

COMMUNITY HEALTH NEEDS ASSESSMENT 2019

Humboldt County Service Area

St. Joseph Hospital, Eureka
Redwood Memorial Hospital, Fortuna



To provide feedback about this CHNA or obtain a printed copy free of charge, please email Martha Shanahan at Martha.Shanahan@stjoe.org

St. Joseph Health 
Redwood Memorial • St. Joseph

CONTENTS

Message to the Community and Acknowledgements.....	4
Responding to the COVID-19 Pandemic	5
Executive Summary.....	6
Understanding and Responding to Community Needs, Together.....	6
Our Starting Point: Gathering Community Health Data and Community Input	6
Identifying Top Health Priorities, Together	7
Community Health Improvement Plan	8
Introduction	9
Mission, Vision, and Values.....	9
Who We Are.....	9
Our Commitment to Community	9
Health Equity.....	10
Our Community.....	13
Description of Community Served.....	13
Hospital Service Area	13
Community Demographics	15
Overview of CHNA Framework and Process.....	22
Data Limitations and Information Gaps.....	22
Process for Gathering Comments on Previous CHNA and Summary of Comments Received	23
Health Indicators.....	24
Socioeconomic Indicators.....	24
Physical Environment.....	24
Health Outcomes	25
Health Behaviors.....	25
Clinical Care.....	26
Hospital Utilization Data	27
Community Input	29
Summary of Community Input.....	29

Challenges in Obtaining Community Input	31
Significant Health Needs	32
Prioritization Process and Criteria	32
2019 Priority Needs	33
Potential Resources Available to Address Significant Health Needs	34
Evaluation of 2018-2020 CHIP Impact	35
Addressing Identified Needs	37
2019 CHNA Governance Approval	38
Appendices.....	39
Appendix 1: Definition of Terms	39
Appendix 2: Community Input	41
Appendix 3: Community Resources Available to Address Significant Health Needs.....	64
Appendix 4: St. Joseph and Redwood Memorial Hospital Community Benefit Committee	67
Appendix 5: Quantitative Data	68

MESSAGE TO THE COMMUNITY AND ACKNOWLEDGEMENTS

It is with great joy and pride that we present St. Joseph Hospital and Redwood Memorial Hospital's 2019 Community Health Needs Assessment to our community – both our collaborative partners as well as the communities we serve.

For the past several months we have worked diligently to gather the appropriate and most complete data on the health-related needs of our service area. This will enable us to make informed and thoughtful decisions about how best to serve and provide resources to areas with highest needs and to the most vulnerable populations.

The 2019 Community Health Needs Assessment and Improvement Planning process was disrupted by the SARS-COV-2 virus and COVID-19, which has impacted all of our communities. While our communities have focused on crisis response, it has required concentration of resources and reduced community engagement, which impacted survey fielding and community listening sessions.

Despite the challenges presented by a global pandemic, we held steadfast to our guiding principles of including the voice of the community in this report. We spoke with several key stakeholders about what they felt were the biggest needs in our community and held virtual listening sessions with caregivers who directly serve vulnerable populations.

We've also analyzed and examined data that demonstrates how social determinants and health disparities affect communities and neighborhoods. The data overwhelmingly validates the gaps and inspire us to continue our work towards addressing the social determinants of health and their influence on the health and wellbeing of our communities without distinction.

We could not have done this work alone and would like to thank our partners who brought diverse skills and expertise to this process.

We invite you to study the findings and most importantly to join us in our efforts to restore health and improve quality of life to our *Dear Neighbors* and the communities in which we all live.

With deep gratitude,



Roberta Luskin-Hawk, MD
Chief Executive
St. Joseph Health, Humboldt County



Becky Giacomini
Chair, Community Benefit Committee
St. Joseph Health, Humboldt County

RESPONDING TO THE COVID-19 PANDEMIC

The 2019 Community Health Needs Assessment and Improvement Planning process was disrupted by the SARS-COV-2 virus and COVID-19, which has impacted all of our communities. While our communities have focused on crisis response, it has required concentration of resources and reduced community engagement, which impacted survey fielding and community listening sessions. Additionally, the impacts of COVID-19 are likely to effect community health and well-being beyond what is currently captured in secondary and publicly available data. We seek to engage the community as directly as possible in prioritizing needs and through the community health improvement process.

We recognize that in these unprecedented times, COVID-19 is likely to exacerbate existing community needs and may bring others to the forefront. Our commitment first and foremost is to respond to the needs of our communities, particularly individuals who are disproportionately impacted by the economic and social effects of COVID-19. While this is a dynamic situation, we recognize the greatest needs of our communities will change in the coming months, and it is important that we adapt our efforts to respond accordingly. We are committed to supporting, strengthening, and serving our communities in ways that align with our Mission, engage our expertise, and leverage our Community Benefit dollars in the most impactful ways.

EXECUTIVE SUMMARY

Understanding and Responding to Community Needs, Together

Improving the health of our communities is foundational to our Mission and deeply rooted in our heritage and purpose. Our Mission calls us to be steadfast in serving all, with a special focus on our most economically poor and vulnerable neighbors. This core belief drives the programs we build, investments we make, and strategies we implement.

Knowing where to focus our resources starts with our Community Health Needs Assessment (CHNA), an opportunity in which we engage the community every three years to help us identify and prioritize the most pressing needs, assets, and opportunities.

Our Starting Point: Gathering Community Health Data and Community Input

Through a mixed-methods approach using quantitative and qualitative data, the CHNA process used several sources of information to identify community needs. Across the service areas for St. Joseph Hospital and Redwood Memorial Hospital, both located in Humboldt County, CA, information collected includes public health data regarding health behaviors, morbidity and mortality, and hospital-level data. Listening sessions were held with people who have chronic conditions, are from diverse communities, have low-incomes, and/or are medically underserved. Stakeholder interviews were conducted with representatives from organizations that serve these populations. Some key findings include the following:

- Stakeholders spoke to the high cost of housing and lack of affordable housing stock in Humboldt County, contributing to people living unhoused, as well as overcrowding and unhealthy living conditions for many with low incomes. In the high need service areas, over 31% of renter households spend 50% or more of their income on housing costs.
- Stakeholders shared that racism and historical trauma prevent Black, Brown, Indigenous, and People of Color (BBIPOC) from receiving high-quality, respectful, and responsive health care services. They also noted the "corrosive effects" of racism on the mental health of BBIPOC.
- Stakeholders identified transportation as a consistent barrier for many people in Humboldt County in accessing needed health care services. Reliable public transportation within the county is a challenge, as well as travel to services outside the county.
- The percentages of 7th, 9th, and 11th grade students who reported alcohol and/or drug use in the past month was higher for Humboldt County than California overall.
- Redwood Memorial Hospital and St. Joseph Hospital, Eureka, had the highest percentages of avoidable ED visits when compared to other Providence St. Joseph hospitals in the Northern California region, indicating inadequate access to or engagement with primary care.

Identifying Top Health Priorities, Together

Through a collaborative process engaging St. Joseph and Redwood Memorial Hospital's Community Benefit Committee, the following priority areas were agreed upon:

PRIORITY 1: MENTAL HEALTH & SUBSTANCE USE SERVICES

Mental health and substance use are recognized as being interconnected with several other community needs, with a history of trauma, child abuse/neglect, poverty, and a lack of opportunities as contributors to both mental health challenges and substance use disorders. Experiences with racism and discrimination also contribute to behavioral health needs. There is a lack of mental health and substance use services in the community; specifically, local inpatient care for adults and youth with a serious mental illness as well as follow-up care for patients once discharged, and general support for families (new parents, infants, and early development). There are insufficient psychiatrists and counselors to meet the community need, especially providers for youth, people who are uninsured, and/or Spanish-speaking residents, as well as insufficient harm reduction services (safe and legal injection sites and syringe exchange programs). Barriers to addressing these behavioral health needs include stigma, cost of care, transportation to services within and outside of the community, and a lack of continuity of care due to provider turnover.

PRIORITY 2: HOMELESSNESS / LACK OF SAFE, AFFORDABLE HOUSING

The lack of affordable, safe housing stock in Humboldt County contributes to individuals with low incomes living unhoused or in overcrowded and unhealthy living conditions. Housing is recognized as being foundational to one's health; people who are stably housed are better able to care for their physical and mental health and remain employed. There is a lack of available housing along the entire spectrum: shelters, supportive housing, family-friendly transitional housing, permanent-supportive housing, and low- and very low-income housing. There is also a lack of services for people experiencing homelessness, such as showers and adult day centers, as well as support services for people once they are housed. Housing stability and affordability for young people and people who are undocumented is of particular concern. Housing discrimination contributes to Black, Brown, Indigenous, and People of Color (BBIPOC) having more difficulty accessing good-quality, affordable housing.

PRIORITY 3: RACISM AND DISCRIMINATION

Racism and historical trauma prevent BBIPOC from receiving high-quality, respectful, and responsive health care services. The recent history of forced sterilization of Native American people and experimentation on Black people has contributed to distrust of health care. Stakeholders noted a "corrosive effect" of racism on the mental health of BBIPOC, particularly Native American communities in Humboldt County. The unjust treatment of Latino/a workers by employers and discriminatory housing practices prevent BBIPOC from accessing good-quality, affordable housing. Racism is evident in education, with BBIPOC students, particularly Native students, not receiving appropriate special education services and being disproportionately and unfairly disciplined. Stakeholders also shared experiences of racism in legal systems.

PRIORITY 4: ACCESS TO HEALTH CARE

There is an overall lack of primary care providers and specialists within Humboldt County. Transportation to care is a consistent barrier for many, but especially older adults, people with disabilities, and those living in rural areas. Reliable public transportation within the county is a challenge, as well as travel to services outside the county, specifically traveling from the hills of Humboldt into Eureka where most services are located. Cost of care is a major barrier for people who are uninsured or underinsured, especially mixed status households. Appointments during work hours and difficulty navigating the health care system are also barriers. There is a lack of culturally responsive and linguistically appropriate care for Latino/a and Native American communities, as well as a lack of respectful and competent services for transgender youth.

Community Health Improvement Plan

St. Joseph and Redwood Memorial hospital will develop a three-year Community Health Improvement Plan (CHIP) to respond to these prioritized needs in collaboration with community partners, considering resources, community capacity, and core competencies.

INTRODUCTION

Mission, Vision, and Values

<i>Our Mission</i>	As expressions of God’s healing love, witnessed through the ministry of Jesus, we are steadfast in serving all, especially those who are poor and vulnerable.
<i>Our Vision</i>	Health for a Better World.
<i>Our Values</i>	Compassion — Dignity — Justice — Excellence — Integrity

Who We Are

St. Joseph Hospital is an acute-care hospital founded in 1920 and located in Eureka, California. The hospital has 138 licensed beds, 130 of which are currently available, and a campus that is approximately 11.5 acres in size. St. Joseph Hospital has a staff of more than 1,150 and professional relationships with more than 300 local physicians. Major programs and services offered to the community include Level III trauma center and emergency services, maternity and infant care – including the region’s only Level II NICU – cancer program, cardiac care, neurosciences and orthopedics.

Redwood Memorial Hospital is a critical access hospital founded in 1957 and located in Fortuna, California. The hospital has 35 licensed beds, 25 of which are currently available, and a campus that is approximately 5.8 acres in size. Redwood Memorial Hospital has a staff of approximately 215 and professional relationships with more than 230 local physicians. Major programs and services offered to the community include emergency, critical care, outpatient rehabilitation, surgery and a childbirth center.

In addition, both St. Joseph and Redwood Memorial hospital offer a variety of community-based programs that meet the needs of vulnerable populations and focus on health equity, primary prevention, health promotion, and community building.

Our Commitment to Community

St. Joseph and Redwood Memorial hospital dedicate resources to improve the health and quality of life for the communities we serve, with special emphasis on the needs of the economically poor and vulnerable.

During the most recent fiscal year, our hospitals provided \$23,849,299 in community benefit in response to unmet needs and improve the health and well-being of those we serve in Humboldt County. Our service area includes all of Humboldt County and several St. Joseph Health ministries: St. Joseph Hospital in Eureka, Redwood Memorial Hospital in Fortuna, St. Joseph Health Medical Group (primary and specialty care) and St. Joseph Home Healthcare.

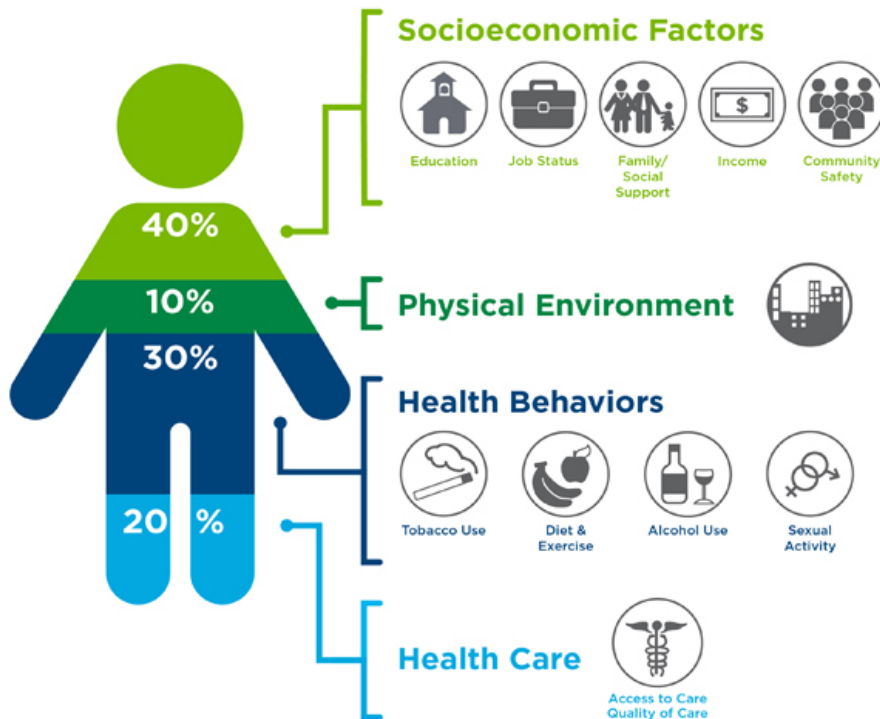
St. Joseph and Redwood Memorial hospital further demonstrates organizational commitment to the community health needs assessment (CHNA) through the allocation of staff time, financial resources, participation and collaboration to address community identified needs. The Northern California Regional Director of Community Health Investment and the local Humboldt County Manager of Community Health Investment are responsible for ensuring the compliance Federal 501r requirements as well as providing the opportunity for community leaders and internal hospital leadership, physicians, and others to work together in planning and implementing the resulting Community Health Improvement Plan (CHIP).

Health Equity

At Providence St. Joseph Health, we acknowledge that all people do not have equal opportunities and access to living their fullest, healthiest lives due to systems of oppression and inequities. We are committed to ensuring health equity for all by addressing the underlying causes of racial and economic inequities and health disparities. Our Vision is “Health for a Better World,” and to achieve that we believe we must address not only the clinical care factors that determine a person’s length and quality of life, but also the social and economic factors, the physical environment, and the health behaviors that all play an active role in determining health outcomes (see Figure 1¹).

¹ Institute for Clinical Systems Improvement, Going Beyond Clinical Walls: Solving Complex Problems (October 2013)

What Goes Into Your Health?



Source: Institute for Clinical Systems Improvement, Going Beyond Clinical Walls: Solving Complex Problems (October 2014)

The Bridgespan Group

Figure 1. Factors contributing to overall health and well-being

The Community Health Needs Assessment (CHNA) is an important tool we use to better understand health disparities and inequities within the communities we serve, as well as the community strengths and assets (see Figure 2 for definition of terms²). Across our organizational footprint, we consistently heard from our community partners that racism and discrimination have detrimental effects on community health and well-being. We recognize that racism and discrimination prevent equitable access to opportunities and the ability of all community members to thrive. We name racism as contributing to the inequitable access to all the determinants of health that help people live their best lives, such as safe housing, nutritious food, responsive health care, and more.

² Braveman P, Arkin E, Orleans T, Proctor D, and Plough A. *What is Health Equity? And what Difference Does a Definition Make?* Princeton, NJ: Robert Wood Johnson Foundation, 2017.

To ensure that equity is foundational to our CHNA, we have developed an equity framework that outlines the best practices that each of our hospitals will implement when completing a CHNA. These practices include, but are not limited to the following:

Health Equity

A principle meaning that “everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care. For the purposes of measurement, health equity means reducing and ultimately eliminating disparities in health and its determinants that adversely affect excluded or marginalized groups.” (Braverman, et al., 2017)

Health Disparities

Preventable differences in the burden of disease or health outcomes as a result of systemic inequities.

Figure 2. Definitions of key terms



Approach

- Explicitly name our commitment to equity
- Take an asset-based approach, highlighting community strengths
- Use people first and non-stigmatizing language



Community Engagement

- Actively seek input from the communities we serve using multiple methods
- Implement equitable practices for community participation
- Report findings back to communities



Quantitative Data

- Report data at the block group level to address masking of needs at county level
- Disaggregate data when responsible and appropriate
- Acknowledge inherent bias in data and screening tools

OUR COMMUNITY

Description of Community Served

St. Joseph and Redwood Memorial hospital provide Humboldt County communities with access to advanced care and advanced caring. The hospital's community extends from the Humboldt-Del Norte county line in the north, Garberville in the south, Willow Creek, Hoopa and Bridgeville in the east and is bordered by the Pacific Ocean in the west. This includes a population of approximately 135,000 people.

Hospital Service Area

Together, St Joseph and Redwood Memorial Hospitals serve all of Humboldt County. Based on the availability of data, geographic access to these facilities, and other hospitals in neighboring counties, Humboldt County serves as the boundary for the hospital service areas.

Table 1. Cities and ZIP Codes Included in Total Service Area

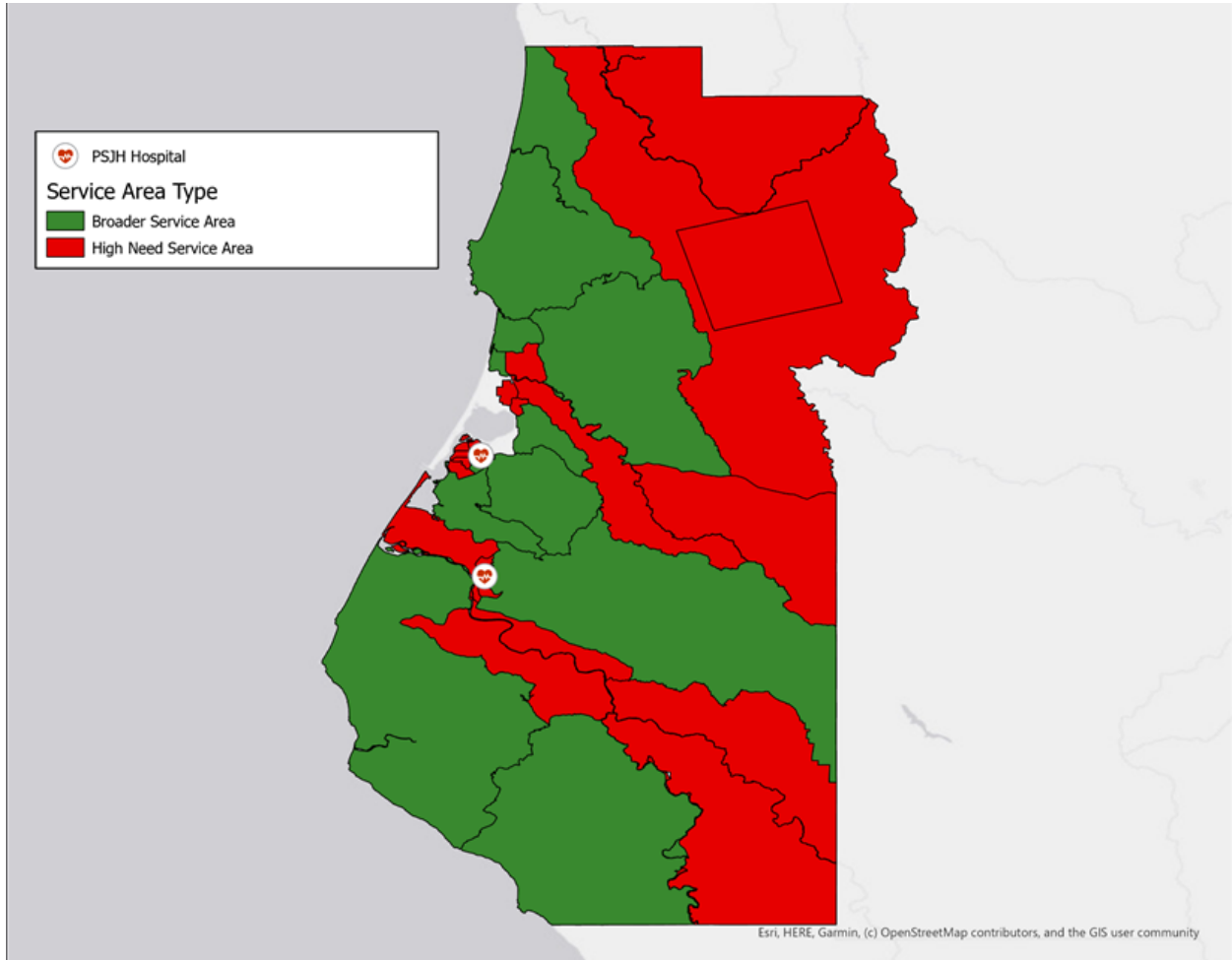
Cities/ Communities	ZIP Codes
Eureka	95501, 95502, 95503
Arcata	95521, 95518
McKinleyville	95519
Fortuna	95540
Ferndale	95536
Loleta	95551
Alderpoint	95511
Blocksberg	95514
Bayside	95524
Blue Lake	95525
Bridgeville	95526
Carlotta	95528
Cutten	95534
Fields Landing	95537
Garberville	95542
Honeydew	95545
Hoopa	95546
Hydesville	95547
Kneeland	95549
Korbel	95550
Miranda	95553
Myers Flat	95554
Orick	95555

Orleans	95556
Petrolia	95558
Phillipsville	95559
Redway	95560
Rio Dell	95562
Samoa	95564
Scotia	95565
Redcrest	95569
Trinidad	95570
Weott	95571
Willow Creek	95573
Whitehorn	95589

The Hoopa Valley Reservation is within Humboldt County, and Indian Health Service recognizes several other federally recognized tribes and territories within the County.³

³ <https://www.ihs.gov/california/index.cfm/tribal-consultation/resources-for-tribal-leaders/links-and-resources/list-of-federally-recognized-tribes-in-ca/?mobileFormat=0>

Figure 3. St. Joseph and Redwood Memorial Hospitals Total Service Area



Community Demographics

The tables and graphs below provide basic demographic and socioeconomic information about St. Joseph and Redwood Memorial Hospital Service Area and how the high need area compares to the broader service area. The service area of St. Joseph and Redwood Memorial Hospitals includes approximately 135,000 people and encompasses the entire county of Humboldt. The high need area includes census tracts identified based upon lower life expectancy at birth, lower high school graduation rates, and more households at or below 200% FPL (annual household income of \$51,500 or less for a family of 4) compared to county averages.

