



COMMUNITY HEALTH NEEDS ASSESSMENT

June 2024

SOUTHERN HUMBOLDT COMMUNITY HEALTHCARE DISTRICT

In the first quarter of 2024, a District-wide assessment was conducted to identify and analyze community health needs and prioritize an implementation strategy to address them.



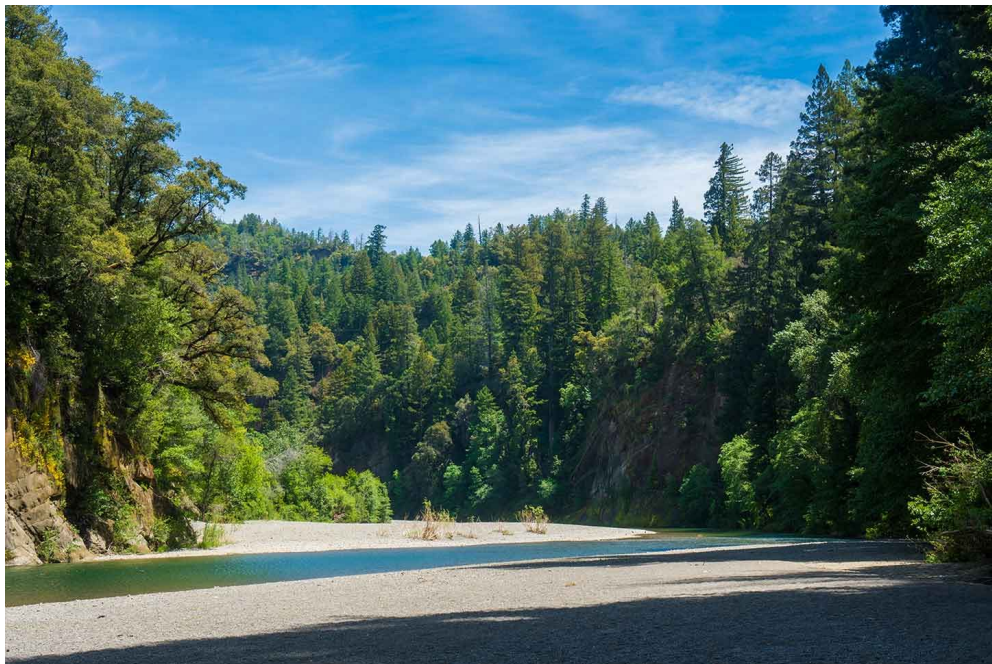
Table of Contents

Executive Summary	3
Introduction	4
Methods	4
Overview	6
Population Demographics	6
Geography & Climate.....	7
Environmental Factors	8
Economy	10
Income & Poverty.....	11
Housing.....	12
Education	13
Clinical Health Indicators.....	14
Access to Healthcare & Community Services	15
History of SHCHD	15
Access to Healthcare	18
SHCHD Services	18
Other Community Resources.....	20
Community Input.....	21
Survey Findings	22
Interview Findings	32
Medical Staff Input	40
Added Services in the Past 3 Years.....	40
Summary of Health Needs	42
Implementation Strategy	45
Sources	46

Executive Summary

Southern Humboldt Community Healthcare District (SHCHD) engaged in a multi-month community health needs assessment (CHNA) to identify community health needs and assets and adopt an implementation strategy to address these community needs. SHCHD Outreach Department staff and Growth Management Center of Townsend, Montana facilitated and conducted the assessment. The assessment process included the collection and analysis of primary and secondary data and input from community members and healthcare professionals through surveys and interviews. The assessment identified community strengths, such as access to key healthcare services and a beautiful natural environment, as well as challenges, such as a shortage of mental health services, the need to build a new healthcare facility, lack of affordable housing, and the need for improved coordination between local healthcare providers and specialists. Five main Community Health Needs were identified as a priority for SHCHD to address:

1. Primary Care & Mental Health
2. Access to Specialists
3. Workforce Development & Provider Recruitment
4. Proximity
5. Basic Needs for Seniors & Working Families



The Eel River, the water source for Southern Humboldt offers recreational and wellness opportunities for locals and tourists.

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. SHCHD staff and Growth Management of Townsend, Montana 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 services. Since SHCHD is located on the less densely populated Southern end of Humboldt County, careful consideration is given to the use of and applicability of county-level and US Census data.

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,
- Responding to grant opportunities to support community development and efforts to address local needs and challenges,
- Supporting and promoting community and health policy efforts, and
- Educating local stakeholder groups about health needs, priorities, and opportunities.

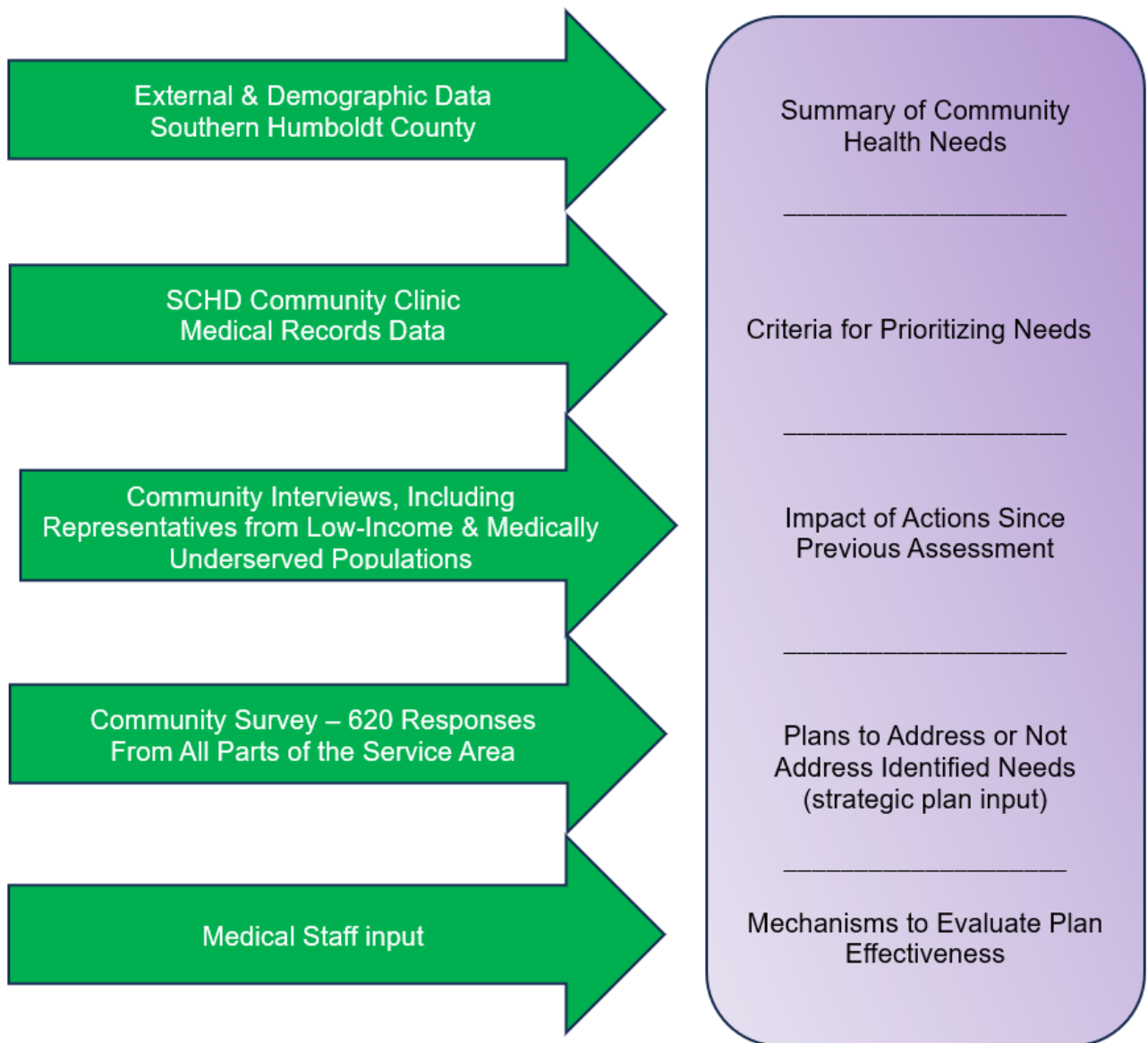
Methods

The SHCHD CHNA was conducted by staff at SHCHD and Growth Management Center. It included planning and tool development with input from SHCHD staff; one online community survey; 13 interviews with community members, healthcare providers, and public service leaders; aggregated patient data from the SHCHD electronic health record; and service area data from public websites.



SoHum Health

The community survey was conducted online using Survey Monkey from January 16th through February 29, 2024 and total of 620 surveys were returned. The survey included ten multiple-choice questions and two open-ended questions. In addition, thirteen stakeholder interviews were conducted by telephone, video conference, and email with community service leaders.



Overview

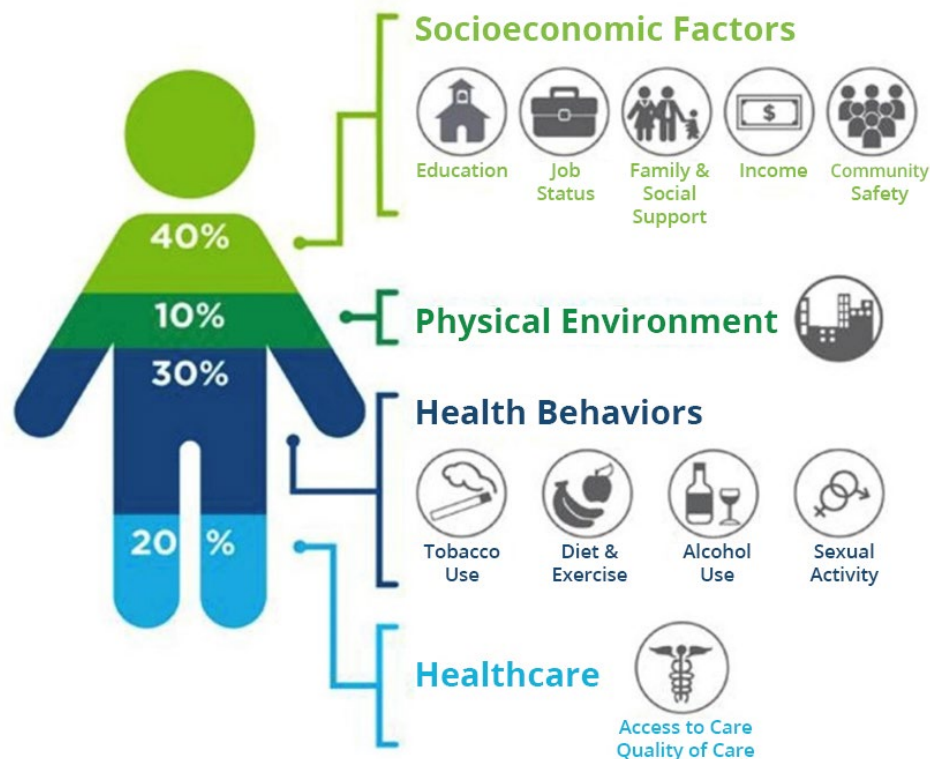
Population Demographics

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 health behaviors (e.g. alcohol use, smoking, diet, exercise)
- 3) socioeconomic factors (e.g. income, education, social support)
- 4) physical environment (e.g. where a person lives)
- 5) health care (e.g. quality of care and access)

Figure 1: Factors contributing to overall health and well-being¹

What Goes Into Your Health?





Each of these social determinants of health are 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, climate, geography, and social trends. Therefore, data beyond county-level data were used to better identify and understand the current state and future trends of SHCHD's service area. When possible, the estimated population associated with the zip codes below were used to better understand service area needs:

95511 – Alderpoint	95560 – Redway
95542 – Garberville	95571 – Weott
95553 – Miranda	95587 – Piercy (Mendocino County)
95554 – Myers Flat	95589 – Whitethorn/Shelter Cove
95559 – Phillipsville	

Table 1: SHCHD Service Area Population Trends: 2019-2022ⁱⁱ

	2022	2021	2020	2019
Total population	6,834	6,957	6,564	6,411
Male	3,367	3,534	3,281	3,537
Female	3,467	3,414	3,283	2,874
Median age (years)	42.7	45.7	48.5	49.5
White	6,235	6,518	6,316	6,125
Black or African American	240	82	37	110
American Indian and Alaska Native	319	83	82	46
Asian	50	53	57	30
Native Hawaiian and Other Pacific Islanders	0	0	4	3
Some other race	575	320	188	164
Hispanic or Latino (of any race)	650	520	344	541

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, Briceland, Garberville, Harris, Miranda, Myers Flat,



Phillipsville, Piercy, Redway, Shelter Cove, Weott, and Whitethorn. According to the 2020 Census, the SHCHD service area has a population of approximately 7,938 full-time residents, which can grow during the summer months due to tourism and agriculture.

