



COMMUNITY HEALTH NEEDS ASSESSMENT

May 2021

SOUTHERN HUMBOLDT COMMUNITY HEALTHCARE DISTRICT AND JEROLD PHELPS COMMUNITY HOSPITAL

This district-wide assessment was conducted to identify and analyze community health needs and assets and to prioritize, plan for, and adopt an implementation strategy to address the identified needs.



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Executive Summary

Southern Humboldt Community Healthcare District (SHCHD) and Jerold Phelps Community Hospital engaged in a multi-month community health needs assessment (CHNA) to identify and analyze community health needs and assets and to prioritize, plan for, and adopt an implementation strategy to meet community needs. SHCHD staff and Rural Health Solutions, Saint Paul, Minnesota facilitated and conducted the assessment. The assessment process included collection and analysis of primary and secondary data and input from community members and healthcare professionals. The assessment identified community strengths, such as access to key healthcare services and a beautiful natural environment, as well as challenges, such as: substance abuse, lack of access to behavioral health services, the need to build a new healthcare facility, limited wellness education of local residents, extensive homelessness, and the need for improved coordination across local health care providers. Many of these challenges are ongoing and the implementation plan reflects this through its objectives and strategies.



View of Reed Mountain



The mighty Eel River, the water source for Southern Humboldt

Introduction

Southern Humboldt Community Healthcare District (SHCHD) engaged in a four-month community health needs assessment (CHNA) to identify and analyze community health needs and assets and prioritize, plan for, and adopt an implementation strategy to meet the needs. SHCHD staff and Rural Health Solutions, Saint Paul, Minnesota facilitated and conducted the CHNA, including the collection and analysis of primary and secondary data.

Data used in the CHNA were from: 1) community survey; 2) stakeholder interviews; 3) aggregated data derived from the SHCHD electronic health record; and 4) secondary data reflecting demographics, population health, and area health services. Since SHCHD is located on the less densely populated and southern end of Humboldt County, careful consideration is given to the use of and applicability of county-level data as county level data often does not reflect SHCHD and its residents.

The CHNA project team set out to gain a better understanding of:

- Changes occurring in community demographics and population health trends and
- Views and perceptions of the community both in terms of current services and operations but also unmet needs, preferences, and perceived future needs.



The CHNA findings may be used for:

- Creating and implementing plans to address community health priorities as required by the Patient Protection and Affordable Care Act §9007 for special districts,
- Promoting collaboration and partnerships throughout Southern Humboldt,
- Supporting community organizations and their efforts to address local needs and challenges,
- Responding to grant opportunities to support community development and health and wellness,
- Supporting and promoting community and health policy efforts, and
- Educating local stakeholder groups about local health needs, priorities, and opportunities.

Methods

The SHCHD CHNA was conducted by staff at SHCHD staff and Rural Health Solutions, St. Paul, Minnesota. It included planning and tool development with input from SHCHD staff; one online community survey; 10 interviews with community members, healthcare providers and staff, community and business leaders; aggregated patient data from the SHCHD electronic health record; and service area data from public websites.

The community survey was conducted online using Survey Monkey from September 1-September 30, 2020. A total of 92 surveys were returned. The survey included nine multiple choice questions and three open-ended questions.

Ten interviews were conducted by telephone or video conference with SHCHD healthcare providers and staff, SHCHD board members, local school leadership, and community service organization leaders. Several attempts were made to interview representatives of two key local health services providers but they were repeatedly unavailable.



Overview and Community Resources

Geography & Climate

Southern Humboldt Community Healthcare District's service area covers approximately 775 square miles in the far northwestern region of California, roughly 170 miles south of the Oregon border. The area extends from the Pacific Ocean east to the Trinity County line, north of the community of Weott, and south of the community of Piercy. Several communities in Southern Humboldt and Northern Mendocino Counties are encompassed including: Alderpoint, Blocksburg, Garberville, Harris, Honeydew, Miranda, Myers Flat, Leggett, Petrolia, Phillipsville, Piercy, Redcrest, Redway, Shelter Cove, Weott, Whitethorn, and Zenia. The SHCHD service area has a population of approximately 10,365 full-time residents, which can grow to over 30,000 during the summer months.

The climate of the service area is Mediterranean, with warm, dry summers and mild, wet winters. Ample precipitation, fertile soils, and the mild coastal climate make for productive farming in Humboldt County. Agriculture has been an important component of both the local economy and character, from the early settlers who had vast fruit orchards, to the present-day cannabis farmers.

The geography of Southern Humboldt has been shaped by seismic activity. Mendocino Triple Junction, the point where the Gorda plate, the North American plate, and the Pacific plate meet in the Pacific Ocean is just 20 miles off the coast of Shelter Cove. This area is one the most seismically active on the West Coast of the United States and seismologists have measured over 80 earthquakes magnitude 3.0 or greater, each year since 1983.

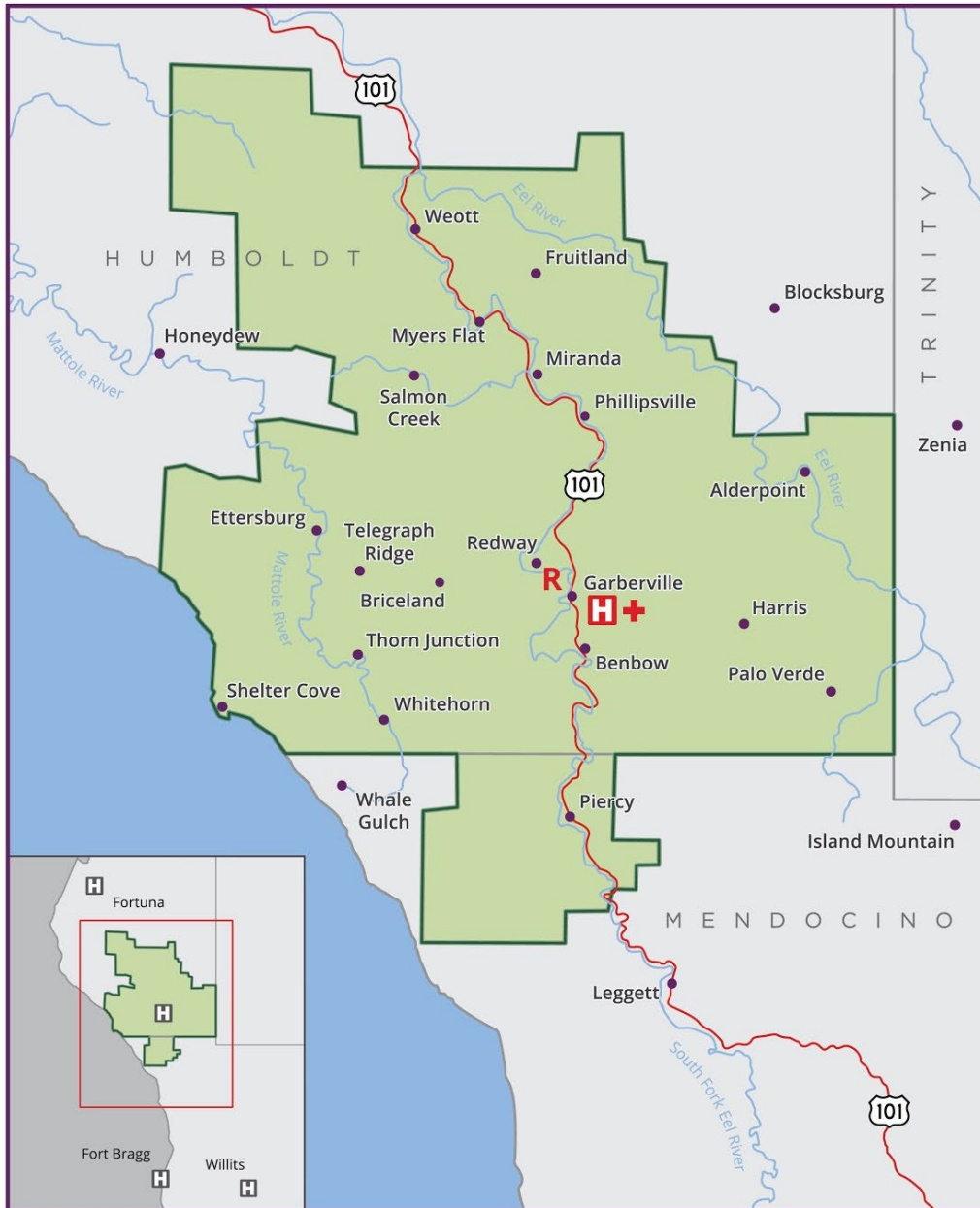
This shaky ground creates a landscape of steep ridges and sandstone rivers that are extremely difficult to construct roads, much less buildings. The steep terrain coupled with hundreds of miles of surrounding redwood forest kept the area almost completely isolated from European settlers, except for the most daring and adventurous souls. To this day, much of Southern Humboldt can only be accessed by one-lane dirt roads. This landscape and isolation are often referred to as the "Redwood Curtain." Those who live behind the Redwood Curtain are known to have a strong culture of self-reliance and community mindedness. They rely on each other and the land to meet their needs.

Isolation could be the word that best describes and defines Southern Humboldt. Garberville is a full 4-hour drive from the closest major metropolitan area, San Francisco. While Garberville itself is extremely isolated, it is considered "in town" to those who live in the surrounding hill communities. There are many people who live an hour drive or more from Garberville up a hill on an unmarked dirt road. The people who live "way out" present the biggest challenge in providing adequate support and access to healthcare services. Many people in Southern Humboldt rely on an errand system to survive, where friends and neighbors take trips into town to get supplies for each other.



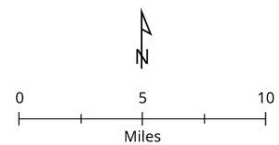
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When someone's car breaks down or another incident occurs that interferes with this social safety net, like the COVID-19 pandemic or wildfires, it reveals the isolation and vulnerability of Southern Humboldt residents.



Legend

- Jerold Phelps Community Hospital
- SoHum Health Community Clinic
- Redwoods Rural Health Center
- Communities Served
- SoHum Health Boundary
- Major River
- County Line





Business & Tourism

Since the first European settlers ventured through in 1850, Humboldt County has seen the disappearance of its native population and economic progress and decline of the area's vast natural timber resources. Early loggers were quick to tap into the timber goldmine they discovered and the ancient redwood forests were wiped out at an alarming rate. When the first highway into the area was completed in 1917, barely 100 years ago, some early travelers had the foresight that these thousand-year old trees needed to be protected before every last one was chopped down.

The Save the Redwoods League was founded in 1918, and thus began the movement to protect the old growth redwoods from the loggers' axe. Today, a mere 5 percent of the original old-growth coast redwood forest remains. Protection of what was left of these ancient giants paved the way for what is now one of the predominant drivers of the Southern Humboldt economy – tourism.

