2019

COMMUNITY HEALTH NEEDS ASSESSMENT

Paper copies of this document may be obtained In-person at the following locations:

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

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

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OVERVIEW AND INTRODUCTION

REGULATORY REQUIREMENTS

The Patient Protection and Affordable Care Act (ACA), enacted on March 23, 2010, added a requirement that hospitals covered under section §501(r) of the Internal Revenue Code conduct a Community Health Needs Assessment (CHNA) and adopt an implementation strategy to meet the community health needs identified through the CHNA at least once every three years.

While Mammoth Hospital is required to complete a CHNA every 3 years, the timing aligned with the needs assessments that the Health Department was required to complete for the Maternal, Child & Adolescent Health (MCAH) Program and Local Oral Health Program (LOHP).

In 1992, the Federal Maternal Child Health Bureau required that all Title V funded State agencies perform a 5-year needs assessment using a set of specifically stated indicators and to identify priorities of action. In 1998, the California MCAH Program required local health jurisdictions to monitor these indicators and incorporate them into their 5-year needs assessment and action plans.

The California Oral Health Program (OHP) was established in 2014, and with the passage of Proposition 56 (The California Healthcare, Research and Prevention Tobacco Tax Act of 2016), was given legislative authority to build capacity and infrastructure for the development, implementation, and evaluation of best practices and evidence-based programs in oral disease prevention. Local health jurisdictions were allocated 5-year grants for years 2017-2022 and required to complete a needs assessment and improvement plan, followed by program implementation.

The CHNA defines priorities for health improvement, with an emphasis on the needs of populations that are at risk for poor health outcomes due to geographic, language, financial, or other barriers; commonly referred to as social determinants of health. The CHNA process creates a platform to engage community stakeholders and to understand the needs of the community.

COMMUNITY HEALTH NEEDS ASSESSMENT AND COLLABORATION

Mammoth Hospital and Mono County Health Department worked collaboratively to develop the 2019 Mono County Community Health Needs Assessment. Both organizations define their service area as Mono County.

MAMMOTH HOSPITAL

Mammoth Hospital is a 17-bed federally designated Critical Access Hospital (CAH) that is owned and operated by the Southern Mono Healthcare District, a public entity. The hospital operates a provider-based rural health clinic and is the sole provider of hospital, clinic, and safety net services in the remote, rural mountain region of southern Mono County, California.

The hospital is located in the town of Mammoth Lakes, home of one of the largest ski areas in the nation. This Eastern Sierra region plays host to over 3 to 4 million visitors annually.

OUR VISION

Meticulous Care - Memorable People - Majestic Location

OUR MISSION

To promote the well-being and improve the health of our residents and guests

OUR VALUES

- **Excellence** - We will provide an experience that surpasses all expectations.
- **Leadership** - We believe that effective leadership begins with a commitment to serve others.
- **Empathy** - We will look through the lens of others without judgment.
- **Value** - We will provide worth that pleases and surprises.
- **Accountability** - We will honor and fulfill our agreements and promises.
- **Trust** - We will cherish and respect the privilege and responsibility of our calling to serve others.
- **Encouragement** - We will inspire courage and confidence to overcome adversity and enable healing.

In addition to family medicine, women's health (including labor and delivery), pediatric, and dental services through the rural health clinic, the hospital offers general surgery, orthopedic surgery, and 24-hour emergency care. There is a full-service laboratory onsite and advanced medical imaging services, including computed tomography (C.T.), magnetic resonance imaging (MRI), interventional procedures, ultrasound, mammography, and bone densitometry (DEXA-scan). Specialty services of dermatology; cardiology; podiatry, ear, nose & throat; and urology are available on a part-time basis through visiting specialists. Orthopedic sub-specialty services are offered for spine, foot and ankle, and hand. The District operates orthopedic and physical therapy services in neighboring Inyo County. There are currently a total of nine (9) outpatient clinics.

MONO COUNTY HEALTH DEPARTMENT

The Mono County Health Department provides environmental and public health services that support the health and safety of Mono County residents and visitors.[1] Environmental Health programs include the Certified Unified Program Agency (CUPA), Food Safety, Land Use, Private Wells, Radon, Recreational Health, Small Water Systems, Solid Waste, Vector Control, and Wastewater. Public Health programs include Children's Medical Services (CMS); Communicable Disease; Emergency Preparedness; Immunizations; Local Oral Health; Maternal, Child & Adolescent Health; STD & HIV/AIDS; Tobacco Education; Women, Infants and Children (WIC); and Public Health Community Clinics. Collaboratives facilitated by Public Health include the Breastfeeding Taskforce, Local Oral Health Coalition, Nutrition & Physical Activity Taskforce (NPAT), Prevention Coalition, and Worksite Wellness Committee.

OUR MISSION AND VISION

To promote and protect a Mono County culture of health and safety in the community and environment through outreach, education, and prevention.

OUR CORE VALUES

- Wellness
- Integrity
- Respect
- Caring
- Excellence in Quality and Service
- Personal and Professional Growth
- Collaboration
- Flexibility

Each day, the Mono County Health Department works to protect, prevent, and promote. We protect communities from health threats such as contaminated water, foodborne illness, toxic exposures, preventable injury and illness, and the effects of natural and man-made disasters. We prevent disease through immunizations, surveillance, investigation, screening, treatment, linkage to care and services, and case management. We promote wellness through outreach, education, policy and program development, and collaboration with community partners. As opportunities and challenges continue to shift in the public health landscape, our department must maintain flexibility and change to meet the needs of the County.

2019 CHNA

Copies of the 2019 CHNA may be obtained from the following locations:

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

Mono County Health Department
Address: 37 Old Mammoth Road, Suite Q, Mammoth Lakes, CA 93546
Phone: (760) 924-1830
Web site: https://monohealth.com

CONSULTANTS

Mammoth Hospital and Mono County Health Department contracted with HealthTechS3 (HTS3) to assist in conducting the 2019 Community Health Needs Assessment. HealthTechS3 is a healthcare consulting and hospital management company based in Brentwood, Tennessee. Carolyn St.Charles, Regional Chief Clinical Officer and Cheri Benander, HealthTechS3 Consultant were the principal consultants for the project.

EXECUTIVE SUMMARY

GEOGRAPHIC ASSESSMENT AREA

Mono County is a rural community located between the Sierra Nevada Mountains and the California/Nevada border. The county is 3,030 square miles in size and in some areas the elevation reaches over 13,000 feet. The county seat is Bridgeport, and the only incorporated town is Mammoth Lakes, which has a population of approximately 7,500 people but can swell to as many as 35,000 with winter visitors.[2]

Mammoth Hospital and the Mono County Health Department's service area is Mono County.

Mono County was utilized as the CHNA geographic area and the source of county data. Mono County includes medically underserved, low-income, and minority populations. The zip codes for both incorporated and unincorporated communities in Mono County are included in the table.

All residents of Mono County were used to determine the CHNA geographic area.

MONO COUNTY	
93512	Benton
93514	Chalfant / Hammil Valley / Swall Meadows / Paradise
93517	Bridgeport
93529	June Lake
93541	Lee Vining / Mono City / Mono Lake
93546	Mammoth Lakes / Crowley Lake / Sunny Slopes / Lake Mary / Tom's Place
96107	Coleville / Walker
96133	Topaz

[2] *Mono County Website. https://www.monocounty.ca.gov/business/mono-county*

STEERING COMMITTEE

The steering committee established the framework and methodology for conducting the CHNA and provided guidance and direction throughout the process. The steering committee members included:

Gary Myers	Chief Executive Officer, Mammoth Hospital Through December 3
Tom Parker	Chief Executive Office, Mammoth Hospital As of December, 3
Craig Burrows, MD	Chief Medical Officer, Mammoth Hospital
Kathleen Alo, RN, CPHQ	Chief Nursing Officer, Mammoth Hospital
Lenna Monte	Director of Quality, Mammoth Hospital
Sarah Rea	Administrative Assistant, Mammoth Hospital
Sandra Pearce, RN, PHN, CNS	Public Health Director, Mono County
Tom Boo, MD	Public Health Officer, Mono County
Jacinda Croissant, RN, PHN	Health Program Manager / Public Health Nurse, Mono County Maternal Child Adolescent Health Director
Shelby Stockdale, RN, PHN	Health Program Manager / Public Health Nurse, Mono County Local Oral Health Program Coordinator

RESEARCH METHODOLOGY

The CHNA was conducted between October 2018 and June 2019. Both quantitative and qualitative methods were utilized to gather data about Mono County.

QUANTITATIVE DATA

A variety of sources were used to identify community health trends and health disparities including but not limited to: iVantage Health Analytics, County Health Rankings, Community Commons, Centers for Disease Control (CDC) BRFSS, California Department of Public Health, California Department of Health Care Services, DataQuest, American Lung Association, U.S. Census Bureau, National Center for Education, and the Bureau of Labor Statistics.

Every effort was made to obtain the most current data. Data were analyzed for comparison purposes with the United States, the state, counties within the state, and Healthy People 2020

when comparative data was available. Unless otherwise sourced in the report, data were abstracted from iVantage Health Analytics.

QUALITATIVE DATA

Qualitative data collection included key stakeholder interviews, a key stakeholder survey, a community survey, and a community focus group.

Key Stakeholder Interviews

Stakeholder interviews were conducted with individuals representing the broad interests of the community including public health, tribal health, and individuals with knowledge of the medically underserved, low–income, minority populations, and populations with chronic disease. Individuals to be interviewed were recommended by the steering committee, Mammoth Hospital leadership, and Mono Public Health leadership.

Twenty-seven (27) interviews were completed by phone between January and March 2019. A list of key stakeholders that were interviewed is in *Appendix 2*. A summary of those interviews is included in *Appendix 3*.

Key Stakeholder Survey

A survey was distributed to key stakeholders, including those that were interviewed, between January and February 2019, with a total of thirty-six (36) respondents.

The stakeholders responding to the survey included individuals that represented organizations that provide services to women, teens, children, residents over the age of 65, ethnic minorities, Native Americans, the homeless, individuals with limited English proficiency, individuals with chronic diseases, survivors of domestic abuse, individuals with mental illness and addiction, and those that provide recreational and emergency services to the community. A summary of the key stakeholder survey is included in *Appendix 4*.

Community Survey

A community survey was conducted from February 1, 2019, to March 7, 2019. The survey, in both English and Spanish, was distributed in various public locations including community clinics, health and human services agencies, and libraries, and was also made available electronically.

There were 355 respondents representing the communities of Benton, Hammil Valley, Chalfant, Bishop, Bridgeport, Crowley Lake, Sunny Slopes, June Lake, Mammoth Lakes, Mono City, Lee Vining, McGee Creek, Swall Meadows, Paradise, Topaz, Coleville, and Walker. One survey was completed by a resident of Fish Lake Valley in Nevada. Most survey respondents were from Mammoth Lakes. A summary of the community survey is included in *Appendix 5*.

Community Focus Group

A focus group was held on October 26, 2018, to gather information regarding the current health status of Mono County and to elicit suggestions for improvements. Sixty-two (62) people were in attendance, representing various service organizations throughout the county. A summary of the focus group meeting is included in *Appendix 6*.

GAP ANALYSIS

Data were obtained from all sources required by the Internal Revenue Code §501(r) in the completion of the 2019 CHNA.

The 2019 CHNA includes:

- Community demographics and populations served
- Methods for obtaining, analyzing and synthesizing data about the health needs of the community
- Process for consulting with persons representing the broad interest of the community, including those with special knowledge of or expertise in public health and/or tribal health
- Process and criteria used to identify the health needs of the community as significant and to prioritize those needs
- Resources to address priority community health needs

Mammoth Hospital and Mono County Health Department are not aware of any information gaps affecting the assessment or prioritization of community health needs.

RESOURCES

A list of resources currently available to meet the health needs of Mono County residents are included in Appendix 1. The list of resources is current as of June 2019.

PRIORITY COMMUNITY HEALTH NEEDS

Prioritization Committee

The CHNA Steering Committee, with the addition of individuals from both Mammoth Hospital and Mono County Health Department, met on May 8, 2019, to review the primary and secondary data and identify community health priorities. Attendees included:

Tom Parker	Chief Executive Office, Mammoth Hospital
Kathleen Alo, RN, CPHQ	Chief Nursing Officer, Mammoth Hospital
Lenna Monte	Director of Quality, Mammoth Hospital
Kate Britton	Population Health Manager, Mammoth Hospital
Lori Ciccarelli	Patient Experience Manager, Mammoth Hospital
Caitlin Crunk, RN	Med Surg Nurse Manager, Mammoth Hospital
Sarah Rea	Administrative Assistant, Mammoth Hospital
Sandra Pearce, RN, PHN, CNS	Public Health Director, Mono County
Tom Boo, MD	Public Health Officer, Mono County
Jacinda Croissant, RN, PHN	Health Program Manager / Public Health Nurse, Mono County Maternal Child Adolescent Health Director
Shelby Stockdale, RN, PHN	Health Program Manager / Public Health Nurse, Mono County Local Oral Health Program Coordinator
Bryan Wheeler, RN, PHN	Health Program Manager / Public Health Nurse, Mono County

Quantitative and Qualitative Data

The quantitative and qualitative data that had been collected as part of the CHNA process was reviewed, including the most important health concerns identified by the community and key stakeholders, as outlined below.

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

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

Prioritization Criteria

The committee elected to utilize five criteria to prioritize community health needs.

Magnitude / Scale of the Problem: The health need affects a large number of people within our community.

Severity of the Problem: The health need has serious consequences (morbidity, mortality, and economic burden) for those affected. There are significant consequences to the community if the problem is not addressed.

Health Disparities: The health needs disproportionately impact the health status of one or more vulnerable populations or groups.

Importance to the Community: The health need is of significant importance to the community.

Ability to Leverage: The opportunity to collaborate with existing community partnerships to address the health need or to build on current programs.

Prioritized Community Health Needs

Each attendee was asked to identify the three most important community health issues using the prioritization criteria as a guide. Although initially, the committee had determined they would select three priorities, the consensus was to expand to four based on the voting process and group discussion. The 2019 community health priorities were:

1. **Substance Abuse Prevention and Treatment**
    - Provide additional treatment options
    - Develop networks and sources for follow-up care
    - Implement provider training
    - Provide community education
    - Enforcement

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

3. **Clinical Care Access and Preventative Care**
    - Provide education and services focused on prevention and promotion of a healthy lifestyle
    - Increase access to primary care and preventative services

4. **Dental Care Access and Preventative Care**
    - Increase access to dental care for children
    - Increase access to dental care for adults
    - Integrate dental care screening as part of primary care practices
    - Provide community education regarding the importance of dental care

The four priorities are in alignment with the community health needs identified by key stakeholders and the community.

Each of the priorities, including a summary of data relative to each priority, are included in the following sections. Additional detail is included in the main report and the appendixes.

A health improvement plan based on the four (4) priorities will be developed by mid-October 2019 in collaboration with community partners.

COMMUNITY HEALTH PRIORITY 1: SUBSTANCE ABUSE PREVENTION AND TREATMENT

SUMMARY INFORMATION REGARDING THE PRIORITY

Tobacco

A study published by the Journal of the American Medical Association (JAMA), in 2018, identified risk-factors that contributed to disability-adjusted life-years. In California, the second highest risk factor was alcohol and drug use, and the fourth highest risk factor was tobacco use.[3]

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

For years 2014 – 2016, the smoking prevalence among adults in the Sierra Region including Alpine, Amador, Calaveras, Inyo and Mono (Eastern Sierra) counties was 12.6% which is slightly higher than the rate in California of 11%, but is not statistically different from the Healthy People 2020 target of 12%.[4] California's adult cigarette smoking rate varies by population density, with higher rates predominantly in rural counties.

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

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

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

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

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

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

Opioids

The age-adjusted rate of opioid prescriptions per 1,000 residents in Mono County was 458.73 in the first quarter of 2015 and 239.14 for the 3rd quarter of 2018, a significant decrease. Mono County is statistically lower than the state rate of 583.09 and 450.17 for the same period.[5]

Drug Overdose and Deaths

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

- The age-adjusted death rate from deaths due to drug-induced causes for California was 12.7 deaths per 100,000 population, an increase from the 2012-2014 rate of 11.4 per 100,000 population.
- The rate of drug-induced deaths from 2015-2017 for Mono County was 5.9, with 95% confidence limits of 0.3-27.2. The Healthy People 2020 goal for the rate of drug-induced deaths is 11.3 per 100,000 population.[6]

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

Alcohol

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

The percent of alcohol-impaired driving deaths in Mono County was 67% from 2013 – 2017 compared to 30% for the state. The rate in Mono County is statistically higher than the state.

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

The data is from the Fatality Analysis Reporting System and reported on County Health Rankings.

Youth Alcohol and Other Drug Use

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

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

COMMUNITY HEALTH PRIORITY 2: BEHAVIORAL HEALTH PREVENTION AND TREATMENT

SUMMARY INFORMATION REGARDING THE PRIORITY

Mono County is a Health Professional Shortage Area for Mental Health. Based on data from 2018, there was one (1) behavioral health professional for every 520 residents in Mono County The state has one (1) mental health professional for every 310 residents.[7]

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

The following information is abstracted from the 2018 California Children's Report Card.[8]

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

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

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

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

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

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

[7] *County Health Rankings, 2019*
[8] *2018 California Children's Report Card*

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

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

COMMUNITY HEALTH PRIORITY 3: CLINICAL CARE ACCESS AND PREVENTATIVE CARE

SUMMARY INFORMATION REGARDING THE PRIORITY

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

According to the Department of Healthcare Services (DHCS) Management Information System for the fiscal year 2017-2018, preventive care utilization rates for children with Medi-Cal are 42.7% for Mono County and 45.2% statewide.[9] However, the report states, "*Fiscal year 2017-2018 data may be incomplete due to a delay in DHCS receiving the data*".

Limited English proficiency impacts many aspects of an individual's life, including access to care. The percentage of limited English households in Mono County is 6.5%, and 9.5% of the population has limited English proficiency.[10] 25.1% of Mono County residents speak a language other than English at home compared to 44.0% in the state.[11]

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

Approximately 12% of adults and 5% of children were uninsured in Mono County in 2016, which is not statistically different than the state.[12] A report published in May of 2018 by the California Healthcare Foundation identified that 22% of the population in Imperial, Inyo, and Mono counties were eligible for MediCal but not enrolled.[13]

A study published in 2018, by the Journal of the American Medical Association (JAMA), identified life expectancy and healthy life expectancy. In California, the healthy life expectancy is approximately 10 years shorter for both males and females.[14] Healthy Life Expectancy is defined as the average number of years that a person can expect to live in "full health" by taking into account years lived in less than full health due to disease and/or injury.

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

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

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

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

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

The highest age-adjusted cause of death in Mono County is for coronary artery disease followed by all cancers, and accidents (unintentional injuries).[15] Cause of death in Mono County is not statistically different from the state.

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

COMMUNITY HEALTH PRIORITY 4: DENTAL CARE ACCESS AND PREVENTATIVE CARE

SUMMARY INFORMATION REGARDING THE PRIORITY

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

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

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

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

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

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

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

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

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

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

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

The First 5 Mono County report includes the following information:

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

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

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

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

- High cost, including high co-pays and up-front costs
- Long wait times to get an appointment
- Lack of emergency dental care
- Lack of pediatric dental care
- Lack of dentists who take Medi-Cal
- Lack of dental insurance
- Fear of going to the dentist including dental pain
- Ability to take time off from work

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

2016 CHNA Community Health Needs

As part of the 2019 Community Health Needs Assessment Mammoth Hospital is required to evaluate the impact of any actions that were taken to address the significant health needs identified in the immediately preceding CHNA.

There were four community health priorities identified in the 2016 CHNA:

1. Access to Healthcare Services
2. Substance Abuse
3. Behavioral Health
4. Chronic Care Management

Mammoth Hospital did not receive any feedback on the 2016 CHNA from the community. There were four (4) questions included in the 2019 key stakeholder survey related to the 2016 priorities.

1. *Did the hospital increase the number of physicians/providers?*

YES	NO	NOT SURE
41%	11%	48%

2. *Did the hospital develop a visiting specialist program?*

YES	NO	NOT SURE
59%	0%	41%

3. *Did the hospital improve the information/education provided to the community?*

YES	NO	NOT SURE
23%	8%	69%

4. *Did the hospital improve mental health services?*

YES	NO	NOT SURE
30%	19%	52%

Community Health Priority: Access to Healthcare Services

Goal 1: Enhance collaboration among Mono County agencies, providing community education regarding our health care services and availability of financial assistance
Goal 2: Evaluate additional services and their potential impact on access to care.

Strategies
1. Develop a media campaign highlighting available services to the community.
2. Increase the number of visiting specialists.

Measure of Success
1. Increase the number of clinic visits.

Results
1. Five brochures were developed and circulated in the community. Brochure topics included:
    - Financial Counseling
    - Behavioral Health Services
    - Diabetes
    - Surgical Services
    - Cancer Care Services

2. A media campaign was developed and distributed thru newspaper, radio, and social media channels.

3. Additional providers have been added to the medical staff including family medicine; pediatrics; obstetrics; urology; ear, nose and throat; general surgery; and dental.

4. Same-day clinic appointments were implemented to increase access.

The total number of clinic visits increased by 8.1% from 2016 to 2018, with a projected increase of 12.2% by the end of 2019.

	2016	2017	2018	2019
Clinic Visits	44,243	45,225	47,816	49,658 (Annualized)

Community Health Priority: Substance Abuse

Goal 1: Provide education and raise awareness related to the prevention and treatment of substance abuse, including drug, alcohol, and tobacco.

Strategy
1. Establish regular screening for drug, alcohol, and tobacco use at clinic visits.

Measure of Success
Increase the number of individuals seeking prevention education and treatment for drug, alcohol, or tobacco use.

Results
The number of clinic visits related to the prevention or treatment of substance abuse increased by 196% from 2017 to 2018 with a projected increase of 358.6% by the end of 2019.

	2017	2018	2019
Clinic Visits related to alcohol, drug, tobacco use prevention or treatment	474	1,403	2,174 Annualized

Goal 2: Develop a pain management program to serve the community's chronic pain population,

Strategy
Establish a protocol for all physicians to use in determining prescriptions opioids for chronic pain.

Measure of Success
Decrease the number of community members receiving opioid prescriptions for chronic pain.

Results
There has been a significant increase in the number of chronic pain patients, and a decrease in the percent of patients receiving opioids.

	2016	2017	2018	2019
Number of chronic pain patients	25	55	70	270 Annualized
Number of chronic pain patients receiving opioids	24	38	52	106 Annualized
Percent of chronic pain patients receiving opioids	96%	69%	74%	39%

Community Health Priority: Behavioral Health

Goal 1: Increase the awareness of behavioral health resources through education.

Goal 2: Develop additional behavioral health resources to serve the community.

Strategies
1. Design and distribute brochures in the community regarding behavioral health services available in the Eastern Sierra area.

2. Develop a media campaign highlighting available behavioral health services to the community.

3. Increase the number of behavioral health providers

Measure of Success
Increase the number of community members accessing behavioral health services.

Results
1. A media campaign was designed and distributed thru newspaper, radio, and social media channels.

2. Two additional behavioral health providers were added and an option for telemedicine consultation implemented.

The total number of Behavioral Health clinic visits increased by 105% from 2016 to 2018.

The total number of clinic visits increased by 104.6% from 2016 to 2018, with a projected increase of 207.5% by the end of 2019.

	2016	2017	2018	2019
Number of behavioral health visits	797	1,731	1,631	2,451 Annualized

Community Health Priority: Chronic Disease

Goal 1: Improve community awareness of the long-term detrimental effects of obesity on health.

Strategies

1. Implement a chronic care case management program.
2. Hire a population health care coordination.
3. Implement dietary consults for chronic disease patients, including those who are overweight or obese.

Measure of Success

Increase the number of individuals with obesity who participate in educational programs and care coordination.

Results

1. A population health care coordinator was hired.
2. Dietary consults are offered to all chronic disease patients.
3. A chronic care management program was established.
   Two chronic care managers have left the organization since 2016. Much of 2018 was spent establishing a structure for the chronic care management program (CCM), including developing standardized processes for enrolling patients, tracking patients, and ensuring Medicare CCM requirements were met consistently.

   The focus of the program in 2019 is building the caseload of patients participating in CCM.

	2017	2018	2019
Number of patients actively enrolled in the Chronic Care Management program	56	33	47

MAIN REPORT

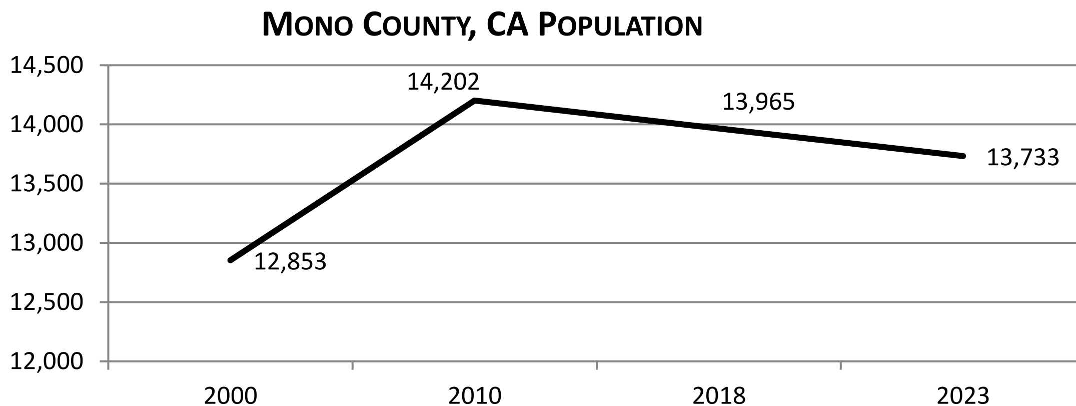
DEMOGRAPHICS

POPULATION

Mono County is a rural community located between the Sierra Nevada Mountains and the California/Nevada border. The County is 3,030 square miles in size and in some areas the elevation reaches over 13,000 feet.

