



ST. HELENA HOSPITAL

C L E A R L A K E



Community Benefit Report 2011

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INTRODUCTION

Brief History: In September 1994, the Governor of California signed Senate Bill 697 into law. This law requires each hospital to reaffirm that its mission statement reflects public interest; to complete a community needs assessment; to adopt a community benefit plan; and to thereafter annually update the community benefit plan.

This document demonstrates St. Helena Hospital Clear Lake's compliance with SB 697. But more than that, it chronicles the critical role that St. Helena Hospital Clear Lake has played, and continues to play, in improving the health status of its community.

Who We Are: St. Helena Hospital Clear Lake is a Critical Access Hospital serving the communities of Middletown, Hidden Valley, Cobb, Lower Lake, Kelseyville, Clearlake and Clearlake Oaks. St. Helena Hospital Clear Lake offers 24-hour emergency care, an Intensive Care Unit, obstetric, cardiopulmonary, medical imaging, surgery, rehabilitation (pulmonary, physical, occupational, speech) and laboratory services as well as a Rural Health Clinic System.

Affiliations/Accreditation: St. Helena Hospital Clear Lake is a member of [Adventist Health](#), a group of 19 hospitals in the western United States sharing the heritage of humanitarian outreach and wellness education characteristic of the [Seventh-day Adventist Church](#). The hospital is accredited by The Joint Commission.

History: Established in 1968 as a 27-bed district hospital, St. Helena Hospital Clear Lake added an Intensive Care Unit in 1983 and increased to 40 beds. The hospital was purchased by Adventist Health in 1997 with the obligation to maintain and operate as an acute care hospital including basic emergency and perinatal services. In 1998, St. Helena Hospital Clear Lake and St. Helena Hospital Napa Valley combined administration to better coordinate health care to the region. Three years later, St. Helena Hospital Clear Lake designated an on-site president/CEO, conducted a Lake County strategic assessment, created a financial plan and updated capital needs. In 2003, the Clearlake Family Medical Clinic broke ground, followed in 2007 by the Hidden Valley Lake Medical Clinic. In 2005, the hospital became a 25-bed critical access hospital enabling better funding for operations and capital spending. Currently the hospital is managed by a Vice President of Operations. St. Helena Hospital Clear Lake continues to expand and improve operations on an ongoing basis.

Patients: Drawing from a 2000-square mile county, St. Helena Hospital Clear Lake treats a wide variety of medical problems each year through more than 83,949 rural health clinic, 16,912 emergency department, 1,984 inpatient and 77,486 outpatient visits.

Medical Staff: Our more than 58 physicians represent 19 medical specialties. To locate a physician by specialty, please visit www.shhclearlake.org.

Employees: The hospital has approximately 413 full-time, part-time and on-call employees at St. Helena Hospital Clear Lake and the three rural health clinics.

Volunteers: Approximately 40 volunteers gave more than 3,220 hours of service in 2011.

Foundation: The St. Helena Hospital Foundation expanded to Lake County in 2010 with the creation of a Development Office. To date more than \$1.3 million has been donated to support St. Helena Hospital Clear Lake.

Mission, Vision and Values Statements

Statement of Mission

To share God's love by providing physical, mental and spiritual healing

St. Helena Hospital Clear Lake's pledge to devote its energy and resources to enhancing the health status of its community can be summed up in its Vision Statement:

Statement of Vision

We will enhance the health status in our region by providing a comprehensive continuum of services that are customer-oriented and accessible, and by engaging our community in a partnership to ensure optimum personal and community health.

St. Helena Hospital Clear Lake is an organization of caring people reaching out to those in need. We follow Christ's example of service as we promote physical, mental and spiritual health and healing. Through creative partnerships, we enhance the quality of life in the communities we serve.

Statement of Values

Wholeness – We promote whole-person wellness – balancing physical, mental and spiritual needs.

Excellence – We continuously strive to improve our performance and exceed expectations.

Respect – We believe in treating every individual with dignity, empathy and compassion.

Accountability – We manage our resources as efficiently and effectively as possible.

Integrity – We are committed to honesty in our communication and interaction.

Community – We take a leadership role in creating a healthy community.

Assessment of Need

Community Health Status Commitment:

As an Adventist Health hospital, we are committed to a community needs and capabilities assessment as a: “1) *dynamic process* undertaken to identify the 2) *health problems and goals* of the community, enable the community wide establishment of 3) *health priorities*, and facilitate 4) *collaborative action planning* directed at improving 5) community health status and *quality of life* involving 6) *multiple sectors* of the community ... the assessment draws upon 7) *quantitative and qualitative population-based health status and health services utilization data*. With strong emphasis on 8) *community ownership* of the process, a community health assessment supports developing 9) *community competence* in the identification and response to community health problems and goals.” (*Community Health Assessment: A Process for Positive Change*, Irving, TX: VHA, 1993, p. 25.)

Summary of Key Findings

Population Data

Demographics

Approximately 30% of all Lake County residents live in the Cities of Clearlake and Lakeport while the remainder lives in the balance of the county. While the population of Lake County has increased overall since the 2000 Census, estimates beyond 2003 (Table 1) show a trend of mostly modest growth.

Table 1. Population Estimates of Lake County Cities, 2003-2010 with 2000 Benchmark

| City | 4/1/2000 | 1/1/2003 | 1/1/2004 | 1/1/2005 | 1/1/2006 | 1/1/2007 | 1/1/2008 | 1/1/2009 | 1/1/2010 |
|-------------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| Clearlake | 13,147 | 13,582 | 13,739 | 13,740 | 13,783 | 14,039 | 14,221 | 14,401 | 14,385 |
| Lakeport | 4,820 | 5,027 | 5,057 | 5,084 | 5,077 | 5,062 | 5,036 | 5,151 | 5,140 |
| Balance Of County | 40,358 | 42,919 | 43,541 | 44,110 | 44,614 | 44,677 | 44,690 | 44,523 | 44,528 |
| County Total | 58,325 | 61,528 | 62,337 | 62,934 | 63,474 | 63,778 | 63,947 | 64,075 | 64,053 |

Source: California, Department of Finance, *E-4 Population Estimates for Cities, Counties and the State. May 2010.*

Population by Age and Race/Ethnicity

Three-quarters of the Lake County population identify themselves as non-Hispanic White, 16.8% as Hispanic, 2.6% as Native American, 2.6% as Multi-race, 1.8% African American and 1.0% as Asian/Pacific Islander (Figure 1), less diverse than the state as a whole. About 1 of 5 residents is age 65 and above (Figure 2).

Figure 1. Race/Ethnicity, 2010 (Projected)

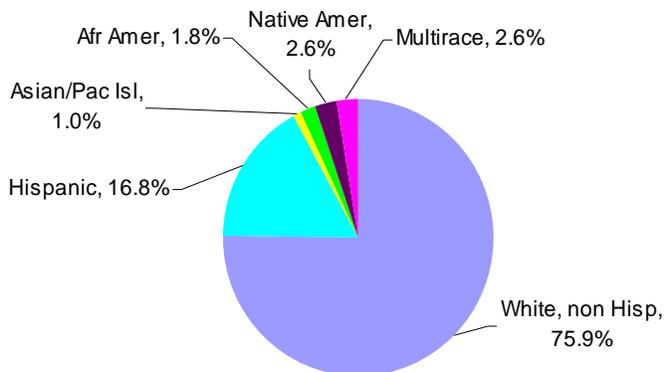
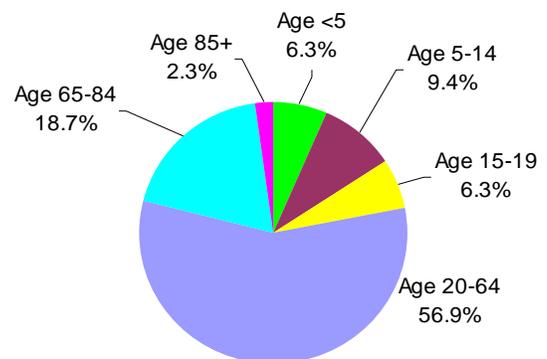


Figure 2. Age of Population, 2010 (Projected)

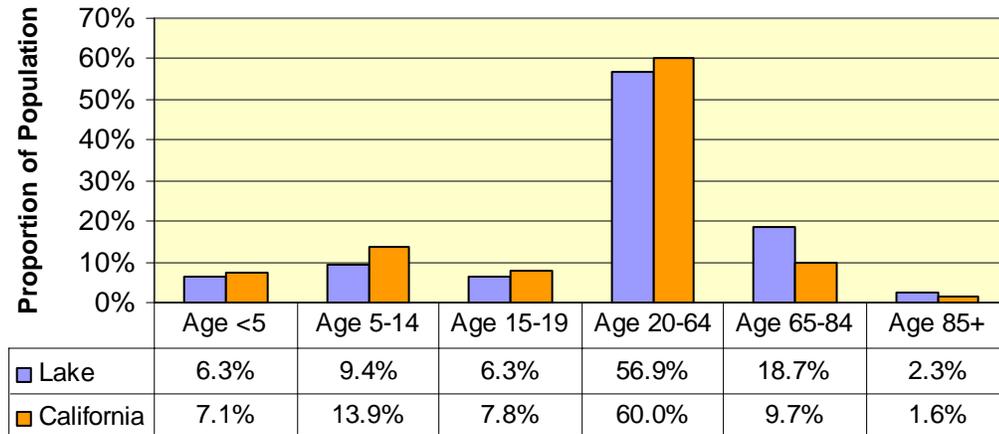


Source: California Department of Finance, *Population Projections by Race/Ethnicity and Age Report.*

Age Group Breakdown

With 21% of all residents over the age of 65, Lake County has nearly twice the proportion of older residents than California as a whole (11.3%) as shown in the graph in Figure 3. The differences in the proportions of children younger than age 5 and adolescents 15-19 are not substantially different between the Lake County and the state.

Figure 3. Age Groups, Lake County and California, 2010 (Projected)

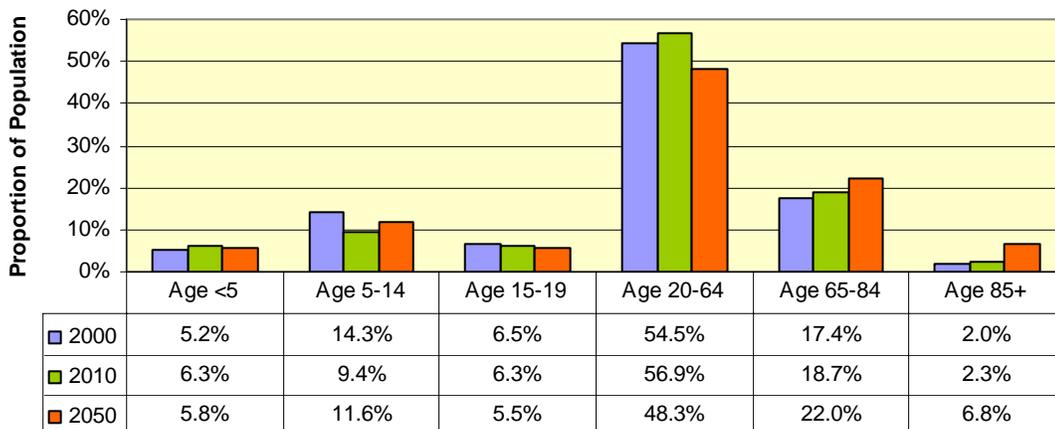


Source: California Department of Finance, *Population Projections by Race/Ethnicity and Age Report*.

Anticipated Population Changes

Lake County’s population is estimated to increase by about 45% by 2050 – from 58,724 to 106,887. As the region’s population expands, its demographic makeup is expected to shift, with the senior population rising at a disproportionate rate compared to the rest of the population (Figure 4). The population of residents who are over 60 years old, for example, is expected to increase 59% from 2010 to 2030 from 19,612 to 31,087. The anticipated significant growth in this age group will put a larger burden on the health care system and local economy, which may not have sufficient community services or tax base to support it.

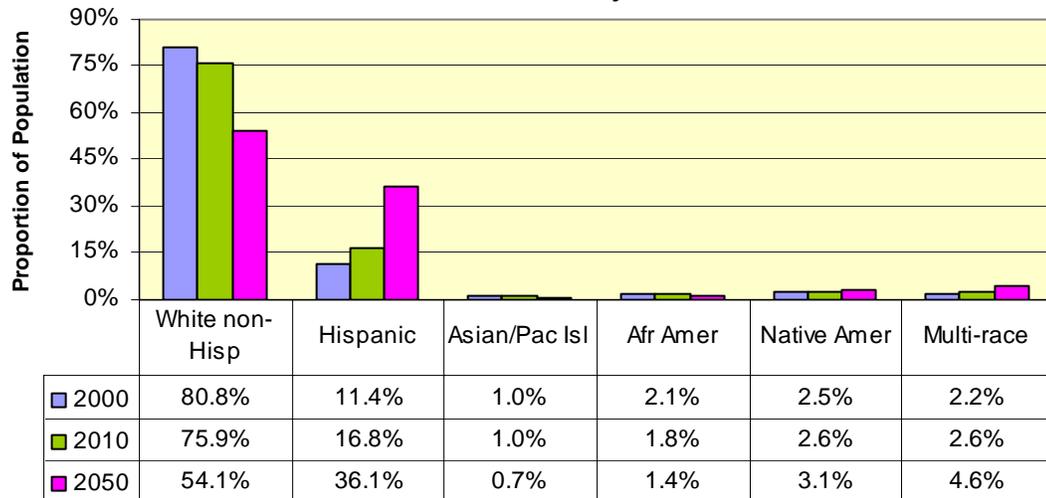
Figure 4. Population Percent Change by Age, 2000 with 2010 and 2050 Projected



Source: California Department of Finance, *Population Projections by Race/Ethnicity and Age Report*.

Corresponding to the overall growth in population, Lake County’s population is projected to become increasingly culturally diverse in coming years (Figure 5). For example, the Hispanic population is projected to increase three-fold and persons identifying as multi-race by two-fold from 2000 to 2050. Conversely, the proportion of non-Hispanic Whites, African Americans, and Asian/Pacific Islanders will decline, similar to the trends projected for California, though to a different extent in the county. The shift in Lake County population groups has implications for designing and delivering needed services in ways that are culturally and linguistically appropriate.

