Community Health Needs Assessment

2022

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Executive Summary

Marshall Medical Center is a 111-bed, nonprofit, acute care hospital, which has served the Western slope of El Dorado County since 1959. Our mission is to improve the health of our community and offer health services of superior value and quality, centered on the goals and needs of our patients. We strive to deliver service that exceeds our patients' expectations.

Community Health Needs Assessment

Marshall Medical Center (Marshall) has undertaken a Community Health Needs Assessment (CHNA). California Senate Bill 697 and the Patient Protection and Affordable Care Act through IRS section 501(r)(3) regulations direct nonprofit hospitals to conduct a CHNA every three years and develop a three-year Implementation Strategy that responds to community needs. A CHNA is one tool in this effort as it identifies unmet health needs in the service area, provides information to select priorities for action, focuses on geographical areas, and serves as the basis for community benefit programs.

Service Area

Marshall Medical Center is located at 1100 Marshall Way, Placerville, California, 95667. The service area includes 17 ZIP Codes, representing cities or communities in El Dorado County and Amador County (River Pines).

Marshall Medical Center Service Area

Geographic Area	ZIP Code
Camino/Apple Hill	95709
Cool	95614
Diamond Springs	95619
El Dorado Hills	95762
Garden Valley	95633
Georgetown	95634
Greenwood	95635
Grizzly Flats	95636
Kingsville/Nashville	95623
Lotus	95651
Pilot Hill	95664
Placerville	95667
Pollock Pines	95726
Rescue	95672
River Pines	95675
Shingle Springs/Cameron Park	95682
Somerset	95684

Methodology

Secondary Data

Secondary data were collected from a variety of local, county, and state sources to present community demographics, social determinants of health, health care access, birth indicators, leading causes of death, COVID-19, acute and chronic disease, health behaviors, mental health, substance use and preventive practices. Where available, these data are presented in the context of El Dorado County and California.

Analysis of secondary data includes an examination and reporting of health disparities for some health indicators. The report includes benchmark comparison data that measure the data findings as compared to Healthy People 2030 objectives, where appropriate. Healthy People objectives are a national initiative to improve the public's health by providing measurable objectives that are applicable at national, state, and local levels. Attachment 1 compares Healthy People 2030 objectives with service area data.

Primary Data

Seventeen (17) phone interviews were conducted during June 2022. Community stakeholders identified by the hospital were contacted and asked to participate in the needs assessment interviews. Interview participants included a broad range of stakeholders concerned with health and wellbeing in El Dorado County, who spoke to issues and needs in the communities served by the hospital.

Marshall also conducted surveys with community residents to obtain input on health needs, barriers to care and resources available to address the identified health needs. The surveys were available in an electronic format through a SurveyMonkey link. The surveys were collected from June 6 to July 11, 2022. During this time, 62 community members completed the survey.

Significant Community Needs

Significant needs were identified through a review of the secondary health data and validation through stakeholder interviews. The identified significant needs included:

- Access to care
- Chronic diseases
- COVID-19
- Environmental conditions
- Food insecurity
- Housing/homelessness
- Mental health
- Overweight/obesity

- Preventive practices
- Substance use
- Unintentional injuries

When compared to the previous CHNA conducted in 2019, housing and homelessness and COVID-19 are significant needs that were newly identified in the 2022 CHNA.

COVID-19

COVID-19 had an unprecedented impact on the health and well-being of the community. This CHNA identifies an increase in economic insecurity, food insecurity, housing and homelessness, mental health conditions and substance use as a direct or indirect result of the pandemic. Additionally, access to routine care, preventive screenings, disease maintenance, community safety, healthy eating and physical activity declined as a consequence. Community stakeholder comments on the effect of COVID in the community are included in the CHNA.

Prioritization of Health Needs

The identified significant community needs were prioritized with input from the community. Interviews with community stakeholders were used to gather input on the significant needs. Housing and homelessness, mental health, substance use, access to health care and chronic disease were ranked as the top five priority needs in the service area. Among community resident survey respondents, the top five priority needs were chronic diseases, access to health care, mental health, preventive practices and substance use.

Report Adoption, Availability and Comments

This CHNA report was adopted by the Marshall Medical Center Board of Directors on September 22, 2022.

The report is widely available to the public on the hospital's web site and can be accessed at https://www.marshallmedical.org/about-us/community-benefit/. To send comments or questions about this report, please contact Dr. Martin Entwistle at mentwistle@marshallmedical.org.

Introduction

Background and Purpose

Marshall Medical Center is an independent, nonprofit community health care provider located in the heart of the Sierra Foothills between Sacramento and South Lake Tahoe. Marshall Medical Center includes Marshall Hospital, a fully accredited acute care facility with 111 beds located in Placerville; outpatient facilities in Cameron Park, Placerville, El Dorado Hills and Georgetown; a group of primary care physicians and specialists; and community health and education programs. Marshall has approximately 190 affiliated physicians and a team of more than 1,600 employees providing quality health care services to more than 175,000 residents of Western El Dorado County.

The passage of California Senate Bill 697 (1994) and the Patient Protection and Affordable Care Act (2010) require tax-exempt hospitals to conduct a CHNA every three years and adopt an Implementation Strategy to meet the priority health needs identified through the assessment. A CHNA is one tool in this effort as it identifies unmet health needs in the service area, provides information to select priorities for action, focuses on geographical areas, and serves as the basis for community benefit programs. This assessment incorporates components of primary data collection and secondary data analysis that focus on the health and social needs of the service area.

Service Area

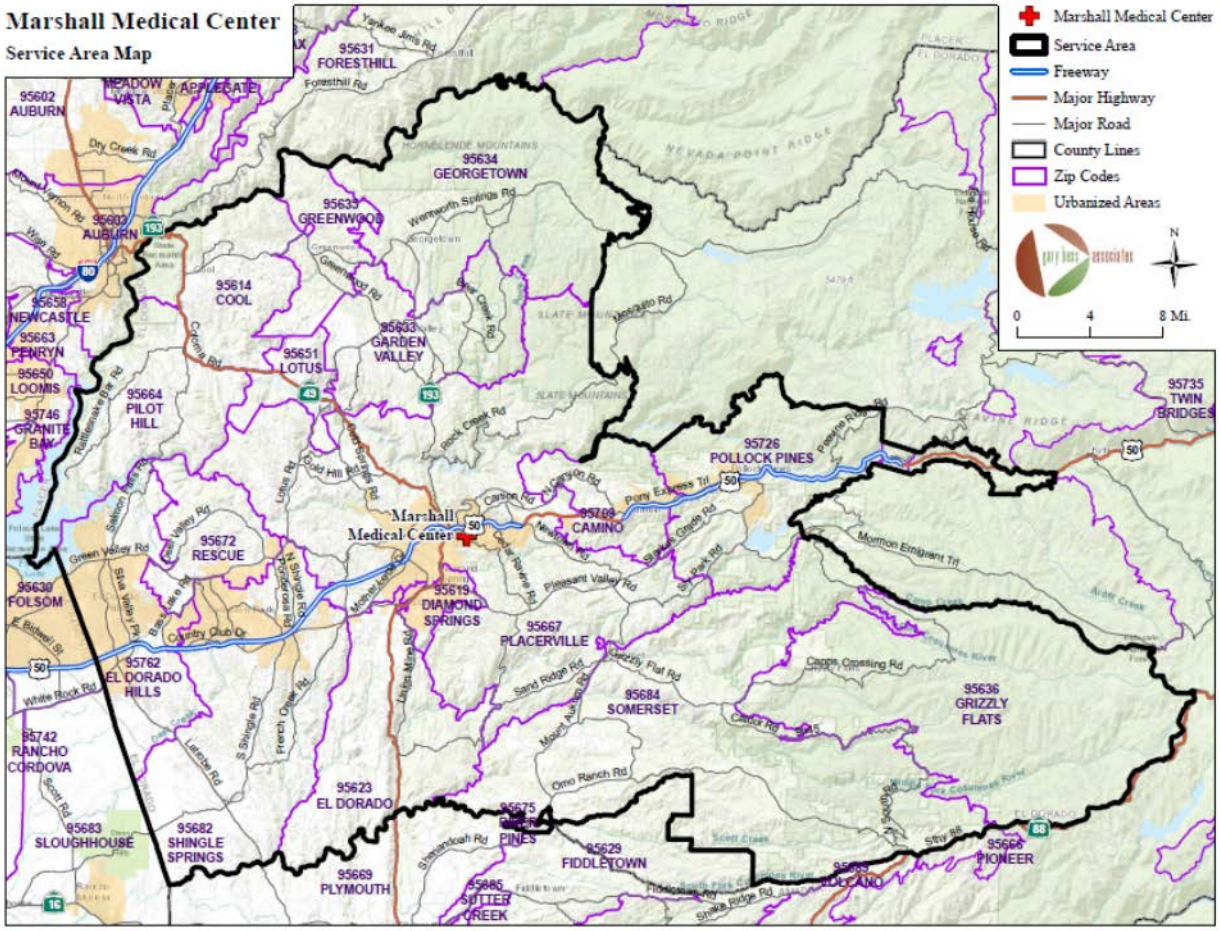
Marshall Medical Center is located at 1100 Marshall Way, Placerville, California, 95667. The service area includes 17 ZIP Codes, representing cities or communities in El Dorado County and Amador County (River Pines). The Marshall Medical Center service area is presented below by community and ZIP Code, and was determined from the ZIP Codes that reflect a majority of patient admissions from the local geographic area.

Marshall Medical Center Service Area

Geographic Area	ZIP Code
Camino/Apple Hill	95709
Cool	95614
Diamond Springs	95619
El Dorado Hills	95762
Garden Valley	95633
Georgetown	95634
Greenwood	95635
Grizzly Flats	95636
Kingsville/Nashville	95623
Lotus	95651
Pilot Hill	95664
Placerville	95667
Pollock Pines	95726

Geographic Area	ZIP Code
Rescue	95672
River Pines	95675
Shingle Springs/Cameron Park	95682
Somerset	95684

The Caldor Fire, which started near the service area community of Pollock Pines on August 14, 2021 and was reported fully contained on October 21, 2021, burned through sections of the service area, and areas to the east and north, destroying 1,003 structures and damaging 81 more. The service area community of Grizzly Flats, in particular, was severely impacted by this fire, with a majority of its homes damaged or destroyed. *Calfire map of structures damaged or destroyed in the Caldor Fire.* Changes to the area population and the fire's multiple other effects on the service area are outside the scope of this report, due to its' recency and a lack of reliable published data to-date.



Project Oversight

The Community Health Needs Assessment process was overseen by:
Martin Entwistle, MD
Associate Chief Medical Officer
Vice President, Population Health and Ancillary Services
Marshall Medical Center

Consultant

Biel Consulting, Inc. conducted the CHNA. Dr. Melissa Biel was joined by Sevanne Sarkis, JD, MHA, MEd, and Denise Flanagan, BA to complete the data collection. Biel Consulting, Inc. has over 25 years of experience conducting CHNAs and working with hospitals on developing, implementing, and evaluating community benefit programs. www.bielconsulting.com

Board Approval

The Marshall Medical Center Board of Directors approved this report on September 22, 2022.

Data Collection Methodology

Secondary Data Collection

Secondary data were collected from a variety of local, county, and state sources to present community demographics, social determinants of health, access to health care, birth indicators, leading causes of death, COVID-19, acute and chronic disease, health behaviors, mental health, substance use and preventive practices. Where available, these data are presented in the context of El Dorado County and California, framing the scope of an issue as it relates to the broader community.

Secondary data for the service area were collected and documented in data tables with narrative explanation. The data tables present the data indicator, the geographic area represented, the data measurement (e.g., rate, number, or percent), county and state comparisons (when available), the data source, data year and an electronic link to the data source. In some cases, data sets from public sources do not total 100%. In these cases, the data remained as reported by the data source.

Analysis of secondary data includes an examination and reporting of health disparities for some health indicators. The report includes benchmark comparison data that measure the data findings as compared to Healthy People 2030 objectives, where appropriate. Healthy People objectives are a national initiative to improve the public's health by providing measurable objectives that are applicable at national, state, and local levels.

Significant Community Needs

Initially, significant health needs were identified through a review of the secondary health data collected. The identified significant needs included:

- Access to care
- Chronic diseases
- COVID-19
- Environmental conditions
- Food insecurity
- Housing/homelessness
- Mental health
- Overweight/obesity
- Preventive practices
- Substance use
- Unintentional injuries

Primary Data Collection

Marshall conducted interviews with community stakeholders and surveys with community residents to obtain input on health needs, barriers to care and resources available to address the identified health needs.

Interviews

Seventeen (17) phone interviews were conducted during June 2022. Community stakeholders identified by the hospital were contacted and asked to participate in the needs assessment interviews. Interview participants included a broad range of stakeholders concerned with health and wellbeing in the service area of El Dorado County, who spoke to issues and needs in the communities served by the hospital.

The identified stakeholders were invited by email to participate in the phone interview. Appointments for the interviews were made on dates and times convenient to the stakeholders. At the beginning of each interview, the purpose of the interview in the context of the assessment was explained, the stakeholders were assured their responses would remain confidential, and consent to proceed was given.

During the interviews, participants were asked to share their perspectives on the issues, challenges and barriers relative to the identified health needs (What makes each health need a significant issue in the community? What are the challenges people face in addressing these needs?), along with identifying known resources to address these health needs, such as services, programs and/or community efforts. Attachment 2 lists the stakeholder interview respondents, their titles and organizations. Attachment 3 provides stakeholder responses to the interview overview questions.

Surveys

Marshall distributed a survey to engage community residents. The survey was available in an electronic format through a SurveyMonkey link. The survey link was available from June 6 to July 11, 2022. During this time, 62 usable surveys were collected. The surveys were distributed through hospital channels including social media. The survey was also distributed to community partners who made them available to their clients. A written introduction explained the purpose of the survey and assured participants the survey was voluntary, and they would remain anonymous.

Survey questions focused on the following topics:

- Biggest health issues in the community
- Groups most impacted by community issues
- Where people access routine health care services
- Reasons for not having health coverage/insurance

- Reasons for delaying needed health care
- Conditions in the community have a negative impact
- Priority ranking of community needs

The community survey responses are detailed in Attachment 4.

