

2022 Yuba County Community Health Assessment

Prepared by the Yuba County Public Health Core Community Health Assessment Team

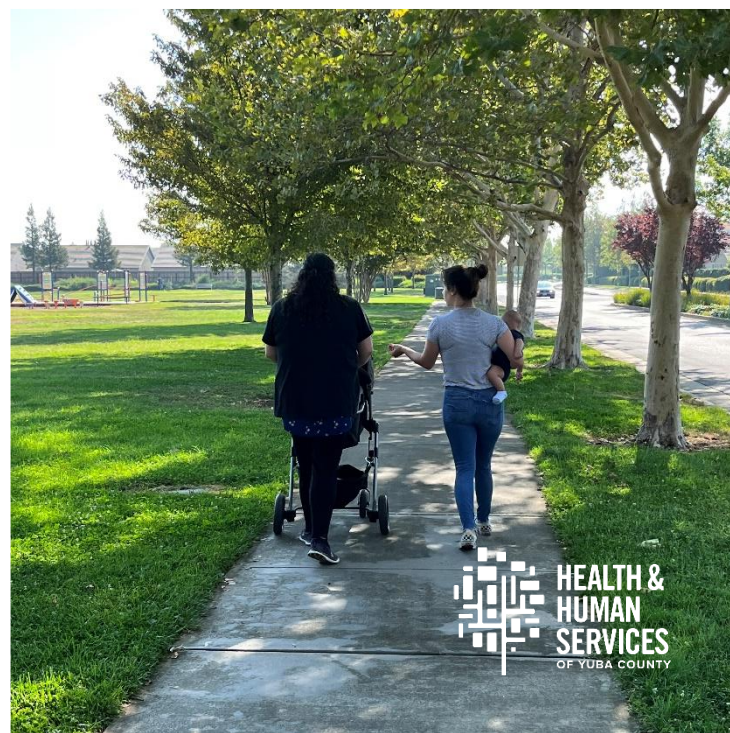


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The expertise and collaboration of the following individuals and agencies allowed this Community Health Assessment to be a comprehensive and substantive document that will guide the development of the Community Health Improvement Plan.

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Media and Marketing Support

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Executive Summary

The 2022 Yuba County Community Health Assessment was developed through community partnership and engagement with a focus on developing a collaborative, data driven document that can be used by members of the Yuba County community to better understand the health needs and resources of the community.

Planning for the Community Health Assessment (CHA) began in February 2022. Utilizing active community engagement as a guiding principle, the core CHA team sought continued guidance and feedback from key Yuba County leaders and stakeholders through an internal Departmental Steering Committee and an external Advisory Committee. Quantitative data was compiled and analyzed from national, state, and local resources including but not limited to data from the National Center for Health Statistics, Centers for Disease Control and Prevention (CDC), Robert Wood Johnson Foundation, and the California Department of Public Health. Qualitative data were compiled from three key sources:

- 1) A robust, county-wide community survey that garnered 996 responses
- 2) Key informant interviews with broad community representation conducted by an external facilitator
- 3) Ten focus groups conducted by an external facilitator – five of the groups targeted vulnerable populations or providers who serve these groups and five were community focus groups held within each of the five Yuba County supervisory districts

Common themes arose across all three qualitative sources. These include:

- Lack of access to health care, both due to affordability and lack of available providers
- Increase in behavioral health and substance use disorders
- Concerns regarding homelessness
- Lack of housing affordability and availability

A separate but linked process called the Community Health Improvement Plan (CHIP) follows this CHA with findings serving as the foundation for the CHIP – a community driven approach to identify the health priorities the Yuba County community should address in the next 3-5 years. Through collaboration, partnership, and community engagement, Yuba County will have a systemic approach to address the top health concerns through actionable, community-driven goals, objectives, strategies and tactics.

Introduction

The Community Health Improvement Process is made up of two separate but connected documents: **The Community Health Assessment (CHA)** and **Community Health Improvement Plan (CHIP)**. These documents combine to identify the health priorities of the community and lay out a long-term plan to strategically address the priorities through actionable and measurable objectives in the next 3-5 years. This CHA provides comprehensive quantitative and qualitative data that impacts the health and quality of life of Yuba County residents. The geographical area that this CHA covers is all areas within the Yuba County border.

Yuba County

Yuba County has a well-established and rich history that dates back to its formation in 1850 as one of the original counties in California. It is located in the northern Central Valley and was named by Captain John Sutter after the Yuba River, which flows through the length of the County. Yuba County is divided into five supervisory districts, which were recently redrawn following the 2022 redistricting. The county hosts two major cities: Marysville and Wheatland, and numerous unincorporated areas. Parts of Yuba County are rural which provides residents with the sense of community many feel is an important driving factor in quality of life. Its thriving farmland, friendly communities, and numerous outdoor recreational areas are local resources that enhance the overall quality of life of its residents.

Yuba County is rich in agriculture including fruit and nut orchards, rice fields, and cattle grazing which play a significant role in its economy. The annual Marysville Peach Festival is an example of a local resource that draws people from all around California to Yuba County to observe and enjoy what Yuba County has to offer. Marysville also hosts the Marysville Stampede and Rodeo, which has been held annually since 1933 and draws in observers and top rodeo cowboys from across the nation.

The County is also home to natural resources that allows its residents to enjoy the outdoors right in their own neighborhoods. Activities like hiking, fishing, and exploring the historic downtown areas and mining museums allows residents to get outdoors, explore their area, and maintain a sense of community.

Yuba County's rich history is embraced and acknowledged each year during the Bok Kai parade and Bomb Day celebration. The Bok Kai temple is located in downtown Marysville and was originally built in the 1850's by Chinese immigrants who settled in the area during the Gold Rush. Bok Kai is a Chinese water god which is said to have powers that include overseeing waterways, water systems, irrigation and rain and is contributed by some to have successfully prevented Marysville from flooding since the 1900's.

Located within the borders of Yuba County lies Beale Air Force Base, a federal installation of the Department of Defense that houses some of the Air Force's most significant technology and aircraft. The presence of the base has significant impact on Yuba County's economy and the people who choose to call it home. While some airmen and

their families stay for short periods of time, many choose to stay and make Yuba County their permanent home.

Yuba County welcomed the Hard Rock Hotel and Casino Sacramento at Fire Mountain in October 2019. This venue offers leisure, gaming, dining, and hotel accommodations to the area. The collaboration between the County of Yuba and the Seminole Tribe and Enterprise Rancheria Tribe continues to bring tourists into the area, which significantly boosts the economy of the County.

In addition to several small and independent healthcare providers, Yuba County has one hospital, Adventist Health and Rideout and three Federally Qualified Health Centers (FQHCs): Ampla Health, Harmony Health, and Peach Tree Healthcare. The Federal Health Resources and Services Administration (HRSA) has determined that Yuba County is a Health Provider Shortage Area (HPSA), with shortages of primary, dental, and mental healthcare providers.

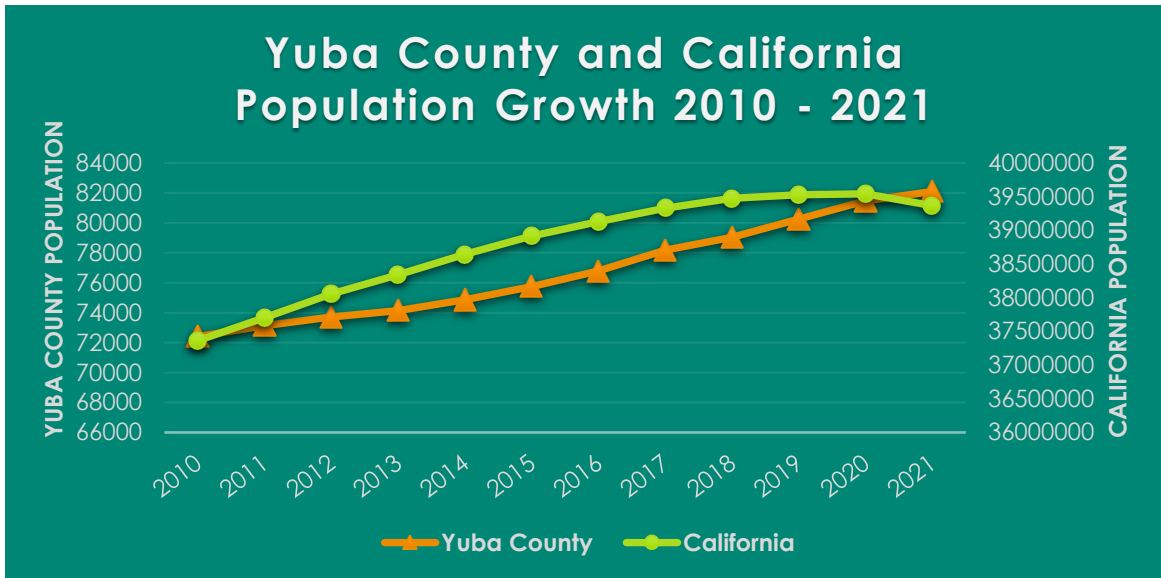
Geography

One of California's original counties founded in 1850, Yuba County is located in Northern California and covers a total area of 644 square miles (1,670 km²) along the western slope of the Sierra Nevada with the county seat, Marysville, lying in the valley.¹ The county lies along the slopes of Sierra Nevada making it a prime territory for modern series of dams and hydropower facilities capable of generating up to 417 megawatts of carbon-free energy, which is enough to supply more than 400,000 homes and businesses throughout California.²

The county of Yuba has national protected areas that include parts of the Plumas National Forest and the Tahoe National Forest. The county also has extensive agriculture business, especially fruit orchards, rice fields, and cattle grazing.

Total Population and Growth

According to the 2021 California Department of Finance State and County Population Estimates, Yuba County is home to 82,091 residents. The county includes 11 census-designated places and numerous unincorporated towns and smaller communities in the foothills.



1. Source: State of California, Dept. of Finance, E-2. California County Population Estimates and Components of Change by Year, July 1, 210-2021. Sacramento, California, December 2021

Between 2010 and 2021, the population of Yuba County grew by almost 14% from 72,408 residents to 82,091, outpacing the growth in California. Yuba County continues to see an increase in population year over year, whereas California was estimated to have a loss in population of 0.44% in 2021.³

Historically, Yuba County's population has grown through *natural increase*, or the difference between the number of births and the number of deaths from year to year. Yet, since 2016, there has been a shift in population growth that is driven by the number of people moving to the area (net migration). The California Department of Finance projects Yuba County's current growth rate will remain steady through 2060.

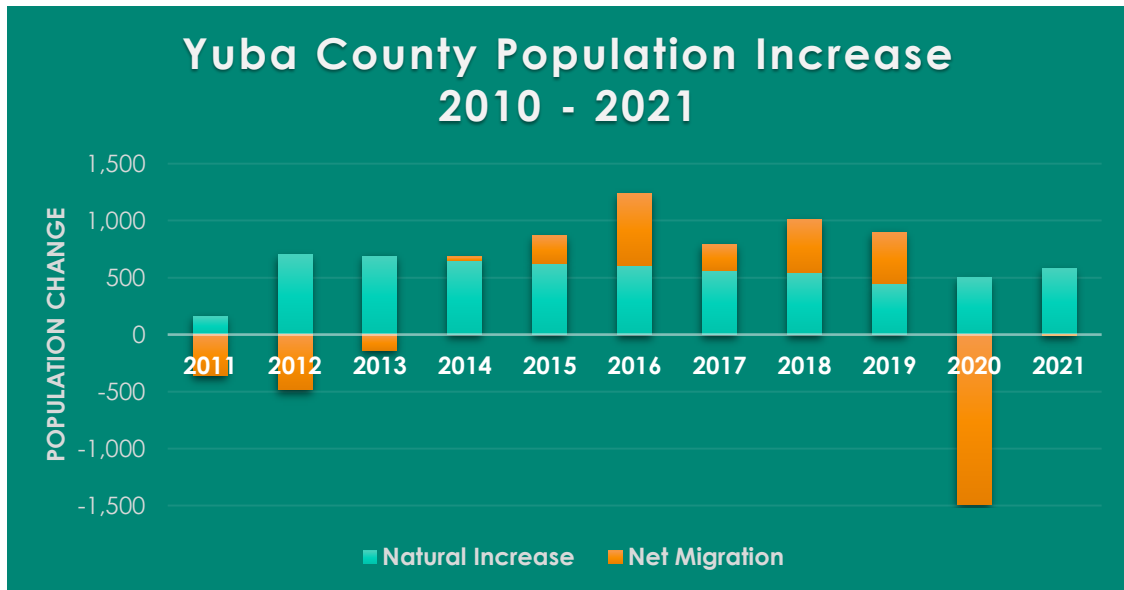


Figure 2. Source: California Department of Finance, Demographic Research Unit

Age and Gender

Yuba County has a young population with an average age of 33 years old. The age group with the highest percentage in Yuba County are young adults ranging from 25 to 34 years old (15%). Proportionally, Yuba County outnumbers the state of California for all age groups younger than 34 with the exception of 15 to 19 year olds. The opposite is observed for the older age groups as California overall has an older population compared with Yuba with the exception of those 60 to 64 years old. In 2020, the distribution of males to females in Yuba County was nearly similar to that of California.

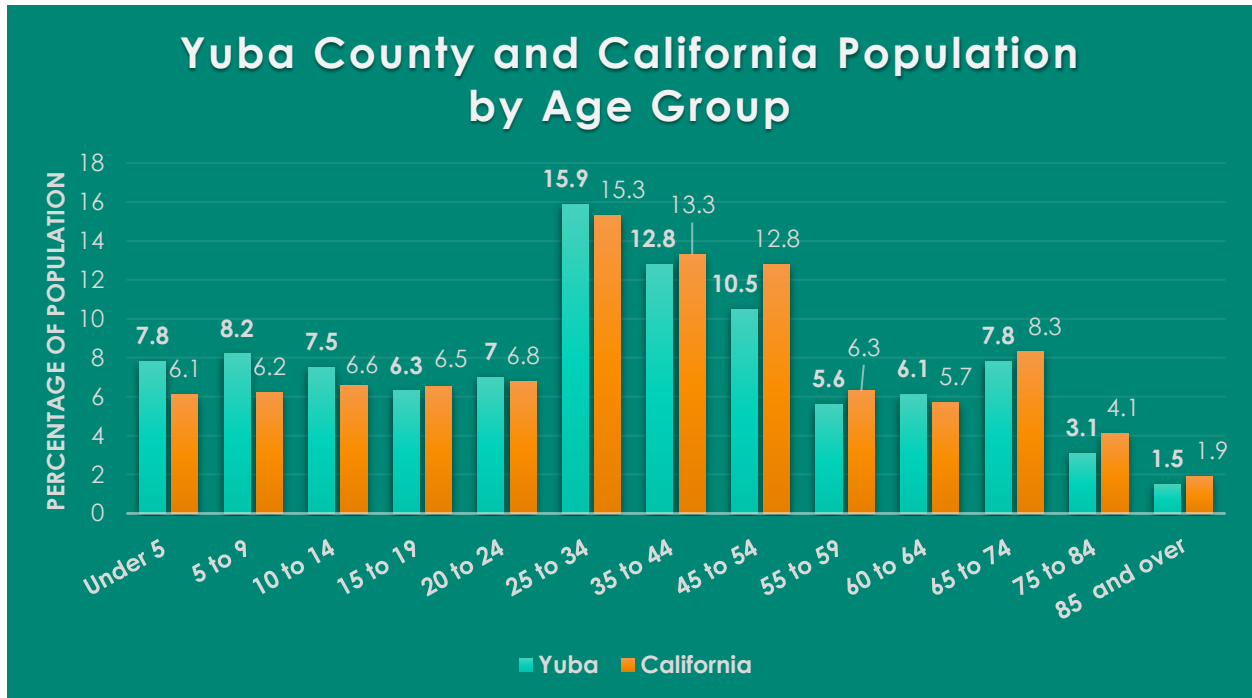


Figure 3. Source: U.S. Census Bureau, 2016 - 2020 American Community Survey 5-Year estimates, Table DP05

Gender Distribution in Yuba County, 2020				
	Yuba		California	
	Total	Percentage	Total	Percentage
Male	39,862	50.7%	19,640,794	49.7%
Female	38,806	49.3%	19,971,429	50.3%

Table 1. Source: U.S. Census Bureau, 2020 American Community Survey 5-year Estimate, Table DP05

Race and Ethnicity

What is race?

The Census Bureau defines race as a person's self-identification with one or more social groups. An individual can report as one of the five categories: White, Black or African American, American Indian or Alaska Native (AI/AN), Asian, and Native Hawaiian or Other Pacific Islander (NHOPI).

What is ethnicity?

Ethnicity determines whether a person is of Hispanic origin or not. For this reason, the US Census Bureau divides ethnicity into two groups: "Hispanic or Latino" and "Not Hispanic or Latino". Hispanic origin may be viewed as the culture of people in a given geographic region, including their language, heritage, religion and customs, or country of birth before arriving in the United States. Hispanics may report as any race.



Figure 4. Source: U.S. Census Bureau, 2020 American Community Survey 5-year Estimate, Table DP05

Yuba County is primarily Non-Hispanic White with 54.0% followed by 28.8% of the population identifying as Hispanic or Latino of any race. This is followed by Non-Hispanic: Asian (6.6%), Two or More Races (6.0%), and Black or African American (3.3%). Comparatively, the Yuba County breakdown by race and ethnicity differs from California

overall with the exception of minor similarities between American Indian and Alaska Native, Native Hawaiian and Other Pacific Islanders, and some other races.

Yuba County Population by Race/Ethnicity, 2010, 2015, 2020			
	2010	2015	2020
White Non-Hispanic	42,363 (59.5%)	41,676 (56.8%)	41,849 (54.0%)
Black or African American Non-Hispanic	1,749 (2.5%)	2,377 (3.2%)	2,533 (3.3%)
American Indian and Alaska Native Non-Hispanic	966 (1.4%)	740 (1.0%)	596 (0.8%)
Asian Non-Hispanic	4,823 (6.8%)	5,214 (7.1%)	5,134 (6.6%)
Native Hawaiian and Other Pacific Islander Non-Hispanic	248 (0.3%)	214 (0.3%)	296 (0.4%)
Some other race Non-Hispanic	332 (0.5%)	359 (0.5%)	134 (0.2%)
Two or more races	3,607 (5.1%)	3,246 (4.4%)	4,664 (6.0%)
Hispanic or Latino (of any race)	17,072 (24.0%)	19,611 (26.7%)	28,632 (28.8%)

Table 2. Source: US Census Bureau, American Community Survey 1-Year Estimates 2010, 2015, 2020; Table DP05. (Totals may not add to 100% due to rounding)

The largest race/ethnicity change since 2010 is White Non-Hispanic (NH), which decreased from 59.5% in 2010 to 54.0% in 2020, followed by Hispanic or Latinos of any race, which increased from 24.0% in 2010 to 28.8% in 2020.

Languages

For the most part, Yuba County residents speak only English, but there are other languages spoken in homes. Knowing these other languages can provide a better portrait of who makes up the community. The table below (Table 3) is derived from the American Community Survey, which groups languages into four major language groups: Spanish, Other Indo-European languages, Asian and Pacific Island languages, and Other. Other Indo-European languages is comprised of those spoken in most of Europe and in parts of the world colonized by Europeans. This includes German, Russian, Italian, Greek, Portuguese, Punjabi, Hindi, and many more. Whereas Asian and Pacific Island languages includes those spoken throughout Asia such as Chinese, Hmong, Korean, Vietnamese, etc. Additionally, the “Other” category includes those that don’t fall into the previously listed groups. This includes Hebrew, Navajo, other Native languages of North America, Arabic, and many more.

One in four (25.6%) Yuba County residents older than 5 years old speak a language other than English at home.³² The characteristics of people who speak a different language are generally children and working-age adults (5 to 64 years old). Otherwise, it should be noted that older adults tend to use health care services more than younger groups and there is a small group of those who are 65 and older (8.3%) who speak another language

at home. The variety of health care needed for this population may have challenges due to a language barrier, which only further complicates their access to healthcare.^{4,5}

Characteristics of people by Language Spoken at Home, Yuba County 2020		
	People who speak only English at Home	People who speak a language other than English at Home
Total Population 5 Years and Over	53,251 (74.5%)	18,237 (25.5%)
5 to 17 Years	11,373 (21.4%)	3,946 (21.6%)
18 to 64 Years	33,802 (63.5%)	12,779 (70.1%)
65 Years and Over	8,076 (15.2%)	1,512 (8.3%)

Table 3. Source: US Census Bureau, American Community Survey 5-Year Estimates, Table S1603

Disabilities

The Centers for Disease Control and Prevention (CDC) describes persons with disabilities as facing greater barriers to health care access than those without disabilities. A disability is described as any condition of the body or mind that makes it more difficult for the person with the condition to do certain activities and interact with the world around them.⁶

The American Community Survey conducted by the US Census Bureau reports disability types into six categories: hearing difficulty, vision difficulty, cognitive difficulty, ambulatory difficulty, self-care difficulty, and independent living difficulty. Those who reported one of the six types are considered to have a disability.

Overall, compared to California, Yuba County has a higher percentage of adults with disabilities in all six disability types (Table 4). This should be closely monitored since those with disabilities are more prone to report poorer overall health, less access to adequate health care, and physical inactivity.

Table 4. Disability Prevalence, California vs. Yuba County, 2020		
	California	Yuba
Hearing Difficulty	3.0%	4.3%
Vision Difficulty	2.0%	3.1%
Cognitive Difficulty	4.4%	6.4%
Ambulatory Difficulty	5.8%	8.5%
Self-Care Difficulty	2.6%	3.0%
Independent Living Difficulty	5.5%	8.2%

Table 4. Source: American Community Survey 5-Year Estimates 2020. Table S0501

Those who report a disability require more to accomplish life tasks to live at home and remain fully independent. Performance is typically categorized as Instrumental Activities of Daily Living (IADLs) and Activities of Daily Living (ADLs).

IADLs are broadly captured in the American Community Survey (ACS) by those who report an Independent Living Difficulty - those with a physical, mental, or emotional problem, having difficulty doing errands alone such as visiting a doctor's office or

shopping. The ACS broadly captures ADLs as those reporting a Self-Care Difficulty, or having difficulty bathing or dressing.

These two areas require more to accomplish life tasks in order to live at home and be fully independent. It is even more problematic for those who are older, who tend to have additional chronic issues or health needs. In Yuba County, a higher percentage of 18 to 64-year-olds have difficulties with independent living (6.0%) and self-care (2.5%) when compared to California (3.0% and 1.5%). The same can be said for those who are 65 and older and reporting an independent living difficulty in Yuba County, but slightly lower percentage for those reporting self-care difficulties than for California overall. This should be interpreted with caution, as it is possible that disabled persons in this age group relocate to other geographic regions where more services may be available for people with disabilities.⁷

Disability Characteristics by Age, 2020						
	Ages 18-64			Ages 65 and Over		
	Independent Living Difficulty	Self-care Difficulty	Total Count	Independent Living Difficulty	Self-care Difficulty	Total Count
Yuba County	6.0%	2.5%	3,773	18.5%	8.2%	2,542
California	3.0%	1.5%	1,094,497	16.6%	9.6%	1,453,111

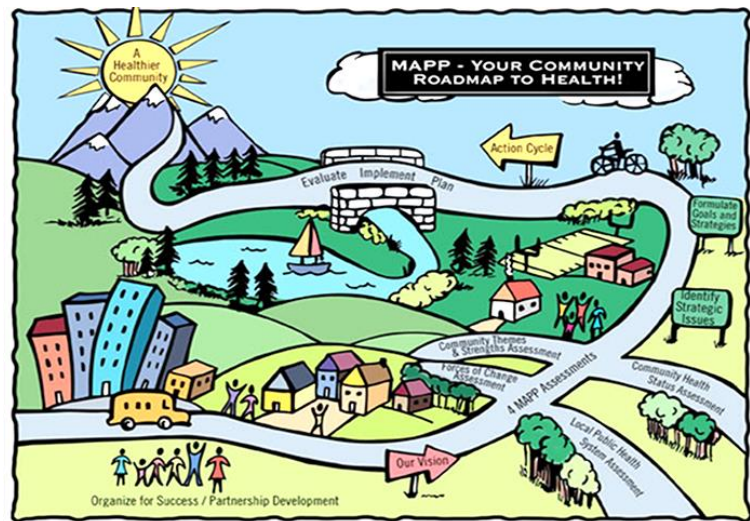
Table 5. Source: American Community Survey 5-Year Estimates 2020. Table S1810

Method

The development of this Community Health Assessment (CHA) was methodical in its approach using tools developed by state and national organizations. The goal was to develop a non-biased, data and community driven assessment of the health and quality of life of Yuba County residents.

Mobilizing for Action through Planning and Partnerships (MAPP)

Mobilizing for Action through Planning and Partnerships (MAPP) is a community-driven strategic planning process for improving community health and is the basis for the approach to the Community Health Improvement Process. Due to its cyclic structure, MAPP offers a framework for partnerships and community engagement, an assessment of the health issues of the community, identification of top health priorities, and a strategic



approach to address them. The MAPP tool is considered a best practice through the National Association of County and City Health Officials (NACCHO) and the Yuba County Core Workgroup used a modified MAPP approach, which allowed for strategic, effective, efficient, and community driven decision making.

The MAPP process is comprised of six (6) phases that can be used as a template or modified to fit the purpose of its use. Several phases were used throughout the development of the Community Health Assessment, and others will be applied to the complementary Community Health Improvement Plan.

Phase 1: Organize for Success and Partnership Development

Much planning went into the Community Health Improvement Process to ensure its success. The Core Workgroup convened in February 2022 to develop its initial plan. Considerations were given to community stakeholders, advisory and steering committee development, facilitation support, and timeline for CHA development among others. Planning was key to the success of the development of the Community Health Assessment.

Phase 2: Visioning

A strong vision statement establishes a clear direction for an organization or process. For this Community Health Improvement Process the vision is to identify the current health issues and disparities to address and improve the health and wellness of Yuba County

residents. By incorporating this vision into all aspects of this process, a strong foundation for the improvement of the health and wellness of the community can be achieved.

Phase 3: Collecting and Analyzing Data

Data collected and analyzed through this Community Health Assessment represent quantitative data through primary and secondary data, and qualitative data gathered and analyzed through three processes: A Community Health Survey, Key Informant Interviews, and Community Focus Groups.

Phase 4: Identify Strategic Issues

Through the development of this Community Health Assessment, and in collaboration with its Advisory Committee, strategic issues have been identified.

Phase 5: Formulate Goals and Strategies

Through the Community Health Improvement Plan process, issues that emerge in Phase 4 will be assigned as actionable with goals, objectives, strategies, and tactics aligned that will allow for a community based approach to addressing them.

Phase 6: Action Cycle

Through ongoing evaluation, the health priorities will be strategically addressed and progress on their improvement monitored for a three-to-five year period.

Quantitative Data

Quantitative data can typically answer questions such as “How many?”, “How often?”, “How much?” and other questions that can be answered with data in the form of counts or numbers. Any measurable calculation that can be analyzed to make real-life evidence-based decisions is useable.

The quantitative data is derived from a variety of reputable sources that includes the California Department of Public Health (CDPH), World Health Organization (WHO), Centers for Disease Control and Prevention (CDC), *Healthy People 2030, Let’s Get Healthy California*, U.S. Census Bureau, American Community Survey, California Health Information Survey, and more that are listed in the resources page (Appendix A).

Social Determinants of Health

Social Determinants of Health (SDOH) are a variety of conditions that affect a wide range of health, function, and quality-of-life. The availability of resources can influence the quality of a community. This can include affordable housing, education, public safety, healthy food options, health services, and safe environments. The Centers for Disease Control and Prevention (CDC) states that SDOH can be organized into five broad categories: Healthcare Access, Education Access, Social and Community Context, Economic Stability, and Neighborhood and Built Environment.

According to *Healthy People 2030*, an initiative aimed to improve the health of all Americans, we can improve health for large numbers of people in ways that can be sustained over time by improving the conditions in which we live, learn, and work, creating a healthier population, society, and workforce.⁸

Education

People with higher levels of education are more likely to be healthier and live longer, but the opposite also holds true. Children from low-income families, those with disabilities, or those who experience forms of social discrimination tend to struggle in school, which means they are also less likely to graduate or go to college. The majority of Yuba County adults over age 25 had a high school diploma or equivalent (82.2%), but had a lower graduation rate when compared with the state (83.9%).

Highest Education Level Achieved, Ages 25 and Up, 2020				
	Yuba County		California	
	Number	Percent	Number	Percent
Less than 9th grade	3,438	7.0%	2,367,996	8.9%
9th to 12th grade, no diploma	5,286	10.8%	1,918,542	7.2%
High school graduate (includes equivalency)	11,651	23.8%	5,431,385	20.4%
Some college, no degree	14,555	29.7%	5,566,520	20.9%
Associate's degree	5,197	10.6%	2,123,827	8.0%
Bachelor's degree	6,196	12.7%	5,764,827	21.6%

Graduate or professional degree	2,619	5.4%	3,492,046	13.1%
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Table 6. Source: American Community Survey, 5-Year Estimates; Table S1501

There is a large disparity after analyzing high school graduates by race and ethnicity. American Indian or Alaska Native in Yuba County had the lowest high school graduation rate (58.4%) of any group. Comparatively, only Native Hawaiian or Other Pacific Islander (96.7% vs. 87.0%), Some Other Race (63.1% vs. 61.3%), and Two or More Races (86.0% vs. 83.0%) graduation rates exceeded that of California.

Educational Attainment by Race and Ethnicity, 2020		
Race and Ethnicity	Yuba County	California
White Non-Hispanic	87.7%	95.1%
Black or African American	89.7%	90.2%
American Indian or Alaska Native	58.4%	76.0%
Asian	83.7%	88.0%
Native Hawaiian and Other Pacific Islander	96.7%	87.0%
Some Other Race	63.1%	61.3%
Two or More Race	86.0%	83.0%
Hispanic or Latino	65.4%	66.2%

Table 7. Source: American Community Survey, 5-Year Estimates; Table S1501

Education Performance

The California Assessment of Student Performance and Progress (CAASPP) reports the Smarter Balanced Summative Assessments in English Language Arts/Literacy and Mathematics. This is an annual measure of what students know and can do using the Common Core State Standards for the subjects listed. These measures help identify and address gaps in knowledge or skills early so that students get the support they need for success in higher grades and for college/career readiness.⁹

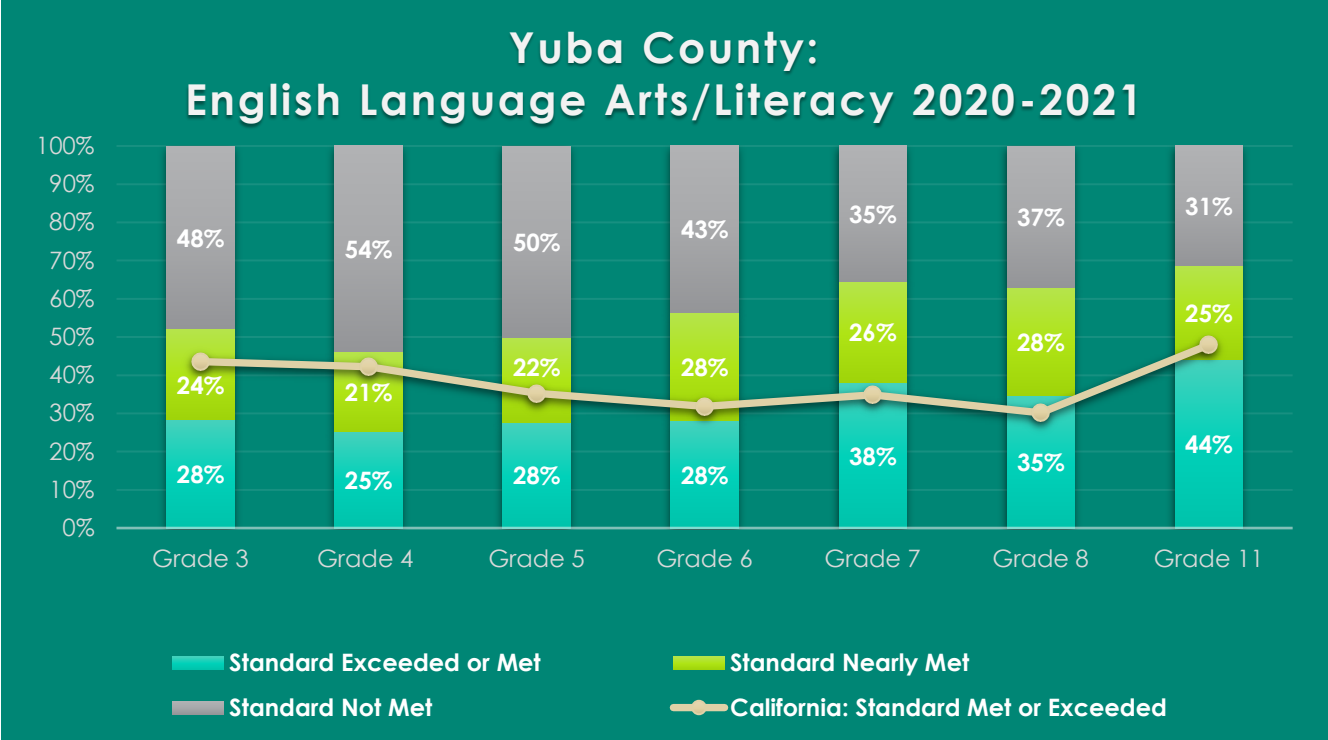


Figure 5. Source: CAASP Smarter Balanced Summative Assessments English Language Arts/Literacy 2020-2021

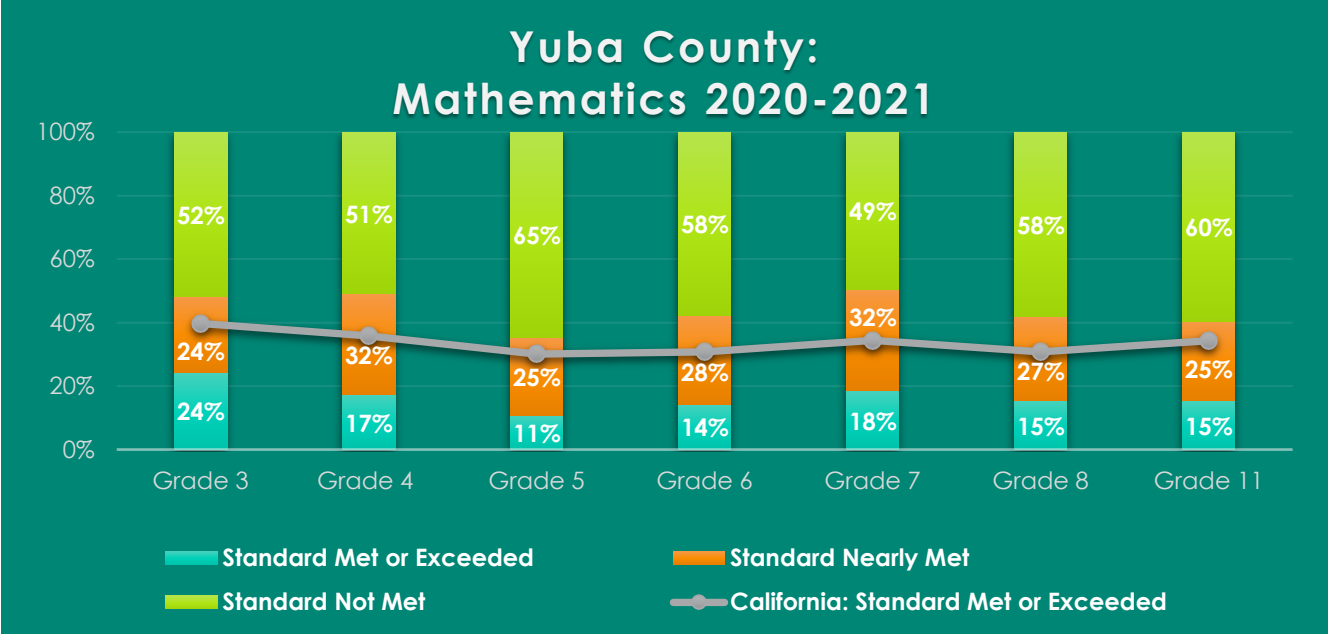


Figure 6. Source: CAASP Smarter Balanced Summative Assessments: Mathematics, 2020-2021

The California Department of Education reports a four-year Adjusted Cohort Graduation Rate. This is based on the number of students who enter grade nine (9) for the first time, adjusted by adding any student who transfers in later during grade nine (9) or during the

next three years, and subtracting any student who transfers out or leaves for other reasons during that same period. The cohort graduation rate in 2020 – 2021 was 76.4%. This is lower compared with 83.9% across the state of California. American Indian or Alaska Native, Two or More Races, and White had the lowest rates of graduation relative to the other reported racial/ethnic groups.

