

**September 9, 2019**  
**Regular Meeting**  
**Item # 7c**

**Public Health**

**Additional Documents:**  
**PowerPoint Presentation**  
**2019 Community Health**  
**Needs Assessment**



# 2019 Mono County Community Health Needs Assessment (CHNA)

Presented by:

**Sandra Pearce, MS, RN, PHN, CNS**  
Public Health Director

**Shelby Stockdale, BSN, RN, PHN**  
Health Program Manager

**Jacinda Croissant, BSN, RN, PHN**  
Health Program Manager

Mono County Health Department  
September 10, 2019

# CHNA STEERING COMMITTEE

Sandra Pearce, MS, RN, PHN, CNS	Public Health Director, Mono County
Tom Boo, MD	Public Health Officer, Mono County
Jacinda Croissant, BSN, RN, PHN	Health Program Manager / Public Health Nurse, Mono County Maternal Child Adolescent Health Director
Shelby Stockdale, BSN, RN, PHN	Health Program Manager / Public Health Nurse, Mono County Local Oral Health Program Coordinator
Gary Myers	Chief Executive Officer, Mammoth Hospital Through December 3, 2018
Tom Parker	Chief Executive Officer, Mammoth Hospital As of December, 3, 2018
Craig Burrows, MD	Chief Medical Officer, Mammoth Hospital
Kathleen Alo, RN, CPHQ	Chief Nursing Officer, Mammoth Hospital
Lenna Monte	Director of Quality, Mammoth Hospital
Sarah Rea	Administrative Assistant, Mammoth Hospital



# REGULATORY REQUIREMENTS

## Mono County Health Department

### Maternal Child and Adolescent Health

- Federal Maternal Child Health Bureau required that all Title V funded State agencies perform a 5-year needs assessment (1992)
- California MCAH Program required local health jurisdictions to monitor these indicators and incorporate them into their 5-year needs assessment and action plans. (1998)

### Local Oral Health Program

- Proposition 56: The California Healthcare, Research and Prevention Tobacco Tax Act Passed (2016)
- Local health jurisdictions were allocated 5-year grants for years 2017-2022 and required to complete a needs assessment and improvement plan, followed by program implementation

## Mammoth Hospital

- Patient Protection and Affordable Care Act (2010)
- Hospitals covered under section §501(r) of the Internal Revenue Code are required to:
  - conduct a Community Health Needs Assessment (CHNA) and adopt an implementation strategy to meet the community health needs identified through the CHNA every three years



# COMMUNITY HEALTH NEEDS ASSESSMENT

- The CHNA defines priorities for health improvement, with an emphasis on the needs of populations that are at risk for poor health outcomes due to geographic, language, financial, or other barriers; commonly referred to as social determinants of health.
- The CHNA process creates a platform to engage community stakeholders and to understand the needs of the community.
- Data were obtained from all sources required by the IRS in the completion of the CHNA.
- Mammoth Hospital and Mono County Health Department are not aware of any information gaps affecting the assessment or prioritization of community health needs.

