

# 2023

## COMMUNITY HEALTH NEEDS ASSESSMENT

### St. Joseph Hospital Redwood Memorial Hospital Eureka & Fortuna, California



To provide feedback on this CHNA or obtain a printed copy free of charge, please email Martha Shanahan at [Martha.Shanahan@providence.org](mailto:Martha.Shanahan@providence.org)



# CONTENTS

Message to the Community and Acknowledgements	4
EXECUTIVE SUMMARY	5
Understanding and Responding to Community Needs	5
Gathering Community Health Data and Community Input	5
Identifying Top Health Priorities	6
Measuring Our Success: Results from the 2020 CHNA and 2021-2023 CHIP	7
Introduction	9
Who We Are	9
Overview of CHNA Framework and Process	11
Equity Framework	11
CHNA Framework	12
Data Sources	12
Data Limitations and Information Gaps	13
Process for Gathering Comments on Previous CHNA and Summary of Comments Received	14
Our Community	15
Hospital Service Area and Community Served	15
Providence Need Index	15
Community Demographics	16
Health Indicators	20
Hospital Utilization Data	21
Community Input	22
Summary of Community Input	22
Challenges in Obtaining Community Input	25
Significant Health Needs	26
Review of Primary and Secondary Data	26
Identification and Prioritization of Significant Health Needs	26
2023 Priority Needs	27

Alignment with Other Community Health Needs Assessments _____	28
Potential Resources Available to Address Significant Health Needs _____	29
Evaluation of 2021-2023 CHIP A _____	30
Addressing Identified Needs _____	31
2023 CHNA Governance Approval _____	33
Appendices _____	34
Appendix 1: Quantitative Data _____	34
Appendix 2: Community Input _____	37
Appendix 3: Community Resources Available to Address Significant Health Needs _____	55
Appendix 4: St. Joseph Hospital and Redwood Memorial Hospital Community Benefit Committee _	57

## MESSAGE TO THE COMMUNITY AND ACKNOWLEDGEMENTS

It is with great joy and pride that we present St. Joseph Hospital and Redwood Memorial Hospital's 2023 Community Health Needs Assessment to our community – both our collaborative partners as well as the communities we serve.

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

Despite the ongoing challenges presented by inflation, supply chain disruptions, and recovery from a global pandemic we held steadfast to our guiding principles of including the voice of the community in this report. We spoke with several key informants about what they felt were the biggest needs in our community and held listening sessions with groups of community members and hospital caregivers who directly serve our neighbors and friends.

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

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

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

With deep gratitude,



Ranjit Hundal, MD  
Interim Chief Executive  
Providence Humboldt County



Becky Giacomini  
Board Chair, Community Benefit Committee  
Providence Humboldt County

# EXECUTIVE SUMMARY

## Understanding and Responding to Community Needs

The Community Health Needs Assessment (CHNA) is an opportunity for St. Joseph Hospital and Redwood Memorial Hospital to engage the community every three years with the goal of better understanding community strengths and needs. At Providence, this process informs our partnerships, programs, and investments. Improving the health of our communities is fundamental to our Mission and deeply rooted in our heritage and purpose.

The 2023 CHNA was approved by the Community Benefit Committee, a sub-committee of the hospital ministry community board on November 14, 2023 and made publicly available by December 28, 2023.

## Gathering Community Health Data and Community Input

Through a mixed-methods approach, using quantitative and qualitative data, we collected information from the following sources: American Community Survey, Behavioral Risk Factor Surveillance System, local public health data regarding health behaviors, morbidity and mortality, and hospital-level data. To actively engage the community, we conducted 7 listening sessions with people who have chronic conditions, are from diverse communities, are elders, are parents with young children, face economic insecurity, and/or are medically underserved. We also conducted 13 key informant interviews with representatives from organizations that serve these diverse populations, specifically seeking to gain deeper understanding of community strengths and opportunities. We also conducted 3 listening sessions with Providence caregivers who work directly with underserved communities and people. Some key findings include the following:

- Key informants, caregivers, and community members identified housing as a basic need and named it as the number one social determinant of health. More affordable housing (rents and mortgages), transitional housing and supportive housing were discussed.
- Lack of behavioral health services to meet needs across the continuum of care; need for more local residential treatment centers, crisis services, low-barrier substance use disorder (SUD) treatment programs, and mental health services in general, especially culturally matched services.
  - 6.7% of all St. Joseph Hospital Emergency Room visits are Behavioral Health related.
- Accessing primary care and specialty care (including dental care) in Humboldt remains difficult, especially for people with limited or unreliable transportation options or people who don't speak English. A desire for culturally matched care providers was mentioned.
  - 33% of all SJE and RMH Emergency Room visits are potentially avoidable.
- Economic insecurity - including the struggle to find and afford childcare and transportation out of Humboldt to access care - and food insecurity were also highlighted.

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

## Identifying Top Health Priorities

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



### HOMELESSNESS & HOUSING INSTABILITY

Key informants, Providence caregivers, and community members identified housing as a basic need and named it as the number one social determinant of health. They identified a need for more affordable housing across the spectrum, including supportive housing and transitional housing. There is also a need for more support for people experiencing homelessness. Equitable and inclusive housing was explicitly prioritized.

Key informants noted finding stable, affordable housing for the following populations can be more difficult: families with children, people with mental health challenges, and people with a substance use disorder. Caregivers noted that mold and sub-standard housing conditions contribute to unhealthy and unsafe living conditions.



### BEHAVIORAL HEALTH & ACCESS TO CARE

Most key informants, caregivers, and community members spoke to a lack of behavioral health services to meet needs across the continuum of care, citing a need for local residential treatment centers, crisis services, low-barrier substance use disorder (SUD) treatment programs, and mental health services in general. Community members and caregivers spoke to a need for more mental health services and support groups in Spanish specifically. Equitable and inclusive access to behavioral health care and services was explicitly prioritized.

All groups were particularly concerned about increased depression and anxiety for young people, and many spoke to the importance of addressing Adverse Childhood Experiences (ACEs). Key informants noted seeing an increase in alcohol use, SUD, domestic violence, death by suicide, isolation, overdoses, and distress since the start of the pandemic.



### ACCESS TO HEALTH CARE SERVICES

Community members, caregivers, and key informants emphasized accessing primary care and specialty care is difficult in Humboldt County for many people. Local primary care clinics have limited availability and many patients drive out of Humboldt to access primary and specialty care. Transportation is a significant and persistent barrier to care. Many people lack sufficient funds to travel out of the county to access care. To address barriers to care, caregivers shared a need for more culturally matched providers, case management, medication management, and warm handoffs. Many programs that provide support have waitlists.

Equitable and inclusive access to care was explicitly prioritized. There is a need for more bilingual, Spanish-speaking, health care providers and Black, Brown, Indigenous, and Persons of Color (BBIPOC) providers.



Additionally, dental care was highlighted as a major and frustrating challenge for many people in Humboldt County, with few local dental providers and difficulty affording and accessing services. The costs and time associated with travel out of the area is burdensome.



### FOOD INSECURITY

Key informants highlighted food insecurity as a key need and significant in many parts of Humboldt County. Key informants and caregivers noted more rural or isolated parts of the county do not have access to affordable, healthy food options. People may have to use their CalFresh benefits to buy food at gas stations. Community members would like to see more food resources and pantries, particularly in communities besides Eureka. Food programs for families with children over five years is also needed. Equitable and inclusive access to high quality food was explicitly prioritized.

St. Joseph and Redwood Memorial Hospitals will develop a three-year Community Health Improvement Plan (CHIP) to respond to these prioritized needs in collaboration with community partners considering resources and community strengths and capacity. The 2024-2026 CHIP will be approved and made publicly available no later than May 15, 2024.

## Measuring Our Success: Results from the 2020 CHNA and 2021-2023 CHIP

This report evaluates the impact of the 2021-2023 CHIP. St. Joseph and Redwood Memorial Hospital responded to community needs by making investments of direct funding, time, and resources to internal and external programs dedicated to addressing the previously prioritized needs using evidence-based and community-led practices. In addition, we invited written comments on the 2020 CHNA and 2021-2023 CHIP, made widely available to the public through posting on our website and distribution to community partners. No written comments were received on the 2020 CHNA and 2021-2023 CHIP. The 2020 CHNA and 2021-2023 CHIP priorities were the following:

- Priority 1: Mental Health and Substance Use Services
- Priority 2: Homelessness/ Lack of Safe, Affordable Housing
- Priority 3: Racism and Discrimination
- Priority 4: Access to Health Care

A few of the key outcomes from the previous CHIP are listed below:

- Funding and supportive services for the *Mother Bernard House* shelter project and transition to permanent supportive housing with six recuperative care rooms.
- *The Better Birthing Collaborative*, a Providence funded health equity initiative that centered local Indigenous voices and co-created interventions with the Native American communities served by St. Joseph Hospital childbirth center.

- Funding for the new *Sorrel Leaf Healing Center*, a youth residential treatment program, and funding to help *Food for People* rebuild their warehouse with improved disaster response capabilities.
- Expansion of the Substance and Behavioral Health Navigators in the Emergency Departments at SJE and RMH via the California Bridge Program; and increased access to naloxone and medications for treatment of substance use.
- Providence sponsored, responsive Community Health programs. These programs are reliable and trusted cornerstones of the community, and they adapt to meet the needs of the people they serve: *Paso a Paso*, *CARE Network*, *Community Resource Centers* and *Evergreen Lodge*.



# INTRODUCTION

## Who We Are

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

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

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

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

For more information on the resources invested to improve the health and quality of life for the communities we serve, please refer to our Annual Report to our Communities:

<https://www.providence.org/about/annual-report>.

# COLLABORATING PARTNERS

## Collaborating Community Partners

Several people and entities collaborated to make this CHNA possible. The data analytics team from Providence organized data and created the Humboldt County Data Hub that allowed visualization of data on census-tract maps.

The Providence Community Resource Centers held community listening sessions with the community members they serve, and we are grateful for the leadership of the coordinators at these centers who made these listening sessions happen.

The Paso a Paso program hosted a community listening session at the Loleta Community Resource Center that was well attended and lively. Being a trusted program with decades of experience serving the Hispanic/Latino community in Humboldt County, Paso a Paso was able to lean on relationships to create a safe space for a robust and lively conversation on health, wellbeing, and community needs.

We continue to partner closely with the County of Humboldt Public Health Department and align with Live Well Humboldt, which is a network of community health improvement collaborators committed to taking actions to improve health and wellbeing.

There were several key informants representing multiple local non-profit organizations, educational institutions, or government agencies, that were generous with their time and allowed our Community Health Needs Assessment team to interview them. Thank you to all those who contributed their time and expertise. A complete list of key informants can be found in the Appendix.

Heartfelt gratitude is extended to the caregivers that work in the Community Health Investment division of Providence St. Joseph and Redwood Memorial Hospitals. These caregivers shared their experiences and expertise built from years of working with underserved communities. Their insights into the strengths of the communities they serve and their identification of unmet needs, is valuable.

And finally, this CHNA would not be possible without the generous, honest, and insightful contributions of the community members that participated in listening sessions. We are forever grateful for the candid conversations and sharing the things that have most impacted health and wellbeing in your lives and the lives of families, friends, and neighbors.

# OVERVIEW OF CHNA FRAMEWORK AND PROCESS

## Equity Framework

Our vision, Health for a Better World, is driven by a belief that health is a human right. Every person deserves the chance to live their healthiest life. At Providence, we recognize that long-standing inequities and systemic injustices exist in the world. This has led to health disparities among communities that have been marginalized because of their race, ethnicity, gender, sexual orientation, age, ability, religion, or socioeconomic status. Our health equity statement can be found online: <https://www.providence.org/about/health-equity>.

The CHNA is an important tool we use to better understand health disparities and inequities within the communities we serve, as well as the community strengths and assets. Through the literature and our community partners, we know that racism and discrimination have detrimental effects on community health and well-being. We recognize that racism and discrimination prevent equitable access to opportunities and the ability of all community members to thrive. We name racism as contributing to the inequitable access to all the determinants of health that help people live their best lives, such as safe housing, nutritious food, responsive health care, and more.

