2019

Community Health Needs Assessment
Executive Summary

Paper copies of the Community Health Needs Assessment may be obtained In-person at the following locations:

Mammoth Hospital Administration
Address: 85 Sierra Park Road, PO Box 660, Mammoth Lakes, CA 93546
Phone: (760)-934-3311
Web site: www.http://mammothhospital.org

Mono County Health Department
Address: 437 Old Mammoth Road, Suite Q, Mammoth Lakes, CA 93546
Phone: (760) 924-1830
Web site: https://monohealth.com

COMMUNITY HEALTH NEEDS ASSESSMENT COLLABORATION

Mammoth Hospital and Mono County Health Department worked collaboratively to develop the 2019 Mono County Community Health Needs Assessment (CHNA). The CHNA was conducted between October 2018 and June 2019.

A steering committee that included representatives from Mammoth Hospital and Mono County Health Department provided oversight throughout the process.

A variety of sources were used to identify community health trends and health disparities including a review of the literature and feedback from the community and key stakeholders.

Feedback from primary sources included: Twenty-seven interviews with key stakeholders, a key stakeholder survey with 36 respondents, a key stakeholder focus group, and a community survey with 355 respondents.

COMMUNITY HEALTH PRIORITIES

The community health priorities identified by interviews and surveys for adults and children differed only slightly.

HEALTH PRIORITIES FOR ADULTS	
KEY STAKEHOLDERS	COMMUNITY
1. Alcohol Use 2. Mental Health 3. Illegal Drug Use 4. Stress 5. Overweight / Obesity	1. Mental Health 2. Alcohol Use 3. Cancer 4. Illegal Drug Use 5. Diabetes

HEALTH PRIORITIES FOR CHILDREN	
KEY STAKEHOLDERS	COMMUNITY
1. Overweight / Obesity 2. Vaping 3. Alcohol Use 4. Dental Health 5. Stress	1. Mental Health 2. Vaping 3. Dental Health 4. Overweight / Obesity 5. Alcohol Use

The CHNA Steering Committee reviewed all of the information gathered as part of the CHNA process and decided to focus on four priorities.

Priority 1: Substance Abuse Prevention and Treatment

Goals

1. Provide additional treatment options
2. Develop networks and sources for follow-up care
3. Implement provider training
4. Provide community education
5. Enforcement

Priority 2: Behavioral Health Access, Prevention, and Treatment

Goals

1. Increase access to behavioral health care
2. Provide services for youth and children with a focus on depression, suicidal ideation. and Adverse Childhood Events (ACEs)
3. Provide preventative care and treatment options for adults with a focus on anxiety and depression including Seasonal Affective Disorder
4. Consider the impact of Social Determinants of Health on behavioral health such as isolation, housing, and poverty
5. Research and implement Trauma-Informed Care

Priority 3: Clinical Care Access and Preventative Care

Goals

1. Provide education and services focused on prevention and promotion of a healthy lifestyle
2. Increase access to primary care and preventative services

Priority 4: Dental Care Access and Preventative Care

Goals

1. Increase access to dental care for children
2. Increase access to dental care for adults
3. Integrate dental care screening as part of primary care practices
4. Provide community education regarding the importance of dental care

A health improvement plan based on the four (4) priorities will be developed by mid-October 2019 in collaboration with community partners. Additional information about each priority is included on the following pages.

COMMUNITY HEALTH PRIORITY 1: SUBSTANCE ABUSE PREVENTION AND TREATMENT

SUMMARY INFORMATION REGARDING THE PRIORITY

Tobacco

A study published by the Journal of the American Medical Association (JAMA), in 2018, identified risk-factors that contributed to disability-adjusted life-years. In California, the second highest risk factor was alcohol and drug use, and the fourth highest risk factor was tobacco use.[1]

The American Lung Association evaluates local efforts towards tobacco control. According to the report, an overall Tobacco Control Grade is a letter grade awarded to the municipality based on its points received in each of the following areas; smoke-free outdoor air, smoke-free housing, and reducing sales of tobacco products. Points from these categories were added together with any emerging issue bonus points received. The points correlate to a letter grade A-F. For 2019, Mammoth Lakes received an overall tobacco control grade of C while the unincorporated areas of Mono County received a grade of D.