Figure 5. Population Percent Change by Race/Ethnicity, 2000 with 2010 and 2050 Projected



Source: California Department of Finance, *Population Projections by Race/Ethnicity and Age Report*.

Socioeconomic Factors

Economic Well-Being

Self-sufficiency income is defined as the minimum income a household must earn in order to adequately meet the basic needs of the family without being obligated to use public or private assistance. In 2008, the self-sufficiency standard for a family of two adults, one preschooler, and one school-age child living in Lake County was an annual income of \$50,833 (\$12.02 hourly).¹ This means that 4 in 10 Lake County households lacked enough income to cover “bare bones” living expenses. According to U.S. Census Bureau, 2007 American Community Survey data, in 2007, 39.7% of Lake County households lived at incomes below the self-sufficiency standard (Table 2).² While the recession technically ended in mid-2009, according to economists, current data show the painful, lingering effects have been especially hard on families and children.

Table 2. Household Self-Sufficiency

| Area | 2007 % of households below Self- Sufficiency Std. | 2008 Median Family Income |
|-------------|--|---------------------------------|
| Lake County | 39.7% | \$38,926 |
| California | 31.0% | \$61,017 |

*Statewide Self-Sufficiency income in dollars is not calculated; it is only available by county.
Sources: *Overlooked and Undercounted 2009: Struggling to Make Ends Meet in California*.
US Census Bureau, State and County Quick Facts.

¹ Self Sufficiency Tables by County, All Family Types, 2008, <http://www.selfsufficiencystandard.org/pubs.html> (March 2010)
² *Overlooked and Undercounted 2009: Struggling to make ends meet in California*, 2009 Diana Pearce and United Way of the Bay Area, <http://www.selfsufficiencystandard.org/pubs.html> (March 2010)

Other Measures of Poverty

“Persons living under poverty,” as federally defined, is a common measure of poverty although there are some limits to this method for accurately gauging poverty. Lake County has a higher proportion of people living below the poverty level than California as a whole. In 2008, one in four (24.7%) Lake County children ages 0-17 were estimated to live in families with incomes less than 200% of the official federal poverty level (Table 3).³ Eighteen percent of the total Lake County population was living below the poverty level, compared to 13.3% statewide.

Table 3. Persons Living Below Poverty Level, Lake County and California

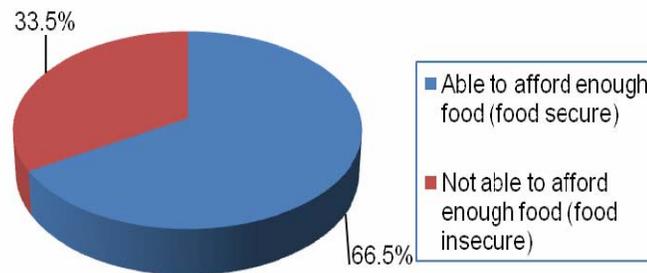
| Age Group | 2005 | 2006 | 2007 | 2008 | California 2008 |
|---------------------------|-------|-------|-------|-------|-----------------|
| All ages | 18.3% | 17.1% | 16.4% | 17.9% | 13.3% |
| All children under age 18 | 26.7% | 24.9% | 26.8% | 24.7% | 18.5% |
| Children ages 5-17 | 24.7% | 21.6% | 22.7% | 22.1% | 17.3% |
| Persons age 65 and older* | 7.6% | 6.5% | | | 8.4% |

Source: U.S. Census Bureau. Small Area Income & Poverty Estimates. Estimates for California Counties; *U.S. Census Bureau, 2006-2008 American Community Survey.

Seniors and Poverty

Not being able to afford enough food and dependence on public assistance for adequate nutrition are other important socioeconomic indicators of community health. Limited resources for purchasing food has a direct impact on health, for example increasing the risk of developing chronic diseases such as diabetes. Based on the results of the 2007 California Health Information Survey in Lake County, in which adults whose income is less than 200% of the Federal Poverty Level were asked about the ability to afford enough food, only two-thirds (66.5%) of respondents were considered “food secure” (Figure 6), up slightly from 63.7% in 2005. It was estimated that 5% of the county’s population was currently receiving food stamps.

Figure 6. Food Security of Adults <200% of Poverty, 2007



Source: California Health Interview Survey, 2007. UCLA Center for Health Policy Research

Employment

Lake County’s economy is based largely on tourism and recreation, due to the accessibility and popularity of several lakes and recreational areas. As of August 2010, 83.2% of the county’s population was in the labor force. According to current labor market data, 21,930 of the 26,360 in Lake County’s labor force were employed, a lower proportion than statewide or in the U.S.

³ U.S. Census Bureau, *Small Area Income and Poverty Estimates*. Accessed online at <http://www.census.gov/did/www/saipc/county.html> (March 2010)

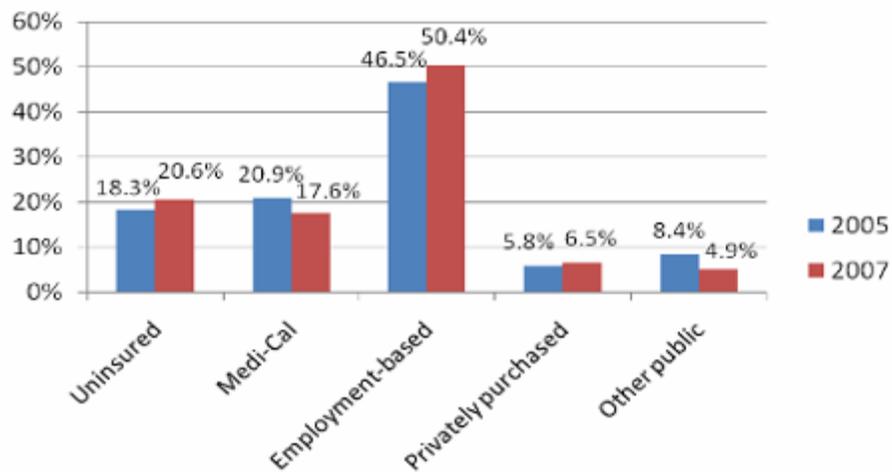
In August 2010, Lake County’s civilian unemployment rate was 16.8%—1 of 6 employable people—more than double the rate in 2004. The county’s rate was higher than the state rate (12.4%) or national rate (9.5%) in August 2010, and was the 53rd highest of the 58 counties.

Health Insurance Coverage

With a population that is older, poorer and with less employer-based health insurance coverage, a larger segment of a rural county’s population is dependent upon public health care programs such as Medi-Cal, Medicare, and State Children’s Health Insurance Programs (e.g., Healthy Families). The cost of health care, including dental and mental health services, creates a barrier to care for people who are not covered by some form of health insurance as is the case for many residents who are in small businesses or self-employed. Lake County’s growing senior population, moreover, is expected to incur increasing out-of-pocket medical costs as they age.

According to the 2007 California Health Interview Survey (CHIS), 79% of Lake County adults age 18-64 had some form of health insurance, leaving over 20% without medical coverage, up from 18% in 2005 (Figure 7). When all ages are included, 86% of Lake residents have coverage. *Having* coverage for care, however, does not guarantee *access* to care if there are an inadequate number of providers in the service area and/or providers are not willing to accept all forms of coverage, including Medi-Cal and Medicare. Approximately 18% of the non-senior adult population is covered by Medi-Cal.

Figure 7. Insurance Coverage of Persons Ages 18-64, Lake County, 2005 & 2007



Source: California Health Interview Survey, UCLA Center for Health Policy Research, 2005 & 2007

Medi-Cal Coverage

Medi-Cal pays the cost of medical care for children and their parents, the disabled, and elderly who have low incomes. At 17.6%, Lake County’s 2007 non-senior adult Medi-Cal enrollment was the 3rd highest of the northern and Sierra Counties. About 40% of young people, ages 0-17, were covered by either Medi-Cal (26.5%) or Healthy Families in 2007, down from 54% in 2005 (40% Medi-Cal). Table 4 below shows that Medi-Cal eligibility of Lake County residents has increased from 2007 to 2009.

Table 4. Persons Certified Eligible for Medi-Cal in Lake County, 2007 - 2009

| | July 2007 | July 2008 | July 2009 |
|-------------------------------------|-----------|-----------|-----------|
| Total Persons eligible for Medi-Cal | 14,832 | 15,766 | 16,486 |

Source: California Department of Health Care Services.

Seniors and Health Insurance

Most seniors are covered by a combination of Medicare and a private supplemental plan or Medi-Cal (Table 5). Lake County has the highest percentage of seniors who are covered by a combination of Medicare and Medi-Cal in the northern and Sierra Counties region. It has the second lowest percentage of seniors that have private supplemental coverage in addition to Medicare.

Table 5. Type of Current Health Coverage for People Age 65+, 2003, 2005, 2007

| Year | Medicare and Other | Medicare and Medi-Cal | Medicare Only |
|------|--------------------|-----------------------|---------------|
| 2003 | 73.0% | 15.7% | 9.6% |
| 2005 | 69.3% | 14.9% | 14.1% |
| 2007 | 72.7% | 12.6% | 11.7% |

Source: California Health Interview Survey, UCLA Center for Health Policy Research.

Children and Health Insurance

According to the 2007 CHIS, 17.9% of children ages 0-18 in Lake County were uninsured all or part of the year in 2007 (Table 6), nearly 3 times the statewide rate. Lake County’s rate of children covered by employment-based insurance, 40.2%, was substantially lower than the state average, and its combined rate of Medi-Cal and Healthy Families, 34.7%, was slightly higher.

Table 6. Health Insurance Coverage of Children Ages 0-18, Lake County, 2007

| | Lake County | California |
|---|-------------|------------|
| Percent uninsured all or part year | 17.9% | 6.4% |
| Percent insured all year, employment-based | 40.2% | 54.9% |
| Percent insured all year, Medi-Cal | 22.4% | 25.8% |
| Percent insured all year, Healthy Families/CHIP | 12.3% | 6.7% |
| Percent insured all year, privately purchased and other | 6.8%* | 6.1% |

Source: 2007 California Health Interview Survey, UCLA Center for Health Policy Research.

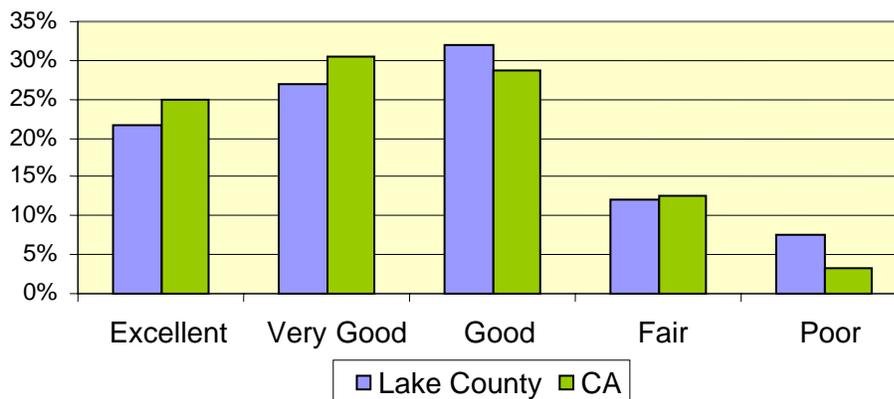
* Represents statistically unstable results due to small sample size.

Health Status Indicators

Self-Rated Health Status

In population studies, self-rated health is generally regarded by researchers as a valid, commonly accepted measure of health status. Understanding the correlates of self-rated health may help health care professionals prioritize health promotion and disease prevention interventions to the needs of the population. One of five (21.6%) Lake County respondents to the 2007 California Health Information Survey rated their health status as “excellent” and 27% as “very good.” However, on average, Lake County residents viewed themselves as less healthy than other Californians.

Figure 8. Self-Rated Health Status, Lake County and California, 2007



Source: California Health Information Survey

When the senior population (age 65+) is broken out of the county and statewide data, Lake County seniors rate their health more favorably overall than other California seniors: 73.8% considered their health to be excellent, very good, or good in contrast to 69.4% of California seniors who gave themselves those high ratings.

Table 7. Percent of Population Self-Rated Health Status, Lake County and California, 2007

| | Lake County | | California | |
|-----------|-------------|-----------------|------------|-----------------|
| | All Ages | Seniors Age 65+ | All Ages | Seniors Age 65+ |
| Excellent | 21.6% | 16.0% | 25.0% | 11.6% |
| Very good | 27.0% | 26.1% | 30.4% | 26.8% |
| Good | 32.0% | 31.7% | 28.8% | 31.0% |
| Fair | 12.0% | 17.0% | 12.5% | 21.9% |
| Poor | 7.5% | 9.2% | 3.3% | 8.7% |

Source: 2007 California Health Interview Survey

Morbidity

Summary rankings for Health Outcomes show Lake County as 55th (of 58) worst in the state on mortality and 45th worst for measures of morbidity of California’s 58 counties (Table 8). *Mortality* is a life expectancy measure and *morbidity* is a combination of self-report fair or poor health; poor physical health days; poor mental health days; and the percent of births with low birth weight.

Table 8. Health Outcomes Summary Rankings of California Counties

| Health Outcomes | | | |
|-----------------|-------------|------|-------------|
| Rank | Mortality | Rank | Morbidity |
| 55 | Lake County | 45 | Lake County |

Data are from the period 2000-2008.

Source: *County Health Rankings. Mobilizing Action Toward Community Health, 2010 California.*

Summary rankings for Health Factors for Lake County show a wide range. For measures of physical environment, the county ranks almost at the top, 2nd best in the state. For clinical care, it ranks almost in the middle at 31st, and for health behaviors and social/economic factors, the county is 46th and 47th worst in the state, respectively (Table 9 on the next page). *Health behaviors* include things like smoking and exercise; *clinical care* includes measures of access to medical care; *social and economic* factors include education, employment, and community safety; and *physical environment* is a combination of environmental quality and

the “built environment” (human-created or arranged physical objects and places people interact most directly with such as structures and landscapes).