Every year thousands of people travel to Southern Humboldt to visit the Avenue of the Giants, Humboldt Redwoods State Park, King Range National Conservation Area, and the Lost Coast. There are endless opportunities for outdoor recreation in this natural wonderland, including kayaking and boating the Eel River and Mattole watersheds, hiking, biking, or checking off that backpacker's rite of passage - the Lost Coast. There are 10 campgrounds and numerous Hotels, Inns, motorhome parks, and vacation rentals. There is also Benbow Golf Course, Briceland Winery, Gyppo Ale Mill, and all manner of boutique shops and restaurants that cater to tourists and locals alike.

The other main driver of the Southern Humboldt economy is cannabis. Humboldt County is part of the so called "Emerald Triangle", along with Mendocino and Trinity Counties. It is unknown how much the black market in Humboldt is worth, but it is estimated to be well over \$1Billion. The money brought in by the cannabis industry has propped up many of the small businesses that exist today and allowed the community to continue to thrive, even after the timber boom ended. Tourism and cannabis cultivation are both highly seasonal economies, which is why the population of Southern Humboldt can triple in the summer months.

History of Medical Services & Access to Care

In 1948, Dr. Leland Loewen and wife Elvira began seeing patients in a motel room at the White Motel in Garberville. Soon after, Dr. Loewen built his home on Elm Street and added a medical center with an emergency room facing Conger Street. Patients were kept overnight on occasion rather than making the 40-mile trip to Scotia Hospital via the Avenue of the Giants. In 1952, a 6-bed hospital was added to the medical center in Garberville and Dr. Jerold Phelps joined the practice. In 1960, Dr. Loewen sold the Garberville General Hospital to Dr. J. Phelps and R. Schmunk and Jerold Phelps Community Hospital was established.



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Southern Humboldt Community Hospital District was formed following a successful ballot measure in June of 1978. The Hospital District was formed due to the imminent closure of the Southern Humboldt Community Hospital. The community's desire to maintain a local hospital spurred the idea of a Hospital District which, through taxation, could financially support the facility. In 1994 (SB 1169) the State Legislature amended the enabling legislation renaming hospital districts to healthcare districts. At that time, the District changed its name to the Southern Humboldt Community Healthcare District. SHCHD is currently the only healthcare district in Humboldt County.

Jerold Phelps Community Hospital is designated as a Critical Access Hospital (CAH) by the Centers for Medicare and Medicaid Services (CMS) in March 2002, which means it must meet specific geographic and certification requirements to receive enhanced reimbursement from CMS and MediCal. CAH designation was made available to geographically isolated and rural hospitals in 1997 to assure rural communities retain access to key rural health services, including inpatient and emergency room services. There are 38 CAHs in California and over 1,300 in the U.S.

SHCHD includes Jerold Phelps Community Hospital - an 8-bed acute care hospital with swing beds, primary care clinic, emergency room, physical and occupational therapy, laboratory, radiology, mammography, 8-bed long term skilled nursing unit, visiting nurse program, and social services. Its social services through the Southern Humboldt Family Resource Center include information and referrals for community members to various programs, such as:

- CalFresh & CalWorks
- First Five playgroups
- After school programs
- Family Partnership Council
- On-site counseling with licensed therapists and mental health referrals
- Parent & Student support groups and classes
- Assistance with basic needs - emergency food bags, weekend backpacks for kids program, clothing, hygiene supplies, diapers, formula, housing, and transportation
- Child Welfare - support for children and parents in the foster care system

SHCHD's Visiting Nurse Program provides medical care for those who are homebound and have home care service needs that are necessary to the treatment of an illness or injury.

SHCHD also offers Telehealth appointments for clinic visits, which allows patients to have a visit with their SoHum Health Community Clinic provider on a smart device using the Zoom platform. Eligible appointments include: medication refills, lab and imaging results, and consultations. Telehealth was implemented to keep people safer during the COVID-19 pandemic, but also inadvertently helps those with transportation challenges be able to continue accessing medical care.



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SHCHD recently posted a job opening for a Behavioral Health Specialist who will work in the Emergency Department and Clinic providing direct therapeutic services for individuals, youth, couples, family, and groups. The position will provide counseling for patients to assist in problem solving, making recommendations for treatment, and forming behavioral change goals. Prenatal care is not provided at SHCHD, and referrals are typically made to Redwood Women’s Center in Fortuna.

Emergency room services are available 24/7 at SHCHD. The Hospital Medical Director, Michael Newdow, MD and ER physicians are directly contracted with or employed by the Healthcare District.

SHCHD rents housing units in and around Garberville to meet the housing needs of its staff. This housing serves both short-term needs, such as for health care providers who often live in Northern Humboldt, as well as long-term needs for new employees who are unable to find housing. SHCHD recently purchased a property, with plans to build an apartment building for employees. Once this is constructed, the District may not need to maintain as many rental properties.

Community Resources

Southern Humboldt Family Resource Center (operated by SHCHD)

Backpacks for Kids weekend food program, senior food assistance, referrals for CalFresh, mental health, medical/dental needs, school supplies, hygiene supplies, after school programs, student, teen and parent support

Healy Senior Center

- **Meals on Wheels:** Delivers hot and frozen meals three days per week to homebound and disabled adults over 50 years old living in Benbow, Redway, Garberville, Briceland, Miranda, Phillipsville, and Myers Flat.
- **Social Dining: Mondays, Wednesdays, and Thursdays at 12:30pm** - Anyone can dine for an \$8.00 donation at the Healy Center. No one will be turned away if they're unable to pay the full meal donation. *(on hold due to COVID-19)*
- **Frozen Meal Program: Mondays, Wednesdays, and Thursdays** - Nutritious flash-frozen meals in bulk for a \$5.00 donation for low-income individuals and families.

Food for People – Food bank for Humboldt County Food Pantry

Presbyterian Church
437 Maple Lane, Garberville

Tues & Thurs 10:30am-noon;
Wednesdays 2-4pm

Mobile Produce Pantry

First Baptist Church
1055 Redway Drive, Redway

2nd Tuesday of the month 10am-1pm
November-April

Free Produce Markets – throughout the summer



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Humboldt County Social Services – Garberville

Assistance with mental health, public health, drug & alcohol services, Partnership HealthPlan, CalFresh food stamps, Women & Infant Children (WIC) program, vocational support, and medication management

Heart of the Redwoods Community Hospice

Home care, pain management, grief support, legal information, workshops, and Circle of Care support for patients and caregivers. Services available 24/7, free of charge.

Redwoods Rural Health Center

Primary healthcare services, dental services, behavioral health therapists, perinatal pregnancy and postpartum care services, acupuncture, nutrition education, and suboxone opioid addiction recovery program. All available regardless of ability to pay.

Mobile Medical Van in Whitethorn – health services Wednesdays 9-12:30

Dental Van – provides dental services at schools throughout service area

Transportation to appointments for people in outlying areas

Singing Trees Recovery Center

Substance abuse treatment, including medical support, education and counselling. Offer 7-day detox, 14, 30, 60 & 90-day residential addiction recovery programs.

SoHum Housing Opportunities (SHHO)

Shelter-in-Place program funded for the next 6-months to provide shelter for houseless people most vulnerable to COVID-19 at Lone Pine Motel in Garberville.

Population Demographics and Health Statistics

Population demographics and health related trends play a determining role in the types of health, wellness, and social services needed by communities. Increasingly, public programs and healthcare organizations are paying more attention to the social determinants of health, often defined as: 1) biology and genetics (e.g., sex and age), 2) individual behavior (e.g., alcohol use and smoking), 3) social environment (e.g., income and gender), 4) physical environment (e.g., where a person lives), and 5) health services (e.g., quality of care and health insurance). Each of these is described here to provide a context for the population of SHCHD's service area. Although county level data are often used in CHNAs to describe local and area demographics and trends, Southern Humboldt County is significantly less populated than the central and northern parts of the county with differences in population, access to health services, economics and business climate, geography, and social trends. Therefore, data beyond county-level data were used to better identify and understand the current state and future



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trends of SHCHD’s service area. More specifically and when possible, the communities and associated zip codes below were used to better understand service area needs:

- | | |
|-----------------------|---------------------------------|
| 95511 – Alderpoint | 95560 – Redway |
| 95514 – Blocksburg | 95569 – Redcrest |
| 95542 – Garberville | 95571 – Weott |
| 95545 – Honeydew | 95585 – Leggett (Mendocino Co) |
| 95553 – Miranda | 95587 – Piercy (Mendocino Co) |
| 95554 – Myers Flat | 95589 – Whitethorn/Shelter Cove |
| 95558 – Petrolia | 95595 – Zenia (Trinity Co) |
| 95559 – Phillipsville | |

Demographic Trends

The service area population of SHCHD is estimated at 10,365. Using city data available through the U.S. Census Bureau and the American Community Survey (ACS) from 2018, a total of 8,003 people lived in the zip codes represented in SHCHD’s service area. Using these data, the population by age group is estimated as the following:

- Under 5 years of age – 235
- 5-19 years of age – 1,095
- 20-34 years of age – 1,438
- 35-54 years of age – 2,073
- 55 – 64 years of age – 1,604
- 65 – 84 years of age – 1,484
- 85 and older – 74

The average median age across all zip codes is 49.59 with 55% of the population indicating they are male and 45% indicating they are female.

Looking at population trends in the SHCHD service area is challenging as ACS data for six of the zip codes only became available in 2017 (95511, 95571, 95585, 95587, 95589, and 95595). Limited data are available for the other zip codes other than for years 2011, 2015, and 2018. Using these data as reflected in Tables 1 below, data trends suggest the population continues to have limited to no growth and a consistently young and white population. Looking at Table 2 and data for 2018 that includes all zip codes, it appears that communities are on average, much younger, diverse, and male. For those reporting as Hispanic or Latino, they report their heritage as predominantly Mexican. Honeydew also has a notable Korean population (6%).

Table 1: SHCHD Service Area Population Trends: 2011-2018¹

	2018	2015	2011
Total population	8,003	8,836	7,552
Male	4,394	4,585	3,901
Female	3,609	3,964	3,651
Median age (years)	49.59	47.58	44.64
White	7,501	6,030	5,536
Black or African American	185	132	76
American Indian and Alaska Native	185	344	95
Asian	95	49	46
Native Hawaiian and Other Pacific Islander	10	51	17
Some other race	202	116	1864
Hispanic or Latino (of any race)	725	423	452

Comparing SHCHD’s 2018 population to Humboldt County and the state as a whole as shown in Table 2, SHCHD’s population is less likely to be female and non-white.

Table 2. 2018 Comparison Demographics

Area	SHCHD Service Area	Humboldt County	California
Total population	8,003	135,768	39,148,760
Male	55%	49.80%	49.70%
Female	45%	50.20%	50.30%
Median age (years)	49.59	38	36.3
White	93.70%	85.80%	64.10%
Black or African American	2.30%	2.60%	7%
American Indian and Alaska Native	2%	8.70%	1.90%
Asian	1.18%	4.2	16.40%
Native Hawaiian and Other Pacific Islander	0.12%	8%	8%
Some other race	2.50%	4.60%	15%
Hispanic or Latino (of any race)	9%	11.30%	38.90%

Economy

Considering the economy, industries, and employment in all of Humboldt County, the most common industries are healthcare and social assistance, retail trade, and

¹ Source: American Community Survey, Table DP05

educational services with reported employment growth of 2.31% from 2017 to 2018.² Charts 1 and 2, display the largest industries for 2013 and 2018 using data from Data USA. Looking at these data, it's clear that most industries have remained stable with only minor shifts.

