



St. Elizabeth Community Hospital
2014 Community Health Needs Assessment Report

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St. Elizabeth Community Hospital

St. Elizabeth Community Hospital is a not-for-profit, 76-bed licensed acute care hospital sponsored by the Sisters of Mercy of the Americas and is located off of California Interstate 5 in Red Bluff. St. Elizabeth Community Hospital serves a service area of 85,922 people who reside in Tehama County as well as a secondary service area that includes bordering communities in Glenn, Butte and Shasta Counties.

Mission Statement

Dignity Health is committed to furthering the healing ministry of Jesus. We dedicate our resources to:

- delivering compassionate, high-quality, affordable health services;
- serving and advocating for our sisters and brothers who are poor and disenfranchised; and
- partnering with others in the community to improve the quality of life.

Description of the Community Served by the Hospital:

SECH is located in Tehama County which consists of 2,951 square miles and is approximately midway between Sacramento and the Oregon border. The county is bordered by Glenn County to the south, Trinity and Mendocino counties to the west, Shasta County to the north, and Butte and Plumas counties to the east. The county is situated in the northern portion of the Sacramento Valley and is divided in half by the Sacramento River. Red Bluff, the county seat, was established in 1856 and is located on the Interstate 5 corridor.

St. Elizabeth Community Hospital defined the community by using the core service area definition that was provided by the Hospital's business development and strategic planning department. SECH's core service area demographics are listed below:

- Population: 85,922
- Diversity:
 - ◆ Caucasian 67.2%
 - ◆ Hispanic 25.9%
 - ◆ Asian & Pacific Islander 1.6%
 - ◆ African American 0.8%
 - ◆ American Indian/Alaska Native 1.8%
 - ◆ 2+ races 2.6%
 - ◆ Other 0.1%

- Median Income: \$41,783
- Uninsured: 15.6%
- Unemployment: 11.6%
- No HS Diploma: 19.9%
- Renters: 31.2%
- CNI Score: 4.5
- Medicaid Patients: 24.9%
- Other Area Hospitals: Enloe Medical Center

Community Needs Index

To complement the traditional methodology used to conduct community needs assessments, in May 2004 Dignity Health announced the development of a standardized measure of community need that provides an objective measure of access to health care. The Community Need Index (CNI) is a tool used to measure community need in a specific geography through analyzing the degree to which a community has the following health care access barriers: a) Income barriers, b) Educational/literacy barriers, c) Cultural /language barriers, d) Insurance barriers, and e) Housing barriers.

Using statistical modeling, the combination of the above barriers results in a score between 1 (less needy) and 5 (most needy). Analysis has indicated significant correlation (96%) between the CNI and preventable hospital admissions. Communities with scores of “5” are more than **twice** as more likely to need inpatient care for preventable conditions than communities with a score of “1.” The full listing of individual CNI scores and map for the St. Elizabeth Community Hospital service area is included in the Attachment B. SECH is located in zip code 96080. The majority of the SECH service area communities are designated as Disproportionate Unmet Health Needs (DUHN) communities.

How the Assessment was Conducted:

St. Elizabeth Community Hospital is committed to involving and informing the residents of Tehama County in a Community Needs Assessment Survey process. The Community Health Needs Assessment (CHNA) is conducted every three years, most recently in 2014, and identifies the health needs of Tehama County residents by acknowledging ongoing health concerns within the community. St. Elizabeth Community Hospital conducted the 2014 community health needs assessment (CHNA) at the facility level using community benefit staff to oversee the process. By conducting the CHNA at the facility level, the Hospital was able to gain a better insight into the needs of the community. St. Elizabeth Community Hospital took into consideration available internal and external resources and partnered with outside individuals

and organizations as appropriate throughout the CHNA process. Based on this assessment, issues of greatest concern were identified and the Hospital determined the areas to commit resources to, thereby focusing outreach efforts to continually improve the health status of the community we serve.

The CHNA process incorporated data from primary sources (survey) and secondary data research (vital statistics and other existing health-related data). Primary data was collected by using paper surveys and an identical web-based survey via Survey Monkey.com. We looked to our community partners to represent their respective communities in the survey process. The final survey instrument was developed by St. Elizabeth Community Hospital and Public Health and is similar to the previous surveys used in the region. The surveys were used to collect information from community members, stakeholders and providers for the purpose of understanding community perception of needs.

The following partners assisted the hospital in conducting the needs assessment:

- **St. Elizabeth Community Hospital Advisory Council** - This group of active community members represent all of the communities in our primary service area. They completed the survey in addition to participating in the priority setting process once the data was compiled.
- **Tehama County Public Health** – In addition to providing assistance with the survey design, Public Health representatives distributed the surveys to their employees and clients.