The county seat is Bridgeport, and the only incorporated town in the county is Mammoth Lakes. Mammoth Lakes is the most densely populated area in Mono County with a population of approximately 7,500 people, but this number can increase to as many as 35,000 with winter visitors.[16]

The population in Mono County in 2010 was 14,202. In 2018, the population is estimated to be 13,965. The population is projected to continue to decline by an annual rate of 0.33% with an estimated 2023 population of 13,733 residents.



Source: iVantage Health Analytics, ESRI 2018

AGE

The current median age in Mono County is 38.4, which is expected to increase to 38.9 by 2023, a very slight increase.[17] The median age is lowest in Topaz (28) and highest in Coleville, Walker, Bridgeport, and Benton (49 – 51).[18]

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[16] *Mono County Website*
[17] *iVantage Health Analytics, ESRI 2018*
[18] *iVantage Health Analytics, ESRI 2018*

Community	Current Median Age	Projected Median Age 2023
93512 Benton	50	52
93514 Bishop*	46	47
93517 Bridgeport	49	52
93529 June Lake	46	47
93541 Lee Vining, Mono City, Mono Lake	39	41
93546 Mammoth Lakes	35	36
96107 Coleville, Walker	51	53
96133 Topaz	28	29

Source: iVantage Health Analytics, ESRI 2018
**Please note that the 93514 zip code includes Bishop in Inyo County, but also Chalfant, Hammil Valley, Swall Meadows and Paradise in Mono County*

The population aged 5 and under makes up 6.8% of the population and is not expected to change significantly. The population under 18 years old is expected to decrease slightly, by approximately 150 residents. The population over 65 is expected to increase by 420 residents.

	Current Population	Percent	Projected Population	Percent
0 – 5 years	958	6.8%	945	6.8%
Less than 18	2,671	19.1%	2,521	18.4%
Over 65	1,893	13.5%	2,313	16.8%

Source: US Census Bureau: American FactFinder ACS; Demographic and Housing Estimates 2013-2017

Race and Ethnicity

In Mono County, the white, non-Hispanic population make up approximately 65% of the population and the population with Hispanic origin make-up 28%.[19]

By 2023, the Hispanic population is projected to increase by 5.8% and the White Non-Hispanic population to decrease by 2.0%.

[19] *Data USA; Mono County CA*

RACE AND ETHNICITY	PERCENT
White, alone	91.1%
Black or African American, alone	0.8%
American Indian and Alaska Native, alone	3.0%
Asian, alone	2.2%
Native Hawaiian and Other Pacific Islander, alone	0.4%
Hispanic or Latino Origin (any race)	27.5%
White alone, not Hispanic or Latino	65.5%
Two or more races	2.7%

Source: US Census Bureau: American FactFinder ACS; Demographic and Housing Estimates 2013-2017

CURRENT POPULATION BY RACE AND ETHNICITY						
ZIP-CITY	AMERICAN INDIAN (NON-HISPANIC)	ASIAN (NON-HISPANIC)	BLACK (NON-HISPANIC)	OTHER (NON-HISPANIC)	WHITE (NON-HISPANIC)	HISPANIC
93512 Benton	18	2	0	8	216	39
93514 Bishop*	1,287	249	122	369	8,997	2,963
93517 Bridgeport	44	1	3	19	409	167
93529 June Lake	7	3	0	10	434	147
93541 Lee Vining, Mono City, Mono Lake	29	5	0	7	242	139
93546 Mammoth Lakes	45	200	81	191	5,729	3,061
96107 Coleville, Walker	64	10	16	23	673	131
96133 Topaz	10	8	8	16	320	140

Source: iVantage Health Analytics, ESRI 2018
**Please note that the 93514 zip code includes Bishop in Inyo County, but also Chalfant, Hammil Valley, Swall Meadows and Paradise in Mono County*

PROJECTED CHANGE BY COMMUNITY				
ZIP-CITY	HISPANIC CURRENT	HISPANIC PROJECTED 2023	WHITE (NON-HISPANIC) CURRENT	WHITE (NON- HISPANIC) PROJECTED 2023
93512 Benton	39	44	216	208
93514 Bishop*	2,963	3,274	8,997	8,440
93517 Bridgeport	167	178	409	376
93529 June Lake	147	156	434	403
93541 Lee Vining, Mono City, Mono Lake	139	147	242	221
93546 Mammoth Lakes	3,061	3,212	5,729	5,313
96107 Coleville, Walker	131	145	673	647
96133 Topaz	140	149	320	296

Source: iVantage Health Analytics, ESRI 2018
**Please note that the 93514 zip code includes Bishop in Inyo County, but also Chalfant, Hammil Valley, Swall Meadows, and Paradise in Mono County.*

CITIZENSHIP

In 2016, 86% Of Mono County residents were US citizens, which is lower than the national average of 93%. In 2015, the percentage of US citizens in Mono County was 85.7%, showing that the rate of citizenship is increasing.[20]

[20] *DATA USA: Mono County CA*

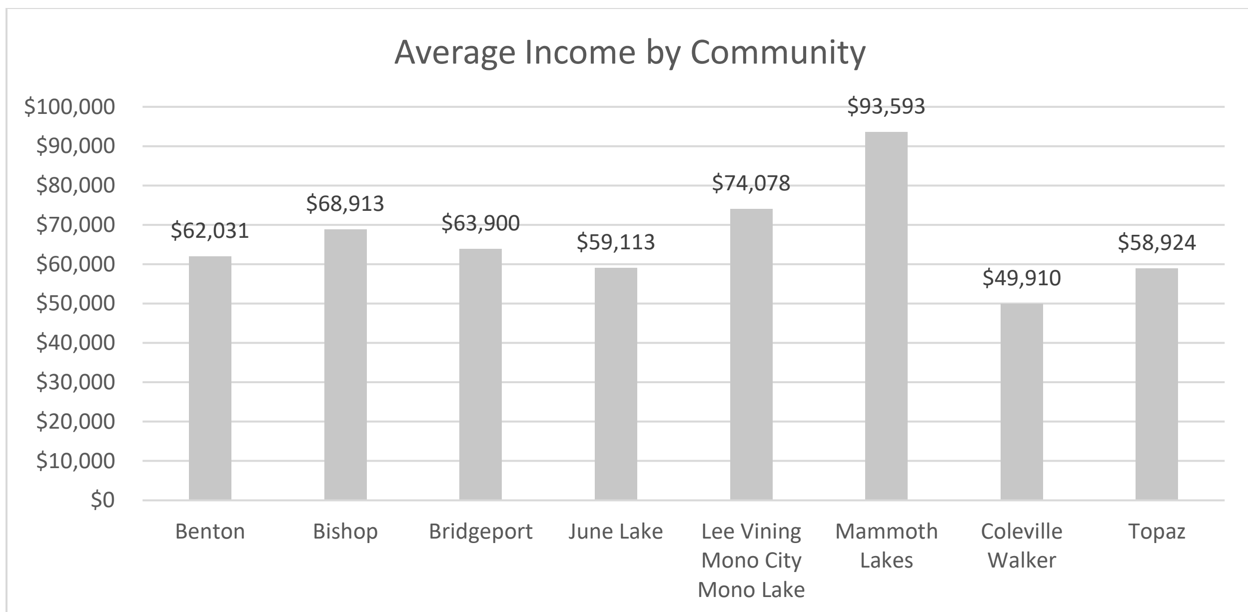
SOCIAL AND ECONOMIC FACTORS

INCOME

The 2017 median household income was $67,169 in California and $60,520 in Mono County.

The 2017 per capita income was $33,128 in California and $30,888 in Mono County.[21]

In Mono County, Mammoth Lakes has the highest average income per household, with Coleville and Walker having the lowest based on data from iVantage.



Source: iVantage Health Analytics, ESRI 2018
Please note that Bishop is in Inyo County, but zip code also includes Chalfant, Hammil Valley, Swall Meadows and Paradise in Mono County

INCOME INEQUALITY

Mono County performs well relative to income inequality, which measures the ratio of household income at the 80th percentile to income at the 20th percentile. A high ratio indicates a greater division between the top and bottom of the income spectrum. Mono County's income ratio is 3.3, compared to the California income ratio of 5.2.[22]

POVERTY

The U.S. Census Bureau estimated that in 2017, approximately 1,097 of people employed in Mono County had an income below the poverty level, and of that number, 32% were women.[23]

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[21] *United State Census Quick Facts Mono County California*
[22] *County Health Rankings 2019*
[23] *U.S. Census Bureau, 2013-2017 American Community Survey 5-yr Estimates*

9.9% of the population in Mono County live below the federal poverty level. The highest percent are children under five years of age, 15.8%. Mono County is statistically better than the state for the total population living below the poverty level.[24]

PERCENT OF POPULATION IN POVERTY			
	Mono County	**Margin of Error**	**California**
Total Population	9.9%	+/- 3.8	15.1%
Under 18 years	12.0%	+/- 10.1	20.8%
Under 5 years	15.8%	+/- 10.1	21.5%
5 – 17 years	11.1%	+/- 8.4	20.0%
18 – 64 years	10.1%	+/-4.1	14.0%
65 and over	5.7%	+/-4.4	10.2%

Source: Poverty Status in the Past 12 Months, 2013-2017 American Community Survey 5-Year Estimates

The 2018-2019 California County Scorecard of Children's Well-Being identified 2,836 children living in Mono County, 53% are living at or below two times the poverty level.[25]

7.8% of white residents and 13.3% of Hispanic or Latino residents live in poverty in Mono County.[26]

COMMUNITY FEEDBACK

36% of community members identified financial hardship as the number one reason why people do not get the medical services that they need.

KEY STAKEHOLDER FEEDBACK

84% indicated they felt that children and families living in poverty experienced the greatest challenges in achieving and maintaining good health.

81% rated poverty and stressful conditions accompanying poverty as significant barriers contributing to the health challenges of at-risk populations.

EMPLOYMENT

The unemployment rate from January of 2018 to February of 2019, not seasonally adjusted, in Mono County ranged from a low of 3.4% in April of 2018 to a high of 4.5% in October of 2018.[27] Depending on what season the data is recorded, results may be dramatically different due to tourism and seasonal work.

[24] *US Census Bureau, Fact Finder 2017*
[25] *2018/2019 California County Scorecard of Children's Well-Being*
[26] *US Census Bureau, Fact Finder 2017*
[27] *State of California Employment Development Department*

Mono County Unemployment		
2019	February	3.6%
2019	January	3.7%
2018	December	3.4%
2018	November	4.2%
2018	October	4.5%
2018	September	3.7%
2018	August	3.8%
2018	July	3.8%
2018	June	4.0%
2018	May	3.8%
2018	April	3.4%
2018	March	3.8%
2018	February	3.9%
2018	January	3.9%

EDUCATION

The percent of ninth graders that graduate in four (4) years is higher (better) than the state.[28]

4-Year Graduation Rate				
School Year	**Mono County**	**Mammoth Unified School District**	**Eastern Sierra Unified School District**	**California**
2017 / 2018	95.3%	96.3%	90.0%	87.3%
2016 / 2017	92.7%	96.1%	84.6%	86.7%

Source: Data Quest California Department of Education

The percent of the population in Mono County with some college education is 61%, which is not statistically different than the rate in the state of 64%.[29]

[28] *Mono County School District*
[29] *County Health Rankings, 2019*

LANGUAGE

In Mono County, 25.1% of the population speak a language other than English, of which 21.7% speak Spanish.[30]

The percentage of the population that is not proficient in English, based on data from County Health Rankings from 2013 – 2017, was 6%. This is statistically lower than the rate in the state of 10%.

The 2018-2019 California County Scorecard of Children's Well-Being identified a total of 46% English language learners who gained proficiency in English in Mono County, compared to 47% in the state.

KEY STAKEHOLDER FEEDBACK

66% identified individuals with poor health literacy or limited English proficiency as having the greatest challenges in achieving and maintaining good health. Additionally, 69% identified health literacy and limited English proficiency as contributing to the health challenges of at-risk populations.

Several key stakeholders commented that there is a need for more language translators.

Key stakeholders who were interviewed voiced a concern that the Hispanic population is underserved and under-represented in the community.

HOUSING

The average cost in Mono County of an owner-occupied housing unit is $311,700, and the median gross rent is $1,103.[31]

Based on data from County Health Rankings for 2013 – 2017, 12% of households in Mono County have housing costs above 50% of total household income which is statistically lower than the state rate of 21%.[32]

Based on data from County Health Rankings for 2011 – 2015, 19% of households have severe housing problems defined as at least one of the following: overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities. The rate is statistically lower than the state rate of 27%.[33]

The Mono County Housing Element published a draft plan for 2019 – 2027, with the following stated goals and information.

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[30] *U.S. Census Bureau, 2013 – 2017 American Community Survey 5-year estimates*
[31] *US Census Bureau, QuickFacts Mono County, 2013 - 2017*
[32] *County Health Rankings*
[33] *County Health Rankings 2019*

Goal 1: *Increase overall housing supply, consistent with county's rural character*

Goal 2: *Increase the supply of community housing*

Goal 3: *Retain existing community housing*

Goal 4: *Ensure all other needs related to housing are met*

The County of Mono has a shortage of housing that is affordable to many citizens who work and reside in Mono County. The cost of housing has risen sharply over the past several years due to the cost of housing in the county's resort communities, the increase in second-home residences throughout the county, the scarce and limited amount of private land within the county available for residential development, and the overall increase in the cost of housing throughout the State of California. Wages for workers residing in Mono County have not kept pace with the increase in housing costs. As a result, employees in the lower, moderate, and even upper-moderate income ranges cannot afford to reside in proximity to work centers, have been forced to move greater distances from their places of employment, or have moved from the area entirely. This has decreased the pool of workers necessary to meet the needs of businesses and communities within Mono County. It has also increased commuting time to places of employment and contributes to substandard living conditions for workers and their families that earn low and moderate income levels.

Despite the availability of state and county incentives, there has been little or no market development of residential housing affordable to households earning very low, low, moderate, and even upper-moderate income levels and no other reasonable means to meet this need for workforce and affordable housing are available.[34]

KEY STAKEHOLDER FEEDBACK

Key stakeholders voiced a variety of concerns regarding housing, including a lack of housing in general as well as a lack of affordable housing.

Several comments were made regarding the number of persons that are living in their cars, multiple families living together in single-family homes, and the number of people living in the woods due to lack of affordable housing.

HOMELESS POPULATION

Eastern Sierra Continuum of Care published preliminary data for the 2019 Homeless Point-In-Time count. Based on the data, Mono County had 72 unsheltered homeless individuals and 1 homeless sheltered individual for a total of 73. This is an increase from 2018 of 47 homeless individuals.

[34] *Mono County Housing Element*

The 2018-2019 California County Scorecard of Children's Well-Being indicates that eleven (11) students were experiencing homelessness in the county.

KEY STAKEHOLDER FEEDBACK

Key stakeholders commented that they see homelessness rising in the summer due to the amount of seasonal work available.

TRANSPORTATION

45% of residents drive alone to work, compared to 74% in the state based on data from County Health Rankings for 2013 – 2017.

COMMUNITY FEEDBACK

Multiple respondents commented that residents living outside of Mammoth Lakes experience long travel distances and difficulty in accessing services.

KEY STAKEHOLDER FEEDBACK

Several key stakeholders noted that people sometimes must travel up to an hour one-way, and in the winter, travel may not be possible. For those that must take public transportation, a trip to Mammoth Lakes can take a full-day, and in some instances require an overnight stay.

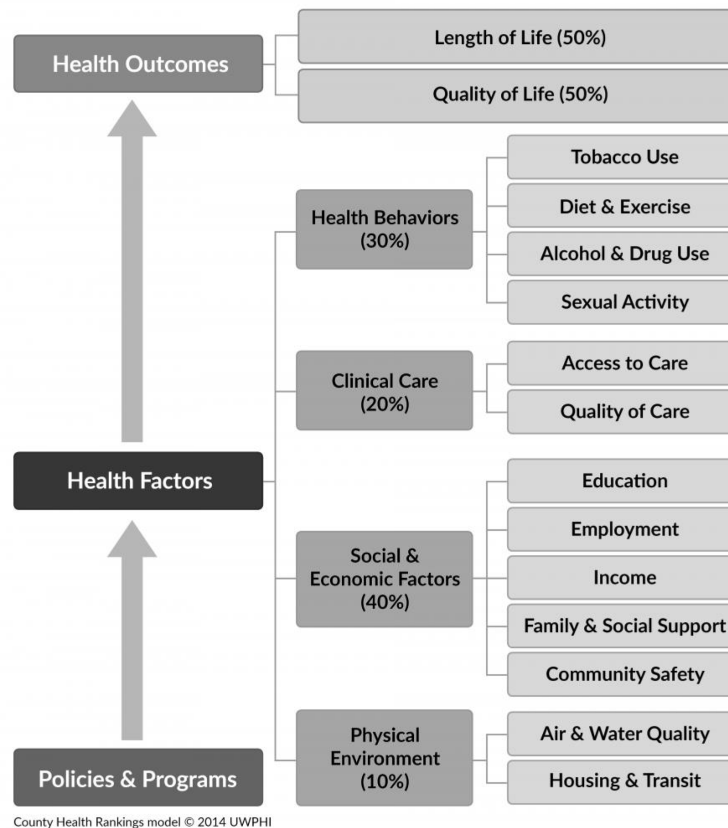
HEALTH OF THE COMMUNITY

COUNTY HEALTH RANKINGS

County Health Rankings & Roadmaps is a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute. The rankings are based on a model of population health that emphasizes the many factors that, if improved, can help make communities healthier places to live, learn, work, and play. The rankings are determined by both *Health Outcomes* and *Health Factors,* which are weighted to determine an overall ranking for each county.

Health Outcomes: The overall rankings in health outcomes represent how healthy counties are within California State. The healthiest county in California State is ranked first. The ranks are based on two types of measures: how long people live and how healthy people feel while alive.

Health Factors: The overall rankings in health factors represent what influences the health of a county. They are an estimate of the future health of counties as compared to other counties within a state. The ranks are based on four types of measures: health behaviors, clinical care, social and economic factors, and physical environment.



County Health Rankings model © 2014 UWPHI

RANKINGS

The County Health Rankings are included in the table below. Additional detail, including definitions, and years of data collected are included in Appendix 10. A blank cell indicates that information is not included in County Health Rankings data.

The data is provided since it represents the actual data utilized by County Health Rankings to rank Mono County. However, please note that in some instances, more current data is utilized elsewhere in the report if it is available.

Please note that County Health Rankings report the high school graduation rate as 36%. Information from the California Department of Education shows the 4-year graduation rate in Mono County for 2016/2017 was 92.7% and for 2017/2018, it was 95.3%

HEALTH OUTCOMES: Ranked 18th compared to 58 other California counties Length of Life: Ranked 4th Quality of Life: Ranked 38th					
Indicator and Weight	**Mono County**	**Error Margin**	**Top U.S. Performers**	**California**	***Statistical Difference**
Length of life (50%)					
Premature Death (50%)	3,900	2,800- 5,000	5,400	5,300	Better
Quality of Life (50%)					
Poor or fair health (10%)	14%	14 – 15%	12%	18%	Better
Poor physical health days (10%)	3.5	3.3 – 3.6	3.0	3.5	No Diff.
Poor mental health days (10%)	3.7	3.5 – 3.8	3.1	3.5	No Diff.
Low birthweight (20%)	8%	6 – 9%	6%	7%	No Diff.

Statistical difference between the county and the state.

HEALTH FACTORS: Ranked 21st compared to 58 other California counties Health Behaviors: Ranked 34th Clinical Care: Ranked 30th Social and Economic Factors: Ranked 14th Physical Environment: Ranked 2nd					
Indicator and Weight	**Mono County**	**Error Margin**	**Top U.S. Performers**	**California**	***Statistical Difference**
Health Behaviors (30%)					
Tobacco Use					
Adult smoking (10%)	13%	12 – 13%	14%	11%	Worse
Adult obesity (5%)	23%	17 – 31%	26%	23%	No Diff.
Diet & Exercise					
Food environment index (2%)	7.4		8.7	8.9	Better
Physical activity (2%)	15%	10 – 22%	19%	17%	No Diff.
Access to exercise opportunities (1%)	92%		91%	93%	No Diff.
Alcohol & Drug Use					
Excessive drinking (2.5%)	22%	21 – 23%	13%	18%	Worse
Alcohol-impaired driving deaths (2.5%)	67%	58 – 74%	13%	30%	Worse
Sexual Activity					
Sexually transmitted infections (2.5%)	237.3		152.8	506.2	Better
Teen births (2.5%)	23	17 - 30	14	22	No Diff.
Indicator and Weight	**Mono County**	**Error Margin**	**Top U.S. Performers**	**California**	***Statistical Difference**
Clinical Care (20%)					
Access to Care					
Uninsured (5%)	10%	9 – 12%	6%	8%	Worse
Primary care physicians (3%)	1,550:1		1.050:1	1,270:1	Worse
Dentists (1%)	2,020:1		1,260:1	1,200:1	Worse
Mental health providers (1%)	520:1		310:1	310:1	Worse
Quality of Care					
Preventable hospital stays (5%)	2,276		2,765	3,507	Better
Mammography (2.5%)	41%		49%	36%	Better
Flu vaccination (2.5%)	35%		52%	40%	Worse

Indicator and Weight	Mono County	Error Margin	Top U.S. Performers	California	*Statistical Difference
Social & Economic (40%)					
Education					
High school graduation (5%)	36%		96%	83%	Better
Some college (5%)	61%	47 – 76%	73%	64%	No Diff.
Employment					
Unemployment (10%)	4.4%		2.9%	4.8%	Better
Income					
Children in poverty (7.5%)	13%	9 – 16%	11%	18%	Better
Income inequality (2.5%)	3.0	2.4 – 3.6	3.7	5.3	Better
Family & Social Support					
Children in single-parent households (2.5%)	17%	6 – 28%	20%	31%	Better
Social associations (2.5%)	8.6		21.9	5.8	Better
Community Safety					
Violent crime (2.5%)	262		63	421	Better
Injury deaths (2.5%)	51	36 - 71	57	49	No Diff.
Indicator and Weight	**Mono County**	**Error Margin**	**Top U.S. Performers**	**California**	***Statistical Difference**
Physical Environment (10%)					
	Mono County	**Error Margin**	**Top U.S. Performers**	**California**	***Statistical Difference**
Air & Water Quality					
Air pollution – particulate matter (2.5%)	6.1		6.1	9.5	Better
Drinking water violations (2.5%)	Yes		NA	NA	NA
Housing & Transit					
Severe housing problems (2%)	19%	13 – 25%	9%	27%	Better
Driving alone to work (2%)	45%	38 – 52%	72%	74%	Better
Long commute-driving alone (1%)	17%	10 – 23%	15%	40%	Better

**Statistical difference between the county and the state.*

LIFE EXPECTANCY

The life expectancy for females in Mono County is 84.6 years compared to 83 years in California and 81.5 nationally, an increase of 6.5% from 1980-2014.[35] For males in Mono County, the life expectancy is 81.6 years compared to 78.6 years in California and 76.7 years nationally, an increase of 11.1% from 1980-2014.[36]

[35] *Institute for Health Metrics and Evaluation (IHME), US County Profile: Mono County, California. Seattle, WA IHME 2016*
[36] *Institute for Health Metrics and Evaluation (IHME), US County Profile: Mono County, California. Seattle, WA IHME 2016*

LIFE EXPECTANCY	MONO COUNTY	CALIFORNIA	UNITED STATES
Female	84.6	83.1	81.5
Male	81.6	78.6	76.7

HEALTHY LIFE EXPECTANCY

A study published in 2018, by the Journal of the American Medical Association (JAMA), identified life expectancy and healthy life expectancy by state. In California, the healthy life expectancy is approximately 10 years shorter for males and females.[37]

Healthy Life Expectancy is defined as the average number of years that a person can expect to live in "full health" by taking into account years lived in less than full health due to disease and/or injury.

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

The study also identified disability-adjusted life-years related to risk factors. The top ten risk factors in California and the United States, in rank order, are included in the table below. Although similar, California is better (lower) than the United States for tobacco use. California is ranked higher (worse) than the United States for high body mass index and alcohol & drug use.

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

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

HEALTH STATUS BY INCOME

The 2017 California Health Interview Survey reported that 28% of Californians with low incomes reported their health status as fair or poor, compared to 10% of Californians with higher incomes.