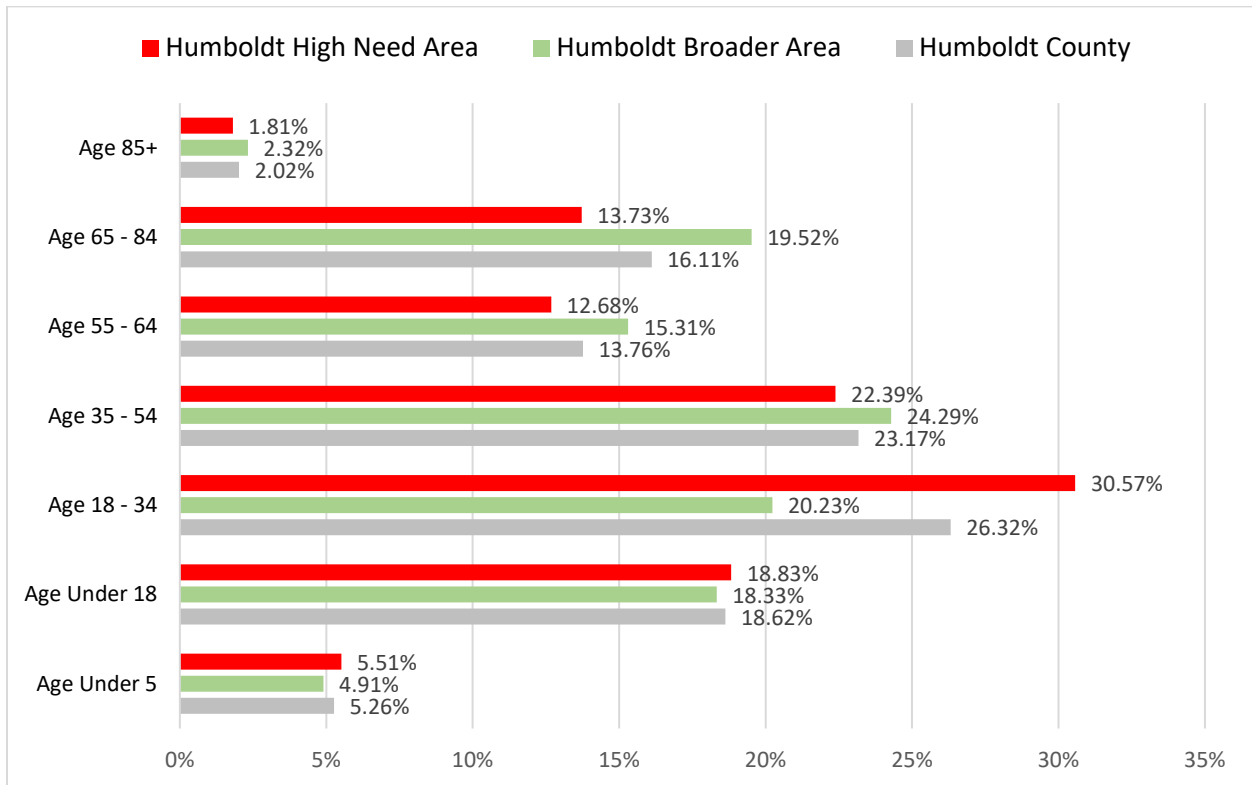
POPULATION AND AGE DEMOGRAPHICS

Table 2. Population Demographics for Humboldt County Service Areas

Indicator	Humboldt County	Humboldt Broader Service Area	Humboldt High Need Service Area
2019 Total Population	134,707	55,429	79,278

Female Population	49.61%	49.82%	49.47%
Male Population	50.39%	50.18%	50.53%

Figure 4. Age Group by Geography in Humboldt County



For the most part, the age distribution is roughly proportional across Humboldt County geographies, with those aged between 18 and 34 slightly more likely to live in a high need area, likely young families and those in and around college towns. Those aged 65-84 are less likely to live in a high need area, perhaps due in part to secondary and/or vacation homes.

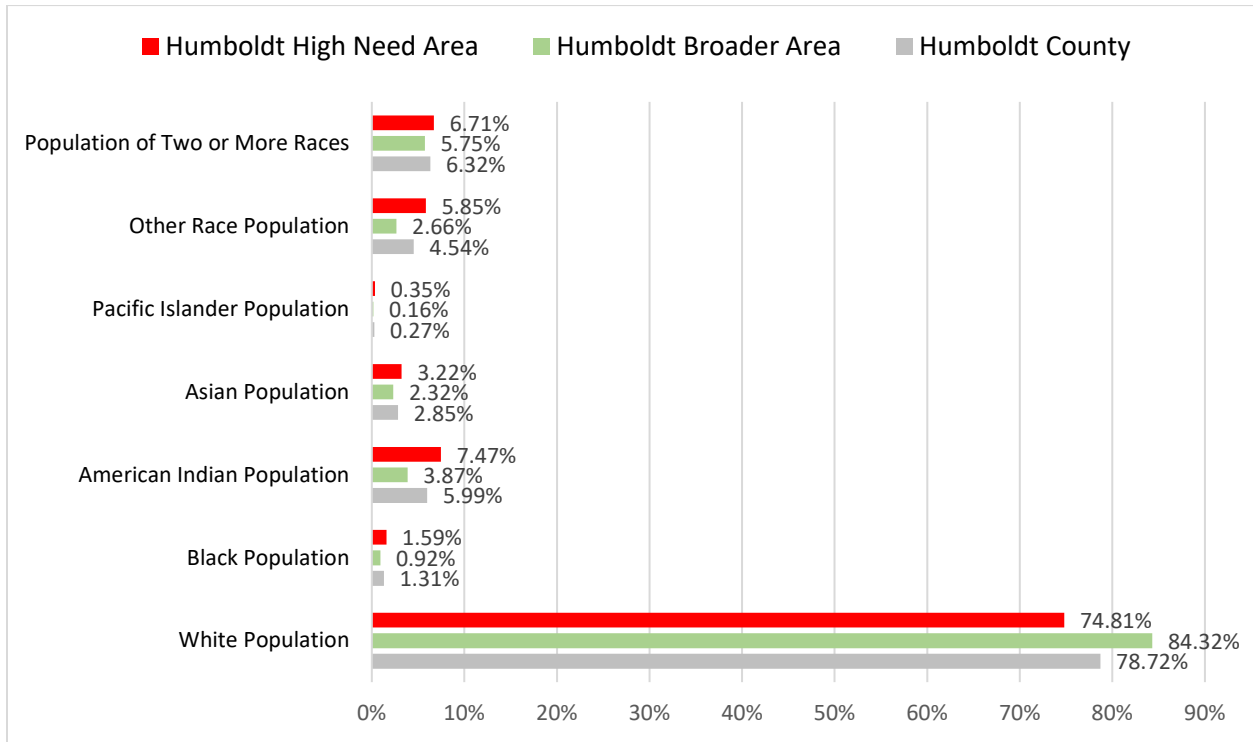
The male-to-female ratio is approximately equal across geographies.

POPULATION BY RACE AND ETHNICITY

Table 3. Hispanic Population in Humboldt County

Indicator	Humboldt County	Humboldt Broader Service Area	Humboldt High Need Service Area
Hispanic Population	12.26%	8.78%	14.69%

Figure 5. Race by Geography in Humboldt County



Those who self-identify as Hispanic are slightly more likely to live in a high need area compared to their non-Hispanic peers. The American Indian population is much more likely to live in a high need area, as are those who identify as “other race.”

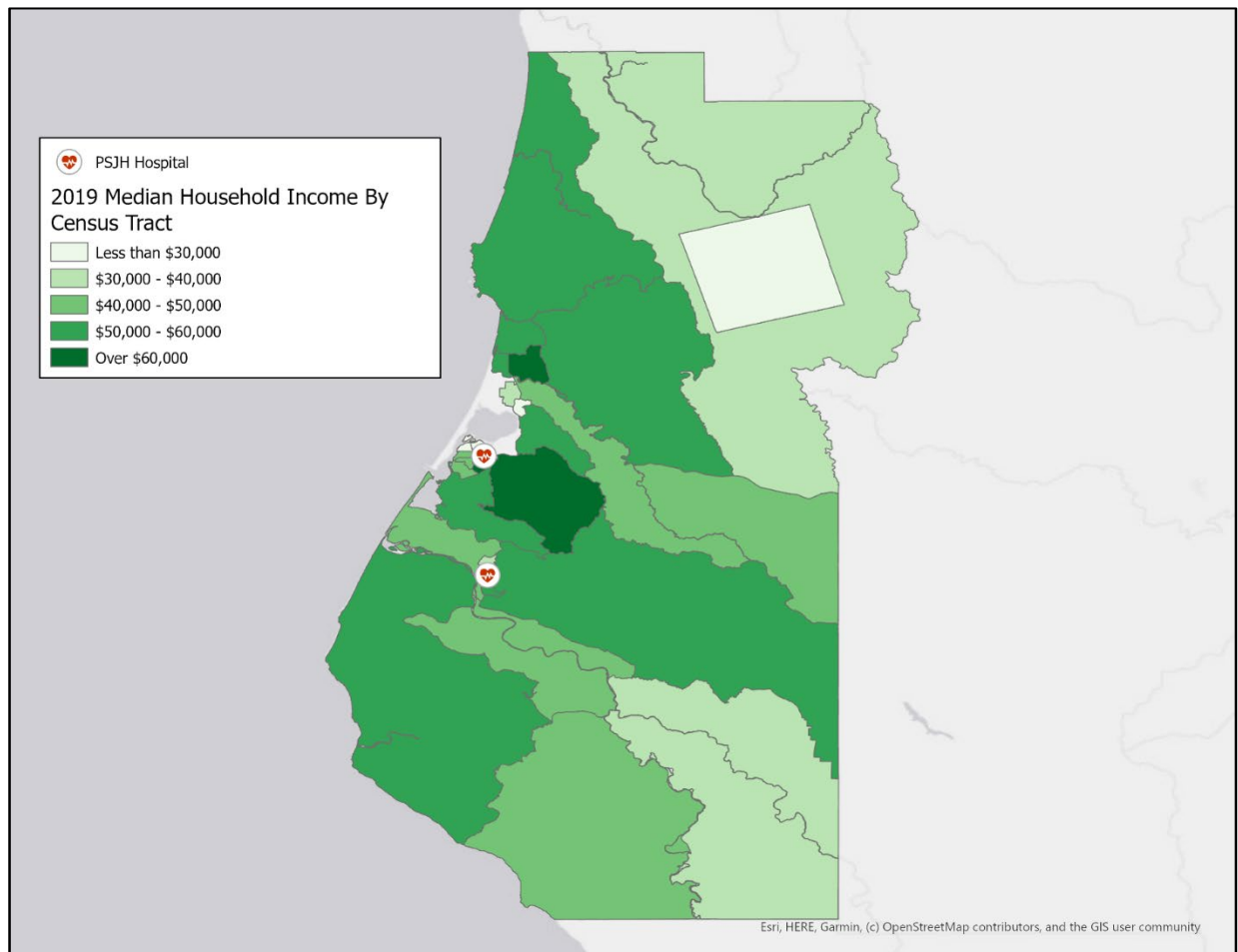
Approximately 9% of residents of Humboldt County are veterans, nearly double the state level of 5%.

MEDIAN INCOME

Table 4. Income Indicators for Humboldt County Service Areas

Indicator	Broader Service Area	High Need Service Area	Humboldt County
Median Income	\$53,762	\$37,484	\$44,119
Data Source: American Community Survey Year: 2019			

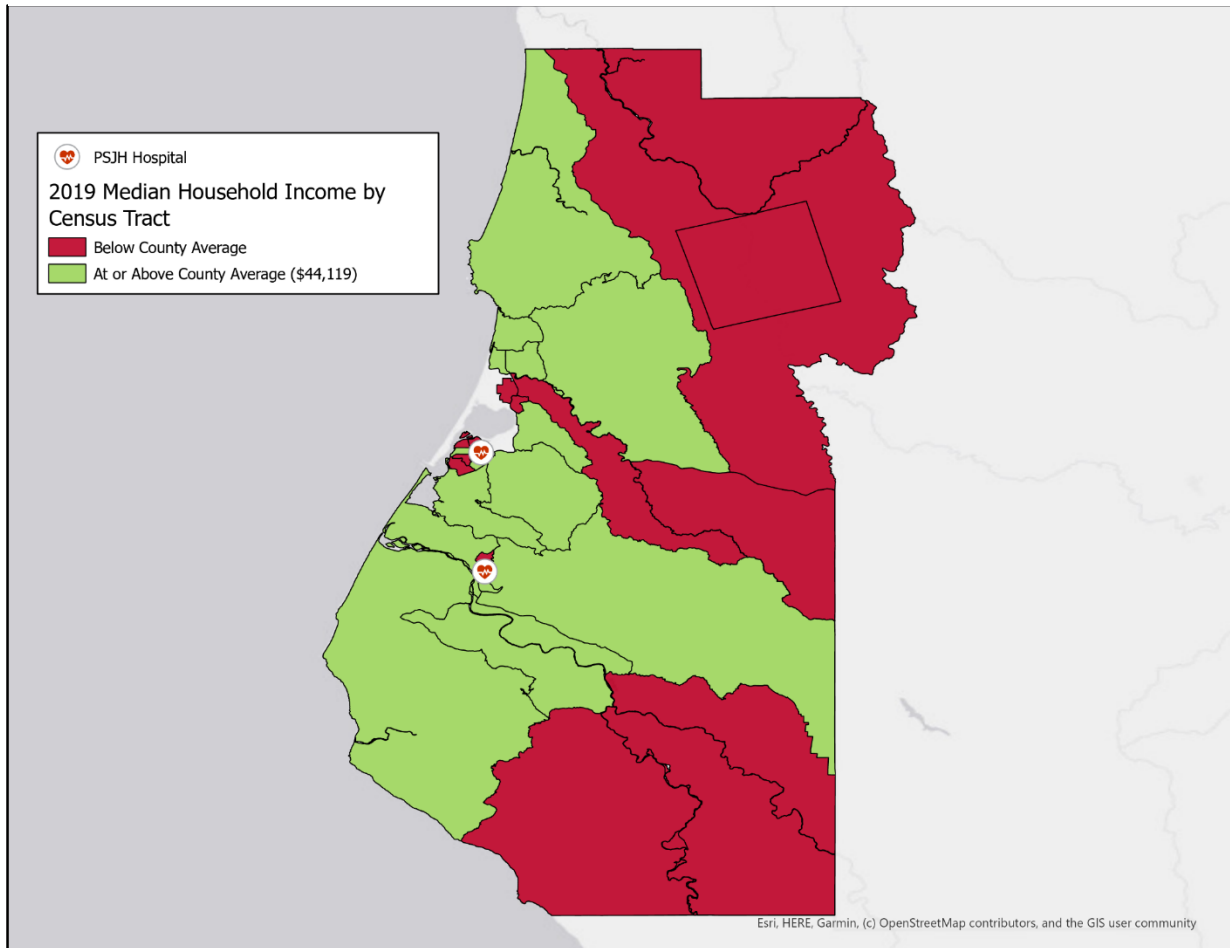
Figure 6. 2019 Median Household Income by Census Tract in Humboldt County



- The median income in the high need service area is about \$6,600 lower than Humboldt County.
- There is about a \$16,000 difference in median income between the broader service area and the high need service area.

In the map below, census tracts that perform better than the county average are colored in green while census tracts that perform worse are in red.

Figure 7. Comparison of Median Household Income by Census Tract to County Average



SEVERE HOUSING COST BURDEN

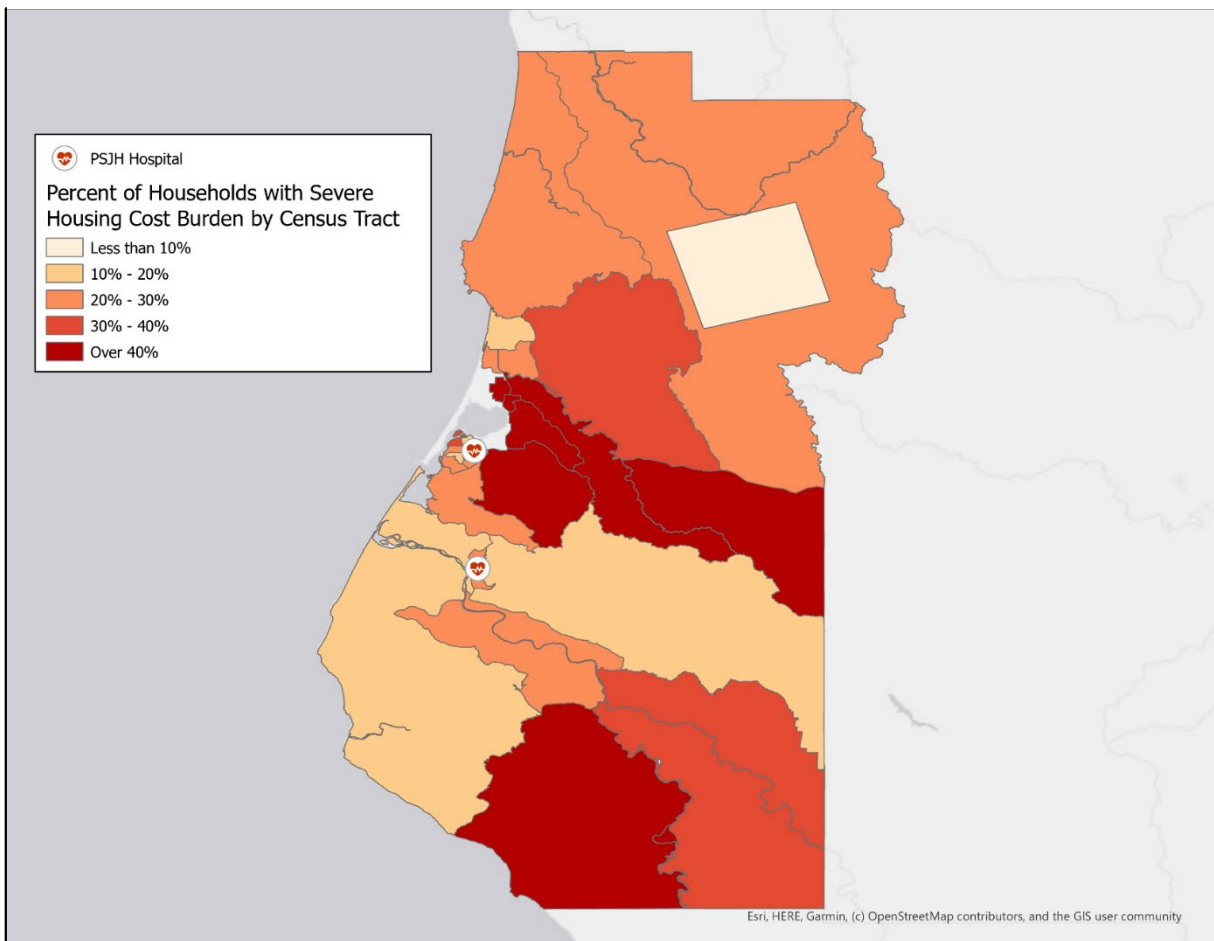
Table 5. Severe Housing Cost Burden for Humboldt County Service Areas

Indicator	Broader Service Area	High Need Service Area	Humboldt County
Percent of Renter Households with Severe Housing Cost Burden Data Source: American Community Survey Year: Estimates based on 2013 – 2017 data	28.6%	31.3%	30.5%

Severe housing cost burden is defined as households that are spending 50% or more of their income on housing costs. On average, approximately 30% of households in Humboldt County are severely housing cost burdened.

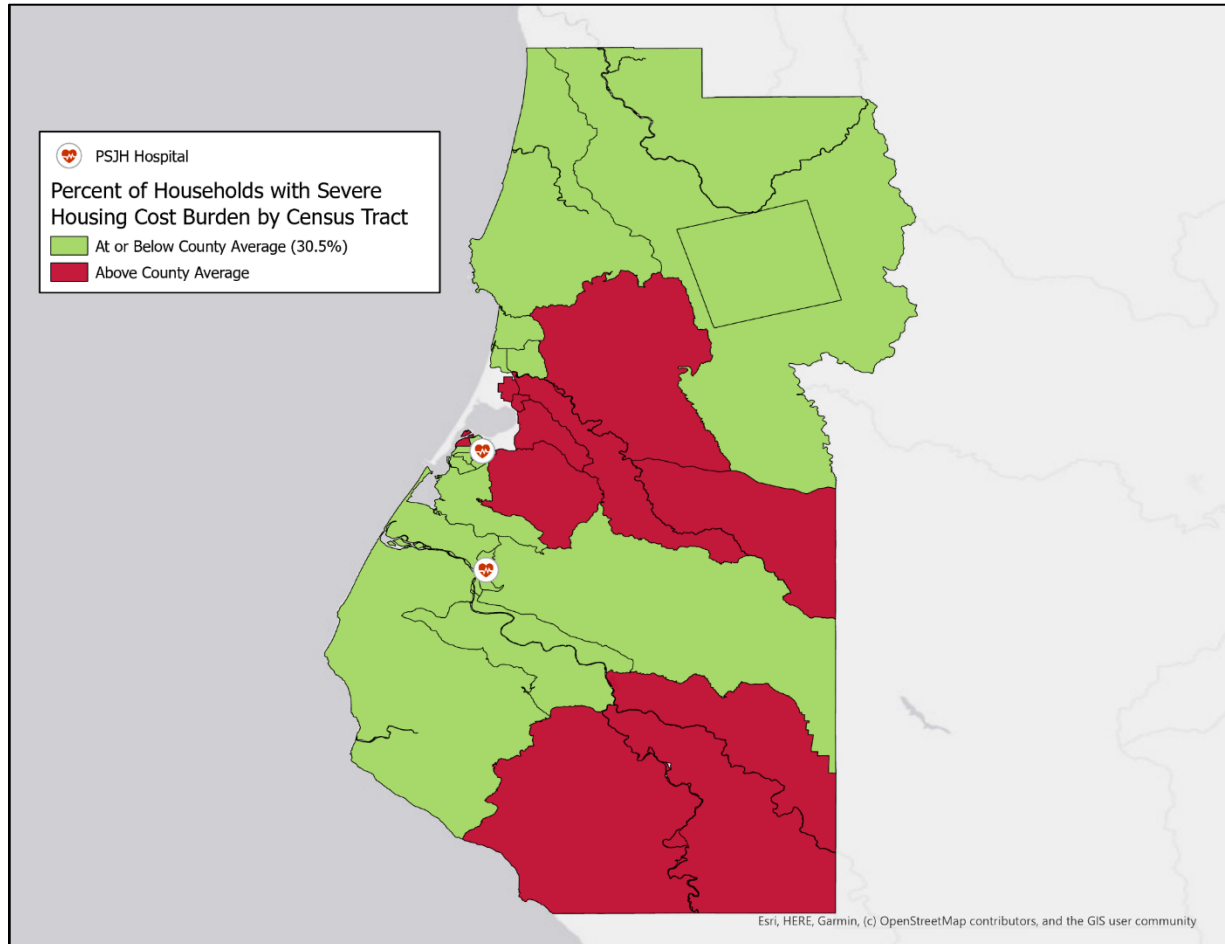
In the high need service area, 31% of renter households are severely housing cost burdened. Within the total service area, there are census tracts in which 40% to 56% of households are experiencing severe housing cost burden.

Figure 8. Percent of Households with Severe Housing Cost Burden by Census Tract in Humboldt County



In the map below, census tracts that perform better than the county average are colored in green while census tracts that perform worse are in red.

Figure 9. Comparison of Housing Cost Burden by Census Tract to County Average



HEALTH PROFESSIONAL SHORTAGE AREA

Redwood Memorial Hospital and St. Joseph Hospital, Eureka are located in a Health Professional Shortage Area (HPSA), with Humboldt County having four designated high need geographic HPSAs for primary care. A majority of the county is designated as a dental health HPSA for the low-income population. All of the county is designated as a mental health HPSA for low income, homeless, and migrant farmworker populations. Additionally, the following facilities are all designated HPSA for primary care, dental health, and mental health: Karuk Tribe of California Clinic—Orleans, K’ima:w Medical Center, Open Door Community Health Centers, Fortuna Health Center, UIHS—Potawot Health Village, St. Joseph Health Rural Health Clinic, and Redwood Rural Health Center, Incorporated.

See Appendix 5 for additional details on HPSA and Medically Underserved Areas and Medically Underserved Populations.