Chart 1. Humboldt County Industries 2013



Chart 2. Humboldt County Industries 2018



Considering just the economy of Southern Humboldt County, it is in transition. For decades, much of the economy was dependent on illegal cannabis production and the timber industry. Although both remain, they are no longer at their peak. Timber declines have paralleled changes nationally, however, cannabis was a niche industry significantly impacted by its legalization in California and beyond. Although cannabis prices have dropped, work is underway to develop this industry further. As stated during the 2018 California Economic Summit, “The now-legal cannabis market does offer opportunity to those who can afford the permitting and taxation start-up costs. But prices have dropped and in certain communities – particularly Southern Humboldt, where well-

² [Humboldt County, CA | Data USA](#)



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established grows in watersheds are now at a competitive disadvantage – legalization is an economic threat.”³ Connie Stewart, California Center for Rural Policy, added, “For people who are going to fall out of that industry [cannabis], we have to figure out how to take the assets that they have and get them into another economy or a related industry where they can thrive.” “The county is supporting the emerging legal cannabis industry and so far about 250 cannabis cultivation and business permits have been approved in unincorporated areas. Legalization has also created a new professional services market, as numerous consulting firms offer guidance on navigating the local permitting and state licensing processes.”

Tourism also plays a role in the area because 80 percent of Humboldt County’s 2.3 million acres are forest lands, protected redwoods, and/or recreation areas. Southern Humboldt is dominated by its natural treasures, including such places as the Avenue of the Giants as well as coastal communities such as Shelter Cove. Improving access to broadband and lack of affordable housing are also playing roles in Southern Humboldt economics. Efforts are underway to tackle both, but high costs and limited land persist.

Other industries with large employers in Southern Humboldt are Southern Humboldt Unified School District (SHUSD) and SHCHD. The School District has 124 contracted employees and 20 substitute teachers and coaches. The Healthcare District has 74 full time employees and 23 part-time and per diem.

Income and Poverty

Other economic indicators to consider and that have a significant impact on community health are income and poverty. As described by the Centers for Disease Control and Prevention, poverty is “When a person or group of people lack human needs because they cannot afford them. Human needs include clean water, nutrition, health care, education, clothing, and shelter”.^[v] SHUSD reports 59 percent of their student population is considered Socioeconomically Disadvantaged.⁴

Table 3: Median Household Income: SoHum Top 3 Most Populated Zip Codes, Humboldt County, and California: 2013-2016⁵

Median Income by Year	2019	2015	2011
SHCHD Service Area	\$25,705	\$33,239	\$20,529
Humboldt County	\$48,041	\$40,484	\$41,187
California	\$75,235	\$61,818	\$57,287

³ California Economic Summit, <https://caeconomy.org/reporting/entry/humboldt-county-an-economy-in-transition>. 2018.

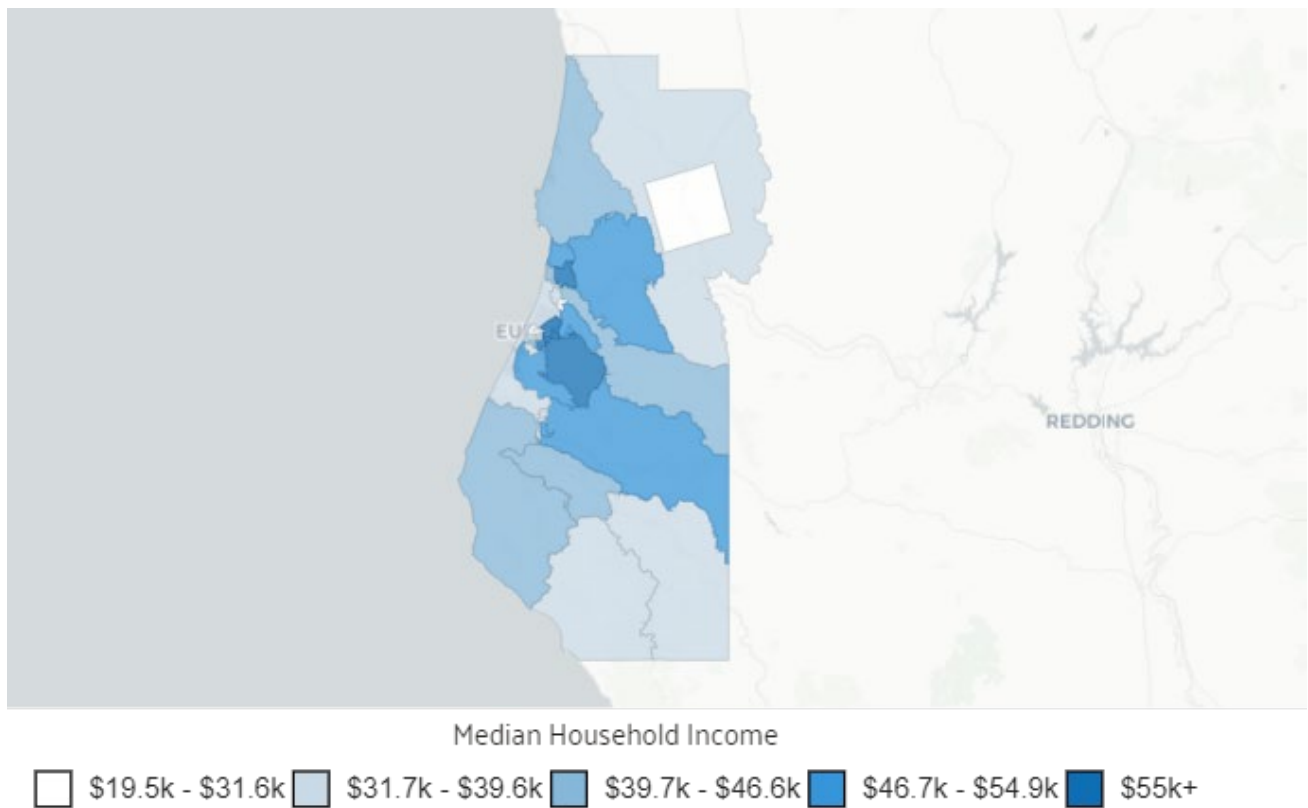
⁴ [LCAP \(sohumusd.com\)](http://lcap.sohumusd.com)

⁵ <https://data.census.gov/cedsci/>

Using Census tract data comparing 2013 to 2018 from Data USA, we can also see income changes and differences throughout Humboldt County as depicted in the maps below. It is evident that in some parts of the county, incomes have increased; however, some of the areas incomes have declined.

Poverty in Humboldt County is another factor impacting population health. Data USA reports 20.3% of Humboldt County’s population (27,000 of 132,000 people) live below the poverty line. This percentage is higher than the national average of 13.1%. As reflected in Charts 3 and 4, the largest demographic living in poverty are females ages 18-24 followed by males ages 18-24 and then females ages 25-34. Comparing poverty data by age and changes from 2013 to 2015, the biggest changes are the increased percentage of males ages 18-44 that are living in poverty.⁶

Map 1. 2013 Humboldt County Income by Census Tract



⁶ The Census Bureau uses a set of income thresholds that vary by family size and composition and determine who classifies as impoverished. - [Poverty Thresholds \(census.gov\)](https://www.census.gov/pov/data/thresholds/)