Secondary data was used to validate the information obtained from the surveys and was provided through a free web-based platform CHNA.org. This web-based tool was designed to assist hospitals in completing the CHNA at the local level in order to help reduce the costs incurred by Hospitals. The data provided through CHNA.org has aggregated data available from 7,000 public data sources, including the Centers for Disease Control and Prevention and the National Center for Chronic Disease Prevention and Health promotion.

Health Areas of Opportunity

Once the primary and secondary data were collected and compiled, St. Elizabeth Community Hospital's community benefit staff analyzed the data and compared it to prior assessments to determine which information from the previous assessments would be useful in building upon for the health of the community. The results revealed a list of top perceived health risks and behaviors from the community's perspective, many of which overlap. Listed below are the health areas of opportunity for the Hospital (any primary and secondary data available for these areas is listed in Attachment A):

- ◆ Aging Problems (arthritis, hearing/vision loss, etc.)
- ◆ Cancer
- ◆ Diabetes
- ◆ Heart Disease and/or Stroke
- ◆ Obesity (lack of exercise and poor eating habits)
- ◆ Substance Abuse (alcohol and drug)
- ◆ Tobacco Use

Prioritizing Needs:

Once the health opportunities were identified, they were ranked by a committee comprised of community agency representatives, a representative of the St. Elizabeth Community Hospital Advisory Council and community members. All committee members ranked the health opportunity areas based on the perceived seriousness of the health need and the potential impact of the hospital and known resources in the community. The ranking tool contained seven criteria with which to rank each health opportunity. Each criterion was assigned a specific weighted value. Definitions of the criteria used are listed below:

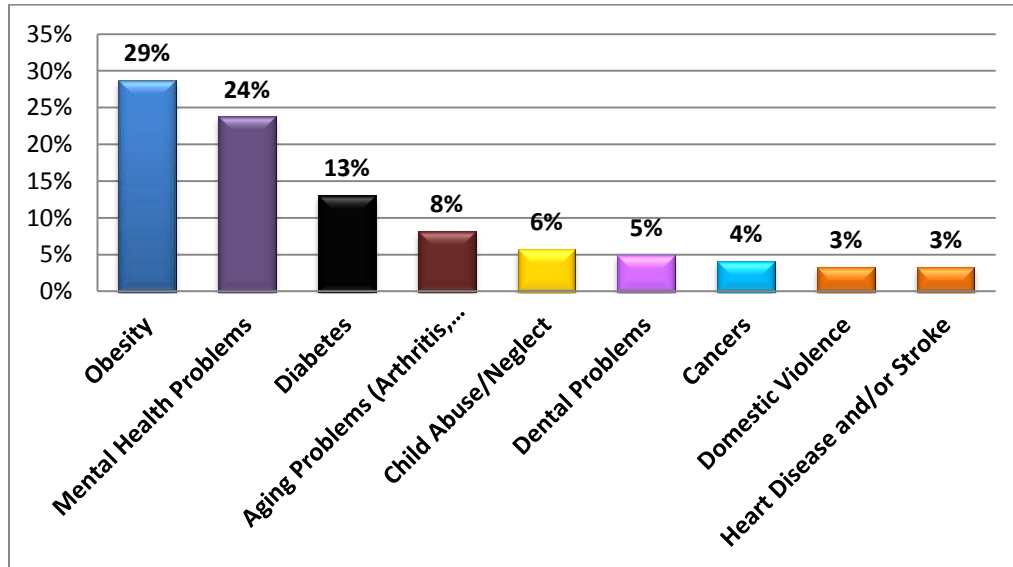
- High Incidence or Prevalence - Is the local rate/percent higher than the state or national rate/percent? Consider absolute numbers directly affected by the problem, as well as disproportionate rates among special populations (subgroups of age, sex, race/ethnicity, geographic region).
- Trending - What are the trends? Is the rate/percent increasing or decreasing over time?
- Severity of Problem/Consequences - Consider the degree to which the problem leads to death, disability or impairs one's quality of life. Also consider the risk of exacerbating the problem by not addressing at the earliest opportunity.
- Amenable to Intervention - Consider how likely it is that interventions will be successful in preventing or reducing the consequences of a problem. Keep in mind all types of intentions (e.g., community education, policy and/or organizational changes, etc.), the potential to reach populations at greatest risk, and the ability of the community at large to mobilize to support the intervention. *In other words ... can we make a difference?*
- Resources Available - Consider what programs are currently in place to address the problem, and consider the ability of organizations to reasonably impact the issue, given available resources.
- Costliness of Treatment of Problem/Consequences - Consider the financial costs of treating the problem; what costs might be saved by preventing or reducing the severity of the problem?
- Acceptability - Considering what the community feels is important, as it can mean greater community support later on.

After the participants ranked each of the areas of opportunity, the results were compiled and further discussion ensued to select the areas that should be the focus for the next community benefit planning cycle (FY2015 – FY2018).