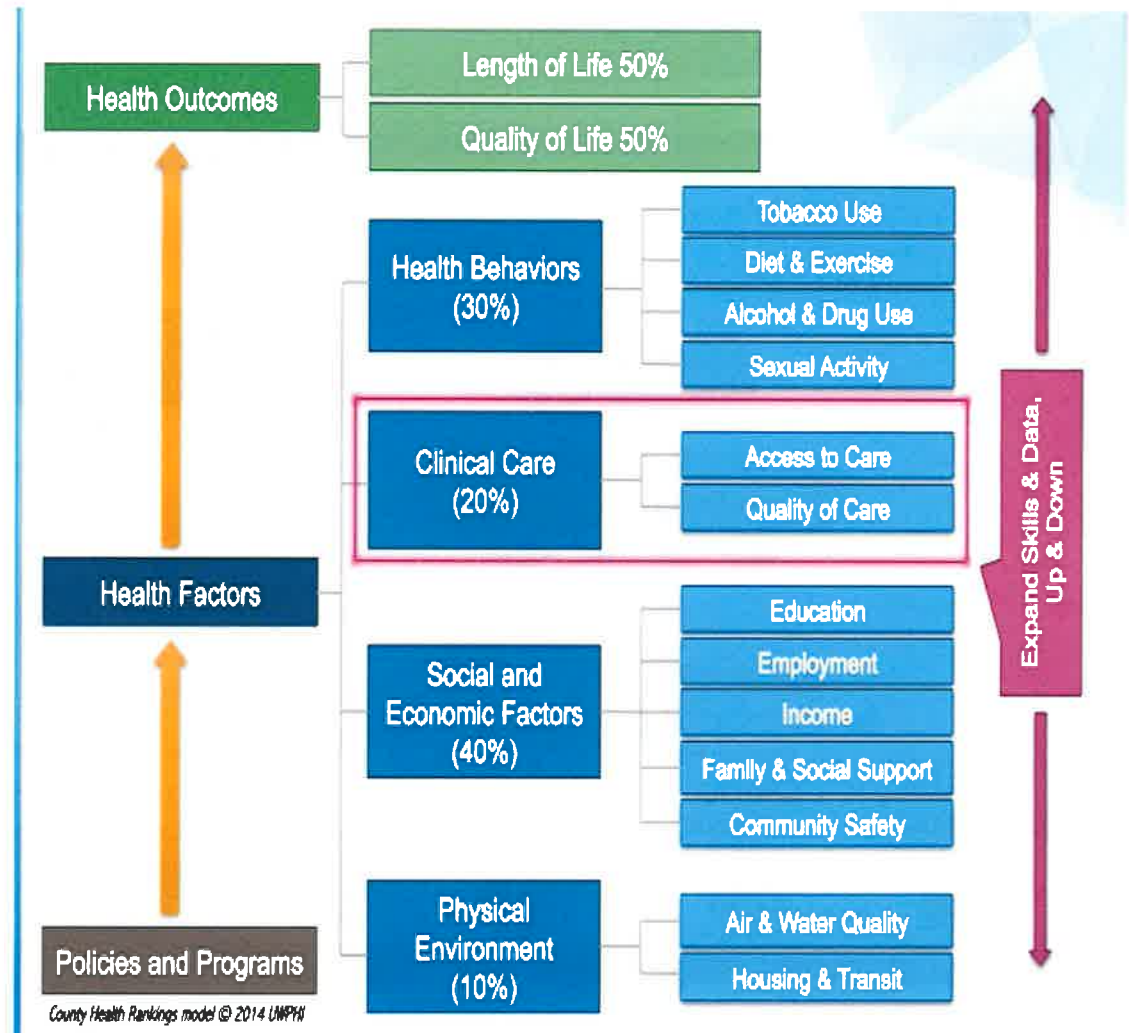


# SOCIAL DETERMINANTS OF HEALTH

**80% of what affects health outcomes** is associated with factors outside the traditional boundaries of healthcare delivery including —

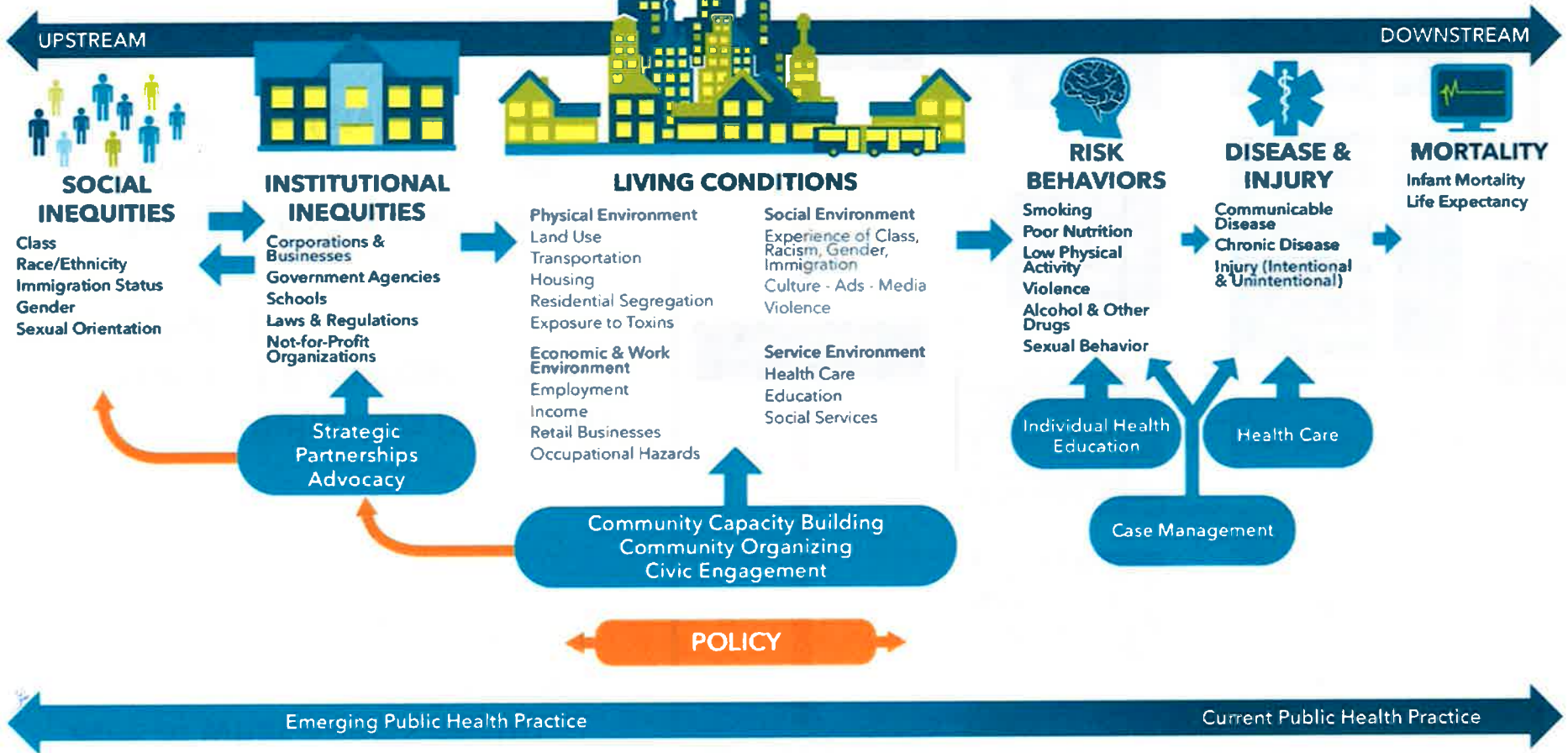
- **Health Behaviors** (substance use, diet & exercise, sexual activity)
- **Social & Economic Factors** (employment, education, income, safety)