Map 2. 2018 Humboldt County Income by Census Tract

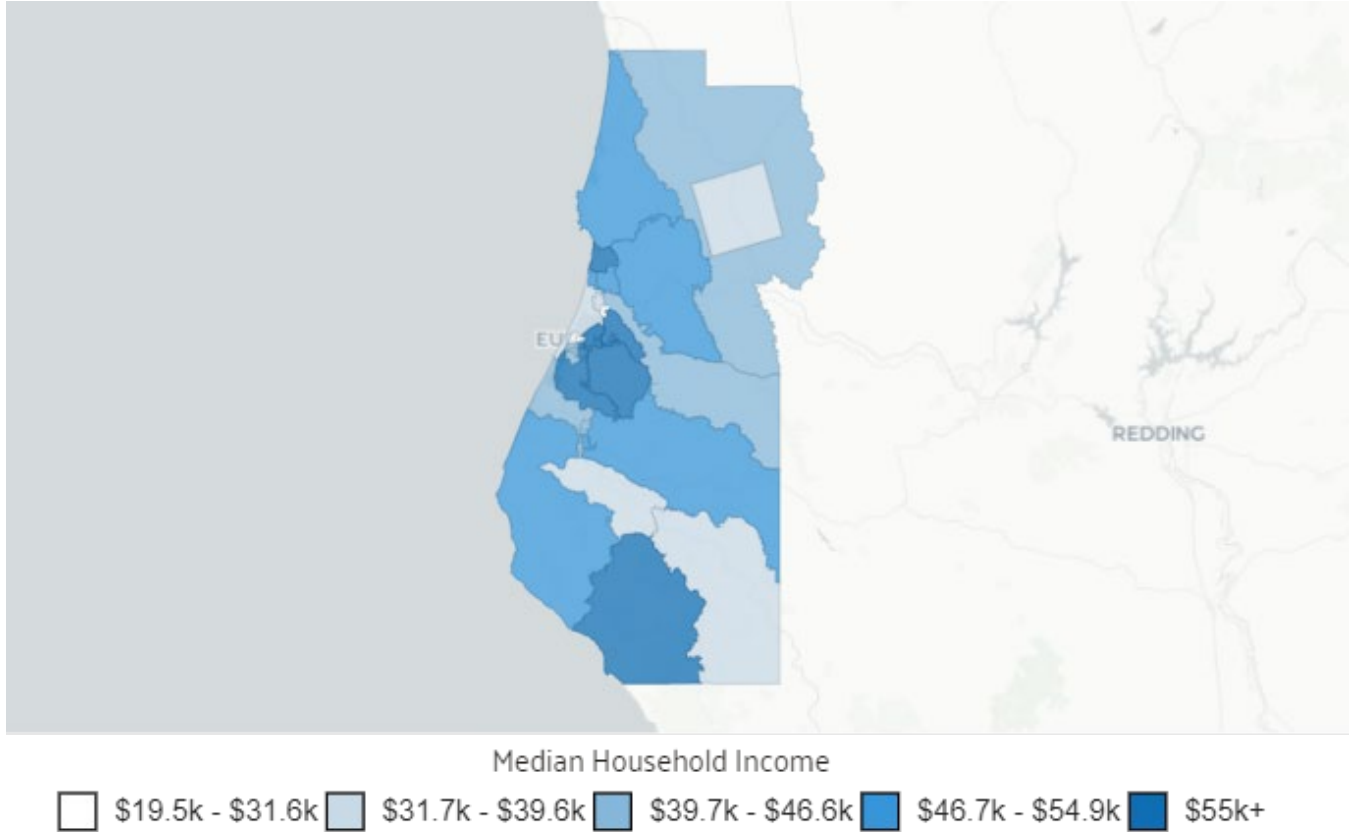


Chart 3. Humboldt County Poverty by Age 2013

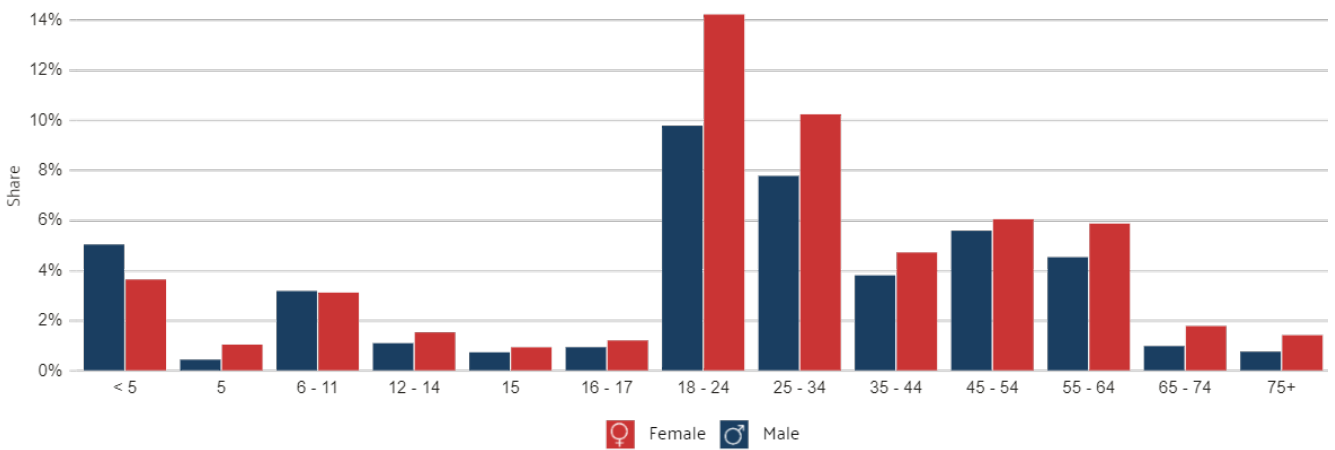
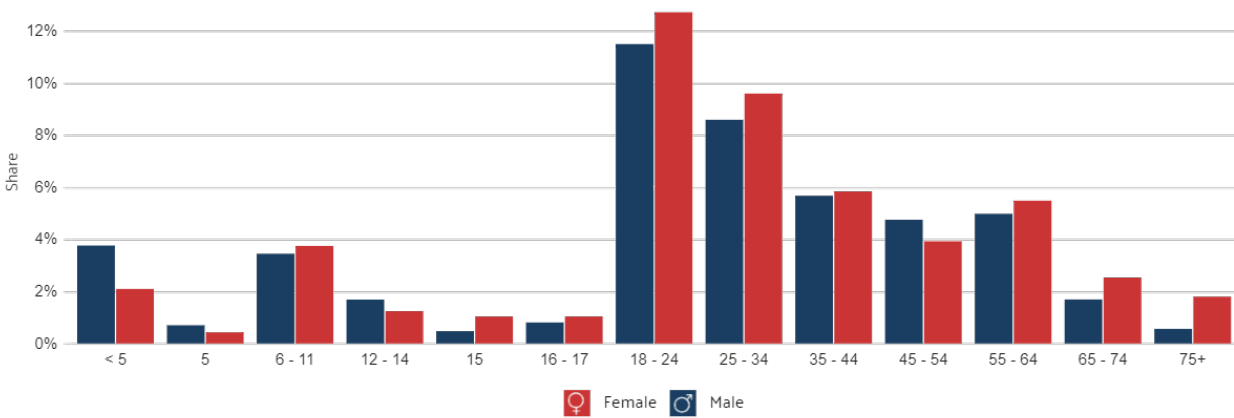




Chart 4. Humboldt County Poverty by Age 2018



It should be noted that data collected by the Census Bureau does not account for the large black market economy of Southern Humboldt. Many of the poverty statistics do not reflect the true income status of residents, since so many people receive all, or some of their income from illegal sources. This is beginning to shift with the legalization of marijuana in California in 2016, but our economy remains in a transition period as farmers and other supporting workers take the steps to bring their businesses above board.

Housing

With a limited supply of housing in Southern Humboldt, housing costs also play a significant role in population health, healthcare staff recruitment and retention, travel times, property taxes, and residents' disposable income. In 2017, considering the four largest communities in the service area (Garberville, Redway, Miranda and Shelter Cove) and using data from City-Data.com, Garberville's median house or condo value was \$327,732 (\$129,500 in 2000), Redway's was \$365,708 (\$126,200 in 2000), Miranda and Shelter Cove were \$325,200.

Meanwhile, the March 2019 cost of living index in Garberville was 108.3, 102.5 in Redway, 94.6 in Miranda, and 95.1 in Shelter Cove (the U.S. average is 100). In October 2020, Zillow.com reported 219 residential and commercial properties for sale in Southern Humboldt ranging from \$7,000 to \$9.8 million, 11 in pre-foreclosure or foreclosure.

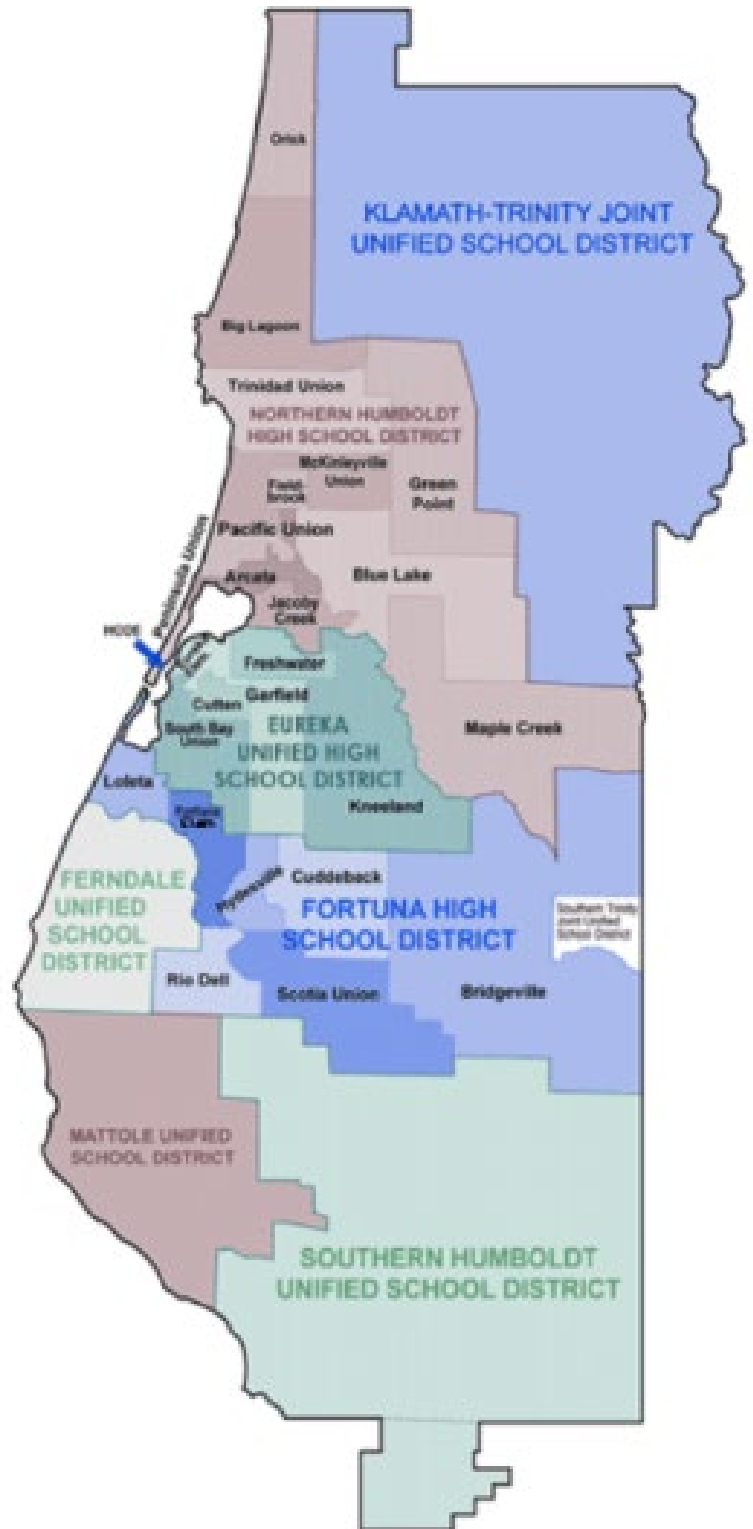
Affordable housing was identified during several of the community interviews as one of Southern Humboldt's biggest challenges. Lack of suitable housing options, both to purchase and rent, contributes to the large homeless population in the area. The housing shortage also makes it extremely difficult to attract and retain professionals to the area, hindering the community's ability to grow and thrive. SHCHD is routinely



unable to find housing for medical providers in Southern Humboldt, making the likelihood that a provider would settle there permanently significantly decreased.

Education

Educational level is a social determinant of health and a key consideration towards improving the health and wellness of the community. As shown in Map 3, there are 32 school districts in Humboldt County.⁷ Southern Humboldt Unified School District (SHUSD) the predominant school district serving Southern Humboldt County, is approximately 773 square miles, a student enrollment of 670, and three elementary schools, one junior high school, one high school, and Osprey Learning Center, which features alternative programs, independent study, and continuing education.⁸ There are also four post-secondary educational institutions in Humboldt County: Humboldt State University, College of the Redwoods, Fredrick and Charles Beauty College, and Dell'Arte International School of Physical Theatre. Humboldt State University's student population of 13,032 is predominantly female (7,390) and White (55.2%), with 72.9% of all students living in Arcata. The predominant degrees are awarded for majors in psychology (9.61%), general biological sciences (8.34%), and general business administration and management (8.28%).⁹



⁷ [Humboldt County Schools and Districts | Humboldt County Office of Education \(hcoe.org\)](https://www.hcoe.org/)

⁸ [Southern Humboldt Unified School District \(sohumusd.com\)](https://www.sohumusd.com/)