Attachment A - Assessment Data for Priority Areas of Opportunity:

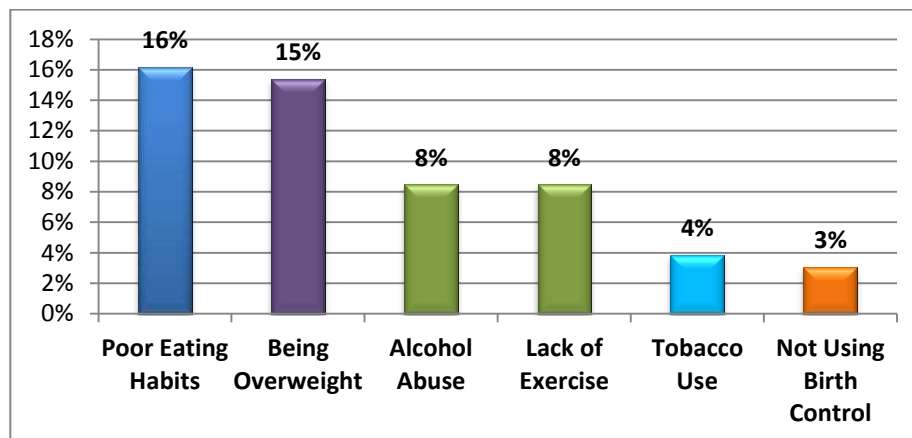
Top Health Concerns

Respondents to the survey were asked to choose one health concern from a list of 21 options that they perceive as the number-one health concern in the community. The following bar chart represents the top nine reported health concerns (concerns that were less than 1% of answers are not included):



Top Health Risk Behaviors

Still focused on the community as a whole, respondents were then asked to choose one behavioral health risk from a list of 13 that they perceive as the number-one behavioral health risk in the area. The following bar chart represents the top six reported health concerns (health risk behaviors that were less than 1% of answers are not included):



Aging Problems (arthritis, hearing/vision loss, etc.)

Arthritis

Arthritis affects 1 in 5 adults and continues to be the most common cause of disability. It costs more than \$128 billion per year. All of the human and economic costs are projected to increase over time as the population ages. There are interventions that can reduce arthritis pain and functional limitations, but they remain underused. These include:

- ◆ Increased physical activity
- ◆ Self-management education
- ◆ Weight loss among overweight/obese adults

Vision

Healthy vision can help keep people safe when behind the wheel, participating in sports, or working with power tools in the yard or around the home. It can also help to ensure a healthy and active lifestyle well into a person’s later years.

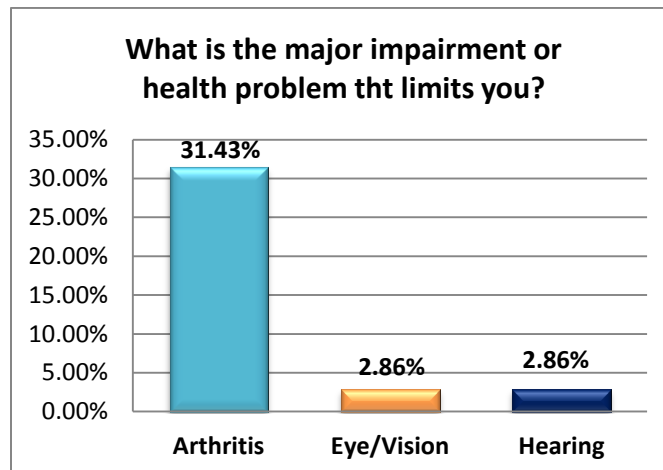
Hearing

At least 1 in 6 Americans currently has a sensory or communication impairment or disorder. Even when they are temporary or mild, such disorders can affect physical and mental health. An impaired ability to communicate with others or maintain good balance can lead many people to:

- ◆ Feel socially isolated.
- ◆ Have unmet health needs.
- ◆ Have limited success in school or on the job.
- ◆ An impaired sense of smell or taste can lead to poor nutrition or the inability to detect smoke, gas leaks, or foods that are unsafe to eat.

-Healthy People 2020 (www.healthypeople.gov)

Tehama County Respondent Data



Cancer

Continued advances in cancer research, detection, and treatment have resulted in a decline in both incidence and death rates for all cancers. Among people who develop cancer, more than half will be alive in 5 years. Yet, cancer remains a leading cause of death in the United States, second only to heart disease. In the coming decade, as the number of cancer survivors approaches 12 million, understanding survivors' health status and behaviors will become increasingly important.