Table 9. Health Factors Summary Rankings of California Counties

| Health Factors | | | | | | | |
|----------------|------------------|------|---------------|------|-------------------------|------|----------------------|
| Rank | Health Behaviors | Rank | Clinical Care | Rank | Social/Economic Factors | Rank | Physical Environment |
| 46 | Lake County | 31 | Lake County | 47 | Lake County | 2 | Lake County |

Data are from the period 2000-2008.

Source: *County Health Rankings. Mobilizing Action Toward Community Health, 2010 California.*

Table 10 displays the incidence or cases of communicable diseases commonly reported for morbidity indicators in community health assessments. The case rates shown in the table are per 100,000 population and show Lake County’s rates are more favorable than statewide rates. However, these reported data are 5 years old. According to Lake County Public Health Department preliminary data, Lake County experienced a significant outbreak of gonorrhea in 2009 and 2010. Compared with only 1 reported gonorrhea case in 2008, there were more than 30 cases in 2009.

Table 10. Lake County Morbidity by Cause, 3-Year Average

| County Rank Order | Health Status Indicator | 2006-2008 Cases (Ave.) | Crude Case Rate | Crude Case Rate | | National Objective |
|-------------------|--------------------------|------------------------|-----------------|-----------------|-----------------------|--------------------|
| | | | | Statewide | National ¹ | |
| 19 | AIDS Incidence (Age 13+) | 1.3 | 2.4* | 11.6 | 14.4 | 1.00 |
| 21 | Tuberculosis incidence | 1.3 | 2.0* | 7.2 | 4.4 | 1.00 |
| 14 | Chlamydia incidence | 106.3 | 163.1 | 377.7 | ^a | ^b |
| 16 | Gonorrhea incidence | 9.7 | 14.8* | 79.7 | 119.0 | 19.00 |

Source: County Health Status Profiles 2010. California Department of Public Health

* Rate or percent unstable; relative standard error greater than or equal to 23%.

^a National rate is not comparable to California due to rate calculation methods.

^b Prevalence data were not available in all California counties to evaluate National Objective of >3% testing positive in the population 15-24 years of age.

Lake County’s case rate (per 100,000 population) for tuberculosis is relatively low compared to California. Because the number of cases each year is small, it is difficult to detect trends over time. Lake County’s case rate (per 100,000 population) for tuberculosis is lower than the state’s rate, 2.0 (statistically unstable) in 2006-2008 compared to 7.2. Like California and the rest of the nation, the county has seen an overall decrease in cases since the mid 1990’s, though the decline has leveled off in recent years. It had the 21st lowest rate of tuberculosis cases out of 58 counties in 2006-2008.

Mortality

The leading causes of mortality (Table 11 on the next page) present a broad picture of the causes of death in Lake County. The death rates shown are per 100,000 population. The crude death rate is the actual risk of dying. The age-adjusted rate is the hypothetical rate that the county would have if its population were distributed by age in the same proportions as the 2000 U.S. population. The shaded rows in the table—some of which contain “statistically unstable” rates, unavoidable because of small sample sizes—highlight the death rates where Lake County is reported to exceed state, national, or National Health Objective rates.

Table 11. Lake County Deaths by Cause, 3-Year Average

| Lake County Rank Order | Health Status Indicator | 2006-2008 # of Deaths (3-yr avg) | Crude Death Rate | Age-Adjusted Death Rate | Age-Adjusted Death Rate | | National Health Objective |
|------------------------|-------------------------------------|----------------------------------|------------------|-------------------------|-------------------------|-----------------------|---------------------------|
| | | | | | Statewide | National ¹ | |
| 52 | All causes | 784 | 1203 | 847 | 666 | 760 | ^a |
| 52 | All cancers | 182 | 279 | 179 | 156 | 178 | 158.6 |
| 47 | Colorectal (colon) cancer | 16 | 24 | 16* | 15 | 17 | 13.7 |
| 53 | Lung cancer | 58 | 89 | 57 | 38 | 51 | 43.3 |
| 5 | Female breast cancer | 7 | 20* | 12* | 21 | 23 ² | 21.3 |
| 15 | Prostate cancer | 8 | 26* | 19* | 22 | 24 | 28.2 |
| 21 | Diabetes | 16 | 24* | 16* | 21 | 22 | ^b |
| 22 | Alzheimer's disease | 17 | 27* | 18* | 26 | 23 | ^a |
| 46 | Coronary heart disease | 146 | 224 | 150 | 137 | 191 | 162.0 |
| 41 | Cerebrovascular disease (stroke) | 44 | 68 | 46 | 41 | 42 | 50.0 |
| 32 | Influenza/pneumonia | 17 | 26* | 18* | 20 | 16 | ^a |
| 53 | Chronic lower respiratory disease | 61 | 94 | 61 | 38 | 41 | ^a |
| 56 | Chronic liver disease and cirrhosis | 20 | 31 | 22* | 11 | 9 | 3.2 |
| 56 | Unintentional injuries | 51 | 78 | 68 | 30 | 38 | 17.1 |
| 52 | Motor vehicle crashes | 16 | 25* | 22* | 10 | 14 | 8.0 |
| 57 | Suicide | 18 | 28* | 29* | 9 | 11 | 4.8 |
| 48 | Homicide | 5 | 7* | 7* | 6 | 6 | 2.8 |
| 50 | Firearms-related | 10 | 15* | 13* | 9 | 10 | 3.6 |
| 53 | Drug-induced deaths | 19 | 30 | 28* | 11 | 10 | 1.2 |

Source: County Health Status Profiles 2010. California Department of Public Health.

The shaded rows in the table highlight the death rates where Lake County exceeds state, national, or National Objective rates.

* Death rate unstable, relative standard error is greater than or equal to 23%.

¹: Preliminary data for 2007. National vital statistics reports; vol 58 no 1. Hyattsville, MD: National Center for Health Statistics. 2009.

² State Cancer Profiles. National Cancer Institute. <http://statecancerprofiles.cancer.gov/cgi-bin/deathrates/deathrates.pl?00&05&00&2&001&1&1&1> (April 2010)

^a Healthy People 2010 National Objective has not been established

^b National Objective is based on both underlying and contributing cause of death which requires use of multiple cause of death data files. California's data exclude multiple/contributing causes of death.

In 2006-2008, Lake County's overall death rate was higher than the state's and 52nd highest of 58 counties. Diseases of the circulatory system—coronary heart disease and stroke—are responsible for 24% of Lake County's deaths. Death rates due to both causes have met Healthy People (HP) 2010 objectives, but are higher than state rates.

Cancer is the leading cause of death in Lake County—accounting for about 1 out of every 4 deaths. The county has the 52nd highest death rate due to cancer in the state and is higher than both the statewide rate and the HP 2010 national objective. The rate of death from lung cancer is substantially higher than the state rate (Table 11 above).

Over 30% of cancer is estimated to be associated with diet and obesity; and another 30% with tobacco use. Death from cancers of the trachea, bronchus and lung lead all other types of cancer. Table 12 breaks out mortality data by type of cancer and shows that Lake County's death rates due to all cancers combined and lung cancer are worse than national health objectives and statewide rates. While statistically unstable, the rate for colorectal cancer appears to be more on par, and that for female breast cancer appears to be lower.

Table 12. Deaths Due to Cancer by Type of Cancer, 2006-2008

| Type | Lake County | | | | California | National Objective |
|--------------------|----------------------------------|------------------|-------------------------|------------|-------------------------|--------------------|
| | 2006-2008 # of Deaths (3-yr avg) | Crude Death Rate | Age-Adjusted Death Rate | Rank Order | Age-Adjusted Death Rate | |
| All cancers | 182 | 279 | 179 | 52 | 156 | 158.6 |
| Lung | 58 | 89 | 57 | 53 | 38 | 43.3 |
| Colorectal (colon) | 16 | 24 | 16* | 47 | 15 | 13.7 |
| Female breast | 7 | 20* | 12* | 5 | 21 | 21.3 |

Source: County Health Status Profiles 2010. California Department of Public Health.

Other causes for which Lake County’s death rates exceed the state rate or HP 2010 objectives substantially are unintentional injuries (4 times the HP objective), chronic lower respiratory disease and chronic liver disease and cirrhosis.

Primarily attributed to excessive alcohol consumption, liver disease and cirrhosis was the ninth leading cause of death in California and the eighth in Lake County for the 2006-2008 three year period. The county’s age-adjusted death rate, 22 (unstable) per 100,000, was about 7 times higher than the HP 2010 objective for the nation, which is 3 per 100,000.

Lake County’s rates of suicide (57th worst in state) and drug-induced deaths (53rd worst) also appear to be higher than the state as a whole.

Chronic Disease and Other Conditions

Heart Disease

“Heart disease” refers to a variety of conditions including coronary artery disease, heart attack, heart failure, and angina. In addition, heart disease is a major cause of chronic illness. Lake County’s 2006-2008 three-year average, age-adjusted death rate from coronary heart disease was 149.8 per 100,000 population, 46th highest of the 58 counties. While higher than the state rate of 137.1, Lake County’s death rate is lower than the Healthy People 2010 objective of 162.

According to the 2007 California Health Interview Survey, 10.3% of Lake County residents have been diagnosed with heart disease, compared to 6.3% statewide (Table 13 below). In 2004, 2.7% of Lake County residents were hospitalized due to heart disease, compared to 1.7% statewide.

Table 13. Percent of Adults Who Self-Reported Ever Being Diagnosed With Heart Disease

| Reporting Period | Lake County | California |
|------------------|-------------|------------|
| 2003 | 10.1% | 6.9% |
| 2005 | 11.9% | 6.2% |
| 2007 | 10.3% | 6.3% |

Source: California Health Interview Survey, 2003, 2005, 2007

Diabetes

The prevalence of diabetes continues to grow nationwide, and it poses a significant public health challenge. More than one out of ten California adults has diabetes, a 38% increase in one decade, and one in three has pre-diabetes. The prevalence of gestational diabetes has increased 60% in seven years, and research shows increasing diabetes in children and youth. Similar to other chronic conditions, access to health care and disease management are key factors in reducing the burden of diabetes.

Lake County has a total of 50,309 adults; among those, 3,421 self-reported as having diabetes. In both Lake County and California, according to the California Health Interview Survey (CHIS), the proportion of the adult population that has diabetes increased from 2005 to 2007 (Table 14).

Table 14. Diabetes , Adults Age 18 and Older

| Area | Has Diabetes | | | Diagnosed Borderline or Pre-Diabetes | | |
|-------------|--------------|------|------|--------------------------------------|--------|------|
| | 2003 | 2005 | 2007 | 2003 | 2005 | 2007 |
| Lake County | 9.5% | 6.8% | 9.7% | * | 1.5%** | * |
| California | 6.6% | 7.0% | 7.8% | 0.8% | 1.1% | 1.5% |

Source: California Health Interview Survey, 2003, 2005, 2007.

*Estimate is less than 500 people.

**Statistically unstable.

In 2007, Lake County’s age-adjusted rate of diabetes, which was slightly lower than the State rate, ranked higher among most of the 20 Northern and Sierra Counties in which it is grouped. Neither the State nor Lake County achieved the Healthy People 2010 national objective of a diabetes prevalence rate of 2.5% (Table 15).

Table 15. Prevalence Rates¹ of Diabetes in Adults Age 18 and Older, 2007

| | Age-Adjusted Rate |
|-------------------------------|-------------------|
| Healthy People 2010 Objective | 2.5 |
| Lake County | 7.4 |
| California | 7.5 |

Source: 2007 California Health Interview Survey.

¹Rate is per 100 county or State population.

*Age-adjusted rate is significantly different from age-adjusted State rate.

Although county-level prevalence data for Native Americans are not available in this dataset, statewide studies show that almost one-third (30%) of American Indian elders age 55 and over have been diagnosed with diabetes, the highest prevalence of any racial group and over twice the 13% rate of whites. This finding has special significance in Lake County as its percentage of Native Americans is twice the statewide proportion.

The following notable risk factor data concerning persons who are current smokers, overweight, obese, do not participate in regular physical activity, or consume less than five servings of fruits and vegetables a day among current diabetics in Lake County are highlighted by shaded cells in Table 16 (next page) with some of those findings listed below:

- 14% of female diabetics are current smokers compared to <1% of male diabetics
- Close to 100% of diabetics ages 18-44 are reported to be overweight
- Almost half of all diabetics are obese: 56% of female diabetics and close to 100% of diabetics ages 45-64
- Almost 1 in 3 male diabetics are physically inactive
- Over half of diabetics eat less than 5 servings of fruits and vegetables a day

Table 16. Lake County Diabetes Prevalence and Risk Factors among those with Diabetes, 2005

| | Diabetes Prevalence | Current Smoking | Overweight | Obese | Physical Inactivity ¹ | Less-than-5-A-Day ² |
|------------------|---------------------|-----------------|------------|-------|----------------------------------|--------------------------------|
| | % | % | % | % | % | % |
| Countywide | 6.8 | 9.9 | 40.9 | 45.8 | 15.5 | 52.4 |
| Female | 9.0 | 14.4 | 40.1 | 56.3 | 7.8 | 54.5 |
| Male | 4.5 | * | 42.6 | 23.3 | 32.1 | 47.8 |
| Latino | 5.8 | * | * | * | * | * |
| Asian | * | * | * | * | * | * |
| African American | 17.7 | * | * | * | * | * |
| White | 7.2 | 11.2 | 36.8 | 48.2 | 17.6 | 57.0 |
| 18-44 | 2.5 | * | 100.0 | * | * | * |
| 45-64 | 6.8 | 25.7 | 0.0 | 100.0 | 9.7 | 60.5 |
| 65+ | 13.7 | * | 56.7 | 15.6 | 24.6 | 61.0 |

Source: California Diabetes Program. (2009). Diabetes in California Counties. Sacramento, CA: California Diabetes Program, California Department of Public Health; University of California San Francisco, Institute for Health and Aging.
Based on the 2005 CHIS.