SELF-REPORTED HEALTH STATUS BY INCOME					
	Excellent	Very Good	Good	Fair	Poor
≤ 200% Federal Poverty Level	19%	22%	31%	22%	6%
≥200% Federal Poverty Level	28%	35%	26%	8%	2%

Source: Supplemental Nutrition Assistance Program 2017 County Profiles

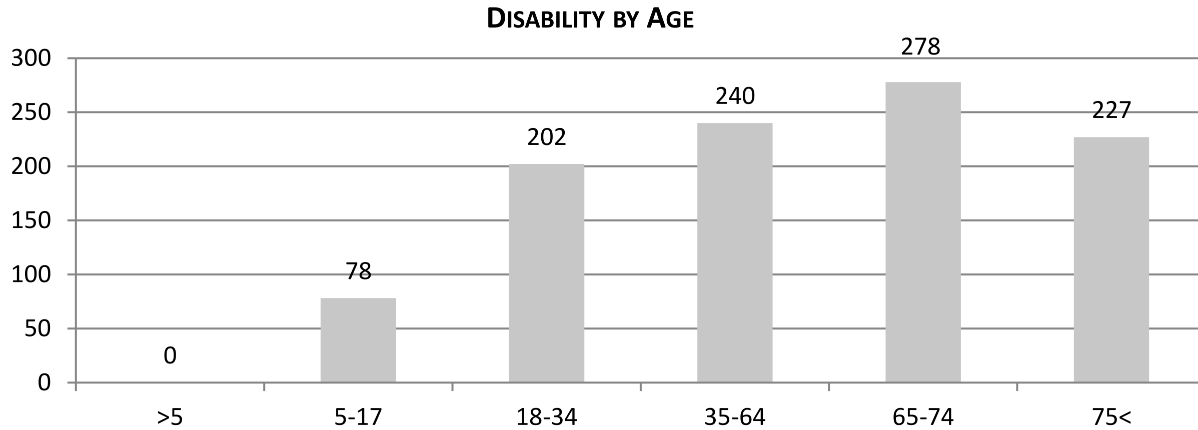
DISABILITY

In Mono County, 7% of the population has a disability compared to 13% nationally.[38] Disabilities include hearing, vision, cognitive, ambulatory, self-care, and independent living disability.[39]

The table illustrates the disabled population by age group. Approximately 12% of households in the county include at least one person who is disabled while 14% report poor or fair health.[40]

[38] *US Census Bureau, American Community Survey 2012-2016*
[39] *US Census Bureau, American Community Survey 2012-2016*
[40] *University of Wisconsin: Population Health Institute*

The number of poor health days was 3.5, and the number of poor mental health days was 3.7 per 30-day period compared to the California rate of 3.5 for both.



Source: US Census Bureau, American Community Survey 2012-2016.

LEADING CAUSE OF DEATH

County Health Rankings indicate that Mono County performs better than most counties, ranking 4th compared to 58 counties in California for premature death based on data from 2015 – 2017.

In Mono County, the three-year average (2014–2016) crude death rate was 335.3, and the age-adjusted death rate was 795.4.

The causes of death are listed in the table in the order of rank with other California counties. A rank of one (1) is better.

The highest age-adjusted rate of death is for all cancers, followed by coronary artery disease and accidents (unintentional injuries). However, due to fewer than 20 data elements, the rates are considered to be unreliable, except for deaths from all causes and all cancer deaths. The age-adjusted death rate for all causes and all cancers in Mono County is not statistically different than the state.

CAUSE OF DEATH	RANKING (58 COUNTIES)	AGE-ADJUSTED DEATH RATE	95% CONFIDENCE LIMITS	CALIFORNIA	STATISTICAL DIFFERENCE
ALL CAUSES	32	685.8	517.1 – 892.0	610.3	No Difference
ALL cancers	11	127.1	67.0 - 218.9	137.4	No Difference
Colorectal cancer	8	*10.1	0.6 – 46.4	12.5	Unreliable
Lung cancer	4	*21.6	3.3 – 71.7	27.5	Unreliable
Female breast cancer	2	*2.6	<0.1 – 34.4	18.9	Unreliable

Prostate cancer	58	*36.8	2.0 – 169.6	19.4	Unreliable
Diabetes	2	*3.9	20.1 – 29.1	21.2	Unreliable
Alzheimer's Disease	14	*25.0	1.4 – 115.3	35.7	Unreliable
Coronary Heart Disease	35	*97.4	40.2 – 197.6	87.4	Unreliable
Cerebrovascular disease (stroke)	46	*43.8	5.3 – 158.3	36.3	Unreliable
Influenza / Pneumonia	5	*9.1	0.5 – 41.8	14.2	Unreliable
Chronic lower reparatory disease	15	*29.5	4.5 – 98.0	32.0	Unreliable
Chronic liver disease and cirrhosis	2	*5.7	0.1 – 31.6	12.2	Unreliable
Accidents (Unintentional injuries)	29	*45.2	15.4 – 102.9	32.2	Unreliable
Motor vehicle traffic crashes	31	*14.8	0.4 – 82.5	9.5	Unreliable
Suicide	16	*10.9	0.6 – 50.3	10.4	Unreliable
Homicide	43	*7.5	<0.1 – 56.4	5.2	Unreliable
Firearm related deaths	41	*13.4	0.7 – 61.8	7.9	Unreliable
Drug induced deaths	3	*5.9	0.3 – 27.2	12.7	Unreliable

Counties were rank ordered first by increasing age-adjusted death rate (calculated to 15 decimal places, second by decreasing size of the population.
**Rate is unreliable due to less than 20 data elements*
Source: California Department of Public Health Mono County Health Status Profiles

HEALTH BEHAVIORS

TOBACCO – ALCOHOL – DRUGS

DISABILITY-ADJUSTED LIFE YEARS

A study published by the Journal of the American Medical Association (JAMA), in 2018, identified risk-factors that contributed to disability-adjusted life-years. In California, the second highest risk factor was alcohol and drug use, and the fourth highest risk factor was tobacco use.[41]

Tobacco

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

For 2019, Mammoth Lakes received an overall tobacco control grade of a C while the unincorporated areas of Mono County received a grade of D.

The grades are not necessarily reflective of the current initiatives underway in Mono County.

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

2019	MAMMOTH LAKES	MONO COUNTY UNINCORPORATED
Overall Tobacco Control Grade	**C**	**D**
Smoke-free Outdoor Air	**Overall Grade = A** • Dining: 4/4 • Public Events: 4/4 • Recreation Areas: 4/4 • Service Areas: 4/4 • Sidewalks: 0/1 • Worksites: 1/1	**Overall Grade = A** • Dining: 4/4 • Public Events: 4/4 • Recreation Areas: 3/4 • Service Areas: 4/4 • Sidewalks: 0/1 • Worksites: 1/1
Smoke-free Housing	**Overall Grade = C** • Nonsmoking Apartments: 0/4 • Nonsmoking Condominiums: 0/4 • Nonsmoking Common Areas: 4/4	**Overall Grade = F** • Nonsmoking Apartments: 0/4 • Nonsmoking Condominiums: 0/4 • Nonsmoking Common Areas: 0/4
Reducing Sales of Tobacco Products	**Overall Grade = F** • Tobacco Retailer Licensing: 0/4	**Overall Grade = F** Tobacco Retailer Licensing: 0/4
Emerging Issues Bonus Points	**Bonus Points = 1** • Secondhand Smoke: 1/1 • Licensing: 0/1 • Retailer Location Restrictions: 0/1 • Sale of Tobacco Products in Pharmacies: 0/1 • Flavored Tobacco Products: 0/1 • Minimum Pack Size of Cigars: 0/1	**Bonus Points = 2** • Secondhand Smoke: 1/1 • Licensing: 0/1 • Retailer Location Restrictions: 0/1 • Sale of Tobacco Products in Pharmacies: 0/1 • Flavored Tobacco Products: 1/1 • Minimum Pack Size of Cigars: 0/1

Source: State of Tobacco Control 2019- California Local Grades

Adult Tobacco Use

For years 2014 – 2016, the smoking prevalence among adults in the Sierra Region including Alpine, Amador, Calaveras, Inyo, and Mono counties was 12.6% which is slightly higher than the rate in California of 12.2%, but not statistically different from the Healthy People 2020 target. California's adult cigarette smoking rate varies by population density, with higher rates predominantly in rural counties.

	MONO COUNTY	CALIFORNIA	HEALTHY PEOPLE 2020 TARGET
Adults who are current smokers (2014 - 2016)	12.6%	12.2%	12.0

Source: California Department of Public Health, California Tobacco Control Program, California Tobacco Facts & Figures 2018

Youth Tobacco Use

The California Healthy Kids Survey (CHKS) was developed by the California Department of Education and is administered every other year in Mono County. Student participation is voluntary and confidential.

The following is an overview of indicators. Additional information is included in Appendix 7, including information for 7th and 9th grade students.

- 4.3% of 11th graders in the state report current cigarette smoking compared to 0% at Eastern Sierra Unified School District (ESUSD) and 5% at Mammoth Unified School District (MUSD).
- 31.2% of 11th graders in the state report that it is very difficult to obtain cigarettes compared to 17% at ESUSD and 11% at MUSD.
- 1.7% of 11th graders in the state report current smokeless tobacco use compared to 0% at ESUSD and 1% at MUSD.
- 42% of 11th graders in the state report great harm of occasional cigarette smoking compared to 29% at ESUSD and 44% at MUSD.
- 4% of 11th graders in Eastern Sierra Unified School District (ESUSD) report both current use of electronic cigarettes and using electronic cigarettes at school. 27% of Mammoth Unified School District (MUSD) 11th grade students report current use of electronic cigarettes, and 15% report using electronic cigarettes at school. In the state, 9.8% of 11th grade students report use of electronic cigarettes and 3,3% report use of electronic cigarettes at school.

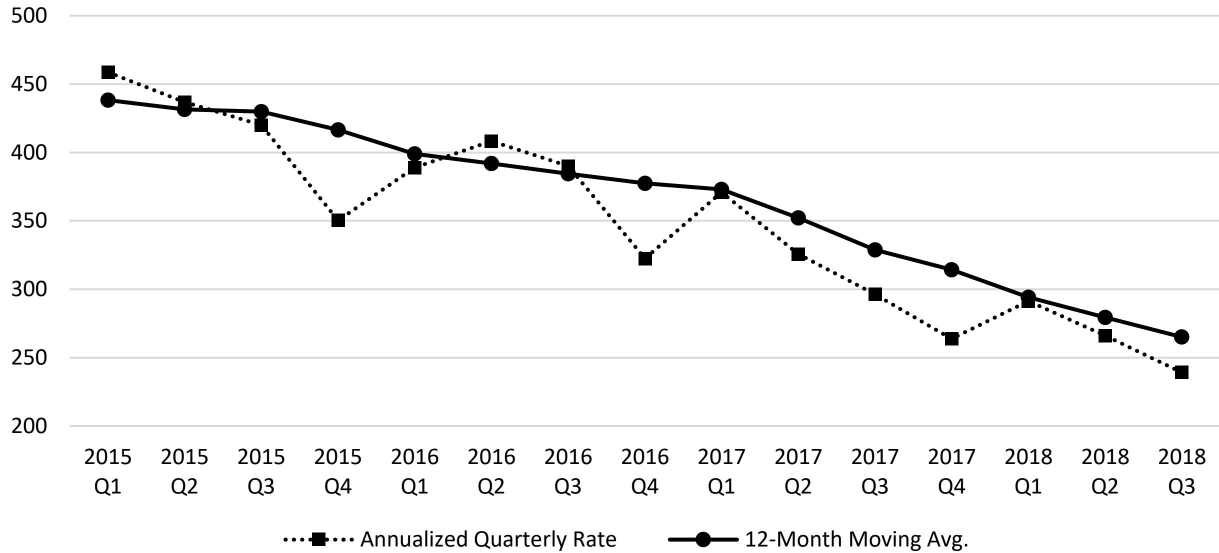
Opioid Prescriptions

The age-adjusted rate of opioid prescriptions per 1,000 residents in Mono County was 458.73 in the first quarter of 2015 and 239.14 for the 3rd quarter of 2018, a significant decrease.[42] Mono County is statistically lower than the state rate of 583.09 and 450.17 for the same period.

Opioid Prescriptions **AGE-ADJUSTED RATE PER 1,000 RESIDENTS**				
QUARTER	**MONO COUNTY ANNUALIZED QUARTERLY RATE**	**CALIFORNIA ANNUALIZED QUARTERLY RATE**	**CONFIDENCE INTERVALS**	**STATISTICAL DIFFERENCE**
2015 Q1	458.73	583.09	582.85 – 583.22	Lower
2015 Q2	437.01	595.41	595.17 – 595.65	Lower
2015 Q3	420.13	581.93	581.7 – 582.17	Lower
2015 Q4	350.23	587.77	595.17 – 595.65	Lower
2016 Q1	388.87	576.84	576.61 – 577.08	Lower
2016 Q2	408.3	563.78	563.78 – 564.24	Lower
2016 Q3	390.09	563.49	563.49 – 563.94	Lower
2016 Q4	322.39	544.55	544.55 – 545.01	Lower
2017 Q1	370.93	530.27	530.05 – 530.49	Lower
2017 Q2	325.66	535.01	534.79 – 535.23	Lower
2017 Q3	296.27	502.43	502.22 – 502.65	Lower
2017 Q4	263.75	466.88	466.67 - 467.08	Lower
2018 Q1	291.29	468.29	468.09 - 468.50	Lower
2018 Q2	266	460.21	460.21 – 460.01	Lower
2018 Q3	239.14	450.17	450.17 – 449.97	Lower

Source: California Department of Justice - Controlled Substance Utilization Review and Evaluation System Data

[42] *California Department of Justice - Controlled Substance Utilization Review and Evaluation System Data*



Source: California Department of Justice - Controlled Substance Utilization Review and Evaluation System Data

Drug Overdose Deaths

All the changes in the following data, published by the CDC for the state of California, are statistically significant.

- The annual age-adjusted rate of drug overdose deaths from all opioids was 4.9 in 2016 and 5.3 in 2017, an 8.2% increase.
- The annual age-adjusted rate of drug overdose deaths due to prescription opioids was 2.8 in 2016 and 2017, showing no change.
- The drug overdose deaths from heroin were 1.4 in 2016 and 1.7 in 2017, a 21.4% increase.
- The annual age-adjusted rate of drug overdose deaths from synthetic opioids was 0.9 in 2016 and 1.3 in 2017, a 44.4% increase.

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

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

induced deaths is 11.3 per 100,000 population.[43] While overdose deaths have become the leading cause of accidental death in the United States, Mono County experienced one overdose death in 2018. Mono County Emergency Medical Services reported 11 responses for overdoses of various substances in 2017, 20 in 2018, and 4 in 2019.

Adult Alcohol Use

The percent of adults who report binge or heavy drinking is higher (worse) than the state. The percent of alcohol-impaired driving deaths is almost double the rate in the state.[44]

	MONO COUNTY	CALIFORNIA	HEALTHY PEOPLE 2020 TARGET
Adults who reported binge drinking or heavy drinking (2016	22% (21% - 23%)	18%	24.2%
Alcohol-Impaired Driving Deaths (2013-2017)	67% (58% to 74%)	30%	No Target

Source: County Health Rankings, 2019

Youth Alcohol and Other Drug Use

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

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

COMMUNITY FEEDBACK - ADULTS
The community identified alcohol use as the second highest health concern for adults in Mono County and the illegal use of drugs as the fourth highest health concern.

[43] *California Department of Public Health*
[44] *County Health Rankings, 2019*

KEY STAKEHOLDER FEEDBACK - ADULTS

Key stakeholders identified alcohol use as the number one health concern for adults in Mono County and the use of illegal drugs as the third highest health concern.

COMMUNITY FEEDBACK - YOUTH

The community identified vaping as the second highest health concern for youth in Mono County and alcohol use as the fourth highest concern.

Tobacco use, along with teen drug, alcohol, or tobacco use, was identified as the number one influence on child wellness and safety. Parental abuse of alcohol and drugs was also identified.

KEY STAKEHOLDER FEEDBACK - YOUTH

Key stakeholders identified vaping as the second highest health concern for children in Mono County, and alcohol as the third most important.

Parents abuse of alcohol and drugs; and teen drug, alcohol or tobacco use, were identified as number one and two for the things that influence child wellness and safety.

NUTRITION, OBESITY AND PHYSICAL ACTIVITY

A study published by the Journal of the American Medical Association (JAMA), in 2018, identified risk-factors that contributed to disability-adjusted life-years. In California, the number one risk factor was high body mass index (BMI).

OBESITY

The percent of students in grades 5, 7, and 9 who are overweight or obese in Mono County is lower than the state.

Additional data related to obesity is reflective of the Sierra County Region, including Tuolumne, Calaveras, Amador, Inyo, Mariposa, Mono, and Alpine counties. This regional data shows the prevalence of obesity is higher than the state for teens aged 12 – 17.

STUDENTS WHO ARE OVERWEIGHT OR OBESE BY GRADE LEVEL - 2017		
GRADE	MONO COUNTY	CALIFORNIA
Grade 5	19.0%	40.7%
Grade 7	31.2%	38.7%
Grade 9	21.2%	37.2%

Source: KidsData

64.0% of adults in the Sierra County Region have a BMI of 25 or higher, and 26.0% have a BMI of 30 or higher, which is considered obese.

OBESITY		
INDICATOR	SIERRA COUNTY REGION	CALIFORNIA
Child (age 2-11) Overweight for Age (>= 95th percentile) (2011 – 2016)		14.0%
Teen (age 12-17) Overweight (>= 85th percentile) (2011 – 2016)	37.0%	34.0%
Adult BMI 25 or higher (Overweight/Obese) (2014 – 2016)	64.0%	63.0%
Adult BMI 30 or higher (Obese) (2014 – 2016)	26.0%	28.0%
Adult (SNAP-Ed eligible) BMI 25 or higher (Overweight / Obese) (2014 – 2016)	57.0%	67.0%
Adult (SNAP-Ed eligible) BMI 30 or higher (Obese) (2014 – 2016)	26.0%	33.0%

Source: California Department of Public Health: Nutrition, Education and Prevention Branch, Mono County Profile 2018

ACCESS AND CONSUMPTION OF HEALTHY FOOD

Supplemental Nutrition Assistance Program–Education or SNAP-Ed eligible adults have access to fresh fruits and vegetables at a rate higher in the Sierra County region than the state (69.0% and 65.0% respectively). The affordability of fresh fruits and vegetables, however, is lower than the state.

Inyo Mono Advocates for Community Action, Inc. offer three options for food assistance in various communities in Mono County; USDA Commodities, Mobile Harvest Food Truck, and Emergency Food Pantry. Food banks are also available through the Food Bank of Northern Nevada and the Salvation Army Food Pantry.

ACCESS TO FRESH FRUIT AND VEGETABLES		
INDICATOR	SIERRA COUNTY REGION	CALIFORNIA
Adults (SNAP-Ed eligible): Always find fresh fruit/vegetables in neighborhood (2014 – 2016)	69.0%	65.0%
Adults (SNAP-Ed eligible): Fresh fruit/vegetables are always affordable in neighborhood (2014 – 2016)	34.0%	37.0%

Source: California Department of Public Health: Nutrition, Education and Prevention Branch, Mono County Profile 2018

FAST FOOD – SODA – FRUIT AND VEGETABLE CONSUMPTION		
INDICATOR	SIERRA COUNTY REGION	CALIFORNIA
Percent of children/teens (age 2-17) consuming fast food 1+ times per week (2011 – 2016)	63.0%	73.0%
Percent of adults consuming fast food 1+ times per week (2014 – 2016)	52.0%	64.0%
Percent of adults (SNAP-Ed eligible) consuming fast food 1+ times per week (2014 – 2016)	51.0%	68.0%
Percent of children/teens (age 2-17) consuming 1+ soda yesterday (2013 – 2016)	NA	22.0%
Percent of children/teens (age 2-17) consuming 1+ sugary drinks (non-soda) yesterday (2013 – 2016)	NA	26.0%
Percent of adults consuming soda 7+ times/week on average (2014 – 2016)	7.0%	11.0%
Percent of adults (SNAP-Ed eligible) consuming soda 7+ times/week on average (2014 – 2016)	NA	15.0%
Percent of children (age 2-11) consuming 5+ servings of fruits and vegetables yesterday (2011 – 2016)	42.0%	31.0%
Percent of teens (age 12-17) consuming 5+ servings of fruits and vegetables yesterday (2011 – 2016)	44.0%	24.0%

Source: California Department of Public Health: Nutrition, Education and Prevention Branch, Mono County Profile 2018

FOOD SECURITY

The Food Environment Index is a measure of factors that contribute to a healthy food environment rated on a scale of 0-10, with 10 being the best. Mono County's food environment index is 7.5 compared to 8.8 statewide and 8.6 nationally.[45]

According to the California SNAP-ED 2018 Profile for the Sierra County Region, the food insecurity rate among children under 18 years of age is 17%. The rate of food insecurity for all ages is 11% in the Sierra County Region, 31% of residents are eligible for SNAP-Ed benefits, and 6% are CalFresh participants.[46]

FOOD SECURITY		
INDICATOR	**SIERRA COUNTY REGION**	**CALIFORNIA**
Rate of food insecurity among children < 18 years of age (2016)	1 7% 470	19%
Rate of food insecurity among individuals of all ages (2016)	11% 1,520	12%
Number of CalFresh participants	649	3,907,960

Source: California Department of Public Health: Nutrition, Education and Prevention Branch, Mono County Profile 2018

SNAP-ED ELIGIBLE DEMOGRAPHICS LESS THAN 185% FEDERAL POVERTY LEVEL		
	SIERRA COUNTY REGION	**CALIFORNIA**
Total	31% 4,348	33%
Children < 6 years old	42% 378	44%
Children 6 – 17 years old	51% 982	42%
Adults 18 – 64 years old	29% 2,753	31%
Seniors 65 years and old	13% 235	28%

Source: 2018 NEOP County Profile Dashboard

[45] *County Heath Rankings 2019*
[46] *2017 County Profiles Supplemental Nutrition Assistance Program. Mono County*

OTHER FEDERAL NUTRITION ASSISTANCE PROGRAMS		
	SIERRA COUNTY REGION	CALIFORNIA
CalFresh Participants	6% 784	11%
Students eligible for (FRPM)Free/Reduce Price Meals	64% 1,338	59%

Source: 2018 NEOP County Profile Dashboard

PHYSICAL ACTIVITY

The percentage of children ages 5-11 that are physically active for 1+ hour daily in the Sierra County region is higher than the state,

60% of children/teens are sedentary 2+ hours of the day compared to 55% in the state.

Adults regularly walking for transportation, fun, or exercise in the Sierra County region is 37%.

PHYSICAL ACTIVITY		
INDICATOR	SIERRA COUNTY REGION	CALIFORNIA
Percent of children (age 5-11) physically active 1+ hour every day (2011 – 2016)	48%	29%
Percent of teens (age 12-17) physically active 1+ hour every day (2011 – 2016)	NA	14%
Percent of children/teens (age 1-17) who visited a park or playground or open space in the last month (2011 – 2016)	81%	84%
Percent of children/teens (age 5-17) who walked/biked/skated from school in the past week (2011 – 2016)	34%	41%
Percent of children/ teens (2-17) sedentary 2+ hours on a typical weekday (2013 – 2016)	60%	55%
Adults regularly walking for transportation or fun or exercise (2015 – 2016)	37%	39%
Adults (SNAP-Ed eligible) regularly walking for transportation or fun or exercise (2015 – 2016)	30%	38%

Source: California Department of Public Health: Nutrition, Education and Prevention Branch, Mono County Profile 2018

COMMUNITY FEEDBACK

15% identified the prevalence of overweight/obesity as a health concern for adults. Additionally, 23% identified the prevalence of overweight/obesity as a health concern for children.

Limited access to affordable, nutritious food was identified as one of the top three things that influence child wellness and safety.

Several respondents noted that lack of participation in physical activities, including sports contribute to obesity and the lack of physical exercise. Several commented that the availability of activities for kids is especially limited in unincorporated areas. Another voiced a need for activities for kids who can't afford to ski or snowboard.

Cell phone and screen time were also identified as contributing to a lack of physical activity.

KEY STAKEHOLDER FEEDBACK

Key stakeholders identified being overweight or obese as one of the most important health concerns for children < 18.

Of key stakeholders, 48% identified availability and access to affordable, nutritious food as significant influences on child wellness.

Education regarding how to access healthy foods, cutting out bad habits (mainly sugar), a sugar tax, and nutrition as a prescription were identified as potential strategies.

Key stakeholders commented that a greater awareness of affordable recreation programs throughout the community and engagement/participation in understanding the recreation needs of the community was needed.

Funds for scholarships enabling participation in pay-to-play recreation programs, free indoor space in the winter, more activities, and reducing the amount of time kids spend gaming were all identified as ways to increase physical activity.

Key stakeholders also commented on the need for more social activities for adults.

SEXUALLY TRANSMITTED DISEASES

The data for sexually transmitted diseases in Mono County is suppressed due to small sample sizes, except for chlamydia.

There was an average of 30.3 chlamydia cases per year between 2015 and 2017. The crude case rate per 100,000 was 219.8, which is lower (better) than the rate in the state of 514.6.[47]

[47] *Mono County Health Status Profile for 2019*

ACCESS TO CARE

UNINSURED POPULATION

County Health Rankings reports 12% of adults and 5% of children were uninsured in Mono County in 2016. However, the differences are not statistically significant from rates in California.[48]

	MONO COUNTY	CALIFORNIA
Uninsured Adults (2016)	1,086 - 12% (10 – 14%)	10%
Uninsured Children (2016)	149 - 5% (3 – 7%	3%

Source: County Health Rankings, 2019

The 2017 California Health Interview Survey found that 11% of the population in California at less than 200% of the Federal Poverty Level (FPL) were uninsured compared to 5% of individuals over 200% of the FPL.[49]

	≤ 200% FPL	> 200% FPL
Total Californians (in millions)	13.6	25.1
Income spent on health care	11%	5%
Out of pocket expenses	$2,247	$5,458
Public Programs	70%	26%
Employment-Based	15%	60%
Privately purchased	4%	8%
Uninsured	11%	5%

Source: 2017 California Health Interview Survey, UCLA Center for Health Policy Research

A report published in May 2018 by the California Healthcare Foundation reviewed uninsured individuals by eligibility. Data for the eastern counties, which include Imperial, Inyo, and Mono Counties found that 22% of the population were eligible for Medi-Cal but not enrolled. The report cited multiple factors for people to not enroll, including, "*people not knowing they are eligible, fear of enrolling in a government program, or difficulty with enrollment processes and procedures.*"[50]

[48] *County Health Rankings, 2019*
[49] *2017 California Health Interview Survey, UCLA Center for Health Policy Research*
[50] *2017 California Health Interview Survey, UCLA Center for Health Policy Research*

NUMBER OF UNINSURED BY ELIGIBILITY	NOT ELIGIBLE DUE TO IMMIGRATION STATUS	ELIGIBLE FOR MEDI-CAL	ELIGIBLE FOR COVERED CA WITH SUBSIDIES	ELIGIBLE FOR COVERED CA WITH NO SUBSIDIES
California	1,787,000	322,000	1401,000	550,000
Sierra County Region	12,000	5,000	<5,000	<5,000

Source: 2017 California Health Interview Survey, UCLA Center for Health Policy Research

DISTRIBUTION OF UNINSURED BY ELIGIBILITY	NOT ELIGIBLE DUE TO IMMIGRATION STATUS	ELIGIBLE FOR MED-CAL	ELIGIBLE FOR COVERED CA WITH SUBSIDIES	ELIGIBLE FOR COVERED CA WITH NO SUBSIDIES
California	59%	11%	13%	18%
Sierra County Region	52%	22%	NA	NA

Source: 2017 California Health Interview Survey, UCLA Center for Health Policy Research

PRIMARY CARE PROVIDERS

Based on data from County Health Rankings, there was one (1) primary care physician for every 1,550 residents in Mono County, and one other primary care provider for every 1,880 residents.[51] Other primary care professionals include nurse practitioners, physician assistants, and clinical nurse specialists.