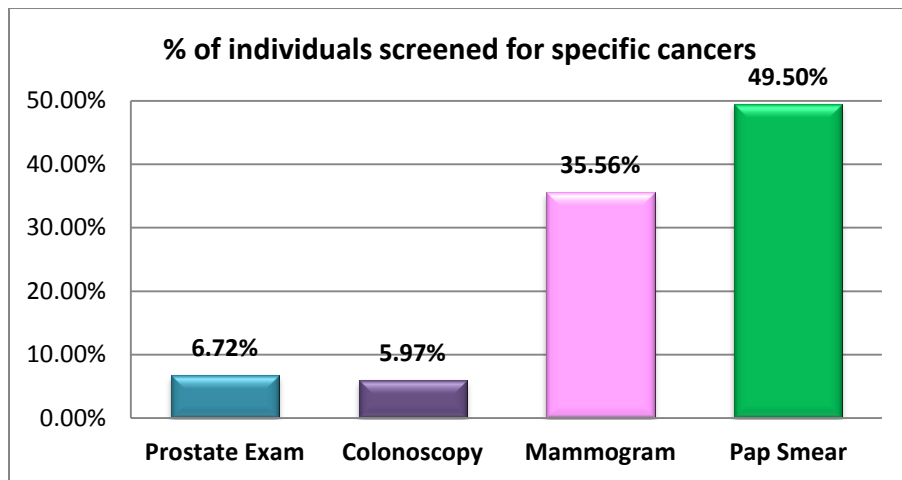
Many cancers are preventable by reducing risk factors such as:

- ◆ Use of tobacco products
- ◆ Physical inactivity and poor nutrition
- ◆ Obesity
- ◆ Ultraviolet light exposure

-Healthy People 2020 (www.healthypeople.gov)

Tehama County Respondent Data

16.25% of respondents reported being diagnosed with cancer. The following graphs represent the percentage of individuals that have been screened for specific types of cancer within the last 12 months.



CHNA.org Data

Cancer Mortality

This indicator reports the rate of death due to malignant neoplasm (cancer) per 100,000 population. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard. Rates are resummairized for report areas from county level data, only where data is available. This indicator is relevant because cancer is a leading cause of death in the United States.

Report Area	Total Population	Average Annual Deaths, 2006-2010	Crude Death Rate (Per 100,000 Pop.)	Age-Adjusted Death Rate, Cancer Mortality (Per 100,000 Pop.)
Tehama County, CA	62,547	147	234.70	194.07
California	36,618,207	55,256	150.90	160.50
United States	303,844,430	566,121	186.32	176.66
<u>HP 2020 Target</u>				<= 160.6

Age-Adjusted Death Rate, Cancer Mortality (Per 100,000 Pop.)



■ Tehama County, CA (194.07)
■ HP 2020 Target (160.60)
■ United States (176.66)

Note: This indicator is compared with the Healthy People 2020 Target.

Data Source: Centers for Disease Control and Prevention, [National Vital Statistics System: 2006-10](#). Accessed using [CDC WONDER](#). Source geography: County.

Diabetes

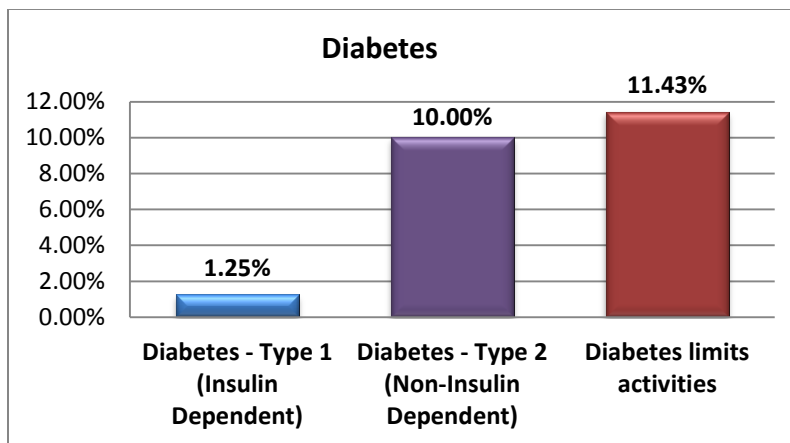
Diabetes affects an estimated 23.6 million people in the United States and is the 7th leading cause of death. Diabetes:

- Lowers life expectancy by up to 15 years.
- Increases the risk of heart disease by 2 to 4 times.
- Is the leading cause of kidney failure, lower limb amputations, and adult-onset blindness.

In addition to these human costs, the estimated total financial cost of diabetes in the United States in 2007 was \$174 billion, which includes the costs of medical care, disability, and premature death.

-Healthy People 2020 (www.healthypeople.gov)

Tehama County Respondent Data



CHNA.org Data

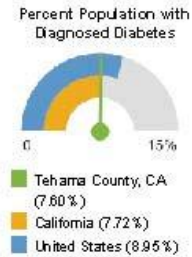
Diabetes Prevalence

This indicator reports the percentage of adults aged 20 and older who have ever been told by a doctor that they have diabetes. This indicator is relevant because diabetes is a prevalent problem in the U.S.; it may indicate an unhealthy lifestyle and puts individuals at risk for further health issues.

