

Growing Healthy Together



Oroville Hospital 2025
**COMMUNITY HEALTH
NEEDS ASSESSMENT**

Oroville Hospital
Community Health Needs
Assessment 2025

Table of Contents

EXECUTIVE SUMMARY	1
INTRODUCTION	3
SERVICE AREA	4
DATA COLLECTION AND METHODOLOGY	6
PRIORITIZATION OF SIGNIFICANT HEALTH NEEDS	8
DEMOGRAPHIC PROFILE	10
<i>Population</i>	10
<i>Race and Ethnicity</i>	13
<i>Language Spoken at Home</i>	14
<i>Linguistic Isolation</i>	15
<i>English Learners</i>	15
<i>Citizenship</i>	16
<i>Veterans</i>	16
SOCIAL DRIVERS OF HEALTH	17
<i>Social and Economic Factors Ranking</i>	17
<i>California Healthy Places Index</i>	17
<i>Poverty</i>	18
<i>Free and Reduced-Price Meals</i>	21
<i>Unemployment</i>	21
<i>Community Input on Economic Insecurity</i>	22
<i>Transportation</i>	22
<i>Housing and Households</i>	23
<i>Housing Affordability</i>	24
<i>Household Overcrowding</i>	25
<i>Households by Type</i>	26
<i>Public Programs by Participation</i>	27
<i>Food Insecurity</i>	27
<i>Cal-Fresh Eligibility and Participation</i>	28
<i>Community Input on Food Insecurity</i>	28
<i>Educational Attainment</i>	28
<i>Safe Parks and Playgrounds</i>	29
<i>Homelessness</i>	30
<i>Community Input on Housing and Homelessness</i>	31
<i>Crime and Violence</i>	31
<i>Child and Youth Safety</i>	33
<i>Environmental Health</i>	33
ACCESS TO HEALTHCARE	35
<i>Health Insurance</i>	35
<i>Sources of Care</i>	37
<i>Telehealth</i>	38

<i>Difficulty Accessing Care</i>	38
<i>Lack of Care Due to Cost, for Children</i>	39
<i>Use of the Emergency Room</i>	40
<i>Access to Primary Care Community Health Centers</i>	40
<i>Dental Care</i>	42
<i>Community Input on Access to Care</i>	43
MATERNAL AND INFANT HEALTH	44
<i>Births</i>	44
<i>Delivery Paid by Public Insurance or Self-Pay</i>	44
<i>Prenatal Care</i>	44
<i>Teen Birth Rate</i>	45
<i>Low Birth Weight</i>	45
<i>Preterm Births</i>	45
<i>Maternal Smoking During Pregnancy</i>	45
<i>Infant Mortality</i>	46
<i>Breastfeeding</i>	46
LEADING CAUSES OF DEATH	47
<i>Life Expectancy at Birth</i>	47
<i>Mortality Rates</i>	48
<i>Leading Causes of Death</i>	48
<i>Cancer</i>	49
<i>Unintentional Injury</i>	50
<i>Ischemic Heart Disease and Stroke</i>	51
<i>Alzheimer’s Disease</i>	51
<i>Chronic Lower Respiratory Disease</i>	52
<i>Liver Disease and Cirrhosis</i>	52
<i>Diabetes</i>	52
<i>Suicide</i>	53
<i>Pneumonia and Influenza</i>	53
<i>HIV</i>	53
<i>Homicide</i>	53
<i>Drug-Induced Deaths</i>	54
DISABILITY AND DISEASE	55
<i>Hospitalization Rates by Diagnoses</i>	55
<i>Emergency Room Rates by Diagnoses</i>	55
<i>COVID-19 Incidence, Mortality, and Vaccination Rates</i>	55
<i>Disability</i>	57
<i>Diabetes</i>	57
<i>Heart Disease</i>	58
<i>High Blood Pressure</i>	59
<i>Cancer</i>	59
<i>Asthma</i>	60
<i>Tuberculosis</i>	61

Community Input on Chronic Disease	62
HEALTH BEHAVIORS.....	62
Health Behaviors Ranking.....	62
Overweight and Obesity.....	62
Soda/Sugar-Sweetened Beverage (SSB) Consumption.....	64
Adequate Fruit and Vegetables Consumption	64
Sedentary Adults, Children and Teens.....	64
Exercise Opportunities	65
Community Input on Overweight and Obesity.....	65
Sexually Transmitted Infections	65
Teen Sexual History.....	67
MENTAL HEALTH	68
Adult Mental Health	68
Youth Mental Health.....	70
Online Mental Health Tools	71
Community Input on Mental Health	72
SUBSTANCE USE AND MISUSE.....	73
Cigarette Smoking.....	73
Alcohol and Drug Use.....	73
Marijuana Use.....	74
Opioid Use.....	74
Community Input on Substance Use and Misuse	75
PREVENTIVE PRACTICES.....	75
Immunization of Children.....	75
Flu Vaccine	76
Cholesterol Screening.....	76
Pap Smears	76
Mammograms	77
Colorectal Cancer Screening	77
Community Input on Preventive Healthcare	77
EVALUATION OF IMPACT	78
ATTACHMENT 1: BENCHMARK COMPARISONS	82
ATTACHMENT 2: COMMUNITY STAKEHOLDER INTERVIEWS.....	83
ATTACHMENT 3: STAKEHOLDER INPUT ON PRIORITIZATION OF HEALTH NEEDS	83
ATTACHMENT 4: RESOURCES TO ADDRESS COMMUNITY HEALTH NEEDS	84
ATTACHMENT 5: TABLES CONTAINING SECONDARY SERVICE AREA DATA BY ZIP CODE	86

Executive Summary

Oroville Hospital is a 153-bed nonprofit acute care facility specializing in a broad range of inpatient and outpatient services, including multiple physician practices. With a medical staff of more than 200 physicians, Oroville Hospital prides itself on providing the highest quality medical care in a friendly and compassionate environment. Located in Oroville, California, the hospital serves the Oroville area, Butte County and the North Valley. Oroville Hospital’s mission is to provide health care to residents of Oroville and the surrounding foothill and valley communities, by offering a medical home with a wide range of integrated services, from prevention and treatment to wellness. Oroville Hospital has made it a priority to bring health equity to our community. It is committed to monitoring and re-evaluating the needs of the community on an ongoing basis and through the Community Health Needs Assessment process.

Community Health Needs Assessment

California Senate Bill 697 (1998) and IRS section 501(r)(3) regulations, as set through the 2010 Patient Protection and Affordable Care Act, directs nonprofit hospitals to conduct a Community Health Needs Assessment (CHNA) every three years and develop a three-year Implementation Strategy. The Implementation Strategy is the foundation for the hospital’s Community Benefit plan, that responds to community needs. Oroville Hospital’s 2025 CHNA identifies unmet health needs in the service area, guides the prioritization of health needs in the hospital’s focused geography, and serves as the basis for Community Benefit programs, services, activities and commitments.

Service Area

Oroville Hospital is located at 2767 Olive Highway in Oroville, CA 95966. It serves patients and community members throughout Butte County and California's North State. The hospital defines its primary service area as the following 15 ZIP Codes.

Place	ZIP Code	County
Bangor	95914	Butte
Berry Creek	95916	Butte
Biggs	95917	Butte
Brownsville	95919	Yuba
Challenge	95925	Yuba
Clipper Mills	95930	Butte
Feather Falls*	95940*	Butte
Forbestown	95941	Butte
Gridley	95948	Butte
Oroville	95965, 95966	Butte
Palermo	95968	Butte
Rackerby**	95972**	Yuba
Richvale	95974	Butte
Strawberry Valley	95981	Yuba

*Feather Falls 95940 is a 'P.O. Box only' ZIP Code, with no population-based demographic data available. ** The population for this ZIP Code is too low to allow for demographic analysis.

Data Methodology

Secondary Data: Data was collected from a variety of local, county, and state sources to present community demographics, social drivers of health, access to healthcare, birth indicators, leading causes of death, acute and chronic disease, health behaviors, mental health, substance use and preventive practices. Where available, data is presented in the context of the service area counties and California. Analysis of secondary data includes an examination and reporting of health disparities for some health indicators. The report includes benchmark comparison data that measure the data findings as compared to Healthy People 2030 objectives, where appropriate. Healthy People 2030 is a national initiative to improve the public's health by providing measurable objectives that are applicable at national, state, and local levels.

Primary Data: Eleven (11) phone interviews were conducted from May - July of 2025. Community stakeholders identified by the hospital partners were contacted and asked to participate in the needs assessment interviews. Interview participants included a broad range of stakeholders concerned with health and well-being of the hospital service area, who shared about the issues and needs in the communities served by the hospital.

Significant Community Needs

Significant needs were identified through a review of the secondary health data and validation through stakeholder interviews. The identified significant needs included:

Access to healthcare	Housing affordability & homelessness
Chronic diseases (e.g. cancers, stroke, heart disease)	Mental health
Economic insecurity	Obesity/overweight
Food insecurity	Preventive care
	Substance use & misuse

Prioritization of Health Needs

Significant community needs were prioritized by community stakeholders through a survey methodology. **Chronic diseases, mental health, access to care, preventive health care and substance use & misuse** were ranked as the top five priority needs in the service area.

Resources Potentially Available to Address Needs

Stakeholders identified community resources potentially available to address the significant community health needs. Attachment 3 lists resources identified by community stakeholders.

Report Adoption, Availability and Comments

This CHNA report was adopted on November 29, 2025. The report is widely available to the public on the medical center's web site and can be accessed [here](#). To send comments or questions about this report, please email your feedback to info@orohosp.com.

Introduction

Background and Purpose

Oroville Hospital, located in Oroville, California, is a private 501(c)(3) non-profit corporation. The hospital serves the Oroville area, Butte County and the North Valley. Oroville Hospital's mission is to provide personalized health care to residents of Oroville and the surrounding foothill and valley communities, by offering a medical home with a wide range of integrated services, from prevention and treatment to wellness. Oroville Hospital has made it a priority to bring health equity to our community. We are committed to monitoring and re-evaluating the needs of the community and an ongoing basis and through the Community Health Needs Assessment process.

Oroville Hospital has grown from a modest community hospital supported by a small staff of dedicated doctors into a 153-bed acute care facility specializing in a broad range of inpatient and outpatient services, including multiple physician practices. With a medical staff of more than 200 physicians, Oroville Hospital prides itself on providing the highest quality medical care in a friendly and compassionate environment.

Oroville Hospital's Complete Service Line

Aesthetic Medicine	Endocrinology	Plastic Surgery
Allergy and Immunology	Endoscopy	Psychiatry
Ambulatory Care	Gastroenterology	Pulmonary
Anesthesia Services	Hospitalist Services	Pulmonary Function Testing
Anticoagulation Services	Intensive Care Unit	Radiology
Bariatric Surgery	Laboratory Services	Rehabilitation Services
Breast Cancer Services	Medical-Surgical Units	Respiratory Care
Cancer Care Program	Nephrology	Robotic Surgery
Cardiac Catheterization	Neurodiagnostics	Sleep Disorder Testing
Cardiology	Neurology	Stroke Program
Cardiovascular Testing	Nutritional Therapy	Surgical Services
Childbirth Services	Obstetrics & Gynecology	Telemedicine
Chiropractic Services	Ophthalmology	Thoracic Surgery
Colorectal Surgery	Orthopedic Surgery	Urology
Dermatology	Pain Management	Urogynecology
Dentistry	Palliative Care Program	Valley Medical Imaging
Ear, Nose, Throat Services	Pediatric Services	Vascular Surgery
Emergency Care Services	Pharmacy	Women's Imaging
	Podiatry	

Oroville Hospital is proud to be expanding service lines, adopting innovative technology, and recruiting top-tier talent. The hospital's new accreditation for psychiatric graduate medical education allows Oroville Hospital's physicians to train and educate medical students during their final years of schooling. The inaugural residency class began training at Oroville Hospital's institute in July of 2025. Additionally, Oroville Hospital added new specialties to meet the growing needs in the community, including Plastic Surgery, Thoracic Surgery, Urogynecology, as well as integrated new technology advancements to provide patients new options for screening and treatment.

Community commitments included flu vaccine clinics, meal baskets, and support groups through Oroville Hospital's cancer center and stroke program, along with strategic investments in, and with, community partners who make a positive impact. Oroville Hospital remains an active participant in the community. Meeting with local business leaders and members throughout Butte County has helped determine the immediate health needs of the community. Their feedback plays an integral role in shaping the services provided at Oroville Hospital, including the five-story expansion project which is anticipated to be fully operational in 2025. As one of the city's largest employers, Oroville Hospital builds upon the local economy by expanding services and creating stable jobs for the region's workforce. To ensure current and potential employees have the necessary skill sets and stay apprised to the latest procedures and technology, Oroville Hospital encourages professional development programs and higher education.

Project Oversight

The Community Health Needs Assessment process was overseen by:
Emily Stevens, Director of Public Relations
Oroville Hospital

Consultant

Forward Community Health Consulting, LLC, conducted the CHNA. Forward Community Health Consulting, LLC, is an independent consulting firm that works with hospitals and community-based nonprofit organizations. The team included Cindy Levey, Principal; Denise Flanagan, Data Analyst; and Sevanne Sarkis, Data Specialist. Cindy Levey, MPH, has over 25 years of experience conducting CHNAs and working with hospitals and health systems on developing, implementing, and evaluating Community Benefit programs. www.ForwardCHC.com

Service Area

Oroville Hospital is located at 2767 Olive Highway in Oroville, CA 95966. It serves patients and community members throughout Butte County and California's North State. The hospital defines its primary service area as the following 15 ZIP Codes, represented in utilizing the following 14 community names. Demographic data from the Census Bureau is most-easily accessed utilizing ZIP Codes. However, ZIP Codes are not drawn around communities; they may sometimes cut through the communities named, and/or may contain a number of different communities. References to these communities' names, throughout this report, should be understood to be references to these ZIP Codes.

Place	ZIP Code	County
Bangor	95914	Butte
Berry Creek	95916	Butte
Biggs	95917	Butte
Brownsville	95919	Yuba
Challenge	95925	Yuba
Clipper Mills	95930	Butte
Feather Falls*	95940*	Butte
Forbestown	95941	Butte
Gridley	95948	Butte
Oroville	95965, 95966	Butte
Palermo	95968	Butte
Rackerby**	95972**	Yuba
Richvale	95974	Butte
Strawberry Valley	95981	Yuba

*Feather Falls 95940 is a 'P.O. Box only' ZIP Code, with no population-based demographic data available. ** The population for this ZIP Code is too low to allow for demographic analysis.

In addition, Oroville Hospital recognizes two secondary service areas. The first is the Chico/Glenn County area. This includes the remainder of Butte County, and includes the following 17 ZIP Codes, represented in the body of this report utilizing the following 13 community names, in Butte and Glenn Counties.

Place	ZIP Code	County
Artois	95913	Glenn
Butte City	95920	Glenn
Chico	95926, 95927*, 95928, 95973	Butte
Durham	95938	Butte
Forest Ranch	95942	Butte
Glenn	95943	Glenn
Hamilton City	95951	Glenn
Magalia	95954	Butte
Nelson*	95958*	Butte
Orland	95963	Glenn
Paradise	95967*, 95969	Butte
Stirling City	95978	Butte
Willows	95988	Glenn

*Chico 95927, Paradise 95967, and Nelson 95958 are P.O. Box only ZIP Codes, with no population-based demographic data available.

The other secondary service area is comprised of much of Yuba and Sutter counties, and is included due to its proximity to Oroville Hospital. Many of the residents of this area live within 30 miles of the hospital (45 minutes of driving time). Many residents utilize the specialty services at Oroville Hospital, as there is a shortage in the region. This Yuba/Sutter secondary service area includes the following ten ZIP Codes, represented in the body of this report utilizing the following seven community names, in Yuba and Sutter Counties.

Place	ZIP Code	County
Browns Valley	95918	Yuba
Dobbins	95935	Yuba
Live Oak	95953	Sutter
Marysville	95901	Yuba
Olivehurst/Plumas Lake	95961	Yuba
Oregon House	95962	Yuba
Sutter	95982	Sutter
Yuba City	95991, 95992*, 95993	Sutter

*Yuba City 95992 is a P.O. Box only ZIP Code, with no population-based demographic data available.

Data for Glenn County is not available separately from UCLA’s Center for Health Policy Research (one of the secondary data sources utilized for this report; they combine Glenn County data with Tehama and Colusa Counties, due to low populations of the three) and so only data for Butte, Sutter and Yuba Counties will be provided from that data source.

Data Collection and Methodology

Secondary Data Collection

Secondary data were collected from a variety of local, county, and state sources to report community demographics, social drivers of health, access to healthcare, birth indicators, leading causes of death, acute and chronic disease, health behaviors, mental health, substance use and preventive practices. Where available, these data are presented in the context of Butte County, Sutter County, Yuba County and California, framing the scope of an issue as it relates to the broader community.

Secondary data for the service area were collected and documented in data tables with narrative explanation. The data tables present the data indicator, the geographic area represented, the data measurement (e.g., rate, number, or percent), county and state comparisons (when available), the data source and data year. In some cases, data sets from public sources do not total 100%. In these cases, the data remained as reported by the data source. Analysis of secondary data includes an examination and reporting of health disparities for some health indicators. The report includes benchmark comparison data as compared to Healthy People 2030 objectives, where appropriate. Healthy People 2030 objectives are a national initiative to improve the public's health by providing measurable objectives that are applicable at national, state, and local levels.

Attachment 1 compares Healthy People 2030 objectives with service area data.

Significant Community Needs

Initially, significant health needs were identified through a review of the secondary health data collected. The identified significant needs included:

Access to healthcare	Housing affordability & homelessness
Chronic diseases (e.g. cancers, stroke, heart disease)	Mental health
Economic insecurity	Obesity/overweight
Food insecurity	Preventive care
	Substance use & misuse

Primary Data Collection

Interviews: Eleven (11) phone interviews were conducted from May - July of 2025. Community stakeholders identified by the hospital partners were contacted and asked to participate in the needs assessment interviews. Interview participants included a broad range of stakeholders concerned with health and well-being of the hospital service area, who shared about the issues and needs in the communities served by the hospital.

The identified stakeholders were invited by email to participate in the phone interview. Appointments for the interviews were made at the convenience of the stakeholders. At the beginning of each interview, the purpose of the interview in the context of the assessment was explained, the stakeholders were assured their responses would remain confidential, and consent to proceed was given. During the interviews, participants were asked to share their perspectives on the issues, challenges and barriers related to the identified health needs.

Throughout the document you will see paraphrased input from Community Stakeholders. These are not direct quotes, but sentiments and verbiage sometimes shared by more than one stakeholder on particular issues pertaining to community needs. Each input section is marked by a gray box and titled Community Input.

Attachment 2 lists the stakeholder interview respondents, their titles and organizations.

Public Comment

In compliance with IRS regulations 501(r)(3) for charitable hospitals, a hospital CHNA and Implementation Strategy are to be made widely available to the public for review and public comment. The previous CHNA and Implementation Strategy were made widely available to the public on the website and can be accessed at www.orovillehospital.com/about/community-reports. To date, no comments have been received.

Prioritization of Significant Health Needs

The identified significant community needs were prioritized with input from the community via interviews with community stakeholders. The following criteria were used to prioritize the significant needs: The perceived severity of a health or community issue as it affects the health and lives of those in the community.

- Improving or worsening of an issue in the community.
- Availability of resources to address the need.
- The level of importance the hospital should place on addressing the issue.

Each of the stakeholders interviewed were sent a link to an electronic survey (SurveyMonkey) in advance of the interview, to rank each identified need. The percentage of responses were noted as those that identified the need as having severe impact on the community, had worsened over time, and had a shortage or absence of resources available in the community. Not all survey respondents answered every question. Therefore, the response percentages were calculated based on respondents only and not on the entire sample size.

Substance use & misuse, mental health, chronic diseases and economic insecurity had the highest scores for severe impact on the community (scoring over 70%). **Mental health, chronic disease and substance use & misuse** were the needs with the highest scores for worsened over time (scoring over 70%). **Mental health, chronic diseases, economic insecurity and housing affordability & homelessness,** had the highest scores (over 70%) for insufficient or absent resources available to address the need.

The interviewees were also asked to prioritize the health needs according to the highest level of importance in the community. The total score for each significant need (possible score of 4) was divided by the total number of responses for which data were provided, resulting in an overall score for each significant need. **Chronic diseases, mental health, access to care, preventive health care and substance us & misuse** were ranked as the top five priority needs in the service area. Oroville Hospital will take into account community stakeholder prioritization, along with hospital core competencies and longstanding partnerships to build the 2026-2029 Community Benefit Implementation Strategy.

Attachment 3 Shows the results of the stakeholder prioritization of health needs in table format.

Resources to Address Significant Needs

Community stakeholders identified community resources potentially available to address the significant community needs.

The identified community resources are presented in **Attachment 4**.

Evaluation of Impact

In 2022, Oroville Hospital conducted the previous CHNA. Significant needs were identified from issues supported by primary and secondary data sources gathered for the CHNA. The hospital's Implementation Strategy/CHNA Action Plan associated with the 2022 CHNA addressed: Heart Health/Heart Disease, Mental Health, Substance Use, Access to Affordable Healthcare and Poverty through a commitment of Community Benefit programs and resources. The 2025 CHNA includes an Evaluation of Impact section outlining the impact of Community Benefit commitments since the previous CHNA.

Public Comment

In compliance with IRS regulations 501(r)(3) for charitable hospitals, a hospital CHNA and Implementation Strategy are to be made widely available to the public for review and public comment. The previous CHNA and Implementation Strategy were made widely available to the public on the website and can be accessed [here](#). To date, no comments have been received.

Demographic Profile

Population

The population in the primary service area from 2019 to 2023 was estimated to be 69,674, having fallen by 1.2% from the 2014-2018 population estimate. During the same time period, the population of the Chico/Glenn secondary service area was estimated at 170,004, having fallen by 8.6%. The population of the Yuba/Sutter secondary service area was estimated at 169,151, up by 7.4% in the same timeframe.

In the wake of the Camp Fire in November 2018, and then the North Complex Fire in September 2020, the population in Butte County decreased by -10.4% (from a single-year 2018 to 2022 estimate), during which time the population of California dropped by (-1.3%). The biggest drops in population came from 2018 to 2019 (-5.2%), followed by -3.4% from 2019 to 2020, -1.6% from 2020 to 2021, and -0.5% from 2021 to 2022. Prior to the Camp Fire the U.S. Census Bureau estimated that Butte County’s population was growing by about 1% per year (from 2016 to 2018).

The population effects of other fires affecting the various service areas, including the Cascade Fire in Yuba County in 2017, and the Park Fire in 2024 which affected Butte, Glenn, Yuba, and Sutter Counties, are beyond the scope of this report.

Total Population and Change in Population

	Total Population	Change in population, 2018-2023
Primary Service Area	69,674	-1.2%
Chico/Glenn Service Area	170,004	-8.6%
Yuba/Sutter Service Area	169,151	7.4%
California	39,242,785	0.2%

Source: U.S. Census Bureau, American Community Survey, 5-Year Estimates 2014-2018 & 2019-2023, DP05. <http://data.census.gov>

In the primary service area, 50.5% of the population is male and 49.5% is female.

Population, by Gender

	Male	Female
Primary Service Area	50.5%	49.5%
Chico/Glenn Service Area	49.7%	50.3%
Yuba/Sutter Service Area	50.3%	49.7%
California	50.0%	50.0%

Source: U.S. Census Bureau, American Community Survey, 5-Year Estimates, 2019-2023, DP05. <http://data.census.gov>

In Butte County, 82.3% of the adult population identify as heterosexual, and 98% as cisgender, or not transgender. More than twice the percentage of adults in Butte County identified as bisexual (10.7%) than did at the state level (4.4%). Residents of Sutter County are more likely than those in Butte or Yuba Counties to identify as heterosexual, and less likely to identify as transgender/gender non-conforming.

Population by Sexual Orientation and Gender Identity, Adults

	Butte County	Sutter County	Yuba County	California
Heterosexual	82.3%	90.6%	88.9%	89.6%
Gay, lesbian or homosexual	*3.7%	2.8%	3.1%	3.7%
Bisexual	10.7%	3.3%	6.6%	4.4%
Not sexual/celebrate/none/other	*3.3%	*3.3%	*1.3%	2.3%
Cisgender/not transgender†	*98.0%	*99.8%	*98.0%	98.9%
Transgender/gender non-conforming†	*2.0%	*0.2%	*2.0%	1.1%

Source: California Health Interview Survey, 2019-2022 or †2019-2023, combined. <https://healthpolicy.ucla.edu/our-work/askchis/> *Statistically unstable due to sample size.

In Butte County, 7.3% of the teen population identify as transgender or gender non-conforming, while 10.3% said that other people at school would describe them as gender non-conforming (males who would be described as feminine, females who would be described as masculine, or either gender described as equally feminine and masculine). Teens in Yuba and Sutter Counties were less likely to identify as transgender or gender non-conforming, but more likely to say that they express – or would be described as – gender non-conforming.

Gender Identity and Gender Expression, Teens

	Butte County	Sutter County	Yuba County	California
Identify as cisgender/not transgender	*92.7%	*99.1%	*97.6%	97.5%
Identify as transgender/gender non-conforming	*7.3%	*0.9%	*2.4%	2.5%
Express as cisgender/not transgender†	*89.7%	*72.9%	70.2%	78.7%
Express as transgender/gender non-conforming†	*10.3%	*27.1%	29.8%	21.3%

Source: California Health Interview Survey, 2019-2023 or †2019-2022, combined. <https://healthpolicy.ucla.edu/our-work/askchis/> *Statistically unstable due to sample size.

In the primary service area, 24.1% of the population are children and youth, ages 0-17, 56.1% of residents are adults, ages 18-64, and 19.9% are senior adults, ages 65 and older. In the Chico/Glenn secondary service area, 20% of the population are children and youth, ages 0-17, 62.7% of residents are adults, ages 18-64, and 17.2% are senior adults, ages 65 and older. In the Yuba/Sutter secondary service area, 26.4% of the population are children and youth, ages 0-17, 58.8% of residents are adults, ages 18-64, and 14.8% are senior adults, ages 65 and older. The primary service area has a higher percentage of children and youth, and of senior adults aged 65 to 84, and a lower percentage of adults of all age groups aged 18 to 64, than the state averages.

Population, by Age

	Primary Service Area		Chico/Glenn Service Area		Yuba/Sutter Service Area		California	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Age 0-4	4,376	6.3%	8,578	5.0%	11,539	6.8%	2,214,141	5.6%
Age 5-17	12,399	17.8%	25,504	15.0%	33,129	19.6%	6,514,871	16.6%
Age 18-24	5,426	7.8%	27,362	16.1%	14,664	8.7%	3,572,575	9.1%
Age 25-44	17,135	24.6%	42,621	25.1%	46,959	27.8%	11,233,842	28.6%
Age 45-64	16,492	23.7%	36,687	21.6%	37,895	22.4%	9,712,870	24.8%
Age 65-74	8,369	12.0%	17,542	10.3%	14,795	8.7%	3,534,613	9.0%
Age 75-84	4,210	6.0%	8,492	5.0%	7,377	4.4%	1,721,957	4.4%
Age 85+	1,267	1.8%	3,218	1.9%	2,793	1.7%	737,916	1.9%

Source: U.S. Census Bureau, American Community Survey, 5-Year Estimate, 2019-2023, DP05. <http://data.census.gov>

When the primary service area is examined by ZIP Code, Clipper Mills had the highest percentage of children and youth (43.4%), followed by Gridley (30.6%). Richvale and Strawberry Valley showed no recorded children and youth. The next-lowest percentage in the service area was Bangor (12%).