OVERVIEW OF CHNA FRAMEWORK AND PROCESS

The Community Health Needs Assessment (CHNA) process is based on the understanding that health and wellness are influenced by factors within our communities, not only within medical facilities. In gathering information on the communities served by the hospitals, we looked not only at the health conditions of the population, but also at socioeconomic factors, the physical environment, and health behaviors. Additionally, we invited key stakeholders and community members to provide additional context to the quantitative data through qualitative data in the form of interviews and listening sessions. As often as possible, equity is at the forefront of our conversations and presentation of the data, which often have biases based on collection methodology.

In addition, we recognize that there are often geographic areas where the conditions for supporting health are substantially poorer than nearby areas. Whenever possible and reliable, data is reported at the ZIP Code or census tract level. These smaller geographic areas allow us to better understand the neighborhood level needs of our communities and better address disparities within and across communities.

We reviewed data from the American Community Survey and local public health authorities. In addition, we include hospital utilization data to identify disparities in utilization by income and insurance, geography, and race/ethnicity when reliably collected.

Data Limitations and Information Gaps

While care was taken to select and gather data that would tell the story of the hospitals' service area, it is important to recognize the limitations and gaps in information that naturally occur.

- Not all desired data were readily available, so sometimes we had to rely on tangential or proxy measures or not have any data at all. For example, there is little community-level data on the incidence of mental health or substance abuse.
- Data that are gathered through interviews and surveys may be biased depending on who is willing to respond to the questions and whether they are representative of the population as a whole.
- The accuracy of data gathered through interviews and surveys depends on how consistently the questions are interpreted across all respondents and how honest people are in providing their answers.
- While most indicators are relatively consistent from year to year, other indicators are changing quickly (such as percentage of people uninsured) and the most recent data available are not a good reflection of the current state.
- Information gathered during stakeholder interviews and caregiver listening sessions is dependent on who was invited and who participated. Efforts were made to include people who could represent the broad interests of the community and/or were representative of communities of greatest need.

Process for Gathering Comments on Previous CHNA and Summary of Comments Received

Written comments were solicited on the 2017 CHNA and 2018-2020 CHIP reports, which were made widely available to the public via posting on the internet in December 2017 (CHNA) and May 2018 (CHIP), as well as through various channels with our community-based organization partners.

No comments or questions were received.

HEALTH INDICATORS

The following indicators compare Humboldt County to the state of California and the other PSJH service areas in Northern California. Red indicates a measure “worse than” that of the state, green indicates a measure “better than” the state, and yellow indicates a measure equal to that of the state.

Socioeconomic Indicators

Table 6. Socioeconomic Indicators Comparing Northern CA Counties to the State

Indicator	California	Humboldt County	Napa County	Sonoma County
Median Household Income	\$75,300	\$49,500	\$85,600	\$81,000
Children eligible for free or reduced lunch (enrolled in public schools)	60%	61%	51%	48%
Children in poverty	17%	23%	9%	12%

Humboldt County’s median household income is much lower than California overall and other PSJH service areas in northern California. While the percentage of children in poverty is higher than the state overall, the percent eligible for free or reduced lunch is roughly equivalent to the average across the state.

Physical Environment

Table 7. Physical Environment Indicators Comparing Northern CA Counties to the State

Indicator	California	Humboldt County	Napa County	Sonoma County
More than 1 occupant per room	8%	4%	8%	5%
Severe housing problems	27%	25%	22%	23%
Pollution Burden	25	13	18	15
Air pollution- particulate matter	10	9	11	10
Violent crimes (rate per 100,000 inhabitants)	421	432	398	368

Humboldt County performs generally well on physical environment indicators, with a higher violent crime rate than the state overall.

Health Outcomes

Table 8. Health Outcome Indicators Comparing Northern CA Counties to the State

Indicator	California	Humboldt County	Napa County	Sonoma County
Self-reports of fair or poor health (age-adjusted)	17%	16%	14%	14%
Self-reports of fair or poor health (ages 65+)	29%	27%	24%	24%
Asthma in children (ages 1-17)	15%	10%	24%	16%
Asthma in adults (ages 18+)	15%	18%	18%	18%
Diabetes in adults (ages 18+)	10%	7%	9%	8%
Heart disease (ages 18+)	6%	7%	7%	6%
Serious psychological distress (ages 18+)	8%	10%	6%	10%

Based on surveillance data, Humboldt County again performs better than or similarly to the state average. Children are reportedly less likely to have asthma and adults are less likely to have diabetes. However, there is a higher prevalence of serious psychological distress.

Health Behaviors

Table 9. Health Behavior Indicators Comparing Northern CA Counties to the State

Indicator	California	Humboldt County	Napa County	Sonoma County
Overweight (ages 2-11)	15%	N/A	6%	16%
Overweight or obese (ages 12-17)	38%	17%	47%	17%
Obese (ages 18+)	28%	31%	29%	24%
Sugary drink consumption (ages 18+)	11%	13%	9%	9%

Regular physical activity (ages 5-17)	17%	48%	6%	27%
Youth alcohol/drug use in the past month (7 th grade)	7%	10%	7%	9%
Youth alcohol/drug use in the past month (9 th grade)	20%	27%	15%	22%
Youth alcohol/drug use in the past month (11 th grade)	29%	45%	30%	40%
Current smoker (ages 18+)	11%	14%	10%	10%

Youth in Humboldt are far more likely than their peers elsewhere in the state to report alcohol or drug use in the past month (at 7th, 9th, and 11th grades). Adults are also more likely to report being a current smoker compared to their peers elsewhere in the state.

Clinical Care

Table 10. Clinical Care Indicators Comparing Northern CA Counties to the State

Indicator	California	Humboldt County	Napa County	Sonoma County
Uninsured (ages 0-17)	3%	4%	4%	3%
Uninsured (ages 18-64)	10%	11%	10%	9%
First trimester prenatal care	84%	80%	89%	88%
# of people per primary care physician	1,260	1,440	1,040	980
# of people per non-physician primary care provider	1,590	928	1,765	1,428
# of people per dentist	1,180	1,270	1,120	1,090
# of people per mental health provider	280	220	180	220

The percentage of people that are uninsured is slightly higher in Humboldt County than the state. The ratios of non-physician primary care providers and mental health providers to people are better in

Humboldt County compared to California. The ratios of primary care physicians and dentists to people are slightly worse in Humboldt County than the state.

See Appendix 5: Quantitative Data for data sources

Hospital Utilization Data

In addition to this public health surveillance data, our hospitals can provide timely information regarding access to care and disease burden across Humboldt County. We were particularly interested in studying potentially avoidable Emergency Department visits and Prevention Quality Indicators. Avoidable Emergency Department (AED) is reported as a percentage of all Emergency Department visits over a given time period, and are identified based on an algorithm developed by PSJH’s Population Health Care Management team based on NYU and MediCal’s definitions.

The Prevention Quality Indicators (PQIs) are similar, although they are based on in-patient admissions. Both PQIs and AED serve as proxies for inadequate access to, or engagement in, primary care. As possible, we look at the data for total utilization, frequency of diagnoses, demographics, and payer to identify disparities.

Table 11. Avoidable Emergency Department Visits for PSJH Northern California Ministries

Facility	Non-AED Visits	AED Visits	Total ED Visits	AED %
Petaluma Valley Hospital	11,765	5,100	16,865	30.2%
Queen of The Valley Medical Center	16,902	8,188	25,090	32.6%
Redwood Memorial Hospital	7,458	4,307	11,765	36.6%
Santa Rosa Memorial Hospital	23,898	12,610	36,508	34.5%
St. Joseph Hospital Eureka	16,880	11,307	28,187	40.1%
Grand Total	76,903	41,512	118,415	35.1%

Across PSJH’s northern California service areas, Redwood Memorial and St. Joseph Eureka have the highest percentage of potentially avoidable ED utilization in 2019. Individuals identifying as Native American were most likely to have an avoidable ED visit at Redwood Memorial, with patients identifying as Black/African American being most likely to have an avoidable ED visit at St. Joseph Eureka.

Potentially avoidable utilization is relatively consistent across age groups, with ZIP Codes 95501 and 95503 producing the greatest number of potentially avoidable visits at St. Joseph Eureka. These two ZIP codes were responsible for approximately 55% (6,207) of all potentially avoidable visits in 2019. There were nearly 1,500 additional visits from patients identified as experiencing homelessness (ZIP Code “ZZZZZ”), with 58% of visits by this population being categorized as avoidable.

Table 12. Avoidable Emergency Department Visits by Ministry and Patient Zip Code

Encounters by Patient Zip Code	Non-AED Visits	AED Visit	Total ED Visits	AED %
St. Joseph Hospital Eureka	16,880	11,307	28,187	40.1%

95501	5,523	3,770	9,293	40.6%
95503	4,126	2,437	6,563	37.1%
ZZZZZ	1,069	1,466	2,535	57.8%

COMMUNITY INPUT

Summary of Community Input

To better understand the unique perspectives, opinions, experiences, and knowledge of community members, representatives from St. Joseph and Redwood Memorial Hospitals conducted 10 stakeholder interviews with representatives from community-based organizations and 3 listening sessions including 14 internal caregivers. During these interviews and listening sessions, caregivers and nonprofit and government stakeholders discussed the issues and opportunities of the people, neighborhoods, and cities of the service area. Below is a high-level summary of the findings of these sessions. Full details on the protocols, findings, and attendees are available in Appendix 2.

The following findings represent the **high priority health-related needs**, based on feedback from stakeholders:

Behavioral health challenges (includes both mental health and substance use disorder) and access to care

Stakeholders described behavioral health as interconnected with several other community needs. They identified a history of **trauma, child abuse/neglect, poverty, and a lack of opportunities** as contributors to both mental health challenges and substance use disorders (SUD). Additionally, experiences with **racism and discrimination** contribute to behavioral health needs, particularly for Native Americans in Humboldt due to multi-generational trauma and lack of land access. For the Latino/a community, **xenophobia and fear related to immigration** also negatively affect mental health.

Stakeholders shared there are a lack of mental health and SUD treatment services in the community, such as **local inpatient care** for people with a serious mental illness, sufficient **psychiatrists and counselors** to meet the community need, and harm reduction services (safe and legal **injection sites** and **syringe exchange programs**). Internal stakeholders emphasized a lack of **follow-up behavioral health services** for patients once discharged from the hospital to bridge the gap until they are connected with long-term support services. More providers are needed who serve **uninsured** and **Spanish-speaking** patients.

Stakeholders were particularly concerned about a lack of support and services for **young people** because they may be sent outside of the community for short-term residential therapeutic placements or other behavioral health services. There are generally a lack of **positive activities** for young people in the community, a **lack of providers** who serve youth, specifically youth identifying as LGBTQ+, and a lack of **psychiatric inpatient hospital services** for people under 18 years. They also spoke to a need for more support for **families** and new parents, specifically more investment in **infant mental health** and early development.

Barriers to addressing these behavioral health needs include **stigma, cost of care, transportation** to services outside of the community, and a **lack of continuity of care** due to provider turnover.

**Homelessness/
lack of safe,
affordable
housing**

Stakeholders spoke to the **high cost of housing** and **lack of affordable housing** stock in Humboldt County, contributing to people living unhoused, as well as overcrowding and unhealthy living conditions for many with low incomes. Stakeholders spoke to housing as being **foundational**; people who are stably housed are better able to care for their physical and mental health and remain employed. Stakeholders were particularly concerned about housing stability and affordability **for young people** and **mixed status families**.

Stakeholders discussed a **lack of housing along the entire spectrum**: shelters, supportive housing, family-friendly transitional housing, permanent-supportive housing, and low- and very low-income housing. They also spoke to the importance of having **support for people once they are housed** and the need for more **services for people experiencing homelessness**, such as showers and adult day centers.

The **criminalization** of homelessness only exacerbates the issue and housing **discrimination** contributes to Black, Brown, Indigenous, and People of Color (BBIPOC) having more difficulty accessing good-quality, affordable housing

The following findings represent **medium-priority health-related needs** based on feedback from stakeholders and caregivers:

**Access to health
care**

Stakeholders discussed a need for more **primary care providers** and **specialists** within Humboldt County. **Transportation** to care is a consistent barrier for many, but especially older adults, people with disabilities, and those living in rural areas. Reliable public transportation within the county is a challenge, as well as travel to services outside the county, specifically traveling from the hills of Humboldt into Eureka where the majority of services are located. **Cost of care** is a major barrier for people who are uninsured or underinsured, especially mixed status households. **Appointments during work hours** and difficulty **navigating the health care system** are also barriers for people. Stakeholders shared there is a lack of **culturally responsive** and **linguistically appropriate** care for Latino/a and Native American communities, as well as a lack of respectful and competent services for transgender young people.

**Racism and
discrimination**

Stakeholders shared that racism and historical trauma prevent BBIPOC from receiving high-quality, respectful, and responsive **health care services**. They discussed how the recent history of forced sterilization of Native Americans and experimentation on Black people has contributed to distrust of health care. Stakeholders noted the "corrosive effects" of racism on the **mental health** of BBIPOC, particularly Native American communities in Humboldt County. They shared concern for the unjust treatment of Latino/a **workers** by employers and discriminatory **housing** practices that prevent BBIPOC from accessing good-quality, affordable housing. Racism is evident in **education**, with BBIPOC students, particularly Native students, not receiving appropriate special education services and being disproportionately and unfairly disciplined. Stakeholders also shared experiences of racism in **legal systems**.

Food insecurity

Stakeholders were concerned about community members' access to good-quality, nutritious food. They shared food insecurity is closely linked with **income**; families with low incomes or job loss are forced to make tradeoffs in how they spend their money. They also shared food insecurity contributes to **poor nutrition, obesity, and diabetes**. They were particularly concerned about Native American's lack of **land access**, which prevents them from gathering their traditional foods. Young people, parents with kids, and older adults may experience barriers to accessing nutritious food due to **transportation** barriers, as well as **high cost** in areas with more **convenience stores** than grocery stores. **Eligibility requirements** for SNAP are also a barrier for mixed status families and households with incomes slightly above the qualification threshold.

Stakeholders discussed the **effects of the COVID-19 pandemic** on the communities they serve:

Effects of COVID-19

Stakeholders discussed how the COVID-19 pandemic has exacerbated needs. Lack of technology, internet, and privacy have made **accessing telehealth services** more difficult and led to people delaying care. **Transportation** barriers have increased. Due to increased **job loss**, more people are being threatened with **evictions** and are unstably housed. **Isolation** has increased as a result of the pandemic, especially for young people and new parents lacking support networks. This raises concerns about increased **domestic violence** and **child abuse** with less opportunity for reporting. Older adults are **experiencing high vulnerability** due to persistent social isolation, poverty, and challenges managing daily living. Stakeholders shared concerns for increased **substance use** without support groups and increased **fear** and **anxiety** for mixed status households. They expressed concern that **COVID-19 information** has not been widely shared in languages besides English, that children are falling behind in **school**, and that families are lacking support and resources for remote learning.

See Appendix 2: Community Input: Qualitative Data

Challenges in Obtaining Community Input

Obtaining robust community input during the COVID-19 pandemic was especially challenging and prevented St. Joseph and Redwood Memorial Hospitals from completing any in-person conversations. While stakeholder interviews were easily adapted to a virtual setting through a video conferencing platform, it was not feasible to host listening sessions comprised of community members in this same way. While video conferencing does facilitate information sharing, there are challenges creating the level of dialogue that would take place in person. Additionally, due to many community organizations engaging in COVID-19 response, some organizations had limited capacity and were not able to participate in interviews.

SIGNIFICANT HEALTH NEEDS

Prioritization Process and Criteria

The Community Benefit Committee served as the oversight committee to identify and prioritize the top health-related needs in Humboldt County for the subsequent Community Health Improvement Plan. Committee members reviewed and analyzed the aggregated quantitative and qualitative data in the CHNA, as well as the needs prioritized by the community stakeholders and caregivers. The Providence St. Joseph Health Data Integration Team presented an in-depth review of publicly available data, internal utilization data, and findings from the stakeholder interviews and caregiver listening sessions. The Community Benefit Committee identified the following list of significant health needs based on the data presentation. Each member then completed an online prioritization survey identifying the top three health-related needs from the following list of significant health needs:

- Behavioral Health challenges and access to care (Mental Health & Substance Use Disorder)
- Racism and discrimination
- Access to health care
- Homelessness / lack of safe, affordable housing
- Food insecurity
- Effects of COVID-19

The following criteria were used in the prioritization process:

- Worsening trend over time
- Disproportionate impact on low income and/or Black, Brown, Indigenous, and People of Color (BBIPOC) communities
- PSJH service area/high need service area rates worse than state average and/or national benchmarks
- Opportunity to impact: organizational commitment, partnership, severity, and/or scale of need
- Alignment with existing System priorities

The Community Benefit Committee members discussed their ranking choices and refined the language and scope of the health-related needs. The results of the online criteria-based ranking and the subsequent discussion determined the CHIP priorities.

2019 Priority Needs

The list below summarizes the rank ordered significant health needs identified through the 2019 Community Health Needs Assessment process:

PRIORITY 1: MENTAL HEALTH & SUBSTANCE USE SERVICES

Mental health and substance use are recognized as being interconnected with several other community needs, with a history of trauma, child abuse/neglect, poverty, and a lack of opportunities as contributors to both mental health challenges and substance use disorders. Experiences with racism and discrimination also contribute to behavioral health needs. There is a lack of mental health and substance use services in the community; specifically, local inpatient care for adults and youth with a serious mental illness as well as follow-up care for patients once discharged, and general support for families (new parents, infants, and early development). There are insufficient psychiatrists and counselors to meet the community need, especially providers for youth, people who are uninsured, and/or Spanish-speaking residents, as well as insufficient harm reduction services (safe and legal injection sites and syringe exchange programs). Barriers to addressing these behavioral health needs include stigma, cost of care, transportation to services within and outside of the community, and a lack of continuity of care due to provider turnover.

PRIORITY 2: HOMELESSNESS / LACK OF SAFE, AFFORDABLE HOUSING

The lack of affordable, safe housing stock in Humboldt County contributes to individuals with low incomes living unhoused or in overcrowded and unhealthy living conditions. Housing is recognized as being foundational to one's health; people who are stably housed are better able to care for their physical and mental health and remain employed. There is a lack of available housing along the entire spectrum: shelters, supportive housing, family-friendly transitional housing, permanent-supportive housing, and low- and very low-income housing. There is also a lack of services for people experiencing homelessness, such as showers and adult day centers, as well as support services for people once they are housed. Housing stability and affordability for young people and people who are undocumented is of particular concern. Housing discrimination contributes to Black, Brown, Indigenous, and People of Color (BBIPOC) having more difficulty accessing good-quality, affordable housing.

PRIORITY 3: RACISM AND DISCRIMINATION

Racism and historical trauma prevent BBIPOC from receiving high-quality, respectful, and responsive health care services. The recent history of forced sterilization of Native American people and experimentation on Black people has contributed to distrust of health care. Stakeholders noted a "corrosive effect" of racism on the mental health of BBIPOC, particularly Native American communities in Humboldt County. The unjust treatment of Latino/a workers by employers and discriminatory housing practices prevent BBIPOC from accessing good-quality, affordable housing. Racism is evident in education, with BBIPOC students, particularly Native students, not receiving appropriate special education services and being disproportionately and unfairly disciplined. Stakeholders also shared experiences of racism in legal systems.

PRIORITY 4: ACCESS TO HEALTH CARE

There is an overall lack of primary care providers and specialists within Humboldt County. Transportation to care is a consistent barrier for many, but especially older adults, people with disabilities, and those living in rural areas. Reliable public transportation within the county is a challenge, as well as travel to services outside the county, specifically traveling from the hills of Humboldt into Eureka where most services are located. Cost of care is a major barrier for people who are uninsured or underinsured, especially mixed status households. Appointments during work hours and difficulty navigating the health care system are also barriers. There is a lack of culturally responsive and linguistically appropriate care for Latino/a and Native American communities, as well as a lack of respectful and competent services for transgender youth.

Potential Resources Available to Address Significant Health Needs

Understanding the potential resources to address significant health needs is fundamental to determining current state capacity and gaps. The organized health care delivery systems include the Department of Public Health, Mad River Community Hospital, Open Door Community Health Centers, Sempervirens Psychiatric Health Facility, United Indian Health Services, K'ima:w Medical Center, and Jerold Phelps Community Hospital. In addition, there are numerous social service non-profit agencies, faith-based organizations, and private and public-school systems that contribute resources to address these identified needs. For a list of potentially available resources available to address significant health needs see Appendix 4.

Appendix 3: Resources potentially available to address the significant health needs identified through the CHNA

EVALUATION OF 2018-2020 CHIP IMPACT

This report evaluates the impact of the 2018-2020 Community Health Improvement Plan (CHIP). St. Joseph and Redwood Memorial Hospitals responded to community needs by making investments of direct funding, time, and resources to internal and external programs dedicated to addressing the previously prioritized needs using evidence-based and leading practices.

Table 13. Outcomes from 2018-2020 CHIP

Priority Need	Program or Service Name	Results/Outcomes	Type of Support
Housing	Onyx Apartments	Renovation of former care home into 10 units of permanent supportive housing for families with children experiencing homelessness	Financial support for renovations and ongoing supportive services; collaborative partner
Housing	Medical Respite	Expansion of medical respite program from 5 to 15 beds; serves patients who are experiencing homelessness and ready for discharge from the hospital but need additional recuperation time; 5,332 respite bed days from 2018-2020 a 54% increase from prior CHIP	Financial support to pay for 15 medical respite beds in 3 locations; CARE Network is a core hospital Community Health Investment program and utilizes a multi-disciplinary team of RN, social worker and community health worker to provide complex community care management
Housing	Evergreen Lodge	2020 marks the 30 th anniversary of Evergreen Lodge, a core hospital Community Health Investment program. 1,282 patients stayed a total of 8,940 nights at the lodge during the 2018-2020 CHIP period	Evergreen Lodge is a core hospital Community Health Investment program, supported by an advisory board of community members and utilizes a social worker and several dedicated hospital volunteers to run the lodge
Mental Health & Substance Use	Waterfront Recovery Services	Creation of a 56-bed medically managed detoxification and residential treatment facility; Drug Medi-Cal certified by the state of California	Financial support to expand services and scale to meet community need and in preparation for change to Drug Medi-Cal Organized Delivery System

Mental Health & Substance Use	Paso a Paso – Healthy Kids & Families	Stigma reduction, a variety of upstream mental health and wellness activities for the Latino community; contracted with a Spanish-speaking LCSW to provide psychotherapy	Paso a Paso (Healthy Kids & Families) is a core hospital Community Health Investment program and utilizes a social worker and community health workers (<i>promotores de salud</i>) to support Latino families
Mental Health & Substance Use	CARE Network	Expansion of Substance Use related service lines for the hospital CARE Network program; participation in the ED BRIDGE program and the Humboldt RISE project supporting pregnant people with a SUD; addition of a social worker to provide SDOH support to patients of the SJH Medical Group primary care office	Collaborative partner; CARE Network is a core hospital Community Health Investment program
Food Insecurity	Community Resource Centers (CRCs)	Increased activities and programs to address food insecurity in the five micro-communities served by the hospital Community Resource Centers (CalFresh outreach, food pantries, emergency food bags, free produce stands, community gardens, summer lunches for kids); strong collaboration with local food bank, Food for People	The CRCs are a core hospital Community Health Investment program that utilize a coordinator to run programs and develop strategic partnerships to support under-resourced communities
Food Insecurity	Hospital farm direct purchasing	With technical assistance provided by CAFF, the Community Alliance with Family Farmers, both hospital cafes began farm-direct purchasing during the 2018-2020 CHIP period; seasonal produce swap outs as well as Humboldt grass-fed beef were purchased	Financial support for technical assistance grant to CAFF and funds for local food purchases provided
Food Insecurity	Care for the Poor Community Grants	Grant program that utilizes Care for the Poor tithe to fund community partners that are working in areas that align with CHNA priority needs; 36 food insecurity grants made over the 2018-2020 CHIP period, totaling \$422,000	Financial support to community partners working in the priority need area of food insecurity

Addressing Identified Needs

The Community Health Improvement Plan developed for the St. Joseph and Redwood Memorial Hospitals service area will consider the prioritized health needs identified in this CHNA and develop strategies to address needs considering resources, community capacity, and core competencies. Those strategies will be documented in the CHIP, describing how St. Joseph and Redwood Memorial hospital plans to address the health needs. If the hospital does not intend to address a need or plans to have limited response to the identified need, the CHIP will explain why. The CHIP will not only describe the actions St. Joseph and Redwood Memorial hospital intends to take, but also the anticipated impact of these actions and the resources the hospital plans to commit to address the health need.

