"/> Support for seniors/elderly |
| <input type="checkbox"/> Quality child care/afterschool care | <input type="checkbox"/> Quality early childhood education |
| <input type="checkbox"/> Other _____ | |
-

Please turn to the next page

4. In the list below, what do you think are the **three** most important health issues in Butte County? *The most important health issues are those that you feel have the greatest impact on overall community health in Butte County.*

Please check only three (3) from the following list:

- | | |
|--|--|
| <input type="checkbox"/> Vaccinations | <input type="checkbox"/> Obesity (being overweight) |
| <input type="checkbox"/> Violence/crime (e.g., gangs, firearm-related injuries) | <input type="checkbox"/> Homelessness |
| <input type="checkbox"/> Mental health issues (e.g., depression or emotional problems, suicide) | <input type="checkbox"/> Tobacco use |
| <input type="checkbox"/> Sexually transmitted diseases (e.g., Syphilis, gonorrhea, chlamydia) | <input type="checkbox"/> Alcohol and drug abuse (substance abuse) |
| <input type="checkbox"/> Teenage pregnancy | <input type="checkbox"/> Lack of access to health care |
| <input type="checkbox"/> Domestic violence | <input type="checkbox"/> Chronic diseases (e.g., cancer, diabetes, high blood pressure) |
| <input type="checkbox"/> Child abuse / Child neglect | <input type="checkbox"/> Aging related health issues (e.g., arthritis, hearing, vision loss, etc.) |
| <input type="checkbox"/> Poverty | <input type="checkbox"/> Agricultural pesticide exposure |
| <input type="checkbox"/> Healthy food access/ poor diet | <input type="checkbox"/> Air quality |
| <input type="checkbox"/> Inactivity/ Lack of exercise | <input type="checkbox"/> Water quality |
| <input type="checkbox"/> Unsafe roads | <input type="checkbox"/> Motor vehicle crashes |
| <input type="checkbox"/> Walkability/bike-ability (sidewalk conditions, bike lanes, etc.) | <input type="checkbox"/> Unsafe/distracted driving |
| <input type="checkbox"/> Lack of Transportation | <input type="checkbox"/> Lack of safe and affordable housing |
| <input type="checkbox"/> Lack of affordable childcare | <input type="checkbox"/> Lack of senior services/aging |
| <input type="checkbox"/> Lack of dental/oral health | <input type="checkbox"/> Other_____ |
| <input type="checkbox"/> HIV/AIDS | _____ |

Please turn to the next page

5. I think Butte County is a ____ community to live in.

Check one (1) to fill in the blank in the above statement:

- Very Unhealthy Unhealthy Moderately Healthy Healthy Very Healthy

6. I think Butte County is a ____ place to grow up or raise children.

Check one (1) to fill in the blank in the above statement:

- Very Unsafe Unsafe Moderately Safe Safe Very Safe

7. What would you like to see improved in the physical environment of Butte County?

Please let us know how important each of the following items is to you:

	Very Unimportant	Unimportant	Moderately Important	Important	Very important
Transportation					
Sidewalks					
Bikeways bike lanes?					
Park safety					
Park amenities, including toddler playground area					
Other: _____					

8. Are you satisfied with your current housing situation? Yes No

8.1 If no, why not? Check all numbers that apply:

- Too small Too expensive
 Too many people living in the same home (i.e., over-crowded) Too far from town/services
 Problems with other people, such as neighbors Other _____
 Too run down, unsafe, or unhealthy _____

Please turn to the next page

9. A group of community members has been working together to help Butte County build a vision and a set of values for a healthy community. They identified the following items as part of that vision and the values that would support it.

9.1 .Please check the box that describes how important you feel each item is as a part of a vision for community health. A vision provides a goal for the future, a statement of where we want the health of our community to be in 5-10 years.

	Very Unimportant	Unimportant	Moderately Important	Important	Very important
All of our communities have a safe and reliable transportation system.					
Residents receive a high quality education from pre-school through high school.					
Everyone has information and access to quality, integrated health care services with a focus on health education, prevention, and healthy lifestyles.					
Our community values the mental health and well-being of each individual and provides clear information and readily available mental health services.					
We support a positive environment with opportunities for creativity, exercise, and outdoor recreation.					
We promote a smoke and drug-free environment with access to effective substance abuse treatment.					
Our community attracts a variety of desirable employment opportunities.					
Community members have access to nourishing and affordable food, including fresh fruits and vegetables.					
Our children are born healthy into a safe and supportive environment that promotes responsive parenting and breastfeeding.					
Our air and water are clean, and we have safe, designated outdoor spaces for physical activity.					
All residents live in safe, affordable housing that meets their needs.					
Our community supports the diversity and dignity of each person.					