100% of the population of Richvale and 75% of the population of Strawberry Valley were recorded as being senior adults. The community with the third-highest percentage in the area was Bangor (46.8%), followed by Berry Creek (34.4%) and Clipper Mills (30.8%). Forbestown had the lowest percentage of senior adults (0.9%), followed by Challenge (12.3%). Details of population for the secondary service area ZIP Codes may be found in **Attachment 5**, at the end of this report.

Several of the communities included were largely destroyed by the 2020 North Complex Fire and the 2024 Park Fire; those living there may or may not have rebuilt by the time of this report's publication.

Population, by Youth, Ages 0-17, and Senior Adults, Ages 65 and Older

	ZIP Code	Total Population	Youth Ages 0 – 17	Senior Adults Ages 65+
Bangor	95914	459	12.0%	46.8%
Berry Creek	95916	765	16.9%	34.4%
Biggs	95917	3,561	25.0%	13.8%
Brownsville	95919	1,110	25.9%	13.3%
Challenge	95925	219	23.3%	12.3%
Clipper Mills	95930	412	43.4%	30.8%
Forbestown	95941	342	26.9%	0.9%
Gridley	95948	11,118	30.6%	15.1%
Oroville	95965	20,854	23.7%	17.0%
Oroville	95966	29,335	22.2%	23.7%
Palermo	95968	1,346	16.8%	19.2%
Richvale	95974	93	0.0%	100.0%
Strawberry Valley	95981	60	0.0%	75.0%
Primary Service Area		69,674	24.1%	19.9%

Population, by Youth, Ages 0-17, and Senior Adults, Ages 65 and Older

Chico/Glenn Service Area	170,004	20.0%	17.2%
Yuba Sutter Service Area	169,151	26.4%	14.8%
Butte County	209,470	20.5%	18.2%
Glenn County	28,623	26.2%	16.8%
Sutter County	98,971	25.4%	16.1%
Yuba County	83,079	27.3%	13.1%
California	39,242,785	22.2%	15.3%

Source: U.S. Census Bureau, American Community Survey, 5-Year Estimate, 2019-2023, DP05. <http://data.census.gov>

Race and Ethnicity

In the primary service area, 60.9% of the population is non-Hispanic White, and 21.9% are Hispanic or Latino of any race. 7.4% of the primary service area population identifies as Asian, 5.7% as multiracial, 1.9% as Black or African American, 1.4% as American Indian or Alaska Native (AIAN), and 0.1% as Native Hawaiian/other Pacific Islander. An additional 0.7% of the primary service area population identifies as some race other than those listed. The primary service area has a higher percentage of White, multiracial and AIAN residents, and a lower percentage of Hispanic or Latino, Asian, and Black or African American residents than the state.

The Chico/Glenn secondary service area has a higher percentage of White (66.1%), Hispanic (22.5%) and NHPI (0.3%) residents and a lower percentage of Asian (3.9%), multiracial (4.9%), Black or African American (1.4%), and AIAN (0.4%) residents than does the primary service area. The Yuba/Sutter secondary service area has a higher percentage of Hispanic (32.2%), Asian (13.5%), Black or African American (2.5%) and NHPI (0.3%) residents and a lower percentage of White (44.3%) and AIAN (0.7%) residents than does the primary service area.

Population, by Race and Ethnicity

	Primary Service Area		Chico/Glenn Service Area		Yuba/Sutter Service Area		California
	Number	Percent	Number	Percent	Number	Percent	Percent
White, non-Hispanic	42,457	60.9%	112,362	66.1%	74,988	44.3%	34.6%
Hispanic or Latino	15,279	21.9%	38,331	22.5%	54,513	32.2%	39.8%
Asian, non-Hispanic	5,131	7.4%	6,649	3.9%	22,828	13.5%	15.1%
Multiracial	3,945	5.7%	8,338	4.9%	9,501	5.6%	4.1%
Black or African American	1,294	1.9%	2,453	1.4%	4,256	2.5%	5.3%
AIAN, non-Hispanic	993	1.4%	761	0.4%	1,140	0.7%	0.3%
Other	501	0.7%	608	0.4%	1,410	0.8%	0.5%
NHPI, non-Hispanic	74	0.1%	502	0.3%	515	0.3%	0.3%

Source: U.S. Census Bureau, American Community Survey, 5-Year Estimate, 2019-2023, DP05. <http://data.census.gov>

Language Spoken at Home

In the hospital's primary service area, 81.1% of residents speak English only in the home, Spanish is spoken at home among 12.6% of the population, an Asian or Pacific Islander language is spoken at home among 4.9% of the population and 1.2% of population speaks an Indo-European language other than Spanish or English at home. The Yuba/Sutter secondary service area has a higher percentage of Spanish-speakers and speakers of other Indo-European languages than both the primary service area and the Chico/Glenn secondary service area.

Language Spoken at Home, Ages 5 Years and Older

	Primary Service Area	Chico/Glenn Service Area	Yuba/Sutter Service Area	California
Population, 5 years and older	65,298	161,426	157,612	37,028,644
Only English	81.1%	81.0%	67.5%	55.9%
Spanish	12.6%	14.2%	19.3%	28.2%
Asian or Pacific Islander Language	4.9%	2.7%	3.8%	10.0%
Indo-European language	1.2%	1.6%	9.1%	4.8%
Other language	0.2%	0.5%	0.3%	1.1%

Source: U.S. Census Bureau, American Community Survey, 5-Year Estimates, 2019-2023, DP02. <http://data.census.gov>

The primary service area communities with the highest percentage of Spanish speakers are Palermo (33.9%), Gridley (25.4%), Biggs (17.3%), Challenge (16%) and Oroville 95965 (13.1%). The community with the highest percentage of Asian or Pacific Islander language speakers is Oroville 95965 (11.2%), followed distantly by Oroville 95966 (3.4%). The communities with the highest percentage of Indo-European language speakers (other than Spanish and English) are Bangor (2.4%) and Biggs (2.1%). 100% of the residents of Clipper Mills, Forbestown, Richvale and Strawberry Valley said they spoke only English in the home. Details of language spoken for the secondary service area ZIP Codes may be found in **Attachment 5**, at the end of this report.

Language Spoken at Home, Population 5 Years and Older, by ZIP Code

	ZIP Code	English	Spanish	Asian or Pacific Islander	Other Indo-European
Bangor	95914	91.5%	6.1%	-	2.4%
Berry Creek	95916	98.1%	1.3%	-	0.5%
Biggs	95917	80.6%	17.3%	-	2.1%
Brownsville	95919	96.9%	3.1%	-	-
Challenge	95925	84.0%	16.0%	-	-
Clipper Mills	95930	100.0%	-	-	-
Forbestown	95941	100.0%	-	-	-
Gridley	95948	73.3%	25.4%	0.7%	0.5%
Oroville	95965	74.5%	13.1%	11.2%	1.0%
Oroville	95966	87.9%	6.8%	3.4%	1.6%
Palermo	95968	64.1%	33.9%	2.0%	-
Richvale	95974	100.0%	-	-	-

Language Spoken at Home, Population 5 Years and Older, by ZIP Code

Strawberry Valley	95981	100.0%	-	-	-
Primary Service Area		81.1%	12.6%	4.9%	1.2%
Chico/Glenn Service Area		81.0%	14.2%	2.7%	1.6%
Yuba Sutter Service Area		67.5%	19.3%	3.8%	9.1%
Butte County		83.5%	11.0%	3.6%	1.5%
Glenn County		62.1%	34.8%	1.7%	1.1%
Sutter County		63.6%	20.0%	2.3%	14.0%
Yuba County		75.5%	17.0%	5.2%	1.9%
California		55.9%	28.2%	10.0%	4.8%

Source: U.S. Census Bureau, American Community Survey, 2019-2023, DP02. <http://data.census.gov/>

Linguistic Isolation

Linguistic isolation is defined as the population, ages five and older, who speaks English “less than very well.” In the primary service area, 7.9% of the population is linguistically isolated. However, that percentage rises to 18.3% of the residents of Palermo, 11.9% of the residents of Gridley, 11.1% of the residents of Oroville 95965, and 6.7% of Biggs. The majority of these linguistically isolated residents in the primary service area, as well as the Chico/Glenn secondary service area, speak Spanish at home, though 6% of population of Oroville 95965 is linguistically isolated due to speaking an Asian or Pacific Islander language.

13.3% of the Yuba/Sutter secondary service area population is linguistically isolated, 1.8% of whom are speakers of an Asian or Pacific Islander language, 7% of whom are Spanish-speakers, and 4.5% of whom speak some other Indo-European language, including 7% of the population of Live Oak, 7.1% of the population of Oregon House, 10.7% of the population of Yuba City 95993, and 4.8% of the population of Yuba City 95991.

Linguistic Isolation, Ages 5 Years and Older

	Percent
Primary service area	7.9%
Chico/Glenn secondary service area	5.5%
Yuba/Sutter secondary service area	13.3%
California	17.3%

Source: U.S. Census Bureau, American Community Survey, 5-Year Estimate, 2019-2023, DP02. http://data.census.gov

English Learners

The California Department of Education publishes rates of “English Learners,” defined as the percentage of students whose primary language is not English and who lack sufficient English-language skills necessary for academic success. In Butte County school districts, the percentage of students who were classified as English Learners was 6.9%, while in Glenn County it was 18.5%. Among primary service area school districts, English Learners ranged from 2.8% of the student body in Pioneer Union Elementary School District to 18.3% of students in the Manzanita Elementary School District.

English Learner (EL) Students, by School District, 2023-2024

	Number	Percent
Bangor Union Elementary School District	10	12.2%
Biggs Unified School District	47	8.6%
Durham Unified School District	75	7.3%
Golden Feather Union Elementary School District	5	6.9%
Gridley Unified School District	286	14.3%
Oroville City Elementary School District	159	6.1%
Oroville Union High School District	118	5.2%
Manzanita Elementary School District	60	18.3%
Marysville Joint Unified School District	1,865	17.7%
Palermo Union Elementary School District	154	12.0%
Pioneer Union Elementary School District	8	2.8%
Butte County	2,047	6.9%
Glenn County	1,181	18.5%
Sutter County	3,722	15.0%
Yuba County	2,162	13.7%
California	1,074,833	18.4%

Source: California Department of Education DataQuest, 2023-2024. <http://dq.cde.ca.gov/dataquest/>

Citizenship

In the primary service area, 9.3% of residents are foreign born and 44.5% of the foreign-born residents are not U.S. citizens. The likelihood of residents of the Yuba/Sutter secondary service area being foreign-born is higher (18% of residents are), but their likelihood of being a citizen is similar. It is important to note that not being a U.S. citizen does not indicate an illegal resident status within the U.S.

Foreign-Born Residents and Citizenship

	Primary Service Area	Chico/Glenn Service Area	Yuba/Sutter Service Area	California
Foreign born	9.3%	8.8%	18.0%	26.7%
Of foreign born, not a U.S. citizen	44.5%	46.9%	44.6%	45.6%

Source: U.S. Census Bureau, American Community Survey, 5-Year Estimates, 2019-2023, DP02. <http://data.census.gov>

Veterans

In the primary service area, 8.3% of the population, 18 years and older, are veterans.

	Primary Service Area	Chico/Glenn Service Area	Yuba/Sutter Service Area	California
Veteran population	8.3%	6.2%	7.2%	4.5%

Source: U.S. Census Bureau, American Community Survey, 5-Year Estimates, 2019-2023, DP02. <http://data.census.gov>

Social Drivers of Health

Social and Economic Factors Ranking

The County Health Rankings rank counties according to health factors data. Social and economic indicators are examined as a contributor to the health of a county's residents. California's 58 counties are ranked according to social and economic factors with 1 being the county with the best factors to 58 for the county with the poorest factors. This ranking examines: unemployment, high school graduation rates, children in poverty, income inequality, social support, and others. For 2023, Butte County ranked 28th among California counties, placing it in the top half of California's counties. Sutter County (43rd), Yuba County (44th) and Glenn County (45th) are all ranked in the bottom half of counties.

Social and Economic Factors Ranking

	Butte County	Glenn County	Sutter County	Yuba County
County ranking (out of 58)	28	45	43	44

Source: County Health Rankings, 2023 <http://www.countyhealthrankings.org>

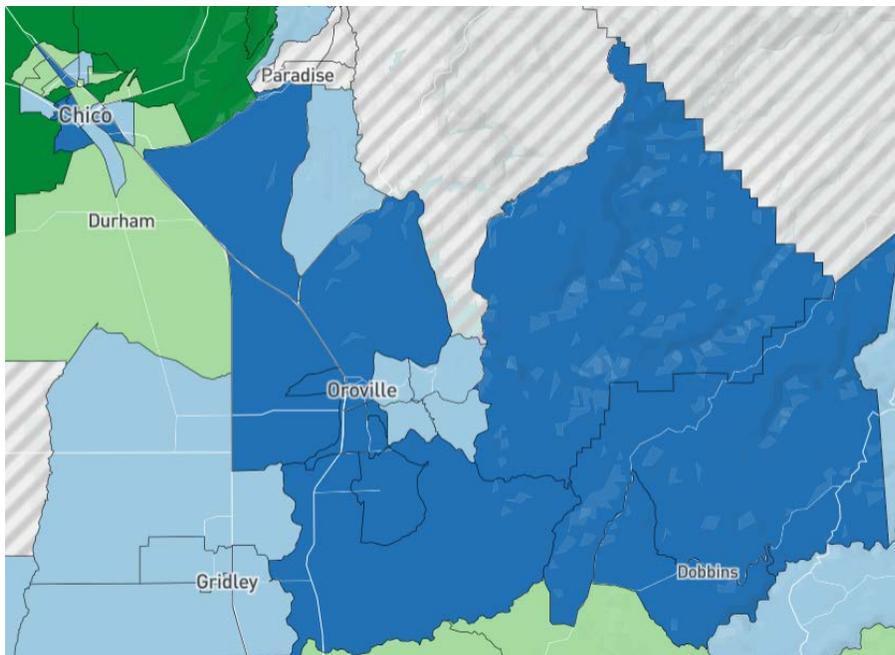
California Healthy Places Index

The **California Healthy Places Index (HPI)** is a measure of socioeconomic need that is correlated with poor health outcomes. It combines 25 community characteristics into a single indexed HPI score available at the census tract level or aggregated for larger areas. In addition to the overall score, the index also contains eight sub-scores for each of the Policy Action Areas: economic, education, transportation, social, neighborhood, health care access, housing, and clean environment. The index was created using statistical modeling techniques that evaluated the relationship between these Policy Action Areas and life expectancy at birth, and was designed to maximize the ability of the HPI to identify healthy communities and quantify the factors that shape health.

The HPI map below displays the hospital's primary service area and surrounding areas. Data are presented in colored quartiles (dark blue, light blue, light green and dark green). Dark blue shading indicates the census tracts with the least healthy conditions and dark green shows the census tracts with the healthiest conditions. (Gray hatched sections represent missing data.) The combined primary service area ZIP Codes have a low overall HPI score, higher than just 13.8% of California's ZIP Codes. It has an extremely low score for economic factors (better than just 7.1% of California's ZIP Codes), based on relatively high unemployment, high poverty, and low per capita income. The area also shows a low score for transportation (13.6%), based on both low levels of active commuting and automobile access. The area's Social score being low is largely due to a low (54.6%) response rate on the 2020 U.S. Census, and a relatively low (70.2%) voting rate.

California Healthy Places Index Value and Sub-Scores, as Percentiles

	Primary Service Area
Economic	7.1%
Education	23.6%
Social	20.4%
Transportation	13.6%
Neighborhood	40.4%
Housing	39.6%
Clean Environment	43.7%
Health Care Access	31.8%
HPI Score	13.8%



Source: Public Health Alliance of Southern California, the California Healthy Places Index (HPI) Map, accessed February 11, 2026.
<https://map.healthylplacesindex.org>

Poverty

The Census Bureau annually updates official poverty population statistics. For 2023, the Federal Poverty Level (FPL) was set at an annual income of \$15,480 for one person and \$30,900 for a family of four. From 2019 through 2023 averaged, 17.9% of primary service area residents were living at or below the 100% poverty level, and 38.8% were living at or below the 200% poverty level (low income). The highest levels of poverty were found in Challenge (60.7%) and Clipper Mills (54.6%), followed by Brownsville

(41.1% and Berry Creek (38.8%). The highest rates of low-income were found in Challenge (69.4%), Palermo (59.7%), Clipper Mills (54.6%, all of whom were living in poverty), Brownsville (50.5%), and Berry Creek (50.3%). Details of poverty levels for the secondary service area ZIP Codes may be found in **Attachment 5**, at the end of this report.

Ratio of Income to Poverty Level, <100% FPL and <200% FPL, by ZIP Code

	ZIP Code	<100% FPL	<200% FPL
Bangor	95914	14.8%	27.9%
Berry Creek	95916	38.8%	50.3%
Biggs	95917	10.3%	26.6%
Brownsville	95919	41.1%	50.5%
Challenge	95925	60.7%	69.4%
Clipper Mills	95930	54.6%	54.6%
Forbestown	95941	13.3%	45.7%
Gridley	95948	10.5%	38.8%
Oroville	95965	20.6%	44.7%
Oroville	95966	17.4%	34.2%
Palermo	95968	22.1%	59.7%
Richvale	95974	23.7%	23.7%
Strawberry Valley	95981	0.0%	0.0%
Primary Service Area		17.9%	38.8%
Chico/Glenn Service Area		17.7%	33.8%
Yuba Sutter Service Area		15.2%	34.2%
Butte County		18.3%	35.3%
Glenn County		12.4%	35.0%
Sutter County		14.8%	34.3%
Yuba County		15.3%	33.6%
California		12.0%	27.5%

Source: U.S. Census Bureau, American Community Survey, 2019-2023, S1701. <http://data.census.gov/>

In the hospital’s primary service area, 23.3% of children, 10.5% of senior adults, and 38% of female heads-of-household (HoH), living with their own children under the age of 18, live in poverty. The rates of children, and female HoH living with children, who are living in poverty in the primary service area are higher than area county and state rates. All of the children in Challenge and Clipper Mills were reported to be living in poverty, followed by 89.9% of Berry Creek’s children and 65% of those in Palermo. 23.7% of Richvale’s senior adults were living in poverty, as were 19.6% of those living in Brownsville, and 18.1% of those in Bangor. All of the female HoH living with children in Berry Creek and Clipper Mills were reported to be living in poverty, as were 42.1% of those living in Oroville 95966 and 38.5% of those living in Palermo. Details of poverty levels for the secondary service area ZIP Codes may be found in **Attachment 5**, at the end of this report.

Poverty Levels of Children, Under Age 18, Senior Adults, 65 and Older, and Female HoH

	ZIP Code	Children	Senior Adults	Female HoH with Children*
Bangor	95914	-	18.1%	-
Berry Creek	95916	89.9%	6.5%	100.0%
Biggs	95917	9.2%	8.9%	31.0%
Brownsville	95919	36.9%	19.6%	N/A
Challenge	95925	100.0%	-	N/A
Clipper Mills	95930	100.0%	-	100.0%
Forbestown	95941	-	-	N/A
Gridley	95948	10.7%	15.1%	28.5%
Oroville	95965	23.5%	14.6%	31.5%
Oroville	95966	26.1%	7.7%	42.1%
Palermo	95968	65.0%	2.3%	38.5%
Richvale	95974	N/A	23.7%	N/A
Strawberry Valley	95981	N/A	-	N/A
Primary Service Area		23.3%	10.5%	38.0%
Chico/Glenn Service Area		16.5%	10.6%	33.5%
Yuba Sutter Service Area		20.7%	11.0%	36.0%
Butte County		19.2%	10.8%	35.4%
Glenn County		15.2%	9.1%	28.1%
Sutter County		19.8%	12.1%	33.3%
Yuba County		20.7%	9.5%	37.9%
California		15.1%	11.3%	28.4%

Source: U.S. Census Bureau, American Community Survey, 2019-2023, S1701 & *S1702. <http://factfinder.census.gov> N/A = No persons matching this description were recorded living in these ZIP Codes, or their poverty rates were not established.

The primary service area has higher rates of poverty among every racial and ethnic group listed than does the state, with the possible exception of American Indian or Alaska Native and Native Hawaiian or Pacific Islander residents; with low total populations, the margin of error is larger than the difference between their area and state poverty rates. The highest rate of poverty in the primary service area is seen among Black or African American residents (35.3%), followed by Asian residents (34.6%), multiracial residents (23.1%) and Hispanic or Latino residents (20.2%).

Poverty Levels by Race and Ethnicity

	Primary Service Area	Chico/Glenn Service Area	Yuba/Sutter Service Area	California
Black or African American	35.3%	52.8%	20.2%	19.1%
Asian	33.6%	23.0%	13.4%	9.7%
Multiracial	23.1%	20.4%	16.1%	12.3%
Hispanic or Latino	20.2%	20.3%	19.2%	14.7%
Other race	18.7%	21.4%	22.2%	15.9%
White, non-Hispanic	14.4%	15.5%	12.7%	8.8%
American Indian or Alaska Native	13.6%	13.8%	23.3%	15.7%
Native Hawaiian or Pacific Islander	12.8%	40.9%	2.1%	13.2%

Source: U.S. Census Bureau, American Community Survey, 2019-2023, S1701. <http://data.census.gov/>

Free and Reduced-Price Meals

The National School Lunch Program is a federally assisted meal program that provides free, nutritionally balanced lunches to children whose families meet eligibility income requirements. The Butte County eligibility rate is 61.3% of students, which is comparable to California’s rate. Rates are highest in Golden Feather Union Elementary (84.7%), Palermo Union Elementary (80%), and Oroville Union High (79.5%) School Districts.

Free and Reduced-Price Meals Eligibility

	Percent Eligible Students
Bangor Union Elementary School District	48.8%
Biggs Unified School District	62.6%
Durham Unified School District	41.1%
Golden Feather Union Elementary School District	84.7%
Gridley Unified School District	74.8%
Manzanita Elementary School District	39.4%
Marysville Joint Unified School District	66.3%
Oroville City Elementary School District	76.6%
Oroville Union High School District	79.5%
Palermo Union Elementary School District	80.0%
Pioneer Union Elementary School District	52.7%
Butte County	61.3%
Glenn County	74.4%
Sutter County	59.5%
Yuba County	63.8%
California	61.7%

Source: California Department of Education, 2023-2024. <http://data1.cde.ca.gov/dataquest/>

Unemployment

From 2019 through 2023, the average unemployment rate in the primary service area was 8.8%, as compared 6.4% in the state. The highest unemployment rate was found in Forbestown (29.6%); however, the civilian labor force in that community is small (27 persons). High rates were also seen in Berry Creek (24.1%), Bangor (15%), Biggs (12.9%) and Challenge (11%). Details employment status for the secondary service area ZIP Codes may be found in **Attachment 5**, at the end of this report.

Employment Status for the Population, Ages 16 and Older

	ZIP Code	Civilian Labor Force	Unemployed	Unemployment Rate
Bangor	95914	153	23	15.0%
Berry Creek	95916	187	45	24.1%
Biggs	95917	1,606	207	12.9%
Brownsville	95919	290	6	2.1%
Challenge	95925	82	9	11.0%
Clipper Mills	95930	159	-	-
Forbestown	95941	27	8	29.6%

Employment Status for the Population, Ages 16 and Older

Gridley	95948	4,795	439	9.2%
Oroville	95965	7,975	555	7.0%
Oroville	95966	12,175	1,126	9.2%
Palermo	95968	696	60	8.6%
Richvale	95974	11	-	-
Strawberry Valley	95981	33	-	-
Primary Service Area		28,189	2,478	8.8%
Chico/Glenn Service Area		87,379	5,767	6.6%
Yuba Sutter Service Area		75,587	5,422	7.2%
Butte County		101,141	7,192	7.1%
Glenn County		13,934	1,028	7.4%
Sutter County		45,374	3,188	7.0%
Yuba County		35,025	2,553	7.3%
California		19,982,482	1,282,259	6.4%

Source: U.S. Census Bureau, American Community Survey, 5-Year Estimate, 2019-2023, DP03. <http://data.census.gov/>

Community Input on Economic Insecurity

Community stakeholders described the realities of Butte County’s economic insecurity. The lack of living wage jobs, even for college graduates, makes it difficult for community members to thrive. Paying for basic needs, including housing, utilities and healthcare is challenging. Paraphrased sentiments are below:

- Quality, good paying jobs with benefits are a bit harder to come by in this community. We have a number of students who will graduate from Chico State and Butte College without employment prospects.
- People are stretched with the cost of living – paying for food, clothing, rent, utilities and basic necessities.
- The new minimum wage law didn’t help the working class. Big companies cut people’s hours. Everyone is getting paid about the same that they were before, but now they don’t have health insurance through their employer. But our local hospitals are providing good employment opportunities and participating in workforce development.

Transportation

Workers in the hospital’s primary service area spend, on average, 25.2 minutes a day commuting to work. 77.7% of workers drive alone to work, and 33.9% of solo drivers have a long commute (greater than 30 minutes one way). Few workers walk to work (2.5%) or commute by public transportation (0.6%).

Transportation for Workers, Ages 16 and Older

	Primary Service Area	Chico/Glenn Service Area	Yuba/Sutter Service Area	California
Mean travel time to work (in minutes)†	25.2*	20.1**	29.3	29.0

	Primary Service Area	Chico/Glenn Service Area	Yuba/Sutter Service Area	California
Drove alone to work	77.7%	71.6%	76.9%	67.1%
Solo drivers with a long commute±	33.9%	22.1%	40.9%	41.3%
Carpooled to work	9.8%	10.1%	12.7%	9.5%
Commuted by public transportation	0.6%	0.6%	0.7%	3.2%
Walked to work	2.5%	2.9%	1.1%	2.4%
Other means	1.1%	3.3%	1.1%	2.4%
Worked from home	8.5%	11.6%	7.5%	15.5%

Source: U.S. Census Bureau, American Community Survey, 5-Year Estimates, 2019-2023, DP03 & ±S0802; defined as >30 min. one way.

†Weighted mean of area ZIP Codes. *Excluding Brownsville, Clipper Mills, Richvale and Strawberry Valley, for which rates are not available.