Because partnership is important when addressing health needs, the CHIP will describe any planned collaboration between St. Joseph and Redwood Memorial hospital and community-based organizations in addressing the health need. The CHIP will be approved and made publicly available no later than December 31, 2020.

2019 CHNA GOVERNANCE APPROVAL

This Community Health Needs Assessment was adopted by the St. Joseph and Redwood Memorial Community Benefit Committee⁴ of the hospital on October 20, 2020.

Kevin Klockenga

11/2/2020

Kevin Klockenga
Region Chief Executive, Northern California

Date

Becky Giacomini

10/20/2020

Becky Giacomini
Chair, St. Joseph and Redwood Memorial Hospital Community Benefit Committee

Date



11/06/2020

Joel Gilbertson
Executive Vice President, Community Partnerships
Providence St. Joseph Health

Date

CHNA/CHIP Contact:

Martha Shanahan
Director, Community Health Investment
2700 Dolbeer Street, Eureka CA 95501
Martha.Shanahan@stjoe.org

To request a copy free of charge, provide comments, or view electronic copies of current and previous Community Health Needs Assessments, please email CHI@providence.org.

⁴ See Appendix 4: St. Joseph and Redwood Memorial Hospital Community Benefit Committee

Sector: Hospital, Community-based Organization, Education, Affordable Housing

APPENDICES

Appendix 1: Definition of Terms

Access to health care services: The timely use of personal health services to achieve the best health outcomes (excluding oral health and behavioral health care services, which are included in other categories). Health care services include primary care providers, pediatricians, OB/GYN, and specialists. Access encompasses issues around insurance coverage, cost of care, timing and availability of appointments, geographic availability, availability of culturally responsive and linguistically appropriate providers, and navigating the complexities of the health care system.

Access to oral health care services: The timely use of oral health care services to achieve the best health outcomes related to dental care, tooth loss, oral cancer, and gum disease. Access encompasses issues around insurance coverage, cost of care, timing and availability of appointments, geographic availability, availability of culturally responsive and linguistically appropriate providers, and navigating the complexities of the health care system. Access to safe, nearby transportation

Accessibility for people with disabilities: The ease with which a person with a disability can utilize or navigate a product, device, service, or environment.

Affordable daycare and preschools: All families, regardless of income, can find high-quality, reasonably priced, convenient childcare options for their children birth to five. This includes free or reduced cost daycare and preschools for families that meet certain income requirements.

Ageing problems: The challenges faced by adults as they age, specifically those over the age of 65, who may experience memory, hearing, vision, and mobility challenges. Adults over the age of 65 make up a larger percentage of the U.S. population than ever before and require specific supportive services related to health care, housing, mobility, etc.

Air quality: The degree to which the air is pollution and smoke-free.

Avoidable Emergency Department Utilization (AED): Based on algorithms by MediCal and NYU, PSJH Healthcare Intelligence developed an “AED” flag. This is a list of conditions by diagnostic code that should not require Emergency Department care and are better treated at a more appropriate level of care. Reported at the hospital level and by payor group.

Behavioral health challenges and access to care: Includes challenges related to both mental health and substance use disorders, as well as difficulties getting the support services and care to address related challenges. Covers all areas of emotional and social well-being for all ages, including issues of stress, depression, coping skills, as well as more serious health conditions such as mental illness and Adverse Childhood Experiences. Access encompasses issues around insurance coverage, cost of care, timing and availability of appointments, geographic availability, availability of culturally responsive and linguistically appropriate providers, and navigating the complexities of the health care system.

Bullying and verbal abuse: Put downs and personal attacks that cause a person emotional harm. Examples include name calling, shaming, jokes at the expense of someone else, excessive criticism, yelling and swearing, and threats. Specifically referring to instances taking place outside of the home, in places in the community such as school and the workplace.

Child abuse and neglect: “Injury, sexual abuse, sexual exploitation, negligent treatment or maltreatment of a child by any person under circumstances which indicate that the child’s health, welfare, and safety is harmed.”²

Discrimination: Treating a person unfairly because of who they are or because they possess certain characteristics or identities. Examples of characteristics or identities that are discriminated against

include the following: age, gender, race, sexual orientation, disability, religion, pregnancy and maternity, gender reassignment, and marriage and civil partnership.³

Domestic violence: Also called intimate partner violence, “a pattern of abusive behavior in any relationship that is used by one partner to gain or maintain control over another intimate partner.”⁴

Economic Insecurity: Lacking stable income or other resources to support a standard of living now and in the foreseeable future.

Few arts and cultural events: A lack of representation of different cultures and groups in the community demonstrated through music, dance, painting, crafts, etc.

Firearm-related injuries: Gun-related deaths and injuries.

Food insecurity: A lack of consistent access to enough good-quality, healthy food for an active, healthy life.

Gang activity/ violence: Encompasses the incidence of crime and violence in the community as well as the fear of it, which prevents people from using open space or enjoying their community.

Health Equity: A principle meaning that “everyone has a fair and just opportunity to be as healthy as possible. This requires removing obstacles to health such as poverty, discrimination, and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care. For the purposes of measurement, health equity means reducing and ultimately eliminating disparities in health and its determinants that adversely affect excluded or marginalized groups.”⁵

HIV/AIDS: Acquired immunodeficiency syndrome (AIDS), a chronic potentially life-threatening condition caused by the human immunodeficiency virus (HIV). Refers to challenges addressing the spread of HIV in the community and challenges providing treatment, support, and health education related to HIV and AIDS.

Homelessness/ lack of safe, affordable housing: Affordability, availability, overcrowding, and quality of housing available in the community. Includes the state of having no shelter or inadequate shelter.

Job skills training: Occupational training with an emphasis on developing the necessary skills to support and guide individuals in finding jobs that meet their interests and pay a livable wage.

Lack of community involvement: Individuals in a defined geographic area do not actively engage in the identification of their needs, nor do they participate in addressing those needs.

Obesity: Primarily defined as the health condition in which individuals are sufficiently overweight as to have detrimental effects on their overall health. This does not include issues of exercise or food choices, which are listed as separate issues.

Poor quality of schools: Schools that do not provide a quality education to all students regardless of race, ethnicity, gender, socioeconomic status, or geographic location. A quality education is defined as one that “provides the outcomes needed for individuals, communities, and societies to prosper. It allows schools to align and integrate fully with their communities and access a range of services across sectors designed to support the educational development of their students.”⁶

Racism: “Prejudice against someone based on race, when those prejudices are reinforced by systems of power.”⁷

Safe and accessible parks/recreation: Issues around a shortage of parks or green spaces, or existing parks/green spaces being poorly maintained, inaccessible, or unsafe.

Safe streets for all users: People walking, biking, driving, and using public transportation can generally trust that they are safe on the road. Includes safety features such as crosswalks, bike lanes, lighting, and speed limits.

Social Determinants of Health: Conditions in the environment in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.

Unemployment/ lack of living wage jobs: Not having employment or lacking a job that pays the minimum income necessary for a worker to meet their basic needs.

Appendix 2: Community Input

INTRODUCTION

St. Joseph and Redwood Memorial Hospitals conducted stakeholder interviews and caregiver listening sessions, recognizing the importance of including the voices of community leaders who help make Humboldt County healthier. Listening to and engaging with the people who live and work in the community is a crucial component of the CHNA, as these individuals have firsthand knowledge of the needs and strengths of the community. The stakeholder interviews are particularly important this CHNA cycle as the COVID-19 pandemic has prevented us from facilitating listening sessions with community members. We relied on community stakeholders to represent the broad needs of the communities they serve.

St. Joseph and Redwood Memorial Hospitals included interviews from 10 stakeholders, people who are invested in the wellbeing of the community and have first-hand knowledge of community needs and strengths. They also included 3 listening sessions including 14 internal caregivers who provide direct services to communities. The goal of the interviews and listening sessions was to identify what needs are currently not being met in the community and what assets could be leveraged to address these needs.

METHODOLOGY

Selection

A total of 3 listening sessions were completed with 14 internal caregivers who represent the needs and challenges of the clients they serve.

Apx 2_ Table 1: Caregiver Listening Session Participants

Session Date	Represented Program	Stakeholder Name	Title	Sector
6/3/2020	CARE Network	Christine Williams, MSW	Social Work Coordinator	Healthcare Support Services, Care Coordination
		Gabrielle Kelly, BSW	Social Worker	
		Hannah Lippe, MSW	Perinatal Substance Use Navigator	
		Michael Finamore, RN, PHN	Nurse	
		Yvette Cerna	Substance Use Navigator	
6/4/2020	Paso a Paso	Haydee Hopkins, MSW	Social Worker	

		Jessica Larios Eusebio	Lead Community Health Worker	Healthcare Support Services, Latino support
		Jorge Matias	Community Health Worker	
		Soledad Torres	Program Coordinator	
	Healthy Kids Humboldt	Lucy Silveira	Community Health Worker	
		Marcelina Mejia de Castillo	Lead Community Health Worker	
6/10/2020	Eureka Community Resource Center	Brian Olson	Sr. Community Progr/Services Coordinator	Healthcare Support Services, SDOH
	Willow Creek Community Resource Center	Karen Diers	Sr. Community Progr/Services Coordinator	
		Tamara Jenkinson, MSW	Social Worker	
	Blue Lake Community Resource Center	Kim Rios	Sr. Community Progr/Services Coordinator	
	Loleta Community Resource Center	Marina Cortez-Hash	Sr. Community Progr/Services Coordinator	
	Rio Dell Community Resource Center	Sara Faught	Sr. Community Progr/Services Coordinator	

A total of 10 stakeholder interviews were completed by representatives from St. Joseph and Redwood Memorial Hospitals. Stakeholders were selected based on their knowledge of the community and engagement in work that directly serves people who have low incomes, have chronic conditions, and/or are medically underserved. St. Joseph and Redwood Memorial Hospitals aimed to engage stakeholders from social service agencies, health care, education, housing, and government, among others, to ensure a wide range of perspectives. Included in the interviews was a representative from the Humboldt County Department of Health and Human Services.

Apx 2_ Table 2: Community Stakeholder Interview Participants

Organization	Name	Title	Sector
Veterans Administration (VA), San Francisco Vet Center	Jesse Wade, PsyD	Clinical Psychologist	Mental Health, Veterans
0-8 Mental Health Collaborative	Beth Heavlin, MA	Coordinator	Mental Health, Children Ages 0-8
National Association for the Advancement of Colored People (NAACP) of Humboldt County	Sharrone Blanck	President	Racial Equity
Healy Senior Center	Nick Vogel	Interim Executive Director	Seniors, South Humboldt
Yurok Tribal Courts	Judge Abby Abinanti	Honorable	Yurok Tribal Legal System, California Legal System
Humboldt County Department of Health and Human Services (DHHS), Humboldt County Transition Age Youth Collaborative (HCTAYC)	Calla Peltier-Olson	Youth Organizer—Social Worker	Transitional Age Youth, Mental Health, LGBTQIA+, Substance Use, Housing & Homelessness
Humboldt Area Foundation (HAF), Native Cultures Funds	Lindsie Bear	Senior Program Director	Community Foundation, Native Nations
Gina Walker, MA, LMFT	Ginette 'Gina' Walker, LMFT	Mental Health Counselor	Mental Health, Latino Mental Health
Arcata Economic Development Corporation (AEDC)	Susan Seaman	Program Director	Economic Development, Jobs, Mayor of Eureka
Legal Services of the Northern California	Gregory Holtz	Staff Attorney	Legal Services

Facilitation Guide

Providence St. Joseph Health developed a facilitation guide that was used across all hospitals completing their 2019 CHNAs (see “Stakeholder Interview and Listening Sessions Questions” at end of Appendix 1 for full questions):

- The role of the stakeholder’s organization and community served
- Prioritization of unmet health related needs in the community, including social determinants of health
- Populations disproportionately affected by the unmet health-related needs
- Gaps in services that contribute to unmet health-related needs
- Barriers that contribute to unmet health-related needs
- Community assets that address these health-related needs
- Opportunities for collaboration between organizations

Training

The facilitation guide provided instructions on how to conduct a stakeholder interview, including basic language on framing the purpose of the interview. Each facilitator was provided a list of questions to ask the stakeholder.

Data Collection

The facilitator conducted all of the interviews using the Microsoft Teams platforms and recorded the interviews with participants’ permission.

Analysis

Qualitative data analysis of stakeholder interviews was conducted by Providence St. Joseph Health using Atlas.ti, a qualitative data analysis software. The data were coded into themes, which allows the grouping of similar ideas across the interviews, while preserving the individual voice.

The recorded interviews were sent to a third party for transcription. The analyst listened to all audio files to ensure accurate transcription. The stakeholder names were removed from the files and assigned a number to reduce the potential for coding bias. The files were imported into Atlas.ti. The analyst read through the notes and developed a preliminary list of codes, or common topics that were mentioned multiple times. These codes represent themes from the dataset and help organize the notes into smaller pieces of information that can be rearranged to tell a story. The analyst developed a definition for each code which explained what information would be included in that code. The analyst coded eight domains relating to the topics of the questions: 1) role of organization, 2) population served by organization, 3) unmet health-related needs, 4) disproportionately affected population, 5) gaps in services, 6) barriers to services, 7) community assets, and 8) opportunities to work together.

The analyst then coded the information line by line. All information was coded and new codes were created as necessary. All quotations, or other discrete information from the notes, were coded with a domain and a theme. Codes were then refined to better represent the information. Codes with only one

or two quotations were coded as “other,” and similar codes were grouped together into the same category. The analyst reviewed the code definitions and revised as necessary to best represent the information included in the code.

The analyst determined the frequency each code was applied to the dataset, highlighting which codes were mentioned most frequently. The analyst used the query tool and the co-occurrence table to better understand which codes were used frequently together. For example, the code “mental health” can occur often with the code “stigma.” Codes for unmet health-related needs were cross-referenced with the domains to better understand the populations most affected by a certain unmet health-related need and the barriers to addressing those needs. The analyst documented patterns from the dataset related to the frequency of codes and codes that were typically used together.

FINDINGS FROM STAKEHOLDER INTERVIEWS AND LISTENING SESSIONS

Stakeholders and caregivers were asked to identify their top five health-related needs in the community. Two needs were mentioned in most interviews and listening sessions and were categorized as high priority. Three additional needs were also frequently prioritized and categorized as medium priority. The effects of the COVID-19 pandemic will be woven throughout the following sections on health-related needs but will also be summarized in its own section.

High Priority Unmet Health-Related Needs

Across the board, stakeholders and caregivers were most concerned about the following health-related needs (in order of priority):

1. Behavioral health challenges (includes both mental health and substance use disorder) and access to behavioral health care
2. Homelessness/ lack of safe, affordable housing

Behavioral health challenges (includes both mental health and substance use disorder) and access to care

Participants described behavioral health as interconnected with several other community needs, including the following:

- **Early childhood trauma, domestic violence and child abuse/neglect**
- **Poverty and lack of opportunities:** Participants shared that if behavioral health challenges are unaddressed, they can lead to loss of income and interactions with law enforcement. On the other hand, poverty and lack of opportunities can contribute to feelings of hopelessness, stress, and other behavioral health needs.
- **Racism and discrimination:** Particularly for the Native American community in Humboldt, generational trauma can have a negative affect on mental health and well-being. They spoke to Native people experiencing public bigotry and segregation. Additionally, participants spoke to the importance of **land access** and being connected to the land for ceremonies and gathering

traditional foods. Years of being cut off from Native lands harms the mental health of Native people.

“There is strong correlation between having a sense of place and a sense of heritage and connection and set of values and beliefs that are not settler-colonial beliefs that lead to resilience and really decrease suicide. That's one of the really specific places that we see a health outcome.”—Community Stakeholder

“This was so at the root of so many of their traditions and they have access to so little land on which to either practice ceremony or to gather that when we asked them what was the biggest barrier to their well-being, overwhelmingly in this area and across California, they said land access. I think that's what people were expressing is that being cut off the land and all the things that a Native person is supposed to be doing on the land for their own well-being and for the well-being of their environment is the root cause of a lot of these health issues.”—Community Stakeholder

- **Xenophobia and fear related to immigration:** Participants shared they are seeing Latino/a people experience a lot of stress and fear related to the current administration, contributing to depression and people not feeling safe.

Participants shared there are a lack of mental health and substance use disorder (SUD) treatment services in the community including the following:

- **Sufficient psychiatrists and counselors to meet the community need:** Participants noted needing more providers to serve patients who are uninsured, patients who speak Spanish, and young people, especially those who identify as LGBTQ+.
- **Harm reduction services:** Participants noted needing support groups that meet people where they are, safe and legal injection sites, and more syringe exchange programs.
- **Follow-up behavioral health services for patients:** Internal caregivers in particular noted a need for these follow-up services to help bridge the gap until patients are connected with long-term support services

“We can only do so much when people are discharged into the community and they have weeks until they can get in to see their providers or even get an assessment at Mental Health. Oftentimes people who are leaving the hospital are extremely depressed and have a lot going on, super high risk to fall back into the same patterns that hospitalized them before, but we don't have those services for the in-between.” – Caregiver

Participants were particularly concerned about appropriate services available for young people for the following reasons:

- **A lack of LGBTQ-friendly providers:** Participants noted a lack of providers that are competent in serving and responsive to meeting the needs of LGBTQ+ young people.

- **A lack of positive activities in Humboldt:** Participants noted young people may not always have positive outlets in Humboldt, such as positive programming, which may lead them to resort to partying and drinking for entertainment.

“Through all of those data-gathering processes, one of the most significant overriding messages that young people shared was that there isn't a lot of positive things to do in our community. As a result of there being 24/7 safe spaces that they can go and access to hang out, or low-cost arcades, or other activities that they can go and engage in, programming designed for older high school age, young people that have been pushed out of schools into community schools or independent study, they tend to engage in activities that aren't necessarily good for their wellness. Most of the young people that we're talking about, their own struggles with substance use, they really focused, 'I got into partying because there wasn't really anything else to do here'” – Community Stakeholder

- **Lack of inpatient services:** Participants noted a lack of psychiatric and SUD treatment inpatient services for Transitional Age Youth and young people. There is no local inpatient care for people with a serious mental illness.

“If you have a family member who has a serious mental illness, including a child, we don't have local services that are appropriate. That is a tremendously stressful thing because parents, in such a vulnerable demographic, they don't have a job that has two weeks' vacation, even. They don't have the money to go down to Santa Rosa to even do the weekend. A child can end up in the hospital down there and just far away from their family. I see that as a gap for folks with serious mental illness that need inpatient care.”— Community Stakeholder

- **Lack of essential providers for juvenile justice and foster youth:** Stakeholders shared Humboldt County lacks Short Term Therapeutic Residential Placements (STRTPs) for foster youth and youth in juvenile justice to receive intensive therapeutic support and live within a family setting. Without these programs locally, young people are sent out of the area; being removed from their community can be traumatic for young people.

“With the new continuum of care reform that the state of California started in 2016, the designation of group homes went away, and communities were supposed to develop these things called Short Term Therapeutic Residential Placements, STRTPs. Those are supposed to be therapeutic placements where foster youth, youth in juvenile justice receive intensive therapeutic support no more than a six month time span so that they would be able to live within a family setting.

Because we don't have any of those types of programs here in Humboldt County, all of our young people are being sent out of the area. The trauma that is associated with being removed from your community and being placed in an area where you have no connections, no familiarity with other young people in a congregate care situation that don't have your similar cultural experience or lived experience of technology and struggle, identity, et cetera, when they do come back, it's very difficult for them to maintain the skill that they

learned. As a result, a lot of our young people are being placed in resource families, AKA foster homes out of the area as well.”—Community Stakeholder

- **Substance use as a method of survival for youth experiencing homelessness:** Participants shared young people may use substances to stay awake and safe, highlighting the intersection between behavioral health and homelessness.

Participants identified the following populations as needing particular support in accessing responsive, high-quality mental health support:

- **The Latino/a community:** Participants noted there is a lack of mental health providers who are bilingual and bicultural. They also noted that for mixed status families (families with a combination of documentation statuses) accessing health insurance can be a challenge.
- **Families and new parents:** Participants explained a need for better support services for families transitioning into parenthood, stressing that relational health is critical, particularly when considering the statistics around postpartum depression. They recommended more investment in **infant mental health**.
- **Mental health providers:** Participants were concerned about burnout of mental health providers, noting a lack of support and opportunity for reflection and communication about the work they are doing.

“One of the unmet needs is the layers of our practitioner and that we really need to have a high level of health and quality for our practitioners and that's where the reflective practice work comes in. I'm thinking about our child welfare system and the challenge that that job has to have on one's mental health and well-being. Then if they're going to go out and provide infant-family early childhood mental health support to families, that means the practitioner has to be well regulated and be able to really stop and understand the services that they're providing and the impact that it has. I see burnout and a lot of transition in positions like that because the staff and the practitioners who are doing that work aren't well supported with the opportunity for reflection and communication about the work that they're doing.”—Community Stakeholder

Barriers to addressing these behavioral health needs include the following:

- **Stigma**
- **Cost of care**, particularly for people without insurance
- **Transportation** to services outside of the community: Some services in Humboldt county are spread out. Because services are not co-located people end up traveling to different places for different health services.
- **A lack of continuity of care** due to provider turnover and burnout

The **COVID-19 pandemic** has only increased mental challenges and created additional barriers to care. Participants were especially concerned about **older adults** who may be experiencing high vulnerability

due to persistent social isolation. They shared the number one complaint is loneliness and stressed the seriousness of the concern.

“I still get a little miffed that this is discounted and not looked at as important as it is. The social isolation that seniors are going through right now is dead serious. It is not healthy. They are stressed. They are lonely and their social and mental health is being severely impacted. It's a double-edged sword, because on one hand, we're very happy to hear that we're helping them keep their freezers and fridges stocked. They have plenty to eat. Even when there were rolling blackouts last year, where power was going out, we made sure to stock everybody up with frozen foods. We're really good on making sure that they're fed.

The pandemic has taken it to a level where I'm genuinely worried about social health, genuinely worried about it. It is the number one complaint we get right now is just, 'I'm lonely. I wish I had somebody to visit with.' It's one thing to talk on the phone, but they all came to the Healy and gravitated to improve their social health and have a hot meal together. Now they don't get to do that and it's jarring. The loneliness is absolutely real with seniors right now. It's pretty serious.” – Community Stakeholder

They were also concerned about increased isolation of **young people** and **new parents** who may not have access to their support networks and feeling more alone. Participants shared a concern for **mixed status families** who may be experiencing increased anxiety and fear during the pandemic and not have access to government-funded support programs.

People with a SUD who rely on support groups may also be isolated from their community and networks.

Participants noted that not all people can successfully engage in **telehealth** appointments due to a lack of broadband and/or privacy to have honest conversations with their provider.

“Also just being able to do something. Like having a lot of kids, the kids are home now, so folks can't come. Even if they can schedule, I guess it goes to privacy, but let's say that even if they could go outside and do it or go to their car, they still need somebody to take care of the toddler in the house and those things. I would say that COVID has really impacted us a lot that way.” – Community Stakeholder

Homelessness/ lack of safe, affordable housing

Participants described homelessness and housing instability as a **complex challenge** in Humboldt County. They described there being “shantytowns in downtown.”