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



### Approach

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



### Community Engagement

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



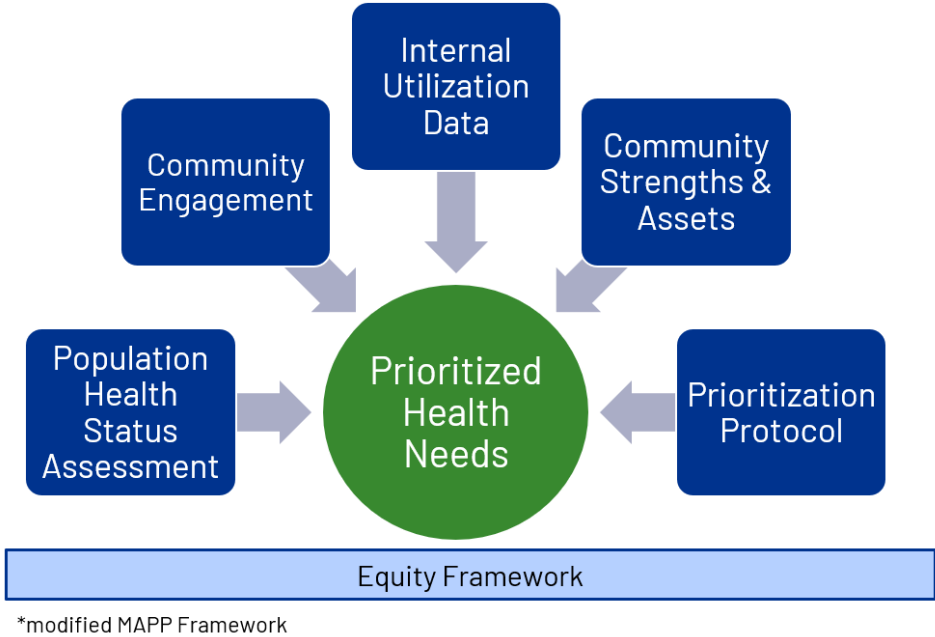
### Quantitative Data

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

Specific and intentional actions were taken during this CHNA process to try to insure participation from a diverse group of people. We offered community listening sessions in various locations across Humboldt County so people with limited transportation could attend close to home. We offered support with childcare and transportation as needed so community members could participate. We provided a meal during the listening session and offered compensation for people’s valuable time. The listening sessions were at different times of day to accommodate varied schedules. One of the community listening sessions was conducted in Spanish and we were intentional about including people of different ages. And in some circumstances, we went to where people were at to eliminate the need to travel.

### CHNA Framework

The equity framework is foundational to our overall CHNA framework, a modified version of the Mobilizing for Action through Planning and Partnerships (MAPP) developed by the National Association of County and City Health Officials (NACCHO). The modified MAPP framework takes a mixed-methods approach to prioritize health needs, considering population health data, community input, internal utilization data, community strengths and assets, and a prioritization protocol.



### Data Sources

In gathering information on the communities served by the St. Joseph and Redwood Memorial Hospitals, we looked not only at the health conditions of the population, but also at socioeconomic factors, the physical environment, and health behaviors. In addition, we recognize that there are often

geographic areas where the conditions for supporting health are poorer than nearby areas. Whenever possible and reliable, data are reported at census tract level. These smaller geographic areas allow us to better understand the neighborhood level needs of our communities and better address inequities within and across communities.

We reviewed data from the following sources:

Primary Data Sources	Secondary Data Sources
<ul style="list-style-type: none"> <li>• Key informant interviews</li> <li>• Community listening sessions</li> <li>• Hospital caregiver listening sessions</li> <li>• Internal hospital utilization data</li> </ul>	<ul style="list-style-type: none"> <li>• American Community Survey</li> <li>• Behavioral Risk Factor Surveillance System (BRFSS)</li> <li>• U.S. Census Bureau</li> <li>• County of Humboldt Public Health Department</li> </ul>

## Data Limitations and Information Gaps

While care was taken to select and gather data that would tell the story of the hospital’s service area, it is important to recognize the limitations and gaps in information that naturally occur, including the following:

- Not all desired data were readily available, so sometimes we had to rely on tangential or proxy measures or not have any data at all. For example, there is little community-level data on the incidence of mental health or substance use.
- While most indicators are relatively consistent from year to year, other indicators are changing quickly (such as percentage of people uninsured) and the most recent data available are not a good reflection of the current state.
- Reporting data at the county level can mask inequities within communities. This can also be true when reporting data by race, which can mask what is happening within racial and ethnic subgroups. Therefore, when appropriate and available, we disaggregated the data by geography and race.
- Data that are gathered through interviews and surveys may be biased depending on who is willing to respond to the questions and whether they are representative of the population as a whole.
- The accuracy of data gathered through interviews and surveys depends on how consistently the questions are interpreted across all respondents and how honest people are in providing their answers.

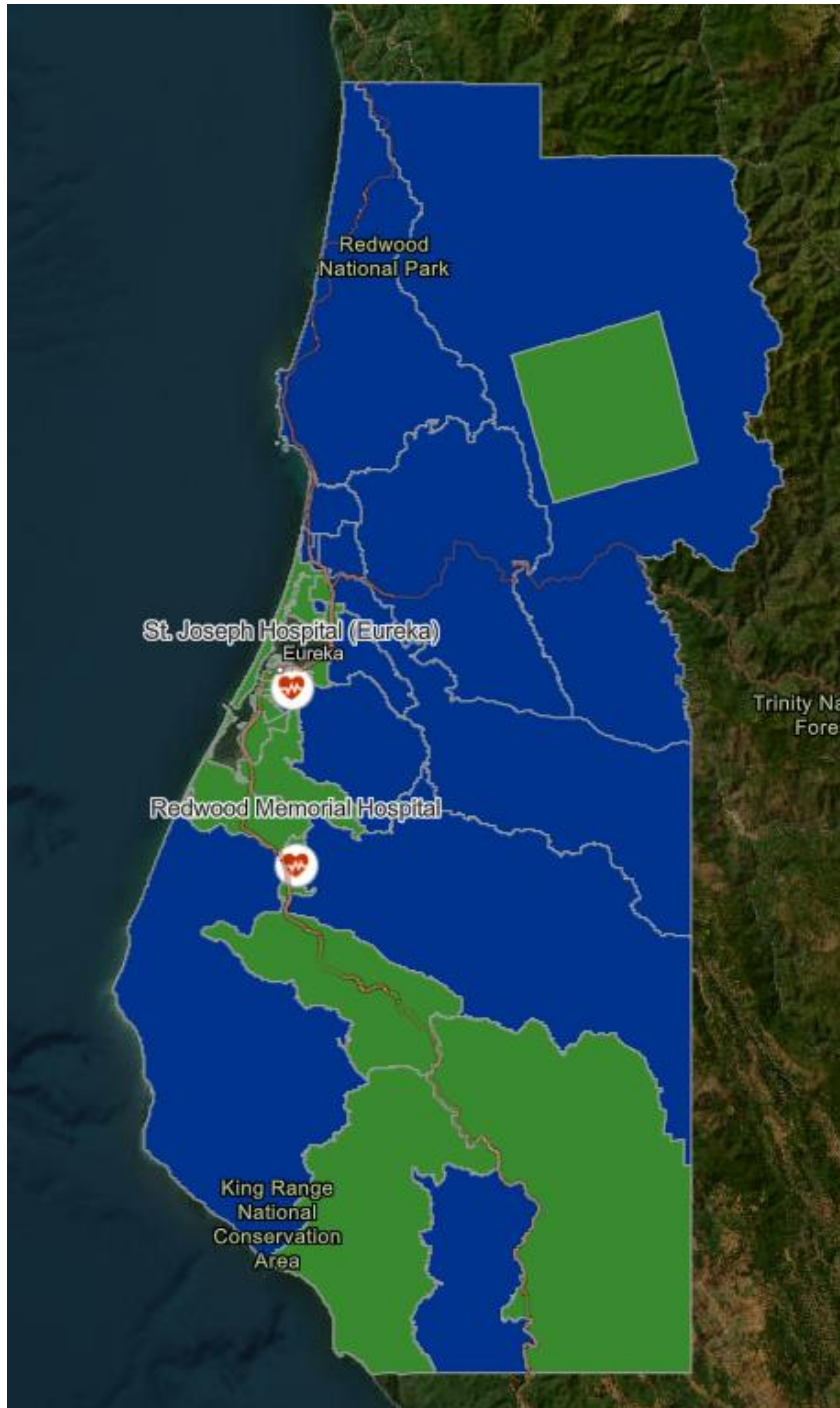
## Process for Gathering Comments on Previous CHNA and Summary of Comments Received

Written comments were solicited on the 2020 CHNA and 2021-2023 CHIP reports, which were made widely available to the public via posting on the internet in December 2020 (CHNA) and May 2021 (CHIP), as well as through various channels with our community-based organization partners.



No comments were received.

# OUR COMMUNITY

Figure 1. Humboldt County Service Area



## Census Tract

-  High Need Service Area
-  Broader Service Area

## Hospital Service Area and Community Served

Based on the availability of data, geographic access to the facility, and other hospitals in neighboring counties, Humboldt County serves as the boundary for the hospital service area.

St. Joseph and Redwood Memorial hospital provide Humboldt County communities with access to advanced and compassionate care. The hospital's community extends from the Humboldt-Del Norte County line in the north, Garberville in the south, Willow Creek, Hoopa, and Bridgeville in the east and is bordered by the Pacific Ocean in the west. This includes a population of approximately 137,000 people.

## Providence Need Index

To facilitate identifying health disparities and social inequities by place, we designated a "high need" service area and a "broader" service area, which together make up the Humboldt County Service Area.



Based on work done by the Public Health Alliance of Southern California and their [Healthy Places Index \(HPI\)](#) tool, we identified the high need service area based on income, education, English proficiency, and life expectancy.<sup>1</sup>

For this analysis, census tracts with more people below 200% Federal Poverty Level (FPL), more people without a high school diploma, more limited English households, and a lower life expectancy at birth were identified as “high need.” The mean value of nearest neighbors was used to insert missing data for variables by way of the Neighborhood Summary Statistics geoprocessing tool in ArcGIS Pro 3.1. All variables were weighted equally. The census tracts were assigned a score between 0 and 100 where 0 represents the census tract with the lowest need and 100 represents the highest need, according to the criteria. Census tracts that scored higher than the average were classified as a high need service area and are depicted in green. In the Humboldt service area, 20 of 35 census tracts (57%) scored above the average of 62.5 on the Providence Need Index (PNI), indicating a high need.

## Community Demographics

The graphs below provide demographic and socioeconomic information about the service area and how the high need area compares to the broader service area. We have developed a dashboard that maps each CHNA indicator at the census tract level. The dashboard can be found here: [Humboldt Datahub 2023 CHNA \(arcgis.com\)](#)

The following population demographics for Humboldt County are from the 2021 American Communities Survey 5-Year Estimates:

**Table 1. Humboldt County Demographics**

Indicator	High Need Service Area	Broader Service Area	Humboldt County
Population by Age Groups			
Total Population	81,383	55,631	137,014
Population Age Under 5	4.7% (3,785)	5.6% (3,120)	5.0% (6,905)
Population Age Under 18	19.1% (15,561)	19.2% (10,683)	19.2% (26,244)
Population Ages 18 to 34	27.3% (22,239)	23.4% (13,030)	25.7% (35,269)
Population Ages 35 to 54	24.5% (19,942)	23.3% (12,989)	24.0% (32,931)
Population Ages 55 to 64	11.9% (9,706)	14.6% (8,097)	13.0% (17,803)
Population Ages 65 to 84	15.1% (12,295)	17.7% (9,819)	16.1% (22,114)
Population Age 85 and Over	2.0% (1,640)	1.8% (1,013)	1.9% (2,653)

<sup>1</sup> The following variables were used for the PNI analysis: Population below 200% the Federal Poverty Level (American Community Survey, 2021); Percent of population with at least a high school education (American Community Survey, 2021); Percent of population, ages 5 Years and older in [Limited English Households](#) (American Community Survey, 2021); Life expectancy at birth (estimates based on CDC, 2010 – 2015 data)

Population by Gender			
Female	49.8% (40,562)	50.4% (28,048)	50.1% (68,610)
Male	50.2% (40,821)	49.6% (27,583)	49.9% (68,404)
Population by Race			
American Indian and Alaska Native	4.6% (3,773)	3.7% (2,058)	4.3% (5,831)
Asian Population	3.9% (3,170)	2.1% (1,162)	3.2% (4,332)
Black or African American Population	1.8% (1,447)	0.5% (293)	1.3% (1,740)
Native Hawaiian And Other Pacific Islander Population	0.5% (367)	0.1% (81)	0.3% (448)
Other Race Population	6.2% (5,081)	3.0% (1,687)	4.9% (6,768)
Two or more Races Population	10.3% (8,374)	9.0% (4,983)	9.7% (13,357)
White Population	72.7% (59,171)	81.5% (45,367)	76.3% (104,538)
Population by Ethnicity			
Hispanic Population	14.5% (11,825)	9.1% (5,052)	12.3% (16,877)

The areas highlighted in blue indicate a racial or ethnic disparity. For example, more of the population that identifies as Hispanic is in the high need service area (14.5%) compared to the overall population of Hispanic people living in Humboldt County (12.3%), indicating a disparity. Similarly, the following racial groups are overrepresented in the high need service area compared to the overall population living in Humboldt County: American Indian, Asian, Black or African American, Native Hawaiian and Other Pacific Islander, Other or Two or more Races.