**Excluding Butte City and Stirling City, for which rates are not available. <https://data.census.gov/>

Housing and Households

Numerous factors impact and constrain household formation, including housing costs, income, employment, marriage and children, and other considerations. In Butte County there was the additional impact of the Camp Fire and North Complex Fire – and now the Park Fire - affecting housing options and decisions for many families. In a well-functioning housing market, there is a need for vacant units – both for sale and for rent – to enable prospective buyers or renters to find a unit matching their needs and to give prospective sellers the confidence to list their homes in the belief that they will find replacement housing. Freddie Mac estimates that the vacancy rate should be 13% to allow for these needs to be met.

(Source: http://www.freddiemac.com/research/insight/20181205_major_challenge_to_u.s._housing_supply.page)

In 2023 in the primary service area, there were 25,666 households and 29,736 housing units. From 2018 to 2023 the population of the primary service area fell by -1.2%, but the number of households increased by 360 (1.4%). The number of housing units in the area remained stable. Vacant units fell by 8%, to 13.7% of overall housing stock. It is possible that some of the units recorded as ‘vacant’ are instead 2nd homes, and not available for rent or sale. Owner-occupied households increased by 5.3% while renter-households decreased by -5.8% from their 2018 levels.

Households and Housing Units and Percent Change, Primary Service Area

	2014-2018		2019-2023		Percent Change
	Number	Percent	Number	Percent	
Housing units	29,732		29,736		0.01%
Vacant	4,426	14.9%	4,070	13.7%	-8.0%
Households	25,306		25,666		1.4%
Owner occ.	16,530	65.3%	17,398	67.8%	5.3%
Renter occ.	8,776	34.7%	8,268	32.2%	-5.8%

Source: U.S. Census Bureau, American Community Survey, 2014-2018 & 2019-2023 5-Year Estimates, DP04. <http://data.census.gov/>

The weighted average of the median household income for the primary service area is \$60,503. This is lower than the median household income for the state (\$96,334) as well as Butte County (\$68,574). The highest median household income, among those ZIP Codes for which it is available, is found in Bangor (\$84,688) and the lowest are found in Palermo (\$37,531) and Berry Creek (\$42,963), followed by

Oroville 95965 (\$53,367). Please note that a median income is not an average income, and so a community may have both a high level of poverty, and yet have a high median household income, if there are more households with high than low incomes. In addition, communities with fewer households have larger margins of error, due to small sample sizes. Details of median household income for the secondary service area ZIP Codes may be found in **Attachment 5**, at the end of this report.

Median Household Income

	ZIP Code	Households	Median Household Income
Bangor	95914	185	\$ 84,688
Berry Creek	95916	320	\$ 42,963
Biggs	95917	1,176	\$ 80,698
Brownsville	95919	517	-
Challenge	95925	72	-
Clipper Mills	95930	109	-
Forbestown	95941	105	\$ 69,464
Gridley	95948	3,721	\$ 60,759
Oroville	95965	7,218	\$ 53,367
Oroville	95966	11,593	\$ 63,948
Palermo	95968	563	\$ 37,531
Richvale	95974	59	-
Strawberry Valley	95981	28	-
Primary Service Area		25,666	\$ *60,503
Chico/Glenn Service Area		67,113	\$ *73,792
Yuba Sutter Service Area		56,545	\$ *75,367
Butte County		82,345	\$ 68,574
Glenn County		9,763	\$ 70,487
Sutter County		33,240	\$ 75,450
Yuba County		28,063	\$ 73,313
California		13,434,847	\$ 96,334

Source: U.S. Census Bureau, American Community Survey, 2019-2023, DP03. <http://factfinder.census.gov> *Weighted average of the available medians; Brownsville, Challenge, Clipper Mills, Richvale, Strawberry Valley, and Butte City were suppressed due insufficient income data.

Housing Affordability

Safe and affordable housing is an essential component of healthy communities. According to the U.S. Department of Housing and Urban Development, families who pay more than 30 percent of their income for housing are considered “cost burdened” and may have difficulty affording other necessities including food, transportation, medical care, paying off student or other loans, and contributing to personal monetary savings. Over one-third (35%) of the hospital service area’s owner and renter occupied households spend 30% or more of their household income on housing. Among renters-only the percentage is much higher (52% of primary service area households). Challenge 95925 has the highest rate of cost-burdened households (43%) and cost-burdened renter households (61%) in the primary service area. The highest rate of cost-burdened owner-occupied households in the primary service area

is found in Forbestown (39%). Details of housing affordability for the secondary service area ZIP Codes may be found in **Attachment 5**, at the end of this report.

Households that Spend 30% or More of Income on Housing

	ZIP Code	All Households	Owner Households	Renter Households
Bangor	95914	39%	37%	56%
Berry Creek	95916	24%	22%	33%
Biggs	95917	33%	28%	49%
Brownsville	95919	30%	23%	100%
Challenge	95925	43%	0%	61%
Clipper Mills	95930	9%	16%	0%
Forbestown	95941	39%	39%	N/A
Gridley	95948	33%	27%	42%
Oroville	95965	37%	28%	54%
Oroville	95966	34%	28%	55%
Palermo	95968	36%	10%	67%
Richvale	95974	0%	0%	N/A
Strawberry Valley	95981	0%	0%	N/A
Primary Service Area		35%	27%	52%
Chico/Glenn Service Area		40%	26%	58%
Yuba Sutter Service Area		38%	30%	53%
Butte County		39%	26%	58%
Glenn County		32%	25%	44%
Sutter County		38%	28%	53%
Yuba County		39%	31%	53%
California		41%	31%	55%

Source: U.S. Census Bureau, American Community Survey, 5-Year Estimate, 2019-2023, DP04. <http://data.census.gov/> N/A = No households of this type recorded in this area, or no data available for those that exist.

Household Overcrowding

Residential crowding has been linked to an increased risk of infection from communicable diseases, a higher prevalence of respiratory ailments, and greater vulnerability to homelessness among the poor. Residential crowding reflects demographic and socioeconomic conditions. Older-adult immigrant and recent immigrant communities, families with low income, and renter-occupied households are more likely to experience household crowding. A form of residential overcrowding known as “doubling up” – co-residence with family members or friends for economic reasons – is the most commonly reported prior living situation for families and individuals before the onset of homelessness. Source: Office of Health Equity, Healthy Communities Data and Indicators Project, *Housing Overcrowding Narrative*, 12/6/2017. https://healthdata.gov/State/Percent-of-Household-Overcrowding-1-0-persons-per-tqic-be24/about_data

Housing is defined as overcrowded when there is more than one person per room (PPR) - not per bedroom - of the dwelling; it is considered severely overcrowded when there are more than 1.5 persons per room of the dwelling. Additional measures for analyzing overcrowding that have been investigated

include analyzing housing by greater than two persons per bedroom (PPB), or by square feet of dwelling space per person. However, the measure of PPR is the most-available measurement, and is the one used by the U.S. Census Department.

In the primary service area, 3.8% of households live in overcrowded conditions, and an additional 1.4% live in severely overcrowded conditions, for a total of 5.2% of all households being overcrowded. This is better than the state rate (8.2%), and represents a decrease of 0.2 percentage points from 2018, when an estimated 5.4% of residents lived in overcrowded conditions. Conditions of overcrowding worsened in the secondary service areas during that same time period, with an increase of 0.6 percentage points in the Chico/Glenn secondary service area, and 1.7 percentage points in the Yuba/Sutter service area.

Overcrowded and Severely-Overcrowded Housing, by ZIP Code

	Percent of households with >1 to 1.5 PPR	Percent of households with >1.5 PPR	Combined rate of overcrowding	Point change, 2017-2022
Primary Service Area	3.8%	1.4%	5.2%	-0.2
Chico/Glenn Service Area	2.2%	0.9%	3.1%	0.6
Yuba/Sutter Service Area	6.5%	2.2%	8.7%	1.7
California	5.1%	3.1%	8.2%	0.0

Source: U.S. Census Bureau, American Community Survey, 5-Year Estimates, 2014-2018 & 2019-2023, DP04. <http://data.census.gov/>

Households by Type

In the primary service area, an estimated 21.9% of service area households are family households (married or cohabiting couples) with children, under 18 years old, and 2.8% of households are households with a female as head of household (HoH) with children, with no spouse or partner present. This is a lower rate of family households and of female HoH with children than the state rates. 14% of area households are senior adults who live alone, which is higher than the state (9.8%) rate. Senior adults living alone may be isolated and lack adequate support systems.

Households, by Type

	Total Households	Family* Households with Children Under Age 18	Female Head of Household with Own Children Under Age 18	Senior Adults, 65 and Older, Living Alone
	Number	Percent	Percent	Percent
Primary Service Area	25,666	21.9%	2.8%	14.0%
Chico/Glenn Service Area	67,113	18.3%	4.7%	11.5%
Yuba/Sutter Service Area	56,545	26.6%	5.2%	10.1%
California	13,434,847	23.0%	4.5%	9.8%

Source: U.S. Census Bureau, American Community Survey, 5-Year Estimates, 2019-2023. DP02. <http://data.census.gov/> *Family Households refers to married or cohabiting couples with householder's children under 18.

Public Programs by Participation

In the primary service area, 9.7% of residents received Supplemental Security Income (SSI), 5.1% received cash public assistance, and 20.7% received food stamps/SNAP. These rates of public assistance are higher than the state rates.

Household Supportive Benefits

	Primary Service Area	Chico/Glenn Service Area	Yuba/Sutter Service Area	California
Households	24,881	67,036	56,545	13,434,847
Supplemental Security Income (SSI)	9.7%	5.8%	9.1%	5.9%
Public Assistance	5.1%	4.0%	5.3%	3.8%
Food Stamps/SNAP	20.7%	13.1%	15.5%	11.4%

Source: U.S. Census Bureau, American Community Survey, 5-Year Estimates, 2019-2023, DP03. <http://data.census.gov/>

In Butte County, 45% of low-income residents (those making less than 200% of the FPL) were not able to afford enough to eat, while 32.9% of low-income residents utilized food stamps. WIC benefits appear to be more readily accessed: 64.9% of Butte County children, 6 years and younger, accessed WIC benefits, which was higher than the state rate of use (51.5%). 9.5% of Butte County residents were TANF/CalWORKs recipients, compared to 11.2% for the state. Any reluctance to utilize food stamps and TANF/CalWORKs on the part of low-income residents of Butte County does not appear to be largely due to concerns related to green card disqualification.

Public Program Participation, 200% FPL and Lower

	Butte County	Sutter and Yuba Counties, Combined	California
Avoided government benefits (asked of all immigrants, regardless of income), past year, due to concerns over green card disqualification for self or a family member	*1.8%	*6.8%	8.3%
Not able to afford food	45.0%	46.1%	40.8%
Food stamp recipients	32.9%	32.3%	32.3%
WIC usage among children, 6 years and under	*64.9%	38.3%	51.5%
TANF/CalWORKs recipients	*9.5%	9.5%	11.2%

Source: California Health Interview Survey, 2020-2023. <https://healthpolicy.ucla.edu/our-work/askchis/> *Statistically unstable due to small sample size.

Food Insecurity

Food insecurity is “a lack of consistent access to enough food for every person in a household to live an active, healthy life” ([Feeding America](#), 2021). 14% of people and 19.4% of children experienced food insecurity in Butte County in 2022, which was higher than the state rates. Feeding America estimated that 77% of those experiencing food insecurity in Butte County, and 67% of county children experiencing food insecurity, were income-eligible for nutritional programs such as SNAP/CalFresh.

	Overall food insecurity		Child food insecurity	
	Number	Rate	Number	Rate
Butte County	31,210	14.6%	8,350	19.4%
Glenn County	4,050	14.1%	1,470	19.4%
Sutter County	14,180	14.3%	5,140	20.4%
Yuba County	11,830	14.5%	4,520	20.4%
California	4,915,450	12.6%	1,437,250	16.9%

Source: Feeding America, 2022. <https://map.feedingamerica.org/county/2022/overall/california/county/butte>

Cal-Fresh Eligibility and Participation

CalFresh is California’s food stamp program. According to the California Department of Social Services, 63.8% of eligible households in Butte County received food stamps (CalFresh) in 2021. A monthly average of 26,455 households in Butte County received food stamps in 2024, with the number slowly rising over the course of the year. The number of households receiving food stamps in January 2025 (26,706) was a 0.9% increase over the 2024 monthly average.

CalFresh Eligibility and Participation

	Participating Households	Participation Rate* Among Eligible Households	January 2025	Percent Increase From 2024 Monthly Average
Butte County	26,455	63.8%	26,706	0.9%
Glenn County	2,401	57.7%	2,485	3.5%
Sutter County	7,861	58.4%	8,353	6.3%
Yuba County	10,345	87.0%	10,439	0.9%
California	3,191,240	77.0%	3,263,760	2.3%

Source: California Department of Social Services’ CalFresh Master Data and Dashboard, 2024 and *2021 Calendar Year Averages. <http://www.cdss.ca.gov/inforesources/Data-Portal/Research-and-Data/CalFresh-Data-Dashboard>

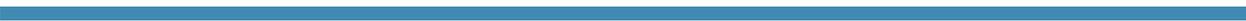
Community Input on Food Insecurity

Stakeholders shared about the growing need for food resources in the community, based on the sizable low-income status of the population. Transportation to procure the resources is sometimes a challenge:

- Families really have to budget; costs are high right now. People are used to accessing the food resources in the region and doing their best to stretch their budgets with the help of food distributions.
- Because food prices have risen, more seniors and families are seeking supportive resources, but transportation to those resources can be challenging.

Educational Attainment

Educational attainment is a key driver of health. In the primary service area, 15.5% of adults, 25 and older, lack a high school diploma, which is similar to the state rate (15.4%). 16.3% of primary service area adults have a Bachelor’s degree or higher, which is lower than the state (36.5%) rate.



Educational Attainment, Adults, 25 Years and Older

	Primary Service Area	Chico/Glenn Service Area	Yuba/Sutter Service Area	California
Population 25 years and older	47,473	108,560	109,819	26,941,198
Less than 9 th grade	5.7%	4.1%	9.5%	8.7%
Some high school, no diploma	9.9%	4.8%	9.4%	6.7%
High school graduate	30.3%	20.2%	25.9%	20.4%
Some college, no degree	27.5%	24.2%	26.1%	19.8%
Associate degree	10.3%	10.8%	10.0%	7.9%
Bachelor's degree	11.4%	23.2%	12.7%	22.4%
Graduate or professional degree	5.0%	12.5%	6.3%	14.1%

Source: U.S. Census Bureau, American Community Survey, 5-Year Estimates, 2019-2023, DP02. <http://data.census.gov/>

High school graduation rates are the number of high school graduates who graduated four years after starting ninth grade. In Butte County, the high school graduation rate is 89.4%, which is just slightly below the state average (90.2%). The Butte County rate does not meet the Healthy People 2030 objective for a 90.7% high school graduation rate, nor do Chico Unified (90.4%), Marysville Joint Unified (87%) or Oroville Union High (84.7%) School Districts.

High School Graduation Rates

	2022-2023	2023-2024
Biggs Unified School District	96.8%	95.7%
Chico Unified School District	91.4%	90.4%
Durham Unified School District	94.4%	98.6%
Gridley Unified School District	93.3%	93.1%
Marysville Joint Unified School District	85.5%	87.0%
Oroville Union High School District	83.3%	84.7%
Butte County	89.0%	89.4%
Glenn County	90.4%	92.1%
Sutter County	84.9%	85.9%
Yuba County	86.8%	88.0%
California	89.1%	90.2%

Source: California Department of Education, 2022-2024 Four-Year Cohort Graduation Rates. <http://dq.cde.ca.gov/dataquest/>

Safe Parks and Playgrounds

Parents of children aged one to 11 were asked if the park or playground closest to where they live is safe during the daytime; 87.3% of Butte County parents said it was, as compared to 88.7% for California.

Safe Park or Playground, Children 1 to 11

	Butte County	Sutter and Yuba Counties, Combined	California
Park or playground nearest to home is safe during the daytime	85.2%	90.8%	88.3%

Source: California Health Interview Survey, 2019-2023; <http://ask.chis.ucla.edu/>

Homelessness

The U.S. Department of Housing and Urban Development (HUD) requires an annual Point-in-Time (PIT) count of homeless individuals who are sheltered in emergency shelters, transitional housing, and Safe Havens on a single night each January. These are conducted by various Continuums of Care (CoC) in each state. CoCs must also conduct a count of unsheltered people experiencing homelessness every other year (odd years), though many CoCs conduct annual counts of unsheltered homeless. The Butte County CoC is a multi-agency planning body with the common goal of ending homelessness, and coordinates the county's PIT Counts.

On the night of January 24, 2023, there were at least 1,237 residents of Butte County experiencing homelessness. The homeless count increased 23% in the county from 2022 to 2023. Despite this increase, the rate of sheltered homeless increased from 2022 (41.6%) to 2023 (53.1%), primarily due to an increase in housing in emergency shelters. There was an increase in every subcategory of unhoused individual from 2022 to 2023, with the exception of unsheltered veterans, unaccompanied minors, and children of parenting youth; the largest increases were among those who reported being survivors of domestic abuse, having chronic substance abuse issues, and chronically homeless county residents. The majority of the unsheltered in 2023 (63.1%) reported spending the prior night in Chico, with 30.9% in Oroville, 4.1% in the Gridley/Biggs area, and 1.9% in The Ridge Area. (Source for community data: Butte County CoC's 2023 PIT Executive Summary. <https://www.buttehomelesscoc.com/reports1.html>)

Homeless Annual Count, Chico, Paradise/Butte County CoC

	2022	2023
Total homeless count	1,006	1,237
Sheltered individuals	41.6%	53.1%
Emergency shelter	58.4%	77.0%
Transitional / Safe Haven housing	41.6%	33.0%
Unsheltered individuals	58.4%	46.9%
Unaccompanied minors	5	3
Parenting minors	-	-
Unaccompanied youth 18-24	36	47
Parenting youth	5	6
Children of parenting youth	7	6
Chronically homeless	326	471
Severely mentally ill	257	308
Chronic substance abuse	172	331
Survivors of domestic violence	91	256
Veterans	53	72
Unsheltered veterans	39	35
HIV/AIDS	9	11
Transgender/non-binary/questioning	12	15

Source: HUD Continuum of Care Homeless Assistance Programs Homeless Population and Subpopulations, 2022 and 2023. <https://www.hudexchange.info/programs/coc/coc-homeless-populations-and-subpopulations-reports/>

Homelessness by race and ethnicity is substantially different compared to the general population of the county. Fewer people experiencing homelessness identify as Hispanic or Latino/a/x, or as White or Asian of any ethnicity, as compared to the general population. By contrast, more people experiencing homelessness identify as American Indian or Alaska Native, or Black or African American, than in the general population.

Homeless Population by Race and Ethnicity, Butte County

	Percent of General Population*	Percent of Homeless Population
Non-Hispanic or Latino/a/x	80.9%	85.6%
Hispanic or Latino/a/x	19.1%	14.4%
White	81.5%	77.5%
Other	7.8%	7.3%
American Indian or Alaska Native	1.6%	7.3%
Black or African American/African	2.0%	6.3%
Asian	1.6%	1.1%
Native Hawaiian or Pacific Islander	0.5%	0.5%

Source: Butte County CoC's 2023 PIT Executive Summary. <https://www.buttehomelesscoc.com/reports1.html> and *U.S. Census ACS 1-Year Estimate, 2022, DP05. N/R = not reported.

Community Input on Housing and Homelessness

Stakeholders talked about issues around housing affordability in the region, especially in the wake of the past years' fire and destruction.

- The fires destroyed the housing stock, making it challenging to recruit professionals and clinicians.
- Homeowners insurance, flood insurance and fire insurance adds to the unaffordability; and the working poor do not qualify for subsidized housing.
- We have seen an increase in the homeless. There is also a community navigator that will help the homeless with resources. Paired with an increase in homelessness has been an increase in addiction and mental health issues.
- The loss of homes in the fires for low-income families has been devastating, and often led to homelessness.

Crime and Violence

Violent crimes include homicide, rape, robbery, and assault. Property crimes include burglary, larceny, and motor vehicle theft. For 2023, the property crime rate was lower in all four area counties than in the state, but the violent crime rate was higher in Butte County. Property crime fell from 2019 to 2023, in all four area counties and the state, while the rate of violent crimes increased in all but Yuba County.

Violent Crime and Property Crime, Rates* per 100,000 Persons, 2019 and 2023

	Property Crime Rates		Violent Crime Rates	
	2019	2023	2019	2023
Butte County	2,341.8	2,126.5	450.6	650.1
Glenn County	1,881.3	1,161.3	325.5	529.5
Sutter County	2,410.1	2,071.3	313.2	434.6
Yuba County	2,316.0	998.6	409.5	403.3
California	2,316.7	2,275.5	438.5	511.6

Source: California Department of Justice, Open Justice Portal, 2024. <https://openjustice.doj.ca.gov/exploration/crime-statistics/crimes-clearances> *All rates calculated based on January population estimates by the State of CA Dept. of Finance, for the referenced year.

Calls for domestic violence are categorized as with or without a weapon. In 2018, strangulation and suffocation were added as a domestic violence reporting category. Weapons include firearms, knives, other weapons, and personal weapons (hands, feet). Within “Weapon Involved,” a personal weapon was the category most frequently reported. In Butte County, police reported that 94.4% of domestic violence calls involved a weapon, while the state average is 63.4%. Butte County had about half the calls involving strangulation or suffocation (2.5%) than did the state (5.2%).

Domestic Violence Call Rates, per 1,000 Persons

	Total	No Weapon	Weapon Involved	% Weapon Involved	Strangulation/Suffocation
Butte County	1,152	64	1,088	94.4%	2.5%
Glenn County	128	36	92	71.9%	3.9%
Sutter County	570	387	183	32.1%	9.1%
Yuba County	487	125	362	74.3%	6.8%
California	160,357	58,733	101,625	63.4%	5.2%

Source: California Department of Justice, Office of the Attorney General, 2023. <https://oaa.ca.gov/crime/cjisc/stats/domestic-violence>

When adults and teens in Butte County were asked about neighborhood cohesion, the majority of adult residents (90.8%) agreed their neighborhood felt safe most or all of the time, neighbors were willing to help (82.7%), and people in their neighborhood could be trusted (79.9%). The majority of teens (94.2%) felt safe most or all of the time, and that people in the neighborhood were willing to help (93.2%) and could be trusted (83.8%).

Neighborhood Cohesion, Adults Who Agree or Strongly Agree

	Butte County	Sutter and Yuba Counties, Combined	California
Feels safe all or most of time	90.8%	85.0%	86.7%
People in neighborhood are willing to help	82.7%	80.6%	81.2%
People in neighborhood can be trusted	79.9%	74.3%	79.7%

Source: California Health Interview Survey, 2021-2023, pooled. <https://healthpolicy.ucla.edu/our-work/askchis/>

Neighborhood Cohesion, Teens Ages 12-17, Who Agree or Strongly Agree

	Butte County	Sutter and Yuba Counties, Combined	California
Feels safe all or most of the time	*94.2%	91.0%	86.9%
People in neighborhood are willing to help	93.2%	84.9%	86.6%
People in neighborhood can be trusted	*83.8%	*68.0%	81.2%

Source: California Health Interview Survey, 2019-2023, pooled. <https://healthpolicy.ucla.edu/our-work/askchis/> *Unstable due to sample size.

Child and Youth Safety

In Butte County in 2020, the rate of children, under age 18, who experienced abuse or neglect was 9.2 cases per 1,000 children. This was higher than the state rate of 6.8 per 1,000 children, but lower than the rates in Glenn (13.2) and Yuba (15.6) counties. These rates were based on children with a substantiated maltreatment allegation. Rates rose in Butte County from 2018 to 2020, while falling in the other three service area counties and statewide.

Substantiated Child Abuse Rates, per 1,000 Children

	2018	2020
Butte County	8.8	9.2
Glenn County	18.4	13.2
Sutter County	5.7	3.2
Yuba County	12.4	15.6
California	7.6	6.8

Source: U.C. Berkeley Center for Social Services Research, California Child Welfare Indicators Project Reports, July 2019 and October 2021. Accessed from KidsData.org at <http://kidsdata.org>

In Butte County, 45% of surveyed 7th graders, 39% of 9th graders and 30% of 11th graders experienced harassment at school in the previous year. CalSCHLS, who puts out the surveys for the California Department of Education, defines harassment as including, but not limited to: verbal abuse, such as name-calling, epithets, or slurs; graphic or written statements; threats; physical assault; or conduct that is physically threatening, harmful, or humiliating.

Harassment at School, Teens

	7 th Grade	9 th Grade	11 th Grade
Butte County	45%	39%	30%
Glenn County	30%	28%	24%
Sutter County	38%	23%	26%
Yuba County	43%	30%	33%
California	37%	30%	27%

Source: California Healthy Kids Survey, Public Dashboards, 2021-2023. <https://calschls.org/my-surveys/>

Environmental Health

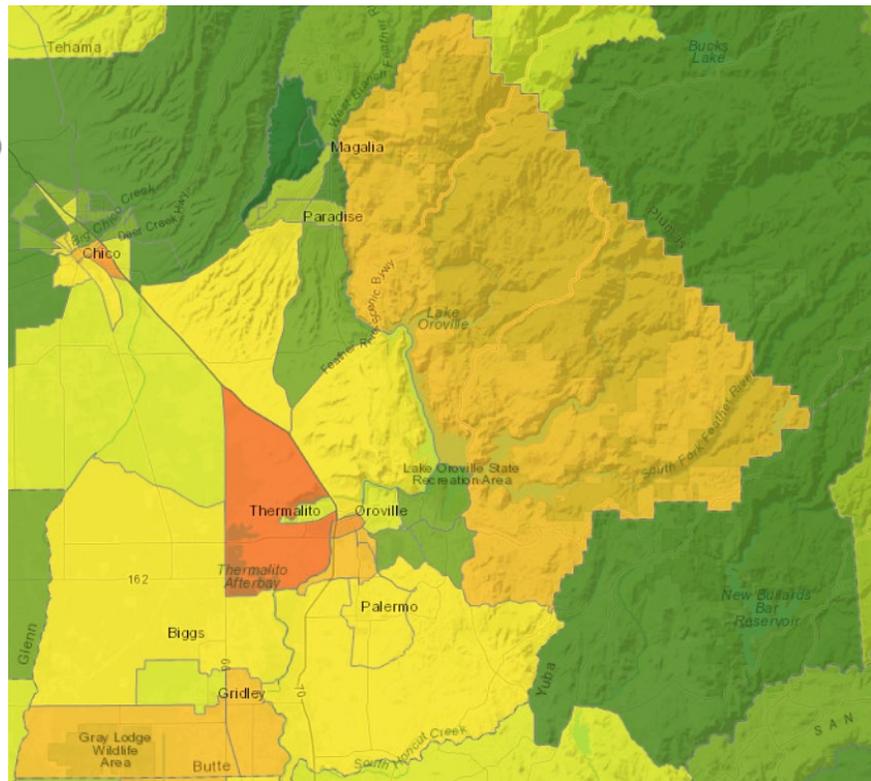
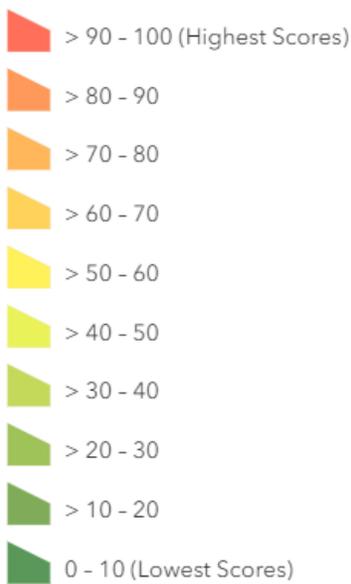
The California Communities Environmental Health Screening Tool: CalEnviroScreen 4.0 is a screening methodology that can be used to help identify California communities that are disproportionately burdened by multiple sources of pollution. Developed by the Office of Environmental Health Hazard

Assessment (OEHHA), an office within the California Environmental Protection Agency, it presents a relative evaluation of pollution burdens and vulnerabilities in California communities by providing a relative ranking of communities across the state of California. The model includes two components representing Pollution Burden: Exposures and Environmental Effects, and two components representing Population Characteristics: Sensitive Populations (in terms of health status and age) and Socioeconomic Factors. Census tracts across California are ranked from the lowest possible score of 0 up to the highest possible score of 100, and then maps are created to help visualize the data.