“Like I said, I think housing is incredibly difficult for people to get too, especially folks who don't have documentation to give them some of the rights that others in our communities have. I see a lot of exploitation. We have shantytowns. We have what looks like a shantytown. We see pictures of Haiti. There's a little place that looks you could be in Haiti, right smack in the middle of Fortuna.” – Community Stakeholder

They also noted homelessness can look different on **reservations** compared to urban areas. They described overcrowding of homes on reservations and people in tents living on family land. In **urban areas** people may be sleeping unsheltered and be visible on the street. There are also people living in the **green belts** in the forest. Participants were particularly concerned about older adults living unhoused in the forest.

“Meanwhile, the green belts in the forest have a lot, I mean, a lot of houseless folks living out there in the forest right now. It’s a pretty pervasive problem. We hear often from... the folks at that community group down there called SoHum Housing Opportunities, where we interact with them a lot. We’re definitely concerned because a good chunk of those folks in the forest and green belts that are houseless are all over 60. We’re definitely concerned.”—

Community Stakeholder

Participants explained that addressing housing instability and homelessness is important because housing is foundational to well-being; people who are stably housed are better able to address their other needs. They shared that being stably housed leads to stable **employment**.

“It helps significantly to have a roof over your head to be able to hold a job. A lot of people who are homeless, that’s a big struggle for them, is it’s very hard to consistently get to work when you don’t have a home that you’re working out of access to showers and things like that.”—

Community Stakeholder

They also shared that housing is connected to **health** and noted that sleeping unhoused, couch surfing, or living in substandard housing with mold are all detrimental to a person’s health. People who are stably housed are better able to address their health challenges.

“Housing. Housing, housing, housing. I just think that that is the single most important aspect to the social problems and the access to care problems that we have. It’s very, very difficult to have this relationship with a provider if you’re homeless just because of transportation or because of self-organization or whatever. I think that we just see that housing, whether or not it’s a supportive housing or not, is just really important to have for people to be able to get their health on track.”—

Caregiver

Participants spoke to **the high cost of housing** and **lack of affordable housing stock** in Humboldt County, contributing to people living unhoused, as well as overcrowding and unhealthy living conditions for many with low incomes. They discussed a need for more of the following:

- **Low- and very low-income housing:** Participants were primarily concerned with a lack of housing that is safe, good-quality, and specifically affordable for families with low- and very low-incomes.
- **Housing along the entire spectrum:** Participants spoke to needing more shelters, supportive housing, and permanent housing. They discussed how some of the rules at shelters, such as not allowing pets or partners, can create barriers in themselves. Additionally, they noted needing more transitional housing, especially family-friendly housing, and support moving people along the spectrum of housing.

“Yes, and sobriety. Different shelters have different rules about whether people can be under the influence and how much under the influence. I think that creates a barrier. Then the pets. These pets are these people's lives. It's safety, it's companionship, it's everything. Conditioning a roof for a night with getting rid of the animals, just- it's not going to happen. Then the partners, whether it's same sex partners or opposite sex partners, having to leave that person with whom you've kind of teamed up- again, maybe for safety, maybe for romance, who knows? But having to uncouple, I think only increases the trauma of living on the streets.”—Community Stakeholder

- **Support services for people once housed:** Participants noted that keeping people stably housed is just as important as getting people into housing. They noted having someone to check in on them, care about how they are doing in their housing, and offer support is important.

“A lot of our population who is homeless, it is hard to break that cycle, and then they really do get discriminated, especially for people who have burned bridges all over. It is hard to find housing for people who have been living that life for a while.” – Caregiver

- **Homelessness services:** There is a need for showers, adult day centers, and public restrooms. Participants shared there are few “legal spaces” for people to be living unhoused.

“Those experiencing homelessness have no place to legally be during the day, and we are in great need of a day-use area, where people can access services with ease.”—Caregiver

Participants discussed how the **criminalization of homelessness** only exacerbates the challenge and leads to distrust among people experiencing homelessness and law enforcement. They shared that ticketing people and unpaid fines contribute to further financial challenges and potentially losing their car, worsening the problem.

“I think there's also a lot of mistrust among people on the streets and law enforcement. I know there's been work to combat that. We have the uplift van driving around, but-- And I think that a lot of law enforcement would agree that homelessness is not a law enforcement problem, but I still think as a community, that's how we're responding to it. Ticketing people, shooing them, moving them along, and I think that's a problem. Someone explained it to me as plate of sand- trying to end homelessness is like hitting a plate of sand with a hammer; you can scatter a bunch of people, but they all end up somewhere else. You actually have to do more than just move people along to end homelessness... I do know that the law enforcement response to it isn't working. It's not ending homelessness. It's just making it harder for people to recover because now, they have convictions around unpaid fines or they've lost their car or whatever it is, and that's again, not helping.” – Community Stakeholder

Housing discrimination contributes to Black, Brown, Indigenous and People of Color (BBIPOC) having more difficulty accessing good-quality, affordable housing.

Participants were particularly concerned about housing stability and affordability for the following populations:

- **Mixed status families:** Citizenship requirements for Section 8 housing and other federally-funded programs prevent mixed status families from accessing housing support programs.

“Definitely, affordable housing, we all agree that it's a big need. We know it affects everybody, but a population that has even additional barriers would be the undocumented population because they won't qualify for Section 8 or any programs that are federally-funded, so they're left out of all of those possibilities”—Caregiver

“Like I said, I think housing is incredibly difficult for people to get to, especially folks who don't have documentation to give them some of the rights that others in our communities have. I see a lot of exploitation.” – Community Stakeholder

- **Young people:** Participants shared there are few affordable housing options for young people and no shelters or transitional housing options specifically for the age group. They noted a need to support young people in developing/building the skillset to live independently. Additionally, there are no appropriate services for youth experiencing homelessness with a behavioral health challenge. They typically end up in a psychiatric facility with older adults where there is the potential to experience further trauma and victimization.

- **Veterans**

To address homelessness, participants discussed the importance of engaging people with **lived experience** in the conversation.

“Bringing more of those voices into our discussions, so we can hear what the solutions are, what the problems are. I think part of the problem with solving homelessness is it's a bunch of people who are not homeless trying to solve it, me included. I don't think we listen enough to the people who are experiencing it to adequately address it.” – Community Stakeholder

The **COVID-19 pandemic** has made it more challenging for people to get into housing right now, especially transitional housing. It is also challenging to get into a shelter because people need to provide documentation of where they have been for the past two weeks, adding additional barriers.

Participants spoke to the “looming wave of **evictions**” they expect to see once the eviction moratorium is lifted. People are having difficulty paying their rent and, while illegal, landlords are shutting off utilities, changing the locks while people are out, and removing belongings. They noted this is happening more in rural areas where law enforcement might not want to get involved.

“But in terms of getting notices and getting threats, we've seen a lot of that. The thing we've seen an increase in, which I see as related, is landlords engaging in self-help behavior. Meaning, shutting off utilities, changing locks while people are out, just blatantly showing up and removing their belongings and telling them, ‘I own the house. You're out.’ I see a lot of that now and that's firm-wide as well. Particularly, in the more rural areas where law enforcement is not necessarily trained and doesn't really want to get involved, and not

getting involved when a landlord is there moving someone out, means allowing the law to be broken. That's frightening because there's not a lot we can do if law enforcement won't enforce the law.” – Community Stakeholder

Medium Priority Unmet Health-Related Needs

Three additional needs were often prioritized by stakeholders, although with less frequency than homelessness and behavioral health (in order of priority):

3. Access to health care
4. Racism and discrimination
5. Food insecurity

Access to health care

Participants shared the following community needs to improve access to care:

- **More primary care providers and specialists within Humboldt County:** Participants’ primary concern was that patients have to travel to Santa Rosa or San Francisco for certain specialists that are not in Humboldt County.

“Talking to some of my clients, they still mentioned it that whenever they want to see any specialist, they have to travel to one in Santa Rosa or San Francisco because we don't have that specialist here in Humboldt. I see that as a big problem.”– Caregiver

- **Improved integration of traditional medicine into Western health care:** Participants spoke to the separation of these two forms of healing as a barrier towards holistic care, leading to disengagement and lack of trust from communities that participate in traditional healing.
- **Improved communication between health systems:** Participants spoke to the need to improve patient coordination, particularly between the Veterans Affairs and other hospitals. Because of different electronic health record systems, sharing information is challenging.

Participants noted a variety of barriers to care, including the following:

- **Transportation:** Participants’ frequently noted transportation as a consistent barrier for many, but especially older adults, people with disabilities, and those living in rural areas. Reliable public transportation within the county is a challenge, as well as travel to services outside the county, specifically from the hills of Humboldt into Eureka where a majority of the services are located. Participants recommended creating “health care hubs,” with co-located services to reduce silos.

“There are huge transportation issues, especially when it comes to medical care. There are huge access to care and network adequacy issues, in terms of just the doctors who are in the area and the doctors who serve our client population. A lot of the times, they have to

leave the county to get appropriate care and the transportation has always been an issue- I would say an acute issue.” – Community Stakeholder

- **Cost of care:** This is especially a challenge for people who are uninsured or underinsured, particularly for mixed status families. Participants were particularly concerned about people who do not qualify for Medicaid, but cannot afford their own insurance, referencing the “benefits cliff,” meaning benefits taper off quickly as income increases.

“That dollar that you make and then takes you away from all of the services that protect you that keep people from ever getting out of poverty because it's scary to get out of poverty because freedom right above poverty is about the worst place you could be I think.” – Community Stakeholder

- **Appointments during work hours:** Many people cannot afford to miss work and lose wages.
- **Navigating the complexity of the health care system:** Participants spoke to the need for more care coordination and patient support.

Participants were particularly concerned about a lack of **culturally responsive health care** and the role that **racism and discrimination** play in preventing people from getting respectful, compassionate care. They shared that some of the people they serve opt not to go to the doctor for fear of not be treated with dignity and respect.

“Several of our clients have shared when they go into some of the specialist clinics, even if they are offered or if they are spoken to in their language, or if they are offered the language services, there's still a feeling of they have to ask, like they are bothering the system by asking. They're not feeling like they're treated with dignity.” – Caregiver

They noted a need for services that are responsive to the **Native** and **Latino/a** communities. The historical abuse and trauma that BBIPOC have received from the medical field contributes to a lack of trust in these systems. Participants spoke to the importance of building relationships and communication with the Native and Latino/a communities.

“Anyone who needs to get tested for COVID can come get tested for COVID. That took some translation on our part, because the feeling among people was Native people aren't going to be-- IHS recipient people are going to get turned away. The barrier wasn't the healthcare, the barrier was the trust to think that we were going to be included or even access to how to describe symptoms to a doctor, how to be heard. There's a lot in prenatal care where women, they're just not as heard, and so getting all sorts of treatments that they later will talk about how much they didn't know.” – Community Stakeholder

“I think anyway that the organization can show itself to be a consistent partner and asking what is it that you need, how can we help you approaching it from that way, as opposed to we've got the best thing, come on to us, kind of a structure. Yes, I'll say that.” – Community Stakeholder

Participants also shared that members of **mixed status families** may not trust government resources and therefore may not feel safe submitting their personal information to apply for insurance.

They shared a need for more accurate **interpreting services**, ensuring there is a certified interpreter available to support patients in their native language. Participants shared they hear from the populations they serve that they do not always feel understood or heard.

“In several clinics, patients that are not treated correctly, so then that it's a barrier that stops clients from continuing their care because they didn't feel heard or they were treated incorrectly. There's the language barrier. We know we have a language line for several of our clinics and doctors, but they are not always very accurate. There are situations where clients get mistreated because of the language barrier because the interpreter was not accurate. Also even if the client proceeds and submits a formal complaint or a grievance, it doesn't come out with the outcome that the client was expecting because there was confusion or misunderstanding in what the client wanted to say.” – Caregiver

Participants also noted concern that **transgender young people** do not always receive competent and responsive care that meets their needs. They shared patient experiences of shaming and gatekeeping, emphasizing the need for explicitly LGBTQ-friendly providers.

The **COVID-19** pandemic has only exacerbated access to care challenges. Participants noted concern that people are having difficulty engaging in **telehealth** services because of lack of access to broadband or a phone. They shared there are areas cut off from health care right now.

They explained people are **delaying care** and they have seen reduced vaccinations. People are not sure what is considered “necessary” health care at this time. **Transportation** is more challenging with reduced times for public transportation and fear utilizing public transportation during the pandemic. Additionally, with only one ambulance in some rural areas, participants noted concerns about being able to transport people with acute symptoms to the hospital if needed.

There is additional stress and confusion for **perinatal patients** related to prenatal appointments, childbirth, and well-baby checks. Parents are more isolated from their network of support and information.

Participants also shared that **Native communities** have not been included in a lot of the planning and infrastructure development in response to COVID-19 which is problematic.

Racism and discrimination

Participants described the many ways racism and discrimination harm communities and prevent people from living healthy lives. They shared that racism and historical trauma prevent BBIPOC from receiving high-quality, respectful and responsive **health care services**. They discussed how the recent history of forced sterilization of Native Americans and experimentation on Black people has contributed to distrust of health care.

“Two is having healthcare providers that they feel will understand and represent them well. Another is the relatively recent history of mainstream healthcare, doing things like forced

sterilization of Native people. There's a distrust, that only ended in 1978. There's a distrust, and here locally, there's a whole generation of women who don't have children because of that, and it's a big scar. It was practiced really heavily here.

There's also a pretty well historically-founded distrust of non-Native health institutions to actually provide safety and not do harm. A little bit the racism, and bigotry, and training goes into that. Insensitivity from your grocer is one thing, insensitivity from your nurse might actually inhibit you from getting good care. There's that.” – Community Stakeholder

Participants noted the “corrosive effects” of racism and multi-generation trauma on the **mental health** of BBIPOC, particularly Native American communities in Humboldt County.

“The one that concerns me the most is the connection between mental health and violence and the connection between mental health and how Native people are viewed and treated by their non-Native neighbors and the kind of corrosive effects that I see on the mental health of Native people, because of how they're portrayed and treated in non-Native circles.” – Community Stakeholder

They shared concern for the unjust treatment of **Latino/a workers** by employers. **Discriminatory housing practices** prevent BBIPOC from accessing good-quality, affordable housing.

“Housing is definitely an issue. People have come to us on a regular basis concerned about housing discrimination, not new, it's not available once they meet you. ‘Someone just took the place,’ we heard that a lot with students as well, but I know someone who was faculty, I personally know someone who is faculty at [school] who had that experience just really hard to rent something, a place.” – Community Stakeholder

Racism is evident in **education**, with BBIPOC students, particularly Native students, not receiving appropriate special education services and being disproportionately and unfairly disciplined. Participants shared BBIPOC students are made not to feel welcome or safe in school. Also, interpreters in schools are not always acting as a neutral party or on-behalf of the parent. Instead they are there to represent the school, which means parents are not always receiving unbiased information.

“The other really big gaps I see are around respective schools. I think we have some really problematic situations in our schools, like where students are being made to sit and watch videos glorifying political figures who hate them. In our middle schools, that is happening, where teachers will let it be known that they support things like building walls and dealing with illegal immigration. They will talk in really disrespectful ways. They may not wear political things, but they find ways to inject and make students know that they're not welcome. That's very problematic, in my opinion.” – Community Stakeholder

Participants also shared experiences of racism in **legal systems**. For example, they noted seeing racism play out in custody issues, specifically when one parent identifies as Black and the other as white.

“There's a lot of issues around custody where one parent is Black, and one parent identifies as white. The parent that identifies as Black is feeling that they're being discriminated

against or being treated in a harsher manner. That's a consistent thing that we've heard from families that we work, parents that we work with in court.” – Community Stakeholder

The **COVID-19 pandemic** has highlighted inequities stemming from racism and unjust systems. Participants spoke to hearing from Black men that they do not feel safe wearing a non-medical mask, such as a bandana, for fear of being stereotyped as threatening or harmful.

“I've had many conversations, particularly with Black men, about masks and how it's like a Black or Brown person needs to have a mask, a medical kind of mask on and how you can't just take a bandana out of your bottom of your drawer and put it on because it just—I mean, if you want an example of the problem, have a White guy walk in with a bandana and have a Black guy walk in with a bandana and you'd see it right there. The inequities are just amplified during this time. I don't think there's necessarily more, they're just the same ones and they're just louder.” – Community Stakeholder

Food insecurity

Stakeholders were concerned about community members' access to good-quality, nutritious food. They shared the main problem is that people do not have **access** to the food they need.

“We have enough food, it's how do we get that food to the people who need it? I think that our problem is less about the resources and more about things like transportation and communication to the right people.” – Community Stakeholder

They shared food insecurity is closely linked with **income**; families with low incomes or job loss are forced to make tradeoffs in how they spend their money. They also shared food insecurity contributes to **poor nutrition, obesity, and diabetes**. Children who do not receive good meals may have challenges concentrating in school.

They were particularly concerned about Native American's lack of **land access**, which prevents them from gathering their traditional foods.

“It was access for ceremony and gathering rights, but their mental health is so tied to this idea that they're supposed to be taking care of the land, they're supposed to be gathering their traditional foods. This is what they're supposed to be doing and that's how they take care of their mental health and also their physical health. This is where their healthy foods come from like this.” – Community Stakeholder

Young people, parents with kids, and older adults may experience barriers to accessing nutritious food due to **transportation** barriers, as well as **high cost** in areas with more **convenience stores** than grocery stores.

“The majority of our young people are incredibly food insecure. As I said before, they already don't have transportation.” – Community Stakeholder

Eligibility requirements for SNAP are also a barrier for mixed status families and those with incomes slightly above the threshold.

The **COVID-19 pandemic** has exacerbated food insecurity, but the community has also stepped up to meet the challenge. Participants noted that Native communities offered food boxes to people and volunteers have been helping to deliver food to older adults.

“It’s just been really nice to see the community come together once the pandemic really hit hard. These people that aren’t immunocompromised that are healthy saying, ‘What can I do?’ It was pretty amazing. The grocery delivery service, I was genuinely frightened that it wasn’t going to be successful because we wouldn’t have enough volunteer drivers to actually deliver the groceries.” – Community Stakeholder

Despite these new distribution services, care centers for children have been closed, creating concern about whether young people are getting sufficient healthy meals.

Effects of COVID-19

Stakeholders discussed how the COVID-19 pandemic has exacerbated needs. Lack of technology, internet, and privacy have made **accessing telehealth services** more difficult and led to people delaying care. **Transportation** barriers have increased with people not feeling comfortable using public transportation and reduced public transportation hours. This is a barrier for people accessing care and getting to work. With one ambulance in some rural areas, participants noted concerns about transporting people with acute COVID-19 symptoms.

Older adults are **experiencing high vulnerability** due to persistent social isolation, poverty, and challenges managing daily living. **Isolation** has increased as a result of the pandemic, especially for young people and new parents lacking support networks. This raises concerns about increased **domestic violence** and **child abuse** with less opportunity for reporting. Participants shared concerns for increased **substance use** without support groups.

Due to increased **job loss**, more people are being threatened with **evictions** and are unstably housed. Participants shared concern for the “looming wave of evictions” they expect to see once the eviction moratorium is lifted. Accessing **housing**, especially transitional housing and shelters, is more challenging during the pandemic. With increased financial insecurity, participants are concerned about increased **food insecurity**.

Participants spoke to increased **fear** and **anxiety** for mixed status families. Additionally, mixed status households are not receiving unemployment benefits and the government stimulus check, creating more financial instability and stress.

“Of course, our immigrant families have been particularly impacted in the financial sense. Many we’re already barely making ends meet, many working minimum wage jobs. After the shelter and place order, many lost hours and even more lost their jobs completely. The simple fact that a person is undocumented makes them not qualified for unemployment.

My understanding is still the one person in the household or one of the parents in the household is not documented, they did not receive a federal stimulus check. That has really added to the barriers for access to basic utilities. There’s a lot of fear around being able to sustain the household.”—Caregiver

They expressed concern that **COVID-19 information** has not been widely shared in languages besides English, which can be really frightening for families that do not understand what is going on. Participants shared they are seeing people rely on social media for information.

Participants shared children are falling behind in **school**, and families are lacking support and resources for remote learning. Not all families have access to school supplies such as markers and scissors. While parents are trying to support their children’s school work, not all parents have the skills or capacity to do that.

Community Stakeholder Identified Assets

The following table lists all of the community organizations, programs, or services that were named by community stakeholders during the interviews.

Apx 2_ Table 3: Community Stakeholder Identified Assets

Health-related need	Community program, organization, or services (number of times mentioned if more than 1)
Behavioral Health	Dual Diagnosis Program (DHHS) Eureka Rescue Mission New Life Discipleship Program (2) Family Wellness Court Healthy Moms Program (2) Humboldt Area Center for Harm Reduction Humboldt County Department of Health & Human Services (including Mobile Response Team and Home Program) (3) Humboldt Harm Reduction Coalition (2) Humboldt Recovery Center Humboldt RISE Project North Coast AIDS Project (DHHS, Syringe Exchange Program) North Coast Substance Abuse—Crossroads Rx Safe Humboldt Waterfront Recovery Services (2)
Care Coordination	CARE Network
Collaboratives	ACEs Collaborative Partnership (First 5 Humboldt and the Humboldt County Department of Health and Human Services) Humboldt Allies for Substance Abuse Prevention Humboldt Community Health Trust
Community Capacity Building	Trust North Organizing Network
Dental Care	Smile Humboldt
Domestic Violence and Child Abuse	Humboldt Domestic Violence Services The Child Abuse Prevention Coordinating Council of Humboldt County
Education	Humboldt County Schools and Districts
Family and Child Support	Changing Tides Family Services First 5 Humboldt (2) Northcoast Children’s Services

Food Security	Blue Lake Rancheria (food delivery to the Karuk Tribe) (2) Food for People (pantries including Eureka Community Resource Center, St. Vincent de Paul Free Meal, Rescue Mission, Betty’s Blue Angel Village, Arcata House Partnership, Humboldt Senior Resource Center, local church groups, and local tribes) Klamath Trinity Resource Conservation District
Health Care	Healthy Kids Humboldt (2) Humboldt Independent Practice Association Humboldt Open Door Clinic (including Promotores de Salud) (2) Southern Humboldt Community Healthcare District (SoHum Health) United Indian Health Services (cultural programming) (2)
Housing and Homelessness	Arcata House Partnership (2) Betty’s Blue Angel Village (2) Eureka Rescue Mission HOME Program (DHHS) Humboldt Housing Authority MIST Program (DHHS/EPD) Providence St. Joseph Health Saint Vincent de Paul Redwood Region UPLIFT Eureka
Resources and Social Services	Community Resource Center Family Resource Centers (3)
Services for the Aging Population	Area 1 Agency on Aging Hospice of Humboldt Humboldt Senior Resource Center
Services for the Latino/a Community	Centro del Pueblo Paso a Paso Program (2) Promotores de Salud at Humboldt Open Door Clinic
Services for the Native American Community	California Rural Indian Health Board Intertribal Friendship House Sacramento Native American Health Center Sovereign Bodies Institute Tribal ceremonial and dance leaders Tribal cultural leaders Tribal government Two Feathers Native American Family Services United Indian Health Services (cultural programming) (2) Urban Indian Health Institute
Services for Veterans	Veterans Resource Center

Opportunities to Work Together

Participants were asked, “What suggestions do you have for organizations to work together to provide better services and improve the overall health of your community?” They shared the following insight:

- **Create more opportunities for cross-sector collaboration and relationship building:** Participants spoke to both the benefits of having shared goals and also the opportunity to come together for conversations that do not center around goals. They noted that bringing together all the key players on an issue can help leverage expertise.

