

2014 CHNA Report
Redwood Memorial Hospital



REDWOOD MEMORIAL HOSPITAL
2014 Community Health Needs Assessment Report

TABLE OF CONTENTS

| | |
|---|----|
| EXECUTIVE SUMMARY | 3 |
| MISSION, VISION, AND VALUES | 4 |
| INTRODUCTION..... | 4 |
| Who We Are and Why We Exist | |
| ORGANIZATIONAL COMMITMENT | 4 |
| Community Benefit Governance and Management Structure | |
| COMMUNITY | 5 |
| Description of Community Served | |
| Hospital Total Service Area | |
| Community Profile | |
| Community Need Index | |
| Intercity Hardship Index | |
| METHODOLOGY | 9 |
| Analytic Methods | |
| Priority Setting Process and Criteria | |
| Collaborating Organizations | |
| COMMUNITY NEEDS..... | 9 |
| Community Needs Prioritized | |
| Disproportionate Unmet Health Need Group (DUHN) and Key Community Needs and Assets Summary | |
| PRIMARY DATA..... | 12 |
| SECONDARY DATA | 17 |
| ATTACHMENTS: | |
| Appendix 1: Community Input..... | 19 |
| Appendix 2: Hospitals and Community Clinics within Service Area..... | 19 |
| Appendix 3: Ministry Community Benefit Committee Roster | 20 |
| Appendix 4: Summary Documents..... | 21 |

EXECUTIVE SUMMARY

OVERVIEW OF COMMUNITY HEALTH NEEDS ASSESSMENT

This Community Health Needs Assessment has been developed to organize and summarize primary data and existing secondary documents collected from a broad spectrum of community resources and citizens of Humboldt County. This is the seventh needs assessment document compiled in this manner by St. Joseph Health - Humboldt County (which includes St. Joseph Hospital in Eureka and Redwood Memorial Hospital in Fortuna) using local, state and federal information to analyze key trends in community health needs and opinions.

The ultimate goal of the Community Health Needs Assessment process is to provide a tool (a meta-analysis) for the community that shows the priority areas of concern across the continuum of delivery systems. How do the non-profits determine their priorities? What are the priorities? What do the citizens of Humboldt County say are the most compelling needs they have each day?

COLLABORATING ORGANIZATIONS

St. Joseph Health - Humboldt County, with the Humboldt County Department of Health and Human Services, Public Health Branch and First Five Humboldt cooperated to collect first hand input. In addition, the Northern California Association of Nonprofits (NorCan) members provided community reports, needs assessments and various documents on community needs. Finally, organizations that had provided documents to prior Community Health Needs Assessments were contacted for updated or new reports.

COMMUNITY INPUT

Community input was provided in a multitude of ways, including six regional focus groups done in collaboration with Public Health during September and October 2013. An adjunct focus group was done with the Promotores group to learn about health needs specific to the Hispanic population in Humboldt County. Also at this time, First Five Humboldt was conducting their annual survey of program participants and agreed to include questions on nutrition and food security. More than forty community needs assessments, reports, and documents were used for this meta-analysis of community need. Nearly all of these reports included community input in the form of questionnaires, interviews, focus groups and town hall meetings.

COMMUNITY NEED

Once data sources were analyzed and aggregated into topic area, the most frequently identified and relevant needs - across all data sources - are listed below as the Community Needs Prioritized:

1. Nutrition/Healthy Food/Healthy Weight
2. Active Communities, Families & Socialization
3. Care Coordinated & Referral
4. Mental/Behavioral Health Services
5. Access to Health Care (with Focus on Prevention)

MISSION, VISION, AND VALUES

Our Mission

To extend the healing ministry of Jesus in the tradition of the Sisters of St. Joseph of Orange by continually improving the health and quality of life of people in the communities we serve.

Our Vision

We bring people together to provide compassionate care, promote health improvement, and create healthy communities.

Our Values

The four core values of St. Joseph Health -- Service, Excellence, Dignity, and Justice -- are the guiding principles for all we do, shaping our interactions with those whom we are privileged to serve.

INTRODUCTION

Who We Are and Why We Exist

Redwood Memorial Hospital has a long history of proactive community engagement stemming from the first Sisters who arrived in Humboldt County in 1912 in response to a request from the Northern California Catholic Bishop. They landed in Eureka and started a school to teach the areas' children but when the 1918 flu epidemic hit, the Sisters were asked by county leaders to care for the sick. The Sisters responded quickly and went out into the community, caring for the sick in their own homes, and temporarily opening the shuttered hospital for patients who required an increased level of care. At the end of the epidemic, the civic leaders requested the Sisters continue to operate the hospital, and the Sisters responded by spending months preparing the abandoned facility to be permanently reopened. The Sisters commitment to health care started with the flu epidemic, continued with the opening of St. Joseph hospital in 1920, expanded with the opening of Redwood Memorial hospital in 1957 and continues to this day with their ongoing mission to bring people together to provide compassionate care, promote health improvement and create healthy communities.

ORGANIZATIONAL COMMITMENT

Community Benefit Governance and Management Structure

Redwood Memorial Hospital demonstrates organizational commitment to the community benefit process through the allocation of staff time, financial resources, participation and collaboration. The Vice President of Mission Integration and Area Director of Community Benefit are responsible for coordinating implementation of California Senate Bill 697 provisions and federal 501r requirements as well as providing the opportunity for community leaders and internal hospital Executive Management Team members, physicians and other staff to work together in planning and implementing the Community Benefit Plan.

A charter approved in 2007 establishes the formulation of the Redwood Memorial Hospital Community Benefit (CB) Committee. The role of the CB Committee is to support the Board of Trustees in overseeing community benefit issues. The Committee acts in accordance with a Board-approved charter. The CB Committee is charged with developing policies and programs that address identified needs in the service area particularly for underserved populations, overseeing development and implementation of the Community Health Needs Assessment and Community Benefit Plan/Implementation Strategy Reports, and overseeing and directing the CB activities.

The CB Committee has a minimum of eight members including three members of the Board of Trustees. Current membership includes five members of the Board of Trustees and eight community members/hospital leaders. A majority of members have knowledge and experience with the populations most likely to have disproportionate unmet health needs. Committee generally meets quarterly.

COMMUNITY

Description of Community Served

Humboldt County, located on the far north coast, is one of the largest counties in California by geography, covering 3,568 square miles. The county is densely forested, mountainous and rural with nearly 1.5 million acres of combined public and private forests. A large portion, 680,000 acres, of redwood forests are protected or strictly conserved. The county is the southern gateway to the Pacific Northwest and is surrounded by Del Norte (north), Trinity (east) and Mendocino counties (south) and the Pacific Ocean to the west.

The county was created in May of 1853 and derives its name from Humboldt Bay, discovered by a sea otter hunting party in 1806 and rediscovered in 1849, and the state's second largest natural bay. The bay and the county were named in honor of naturalist and explorer Baron Alexander von Humboldt.

The county has a population of 136,375 or 38.2 people per square mile. Trinity County, population 13,526 has only 4.3 people per square mile (covering 3,179 square miles). California averages 239.1 residents per square mile and classifies rural counties as up to 52 residents per square mile. Humboldt County is classified as a rural county and Trinity County is considered frontier, based on this people per square mile average.

Humboldt County has seven incorporated cities that range in size from 400 to 28,000 residents. Approximately half of the population lives in these incorporated communities and 43 percent of the residents live in the area surrounding Humboldt Bay. This area includes the cities of Arcata (20,643), Fortuna (14,685) and Eureka (27,191). These incorporated cities follow the path of Highway 101, the major connector of services along the North Coast.

Humboldt County is an area of moderate temperatures and considerable yearly precipitation. Temperatures along the coastal regions of the county vary only 10 degrees from summer to winter, but temperatures inland vary greatly. Rainfall is common in all months of the year with seasonal averages in excess of 40 inches in the drier regions and over 100 inches in the wetter areas. The climate and the rain impact the local economy dramatically and when winter is at its peak, unemployment is highest. Fog is a concern at the one local airport, making air travel difficult.

Weather is also responsible for difficult driving conditions on the area's winding, mountainous roads, increasing the isolation for the residents who live outside the highway 101 corridor. The seasonal nature of employment caused by the weather and isolation is increased by the constant fluctuation of the price of fuel, with Humboldt County often having the highest fuel costs in the nation. Unemployment is not consistent across the county, with some communities having very low rates and others having much higher rates than the state averages.

Del Norte County is Humboldt County's neighbor to the north and in many state-wide data reports, the two counties are considered one large geographic area. Del Norte County has a land mass of 1,006 square miles and a total population of 28,290 citizens or 28.4 people per square mile. The county is designated rural by the state.

Gold strikes in the area are credited with the settlement of Del Norte County. Gold was found in the Klamath and Smith Rivers in the 1850s. The county was created in 1857 and its name, meaning "the north", is derived from its position as the most northern of all California's coastal counties.

The main city in Del Norte County is Crescent City, with a land area of 2.0 square miles and a population of 7,394 in the incorporated area and an additional 15,000 surrounding the city. The city was founded in 1853 and is named for its crescent shaped bay. The shape of the bay is responsible for three devastating tsunamis that have struck the community with the worst in 1964 and the latest destructive occurrence in 2011 following the Japanese earthquake. The damage to the harbor is responsible for stopping the fishing industry, one of the major sources of income for residents of the region.

In 1989 Pelican Bay Prison was built on the fringes of Crescent City and the prison houses over 4,000 inmates. The prison is the largest employer in the county and since the prison opened, the population of the region has steadily grown. This growth includes families of the prisoners who relocate to be able to visit the inmates. This trend has changed the culture of the area and brought diversity to the community that had been insulated from outside trends due to geographic isolation from major cities.

Del Norte County averages 75 inches of rain annually and the temperature only fluctuate 10 degrees, summer to winter. Highway 101 is the primary access to the area, with the smaller highway 199 traveling northeast, and

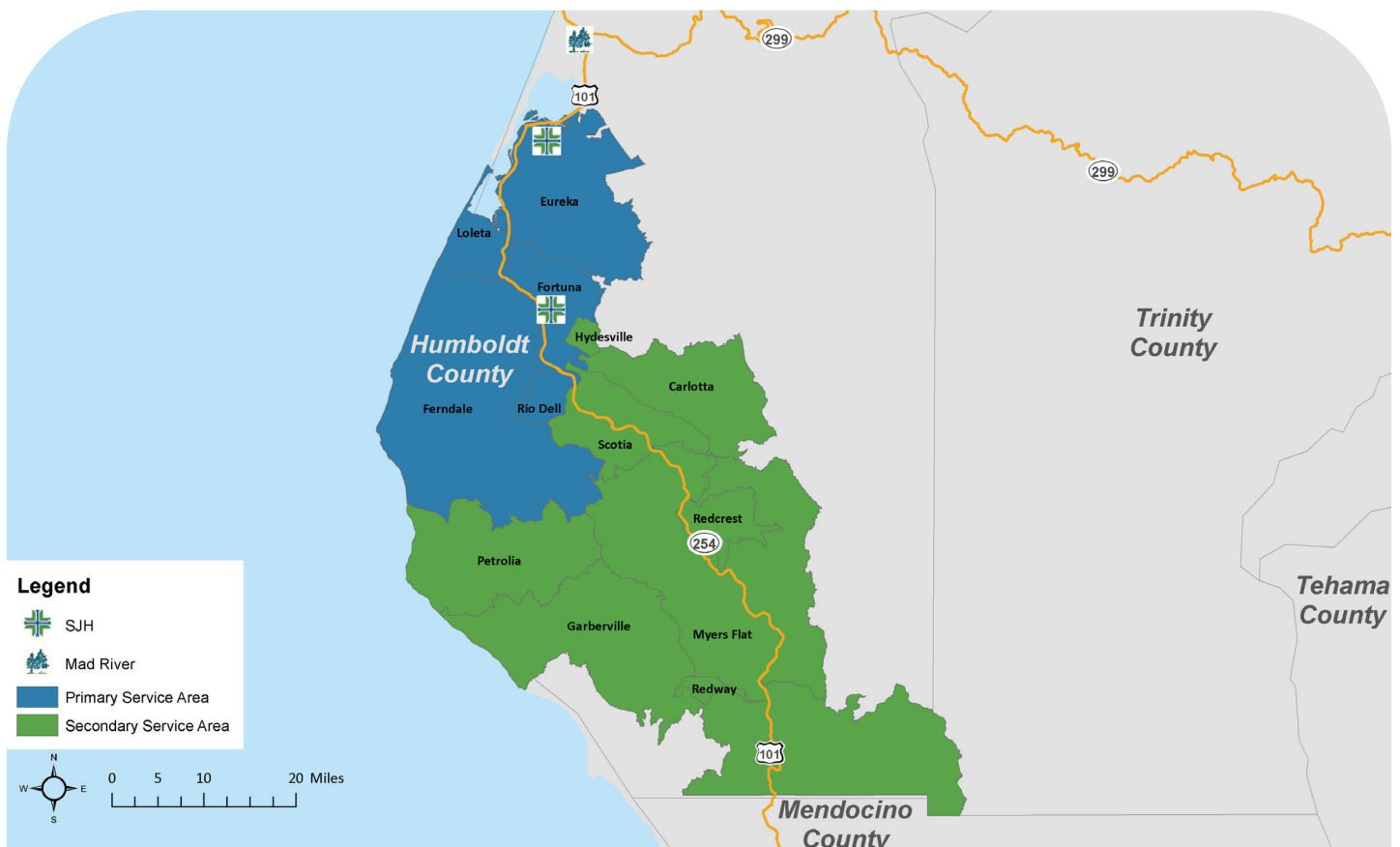
there is one small commuter airfield with connections to Eureka and to Medford, Oregon for connections to major cities. All travel is impacted by weather, as it is in Humboldt County. Humboldt, Trinity, and Del Norte counties were founded on the economic base of natural resource extraction. The three counties combined comprise five percent of California’s land mass but only 0.4% of California’s population and average 21.1 people per square mile.

Hospital Total Service Area

The Hospital Total Service Area is comprised of both the Primary Service Area (PSA) as well as the Secondary Service Area (SSA) and is established based on the following criteria:

- PSA: 70% of discharges (excluding normal newborns)
- SSA: 71%-85% of discharges
- Includes ZIP codes for continuity
- Natural boundaries are considered (i.e., freeways, mountain ranges, etc.)
- Cities are placed in PSA or SSA, but not both

Below is a map of the Redwood Memorial Hospital Primary (blue) and Secondary (green) Service Areas.



Community Profile

The socio-demographic data for Humboldt County and neighboring areas has striking rates of household poverty. Overall, Humboldt County has 7.0 percent of households living below the poverty level compared to 6.7 percent for California and 6.6 percent nationwide, based on 2010 U.S. Census data. The cities of Arcata, Hoopa, Willow Creek, Klamath, Myers Flat, Orick and Garberville all have household poverty rates exceeding 20 percent, with several other cities ranking in the high teens. The 2014 U.S. Department of Health and Human Services poverty guidelines for a family of four is \$23, 850 per year.

Community Need Index

The Community Needs Index (CNI) was developed by Dignity Health and Truven Health Analytics and it aggregates five socioeconomic indicators that contribute to health disparity (also known as barriers). These barriers are:

- Income - Elder poverty, child poverty and single parent poverty
- Culture - Percentage of population that is minority (including Hispanic ethnicity) and Percentage of population over the age of 5 with Limited English Proficiency
- Education - Percentage over 25 years of age without HS diploma
- Insurance - Unemployed, age 16 and older, and uninsured
- Housing - Renting percentage

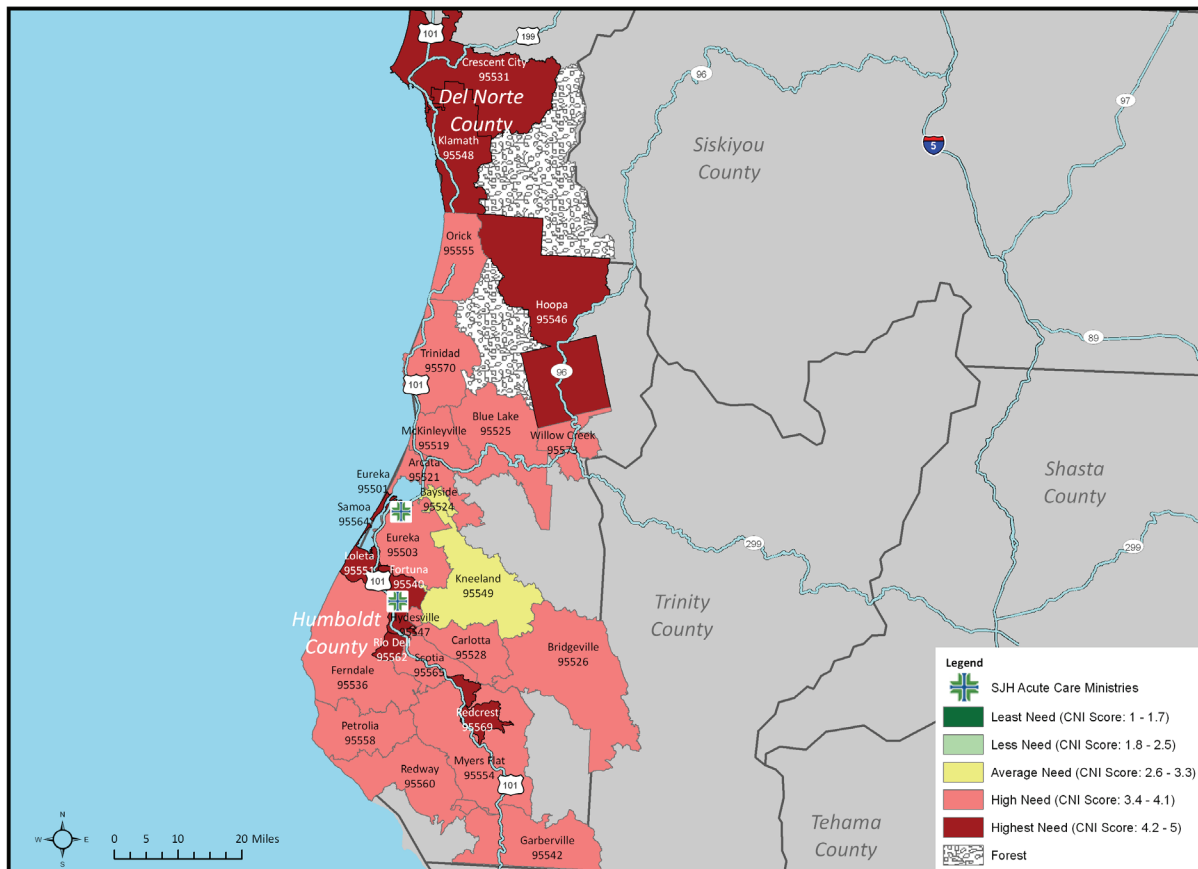
CNI demonstrates need at the Zip Code level where each Zip Code is assigned a score from 1 (low need) to 5 (high need) for each barrier. For barriers with more than one measure, the average of the measures is used as the barrier score. Once each Zip Code is assigned a score from 1 to 5 for each of the five barriers, the average score is calculated to yield the CNI. The need index is based on national need, meaning that the CNI map shows how local zip codes compare to national data.

Research indicates a strong correlation between high CNI scores and hospital admission rates.

Residents who live in areas with the highest need were twice as likely to experience preventable hospitalization for manageable conditions (i.e. ear infections, pneumonia, etc.). The CNI is a standardized tool that allows organizations to focus on neighborhoods with significant barriers to health care access.

The following map shows the entire region – from Del Norte to southern Humboldt – as being an area of high and highest need, with only two zip codes (Kneeland 95549 and Bayside 95524) showing average need. No areas in Humboldt or Del Norte counties had a CNI score of 2.5 or below which would indicate an area of less or least need.