For years 2014 – 2016, the smoking prevalence among adults in the Sierra Region including Alpine, Amador, Calaveras, Inyo and Mono (Eastern Sierra) counties was 12.6% which is slightly higher than the rate in California of 11%, but is not statistically different from the Healthy People 2020 target of 12%.[2] California's adult cigarette smoking rate varies by population density, with higher rates predominantly in rural counties.

The California Healthy Kids Survey (CHKS) was developed by the California Department of Education and is administered annually in school districts throughout the state. Student participation is voluntary and confidential.

The 2017-2018 CHKS includes multiple indicators related to the use of tobacco by youth, which are included in Appendix 7. Indicators include:

- 4.3% of 11th graders in the state report current cigarette smoking compared to 0% at Eastern Sierra Unified School District (ESUSD) and 5% at Mammoth Unified School District (MUSD).
- 31.2% of 11th graders in the state report that it is very difficult to obtain cigarettes compared to 17% at ESUSD and 11% at MUSD.
- 1.7% of 11th graders in the state report current smokeless tobacco use compared to 0% at ESUSD and 1% at MUSD.

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[1] *The US Burden of Disease Collaborators. The State of US Health, 1990 – 2016 Burden of Disease, injuries, and Risk Factors among US States. JAMA. 2018;319(14):1444-1472. doi:10.1001/jama.2018.0158*

[2] *California Department of Public Health, California Tobacco Control Program, California Tobacco Facts & Figures 2018*

- 42% of 11th graders in the state report great harm of occasional cigarette smoking compared to 29% at ESUSD and 44% at MUSD.
- 4% of ESUSD 11th grade students report both current use of electronic cigarettes and using electronic cigarettes at school. 27% of MUSD 11th grade students report current use of electronic cigarettes, and 15% report using electronic cigarettes at school. In the state, 9.8% of 11th grade students report use of electronic cigarettes and 3.3% report use of electronic cigarettes at school.

Opioids

The age-adjusted rate of opioid prescriptions per 1,000 residents in Mono County was 458.73 in the first quarter of 2015 and 239.14 for the 3rd quarter of 2018, a significant decrease. Mono County is statistically lower than the state rate of 583.09 and 450.17 for the same period.[3]

Drug Overdose and Deaths

The California Department of Public Health published rates of drug-induced deaths from 2015-2017 for the state and by county.

- The age-adjusted death rate from deaths due to drug-induced causes for California was 12.7 deaths per 100,000 population, an increase from the 2012-2014 rate of 11.4 per 100,000 population.
- The rate of drug-induced deaths from 2015-2017 for Mono County was 5.9, with 95% confidence limits of 0.3-27.2. The Healthy People 2020 goal for the rate of drug-induced deaths is 11.3 per 100,000 population.[4]

While overdose deaths have become the leading cause of accidental death in the United States, Mono County experienced one overdose death in 2018. Mono County Emergency Medical Services reported 11 responses for overdoses of various substances in 2017, 20 in 2018, and 4 in 2019.

Alcohol

The percent of adults who reported binge or heavy drinking in 2016 in Mono County was 22%, which is statistically higher than the rate in California of 18%. The data is from the Behavioral Risk Factor Surveillance System (BRFSS) and reported by County Health Rankings.

The percent of alcohol-impaired driving deaths in Mono County was 67% from 2013 – 2017 compared to 30% for the state. The rate in Mono County is statistically higher than the state. The data is from the Fatality Analysis Reporting System and reported on County Health Rankings.