Public Comment

In compliance with IRS regulations 501(r) for charitable hospitals, a hospital CHNA and Implementation Strategy are to be made widely available to the public and public comment is to be solicited. The previous CHNA and Implementation Strategy were made widely available to the public on the website and can be accessed at https://www.marshallmedical.org/about-us/community-benefit/. To date, no comments have been received.

Prioritization of Significant Needs

The identified significant community needs were prioritized with input from the community. Interviews with community stakeholders were used to gather input on the significant needs. The following criteria were used to prioritize the significant needs:

- The perceived severity of a health or community issue as it affects the health and lives of those in the community.
- Improving or worsening of an issue in the community.
- Availability of resources to address the need.
- The level of importance the hospital should place on addressing the issue.

Each of the stakeholder interviewees was sent a link to an electronic survey (SurveyMonkey) in advance of the interview. The stakeholders were asked to rank each identified need. The percentage of responses was noted as those that identified the need as having severe or very severe impact on the community, had worsened over time, and had a shortage or absence of resources available in the community. Not all survey respondents answered every question, therefore, the response percentages were calculated based on respondents only and not on the entire sample size. Substance use, COVID-19, housing and homelessness and mental health had the highest scores for severe and very severe impact on the community. Housing and homelessness, substance use and mental health were the needs with the highest scores for worsened over time. Substance use, housing and homelessness and mental health had the highest scores for insufficient resources available to address the need.

Significant Health Needs	Severe and Very Severe Impact on the Community	Worsened Over Time	Insufficient or Absent Resources
Access to health care	84.6%	15.4%	76.9%
Chronic disease	15.4%	25%	16.7%
COVID-19	92.3%	30.8%	23.1%
Environmental conditions	41.7%	33.3%	36.4%
Food insecurity	53.8%	61.5%	38.5%
Housing and homelessness	92.3%	100%	92.3%
Mental health	92.3%	92.3%	92.3%
Overweight and obesity	46.2%	38.5%	46.2%
Preventive practices	53.9%	38.5%	53.9%
Substance use	100%	100%	100%
Unintentional injuries	7.7%	16.7%	0%

The interviewees were also asked to prioritize the health needs according to highest level of importance in the community. The total score for each significant need (possible

score of 4) was divided by the total number of responses for which data were provided, resulting in an overall score for each significant need. Housing and homelessness, mental health, substance use and access to health care were ranked as the top four priority needs in the service area. Calculations resulted in the following prioritization of the significant needs.

Significant Needs	Priority Ranking (Total Possible Score of 4)
Housing and homelessness	3.92
Mental health	3.92
Substance use	3.83
Access to health care	3.77
Chronic disease	3.36
Overweight and obesity	3.31
Preventive practices	3.31
Food insecurity	3.23
COVID-19	3.08
Environmental conditions	3.08
Unintentional injuries	2.91

These priority needs were compared to the priority needs from the previous CHNA in 2019. Housing and homelessness and COVID-19 were new significant needs identified in 2022. And housing and homelessness was ranked the top need in 2022. Community safety was identified as a significant need in 2019 but not in 2022.

Significant Needs	Ranking 2022	Ranking 2019
Housing and homelessness	1	New to 2022
Mental health	2	2
Substance use	3	1
Access to health care	4	3
Chronic disease	5	4
Community safety	Not included in 2022	5
Overweight and obesity	6	6
Preventive practices	7	9
Food insecurity	8	10
COVID-19	9	New to 2022
Environmental conditions/pollution	10	8
Unintentional injuries	11	7

Community input on these health needs is detailed throughout the CHNA report.

Community residents were also asked to prioritize the significant needs through a survey by indicating the level of importance the hospital should place on addressing these community needs. The percentage of persons who identified a need as very

important or important was divided by the total number of responses for which a response was provided, resulting in an overall percentage score for each significant need. The survey respondents listed the top five important community needs as: chronic conditions, access to health care, mental health, preventive practices, and substance use.

Significant Needs	Important and Very Important
Chronic conditions	98.4%
Access to health care	96.7%
Mental health	95.1%
Preventive practices (vaccines and screenings)	89.8%
Substance use	86.7%
Overweight and obesity	81.9%
Unintentional injuries (accidents, falls, poisonings, etc.)	75.0%
COVID-19	72.1%
Housing and homelessness	54.1%
Environmental Pollution	54.1%
Food insecurity	50.8%

Resources to Address Significant Needs

Community stakeholders identified community resources potentially available to address the significant community needs. The identified community resources are presented in Attachment 5.

Review of Progress

Marshall's last CHNA was conducted in 2019. Significant needs were identified from issues supported by primary and secondary data sources gathered for the CHNA. The hospital's Implementation Strategy associated with the 2019 CHNA focused on action in the following priority areas:

- Behavioral health (includes mental health and substance use)
- Chronic disease prevention, management, and treatment
- Support for the health and welfare of the community

Annual action plans have been created and implemented and the impact of the actions that Marshall used to address these significant needs can be found in Attachment 6.

The review of progress shows that despite our continued efforts these needs remain as top priorities for action. These priority areas have significant structural challenges that make it hard to improve outcomes. Coordination of action in the community is needed to further increase the impact of our interventions. Given the ongoing high need, it would suggest that Marshall should remain focused on these priorities. Additionally, access to

health care continues to be a top priority in the hospital service area. Marshall will explore strategies to improve access to care in support for the health and welfare of the community.

Community Demographics

Population

The population of the Marshall service area is 158,730.

Population and Population Density

	Total Population	Total Land Area (Square Miles)	Population Density (Per Square Mile)
Marshall Service Area	158,730	962.71	164.9
El Dorado County	188,563	1,707.86	110.4
California	39,283,497	155,792.65	252.2

Source: U.S. Census Bureau, American Community Survey, 2015-2019, DP05. http://data.census.gov/.
Source geography: CARES Engagement Network. (defunct) via 2019 Marshall Medical Center CHNA.

From 2014 to 2019, the population of the service area increased by 4.1%, which is higher than the 3.9% increase in population countywide.

Total Population and Change in Population, 2014-2019

	Marshall Service Area	El Dorado County	California
Total estimated population	158,730	188,563	39,283,497
Change in population, 2014-2019	4.1%	3.9%	3.2%

Source: U.S. Census Bureau, American Community Survey, 2010-2014 & 2015-2019, DP05. http://data.census.gov/

While data from the 2020 U.S. Census is not yet available at the city or ZIP Code level, population data for El Dorado County shows a 5.6% increase in population from the 2010 Census, while the state showed a 6.1% rate of population growth.

Total Population and Change in Population, 2010-2020

	El Dorado County	California
Total population, 2020	191,185	39,538,223
Change in population, 2010-2020	5.6%	6.1%

Source: U.S. Census Bureau, U.S. Decennial Census, 2010-2020. https://www.census.gov/library/visualizations/interactive/2020-population-and-housing-state-data.html

Of the area population, 49.2% are male and 50.8% are female.

Population, by Gender

	Marshall Service Area	El Dorado County	California
Male	49.2%	49.8%	49.7%
Female	50.8%	50.2%	50.3%

Source: U.S. Census Bureau, American Community Survey, 2015-2019, DP05. http://data.census.gov/

In El Dorado County, 94.7% of the adult population identify as straight or heterosexual, and 99.2% as cisgender, or not transgender.

Population, by Sexual Orientation and Gender Identity, Adults

	El Dorado County	California
Straight or heterosexual	94.7%	92.0%
Gay, lesbian or homosexual	*1.9%	2.7%
Bisexual	*1.7%	3.4%
Not sexual/celibate/none/other	*0.7%	1.9%
Cisgender/not transgender	*99.2%	99.5%
Transgender/gender non-conforming	*0.8%	0.5%

Source: California Health Interview Survey, 2015-2020 combined. http://ask.chis.ucla.edu/ *Statistically unstable due to sample size.

Children and youth, ages 0-17, are 20.6% of the service area population. 57.9% are adults, ages 18-64, and 21.5% of the population is seniors, ages 65 and older. The service area has fewer children, youth and younger adults, and a higher percentage of residents, 45 years and older, than the state. Of particular note is the high rate of seniors, ages 65 and over, in the hospital service area (21.5%) compared to the county (20.5%) and the state (14%).

Population, by Age

	Marshall Service Area		El Dorado County		California	
	Number	Percent	Number	Percent	Number	Percent
Age 0-4	7,029	4.4%	8,670	4.6%	2,451,528	6.2%
Age 5-17	25,631	16.1%	29,252	15.5%	6,570,618	16.7%
Age 18-24	10,640	6.7%	13,613	7.2%	3,789,808	9.6%
Age 25-44	31,187	19.6%	40,170	21.3%	11,173,751	28.4%
Age 45-64	50,081	31.6%	58,288	30.9%	9,811,751	25.0%
Age 65+	34,162	21.5%	38,570	20.5%	5,486,041	14.0%

Source: U.S. Census Bureau, American Community Survey, 2015-2019, DP05. http://data.census.gov/

In the service area, Garden Valley has the largest percentage of youth, ages 0-17 (30.2%). Prior to the Caldor Fire, Grizzly Flats had the highest percentage of seniors, ages 65 and older (35.5%), followed closely by River Pines (35%) and Somerset (34.8%).

Population, by Youth, Ages 0-17, and Seniors, Ages 65 and Older

	ZIP Code	Total Population	Youth Ages 0 – 17	Seniors Ages 65+
Camino/Apple Hill	95709	5,498	20.6%	25.1%
Cool	95614	4,359	18.1%	20.6%
Diamond Springs	95619	5,718	22.2%	21.3%
El Dorado Hills	95762	43,052	26.0%	16.8%
Garden Valley	95633	4,188	30.2%	13.7%
Georgetown	95634	3,559	19.3%	25.6%
Greenwood	95635	1,058	7.7%	22.5%
Grizzly Flats	95636	1,195	17.7%	35.5%
Kingsville/Nashville	95623	3,665	12.4%	22.9%

	ZIP Code	Total Population	Youth Ages 0 – 17	Seniors Ages 65+
Lotus	95651	624	16.5%	2.2%
Pilot Hill	95664	1,603	18.2%	17.8%
Placerville	95667	36,487	17.2%	25.4%
Pollock Pines	95726	8,449	18.2%	18.7%
Rescue	95672	5,266	18.0%	21.8%
River Pines	95675	566	3.7%	35.0%
Shingle Springs/Cameron Park	95682	30,314	19.8%	22.7%
Somerset	95684	3,129	12.5%	34.8%
Marshall Service Area		**158,730**	**20.6%**	**21.5%**
El Dorado County		**188,563**	**20.1%**	**20.5%**
California		**39,283,497**	**23.0%**	**14.0%**

Source: U.S. Census Bureau, American Community Survey, 2015-2019, DP05. http://data.census.gov/

Race/Ethnicity

In the service area, 80.1% of the population is White, 10.6% is Hispanic/Latino, 4.3% is Asian, 0.8% is Black/African American, and the remaining 4.2% are American Indian/Alaskan Native, Native Hawaiian/Pacific Islander, some other race, or multiple races. When compared to the state, the service area has a higher percentage of Whites and a lower percentage of Hispanics/Latinos, Asians, and Blacks/African-Americans.

Race/Ethnicity

	Marshall Service Area	El Dorado County	California
White	80.1%	77.8%	37.2%
Hispanic/Latino	10.6%	12.8%	39.0%
Asian	4.3%	4.5%	14.3%
Multiracial	3.2%	3.1%	3.0%
Black/African American	0.8%	0.8%	5.5%
American Indian/Alaska Native	0.6%	0.5%	0.4%
Native Hawaiian/Pacific Islander	0.3%	0.3%	0.4%
Some other race	0.2%	0.2%	0.3%

Source: U.S. Census Bureau, American Community Survey, 2015-2019, DP05. http://data.census.gov/

In the service area, Cool has the highest percentage of Whites (95.1%). The highest percentage of Hispanics/Latinos is found in Rescue (18.6%), followed by Greenwood (17.5%). El Dorado Hills has the highest percentage of Asians (10.5%) and River Pines has the highest percentage of Blacks/African-Americans (3.7%).

Race/Ethnicity, by ZIP Code

	ZIP Code	White	Hispanic/ Latino	Asian	Black/ African American
Camino/Apple Hill	95709	87.6%	6.3%	2.7%	0.0%
Cool	95614	95.1%	2.2%	0.3%	0.0%
Diamond Springs	95619	80.4%	14.2%	2.0%	0.0%
El Dorado Hills	95762	74.3%	8.4%	10.5%	1.3%
Garden Valley	95633	88.1%	7.9%	1.4%	0.9%

	ZIP Code	White	Hispanic/ Latino	Asian	Black/ African American
Georgetown	95634	83.4%	13.9%	1.3%	0.3%
Greenwood	95635	79.7%	17.5%	0.6%	2.3%
Grizzly Flats	95636	73.6%	15.7%	0.0%	0.0%
Kingsville/Nashville	95623	88.1%	4.7%	3.5%	0.4%
Lotus	95651	74.8%	4.0%	2.4%	0.3%
Pilot Hill	95664	88.5%	2.3%	0.8%	0.0%
Placerville	95667	83.7%	10.7%	1.9%	0.5%
Pollock Pines	95726	82.6%	9.1%	1.7%	0.6%
Rescue	95672	73.1%	18.6%	2.6%	0.3%
River Pines	95675	75.1%	6.0%	0.0%	3.7%
Shingle Springs/Cameron Park	95682	78.8%	14.6%	2.5%	0.9%
Somerset	95684	79.6%	11.9%	1.6%	0.5%
Marshall Service Area		**80.1%**	**10.6%**	**4.3%**	**0.8%**
El Dorado County		**77.8%**	**12.8%**	**4.5%**	**0.8%**
California		**37.2%**	**39.0%**	**14.3%**	**5.5%**

Source: U.S. Census Bureau, American Community Survey, 2015-2019, DP05. http://data.census.gov/

Language

English is spoken in the home among 90.2% of the service area population. Spanish is spoken in the home among 4.1% of the population, 2.8% of the population speaks an Indo-European language, and 2.5% of the population speaks an Asian or Pacific Islander language in the home.