As can be seen from the below map, the Census tract encompassing the Thermalito area belongs to the top 20th (dark orange), while Census tracts on the southeast side of Chico and the north side of Oroville belong to the top 30th (orange) percentile of highest-burdened California tracts. Additional tracts in Chico and Oroville belong to the top 40th (light orange) percentile of burden, as do the Gridley and Magalia and east Butte County areas. The Lake Oroville State Recreation Area and much of the northern part of Butte County belong to the bottom percentiles of lowest-burdened tracts (shades of green), with the central areas falling somewhere in the middle.

Legend

CalEnviroScreen 4.0 Results



Source: California Office of Environmental Health Hazard Assessment, CalEnviroScreen 4.0. Results Map, October 2021. <https://oehha.ca.gov/calenviroscreen/report/calenviroscreen-40>

Access to Healthcare

Health Insurance

The Healthy People 2030 objective is for 92.4% of the population to have health insurance coverage. Among residents of the primary service area, 93.1% of the population has health insurance, 96.9% of children and 99.7% of senior adults have health insurance. With 88.9% coverage among adults ages 19 to 64, the primary service area does not meet the HP2030 objective among this age group, nor do the two secondary service areas.

Insurance Coverage

	Total Population	Children Ages 0-18	Adults Ages 19-64	Senior Adults Ages 65 and Older
Primary Service Area	93.1%	96.9%	88.9%	99.7%
Chico/Glenn Service Area	93.4%	96.2%	90.7%	99.6%
Yuba/Sutter Service Area	93.6%	96.0%	91.0%	98.9%
California	93.1%	96.6%	90.2%	98.9%

Source: U.S. Census Bureau, American Community Survey, 2019-2023, S2701. <http://factfinder.census.gov>

Please see table below for variances in health insurance coverage in the primary service area by Race and Ethnicity, and age. Note that with an estimated 125 residents (11 of whom are children and 22 of whom are senior adults) identifying as Native Hawaiian / Pacific Islander residents, rates for this group may be unreliable.

Health Insurance, Primary Service Area Population, by Race and Ethnicity, and Age Group

	Total Population	Children, Under 19	Adults, Ages 19-64	Senior Adults, 65+
Non-Hispanic White	95.2%	96.4%	92.5%	99.9%
Asian	93.0%	98.5%	88.8%	100.0%
Hispanic	89.4%	97.4%	82.0%	99.3%
Other race	89.1%	92.2%	85.4%	98.1%
Multiracial	89.0%	99.2%	79.0%	100.0%
Black or African American	88.7%	96.3%	85.1%	100.0%
American Indian or Alaska Native	84.1%	86.4%	80.4%	99.5%
Native Hawaiian or Pacific Islander	62.4%	100.0%	68.5%	18.2%

Source: U.S. Census Bureau, 2019-2023 American Community Survey, C27001B thru C27001I. <http://data.census.gov/>

In Butte County, 42.8% of the population has employment-based health insurance, 25.6% are covered by Medi-Cal and 21% of the population has coverage that includes Medicare. Butte County has lower rates of employment-based insurance and uninsured residents, and higher rates of Medicare and privately-purchased coverage than found in the state.

Insurance Coverage by Type of Coverage

	Butte County	Sutter and Yuba Counties, Combined	California
Medi-Cal	25.6%	33.5%	22.9%
Medicare only	*0.9%	1.4%	1.3%
Medi-Cal and Medicare	4.6%	3.0%	3.8%
Medicare and others	15.5%	10.7%	12.0%
Other public	*0.6%	1.2%	1.0%
Employment-based	42.8%	41.9%	49.3%
Private purchase	6.7%	1.7%	4.5%
Uninsured	3.3%	6.6%	5.3%

Source: California Health Interview Survey, 2021-2023, pooled. <https://healthpolicy.ucla.edu/our-work/askchis/> *Unstable due to sample size.

In Butte County, 96.3% of adults reported that it was difficult or very difficult to find an affordable health plan directly through an insurance company or Health Maintenance Organization (HMO), which is higher than the state rate.

Difficulty Finding Affordable Health Insurance Plan - Insurance Company or HMO, Adults

	Butte County	Sutter and Yuba Counties, Combined	California
Very difficult	*17.8%	31.4%	44.2%
Somewhat difficult	*78.5%	41.2%	26.1%
Not too difficult			17.1%
Not at all difficult	*3.7%	*27.4%	12.6%

Source: California Health Interview Survey, 2020-2023, pooled. <https://healthpolicy.ucla.edu/our-work/askchis/> *Unstable due to sample size.

In Butte County, 68.8% of adults reported that it was difficult or very difficult to find an affordable health plan directly through Covered California, which is higher than the state rate.

Difficulty Finding Affordable Health Insurance Plan - Covered California, Adults

	Butte County	Sutter and Yuba Counties, Combined	California
Very difficult	44.0%	30.0%	31.7%
Somewhat difficult	*24.8%	*33.2%	28.4%
Not too difficult	*13.1%	32.7%	26.9%
Not at all difficult	*18.1%	*4.1%	12.9%

Source: California Health Interview Survey, 2020-2023, pooled. <https://healthpolicy.ucla.edu/our-work/askchis/> *Unstable due to sample size.

In Butte County, 7.2% of adults had insurance that was not accepted by a general doctor and 11.4% had insurance that was not accepted by a medical specialist. These rates are higher than state rates.

Insurance not Accepted by General Doctor or Medical Specialist in Past Year, Adult

	Butte County	Sutter and Yuba Counties, Combined	California
Insurance not accepted by general doctor	7.2%	9.1%	6.0%
Insurance not accepted by medical specialist	11.4%	11.9%	11.0%

Source: California Health Interview Survey, 2021-2023, pooled. <https://healthpolicy.ucla.edu/our-work/askchis/>

Sources of Care

Residents who have access to a primary care provider improve continuity of care and decrease unnecessary Emergency Room visits. In Butte County, 82% of the population reported a regular source of medical care. See table below for other usual sources of care.

Usual Sources of Care

	Butte County	Sutter and Yuba Counties, Combined	California
Have usual place to go when sick or need health advice	82.0%	82.6%	82.4%
Doctor's office/HMO/Kaiser Permanente	56.5%	61.4%	61.3%
Community clinic/government clinic/community hospital	20.2%	18.7%	18.4%
ER/urgent care	2.9%	*1.0%	1.1%
Some other place/no one place	*2.5%	*1.4%	1.7%
No usual source of care	18.0%	17.4%	17.6%

Source: California Health Interview Survey, 2021-2023, pooled. <https://healthpolicy.ucla.edu/our-work/askchis/> *Unstable due to sample size.

Accessing health care can be affected by the availability of providers in the community. According to the 2023 County Health Rankings, Butte County ranks 32 out of 58 among California counties for clinical care, which includes health insurance coverage, ratios of population-to-care providers and preventive screening practices, among others.

When availability of health care providers in Butte County is compared to the state, the county has relatively lower access to primary care physicians (one doctor per 1,707 residents) and dentists (one dentist per 1,234 residents). The ratio of population to mental health providers (one mental health provider to 113 residents) in Butte County indicates the county has a higher ratio of mental health providers than the state. The ratio of residents to primary care physicians is much worse (higher) in Yuba County (4,907 residents per physician) and Glenn County (5,761 residents per physician). The ratio of residents to dentists is much worse in Yuba County (3,372 residents per dentist). The ratio of residents per mental health provider is worse in Sutter County (267 residents per provider) and Yuba County (384 residents per provider), and much worse in Glenn County (502 residents per provider).

Number of, and Ratio of Population to, Health Care Providers

	Primary Care Physicians		Dentists*		Mental Health Providers**	
	Number	Ratio	Number	Ratio	Number	Ratio
Butte County	122	1,707:1	168	1,234:1	1,840	113:1
Glenn County	5	5,761:1	25	1,134:1	56	502:1
Sutter County	75	1,321:1	84	1,173:1	367	267:1
Yuba County	17	4,907:1	25	3,372:1	223	384:1
California	31,820	1,233:1	36,261	1,076:1	183,045	213:1

Source: County Health Rankings, 2025. (Measures used data from 2021, *2022, and **2024) <http://www.countyhealthrankings.org>

Telehealth

Telehealth connects patients to vital health care services through video conferencing, remote monitoring, electronic consults, and wireless communications. Among Butte County adults, 37.4% had received care from a health care provider through telehealth in the prior year, rather than an office visit. This is lower than the rate in Sutter and Yuba Counties combined (40.2%) and the state rate (45.3%).

Telehealth, Past Year, Adults

	Butte County	Sutter and Yuba Counties, Combined	California
Received care from a health care provider through video or telephone	37.4%	40.2%	45.3%

Source: California Health Interview Survey, 2021-2023, pooled. <https://healthpolicy.ucla.edu/our-work/askchis/>

When asked to rate their most-recent video call experience with a provider compared to an in-person visit, the majority of Butte County respondents (51%) feel that it's about the same, 11.3% feel that it's better and about 18.1% feel that it's worse. 1.3% of Butte County residents rated the visit 'much worse' and 6.6% rated it 'much better' than an in-person visit.

Rating of Most-Recent Video Visit Experience with Provider Compared to In-Person

	Butte County	Sutter and Yuba Counties, Combined	California
Much worse	*1.3%	*3.0%	4.1%
Somewhat worse	16.8%	12.9%	17.7%
About the same	51.0%	45.4%	44.4%
Somewhat better	4.7%	7.2%	9.8%
Much better	6.6%	14.1%	9.0%
Have not had one	19.6%	17.5%	14.9%

Source: California Health Interview Survey, 2021-2022, pooled. <https://healthpolicy.ucla.edu/our-work/askchis/> *Unstable due to sample size.

Difficulty Accessing Care

A delay in care can lead to an increased risk of health care complications. In the prior 12 months, 25.7% of Butte County adults indicated that they were always able to get a doctor's appointment within two days for sickness or injury, while 16.2% of Butte County residents were never able to get an appointment within two days.

Ability to Get Doctor's Appointment Within 2 Days in the Past 12 Months, Adults

	Butte County	Sutter and Yuba Counties, Combined	California
Always able	25.7%	29.3%	22.0%
Usually able	16.9%	23.6%	27.1%
Sometimes able	41.1%	28.1%	29.4%
Never able	16.2%	18.9%	21.5%

Source: California Health Interview Survey, 2021-2023, pooled. <https://healthpolicy.ucla.edu/our-work/askchis/>

Typically, individuals find it more difficult to access specialty care than primary care. In Butte County, 12% of adults had difficulty finding primary care, and 23.6% had difficulty finding specialty care. These rates show a higher level of difficulty than Sutter and Yuba Counties, combined, or the state average.

Difficulty Finding Primary and Specialty Care, Adults

	Butte County	Sutter and Yuba Counties, Combined	California
Difficulty finding primary care	12.0%	11.7%	10.3%
Difficulty finding specialty care	23.6%	17.4%	19.8%

Source: California Health Interview Survey, 2021-2023, pooled. <https://healthpolicy.ucla.edu/our-work/askchis/>

Delayed care may indicate reduced access to care. 17.7% of Butte County residents reported delaying or not receiving needed medical care in the prior 12 months. Of these residents, 59.1% ultimately went without needed medical care, meaning that 10.5% of the overall population had to forgo needed care. This is higher than the state average (8.3%). The Healthy People 2030 objective is for no more than 5.9% of the population to forgo care, which Sutter and Yuba Counties, combined, do meet. 8.8% of Butte County residents reported delaying or not getting prescription medication in the prior 12 months.

Delayed Care in Prior 12 Months, All Ages

	Butte County	Sutter and Yuba Counties, Combined	California
Delayed or didn't get medical care	17.7%	11.4%	15.3%
Had to forgo needed medical care	10.5%	5.9%	8.3%
Delayed or didn't get prescription medicine	8.8%	9.3%	8.9%

Source: California Health Interview Survey, 2019-2023, pooled. <https://healthpolicy.ucla.edu/our-work/askchis/>

Of the Butte County residents who delayed or did not get care, 41.9% attributed it to cost, lack of insurance, or issues with insurance, which is higher than the state average. 28.2% of the population delayed or forewent care due to personal or other reasons, 18.6% delayed or forewent care because of systems and provider issues and barriers, and 11.3% due to COVID-19-related issues.

Reason for Delayed Care, All Ages

	Butte County	Sutter and Yuba Counties, Combined	California
Cost, lack of insurance or other insurance issue	41.9%	36.0%	31.2%
Personal and other reasons	28.2%	25.3%	25.9%
Health care system/provider issues and barriers	18.6%	28.1%	25.9%
COVID-19	11.3%	10.5%	17.0%

Source: California Health Interview Survey, 2021-2022, pooled. <https://healthpolicy.ucla.edu/our-work/askchis/>

Lack of Care Due to Cost, for Children

6.9% of children and youth, ages 0 to 17, in Butte County had delayed or missed care within the prior 12 months. For about one in six, or 1.1% of all Butte County children and youth, the delayed or missed care

was due to cost or lack of insurance. 3.1% of Butte County children had delayed or unfilled prescription medications in the prior 12 months, whether due to cost or other factors.

Cost as a Barrier to Accessing Health Care in the Past Year, Children, Ages 0 to 17

	Butte County	Sutter and Yuba Counties, Combined	California
Children who had delayed or forgone care	*6.9%	*2.1%	5.5%
Child’s care delayed or forgone due to cost or lack of insurance	*1.1%	**	1.4%
Child’s prescription medication delayed or unfilled	*3.1%	*2.4%	3.7%

Source: California Health Interview Survey, 2020-2022. <https://healthpolicy.ucla.edu/our-work/askchis/> *Statistically unstable due to sample size. **Suppressed due to statistical instability related to small sample size.

Use of the Emergency Room

In Butte County, 21.2% of residents visited an ER in the past 12 months. Adults, aged 18 to 64, in Butte County visited the emergency room at a higher rate (24.4%) than other age groups. Poverty-level residents of Butte County visited the ER at a higher rate (29.9%) than the general population.

Use of Emergency Room

	Butte County	Sutter and Yuba Counties, Combined	California
Visited ER in last 12 months	21.2%	18.2%	16.8%
0-17 years old	14.2%	14.8%	14.9%
18-64 years old	24.4%	18.9%	16.2%
65 and older	19.0%	21.1%	21.4%
<100% of poverty level	29.9%	20.9%	22.6%
≥ 100% to <200% of poverty level	21.0%	22.3%	19.4%

Source: California Health Interview Survey, 2021-2023, pooled. <https://healthpolicy.ucla.edu/our-work/askchis/>

Access to Primary Care Community Health Centers

Community Health Centers provide primary care (including medical, dental and mental health services) for uninsured and medically underserved populations. Using ZCTA (ZIP Code Tabulation Area) data for the hospital’s primary service area and information from the Uniform Data System (UDS)¹, 40.2% of the population in the primary service area is low-income (200% of Federal Poverty Level) and 17.4% of the population are living in poverty. There are several Section 330-funded grantees (Federally Qualified Health Centers – FQHCs and FQHC Look-Alikes) located in the service area, including:

¹ The UDS is an annual reporting requirement for grantees of HRSA primary care programs:

- Community Health Center, Section 330 (e)
- Migrant Health Center, Section 330 (g)
- Health Care for the Homeless, Section 330 (h)
- Public Housing Primary Care, Section 330 (i)

- Ampla Health
- Harmony Health Medical Clinic and Family Resource Center
- Peach Tree Healthcare
- Sierra Family Medical Clinic, Inc.

These FQHC’s serve a total of 10,295 patients in the primary service area, which equates to 36.4% penetration among low-income patients. From 2021-2023, the Community Health Center providers reduced the number of patients they provided care to in the service area by 18.6%. With this, there are 18,000 low-income residents, 63.6% of the population at or below 200% FPL, who are not served by an FQHC.

Low-Income Patients Served and Not Served by FQHCs

Low-Income Population	Patients served by Section 330 Grantees In Service Area	Penetration among Low-Income Patients	Penetration of Total Population	Low-Income Not Served	
				Number	Percent
28,279	10,295	36.4%	14.4%	18,000	63.6%

Source: Health Center Program GeoCare Navigator, 2025, 2018-2022 population numbers. <https://geocarenavigator.hrsa.gov/>

Ampla Health is the FQHC or FQHC Look-Alike serving the largest number of patients in each of the service area ZIP Codes, with the following percentage coverage:

Federally Qualified Health Centers, Largest Patient Numbers, by ZIP Code

	ZIP Code	Dominant FQHC Clinic	Share of Patients, 2023
Bangor	95914	Ampla Health	100.0%
Berry Creek	95916	Ampla Health	100.0%
Biggs	95917	Ampla Health	80.7%
Brownsville	95919	Ampla Health	54.0%
Challenge	95925	Ampla Health	55.2%
Clipper Mills	95930	Ampla Health	100.0%
Forbestown	95941	Ampla Health	100.0%
Gridley	95948	Ampla Health	75.7%
Oroville	95965	Ampla Health	91.1%
Oroville	95966	Ampla Health	92.4%
Palermo	95968	Ampla Health	91.2%
Richvale	95974	Ampla Health	100.0%
Strawberry Valley	95981	None (no low-income population recorded for this ZIP Code)	

Source: Health Center Program GeoCare Navigator, 2025, 2018-2023 population numbers. <https://geocarenavigator.hrsa.gov/>

Dental Care

Oral health is essential to a person’s overall health and well-being. In Butte County, 13.5% of children and 28.8% of adults lack dental insurance. In Butte County, 81.9% of adults had visited a dentist within the past two years, and 69% of children and 86.7% of teens had visited a dentist in the past six months.

Dental Insurance

	Butte County	Both Sutter and Yuba Counties	California
Children without dental insurance	*13.5%	*6.4%	7.4%
Adults without dental insurance	28.8%	34.2%	28.7%

Source: California Health Interview Survey, 2021-2023, pooled. <https://healthpolicy.ucla.edu/our-work/askchis/> *Unstable due to sample size.

Time Since Last Dental Visit, Adult, Ages 18 and Older

	Butte County	Both Sutter and Yuba Counties	California
Never been to a dentist	*1.4%	*4.9%	2.1%
Visited dentist <6 months to 2 years ago	81.9%	75.9%	80.4%
Visited dentist more than 5 years ago	7.5%	8.4%	7.1%
Condition of teeth: good to excellent†	75.1%	67.4%	71.7%
Condition of teeth: fair to poor†	22.6%	28.3%	26.2%
Condition of teeth: has no natural teeth†	2.3%	4.4%	2.1%

Source: California Health Interview Survey, 2021-2023, and †2020-2022, pooled. <https://healthpolicy.ucla.edu/our-work/askchis/> *Statistically unstable due to sample size.

Time Since Last Dental Visit, Children, Ages 3-11

	Butte County	Both Sutter and Yuba Counties	California
Never been to the dentist	10.0%	13.4%	14.8%
Visited dentist < 6 months ago	69.0%	73.4%	68.1%
Visited dentist > 6 months to 1 year ago	15.4%	8.4%	11.7%
Visited dentist > 1 to 2 years ago	5.3%	*3.0%	3.9%
Visited dentist > 2 to 5 years ago	*0.3%	*1.8%	1.2%
Visited dentist more than 5 years ago			0.3%
Parent could not afford needed dental care for child	*7.2%	*7.9%	6.5%

Source: California Health Interview Survey, 2019-2023 pooled. <https://healthpolicy.ucla.edu/our-work/askchis/> *Unstable due to sample size.

Time Since Last Dental Visit, Teens, Ages 12-17

	Butte County	Both Sutter and Yuba Counties	California
Never been to the dentist	≤ *4.7%	≤ *2.0%	0.8%
Visited dentist < 6 months ago	87.1%	74.9%	74.5%
Visited dentist > 6 months to 1 year ago	*8.2%	14.3%	14.5%
Visited dentist > 1 to 2 years ago		*8.8%	6.0%
Visited dentist > 2 to 5 years ago	≤ *4.7%		2.8%
Visited dentist more than 5 years ago		≤ *2.0%	1.4%

Source: California Health Interview Survey, 2019-2023 pooled. <https://healthpolicy.ucla.edu/our-work/askchis/> *Unstable due to sample size.

Community Input on Access to Care

Community stakeholders shared their thoughts on barriers to care. Themes included primary and specialty care provider shortages in the region, high cost of care, long wait times in the emergency department; challenges around transportation to appointments and the need for more providers who speak the languages spoken in the community, like Hmong and Spanish. Here are some paraphrased comments from the community stakeholder interviews:

- Our primary care is impacted because of the sheer volume of people compared to the few providers; and it's difficult to obtain specialty care locally in a timely manner, if at all, with particular needs for specialists in endocrinology, urology, maternal and infant health and pediatric specialties, pulmonology, gastroenterology, and infectious disease.
- Community members sign up for Covered California, but they can't afford the monthly premiums. Or, they forgo preventive services in order save my money on a copayment.
- The wait times in the ED are between five and ten hours, and there are many people who go to the hospital ED because they do not have primary care.
- There are some transportation services but they have to be really planned out, well in advance of the medical visit to coordinate with the free services.
- There are not enough Hmong and Spanish speaking clinicians, counselors, doctors and social service providers coming through the pipeline for the growing workforce needs.
- Older adults struggle with language barriers. That is the most vulnerable population we see.
- Glenn General, one of the community's critical access hospitals, is set to shut down, which has additional repercussions on access to care in Oroville and the surrounding communities.
- All staff should receive trauma informed training for staff within the healthcare system, as well as police, teachers, firemen. Our communities service entry points should thorough intakes around stress, food security, and more in order comprehensively address health-related social needs

Maternal and Infant Health

Births

In 2023, the number of births in Butte County was 2,040. The average annual births in Butte County from 2019 to 2023 was 2,039.2 births.

Total Births

	2019	2020	2021	2022	2023
Butte County	2,154	1,991	2,065	1,946	2,040
California	446,479	420,259	420,608	419,104	2,106,558

Source: U.S. Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Natality public-use data 2018-2022, on CDC WONDER. <https://wonder.cdc.gov/nativity-expanded-current.html>

Delivery Paid by Public Insurance or Self-Pay

In Butte County, the rate of births paid by public insurance or self-pay was 530.3 births per 1,000 live births, which is higher than the state rate (424.6 per 1,000 live births). No rates are available for this metric for the remaining service area counties.

Delivery Paid by Public Insurance or Self-Pay, Rate per 1,000 Live Births

	Butte County	California
Delivery paid by public insurance or self-pay	530.3	424.6

Source: U.S. Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Natality public-use data 2021-2023, on CDC WONDER. <https://wonder.cdc.gov/nativity-expanded-current.html>

Prenatal Care

The Healthy People 2030 objective for prenatal care is for 80.5% of pregnant women receiving ‘early and adequate’ prenatal care, which includes both entry into care within the first trimester, plus attending at least 80% of recommended prenatal visits. Care is considered ‘adequate plus’ when an expectant mother attends 110% or more of the recommended number of prenatal visits. 79.3% of Butte County mothers receive at least adequate prenatal care, which is better than the California average (72.2%) but does not meet the Healthy People 2030 goal. Sutter and Yuba Counties also do not meet the goal.

Mother Receiving Adequate Prenatal Care, Percent of Births

	Butte County	Glenn County	Sutter County	Yuba County	California
Percent	79.3%	83.2%	71.8%	71.8%	72.2%

Source: California Department of Public Health, County Health Profiles, CHSP 2024. 2020-2022 Data <https://www.cdph.ca.gov/programs/chsi/pages/county-health-status-profiles.aspx>

Teen Birth Rate

Teen births in Butte County occurred at an average annual rate of 8.6 births per 1,000 teen girls, aged 15 to 19. This rate is lower than the state rate, and much lower than the rates in the remaining service area counties.

Births to Teen Mothers, Ages 15-19, Rate per 1,000 Girls Aged 15-19

	Butte County	Glenn County	Sutter County	Yuba County	California
Teen fertility rate	8.6	13.6	13.1	16.8	9.5

Source: U.S. Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Natality public-use data 2020-2022, on CDC WONDER. <https://wonder.cdc.gov/natality-expanded-current.html>

Low Birth Weight

Babies born at a low birth weight are at higher risk for disease, disability and possibly death. The Butte County rate of babies born at low birth weight was 6.7%, which was lower than the state rate of 7.2%.

Low Birth Weight (<2,500g), Percent of Total Births

	Butte County	Glenn County	Sutter County	Yuba County	California
Low birth weight	6.7%	4.9%	6.8%	6.4%	7.2%

Source: California Department of Public Health, County Health Profiles, CHSP 2024. 2020-2022 Data <https://www.cdph.ca.gov/programs/chsi/pages/county-health-status-profiles.aspx>

Preterm Births

The rate of premature birth, occurring before the start of the 38th week of gestation, in Butte County is 8.7% (87.4 per 1,000 live births). This rate of premature birth is lower than the state rate of premature births (9.1%). No rates are available for this metric for the remaining service area counties.

Premature Births before Start of 38th Week Rate, per 1,000 Live Births

	Butte County	California
Premature births	87.4	91.2

Source: U.S. Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Natality public-use data 2021-2023, on CDC WONDER. <https://wonder.cdc.gov/natality-expanded-current.html>

Maternal Smoking During Pregnancy

Among pregnant women, 93.6% in Butte County did not smoke during pregnancy. This rate is worse than California's (99.3%) and does not meet the Healthy People 2030 objective of 95.7% of women to abstain from cigarette smoking during pregnancy. No rates are available for this metric for the remaining service area counties.

No Smoking during Pregnancy

	Butte County	California
Mothers who did not smoke during pregnancy	93.6%	99.3%

Source: U.S. Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Natality public-use data 2020-2022, on CDC WONDER. <https://wonder.cdc.gov/natality-expanded-current.html>

Infant Mortality

Infant mortality reflects deaths of children under one year of age. The infant death rate in Butte County was 3.8 per 1,000 live births. This rate was similar to the state rate of 3.7 deaths per 1,000 live births. Butte County meets the Healthy People 2030 objective of 5.0 deaths per 1,000 live births. Yuba County's rate was 6.7 deaths per 1,000 live births, and does not meet the objective. The rates for Glenn County and Sutter County are considered unreliable, and care should be taken when drawing conclusions.