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[3] *California Department of Justice - Controlled Substance Utilization Review and Evaluation System Data.*
[4] *California Department of Public Health*

Youth Alcohol and Other Drug Use

The 2017-2018 California Healthy Kids Survey (CHKS) includes multiple indicators related to use of alcohol and drugs by youth, which are included in Appendix 8. Indicators include:

- 29.4% of 11th graders in the state report current use of alcohol or drugs compared to 41% at MUSD and 17% at ESUSD.
- 11.6% of 11th graders in the state report current heavy alcohol use (binge drinking), compared to 13% at ESUSD and 19% at MUSD.
- 6% of 11th graders in the state report that it is very difficult to obtain alcohol compared to 17% at ESUSD and 10% at MUSD.
- 16.7% of 11th graders in the state report current marijuana use compared to 31% at ESUSD and 44% at MUSD.
- 5.6% of 11th graders in the state report that it is very difficult to obtain marijuana compared to 21% at ESUSD and 10% at MUSD.

COMMUNITY HEALTH PRIORITY 2: BEHAVIORAL HEALTH PREVENTION AND TREATMENT

SUMMARY INFORMATION REGARDING THE PRIORITY

Mono County is a Health Professional Shortage Area for Mental Health. Based on data from 2018, there was one (1) behavioral health professional for every 520 residents in Mono County The state has one (1) mental health professional for every 310 residents.[5]

The number of self-reported poor mental health days in Mono County was 3.7 per 30-day period compared to the California rate of 3.5. Mono County is not statistically different than the state. The data is from the Behavioral Risk Factor Surveillance System (BRFSS) and reported on County Health Rankings.

The following information is abstracted from the 2018 California Children's Report Card.[6]

- 35% of children in California who reported needing help for emotional or mental health problems receive counseling
- 13% of total hospital discharges in California of children are due to mental illness
- 42% of California children experience one or more Adverse Childhood Experience (ACEs)
- 17% is the approximate percentage of California children receiving therapy or counseling as part of their Individualized Education Plan (IEP), although 70,000 have a serious mental or behavioral health need

The California Healthy Kids Survey for 2017-2018 includes indicators related to depression and thoughts of suicide.

24% of 9th graders and 57% of 11th graders at ESUSD, and 35% of 9th graders and 42% of 11th graders at MUSD report chronic sad or hopeless feelings in the last 12 months. The rate in the state for 9th and 11th graders is 29.6% and 32.3%.

3% of 9th graders and 42% of 11th graders at ESUSD, and 20% of 9th graders and 17% of 11th graders at MUSD report they seriously considered attempting suicide in the last 12 months. The rate in the state for 9th and 11th graders is 16.0% and 15.5%.

The California Healthy Kids Survey included the following related to state results:

> *"Results for two indicators of depression risk in the past 12 months showed slight improvement as compared to 2013-15 but remain at disturbingly high levels. Feelings of incapacitating chronic sadness or hopelessness were reported by 24% of 7th, 30% of 9th, and 32% of 11th graders, representing a 2 point decrease across grade levels. Seriously contemplating suicide decreased from 19% to 16% for both 9th and 11th grade respondents. Females reported a substantially higher*

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[5] *County Health Rankings, 2019*
[6] *2018 California Children's Report Card*

prevalence of chronic sadness than males. In 7th grade, females were 1.6 times more likely than males to report chronic sadness (30% vs. 18%); in 9th grade, twice as likely (39% vs. 19%); and in 11th grade 1.8 times (42% vs. 23%)."

The community and key stakeholders both identified mental health as one of the greatest issues affecting the health of Mono County residents. Lack of access to behavioral health services was viewed as problematic overall, but especially in rural parts of the county.

COMMUNITY HEALTH PRIORITY 3: CLINICAL CARE ACCESS AND PREVENTATIVE CARE

SUMMARY INFORMATION REGARDING THE PRIORITY

Mono County is a Health Professional Shortage Area for primary care. Based on data from County Health Rankings, there was one (1) primary care physician for every 1,550 residents in Mono County in 2016. There was one (1) other primary care provider for every 1,880 residents in Mono County based on data from 2018. The state had one primary care physician for every 1,270 residents and one other primary care provider for every 1,770 residents for the same period.