Language Spoken at Home, Population 5 Years and Older

	Marshall Service Area	El Dorado County	California
Population, 5 years and older	**151,701**	**179,893**	**36,831,969**
Speaks English	90.2%	87.8%	55.8%
Speaks Spanish	4.1%	6.3%	28.7%
Speaks non-Spanish Indo-European language	2.8%	2.7%	4.5%
Speaks Asian or Pacific Islander language	2.5%	2.7%	10.0%
Speaks other language	0.4%	0.4%	1.0%

Source: U.S. Census Bureau, American Community Survey, 2015-2019, DP02. http://data.census.gov/

Rescue (8.9%) and Shingle Springs/Cameron Park (5.4%) have the highest percentage of Spanish speakers in the service area. El Dorado Hills (4.8%) and Rescue (4%) have the highest percentage of Indo-European language speakers. El Dorado Hills (6.8%) has the highest percentage of Asian/Pacific Island languages spoken at home. English was spoken in 98.6% of Grizzly Flats and 98.3% of Pollock Pines homes.

Language Spoken at Home, by ZIP Code

	ZIP Code	English	Spanish	Other Indo European	Asian/ Pacific Islander
Camino/Apple Hill	95709	96.3%	2.1%	0.7%	0.9%
Cool	95614	97.6%	0.2%	2.2%	0.0%
Diamond Springs	95619	92.9%	4.9%	1.2%	0.7%
El Dorado Hills	95762	84.8%	3.2%	4.8%	6.8%
Garden Valley	95633	94.2%	3.0%	2.8%	0.0%
Georgetown	95634	93.0%	3.8%	2.4%	0.8%
Greenwood	95635	95.0%	1.7%	2.7%	0.6%
Grizzly Flats	95636	98.6%	1.4%	0.0%	0.0%
Kingsville/Nashville	95623	93.1%	3.7%	0.0%	3.2%
Lotus	95651	92.8%	0.2%	1.3%	1.1%
Pilot Hill	95664	94.5%	3.1%	1.5%	0.8%
Placerville	95667	91.8%	5.2%	1.5%	1.0%
Pollock Pines	95726	98.3%	0.6%	0.8%	0.4%
Rescue	95672	84.5%	8.9%	4.0%	0.5%
River Pines	95675	94.7%	5.3%	0.0%	0.0%
Shingle Springs/Cameron Park	95682	89.3%	5.4%	3.7%	1.3%
Somerset	95684	96.3%	3.3%	0.1%	0.4%
Marshall Service Area		**90.2%**	**4.1%**	**2.8%**	**2.5%**
El Dorado County		**87.8%**	**6.3%**	**2.7%**	**2.7%**
California		**55.8%**	**28.7%**	**4.5%**	**10.0%**

Source: U.S. Census Bureau, American Community Survey, 2015-2019, DP02. http://data.census.gov/

The California Department of Education publishes rates of "English Learners," defined as the percentage of students whose primary language is not English and who lack sufficient English-language skills necessary for academic success. In El Dorado County school districts, the percentage of students who were classified as English Learners was 6.4%. Among area school districts English Learners ranged from 0% in Latrobe School District to 15.7% of students in Camino Union Elementary School District.

English Learners

	Number	Percent
Black Oak Mine Unified School District	13	1.0%
Buckeye Union Elementary School District	353	4.0%
Camino Union Elementary School District	69	15.7%
El Dorado Union High School District	98	1.4%
Gold Oak Union Elementary School District	7	1.5%
Gold Trail Union Elementary School District	15	2.3%
Latrobe School District	0	0.0%
Mother Lode Union Elementary School District	149	14.5%
Pioneer Union Elementary School District	3	5.4%
Placerville Union Elementary School District	153	11.6%
Pollock Pines Elementary School District	10	1.6%
Rescue Union Elementary School District	155	4.2%

	Number	Percent
El Dorado County	**1,986**	**6.4%**
California	**1,148,024**	**18.6%**

Source: California Department of Education DataQuest, 2019-2020. http://dq.cde.ca.gov/dataquest/

Veterans

In the service area, 9.6% of the civilian population, 18 years and older, are veterans. This is higher than county (9%) and state (5.2%) rates. Rates were highest in Georgetown (13.6%) and Grizzly Flats (13.5%).

Veteran Status

	Marshall Service area	El Dorado County	California
Veterans	9.6%	9.0%	5.2%

Source: U.S. Census Bureau, American Community Survey, 2015-2019, DP02. http://data.census.gov/

Citizenship

In the Marshall service area, 7.8% of the population is foreign-born, which is a lower rate than in the county (9.2%) or state (26.8%). Of the foreign-born, 36.9% are not citizens. It is important to note that not being a U.S. citizen does not indicate an illegal resident status within the U.S.

Foreign-Born Residents and Citizenship

	Marshall Service Area	El Dorado County	California
Foreign born	7.8%	9.2%	26.8%
Of foreign born, not a U.S. citizen	36.9%	40.2%	48.3%

Source: U.S. Census Bureau, American Community Survey, 2015-2019, DP02. http://data.census.gov/

Social Determinants of Health

Social and Economic Factors Ranking

The County Health Rankings examine social and economic indicators contributors to the health of a county's residents. California's counties are ranked according to social and economic factors with a 1 to 58 ranking system for the best (1) to the poorest (58) ranked counties. This ranking examines high school graduation rates, unemployment, children in poverty, social support, and other factors. El Dorado County is ranked as 8, in the top 15% of California counties.

Social and Economic Factors Ranking

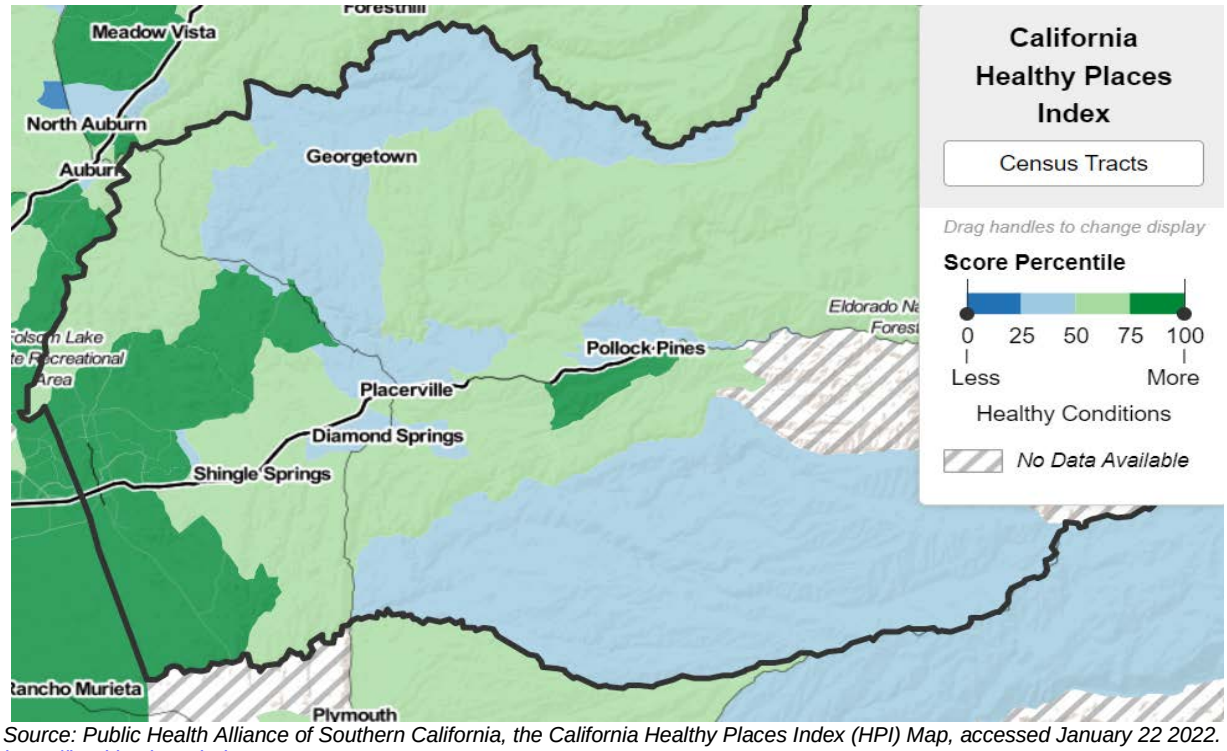
	County Ranking (out of 57)
El Dorado County	8

Source: County Health Rankings, 2021. www.countyhealthrankings.org

California Healthy Places Index

The California Healthy Places Index (HPI) is a measure of socioeconomic need that is correlated with poor health outcomes. It combines 25 community characteristics into a single indexed HPI score available at the census tract level or aggregated for larger areas. In addition to the overall score, the index also contains eight sub-scores for each of the Policy Action Areas: economic, education, transportation, social, neighborhood, health care access, housing and clean environment. The index was created using statistical modeling techniques that evaluated the relationship between these Policy Action Areas and life expectancy at birth, and was designed to maximize the ability of the HPI to identify healthy communities and quantify the factors that shape health.

The HPI map displays the Marshall service area and surrounding areas. The data are presented in colored quartiles (dark blue, light blue, light green and dark green). Blue shading indicates the census tracts with the least healthy conditions and the dark green shading shows the census tracts with the healthiest conditions. (The gray hatched sections represent missing data.)



Source: Public Health Alliance of Southern California, the California Healthy Places Index (HPI) Map, accessed January 22 2022. https://healthyplacesindex.org

The 2021 SocioNeeds Index is a measure of socioeconomic need that is correlated with poor health outcomes. All ZIP Codes, counties, and county equivalents in the United States are given an Index Value from 0 (low need) to 100 (high need). To find the areas of highest need, the selected locations are ranked from 1 (low need) to 5 (high need) based on their Index Value as compared to all El Dorado County ZIP Codes. The service area communities with the highest Index Value (highest socioeconomic need), even prior to the Caldor Fire, were Grizzly Flats and Somerset. The communities with the lowest socioeconomic need were Rescue and El Dorado Hills.

SocioNeeds Index Value and Ranking

	ZIP Code	Index Value (0-100)	Ranking (1-5)
Grizzly Flats	95636	75.0	5
Somerset	95684	63.7	5
Georgetown	95634	44.2	4
Diamond Springs	95619	40.4	4
Garden Valley	95633	34.3	4
Camino/Apple Hill	95709	32.7	4
Greenwood	95635	32.3	4
Pollock Pines	95726	31.9	4
Kingsville/Nashville	95623	25.7	3
Placerville	95667	24.4	3
Lotus	95651	15.9	2
Pilot Hill	95664	13.8	2
Shingle Springs/Cameron Park	95682	12.9	2
Cool	95614	10.1	2

	ZIP Code	Index Value (0-100)	Ranking (1-5)
Rescue	95672	5.3	1
El Dorado Hills	95762	1.8	1

Source: 2021 SocioNeeds Index, https://www.conduent.com/community-population-health/ Accessed from wELI Dorado County. http://www.welldorado.org/.River Pines is located in Amador County, which does not have SocioNeeds Index values posted there.

Poverty

The Census Bureau annually updates official poverty population statistics. For 2019, the Federal Poverty Level (FPL) was set at an annual income of $13,011 for one person and $25,926 for a family of four. Among the residents represented in the hospital service area, 7.9% have incomes <100% of the Federal Poverty Level, compared to 8.4% at the county and 13.4% at the state level.

When examined by ZIP Code, poverty rates are highest among residents of Garden Valley (20.5%) and Camino/Apple Hill (19%). 18.6% of residents in the service area are low-income (defined as earning less than 200% of the FPL). The low-income population is highest in Georgetown (45.3%).

Poverty Levels, <100% FPL and <200% FPL, by ZIP Code

	ZIP Code	<100% FPL	<200% FPL
Camino/Apple Hill	95709	19.0%	28.3%
Cool	95614	6.7%	10.8%
Diamond Springs	95619	6.4%	25.6%
El Dorado Hills	95762	3.2%	8.5%
Garden Valley	95633	20.5%	35.0%
Georgetown	95634	9.8%	45.3%
Greenwood	95635	12.1%	29.9%
Grizzly Flats	95636	8.7%	18.6%
Kingsville/Nashville	95623	4.2%	14.4%
Lotus	95651	0.6%	5.0%
Pilot Hill	95664	2.6%	24.1%
Placerville	95667	10.1%	22.4%
Pollock Pines	95726	13.0%	23.9%
Rescue	95672	5.0%	8.9%
River Pines	95675	0.0%	26.1%
Shingle Springs/Cameron Park	95682	7.6%	19.9%
Somerset	95684	14.7%	36.5%
Marshall Service Area		**7.9%**	**18.6%**
El Dorado County		**8.4%**	**20.5%**
California		**13.4%**	**31.0%**

Source: U.S. Census Bureau, American Community Survey, 2015-2019, S1701. http://data.census.gov/

9% of service area children, under age 18, are living in poverty. In Camino/Apple Hill, 44.1% of children live in poverty and in Garden Valley, 31.5% of children live in poverty. Among service area seniors, 5.4% are living in poverty. In Somerset, 10.1% of seniors live in poverty. Among Females who are Head of Household (HoH), with children under

age 18, 29.8% in the service area are in poverty. 100% of families in Garden Valley and Grizzly Flats with female HoH live in poverty.

Poverty Levels of Children, Seniors, and Female Heads of Household with Children

	ZIP Code	Children Under Age 18	Seniors, Age 65 and Older	Female HoH with Children *
Camino/Apple Hill	95709	44.1%	4.8%	59.1%
Cool	95614	3.3%	2.0%	0.0%
Diamond Springs	95619	6.3%	8.6%	38.6%
El Dorado Hills	95762	2.2%	2.5%	11.3%
Garden Valley	95633	31.5%	8.7%	100.0%
Georgetown	95634	0.0%	9.2%	0.0%
Greenwood	95635	0.0%	0.0%	0.0%
Grizzly Flats	95636	12.8%	4.5%	100.0%
Kingsville/Nashville	95623	7.5%	3.2%	53.2%
Lotus	95651	0.0%	0.0%	N/A
Pilot Hill	95664	0.0%	0.0%	0.0%
Placerville	95667	8.7%	8.0%	28.2%
Pollock Pines	95726	16.7%	1.7%	54.7%
Rescue	95672	5.6%	1.8%	79.0%
River Pines	95675	0.0%	0.0%	N/A
Shingle Springs/Cameron Park	95682	11.4%	5.9%	30.5%
Somerset	95684	26.0%	10.1%	32.5%
Marshall Service Area		**9.0%**	**5.4%**	**29.8%**
El Dorado County		**9.6%**	**5.7%**	**29.6%**
California		**18.1%**	**10.2%**	**33.1%**

*Source: U.S. Census Bureau, American Community Survey, 2015-2019, S1701 & *S1702. http://data.census.gov/*
Care should be taken when interpreting rates for a ZIP Code with a small population. N/A = No person(s) meeting that demographic, or none for whom poverty status can be determined.