What other ideas would you like to elaborate on or add to this vision? Please write your suggestions here:

Please turn to the next page

9.2. Please check the box that describes how important you feel each item is as a value that supports achieving a vision of community health. Values are the beliefs we act upon and support how we work together to achieve our vision.

	Very Unimportant	Unimportant	Moderately Important	Important	Very important
Dignity and respect					
Honesty and integrity					
Compassion					
Open communication and transparency					
Collaboration					
Environmentally sensitive					
Results-oriented					
Cultural Diversity					
Broad representation					
Recognizing that people are our highest value					

What other values would you like to elaborate on or add? Please write your suggestions here:

10. Where do you go most often to access health care services for yourself and your family?

Check one (1) that best applies:

- | | |
|--|--|
| <input type="checkbox"/> Butte County hospitals including emergency services | <input type="checkbox"/> Schools/university based health centers |
| <input type="checkbox"/> Clinics/ health centers | <input type="checkbox"/> Mobile health vans |
| <input type="checkbox"/> Private Doctor's Office | <input type="checkbox"/> Alcohol or drug dependency programs |
| <input type="checkbox"/> Veterans Affairs (VA) | <input type="checkbox"/> Other _____ |

Please turn to the next page

11. If you got health care services outside of your home city, which **one** reason below best matches why?

Check one (1) reason that best matches why:

- | | |
|---|---|
| <input type="checkbox"/> My doctor of choice is in another city | <input type="checkbox"/> No doctors accept Medicare or Medi-Cal |
| <input type="checkbox"/> No providers for services I need | <input type="checkbox"/> My insurance only covers doctors in another area |
| <input type="checkbox"/> Other _____ | |

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

Check all that apply:

- | | |
|---|---|
| <input type="checkbox"/> None | <input type="checkbox"/> Counseling/therapy |
| <input type="checkbox"/> Crisis care/emergency mental health services | <input type="checkbox"/> Residential treatment |
| <input type="checkbox"/> Hospitalization | <input type="checkbox"/> Needed services, but did not use because _____ |
| <input type="checkbox"/> Psychiatric Medication Management | _____ |

13. If you needed mental health care services in the past year, were you able to get these services in Butte County?

Check one (1) that best applies:

- | | |
|------------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> I was able to get some services in Butte County but not all the services that I needed. |
| <input type="checkbox"/> No | <input type="checkbox"/> I did not need any mental health care services. |

If no, please explain why you were not able to get mental health care services in Butte County:

Please turn to the next page

14. How do you pay for your health care?

Check all that apply:

- | | |
|---|--|
| <input type="checkbox"/> No insurance (pay cash) | <input type="checkbox"/> Medicare Supplemental Insurance |
| <input type="checkbox"/> Health Insurance (e.g., private insurance, Blue Shield, HMO) | <input type="checkbox"/> Veterans Administration |
| <input type="checkbox"/> Covered California | <input type="checkbox"/> Indian Health Services |
| <input type="checkbox"/> Medicare | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Free services | _____ |

15. Within the past year, what types of social service benefits did you or anyone in your family receive?

Check all that apply:

- | | |
|---|--|
| <input type="checkbox"/> None | <input type="checkbox"/> Subsidized child care |
| <input type="checkbox"/> Food stamps (SNAP/CalFresh) | <input type="checkbox"/> Child welfare services |
| <input type="checkbox"/> Respite care | <input type="checkbox"/> Unemployment services |
| <input type="checkbox"/> CalWORKS | <input type="checkbox"/> Legal Aid |
| <input type="checkbox"/> Housing assistance | <input type="checkbox"/> Social Security (including SSI and SSDI) |
| <input type="checkbox"/> Medi-Cal/Medicare | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Veterans Affairs (VA) benefits | _____ |

16. If you received benefits, were you able to get them in Butte County? **(Check one)**

- Yes No, if no please explain: _____
- _____

17. Do you think there are enough jobs in Butte County?

- | | | |
|------------------------------------|------------------------------|-----------------------------|
| For adults? Aged 18 years and over | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| For youth? Under 18 years of age | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