“I think that cross-sector conversations are incredibly important. I think that occasionally, you have to leave room for conversations that don't have an explicit goal every time you meet. A lot of really good work comes from developing relationships. When every meeting has to have a very specific goal, they come and go and you don't necessarily develop them. I think just talking to each other often and regularly is very important.”—Community Stakeholder

- **Engage stakeholders and community in decision making and planning and amplify those voices:** Often organizations are rushed to make progress and do not take the time to engage with the community to ensure the plan meets their needs and desires. This leads to talking about communities without engaging the people with lived experiences in the conversations. Importantly, this means considering who is present at the table and whose voices are being amplified. Participants encouraged being explicit in whose voices a group is trying to amplify and center in a space. For example, the NAACP is explicit during their meetings that they are going to amplify Black voices within their group and during meetings. This allows for those voices to be heard and sets expectations for white folks to listen.

“Oftentimes, like the sense of urgency takes over, and so decision making and planning isn't done in a thoughtful way. What happens is that, ultimately, what is decided on or is designed doesn't meet the needs of the community that's supposed to be serving, and then people wonder, why aren't people coming into the program? Why aren't people using this program? Or why is the program having such trouble? Why do we have such significant staff turnover? Well, if staff knew that what they were doing was what the people that they're working with actually want to happen or benefits them significantly, burnout turnover, et cetera, wouldn't be so commonplace.” – Community Stakeholder

- **Create authentic collaborations aligned with values:** Participants spoke to ensuring that groups have clear expectations and accountabilities to ensure “authentic” coalition building. This means there needs to be dedicated resources and structure. This may also include sharing financial resources so that organizations are not competing for grants and funds. Participants spoke to the importance of aligning practices with values, requiring organizations to be thoughtful about those values.

“I would say, make real agreements that have concrete action, meaning money oversight attached to them.”—Community Stakeholder

- **Ensure direct service providers coordinate on warm handoffs:** Participants spoke to the importance of having warm handoffs to ensure clients get connected to services and that there

is a feedback loop. This also helps prevent redundancy in services and ensures there isn't the "island mentality" for providers. Relationship building between direct service providers is also crucial for creating a support network.

*"We're starting to roll out a referral system so that there's more of a warm handoff. I think there's always a feeling that there's kind of an island mentality among those of us who provide services and that we don't really work together. We don't know about each other's stuff, there's overlap where there doesn't need to be, and it's just inefficient. From the perspective of someone trying to access those services, it's cumbersome. They call one place, that place says legal services can help. They call us, they finally get through to us, we say we can't help. I think that leads to, a sense of helplessness and even trauma, again."—
Community Stakeholder*

LIMITATIONS

While stakeholders were intentionally recruited from a variety of types of organizations, there may be some selection bias as to who was selected as a stakeholder. All sessions were conducted virtually which has its limitations in fostering group conversation.

The analysis was completed by only one analyst and is therefore subject to influence by the analyst's unique identities and experiences.

STAKEHOLDER INTERVIEW AND LISTENING SESSION QUESTIONS

1. How would you describe your organization's role within the community?
2. How would you describe the community your organization serves? Please include the geographic area.
3. Please identify and discuss specific unmet health-related needs in your community for the persons you serve. We are interested in hearing about needs related to not only health conditions, but also the social determinants of health, such as housing, transportation, and access to care, just to name a few.
4. Can you prioritize these issues? What are your top concerns?
5. Using the table, please identify the five most important "issues" that need to be addressed to make your community healthy (1 being most important). [see table below]
6. Has the COVID-19 pandemic influenced or changed the unmet health-related needs in your community? If yes, in what ways?
7. Are there specific populations or groups in your community who are disproportionately affected by these unmet health-related needs?
8. Please identify and discuss specific gaps in community services for the persons you serve that contribute to the unmet health-related needs you identified earlier.
9. Please identify and discuss specific barriers for the persons you serve that contribute to the unmet health-related needs you identified earlier.

10. What existing community health initiatives or programs in your community are helpful in addressing the health-related needs of the persons you serve, especially in relation to the health-related needs you identified earlier? Can you rank them in terms of effectiveness?
11. What suggestions do you have for organizations to work together to provide better services and improve the overall health of your community?
12. Is there anything else you would like to share?

Question 5: Using the table below, please identify the five most important “issues” that need to be addressed to make your community healthy (1 being most important).

	Aging problems (e.g. memory/ hearing/ vision loss)		Access to oral health care
	Air quality (e.g. pollution, smoke)		Access to safe, nearby transportation
	Obesity		Lack of community involvement
	Bullying/ verbal abuse		Affordable daycare and preschools
	Domestic violence, child abuse/ neglect		Job skills training
	Few arts and cultural events		Accessibility for people with disabilities
	Firearm-related injuries		Safe and accessible parks/ recreation
	Gang activity/violence		Behavioral health challenges and access to care (includes both mental health and substance use disorders)
	HIV/ AIDS		Poor quality of schools
	Homelessness/ lack of safe, affordable housing		Racism/discrimination
	Food insecurity		Unemployment/lack of living wage jobs

	Access to health care services		Safe streets for all users (e.g. crosswalks, bike lanes, lighting, speed limits)
			Other:

Appendix 3: Community Resources Available to Address Significant Health Needs

St. Joseph and Redwood Memorial Hospital cannot address all of the significant community health needs by working alone. Improving community health requires collaboration across community stakeholders and with community engagement. Below outlines a list of community resources potentially available to address identified community needs.

Apx 3_ Table 1: Community Resources Available to Address Significant Health Needs

Organization Type	Organization or Program	Description of services offered	Street Address (including city and zip)	Significant Health Need Addressed
Hospital	Mad River Community Hospital	Primary medical care services	3800 Janes Road, Arcata, CA 95521	Access to Health Care
Clinic	Open Door Community Health Centers	Primary medical, dental and behavioral health care services	12 Community Health Centers across Humboldt and Del Norte Counties	Access to Health Care
Hospice	Hospice of Humboldt	Comprehensive care for end of life	3327 Timber Falls Court, Eureka, CA 95503	Access to Health Care
Senior Services	Humboldt Senior Resource Center	Several social service programs for seniors, rural PACE program	1910 California Street, Eureka, CA 95501	Access to Health Care, Mental Health

Senior Services	Area 1 Agency on Aging	Promoting independence for a lifetime; provides services and information for seniors and people with disabilities	434 7 th Street, Eureka, CA 95501	Housing, Access to Health Care, Mental Health
Psychiatric Hospital	Sempervirens PHF	16 bed psychiatric health facility	720 Wood Street, Eureka, CA 95501	Mental Health
Clinic	United Indian Health Services	Full spectrum health services agency providing healthy mind, body and spirit for generations of our American Indian community	1600 Weeot Way, Arcata, CA 95521	Access to Health Care, Mental Health & SUD, Racism and Discrimination
Legal Services	Legal Services of Northern California	Advocates for individuals, families and communities through a combination of individual representation, high impact litigation and public policy.	123 Third Street, Eureka, CA 95501	Homeless and Access to safe, affordable housing
Early Childhood	First 5 Humboldt	Provide support so that young children can thrive in healthy, nurturing families and neighborhoods	325 2 nd Street, Eureka, CA 95501	Access to Care, Mental Health
Family Services	Changing Tides Family Services	Resource and referral agency that provides support to families in the areas of child care subsidy, developmental services and mental and behavioral health services	2255 Myrtle Ave., Eureka, CA 95501	Access to Care, Mental Health & SUD
Affordable Housing	Rural Communities Housing Corporation	Provide decent and affordable housing to low and moderate income persons	499 Leslie Street Ukiah, CA 95482	Affordable Housing
Addiction treatment and recovery	Waterfront Recovery Services	Medically based detox program includes withdrawal treatment as well as 30, 60 or 90 day	2413 2 nd Street Eureka, CA 95501	Mental Health & SUD

		residential treatment for men and women over 18		
Civil Rights Organization	Eureka NAACP	To ensure the political, educational, social, and economic equality of rights of all persons and to eliminate race-based discrimination	PO BOX 1434 Eureka, CA 95502	Racism and Discrimination
Latino and Indigenous serving non-profit	Centro del Pueblo & Seventh Generation Fund	Dedicated to Indigenous People' self-determination and the Sovereignty of Native nations	2355 Central Avenue, Suite C Mckinleyville, CA 95519	Racism and Discrimination
Clinic	K'ima:w Medical Center	K'ima:w Medical Center, a robust ambulatory healthcare service for the greater Hoopa Valley, has been in operation since 1974	535 Airport Rd. Hoopa, CA 95546	Access to Care, Racism and Discrimination
Homeless Service Provider	St. Vincent de Paul	Free dining facility service hot lunch 5-7 days a week	35 W. 3 rd Street Eureka, CA 95501	Homeless
Homeless Service Provider	Eureka Rescue Mission	The purpose of the Eureka Rescue Mission is to proclaim the Gospel of Salvation to those in need of spiritual rebirth. The Mission accomplishes this by holding chapel services each day, providing shelter and showers, feeding the hungry and giving clothing to those in need.	110 2 nd Street Eureka, CA 95501	Homeless
Homeless Service Provider	The Betty Kwan Chinn Homeless Foundation	Strength based approach to homeless client care. We focus on individualized care and help to bridge the gap between where the client is and where	133 7 th Street Eureka, CA 95501	Homeless

		they need to be to regain self-sufficiency.		
--	--	---	--	--

Appendix 4: St. Joseph and Redwood Memorial Hospital Community Benefit Committee

Apx 4_Table 1: Community Health Needs Assessment Committee Members

Name	Title	Organization	Sector
Becky Giacomini	Chair & Trustee	St. Joseph Health	Education, Eel River Valley
David Wells	Trustee	Wells Commercial Real Estate	Commercial Real Estate
Dr. Roberta Luskin-Hawk	Chief Executive & Trustee	St. Joseph Health	Healthcare, Physician
Lisa Jacoby	Chief Mission Officer	St. Joseph Health	Healthcare, Mission Integration
Jamie Jensen	Community Member	Humboldt State University	Social Work
Mike Newman	Community Member	Shaw & Peterson Insurance, Humboldt County Planning Commission	Business Community
Amy Jester	Community Member	Humboldt Area Foundation	Philanthropy
Lara Weiss	Community Member	Deputy Director, Public Health	Public Health
Kay Chapman	Community Member	Fortuna Family Resource Center	Education, Psychology, Eel River Valley

Maile Feuerman	Community Member	Fortuna Community Member	Eel River Valley
----------------	------------------	--------------------------	------------------

Appendix 5: Quantitative Data

HEALTH INDICATORS SOURCES

Apx 5_ Table 1. Data Sources for Health Indicators

Indicator	Data Source
Socioeconomic Indicators	
Median Household Income	County Health Rankings, 2018
Children eligible for free or reduced lunch (enrolled in public schools)	County Health Rankings, 2017-2018
Children in poverty	County Health Rankings, 2018
Veteran status	American Community Survey, 2018
Physical Environment	
More than 1 occupant per room	American Community Survey, 2018
Severe housing problems	County Health Rankings, 2012-2016
Pollution Burden	California Health Interview Survey, 2008-2012
Air pollution- particulate matter	County Health Rankings, 2014
Violent crimes (rate per 100,000 inhabitants)	County Health Rankings, 2014 and 2016
Health Outcomes	
Self-reports of fair or poor health (age-adjusted)	County Health Rankings, 2017
Self-reports of fair or poor health (ages 65+)	California Health Interview Survey, 2016
Asthma in children (ages 1-17)	California Health Interview Survey, 2016
Asthma in adults (ages 18+)	California Health Interview Survey, 2016
Diabetes in adults (ages 18+)	California Health Interview Survey, 2016
Heart disease (ages 18+)	California Health Interview Survey, 2016
Serious psychological distress (ages 18+)	California Health Interview Survey, 2016
Health Behaviors	
Overweight (ages 2-11)	California Health Interview Survey, 2016
Overweight or obese (ages 12-17)	California Health Interview Survey, 2016
Obese (ages 18+)	California Health Interview Survey, 2016
Sugary drink consumption (ages 18+)	California Health Interview Survey, 2016
Regular physical activity (ages 5-17)	California Health Interview Survey, 2016
Youth alcohol/drug use in the past month (7 th grade)	California Health Kids Survey and California Student Survey, 2011-2013
Youth alcohol/drug use in the past month (9 th grade)	California Health Kids Survey and California Student Survey, 2011-2013

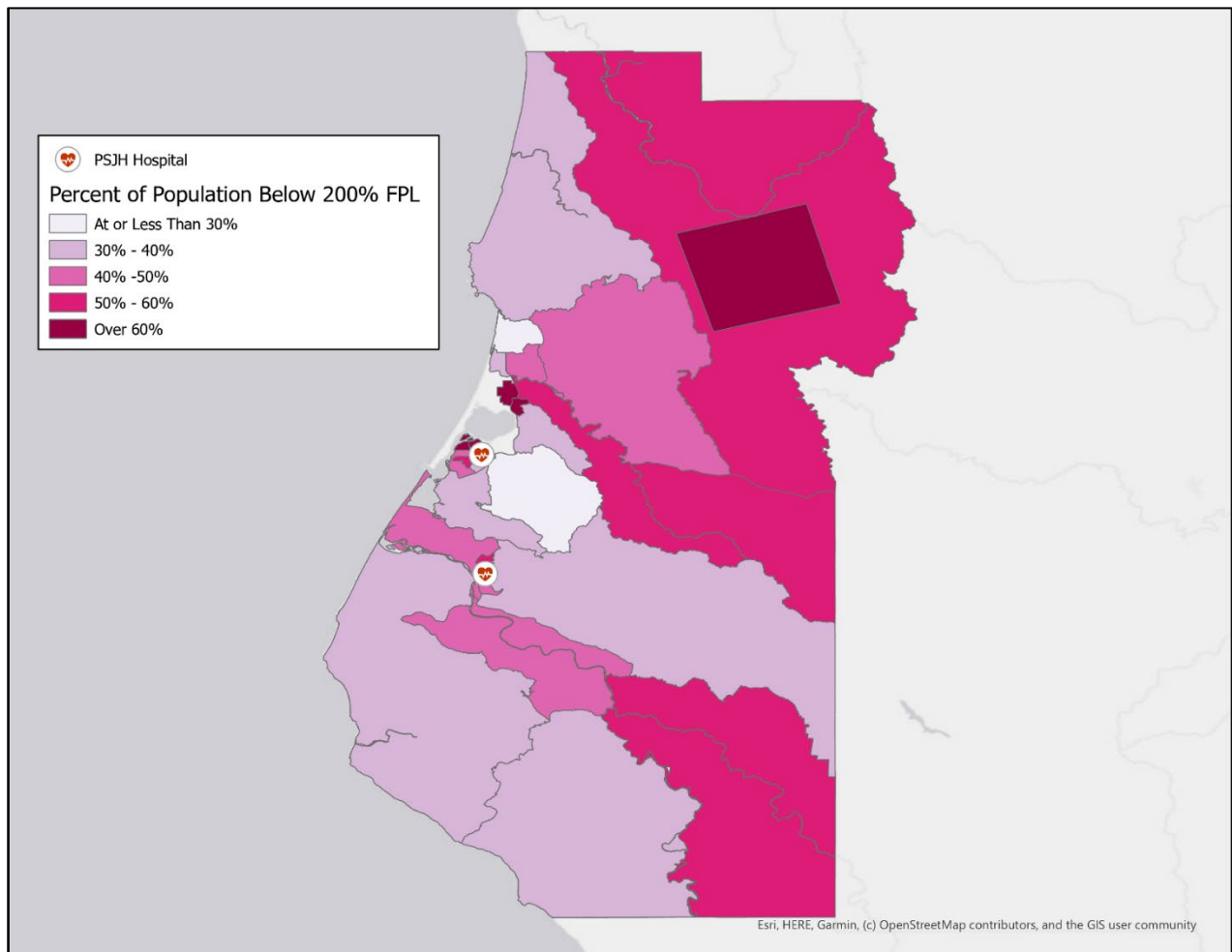
Youth alcohol/drug use in the past month (11 th grade)	California Health Kids Survey and California Student Survey, 2011-2013
Current smoker (ages 18+)	County Health Rankings, 2017
Clinical Care	
Uninsured (ages 0-17)	County Health Rankings, 2017
Uninsured (ages 18-64)	County Health Rankings, 2017
First trimester prenatal care	California Department of Public Health, 2012
# of people per primary care physician	County Health Rankings, 2017
# of people per non-physician primary care provider	County Health Rankings, 2019
# of people per dentist	County Health Rankings, 2018
# of people per mental health provider	County Health Rankings, 2019

POPULATION LEVEL DATA

Apx 5_Table 2. Population Below 200% FPL for Humboldt County Service Areas

Indicator	Broader Service Area	High Need Service Area	Humboldt County
Percent of Population Below 200% Federal Poverty Level	33.9%	53.3%	45.4%
Data Source: American Community Survey			
Year: 2019			

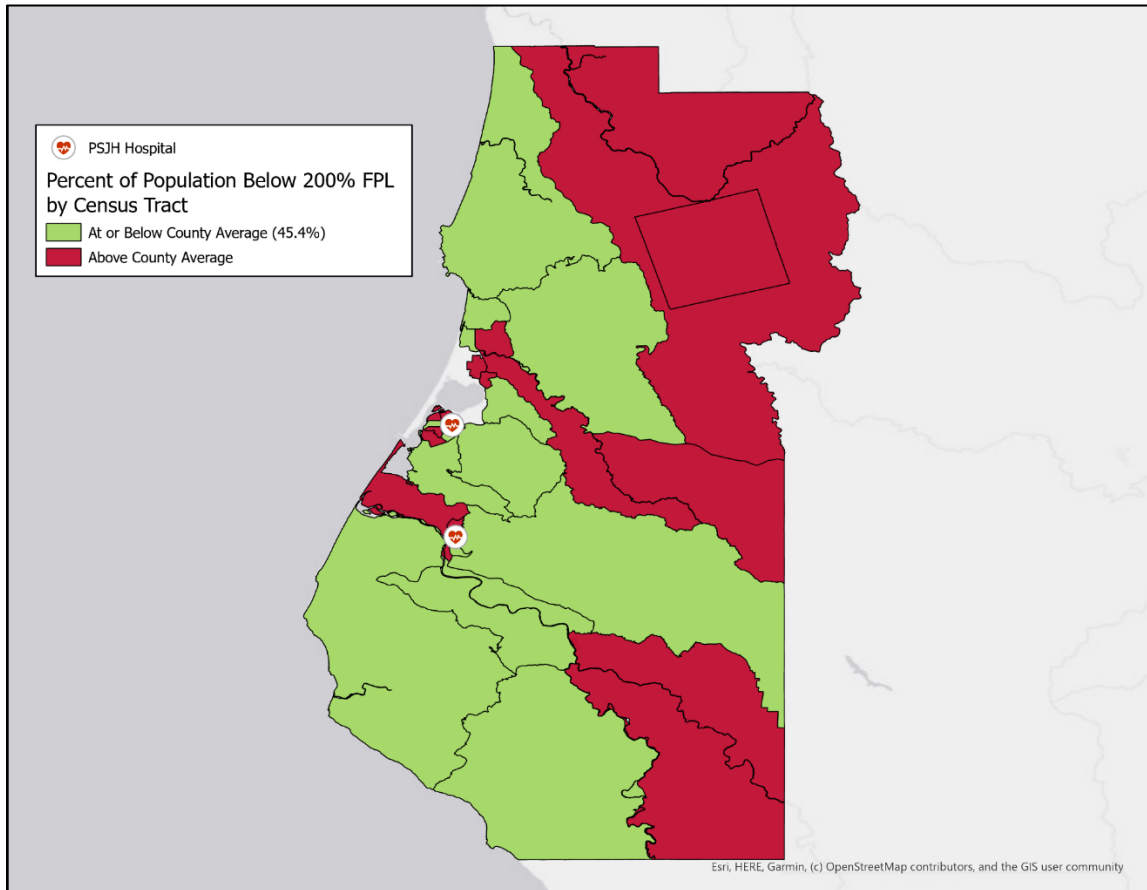
Apx 5_Figure 1. Percent of Population Below 200% FPL by Census Tract



- The high need service area has a substantially larger proportion of population living below 200% FPL, 53%, compared to Humboldt County, 45%.
- The gap is even wider between the high need service area, 53%, and the broader service area, 34%, when comparing percent of population living below 200% FPL.

In the map below, census tracts that perform better than the county average are colored in green while census tracts that perform worse are in red.

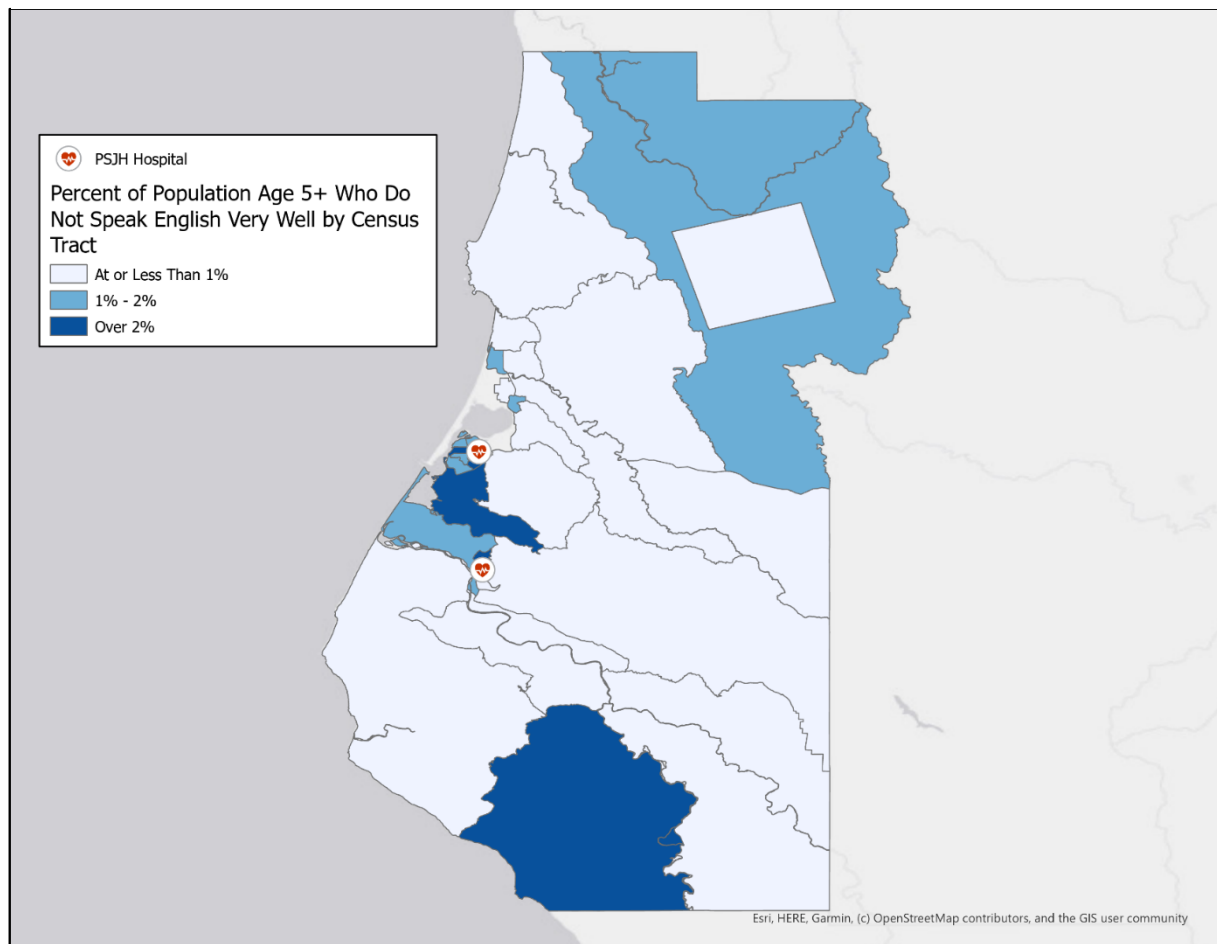
Apx 5_Figure 2. Comparison of Census Tracts to County Average Based on Percent of Population Below 200% FPL