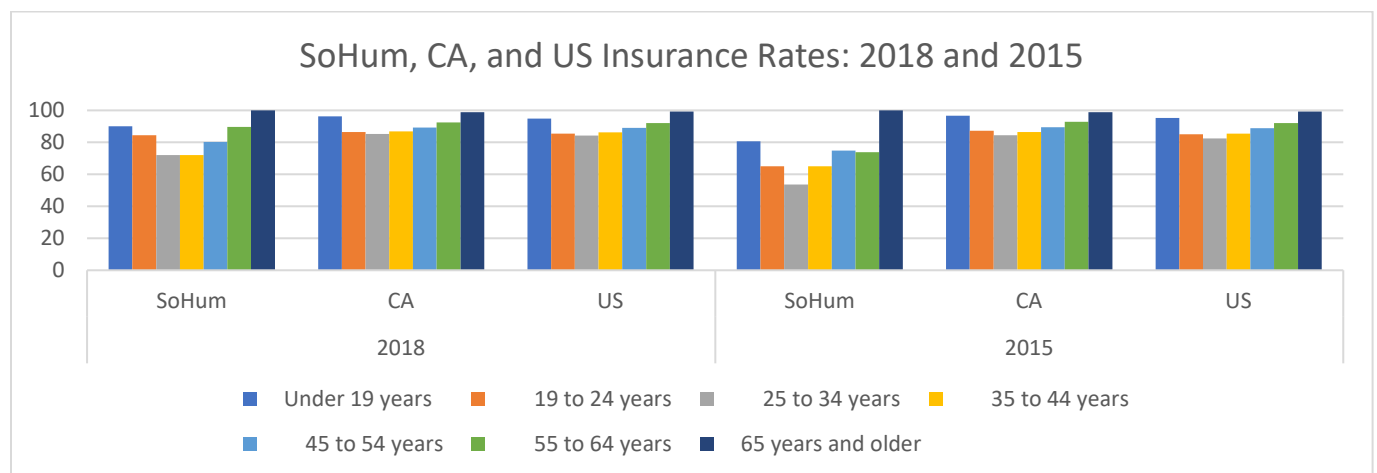
⁹ [Humboldt County, CA | Data USA](https://data.usa.com/)

Many children in Southern Humboldt have to travel vast distances to get to school, due to the remote and spread out nature of the region. Brandy Pancoast of South Fork High, shared that she has students who walk one mile in the dark to get to the bus stop, and then travel another hour on the bus to get to school each day. Many children also do not have access to internet at home. When the COVID-19 pandemic hit and schools were forced to go virtual, the School District set up internet hot spots in three locations in Alderpoint, Shelter Cove and Salmon Creek, so that students could continue their schooling. The predominance of the cannabis industry in Southern Humboldt has also caused a cultural devaluing of education. Many community members don't see the value of higher education, since they've been able to make vast amounts of money off of cannabis without it. The challenges that many Southern Humboldt students have to overcome to complete their education become even more difficult when they don't have support at home.

Health Insurance

Health insurance rates in California have fluctuated significantly over the past few decades, primarily due to the Affordable Care Act and Medicaid expansion but also rising healthcare costs and employer shifts to high deductible health plan options for employees. Using data from US Census tracts 111, 112, 115, and 116 to represent Southern Humboldt and comparing these insurance rates to California as a whole and the US, it is clear that gaps in insurance exist; however, they are increasingly aligning with state and national trends. In 2018, those who were most likely to be uninsured in Southern Humboldt were ages 25 to 34 and 35 to 44 years.

Chart 5. Health Insurance Trends, 2018 and 2015¹⁰



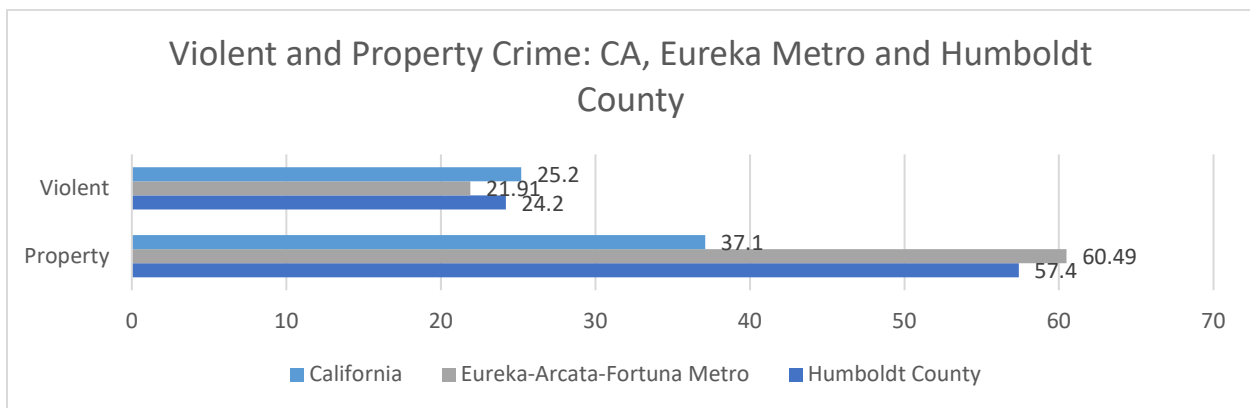
¹⁰ US Census, Tables 2701, ACS-5 Year Estimates, 2015 and 2018, www.census.gov



Crime and Public Safety

Data from Best Places indicates Humboldt County has higher property and violent crimes rates than both California and the U.S. ¹¹ Using an index of 1 (low crime) to 100 (high crime), Humboldt County’s violent crime is indexed at 24.2 (U.S. average of 22.7) and 57.4 (U.S. average 35.4) for property crime. Chart 6 below compares Humboldt County, Eureka (the largest city in Humboldt County), and California. Reviewing the crime reports in the Lost Coast Outpost from June through December 2020, the crimes are predominantly related to drugs (methamphetamine, heroin, marijuana), assault, theft, and firearms.¹² Homicides in Humboldt County are not uncommon, with 14 county-wide in 2020, two of which were in Garberville.¹³

Chart 6. Crime



Brandy Pancoast, Counselor at South Fork Junior High shared some of the realities of child welfare in the region. Southern Humboldt is half the size of Rhode Island and there are only two Sheriffs who patrol the entire area at any given time. Low law enforcement presence means they are often unable to respond to reports of child abuse and neglect. In addition many social workers are intimidated to go onto private properties to respond to reports, due to high amounts of illegal activity and the hostile response by parents. These factors contribute to an extremely low presence of the Humboldt County Child Welfare Department in Southern Humboldt. Children who suffer from abuse and neglect most often end up couch surfing and staying with the families of friends who will take them in.

Amy Terrones, MSW and Southern Humboldt Family Resource Center Coordinator believes that the lack of Probation services in the area, also contributes to higher levels of crime and trauma. If a juvenile or an adult commits a crime, there is no one who will check on them for drug testing, curfew, school attendance, counseling, and the wealth of other social services that people on probation are supposed to have access to.

¹¹ [Humboldt County, California Crime \(bestplaces.net\)](https://bestplaces.net/crime/Humboldt-County-California)

¹² [Crime | Lost Coast Outpost | Humboldt County News](https://www.lostcoastoutpost.com/news/crime)

¹³ [Humboldt County recorded 14 homicides in 2020 – Times-Standard \(times-standard.com\)](https://www.times-standard.com/news/humboldt-county-recorded-14-homicides-in-2020)



Children on juvenile probation need an adult to show they care about them and they don't currently have that. When there are no consequences for juveniles and adults who commit crimes, it teaches them to be outlaws and perpetuates the outlaw society.

Environmental Factors

Like much of California, wildfires are increasingly impacting Southern Humboldt County. As shown in Charts 7, which depicts fire incidents by type, outside fires are the most common fire incident type in Garberville. Turning to Chart 8, which depicts fire incident distribution by year, it appears that the number of fires both in Garberville and California as a whole are increasing. Most recently in 2020, areas throughout Southern Humboldt had contained fires while residents in the area were also on ready alert and received evacuation warnings. Fires stress the environment and all of its natural offerings as well as community members, the economy, and available resources. Additionally, local, regional, and even distant fires have a significant impact on air quality, the economy, and quality of life.

Chart 7. Fire Incidents by Type for Garberville, California

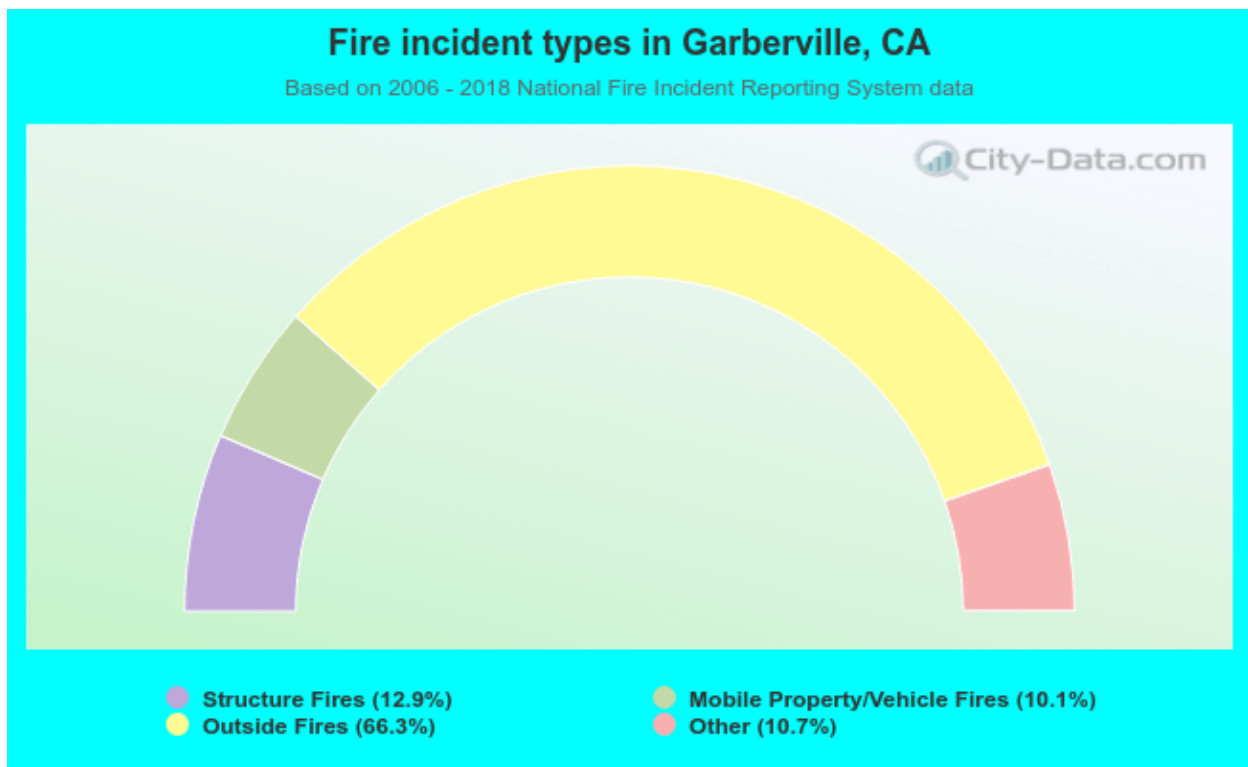
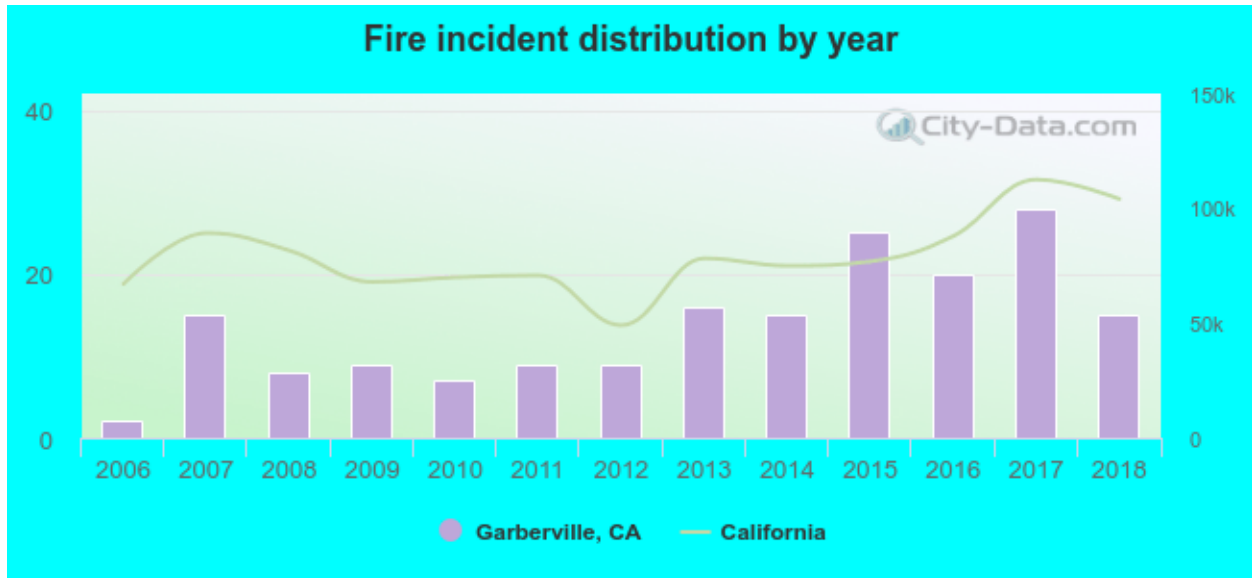