SJE/RMH Service Area Community Need by Zip Code



InterCity Hardship Index

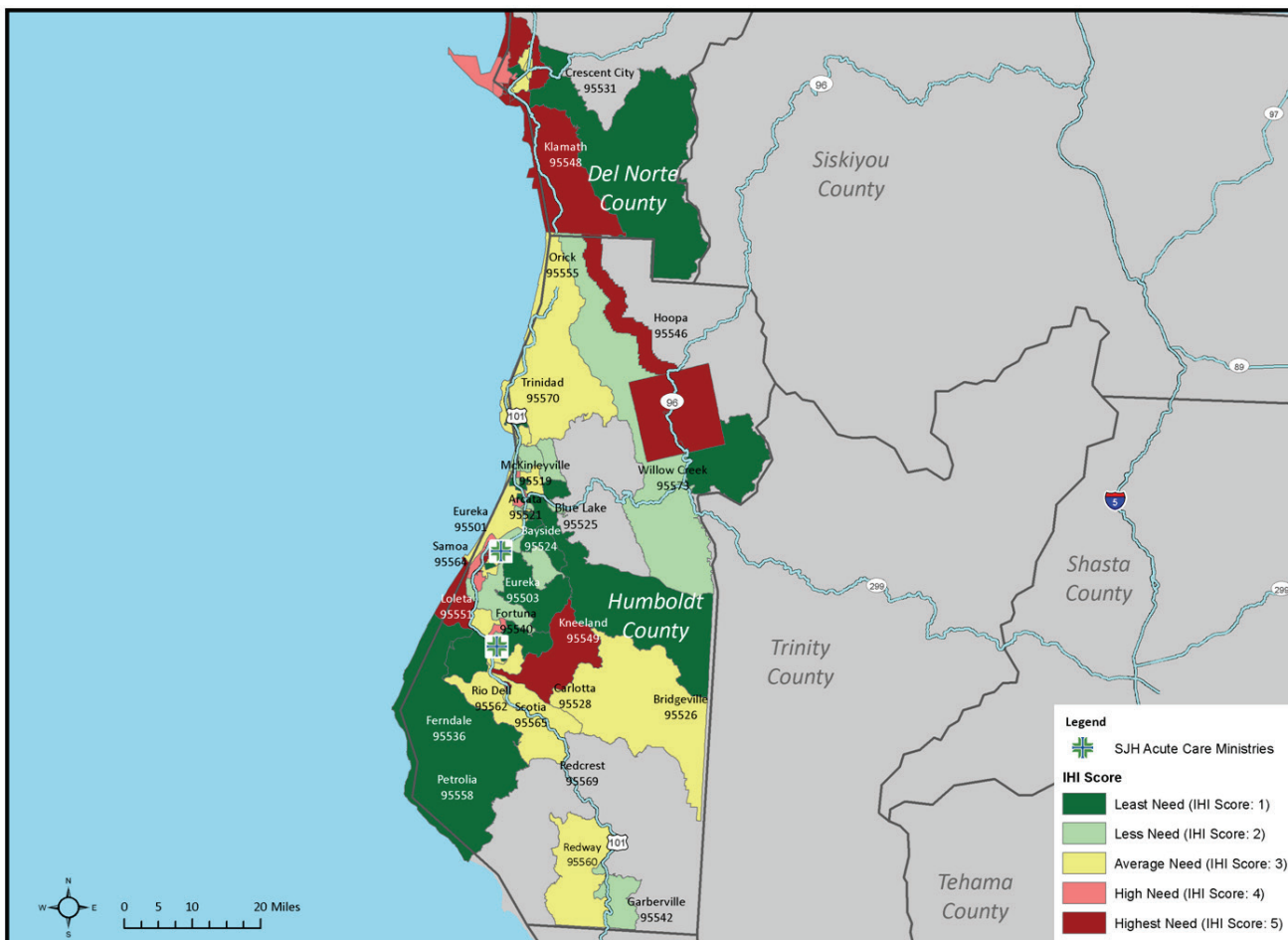
The Intercity Hardship Index (IHI) was developed by the Urban & Metropolitan Studies Program at the Nelson A. Rockefeller Institute of Government. It aggregates six socioeconomic indicators that contribute to health disparity. The indicators are:

- Income level – Per capita income
- Crowded Housing – percent of Households with 7+ people
- Unemployment – percent of those 16 and over without employment
- Education – percent of those 25 and over without a High School diploma
- Poverty – percent of people living below the Federal Poverty Level
- Dependency – percent of the population under 18 years and over 64 years

The IHI demonstrates need at the block group level where each block group is assigned a score from 1 (least need) to 5 (highest need) for all indicators. The indicators are then standardized and averaged to create a composite score. Using zoom maps, as seen below, key block group areas of need were identified. The IHI is based on relative need within geographic area.

Loleta, parts of Eureka, Arcata and McKinnleyville, north of Willow Creek and Klamath are all areas experiencing highest need based on this mapping system.

SJE/RMH Service Area Community Need by Block Group



Map Represents HTSA (Hospital Total Service Area)
Prepared by the St. Joseph Health Strategic Services Department, September 2013

METHODOLOGY

ANALYTIC METHODS

This Community Health Needs Assessment was conducted through a meta-analysis approach. Approximately 60 reports, documents, and needs assessments were reviewed. Primary data was collected through Let's Get Healthy Humboldt (a series of community forums/focus groups) in collaboration with Humboldt County Department of Health and Human Services (DHHS) – Public Health Branch; Nutrition and Food Security 2014 (a paper based survey distributed to First 5 Humboldt program participants) in collaboration with First 5 Humboldt, and Community Health Assessment 2012 – PRC (a telephone survey) in collaboration with St. Joseph Health, system office. A summary of these methodologies are located in “Primary Data” section of this report.

Secondary data was collected by putting a call out to community partners requesting a sharing of documents completed since the last assessment in 2011, both written reports and reports of citizen input through surveys, focus groups, community meetings, and one-on-one conversation were collected. A review of data from the California Center for Rural Policy was also an integral part of this assessment as their work includes studies and reports on many issues that face Humboldt County. Their data has strengthened the data reported in this assessment.

From each of the primary and secondary documents, studies and reports collected; priorities identified as important were compiled and a one-page summary sheet for each document was included in this report. A cross walk of all of the findings provides a visual of areas of importance as identified within the reviewed documents. The cross walk compared the thirteen areas of community needs called out in prior needs assessments as areas of focus.

The thirteen areas compiled on the cross walk and the definitions used for each are:

- 1. Medical Care:** the provision of affordable, accessible medical care for all citizens that will bring the county health statistics closer to appropriate goals and outcomes
- 2. Life Skills:** ability for all to provide or to learn skills ranging from appropriate personal grooming to financial management, from personal self-esteem to responsible parenting, from routine household maintenance to meal preparation
- 3. Affordable and Accessible Housing:** safe and accessible housing that the majority of the people in the county can afford to rent or purchase and for which appropriate utilities are available and affordable
- 4. Coordinated Information and Referral:** coordination between services providers for seniors, parents and youth to use when information and referrals are needed
- 5. Jobs & Training:** training of the unemployed to assist with the transition from jobs of the past to jobs of the future
- 6. Mental Health Services:** access to mental health services for all ages of the county and all socio-economic populations
- 7. Personal Safety:** the ability to feel safe at home and in the community
- 8. Recreational/Social Opportunities:** affordable activities for all ages of the community – youth, young adults, families and senior citizens
- 9. Community Support:** an end to prejudice and discrimination; cultural sensitivity; a sense of community; a place to share experiences; freedom from harassment
- 10. Dental Care:** access to dental care and oral hygiene education
- 11. Transportation:** solutions to the real and perceived shortage of public transportation into, out of and throughout Humboldt County
- 12. Care Giving:** trained individuals who can provide relief for the primary care givers for child care, care of the physically or mentally ill and/or care of the elderly
- 13. Substance Abuse Treatment Programs:** the availability of treatment programs for all locations and for all people in need in the county

PRIORITIZATION PROCESS AND CRITERIA

The setting of community needs priorities was done through the evaluation of all primary and secondary information with a focus on what community members identified as important in their community and the seriousness of the issue identified by those communities. Additionally, prioritizing of “up-stream” activities was done to have the greatest impact (for example, instead of focusing individual risk behaviors and education, attention was given to society and environment conditions). Also taken into consideration are the following criteria:

- Congruency and relevance to the SJH mission and vision
- Congruence with SJH-HC strategic direction
- Size of the issue
- Community capacity to address the issue
- Organizational capacity to address the issue
- Feasibility of addressing the issue in relation to time, financial constraints, resources, etc.
- Potential community and stakeholder engagement in efforts and
- Potential for sustainability of efforts

COLLABORATING ORGANIZATIONS

This Community Health Needs Assessment was done in collaboration with Humboldt County DHHS - Public Health Branch, First 5 Humboldt, and additional collaboration was done (in the form of report/needs assessment contribution) with Northern California Association of Nonprofits, and other organizations as detailed in the list of summary reports in the Secondary Data finding.

COMMUNITY NEEDS

Community Needs Prioritized

As a result of this meta-analysis approach of evaluating approximately 60 community documents and reports, the most frequently identified and relevant needs are as follows:

1. Nutrition/Healthy Food/Health Weight
2. Active Communities, Families, & Socialization
3. Care Coordinated & Referral
4. Mental/ Behavioral Health Services
5. Access to Health Care (with Focus on Prevention)

Detailed areas of need within these five categories are identified below. Further details are available upon request in the cross-walk tables, with identification to which community document or report that identified the area of need.

Nutrition/Healthy Food/Health Weight

- Food/Nutrition (including Home Delivered Meals, Food Bank, Food Security) – Medical Care
- Overweight/Obesity – Medical Care & Life Skills
- Nutrition Counseling & Education – Medical Care & Life Skills
- Diabetes & Pre-Diabetic (including Education) – Medical Care
- Education on Preparing Healthy Meals – Life Skills
- Foster Healthy Living (Diet & Lifestyle) – Life Skills & Substance Abuse Education/Programs
- Meal Preparation – Life Skills

Active Communities, Families & Socialization

- Increase Physical Activity – Life Skills & Substance Abuse Education/Programs
- Walkable Communities – Life Skills & Transportation
- Exercise Classes/Programs & Increase Physical Activity – Recreational/Social Opportunities
- Activities for Community (Families, Seniors & Youth, including inter-generational) – Recreational/Social Opportunities & Community Support & Substance Abuse Education/Programs
- Recreational Activities – Recreational/Social Opportunities
- Children Need Places to Play – Recreational/Social Opportunities
- Activities for After School – Recreational/Social Opportunities
- Isolation/Loneliness – Recreational/Social Opportunities & Community Support & Mental Health Services
- Lack of Locations for Activities (green space or play space) – Recreational/Social Opportunities
- Support Physical Activities & Healthy Living – Community Support & Substance Abuse Education/Programs
- Accidents in the Home/Falling – Personal Safety

Care Coordination (Care/Case Management) and Coordinated Information & Referral

- Care/Case Management – Medical Care & Coordinated Information & Referral & Mental Health Services & Caregiving & Substance Abuse Education/Programs
- Need Integration of Services – Medical Care & Coordinated Information & Referral
- Advocacy & Outreach on Available Services – Coordinated Information & Referral
- Obtaining Information on Services – Coordinated Information & Referral
- Receiving Services/Benefits – Coordinated Information & Referral

Mental/Behavioral Health Services

- Depression – Mental Health Services
- Mental Health Services Availability & Access (no & low cost) – Mental Health Services
- Counseling in Spanish – Mental Health Services
- Translators (specifically: Spanish Speaking) – Mental Health Services
- Promotion of Mental Health Issues as a normal part of life, removing stigma – Mental Health Services
- Support Groups (including Spanish Speaking)
- Care/Case Management – Medical Care & Coordinated Information & Referral & Mental Health Services & Caregiving & Substance Abuse Education/Programs

Access to Health Care (with Focus on Prevention)

- Accessible and Finding Provider – Medical Care
- Affordable Health Care – Medical Care
- Health Screenings – Medical Care
- Drug Abuse Prevention & Prevention Education – Life Skills & Substance Abuse Education/Programs
- Care/Case Management – Medical Care & Coordinated Information & Referral & Mental Health Services & Caregiving & Substance Abuse Education/Programs

Disproportionate Unmet Health Need Group (DUHN), Key Community Needs, and Assets Summary

Communities with Disproportionate Unmet Health Needs (DUHN) are communities defined by zip codes and census tracts where there is a higher prevalence or severity for a particular health concern than the general population within St. Joseph Hospital's Service Area.

| DUHN Population Group or Community | Key Community Needs | Key Community Assets |
|--|--|---|
| Households with income below the federal poverty level | Access to affordable, nutritious foods and lack of understanding about healthy eating | Strong county-wide collaboration around food through Food for People's local pantry network, CalFresh outreach efforts, the Food Policy Council and other community-based organizations |
| Hispanic population of Humboldt County | Access to culturally and linguistically appropriate mental and behavioral health services; reduce stigma associated with these illnesses | Strong connection to church, schools and willing to access services once trust is established |
| Low income and geographically isolated individuals | Access to health care and community-based services | Willingness among organizations to work together to address systems of care |
| Aging, low income population | Needing advanced care and lack of adequate family support and resources | Several organizations/ programs focused on needs of low income seniors: Hospice of Humboldt, Humboldt Senior Resource Center's PACE, Area 1 Agency on Aging, Palliative Care |

PRIMARY DATA

Primary Data for this Community Health Needs Assessment Report 2014 consists of: 1) focus groups/ community forums conducted in collaboration with Humboldt County DHHS - Public Health Branch; 2) additional questions added to First 5 Humboldt's annual program participant paper-based survey, and 3) telephone survey (community health assessment) commissioned by SJH in 2012.

Let's Get Healthy Humboldt - Community Forums

In 2013 SJH-HC partnered with Public Health to conduct six regional community forums to solicit feedback from community members on health needs in their communities. The forums were held in geographically diverse regions of Humboldt County (Willow Creek, McKinleyville, Arcata, Eureka, Fortuna, Garberville) from mid-September 2013 to the beginning of October 2013. Forums were advertised via flyer postings and distributions at schools and local community resource centers that serve all community residents with a focus on low-income populations. Public Service Announcements and the use of community list-serves also advertised the forums.

Additionally, a special adjunct forum was held with the Promotores group on October 18, 2013 in Eureka focused specifically on the needs of the Hispanic population living in Humboldt County. See Summary Sheet #35 in appendix 4 for detailed information about each community forum.

Information on the five leading causes of premature death (death prior to age 75) for Humboldt County residents² was presented at the forums. They are:

- Cardiovascular Disease
- Alcohol and Other Drug Overdoses
- Suicide
- Motor Vehicle Crashes
- Liver Disease – Cirrhosis

Operating with the understanding that these causes of premature death are largely preventable, SJH-HC and Public Health presented a framework to community members for examining complex social issues with no single cause. Community members were asked to consider individual risk behaviors and disease conditions (downstream) as well as the social, environmental and institutional factors (upstream) that effect health.

Community members spoke freely about the needs in their particular community and the County overall. As their discussions moved further “upstream” they found solutions to be mutually reinforcing; meaning one solution could affect two or more causes of premature death.

From these community forums several health priorities emerged:

- Increase access to quality preventative and health care
- Shift social norms around Alcohol and Other Drugs
- Increase availability, use and knowledge of healthy foods
- Increase access to and use of diverse mental health treatment options
- Strengthen social and family cohesion
- Safe neighborhoods for residents, pedestrians and bicyclists

These health priorities were then taken to a series of two stakeholder meetings, occurring in October and November 2013 where persons with special knowledge of social services, education, health care and health disparities in Humboldt County gathered to begin the process of crafting a comprehensive, community health improvement plan. This initiative, called Let’s Get Healthy Humboldt, is the basis for Humboldt County to explore the possibilities of Collective Impact³ with the goal of improving significant health concerns in this region of Northern California.

First 5 Humboldt Survey - Nutrition and Food Security 2014

Background, Design, and Intent, Distribution

In the fall and early winter of 2013 First 5 Humboldt conducted their annual survey of their program participants. Surveys were distributed through their programs and cover the geographic areas of Arcata, Blue Lake, Eureka, Fortuna, Hoopa, Manila, McKinleyville, Orleans, Rio Dell, Southern Humboldt, Trinidad, and Willow Creek. In an effort to have a greater understanding of the nutrition and food security needs of families with young children, St. Joseph Health – Humboldt County, Community Benefits Director contacted First 5 Humboldt about their annual survey. During the survey development phase, a new section on nutrition and food security was incorporated into the annual survey.

² Community Health Assessment: Data for Planning and Policy Making, Humboldt County Department of Health and Human Services, 2013.

³ Channeling Change: Making Collective Impact Work, F. Hanleybrown, J. Kania, M. Kramer, Stanford Social Innovation Review, 2012.

Respondents

A total of 493 surveys were received. Respondents were primarily female (89.4%) and had an average age of 32.8 years old. Most respondents were Caucasian (62.6%), followed by Hispanic/Latino (18.4%) and Native American (12.1%). Three percent of respondents identified as “Multiracial” followed by “Other” (1.7%), African American (1.3%) and Asian (1.1%). English is primarily (86.3%) spoken in their homes, while 13.3% speak Spanish when at home. Most respondents have one to two children (70.4%), nearly a quarter have 3-4 children (23.4%), and 6% have five or more children. The majority of respondents have one child under the age of 6 (63.1%), while 29.0% have two, 6.6% have three, and 7.7% of respondents are pregnant.

Nutrition and Food Security

Respondents were asked if in the past 12 months if they or anyone in their family went hungry because they could not afford enough food; 15.1% checked yes. Sixteen percent of respondents do not have access to grocery stores/markets with fresh fruit, vegetables, and protein (meat, fish, beans, eggs). Challenges to accessing fresh fruit, vegetables and protein were identified by 56.9% as affordability; transportation (28.1%), quality of fresh fruits and vegetables (16.3%), and child care (8.9%). Approximately five percent of respondents indicated that quality of protein, physical challenges of shopping, don’t know how to cook, and need for more information on healthy foods/healthy diet impeded their access. When asked about their ability to purchase healthy foods for a diet high in fruits, vegetables, and protein, 11.6% checked “Yes, often” and 30.1% checked “Sometimes”, indicating that for 41.7% of respondents were having trouble affording healthy food. Additionally, respondents were asked about their ability to keep a three day supply of food in their home in case of emergency (severe storms, earthquake, illness, etc.). Nearly half of respondents (42.8%) indicated that they did not have a three day supply (21.5%) or that they do but sometimes have to eat it when they run out of food (21.3%).

In the last 12 months were you or anyone in your family ever hungry because you could not afford enough food?

| | |
|------------|-------|
| Yes | 15.1% |
| No | 83.1% |
| Don’t know | 1.9% |

Do you have access to grocery stores or markets with fresh fruit, vegetables, and protein (such as meat, fish, beans, eggs)?

| | |
|-------------------|-------|
| Yes, easy access | 83.7% |
| Sometimes/kind of | 15.2% |
| No | 1.0% |

What, if any, are your challenges to accessing fresh fruits, vegetables, and protein? (Please check all that apply)

| | |
|---|-------|
| Affordability | 56.9% |
| No challenges | 43.1% |
| Transportation | 28.1% |
| Quality of fresh fruits and vegetables | 16.3% |
| Child care | 8.9% |
| Quality of protein | 5.6% |
| Physical challenges of shopping | 5.6% |
| Don’t know how to cook | 5.6% |
| Need more information on healthy foods/healthy diet | 5.1% |
| Unsafe location | 2.6% |
| Other | 2.6% |
| Discrimination/don’t feel welcome | 0.5% |

Are there times when you cannot afford to buy healthy foods for a diet high in fruits, vegetables, and protein?

| | |
|------------|-------|
| Yes, often | 11.6% |
| Sometimes | 30.1% |
| No | 58.2% |

Do you keep a 3 day supply of food in your home in case of emergency (severe storms, earthquake, illness, etc.)?

| | |
|--|-------|
| Yes, always | 57.2% |
| Yes, but sometimes we have to eat it if we run out of food | 21.3% |
| No | 21.5% |

Community Health Assessment 2012 – PRC

The former Community Health department of SJH commissioned the 2012 Community Health Assessment as a follow-up to a study conducted in 2007. The assessment is a systemic, data-driven approach to determining the health status, behaviors and lifestyles of residents in the SJH service area. Humboldt County is one of the surveyed regions, due to being home to two SJH hospitals – St. Joseph in Eureka and Redwood Memorial in Fortuna.

The community health assessment compiles existing information obtained from a wide variety of sources. Data sources for national and state indicators include: the Behavioral Risk Factor Surveillance System and other public health surveys, demographic profiles based on the 2010 U.S. census data, Center for Disease Control and Prevention, National Center for Health Statistics, National Health and Nutrition Examination Survey, and the Texas and California Departments of Health Services.

Each health indicator begins with an introduction, followed by detailed hospital service area chart, a regional service area chart, data tables, as total population map and closes with a conclusion. The data tables compare each indicator with four demographic variables: race/ethnicity, poverty level, age, and educational attainment.

The survey was completed and included 750 households successfully surveyed by telephone in the Community Benefit Service Area (SBSA) in Humboldt County. After survey data was collected, the sample was weighted in proportion to the actual population distribution at the zip code level, according to the 2010 U.S. Census, to reflect the area population as a whole.

Topics surveyed and reported on for each SJHS local ministry area are:

Health Outcomes: Asthma, Cancer, Diabetes, Heart Disease, Mental Health, Activity Limitations (including Arthritis & Osteoporosis), and Self-Rated Health

Health Behaviors: Obesity (adult and childhood), Nutrition (including: grocery access, fast food and soft drink consumption), Physical Activity, Alcohol Consumption, Tobacco Use, Immunization, Cancer Screening, and Oral Health.

Healthcare Access: Uninsured, Access Difficulties, Ongoing Source of Care, Last Checkup, and Emergency Department Utilization.

The 2012 assessment reported improvement from the 2007 assessment in cancer, chronic heart disease, and arthritis/rheumatism. Additional findings include: “in the past five years area residents engaged in healthier behaviors indicated in lower rates of childhood obesity, increased cancer screenings, fruits and vegetables consumption, physical activity, immunization, as well as lower smoking and drinking rates. Fewer individuals reported being uninsured and more families are having routine checkups.”

In contrast, residents continue to have “poor outcomes relative to diabetes, stroke, hypertension, high cholesterol, major depression, osteoporosis, and low ratings of general and mental health.” Additionally, when compared to the 2007 results, more adults are obese and there are a higher percentage of resident having “diffi-

culty accessing grocery stores with affordable and fresh produce.” Over the past five years there as been a rise in rates of difficulties accessing healthcare, with more individuals reporting using the “Emergency Department two or more times in the past year while fewer indicate that they have an ongoing source of medical care.”

