2022

Community Health Needs Assessment

ENLOE MEDICAL CENTER

www.enloe.org

Contents

Executive Summary

Enloe Medical Center (Enloe) is a 298-bed nonprofit hospital with the mission of improving the quality of life through patient-centered care. Enloe caregivers are focused on engaging each other to achieve higher quality of care, reaching out to patients and families to create meaningful programs and building bridges with the community to support health and well-being.

Community Health Needs Assessment

Enloe has undertaken a Community Health Needs Assessment (CHNA). California Senate Bill 697 and the Patient Protection and Affordable Care Act through IRS section 501(r)(3) regulations direct nonprofit hospitals to conduct a CHNA every three years and develop a three-year Implementation Strategy that responds to community needs.

Service Area

Enloe Medical Center is located at 1531 Esplanade, Chico, CA 95926. It serves patients and community members throughout Butte County and California's North State.

Methodology

Secondary Data

Secondary data were collected from county and state sources to present community demographics, social determinants of health, access to health care, maternal and infant health, leading causes of death, disability and disease, COVID-19, health behaviors, mental health, substance use and preventive practices.

Analysis of secondary data includes an examination and reporting of health disparities for some health indicators. The report includes benchmark comparison data that measure the data findings as compared to Healthy People 2030 objectives, where appropriate. Healthy People objectives are a national initiative to improve the public's health by providing measurable objectives that are applicable at national, state, and local levels.

Primary Data

Interviews with community stakeholders were conducted to obtain input on health needs, barriers to care and resources available to address the identified health needs. Fourteen (14) interviews were conducted during January and February 2022. Community stakeholders identified by the hospital were contacted and asked to participate in the interviews. Interviewees included individuals who are leaders and representatives of medically underserved, low-income, and minority populations, or local health or other departments or agencies that have "current data or other

information relevant to the health needs of the community served by the hospital facility."

Significant Community Needs

Significant needs were identified through a review of the secondary health data and validation through stakeholder surveys. The identified significant needs included:

- Access to health care (primary care, specialty care, dental care)
- Chronic diseases (Alzheimer's disease, asthma, cancer, diabetes, heart disease, liver disease, lung disease, stroke)
- COVID-19
- Economic insecurity
- Environmental conditions (air and water quality, pollution)
- Food insecurity
- Housing and homelessness
- Mental health
- Overweight and obesity (healthy eating and physical activity)
- Preventive practices (vaccines and screenings)
- Substance use
- Unintentional injuries (accidents, falls, poisoning)

COVID-19

COVID-19 continues to have an unprecedented impact on the health and well-being of the community. This CHNA identifies an increase in economic insecurity, food insecurity, housing and homelessness, mental health conditions and substance use as a direct or indirect result of the pandemic. Additionally, access to health care, preventive screenings, disease maintenance, healthy eating and physical activity declined as a consequence. Community stakeholder comments on the effect of COVID in the community are included in the CHNA.

Prioritization of Health Needs

The identified significant community needs were prioritized with input from the community. Mental health, housing and homelessness, substance use, access to care and chronic disease were identified as priority needs.

Report Adoption, Availability and Comments

This CHNA report was adopted by the Enloe Medical Center Board of Trustees on June 27, 2022. This report is widely available to the public on the hospital's web site at https://www.enloe.org/about-us/community-benefit-report. Written feedback on this CHNA can be sent to Suzie Lawry-Hall at suzie.lawryhall@enloe.org.

Introduction

Background and Purpose

Enloe is a 298-bed nonprofit hospital with the mission of improving the quality of life through patient-centered care. It is one of two Level II trauma centers north of Sacramento, houses the region's only Level II neonatal intensive care unit and operates the FlightCare air ambulance service. Enloe's comprehensive medical services include cardiac surgery and heart care, neurosurgery, orthopedics, total joint replacement, cancer care, maternity care, women's services and bariatrics.

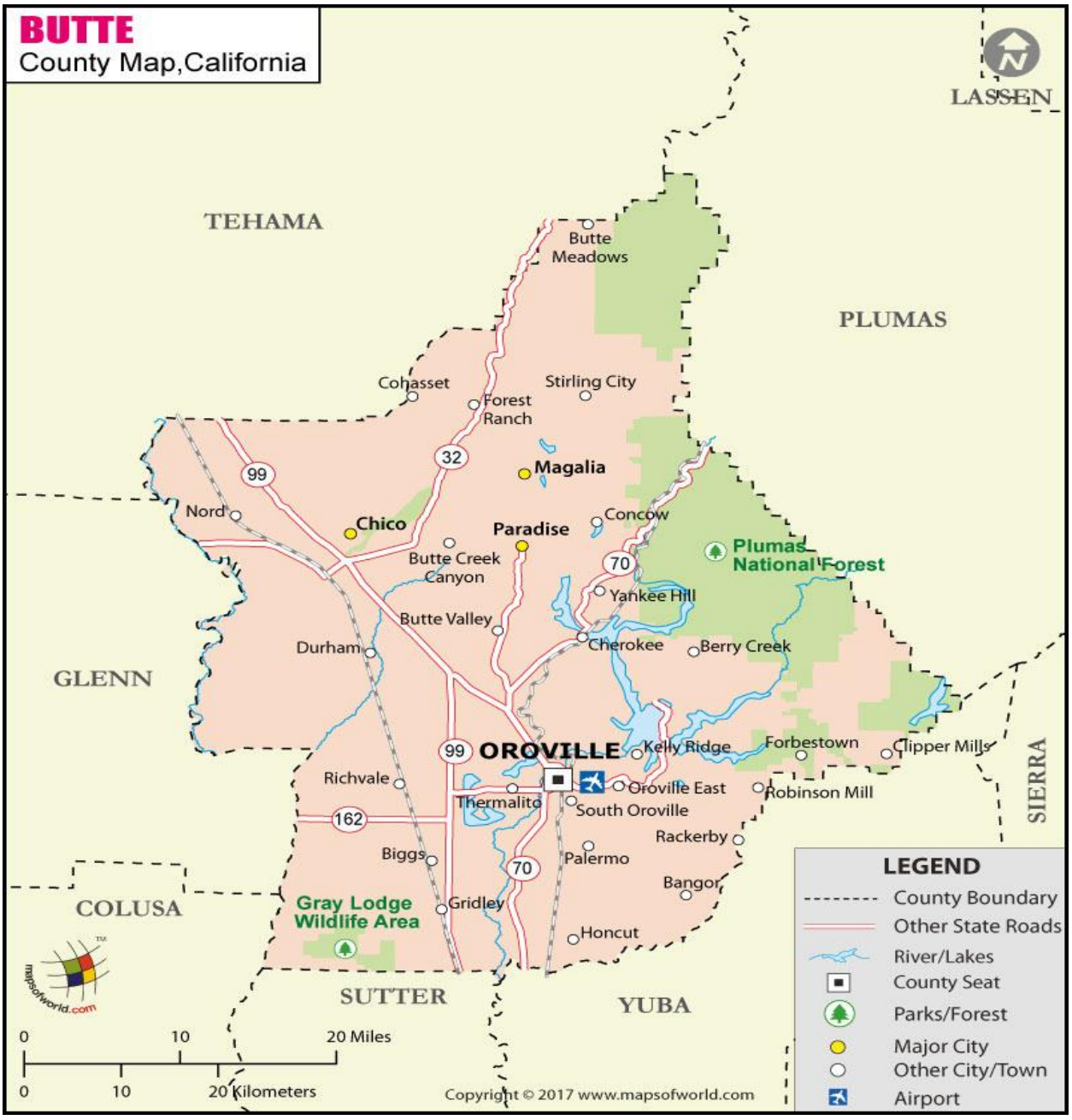
Enloe is one of the few California hospitals still locally governed. The hospital's community-based, volunteer Board of Trustees protects this local status and assures that dollars earned are reinvested to improve the health of the community.

The passage of the Patient Protection and Affordable Care Act (2010) requires tax-exempt hospitals to conduct Community Health Needs Assessments (CHNA) every three years and adopt an Implementation Strategy to meet the priority health needs identified through the assessment. A CHNA identifies unmet health needs in the service area, provides information to select priorities for action and target geographical areas, and serves as the basis for community benefit programs. This assessment incorporates components of primary data collection and secondary data analysis that focus on the health and social needs of the service area.

Service Area

Enloe Medical Center is located at 1531 Esplanade, Chico, CA 95926. The hospital tracks places of origin for all patient admissions and includes all who received care without regard to insurance coverage or eligibility for financial assistance. For the purposes of this report, the hospital defines its primary service area as Butte County.

Map of Butte County



Project Oversight

The CHNA process was overseen by:
Suzie Lawry-Hall
Director of Marketing & Community Outreach
Enloe Medical Center

Consultant

Biel Consulting, Inc. facilitated the CHNA process. Dr. Melissa Biel was joined by Denise Flanagan, BA and Vanessa Ivie, BS, MSG. Biel Consulting, Inc. is an independent consulting firm that works with hospitals, clinics and community-based nonprofit organizations. Biel Consulting, Inc. has over 25 years of experience conducting hospital CHNAs and working with hospitals on developing, implementing, and evaluating community benefit programs. www.bielconsulting.com

CHNA Approval

This CHNA report was adopted by the Enloe Medical Center Board of Trustees on June 27, 2022.

Data Collection Methodology

Secondary Data Collection
Secondary data were collected from county and state sources to present community demographics, social determinants of health, access to health care, maternal and infant health, leading causes of death, disability and disease, COVID-19, health behaviors, mental health, substance use and preventive practices.

Secondary data for the service area were collected and documented in data tables with narrative explanation. The data tables present the data indicator, the geographic area represented, the data measurement (e.g., rate, number, or percent), county and state comparisons (when available), the data source, data year and an electronic link to the data source.

Analysis of secondary data includes an examination and reporting of health disparities for some health indicators. The report includes benchmark comparison data that measure the data findings as compared to Healthy People 2030 objectives, where appropriate. Healthy People objectives are a national initiative to improve the public's health by providing measurable objectives that are applicable at national, state, and local levels. Attachment 1 compares Healthy People 2030 objectives with service area data.

Significant Community Needs
Initially, significant health needs were identified through a review of the secondary health data collected. The identified significant needs included:

- Access to health care (primary care, specialty care, dental care)
- Chronic diseases (Alzheimer's disease, asthma, cancer, diabetes, heart disease, liver disease, lung disease, stroke)
- COVID-19
- Economic insecurity
- Environmental conditions (air and water quality, pollution)
- Food insecurity
- Housing and homelessness
- Mental health
- Overweight and obesity (healthy eating and physical activity)
- Preventive practices (vaccines and screenings)
- Substance use
- Unintentional injuries (accidents, falls, poisoning)

Primary Data Collection

Enloe conducted interviews with community stakeholders to obtain input on health needs, barriers to care and resources available to address the identified health needs. Fourteen (14) telephone interviews were conducted during January and February 2022. Interview participants included a broad range of stakeholders concerned with health and well-being in Butte County who spoke to issues and needs in the communities served by the hospital. Interview participants and their organizational affiliations are included in Attachment 2.

The identified stakeholders were invited by email to participate in the phone interview. Appointments for the interviews were made on dates and times convenient to the stakeholders. At the beginning of each interview, the purpose of the interview in the context of the assessment was explained, the stakeholders were assured their responses would remain confidential, and consent to proceed was given.

The stakeholder interviews were structured to obtain greater depth and richness of information on health needs that were identified through a review of the secondary data and needs prior to the interviews. During the interviews, participants were asked to describe, from their professional perspective, the major health issues impacting the community as well as the contributing social determinants of health. Participants were also asked to share their perspectives on the issues, challenges, and barriers relative to the identified health needs (What makes each health need a significant issue in the community? What are the challenges people face in addressing these needs?), along with identifying known resources to address these health needs, such as services, programs and/or community efforts. Stakeholder responses to the overview questions from the interviews are detailed in Attachment 3.

Public Comment

In compliance with IRS regulations 501(r) for charitable hospitals, a hospital CHNA and Implementation Strategy are to be made widely available to the public and public comment is to be solicited. The previous CHNA and Implementation Strategy were made widely available to the public on the website and can be accessed at https://www.enloe.org/about-us/community-benefit-report. To date, no comments have been received.

Prioritization of Significant Needs

The identified significant community needs were prioritized with input from the community. Interviews with community stakeholders were used to gather input on the significant needs. The following criteria were used to prioritize the significant needs:

- The perceived severity of a health or community issue as it affects the health and lives of those in the community.
- Improving or worsening of an issue in the community.
- Availability of resources to address the need.
- The level of importance the hospital should place on addressing the issue.

Each of the stakeholder interviewees was sent a link to an electronic survey (Survey Monkey) in advance of the interview. The stakeholders were asked to rank each identified need. The percentage of responses were noted as those that identified the need as having significant or severe impact on the community, had worsened over time, and had a shortage or absence of resources available in the community. Not all survey respondents answered every question, therefore, the response percentages were calculated based on respondents only and not on the entire sample size. COVID-19, mental health, and housing and homelessness had the highest scores for severe and very severe impact on the community. Mental health and housing and homelessness were the top two needs that had worsened over time. Mental health, access to care, and housing and homelessness had the highest scores for insufficient resources available to address the need.

Significant Health Needs	Significant and Severe Impact on the Community	Worsened Over Time	Insufficient or Absent Resources
Access to health care (primary care, specialty care, dental care)	72.7%	54.6%	81.8%
Chronic diseases (Alzheimer's disease, asthma, cancer, diabetes, heart disease, liver disease, lung disease, stroke)	81.8%	45.5%	54.6%
COVID-19	100%	36.4%	27.3%
Economic insecurity	77.3%	72.7%	63.7%
Environmental conditions (air and water quality, pollution)	27.3%	36.4%	27.3%
Food insecurity	63.7%	45.5%	54.6%
Housing and homelessness	90.9%	90.9%	81.8%
Mental health	100%	100%	100%

Significant Health Needs	Significant and Severe Impact on the Community	Worsened Over Time	Insufficient or Absent Resources
Overweight and obesity (healthy eating and physical activity)	36.4%	36.4%	45.5%
Preventive practices (vaccines and screenings)	49.1%	18.2%	36.4%
Substance use	81.9%	54.6%	72.7%
Unintentional injuries (accidents, falls, poisoning)	0%	0%	0%

The interviewees were also asked to prioritize the health needs according to highest level of importance in the community. The total score for each significant need (possible score of 4) was divided by the total number of responses for which data were provided, resulting in an overall score for each significant need. Mental health, housing and homelessness, substance use, access to care and chronic disease were ranked as the top five priority needs in the service area. Calculations resulted in the following prioritization of the significant needs:

Significant Needs	Priority Ranking (Total Possible Score of 4)
Mental health	4.00
Housing and homelessness	3.73
Substance use	3.70
Access to health care (primary care, specialty care, dental care)	3.64
Chronic diseases (Alzheimer's disease, asthma, cancer, diabetes, heart disease, liver disease, lung disease, stroke)	3.64
COVID-19	3.55
Preventive practices (vaccines and screenings)	3.36
Economic insecurity	3.27
Food insecurity	3.18
Overweight and obesity (healthy eating and physical activity)	3.09
Environmental conditions (air and water quality, pollution)	3.00
Unintentional injuries (accidents, falls, poisoning)	2.40

Resources to Address Significant Needs

Community stakeholders identified community resources potentially available to address the significant community needs. The identified community resources are presented in Attachment 4.

Review of Progress

In 2019, Enloe conducted the previous CHNA. Significant needs were identified from issues supported by primary and secondary data sources gathered for the CHNA. The hospital's Implementation Strategy associated with the 2019 CHNA addressed: access to care, adverse childhood experiences and maltreatment, chronic diseases, mental health and substance use through a commitment of community benefit programs and resources. The impact of the actions that Enloe used to address these significant needs can be found in Attachment 5.

Demographics

Population

The population in Butte County is 211,632. The population in Butte County decreased by 3.8% between 2010 and 2020, during which time the population of California grew by 6.1%.

Total Population and Change in Population, 2010-2020

	Population 2020	Percent Change 2010-2020
Butte County	211,632	-3.8%
California	39,538,223	6.1%

Source: U.S. Census Bureau, 2010 and 2020 U.S. Census. https://data.census.gov/cedsci/

The loss of population in Butte County may be attributed to the Camp Fire, which occurred in November of 2018. From 2010 to 2018, the population of Butte County was estimated to have risen 5.1%. From the 2018 population estimate to the 2020 Census, the population declined by 8.5%, resulting in an overall decline in population of 3.8% from the 2010 Census to the 2020 Census.

Total Population and Change in Population, 2018 to 2020

	Population 2010	Estimated Population 2018	Population 2020	Percent Change After Camp Fire
Butte County	220,000	231,256	211,632	-8.5%
California	37,253,956	39,557,045	39,538,223	0.1%

Source: U.S. Census Bureau, 2018 American Community Survey 1-Year Estimates, DP05, and 2010 & 2020 U.S. Census. https://data.census.gov/cedsci/

For the smaller geographic areas within Butte County, one-year population estimates are not available. However, five-year estimates show the likely population of the cities, towns and Census Designated Places (CDPs) within the county from 2014-2018, before the Camp Fire. Comparing these population estimates with the 2020 U.S. Census population count gives an indication of the population flows within the county before and after the fire.

After the Camp Fire, the places that lost the largest percentage of their populations were the town of Paradise (-82.1%), Clipper Mills (-49.8%), Concow (-45.9%), Magalia (-38.5%), Cherokee (-36.7%), and Nord (-32.9%). Those areas within the county that do not belong to a population center (balance of county) lost 9.3% of their population. Many small towns increased their populations in the wake of the fire, such as Robinson Mill, from 35 to 89 inhabitants (154.3% increase), and Forest Ranch, from 538 to 1,304 residents (142.4% increase).

According to the 2020 U.S. Census, Chico is the largest city in Butte County, with 101,475 residents, followed by Oroville, with 20,042 residents.

Total Population, Before and After the Camp Fire, by Place Name

	Estimated Population 2014-2018	Population 2020	Estimated Percent Change After Camp Fire
Bangor	372	695	86.8%
Berry Creek	1,241	1,637	31.9%
Biggs	2,323	1,964	-15.5%
Butte Creek Canyon	931	780	-16.2%
Butte Meadows	53	74	39.6%
Butte Valley	510	945	85.3%
Cherokee	139	88	-36.7%
Chico	91,998	101,475	10.3%
Clipper Mills	319	160	-49.8%
Cohasset	990	830	-16.2%
Concow	743	402	-45.9%
Durham	5,863	5,834	-0.5%
Forbestown	221	396	79.2%
Forest Ranch	538	1,304	142.4%
Gridley	6,585	7,421	12.7%
Honcut	135	306	126.7%
Kelly Ridge	2,679	3,006	12.2%
Magalia	12,671	7,795	-38.5%
Nord	426	286	-32.9%
Oroville	19,040	20,042	5.3%
Oroville East	7,368	8,038	9.1%
Palermo	5,544	5,555	0.2%
Paradise CDP	186	174	-6.5%
Paradise town	26,543	4,764	-82.1%
Rackerby	189	210	11.1%
Richvale	99	234	136.4%
Robinson Mill	35	89	154.3%
South Oroville	3,181	3,235	1.7%
Stirling City	307	284	-7.5%
Thermalito	6,704	7,198	7.4%
Yankee Hill	301	260	-13.6%
Balance of County	**28,841**	**26,151**	**-9.3%**

Source: U.S. Census Bureau, American Community Survey, 2014-2018, DP05, and 2020 U.S. Census. https://data.census.gov/cedsci/

Gender

In Butte County, 49.5% of the population is male and 50.5% is female.

Population, by Gender

	Butte County	California
Male	49.5%	49.7%
Female	50.5%	50.3%

Source: U.S. Census Bureau, American Community Survey, 2015-2019, DP05. https://data.census.gov/cedsci/

In Butte County, 88.2% of the adult population identify as straight or heterosexual, and 99.7% as cisgender, or not transgender. 7.7% of adults in the county identified as bisexual.