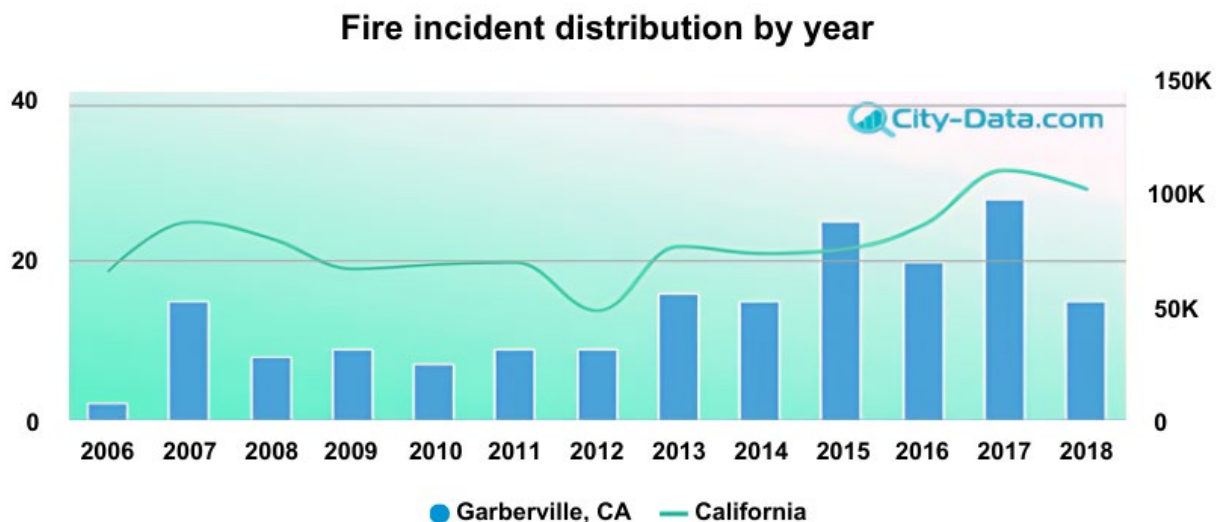
Agriculture has been an important component of both the local economy and character of the region, from the early settlers who had vast fruit orchards, to present-day cannabis farmers. Mendocino Triple Junction, the point where the Gorda plate, the North American plate, and the Pacific plate meet in the Pacific Ocean is 20 miles off the coast of Shelter Cove making this area one the most seismically active on the West Coast. Seismologists have measured over 80 earthquakes magnitude 3.0 or greater, each year since 1983. This shaky ground creates a landscape of steep ridges that are difficult to construct roads and buildings on. The steep terrain, coupled with hundreds of miles of surrounding forests have kept Southern Humboldt rural and isolated.

Garberville, the largest town in the region, is a full 4-hour drive from the closest major metropolitan area, San Francisco, making access to specialized medical services extremely challenging. To this day, much of the region can only be accessed by one-lane dirt roads. This landscape and isolation are 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.

Environmental Factors

Like much of California, wildfires and drought are increasingly impacting Southern Humboldt County.

Chart 1. Fire Incident Distribution by Year, Garberville and California 2006-2018ⁱⁱⁱ





Map 1: Properties with Fire Risk in Garberville/Redway and surrounding areas^{iv} –
note: all properties shown are classified as having Major, Severe, or Extreme fire risk.

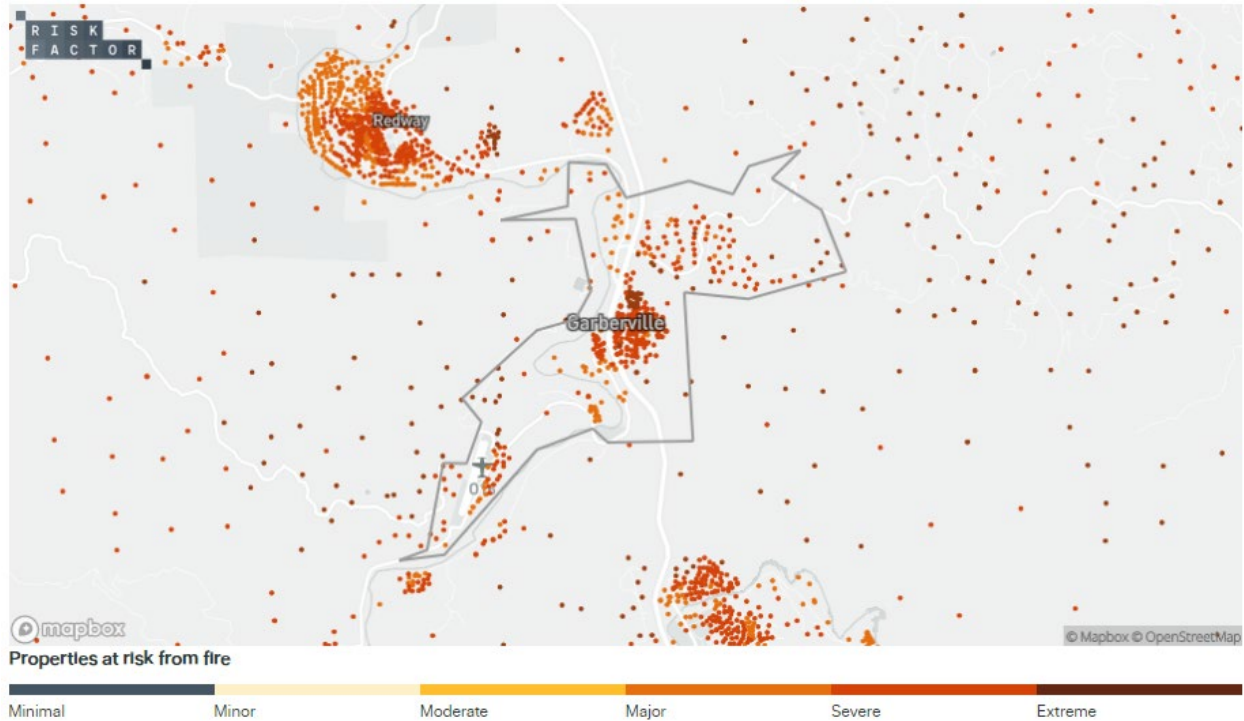


Photo 1: View from Jerold Phelps Community Hospital during the 2020 August Complex Fire, the largest wildfire in California history which burned 1,032,648 acres



Fires stress the environment, as well as community members, the economy, and available local resources. Additionally, regional, and even distant fires have a significant impact on air quality and quality of life.

Economy

80 percent of Humboldt County's 2.3 million acres are forest lands, protected redwoods, and/or recreation areas, making tourism one of the main drivers of the local economy. 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 with 10 campgrounds, numerous Hotels, Inns, motorhome parks, vacation rentals, golf courses, wineries, boutique shops, restaurants, and a brewery that cater to tourists and locals alike.

In recent decades the other main driver of Southern Humboldt's economy has been the cultivation of cannabis. Humboldt County is part of the "Emerald Triangle", along with Mendocino and Trinity Counties, which in 1996 was estimated to be growing 60% of all the cannabis in the United States. The money brought in by the cannabis industry propped up many small businesses and allowed the community to thrive. The legalization of recreational cannabis in California in 2016 started a steady decline for most black-market farmers. In 2023, Laura Lasseter, of the Southern Humboldt Business & Visitor's Bureau, estimated that Humboldt County is on track to lose 50% to 70% of its cannabis farms^v. Those farms that still exist are contending with strict regulations and an expensive permit system which has greatly impacted the profitability of growing cannabis.

As a result of the decline of the cannabis economy, dozens of small businesses have closed leaving fewer and fewer local job opportunities. The Southern Humboldt economy is now in transition, redefining its identity and determining what the next driver of their economy will be.

Other industries with large employers in Southern Humboldt are education and healthcare. Southern Humboldt Joint Unified School District (SHJUSD) has 137 active employees and 40 substitute teachers and coaches. Southern Humboldt Community Healthcare District (SHCHD) has 112 full-time employees and 22 part-time and per diem employees.

Unreliable access to high-speed internet, lack of affordable housing, and the overall cost of living, impact Southern Humboldt's economy and ability to attract skilled workers and new industries. Efforts are underway to tackle both, but high costs, difficult terrain, and limited resources persist.

In Humboldt County at large, the top industries are healthcare & social assistance, educational services, retail trade, and accommodation & food services. From 2020 to 2021, employment in Humboldt County declined at a rate of -1.54% ^{vi}. Charts 1 and 2, display the largest industries for 2018 and 2021 using data from Data USA.

Chart 1. Humboldt County Employment by Industry 2018

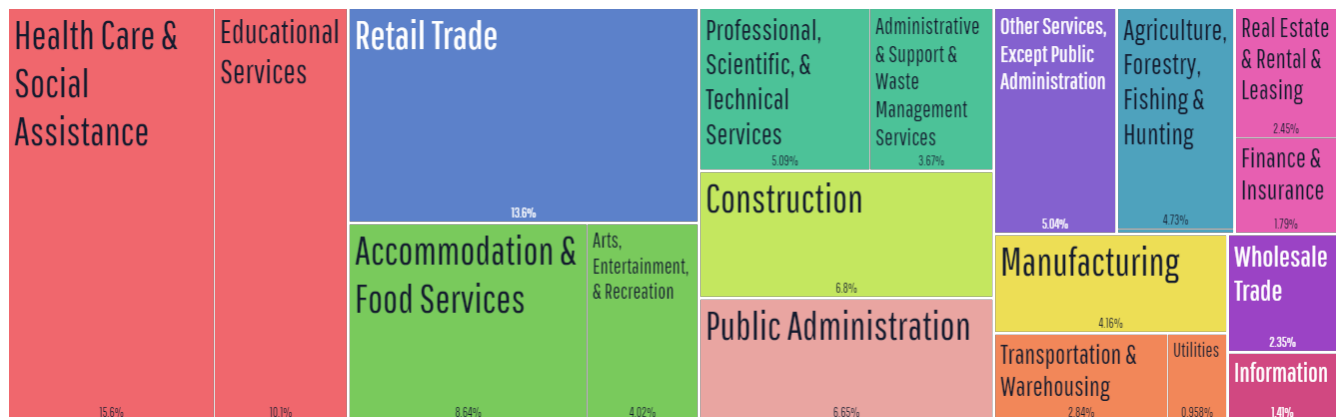
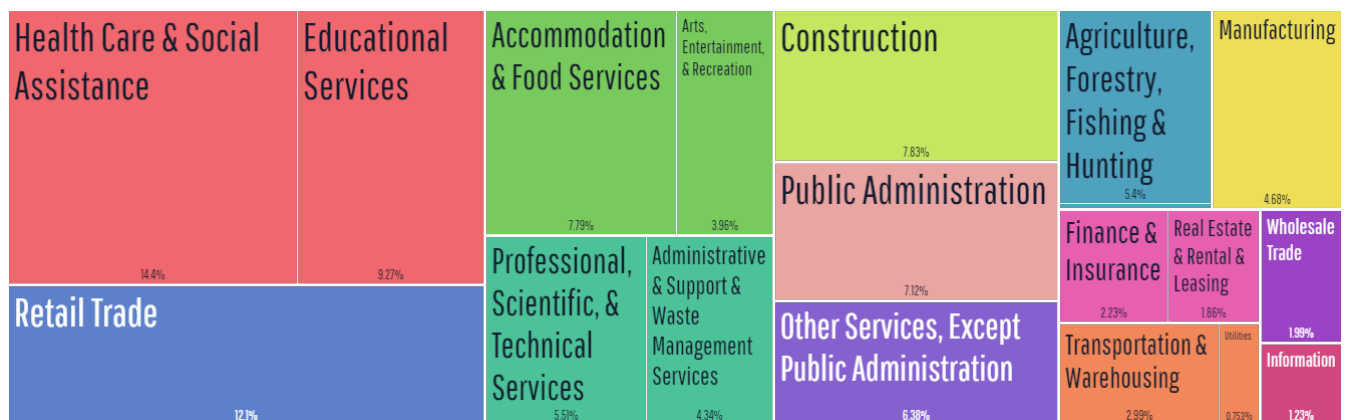