Consistent across health indicators are the disparities that persist among minorities, individuals with lower levels of educational and higher levels of poverty. These results suggest the need for continued efforts that aim to reduce health disparities and increase the opportunities for healthy living in the community.

SECONDARY DATA

Secondary data consist of approximately 60 community documents and reports. A one-page summary has been provided for each of these items. The summary pages are followed by the tables for the 13 areas of need (as identified on pages 11-12) with each itemized need from the summary sheets. This allows for the cross-walk from the many reports to identification of areas of need.

List of Summary Pages

| | |
|----|---|
| 1 | “A Clearer View: Humboldt Steps Out of the Fog of Medical Variation” 2013 California Healthcare Foundation |
| 2 | “AIAA Senior Information and Assistance Program Data 2010-2011” |
| 3 | “AIAA Senior Nutrition Survey 2007” |
| 4 | “Apartments First! Program Evaluation” Arcata House 2007 |
| 5 | “Arcata Endeavor 2008” |
| 6 | “Arcata Homeless Services Plan: 2007-2016” (March 2007) |
| 7 | “Area 1 Agency on Aging Community Open Space Meetings Report 2009” |
| 8 | “Backpacks for Kids Program” 2010 California Center for Rural Policy |
| 9 | “Breast Cancer Outcomes Review 2010 Site Report” Redwood Memorial Hospital |
| 10 | “Child Care Needs Assessment 2010” |
| 11 | “Children’s Dental Strategic Plan for Humboldt County” 2012 |
| 12 | “Community Health Assessment 2013” – Humboldt County Department of Health & Human Services |
| 13 | “Community Health Needs Assessment 2012 - PRC” St. Joseph Health System |
| 14 | “Emergency Preparedness Skills: Human and Social Capital in the Redwood Coast Region” 2010 California Center for Rural Policy |
| 15 | “Farm to Cafeteria Project 2012/2013” St. Joseph Health - Humboldt |
| 16 | “Fetal-Infant Mortality Review & Child Death Review Team 2008” |
| 17 | “First 5 Humboldt – Strategic Plan 2012” |
| 18 | “First 5 Humboldt Program Participant Survey 2013” |
| 19 | “Food for People 2008” |
| 20 | “Food for People’s Choice Food Pantries: The Power of Choice” 2011 California Center for Rural Policy |
| 21 | “Getting Humboldt County on Track for an Aging Population 2009” |
| 22 | “Health Insurance Disparities in the Redwood Coast Region” – CCRP 2008 |
| 23 | “Heartfelt Care for Tomorrow and Today” 2013 Hospice of Humboldt |
| 24 | “Humboldt and Del Norte Senior and Caregiver Needs Assessment Summary Report 2009” |
| 25 | “Humboldt Area Foundation’s “Listening Campaign” for Community-Led Change Report 2011 |
| 26 | “Humboldt Community Health Survey Summary Report 2008” |
| 27 | “Humboldt Community Resource Center Survey Summary Report 2011” |
| 28 | “Humboldt County – Changing Nutrition and Physical Activity Environments 2008” |
| 29 | “Humboldt County Community Food Assessment” California Center for Rural Policy 2010 |
| 30 | “Humboldt County Homeless Continuum of Care 2004” |
| 31 | “Humboldt Housing and Homeless Coalition – Point-In-Time Count 2013” |
| 32 | “Increasing Access to Local Produce for Low-Income Populations in Humboldt County: Supply, Demand, and Potential models for Distribution 2013” Community Alliance with Families Farmers |
| 33 | “Investigating Very Low Food Security in the Redwood Coast Region” – CCRP 2008 |
| 34 | “It Takes a Village ... To Prevent a Fall” CCRP 2010 |
| 35 | “Let’s Get Health Humboldt 2014” – Arcata , Eureka, Fortuna, Garberville, McKinleyville, Promatores, and Willow Creek |
| 36 | “Local Industry and the Dependence on Child Care” 2011 California Center for Rural Policy |
| 37 | “Mobile Medical 2008” |

| | |
|----|--|
| 38 | “North Coast Health Information Network – Taking Humboldt’s Health Into the 21 st Century” 2012 California Center for Rural Policy” |
| 39 | “Nutrition and Food Security 2014” First 5 Participant Survey” |
| 40 | “Oral Health Care Disparities in the Redwood Coast Region” 2010 California Center for Rural Policy |
| 41 | “Panamnik Building Community Program Survey Analysis and Results 2011” |
| 42 | “Paso A Paso Community Report 2010” |
| 43 | “Prostate Cancer 2010 Site Report” St. Joseph Health System – Humboldt |
| 44 | “Restructuring Long-Term Care in Humboldt County: Final Report 2012 |
| 45 | “Rural Community Vital Signs” California Center for Rural Policy 2010 |
| 46 | “Rural Poverty and Its Health Impacts” California Center for Rural Policy 2008 |
| 47 | “Seniors Food Preparation and Food Security Survey Report 2009” |
| 48 | “Sexual Assault Response Team, 2007” |
| 49 | “Southern Humboldt Caregiver Focus Group 2007” |
| 50 | “Surgical Rate Project – Final Report 2013” St. Joseph Health System - Humboldt |
| 51 | “Teen Pregnancy & Parenting in Humboldt county: Integrated Services & Supports Plan 2013” First 5 Humboldt |
| 52 | “The Cancer Program for Redwood Memorial & St. Joseph Hospitals 2009 Annual Report including 2008 Statistical Review Lung Cancer” |
| 53 | “The Complex Chronically Ill: Addressing the Needs of Frequent Patients and Inappropriate Emergency Room Use” 2010 California Center for Rural Policy |
| 54 | “The Food Access and Pantry Services Survey” 2011 California Center for Rural Policy |
| 55 | “The Health Status and Unique Health Challenges of Rural Older Adults in California” 2011 California Center for Rural Policy |
| 56 | “Think Twice – Food or Trash? Helping Address Food Insecurity in the Redwood Coast Region Through Increased Food Donation” 2011 California Center for Rural Policy |
| 57 | “Tri-County Independent Living Incorporated Survey 2004” |
| 58 | “Truancy Intervention for Teenagers” 2012 California Center for Rural Policy |
| 59 | “Two School Systems, Same Goal 2011” California Center for Rural Policy |
| 60 | “United Indian Health Services Elder Nutrition Program Survey 2003” |
| 61 | “Untapped Resource: Food ‘Waste’ – California Center for Rural Policy 2011 |

Appendix 1: Community Input

Public Health or Other Departments or Agencies

| Organization | Nature of Community Input |
|--|---|
| <i>Humboldt County Department of Health & Human Services, Public Health Branch</i> | <i>Partner with the Let's Get Healthy Humboldt Initiative to conduct community forums and host stakeholder meetings</i> |

Community Leaders and Representatives

| Organization | Nature of Community Input |
|---|---|
| <i>First 5 Humboldt</i> | <i>Questions added to annual survey of program participants</i> |
| <i>California Center for Rural Policy</i> | <i>Policy papers related to rural health and healthcare</i> |
| <i>Promotores</i> | <i>Needs relevant to Hispanic population</i> |
| <i>Resource Centers</i> | <i>Perspective of the underserved and most vulnerable populations</i> |

Contracted Third Party

| Name | Title | Organization |
|----------------|------------|---------------------------|
| Chris Martinek | Consultant | Chris Martinek Consulting |

Appendix 2: Healthcare Facilities within Service Area

| Name | Address | Description of Services Provided |
|---|--|---|
| <i>Open Door Community Health Centers</i> | <i>670 9th Street, Suite 203 Arcata, CA 95521</i> | <i>Primary medical care services (FQHC)</i> |
| <i>Mad River Community Hospital</i> | <i>3800 Janes Rd. Arcata, CA 95521</i> | <i>78 bed acute care medical facility</i> |
| <i>Sutter Coast Hospital</i> | <i>800 E. Washington Blvd. Crescent City, CA 95531</i> | <i>49 bed hospital facility</i> |
| <i>Redwood Memorial Hospital</i> | <i>3300 Renner Drive Fortuna, CA 95540</i> | <i>25 bed critical care access hospital</i> |
| <i>St. Joseph Hospital</i> | <i>2700 Dolbeer St. Eureka, CA 95501</i> | <i>146 bed acute care medical facility</i> |
| <i>Sempervirens P.H.F.</i> | <i>720 Wood St. Eureka, CA 95501</i> | <i>16 bed psychiatric health facility</i> |
| <i>Eureka VA Outpatient Clinic</i> | <i>930 W. Harris St, Eureka, CA 95503</i> | <i>Preventative and primary care for veterans</i> |
| <i>Hospice of Humboldt</i> | <i>2010 Myrtle Ave, Eureka, CA 95501</i> | <i>Comprehensive care for terminally ill patients</i> |

Appendix 3: Ministry Community Benefit Committee Roster

| Name | Title | Affiliation or Organization |
|----------------------------------|--|---|
| Rodney Maples | Chair | SJH-HC BOT |
| Dennis Leonardi | Vice-Chair | SJH-HC BOT |
| Donald Baird, MD | Trustee | SJH-HC BOT |
| Ronald DiLuigi | VP Advocacy for SJH | SJH-HC BOT |
| Sr. Ann Marie Steffen | CSJ | SJH-HC BOT |
| Sr. Maria Goretti DoCoite | CSJ | SJH-HC & the Sisters of St. Joseph of Orange |
| Joshua Allee | VP Mission Integration | SJH – Humboldt County |
| Laurie Watson-Stone | VP Ancillary & Support Services | SJH – Humboldt County |
| **Mike Newman | Council Member | Eureka City Council |
| Joy Victorine | Social Work Coordinator | SJH – Humboldt County, Care Transitions |
| Chris Martinek | Lecturer | Humboldt State University |
| **Becky Giacomini | President | Redwood Memorial Hospital Foundation Board |
| *Jo Anne Center | Community Member | Eel River Valley |

**term ends March 2014*

***term begins in March 2014*

Appendix 4: Summary Documents

Summary #1

“A Clearer View: Humboldt Steps Out of the Fog of Medical Variation”

2013 California Healthcare Foundation

The report examines the medical variations in Humboldt County, specifically the higher than California county average rates for elective surgeries: elective coronary artery bypass graft, gall bladder removals, hysterectomies, knee replacements, and bariatric surgeries for the obese. These elective surgical rates are detailed in Laurence Baker’s “All Over the Map: Elective Procedure Rates in California Vary Widely”.

The Humboldt Surgical Rate Project began in 2012 in an effort to address Humboldt’s high rate of elective surgeries. The Project created three committees, one for each of the stakeholder groups: community members, specialist physicians, and primary care practitioners. In February 2013, the community group committee made the following recommendations:

- Preference-based procedures should be “based on the patient’s informed preference, in consultation with the clinician.”
- Shared decision making “is best used in the primary care setting prior to referral to a specialist. Infrastructure will need to be developed to support integrating this process into primary care settings. Education will be necessary to integrate shared decision making into the culture of community health care.”
- On referrals, “ a clear process and nomenclature distinguishing the intent of the referral be adopted across primary care physicians and specialists. The patient should be fully informed as to the intent of the referral.”
- “A community consensus (should) be developed about proper steps for evaluation and treatment... based on the most up-to-date treatment protocols available and that there be a process where they are kept current and providers be prompted to use them.”
- On Baker’s data: “We believe the report is an accurate reflection of services being delivered and we encourage the medical community to embrace the data. We recommend that there be on-going monitoring of the data, initially by procedure, with a progression to the reporting of each individual surgeon’s rates.”
- On the non-medical community’s role in health care: “It would be very difficult for any one provider or hospital to take a community-wide view. We therefore believe that this is the legitimate and necessary role of the community ... there should be a place for community members to provide input and guidance in the on-going efforts that result from this project.”

More information contact:

The California HealthCare Foundation www.chcf.org

Summary #2

A1AA Information and Assistance Program Data 2010-2011

The Area 1 Agency on Aging (A1AA) reviews data collected by the Senior Information and Assistance Program on a monthly basis. Data from July 2010 through June 2011 were used to provide direction to the program and the agency. Information and Assistance Program does not collect client demographic information, therefore we are unable to specify the characteristics of the clientele. A1AA believes however, they are reflective of the population as a whole.

Between July 2010 and June 2012, 4,400 inquiries were made by seniors, their family members, or caregivers. Listed below are the "Area of Need" the clients requested information or assistance about:

1. Information and Assistance Advocacy
2. Information on Government Programs
3. Housing
4. In-Home Care
5. Legal Assistance

More information contact: Planner @ Area 1 Agency on Aging, 434 Seventh Street,
Eureka, CA 95501 (707)442-3763

Summary #3

A1AA Senior Nutrition Survey 2007

During 2007, the Area 1 Agency on Aging (A1AA) dietitian distributed a paper based questionnaire to senior congregate meal participants and home delivered meal participants. Congregate meal participants returned 317 surveys (52 from Del Norte and 265 from Humboldt County) and home delivered meal participants returned 176 (37 from Del Norte and 139 from Humboldt County). Although survey respondents were not asked demographic information, it is presumed that the respondents mirror the average characteristics of senior meal participants. For home delivered meal participants, this would be characterized by frail, unable to cook for themselves and at high nutritional risk.

Congregate meal participants responded to the many survey questions. When asked about the importance of the senior lunch site to keeping them healthy and independent, 71% indicated that it was very important and that they would not be able to stay health and independent without it; while 17% indicated that it was not very important and would be able to remain healthy and independent with out the program. The remaining 12% did not know or did not respond. They were also asked about their food supply at home. Specifically they were asked, "Do you keep a three day supply of food in case of emergency". 73% indicated "Yes, I always have a supply ready", 12% indicated "Yes, but sometimes I have to eat it if I run out of other food", and 11% indicated "No". The remaining 4% did not know or did not respond.

Home Delivered Meal program participants responded to similar survey questions. When asked about the importance of the senior home delivered meal program to keeping them healthy and independent, 86% indicated that it was very important and that they would not be able to stay health and independent without it; while 5% indicated that it was not very important and would be able to remain healthy and independent with out the program. The remaining 9% did not know or did not respond. They were also asked about their food supply at home. Specifically they were asked, "Do you keep a three day supply of food in case of emergency". 61% indicated "Yes, I always have a supply ready", 29% indicated "Yes, but sometimes I have to eat it if I run out of other food", and 4% indicated "No". The remaining 5% did not know or did not respond.

More information contact: Planner @ Area 1 Agency on Aging, 434 Seventh Street,

Eureka, CA 95501 (707)442-3763

Summary #4

Apartments First! Program Evaluation 2007

Arcata House

Apartments First! is a program of the Arcata House. The program is an effort to establish permanent housing for homeless individuals. A program evaluation was conducted in 2007 to assess the first year of the program's progress towards its program objectives. The Executive Director and Program Evaluator collected data from client files and created a paper based questionnaire for clients to complete (assistance was provided if needed). Twelve clients in the Apartments First! Program participated in the evaluation.

The 12 clients' files generated the following information:

- Most clients had weekly home visits from the care coordinator, the other had visits slightly less often. All clients received phone calls from the care coordinator, some as frequently as weekly or biweekly.
- Biopsychosocial assessments were completed for 10 of the 12 clients. All clients were assessed for mental health needs. All of which were in need of mental health services. At the time of the report, all clients were receiving on-going mental health services.
- All 12 clients were assessed at the start of the program for receiving benefits. All clients received ongoing assistance with retaining benefits.
- All clients receive SSI. Staff assisted with obtaining additional needed services.
- At the beginning of the program 11 of the 12 clients had a primary care provider. At the time of the report, all clients had primary care providers.
- An assessment for credit/debt issues revealed that nearly all of the clients were in need of credit/debt services. All of those in need were referred to services. All clients were assessed for legal issues; 33% of the clients were referred to needed services.

The Client Experiences Questionnaire was conducted in May 2007. The 12 clients' questionnaires provided the following information:

- Clients indicated that the program provided the services they needed, staff was doing a good job assisting clients, staff explained what clients needed to do, clients receive the services needed to stay housed, and staff keeps client informed so they don't worry about things.
- Clients overwhelmingly indicated they liked being in the program, are getting the kind of help they need, and think the program has improved their lives.
- In general clients were mostly happy with their apartment, would like to continue living where they are for a long time, were doing better with money than before they were housed.
- The clients indicated that their physical health and mental health improved since beginning the program. They also indicated that their alcohol and other drug use decreased since beginning the program.

For more information contact: Fox Olson, Executive Director, Arcata House, 1005 11th Street, Arcata, CA 95521, 707-822-4528

Summary #5

Arcata Endeavor

The Arcata Endeavor is a food pantry and service center providing local access to a choice of healthy foods and provides nutrition awareness about preventable diseases. The Arcata Endeavor's primary target populations are the homeless and poor in the community. Basic services provided are a hot lunch, a monthly food box, hygiene facilities and case management.

Arcata's Homeless Services Plan for 2006-2017 states: 1) in the City of Arcata, an estimated 900 to 1,000 individuals experience some form of homelessness each year; and 2) approximately 32% of all Arcata households are classified by the State as living in "poverty," as they have extremely low incomes and are at risk of homelessness. Food pantry services were provided to 1488 persons/households in 2007. The 2000 Census found an average of 4,947 individuals in Arcata live at or below the poverty level. The Arcata Endeavor provided case management to 1000 persons, 665 established clients and 335 new clients. 299 were female and 697 were male. 88 clients were 18 to 25, 633 were 25 to 55, 288 were 55 or older; of their homeless clients, 237 clients were temporarily homeless and 434 were chronically homeless. 232 homeless clients self reported mental health disabilities, 70 self reported dual diagnosis. A client survey done in January of 2008 found that 64% of the survey participants satisfied hunger with purchased, cheap over processed high calorie foods. As well, 41% reported to be pre diabetic, have diabetes or having a diabetic in the family or house-hold

The Arcata Endeavor is also in the process of finding a new location as their lease expires on October 2010. They are starting the process of outreaching to the community and mobilizing community participation in the evaluation, planning and relocation of services they provide to the homeless and poor in the community.

More information contact:

Arcata Endeavor

501 9th Street,

Arcata, CA 95521

707-822-7128

Summary #6

Arcata Homeless Services Plan: 2007-2016

March 7, 2007

The Homeless Services Plan: 2007-2016 (Plan) is the culmination of efforts that began with the Homeless Task Force and the Draft City of Arcata Homeless Shelter and Services Plan (HSU Plan) and Appendices written by the consultant team at Humboldt State University. The HSU Plan and appendices dated September 12, 2005 contain valuable information, including the history of the plan, services available, gaps in services, zoning and land use issues, potential funding sources for services, as well as the Homeless Task Force subcommittee and minority reports. The Plan lays the groundwork for the City's efforts to work with the County, Humboldt Housing and Homeless Coalition (HHHC), and other regional partners to end homelessness in Humboldt County within 10 years. The City intends to continue to work with the County and HHHC in their efforts to draft a countywide plan to end homelessness.

This Plan is designed to identify key characteristics of homelessness in Arcata, explore existing support services, and provide specific implementation measures to connect local and regional programs and services. This Plan, though emphasizing homelessness in Arcata, is primarily a description of how the City will coordinate with regional efforts to end homelessness. The County of Humboldt is developing a regional plan in conjunction with several governmental and non-governmental social services and groups. The Arcata Plan is a precursor to the regional plan and is written with a view towards supporting the regional goals. The ultimate goal is to eliminate homelessness in Arcata and the county. The planning period for this Plan is January 1, 2007 through December 31, 2016

In the City of Arcata, an estimated 900 to 1,000 individuals experience some form of homelessness each year. There are a myriad of reasons that individuals find themselves homeless. Some homeless persons, who also tend to be a visible segment of the homeless population, are challenged by mental illness or other disabilities. Others, though less visible, are still in need of assistance – disadvantaged youth discharged from the foster care system; single mothers recently divorced or fleeing domestic violence; low-income single adults and families who lack savings that might help them weather an unexpected job loss, illness, or eviction; veterans; and emancipated or runaway youth are a few examples of this population.

More information contact:

City of Arcata

Community Development Department

www.arcatacityhall.org

Summary # 7

Area 1 Agency on Aging Community Open Space Meeting Report

2009

The Area 1 Agency on Aging, in an effort to gain a better understanding of the needs and issues of concern for seniors, held Community Open Space Meetings in the communities of Eureka, Fortuna, and McKinleyville during the end of May 2009. Community members were made aware of the meetings through local media (print, radio, and TV), as well as flyers and word of mouth. The meetings had focused discussions about 1) programs for seniors, 2) concerns of seniors, and 3) suggestions and recommendations for change.

Community meeting attendee/participants were invited to bring forward their issues of concern or interest for small group discussions. All discussion group topics were provided a space for small group discussion. As each of the three communities is unique, so were the topics for their small group discussions.

Primary areas of needs and issues of concern for seniors were:

- Senior center in Fortuna
- Senior education programs: College of the Redwoods (seniors utilizing facilities); computer classes; and other educational opportunities
- Outreach information to rural and remote areas of Humboldt County
- Housing: affordable
- Finding friends
- Senior employment
- Water therapy
- Suicide
- Layered losses of the aging process
- Prescription drugs

More information contact: Planner @ Area 1 Agency on Aging, 434 Seventh Street, Eureka, CA 95501 (707) 442-3763

Summary # 8

Backpacks for Kids Program

CCRP 2010

Food insecurity in the US continues to be on the rise, with food insecure households in the U.S. having risen to 14.6% of households in 2008. In 2006, 11.9% of Humboldt, Del Norte, and Mendocino County households were reported as having very low food insecurity. The Backpacks for Kids Program: Humboldt County Case Study report by California Center for Rural Policy details the challenges faced by Humboldt County families and specifically children who have food insecurity.