Sexual Orientation and Gender Identity, Adults

	Butte County	California
Straight or heterosexual	88.2%	91.9%
Gay, lesbian or homosexual	*2.2%	2.7%
Bisexual	7.7%	3.6%
Not sexual/celibate/none/other	*1.8%	1.9%
Cisgender/not transgender	*99.7%	99.4%
Transgender/gender non-conforming	*0.3%	0.6%

*Source: California Health Interview Survey, 2016-2020 combined. http://ask.chis.ucla.edu/ *Statistically unstable due to sample size.*

Age

In Butte County, 23.7% of the population are children and youth, ages 0-19. 58.3% of residents are adults, ages 20-64 and 18% are seniors, ages 65 and older. The median age in Butte County is 36.9 years compared to 37.5 years in California. Butte County has a higher percentage of young adults, ages 20-24, and seniors than the state.

Population, by Age

	Butte County		California	
	Number	Percent	Number	Percent
Ages 0-4	12,384	5.5%	2,451,528	6.2%
Ages 5-19	41,026	18.2%	7,608,859	19.4%
Ages 20-24	24,898	11.0%	2,751,567	7.0%
Ages 25-44	53,402	23.6%	11,173,751	28.5%
Ages 45-64	53,422	23.7%	9,811,751	25.0%
Age 65+	40,685	18.0%	5,486,041	14.0%

Source: U.S. Census Bureau, American Community Survey, 2015-2019, DP05. https://data.census.gov/cedsci/

Race/Ethnicity

In Butte County, 66% of the population is non-Hispanic White, and 19% are Hispanic or Latino of any race. 6.4% of the population identifies as multiracial, 4.9% as Asians 1.6% as Black/African American, 1.4% as American Indian/Alaska Native (AIAN), and 0.2% as Native Hawaiian/Pacific Islander. An additional 0.6% of the county population identifies as some race other than those listed. The county has a higher percentage of White, multiracial and AIAN residents, and a lower percentage of Latinos/Hispanics, Asians, and Black/African Americans than the state.

Race/Ethnicity

	Butte County		California	
	Number	Percent	Number	Percent
White, non-Hispanic	139,651	66.0%	13,714,587	34.7%
Hispanic or Latino	40,112	19.0%	15,579,652	39.4%
Multiracial	13,474	6.4%	1,627,722	4.1%
Asian, non-Hispanic	10,333	4.9%	5,978,795	15.1%
Black/African American, non-Hispanic	3,320	1.6%	2,119,286	5.4%
American Indian/Alaskan Native, non-Hispanic	3,050	1.4%	156,085	0.4%
Other	1,184	0.6%	223,929	0.6%
Native Hawaiian/Pacific Islander, non-Hispanic	508	0.2%	138,167	0.3%

Source: U.S. Census Bureau, 2020 U.S. Decennial Census, Redistricting Data, P2. https://data.census.gov/cedsci/

Citizenship

In the county, 7.3% of residents are foreign born and 45.3% of the foreign-born residents are not U.S. citizens. It is important to note that not being a U.S. citizen does not indicate an illegal resident status within the U.S.

Foreign-Born Residents and Citizenship

	Butte County	California
Foreign born	7.3%	26.8%
Of foreign born, not a U.S. citizen	45.3%	48.3%

Source: U.S. Census Bureau, American Community Survey, 2015-2019, DP02 https://data.census.gov/cedsci/

Language

In Butte County, 84.7% of residents speak only English in the home. Spanish is spoken at home among 9.8% of the population. An Asian/Pacific Islander language is spoken at home among 3.5% of the population and 1.5% of population speaks an Indo-European language at home.

Language Spoken at Home, Population Ages 5 and Older

	Butte County	California
Only English	84.7%	55.8%
Spanish	9.8%	28.7%
Asian/Pacific Islander language	3.5%	10.0%
Indo-European language	1.5%	4.5%
Other language	0.5%	1.0%

Source: U.S. Census Bureau, American Community Survey, 2015-2019, DP02 https://data.census.gov/cedsci/

Veterans

In the county, 7.9% of the population, 18 years and older, are veterans.

Veterans

	Percent
Butte County	7.9%
California	5.2%

Source: U.S. Census Bureau, American Community Survey, 2015-2019, DP02. http://factfinder.census.gov

Social Determinants of Health

Social and Economic Factors Ranking

The County Health Rankings rank counties according to health factors data. Social and economic indicators are examined as a contributor to the health of a county's residents. California's 58 counties are ranked according to social and economic factors with 1 being the county with the best factors to 58 for the county with the poorest factors. This ranking examines: unemployment, high school graduation rates, children in poverty, income inequality, social support, and others. For 2021, Butte County ranked 26th among California counties, placing it in the top half of California's counties.

Social and Economic Factors Ranking

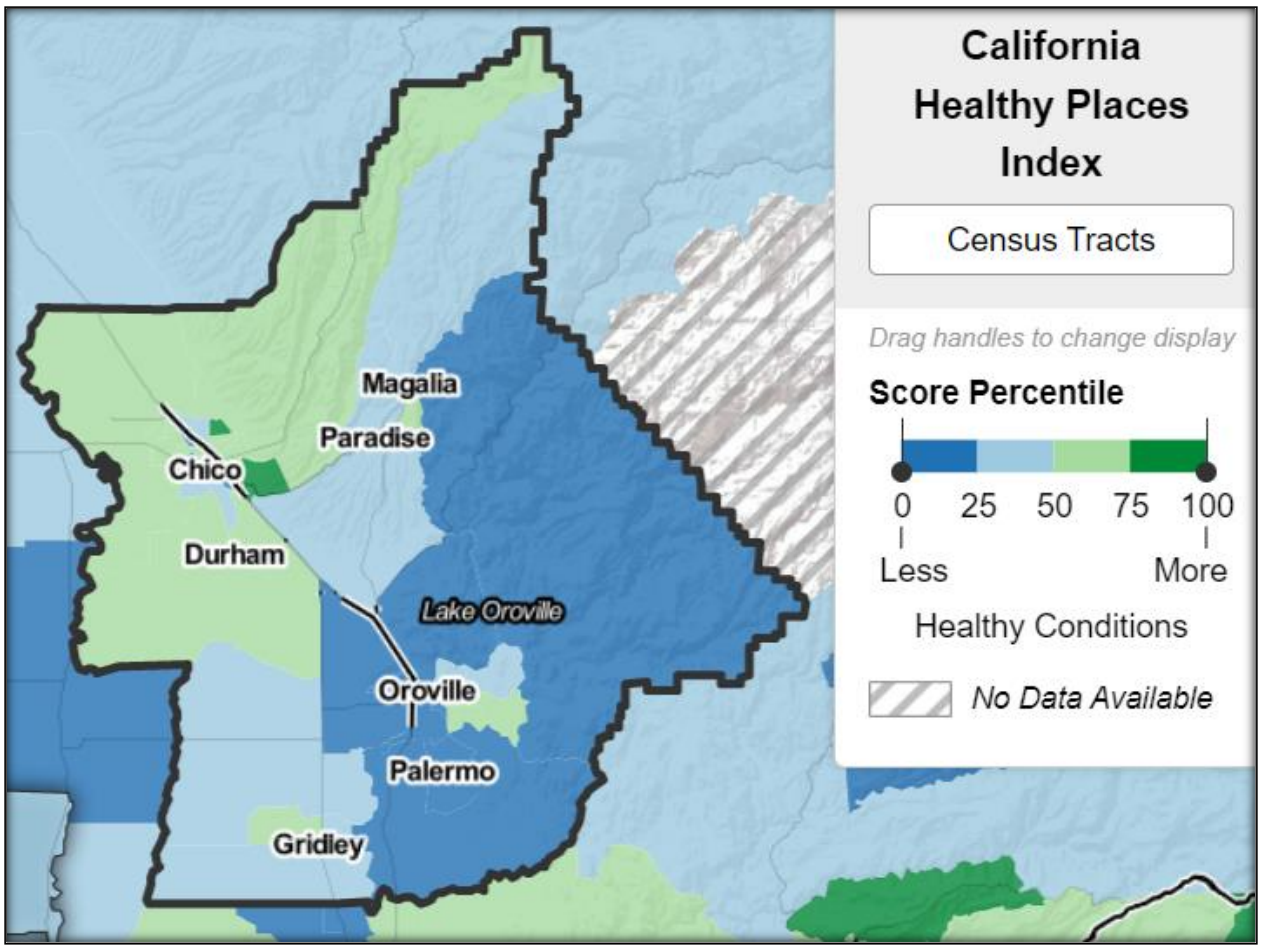
	County Ranking (out of 58)
Butte County	26

Source: County Health Rankings, 2021. www.countyhealthrankings.org

California Healthy Places Index

The California Healthy Places Index (HPI) is a measure of socioeconomic need that is correlated with poor health outcomes. It combines 25 community characteristics into a single indexed HPI score available at the census tract level or aggregated for larger areas. In addition to the overall score, the index also contains eight sub-scores for each of the Policy Action Areas: economic, education, transportation, social, neighborhood, health care access, housing and clean environment. The index was created using statistical modeling techniques that evaluated the relationship between these Policy Action Areas and life expectancy at birth, and was designed to maximize the ability of the HPI to identify healthy communities and quantify the factors that shape health.

The HPI map below displays Butte County and surrounding areas. The data are presented in colored quartiles (dark blue, light blue, light green and dark green). The dark blue shading indicates the census tracts with the least healthy conditions and the dark green shading shows the census tracts with the healthiest conditions. (The gray hatched section to the east of the county represents missing data.)



Source: Public Health Alliance of Southern California, the California Healthy Places Index (HPI) Map, accessed Sept. 12, 2021. https://map.healthyplacesindex.org

Poverty

The U.S. Department of Health and Human Services annually updates official poverty levels. In 2019, the Federal Poverty Level (FPL) was an annual income of $12,490 for one person and $25,750 for a family of four. Among county residents, 19.1% are living at or below the 100% poverty level, and 38.5% are living at or below the 200% poverty level (low income).

Ratio of Income to Poverty Level

	Below 100% Poverty	Below 200% Poverty
Butte County	19.1%	38.5%
California	13.4%	31.0%

Source: U.S. Census Bureau, American Community Survey, 2015-2019, S1701. http://factfinder.census.gov

In the county, 19.6% of children, 9.7% of seniors, and 39.3% of female heads-of-household (HoH), living with their own children under the age of 18, live in poverty. The rates of children, and female HoH living with children, who are living in poverty in Butte

County are higher than state rates.

Poverty Levels of Children, Seniors and Female Heads of Household with Children

	Children Under Age 18	Seniors	Female HoH with Children*
Butte County	19.6%	9.7%	39.3%
California	18.1%	10.2%	33.1%

*Source: U.S. Census Bureau, American Community Survey, 2015-2019, S1701 & *1702. http://factfinder.census.gov*

The highest rate of poverty in the county is seen among Black/African American (33.2%) residents, followed by Asian (27.6%) and multiracial residents (26%).

Poverty Level, by Race/Ethnicity

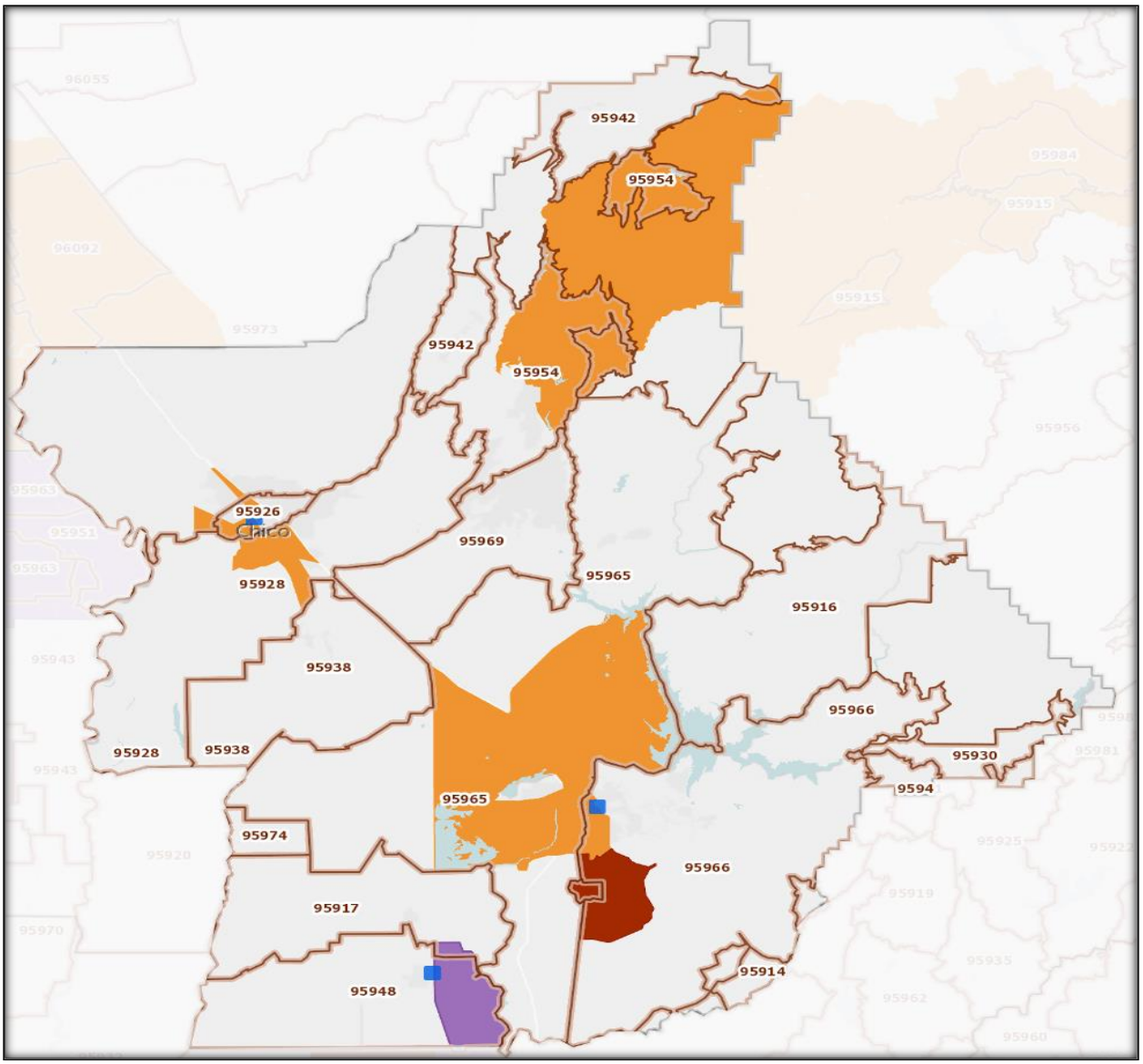
	Butte County	California
Black/African American	33.2%	20.5%
Asian	27.6%	10.2%
Multiracial	26.0%	12.4%
Hispanic or Latino	20.6%	17.7%
White, non-Hispanic	17.5%	9.1%
Some other race	16.7%	18.7%
Native HI/Pacific Islander	16.7%	13.3%
American Indian/AK Native	16.2%	19.5%

Source: U.S. Census Bureau, American Community Survey, 2015-2019, S1701. http://data.census.gov/

Vulnerable Populations

When vulnerable populations in the area are mapped, pockets of poverty emerge. The map below shows Butte County, highlighting the portion of each ZIP Code that has more than 20% poverty (in tan) and more than 25% of the population with low education, defined as less than a high school education (in lavender). Areas above the vulnerable thresholds for both poverty and education are noted on the map in brown. Blue squares represent area hospitals, and Enloe Medical Center is in Chico, toward the top left of the map.

While large portions of the county show no areas meeting either threshold, a northeasterly portion of the county, in the Magalia/Sterling City area, shows a high percentage of poverty without low education levels, as do portions of the area in and around Chico and Oroville (excluding Thermalito). East and southeast of Gridley shows an area of population with low education levels without high levels of poverty. Palermo, and the area surrounding it to the east, appear to contain a high percentage of vulnerable populations, with 25% or more of the population possessing less than a high school education and poverty found among 20% or more of the population.



Source: https://engagementnetwork.org/map-room/?action=tool_map&tool=footprint

Free and Reduced-Price Meals

The Free and Reduced-Price Meal Program is a federally assisted meal program that provides free, nutritionally balanced lunches to children whose families meet eligibility income requirements. The county eligibility rate is 58.9% of students.

Free and Reduced-Price Meal Program Eligibility

	Percent Eligible Students
Butte County	58.9%
California	59.3%

Source: California Department of Education, 2019-2020. http://data1.cde.ca.gov/dataquest/

Unemployment

The average unemployment rate in the county was 9.2% in 2020, as compared to the state rate of 10.1%.

Unemployment Rate

	Unemployment Rate
Butte County	9.2%
California	10.1%

Source: U.S. Bureau of Labor Statistics, Local Area Unemployment Statistics (LAUS), 2020 average, accessed December 22, 2021. https://www.bls.gov/lau/

Community Input – Economic Insecurity

Stakeholder interviews identified the following issues, challenges and barriers related to economic insecurity. Following are their comments edited for clarity:

- A high percent of the population lives below the poverty line; people are in survival mode. Meeting basic needs of food, shelter, and transportation takes so much of their energy that they neglect health. We don't have enough navigators/care coordinators for people to access all the services they need. This impacts families with children and older adults living in rural, isolated areas.
- This is a poverty-stricken community with a low average earning rate and high rent burden. Many are paying more than 50% of their income just to live here. By end of the month, they run out of money for food, heat, medications, and other basic needs.
- At Butte College, we see the economic insecurity impact across the board, among all ages and races.
- The cost of living was impacted by fires.
- Housing is the biggest struggle.
- Affordable housing for older adults living in mobile home parks to prevent them from becoming homeless.
- There are many renters in the area, so not many people have roots. Adverse childhood experiences also come into play often due to generational challenges.
- Oroville is lower on the economic scale with jobs and housing, so poorer populations typically live there. We also see lower income in certain Chico neighborhoods. There's a higher number of Hispanics living in poorer communities. We know that migrant farm workers struggle.
- Financial disparity is an issue with the college, local government and the hospital being the only big employers. There's not much other industry in the area for jobs.
- Historically, there's not been a lot of opportunity for non-professional jobs. It's gotten better with apprentice programs and increased need in workforce.
- We lack skilled workforce. We're trying to engage people in learning new skills, but it's hard to take time off work to learn a new trade.

- Joblessness increased due to the pandemic as many stopped working or lost their jobs.
- Many people are living on limited incomes. They needed help with getting masks and hand sanitizer. If they have $5 left, it's spent on gas not extras. The pandemic created a catastrophe for this population.
- With COVID, small restaurants and shops suffered. Many closed for so long, had to limit services, or shut down completely. People worried will I have a job? Many were afraid to work. Businesses had a tough time maintaining staff needed to open their doors to make a living. It's very expensive for businesses to open, close, and open again. The city loses tax dollars, and the community gets impacted on the other side due to lack of revenue.
- Many places right now can't find anyone to hire, even though there are many out of work.
- The rural areas lack overall infrastructure needed for growth, e.g., sewer or power. Working from home in these areas is difficult due to lack of access to broadband internet.
- The homeless population increased due to lack of housing and the cost of housing.

Households

Numerous factors impact and constrain household formation, including housing costs, income, employment, marriage and children, and other considerations. In Butte County, there was the additional impact of the Camp Fire affecting housing options and decisions for many families. In a well-functioning housing market, there is a need for vacant units – both for sale and for rent – to enable prospective buyers or renters to find a unit matching their needs and to give prospective sellers the confidence to list their homes in the belief that they will find replacement housing. Freddie Mac estimates that the vacancy rate should be 13% to allow for these needs to be met.
(*Source: http://www.freddiemac.com/research/insight/20181205 major_challenge_to_u.s._housing_supply.page*)

In the service area, in 2020, there were 83,268 households and 90,133 housing units. Between the 2014-2018 population estimate and the 2020 Census, the population decreased by 6.8%, while the number of households fell by 4.1%. Housing units were reduced by about 8.7%, and vacant units decreased by 42.5%, to 7.6% of overall housing stock. The effect of the Camp Fire on homeownership in the county will not be clear until the 2020 Census releases data on current rates of homeownership in the county. From 2014-2018, among the total housing units, 52% were occupied by owners, 35.9% by renters and 12.1% were vacant.