The state has more primary care providers and more other primary care providers for each resident than Mono County.

PROVIDERS	MONO COUNTY	CALIFORNIA
Primary Care Providers (2016)	1,550:1	1,270:1
Other Primary Care Providers (2018)	1,880:1	1,770:1

Source: County Health Rankings, 2019

REASONS FOR HEALTH CARE VISITS

The 2017 California Health Interview Survey reported that in California, most health care visits are for a routine checkup.

Individuals $\leq$200% of the federal poverty level may use the emergency room at a higher rate and have more visits related to emotional/mental and/or alcohol/drug issues than those $\geq$200% of the federal poverty level.

[51] *County Health Rankings 2019*

CALIFORNIA	< 200% FEDERAL POVERTY LEVEL	> 200% FEDERAL POVERTY LEVEL
Routine Checkup	72%%	75%
Emergency Room	24%	19%
Emotional/Mental and/or Alcohol/Drug Issues	17%	14%

Source: 2017 California Health Interview Survey, UCLA Center for Health Policy Research

ACCESS TO PRIMARY AND SPECIALTY CARE

The 2017 California Health Interview Survey reported that in California there was not much difference in finding primary care between individuals <200% of the FPL and individuals >200% of the FPL.

However, the percentage of Californians with low incomes that reported difficulty finding specialty care was 18% compared to 9% of those with higher incomes.

CALIFORNIA	< 200% FEDERAL POVERTY LEVEL	> 200% FEDERAL POVERTY LEVEL
Difficulty finding primary care	7%	5%
Difficulty finding specialty care	18%	9%

Source: 2017 California Health Interview Survey, UCLA Center for Health Policy Research

DELAYED CARE

The 2017 California Health Interview Survey reported that in California that 12% of individuals in California < 200% of the federal poverty level had more problems paying medical medicals and delayed care due to cost or lack of insurance than those > 200% of the federal poverty level.

CALIFORNIA	< 200% FEDERAL POVERTY LEVEL	> 200% FEDERAL POVERTY LEVEL
Problems paying medical bills	12%	8%
Delayed needed care due to cost or lack of insurance	6%	4%

Source: 2017 California Health Interview Survey, UCLA Center for Health Policy Research

COMMUNITY FEEDBACK

Lack of insurance, lack of access to healthcare providers, and limited services to rural parts of the county were all identified as barriers to accessing care.

A lack of transportation options and difficulty of travel in the winter were noted as problematic. Several individuals commented that they go to Nevada for healthcare services because it's about the same distance to Mammoth Lakes and there are more services available in Nevada.

Of respondents, 37% identified financial hardship as the number one reason why people do not get the medical services they need. Other reasons included seeking care only when in pain or very sick (35%), the high cost of medical services (31%), and high insurance premiums (29%).

KEY STAKEHOLDER FEEDBACK

Key stakeholders voiced concern regarding the distances people travel to receive care. The county is 3,030 square miles and receiving care in Mammoth Lakes can require traveling long distances, especially in winter when some roads may be closed due to inclement weather. They also expressed concern that the lack of access to transportation is a major barrier, and for those without a car, going to Mammoth Lakes can take an entire day by bus, possibly even requiring an overnight stay.

The top three reasons key stakeholders felt that people do not get the medical services they need were: access medical care only when they are in pain or are very sick (47%), financial hardship (46%), and high cost of medical services (39%).

MENTAL HEALTH PROVIDERS

Based on data from 2018, there was one (1) mental health professional for every 520 residents. California has more mental health providers for each resident than Mono County.

	MONO COUNTY	CALIFORNIA
Mental Health Professionals (2018)	520:1	310:1

Source: County Health Rankings, 2019

COMMUNITY FEEDBACK

Mental Health was identified as the top health concern for adults and children in Mono County by 41% and 38% of respondents respectively.

The top three reasons for people not getting the mental health services they need were identified as: not enough mental health providers, stigma or prejudice, and not understanding mental health disorders.

KEY STAKEHOLDER FEEDBACK

54% felt that stigma and prejudices regarding mental health were the most frequent reasons that individuals do not seek mental health services.

When interviewed, key stakeholders voiced concern related to the lack of inpatient options not only locally but also regionally due to the lack of available mental health beds.

ORAL AND DENTAL HEALTH

ACCESS TO DENTISTS

Based on data from 2017, there was one (1) dentist for every 2,020 residents in Mono County. The state has twice as many dentists for each resident than Mono County.

Mono County is a Dental Health Professional Shortage Area as designated by the California Office of Statewide Health Planning and Development.

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

	MONO COUNTY	CALIFORNIA
Dentists	2,020:1	1,200:1

Source: County Health Rankings, 2019

MAMMOTH HOSPITAL FAMILY DENTAL CLINIC

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

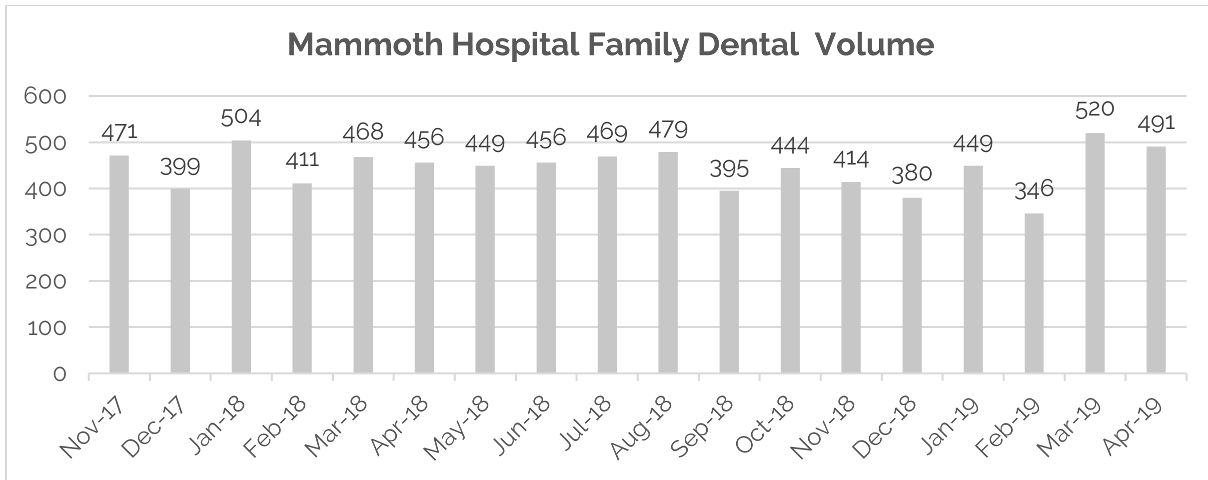
- 19.7% of patients were ages 5 or younger.
- 36.4% of patients aged 6 – 12
- 20.3% of patients aged 13 – 18
- 23.5% of patients were ages 19 or older

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

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

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

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


Mammoth Hospital Family Dental Volume
600
500
400
300
200
100
0
471
399
504
411
468
456
449
456
469
479
395
444
414
380
449
346
520
491
Nov-17
Dec-17
Jan-18
Feb-18
Mar-18
Apr-18
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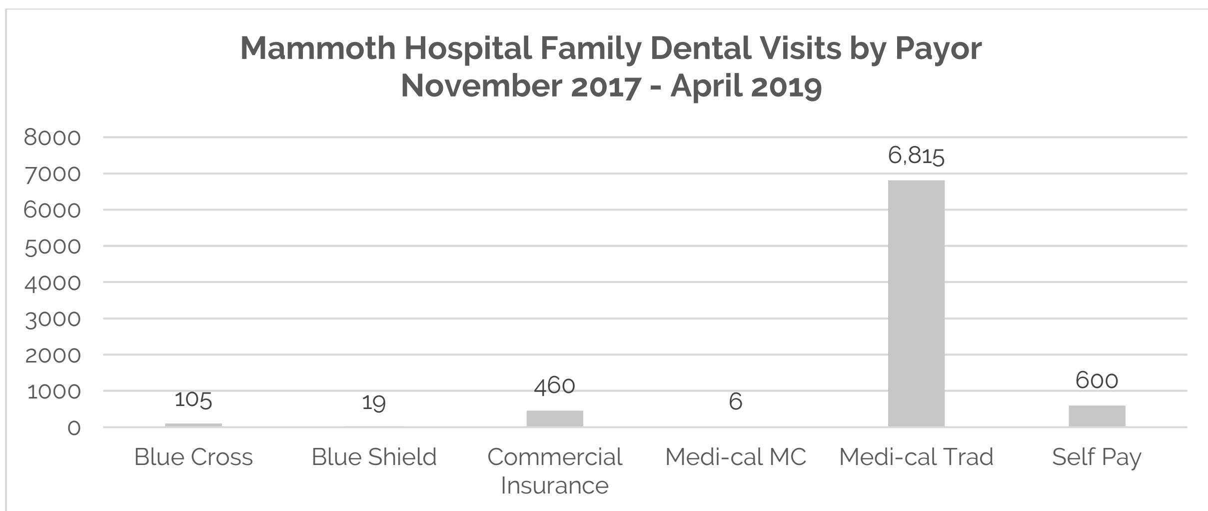
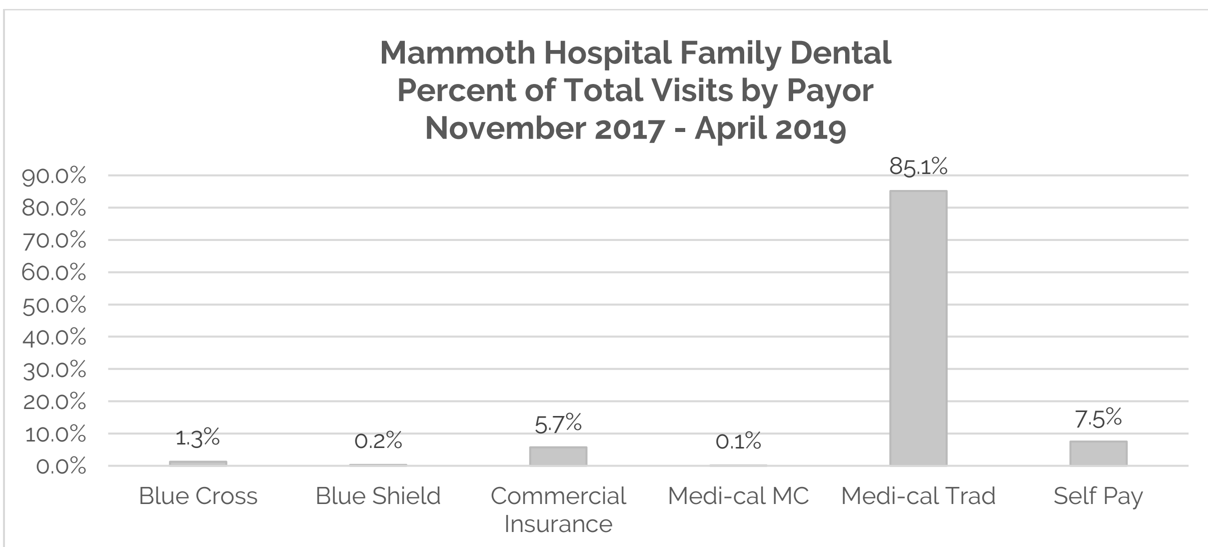

Mammoth Hospital Family Dental Visits by Payor
November 2017 - April 2019
8000
7000
6000
5000
4000
3000
2000
1000
0
105
19
460
6
6,815
600
Blue Cross
Blue Shield
Commercial Insurance
Medi-cal MC
Medi-cal Trad
Self Pay


Mammoth Hospital Family Dental
Percent of Total Visits by Payor
November 2017 - April 2019
90.0%
80.0%
70.0%
60.0%
50.0%
40.0%
30.0%
20.0%
10.0%
0.0%
1.3%
0.2%
5.7%
0.1%
85.1%
7.5%
Blue Cross
Blue Shield
Commercial Insurance
Medi-cal MC
Medi-cal Trad
Self Pay

DENTAL EMERGENCIES

The Status of Oral Health in California reports that in 2012, emergency departments in California had approximately 113,000 visits for preventable dental conditions.

In 2012, Mono County age-adjusted rates of preventable dental emergency department visits per 100,000 were approximately 298, which is statistically the same rate as the state.[52]

FLUORIDE

Drinking water in Mono County is not fluoridated.

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

In California, based on 2012 data, 63.7% of the population has fluoridated drinking water compared to 74.6% in the United States.

	CALIFORNIA	UNITED STATES
Population served by community water systems that receive optimally fluoridated drinking water (2012)	63.7%	74.6%

Source: California Department of Public Health. Status of Oral Health in California: Oral Disease Burden and Prevention 2017

ADULT ORAL HEALTH AND DENTAL CARE

The age-adjusted prevalence for dental visits by adults is essentially the same in California as the United States. Visits to the dentist by adults diagnosed with diabetes are higher (better).

Loss of all teeth and loss of six or more teeth for adults over 65 is lower (better) than the United States. No loss of teeth occurs at the same rate as the United States.

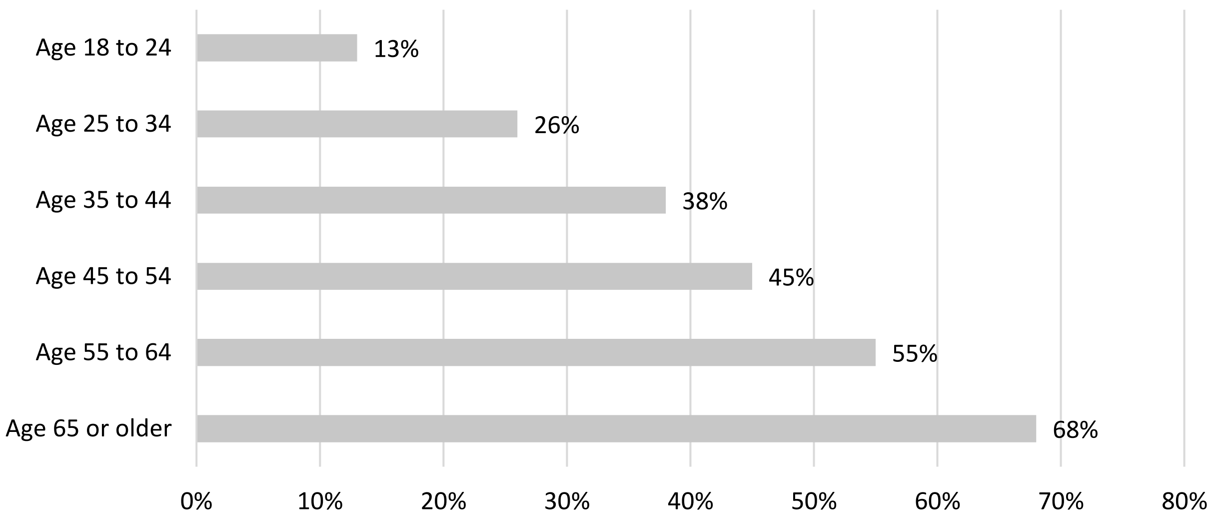
Of adults over the age of 65 in California, 68% have had tooth extraction due to tooth decay or gum disease. The percentage of tooth extraction due to tooth decay or gum disease increases with age.

[52] *Status of Oral Health in California: Oral Disease Burden and Prevention 2017*

ADULT ORAL HEALTH	CALIFORNIA	UNITED STATES
Visits to dentist or dental clinic among adults aged ≥ 18 years (2012)	66.8*	66.8*
All teeth lost among adults aged > 65 (2012)	8.8*	16.5*
Six or more teeth lost aged > 65 (2012)	29.3*	39.5*
No tooth loss among adults aged 18 – 64 (2012)	64.3	64.3
Visits to dentist or dental clinic among adults aged ≥18 years diagnosed with diabetes (2012)	59.2*	50.2*

*Age-adjusted prevalence
Source: California Department of Public Health. Status of Oral Health in California: Oral Disease Burden and Prevention 2017

PREVALENCE OF PERMANENT TOOTH EXTRACTION DUE TO TOOTH DECAY OR GUM DISEASE AMONG ADULTS IN CALIFORNIA BY AGE, 2012



Source: California Department of Public Health. Status of Oral Health in California: Oral Disease Burden and Prevention 2017

ORAL HEALTH AND DENTAL CARE FOR CHILDREN

First 5 Mono County, with funding support from the California Small Population County Funding Augmentation, provides oral health education, oral health checks, and fluoride varnish applications.

According to First 5 Mono County annual report for 2016/2017,

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

The First 5 Mono County report includes the following information.[53]

Research Question: *"Is the percent of children who regularly access preventive dental care high or increasing"?*

Data Source: Sierra Park Dental Data, 2014 – 2016

Finding: 20% of patients 0-5 had more than one visit to the dentist in the year, down from 24% the previous year.

Conclusion: Using the data of how many children went to the dentist more than one time in the year; we get a picture of how many are able to have work done in addition to annual cleaning and check-ups. Using this as a metric, we know 20% of children needed additional preventative care, but do not know how many of the children who needed additional care this includes. Thanks to a new collaboration with the fiscal department at Mammoth Hospital, this year's data is stronger than it was in the past. With continued support from Mammoth Hospital, we will be better able to track access to oral health care over time.

Research Question: *"Is the percentage of children age 1 or older who receive annual dental screenings high or increasing"?*

Data Source: Sierra Park Dental Data, 2014-16

Finding: 17% of patients had an annual exam and cleaning, 49% had an exam and cleaning in 2 of three years, and 34% had one exam and cleaning in 3 years.

Conclusion: Only 17% of children 0-5 visit the dentist annually, but more than half (56%) are seen at least annually. First 5 Mono County will continue to work through our oral health education efforts to support higher percentages of children having at least one visit to the dentist a year.

[53] *First Five Mono County FY 2016-2017 Evaluation Report*

Research Question: *"Is there a low percentage of children at kindergarten entry with untreated dental problems?"*

Data Source: Kindergarten Round-Up Oral Health Checks

Finding: 18% of the oral health checks completed at kindergarten roundup indicated the child had untreated caries (cavities), up from 5% last year.

Conclusion: While the percentage of untreated caries at kindergarten entry increased, it is hard to draw conclusions based on the low reporting rate of 35%. First 5 Mono County is working with the Mono County Office of Education to ensure school district compliance with their reporting requirements for these forms to support more complete data.

MONO COUNTY DENTAL CARE CHILDREN 0 – 5			
	2014-2015	2015-2016	2016-2017
Number and percent of children 0–5 who regularly access preventive dental care	13%	24%	145 20%
Number and percent of children ages 1 or older who receive annual dental screenings	17%	17%	129 17%
Number and percent of children at kindergarten entry with untreated dental problems	11%	5%	7 18%
Number and percent of prenatal women who receive dental hygiene education	24%	10%	25 19%

Source: First 5 Mono County, Mono County: FY 2016-2017 Evaluation Report- Slide 78

MONO COUNTY ORAL HEALTH VISITS PRESCHOOL AGE CHILDREN				
	Oral Health Checks	Oral Health Education	Fluoride Varnish	Total Services
Preschools/Family Child Care Home	-	125	92	217
Mammoth Elementary Kindergarten Round-up	14	-	15	29
Eastern Sierra Unified School District Birth-to-5 health and safety fairs	28	-	23	51
FY 2016-2017 Totals	42	125	130	297
FY 2015-2016 Totals	39	188	162	389

Source: First 5, Mono County: FY 2016-2017 Evaluation Report- Slide 55

The following oral health assessment data is from Eastern Sierra Unified School District, Mammoth Unified School District, and the Mono Office of Education. There was a total of 17 instances of untreated decay out of a total of 95 students who returned the assessment for the fiscal year 2017-2018 and 26 instances of untreated decay out of 79 students for the fiscal year 2018-2019.

SCOHR SUMMARY REPORT SCHOOL YEAR 2017-2018								
	DIST STAT	(1)TOTAL ELIGIBLE	(2)TOTAL POA	(3)WAIVED FB	(4)WAIVED LA	(5)WAIVED NC	(6)UNTREATED DECAY	(7)NOT RETURNED
Eastern Sierra Unified	Non-Participating	27	24	0	0	0	0	3
Mammoth Unified	Non-Participating	86	59	1	7	19	17	0
Mono County Office of Education	Non-Participating	15	12	0	0	0	0	3

Source: SCOHR Summary Report

SCOHR SUMMARY REPORT SCHOOL YEAR 2018-2019								
	DIST STAT	(1)TOTAL ELIGIBLE	(2)TOTAL POA	(3)WAIVED FB	(4)WAIVED LA	(5)WAIVED NC	(6)UNTREATED DECAY	(7)NOT RETURNED
Eastern Sierra Unified	Non-Participating	9	9	0	0	0	2	0
Mammoth Unified	Non-Participating	90	70	0	4	16	24	0

Mono County Office of Education	Non-Participating	0	0	0	0	0	0	0

Source: SCOHR Summary Report

1. *The total number of pupils in the district, by school, who are subject to the oral health assessment requirement (i.e., the number of kindergarten students plus the number of first-grade students who did not attend public school kindergarten.*
2. *The total number of pupils who present proof of an assessment.*
3. *The total number of pupils who could not complete an assessment due to financial burden.*
4. *The total number of pupils who could not complete an assessment due to lack of access to a licensed dentist or other licensed or registered dental health professional.*
5. *The total number of pupils who could not complete an assessment because their parents or legal guardians did not consent to their child receiving the assessment.*
6. *The total number of pupils who are assessed and found to have untreated decay.*
7. *The total number of pupils who did not return either the assessment form or the waiver request to the school.*

COMMUNITY SURVEY

Seven questions were included in the community survey regarding dental health. Each question and the responses are included in the following paragraphs.

HOW WOULD YOU RATE THE HEALTH OF YOUR TEETH, MOUTH, AND GUMS?

Forty-eight percent (48%) of respondents rated the health of their teeth, mouth, and gums as good and indicated that any issues they had were treated. Thirty-six (36%) responded that their dental health was excellent while fifteen (15%) said it was poor.

HEALTH OF TEETH, MOUTH AND GUMS	NUMBER OF RESPONSES	PERCENT OF RESPONSES
Good, any issues I had were treated	135	48.39%
Excellent, I rarely have issues	101	36.20%
Poor, I have many issues	43	15.41%

HOW OFTEN DO YOU BRUSH YOUR TEETH?

The majority of respondents, 72%, brush their teeth two (2) times a day, 19% brush their teeth once a day, 8% brush their teeth three (3) times a day or more and 1% indicated that they brushed their teeth a few times a week or less.

FREQUENCY OF BRUSHING TEETH	NUMBER OF RESPONSES	PERCENT OF RESPONSES
Twice a day	201	71.79%
Once day	54	19.29%
Three times a day or more	22	7.86%
A few times a week or less	3	1.07%
Never	0	0.00%

HOW DO YOU FEEL ABOUT FLUORIDE?

Questions related to fluoride indicated that 73% buy toothpaste with fluoride, 20% indicated that they and/or their children get fluoride treatments at the dentist while less than one

percent (1%) responded that they or their child use fluoride tablets or drops. Nine percent (9%) stated that they and/or their children drink water with fluoride, and 17% stated that they avoid fluoride. One percent (1%) of those responding indicated that they did not know what fluoride was.

FLUORIDE	NUMBER OF RESPONSES	PERCENT OF RESPONSES
I buy toothpaste with fluoride	200	71.79%
I get (and/or my children get) fluoride treatments at the dentist	55	20.0%
I avoid fluoride	47	17.09%
I drink (and/or my children drink) water with fluoride	25	9.09%
I do not know what fluoride is	3	1.09%
I use (and/or my children use) fluoride tablets or drops	2	0.73%

WHEN WAS THE LAST TIME YOU WENT TO THE DENTIST?

Respondents were asked when the last time was that they went to the dentist. Most of the respondents, 62%, indicated that they had visited the dentist in the last six (6) months or less. 15% had seen a dentist within the last year, 14% within the last two (2) years, 9% within the last five (5) years, and less than 1% stated that they never gone or could not remember when they went to a dentist last.

DENTAL EXAMS	NUMBER OF RESPONSES	PERCENT OF RESPONSES
Six months or less	174	62.14%
Within the last year	42	15.00%
Within the last two years	38	13.57%
Within the last five years or more	24	8.57%
Never	1	0.36%
I do not remember	1	0.36%

DURING THE LAST YEAR, HAS THERE BEEN A TIME WHEN YOU NEEDED DENTAL CARE BUT COULD NOT?

Fifty-six (56%) percent indicated that they were receiving the care they needed, while 23% indicated they were not.