Chart 8. Fire Incident Distribution by Year, Garberville and California



Clinical Health Indicators and Chronic Conditions

There are limited public health data available that are specific to the SHCHD service area; however, SHCHD maintains an electronic health record with extensive patient data reflecting population health and community needs. Looking at data from 2018 and 2019, and specifically patients who received care for substance abuse, there were 111 unduplicated patients who were identified with an alcohol or substance abuse diagnosis code in 2018 and 129 patients in 2019. The average number of alcohol or substance abuse related encounters per patient was 2.07 in 2018 and 2.42 in 2019, ranging from a low of one encounter to high of 79 encounters. Of those seeking care in 2018, 62 percent were male and 38 percent were female. This can be compared to 2019 when 67 percent were male and 33 percent were female. Six patients had more than 3 encounters in 2018 and 8 patients had more than 3 encounters in 2019.

Again, using SHCHD electronic health record data but instead looking at the number of unduplicated patients with a diagnosis code of nicotine dependence, there were 544 in 2018 and 604 in 2019. Of these patients, 54.4 percent were male and 45.6 percent female in 2018 as compared to 57 percent male and 43 percent female in 2019. Similar to patients needing support for alcohol or substance abuse, smoking cessation programs and training and care coordination services could be community health opportunities for a large portion of the population in Southern Humboldt.



SHCHD Patient Satisfaction

Hospital compare is a Centers for Medicare and Medicaid Services (CMS) website that publicly posts patient satisfaction data for all reporting hospitals in the U.S. The patient satisfaction data are based on a standardized national survey known as HCAHPS (Hospital Consumer Assessment of Healthcare Providers and Systems) and are reported publicly on the web through CMS' Hospital Compare. The HCAHPS survey includes questions about: communications with nurses and physicians, responsiveness of hospital staff, communications about medications, cleanliness, quietness, discharge information, care transitions, overall hospital rating, and willingness to recommend the hospital.

Using a vendor, Jerold Phelps Community Hospital has been reporting HCAHPS data to Hospital Compare for inpatient services since 2018. Like most other hospitals, SHCHD works to improve inpatient patient satisfaction as well as services across all care settings; however, survey data are very limited as its inpatient occupancy has averaged .4 patients per day over the past 2 years. Although data are limited, the annual average scores for patients surveyed who reported the highest possible score for all survey questions ("always" happened, "strongly agree", 9 out of 10 rating, or "definitely recommend"), for all measures and in all quarters, Jerold Phelps Community Hospitals scores significantly lower than CAHs in California and the nation and consistently scores in the bottom 3 of all CAHs in California for patient satisfaction when scores are aggregated.

Community Input

Community input was obtained through an online survey and interviews of Southern Humboldt County community members and leaders and SHCHD staff and clinicians. The processes to engage community members and findings are described below.

The community health needs assessment survey was conducted online using Survey Monkey from September 1-September 30, 2020. A total of 92 surveys were completed. The survey included nine multiple choice questions and five open-ended questions. The survey asked questions about perceived physical and mental health, barriers to achieving health and wellness, health care access issues and social determinants of health, changes respondents would like to see in SoHum to achieve personal wellness goals, age, and race/ethnicity.

Ten community informant interviews were conducted via telephone or in person from August 15, 2020 to November 15, 2020. The interviews asked questions about community health perceptions, strengths, challenges, and opportunities. Those interviewed represented education, healthcare, community organizations, and others.



Survey Findings

The community survey asked respondents about perceived health and wellness as indicated in Table 3. When asked, “How would you describe your physical health?” the majority of survey respondents reported “good”. When asked “How would you describe your mental health?” the majority of survey respondents also responded “good”. When asked, “Do you have any barriers to achieving optimal health and wellness?” the majority of respondents reported “no”.

Table 3. Community Survey, Perceived Health Status

Reported Health Status	Physical Health	Mental Health	Barriers to Achieving Optimal Health and Wellness	
			Yes	No
Excellent	14.10%	18.50%	Yes	43.50%
Good	68.50%	64.10%	No	56.50%
Fair	10.90%	13.00%		
Not So Good	6.50%	2.20%		
Poor	0.00%	2.20%		

For those who reported barrier to achieving optimal health and wellness, they were asked to indicate those barriers and they reported:

- Insurance
- Money
- Age
- Mobility
- Covid-19
- Distance to specialty services
- Self-discipline
- Depression
- Lack of health care providers, specialists
- Lack of primary care in Shelter Cove
- Lack of area community swimming pool, gyms
- Lack of trust/confidence in traditional health care, local healthcare providers
- Healthy food preparation, access, and needs
- Access to dental care, in particular pediatric
- Access to marriage and family counseling
- Overweight



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Given a dropdown menu of common concerns, community survey respondents were also asked to respond to the following, “Do you or family members living in your home have any health or healthcare access concerns?” As shown in Table 4, community members were most likely to report concern related to: obesity, access to dental/oral health services, and diabetes

Table 4. Reported Healthcare Concerns Ranked by Percent Indicating as a Concern

	# Reporting Concern	Percent Reporting Concern
		(n=92)
Obesity	24	26.10%
Access to Dental/Oral Health Services	22	23.90%
Diabetes	17	18.50%
Access to Prescribed Medications	14	15.20%
Access to Behavioral Health/Mental Health Services	13	14.10%
High Deductible Health Insurance	12	13%
Lack of Health Insurance	10	10.90%
Lack of a Support System	8	8.70%
Smoking	7	7.60%
Access to Transportation	7	7.60%
Employment	7	7.60%
Alcohol Use	5	5.40%
Access to Housing	5	5.40%
Substance Use	4	3.30%
Local Provider Don't Accept Health Insurance	3	3.30%
Access to Food	3	3.30%
Firearms/Guns	2	2.20%
Other	1	1.10%
Domestic Violence	0	0%
Average for All Survey Respondents	1.87 Concerns/Survey Respondent	

Survey respondents also added health concerns comments, including those related to the impact of COVID-19 and social isolation, COPD/emphysema, lack of mobility, high cost of local food/groceries, and the high cost of health insurance and co-pays.

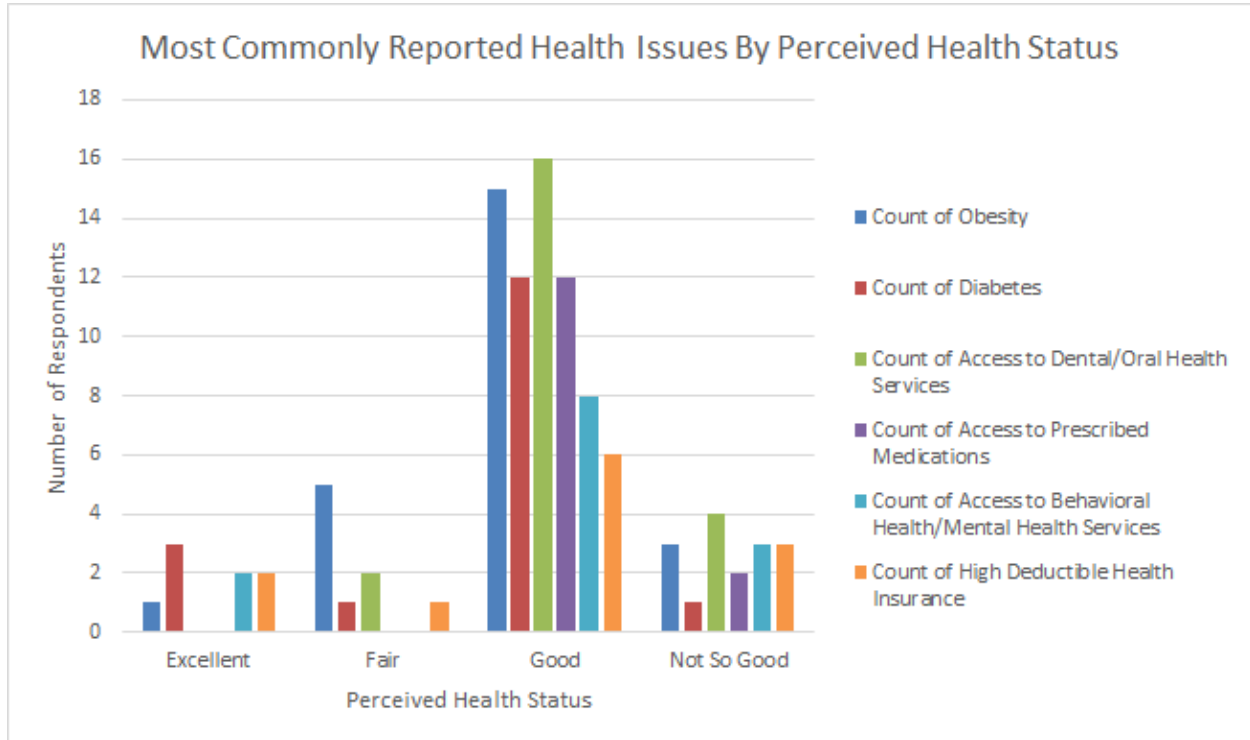
A comparison was done to examine the relationship between responses for perceived health status and health care concerns. As shown in Chart 9, survey respondents who reported their health status as “good” were also most likely to report health issues. This may indicate there is no correlation between perceived health status and actual health



SoHum Health

status and could be an indicator that health and wellness education and training are needed to support health improvement.