Median Income

Income is a vital measure of general economic circumstances. Income data are used to determine poverty status, to measure financial well-being, and to assess the need for assistance. The American Community Survey defines household income as the sum of the amounts reported separately for wage or salary income, net self-employment income (e.g., rental income, dividends), retirement income, and/or government assistance.¹⁰ The median household income for Yuba is lower compared to the state of California and its neighboring county, Sutter.

Social and Household Characteristics, Yuba County vs. CA, 2018 – 2020			
	Median Income 2018	Median Income 2019	Median Income 2020
Yuba County	\$52,624	\$58,054	\$59,424
Sutter County	\$56,955	\$59,050	\$63,502
California	\$71,228	\$75,235	\$78,672

Table 8. Source: U.S. Census Bureau, 2014-2018, 2015-2019, and 2016-2020 American Community Survey 5 Year Estimates. Table DP03 - Median Household Income (dollars)

Unemployment

The Bureau of Labor Statistics defines the labor force as individuals who are either employed or unemployed; those who do not fall in either category are not part of the labor force.¹¹ Employment in general may affect an individual's overall health. Those who are unemployed do not receive the same benefits as those who are employed, such as health insurance, paid sick leave, and parental leave. Unemployed individuals suffer more from stress-related illnesses such as high blood pressure, stroke, heart attack, and heart disease.¹²

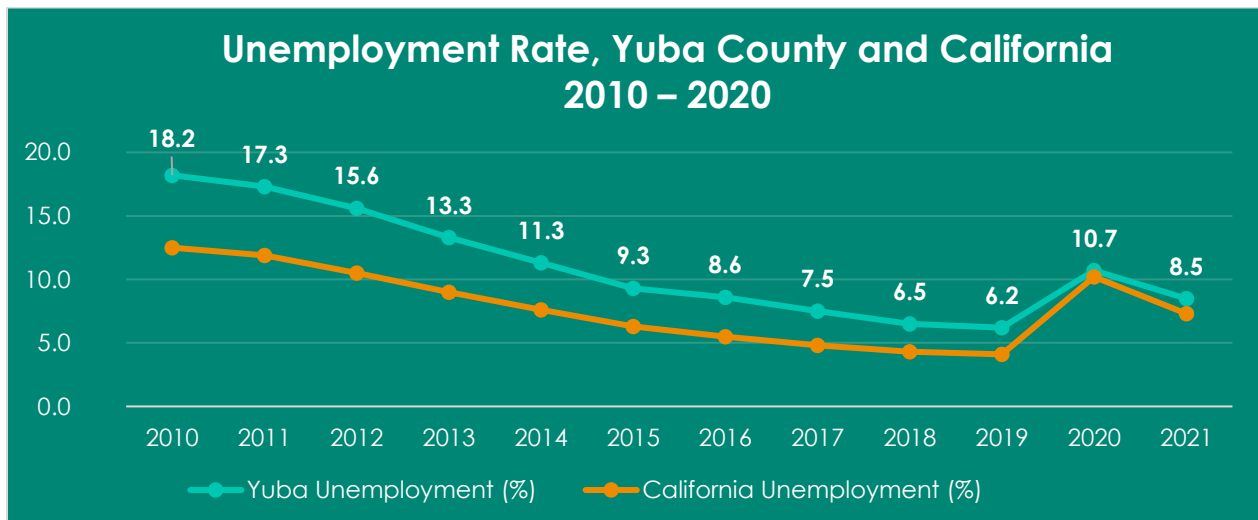


Figure 7. Source: Bureau of Labor Statistics

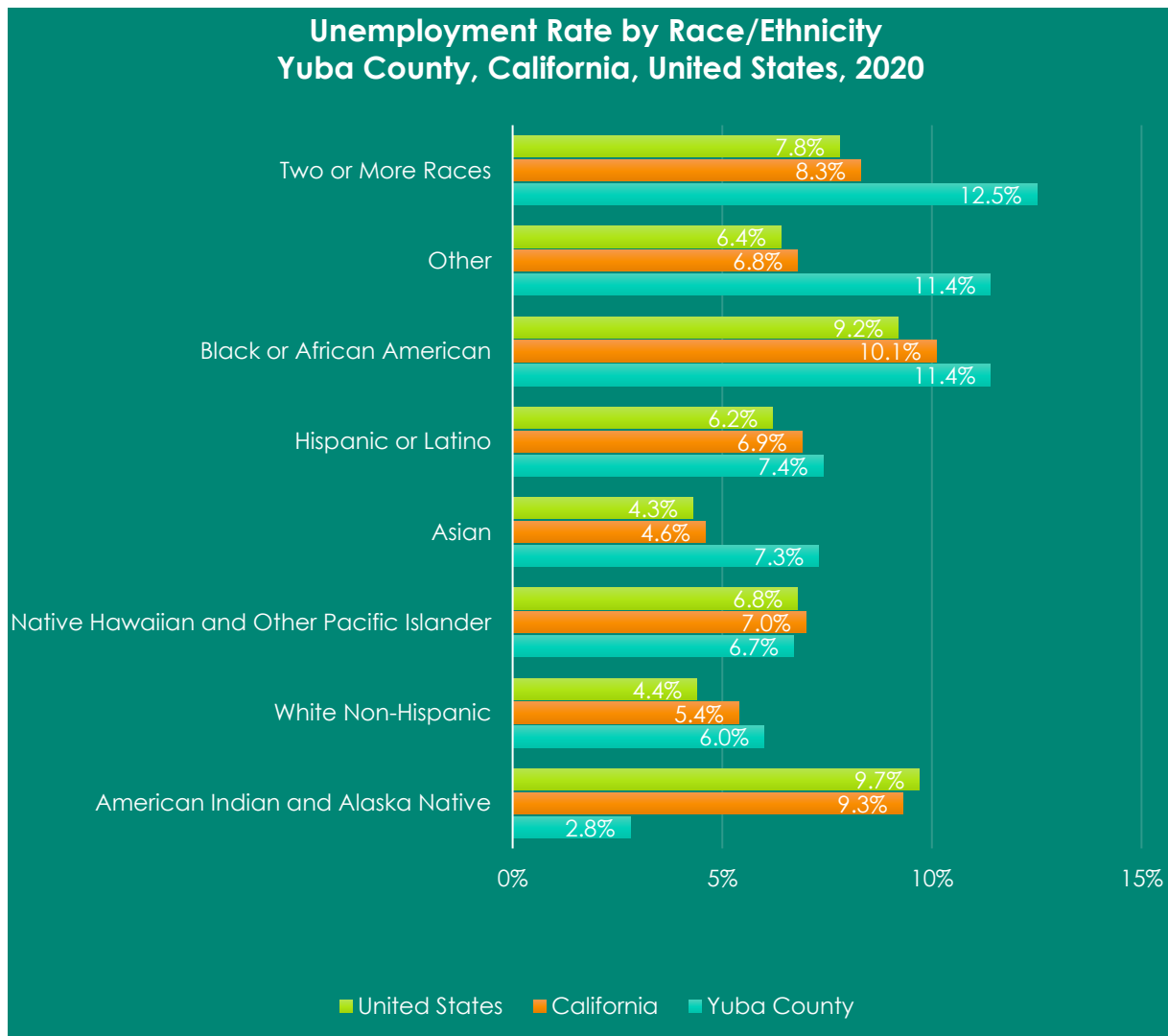


Figure 8. Source: American Community Survey. 5 Year Estimates, 2020, Table S2301

Poverty

Marital status, education, social status, income level, and geographic location are some factors that can influence a household's risk of living in poverty. Those who live in impoverished neighborhoods or communities are at increased risk for mental illness, chronic disease, higher death rate, and lower life expectancy.¹³ Yuba County has a higher rate of poverty (15.1% vs. 12.6%) than California as a whole. The figure below illustrates the percentage of the population by income and race/ethnicity in Yuba County compared with the state of California. When comparing income in the past 12 months that is below the federal poverty level, Asians (29%), American Indian or Alaska Natives (21%), Hispanic/Latino populations (20%), and those with Two or More Races (20%) are disproportionately in poverty compared with their White (11%) counterparts. Those same racial/ethnic categories, including the White population, have a higher poverty rate compared to the state overall.

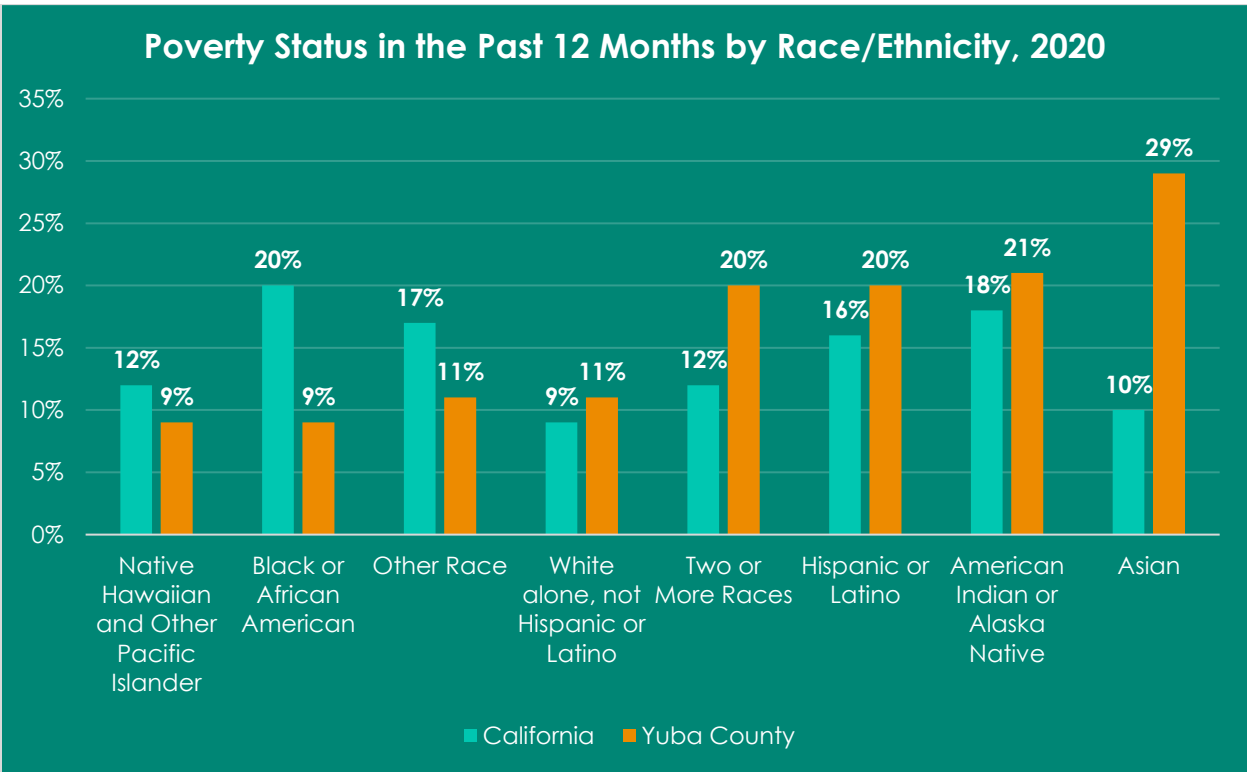


Figure 9. Source: American Community Survey, 5-Year Estimates 2016 – 2020, Table S1701

Food Security

According to *Healthy People 2030*, food insecurity is the disruption of food intake or eating patterns because of lack of money and/or other resources. Estimates from *Feeding America* states that in 2019 there were about 10,090 (13.2%) people in Yuba County experiencing food insecurity. Approximately 74% of these individuals were below 200% of the federal poverty line, and therefore likely eligible for federal nutrition assistance such as Women, Infant, and Children (WIC) Program, Supplemental Nutrition Assistance Program (SNAP), or free school lunches.

Food Access

Yuba County residents are at risk for food insecurity in neighborhoods where transportation options are limited, the travel distance to stores is greater, and there are fewer supermarkets. The number of grocery stores available to Yuba County residents per capita are fewer compared with the neighboring county of Sutter and the state of California overall.

Communities that lack affordable and nutritious food are commonly known as “food deserts.” Areas that lack supermarkets typically have more convenient stores and other independent establishments that may lack quality foods, expect higher prices, and provide less variety. Low food access is defined as living more than a half mile from the nearest supermarket or large grocery store. According to the United States Department

of Agriculture (USDA) in 2019, 43% of Yuba County's Census Tracts were living in food deserts and 40% were living with low food access.¹⁷

Number of Grocery Stores per 100,000, Yuba County 2019			
	Total Population	Establishments	
		Number	Rate per 100,000
Yuba County	81,575	14	17
Sutter County	99,633	28	28
California	39,538,223	10,599	27

Table 9. Source: US Census Bureau, County Business Patterns. Additional data analysis by CARES, 2019

CalFresh/SNAP/Food Stamps

Formerly known as Food Stamps, the federal Supplemental Nutrition Assistance Program (SNAP), known as CalFresh in the state of California, helps people with low-income who meet federal income eligibility rules and want to add to their budget healthy and nutritious food options. In 2020, 27% (7,232) of households in Yuba County received CalFresh benefits, representing an 18% participation increase since 2014 (13,401 vs 15,873).

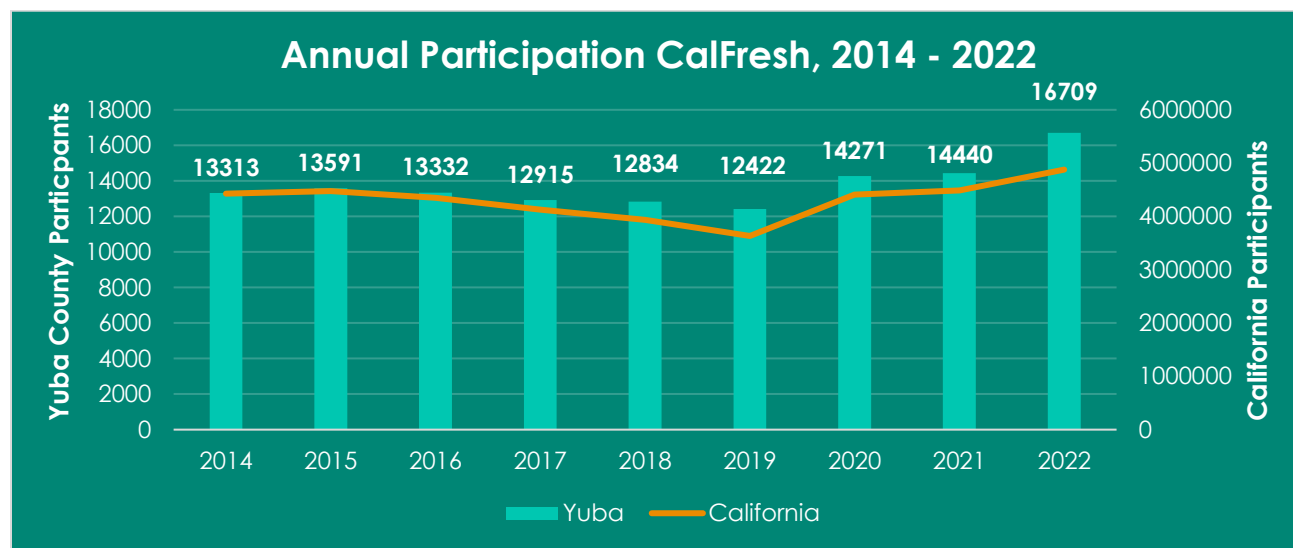


Figure 10. Source: California Department of Social Services, CalFresh Data Dashboard

Free Lunch Program

The Free or Reduced-Price Meal is a school-based nutrition program aimed to improve nutritional outcomes to support better educational outcomes. Individual students are eligible for free or reduced-price meals if they have a special status or if their families meet income eligibility requirements or are participating in CalFresh or CalWORKs. The California Department of Education reports that during the school year of 2019 – 2020, 68.5% of Yuba County students were eligible for to participate in the program. Comparatively, 59.3% of students statewide were eligible for free or reduced-price meals.

Additionally, California will become the first state to implement a statewide Universal Meals Program for school-aged children starting school year 2022-2023. California's Universal Meals Program is designed to build on the foundations of the federal National School Lunch Program (NSLP) and School Breakfast Program (SBP). Therefore, the remaining 31.5% of Yuba County students who were previously ineligible are now able to receive free meals at their school.

Adequate, Safe, and Affordable Housing

The cost and availability of housing is an important determinant of well-being. In general, California has high housing costs compared to, much of the country. Households with lower incomes may spend a larger percentage of their income on housing and not be able to afford non-housing goods after paying for shelter. These situations may lead an individual to suffer what is called *housing-induced poverty*.¹³

Spending a large percentage of one's income on housing cost can stress households. One accepted measure for housing affordability is whether residents spend more than 30% of their income on housing. However, measuring households with low income who spend more than 30% on housing can be a better predictor of a true housing affordability problem. An analysis of households conducted by the California Housing Partnership utilizing Housing and Urban Development (HUD) data reports 77% of extremely low-income (ELI) households are paying more than 30% of their income on housing costs. Fifty-six percent of ELI renter households experience severe cost burden or spending more than one-half of their income on housing costs (Figure 10).

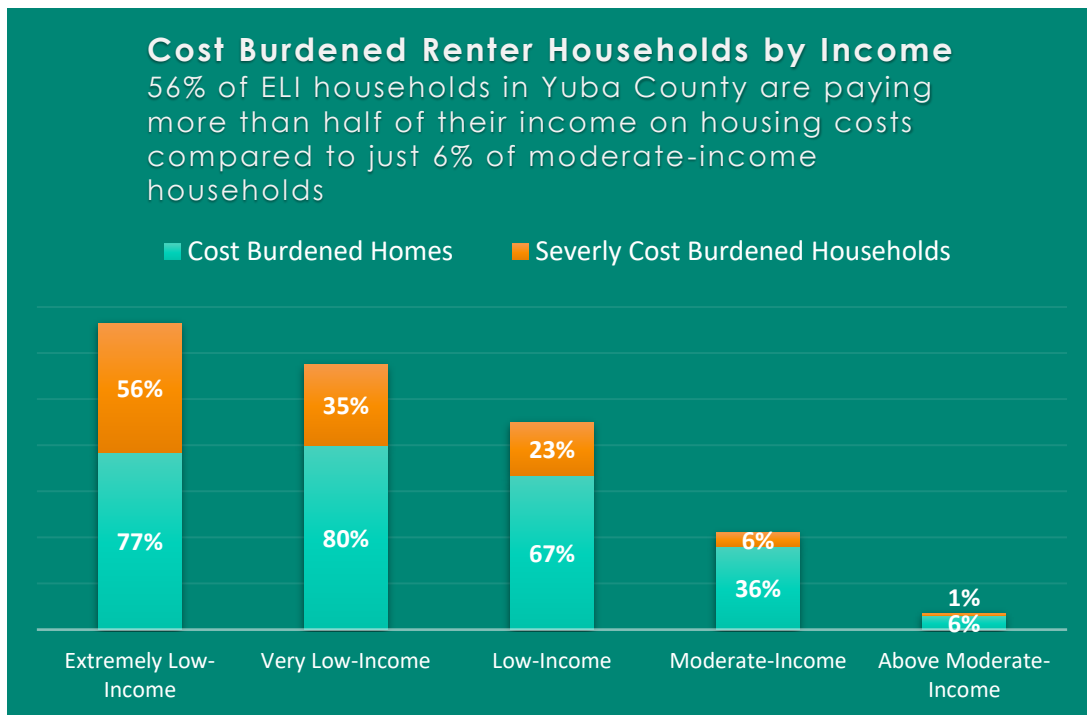


Figure 11. Source: California Housing Partnership; Yuba County 2021 Affordable Housing Needs Report

The same report provides an *Affordable Homes Shortfall* analysis, which identifies the number of lower income renter households who cannot find an affordable home in the market (Figure 11). The stacked bar to the left represents the number of extremely low-income and very low-income renter households. The stacked bar to the right represents the number of rentals homes that are affordable and available to these lower income households. In this instance, 1,243 low-income renters in Yuba County did not have access to an affordable home in 2019.

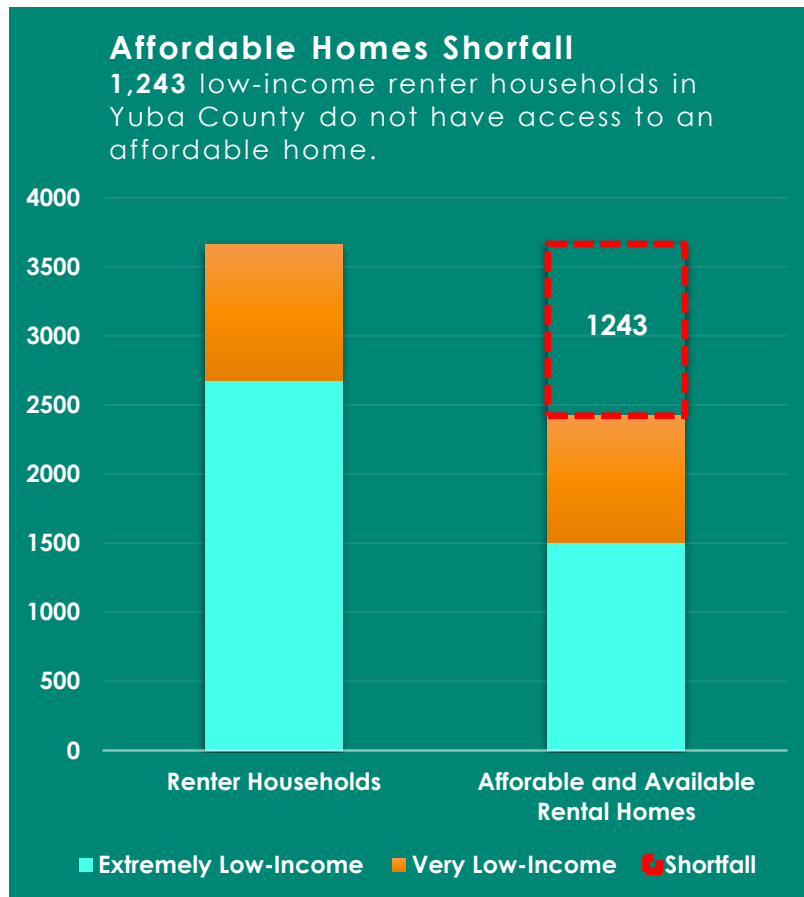


Figure 12. Source: California Housing Partnership; Yuba County 2021 Affordable Housing Needs Report

Homelessness

Homelessness and housing instability are deepening concerns in Yuba County and throughout California, and includes those having trouble paying rent, overcrowding in homes, moving frequently (i.e., couch surfing), staying with relatives, or spending too much on housing costs. These challenges create a barrier to meeting other needs such as access to health and behavioral health supports.

The number of people experiencing homelessness is measured bi-annually by surveying people staying in shelters and outdoors, using a Point in Time (PIT) count method. A PIT count is a snapshot reflecting those persons experiencing homelessness on one night. This is not an absolute representation of the true number of those experiencing homelessness.

Variables such as the number of volunteers conducting surveys, bad weather, and individuals moving from place to place can affect the total count adversely.

During to the COVID-19 pandemic, Housing and Urban Development (HUD) allowed an alternate dataset to be used in place of doing a physical count of unsheltered individuals for 2021. Instead of conducting surveys on one night, data was collected from people requesting shelter or housing services at the Sutter-Yuba Coordinated Entry Site over a three-month period. Due to the different data collection method, the figure below only compares PIT counts conducted in 2017 and 2019.¹⁴

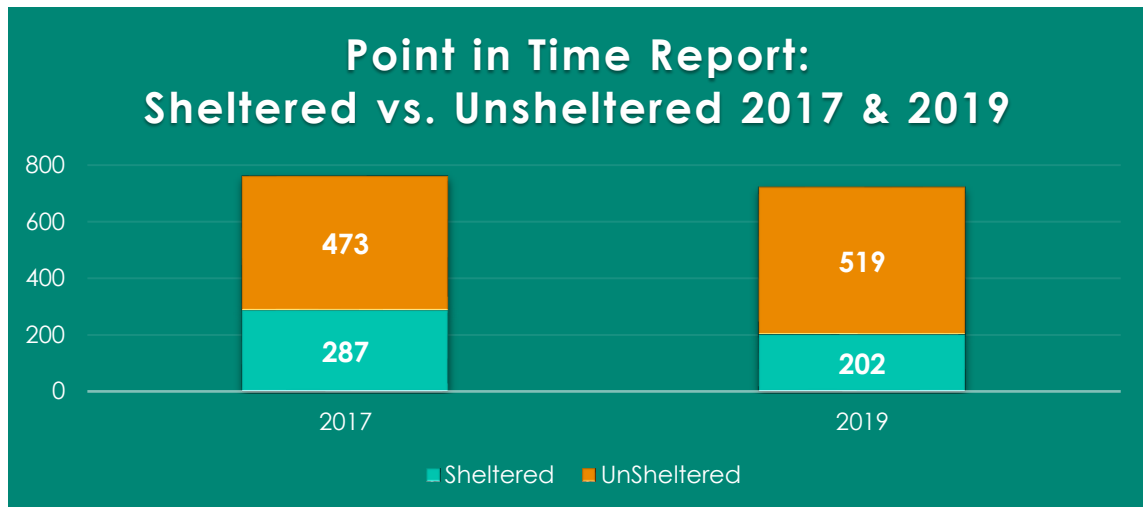


Figure 13. Source: Yuba-Sutter Homeless Consortium, Point-in-Time Count 2017 & 2019

Crime

Crime and violence experienced by individuals is an important public health issue. Exposure to crime has short- and long-term health effects in a community. For example, people who fear crime in their communities may engage in less physical activity or experience mental distress. Addressing the exposure to crime and/or violence as a public health issue may help improve the quality of life for individuals and communities.¹⁵

Reported Crimes of Interest at Yuba County, 2014 - 2020				
	2014	2016	2018	2020
Violent Crimes	296	318	341	404
<i>Homicide</i>	2	4	7	2
<i>Rape</i>	19	16	36	32
<i>Robbery</i>	50	55	72	57
<i>Aggravated Assault</i>	222	240	223	308
Property Crime	2135	1944	1856	1841
<i>Burglary</i>	579	456	420	318
<i>Motor Vehicle Theft</i>	348	407	431	623
Larceny-Theft	1208	1081	1005	900
Over \$400	396	361	384	406

Under \$400	812	720	621	494
Arson	19	27	33	41

Table 10. Source: California Department of Justice, Office of the Attorney General, 2014 – 2020

In Yuba County, Property Crimes remained the most common type of crime from 2014 to 2020, but decreased by 13.8% over that same time period. The overall Violent Crime increased by 36.5% with *Aggravated Assault* (38.7%) and *Rape* (68.4%) accounting for a majority of that increase.

Quality of Life

Quality of Life (QOL) or well-being is a concept that includes areas related to social and environmental resources and conditions that can influence population health outcomes. On a community level, the QOL can include community-level resources, conditions, policies, and practices that influence a population's health perceptions.¹⁶ This construct allows the health agencies to address broader areas of healthy public policy in collaboration with a wider circle of health partners outside of the clinic setting. This can include social service agencies, community planners, and business groups.

Measuring QOL can help identify new valuable insights that go well beyond the traditional biological model. Examples of these measures include social, emotional, and economic supports, safe neighborhoods, available and accessible healthy foods, adequate local emergency/health services, and safe and affordable housing. Focusing on QOL can help bridge the boundaries between social, mental, and medical health outcomes and the services provided.

Civic Engagement

Civic Engagement is any individual or group activity addressing issues of public concern. It can take many forms such as community volunteering, serving on a neighborhood association, or even voting. Civic Engagement can directly impact community issues, create healthier neighborhoods, and improve quality of life by developing knowledge and skills from participation.

Voting

Eligible and Registered Voters, 2016 – 2022 General and Presidential Elections							
	Percent Registered	Party Preference (%)				Voter Turnout	
		Democratic	Republican	No Preference	Other	Eligible	Registered
2016*	70%	28%	37%	27%	7%	49%	70%
2018	70%	27%	36%	29%	8%	40%	58%
2020*	72%	28%	38%	25%	9%	33%	45%
2022	72%	29%	39%	22%	10%	31%	22%

*Indicates a Presidential Election Year

Table 11. Source: CA Secretary of State, 2016, 2018, 2020, 2022

Yuba County's registration and party preference has remained relatively stable since 2016. In 2016 and 2020, voter turnout were similar to the statewide rate. For example, in

the 2020 Presidential Election only 45% of Yuba County registered voters participated at the polls, where the statewide turnout rate was at 48%.¹⁷

Transportation

Transportation is important to members of a community since it is used to get to work or school, to access food and healthcare, and other countless activities, yet poor transportation can cause indirect and direct harm. For example, in communities near a highway or major roadway there are increases to a person's exposure to traffic-related air pollution, which has been linked to conditions that impact the ability to breathe, such as lung diseases.¹⁸

Commuting

Most people have a daily commute to their place of work. The majority of residents in Yuba County (91.5%) commute to work via automobile, 1.4% walk, 0.6% use public transportation such as the bus, and less than 0.2% ride a bicycle to work.

Yuba-Sutter Public Transportation

In conjunction with Sutter County, Yuba County operates a bus service: Yuba-Sutter Transit. This service provides fixed routes and Dial-A-Ride, a curb-to-curb shared ride service to transport those with disabilities in Yuba County. However, ridership in this area has declined sharply during the COVID-19 pandemic, from 2,135 annual one-way trips in fiscal year (FY) 18/19, to 1,426 in FY 19/20 and 828 in FY 20/21.¹⁹

Means of Transportation to Work in Yuba County vs. California, 2016 - 2020		
	Yuba County (%)	California (%)
Driving Alone	79.9	72.1
Carpool	11.6	10
Public Transportation	0.6	4.6
Bicycle	0.2	0.8
Walking	1.4	2.5
Motorcycle, Taxi, Other	0.9	1.6
Work at Home	5.3	8.4
Total	99.9	100

Yuba Sutter Transit - Foothills Route Performance			
	Fiscal Year		
Operating Statistics	2018 - 2019	2019 - 2020	2020 - 2021
Annual One-way Passenger Trips	2,135	1,426	828
Revenue Hours	803	778	802
Revenue Miles	28,495	28,108	28,727
Performance			
Passenger Trips per Hour	2.7	1.8	1
Passenger Trips per Mile	0.1	0.1	0

Table 13. Source: Yuba Foothills Mobility Strategy Report

Veterans

Veterans are individuals who have served in the military but are not currently serving or on active duty. Yuba County has a sizeable population of veterans with 10.7% of the residents 18 and older identified as military veterans.

Yuba County Military Veteran Population Status, 2020			
	Yuba County Population Estimates		
	Total	Veterans	Non-Veterans
Population 18 years and over	54,209	5,818	48,391
Sex			
Male	49.4%	85.5%	45.0%
Female	50.6%	14.5%	55.0%
Age			
18 to 34 Years	32.9%	18.1%	34.6%
35 to 54 years	32.8%	25.2%	33.7%
55 to 64 years	16.6%	18.4%	16.4%
65 to 74 years	11.2%	18.7%	10.3%
75 years and over	6.5%	19.7%	4.9%
Race and Hispanic/Latino Origin			
Black or African American alone	3.2%	6.2%	2.9%
American Indian and Alaska Native alone	1.6%	0.8%	1.7%
Asian alone	6.7%	2.0%	7.3%
Native Hawaiian and Other Pacific Islander alone	0.4%	0.3%	0.5%
Some other race alone	5.1%	4.0%	5.2%
Two or more races	7.6%	8.1%	7.5%
Hispanic or Latino (of any race)	25.3%	13.8%	26.7%
White alone, not Hispanic or Latino	58.6%	72.8%	56.9%

Table 14. Source: American Community Survey, 5-Year Estimates, 2016 - 2020; Table S2101

Healthcare Access and Resources

Health care access includes much more than insurance coverage for health care services. It also includes physical access to medical appointments, transportation, health promotion programs, and health information. The following pages include data indicators about health care access and utilization, including insurance status, immunizations, and child oral health ratings. It also includes recommended goals from the *Healthy People 2030* and *Let's Get Healthy California* – two initiatives focused on eliminating health disparities, achieving health equity, and attaining health literacy to improve the health and well-being of all. Lastly, county rankings are provided by the *Robert Wood Johnson Foundation*, which provides unique measures to compare nearly all counties in the U.S.

Adults and Health Insurance

In 2021, 6% of adults aged 18-64 in Yuba County were uninsured, which is nearly similar to the California rate of 7% uninsured residents. The *Healthy People 2030* has a national target of at least 92.4% of people having health insurance. According to the latest estimates from the 2021 Small Area Health Insurance Estimates (SAHIE) report, Yuba County is at 94.0% insured.

Those without health insurance may not be able to afford medical treatment or prescription drugs. They are less likely to receive the services they need and more likely to have poor health outcomes since they are also less likely to get routine checkups and preventative screenings.