DENTAL CARE	NUMBER OF RESPONSES	PERCENT OF RESPONSES
I received the care I needed	151	54.71%
I did not receive the care I needed	65	23.55%
I did not need dental care	61	22.10%

DO YOU HAVE DENTAL INSURANCE?

The majority of those responding 196 out of 277 or 70% indicated that they had insurance through an employer, family members/ employer, Medi-Cal, VA, or an alternate source.

However, 29% of respondents indicated that they could not afford or did not want dental insurance.

DENTAL INSURANCE	NUMBER OF RESPONSES	PERCENT OF RESPONSES
Yes, through employer or family member employer	161	58.12%
No, cannot afford	60	21.66%
Yes, through Medi-Cal	21	7.58%
No, I do not want it	20	7.22%
Yes, through a source not listed	14	5.05%
I do not know	2	0.72%
Yes, through VA	1	0.36%

WHAT ARE THE TOP THREE THINGS YOU THINK INFLUENCE DENTAL HEALTH IN OUR COMMUNITY?

The last question posed in the community survey asked respondents to identify the top three things influencing dental health within the community.

The cost of dental care received the most responses; lack of dentists and dental insurance were the second and third most frequent responses.

DENTAL HEALTH	NUMBER OF RESPONSES	PERCENT OF RESPONSES
Cost of dental care	158	59.18%
Lack of dentists	105	39.33%
Lack of dental insurance	100	37.45%
Lack of dentists who accept Medi-Cal or Denti-Cal insurance	96	35.96%
Use of sugar including soft drinks and food with high sugar content	72	26.97%
Lack of appointment at a time I can go to the dentist	46	16.85%
Lack of pediatric dentists	44	16.48%
Lack of education about dental health	29	10.86%
Tobacco use	20	7.49%
Lack of dental hygienists	18	6.74%
Lack of oral health screenings to identify problems	18	6.74%
Drug use	16	5.24%
Lack of fluoride in the water	10	3.75%

COMMUNITY FEEDBACK

Access to dental health was identified by 19% of respondents as a health concern for adults in Mono County. Twenty-four percent identified dental health as a health concern for children.

Access to dental care due to the high cost, including high co-pays and up-front costs, were common themes in the written feedback

Other barriers that were noted included: long wait times to get an appointment, lack of emergency dental care, and lack of pediatric dental care.

KEY STAKEHOLDER SURVEY

The key stakeholder survey included a question regarding factors influencing dental health, "*What are the top three (3) things you think influence dental health in our community?"*

The highest response, 63%, was sugar content in food. The second and third choices were both related to access to dental care, including lack of dental insurance (59%) and lack of dentists who accept Medi-Cal or Denti-Cal (41%).

Key stakeholder comments included other factors that influence dental health, including:

- No free dental clinic for people without insurance
- Fear of going to the dentist and dental treatments
- Fear of having dental pain as a result of treatment
- Not making appointments for children due to lack of time-off from parents' employer

Access to dental health was identified by 17% of key stakeholders as a health concern for adults in Mono County. Dental health was identified by 29% as a health concern for children.

MENTAL HEALTH

MENTAL HEALTH PROVIDERS

Based on data from 2018, there was one (1) mental health professional for every 520 residents. California has more mental health providers for each resident than Mono County.

	MONO COUNTY	CALIFORNIA
Mental Health Professionals (2018)	520:1	310:1

Source: County Health Rankings, 2019

HOSPITALIZATIONS

Data from the Family Health Outcomes Project, UCSF shows a significantly lower rate of mood disorder hospitalizations for females 15 to 24, mental health hospitalizations for ages 15 to 24, and substance abuse hospitalizations for ages 15 – 24 than the state. KidsData indicates that rates of mental health hospitalizations for children ages 5 – 19 are similar in Mono County and California. A statistical difference cannot be determined with the data provided.

	Mono County	California
*Mood disorder hospitalizations per 100,000 female population age 15 to 44 (2013 – 2015)	525 (386 – 714)	1,106 (1,102 – 1,111)
*Mental health hospitalizations per 100,000 population age 15 to 24 (2013 – 2015)	605 (424 – 863)	1,499 (1,493 – 1,505)
*Substance abuse hospitalizations per 100,000 population age 15 to 24 (2013 – 2015)	262 (153 – 448)	793 (789 – 798)
**Hospitalization for Mental Health Issues per 1,000 Ages 5 - 14 (2016)	2.6 per 1,000	2.5 per 1,000
**Hospitalization for Mental Health Issues per 1,000 Ages 15 - 19 (2016)	9.5 per 1,000	9.8 per 1,000
**Hospitalization for Mental Health Issues per 1,000 Total ages 5 – 19 (2016)	5.2 per 1,000	5.0 per 1,000

Source: Family Health Outcomes Project, UCSF, June 2018
Source: KidsData Mono County

SUICIDE

The age-adjusted death rate in Mono County from 2015-2017 was 10.9 compared to a rate in the state of 10.4. However, the rate in Mono County may be unreliable due to fewer than 20 data elements.[54]

CHILDREN

The following information is abstracted from the 2018 California Children's Report Card.[55]

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

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

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

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

Chronic Sad or Hopeless Feelings, Past 12 Months						
	ESUSD Grade 9	MUSD Grade 9	California Grade 9	ESUSD Grade 11	MUSD Grade 11	California Grade 11
No	76%	65%	70.4%	43%	58%	67.7%
Yes	24%	35%	29.6%	57%	42%	32.3%

Source: Eastern Sierra Unified School District (ESUSD) California Healthy Kids Survey 2017-2018
Source: Mammoth Unified School District (MUSD) California Healthy Kids Survey 2017-2018
Source: California Kids Survey 2018

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54 California Department of Public Health 2019 County Health Status Profiles
55 2018 California Children's Report Card

Seriously Considered Attempting Suicide, Past 12 months						
	ESUSD Grade 9	MUSD Grade 9	California Grade 9	ESUSD Grade 11	MUSD Grade 11	California Grade 11
No	97%	80%	84.0%	58%	83%	84.5%
Yes	3%	20%	16.0%	42%	17%	15.5%

Source: Eastern Sierra Unified School District (ESUSD) California Healthy Kids Survey 2017-2018
Source: Mammoth Unified School District (MUSD) California Healthy Kids Survey 2017-2018
Source: California Kids Survey 2018

COMMUNITY FEEDBACK

The community survey asked what the three most important health concerns for adults and children were. The highest health concern for both adults and children was mental health.

The community survey asked why people do not obtain mental health services. The top three responses were lack of mental health providers, stigma or prejudice, and not understanding mental health disorders.

Written comments:

- Lack of access to mental health services in rural parts of the county, including Bridgeport, which is the county seat, was a major deterrent to care.
- Several respondents commented on the need to provide more access to private counselors, especially for a short-term situational crisis.

The lack of support services and activities for seniors was identified as contributing to social isolation and depression.

KEY STAKEHOLDER FEEDBACK

Key stakeholders were asked both about the health concerns of adults and the health concerns of children. Of those surveyed, 51.7% identified mental health as the second most important health concern for adults. Mental health was rated as the sixth most important health concern for children (25.9%).

The majority of respondents, 54%, identified stigma or prejudice as the number one reason people do not get the mental health care they need. Lack of mental health providers was number two, 43%, and not understanding mental health disorders was number three, 38%.

Written comments:

- Lack of psychiatrists
- Mental Health services need to be in all parts of Mono County and not just Mammoth Lakes
- Mental Healthcare is not treated as a right; therefore, access is restricted

MATERNAL AND INFANT HEALTH

PRENATAL INDICATORS

Based on data from the Family Health Outcomes Project, Mono County had a significantly lower rate of prenatal care in the first trimester than the state. However, the rate of women who received adequate or better prenatal care was significantly higher than the state.

The concerns of late entry into prenatal care include pre-term birth and low gestational weight, and Mono County shows statistically equivalent rates to the state in both of these measures.

There are other indicators that show Mono County having a statistically different rate from the state, whether better or worse. However, these data points are regional data from the Maternal and Infant Health Assessment (MIHA) Survey and California Health Interview Survey (CHIS) and do not specifically reflect Mono County. Mono County data is combined into the North/Mountain Region for the MIHA survey which includes Alpine, Amador, Butte, Calaveras, Colusa, Del Norte, Glenn, Humboldt, Inyo, Lake, Lassen, Mariposa, Mendocino, Modoc, Mono, Nevada, Plumas, Shasta, Sierra, Siskiyou, Tehama, Trinity, and Tuolumne Counties. Mono County is part of the Sierra County Region for the CHIS survey, which includes Tuolumne, Calaveras, Amador, Inyo, Mariposa, Mono, and Alpine Counties.

RISK FACTORS FOR PRE-TERM AND PREMATURE BIRTH

Numerous publications identify risk factors for pre-term labor and premature birth. A list from the Mayo Clinic is included below:

- Having a previous premature birth
- Pregnancy with twins, triplets, or other multiples
- An interval of less than six months between pregnancies
- Conceiving through in-vitro fertilization
- Problems with the uterus, cervix, or placenta
- Smoking cigarettes or using illicit drugs
- Some infections, particularly of the amniotic fluid and lower genital tract
- Some chronic conditions, such as high blood pressure and diabetes
- Being underweight or overweight before pregnancy
- Stressful life events, such as the death of a loved one or domestic violence
- Multiple miscarriages or abortions
- Physical injury or trauma

INFANT HEALTH

Mono County performs better than the state for breastfeeding in the hospital. Additional data is included in Appendix 9.

MATERNAL MORTALITY

> More women die in the US from pregnancy-related complications than in any other developed country. The US is the only industrialized nation with a rising maternal mortality rate and between 2000 and 2014 there was a 26% increase in the maternal mortality rate.
>
> To address this problem, ACOG supports the establishment of maternal mortality review committees (MMRCs). These multidisciplinary committees, comprised of local health experts, study cases of maternal deaths and recommend improvements to prevent future adverse outcomes. Nearly thirty states have an active a Maternal Mortality Review Committee in place or in development. ACOG supports federal legislation that assists state creation or expansion of MMRCs.

Source: The American College of Obstetricians and Gynecologists. https://www.acog.org/About-ACOG/ACOG-Departments/Government-Relations-and-Outreach/Federal-Legislative-Activities/Maternal-Mortalty

Based on information from the California Maternal Quality Care Collaborative (CMQCC) website, the rate of maternal mortality in the state has decreased from 16.9 deaths per 100,000 live births in 2006 to 7.3 deaths per 100,000 live births in 2013. CMQCC noted that African American women are roughly four times more likely to die from pregnancy-related causes than women in all other racial/ethnic groups.

In response to this concerning trend, the California Department of Public Health: Maternal, Child, and Adolescent Health Division launched the *California Pregnancy-Associated Mortality Review* (CA-PAMR) project to identify pregnancy-related deaths, causation, and contributing factors, and then make recommendations on quality improvements to maternity care.

PREVENTIVE CARE FOR CHILDREN

According to the Department of Healthcare Services (DHCS) Management Information System for fiscal year 2017-2018, preventive care utilization rates for children with Medi-Cal are 42.7% for Mono County and 45.2% statewide.[56] The report states, "*Fiscal year 2017-2018 data may be incomplete due to a delay in DHCS receiving the data*".

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[56] *Analysis of DHCS's Management Information System/Decision Support System Data*

An audit regarding DHCS' oversight of the delivery of preventive services to children in Medi-Cal included the following information:

- An annual average of 2.4 million children enrolled in Medi-Cal do not receive all required preventive services
- Many of the State's children do not have adequate access to Medi-Cal providers who can deliver the required pediatric preventive services.
- Limited provider access is due in part to low Medi-Cal reimbursement rates.
- States with higher utilization rates offer financial incentive programs that California could implement, but it would likely require additional funding.
- DHCS delegates responsibilities to ensure access and use of children's preventive services to managed care plans, but it does not provide effective guidance and oversight.
    - It does not provide adequate information to plans, providers, and beneficiaries about the services it expects children to receive.
    - It does not ensure that plans regularly identify and address underutilization of children's preventive services.
    - It has not followed up on plans' efforts to mitigate cultural disparities in the usage of preventive services.[57]

[57] *Analysis of DHCS's Management Information System/Decision Support System Data*

COMMUNITY FEEDBACK

The community survey asked the top three things that influence prenatal and women's health. The number one (1) response, 57%, was that there are not enough medical providers or doctors.

The second (2nd) most frequent response, 36%, was the inability to take pregnancy or postpartum leave from work.

Two (2) answers tied as the third influence at 28% including lack of access to family planning and/or contraceptives, and substance use during pregnancy.

Written comments:

- Lack of access to women's health services in rural and unincorporated parts of the county and the distance to travel to Mammoth Lakes was mentioned by multiple respondents.
- The need for female OB physicians as well as high-risk specialists, were identified. The need for consistency in providers (less turn-over) was also identified.

The need for prenatal education and breastfeeding education and support was also identified.

In an attempt to ascertain what the sleeping environment is like for infants, respondents were asked to select all the descriptive statements that applied. The overwhelming majority of the respondents (82%) indicated that they did not care for an infant. For those that did provide care for an infant, the responses are included in the Community Survey Appendix 5.,

KEY STAKEHOLDER FEEDBACK

Key stakeholders were asked what three things influence prenatal and women's health.

The top two choices were unable to take time off from work, 33%, and not enough providers, 29%.
Delayed prenatal care and substance abuse during pregnancy, were each rated at 30%.

Written comments:

- Lack of healthcare access
- Cost regarding insurance, time off work, and perceived cost of services
- With parents helping, the "old ways" of care and attitude are continuing
- Medical costs
- Lack of services for high-risk pregnancies
- No psychologist/psychiatrists specializing in postpartum issues

COMMUNITY SAFETY

CRIME

Violent crime in Mono County is lower than the state. The number of offenses shows a higher number of property crime and larceny-thefts in Mammoth Lakes than the county.

VIOLENT CRIME RATE PER 100,000 POPULATION		
	MONO COUNTY	CALIFORNIA
Violent Crime Rate (2014 & 2016)	262	421

Source: County Health Rankings, 2019

OFFENSES KNOWN TO LAW ENFORCEMENT 2017		
	MAMMOTH LAKES	MONO COUNTY
Violent Crime	27	16
Murder / Non-negligent Manslaughter	0	0
Rape	5	1
Robbery	5	0
Aggravated Assault	17	15
Property Crime	147	58
Burglary	21	15
Larceny-Theft	115	38
Motor Vehicle Theft	11	5
Arson	0	0

Source: FBI Uniform Crime Reporting (UCR) Program: Offenses by City and Offenses by Metropolitan and Nonmetropolitan Counties, 2017

DOMESTIC VIOLENCE	MONO COUNTY	CALIFORNIA
Calls to police for violent or aggressive behavior within the home per 100,000 population (2015)	585.2	417.3

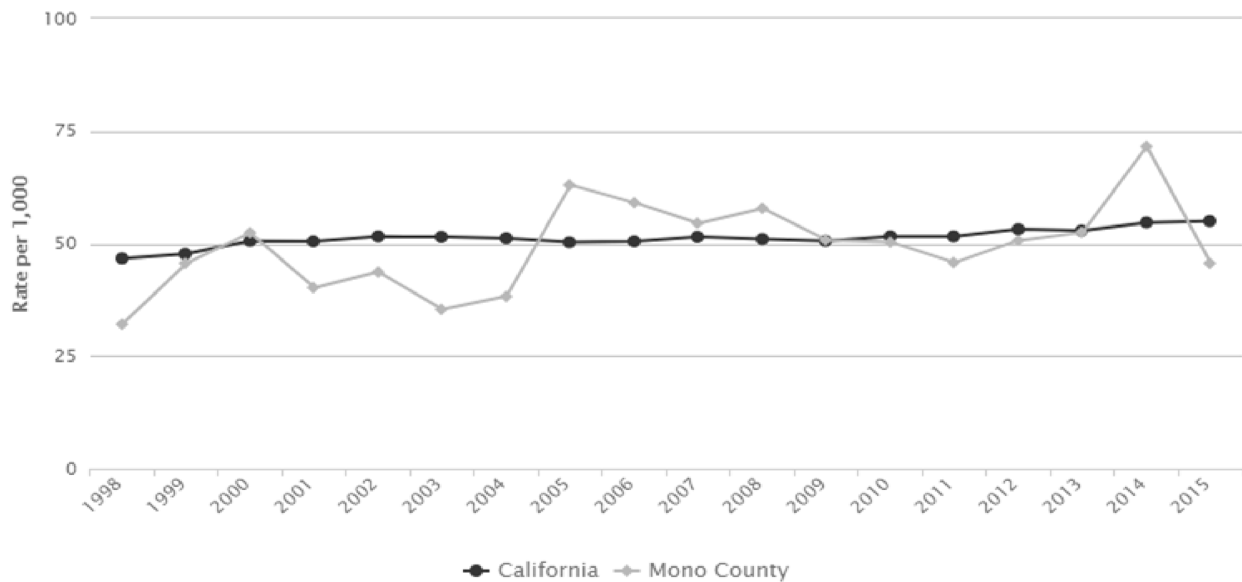
Source: Family Health Outcomes Project, UCSF

CHILD ABUSE AND NEGLECT

In 2015, Mono County had a rate of child abuse and neglect of 45.6 per 1,000 children, compared to a rate of 55 per 1,000 children in California.[58]

[58] *Lucile Packard Foundation for Children's Health: Kidsdata*

REPORTS OF CHILD ABUSE AND NEGLECT: 1998 TO 2015



Source: kidsdata.org

SCHOOL SAFETY

The California Healthy Kids Survey (CHKS) was developed by the California Department of Education and is administered every other year in Mono County. Student participation is voluntary and confidential.

3% of 9th graders and 14% of 11th graders at Eastern Sierra Unified School District (ESUSD), and 3% of 9th graders and 13% of 11th graders at Mammoth Unified School District (MUSD) report feeling unsafe or very unsafe at school. The state rate is 15.6% for 9th grades and 18.2% for 11th graders.

	ESUSD GRADE 9	MUSD GRADE 9	CALIF Grade 9	ESUSD GRADE 11	MUSD GRADE 11	CALIF GRADE 11
Perceived Unsafe or Very Unsafe at School	3%	3%	15.6%	14%	13%	18.2%

Source: California Healthy Kids Survey: Eastern Sierra Unified School District (ESUSD) Elementary 2017-2018 Main Report
Source: California Healthy Kids Survey: Mammoth Unified School District (MUSD) Secondary 2017-2018 Main Report
Source: California Healthy Kids Survey 2017-2018 b Appendix 9: Maternal and Infant Health Indicators

COMMUNITY AND KEY STAKEHOLDER FEEDBACK

Community members ranked bullying as the second highest influence on child wellness and safety, and key stakeholders ranked bullying as fourth.

APPENDIX 1: RESOURCES TO MEET COMMUNITY HEALTH NEEDS

EMERGENCY SERVICES/SERVICIOS DE EMERGENCIA

Fire, Ambulance, Sheriff's. California Highway Patrol	911
Mammoth Hospital–Emergency Department	760-934-3311
Mono County Sheriff's Dispatch	760-932-7549

LAW ENFORCEMENT/ORDEN PÚBLICO

California Highway Patrol	760-932-7995
Mammoth Lake Police Department	760-965-3700
Mono County Animal Control	760-932-5630
Mono County Probation, Bridgeport	760-92-5570
Mono County Probation, Mammoth Lakes	760-932-1730
Mono County Sheriff's Department	760-932-7549

FIRE DEPARTMENTS/DEPARTAMENTO DE BOMBEROS

Antelope Valley	530-495-2900
Benton	760-933-2252
Bridgeport	760-932-7353
June Lake	760-648-7390
Lee Vining	760-647-6400
Long Valley	760-935-4545
Mammoth Lakes	760-934-2300

24-HOUR HOTLINES/TELÉFONOS DE EMERGENCIAS

California Youth Crisis Line	800-843-5200
Child Abuse Hotline	800-422-4453
Child Abuse – To Report Local	800-340-5411/760-932-7755
Mono County Behavioral Health Access Line	800-687-1101
National Domestic Violence Hotline	800-799-7233
National Drug & Alcohol Treatment	800-622-2255
National Parent Support Line	855-427-2736
National Sexual Assault Hotline	800-656-4673
Suicide Prevention Lifeline	800-273-8255
Wild Iris Crisis Line	877-873-7384

DENTAL SERVICES

Mono County First 5	760-;924-7626
Mono County Health Department	760-924-1830
Dr. Christopher J. Comfort, Mammoth Lakes	760-934-3730
Mammoth Dental, Mammoth Lakes	760-934-8571
Sierra Park Family Dental Clinic, Mammoth Lakes	760-924-4007
Tehrani Smiles, Mammoth Lakes	760-914-4442
Toiyabe Indian Health Project Dental Clinic, Coleville	530-495-2100
Toiyabe Indian Health Project Dental Clinic, Bishop	760-873-8464

HOSPITALS/HEALTH CLINICS HOSPITALES/CLINICAS DE SALUD

Mammoth Hospital & Clinics	760-934-3311
Mono County Public Health, Bridgeport	760-932-5580
Mono County Public Health, Mammoth Lakes	760-924-1830
Toiyabe Indian Health Project, Coleville	530-495-2100
Toiyabe Indian Health Project, Lone Pine	760-876-4795

HEALTH INSURANCE ASSISTANCE ASISTENCIA CON SEGURO DE SALUD

Covered California Enroll Online	http://www.coveredca.com
Mono County Department of Social Services	760-924-1770

SUBSTANCE ABUSE PREVENTION & TREATMENT PREVENCION Y TRATAMIENTO PARA ABUSO DE SUBSTANCIAS

Alcoholics Anonymous, Alanon & Alateen	800-851-1304 / 760-934-3434
Alpine Counseling Center (Bishop)	760-873-4357
American Comprehensive Counseling Services (Nevada)	775-883-4325
California Smokers Helpline	800-662-8887
Drug Rehab Gardnerville Rancheros (Nevada)	775-453-4919
Mammoth Hospital Behavioral Health Clinic	760-934-2551
Mono County Behavioral Health – Drug & Alcohol Svcs	760-924-1740
Moo County Health Dept. Tobacco Cessation Assistance	760-924-1830
Toiyabe Indian Health Project	760-873-8464

COUNSELING/SERVICIOS DE TERAPÍA Y ORIENTACIÓN

Mammoth Hospital Behavioral Health Clinic	760-934-2551
Mono County Health Dept. Behavioral Health	760-924-1740
North Star Counseling Center	760-924-7926
Toiyabe Indian Health Project	760-873-8464
Wild Iris	760-934-2491

FINANCIAL, FOOD &/or CLOTHING FINANCIAMIENTO, ALIMENTACION y/o ROPA

Antelope Valley Senior Center, Walker	530-495-2323
IMACA	760-934-3343
Mammoth Lakes Lutheran Church Food Pantry	760-873-8557
Mono County Department of Social Services	760-924-1770
Mono County WIC Program	760-924-4610
Salvation Army Food Pantry, 220 Sierra Manor	760-872-2124
Salvation Army, Bridgeport	760-934-4740
Wild Iris	760-934-2491

HOUSING &/or ENERGY ASSISTANCE ASISTENCIA de VIVIENDA y/o ENERGIA

IMACA	760-934-3343
Mammoth Lakes Housing	760-934-4740
Mono County Department of Social Services	760-924-1770
Wild Iris	760-934-249

NEW PARENT SUPPORTS APOYO PARA PADRES PRIMERIZOS

First 5 Mono	760-924-7626
Mono County Child Care Council	760-934-3343
Mono County Public Health, Bridgeport	760-932-5580
Mono County Public Health, Mammoth	760-924-1830
Mono County Resource & Referral	760-934-3343
Sierra Park Pediatric Clinic	760-924-4000
Women, Infant and Children (WIC)	760-924-4610

PARENT EDUCATIÓN/EDUCACION PARA PADRES

Car Seat Checks	
CHP, Bridgeport	760-932-7995
Mammoth Lakes Fire Department	760-934-2300
Mammoth Lakes Police Department	760-965-3700
Community Service Solutions/SNAP-Ed	530-495-2700
First 5 Mono	760-924-7626
MCOE/Adult Education	760-934-0031
Wild Iris	760-934-2491

EARLY CHILDHOOD RESOURCES RECURSOS PARA LA NIÑEZ TEMPRANA

First 5 Mono	760-924-7626
Mono County Child Care Council	760-934-3343
Mono County Libraries & Raising-a-Reader	760-934-8670
Mono County Public Health, Bridgeport	760-932-5580
Mono County Public Health, Mammoth	760-924-1830
Mono County Resource & Referral	760-934-3343
Sierra Park Pediatric Clinic	760-924-4000
Women, Infant and Children (WIC)	760-924-4610

CHILD CARE CENTERS/PRESCHOOLS CENTROS PREESCOLARES Y DE CUIDADO DEL NIÑO

Benton & Bridgeport Preschools	760-932-7443
IMACA Head Start & CA State Preschools (Mammoth Lakes, Lee Vining & Coleville)	760-934-3343
IMACA for a list of Family Childcare Providers	760-934-3343
Kids Corner	760-934-4700
Mammoth Lutheran Preschool	760-934-4051
Mono County Office of Education	760-934-0031

SCHOOL DISTRICTS & SCHOOLS/DISTRITOS (K-12) ESCOLARES Y ESCUELAS (K-12)

Eastern Sierra Unified School District Office	760-932-7443
Antelope Valley Elementary School	530-495-2541
Bridgeport Elementary School	760-932-7441
Coleville High School	530-495-2231
Edna Beaman Elementary School	760-933-2397
Lee Vining Elementary School	760-647-6460
Lee Vining High School	760-647-6366
Mammoth Unified School District Office	760-934-6802

Mammoth Elementary School	760-934-7545
Mammoth High School	760-934-8541
Mammoth Middle School	760-934-7072
Mono County Office of Education (MCOE)	760-934-0031