Households and Housing Units, and Percent Change, Butte County

	2014-2018, Average	2020	Percent Change
Households	86,797	83,268	-4.1%
Housing units	98,743	90,133	-8.7%
Owner occ.	52.0%	N/A	N/A
Renter occ.	35.9%	N/A	N/A
Vacant	12.1%	7.6%	-42.5%

Source: U.S. Census Bureau, American Community Survey, 2014-2018, DP04, & 2020 U.S. Census, H1. http://data.census.gov/
N/A = Data not yet available from the 2020 U.S. Census.

From 2015 to 2019, among the 85,320 households in the county, 36.4% were two-person households and 20.8% of households were four or more person households.

Household Size

	Butte County	California
1 person households	27.6%	23.8%
2 person households	36.4%	30.4%
3 person households	15.2%	16.7%
4+ person households	20.8%	29.1%

Source: U.S. Census Bureau, American Community Survey, 2015-2019, S2501. http://factfinder.census.gov

The median household income for the county is $52,537. This is lower than the median household income for the state ($75,235).

Median Household Income

	Median Household Income*
Butte County	$52,537
California	$75,235

Source: U.S. Census Bureau, American Community Survey, 2015-2019, DP03. http://factfinder.census.gov

Safe and affordable housing is an essential component of healthy communities. According to the U.S. Department of Housing and Urban Development, families who pay more than 30% of their income for housing are considered “cost burdened” and may have difficulty affording other necessities including food, transportation, medical care, paying off student loans or other loans, and contributing to personal monetary savings. While the effects of the Camp Fire are not yet available for analysis, from 2015-2019, on average, over one-third of Butte County owner and renter occupied households (39.6%) spent 30% or more of their household income on housing, which is lower than the state rate. However, the percentage of the cost burdened was higher among renters (58.3%) than owners.

Households that Spend 30% or More of Income on Housing

	Butte County	California
Households that spend ≥30% of income on housing	39.6%	41.3%
Renters who spend ≥30% of income on housing	58.3%	53.7%

Source: U.S. Census Bureau, American Community Survey, 2015-2019, DP04. http://factfinder.census.gov

From 2015-2019, on average, 18.4% of service area households were family households (married or cohabiting couples) with children, under age 18, and 3.7% of households were households with a female as head of household (HoH) with children, with no spouse or partner present. 12.6% of area households were seniors who lived alone, which was higher than the state (9.5%) rate. Seniors living alone may be isolated and lack adequate support systems.

Households, by Type

	Total Households	Family Households* with Children Under Age18	Female Head of Household with own Children Under Age 18	Seniors, 65+, Living Alone
	Number	Percent	Percent	Percent
Butte County	85,320	18.4%	3.7%	12.6%
California	13,044,266	24.0%	4.8%	9.5%

*Source: U.S. Census Bureau, American Community Survey, 2015-2019, DP02. http://data.census.gov/ *Family Households refers to married or cohabiting couples with householder children under age 18.*

In Butte County, 8.8% of residents received Supplemental Security Income (SSI), 4.0% received Public Assistance, and 11.9% received Food Stamps/SNAP. These rates of public assistance are higher than the state rates.

Household Supportive Benefits

	Butte County	California
Households	85,320	13,044,266
Supplemental Security Income (SSI)	8.8%	6.1%
Public Assistance	4.0%	3.2%
Food Stamps/SNAP	11.9%	8.9%

Source: U.S. Census Bureau, American Community Survey, 2015-2019, DP03. http://factfinder.census.gov

Homelessness

The U.S. Department of Housing and Urban Development (HUD) requires an annual Point-in-Time (PIT) count of homeless individuals who are sheltered in emergency shelters, transitional housing and Save Havens on a single night each January. These are conducted by various Continuums of Care (CoC) in each state. CoCs must also conduct a count of unsheltered people experiencing homelessness every other year (odd years), though many CoCs conduct annual counts of unsheltered homeless.
The Butte County CoC is a multi-agency planning body with the common goal of ending homelessness, and coordinates the county's PIT Counts. The 2019 PIT Count of sheltered and unsheltered homeless count was delayed, by HUD permit, from January to March 28, 2019 due to the effects of the Camp Fire. Despite this delay and extensive efforts, it is estimated that the actual number of homeless individuals was higher than

the count, due to challenges locating homeless individuals and the effects of the Camp Fire. The 2020 count was conducted on January 29, 2020. The 2021 PIT Count was delayed due to the COVID-19 Pandemic.

The reports collected by HUD define homelessness differently than does the Butte County CoC. Butte County reported 788 additional homeless individuals in their 2017 Homeless PIT Census & Survey Report and 1,038 additional homeless in their 2019 report *('2017/2019 Executive Reports', https://www.buttehomelesscoc.com/reports1.html*) than they did in the HUD CoC Homeless Populations and Subpopulations reports submitted to that agency. Some of the difference appears to be a count of those doubled up with friends and family, those temporarily in hospitals, jails or treatment centers, and a small amount due to the timing of reports.

On a given night in 2020, there were at least 1,274 residents of Butte County experiencing homelessness. Between 2019 and 2020, homelessness increased in the county. The rate of persons experiencing homelessness who were sheltered increased from 2019 (33.2%) to 2020 (34.2%). However, 65.8% of the persons who were experiencing homelessness were unsheltered. There appears to have been a reduction in the number of persons who were chronically homeless[1] and severely mentally ill homeless individuals from 2017 to 2019, and a slight reduction in homeless and chronically homeless veterans. Among those willing to answer the question, the majority of the unsheltered in 2019 (50.7%) reported spending the prior night in Chico, with 41.1% in Oroville, 2.7% in Gridley, 1.8% in Paradise and 1.2% in Magalia.

Homeless Annual Count, Chico, Paradise/Butte County CoC

	2017	2019	2020
FEMA-housed individuals*	N/A	993	N/A
Total HUD homeless count	1,195	1,266	1,274
Sheltered individuals	450	420	436

[1] According to HUD, a chronically homeless individual is a person with a disability who:

- Lives in a place not meant for human habitation, a safe haven, or in an emergency shelter, and
- Has been homeless and living as described for at least 12 months* or on at least 4 separate occasions in the last 3 years, as long as the combined occasions equal at least 12 months and each break in homelessness separating the occasions included at least 7 consecutive nights of not living as described.
- An individual who has been residing in an institutional care facility, including jail, substance abuse or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days and met all of the criteria of this definition before entering that facility**; or

  A family with an adult head of household (or, if there is no adult in the family, a minor head of household) who meets all of the criteria of this definition, including a family whose composition has fluctuated while the head of household has been homeless.

	2017	2019	2020
Unsheltered individuals	745	891	838
Unaccompanied minors	8	12	11
Parenting minors	0	1	0
Unaccompanied youth 18-24	60	69	71
Parenting youth	8	4	9
Children of parenting youth	12	4	8
Chronically homeless	531	256	278
Severely mentally ill	440	243	282
Veterans	110	88	86
Unsheltered veterans	80	65	65
HIV/AIDS	11	13	11
Transgender/non-binary	8	6	6

*Source: HUD Continuum of Care Homeless Assistance Programs Homeless Population and Subpopulations, 2017, 2019 and 2020. https://www.hudexchange.info/programs/coc/coc-homeless-populations-and-subpopulations-reports/ *Butte Countywide Homeless Continuum of Care, 2019 Homeless PIT Census & Survey Report https://www.buttehomelesscoc.com/reports1.html)*

Community Input – Housing and Homelessness

Stakeholder interviews identified the following issues, challenges and barriers related to housing and homelessness. Following are their comments edited for clarity:

- We've seen property prices skyrocket. Pre-Camp Fire, we already had a housing challenge, but it was exacerbated with the fire, contributing to the lack of affordable housing.
- Our area had 14,000 structures decimated by fires. Housing availability is at an all-time low. We have limited low-income housing, although there are some projects underway.
- Paradise had most of the rentals for much of the workforce in Chico. When that was lost, there were few rental units left in the area.
- This is a college town, so we have those who work, college students with families who can help financially, and people who lack social supports and have limited income. It becomes difficult for those with limited income to compete with housing applications as they're perceived as a high risk.
- In our rural setting, we have a skilled labor force but no economic opportunities for them. It's hard to bring business here if you don't have work for current employees, let alone new employees.
- For those who want to buy, the overall price of housing makes buying unattainable. The median house prices are out of range for most dual income families.
- Housing is expensive, so we see families living together. This is a challenging situation with COVID because there are no areas to isolate. People don't qualify for HUD unless they have a child, and they can't be undocumented.
- The commitment to low-income housing construction and to rebuild is important. We need a county-led strategy. No one is really talking about hard solutions. There are

some projects, but it doesn't feel there like there's an overall strategic plan.

- Homelessness is a major issue right now. We see persons who are homeless everywhere.
- The lawsuit around homelessness has colored a lot of the thinking in Chico.
- There's a disproportionate focus on childless and middle-aged persons who are homeless versus investing in families with young children so they can remain housed. If we invest in children and families, we can prevent toxic stress and ultimately prevent middle age homelessness.
- There are many persons who are homeless living in parks and waterways. They lack adequate supplies, clothing, showers, and restrooms.
- The legal challenge around providing emergency shelter is critical. We can't just wish homelessness away.
- It's a challenge to provide more shelter. Pallet shelters are coming to the local campgrounds in the next couple of months.

Food Insecurity

Food insecurity is "a lack of consistent access to enough food for every person in a household to live an active, healthy life" *(Feeding America, 2021)*. The percentage of people experiencing food insecurity in Butte County in 2019 was 14.4%. The rate of food insecurity among county children was 18.7%. Feeding America projects that the food insecurity rate for Butte County increased in 2020 due to the COVID-19 crisis, by 20% overall and by 27% among children, before dropping slightly from 2020 to 2021.

Food Insecurity

	Butte County		California	
	2019	2021 Projected	2019	2021 Projected
Overall food insecurity	14.4%	15.7%	10.2%	12.1%
Overall very low food security	5.4%	6.0%	3.6%	4.4%
Child food insecurity	18.7%	20.8%	13.7%	16.8%
Child very low food security	6.5%	7.2%	3.3%	4.4%

Source: Feeding America, State-by-State Resource: The Impact of Coronavirus on Food Insecurity, 2019 & 2021. https://feedingamericaaction.org/resources/state-by-state-resource-the-impact-of-coronavirus-on-food-insecurity/.

Community Input – Food Insecurity

Stakeholder interviews identified the following issues, challenges and barriers related to food insecurity. Following are their comments edited for clarity:

- In terms of need, food insecurity is number one, alongside housing. Butte County has high food insecurity rates.
- We have great farmers markets due to being an agricultural community. But more rural areas that are further away from markets have food insecurity issues due to being a food desert.
- A lot is grown here, but it's mostly exported, which doesn't help with access to healthy food. Consequently, a lot of food is trucked up from Merced. However, we lack ability to refrigerate and store food so that we can be more independent. The infrastructure is lacking to support needs of the local population.
- The large agricultural industrial farming may crowd out small farmers, and it's these small farmers who we see at local farmers markets. We should be preserving small farmers to ensure we have people producing food that can feed our region.
- It's four years after the Camp Fire and we still have food banks coming from the Bay Area to feed people. The lack of cold storage here is a huge issue; small farmers don't have anywhere to store goods.
- Organizations tried to expand food access and food delivery, but they are underfunded, and efforts were not as strategically mapped out as they could have been. The rural communities have a challenge with access points, impacting the elderly, homebound, shut-ins, and persons who are homeless.
- Having food resources more spread out would be helpful. Gridley doesn't have a food pantry for example, but there's a need for one. The south end of the county needs more resources.
- Many people with fixed incomes, especially those who are elderly, are food insecure.
- Some Hispanics felt they were not welcomed by organizations passing out food, so we had to switch gears to serve this population. There's still so much racism out there.
- There are many people and organizations trying to help, so there's duplication of effort. We worry about those who are food insecure who aren't obvious, such as elementary school kids and their families who may not be accessing services. We need to focus our efforts to serve those who are under the radar.
- Kids are eating most of their meals at school, especially impacting our two poorest areas – Chapmantown and the Thermalito Union Elementary School District area.
- Our area has a unique component of food insecurity due to Chico State. The rate of students who are food insecure is high.
- We have basic needs support on campus for students who are struggling, in addition to a food pantry; this is a big issue among students across all ages and ethnicities.
- Many items are not reliably stocked in stores. There's an unpredictable supply.

Educational Attainment

In Butte County, 10.8% of adults have not graduated from high school. 22.5% are high school graduates. 37.2% adults in the county earned post-secondary degrees.

Educational Attainment, Adults, 25 Years and Older

	Butte County	California
Population 25 years and older	**147,509**	**26,471,543**
Less than 9th grade	3.9%	9.2%
Some high school, no diploma	6.8%	7.5%
High school graduate	22.5%	20.5%
Some college, no degree	29.6%	21.1%
Associate degree	10.0%	7.8%
Bachelor's degree	18.0%	21.2%
Graduate or professional degree	9.2%	12.8%

Source: U.S. Census Bureau, American Community Survey, 2015-2019, DP02. http://factfinder.census.gov

High school graduation rates are the number of high school graduates who graduated four years after starting ninth grade. In Butte County, the high school graduation rate is 85.2%. This rate did not change substantially from the 2017-2018 school year (pre-Camp Fire) to the 2019-2020 school year, which was affected by COVID-19. The county rate does not meet the Healthy People 2030 objective for a 90.7% high school graduation rate.

High School Graduation Rates

	2017-2018	2019-2020
Butte County	84.5%	85.2%
California	83.0%	84.2%

Source: California Department of Education, 2019-2020 Four-Year Cohort Graduation Rates. http://dq.cde.ca.gov/dataquest/

Crime and Violence

Violent crimes include homicide, rape, robbery and assault. Property crimes include burglary, larceny and motor vehicle theft. In Butte County, from 2015 to 2019, the rate of property crime declined while the rate of violent crime increased.

Violent Crime and Property Crime Rates, per 100,000 Persons, 2015 and 2019

	Property Crimes				Violent Crimes			
	Number		Rate*		Number		Rate*	
	2015	2019	2015	2019	2015	2019	2015	2019
Butte County	7,543	5,322	3,346.3	2,306.4	778	1,024	345.1	443.8
California	1,023,828	915,648	2,615.5	2,317.9	166,588	173,298	425.6	438.7

*Source: California Department of Justice, Office of the Attorney General, 2019. https://oag.ca.gov/crime *2019 rates calculated based on 2019 population counts provided by FBI CRIMESTATSINFO; 2015 rates calculated on 2015 1-Year ACS estimates.*

Domestic violence calls are categorized as with or without a weapon. 43.6% of domestic violence calls in Butte County involved a weapon. The rate of domestic violence calls in the county (5.33 calls per 1,000 persons) is higher than the state rate (4.06 calls per 1,000 persons).

Domestic Violence Calls and Rate, per 1,000 Persons

	Total Calls	Rate	Without Weapon	With Weapon
Butte County	1,128	5.33	56.4%	43.6%
California	160,646	4.06	54.8%	45.2%

Source: California Department of Justice, Office of the Attorney General, 2020. https://openjustice.doj.ca.gov/exploration/crime-statistics/domestic-violence-related-calls-assistance. Accessed on November 24, 2021. Rates calculated using 2020 US Census population data.

Child and Youth Safety

In Butte County, the rate of children, under age 18, who experienced abuse or neglect was 8.6 per 1,000 children. This is higher than the state rate of 7.5 per 1,000 children. These rates are based on children with a substantiated maltreatment allegation. 9.5 of every 1,000 Butte County children was in foster care, as compared to 5.3 children in foster care per 1,000 children in California.

Substantiated Child Abuse Rates, per 1,000 Children, 2018

	Butte County	California
Substantiated child abuse rates	8.6	7.5
Children in foster care	9.5	5.3

Source: U.C. Berkeley Center for Social Services Research, California Child Welfare Indicators Project Reports, July 2019. Accessed from KidsData.org at http://kidsdata.org

According to the Centers for Disease Control and Prevention, Adverse Childhood Experiences (ACEs) are potentially traumatic events that occur in childhood. ACEs can include violence, abuse, and growing up in a family with mental health or substance use problems. Toxic stress from ACEs can change brain development and affect how the body responds to stress. ACEs are linked to chronic health problems, mental illness, and substance misuse in adulthood. In Butte County, 20.2% of children, ages 0 to 17, have experienced two or more adverse events.

Children with Two or More Adverse Childhood Experiences, Parent Reported

	Butte County	California
Two or more ACEs, children	20.2%	14.9%

Source: U.S. Department of Health and Human Services, National Survey of Children's Health, 2016-2019 (October 2020). http://www.kidsdata.org

In the county, 40.3% of 7th graders and 33.7% of 9th graders experienced bullying or harassment at school for any reason in the previous year.

Bullying and Harassment, Teens

	Butte County	California
7th Grade	40.3%	36.0%
9th Grade	33.7%	29.9%
11th Grade	19.1%	26.6%
Non-traditional school students	29.0%	15.1%

Source: California Healthy Kids Survey (CHKS) 2017-2019, via http://www.kidsdata.org

5.9% of Butte County non-traditional school students and 5.3% of 9th graders were involved in what they considered 'a gang'.

Gang Involvement, Teens, Self-Reported

	Butte County	California
7th Grade	3.6%	4.0%
9th Grade	5.3%	4.0%
11th Grade	3.1%	4.1%
Non-traditional school students	5.9%	6.1%

Source: California Healthy Kids Survey (CHKS) 2017-2019, via http://www.kidsdata.org NOTE: 'Gang' is not defined in this self-report survey, so use caution when interpreting these data. State and county-level data are weighted estimates of district-level data.

Air Quality

The two air pollutants of greatest concern are ozone (O3) and particulate matter (PM2.5 and PM10). The Ambient Air Quality Standards establish the concentration at which a pollutant is known to cause adverse health effects to sensitive groups within the population, such as children and the elderly.

The largest contribution of ozone-forming pollution that is transported to Butte County comes from vehicle emissions in urban areas to the south. Wildfires can also create emissions that increase ozone concentrations. PM2.5 is a mixture of substances that can include elements such as carbon, lead, and nickel, compounds such as nitrates, organic compounds, and sulfates, and complex mixtures such as diesel exhaust and soil. These substances occur in the form of solid particles or as liquid droplets. PM10 includes larger particulates like dust from disturbed soil, rock crushing, traffic on dirt roads, or high wind events.

Air Quality, Days Above Standard, 2020

	Chico	Paradise	South Butte County
Ozone	1	14	No Data
Particulate matter $PM_{2.5}$	33	20	30
Particulate matter PM_{10}	53	No Data	No Data

Source: Butte County Air Quality Management District, Air Quality Summary 2020, https://bcaqmd.org/wp-content/uploads/2020-Annual-Air-Quality-Report-and-2020-2021-CBYL-Review.pdf

Community Input – Environmental Conditions

Stakeholder interviews identified the following issues, challenges and barriers related to environmental conditions. Following are their comments edited for clarity:

- Environmental issues affect rural areas specifically North Chico and the western area of Butte County.
- Asthma rates are high because of the poor the air quality.
- We live in a valley, so we've always had air quality issues, which is often determined by how much it rains and the use of wood-burning fires.
- We're concerned with our ability to mitigate against smoke from wildfires every year. Manual laborers, agricultural workers or anyone who works outside is impacted by smoke and the residual effects. Many have respiratory-related challenges as a result.
- With the number of fires each summer, we have frequent days with poor air quality, which is not optimal for respiratory health. Patients with severe lung disease had to stay inside with air purifiers for two summer months due to air quality. This isolation presents its own challenges.
- Agriculture has its own issues with farming practices. Work is being done to improve land use with farmers and grazing.
- There is concern about the runoff from rice farming and what they put on the crops, and with fruit trees that release dust with pesticides when shaken.
- With rice farmed in the region, part of the practice is to burn the rice field in the fall. This smoke sits in the valley. Due to agriculture in the area, we worry that pesticides sprayed in the area could affect soil and ground water.
- Fires create risk for water supply with lead and other elements that might seep into the ground and water table. There's a tremendous effect on the built environment because of major fires.
- Water quality is an issue; being an agricultural community presents its own challenges.
- Well levels are also concerning. Some don't have as much water access in rural areas; people had dry wells for the first time because of drought.
- There is concern with nitrates in ground water. This has been an issue in Chico since the 1970s from septic tanks, fertilizers, and agricultural runoff from the farming community. Wells are testing higher for nitrates. It's a human right to have good clean drinking water; we need solutions.
- There is an environmental impact on water with tent cities everywhere. Persons who are homeless are allowed to camp in the park, but there's an impact to waterways with lack of sanitation too close to the creek. When it rains, raw sewage washes to the creek. There's a lot of damage in the park that's occurred with so much garbage and waste.