Chart 9. Health Concerns by Perceived Health Status



The community member survey asked questions about the use of and satisfaction with SHCHD services and more specifically, those they have used within the past 12 months. Of the 80 who responded to this question, 62 percent report using services. Survey respondents were most likely to report using clinic services followed by therapy services. When asked about satisfaction with services, they were most likely to be satisfied with inpatient care which received an average score of 5 on a scale of 1-5, 5 being “very satisfied” and 1 being “very dissatisfied” (all respondents reported being “very satisfied” with services, n=3). This was followed by emergency room services which had an average score of 4.5 (n=17) and the clinic with an average score of 4.2 (n=29). The survey went on to ask about changes needed in Southern Humboldt to support respondents in achieving wellness goals. Survey respondents reported the following:

- Decrease the impacts of marijuana use on non-users
- Walkability, more trails, easier access to trails
- Improve employment opportunities
- Fire prevention
- Healthcare staff retention
- Free health and wellness checks (blood pressure, sexually transmitted diseases, blood sugar levels), possibly at the local farmers market a few times per year



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- Access to annual check-ups, dental and vision care in Shelter Cove
- New hospital
- Additional physicians
- Pharmacy
- Additional wellness centers
- A gym in Shelter Cove
- New grocery store with more affordable prices, more nutritious foods
- Additional dental/oral health services
- Increased community safety/less crime
- Local agencies and non-profits working together
- More affordable housing
- Less homeless people
- Additional behavioral/mental health services

The survey asked about changes needed SHCHD to support respondents in achieving wellness goals. Survey respondents reported the following:

- Better/increased access to vision and oral health care
- Increase in mental/behavioral health services
- A need for information/directory on the health services in the service area
- Better customer service and privacy
- Ability to obtain a flu shot without entering SHCHD buildings
- Local fun runs with residents supporting the runners with water and fruit
- Improved clinic follow-up
- Mobile medical clinic/a clinic in Shelter Cove (6)
- Cardiologist/more specialists
- Access to more specialists through telemedicine
- Nutrition support/dietician
- New hospital
- Local pharmacy
- Medicare for All
- Ultrasound
- Retention of health care providers

The survey asked respondents to indicate services they would like to have added or expanded at the SHCHD clinic and/or hospital. Respondents were most likely to report in interest in additional behavioral/mental health services as indicated in the Table 5.



Table 5. Service Expansion Opportunities

If you could choose one area for the Hospital or Clinic to expand services, what would be your top priority?	Count of Responses
Mental Health	20
General Wellness - exercise classes, nutrition, meditation, support groups	15
Other	9
Senior Services	9
Substance Use or Addiction	8
Transportation Assistance to and from Appointments	5
Tobacco Cessation Support	1
Grand Total	67

Other needs for expansion of services included: expanding the emergency department, adding an outpatient infusion center, clinic services in Shelter Cove, more diagnostic services, increased access for those with limited ability to pay, and pharmacy.

Interview Findings

Ten interviews were conducted via telephone and Zoom conference to talk about the strengths, challenges, and opportunities for health and wellness for those living in Southern Humboldt. Those interviewed represented education, healthcare, community organizations, and others. A summary of findings is below.

“I love that small community feeling of SoHum.”

Community Member

Participants describe Southern Humboldt County as, beautiful, woodsy, isolated, independent, different from Northern Humboldt County, extremely rural, self-sufficient, spiritual, very local and often opinionated, people who know each other and know about each other, eclectic, frontier, friendly, and leery. It has a unique topography with forests, rivers, and the ocean; easy access to outdoor activities; many community resources despite its population size; a noticeable transient population; quiet; clean air; and a slower pace with no traffic.

When asked about the meaning of community health, participants report:

- Having choices and alternatives and different ways to take care of the body and mind.
- All the aspects of the community that promote health are functioning and accessible to everyone in the community. Includes opportunities, recreation, good food, healthy environment, employment. All encompassing.



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- Safety, security, inclusion and health in the mind, body, and spirit. It's a psychological perception – that you can get help if you need it and that you are valued and cared for.
- Overall wellbeing in body, mind and spirit. The collective health of all individuals due to the services and support that are available.
- Being able to get medical help within a short period of time.
- Infrastructure to support the health of all and the needs of vulnerable populations, as well as empowering people to make on-going and routine choices that are good for their health and well-being versus only for those who have the willpower to do it.
- Organizations and facilities to foster health, deal with community needs by bringing people together to solve issues and provide services.

“There are really passionate people [in SoHum] who are willing to do work. They have a will-do, can-do attitude. Being able to see a problem, and then fixing it.”

Community Member

When asked about community health strengths, participants talked about community groups making efforts to work together; a community and/or neighbors and friends who take care of one another; a large portion of community members who live an active lifestyle; farmers markets; access to primary care through two clinics, a hospital, skilled nursing, hospice, and emergency room; a large number of social and community organizations; a community health focus on seniors and alternative care services and therapies; and the local Family Resource Center. Those interviewed also talked about the possibility of new and expanded services in a new healthcare facility and/or a mobile clinic and mobile dental clinic, the benefits of access to local CT services, and new and expanding opportunities through telehealth.

When asked about community health challenges and needs, participants talked about: lack of access to behavioral health; the closing of the local pharmacy, extensive substance abuse and homelessness; limited access to oral health services; lack of substance abuse education and counselling; a local counter culture that makes routine immunizations challenging and puts the community and others at risk; distrust of government programs; limited walkability throughout the service area; lack of affordable food; the need for community organizations, in particular the two local clinics, to work more collaboratively; lack of housing and transportation; lack of home health services; and a pattern of services and programs that are started but not maintained/lack consistency. Some of those interviewed noted the challenges of recruiting and retaining healthcare providers and staff. They report this challenge can be attributed to SoHum’s frontier location, lack of housing, challenges with integrating into the community, a lack of employment opportunities for partners, and the prevalent substance use and abuse issues throughout the region.

“There is so much substance abuse and homelessness and with everything taking place in the world, there is a greater need for emotional and mental health support so people can just cope.”

Community Member



SoHum Health

Key themes that were woven into all of the interviews pertained to: 1) the combined impacts and challenges of behavioral health issues, substance abuse and a transient/homeless population and 2) the lack of population health and behavioral health services, supports, and education.

Behavioral health challenges were consistently raised as the greatest community health concern by those interviewed. These issues were described as the following:

- Children who are left to raise and fend for themselves.
- A population with extensive exposure to trauma, dysfunction, and abuse.
- Limited therapy programs and services.
- Opioid epidemic.
- Limited to no access to behavioral health providers, including those who specialize in pediatrics, substance abuse, and trauma.
- Lack of support groups, in particular those that offer anonymity.
- Programs and services that pop up, lack consistency and/or commitment, and disappear.
- Lack of on-demand services (e.g., during crisis situations).
- Lack of “how to” programs for parenting, health, and wellness.
- Behavioral health providers who are overwhelmed because of patient volume, need, and lack of support systems/services, leading to provider burnout.
- Lack of mentors to support young people and others who need a role model to thrive and change the trajectory of their lives.

When participants were asked, “If you could address or resolve one or two community needs in SoHum, what would they be?” They reported:

- Housing – more apartment buildings and low income housing that meet state housing standards requirements.
- Supportive probation for adults and children – someone who checks in on people for drug testing, curfew, school attendance, counseling, etc.
- Food – access to affordable food and educating people and working with them to build trust so they access available food programs
- Services for seniors in particular home health.



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- Mental Health – Addressing needs, addiction counseling and treatment, teaching tools and methods for crisis and trauma management, educating people, and improving access to services.
- Training for parents on how to be parents and what it means to be a parent.

A few of those interviewed talked about the most recent and ongoing threat of fires. They acknowledged that each experience has left the community better prepared to support one another and evacuate; however, challenges still exist, including at the hospital and its preparedness. Those interviewed also talked about the extensive commitment of area fire departments and the contributions they have made to keep people and nature safe.

Also discussed was climate change and its increasing impact on Southern Humboldt County and the State as a whole. Those who discussed climate change, identified it as both a community health challenge and an opportunity for the community to work together.

Finally, the topic of a new hospital building was also discussed with no one expressing their lack of support for the new hospital. Differences in opinion reflected a need to come to agreement on the scale and scope of the project and a need for increased input from the broader community as project plans are developed.

Limitations of community survey and interviews: Given the limited number of community members that participated in the CHNA, it is unclear if all community groups are represented. Those who may be least represented are those under the age of 18 because it is very likely that no one in this age group completed the surveys and no one in this age group was interviewed.

Services Added at SHCHD in the Past 3 Years

CT Scanner - CT Scanner was installed in the new modular building adjacent to the Emergency Department entrance in March 2018. CT scan can be used to visualize nearly all parts of the body. It can quickly examine people who may have internal injuries from car accidents or other types of trauma. It can determine whether a patient has had a stroke, and if so, what type it was, so that appropriate medication can be given as soon as possible to minimize brain damage without risk of hemorrhage. SoHum Health has also begun offering Low-Dose lung scans for early detection of lung cancer.

Telehealth Visits - Telehealth is available for many routine appointments. Our Telehealth program allows you to have a visit with your SoHum Health Community Clinic provider on your cell phone, tablet, or computer. Eligible appointments include: Medication refills, Lab and imaging results, and Consultations.



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Same-Day Appointments in the Clinic – if a patient calls before 10:00am with an urgent health need, we will schedule them an appointment with a medical provider the same day.

Drive-up Flu Shots – Nurses will come out to a patient's car to administer flu vaccine.

Remote Flu Shot Clinic – held a pop-up flu shot clinic in Shelter Cove with plans to do more in the future.

Rapid COVID-19 Testing - SoHum Health's Laboratory is now offering rapid COVID-19 virus testing to any person. The test requires a nasal swab and results are available the same day.

COVID-19 Vaccination – To date SoHum Health has administered over 3,000 COVID-19 vaccines. Vaccine clinics are held at the Sprowel Creek Campus weekly on Wednesdays, Thursdays, and some Saturdays. We have taken over vaccination for Redwoods Rural Health Center patients as well. SoHum Health is the only provider of COVID-19 vaccines within a 50-mile radius.

Patient Navigator – The Clinic has a new Patient Navigator position designed to assist patients in accessing their patient portal, answering billing questions, and accessing community resources to promote improved health outcomes.

Behavioral Health/Substance Use Navigator – SoHum Health received a grant to fund a new behavioral health aide position in the emergency department. Details about the position are still be determined but it will focus on helping people overcome addiction and substance abuse.

Mobile Medical Van – A two-room mobile medical van has been purchased by the District. It will first be used for triaging COVID-19 patients so they do not enter the facility. Once the pandemic has ceased, the van will be used to deliver medical services to outlying areas in the District including Alderpoint, Shelter Cove and more.

Emergency Assistance to Seniors and Families amid COVID-19 Pandemic – The District has connected local seniors to grocery delivery, meals on wheels, socialization phone calls, and many other needs that have arisen during the pandemic. The Family Resource Center which operates under the SoHum Health umbrella, has been distributing emergency food bags, hygiene supplies, and school supplies to families every Friday during the pandemic at their location in Redway.

Exercise Classes – SoHum Health sponsors exercise classes 5-days a week that now take place on Zoom. Attendance has increased since moving the classes online, since many people in the District face travel barriers.