According to the Department of Healthcare Services (DHCS) Management Information System for the fiscal year 2017-2018, preventive care utilization rates for children with Medi-Cal are 42.7% for Mono County and 45.2% statewide.[7] However, the report states, "*Fiscal year 2017-2018 data may be incomplete due to a delay in DHCS receiving the data".*

Limited English proficiency impacts many aspects of an individual's life, including access to care. The percentage of limited English households in Mono County is 6.5%, and 9.5% of the population has limited English proficiency.[8] 25.1% of Mono County residents speak a language other than English at home compared to 44.0% in the state.[9]

Transportation and distance to travel for services, including healthcare, are major challenges. Multiple comments were received about the lack of access to care in rural parts of the county, and the difficulty of travel to Mammoth Lakes, especially in the winter.

Approximately 12% of adults and 5% of children were uninsured in Mono County in 2016, which is not statistically different than the state.[10] A report published in May of 2018 by the California Healthcare Foundation identified that 22% of the population in Imperial, Inyo, and Mono counties were eligible for MediCal but not enrolled.[11]

A study published in 2018, by the Journal of the American Medical Association (JAMA), identified life expectancy and healthy life expectancy. In California, the healthy life expectancy is approximately 10 years shorter for both males and females.[12] Healthy Life Expectancy is defined as the average number of years that a person can expect to live in "full health" by taking into account years lived in less than full health due to disease and/or injury.

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[7] *Analysis of DHCS's Management Information System/Decision Support System Data*
[8] *US Census Bureau, American Community Survey 2012-2016*
[9] *US Census Bureau, QuickFacts Mono County, 2013 - 2017*
[10] *County Health Rankings, 2019*
[11] *California Health Interview Survey, UCLA Center for Health Policy Research*
[12] *The US Burden of Disease Collaborators. The State of US Health, 1990 – 2016 Burden of Disease, injuries, and Risk Factors Among US States. JAMA. 2018;319(14):1444-1472. doi:10.1001/jama.2018.0158*

CALIFORNIA	LIFE EXPECTANCY	HEALTHY LIFE EXPECTANCY
Both Male and Female	80.9 (79.9 – 81.9)	69.9 (66.6 – 72.8)
Female	83.1 (81.6 – 84.3)	71.1 (67.7 – 74.3)
Male	78.6 (77.2 – 80.1)	68.6 (65.5 – 71.6)

The study also identified disability-adjusted life-years related to risk factors. The top ten risk factors in California in rank order are.:

1. High body mass index
2. Alcohol and drug use
3. Dietary risks
4. Tobacco use
5. High fasting plasma glucose
6. High systolic blood pressure
7. High total cholesterol
8. Impaired kidney function
9. Occupational risks
10. Air pollution

Additional data are included in the main report related to many of the identified risk factors including obesity, nutrition and access to healthy food, and physical exercise.

The highest age-adjusted cause of death in Mono County is for coronary artery disease followed by all cancers, and accidents (unintentional injuries).[13] Cause of death in Mono County is not statistically different from the state.

[13] *Source: California Department of Public Health Mono County Health Status Profiles*

COMMUNITY HEALTH PRIORITY 4: DENTAL CARE ACCESS AND PREVENTATIVE CARE

SUMMARY INFORMATION REGARDING THE PRIORITY

Mono County is a Health Professional Shortage Area for dental care. Based on data from County Health Rankings for 2017, there was one (1) dentist for every 2,020 residents in Mono County. The state had one dentist for every 1,200 residents for the same period.

There are a total of six (6) dentists in Mono County. Five (5) are located in Mammoth Lakes, and one is located in Coleville. Of the five (5) located in Mammoth Lakes, only one accepts Medi-Cal Dental insurance. The remainder of dentists only accept private insurance. The dentist in Coleville accepts both Medi-Cal Dental and private insurance.