- People were allowed to legally camp in areas that aren't campsites. As a result, pollution with human waste and trash grew by leaps and bounds. Camping rules weren't enforced. When a new City Council came in and took an opposite approach and swept the areas, the city was sued. This resulted in an injunction, and pollution in public spaces was immense.
- Business owners feel the impact of persons who are homeless. They must spend money for damage to their businesses.
- The needle giveaway program was a big environmental issue. It wasn't an exchange program, so people were seeing used syringes all around town, but we had no place to put them. There were inadvertent needle sticks with officers and others collecting them. The nearest disposal site is five hours away. This needle giveaway was banned but is now in flux.
- Childhood lead poisoning is still a concern with homes built prior to 1978. It's important to do lead screening but not many physicians are doing this.
- Many low-rent apartments are infested with mold and mice. The living conditions are horrific, but people won't demand to fix the issues because they fear being asked to move.

Health Access

Health Insurance

Health insurance coverage is considered a key component to accessing health care. The Healthy People 2030 objective is for 92.1% of the population to have health insurance coverage. Among county residents, 93.8% of the population has health insurance, and 99.7% of seniors have health insurance. However, with 91% coverage, Butte County adults, ages 19-64, do not meet the Healthy People 2030 objective for health insurance coverage.

Insurance Coverage

	Total Population	Children Ages 0-18	Adults Ages 19-64	Seniors Ages 65 and Older
Butte County	93.8%	96.8%	91.0%	99.7%
California	92.5%	96.7%	89.3%	98.9%

Source: U.S. Census Bureau, American Community Survey, 2015-2019, S2701. http://factfinder.census.gov

In Butte County, 47.5% of the population has employment-based health insurance, 22.6% are covered by Medi-Cal and 17.9% of the population has coverage that includes Medicare. Butte County has lower rates of employment-based insurance and uninsured residents, and higher rates of Medicare and privately-purchased coverage than found in the state.

Insurance Coverage, by Type of Coverage

	Butte County	California
Employment-based	47.5%	48.9%
Medi-Cal	22.6%	22.5%
Medicare & Others	12.2%	10.4%
Privately purchased	6.7%	5.1%
Medicare & Medicaid	3.2%	3.7%
Medicare only	2.5%	1.5%
Other public	*1.1%	1.1%
Uninsured	4.3%	6.7%

*Source: California Health Interview Survey, 2018-2020, pooled. http://ask.chis.ucla.edu/ *Statistically unstable due to sample size.*

Sources of Care

Residents who have a medical home and access to a primary care provider improve continuity of care and decrease unnecessary Emergency Room (ER) visits. In Butte County, 89.5% of the population reported a regular source of medical care. The source of care for 56.7% of residents is a doctor's office, HMO, or Kaiser. Clinics and community hospitals are the source of care for 30% of the population, and 10.5% of county residents had no regular source of care.

Usual Sources of Care

	Butte County	California
Have usual place to go when sick or need health advice	89.5%	86.6%
Doctor's office/HMO/Kaiser Permanente	56.7%	60.1%
Community clinic/government clinic/community hospital	30.0%	23.9%
ER/urgent care	*1.8%	1.6%
Some other place/no one place	*1.1%	0.9%
No usual source of care	10.5%	13.4%

*Source: California Health Interview Survey, 2015-2019, pooled. http://ask.chis.ucla.edu/ *Statistically unstable due to sample size.*

Accessing health care can be affected by the availability of providers in the community. According to the 2021 County Health Rankings, Butte County ranks 39 out of 58 among California counties for clinical care, which includes health insurance coverage, ratios of population-to-care providers and preventive screening practices, among others.

When availability of health care providers in Butte County is compared to the state, the county has less access to primary care physicians (one doctor per 1,650 residents) and dentists (one dentist per 1,340 residents). The ratio of population to mental health providers (one mental health provider to 140 residents) in Butte County indicates the county has a higher ratio of mental health providers than the state.

Ratio of Population to Health Care Providers

	Butte County	California
Primary care physicians	1,650:1	1,250:1
Dentists*	1,340:1	1,150:1
Mental health providers**	140:1	270:1

*Source: County Health Rankings, 2021. (Measures used data from 2018, *2019, and **2020)*
http://www.countyhealthrankings.org/app/california/2017/rankings/orange/county/outcomes/overall/snapshot

Delay of Care

Delayed care may indicate reduced access to care. 15.1% of county residents reported delaying or not seeking needed medical care in the last 12 months. 10.5% of the overall population had to forgo needed care. This is more than the Healthy People 2030 objective of 3.3% of the population who forgo care. More than half (60.4%) of county residents who delayed or went without care listed 'cost/lack of insurance/other insurance issue' as the main reason. 13.4% reported delaying or not getting prescription medication in the last 12 months. These rates are higher than state rates.

Delay of Care

	Butte County	California
Delayed or didn't get medical care in last 12 months	15.1%	11.4%
Had to forgo needed medical care	10.5%	6.8%

	Butte County	California
Delayed or did not get medical care due to cost, lack of insurance or other insurance issue	60.4%	47.4%
Delayed or didn't get prescription medicine in last 12 months	13.4%	8.8%

Source: California Health Interview Survey, 2015-2019, pooled. http://ask.chis.ucla.edu/

Use of the Emergency Room

An examination of ER use can lead to improvements in providing community-based prevention and primary care. In Butte County, 21.2% of residents visited an ER in the past 12 months. Seniors in the county visited the emergency room at a higher rate (27%) than other age groups.

Use of Emergency Room

	Butte County	California
Visited ER in last 12 months	21.2%	18.4%
0-17 years old	*16.3%	17.1%
18-64 years old	21.6%	17.7%
65 and older	27.0%	23.2%

*Source: California Health Interview Survey, 2018-2020, pooled. http://ask.chis.ucla.edu/ *Statistically unstable due to sample size.*

Access to Primary Care Community Health Centers

Community Health Centers provide primary care (including medical, dental and mental health services) for uninsured and medically underserved populations. Using ZCTA (ZIP Code Tabulation Area) data for Butte County and information from the Uniform Data System (UDS)[2], 39.1% of the population in Butte County) are low-income (200% of Federal Poverty Level) and 18.9% of the population are living in poverty. There are several Section 330-funded grantees (Federally Qualified Health Centers – FQHCs and FQHC Look-Alikes) located in the service area.

Even with Section 330 funded Community Health Centers serving the area, there are a number of low-income residents who are not served by one of these clinic providers. The FQHCs have a total of 60,106 patients in the service area, which equates to 49.5% coverage among low-income patients and 18.9% coverage among the total population. From 2018-2020, the Community Health Center providers served 5,086 additional patients for a 9.2% increase in patients served by Community Health Centers in the county. Despite this, there remain 61,419 low-income residents, 50.5% of the population at or below 200% FPL, which are not served by an FQHC.

[2] The UDS is an annual reporting requirement for grantees of HRSA primary care programs:
- Community Health Center, Section 330 (e)
- Migrant Health Center, Section 330 (g)
- Health Care for the Homeless, Section 330 (h)
- Public Housing Primary Care, Section 330 (i)

Low-Income Patients Served and Not Served by FQHCs

Low-Income Population	Patients Served by Section 330 Grantees In Service Area	Penetration among Low-Income Patients	Penetration of Total Population	Low-Income Not Served	
				Number	Percent
121,525	60,106	49.5%	18.9%	61,419	50.5%

Source: UDS Mapper, 2020, 2015-2019 population numbers. http://www.udsmapper.org

Dental Care

In Butte County, 50.1% of adults, 66.4% of children, and 88.4% of teens had visited a dentist in the past six months.

Time Since Last Dental Visit, Adults, Ages 18 and Older

	Butte County	California
6 months ago, or less	50.1%	52.4%
More than 6 months up to 1 year ago	16.3%	17.3%
More than 1 year up to 2 years ago	13.3%	11.8%
More than 2 years up to 5 years ago	9.9%	8.7%
More than 5 years ago	10.2%	7.1%
Never been to dentist	N/A	2.6%

Source: California Health Interview Survey, 2018-2020, pooled. http://ask.chis.ucla.edu/ N/A = Not available due to statistical stability/small sample size.

Time Since Last Dental Visit, Children, Ages 3-11, and Teens, Ages 12-17

	Children		Teens	
	Butte County	California	Butte County	California
6 months ago, or less	*66.4%	67.6%	*88.4%	77.3%
More than 6 months up to 1 year ago	*10.4%	13.4%	N/A	13.5%
More than 1 year up to 2 years ago	*11.8%	3.1%	*4.4%	4.6%
More than 2 years ago	*0.3%	1.0%	N/A	3.2%
Never been to dentist	*11.1%	14.9%	N/A	1.3%

*Source: California Health Interview Survey; Children: 2018-2020, pooled. Teens: 2011-2014 & 2017-2020, pooled. http://ask.chis.ucla.edu/ *Statistically unstable due to sample size. N/A = Not available due to statistical stability/small sample size.*

Community Input – Access to Care

Stakeholder interviews identified the following issues, challenges and barriers related to access to care. Following are their comments edited for clarity:

- The ratio of providers that we have comparted to a community of our size is a challenge. Having a mobile medical unit helps. Those with mental health issues are impacted most in terms of health care access.
- The mobile medical unit that visits homeless shelters and encampments has been wonderful for care access for the three major homeless shelters in the county and local Project Roomkey sites.
- This area lacks doctors and specialists but may not qualify yet for a Medically Underserved Area (MUA) designation.

- Almost no one is taking new patients, specifically impacting OB/GYN care and Medi-Cal patients.
- Provider burnout creates issues.
- There is a disparity in the quality of care between FQHC providers and providers who take private insurance. Patients have issues with trust and feeling connected with their providers, compared to those who are privately insured.
- There's a lack of hospitals in Butte County. There's one in Chico, in Oroville, and in Gridley - that's it.
- We are blessed to have Enloe Medical Center, a regional hospital, at our doorstep, which makes health care access not as difficult in Chico as other areas in the region.
- There are monetary issues that affect access and coverage, specifically for the Hispanic community, those who are uninsured and/or undocumented, and persons who are homeless.
- From a public health perspective, as youth are transitioning out the California Children's Services program and have ongoing lifelong specialty needs, we find it difficult to transition them to specialists who will take them because of their special health care needs.
- Lack of transit is an issue. It's hard to get people to medical appointments when they can't drive or don't have access to a car. Being in a rural area means less transportation opportunities. Uber and Lyft are not readily available and bus options aren't as prevalent.
- There are often language barriers. We need more public service announcements and education in Spanish on how to access services, particularly to help middle-aged or elderly Hispanics who have diabetes.
- There are cultural barriers with caring for the Hispanic and Hmong populations.
- The Hmong population automatically qualifies for Medi-Cal, so they don't have as many issues with access.
- There are issues with available providers who can talk to and care for the LGTBQ+ population.
- The CSU Chico WellCat Health Center will see students to address their health needs even if they aren't able to pay at that time. There's a process in place where they can pay later for health care services or medications.
- CSU Chico students who are under/un-insured and those with Kaiser have the most access issues; there aren't any Kaiser facilities nearby.

Maternal and Infant Health

Births

In 2020, the number of births in Butte County was 1,991. The average annual rate of births in the county from 2016 to 2020 was 2,290.2 births.

Total Births, 2016-2020

	2016	2017	2018	2019	2020
Butte County	2,490	2,386	2,430	2,154	1,991
California	488,827	471,658	454,920	446,479	420,259

Source: U.S. Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Natality public-use data 2016-2020, on CDC WONDER. https://wonder.cdc.gov/natality-current.html

Prenatal Care

Pregnant women in the county entered prenatal care during the first trimester at a rate of 76% of live births, which is lower than the state rate (85.1%).

Received First Trimester Prenatal Care Rate, per 1,000 Live Births

	Butte County	California
Prenatal care in 1st trimester	76.0%	85.1%

Source: California Department of Public Health, County Health Profiles, CHSP 2021. 2017-2019 Data https://www.cdph.ca.gov/programs/chsi/pages/county-health-status-profiles.aspx

Teen Birth Rate

The rate of births among females, ages 15 to 19, in Butte County is 11 births per 1,000 teen girls. In California the rate is 12.3 births per 1,000 teen girls, ages 15 to 19. The Healthy People 2030 objective is for there to be no more than 31.4 pregnancies per 1,000 girls, ages 15 to 19.

Fertility Rate in Teenage Mothers, per 1,000 Females Ages 15 to 19

	Butte County	California
Births to teen mothers	11.0	12.3

Source: U.S. Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Natality public-use data 2018-2020, on CDC WONDER. https://wonder.cdc.gov/natality-current.html

Low Birth Weight

Babies born at a low birth weight are at higher risk for disease, disability and possibly death. The county rate of babies born at low birth weight was 6.0%, which was lower than the state rate of 7%.

Low Birth Weight (<2,500g) Birth Rate, Three Year Average

	Butte County	California
Low birth weight	6.1%	7.0%

Source: California Department of Public Health, County Health Profiles, CHSP 2021. 2017-2019 Data https://www.cdph.ca.gov/programs/chsi/pages/county-health-status-profiles.aspx

Maternal Smoking During Pregnancy

Among pregnant women, 91.6% in Butte County did not smoke during pregnancy. The rate of smoking during pregnancy does not meet the Healthy People 2030 objective of 95.7% of women to abstain from cigarette smoking during pregnancy.

No Smoking during Pregnancy

	Percent of Births
Butte County	91.6%
California	98.9%

Source: U.S. Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Natality public-use data 2018-2020, on CDC WONDER. https://wonder.cdc.gov/natality-current.html

Infant Mortality

Infant mortality reflects deaths of children under one year of age. The infant death rate in the county was 4.0 per 1,000 live births. This rate was similar to the state rate of 3.9 deaths per 1,000 live births. Butte County meets the Healthy People 2030 objective of 5.0 deaths per 1,000 live births.

Infant Mortality Rate, per 1,000 Live Births

	Rate
Butte County	4.0
California	3.9

Source: California Department of Public Health, County Health Profiles, CHSP 2021. 2016-2018 Data
https://www.cdph.ca.gov/programs/chsi/pages/county-health-status-profiles.aspx

Breastfeeding

Breastfeeding has been proven to have considerable benefits to baby and mother. The California Department of Public Health highly recommends babies be fed only breast milk for the first six months of life. Data on breastfeeding are collected by hospitals on the Newborn Screening Test Form. Breastfeeding rates at Enloe Medical Center indicated 95.4% of new mothers breastfeed and 84.9% breastfeed exclusively prior to discharge. The rate of breastfeeding at Enloe Medical Center is higher than the rates among hospitals in the county and state.

In-Hospital Breastfeeding, Enloe Medical Center

	Any Breastfeeding		Exclusive Breastfeeding	
	Number	Percent	Number	Percent
Enloe Medical Center	1,775	95.4%	1,580	84.9%
Butte County	2,173	93.2%	1,871	80.2%
California	361,719	93.7%	270,189	70.0%

Source: California Department of Public Health, Breastfeeding Hospital of Occurrence, 2019
https://www.cdph.ca.gov/Programs/CFH/DMCAH/Breastfeeding/Pages/In-Hospital-Breastfeeding-Initiation-Data.aspx

There are ethnic/racial differences noted in breastfeeding rates of mothers who deliver at Enloe Medical Center. Care should be taken when interpreting this data, as many of the groups were represented by relatively few numbers of births. 100% of Black/African American, 97.2% of White and 95.6% of Latina mothers who gave birth at Enloe Medical Center initiated breastfeeding. Asian mothers (72.2%) and mothers who identified as a race not listed (69.4%) were the least likely to have initiated breastfeeding. White mothers were the most likely to breastfeed exclusively prior to discharge (91.4%) and Asian mothers (47.2%) and mothers who identified as a race not listed (41.7%) were the least likely to breastfeed exclusively.

In-Hospital Breastfeeding, Enloe Medical Center, by Race/Ethnicity

	Any Breastfeeding		Exclusive Breastfeeding	
	Number	**Percent**	**Number**	**Percent**
Black/African American	19	100.0%	13	68.4%
White	1,014	97.2%	953	91.4%
Latino/Hispanic	526	95.6%	443	80.5%
Multiple races	100	92.6%	86	79.6%
American Indian	12	92.3%	11	84.6%
Asian	26	72.2%	17	47.2%
Other	25	69.4%	15	41.7%
Enloe Medical Center	**1,775**	**95.4%**	**1,580**	**84.9%**

Source: California Department of Public Health, Breastfeeding Hospital of Occurrence, 2019
https://www.cdph.ca.gov/Programs/CFH/DMCAH/Breastfeeding/Pages/In-Hospital-Breastfeeding-Initiation-Data.aspx

Leading Causes of Death

Life Expectancy at Birth

Prior to the COVID pandemic, life expectancy in Butte County was 77.9 years. 390 residents of Butte County per 100,000 persons, died before the age of 75, which is considered a premature death. The total Years of Potential Life Lost (the difference between the age of persons who died and the age of 75, totaled) for the county was 7,600 years. Residents of Butte County have a lower life-expectancy than do Californians overall.

Life Expectancy, Premature Mortality and Premature Death, Age-Adjusted

	Butte County	California
Life expectancy at birth in years	77.9	81.7
Premature age-adjusted mortality (number of deaths among residents under 75, per 100,000 persons)*	390	270
Premature death/Years of Potential Life Lost (YPLL) before age 75, per 100,000 population, age-adjusted	7,600	5,300

*Source: National Center for Health Statistics' National Statistics System (NVSS); *CDC Wonder mortality data; data accessed and calculations performed by County Health Rankings. 2017-2019. http://www.countyhealthrankings.org*

Mortality Rates

Age-adjusted death rates are an important factor to examine when comparing mortality data. The age-adjusted death rate in Butte County is 772.2 deaths per 100,000 persons, which is higher than the California rate (592.6 deaths per 100,000 persons).

Mortality Rate, Age-Adjusted, per 100,000 Persons, Three-Year Average

	Butte County	California
Mortality rate	772.2	592.6

Source: California Department of Public Health, Vital Records Data and Statistics, California Counties, 2017-2019, CHSP 2021. https://www.cdph.ca.gov/programs/chsi/pages/county-health-status-profiles.aspx

Leading Causes of Death

The top three leading causes of death in the county are cancer, heart disease and unintentional injuries.

Leading Causes of Death Rates, Age-Adjusted, per 100,000 Persons

	Butte County	California	Healthy People 2030 Objective
Cancer	164.9	131.4	122.7
Coronary heart disease	82.8	80.6	No Objective
Unintentional injuries	62.8	34.1	43.2
Alzheimer's disease	46.5	35.2	No Objective

	Butte County	California	Healthy People 2030 Objective
Chronic lower respiratory disease	44.6	29.7	Not Comparable
Stroke	40.2	35.9	33.4
Suicide	19.9	10.7	12.8
Diabetes	18.9	21.3	Not Comparable
Liver disease	18.4	12.1	10.9
Pneumonia and influenza	16.5	13.7	No Objective
Homicide	4.3	4.8	5.5
HIV*	3.6	4.8	No Objective

Source: California Department of Public Health, Vital Records Data and Statistics, California Counties, 2017-2019, CHSP 2021, Three-Year Average Age-Adjusted Death Rate. https://www.cdph.ca.gov/programs/chsi/pages/county-health-status-profiles.aspx
**Source: California Department of Public Health, Office of AIDS, California HIV Surveillance Report, 2019. 2017-2019 averaged. https://www.cdph.ca.gov/Programs/CID/DOA/Pages/OA_case_surveillance_reports.aspx*

Cancer

In the county, the age-adjusted cancer mortality rate is 166.7 per 100,000 persons. This rate does not meet the Healthy People 2030 objective of 122.7 deaths from cancer per 100,000 persons. Rates of death for some cancers are higher in the county than in the state, including: lung and bronchus, non-Hodgkin lymphoma, and esophageal cancers.