The idea is on Friday afternoons to give children a backpack filled with kid friendly and easily prepared food that has high nutritional value. In times of long weekend breaks, additional food is packed in the backpacks. Also if it is known that the student has siblings, additional food is placed in the backpack as well.

Basic food generally is included – depending on availability from the food donated by Food for People examples are: loaf of bread, shelf-stable milk, granola bars, oatmeal, dried cranberries, raisins, canned soups, juices, peanut butter, canned tuna fish, crackers, and fruit cups.

The program began in Humboldt in 2006 by Food For People. By the beginning of 2009's school year, 11 schools in Redway, Fortuna, Eureka , Arcata, Blue Lake and RioDell had been enrolled in the program. Funding for the program is from a combination of local Rotary and Soroptomist clubs, other service clubs, and foundations.

Program success includes helping feed the needy children in our communities and helping the community, especially the volunteers who assemble and deliver the backpacks to kids, to understand the level of poverty in our community and the number of hungry children we have in Humboldt County. Additionally many have seen the children have a greater sense of connection and respect for their school and community.

More information contact:

CCRP – California Center for Rural Policy

Humboldt State University

1 Harpst Street, Arcata, CA 95521

www.humboldt.edu/ccrp

Summary # 9

Breast Cancer Outcomes Review 2010 Site Report

Redwood Memorial Hospital

Breast cancer is one of the leading causes of cancer deaths in U.S. women and Humboldt County is no exception. This report identifies that although Humboldt County women are not diagnosed any more frequently than other parts of California, it does have one of the highest mortality rates from breast cancer (25.2 deaths per 100,000 annually). A 2010 study had shown that nearly 25% of Humboldt County women had not received the recommended screening for breast cancer. This figure rises to 57.5% for low income women. Additionally, rural isolation also contributes to low rates of recommended screenings.

This report detailed the 28 women in 2008, who were diagnosed with breast cancer at the Redwood Memorial Hospital. Seven percent of patients were diagnosed at stage IV, while just over 60% were diagnosed at stage I. Stage II cancers were diagnosed for 21.4% of patients and 10.7 were stage III. Treatment plans of radiation therapy, chemotherapy, and Tamoxifen were commonly used to treat these patients.

Between January 1998 and December 2002 a total of 130 patients were diagnosed with invasive breast cancer and were treated at Redwood Memorial Hospital. Sixteen of these patients have died since the time of their diagnosis. Of these 16, "four were confirmed from the breast cancer, one from metastatic cancer but not confirmed from breast origin, and 11 from unrelated disease. Of the 88% who are still living, the majority are suspected to be cancer-free but this has not been confirmed for all of the patients."

More information contact:

Cassandra Kennedy, M.D.

Cancer Liason Physican for Redwood Memorial Hospital

3300 Renner Drive

Fortuna, CA 95540; 707-725-3361

Summary # 10

Child Care Needs Assessment

2010

The Local Child Care Planning Council of Humboldt County completes the Assessment of Child Care Needs in Humboldt County for the State Department of Education, Child Development Division and the Community. The document is the result of months of planning and data collection. The intent of the Local Child Care Planning Council of Humboldt County is to provide the most complete picture of the needs of its families and the services available to meet these needs. Many local agencies provided the Council with data for the assessment including the Humboldt Child Care Council Resource and Referral, Department of Social Services, Humboldt County Office of Education, and the Employment Development Department.

The Local Child Care Planning Council (LCCPC) is established for the county to assess and prioritize the community's child care and development needs. Based on local child care needs of families who are seeking or are currently receiving subsidized and/or non-subsidized services, the LCCPC is responsible for providing recommendations on local priorities in the allocation of state and federal child care and development funds.

In response to the legislation, Humboldt County formed its LCCPC and held the first meeting on January 27, 1998. The council consists of 10 members from various backgrounds including parents, providers, community members, and administrators.

There are two members in each of five categories. The categories are provider, public agency, consumer, community and discretionary. The County Board of Supervisors and the Superintendent of Schools jointly appoint council members.

The LCCPC identified the following needs:

- More availability of affordable child care for all ages, especially ages 0-5, throughout the county.
- Increase child care staff who speak Spanish and local Native American language. Although English is spoken in 91% of Humboldt County homes with children, 5.6% speak Spanish at home and 3.4% speak a language other than English or Spanish.
- Although most child care need is between 7:00 a.m. and 6:00 p.m., there is a need to increase child care during non-traditional hours to reflect the growing trend of service industry jobs.
- Increase in public and private support so all families can pay for child care services
- Increase data collection, including: methodologies, consistent definition of terms and consistent data collected by the different government agencies.

More information contact:

Local Child Care Planning Council of Humboldt

www.humboldt.k12.ca.us.lccpc

Summary # 11

Children's Dental Strategic Plan for Humboldt County 2012

In 2010, 142 Humboldt County children received full anesthesia dental care (called hospital based care) through the Pediatric Dental Institute (PDI). Due to the high cost of this care and decreased funding, the North Coast Grantmaking Partnership contracted with the California Center for Rural Policy (CCRP) to create a new county-wide dental strategic plan. The plan was intended to review the different aspects of oral health for low-income children and create a plan for a continuum of oral education and comprehensive care.

The strategic plan details the county history from early 2000 to 2011. The Dental Advisory Group has been one of the leading forces in guiding children's dental health for this twelve year period. Strengths, weaknesses, opportunities, and threats were itemized. Five oral health focus areas were identified:

1. Data collection, evaluation, and dissemination to understand the oral health status of Humboldt County's children and the effectiveness of partner programs

Strategy 1A: Convene a dental data group to aggregate existing data and develop collection a plan to determine the oral health status of Humboldt's children.

Strategy 1B: Map and analyze the Pediatric Dental Institute's Hospital-based dental services for Humboldt County.

2. Develop stronger oversight, coordination and advocacy for all the oral health activities in Humboldt County

Strategy 2A: Expand the role of oral health analysts to encompass greater leadership and policy activities which might include two coordinated positions – one at DHHS and one at a community-based partner organization – each providing specific oral health responsibilities.

3. Improve access to dental services for those at highest risk of dental decay

Strategy 3A: Standardize "Well Child Dental Visit" protocols

Strategy 3B: For community-based organizations providing fluoride varnish, use a risk assessment to determine the group most at risk and provide evidence-based care at an efficacious level.

Strategy 3C: For every child who received special restorative dental services (such as hospital-based services or special appointments with a dental specialist), an equal level of case management effort must be made to insure that he/she has a dental home and receives aggressive and on-going preventive services.

Strategy 3D: Support and encourage pediatricians to provide a "Well Child Dental" exam and appropriate referral for dental care.

Strategy 3E: Support plans to enlist families in understanding and receiving on-going preventive care.

Strategy 3F: Explore the use of dental sealants, xylitol, high fluoride dental products and other preventive measures.

Strategy 3G: Explore ways to increase number of dental professionals to help improve oral health in Humboldt County

4. Create a culture shift about the importance of preventive care through education and social marketing

Strategy 4A: Develop a community-wide social marketing campaign with several messages for specific target audiences.

Strategy 4B: Insure that interventions and actions emphasize the importance of preventive care at home.

Strategy 4C: Raise community awareness about the lack of dental services and promote policy changes

5. Increase the amount of quality of networking between new and current partners in Humboldt County and with other organizations at a state and national level.

Strategy 5A: Develop a working group to address the upcoming changes, challenges and opportunities with ACA implementation in 2014.

Strategy 5B: Develop ways to engage other dental health and medical professionals in the area to support the efforts to improve oral health in Humboldt County

Strategy 5C: Make connections to elected officials, other professional organizations and the community to support public health dentistry.

Strategy 5D: Insure dental partners/projects are not working in isolation. Share resources, provide training, & best practices.

More information contact: CCRP – California Center for Rural Policy

Humboldt State University, 1 Harpst Street, Arcata, CA 95521, www.humboldt.edu/ccrp

Summary # 12

Community Health Assessment 2013

Humboldt County Department of Health & Human Services

The Humboldt County Department of Health and Human Services conducted the 2013 Community Health Assessment to provide comprehensive health data for planning and policy making. The report details community health and the factors that influence it, including: behaviors, nutrition, policy and both the built and natural environment.

The assessment identified the County's leading preventable causes of premature death (death prior to the age of 75). In Humboldt County they are:

- Unintentional Injury
- Unintentional Alcohol and Other Drug (AOD) Overdoses
- Motor Vehicle Traffic Injuries
- Diseases of the Heart and Cardiovascular System
- Suicide
- Liver Disease, Cirrhosis, and Chronic Alcohol Abuse

The assessment also identified populations within Humboldt County that have a higher rate of health disparities. It noted, "if you are poor or have a serious mental illness you will likely have a shorter life. Also on average, in Humboldt County, non-white and American Indian/Alaska Native persons die approximately 12 year sooner than a person who is white."

The assessment identified the social determinants of health as: education, employment, income, family and social support, and community safety. In addition, access to care, transportation, nutrition, active living, and family health play a factor in our health. Details on each of these areas are covered in the assessment.

The assessment was made available for multiple public comment hearings and seven community forums (focus groups) which were held in September and October 2013 to discuss the leading health problems in the county and strategize which of these were of greatest priority to the different communities and what specifically they would like to address within their community. See "Let's Get Healthy Humboldt 2013" summary for specific results of those community forums.

More information contact:

Humboldt County Department of Health and Human Services

529 I Street, Eureka, CA 95501

707-441-5400

Summary # 13

Community Health Needs Assessment 2012 - PRC

St. Joseph Health System

The St. Joseph Health System's department of community health completed the 2012 Community Health Assessment as a follow-up to a study conducted in 2007. The assessment is a systemic, data-driven approach to determining the health status, behaviors and lifestyles of residents in the SJHS geographical area. Humboldt County is one of the surveyed regions, due to being home to two SJHS hospitals – St. Joseph in Eureka and Redwood Memorial in Fortuna. The community health assessment compiles existing information obtained from a wide variety of sources. Data sources for national and state indicators include: the Behavioral Risk Factor Surveillance System and other public health surveys, demographic profiles based on the 2010 U.S. census data, Center for Disease Control and Prevention, National Center for Health Statistics, National Health and Nutrition Examination Survey, and the Texas and California Departments of Health Services. Each health indicator begins with an introduction, followed by detailed hospital service area chart, a regional service area chart, data tables, as total population map and closes with a conclusion. The data tables compare each indicator with four demographic variables: race/ethnicity, poverty level, age, and educational attainment. The survey was completed and included 750 households successfully surveyed by telephone in the Community Benefit Service Area (SBSA) in Humboldt County. After survey data was collected, the sample was weighted in proportion to the actual population distribution at the zip code level, according to the 2010 U.S. Census, to reflect the area population as a whole.

Topics surveyed and reported on for each SJHS local ministry area are:

Health Outcomes: Asthma, Cancer, Diabetes, Heart Disease, Mental Health, Activity Limitations (including Arthritis & Osteoporosis), and Self-Rated Health

Health Behaviors: Obesity (adult and childhood), Nutrition (including: grocery access, fast food and soft drink consumption), Physical Activity, Alcohol Consumption, Tobacco Use, Immunization, Cancer Screening, and Oral Health.

Healthcare Access: Uninsured, Access Difficulties, Ongoing Source of Care, Last Checkup, and Emergency Department Utilization.

The 2012 assessment reported improvement from the 2007 assessment in cancer, chronic heart disease, and arthritis/rheumatism. Additional findings include: “in the past five years area residents engaged in healthier behaviors indicated in lower rates of childhood obesity, increased cancer screenings, fruits and vegetables consumption, physical activity, immunization, as well as lower smoking and drinking rates. Fewer individuals reported being uninsured and more families are having routine checkups.” In contrast, residents continue to have “poor outcomes relative to diabetes, stroke, hypertension, high cholesterol, major depression, osteoporosis, and low ratings of general and mental health.” Additionally, when compared to the 2007 results, more adults are obese and there are a higher percentage of resident having “difficulty accessing grocery stores with affordable and fresh produce.” Over the past five years there as been a rise in rates of difficulties accessing healthcare, with more individuals reporting using the “Emergency Department two or more times in the past year while fewer indicate that they have an ongoing source of medical care.”

Consistent across health indicators are the disparities that persist among minorities, individuals with lower levels of educational and higher levels of poverty. These results suggest the need for continued efforts that aim to reduce health disparities and increase the opportunities for healthy living in the community.

More information contact: St. Joseph Health System – Humboldt

Martha Shanahan, Community Benefits Programs

2700 Dolbeer Street, Eureka, CA 95501, 707-445-8121 x 7450

Summary # 14

Emergency Preparedness Skills: Human & Social Capital in the Redwood Coast Region

CCRP 2010

Community members trained in CPR and other medical emergency training can be vital to the survival of our neighbors, especially in rural areas where emergency response services may have great distances to travel before arriving. In Humboldt County, the longest response times are 3.5 hours for the outlying areas.

The Rural Health Information Survey conducted in fall 2006 by the California Center for Rural Policy (CCRP), collected information from approximately 3,003 respondents. A total of 23,606 surveys were mailed with a response rate of 12.7%. Survey respondents were primarily female (64.1%), Caucasian/White (84.2%), with 5.9% multiracial, 5.1% Native American, 3% other, 1.2% Latino, 0.4% Asian, and 0.2% African American. Just over 40% of respondents were at or below 200% of the federal poverty level, 19.2% were between 200-300%, and 39.4% were over 300% of the federal poverty level. Humboldt County residents comprised 29.8% of the respondents with the remaining living in Del Norte, Trinity, and Mendocino Counties.

This survey asked questions about the respondent's skills or training with medical emergencies such as first aid and CPR. First aid training is the most frequent training received by respondents (52.7%) followed by CPR at 51.3%. This varies dramatically by federal poverty level, with those below 100% federal poverty level, 47.8% having first aid training, 49.5% of those between 100-199%, 50.5% for those between 200-299% and 59.1% for those at or above 300%. CPR training shows similar trends: 45.9% for at or below 99% federal poverty level, 49.5% for 100-199%, 51.7% for 200-299% and 55.6% for those at or above 300%. The age of respondents also impacts training, with those under the age of 65 being 1.4 times more likely to have first aid training and 1.8 times more likely to have CPR training. The majority of respondents under the age of 65 had first aid training (56.9%) while only 40.3% of those 65 and older had the training. Most respondents under the age of 65 had CPR training (57.7%) compared to those 65 and older (32.2%).

The report recommends:

- Increase funding for Emergency Training in rural communities
- Reduce barriers for Emergency Medical Technicians
- Include tribal governments in state and county wide emergency planning
- Mobilize preparedness training
- Make access to volunteers easy
- Utilize and promote local volunteer organizations such as Community Emergency Response Teams (CERTs)
- Encourage youth to get training in basic medical emergencies
- Establish neighborhood organization and assessment
- Increase the capacity for communities to communicate during emergencies
- Continue monitoring emergency preparedness skills in the Redwood Coast Region

More information contact: CCRP – California Center for Rural Policy

Humboldt State University, 1 Harpst Street, Arcata, CA 95521, www.humboldt.edu/ccrp

Summary # 15

Farm to Cafeteria Project 2012/2013

Community Alliance with Family Farmers

The Community Alliance with Family Farmers (CAFF) during the period of March 2012 and May 2013 with funding from St. Joseph Health System – Humboldt County: Care for the Poor funds expanded local produce access to Eureka City Schools, Fortuna Union Elementary School District, and McKinleyville Union School District, totaling 12 schools. These 12 schools have a total enrollment of 5,665 with 62% or 3,526 students eligible for free or reduced price lunches (which represents student household living at or below 185% of the federal poverty level). CAFF was able to work with Humboldt County Office of Education (HCOE) and school food service directors to discuss Farm to Cafeteria goals, including:

- Examining current school districts produce purchasing
- Provide lists of local farmers interested in school accounts, produce available and when
- Observing school kitchens for capacity to prepare and serve local produce
- Survey food service programs across the county
- Provide materials on Farm to Cafeteria for school food service trainings
- Design and distribute marketing materials for school district cafeterias

This increase of local produce (apples, sugar snap peas, cucumbers, tomatoes, radishes, zucchini, and citrus) helped to address the nutrition and food security concerns for local school children and provide access to new local customers for family farmers. Additionally, this effort allowed for stronger connections to form between the cafeteria and classroom. Information on the local participating farms increased student reception of local produce. Teacher and parent feedback mentioned that students were interested in the local farmers and increased their willingness to consume the fruit and vegetables.

More information contact:

Community Alliance with Family Farmers, Redwood Coast Office

1385 Eighth Street, Suite 102, Arcata, CA 95521

707-826-0233

Summary #16

Fetal-Infant Mortality Review & Child Death Review Team 2008

The Humboldt County Fetal Infant Mortality Review and Child Death Review Team has been meeting to review cases for over 16 years. The program initially began in 1991, when the California Fetal & infant Review (FIMR) Program was created using Federal Title V block grant/ Humboldt County became one of 11 counties that contracted with the California Department of Health Services, Maternal and Child Health Branch, to conduct a local FIMR program. Humboldt and a few other small counties have chosen to combine FIMR activities with case review of older child deaths. The combined Humboldt County FIMR and Child Death Review Team (FIMR/CDR) began meeting monthly in February 1992.

The purpose of the combined team is to investigate in depth the cases of death to fetuses (20 weeks or over or 500+ grams), infants, and children up to 17 years in Humboldt County and to make recommendations for changes that will help prevent future deaths to fetuses, infants and children. Program goals focus on enhancement of the health and well being of women, infants, and families through the review of fetal, infant and child deaths at the community level. The case review team examines selected fetal, infant and child death cases. The team identifies factors indicated in these deaths and looks to see if the factors could be systems problems that require changing. The team recommendations lead to intervention and positive change. Team members include community leaders, medical care providers, health and human service professionals, law enforcement, and advocacy groups.

Findings for the review of these deaths indicate:

- Alcohol, tobacco, and other drug use continues to play a role in fetal, infant and child deaths
- Lack of a safe infant sleeping environment plays a role in more than half of the deaths identified as SIDS
- Young children and youth are dying from both intentional and unintentional causes. Motor vehicle crashes remain the leading cause of death for this age group, but drowning and other unintentional injuries, as well as suicide and homicide, also play a significant role in taking our children's lives.
- The needs of high-risk individuals and families pose severe challenges to service-providers and highlight the need for a coordinate, integrated service delivery system.

The above information was pulled from the Humboldt County Department of Health & Human Services FIMR-CDRT Program web page.

More information contact:

Humboldt County, Department of Health and Human Services FIMRCDRT Program

707-445-6210, <http://co.humboldt.ca.us/HHS/PHB/FetalInfantMortalityReviewAndChildDeathReviewTeam.asp>

Summary #17

First 5 Humboldt, Humboldt County Children & Families Commission -

Strategic Plan 2012

In 1998, Proposition 10 (California Children and Families Initiative) was passed by California voters. Proposition 10 added a 50 cents per pack tax to tobacco products. The revenues for the tax are earmarked to meet the needs of pregnant women and children age birth to five and their families. Twenty percent of the tax is held by State for statewide projects and 80% comes to the individual counties who have submitted strategic plans for their area.

First 5 Humboldt, Humboldt County Children and Families Commission has developed a vision statement, mission statement, and goals for the 2005-2008 Strategic Plan. They are as follows:

Vision: All Humboldt County children thrive in healthy, supportive, nurturing families and neighborhoods, enter school ready to learn and become active participant of their communities.

Mission: First 5 Humboldt, together with families and communities will promote comprehensive, integrated systems of services for early childhood development in order to foster secure, healthy and loving children eager to learn and develop their full potential.

Goals:

- To positively affect the physical, emotional, social and economic health of young children and pregnant women and increase focus on perinatal oral health, problematic use of alcohol and other drugs, pregnant and parenting teen support, and integrated health/behavioral health for families and children.
- To increase focus on cultural proficiency, protective factors, best practices, and fatherhood involvement for the Family Resource Centers and Playgroups.
- To increase effective collaboration within the Early Childhood Care & Education field, a stable system for local professional development, new partnerships, and best practices.
- To facilitate collaborative partnerships and increase focus on fiscal collaborations, capacity of family resource centers, oral health partnerships, new partnerships, and multi-disciplinary trainings.
- To increase sustainable funding.

Core Program Funding areas:

- Family and Parent Support: includes strategies that help pregnant women, parents and families to get what they need to raise their young children to be happy, healthy, and eager to learn.
- Early Childhood Care and Education: focused on strategies that promote high quality child care and early education opportunities.
- Health and Well Being: includes social and personal resources and physical capabilities.
- Mini Grants: funding for projects developed and carried out by grassroots programs.