¹Physical Inactivity is defined as less than 20 min. of vigorous exercise 3/week or 30 min. of moderate activity 5/week.

²Less-than-5-A-Day refers to the consumption of 4 or less fruits and vegetables per day.

*Insufficient number of observations to make a statistically reliable estimate.

Overweight and obesity, which are often caused by an interdependence of dietary factors and physical inactivity, are becoming epidemic in the population and are associated with an increased risk for a number of serious health conditions. Over half of all Californians are at increased risk for heart disease, type 2 diabetes, high blood pressure, stroke, arthritis-related disabilities, depression, sleep disorders, and some cancers.

In 2007, 29% of adults in Lake County were obese compared to 23% statewide (Table 17). Neither the county nor the state has met the Healthy People 2010 national objective of 15%. Only one-third of adults in the county are of healthy weight compared to 41% statewide, both considerably lower than the HP 2010 goal of 60%.

Table 17. Adult Prevalence of Healthy Weight and Obesity, 2001 & 2007

| | Lake County | | California | | HP 2010 |
|--|-------------|-------|------------|-------|---------|
| | 2001 | 2007 | 2001 | 2007 | |
| Healthy weight (BMI >18.5 and BMI <25.0) | 33.4% | 33.5% | 43.0% | 40.7% | 60.0% |
| Obese (BMI>30.0) | 26.1% | 28.8% | 19.3% | 22.7% | 15.0% |

Source: California Health Interview Survey.

The rapid increase in overweight among children and adolescents is generating widespread concern. Over the past 20 years, the rate of overweight has doubled in children and tripled in teens nationally. This rapid increase has generated widespread concern, as overweight and obesity are major risk factors for chronic diseases. Obese children are more than twice as likely to have type 2 diabetes, once seen only in adults, than children of normal weight. They are more likely to have risk factors for cardiovascular disease, including high cholesterol levels, high blood pressure, and abnormal glucose tolerance. The risk of new-onset asthma is also higher among children who are overweight.

According to 2008-09 California Physical Fitness Test data, the percentage of children in Lake County in grades 5, 7, and 9 considered overweight (based on body composition factors) were 33.2%, 30.7%, and 31.1%, respectively. These rates closely mirror the statewide averages for students tested in these grades.

Breastfeeding Rate

Interventions aimed at childhood obesity typically target school-age children, but prevention should start much earlier, as early as the day the child is born according to pediatric experts. Breast milk not only provides infants with all the nutrients they need and elements that promote growth and a healthy immune system, but is also recognized as the first step in the battle against childhood overweight. Mothers who breastfeed exclusively (breast milk is the infant’s only food) are likely to breastfeed for a longer time—offering the best protection against overweight.

Statewide in 2007, about 87% of mothers chose to breastfeed their infants in the hospital; with 43% breastfeeding exclusively. Lake County’s overall rates (89.2%) are on par with the state (Table 18).

Table 18. Breastfeeding of Newborns, by Breastfeeding Status

| Breastfeeding Status | 2003 | 2004 | 2005 | 2006 | 2007 |
|-------------------------|-------|-------|-------|-------|-------|
| Exclusive Breastfeeding | 51.3% | 56.6% | 47.4% | 48.6% | 47.5% |
| Any Breastfeeding | 87.2% | 87.9% | 87.4% | 87.8% | 89.2% |

As cited on kidsdata.org, California Department of Public Health, Center for Family Health, Genetic Disease Screening Program, Newborn Screening Data, 2003-2007. Accessed at: <http://www.cdph.ca.gov/data/statistics/Pages/BreastfeedingStatistics.aspx> (March 5, 2009).

In 2007, 90% of mothers did some breastfeeding in the hospital. The county ranked 36th lowest out of 58 counties on exclusive breastfeeding, with only 42% doing so. As shown in Table 19, rates vary by race/ethnicity. White women in Lake County breastfeed exclusively at a considerably lower rate than statewide, 48% compared to 64%. Only a third of Hispanic mothers in the county breastfeed exclusively. The Healthy People 2010 objective is for 75% of mothers to breastfeed in the early post-delivery period and 50% to still be breastfeeding when the baby is six months old.

Table 19. Percentage In-Hospital Exclusive Breastfeeding by Race/Ethnicity

| Ethnicity | Lake County | State Average |
|-----------|-------------|---------------|
| Hispanic | 32.6 | 32.4 |
| White | 47.8 | 63.6 |
| Total | 42.2 | 42.7 |

Source: CA Hospital Breastfeeding Report 2008. County Fact Sheets. California WIC Association.

Asthma

In Lake County, approximately 12,000 children and adults have been diagnosed with asthma. According to the National Health Interview Survey, young people under age 18 have higher rates of asthma than any other age group. In 2007, 15.4% of young people under age 18 in California had ever been diagnosed with asthma. Lake County’s rate of 16% was very close.

According to the 2007 California Health Interview Survey, all Lake County children and adolescents with asthma experienced asthma symptoms in the preceding year, compared to 89% in California (Table 20 on the next page). This suggests that a larger proportion of the county’s children and adolescents than the state average may be at risk for serious illness and other complications associated with asthma, such as activity limitations and missed days of school.

Table 20. Lifetime Asthma,¹ Children and Adolescents, 2003 & 2007

| | Lifetime Asthma in California Children and Adolescents, 2003 & 2007 | | Children and Adolescents Experiencing Asthma Symptoms Within the Past Year, 2003 & 2007 | |
|-------------|---|-------|---|--------|
| | 2003 | 2007 | 2003 | 2007 |
| Lake County | 11.1% ² | 16.0% | 80.8% ² | 100.0% |
| California | 15.4% | 15.4% | 92.3% | 89.4% |

Source: California Health Interview Survey, 2003 & 2007

¹Individuals with "lifetime asthma" have ever been told by a doctor that they have asthma.

²Statistically unstable

When people manage their asthma properly and receive appropriate health care, they should not have to go to the emergency department (ED) for treatment. However, many still do. In 2006, there were 448 asthma-related ED visits in Lake County that did not result in inpatient hospitalization.

Table 21 compares the county's rate of ED visits for people under and over age 18 to statewide rates. The rate of visits for young people was higher than the state rate—the 12th highest of 58 counties. For people over 18, Lake County's rate was the 2nd worst in the state and about twice the statewide average. Lake County's overall rate of asthma hospitalizations, 10.4 per 10,000, is higher than the state rate of 9.1 and 11th worst in the state.

Table 21. Asthma Related ED Visits, 2006

| Age Group | Lake Number | Lake Rate (per 10,000) | CA Rate |
|-----------|-------------|------------------------|---------|
| 0-17 | 118 | 83.6 | 68.0 |
| 18+ | 330 | 73.4 | 35.8 |

Source: Lake County Asthma Profile, July 2008, California Breathing.

Alzheimer's Disease

Dementia is characterized by the loss or decline in memory and one of at least a couple of other cognitive abilities. Alzheimer's disease is the most common cause of dementia, and the 7th leading cause of death in the U.S. in 2006. Estimates from different studies on the prevalence and characteristics of people with Alzheimer's and other dementias vary depending on how each study was conducted. Because there are no local data, projections can be helpful for planning purposes. Applying national prevalence estimates of 13% of people aged 65 and older with Alzheimer's disease, approximately 1,375 of residents in Lake County would be projected to have Alzheimer's.

Lake County's proportionately older population (approximately 1.5% of the population in California is age 85 or above, while in Lake County 1.8% of the population is ≥ 85) will mean more cases (and greater need for services) since age is the largest risk factor. The increased numbers of people with Alzheimer's will have a marked impact on local health care systems—they are high users of health care, long-term care, and hospice—as well as families and caregivers.

Maternal Health

Prenatal Care

Early initiation of and adequate prenatal care are associated with improved birth outcomes. The national objective for births to mothers with "adequate/adequate plus" care (which includes timing of entry into prenatal care) is 90%. Only one California county (Marin) met this objective in the latest 3-year reporting period. While an improvement from 65.9% in 2003-2005, only 67.5% of Lake County women received adequate/adequate plus prenatal care during 2006-2008 (3-year average). The county's rate is worse than the statewide rate of 78.7% and ranks 49th lowest in the state.

Births

Approximately 728 babies were born in 2008 to women living in Lake County.* Birth projections through 2015 show a slight but steady increase (Table 22), which is likely attributable to the county’s overall growth in population size. Similar to the majority of the state, the growth will be disproportionately higher among the Latino and certain Asian/Pacific Islander populations.

Table 22. Actual and Projected Births, Lake County, 2005-2015

| <i>Actual</i> | |
|------------------|-----|
| 2005 | 728 |
| 2006 | 695 |
| 2007 | 742 |
| 2008 | 705 |
| <i>Projected</i> | |
| 2009 | 705 |
| 2010 | 714 |
| 2011 | 721 |
| 2012 | 730 |
| 2013 | 738 |
| 2014 | 747 |
| 2015 | 755 |

Source: Years 2005-2008: California Department of Public Health. County Birth Statistical Data Tables Years 2009-2015: California Department of Finance, County Birth Projections, 2009 Series.

In 2006 in Lake County, close to two-thirds (65.6%) of births were paid primarily by Medi-Cal compared to fewer than half statewide (46.9%).

Adolescent Pregnancy

Lake County’s three-year average adolescent birth rate (per 1,000 female population) was 42.7 in 2006-2008, up from the 2003-2005 rate of 36.9, and higher than the statewide rate of 36.6, ranking Lake County 43rd highest among California’s 58 counties (Table 23). While no national objective has been established for this indicator, the national target for *pregnancies* (as opposed to births) among adolescent females is 43 pregnancies per 1,000.

Table 23. Births to Teen Mothers 15-19 Years of Age

| Area | 2007 Female Population 15-19 Yrs Old | 2006-2008 Live Births (3 yr average) | Age-Specific Birth Rate (per 1,000 female population) |
|-------------|--------------------------------------|--------------------------------------|---|
| Lake County | 2,379 | 102 | 42.7 |
| California | 1,438,740 | 52,622 | 36.6 |

Source: County Health Status Profiles 2010. California Department of Public Health.

Children of teen mothers are more likely to display poor health and social outcomes than those of older mothers, such as premature birth, low birth weight, higher rates of abuse and neglect, and greater likelihood of entering foster care or doing poorly in school.

* Births are reported by county of residence of mother not county of facility where the birth occurred.

Infant Mortality/Low Infant Birth Weight

Infant mortality rates (the rate at which babies less than one year of age die) are used to compare the health and well-being of populations across and within countries. Because the number of infant deaths for most counties in California is too small to calculate reliable rates, the rate of infants born with low birth weight (less than 2500 grams at birth) is often used instead.

Lake County’s 2006-2008 3-year average low birth weight rate was 5.9%, slightly better than the statewide rate of 6.9% and better than its 2003-2005 rate of 6.5% (Table 24). Neither the county nor the state met the national Healthy People objective of 5%, and the county ranked 21st lowest among the 58 counties.

Table 24. Low Birth Weight Infants

| Area | 2006-2008 (3 yr average) | | | Healthy People 2010 Goal |
|-------------|-----------------------------|------------------|---------|-----------------------------|
| | Live Births | Low Birth Weight | | |
| | | Number | Percent | Percent |
| Lake County | 714 | 42 | 5.9 | 5.0 |
| California | 559,936 | 38,368 | 6.9 | 5.0 |

Source: County Health Status Profiles 2010. California Department of Public Health.

Substance Use and Abuse

Adult Alcohol Use and Abuse

The State collects, monitors, and reports community-level indicators that serve as direct and indirect measures of the prevalence of alcohol and other drug use and related problems. Selected indicators for adults in Lake County are shown in Table 25. The county’s rates for all eight of these indicators are higher than the statewide averages.

Table 25. Community-Level Alcohol and Drug-Related Indicators, Adults

| <i>Indicator (rates per 100,000)</i> | Report Period (3-yr avg. unless single year specified) | Lake | CA |
|--|--|---------|-------|
| Rate of arrests for drug-related offenses, ages 10-69 | 2002-2004 | 1,306.6 | 983.4 |
| Rate of alcohol-involved motor vehicle accident fatalities | 2001-2003 | 12.5 | 3.9 |
| Rate of alcohol and drug use hospitalizations | 2002-2004 | 358.3 | 214.8 |
| Rate (per 1,000) of admissions to alcohol and other drug treatment, ages 10-69 | 2002-2004 | 1,636.1 | 856.8 |
| Rate of deaths due to alcohol and drug use | 2001-2003 | 51.2 | 20.1 |

Source: *Indicators of Alcohol and Other Drug Risk and Consequences for California Counties*. Lake County 2007. Center for Applied Research Solutions.

Note: These data are expected to be updated in late 2010.

Lake County’s 3-year average rate of alcohol-involved motor vehicle fatalities for 2001-2003 was three times higher than the state rate. Having increased 8% between 2000 and 2004, the 3-year rate of admission for alcohol and drug treatment in Lake County for 2002 to 2004 was nearly double the statewide average (Table 25 above). Rates for adolescents, between 10 and 17 years, grew by over 70% between 2000 and 2004, were more than 5 times the state average in 2004, and accounted for 23.4% of the county’s total admissions, compared to only 9% statewide. The proportion of Hispanics admitted to treatment more than tripled, from

2011 Community Benefit Report

8.4% in 2000 to 26.7% in 2004. Three-quarters of treatment admissions in 2004 were for marijuana use, about 14% for alcohol, and 9% for methamphetamine use. Over 80% of people admitted had initiated substance use before the age of 21.

Lake County's rate of hospitalizations due to alcohol and drug use increased by 27% between 2000 and 2004, and the 3-year average rate for 2002 to 2004 were 1.7 times higher than the statewide rate.

According to the 2007 California Health Interview Survey (CHIS), the rate of binge drinking is higher in Lake County than statewide (Table 26). According to the National Institute on Alcohol Abuse and Alcoholism, binge drinking is defined as a pattern of alcohol consumption that brings the blood alcohol concentration level to 0.08% or above. This pattern of drinking usually corresponds to more than 4 drinks on a single occasion for men or more than 3 drinks on a single occasion for women, generally within about 2 hours. (Note that the CHIS question about binge drinking changed in 2007, from asking about binge drinking the past 30 days to the past year.)