18. Are you currently employed? **(Check one)**

- Not employed Self-employed Employed part-time Employed full time

19. If not working, what is the main reason you are not working? **(Check one)**

- Medically ill or disabled Taking care of family
 Cannot find work Need training
 Retired Student
 Other_____

20. How much stress do you feel at your job on a regular basis? **(Check one)**

- No stress Some stress A lot of stress Too much stress Not working

21. In Butte County, the places where I go for recreation most often are:

Check only three (3) boxes from the list below:

- | | |
|---|--|
| <input type="checkbox"/> Parks/rivers/lakes/beaches/woods | <input type="checkbox"/> Restaurants |
| <input type="checkbox"/> Movie theaters | <input type="checkbox"/> Centers for yoga, tai-chi, etc. |
| <input type="checkbox"/> Live theater/performances | <input type="checkbox"/> Church |
| <input type="checkbox"/> Social club/service club | <input type="checkbox"/> Senior center |
| <input type="checkbox"/> Sports fields | <input type="checkbox"/> Library |
| <input type="checkbox"/> Swimming pools | <input type="checkbox"/> Neighborhood (walking/biking) |
| <input type="checkbox"/> Health/fitness clubs | <input type="checkbox"/> Bars |
| <input type="checkbox"/> Casinos | <input type="checkbox"/> Other_____ |

22. Recreation activities that I would use if they were available in Butte County are:

23. Approximately how many hours per month do you participate in volunteer activities (for example, in schools, hospitals, non-profit organizations and churches)? **(Check one)**

- None

 1 to 5 hours

 6 to 10 hours

 Over 10 hours

24. Type of volunteer activities that most interest you **(check all that apply)**:

- Fundraising

 General office services

 Collect, prepare, distribute or serve food
 Tutoring or teaching

 Collect, make, or distribute clothing, crafts, or goods

 Coach, referee, or supervise sport teams
 Mentor youth

 Emergency services volunteer

 Music performance, or other artistic activities
 Be an usher, greeter, or minister

 Other _____

25. Do you use the following substances?

Substances	Every Day	Some Days	Not At All	Do Others Within Your household Use?
Alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cigarettes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electronic Cigarettes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chew, Snus or Snuff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cigars and Cigarillos	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cocaine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crystal Methamphetamine (Meth)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heroin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marijuana	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Synthetic Marijuana (also called K2, Spice, Fake, King Kong, Yucatan Fire, Skunk, or Moon Rocks)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please answer the following questions about yourself so we can see how different types of people feel about these local health issues.

26. Zip code where you live: _____

27. How would you classify your gender identity?

Male

Female

Transgender male (assigned female at birth, identifies as male)

Transgender female (assigned male at birth, identifies as female)

If your identity is not listed above, please self-identify: _____

28. How do you identify your sexual orientation?

Heterosexual

LGBTQ+ (Lesbian, Gay, Bisexual, Queer, Questioning, Pansexual, Asexual, 2-Spirit)

If your identity is not listed above, please self-identify: _____

29. Your age (*birth month and year*):

Under 18 years

18-25 Years

26-39 Years

40-54 Years

55-64 Years

65-80 Years

Over 80 years

30. Ethnic group(s) you most identify with:

Check one (1) that applies.

Hispanic/Latino

Non-Hispanic/Non-Latino

Unknown

Please turn to the next page

31. What is your race? **(Check all that apply)**

- | | | |
|---|--|--|
| <input type="checkbox"/> African-American/Black | <input type="checkbox"/> American Indian/Alaska Native | <input type="checkbox"/> White |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Hmong |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Filipino | <input type="checkbox"/> Laotian |
| <input type="checkbox"/> Pacific Islander | <input type="checkbox"/> Native Hawaiian | <input type="checkbox"/> Other <i>(specify)</i> :
_____ |

32. Your highest educational level: **(Check one)**

- | | | |
|--|--|--|
| <input type="checkbox"/> Less than high school | <input type="checkbox"/> Associate or Technical Degree | <input type="checkbox"/> College degree (4 year) |
| <input type="checkbox"/> High school Diploma | <input type="checkbox"/> GED | <input type="checkbox"/> Graduate or professional degree or higher |
| <input type="checkbox"/> Other _____ | | |

33. Annual household income: **(Check one)**

- | | | |
|---|---|--|
| <input type="checkbox"/> Less than \$20,000 | <input type="checkbox"/> \$20,000 to \$34,999 | <input type="checkbox"/> \$35,000 to \$49,999 |
| <input type="checkbox"/> \$50,000 to \$64,999 | <input type="checkbox"/> \$65,000 to \$79,999 | <input type="checkbox"/> \$80,000 to \$100,000 |
| <input type="checkbox"/> Over \$100,000 | | |

Please turn to the next page

34. Number of people in your household*: _____

**Household means the number of family and non-family members living in the same house together.*

35. How many children aged 5 years or younger live within the household?

0

1-2

3-4

5 or more

36. How did you find this survey? (**Check one**)

Church

Post Office

Community meeting/ Event

Electronic mail

Grocery store/ Shopping Mall

Other _____

Thank you very much for your response!