Report Area	Total Population Age 20	Population with Diagnosed Diabetes	Percent Population with Diagnosed Diabetes
Tehama County, CA	46,022	4,096	7.60%
California	26,876,472	2,112,548	7.72%
United States	228,834,127	21,876,232	8.95%

Note: This indicator is compared with the state average.

Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, [Diabetes Atlas: 2010](#). Source geography: County.



Heart Disease and/or Stroke

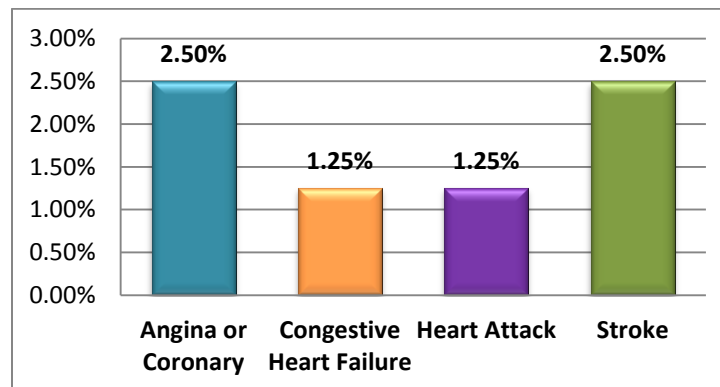
Heart disease is the leading cause of death in the United States.¹ Stroke is the third leading cause of death in the United States. Together, heart disease and stroke are among the most widespread and costly health problems facing the Nation today, accounting for more than \$500 billion in health care expenditures and related expenses in 2010 alone.² Fortunately, they are also among the most preventable. The leading modifiable (controllable) risk factors for heart disease and stroke are:

- ◆ High blood pressure
- ◆ High cholesterol
- ◆ Cigarette smoking
- ◆ Diabetes
- ◆ Poor diet and physical inactivity
- ◆ Overweight and obesity

-Healthy People 2020 (www.healthypeople.gov)

Tehama County Respondent Data

5.71% of respondents reported being diagnosed high blood pressure and 17.6% reported being diagnosed with high cholesterol. The following graph represent the percentage of individuals that reported been diagnosed with angina or coronary artery disease, congestive heart failure, heart attack, or stroke.



CHNA.org Data

Heart Disease Mortality

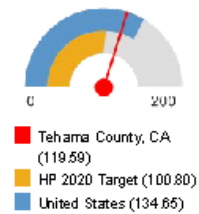
Within the report area the rate of death due to coronary heart disease per 100,000 population is 119.59. This rate is greater than than the Healthy People 2020 target of less than or equal to 100.8. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard. Rates are resummairized for report areas from county level data, only where data is available. This indicator is relevant because heart disease is a leading cause of death in the United States.

Report Area	Total Population	Average Annual Deaths, 2006-2010	Crude Death Rate (Per 100,000 Pop.)	Age-Adjusted Death Rate, Heart Disease Mortality (Per 100,000 Pop.)
Tehama County, CA	62,547	89	142.29	119.59
California	36,618,207	46,508	127.01	135.06
United States	303,844,430	432,552	142.36	134.65
HP 2020 Target				<= 100.8

Note: This indicator is compared with the Healthy People 2020 Target.

Data Source: Centers for Disease Control and Prevention, [National Vital Statistics System](#); 2006-10. Accessed using [CDC WONDER](#). Source geography: County.

Age-Adjusted Death Rate, Heart Disease Mortality (Per 100,000 Pop.)



Stroke Mortality

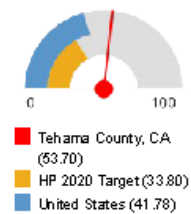
Within the report area there are an estimated 53.70 deaths due to cerebrovascular disease (stroke) per 100,000 population. This is greater than than the Healthy People 2020 target of less than or equal to 33.8. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard. Rates are resummairized for report areas from county level data, only where data is available. This indicator is relevant because stroke is a leading cause of death in the United States.

Report Area	Total Population	Average Annual Deaths, 2006-2010	Crude Death Rate (Per 100,000 Pop.)	Age-Adjusted Death Rate, Stroke Mortality (Per 100,000 Pop.)
Tehama County, CA	62,547	39	62.67	53.70
California	36,618,207	14,162	38.68	41.45
United States	303,844,430	133,107	43.81	41.78
HP 2020 Target				<= 33.8

Note: This indicator is compared with the Healthy People 2020 Target.

Data Source: Centers for Disease Control and Prevention, [National Vital Statistics System](#); 2006-10. Accessed using [CDC WONDER](#). Source geography: County.

Age-Adjusted Death Rate, Stroke Mortality (Per 100,000 Pop.)