Chart 2. Humboldt County Employment by Industry 2021



Income and Poverty

Economic indicators to consider that significantly impact community health are income and poverty. In 2023, Southern Humboldt Joint Unified School District reported that 66.8% of its student population is “Socioeconomically Disadvantaged,” which is a State designation that includes students who are eligible for free or reduced-priced meals or have parents/guardians who did not receive a high school diploma. This number is up from 58.6% in 2018.^{vii}

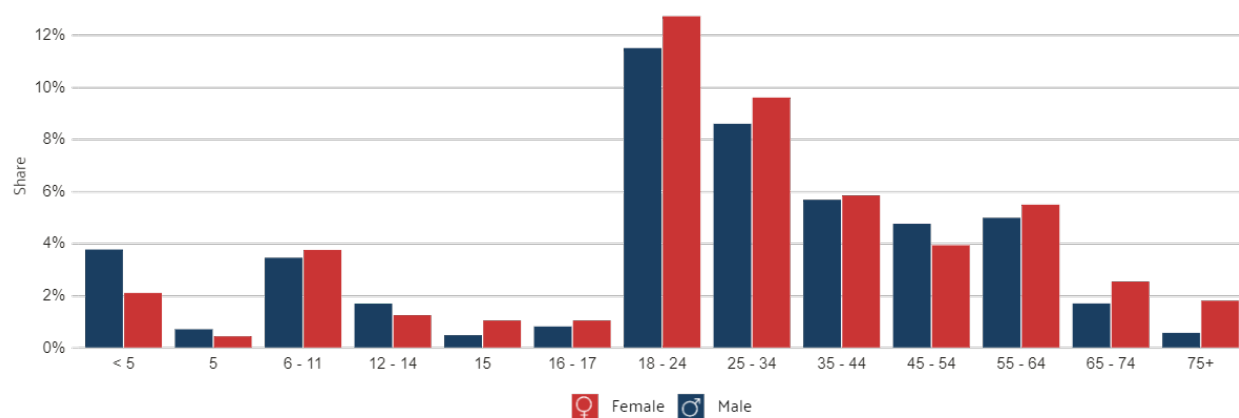


Data USA reports 20.3% of Humboldt County's population (27,814 of 137,014 people) live below the poverty line. This percentage is notably higher than the national average of 11.5%.

Table 1: Median Household Income: SHCHD Service Area, Humboldt County, and California: 2019-2022^{viii}

Median Income by Year	2022	2021	2020	2019
SHCHD Service Area	\$42,199	\$37,448	\$44,037	\$42,109
Humboldt County	\$57,883	\$54,752	\$49,235	\$51,662
California	\$91,551	\$84,907	\$78,672	\$80,440

Chart 1. Humboldt County Poverty by Age 2018^{ix}



It should be noted that data collected by the Census Bureau does not account for the cash economy of Southern Humboldt. Poverty statistics may not reflect the true income status of residents since many people receive all or some of their income from unreported sources. This has shifted with the legalization of cannabis in California in 2016, but the economy remains in a transition period as farmers and other supporting workers take steps to bring their businesses above board.

Housing

With a limited supply of housing in Southern Humboldt, housing costs play a significant role in population health, healthcare staff recruitment and retention, travel times, property taxes, and residents' disposable income. In 2022, considering the four largest communities in the service area (Garberville, Redway, Miranda and Shelter Cove) and using data from City-Data.com, Garberville's mean home value was \$481,686 (\$129,500 in 2000), Redway's was \$428,944 (\$126,200 in 2000), Miranda's was \$263,452, and Shelter Cove's was \$429,500. Meanwhile, the March 2022 cost of living

index in Garberville was 107.2, 103.5 in Redway, 94.4 in Miranda, and 92.8 in Shelter Cove (the U.S. average is 100).^x

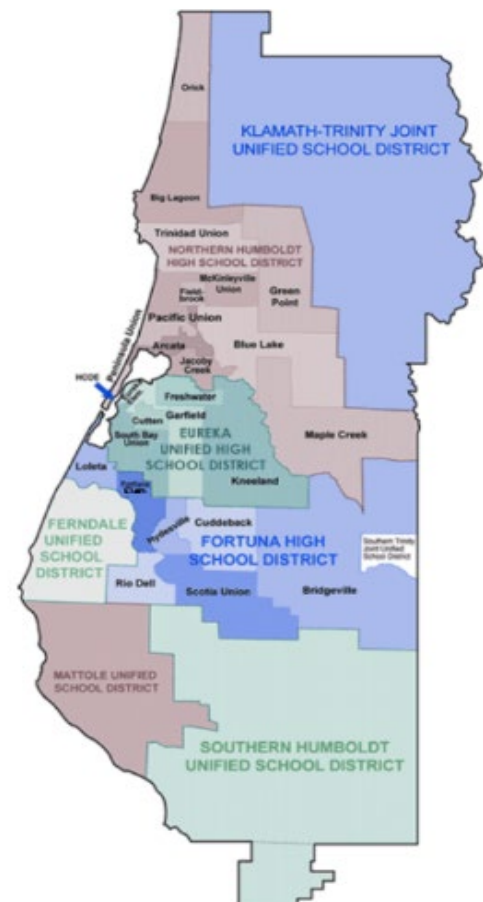
Affordable housing was identified in several of the community interviews as one of Southern Humboldt's biggest challenges. The classification of Southern Humboldt as an area of high fire risk has led to an epidemic of property owners having their home insurance policies discontinued or facing exorbitant costs to keep insurance coverage. An increasing number of residents do not have any insurance providers who will cover their home, so their only option is the California Fair Plan, which can be cost-prohibitive. This home insurance crisis is compounding the long-standing affordable housing issue.

The lack of suitable housing options, both to purchase and rent, contributes to the large year-round homeless population in the area. In January 2022, the Humboldt County Housing and Homelessness Coalition conducted a point-in-time count to document the number of homeless people in the community. They counted 151 in Redway, 52 in Garberville, and 38 in Miranda/Myers Flat/Phillipsville, for a total of 241 people. This represents **18.4% of the total homeless population in Humboldt County of 1,309.**^{xi} **By contrast, Southern Humboldt accounts for only 5% of the general population of Humboldt County (6,834 of 136,132).**

Education

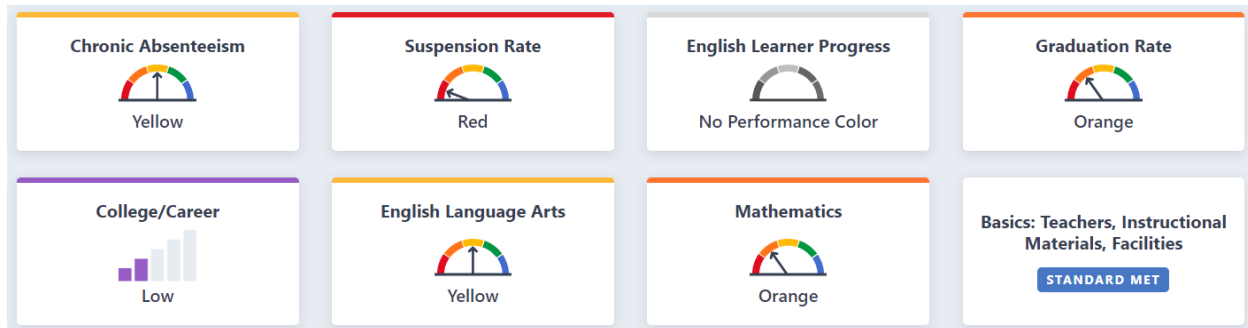
Educational level is a social determinant of health and a key consideration for improving the health and wellness of the community. There are 32 school districts in Humboldt County. Southern Humboldt Joint Unified School District (SHJUSD) the predominant school district serving Southern Humboldt County, is approximately 773 square miles. It has a student enrollment of 708, and includes three elementary schools, one junior high school, two high schools, and Osprey Learning Center, which features alternative programs, independent study, and continuing education.^{xii}

Due to the remote nature of the region, many children in Southern Humboldt travel vast distances to get to school, which is costly to the school district and poses barriers to students. SHJUSD Board Member Brandy Bremer explains, "Many of our extremely rural students leave home at 5:30am and walk one mile in the dark to get to the bus stop, then travel an hour on the bus to get to school each day. They don't return



home until 6:00 pm on a normal school day.” Internet access is also limited in some rural households.

Chart 1: California School Dashboard for SHJUSD, 2023 Scores^{xiii} – note: red is the lowest score and blue is the highest



There are four post-secondary educational institutions in Humboldt County: California State Polytechnic University of Humboldt, College of the Redwoods, Frederick and Charles Beauty College, and Dell’Arte International School of Physical Theatre. Cal Poly Humboldt’s total enrollment in 2021 was 5,908, and predominantly female (58%) and white (50%). The majors with the most Bachelor’s degrees awarded in 2021, were Natural & Biological Sciences (28.32%), Psychology (9.85%), and Business Administration (7.9%).^{xiv}

Clinical Health Indicators

There are limited public health data available that are specific to the SHCHD service area; however, SHCHD maintains an electronic health record with patient data reflecting population health.

In looking at the top 10 diagnoses among SoHum Health patients we see that the majority are what are considered “lifestyle” diseases or chronic diseases. According to a United Nations report, “Lifestyle diseases share risk factors related to prolonged exposure to three modifiable lifestyle behaviors -- smoking, unhealthy diet, and physical inactivity -- and result in the development of chronic diseases, specifically heart disease, stroke, diabetes, obesity, metabolic syndrome, chronic obstructive pulmonary disease, and some types of cancer.”^{xv} Other illnesses that are considered chronic diseases include high blood pressure, high cholesterol, insomnia, and some mental health disorders.

Top 10 Diagnoses at SoHum Health between 2018 and 2023

Diagnosis	Number of Patients
Hypertension - Essential	5606
Chronic pain	4126
Hyperlipidemia	1822
Type 2 Diabetes	1806
Low back pain	1614
Anxiety disorder	1589
Insomnia	1317
Nicotine dependence - cigarettes	996
Hypothyroidism	987
Chronic obstructive pulmonary disease (COPD)	909

Chronic diseases can result in loss of independence, years of disability, or death, and impose a considerable economic burden on health services. Today, chronic diseases are a major public health problem worldwide. In 2005, the World Health Organization (WHO) estimated that 61% of all deaths -- 35 million -- were attributable to chronic diseases. By 2030, the proportion of total global deaths due to chronic diseases is expected to increase to 70%. Chronic disease rates among the population of Southern Humboldt can be improved with a diet low in fat and sugar, ceasing the use of tobacco and alcohol, and regular exercise.