More information contact:

First 5 Humboldt: Humboldt County Children and Families Commission

317 Second Street, Eureka, CA 95501, 707-445-7389 www.humkids.org

Summary # 18

First 5 Humboldt Program Participant Survey 2013

In the fall and early winter of 2013 First 5 Humboldt conducted their annual survey of their program participants. Surveys were distributed through their programs and cover the geographic areas of Arcata, Blue Lake, Eureka, Fortuna, Hoopa, Manila, McKinleyville, Orleans, Rio Dell, Southern Humboldt, Trinidad, and Willow Creek. In an effort to have a greater understanding of the nutrition and food security needs of families with young children, St. Joseph Health – Eureka Community Benefits Director contacted First 5 Humboldt about their annual survey. During the survey development phase, a new section on nutrition and food security was incorporated into the annual survey.

A total of 493 surveys were received. Respondents were primarily female (89.4%) and had an average age of 32.8 years old. Most respondents were Caucasian (62.6%), followed by Hispanic/Latino (18.4%) and Native American (12.1%). Three percent of respondents identified as “Multiracial” followed by “Other” (1.7%), African American (1.3%) and Asian (1.1%). English is primarily (86.3%) spoken in their homes, while 13.3% speak Spanish when at home. Most respondents have one to two children (70.4%), nearly a quarter have 3-4 children (23.4%), and 6% have five or more children. The majority of respondents have one child under the age of 6 (63.1%), while 29.0% have two, 6.6% have three, and 7.7% of respondents are pregnant.

Respondents primarily participate in play groups (72.4%), followed by obtaining information about available services (63.3%) and parenting classes or advice (58.9%). On average, respondents take part in activities or services 4.2 times per month, were able to speak with someone in their language (98.4%), were greeted warmly by a staff member (98.8%), felt respected by the staff (97.6%), listed to their ideas (94.1%) and would recommend this program to a friend (99.2%). The majority of respondents were satisfied with the services provided (80.9%) and feel they deal better with parenting issues “a lot” to “somewhat” (72.8%). Respondents are more aware of their child’s developmental stages, “a lot” (49.1%) and “somewhat” (34.2%). Most respondents indicated they are more connected to services and the help they need “a lot” (57.8%) and “somewhat” (25.3%). Nearly all respondent children have some form of health insurance (91.7%), the majority of which is Medi-Cal (62.5%). Their children aged 0-2 are considered in “excellent” to “very good” health by 91.3% and children aged 3-5 by 92.7%. Over half (58.1%) of the respondent’s children have seen a dentist or dental hygienist, while 30.9% have never been to see a dentist or dental hygienist. Respondents were asked if in the past 12 months if they or anyone in their family went hungry because they could not afford enough food; 15.1% checked yes. Sixteen percent of respondents do not have access to grocery stores/markets with fresh fruit, vegetables, and protein (meat, fish, beans, eggs). Challenges to accessing fresh fruit, vegetables and protein were identified by 56.9% as affordability; transportation (28.1%), quality of fresh fruits and vegetables (16.3%), and child care (8.9%).

More information contact:

First 5 Humboldt: Humboldt County Children and Families Commission

317 Second Street, Eureka, CA 95501, 707-445-7389 www.humkids.org

Summary #19

Food for People 2008

Food for People began in 1979 as a small food closet. It has grown to include 13 programs and became the official food bank for Humboldt County. It's mission is:

- To provide emergency and supplementary food to those in need.
- To improve food access through expanded participation in gleaning and gardening projects.
- To conduct advocacy and outreach for local, state and federal food assistance programs and other activities.
- To involve low-income households in self-sufficiency programs.
- To encourage self-sufficiency in the community as a whole

The majority of low-income households struggling with food insecurity use their limited financial resources to purchase lower cost, highly processed foods that tend to be high in carbohydrates and fats. USDA's own studies have shown that the cost of fresh fruits and vegetables has increased by over 40% in the past two decades as the cost of highly processed foods has declined by about 7 %. Surveys conducted through the intake process at Food for People asking why food box recipients don't eat more fresh fruits and vegetables cite cost and lack of knowledge about how to prepare them as primary factors. Enrollment in the food stamp program currently includes only 43% of those deemed eligible. The majority of our small, extremely rural communities have no local grocery store and the small markets that do exist carry little if any fresh, affordable produce. Transportation to supermarkets in the larger communities and to the Food Stamp Office in Eureka is challenging given our limited public transportation system and the reality that gas prices are now over \$4/gallon. Food for People combines the distribution of high quality, nutritious food to these rural communities with effective nutrition education and food stamp outreach activities.

Humboldt County is home to 128,330 people with a population density of 35 people per square mile. According to 2003 California Census data, almost 20% of the population (including 6,618 children) lives at or below the federal poverty level. The relationship between food insecurity and rapidly growing rates of obesity, diabetes and other diet-related health concerns has been well documented in Dr. Francine Kaufman's book *Diabetes*; UCLA's 2007 California Health Interview Survey; and the 2004 policy brief released by The North Coast Nutrition & Fitness Collaborative (Food for People is a member of the collaborative). They all indicate that the North Coast is facing an epidemic of obesity and physical inactivity that will affect the region for decades. This impending local and national crisis acknowledges the correlation between poverty and food insecurity and is due in part to the fact that the majority of low-income households have limited access to high quality, affordable fruits and vegetables.

More information contact:

Anne Holcomb, Executive Director, Food for People, 307 W. 14th Street, Eureka, 95501

www.foodforpeople.org aholcomb@foodforpeople.org

Summary # 20

Food for People's Choice Food Pantries: The Power of Choice

CCRP 2011

Food insecurity (the lack of ability to purchase adequate food for a family) has continued to be on the rise since the 2007 recession. Humboldt County has been identified as having one of the highest rates of hunger and food insecurity statewide. Nationwide, food banks during 2009 have seen a 30% increase in people seeking food assistance. Instead of pre-filled boxes of commodities, food pantries are moving to a more dignified way of distributing food by allowing participants to independently choose the food they will take home.

The report details the history and different models of consumer-choice pantries begun in 1993. In 2009, Humboldt County's local food bank, Food for People, began restructuring the food bank's distribution process. Food for People was California's first "Choice Pantry". Assistance is provided for those in need and pre-filled boxes are still available upon request. Client feedback included people enjoying the process of selecting food and planning their meals. Despite many needing help, their first time through, most found it an easy transition and preferred method of food distribution. It was found that with clients only selecting what they will use or need, food waste was reduced. Additionally, this food delivery option provides a more dignified form of receiving food assistance and reduced the stigma associated with receiving food commodities.

More information contact:

CCRP - California Center for Rural Policy

Humboldt State University

1 Harpst Street, Arcata, CA 95521

www.humboldt.edu/ccrp

Summary # 21

Getting Humboldt County on Track for an Aging Population – Local Government Assessment Report & Advocacy Survey Report 2010

Humboldt County, California is on the verge of experiencing a tremendous growth in its older adult population. In 2000, there were 20,574 individuals over the age of 60 in Humboldt County, according to the 2000 Census. Based on the California Department of Finance population projections, Humboldt County will have 26,592 older adults by 2010 (a 29.3% increase in 10 years) and 34,744 older adults by 2020 (a 68.9% increase from 2000). In light of this tremendous growth in older adults, the Area 1 Agency on Aging administered two surveys:

1. The first was for local government officials to assess the senior programs in their area. The survey was modeled after the International City/County Management Association's 2006 nation-wide survey ("Maturing of America"). The survey was intended to provide information relevant to long-term public agency planning for the increasing older adult population. This survey was distributed by the U.S. Postal Service to County Supervisors; City Council Members for Arcata, Blue Lake, Eureka, Ferndale, Fortuna, Rio Dell, and Trinidad; and local Tribal or Rancheria Council Members. Results: Twelve local government officials responded to the survey. Respondents were asked about services specific for older adults available in their community for health care programs or services; nutrition programs; exercise programs; transportation programs; public safety/emergency services; housing programs; workforce programs; civic engagement or volunteer programs; and aging programs. Survey respondents were requested to then indicate their local government's role in providing the service, funding (full or partial), publicizing, partnering, or no role in each of these areas of older adult services. Over half of the respondents indicated no role for each of these categories. Additionally, nearly half of the respondents were unaware of any services specific for older adults available in their community for any of the services/programs categories.

2. The second survey was intended to gather information on community members' experience and ease in participating in grassroots advocacy efforts. The surveys were accessible through two sources 1. A link on the A1AA website (www.a1aa.org) during May and June 2009 (The survey was publicized through flyers, A1AA newsletter, public service announcements, Senior News, and KIEM's Monday "Live at 5".) and 2. Surveys were distributed throughout Del Norte and Humboldt Counties via 48 distribution sites. Results: 472 surveys were returned between the two distribution/collection methods. 48% of respondents had been in contact with an elected official, while 43% had been in contact with the staff of an elected official. 45% of those who had contact reported the contact was regarding an issue they cared about but only 23% felt that it made a difference and 21% felt they had the result they hoped for. 46% of all respondents reported feeling comfortable contacting an elected official, while only slightly less (45%) reported feeling comfortable contacting an elected official's staff. 24% of respondents indicated they would feel more comfortable if they had information about contacting elected officials and 14% reported an interest in attending a workshop on contacting elected officials, while 20% were interested in a workshop on getting their concerns heard by elected officials (advocating for their concern).

More information contact: Planner @ Area 1 Agency on Aging, 434 Seventh Street, Eureka, CA 95501 (707) 442-3763

Summary # 22

Health Insurance Disparities in the Redwood Coast Region

CCRP 2008

The Health Insurance Disparities in the Redwood Coast Region 2008 provides a detailed description of the lack of health insurance or inadequate health insurance and its health impacts in the Redwood Coast Region (Del Norte, Humboldt, Trinity and Mendocino). Results from the Rural Health Information Survey 2006 provides linkages between health insurance status and health.

Twenty one percent of survey respondents under the age of 65 had no health insurance. Of these uninsured respondents nearly half reported an inability to get needed health care; this is nearly three times more likely than those with health insurance. Of those with Medi-Cal insurance 30% reported inability to access needed health care. Only 10% of respondents with insurance reported lack of access to needed health care. Those without health insurance were considerably less likely to have recommended screenings for breast cancer, cervical cancer, colorectal cancer and diabetes. Those with Medi-Cal were 2.2 times more likely to visit an ER for their health than those with private insurance.

Respondents who were uninsured were most likely to be poor, unemployed or self-employed, under the age of 65 and living in areas of low population density. The uninsured are also more likely to report poor or fair health (16%) compared to privately insured (10%), while 47% of Medi-Cal respondents reported poor or fair health. Nearly 28% of those at the Federal Poverty Level (FPL) are uninsured, while 29% of those between 100%-199% FPL are uninsured.

More information contact:

CCRP - California Center for Rural Policy

Humboldt State University

1 Harpst Street, Arcata, CA 95521

www.humboldt.edu/ccrp

Summary # 23

Heartfelt Care for Tomorrow and Today 2013

Hospice of Humboldt

This Hospice report details the current services of Hospice of Humboldt and the needs of our community for those who are at the end of their life. The report addresses the ideas many of us have about the end of our own life and our desire to die at home or in a place that is as close to home-like as possible.

In Humboldt County, if one cannot be taken care of in their own home until their end, they are likely to be placed in a nursing home or the hospital. An alternative that Hospice of Humboldt is working towards is building a facility that would provide a home-like setting with private rooms and places for families to gather, while maintaining medical staff for the patient's needs.

The report explains the challenges a community experiences with no Hospice facility to care for those at the end of their life when they are unable to remain at home. Community end-of-life needs identified are:

- Increase access to Hospice care due to demographic shifts in Humboldt County
- No existing facility specializing in end-of-life care on the North Coast
- Skilled nursing facilities do not have capacity to care for new Hospice patients
- Assisted living facilities have limited medical services

The report explains the proposed new Ida Emerson Hospice House with a projected cost of \$2.5 million to be raised from the community.

More information contact:

Hospice of Humboldt

2010 Myrtle Ave.

Eureka, Ca 95501

707-445-8443

www.hospiceofhumboldt.org

Summary # 24

Humboldt and Del Norte Senior and Caregiver Needs Assessment Summary Report

2009

The Humboldt and Del Norte Senior and Caregiver Needs Assessment Summary Report 2009 was conducted in the fall of 2009. The Area 1 Agency on Aging conducts a similar survey every four years as required by the California Department of Aging. The purpose of the survey is to gather first-hand information regarding senior needs, concerns, issues, and difficulty in performing daily activities. 3,000 surveys were distributed throughout Del Norte and Humboldt Counties via 48 distribution sites. Approximately 415 surveys were returned for a 14 percent response rate. Seniors age range was from 60 to 98 and caregivers were from 30 to 97.

Primary concerns or problems areas for seniors were:

1. Household chores
2. Accidents in the home (falling)
3. Health care
4. Money to live on
5. Loneliness
6. Nutrition/food
7. Energy/utilities
8. Transportation
9. Isolation
10. Obtaining information about services/benefits

Primary concerns or problem areas for caregivers were:

1. Health Care
2. Accidents in the home (falling)
3. Household chores
4. Money to live on
5. Energy/utilities
6. Nutrition/food
7. Obtaining information on services/benefits
8. Transportation
9. Crime
10. Loneliness
11. Taking care of another person: Adult
12. Legal affairs

More information contact: Planner @ Area 1 Agency on Aging, 434 Seventh Street, Eureka, CA 95501 (707) 442-3763

Summary # 25

Humboldt Area Foundation's "Listening Campaign" for Community-Led Change Report

2011

The Humboldt Area Foundation in January 2011 initiated a listening campaign to "explore what people think about how our community solves problems together, how we talk to each other, and how residents and decision-makers think together to develop solutions to tough community issues." Twenty four decision-makers and process-influencers and another 23 residents were interviewed over a five week period. People from public, private, and nonprofit sectors were included as well as residents of all ages. Summaries of the finding for each of the questions asked are located below:

What's working with the way decision-makers and residents solve problems together? People taking responsibility for developing solutions and engaging in the community were noted by nearly half of respondents, while people's skills in process design were stated by a quarter of what is working in local problem solving.

What's not working with the way decision-makers and residents solve problems together? Lack of civility or good faith participation was identified as a major factor by nearly 60% of respondents. This included a lack of trust in people and processes. Processes not including the whole community were cited by almost half as a major problem and nearly a third said people do not listen do one another. Lack of implementation and process failures frustrated many interviewees.

Given what you just said on a scale of 1-5, how effective do you think we are working together? Only 30 people were willing to score the community's effectiveness of working together, with only five indicating a 4 or 5. The remaining 25 scored the community at or below a 3.

What's the impact on our region? Nearly half of interviewees stated the impact was a loss of time, people, money, and natural resources.

On a scale of 1 to 5, how high of a priority is this for our community to work on? 27 of the 33 people were willing to assign a priority score assigned an extremely high priority (5) to this issue.

In addition, residents were asked: What enables you to take action to improve problems you see in your community? And, what keeps you from taking action to improve problems you see in your community? Nearly 40% indicated the greater community good motivated them to be involved while 60% stated self-interest was their motivating factor. Distance to and timing of public meetings was stated as a barrier to 45% of respondents. Language or cultural barriers prevented nearly 40% from participating.

In addition, decision-makers and process-influencers were asked: What challenges are you facing that a more process-savvy citizenry might help with? Land use planning was ranked highest as a challenge, followed by transportation issues, city incorporation, health care, immigration, marijuana, and state budget cuts.

More information contact:

Humboldt Area Foundation; Heather Equinoss, Community Strategies Program Officer; heathere@hafoundation.org 707-442-2993

Summary # 26

Humboldt Community Health Survey Summary Report 2008

The Humboldt County Department of Health and Human Services – Public Health Branch states that in Humboldt County 58% of adults are overweight or obese, 41% of school-age children are overweight or at risk of being overweight (compared to 17% nationally), and 63% of people do not get the recommended weekly level of physical activity. In an effort to understand how the communities of Humboldt perceive issues of obesity in their community, St. Joseph Health System-Humboldt County in partnership with Chris Martinek Consulting conducted a survey during the spring of 2008. The survey asked community members if they felt obesity was a concern in their community, who was affected, what is being done in their community, what would they like to see in their community, and if they would like to help or participate. The survey was intended to provide first hand information to St. Joseph Health System-Humboldt County and the county at large regarding the community's interest in promoting existing programs and creating new programs to address obesity.

Approximately 600 surveys were distributed by St. Joseph Health System–Humboldt County, in February and March 2008 through their Community Resource Centers, and by Area 1 Agency on Aging through senior centers and other places where seniors gather during the month of April 2008. Two hundred and fifty five surveys were returned and were completed sufficiently to be considered valid.

The age range of respondents was between 12 and 93, with an average age of 43.4 years and a median age of 42. Fifty five respondents (21.6%) were between the age of 12-18, 117 (45.9%) were between 19-59 and 70 respondents (27.5%) were between 60-93 year old. Thirteen (5.1%) of the 255 respondents did not respond to the question of age. Respondents were spread throughout Humboldt County.

- 57.3% think people being overweight is a concern for their community, another 31.0% indicated “some-what” of a concern, for a total of 88.3% of respondents
- Respondents indicated that adults (age 18-59) were the most affected by being overweight (67.8%), followed by adolescents 48.6%, children 42.7% and seniors 26.3%.
- Respondents would like to see the following activities in their community: walking groups (43.9%), cooking classes for healthy meals (43.5%), healthy living education for kids (40.8%), walking trails (40.4%), cooking classes for kids (40.0%), physical activities/exercise groups (38.8%), monthly community health events (35.2%), and community vegetable gardens (34.9%)
- 36.1% of respondents indicated they weigh more than they should, 23.5% indicated “somewhat”
- 48.2% have a family member overweight

More information contact:

St. Joseph Health System – Humboldt; Martha Shanahan, Community Benefits Programs

2700 Dolbeer Street, Eureka, CA 95501; 707-445-8121 x 7450

Summary # 27

Humboldt Community Resource Center Survey Summary Report 2011

The St Joseph Health System-Humboldt County's Community Benefits Program provides five Community Resource Centers (CRCs) throughout Humboldt County in Blue Lake, Eureka, Loleta, Rio Dell, and Willow Creek, with the intent to provide community services to support access to health care and encourage the physical, emotional, and spiritual health of families on the North Coast. A survey was created to ask community members about issues or concerns they had regarding their quality of life, if they use their local CRC's services, which services they use, and if funding were available, what services they would like to see included. The surveys were distributed February through May 2011 through the CRCs operated by St. Joseph Health System-Humboldt County. Two hundred and seventy eight surveys were returned. The age range of respondents was between 17 and 86, with an average age of 40.1 years and a median age of 39. Respondents were spread throughout Humboldt County.

The top ten needs identified by all 278 respondents were:

Quality of Life Concern or Issue

| | | | | | |
|---|-------------------------|-------------|----|--------------------------------------|-------------|
| 1 | Health care (affording) | 149 (53.6%) | 6 | Money to live on | 112 (40.3%) |
| 2 | Employment | 140 (50.4%) | 7 | Legal affairs | 102 (36.7%) |
| 3 | Health care (access) | 121 (43.5%) | 8 | Energy/Utilities | 89 (32.0%) |
| 4 | Housing (affording) | 119 (42.8%) | 9 | Nutrition/food (affording/preparing) | 85 (30.6%) |
| 5 | Transportation | 113 (40.6%) | 10 | Crime | 78 (28.1%) |

The CRC Survey was translated into Spanish and was distributed throughout the CRC programs, including the Paso A Paso program (primary focus on Hispanic families). Nearly 22% of the 278 respondents were identified as being Hispanic respondents (61). The top ten needs identified by the 61 Hispanic respondents were:

Quality of Life Concern or Issue Issue for Hispanic Respondents

| | | | | | |
|---|-------------------------|------------|----|--------------------------------------|------------|
| 1 | Health care (affording) | 48 (78.7%) | 6 | Housing (affording) | 30 (49.2%) |
| 2 | Health care (access) | 45 (73.8%) | 7 | Money to live on | 27 (44.3%) |
| 3 | Legal affairs | 42 (68.9%) | 8 | Obtaining information about services | 25 (41.0%) |
| 4 | Employment | 40 (65.6%) | 9 | Accidents in the home (e.g. falling) | 22 (36.1%) |
| 5 | Transportation | 35 (57.4%) | 10 | Housing (accessible) | 20 (32.8%) |

The CRC Survey was distributed to homeless clients at the Eureka-Old Town CRC. Staff provided one-on-one assistance for those requesting assistance. All 27 homeless respondents indicated living in Eureka and were between the ages of 27 and 72, with a mean of 48.4 and median age of 50. The top ten needs identified by the 27 homeless respondents were:

Quality of Life Concern or Issue for Homeless Respondents

| | | | | | |
|---|----------------------|------------|----|--------------------------|------------|
| 1 | Housing (affording) | 18 (66.7%) | 6 | Other (written comments) | 12 (44.4%) |
| 2 | Legal affairs | 15 (55.6%) | 7 | Health care (affording) | 11 (40.7%) |
| 3 | Employment | 14 (51.9%) | 8 | Crime | 10 (37.0%) |
| 4 | Health care (access) | 12 (44.4%) | 9 | Housing (accessible) | 10 (37.0%) |
| 5 | Money to live on | 12 (44.4%) | 10 | Loneliness | 10 (37.0%) |

More information contact:

St. Joseph Health System - Humboldt;

Martha Shanahan, Community Benefits Programs

2700 Dolbeer Street, Eureka, CA 95501; 707-445-8121 x 7450

Summary #28

Humboldt County - Changing Nutrition and Physical Activity Environments 2008

The strategic plan for Changing Nutrition and Physical Activity Environments was made available in January 2008 by the Department of Health and Human Services, Public Health Branch (PHB). The plan addresses growing problem in Humboldt County of increased obesity and chronic disease. The report explains that the increase of obesity can be attributed to poor nutrition and lack of physical activity. Several influencing factors include: the perception of unsafe streets; more time spent at computers and watching television; greater reliance on the automobile for transportation; lack of safe and welcoming opportunities for walking and bicycling; the influence of advertising media to consume high fat and high sugar products; and the tendency of those with low incomes to consume inexpensive but calorie rich fast foods.