Obesity (lack of exercise and poor eating habits)

Diet and body weight are related to health status. Good nutrition is important to the growth and development of children. A healthful diet also helps Americans reduce their risks for many health conditions including:

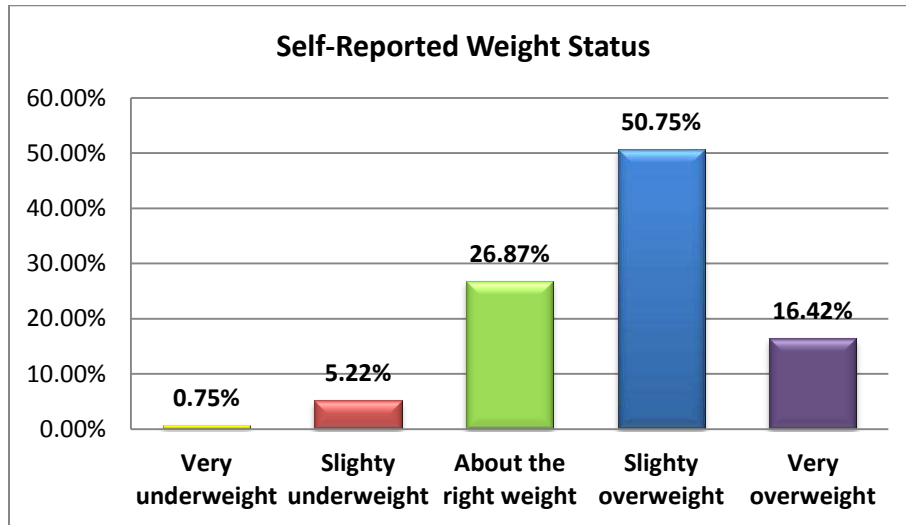
- ◆ Overweight and obesity
- ◆ Malnutrition
- ◆ Iron-deficiency anemia
- ◆ Heart disease
- ◆ High blood pressure
- ◆ Dyslipidemia (poor lipid profiles)
- ◆ Type 2 diabetes
- ◆ Osteoporosis
- ◆ Oral disease
- ◆ Constipation
- ◆ Diverticular disease
- ◆ Some cancers

-Healthy People 2020 (www.healthypeople.gov)

Tehama County Respondent Data

Respondents self-reported their weight status using the terms: very underweight, slightly underweight, about the right weight, slightly overweight, and very overweight (graph below)

and 5.71% indicated that their weight limits their activities. In regards to physical activity, 65.29% of the respondents did not meet the CDC guideline 150 minutes of moderate-intensity aerobic activity in the week prior to the survey. A healthy diet was measured by the number of fruits and vegetables consumed and 88.8% of respondents did not meet the recommended minimum of 5+ servings of fruits and vegetables in the week prior to the survey.



CHNA.org Data

Obesity (Adult)

25.90% of adults aged 20 and older self-report that they have a Body Mass Index (BMI) greater than 30.0 (obese) in the report area. Excess weight may indicate an unhealthy lifestyle and puts individuals at risk for further health issues.

Report Area	Total Population Age 20	Population with BMI > 30.0 (Obese)	Percent Population with BMI > 30.0 (Obese)
Tehama County, CA	45,842	11,919	25.90%
California	26,882,506	6,232,137	23%
United States	226,126,076	62,144,711	27.29%

Note: This indicator is compared with the state average.

Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, [Diabetes Atlas](#): 2010. Source geography: County.

Percent Population with BMI > 30.0 (Obese)



- Tehama County, CA (25.90%)
- California (23%)
- United States (27.29%)

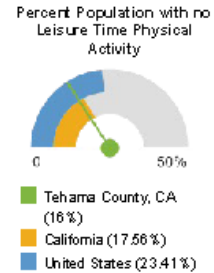
Physical Inactivity (Adult)

Within the report area, 7,742 or 16% of adults aged 20 and older self-report no leisure time for activity, based on the question: "During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?". This indicator is relevant because current behaviors are determinants of future health and this indicator may illustrate a cause of significant health issues, such as obesity and poor cardiovascular health.

Report Area	Total Population Age 20	Population with no Leisure Time Physical Activity	Percent Population with no Leisure Time Physical Activity
Tehama County, CA	45,811	7,742	16%
California	26,873,024	4,735,335	17.56%
United States	226,142,005	53,729,295	23.41%

Note: This indicator is compared with the state average.

Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, [Diabetes Atlas](#): 2010. Source geography: County.