LIBRARIES/BIBLIOTECAS Mono County Library Administration 760-934-8670

Benton	760-933-2542
Bridgeport	760-932-7482
Coleville	530-495-2295
Crowley Lake	760-935-4505
June Lake	760-648-7284
Lee Vining	760-647-6123
Mammoth Lakes	760-934-4777

HIGHER EDUCATION/EDUCACIÓN SUPERIOR

Cerro Coso Community College	760-934-2875
MCOE/Adult Education	760-934-0031

JOB SERVICES/SERVICIOS DE TRABAJO

Mono County Department of Social Services	760-924-1770

DEVELOPMENTAL SCREENINGS (AGES 0-3 years)/ REVISIÓN DE DESARROLLO (Edades 0-3 años)

First 5 Mono	760-924-7626
Great Steps Ahead	760-872-2270
Kern Regional Center	760-873-7411
MCOE/Early Start	760-934-0031
Sierra Park Pediatric Clinic	760-924-4000

SPECIAL EDUCATION (AGES 3-21 years)/ EDUCACIÓN ESPECIAL (Edades 3-21 años)

MCOE/Pre-K (Ages 3-5)	760-934-0031

Contact School of Attendance (Ages 5-21) – Schools/Escuelas

DISABILITY ASSISTANCE/ASISTENCIA POR DISCAPACIDAD

Community Services Solutions	530-495-2700
Disabled Sports of the Eastern Sierra	760-934-0791
Disability Rights – Advocacy	800-776-5746
Mono County Department of Social Services	760-924-1770

ELDERLY ASSISTANCE &/or SENIOR PROGRAMS/ ASISTENCIA A LA TERCERA EDAD Y/o PROGRAMAS PARA ANCIANOS A

Antelope Valley Senior Center	530-495-2323
Community Services Solutions	530-495-2700
Eastern Sierra Area Agency on Aging	877-462-2298
Mono County Department of Social Services	760-924-1770

NATIVE AMERICAN TRIBES/TRIBUS NATIVO AMERICANAS
Bridgeport Indian Colony 760-932-7083
Mono Lake Kutzadika 760-605-6263
Utu Gwaitu Paiute Tribe Benton 760-933-2321

ADDITIONAL NATIVE AMERICAN RESOURCES/ RECURSOS NATIVO AMERICANOS ADICIONALES
Bishop Paiute Tribe 760-873-4477
Owens Valley Career Development Center
Benton Tribal TANF 760-933-2426
Coleville Tribal TANF 530-495-1000
Toiyabe Indian Health Project 760-873-8461

LEGAL SERVICES/SERVICIOS LEGALES
Mono County Child Support Services 866-901-3212
Mono County District Attorney 760-932-5550
Mono County Probation, Bridgeport 760-932- 5570
Mono County Probation, Mammoth Lakes 760-932-1730
Mono County Recorder 760-932-5530
Mono County Superior Court 760-924-5444
Self-help & Family Law Assistance 760-258-7372

TRANSPORTATION/TRANSPORTE
California Road Conditions 800-427-7623
Dial-a-Ride (Mammoth Lakes Only) 760-924-3184
Eastern Sierra Transit 760-872-1901

RECREATION/RECREACIÓN
Mammoth Lakes Welcome Center 760-924-5500
June Mountain Ski Area 760-648-7733
Mammoth Mountain Ski Area 760-934-2571
Town of Mammoth Lakes, Recreation 760-965-3690

VETERAN SERVICES/SERVICIOS PARA VETERANOS
County of Inyo-Mono Veteran Services 760-873-7850

WELLNESS PROGRAMS/PROGRAMAS DE SALUD
Mammoth Hospital 760-934-3311
Mono County Behavioral Health 760-924-1740
Toiyabe Indian Health Community Wellness 760-873-8851

COUNTY & TOWN OF MAMMOTH LAKES GOVERNMENT/ GOBIERNO DEL CONDADO Y PUEBLO DE MAMMOTH LAKES
Mammoth Lakes Town Council/Clerk 760-965-3600
Mono County Board of Supervisors/Clerk 760-932-5530

ADDITIONAL COUNTY & TOWN OF MAMMOTH LAKES BOARDS & COUNCILS/JUNTAS Y CONSEJOS ADICIONALES DEL CONDADO Y PUEBLO DE MAMMOTH LAKES

http://www.ci.mammoth-lakes.ca.us
http://www.mono.ca.gov/boards

Appendix 2: Key Stakeholders Interviewed

Tom Parker, Mammoth Hospital, CEO

Tom Cage, Kittredge Sports, P3, Mammoth Chevron and Hertz, Business Owner

Molly DesBaillets, First 5, Executive Director

Kathy Peterson, Mono County, Social Services Director

Anita Reeve, Owens Valley Career Development Center

Tina Murphy, Owens Valley Career Development Center, Case Counselor

Amanda Hoover, Community Services Solutions-Walker, Executive Director

Stu Brown, Mammoth Lakes Parks and Recreation, Director

Chris Mokracek, Mono County, Paramedic Chief

Jacob Eide, Mammoth Hospital Behavioral Health Clinic, Supervisor

Laurey Carlson, Mammoth Resorts/Mammoth Hospital, Director/Board Vice Chair

Ales Tomaier, Mammoth Lakes Fire Department, Division Chief Administration and Training

Edyth Irvine, Patient Family Advisory Committee, Friends of the Library

Marjoree Neer, Toiyabe Indian Health Project, Director of Public Health

Lois Klein, Mammoth Unified School District, Superintendent

Ingrid Braun, Mono County Sherriff / Coroner

Lenna Monte, Mammoth Hospital, Director of Quality

Matthew O'Connor, Wild Iris Family Counseling and Crisis Center, Executive Director

John Peters, Mono County, District 4 Supervisor

Carolyn Korfiatis, Mammoth Hospital Family Medicine Clinic, Nurse Practitioner

Patricia Espinosa, Mono County Social Services, Senior Services Manager

Lori Baitx, Mammoth Hospital, Emergency Department Manager

Robin Roberts, Behavioral Health-Mono County, Director

Al Davis, Mammoth Police Department, Police Chief

Bob Gardner, Mono County, Supervisor

Sandra Pearce, MS, RN, PHN, CNS, Mono County Health Department, Public Health, Director

Kathleen Alo, RN, BSH, CPHQ, Mammoth Hospital, Chief Nursing Officer

APPENDIX 3: KEY STAKEHOLDER INTERVIEW SUMMARY

There were twenty-seven phone interviews conducted with key stakeholders in February and March of 2019. The names of the individual interviewed, and the organizations that they represented are listed in *Appendix 2*.

The interviews were in addition to a key stakeholder survey.

The following is a summary of key themes.

HOUSING

The lack of housing or the lack of affordable housing was the topic most frequently cited by the interviewees as an important need. Most comments focused on the lack of housing in general. Comments mentioned that people are living in their cars, multiple families are living together in single-family homes, or in some cases, they are living in the woods. One commenter referred to a housing survey performed a few years ago that identified a gap of 120-150 housing units in unincorporated Mono County and 500-600 in Mammoth Lakes.

It was noted that there are several single night housing options, but no long-term housing options. Clients who are eligible for emergency housing are often unsuccessful in finding a place to live. It was also noted that homelessness increases in the summer due to seasonal work.

Mammoth Resort is the largest employer, but there is not enough housing for its employees. They are currently providing housing in motels in other communities and providing bus service to and from the resort.

Affordability was another topic discussed related to housing with multiple commenters stating that the available housing is unaffordable. One person felt that vacation homes were driving up property costs. Another stated that wages in the area are low, and the cost of living is high, leaving many residents unable to afford housing.

The lack of housing is perceived to be creating financial hardships for residents and contributing negatively to their mental health.

BEHAVIORAL HEALTH/MENTAL HEALTH

Interviewees identified behavioral health services as the second most important community need.

The perception is that there is a lack of care options within the community leading to the need to transport very ill patients out of the area. However, the concern does not end there, as there is a lack of available beds for treatment across the state.

Comments included the perception that there are a significant number of under-diagnosed or undiagnosed individuals with significant mental health needs.

Also identified in the interviews were other contributing factors such as a lack of understanding of available services, costs of services, and medication; as well as the stigma associated with accessing care. One interviewee commented on the general lack of understanding that exists as it relates to the impact social determinants have on individuals seeking treatment.

Other concerns expressed were the availability of translation services for non-English speaking individuals seeking treatment and the lack of communication between agencies/organizations within Mono County as it relates to behavioral/mental health services.

SUBSTANCE ABUSE

Alcohol abuse was the third most frequently identified community need. While some commenters indicated alcoholism was a higher need, in many cases alcohol abuse was included in the same category as other addictions to include tobacco, marijuana, opioids, methamphetamine, and other "street drugs."

In many cases, the comments regarding addiction were tied to behavioral and mental health concerns.

One commenter indicated that there is an initiative currently underway to develop a prescription treatment program for alcohol addiction in the community.

Another commenter indicated that there is a lack of inpatient substance abuse treatment facilities within the county, and according to one interviewee, inmates who are sentenced to inpatient treatment have nowhere to go to receive treatment.

ACCESS TO SERVICES

Access to services was identified as a significant concern especially in rural and unincorporated parts of the county. Commenters noted that people might have to travel up to an hour one way, and in the winter, travel may not be possible. For those that must take public transportation, the trip can take a full-day, and in some instances require an overnight stay.

Transportation and financial hardships, coupled with distance, are noted to create even more of an impact on access to care. Many commenters felt strongly that there is a need for clinics and services in outlying communities. The need for more services and access for specific populations, including Hispanics, Native Americans, and seniors, were identified.

Dental Health

The lack of dental health providers, especially for children, was noted as a concern. Children were noted not to see a dentist as often as they should and are not learning good oral health practices. One individual commented that this is a very visible concern. There are many children who have a full set of silver caps, and there are many adults with poor dental health and/or missing teeth.

Hispanic Population

Several commenters stated that they believe the Hispanic population is underserved in Mono County.

One commenter felt that as a community, we need to make sure that we understand and address the needs of the Hispanic population, including barriers to healthcare.

Another individual stated that they felt that the Hispanic population stays in the shadows, are very hard workers, stay in the community, and the majority are legal citizens.

Comments indicated that some felt that many Hispanics don't trust the system and are not comfortable with seeking care. A need for more translators was also identified.

Collaboration

Several commenters indicated that there should be a more concentrated effort to increase collaboration. There was a feeling that care and resources across the community are not well coordinated, and collaborative relationships need to be strengthened.

Other

Other areas of need identified less frequently were childcare, food insecurity, transportation, obesity, vision services, family support, chronic disease, ER use, and poverty.

Recommended Focus

In most cases, the top three needs that were identified in the previous paragraphs were also those that the interviewees felt should be the focus moving forward. The exception was housing, which although a significant community need, it should be addressed as a social determinant to health rather than a focus area.

The recommended focus areas were identified as:

1. Increase access to behavioral health services
2. Increase treatment options for alcohol and substance abuse
3. Increase access to services, especially in rural and unincorporated parts of the county

APPENDIX 4: KEY STAKEHOLDER SURVEY

OVERVIEW OF RESPONDENTS

Mammoth Hospital and Mono County Health Department performed a survey of key stakeholders. The key stakeholder survey was in addition to key stakeholder interviews.

There were 35 respondents. The survey was available from January 9, 2019, to February 22, 2019. The respondents represented varying service types and organizations.

- Twenty-seven provided services to ethnic minorities
- Twenty-six provided services to women and children
- Twenty-four served individuals over 65

Other stakeholders represented included those providing services to the homeless; teens; individuals with limited English proficiency; Native Americans; individuals with chronic disease, mental illness, and addiction; recreational services; emergency services; and survivors of domestic abuse.

Each question and responses are included in the following paragraphs.

Question 3: In Mono County, which populations or groups do you believe have the greatest challenges in achieving and maintaining good health?

The majority, (84%), indicated that children and families who live in poverty experienced the greatest challenges.

The second highest population identified (66%) were individuals with poor health literacy or limited English proficiency.

Four populations, homeless individuals, people with a chronic mental illness, individuals who use illegal drugs, and minorities, were all greater than 50%.

CHALLENGES	NUMBER OF RESPONSES	PERCENTAGE
Children and Families who live in poverty	27	84.38%
Individuals with poor health literacy or limited English proficiency	15	65.63%
Homeless	18	56.25%
Individuals with a Chronic Mental Illness	18	56.25%
Individuals who use illegal drugs	18	56.25%
Minorities	16	50.00%
Individuals with a chronic disease	14	43.75%
Adults who are obese or overweight	12	37.50%
Children who are obese or overweight	12	37.50%
Individuals who smoke or vape	11	34.38%
Immigrants	9	28.13%
Individuals with dental caries	8	25.00%
Individuals over the age of 65	7	21.88%
Migrant workers	4	12.50%

COMMENTS / ADDITIONAL POPULATIONS

- Teens who vape
- Individuals who do not have transportation to medication treatment/follow-up
- Domestic Violence
- Victims of domestic violence and sexual assault
- Native Americans
- Eleven (11) of the categories above, except individuals over 65, will have greater challenges than others without these problems
- Individuals without medical insurance and a lack of understanding of the medical system
- Individuals who abuse alcohol
- Alcoholics

Question 4: What factors or barriers do you believe contribute to the health challenges of at-risk populations (commonly referred to as social determinants of health)?

A large percentage (87%) of respondents identified affordable housing as the most significant factor contributing to health challenges.

Closely behind at 81%, poverty and the stressful conditions that accompany poverty were identified as contributing to the health challenges of at-risk populations.

Limited health literacy or limited English proficiency was also identified as factors (69%). Access to economic opportunities and access to healthcare services, each received a 50% response rate from the key stakeholders.

HEALTH CHALLENGES	NUMBER OF RESPONSES	PERCENTAGE
Access to affordable housing	28	87.50%
Poverty and the stressful conditions that accompany poverty	26	81.25%

Limited Health Literacy or limited English Proficiency	22	68.75%
Access to economic opportunities	16	50.00%
Access to healthcare services	16	50.00%
Access to transportation	14	43.75%
Access to jobs	13	40.63%
Access to job training opportunities	13	40.63%
Access to housing that is maintained and is in good repair	13	40.63%
Distrust of government	13	40.63%
Cultural norms	11	34.38%
Access to educational opportunities	10	31.25%
Discrimination or racism, including residential segregation	7	21.88%
Social support from community, family or friends	6	18.75%
Access to leisure and recreational opportunities	5	15.63%
Access to mass media and emerging technologies (e.g., cell phones, internet, social media)	5	15.63%
Crime and violence	4	12.50%
Public Safety	3	9.38%

COMMENTS / ADDITIONAL FACTORS OR BARRIERS

- Bi-lingual services by persons who are bi-lingual / bi-cultural
- Domestic violence
- Economic disparities between rich whites and the rest
- Some individuals are working several jobs just to survive
- Access to rehabilitation and recovery services
- Food insecurity

Question 5: What strategies or programs have been successful in addressing the health challenges of at-risk populations?

Comments are included below grouped by topic area. This was an open-ended question. Most comments were related to collaboration between agencies.

BEHAVIORAL HEALTH

- Behavioral Health Clinic
- Primary Care Behavioral Health Program at Mammoth Hospital

COLLABORATION AND OUTREACH

- Family wrap-around services; multiple agencies working together
- Owens Valley Community Development Center (OVCDC) and Toiyabe Indian Health Project - in addressing various health concerns such as diabetes, suicide, depression, heart disease, and oral hygiene
- Strategies and programs [should] include people we are trying to serve in the actual planning
- Indian Health Clinics, Health Department outreach

- Multi-department collaboration
- Outreach and making services known
- Collaborations between the county and hospital/clinic programs and providers
- Making sure services are connected (such as making sure first responders know who to contact for long term solutions)

DENTAL HEALTH

- Dental Health Clinic

MINORITIES AND AT-RISK POPULATIONS

- Simple-language public health PSAs targeting minorities and those with limited English proficiency and low health literacy
- Interpreter services
- Bilingual healthcare education

PROGRAMS AND SERVICES

- Early childhood education like Head Start which includes health screening Community-based home visiting and support
- School-based services,
- The many programs under Public Health
- Direct assistance with health insurance enrollment
- First 5
- Food Banks
- Employee Assistance Program (EAP) program
- Tobacco education programs

RECREATION

- Providing high-quality and affordable summer camps, and programs for youth, the construction of new recreation amenities such as the inclusive playground at Mammoth Creek Park, the Volcom Brothers Skate park and the opportunity to enjoy, connect, socialize and participate in athletic activities at our many parks and facilities throughout town

OTHER

- Medicare is in place; however, not all the population understands it. There is a lack of female doctors.
- Workforce housing

Question 6: What is the one action or strategy that if undertaken, could jumpstart other actions to positively impact the health challenges of at-risk populations?

ACCESS

- Free health clinic in Mammoth Lakes
- Increase marketing to services available
- More outreach and education to the help that is available

- Universal healthcare, including a safety net for undocumented immigrants
- Universal healthcare
- Access to care
- Accessing State and Federal funds for increased Home Visiting

BEHAVIORAL HEALTH

- Additional psychiatrists
- Mammoth really needs a psychiatrist
- De-Stigmatization of behavioral health services
- Depression outreach

COLLABORATION

- Interagency collaboration to bring awareness to at-risk communities
- Inclusion of those who are "at risk" in all planning
- Being willing to collaborate
- Partnership between Mammoth Hospital and Toiyabe Indian Health Clinic in Coleville to provide services to the Northern county populations

EDUCATION

- Educational services

FOOD AND NUTRITION

- Educate how to provide healthy food to families, cutting out bad habits mainly sugar
- Sugar tax
- Nutrition as a prescription

HOUSING

- There isn't just one action or strategy, but housing is top on the list
- Affordable housing

RECREATION

- Greater awareness of our many affordable recreation programs throughout the entire community and engagement/participation in understanding the recreation needs.

OTHER

- Use new terminology; remove "at risk" and use strength-based language when describing a person/patient target population
- Immigration reform

Question 7: In your opinion, what are the three (3) most important health concerns for adults in Mono County?

Most respondents (59%) agreed that the most important health concern for adults in the community was alcohol use, followed by mental health (52%).

Stress and being overweight/obesity followed at 31% and 21% respectively.

If all the chronic diseases were combined, including cancer and Alzheimer's, they would account for approximately 13% of the responses.

HEALTH CONCERNS ADULTS	NUMBER OF RESPONSES	PERCENTAGE
Alcohol Use	17	58.62%
Mental Health	15	51.72%
Illegal drug use like opioids or methamphetamines	12	41.38%
Stress	9	31.03%
Overweight / Obesity	6	20.69%
Dental Health	5	17.24%
Cancer	4	13.79%
Domestic Violence	4	13.79%
Stress	4	13.79%
Domestic Violence	3	10.34%
Homelessness	3	6.90%
Diabetes	2	6.90%
Heart Disease	2	6.90%
Marijuana Use	2	6.90%
Tobacco Use	2	6.90%
Vaping	2	3.45%
Asthma / COPD	1	3.45%
Stroke	1	3.45%
Alzheimer's Disease / Dementia	1	3.45%

COMMENTS / OTHER HEALTH CONCERNS

- Alcohol and substance abuse
- Chronic disease
- Stress in lower income families, as a result of overwork, lack of work, high cost of living in Mammoth, lack of affordable childcare – all affect the overall health of individuals

Question 8: In your opinion, what are the three (3) most important health concerns for children under 18 in Mono County?

Overweight / Obesity and Vaping were the most frequently identified health concerns. Alcohol use was number three (3).

Dental health and stress were identified at a rate of 30%, followed by mental health at 26%.

Tobacco use and use of illegal drugs were identified were both 22%.

HEALTH CONCERNS CHILDREN	NUMBER OF RESPONSES	PERCENTAGE
Overweight / Obesity	13	48.15%
Vaping	13	48.15%
Alcohol Use	9	33.33%
Dental Health	8	29.63%
Stress	8	29.63%
Mental Health	7	25.93%

Tobacco Use	6	22.22%
Illegal drug use like opioids or methamphetamines	6	22.22%
Marijuana Use	5	18.52%
Other accidents or injuries (bicycles, dirt bikes, sports, swimming/diving)	5	18.52%
Child Abuse	3	11.11%
Diabetes	2	7.41%
Sexually Transmitted Diseases	2	7.41%
Asthma	1	3.70%
Suicide	1	3.70%

COMMENTS / OTHER HEALTH CONCERNS

- Vaping is a serious teen issue
- Lack of adult supervision

Question 9: What are the top three things you think influence child wellness and safety in our community?

The overwhelming choice for influence on child wellness and safety was identified as parental abuse of alcohol and drugs, 70.37%. Teen drug alcohol or tobacco use was over 50%.

The third choice, 48%, was access to affordable, nutritious food.

CHILD WELLNESS AND SAFETY	NUMBER OF RESPONSES	PERCENTAGE
Parental abuse of alcohol and drugs	19	70.37%
Teen drug, alcohol, or tobacco use/abuse	14	51.85%
Limited access to affordable, nutritious food	13	48.15%
Bullying or harassment	10	37.04%
Limited physical activity	8	29.63%
Violence in home or community	7	25.93%
Not enough adult supervision	5	18.52%
Not enough parenting classes	4	14.81%
No safe place to play	3	11.11%
Lack of support services for children with special health care needs	3	11.11%
Parents not knowing child safety recommendations	2	7.41%
Medicines, drugs, or cleaning supplies are accessible to children in the home	2	7.41%
Child unable to swim, not using a life jacket, or needs water safety education	1	3.70%
Cigarette smoke exposure	1	3.70%
Child Abuse	1	3.70%

COMMENTS / OTHER INFLUENCES RELATED TO CHILD WELLNESS AND SAFETY

- Lack of affordable housing
- Anti-vaccine beliefs and practices

- Somehow helping young parents to understand the importance of being caring, loving, role models to their children even though they themselves growing up did not have a stable family experience
- Lack of access to Optometrists and difficulty accessing dental services due to parents not scheduling visits

Question 10: What are the top three reasons you think people do not get the medical services they need?

Only seeking medical care when in pain or very sick, financial hardship, and the high cost of medical services were the top three choices, 46.43%, 46.43%, and 39.29% respectively.

Not understanding the importance of care and not understanding services available were in the top five reasons. Cultural and language barriers were sixth.

MEDICAL SERVICES	NUMBER OF RESPONSES	PERCENTAGE
Only seeking medical care when in pain or very sick	13	46.43%
Financial hardship	13	46.43%
High cost of medical services	11	39.29%
Not understanding the importance of regular check-ups	10	35.71%
Not understanding what services are available or how to access them	9	32.14%
Cultural or language barriers	6	21.43%
High insurance premiums and copayments	5	17.86%
Difficulty finding an eye doctor when needed	4	14.29%
High costs of medications	4	14.29%
Fear of deportation	4	14.29%
Poverty	4	14.29%
Difficulty finding a dentist when needed	3	10.71%
Families with complicated lives	3	10.71%
Limited transportation	3	10.71%
Untreated mental health issues	3	10.71%
I think people generally get the medical services they need	2	7.14%
Difficulty getting an appointment when needed	2	7.14%
Difficulty finding a specialist when needed	2	7.14%
Lack of trust in the system	2	7.14%
Complicated enrollment process for health insurance	1	3.57%
Discrimination	1	3.57%

COMMENTS / OTHER REASONS

- No local pharmacy

Question 11: What are the top three reasons you think people do not get the mental health services they need?

The majority of respondents, 54%, identified stigma or prejudice as the number one reason people do not get mental health care. Lack of mental health providers was number two, 43%, and not understanding mental health disorders was number three, 38%.

MENTAL HEALTH SERVICES	NUMBER OF RESPONSES	PERCENTAGE
Stigma or prejudice	15	53.57%
Not enough mental health providers	12	42.86%
Not understanding Mental Health Disorders	11	38.29%
Language or cultural barriers	8	28.57%
Not enough family, individual, or group therapy services	6	21.43%
Lack of coping skills or problem-solving strategies	6	21.43%
Drug or alcohol abuse	6	21.43%
Financial concerns	6	21.43%
Not enough screenings and referrals for Mental Health	4	14.29%
Social acceptance or alcohol and/or drug use	4	14.29%
Chronic Stress	3	10.71%
Multi-general Mental Health issues	2	7.14%
Not enough substance abuse screening or treatment	2	7.14%
Not aware of negative effects of substance use	2	7.14%
Lack of support (community, family, friends)	2	7.14%
Untreated substance use problems	1	3.57%

COMMENTS / OTHER REASONS

- Lack of psychiatrists
- Mental Health services need to be in all parts of Mono County and not just Mammoth Lakes
- Healthcare not treated as a right, therefore access is restricted

Question 12: What are the top three things you think influence prenatal and women's health in our community?

The top two choices were unable to take time off from work, 33%, and not enough providers, 29%.

Delayed prenatal care and substance abuse during pregnancy, were each rated third at 30%.

PRENATAL AND WOMEN'S HEALTH	NUMBER OF RESPONSES	PERCENTAGE
Unable to take pregnancy or postpartum leave from work	9	33.33%
Not enough women's medical providers or doctors	8	29.63%
Delayed prenatal care	8	29.63%

Substance use during pregnancy (alcohol, marijuana, tobacco, opioids, etc.)	8	29.63%
Not enough prenatal or postpartum mental health screenings	5	18.52%
Lack of access to family planning and/or contraceptives	4	14.81%
Domestic Violence	4	14.81%
Not enough prenatal education	3	11.11%
Not enough midwives	2	7.41%
Not enough serves for prenatal mood or anxiety disorders	2	7.41%
Hypertension, pre-eclampsia, and/or eclampsia	1	3.70%
Current or previous cesarean delivery	1	3.70%

COMMENTS / OTHER REASONS

- Lack of healthcare access
- Cost regarding insurance, time off work, and perceived cost of services
- With parents helping, the old ways of care and attitude are continuing
- Medical costs
- Lack of services for high-risk pregnancies
- No psychologist/psychiatrists specializing in postpartum issues

Question 13: What are the top three (3) things you think influence dental health in our community?