Infant Mortality Rate, per 1,000 Live Births

	Butte County	Glenn County	Sutter County	Yuba County	California
Rate	3.8	*10.9	*4.6	6.7	3.7

Source: California Department of Public Health, County Health Profiles, CHSP 2024. 2019-2021 Data *Rate considered unreliable, due to low population/relatively small number of births. <https://www.cdph.ca.gov/programs/chsi/pages/county-health-status-profiles.aspx>

Breastfeeding

Breastfeeding has been proven to have considerable benefits to baby and mother. The California Department of Public Health highly recommends babies be fed only breast milk for the first six months of life. Data on breastfeeding are collected by hospitals on the Newborn Screening Test Form. Breastfeeding rates at Oroville Hospital indicated 82.6% of new mothers breastfeed and 57.1% breastfeed exclusively prior to discharge. The rate of breastfeeding at Oroville Hospital is lower than the rates among hospitals in Butte County and state.

In-Hospital Breastfeeding, Oroville Hospital

	Any Breastfeeding		Exclusive Breastfeeding	
	Number	Percent	Number	Percent
Oroville Hospital	350	82.6%	242	57.1%
Butte County	2,012	93.5%	1,754	81.5%
Yuba County	1,509	93.4%	1,135	70.3%
California	342,235	93.8%	249,766	68.5%

Source: California Department of Public Health, Breastfeeding Hospital of Occurrence, 2022
<https://www.cdph.ca.gov/Programs/CFH/DMCAH/surveillance/Pages/Breastfeeding-Initiation.aspx>

There are ethnic/racial differences noted in breastfeeding rates of mothers who deliver at Oroville Hospital, though care should be taken when interpreting this data, as many of the groups were represented by relatively few births. 90.9% of Black or African American mothers, 88% of White mothers, 85.9% of Hispanic or Latina mothers, and 85.1% of multiracial mothers who gave birth at Oroville Hospital initiated breastfeeding. 63.8% of multiracial mothers, 62.7% of White mothers, and 62.4% of Hispanic or Latina mothers breastfed exclusively prior to discharge. Exact rates of breastfeeding for mothers identifying as other racial and ethnic groups are not available due to privacy concerns related to low numbers, but 42.9% or fewer Asian mothers at Oroville hospital either initiated breastfeeding or breastfed exclusively, and 40.9% or fewer mothers identifying as 'Other' race or ethnicity breastfed prior to discharge.

In-Hospital Breastfeeding, Oroville Hospital, by Race and Ethnicity

	Any Breastfeeding		Exclusive Breastfeeding	
	Number	Percent	Number	Percent
Black or African American	10	90.9%	Suppressed	N/A
White	198	88.0%	141	62.7%
Hispanic or Latina	73	85.9%	53	62.4%
Multiple races	40	85.1%	30	63.8%
Asian	Suppressed	≤ 42.9%	Suppressed	≤ 42.9%
Other	Suppressed	≤ 40.9%	Suppressed	≤ 40.9%
Oroville Hospital	350	82.6%	242	57.1%

Source: California Department of Public Health, Breastfeeding Hospital of Occurrence, 2022. N/A = not available, due to privacy concerns. <https://www.cdph.ca.gov/Programs/CFH/DMCAH/surveillance/Pages/Breastfeeding-Initiation.aspx>

Leading Causes of Death

Life Expectancy at Birth

From 2020 through 2022, life expectancy in Butte County was 74.7 years. 474 residents of Butte County per 100,000 residents, died before the age of 75, which is considered a premature death. The total of the years of potential life lost (the difference between the age of persons who died and the age of 75, totaled) for Butte County was 9,316 years. By every metric, residents of Butte County have a lower life-expectancy than do Californians overall. Life expectancy in Yuba County (75.1 years), Glenn County (75.4 years) and Sutter County (77.3 years) is longer than that in Butte County. However, Glenn County has a similar number of premature deaths (477) and Yuba County has a greater number (512 premature deaths per 100,000 residents), leading to a larger number of YPLL (9,723 for Glenn County and 9,988 for Yuba County). This indicates that a larger number of residents of those counties are dying prematurely, even as a larger number of residents in those counties are living well past the age of 75.

Life Expectancy, Premature Mortality and Premature Death, Age-Adjusted

	Butte County	Glenn County	Sutter County	Yuba County	California
Life expectancy at birth in years	74.7	75.4	77.3	75.1	79.4
Premature age-adjusted mortality (number of deaths among residents under 75, per 100,000 persons)*	474	477	412	512	334
Premature death/Years of Potential Life Lost (YPLL) before age 75, per 100,000 population, age-adjusted	9,316	9,723	8,213	9,988	6,744

Source: National Center for Health Statistics' National Statistics System (NVSS); *CDC Wonder mortality data; data accessed and calculations performed by County Health Rankings, 2025; data from 2020-2022. <http://www.countyhealthrankings.org>

Differences in life expectancy, premature mortality, and years of potential life lost can be seen between residents of different races and ethnicities in Butte County. Hispanic residents have the highest life expectancy (81 years), the lowest premature mortality (318 deaths in persons younger than 75 years, per 100,000 population), and YPLL (6,357 years per 100,000 population). Black or African American residents have the lowest life expectancy (69.9 years), while AIAN residents have the highest rate of premature death and the highest YPLL in the county.

Life Expectancy in Years, Premature Mortality Rate, per 100,000 Persons, and Premature Death/Years of Potential Life Lost, by Race and Ethnicity, Butte County

	Life Expectancy	Premature Mortality*	YPLL
Hispanic	81.0	318	6,357
Asian, non-Hispanic	80.8	354	6,592
White, non-Hispanic	75.2	490	9,822
American Indian or Alaska Native, non-Hispanic	72.2	843	19,077
Black or African American, non-Hispanic	69.9	804	16,073

Source: National Center for Health Statistics' National Statistics System (NVSS); *CDC Wonder mortality data; data accessed and calculations performed by County Health Rankings, 2025; data from 2020-2022. <http://www.countyhealthrankings.org>

Mortality Rates

Age-adjusted death rates are an important factor to examine when comparing mortality data. A crude death rate is a ratio of the number of deaths to the entire population. Age-adjusted death rates eliminate the bias of age in the makeup of the populations. The age-adjusted death rate in Butte County is 820.1 deaths per 100,000 persons, which is significantly higher than the California rate (670 deaths per 100,000 persons). The rate in Sutter County is comparable (817.1 deaths per 100,000 persons), but the rates in Glenn County (880.8) and Yuba County (945.8) are much higher.

Mortality Rate, Age-Adjusted, per 100,000 Persons, Three-Year Average

	Butte County	Glenn County	Sutter County	Yuba County	California
Mortality rate	820.1	880.8	817.1	945.8	670.0

Source: California Department of Public Health, Vital Records Data and Statistics, California Counties, 2020-2022, CHSP 2024. <https://www.cdph.ca.gov/programs/chsi/pages/county-health-status-profiles.aspx>

Leading Causes of Death

When age-adjusted, the top three leading causes of death in Butte County are cancer, unintentional injuries, and ischemic heart disease, which is a subset of heart disease. County-level mortality rates are available from the U.S. Centers for Disease Control (CDC) only as crude rates; from their data, when all types of heart disease are included, heart disease is the second-leading cause of death in Butte County, and COVID-19 was the 4th leading cause of death. When the below age-adjusted rates are compared to the state average, all mortality rates are higher in Butte County for the below-listed causes, with the exceptions of diabetes, HIV, and homicide.

Leading Causes of Death Rates, Age-Adjusted, per 100,000 Persons

	Butte County	Glenn County	Sutter County	Yuba County	California	Healthy People 2030 Objective
Cancer	148.9	163.3	138.4	158.1	122.0	122.7
Unintentional injuries	88.1	71.3	65.1	77.8	47.9	43.2
Ischemic heart disease	78.8	96.6	85.2	107.9	77.2	71.1
Stroke	38.8	42.8	52.9	68.7	37.0	33.4
Alzheimer’s disease	37.3	21.8	42.5	41.2	35.5	No Objective
Chronic lower respiratory disease	36.9	36.7	38.8	46.4	24.5	Not Comparable
Liver disease and cirrhosis	21.7	*20.1	18.3	22.3	14.4	10.9
Motor vehicle traffic crashes	21.7	*12.0	18.3	22.7	11.5	10.1
Diabetes	16.7	26.3	21.9	33.4	23.6	Not Comparable
Suicide	15.2	*15.3	10.8	13.3	10.1	12.8
Pneumonia and influenza	14.3	*10.4	15.2	12.5	10.9	No Objective
HIV†	4.1	0.0	2.0	3.0	5.4	No Objective
Homicide	3.9	*9.6	*4.2	*6.9	6.1	5.5

Source: California Department of Public Health, Vital Records Data and Statistics, California Counties, 2020-2022, CHSP 2024, Three-Year Average Age-Adjusted Death Rate. <https://www.cdph.ca.gov/programs/chsi/pages/county-health-status-profiles.aspx> *Unreliable rate, due to small population size. †Source: California Department of Public Health, Office of AIDS, California HIV Surveillance Report, 2022. 2020-2022 averaged. https://www.cdph.ca.gov/Programs/CID/DOA/Pages/OA_case_surveillance_reports.aspx

Cancer

Mortality rates for cancer are available at the county level from the California Cancer Registry, for those counties with large enough populations to allow for statistical validity. Data for Yuba County is combined with Sierra County, and data for Glenn County is combined with Colusa and Tehama Counties, to allow for statistical analysis; as such that data will not be presented here.

All-site cancer mortality in Butte County (168.9 deaths per 100,000 persons) is significantly higher than all-site cancer mortality at the state level (134.1 deaths per 100,000 persons), as are lung and bronchus (37 deaths per 100,000 persons in Butte County versus 24.3 for California), and leukemia (8.7 deaths per 100,000 people vs. 5.5 deaths per 100,000 in the state). All-site cancer mortality in Sutter County (144.3 deaths per 100,000 persons) is also significantly higher than all-site cancer mortality at the state level, as are lung and bronchus cancers (30.7 deaths per 100,000 persons) in Sutter County.

Cancer Mortality Rates, Age-Adjusted, per 100,000 Persons

	Butte County	Sutter County	California
Cancer all sites	168.9	144.3	134.1
Lung and bronchus	37.0	30.7	24.3
Prostate (males)	24.1	22.2	20.1
Breast (female)	20.9	19.3	18.9
Colon and rectum	13.4	10.3	12.0

	Butte County	Sutter County	California
Pancreas	12.2	10.6	10.4
Liver and intrahepatic bile duct	7.4	8.8	7.6
Ovary (females)	7.7	**	6.4
Leukemia	8.7	5.5	5.5
Uterine (female)	5.9	**	5.3
Non-Hodgkin lymphoma	5.4	5.1	4.9
Brain and other nervous system	4.9	4.8	4.4
Stomach	2.8	**	3.8
Urinary bladder	4.3	4.3	3.7
Kidney and renal pelvis	4.1	3.4	3.2
Esophagus	3.9	3.7	2.9
Cervix uteri (female)	3.2	**	2.2

Source: California Cancer Registry, Cal*Explorer-CA Cancer Data tool, 2017-2021. <https://explorer.ccrca.org/application.html> **Suppressed due to statistical instability related to low numbers.

Cancer mortality is significantly higher in Butte County for non-Hispanic White residents than for Hispanic or Asian and Pacific Islander residents. Cancer mortality for non-Hispanic Black residents of the county is higher than for White residents, but the difference may or may not be statistically significant. No rates are available for American Indian and Alaska Native residents, due to the small population size.

Cancer Mortality, Age-Adjusted, per 100,000 Persons, by Race & Ethnicity, Butte County

	Asian or Pacific Islander	Hispanic	Non-Hispanic White	Non-Hispanic Black	Total Population
Cancer, all sites	127.5	131.5	173.4	198.2	168.9

Source: California Cancer Registry, Cal*Explorer-CA Cancer Data tool, 2017-2021. <https://explorer.ccrca.org/application.html>

Unintentional Injury

Unintentional injury deaths include those due to accidental drug poisonings, motor-vehicle accidents, and falls, among other causes. From 2020 through 2022 there were 294 accidental drug overdose deaths in Butte County, per U.S. CDC statistics (see below discussions of Motor Vehicle Traffic Crashes and Drug-Induced Deaths for additional information on these two subsets of unintentional injury deaths).

The age-adjusted death rate from unintentional injuries in Butte County is 88.1 deaths per 100,000 persons. This rate is significantly higher than the state rate (47.9 per 100,000 persons). No area county meets the Healthy People 2030 objective of 43.2 unintentional injury deaths per 100,000 persons.

Unintentional Injury Mortality Rate, Age-Adjusted, per 100,000 Persons

	Butte County	Glenn County	Sutter County	Yuba County	California
Unintentional injuries	88.1	71.3	65.1	77.8	47.9

Source: California Department of Public Health, Vital Records Data and Statistics, California Counties, 2020-2022, CHSP 2024, Three-Year Average Age-Adjusted Death Rate. <https://www.cdph.ca.gov/programs/chsi/pages/county-health-status-profiles.aspx>

Unintentional drug overdoses are a subset of unintentional injury deaths. The death rate from unintentional drug overdoses in Butte County (57.8 deaths per 100,000 persons) is more than double that of California (26.9 deaths per 100,000 persons). The rate in all area counties is above the state average.

Unintentional Drug Overdose Mortality Rate, Age-Adjusted, per 100,000 Persons

	Butte County	Glenn County	Sutter County	Yuba County	California
Unintentional drug overdoses	57.8	42.2	31.1	35.5	26.9

Source: U.S. Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Mortality public-use data 2021-2023, on CDC WONDER. <https://wonder.cdc.gov/Deaths-by-Underlying-Cause.html>

Motor vehicle traffic crashes are also a subset of unintentional injury deaths. The death rate from motor vehicle traffic crashes in Butte County is 21.7 deaths per 100,000 persons. This is significantly higher than the state rate (11.5 per 100,000 persons). The death rate from motor vehicle crashes is more than twice the Healthy People 2030 objective of 10.1 deaths per 100,000 persons.

Motor Vehicle Traffic Crash Mortality Rate, Age-Adjusted, per 100,000 Persons

	Butte County	Glenn County	Sutter County	Yuba County	California
Motor Vehicle Traffic Crashes	21.7	*12.0	18.3	22.7	11.5

Source: California Department of Public Health, Vital Records Data and Statistics, California Counties, 2020-2022, CHSP 2024, Three-Year Average Age-Adjusted Death Rate. <https://www.cdph.ca.gov/programs/chsi/pages/county-health-status-profiles.aspx> *Unreliable rate, due to small population.

Ischemic Heart Disease and Stroke

In Butte County, the age-adjusted death rate for ischemic heart disease is 78.8 deaths per 100,000 persons, and the age-adjusted death rate from stroke is 38.8 deaths per 100,000 persons. The rates do not meet the Healthy People 2030 objectives of 71.1 deaths from ischemic heart disease and 33.4 deaths from stroke, per 100,000 persons. The rates of both ischemic heart disease and stroke deaths are even higher in the remaining area counties.

Heart Disease and Stroke Mortality Rates, Age-Adjusted, per 100,000 Persons

	Butte County	Glenn County	Sutter County	Yuba County	California
Ischemic heart disease	78.8	96.6	85.2	107.9	77.2
Stroke	38.8	42.8	52.9	68.7	37.0

Source: California Department of Public Health, Vital Records Data and Statistics, California Counties, 2020-2022, CHSP 2024, Three-Year Average Age-Adjusted Death Rate. <https://www.cdph.ca.gov/programs/chsi/pages/county-health-status-profiles.aspx>

Alzheimer’s Disease

The age-adjusted mortality rate from Alzheimer’s disease in Butte County is 37.3 deaths per 100,000 persons. This is higher than the state rate (35.5 deaths per 100,000 persons).

Alzheimer’s Disease Mortality Rate, Age-Adjusted, per 100,000 Persons

	Butte County	Glenn County	Sutter County	Yuba County	California
Alzheimer’s disease	37.3	21.8	42.5	41.2	35.5

Source: California Department of Public Health, Vital Records Data and Statistics, California Counties, 2020-2022, CHSP 2024, Three-Year Average Age-Adjusted Death Rate. <https://www.cdph.ca.gov/programs/chsi/pages/county-health-status-profiles.aspx>

Chronic Lower Respiratory Disease

Chronic Lower Respiratory Disease (CLRD) and Chronic Obstructive Pulmonary Disease (COPD) include emphysema and bronchitis. The age-adjusted death rate for respiratory disease in Butte County is 36.9 per 100,000 persons. This is significantly higher than the state rate (24.5 per 100,000 persons).

Chronic Lower Respiratory Disease Mortality Rate, Age-Adjusted, per 100,000 Persons

	Butte County	Glenn County	Sutter County	Yuba County	California
Chronic Lower Respiratory Disease	36.9	36.7	38.8	46.4	24.5

Source: California Department of Public Health, Vital Records Data and Statistics, California Counties, 2020-2022, CHSP 2024, Three-Year Average Age-Adjusted Death Rate. <https://www.cdph.ca.gov/programs/chsi/pages/county-health-status-profiles.aspx>

Liver Disease and Cirrhosis

The death rate from liver disease in Butte County is 21.7 deaths per 100,000 persons. This is significantly higher than the state rate (14.4 per 100,000 persons). The death rate from liver disease does not meet the Healthy People 2030 objective of 10.9 deaths per 100,000 persons in any service area county.

Liver Disease Mortality Rate, Age-Adjusted, per 100,000 Persons

	Butte County	Glenn County	Sutter County	Yuba County	California
Chronic Liver Disease and Cirrhosis	21.7	*20.1	18.3	22.3	14.4

Source: California Department of Public Health, Vital Records Data and Statistics, California Counties, 2020-2022, CHSP 2024, Three-Year Average Age-Adjusted Death Rate. <https://www.cdph.ca.gov/programs/chsi/pages/county-health-status-profiles.aspx> *Unreliable rate, due to small population.

Diabetes

The age-adjusted mortality rate from diabetes in Butte County is 16.7 deaths per 100,000 persons. This is lower than the state rate (23.6 deaths per 100,000 persons) and the rates in the other service area counties.

Diabetes Mortality Rate, Age-Adjusted, per 100,000 Persons

	Butte County	Glenn County	Sutter County	Yuba County	California
Diabetes	16.7	26.3	21.9	33.4	23.6

Source: California Department of Public Health, Vital Records Data and Statistics, California Counties, 2020-2022, CHSP 2024, Three-Year Average Age-Adjusted Death Rate. <https://www.cdph.ca.gov/programs/chsi/pages/county-health-status-profiles.aspx>

Suicide

The suicide rate in Butte County is 15.2 deaths per 100,000 persons, which is significantly higher than the state rate (10.1 per 100,000 persons). This rate does not meet the Healthy People 2030 objective for suicide of 12.8 deaths per 100,000 persons. Only Sutter County, of area counties, meets this objective.

Suicide Mortality Rate, Age-Adjusted, per 100,000 Persons

	Butte County	Glenn County	Sutter County	Yuba County	California
Suicide	15.2	*15.3	10.8	13.3	10.1

Source: California Department of Public Health, Vital Records Data and Statistics, California Counties, 2020-2022, CHSP 2024, Three-Year Average Age-Adjusted Death Rate. <https://www.cdph.ca.gov/programs/chsi/pages/county-health-status-profiles.aspx> *Unreliable rate, due to small population.

Pneumonia and Influenza

The age-adjusted death rate for pneumonia and influenza in Butte County is 14.3 per 100,000 persons. This rate is significantly higher than the state (10.9 per 100,000 persons) rate.

Pneumonia and Influenza Mortality Rate, Age-Adjusted, per 100,000 Persons

	Butte County	Glenn County	Sutter County	Yuba County	California
Pneumonia and Influenza	14.3	*10.4	15.2	12.5	10.9

Source: California Department of Public Health, Vital Records Data and Statistics, California Counties, 2020-2022, CHSP 2024, Three-Year Average Age-Adjusted Death Rate. <https://www.cdph.ca.gov/programs/chsi/pages/county-health-status-profiles.aspx> *Unreliable rate, due to small population.

HIV

The rate of HIV deaths in Butte County was 4.1 per 100,000 persons, which is lower than the state rate (5.4 deaths per 100,000 persons), as are the remaining area counties' rates.

HIV Mortality Rate, Age-Adjusted, per 100,000 Persons

	Butte County	Glenn County	Sutter County	Yuba County	California
HIV	4.1	0.0	2.0	3.0	5.4

Source: California Department of Public Health, Office of AIDS, California HIV Surveillance Report, 2022. 2020-2022 averaged. https://www.cdph.ca.gov/Programs/CID/DOA/Pages/OA_case_surveillance_reports.aspx

Homicide

The homicide rate in Butte County is 3.9 deaths per 100,000 persons. This rate is lower than the state rate (6.1 deaths per 100,000 persons). The rate meets the Healthy People 2030 objective for homicide deaths of 5.5 per 100,000 persons.

Homicide Mortality Rate, Age-Adjusted, per 100,000 Persons

	Butte County	Glenn County	Sutter County	Yuba County	California
Homicide	3.9	*9.6	*4.2	*6.9	6.1

Source: California Department of Public Health, Vital Records Data and Statistics, California Counties, 2020-2022, CHSP 2024, Three-Year Average Age-Adjusted Death Rate. <https://www.cdph.ca.gov/programs/chsi/pages/county-health-status-profiles.aspx> *Unreliable rate, due to small population.

Drug-Induced Deaths

Rates of death by drug overdose have been rising both statewide and in area counties, particularly in the last several years. Smaller populations, and consequently fewer deaths, in Glenn, Sutter and Yuba Counties called for grouping several years in the below table in order to achieve stable – and so, reportable – rates from the CDC. Butte County has by far the highest rates among the service area counties.

Drug Overdose Death Rates, Age-Adjusted*, per 100,000 Persons

	2016	2017	2018	2019	2020	2021*	2022*	2023*
Butte County	30.3	19.5	24.7	23.8	34.0	57.6	53.5	65.6
Glenn County	18.9					44.6		
Sutter County	12.4			12.2		35.3	38.6	23.5
Yuba County	21.7			17.9		31.2	46.3	38.5
California	11.2	11.7	12.8	15.0	21.8	27.8	28.1	29.2

Source: U.S. Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Mortality public-use data 2016-2022, on CDC WONDER. <https://wonder.cdc.gov/Deaths-by-Underlying-Cause.html>

*Except for 2021-2023, for which age-adjusting is not available at the county level; therefore these rates are crude rates.

Beginning in 2020, there was a sharp rise in opioid-related deaths in Butte County and the state. In 2023, the age-adjusted death rate from opioid overdoses in Butte County was 42.7 deaths per 100,000 persons, which is more than twice the state rate. The Healthy People 2030 objective is a maximum of 13.1 opioid-related overdose deaths, per 100,000 persons, which no area county meets.

Opioid Drug Overdose Death Rates, Age-Adjusted, per 100,000 Persons, 2016 - 2023

	Annual Rate							
	2016	2017	2018	2019	2020	2021	2022	2023
Butte County	7.1	7.6	6.7	5.8	11.5	28.8	33.2	42.7
Glenn County	3.4	0.0	4.7	3.3	14.9	14.3	22.8	36.0
Sutter County	4.4	2.1	8.7	2.5	10.4	20.9	22.7	19.1
Yuba County	8.1	13.2	5.4	10.8	10.6	23.2	27.9	26.9
California	4.9	5.2	5.8	7.9	13.5	18.0	18.7	20.8

Source: California Office of Statewide Health Planning and Development, via CA Department of Public Health, California Opioid Overdose Surveillance Dashboard, 2025. <https://skylab.cdph.ca.gov/ODdash/>

Disability and Disease

Hospitalization Rates by Diagnoses

Please see the table for the principal diagnoses resulting in hospitalization at Oroville Hospital in 2023.

Hospitalization Rates by Principal Diagnoses, Top Ten Diagnoses	Oroville Hospital
Circulatory system	16.1%
Complications of pregnancy, childbirth & postpartum period	10.4%
Certain conditions originating in the perinatal period	10.2%
Injury and poisoning	11.0%
Digestive system	9.9%
Infectious and parasitic diseases	9.6%
Respiratory system	5.8%
Genitourinary system	5.2%
Endocrine, nutritional, and metabolic diseases and immunity disorders	5.1%
Musculoskeletal system and connective tissue	3.7%

Source: California Department of Health Care Access and Information (HCAI), Hospital Inpatient Characteristics by Facility, Pivot Profile, 2023. <https://data.chhs.ca.gov/dataset/>

Emergency Room Rates by Diagnoses

At Oroville Hospital, in 2023, the top four primary diagnoses seen in the Emergency Department were injuries/poisonings, and circulatory, respiratory, and digestive system diagnoses.

Emergency Room Rates by Principal Diagnoses, Top Ten Diagnoses

	Oroville Hospital
Injury and poisoning	19.6%
Circulatory system	9.8%
Respiratory system	8.3%
Digestive system	8.1%
Musculoskeletal system & connective tissue	6.3%
Genitourinary system	6.2%
Infectious and parasitic diseases	4.8%
Skin and subcutaneous tissue	3.7%
Mental Illness	3.7%
Nervous system and sense organs	3.7%

Source: California Department of Health Care Access and Information (HCAI), Hospital Emergency Department Characteristics by Facility, Pivot Profile, 2023. <https://data.chhs.ca.gov/dataset/>

COVID-19 Incidence, Mortality, and Vaccination Rates

While COVID-19 cases and mortality data is no longer being tracked in the same manner as it was earlier in the Pandemic, in Butte County as of December 19, 2023, there had been 43,200 confirmed cases of COVID-19. This was a lower rate of infection (198.4 cases per 1,000 persons) than the statewide average

of 288 cases per 1,000 persons. Butte County also had a lower rate of confirmed deaths due to COVID-19. Through the same date, 554 Butte County residents were confirmed to have died due to COVID-19 complications, for a rate of 2.54 deaths per 1,000 persons, as compared to the statewide rate of 2.63 deaths per 1,000 persons.

COVID-19, Cases and Crude Death Rates, per 1,000 Persons, as of 12/19/23

	Butte County		California	
	Number	Rate	Number	Rate
Cases	43,200	198.4	11,558,304	288.0
Deaths	554	2.54	105,346	2.63

Source: California State Health Department, Statewide COVID-19 Cases Deaths Tests file, Updated December 26, 2023, with data from December 19, 2023. <https://data.chhs.ca.gov/dataset/covid-19-time-series-metrics-by-county-and-state>

The percentage of Butte County residents, of all ages, who have completed the primary series of a COVID-19 vaccine was 52.6% of the county’s population, as compared to 72.8% for the state. The CDC’s updated vaccination recommendations, as of the creation of this dataset, include an updated 2023-2024 vaccine dose for everyone ages five and older. 9% of Butte County residents are considered to be up-to-date with their COVID vaccinations, as compared to 14.9% statewide. County rates of primary and up-to-date vaccination are lower than the statewide vaccination rates among every age group.