Cancer Mortality Rates, Age-Adjusted, per 100,000 Persons

	Butte County	California
Cancer all sites	**166.7**	**142.0**
Lung and bronchus	40.2	29.4
Prostate (male)	21.5	19.7
Breast (female)	19.4	19.4
Colon and rectum	14.3	12.6
Non-Hodgkin lymphoma	7.5	5.2
Leukemia*	7.1	5.9
Esophagus	5.2	3.1

*Source: California Cancer Registry, California Department of Public Health, 2013-2017; Age-adjusted to 2000 U.S. Standard. http://www.cancer-rates.info/ca/ *Myeloid & Monocytic + Lymphocytic + "Other" Leukemias. Rates are age-adjusted to the 2000 U.S. Standard Population.*

Heart Disease and Stroke

In the county, the age-adjusted death rate for heart disease is 82.8 deaths per 100,000 persons, and the age-adjusted death rate from stroke is 40.2 deaths per 100,000 persons. The rate of stroke deaths does not meet the Healthy People 2030 objective of 33.4 deaths per 100,000 persons.

Heart Disease and Stroke Mortality Rates, Age-Adjusted, per 100,000 Persons

	Butte County	California
Heart disease	82.8	80.6
Stroke	40.2	35.9

Source: California Department of Public Health, Vital Records Data and Statistics, California Counties, 2017-2019, CHSP 2021, Three-Year Average Age-Adjusted Dearth Rate. https://www.cdph.ca.gov/programs/chsi/pages/county-health-status-profiles.aspx

Unintentional Injury

The age-adjusted death rate from unintentional injuries in the county is 62.8 deaths per 100,000 persons. This rate is higher than the state rate (34.1 per 100,000 persons). The county does not meet the Healthy People 2030 objective of 43.2 unintentional injury deaths per 100,000 persons.

Unintentional Injury Mortality Rate, Age-Adjusted, per 100,000 Persons

	Butte County	California
Unintentional injuries	62.8	34.1

Source: California Department of Public Health, Vital Records Data and Statistics, California Counties, 2017-2019, CHSP 2021, Three-Year Average Age-Adjusted Dearth Rate. https://www.cdph.ca.gov/programs/chsi/pages/county-health-status-profiles.aspx

Community Input – Unintentional Injuries

Stakeholder interviews identified the following issues, challenges and barriers related to unintentional injuries. Following are their comments edited for clarity:

- Accidents related to drinking and driving are a huge issue.
- Issues are often related to traffic and driving violations that lead to accidents and sometimes fatalities. The traffic unit is being built up for increased patrol.
- We need more safe routes to schools with an improved built environment in impoverished areas of the county. Partnership with public works has led to new sidewalks, stop lights, and stop signs. We need more of this for safe bicycle practice and safe walking to school.
- The levels of addiction and inebriation are the most common cause of injuries. Those with a nomadic life commonly walk around under the influence.
- We see some farming accidents, and some boating, hiking, or swimming accidents in recreational areas but nothing that is an alarming trend.
- There's a need for more education for families with young children, such as a home visit program to assess home safety once a baby comes homes. There's a tie with parents who have mental health and substance abuse issues; their children are more likely to have unintentional injuries.

Alzheimer's Disease

The mortality rate from Alzheimer's disease is 46.5 deaths per 100,000 persons. This is higher than the state rate (35.2 deaths per 100,000 persons).

Alzheimer's Disease Mortality Rate, Age-Adjusted, per 100,000 Persons

	Butte County	California
Alzheimer's disease	46.5	35.2

Source: California Department of Public Health, Vital Records Data and Statistics, California Counties, 2017-2019, CHSP 2021, Three-Year Average Age-Adjusted Dearth Rate. https://www.cdph.ca.gov/programs/chsi/pages/county-health-status-profiles.aspx

Chronic Lower Respiratory Disease

Chronic Lower Respiratory Disease (CLRD) and Chronic Obstructive Pulmonary Disease (COPD) include emphysema and bronchitis. The age-adjusted death rate for respiratory disease in the county is 44.6 per 100,000 persons. This is higher than the state rate (29.7 per 100,000 persons).

Chronic Lower Respiratory Disease Mortality Rate, Age-Adjusted, per 100,000 Persons

	Butte County	California
Chronic Lower Respiratory Disease	44.6	29.7

Source: California Department of Public Health, Vital Records Data and Statistics, California Counties, 2017-2019, CHSP 2021, Three-Year Average Age-Adjusted Dearth Rate. https://www.cdph.ca.gov/programs/chsi/pages/county-health-status-profiles.aspx

Suicide

The suicide rate in the county is 19.9 deaths per 100,000 persons, which is higher than the state rate (10.7 per 100,000 persons). This rate does not meet the Healthy People 2030 objective for suicide of 12.8 deaths per 100,000 persons.

Suicide Mortality Rate, Age-Adjusted, per 100,000 Persons

	Butte County	California
Suicide	19.9	10.7

Source: California Department of Public Health, Vital Records Data and Statistics, California Counties, 2017-2019, CHSP 2021, Three-Year Average Age-Adjusted Dearth Rate. https://www.cdph.ca.gov/programs/chsi/pages/county-health-status-profiles.aspx

Diabetes

The age-adjusted mortality rate from diabetes in the county is 18.9 deaths per 100,000 persons. This is lower than the state rate (21.3 deaths per 100,000 persons).

Diabetes Mortality Rate, Age-Adjusted, per 100,000 Persons

	Butte County	California
Diabetes	18.9	21.3

Source: California Department of Public Health, Vital Records Data and Statistics, California Counties, 2017-2019, CHSP 2021, Three-Year Average Age-Adjusted Dearth Rate. https://www.cdph.ca.gov/programs/chsi/pages/county-health-status-profiles.aspx

Liver Disease

The death rate from liver disease in the county is 18.4 deaths per 100,000 persons. This is higher than the state rate (12.1 per 100,000 persons). The county death rate from liver disease does not meet the Healthy People 2030 objective of 10.9 deaths per 100,000 persons.

Liver Disease Mortality Rate, Age-Adjusted, per 100,000 Persons

	Butte County	California
Liver disease	18.4	12.1

Source: California Department of Public Health, Vital Records Data and Statistics, California Counties, 2017-2019, CHSP 2021, Three-Year Average Age-Adjusted Dearth Rate. https://www.cdph.ca.gov/programs/chsi/pages/county-health-status-profiles.aspx

Pneumonia and Influenza

The age-adjusted death rate for pneumonia and influenza is 16.5 per 100,000 persons. This rate is higher than the state rate (13.7 per 100,000 persons).

Pneumonia and Influenza Mortality Rate, Age-Adjusted, per 100,000 Persons

	Butte County	California
Pneumonia and influenza	16.5	13.7

Source: California Department of Public Health, Vital Records Data and Statistics, California Counties, 2017-2019, CHSP 2021, Three-Year Average Age-Adjusted Dearth Rate. https://www.cdph.ca.gov/programs/chsi/pages/county-health-status-profiles.aspx

Homicide

The homicide rate in Butte County is 4.3 deaths per 100,000 persons. The rate meets the Healthy People 2030 objective for homicide deaths of 5.5 per 100,000 persons.

Homicide Mortality Rate, Age-Adjusted, per 100,000 Persons

	Butte County	California
Homicide	4.3	4.8

Source: California Department of Public Health, Vital Records Data and Statistics, California Counties, 2017-2019, CHSP 2021, Three-Year Average Age-Adjusted Dearth Rate. https://www.cdph.ca.gov/programs/chsi/pages/county-health-status-profiles.aspx

HIV

The rate of HIV deaths in the county was 3.6 per 100,000 persons, which is lower than the state rate (4.8 deaths per 100,000 persons).

HIV Mortality Rate, Age-Adjusted, per 100,000 Persons

	Butte County	California
HIV	3.6	4.8

Source: California Department of Public Health, Office of AIDS, California HIV Surveillance Report, 2019. https://www.cdph.ca.gov/Programs/CID/DOA/Pages/OA_case_surveillance_reports.aspx

Drug-Induced Deaths

Rates of drug overdose deaths, whether unintentional, suicide, homicide, or undetermined intent, have been rising. Drug overdose deaths in Butte County, while consistently higher than the statewide rate, have been trending generally downward. The Healthy People 2030 objective is 20.7 drug overdose deaths per 100,000 persons.

Drug Overdose Death Rates, Age-Adjusted, per 100,000 Persons

	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
Butte County	39.5	36.6	35.1	26.3	31.1	27.1	30.3	19.5	24.7	23.8
California	10.6	10.7	10.3	11.1	11.1	11.3	11.2	11.7	12.8	15.0

Source: U.S. Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Mortality public-use data 2009-2019, on CDC WONDER. https://wonder.cdc.gov/Deaths-by-Underlying-Cause.html

In 2020, there was an increase in opioid-related deaths in Butte County. The age-adjusted death rate from opioid overdoses in Butte County was 11.5 deaths per 100,000 persons. The Healthy People 2030 objectives is a maximum of 13.1 overdose deaths involving opioids, per 100,000 persons, which the county does meet.

Opioid Drug Overdose Death Rates, Age-Adjusted, per 100,000 Persons, 2016 - 2020

	Annual Rate				
	2016	**2017**	**2018**	**2019**	**2020**
Butte County	7.1	7.6	6.7	5.8	11.5
California	4.9	5.2	5.8	7.9	13.5

Source: California Office of Statewide Health Planning and Development, via California Department of Public Health, California Opioid Overdose Surveillance Dashboard, 2020. https://discovery.cdph.ca.gov/CDIC/ODdash/

Disability and Disease

Hospitalization Rates by Diagnoses

At Enloe Medical Center, the top four primary diagnoses resulting in hospitalization were circulatory system and digestive system diseases, injuries/poisonings, and complications of pregnancy/childbirth/the postpartum period.

Hospitalization Rates by Principal Diagnoses, Top Ten Causes

	Percent
Circulatory system	15.4%
Digestive system	11.0%
Injury and poisoning	10.3%
Complications of pregnancy, childbirth & postpartum period	9.7%
Certain conditions originating in the perinatal period	9.5%
Respiratory system	8.7%
Infectious and parasitic diseases	7.7%
Musculoskeletal system and connective tissue	5.8%
Genitourinary system	4.8%
Endocrine, nutritional, and metabolic diseases and immunity disorders	4.3%

Source: Healthy Communities Institute, California Office of Statewide Health Planning and Development, 2019.
https://report.oshpd.ca.gov/

Emergency Room Rates by Diagnoses

At Enloe Medical Center, the top four primary diagnoses seen in the Emergency Department were injuries/poisonings, respiratory system diagnoses, digestive system diagnoses, and nervous system/sensory organ diagnoses.

Emergency Room Rates by Principal Diagnoses, Top Ten Causes

	Percent
Injury and poisoning	21.6%
Respiratory system	12.1%
Digestive system	8.3%
Nervous system and sense organs	7.7%
Circulatory system	7.4%
Genitourinary system	7.0%
Musculoskeletal system & connective tissue	6.9%
Mental Illness	4.7%
Skin and subcutaneous tissue	4.2%
Complications of pregnancy, childbirth & postpartum period	2.5%

Source: Healthy Communities Institute, California Office of Statewide Health Planning and Development, 2019.
https://report.oshpd.ca.gov/

Health Status

Among the county population, 13.8% reported being in fair or poor health, which is lower than the state rate (14.4%).

Health Status, Fair or Poor Health

	Butte County	California
Persons with fair or poor health	13.8%	14.4%

Source: California Health Interview Survey, 2018-2020, pooled. http://ask.chis.ucla.edu/

Disability

Among county adults, 35.5% identified as having a physical, mental, or emotional disability, which was above the state disability rate (29.7%). 6.7% of county adults could not work for at least 30 days due to illness, injury, or disability.

Disability, Adults

	Butte County	California
Adults with a disability	35.5%	29.7%
Couldn't work for 30 or more days due to injury, illness, or disability**	*6.7%	3.1%

*Source: California Health Interview Survey, 2014-2016, and **2019-2020, pooled. http://ask.chis.ucla.edu/ *Statistically unstable due to sample size.*

Diabetes

Among adults in Butte County, 7.6% had been diagnosed with diabetes compared to 10.4% of adults in the state.

Diabetes, Adults

	Butte County	California
Diagnosed with diabetes	7.6%	10.4%

Source: California Health Interview Survey, 2018-2020, pooled. http://ask.chis.ucla.edu/.

The Federal Agency for Healthcare Research and Quality (AHRQ) developed Prevention Quality Indicators (PQIs) that identify hospital admissions that may be avoided through access to high-quality outpatient care. Four PQIs are related to diabetes: long-term complications (renal, ophthalmic, or neurological manifestations, and peripheral circulatory disorders); short-term complications (ketoacidosis, hyperosmolarity and coma); amputation; and uncontrolled diabetes. For all indicators, except long-term complications, hospitalization rates for diabetes were higher in Butte County than in California.

Diabetes Hospitalization Rates* for Prevention Quality Indicators

	Butte County	California
Diabetes long-term complications	92.2	98.5
Diabetes short term complications	79.2	60.7

	Butte County	California
Lower extremity amputation among patients with diabetes	33.2	30.1
Uncontrolled diabetes	60.9	30.9

*Source: California Office of Statewide Health Planning & Development, 2019. https://hcai.ca.gov/data-and-reports/healthcare-quality/ahrq-quality-indicators/ *Risk-adjusted (age-sex) annual rates per 100,000 persons.*

Heart Disease

For adults in Butte County, 8.8% have been diagnosed with heart disease. Among these adults, 86.7% have a disease management care plan developed by a health care professional.

Heart Disease, Adults

	Butte County	California
Diagnosed with heart disease	8.8%	6.8%
Has a disease management care plan**	*86.7%	75.5%

*Source: California Health Interview Survey, 2018-2020, **2016-2018, pooled. http://ask.chis.ucla.edu/ *Statistically unstable due to sample size.*

The PQIs related to heart disease are congestive heart failure and hypertension. The rates of hospitalizations for congestive heart failure (477.3 per 100,000 persons) and hypertension (107.1 per 100,000 persons) were higher in the county than in the state.

Heart Disease PQI Hospitalization Rates*, per 100,000 persons

	Butte County	California
Congestive heart failure	477.3	362.1
Hypertension	107.1	43.6

*Source: California Office of Statewide Health Planning & Development, 2019. https://hcai.ca.gov/data-and-reports/healthcare-quality/ahrq-quality-indicators/ *Risk-adjusted (age-sex) annual rates per 100,000 persons.*

High Blood Pressure

A co-morbidity factor for diabetes, heart disease and stroke is hypertension (high blood pressure). In Butte County, 20.4% of adults have been diagnosed with high blood pressure, and an additional 10.6% with borderline hypertension. Of those adults with hypertension, 71.2% take medication to control it. The Healthy People 2030 objective is to reduce the proportion of adults with high blood pressure to 27.7%. Butte County meets this objective.

High Blood Pressure, Adults

	Butte County	California
Ever diagnosed with hypertension	20.4%	25.7%
Ever diagnosed with borderline hypertension	10.6%	7.5%
Takes medicine for hypertension**	71.2%	68.0%

*Source: California Health Interview Survey, 2019-2020, pooled, and **2015-2017, pooled. http://ask.chis.ucla.edu/*

Cancer

In Butte County, the five-year, age-adjusted cancer incidence rate was 459.9 per 100,000 persons. This rate was higher than the state rate of cancer incidence (393.8 per 100,000 persons). The top three incidence rates were for breast (female), prostate (male), and lung and bronchus cancers. The types of cancer with incidence rates known to be higher in the county than the state were breast (female), prostate (male), lung and bronchus, colon and rectum, skin melanoma, in-situ breast (female), urinary bladder, non-Hodgkin lymphoma, lymphocytic leukemia and esophageal cancers.

Cancer Incidence Rates, Age-Adjusted, per 100,000 Persons

	Butte County	California
Cancer all sites	**459.9**	**393.8**
Breast (female)	134.9	121.2
Prostate (male)	109.6	91.2
Lung and Bronchus	56.9	40.9
Colon and Rectum	39.5	34.8
Skin Melanoma	35.8	22.7
In-Situ Breast (female)	33.0	27.9
Urinary Bladder	21.4	16.5
Non-Hodgkin Lymphoma	21.2	18.3
Leukemia*	16.0	12.2
Esophagus	5.1	3.4

*Source: The Centers for Disease Control and Prevention, National Cancer Institute, State Cancer Profiles, 2013-2017 http://www.cancer-rates.info/ca/*Myeloid & Monocytic + Lymphocytic + "Other" Leukemias Rates are age-adjusted to the 2000 U.S. Standard Population.*

Asthma

In Butte County, 17.3% of the population has been diagnosed with asthma. Among those with an asthma diagnosis, 42.0% take daily medication to control asthma symptoms, which is lower than the state rate (44.9%). Among youth, ages 0-17, 16.0% have been diagnosed with asthma. 37.0% of people with asthma had an asthma attack in the past 12 months, which is higher than the state rate (28.7%).

Asthma

	Butte County	California
Diagnosed with asthma, total population	17.3%	15.3%
Diagnosed with asthma, ages 0-17	16.0%	14.0%
Takes daily medication to control asthma, total population	42.0%	44.9%
Had asthma attack in the past 12 months, total population	37.0%	28.7%

Source: California Health Interview Survey, 2016-2020, pooled. http://ask.chis.ucla.edu

Prevention Quality Indicators (PQIs) related to asthma include chronic obstructive pulmonary disease (COPD) and asthma in younger adults. Hospitalization rates for

COPD or asthma in older adults were more than twice as high in the county (458.1 per 100,000 persons) than the state (222.7 per 100,000 persons). Hospitalization rates for asthma in younger adults were also higher in the county (43.6 per 100,000 persons) than the state (19.8 per 100,000 persons).

Asthma Hospitalization Rates* for PQIs, per 100,000 Persons

	Butte County	California
COPD or asthma in older adults, ages 40 and older	458.1	222.7
Asthma in younger adults, ages 18-39	43.6	19.8

*Source: California Office of Statewide Health Planning & Development, 2019. https://hcai.ca.gov/data-and-reports/healthcare-quality/ahrq-quality-indicators/ *Risk-adjusted (age-sex) annual rates per 100,000 persons.*

Community Input – Chronic Disease

Stakeholder interviews identified the following issues, challenges and barriers related to chronic disease. Following are their comments edited for clarity:

- People lack consistent care on a regular basis.
- The biggest problem is that we need more prevention of chronic diseases, but there is poor access to primary care physicians, a lack of physicians, and it takes a long time to get an appointment.
- Primary care physicians don't have enough time to dive into health needs and primary prevention.
- Lack of education and unhealthy choices contribute to chronic diseases.
- Very little is done to health address things like hypertension, diabetes, and asthma other than the hospital offering educational programs. When looking at social determinants of health and how to get at underlying factors, more could be done.
- There are impacts to people working in the fields with exposure to sun and pesticides. It would be nice to address this proactively.
- Many are struggling with how to care for older adult family members. This issue will only get worse. There is no good system in place to help them age at home. Most don't have long-term care insurance or financial resources for 24-hour care.
- Technology generally comes later to our area, but it could be better utilized to manage chronic disease, especially for older adults.
- We're concerned with diabetes, high blood pressure, and high cholesterol, with the drivers being obesity and poor nutrition. Many jobs in the area have people sitting a lot so they lack physical activity.
- We see CSU Chico students come in for help with diabetes, mental health, and sexually transmitted infections. If they don't have a primary care physician, we will see them at the WellCat Health Center.
- We're concerned with the potential for increased cancer rates, especially with major fire disasters and chemicals in the air. We have a vast need for cancer services.
- Asthma rates are high. Our air quality is not great much of the time.

- We’re worried about asthma, lung disease, and potential cancer given the exposure to smoke from fires every year. These reoccurring fires and exposure can mean problems for future generations.
- We see a fair number of patients with diabetes and chronic lung disease. Because we’re in a more rural area, we can be affected more with smoke, dust, and pollens because of farming. This can affect respiratory health.
- When smoking, heart disease, and addiction are combined with poverty and homelessness, the health index goes down dramatically.
- For persons who are homeless, managing medications is a challenge. They become a target when people see pills. Managing pain becomes incredibly challenging. Dialysis is also often an issue.

COVID-19

In Butte County, there have been 32,812 total confirmed cases of COVID-19, as of March 14, 2022. The rate of infection (15,504.3 cases per 100,000 persons) is below the state rate of infection (21,344 cases per 100,000 persons). Through the same date, 385 county residents have died as a result of COVID-19 complications. The rate of deaths in the county (181.9 per 100,000 persons) is below the state rate (219.5 per 100,000 persons).