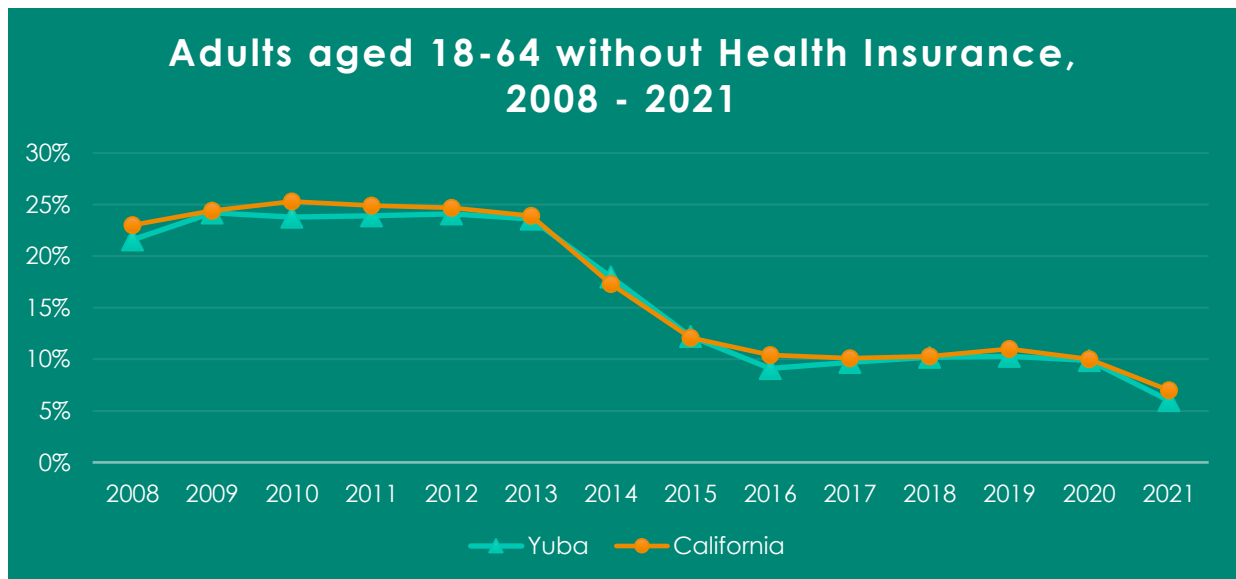


Figure 14. Source: 2008 - 2021 Small Area Health Insurance Estimates (SAHIE)

Since 2014, nearly five million Californians have been added to the Medi-Cal program, bringing the total current enrollment to 13.4 million participants.⁴⁶ Yuba County is no exception and has seen a 119% decrease in the amount of people without health insurance since that time. According to the latest County Health Rankings from the

Robert Wood Johnson Foundation, Yuba County ranks 22 out of 58 counties for highest percentage of uninsured residents in the state of California.

Children and Health Insurance

Children are no exception to the poor health effects due to the lack of health insurance. In 2021, 3.5% of children aged 19 years old or younger were uninsured in Yuba County, whereas California reported 3.0% of children were uninsured. Similar to the adult population there was a significant decrease in the uninsured count since 2014 dropping 78.3%. The Robert Wood Johnson Foundation ranks Yuba County's uninsured children at 23 out of 58 counties for highest percentage of uninsured residents in the state of California.

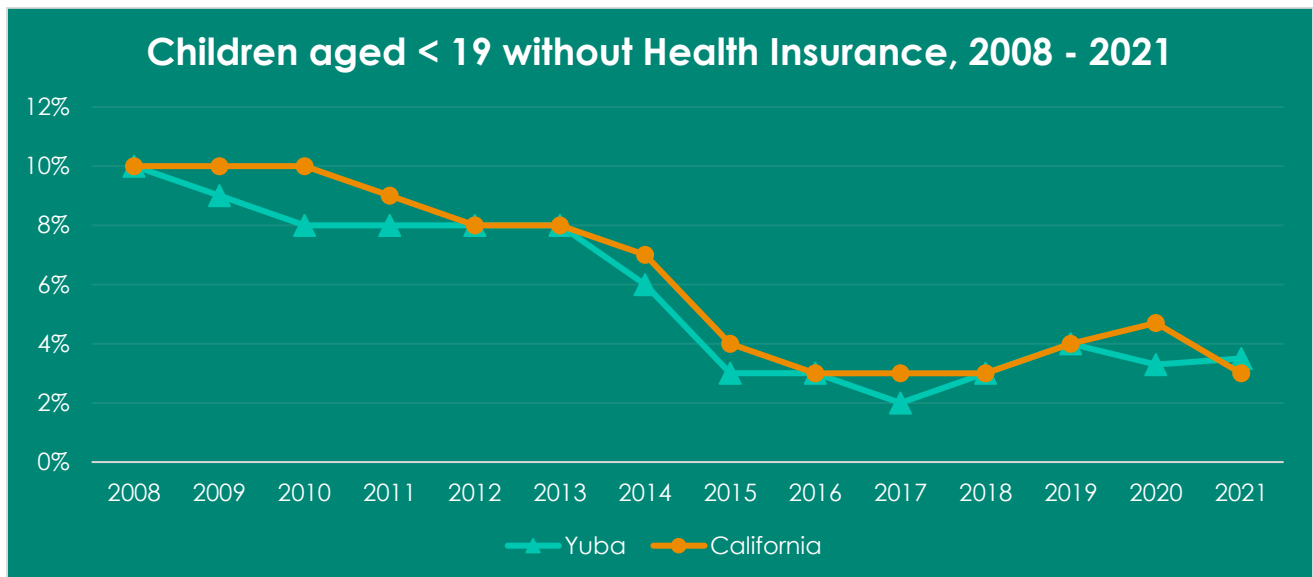


Figure 15. Source: 2008 – 2021 Small Area Health Insurance Estimates (SAHIE)

Children with Required Immunizations

Immunizations protect children from contracting and spreading communicable diseases such as measles and whooping cough. These diseases can result in extended school absences, hospitalizations, and even death. Childhood illnesses also have a significant financial impact on parents including costly medical bills and loss of work time.

Public and private preschools and childcare facilities enrolling more than 10 students must report immunization status of children ages 2 and older to the California Department of Public Health Immunization Branch at the start of the school year. In addition, since January 1, 2016, students are no longer required to have immunizations for entry if they attend a home-based private school or an independent study program and do not receive classroom-based instruction. However, this change did not heavily impact Yuba County's immunization rates.

In the 2021-2022 school year, 93% of Yuba County kindergarten students had all their required immunizations.

Immunization Status of Public-School Kindergarten Students with more than 20 students enrolled, 2021 - 2022 in Yuba County			
School	All Required Immunizations (%)	Conditional Entrants (%)	Overdue (%)
ARBOGA ELEMENTARY	92%	≤5%	6%
BROWNS VALLEY ELEMENTARY	100%	0	0%
CAMPTONVILLE ELEMENTARY	83%	0	17%
CEDAR LANE ELEMENTARY	93%	≤5%	≤5%
COBBLESTONE ELEMENTARY	98%	≤5%	0%
CORDUA ELEMENTARY	100%	0	0%
COVILLAUD ELEMENTARY	91%	≤5%	≤5%
DOBBINS ELEMENTARY	100%	0	0%
EDGEWATER ELEMENTARY	96%	≤5%	≤5%
ELLA ELEMENTARY	93%	≤5%	≤5%
JOHNSON PARK ELEMENTARY	85%	6	8%
KYNOCH ELEMENTARY	92%	≤5%	≤5%
LINCOLN (ABRAHAM) (ALTERNATIVE)	0%	0	0%
LINDA ELEMENTARY	91%	≤5%	8%
LOMA RICA ELEMENTARY	100%	0	0%
OLIVEHURST ELEMENTARY	87%	≤5%	11%
RIO DEL ORO ELEMENTARY	99%	≤5%	0%
WHEATLAND CHARTER ACADEMY	100%	0	0%
WHEATLAND ELEMENTARY	100%	0	0%
YUBA COUNTY CAREER PREPARATORY CHARTER	100%	0	0%
YUBA FEATHER ELEMENTARY	70%	10%	20%
Yuba County	93%	2%	4%

Table 15. Source: Immunization Branch, California Dept. of Public Health; 2021 - 2022

Child Oral Health

Oral health is an essential and integral component of overall health throughout life, and it is about much more than just healthy teeth. Oral Health refers to the health of the entire mouth, including teeth, gums, chewing muscles, and upper and lower jaws.⁴⁷

Tooth decay is one of the most common childhood health problems for kids in the United States. Tooth decay is painful and can lead to other problems such as ear and sinus infections, speaking difficulties, and trouble with concentration. Children with poor oral health may also experience poor social skills or lack of confidence, and are more likely to be absent from school and fall behind in class. In California, 54% of kindergarteners and 70% of third graders have experienced dental caries (tooth decay), and nearly one-third of children have untreated tooth decay.⁴⁸

According to the 2020 California Health Interview Survey, 71.1% of children in Yuba County visited the dentist within the last year. However, this data has been labeled as unstable due to the low number of participants, therefore, interpretation of the data should be interpreted with caution.

Time since last Dental Visit, Children Ages 0-11, Yuba County 2020		
	Yuba	California
Never Been to Dentist	9.8%*	16.30%
6 Months Ago or Less	55.0%	59.20%
More than 6 Months up to 1 Year Ago	16.1%*	20.20%
More than 1 Year up to 2 Years Ago	7%*	3.40%
More than 2 Years up to 5 Years Ago	*	0.50%
More than 5 Years Ago	*	*

Table 16. Source: California Health Interview Survey, 2020

Additionally, Yuba County has a Local Oral Health Plan (LOHP) that focuses on comprehensive oral health data, convening local partners in oral health, and providing education and services that would make an impact on oral health utilization. This includes working with Big Smiles, Marysville Unified School District, Wheatland School District, and the Happy Toothmobile.

Overall, the utilization of dental services among Medi-Cal enrolled children from ages 0-18 increased across annual checkpoints. The increase can be seen most notably when looking at the utilization measures for children who received at least one dental service while being continuously enrolled in Medi-Cal for a period of one year. The largest increase was for children age 1-2 years old, with an approximate 77% percent increase from 2016-2019.

Health Care Provider Shortages

Health care resource availability and utilization is a factor that may be used to determine if an area is underserved, or if community medical services should be realigned with community needs. It also refers to consumer use of health care resources and services, and reflects the way patients interact with health care providers. Patterns of utilization tell a story about the health status of a population.

A Health Professional Shortage Area (HPSA) is a geographic area, population group, or health care facility that has been designated by the *Health Resources and Services Administration (HRSA)* as having a shortage of health professionals.²² All of Yuba County has been designated as a HPSA for mental health providers.

Comparing Yuba County ratios with the neighboring county and the state, there remains a shorter supply per capita of primary care physicians, dentists, and mental health providers. Sutter County and the state overall have improved their ratios for all three providers, whereas Yuba County has only improved the mental health provider ratio. Primary care physician and dentist ratios increased indicating less providers per resident.

Ratio of Provider Availability by Type, 2016 and 2019						
	Yuba		Sutter		California	
	2016	2019	2016	2019	2016	2019
Primary Care	4430:1	4630:1	1260:1	1010:1	1270:1	1240:1
Dental	3080:1	3210:1	1380:1	1210:1	1200:1	1130:1
Mental Health	520:1	420:1	340:1	250:1	310:1	240:1

Table 17. Source: County Health Rankings 2022

Health Status of Yuba County

The 2020 California Health Interview Survey asked Yuba County residents: “In general, would you say your health is excellent, very good, good, fair, or poor?”

About 53.7% of adults in Yuba County reported *Excellent* or *Very Good* in 2020 compared with 45.7% in 2018.²³

Reported General Health Status (Percent)			
Health Status	2018	2019	2020
Excellent	15.7*	26.2	26.7
Very Good	30.4	25.8	27.0
Good	36.9	32.5	23.2
Fair	13.3	12	12.9
Poor	3.7*	3.6	10.2

* = statistically unstable rates, interpret with caution

Table 18. Source: California Health Interview Survey 2018 - 2020

Life Expectancy

Life expectancy is the average number of years from birth a person can expect to live. According to the National Vital Statistics System (NVSS) from 2018 – 2020, the average life expectancy in Yuba County was 76.3 years, while in general Californians life expectancy is 79.0 years.²⁴

It should also be noted that in 2020 life expectancy at birth for women in the United States dropped 0.8 years from 79.9 years in 2020 to 79.1 in 2021, while life expectancy for men dropped one full year, from 74.2 years in 2020 to 73.2 in 2021.²⁵

Deaths and Causes of Death

The death rate, or the number of deaths that occur over a given time period, has been higher than the state's overall age-adjusted death rate. In 2020, Yuba County had 863.5 deaths per 100,000 residents. This is a 6.3% decline from the 2015 rate of 922.3 deaths per 100,000 residents. Whereas, California has seen an increase of 2.5% in the same time period.

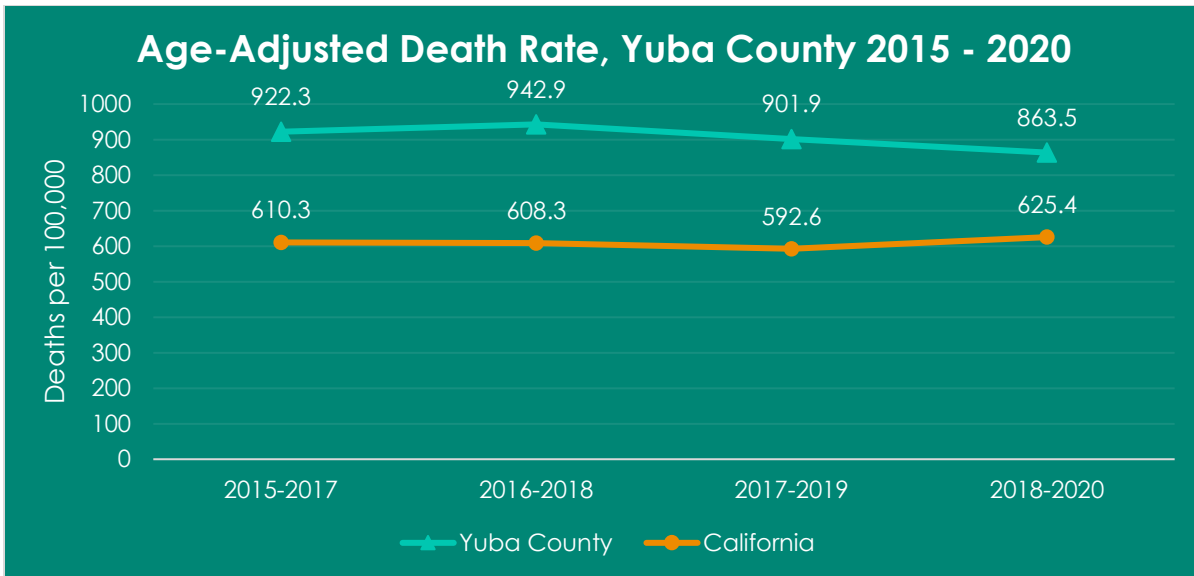


Figure 16. Source: California County Profile Health Status

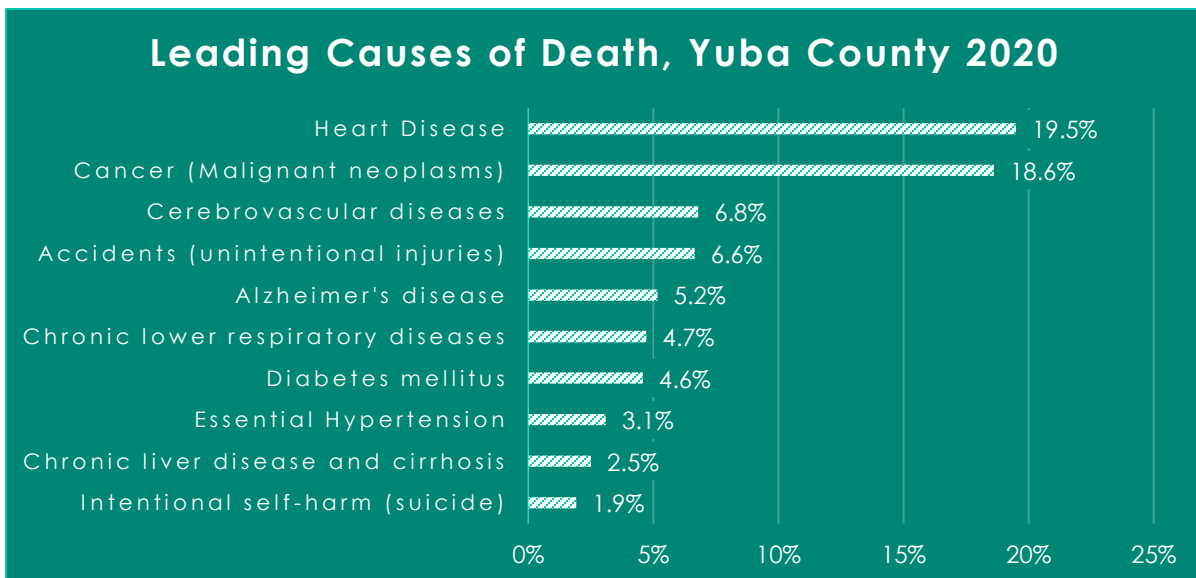


Figure 17. Source: California Health and Human Services Data Portal

Unintentional Injuries

Unintentional or accidental injuries are the fifth leading cause of death overall, and the leading cause of death for those under the age of 35. In Yuba County, these types of deaths are ranked fourth or 6.6% of all deaths.

Unintentional injury deaths result from a variety of causes such as motor vehicle collisions, falls, firearms, suffocations, natural disasters, fires, and poisonings. In 2020, Yuba County's overall rate of unintentional injury deaths is 58.5 per 100,000 residents. This is high compared with the state's overall rate of 44.1 per 100,000 residents. Neither rate meets the *Healthy People 2030* goal of no more than 36.0 per 100,000.

Births and Birth Outcomes

Most pregnancies are healthy, however many birth parents and infants face challenges in reaching optimal health. This includes the physical, emotional, mental, and socioeconomic health of women and their families. Health outcomes in pregnancy are influenced by a woman's health and other factors like race, ethnicity, age, and income.

Pregnancy and childbirth have an impact on women and children's physical, emotional, mental, and overall health. The well-being of mothers, infants, and children helps to determine the health outcomes of future generations. Providing proper treatment among this group can prevent illness and create positive development for families, communities, and the healthcare system.

Below is the birth rate of Yuba County and California since 2012. There has been a steady decline for California, whereas Yuba has seen a few upticks but overall, a decline as well.

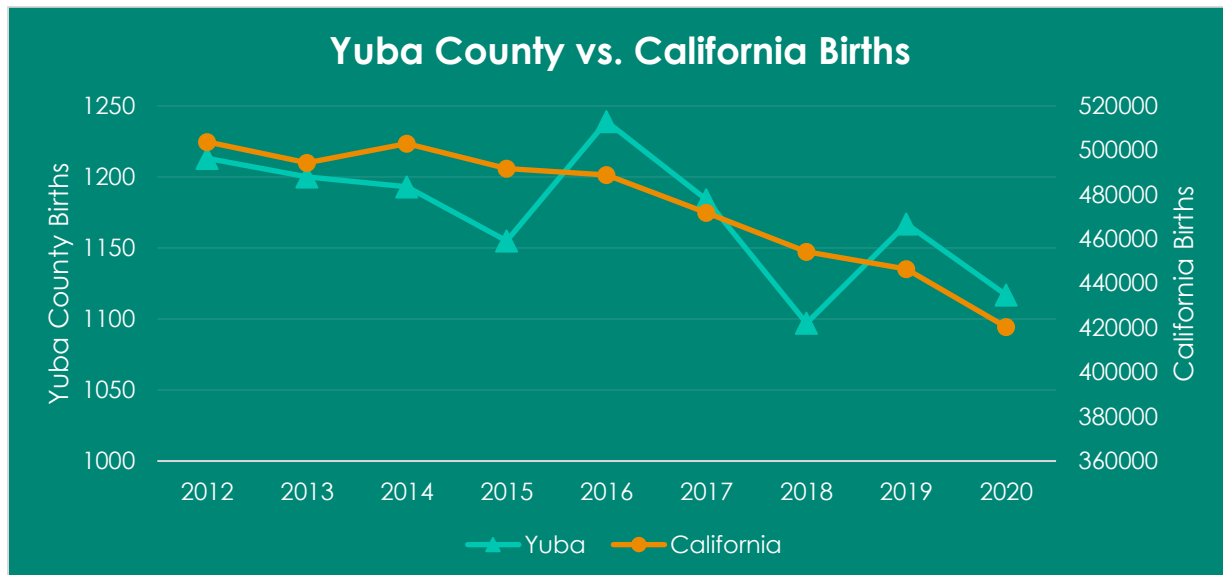


Figure 7. Source: California Dept. Public Health; Maternal, Child and Adolescent Health Division

Women, Infant, and Children Program (WIC)

The WIC Program is a federally funded health and nutrition program that provides assistance to pregnant women, birthing parents, infants and children under the age of five. WIC helps California families by issuing food benefits to individual participants based on their nutritional need and risk assessment. The benefits can be used to purchase healthy supplemental foods from over 4,000 WIC-authorized vendor stores throughout the state of California. WIC also provides nutritional education, breastfeeding support, healthcare referrals and other community services. Participants must meet income guidelines and other criteria.

The table below is the average monthly participant counts for each subpopulation and overall. WIC participants are defined as women, infants, or children on WIC who receive a food benefit. Over time, the number of Yuba County's overall participants has been decreasing, while those receiving prenatal care has increased.

WIC – Average Monthly Participation Counts, 2016 - 2019				
	2016	2017	2018	2019
WIC Participation Category	Monthly Participation Count (Average)	Monthly Participation Count (Average)	Monthly Participation Count (Average)	Monthly Participation Count (Average)
Breastfeeding	772	733	678	*
Non-Breastfeeding	766	729	676	*
Child	3694	3618	3502	*
Infant	1782	1739	1604	*
Prenatal	676	1169	1054	*
Total	6995	7988	7514	7027

*Data not available

Table 19. Source: California Health and Human Services, WIC Program Redemption by County

Breastfeeding

The U.S. Dietary Guidelines for American and the World Health Organization (WHO) recommend that infants be exclusively breastfed for the first six (6) months, and continuing breastfeeding while introducing foods until the child is 12 months or older.²⁸ Breastmilk is safe, clean and contains antibodies which help protect against many common childhood illnesses. Breastfed children are less likely to be overweight or obese, less prone to diabetes later in life, and perform better on intelligence tests. Women who breastfeed also have a reduced risk of developing breast and ovarian cancers.²⁹

Over the years, Yuba County has significantly increased exclusively breastfeeding their children in a hospital setting. Yuba County mothers were more likely to breastfeed exclusively during their hospitalization period than mothers in Sutter County and California overall as of 2018.

Exclusive In-Hospital Breastfeeding, 2016 - 2019				
	2016	2017	2018	2019
Yuba County	59.7%	69.1%	71.0%	72.3%
Sutter County	54.4%	64.9%	68.8%	70.1%
California	69.6%	69.8%	70.4%	70.2%

Table 20. Source: CDPH Breastfeeding Initiative

Early Prenatal Care

Prenatal care accounts for checkups from a doctor, nurse, or midwife throughout pregnancy. It can help prevent and address health problems for the mother and infant. It is most effective when care starts early and continues throughout pregnancy. Those who do not get prenatal care are three times more likely to have a low birth weight and five times more likely to die than babies born to mothers who do receive care.³⁰

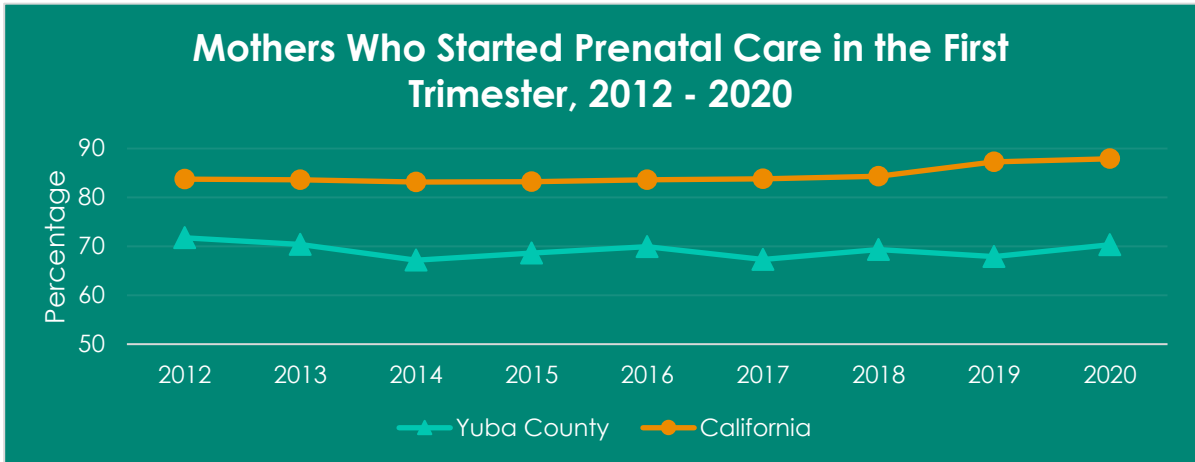


Figure 19. Source: California Dept. Public Health; Maternal, Child, and Adolescent Health

California Department of Public Health shows that 70.3% of pregnant women received early prenatal care in Yuba County in 2020, which is much lower compared to the state rate of 87.9%. The *Healthy People 2030* national health target for early prenatal care is 80.5%.

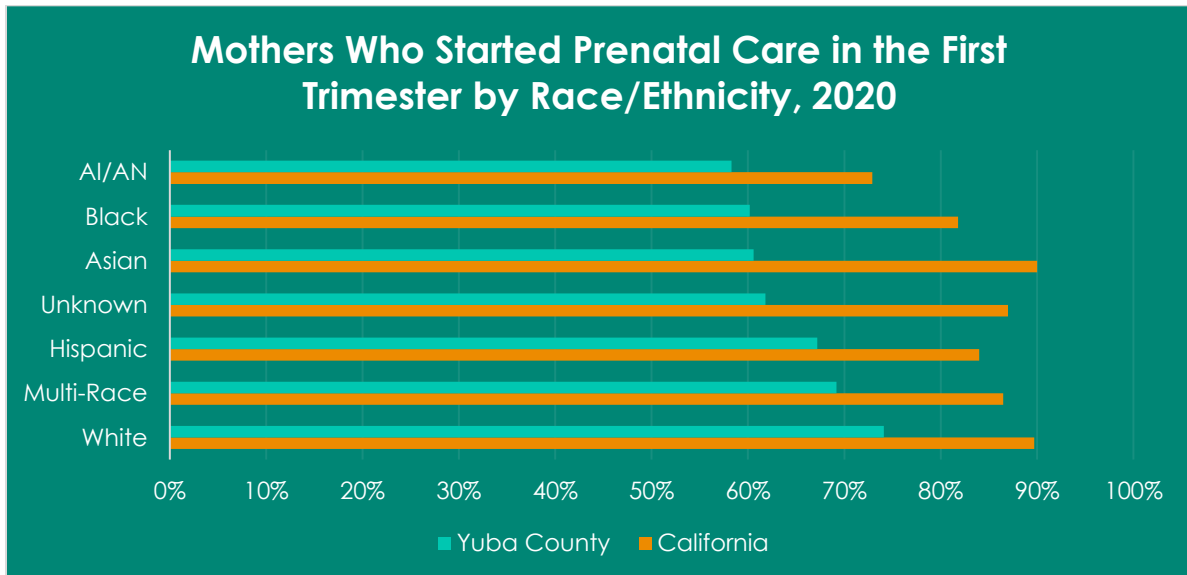


Figure 20. Source: California Dept. Public Health; Maternal, Child, and Adolescent Health

The same data source reports that all races in Yuba County received prenatal care much less compared to the state. The lowest groups include American Indian or Alaska Native with only 58% receiving care and Black or African Americans with 60% receiving care.

Infant Mortality

Infant mortality is an important factor in understanding a population's overall health because reasons that contribute to infant deaths also affect the health of everyone in a

population. For example, access to care, clean water, and food are a few factors that contributes to everyone's health.³¹ The leading causes of infant death include birth defects, pre-term delivery and low birth weight, maternal complications during pregnancy, and sudden infant death syndrome (SIDS).

For privacy reasons pertaining to Yuba County's low birth/death count, the data for the county and the state has been pooled into three-year time spans for comparison. Overall, Yuba County has seen an increase in infant mortality, while California overall has seen a slight decline. From 2016 to 2018, there were six (6) deaths in the first year of life for every 1,000 live births in Yuba County. This is higher compared to California's rate of 4.3 infant deaths per 1,000. As of now, Yuba County does not meet the *Healthy People 2030* national health target, which is 5.0 infant deaths per 1,000 live births.

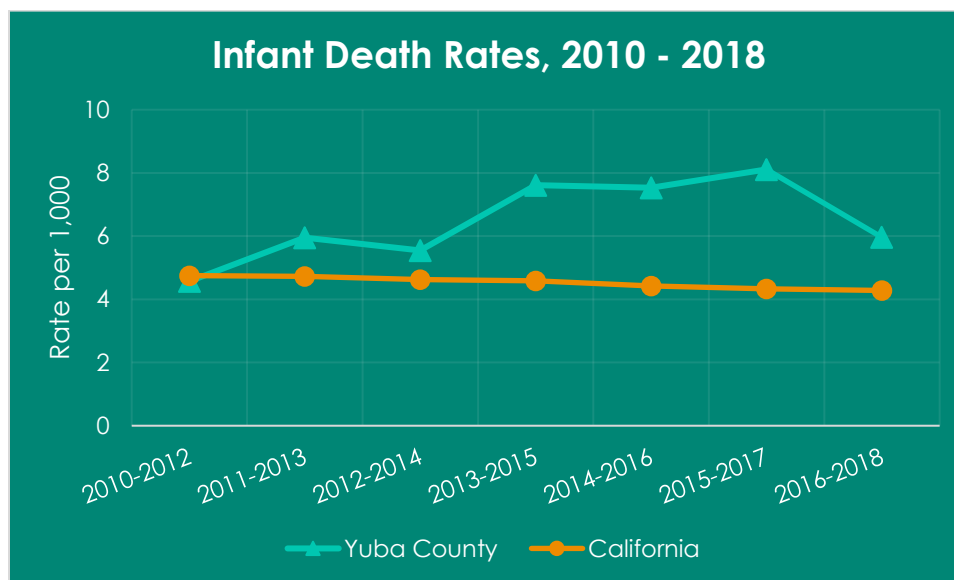


Figure 21. Source: California Health and Humans Services Open Data Portal; Let's Get Healthy California Indicator, 2010 - 2018

Low Birth Weight

Babies born with low birth weight (less than 2,500 grams) are more likely than babies of normal weight to have health problems and require specialized medical care in a neonatal intensive care unit. Expectant mothers are more likely to give birth to low-birth-weight babies if they are living below or near the poverty line, smoke, have had a prior adverse birth outcome, or chronic health conditions. Low birth weight also contributes to a range of poor health outcomes. According to the World Health Organization, it is closely associated with fetal and neonatal mortality and morbidity, inhibited growth and cognitive development, and chronic diseases later in life. ⁴⁸

Data from California Department of Public Health shows that the rate of low-birth-weight babies has remained steady for the state of California at 6.9% in 2020. Whereas, Yuba County has seen a slight increase since 2010 from 5.6% to the current rate of 6.4%. Overall, Yuba County has a lower rate than the state of California, but when observing the data

by race and ethnicity there is a large discrepancy with low birth weights among Asians and Blacks.

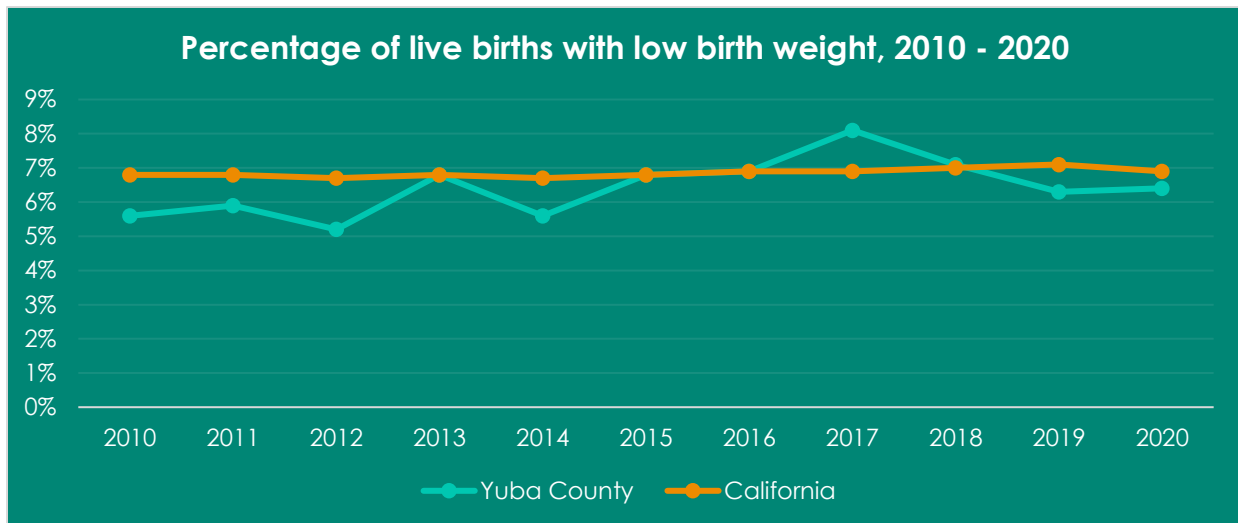


Figure 22. Source: California Health and Humans Services Open Data Portal, 2010 - 2020

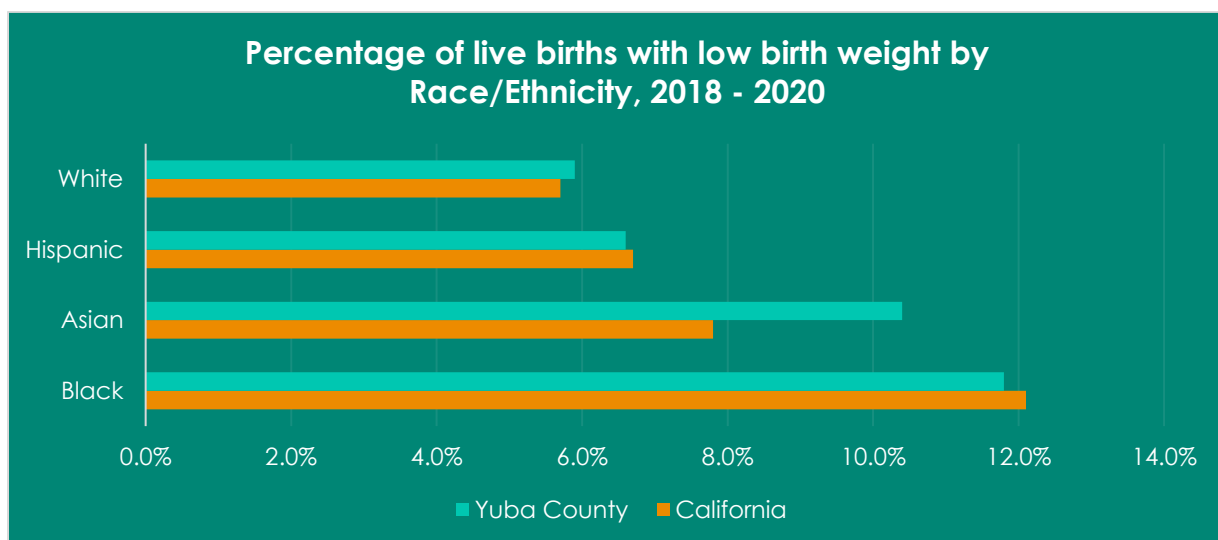


Figure 23. Source: California Health and Humans Services Open Data Portal, 2018 - 2020

Adolescent Births

Adolescent pregnancy, or Teen Pregnancy, and childbearing bring substantial social and economic costs through immediate and long-term impacts. Teenage motherhood significantly contributes to high school dropout rates as only 50% of teen mothers receive a high school diploma by 22 years of age, compared to the 90% of women who do not become mothers while in high school. The children of teenage mothers are also at risk as they are more likely to have lower school achievement and to drop out of high school, have more health problems, be incarcerated at some time during their teenage years, and face unemployment as an adult.