COVID-19 Vaccinations, Completed Primary Series and ‘Up to Date’, by Age

	Primary Series		Up-to-Date*	
	Butte County	California	Butte County	California
Population, under 5	2.9%	8.0%	0.4%	4.1%
Population, ages 5-11	19.0%	37.2%	1.3%	6.1%
Population, ages 12-17	38.5%	67.1%	2.0%	7.1%
Population, ages 18-49	48.7%	78.6%	3.7%	10.2%
Population, ages 50-64	74.0%	83.3%	12.2%	18.7%
Population, ages 65+	78.1%	90.6%	27.5%	37.1%
Total Population	52.6%	72.8%	9.0%	14.9%

Source: CA Dept. of Health & Human Services, COVID-19 Vaccines Administered by Demographics (for CA), and by Demographics by County files. Data through August 21st, 2024. *Up-to-Date per CDC recommendations, which includes an updated 2023-2024 COVID-19 vaccine. <https://data.ca.gov/dataset/covid-19-vaccine-progress-dashboard-data> & <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/COVID-Vaccine-Data.aspx>

In Butte County, among the vaccine-eligible population, 55.6% of residents who identify as Native Hawaiian or Pacific Islander (NHPI), and 53.9% of residents who identify as Asian have completed the primary COVID-19 vaccination series, the highest rates in the county. 51.5% of White residents, 45.1% of Black residents, 44.5% of AIAN residents, 39.3% of Latino residents, and 17.5% of multiracial residents have also completed their primary COVID-19 vaccination series. Uptake of the most-recent COVID-19 booster (the 2023-2024 COVID-19 vaccine, recommended by the CDC) has followed a different pattern in Butte County, with the highest vaccination rate among residents who identify as White, followed by

NHPI and AIAN residents. The lowest rate continues to be among multiracial residents of the county. Uptake among Asian residents is lagging, as compared to their acceptance of primary series vaccination.

COVID-19 Vaccinations, Completed Primary Series and Up-to-Date, by Race and Ethnicity, Butte County

	Primary Series	Up-to-Date*
Native Hawaiian or Pacific Islander	55.6%	8.6%
Asian	53.9%	4.6%
White	51.5%	9.7%
Black	45.1%	6.1%
American Indian or Alaska Native	44.5%	8.6%
Latino	39.3%	3.5%
Multiracial	17.5%	1.0%

Source: California Department of Health and Human Services, COVID-19 Vaccines Administered by Demographics by County file. Data through July 28th, 2024. *Up-to-Date per CDC recommendations, which includes an updated 2023-2024 COVID-19 vaccine. <https://data.ca.gov/dataset/covid-19-vaccine-progress-dashboard-data>

Disability

Among primary service area adults, 19.8% identified as having a physical, mental, or emotional disability, which was above the state disability rate (11.3%). 2.1% of Butte County adults could not work for at least 30 days in the past year due to illness, injury, or disability.

Disability, Adults

	Primary Service Area	Chico/Glenn Service Area	Yuba/Sutter Service Area	California
Adults with a disability	19.8%	14.5%	15.1%	11.3%

Source: U.S. Census Bureau, American Community Survey 5-Year Estimates, 2019-2023, DP02. <http://data.census.gov>

	Butte County	Sutter and Yuba Counties, Combined	California
Couldn't work for 30 or more days due to injury, illness, or disability	*2.1%	2.2%	2.1%

Source: California Health Interview Survey, 2021-2023, pooled. <https://healthpolicy.ucla.edu/our-work/askchis/> *Unstable due to sample size.

Diabetes

Among adults in Butte County, 7.8% had been diagnosed with diabetes compared to 10.2% of adults in Sutter and Yuba Counties combined, and 11% in the state.

Diabetes, Adults

	Butte County	Sutter and Yuba Counties, Combined	California
Diagnosed with diabetes	7.8%	10.2%	11.0%

Source: California Health Interview Survey, 2021-2023, pooled. <https://healthpolicy.ucla.edu/our-work/askchis/> *Unstable due to sample size.

When queried by race and ethnicity, non-Latino AIAN residents of Butte County have the highest rate of diagnosed diabetes (16.4%), followed by non-Latino multiracial (10.6%) residents. Non-Latino Asian residents of Butte County have the lowest diagnosed rate of diabetes (4.4%), followed by Latino

residents (4.7%); these rates of diagnosis, and the rate of diagnosis among Black or African American residents, are much lower than the rates in Sutter and Yuba Counties, combined, and the state.

Diabetes by Race and Ethnicity, Adult

	Butte County	Sutter and Yuba Counties, Combined	California
Native Hawaiian or Pacific Islander (non-Latino)	**	**	18.7%
American Indian or Alaska Native (non-Latino)	*16.4%	*18.2%	14.5%
Multiracial	*10.6%	*8.6%	7.3%
White (non-Latino)	8.2%	10.5%	8.5%
Black or African American (non-Latino)	*6.1%	19.9%	14.7%
Latino	4.7%	8.8%	12.6%
Asian (non-Latino)	*4.4%	7.1%	11.1%
Total	7.9%	9.8%	10.8%

Source: California Health Interview Survey, 2019-2023, pooled.. <https://healthpolicy.ucla.edu/our-work/askchis/> *Statistically unstable due to sample size. ** = Suppressed due to instability.

The federal Agency for Healthcare Research and Quality (AHRQ) developed Prevention Quality Indicators (PQIs) that identify hospital admissions that may be avoided through access to high-quality outpatient care. Four PQIs, and one Composite PQI, are related to diabetes: long-term complications (renal, ophthalmic, or neurological manifestations, and peripheral circulatory disorders); short-term complications (ketoacidosis, hyperosmolarity and coma); amputation; and uncontrolled diabetes. For short-term complications and uncontrolled diabetes, as well as the composite score, age-adjusted hospitalization rates were higher in Butte County than the statewide average. Rates were higher still in Glenn and Yuba Counties.

Diabetes Hospitalization Rates* for Prevention Quality Indicators

	Butte County	Glenn County	Sutter County	Yuba County	California
Diabetes short term complications	94.6	66.4	84.9	124.8	72.3
Diabetes long term complications	107.4	134.1	104.9	138.7	114.9
Lower extremity amputation among patients with diabetes	35.8	64.9	47.8	48.6	37.8
Uncontrolled diabetes	35.3	23.2	30.8	29.0	29.6
Diabetes composite	259.5	264.0	246.9	319.1	234.4

Source: California Office of Statewide Health Planning & Development, 2024 (data from 2023). <https://data.chhs.ca.gov/dataset/rates-of-preventable-hospitalizations-for-selected-medical-conditions-by-county> *Risk-adjusted (age/sex-adjusted) annual rates per 100,000 persons.

Heart Disease

For adults in Butte County, 5.3% have been diagnosed with heart disease.

Adult Heart Disease

	Butte County	Sutter and Yuba Counties, Combined	California
Diagnosed with heart disease	5.3%	9.5%	7.0%

Source: California Health Interview Survey, 2021-2023, pooled. <https://healthpolicy.ucla.edu/our-work/askchis/>

The PQIs related to heart disease are congestive heart failure and hypertension. The age-adjusted rates of hospitalizations for congestive heart failure (556.9 per 100,000 persons) and hypertension (90.8 per 100,000 persons) were much higher in Butte County than the statewide averages.

Heart Disease PQI Hospitalization Rates*, per 100,000 persons

	Butte County	Glenn County	Sutter County	Yuba County	California
Hospitalization rate due to heart failure	556.9	614.5	489.9	527.8	370.9
Hypertension	90.8	44.1	32.7	50.4	52.2

Source: California Office of Statewide Health Planning & Development, 2024 (data from 2023). <https://data.chhs.ca.gov/dataset/rates-of-preventable-hospitalizations-for-selected-medical-conditions-by-county> *Risk-adjusted (age/sex-adjusted) annual rates per 100,000 persons.

High Blood Pressure

A co-morbidity factor for diabetes, heart disease, and stroke is hypertension (high blood pressure). In Butte County, 25.8% of adults have been diagnosed with high blood pressure, and an additional 8.8% with borderline hypertension.

High Blood Pressure, Adults

	Butte County	Sutter and Yuba Counties, Combined	California
Ever diagnosed with hypertension	25.8%	30.1%	27.1%
Ever diagnosed with borderline hypertension	8.8%	6.8%	7.5%

Source: California Health Interview Survey, 2021-2023, pooled. <https://healthpolicy.ucla.edu/our-work/askchis/>

Cancer

Cancer incidence rates are available at the county level from the California Cancer Registry, for those counties with large enough populations to allow for statistical validity. Data for Yuba County is combined with Sierra County, and data for Glenn County is combined with Colusa and Tehama Counties, to allow for statistical analysis; as such that data will not be presented here.

In Butte County, cancer incidence rates are significantly higher overall, and for at least eight of the eighteen below-listed cancers, than at the state level. While the cancer incidence rate is higher in Sutter County than the state, that difference may or may not be statistically significant.

The following types of cancers listed have rates in Butte County that significantly exceed state rates: prostate, lung & bronchus, colorectal, urinary bladder, melanoma of the skin, leukemia, pancreatic, and cervical cancers. Female breast, non-Hodgkin lymphoma, ovarian, liver & intrahepatic bile duct, brain & other nervous system, and esophageal cancers also have higher levels of incidence in Butte County than the state; however, these differences may or may not be statistically significant. Only the mortality rates from lung & bronchus and leukemia cancers are known to be statistically significant for this same time period; other rates may or may not be statistically higher than state averages.

Cancer Incidence Rates, per 100,000 Persons, Age Adjusted

	Butte County	Sutter County	California
All sites	484.8	415.8	398.3
Breast (female)	131.8	120.2	124.1
Prostate (males)	121.8	108.7	99.0
Lung and bronchus	52.3	47.4	36.8
Colon and rectum	41.5	35.7	33.5
Melanoma of the skin	36.2	17.4	22.8
Corpus uteri (females)	24.8	24.3	27.7
Urinary bladder	21.2	17.0	15.4
Non-Hodgkin lymphoma	20.0	18.9	17.7
Leukemia	17.2	15.7	12.3
Pancreas	15.4	12.8	12.4
Kidney and renal pelvis	14.9	14.4	15.0
Thyroid	12.4	12.2	12.4
Cervix uteri (females)	11.7	**	7.3
Ovary (females)	11.5	6.7	10.6
Liver and intrahepatic bile duct	10.2	13.9	9.6
Brain & Other Nervous System	7.3	7.0	5.8
Stomach	6.3	5.3	7.4
Esophagus	4.6	4.3	3.5

Source: California Cancer Registry, Cal*Explorer-CA Cancer Data tool, 2017-2021. <https://explorer.ccrca.org/application.html> **Suppressed due to statistical unreliability related to small numbers.

Cancer incidence is significantly higher in Butte County for non-Hispanic White residents than for either Hispanic or Asian and Pacific Islander residents. Cancer incidence for White residents of Butte County is higher than for non-Hispanic Black residents, while cancer mortality is higher for Black residents than for Whites, but the differences may or may not be statistically significant. No rates are available for American Indian and Alaska Native residents, due to the small population size.

Cancer Incidence, Age-Adjusted, per 100,000 Persons, by Race & Ethnicity, Butte County

	Asian or Pacific Islander	Hispanic	Non-Hispanic White	Non-Hispanic Black	Total Population
Cancer, all sites	316.5	357.7	485.0	452.2	484.8

Source: California Cancer Registry, Cal*Explorer-CA Cancer Data tool, 2017-2021. <https://explorer.ccrca.org/application.html>

Asthma

In Butte County, 17.6% of the adult population has been diagnosed with asthma. Among those with an asthma diagnosis, 35.7% had had an asthma attack in the prior 12 months, and 34.2% take daily medication to control asthma symptoms, which is lower than the state rate (46%). Among Butte County youth, ages 0-17, 9.6% have been diagnosed with asthma, 54.3% of whom had had an asthma attack in the prior year, and 44.5% take daily medication to control asthma symptoms, which is higher than the state rate. Rates of diagnosis and medication are higher in Sutter and Yuba Counties, combined, while rates of asthma attacks are lower.

Asthma

	Butte County	Sutter and Yuba Counties, Combined	California
Ever diagnosed with asthma, adults	17.6%	18.6%	16.6%
Has had an asthma episode/attack in past 12 months, adults	35.7%	27.8%	29.3%
Takes daily medication to control asthma, adults	34.2%	43.7%	46.0%
Ever diagnosed with asthma, ages 1-17	9.6%	16.4%	11.7%
Has had an asthma episode/attack in past 12 months, ages 1-17	54.3%	*16.1%	28.3%
Takes daily medication to control asthma, ages 1-17	*44.5%	*47.1%	39.7%

Source: California Health Interview Survey, 2021-2023, pooled. <https://healthpolicy.ucla.edu/our-work/askchis/> *Unstable due to sample size.

Prevention Quality Indicators (PQIs) related to asthma include chronic obstructive pulmonary disease (COPD) and asthma in younger adults. Hospitalization rates for COPD or asthma in older adults were higher in Butte County (215.1 per 100,000 persons) than the state (144.1 per 100,000 persons), and higher still in Yuba County (276.6). Hospitalization rates for asthma in younger adults were lower in Butte County (13.2 per 100,000 persons) than the state (16.4 hospitalizations per 100,000 persons).

Asthma Hospitalization Rates* for PQIs, per 100,000 Persons

	Butte County	Glenn County	Sutter County	Yuba County	California
COPD or asthma in older adults (ages 40+)	215.1	185.7	209.3	276.6	144.1
Asthma in younger adults (ages 18-39)	13.2	0.0	12.4	9.7	16.4

Source: California Office of Statewide Health Planning & Development, 2024 (data from 2023). <https://data.chhs.ca.gov/dataset/rates-of-preventable-hospitalizations-for-selected-medical-conditions-by-county> *Risk-adjusted (age/sex-adjusted) annual rates per 100,000 persons.

Tuberculosis

Tuberculosis (TB) cases in Butte County and the other service area counties are generally low. However, there was a spike in cases diagnosed in 2024 in Butte County and Yuba County, with 8 cases each, for a rate of 3.9 cases per 100,000 residents of Butte County and 8.0 cases per 100,000 in Yuba County.

Tuberculosis, Number and Crude Rate, per 100,000 Persons

	2020		2021		2022		2023		2024	
	No.	Rate								
Butte County	5	2.4	2	N/A	2	2.4	1	N/A	8	3.9
Glenn County	0	N/A	1	N/A	1	N/A	1	N/A	0	N/A
Sutter County	1	N/A	1	N/A	2	N/A	4	N/A	8	8.0
Yuba County	1	N/A	3	N/A	1	N/A	1	N/A	2	N/A
California	1,703	4.3	1,749	4.5	1,844	4.7	2,110	5.4	2,100	5.4

Source: California Department of Public Health, Tuberculosis Control Branch, California Tuberculosis Provisional Data Tables, 2024, accessed March 31, 2025. <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/TB-Disease-Data.aspx> N/A = rates not calculated where number of cases is less than 5.

Community Input on Chronic Disease

Community stakeholders expressed the need for more prevention and education to mitigate the high rates of chronic illness in the region. The high cost of chronic disease management medication was cited.

- In Butte County we have chronic illness rates that are higher than the state or other counties. Upstream services, strategies and programs focused on access to healthy food, smoking cessation, healthy activity programs and clean air strategies would be helpful.
- People forgo care until their health needs become acute. And for many aspects of chronic condition care, people travel outside the area for services. Getting specialty appointments is a challenge and delays care.
- It is difficult for people to navigate the healthcare system, as well as to adhere to the treatment and management behaviors required to stabilize the condition.
- We see concurrent untreated medical issues in the homeless population. While street outreach teams are serving those individuals, it is challenging work that would benefit from expansion.
- When people cannot afford to pay their co-pay, they stop taking their diabetic medication or their asthma medication.

Health Behaviors

Health Behaviors Ranking

The County Health Ranking examines healthy behaviors and ranks counties according to health behavior data. California has 58 counties, which are ranked from 1 (healthiest) to 58 (least healthy) based on indicators that include: adult smoking, obesity, physical inactivity, excessive drinking, sexually transmitted infections, and others. Butte County was ranked 36 among counties in California, placing it in the bottom half of counties. Glenn County (41st) and Yuba County (47th) are ranked even lower, while Sutter County, with a ranking of 26, is in the top half of California counties for healthy behaviors.

Health Behaviors Ranking

	Butte County	Glenn County	Sutter County	Yuba County
County ranking (out of 58)	36	41	26	47

Source: County Health Rankings, 2023 <http://www.countyhealthrankings.org>

Overweight and Obesity

In Butte County, 31% of adults, 9.7% of teens, and 21.8% of children were overweight. The rates of overweight are higher in Butte County children than the statewide average

Overweight

	Butte County	Sutter and Yuba Counties, Combined	California
Adults, ages 20 and older	31.0%	34.7%	33.9%
Teens, ages 12-17†	*9.7%	*21.9%	16.3%
Children, ages younger than 12	21.8%	19.8%	15.4%

Source: California Health Interview Survey, 2021-2023, pooled & †2018-2022, pooled. *Statistically unstable due to sample size. <https://healthpolicy.ucla.edu/our-work/askchis/>

The Healthy People 2030 objectives for obesity are for no more than 36% of adults, ages 20 and older, and 15.5% of children and teens, ages 2 to 19 to be obese. Adults (31.5%) in Butte County met the Healthy People 2030 objective, while teens (18.4%) did not. The rate of adult obesity in Sutter and Yuba Counties, combined, is higher still (42.7%).

Obesity

	Butte County	Sutter and Yuba Counties, Combined	California
Adults, ages 20 and older	31.5%	42.7%	29.2%
Teens, ages 12-17†	*18.4%	*16.3%	18.2%

Source: California Health Interview Survey, 2021-2023 & †2018-2022, pooled. *Statistically unstable due to sample size. <https://healthpolicy.ucla.edu/our-work/askchis/>

Between 2012 and 2023, the percentage of adults who were obese in Butte County and in the state rose steadily, while rising in Sutter and Yuba Counties, as well. The rates of obesity in the area are higher than the state average.

Obesity, Adults, Ages 20 and Older, 2012 - 2023

	2012-2014	2015-2017	2018-2020	2021-2023
Butte County	28.1%	28.7%	29.2%	31.5%
Sutter and Yuba Counties, combined	33.1%	34.8%	32.5%	42.7%
California	25.8%	27.9%	28.3%	29.2%

Source: California Health Interview Survey, 2012-2014, '15-'17, '18-'20, and '21-'23, pooled. <https://healthpolicy.ucla.edu/our-work/askchis/>

Among the groups for whom rates were available, American Indian or Alaska Native (87.9%) and Latino (70.2%) adults in Butte County were more likely to be overweight or obese compared to other races and ethnicities. In Sutter and Yuba Counties, combined, Black or African American residents also have a high rate of overweight or obesity (73.6%), and Asian residents have the lowest rate (55.1%).

Overweight and Obese, Adults, Ages 20 and Older, by Race and Ethnicity

	Butte County	Sutter and Yuba Counties, Combined	California
American Indian or Alaska Native	87.9%	*84.6%	72.9%
Latino	70.2%	74.0%	73.3%
Black or African American	**	73.6%	72.3%
Native Hawaiian or Pacific Islander	**	**	70.5%
Multiracial	*68.7%	72.5%	59.6%
White	60.9%	72.8%	59.1%
Asian	**	55.1%	40.6%
Total adult population	61.4%	71.3%	62.6%

Source: California Health Interview Survey, 2018-2023, pooled. <https://healthpolicy.ucla.edu/our-work/askchis/> *Statistically unstable due to small sample size. **Suppressed due to statistical instability related to small sample size.

Soda/Sugar-Sweetened Beverage (SSB) Consumption

Among Butte County children and adolescents, ages 2-17, 14.9% drank one or more glasses or cans of non-diet soda the day before and 44.9% drank one or more glasses or cans of a sugar-sweetened beverage (SSB), other than soda, the day before. Rates were higher in Sutter and Yuba Counties, combined.

Consumed 1 or More Sugar-Sweetened Beverages (SSBs) or Sodas Yesterday, Ages 2-17

	Butte County	Sutter and Yuba Counties, Combined	California
Drank \geq 1 SSB other than soda yesterday, 2-17	44.9%	48.6%	48.5%
Drank \geq 1 sugar-sweetened soda yesterday, 2-17+	14.9%	18.4%	22.2%

Source: California Health Interview Survey, 2021-2022, pooled. †2019-2020, pooled. <https://healthpolicy.ucla.edu/our-work/askchis/>

Adequate Fruit and Vegetables Consumption

In Butte County, 33.3% of children, ages 2 to 11, and 20.3% of teens, ages 12 to 17, eat five or more servings of fruits and vegetables daily (excluding juice and fried potatoes). 66.4% of Butte children and teens ate two or more servings of fruit the prior day. These rates are all higher than the rates in Sutter and Yuba Counties, combined, but lower than the statewide averages.

Daily Consumption of Fruits and Vegetables, Children and Teens

	Butte County	Sutter and Yuba Counties, Combined	California
5+ servings of fruits & vegetables daily, children 2 to 11	33.3%	25.8%	34.2%
5+ servings of fruits & vegetables daily, teens 12 to 17	*20.3%	*18.6%	27.8%
2+ servings of fruit daily, children and teens	66.4%	62.9%	68.0%

Source: California Health Interview Survey, 2018-2020, pooled. <https://healthpolicy.ucla.edu/our-work/askchis/> *Unstable due to sample size.

Sedentary Adults, Children and Teens

When asked whether they had participated in any physical activities or exercise outside of work in the past month, 23% of Butte County adults had not engaged in any leisure-time physical activity, compared to 22% statewide. The rates are even higher in Yuba County (25%) and Glenn and Sutter Counties (27%).

No Leisure Time Physical Activity, Past Month, Adults, Age-Adjusted

	Butte County	Glenn County	Sutter County	Yuba County	California
Percent	23%	27%	27%	25%	22%

Source: County Health Rankings, 2025 ranking, utilizing 2022 Behavioral Risk Factor Surveillance System (BRFSS) data. <http://www.countyhealthrankings.org>

Sedentary activities include time spent sitting and watching TV, playing computer games, talking with friends, or doing other sitting activities. Among Butte County children and teens, 32.2% spent five or more hours in sedentary activities on weekend days. This is lower than the statewide average (34.5%) and the rate in Sutter and Yuba Counties, combined (39.7%).

Sedentary Children and Teens, Ages 2 to 11, Weekend Days

	Butte County	Sutter and Yuba Counties, Combined	California
2 to <3 hours	*15.9%	16.5%	20.4%
3 to <5 hours	41.2%	25.3%	29.2%
5 or more hours	*32.2%	39.7%	34.5%

Source: California Health Interview Survey, 2018-2020, pooled. <https://healthpolicy.ucla.edu/our-work/askchis/> *Unstable due to sample size.

Exercise Opportunities

Proximity to exercise opportunities can increase physical activity in a community. 82% of Butte County residents live near exercise opportunities, while only 70% of Glenn County residents do.

Adequate Access to Exercise Opportunities

	Butte County	Glenn County	Sutter County	Yuba County	California
Percent	82%	70%	82%	84%	94%

Source: County Health Rankings, 2025 ranking, utilizing 2020, 2022 and 2024 combined data. <http://www.countyhealthrankings.org>

Community Input on Overweight and Obesity

Stakeholders shared that resources and access for healthy eating and physical activity are challenging.

- Our community sees that the lower income populations have higher rates of obesity and more chronic medical issues related to obesity. The high cost of healthy food makes it difficult for communities to feed whole families with high nutritional value meals.
- Community centers and recreation departments don't offer as many activities as they used to, which helped with keeping people physical active and socially engaged.

Sexually Transmitted Infections

The rate of chlamydia in 2023, in Butte County, was 489.2 cases per 100,000 persons. The rate of gonorrhea in the county was 133.1 cases per 100,000 persons. The rate of primary and secondary syphilis in the county was 35 cases per 100,000 persons. The rate of early latent syphilis in the county was 18.5 cases per 100,000 persons, and the rate of late or unknown-duration syphilis was 27.2 cases per 100,000 residents. With the exception of early latent and congenital syphilis, the rates of diagnosis for all listed sexually transmitted infections (STIs) in Butte County fell from 2021 to 2023, and with the exceptions of primary/secondary and congenital syphilis, all rates for 2023 were lower than state rates. The rate of congenital syphilis among county newborns was 245.6 cases per 100,000 live births in the county versus 128.9 cases per 100,000 live births at the state level. The rates in all other service area counties in 2023 were lower than Butte County's rates for all STIs, with the exceptions of late or unknown duration syphilis and congenital syphilis in Sutter and Yuba Counties.

In Butte County in 2022, women had higher rates of syphilis than men, making up 69% of reported cases, and statewide cases were highest in women ages 20 to 24. County women and men in 2022 had similar rates of gonorrhea (172.9 cases per 100,000 women and 183.8 cases per 100,000 men), and statewide cases were highest in those aged 20 to 34. Butte County men and women in 2022 had

virtually identical rates of total early syphilis; statewide, the highest rates were in those aged 30 to 34. Demographic breakdowns are not currently available by county for 2023 data.

STI, Cases and Rates, per 100,000 Persons or per 100,000 Live Births

	Butte County				Glenn County			
	Cases		Rate		Cases		Rate	
	2021	2023	2021	2023	2021	2023	2021	2023
Chlamydia	1,036	1,007	502.6	489.2	57	91	198.5	324.5
Gonorrhea	466	274	226.1	133.1	25	15	87.1	53.5
Primary and secondary syphilis	98	72	47.5	35.0	6	6	20.9	21.4
Early latent syphilis	25	38	12.1	18.5	0	1	0.0	3.6
Late/unknown duration syphilis	60	56	29.1	27.2	1	6	3.5	21.4
Congenital syphilis by year of birth	3	5	156.7	245.6	0	0	0.0	0.0

Source: California Department of Public Health, STD Control Branch, 2023 STD Surveillance Report. <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/STD-Data.aspx>

STI, Cases and Rates, per 100,000 Persons or per 100,000 Live Births

	Sutter County				Yuba County				California	
	Cases		Rate		Cases		Rate		Rate	
	2021	2023	2021	2023	2021	2023	2021	2023	2021	2023
Chlamydia	213	285	215.1	290.4	333	278	404.8	333.7	486.6	489.7
Gonorrhea	150	82	151.5	83.5	179	93	217.6	111.6	231.4	189.7
Primary and secondary syphilis	42	10	42.4	10.2	38	14	46.2	16.8	22.4	16.3
Early latent syphilis	25	10	25.2	10.2	28	10	34.0	12.0	21.4	19.1
Late/unknown duration syphilis	41	40	41.4	40.8	58	42	70.5	50.4	34.6	46.5
Congenital syphilis by year of birth	2	4	164.2	327.6	6	3	495.0	279.9	121.5	128.9

Source: California Department of Public Health, STD Control Branch, 2023 STD Surveillance Report. <https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/STD-Data.aspx>

In 2022 the rate of new HIV cases in Butte County was 7 cases per 100,000 persons. The advent of the COVID-19 Pandemic interrupted many types of care, and the percentage of persons in area counties with diagnosed HIV who were receiving care dropped and have not yet returned to pre-Pandemic levels. In Butte County, 80.6% of diagnosed persons in 2019 were receiving care, and in 2022 the rate was 78.4%. The percent who were virally suppressed also dropped, from 19.4% to 14.3%, as compared to the statewide rate of 64.7% suppressed. Suppression rates in Glenn County (30%), Sutter County (38.1%) and Yuba County (39.8%) are also low. The Ending the HIV Epidemic in the U.S. (EHE) goals are to increase linkage to care and viral suppression to 95% by 2025. Rates of death among persons diagnosed with HIV rose from 2019 to 2022 in Butte County as well as the state, but are lower for the county.