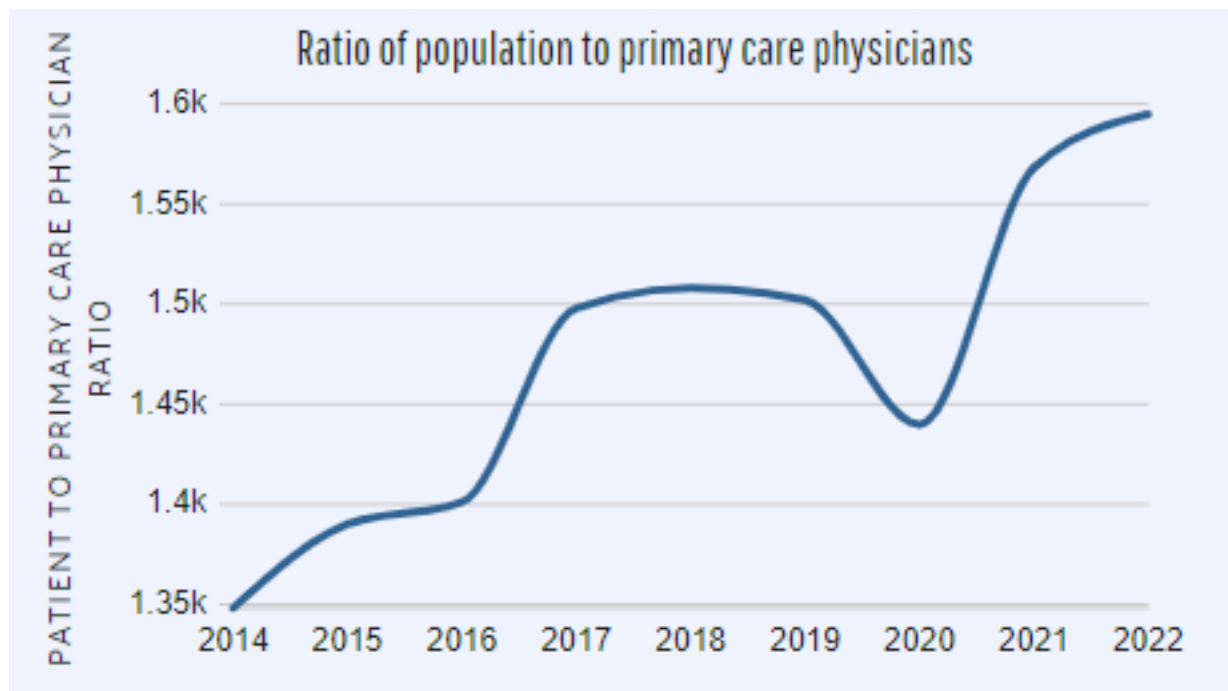
Access to Healthcare and Community Services

Access to Healthcare

There is one primary care physician for every 1,595 patients in Humboldt County, a 1.72% increase from the previous year (1,568 patients). This represents a ratio of 62.7 physicians per 100,000 population. The California average is 86.1 physicians per 100,000 people.^{xvi}



Chart 1: Ratio of Primary Care Physician per population in Humboldt County^{xvii}



Southern Humboldt, by comparison, has two primary care clinics that are accepting new patients – SoHum Health and Redwoods Rural – giving local residents a marked advantage over those residing in Northern Humboldt County. Wait times for new patients at Southern Humboldt Community Clinics average two months. This lopsidedness has resulted in a steady increase of patients traveling to Southern Humboldt from out of the area to obtain primary care. **In 2022-2023 SoHum Health Community Clinic had an average of 16,289 visits per year, of which 4,200 were District residents (75%) and 1,425 were out-of-area patients (25%).**



Chart 2: 13-month average payer mix for SHCHD patients

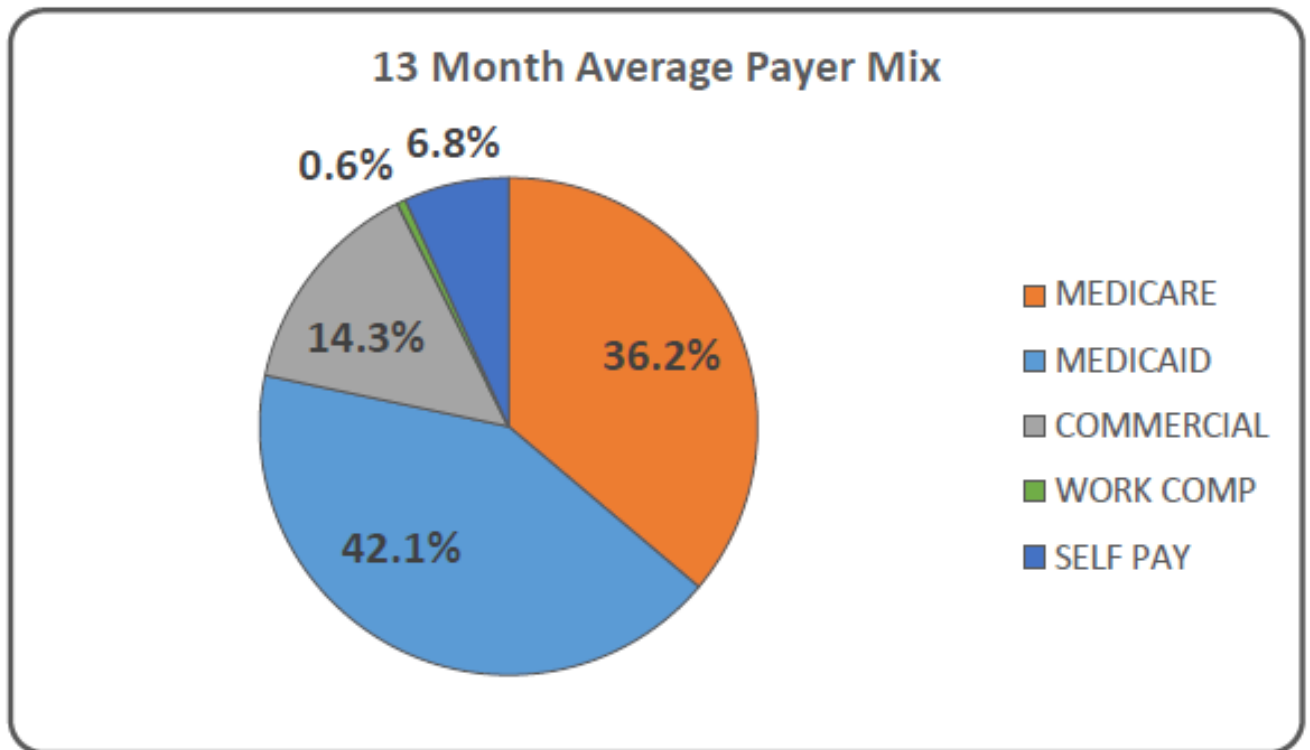
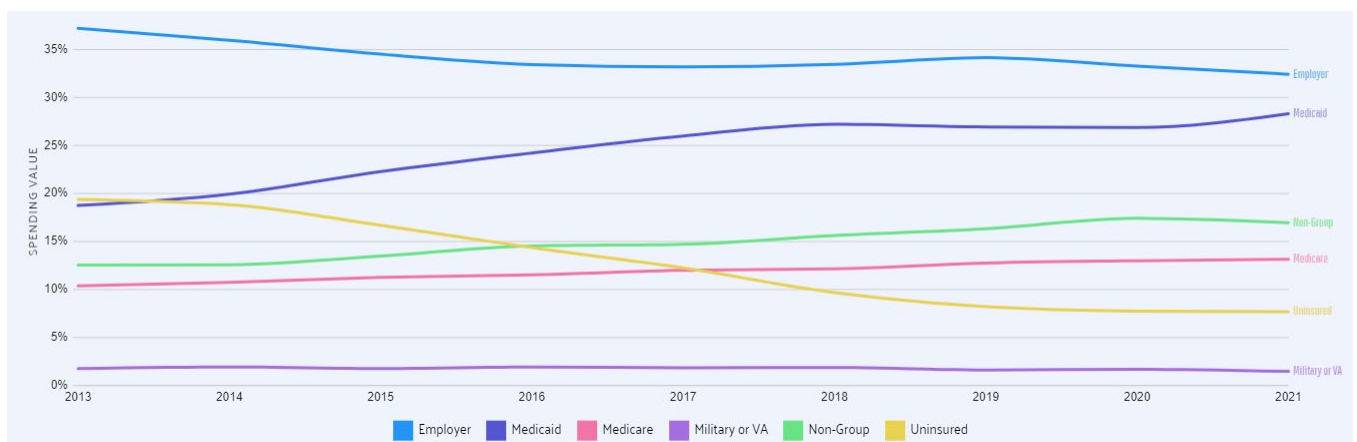


Chart 2 shows that 6.8% of SoHum Health patients are “self-pay” meaning they do not have health insurance or they are paying out of pocket for health services that are not covered by their insurance. The high percentage of patients covered by Medicaid (also known as Medi-Cal or Partnership) is indicative of the large number of low-income families in the area.

Chart 3: Insurance coverage by Payor in Humboldt County ([Humboldt County, CA | Data USA](#))





The expansion of Medicaid under the 2010 Affordable Care Act has resulted in a steady decline in the local uninsured population as demonstrated by the yellow line in Chart 3 showing the trend from 2013-2021. SHCHD provides assistance for uninsured patients to enroll in Medicaid on an emergency basis. This has been an improvement for patients who historically may have put off receiving healthcare for fear of how they would pay the medical bills. Charts 2 and 3 together, show that the barrier to patients' access to healthcare services due to a lack of health insurance has greatly decreased.

In addition to assisting patients with Medicaid enrollment, SoHum Health has a “Charity Care” program that provides Financial Assistance, Payment Plans, and Discounted and Extended Payment Plans for patients with a family income that is at or below 400% of the Federal Poverty Level. The program supports low-income patients in their ability to access needed healthcare. From 2020-2022, SoHum Health wrote off an average of \$429,567.00 in medical bills for 145 unique patients each year.

History of SHCHD

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. 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. Jerold Phelps and Roy Schmunk. The hospital was later renamed to Jerold Phelps Community Hospital in 1997 to honor Dr. Phelps.

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 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 was designated a Critical Access Hospital (CAH) by the Centers for Medicare and Medicaid Services (CMS) in March 2002, giving it enhanced reimbursement rates from CMS and Medi-Cal. 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 37 CAHs in California and 1,353 in the U.S.

SHCHD Today

SHCHD's philosophy on health care delivery is a whole person approach that seeks to empower patients with the knowledge and tools to take charge of their own health and wellbeing.

Mission: Caring for the community we're privileged to serve.®

Vision: To empower individuals to live longer, healthier lives.

SHCHD services include several entities and departments operating under one umbrella, most commonly known as SoHum Health.

Jerold Phelps Community Hospital

- 24-hour Emergency Department
 - 3,024 unduplicated patients served annually
 - Percentage of Emergency Department patients who are transferred to another healthcare facility - 5%
- 9-bed acute care / swing unit
- 8-bed long-term skilled nursing unit
- Radiology – CT, x-ray, ultrasound, and mammography
 - 1,986 x-rays
 - 1,044 CT scans
 - 403 mammograms
 - 525 ultrasounds
- Laboratory
 - 1,864 unduplicated patients
 - 780 out-of-area unduplicated patients* (42% of total)
- Physical Therapy

Southern Humboldt Community Clinic

- 16,289 visits per year, from 4,200 District residents and 1,425 out-of-area patients.*
- Medicare wellness visits – 117 annually
- Primary care – wellness checks, vaccinations, cancer screenings
- Visiting Nurse Program - medical care for those who are homebound and have home care service needs necessary to the treatment of an illness or injury
- Telehealth – allows patients to have a remote visit with their provider
- Mobile Clinic Unit – provides primary care and referrals for patients in outlying areas including Shelter Cove, Rio Dell, Blocksburg and Petrolia
- Walk-in Suboxone Clinic – Monday afternoons patients can walk-in for medication to treat addiction to opioids
- Vaccine Clinics – held periodically in outlying areas



SoHum Health

- Patient Navigation & Healthy Living Club – assistance and support for patients to navigate health insurance, referrals, and reminders for needed health screenings and follow-up

**an out-of-area patient is defined as those with a residence outside of the Healthcare District zip codes*

Southern Humboldt Family Resource Center

- CalFresh & CalWorks enrollment assistance
- Hosts weekly First Five playgroups in Redway, Shelter Cove, and Casterlin
- After-school program support
- 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, infant formula, housing, and transportation
- Child Welfare - support for children and parents in the foster care system
- Youth Diversion Coordinator at South Fork High School – intervention and support for students who have had an encounter with law enforcement

Garberville Pharmacy

- Filled 47,156 prescriptions in 2023
- Same-day prescription fills
- Over-the-counter medication and medical equipment purchases, special orders
- 340B prescription discount program
- Vaccinations

Fortuna Optometry

- Family Eye Care
- Glasses and Contact Lenses
- Urgent Care
- Laser Vision Consultations
- Glaucoma Detection
- Retinal Photo Documentation
- Threshold Field & Color Perception Testing
- Diabetic Retinal Examinations

Other services

- Free exercise classes – restorative movement, yoga, and tabata classes free for anyone to attend four days a week
- Community sponsorships
- Special events – Community Baby Shower, Touch-a-Truck, Holding Space, and Mental Health Awareness



Other Community Resources

Healy Senior Center – located in Redway. Operates the region's Meals on Wheels program and offers Social Dining, a Frozen Meal Program, support groups, exercise classes, and game nights

Food for People – the food bank for Humboldt County operates weekly and monthly food pantries in Garberville, Redway, Alderpoint, and Myers Flat in partnerships with local churches and the Family Resource Center.