In Humboldt County 58% of adults are overweight or obese. PHB weighed and measured children at local schools. Approximately 41% of school-age children are overweight or at risk of overweight compared to 17% nationally. Sixty three percent do not get the recommended weekly level of physical activity.

The plan discussed PHB Programs and strength, including: behavioral change, activities and policy development (walk-ability audits and built environment), and internal PHB collaborations. The Implementation Plan outlines the PHB's commitment to promoting community health, disease and injury prevention, and a healthy human environment. The Vision, Goals, and Objectives are as follows:

Vision: Humboldt County is a place where people are physically active and have easy access to nutritious foods.

Goals:

1. Position public health to positively impact the effect of the built environment on health.
2. A built environment that supports physical activity in all neighborhoods and communities within Humboldt County.
3. A build environment that supports consumption of fruits and vegetables.

Objectives:

1. Seventy-five percent of children and fifty percent of adults in Humboldt County participating in adequate levels of physical activity by 2013.
2. Sixty-six percent of children and adults eating the daily recommended portions of fruits and vegetables by 2013.
3. Promote health considerations in the built environment in collaboration with the development community, cities, planning commissions, and most importantly with neighborhood and community organizations.
4. Use social marketing to mobilize physical activity and healthy eating.
5. Collect, organize, and disseminate physical activity and body weight data specific to Humboldt County.

More information contact:

Humboldt County Department of Health and Human Services, Public Health Branch
908 Seventh Street, Eureka California 95501, (707) 441-5080,

Summary # 29

Humboldt County Community Food Assessment

CCRP 2010

The California Center for Rural Policy (CCRP) conducted a community food assessment of Humboldt County's current food system "from farm to table". The report's intent was to provide an overview of the county's food system through a presentation of existing data from the different components of the food system and mapping the food system's strengths and areas of need.

The Report provided Humboldt County's food system's strengths and needs as well as recommendations to address the needs. They are as follows:

"Strengths

- Food production, farming and direct marketing are robust.
- A small shift in local consumption can make a big difference in farm incomes and local economic growth.
- The county boasts strong food assistance and food pantry services.
- Interest in expanded local food distribution and processing is growing.
- Nearly 50% of Humboldt County schools have gardens.

Needs

- More food stores, and improved transportation to them, are top priorities.
- Fresh healthy foods are not consistently available in geographically isolated communities, and affordable healthy foods are needed all over.
- Women and children are at greatest risk of poverty and food insecurity.
- Purchasing policies make it hard for farmers to sell to institutions.
- Agricultural leaders need more support and research.

Recommendations

- Target communities to increase use of federal food-assistance programs.
- Develop a locally appropriate food culture to encourage healthy eating.
- Connect the low-income community to fresh and nutritious foods.
- Work with ethnic populations to understand food customs and food system needs.
- Conduct more research into the prices and availability of foods offered at stores throughout the county.
- Apply techniques of local food processing and distribution that have been successful elsewhere."

(p. 4)

More information contact:

CCRP - California Center for Rural Policy

Humboldt State University

1 Harpst Street, Arcata, CA 95521

www.humboldt.edu/ccrp

Summary #30

Humboldt County Homeless Continuum of Care

In 2004, Humboldt County succeeded in establishing a Continuum of Care planning process focused on homelessness in this rural area. The community created a lead entity in the planning process, the Humboldt Housing and Homeless Coalition (HHHC), which has broad based membership and has met monthly since July of 2003. The mission of the HHHC is to facilitate countywide collaboration to build awareness, support, partnerships and funding for housing services, and to coordinate the Humboldt County Continuum of Care for homeless people.

After creating Committee and Task Forces to carry out the substantive work of the Coalition, HHHC created a strategy for collecting needs data and inventoried the existing capacity of homeless housing and service providers in the community. The group collected data on the needs of homeless people in the community by administering a client survey to over 250 homeless clients at 12 sites. Considering the needs of the homeless population and the capacity in the community, HHHC then drafted an 18-month strategic plan to fill gaps found in the homeless and housing service area.

The group noted short term goals and priorities to be:

- Affordable, accessible housing
- Streamline application processes for supportive services
- Increase drug and alcohol programs in the community
- Increase mental, physical and dental health access

The work set future goals and action steps for ending other homelessness over the next ten years. The future goals are:

- Prevent homelessness from occurring
- Improve coordination of services and streamline systems
- Expand emergency and transitional housing networks
- Expand affordable and supportive housing options in order to enable homeless people to achieve long term housing stability
- Expand availability of supportive services for people who are homeless
- Increase collaboration among mainstream providers and homeless service and housing agencies to assess and monitor barriers
- Improve knowledge of and access to mainstream benefits.

More information contact:

Humboldt County

Department of Health and Human Services

Mental Health Branch

507 'F' Street

Eureka California 95501

Summary # 31

Humboldt Housing and Homeless Coalition – Point-In-Time Count

2013

The Humboldt Housing and Homeless Coalition (HHHC) conducted a Point-In-Time Count through a survey of Humboldt County individuals without housing, in accordance with U.S. Department of Housing and Urban Development's (HUD) mandate. The Point-In-Time Count of 1,579 homeless individuals was based on an individual being homeless on the night of January 28, 2013. In the three days following this night, volunteers from over 30 local agencies, nonprofit organizations, and tribes went out with surveys requesting homeless to fill them out or participate in an interview. The Point-In-Time Count had been previously completed in Humboldt County in 2005, 2009, and 2011.

The 2013 Point-In-Time Count provided demographic information on the 1,579 homeless individuals counted.

- **Age:** 14% under age 18 (child); 74% between 18-79 years old (adult); 12% no response. The age range was from less than one year old to 79 years old.
- **Family units:** 21.3% of the 1,579 homeless were part of a homeless family unit (comprising 224 homeless families, 78% of which had minor children in their family unit).
- **Area of county where respondent stays :** 45.5% in Eureka area; 12.9% in Arcata/McKinleyville area; 11.7% in Southern Humboldt; 5.8% in Fortuna area; 6.3% other; and 18.8% no response.
- **Housing/Living situation:** 17% living with family or friend; 33% camping; 10% staying in motel; 10% were in emergency shelters, 8% sleeping in car; 5% staying in transitional living facility; 13% other situation, and 4% did not respond to question.
- **Gender:** 56.5% were male; 29.1% female; 0.2% transgender, 0.4% unknown and 13.8% no response to question.
- **Race:** 58.7% were White; 5.4% American Indian/Alaskan Native; 5.2% American Indian/Alaskan Native and White; 3.0% American Indian/Alaskan Native and Black/African American, 2.9% Black/African American, 0.1% Asian and White; the remaining percent identified with other or no response.
- **Health status:** 38.6% of respondents indicated a physical disability and 37.4% indicated a documented permanent disability. 41.9% had mental health issues and 18.4% had serious mental health issues. 26.3% indicated alcohol issues; while 23.2% indicated drug use issues; and 17.3% indicated chronic substance abuse. 56.2% of respondents have been tested for HIV/AIDS and 0.7% of respondents have HIV/AIDS. 32.4% indicated being a survivor of domestic violence and 13.9 stated domestic violence as a contributing factor to their homelessness.
- **Chronically homelessness:** Chronic homelessness is defined by HUD as a permanent disability status and one year or more of ongoing homelessness or at least four episodes of homelessness in the past three years. 20.9% individuals identified as chronically homeless and 11.3% respondents with families identified as chronically homeless.
- **Income:** 67.6% have an income of less than \$1,000 per month, 9.8% have more than \$1,000 per month, the remaining 22.6% did not respond. Respondents identified sources of income: 21.62% SSI/Disability; 21.2% Food Stamps; 4.1% TANF; 13.4% job; 3.2% General Relief; 6.0% SSI/Retired; and 2.8% VA Disability.

More information contact: Nick Vogel, Analyst 707-441-4613 nvogel@co.humboldt.ca.us

Humboldt County Dept. of Health and Human Services, 930 6th Street 2nd Floor, Eureka, CA 95501

Summary # 32

Increasing Access to Local Produce for Low-Income Populations in Humboldt County: Supply, Demand, and Potential Models for Distribution 2013

Community Alliance with Families Farmers

The Community Alliance with Family Farmers (CAFF) along with California Center for Rural Policy (CCRP) reported on increasing access to local produce for the low income population in Humboldt County with a focus on the distribution, transportation, and economic models for local family farmers to provide the local produce. Information was gathered between October 2012 and May 2013. This information included “an analysis of regional supply, demand, existing distribution infrastructure, and potential models for the distribution of local products.”

“Key findings:

- Many food service operators (including schools), and retail outlets source from local farms and would like to increase their local produce purchasing
- Many farmers are looking for additional local accounts but most prefer high-volume accounts
- Customers in the main population centers of the County are well-served by farmers through direct delivery (Arcata and Eureka)
- The high cost of production among the county’s farmers makes local produce more expensive than other produce options available to low-income populations
- The cost of delivery to rural areas of the County is too high to be economically feasible for farmers.
- At least \$12.5 million in produce is imported by six main distributors each year, four of which serve food service operators throughout Humboldt
- The county contains many infrastructural pieces needed for aggregation and/or distribution, but economic and logistical considerations make the feasibility of potential distribution models highly questionable.”

More information contact:

Community Alliance with Family Farmers (CAFF)

Redwood Coast office

1385 8th Street, Suite 102

Arcata, CA 95521

707-826-0233

Summary # 33

Investigating Very Low Food Security in the Redwood Coast Region

CCRP 2008

Investigation Very Low Food Security in the Redwood Coast Region reports on the four county region of Del Norte, Humboldt, Mendocino, and Trinity. Very low food security (lack of ability to afford enough food resulting in hunger) is two times the rate of the rest of California. “Very low food security occurs when household members are unable to adequately feed themselves due to economic deficiencies or lack of resources.” (p. 2) In other words, people with very low food security are unable to afford enough food.

The report’s findings include a link between very low food security and poor health status and an increased risk for diabetes, heart disease, high blood pressure, and obesity. Those at the Federal Poverty Level (FPL) are nearly 27 times more likely to experience very low food security than those at 300% FPL. The report also found that those with very low food security were considerably more likely to be in fair or poor health and feel sad or depressed. Children were acknowledged as being at greater risk for very low food security, households with children are 1.6 times more likely to experience very low food security than households without children. Additionally, the report linked children living in households with very low food security to experience “poor cognitive, academic, and psychosocial outcomes”. In addition, these children are more likely to have fair to poor health and are more likely to require hospitalization during childhood than those that are food secure.

More information contact:

CCRP – California Center for Rural Policy

Humboldt State University

1 Harpst Street, Arcata, CA 95521

www.humboldt.edu/ccrp

Summary # 34

It Takes a Village... To Prevent a Fall

CCRP 2010

The Redwood Coast Region (Del Norte, Humboldt, Mendocino, and Trinity counties) has higher rates of falls for older adults in the counties when compared to California as a whole and the nation. Fall prevention is key to the ability of an older adult to remain independent and safe in their community. Hospitalization costs due to falls average between \$25,000 to \$40,000 per person per fall.

The CCRP report encourages building a regional or county coalition to help prevent falls; better county and city planning to increase mobility and encourage active lifestyles including walkable communities; promotion of Universal Design which allows for people to age in place; encourage state supported activities including the StopFalls Network California; support nonprofit and provider strategies including fall risk assessments, medication review and management, home visits and assessment, home modifications, access to physical and occupational therapists, wearing the correct footwear, reducing tripping hazards in the home, promoting strength and balance classes, and vision assessment; promote provider awareness; and build senior villages.

Accidents in the home and falls by older adults are largely preventable. Fall prevention is less expensive than the costs associated with falls.

More information contact:

CCRP - California Center for Rural Policy

Humboldt State University

1 Harpst Street, Arcata, CA 95521

www.humboldt.edu/ccrp

Summary # 35

Let's Get Healthy Humboldt 2013:

Seven Community Forums

The Humboldt County Department of Health & Human Services (HCD-HHS) began in the winter of 2011 to conduct the first comprehensive assessment of Humboldt County residence's health with the intent of developing a community health plan. In order to understand the individual community needs and priorities, community forums were held to examine the County's leading preventable causes of premature death (death prior to the age of 75). In Humboldt County they are:

- Unintentional Injury
- Unintentional Alcohol and Other Drug (AOD) Overdoses
- Motor Vehicle Traffic Injuries
- Diseases of the Heart and Cardiovascular System
- Suicide
- Liver Disease, Cirrhosis, and Chronic Alcohol Abuse

St. Joseph Health – Humboldt County in collaboration with the HCD-HHS conducted “Let's Get Healthy, Humboldt”, a series of community forums (focus groups). In September and October 2013, seven community meetings were held to discuss the leading health problems in the county (cardiovascular disease, unintentional alcohol and other drug overdoses, suicide, liver disease & cirrhosis, and motor vehicle crashes) and strategize which were of greatest priority to the different communities and what specifically they would like to address within their community. Recruitment of community forum participants was done through Public Service Announcements (PSAs), flyer posting, emailing list serves, and phone calling to community leaders to encourage participation. Both HCD-HHS and St. Joseph staff attended all community forums with the exception of the Promotores, only St. Joseph staff were in attendance. All community forums are summarized below.

Willow Creek

Willow Creek was the first community forum and was held on September 17, 2013. Five community members participated in the form. To increase community input, the discussion was taken to several subsequent community meetings and written comments were taken from the community over the following weeks. They identified accidental alcohol and other drug overdoses, suicide and mental health as the highest concern for their community. Specifics to these needs are as follows:

Activities and social events: lack of organized alternatives to alcohol and other drugs, multigenerational activities, energy expending activities, opportunities for fun , roller-skating or bowling

Access to mental health services including counseling and transportation

Availability of mental health services in a timely manner

Access to education and support group meetings (AA, etc.)

Education for public to be proactive in domestic violence/abuse and intervention training for the community (“Trauma Informed Care”)

Generational Trauma

Legalizing Marijuana

Self-medication

High risk behavior

Transportation access to services in remote areas

Responsible modeling

Arcata

The Arcata community forum was held on September 18, 2013. Approximately 12 community members attended. Alcohol and other drug overdoses, mental health issues, as well as safe walking/bicycling routes. Specifics are summarized below:

Social acceptance of and access to alcohol and other drugs

Stigma: asking for help / asking someone if they need help

Living conditions: social isolation

Lack of safe walking / bicycling routes

Lack of convenient public transportation

Access to treatment: depression, chronic pain

Inadequate housing / unhealthy living environments

Lack of access to diverse treatment options

Eureka

The Eureka community forum was held on September 24, 2013 and was attended by approximately 25 community members. Primary areas of concern were safe walking/bicycling routes, mental health, and healthy living. Summarized detailed needs are listed below:

Lack of safety for walking & biking

Lack of safe "complete streets"

Limited access to recovery /treatment

Social isolation

Stigma related to help-seeking and help-offering

Lack of access to diverse treatment options (stigma, "rules" = barriers)

Easy access to street & prescription drugs

Lack of transitional services from jail to society

Lack of early education on AOD / self-esteem / family support

Availability of lethal means

Lack of age-appropriate nutrition and activity education (youth through seniors)

Poverty

Lack of access to healthy food (location / price)

Garberville

Garberville's community forum was held on September 25, 2013 and was attended by approximately 12 community members. Primary areas of concern were accidental alcohol and other drug overdoses and mental

health issues. Summarized areas of concern are listed below:

Social norms/ acceptance of DUIs, binge drinking, drug use

Stigma: asking for help / offering help

Social isolation

Limited access to treatment / recovery

Exposure to violence

Emotional driving

Emergency response time

Racism

Lack of holistic health education for youth

Poverty

McKinleyville

The McKinleyville community forum was held on September 30, 2013 and was attended by approximately 25 residents. Identified primary areas of concern were healthy and active living and family support. Specific areas are listed below:

Lack of health and nutrition education

Lack of family support and support for families

Lack of access to healthy foods

Lack of safe streets for walking and biking

Lack of transportation options

Driving under the influence

Fortuna/Eel River Valley

On October 1, 2013 the Eel River Valley community forum was held in Fortuna and was attended by approximately 30 community members. Primary areas of concern were use and acceptance of alcohol and other drugs, healthy nutrition (access and education), and support for families. Specific areas are listed below:

Social norms - acceptance of drug and alcohol use

Social isolation

Lack of health and nutrition education

Lack of family support and support for families

Poverty

Lack of access to healthy foods

Lack of early education on accidental alcohol and other drug overdose

Driving under the influence

Promotores

As there was very low attendance by the Latino community, it was decided to hold an additional community forum just for them. The local promotores were identified as a valuable way to gain access into the needs of the local Latino population. Approximately 25 promotores and Latino staff and clients attended the October 18, 2013 afternoon workshop. The community forum was conducted as the other six forums but was bilingual in discussion. They identified suicide and emotional health as the highest concern for their clients and community. Specifics to these needs are as follows:

*Suicide and emotional health

- a) Education on Suicide and Crisis Training: CITI/ASSIST/QPR Training (in Spanish), domestic violence, coping skills, problem solving (start at early age), healthy relationships and sex education, mental health (issues/diagnosis) and services available, importance of finishing high school and college, families on indicators of possible suicide, and normalizing mental health issues/reducing stigma
- b) Access to Mental Health including: Spanish speaking - In person (tele-communication helpful but difficult for many) , mobile mental health, culturally relevant, transportation, mothers and postpartum depression, cost, and child care
- c) Lack of addressing cause and focus on symptoms with prescription medication
- d) Media and community stigmatizing suicide
- e) Knowing to ask police for officer with CITI training (crisis)
- f) CITI -crisis training for Promotores
- g) AOD usage -family stress

*Emotional Health not mental (like food stamps- CalFresh)

- a) Lack of community center to address: mental health cultural relevance, loss of identity, domestic violence, immigration issues, and transportation
- b) Lack of focus on older adult care and issues
- c) Lack of activities for families, cultural dances, activities, and exercise

For more information contact:

Humboldt County Department of Health and Human Services

529 I Street, Eureka, CA 95501

707-441-5400

And

St. Joseph Health - Humboldt County

Martha Shanahan, Community Benefits Programs

2700 Dolbeer Street

Eureka, CA 95501

707-445-8121 x 7450

Summary # 36

Local Industry and the Dependence on Childcare

CCRP 2011

The Local Industry and the Dependence on Childcare report by California Center for Rural Policy (CCRP) provides a “snapshot” of the impact child care has on Humboldt County families and employers. Due to governmental budget cuts to child care, both parents and childcare providers are feeling the challenges of increased licensing and regulatory requirements. This is also impacting new providers entering the field of childcare. Many families rely on government subsidies to be able to afford childcare and its funding is at its lowest in nearly a decade. It was noted that the cost of providing infant childcare in Humboldt County is 19% of the median income compared to the California average of 15% of the state’s median income. The Humboldt County population below the Federal Poverty Level is 19.5% which is substantially higher than the California average at 14.2%. Approximately 28% of Humboldt families with children live below the Federal Poverty Level.

The benefits for parents with adequate and dependable childcare include: employment stability, reduced likelihood of quitting due to childcare issues, decreased absenteeism, increased workday hours, decreased interruptions at work, more focused efforts while at work, and reduced stress levels. Additionally, “non-parents in the workplace also report higher workplace satisfaction when their coworkers’ child care needs are met.” (p. 2) The report details the different childcare subsidy programs, the parent requirements, the family annual income thresholds and the maximum provider reimbursement in California by age of child and type of childcare facility.

Information from Changing Tides Family Services on Humboldt County families receiving subsidized childcare through three state/federal programs included 587 families who work a total of 630 jobs. These families work primarily in health care (28.1%), management and business services (18.1%), tourism (12.7%), and retail (12.5%). The report identifies industry benefits of high-quality dependable childcare as: productivity of current workforce due to stable childcare, reduced costs of K-12 education due to high-quality early learning opportunities, and future workforce productivity through high-quality early learning opportunities increasing children’s success in school and life.

The report recommended that local economic development address: the current inadequate childcare system, families’ inability to afford childcare, inadequate and limited public childcare subsidies, and investment in an effective child care system.

More information contact:

CCRP - California Center for Rural Policy

Humboldt State University

1 Harpst Street, Arcata, CA 95521

www.humboldt.edu/ccrp

Summary #37

Mobile Medical 2008

Mobile Medical Office (MMO) provides the Latino Health Promotion Project (LHPP). This project won a “Public Health Hero” award from Humboldt County Department of Health and Human Services in 2008 for its successful reduction in disparities faced by Latino patients, particularly for those patients with diabetes. The LHPP focuses on the communities of the Eel River Valley: Fortuna, Ferndale, Rio Dell and Loleta.