**Table 2. Humboldt County Economic Indicators**

	High Need Service Area	Broader Service Area	Humboldt County	California
<b>Household Median Income</b>	\$45,926	\$64,189	\$53,371	\$83,226
<b>% of Renter Households with Severe Housing Cost Burden</b>	34.6%	26.3%	32.6%	26.3%
Source: American Community Survey, 2021 5-Year Estimate				

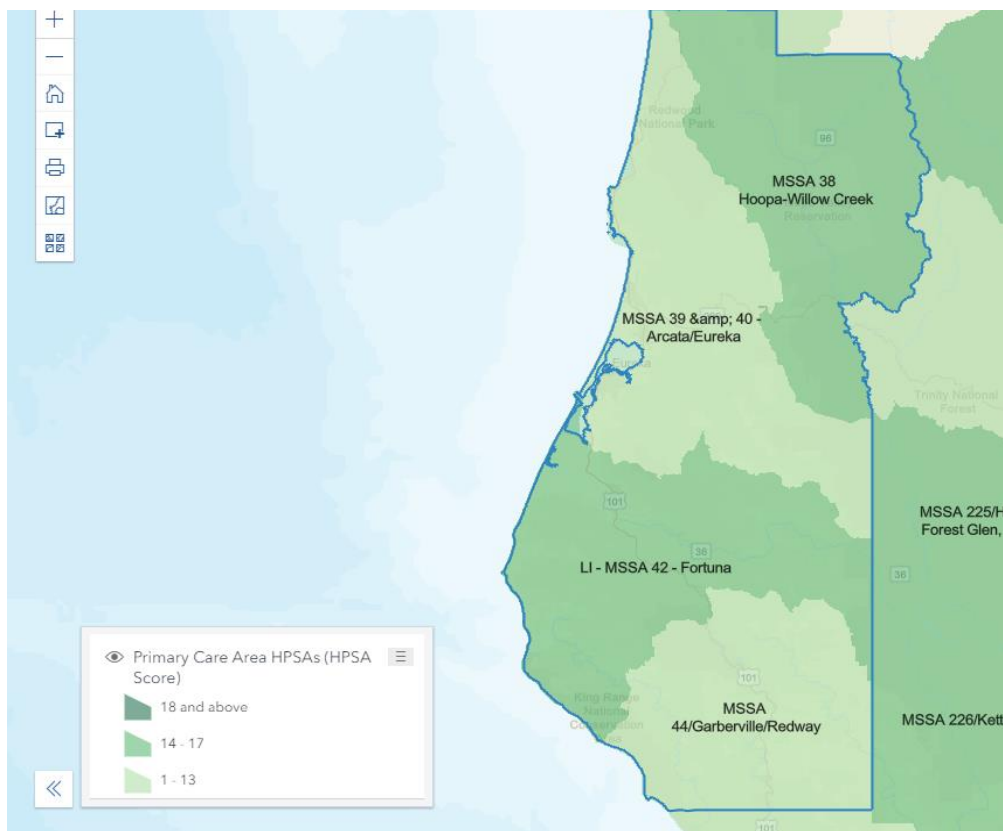
A significant disparity in median income exists in Humboldt County between households in the high need service area versus those in the broader service area (a difference of \$18,263). But an even greater disparity in median income exists between households in Humboldt County versus the state of California (a difference of \$29,855).

Humboldt County as a whole (32.6%) and the High Need Service Area (34.6%) also have a greater percentage of renter households spending more than 50% of income on housing costs than the state of California (26.3%). This indicates a severe housing cost burden. County Health Rankings and Roadmaps explains the link between health and housing in the following way: "There is a strong and growing evidence base linking stable and affordable housing to health. As housing costs have outpaced local incomes, households not only struggle to acquire and maintain adequate shelter, but also face difficult trade-offs in meeting other basic needs. When the majority of a paycheck goes toward the rent or mortgage, it makes it hard to afford doctor visits, healthy foods, utility bills, and reliable transportation to work or school. This can, in turn, lead to increased stress levels and emotional strain."<sup>2</sup>

### HEALTH PROFESSIONAL SHORTAGE AREA

Humboldt County is a Health Professional Shortage Area in the areas of Primary Care, Mental Health and Dental Health. It is rural and a medically underserved area. Redwood Memorial Hospital and St. Joseph Hospital are located in a Health Professional Shortage Area (HPSA), with Humboldt County having four designated high need HPSAs for primary care.

**Figure 2. Primary Care Area HPSAs in Humboldt County**



<sup>2</sup> *Severe Housing Cost Burden.* (2023). County Health Rankings & Roadmaps.

A majority of the county is designated as a dental health HPSA, and all of the county is designated as a mental health HPSA. Additionally, the following facilities are all designated HPSA for primary care, dental health, and mental health: Karuk Tribe of California Clinic—Orleans, K’ima:w Medical Center, Open Door Community Health Centers, Potawot Health Village, Southern Trinity Health Services, Eureka Health Center, and Redwoods Rural Health Center, Incorporated.

See [Appendix 1](#) for additional details on HPSA and Medically Underserved Areas and Medically Underserved Populations.

# HEALTH INDICATORS

Please refer to the Humboldt Data Hub 2023 to review each of the following health indicators mapped at the census tract level: [Humboldt Datahub 2023 CHNA \(arcgis.com\)](https://arcgis.com)

The hub provides data on each indicator in the Humboldt County, high need and broader need service areas, and California, as well as information about the importance of each indicator.

Also, please refer to the [County of Humboldt Community Health Assessment \(2018\)](#) for additional information.

**Table 3. Humboldt County Health Indicators Compared to California**

	High Need Service Area	Broader Service Area	Humboldt County	California
<b>Population Below 200% of the Federal Poverty Level (FPL)</b>	47.4%	32.6%	40.7%	28.5%
<b>Households without Internet Access</b>	12.6%	8.3%	10.3%	7.4%
<b>Households Receiving Supplemental Nutrition Assistance Program (SNAP) benefits</b>	16.7%	10.2%	14.0%	9.5%
<b>Veteran Population</b>	6.7%	7.4%	7.0%	4.8%
<b>Frequent Mental Health Distress</b>	-	-	16.7%	12.9%
<b>Binge Drinking Prevalence</b>	-	-	19.8%	16.6%
<b>Heart Disease Prevalence</b>	-	-	6.3%	2.8%
<b>Cancer (Except Skin) Prevalence</b>	-	-	6.1%	5.1%
<b>Smoking Prevalence</b>	-	-	15.8%	9.0%
<b>Death by Suicide (per 100,000)</b>	-	-	24.8	10.3
<b>Drug Induced Deaths (per 100,000)</b>	-	-	33.3	11.8
Source for Population Below 200% FPL, Households without Internet Access, Households Receiving SNAP Benefits, and Veteran Population: American Community Survey, 2021 5-Year Estimate Source for Frequent Mental Health Distress, Binge Drinking, Heart Disease, Cancer, and Smoking: Behavioral Risk Factor Surveillance System Survey (BRFSS), 2020 Source for Death by Suicide and Drug Induced Deaths: 2018 Humboldt County Community Health Assessment				

On all health indicators listed above, Humboldt County fares worse than the state of California in all categories.

See [Appendix 1](#) for additional Population Health Data

## Hospital Utilization Data

In addition to public health surveillance data, our hospitals can provide timely information regarding access to care and disease burden across the service area. Avoidable Emergency Department (AED) use is reported as a percentage of all Emergency Department visits over a given period, which are identified based on an algorithm developed by Providence's Population Health Care Management team based on NYU and Medi-Cal definitions. AED use serves as a proxy for inadequate access to or engagement in primary care. We review and stratify utilization data by a several factors including self-reported race and ethnicity, patient origin ZIP Code, age, and sex. This detail helps us identify disparities to better improve our outreach and partnerships.

In 2022, our data showed the following key insights:

- 33.3% of all Emergency Department visits were potentially avoidable across Redwood Memorial Hospital and St. Joseph Hospital.
- At Redwood Memorial Hospital, there was a higher percentage of avoidable ED visits for patients ages 0-17 years (37.6%) compared to the total patient population (32.5%). At St. Joseph Hospital, there was a higher percentage of avoidable ED visits for patients ages 18-39 years (35.6%) and patients 40-64 years (36.0%) compared to the total patient population (33.6%).
- The most common diagnoses for all avoidable visits during this time were skin infections, urinary tract infections, bronchitis, and substance use disorders.
- 6.7% of all St. Joseph Hospital Emergency Room visits were Behavioral Health related.
- Across both hospitals, there was a higher percentage of behavioral health ED visits for patients with Medicaid or self-pay compared to the total patient population. The most common diagnosis groupings for behavioral health ED visits at both hospitals were substance use disorders, anxiety and personality disorders, and episodic mood disorders.

For additional information regarding these findings, please contact [Martha.Shanahan@providence.org](mailto:Martha.Shanahan@providence.org).

# COMMUNITY INPUT

## Summary of Community Input

To better understand the unique perspectives, opinions, experiences, and knowledge of community members, representatives from St. Joseph and Redwood Memorial Hospitals conducted 13 key informant interviews with representatives from community-based organizations, 7 listening sessions with community members, and 3 listening sessions with Providence caregivers who work directly with underserved populations in the community. All community input was collected between March and May 2023.

During these interviews and listening sessions, community members and nonprofit and government key informants discussed the issues and opportunities of the people, neighborhoods, and cities of the service area. Below is a high-level summary of the findings of these sessions. Full details on the methodology and participants are available in Appendix 2.

## Community-Defined Health and Strengths

Listening session participants were asked to describe their vision of a healthy community, and key informants and caregivers were asked to highlight community strengths. These questions are important for understanding what matters to community members and leveraging what is already going well:

Vision for a Healthy Community	Community Strengths
<ul style="list-style-type: none"><li>•Community members feel safe and are visible spending time outdoors</li><li>•The environment is clean and cared for</li><li>•Everyone is cared for and included</li><li>•There is communication and respect between community members</li><li>•Everyone's basic needs are met</li><li>•Health care services, including behavioral health care, are easily accessible</li></ul>	<ul style="list-style-type: none"><li>•People care for one another</li><li>•Community members are resilient, seeking better lives for their families</li><li>•There is a diversity of cultures and lived experiences</li><li>•Many organizations serve the community and collaborate</li></ul>

## Community Needs

### HIGH PRIORITY UNMET HEALTH-RELATED NEEDS

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<b>Homelessness and housing instability</b>	Key informants, caregivers, and community members identified housing as a basic need and named it as the number one social determinant of health. They identified a need for more affordable housing across the spectrum, including supportive housing, transitional housing, and affordable housing accepting the housing voucher. There is
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also a need for more support for people experiencing homelessness. Key informants noted finding stable, affordable housing for the following populations can be more difficult: families with children, people with mental health challenges, and people with a substance use disorder. Caregivers noted that older adults, pregnant people, people without credit or rental history, and people with pets may have difficulty finding stable housing. Caregivers also noted that mold and sub-standard housing conditions contribute to unhealthy and unsafe living conditions. The COVID-19 pandemic contributed to fear and distrust of systems trying to provide housing support, as well as more stress related to the inability to maintain housing, particularly for families with members with undocumented immigration status.

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**Behavioral health challenges and access to care (mental health and substance use/misuse)** Most key informants, caregivers, and community members spoke to a lack of behavioral health services to meet needs across the continuum of care, speaking to a need for local residential treatment centers, crisis services, low-barrier substance use disorder (SUD) treatment programs, and mental health services in general. Community members and caregivers spoke to a need for more mental health services and support groups in Spanish specifically. Key informants shared accessing behavioral health services can be more difficult for the following groups: people living in rural parts of the county, young people, Indigenous Peoples of the U.S., people living unhoused, and older adults. All groups were particularly concerned about increased depression and anxiety for young people, and many spoke to the importance of addressing Adverse Childhood Experiences (ACEs). Key informants and caregivers shared stigma and discrimination towards people with behavioral health challenges is a profound issue. Key informants noted seeing an increase in alcohol use, SUD, domestic violence, death by suicide, isolation, overdoses, and distress since the start of the pandemic.