Substance Abuse (alcohol and drug)

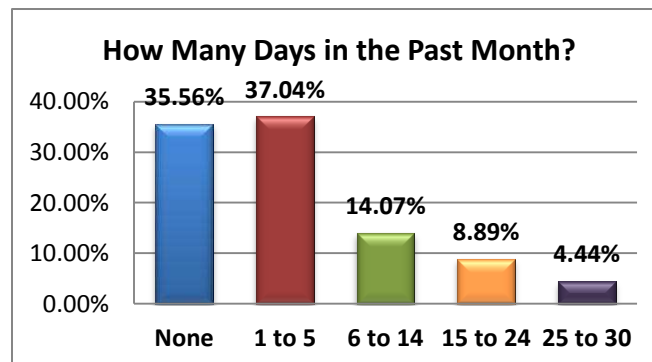
Substance abuse has a major impact on individuals, families, and communities. The effects of substance abuse are cumulative, significantly contributing to costly social, physical, mental, and public health problems. These problems include:

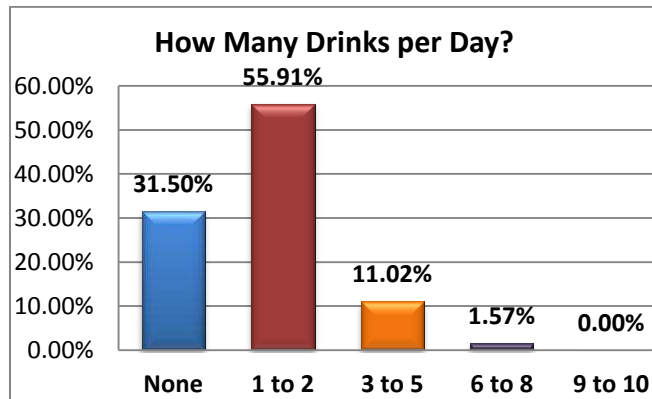
- ◆ Teenage pregnancy
- ◆ Human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS)
- ◆ Other sexually transmitted diseases (STDs)
- ◆ Domestic violence
- ◆ Child abuse
- ◆ Motor vehicle crashes
- ◆ Physical fights
- ◆ Crime
- ◆ Homicide
- ◆ Suicide

-Healthy People 2020 (www.healthypeople.gov)

Tehama County Respondent Data

Due to the fact that data collected is self-reported, there was only information provided by respondents was for alcohol use. Respondents reported how many days they drank alcoholic beverages in the month prior to the survey and on days they drank, how many drinks did they consume.





CHNA.org Data

Alcohol Consumption

This indicator reports the percentage of adults aged 18 and older who self-report heavy alcohol consumption (defined as more than two drinks per day for men and one drink per day for women). This indicator is relevant because current behaviors are determinants of future health and this indicator may illustrate a cause of significant health issues, such as cirrhosis, cancers, and untreated mental and behavioral health needs.

Report Area	Total Population Age 18	Estimated Population Heavily Consuming Alcohol	Percent Population Heavily Consuming Alcohol
Tehama County, CA	46,336	7,831	16.90%
California	663,410	104,155	15.70%
United States	89,135,163	13,385,866	15.02%

*Note: This indicator is compared with the state average. Data breakout by demographic groups are not available.
Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System; 2005-11. Accessed using the Health Indicators Warehouse. Source geography: County.*

Percent Population Heavily Consuming Alcohol



■ Tehama County, CA (16.90%)
■ California (15.70%)
■ United States (15.02%)

Tobacco Use

Scientific knowledge about the health effects of tobacco use has increased greatly since the first Surgeon General's report on tobacco was released in 1964. Tobacco use causes:

- ◆ Cancer
- ◆ Heart disease
- ◆ Lung diseases (including emphysema, bronchitis, and chronic airway obstruction)
- ◆ Premature birth, low birth weight, stillbirth, and infant death

There is no risk-free level of exposure to secondhand smoke. Secondhand smoke causes heart disease and lung cancer in adults and a number of health problems in infants and children, including:

- ◆ Severe asthma attacks
- ◆ Respiratory infections
- ◆ Ear infections
- ◆ Sudden infant death syndrome (SIDS)

Smokeless tobacco causes a number of serious oral health problems, including cancer of the mouth and gums, periodontitis, and tooth loss. Cigar use causes cancer of the larynx, mouth, esophagus, and lung.

-Healthy People 2020 (www.healthypeople.gov)

Tehama County Respondent Data

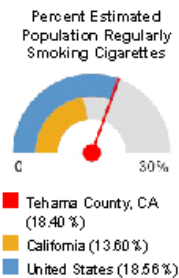
Respondents self-reported that 91.73% did not smoke cigarettes. 8.27% of respondents smoked every day or some days. There were follow-up questions which included asking about chewing tobacco and electronic cigarettes and there were no responses for either of those questions.

CHNA.org Data

Tobacco Usage (Current Smokers)

In the report area an estimated 8,526, or 18.40% of adults age 18 or older self-report currently smoking cigarettes some days or every day. This indicator is relevant because tobacco use is linked to leading causes of death such as cancer and cardiovascular disease.