**Physical Environment** (air & water quality, housing)



# SOCIAL DETERMINANTS OF HEALTH

A PUBLIC HEALTH FRAMEWORK FOR REDUCING HEALTH INEQUITIES  
 BAY AREA REGIONAL HEALTH INEQUITIES INITIATIVE



## CHNA GEOGRAPHIC AREA

93512	Benton
93514	Chalfant / Hammil Valley / Swall Meadows / Paradise
93517	Bridgeport
93529	June Lake
93541	Lee Vining / Mono City / Mono Lake
93546	Mammoth Lakes / Crowley Lake / Sunny Slopes / Lake Mary / Tom's Place
96107	Coleville / Walker
96133	Topaz





# DATA SOURCES

## QUANTITATIVE DATA

- iVantage Health Analytics
- County Health Rankings
- Centers for Disease Control (CDC) Behavioral Risk Factor Surveillance System (BRFSS)
- California Department of Public Health
- California Department of Health Care Services
- DataQuest
- American Lung Association
- U.S. Census Bureau
- National Center for Education
- Bureau of Labor Statistics

## QUALITATIVE DATA

- Community Focus Group: 62
- Key Stakeholder Interviews: 27
- Key Stakeholder Survey: 36
- Community Survey (English/Spanish): 355
  - 183 Mammoth Lakes
  - 59 Bridgeport
  - 30 Crowley Lake / Sunny Slopes
  - 26 Topaz / Coleville / Walker
  - 19 Benton / Hammil Valley / Chalfant
  - 15 Swall Meadows / Paradise
  - 14 Mono City / Lee Vining
  - 9 June Lake
  - 6 Bishop
  - 2 McGee Creek
  - 1 Fish Lake Valley, Nevada



# RACE – ETHNICITY – CITIZENSHIP

RACE AND ETHNICITY	PERCENT
White, alone	91.1%
Black or African American, alone	0.8%
American Indian and Alaska Native, alone	3.0%
Asian, alone	2.2%
Native Hawaiian and Other Pacific Islander, alone	0.4%
<b>Hispanic or Latino Origin (any race)</b>	<b>27.5%</b>
<b>White alone, not Hispanic or Latino</b>	<b>65.5%</b>
Two or more races	2.7%

Source: US Census Bureau: American FactFinder ACS; Demographic and Housing Estimates 2013-2017