Data from CDPH indicates that Yuba County has one of the higher rates of births to adolescent mothers in the state ranking at 47 out of 58 counties according to the *Robert Wood Johnson Foundation*. However, Yuba County does meet the *Healthy People 2030* national health target (31.4 per 1,000) with a rate of 21 per 1,000 adolescent births.

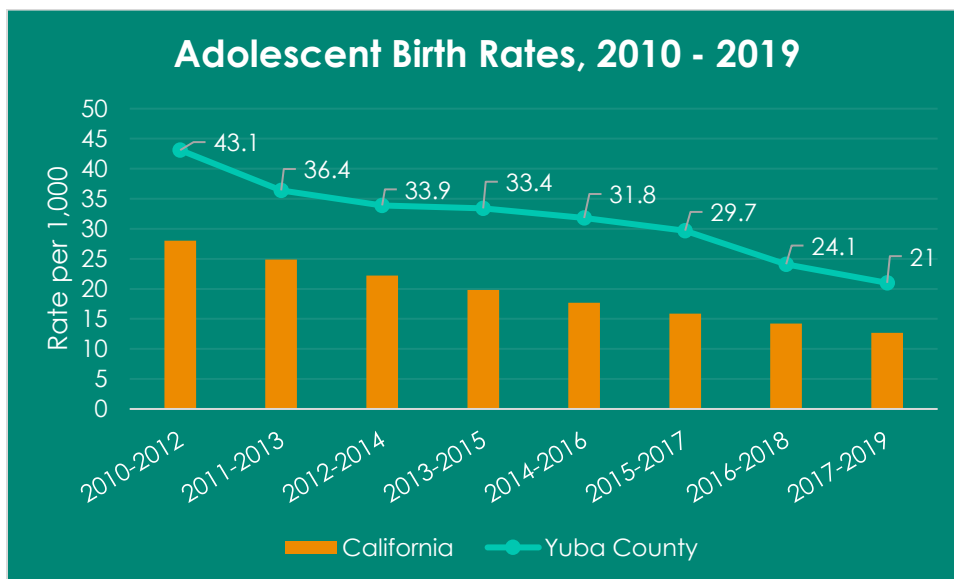


Figure 24. California Health and Humans Services Open Data Portal; 2010 – 2019

Chronic Disease

A chronic disease is defined as an illness lasting for weeks, months, or even years. Chronic disease affects one's quality of life, and is the main driver for individuals to seek medical care as three out of five adults in the United States live with at least one chronic disease. Chronic diseases have significant health and economic costs as they account for 90% of the nation's \$4.1 trillion annual health care costs.²⁸

Of the 21 chronic diseases that the Centers for Medicare and Medicaid Services tracks among its Medicare beneficiaries, Yuba County ranks worse than California for 13 out of 21 (61%) of the chronic conditions.

	Prevalence (%)	Yuba (%)	California (%)
Hypertension		56.3	53.0
Hyperlipidemia		49.3	45.3
Arthritis		31.0	31.2
Diabetes		29.5	27.2
Chronic Kidney Disease		27.0	24.3
Ischemic Heart Disease		27.0	24.7
Depression		18.2	16.2
Heart Failure		15.6	13.9
COPD		15.6	9.5
Alzheimer's Disease/Dementia		7.7	10.5
Atrial Fibrillation		7.6	7.5

Cancer	6.2	7.8
Asthma	5.9	5.3
Drug Abuse/Substance Abuse	5.3	3.8
Osteoporosis	5.1	7.8
Stroke	3.4	3.5
Alcohol Abuse	2.5	2.2
Schizophrenia/Other Psychotic Disorders	2.4	3.5
Hepatitis (Chronic Viral B & C)	1.5	1.4
HIV/AIDS	0.3	0.5
Autism Spectrum Disorders	0.2	0.2

* Cells are highlighted if Yuba County's Prevalence of a Chronic Condition exceeds California's rate Table 21. Source: Centers for Medicare & Medicaid Services: Prevalence State/County Level: All Beneficiaries by Age, 2018 https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Chronic-Conditions/CC_Main

Heart Disease

Heart disease is the leading cause of death in the United States. The term “heart disease” refers to several types of heart conditions. In the United States, the most common type of heart disease is coronary artery disease (CAD), which can lead to a heart attack.

You can greatly lower your risk of heart disease by controlling risk factors like high blood pressure and high cholesterol through treatment and introducing lifestyle changes such as exercise, a balanced diet, and avoid smoking.

The *Healthy People 2030* national health target is to reduce the cancer mortality rate to 103 deaths per 100,000 people. From 2018 to 2020, Yuba County's average rate was 119 deaths per 100,000 people dying as a result of heart disease. This rate exceeds that of the *Healthy People 2030* target and ranking Yuba County second out of all counties in the state with the highest rates of heart disease.

There is a significant difference between heart disease related deaths between male and female. In 2020, men accounted for 61% of all heart disease related deaths in Yuba County. However, there has been an observed decrease in the rate of heart diseases dropping by 17% from 2018 to 2020.

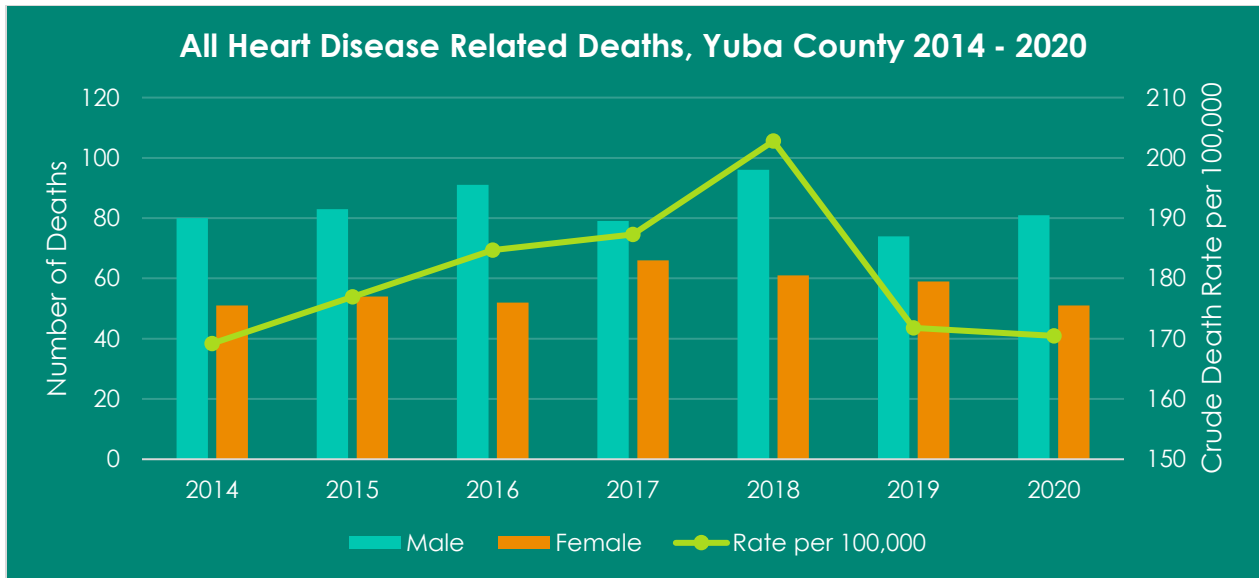


Figure 25. Source: County Health Status 2021; California Vital Statistics Query

Cancer

Cancer is the second leading cause of death in the United States, but many kinds of cancer can be prevented or caught early. CDC claims the leading risk factors for preventable cancers are smoking, getting too much ultraviolet (UV) radiation from the sun or tanning beds, being overweight or having obesity, and drinking too much alcohol. Interventions to promote evidence-based cancer screenings, such as lung, breast, cervical, and colorectal, can help reduce cancer deaths as well.⁴⁹

The *Healthy People 2030* national health target is to reduce the cancer mortality rate to 161.4 deaths per 100,000 people. From 2018 to 2020, Yuba County's rate was 168.4 per 100,000 people dying as a result of any cancer. This rate exceeds that of the *Healthy People 2030* target and ranks Yuba County in the top 5 counties with the highest cancer rates in the state. However, the cancer mortality rate has decreased by 19% since its recent peak in 2016.

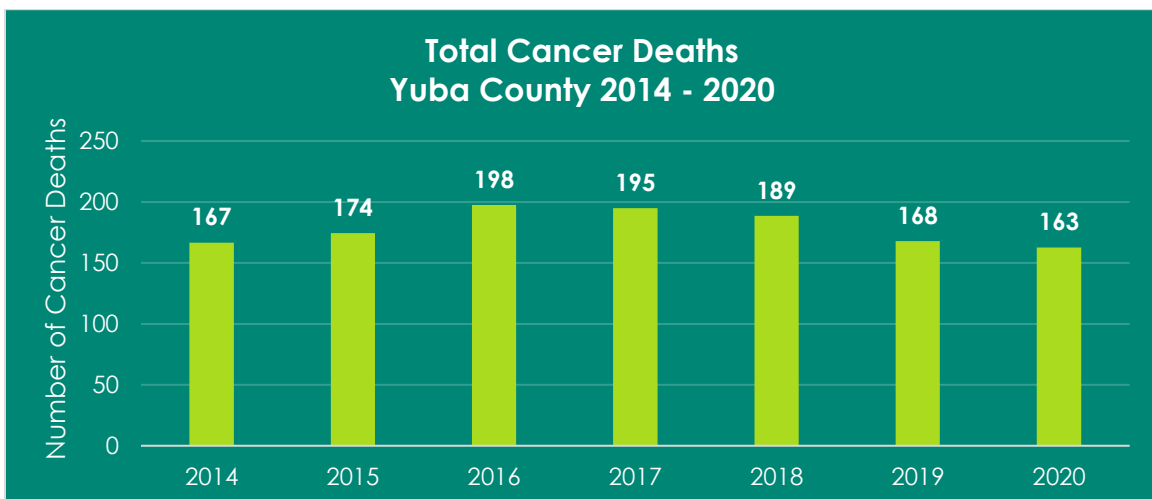


Figure 26. Source: County Health Status Profile 2021; California Vital Statistics Query

High Blood Pressure

High Blood Pressure, or Hypertension, is Yuba County's highest expense for Medicare and Medicaid services. In general, it is a leading cause of heart disease and stroke because it damages the lining of the arteries, making them more susceptible to the buildup of plaque, which narrows the arteries leading to the heart and brain. About 116 million US adults (nearly 1 in 2) have high blood pressure, defined as 130/80 mm Hg or higher. Only about 1 in 4 of these people have their high blood pressure under control. About seven (7) in 10 people who have a first heart attack and eight (8) in 10 people who have a first stroke have high blood pressure.⁵⁰

The *Healthy People 2030* national health target is to reduce the proportion of adults with high blood pressure to 27.7%. In 2021, 27.0% of adults in Yuba County were told they have high blood pressure, thus meeting the target. However, *Let's Get Healthy California* reports rates of preventable hospitalizations through access to high-quality outpatient care. The report provides a good starting point for assessing the quality of health services in the community and is illustrated as the Observed Rate, or the actual rate of which high blood pressure is observed in our community, versus the Risk-Adjusted Rate, or the predicted rate at which high blood pressure cases occurs in our community. When observing the rates over time (Figure 27), Yuba County is performing worse than expected in comparison to other hospitals' admissions and has been increasing since 2016.

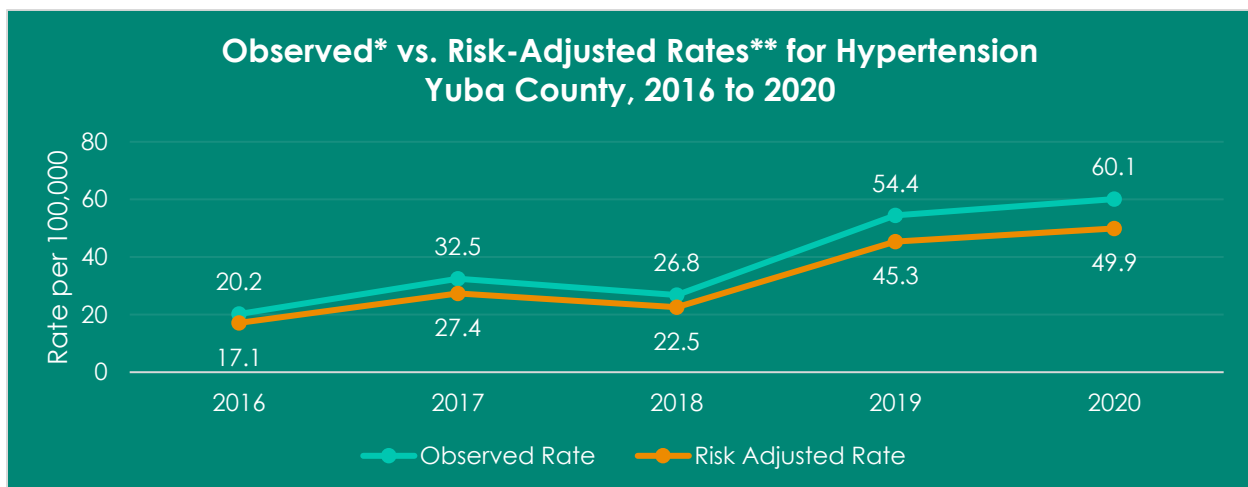


Figure 27. Source: Let's Get Healthy California: Preventable Hospitalizations for Selected Medical Conditions, 2016 – 2020

*Observed Rate = the actual rate at which hypertension cases occur

**Risk-Adjusted Rate = the predicted rate at which hypertension cases occur at a hospital

Type 2 Diabetes

More than 30 million Americans have diabetes, and it is the seventh leading cause of death in America. Poorly controlled diabetes can lead to amputations, vision loss, and kidney damage. However, interventions do exist that can help reduce the risk of severe

complications. Implementing strategies including eating healthier, physical activity, and losing weight can prevent new cases.

The percentage of people diagnosed with Type 2 diabetes has been steady at nearly 8% prevalence among all adults aged 20 years or older. The death rate due to diabetes, where it was listed as the underlying cause of death, has increased 102% from 13 per 100,000 people in 2014 to 40 per 100,000 people in 2020. This ranks Yuba County 12th in the state with the highest rate.

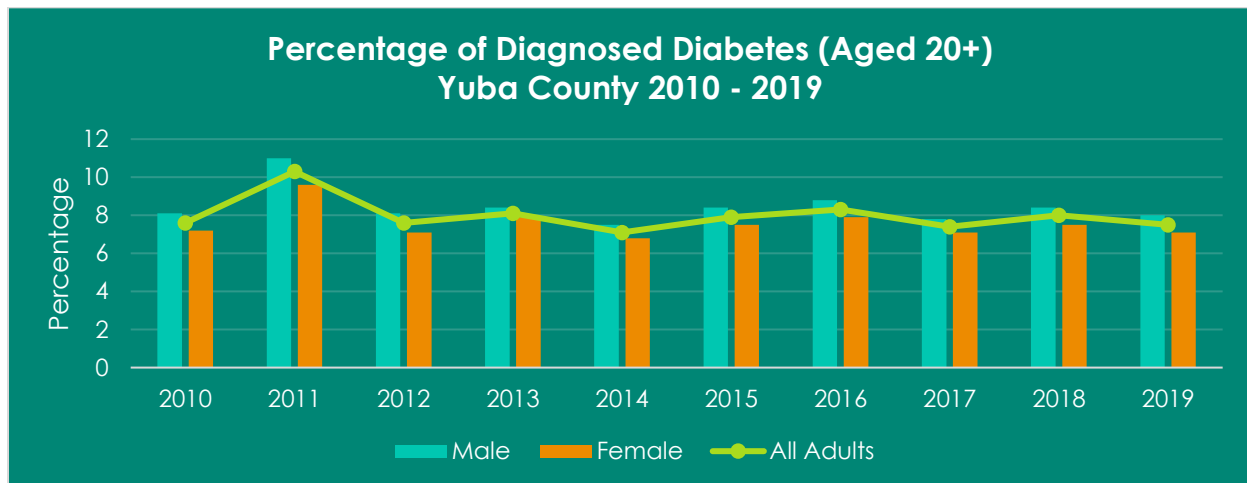


Figure 28. Source: County Health Status Profile 2021; CDC Interactive Diabetes Atlas

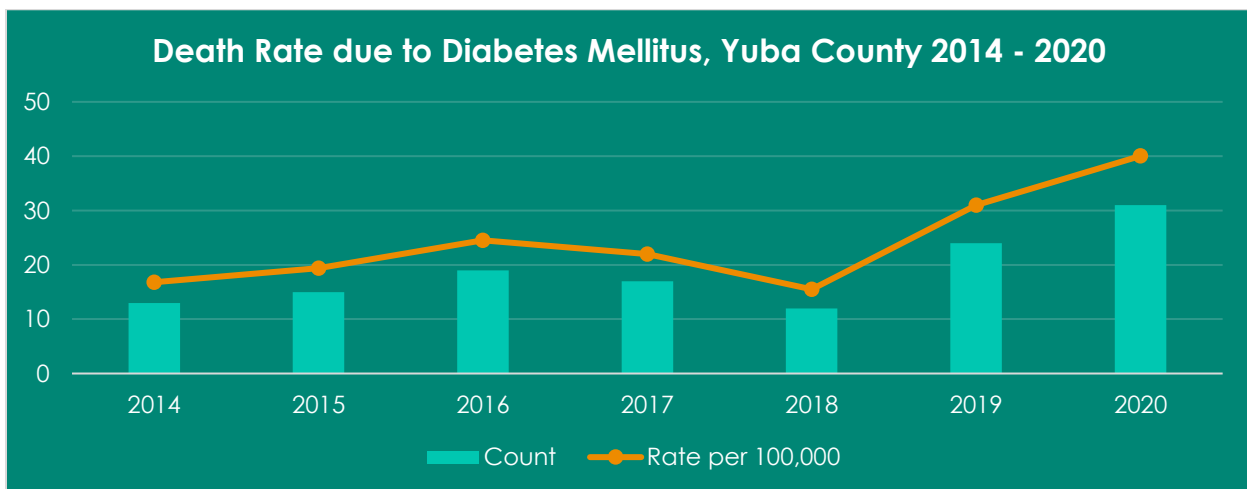


Figure 29. Source: County Health Status Profile 2021; CDC Interactive Diabetes Atlas

Asthma

Asthma is a disease that affects your lungs. It causes repeated episodes of wheezing, breathlessness, chest tightness, and nighttime or early morning coughing. Asthma can be controlled by taking medicine and avoiding the triggers that can cause an attack. For example, being exposed to things in the environment, like mold or dampness, some allergens, and secondhand smoke have been linked to developing asthma. Air pollution and viral lung infection may also be contributors.⁵¹

More than 25 million Americans have asthma and many of them go to the emergency department (ED) because of asthma attacks. Educating people how to manage this disease can help prevent future attacks. *Let's Get Healthy California* has a baseline goal of 28 emergency department visits per 10,000 people. In 2019, the rate of ED visits was 42.3 per 10,000 people, thus exceeding the baseline goal.

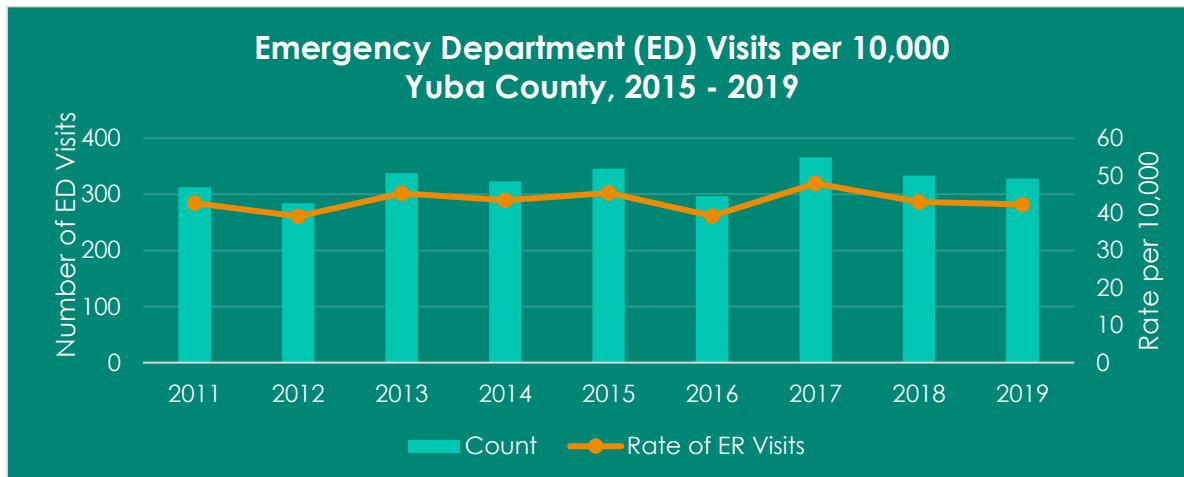


Figure 30. Source: California Health and Human Services Open Data Portal; Asthma Emergency Department Visit Rates

Breaking the data down by race and ethnicity provides an insight on which groups may be struggling more with asthma related emergency department visits. From 2016 to 2019, Black and African Americans had the highest ED visits per 10,000 than any other group. In 2019, Blacks or African Americans had a rate of 176.1 asthma related ED visits per 10,000 visits. The second highest group were Whites with a rate of 50.3 ED Visits per 10,000.

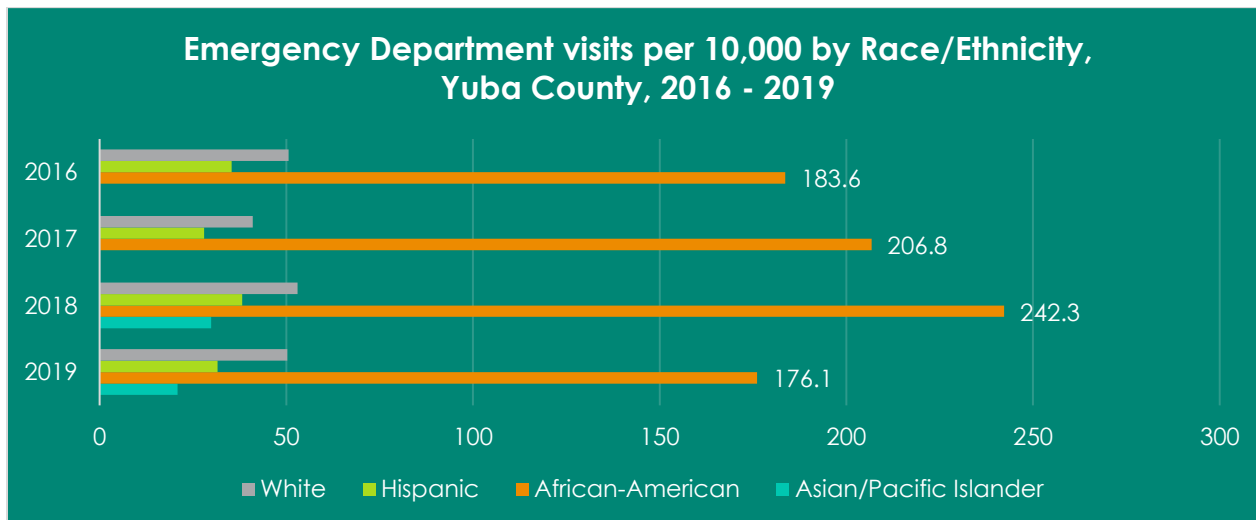


Figure 31. Source: California Health and Human Services Open Data Portal; Asthma Emergency Department Visit Rates

Chronic Obstructive Pulmonary Disease

Chronic Obstructive Pulmonary Disease (COPD) is a group of diseases that include emphysema, chronic bronchitis, and non-reversible asthma, all of which diminishes the airflow into and out of the lungs. COPD is the fourth leading cause of death in the United States. The leading factor to COPD is smoking, but also may be due to air pollution, chemical fumes, or dust over long periods of time. There is no cure, but the progress of the disease can be lowered by lifestyle changes such as quitting smoking and undergoing treatment.

The *Healthy People 2030* national target is to reduce deaths from COPD in adults to 107.2 deaths per 100,000 people. From 2018 to 2020, the average age-adjusted death rate for those with COPD was 57.0 deaths per 100,000 people, thus meeting the target. However, the *California Health Status Profile 2022* report ranks Yuba County 4th in the state with highest death rate due to COPD.

Additionally, *Let's Get Healthy California* reports rates of preventable hospitalizations through access to high-quality outpatient care. The report provides a good starting point for assessing the quality of health services in the community and is illustrated as the Observed Rate, or the actual rate of which high blood pressure is observed in our community, versus the Risk-Adjusted Rate, or the predicted rate at which high blood pressure cases occurs in our community. When observing the rates over time (Figure 32), Yuba County is performing better than expected in comparison to other hospitals' admission and has been decreasing since 2017.

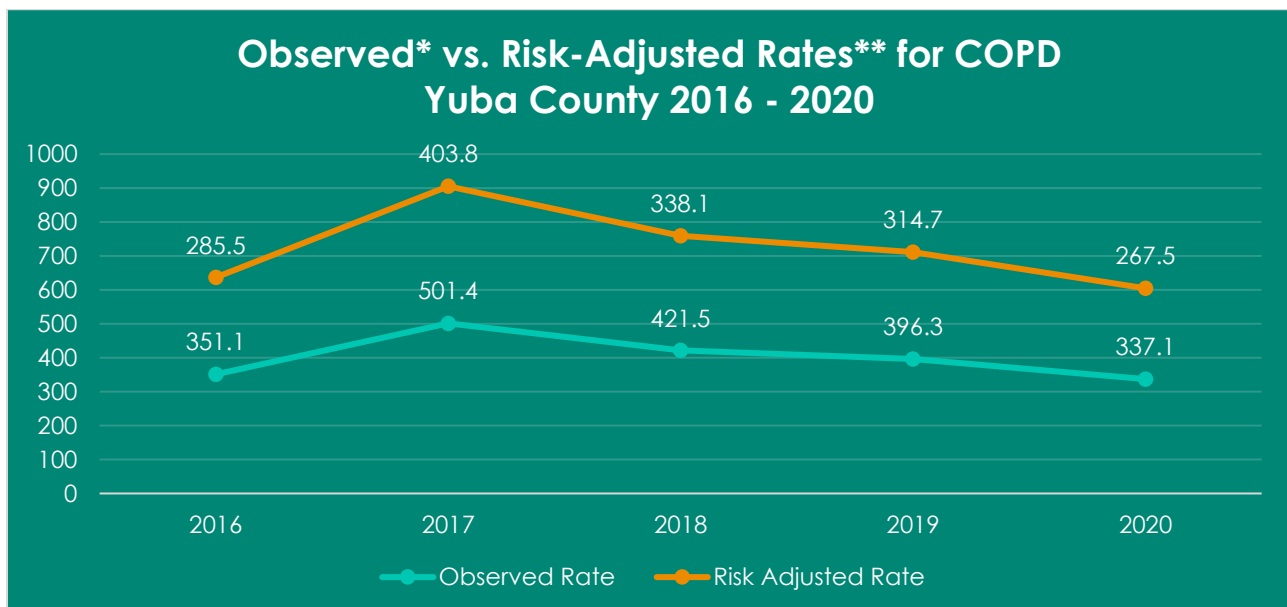


Figure 32. Source: California Health and Human Services Open Data Portal; Asthma Emergency Department Visit Rates

*Observed Rate = the actual rate at which COPD cases occur

**Risk-Adjusted Rate = the predicted rate at which COPD cases occur

Obesity

Weight that is higher than what is considered healthy for a given height is described as overweight or obesity and calculated by a person's Body Mass Index (BMI). BMI is a person's weight in kilograms divided by the square of height in meters. Obesity is categorized as someone with a BMI of 30 or higher.

Obesity is linked to many serious health problems, including type 2 diabetes, heart disease, stroke, and some types of cancer. Evidence has shown that interventions that use more than one strategy, like changes in both diet and physical activity – are effective ways to address weight gain.²⁵

The *Healthy People 2030* national health target is to reduce the proportion of adults with obesity to 36%. In 2022, 31% of Yuba County residents self-reported as obese, thus meeting the target. The *Robert Wood Johnson Foundation* ranks Yuba County 19th in the state for the highest prevalence of obesity.

However, it should be noted that Yuba County has seen an increase in prevalence of obesity and residents have self-reported lower physical inactivity levels over the same time period. In 2016, 15% of respondents claimed to be physically inactive, but that rose to 25% in 2022.

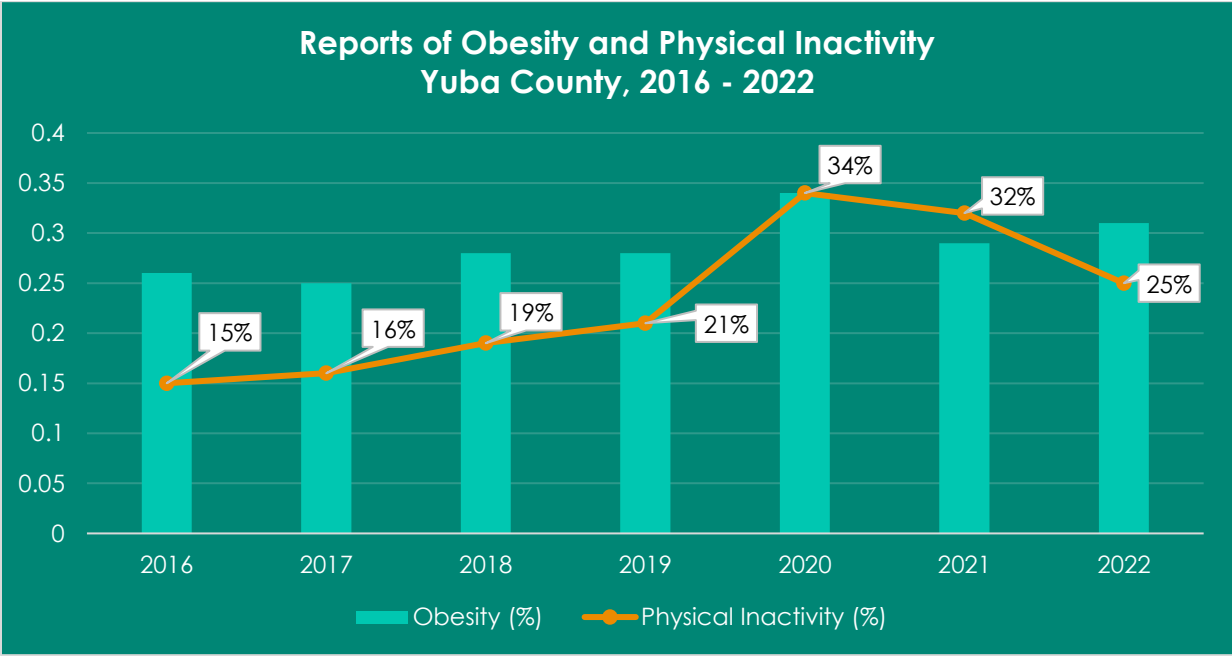


Figure 33. Source: California Health Interview Survey (CHIS); Physical Inactivity 2016 - 2022

Communicable Disease

Communicable or infectious diseases are illnesses that can be transmitted from person to person or animal to person. Many people in the United States get sick and die from infectious diseases each year. Health providers are required by law to report certain communicable diseases to local Health Officers (California Code of Regulations Title 17). This information is essential for monitoring and surveilling disease prevalence in a community.

While many communicable diseases have been eradicated in the United States (e.g., smallpox and polio), prevalent infections still exist including sexually transmitted diseases, tuberculosis, measles, and whooping cough. Vaccinating children and at-risk adults for diseases such as the above is key to preventing infections. For diseases that do not have a vaccine, like hepatitis C, early diagnosis and treatment can help improve health outcomes.²⁶

The following pages include data indicators about select communicable diseases. Goals are either provided by the *Healthy People 2030* or *Let's Get Healthy California* depending on what is available. County rankings are either provided by the *California Health Status Profile* reports or the *Robert Wood Johnson Foundation*.

Gonorrhea

Gonorrhea is a common sexually transmitted infection caused by bacterium called *Neisseria gonorrhea*. It is typically asymptomatic, and easy to treat. However, it has developed resistance to antibiotics over the years, complicating treatment. Infection can lead to serious reproductive health problems, such as pelvic inflammatory disease (PID) and infertility. Gonorrhea also can cause infection in newborn babies.

In 2020, Yuba County had an incidence rate of 242.8 cases of gonorrhea per 100,000 people. This puts Yuba County as the 4th highest rate in all of the state. In general, Yuba County has observed an increase in the number of cases rising from 106.2 cases per 100,000 in 2014 to 242.8 cases per 100,000 or an increase of 78%. Furthermore, Blacks or African Americans had the highest reported rates of 657.9 cases per 100,000 outpacing the next highest group, Whites, at 226.9 cases per 100,000.