Laboratory services open 7-days a week – drop-in lab draws and testing available 7-days a week for patient convenience



SoHum Health

Senior Life Solutions – Senior Life Solutions is an intensive group therapy program designed to meet the needs of individuals over the age of 65 struggling with depression and anxiety. Following an individual assessment, group participants meet three times per week in a supportive, encouraging setting. The program staff includes a psychiatrist, social worker, and registered nurse dedicated to the emotional well-being of the seniors in Southern Humboldt. *This program is on-hold due to COVID-19 but will be resumed once the vaccine becomes widely available.*

Patient Transport Vehicle – The District purchased a transport van for taking Skilled Nursing residents to appointments, with plans to assist community members with getting to and from appointments as well. The van has an 8 person capacity and can accommodate wheelchairs.

Pharmacy

The only retail pharmacy in Southern Humboldt, Keith's Pharmacy, closed suddenly in early September 2020. Residents of Southern Humboldt now have to travel out of the area for same-day prescription fills.

Distance from Garberville to Nearest Pharmacy

- Palco Pharmacy, Scotia – 40.1 miles
- Walgreens, Fortuna – 48.4 miles
- Green's Pharmacy, Fortuna – 49.8 miles
- Rite Aid, Fortuna - 48.7 miles
- Branscomb Pharmacy, Laytonville – 44.7 miles

SoHum Health has a prescription delivery program with Palco Pharmacy in Scotia. Through this program, prescription medications are filled at Palco and delivered to the Southern Humboldt Community Clinic in Garberville for patient pick-up on Tuesdays, Thursdays and Fridays.

The Palco delivery program fills the need for some prescriptions, but there are many prescriptions that people need to begin taking immediately, such as antibiotics and opiate withdrawal drugs. Patients currently have to drive over 40 miles one-way to get their immediate need prescriptions filled. If they live in more remote parts of Southern Humboldt, the drive is even farther and more time consuming. This hardship means that many people are not able to take their prescription medications properly, or at all.

SoHum Health obtained a new pharmacy license to open a retail pharmacy in Garberville. The licensure is being fast tracked due to the extraordinary need of local residents. The new pharmacy will be called Garberville Pharmacy, and will be located at the Sprowel Creek campus. It is expected to open in June 2021.

Obstetrics

In February, Providence Health announced it will be closing the Obstetric Department and Birth Center at Redwood Memorial Hospital on July 1, 2021. Redwood Memorial, located in Fortuna, is the closest birthing center to Southern Humboldt. SHCHD routinely refers pregnant patients to Redwood Memorial for prenatal care and subsequent birthing support. When Redwood Memorial closes, birthing mothers from Southern Humboldt will have to travel an additional 30 minutes to reach the next closest birth center at St. Joseph Hospital in Eureka, a total of one hour and 10 minutes from Garberville. The closest birthing centers to the South are located in Fort Bragg and Ukiah, both one hour and 40 minutes from Garberville. If a birthing mother comes to SHCHD's Emergency Department, they are stabilized and transferred to the nearest birthing center if it is safe to do so.

SHCHD does not offer prenatal care. Perinatal care is available to Southern Humboldt families through Redwoods Rural Health Center's Bloom & Blossom program. This program is directed by Licensed Midwife, Carolyn Eldridge and offers routine check-ups, lab tests, nutrition and behavioral health counseling, and bedside ultrasound. Clients are referred elsewhere for childbirth. Jami Johnson of Trillium Moon Midwifery is the only other Licensed Midwife who practices in Southern Humboldt. It is unknown whether she will continue to do so once Redwood Memorial Hospital closes their birth center in Fortuna. Laura Doyle of Moonstone Midwives reported that they have many clients from Southern Humboldt who travel to their birth center in Arcata for prenatal care and to give birth. Moonstone Midwives does not support homebirth in Southern Humboldt. They will do a postpartum home visit for a \$250 travel fee.

Capital Campaign

The Southern Humboldt Community Healthcare District is in the midst of a capital campaign to raise a \$4M down payment for a USDA loan to build a new hospital and clinic building. A property has been purchased for the building project at 286 Sprowel Creek Road in Garberville. The site has a historic school building on it, which currently houses the Redwood Playhouse, a community theatre. The remainder of the building will be used to house the soon to be opened Garberville Pharmacy, the Senior Life Solutions Program, and meeting rooms.

On the property behind the school building a 28,100 square foot modern hospital will be constructed, along with a 10,200 square foot clinic. Both buildings will be two stories to allow for future expansion of services. The hospital will include 5 ER Rooms, 7 Acute Care Rooms, a Laboratory, CT, X-Ray, Mammography, and a new service, Ultrasound. The new hospital will also feature at least one negative pressure airflow room, which can be used to quarantine patients with infectious diseases, such as COVID-19,



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something the current building does not have. The medical office building next door will have a full-service clinic with 12 exam rooms on the bottom floor and the Physical Therapy department on the top floor. The modern and efficient design of the new buildings will meet statewide seismic requirements and enhance patient and staff experience.

Once the clinic and hospital have moved to their new location, the old building will continue to be used for offices and the skilled nursing facility. The District plans to increase the number of skilled nursing beds to meet the community demand.

Capital Campaign Master Plan:

Phase 1 - 2019 - COMPLETE

- Purchase land at Sprowel Creek site for \$1.1M
- Initiate earthquake safety upgrades at current facility

Phase 2 - 2020-2022

- Raise 10% down-payment of \$4M through community donations, foundations and land purchase
- Design modern hospital and medical center
- Acquire \$40M USDA loan

Phase 3 – 2023-2026

- Build modern hospital to current standards of care
- Build medical center with room for technological advancement, telehealth and to attract specialists
- Recruit doctors and mid-level practitioners

Phase 4 – By 2030

- Repurpose current facility
- Increase Skilled Nursing bed capacity
- Expansion of other health services



Sprowel Creek Hospital and Clinic Design as of October 2020

THE TIME IS NOW



PHASE 1

- Purchase land at Sprowel Creek site for \$1.1M
- Initiate earthquake safety upgrades at current facility

PHASE 2

- **Raise 10% downpayment of \$4M through community donations, foundations and land purchase**
- Design modern hospital and medical center
- Acquire \$40M USDA loan

PHASE 3

- Build modern hospital to current standards of care
- Build medical center with room for technological advancement, telehealth and to attract specialists
- Recruit doctors and mid-level practitioners

PHASE 4

- Repurpose current facility
- Increase Skilled Nursing bed capacity
- Expansion of other health services



"When you live all your life in one place, you know that there are certain institutions that just really make your life better. And that's the way that the Garberville hospital has been for me and my family." -Kym Kemp, Redheaded Blackbelt



"The problem with a hospital is this, if you don't need it, it ain't critical at all. But as I found out, there's a day in your life you're going to need it and you don't want one 50 miles away. You want one as close as you can get it." -Larry Basquez, Garberville Resident



Implementation Strategy to Meet Community Needs

This Community Health Needs Assessment will be discussed and implemented at the Governing Board's next Strategic Planning session.

Sources

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Attachments

[Community Member Interview Questions](#)

[Community Member Survey](#)

Community Member Interview Questions

1. How would you describe Southern Humboldt to someone who is not familiar with it?
2. What does “community health” mean to you?
3. What would you say is working well for the health and wellness of Southern Humboldt residents? What are the community’s health and wellness successes?
4. What is not working or what are the challenges and needs locally?
5. How would you describe SoHum Health and Jerold Phelps Community Hospital to someone who is not familiar with them?
6. What are the strengths of the healthcare services that are available locally, including those at SoHum Health and Redwoods Rural Health Center?
7. Challenges or opportunities of each?
8. If you could address or resolve one or two community health needs in Southern Humboldt, what would they be?
9. Homelessness and substance abuse are two ongoing challenges of Southern Humboldt residents. Do these continue to be challenges? Explain or describe.
10. Are there any other community health strengths, challenges, opportunities, or threats you would like to talk about today or anything you were hoping I would ask, that I didn’t ask?



Community Health Needs Survey

This survey is part of a Community Health Needs Assessment being conducted by Jerold Phelps Community Hospital in Garberville. Information gathered will be used to determine current health services gaps in Southern Humboldt and guide future priorities for SoHum Health and other local service providers. Your responses will remain anonymous. We thank you for participating in this survey to help SoHum Health better serve our community going forward!

1. How would you describe your health?

- Excellent Good Fair Not So Good Poor

2. How would you describe your mental health?

- Excellent Good Fair Not So Good Poor

3. Do you have any barriers to achieving optimal health and wellness?

- Yes
 No

4. What are your barriers?

5. Do you or family members living in your home have any health or healthcare access concerns? (Select all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Access to Housing |
| <input type="checkbox"/> Obesity | <input type="checkbox"/> Access to Transportation |
| <input type="checkbox"/> Alcohol Use | <input type="checkbox"/> Access to Prescribed Medications |
| <input type="checkbox"/> Substance Use | <input type="checkbox"/> Access to Behavioral Health/Mental Health Services |
| <input type="checkbox"/> Smoking | <input type="checkbox"/> Domestic Violence |
| <input type="checkbox"/> Safety | <input type="checkbox"/> Employment |
| <input type="checkbox"/> Firearms/Guns | <input type="checkbox"/> Lack of Health Insurance |
| <input type="checkbox"/> High Deductible Health Insurance | <input type="checkbox"/> Access to Dental/Oral Health Services |
| <input type="checkbox"/> Local Providers Don't Accept Health Insurance | <input type="checkbox"/> Lack of Support System |
| <input type="checkbox"/> Access to Food | |
| <input type="checkbox"/> Other (please specify) | |

6. Have you received healthcare services from Jerold Phelps Community Hospital or SoHum Community Clinic in the past 12 months?

- Yes
- No

7. What services have you used at the Hospital or Clinic in the past 12 months and how satisfied were you with the services?

	Check All Services Used	Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied
Clinic (DOT physicals, wellness visits, welcome to Medicare, sports physicals, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Radiological imaging (X-rays, CT scan, mammogram)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory (Blood draws, panels, urinalysis, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Therapy (Physical, occupational, speech)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inpatient Services (overnight stay at the hospital)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Department	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. Is there anything you would like to see change at SoHum Health that would support you in achieving your personal wellness goals?

9. Is there anything you would like to see change in the overall Southern Humboldt community that would support you in achieving your personal wellness goals?

10. If you could choose one area for the Hospital or Clinic to expand services, what would be your top priority?

- Transportation Assistance to and from Appointments
- Senior Services
- Mental Health
- General Wellness - exercise classes, nutrition, meditation, support groups
- Substance Use or Addiction
- Tobacco Cessation Support
- Other (please specify)

11. What is your age?

- 18-30
- 31-50
- 51-65
- 66-75
- 76 & Older
- Prefer not to answer

12. What is your race/ethnicity?

- Black or African American
- Native Hawaiian or other Pacific Islander
- Hispanic or Latino
- White or Caucasian (non-Hispanic)
- Asian or Asian American
- Prefer not to answer
- American Indian or Alaska Native
- Another Race/Ethnicity (please specify)