**86% are US citizens**

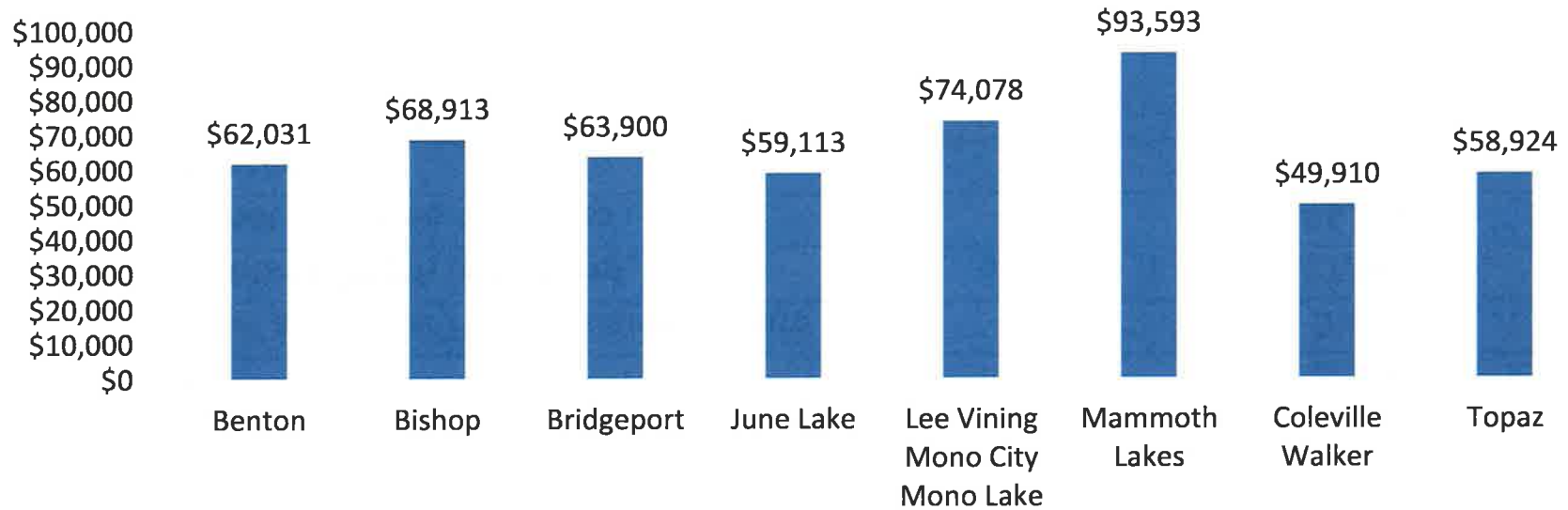
Source: DATA USA: Mono County CA



# INCOME

**\$83,163 Average Annual Household Income**

### Average Income by Community



Source: iVantage Health Analytics, ESRI 2018

Note: Bishop is in Inyo County, but zip code also includes Chalfant, Hammil Valley, Swall Meadows and Paradise in Mono County



# POVERTY

PERCENT OF POPULATION IN POVERTY		
	Mono County	California
Total Population	9.9%	15.1%
Population less than 18	12.0%	20.8%
Population less than 5	15.8%	21.5%
Population 5 – 17	11.1%	20.0%
Population 60+	5.0%	14.0%
Population 65 +	5.7%	10.2%

Source: American Community Survey 5-year estimates 2013-2017

Individuals below the poverty level

- 53% are children
- 32% are women who are employed
- 7.8% are White
- 13.3% are Hispanic

*2019 Poverty Levels*

*\$12,490 annually for 1 person*

*\$25,750 annually for a family of 4*



# LANGUAGE AND ENGLISH PROFICIENCY

- 21.7% of the population speaks Spanish

*Source: U.S. Census Bureau, 2013 – 2017 American Community Survey 5-year estimates*

- 6.0% of the population has limited English proficiency

*Source: County Health Rankings from 2013 – 2017*

## KEY STAKEHOLDER FEEDBACK

- 66% identified individuals with poor health literacy or limited English proficiency as having the greatest challenges in achieving and maintaining good health
- 69% identified health literacy and limited English proficiency as contributing to the health challenges of at-risk populations
- Several key stakeholders commented that there is a need for more language translators
- Key stakeholders who were interviewed voiced a concern that the Hispanic population is underserved and under-represented in the community



# HOUSING

- 12% of households have housing costs above 50% of total household income

Source: County Health Rankings for 2013 – 2017

- 19% have severe housing problems defined as one of the following
  - Overcrowding
  - High housing costs
  - Lack of kitchen facilities
  - Lack of plumbing facilities

Source: County Health Rankings for 2011 – 2015

- Key stakeholders and the community identified significant issues related to housing



# COMMUNITY AND KEY STAKEHOLDERS IMPORTANT HEALTH CONCERNS

<b>ADULTS</b>	
<b>KEY STAKEHOLDERS</b>	<b>COMMUNITY</b>
<ol style="list-style-type: none"> <li>1. Alcohol Use</li> <li>2. Mental Health</li> <li>3. Illegal Drug Use</li> <li>4. Stress</li> <li>5. Overweight / Obesity</li> </ol>	<ol style="list-style-type: none"> <li>1. Mental Health</li> <li>2. Alcohol Use</li> <li>3. Cancer</li> <li>4. Illegal Drug Use</li> <li>5. Diabetes</li> </ol>

<b>CHILDREN</b>	
<b>KEY STAKEHOLDERS</b>	<b>COMMUNITY</b>
<ol style="list-style-type: none"> <li>1. Overweight / Obesity</li> <li>2. Vaping</li> <li>3. Alcohol Use</li> <li>4. Dental Health</li> <li>5. Stress</li> </ol>	<ol style="list-style-type: none"> <li>1. Mental Health</li> <li>2. Vaping</li> <li>3. Dental Health</li> <li>4. Overweight / Obesity</li> <li>5. Alcohol Use</li> </ol>



# PRIORITIZATION CRITERIA

## **MAGNITUDE / SCALE OF THE PROBLEM**

The health need affects a large number of people within our community.