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### MEDIUM PRIORITY UNMET HEALTH-RELATED NEEDS

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**Access to health care services** Community members, caregivers, and key informants emphasized accessing primary care and specialty care is difficult in Humboldt County for many people. Local primary care clinics have limited availability and many patients drive out of Humboldt to access primary and specialty care. Transportation is a significant and persistent barrier to care. Medi-Cal restrictions for adults and limited providers accepting Medi-Cal are also barriers. To address barriers to care, caregivers shared a need for more culturally matched providers, case management, medication management, and warm handoffs. Many programs that provide support have waitlists. Key informants spoke to the following populations as experiencing more barriers to care: people with undocumented status and mixed-status families, Indigenous Peoples of the U.S., and patients with a SUD. There is a need for more bilingual, Spanish-speaking, health care providers and Black, Brown, Indigenous, and Persons of Color (BBIPOC) providers.

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<b>Racism, discrimination, and inclusion</b>	<p>Key informants spoke to the importance of addressing racism and discrimination and increasing inclusion to promote health equity. There is a need for more representation of BBIPOC educators and health care providers. When serving BBIPOC communities, key informants emphasized the need for more cultural humility and awareness of community strengths. Key informants spoke to the effects of trans-generational trauma from racism and genocide against Indigenous Peoples of the U.S. and how this contributes to ongoing health disparities.</p> <p>People with SUD experience discrimination as well, often made to feel unworthy of care or not treated with the same respect as other patients. Inclusion of people living with a disability is also an important part of improving health equity. It can be difficult to get wraparound support serviced for students with disabilities because the many organizations that provide support have large caseloads and long wait lists.</p>
<b>Economic insecurity</b>	<p>Key informants discussed a lack of living wage jobs in the county and concern for high levels of poverty. Specifically, the cost of living is high compared to many families' income. There is also a "benefits cliff" where a family's income is too high to qualify for certain services, but too low to be able to afford services. Veterans may also experience economic insecurity due to lack of employment opportunities.</p> <p>Key informants and caregivers spoke to a lack of childcare services, making it difficult for parents to work. Caregivers noted that economic insecurity affects families' abilities to meet their basic needs, like paying for gas and groceries. Accessing income assistance is difficult, particularly for people living unsheltered. They noted a need for bilingual financial support in Spanish.</p>
<b>Food insecurity</b>	<p>Key informants highlighted food insecurity as a key need and significant in many parts of Humboldt County. Key informants and caregivers noted more rural or isolated parts of the county do not have access to affordable, healthy food options. People may have to use their CalFresh benefits to buy food at gas stations. Caregivers shared people living unhoused may have more difficulty meeting special dietary needs. Community members would like to see more food resources and pantries, particularly in communities besides Eureka. Food programs for families with children over five years is also needed.</p>
<b>Dental care</b>	<p>Caregivers and community members identified dental care as a major and frustrating challenge for many people in Humboldt County, with few local dental providers and difficulty affording and accessing services. The costs and time associated with travel out of the area is burdensome. There is a lack of full scope dental coverage, often only available during pregnancy. There is also a lack of providers who accept Partnership (managed Medi-Cal), contributing to difficulty accessing and paying for services.</p>
<b>Transportation</b>	<p>Transportation is an issue related to accessing a variety of services, including dental, mental health, and immigration services. Caregivers spoke to people driving long distances to other parts of Northern California to access dental services, borrowing money for the trip, and putting significant financial strain and added stress on their family. Community members would like to see more public transportation from smaller communities into more central areas with resources.</p>

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<b>Recreation activities and social opportunities</b>	Almost every listening session spoke to wanting more recreation activities and social opportunities in Humboldt County. They particularly want more activities for children and teenagers, including free or affordable sports groups and arts and music programs. More community-building events, like barbeques, block parties, outdoor movie nights, etc. would be popular, if free. Participants spoke to wanting a youth center where kids could go after school and be safe and socialize. They also want more opportunities for socialization for older adults, including multi-generational activities. Participants spoke to wanting more safe walking and hiking trails, a free public pool, and affordable gyms.
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See [Appendix 2](#) for methodology and participant details

## Challenges in Obtaining Community Input

While video conferencing does facilitate information sharing, there are challenges creating the level of dialogue that would take place in person. Additionally, some organizations had limited capacity and were not able to participate in interviews.

# SIGNIFICANT HEALTH NEEDS

## Review of Primary and Secondary Data

After a careful review of the qualitative and quantitative data, we developed a preliminary list of identified community health needs. These needs were identified by interview participants through a weighted ranking process and by community members through discussion and theming of the data. Additionally, needs were identified after review of the quantitative data.

The Community Benefit Committee reviewed the quantitative and qualitative data collected for each of the following community health-related needs:

- Homelessness & Housing Instability
- Behavioral Health & Access to Care
- Access to Health Care Services
- Dental Care
- Transportation
- Economic Insecurity
- Food Insecurity
- Equity & Inclusion
- Recreation Activities & Social Opportunities

## Identification and Prioritization of Significant Health Needs

The Community Benefit Committee, a sub-committee of the Community Ministry Board, served as the oversight committee to review and prioritize the top health-related needs in Humboldt County for the subsequent Community Health Improvement Plan. Committee members reviewed and analyzed the aggregated quantitative and qualitative data, as well as the needs prioritized by community members, key informants, and hospital caregivers.

The Providence Data Integration team and the Community Health Investment Director presented an in-depth review of publicly available data, internal emergency room utilization data, and findings from the community listening sessions, stakeholder interviews and caregiver listening sessions. The Community Benefit Committee reviewed both the quantitative and qualitative data at both the June and October meetings.

The following criteria were used in the prioritization process:

- Worsening trend over time
- Disproportionate impact on low income, rural and/or Black, Brown, Indigenous, and People of Color (BBIPOC) communities

- Humboldt service area/high need service area rates worse than state average and/or national benchmarks
- Opportunity to impact: organizational commitment, partnership, severity, and/or scale of need
- Alignment with existing System/partner priorities

At the October meeting, committee members reviewed the prioritization criteria above, discussed local community conditions and voted on the top three health-related needs from the list of significant health needs using an electronic voting tool called Mentimeter. There was a second round of voting to solidify the list of priority needs.

## 2023 Priority Needs

The list below summarizes the significant health needs identified through the 2023 Community Health Needs Assessment process listed in order of priority:



### HOMELESSNESS & HOUSING INSTABILITY

Key informants, Providence caregivers, and community members identified housing as a basic need and named it as the number one social determinant of health. They identified a need for more affordable housing across the spectrum, including supportive housing, transitional housing, and affordable housing accepting the housing voucher. There is also a need for more support for people experiencing homelessness. Equitable and inclusive housing was explicitly prioritized.

Key informants noted finding stable, affordable housing for the following populations can be more difficult: families with children, people with mental health challenges, and people with a substance use disorder. Caregivers noted that older adults, pregnant people, people without credit or rental history, and people with pets may have difficulty finding stable housing. Caregivers also noted that mold and sub-standard housing conditions contribute to unhealthy and unsafe living conditions.

The COVID-19 pandemic contributed to fear and distrust of systems trying to provide housing support, as well as more stress related to the inability to maintain housing, particularly for families with members with undocumented immigration status.



### BEHAVIORAL HEALTH & ACCESS TO CARE

Most key informants, caregivers, and community members spoke to a lack of behavioral health services to meet needs across the continuum of care, speaking to a need for local residential treatment centers, crisis services, low-barrier substance use disorder (SUD) treatment programs, and mental health services in general. Community members and caregivers spoke to a need for more mental health services and support groups in Spanish specifically. Key informants shared accessing behavioral health services can be more difficult for the following groups: people living in rural parts of the county, young people, Indigenous Peoples of the U.S., people living unhoused, and older adults. Equitable and inclusive access to behavioral health care and services was explicitly prioritized.

All groups were particularly concerned about increased depression and anxiety for young people, and many spoke to the importance of addressing Adverse Childhood Experiences (ACEs). Key informants and caregivers shared stigma and discrimination towards people with behavioral health challenges is a profound issue. Key informants noted seeing an increase in alcohol use, SUD, domestic violence, death by suicide, isolation, overdoses, and distress since the start of the pandemic.



### ACCESS TO HEALTH CARE SERVICES

Community members, caregivers, and key informants emphasized accessing primary care and specialty care is difficult in Humboldt County for many people. Local primary care clinics have limited availability and many patients drive out of Humboldt to access primary and specialty care. Transportation is a significant and persistent barrier to care. Many people lack sufficient funds to travel out of the county to access care. Medi-Cal restrictions for adults and limited providers accepting Medi-Cal are also barriers. To address barriers to care, caregivers shared a need for more culturally matched providers, case management, medication management, and warm handoffs. Many programs that provide support have waitlists.

Equitable and inclusive access to care was explicitly prioritized. Key informants spoke to the following populations as experiencing more barriers to care: people with undocumented status and mixed-status families, Indigenous Peoples of the U.S., and patients with a SUD. There is a need for more bilingual, Spanish-speaking, health care providers and Black, Brown, Indigenous, and Persons of Color (BBIPOC) providers.

Additionally, dental care was highlighted as a major and frustrating challenge for many people in Humboldt County, with few local dental providers and difficulty affording and accessing services. The costs and time associated with travel out of the area is burdensome. There is a lack of full scope dental coverage, often only available during pregnancy. There is also a lack of providers who accept Partnership (managed Medi-Cal), contributing to difficulty accessing and paying for services.



### FOOD INSECURITY

Key informants highlighted food insecurity as a key need and significant in many parts of Humboldt County. Key informants and caregivers noted more rural or isolated parts of the county do not have access to affordable, healthy food options. People may have to use their CalFresh benefits to buy food at gas stations. Caregivers shared people living unhoused may have more difficulty meeting special dietary needs. Community members would like to see more food resources and pantries, particularly in communities besides Eureka. Food programs for families with children over five years is also needed. Equitable and inclusive access to high quality food was explicitly prioritized.

## Alignment with Other Community Health Needs Assessments

To ensure alignment with local public health improvement processes and identified needs, we reviewed the needs of other publicly available sources that engaged the community in setting priorities, including

the [Humboldt County Public Health Department Community Health Assessment](#) (2018 and 2022 enhancement).

The Community Benefit Committee reviewed this CHA report to confirm alignment with government and non-profit organizations serving Humboldt County. The following table provides an overview of the priorities identified by the organizations. Both Providence St. Joseph and Redwood Memorial hospital and the Humboldt County Public Health Department prioritized housing instability and homelessness as well as behavioral health. The County of Humboldt selected Healthy Beginnings and ACEs (adverse childhood experiences) as their third prioritized need area while the Providence hospitals selected food insecurity and access to health care services as the third and fourth priority need areas. Both assessments emphasize equity and inclusion as a core value and theme across all priority areas.

**Table 4. Alignment with Other Community Health Needs Assessments**

St. Joseph Hospital and Redwood Memorial Hospital CHNA—2023	County of Humboldt CHA—2018 and 2022 enhancement
Homelessness & Housing Instability	Housing Insecurity & Homelessness
Behavioral Health & Access to Care	Behavioral Health – substance use disorder and suicide prevention
Access to Health Care Services	Healthy Beginnings & ACEs
Food Insecurity	

### Potential Resources Available to Address Significant Health Needs

Understanding the potential resources to address significant health needs is fundamental to determining current state capacity and gaps. The organized health care delivery systems include the Department of Public Health, Providence Medical Group, Open Door Community Health Centers, K’ima:w Medical Center, United Indian Health Services, Mad River Community Hospital, and Jerold Phelps Community Hospital. In addition, there are numerous social service non-profit agencies, faith-based organizations, and private and public-school systems that contribute resources to address these identified needs. For a list of potentially available resources available to address significant health needs see Appendix 3.

See [Appendix 3](#) for a full list of resources potentially available resources to address the significant health needs



# EVALUATION OF 2021-2023 CHIP

The 2020 CHNA and 2021-2023 CHIP priorities were the following: Mental Health and Substance Use Services, Homelessness and Lack of Safe, Affordable Housing, Racism and Discrimination, and Access to Health Care. This report evaluates the impact of the 2021-2023 Community Health Improvement Plan (CHIP). St. Joseph and Redwood Memorial Hospitals responded to community needs by making investments of direct funding, time, and resources to internal and external programs dedicated to addressing the previously prioritized needs using evidence-based and leading practices.