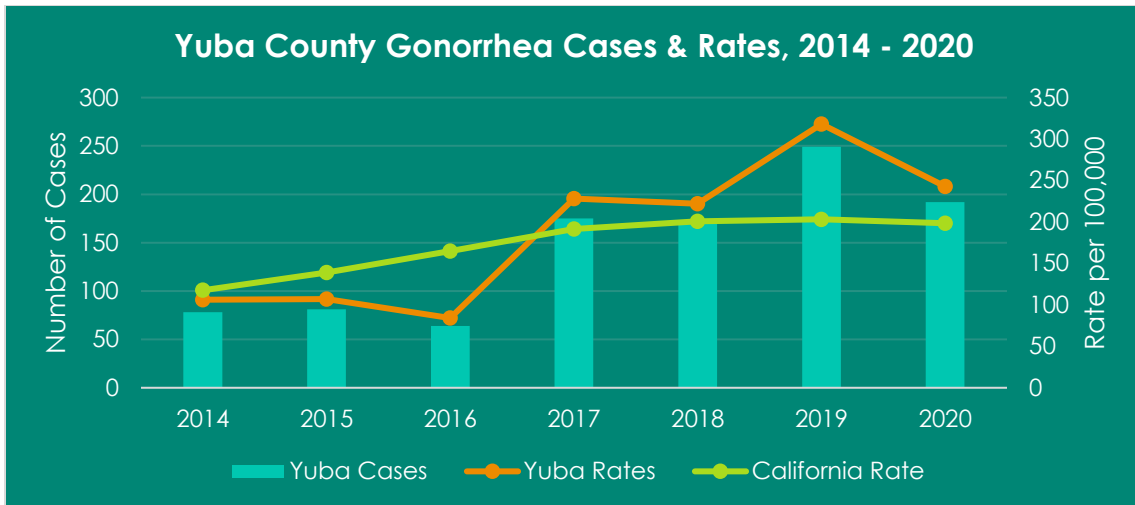


Figure 34. Source: Yuba County Health and Human Services, 2014 - 2022

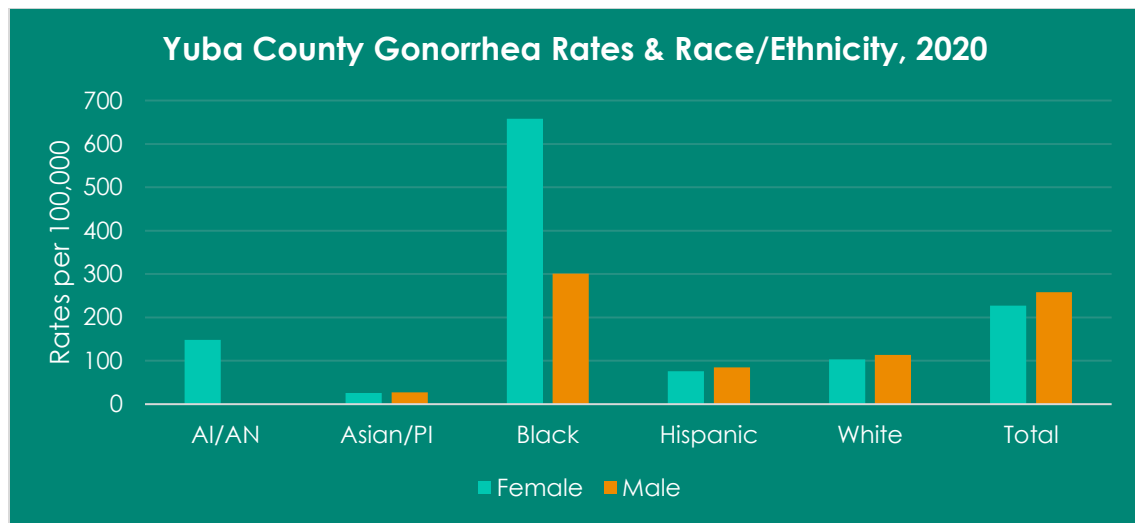


Figure 35. Source: Yuba County Health and Human Services, 2020

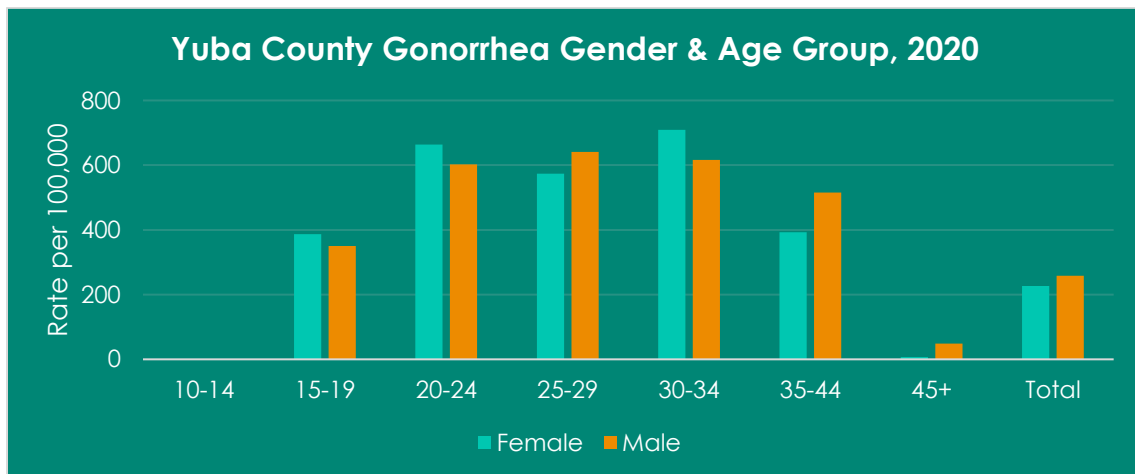


Figure 36. Source: Yuba County Health and Human Services, 2020

Chlamydia

Chlamydia is a common sexually transmitted disease caused by bacterium called chlamydia trachomatis. Infection often causes no symptoms, and if not treated, can lead to serious reproductive health problems such as pelvic inflammatory disease (PID) and infertility. Chlamydia also can cause infections in newborn babies if not treated during pregnancy.

In 2020, Yuba County had an incidence rate of 370.5 cases of chlamydia per 100,000 people. This puts Yuba County as the 26th highest rate in all of the state. In general, Yuba County has observed an increase in the number of cases rising from 333.7 cases per 100,000 in 2014 to 370.5 cases per 100,000 or an increase of 10%. Furthermore, Black or African American males had the highest reported rates of 677.4 cases per 100,000 outpacing the next highest group, Whites, at 94.3 cases per 100,000. Note, under-reporting of chlamydia is substantial because most people infected are not aware of it and do not seek testing because the infection does not always present symptoms.

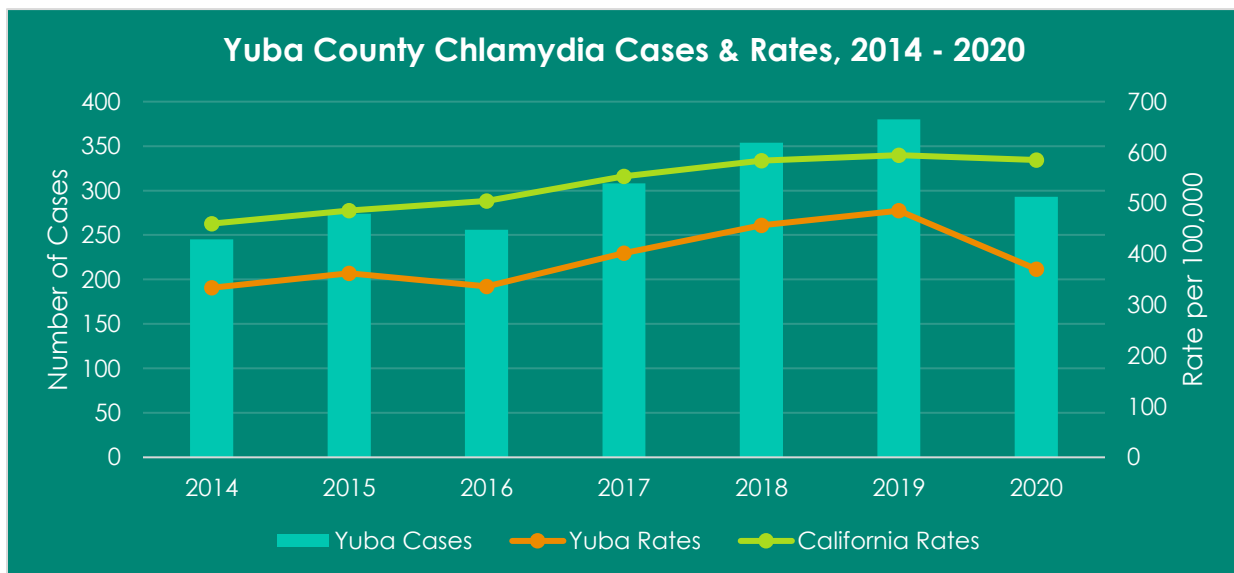


Figure 37. Yuba County Health and Human Services, 2014 - 2020

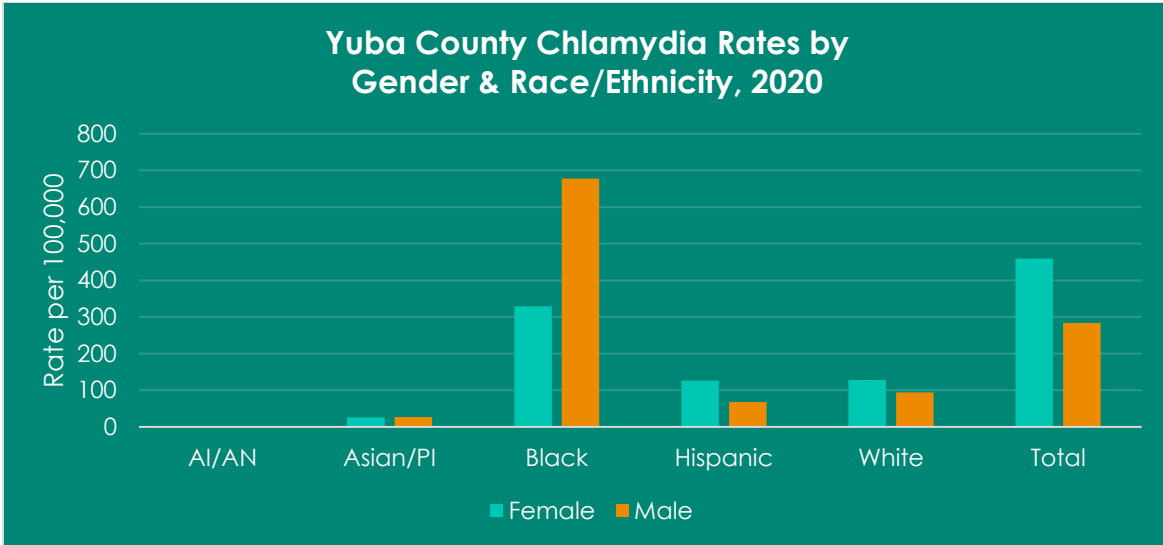


Figure 38. Yuba County Health and Human Services, 2020

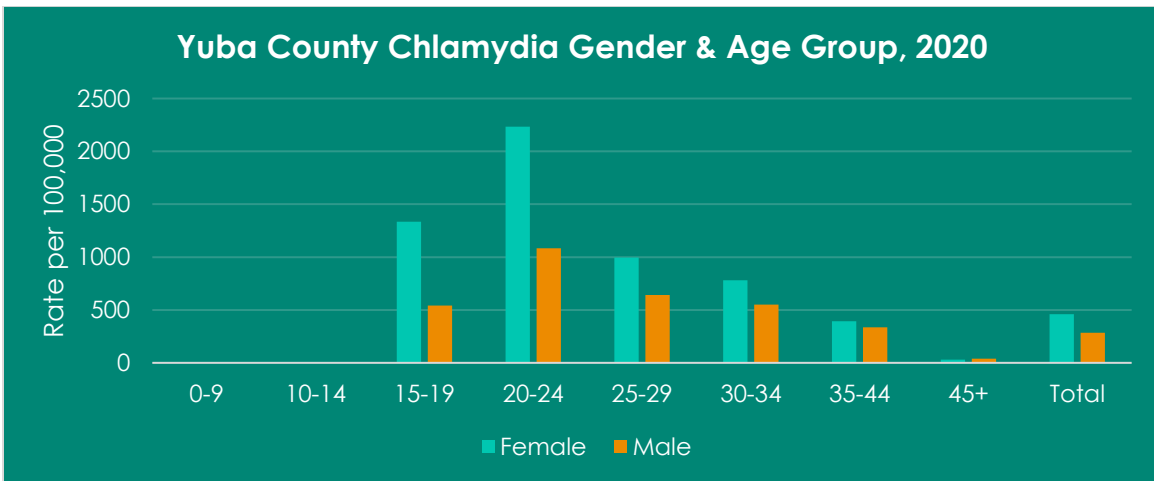


Figure 39. Yuba County Health and Human Services, 2020

Syphilis (Primary and Secondary)

Syphilis is a sexually transmitted infection caused by bacterium that can cause serious health problems if not treated, including neurologic problems, eye problems, and even blindness. It is divided into stages (primary, secondary, tertiary, early or late latent), and there are different signs and symptoms with each stage. The only way to avoid syphilis or other sexually transmitted infections (STIs) is to abstain from anal, oral, or vaginal sex. However, being in a long-term monogamous relationship and/or using condoms can lower your risk of contracting syphilis.

From 2015 to 2020, Yuba County has observed rates of primary and secondary syphilis rising more than 7700% far outpacing the state rate (Figure 40). In 2020, Yuba County reported 77.1 primary or secondary syphilis cases per 100,000, ranking it third highest

overall for the state. Overall, white men tend to report higher amounts of cases especially those in the 35 to 44 years of age.

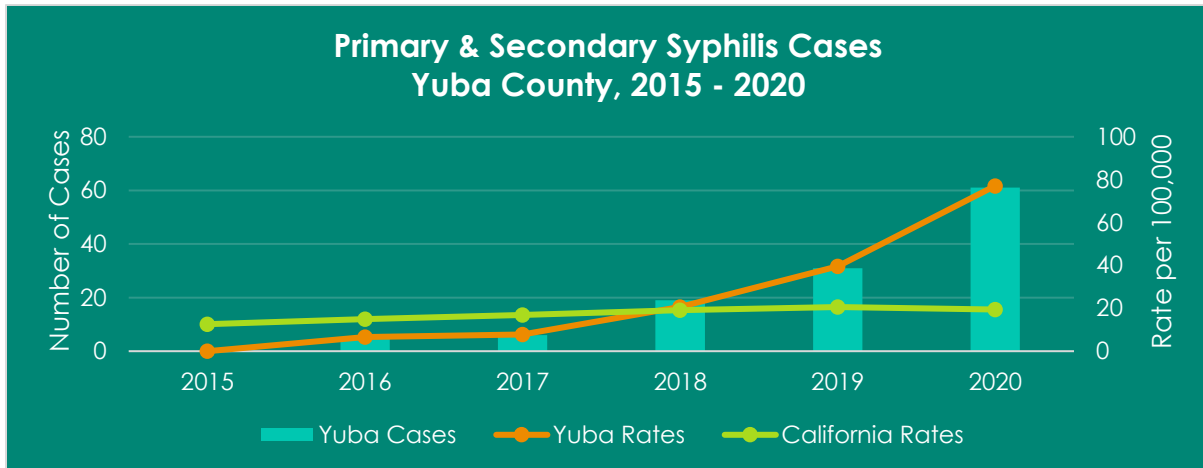


Figure 40. Source: Yuba County Health and Human Services, 2015 - 2022

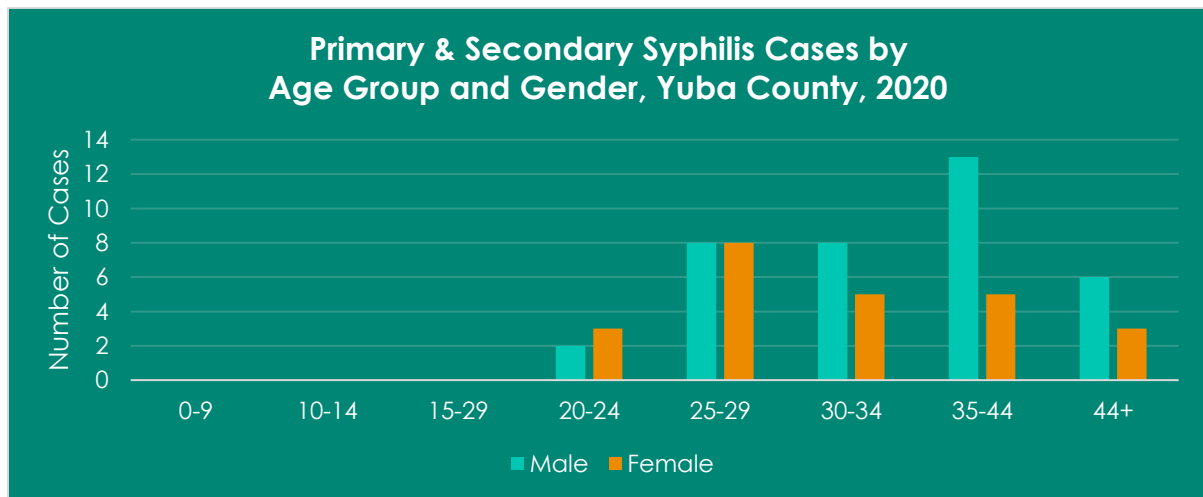


Figure 41. Source: Yuba County Health and Human Services, 2020

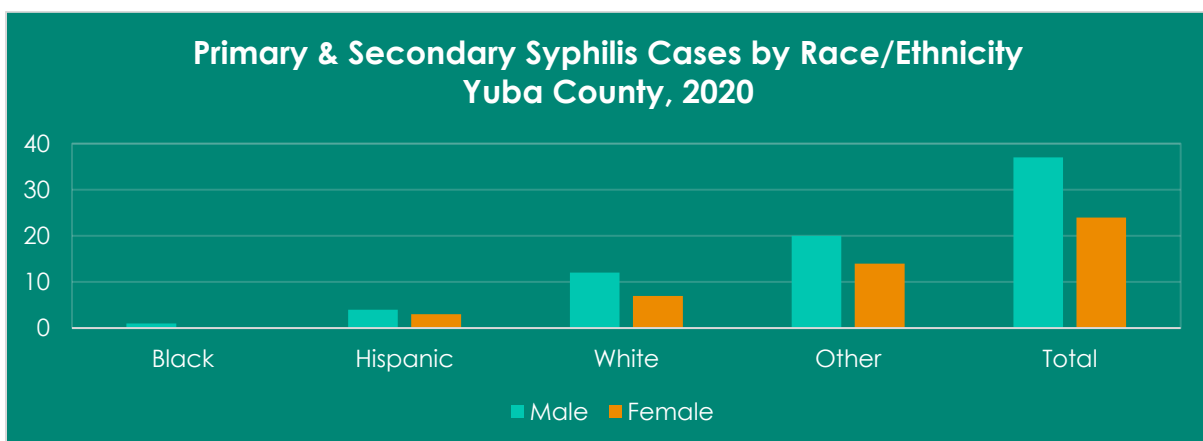


Figure 42. Source: Yuba County Health and Human Services, 2020

Tuberculosis

Tuberculosis (TB) is caused by bacteria that attacks the lungs and other organs. In 2019, it was estimated that more than 2 million Californians have Latent TB (asymptomatic), which can progress to active TB (symptomatic). TB is preventable and treatable but remains the world's deadliest infectious disease killer.²⁷ Although the number of cases has been declining in the past couple of decades, progress is slowing down. TB still has worse effects among racial and ethnic minorities due to risk factors that can increase the chance of developing the disease.

From 2005 – 2020, with the exception of years 2007, 2013, and 2016, Yuba County has had a lower incidence rate than California overall. However, there is a large discrepancy of cases among the Asian population compared to the other racial groups from 2016 – 2020.

The *Healthy People 2030* national target is to reduce the incidence of TB to 1.4 cases per 100,000 people. As of 2020, Yuba County reported a rate of 1.3 cases per 100,000, thus meeting the target ranking Yuba County 44th for the entire state.

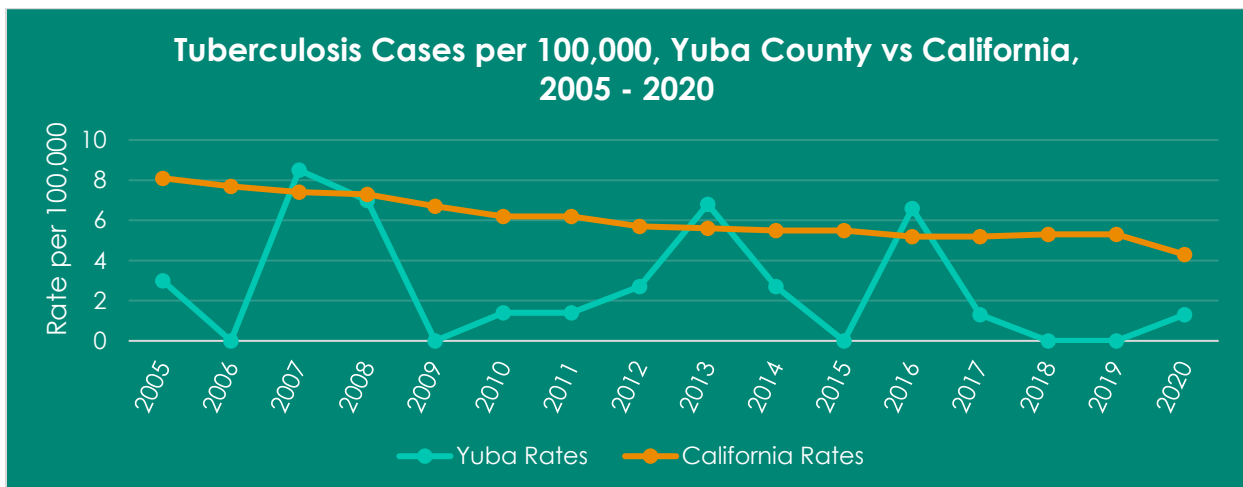


Figure 43. Source: California Department of Public Health

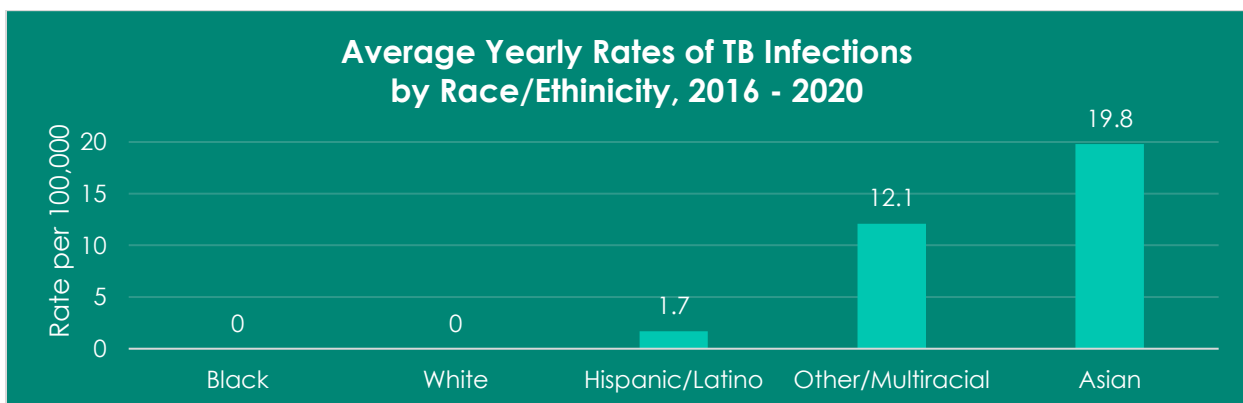


Figure 44. Source: California Department of Public Health

Hepatitis C (Chronic)

Hepatitis C (HCV) is a liver disease and is usually spread when blood from a person infected with HCV enters the body of someone who is not infected. For example, sharing needles, syringes, needle stick injuries, or being born to a pregnant person with HCV are activities that may spread the disease. For some people HCV is short-term (acute), but a large majority becomes a long-term, chronic infection. There is no vaccine to prevent HCV, but some preventative measures include avoiding contaminated blood, not sharing needles and using sterile equipment.

From 2016 to 2018, Yuba County was observing a decrease in newly diagnosed cases of HCV. However, after that period Yuba County began to observe an increase in cases, possibly due to more accurate reporting of the disease. In 2020, there were 158 cases per 100,000 people with the White population having the highest occurrence with 93.8 cases per 100,000.

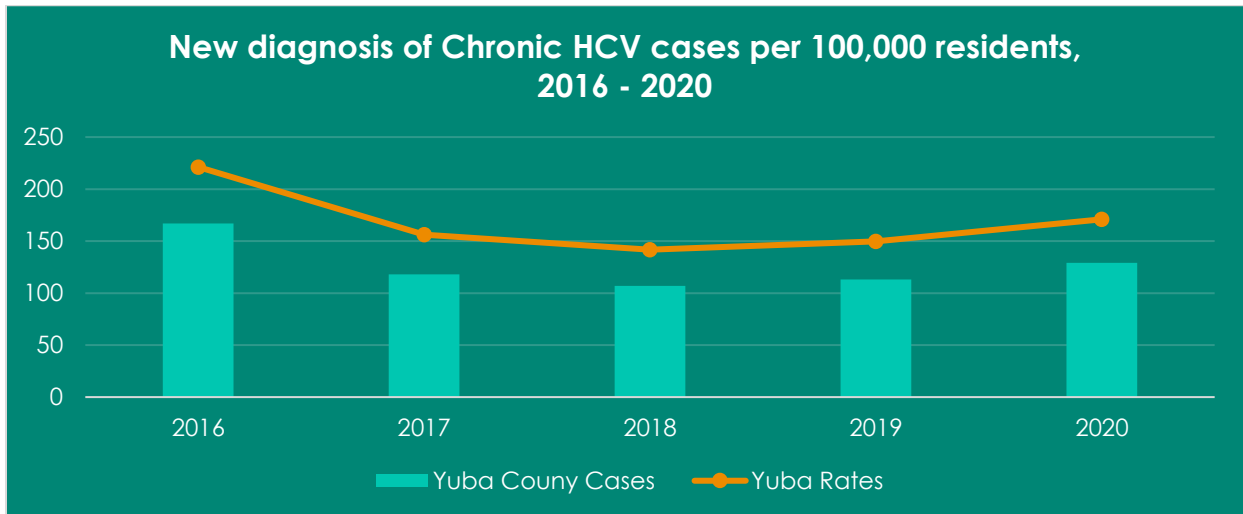


Figure 45. Source: Yuba County Health and Human Services, 2016 - 2020

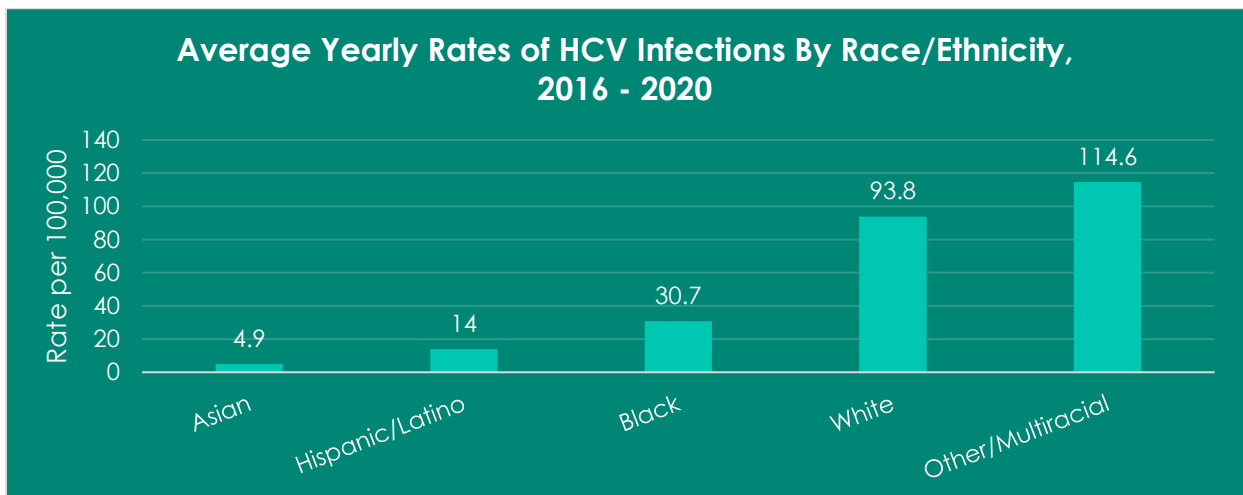


Figure 46. Source: Yuba County Health and Human Services, 2016 - 2020

Coronavirus Disease 2019

Coronavirus Disease 2019, or COVID-19, is an infectious disease caused by SARS-CoV-2 virus. The virus spreads mainly from person to person through respiratory droplets and small particles produced when an infected person coughs, sneezes, or talks. The virus spreads readily in crowded or poorly ventilated indoor settings. Most people infected with the virus will experience mild to moderate respiratory illness and recover without requiring special treatment. Adults 65 years and older and people of any age with underlying medical conditions are at higher risk for severe illness.²⁸ According to the CDC, COVID-19 was the third leading cause of death in U.S. in 2021.

By the end of 2021, Yuba County had more than 17,000 total confirmed cases of COVID-19. From 2020 to 2021, over 7,000 people were hospitalized due to the illness. COVID-19 remains a threat, but staying up to date with COVID-19 vaccinations will help you and your loved ones avoid severe illness. COVID-19 can be treated, but treatment must begin soon after symptoms develop. People at higher risk of severe illness should be tested if they suspect they might be infected and should seek treatment immediately if they test positive.

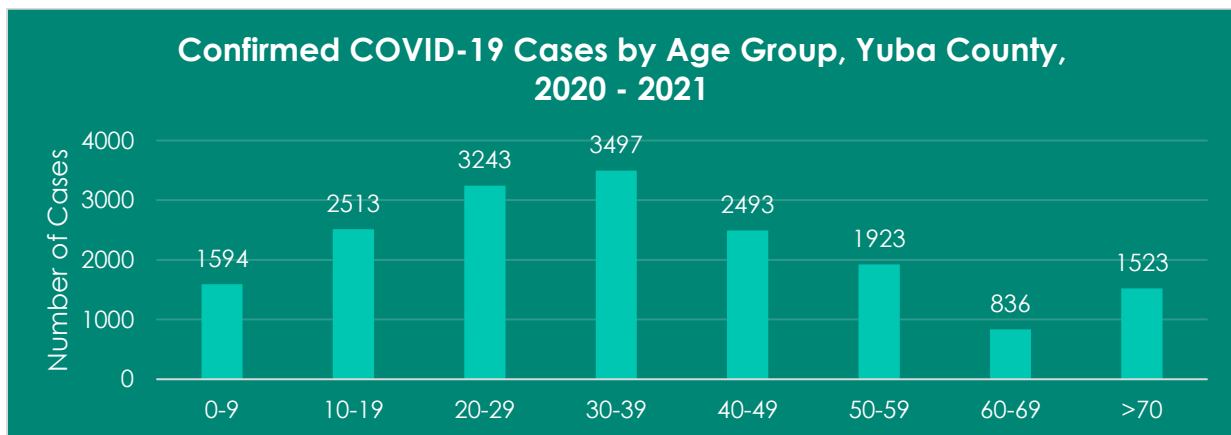


Figure 47. Source: Yuba County Health and Human Services, 2020 - 2021

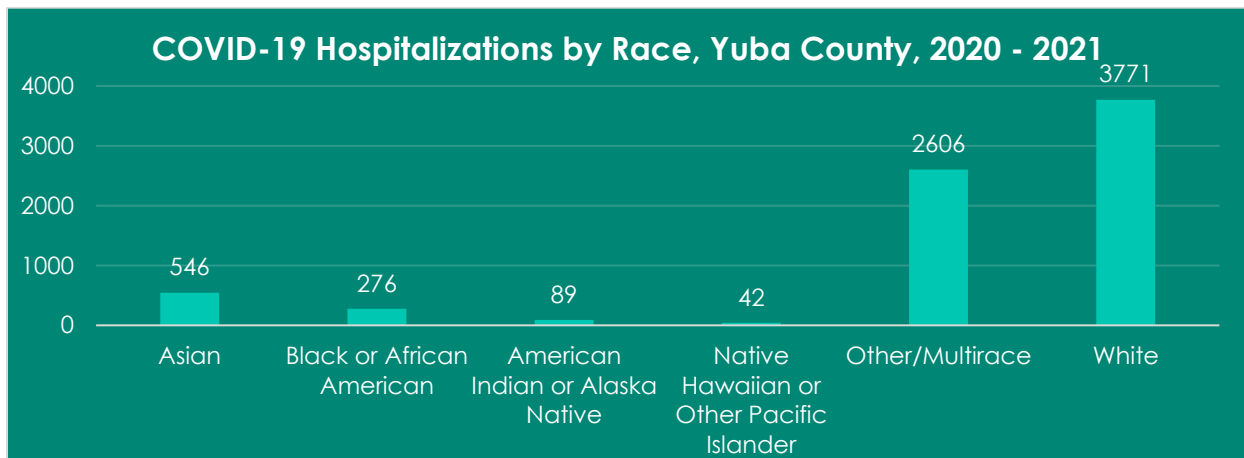


Figure 48. Source: Yuba County Health and Human Services, 2020 - 2022

Health Behaviors

Health behaviors are actions individuals take that affect their health. They include actions that improve health such as eating well and being physically active. They also account for actions that increase one's risk of disease, such as smoking and excessive drinking.³³

Overweight and Obesity

Overweight and obesity are major contributors to many preventable causes of death. Obesity is linked to increased risk of developing diabetes, cardiovascular disease, stroke, hypertension, cancer, and psychological problems. The prevalence of overweight and obese adults is a sign of the overall health and lifestyle choices of a community. Additionally, being overweight or obese has been associated with significant economic costs due to increased healthcare spending and lost wages.

Adult obesity is indicated in the adult population that reports a Body Mass Index (BMI) greater than or equal to 30 kg/m². BMI is a person's weight in kilograms divided by the square of height in meters. A high BMI can lead to health problems.

The California Health Interview Survey (CHIS), the nation's largest state health survey, asked participants their BMI levels. CHIS categorized BMI levels by the following:

- 0 - 18.49 (Underweight)
- 18.5 - 24.99 (Normal)
- 25.0 - 29.99 (Overweight)
- 30.0 or higher (Obese)

Adult BMI Levels of Yuba County, 2021				
	Underweight	Normal	Overweight	Obese
2011		34.7%	36%	28.7%
2013		29.3%	34%	31.9%
2015	2.3%*	22.8%	31.5%	43.3%
2017	1.8%*	33.8%	23.4%	41%
2019	1.4%*	29.7%	31%	37.9%
2021	1.7%*	24.7%	42.5%	31.1%

Table 22. Source: California Health Interview Survey, 2021

Since 2011, Yuba County has had a mix of increased and decreased BMI levels. Table 22 above reports a loss of 33.7% in Normal BMI levels since 2011, while Overweight and Obese levels saw an increase of 16.6% and 8% respectively. Relatively, Yuba County has a higher obesity rate compared to the state of California at 26% in 2021.

Physical Activity

People who are physically active generally live longer and have a lower risk for heart disease, stroke, type 2 diabetes, depression, some cancers, and obesity. Regular physical activity is associated with lower death rates for adults, even with moderate level effort. However, physical inactivity is not only associated with individual choices but also an

indicator of a community's conditions such as available recreational activities, healthy food access, and overall poverty.

In 2019, 25% of residents reported no physical activity during their free time. This nearly aligns with 76% of residents having access to exercise opportunities. This is defined by residing within a half a mile of a park, one mile of a rec facility in urban areas, or three miles of a rec facility in rural areas. Whereas, 22% of all Californians reporting no free time physical activity and 93% having access to exercise opportunities.

Smoking

The Centers for Disease Control and Prevention (CDC) states tobacco use brings premature death to almost half a million Americans each year, while the World Health Organization (WHO) states that about one-third of all tobacco users in this country will die prematurely due to the effects of its use.³⁴

In Yuba County, 11.8% of residents self-reported to be a current smoker in 2021 according to the California Health Interview Survey. This is similar to the national rate of 11.7% of adults aged 18 years and over. Though there has been an observation of decreasing number of smokers since 2011, it is not enough to meet the *Healthy People 2030* national health target of 6.1% proportion of adults who smoke.

Self-reported Current Smokers, Yuba County vs. California, 2011 - 2021		
	Yuba	California
2011	30.0%	14.3%
2013	17.2%	13.0%
2015	22.7%	13.0%
2017	22.5*	10.2%
2019	19.8%	6.8%
2021	11.8*	6.2%

Table 23. Source: California Health Interview Survey, 2011 - 2021

Most long-term smokers tend to start when they are teens or young adults leading to cumulative, irreversible harm. In recent years, children have been using e-cigarettes more frequently than cigarette smoking in the U.S. Yuba County is no different with 31% of 11th graders having used e-cigarettes at least once in their lifetimes, compared with 8% who had smoked cigarettes.