Humboldt County Social Services – Garberville Office – 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 therapy, perinatal pregnancy and postpartum care services, acupuncture, nutrition education, and suboxone opioid addiction recovery program. All available regardless of ability to pay.

WISH – emergency shelter for women and children fleeing violence or in transition, located in Garberville.

Alcoholics Anonymous – every night of the week at Southern Humboldt Survivors and Grace Lutheran Church in Redway.

Community Cornerstone - provides training and opportunities for adults with disabilities who live in Northern Mendocino and Southern Humboldt Counties. 3,300 square foot facility in Redway licensed to serve up to thirty adults with disabilities.

Community Input

Community input was obtained through an online survey and interviews with Southern Humboldt community stakeholders, SHCHD staff, and clinicians.

The community health needs assessment survey was conducted online using Survey Monkey from January 16-February 29, 2024. A total of 620 surveys were completed. The survey included nine multiple-choice questions and one open-ended question. The survey asked questions about perceived physical and mental health, barriers to

achieving health and wellness, activities they participate in to improve health, and health services they've left the area for.

Thirteen community informant interviews were conducted via telephone or email. The interviews asked questions about community health perceptions, strengths, challenges, and opportunities. Those interviewed represented education, healthcare, community organizations, and others.

Survey Findings

A ten-question survey was developed to include detailed choices that could lead to more proactive health outreach by our Healthcare District.

The survey was broadly distributed throughout our service area, on social media, and by email to 4,569 patients, service club members, and foundation donors. Paper copies were handed out at twelve community events scheduled during January and February. Additionally, we took care to distribute the survey in geographic areas of our District that are particularly remote and medically under-served. 620 responses were received. The findings, verbatim comments, and our summary of needs follow:

1. What is your age?

- Ages 31 through 75 were well-represented (6% 18-30, 40% 31-50, 24% 51-65, 20% 66-75, 10% 76+)

2. In which community do you live?

Area	%	Responses
Garberville	19.0	116
Redway	16.2	99
Shelter Cove	8.7	53
Miranda/Phillipsville	8.0	49
Alderpoint	5.9	36
Benbow	4.9	30
Eureka	4.4	27
Myers Flat	4.1	25
Whitethorn	3.9	24
Fortuna	3.6	22
Briceland	3.1	19
Ettersburg	2.8	17

Area	%	Responses
Harris/Palo Verde	2.5	15
Salmon Creek	2.5	15
Rio Dell/Scotia	2.0	12
North of Eureka	1.8	11
Piercy	1.6	10
Weott	1.3	8
Blocksburg	1.0	6
Honeydew	0.7	4
Hydesville/Carlotta	0.7	4
Petrolia	0.7	4
Pepperwood/Holmes	0.5	3
Ferndale	0.2	1

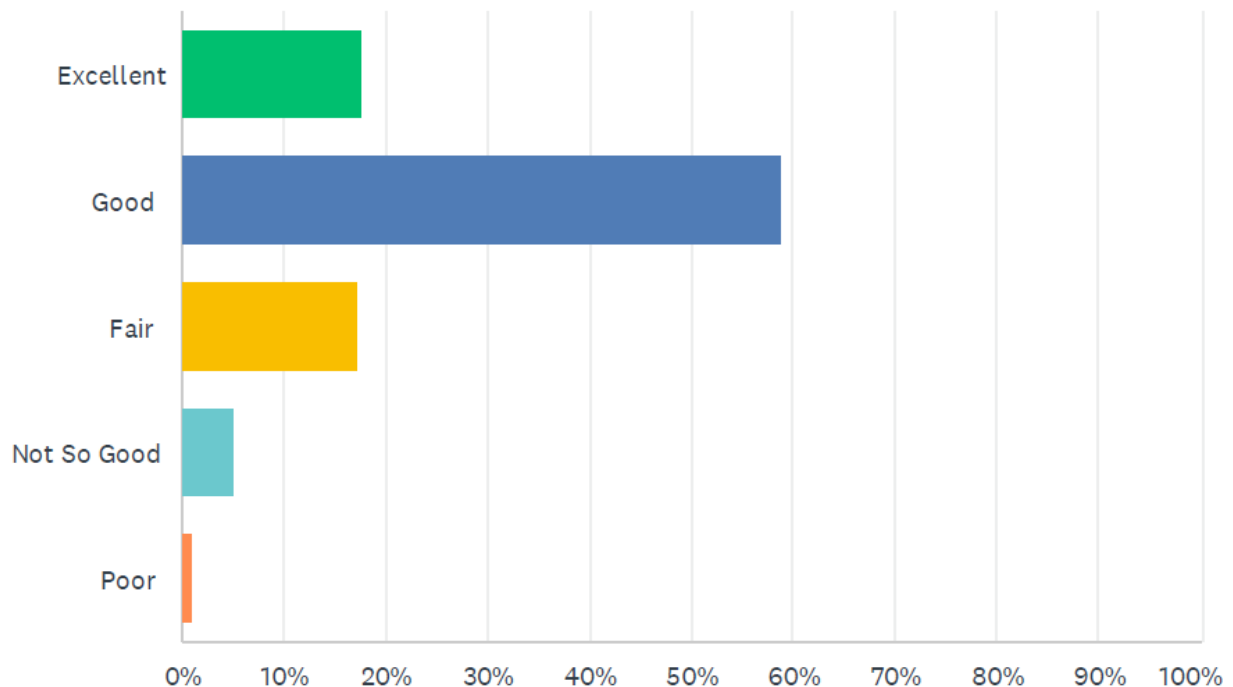
610



SoHum Health

The purple locations are outside of the Healthcare District boundaries. The total number of respondents from outside the District was 94, or 15.4%. This is reflective of the high number of patients and staff who travel from out of the area to receive healthcare at SoHum Health.

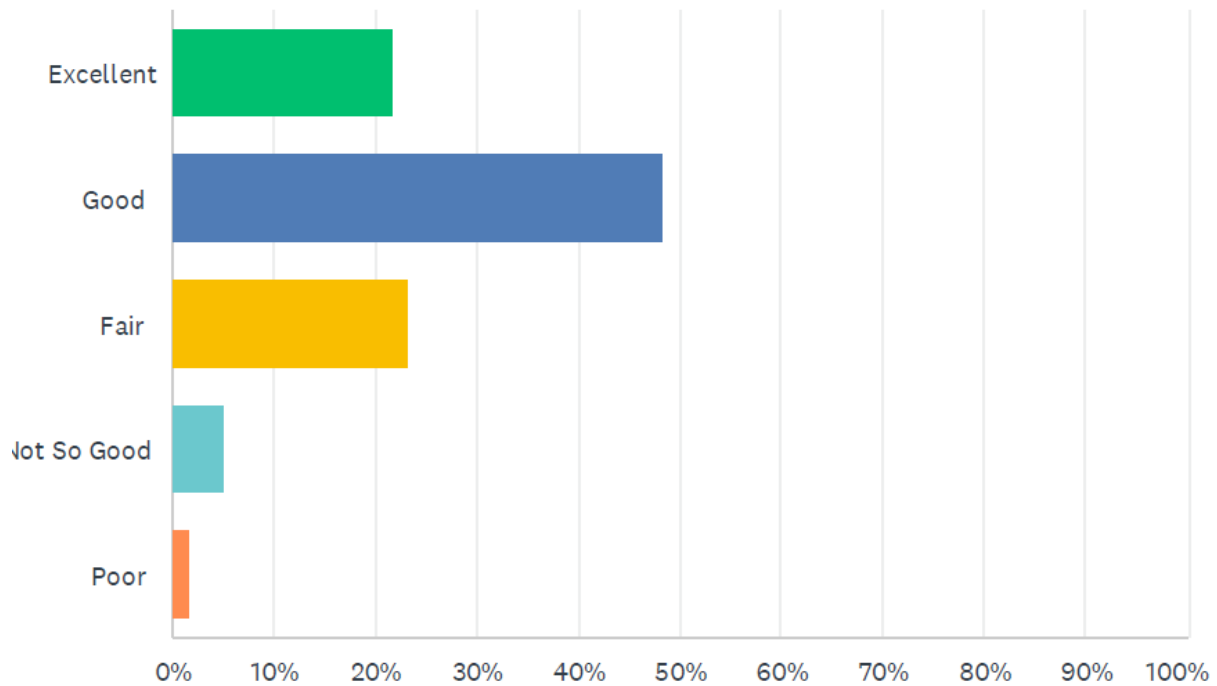
3. How would you describe your overall health in the past 30 days?



Over three-quarters of respondents consider their health “Good” or “Excellent.” 23.46% of people responded “Fair, Not So Good, or Poor”



4. How would you describe your mental health in the past 30 days?



70% of respondents consider their mental health “Good” or “Excellent.” 30% of people responded “Fair, Not So Good, or Poor”, indicating a need for increased access to mental health counseling and other support services.



5. I participate in these activities to maintain or improve my health (check all that apply):

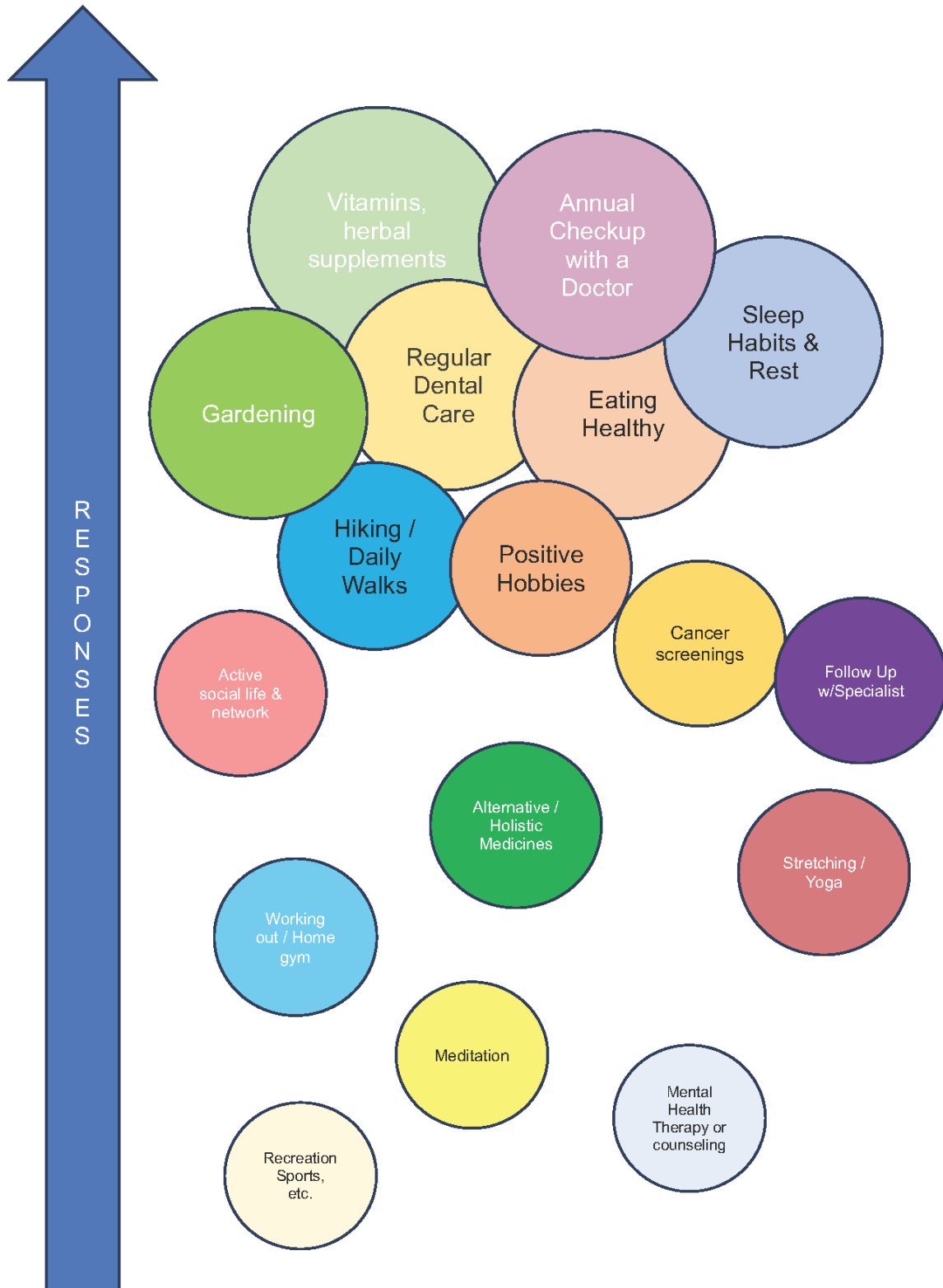
Answer Choices	Responses	
Vitamins, herbal supplements	66.84%	389
Annual checkup with a doctor	65.29%	380
Receive regular dental care	61.51%	358
Meal planning and including fresh fruits and vegetables in my diet	61.00%	355
Consistent sleep habits	57.73%	336
Gardening	57.73%	336
Hiking/daily walks	52.58%	306
Positive hobbies and coping mechanisms	52.23%	304
Knowing when to schedule cancer screenings (coloquad, mammogram, pap test, etc)	48.45%	282
Follow up with medical specialists	46.74%	272
Active social life and support network	45.88%	267
Non-traditional alternative medicine practices	35.74%	208
Stretching or yoga	35.57%	207
Work outs at home or the gym	29.04%	169
Meditation	21.82%	127
Mental health counseling or therapy	15.64%	91
Recreational sports	11.68%	68
Other (please specify)	7.73%	45
None of the above	1.72%	10
Answered		582
Skipped		38