**Table 5. Outcomes from 2021-2023 CHIP**

Priority Need	Program or Service Name	Program or Service Description	Results/Outcomes
<b>Housing &amp; Homelessness</b>	Mother Bernard House	Motel conversion to permanent supportive housing for chronically homeless	42 units PSH 6 units recuperative care
<b>Housing &amp; Homelessness</b>	Onyx House	Former vacant care home turned into permanent supportive housing for homeless families with children	10 apartments with supportive services
<b>Housing &amp; Homelessness</b>	Community Resource Centers	Five Providence Community Resource Centers that serve people experiencing homelessness and those experiencing housing instability as well as other SDOH (social determinants of health)	Over 90,000 encounters in 2022
<b>MH &amp; SUD</b>	Sorrell Leaf Healing Center	Youth crisis and residential treatment center as well as mobile response program	Purchase, permitting and plans for renovation of 12 bed residential facility, mobile response active
<b>MH &amp; SUD</b>	Substance Use Navigator (SUN) Program	Substance and Behavioral Health Navigators embedded in the Emergency departments at SJE and RMH; part of the CA Bridge Program	Expansion of the SUN program to RMH and added a BH Navigator to SJE Emergency Room; naloxone distribution active

<b>Racism &amp; Discrimination</b>	Better Birthing Collaborative	Build relationships and increase trust between St. Joseph hospital and the Native communities it serves	Change to state law (AB 2176), more inclusive art and local Native American artists featured in the SJE Childbirth center, culturally informed birth plan workbook, outreach to K'ima:w medical center
<b>Racism &amp; Discrimination</b>	WeAreUp	Building a vibrant and inclusive community that welcomes people across differences and honors the natural world	\$20,000 Grant to support phase 1, inclusive food security efforts
<b>Access to Health Care</b>	CARE Network Program	Intensive, community-based care management from a multi-disciplinary team for homeless and other underserved patients	1,243 medical respite bed days in 2022
<b>Access to Health Care</b>	Paso a Paso	Bi-lingual and bi-cultural support services provided to Spanish-speakers in Humboldt County, includes perinatal support services	Over 26,000 encounters in 2022
<b>Access to Health Care</b>	Evergreen Lodge	Free or low cost lodging for patients receiving cancer treatment at SJE	228 guests and 2,062 nights in 2022

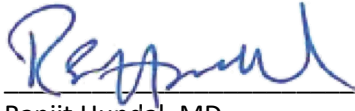
### Addressing Identified Needs

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

Because partnership is important when addressing health needs, the CHIP will describe any planned collaboration between St. Joseph and Redwood Memorial Hospitals and community-based organizations in addressing the health need. The CHIP will be approved and made publicly available no later than May 15, 2024.

## 2023 CHNA GOVERNANCE APPROVAL

This Community Health Needs Assessment was adopted by the Community Benefit Committee<sup>3</sup> of the hospital on November 14, 2023. The final report was made widely available by December 28, 2023.



11-15-2023

Ranjit Hundal, MD

Date

Interim Chief Executive

Providence, St. Joseph Hospital and Redwood Memorial Hospital



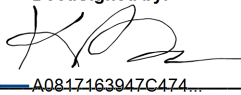
11-14-2023

Becky Giacomini

Date

Chair, Community Ministry Board and Community Benefit Committee

Providence, St. Joseph Hospital and Redwood Memorial Hospital

DocuSigned by:  
  
A0817163947C474...

11/20/2023

Kenya Beckmann

Date

Chief Philanthropy and Health Equity Officer

Providence, South Division

### CHNA/CHIP Contact:

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

<sup>3</sup> See [Appendix 4: Community Benefit Committee](#)

# APPENDICES

## Appendix 1: Quantitative Data

### POPULATION DATA

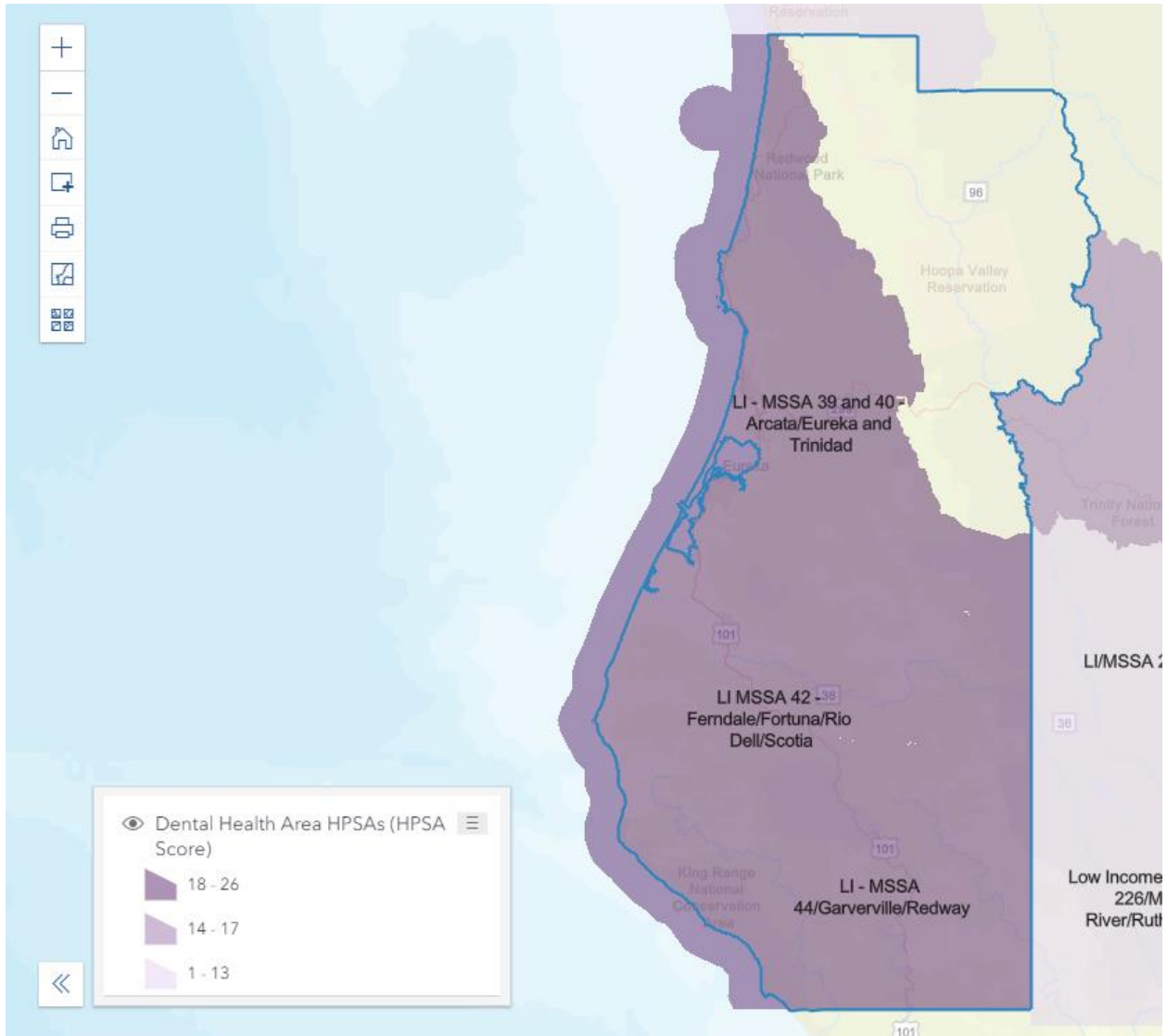
**Table\_Apx 1. Humboldt County Population Data**

	High Need Service Area	Broader Service Area	Humboldt County	California
Limited English Households	2.5%	0.1%	1.7%	7.4%
Population with at least a High School Diploma	88.8%	94.7%	91.0%	84.2%
Unemployed Population	9.2%	8.9%	9.4%	6.5%
Source: American Community Survey, 2021 5-Year Estimate				

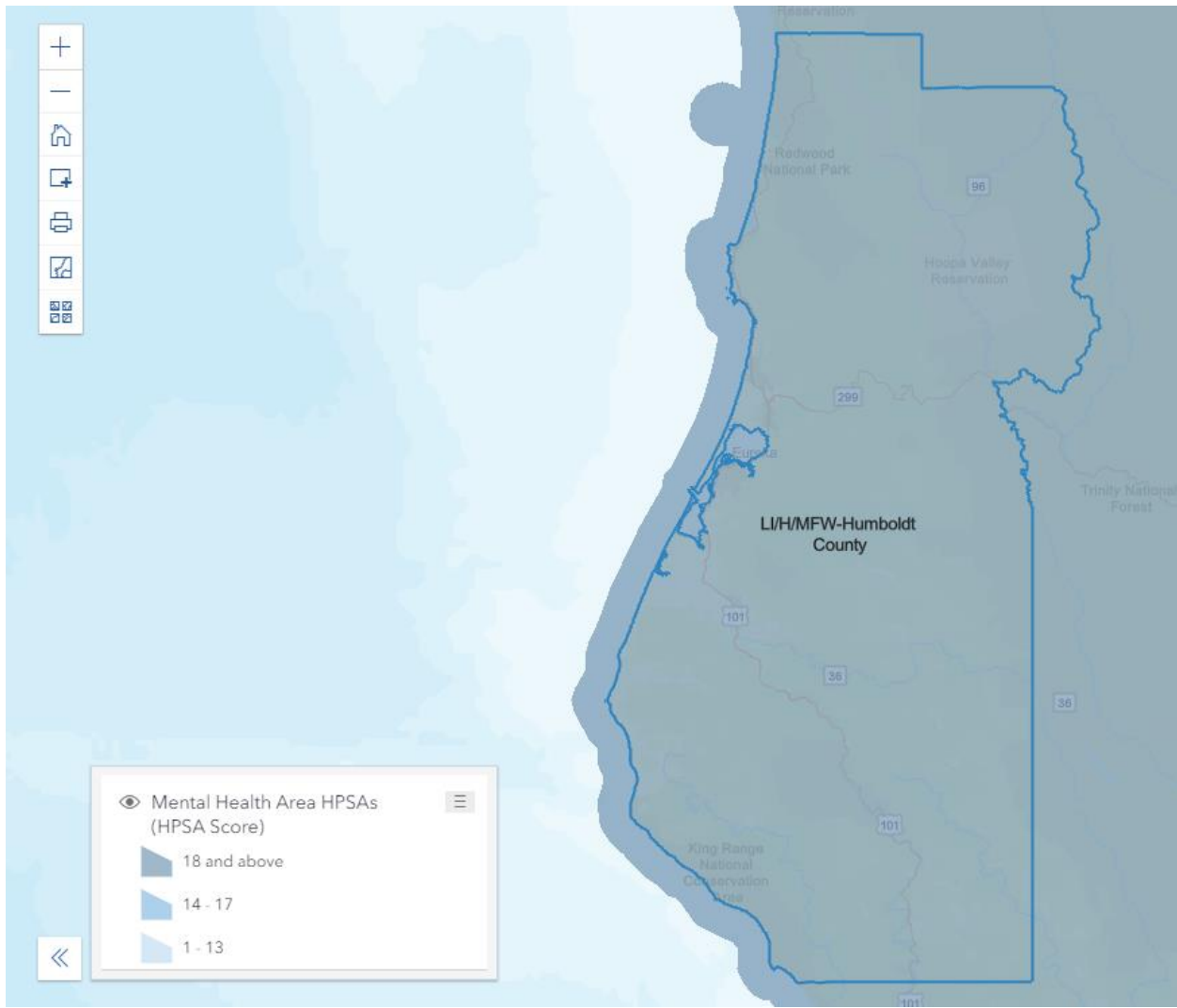
### HEALTH PROFESSIONAL SHORTAGE AREA

The Federal Health Resources and Services Administration (HRSA) designates Health Professional Shortage Areas (HPSAs) as areas with a shortage of primary medical care, dental care, or mental health providers. They are designated according to geography (i.e., service area), demographics (i.e., low-income population), or institutions (i.e., comprehensive health centers). Humboldt County has several areas designated as a HPSA and large portions of the service area are designated as shortage areas. The map below depicts these shortage areas relative to St. Joseph and Redwood Memorial Hospitals location.