Table 26. Adult Binge Drinking Rates

| | Engaged in Binge Drinking ¹ | | |
|-------------|--|----------------------|----------------------------------|
| | 2003 (in past month) | 2005 (in past month) | 2007 (in past year) ² |
| Lake County | 19.5% | 14.3% | 33.9% |
| California | 15.1% | 17.6% | 29.7% |

Source: 2003, 2005, 2007 California Health Interview Surveys, UCLA Center for Health Policy Research

¹ In the CHIS data set, for males, binge drinking is considered five or more drinks on one occasion; for females it is four or more.

² In 2007, the question changed to ask about binge drinking in the past year.

Adolescent Alcohol and Drug Use and Abuse

The community indicators the State collects, monitors, and reports for youth in Lake County are shown in Table 27. The county's rates for *all* of these indicators are higher than the statewide averages.

Table 27. Community-Level Alcohol and Drug-Related Indicators, Youth

| <i>Indicator</i> (rates per 100,000) | Report Period (3-yr avg. unless single year specified) | Lake | CA |
|---|--|---------|-------|
| Rate of juvenile arrests for alcohol-related offenses, ages 10-17 | 2004 | 551.2 | 219.9 |
| Rate of juvenile arrests for drug-related offenses, ages 10-17 | 2004 | 881.9 | 482.3 |
| Rate of juvenile admissions (per 1,000) to alcohol and other drug treatment, ages 10-17 | 2004 | 2,290.5 | 462.8 |

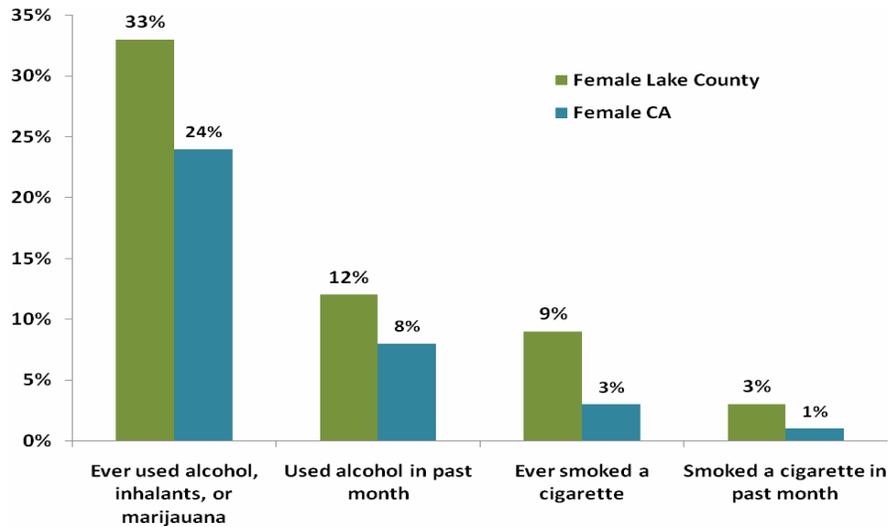
Source: *Indicators of Alcohol and Other Drug Risk and Consequences for California Counties*. Lake County 2007. Center for Applied Research Solutions.

Note: These data are expected to be updated in fall 2010.

The California Healthy Kids Survey (CHKS), which collects data on students in grades 5, 7, 9 and 11 a minimum of every two years, is often used to look at youth alcohol and drug use. Across the board, female 5th graders in Lake County reported more use of alcohol and drugs than both male 5th graders in county and female 5th graders statewide (Figures 9 and 10). A third of the 5th grade females reported ever using alcohol, inhalants, or marijuana compared to about one-quarter of Lake County male 5th graders and about one-quarter

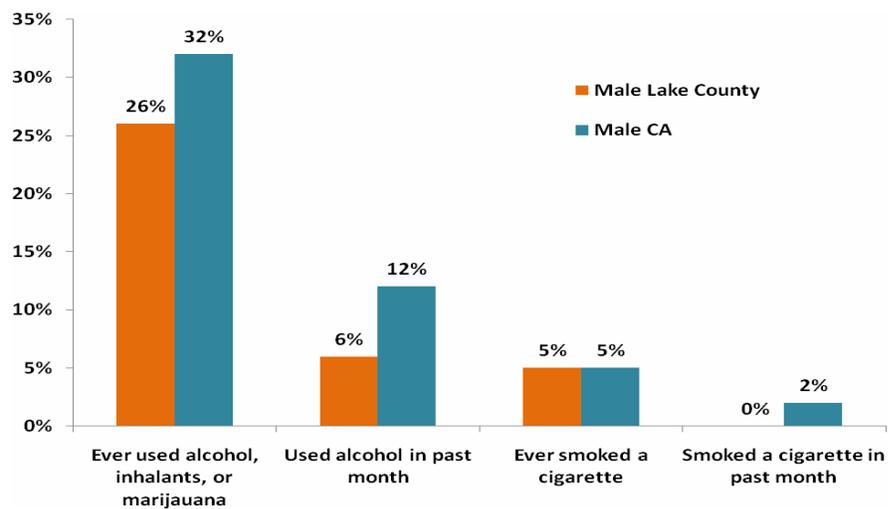
of the female 5th graders statewide. Nine percent reported ever having smoked a cigarette compared to 5% of the males and 3% of females statewide. The county's male 5th graders reported less use than state averages for male 5th graders.

Figure 9. Female 5th Graders Use of Alcohol & Drugs, Lake County vs. California, 2007



Source: California Healthy Kids Survey, Fall 2008.

Figure 10. Male 5th Graders Use of Alcohol & Drugs, Lake County vs. California, 2007



Source: California Healthy Kids Survey, Fall 2008.

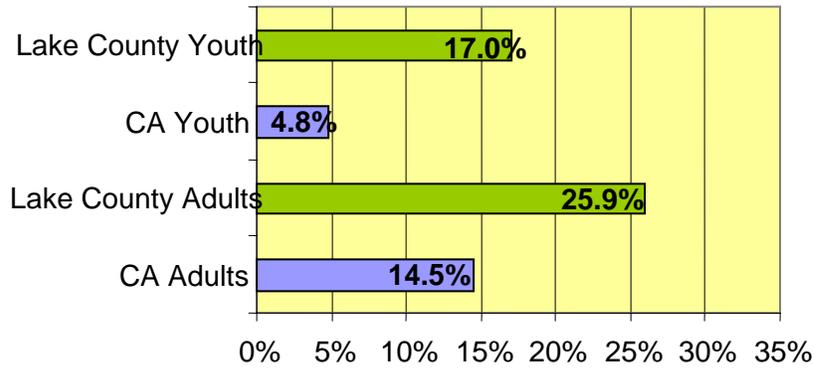
In 2004, adolescents between the ages of 10 and 17 accounted for 9% of all drug and alcohol-related arrests in Lake County. Their rate of arrests for alcohol offenses was 2.5 times the state rate, and the rate for drug offenses was almost double the state rate.

Adult and Youth Tobacco Use

According to the California Health Interview Survey (CHIS), in 2007, 14.5% of California adults reported being a smoker (Figure 11). A much higher proportion, 25.9%, of Lake County adults smoked in that year.

Among youth ages 12-17, 17.0%* of Lake County youth compared to 4.8% statewide reported being a current smoker.

Figure 11. Percent of Population Reporting Being a Current Smoker, 2007



Source: California Health Interview Survey.

Neither the state nor county meet the Healthy People 2010 objective of no more than 12% of adults age 18+ who smoke cigarettes. Decreasing the rate of smoking would lead to a demonstrable decrease in mortality from cancer alone, not to mention the additional decreases in mortality in heart disease and stroke. Based on CDC estimates, a 1% decrease in smoking would lead to about a 1% decrease in all-cause mortality in Lake County.

Perinatal Substance Abuse

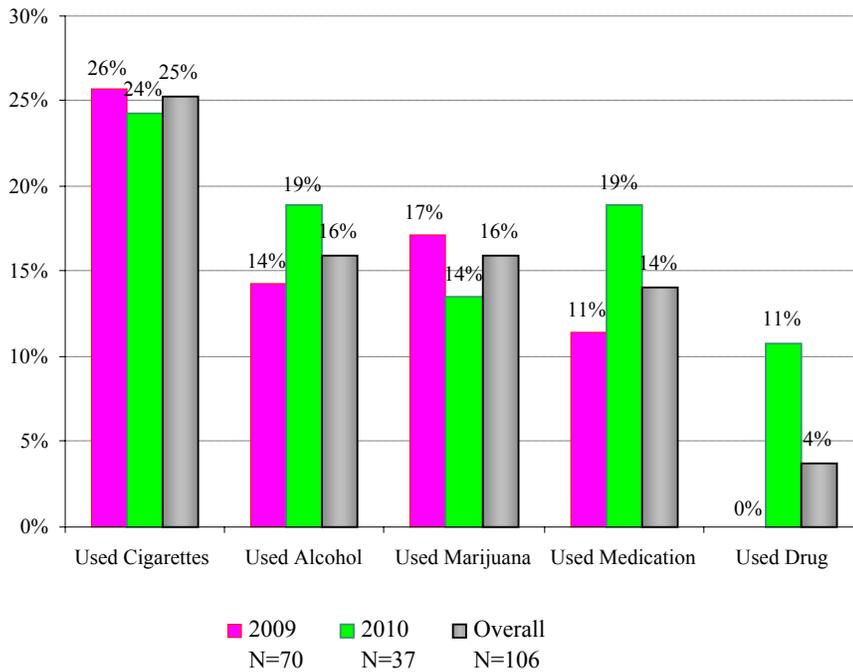
Although California is recognized as a national leader in developing alcohol and other drug services for women, many counties, including Lake County, do not have the benefit of an adequate spectrum of comprehensive gender-specific and culturally appropriate screening, treatment and support services to address the needs of pregnant women involved with substance abuse. Accurate statistics on substance use during pregnancy are difficult to obtain—for example, since alcohol is a legal drug, its negative impact is often overlooked—but several studies, including local efforts, offer a sufficient picture of use to guide planning and intervention strategies.

Applying conservative statewide estimates of prevalence from Vega and Chasnoff’s earlier work, approximately 81 infants would be projected to have been born substance-exposed in Lake County in 2008, or about 11.4% of all births that year.

Lake County is among the pilot counties utilizing the *4P’s Plus*® screening and intervention methodology to deter drug use during pregnancy. The screening tool is being utilized by all of the county’s main clinics: Sutter Lakeside Hospital’s Family Health Clinic, Lakeside Health Center, Tribal Health Clinic and Clearlake Family Health Center. Data are available on 107 women who were screened and followed during their pregnancies in the period 4/15/09 - 06/03/10. Of these 107 women, close to three quarters (73%) reported using some type of substance (including cigarettes) *before* learning they were pregnant; *since* learning they were pregnant, 42.1% had used a substance, some more than one substance (Figure 12).

* The small sample size and/or confidence interval (0-13.6%) make the rate statistically unreliable.

Figure 12. Substance Use During Pregnancy, 4P’s Plus©, Lake County, 4/15/09 - 06/03/10



Oral Health

Early Childhood

Oral health is an important component of overall health. In Lake County, 41% of preschool children receiving a dental screening in 2008 experienced dental decay. While it is difficult to accurately determine the number of these children that are receiving care, according to the 2007 California Health Interview Survey (CHIS), close to 9 in 10 (86.2%) children in Lake County were enrolled in some type of insurance program with dental coverage. And, more than 8 in 10 reported visiting a dentist in the last year (Table 28). These findings are more favorable than the statewide averages for these indicators. The proportion that used the oral health care system in the last year exceeds the national health target of 56%.

Table 28. Dental Health Indicators

| Dental Health | Lake County | Statewide |
|---|-------------|-----------|
| Children with dental insurance | 86.2% | 80.4% |
| Children who visited a dentist in the last year | 83.7% | 80.4% |

Source: California Health Interview Survey, 2007

The CHIS data represent Lake County children at all income levels. *Medi-Cal* data, which represent low-income children, tell a different story for children’s dental visits according to the Medi-Cal Dental Services Division. In 2008, 10.3% of Lake County children ages 0-20 with Medi-Cal dental benefits were reported to have used a dental service—one-quarter the statewide average of 41.3%—ranking the county 50th lowest among California’s 58 counties. For Lake County children age 0-3 and 4-5, the utilization rate was even lower, 3.3% and 12.3%, respectively.

Results from the Lake County Children’s Oral Health Project 2002-2009 have shown a positive impact on the number and severity of dental conditions among children, including a reduction in the percentage of children

with baby bottle tooth decay. According to program data, on average, the percentage of elementary school children who were caries free increased from 14% to 21% between 2002-04 and 2008-09 across the 4 participating schools. For preschools, the percentage of children screened who were caries free increased from 36% to 47% over the 7-year period (Table 29). Further outcomes included 63% of parents reporting a dental home for their child (with 71% saying their child had seen a dentist within the last year), and 69% reporting their child brushed her/his teeth at least twice a day.

Table 29. Dental Screening Results by Preschool and Elementary School, Lake County

| School | 2002-03 | 2008-09 |
|--------------------------------------|---------|------------------|
| <i>Children who were caries free</i> | | |
| Minnie Canyon Elementary | 8% | 20% |
| Upper Lake Elementary | 9% | 23% |
| Pomo Elementary | 12% | 21% |
| Lower Lake Elementary | 21% | 20% |
| Overall Elementary Average | 14% | 21% |
| | | |
| Lower Lake Preschool | 25% | 57% |
| Middletown Preschool | 29% | 42% |
| Pomo Preschool | 39% | 53% |
| Kelseyville Preschool | 46% | 34% ¹ |
| Overall Preschool Average | 36% | 47% |

Source: Lake County Children’s Oral Health Project 2002-2009
¹2007-08 only.