Unemployment

The unemployment rate in the service area is 5.3%, which is lower than the county (5.5%) and state (6.1%) rates. The service area cities with the highest unemployment rates are River Pines (36.4%) and Grizzly Flats (33.3%). No members of the civilian labor force in Pilot Hill reported being unemployed.

Employment Status, Ages 16 and Older

	ZIP Codes	Civilian Labor Force	Unemployed	Unemployment Rate
Camino/Apple Hill	95709	2,461	139	5.6%
Cool	95614	2,021	66	3.3%
Diamond Springs	95619	2,419	171	7.1%
El Dorado Hills	95762	20,422	898	4.4%
Garden Valley	95633	1,734	138	8.0%
Georgetown	95634	1,382	193	14.0%
Greenwood	95635	648	17	2.6%

	ZIP Codes	Civilian Labor Force	Unemployed	Unemployment Rate
Grizzly Flats	95636	348	116	33.3%
Kingsville/Nashville	95623	1,880	101	5.4%
Lotus	95651	357	21	5.9%
Pilot Hill	95664	666	0	0.0%
Placerville	95667	16,624	787	4.7%
Pollock Pines	95726	3,990	201	5.0%
Rescue	95672	2,575	63	2.4%
River Pines	95675	198	72	36.4%
Shingle Springs/Cameron Park	95682	13,929	750	5.4%
Somerset	95684	1,187	134	11.3%
Marshall Medical Center Service Area		**72,841**	**3,867**	**5.3%**
El Dorado County		**90,018**	**4,917**	**5.5%**
California		**19,790,474**	**1,199,233**	**6.1%**

Source: U.S. Census Bureau, American Community Survey, 2015-2019, DP03. http://data.census.gov/

Free and Reduced-Price Meals

The Free and Reduced-Price Meal Program is a federally assisted meal program that provides free, nutritionally balanced meals to children whose families meet eligibility income requirements. In the county, 30.9% of children qualify for free or reduced-price meals. In area school districts, eligibility ranged from 9.5% of students in the Latrobe School District to 94.6% in the Pioneer Union Elementary School District.

Free and Reduced-Price Meals Eligibility

	Percent Eligible Students
Black Oak Mine Unified School District	45.3%
Buckeye Union Elementary School District	23.9%
Camino Union Elementary School District	51.4%
El Dorado Union High School District	20.8%
Gold Oak Union Elementary School District	39.2%
Gold Trail Union Elementary School District	27.8%
Latrobe School District	9.5%
Mother Lode Union Elementary School District	57.5%
Pioneer Union Elementary School District	94.6%
Placerville Union Elementary School District	55.2%
Pollock Pines Elementary School District	53.3%
Rescue Union Elementary School District	15.2%
El Dorado County	**30.9%**
California	**59.3%**

Source: California Department of Education, 2019-2020.http://data1.cde.ca.gov/dataquest/

Households

Numerous factors impact and constrain household formation, including housing costs, income, employment, marriage and children, and other considerations. In addition, there is a need for vacant units – both for sale and for rent – in a well-functioning housing market, to enable prospective buyers or renters to find a unit matching their needs and to give prospective sellers the confidence to list their homes in the belief that they will

find replacement housing. Freddie Mac estimates that the vacancy rate should be 13% to allow for these needs to be met. (Source: *http://www.freddiemac.com/research/insight/20181205 major_challenge_to_u.s._housing_supply.page*)

In the service area, prior to the Caldor Fire, there were 59,002 households and 63,653 housing units. From 2014 to 2019, the population rose by 4.1%, but the number of households grew at a rate of 6.1% (suggesting easing of constraints on housing formation). Housing units grew at a rate of 2%, and vacant units decreased by 31.9%. Owner-occupied housing increased by 8.9% and the percentage of occupied housing that was rented decreased by 4% from 2014 levels. The service area has a lower rate of vacancy and a higher rate of owning versus renting compared to the county and the state.

Households and Housing Units, Percent Change, 2014-2019

	Marshall Service Area			El Dorado County	California
	2014	2019	Percent Change	Percent Change	Percent Change
Housing units	62,413	63,653	2.0%	2.1%	2.9%
Vacant	6,829	4,651	-31.9%	-9.0%	-2.8%
Households	55,584	59,002	6.1%	5.6%	3.4%
Owner occ.	43,601	47,497	8.9%	7.9%	3.6%
Renter occ.	11,983	11,505	-4.0%	-0.9%	3.2%

Source: U.S. Census Bureau, American Community Survey, 2010-2014 & 2015-2019, DP04. http://data.census.gov/

Median Household Income

Household income is defined as the sum of money received over a calendar year by all household members, 15 years and older. Median household income reflects the relative affluence and prosperity of an area. The weighted mean of the median household income in the service area is $93,664, which is higher than the county ($83,377) and state ($75,235). Median household income in the service area ranged from $40,670 in River Pines to $176,250 in Lotus.

Median Household Income

	ZIP Code	Households	Median Household Income
Camino/Apple Hill	95709	2,090	$79,483
Cool	95614	1,690	$99,529
Diamond Springs	95619	2,159	$68,614
El Dorado Hills	95762	14,577	$142,453
Garden Valley	95633	1,376	$74,884
Georgetown	95634	1,386	$52,868
Greenwood	95635	441	$56,488
Grizzly Flats	95636	545	$50,757
Kingsville/Nashville	95623	1,505	$75,669
Lotus	95651	219	$176,250

	ZIP Code	Households	Median Household Income
Pilot Hill	95664	578	$72,153
Placerville	95667	14,335	$71,705
Pollock Pines	95726	3,317	$75,774
Rescue	95672	1,953	$103,708
River Pines	95675	217	$40,670
Shingle Springs/Cameron Park	95682	11,309	$87,347
Somerset	95684	1,305	$50,475
Marshall Service Area		**59,002**	***$93,664**
El Dorado County		**70,974**	**$83,377**
California		**13,044,266**	**$75,235**

*Source: U.S. Census Bureau, American Community Survey, 2015-2019, DP03. http://data.census.gov/ *Weighted mean of the medians.*

According to the US Department of Housing and Urban Development, those who spend more than 30% of their income on housing are said to be “cost burdened.” 34% of owner and renter-occupied households in the service area spend 30% or more of their income on housing. The service area city with the highest percentage of households that spend 30% or more of their income on housing was Grizzly Flats (45.9%). The community with the lowest percentage of households spending 30% or more of their income on housing was Lotus (9.6%).

Households that Spend 30% or More of Income on Housing

	ZIP Code	Percent
Camino/Apple Hill	95709	35.5%
Cool	95614	31.4%
Diamond Springs	95619	30.5%
El Dorado Hills	95762	30.2%
Garden Valley	95633	34.7%
Georgetown	95634	37.6%
Greenwood	95635	43.5%
Grizzly Flats	95636	45.9%
Kingsville/Nashville	95623	28.8%
Lotus	95651	9.6%
Pilot Hill	95664	43.3%
Placerville	95667	36.7%
Pollock Pines	95726	37.7%
Rescue	95672	25.6%
River Pines	95675	26.3%
Shingle Springs/Cameron Park	95682	34.7%
Somerset	95684	44.5%
Marshall Service Area		**34.0%**
El Dorado County		**35.4%**
California		**41.7%**

Source: U.S. Census Bureau, American Community Survey, 2015-2019, DP04. http://data.census.gov/

Households by Type

The service area has 20.8% of family households (married or cohabiting couples) with children, under age 18. 3.2% of households are households with a female as head of household with children, with no spouse or partner present. 11.4% of area households are seniors who live alone, which is similar to the county (11.3%) and higher than the state (9.5%) rate.

Households, by Type

	Total Households	Family* Households with Children Under Age18	Female Head of Household with own Children Under Age 18	Households of Seniors, 65+, Living Alone
	Number	Percent	Percent	Percent
Marshall Service Area	59,002	20.8%	3.2%	11.4%
El Dorado County	70,974	20.2%	3.2%	11.3%
California	13,044,266	24.0%	4.8%	9.5%

*Source: U.S. Census Bureau, American Community Survey, 2015-2019, DP02. http://data.census.gov/ *Family Households refers to married or cohabiting couples with householder's children under 18.*

Seniors living alone may be isolated and lack adequate support systems. In the service area, 19.7% of all seniors live alone. The percentage of seniors who live alone ranged from 0% in Lotus and 5.9% in Garden Valley to 43% in Pilot Hill.

Seniors, Ages 65 and Older, Living Alone

	ZIP Code	Total Number	Living Alone	
			Number	Percent
Camino/Apple Hill	95709	1,380	150	10.9%
Cool	95614	898	198	22.0%
Diamond Springs	95619	1,218	456	37.4%
El Dorado Hills	95762	7,219	929	12.9%
Garden Valley	95633	574	34	5.9%
Georgetown	95634	910	186	20.4%
Greenwood	95635	238	83	34.9%
Grizzly Flats	95636	424	89	21.0%
Kingsville/Nashville	95623	838	211	25.2%
Lotus	95651	14	0	0.0%
Pilot Hill	95664	286	123	43.0%
Placerville	95667	9,262	2,004	21.6%
Pollock Pines	95726	1,581	377	23.8%
Rescue	95672	1,146	222	19.4%
River Pines	95675	198	29	14.6%
Shingle Springs/Cameron Park	95682	6,886	1,412	20.5%
Somerset	95684	1,090	218	20.0%
Marshall Service Area		**34,162**	**6,721**	**19.7%**
El Dorado County		**38,570**	**7,986**	**20.7%**
California		**5,486,041**	**1,240,288**	**22.6%**

Source: U.S. Census Bureau, American Community Survey, 2015-2019, DP02, http://data.census.gov/.

Homelessness

El Dorado County's Opportunity Knocks conducts a biannual 'point-in-time' count of homelessness[1] in El Dorado County, as required by the U.S. Department of Housing and Urban Development (HUD). Data for the 2021 count was complicated by the COVID-19 Pandemic and also perhaps the Caldor Fire and has not been released yet. In 2019, there were 613 persons experiencing homelessness counted in the county, which was a 2.5% increase over 2017. More than three-quarters (78.3%) of the persons experiencing homelessness were unsheltered. *(Source: U.S. Department of Housing and Urban Development (HUD), 2019 CoC Homeless Populations and Subpopulations Report - California. https://www.hudexchange.info/programs/coc/coc-homeless-populations-and-subpopulations-reports/).*

Among children, 3% of public school enrollees in El Dorado County were recorded as experiencing homelessness at some point during the 2017-2018 school year (*Source: kidsdata.org, October 2019*).

Homeless Biannual Point-in-Time (PIT) Count, El Dorado County

Year of Count	Total Homeless	Sheltered	Unsheltered
2017	602	17.6%	82.4%
2019	613	21.7%	78.3%

Source: U.S. Department of Housing and Urban Development (HUD), 2019 CoC Homeless Populations and Subpopulations Report - El Dorado County CoC. https://www.hudexchange.info/programs/coc/coc-homeless-populations-and-subpopulations-reports/

Among the persons experiencing homelessness who were unsheltered, 4% were unaccompanied youth, under age 18, 17.9% were unaccompanied youth, ages 18 to 24, 8.1% were veterans, and 21.9% were chronically homeless. In addition, 7.3% of the persons experiencing chronic homelessness in El Dorado County were survivors of domestic violence, 12.9% were severely mentally ill, and 12.5% identified as having chronic substance abuse. Individuals may have identified as belonging to more than one category.

[1] The California Department of Health Care Services uses the U.S. Department of Housing and Urban Development (HUD) definition of "Homeless" as: an individual or family who lacks adequate nighttime residence; an individual or family with a primary residence that is a public or private place not designed for or ordinarily used for habitation; an individual or family living in a shelter; an individual exiting an institution into homelessness; an individual or family who will imminently lose housing in next 30 days; unaccompanied youth and homeless families and children and youth defined as homeless under other federal statutes; or individuals fleeing domestic violence or trafficking. The following modifications of the HUD definition have been made: If exiting an institution, individuals are considered homeless if they were homeless immediately prior to entering that institutional stay, regardless of the length of the institutionalization. The timeframe for an individual or family who will imminently lose housing has been extended from 14 days (HUD definition) to 30 days. *Source: www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2021/APL21-012-ECM-Att.pdf*

Unsheltered Homeless Subpopulations, 2017 and 2019

	Count		Percent	
	2017	2019	2017	2019
Unaccompanied youth, under age 18	0	19	0.0%	4.0%
Unaccompanied youth, ages 18 to 24	22	86	4.4%	17.9%
Veterans	82	39	16.5%	8.1%
Chronically homeless	211	105	42.5%	21.9%
Domestic violence	1	35	0.02%	7.3%
Severely mentally ill	9	62	1.8%	12.9%
Chronic substance abuse	0	60	0.0%	12.5%
Total unsheltered persons	**496**	**480**	**100%**	**100%**

Source: U.S. Department of HUD, 2017 & 2019 CoC Homeless Populations and Subpopulations Reports - El Dorado County CoC.
https://www.hudexchange.info/programs/coc/coc-homeless-populations-and-subpopulations-reports/

Community Input – Housing and Homelessness

Stakeholder interviews identified the following issues, challenges and barriers related to housing and homelessness. Following are their comments summarized and edited for clarity:

- With the hierarchy of needs, it can be difficult to address anything else if someone is homeless. We have people who died from exposure to the elements this past year. There is no system to address homelessness here. We have no shelter, no bridge homes. We were able to obtain housing for a while with COVID-10 funds, but the funding went away. So people live in tents in the fields.
- We have no type of permanent facility. It is not just that we give everyone a house, we need a facility where they are evaluated and then placed in proper treatment. There has been an emphasis on a housing first model.
- NIMBYism is huge in our community and different political perspectives on supportive housing hold us back.
- There is not sufficient affordable housing or the political will to provide resources for persons experiencing homelessness. It is a pretty contentious conversation in our community. There are plans to create a shelter in our community. But that is an uphill battle. There is not a lot of support to expand our affordable housing opportunities, which is a longer-term solution.
- There is no affordable housing. Families often live two to a household and it causes a lot of stress. For the kids, there is no privacy to concentrate and do homework.
- We don’t have a broad spectrum of affordable housing. People end up having to find housing that is in more rural areas but that tends to isolate them.
- We have no affordable housing, no transitional housing, and there are no resources to support those who are on the verge of homelessness. There is no continuum of housing. Either you can afford it or you can’t. We are seeing people moving out of the community to find more affordable places to live.
- With the Caldor Fire, people have left and they are unable to return. They cannot afford to live here anymore. But it is a two-way street. People left the Bay Area to

move here.