**Figure\_Apx 1. Dental Health Area HPSAs in Humboldt County**



**Figure\_Apx 2. Mental Health Area HPSAs in Humboldt County**



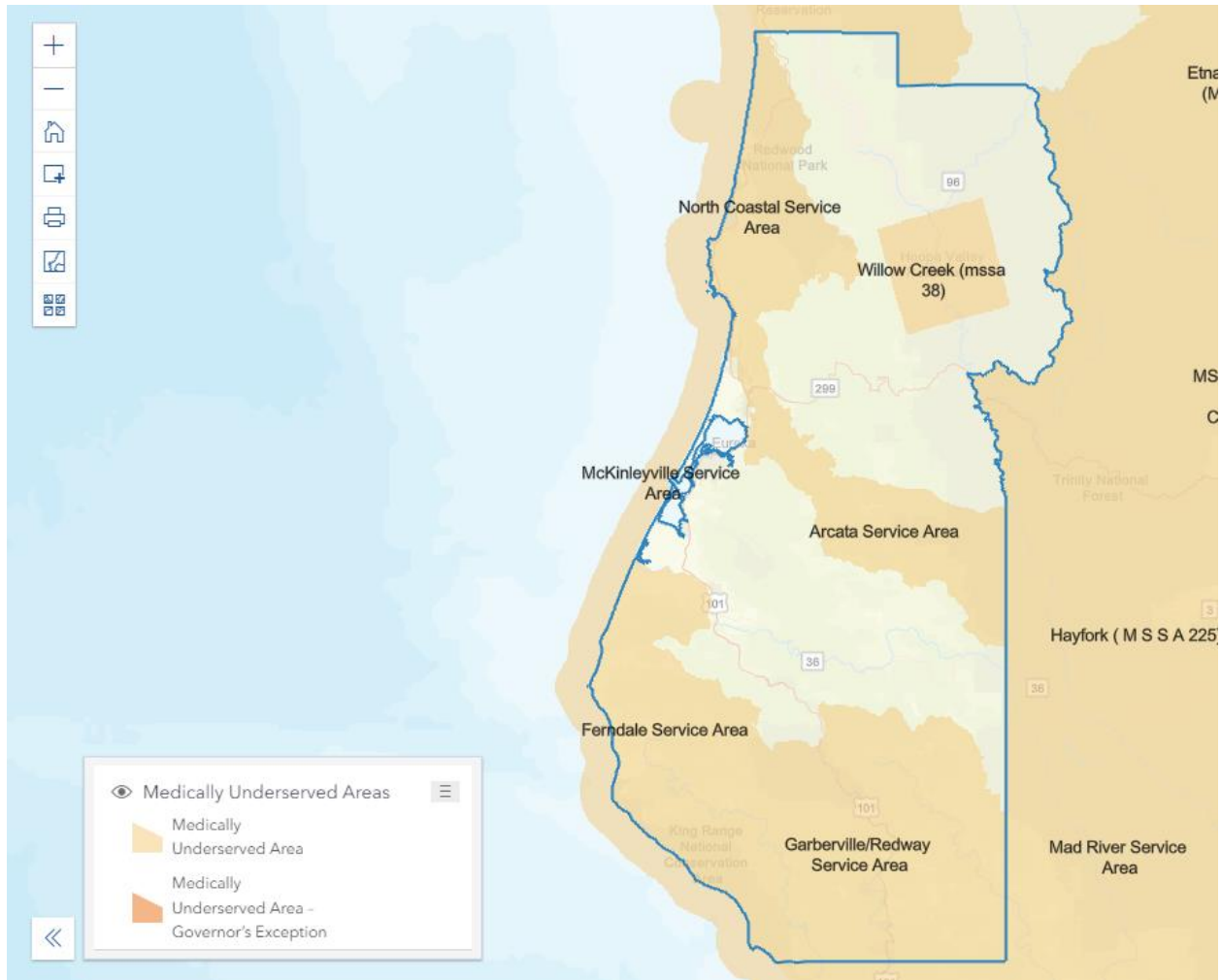
### MEDICALLY UNDERSERVED AREA/ MEDICAL UNDERSERVED POPULATION

Medically Underserved Areas (MUAs) and Medically Underserved Populations (MUPs) are defined by the Federal Government to include areas or populations that demonstrate a shortage of health care services. This designation process was originally established to assist the government in allocating the Community Health Center Fund to the areas of greatest need. MUAs are identified by calculating a composite index of need indicators compiled and with national averages to determine an area’s level of medical “under service.” MUPs are identified based on documentation of unusual local conditions that



result in access barriers to medical services. MUAs and MUPs are permanently set and no renewal process is necessary. There are MUAs in Humboldt County, but no MUPs. The following map depicts the MUAs in Humboldt County.

**Figure\_Apx 3. MUAs in Humboldt County**



## Appendix 2: Community Input

### METHODOLOGY

#### Participants

The hospital completed 7 listening sessions that included a total of 41 participants. The sessions took place between March and May 2023.

**Table\_Apx 2: Community Input**

<b>Community Input Type</b>	<b>Population</b>	<b>Community Partner</b>	<b>Location</b>	<b>Date</b>	<b>Language</b>
Listening Session	Families with children	Blue Lake CRC	Skinner Store, Blue Lake	4-28-2023	English
Listening Session	Seniors/ Elders All ability levels	Rio Dell CRC	Chamber Building, Rio Dell	4-26-2023	English
Listening Session	Latino/a Families with children	Paso a Paso	Loleta Elementary School	4-27-2023	Spanish
Listening Session	Medi-Cal/ Seniors/ Elders All ability levels	Willow Creek CRC	Open Door Community Health Center, Willow Creek	5-4-2023	English
Listening Session	Housing Shelter participants All ability levels	Eureka CRC	Mother Bernard House	4-17-2023	English
Listening Session	Homeless All ability levels	St. Vincent de Paul	Free Meal	4-24-2023	English
Listening Session	People in Recovery	Crossroads	Recovery House	4-21-2023	English

The hospital completed 13 key informant interviews that included a total of 15 participants. The interviews took place between March and May 2023.

The goal was to engage representatives from social service agencies, health care, education, housing, and government, among others, to ensure a wide range of perspectives. The hospital included the Director from Humboldt County Department of Public Health as a key informant to ensure the input from a state, local, tribal, or regional governmental public health department.

**Table\_Apx 3. Key informant Interviewees**

<b>Organization</b>	<b>Name</b>	<b>Title</b>	<b>Sector</b>
County of Humboldt, Department of Health and Human Services, Public Health Branch	Sofia Pereira	Public Health Director	Public Health

Housing Authorities of the City of Eureka & the County of Humboldt	Cheryl Churchill	Executive Director	Housing
County of Humboldt, Department of Health and Human Services, Behavioral Health Branch	Emi Botzler-Rodgers, LMFT	Behavioral Health Director	Behavioral Health
United Indian Health Services; UC Davis School of Medicine, Tribal Health Clinic; Faculty for the Providence Family Medicine Residency Program	Antoinette Martinez, MD	<i>Chumash</i> Family Medicine and Obstetrics Physician	Indigenous Health Care
Humboldt Area Center for Harm Reduction	Jasmine Guerra	Executive Director	Harm Reduction
Waterfront Recovery Services	Jeremy Campbell	Executive Director	Behavioral Health
Eureka VA Clinic	Elizabeth Rose-Marini	Community Engagement and Partnerships Coordinator for Humboldt County/Suicide Prevention	Veterans' Health Care
Eureka Police Department	Leonard La France	Police Commander	Law Enforcement Homeless Outreach
Workforce and Economic Development, Cal Poly Humboldt	Andrew Rix, PhD	Manager	Economic Development
School of Psychology at Cal Poly Humboldt (and	Sean Gardner	Graduate Student	Education Mental Health

Practicum student at Eureka Highschool)			
Open Door Community Health Centers	Teresa Garcia-Rodriguez; Adrianna Rodriguez-Torres; Angel Martinez	Latino Health Coordinators	Health Care
North Coast Children’s Services	Stephanie Brittain	Health Coordinator	Child Development
Centro del Pueblo	Brenda Perez	Executive Director	Immigrant Rights

*Facilitation Guides*

For the listening sessions, participants were asked an icebreaker and three questions:

- Community members’ definitions of health and well-being
- The community needs
- The community strengths

For the key informant interviews, Providence developed a facilitation guide that was used across all hospitals completing their 2023 CHNAs:

- The community served by the key informant’s organization
- The community strengths
- Prioritization and discussion of unmet health related needs in the community, including social determinants of health
- Suggestions for how to leverage community strengths to address community needs
- Successful community health initiatives and programs
- Opportunities for collaboration between organizations to address health equity

*Training*

The facilitation guides provided instructions on how to conduct a key informant interview and listening session, including basic language on framing the purpose of the sessions. Facilitators participated in trainings on how to successfully facilitate a key informant interview and listening session and were provided question guides.

### *Data Collection*

Key informant interviews were conducted virtually, and information was collected in one of two ways: 1) recorded with the participant's permission or 2) a note taker documented the conversation. Two note takers documented the listening session conversations.

### *Analysis*

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

If applicable, the recorded interviews were sent to a third party for transcription, or the notes were typed and reviewed. The key informant names were removed from the files and assigned a number to reduce the potential for coding bias. The files were imported into Atlas.ti. The analyst used a standard list of codes, or common topics that are mentioned multiple times. These codes represent themes from the dataset and help organize the notes into smaller pieces of information that can be rearranged to tell a story. The analyst developed a definition for each code which explained what information would be included in that code. The analyst coded eight domains relating to the topics of the questions: 1) name, title, and organization of key informant, 2) population served by organization, 3) greatest community strength and opportunities to leverage these strengths 4) unmet health-related needs, 5) disproportionately affected population, 6) effects of COVID-19, 7) successful programs and initiatives, and 8) opportunities to work together.

The analyst then coded the information line by line. All information was coded, and new codes were created as necessary. All quotations, or other discrete information from the notes, were coded with a domain and a theme. Codes were then refined to better represent the information. Codes with only one or two quotations were coded as "other," and similar codes were groups together into the same category. The analyst reviewed the code definitions and revised as necessary to best represent the information included in the code.

The analyst determined the frequency each code was applied to the dataset, highlighting which codes were mentioned most frequently. Codes for unmet health-related needs were cross-referenced with the domains to better understand the populations most affected by a certain unmet health-related need. The analyst documented patterns from the dataset related to the frequency of codes and codes that were typically used together.

This process was repeated for the listening sessions using a merged set of notes. The analyst coded three domains related to the topics of the questions: 1) vision, 2) needs, and 3) strengths.

### *Limitations*

While key informants and listening sessions participants were intentionally recruited from a variety of types of organizations, there may be some selection bias as to who was selected as a key informant.

Multiple interviewers may affect the consistency in how the questions were asked. Multiple note-takers may affect the consistency and quality of notes across the different sessions.

Some listening sessions were conducted virtually, which may have created barriers for some people to participate. Virtual sessions can also make facilitating conversation between participants more challenging.

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

## FINDINGS FROM COMMUNITY LISTENING SESSIONS

### *Vision of a Healthy Community*

Listening session participants were asked to share their vision of a healthy community. The following themes emerged:

- **Community members feel safe and are visible spending time outdoors:** Many community members shared that seeing people out walking, children playing, and families using the parks and trails signals a healthy community because people feel safe. Healthy communities have safe roads and sidewalks, low crime, violence, and incarceration, and people following the rules.  
*“It’s a great feeling to feel safe in a community.”—Community Member*
- **The environment is clean and cared for:** Healthy communities start with clean air, water, and streets. People talked about the importance of being able to play outside without concern for debris and ensuring that people can easily recycle and dispose of trash in public.
- **Everyone is cared for and included:** People helping one another, looking out for others, and showing up in times of disaster are key. Participants emphasized that a healthy community cares for every member, including people experiencing homelessness or those that may feel excluded or uncared for. Each person should feel like they are an important part of the community and events should be inclusive.  
*“People help each other when something happens.”—Community Member*  
*“Community is only as strong as its weakest.”—Community Member*
- **There is communication and respect between community members:** People are interacting, publicly gathering and socializing, engaging in dialogue, and connecting with neighbors. Particularly when issues arise, people feel safe to voice concerns and respect ensures people can resolve problems.
- **Everyone’s basic needs are met:** People can meet their basic needs for food, housing, transportation, etc. There are resources to help people meet their needs, like free pantries, food

programs, public transit, job skills classes, and employment programs. In a healthy community, people are housed and fed and there is more income equality.

- **Health care services, including behavioral health care, are easily accessible:** In a healthy community everyone can access needed medical, mental health, and substance use/misuse care. With access to primary care, people have improved health and fewer hospital visits. People should have access to spiritual health services, mental health care, harm reduction services, and nonjudgmental support groups.

### *Community Needs*

#### High priority community needs identified from listening sessions

- **Recreation activities and social opportunities:** Almost every listening session spoke to wanting more recreation activities and social opportunities in Humboldt County. They particularly want more activities for children and teenagers, including free or affordable sports groups and arts and music programs. More community-building events, like barbeques, block parties, outdoor movie nights, etc. would be popular, if free. Participants spoke to wanting a youth center where kids could go after school and be safe and socialize. They also want more opportunities for socialization for older adults, including multi-generational activities. Participants spoke to wanting more safe walking and hiking trails, a free public pool, and affordable gyms.
- **Mental health and substance use/misuse:** More behavioral health support services, including inpatient services, therapists, and rehab and residential treatment programs are needed. Participants emphasized needing more mental health services in Spanish. Participants would also like to see more support groups, such as parent support groups, including in Spanish, and dance therapy groups. They also spoke to wanting more spiritual support services.
- **Homelessness and housing instability:** More affordable housing is needed to address homelessness and housing instability. Participants want to see more transitional housing and supportive housing to help people develop skills for self-sufficiency. Housing assistance programs would also be beneficial.
- **Food insecurity:** Participants shared a need for more food resources and pantries, particularly in communities besides Eureka. Children’s food programs, like WIC, stop at age five, so additional food programs for families is needed to ensure kids have regular meals.
- **Access to health care services:** Limited primary care clinics make it difficult to find a provider. Specialists are also difficult to find locally, with people noting they have to drive long distances, particularly for cardiologists. More providers that accept Medi-Cal and increased communication about who those providers are would be helpful. To address transportation barriers, mobile health care is a need.
- **Dental care:** Participants shared finding dental care, particularly dentists that accept Medi-Cal, is very difficult. They shared there is a need for more dental services within Humboldt, particularly for older adults and people with Medi-Cal. Mobile dental services would also help.