The Mammoth Hospital Family Dental Clinic had a total of 8,005 visits between November 2017 and April 2019. Of the patients seen:

- 19.7% of patients were ages 5 or younger.
- 36.4% of patients aged 6 – 12
- 20.3% of patients aged 13 – 18
- 23.5% of patients were ages 19 or older

The most frequent dental care visits for children are related to regular checkups and preventative care, normal decay needing Amalgam or composite restoration, ortho extractions/over retained extractions. The most frequent dental care for adults is for restorations, extractions, root canals, crowns, bridges, removable prosthetics, Prophy's, Periodontal root planning.

85% of patients seen in the Dental Clinic have Medi-Cal as their primary payor.

The Dental Clinic reported the following statistics and information for 2018/2019:

- 2 to 3 months to schedule an exam or treatment for an adult
- 1 to 2 weeks to schedule an exam of treatment for a child
- Appointments for toothache or other urgent need range from immediate to one week
- 1 – 2 months average treatment time for an adult
- 2 weeks average treatment time for a child

Measure C, an ordinance prohibiting the Mammoth Community Water District from adding fluoride to the District water supply, was submitted for a public vote in 2005. The ordinance passed with 940 votes in favor of not adding fluoride to the water, and 363 votes against the ordinance.

First 5 Mono County, with funding support from the California Small Population County Funding Augmentation, provides oral health education, oral health checks, and fluoride varnish applications to children under the age of 5. According to First 5 Mono County annual report for 2016/2017,

> "*The oral needs of young children in Mono County continue to be high with few children accessing regular preventative care and annual screenings*."

The First 5 Mono County report includes the following information:

- 20% of patients 0-5 had more than one visit to the dentist in the year, down from 24% the previous year
- 17% of children 0-5 visit the dentist annually, but more than half (56%) are seen at least annually
- 18% of the oral health checks completed at kindergarten roundup indicated the child had untreated caries (cavities), up from 5% last year.

Seven questions were included in the community survey regarding dental health.

- Forty-eight percent (48%) of respondents rated the health of their teeth, mouth, and gums as good and indicated that any issues they had were treated. Thirty-six (36%) responded that their dental health was excellent while fifteen (15%) said it was poor.
- The majority of respondents, 72%, brush their teeth two (2) times a day, 19% brush their teeth once a day, 8% brush their teeth three (3) times a day or more and 1% indicated that they brushed their teeth a few times a week or less.
- Questions related to fluoride indicated that 73% buy toothpaste with fluoride, 20% indicated that they and/or their children get fluoride treatments at the dentist while less than one percent (1%) responded that they or their child use fluoride tablets or drops. Nine percent (9%) stated that they and/or their children drink water with fluoride, and 17% stated that they avoid fluoride. One percent (1%) of those responding indicated that they did not know what fluoride was.
- Respondents were asked when the last time was that they went to the dentist. Most of the respondents, 62%, indicated that they had visited the dentist in the last six (6) months or less. 15% had seen a dentist within the last year, 14% within the last two (2) years, 9% within the last five (5) years, and less than 1% stated that they never gone or could not remember when they went to a dentist last.
- Fifty-six (56%) percent indicated that they were receiving the care they needed, while 23% indicated they were not.
- The majority of those responding 196 out of 277 or 70% indicated that they had insurance through an employer, family members/ employer, Medi-Cal, VA, or an alternate source.
- The last question posed in the community survey asked respondents to identify the top three things influencing dental health within the community. The cost of dental care received the most responses; lack of dentists and dental insurance were the second and third most frequent responses.

Community and key stakeholders identified barriers to dental care, including:

- High cost, including high co-pays and up-front costs
- Long wait times to get an appointment
- Lack of emergency dental care
- Lack of pediatric dental care

- Lack of dentists who take Medi-Cal
- Lack of dental insurance
- Fear of going to the dentist including dental pain
- Ability to take time off from work

The factor identified by key stakeholders as having the most influence on dental health was sugar content in food.