- We have a very significant senior population. Many of them are living on a limited fixed income and are just barely making ends meet. For those who are housed, their budgets are stretched very thin and that impacts having sufficient food in the house. Any upset can send them into a downward spiral. This is an increasing problem, seniors who are on the brink of homelessness. Many of them rent a mobile home and the rising rents are impacting them. The space rental for the mobile homes is causing many to leave our county.
- We are one of four counties in the state that does not have a permanent emergency shelter and navigation center. From a health standpoint, we have people getting medical treatment who are being released and the best we can do is send them to an overnight church shelter.
- We are making some progress toward getting a shelter. But people don't want it located near them. People also believe if we build housing it will attract more homeless people.
- It is brutal to live outdoors here in the winter. It is hard to live a healthy life when you are unsheltered. We've found over time there is a subgroup of persons who are homeless who prefer to be unsheltered rather than live in unreliable housing.
- Rent has been unaffordable for seniors the last several years in our area. They are living in old trailers and RVs.

Public Program Participation

In El Dorado County, 43% of low-income residents (those making less than 200% of the FPL) say they are not able to afford enough to eat, which is higher than the state rate (38.3%). However, only 16.5% of low-income county residents say they utilize food stamps. 10.3% of low-income children, ages six and younger, receive WIC benefits, and 7.6% of low-income county residents are TANF/CalWorks recipients. Concern over accessing government benefits due to immigration issues was lower among foreign-born county residents (13.8%) than those found statewide (17.3%).

Public Program Participation Among Low-Income Residents (<200% FPL)

	El Dorado County	California
Not able to afford food	43.0%	38.3%
Food stamp recipients**	*16.5%	26.1%
WIC usage among children, 6 years and under**	*10.3%	43.6%
TANF/CalWorks recipients**	*7.6%	10.3%
Ever a time you avoided gov't benefits due to concern about disqualification from green card/citizenship for you or family member (asked only of foreign-born adults)**	*13.8%	17.3%

*Source: California Health Interview Survey, 2018-2020; **2019-2020. http://ask.chis.ucla.edu/ *Statistically unstable due to sample size.*

In the service area, 5.1% of residents receive SSI benefits, 2.1% receive cash public assistance income, and 5.1% of residents receive food stamp benefits. These rates are lower than county and state rates.

Household Supportive Benefits

	Marshall Service Area	El Dorado County	California
Total households	**59,002**	**70,974**	**13,044,266**
Supplemental Security Income (SSI)	5.1%	5.1%	6.1%
Public Assistance	2.1%	2.5%	3.2%
Food Stamps/SNAP	5.1%	5.7%	8.9%

Source: U.S. Census Bureau, American Community Survey, 2015-2019, DP03. http://data.census.gov/

CalFresh Eligibility and Participation

CalFresh is California's food stamp program. According to the California Department of Social Services, 7,379 individuals in El Dorado County received food stamps (CalFresh) in October 2021. This represents a 7.5% increase in households receiving food stamps from March 2020. Only 48.2% of eligible county households accessed food stamps in 2019.

CalFresh Eligibility and Participation

	Participating Households			Participation Rate*
	March 2020	October 2021	Percent Change	Percent of Eligible Households
El Dorado County	6,865	7,379	7.5%	48.2%
California	2,191,350	2,580,751	17.8%	64.2%

*Source: California Department of Social Services' CalFresh Data Dashboard, October 2021 and *2019.*
http://www.cdss.ca.gov/inforesources/Data-Portal/Research-and-Data/CalFresh-Data-Dashboard

Access to Food

The US Department of Agriculture (USDA) defines food insecurity as limited or uncertain availability of nutritionally adequate foods or uncertain ability to acquire foods in socially-acceptable ways. In El Dorado County, 10.6% of the population were projected to have experienced food insecurity at some point in the past year. Among children in El Dorado County, 14% were projected to live in households that experienced food insecurity at some point in the year.

Food Insecurity

	El Dorado County		California	
	2019	2021 Projected	2019	2021 Projected
Overall, food insecurity	9.0%	10.6%	10.2%	12.1%
Overall, very low security	3.7%	4.4%	3.6%	4.4%
Child food insecurity	11.5%	14.0%	13.6%	16.8%

	El Dorado County		California	
	2019	2021 Projected	2019	2021 Projected
Child very low security	4.1%	6.0%	3.3%	4.4%

Source: Feeding America, 2021, accessed at wELl Dorado County, http://www.welldorado.org/ and Feeding America, State-by-State Resource: The Impact of Coronavirus on Food Insecurity, 2019 & 2021. https://feedingamericaaction.org/resources/state-by-state-resource-the-impact-of-coronavirus-on-food-insecurity/.

Community Input – Food Insecurity

Stakeholder interviews identified the following issues, challenges and barriers related to food insecurity. Following are their comments summarized and edited for clarity:

- Transportation is a huge issue because, while we have food support and food banks, they all require families to get to them without public transportation.
- Until we have the convenience and cost to make healthy choices we will continue to turn to cheaper and easier options.
- There is enough food and there is CalFresh. I don't think it is much of a challenge, there is plenty of support regarding food.
- Because of our rural geographic situation, getting access to food for some families is a challenge with transportation costs.
- We have a very active and efficient food bank in our community. But a challenge is senior nutrition. We need volunteers to deliver meals, and they can be difficult to get, and now with high gas prices, it makes it that much more difficult.
- Making ends meet, it hits the food budget. Once you have paid for housing and utilities there is nothing left.
- We have seen an increased need over the past two years. The numbers of families coming to receive food has been increasing.
- With inflation, the cost of food is going up rapidly and radically. We have the Upper Room, a food service for impoverished people, which is a great service but it is a single location so it is hard for those who don't have personal transportation to access it. We don't have a community garden or organized low-cost food accessibility. There are a lot of hungry people in El Dorado County.
- Inflation is impacting food security as costs increase and baby formula has become scarce. People will monitor their visits to the supermarket to save on gas.
- We have many single moms with kids who suffer from food insecurity.

Educational Attainment

Educational attainment is a key driver of health. In the hospital service area, 6% of adults, ages 25 and older, lack a high school diploma, which is below the county (6.6%) and state (16.7%) rates. 35% of area adults have a Bachelor's degree or higher, which is above county (34.3%) and state (33.9%) rates.

Educational Attainment, Adults, Ages 25 and Older

	Marshall Service Area	El Dorado County	California
Population, ages 25 and over	**115,430**	**137,028**	**26,471,543**
Less than 9th grade	1.7%	2.2%	9.2%
Some high school, no diploma	4.2%	4.4%	7.5%
High school graduate	21.1%	21.3%	20.5%
Some college, no degree	26.4%	26.7%	21.1%
Associate degree	11.5%	11.2%	7.8%
Bachelor degree	22.9%	22.6%	21.2%
Graduate or professional degree	12.2%	11.7%	12.8%

Source: U.S. Census Bureau, American Community Survey, 2015-2019, DP02. http://data.census.gov/

High school graduation rates are determined by dividing the number of graduates for the school year by the number of freshmen enrolled four years earlier. The high school graduation rate for the El Dorado Union High School District was 95%, and met the Healthy People 2030 objective of a 90.7% high school graduation rate.

High School Graduation Rates, 2018-2020

	2018-2019	2019-2020	2020-2021
Black Oak Mine Unified School District	95.1%	95.1%	90.4%
El Dorado Union High School District	95.6%	94.4%	95.0%
El Dorado County	**93.8%**	**93.5%**	**93.7%**
California	**88.1%**	**87.5%**	**87.7%**

Source: California Department of Education, 2018-2020. https://data1.cde.ca.gov/dataquest/

Preschool Enrollment

The percent of 3 and 4-year-olds enrolled in preschool in the Marshall service area was 57.9%.

Enrolled in Preschool, Children, Ages 3 and 4

	ZIP Code	Children, Ages 3 and 4	Percent
Camino/Apple Hill	95709	45	51.1%
Cool	95614	94	20.2%
Diamond Springs	95619	111	74.8%
El Dorado Hills	95762	1,173	60.5%
Garden Valley	95633	122	100.0%
Georgetown	95634	58	15.5%
Greenwood	95635	21	100.0%
Grizzly Flats	95636	0	N/A
Kingsville/Nashville	95623	78	62.8%
Lotus	95651	0	N/A
Pilot Hill	95664	23	100.0%
Placerville	95667	789	59.8%
Pollock Pines	95726	138	40.6%

	ZIP Code	Children, Ages 3 and 4	Percent
Rescue	95672	51	49.0%
River Pines	95675	0	N/A
Shingle Springs/Cameron Park	95682	492	51.4%
Somerset	95684	25	0.0%
Marshall Service Area		**3,220**	**57.9%**
El Dorado County		**3,905**	**57.0%**
California		**1,021,926**	**49.6%**

Source: U.S. Census Bureau, American Community Survey, 2015-2019, S1401. http://data.census.gov/

Parks, Playgrounds and Open Spaces

85.4% of county children, ages 1-17, were reported to live within walking distance of a park, playground or open space. 80.2% had visited a park, playground or open space within the past month.

Access to and Utilization of Parks, Playgrounds and Open Space

	El Dorado County	California
Walking distance to park, playground or open space, ages 1 to 17	*85.4%	89.8%
Visited a park, playground or open space in past month, ages 1 to 17	*80.2%	84.8%

*Source: California Health Interview Survey, 2014-2018; http://ask.chis.ucla.edu/ *Statistically unstable due to sample size.*

Crime and Violence

Violent crimes include homicide, rape, robbery and assault. Property crimes include burglary, larceny and motor vehicle theft. The violent crime and property crime rates are lower in El Dorado County than in the state. The crime rates for Placerville are higher than the county rates.

Violent Crime and Property Crime Rates, per 100,000 Persons, 2015 and 2019

	Property Crimes				Violent Crimes			
	Number		Rate*		Number		Rate*	
	2015	2019	2015	2019	2015	2019	2015	2019
El Dorado Co. CHP	250	134	N/A	N/A	0	0	N/A	N/A
El Dorado Co. Sheriff	2,031	1,695	N/A	N/A	252	173	N/A	N/A
Placerville	322	281	2,894.9	2,526.3	21	39	188.8	350.6
El Dorado County	**3,151**	**2,559**	**1,655.9**	**1,344.8**	**338**	**323**	**177.6**	**169.7**
California	**1,023,828**	**915,197**	**2,591.8**	**2,317.9**	**166,588**	**173,205**	**421.7**	**438.7**

*Source: California Department of Justice, Office of the Attorney General. https://oag.ca.gov/crime*All rates calculated based on 2019 population counts provided by FBI CRIMESTATSINFO. As such, 2015 rates are estimates and should be interpreted with caution. In addition, care should be used when interpreting rates calculated on small populations or small numbers.*

Calls for domestic violence are categorized as with or without a weapon. 16.1% of domestic violence calls in El Dorado County involved a weapon. The rate of domestic violence calls in Placerville is higher than the state and county rates.

Domestic Violence Call Rates, per 1,000 Persons

	Total	Rate*	Without Weapon	With Weapon
El Dorado Co. Sheriff's Dept.	731	N/A	92.6%	7.4%
Placerville	74	6.65	85.1%	14.9%
El Dorado County	**907**	**4.77**	**83.9%**	**16.1%**
California	**161,123**	**4.08**	**53.4%**	**46.6%**

*Source: California Department of Justice, Office of the Attorney General, 2019. https://oag.ca.gov/crime *All rates calculated based on 2019 population counts provided by FBI CRIMESTATSINFO. Care should be used when interpreting rates calculated on small populations or small numbers.*

Teens in El Dorado County were asked about neighborhood cohesion. 97.5% of teens felt safe in their neighborhood most or all of the time. 98% of teens felt people in their neighborhood were willing to help. 96.4% of teens felt their neighbors could be trusted. These are all higher than state rates.

Neighborhood Cohesion, Teens Who Agree or Strongly Agree

	El Dorado County	California
Feel safe in neighborhood most or all of the time	*97.5%	89.3%
People in neighborhood are willing to help	*98.0%	88.0%
People in neighborhood can be trusted	*96.4%	82.6%

*Source: California Health Interview Survey, 2015-2020. http://ask.chis.ucla.edu *Statistically unstable due to sample size*

In El Dorado County, the rate of children, under 18 years of age, who experienced abuse or neglect, was 7.4 per 1,000 children. These rates are based on children with a substantiated maltreatment allegation.

Substantiated Child Abuse Rates, per 1,000 Children

	El Dorado County	California
Child abuse rates	7.4	7.4

Source: Child Welfare Dynamic Report System, 2019. Accessed from wELI Dorado County at http://www.welldorado.org/.

Air and Water Quality

The Caldor Fire burned in the area for 69 days before reaching 'containment' (when there is a measure of line around a fire), and an additional 27 days before it was considered 'controlled' (fire managers are confident the fire is not likely to get outside the line). Smoke from a fire continues even beyond this time, until a fire is declared 'out', which may be months later, after heavy rain and/or snow completely extinguish any remaining embers. The largest air quality dangers to the public from wildfires are related to particular matter, and secondarily to ground-level ozone. In addition, Hazardous Air Pollutants (HAPs), also known as Toxic Air Contaminants (TACs), from burning plastics, paint, and other household components may contribute to adverse health effects in infants, children, pregnant women and their fetuses, the elderly, those with preexisting conditions and/or persons engaging in physical activity. Data regarding air quality during

the Caldor Fire, and health reports such as asthma attack and asthma hospitalization data from that time period, have not available at the time of this report. However, data related to the number of days with 'fine particulate matter' (PM2.5), or particulates with a diameter of less than 2.5 microns, at high concentrations in the Sacramento-Folsom Air Quality Management District (AQMD) are available here: Sacramento-Folsom AQMD Historical Data.