### Medium priority community needs identified from listening sessions

- **Transportation:** More public transportation is needed as the bus system is limited. There is specifically a need for more public transportation from smaller communities into more central areas with resources. Additionally, affordable taxis and ride shares would be helpful.
- **Safety:** Participants noted that streets around schools can be dangerous with people parking in the wrong areas. They would like more safety officers in the community and schools, as well as neighborhood watch. To improve safety, they noted a need for more safety education around swimming, starting campfires, etc.

## FINDINGS FROM KEY INFORMANT INTERVIEWS

### *Community Strengths*

The interviewer asked key informants to share one of the strengths they see in the community and discuss how we can leverage these community strengths to address community needs. This is an important question because all communities have strengths. While a CHNA is primarily used to identify gaps in services and challenges, we also want to ensure that we highlight and leverage the community strengths that already exist. The following strengths emerged as themes:

#### People Care for One Another

Key informants frequently spoke to the community-minded, caring people that live in Humboldt County, particularly in smaller communities where people know one another and have strong relationships. Young people were specifically identified as being supportive and caring of one another, advocating for inclusion and non-judgmental kindness. People experiencing homelessness and people living with a behavioral health condition were identified as groups that take care of each other and support one another in getting the care they need. Additionally, veterans were identified as service oriented, using their skills to care for others.

This strength can be leveraged by calling on one another in times of challenge or crisis, like the start of the pandemic. This strength can also be leveraged through peer-to-peer support networks, increased advocacy to support the well-being of people living unhoused, and group therapy or support groups to build community.

#### Community Members are Resilient, Seeking Better Lives for their Families

Community members were frequently described as resilient. Even with immense challenges, trauma, barriers, and more, people continue to show up to care for their families and to better themselves. They seek improved employment opportunities, they are resourceful in meeting their basic needs, and they learn to navigate complex systems.

This strength can be leveraged by offering more community outreach that builds on the strengths and resilience of community members, emphasizing people's abilities, resourcefulness, and motivation.



Additionally, acknowledging that people want better for their families and a better community for their kids to grow up in can be motivating and inspiring.

### There is Diversity of Cultures and Lived Experiences

The people living in Humboldt County have had diverse lived experiences, they speak a variety of languages, there are immigrant communities, and there is cultural diversity. Bilingualism is becoming more valued, and organizations are hiring Zapotec and Mixteco interpreters. There is increased participation in cultural and artistic events that help celebrate this diversity.

Engaging with community leaders, language keepers, and trusted organizations can be a way to better meet the needs of different cultural groups and create collaboration opportunities that will build on community strengths.

### Many Organizations Serve the Community and Collaborate

Almost every key informant spoke to the many organizations that are invested in meeting the needs of Humboldt County. Many of those organizations are already collaborating and partnering, stepping up in times of need. For example, there are many service organizations that are serving families with children five years or younger and families benefit from having these varied connection points. There are also mental health services and special education services that are serving families in schools.

To leverage this strength, organizations can apply for grant funding together, provide education and shared messaging to the community, and co-locate services. Have organizations that work with the Black, Brown, Indigenous and Persons of Color (BBIPOC) communities work together to engage with community members. Ensure that organizations understand the scope and capacity of other organizations to make appropriate referrals and collaborate. Partnering on outreach events is especially important. Taking a collective impact approach is important for avoiding silos and acknowledging that no one organization can solve community needs alone.

### High Priority Unmet Health-Related Needs

Key informants were asked to identify their top five health-related needs in the community. Two needs were prioritized by most key informants and with high priority. Four additional needs were categorized as medium priority. Key informants were most concerned about the following health-related needs:

1. Homelessness and housing instability
2. Behavioral health challenges and access to care (mental health and substance use/misuse)

#### Homelessness and housing instability

Key informants identified housing as a basic need and named it as the number one social determinant of health in the county.

They identified a need for more affordable housing across the spectrum, including the following:

- Supportive housing: There are support needs that come with moving people formerly experiencing homelessness into housing, and those needs should be met with supportive services.
- Transitional housing: The average wait time for housing is about three years, meaning people are couch surfing, living unsheltered, or remaining in an unsafe situation until they can get off the waitlist and into housing. Transitional housing can support people while they prepare to move into permanent housing.
- More affordable housing that accepts the housing voucher: There are more than 1,000 households on a wait list for affordable housing. There needs to be more affordable housing to meet the demand.

There is also a need for more support for people experiencing homelessness. Many people want to be able to work and move into their own housing, but they need support. Key informants suggested providing support to people living in encampments, helping them move towards stability and housing.

Key informants spoke to the specific housing needs of the following populations:

- Families with children: Key informants noted findings housing for larger families, particularly those with multiple children, can be difficult.
- People with mental health issues: Mental health issues, particularly hoarding, can contribute to eviction and homelessness. Key informants spoke to the importance of providing mental health services to prevent eviction.
- People with a substance use disorder (SUD): Key informants noted that people cannot effectively engage in recovery if they are experiencing homelessness. They spoke to the importance of taking a Housing First approach, ensuring people are stably housed with support services, to support recovery. They also shared that sobriety should not be a condition of housing, as all people deserve to be housed.

The COVID-19 pandemic contributed to a lot of fear and distrust of systems trying to provide housing support. People may not have reported a loss of income for fear of losing their home. The pandemic also caused a lot of stress about the inability to maintain housing, particularly for mixed-status families that could not take advantage of some of the public financial resources.

### **Behavioral health challenges and access to care (mental health and substance use/misuse)**

Almost every key informant discussed local behavioral health needs, specifically addressing mental health concerns, substance use disorders, and suicide. They spoke to the need to address gaps in services for people with behavioral health challenges, as well as the need to invest in upstream factors that end up resulting in unmet health needs. They spoke to the importance of preventing and addressing Adverse Childhood Experiences (ACEs) that may be at the root of many mental health needs.

In Humboldt County, there is a lack of behavioral health providers, including psychiatrists, case managers, peer counselors, and therapists. The pandemic negatively affected staffing. While there are therapists locally, many of them are private pay.

There is also a lack of places that treat both mental health concerns and SUD at the same time. There are challenges meeting behavioral health needs across the continuum of care:

- Lack of local residential treatment center beds: There are a lack of placements available to send patients out of the county and few options locally.
- Crisis services: Many people go to the ER in a crisis where there is insufficient capacity.
- No low-barrier SUD treatment programs: Key informants shared people should not be punished for relapsing and stringent requirements for programs can be intimidating. Ensuring programs are welcoming and low barrier is important.

Key informants spoke to population-specific challenges accessing behavioral health supports:

- People living in rural and remote parts of Humboldt County: Weather and transportation can prevent people from easily accessing services in central parts of the county.
- Young people: People 18 years and younger were emphasized as a key population with unmet mental health needs. Key informants shared that many young people are having a difficult time, stating that young people think almost all of them are depressed and anxious.

*“There is that real sense of togetherness [for young people] but where they all are at together doesn’t seem like a very good place.”—Key Informant*

While many schools do provide mental health services, there are long waitlists. Young people are exposed to negative media and have experienced more stress during the pandemic, which has affected social-emotional development. Many educators are seeing difficult behaviors in young people who they estimate are about two years delayed socially-emotionally.

- Indigenous Peoples of the U.S.: Tribal communities often live further away from services, making access more difficult. Key informants spoke to the importance of addressing intergenerational trauma that contributes to behavioral health needs.
- People living unhoused: There is a need for more low-barrier behavioral health services, as finding mental health support is difficult for people living unhoused. Addressing needs before they become a crisis is also crucial to ensure that people receive support at the right time, in the right place, rather than in crisis in the ED.
- Older adults: Loneliness and isolation can be a concern for older adults, particularly those that live alone and may not have family close by. Emotional health checks can be beneficial.

Key informants shared stigma and discrimination towards people with behavioral health challenges is a profound issue. Mental illness is easily misunderstood and not treated with the same care and seriousness that physical illness is treated. It can be challenging for people to see beyond behaviors to underlying disease and trauma. There is a lot of stigma against people with a SUD, particularly IV drug

users, who might experience discrimination when they seek medical care. There is a need for more public education around SUD and understanding the disease, recognizing that addressing behavioral health concerns is a public health emergency.

The COVID-19 pandemic has created more flexibility in how behavioral health care is provided, with more telehealth options, improving access for some patients. Although, technology barriers prevented some patients from accessing care. Many in-person services closed and some, like syringe exchanges, have not reopened. Many SUD services were difficult to access while closed to in-person appointments.

The pandemic has contributed to stress for many families, particularly those that experienced economic insecurity and loss of loved ones. Many children and families experienced trauma during the pandemic that is unaddressed. Key informants noted seeing an increase in alcohol use, SUD, domestic violence, death by suicide, isolation, overdoses, and distress since the start of the pandemic, emphasizing the urgency of addressing behavioral health needs in the county.

#### *Medium Priority Unmet Health-Related Needs*

Four additional needs were often prioritized by key informants:

3. Access to health care services
4. Racism, discrimination, and inclusion
5. Economic insecurity
6. Food insecurity

#### **Access to health care services**

Accessing primary care and specialty care is difficult in Humboldt County for many people. Many patients have difficulty finding a primary care physician with capacity for new patients, with some patients driving hours away from their homes. Accessing local, timely primary care is very difficult. Provider turnover is also an issue with patients not having a consistent primary care provider.

There is a huge lack of specialty care as well, with people traveling far away for appointments. Many families travel for specialty pediatric care to San Francisco, which causes financial burden. There is a need for more specialty care for health issues relate to aging, gynecology, infant specialty care, among others.

There is also a need for more bilingual health care providers to improve language equity. There is a need for Spanish-speaking providers, as well as better interpretation services and culturally responsive interpretation. Interpreter services do not always correlate with the needed dialect or language.

There also needs to be more cultural humility and awareness from providers when serving BBIPOC communities, ensuring care is strengths based. Addressing implicit bias and racist policies within health care is important for ensuring BBIPOC patients receive high-quality care. There is a need for more BBIPOC providers to ensure better representation within health care.

Transportation is a barrier to accessing care for many people, particularly if they must travel outside of their local community for primary or specialty care.

Key informants spoke to the following populations as experiencing more barriers to care:

- People with undocumented status and mixed-status families: These families may not have access to health insurance. Current options for restricted medical insurance present barriers to care.
- Indigenous Peoples of the U.S.: Health disparities, due to racism and discrimination, contribute to poorer health outcomes for Indigenous Peoples of the U.S. More remote and isolated geography of reservations can make travel to primary care difficult, contributing to unmanaged chronic diseases.
- Patients with a SUD: Negative interactions with health care providers can prevent people with a SUD from feeling safe accessing medical care.

During the height of the COVID-19 pandemic, families missed well-child checks. People also delayed their primary care appointments, which impacted overall health and wellness. Positively, increased telehealth appointments have made accessing care easier for people living farther away from care or experiencing transportation barriers.

### **Racism, discrimination, and inclusion**

Key informants spoke to the importance of addressing racism and discrimination and increasing inclusion to promote health equity. A lack of representation of BBIPOC educators and school staff may prevent BBIPOC students from feeling supported. There is also a lack of representation within health care. Key informants spoke to the need for more BBIPOC providers and bilingual health care providers. When serving BBIPOC communities, key informants emphasized the need for more cultural humility and awareness of community strengths.

Key informants spoke to the effects of trans-generational trauma from racism and genocide against Indigenous Peoples of the U.S. and how this contributes to ongoing health disparities. For example, Indigenous Peoples with a SUD have a higher rate of contracting Hepatitis C compared to the rest of the county. Data also show that outlying areas in the county see disparities in health outcomes, particularly for Indigenous Peoples living in more remote and rural parts of Humboldt.

People with SUD experience discrimination as well, often made to feel unworthy of care or not treated with the same respect as other patients.