Yuba County Cigarette Use in Lifetime by Grade Level, 2017 – 2019						
Grade Level	0 Times	1 Time	2 Times	3 Times	4-6 Times	7 or More Times
Grade 7	98.1%	0.7%	0.2%	0.2%	0.2%	0.6%
Grade 9	91.8%	3.0%	1.4%	0.4%	0.4%	3.1%
Grade 11	92.3%	2.3%	0.8%	0.4%	0.9%	3.3%

Table 24. Source: California Healthy Kids Survey

California Cigarette Use in Lifetime by Grade Level, 2017 – 2019						
Grade Level	0 Times	1 Time	2 Times	3 Times	4-6 Times	7 or More Times
Grade 7	98.2%	0.9%	0.4%	0.2%	0.2%	0.3%
Grade 9	95.4%	1.9%	0.7%	0.5%	0.4%	1.0%
Grade 11	92.2%	2.7%	1.1%	0.8%	0.8%	2.4%

Table 25. Source: California Healthy Kids Survey

Yuba County E-Cigarette Use in Lifetime by Grade Level , 2017 – 2019						
Grade Level	0 Times	1 Time	2 Times	3 Times	4-6 Times	7 or More Times
Grade 7	88.9%	3.9%	1.4%	1.6%	0.9%	3.3%
Grade 9	68.9%	7.5%	4.8%	2.7%	2.1%	14.0%
Grade 11	68.6%	6.6%	3.9%	1.9%	3.9%	15.2%

Table 26. Source: California Healthy Kids Survey

California E-Cigarette Use in Lifetime by Grade Level, 2017 – 2019						
Grade Level	0 Times	1 Time	2 Times	3 Times	4-6 Times	7 or More Times
Grade 7	91.1%	3.7%	1.6%	0.8%	0.7%	2.1%
Grade 9	81.4%	5.5%	2.8%	2.0%	1.9%	6.3%
Grade 11	73.8%	6.3%	3.6%	2.2%	2.6%	11.5%

Table 27. Source: California Healthy Kids Survey

Alcohol Abuse

Excessive Drinking is one of the leading preventable causes of death in the United States, shortening the lives of those who die by an average of 26 years. This can include *Binge Drinking* or *Heaving Drinking*. Binge drinking is consuming 4 or more drinks on an occasion for a woman or 5 or more drink for a man. Meanwhile, heavy drinking is consuming 8 or more drinks per week for a woman or 15 or more for a man.³⁵

Binge drinking is the most common, costly, and deadly pattern in the US. It can lead to increased risk of health problems such as motor vehicle accidents, impaired cognitive functioning, poor academic performance, physical violence, and suicide attempt. In 2021, 18.5% of Yuba County residents self-reported engaging in binge drinking in the past 30 days; a small difference compared to the overall state of California at 18.1%.³⁶

Underage alcohol drinking is common in the United States and has had harmful outcomes. There is a relationship between underage drinking and drinking behaviors of family members, adults in the same house, and adults in the same community. The CDC claims a 5% increase in binge drinking among adults in a community is linked with a 12% increase in the chance of underage drinking.

Locally the California Healthy Kids Survey has reported from 2017 to 2019 that 12% Yuba County public-school students in the 11th grade consumed five or more drinks of alcohol within a couple of hours in the previous 30 days (binge drinking); comparatively only 8% of all Californian 11th graders. Those who were either American Indian or Alaska Native, Black or African American, or Hispanic reported the highest use of alcohol in the past month.

California Binge Drinking in Past Month by Grade Level, 2017 – 2019						
Grade Level	0 Times	1 Time	2 Times	3 Times	4-6 Times	7 or More Times
Grade 7	98.7%	0.7%	0.3%	0.2%	0.1%	0.0%
Grade 9	95.6%	1.7%	1.1%	0.9%	0.3%	0.3%
Grade 11	91.6%	2.9%	1.9%	2.2%	0.6%	0.7%

Table 28. Source: California Healthy Kids Survey, 2017 - 2019

Yuba County Binge Drinking in Past Month by Grade Level, 2017 – 2019						
Grade Level	0 Times	1 Time	2 Times	3 Times	4-6 Times	7 or More Times
Grade 7	97.6%	0.9%	0.5%	0.7%	0.2%	0.2%
Grade 9	88.9%	5.0%	2.5%	1.5%	0.5%	1.6%
Grade 11	87.6%	5.2%	3.6%	0.9%	0.9%	1.8%

Table 29. Source: California Healthy Kids Survey, 2017 - 2019

Alcohol/Drug Use in Past Month, by Race/Ethnicity, 2017 - 2019				
Race/Ethnicity	Yuba County		California	
	Some	None	Some	None
African American/Black	22.2%	77.8%	12.5%	87.5%
American Indian/Alaska Native	34.9%	65.1%	16.1%	83.9%
Asian	10.1%	89.9%	7.0%	93.0%
Hispanic/Latino	20.5%	79.5%	15.9%	84.1%
Native Hawaiian/Pacific Islander	6.8%	93.2%	15.5%	84.5%
White	16.0%	84.0%	16.7%	83.3%
Multiracial	18.1%	81.9%	16.2%	83.8%
Another Group	16.6%	83.4%	9.8%	90.2%

Table 30. Source: California Healthy Kids Survey, 2017 - 2019

Adverse Childhood Experiences (ACEs)

ACEs are potentially traumatic events that occur during childhood (0-17 years). This includes experiencing violence, abuse, neglect, witnessing violence in the home or community, having a family member attempt or die by suicide. This also includes the child's environment that can jeopardize their sense of safety such as growing up in a household with substance abuse problems, mental health issues, or household members being in jail or prison.³⁷

Those who report multiple ACEs are more likely to engage in risky health behaviors and have a higher chance of developing chronic illnesses than those who reported none. ACEs are also linked to at least 5 of the top 10 leading causes of death. Addressing ACEs can relieve toxic stress, improve overall health and life quality, and encourage the development and spreading methods for early intervention.

Number of Self-Reported Adverse Childhood Experiences, 2021		
	Yuba County	California
0 adverse childhood experiences	24.5%	32.7%
1 adverse childhood experience	18.4%	19.8%
2 adverse childhood experiences	12.8%	14.4%
3 adverse childhood experiences	13%	11.8%
4+ adverse childhood experiences	31.3%	21.2%

Table 31. Source: California Health Interview Survey

In Yuba County, the percentage of adults over the age of 18 who report having experienced 3 or more ACEs during their childhood is higher than that of California; additionally, those who report none or 1 to 2 ACEs is considerably lower than that of California (Table 32).

Mental Health

Mental Health includes emotional, psychological, and social well-being. It affects how one thinks, feels, and acts in daily life. It can also determine how one handles stress, relates to others, and makes healthy choices.³⁹

Bullying and Harassment

National estimates from the CDC indicate that between 20 and 30 percent of children and youth are bullied at school each year, with certain vulnerable groups at even higher risk, including students with disabilities and LGBTQ+ youth. This includes any unwanted aggressive behavior by another youth or group of youths, who are not siblings or current dating partners, that involves an observed or perceived power imbalance, and is repeated multiple times or is highly likely to be repeated. This behavior, which may be physical, verbal, or social—and may occur in person or online—can have long-term harmful effects. In addition to the risk of physical injury, victims of bullying are at risk for depression, anxiety, suicidal behavior, physical health problems, substance abuse into adulthood, low academic achievement, and poor social and school adjustment.

Youth who bully others are more likely to experience depression and engage in delinquent and suicidal behavior than non-bullies, and those who report being both a bully and a victim are at even higher risk for suicidal behavior. From 2017 – 2019, 7th graders in Yuba County experienced the most bullying and harassment compared to other grade levels. Overall, all of Yuba County grade levels reported higher bullying and harassment compared to the state of California.

Bullying and Harassment, 2017 - 2019				
Grade Level	Yuba County		California	
	Some	None	Some	None
Grade 7	39.9%	60.1%	36.0%	64.0%
Grade 9	34.9%	65.1%	29.9%	70.1%
Grade 11	32.0%	68.0%	26.6%	73.4%

Table 32. Source: California Health Interview Survey, 2017 - 2019

Drug Related Deaths

Drug overdose deaths are reported as those caused by acute poisonings and include reporting through death certificates as accidental poisonings, intentional self-poisoning, assault by drug poisoning, or drug poisoning of undetermined intent.

Yuba County Overdose Deaths (All Drugs), 2015 - 2021	
2015	12
2016	16
2017	14
2018	14
2019	*
2020	18
2021	17

*Data suppressed due to low census numbers

Table 33. Source: Yuba County Master Death Record File

There were 47,872 prescriptions for opioids in Yuba County in 2021. The annual opioid prescribing rate for 2021 was 586.45 per 1,000 residents. This represents a 24% decrease in prescribing from 2019.⁴⁰

Another tool to monitor the presence of drugs in a community is the number of emergency department (ED) visits related to drug use (Figure 49). All drug overdose ED visits caused by non-fatal acute poisoning due to the effects of drugs are counted, regardless of intent (i.e., suicide, intentional, unintentional). Emergency department visits related to late effects, adverse effects, and chronic poisonings due to the effects of drugs (e.g., damage to organs from long-term drug use) are excluded from this indicator.⁴⁰

Overall, Yuba County has seen a decrease of 19% of drug-related ED visitations, whereas California observed an increase of 22% from 2007 to 2021 (Figure 49). However, there has been a 31% increase in ED visits at Yuba County from 2017 to 2021 indicating that there has been a recent spike in substance abuse.

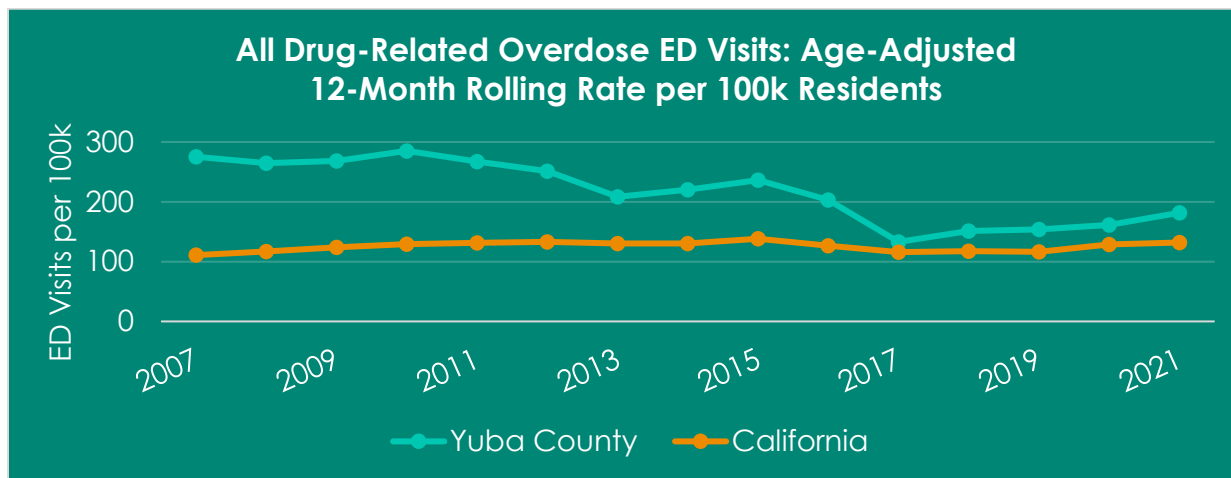


Figure 49. Source: California Overdose Surveillance Dashboard

Suicide

Suicide is a serious public health problem that can have lasting harmful effects on individuals, families, and communities. The goal of suicide prevention is to reduce factors that increase risk and increase factors that promote resilience.

Suicide is a leading cause of death in the United States with 45,979 deaths in 2020. People of any age, race, ethnicity, or sex can experience suicide risk, but certain groups have substantially higher rates of suicide than the general U.S. population. By race/ethnicity, the groups with highest rates in the U.S. are American Indian/Alaska Native and non-Hispanic White populations.⁴¹

The number of people who think about or attempt suicide is even higher with an estimated 12.2 million American adults having serious thoughts about suicide. In Yuba County, the percent of people who self-reported to having had serious thoughts about committing suicide was 20.9% in 2020; whereas the state of California reported 19.1% of people overall. The general suicide rate has exceeded that of the state of California for the past 20 years (Figure 50).

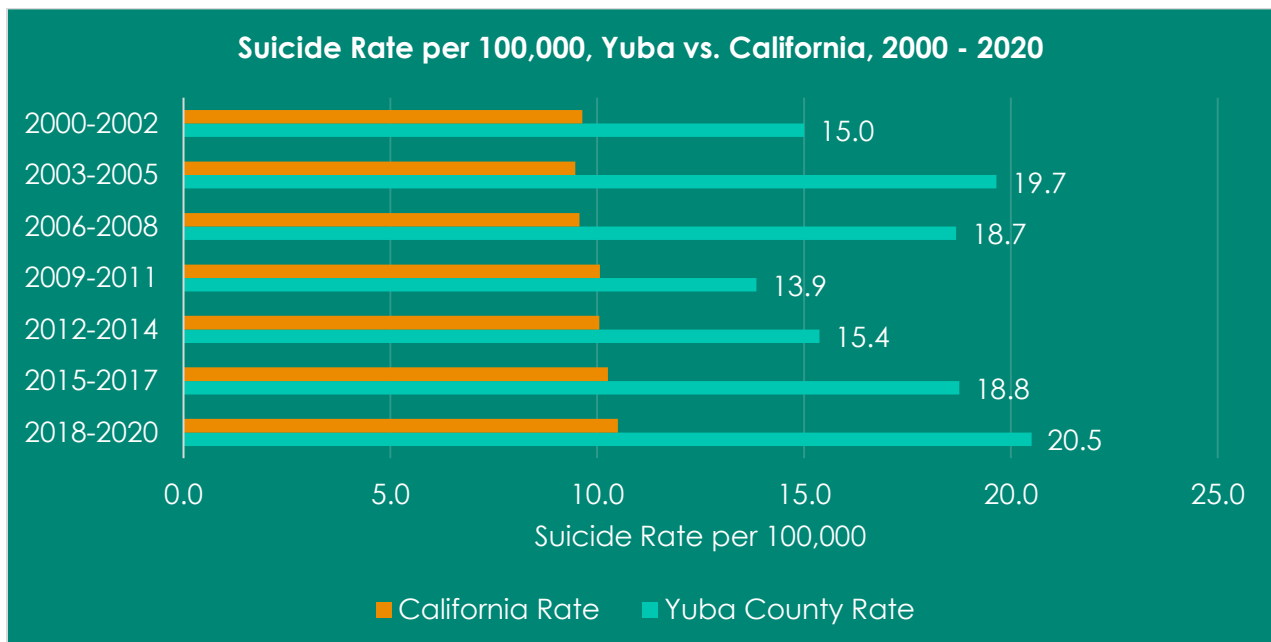


Figure 50. Source: California Dept. of Public Health, Suicide Rate 2000 – 2020

Environmental Health

Environmental health focuses on the relationships between people and their environment. This field works to advance policies and programs to reduce chemical and other environmental exposures in the air, water, soil, and food to protect the community it serves.

Air Quality

Short- and long-term exposure to air pollution has been associated with a wide range of human health effects including respiratory symptoms, hospitalization for heart or lung disease, and even premature death.⁴²

Particle pollution or particulate matter (PM) is made up of particles of solids or liquids that are in the air. These may include dust, dirt, soot, smoke, or drops of liquid. Breathing in particle pollution can be harmful to your health. Coarse particles, called PM₁₀ (inhalable particles that are 10 micrometers and smaller), can irritate your eyes, nose, and throat. This includes dust from roads, farms, dry riverbeds, construction sites, and mines. Fine particles, called PM_{2.5} (inhalable particles that are 2.5 micrometers and smaller), are more dangerous because they can get into the deep parts of your lungs or even into your blood. Inhaling these particles have been linked to trouble breathing, lung cancer, and problems with babies at birth (e.g. low birth weight).

Outdoor air quality is monitored by measuring the PM₁₀ and PM_{2.5} in the air. The results are published via the *Air Quality Index Reports (AQI)*, developed by the U.S. Environmental Protection Agency (EPA), is an indicator of overall air quality because it considers all of the criteria air pollutants measured within a geographic area. The AQI reports a score of 0 to 500, the higher the value, the greater the level of air pollution and the greater the health concern. The AQI is divided into six categories with each one corresponding to a different level of health concern.

1. Good Days: AQI of 0-50
2. Moderate Days: AQI of 51 - 100
3. Unhealthy for sensitive groups Days: AQI of 101-150
4. Days Unhealthy: AQI of 151-200
5. Days Very Unhealthy: AQI 201-300
6. Days Hazardous: AQI 301 or higher

Not all counties have monitors as states choose locations with higher populated areas since the minimum monitoring requirements are passed on this metric. Due to this reasoning, the air quality district (Feather River) reports on the quality of the air for both Yuba and Sutter Counties.

Air Quality Index Report, Sutter/Yuba County 2015 - 2021								
Year	#Days with AQI	#Days Good	#Days Moderate	#Days Unhealthy for Sensitive Groups	#Days Unhealthy	#Days Very Unhealthy	#Days Hazardous	AQI Median
2021	364	165	177	17	5	.	.	54
2020	366	208	127	15	14	1	1	48
2019	365	239	124	2	.	.	.	44
2018	365	153	177	22	7	5	1	54
2017	365	181	175	9	.	.	.	51
2016	366	166	168	32	.	.	.	53
2015	365	194	163	8	.	.	.	49

Table 34. Source: Environmental Protection Agency, Air Quality Index Report 2015 - 2021

Extreme Heat

Extreme summer heat is increasing in the United States, and climate projections indicate that extreme heat events will be more frequent and intense in coming decades. Extremely hot weather can cause illness or even death. Knowing how hot it gets can help prepare for extremely hot temperatures and prevent heat related illness.

Yuba County had 119 Days with maximum temperatures above 90°F during May-September 2021 or a 31% increase from 2010 which had a reported 87 days.

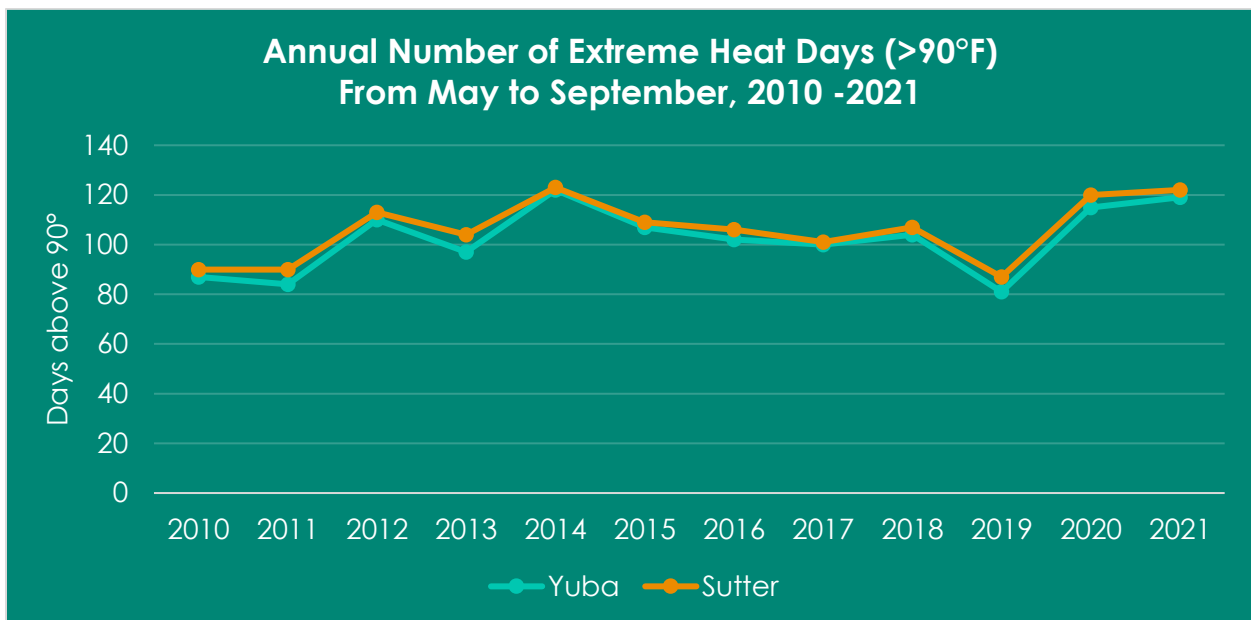


Figure 51. Source: National Environmental Public Health Tracking Network; Extreme Heat Days 2010 - 2021

Environmental Justice Index (EJI)

The EJI is a tool that measures cumulative impact and environmental burden. Cumulative impact is total harm to human health that occurs from the combination of environmental burden such as pollution and poor environmental conditions, pre-existing health conditions, and social factors such as access to quality healthcare. The EJI delivers a single score (percentile ranking) for each community it tracks to help identify and map areas most at risk for the health impacts of environmental burden.

The EJI percentile ranking represents the proportion of tracts that are equal to or lower than a tract of interest in environmental burden. For example, an EJI ranking of 0.85 can be understood as 85% of tracts in the nation likely experience less severe cumulative impacts from environmental burden than the tract of interest, and that 15% of tracts in the nation likely experience more severe cumulative impacts from environmental burden.

The EJI tool breaks Yuba County into 14 Census tracts where 6 are categorized as 'high' ranking or 75% of tracts in the nation likely experience less severe impacts from environmental burden.

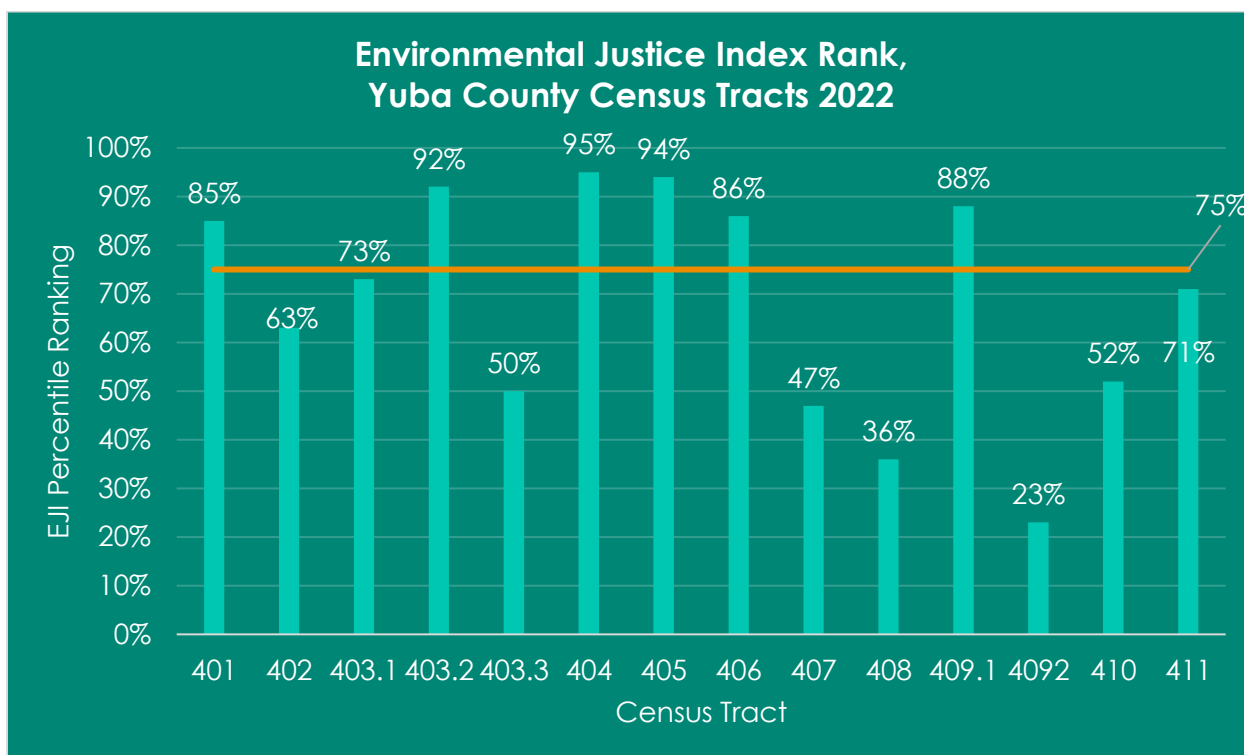


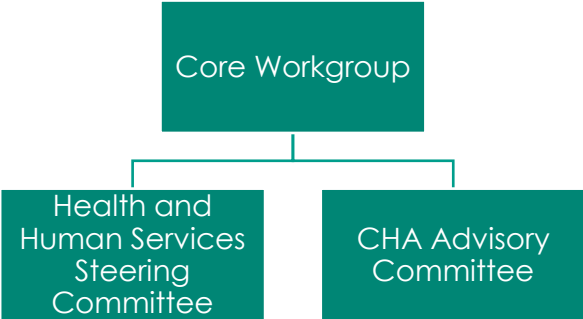
Figure 52. Source: Agency for Toxic Substances and Disease Registry, Environmental Justice Index 2022

Qualitative Data

Qualitative data is information in non-numeric form or descriptive text. It is typically information collected in text or paragraph form. This includes administering questionnaires, interviews, observations, or focus groups in order to collect data that is rich in detail and context. Qualitative data analysis relies heavily on understanding the information that was collected to gain insight in people's experiences and perspectives on a particular topic.

Process

The Core Workgroup convened a Community Health Improvement Process Kick-off Meeting on June 8, 2022, with an invitation to a cross-section of community stakeholders from a variety of sectors that are involved in various ways in the health and quality of life within Yuba County. At this Kick-off Meeting, the Yuba County Core Workgroup described the Community Health Improvement Process and solicited volunteers to take part in the Advisory Committee that would have direct feedback and input in the development of the Community Health Assessment implementation.



Community Health Survey

The purpose of the Community Health Survey was to receive community input from individuals who live and/or work in Yuba County with a focus on what they identify are the top health issues.

Methodology

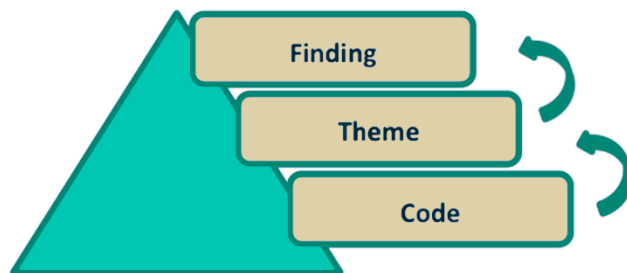
To better inform the Community Health Assessment, the survey was distributed county-wide either online (via Survey Monkey), in-person with paper, or in-person using tablets at locations throughout the county. The survey was translated in Hmong and in Spanish and was open to the public from August 9, 2022 to September 30, 2022.

A series of questions were designed to collect data regarding community wellness, health concerns, and demographic information on respondents. In total, 998 surveys were collected and analyzed using MaxQDA – a qualitative data analysis tool to quantify free

text responses and other survey information. Of the grand total, approximately 590 respondents completed the survey in its entirety (59%).

A *Thematic Analysis* (TA) methodology was utilized to distill survey data – a process of assigning codes, or chunks of data, which identify a general topic from responses. These codes will label basic single ideas and identify what is of interest. The TA creates low-level descriptive codes to understand the large amount of data, and also starts the conversation about complex or higher-order ideas.

Once this is done, the next analytical step is to create *themes* - ideas or concepts that capture and summarize the core point of a clear and meaningful pattern in the data. The themes are presented as research findings for the Community Health Assessment.



Featured below is a summarized collection of responses received across all formats. Responses are oriented toward themes developed from word frequencies and topics such as Healthcare Access, Homeless Community, Mental Health, Built Neighborhoods, Healthy Food Options, and Public Safety.

Results and Findings

Before reporting the themes, it is important to understand who participated in our survey. Demographic data is comprised of socioeconomic information including gender, age, ethnicity, language spoken, employment status, and more. It offers a generalization of Yuba County that can bring insights about our community's infrastructure. Additionally, it can assist in determining who receives aid, where assistance programs are targeted, and what businesses and services may be needed.

For all 998 surveys, 80% of respondents were women, 18% men, and 2% preferred not to be identified. Additionally, 95% of responses were completed in English followed by 4% in Spanish and the remaining 1% in Hmong. A majority of respondents (36%) were between 35-49 years of age, followed by nearly identical number of respondents between 50-59 years of age (22%) and between 25-34 years of age (21%). Furthermore, 61% of respondents identified as Non-Hispanic

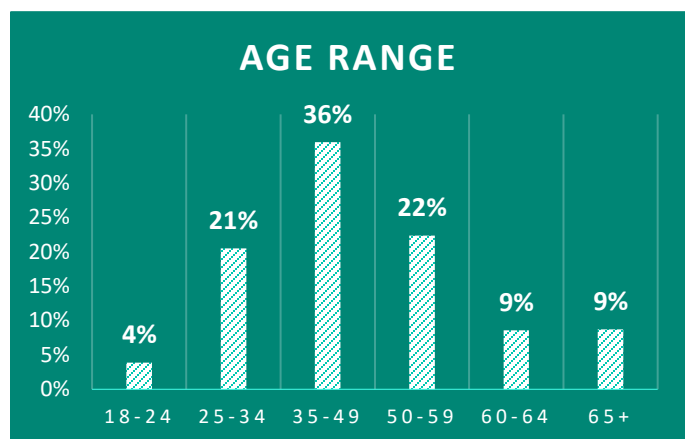


Figure 51. Source: Yuba County Community Assessment Survey

White or Caucasian, 20% Hispanic or Latino, 6% Asian, 6% Multi-Race, 3% Black or African American, and other races, American Indian or Alaska Native, and Native Hawaiian or Pacific Islander, were below 2% for each of their respective categories. Lastly, 83% of respondents resided in Yuba County, while 17% lived outside but worked in the county of Yuba.

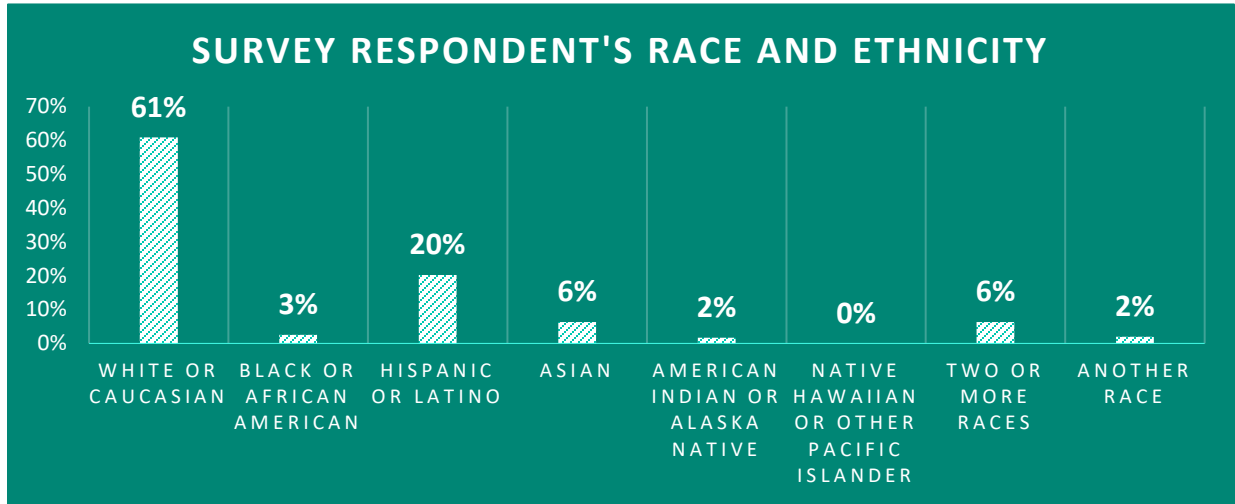


Figure 52. Source: Yuba County Community Assessment Survey

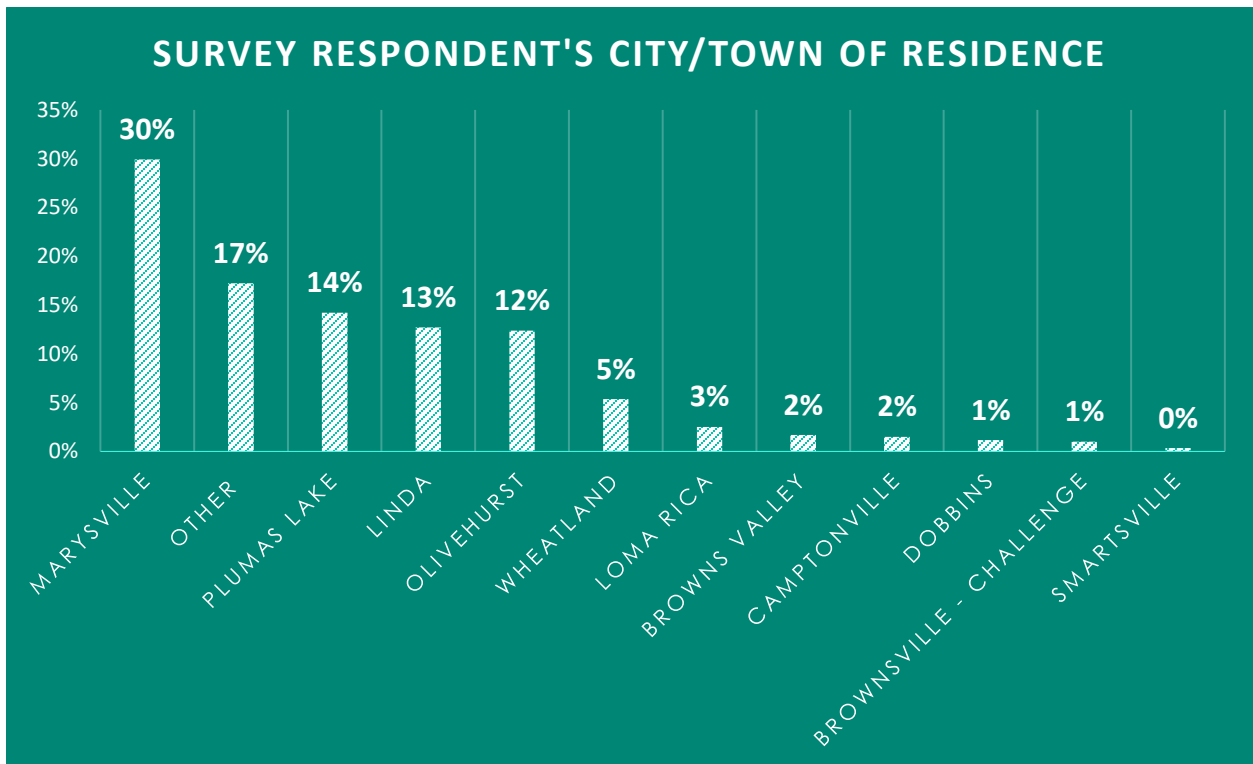


Figure 53. Source: Yuba County Community Assessment Survey

Social Determinants of Health (SDOH)

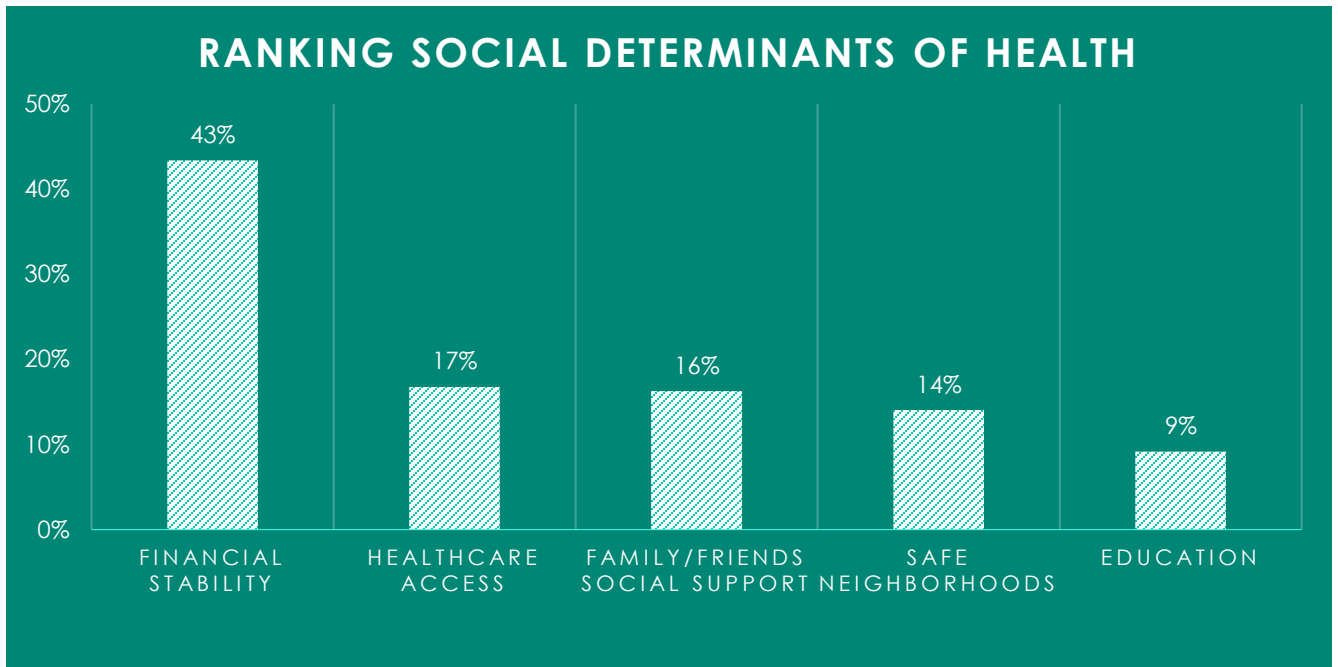


Figure 54. Source: Yuba County Community Assessment Survey

One item asked respondents to rank the Social Determinants of Health (SDOH) that most affect their lives, with one (1) being the highest ranked item and five (5) being the lowest. The highest ranked item was Financial Stability at 43%, followed by Healthcare Access (17%), Family and Friends Social Support (16%), Safe Neighborhoods (14%) and Education (9%).