The number one response, 63%, was sugar content in food. The second and third choices were both related to access to dental care, including lack of dental insurance (59%) and lack of dentists who accept Medi-Cal or Denti-Cal (41%).

DENTAL HEALTH	NUMBER OF RESPONSES	PERCENTAGE
Use of sugar including soft drinks and other foods with high sugar content	17	62.96%
Lack of dental insurance	16	59.26%
Lack of dentists who accept Medi-Cal or Denti-Cal insurance	11	40.74%
Lack of pediatric dentists	7	25.93%
Lack of education about dental health	7	25.93%
Lack of dentists	6	22.22%
Lack of appointments at a time the community can go to the dentist	3	11.11%
Lack of fluoride in the water	3	11.11%
Lack of oral health screenings to identify problems	3	11.11%
Drugs use	2	7.41%
Lack of dental hygienists	1	3.70%
Tobacco use	1	3.70%

COMMENTS / OTHER REASONS

- No free dental clinic for people without insurance
- Fear of going to the dentist and having dental pain as a result of treatment
- Fear of dental treatments
- Lack of making appointments for children due to lack of sick time from parents' employer

Question 14: If the Hospital and the Health Department, in collaboration with community partners, were to choose five (5) initiatives to work on over the next three (3) years, what would you recommend that they work on?

Each respondent could choose up to five initiatives. The question was open-ended and did not include a forced choice.

Substance Abuse Prevention and Treatment received the highest number of responses, followed by Mental Health Care. Nutrition and Access to Healthy Food and Collaboration with Community partners, each received a total of ten responses.

Each response is listed in the following paragraphs by topic area.

INITIATIVES	NUMBER OF RESPONSES
Substance Abuse Prevention and Treatment	24
Mental Health Care	15
Medical Care	10
Nutrition and Access to Healthy Food	10
Access to recreation and Physical Activity	8
Collaboration	7
Services for Children	7
Cultural Sensitivity	7
Access to Dental Care	6
Access to Vision Services	4

Housing and Homelessness	3
Education	2

SUBSTANCE ABUSE – 24 RESPONSES INCLUDING TOBACCO

TREATMENT

- Alcohol and drug abuse
- Alcohol and drug abuse
- Alcohol and addiction treatment
- Substance abuse programs
- Substance abuse
- Addiction
- Increased access to outpatient substance abuse treatment
- Inpatient substance abuse treatment
- In-county mental health providers specializing in postpartum issues and young children
- Substance Abuse in our youth - alcohol, and drugs

PREVENTION AND EDUCATION

- More robust substance abuse programs
- Substance abuse programs
- Suboxone programs that do not reside in the family medicine clinic
- Addiction treatment (Vivitrol, buprenorphine, etc.)
- Alcohol abuse and drug abuse prevention
- Educating parent and our community on the dangers of teen binge drinking
- Alcohol and drug abuse prevention
- Comprehensive prevention strategy
- Mitigation of young adult alcohol/drug partying culture
- Comprehensive prevention strategy that is different than what is used now to address the use of alcohol by adults and how parental use of alcohol affects kids. Not a "just say no, alcohol is harmful" strategy
- Healthy coping strategies for people who turn towards drugs

TOBACCO

- Tobacco reduction, including vaping
- Substance Abuse in our youth – vaping
- Tobacco cessation

ACCESS TO MENTAL HEALTH CARE – 15 RESPONSES

- Mental Health
- Mental Health
- Mental health access countywide
- Mental health support
- Recruit more psychiatrists
- Find and fund a psychiatrist
- Mental health providers

- Increase providers
- Expand psychologist services
- Increase access to mental health providers, including a local psychiatrist
- Increase access
- Behavioral health integration into medical systems
- Use ACE scores to create strength-based, positive programs for young kids
- Mental Health/confidence in teens
- Mental health care

ACCESS TO HEALTHCARE SERVICES – 10 RESPONSES

- More provider outreach to all areas of Mono County on a regular basis
- Access to services in rural parts of County (mobile clinics)
- Access to appointments
- Free healthcare clinic
- Appointment length
- More female doctors across all departments especially GYN
- Access to care
- More pediatric services
- Medical services for pregnant women
- Prenatal care

NUTRITION – 10 RESPONSES

- Nutrition
- Food insecurity
- Access to affordable healthy nutrition to prevent obesity and diabetes
- Sugar tax
- Nutrition education in a manner that encourages participation
- Nutrition education in schools
- Disallowing purchase of sugary drinks, certain desserts w SNAP benefits
- Access to farmer's market/food cooperatives
- Nutritional needs
- Public school educational programs regarding healthy eating and exercise habits

RECREATION – 8 RESPONSES

- Greater engagement and participation by all community members in the development of quality, affordable recreation programs
- Greater education and awareness of the recreation services and amenities provided by all organizations/agencies in the community
- Fund for scholarships enabling participation in pay-to-play recreation programs and activities
- Free indoor space for young children to play in the winter
- Activities
- Get kids to cut back on gaming
- Offering more for people to do socially that doesn't involve going to the bar
- Multi-use facility

COLLABORATION – 7 RESPONSES

- Improve collaboration with Northern Inyo Hospital
- Partner with the town for community facilities and amenities - multi-use facility
- Development of information and data sharing
- Community engagement throughout the community
- Getting the people you are serving to the table to create strategies and initiatives that they help to create
- Improve collaboration with Northern Inyo Hospital
- Partner with the town on construction and/or programming of needed community facilities and amenities (aquatic facility, community center)

CHILDREN SERVICES – 7 RESPONSES

- Health screenings for young children
- Services for young children and families
- Focus on 0-5 low-income children
- Low-cost immunizations
- Childcare programs
- Childcare centers in Mono's smaller communities
- Developmental screening coordination – Help Me Grow

ACCESS TO DENTAL CARE - 6 RESPONSES

- Dental Health
- Dental Health
- Dental Care
- Oral health services and outreach for children and parents
- Funding for dental care
- Increased access to dental services

CULTURAL SENSITIVITY – 6 RESPONSES

- Development of staff that is bi-lingual, bi-cultural who can move up the ladder into leadership positions
- Teach compassion in schools
- Health education in Spanish
- Cultural acceptance education
- Help minorities access services
- Targeted public health classes for community members with Limited English Proficiency

VISION – 4 RESPONSES

- In-county optometry
- Access to vision care services
- Access to vision services
- Funding for vision care

HOUSING – 3 RESPONSES

- Housing

- Housing / Homelessness
- Homeless shelters

EDUCATION – 2 RESPONSES

- Healthcare education and availability
- Overall health care information/education

OTHER RESPONSES

- Regional approach to SART examinations
- Connecting emergency services with long term care
- Chronic disease
- Regular and affordable transportation throughout Mono County
- Senior care
- Interventions in domestic abuse

Question 15: The hospital developed health priorities in previous strategic planning meetings. Do you believe there have been improvements?

The hospital was interested in knowing if key stakeholders felt there were improvements based on strategic priorities.

5. *Did the hospital increase the number of physicians/providers?*

YES	NO	NOT SURE
41%	11%	48%

6. *Did the hospital develop a visiting specialist program?*

YES	NO	NOT SURE
59%	0%	41%

7. *Did the hospital improve the information/education provided to the community?*

YES	NO	NOT SURE
23%	8%	69%

8. *Did the hospital improve mental health services?*

YES	NO	NOT SURE
30%	19%	52%

APPENDIX 5: COMMUNITY SURVEY

MAMMOTH AND MONO COUNTY

2019 COMMUNITY HEALTH NEEDS ASSESSMENT

COMMUNITY SURVEY SUMMARY

Distribution

A community survey was distributed from February 1, 2019, to March 7, 2019. The survey, in both English and Spanish, was distributed in various public locations including community clinics, health and human services agencies, and libraries, and was also made available electronically.

Questions 1, 2, and 3

Respondents

There were 355* surveys completed, with twenty-five surveys completed in Spanish. The majority of surveys were from residents of Mammoth Lakes, followed by Bridgeport, then Crowley Lake / Sunny Slopes.

LOCATION	NUMBER OF RESPONSES
Benton / Hammil Valley / Chalfant	19
Bishop	6
Bridgeport	59
Crowley Lake / Sunny Slopes	30
Fish Lake Valley, Dyer, Nevada	1
June Lake	9
Mammoth Lakes	183
Mono City / Lee Vining	14
McGee Creek	2
Swall Meadows/Paradise	15
Topaz / Coleville / Walker	26

**Some respondents reported more than one location*

Most respondents, 82.2%, were white or Caucasian, 13.8% were Hispanic or Latino, and 2.8% were American Indian or Alaska Native.

Race and Ethnicity	Number of Responses	Percentage
American Indian or Alaska Native	10	2.82%
Asian or Asian American	3	0.85%
Black or African American	0	0.0%
Hispanic or Latino	49	13.84%
Multiple Ethnicity	6	1.69%
Other	5	1.41%
White or Caucasian	291	82.2%

The highest percentage of respondents, 24%, were ages 35-44, and ages 55-64, 22%.

Age	Number of Responses	Percentage
Under 18	1	0.28%
18 – 24	15	4.25%
25 – 34	72	20.40%
35 – 44	86	24.36%
45 – 54	59	16.71%
55 – 64	77	21.81%
65 - 74	36	10.20%
Over 75	7	1.98%

Questions 4 and 5

Three Most Important Health Concerns

Respondents were asked what they felt were the three most important health concerns for adults and children.

The highest health concern, for both adults and children, was mental health.

The remaining top three responses differed between adults and children. While alcohol use was the second (2nd) highest concern for adults, it was ranked fifth (5th) for children.

Dental health was ranked third (3rd) for children and seventh (7th) for adults.

Health Concerns Adults	Responses	Health Concerns Children	Responses
Mental Health	132	Mental Health	113
Alcohol Use	110	Vaping	98
Cancer	94	Dental Health	71

Question 4: What are the three (3) most important health concerns for adults in Mono County?

Health concerns with at least twenty-five responses are included in the table below. Mental Health, Alcohol Use, and Cancer were ranked as the top three.

Health Concerns Adults	Number of Responses	Percentage
Mental Health	132	40.74%

Alcohol Use	110	33.95%
Cancer	94	29.01%
Illegal drugs use like opioids or methamphetamines	90	27.78%
Diabetes	74	22.84%
Heart Disease	66	20.37%
Dental Health	62	19.14%
Overweight / obesity	49	15.12%
Stress	43	13.27%

Written comments:

Respondents identified physical injuries such as ski and snowboard activities as a concern.

Access to healthcare services was identified as a concern including lack of insurance, lack of access to healthcare providers, and lack of services to rural parts of the county.

Several people commented on the poor air quality in the winter, which contributes to respiratory problems.

Question 5: What are the three (3) most important health concerns for children in Mono County?

Health concerns with at least twenty-five responses are included in the table below. Mental Health and Vaping were ranked as the top two concerns. Dental health, Overweight/Obesity, and Alcohol Use were ranked the third highest concerns.

HEALTH CONCERNS CHILDREN	NUMBER OF RESPONSES	PERCENTAGE
Mental Health	113	37.79%
Vaping	98	32.78%
Dental Health	71	23.75%
Overweight / Obesity	69	23.08%
Alcohol Use	69	23.08%
Illegal drugs use like opioids or methamphetamines	69	23.08%
Other accidents or injuries (bicycles, dirt bikes, sports, swimming diving	64	21.40%
Marijuana Use	58	19.40%
Child Abuse	50	16.72%
Stress	31	10.37%
Sexually Transmitted Diseases	30	10.03%
Tobacco Use	25	8.36%

Written comments:

Several respondents mentioned the lack of up-to-date Vaccinations as a health concern.

Several respondents also identified access to healthcare services in unincorporated areas.

Question 6: What are the top three things you think influence child wellness and safety in our community?

When asked what the top three (3) things that influenced child wellness and safety, the answer that received the most responses (122) was teen drug, alcohol, or tobacco use/abuse.

Bullying and harassment received the second highest number of responses, while limited access to affordable, nutritious food was third. It is important to note that the fourth highest number of responses was parents' abuse of alcohol and drugs.

Factors that influence child wellness and safety with at least twenty-five responses are included in the table below.

CHILD WELLNESS AND SAFETY	NUMBER OF RESPONSES	PERCENTAGE
Teen drug, alcohol, or tobacco use/abuse	122	41.64%
Bullying or harassment	116	39.59%
Limited access to affordable, nutritious food	114	38.91%
Parents abuse of alcohol and drugs	97	33.11%
Limited physical activity	63	21.50%
Not enough adult supervision	56	19.11%
Lack of support services for children with special health care needs	55	18.77%
Violence in home or community	45	15.36%
Cigarette smoke exposure	28	9.56%
Child unable to swim, not using a life jacket, or needs water safety education	25	8.53%

Written comments:

Several respondents commented on the lack of access to pediatric dentists.

Lack of access to physical activities, including sports, was identified. Several individuals commented that the lack of activities is especially problematic in unincorporated areas. Another commented that activities are needed for kids who can't afford to ski or snowboard. Cell phones and screen time were also identified as contributing to a lack of physical activity.

Several respondents noted that it is very difficult for parents to provide adequate support and supervision when both parents must work. Another respondent noted that older children are frequently responsible for caring for younger children.

Question 7: What are the top three reasons you think people do not get the medical services they need?

ACCESS TO MEDICAL SERVICES	NUMBER OF RESPONSES	PERCENTAGE
Financial hardship	109	36.82%
Only seeking medical care when in pain or very sick	104	35.14%
High cost of medical services	92	31.08%
High insurance premiums and co-payments	87	29.39%
Not understanding what services are available or how to access them	70	23.65%
Difficulty finding a specialist when needed	59	19.93%

Difficulty finding a doctor or medical providers special health care needs	56	18.92%
Difficulty getting an appointment when you need it	51	17.23%
Not understanding the importance of regular check-ups	48	16.22%
Difficulty finding a dentist when needed	33	11.15%
High cost of medications	30	10.14%
Limited transportation	26	8.78%

Written comments:

Multiple respondents commented on the limited services and access outside of Mammoth Lakes. The long distances required to travel, especially in winter were noted as very difficult and sometimes impossible.

Several individuals commented that they go to Nevada for healthcare services because it is about the same distance, and there are more services available.

Question 8: What are the top three reasons you think people do not get the mental health services they need?

ACCESS TO MENTAL HEALTH SERVICES	NUMBER OF RESPONSES	PERCENTAGE
Not enough mental health providers	127	44.41%
Stigma or prejudice	108	37.76%
Not understanding mental health disorders	106	37.06%
Financial concerns	89	31.12%
Not enough screenings and referrals for Mental Health	77	26.92%
Not enough family, individual, or group therapy services	56	19.58%
Lack of support (community, family, friends)	45	15.73%
Drug or alcohol abuse	44	15.38%
Language or cultural barriers	29	10.14%
Social acceptance of alcohol and/or drug use	26	9.09%

Written comments:

Lack of access to mental health services in rural parts of the county, including Bridgeport, which is the county seat, was a major deterrent to care.

Question 9: What are the top three things you think influence prenatal and women's health in our community?

When asked what three (3) things influence prenatal and women's health in the community the number one (1) answer by far (57%), was that there are not enough women's medical providers or doctors.

The second (2nd) most frequent response at 36% was the inability to take pregnancy or postpartum leave from work.

Two (2) answers came in as the third (3rd) factor which was the lack of access to family planning and/or contraceptives (28%) and substance use during pregnancy (28%).

PRENATAL AND WOMEN'S HEALTH	NUMBER OF RESPONSES	PERCENTAGE
Not enough women's medical providers or doctors	141	56.63%
Unable to take pregnancy or postpartum leave from work	89	35.74%%
Lack of access to family planning and/or contraceptives	69	27.71%%
Substance use during pregnancy (alcohol, marijuana, tobacco, opioids, etc.)	69	27.71%%
Not enough prenatal education	56	22.49%
Not enough prenatal or postpartum mental health screenings	48	19.28%%
Not enough midwives	42	16.87%
Delayed prenatal care	41	16.47%
Not enough services for prenatal mood or anxiety disorders	40	16.06%

Written comments:

Multiple respondents mentioned lack of access to women's health services in rural and unincorporated parts of the county and the distance to travel to Mammoth Lakes.

The need for female OB physicians was identified as well as the need for consistency in providers (less turn-over) and high-risk specialists.

The need for prenatal education and breastfeeding education and support was also identified.

Question 10: If you care for an infant, what is their sleeping environment like?

To ascertain what the sleeping environment is like for infants, respondents were asked to select all the descriptive statements that applied.

The overwhelming majority of the respondents (82%) indicated that they did not care for an infant. For those that did, the table below lists the descriptive statement and the # of responses for each.

DESCRIPTOR	# RESPONSES	PERCENTAGE
Infant has separate sleeping space	31	12.81%
Infant sleeps on back	25	10.33%
Infant is breastfed	22	9.09%
Infant uses a one-piece sleeper	18	7.44%
Infant shares a bed with an adult or another child	11	4.55%
Infant uses a pacifier	10	4.13%
Infant sleeps on stomach	6	2.48%
Infant is exposed to cigarette or marijuana smoke	4	1.65%
Infant falls asleep in a swing or car seat	3	1.24%
Crib bumpers or cushions inside the crib	3	1.24%
Soft bedding such as pillows, blankets or stuffed animals is used.	3	1.24%
Infant falls asleep on couch	2	0.83%

Question 11 – 17: Seven questions were asked related to dental care.

Question 11: How would you rate the health of your teeth, mouth, and gums?

Question 12: How often do you brush your teeth?

Question 13: How do you feel about fluoride?

Question 14: When was the last time you went to the dentist?

Question 15: During the last year, has there been a time when you needed dental care but could not get it?

Question 16: Do you have dental insurance?

Question 17: What are the top three things you think influence dental health in our community?

Question 11: How would you rate the health of your teeth, mouth, and gums?

Forty-eight percent (48%) of respondents rated the health of their teeth, mouth, and gums as good and indicated that any issues they had were treated. Thirty-six (36%) responded that their dental health was excellent, while 15% said it was fair.

HEALTH OF TEETH, MOUTH AND GUMS	NUMBER OF RESPONSES	PERCENT OF RESPONSES
Good, any issues I had were treated	135	48.39%
Excellent, I rarely have issues	101	36.20%
Poor, I have many issues	43	15.41%

Question 12: How often do you brush your teeth?

The majority of respondents, 72%, brushes their teeth two (2) times a day, 19% once a day, 8% three (3) times a day or more and 1% indicated that they brushed their teeth a few times a week or less.

FREQUENCY OF BRUSHING TEETH	NUMBER OF RESPONSES	PERCENT OF RESPONSES
Twice a day	201	71.79%
Once day	54	19.29%
Three times a day or more	22	7.86%
A few times a week or less	3	1.07%
Never	0	0.00%

Question 13; How do you feel about fluoride?

Questions related to fluoride indicated that 73% buy toothpaste with fluoride, 20% indicated that they and/or their children get fluoride treatments at the dentist while less than one percent (1%) responded that they or their child use fluoride tablets or drops. Nine percent (9%) stated that they and/or their children drink water with fluoride, and 17% stated that they avoid fluoride. One percent (1%) of those responding indicated that they did not know what fluoride was.

FLUORIDE	NUMBER OF RESPONSES	PERCENT OF RESPONSES
I buy toothpaste with fluoride	200	71.79%
I get (and/or my children get) fluoride treatments at the dentist	55	20.0%
I avoid fluoride	47	17.09%
I drink (and/or my children drink) water with fluoride	25	9.09%
I do not know what fluoride is	3	1.09%
I use (and/or my children use) fluoride tablets or drops	2	0.73%

Question 14: When was the last time you went to the dentist?

Respondents were asked when the last time was that they went to the dentist. Most of the respondents, 62%, indicated that they had visited the dentist in the last six (6) months or less. 15% had seen a dentist within the last year, 14% within the last two (2) years, 9% within the last

five (5) years, and less than 1% stated that they never gone or could not remember when they went to a dentist last.

DENTAL EXAMS	NUMBER OF RESPONSES	PERCENT OF RESPONSES
Six months or less	174	62.14%
Within the last year	42	15.00%
Within the last two years	38	13.57%
Within the last five years or more	24	8.57%
Never	1	0.36%
I do not remember	1	0.36%

Question 15: During the last year, has there been a time when you needed dental care but could not?

Fifty-six (56%) percent indicated that they were receiving the care they needed, while 23% indicated they were not.

DENTAL CARE	NUMBER OF RESPONSES	PERCENT OF RESPONSES
I received the care I needed	151	54.71%
I did not receive the care I needed	65	23.55%
I did not need dental care	61	22.10%

Question 16: Do you have dental insurance?

The majority of those responding 196 out of 277 or 70%, indicated that they had insurance through an employer, family members/ employer, Medi-Cal, VA, or an alternate source.

DENTAL INSURANCE	NUMBER OF RESPONSES	PERCENT OF RESPONSES
Yes, through employer or family member employer	161	58.12%
No, cannot afford	60	21.66%
Yes, through Medi-Cal	21	7.58%
No, I do not want it	20	7.22%
Yes, through a source not listed	14	5.05%
I do not know	2	0.72%
Yes, through VA	1	0.36%

Question 17: What are the top three things you think influence dental health in our community?

The last question posed in the Community Survey asked respondents to identify the top three things that influenced dental health in the community.

The cost of dental care received the most responses; the lack of dentists and the lack of dental insurance were the second and third most frequent responses.

DENTAL HEALTH	NUMBER OF RESPONSES	PERCENT OF RESPONSES
Cost of dental care	158	59.18%
Lack of dentists	105	39.33%
Lack of dental insurance	100	37.45%
Lack of dentists who accept Medi-Cal or Denti-Cal insurance	96	35.96%
Use of sugar including soft drinks and other food with high sugar content	72	26.97%
Lack of appointment at a time I can go to the dentist	46	16.85%
Lack of pediatric dentists	44	16.48%
Lack of education about dental health	29	10.86%
Tobacco use	20	7.49%
Lack of dental hygienists	18	6.74%
Lack of oral health screenings to identify problems	18	6.74%
Drug use	16	5.24%
Lack of fluoride in the water	10	3.75%

Question 18: Please feel free to share any comments.

A general comment question was included in the survey. A summary of responses is included in the following paragraph by topic area.

ACCESS TO MEDICAL SERVICES

Multiple comments were related to access. Limited services in Bridgeport and other unincorporated areas was a common theme with a significant disparity noted in services provided outside of Mammoth Lakes. Respondents commented on the extensive travel time to Mammoth Lakes. One respondent noted that due to travel time parents might have to miss a whole day of work, which has a significant financial impact, as well as children missing a day of school.

Several respondents commented that the clinic in Bridgeport should be re-opened, even on a part-time basis. There were also comments regarding the need for pharmacy services.

Specific specialties or services that were identified included: full-time pediatrician, pediatric dental services, OB / GYN providers, specialists to care for high-risk pregnancies, vision services. Most of the comments related to increasing access to OB/GYN physicians, and specifically female OB/GYN physicians.

ACCESS TO DENTAL CARE

Dental care was also a common theme. The high cost of dental care was identified as a significant barrier to dental care, including high co-pays and up-front costs. Other barriers

included long wait times to get an appointment, lack of emergency dental care, and lack of pediatric dental care.

TOBACCO – DRUGS - ALCOHOL

Several respondents commented on the use of tobacco, marijuana, and other drugs from an e-cigarette, vape pen or JUUL by teens. A teacher at Mammoth High School commented that it occurs almost daily either in-school or outside of school.

The need for pediatric mental health screening, especially for children prenatally exposed to opioids and other drugs were identified.

The need for opioid abuse and alcohol abuse/addiction services was identified.

MENTAL HEALTH

Several respondents commented on the need to provide more access to private counselors, especially for a short-term situational crisis.

The lack of support services and activities for seniors was identified as contributing to social isolation and depression.

OTHER

The lack of affordable housing was noted as impacting the health of Mono County residents.

One surveyor commented, *"I think there is a lack of emphasis on whole person wellness in our community."*

APPENDIX 6: FOCUS GROUP MEETING

OCTOBER 26, 2018
MAMMOTH HOSPITAL AND MONO COUNTY PUBLIC HEALTH
COMMUNITY HEALTH NEEDS ASSESSMENT

A focus group was convened to gather information regarding the current health status of Mono County and suggestions for additional improvements. 62 people attended the focus group meeting. A list of attendees follows this summary.

The meeting began with a few opening comments from Gary Myers, Mammoth Hospital and Sandra Pearce, Mono County Public Health. Cheri Benander introduced both herself and Julie Haynes from HTS3 and the steering committee members. Ms. Benander and Ms. Haynes then facilitated an icebreaker that focused on participants introducing themselves to others in their subgroups.

Ms. Benander defined the services group and shared the vision, mission, and values of Mammoth Hospital and Mono County Public Health. She reviewed the IRS guidelines, the accreditation requirements for Public Health, and the community health assessment requirements for the Local Oral Health Program and Maternal, Child, and Adolescent Health Program. She explained the process that Mammoth Hospital and Mono County Steering Committee had chosen to gather data, which included using information obtained using data from state and national surveys, focus groups, interviews, and community surveys.