Inclusion of people living with a disability is an important part of improving health equity. It can be difficult to get wraparound support serviced for students with disabilities because the many organizations that provide support have large caseloads. At the height of the COVID-19 pandemic, many students were not being assessed for disabilities because they were not physically at school. Initial assessments are at a higher level now as districts are playing “catch up” to screen students and connect them with services.

## Economic insecurity

Key informants discussed a lack of living wage jobs in the county and concern for high levels of poverty. Specifically, the cost of living is high compared to many families' income. There is also a "benefits cliff" where a family's income is too high to qualify for certain services, but too low to be able to afford services. For example, certain childcare programs have income thresholds that many families do not meet for assistance, but they still have difficulty affording childcare services on their own.

Affordable, flexible, and accessible childcare is critical for parents to be able to work. This affects families' health and quality of life. Many childcare providers closed as a result of the pandemic, putting additional strain on an already strained system. Childcare is not accessible for many families.

Parents may not have flexibility in their jobs to meet with the school regarding their child's academics or support needs. For many parents, taking an hour out of their day for a school meeting is considered a hardship.

Veterans may also experience economic insecurity because of a lack of employment opportunities.

At the height of COVID-19, essential workers were at higher risk of contracting COVID-19 and had fewer benefits, like health insurance, to help them access medical care. This was especially true for agricultural workers. There was also increased fear and stress related to lost jobs and reduced hours, putting financial strain on families.

## Food insecurity

Key informants highlighted food insecurity as a key need but did not discuss it in much detail. They did note that food insecurity is significant in many parts of Humboldt County and increased during the pandemic. Families with limited incomes have to make spending tradeoffs to afford food for their families.

Additionally, more rural or isolated parts of the county do not have access to affordable, healthy food options. This means that there may be some food available, but it is expensive and usually does not include fresh produce and affordable, healthy options.

## FINDINGS FROM PROVIDENCE CHI CAREGIVER LISTENING SESSIONS

### *Community Strengths*

Caregivers in the CHI department identified the following community strengths:

### *People Care for One Another*

People in Humboldt County are community oriented and very connected. They pull together and are generous with their resources. Family ties are very strong and members support one another. This can

be leveraged by encouraging community members to share resources and information with their networks because word of mouth is an important mode of communication.

While there are people in the community that need support and services, there are also a lot of people that have the skills and time to help others. Find ways to nurture the relationships so that community members with skills and time can be connected to folks in need.

#### Community Members are Resilient, Seeking Better Lives for their Families

Caregivers emphasized that the people they serve are resilient, seeking to build their own knowledge and capacity to meet their own needs. People want to learn, be self-sufficient, and care for their families. For example, Spanish-speaking clients seek out English classes to develop the language skills to navigate resources on their own.

To leverage this strength, engage community members in grassroots efforts where they can use their knowledge and skills to improve the community. In developing programming, think about how to broaden people's capacity and skills rather than trying to provide quick fixes. Community members have a lot of knowledge to share; ask them how they want to be involved in the community and compensate people for their time.

#### Many Organizations Serve the Community and Collaborate

Humboldt has a lot of resources and agencies that already have strong trust with families. Those relationships should be leveraged to distribute information and invite people to events.

Many organizations have bilingual staff members, which are crucial for engaging with diverse communities. These staff need to be compensated for that skills to ensure continuity of care for community members and good support for those workers. Finding more bilingual staff and building the workforce is important for continuing to meet needs. Bringing representatives from organizations together in conversation and to share resources will improve efficiency in the way services are delivered to people with the highest need. This will also foster teamwork across agencies.

#### High Priority Unmet Health-Related Needs

Caregivers were asked to identify their top five health-related needs in the community. Two needs were prioritized by most caregivers and with high priority. Five additional needs were categorized as medium priority. Caregivers were most concerned about the following health-related needs:

1. Homelessness and housing instability
2. Behavioral health challenges and access to care (mental health and substance use/misuse)

## Homelessness and housing instability

Caregivers spoke to a variety of housing-related needs in the county for all income levels, including more affordable housing. They noted that getting permanent housing can take years, so more transitional housing is necessary.

Caregivers spoke to the specific needs of the following groups:

- Older adults: There is a need for more senior housing as the current wait list is over a year.
- Pregnant people: There is only one option for transitional housing for pregnant people.
- People without credit or rental history: Finding an apartment to rent for people without credit or rental history is more difficult.
- People with pets: Finding housing and shelter that allow pets can be particularly difficult.

Caregivers were also concerned about the quality of housing, noting there are certain areas that lack running water and gas for heat. Particularly in Eastern Humboldt, Western Trinity County, and on the Hupa Valley Reservation, there is sub-standard housing with people living in trailers, tents, cars, and sheds. Some of the places people live are unsafe and unhealthy with mold.

There is a need for weatherization to improve homes and support paying utility bills.

## Behavioral health challenges and access to care (mental health and substance use/misuse)

Caregivers spoke to mental health and substance use/misuse as challenges in Humboldt County, with the two needs often connected. They noted that Adverse Childhood Experiences (ACEs) and trauma contribute to mental health needs. They shared the need for the following services:

- More residential treatment centers: The few residential treatment programs are often full, meaning people cannot access them in a timely way.
- Spanish recovery groups like AA and NA: There is a need for AA and NA programs offered in Spanish.
- More mental health services: In general, there are not enough mental health services to meet the demand. There is a need for mental health services for all ages, in particular teens.
- Spanish mental health services and groups: Bilingual mental health services and groups are needed in Spanish.
- More Narcan: More distribution of Narcan is needed to address the rise in overdoses.

Transportation and stigma are both barriers to people accessing care. People may not always feel comfortable seeking mental health services through their primary care provider.

Mental health services can be especially challenging for people to access if they are living unhoused or have a SUD.



### *Medium Priority Unmet Health-Related Needs*

Five additional needs were often prioritized by caregivers:

3. Economic insecurity
4. Access to dental care
5. Food insecurity
6. Access to health care services
7. Safe, reliable, and affordable transportation

#### **Economic insecurity**

Accessing income assistance can be challenging for people, particularly people living unsheltered. There is also a need for bilingual financial support in Spanish.

Economic insecurity affects families' abilities to meet their basic needs, like pay for gas, which is important for getting to work and taking children to school. There is a need for more education to help families manage their finances.

A lack of childcare services, particularly for infants, makes it difficult for parents to work.

#### **Access to dental care**

Caregivers identified dental care as a major challenge for many people in Humboldt County, with few local dental providers and difficulty affording and accessing services. Many patients have to travel out of the area to get dental services because of a lack of them locally. The costs associated with travel, including transportation and lodging, to get care is burdensome. Caregivers noted that people travel to Redding, Santa Rosa, San Francisco, and other areas, needing to borrow money to make the trip. If they can access dental services, the cost of care is also burdensome.

There is a lack of full scope dental coverage, often only available during pregnancy. There is also a lack of providers who accept Partnership, contributing to difficulty accessing and paying for services.

#### **Food insecurity**

Caregivers shared that there are parts of Humboldt without grocery stores, meaning people use their CalFresh benefits to buy food at gas stations, which is often poor quality. Food has become even more expensive, with items like eggs becoming difficult to afford. Food insecurity is closely connected to economic insecurity.

People living unhoused may have more difficulty meeting special dietary needs, like a low sodium or diabetic diet.

### **Access to health care services**

There are a variety of barriers to accessing timely, affordable health care services. Many adults in California only qualify for restricted Medi-Cal, meaning they do not have access to the full scope of health insurance.

There is a need for more case management and medication management to support patients in navigating the complexities of the health care system. Case managers are needed to help patients access transportation, food resources, and more. Having a dedicated Social Worker in the hospital, in particular for OB, would be useful. Additionally, a case manager that can help patients with multiple providers manage their medication is needed. People incarcerated may be released without the medication they need and no support in getting it.

Caregivers shared people wait on the phone for hours trying to get the services they need and navigate the system between medical, dental, behavioral health and more. Patients may fall through the cracks when they're referred to other organizations. Ensuring there are warm hand-offs to help connect people is important. While there are great programs in place to support patients, like Public Health Nursing, they are at capacity, meaning people have to wait for services.

Accessing specialty care, particularly cardiology can be difficult. There is a need for more bilingual providers to serve Spanish-speaking patients.

### **Safe, reliable, and affordable transportation**

Transportation is an issue related to accessing a variety of services. Many patients have to travel long distances to other parts of Northern California to access dental services. They may have to borrow money for the transportation or receive help from others to get there.

Transportation is also a barrier for people accessing mental health services and immigration services at the consulate, particularly if they have to travel to a consulate in San Francisco.

## Appendix 3: Community Resources Available to Address Significant Health Needs

St. Joseph Hospital and Redwood Memorial Hospital cannot address all of the significant community health needs by working alone. Improving community health requires collaboration across community key informants and with community engagement. Below outlines a modest list of community resources potentially available to address identified community needs. Humboldt County is fortunate to have many strengths (collaboration and teamwork are two notable strengths) and resources to address significant needs.

**Table\_Apx 4. Community Resources Available to Address Significant Health Needs**

Organization Type	Organization or Program	Description of services offered	Street Address (including city and zip)	Significant Health Need Addressed
Food Security	Food for People	Humboldt County’s food bank with headquarters in Eureka and a network of pantry sites across the County	307 W. 14 <sup>th</sup> Street, Eureka, CA 95501	Food Insecurity
Hospital	Mad River Community Hospital	Acute Care Community Hospital	3800 Janes Road, Arcata, CA 95521	Access to Care
Clinic	Open Door Community Health Centers	Federally Qualified Health Center that provided primary care, dental care, behavioral health care	1275 8 <sup>th</sup> Street, Arcata, CA 95521	Access to Care
Clinic	K’ima:w Medical Center	Ambulatory healthcare service for the greater Hoopa Valley, has been in operation since 1974	535 Airport Rd. Hoopa, CA 95546	Access to Care
Clinic	United Indian Health Care	Quality healthcare in the areas of body, mind and spirit for generations of our American Indian Community	1600 Weeot Way, Arcata, CA 95521	Access to Care

Early Childhood	First 5 Humboldt	Supporting all Humboldt County children in reaching their unique potential in safe, nurturing families and supportive communities	325 Second Street, Ste. 201 Eureka, CA 95501	Prevention of BH Issues
Psychiatric Hospital	Sempervirens Psychiatric Hospital	Psychiatric Health Facility for those experiencing a mental health crisis	720 Wood Street, Eureka, CA 95501	Behavioral Health
Housing and Homelessness	Humboldt Housing and Homeless Coalition	A Continuum of Care comprised of several organizations, service providers, developers, government agencies and leaders dedicated to ending homelessness.	Eureka, CA 95501	Housing and Homelessness
Detox and Residential Treatment	Waterfront Recovery Services	Medically managed detox program and residential treatment for people over 18 years old	2413 Second Street, Eureka, CA 95501	Behavioral Health
Homeless Services	St. Vincent de Paul	Free dining facility serving hot lunch	35 W. 3 <sup>rd</sup> Street, Eureka, CA 95501	Housing and Homelessness
Homeless Services	The Betty Kwan Chinn Homeless Foundation	Several programs that serve the homeless. Strength based approach.	133 7 <sup>th</sup> Street, Eureka, CA 95501	Housing and Homelessness
Philanthropy	North Coast Grant Making Partnership	Funders roundtable where local grant makers collaborate and co-fund	363 Indianola Road, Bayside, CA 95524	All Need Areas
Resource Centers	Humboldt Network of Family Resource Centers	A collaborative of resource centers across Humboldt County	All of Humboldt County	All Need Areas

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

**Table\_Apx 5. Community Benefit Committee Members**

<b>Name</b>	<b>Title</b>	<b>Organization/Affiliation</b>	<b>Sector</b>
Becky Giacomini	Chair and Trustee	Retired	Education
Sr. Thuy Tran	Trustee	Sisters of St. Joseph of Orange	Women Religious
Ranjit Hundal, MD	Interim Chief Executive	St. Joseph Hospital and Redwood Memorial Hospital	Healthcare
Elle Yeates	Chief Mission Officer	St. Joseph Hospital and Redwood Memorial Hospital	Healthcare
Lara Weiss	Deputy Director	County of Humboldt, Public Health Branch	Public Health
Kay Chapman	Family Resource Center Director	Fortuna School District	Education
Maile Feuerman	Community Member	Eel River Valley	Philanthropy
Laura Olson	Executive Director	Smullin Foundation	Philanthropy
Beth Anderson	Executive Director	Sorrel Leaf Healing Center	Community Based Organization
Leonard La France	Commander	Eureka Police Department	Law Enforcement Homeless Outreach

Jamie Jensen	Professor	Cal Poly Humboldt	Education Social Work
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