Please return completed surveys to the address below by October 17, 2014. You can drop off completed surveys at any of the following **Butte County Library Locations:**

Chico Branch

1108 Sherman Ave.
Chico, CA 95926
530-891-2762

Gridley Branch

299 Spruce St.
Gridley, CA 95948
530-846-3323

Oroville Branch

1820 Mitchell Ave.
Oroville, CA 95966
530-538-7641

Paradise Branch

5922 Clark Rd.
Paradise, CA 95969
530-872-6320

You can also scan and fax or email the completed surveys. If you would like more information about this project, please contact us at the number below.

Mail completed surveys to:

Attn: Gene Azparren
Butte County Public Health Department
202 Mira Loma Drive
Oroville, CA 95965
Phone: 530-538-7009 - Fax: 530-538-2164
Email: gazparren@buttecounty.net



Community Health Assessment & Improvement

Focused Conversation and Community Event Instructions

The Focused Conversation

Description:

A 90-minute facilitated conversation with a targeted group of community members, led by 2 facilitators who will be trained and provided with a facilitator kit. Participants are invited to arrive for refreshments, fill out a brief (15-20 minute) survey and then to participate in a conversation to learn more about their thoughts on the health of the community.

Preparation—From Start to Finish

3-5 weeks ahead of time:

- Find facilitators
- Schedule event – We suggest a 90-minute event, with the first 30 minutes being an opportunity for participants to arrive, fill in surveys, and chat informally with facilitators and other participants, and the remaining hour for discussion
- Secure meeting location
- Share event information with Gene via email
- Invite participants
 - Choose the methods that will work best for your audience – email, social media, phone calls, personal invitations, or a combination
 - Aim to have 6 – 10 focused conversation participants, so you will need to invite more than that. And it’s ok if fewer than 6 show up; you can still have a meaningful conversation!
 - Share the schedule with participants so they know what to expect (they should arrive at the set time for refreshments and to fill out a brief survey before the small group discussion)

2 weeks ahead of time:

- Make arrangements for light, healthy refreshments to serve
- Procure small tokens of appreciation to provide to participants (water bottles, pencils, toothbrushes or other healthy items make great gifts)

1 week ahead of time:

- Confirm meeting location
- Remind participants (via email, phone, etc.)
- Obtain facilitator kit from Gene (see *Facilitator Kit contents below)
- Review materials and ask for help or clarification, if needed

Day of the focused conversation:

- Review materials (refer to The Focused Conversation agenda and script starting on page 3 for more information)
- Set up room with refreshments, surveys, posters, and other meeting supplies
- Conduct focused conversation
- Collect materials and fill in group meeting information (date, # of participants, etc.) on the posters
- Congratulate yourself on a job well done!

Within a week after the event:

- Send thank you notes/emails to participants
- Submit meeting notes to Gene, using the electronic template provided
- Keep posters and other paper materials to give to Gene when convenient

The Focused Conversation Agenda & Script

Meeting agenda:

~ 30 Minutes:

- Greet participants, provide them with a survey to fill out, offer refreshments
 - When welcoming participants and handing out the survey, you can tell each participant something along the lines of:
“Together We Can! Healthy Living in Butte County is a project that has formed to understand the health priorities and needs of people living in Butte County, and to make a plan for improving health. To understand more about what people in our community think about health, we are conducting a survey. Please take 15-20 minutes to fill out this survey on your own before the group conversation begins. This community health survey is completely confidential. We have paper copies and a sheet with a link the electronic versions of the survey – both available in English, Spanish, and Hmong – that you can bring home to share with friends or family who might be interested in sharing their thoughts. Having many people complete the survey is an important way for us to understand the opinions of people in our community.”
 - **It is critical that participants complete the survey on their own.** If they need help with reading a question, you can help them, but do not influence their responses in any way
 - When they are done with the survey, they can keep their clipboard and pen. They will also need a piece of paper and post-it notes for the conversation to follow