The first activity the group performed was to reflect upon the changes they had seen in the last five years that they believe have made the community healthier. Below is a summary of the responses,

- School athletic safety
- Healthy organized activities
- A focus on nutrition
- Pain management programs
- Smoking/vaping reduction
- Increased behavioral health initiatives
- Expansion of specialty care
- Childhood vision screening
- Community collaboration
- Increased access to medical healthcare
- Disaster preparedness
- Added specialists
- Reopening of Toiyabe Clinic in Coleville (medical/dental)
- Drug court
- Increased connectivity trails
- Increased restaurants and food choices
- Increase in school nurse Services
- Increase work related to healthier meals and exercise

- Healthy Youth Act
- Increase in quality childcare
- Increase in preventive health options
- Increased insurance coverage
- Improved safety (free car seats, helmets, and defibrillators)
- For seniors – increase meal access and depression screening
- Increase in foster care providers
- Spiritual care
- Hospice
- Increase in park and recreation activities
- Increased state and federal funds for health care – ACA (Affordable Care Act)
- Increased tourism
- Decrease in tent living
- Installation of more sidewalks
- Mandatory influenza vaccines at the hospital
- Community hosting healthier events

The group was then asked why they believe it is important to gain buy-in with the community and what can be done to facilitate change. The responses included:

- Promote shared goals
- Funding
- Availability
- Provide multi-agency events
- Understand diversity
- Provide a voice to all
- Provide consistent and cohesive communication
- Explain the "why"
- Making changes fun - offer rewards
- Provide a feedback process
- Provide clear goals
- Gain information on what is working and what is not
- Demonstrate a willingness to collaborate
- Demonstrate value to all
- Provide broad, informed, positive leadership
- Develop a shared vision
- Provide outreach events
- Gain an understanding of the social determinants of health
- Develop a trusting relationship

Kathleen Alo provided a summary of the 2016 Mammoth Hospital (CHNA), and Sandra Pearce provided a summary of the Maternal, Child, and Adolescent Health (MCAH) Needs Assessment. Ms. Benander then asked the group what they believed made up a healthy community. Responses included good schools, access to specialized programs, collaboration between community organizations and community members, basic needs are met, healthy life style, psychosocial support, tolerance of diversity, community membership represents the population of the community, decreased substance use, access to a variety of health care services, drug-free activities, healthy food, clean air and water, healthy social norms, affordable housing and child care, affordable cost of living, affordable outdoor recreation, continuity of care (consistent providers), social equity, cultural competence and appreciation.

This led to a discussion regarding what words the group would use to describe the community of Mono County. Participants indicated that the community was beautiful, resilient, expensive, physically active, rural, isolated, inspirational, majestic, fun, family-oriented, at-risk, transient, remote, evolving, unchanged, second-home owners, inviting, welcoming, accepting, touristy, invisible, and natural.

The group was also asked to use one word to describe what they believed was important to the community. Responses included; tourism, children, access, safety, economic success, water (shortage concerns), outdoors, recreation, people, public lands, snow, childcare, affordable/available housing, community shelter (for homeless), quality of life, mental health, self-care, diversity, medical care, and spiritual needs.

In their groups, some of the participants were asked to discuss how they felt the quality of life is perceived in the community. Others were asked how perceptions could be changed. They were asked to make a list, select a reporter, and share their thoughts with the larger group. The following perceptions were discussed:

- Tourism as both a blessing and a curse
- Wealthy/Perfect
- No crime
- Ski community
- Paradise
- Outdoors
- Freedom to enjoy but the reality is opposite
- Everyone skis or snowboards
- That the community members are lucky
- Country
- Remote

- That all is good
- The "haves" perceive that everything is good, the "have nots" perceive life as a struggle, feel isolated, don't understand care, and have no support
- Laid back mentality
- The slower pace of life
- No traffic
- People are happy to be here
- Access to nature
- Safe streets
- The county is "Mammoth Centered"
- The community is not diverse
- People are tolerant by necessity
- It's fun all the time
- People are "so lucky" to live here
- There are a privileged few
- The community is not diverse
- Cliquish
- Perception of wealth
- High quality of life

Suggestions on how to change perceptions included:

- Regulate Airbnb®
- Build affordable housing
- Provide childcare
- Provide dog daycare
- Decrease the cost of food and increase the selection
- Renovate
- Increase the lighting on the streets
- Improve trash collection
- Put in more sidewalks
- Provide police coverage from 3:00 a.m. to 7:00 a.m.
- Tear down condemned buildings
- Create a task force to clean up the "diaper forest"
- Be more mindful of cultural separation
- Be more mindful of economic separation
- Provide transportation from the outlying areas
- Provide homeless shelters

- Provide subsidies to condominium owners who provide low-income housing
- Provide more "actual results" as opposed to just talking
- Increase revenues
- Make it S.M.A.R.T.
- Innovations such as "tiny homes"
- Increase awareness and education regarding the issues
- Provide discounts to the locals
- Provide a reality tour of "typical residential areas of the service workers"
- Seek input from those whose lives you're trying to improve
- Shift perceptions from "rose-colored glasses"
- Address food insecurity
- Improve transportation
- Increase activities and safe space for children and youth
- Increase addiction treatment services
- Develop leaders who represent the diversity of the community
- Develop a community center for indoor winter activities
- Increase cultural events outdoors in the summer such as music and theater

Following the discussion, the group was presented the final question of the day; what resources does the community have that can be used to improve the community's quality of life? The following list was created from the individual group discussions;

- Public health
- Urgent care
- Hospital and clinics
- WIC Programs
- Peapods
- Airport
- Inyo Mono Advocates for Community Action (IMACA)
- Community preventive health programs
- Cerro Coso
- All access parks
- Bear Whisperer
- Recycling
- Thrift stores
- EPO
- IMM
- CCS
- MCAH

- Environmental health
- TOG
- Oral health
- Public educational programs
- Wild Iris
- Angel Flight
- MMCF
- Schools
- Behavioral health support groups
- Primary care
- Women's health
- Pediatric providers
- Dermatology
- Orthopedics
- Urology
- Labor and delivery
- Emergency care
- Cardiology
- Rheumatology
- Urology
- Physical/occupational therapy
- General surgery
- Nutrition
- Spiritual care
- Imaging
- Laboratory
- Parks and Recreation
- Safe Kids
- MCOE
- MUSD
- FBO Food Banks
- Rotary Club
- Lions Club
- MACA
- Mammoth Mountain Disabled Sports
- Mammoth student discounts
- Mammoth Mountain School

- Mammoth employee housing
- Bowling alley
- Insurance/TANF/CalFresh
- Indigent Workforce Development
- Child Protective Services, Adult Protective Services, and Foster Care
- Alcoholics Anonymous, ALANON, Narcotics Anonymous
- Low-income housing
- County behavioral health
- First responders
- Tribal services
- CERT
- Head Start
- Mountain Ski Program
- Digital
- Public Library
- ESTA
- Mammoth transport
- Emergency preparedness
- Disease surveillance
- Case management for medically fragile children
- First-time homeowner program
- Housing collaborative
- Regional Planning Advisory Committee
- Development waivers
- Toiyabe Indian Health
- First 5 Mono County
- Husky Club
- Victim/Witness advocates
- Pre-trial and Veterans diversion programs
- Restitution collection/court for victims
- www.monokids.org
- Mono County Community Resource Guide

The day ended with Ms. Benander summarizing what had been accomplished. The group defined what was believed to be a healthy community, described the Mono County community, and identified what was important to the community. The group then acknowledged perceptions that existed of the community and identified ways to improve those perceptions. Finally, the group identified the current assets and resources existing currently within the community. Ms. Benander indicated that the success of any community

needs assessment correlates to the amount of community input and feedback received from all stakeholders and felt that today's focus group yielded a large amount of information. Ms. Benander discussed how the information would be used and informed the group that once the assessment is completed, the information would be made available to the public, and a multi-year implementation developed. She thanked everyone and adjourned the meeting.

REGISTERED ATTENDEES

Kathleen Alo Mammoth Hospital	Jennifer Esparza Mono County Social Services
Dave Anderson Mono County District Attorney's Office	Pat Espinosa Mono County Social Services
Lori Baitx Mammoth Hospital	Bob Gardner Mono County Board of Supervisors
Dustlyne Beavers Mono County Health Department	Maria Gonzalez Mono County Health Department
Tom Boo, MD Mono County Health Department	Nancie Hamilton Mammoth Hospital
Charles Broten IMACA	Amber Hise Mono County Health Department
Stuart Brown Town of Mammoth Lakes	Olivia Hollenhorst Mono County/TOML Information Tech
Craig Burrows, MD Mammoth Hospital	Dan Holler Town of Mammoth Lakes
Alexandra Castor Community Service Solutions	Tim Kendall Mono County District Attorney's Office
Eryn Coffey Mammoth Hospital	Lois Klein MUSD
Caitlin Crank Mammoth Hospital	Lorraine Koenig Mammoth Hospital
Cara Crosby Mammoth Hospital	Diana Lincicum Anthem Blue Cross
Jacinda Croissant Mono County Health Department	Laurel Martin Disabled Sports Eastern Sierra
Nancy Cruz Mono County Health Department	Casey Michel Mammoth Hospital
Cindy Dady Mammoth Resorts	Rochelle Miller IMACA
Melissa Davis Mammoth Resorts	TR Miller Mammoth Hospital
Molly DesBaillets First 5 Mono County	Lenna Monte Mammoth Hospital
Deb Diaz Mono County Health Department	Colleen Moxley Mono County Office of Education
Jacob Eide Mammoth Hospital	Gary Myers Mammoth Hospital
Margee Neer Toiyabe Indian Health Project	Lynette Siverling Anthem Blue Cross
Matthew O'Connor Wild Iris	Canny Staker Mammoth Hospital
Griselda Ortiz IMACA	Shelby Stockdale Mono County Health Department
Sandra Pearce Mono County Health Department	Michelle Stuetelberg Mammoth Hospital
Kathy Peterson Mono County Social Services	Stephen Swisher Mammoth Hospital / Mono County
John Peters Mono County Board of Supervisors	Valerie Taylor Anthem Blue Cross

Michelle Raust Mono County Social Services	Ales Tomaier Mammoth Lakes Fire Department
Sarah Rea Mammoth Hospital	Carly Trainor Mammoth Hospital
Bentley Regehr Mono County Community Development	Bryan Wheeler Mono County Health Department
Robin Roberts Mono County Behavioral Health	Kaysie Willams Mono County Office of Education
Leah Roman Mono County Health Department	Julie Winslow Mammoth Resorts

Appendix 7: Tobacco Use Youth

Key Tobacco Indicators	ESUSD	MUSD	Calif	ESUSD	MUSD	Calif	ESUSD	MUSD	Calif
	7th	7th	7th	9th	9th	9th	11th	11th	11th
Ever smoked a whole cigarette	0%	0%	1.6%	3%	5%	7.0%	4%	16%	12.0%
Current cigarette smoking	0%	0%	1.0%	0%	1%	2.6%	0%	5%	4.3%
Current cigarette smoking at school (past 30 days)	0%	0%	0.6%	0%	1%	1.3%	0%	1%	1.3%
Ever tried smokeless tobacco	2%	0%	1.5%	0%	2%	3.6%	0%	13%	5.4%
Current smokeless tobacco use	2%	0%	0.7%	0%	0%	1.5%	0%	1%	1.7%
Current smokeless tobacco use at school	0%	0%	0.5%	0%	1%	1.1%	0%	3%	1.1%
Ever used electronic cigarettes	2%	10%	8.1%	0%	44%	23.2%	13%	44%	31.7%
Current use of electronic cigarettes	0%	5%	3.4%	0%	30%	7.6%	4%	27%	9.8%
Current use of electronic cigarettes at school (past 30 days)	0%	2%	2.0%	0%	11%	3.6%	4%	15%	3.3%
Harmfulness of occasional cigarette smoking (great harm)	31%	43%	34.5%	41%	38%	38.6%	29%	44%	42.`1%
Harmfulness of smoking 1 or more packs/day (great harm)	52%	73%	59.9%	76%	67%	67.7%	58%	71%	73.5%
Difficulty of obtaining cigarettes (very difficult)	44%	28%	8.6%	24%	8%	21.2%	17%	11%	31.2%

Source: California Healthy Kids Survey: Eastern Sierra Unified School District (ESUSD) Elementary 2017-2018 Main Report
Source: California Healthy Kids Survey: Mammoth Unified School District (MUSD) Secondary 2017-2018 Main Report
Source: California Healthy Kids Survey

APPENDIX 8: ALCOHOL & DRUG USE YOUTH

SUMMARY MEASURES LEVEL OF ALCOHOL AND OTHER DRUG USE	ESUSD 7th	MUSD 7th	CALIF 7th	ESUSD 9th	MUSD 9th	CALIF 9th	ESUSD 11th	MUSD 11th	CALIF 11th
Lifetime alcohol or drug use (any use)	5%	11%	12.8%	3%	50%	32.3%	42%	58%	48.2%
Lifetime very drunk or high (7 or more times)	0%	0%	0.9%	0%	5%	6.3%	0%	30%	15.4%
Current alcohol or drug use	0%	6%	7.2%	0%	33%	19.7%	17%	41%	29.4%
Current heavy drug use	0%	1%	1.8%	0%	12%	6.8%	0%	22%	11.3%
Current heavy alcohol use (binge drinking)	0%	2%	1.2%	0%	4%	6.0%	13%	19%	11.6%
Current alcohol or drug use on school property	2%	1%	2.8%	0%	18%	7.1%	4%	15%	7.0%
Harmfulness of occasional alcohol use (great harm)	21%	26%	29.3%	55%	32%	30.9%	29%	31%	30.6%
Difficulty in obtaining alcohol (very difficult)	37%	24%	16.5%	24%	5%	7.7%	17%	10%	6.0%
Harmfulness of occasional marijuana use (great harm)	46%	54%	42.5%	55%	39%	36.4%	21%	29%	30.0%
Difficulty in obtaining marijuana (very difficult)	54%	34%	28%	25%	7%	8.8%	21%	10%	5.6%

Source: California Healthy Kids Survey: Eastern Sierra Unified School District (ESUSD) Elementary 2017-2018 Main Report
Source: California Healthy Kids Survey: Mammoth Unified School District (MUSD) Secondary 2017-2018 Main Report
Source: California Healthy Kids Survey 2017-2018 b *Appendix 9: Maternal and Infant Health Indicators*

APPENDIX 9: MATERNAL AND INFANT HEALTH INDICATORS

DOMAIN AND INDICATOR	PERIOD	LOCAL			STATE			LOCAL COMPARED TO STATE
		RATE	95% CONF. INT		RATE	95% CONF. INT		
			LOWER	UPPER		LOWER	UPPER	
Births less than 37 weeks gestation per 100 live births	2015 - 2016	6.0	3.8	9.4	8.5	8.5	8.6	**No Diff.**
Births weighing less than 2,500 grams per 100 live births	2015 - 2016	6.0	3.8	9.4	6.8	6.8	6.9	**No Diff.**
Births weighing less than 1,500 grams per 100 live births	2013 - 2015	0.4	0.1	1.6	1.1	1.1	1.1	**No Diff.**

Source: Family Health Outcomes Project, UCSF

PRENATAL CARE	PERIOD	LOCAL			STATE			LOCAL COMPARED TO STATE
		RATE	95% CONF. INT		RATE	95% CONF. INT		
			LOWER	UPPER		LOWER	UPPER	
Prenatal care in the first trimester per 100 females delivering a live birth	2013-2015 (2015)	74.5 (75.3)	70.3 (67.9)	78.4 (81.5)	83.3 (83.)	83.3 (83.1)	83.4 (83.3)	**Worse**
Percent of females who received adequate or better prenatal care	2015	58.7	50.7	66.2	34.4	34.3	34.6	**Better**

Source: Family Health Outcomes Project, UCSF

INSURANCE AND POVERTY	PERIOD	LOCAL			STATE			LOCAL COMPARED TO STATE
		RATE	95% CONF. INT		RATE	95% CONF. INT		
			LOWER	UPPER		LOWER	UPPER	
Medi-Cal insured deliveries per 100 live births	2016	48.9	40.5	57.3	43.4	43.3	43.6	**No Diff.**
Uninsured pre-pregnancy per 100 females delivering a live birth	2013-2015	20.6+	17.8	23.4	21.6	20.5	22.7	**No Diff.**
Single mothers living in poverty per 100 single mothers	2016	No Data			34.9			

Source: Family Health Outcomes Project, UCSF

TIMING OF BIRTH	PERIOD	LOCAL			STATE			LOCAL COMPARED TO STATE
		RATE	95% CONF. INT		RATE	95% CONF. INT		
			LOWER	UPPER		LOWER	UPPER	
Births per 1,000 females age 15 to 19	2013-2015	20.2	13.6	29.9	21.0	20.8	21.1	**No Diff.**
Births conceived within 18 months of a previous live birth per 100 females age 15 to 44 delivering a live birth	2013-2015 (2015)	22.0 (24.7)	17.1 (16.4)	27.9 (35.4)	26.6 (26.6)	26. (26.5)	26.7 (26.8)	**No Diff.**
Mis-timed or unwanted pregnancy per 100 females delivering a live birth	2013-2015	31.8+	28.4	35.1	30.5	29.3	31.8	**No Diff.**

Source: Family Health Outcomes Project, UCSF

GESTATIONAL DIABETES	PERIOD	LOCAL			STATE			LOCAL COMPARED TO STATE
		RATE	95% CONF. INT		RATE	95% CONF. INT		
			LOWER	UPPER		LOWER	UPPER	
Gestational diabetes per 100 females age 15 to 44 delivering a live or still-born infant in-hospital	2013-2015	6.8	4.6	9.9	9.2	9.2	9.3	**No Diff.**

Source: Family Health Outcomes Project, UCSF

CESAREAN BIRTH	PERIOD	LOCAL RATE	LOCAL 95% CONF. INT LOWER	LOCAL 95% CONF. INT UPPER	STATE RATE	STATE 95% CONF. INT LOWER	STATE 95% CONF. INT UPPER	LOCAL COMPARED TO STATE
Percent of Cesarean births per 100 low-risk nulliparous females	2015 - 2016	22.0	14.7	31.5	25.1	24.9	25.2	**No Diff.**
Cesarean births per 100 live birth	2016	31.0	23.3	39.9	31.9	31.8	32.0	**No Diff.**

Source: Family Health Outcomes Project, UCSF

FOOD INSECURITY AND OBESITY	PERIOD	LOCAL RATE	LOCAL 95% CONF. INT LOWER	LOCAL 95% CONF. INT UPPER	STATE RATE	STATE 95% CONF. INT LOWER	STATE 95% CONF. INT UPPER	LOCAL COMPARED TO STATE
Food insecurity during pregnancy per 100 females delivering a live birth	2013-2015	21.4+	18.4	24.3	15.6	14.6	16.5	**Worse**
Pre-pregnancy overweight or obesity per 100 females delivering a live birth	2016	49.6	41.1	58.1	50.0	49.8	50.1	**No Diff.**

Source: Family Health Outcomes Project, UCSF

SUBSTANCE ABUSE	PERIOD	LOCAL RATE	LOCAL 95% CONF. INT LOWER	LOCAL 95% CONF. INT UPPER	STATE RATE	STATE 95% CONF. INT LOWER	STATE 95% CONF. INT UPPER	LOCAL COMPARED TO STATE
Substance use diagnoses per 1,000 hospitalizations of pregnant females age 15 to 44	2013-2015				19.9	19.7	20.1	**No Diff.**
Any smoking during the 1st or 3rd trimester per 100 females with live births	2013-2015	12.4+	10.0	14.8	2.7	2.3	3.1	**Worse**
Current smoker per 100 females 18 and older	2012-2016	15.4+	9.6	21.3	9.3	8.7	9.8	**No Diff.**

Source: Family Health Outcomes Project, UCSF

MENTAL HEALTH	PERIOD	LOCAL RATE	LOCAL 95% CONF. INT LOWER	LOCAL 95% CONF. INT UPPER	STATE RATE	STATE 95% CONF. INT LOWER	STATE 95% CONF. INT UPPER	LOCAL COMPARED TO STATE
Prenatal depressive symptoms per 100 females delivering a live birth	2013-2015	17.2+	14.6	19.8	14.1	13.1	15.0	**Worse**
Postpartum depressive symptoms	2013-2015	17.1+	14.4	19.8	13.5	12.6	14.4	**Worse**

Source: Family Health Outcomes Project, UCSF

DOMESTIC VIOLENCE	PERIOD	LOCAL RATE	LOCAL 95% CONF. INT LOWER	LOCAL 95% CONF. INT UPPER	STATE RATE	STATE 95% CONF. INT LOWER	STATE 95% CONF. INT UPPER	LOCAL COMPARED TO STATE
Domestic violence calls per 100,000 population	2013-2015 (2015)	510 (585.2)	447 (473.6)	581 (723.0)	406 (417.3)	405 (415.2)	407 (419.3)	**Worse**

Source: Family Health Outcomes Project, UCSF

INDICATOR	PERIOD	LOCAL			STATE			LOCAL COMPARED TO STATE
		Rate	95% Conf. Int		Rate	95% Conf. Int		
			Lower	Upper		Lower	Upper	
Tdap immunizations during pregnancy per 100 females delivering a live birth	2015-2016	45.2+	40.6	49.8	50.4	49.0	51.7	**No Diff.**
Exclusive breastfeeding 3 months after delivery per 100 live births	2013-2015	47.3+	43.3	51.3	29.1	27.7	30.5	**Better**
Exclusive in-hospital breastfeeding per 100 females delivering a live birth	2016	82.0	73.3	88.3	69.6	69.5	69.8	**Better**
Deaths at age less than 1 year per 1,000 live births	2013-2015	2.2	0.4	12.5	4.5	4.4	4.6	**No Diff.**

Source: Family Health Outcomes Project, UCSF

APPENDIX 10: COUNTY HEALTH RANKINGS

HEALTH OUTCOMES						
Length of life (50%)	**Year(s)**	**Weight**	**Mono County**	**Error Margin**	**Top U.S. Performers**	**California**
Premature Death Years of potential life lost before age 75 per 100,000 population	2015 – 2017	50%	3,900	2,800-5,000	5,400	5,300
Quality of Life (50%)	**Year(s)**	**Weight**	**Mono County**	**Error Margin**	**Top U.S. Performers**	**California**
Poor or Fair Health % of adults reporting fair or poor health	2016	10%	14%	14 – 15%	12%	18%
Poor physical health days Average number of physically unhealthy days reported in the past 30 days	2016	10%	3.5	3.3 – 3.6	3.0	3.5
Poor mental health days Average number of mentally unhealthy days reported in the past 30 days	2016	10%	3.7	3.5 – 3.8	3.1	3.5
Low birthweight % of live births with low birthweight (<2500 grams)	2011-2017	20%	8%	6 – 9%	6%	7%

HEALTH FACTORS						
Health Behaviors	**Year(s)**	**Weight**	**Mono County**	**Error Margin**	**Top U.S. Performers**	**California**
Adult smoking % of adults who are current smokers	2016	10%	13%	12 – 13%	14%	11%
Adult obesity % of adults that report a BMI $\geq$ 30	2015	5%	23%	17 – 31%	26%	23%
Food environment index Index of factors that contribute to a healthy food environment (0 – 10)	2015 & 2016	2%	7.4		8.7	8.9
Physical activity % of adults aged 20 and over reporting no leisure-time physical activity	2015	2%	15%	10 – 22%	19%	17%
Access to exercise opportunities % of population with adequate access to locations for physical activity	2010 & 2018	1%	92%		91%	93%
Excessive drinking % of adults reporting binge or heavy drinking	2016	2.5%	22%	21 – 23%	13%	18%
Alcohol-impaired driving deaths % of driving deaths with alcohol involvement	2013 – 2017	2.5%	67%	58 – 74%	13%	30%
Sexually transmitted infections # of newly diagnosed chlamydia cases per 100,000 population	2016	2.5%	237.3		152.8	506.2
Teen births # of births per1,000 female population ages 15 – 19	2011 – 2017	2.5%	23	17 – 30	14	22

Clinical Care	Year(s)	Weight	Mono County	Error Margin	Top U.S. Performers	California
Uninsured % of population under age 65 without health insurance	2016	5%	10%	9 – 112%	6%	8%
Primary care physicians Ratio of population to primary care physicians	2016	3%	1,550:1		1.050:1	1,270:1
Dentists Ratio of populations to dentists	2017	1%	2,020:1		1,260:1	1,200:1
Mental health providers Ratio of population to mental health providers	2018	1%	520:1		310:1	310:1
Preventable hospital stays # of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees	2016	5%	2,276		2,765	3,507
Mammography % of female Medicare enrollees ages 65 – 74 that receive mammography screening	2016	2.5%	41%		49%	36%
Flu vaccination Flu Vaccinations is the percentage of fee-for-service Medicare enrollees that had a reimbursed flu vaccination during the year.	2016	2.5%	35%		52%	40%

Social & Economic Factors	Year(s)	Weight	Mono County	Error Margin	Top U.S. Performers	California
High school graduation % of ninth-grade cohort that graduates in four years	Varies	5%	36%		96%	83%
Some college % of adults ages 25 – 44 with some post-secondary education	2013 – 2017	5%	61%	47 – 76%	73%	64%
Unemployment % of populating aged 16 and older unemployed but seeking work	2017	10%	4.4%		2.9%	4.8%
Children in poverty % of children under age 18 in poverty	2017	7.5%	13%	9 – 16%	11%	18%
Income inequality Ratio of household income at the 80th percentile to income at the 20th percentile quality	2013 – 2017	2.5%	3.0	2.4 – 3.6	3.7	5.3
Children in single-parent households % of children that live in a household headed by a single parent	2013 – 2017	2.5%	17%	6 – 28%	20%	31%
Social Associations Number of membership associations per 10,000 population	2016	2.5%	8.6		21.9	5.8
Violent crime Number of violent crimes reported per 100,000 population	2014 & 2016	2.5%	262		63	421
Injury deaths Number of deaths from planned (e.g., homicide or suicide) and unplanned (e.g., motor vehicle deaths) injuries per 100,000 population	2013 - 2017	2.5%	51	36 - 71	57	49