In the course of providing services in 2007, many family members accompanied diabetic patients to the support groups and to the dental clinics. A ten-fold increase in children attended the oral health clinics and many also became medical patients of the clinic. The physician noted the high incidence of childhood obesity in these young patients putting them at great risk of also developing diabetes. Interviews with the children and parents by the physician demonstrated that weight gain was influenced by lack of physical activity and over-consumption of sweet snacks and sodas. After researching several options, MMO chose the ShapeDown program as the best one for the population. ShapeDown was developed by childhood obesity experts at UCSF and is an effective 10-week series family-based treatment program that enhances children’s self-esteem and encourages improved peer relationships and adoption of healthier habits so children begin to normalize their weight within their genetic potential.

LHPP’s monthly diabetes peer-support group in Fortuna has demonstrated that it is a key component in improving diabetes self-management outside of doctor’s visits. Most diabetic patients of the clinic who, for the most part come to the group, have seen a significant reduction in their hemoglobin A1c results. By using culturally-appropriate educational activities, participants have felt respected in their particular ways of learning and over time, they have motivated one another through the on-going sharing of testimonials from diabetics who have succeeded in managing the disease.

The LHPP free well-child dental clinic started in Loleta in the fall of 2007 has served an average of 35 children, with a high return rate for each family. Some families come from Eureka, some from Fortuna and Ferndale, knowing that it is the only clinic available in the area.

For more information contact:

Mobile Medical Office

707-443-4666 or 707-443-1186

www.mobilemed.org

Summary # 38

North Coast Health Information Network – Taking Humboldt’s Health Into the 21st Century

CCRP 2012

The North Coast Health Information Network – Taking Humboldt’s Health into the 21st Century report highlights the local North Coast Health Information Network (NCHIN), that helps transfer electronic medical records (EMRs) between medical providers and the privacy framework for sharing this information. The sharing of patient information between medical providers is vital to the quality of care provided, allowing for identifying patient health trends over time and providing a complete medical summary of all medical providers involved with the patient, and all procedures, care and prescriptions. This is not only helpful on a daily basis but is critical in an emergency room crisis. Additionally, NCHIN will reduce the wait time for test results, referrals to specialists, decrease repeated tests by multiple health professionals, and increase efficiency for patient medical visits.

HIPAA (Health Insurance Portability and Accountability Act of 1996) defines protections for patient medical privacy including EMRs. Patient information may only be shared for patient treatment and care coordination. HIPAA was followed by HITEC (Health Information Technology for Economic and Clinical Health Act of 2009), intended to update HIPAA, promote adoption of EMRs, and created “Meaningful Use Criteria” (provided financial incentives for providers who meet the three stages of Meaningful Use implementation). In 2015, medical providers must meet the Meaningful Use Criteria to avoid penalties.

NCHIN plans to expand upon the existing electronic referral system, IRIS, which will provide referral specialists with patient background and medical history thereby reducing patient’s repeated intake sheets. Future plans include patient access to their records and allowing patients to track their medical information. This will allow patients to see all of their medical information in one location.

The report lists all of the medical providers using EMRs and working with NCHIN to integrate communication and systems as of June 2012.

More information contact:

CCRP – California Center for Rural Policy

Humboldt State University

1 Harpst Street, Arcata, CA 95521

www.humboldt.edu/ccrp

Summary # 39

Nutrition and Food Security 2014

First 5 Humboldt

In the fall and early winter of 2013 First 5 Humboldt conducted their annual survey of their program participants. Surveys were distributed through their programs and covered the geographic areas of Arcata, Blue Lake, Eureka, Fortuna, Hoopa, Manila, McKinleyville, Orleans, Rio Dell, Southern Humboldt, Trinidad, and Willow Creek. In an effort to have a greater understanding of the nutrition and food security needs of families with young children, St. Joseph Health – Eureka Community Benefits Director contacted First 5 Humboldt about their annual survey. As a result of this contact, during the survey development phase, a new section on nutrition and food security was incorporated into the annual survey.

A total of 493 surveys were received. Respondents were primarily female (89.4%) and had an average age of 32.8 years old. Most respondents were Caucasian (62.6%), followed by Hispanic/Latino (18.4%) and Native American (12.1%). Three percent of respondents identified as “Multiracial” followed by “Other” (1.7%), African American (1.3%) and Asian (1.1%). English is primarily (86.3%) spoken in their homes, while 13.3% speak Spanish when at home. Most respondents have one to two children (70.4%), nearly a quarter have 3-4 children (23.4%), and 6% have five or more children. The majority of respondents have one child under the age of 6 (63.1%), while 29.0% have two, 6.6% have three, and 7.7% of respondents were pregnant.

Respondents were asked if in the past 12 months if they or anyone in their family went hungry because they could not afford enough food; 15.1% checked yes. Sixteen percent of respondents do not have access to grocery stores/markets with fresh fruit, vegetables, and protein (meat, fish, beans, eggs). Challenges to accessing fresh fruit, vegetables and protein were identified by 56.9% as affordability; transportation (28.1%), quality of fresh fruits and vegetables (16.3%), and child care (8.9%). Approximately five percent of respondents indicated that quality of protein, physical challenges of shopping, don't know how to cook, and need for more information on healthy foods/healthy diet impeded their access. When asked about their ability to purchase healthy foods for a diet high in fruits, vegetables, and protein, 11.6% checked “Yes, often” and 30.1% checked “Sometimes”, indicating that 41.7% of respondents were having trouble affording healthy food. Additionally, respondents were asked about their ability to keep a three day supply of food in their home in case of emergency (severe storms, earthquake, illness, etc.). Nearly half of respondents (42.8%) indicated that they did not have a three day supply (21.5%) or that they do but sometimes have to eat it when they run out of food (21.3%).

More information contact:

First 5 Humboldt: Humboldt County Children and Families Commission

317 Second Street, Eureka, CA 95501, 707-445-7389 www.humkids.org

Summary # 40

Oral Health Care Disparities in the Redwood Coast Region

CCRP 2010

The Oral Health Care Disparities in the Redwood Coast Region 2010 report details the oral health challenges faced by the far northern California coast resident. Findings from the 2006 Rural Health Information Survey were reported and policy recommendations were detailed. Good oral health is vital to overall health and poor oral health contributes to diabetes, cancer, cardiovascular disease, and pregnancy complications.

Access to oral health care was identified as being impacted by:

- **Poverty:** those below 100% of the federal poverty level were least likely to have had their teeth professionally cleaned in the past year (40.2%) compared to those at or above 30% federal poverty level (79.7%). Of respondents below 200% of poverty level 24.2% had not had their teeth professionally cleaned in the past five or more years (or never), in contrast to only 5.9% of those at or above 200%.
- **Children in Household:** 59.8% of adult respondents with children under the age of 18 have had their teeth professionally cleaned in the past year compared to 65.5% of adults in households without children. This is in large part due to poverty as households with children are more likely to live in poverty than households without children.
- **Race/Ethnicity:** 65.7% of white respondents reported having had their teeth professionally cleaned compared to 58.1% of Native American respondents and 51.6% of other non-white respondents.
- **Gender:** Women respondents are more likely to have had their teeth cleaned in the past year (65.9%) compared to men (60.3%).
- **Age:** approximately 70% of respondents over the age of 60 had their teeth professionally cleaned in the past year, while those in their 50's only 65% had. Between the ages of 30-49 approximately 59% of respondents had their teeth cleaned in the past year and less than 50% of those aged 18-29 had done so.
- **Insurance Coverage:** Respondents with private insurance were most likely to have had their teeth cleaned in the past year (76.8%), compared to Medi-Cal insured at 40.7% and those without insurance at 38.5%.

More information contact:

CCRP - California Center for Rural Policy,

Humboldt State University

1 Harpst Street, Arcata, CA 95521;

www.humboldt.edu/ccrp

Summary # 41

Panamnik Building Community Program Survey Analysis and Results

2011

The Panamnik Building Community Program Survey was designed to determine how community members felt about the current community programs at the Panamnik Building; ideas for new programming; and priorities for developing new community programs. The survey was distributed, collected and analyzed in 2010. Surveys were distributed to all P.O. Box holders in Orleans and Somes Bar as well as available at the Salmon River Outpost, the Panamnik Building, the Panamnik Elder Center, the Orleans Mining Company, and the Orleans Market. Fifty two surveys were returned.

Most respondents (42%) attend special events at the Panamnik Building or use it for meeting space (23%). Additional uses of the building include yoga classes, Klamath-Salmon Natural History Library, Kid's Corner, wireless internet, Friday Night Movie Night, music program for young children and Community Sing. Highest value rating was for special events followed by meeting space, Klamath-Salmon Natural History Library, yoga classes, Kid's Corner, wireless internet, and music programs for young children.

Prioritization for possible future offerings were:

- After-school programs
- Dance & exercise classes
- Public library branch
- Café
- Live music
- Retail space for local products
- Outdoor amphitheater or park
- Certified kitchen for community use.

More information contact:

Panamnik Building Community Program

Mid Klamath Watershed council

P.O. Box 409

Orleans, CA 95556

heather@mkwc.org

Summary # 42

Paso A Paso Community Report

2010

The Paso A Paso Community Report covered the period of July 1, 2010 through December 31, 2010. Paso A Paso is a program of the St. Joseph Health Systems of Humboldt County, Community Resource Centers. The program provides services to the Hispanic community in Humboldt County, especially at St. Joseph and Redwood Memorial Hospitals. Program successes were highlighted in the report. Areas of need or challenges to serving the local Hispanic population were detailed as follows:

- Lack of jobs in the county continues to be a challenge for the families in the community.
- Lack of competent interpreters in different community agencies and services, especially in the school systems, continue to be a barrier.
- Lack of transportation services in the Eel River Valley is a barrier for families wanting to participate in Paso A Paso classes.
- Lack of health insurance for adult clients.
- Lack of Spanish speaking counselors. Many adult clients and some children are depressed and in need of counseling.

More information contact:

St. Joseph Health System – Humboldt;

Martha Shanahan, Community Benefits Programs

2700 Dolbeer Street, Eureka, CA 95501;

707-445-8121 x 7450

Summary # 43

Prostate Cancer 2010 Site Report

St. Joseph Health System - Humboldt

The Prostate Cancer 2010 Site Report details Humboldt County prostate cancer incidents, patient demographics, and death rates for patients of St. Joseph Hospital in Eureka. Background on prostate cancer is provided, identifying it as the most commonly diagnosed cancer in men in the United States. Nationwide, prostate cancer is rarely diagnosed in those under the age of 49 (3.2%) and is primarily seen in those 60-69 (38.4%) followed by 70-79 year olds (29.1%), and 50-59 year olds (21.8%), while those 80 and older comprise 7.5%. Humboldt County men diagnosed at St. Joseph Hospital have similar age ranges at diagnosis with those aged 70-79 at 37.8%, 60-69 at 35.7%, 50-59 at 16.8% and over age 80 at 8.8%. Most prostate cancer diagnoses through St. Joseph Hospital were identified at state II disease (79%), less than 10% were diagnosed at either stage III or stage IV, and less than 2% were diagnosed at stage I. Details of types of treatment therapies included surgery, radiation, hormone therapy, other therapies as well as combinations of these therapies.

Death rates of men diagnosed with prostate cancer have been declining nationwide and in Humboldt County. Between 2003 and 2007, Humboldt County averaged 13 prostate cancer related deaths and experienced a 5.6% decline in death annually during that period. Analysis of stage II prostate cancer diagnosis five year survival rate indicated that 82.7% of patients were still alive. Analysis of stages I, III, and IV were not available due to the small number of patients in those categories.

The report concludes that although Humboldt County has slightly higher incidence of prostate cancer than California, Humboldt County's diagnoses tend to be in older men and at more advanced stages of prostate cancer. Despite this fact, mortality rates for Humboldt County are similar to the state's average.

More information contact:

Stanley Hino, M.D.

Chairman, Cancer Committee

St. Joseph Health System-Humboldt County

2700 Dolbeer Street, Eureka, CA 95501

707-445-5111

Summary # 44

Restructuring Long-Term Care in Humboldt County: Final Report 2012

In July 2011, the North Coast Senior Services Collaborative (NCSSC) of Humboldt County was funded by the SCAN Foundation to develop a plan for reorganization and realignment of long-term care services in Humboldt County, with the intent of eliminating redundancy and recommending a plan for “appropriate services to be provided by those organizations best equipped to do so.” At this time the previously dormant NCSSC was revitalized, refocused, and renamed the North Coast Long-Term Services and Supports Coalition (NCLTSSC). This project was spearheaded by project consultant Patty Berg, former State Assemblywoman and founding Executive Director of Area 1 Agency on Aging. The NCLTSSC comprised 20 executive directors of agencies providing long-term care services in Humboldt County. The intent of the NCLTSSC was to become a strong, powerful voice for seniors, adults with disabilities, and their families, for developing and promoting a useful long-term care policy for Humboldt County residents.

Community assessment of current long-term care needs, available services, and gaps in services were identified through a 12 page service provider survey, and consumer focus groups (one for adults with disabilities and one for seniors)

Identified gaps in service:

| <u>By Coalition Members</u> | <u>By Consumers</u> |
|--|--|
| <ul style="list-style-type: none">• Caregivers/IHSS Workers• Increase IHSS Hours• Skilled/trained Caregivers• Affordable Services: Housing, Transportation, In-Home Caregivers• Medical Professional Workforce• Transportation• Inadequate funding to manage programs, discouraging people from remaining at home• Case/Care Management | <ul style="list-style-type: none">• Visitation• Multiple costs of repeated/redundant assessments and evaluations• Increase caregiver wages• Transportation (rural)• Lack of hours and support for caregivers• Better trained providers• One location to receive information• Updated/current caregiver registry |

More information contact:

North Coast Long-Term Services and Supports Coalition

Area 1 Agency on Ageing

434 Seventh Street, Eureka, CA 95501 (707) 442-3763

Summary # 45

Rural Community Vital Signs

CCRP 2010

In an effort to improve community health indicators, the California Center for Rural Policy (CCRP) identified a common set of community indicators to help guide and assess outcomes resulting from improvement efforts in the region (Del Norte, Humboldt, Mendocino, Trinity counties). Areas identified as in need of improvement are:

Children: When compared to the rest of California, Humboldt County has a lower: percentage of pregnant women receiving prenatal care, childhood immunization rates, participation rates in preschool, nursery school or Head Start, High School graduates with all courses required for UC or CSU entrance, and percentage of children with health insurance (i.e. children's uninsured rates are higher). High School graduation rates have been decreasing and High School drop-out rates are even higher for certain racial and ethnic groups in the region.

Dental: Dentists are limited especially for low-income individuals. Untreated dental decay is prevalent in approximately 25% of kindergarten and first grade students.

Drug & Alcohol: Alcohol and drug use is higher among middle and high-school students in the region compared to all of California, especially in non-traditional schools (continuation, community day, and alternative schools). Admissions for drug treatment for which methamphetamine was the primary drug of abuse is increasing. Prescriptions for narcotics and other controlled substances have increased. Drug induced death rates in Humboldt County are increasing and are the highest in all of California.

Food security: Humboldt County has a high percent of households experiencing hunger (especially those households with children). Food stamp programs and school lunch programs are not adequately utilized among those who are eligible.

Health: Humboldt County has higher premature deaths and deaths due to all causes than the rest of California. Specialty physicians are limited especially for low-income individuals.

Obesity, Nutrition & Fitness: Nearly 60% of adults are overweight or obese and less than 50% meet the recommendations for physical activity. Fruit & vegetable consumption is decreasing among teens. Less than 40% of 7th graders are in the Healthy Fitness Zone for all 6 Physical Fitness Areas.

Poverty: Poverty rates are high, especially for single women with children, and a low percentage of jobs pay an hourly wage above the self-sufficiency standard for these families. The percent of renters paying $\geq 30\%$ of household income on rent is high and increasing.

Seniors: Humboldt County has a higher percent of seniors with one fall in the past year when compared with the rest of California. The maximum SSI payment for seniors is below the income needed to meet their basic needs.

Uninsured: Percentage of children without health insurance is higher in Humboldt than California.

(summarized from Executive Summary page 8)

More information contact:

CCRP – California Center for Rural Policy

Humboldt State University

1 Harpst Street, Arcata, CA 95521

www.humboldt.edu/ccrp

Summary # 46

Rural Poverty and Its Health Impacts

CCRP 2008

The Rural Poverty and Its Health Impacts 2008 provides a detailed description of rural poverty and its health impacts in the Redwood Coast Region (Del Norte, Humboldt, Trinity and Mendocino). The report combines multiple methodologies including the Rural Health Information Survey. The Redwood Coast Region poverty rates are higher than the rest of the state and nation.

The main findings include:

- Respondents living at or below the Federal Poverty Level (FPL) were nearly five times more likely to report poor to fair health than respondents at 300% of FPL and are four times more likely to report being sad or depressed when compared to those at 300% of FPL.
- Very low food security (lack of ability to afford enough food resulting in hunger) is nearly 27 times more likely to be experienced by those at FPL than those at 300% of FPL. Households with children were nearly twice as likely to have very low food security compared to households without children.
- Adults at the poverty level were five times less likely to get needed health care than those at 300% of FPL, primarily due to issues of health insurance.
- Children at or below 200% of FPL were four times less likely to get needed health care than those above 200%.
- Individuals at or below 200% FPL were two and a half times more likely to smoke cigarettes on a daily basis than those with household incomes above that level.
- Respondents living at or below the FPL were five times more likely to be unable to meet their health needs due to transportation issues than respondents at 300% of FPL.

More information contact:

CCRP - California Center for Rural Policy

Humboldt State University

1 Harpst Street, Arcata, CA 95521

www.humboldt.edu/ccrp

Summary # 47

Seniors Food Preparation and Food Security Survey Report

2009

The Seniors Food Preparation and Food Security Survey Report 2009 was conducted in the fall of 2009. The Area 1 Agency on Aging conducts needs assessments every four years as required by the California Department of Aging. The purpose of the survey is to gather first-hand information regarding senior nutrition needs, concerns, issues, difficulty in performing food preparation and food security. 3,000 surveys were distributed throughout Del Norte and Humboldt Counties via 48 distribution sites. Approximately 415 surveys were returned and consisted of seniors, adults with disabilities, and caregivers. Seniors age range was from 60-98 and caregivers were from 30 to 97.

As nutrition is a vital part of staying healthy, respondents were asked questions about their ability to afford nutritious food, frequency of eating hot meals, and their ability to prepare their meals. Over one-third of respondents indicated that there were times when they could not afford to purchase fruit, vegetables and protein. Two-thirds of respondents prepare an average of less than one hot meal a day for themselves, 40.0% of respondents prepare three or less per week and 17.3% do not prepare themselves a single hot meal each week. Many of these individuals have hot meals prepared by others, but 43.1% still average one hot meal per day per week or less, with 6.7% having a hot meal on average less than every other day to not at all.

Respondents were given a list of problems that could affect one's quality of life. Respondents were asked to indicate which items were a problem to them personally and to what degree they were a problem. One problem from the list was "Nutrition/food (affording or preparing)". Thirty-six percent of respondents have a minor or serious problem with affording or preparing food.

Respondents were requested to identify if they had problems with their own care or the care they give to someone else. Five of the list of activities concerned food preparation [grocery shopping, preparing meals, standing to cook, cooking hot meals, and carrying hot meals from stove to table]. Over one-third of respondents (38.6%) have minor difficulty, serious difficulty, or are unable to do their own grocery shopping with 19.8% having serious difficulty or are unable to do it at all. One-third of respondents also are unable or have difficulty with preparing meals and standing to cook those meals. Just under one-third have difficulty with cooking hot meals and carrying hot meals from the stove to the table.

More information contact: Planner @ Area 1 Agency on Aging, 434 Seventh Street,
Eureka, CA 95501 (707)442-3763

Summary #48

Sexual Assault Response Team 2007

Each year the Humboldt County Sexual Assault Response Team (SART) compiles statistical data on the number of assault survivors seen for examination by SART examiners. The Humboldt County Sexual Assault Response Team (SART) is a coordinated, multi-agency, multi-disciplinary team that investigates reports of known or suspected sexual assault. The team is comprised of representatives of local law enforcement agencies, county welfare, sexual assault medical examiners and survivor advocacy groups. The SART coordinator is an employee of St. Joseph Hospital and all SART exams for the county are provided on the St. Joseph Hospital Campus.

The goals of SART are:

- Protect the sexual assault victim from further harm
- Respond promptly with appropriate agencies and resources to incidents of known or suspected sexual assault
- Provide for the timely, thorough and professional gathering of physical evidence from sexual assault victims by trained medical examiners at a location within Humboldt County
- Enhance the ability of law enforcement agencies to obtain evidence and successfully prosecute cases without physical or mental harm to the victims
- Refer victims to advocacy agencies
- Establish and maintain lines of communication between involved agencies and groups through adoption of a team approach in response to a sexual assault
- Lessen the risk of emotional trauma to the victims by limiting the number of victim interviews
- Promote vertical investigation, prosecution, protective services and advocacy
- Adopt policies within each of the involved agencies and groups to recognize and implement the aforementioned goals

In 2007, there were 69 SART cases with the youngest survivor 2 years of age and the oldest 55. There were 64 females and 5 males examined during the 37 acute (emergent) and 32 scheduled examinations. For the past five years, SART has examined a total of 312 survivors for a yearly average of 62.4 cases. All cases are referred to SART by law enforcement or Child Welfare services for examination and all survivors give permission for the exam. There are more cases in the county that are not given exams due to lack of survivor agreement, lack of law enforcement support and/or lack of finances for law enforcement to pay for them.