## **SEVERITY OF THE PROBLEM**

The health need has serious consequences (morbidity, mortality, and economic burden) for those affected. There are significant consequences to the community if the problem is not addressed.

## **HEALTH DISPARITIES**

The health needs disproportionately impacts the health status of one or more vulnerable populations or groups.

## **IMPORTANCE TO THE COMMUNITY**

The health need is of significant importance to the community.

## **ABILITY TO LEVERAGE**

The opportunity to collaborate with existing community partnerships to address the health need or to build on current programs.





# PRIORITIZED COMMUNITY HEALTH NEEDS 2019 - 2023

**Priority:** Substance Abuse Prevention and Treatment

**Priority:** Behavioral Health Prevention and Treatment

**Priority:** Clinical Care Access and Preventative Care

**Priority:** Dental Care Access and Preventative Care



# SUBSTANCE ABUSE PREVENTION AND TREATMENT

## Concepts to be addressed as part of the Community Health Improvement Plan

1. Provide additional treatment options
2. Develop networks and sources for follow-up care
3. Implement provider training
4. Provide community education
5. Enforce substance use laws



# SUBSTANCE ABUSE PREVENTION AND TREATMENT COMMUNITY & KEY STAKEHOLDER FEEDBACK

## ADULTS

Community Survey - Community Health Concern

- #2 Alcohol
- #4 Illegal drugs

Key Stakeholders - Community Health Concern

- #1 Alcohol
- #3 Illegal drugs

## YOUTH

Community Survey - Community Health Concern

- #1 Tobacco – Drug – Alcohol
- #2 Vaping
- #4 Alcohol

Key Stakeholders - Community Health Concern

- #2 Vaping
- #3 Alcohol

Community Survey – Influence on child wellness & safety

- #4 Parent abuse of alcohol and drugs

Key Stakeholders – Influence on child wellness & safety

- #1 Parent abuse of alcohol and drugs
- #2 Tobacco – Drug – Alcohol



# TOBACCO GRADE

TOBACCO CONTROL GRADE FACTORS	MAMMOTH LAKES	MONO COUNTY UNINCORPORATED
Overall Tobacco Control Grade	C	D
Smoke-free Outdoor Air	A	A
Smoke-free Housing	C	F
Reducing Sales of Tobacco Products	F	F
Emerging Issues Bonus Point Secondhand Smoke/Flavored Tobacco Policies	1	2

Source: American Lung Association: State of Tobacco Control 2019

Smoke Free Housing: Mammoth Lakes received 4/4 on non-smoking common areas

Emerging Issues: Mono County received 2 bonus points for secondhand smoke and flavored tobacco products policies



# USE OF TOBACCO PRODUCTS

	MONO COUNTY	CALIFORNIA	HEALTHY PEOPLE 2020 TARGET
*Adults who are current smokers (2016)	13% (12% - 13%)	11%	12%
**Current cigarette smoking 11 <sup>th</sup> grade Eastern Sierra Unified (2017/2018)	0%	4.3%	
**Current cigarette smoking 11 <sup>th</sup> grade Mammoth Unified (2017/2018)	5%		
**Current use of electronic cigarettes 11 <sup>th</sup> grade Eastern Sierra Unified (2017/2018)	4%	9.8%	
**Current use of electronic cigarettes 11 <sup>th</sup> grade Mammoth Unified (2017/2018)	27%		

Source: \* County Health Rankings

Source: \*\*California Healthy Kids Survey



# ALCOHOL & DRUGS

	MONO COUNTY	CALIFORNIA	HEALTHY PEOPLE 2020 TARGET
*Adults who reported binge drinking or heavy drinking (2016)	22% (21% - 23%)	18%	24.2%
*Alcohol-Impaired Driving Deaths (2013-2017)	67% (58% to 74%)	30%	
**Current use of alcohol and drugs 9 <sup>th</sup> grade Eastern Sierra Unified	0%	19.7%	
**Current use of alcohol and drugs 9 <sup>th</sup> grade Mammoth Unified	33%		
**Current use of alcohol and drugs 11 <sup>th</sup> grade Eastern Sierra Unified	17%	29.4%	
**Current use of alcohol and drugs 11 <sup>th</sup> grade Mammoth Unified	41%		