Water quality is also affected by wildfires, not just from ash, debris, and fire-suppression material runoff into area lakes, streams and watersheds, but also from direct damage to water treatment facilities, pipes, and to private well and septic system structure and integrity. Longer-term concerns related to runoff and infiltration remain. Data related to the effects on of the Caldor Fire on El Dorado County water supply, and residents, and those related to water-borne illnesses that may have occurred during or subsequent to the fire, were not yet available at the time of this report.

Air Quality

In 2019, the average annual concentration of fine particulate matter in the air of Sacramento County was 8.4 micrograms per cubic meter, as compared to the California average of 8.1 micrograms; a measurement for El Dorado County was not available. In 2019, El Dorado and Sacramento Counties had 4 days when ground-level ozone concentrations were above the U.S. standard of 0.070 parts per million. This was a 90.2% decrease for El Dorado County from the 2016 count of 41 days, and an 82.6% reduction for Sacramento County, from 23 days in 2016. The state average in 2019 was 11 days above the U.S. standard, and in 2016 it was 22 days.

Air Quality Measurements, Annual

	El Dorado County	Sacramento County	California
Annual average micrograms of particulate matter per cubic meter of air	N/A	8.4	8.1
Ozone levels above standards, in days	4	4	11

Source: California Air Resources Board, Air Quality Data Statistics, Dec. 2020 via http://www.kidsdata.org N/A = Not Available

Community Input – Environmental Conditions

Stakeholder interviews identified the following issues, challenges and barriers related to environmental conditions. Following are their comments summarized and edited for clarity:

- Those that really suffer are those who do not have access to clean air and four walls. Power outages are also a problem here. People will go without power for one or two weeks at a time.

- Air quality with the fires has been an issue. When air quality is bad in Sacramento, we are like a vacuum that sucks it into the Tahoe basin.
- We have a lot of farms and ranches that use chemicals.
- We are a community that is significantly threatened by recurrent wildfires and last year showed how traumatic and catastrophic it can be. It resulted in extremely unhealthy air quality. This will be a repeat event in a community like ours.
- Because of fires we had to close schools and families were evacuated. Public safety shuts off the electricity. Not all schools have backup generators, so schools can't stay open. On top of that we have poor air days and snow days. If schools have to shut down because of air quality or a public safety power shut off, that has a ripple effect on our community. Parents have to come get their kids, leave work, and stay home with them until we can open again.
- The biggest issue for our county is related to water quality. We have toxic algae exposures in some small alpine lakes. It means the lakes are warming up too much and it is happening in Lake Tahoe. Dogs get sick from the water, but it can also harm swimmers. It is a natural element in the water that is activated by heat and stagnation. Drought is another issue. We have a lot of small community wells and that could impact people who don't have a domestic water supply.
- People with wells will have them dry up this summer and we are already rationing water. People on water service with the county are getting letters about reduction in their water access. That is a big health issue. The water reduction in our reservoirs will impact our ability to obtain clean water. Ozone and the industrial pollution from other counties flow in our direction and settles in our area.
- Air quality readings at the height of the fire were 1,200 and a reading of 100 is hazardous. The way we are situated we get more acute air pollution even though we are not producers of the air pollution. And transportation challenge in our county means most people who need to go anywhere need a private car. We have few sidewalks and bike lanes.
- Skin cancer rates are more prevalent in the Tahoe region where they have higher elevation and less atmosphere to filter out the sun's rays. During the Caldor Fire, the particulate in the air had an impact on lung disease and heart disease.

Health Care Access

Health Insurance Coverage

Health insurance coverage is a key component to access health care. The Healthy People 2030 objective is health insurance coverage for 92.1% of the population. In the service area, 96.4% of the population has health insurance coverage. Health care coverage is higher among children, 0 to 18, with 97.5% of children in the service area insured. 94.6% of service area adults, below age 65, have health insurance coverage.

Health Insurance Coverage

	ZIP Codes	All Ages	Ages 0 to 18	Ages 19 to 64
Camino/Apple Hill	95709	97.7%	100.0%	95.6%
Cool	95614	97.1%	89.6%	98.7%
Diamond Springs	95619	93.6%	100.0%	89.1%
El Dorado Hills	95762	98.3%	99.6%	97.2%
Garden Valley	95633	94.1%	100.0%	89.4%
Georgetown	95634	95.0%	96.9%	91.6%
Greenwood	95635	97.5%	100.0%	96.1%
Grizzly Flats	95636	91.5%	100.0%	82.0%
Kingsville/Nashville	95623	97.9%	100.0%	96.6%
Lotus	95651	95.8%	100.0%	94.9%
Pilot Hill	95664	94.5%	94.5%	92.9%
Placerville	95667	94.6%	91.5%	93.3%
Pollock Pines	95726	97.3%	97.6%	96.5%
Rescue	95672	99.2%	100.0%	98.6%
River Pines	95675	82.3%	100.0%	71.2%
Shingle Springs/Cameron Park	95682	96.2%	98.8%	93.7%
Somerset	95684	94.3%	100.0%	89.2%
Marshall Service Area		**96.4%**	**97.5%**	**94.6%**
El Dorado County		**95.4%**	**97.0%**	**93.3%**
California		**92.5%**	**96.7%**	**89.3%**

Source: U.S. Census Bureau, American Community Survey, 2015-2019, S2701. http://data.census.gov/

When examined by race/ethnicity, there are differences in the rate of health insurance coverage in the service area. The service area average for health insurance coverage among the total population (noted in previous data table) is 96.4%. The lowest rate of coverage is seen in those who identify as Native Hawaiian/Pacific Islander (75.9%), followed by those who identified as a race Other than those listed (84.6%), and Hispanic residents (92.7%). Service area coverage in children is 97.5%. The lowest rate of coverage is seen in Multiracial children (94.4%), followed by children who were identified as Hispanic (96.1%). Among service area adults, ages 19 to 64, 94.6% have health insurance. The lowest rate is found among adults who identify as Native

Hawaiian/Pacific Islander (65.3%). Lower-than-average rates are also seen among those who identify as Other race (72.6%), Hispanic (89.8%), Multiracial (93.5%) and Asian adults (94.3%). The lowest rates of coverage among service area seniors, ages 65 and older, are found among American Indian/Alaska Native seniors (93.3%) and Hispanic seniors (97.4%). However, care should be taken when interpreting data based on small numbers.

Health Insurance, by Race/Ethnicity and Age Group

	Total Population	Children, Under Age 19	Adults, Ages 19-64	Adults, Ages 65 and Older
American Indian/Alaskan Native	98.5%	100.0%	99.5%	93.3%
Black/African American	98.0%	98.9%	97.3%	100.0%
Non-Hispanic White	97.0%	97.9%	95.4%	100.0%
Asian	96.4%	100.0%	94.3%	100.0%
Multiracial	94.5%	94.4%	93.5%	100.0%
Hispanic	92.7%	96.1%	89.8%	97.4%
Other race	84.6%	100.0%	72.6%	100.0%
Native Hawaiian/Pacific Islander	75.9%	100.0%	65.3%	100.0%

Source: U.S. Census Bureau, American Community Survey, 2015-2019, C27001B thru C27001I. http://data.census.gov/

When insurance coverage was examined for the county, 17.5% of county residents had Medi-Cal coverage and 48.7% of county residents had employment-based insurance.

Insurance Coverage, by Type

	El Dorado County	California
Medi-Cal	17.5%	24.2%
Medicare only	2.1%	1.6%
Medi-Cal/Medicare	2.7%	3.9%
Medicare and others	16.9%	9.8%
Other public	*0.9%	1.2%
Employment based	48.7%	46.6%
Private purchase	7.5%	5.6%
No insurance	*3.7%	7.0%

*Source: California Health Interview Survey, 2016-2020. http://ask.chis.ucla.edu/ *Statistically unstable due to sample size.*

Sources of Care

Access to a medical home and a primary care provider improve continuity of care and decrease unnecessary emergency room visits. Seniors in El Dorado County are the most likely to have a usual source of care (97.5%). 89% of children and 89.6% of adults, ages 18 to 64, have a usual source of care.

Has a Usual Source of Care

	Ages 0-17	Ages 18-64	Ages 65 and Older
El Dorado County	*89.0%	89.6%	*97.5%
California	90.9%	83.2%	94.3%

*Source: California Health Interview Survey, 2016-2020. http://ask.chis.ucla.edu/ *Statistically unstable due to sample size*

When access to care through a usual source of care is examined by race/ethnicity, Asians were the least likely to have a usual source of care (72.1%), followed by American Indian/Alaska Natives (76.5%) and African-American residents (79.2%).

Usual Source of Care, by Race/Ethnicity

	El Dorado County	California
Asian	*72.1%	86.1%
American Indian/Alaska Native	76.5%	86.6%
African American	*79.2%	89.8%
Latino	*86.9%	82.0%
White	93.2%	91.0%
Multiracial	*94.1%	90.1%

*Source: California Health Interview Survey, 2016-2020. http://ask.chis.ucla.edu/ *Statistically unstable due to sample size*

In El Dorado County, 72% of residents accessed care at a doctor's office, HMO or Kaiser and 15.4% accessed care at a clinic or community hospital. 9.1% had no usual source of care.

Sources of Care

	El Dorado County	California
Dr. Office/HMO/Kaiser Permanente	72.0%	60.1%
Community clinic/government clinic/community hospital	15.4%	23.9%
ER/Urgent care	*2.5%	1.6%
Other place/no one place	*0.9%	0.9%
No usual source of care	9.1%	13.4%

*Source: California Health Interview Survey, 2015-2019. http://ask.chis.ucla.edu *Statistically unstable due to sample size.*

An examination of Emergency Room (ER) use can lead to improvements in providing community-based primary care. 26.1% of county residents visited an ER in the past year. Children, ages 0 to 17, visited the ER at the highest rates (33.5%). Poverty level and low-income residents visited the ER at higher rates than the general population. Rates for all groups were higher in El Dorado County than in California.

Use of the Emergency Room

	El Dorado County	California
Visited ER in last 12 months	26.1%	20.7%
Ages 0-17	*33.5%	18.5%
Ages18-64	24.8%	20.7%

	El Dorado County	California
Ages 65 and older	25.0%	23.9%
<100% of poverty level	37.6%	25.8%
<200% of poverty level	40.6%	24.4%

*Source: California Health Interview Survey, 2015-2019. http://ask.chis.ucla.edu *Statistically unstable due to sample size.*

Difficulty Accessing Care

6.6% of El Dorado County adults had difficulty finding a primary care doctor who would see them or take them as a new patient in the past year. 13.8% of adults reported difficulty accessing specialty care. 4.7% of adults had been told by a primary care physician's office that their insurance would not be accepted. 10.7% of adults were told their insurance was not accepted at a specialist's office.

Difficulty Accessing Care in the Past Year, Adults

	El Dorado County	California
Reported difficulty finding primary care	6.6%	6.5%
Reported difficulty finding specialist care	13.8%	13.8%
Primary care doctor not accepting their insurance	*4.7%	5.6%
Specialist not accepting their insurance	*10.7%	10.9%

*Source: California Health Interview Survey, 2015-2019. http://ask.chis.ucla.edu *Statistically unstable due to sample size.*

Delayed or Forgone Care

12.2% of El Dorado County residents delayed or did not get medical care when needed. Of these residents, 61%, or 7.4% of all residents in the prior year, ultimately went without needed medical care. This is more than twice the Healthy People 2030 objective of 3.3% of the population who forgo care.

Reasons for a delay in care or going without care included the cost of care/insurance issues, personal reasons, or system/provider issues. 51.1% of county residents who delayed or went without care listed 'cost/insurance issues' as a barrier. County residents showed a slightly lower rate of delayed and unfilled prescriptions (8.9%) compared to the state (9.1%), but higher rates of delaying/forgoing medical care.

Delayed Care in Past 12 Months, All Ages

	El Dorado County	California
Delayed or did not get medical care	12.2%	11.4%
Had to forgo needed medical care	7.4%	6.8%
Delayed or did not get medical care due to cost, lack of insurance or other insurance issue	51.1%	47.4%
Delayed or did not get prescription meds	*8.9%	9.1%

Source: California Health Interview Survey, 2015-2019. http://ask.chis.ucla.edu/

Non-Latino, Multiracial residents of El Dorado County were more likely to have delayed or foregone needed medical care during the prior year due to cost or lack of insurance

(7% of that population), than were Latino (6.1%) and non-Latino White (6%) residents. Rates for other groups were not available due to small sample sizes.

Delayed Care Due to Cost or Lack of Insurance in Past 12 Months, by Race

	El Dorado County	California
Multiracial	*7.0%	6.7%
White	6.0%	5.8%
Native Hawaiian/Pacific Islander	N/A	5.6%
Latino	*6.1%	5.4%
American Indian/Alaskan Native	N/A	5.1%
Black	N/A	4.6%
Asian	N/A	2.9%

*Source: California Health Interview Survey, 2015-2019. http://ask.chis.ucla.edu/ *Statistically unstable due to sample size. N/A = Not available due to small sample size.*

Lack of Care Due to Cost, for Children

0.3% of El Dorado County children, ages 0 to 17, had missed or delayed care within the prior 12 months due to cost or lack of insurance. 0.7% of county children ultimately did not receive care. 10.1% of county children had delayed or unfilled prescription medications in the past 12 months.

Cost as a Barrier to Accessing Health Care in the Past Year, Children, Ages 0 to 17

	El Dorado County	California
Child's care delayed or foregone due to cost or lack of insurance	*0.3%	1.5%
Child missed care	*0.7%	1.5%
Child's prescription medication delayed or unfilled	*10.1%	4.4%

*Source: California Health Interview Survey, 2013-2019. http://ask.chis.ucla.edu *Statistically unstable due to sample size.*

Primary Care Physicians

When examining ratios of the population to providers, smaller numbers indicate greater access. The ratio of the population to primary care physicians in El Dorado County is 1,270:1, which is higher (less access) than the state ratio of 1,250 persons per primary care physician.