COVID-19, Cases and Crude Death Rates, per 100,000 Persons, as of 3/14/22

	Butte County		California	
	Number	Rate*	Number	Rate*
Cases	32,812	15,504.3	8,439,055	21,344.0
Deaths	385	181.9	86,792	219.5

*Source: California State Health Department, COVID19 Dashboard, Updated March 15, 2022. https://covid19.ca.gov/state-dashboard *Rates calculated using 2020 U.S. Census population data.*

Among Butte County residents, ages 5 and older, 53.8% were fully vaccinated, as of March 8, 2022. This was lower than the statewide rate (74%) of COVID-19 completed vaccinations. Among seniors, 71% in Butte County were fully vaccinated, which was lower than the statewide vaccination rate of 82.7% for seniors.

COVID-19 Vaccination, Number and Percent, Total Population and Seniors, as of 3/8/22

	Butte County				California			
	Partially vaccinated		Completed		Partially vaccinated		Completed	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Population 5+	10,492	4.9%	115,416	53.8%	3,520,533	9.3%	27,905,000	74.0%
Population 65+	2,522	5.7%	31,699	71.0%	603,187	9.2%	5,396,702	82.7%

Source: California State Health Department, COVID19 Vaccination Dashboard, Updated March 9, 2022. https://covid19.ca.gov/vaccination-progress-data/

It appears that multiracial and American Indian/Alaskan Native residents may be underrepresented in the vaccinated population of Butte County.

At Least One Dose of COVID-19 Vaccine, by Race, as of 3/8/2022

	Percent With At Least One Dose of Vaccine*	Percent of Vaccine Eligible Population
White	73.3%	72.7%
Hispanic/Latino	15.5%	15.7%
Asian	5.6%	4.4%
Black	1.5%	1.6%
Multiracial	2.8%	3.9%
Native Hawaiian/Pacific Islander	0.2%	0.2%
American Indian/Alaska Native	1.2%	1.5%

*Source: California State Health Department, COVID19 Vaccination Dashboard, Updated March 9, 2022. https://covid19.ca.gov/vaccination-progress-data/ *Of those recipients whose race/ethnicity is known*

Community Input – COVID-19

Stakeholder interviews identified the following issues, challenges and barriers related to COVID-19. Following are their comments edited for clarity:

- Our county is very divided politically.
- The pandemic has psychologically drained people. It got politicized and people didn't know who to trust. COVID was in your face on the news.
- We see resistance to COVID prevention measures. We need accurate information for the community. Most information comes from social media and many don't trust institutions for information.
- We see mistrust and reluctance with vaccines among the Latino and Hmong ethnic groups. Also 30- to 45-year-old parents of children either accept or reject the vaccines.
- Enloe Medical Center did really well with vaccines and messaging. The public understood where to go and how to get shots.
- We wish vaccinates rates were higher. We still need to beat that drum of vaccinations and the greatest need is education. There's so much misinformation out there, we're not sure how to fight that battle.
- Access to testing is a barrier.
- We need more timely testing; results in five to six days doesn't do anyone any good.
- I don't think the public health department and big employers are all on same page. Each place – schools, employers, colleges - has different protocols for what to do, making it very confusing for the community.
- Rules around COVID have created difficult circumstances with the private sector; many businesses shut down and some businesses haven't come back. From an economic perspective, there's a lack of clarity with how to manage COVID.
- Everchanging policy directives made it a big challenge to have any level of assurance with the economy. This resulted in mental health concerns, which spur substance abuse. It's all connected.
- We know there was a profound impact on kids; they missed out on a lot of education. There will be significant mental health impact with being isolated and out of school for so long.
- Persons who are homeless have skepticism and lack of trust in vaccines and quarantine protocols.

Health Behaviors

Health Behaviors Ranking

The County Health Ranking examines healthy behaviors and ranks counties according to health behavior data. California has 58 counties, which are ranked from 1 (healthiest) to 58 (least healthy) based on indicators that include: adult smoking, obesity, physical inactivity, excessive drinking, sexually transmitted infections, and others. Butte County ranked 41, placing it in the bottom half of California counties.

Health Behaviors Ranking

	County Ranking (out of 58)
Butte County	41

Source: County Health Rankings, 2021. http://www.countyhealthrankings.org

Overweight and Obesity

In Butte County, 31.3% of the adult population reported being overweight and 29.2% were obese.

Overweight or Obese, Adults, Ages 20 and Older

	Butte County	California
Overweight (BMI 25.0-29.99)	31.3%	33.8%
Obese (BMI 30 or over)	29.2%	28.3%
Overweight or obese (BMI 25 or over)	60.5%	62.1%

Source: California Health Interview Survey, 2018-2020, pooled. http://ask.chis.ucla.edu/

Among county adults, ages 65 and older, 25.1% are obese, which is higher than the state rate of seniors who are obese (24.3%).

Obesity, Seniors

	Butte County	California
Adults, 65 and older, obese	25.1%	24.3%

Source: California Health Interview Survey, 2018-2020, pooled. http://ask.chis.ucla.edu/

Between 2012 and 2020, the percentage of adults who were obese in Butte County and in the state has risen from 28.1% in 2012-2014 to 29.2% in 2018-2020.

Obesity, Adults, Ages 20 and Older, 2012 - 2020

	2012-2014	2015-2017	2018-2020
Butte County	28.1%	28.7%	29.2%
California	25.8%	27.9%	28.3%

Source: California Health Interview Survey, 2012-2014, 2015-2017, and 2018- 2020, pooled. .http://ask.chis.ucla.edu

American Indian/Alaskan Native (77.4%) and Latino and Black/African-American (72.2%) adults were more likely to be overweight or obese compared to other races/ethnicities in Butte County. Asians in Butte County (39.4%) had the lowest rates of overweight and obesity.

Overweight and Obese, Adults, Ages 20 and Older, by Race/Ethnicity

	Butte County	California
American Indian/Alaskan Native	*77.4%	72.2%
Latino	72.2%	72.7%
Black/African American	*72.2%	71.8%
Native Hawaiian/Pacific Islander	N/A	68.3%
White	60.9%	58.4%
Multiracial	*55.5%	61.8%
Asian**	*39.4%	42.2%
Total adult population	**62.1%**	**62.2%**

*Source: California Health Interview Survey, 2016-2020, pooled, and **2014-2020, pooled. http://ask.chis.ucla.edu *Statistically unstable due to small sample size. N/A = Not available due to statistical instability/small sample size.*

The physical fitness test (PFT) for students in California schools is the FitnessGram®. One of the components of the PFT is measurement of body composition (measured by skinfold measurement, BMI, or bioelectric impedance). Children who do not meet the "Healthy Fitness Zone" criteria for body composition are categorized as needing improvement (overweight) or at health risk (obese). In general, students in Butte County had worse rates of needing improvement or being at health risk than did California schoolchildren. In Butte County, 42.3% of 5th graders, 42.6% of 7th graders, and 42.2% of 9th graders were overweight or obese.

5th, 7th and 9th Graders; Body Composition, Needs Improvement and at Health Risk

	Fifth Grade		Seventh Grade		Ninth Grade	
	Needs Improvement	Health Risk	Needs Improvement	Health Risk	Needs Improvement	Health Risk
Butte County	21.0%	21.3%	20.1%	22.5%	20.0%	22.2%
California	19.4%	21.9%	19.4%	20.6%	18.9%	18.9%

Source: California Department of Education, Fitnessgram Physical Fitness Testing Results, 2018-2019. http://data1.cde.ca.gov/dataquest/page2.asp?Level=District&submit1=Submit&Subject=FitTest.

Community Input – Overweight and Obesity

Stakeholder interviews identified the following issues, challenges and barriers related to overweight and obesity. Following are their comments edited for clarity:

- There's a lack of health and physical activity education in the schools at all levels. Physical education only occurs once every six weeks in some elementary schools. Physical education is daily in junior high but by then habits are set. If kids aren't learning about health early, it sets them on the wrong course.
- Nutritional education is useless if it is not geared toward the culture.

- Obesity is a struggle across the board. We need more dining options that offer healthy eating options and creative healthy foods.
- Access to healthy foods is the issue. Chapmantown lacks a nearby grocery store - it's a food desert - and there are no good transit options to get around.
- There's a lack of access to proper nutrition. For those who are housing insecure, they're not making healthy choices as they often lack education about selecting the right food and quantities.

Fresh Fruits and Vegetables

Two-thirds (66.4%) of children and teens in Butte County consumed two or more servings of fruit in a day. 85.3% of adults responded they are usually or always able to find fresh fruits and vegetables in their neighborhood, and 80.3% indicated they were usually or always affordable.

Access to and Consumption of Fresh Fruits and Vegetables

	Butte County	California
Children and teens who had two or more servings of fruit in the previous day**	66.4%	68.0%
Always able to find fresh fruits and vegetables in the neighborhood	85.3%	88.1%
Fresh fruits and vegetables are always affordable in the neighborhood	80.3%	80.7%

*Source: California Health Interview Survey, 2016-2018, pooled and **2018-2020, pooled. http://ask.chis.ucla.edu*

Physical Activity

Current recommendations for physical activity for adults include aerobic exercise (at least 150 minutes per week of moderate exercise, or 75 minutes of vigorous exercise) and muscle-strengthening (at least 2 days per week, working all major muscle groups). 25% of county adults exercised for at least 140 minutes in the prior week, and an additional 42% exercised for at least 60 minutes the past week (and may have met the aerobic requirement during those days of activity). 18.1% of county adults did not exercise for 20 consecutive minutes on any day during the prior week. 30.6% of county adults reported walking regularly for transportation, fun or exercise, which was lower than the state rate (38.3%).

Physical Activity, Adults

	Butte County	California
Exercises for at least 20 minutes seven days last week	25.0%	25.3%
Exercises for at least 20 minutes three to six days last week	*42.0%	45.4%
Exercises for at least 20 minutes zero days last week	18.1%	15.1%
Regularly walked for transportation, fun or exercise**	30.6%	38.3%

*Source: California Health Interview Survey, 2017-2018 and **2015-2017, pooled. http://ask.chis.ucla.edu *Statistically unstable due to sample size.*

One of the components of the physical fitness test (PFT) for students is measurement of aerobic capacity through run and walk tests. 51.8% of Butte County 5th graders and 56.8% of county 9th graders were in the 'Healthy Fitness Zone' (HFZ) of aerobic capacity. These rates were below the state rates.

5th and 9th Grade Students, Aerobic Capacity, Healthy Fitness Zone

	Fifth Grade	Ninth Grade
Butte County	51.8%	56.8%
California	60.2%	60.0%

Source: California Department of Education, Fitnessgram Physical Fitness Testing Results, 2018-2019. http://data1.cde.ca.gov/dataquest/page2.asp?Level=District&submit1=Submit&Subject=FitTest

6.6% of children, ages 5 to 11, were not physically active for at least an hour on any day during the previous week, and 8.5% of children and teens spent eight or more hours on sedentary activities on a typical weekend day.

Sedentary Children

	Butte County	California
Zero days in the past week, physically active for at least one hour, children aged 5 to 11	*6.6%	6.9%
8+ hours spent on sedentary activities on a typical weekend day - children and teens**	*8.5%	10.6%

*Source: California Health Interview Survey, 2014-2018, **2015-2019. http://ask.chis.ucla.edu/ *Statistically unstable due to sample size.*

92.3% of Butte County children and teens visited a park, playground or open space in the past month.

Visited a Park, Playground or Open Space in Past Month, Children and Teens

	Butte County	California
Visited a park, playground or open space in the last month	*92.3%	84.6%

*Source: California Health Interview Survey, 2016-2018, pooled. http://ask.chis.ucla.edu *Statistically unstable due to sample size.*

Sexually Transmitted Infections

Rates of sexually transmitted disease were lower in Butte County than the state for the reported sexually transmitted infections, with the exception of primary and secondary syphilis (35.6 cases per 100,000 persons). In 2018, the rate of chlamydia in the county was 579.4 cases per 100,000 persons, gonorrhea was 186.1 cases per 100,000 persons, and early latent syphilis was 8.3 cases per 100,000 persons.

Sexually Transmitted Infections Cases and Rates, per 100,000 Persons

	Butte County		California	
	Cases	Rate	Cases	Rate
Chlamydia	1,320	579.4	232,181	583.0
Gonorrhea	424	186.1	79,397	199.4

	Butte County		California	
	Cases	Rate	Cases	Rate
Primary and secondary syphilis	81	35.6	7,621	19.1
Early latent syphilis	19	8.3	7,747	19.5

Source: California Department of Public Health, STD Control Branch, 2018 STD Surveillance Report, 2018 data.
https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/STD-Data-All-STDs-Tables.pdf

In Butte County, the rate of newly diagnosed cases of HIV was 4.6 per 100,000 persons. The rate of persons who are known to be living with HIV was 121.2 per 100,000 persons. Of those living with HIV, 80.6% were in care, but only 19.4% were virally suppressed. The rate of deaths from all causes among HIV+ residents in Butte County was 3.7 per 100,000 persons (deaths may be unrelated to their HIV status).

HIV Cases and Rates, per 100,000 Persons

	Butte County		California	
	Cases	Rate	Cases	Rate
Newly diagnosed cases	10	4.6	4,396	11.0
Living cases	263	121.2	137,785	344.8
Living cases, in care	212	80.6%	103,399	75.0%
Living cases, virally suppressed	51	19.4%	89,981	65.3%
Deaths per 100,000 HIV+ persons, in 2019	8	3.7	1,912	4.8

Source: California Department of Public Health, Office of AIDS, California HIV Surveillance Report, 2019.
https://www.cdph.ca.gov/Programs/CID/DOA/Pages/OA_case_surveillance_reports.aspx

Early awareness of infection through HIV testing can prevent further spread of the disease and an early start for antiretroviral therapy. In Butte County, 37.9% of residents have been tested for HIV, which is lower than the state rate (45.4%).

HIV Testing, Adults

	Butte County	California
Ever had HIV test	37.9%	45.4%

Source for Butte County: Butte County Department of Public Health, 2019-2022 Community Health Assessment, 2019 Butte County Behavioral Risk Factor Survey (BRFS). http://www.buttecounty.net/ph/ Source for California: Centers for Disease Control, 2019 Behavioral Risk Factor Surveillance System (BRFSS). https://www.cdc.gov/brfss/brfssprevalence/index.html

Mental Health

Adult Mental Health

In Butte County, 18.5% of adults experienced serious psychological distress in the past year. 28.6% of adults needed help for emotional, mental health, alcohol, or drug issues in the past year. However, 45.7% of those who sought or needed help did not receive treatment. The Healthy People 2030 objective is for 68.8% of adults with a serious mental disorder to receive treatment (a maximum of 31.2% who do not receive treatment).

Mental Health Indicators, Adults, Ages 18 and Older

	Butte County	California
Adults who likely had serious psychological distress during past year	18.5%	12.0%
Adults who needed help for emotional-mental and/or alcohol-drug issues in past year	28.6%	21.2%
Adults who sought/needed help but did not receive treatment	45.7%	43.6%

Source: California Health Interview Survey, 2018-2020, pooled. http://ask.chis.ucla.edu

In Butte County, 10.4% senior adults needed help for emotional, mental health, alcohol or drug issues, which is higher than the state rate (8.6%). 31.1% of those who sought or needed help did not receive treatment.

Mental Health Indicators, Seniors, Ages 65 and Older

	Butte County	California
Seniors who needed help for emotional-mental and/or alcohol-drug issues in past year	10.4%	8.6%
Seniors sought/needed help but did not receive treatment	*31.1%	37.7%

*Source: California Health Interview Survey, 2018-2020, pooled. http://ask.chis.ucla.edu *Statistically unstable due to sample size.*

In Butte County, 27.5% of adults had been told they had a depressive disorder (depression, major depression, dysthymia) or minor depression. This rate was higher than the state rate (14.7%).

Depressive Disorder, Adults

	Butte County	California
Ever told they had a depressive disorder	27.5%	14.7%

Source for Butte County: Butte County Department of Public Health, 2019-2022 Community Health Assessment, 2019 Butte County Behavioral Risk Factor Survey (BRFS). http://www.buttecounty.net/ph/ Source for California: Centers for Disease Control, 2019 Behavioral Risk Factor Surveillance System (BRFSS). https://www.cdc.gov/brfss/brfssprevalence/index.html

The percentage of Butte County adults who ever seriously considered committing suicide was 24.1%. 6.3% of seniors had seriously contemplated suicide.

Seriously Thought about Committing Suicide, Adults

	Butte County	California
Adults, ages 18-64, ever seriously thought about committing suicide	24.1%	14.9%
Seniors, ages 65 and older, ever seriously thought about committing suicide	*6.3%	6.6%

*Source: California Health Interview Survey, 2018-2020, pooled. http://ask.chis.ucla.edu *Statistically unstable due to sample size.*

Youth Mental Health

Prior to the Camp Fire and the COVID-19 pandemic, 30% of Butte County 7th graders had experienced depression in the previous year, described as 'feeling so sad or hopeless every day for two weeks or more in a row that they stopped doing some usual activities'. This rate fell by grade level, whereas the state levels of youth depression rose with grade level.

Depression, Past 12 Months, 7th - 11th Grade Youth

	7th Grade	9th Grade	11th Grade
Butte County	30.0%	29.1%	21.8%
California	30.4%	32.6%	36.6%

Source: WestEd, California Healthy Kids Survey, California Department of Education, 2017-2019.via http://www.kidsdata.org.

The rate of Butte County children, ages 5-14, who were hospitalized for a mental health issue was 2.3 per 1,000 persons. Youth, ages 15.-19, who were hospitalized due to a mental health issue was 6.4 per 1,000 persons.

Hospitalizations for Mental Health Issues, Children and Teens, per 1,000 Persons

	Butte County	California
Ages 5-14	2.3	2.8
Ages 15-19	6.4	9.8

Source: California Office of Statewide Health Planning and Development special tabulation; California Dept. of Finance, Population Estimates and Projections (May 2020).

The percentage of Butte County students experiencing suicidal ideation was 20.3% for 9th graders, higher than the state rate (15.8%). 26.2% of students attending non-traditional school experienced suicidal ideation.

Suicidal Ideation, 9th - 11th Grade Youth

	Butte County	California
9th Grade	20.3%	15.8%
11th Grade	9.9%	16.4%
Non-traditional school students	26.2%	17.0%

Source: California Healthy Kids Survey (CHKS) 2017-2019, via http://www.kidsdata.org

Community Input – Mental Health

Stakeholder interviews identified the following issues, challenges and barriers related to mental health. Following are their comments edited for clarity:

- Mental health issues affect everyone. There is community-wide trauma from disasters and the pandemic. The impact on youth is a big concern.
- People are burned out, have work fatigue, and are overloaded trying to hold down multiple jobs.
- Preventive versus reactive care is a challenge. We need education to normalize seeking mental health care to help break out of the cycle of adverse childhood experiences.
- Stigma often prevents people from seeking help; we see this often with high school and college students.
- We need to do more to educate and motivate providers to screen for mental health and provide follow-up.
- The lack of mental health providers/therapists is an issue, as well as burnout.
- People are frustrated trying to get help. Between the county and the local hospital, it feels like a game of ping pong going back and forth to try to get services.
- Specialized mental health care is lacking. It's one size fits all at this point in time.
- We need more psychiatrists in the area - possibly, a residency training program.
- Many therapists don't bill insurance; they only accept private pay. This is a barrier.
- First responders are often the last to seek help. There is a lot of pride and stigma attached to seeking help. We need more awareness and programming to get them help.
- Having to isolate during the pandemic was especially hard for the Hispanic population as gathering is important. Being alone is hard for this community. We saw a lot of anxiety and depression.
- Women, who have the double duty of working and being mothers, may be especially impacted with mental health issues.
- There's a lack of investment in public systems and creating safety nets for maternal mental health. Public health and behavioral health have a role in investing in services for new moms. Pediatric providers are not educated on the impact of maternal mental health. There are some educational classes, but we need more, and we need to ensure they're free for increased access.
- Mental health issues are on the rise among students. Many health care appointments involve mental health, too. Providers are trying to reduce stigma and meet students where they are.
- The gravest change is the increase in youth suicide ideation and attempts and suicide rates during COVID.