~ 10 Minutes:

- Welcome participants to the conversation and have people introduce themselves

~ 5 Minutes:

- Provide background on the community health assessment and improvement process, and discuss opportunities for future involvement in community health improvement planning efforts
 - You can pass out handouts on the Together We Can! Healthy Living in Butte County Project for people to read and bring home. This also has a link to the online survey that people might want to share with family and friends
 - Provide a brief explanation. Something along the lines of:
“Together We Can! Healthy Living in Butte County is a project that has formed to understand the health priorities and needs of people living in Butte County, and

to make a plan for improving health. To understand more about what people in our community think about health, we are conducting surveys like the one you just completed and having conversations with groups of people to learn more about their thoughts. This information, combined with other health data, will help us to understand more about health issues in Butte County and will be the basis of our Community Health Assessment. We will use that information to prioritize health issues and create a plan, called the Community Health Improvement Plan, to improve health together as a community. There are many ways to be involved, including being here today as part of this conversation. If you wish to be added to our contact list to hear about additional opportunities such as future meetings on priority setting or action planning, we will collect your contact information at the end of the session.”

~ 45 Minutes:

- Facilitate and record a guided conversation using the questions below:
 1. Would you say that you live in a healthy community? (5 minutes of brief conversation)
 2. What are some things that make it healthy? What are some things that keep it from being healthy? (5 minutes)

How to do this: Recorder takes notes on this page, which will be posted on the wall

Would you say that you live in a healthy community?

YES
What are some things that make it healthy?

NO
What are some things that keep it from being healthy?

Date: _____ Group Name: _____ Location: _____ Facilitators: _____ Number of participants: _____



3. When you think about yourself, your family, and friends [or people in your professional setting], what are the biggest health concerns? (5 minutes)

How to do this: Participants write thoughts independently on a sheet of paper

From that list, what do you believe are the **three most important issues** that should be addressed to improve health and quality of life in Butte County? (20 minutes)

How to do this: Participants jot those 3 ideas on post-it notes. The facilitator asks people to share their top priority aloud. The facilitator asks if other people had a similar idea, and groups like items together on the poster shown below. Facilitator allows for brief conversation about each grouping, then asks for additional items, until participants have had a chance to share their top 1 or 2 priorities, or more if there is time.

Important: for data collection – indicate the top 3 issues that arose by numbering them 1, 2, 3)

What do you believe are the 3 most important issues that should be addressed to improve health and quality of life in Butte County?

Date: Group Name: Location: Facilitators: Number of participants

4. What resources and improvements are needed to make Butte County healthier for everyone? (10 minutes)

How to do this: Recorder takes notes on this page

What resources and improvements are needed to make Butte County healthier for everyone?

-
-
-
-
-
-
-
-
-
-

Date: Group Name: Location: Facilitators: Number of participants

- Wrap up, thank you, provide thank you/incentive gift, give participants additional surveys

Appendix D: Follow-Up Focused Conversation Reporting Forms



Focused Conversation Reporting Form

Instructions:

Complete the below form and email to Gene Azparren at gazparren@buttecounty.net within one week of completing the event. If you have any questions, contact Gene at the indicated email address or call 530-538-7009. Be sure to fill out your name and contact information in the blue box at the bottom of this form.

Event date:	Event location:	Number of participants:
4/27/2016	Oroville Senior Center	9
Group name & description:		
Passages senior volunteers and foster grandparents.		

Questions:
<p>1. Would you say that you live in a healthy community? <i>[Recorders: What did most people think? Was there consensus? Differences?]</i> Majority yes.</p>
<p>2. What are some things that make it healthy? (Please group similar responses, such as comments related to obesity or homelessness. If more than one person gives the same response, please repeat the responses, for example, farmer's market (x2).) Outdoor activities, parks & recreation, sense of community, public infrastructure and services (x2), medical facilities and services (x3), cost of living.</p>

What are some things that keep it from being healthy? (Please group similar responses, such as comments related to obesity or homelessness. If more than one person gives the same response, please repeat the responses, for example, farmer's market (x2).)

Drug and alcohol related issues (x2), violent crime, vandalism, and/or theft (x2), public safety related issues (x3), public infrastructure and services (x5), medical facilities and services issues (x7)

3. When you think about yourself, your family, and friends [or in your professional setting], what are the biggest health concerns?