Apx 5_Table 3. Population Age 5 and Older that Does Not Speak English Very Well for Humboldt County Service Areas

Indicator	Broader Service Area	High Need Service Area	Humboldt County
Percent of Population Age 5+ Who Do Not Speak English Very Well	1.2%	1.3%	1.2%
Data Source: American Community Survey			
Year: 2019			

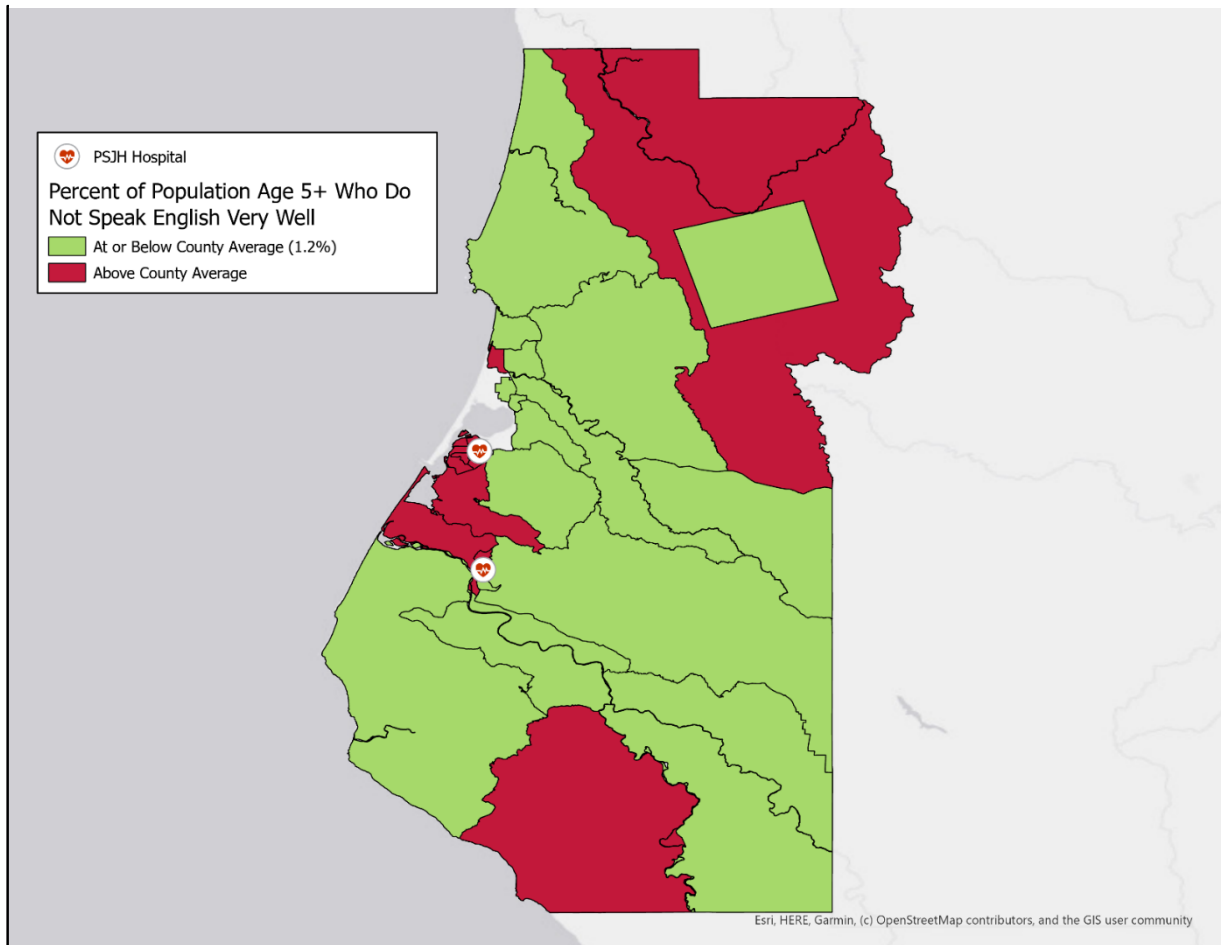
Apx 5_Figure 3. Percent of Population Age 5 and Older that Does Not Speak English Very Well by Census Tract



- There is little variation between the high need service area and broader service area for percent of population over 5 who do not speak English very well. There were five census tracts in Humboldt county that had over 2% of the population who do not speak English very well with the highest census tract reaching 3.9%

In the map below, census tracts that perform better than the county average are colored in green while census tracts that perform worse are in red.

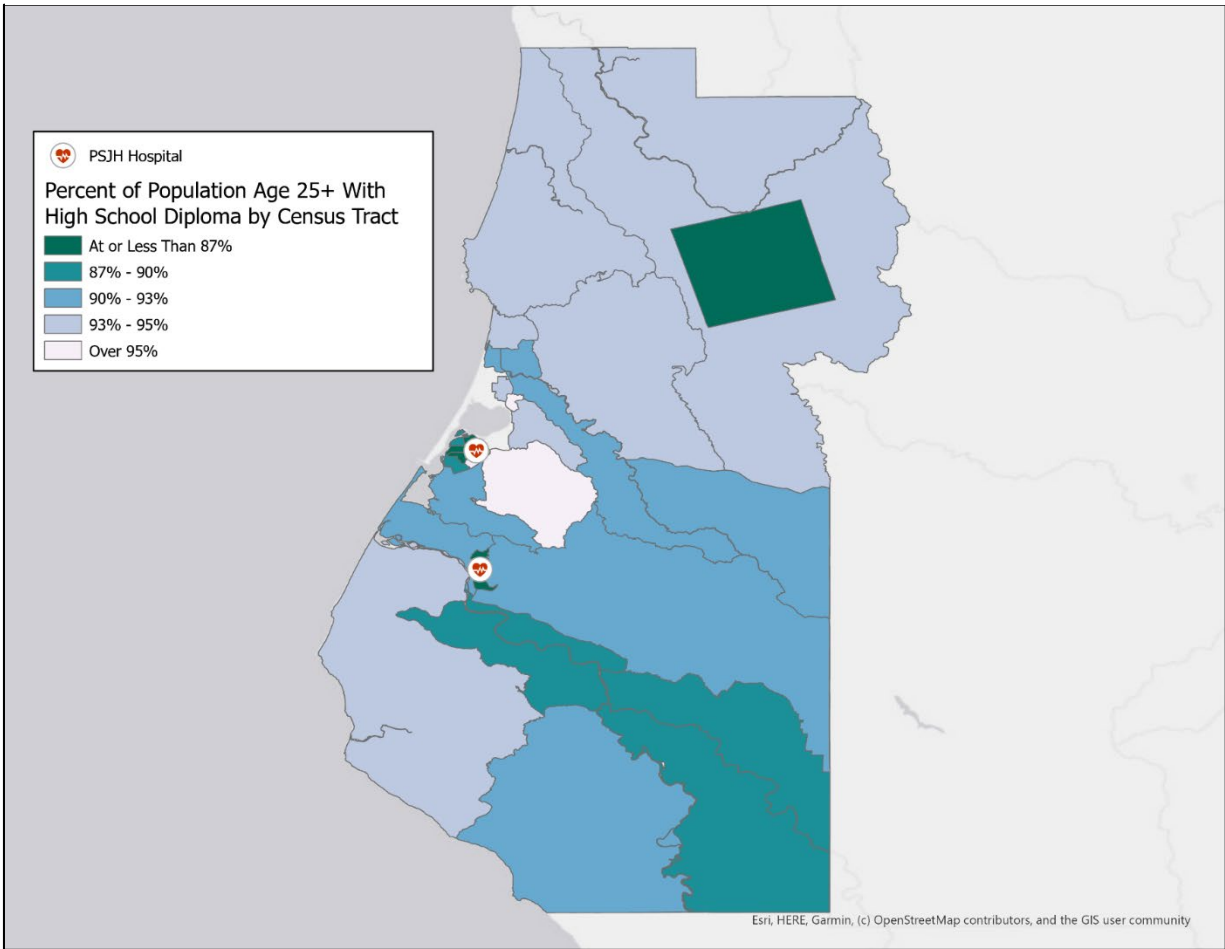
Apx 5_Figure 4. Comparison of Census Tracts to County Average Based on Percent of Population Age 5+ Who Do Not Speak English Very Well



Apx 5_Table 4. Population with a High School Diploma for Humboldt County Service Areas

Indicator	Broader Service Area	High Need Service Area	Humboldt County
Percent of Population Age 25+ With A High School Diploma	93.6%	89.3%	91.2%
Data Source: American Community Survey			
Year: 2019			

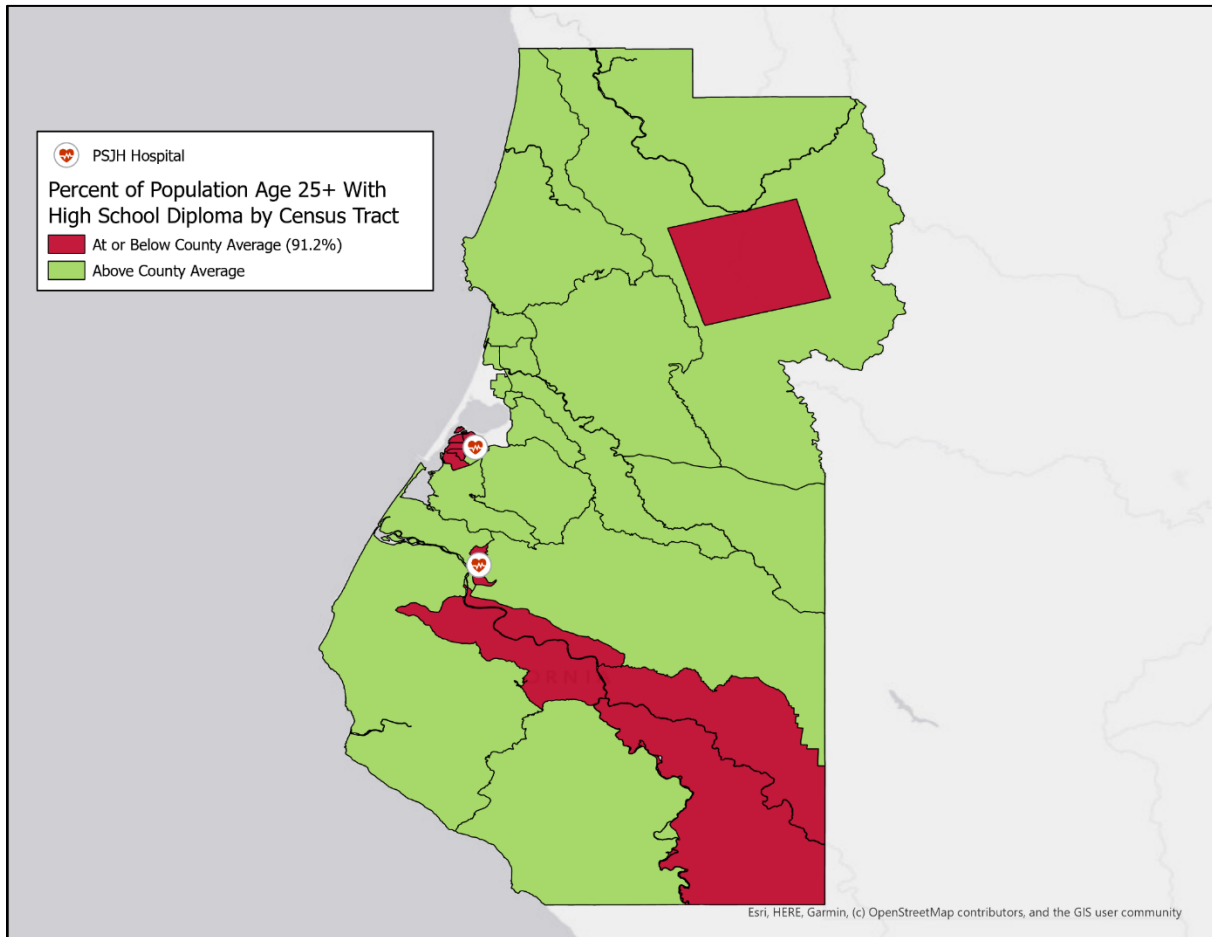
Apx 5_Figure 5. Percent of Population with a High School Diploma by Census Tract



- About 90% of people living in the high need service area who are over 25 years have a high school diploma compared to 94% in the broader service area.

In the map below, census tracts that perform better than the county average are colored in green while census tracts that perform worse are in red.

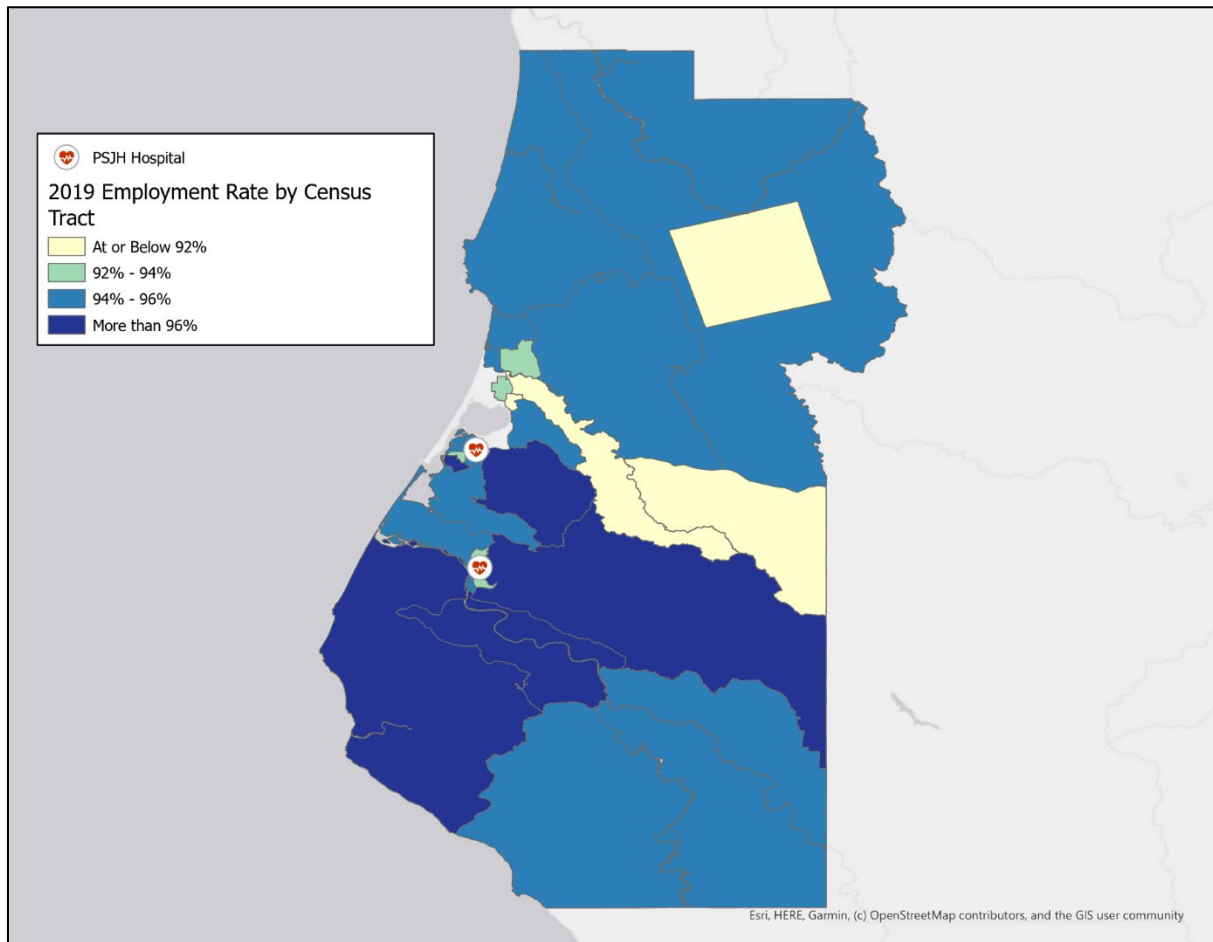
ApX 5_Figure 6. Comparison of Census Tracts to County Average Based on Percent of Population with a High School Diploma



Apx 5_Table 5. Percent of Labor Force Employed for Humboldt County Service Areas

Indicator	Broader Service Area	High Need Service Area	Humboldt County
Percent of Population Age 16+ Who Are Employed	96.0%	94.0%	94.8%
Data Source: American Community Survey Year: 2019			

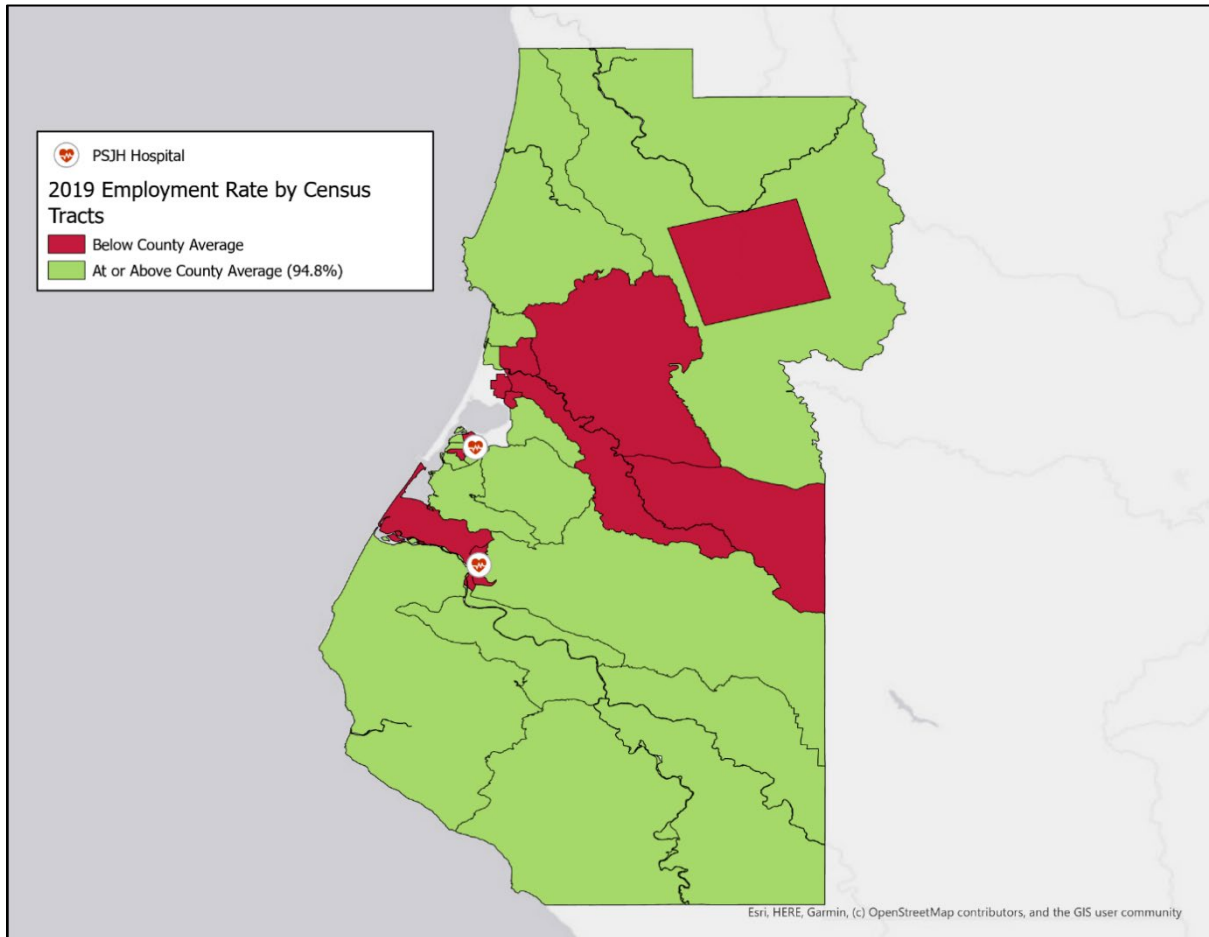
Apx 5_Figure 7. Percent of Population Age 16+ Employed in 2019 by Census Tract



- Employment across Humboldt County is relatively high. All census tracts in Humboldt County have at least 91% of people age 16+ employed.
- The high need service area has 94% of people employed, compared to 96% in the broader service area.

In the map below, census tracts that perform better than the county average are colored in green while census tracts that perform worse are in red.