Older Adults

One of the most important predictors of dental care utilization is having dental insurance. According to the 2007 California Health Interview Survey, 58.0% of Lake County residents age 65+, compared to 47.2% statewide, reported having no dental insurance in the last year. In 2003 (more recent data are not available) 16.2% of seniors reported to CHIS not being able to afford needed dental care, compared to 10.9% statewide who reported this hardship. (Note: the small sample size for Lake County makes the figure statistically unstable.) Applying the national estimate to Lake County that 78% of adults age 65+ must pay dental care expenses out of pocket, approximately 10,491 of the county’s seniors would be projected to have to cover the cost of their dental visits and treatment without the benefit of insurance coverage.

Mental Health

Psychological Distress

According to the 2007 California Health Interview Survey (CHIS), 11.3% of Lake County residents are likely to have experienced psychological distress in the past year. This compares to 8.5% of California residents. The rate in Lake County was higher for females (13.6%) than males (8.8%).

Slightly over 70% of Lake County seniors who responded to the 2005 CHIS (the most recent year data are available) reported they had not experienced any days of poor mental health in the last month, a slightly more favorable proportion than seniors statewide. The percentage reporting poor mental health 1-6 days during the past month was the same in Lake County and the state as a whole.

Teen Depression

The 2005 CHIS (the most recent year data are available) estimated that 22% of teens in Lake County were at risk for depression, approximately equal to the rate statewide (21%). 2007 data from the California Healthy Kids Survey showed that the rate of depression was distributed unequally across race/ethnicities (Table 30). Youth who identified as Native American, multi-ethnic and other were more likely to report symptoms of

depression than others. These groups were also 5% or more above the state average for teens reporting the same race/ethnicity (Table 30).

Table 30. Percentage of Youth reporting Depression Symptoms by Race/Ethnicity

| Race/Ethnicity | California | Lake County | Difference |
|------------------------|------------|-------------|------------|
| African American/Black | 31.9% | 34.2% | 2.3% |
| Asian | 29.6% | 26.9% | -2.7% |
| Caucasian/White | 29.1% | 31.9% | 2.8% |
| Hispanic/Latino | 33.3% | 30.8% | -2.5% |
| Native American | 36.1% | 41.5% | 5.4% |
| Pacific Islander | 36.8% | n/a | n/a |
| Multiethnic | 34.9% | 41.8% | 6.9% |
| Other | 33.9% | 39.0% | 5.1% |

Source: 2007 California Healthy Kids Survey.

When these same data were viewed by gender and grade level, 9th grade females and males in non-traditional schools showed higher rates of depression symptoms than the state average for youth of the same age and gender (Table 31).

Table 31. Percentage of Youth Reporting Depression Symptoms by Grade Level and Gender

| Grade Level | Female | | Male | |
|-----------------|------------|-------------|------------|-------------|
| | California | Lake County | California | Lake County |
| 7th Grade | 32% | 35.1% | 25% | 16.6% |
| 9th Grade | 38% | 47.3% | 25% | 23.4% |
| 11th Grade | 39% | 43.4% | 26% | 22.4% |
| Non-Traditional | 49% | n/a | 31% | 44.4% |

Source: 2007 California Healthy Kids Survey.

Use of Treatment Resources

Eight percent of Lake County residents reported seeing a health professional for emotional/mental problems and 15.3% indicated they had taken prescription medication for emotional/mental health issue in the past year (Table 32). The rate of medication use is higher than the state average of 10%, and particularly higher for females in Lake County (18.9% vs. 13% for California).

Table 32. Use of Treatment Resources, California and Lake County residents

| Treatment Resource | California | | | Lake County | | |
|--|------------|--------|-------|-------------|--------|-------|
| | Male | Female | Total | Male | Female | Total |
| Saw health professional for emotional/mental problems | 6.5% | 10.1% | 8.3% | 4.5% | 11.4% | 8.1% |
| Has taken prescription medicine for emotional/mental health issue in past year | 6.9% | 13.0% | 10.0% | 11.5% | 18.9% | 15.3% |

Source: 2007 California Health Interview Survey

Suicide

For the three-year average 2006-2008, the rate of suicides in Lake County was 27.6 per 100,000 residents, or 18 suicides. This is over 5 times the national benchmark of 4.8 per 100,000 residents, and well above the California average of 9.0. The county ranked 57th worse among the 58 counties on deaths from suicide. The California Department of Public Health, EPIC Branch identified that between 2000 and 2007 there were 25 suicide deaths reported among seniors ages 65+ in Lake County.

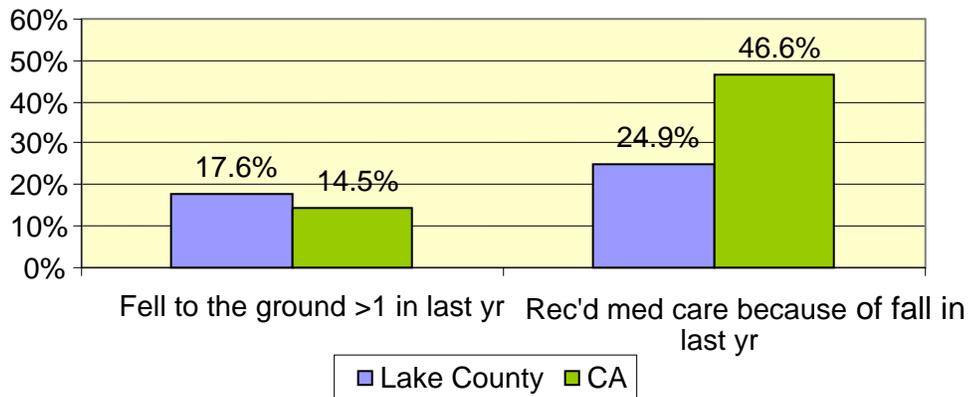
Safety Issues

Falls Among Seniors

Hospital discharge information has traditionally been the best falls surveillance system in California (although the data are limited to only those falls that are serious enough to warrant a hospital admission). In 2006, there were 199 nonfatal hospitalized fall injuries among older (age 60+) Lake County residents; almost two-thirds of these falls were by women.

In 2007, the California Health Interview Survey (CHIS) began asking seniors, 65+, about falls. In Lake County, 18% reported falling to the ground more than once in the past year, somewhat higher than the state average of 15% (Figure 13). Of those who had fallen in the past year, a quarter had received medical care, compared to almost half statewide.

Figure 13. Falls by Seniors, Lake County and California



Source: California Health Interview Survey, 2007.
¹ Asked of those who had fallen in the past 12 months.

Intimate Partner Violence

In 2008 in Lake County, there were 458 calls for domestic violence assistance, 4% of which involved a firearm, knife, or other dangerous weapon (Table 33). This is down from 564 calls in 2005, of which 7% involved a weapon. The City of Clearlake accounts for about 1 in 3 calls for assistance.

Table 33. Total Number of Total Domestic Violence Calls, Percent Calls Involving Weapons, Clearlake's Percent of Total Calls

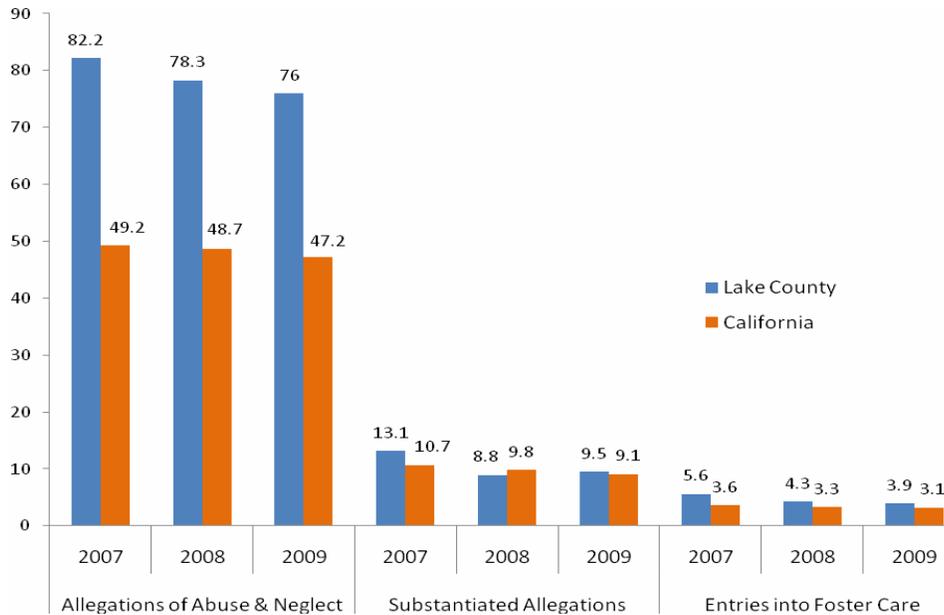
| Category | 2005 | 2006 | 2007 | 2008 |
|---|------|------|------|------|
| Total calls | 564 | 575 | 522 | 458 |
| % of calls involving weapons ¹ | 7% | 5% | 4% | 4% |
| Clearlake, % of total | 27% | 32% | 39% | 33% |

Source: California Department of Justice, Criminal Justice Statistics Center, Criminal Justice Profiles
¹ Firearm, knife or cutting instrument, or other dangerous weapon. Does not include personal weapons, defined as hands, feet, etc.

Child Abuse

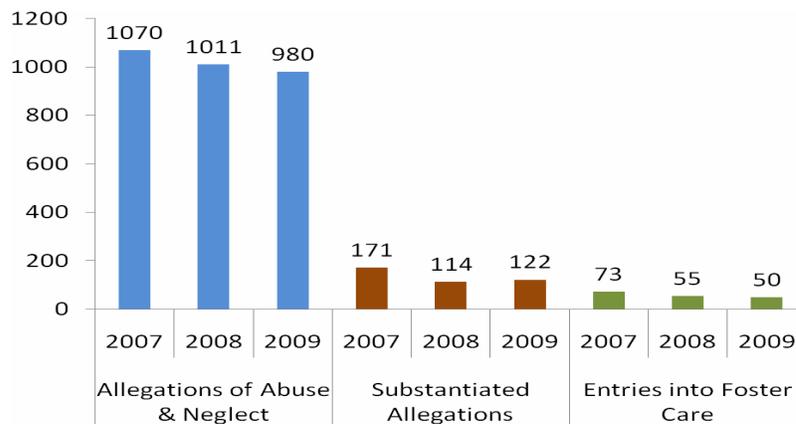
Lake County’s rate of child abuse allegations is substantially higher than the rate for the entire state (Figure 14a). Rates for substantiations and entries into foster care are closer, though still somewhat higher, than state rates. The actual number of allegations and substantiated child abuse cases for the county are shown in Figure 14b. Over the last 3 years, the rate at which the Child Abuse Hotline in Lake County has received child abuse allegations, as well as rates of substantiation and entry into foster care, has declined.

Figure 14a. Rates of Child Abuse Allegation & Substantiation, Lake County and California, 2007-2009



Source: Child Abuse Allegation & Substantiation Rates, Child Welfare Dynamic Report System

Figure 14b. Number of Child Abuse Allegation & Substantiation, Lake County, 2007-2009



Source: Child Abuse Allegation & Substantiation Rates, Child Welfare Dynamic Report System

Elder Abuse

California Department of Social Services Adult Protective Services (APS) data show that the number of active cases statewide has been steadily increasing in recent years. A 2008-09 needs assessment conducted by the Area Agency on Aging of Lake and Mendocino Counties confirms that this is true in Lake County. The Ombudsman Program of Lake and Mendocino Counties, which receives and investigates complaints of abuse of long-term care residents in skilled nursing and residential care facilities, reported that complaint-related visits by the program increased 80% in 2006-2008 (Table 34).

Table 34. Lake County Elder Abuse Indicators

| | Referrals to Lake County APS | Complaint-related visits to residents of long-term care by Ombudsman Program |
|------|------------------------------|--|
| 2006 | 391 | 31 |
| 2007 | 452 | 61 |
| 2008 | 419 | 68 |

Source: 2008-2009 Area Plan Needs Assessment. Area Agency on Aging of Lake and Mendocino Counties.

Exposure from the Physical Environment: Air Quality

The American Lung Association’s *State of the Air 2010* report looked at levels of ozone and particle pollution found in monitoring sites across the U.S. in 2006-2008, and identified the estimated number of at-risk groups in the population. Lake County was rated 10th cleanest air quality county in the nation.

Preventive/Protective Health

Vaccination

Data from the 2007-08 school year indicate that 86.6% of the children enrolled in reporting Lake County childcare centers received all required immunizations mandated by law (Table 35), a lower proportion than the statewide average. (Note: On average, one-third of children 2 years through 4 years 11 months attend licensed childcare centers. Hence, the data for children enrolled in licensed childcare centers may not be representative of the entire population of Lake County children in this age group.)

Table 35. Immunization Coverage Among Children Ages 2 Through 4 Years in Licensed Childcare

| Element | Lake | California |
|---|--------------|--------------|
| <i>Admission status</i> | | |
| Entrants with all required immunizations | 86.6% | 93.5% |
| Conditional entrants | 8.2% | 4.9% |
| Entrants with permanent medical exemptions | 0.00% | 0.17% |
| Entrants with personal belief exemptions | 5.18% | 1.44% |

Source: California Department of Public Health, Center for Infectious Disease Division, Department of Communicable Diseases, Immunization Division, Childhood Immunization Coverage 2006-2008.

The annual kindergarten assessment is conducted each fall to monitor compliance with the California School Immunization Law. Results from this assessment are used to measure immunization coverage among students entering kindergarten. In 2007-08, Lake County reported 85.8% of kindergarten entrants had all of their required immunizations at kindergarten entrance, a lower percentage than the statewide average (Table 36 on next page).