- Many who were seeking help couldn't find anyone who could see them, unless they said they were going to kill themselves.
- Many are at a loss because there is no inpatient pediatric mental health facility in the area. When youth need inpatient care, they are sent to a facility, which is hours from home.
- Many on the streets experience mental health issues. We need programs where people can be safely housed if they're struggling with mental health, so they aren't victimized, otherwise they are too vulnerable. We need to thoroughly understand where the state plays a role in creating a safety net for these individuals.
- We need more local resources to get healthy again, especially for those with depression, schizophrenia, and breaks from reality.
- There's an intersection between mental health and homelessness; addiction also needs to be addressed. Resources are underfunded and understaffed. If persons who are homeless can't get treated, they self-medicate with addictive substances, end up with more mental health needs, and then housing becomes a problem. Many treat these issues independently, which clearly doesn't work.

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Substance Use and Misuse

Cigarette Smoking

In Butte County, 14.4% of adults smoke cigarettes, which is higher than the state rate (8%). The county smoking rate exceeds the Healthy People 2030 objective of 5.0%.

Cigarette Smoking, Adults

	Butte County	California
Current smoker	14.4%	8.0%
Former smoker	23.1%	20.4%
Never smoked	62.5%	71.6%

Source: California Health Interview Survey, 2018-2020, pooled. http://ask.chis.ucla.edu

Teens in Butte County were more likely to have smoked with an electronic cigarette/vaporizer than a regular cigarette. Among 9th graders in Butte County, 7% had smoked an e-cigarette (Vaping) and 3% had used a cigarette one or more days in the past 30 days.

Smoking, Teens

	7th Graders	9th Graders	11th Graders
Smoked cigarette one or more days in the past 30 days	1%	3%	1%
Used e-cigarette one or more days in the past 30 days	3%	7%	4%

Source: California Healthy Kids Survey, 2017-2019 https://calschls.org/reports-data/public-dashboards/secondary-student/

Alcohol and Drug Use

Binge drinking is defined as consuming a certain amount of alcohol within a set period of time. For males this is five or more drinks per occasion and for females it is four or more drinks per occasion. 22.1% of Butte County adults had engaged in binge drinking in the past year, which was higher than the state rate (16.8%).

Alcohol Consumption, Binge Drinking, Adult

	Butte County	California
Reported binge drinking in the past year	22.1%	16.8%

Source for Butte County: Butte County Department of Public Health, 2019-2022 Community Health Assessment, 2019 Butte County Behavioral Risk Factor Survey (BRFS). http://www.buttecounty.net/ph/ Source for California: Centers for Disease Control, 2019 Behavioral Risk Factor Surveillance System (BRFSS). https://www.cdc.gov/brfss/brfssprevalence/index.html

Among Butte County teens, 1.0% of 7th graders, 5% of 9th graders and 6% of 11th graders reported binge drinking one or more days in the past month.

Alcohol Consumption, Binge Drinking, Teens

	7th Graders	9th Graders	11th Graders
Reported binge drinking one or more days in the past 30 days	1%	5%	6%

Source: California Healthy Kids Survey, 2017-2019. https://calschls.org/reports-data/public-dashboards/secondary-student/

19% of 9th grade students in Butte County reported they had used alcohol or drugs one or more days in the past 30 days. 13% of 9th graders had used marijuana one or more times in the past month.

Substance Use, Teens

	7th Graders	9th Graders	11th Graders
Alcohol or drug use in the past 30 days	7%	19%	14%
Marijuana	3%	13%	10%

Source: California Healthy Kids Survey, 2017-2019. https://calschls.org/reports-data/public-dashboards/secondary-student/

In Butte County, 17.7% of adults had smoked marijuana or hashish at least once within the past 30 days, which was higher than the state rate (13.9%).

Marijuana Use, Adults

	Butte County	California
Reported smoking marijuana in the past month	17.7%	13.9%

Source for Butte County: Butte County Department of Public Health, 2019-2022 Community Health Assessment, 2019 Butte County Behavioral Risk Factor Survey (BRFS). http://www.buttecounty.net/ph/ Source for California: Substance Abuse and Mental Health Services Administration (SAMHSA), 2018-2019 National Survey on Drug Use and Health (NSDUH) https://www.samhsa.gov/data/data-we-collect/nsduh-national-survey-drug-use-and-health

Opioid Use

The rate of hospitalizations in Butte County due to an opioid overdose was 19.6 per 100,000 persons. This was higher than the state rate (9.7 per 100,000 persons). Opioid overdose deaths in Butte County were 11.5 per 100,000 persons. The rate of opioid prescriptions in Butte County was 568.1 per 1,000 persons. This rate was higher than the state rate of opioid prescriptions (333.3 per 1,000 persons).

Opioid Use

	Butte County	California
Hospitalization rate for opioid overdose (excludes heroin), per 100,000 persons	19.6	9.7
Age-adjusted opioid overdose deaths, per 100,000 persons	11.5	13.2
Opioid prescriptions, per 1,000 persons	568.1	333.3

Source: California Office of Statewide Health Planning and Development, via California Department of Public Health, California Opioid Overdose Surveillance Dashboard, 2020. https://discovery.cdph.ca.gov/CDIC/ODdash/

Community Input – Substance Use

Stakeholder interviews identified the following issues, challenges and barriers related to substance use. Following are their comments edited for clarity:

- Substance abuse is incredibly prevalent, and often not associated with a specific age.
- The area previously had frequent prescribers of opioids. While there's been a shift in the past five years, we're still reeling from this epidemic. Inappropriate prescriptions have been cut way back but they're now being filled by the black market, and some may have contaminants, so we've seen some overdose deaths. This issue disproportionately impacts those with lower socio-economic status.
- The community moved on from oxycontin to heroin.
- Fentanyl and other illicit drugs are rampant on the streets and are killing people.
- Fentanyl laced into fake prescription pills can lead to overdose or death.
- More recently, we've seen an increase in fentanyl, meth and cocaine use. Data show a disproportionate impact on Native American and African American populations, and high school and college age youth who are using.
- The program that gives away needles thinking it's a community health solution is instead contributing to the substance abuse cycle.
- Many people must leave the area to get the help they need.
- Use of methamphetamine and opioids is high in this area but there aren't many programs in the area for recovery outside of AA or a three-day inpatient stay.
- There's a lack of local detox facilities and inpatient facilities so those needing treatment get sent out of the county. This is often a deterrent to parents seeking services for their kids.
- With sober living homes, there's a lack of a quality assurance system in the county. We don't know the quality of the programs, so we don't refer to them.
- The lack of local no-cost detox facilities impacts the homeless population.
- Not many Hispanics or Latinos have substance abuse addiction issues; this is looked down upon in their cultures. Alcohol use is prevalent though. Most struggling with substance abuse addiction tend to be Caucasian or African American.
- We see a lot of marijuana and meth use in the rural areas but there are not many points of access for drug rehabilitation and mental health services.
- Society has chosen to legalize marijuana, but it needs to be managed like a normal medicine, not sold via storefronts.
- Marijuana is a problem because it's produced here. We see some crime associated with marijuana use, such as home invasions if it's known that there's a large quantity of marijuana in the house.
- Binge drinking among college students is a concern, maybe among high school students, as well. Vaping is also an issue for high school students.
- We need to be looking at harm reduction more as a solution versus punishment and incarceration. This is dependent on building relationships and is key to helping with substance abuse addiction.

Preventive Practices

Immunization of Children

California law mandates that kindergarten students be up-to-date on vaccines that help prevent communicable childhood diseases, such as whooping cough, measles, and polio. Butte County's immunization rate is 94.2% and is comparable to the state rate (94.8%).

Required Immunizations for Kindergarten Students

	Immunization Rate
Butte County	94.2%
California	94.8%

Source: California Department of Public Health, Immunization Branch, Kindergarten Data and Reports (June 2019), via KidsData. www.kidsdata.org

Flu Vaccine

The Healthy People 2030 objective is for 70% of the population to receive a flu shot. In Butte County, 52.2% of residents, ages 65 and older, have received a flu shot, which does not meet the Healthy People 2030 objective.

Flu Vaccine in Past 12 months, Ages 65 and Older

	Butte County	California
Vaccinated for flu	52.2%	63.9%

Source for Butte County: Butte County Department of Public Health, 2019-2022 Community Health Assessment, 2019 Butte County Behavioral Risk Factor Survey (BRFS). http://www.buttecounty.net/ph/ Source for California: Centers for Disease Control, 2019 Behavioral Risk Factor Surveillance System (BRFSS). https://www.cdc.gov/brfss/brfssprevalence/index.html

Cholesterol Screening

In Butte County, 89.2% of adults, were compliant with checking their cholesterol within the last 5 years, which is higher than the state rate of cholesterol screening (87.8%).

Cholesterol Screening in Past 5 Years, Adults

	Butte County	California
Checked cholesterol within the past 5 years	89.2%	87.8%

Source for Butte County: Butte County Department of Public Health, 2019-2022 Community Health Assessment, 2019 Butte County Behavioral Risk Factor Survey (BRFS). http://www.buttecounty.net/ph/ Source for California: Centers for Disease Control, 2019 Behavioral Risk Factor Surveillance System (BRFSS). https://www.cdc.gov/brfss/brfssprevalence/index.html

Pap Smears

The Healthy People 2030 objective is for 84.3% of women, ages 21 to 65, to have a Pap smear in the past three years. 79.6% of Butte County women, ages 21 to 65, had a cervical cancer screening in the prior 3 years, which does not meet the Healthy People 2030 objective.

Pap Test in Past Three Years, Women, Ages 21-65

	Butte County	California
Received pap test in the past 3 years	79.6%	79.3%

Source for Butte County: U.S. Centers for Disease Control (CDC), Behavioral Risk Factor Surveillance System (BRFSS), PLACES Project 2021, 2018 data year. https://chronicdata.cdc.gov/500-Cities-Places/PLACES-Local-Data-for-Better-Health-County-Data-20/swc5-untb Source for California: Centers for Disease Control, 2018 Behavioral Risk Factor Surveillance System (BRFSS). https://www.cdc.gov/brfss/brfssprevalence/index.html

Mammograms

The Healthy People 2030 objective for mammograms is for 77.1% of women, ages 50-74, to have had a mammogram in the past two years. In Butte County, 70.4% of women in this age group had obtained a mammogram in the prior two years, which is lower than the state rate (74.4%) and does not meet the Healthy People 2030 objective.

Mammogram in Past Two Years, Women, Ages 50-74

	Butte County	California
Received mammogram in the past 2 years	70.4%	*74.4%

Source: U.S. Centers for Disease Control (CDC), Behavioral Risk Factor Surveillance System (BRFSS), PLACES Project 2021, 2019 data year. https://chronicdata.cdc.gov/500-Cities-Places/PLACES-Local-Data-for-Better-Health-County-Data-20/swc5-untb
**Weighted average of California county rates.*

Colorectal Cancer Screening

According to the Centers for Disease Control and Prevention (CDC), colorectal cancer - cancer of the colon or rectum - is one of the most commonly diagnosed cancers in the United States and is the second leading cancer killer in the country. The CDC estimates if adults, ages 50 or older, had regular screening tests for colon cancer, as many as 60% of the deaths from colorectal cancer could be prevented. Recommended screening procedures include one of the following: fecal occult blood tests (FOBT) annually, flexible sigmoidoscopy every five years; double-contrast barium enema every five years, or colonoscopy every 10 years.

In Butte County, 68.3% of adults, ages 50 to 75, were compliant with the recommended screening practices for colorectal cancer. This rate was lower than the state rate (71.6%), and the Healthy People 2030 objective of 74.4%.

Colon Cancer Screening, Adults, Ages 50-75

	Butte County	California
Colorectal cancer screening	68.3%	71.6%

Source for Butte County: U.S. Centers for Disease Control (CDC), Behavioral Risk Factor Surveillance System (BRFSS), PLACES Project 2021, 2018 data year. https://chronicdata.cdc.gov/500-Cities-Places/PLACES-Local-Data-for-Better-Health-County-Data-20/swc5-untb Source for California: Centers for Disease Control, 2018 Behavioral Risk Factor Surveillance System (BRFSS). https://www.cdc.gov/brfss/brfssprevalence/index.html

Community Input – Preventive Practices

Stakeholder interviews identified the following issues, challenges and barriers related to preventive practices. Following are their comments edited for clarity:

- There’s a general lack of access to providers and preventive care.
- The county has hospitals but lacks a health system that’s financially invested in preventing health concerns and keeping people out of the hospital. Prevention ends up looking like “you should see a specialist before you die of this disease” - not that we want to keep you from getting this disease in the first place.
- People are often referred for screening when they are already showing symptoms (and are already fearful), so the screening is diagnostic instead of preventive. There’s a need for more awareness of and access to early screening and prevention.
- There’s a lack of pediatricians, resulting in delayed care or non-engagement happening early on due to lack of providers.
- Those who aren’t insured don’t have access to screening and prevention. Those who have Medicare or Medi-Cal have difficulty finding providers who will see them.
- We see a lack of perceived need by individuals. We encourage them to seek preventive care, but they don’t see the value of prevention for themselves.
- Lack of access to care and lack of a trusted relationship with a provider are big issues. People may end up going to a walk-in clinic and meeting a provider there for the first time. If that provider tells them something they don’t want to hear, they think “they don’t know me” and don’t take their advice.
- There are often language barriers experienced when seeking health care.
- There are barriers with insurance rules for certain vaccines like HPV and meningitis. One can only get these vaccines if they’re provided by a primary care doctor, but the primary care doctor doesn’t always carry these vaccines in their office.
- Persons who are homeless often let things linger to the point of emergency. They may have wounds on their feet due to their nomadic lifestyle. We try to help divert them from the emergency room, but they often need care outside of clinic hours.

Attachment 1: Benchmark Comparisons

Where data were available, the Enloe Medical Center service area Butte County health and social indicators were compared to the Healthy People 2030 objectives. The **bolded items** are Healthy People 2030 objectives that did not meet established benchmarks; non-bolded items met or exceeded the objectives.

Indicators	Service Area Data	Healthy People 2030 Objectives
High school graduation rate	**85.2%**	90.7%
Child health insurance rate	96.8%	92.1%
Adult health insurance rate	**91.0%**	92.1%
Unable to obtain medical care	**10.5%**	3.3%
Cancer deaths	**164.9**	122.7 per 100,000 persons
Colon/rectum cancer deaths	**14.3**	8.9 per 100,000 persons
Lung cancer deaths	**40.2**	25.1 per 100,000 persons
Female breast cancer deaths	**19.4**	15.3 per 100,000 persons
Prostate cancer deaths	**21.5**	16.9 per 100,000 persons
Stroke deaths	**40.2**	33.4 per 100,000 persons
Unintentional injury deaths	**62.8**	43.2 per 100,000 persons
Suicides	**19.9**	12.8 per 100,000 persons
Liver disease (cirrhosis) deaths	**18.4**	10.9 per 100,000 persons
Homicides	4.3	5.5 per 100,000 persons
Drug-overdose deaths	**23.8**	20.7 per 100,000 persons
Overdose deaths involving opioids	11.5	13.1 per 100,000 persons
Infant death rate	4.0	5.0 per 1,000 live births
Adult obese, ages 20+	29.2%	36.0%, adults ages 20+
Adults engaging in binge drinking	22.1%	25.4%
Cigarette smoking by adults	**14.4%**	5.0%
Pap smears, ages 21-65, screened in the past 3 years	**79.6%**	84.3%
Mammogram, ages 50-74, screened in the past 2 years	**70.4%**	77.1%
Colorectal cancer screenings, ages 50-75, screened per guidelines	**68.3%**	74.4%
Annual influenza vaccination, adults 65 and older	**52.2%**	70.0%

Attachment 2: Community Stakeholder Interviewees

Community input was obtained from interviews with community stakeholders from community agencies and organizations that represent medically underserved, low-income, and/or minority populations.

Name	Title	Organization
Amber Abney-Bass	Executive Director	Jesus Center
David Alonso, MD	Immediate Past President	Butte-Glenn Medical Society
Anna Bauer	Director	First 5 Butte County Children and Families Commission
Mark Chrisman	Interim Chief Executive Officer	Chico Chamber of Commerce
Jordan D. Frazer, MSN, NP-C	Director, Student Health Clinic	Butte College
Sierra Grossman	Vice President	Sierra Nevada Brewery
Debra Lucero	Supervisor, District 2	Butte County
Juanita Mottley, MBA, RN	Interim Associate Vice President and Dean of Students	California State University, Chico WellCat Services
Holly Nevarez, MPH, MCHES, PhD	Chair and Professor, Public Health & Health Services Administration	California State University, Chico
Reyna Nolta	Chair	Hispanic Resource Council of Northern California
Mark Orme	City Manager	City of Chico
Mike Rodden	Lieutenant	City of Chico Police Department
Monica Soderstrom, RN, PHN	Division Director, Community Health	Butte County Public Health
Tara Sullivan-Hames	Executive Director	Help Central, Inc./Butte-Glenn 211

Attachment 3: Community Stakeholder Interview Responses

Community interview participants were asked to name some of the major health issues affecting individuals in the community. Responses included:

- Mental health and drug addiction across all age groups. These are also connected to the issue of homelessness. The effect of increased homelessness affects everyone.
- Mental health, primarily maternal and parental mental health, which can lead to substance abuse and other undesirable lifestyle behaviors and disrupted parent-child attachment.
- Mental health, depression, and food insecurity, especially among older adults and college students.
- Mental health and community-wide trauma due to disasters and the pandemic.
- We see mental health effects across the board but are especially concerned with the high school and college population.
- Chronic health conditions among uninsured populations that are going untreated due to lack of health care access.
- Cancer, asthma, and other respiratory ailments.
- People who have diabetes don't have a lot of support in the community. If we refer them out for nutritional services, the services are not culturally geared toward food that Hispanics really eat.
- There's a need for primary and specialty care and continuity of care. Right now, we see a lot of episodic care with urgent care and clinics. People need an established relationship between patient and doctor for care to be effective long-term.
- The area lacks pediatric specialty care for diabetes, allergies, and asthma, especially. If a patient has Medi-Cal, they must travel to Sacramento for care. This is an inequity they face compared to kids with private insurance.
- Persons who are homeless have unaddressed health needs that impact the hospital when they don't access primary care. They go to the emergency room with preventable issues or issues that have advanced to a crisis.
- There is a big uptick in persons who are homeless who need a skilled nursing setting but are at a shelter. Shelter staff often must call an ambulance for these people. Some are on cancer treatment or dialysis, which is above their knowledge base.

Interview participants were asked to identify the most important factors that impact health in the area. Their responses included:

- Lack of access to health care, even with primary care and supportive health care services.

- The shortage of adequate health providers.
- We lost Adventist Health, which impacted a whole community.
- Access to affordable health care is an impediment.
- Structural factors around health insurance and access.
- The area has a high Medi-Cal population, which has some good primary care access but not enough capacity. We have a regional model for Medi-Cal and two Medi-Cal providers, but Enloe Medical Center doesn't have a contract with Anthem Blue Cross Medi-Cal so that limits access. The only birthing hospital that accepts Anthem Blue Cross Medi-Cal is Oroville Hospital.
- Lack of access to health care for students. There's a vast number of CSU Chico students from Southern California and many have Kaiser as their provider, but the nearest Kaiser is 90 miles away. So, the campus health center becomes their primary health care provider, which works for some, but others need more care than the campus can provide.
- Lack of access to mental health services. Most people don't know where to go or they are afraid to access care.
- There's high incidence of adverse childhood experiences (ACEs) in this area; we see multi-generation challenges with this.
- We have a structural gap with the lack of a safety net to capture those who are struggling with drugs, mental health problems, or homelessness. There must be a comprehensive statewide solution – cities and counties alone can't fix. It takes a network.
- There is a lack of housing and prevalence of low-income populations in the area, as well as the ability for people to have adequate nutrition. There are many areas to exercise but people need more education overall about what impacts health.
- There is a lack of transportation.
- With the major disasters experienced over the last couple of years, many people were uprooted and are now living in Chico, so the population increased dramatically.
- This is a college town on an island, with not many large cities around. We're a hub for younger people who hang out in town and a major hub for the county so many come here to seek services.
- Social outlets have been limited, which greatly impacts the Hispanic community. There are no places to socialize in a healthy way.
- Persons who are homeless lack resources to address their behavioral and addiction-related issues, so they end up stuck in addiction.