Alcohol/substance abuse, homelessness, overweight/obesity, mental health, access to exercise opportunities, lack of preventative health care, access to health care, asthma, diabetes, prostate and colorectal screening, GI/GERD, heart disease, high blood pressure, cancer, dementia and Alzheimer's.

From that list, what do you believe are the **three** most important issues that should be addressed to improve health and quality of life in Butte County?

[Recorders: Please list as many important issues that came up and add any notes or additional explanations for each that would be helpful to share.]

1) Clinical concerns (Asthma, diabetes, prostate and colorectal screening, heart disease, GI/GERD, obesity, blood pressure, cancer, quality of health care)

2) Social concerns (Mental health, access to exercise opportunities, lack of preventative health care)

3) Public infrastructure (Not enough street lighting, roads are not paved, not enough public transportation)

*add more numbers as needed

4. What resources and improvements are needed to make Butte County healthier for everyone?

[Recorders: Please list as many resources that came up and add any notes or additional explanations for each that would be helpful to share.]

1) Improving quality of health care - Not enough time to see doctors (doctors always in a hurry), respect from professionals, lack of confidence in health care professionals, long waits in the emergency department, cleanliness of hospital, access to health care in terms of travel distance, consolidation of services so all are in same proximity.

2) Safe and maintained roads (paved roads and street lighting).

<p>3) Preventative health</p> <p>4) Quality of air in areas with dirt roads</p> <p>5) Power to get things done. Voices are not heard, problems are hard to get fixed (e.g. paving or fixing roads).</p>
<p>5. Additional notes:</p> <p>Participant asked where they could go to get help with social services.</p>
<p>6. Contact info for people who want to be involved in the CHA/CHIP process:</p>

Facilitator Name(s):	Email Address(es):	Phone Number(s):
Cindy Wolff	cwolff@csuchico.edu	530 898-5288
Naomi Stamper	nstamper@csuchico.edu	530-898-5323
Mayble Jiang	mjiang1@mail.csuchico.edu	
Shanna Roelofson	sroelofson@orohosp.com	530-712-2144

Oroville Hospital
2016 CHNA Focused Conversation Reporting Form
Health Care Providers

Event Date:	Event Location:	Number of Participants:
August 1, 2016	Oroville Hospital	10
Group Name & Description:		
<p>Oroville Hospital health care providers who attended were Registered Dietitians (n=2), Registered Nurses (n=2), Chief of Nursing, Director of Pharmacy, Office Coordinator, Administrative Assistant, Speech Language Pathologist, Marketing Assistant.</p>		

Questions:
<p>1. In 2013 and 2014, Oroville Hospital and the Together We Can! Healthy Living in Butte County partnership conducted a community health needs assessment to identify our community’s top health needs. The following concerns were identified: Access to Healthcare, Obesity/Overweight (diabetes, access to healthy food/food insecurity, Mental and Emotional Health (substance abuse, homelessness, poverty), and Pulmonary Issues (smoking, asthma).</p> <p style="padding-left: 40px;">a. Do you agree these are the top concerns of our community?</p> <p style="padding-left: 40px;">b. If no, what is/are the reason(s)?</p> <p><i>[Did most people agree/disagree? Was there consensus?]</i></p> <ul style="list-style-type: none"> • Most health care providers agreed that these issues often result in the development of other issues. • Registered Dietitians stated they receive many referrals for diabetes. They also stated there is low access to healthy foods for seniors who live in the outlying rural areas. • A Registered Nurse stated that respiratory complications are higher in this area among adults when compared to other areas. • There was a common census that there are not enough preventative measures for asthma. The group as a whole believed that individuals who do not have

insurance will wait until their or their child's asthma is at its worst and then seek treatment at the emergency room.

- There is a transportation issue (especially in the rural areas), where individuals may be utilizing the ambulance as a way to get to the hospital because there are no other means of getting there.

[What were the other reasons?]

No other reasons were stated.

2. In the past several years, the following action plans have been implemented to address these concerns:

- a. Were you aware of these action plans?**
- b. Did you know these resources are available to the community?**
- c. Have you or a family member utilized any of these resources?**
 - i. If yes, were they helpful?**
 - ii. If no, what is preventing you or a family member from using these resources?**
- d. What other resources would you like to see to address these top concerns?**

[Were most people aware/unaware of action plans?]

Only three participants were aware of all the action plans, and the majority were unaware.