HIV, Cases and Rates, per 100,000 Persons

	Butte County		California	
	2019	2022	2019	2022
Number of newly diagnosed cases	10	16	4,632	4,882
Rate of new diagnoses	4.7	7.0	11.6	12.2
Number of persons living with diagnosed HIV/AIDS	263	273	137,886	142,772
Rate of HIV	122.6	119.9	346.8	355.6
Percent in care	80.6%	78.4%	75.0%	73.7%
Percent virally suppressed	19.4%	14.3%	65.3%	64.7%
Deaths per 100k HIV+ persons	4.2	4.4	4.6	5.4

Source: California Department of Public Health, Office of AIDS, California HIV Surveillance Report, 2019 & 2022.

https://www.cdph.ca.gov/Programs/CID/DOA/Pages/OA_case_surveillance_reports.aspx

HIV, Cases and Rates, per 100,000 Persons

	Glenn County		Sutter County		Yuba County	
	2019	2022	2019	2022	2019	2022
Number of newly diagnosed cases	0	0	8	3	4	2
Rate of new diagnoses	0.0	0.0	7.8	3.0	5.1	2.5
Number of persons living with diagnosed HIV/AIDS	22	20	110	126	94	113
Rate of HIV	75.7	68.5	107.0	126.3	120.4	143.6
Percent in care	77.3%	70.0%	78.4%	75.4%	73.6%	70.8%
Percent virally suppressed	22.7%	30.0%	56.8%	38.1%	56.0%	39.8%
Deaths per 100k HIV+ persons	0.0	0.0	1.0	1.0	1.3	1.3

Source: California Department of Public Health, Office of AIDS, California HIV Surveillance Report, 2019 & 2022.

https://www.cdph.ca.gov/Programs/CID/DOA/Pages/OA_case_surveillance_reports.aspx

Teen Sexual History

In Butte County, 22% of teens ages 14 to 17, whose parents gave permission for the question to be asked, reported they had had sex. 33% of teen females in in Butte County reported having sex at least once, while 15.5% of teen males did. These rates are higher than the rates in Sutter and Yuba Counties combined, which are in turn higher than the state averages.

Sexual Activity Teens, Ages 14-17

	Butte County	Sutter and Yuba Counties, Combined	California
Ever had sex	*22.0%	*11.5%	10.0%
Ever had sex, male	*15.5%	*12.7%	9.4%
Ever had sex, female	*33.0%	*12.9%	10.5%

Source: California Health Interview Survey, 2019-2022, pooled. <https://healthpolicy.ucla.edu/our-work/askchis/> *Unstable due to sample size.

Mental Health

Adult Mental Health

In Butte County, 20.3% of adults experienced serious psychological distress in the past year, and 31.7% of adults said they needed help for emotional, mental health, alcohol, or drug issues in the past year. However, 33.8% of those who sought help did not receive treatment. The Healthy People 2030 objective is for 68.8% of adults with a serious mental disorder to receive treatment (a maximum of 31.2% who do not receive treatment). Rates of distress and needing help were higher for Butte County and Sutter and Yuba Counties (combined) than the state.

Mental Health Indicators, Past Year, Adults, Ages 18 and Older

	Butte County	Sutter and Yuba Counties, Combined	California
Adults who likely had serious psychological distress	20.3%	18.7%	15.7%
Needed help for emotional-mental health problems and/or use of alcohol-drug issues	31.7%	24.6%	25.0%
Sought help and received treatment	66.2%	60.4%	56.4%
Sought help but did not receive treatment	33.8%	39.6%	43.6%

Source: California Health Interview Survey, 2021-2023, pooled. <https://healthpolicy.ucla.edu/our-work/askchis/>

In Butte County, 4.9% of senior adults had serious psychological distress in the past year, and 12.6% needed help for emotional, mental health, alcohol, or drug issues. 49.3% of those in Butte County who needed and sought help did not receive treatment.

Mental Health Indicators, Past Year, Senior Adults, Ages 65 and Older

	Butte County	Sutter and Yuba Counties, Combined	California
Senior adults who likely had serious psychological distress	4.9%	7.5%	4.8%
Needed help for emotional-mental health problems and/or use of alcohol-drug issues	12.6%	9.3%	10.5%
Sought help and received treatment	50.7%	*65.1%	59.5%
Sought help but did not receive treatment	49.3%	*34.9%	40.5%

Source: California Health Interview Survey, 2021-2023, pooled. <https://healthpolicy.ucla.edu/our-work/askchis/> *Unstable due to sample size.

In Butte County, 24.9% of adults have been told they had a depressive disorder (depression, major depression, dysthymia) or minor depression. This rate is higher than the state rate of 20.8%, as are the rates in the other service area counties.

Depressive Disorder, Adults, Age-Adjusted

	Butte County	Glenn County	Sutter County	Yuba County	California
Ever told they had a depressive disorder	24.9%	24.0%	22.5%	23.7%	*20.8%

Source: U.S. Centers for Disease Control (CDC), Behavioral Risk Factor Surveillance System (BRFSS), PLACES Project 2024, 2022 data year. <https://chronicdata.cdc.gov/500-Cities-Places/PLACES-Local-Data-for-Better-Health-County-Data-20/swc5-untb>

* Weighted average of county rates.

Among Butte County adults who had seen a professional in the past 12 months for problems with mental health, emotions, or nerves, 22.2% visited a primary care physician only, and 45.1% visited a mental health professional only, while 32.6% had seen both a primary care physician and a mental health professional. Residents of Sutter and Yuba Counties, combined, were more likely to have seen only a primary care physician, or to have seen both professionals, than residents of Butte County.

Type of Provider Giving Care for Mental and Emotional Issues in the Past Year, Adults

	Butte County	Sutter and Yuba Counties, Combined	California
Primary care physician only	22.2%	32.6%	22.1%
Mental health professional only	45.1%	30.4%	38.8%
Both	32.6%	37.0%	39.1%

Source: California Health Interview Survey, 2021-2023, pooled. <https://healthpolicy.ucla.edu/our-work/askchis/>

The percentage of Butte County adults, aged 18 to 64, who ever seriously considered committing suicide was 33.7%, and 14% of that county's senior adults had seriously contemplated suicide. These rates are higher than Sutter and Yuba Counties (combined), and the statewide averages.

Seriously Thought about Committing Suicide, Adults

	Butte County	Sutter and Yuba Counties, Combined	California
Adults, ages 18-64, ever seriously thought about committing suicide	33.7%	21.9%	21.6%
Senior adults, ages 65 and older, ever seriously thought about committing suicide	14.0%	13.2%	10.7%

Source: California Health Interview Survey, 2021-2023, pooled. <https://healthpolicy.ucla.edu/our-work/askchis/>

Suicidal ideation (ever) in Butte County is higher for women (29.9%) than men (21.7%) and is higher among residents who identify as bisexual (60.6%) and lowest among those who identify as heterosexual (18.1%). The rate of suicidal ideation in the county is highest in young adults, ages 18 to 24 (45.2%) and falls with age. The highest rates are among non-Latino multiracial residents (32.2%) and White residents (28%), and lowest among surveyed non-Latino Black residents, 1.4% of whom had ever seriously considered suicide, though this rate is unstable due to a small sample size.

Suicidal Ideation, Adults, by Demographics, Butte County

	Butte County
Male	21.7%
Female	29.9%
Bisexual†	60.6%
Gay, lesbian, or homosexual†	*42.0%
Not sexual/celibate/none/other†	38.4%
Heterosexual†	18.1%
18 to 24 years old	45.2%
25 to 39 years old	30.5%
40 to 64 years old	23.5%
65 to 79 years old	12.5%
80 or older	*4.3%
Multiracial, non-Latino	*32.2%
White, non-Latino	28.0%
American Indian or Alaska Native, non-Latino	*26.5%
Latino	25.8%
Asian	*9.9%
Black or African American	*1.4%
Total	26.1%

Source: California Health Interview Survey, 2019-2023 or †2019-2022, pooled. <https://healthpolicy.ucla.edu/our-work/askchis> *Statistically unstable due to sample size.

Youth Mental Health

40.2% of Butte County’s teens said that they had suffered serious psychological distress in the prior year, and 49% said that they’d needed help for emotional or mental health problems in the prior year. 30% of Butte County teens received psychological or emotional counseling in the past year. These rates are all higher than Sutter and Yuba Counties (combined), which are higher than the statewide averages.

Mental Health Indicators, Past Year, Teens, Ages 12 to 17

	Butte County	Sutter and Yuba Counties, Combined	California
Likely had serious psychological distress	40.2%	31.8%	30.1%
Needed help for emotional or mental health problems	49.0%	37.7%	33.5%
Received psychological or emotional counseling	30.0%	20.7%	19.5%

Source: California Health Interview Survey, 2021-2023, pooled. <https://healthpolicy.ucla.edu/our-work/askchis/>

In Butte County, 34% of surveyed 7th graders, 40% of 9th graders and 42% of 11th graders said they had experienced chronic feelings of sadness or hopelessness in the previous year. These rates are higher than those in other area counties, and the rates for 7th and 9th graders are higher than state rates.

Chronic Sadness or Hopelessness, Teens

	7 th Grade	9 th Grade	11 th Grade
Butte County	34%	40%	42%
Glenn County	32%	37%	35%
Sutter County	31%	33%	41%
Yuba County	32%	38%	37%
California	32%	37%	42%

Source: California Healthy Kids Survey, Public Dashboards, 2021-2023. <https://calschls.org/my-surveys/>

In 2020, in Butte County, there were 1.8 hospitalization admissions due to mental health issues per 1,000 residents, ages 5 to 14. Among Butte County youth, ages 15 to 19, there were 5.4 hospitalizations per 1,000 persons. These rates are lower than the Sutter County, Yuba County, and state hospitalization rates due to mental health issues among those age groups. Rates fell in Butte and Sutter Counties and the state from 2019 to 2020, potentially from the influence of the COVID-19 Pandemic.

Hospital Discharges for Mental Health Issues, per 1,000 Children and Youth

	Ages 5 to 14		Ages 15 to 19	
	2019	2020	2019	2020
Butte County	2.3	1.8	6.4	5.4
Sutter County	3.7	3.6	10.9	7.5
Yuba County	3.1	3.5	11.9	11.9
California	2.8	2.5	9.8	9.1

Source: California Department of Statewide Health Planning and Development special tabulation, 2021 via <http://www.kidsdata.org>

In Butte County, 17% of surveyed 7th graders, 19% of 9th graders and 18% of 11th graders had considered suicide in the previous year. These rates are higher than state rates, as well as rates in the other area counties.

Seriously Considered Suicide, Teens

	7 th Grade	9 th Grade	11 th Grade
Butte County	17%	19%	18%
Glenn County	11%	14%	14%
Sutter County	15%	13%	17%
Yuba County	16%	17%	12%
California	14%	15%	16%

Source: California Healthy Kids Survey, Public Dashboards, 2021-2023. <https://calschls.org/my-surveys/>

Online Mental Health Tools

Among Butte County adults and teens, 9.9% sought help from an online tool (mobile apps or texting services) for mental health, emotions, or use of alcohol and/or drugs in the past 12 months. 10.6% of adults and teens in Butte County connected online with a mental health professional and 9.2% connected with people with similar issues or status. These rates were higher than state averages, and rates were lower in Sutter and Yuba Counties (combined) than in Butte County. Female residents of

Butte County (11%) were more likely than male (8.2%) to seek help from an online tool, connect online with mental health professionals (14% vs. 6.5% for males), or connect online with peers (11% vs. 6.7%). In general, online mental health utilization in Butte County declined with age.

Online Mental Health Utilization, Adults and Teens

	Butte County	Sutter and Yuba Counties, Combined	California
Sought help from an online tool	9.9%	5.9%	7.7%
Connected with a mental health professional online in last 12 months	10.6%	7.7%	8.2%
Connected online with people with similar mental health or alcohol/drug status	9.2%	7.3%	6.0%

Source: California Health Interview Survey, 2020-2022, pooled. <https://healthpolicy.ucla.edu/our-work/askchis/>

Community Input on Mental Health

Stakeholders outlined specific gaps in the care system to meet the needs of the population that requires stepped-up psychiatric care, along with a shortage of health professionals, especially those that can provide in-language and in-culture care. Youth and seniors were called-out for increased needs. Trauma, suicide and domestic violence are all impacting mental health in the region’s communities.

- There are several gaps in the system, particularly around psychiatric hospitalizations, although there are efforts underway to meet community needs, including more psychiatric beds for youth, a mental health rehabilitation center and Oroville Hospital’s psychiatric residency program.
- The biggest barriers are the shortage of behavioral health professionals, and the limited access for uninsured and underinsured patients.
- Language and cultural barriers keep people from seeking mental health services.
- Trauma is a major issue impacting people’s mental health, especially from experiencing ongoing fires and fire danger. The community has suffered from lost homes to lost loved ones.
- The older adult population is experiencing a growing need for mental health and addiction- related services. Loneliness is common among older adults, many of whom did not bounce back to social norms of congregate meals after the pandemic. Older adults are more resistant than before to participate in group activities and leave their homes.
- The region is struggling with increased suicide deaths and increased domestic violence.

Substance Use and Misuse

Cigarette Smoking

In Butte County, 6.4% of adults smoke cigarettes, which is higher than the state rate and the Healthy People 2030 objective (both 6.1%). 25.8% of Butte County residents are former smokers. 67.8% of Butte County adult smokers were thinking of quitting in the next 6 months. 39.5% of Butte County adults, ages 18 to 64, had smoked an e-cigarette, and 12.4% had done so in the past month.

Cigarette Smoking, Adults

	Butte County	Sutter and Yuba Counties, Combined	California
Current smoker	6.4%	9.8%	5.6%
Former smoker	25.8%	21.7%	19.3%
Never smoked	67.8%	68.4%	75.1%
Thinking about quitting in the next 6 months	67.8%	61.2%	64.9%
Ever smoked an e-cigarette (all adults 18-64)	39.5%	25.9%	21.2%
Smoked an e-cigarette in the past 30 days (adults 18-64)	12.4%	7.5%	6.0%

Source: California Health Interview Survey, 2021-2023, pooled. <https://healthpolicy.ucla.edu/our-work/askchis/>

Approximately 2.8% of Butte County teens are current cigarette smokers, and 6% had smoked an e-cigarette in the past 30 days. No teen interviewed in Sutter and Yuba Counties admitted to being a current smoker of cigarettes, but 4.4% had smoked an e-cigarette in the prior 30 days.

Smoking, Teens

	Butte County	Sutter and Yuba Counties, Combined	California
Current cigarette smoker	*2.8%	*0.0%	0.6%
Smoked an e-cigarette in the past 30 days	*6.0%	*4.4%	3.2%

Source: California Health Interview Survey, 2019-2023. <https://healthpolicy.ucla.edu/our-work/askchis/> *Unstable due to sample size.

Alcohol and Drug Use

Binge drinking is defined as consuming a certain amount of alcohol within a set period of time. For males this is five or more drinks per occasion and for females it is four or more drinks per occasion. 21.3% of Butte County adults had engaged in binge drinking in the past month, which was higher than the state rate (18.3%). The Healthy People 2030 objective is for no more than 25.4% of adults to have binge drunk in the prior month, which both Butte County and the combined Sutter and Yuba Counties do meet.

Alcohol Consumption, Binge Drinking, Adult

	Butte County	Sutter and Yuba Counties, Combined	California
Reported binge drinking in the past month	21.3%	17.0%	18.3%

Source: California Health Interview Survey, 2021-2023 pooled. <http://ask.chis.ucla.edu/>

24.3% of Butte County teens have tried alcohol, and 4.9% engaged in binge drinking in the past month. This is a slightly higher rate of alcohol use, and abuse, than state rates. Teens in Sutter and Yuba Counties, combined, are less likely to have tried (21.9%) or have binge-drunk in the past month (1.2%).

Teen Binge Drinking and Alcohol Experience

	Butte County	Sutter and Yuba Counties, Combined	California
Teen binge drinking, past month	*4.9%	*1.2%	4.3%
Teen ever had an alcoholic drink	24.3%	21.9%	21.9%

Source: California Health Interview Survey, 2019-2023 pooled. <https://healthpolicy.ucla.edu/our-work/askchis/> *Unstable due to sample size.

Marijuana Use

Marijuana use became legal in the state of California (while remaining illegal at the Federal level) in 2017. 30.7% of adults in Butte County have used marijuana in the previous month, and an additional 11.2% have used it within the past year but not within the past month. 3% of Butte County 7th graders surveyed said that they had used marijuana within the past month, with that rate rising to 8% by 9th grade, and 16% by 11th grade. Rates of marijuana usage are higher for Butte County than the state.

Marijuana Use, Adults

	Butte County	Sutter and Yuba Counties, Combined	California
Used marijuana within the past month	30.7%	16.1%	17.0%
Used marijuana within the past year but not within the past month	11.2%	7.3%	8.2%

Source: California Health Interview Survey, 2021-2023 pooled. <http://ask.chis.ucla.edu/>

Marijuana Use, Past 30 Days, Teens

	7 th Grade	9 th Grade	11 th Grade
Butte County	3%	8%	16%
Glenn County	2%	6%	7%
Sutter County	2%	9%	10%
Yuba County	3%	7%	6%
California	2%	6%	12%

Source: California Healthy Kids Survey, Public Dashboards, 2021-2023. <https://calschls.org/my-surveys/>

Opioid Use

The rate of hospitalizations due to opioid overdose, excluding heroin, was three times as high in Butte County as the state: 45.1 per 100,000 persons, versus 15. Emergency Room visits due to opioid overdose other than heroin overdose in Butte County were 87.9 per 100,000 persons, which is about 1.5 times the state rate (58.7 ER visits per 100,000 persons). The rate of opioid prescriptions in Butte County was 526.5 per 1,000 persons and climbing, versus 296.0, which was a slight decrease, for California.

Opioid Use, Age-Adjusted Rates, per 100,000 Persons (Prescriptions per 1,000 Persons)

	Butte County	Glenn County	Sutter County	Yuba County	California
Hospitalization rate for opioid overdose (excludes heroin)	45.1	27.6	14.1	10.4	15.0
ER visits for opioid overdose (excludes heroin)	87.9	29.3	121.5	106.3	58.7
Opioid prescriptions, per 1,000 persons	526.5	499.2	495.6	564.9	296.0

Source: California Office of Statewide Health Planning and Development, via CA Department of Public Health, California Opioid Overdose Surveillance Dashboard, 2025; data from 2023. <https://skylab.cdph.ca.gov/ODdash/>

Community Input on Substance Use and Misuse

Stakeholders expressed the need for more treatment options for substance use and misuse. They also shared that poverty and economic instability were contributors to high rates of substance use, leading to family conflict and dysfunction.

- The region has a shortage of addiction treatment services, especially inpatient services. While more resources have become available, including a sobering center and medication assisted treatment, many people that need help are not seeking care, often because of stigma.
- Economic instability can be a driver of substance use. Being unable to meet basic needs can feel overwhelming.
- Butte County has high rates of, particularly around meth and alcoholism. But now we're seeing more fentanyl and other drugs entering our county, which are contributing to more family dysfunction and conflict.

Preventive Practices

Immunization of Children

Only two school districts in the primary service area did not surpass the state’s rate: Palermo Union Elementary School District (91.2%) and Marysville Joint Unified School District (91.1%). Please see the table for additional school district and county details.

Up-to-Date Immunization Rates of Children Entering Kindergarten, 2022-2023*

School District	Immunization Rate
Bangor Union Elementary School District	N/A
Biggs Unified School District	95.7%
Durham Unified School District	93.9%
Golden Feather Union Elementary School District	N/A
Gridley Unified School District	97.8%
Manzanita Elementary School District	95.6%
Marysville Joint Unified School District	91.1%

School District	Immunization Rate
Oroville City Elementary School District	96.3%
Palermo Union Elementary School District	91.2%
Pioneer Union Elementary School District	98.7%
Butte County	94.1%
Glenn County	79.2%
Sutter County	74.4%
Yuba County	91.1%
California	93.9%

Source: California Department of Public Health, Immunization Branch, 2022-2023. *For those schools where data were not suppressed due to privacy concerns over small numbers. N/A = Suppressed due to small sample size.

<https://data.chhs.ca.gov/dataset/school-immunizations-in-kindergarten-by-academic-year>

Flu Vaccine

The Healthy People 2030 objective is for 70% of the population to receive a flu shot. 33.8% of Butte County adults received a flu shot during the 2022 survey year.

Flu Vaccines

	Butte County	Glenn County	Sutter County	Yuba County	California
Received flu vaccine, ages 6 mo. to 17 years	N/A	N/A	N/A	N/A	60.1%
Received flu vaccine, ages 18 to 64 years	33.8%	39.3%	37.7%	30.3%	34.5%
Received flu vaccine, ages 65 and older					64.7%

Source: U.S. Centers for Disease Control (CDC), FluVaxView Interactive!, 2022 survey year (for county), 2021-2022 season (for state). N/A = Not Available. <https://www.cdc.gov/fluview/interactive/general-population-coverage.html>

Cholesterol Screening

In Butte County, 82.9% of adults were compliant with checking their cholesterol within the last 5 years, which is lower than the state rate of screening (85%), as were the rates in the other area counties.

Cholesterol Screening in Past 5 Years, Adults, Age-Adjusted

	Butte County	Glenn County	Sutter County	Yuba County	California
Checked cholesterol within the past 5 years	82.9%	81.4%	81.2%	82.5%	*85.0%

Source: U.S. Centers for Disease Control (CDC), Behavioral Risk Factor Surveillance System (BRFSS), PLACES Project 2024, 2021 data year. <https://chronicdata.cdc.gov/500-Cities-Places/PLACES-Local-Data-for-Better-Health-County-Data-20/swc5-untb> *Weighted average of California county rates.

Pap Smears

The Healthy People 2030 objective is for 79.2% of women, ages 21 to 65, to have a Pap smear in the past three years. Butte County's rate (82%) is slightly above California's (81.2%), and does meet the Healthy People 2030 objective, as do the rates in the other service area counties.

Pap Test in Past Three Years, Women, Ages 21-65

	Butte County	Glenn County	Sutter County	Yuba County	California
Received pap test in the past 3 years	82.0%	81.2%	79.3%	80.9%	*81.2%

Source: U.S. Centers for Disease Control (CDC), Behavioral Risk Factor Surveillance System (BRFSS), PLACES Project 2023, 2020 data year. <https://chronicdata.cdc.gov/500-Cities-Places/PLACES-Local-Data-for-Better-Health-County-Data-20/swc5-untb> *Weighted average of California county rates.

Mammograms

The Healthy People 2030 objective for mammograms is for 80.3% of women, ages 50-74, to have had a mammogram in the past two years. In Butte County, 73.1% of women in this age group had obtained a mammogram in the prior two years, which does not meet the objective. None of the area counties meet the objective, and all are below the state average of 75.3%.

Mammograms, Women, Ages 50-74

	Butte County	Glenn County	Sutter County	Yuba County	California
Received mammogram in the past 2 years	73.1%	71.5%	72.0%	76.1%	*75.3%

Source: U.S. Centers for Disease Control (CDC), Behavioral Risk Factor Surveillance System (BRFSS), PLACES Project 2024, 2022 data year. <https://chronicdata.cdc.gov/500-Cities-Places/PLACES-Local-Data-for-Better-Health-County-Data-20/swc5-untb> *Weighted average of California county rates.

Colorectal Cancer Screening

In Butte County the reported rate of colorectal cancer screening was 56.7%. This is higher than the rate in other area counties, but does not meet the Healthy People 2030 objective for a colorectal cancer screening rate of 68.3%.

Colorectal Cancer Screening, Adults, Ages 50-75, Age-Adjusted

	Butte County	Glenn County	Sutter County	Yuba County	California
Screening sigmoidoscopy, colonoscopy, or Fecal Occult Blood Test	56.7%	52.3%	49.6%	53.4%	*53.5%

Source: U.S. Centers for Disease Control (CDC), Behavioral Risk Factor Surveillance System (BRFSS), PLACES Project 2024, 2022 data year. <https://chronicdata.cdc.gov/500-Cities-Places/PLACES-Local-Data-for-Better-Health-County-Data-20/swc5-untb> *Weighted average of California county rates.

Community Input on Preventive Healthcare

Stakeholders shared about vaccine hesitancy, the challenges with getting people to engage in preventive health care, and the lack of prenatal care in the community.

- Vaccine hesitancy is very prevalent in Butte County, which has the downstream impact of people becoming more ill.
- We see that people will make sure their children receive appropriate care, but are not caring for themselves, especially for adults who are working full time, sometimes in the rural parts of the region in agricultural jobs. Often, we see people waiting until their health concerns become a emergency.
- We have no prenatal care or family planning in the county.

Evaluation of Impact

Oroville Hospital developed and approved a CHNA Action Plan as part of the 2022 CHNA process. Based on the health needs from 2022 CHNA, the hospital addressed the following Health Focus areas over the past three (3) years:

Access to Affordable Healthcare	Substance Abuse
Heart Health	Obesity and Diabetes
Mental Health	Poverty

The following section outlines the health needs addressed since the completion of the 2022 CHNA.