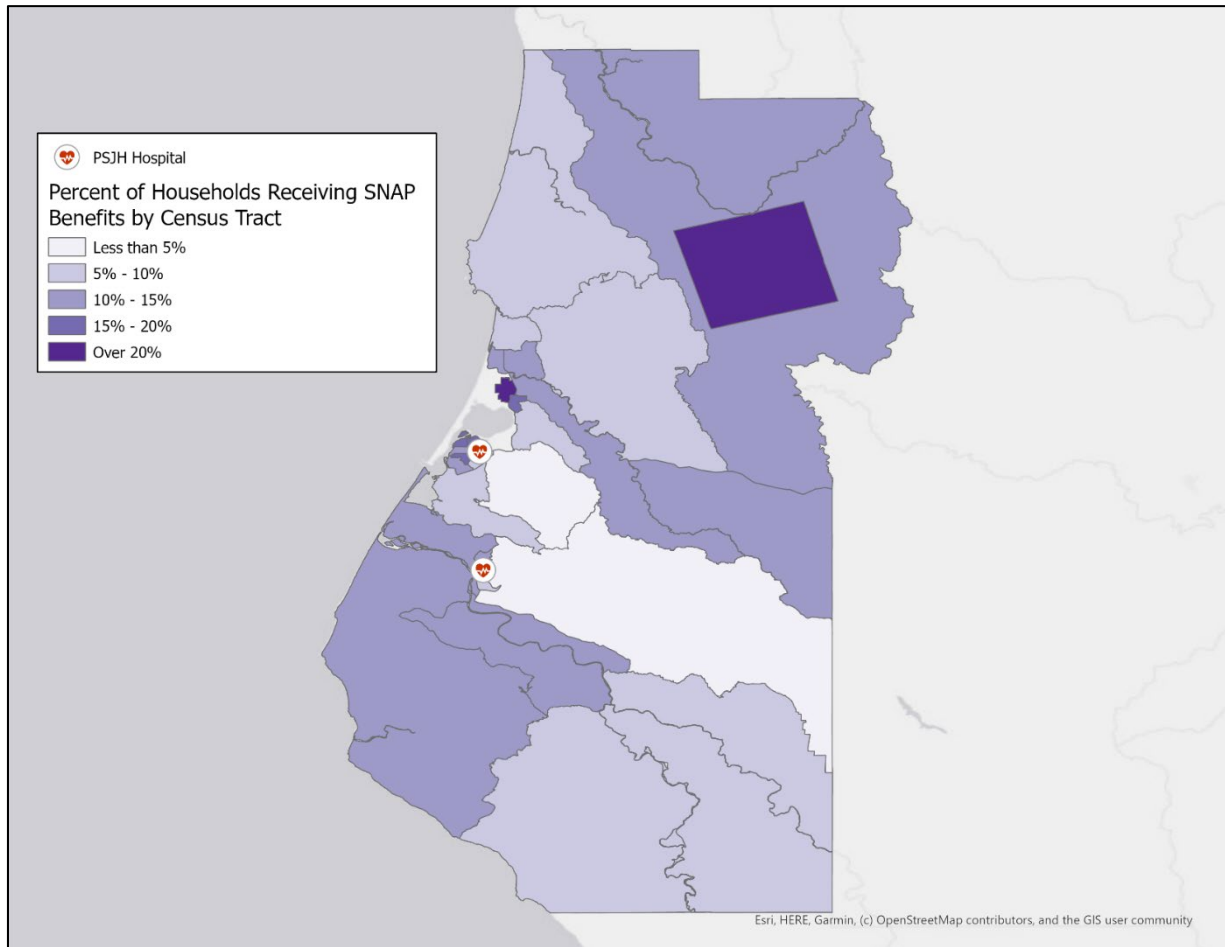
Apx 5_Figure 8. Comparison of Census Tracts to County Average Based on Percent of Population Age 16+ Employed in 2019



ApX 5_Table 6. Percent of Households Receiving SNAP Benefits for Humboldt County Service Areas

Indicator	Broader Service Area	High Need Service Area	Humboldt County
Percent of Households Receiving SNAP Benefits	8.4%	15.0%	12.3%
Data Source: American Community Survey Year: Estimates based on 2013 – 2017 data			

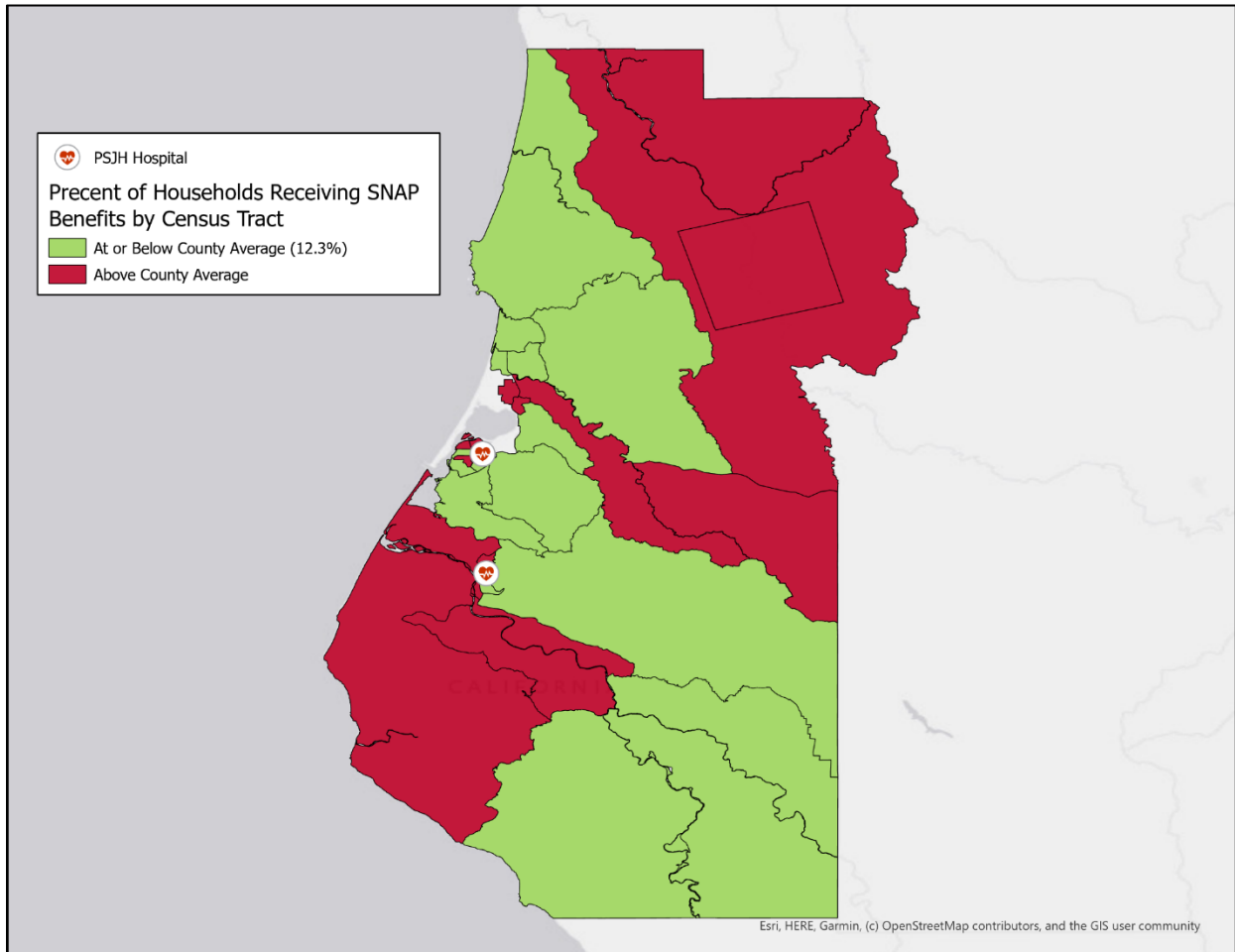
ApX 5_Figure 9. Percent of Households Receiving SNAP Benefits by Census Tract



- Six out of the twenty-eight census tracts in Humboldt county have more than 15% of households receiving SNAP benefits. The census tract with the highest percentage of households receiving SNAP benefits has almost 31% of households enrolled.
- The high need service area has almost twice the percent of households receiving SNAP benefits as the broader service area.

In the map below, census tracts that perform better than the county average are colored in green while census tracts that perform worse are in red

ApX 5_Figure 10. Comparison of Census Tracts to County Average Based on Percent of Households Receiving SNAP Benefits



HOSPITAL LEVEL DATA

Avoidable Emergency Department (AED) Visits

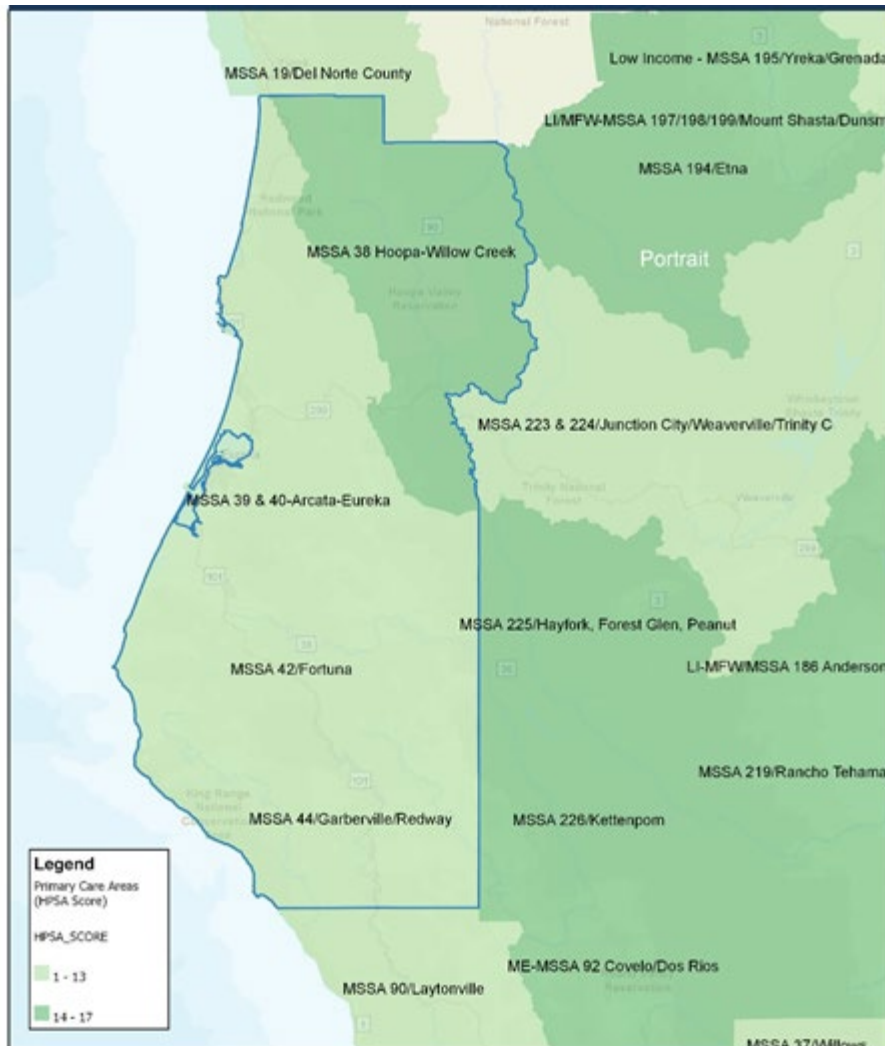
Emergency department discharges for the year 2019 were coded as “avoidable” per the Providence St. Joseph Health definition for St. Joseph Hospital Eureka and nearby PSJH hospitals. Avoidable emergency department (AED) are based on the primary diagnosis for a discharge and includes diagnoses that are deemed non-emergent, primary care treatable or preventable/avoidable with better managed care.

HEALTH PROFESSIONAL SHORTAGE AREA

Redwood Memorial Hospital and St. Joseph Hospital, Eureka are located in a Health Professional Shortage Area (HPSA), with Humboldt County having four designated high need geographic HPSAs for primary care (Figure 1). A majority of the county is designated as a dental health HPSA for the low income population (Figure 2). All of the county is designated as a mental health HPSA for low income, homeless, and migrant farmworker populations (Figure 3). Additionally, the following facilities are all designated HPSA for primary care, dental health, and mental health (Figure 4):

- Karuk Tribe of California Clinic—Orleans (Indian Health Service, Tribal Health, and Urban Indian Health Organizations)
- K’ima:w Medical Center (Indian Health Service, Tribal Health, and Urban Indian Health Organizations)
- Open Door Community Health Centers (FQHC)
- Fortuna Health Center (Indian Health Service, Tribal Health, and Urban Indian Health Organizations)
- UIHS—Potawot Health Village (Indian Health Service, Tribal Health, and Urban Indian Health Organizations)
- St. Joseph Health Rural Health Clinic (Rural Health Clinic)
- Redwood Rural Health Center, Incorporated (FQHC)

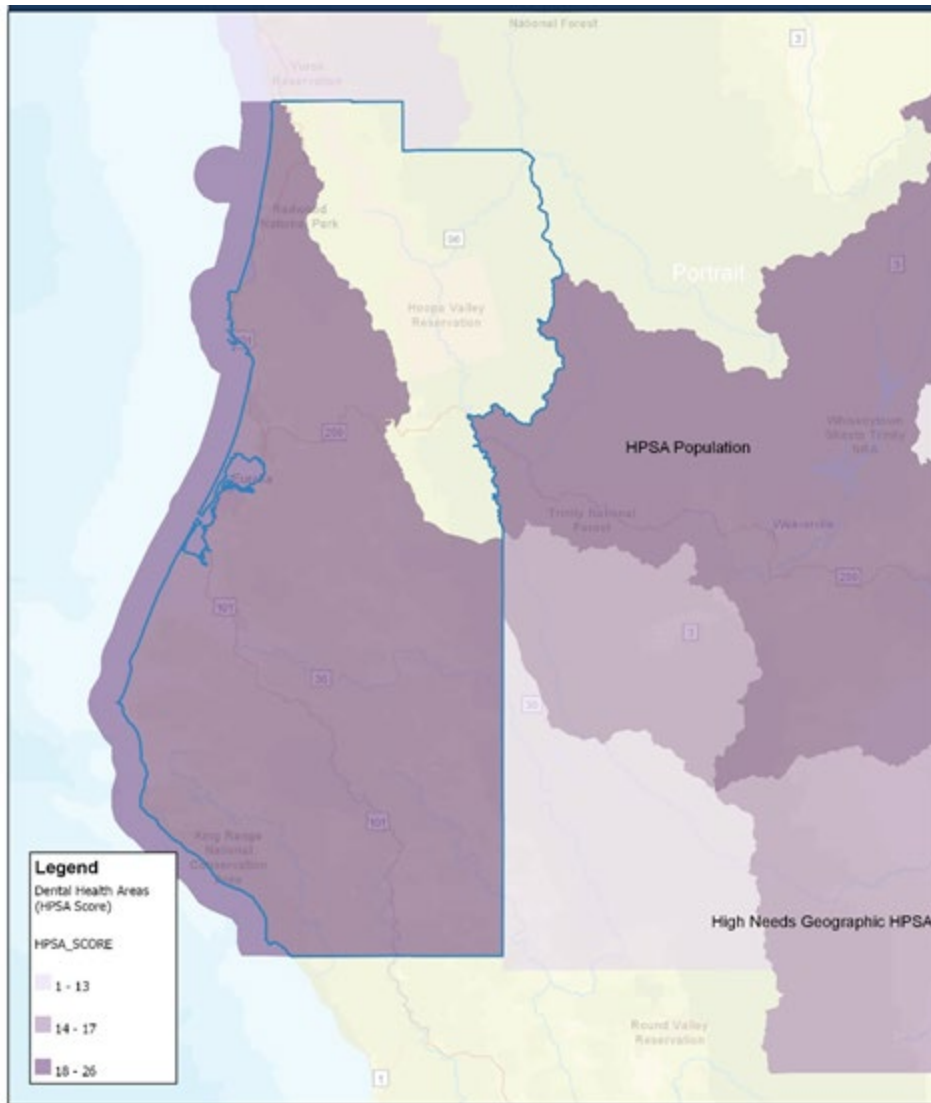
Apx 5_Figure 11. Humboldt County Primary Care HPSA



data.HRSA.gov

Prepared by:
 Director of Data and Information Services
 Office of Information Technology
 Health Resources and Services Administration
 Created on: 9/19/2020

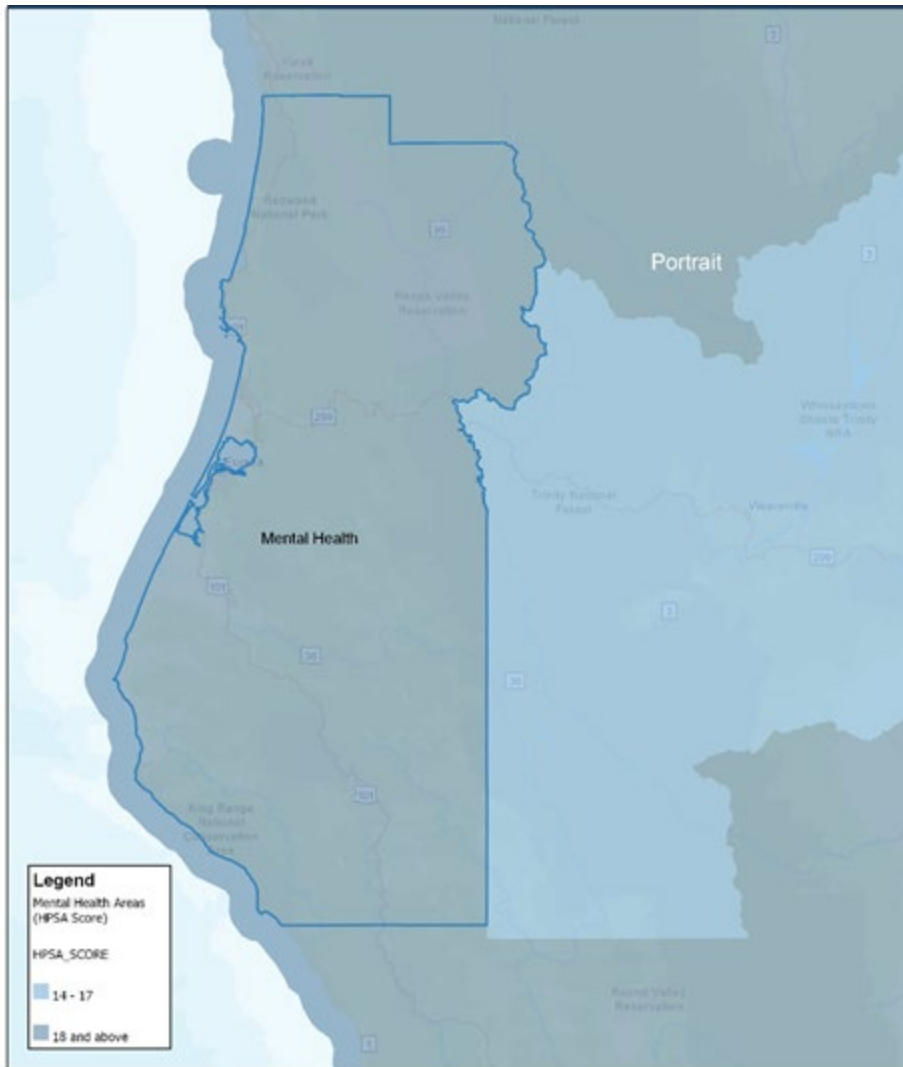
Apx 5_Figure 12. Humboldt County Dental Health HPSA



data.HRSA.gov

Prepared by:
 Division of Data and Information Services
 Office of Information Technology
 Health Resources and Services Administration
 Created on 8/19/2020

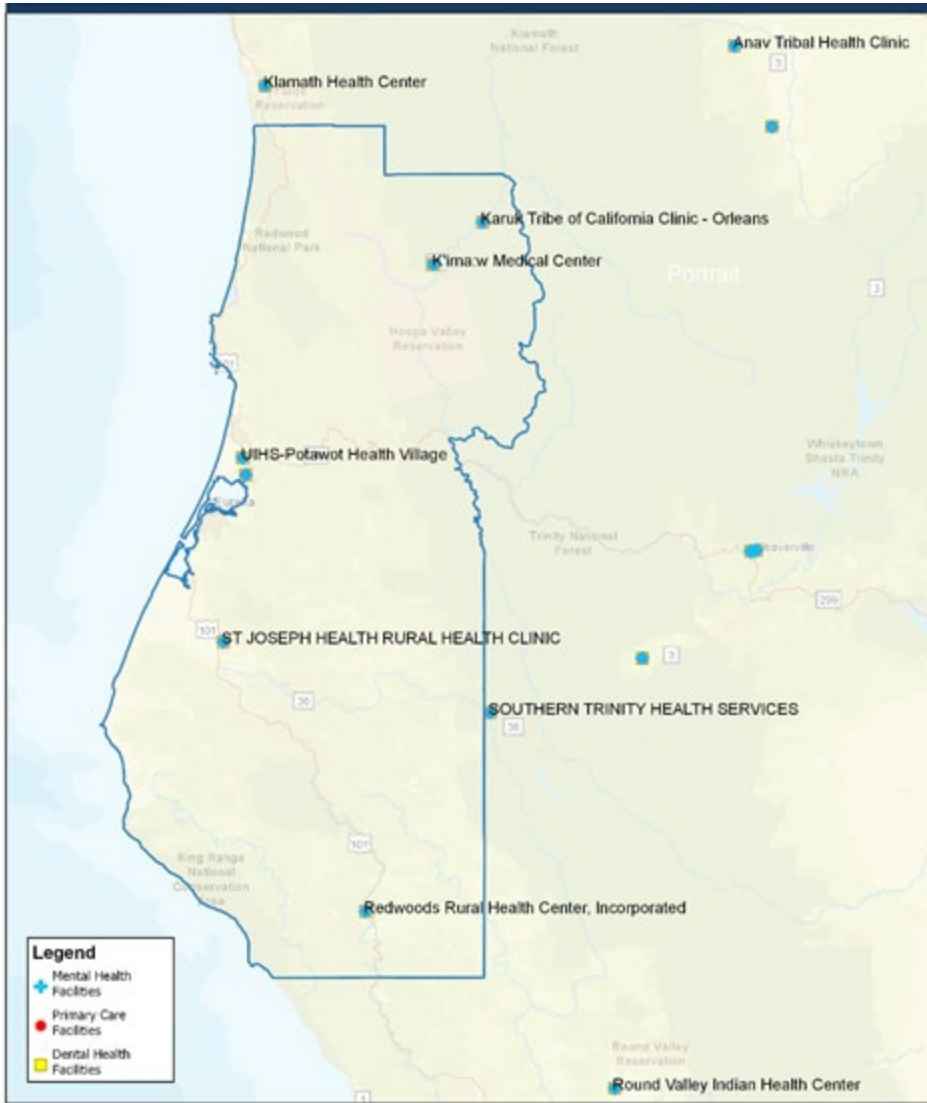
Apx 5_Figure 13. Humboldt County Mental Health HPSA



data.HRSA.gov

Prepared by:
Division of Data and Information Services
Office of Information Technology
Health Resources and Services Administration
Created on: 9/16/2020

Apx 5_Figure 14. Humboldt County HPSA Facilities



data.HRSA.gov

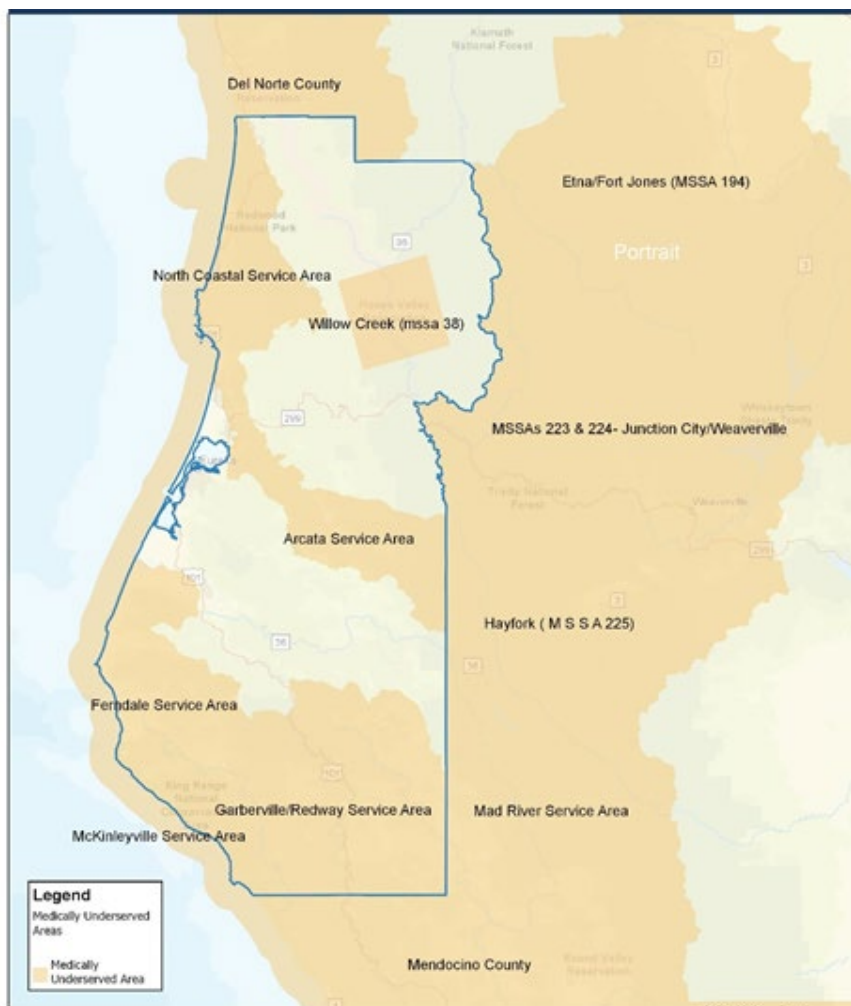
Prepared by:
Division of Data and Information Services
Office of Information Technology
Health Resources and Services Administration
Created on: 9/10/2020

HPSA Facilities

MEDICALLY UNDERSERVED AREA/ MEDICAL PROFESSIONAL SHORTAGE AREA

Medically Underserved Areas (MUAs) and Medically Underserved Populations (MUPs) are defined by the Federal Government to include areas or populations that demonstrate a shortage of health care services. This designation process was originally established to assist the government in allocating the Community Health Center Fund to the areas of greatest need. MUAs are identified by calculating a composite index of need indicators compiled and with national averages to determine an area's level of medical "under service." MUPs are identified based on documentation of unusual local conditions that result in access barriers to medical services. MUAs and MUPs are permanently set and no renewal process is necessary. Humboldt County has six MUAs, but no MUPs (Figure 5). Neither hospital is within an MUA, although they do serve those areas

Apx 5_Figure 15. Medically Underserved Areas in Humboldt County



[data.HRSA.gov](https://data.hrsa.gov)

Prepared by:
Division of Data and Information Services
Office of Information Technology
Health Resources and Services Administration
Created on: 5/10/2020