[Did most participants know these resources were available?]

A couple participants were aware of all of the resources; a few were aware of half the resources.

[Did most participants or their family members utilize the resources?]

Most participants used one or more of the following resources: sports club, flu shots, annual health-fair, farmers market, physical activity events.

[Were resources mostly helpful or unhelpful?]

Most participants agreed the resources listed above are helpful.

[What were major issues preventing participants from using resources]

This question was not discussed.

3. Are there any other health concerns you think the hospital could address to make this community healthier? Specifically, what resources, changes, or improvements would you like to see to address these concerns?

[What were the other top health concerns?]

***If a concern was mentioned multiple times, please note how many times. E.g. Cancer (4x)**

- The majority of the health care providers stated that there are insufficient resources in the community to care for individuals with psychiatric issues. There are no group homes or shelters for those who are uninsured (both adults and children).
- Administrators and health care providers stated that there are many individuals who reach out to them for substance-abuse and mental health help, but that there are insufficient resources they can offer.
- There is a need for resources and education for special needs children and teenagers (e.g. autism) in the community.

[What were the top/common resources, changes, or improvements participants suggested?]

- Registered Nurses suggested the hospitals and the county should invest in an old hotel or hospital and turn it into a half-way home or shelter for mentally ill individuals.
- A registered nurse stated there are plans to bring back the Comprehensive Perinatal Services Program (CPSP) next year to benefit mothers and newborns.
- Both Registered Dietitians and Nurses stated that there is discrepancy in insurance coverage for diabetes, where the insurance will cover the blood glucose testing device, but not the test strips. Thus, patients are not checking their blood glucose as often as they should because the strips are expensive.
- Registered Nurses voiced that the availability and appropriate use of asthma medication dictates the rate of an individual's hospital/emergency room visits. The high cost medications prevent hospital visits, but even with insurance, these medications are very expensive.
- Having a Registered Dietitian available at the primary care provider's office could help patients feel more comfortable in speaking with a Registered Dietitian. A limitation cited was insufficient physical space.

4. If you had one suggestion on how to improve the health of your community, what would that be?

[What were the most common improvements suggested?]

- Hospitals in Butte County need to partner with the Butte County Dept. of Behavioral Health, the agency receiving mental health funding, and together help decide what to do with that funding.
- Invest in an old hotel or hospital and create a mental health treatment and housing facility.
- Get hospitals together to write an action plan to address this mental health issue in the community.
- Create a diabetes education clinic with a Certified Diabetes Educator to educate individuals and host support groups.
- Train and certify an employee or volunteer(s) who can provide support for patients, e.g. write letters and prepare documents and paperwork to medication manufacturers for free/reduced price/approval for medications.

Facilitator and Recorder Name(s)	Email Address(es):	Phone Number(s):
Shanna Roelofson	Sroelofson@orohosp.com	530-712-2144
Naomi Stamper	Nstamper@csuchico.edu	530-898-5315
Cindy Wolff	Cwolff@csuchico.edu	530-898-5288
Mayble Jiang	Mjiang1@mail.csuchico.edu	

Oroville Hospital
2016 CHNA Focused Conversation Reporting Form
Community Members

Event Date:	Event Location:	Number of Participants:
August 9, 2016	Dove's Landing Oroville Hospital	13
Group Name & Description:		
<p>The community members of Oroville Hospital service area who attended represented the following groups: seniors, veterans, nursing, school educator, Butte County Public Health Department, African American Cultural Center, Hmong Cultural Center, California Health Collaborative, and community residents.</p>		

Questions:
<p>1. In 2013 and 2014, Oroville Hospital and the Together We Can! Healthy Living in Butte County partnership conducted a community health needs assessment to identify our community's top health needs. The following concerns were identified: Access to Healthcare, Obesity/Overweight (diabetes, access to healthy food/food insecurity, Mental and Emotional Health (substance abuse, homelessness, poverty), and Pulmonary Issues (smoking, asthma).</p> <p style="margin-left: 40px;">a. Do you agree these are the top concerns of our community? b. If no, what is/are the reason(s)?</p> <p><i>[Did most people agree/disagree? Was there consensus?]</i> Participants agreed these are the top health concerns of the community.</p> <p><i>[What were the other reasons?]</i> Other concerns identified included children's dental health, overall wellness/well-being, health education, aging population needs, negative childhood experiences, and environmental issues related to air quality and pulmonary issues.</p>
<p>2. In the past several years, the following action plans have been implemented to address these concerns:</p> <p style="margin-left: 40px;">a. Were you aware of these action plans? b. Did you know these resources are available to the community? c. Have you or a family member utilized any of these resources? i. If yes, were they helpful?</p>

- ii. **If no, what is preventing you or a family member from using these resources?**
- d. **What other resources would you like to see to address these top concerns?**

[Were most people aware/unaware of action plans?]