- The survey responses show a community generally proactive in their health habits, with a wide variety of health maintenance activities. Residents are primarily proactive individually, rather than in groups or organized activities, like gym fitness classes one might find in an urban area.
- Planning healthy meals, gardening, consistent sleep habits, hiking or walking, vitamins and herbal supplements, and regular doctor and dental check-ups are the primary activities residents participate in to maintain and improve their health.
- SoHum Health should continue engaging the community with healthy activities such as support groups, parenting classes, organized outdoor activities, and exercise classes.



SoHum Health

How Southern Humboldt Residents Stay Healthy





6. What barriers to achieving optimal health and wellness do you experience? (check all that apply)

Answer Choices	Responses	
Navigating the healthcare system and costs	29.79%	171
Cost of healthcare - high deductible insurance	27.70%	159
Getting timely referrals for specialists	27.70%	159
None of the above	20.38%	117
Access to dental/oral health services	17.07%	98
Low motivation	16.20%	93
Unemployed or underemployed - financial issues	15.68%	90
Access to mental health services or therapy	14.11%	81
Chronic health conditions such as obesity, diabetes or pain	12.54%	72
Transportation to appointments	11.15%	64
Opportunities for exercise and wellness practices	9.93%	57
Expensive prescription medications	9.41%	54
Other (please specify)	9.06%	52
Access to nutritious food	8.71%	50
Mobility issues restrict my activities	8.71%	50
Lack of local support system	8.54%	49
Lack of health insurance	6.10%	35
Internet or phone access	5.05%	29
Alcohol, tobacco, or drug use	3.31%	19
Concerns for personal safety	2.26%	13
Access to housing/clothing/basic needs	2.26%	13
I don't know how to eat healthy or improve my health	1.22%	7
Answered		574
Skipped		46

Many of the barriers survey respondents face are beyond the Healthcare District's ability to influence, but there are some that we can work to address or improve.

- **Timely referrals for specialists** - this could be accomplished through a more robust patient navigation program that helps patients understand their options on



SoHum Health

where a referral is sent, if there are specific requirements they have to meet to achieve insurance authorization, and follow-up to ensure that referrals are received at the specialist facility.

- **Cost of healthcare** – From 2020-2022, SoHum Health wrote off an average of \$429,567.00 in medical bills for 145 unique patients each year. This is part of the “Charity Care” program which provides Financial Assistance, Payment Plans, and Discounted and Extended Payment Plans for patients with a family income that is at or below 400% of the current Federal Poverty Level. SoHum Health can address this barrier further by providing enrollment assistance for patients to get on Medi-Cal and other subsidized insurance programs to offset the cost of accessing healthcare. 78% of SoHum Health’s patients are eligible for Government insurance including Medicare and Medicaid (known as Medi-Cal or Partnership in Northern California).
- **Access to dental/oral health services** ranked in the top 5 barriers to health. Redwood Rural Health Center is the only provider of dental services in Southern Humboldt, and they do not provide endodontics including tooth extractions and root canals, or orthodontics. There is a great need for more access to high-quality oral health services in the region.
- **Access to mental health services**—SoHum Health has been actively working to recruit Licensed Clinical Social Workers to provide therapy services. Staff recruitment and retention remain the primary barriers to expanding behavioral health and other health services in Southern Humboldt.
- **Transportation** – Getting the mobile clinic on a reliable schedule in more rural areas would help with the transportation barrier. It may be beneficial to explore a partnership with Redwoods Rural Health Center to expand their robust transportation program to include patients of SoHum Health, rather than staffing our own program. The transportation issue was also mentioned in one-on-one interviews that were conducted with local service providers. Partnership patients are eligible for transportation to appointments through their insurance, so further education could be done about this benefit.
- Of note 20.3% of respondents reported that they have no barriers to achieving health and wellness.



7. Do you or anyone in your household have any of the following health conditions or concerns? (check all that apply)

Answer Choices	Responses	
Wears glasses	61.27%	348
Hypertension (high blood pressure)	25.35%	144
Mental health struggles	20.07%	114
Obesity	19.54%	111
None of the above	13.91%	79
Diabetes	12.32%	70
Autoimmune disease	11.62%	66
Wears hearing aids	10.92%	62
Cancer	10.56%	60
Tobacco Use	10.04%	57
Someone in your inner circle has died of suicide	9.68%	55
Osteoporosis	9.15%	52
Heart disease	8.10%	46
Other (please specify)	7.92%	45
Alcohol Abuse	6.87%	39
Dementia	2.64%	15
Substance Abuse	2.46%	14
Unlocked Firearms/Guns	0.88%	5
Domestic Violence	0.53%	3
Dialysis	0.53%	3
Answered		568
Skipped		52

- Diabetes, hypertension, and obesity have long been among the top diagnoses in our primary care clinic. More can be done to educate patients on the important dietary and lifestyle changes they can make to be proactive in their health.
- Mental health again rises to the top with 20% of respondents reporting mental health struggles for themselves or someone in their household. A staggering 9.68% of respondents have had someone in their inner circle die by suicide. A statistic this high means that the grief the community is experiencing is far reaching and pervasive. Mental health services are needed to prevent suicide, but also to support the ones who are left behind grappling with the pain, guilt, and shame that comes with losing someone this way.



SoHum Health

- Optometry is an enormous need and SoHum Health is actively working to open an optometry office on Redwood Drive in Garberville. The property has been purchased. Remodeling and recruitment of an optometrist are underway. SHCHD has also purchased a mobile optometry clinic to expand the reach to additional underserved areas.
- Almost 11% of respondents have someone in their household who wears hearing aids. SoHum Health could explore offering hearing tests through mobile or telehealth avenues so that locals are not forced to travel to Eureka or Ukiah to access this important quality of life need.

8. What services of SoHum Health have you or someone in your household used in the past two years? (check all that apply)

Answer Choices	Responses	
Clinic (physicals, wellness visits, cancer screenings, sick visits, etc.)	73.27%	370
Garberville Pharmacy	69.70%	352
Laboratory (blood draws, panels, urinalysis, etc.)	67.52%	341
Radiology (x-rays, CT scans, mammogram, ultrasound)	53.47%	270
Emergency Department	44.95%	227
Vaccine Clinic	30.30%	153
Physical Therapy	20.00%	101
Southern Humboldt Family Resource Center	14.46%	73
Free Exercise Classes with Ann Constantino or Stephanie Finch	7.13%	36
Mobile Clinic in Shelter Cove, Petrolia, Blocksburg, or Rio Dell	4.75%	24
Inpatient Services (overnight stay at the hospital)	3.96%	20
Skilled Nursing Unit	1.78%	9
Answered		505
Skipped		115

The top way people interact with SoHum Health is through the primary care clinic, with Garberville Pharmacy a close second. This is not surprising since Garberville Pharmacy is the only pharmacy serving Southern Humboldt County, with the next closest pharmacy located in Fortuna, 50 miles away. Roughly 45% of respondents have utilized the Emergency Department in the past two years.



9. What health services have you traveled out of the area for and what was your reason for doing so?

Primary Care	
Dental / Endodontic	83
Ophthalmology	37
Primary Care Clinic	31
Optometry	16
OB / Gyn	15
Pediatrics	10
Chiropractic	5
Laboratory	4
Alternative Therapies	3
Mental Health	2

Diagnostic	
MRI	18
Breast Biopsy / Mammogram	15
Ultrasound	8
Pet Scan	1
Sleep study	1

Specialty	
Orthopedics	35
Surgery	33
Cardiology	31
Dermatology	28
GI / colonoscopy / endoscopy	27
Cancer	20
Rheumatology / bone density scan	16
Urology	11
ENT	10
Endocrinology	9
Physical therapy	9
Podiatry	8
Pulmonary	6
Neurology	4
Hematology	2
Dialysis	1
Speech therapy	1
Vascular	1

- Many of the responses pointed to insurance and access issues for primary care, diagnostic services, and almost all medical specialists. Insurance companies require their subscribers to receive services at “in-network” facilities, which can limit patient options on where they can receive care, sometimes forcing them to travel.
- Patients also cited a lack of trust in local healthcare options as one of the top reasons for going out of the area for care. This can be addressed by improving workflows so that patients have a positive experience during their appointments and afterward, with appropriate follow-up on their referrals, test results, and callbacks.



10. Which area do you think should be the top priority for the Hospital or Clinic to expand their services? (choose up to 3)

Answer Choices	Responses	
Mental Health and Therapy	47.43%	240
Senior support services	37.35%	189
Cardiovascular services - stress tests, EKGs, etc.	36.17%	183
General Wellness - exercise classes, nutrition, meditation, support groups	35.38%	179
MRI	32.41%	164
Colonoscopy	26.48%	134
Transportation Assistance to and from appointments	22.92%	116
Bone Density Scans	21.54%	109
Other (please specify)	13.83%	70
Cataract surgery	12.25%	62
	Answered	506
	Skipped	114

Interview Findings

Thirteen interviews were conducted via telephone and email 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 first responders and included:

1. Susan Lashbrook – County Public Health Nurse
2. Stephanie Steffano-Davis – Superintendent, Southern Humboldt Joint Unified School District
3. Diana Totten – Fire Department and Search & Rescue
4. Michelle Bushnell – District 3 County Supervisor
5. Brandy Bremer – Community Health Outreach Worker, SoHum Health
6. Leanne Greene – Workforce Development
7. Nick Vogel – Executive Director, Healy Senior Center
8. Katherine Anderson – Emergency Dept/Acute Care Manager, Jerold Phelps Community Hospital
9. Tina Tvedt Schaible – Executive Director, Redwoods Rural Health Center
10. Nick Pape – Shelter Cove Fire Chief
11. Mary Halstead – Executive Director, Agnes J. Johnson Charter School
12. Julia Anderson – Executive Director, Beginnings & Hospice volunteer
13. Sandra Kercher – Alderpoint Volunteer Fire

Question 1: What would you say is working well for the health and wellness of Southern Humboldt residents?