Table 36. Immunization Coverage Among Children Ages 4-6 Years in Kindergarten, 2007-08

| Element | Lake | California |
|--|-------|------------|
| <i>Admission status</i> | | |
| Entrants with all required immunizations | 85.8% | 92.1% |
| Conditional entrants | 10.7% | 6.1% |
| Entrants with permanent medical exemptions | 0.00% | 0.18% |
| Entrants with personal belief exemptions | 3.51% | 1.56% |

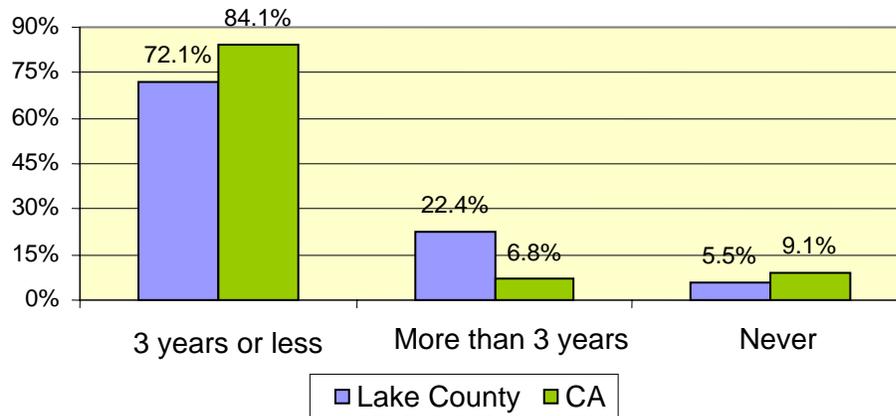
Source: California Department of Public Health, Center for Infectious Disease Division, Department of Communicable Diseases, Immunization Division, Childhood Immunization Coverage 2006-2008.

Health Screening for Cancer

Cervical Cancer Screening

The Healthy People 2010 Objective is that at least 90% of women age 18 and older will have received a Pap test for cervical cancer during the past 3 years. The 2007 California Health Interview Survey (CHIS) asked about Pap test history. About 72% of women in Lake County reported having a Pap test within the last 3 years, 22.4% reported it had been more than 3 years since their last test, and 5.5% reported never* having had a Pap test. The county’s rates compare unfavorably with statewide averages (Figure 15), and do not meet the national health objective of 90% within the past 3 years and 97% ever having a Pap test.

Figure 15. Pap Test History



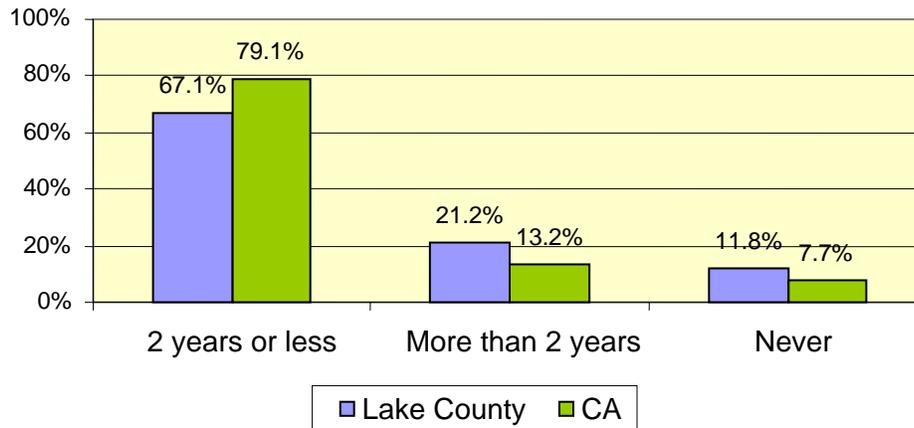
Source: California Health Interview Survey, 2007

Breast Cancer Screening

Lake County data from the 2007 CHIS show that 67.1% of women age 40-85 had a mammogram in the past 2 years compared to 79.1% statewide (Figure 16 on next page). The county’s rate did not meet the national health objective (Healthy People 2010) of 70% screened in the past 2 years.

* The figure for the “Never” category is statistically unreliable due to small sample size.

Figure 16. Mammogram Screening History

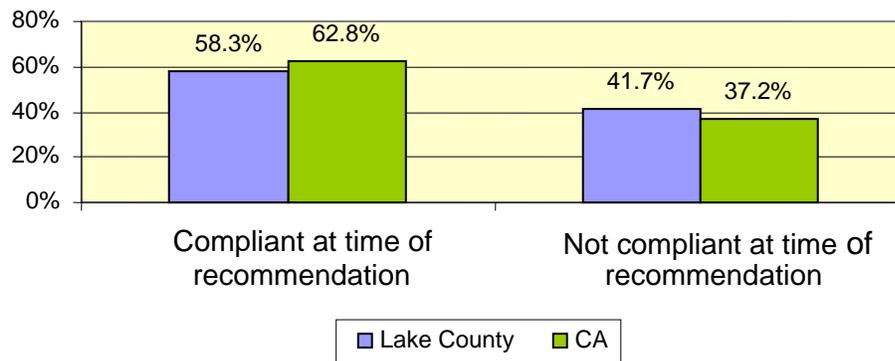


Source: California Health Interview Survey, 2007

Colorectal Cancer Screening

Respondents to the 2007 California Health Interview Survey (CHIS) were asked a series of questions on their cancer screening behaviors. When Lake County adults age 50 and older were asked about their compliance with a recommended screening (based on American Cancer Society recommendations and the U.S. Preventive Services Task Force guidelines for this age population), 58.3% said they were compliant *at the time of the recommendation*, a lower percentage than 62.8% statewide (Figure 17).

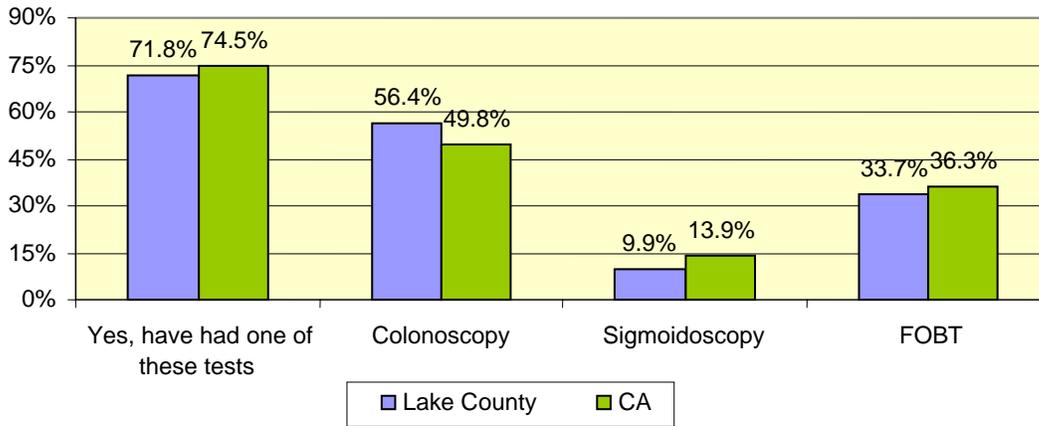
Figure 17. Colorectal Cancer Screening Compliance



Source: California Health Interview Survey, 2007

Close to 72% of Lake County adults age 50+ who responded to the 2007 CHIS reported they had had one of the types of tests (sigmoidoscopy, colonoscopy or FOBT) for this cancer (74.5% of Californians reported doing so). Of those respondents, a greater proportion countywide than statewide had had a colonoscopy; the reverse was the case for sigmoidoscopy (Figure 18 on the next page). The national health target (Healthy People 2010) is to increase to 50% the proportion of adults age 50+ who have ever had a sigmoidoscopy; no Healthy People 2010 target has been set for the proportion of adults who should receive colonoscopy screenings.

Figure 18. Percent Reporting Having Ever Had a Colorectal Screening Test, and Type of Test



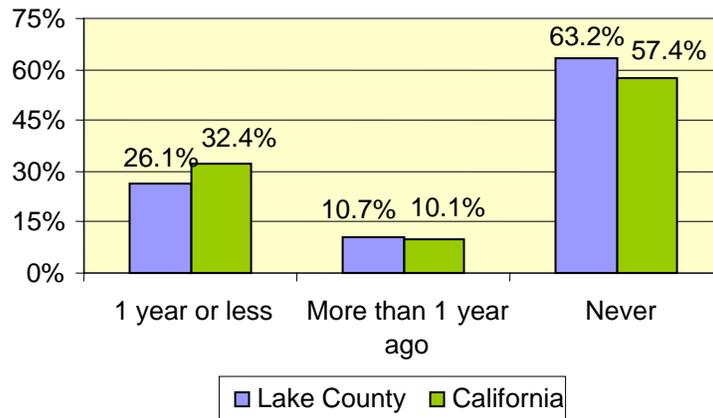
Source: California Health Interview Survey, 2007

These cancer screening rates in Lake County belie a major disparity in screening, however. The CHIS findings cited above may not adequately represent low-income individuals who may be less likely to have access to or be able to pay for these tests. Unlike cervical and breast cancers, there is no state- or federally-funded program to subsidize or cover colorectal cancer screening. If Lake County is similar to the rest of California, Latino adults age 50+ are about one-third less likely than Non-Latino Whites to have had a sigmoidoscopy or colonoscopy in the last five years.

Prostate Cancer Screening

Research has not yet proven that the potential benefits of testing outweigh the harms of testing and treatment. It is definitely an issue of informed personal choice. Slightly over 63% of Lake County men age 40+ who responded to the 2005 CHIS reported they had never received a screening test for prostate cancer (Figure 19), a higher proportion than men statewide.

Figure 19. Prostate Cancer Screening History

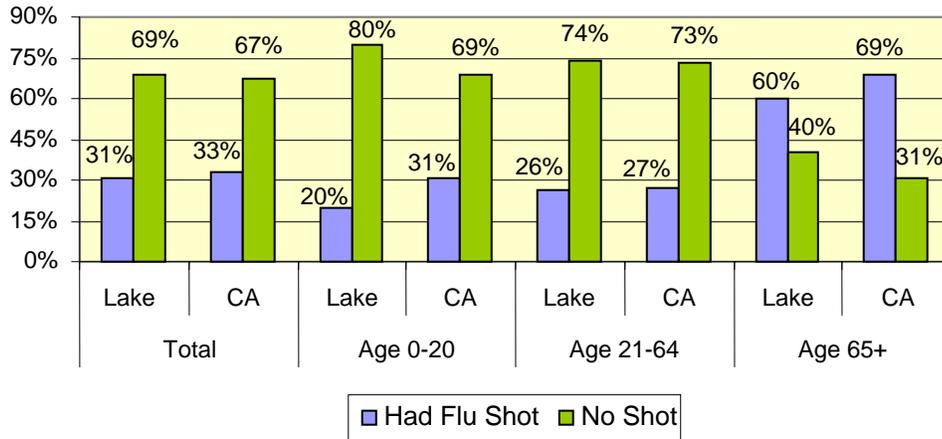


Source: California Health Interview Survey, 2005

Flu Vaccination

In 2007, fewer Lake County respondents to CHIS than Californian respondents on average, of all age groups, reported having had a flu shot within the last year (Figure 20). Despite the CDC recommendations, only 3 in 10 Lake County residents received a vaccination, and 6 in 10 seniors received it.

Figure 20. Flu Shot Within Last Year



Source: California Health Interview Survey, 2005

Input from the Community

The tables below describe what the community identified as the most important unmet health needs in Lake County and suggested for improvement. The findings are consistent with recent needs assessments, studies, and surveys conducted by others in Lake County.

Unmet Health Needs

The highest-priority unmet health needs and problems for people in Lake County, according to the different groups asked, were the following, in order of mention.

| Community Health Survey | Community Focus Groups | Key Informant Interviews |
|---|---|---|
| Affordable medical/dental services | Affordable medical/dental services | Alcohol and drug related (prevention, treatment, and enforcement) |
| Better nutrition/weight control | Alcohol and drug related (prevention, treatment, and enforcement) | Transportation options |
| Alcohol and drug related (prevention, treatment) | Prevention education (nutrition, especially) | In-county specialty care services |
| Exercise/activity-related (preventive) | Dental services (especially adults, seniors) | Affordable medical/dental services |
| Chronic disease (prevention, management) | Transportation options | Dental services (especially adults, seniors) |
| Affordable community-based mental health services (depression, anxiety) | Supportive services for seniors (to remain independent, engagement for mental health) | Affordable community-based mental health services (depression, anxiety) |

Suggested Strategies and Solutions

The community made many recommendations about where additional support was needed to improve health in Lake County; the most frequently suggested strategies and solutions—which tie to the needs they identified—are listed below in frequency of mention.

| Community Health Survey | Community Focus Groups | Key Informant Interviews |
|---|---|--|
| Affordable health insurance | Food-related support (including education) | Awareness/targeted outreach regarding services and resources |
| Year-round range of activities for all youth | Affordable exercise places/options | Transportation assistance |
| Prevention/wellness-type centers and services | Affordable health insurance | Expanded health services in rural areas, including mobile |
| Supportive services for seniors | Year-round youth activities | In-home support services (especially for seniors) |
| Affordable mental health/counseling services | Alcohol and drug prevention and recovery services | Food-related support |
| Affordable dental services | Transportation assistance | Attract more local medical specialty services |

Recommended Priorities (Lake County Community Health Needs Assessment)

The Collaborative agreed that an important opportunity exists in Lake County for all health partners—regardless of their own organization’s mission and priorities—to focus on the following 4 priority areas:

- **Senior support services** that encompass mental, social, and physical health and well being, including needed support for caregivers;
- **Substance abuse** as an issue for families, schools, businesses, and the safety of the community—ranging from use during pregnancy to underage drinking to abuse of prescription drugs by seniors and other adults—that recognizes and integrates biological and socio-cultural factors into models of prevention and care;
- Strategies that address **preventive health**, including the growing epidemic of obesity;
- **Mental and emotional health** and its relationship to overall health that needs to be more adequately understood, addressed, and resources provided for.

Our Community and Resources

Adventist Health is part of a national and international community that improves health and wellness through over 500 facilities worldwide. Adventist Health/St. Helena Hospital Clear Lake's primary service area consists of seven zip codes surrounding the city of Clearlake in which the hospital is located. This service area includes the towns of Lower Lake, Middletown, Hidden Valley Lake, Clearlake, Clearlake Oaks, Clearlake Park and Glenhaven.

Lake County was created in 1861 from a northern part of Napa County. The county derives its name from the many lakes in the area, the most prominent Clear Lake. Clear Lake is the largest natural fresh water lake in California, at 1,327 square miles. Lake County is located 127 miles north of San Francisco, 126 miles west of Sacramento, and is bordered by Napa, Sonoma, Mendocino, Glenn, Colusa, and Yolo counties.