Financial Stability

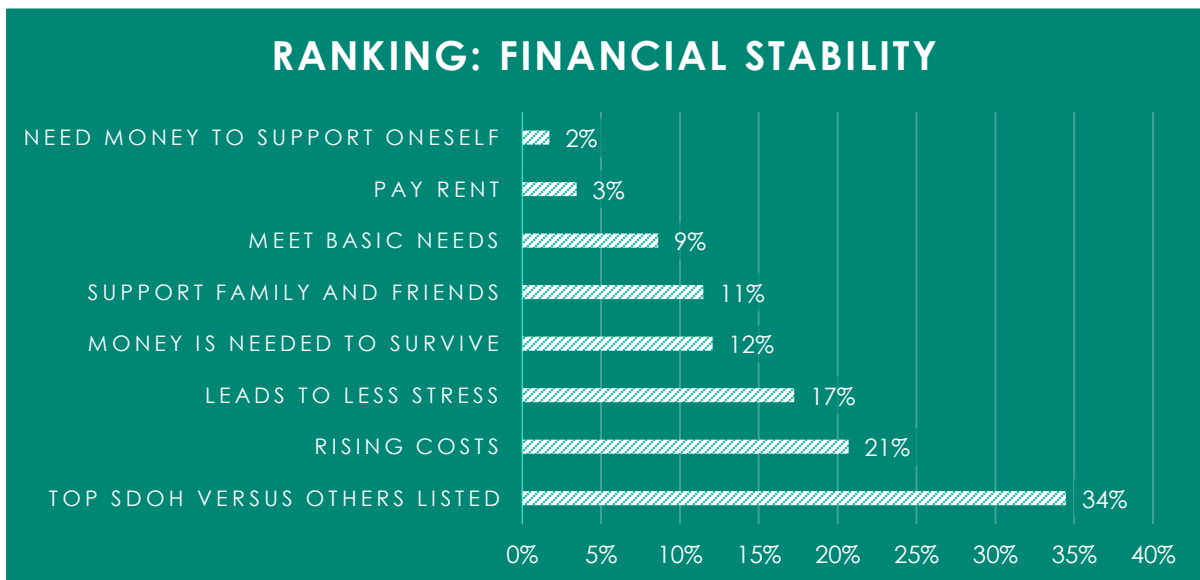


Figure 55. Source: Yuba County Community Assessment Survey

Reasons

The survey continued by asking participants to explain their reasoning for their choices. The top reason (34%) was that respondents indicated that other SDOHs are not as important as Financial Stability. This may be associated with Yuba County's higher level of poverty and unemployment rate compared with the state of California. Other responders stated that having a higher income would lead to less stress in their lives due to recent increases in costs of living. Other identified themes included money being necessary to survive, income to support their family and friends, meeting basic needs, paying rent, and needing money to support their livelihood.

"FINANCIAL STABILITY OF THE COMMUNITY WILL IMPROVE THE COMMUNITY AND LEAD TO STABILITY IN OTHER AREAS (SOCIAL DETERMINANTS OF HEALTH)."

-ANONYMOUS

Education

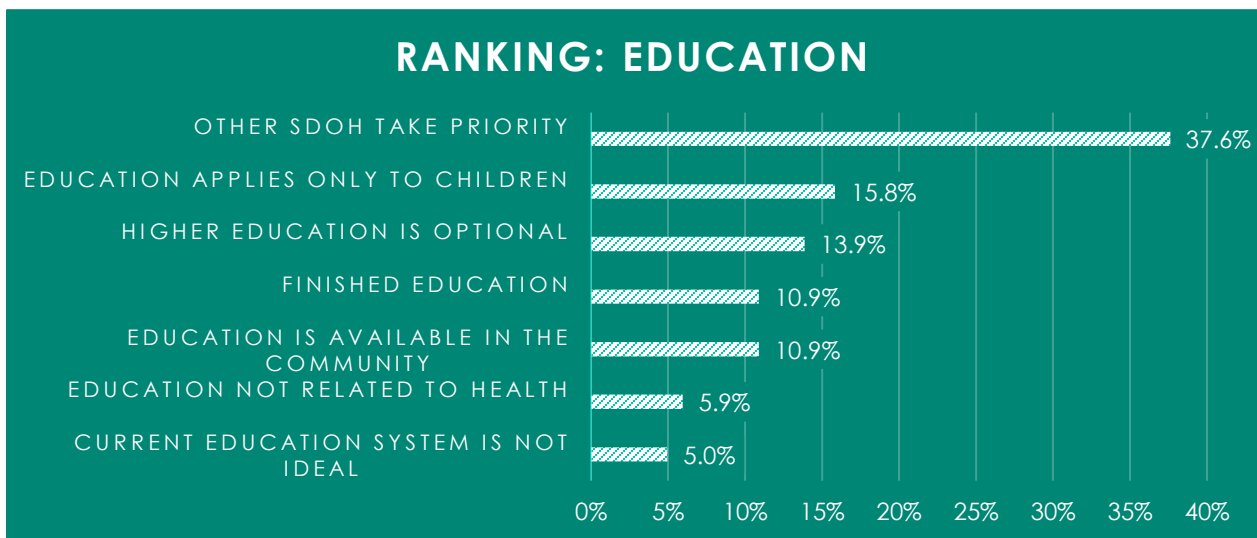


Figure 56. Source: Yuba County Community Assessment Survey

Reasons

The lowest ranked SDOH was Education as a majority of respondents reported that other SDOH categories had a larger impact on their health. Other reasons include "Education only relates to children" where respondents either claim to be finished with school, they do not have children, or their children have graduated school and therefore this SDOH does not personally affect them. Additionally, others claimed that higher education (i.e.,

"EDUCATION IS ESSENTIAL BUT OUT OF THE 5 CHOICES IT IS THE LEAST NEEDED BY MYSELF AND SPOUSE AS WE ARE BOTH EDUCATED INDIVIDUALS."

- ANONYMOUS

college, graduate school, certifications) is optional or pursuing additional education will not help their current situation.

Top Physical Health Concerns

Yuba County has some of the highest morbidity and mortality rates compared to other counties in California. The survey asked respondents to rank the top physical health concerns that affected Yuba County, which included influenza, COVID-19, diabetes, Alzheimer's/Dementia, Lung Diseases, Stroke, Accidents, Cancer, and Heart Disease.

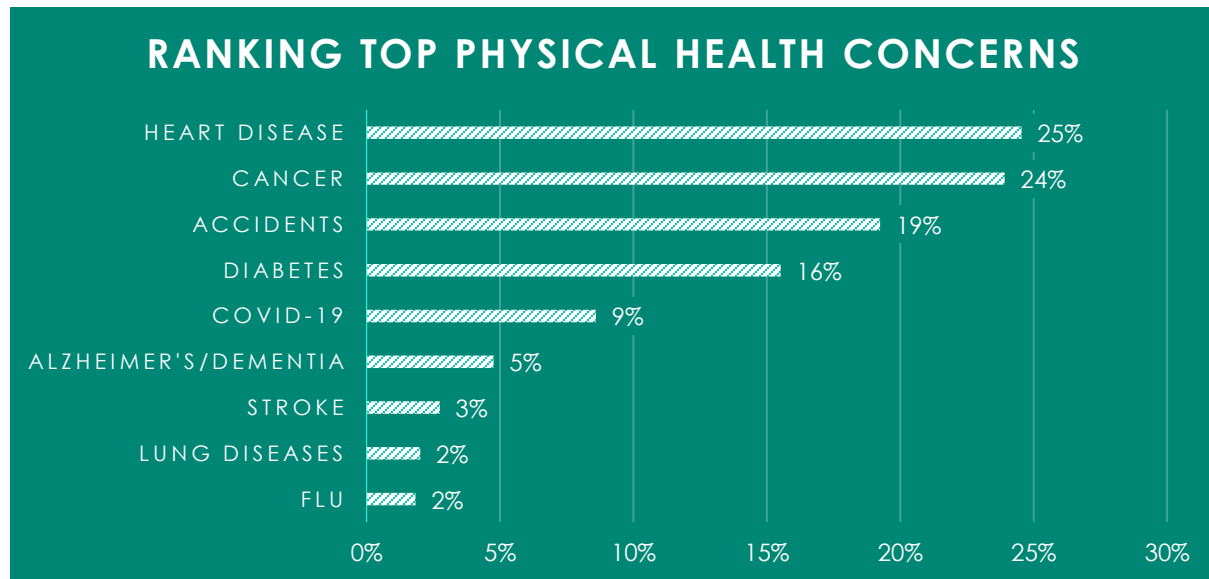


Figure 57. Source: Yuba County Community Assessment Survey

Top Health Concerns

The survey continued by asking respondents what they felt are their top three health concerns for themselves and their family. Each response was limited to 120 characters to easily identify themes utilizing word frequencies and auto-coding common words to identify commonalities in each response. The top three identified themes includes "Access to Healthcare", "Obesity and Weight Issues", and "Affording Healthcare".

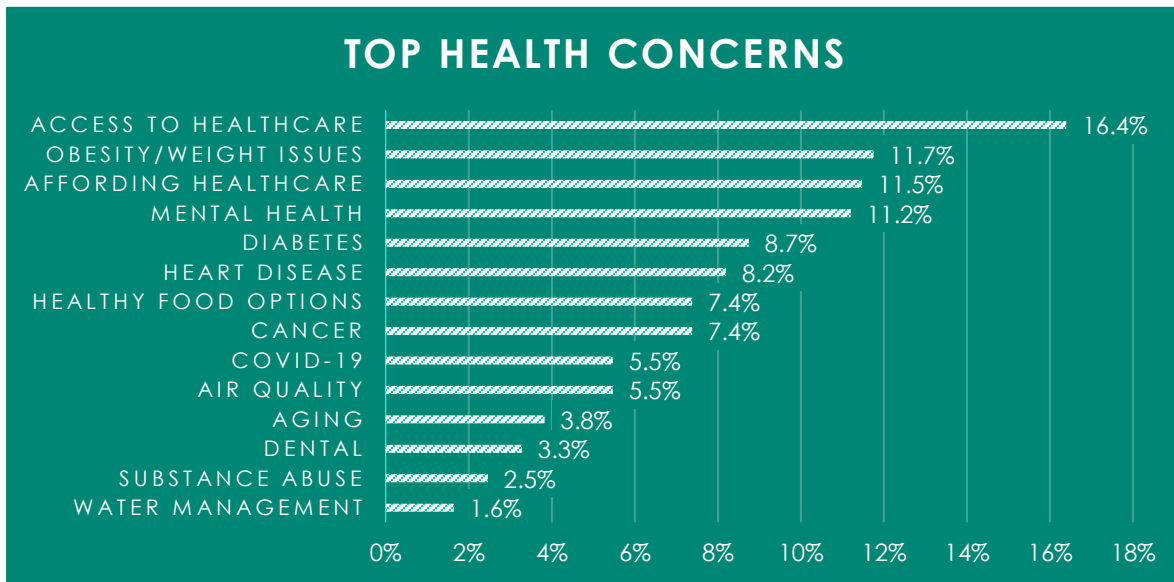


Figure 588. Source: Yuba County Community Assessment Survey

Topics to Address for a Healthier Place

The last free response question in the community survey asked participants what they would like to see happen to make Yuba County a healthier place to live. The top identified theme was to focus on Neighborhood and Built Environment (NBE) with 19% of all responses. The largest subtopics for NBE included comments regarding building more parks or outdoor areas (43%), cleaning up the community (35%), and building more sidewalks and trails (29%). Other topics to address included Health (or healthcare access/quality) and addressing the homeless population both with 16% of all responses.

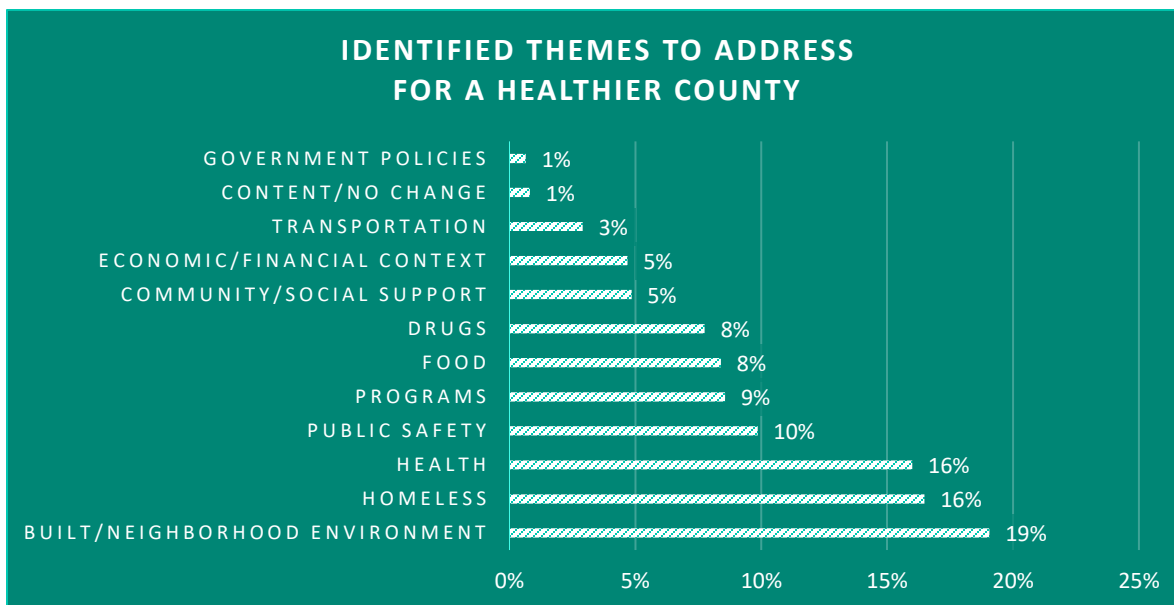


Figure 59. Source: Yuba County Community Assessment Survey

Key Informant Interviews

Ten Key Informant Interviews were held between September and October 2022. The purpose of Key Informant Interviews is to gather qualitative data from key members of the community. Participants were selected from a cross section of sectors that have a significant role in the health and quality of life in the community. These individuals provide contextual insights that quantitative data alone cannot tell. Their opinions and perspective provided important information for this Community Health Assessment.

From these interviews, the following major themes were identified:

Cost of Living

Multiple key informants identified cost of living leading to residents not being able to afford food or dealing with housing insecurity.

Lack of Access to Medical Care

Key informants noted a lack of available medical providers for both physical chronic medical conditions, especially the lack of specialists.

Mental Health and Substance Use

In addition, key informants raised concerns of mental health and substance use disorders' treatment access.

Focus Groups

Over a period of two weeks, a series of 10 focus groups were held at various locations throughout Yuba County. These focus groups were facilitated by an independent contractor, Gary Bess Associates, in an effort to uniformly gather un-biased input from residents. During these focus groups, residents of Yuba County were asked to share their thoughts and opinions on the health and quality of life in the community. The topics discussed included an overall opinion on the status of health in Yuba County, current resources and assets available, opinions on areas that need to be improved, and what residents feel are strengths as it relates to the health and quality of life in Yuba County. These focus groups provided valuable insight as to what residents experience as major health issues in the community.

In an effort to hear and gather input from the diverse demographics that make up Yuba County, a focus group was held in each of the five County Supervisor Districts.

Date	Supervisor District	Location
11/4/2022	District 1	Health and Human Services Department 5730 Packard Avenue, Suite 100 Marysville, CA
11/2/2022	District 2	Yuba County Library 303 Second Street Marysville, CA

11/15/2022	District 3	American Legion Hall 5477 Feather River Boulevard Olivehurst, CA
11/10/2022	District 4	Wheatland Community Center 101 C Street Wheatland, CA
11/14/2022	District 5	Brownsville Community Center 17103 Ponderosa Way Brownsville, CA

In addition to the focus groups above, targeted focus groups were held at the following locations to seek input from specific groups with knowledge about health and quality of life in Yuba County.

Date	Targeted Group	Location
11/1/2022	Youth Vulnerable Population	TCCC 1830 B Street Marysville, CA
11/4/2022	First Responders	Yuba County Board Chambers 915 8 th Street Marysville, CA
11/7/2022	Adult Vulnerable Population	Yuba County Board Chambers 915 8 th Street Marysville, CA
11/7/2022	Hispanic Population	Olivehurst E-Center 1766 8 th Avenue Olivehurst, CA
11/10/2022	Hmong Population	Hmong Community Center 4853 Olivehurst Avenue Olivehurst, CA

From these focus groups, the following major themes were identified:

Cost of Living

Several groups brought up the challenge of finding affordable housing, or having an issue with the rising cost of living. Issues included residents having less buying power, retirees finding housing challenging with fixed incomes, and affordable housing not available when needed.

Mental Health and Substance Use

There was a recurrent theme among groups that seeking mental health is challenging due the lack of providers. Others brought up the prevalence of drugs and substance use in the community as its own separate mental health issue.

Homelessness

Nearly all groups would like to see services for the homeless population increased, which includes counseling, housing, and substance use treatment. The homeless population is now "in-sight" and unavoidable for some.

Transportation

Groups noted that public transportation is not readily accessible in certain parts of the community.

Conclusion

While this is not Yuba County's first Community Health Assessment, the significant impact of recent events including the COVID-19 pandemic have changed the health needs for Yuba County residents and impacted the community's overall quality of life. While the impacts of these events are still ongoing and may not be fully known at this time, it is the intent of the Community Health Improvement Process to address the health priorities of Yuba County. Through community collaboration and engagement that is driven by data with the goal of health equity, the Core Workgroup is confident that significant strides towards a healthier Yuba County is achievable.

Moving Forward: Community Health Improvement Plan

In early 2023, the Core Workgroup will reconvene community partners who represent a cross-section of community stakeholders from a variety of sectors within Yuba County. These partners will confer and decide the top health issues to address over a three-to-five-year process. These top health issues and the strategies, goals, and tactics to be used to address them will be documented in the Community Health Improvement Plan.

It is anticipated that the Community Health Improvement Plan will be completed and made publicly available in 2023.

APPENDIX A - Resources

Resources

1. Bureau UC. Gazetteer Files. The United States Census Bureau. Accessed June 2022. <https://www.census.gov/geographies/reference-files/time-series/geo/gazetteer-files.html>.
2. Yuba Water Agency Hydropower | Yuba Water Agency, CA. Accessed June 2022. <https://www.yubawater.org/151/About-Yuba-Water-Hydropower>
3. E-2 California County Population Estimates and Components of Change by Year | Department of Finance. Ca.gov. Published 2021. <https://dof.ca.gov/forecasting/demographics/e-2-california-county-population-estimates-and-components-of-change-by-year/>
4. United States Census Bureau. SELECTED CHARACTERISTICS OF THE NATIVE AND FOREIGN-BORN POPULATIONS. Published 2020. https://data.census.gov/table?q=S0501:+SELECTED+CHARACTERISTICS+OF+THE+NATIVE+AND+FOREIGN-BORN+POPULATIONS&q=0400000US06_0500000US06115&tid=ACSS5Y2020.S0501
5. Institute of Medicine (US) Committee on the Future Health Care Workforce for Older Americans. Health Status and Health Care Service Utilization. Nih.gov. Published 2013. <https://www.ncbi.nlm.nih.gov/books/NBK215400>
6. Centers for Disease Control and Prevention. Disability and Health Overview. CDC. Published September 16, 2020. <https://www.cdc.gov/ncbddd/disabilityandhealth/disability.html>
7. Centers for Disease Control and Prevention. Social Determinants of Health. CDC. Published 2019. <https://www.cdc.gov/nchhstp/socialdeterminants/index.html>
8. Objectives and Data - Healthy People 2030. Accessed November 2022. <https://health.gov/healthypeople/priority-areas/social-determinants-health/literature-summaries/poverty>
9. CAASPP Test Results - CAASPP Reporting (CA Dept. of Education). <https://caaspp-elpac.ets.org/caaspp/>
10. American Community Survey and Puerto Rico Community Survey 2020 Subject Definitions. https://www2.census.gov/programs-surveys/acs/tech_docs/subject_definitions/2020_ACSSubjectDefinitions.pdf

11. Databases, Tables & Calculators by Subject. www.bls.gov.
<https://www.bls.gov/data/#unemployment>. Accessed June 2022.
12. Employment - Healthy People 2023. health.gov.
<https://health.gov/healthypeople/priority-areas/social-determinants-health/literature-summaries/employment>
13. Zeise L, Blumenfeld J. Housing-Burdened Low-Income Households. Published October 2021.
<https://oehha.ca.gov/media/downloads/calenviroscreen/report/calenviroscreen40reportf2021.pdf#page=174>
14. PLACES: Local Data for Better Health: Compare Counties | PLACES. Accessed July 2022.
https://nccd.cdc.gov/PLACES/rdPage.aspx?rdReport=DPH_500_Cities.comparisonReport&Locations=06115&rdRequestForwarding=Form Accessed July 2022.
15. Crime and Violence - Healthy People 2030 | health.gov.
<https://health.gov/healthypeople/priority-areas/social-determinants-health/literature-summaries/crime-and-violence>
16. Transportation and Health. www.apha.org. <https://www.apha.org/topics-and-issues/transportation>
17. Statewide Election Results: California Secretary of State. www.sos.ca.gov.
<https://www.sos.ca.gov/elections/prior-elections/statewide-election-results>
18. Transportation and Health. www.apha.org. <https://www.apha.org/topics-and-issues/transportation>
19. Camptonville Community Partnership. Yuba Foothills Mobility Strategies. (LSC Transportation Consultants, ed.); 2021.
20. Child Care/ Preschool Reporting Data. www.cdph.ca.gov. Accessed July 2022.
<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Immunization/School/childcare-reports.aspx>
21. Transitional Kindergarten & 7th Grade-Reports. www.cdph.ca.gov. Accessed July 2022.
<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/Immunization/School/tk-12-reports.aspx>
22. NATIONAL HEALTH SERVICE CORPS Health Professional Shortage Areas (HPSAs) and Your Site Types of NHSC-Approved Sites.

<https://bhw.hrsa.gov/sites/default/files/bureau-health-workforce/workforce-shortage-areas/nhsc-hpsas-practice-sites.pdf>

23. UCLA Center for Health Policy Research, Los Angeles, CA. AskCHIS 2018-2020. Reported General Health Status (Yuba County). Exported on June 2022. <http://ask.chis.ucla.edu>.
24. NVSS - National Vital Statistics System Homepage. Published 2019. <https://www.cdc.gov/nchs/nvss/index.htm>
25. Life Expectancy in the U.S. Dropped for the Second Year in a Row in 2021. www.cdc.gov. Published August 31, 2022. https://www.cdc.gov/nchs/pressroom/nchs_press_releases/2022/20220831.htm#:~:text=Other%20findings%20documented%20in%20the,2020%20to%2073.2%20in%202021.
26. Death Profiles by Leading Causes of Death - California Health and Human Services Open Data Portal. data.chhs.ca.gov. Accessed June 2022. <https://data.chhs.ca.gov/dataset/death-profiles-by-leading-causes-of-death>
27. Centers for Disease Control and Prevention. Health and Economic Costs of Chronic Disease. cdc.gov. Published 2019. <https://www.cdc.gov/chronicdisease/about/costs/index.htm>
28. Centers for Disease Control and Prevention. Recommendations and Benefits. Centers for Disease Control and Prevention. Published November 4, 2019. <https://www.cdc.gov/nutrition/infantandtoddlernutrition/breastfeeding/recommendations-benefits.html>
29. World Health Organization. Breastfeeding. World Health Organization. Published 2019. https://www.who.int/health-topics/breastfeeding#tab=tab_1
30. Prenatal care. womenshealth.gov. Published February 22, 2021. <https://www.womenshealth.gov/a-z-topics/prenatal-care#:~:text=Prenatal%20care%20can%20help%20keep>
31. About Infant Mortality. <https://www.nichd.nih.gov/>. <https://www.nichd.nih.gov/health/topics/infant-mortality/topicinfo>
32. American Community Organization. Language Spoken at home. Published 2020. https://data.census.gov/table?q=S1601:+LANGUAGE+SPOKEN+AT+HOME&g=010000US_0500000US06115&tid=ACST5Y2020.S1601

33. Health Behaviors. County Health Rankings & Roadmaps. Accessed November 2022. <https://www.countyhealthrankings.org/explore-health-rankings/county-health-rankings-model/health-factors/health-behaviors>
34. World Health Organization. Tobacco. www.who.int. Published May 24, 2022. <https://www.who.int/news-room/factsheets/detail/tobacco#:~:text=Tobacco%20kills%20more%20than%208>
35. Centers for Disease Control and Prevention. Excessive Alcohol Use. cdc. Published 2019. <https://www.cdc.gov/chronicdisease/resources/publications/factsheets/alcohol.htm>
36. UCLA Center for Health Policy Research, Los Angeles, CA. AskCHIS 2018-2020. Reported Health Behaviors (Yuba County). Exported on October 2022. <http://ask.chis.ucla.edu>.
37. Centers for Disease Control and Prevention. Preventing Adverse Childhood Experiences. Centers for Disease Control and Prevention. Published August 23, 2021. <https://www.cdc.gov/vitalsigns/aces/index.html#:~:text=ACEs%20are%20linked%20to%20chronic>
38. Centers for Disease Control and Prevention. Creating Positive Childhood Experiences. Centers for Disease Control and Prevention. Published April 7, 2020. <https://www.cdc.gov/injury/features/prevent-child-abuse/index.html>
39. Centers for Disease Control and Prevention. Mental Health. Published 2019. <https://www.cdc.gov/mentalhealth/index.htm>
40. CA Overdose Dashboard. skylab.cdph.ca.gov. Accessed November 2022. <https://skylab.cdph.ca.gov/ODdash/?tab=CTY>
41. Centers for Disease Control and Prevention. Facts about suicide. Centers for Disease Control and Prevention. Published January 21, 2021. <https://www.cdc.gov/suicide/facts/index.html>
42. US EPA, OAR. Managing Air Quality - Human Health, Environmental and Economic Assessments | US EPA. US EPA. Published August 15, 2018. <https://www.epa.gov/air-quality-management-process/managing-air-quality-human-health-environmental-and-economic>

43. National Environmental Public Health Tracking Network - Info By Location. Cdc.gov. Published 2020. <https://ephtracking.cdc.gov/InfoByLocation/>
44. Ozone & Health | California Air Resources Board. ww2.arb.ca.gov. <https://ww2.arb.ca.gov/resources/ozone-and-health>
45. Marysville 2021 Water Quality Report. California Water Service. Accessed December 2023. <https://www.calwater.com/ccrs/mrl-mrl-2021/>
46. Slone L. Increasing Insurance Coverage. Let's Get Healthy California. Accessed December 2023. <https://letsgethealthy.ca.gov/goals/lowering-the-cost-of-care/increasing-insurance-coverage/>
47. Oral Disease Burden and Prevention 2017 | California Department of Public Health. Published April 2017. https://www.cdph.ca.gov/Programs/CCDCPHP/DCDIC/CDCB/CDPH%20Document%20Library/Oral%20Health%20Program/Status%20of%20Oral%20Health%20in%20California_FINAL_04.20.2017_ADA.pdf
48. World Health Organization | Low birth weight <https://www.who.int/data/nutrition/nlis/info/low-birth-weight#:~:text=It%20contributes%20to%20a%20range>
49. CDC. Cancers. CDC. Published 2019. <https://www.cdc.gov/chronicdisease/resources/publications/factsheets/cancer.htm>
50. Centers for Disease Control and Prevention. Heart Disease and Stroke. www.cdc.gov. Published October 7, 2020. <https://www.cdc.gov/chronicdisease/resources/publications/factsheets/heart-disease-stroke.htm#:~:text=Leading%20risk%20factors%20for%20heart>
51. CDC. Asthma FAQs. Centers for Disease Control and Prevention. Published September 6, 2019. <https://www.cdc.gov/asthma/faqs.htm>
52. Objectives and Data. Healthy People 2030. <https://health.gov/healthypeople/objectives-and-data>
53. Goals. Let's Get Healthy California. <https://letsgethealthy.ca.gov/goals/>

APPENDIX B - Community Health Survey

Community Health Assessment Survey

Thanks for deciding to take our survey! Our goal is to use your answers to help improve the overall health of our community. When answering keep in mind that we are looking to find areas that affect your physical, mental, and social well-being. The decisions you make every day can have an impact on your overall health and influence others around you. Therefore, we would like to hear from those who live or work in Yuba County. This survey is short and your answers will help us prioritize the needs identified. All responses are anonymous so feel free to provide your honest feedback!

Social Impacts on Health



1. The image above lists topics that have the most impact on health and well-being. Please list them in the order that you feel most affects your life, with 1 being the highest ranking.

	Healthcare Access
	Safe Neighborhoods
	Education
	Family/Friends Social Support
	Financial Stability

2. What made you choose your highest ranked answer?

3. What made you choose your lowest ranked answer?

4. What do you feel are the top three health concerns for you and/or your family?

Health Concern #1

Health Concern #2

Health Concern #3

5. In Yuba County, these are the top physical health concerns. List these health issues in the order that is most concerning to you, with 1 being the greatest concern.

	Heart Disease
	Cancer
	Accidents
	Stroke
	Lung Disease
	Alzheimer's/Dementia
	Diabetes
	COVID-19
	Flu

* 6. What would you like to see happen to make Yuba County a healthier place to live?

7. Please identify your age group:

- Under 18
- 18-24
- 25-34
- 35-49
- 50-59
- 60-64
- 65+

8. Gender:

- Female
- Male
- Transgender
- Non-binary/non-conforming
- Prefer not to respond

9. Race/Ethnicity:

- White or Caucasian
- Black or African American
- Hispanic or Latino
- Asian
- American Indian or Alaska Native
- Native Hawaiian or other Pacific Islander
- Two or more races
- Another race

10. City/Town of Residence

- Browns Valley
- Brownsville – Challenge
- Camptonville
- Dobbins
- Linda
- Loma Rica
- Marysville
- Olivehurst
- Plumas Lake
- Smartsville
- Wheatland
- Other (please specify)

11. Medical Insurance Status:

- Private Insurance
- Medicare
- Medi-Cal
- Tricare
- None

12. County of Employment

- Yuba
- Sutter
- Other (please specify)

APPENDIX C – Focus Group Findings



Community Health Assessment for Community Health Improvement Plan

Focus Group Report on Findings

December 2022

Prepared by



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Summary of Findings for Common Questions for All Focus Groups

In your opinion, has health and quality of life in Yuba County improved, remained the same, or declined over the past few years?

Findings

⇒ Variation of participant perceptions within most focus groups regarding change in health and quality of life (i.e., improved, remained the same, declined) in Yuba County in the past couple of years.

Examples of Focus Group Documentation Supporting the Finding

Focus Group – First Responders

- Same for the last 10 years - nothing for youth to do in the county
- Smoking decreased; vaping decreased
- Huge increases in mental health issues

Focus Group – District 3

- People seem to be as healthy as they were before the pandemic
- County is getting more and more focused on pushing "healthy stuff"
- Quality of services is poor for veterans

⇒ Top common Issues identified by focus groups that impacted health quality of life varied between focus groups

→ **Cost-of-living (i.e., not affordable, too expensive)**

Focus Group – Yuba County Youth: Housing is unaffordable; hard to afford healthy food

Focus Group – District 3: Community member reported that they think twice before going to Rideout [for father] due to the expense of the emergency room

Focus Group – District 4: Many people cannot afford to live here; affordable housing is a consistent theme because the jobs are not there [in the community]; most people live pay check to pay check

Focus Group – District 5: Less buying power; a lot of retirees in the community (on fixed incomes) and it costs money to go into town

→ **Mental health and substance abuse issues**

Focus Group – Those Serving Vulnerable Adults: Mental health and substance use services not as available as in Sutter County

Focus Group – First Responders: Huge increases in mental health issues

Focus Group – Latino Community: Substance use – it is "in your face wherever you go."

Focus Group – District 5: Too much addiction and substance abuse going on

→ **Internet Access**

Focus Group – Those Serving Vulnerable Adults: Lack of reliable Internet in foothill communities

Focus Group – District 5: Lack of reliable internet

→ **Job Opportunities**

Focus Group – District 4: Businesses have closed down due to COVID-19

Focus Group – District 5: No jobs in the community

→ **Transportation**

Focus Group – District 3: Public transportation is not convenient

Focus Group – District 5: Yuba/Sutter Transit has cut back the dates and times available for transit

What makes Yuba County a healthy place to live?