Priority Health Needs	Strategies Implemented
Affordable Healthcare	<p>Access</p> <p>Oroville Hospital reduced accessibility barriers to vaccines through drive-through flu clinics, making it easier for those who may be more vulnerable and older generations, to receive vaccines. Drive-through access protects the whole community. The annual flu events were held in October and November of 2024, providing over 500 vaccines to the community. Vaccinations were available to community members 12 years and older, from the comfort of their vehicles. A booth was also available for walk-up flu vaccination.</p> <p>Expansion</p> <p>With a large patient base traveling from the Yuba City area, in 2023, Oroville Hospital opened the Yuba City Multispecialty Clinic, offering great outlets for comprehensive care. Yuba City Multispecialty provides a seamless continuum of care, ensuring that health needs are met comprehensively under one clinic. Currently the Yuba City Multispecialty is offering: Primary Care Services, Ophthalmology, Orthopedic Surgery, Urology, and Vascular Surgery.</p>
Heart Health	<p>Chronic Disease Monitoring and Management</p> <p>Oroville Hospital’s heart health programs provided resources, education and treatment. Living with chronic illnesses can be hard on individuals. Extra support is provided through Oroville Hospital’s Chronic Care Management. (CCM) and Remote Patient Monitoring (RPM) programs. Both programs focus on prevention education, screenings and medication management.</p>

Priority Health Needs	Strategies Implemented
	<p>Cardiology Program Additionally, the expansion of Oroville’s cardiology program included the Cardiac Cathertization Lab, providing comprehensive cardiovascular care they need.</p> <p>Farmers Market Oroville Hospital hosted a weekly farmers market from May through September. The market, which accepts EBT payment, allows members of the community access to fresh and healthy foods while being able to support local farmers and vendors. The program is a response to the health needs of the community.</p>
Mental Health	<p>Mental Well-Being Clinic Due to the limited mental health services in Butte County, the Oroville Hospital Mental Well Being Clinic increased accessibility to needed mental health services by offering pediatric and adult psychological assessments, psychotherapy and medication management.</p> <p>Transportation Oroville Hospital provided inpatient transport to local psychiatric care hospitals. Drivers are crisis intervention-certified and available 24 hours a day, 7 days a week. The hospital transports over 4,000+ people annually to needed services.</p> <p>Support Groups Oroville Hospital supported the monthly Stroke and Brain Injury Support Group and the monthly Cancer Support Group. Both groups are free and open to survivors, caregivers, friends, and family, providing a safe space for individuals to heal and connect with others who share similar experiences. The support groups are educational, while still providing members the ability to have fun through music and group activities. Both the Cancer and Stroke and Brain Injury Support groups met monthly throughout the year.</p> <p>Psychiatry Residency Program Mental health services have been identified as a need to the Oroville and surrounding communities, due to limited available providers and services available. Because of this access gap, Oroville Hospital announced its intention to be an accredited Psychiatry Residency program through the</p>

Priority Health Needs	Strategies Implemented
	<p>American Council of Graduate Medical Education. The Psychiatry Residency program launched in July 2025 with 10 residents, and has been approved for a total of 24 residents by 2027. The psychiatric units will offer structured, multidisciplinary treatment programs that include intensive treatment, social services, and recreational therapy. Residents in the program will rotate through various specialties, including Adult Inpatient Medicine, Consultation-Liaison Psychiatry, Emergency Psychiatry, Inpatient Psychiatry, Addiction Psychiatry, Geriatric Psychiatry, Child and Adolescent Psychiatry, and elective rotations. During their training at Oroville Hospital, residents will be supervised and educated by board-certified and licensed physicians, gaining valuable skills and knowledge in the field of psychiatry. With the residency program, this means physicians will be able to complete their residency program here locally, where they can then build their practice and bring the much needed services and programs to Butte County and the surrounding communities.</p>
<p>Substance Abuse</p>	<p>Pain Management</p> <p>The region has elevated usage rates of alcohol, marijuana and prescription pain killer. Recognizing that, chronic pain visits to Oroville Hospital’s Emergency were responded to with alternatives to controlled substances, through referrals to the Comprehensive Pain and Spine Center, where treatment is closely monitored to ensure the safe use of pain medications, when needed. The Comprehensive Pain and Spine Center provided two programs, one treats addictive disorders and the other treats patients with chronic pain, delivering specialized medical and behavioral services, including counseling, as needed.</p>
<p>Obesity and Diabetes</p>	<p>Education</p> <p>Oroville Hospital’s healthcare services include tailored nutrition education to support a healthier lifestyle. Pediatric clinics provide comprehensive education materials to families on lifestyle changes from the California Department of Public Health.</p> <p>Surgery Access</p> <p>Recognizing the need for more support and assistance in the community, Oroville Hospital launched a Bariatric surgery service line to offer accelerated weight loss options. This minimally invasive surgery is a tool that makes it easier for an individual to lose excess weight when other</p>

Priority Health Needs	Strategies Implemented
	<p>weight loss programs and medications, have been insufficient. Bariatric Surgery Treats Morbid Obesity, Diabetes Mellitus II, Obstructive Sleep Apnea, Hypertension Fatty Liver Disease, Degenerative Joint Disease, Coronary Artery Disease.</p>
<p>Poverty</p>	<p>Plumas House Oroville Hospital operates Plumas House, a care facility established to assist displaced or homeless patients following their discharge from the hospital. Plumas House offers a safe and supportive environment for patients to heal. In FY24, 78 Plumas House residents had 24/7 direct care, daily meal service, transportation to medical and dental appointments, and access to resources to help meet their needs.</p> <p>Economic Security Oroville Hospital remains one of the largest employers in Butte County. With about 2,000 employees, the hospital delivered economic stability for employees and local businesses, which benefit from the demands of a large organization. The hospital employs a large number of skilled and unskilled workers, giving those with lower education levels a steady career with health insurance benefits, along with the ability to provide for themselves and their families. In the coming years, Oroville Hospital will be expanding this growth exponentially with the completion of the new 5-story tower. It is estimated that with the expansion, the hospital will be able to provide an additional 700 high quality jobs.</p> <p>Food Security Through donations of food and basic needs supplies, Oroville Hospital donated to community-based organizations on an ongoing basis, as well as holiday-specific.</p>

Attachment 1: Benchmark Comparisons

Healthy People 2030 identifies public health priorities to help individuals, organizations, and communities across the United States improve health and well-being. Healthy People 2030, the initiative's fifth iteration, builds on knowledge gained over the first four decades. Where data were available, hospital service area health and social indicators were compared to the Healthy People 2030 objectives. The **bolded items** are indicators that did not meet established benchmarks; non-bolded items meet or exceed benchmarks.

Indicators	Service Area Data	Healthy People 2030 Objectives
High school graduation rate	84.7% - 98.6%	90.7%
Child health insurance rate	96.9%	92.4%
Adult health insurance rate	88.9%	92.4%
Unable to obtain medical care	10.5%	5.9%
Ischemic heart disease deaths	78.8	71.1 per 100,000 persons
Cancer deaths	148.9	122.7 per 100,000 persons
Colon/rectum cancer deaths	13.4	8.9 per 100,000 persons
Lung cancer deaths	37.0	25.1 per 100,000 persons
Female breast cancer deaths	20.9	15.3 per 100,000 persons
Prostate cancer deaths	24.1	16.9 per 100,000 persons
Stroke deaths	38.8	33.4 per 100,000 persons
Unintentional injury deaths	88.1	43.2 per 100,000 persons
Suicides	15.2	12.8 per 100,000 persons
Liver disease (cirrhosis) deaths	21.7	10.9 per 100,000 persons
Homicides	3.9	5.5 per 100,000 persons
Drug-overdose deaths	65.6 (crude rate)	20.7 per 100,000 persons
Overdose deaths involving opioids	42.7	13.1 per 100,000 persons
Infant death rate	3.8	5.0 per 1,000 live births
Adult obese, ages 20+	31.5%	36.0%, adults ages 20+
Teens obese, ages 12 to 17	18.4%	15.5%, children & youth, 2 to 19
Adults with a serious mental disorder who receive treatment	66.2%	68.8%
Adults engaging in binge drinking	21.3%	25.4% in prior month
Cigarette smoking by adults	6.4%	6.1%
Pap smears, ages 21-65, screened in the past 3 years	82.0%	79.2%
Mammogram, ages 50-74, screened in the past 2 years	73.1%	80.3%
Colorectal cancer screenings, ages 50-75, screened per guidelines	56.7%	68.3%

Attachment 2: Community Stakeholder Interviews

Community input was obtained from interviews with community stakeholders from community agencies and organizations that represent Oroville Hospital’s community.

Name	Title	Organization
Edie Fischer	Chief Nursing Officer	Oroville Hospital
John Fleming, MA	Director of Planning and Development	Ampla Health
David Goodson	Pastor	Taylor Memorial CME Church
Janet Goodson	Behavioral Health Counselor; President; City Councilwoman	Youth for Change; NAACP Butte County; City of Oroville
Erin Kennedy	Case Management Director	Boys and Girls Clubs of the North Valley
Scott Kennelly, MSW	Director	Butte County Behavioral Health
Yolanda Martinez	Community Health Worker	Glenn County Community Action Department
Amber Miland	Communications Director	Oroville Chamber of Commerce
John Mitchell	Lead Pastor	Kingdom Community Church
Monica Soderstrom, RN, PHN	Public Health Director	Butte County Public Health Department
Seng S. Yang, MA	Director	Hmong Cultural Center of Butte County

Attachment 3: Stakeholder Input on Prioritization of Health Needs

Each of the stakeholders interviewed participated in an electronic survey in advance of the interview, to rank each identified need. The percentage of responses were noted as those that identified the need as having severe impact on the community, had worsened over time, and had a shortage or absence of resources available in the community. Not all survey respondents answered every question. Therefore, the response percentages were calculated based on respondents only and not on the entire sample size.

Substance use & misuse, mental health, chronic diseases and **economic insecurity** had the highest scores for severe impact on the community (scoring over 70%). **Mental health, chronic disease** and **substance use & misuse** were the needs with the highest scores for worsened over time (scoring over 70%). **Mental health, chronic diseases, economic insecurity** and **housing affordability & homelessness**, had the highest scores (over 70%) for insufficient or absent resources available to address the need.

Significant Health Needs	Severe Impact on the Community	Worsened Over Time	Insufficient or Absent Resources
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Access to healthcare	60%	45%	64%
Chronic diseases (e.g. cancers, stroke, heart disease)	73%	73%	73%
Economic insecurity (e.g. poverty/ unemployment)	73%	55%	73%
Food Security	27%	55%	55%
Housing affordability & homelessness	55%	64%	73%
Mental health	82%	82%	82%
Obesity/overweight	36%	27%	55%
Preventive health care (e.g. vaccines/ screenings)	36%	36%	45%
Substance use & misuse	90%	73%	82%

Stakeholders were also asked to prioritize the health needs according to the highest level of importance in the community using a 4-point scale. **Chronic diseases, mental health, access to care, preventive health care and substance use & misuse** were ranked as the top five priority needs (scoring over 3.5) in the service area:

Significant Needs	Priority Ranking (Total Possible Score of 4)
Chronic diseases (e.g. cancers, stroke, heart disease)	3.91
Mental health	3.82
Access to healthcare	3.71
Preventive health care (e.g. vaccines/ screenings)	3.64
Substance use & misuse	3.64

Attachment 4: Resources to Address Community Health Needs

Significant Health Needs	Community Resources
Access to care	211 Butte County, Ampla Health, Butte Cares, Feather River Tribal Health, Northern Valley Indian Health, Planned Parenthood – Chico, PneumaCare Health and Wellness
Chronic diseases	Ampla Health, Feather River Tribal Health, Northern Valley Indian Health, Planned Parenthood – Chico, PneumaCare Health and Wellness
Economic Insecurity	Community Action Agency of Butte County Inc., Fathers House Church of Oroville, Fathers House Restoration Ministries, Glenn County Community Action Department, Havenscourt Family Resource Center, Jesus Center, Jordan Crossing Ministries, Oroville Hope Center, United Way of Northern California
Food Insecurity	Bishop Storehouse at the Latter-day Saints Church, Chico Gleaners Inc.,

Significant Health Needs	Community Resources
	Community Action Agency of Butte County Inc., Cultivating Community North Valley, Feather River Senior Center, Jordan Crossing Ministries, Ministerial Association of California Counties, North Valley Community Food Bank, Oroville Hope Center, Oroville Southside Community Improvement Association, Salvation Army, Torres Community Shelter
Housing and homelessness	6th Street Center for Youth, Butte Countywide Homeless Continuum of Care, Caminar, Catalyst Domestic Violence Services, Chico Housing Action Team (CHAT), Chico Rescue Mission, Crisis Care, Advocacy & Triage, Esplanade House, Fathers House Church of Oroville, Haven of Hope on Wheels, Home & Heart, Homeless/Runaway Emergency Action Response Team (HEART), Jesus Center, Nation’s Finest, North State Shelter Team, Northern Circle Housing Authority, Oroville Resource Center & Rescue Mission, PneumaCare Health and Wellness, Safe Space Chico, Tiny Pine Foundation, Torres Community Shelter, True North Housing Alliance, Westside Domestic Violence Shelter, Youth for Change,
Mental health	African American Family & Cultural Center, Ampla Health, Butte County Behavioral Health, Butte County Crisis Stabilization Unit, Family Urgent Response System, Feather River Tribal Health, Hmong Cultural Center of Butte County, Hmong Talk-Line, Hospitals Alternative Programs (HAP), North Valley Community Foundation CARE Team (Community, Assessment, Response and Education Team), Northern Valley Indian Health, PneumaCare Health and Wellness, Stonewall Alliance of Chico, Victor: Helping Others Soar, Youth for Change
Overweight/obesity	African American Family & Cultural Center, Boys & Girls Clubs of the North Valley, Chico Creek Nature Center, From the Ground Up Farms, Inc., Healthy Living in Butte County, Oroville YMCA
Preventive healthcare	Ampla Health, Butte County Public Health Clinics, Feather River Tribal Health, Northern Valley Indian Health, Planned Parenthood – Chico, PneumaCare Health and Wellness
Substance use and Misuse	2nd Step Ministries, AMPLA Health, Butte County Department of Behavioral Health Oroville Stepping Stones, Butte Glenn Opioid Safety Coalition, Chico Community Counseling Center, Elijah House Foundation, Fathers House Church of Oroville, Feather River Tribal Health, Groups Recover Together, Jordan Crossing Ministries, Northern Valley Indian Health, Oroville Resource Center & Rescue Mission, Salvation Army Chico Adult Rehab Program, Skyway House, Victory Village

Attachment 5: Tables Containing Secondary Service Area Data by ZIP Code

Population, by Youth, Ages 0-17, and Senior Adults, Ages 65 and Older

	ZIP Code	Total Population	Youth Ages 0 – 17	Senior Adults Ages 65+
Artois	95913	266	19.2%	19.5%
Butte City	95920	171	22.2%	16.4%
Chico	95926	42,143	18.3%	14.2%
Chico	95928	37,533	16.6%	15.7%
Chico	95973	37,977	21.6%	16.3%
Durham	95938	4,327	18.6%	21.5%
Forest Ranch	95942	2,190	23.5%	16.5%
Glenn	95943	536	13.2%	19.6%
Hamilton City	95951	2,743	25.5%	13.5%
Magalia	95954	8,488	20.7%	21.7%
Orland	95963	16,483	27.5%	17.9%
Paradise	95969	7,804	13.7%	40.2%
Stirling City	95978	283	50.5%	5.7%
Willows	95988	9,060	25.0%	15.1%
Chico/Glenn Service Area		170,004	20.0%	17.2%
Browns Valley	95918	1,842	12.6%	35.3%
Dobbins	95935	564	7.6%	39.2%
Live Oak	95953	10,945	26.7%	18.9%
Marysville	95901	36,807	28.5%	13.7%
Olivehurst/Plumas Lake	95961	33,439	28.6%	9.8%
Oregon House	95962	1,136	13.2%	39.2%
Sutter	95982	2,971	22.2%	17.8%
Yuba City	95991	42,490	27.0%	13.6%
Yuba City	95993	38,957	23.5%	17.9%
Yuba Sutter Service Area		169,151	26.4%	14.8%
Primary Service Area		69,674	24.1%	19.9%
Butte County		209,470	20.5%	18.2%
Glenn County		28,623	26.2%	16.8%
Sutter County		98,971	25.4%	16.1%
Yuba County		83,079	27.3%	13.1%
California		39,242,785	22.2%	15.3%

Source: U.S. Census Bureau, American Community Survey, 5-Year Estimate, 2019-2023, DP05. <http://data.census.gov>

Language Spoken at Home, Population 5 Years and Older, by ZIP Code

	ZIP Code	English	Spanish	Asian or Pacific Islander	Other Indo- European
Artois	95913	68.4%	31.6%	-	-
Butte City	95920	82.6%	11.1%	-	6.3%
Chico	95926	83.2%	10.0%	4.2%	2.0%
Chico	95928	83.2%	12.0%	1.8%	2.1%
Chico	95973	84.0%	10.9%	3.3%	1.3%

Language Spoken at Home, Population 5 Years and Older, by ZIP Code

Durham	95938	79.7%	15.6%	3.3%	1.5%
Forest Ranch	95942	91.6%	4.0%	-	-
Glenn	95943	86.4%	12.4%	-	1.2%
Hamilton City	95951	27.4%	72.6%	-	-
Magalia	95954	93.7%	3.1%	1.6%	1.6%
Orland	95963	64.0%	33.3%	1.6%	0.6%
Paradise	95969	94.5%	4.1%	0.6%	0.7%
Stirling City	95978	85.7%	14.3%	-	-
Willows	95988	69.2%	26.0%	2.5%	2.1%
Chico/Glenn Service Area		81.0%	14.2%	2.7%	1.6%
Browns Valley	95918	94.6%	-	1.5%	4.0%
Dobbins	95935	95.0%	0.7%	4.3%	-
Live Oak	95953	58.6%	25.7%	2.0%	12.8%
Marysville	95901	75.5%	16.0%	6.4%	1.7%
Olivehurst/Plumas Lake	95961	69.4%	22.9%	5.3%	2.2%
Oregon House	95962	86.2%	0.9%	3.9%	9.1%
Sutter	95982	92.8%	3.3%	3.6%	0.3%
Yuba City	95991	60.3%	27.7%	1.5%	10.2%
Yuba City	95993	64.6%	11.9%	3.1%	20.3%
Yuba Sutter Service Area		67.5%	19.3%	3.8%	9.1%
Primary Service Area		81.1%	12.6%	4.9%	1.2%
Butte County		83.5%	11.0%	3.6%	1.5%
Glenn County		62.1%	34.8%	1.7%	1.1%
Sutter County		63.6%	20.0%	2.3%	14.0%
Yuba County		75.5%	17.0%	5.2%	1.9%
California		55.9%	28.2%	10.0%	4.8%

Source: U.S. Census Bureau, American Community Survey, 2019-2023, DP02. <http://data.census.gov/>

Ratio of Income to Poverty Level, <100% FPL and <200% FPL, by ZIP Code

	ZIP Code	<100% FPL	<200% FPL
Artois	95913	0.0%	0.0%
Butte City	95920	12.9%	20.5%
Chico	95926	25.5%	40.4%
Chico	95928	23.8%	40.9%
Chico	95973	11.0%	22.9%
Durham	95938	5.1%	15.5%
Forest Ranch	95942	3.6%	9.5%
Glenn	95943	13.6%	22.9%
Hamilton City	95951	6.3%	42.9%
Magalia	95954	14.2%	33.4%
Orland	95963	12.2%	33.9%
Paradise	95969	16.1%	33.5%
Stirling City	95978	15.1%	92.3%
Willows	95988	14.0%	34.3%
Chico/Glenn Service Area		17.7%	33.8%

Ratio of Income to Poverty Level, <100% FPL and <200% FPL, by ZIP Code

Browns Valley	95918	15.1%	31.1%
Dobbins	95935	18.6%	34.9%
Live Oak	95953	14.0%	39.2%
Marysville	95901	20.7%	39.1%
Olivehurst/Plumas Lake	95961	10.2%	27.5%
Oregon House	95962	1.1%	29.7%
Sutter	95982	3.6%	12.8%
Yuba City	95991	18.3%	40.1%
Yuba City	95993	12.4%	29.4%
Yuba Sutter Service Area		15.2%	34.2%
Primary Service Area		17.9%	38.8%
Butte County		18.3%	35.3%
Glenn County		12.4%	35.0%
Sutter County		14.8%	34.3%
Yuba County		15.3%	33.6%
California		12.0%	27.5%

Source: U.S. Census Bureau, American Community Survey, 2019-2023, S1701. <http://data.census.gov/>

Poverty Levels of Children, Under Age 18, Senior Adults, 65 and Older, and Female HoH

	ZIP Code	Children	Senior Adults	Female HoH with Children*
Artois	95913	-	-	-
Butte City	95920	-	-	N/A
Chico	95926	24.4%	8.8%	43.0%
Chico	95928	20.7%	14.3%	48.6%
Chico	95973	9.6%	7.5%	15.9%
Durham	95938	2.1%	7.3%	18.4%
Forest Ranch	95942	-	-	-
Glenn	95943	-	11.4%	N/A
Hamilton City	95951	7.3%	10.3%	15.4%
Magalia	95954	16.8%	12.8%	24.2%
Orland	95963	13.0%	11.4%	N/A
Paradise	95969	17.1%	17.1%	37.4%
Stirling City	95978	9.2%	100.0%	50.8%
Willows	95988	22.5%	2.7%	-
Chico/Glenn Service Area		16.5%	10.6%	33.5%
Browns Valley	95918	-	2.9%	0.0%
Dobbins	95935	65.1%	-	N/A
Live Oak	95953	18.1%	19.8%	40.7%
Marysville	95901	29.7%	10.5%	35.7%
Olivehurst/Plumas Lake	95961	12.9%	10.0%	45.1%
Oregon House	95962	-	2.9%	N/A
Sutter	95982	4.4%	2.5%	12.5%
Yuba City	95991	26.0%	11.5%	48.2%
Yuba City	95993	14.6%	11.3%	8.8%
Yuba Sutter Service Area		20.7%	11.0%	36.0%

Poverty Levels of Children, Under Age 18, Senior Adults, 65 and Older, and Female HoH

Primary Service Area	23.3%	10.5%	38.0%
Butte County	19.2%	10.8%	35.4%
Glenn County	15.2%	9.1%	28.1%
Sutter County	19.8%	12.1%	33.3%
Yuba County	20.7%	9.5%	37.9%
California	15.1%	11.3%	28.4%

Source: U.S. Census Bureau, American Community Survey, 2019-2023, S1701 & *S1702. <http://factfinder.census.gov> N/A = No persons matching this description were recorded living in these ZIP Codes, or their poverty rates were not established.

Employment Status for the Population, Ages 16 and Older

	ZIP Code	Civilian Labor Force	Unemployed	Unemployment Rate
Artois	95913	131	31	23.7%
Butte City	95920	46	4	8.7%
Chico	95926	22,845	1,263	5.5%
Chico	95928	20,498	1,574	7.7%
Chico	95973	20,517	1,147	5.6%
Durham	95938	1,985	143	7.2%
Forest Ranch	95942	1,480	97	6.6%
Glenn	95943	281	25	8.9%
Hamilton City	95951	1,450	131	9.0%
Magalia	95954	3,326	308	9.3%
Orland	95963	7,653	484	6.3%
Paradise	95969	2,324	96	4.1%
Stirling City	95978	124	101	81.5%
Willows	95988	4,719	363	7.7%
Chico/Glenn Service Area		87,379	5,767	6.6%
Browns Valley	95918	575	39	6.8%
Dobbins	95935	262	4	1.5%
Live Oak	95953	4,689	321	6.8%
Marysville	95901	15,074	1,022	6.8%
Olivehurst/Plumas Lake	95961	15,334	1,273	8.3%
Oregon House	95962	580	-	0.0%
Sutter	95982	1,480	142	9.6%
Yuba City	95991	19,673	1,715	8.7%
Yuba City	95993	17,920	906	5.1%
Yuba Sutter Service Area		75,587	5,422	7.2%
Primary Service Area		28,189	2,478	8.8%
Butte County		101,141	7,192	7.1%
Glenn County		13,934	1,028	7.4%
Sutter County		45,374	3,188	7.0%
Yuba County		35,025	2,553	7.3%
California		19,982,482	1,282,259	6.4%

Source: U.S. Census Bureau, American Community Survey, 5-Year Estimate, 2019-2023, DP03. <http://data.census.gov/>

Median Household Income

	ZIP Code	Households	Median Household Income
Artois	95913	95	\$ 119,632
Butte City	95920	77	-
Chico	95926	17,035	\$ 62,334
Chico	95928	15,807	\$ 65,350
Chico	95973	15,024	\$ 92,228
Durham	95938	1,484	\$ 103,229
Forest Ranch	95942	869	\$ 153,270
Glenn	95943	254	\$ 64,167
Hamilton City	95951	772	\$ 71,331
Magalia	95954	3,460	\$ 61,808
Orland	95963	5,642	\$ 68,654
Paradise	95969	3,447	\$ 72,250
Stirling City	95978	65	\$ 56,250
Willows	95988	3,082	\$ 78,913
Chico/Glenn Service Area		67,113	\$ *73,792
Browns Valley	95918	926	\$ 55,795
Dobbins	95935	252	\$ 51,603
Live Oak	95953	3,401	\$ 66,614
Marysville	95901	13,060	\$ 68,109
Olivehurst/Plumas Lake	95961	9,906	\$ 85,404
Oregon House	95962	450	\$ 66,500
Sutter	95982	1,120	\$ 96,786
Yuba City	95991	14,638	\$ 64,853
Yuba City	95993	12,792	\$ 89,684
Yuba Sutter Service Area		56,545	\$ *75,367
Primary Service Area		25,666	\$ *60,503
Butte County		82,345	\$ 68,574
Glenn County		9,763	\$ 70,487
Sutter County		33,240	\$ 75,450
Yuba County		28,063	\$ 73,313
California		13,434,847	\$ 96,334

Source: U.S. Census Bureau, American Community Survey, 2019-2023, DP03. <http://factfinder.census.gov> *Weighted average of the available medians; Brownsville, Challenge, Clipper Mills, Richvale, Strawberry Valley, and Butte City were suppressed due insufficient income data.

Households that Spend 30% or More of Income on Housing

	ZIP Code	All Households	Owner Households	Renter Households
Artois	95913	26%	14%	74%
Butte City	95920	52%	41%	70%
Chico	95926	47%	23%	65%
Chico	95928	43%	19%	60%
Chico	95973	36%	26%	53%
Durham	95938	18%	13%	30%
Forest Ranch	95942	29%	25%	88%
Glenn	95943	38%	42%	32%
Hamilton City	95951	26%	32%	13%

Households that Spend 30% or More of Income on Housing

Magalia	95954	44%	40%	70%
Orland	95963	33%	25%	52%
Paradise	95969	38%	37%	41%
Stirling City	95978	80%	100%	50%
Willows	95988	28%	19%	41%
Chico/Glenn Service Area		40%	26%	58%
Browns Valley	95918	46%	46%	N/A
Dobbins	95935	71%	68%	100%
Live Oak	95953	38%	37%	43%
Marysville	95901	41%	32%	52%
Olivehurst/Plumas Lake	95961	34%	27%	54%
Oregon House	95962	36%	34%	55%
Sutter	95982	20%	19%	23%
Yuba City	95991	41%	27%	55%
Yuba City	95993	36%	29%	54%
Yuba Sutter Service Area		38%	30%	53%
Primary Service Area		35%	27%	52%
Butte County		39%	26%	58%
Glenn County		32%	25%	44%
Sutter County		38%	28%	53%
Yuba County		39%	31%	53%
California		41%	31%	55%

Source: U.S. Census Bureau, American Community Survey, 5-Year Estimate, 2019-2023, DP04. <http://data.census.gov/> N/A = No households of this type recorded in this area, or no data available for those that exist.



Oroville Hospital

2767 Olive Highway

Oroville, CA 95966

www.OrovilleHospital.com