Primary Care Physicians, Number and Ratio

	El Dorado County	California
Number of primary care physicians	150	31,557
Ratio of population to primary care physicians	1,270:1	1,250:1

Source: County Health Rankings, 2018. http://www.countyhealthrankings.org

Access to Primary Care Community Health Centers

Community Health Centers provide primary care (including medical, dental and mental health services) for uninsured and medically-underserved populations. Using ZCTA (ZIP

Code Tabulation Area) data for El Dorado County and information from the Uniform Data System (UDS)[2], 18.7% of the population in the county is categorized as low-income (≤200% of Federal Poverty Level) and 7.9% of the population are living in poverty.

There are four Section-330-funded grantees (Federally Qualified Health Centers – FQHCs and FQHC Look-Alikes) serving the service area: Cares Community Health, El Dorado County Community Health Center, Elica Health Centers, and Wellspace Health.

Even with Community Health Centers serving the area, there are many low-income residents who are not served by one of these clinic providers. The FQHCs and Look-Alikes serve a total of 9,989 patients in the Marshall service area, which equates to 34.1% coverage among low-income patients and 6.3% coverage among the total population. From 2018-2020, clinic providers served 306 fewer patients for a 3% decrease in patients served by Community Health Centers. There remain 19,320 low-income residents, approximately 65.9% of the population at or below 200% FPL, that are not served by a Community Health Center.

Low-Income Patients Served and Not Served by FQHCs and Look-Alikes

Low-Income Population	Patients Served by Section 330 Grantees In Service Area	Coverage Among Low-Income Patients	Coverage of Total Population	Low-Income Not Served	
				Number	Percent
29,309	9,989	34.1%	6.3%	19,320	65.9%

Source: UDS Mapper, 2020, 2015-2019 population numbers. http://www.udsmapper.org

Dental Care

15.7% of El Dorado County children, ages 3 to 11, have never been to a dentist. In the year prior to being surveyed, 13.3% of area children needed dental care and did not receive it. 0.7% of children had been to the ER or Urgent Care for a dental issue. Teens obtain dental care at a higher rate than children; 98.2% of county teens had been to the dentist in the prior year.

Delay of Dental Care among Children and Teens

	El Dorado County	California
Child, 3 to 11, never been to the dentist	*15.7%	14.4%
Child, 3 to 11, been to dentist within the past year	*81.9%	82.1%

[2] The UDS is an annual reporting requirement for grantees of HRSA primary care programs:
- Community Health Center, Section 330 (e)
- Migrant Health Center, Section 330 (g)
- Health Care for the Homeless, Section 330 (h)
- Public Housing Primary Care, Section 330 (i)

	El Dorado County	California
Child, 3 to 11, needed but didn't get dental care in past year	*13.3%	5.8%
Child visited ER/Urgent Care due to dental issue, past year†	*0.7%	1.2%
Teens never been to the dentist	**	*1.1%
Teens been to dentist within the past year	*98.2%	90.6%
Teens, condition of teeth is fair or poor†	*0.2%	11.3%
Teens, missed school due to a dental problem in past year†	*3.5%	9.5%

*Source: California Health Interview Survey, Children 2016-2020 or †2015-2018, Teens 2017-2020 or †2018-2020. http://ask.chis.ucla.edu *Statistically unstable due to sample size. **Suppressed due to statistical instability.*

78.8% of county adults described the condition of their teeth as 'good', 'very good', or 'excellent.' Only 0.4% of adult county residents had never been to a dentist.

Dental Care, Adults

	El Dorado County	California
Condition of teeth: good to excellent	78.8%	72.4%
Condition of teeth: fair to poor	18.7%	25.6%
Condition of teeth: has no natural teeth	*2.5%	2.1%
Never been to a dentist	*0.4%	2.6%
Visited dentist < 6 months to two years	85.9%	81.6%
Visited dentist more than 5 years ago	5.3%	7.2%

*Source: California Health Interview Survey, 2016-2020 or **2013-2014 and 2016-2017 pooled. http://ask.chis.ucla.edu *Statistically unstable due to sample size.*

The ratio of residents to dentists in El Dorado County is 1,280:1.

Dentists, Number and Ratio

	El Dorado County	California
Number of dentists	151	34,385
Ratio of population to dentists	1,280:1	1,150:1

Source: County Health Rankings, 2019. http://www.countyhealthrankings.org

Mental Health Providers

Mental health providers include psychiatrists, clinical psychologists, clinical social workers, psychiatric nurse specialists, and marriage and family therapists who meet certain qualifications and certifications. In El Dorado County, the ratio of residents to mental health providers is 290:1, which is fewer providers than the state rate of 270 persons per mental health provider.

Mental Health Providers, Number and Ratio

	El Dorado County	California
Number of mental health providers	667	147,492
Ratio of population to mental health providers	290:1	270:1

Source: County Health Rankings, 2020. http://www.countyhealthrankings.org

Community Input – Access to Care

Stakeholder interviews identified the following issues, challenges and barriers related to access to care. Following are their comments summarized and edited for clarity:

- Access to affordable primary care, including family planning especially on the eastern slope is an issue. On the eastern slope we have nothing.
- The community health center takes a sliding scale, which is wonderful if you cannot qualify for Medi-Cal or cannot afford any other health insurance. Interpreter services over the phone can be challenging and sometimes it is a male interpreter and for a Latino woman for instance, they feel uncomfortable or embarrassed to talk about personal issues.
- I'm not sure people know about the services that are available. They need support accessing those services because they can be complicated.
- Our county is huge, it is 1,800 square miles, so transportation and access in a rural community is a given. People who are publicly insured are less welcome in health care establishments than people with private insurance.
- Someone who is abused is controlled by their abuser. If that person is able to seek out health care, there is a risk they could report the abuse. The abuser does not allow them to go to the doctor or only in a very controlled environment to make sure they are not communicating what is happening. That is an access issue.

Birth Indicators

Births

From 2014 to 2018, there was an average of 1,285 births per year in the service area.

Teen Birth Rate

When the teen birth rate is examined for females, ages 15-19, 0.7% of teenage girls in the service area give birth in an average year (7.3 births per 1,000 females, ages 15-19). This is lower than the Sacramento Metro area (1.4%) and state rate (1.7%). The Healthy People 2030 goal is for no more than 31.4 pregnancies per 1,000 girls, ages 15 to 19 (3.1%).

Teen Birth Rates, per 1,000 Females, Ages 15 to 19

	Marshall Service Area		Sacramento Metro	California
	Number	Rate	Rate	Rate
Births to teen mothers	35	7.3	13.7	17.3

Source: Calculated by Gary Bess Associates using California Department of Public Health Birth Profiles by ZIP Code of Residence 2014-2018 and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001.

Prenatal Care

Pregnant women in the service area entered prenatal care after the first trimester at a rate of 158.2 per 1,000 live births. This rate of late entry into prenatal care translates to 15.8% of women entering prenatal care late or not at all, while 84.2% of women entered prenatal care on time.

Late Entry to Prenatal Care (After 1st Trimester) Rate, per 1,000 Live Births

	Marshall Service Area		Sacramento Metro	California
	Number	Rate	Rate	Rate
Late entry to prenatal care	203	158.2	161.5	161.7

Source: Calculated by Gary Bess Associates using California Department of Public Health Birth Profiles by ZIP Code of Residence 2014-2018 and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001.

Low Birth Weight

Low birth weight is a negative birth indicator. Babies born at a low birth weight are at higher risk for disease, disability and possibly death. For this measurement, a lower rate is a better indicator. The rate of low-birth-weight babies in the service area is 6.1% (60.6 per 1,000 live births), which is lower than metro Sacramento and state rates.

Low Birth Weight (Under 2,500g) Rate, per 1,000 Live Births

	Marshall Service Area		Sacramento Metro	California
	Number	Rate	Rate	Rate
Low birth weight	78	60.6	66.8	68.6

Source: Calculated by Gary Bess Associates using California Department of Public Health Birth Profiles by ZIP Code of Residence 2014-2018 and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001.

Delivery Paid by Public Insurance or Self-Pay

In the hospital service area, the rate of births paid by public insurance or self-pay was 339.9 births per 1,000 live births, which is lower than the Sacramento Metro area rate (438.7 per 1,000 live births) and state rate (498.5 per 1,000 live births).

Delivery Paid by Public Insurance or Self-Pay Rate, per 1,000 Live Births

	Marshall Service Area		Sacramento Metro	California
	Number	Rate	Rate	Rate
Public insurance or self-pay	437	339.9	438.7	498.5

Source: Calculated by Gary Bess Associates using California Department of Public Health Birth Profiles by ZIP Code of Residence 2014-2018 and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001.

Preterm Birth

The rate of premature birth, occurring before the start of the 38th week of gestation, in the service area is 7.5% (74.5 per 1,000 live births). This rate of premature birth is lower than the Sacramento Metro area rate (8.4%) and the state rate (8.5%).

Premature Birth Rate, before Start of 38th Week, per 1,000 Live Births

	Marshall Service Area		Sacramento Metro	California
	Number	Rate	Rate	Rate
Premature births	96	74.5	83.5	85.4

Source: Calculated by Gary Bess Associates using California Department of Public Health Birth Profiles by ZIP Code of Residence 2014-2018 and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001.

Maternal Smoking During Pregnancy

The rate of mothers who smoked regularly during pregnancy in the service area was 6% (60.3 per 1,000 live births), which is higher than the Sacramento Metro area rate (3.3%) and the state rate (1.6%).

Mothers Who Smoked Regularly During Pregnancy, Rate per 1,000 Live Births

	Marshall Service Area		Sacramento Metro	California
	Number	Rate	Rate	Rate
Mothers who smoked	77	60.3	33.1	15.8

Source: Calculated by Gary Bess Associates using California Department of Public Health Birth Profiles by ZIP Code of Residence 2014-2018 and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001.

Infant Mortality

The infant (less than one year of age) mortality rate in El Dorado County is 2.9 deaths per 1,000 live births, which is lower than the state rate (3.9 deaths per 1,000 live births), and below the Healthy People 2030 objective of 4.8 deaths per 1,000 births.

Infant Death Rate, per 1,000 Live Births

	El Dorado County	California
Infant deaths	2.9*	3.9

*Source: California Department of Public Health, County Health Status Profiles, 2021, 2016-2018 data. *Statistically unreliable due to small population. https://www.cdph.ca.gov/Programs/CHSI/Pages/County-Health-Status-Profiles.aspx*

Breastfeeding

Data on breastfeeding are collected by hospitals on the Newborn Screening Test Form. Breastfeeding rates at Marshall Medical Center indicated that 94.9% of new mothers breastfed and 86.1% breastfed exclusively.

In-Hospital Breastfeeding, Marshall Medical Center

	Any Breastfeeding		Exclusive Breastfeeding	
	Number	Percent	Number	Percent
Marshall Medical Center	376	94.9%	341	86.1%
El Dorado County	635	95.8%	552	83.3%
California	361,719	93.7%	270,189	70.0%

Source: California Department of Public Health, Breastfeeding Hospital of Occurrence, 2019.
https://www.cdph.ca.gov/Programs/CFH/DMCAH/Breastfeeding/Pages/In-Hospital-Breastfeeding-Initiation-Data.aspx

There were ethnic/racial differences noted in breastfeeding rates of mothers who deliver at Marshall Medical Center. 94.9% of White mothers initiated breastfeeding and 89.1% breastfed exclusively prior to discharge. Hispanic/Latina mothers initiated breastfeeding at a rate of 97.7% and 79.3% breastfed exclusively. Multiracial mothers initiated breastfeeding at a rate of 89.5% and 78.9% breastfeeding exclusively.

In-Hospital Breastfeeding, Marshall Medical Center, by Race/Ethnicity of Mother

	Any Breastfeeding		Exclusive Breastfeeding	
	Number	Percent	Number	Percent
White	260	94.9%	244	89.1%
Latino/Hispanic	85	97.7%	69	79.3%
Multiracial	17	89.5%	15	78.9%
American Indian	N/A	N/A	N/A	N/A
Asian	N/A	N/A	N/A	N/A
African American	N/A	N/A	N/A	N/A
Marshall Medical Center	**376**	**94.9%**	**341**	**86.1%**

Source: California Department of Public Health, Breastfeeding Hospital of Occurrence, 2019.
https://www.cdph.ca.gov/Programs/CFH/DMCAH/Breastfeeding/Pages/In-Hospital-Breastfeeding-Initiation-Data.aspx
N/A = suppressed due to fewer than 11 births; in 2019 there were 1 to 3 births to each listed group at Marshall Medical Center.

Leading Causes of Death

Life Expectancy at Birth

Life expectancy in El Dorado County was 82.3 years. 240 residents of El Dorado County per 100,000 persons, died before the age of 75, which is considered a premature death. The total of the years of potential life lost (the difference between the age of persons who died and the age of 75, totaled) for the county was 4,800 years. By every metric, residents of El Dorado County had a greater life-expectancy than Californians overall.

Life Expectancy, Premature Mortality and Premature Death, Age-Adjusted

	El Dorado County	California
Life expectancy at birth in years	82.3	81.7
Premature age-adjusted mortality (number of deaths among residents under 75, per 100,000 persons)*	240	270
Premature death/Years of Potential Life Lost (YPLL) before age 75, per 100,000 population, age-adjusted	4,800	5,300

*Source: National Center for Health Statistics' National Statistics System (NVSS); *CDC Wonder mortality data; data accessed and calculations performed by County Health Rankings. 2017-2019. http://www.countyhealthrankings.org*

Mortality Rates

Age-adjusted death rates are an important factor to examine when comparing mortality data. A crude death rate is a ratio of the number of deaths to the entire population. Age-adjusted death rates eliminate the bias of age in the makeup of the populations. The age-adjusted death rate in the service area is 597.7 per 100,000 persons, which is lower than the Sacramento Metro rate (650.3 deaths per 100,000 persons) and the state rate (614.4 deaths per 100,000 persons).