Report Area	Total Population Age 18	Estimated Population Regularly Smoking Cigarettes	Percent Estimated Population Regularly Smoking Cigarettes
Tehama County, CA	46,336	8,526	18.40%
California	27,311,960	3,714,426	13.60%
United States	229,932,154	42,664,071	18.56%



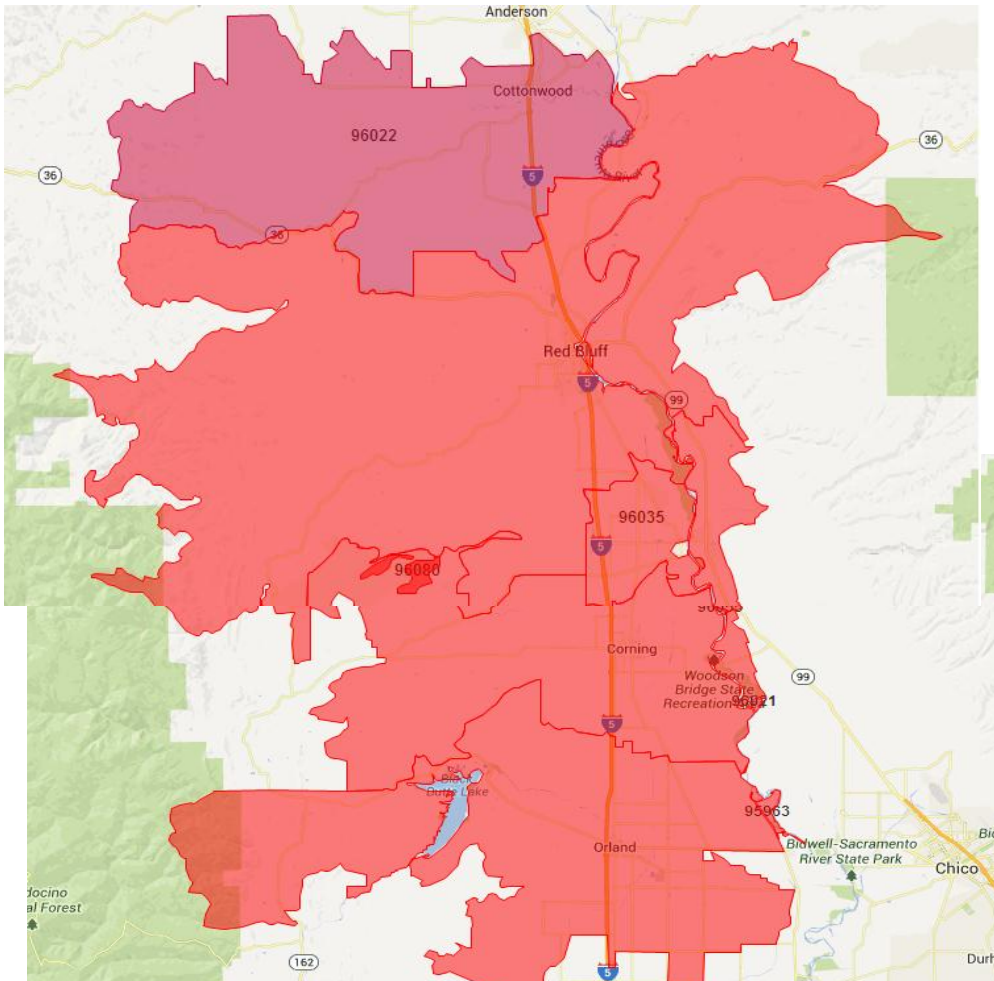
*Note: This indicator is compared with the state average. Data breakout by demographic groups are not available.
Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System; 2005-11. Accessed using the Health Indicators Warehouse. Source geography: County.*

Next steps

St. Elizabeth Community Hospital will establish implementation strategies for priority areas and community benefit staff is committed to:

- ◆ Researching what other local organizations are doing to address the priorities
- ◆ Developing a work plan to address priorities as appropriate
- ◆ Establishing metrics with measurable outcomes or outputs
- ◆ Coordinating work with other departments as appropriate
- ◆ Communicating with the community at large

Attachment B - St. Elizabeth Community Hospital Community Needs Index (CNI) Map



	1 - 1.7 Lowest Need	1.8 - 2.5 2 nd Lowest	2.6 - 3.3 Mid	3.4 - 4.1 2 nd Highest	4.2 - 5 Highest Need
	Zip Code	CNI Score	Population	City	County
■	95963	4.6	16423	Orland	Glenn
■	96021	4.8	15483	Corning	Tehama
■	96022	3.4	16279	Cottonwood	Tehama
■	96035	5	3969	Gerber	Tehama
■	96055	4.2	3847	Los Molinos	Tehama
■	96080	4.4	27912	Red Bluff	Tehama

CNI Score Median: 4.5