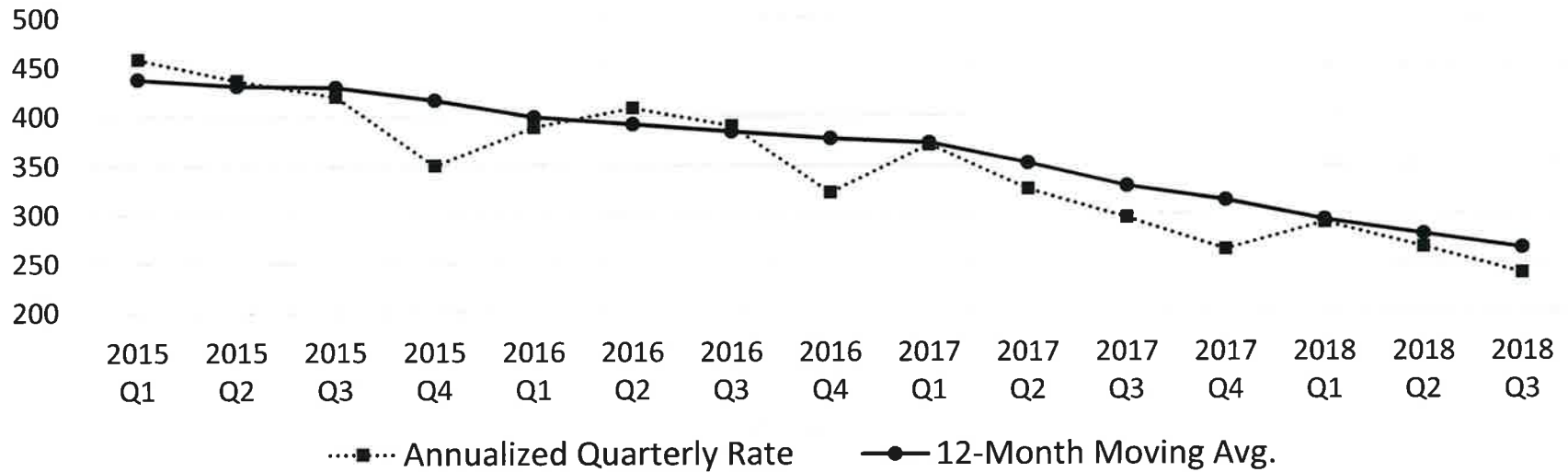
Source: \* County Health Rankings

Source: \*\*California Healthy Kids Survey



# OPIOIDS

## MONO COUNTY OPIOID PRESCRIPTIONS AGE ADJUSTED RATE PER 1,000 RESIDENTS



Source: California Department of Justice – Controlled Substance Utilization Review and Evaluation System Data



# BEHAVIORAL HEALTH PREVENTION AND TREATMENT

## Concepts to be addressed as part of the Community Health Improvement Plan

1. Increase access to behavioral health care
2. Provide services for youth and children with a focus on depression, suicidal ideation and Adverse Childhood Events (ACEs)
3. Provide preventative care and treatment options for adults with a focus on anxiety and depression including seasonal affective disorder (SAD)
4. Consider the impact of Social Determinants of Health on mental health such as isolation, housing and poverty
5. Research and implement Trauma-Informed Care





# PROVIDERS

MENTAL HEALTH	MONO COUNTY	CALIFORNIA
Mental Health Professionals (2018)	520:1	310:1

Source: County Health Rankings

# HOSPITALIZATIONS

	Mono County	California
*Mood disorder hospitalizations per 100,000 female population age 15 to 44 (2013 – 2015) – Lower than State	525 (386 – 714)	1,106 (1,102 – 1,111)
*Mental health hospitalizations per 100,000 population age 15 to 24 (2013 – 2015) – Lower than State	605 (424 – 863)	1,499 (1,493 – 1,505)
*Substance abuse hospitalizations per 100,000 population age 15 to 24 (2013 – 2015) – Lower than State	262 (153 – 448)	793 (789 – 798)
**Hospitalization for Mental Health Issues total and per 1,000 ages 5 - 14 (2016)	2.6 per 1,000	2.5 per 1,000
**Hospitalization for Mental Health Issues total and per 1,000 ages 5 - 19 (2016)	9.5 per 1,000	9.8 per 1,000
**Hospitalization for Mental Health Issues total and per 1,000 ages 5 – 19 (2016)	5.2 per 1,000	5.0 per 1,000