There were mixed responses, some participants were aware of plans, the majority were not.

[Did most participants know these resources were available?]

Most participants were aware of the Oroville Hospital Annual Health-Fair and the Sports Club's Silver Sneakers program for which eligibility is dependent on type of private insurance coverage. Only a few were aware of the hospital's free flu shots.

[Did most participants or their family members utilize the resources?]

- A couple participants utilize the Sports Club's Silver Sneakers program. However, other participants voiced their desire to join Silver Sneakers, but could not due to their health insurance limitations.
- One participant stated that the recently reduced hospital charges for inD patient services was beneficial when she became acutely ill.
- One participant stated that she participated in the annual Health Fairs and utilized the free flu shots and thought it was very beneficial to herself and the community.

[Were resources mostly helpful or unhelpful?]

- Participants found the following resources helpful: Sports Club Silver Sneakers, Health Fair, flu shots, and reduced hospital charges.

[What were major issues preventing participants from using resources]

- Lack of transportation and geographic isolation in rural areas prevent community members from utilizing resources.
- Senior participants asked for increased outreach to their community.
- Representatives from the African American Cultural Center and Hmong Cultural Center suggested that the hospital bring resources to the cultural centers for those individuals who do not have transportation to the hospital/resources.

3. Are there any other health concerns you think the hospital could address to make this community healthier? Specifically, what resources, changes, or improvements would you like to see to address these concerns?

[What were other top health concerns, resources, changes, or improvements participants suggested?]

- Build a cooperative network of organizations to help the community.
- Community members stated that the high Palermo asthma rates could be due to an abundance of dust, dryness, pollen, uncultivated land, swampy/wet lands, and the geography of the area as the Palermo area retains smoke.
- Veterans would like to know if “VA Vet’s Choice” is an option at Oroville Hospital. It was noted Oroville Hospital does provide VA Vet’s Choice as long as the services are authorized by their insurance.
- Community members would like an event similar to the “Stand Down” event held at the Chico Fairgrounds to be hosted in Oroville. This type of event offered dental, vision, and other medical and social services to the homeless and veterans. It was noted, Adventist Church held a similar event in Oroville earlier this year. Oroville Hospital donated supplies and provided volunteers for the event.
- There is a need for transportation assistance. Community members would like to see some sort of transportation service that would be able to take them to the hospital, sports club and other resources/events.
- Several community members voiced that monthly education talks at Dove’s Landing would be beneficial to the community. They would also like flyers to be distributed to spread awareness of these events (e.g. at the cultural centers). It was noted that Oroville Hospital has already taken initiative in this area and future presentation topics are currently being discussed.
- Creating a scholarship program would be helpful for individuals to participate in benefits like the Silver Sneakers physical activity promotion program.
- Education could be the key to prevent drug addiction. Community members suggested educational training on precautions of medications before patients are able to obtain prescribed opioid medications.

- There is a need for live-in homes for individuals who need housing stability. It was recognized by attendees that homelessness and substance abuse are often co-morbid conditions. It was noted that Oroville Hospital has two relatively new programs at the Comprehensive Pain and Spine Clinic – one for addictive disorders and one for chronic pain.
- There is a need to educate children on the consequences of flavored tobacco, vaping, e-cigarettes and nicotine.
- Low-income communities have low access to healthy foods and are limited to the poor choices at convenient stores.
- There is a need for additional health care services: staffing, clinics, urgent care.
- There is also a need for services related to a broader scope of health care, e.g. whole body wellness, fitness, yoga and health coaching.
- A representative from the African American Family Cultural Center voiced their struggle to motivate their community to utilize the resources available.

4. If you had one suggestion on how to improve the health of your community, what would that be?

[What were the most common improvements suggested?]

- Focus on overall wellness of the community instead of individual health
- Education, including both inpatient and outpatient education, as well as community education
- Empower people to take responsibility for their health
- Focus on one-to-one education as a way to optimize effectiveness
- Outreach to communities with health related programs
- Continual awareness of how to maintain healthy lifestyle

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