Lake County is located in Northern California just two hours by car from the San Francisco Bay Area, the Sacramento Valley, or the Pacific Coast. It is predominantly rural, about 100 miles long by about 50 miles wide, and includes the largest natural lake entirely within California borders. Lake County is mostly agricultural, with tourist facilities and some light industry. Major crops include pears, walnuts and, increasingly, wine grapes. Dotted with vineyards and wineries, orchards and farm stands, and small towns, the county is home to Clear Lake, California's largest natural freshwater lake, known as "The Bass Capital of the West," and Mt. Konocti, which towers over Clear Lake.

Health Resource Availability

Some of the infrastructure needed to provide health services is in place in Lake County, particularly for those with employer-based health benefits. A number of non profit organizations, including community and outpatient health clinics recognized as being safety net providers, serve the neediest residents along with two non-profit hospitals. Health coverage is available for low-income children, including access to dental services. The gaps are most evident in the *limitations* to the infrastructure. An inadequate number of physicians and dentists, especially specialists, practice in the community. (The economic base of the county may not support additional private medical and dental practices, however.) Most private providers do not take people with Medi-Cal. Public health and mental health services—typically the backbone of the public health care system—have been shrinking as a result of continued reductions in state and federal funding, and the private sector does not have the capacity or resources to pick up the slack. Similar to other rural counties, the local emergency medical system can only handle certain levels of trauma care, requiring residents to use out-of-county facilities. Comprehensive community-wide preventive health in all aspects of community life in Lake County is underprovided.

Community Resources: Include the Health Leadership Network, the American Cancer Society, the American Heart Association, First 5 Lake County, Area Agency on Aging, Mendocino Community Health Clinic, the Lake Family Resource Center, the Senior Centers, Lake County Tribal Health Consortium, Lake County Health Services, and Lake County Mental Health. St. Helena Hospital Clear Lake collaborates with these organizations to identify and meet community needs.

Financial Resources: Include funding from federal and state grants, Medicare, Medi-Cal, private insurances, the Redbud Healthcare District, and individual donors. The St. Helena Hospital Foundation expanded to Lake County in 2010 with the creation of a Development Office. To date more than \$1 million has been donated to support St. Helena Hospital Clear Lake.

Human Resources: About 58 physicians on the medical staff represent 19 medical specialties. The hospital has 413 full-time, part-time and on-call employees. More than 45 volunteers give approximately 4,500 hours of service each year.

Methodology and Community Benefit Goals

Lake County Community Health Needs Assessment 2010: One of the best ways to gain a better understanding about health needs, disparities, and available resources is to conduct a comprehensive needs assessment. A community health needs assessment provides the foundation for all community health planning, and provides appropriate information on which policymakers, provider groups, and community advocates can base improvement efforts; it can also inform funders about directing grant dollars most appropriately.

In 2009-2010, the two Lake County hospitals, St. Helena Hospital Clear Lake and Sutter Lakeside—joined by Lake County Public Health and other organizations—formed a Collaborative to plan for a needs assessment that could assist health care organizations, individually and collaboratively, in improving community health and maximizing resources. The assessment was also intended to guide the hospitals in developing their Community Benefits Plans to meet SB 697 requirements. This *2010 Lake County Community Health Needs Assessment (LCCHNA)* presents the community with an overview of the state of health-related needs and benchmarks from which to gauge progress.

BARBARA AVED ASSOCIATES, a Sacramento-based consulting firm, was retained to conduct the community health needs assessment. Two primary data sources were used in the process: the most recently-available demographic, socioeconomic, and health indicators commonly examined in needs assessments; and, data from a community input process to help put a “human face” on the statistics. The community input—a widely distributed online and hard-copy survey; focus groups; and key informant interviews intended to solicit opinions about health needs and suggestions for improvements—validated and enriched the statistical data.

St. Helena Hospital Clear Lake’s mission is *to share God’s love by providing physical, mental and spiritual healing*. The 2011-2013 Community Benefit Goals were developed by reviewing the Lake County Community Health Needs Assessment, aligning with our mission and prioritizing based on implementation of initiatives successfully in place.

Our Community Benefit Goals are:

- Goal 1** *To increase awareness and education of risk factors for cancer and the importance of early detection*

- Goal 2** *To increase awareness and education of cardiovascular risk factors and modifiable lifestyle behaviors*

- Goal 3** *To promote healthy lifestyle behaviors through community events*

2011 Community Benefit Report

| | | | | |
|--|--|--|--|---|
| | | | | September: 20; Kelseyville Pear Festival, September: 100; Lake County Fair, September: 1,000 |
|--|--|--|--|---|

Community Benefits Provided by St. Helena Hospital Clear Lake Employees in 2011

St. Helena Hospital Clear Lake employees are very involved in their community, providing almost 2,000 hours of community service in 2011. Many of these community service hours fit within our community benefit goals listed below. Total community benefit in dollars is more than \$129,600.*

Goal 1 *To increase awareness and education of risk factors for cancer and the importance of early detection*

Employees contributed 202 community service hours toward this goal at a value of \$9,305.

Goal 2 *To increase awareness and education of cardiovascular risk factors and modifiable lifestyle behaviors*

Employees contributed 160 community service hours toward this goal at a value of \$8,257.

Goal 3 *To promote healthy lifestyle behaviors through community events*

Employees contributed 53 community service hours toward this goal at a value of \$4,052.

*Includes \$34,979 donated from St. Helena Hospital Clear Lake to community events in sponsorships and publications

Methods and Forms Used for Capturing Community Benefit Activity

The methods have been mentioned throughout this report. They include collaboration with community agencies and conducting a community needs assessment (see Assessment section and Assessment Appendix).

One method by which information is captured regarding quantifiable and non-quantifiable activities is the “Community Benefit Report Form.” This form is collected on a regular basis from hospital personnel. Individuals are encouraged to document activities they participate in within the local hospital community and community-at-large.

Estimated Budget for Community Benefit Report

| | |
|---------------|--------------------|
| Salaries | \$8,528.00 |
| Benefits | 2,558.00 |
| Miscellaneous | 100.00 |
| Total | <u>\$11,186.00</u> |

Community Benefit Committee

The Community Benefit Committee provides leadership in planning and directing the activities of our Community Benefit program. The following individuals participate on the Community Benefit Committee:

- David Santos, Vice President, Operations
- Joshua Cowan, Vice President, Marketing
- Duane Barnes, Director, Finance
- Wendi Fox, Human Resources
- Margaret Walker, Development
- Linda Schulz, Community Services

The Community Benefit Assessment, Plan and Report are communicated at least annually to the Governing Board of St. Helena Hospital Clear Lake for their approval and support. The following individuals participate as Community Benefit Planners and Reporting Managers:

- David Santos, Vice President, Operations, 707.995.5820
- Buck McDonald, Vice President, Finance, 707.963.6217
- Duane Barnes, Director, Finance, 707.995.5705
- Linda Schulz, Community Services Director, 707.963.6419

COMMUNITY BENEFIT REPORT FORM—2011
Return to Linda Schulz, Marketing Department, SHNV/SHCL

Hospital _____ Date _____

Service/Program _____ Target Population _____

The service is provided primarily for The Poor Special Needs Group Broader Community

Coordinating Department _____

Contact Person _____ Phone/Ext _____

Brief Description of Service/Program _____

Caseload _____ Persons Served or _____ Encounters

| <i>Names of Hospital Staff Involved</i> | <i>Hospital Paid Hours</i> | <i>Unpaid Hours</i> | <i>Total Hours</i> |
|---|----------------------------|---------------------|--------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Total Hours | | | |

1. Total value of donated hours (multiply total hours above by \$41.01) _____

2. Other direct costs _____

 Supplies _____

 Travel Expense _____

 Other _____

 Hospital Facilities Used _____ hours @ \$ _____/hour _____

3. Value of other in-kind goods and services donated from hospital resources _____

 Goods and services donated by the facility (describe): _____

4. Goods and services donated by others (describe): _____

5. Indirect costs (hospital average allocation _____%) _____

Total Value of All Costs (add items in 1-5) _____

6. Funding Sources _____

 Fundraising/Foundations _____

 Governmental Support _____

Total Funding Sources (add items in 6) _____

Net Quantifiable Community Benefit

(subtract "Total Funding Sources" from "Total Value of All Costs")

PLEASE USE OTHER SIDE TO REPORT NON-QUANTIFIABLE COMMUNITY BENEFITS AND HUMAN INTEREST STORIES

NONQUANTIFIABLE COMMUNITY BENEFIT AND HUMAN INTEREST STORIES
Please fill in the date and complete numbers 1 - 5 on the other side of the worksheet

Who: _____

What: _____

When: _____

Where: _____

How: _____

Additional information may be obtained by contacting: _____

Phone: _____ Fax: _____ Email: _____



Facility

System-wide Corporate Policy

Standard Policy

Model Policy

Policy No.

AD-04-002-S

Page

44 of 1

Department:

Administrative Services

Category/Section:

Planning

Manual:

Policy/Procedure Manual

POLICY: COMMUNITY BENEFIT COORDINATION

POLICY SUMMARY/INTENT:

The following community benefit coordination plan was approved by the Adventist Health Corporate President's Council on November 1, 1996, to clarify community benefit management roles, to standardize planning and reporting procedures, and to assure the effective coordination of community benefit planning and reporting in Adventist Health hospitals.

POLICY: COMPLIANCE – KEY ELEMENTS

1. The Adventist Health *OSHPD Community Benefit Planning & Reporting Guidelines* will be the standard for community needs assessment and community benefit plans in all Adventist Health hospitals.
2. Adventist Health hospitals in California will comply with OSHPD requirements in their community benefit planning and reporting. Other Adventist Health hospitals will provide the same data by engaging in the process identified in the Adventist Health *OSHPD Community Benefit Planning & Reporting Guidelines*.
3. The Adventist Health Government Relations Department will monitor hospital progress on community needs assessment, community benefit plan development, and community benefit reporting. Helpful information (such as schedule deadlines) will be communicated to the hospitals' community benefit managers, with copies of such materials sent to hospital CFOs to ensure effective communication. In addition, specific communications will occur with individual hospitals as required.
4. The Adventist Health Budget & Reimbursement Department will monitor community benefit data gathering and reporting in Adventist Health hospitals.
5. California Adventist Health hospitals' finalized community benefit reports will be consolidated and sent to OSHPD by the Government Relations Department.
6. The corporate office will be a resource to provide needed help to the hospitals in meeting both the corporate and California OSHPD requirements relating to community benefit planning and reporting.

| | |
|-----------------|--|
| AUTHOR: | Administration |
| APPROVED: | AH Board, SLT |
| EFFECTIVE DATE: | 6-12-95 |
| DISTRIBUTION: | AHEC, CFOs, PCEs, Hospital VPs, Corporate AVPs and Directors |
| REVISION: | 3-27-01, 2-21-08 |
| REVIEWED: | 9-6-01; 7-8-03 |

**St. Helena Hospital Clear Lake
Community Benefit Summary
December 31, 2011**

| | CASELOAD | | | | TOTAL COMMUNITY BENEFIT COSTS | | DIRECT CB REIMBURSEMENT | UNSPONSORED COMMUNITY BENEFIT COSTS | |
|--|--------------------|----------------|------------------|-------------------|-------------------------------|------------------|-------------------------|-------------------------------------|------------------|
| | NUMBER OF PROGRAMS | PERSONS SERVED | UNITS OF SERVICE | | TOTAL CB EXPENSE | % OF TOTAL COSTS | OFFSETTING REVENUE | NET CB EXPENSE | % OF TOTAL COSTS |
| | | | NUMBER | MEASURE | | | | | |
| *BENEFITS FOR THE POOR | | | | | | | | | |
| Traditional charity care | 1 | | 157 / 5,085 | Pt. Days / Visits | 2,524,242 | 4.40% | (0) | 2,524,242 | 4.40% |
| Public programs - Medicaid | 1 | | 319 / 9,552 | Pt. Days / Visits | 3,415,436 | 5.95% | 1,933,180 | 1,482,256 | 2.58% |
| Other means-tested government programs | | | | | | 0.00% | | - | 0.00% |
| Community health improvement services | | | | | - | 0.00% | - | - | 0.00% |
| ***Non-billed and subsidized health services | | | | | - | 0.00% | - | - | 0.00% |
| Cash and in-kind contributions for community benefit | | | | | - | 0.00% | - | - | 0.00% |
| Community building activities | | | | | - | 0.00% | - | - | 0.00% |
| TOTAL BENEFITS FOR THE POOR | | | | | 5,939,678 | 10.35% | 1,933,180 | 4,006,498 | 6.98% |
| **BENEFITS FOR THE BROADER COMMUNITY | | | | | | | | | |
| Medicare | 1 | | / | Pt. Days / Visits | 23,828,792 | 41.51% | 20,851,741 | 2,977,051 | 5.19% |
| Community health improvement services | | | | | 3,983 | 0.01% | - | 3,983 | 0.01% |
| Health professions education | | | | | - | 0.00% | - | - | 0.00% |
| ***Non-billed and subsidized health services | | | | | - | 0.00% | - | - | 0.00% |
| Generalizable Research | | | | | - | 0.00% | - | - | 0.00% |
| Cash and in-kind contributions for community benefit | | | | | 2,500 | 0.00% | - | 2,500 | 0.00% |
| Community building activities | | | | | 495 | 0.00% | - | 495 | 0.00% |
| All other community benefits | 8 | 5800 | 727 | donated hours | 30,670 | 0.05% | - | 30,670 | 0.05% |
| TOTAL BENEFITS FOR THE BROADER COMMUNITY | | | | | 23,866,439 | 41.58% | 20,851,741 | 3,014,698 | 5.25% |
| TOTAL COMMUNITY BENEFIT | | | | | 29,806,117 | 51.93% | 22,784,921 | 7,021,196 | 12.23% |

*Persons living in poverty per hospital's charity eligibility guidelines

**Community at large - available to anyone

***AKA low or negative margin services