Source: Family Health Outcomes Project, UCSF



# CHRONIC SADNESS/HOPELESSNESS AND SUICIDAL IDEATION

CHRONIC SAD OR HOPELESS FEELINGS, PAST 12 MONTHS						
	EASTERN SIERRA GRADE 9	MAMMOTH UNIFIED GRADE 9	CALIFORNIA GRADE 9	EASTERN SIERRA GRADE 11	MAMMOTH UNIFIED GRADE 11	CALIFORNIA GRADE 11
No	76%	65%	70.4%	43%	58%	67.7%
Yes	24%	35%	29.6%	57%	42%	32.3%

SERIOUSLY CONSIDERED SUICIDE, PAST 12 MONTHS						
	EASTERN SIERRA GRADE 9	MAMMOTH UNIFIED GRADE 9	CALIFORNIA GRADE 9	EASTERN SIERRA GRADE 11	MAMMOTH UNIFIED GRADE 11	CALIFORNIA GRADE 11
No	97%	80%	84%	58%	83%	84.5%
Yes	3%	20%	16%	42%	17%	15.5%

Source: California Healthy Kids Survey



# BEHAVIORAL HEALTH PREVENTION AND TREATMENT COMMUNITY & KEY STAKEHOLDER FEEDBACK

- The MOST IMPORTANT health concern identified for both adults and children was mental health
- Barriers to accessing mental health care
  - Lack of mental health providers – including psychiatry
  - Stigma or prejudice
  - Not understanding mental health disorders
- Lack of access to mental health services in rural parts of the county, including Bridgeport, was seen as a major deterrent to care. Mental Health services need to be in all parts of Mono County and not just Mammoth Lakes
- Recommendations to provide more access to private counselors, especially for short-term situational crisis
- Lack of support services and activities for seniors was identified as contributing to social isolation and depression
- ***Mental healthcare is not treated as a right, therefore access is restricted***



# CLINICAL CARE ACCESS AND PREVENTATIVE CARE

## Concepts to be addressed as part of the Community Health Improvement Plan

1. Provide education and services focused on prevention and promotion of a healthy lifestyle
2. Increase access to primary care and preventative services



# PROVIDERS

PRIMARY CARE	MONO COUNTY	CALIFORNIA
Primary Care Providers (2016)	1,550:1	1,270:1
Other Primary Care Provider (Physician Assistant, Nurse Practitioner (2018))	1,880:1	1,770:1

Source: County Health Rankings

## PREVENTATIVE CARE CHILDREN WITH MEDI-CAL

Preventive care utilization rates for children with Medi-Cal 2017/2018

- 42.7% Mono County
- 45.2% State

Source: Department of Health Care Services

However, the report states, "Fiscal year 2017-2018 data may be incomplete due to a delay in DHCS receiving the data".



# LIFE EXPECTANCY

	<b>**LIFE EXPECTANCY MONO COUNTY</b>	<b>*LIFE EXPECTANCY CALIFORNIA</b>	<b>**LIFE EXPECTANCY UNITED STATES</b>	<b>*HEALTHY LIFE EXPECTANCY CALIFORNIA</b>	<b>**HEALTHY LIFE EXPECTANCY UNITED STATES</b>
<b>Both Male and Female</b>		80.9 years (79.9 – 81.9)	78.5	69.9 years (66.6 – 72.8)	68.5
<b>Female</b>	84.6	83.1 (81.6 – 84.3)	81.5	71.1 (67.7 – 74.3)	70.1
<b>Male</b>	81.6	78.6 (77.2 – 80.1)	76.7	68.6 (65.5 – 71.6)	66.9

*\*Source: US Burden of Disease published in JAMA 2018*

*\*\*Source: Institute for Health Metrics and Evaluation (IHME), US County Profile: Mono County, California. Seattle, WA IHME 2016*

- Healthy Life Expectancy is defined as the average number of years that a person can expect to live in "full health" by taking into account years lived in less than full health due to disease and/or injury.
- In California, the healthy life expectancy is approximately 10 years shorter for males and females



# DISABILITY-ADJUSTED LIFE YEARS RISK FACTORS

California	United States
1. High body mass index	1. Tobacco use
2. Alcohol and drug use	2. High body mass index
3. Dietary risks	3. Dietary risks
4. Tobacco use	4. Alcohol and drug use
5. High fasting plasma glucose	5. High fasting plasma glucose
6. High systolic blood pressure	6. High systolic blood pressure
7. High total cholesterol	7. High total cholesterol
8. Impaired kidney function	8. Impaired kidney function
9. Occupational risks	9. Occupational risks
10. Air pollution	10. Air pollution