Interview participants were asked what populations in the area are not regularly accessing health care and social services. Their responses included:

- It depends on the part of county, but senior citizens, ethnic groups, veterans, and

persons who are homeless.

- Those in rural isolated areas, specifically older adults and persons with disabilities who lack transportation or mental capacity to make good decisions.
- Those with Anthem Blue Cross Medi-Cal, as well as people who are having difficulty getting started with a primary care physician, regardless of the type of insurance. There's not enough capacity to serve all residents with primary care; it's very difficult to get established with a medical home.
- The high population of young kids on Medi-Cal, which is limiting in terms of who they can see. They are funneled to an FQHC so forming long-term relationships with a provider is hard and may get interrupted with a lack of continuity of care.
- Oral health is hard for kids with Medi-Cal; there aren't many quality providers. There's also a lack of education about oral health.
- Young, healthy people, ages 20 to 45, aren't accessing quality care. They see themselves as not having a whole lot wrong, and with the lack of doctors, it becomes a low priority. If they get sick, they end up at emergency room.
- Students in general don't seek services.
- Those with low socio-economic status feel marginalized and believe that services aren't available to them. Social determinants of health keep many away from quality care.
- A lack of trust in the system is prevalent in certain areas. There are cultural issues or language barriers that may prevent one from seeking services, specifically among the Hmong, Hispanic and Native American populations. Food insecurity may be high within these groups.
- The native population, although they may get care through their native hospital.
- The Hispanic population who lacks medical insurance. They instead wait until their health situation is dire. This population experienced many COVID-related deaths. If they were told to stay home, that meant they couldn't go to work to earn money.
- The homeless population is aging; the average age is among those seeking health care services is 50 and older. It's the younger groups, ages 18 to 30, who are in shelters who do not seek medical care.
- The transient homeless population probably isn't seeking services due to mental health and substance use issues.

Interview participants were asked how the COVID-19 pandemic influenced or changed unmet health-related needs in the community. Responses included:

- COVID exacerbated mental health needs and their acuity.
- Isolation impacted people across the board, impacting mental health.
- We saw an increase in suicide ideation or suicide attempts among youth.
- We see college students who are suicidal, have failure to thrive, and are self-

medicating with illicit substances.

- The mental health system is overwhelmed as far as counseling services. COVID created a situation where families weren't seeking preventive services due to providers changing office hours.
- The pandemic changed the overall thinking of the community. People no longer ran to the emergency room. Many elective procedures got postponed, greatly impacting community members.
- People were scared to go to the doctor. Screenings and preventive care like immunizations were postponed. Residents were more inclined to see a doctor using telemedicine.
- The downside of telehealth is that some local providers moved to only offering telehealth options, which does reduce the opportunity for rapport. On a positive note, telehealth meant many rural patients had an easier time accessing specialists in San Francisco; it was no longer a 10-hour trip.
- People relied more on self-diagnoses due to fear of seeing a doctor and getting COVID. As a result, some have serious illnesses that could have been caught earlier but they avoided screenings, even those connected to care.
- COVID spiked 911 calls for service. People were worried about their health, not being able to breathe, etc. There seems to be an increase in child abuse reports.
- Many community partners worked together to meet community needs. If things were bad before, they got even worse with COVID.
- The pandemic blew up unmet needs in terms of availability of services, and services were already extremely limited. During the shutdown, people without food had no way to get food – they needed it delivered. In a in rural community, this created another level of strain for organizations trying to respond.
- For students who went back home, they had no health care access if they were uninsured as they previously got care from the campus health center.
- The number of persons who are homeless greatly increased since the start of the pandemic, partly due to job loss. In Chico, there were political changes that made homelessness more obvious.
- The government has enabled people to live openly and legally in spaces that otherwise are inappropriate. Pandemic policy has enabled this to be okay, worsening the situation.
- It's difficult for persons who are homeless to stay engaged with the shelter that is requiring them to do things related to safety. It is difficult for them to understand; they feel controlled and isolated, so sometimes they leave.
- Those who are seeking help and healthy changes in their lives get frustrated with quarantining.
- There's great mistrust in vaccinations and in public health.

Interview participants were asked how the Camp Fire impacted the health needs of the community. Responses included:

- The Camp Fire had significant impact on access, maybe even more so than the pandemic.
- The fires had great impact, but challenges started with the Oroville Dam crisis in 2017. Layer on that, five fires, with over 17,000 residences lost in the county. It's been crisis after crisis.
- Stress greatly impacted people, causing exacerbation or relapse of conditions.
- People lost jobs and had to move; there's a lot of movement happening in the area.
- Chico had more than 20,000 people join the community due to displacement.
- There's community-wide trauma and the ripple effect can't be underestimated. We've seen PTSD associated with that event, not just for impacted survivors but the community as a whole. There's a lack of resources for recovery, including housing options, which added to the mental health crisis.
- We lost 30% of the health care in the region, including nursing homes and doctors. This had a very real impact on the population in Chico and Oroville. People lost the choice of where to go for care.
- The loss of Adventist Health Feather River had a massive impact to the area. They were really keyed in on nutrition and preventive services, which helped set the tone for providers in the county. They had brought up Butte County potentially being part of Blue Zones movement where people thrived.
- We lost one big hospital and all the medical professionals that went with that hospital, which increased those who needed to go to Enloe Medical Center. This put a tremendous strain on the hospital. Health care didn't grow to meet the need.
- With payout from insurance, many doctors retired or left the area, leaving few options for certain types of payers to access systems. Many have Medi-Cal or Medicare, and their doctor became the emergency room, causing a bottleneck for other services.
- Physicians may have temporarily left to stay with their families, with the intention of continuity, but most didn't return.
- It's so out of balance for anyone continuing to serve the population post-fire; it's hard to see anyone for care. Even veterinary appointments are often two months out.
- Prisoners need medical clearance before going to jail; Enloe is the only option, and the hospital is already impacted.
- The fire exposed raw areas of county and how marginally people were living, especially in Paradise. Immediately following the fire, there was a waiting list of

7,000 people for mental health care and other health needs.

- Many Hispanics didn't seek services. Many are immigrants who are under the radar because they get paid cash for their work and don't have insurance. They are resourceful survivors who are skilled in navigating challenges.
- There's a lack of public service announcements in Spanish regarding resources and where to seek help.
- It's hard to find counselors because mental health access decreased. We saw some improvement, but things were again affected by pandemic. Mental health moved to Zoom but mental health care is hard to provide well remotely.
- There are limited inpatient and outpatient mental health providers in the area. Many people must go to Sacramento for services.
- Those displaced by the fire who didn't have normal school experiences to begin with, now aren't having a normal college experience due to COVID. They feel this was taken away from them.
- Almost a quarter of the persons who are homeless are from Paradise. They experienced a heavier burden because of the Camp Fire. The lost shelter or place for their camper to park.

Attachment 4: Resources to Address Community Needs

Community stakeholders identified resources potentially available to address the identified community needs. This is not a comprehensive list of all available resources. For additional resources refer to Butte County 211 at http://helpcentral.org/.

Significant Needs	Community Resources
Access to Health Care	Ampla Health (including mobile medical unit), Enloe Medical Center and Prompt Care, Feather River Tribal Health, Northern Valley Indian Health, Planned Parenthood, Shalom Free Clinic, Stonewall Alliance Center, WellCat Health Center - CSU, Chico, Women's Health Specialists
Chronic Diseases	Ampla Health (including mobile medical unit), Chico Dialysis, Enloe Medical Center and Prompt Care, Feather River Tribal Health, Mangrove Medical Group, Mission Ranch Primary Care, North State Primary Care, Northern Valley Indian Health, Planned Parenthood, Shalom Free Clinic, Stonewall Alliance Center, WellCat Health Center - CSU, Chico, Women's Health Specialists
COVID-19	African American Family & Cultural Center, Ampla Health, Butte County Public Health Department, California State University, Chico, Chico Chamber of Commerce, Community Action Agency of Butte County, Inc., Enloe Medical Center, Hispanic Resource Council of Northern California
Economic Insecurity	Ampla Health, Center for Healthy Communities - CSU Chico, Chico Chamber of Commerce, Chico State Basic Needs Project - CSU Chico, Community Housing Improvement Program (CHIP), Help Central, Inc. / Butte-Glenn 2-1-1, Medi-Cal Health Navigator Project, North Valley Community Foundation, Northern Valley Catholic Social Service, Inc. - Disaster Case Management Program, Work Training Center
Environmental Conditions	AquAlliance, Butte County Air Quality Management District, Butte County Farm Bureau, Butte County Fire Safe Council, Butte County Mosquito & Vector Control District, Butte Environmental Council, Butte Water Watch, Chico Stewards for Parks and Waterways, North Valley Community Foundation - North Valley Community Land Trust, University of California Cooperative Extension - Butte County
Food Insecurity	Boys & Girls Clubs of the North Valley, Butte College Roadrunner Hub, Butte County Local Food Network, CalFresh, Chico Friends on the Street, Chico State Basic Needs Project - CSU Chico, Community Action Agency of Butte County, Inc., Democratic Socialists of America, Gleaners of Chico, Grub CSA Farm, Hispanic Resource Council of Northern California, Hunger Trolley, Jesus Center, North Valley Community Foundation - Chico Food Project, Northern Valley Catholic Social Service, Inc., Rotary Club of Gridley, Sacred Heart Catholic Church, Soroptimist International Gridley, The Salvation Army, Torres Community Shelter, WIC - Chico, Wildcat Food Pantry - CSU Chico
Housing and Homelessness	Ampla Health, Butte County Behavioral Health, Butte County Public Health Department, Catalyst, Chico Friends on the Street, Chico Housing Action Team (CHAT), Chico State Basic Needs Project - CSU Chico, Community Action Agency of Butte County, Inc. - Esplanade House, Community Housing Improvement Program (CHIP), Enloe Medical Center, Habitat for Humanity of

Significant Needs	Community Resources
	Butte County, Housing Authority of the County of Butte, Jamboree Housing, Jesus Center, Oroville Rescue Mission, Safe Space Winter Shelter, Shalom Free Clinic, Southside Oroville Community Center, Torres Community Shelter, True North Housing Alliance
Mental Health	Butte County Behavioral Health, Mindpath Health, Mothers Strong Collaborative, North Valley Community Foundation - Thrive Program, Northern Valley Catholic Social Service, Inc., The Growing Place Counseling Center, Therapeutic Solutions, WellCat Counseling Services - CSU Chico
Overweight and Obesity	Boys & Girls Clubs of the North Valley, Butte County Public Health Department, University of California - Division of Agricultural and Natural Resources (educational programs)
Preventive Practices	Community Health Collaborative, Enloe Medical Center and Women's Services, Planned Parenthood, WellCat Health Center - CSU, Chico, Women's Health Specialists
Substance Abuse	Aegis Treatment Centers, Ampla Health, Argyle Medical Group, Butte County Behavioral Health, Butte County Public Health Department, Enloe Medical Center, Northern Valley Indian Health, Skyway House, The Salvation Army Adult Rehabilitation Program, Therapeutic Solutions, WellCat Prevention - CSU Chico
Unintentional Injuries	Centro Legal de la Raza, Northern Valley Catholic Social Service, Inc.

Attachment 5: Report of Progress

Enloe developed and approved an Implementation Strategy to address significant health needs identified in the 2019 CHNA. The hospital addressed: access to care, adverse childhood experiences and maltreatment, chronic diseases, mental health and substance use through a commitment of community benefit programs and charitable resources.

To accomplish the Implementation Strategy, goals were established that indicated the expected changes in the health needs as a result of community programs and education. Strategies to address the priority health needs were identified and measures tracked. The following section outlines the health needs addressed since the completion of the 2019 CHNA.

Access to Care
Response to Need

Camp Fire Recovery

In November 2018, the Camp Fire, one of the largest and most destructive wildfires in the state's history, tore through Paradise, a town about 17 miles east of Enloe Medical Center. In Paradise, the Camp Fire destroyed over 15,000 homes and displaced nearly 50,000 people. Over one-third of Butte County's health care infrastructure was destroyed, including physician and urgent care clinics, pharmacies, assisted living centers, more than 300 skilled nursing facilities, and most importantly, a general acute care medical facility (Feather River Hospital). Enloe Medical Center spent over $5.3 million, without any external funding or help, to keep up with the overwhelming need and continue caring for patients. Enloe continues to work with local communities who are rebuilding and recovering from the devastation, both environmentally and emotionally.

Mobile Medical Unit

Enloe Medical Center worked with Butte County Public Health (BCPH) and Ampla Health to support the success of the new Mobile Medical Unit (MMU). The MMU offered services to the homeless population, including primary care, wound care and chronic disease management.

Community Health Physician

Enloe hired a physician with public health experience to help address local population health and community health challenges. The doctor worked with community partners to form a nicotine use screening and cessation program.

Community COVID-19 Vaccination Clinics | 82,000 Vaccines

As of June 2021, the COVID-19 vaccination clinics administered more than 82,000 doses, about half the doses given in Butte County. The collective effort of Enloe, Butte County Public Health, and nursing students made it possible to administer COVID-19 vaccines, quickly, efficiently and locally, reducing preventable deaths, especially among those at greatest risk. In addition to establishing and running two stationary clinics, the team also managed a mobile clinic service. In total, the collaborative operated three concurrent vaccine clinics.

Flu Shot Clinics | 6,784 Vaccines

Butte County Public Health donated flu vaccines and Enloe hosted free flu vaccination clinics. Enloe vaccinated members of the public at annual drive-thru and walk-in clinics and held private clinics. Flu clinics were also held at local homeless shelters and temporary and transitional housing facilities.

Health Fairs | 2,192 People Reached

Enloe participated in health fairs throughout Butte County to connect with high-risk and underserved individuals, including older adults, low-income families, and those without shelter. Enloe caregivers offered blood pressure screenings, stroke assessments and education, depression and cancer self-assessments, nutrition education, pre-diabetes information, and more. Enloe participated in:

- Enloe's Annual Community Wellness Expo, Chico | This event brought together 40 departments from the hospital and 12 partner agencies to provide free health screenings, education and resources, benefiting the community as a whole, but especially those who do not have access to regular health care. The event resulted in 444 health screenings and 432 flu shots.
- Día Del Campesino, Gridley | Enloe Respiratory Therapy educated over 225 participants on COPD and lung health and screened over 100 people with a spirometer test. The event was hosted by the Hispanic Resource Council of Northern California, a coalition of more than 50 agencies. This event provides education and support resources targeted toward Hispanic families in our region.
- Healthy Aging Senior Expo, Chico | Enloe Medical Center partnered with the Chico Area Recreation and Park District (CARD) to host this annual event, bringing resources and education to older adults. Enloe focused on cancer education and prevention, diabetes and fall risks among seniors.
- Virtual Health Fair, Facebook | The virtual health event was in collaboration with Si Se Puede and the Nicotine Action Alliance coalition. The health fair provided tobacco education, cessation resources, health screening resources for tobacco-related health issues, and more for kids, adults, and families. The event reached more than 350 people.

Support Groups | 1,332 Encounters
Enloe Medical Center offered classes and support groups that provided valuable information and comfort to those living with a chronic disease or illness. These included cancer, stroke, bariatrics, diabetes, and ostomy, among others.

Community Support
Enloe Medical Center partnered with community organizations and worked independently to provided funds to those in need through cash and in-kind donations. This helped build community and improve overall health by addressing basic needs. Services and resources provided included space, transportation, medications and medical equipment. In total, Enloe served an estimated 3,207 people and their families.

Adverse Childhood Experiences and Child Maltreatment
Response to Need

Community Support
ACEs are traumatic events in the form of neglect, abuse, or household challenges during childhood. They can negatively influence an individual's overall health and well-being throughout that person's lifespan. The Boys & Girls Club of the North Valley helps support youth and their families in meeting their most basic and necessary needs. The additional effects of the pandemic have taken a devastating toll on these families. Several experience significant changes in everyday routines due to financial hardships and reduced support from the education system. Many qualified for government assistance, however a lag in application processes would leave families without support for almost three months. To bridge the funding gap, Enloe awarded the Boys & Girls Club a mini-grant to support families with bills, rent and household needs until government funding and additional services could be secured. The funding provided direct assistance to over 20 club families. The club's case managers met each family, conducted an intake, and assessed their needs. The funds helped protect these local families from the economic impact of COVID-19 by helping keep children's home environments stable.

Chronic Disease
Response to Need

Enloe en Español | 86,325 Unique Views
To meet the needs of our Spanish-speaking population, Enloe launched Enloe en Español. Educational videos were broadcast on Enloe's Facebook page and YouTube channel. Enloe en Español addressed health needs, including access to care, chronic

disease, and substance use prevention and education. The first educational video focused on COVID-19.

Health Events, Classes and Support Groups | 3,113 People Reached

Enloe participated in health events and virtual classes to connect with high-risk and underserved individuals, including older adults, low-income families, and those without shelter. Enloe participated in:

- Hispanic Resource Council's COVID-19 Task Force Community Prevention and Education Outreach: This coalition coordinated countywide events to distribute PPE (including hand sanitizer and face masks) and COVID-19 educational materials to the Spanish-speaking community. Half of the events also included food distribution. The coalition hosted four events in Butte and Glenn counties, reaching an estimated 500 people.
- OLLI Healthier You Series: The Healthier You class series was hosted through the Osher Lifelong Learning Institute (OLLI), a continuing education program of CSU, Chico. Physicians and other caregivers presented on topics that addressed health conditions affecting older adults. These included: COVID-19 updates, cancer, COPD and other respiratory illnesses, arthritis, breast health, diabetes, and balance. 14 people attended the virtual five-week lecture series.
- Community & Patient Classes: Enloe Medical Center offered online classes and many of the classes were recorded, allowing participants to access the information at their convenience. Classes included: Cancer Center Chemotherapy Education, stress management, Pre-Diabetes Classes, and Sweet Success (for pregnant women).
- COPD Lecture Series: The free COPD Education Program equipped attendees with knowledge on how to recognize COPD and manage their medications, and identify triggers that cause flare-ups. Twenty people attended the free five-week in-person lecture series.

Mental Health and Substance Use
Response to Need

Substance Use Navigator (SUN)

In California, Butte County has the highest rates of hospital admissions due to opioid overdose from prescription and illicit opioids. Enloe's SUN Program is available at no cost to anyone who seeks access to Medication-Assisted Treatment (MAT). The program has made a significant difference since it began in June 2019. In FY20, 566 patients were referred. 30% accepted MAT treatment, 122 started new MAT and reduced their hospital recidivism rate by 43%, 65 completed MAT and the community provider intake, decreasing their hospital recidivism by 60%. Additionally, 72% of those

who enrolled in community provider care were still in treatment 6-months post-intervention. In FY21, 895 patients were referred, 359 are opioid use disorder patients, 208 started new MAT and reduced their hospital recidivism rate by 24%, 72% of those who enrolled in community provider care were still in treatment 6-months post-intervention.

24-Hour Crisis Hotline

Enloe offered a 24/7 crisis hotline for those who suffered from mental illness and needed immediate help. The hotline connected people to a registered nurse, who provided information and resources.

Youth Suicide Prevention Collaborative

Enloe, Butte County Public Health, Chico Unified School District and others started a task force to discuss intervention, treatment options to support our struggling youth and their families.

Flavored Tobacco Products | Oroville and Paradise

Oroville and Paradise enacted an ordinance prohibiting the sale of flavored tobacco products in 2020. Paradise was the first in the state to ban the sale on non-nicotine-based flavor enhancers. Additionally, the State of California passed SB793 on Aug 28, 2020, banning the sale of most flavored tobacco products.

Health Events

- Virtual Runs: Mental health conditions, such as depression, anxiety and postpartum depression, were exacerbated due to the isolation of the COVID-19 lockdowns. To encourage healthy activities and support emotional connection through group activity, Enloe collaborated with community partners and hosted two virtual events. The Growing Healthy Children Walk/Run connected with 137 children and adults. These events were free to the public. Enloe also supported Chico's Virtual Run for Food event that raised money for the Jesus center, one of the largest homeless shelters in the county.
- Over 80 women registered for Mothers Stroll, which raised awareness and provided support for moms affected by perinatal mood and anxiety disorder, also known as postpartum depression.

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