More information contact:

Sexual Assault Team Coordinator

St. Joseph Hospital

2700 Dolbeer Street,

Eureka California

(707) 445-8121 x 5907

Summary # 49

Southern Humboldt Caregiver Focus Group 2007

The Area 1 Agency on Aging in collaboration with the Redwood Caregiver Resource Center (RCRC), in the fall of 2007, held a family caregiver focus group in Garberville. The purpose of the focus group was to determine local interest in a support group, identify barrier, challenges, and other needs. Seven local caregivers participated in the focus group. These caregivers provide assistance with people with dementia, multiple sclerosis, Parkinson's disease. Caregivers were providing care to elderly patents, spouses and friends.

The focus group identifies the following needs:

1. support group
2. guest speakers on services for practical/how to matters,
3. forms assistance
4. skills training
5. respite services.

For more information contact: Planner@ Area 1 Agency on Aging, 434 Seventh Street,
Eureka, CA 95501 (707)442-3763

Summary # 50

Surgical Rate Project – Final Report 2013

St. Joseph Health System – Humboldt

The Humboldt Surgical Rate Project began in 2012 in an effort to address Humboldt's high rate of elective surgeries. The Project examined the medical variations in Humboldt County, specifically the higher than California County average rates for elective surgeries: elective coronary artery bypass grafts, gall bladder removals, hysterectomies, knee replacements, and bariatric surgeries for the obese. These elective surgical rates are detailed in Laurence Baker's "All Over the Map: Elective Procedure Rates in California Vary Widely". The Project created three committees, one for each of the stakeholder groups: community members, specialist physicians, and primary care practitioners. In February 2013, the community group committee made the following recommendations:

- Preference-based procedures should be "based on the patient's informed preference, in consultation with the clinician."
- Shared decision making "is best used in the primary care setting prior to referral to a specialist. Infrastructure will need to be developed to support integrating this process into primary care settings. Education will be necessary to integrate shared decision making into the culture of community health care."
- On referrals, "a clear process and nomenclature distinguishing the intent of the referral [should] be adopted across primary care physicians and specialists. The patient should be fully informed as to the intent of the referral."
- "A community consensus [should] be developed about proper steps for evaluation and treatment... based on the most up-to-date treatment protocols available and that there be a process where they are kept current and providers be prompted to use them."
- On Baker's data: "We believe the report is an accurate reflection of services being delivered and we encourage the medical community to embrace the data. We recommend that there be on-going monitoring of the data, initially by procedure, with a progression to the reporting of each individual surgeon's rates."
- On the non-medical community's role in health care: "It would be very difficult for any one provider or hospital to take a community-wide view. We therefore believe that this is the legitimate and necessary role of the community ... there should be a place for community members to provide input and guidance in the on-going efforts that result from this project."

More information contact:

Humboldt-Del Norte Independent Practice Association,
2662 Harris Street, Eureka, CA 95503 707-442-2285; www.hdnipa.com

CCRP – California Center for Rural Policy, Humboldt State University

1 Harpst Street, Arcata, CA 95521; www.humboldt.edu/ccrp

Summary # 51

Teen Pregnancy & Parenting in Humboldt County:

Integrated Services & Supports Plan 2013

First 5 Humboldt

The report Teen Pregnancy & Parenting in Humboldt County: Integrated Services & Supports Plan 2013 states that two-thirds of teen parents do not graduate from high school and less than 2% graduate with a college degree before they turn 30 years old. This lack of education contributes to their economic struggle to support their families. Many pregnant and teen parents need intensive supportive services.

In Humboldt County births to teenagers (aged 19 and younger) have declined over the past 15 years, similar to state and national trends. In 1996, there were 36 births per 1000 females between the ages 15-19. In 2011 this had been reduced by 40% to 22 births per 1000 females 15-19 years old. Most of these teen moms less than 18 years old live in Eureka (54%) and 34% of teen moms aged 18-19 live in Eureka. Fortuna and the Eel River Valley have the largest concentration of teen moms with 18% of those under age 18 and 30% aged 18-19. Eastern Humboldt comprised 12% of teen moms less than 18 years old and 10% aged 18-19. Arcata/Blue Lake/Samoa have 9% of the less than 18 year old teen moms and 11% of the 18-19 year olds. The McKinleyville/Trinidad/Orick area has 6% of the county's less than 18 years old and only 3% of the 18-19 year olds. In Humboldt County over 90% of the teen births are to White, Native American, and Hispanic teens.

The Plan's recommendations are:

- Convene stakeholders to plan how to address the needs of pregnant and parenting teens in Humboldt County
- Move towards a collaborative, county-wide youth development strategy
- Conduct a county-wide query of school district administrators about the pregnant and parenting teens in their district.

There are 3 phases in the Plan:

1. Workgroup and Integrated Services & Support Plan
2. Teen Input and Pregnancy Prevention/Sex Education
3. Advocacy: Legislative, Schools, Service Provider Collaboration, and Your Development

Existing support services and programs were also identified in the plan.

More information contact:

First 5 Humboldt: Humboldt County Children and Families Commission
317 Second Street, Eureka, CA 95501, 707-445-7389 www.humkids.org

Summary # 52

The Cancer Program for Redwood Memorial & St. Joseph Hospitals 2009 Annual Report

Each year St. Joseph Health System – Humboldt County hospitals (Redwood Memorial and St. Joseph Hospital) conduct an in-depth review of a cancer site to understand trends and monitor outcomes. Lung cancer was chosen for the 2009 report and was conducted by Stanley Hino, M.D. and other Cancer Committee members. Although the number of nationwide lung cancer diagnosis has been declining, lung cancer remains the leading cause of U.S. cancer deaths.

This report detailed the 16 lung cancer cases in 2008 at Redwood Memorial Hospital (RMH), which were evenly split between males and females. One of the 16 patients (6.3%) had small cell lung cancer (SCLC) while the other 15 (93.7%) had non-small cell lung cancer (NSCLC). Comparison years have shown a decrease in SCLC from 25% of cases between 1990-1996 and 13.5% between 2000-2008. Although there was a 3% decrease in late stage lung cancer (III and IV) diagnoses, when comparing 2008 (80%) to the 1998-2002 data (83%) with 95 patients, the decrease is not statistically significant due to the small number of patients. Local data was compared with the National Cancer Data Base (NCDB).

St. Joseph Hospital (SJH) data included 74 lung cancer cases in 2008, which were split between 35 males and 39 females. Five of the 74 patients (6.8%) had small cell lung cancer (SCLC) while 68 (93.2%) had non-small cell lung cancer (NSCLC) and one was undetermined. Comparison years have shown a decrease in SCLC from 15% of cases between 1990-1996 and 6.8% between 2000-2008. Local data follows the NCDB declining trends.

Five-year survival rates for both lung cancer types and all stages were compared between RMH, St. Joseph Hospital (SJH), and NCDB. Graphs of survival rates for each of the four stages at diagnosis for RMH, SJH and NCDB are presented. It was noted that SJH survival rates were similar to NCDB rates, while RMH survival rates were consistently lower (although due to the small number of patients, this is not a statistically significant finding).

Detailed discussions of both NSCLC and SCLC are provided.

More information contact:

Stanley Hino, M.D., Chairman, Cancer Committee

St. Joseph Health System – Humboldt County

2700 Dolbeer Street, Eureka, CA 95501, 707-445-8121

Summary # 53

The Complex Chronically III: Addressing the Needs of Frequent Patients and Inappropriate Emergency Room Use

CCRP 2010

The frequency of patients utilizing the emergency room (ER) who have complex chronic illness and are between the ages of 45-60 has been increasing over the past several years and has developed significant discharge challenges. Many of these patients suffer from several of the following: “substance abuse and behavioral issues, inadequate social and financial support systems, lack of a stable home environment and the need for long term placement.” Despite their lack of ability to care for themselves due to deteriorated functional status, long term care services are not able to care for them.

This is not an isolated incident in California nor the nation, but presents as a unique challenge in the northern rural areas of the north coast with few resources and minimal existing rural models to learn from. Urban areas have implemented integrated care models specifically for this population and focus on coordination of medical, behavioral, social, and housing services. “Housing First” is another approach that provides supportive housing services, many including care management. The “Housing First” model in San Francisco focuses on an integrated medical and behavioral care model to promote a coordinated and comprehensive system of care. Other locations have “roving behavioral health teams, which can place residents off-site in mental health or substance abuse programs when appropriate.”

The Community Housing Partnership provides on-site supportive services to their formerly homeless clients. These services include “housing retention, case management and counseling, crisis intervention, family and senior services, community building, job training, leadership development and employment opportunities.”

ER diversion programs attempt to deter complex chronically ill patients from inappropriate use of the emergency room and work on addressing their needs regardless of their housing situation. Collaborating programs included a Federally Qualified Health Center, community mental health center and a hospital.

Humboldt County is in the process of addressing the similar challenges at local hospitals. Supportive housing similar to “Housing First”, Community Housing Partnership, and ER Diversion programs are being pursued. Existing services along with increased case management and supportive services will be employed to reduce the impact of complex chronically ill patients using the ER as their primary care resource.

More information contact: CCRP – California Center for Rural Policy

Humboldt State University, 1 Harpst Street, Arcata, CA 95521, www.humboldt.edu/ccrp

Summary # 54

The Food Access and Pantry Services Survey

CCRP 2011

In August and September 2011, the 15 Humboldt food pantry sites distributed consumer surveys in a collaborative project by Food for People (FFP), California Center for Rural Policy (CCRP) and St. Joseph Health System. Clients completed 1,127 surveys. The majority of survey respondents were female (51%) and were between the ages of 36-59 (54%), with 29% under the age of 36 and 17% aged 60 or older. Respondents were primarily Caucasian/White (78%), followed by American Indian (14%) and Hispanic (7%), with 5% indicating "Other", 2% African American/Black, 1% Asian, 1% Native Hawaiian or other Pacific Islander and 2% declining to answer the question. Twenty-one percent of respondents did not graduate from high school and 35% of respondents had graduated high school or equivalent. Many respondents had attended some college or had an AA degree (28%), while 8% had a Bachelors' degree and 5% had post-graduate training or a graduate degree. Nearly a third of respondents received CalFresh (food stamps) each month.

Respondents were asked in the survey if they would like information about additional community services at the pantry. They indicated the following services in priority order:

1. Housing
2. CalFresh (food stamps)
3. Family/Community Resource Center
4. MediCal or MediCare
5. Healthy Families
6. WIC
7. Other (including: other food assistance, transportation, health related services, employment, basic needs, and children services or activities)
8. Childcare

Respondents listed three kinds of foods they would like to see more of at the pantry. These included: meat, vegetables/produce, fruit/produce, milk, cheese, miscellaneous products, dairy products (yogurt, butter, etc.), bread/pasta, sweets, and juice.

Very low food security was identified by 59% of respondents, with 29% indicating low food security on the USDA Household Food Security form question scale. Respondents were asked about their health, with 11% indicating "poor", 31% "fair", 38% "good" and 18% checking "very good" or "excellent". Most had some form of health insurance (57%). Nearly 30% of respondents indicated feeling sad or depressed "all of the time" or "most of the time" with 39% checking "some of the time". Many respondents do not get enough exercise with 16% checking "none of the time" or "a little of the time" (when asked if they get enough exercise) and 23% get enough exercise "some of the time" compared to 32% "most of the time" and 29% "all of the time". When asked about getting enough social connections, 25% reported "none of the time" or "a little of the time", with 27% checking "some of the time" and the remainder selecting "most of the time" or "all of the time".

More information contact: CCRP - California Center for Rural Policy,

Humboldt State University, 1 Harpst Street, Arcata, CA 95521, www.humboldt.edu/ccrp

Summary # 55

The Health Status and Unique Health Challenges of Rural Older Adults in California

CCRP 2011

Twenty percent of our older adults in California reside in rural areas. Older adults in rural areas encounter higher rates of physical inactivity, overweight/obesity, and food insecurity, all three of which contribute to heart disease, diabetes and repeated falls. These are significantly lower rates than experienced by their suburban counterparts but are similar to urban older adults, although with different factors due to their geographical isolation and lack of health care providers.

This report identifies rural elders as being more overweight or obese than urban or suburban elders. Potential contributing factors are high levels of physical inactivity, with 20% of rural elders not participating in regular physical activity. Reduced levels of physical activity are influenced by lack of sidewalks, street lights, and exercise facilities.

High risk for food insecurity (lack of ability to purchase sufficient food for one's self or family) exists for rural and urban older adults when compared to suburban older adults. "One in five low-income older adults report that they cannot consistently afford enough food to last the month. This is twice the rate of low-income suburban older adults."

Heart disease is highest among older adults in both rural (25%) and urban areas (22.8%). This trend is also true for diabetes with about 17% for both rural and urban seniors. Diabetes requires careful medical management which can be challenged when medical professionals are not close by due to living in isolated rural areas with limited public transportation and long distances to services and fewer specialists in rural areas. Complications from poorly managed diabetes include: heart disease, kidney disease, limb amputations and blindness.

Accidents in the home or falls are reported by 16.7% of rural older adults as often as twice or more in the past year, which is slightly higher than urban elders (14.6%) and considerably more than suburban's 12.9%.

"Rural populations of all ages nationally experience higher than average rates of illness and poorer access to services." The report recommends local planning to help address physical activity, obesity, and falls prevention, as well as policies to improve access to health food that can reduce both hunger and disease. Additionally, expanding access to health care can help decrease chronic health conditions.

More information contact:

CCRP - California Center for Rural Policy

Humboldt State University

1 Harpst Street, Arcata, CA 95521

www.humboldt.edu/ccrp

Summary # 56

Think Twice - Food or Trash? Helping Address Food Insecurity in the Redwood Coast Region Through Increased Food Donation

CCRP 2011

The Think Twice - Food or Trash? Report examines the edible and unserved leftovers from commercial food providers that end up in landfills or compost bins. These leftovers from grocers and deli counters to catered lunch or dinner events could be donated to local food programs instead of becoming trash. With an increasing number of community members and families going hungry, this food could be wisely used to help feed the local hungry.

Families at or below 200% of the federal poverty level are significantly more likely to experience food insecurity (the lack of ability to purchase enough food for a family) and families with children are nearly twice as likely to as families without children. Food insecurity has been linked to poor health outcomes including obesity, diabetes, heart disease and high blood pressure. Rural areas are more likely to be at risk for food insecurity, according to national studies. Over 20% of Humboldt County households at or below 200% of the federal poverty level were shown as experiencing food insecurity.

In many cases, commercial food providers are reluctant to donate leftovers due to possible liability or lawsuits. Legal protections exist at both the federal (Bill Emerson Good Samaritan Food Donation Act) and state level for commercial food providers who donate leftovers in good faith to nonprofit organizations. Many areas extend this to anyone including individuals and other non-food facilities.

Recommendations include: providing information to commercial food providers on leftover food donation local options, encouraging commercial food providers to include leftover food donation in catering contracts, setting up system for facilitating easy contact and transportation between food donors and nonprofits that provide for the hungry.

More information contact:

CCRP - California Center for Rural Policy

Humboldt State University

1 Harpst Street, Arcata, CA 95521

www.humboldt.edu/ccrp

Summary #57

Tri - County Independent Living Incorporated

2004

Tri-County Independent Living is a private, non-profit organization run by a Board of Directors, many who have disabilities. It is one of twenty-nine Independent Living Centers throughout California and it has served Humboldt, Del Norte and Trinity counties since 1978. The organization estimates the disabled population of the three counties to be 16,000.

The mission is to promote independent living so that people with disabilities can have control over their lives and full access to the communities in which they live. The core services include: information and referral, assistance with technology, housing assistance, individual and systems advocacy, independent living skills training, benefits counseling, peer counseling, youth services, and community outreach.

Throughout 2004, Tri- County Independent Living requested that individuals accessing their services complete a questionnaire. The purpose of the questionnaire was to determine how the disabled evaluated their needs for services throughout the community. There were 1,300 questionnaires completed.

The organization notes the needs of the disabled population has not changed dramatically since they began to collect data. The clients may change but the top priority areas for the population reminds:

- Accessible transportation
- Affordable, accessible housing
- Employment
- Health/dental insurance coverage

More information contact:

Tri-County Independent Living Incorporated

955 Myrtle Avenue,

Eureka Ca. 95501

Phone (707) 445-8404

Fax (707) 445-9751

TTD (707) 445-8405

Toll Free: 877-576-5000

Summary # 58

Truancy Intervention for Teenagers

CCRP 2012

Truancy is a problem in many schools but especially in high schools. There are many different models for dealing with the issue of getting students to attend school. These models include but are not limited to a Student Attendance Review Board (SARB), working with the DA's office, having a strong working relationship with the law enforcement, probation and DA, working with community organizations, and consistent enforcement of relevant truancy laws. SARB's can include working with county mental health services, child protective services, Police Department, Family Resource Centers, alcohol and other drug services, Social Services Departments, Probation, County Sheriffs, school nurses, counselors, and school administrators.

Success in addressing truancy issues has been demonstrated to require strong partnerships between school and enforcement. Conveying to the student and parents the ramifications of truancy including, fines, community service, suspension/revocation of driver's license and jail time for students and possibly parents. Positive results have been shown in a few cases where truancy outreach officers who visit the home and make personal contact with the chronically truant students. This model appears to be more successful in small rural counties. These truancy officers "work with the schools, parents and students to identify needs and help connect the family with community resources." Another program that has seen success is helping these students study to take their GED and investigate community colleges as an alternative educational environment to high school and possible career options.

More information contact:

CCRP - California Center for Rural Policy,

Humboldt State University

1 Harpst Street,

Arcata, CA 95521,

www.humboldt.edu/ccrp

Summary # 59

Two Schools of Thought, Same Goal

CCRP 2011

As Del Norte, Humboldt, Mendocino, and Trinity counties report decreased rates of high school graduation and the rate of taking courses required by CSU or UC campuses is lower than the rest of California, two programs are being implemented to address these issues. The Re-Investing Schools Coalition (RISC) program is based on a “systematic change that develops the ownership of all stakeholders and empowers the community to support all learners in attaining high levels of academic and social proficiency.” The second program is Professional Learning Communities (PLC) which makes major adjustments “within the teaching staff and principal leadership at each school.” This model has been successful in rural areas. PLCs typically include shared values and vision with “collective responsibility for student achievement and focus on collaboration and promotion of both group and individual learning.”

Although RISC and PLC are not the same reform model, they do have similar goals. Both models attempt to evaluate what students need to learn and maximize and assess student achievements in a collaborative process. Collaborative leadership and inclusion is key to the success of each approach. Evaluation and data not only on student achievement but of instruction effectiveness is key thereby allowing change to take place more rapidly than in the traditional school model. Both of these approaches require a new level of commitment from staff. Teachers and administrators need time to make changes to their teaching styles or approaches for many students. Trainings and resources will be necessary to prepare teachers to be successful in mastering this new approach.

Both of these models are seen as solid approaches to “contribute to the health and economic prosperity of the region”. Local emphasis on promoting wellness and positive health behaviors is seen as being key, along with connecting with adults to serve as mentors. Full buy-in from the community will be needed for either of these models to be successful.

More information contact:

CCRP – California Center for Rural Policy

Humboldt State University

1 Harpst Street, Arcata, CA 95521

www.humboldt.edu/ccrp

Summary # 60

United Indian Health Services Elder Nutrition Program Survey 2003

During 2002 the United Indian Health Services Elder Nutrition Program was one of 83 organizations participating in a national survey from the National Resource Center on Native American Aging, University of North Dakota, funded by a grant from Administration on Aging. The purpose of the survey was to examine the health status and health care needs of Native American Elders. Elder Nutrition staff interviewed 100 participants, approximately 50 people in each of the two Older Americans Act Title VI Programs. The survey interviewees were Native American elders participating in United Indian Health Services Elder Nutrition Program, located in Smith River and Klamath. The needs identified are:

1. Help with: housework, shopping, and personal care
2. Health issues: Arthritis, Hypertension, and Diabetes

More information contact: United Indian Health Services, Inc.

1600 Weeot Way, Arcata, CA 95521. (707) 825-5000

<http://uihs.org>

Summary # 61

Untapped Resource: Food “Waste”

CCRP 2011

Currently, nearly 18,000 tons of food waste is being hauled out of Humboldt County, despite a rising issue of food security for those near and below the Federal Poverty Level. The food waste poses environmental concerns as well. The water and fossil fuel to produce and prepare the food in addition to the resources needed to dispose of the waste, bring the issue to discussion of preserving natural resources and reducing greenhouse gas emissions.

Untapped Resource: Food “Waste” introduces the concept of a digester facility to handle the food waste. Digesters are used in many parts of the world but are not common in the U.S. This report briefly outlines a plan to establish a digester in Humboldt County as a major step towards a zero waste plan, such as that adopted in Del Norte County.

More information contact:

CCRP – California Center for Rural Policy

Humboldt State University

1 Harpst Street, Arcata, CA 95521

www.humboldt.edu/ccrp