# CLINICAL CARE ACCESS AND PREVENTATIVE CARE COMMUNITY & KEY STAKEHOLDER FEEDBACK

## Barriers to Care

- Lack of insurance
  - High insurance premiums
  - Cost of healthcare services
  - Lack of access to healthcare providers
  - Limited services to rural parts of the county
  - Lack of transportation options
  - Difficulty of travel in the winter
  - Financial hardship and poverty
  - Poor health literacy or limited English proficiency
  - Lack of qualified translators
- Multiple respondents commented on the limited services and access outside of Mammoth Lakes. The long distances required to travel, especially in winter were noted as very difficult and sometimes impossible.
  - Several individuals commented that they go to Nevada for healthcare services because it is about the same distance, and there are more services available.
  - Of respondents, 37% identified financial hardship as the number one reason why people do not get the medical services they need. Other reasons included seeking care only when in pain or very sick (35%), the high cost of medical services (31%), and high insurance premiums (29%).





# DENTAL CARE ACCESS AND PREVENTATIVE CARE

## Concepts to be addressed as part of the Community Health Improvement Plan

1. Increase access to dental care for children
2. Increase access to dental care for adults
3. Integrate dental care screening as part of primary care practices
4. Provide community education regarding the importance of dental care



# PROVIDERS

DENTISTS	MONO COUNTY	CALIFORNIA
Dentists (2017)	2,020:1	1,200:1

Source: County Health Rankings

In Mono County there are a total of 6 dentists

5 are in Mammoth Lakes and 1 in Coleville

Only two dental providers accept Medi-Cal Dental



# MAMMOTH HOSPITAL FAMILY DENTAL CLINIC

- The Mammoth Hospital Family Dental Clinic had a total of 8,005 visits between November 2017 and April 2019
  - 76.5% of patients 18 or younger
  - 23.5% of patients 19 or older
- 85% of patients have Medi-Cal Dental insurance as the primary payor
- Appointments and Treatment
  - 2 to 3 months to schedule an exam or treatment for an adult
  - 1 to 2 weeks to schedule an exam or treatment for a child
  - Appointments for toothache or other urgent need range from immediate to one week



# FIRST 5 MONO COUNTY

First 5 Mono County, with funding support from the California Small Population County Funding Augmentation, provides oral health education, oral health checks, and fluoride varnish applications to children under the age of 5.

According to First 5 Mono County annual report for 2016/2017:

***”The oral needs of young children in Mono County continue to be high with few children accessing regular preventative care and annual screenings.”***

- 20% of patients 0-5 had more than one visit to the dentist in the year, down from 24% the previous year
- 18% of the oral health checks completed at kindergarten roundup indicated the child had untreated caries (cavities), up from 5% last year



# DENTAL CARE ACCESS AND PREVENTATIVE CARE COMMUNITY & KEY STAKEHOLDER FEEDBACK

## Barriers to Dental Care

- Lack of access to dental care as a health concern for adults
- Lack of access to dental health for children
- Lack of dental insurance
- Lack of dentists who accept Medi-Cal or Denti-Cal (41%)
- High cost including high co-pays and up-front costs
- Long wait times to get an appointment
- Lack of emergency dental care
- Lack of pediatric dental care
- No free dental clinic for people without insurance
- Fear of going to the dentist and dental treatments
- Fear of having dental pain as a result of treatment
- Not making appointments for children due to lack of time-off from parents' employer



# MONO COUNTY ORAL HEALTH GOALS

Goal 1 – Improve the oral health of Mono County residents by addressing determinants of health and promote health habits and population-based prevention interventions to attain healthier status in communities.

Goal 2 – Align the dental health care delivery system, payment systems, and community programs to support and sustain community-clinical linkages for increasing utilization of dental services.

Goal 3 – Develop and implement communication strategies to inform and educate the public, dental teams, and decision makers about oral health information, programs and policies.

Goal 4 – Develop and implement a surveillance system to measure key indicators of oral health and identify key performance measures for tracking progress.



# NEXT STEPS

## COMMUNITY HEALTH IMPROVEMENT PLAN

- The next step is to complete the **Community Health Improvement Plan (CHIP)**, which will include goals and interventions of how to improve community health in the 4 priority areas.
- Mono County, Mammoth Hospital, and consultant Health Tech S3 will be hosting four workshops, one for each priority, the week of September 16, 2019 in Mammoth Hospital's Conference Room A/B.
  - **Substance Abuse**, 9/16/19, 1-5pm
  - **Dental Care/Oral Health**, 9/17/19, 1-5pm
  - **Behavioral Health**, 9/18/19, 8am-12pm
  - **Clinical Care Access/Prevention**, 9/18/19, 1-5pm
- Community stakeholders are encouraged to attend any workshops pertinent to their organization's work or of personal interest, and ideas of how they can help improve health in each of these areas.