- We're a unique community that supports each other to meet our needs as much as we can. We've created community services to fill the gaps that have existed – KMUD, Redwoods Rural, Hospice, Healy, feral cat program, etc. Open spaces and fresh air, there are plenty of things for kids to do.
- SoHum Health's hospital expansion, expansion in services, new equipment, eye care, physical therapy, and Emergency room. Redwoods Rural expanding dental services. The Wellness Center at South Fork High School. The subsidies that the Healthcare District gives to Ann Constantino and the Tabata classes are a wonderful addition. SoHum Health staff being actively involved in the community fosters trust. Access to programs, and support through Southern Humboldt Family Resource Center. More mobile services.
- Having a pharmacy locally was mentioned by four interviewees.
- Community collaborations between SoHum Health, SHJUSD, Redwoods Rural, the FRC, and the Sheriff's Department to bring more services to our community. We are also doing well with community support. Our community has access to more parent support, parent classes, counseling, and services than they ever have in the past.
- Availability of healthcare at SoHum Health and Redwood Rural with sliding scale fees for payment. Overall we have decent access to healthcare because of our low population between SoHum Health, RRHC, Fortuna, Willits.
- There is optimism right now among the seniors about local health. They're incredibly plugged into the new hospital issue. Healy programs and activities are well attended – weekly exercise class that's catered to people of all abilities, and the "senior wisdom group" which is a peer support mental health group that meets at the Healy conference room.
- The free food program in Alderpoint has helped our Elderly & Low-income residents in our communities! The food pantries are very needed, more than ever it seems.

Question 2: What barriers to achieving health and wellness do you see most often in the people you interact with? (*specifically referring to people who live in Southern Humboldt*)

- Cost of healthcare - high deductible insurance or lack of insurance
- Transportation to appointments



- Navigating the healthcare system, health insurance, and costs
- Unreliable internet or phone access
- Limited access to nutritious food
- Limited access to mental health services or therapy
- Chronic health conditions such as obesity, diabetes or pain
- Getting timely referrals for specialists
- Concerns for their personal safety – domestic violence, abuse, unlocked firearms, drugs in the home
- Access to housing/clothing/basic needs
- Alcohol, tobacco, or drug use
- Opportunities for exercise and wellness practice
- Expensive prescription medications
- Unemployment or underemployed - financial issues
- Cost of living
- Access to Dental/Oral health Services
- Lack of local support
- Low motivation
- Establishing primary care – challenges having one point of contact to coordinate healthcare with. I have heard of seniors establishing primary care in Willits – Adventist Health
- Lack of access to specialized services, and medical advocacy
- Recruitment/retention of medical providers; capacity of providers
- Lack of follow-through from service providers and having providers that actually know our community
- Aging Population

Question 3: What is not working in our community and what are some of the main challenges and needs you see locally?

- **Mental Health, Homelessness, and Addiction:** We don't have services for mental health, and this is a big problem. Also, drug addiction help is either not available or, if available, the person cannot get to it due to no transportation, etc. There is a revolving door of homeless and mental health issues which never get better. Mental health, addiction, substance use, and the homeless puts a strain on the local population. There's a lack of resources but we also have to strike the balance of not doing too much, so they're still motivated to work on improving their situation.
- **Economic opportunity and workforce development:** better employment, cheaper connectivity, workforce housing. Internet connectivity hasn't gotten better in our community. With the downturn and change in our economy, a lack of jobs or good paying jobs is critical. With the crash of our local economy our community is struggling daily with basic needs, clothing, food, heat, transportation, fuel etc. Healthcare takes a back seat when you are struggling to feed your family.



- **Senior Support:** Seeing so many seniors in line for the food distribution in Redway. Seniors are bored, they want more opportunities for entertainment and connection – movie theatre, dancing, game nights, etc. The threat of loneliness is always there. We have a retirement community in Shelter Cove and those aren't usually found in the middle of nowhere at the end of a long, narrow road. The communities in our coverage area have a high number of elderly & low-income families. We have responded to calls where there is no running water, heat, or power. The aging population is our biggest challenge.
- **Affordable Housing:** There is a lack of affordable housing here, medical personnel and hospital staff are leaving. Affordable housing is almost non-existent. The lack of response, or long response time of law enforcement is a challenge here also. It seems that our lack of a municipality makes it more difficult to source and accept monies that may be available. We need a vehicle to help incorporate funding into our community.
- **Transportation challenges** were mentioned by 7 interviewees. Lack of transportation leads to isolation, which can lead to depression, drug use, abuse, mental illness, unchecked health issues, and suicide. Our roads are atrocious and could definitely use more funding. We have a lot of community members who do not have reliable vehicles, so they are not able to get healthcare when needed.
- **Access to Medication:** some people do mail, some people go to Garberville. Getting medication reliably gets more challenging as people get older.
- The mobile clinic works to an extent but is limited in what they can provide. We need a satellite site or permanent location for medical out in Shelter Cove.
- There is trash everywhere. Is it possible to get vouchers for the dump? Dumping at our local dump is expensive and a lot of people cannot afford it.
- From a school administrator's experience, mandatory childhood vaccines for kids to go to school is a real issue.

Question 4: What are some of the strengths of our community that you think we could build upon more?

- **Community-mindedness:** We are fortunate enough to have a lot of dedicated community members who are willing to help out our elderly. If more services were available locally these same people would be available and willing to help out. We have a lot of community minded people willing to go out of their way for others. As a community, we tend to know what is happening to each other and are willing to help.



Our community tends to be very self-reliant. A great sense of community, coming together in times of crisis. Mutual respect and lifting each other up.

- **Local Grassroots Organizations:** We have non-profits that are engaged with the community – the park, environmental non-profits, Mateel Community Center, etc. We've traditionally had to create local community services because no one was coming from Northern Humboldt to do it for us. Now we need to make sure these organizations we have in place can continue to survive with the cannabis crash.
- **Word of mouth** is so excellent – we know how to use it and work it. It's a very effective way to get people on the same page in the community. It has worked in our favor to get goodwill going and build support for the hospital. We talk with each other, help each other, and look out for friends and elders.
- **Natural Environment – Economic Benefit:** Our environment is a strength with potential for self-reliance, and economic development like eco-tourism. We have a lot of untapped potential around us. We have some wonderful natural resources that could have more value added to them. For example, our hardwoods. Is there a product that could be made and shipped? Having a local fish market would be a wonderful addition to our community and helpful to our fisher-folk.
- **Natural Environment – Health Benefit:** We are a community surrounded by nature; a lot of people are living off-grid or alternative lifestyles that contribute to health and wellness. We don't have convenience stores on every corner to go buy chips and soda. When someone lives off the land they're more physically active because they have to chop wood or fix a water line themselves, and they're not eating unhealthy food. We have a lower disease prevalence of things like diabetes because of this unique strength.
- **Medical Providers:** We are fortunate to have two healthcare entities in our community - SoHum Health and Redwoods Rural. Having access to healthcare is important for people to be able to move here or invest. SoHum Health's community access healthcare system grants are bringing needed services such as Optometry, and the Pharmacy.
- **Kids:** Our children are our greatest asset. We need a recreation center with winter activities. More camps with scholarships.

Question 5. If you could address or resolve one or two community health needs in Southern Humboldt, what would they be?

- **Transportation:** a van to outlying areas to provide rides for the elderly, low-income community members to get to their Dr appts and dental appts. This same van could pick up much needed prescriptions for any community members.
- **Support with Basic Needs:** More help, whether it's food, gas vouchers, dump vouchers, etc., for the elderly and working families that are struggling but trying very hard to provide for their families.
- **Housing:** Absolutely #1 is housing – affordable, subsidized housing, for seniors, for families. Developing housing would be a huge economic boom for a tiny community. Once you address housing, other things fall into place such as establishing wealth and food security. Cedar Street apartments have a HUGE waitlist because they are one of the few places that have reasonable rent.
- **Workforce Development:** Getting a vibrant job market going. Now that cannabis isn't king, Southern Humboldt has to start adulting and move above board. How do you go from a black market economy to building an economy from scratch? Developing a pipeline of future healthcare workers to cultivate an interest in healthcare. Having the proper classes at local schools to prepare kids for a pre-med program.
- **Mental Health:** Increase in mental health services locally i.e. drop-in crisis center. We currently have no way to respond to a mental health crisis. Homelessness and mental health issues on the streets. Address domestic violence and child abuse. Our community desperately needs increased access to mental health services and support. "For Federally Qualified Health Centers they can bill Medicare for MFTs as of January 1st. Can SoHum Health do the same? MFTs are more prevalent than LCSWs. We can't have enough mental health providers in our community," Tina Tvedt, Executive Director, Redwoods Rural Health Center
- **Support for Seniors:** "A lot of resources are spent on the homeless population and there are many with major mental health issues. When asked if they want to change, they don't. I think that funding would be better used with our senior folks who have given so much to our community." Diana Totten shared a personal anecdote, "The older folks, which are getting more each day, including me, don't have the help sometimes that is needed for everyday life. An example is last year in the big snow, they put a warming shelter at the Mateel and had food and everything for mainly the homeless. We got several calls for help at the senior apartments there in town. Some folks are on oxygen machines and with no power they can't breathe right. and so there was no power there for that section of older folks. They were very concerned as many don't have much to do and have health issues. A few of us rented a generator and tried our best to get power to the main building where they



could get heat and maybe cook something. We had to do it all with extension cords and it was a very sad time. This is one example and there are many. So more help to the older folks in town and out in the hills.”

- **Qualified providers that stay in our area:** “I work at a school and often hear how difficult it is that there are no pediatricians here. Parents have to drive at least 45 minutes to an hour. I also hear from parents how difficult it is to get dental health care for their children. Our local folks are not able to do extractions or any orthodontic needs which many children require,” Stephanie Steffano-Davis, Superintendent SHJUSD.
- **More home health and mobile clinic availability:** “I have been involved with our local hospice for many years and it often falls on us to help bridge the gap with home health. It is sorely needed so that folks can stay in their homes as long as they can,” Julia Anderson, Hospice of Humboldt. I would love to see the Mobile Clinic serve our extremely rural areas. Traveling nurse to go to people’s homes. We tell people to stay healthy and get check-ups, but don’t have a lot of strategies to help people when their health starts to fail.
- **Substance use treatment:** “I’ve worked at hospitals that held 12-step meetings onsite and had lists of people to call to come to the hospital to talk to patients with substance use issues. There are limited meetings and supports for people. When they get discharged from the hospital we don’t have anything to give them or anyone who can follow up. We no longer have a substance use navigator Leo who was excellent at connecting with people. I would love to have another SUN,” Katherine Anderson, RN, ED/Acute Care Manager at Jerold Phelps
- **Building New Hospital:** Getting funds to finish the new hospital before we start spreading out to satellite locations. The new hospital is the big ticket that is key to making it all work out in Shelter Cove. Having one room in the hospital dedicated to being a hospice room. A place where those who are not in good situations or way out in the hills could come to for their last days.
- More engagement with Hispanic community.

Question 6. Is there anything else you would like to add to this discussion?

- “I feel like the trajectory is good. Seeing the hospital start to be built is going to be huge, to show everyone that these major huge projects CAN be done. It will invigorate all the other groups that have been fighting an uphill battle to get something going. People are hungry for change!” – Nick Vogel, Executive Director, Healy Senior Center



- I feel that SoHum Health is on the right track with expanding services and increasing community engagement and support.
- It's so great that the hospital has these future plans and is expanding services. Hope they are successful.
- "How can Redwoods Rural collaborate with the hospital to maximize resources coming into the community? Weighing how much the hospital gets reimbursed vs. how much RRHC gets reimbursed to figure out who should offer what services. Partnering to get better pricing for both organizations. There is grant funding we could be leveraging if we worked together as well. Could we explore a shared staffing model between agencies, so when people are out, there is backup from the other entity. For example, RRHC doesn't have the patient volume to justify hiring a full-time pediatrician. We could recruit a pediatrician who is shared between both offices and both chip in towards the sign-on bonus and hiring costs. Or sharing a physician that mid-levels at both organizations can work under," Tina Tvedt, Executive Director, Redwoods Rural Health Center
- "RRHC has waitlists for every department. We're not able to accommodate all of the needs of the community. Medical and dental both have waitlists. People wait 6 months to get in. The only department that's whittling down the wait list is behavioral health. We're hoping to be able to get people in the same day. So far we haven't been able to do any mental health crisis response," Tina Tvedt, Executive Director, Redwoods Rural Health Center
- "The local economic crisis is hitting everyone so hard. I don't know how people can be mentally healthy even if they have a therapist, if they don't have enough money to pay their bills. We are hemorrhaging good families. People can't stay here – they have to move to where they have family, a lower cost of living, and can get care they need. For example, if you have a toddler and need to work full-time, there is one daycare and it is full. Parents can't work full-time if they can't get daycare. People moving away has a ripple effect and means less funding for schools." Mary Halstead, Agnes J. Johnson Charter School, Weott
- "Shelter Cove is reliant on Garberville and Redway and what happens there. We couldn't exist without them." -Nick Pape, Shelter Cove Volunteer Fire Chief
- We are a small wonderful community, one in which I hope to stay in. We are in a low time right now but I hold hope that our younger generation will step up and help make the changes we need.