Findings

⇒ Top common qualities identified by focus groups that makes Yuba County a healthy place to live

→ **Abundant natural resources**

Focus Group – First Responders: Natural resources are amazing

Focus Group – Hmong Community: Being able to have a garden

Focus Group – District 1: Farm-to-Fork community; heavily populated with fruits and rice

Focus Group – District 2: Beautiful landscape

Focus Group – District 4: Things to do in the county that are outdoors (e.g., camping, fishing) camping

Focus Group – District 5: Fresh air; trees

→ **The community**

Focus Group – Latino Community: Multigenerational families; tight-knit community; community pride

Focus Group – District 2: Strong sense of unity; tight-knit community

Focus Group – District 3: Close-knit community

Focus Group – District 5: The people, tight-knit community; generations have grown-up in the community

→ **Good geographic location**

Focus Group – Those Serving Vulnerable Adults: Two hours away from everything – mountains, ocean, Bay Area

Focus Group – First Responders: Geographic location is good – skiing, going to go to lakes

Focus Group – District 2: Close to many areas for recreational activities

Focus Group – District 3: Only an hour away from Chico, Sacramento, Bay Area

→ **Perks of living in a smaller community**

Focus Group – Hmong Community: Slower pace of life

Focus Group – District 3: Air quality is better than Sacramento; not as much traffic

Focus Group – District 4: Open space; slower pace of life

What makes Yuba County an unhealthy place to live?

Findings

⇒ Top common qualities identified by focus groups that makes Yuba County an unhealthy place to live

→ **Mental health issues/substance use issues**

Focus Group – Those Serving Vulnerable Adults: Prevalence of drugs and alcohol use

Focus Group – Yuba County Youth: Stigma around mental health

Focus Group – Latino Community: Younger and younger ages in which substance abuse occurs

Focus Group – District 1: Alcohol use rates are extremely high; multigenerational substance abuse issues

Focus Group – District 2: Substance abuse issues in the community

Focus Group – District 5: Need mental health services in the community; don't even have a counselor on the hill

→ **Crime/safety**

Focus Group – Yuba County Youth: Gang violence, "I've seen it all my life"

Focus Group – First Responders: Community members report that they do not feel safe walking along the river

Focus Group – District 2: People don't feel safe going to the rivers

Focus Group – District 5: Speeding/reckless driving

→ **Environmental concerns**

Focus Group – First Responders: Chemicals used in rice fields and going to rivers – what are cancer rates?

Focus Group – District 2: Poor air quality

Focus Group – District 3: Awful smoke coming out of rice burns; all of the dust

Focus Group – District 5: Threats of wildfires

→ **Homelessness**

Focus Group – First Responders: Homeless individuals are now "in-sight" and aggressive

Focus Group – Latino Community: Increased homelessness

Focus Group – District 5: Surprising number of homeless people; people living in cars and tents

What health and quality of life issues should Yuba County focus efforts on improving?

Findings

- ⇒ Top common health and quality of life issues should Yuba County focus efforts on improving
 - **Mental health/substance use issues**
 - Focus Group – District 1: County should focus on addressing substance abuse and then have subsets to address alcohol use
 - Focus Group – District 3: Better mental health services; it would be helpful to have counselors for particular subsets, based on demographics or culture
 - Focus Group – District 4: More mental health and substance abuse services
 - Focus Group – District 5: More local mental health and substance use services are needed
 - **Homelessness**
 - Focus Group – Yuba County Youth: Continue to focus on homelessness
 - Focus Group – Latino Community: Increase services for homeless pregnant women
 - Focus Group – District 3: Not enough shelters and resources for men
- ⇒ Top barrier that may hinder efforts to improve health and quality of life for residents in Yuba County
 - **Not ready/untimely/unwilling to address issues in the community**
 - Focus Group – Those Serving Vulnerable Adults: Lack of interest in county leadership to interact with the community – interest “needs to be reignited”
 - Focus Group – Yuba County Youth: Lack of community will
 - Focus Group – First Responders: Tough to pass propositions for more funding
 - Focus Group – Latino Community: Takes time to build momentum
 - Focus Group – Hmong Community: Not sure how to initiate action
 - Focus Group – District 1: Lack of community will
 - Focus Group – District 2: Community may not be ready to actively pursue some concepts
 - Focus Group – District 4: Seems the community supports efforts, though there may be some convincing of the community to support efforts
- ⇒ Focus groups participants identified existing or potential assets and opportunities in the community to support efforts in improving health and quality of life for residents in Yuba County
 - **Assets/opportunities in the community to support/augment efforts in improving the health and quality of life for residents in Yuba County**
 - Focus Group – Those Serving Vulnerable Adults: Street Medicine Team through Adventist-Health and Rideout
 - Focus Group – First Responders: Rideout is trying to develop a sobering center with transportation; there is money in CalAIM

Focus Group – Latino Community: Blue Shift Project of Yuba-Sutter and Blue Zones are a good start

Focus Group – District 1: County is forward thinking

Focus Group – District 2: Community will generally welcome access to new resources

Focus Group – District 3: Acceptance in the community of diverse groups

Focus Group – District 4: Yuba County government does an excellent job of saying “yes” to things, instead of saying “no,” they try to say, “how”

Focus Group – District 5: There is support in the community to pursue finding solutions for addressing health and quality of life issues

Questions for Select Focus Groups

Focus Groups: Adults, Youth, 1st Responders, Latino, and Hmong

Suppose that you were in charge of a program that you currently utilize and could make the program better. What would you do?

Findings

⇒ Numerous suggestions to making programs/services better. Top common approaches to making programs/services better are:

→ **More system-level collaboration**

Focus Group – Those Serving Vulnerable Adults: More collaboration between programs

Focus Group – First Responders: Increased staffing

→ **Increase staffing**

Focus Group – Those Serving Vulnerable Adults: Create positions dedicated to community outreach/community engagement

Focus Group – First Responders: Have better collaboration between agencies

→ **More prevention services for the young children**

Focus Group – First Responders: Need to reach kids early, maybe before middle school

Focus Group – Latino Community: More mental health services for junior high youth

→ **Potential “hot button” issues raised by individual focus groups**

Focus Group – Those Serving Vulnerable Adults: Break-up APS and CPS into two (2) programs; Change philosophy from numbers driven to client driven

Focus Group – Yuba County Youth: Clinics need to have better time management in handling of patient appointments

Focus Group – First Responders: Collaborate with CBOs for in-jail interventions

Focus Group – Latino Community: COVID-19 has created a lot of mistrust in the community; need to nurture the relationship with the community

Focus Group – Hmong Community: More staff professionalism; “Patients are already sick, they’re worried already, don’t talk in such a demeaning manner so to make us feel worse about our health or not taking our medication on time”

Focus Groups: Latino and Hmong Communities

Where do you go to find information or learn about information when you are looking for services?

Findings

⇒ Latino and Hmong focus group participants sought out/found out about services from different sources

→ Source of information about services

Focus Group – Latino Community: Word of mouth; the Internet

Focus Group – Hmong Community: Go to the Hmong Outreach Center and ask for help finding services/have information translated; from child’s school; during doctor appointments

After finding a service that may help you, what challenges did you face that made it difficult to access those programs?

⇒ There were common challenges reported by Latino and Hmong focus group participants regarding receiving services

→ Language barriers

Focus Group – Latino Community: Language barriers

Focus Group – Hmong Community: Communication barriers; frustration with interpreters; children don’t know enough Hmong to act as interpreters

→ Transportation issues

Focus Group – Latino Community: Transportation is a challenge

Focus Group – Hmong Community: Don’t know how to drive

→ Difficulty in finding a healthcare provider

Focus Group – Latino Community: Limited healthcare provider choices based on insurance

Focus Group – Hmong Community: Not accepting new patients

Findings by Respondent Group

Focus Group: Those Serving Vulnerable Adults

Please let us know which social services and public health services you are currently utilizing and which was most helpful and why?

Responses in Regard to Services Utilized

- Not Applicable

Suppose that you were in charge of a program that you currently utilize and could make the program better. What would you do?

Responses in Regard to Making Programs Better

- Break-up APS and CPS into two (2) programs
- Change philosophy from numbers driven to client driven
- Create positions dedicated to community outreach/community engagement
- Cross-training of county staff to become more familiar with services available
- More collaboration between programs
- More transportation opportunities to travel around town

What additional services would you like to see implemented in our community?

Responses in Regard to Making Programs Better

- More homeless services
- More preventative services
- More board and care facilities
- More affordable child care

In the past few years, has health and quality of life in Yuba County improved, remained the same, or declined?

Responses in Regard to Health and Quality of Life in the Past Few Years

- Homeless remains a big issue
 - *Sicker population*
 - *Little prevention*
 - *Needs are so great*
- Mental health and substance use services not as available as in Sutter County
- Lack of reliable Internet in foothill communities

What makes Yuba County a healthy place to live?

Responses in Regarding Things That Make Yuba County a Healthy Place to Live

- Cheaper cost-of-living compared to the larger urban areas
- Two hours away from everything – mountains, ocean, Bay Area
- Robust local resources – nutrition, legal
- Good public transportation

What makes Yuba County an unhealthy place to live?

Responses in Regarding Things That Make Yuba County an Unhealthy Place to Live

- Prevalence of drugs and alcohol use
- Nothing to do
 - *Parks and recreation areas are lacking*
- Not investing in the future of our youth – missed opportunities in partnering with Yuba County (e.g., more messaging about the benefits of college)
- Nothing to “spend your dollars on” in Yuba County
- Mental health and substance use services are mostly in Sutter County (have to go there for services)

As a resident of Yuba County, are your and your family’s health and wellness needs being met?

Responses in Regarding Unmet Health/Unmet Wellness Needs

- Not Applicable

Are there health and quality of life issues in Yuba County that can be improved? What are they?

Barriers to Initial Efforts to Improve Health and Quality of Life

- Lack of interest in county leadership to interact with the community – interest “needs to be reignited”
- Staff burn-out

Assets in the Community to Supports Initial Efforts to Improve Health and Quality of Life

- The Street Medicine Team

Focus Group: Yuba County Youth

Please let us know which social services and public health services you are currently utilizing and which was most helpful and why?

Responses in Regard to Services Utilized

- Ampla Health
- Medi-Cal
- Have dental services every six (6) months

Suppose that you were in charge of a program that you currently utilize and could make the program better. What would you do?

Responses in Regard to Making Programs Better

- Staggering appointments
- Clinics need to have better time management in handling of patient appointments

What additional services would you like to see implemented in our community?

Responses in Regard to Making Programs Better

- More/enhanced gang prevention programs
- Need to break stigma of accessing mental health services
- Youth need help not just during business hours – no help when staff are “off-the-clock”
- More job training/employment counseling

In the past few years, has health and quality of life in Yuba County improved, remained the same, or declined?

Responses in Regard to Health and Quality of Life in the Past Few Years

- Homelessness is still an issue
- Housing is unaffordable
- Criteria for qualifying for programs makes it hard to receive services; plus, it takes too long to collect the required documentation/paperwork
- Hard to afford healthy food
- Recurring themes of "lack of money" and issues pertaining to rising costs of living
- Participants that recently graduated from high school and struggle to make ends meet
- The local community doesn't have an economy for youth to thrive

- Social services are available to address the "gaps" in youths' lives, such as Medi-Cal and housing and support

What makes Yuba County a healthy place to live?

Responses in Regarding Things That Make Yuba County a Healthy Place to Live

- Though expensive and hard to find affordable housing, there is housing
- More low-income housing is being developed

What makes Yuba County an unhealthy place to live?

Responses in Regarding Things That Make Yuba County an Unhealthy Place to Live

- Gang violence, "I've seen it all my life"
- Stigma around mental health
- Disorganization in service collaboration
- Services are not well known in the community

As a resident of Yuba County, are your and your family's health and wellness needs being met?

Responses in Regarding Unmet Health/Unmet Wellness Needs

- Housing is always an issue
- Day-to-day financial survival

Are there health and quality of life issues in Yuba County that can be improved? What are they?

Initial Efforts to Improve Health and Quality of Life

- Continue to focus on homelessness
- Improve services collaboration
- Expand qualifications for receiving social supports

Barriers to Initial Efforts to Improve Health and Quality of Life

- Lack of community will
- Participants stated that there was a lack of communication and outreach among social service providers
- Most youth education regarding available services is through word of mouth, which is sometimes too slow when they need aid sooner than later

Word-of-mouth communication is also a reason why youth feel there is a sense of disorganization among services

Focus Group: Law Enforcement/EMS/Fire - First Responders

When thinking about calls your department responds to the most, what type of health and social services do you believe are missing for those individuals?

Responses in Regard to Types of Services that are Currently Missing

- Mental health services
- Domestic violence services
- Education regarding when to call 9-1-1
- Substance abuse services
- Services for women

What type of programs or additional services do you provide or refer to your patrons?

Responses in Regard to Types of Program or Additional Services

- 5150s

Suppose that you were in charge of a program that you currently utilize and could make the program better. What would you do?

Responses in Regard to Making Programs Better

- Increased staffing
- Have better collaboration between agencies
- Address negative generational learning behaviors; drugs and disruptive behaviors are normalized in families, need to develop life skills
- More robust programming in jails; life skills education, detox in jails, teach skills like plumbing or welding
- Collaborate with community-based organizations (CBOs) for in-jail interventions
- Need to reach kids early, maybe before middle school
- Increase accountability for criminal offenses
- Need to train kids in skills – not all go to college – plumbing, carpentry

In the past few years, has health and quality of life in Yuba County improved, remained the same, or declined?

Responses in Regard to Health and Quality of Life in the Past Few Years

- Same for last 10 years – nothing for youth to do in County – nothing recreational

- Spend money in box stores out of county
- Smoking decreased – vaping decreased
- Technology has helped community
- Safety has improved per capita – though there may be under reporting because people are fed up with no action
- High increases in mental health issues
- Kids used to come home when it got dark – not now
- The number of calls related to mental health has significantly increased in recent years, and the lack of mental health aid is starting to affect the community

What makes Yuba County a healthy place to live?

Responses in Regarding Things That Make Yuba County a Healthy Place to Live

- Geographic location is good – skiing, going to go to lakes
- Natural resources are amazing – over past several years populated with homeless – get it cleaned up and give community access to rivers – this will drive homeless out

What makes Yuba County an unhealthy place to live?

Responses in Regarding Things That Make Yuba County an Unhealthy Place to Live

- Chemicals used in rice fields and going to rivers – what are cancer rates?
- Homeless population – and lack of cleanliness – litter
 - *Costly taking materials to the dump*
 - *Homeless individuals are in-sight and aggressive*
- Inundation of people moving to the county from Redding and the Bay Area
- Hands of Hope – shows and clothing washing is a good thing –
- Parents do not like to have their children outside without supervision due to the increase in the homeless population
- Lacking transportation for those who need help
 - Deputies transport individuals, though shopping carts are left behind; it becomes a code enforcement problem

As a resident of Yuba County, are your and your family’s health and wellness needs being met?

Responses in Regarding Unmet Health/Unmet Wellness Needs

- No substantial discussion

**Are there health and quality of life issues in Yuba County that can be improved?
What are they?**

Initial Efforts to Improve Health and Quality of Life

- Priority is mental health services
 - *Potential solution to address issue - there is an effort for developing a regional mental health facility*
- Good collaboration across the region
- Participants suggested that there should be education for the public of when to call 9-1-1 in that first responders are dispatched for numerous reasons outside of their scope of work

Barriers to Initial Efforts to Improve Health and Quality of Life

- Budgets are tight
- Anyone can bring heroin to the County – border security is terrible
- Tough to pass propositions for more funding
- High number of homeless individuals
- No longer having Prop. 36
- Changing/new approaches to law enforcement that are hard to enforce
- There are no recreational activities for children; while there are a few organizations, they have limited space

Assets in the Community to Supports Initial Efforts to Improve Health and Quality of Life

- Rideout is trying to develop a sobering center with transportation
- There is money in CalAIM

Focus Group: Latino Community

When are you seeking or receiving information when looking for resources on social services and public health services?

Responses in Regard to Looking for Resources

- Word of mouth
- The Internet
 - *"Everybody has a smart phone"*
- Caveat: people may not even know what services are available to them

After finding a service that may help you, what challenges did you face that made it difficult to access those programs?

Responses in Regard to Challenges

- Buildings where services are housed are not adequately labeled/marked for patients to identify that they are at the correct location
- Transportation is a challenge
- People are deterred from applying due to the extent of the documentation needed to qualify for services
 - *Lose people in the process*
- Confusion about immigration status and qualifying for services
- Turnaround time in the process is too long
- Language barriers
- Limited provider choices based on insurance

Suppose that you were in charge of a program that you currently utilize and could make the program better. What would you do?

Responses in Regard to Making Programs Better

- Have more mental health programs for people that are NOT in the moderate to severe category
- More preventive services
- More mental health services for junior high youth
 - *Emotions are running high with the age group who are particularly vulnerable with certain aspects of mental development*
- COVID-19 has created a lot of mistrust in the community; need to nurture the relationship with the community
- Prioritize affordable housing

- Single access points in the community (e.g., one-stops)
- Improve community safety
- Improve transportation
- Focus on providing aid and resources to the elderly population

In the past few years, has health and quality of life in Yuba County improved, remained the same, or declined?

Responses in Regard to Health and Quality of Life in the Past Few Years

- Mention of declined and stayed the same
- Substance use – it is “in your face wherever you go.” Not enough resources to address the issue
- COVID-19 has negatively impacted the community – increased need for mental health services; community members are afraid of a positive diagnosis and getting labeled; distrust in testing/government
- Teachers are being asked to “teach to the test”
- Health services are very difficult to access
- Services are increasing, but the need is also increasing

What makes Yuba County a healthy place to live?

Responses in Regarding Things That Make Yuba County a Healthy Place to Live

- Family - the multigenerational component of the community
- Tight-knit community (however; a tight knit community is what keeps people here, but can also keep people out)
- Community pride
- Improvements that are being made that make it safer to walk in town

What makes Yuba County an unhealthy place to live?

Responses in Regarding Things That Make Yuba County an Unhealthy Place to Live

- Increased homelessness
- Substance use
 - Younger and younger ages in which substance abuse occurs

As a resident of Yuba County, are your and your family’s health and wellness needs being met?

Responses in Regarding Unmet Health/Unmet Wellness Needs

- No substantial discussion

**Are there health and quality of life issues in Yuba County that can be improved?
What are they?**

Initial Efforts to Improve Health and Quality of Life

- Including a community liaison at each community center - liaison to services and resources
- Increase services for homeless pregnant women
- Create family resource centers that are staffed with persons who have a strong connection with their community and who are knowledgeable regarding available services

Barriers to Initial Efforts to Improve Health and Quality of Life

- From an email sent post-focus group: *"We did not mention access in way of non-traditional hours. We talked about transportation and language. In thinking about it services not only Monday thru Friday 8 to 5pm but maybe open until 7pm a couple nights a week or a couple Saturdays a month is also needed for people who have jobs that do not give time so staff can access services."*
- Funding not available at the time of need
- Lengthy process to apply for funding and receive it

Assets in the Community to Supports Initial Efforts to Improve Health and Quality of Life

- There is community will to pursue these ideas; though community education about the ideas is needed
- Blue Zone isa good start – it takes time, however, to build momentum

Focus Group: Hmong Community

When are you seeking or receiving information when looking for resources on social services and public health services?

Responses in Regard to Looking for Resources

- Come to the Hmong Outreach Center and ask for help
 - *Bring in information to have translated*
- Hear about service from children's school
- During a doctor's appointment

After finding a service that may help you, what challenges did you face that made it difficult to access those programs?

Responses in Regard to Challenges

- Communication barriers
 - *Even if a clinic has a Hmong interpreter the interpreter doesn't really know Hmong well, so there is still some barriers communicating w/the doctor*
 - *Frustration with interpreters*
 - *Children don't know enough Hmong to act as interpreters*
- Not accepting new clients
- Transportation issues
 - *Don't know how to drive*

Suppose that you were in charge of a program that you currently utilize and could make the program better. What would you do?

Responses in Regard to Making Programs Better

- Better translation services
- Have doctors to take the time to fully explain what their illness/health condition
 - *"We wait so long to see them, but they only spend 5 minutes with us"*
- More staff professionalism
 - *"Patients are already sick, they're worried already, don't talk in such a demeaning manner so to make us feel worse about our health or not taking our medication on time"*
- Offering exercising classes/gym memberships

In the past few years, has health and quality of life in Yuba County improved, remained the same, or declined?

Responses in Regard to Health and Quality of Life in the Past Few Years

- Mention of all three (3) choices: improved, stayed the same, and declined
- Improvements in community
- County has been providing better translation services
- Some areas, services improved, in other areas services declined
- Tap water quality has gotten worse (e.g., hardwater stains and crust)

What makes Yuba County a healthy place to live?

Responses in Regarding Things That Make Yuba County a Healthy Place to Live

- Being able to have a garden
- Slower pace of life
- Traffic is light
 - *Not as congested as Sacramento*

What makes Yuba County an unhealthy place to live?

Responses in Regarding Things That Make Yuba County an Unhealthy Place to Live

- City and parks are dirty
- Lack of sidewalks/unsafe to walk
- Roads falling apart
- Crime
 - *Scared of being robbed/mugged*
- Dogs roam off leash
- Not enough trees for shade

As a resident of Yuba County, are your and your family's health and wellness needs being met?

Responses in Regarding Unmet Health/Unmet Wellness Needs

- Lack of available/timely appointments
- Grocery stores are too expensive
- Lack of Asian grocery stores

**Are there health and quality of life issues in Yuba County that can be improved?
What are they?**

Initial Efforts to Improve Health and Quality of Life

- Improved tap water quality
- More parks and improved safe areas (e.g., sidewalks) to exercise
- Planting more trees for shade

Barriers to Initial Efforts to Improve Health and Quality of Life

-
- Not sure how to initiate action
- Discrimination based on race/ethnicity in the health care system
 - *"Feels discriminated at clinics/hospital settings because they would call/see someone that is Caucasian first despite arriving after [them]."*

Focus Group: District 1

In the past few years, has health and quality of life in Yuba County improved, remained the same, or declined?

Responses in Regard to Health and Quality of Life in the Past Few Years

- Stayed the same
- Investment in the community and change in the hospital itself has increased as of late
- More opportunities in the community than before
- Life choices people are making have not changed

What makes Yuba County a healthy place to live?

Responses in Regarding Things That Make Yuba County a Healthy Place to Live

- Opportunities for physical activities,
- Outdoor activities available year-round
- Farm-to-fork community
 - *Heavily populated with fruits and rice*

What makes Yuba County an unhealthy place to live?

Responses in Regarding Things That Make Yuba County an Unhealthy Place to Live

- Alcohol use and smoking rates are extremely high
- People use substances and “devil’s tools” when not employed/not working
- Lack of economy (lack of business opportunities)
- Multigenerational trends of substance abuse

As a resident of Yuba County, are your and your family’s health and wellness needs being met?

Responses in Regarding Unmet Health/Unmet Wellness Needs

- Challenging for individuals in Yuba County to exercise; due to the lack of gyms, resources (e.g., safe places to exercise)
- Quality of resources and places to decompress (for self-care) is low

Are there health and quality of life issues in Yuba County that can be improved? What are they?

Initial Efforts to Improve Health and Quality of Life

- County should focus on addressing substance abuse and then have subsets to address alcohol use
- Focus on prevention programs for youth

Barriers to Initial Efforts to Improve Health and Quality of Life

- Funding for programs might be limited
- Bureaucratic process for funding projects
- Lack of community will

Assets in the Community to Supports Initial Efforts to Improve Health and Quality of Life

- County is forward thinking
- County on the same page to cooperate
- County leadership “leaves egos at the door”
- Currently building infrastructure with new funding; investments in the area
- State tends to provide funding for community members to access food

Focus Group: District 2

In the past few years, has health and quality of life in Yuba County improved, remained the same, or declined?

Responses in Regard to Health and Quality of Life in the Past Few Years

- Declined; stayed the same
- During pandemic: 1) there was isolation; 2) access to health care was difficult; 3) appointments for health care were scarce; 4) feelings of uncertainty were “huge” contributors to stress; and 5) lack of access to gyms to exercise limited opportunities for self-care

What makes Yuba County a healthy place to live?

Responses in Regarding Things That Make Yuba County a Healthy Place to Live

- Close to many areas for recreational activities
- Strong sense of unity; tight-knit community
- Individuals share a sense of pride in their community
- Beautiful landscape
- Sports have a positive influence on youth

What makes Yuba County an unhealthy place to live?

Responses in Regarding Things That Make Yuba County an Unhealthy Place to Live

- Poor air quality
- Substance abuse issues in the community
- Smoke shops are on the rise
- Many people purposely utilize the criminal justice system for transportation and housing
- Multigenerational substance abuse issues
- Socioeconomic gaps in the community
- Unaffordable housing

As a resident of Yuba County, are your and your family’s health and wellness needs being met?

Responses in Regarding Unmet Health/Unmet Wellness Needs

- Youth has many opportunities to go down the wrong path
- Kids “fall through the cracks”
- Need family treatment centers for family approach to mental health issues

- There is a gap in connection to resources within the community
- There is high utilization of EMS and many times patient is on a cycle of utilizing ER for bed and police for a ride
- Poor referral services to specialty providers in the community
- Transportation does not run 24 hours a day

**Are there health and quality of life issues in Yuba County that can be improved?
What are they?**

Initial Efforts to Improve Health and Quality of Life

- Better nutrition
 - *Local food sourcing for better nutrition options*
 - *How to buy, spend, and cook smart*
 - *Education around how to cook healthy*
 - *Minimizing emphasis on fast food chains in the community*
 - *Expansion of the concept of "Blue Zones"*
- Education around managing finances
- Community programs to bridge gap between parents and youth

Barriers to Initial Efforts to Improve Health and Quality of Life

- Community may not be ready to actively pursue some concepts
- Community suffers from low self-esteem and low sense of self-efficacy
- Community is not generally supportive of county workers making a greater income
- Stigma around receiving mental health services
- Must find a way to connect middle income/middle class families to affordable medical care or mental health services
- There is a part of the community that will not utilize or welcome the ideas due to lack of participation and general pessimistic attitude
 - *"We prevent our own strength from strengthening us"*

Assets in the Community to Supports Initial Efforts to Improve Health and Quality of Life

- Community will generally welcome access to new resources
- Opportunities for healthier eating and opportunities for counseling for mental health will be welcomed
- Diversity is a clear strength in our community
 - *Intermixed with Hispanic, East Indian, and Hmong populations*
 - *Integration of cultures*

- *We must celebrate the diversity and use them as assets and resources*
- Community members generally are highly invested in the community and they are likely to stay in the community

Focus Group: District 3

In the past few years, has health and quality of life in Yuba County improved, remained the same, or declined?

Responses in Regard to Health and Quality of Life in the Past Few Years

- Stayed the same (2), slight improvement
- People seem to be as healthy as they were before the pandemic and as of the last couple of years
- More services available than 5 years ago
- County is getting more and more focused on pushing “healthy stuff” and more concerned about people’s well-being
- In the area, there is diversity regarding counseling and groups for LGBTQ; previously people would need to go to Sacramento for that
- The county is conservative, but there is an alternative lifestyle and there is no societal shame around it
- Not many choices for care homes; there are not enough bed spaces in Yuba County
- Thinks twice before going to Rideout due to the expense of the emergency room
- Issues with billing VA
- Quality of services is poor for Veterans
- Transportation is an issue
 - *If father needs to go to the doctor or hospital, he would have to rely on dial-a-ride or public transportation; lives in Plumas Lake where the closest dial-a-ride is Arboga Road*

What makes Yuba County a healthy place to live?

Responses in Regarding Things That Make Yuba County a Healthy Place to Live

- Air quality is not as bad as Sacramento
- Only an hour away from Chico, Sacramento, the Bay Area
- More affordable housing, relatively
- Not so “woke” in the school district
- Not as much traffic here
- Close-knit community

What makes Yuba County an unhealthy place to live?

Responses in Regarding Things That Make Yuba County an Unhealthy Place to Live

- Awful smoke coming out of rice burns, and all of the dust

As a resident of Yuba County, are your and your family's health and wellness needs being met?

Responses in Regarding Unmet Health/Unmet Wellness Needs

- Not discussed substantively; though implied as having mixed experiences

Are there health and quality of life issues in Yuba County that can be improved? What are they?

Initial Efforts to Improve Health and Quality of Life

- Better mental health services
- More counselors
 - *Sometimes to get a counselor there are many hoops to jump through*
 - *It would be helpful to have counselors for particular subsets, based on demographics or cultural*
- Not enough shelters and resources for men
- Address the sex-offender influx
- There is only help for people with substance abuse issues
 - *Must be an addict to get into a bipolar group*
 - *People fall between the cracks*

Barriers to Initial Efforts to Improve Health and Quality of Life

- The County has become a little more sterile and more automated; takes the human element out of the interaction
- Some of the older generation does not interact with the automated systems very well
- Stigma around mental health
- High cost for mental health counseling
- Engaging veterans that need mental health services is difficult
- Need more screening for mental health issues and more prevention services in schools

Assets in the Community to Supports Initial Efforts to Improve Health and Quality of Life

- Acceptance in the community of diverse groups

Focus Group: District 4

In the past few years, has health and quality of life in Yuba County improved, remained the same, or declined?

Responses in Regard to Health and Quality of Life in the Past Few Years

- Difficult past few years with the pandemic
- Not too much of a change when thinking about health in particular
- When referring to quality of life as well, there have been positives and negatives
- A lot of stress on people with the housing market
- More job opportunities due to growth within the community
- Doesn't seem like there's been a massive increase or decrease over all
- Over time hasn't changed much
- More economic challenges
- Many people cannot afford to live here
- Affordable housing is a consistent theme because the jobs are not there and cannot afford to live here
- Businesses have closed down due to COVID-19
- Development projects (e.g., home building) has shut down after the pandemic, community has moved away from it because the pandemic affected growth
 - *(Describing Plumas Lake from the last real estate boom) Halted on the development due to COVID-19. Unfinished*
- Not much disposable income for other people
- Many people live paycheck to paycheck
- Inside and outside the community, lots of opportunities for youth
- More community events than ever
- Positive things on the horizon
 - *Infrastructure projects coming soon like Costco, one coming in Wheatland and Plumas Lake*

What makes Yuba County a healthy place to live?

Responses in Regarding Things That Make Yuba County a Healthy Place to Live

- Things to do in the county that are outdoors (e.g., camping, fishing) camping
- Destination county for outdoor activities
- Open space
- The beauty of the area (good for mental health)
- Slower pace of life
- Change to bring in business as a result of all the natural resources in the area

What makes Yuba County an unhealthy place to live?

Responses in Regarding Things That Make Yuba County an Unhealthy Place to Live

- People don't feel safe to go to the rivers, huge asset and it is not well utilized
- Need to feel safe
- Don't have a lot of food options for certain parts of the county, particularly in Olivehurst
- Not many places to get healthy food in Linda or health food
- Food deserts
- Not safe to walk and bike

As a resident of Yuba County, are your and your family's health and wellness needs being met?

Responses in Regarding Unmet Health/Unmet Wellness Needs

- There are a lot of opportunities; however, some of those things are dependent on income level and community you live in
 - *[For example] The ability to feel safe and access things might require people to drive somewhere like Bullard's Bar and not everyone has that capability; can't afford the gas to take a trip somewhere*
- Public transportation isn't the best
- Access to child care is an issue
- Need to go outside of Yuba County (e.g., Roseville) for retail shopping (e.g., clothes)
- Crime in the parking lots
- Have to travel to Placer County or Sutter County to get a nice "sit-down" meal

- Depending on the location where someone lives in the county, may not have easy access to care (e.g., no or limited public transportation)

**Are there health and quality of life issues in Yuba County that can be improved?
What are they?**

Initial Efforts to Improve Health and Quality of Life

- More mental health and substance abuse services
- Capitalize on all the natural resources to attract/retain businesses
- Better transportation and safer streets to walk on and have affordable housing
- Access to better local amenities
- Better job opportunities

Barriers to Initial Efforts to Improve Health and Quality of Life

- Seems community supports efforts, though there may be some convincing of the community to support efforts
- There are possible financial, economic, and regulatory constraints
- Housing prices are affordable for local community members and people in Sacramento are moving to the area to work at the Hard Rock Casino
- More jobs to the area might help some of that stress, though not sure how to approach it; it's complicated

Assets in the Community to Supports Initial Efforts to Improve Health and Quality of Life

- Yuba County government does an excellent job of saying "yes" to things, instead of saying "no," they try to say, "how"
- Infrastructure to the south part of the county
 - *Costco will bring jobs, tax revenues, and a "domino effect" to bringing other retail stores to the county*

Focus Group: District 5

In the past few years, has health and quality of life in Yuba County improved, remained the same, or declined?

Responses in Regard to Health and Quality of Life in the Past Few Years

- Declined; lost community members to COVID-19
- Decreased quality of life due to rising cost of everything, which has created more stress and depression
 - *Less buying-power*
 - *Many older clients have to cut back on many things; increases a sense of hopelessness*
 - *Incomes are not increasing*
 - *A lot of retirees in the community (on fixed incomes) and it costs money to go into town*
- Food banks in the area are busy
 - *Alcouffe Food Distribution reported 160 families fed*
 - *Hillside community church has doubled its food distribution in the past couple years*
- *Food is a hardship for most families*
- Too much addiction and substance abuse going on
- Since the fires, a lot more wild animals in the area; unsafe to exercise outside
 - *Had an encounter with a bear four (4) times in the last few months*
- No jobs in the community
- Lack of local access to health care/prescription drugs
- Lack of transportation
 - *Yuba/Sutter transportation has cut back the dates and times available for transit*
- Lack of transportation
- Lack of reliable internet

What makes Yuba County a healthy place to live?

Responses in Regarding Things That Make Yuba County a Healthy Place to Live

- Natural resources
 - *Water*
 - *Fresh air*
 - *Trees*
- The people; tight-knit community

- *Generations have grown-up in the community*
- *Watch out for each other, and know who to watch out for*
- *If someone loses their dog, you will hear about it!*

What makes Yuba County an unhealthy place to live?

Responses in Regarding Things That Make Yuba County an Unhealthy Place to Live

- Need mental health services in the community
 - *Don't even have a counselor on the hill*
 - *There are not any counselors at foothill schools, while youth are struggling with mental health issues, especially following COVID school shutdowns*
- Surprising number of homeless people
 - *People living in cars and tents*
 - *People hiding in the wood*
 - *Trimmers who lose their jobs "are here to stay"*
- Lack of police presence
- Speeding/reckless driving
 - *Accidents happen all the time*
- Threats of wildfires

As a resident of Yuba County, are your and your family's health and wellness needs being met?

Responses in Regarding Unmet Health/Unmet Wellness Needs

- Lack of child care options
- Lack of gather places (e.g., coffee shops, cafes)
- Long wait lists for counseling
- Need life skills programs
 - *Teaching people how to do things*
 - *Having a work program to teach community members how to make firewood with a wood splitter*

Are there health and quality of life issues in Yuba County that can be improved? What are they?

Initial Efforts to Improve Health and Quality of Life

- More local mental health and substance use services are needed
- Preparing to pilot a transportation program (hopeful)
- Need to teach people how to do things

- Ensuring basic food security
 - *Teaching people to grow own food*
- Utilizing/improving resource centers to support community
- Ensuring to meet the needs of seniors in the community
 - *Some seniors could use the firewood*
- Engaging the community
 - *People need the connection to the community and something to get involved in*

Barriers to Initial Efforts to Improve Health and Quality of Life

- There is support in the community to pursue finding solutions for addressing these health and quality of life issues
- Reports of connectivity issues with limited Internet or phone access

Assets in the Community to Supports Initial Efforts to Improve Health and Quality of Life

- Yuba College has classes in the community
- Lots of fundraising in the community
- Close-knit community
- Community member suggested that city/county fines can be paid off through community service in the foothills