Medical Staff Input

Interviews were conducted with SHCHD Medical Providers as part of the strategic planning process in March 2023. The following providers were interviewed and a summary of their responses is below.

Seth Einterz, MD - Primary Care

Linda Candiotti, PA-C - Primary Care

Laura Mojica, PNP - Primary Care

Emily Marshall, DO - Primary Care

Jessie Bugbee, NP - Primary Care

Michael Newdow, MD - Emergency Department/Acute

Truong Thinh, MD - Emergency Department/Acute

Joseph Rogers, MD - Emergency Department/Acute

- The most obvious conclusion is that access to specialists is limited, by insurance type, by distance, by availability of appointments, and by the cost of co-pays.
- The emergency room is often burdened by the fact that many incoming patients would not be there if they had an established relationship with a healthcare provider like our clinic, where they would have routine yearly exams that would detect existing or potential health problems that then could be treated and thus preventing the need for emergency care.
- The emergency room's physicians are often called away from the ER to deal with medical problems in the hospital or long-term care residence, and accordingly the ER is understaffed.
- Explore having hospital services that utilize virtual technology.
- The transfer of patients to other hospitals is difficult for a variety of reasons. Establish a better relationship with the managerial staff at the hospitals we most often transfer patients to: do this by becoming personally involved with their administrative staff by meeting with the CEO in order to deal with problems.

Added Services in the Past 3 Years

Suboxone Walk-in Clinic - medication-assisted treatment for opiate addiction on Mondays 2:00-4:30pm at Southern Humboldt Community Clinic.



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Mobile Clinic – primary care services, vaccines, wound care, sick visits and more at outlying areas including Rio Dell, Shelter Cove, Blocksburg, and Petrolia.

Ultrasound – Ultrasound services are offered at Jerold Phelps Community Hospital four-days/week.

3D Mammograms – Upgraded mammography equipment to begin offering 3D technology for more precise imagery with fewer false negatives.

Youth Diversion Program- Prop 64 funding- Collaboration with Sheriff and Public Health

- Youth Diversion Coordinator at South Fork High – provides counseling, life skills development, mental health, and diversion for students who have had an encounter with law enforcement.
- Teen Summer Camp three days a week in July
- Safe and Sober Graduation party
- Parent and Staff trainings

ACEs Prevention (Adverse Childhood Experiences)- Dept. Health & Human Services, Redwoods Rural Health Center, FIRST 5, and Mental Health Services Act funding

- The Parent Project- 10 week Parenting Classes
- Monthly Parent Support Groups
- 0-2 Playgroups, Shelter Cove and Redway
- ACEs and Trauma-Informed Practices training for RRHC
- Redwood Coast Regional Center parent support groups

Families First Prevention Service Act funding

- Community Events; Baby Shower, Touch-A-Truck, Suicide Awareness Night
- Free gas cards for families
- Emergency food pantry at the Family Resource Center

New Food Pantries in Alderpoint and Myers Flat – Offering free bags of produce and dried good for families in need on the 1st Thursday of the month in Myers Flat and the 2nd Friday of the month in Alderpoint.

Free Diaper Program - Through a partnership with Food for People, the Family Resource Center offers free diaper distribution in Alderpoint and Redway. Low-income families can receive one hundred diapers per month per child. The Alderpoint diaper distribution serves an average of six families monthly at the Alderpoint Food Pantry. The Redway diaper distribution serves an average of 40 families monthly at the Southern Humboldt Family Resource Center.



MyChart Patient Portal – SHCHD changed their electronic health record to EPIC in July 2023. Patients are now able to request prescription refills, see test results, and message their providers through MyChart.

Fortuna Optometry – SoHum Health purchased Fortuna Optometry in August 2023 as part of a master plan to open an optometry clinic in Garberville. They also purchased a mobile optometry unit to expand services to other parts of their service area.

Garberville Pharmacy – Garberville Pharmacy opened in June 2021 and serves as the only retail pharmacy in the region.

Summary of Health Needs



Satellite image depicting Jerold Phelps Community Hospital in proximity to the next two nearest hospitals - Redwood Memorial in Fortuna, CA (50 miles away) and Howard Memorial in Willits, CA (70 miles away).

Our elected representative, Jared Huffman, is a co-sponsor of HR833, the Save America's Rural Hospitals Act. An introduction to the bill states,



SoHum Health

“More than 60 million individuals in rural areas of the United States rely on rural hospitals and other community providers as critical access points to healthcare. Americans living in rural areas are older, poorer, and sicker than Americans living in urban areas.”

These same characteristics are present within our Southern Humboldt County service area.

Many factors that influence the health of our community are outside the control or even influence of our Community Healthcare District. However, the health needs assessment that we have conducted does indicate that we can influence some of the health behaviors and healthcare services that are available to our community. Our rural environment offers clean air, recreation opportunities, close-knit communities, and many opportunities for positive lifestyle choices. The health needs and opportunities that District residents recommended are summarized in the following pages and will be used as input to the District's next strategic plan update.

NEED 1: Primary Care & Mental Health

- The ***construction of a new, modern hospital and clinic facility*** is critical to SHCHD's ability to continue offering high-quality care. The new facility will have acute care, emergency, radiology, and laboratory services, improve our clinic's efficiency, and provide room to offer new services such as mobile MRI and per diem specialists. It will also provide good-paying jobs and support the local housing market and economy.
- Like other rural areas in America, the most pressing need for primary care is ***access to physicians and mid-level practitioners***, especially those who choose to become part of our community.
- There is a perennial shortage of ***nurses and trained healthcare technicians***. Although this is sometimes alleviated with per-diem traveler nurses, nurse and technician graduates from educational programs in our County typically move to other areas and are not available as part of our healthcare team.
- ***Mental health services*** and the availability of mental health counselors is inadequate, including outreach to the homeless and transient population. Substance use counseling and alcohol and drug rehabilitation programs are limited.
- Although Redwoods Rural Health Center in our community offers ***dental services***, it is not adequate to serve the population and has an average waitlist of 6 months. Dental offices located north and south of Southern Humboldt County are full and rarely accept new patients.



NEED 2: Access to Specialists

- 28% of survey respondents reported “Access to Timely Referrals for Specialists” as a barrier to their health. Although we hope to improve the situation with our new hospital facility, we **do not currently have clinic space for specialists** to practice, even if we could recruit them on a rotating basis.
- Residents who responded to our community survey listed almost every medical specialty as a need. They also noted that insurance and transportation were barriers to access for specialists, and that even when insurance is accepted, it **often takes many months of waiting to get an appointment**. Our new electronic records system EPIC will help significantly for transferring patient records between our clinic, hospital, long-term care residents, and specialists’ offices.
- The primary medical specialty needs identified in the community survey include pediatrics, optometry, obstetrics and gynecology, and mental health. Also orthopedics, surgery, cardiology, dermatology, GI (especially colonoscopy and endoscopy), oncology, rheumatology, and urology. **Greater utilization of telehealth** offerings may be able to meet some of these needs.
- People who choose to live in a rural area understand that not all medical services can be provided locally. However, there is a need for “**patient navigator**” assistance for patients to understand where they can go for medical specialists who take their insurance, how to get appointments, and how to have responsibility for care transferred back to our community clinic following specialist appointments. We do offer this service to seniors when requested, but current staffing is not adequate to serve all of our clinic patients.

NEED 3: Workforce Development and Provider Recruitment

- SHCHD could explore having a closer relationship with the local School District to provide students with a window to career paths in the medical field and help ensure that classes are offered to **prepare local students to pursue a healthcare career**.
- Greater emphasis on building ties with College of the Redwoods and Cal Poly Humboldt medical programs to **host student interns**. The current partnership with the UC Davis Physician’s Assistant program has been successful in bringing students to the area.
- SHCHD is developing **permanent housing facilities** across from the new hospital site to assist with the recruitment and retention of skilled medical staff. They also provide relocation stipends and short-term housing options to ease the transition to Southern Humboldt.



NEED 4: Proximity

- Transportation for healthcare appointments is an issue, especially for seniors. There may be an opportunity to collaborate with Redwoods Rural Health Center for a van or central point of coordination for transportation assistance within Southern Humboldt.
- **Telehealth, mobile clinic services, and the visiting nurse program** offer some respite for patients with transportation challenges. It is our intention to expand the routes served by the mobile clinic team, when we can provide the staffing to do so. Currently it has been more beneficial to have our limited medical providers see patients at the main clinic, where they can serve a greater number of patients.
- Other areas SHCHD could take a more proactive role would be to build up the **mail order prescription program** through Garberville Pharmacy
- Transportation assistance outside the area to specialists or major medical centers is currently beyond our capabilities.

NEED 5: Basic Needs for Seniors & Working Families

- As poverty levels have risen and the local population ages, services are needed to help seniors age in place. This would include the food assistance programs that are already in place facilitated by the Healy Senior Center and Southern Humboldt Family Resource Center.
- Increasing the staff dedicated to Patient Navigation would help ensure seniors get the screenings, wellness visits, and special follow-up they need.
- Maintaining and strengthening partnerships with other trusted non-profits that serve seniors such as Heart of the Redwoods Hospice and Healy Senior Center, would expand the ways we can collaborate and reach more seniors in new ways.

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

ⁱ Institute for Clinical Systems Improvement | Going Beyond Clinical Walls: Solving Complex Problems | October 2014

ⁱⁱ American Community Survey | Table DP05, <https://data.census.gov/table?q=DP05>

ⁱⁱⁱ 2006-2018 National Fire Incident Reporting data, <https://www.city-data.com/city/Garberville-California.html>

^{iv} Risk Factor | Garberville, CA Wildfire Map and Climate Risk Report, https://riskfactor.com/city/garberville/628154_fsid/fire

^v “Crisis mode’: Failing pot farms are killing this California town’s economy | SF Gate, March 7, 2023, <https://www.sfgate.com/cannabis/article/failing-cannabis-farms-affecting-economy-17715193.php>

^{vi} Data USA | Humboldt County, CA, <https://datausa.io/profile/geo/humboldt-county-ca#about>

^{vii} Southern Humboldt Joint Unified Summary | California School Dashboard | CA Dept of Education, <https://www.caschooldashboard.org/reports/12630400000000/2023>

^{viii} US Census Bureau Table S1901 | Income in the past 12 Months (in 2022 inflation-adjusted dollars), <https://data.census.gov/table/ACSST1Y2022.S1901>

^{ix} Data USA | Humboldt County, CA, <https://datausa.io/profile/geo/humboldt-county-ca#about>

^x City-data.com | Garberville, CA, <https://www.city-data.com/city/Garberville-California.html>

^{xi} Humboldt Housing & Homeless Coalition | Point-in-Time Count 2022, <https://humboldt.gov/DocumentCenter/View/107776/20220621---HHHC-Point-in-Time-Count-2022>

^{xii} Humboldt County Schools and Districts | Humboldt County Office of Education, <https://hcoe.org/schools/>

^{xiii} Southern Humboldt Joint Unified Summary | California School Dashboard | CA Dept of Education, <https://www.caschooldashboard.org/reports/12630400000000/2023>



xiv Data USA | Humboldt County, CA, <https://datausa.io/profile/geo/humboldt-county-ca#about>

xv LIFESTYLE DISEASES: An Economic Burden on Health Services | United Nations, <https://www.un.org/en/chronicle/article/lifestyle-diseases-economic-burden-health-services>

xvi State of the Primary Care Workforce 2023 | Health Resources and Services Administration, <https://bhw.hrsa.gov/sites/default/files/bureau-health-workforce/data-research/state-of-primary-care-workforce-2023.pdf>

xvii Data USA | Humboldt County, CA, <https://datausa.io/profile/geo/humboldt-county-ca#about>