Mortality Rates, per 100,000 Persons, Five-Year Average

	Marshall Service Area		Sacramento Metro	California
	Number	Rate	Number	Rate
Deaths	1,154	597.7	650.3	614.4

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2014-2018 and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001, and using the 2000 U.S. standard million. California rates are from Centers for Disease Control and Prevention, National Center for Health Statistics, Underlying Cause of Death 2014-2018 on CDC WONDER Online Database. -- Values of 3 or less are withheld per HIPAA guidelines.

Leading Causes of Death

Cancer, heart disease and unintentional injuries are the top three causes of death in the service area. Chronic Lower Respiratory Disease (CLRD) is the fourth-leading cause of death and Alzheimer's disease is the fifth-leading cause of death. The age-adjusted rate

of death is higher in the service area than in the state for unintentional injuries, CLRD, suicide and liver disease deaths.

Leading Causes of Death, Age-Adjusted Rate, per 100,000 Persons, 2014-2018 Average

	Marshall Service Area		Sacramento Metro	California	Healthy People 2030 Objective
	Avg. Annual Deaths	Rate	Rate	Rate	Rate
Cancer	330	137.1	145.4	139.6	122.7
Heart disease	311	133.7	142.1	142.7	No Objective
Ischemic heart disease	74	77.8	92.3	88.1	71.1
Unintentional injuries	74	43.4	35.6	31.8	43.2
Chronic Lower Respiratory Disease	89	38.1	36.3	32.1	Not Comparable
Alzheimer's disease	67	29.6	38.8	35.4	No Objective
Stroke	62	26.9	37.4	36.4	33.4
Suicide	25	14.7	12.6	10.5	12.8
Liver disease	30	13.0	12.0	12.2	10.9
Pneumonia and influenza	29	12.9	13.6	14.8	No Objective
Diabetes	17	11.6	22.0	21.3	Not Comparable
Kidney disease	13	5.5	3.7	8.5	No Objective
Homicide	4	2.8	4.9	5.0	5.5

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2014-2018 and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001, and using the 2000 U.S. standard million. California rates are from Centers for Disease Control and Prevention, National Center for Health Statistics, Underlying Cause of Death 2014-2018 on CDC WONDER Online Database. -- Values of 3 or less are withheld per HIPAA guidelines.

Cancer

In the service area, the age-adjusted cancer mortality rate is 137.1 per 100,000 persons. This rate does not meet the Healthy People 2030 objective (122.7 deaths per 100,000 persons).

Cancer Mortality, Age-Adjusted Rate, per 100,000 Persons

	Marshall Service Area		Sacramento Metro	California
	Number	Rate	Rate	Rate
Cancer death rate	330	137.1	145.4	139.6

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2014-2018 and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001, and using the 2000 U.S. standard million. California rates are from Centers for Disease Control and Prevention, National Center for Health Statistics, Underlying Cause of Death 2014-2018 on CDC WONDER Online Database. -- Values of 3 or less are withheld per HIPAA guidelines.

Mortality rates for specific types of cancer are available at the county level from the California Cancer Registry. In El Dorado County, the leading causes of cancer death are from lung and bronchus, prostate, breast, colon and rectum, and pancreatic cancer.

Cancer Mortality, Age-Adjusted Rates, per 100,000 Persons

	El Dorado County	California
Cancer all sites	**136.4**	**140.0**
Lung and bronchus	29.6	28.0
Prostate (males)	19.8	19.8
Breast (female)	18.2	19.3
Colon and rectum	11.8	12.5
Pancreas	7.6	10.3
Ovary (females)	7.0	6.9
Leukemia	5.9	5.8
Non-Hodgkin lymphoma	5.6	5.2
Urinary bladder	4.7	3.8
Liver and intrahepatic bile duct	4.5	7.7
Brain and other nervous system	4.4	4.3
Kidney and renal pelvis	4.0	3.3
Uterine (female)	3.9	5.0
Esophagus	3.9	3.1

*Source: California Cancer Registry, Cal*Explorer-CA Cancer Data tool, 2014-2018*
https://explorer.ccrcal.org/application.html

Heart Disease and Stroke

The age-adjusted mortality rate for ischemic heart disease in the service area is 77.8 deaths per 100,000 persons. This rate is higher than the Healthy People 2030 objective of 71.1 heart disease deaths per 100,000 persons. The age-adjusted rate of death from stroke is 26.9 deaths per 100,000 persons. This rate is lower than the Healthy People 2030 objective of 33.4 stroke deaths per 100,000 persons.

Ischemic Heart Disease and Stroke Mortality, Age-Adjusted Rates, per 100,000 Persons

	Marshall Service Area		Sacramento Metro	California
	Number	Rate	Rate	Rate
Ischemic heart disease death rate	74	77.8	92.3	88.1
Stroke death rate	62	26.9	37.4	36.4

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2014-2018 and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001, and using the 2000 U.S. standard million. California rates are from Centers for Disease Control and Prevention, National Center for Health Statistics, Underlying Cause of Death 2014-2018 on CDC WONDER Online Database. -- Values of 3 or less are withheld per HIPAA guidelines.

Unintentional Injury

The age-adjusted death rate from unintentional injuries in the service area is 43.4 deaths per 100,000 persons. This rate is higher than the state rate (31.8 deaths per 100,000 persons) and the Healthy People 2030 objective of 43.2 unintentional injury deaths per 100,000 persons.

Unintentional Injury Mortality, Age-Adjusted Rate, per 100,000 Persons

	Marshall Service Area		Sacramento Metro	California
	Number	Rate	Rate	Rate
Unintentional injuries death rate	74	43.4	35.6	31.8

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2014-2018 and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001, and using the 2000 U.S. standard million. California rates are from Centers for Disease Control and Prevention, National Center for Health Statistics, Underlying Cause of Death 2014-2018 on CDC WONDER Online Database. -- Values of 3 or less are withheld per HIPAA guidelines.

Community Input – Unintentional Injuries

Stakeholder interviews identified the following issues, challenges and barriers related to unintentional injuries. Following are their comments summarized and edited for clarity:

- We have a lot of traffic and accidents. Many of the accidents involve non-resident tourists.
- We have a lot of waterways and alcohol use and water don't mix. We have at least one drowning every summer.
- A contributing factor to motor vehicle accidents is driving under the influence. Add in rural and mountain roads and you have a problem.
- Falls are the highest threat for the health and safety of elders. There are programs, but people may not be aware of them, don't want to take advantage of them, don't have transportation or the mobility to take advantage of them.
- Our lack of sidewalks can increase accidents and falls.
- We have poisons from pesticides since we are an agricultural county. Falls are terribly common and they are completely life changing and debilitating.
- Programs have been implemented for older adults to gain awareness and methods to prevent falls, which is the greatest threat to death and injury among this population. We live in the foothills so consequently we have more steps and slopes with the potential in winter for slipping on ice. It would be useful if we could incorporate classes for balance, strength, and range of motion that promote fall prevention exercises.
- We are a county that enjoys the outdoors. But that can mean unintentional injuries from taking down a tree on your property, moving heavy equipment, or running a tractor or lawnmower. People have livestock and farms and ranches, and they experience unintentional injuries.

Chronic Lower Respiratory Disease

Chronic Lower Respiratory Disease (CLRD) and Chronic Obstructive Pulmonary Disease (COPD) include emphysema and bronchitis. The age-adjusted death rate for respiratory disease in the service area is 38.1 per 100,000 persons. This is higher than the Sacramento Metro rate (36.3 per 100,000 persons) and the state rate (32.1 per 100,000 persons).

Chronic Lower Respiratory Disease Mortality, Age-Adjusted Rate, per 100,000 Persons

	Marshall Service Area		Sacramento Metro	California
	Number	Rate	Rate	Rate
Chronic Lower Respiratory Disease death rate	89	38.1	36.3	32.1

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2014-2018 and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001, and using the 2000 U.S. standard million. California rates are from Centers for Disease Control and Prevention, National Center for Health Statistics, Underlying Cause of Death 2014-2018 on CDC WONDER Online Database. -- Values of 3 or less are withheld per HIPAA guidelines.

Alzheimer's Disease

The mortality rate in the service area from Alzheimer's disease is 29.6 deaths per 100,000 persons, which is lower than Sacramento Metro and state rates.

Alzheimer's Disease Mortality, Age-Adjusted Rate, per 100,000 Persons

	Marshall Service Area		Sacramento Metro	California
	Number	Rate	Rate	Rate
Alzheimer's disease death rate	67	29.6	38.8	35.4

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2014-2018 and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001, and using the 2000 U.S. standard million. California rates are from Centers for Disease Control and Prevention, National Center for Health Statistics, Underlying Cause of Death 2014-2018 on CDC WONDER Online Database. -- Values of 3 or less are withheld per HIPAA guidelines.

Suicide

The suicide rate in the service area is 14.7 deaths per 100,000 persons. This rate is higher than the state rate of 10.5 deaths per 100,000 persons and the Healthy People 2030 objective for suicide death of 12.8 per 100,000 persons.

Suicide, Age-Adjusted Rate, per 100,000 Persons

	Marshall Service Area		Sacramento Metro	California
	Number	Rate	Rate	Rate
Suicide	25	14.7	12.6	10.5

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2014-2018 and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001, and using the 2000 U.S. standard million. California rates are from Centers for Disease Control and Prevention, National Center for Health Statistics, Underlying Cause of Death 2014-2018 on CDC WONDER Online Database. -- Values of 3 or less are withheld per HIPAA guidelines.

Liver Disease

The death rate from liver disease in the service area is 13.0 deaths per 100,000 persons. This is higher than the Healthy People 2030 objective of 10.9 deaths per 100,000 persons.

Liver Disease Mortality, Age-Adjusted Rate, per 100,000 Persons

	Marshall Service Area		Sacramento Metro	California
	Number	Rate	Rate	Rate
Liver disease death rate	30	13.0	12.0	12.2

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2014-2018 and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001, and using the 2000 U.S. standard million. California rates are from Centers for Disease Control and Prevention, National Center for Health Statistics, Underlying Cause of Death 2014-2018 on CDC WONDER Online Database. -- Values of 3 or less are withheld per HIPAA guidelines.

Pneumonia and Influenza

The age-adjusted death rate for pneumonia and influenza was 12.9 per 100,000 persons. This rate was lower than the Sacramento Metro area rate (13.6 per 100,000 persons) and the state rate (14.8 per 100,000 persons).

Pneumonia and Influenza Mortality, Age-Adjusted Rate, per 100,000 Persons

	Marshall Service Area		Sacramento Metro	California
	Number	Rate	Rate	Rate
Pneumonia and flu death rate	29	12.9	13.6	14.8

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2014-2018 and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001, and using the 2000 U.S. standard million. California rates are from Centers for Disease Control and Prevention, National Center for Health Statistics, Underlying Cause of Death 2014-2018 on CDC WONDER Online Database. -- Values of 3 or less are withheld per HIPAA guidelines.

Diabetes

The age-adjusted mortality rate for diabetes is 11.6 deaths per 100,000 persons. This is lower than the Sacramento Metro area rate (22 deaths per 100,000 persons) and the state rate (21.3 deaths per 100,000 persons).

Diabetes Mortality, Age-Adjusted Rate, per 100,000 Persons

	Marshall Service Area		Sacramento Metro	California
	Number	Rate	Rate	Rate
Diabetes death rate	27	11.6	22.0	21.3

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2014-2018 and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001, and using the 2000 U.S. standard million. California rates are from Centers for Disease Control and Prevention, National Center for Health Statistics, Underlying Cause of Death 2014-2018 on CDC WONDER Online Database. -- Values of 3 or less are withheld per HIPAA guidelines.

Kidney Disease

The death rate from kidney disease in the service area is 5.5 deaths per 100,000 persons. This is a higher rate than the Sacramento Metro area rate (3.7 deaths per 100,000 persons) and lower than the state rate (8.5 deaths per 100,000 persons).

Kidney Disease Mortality, Age-Adjusted Rate, per 100,000 Persons

	Marshall Service Area		Sacramento Metro	California
	Number	Rate	Rate	Rate
Kidney disease death rate	13	5.5	3.7	8.5

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2014-2018 and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001, and using the 2000 U.S. standard million. California rates are from Centers for Disease Control and Prevention, National Center for Health Statistics, Underlying Cause of Death 2014-2018 on CDC WONDER Online Database. -- Values of 3 or less are withheld per HIPAA guidelines.

Homicide

The homicide rate in the service area is 2.8 deaths per 100,000 persons. This rate is lower than the Sacramento Metro area and the state, and meets the Healthy People 2030 objective for homicide deaths of 5.5 per 100,000 persons.

Homicide, Age-Adjusted Rate, per 100,000 Persons

	Marshall Service Area		Sacramento Metro	California
	Number	Rate	Rate	Rate
Homicide	4	2.8	4.9	5.0

Source: Calculated by Gary Bess Associates using California Department of Public Health Master Death File 2014-2018 and U.S. Census Bureau American Community Survey, 5-Year Average 2014-2018, Table B01001, and using the 2000 U.S. standard million. California rates are from Centers for Disease Control and Prevention, National Center for Health Statistics, Underlying Cause of Death 2014-2018 on CDC WONDER Online Database. -- Values of 3 or less are withheld per HIPAA guidelines.

Drug Overdose

Rates of death by drug overdose, whether unintentional, suicide, homicide, or undetermined intent, have generally been rising statewide, particularly in the last several years. Drug overdose deaths in El Dorado County have been twice as high as the state rate for much of the last decade but were lower than the statewide rate for the first time in 2020. The county has met the Healthy People 2030 objective of 20.7 drug overdose deaths per 100,000 persons since 2017.

Drug Overdose Mortality, Age-Adjusted Rates, per 100,000 Persons

	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
El Dorado County	21.6	18.3	20.0	15.8	23.0	20.6	23.7	13.9	17.2	16.9	20.1
California	10.6	10.7	10.3	11.1	11.1	11.3	11.2	11.7	12.8	15.0	21.8

Source: U.S. Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Mortality public-use data 2009-2019, on CDC WONDER. https://wonder.cdc.gov/Deaths-by-Underlying-Cause.html

In 2020, the age-adjusted death rate from opioid overdoses in El Dorado County was 11.7 deaths per 100,000 persons, which is lower than the state rate. The rate of opioid deaths has been rising in the county since 2018. The Healthy People 2030 objective is a maximum of 13.1 overdose deaths involving opioids, per 100,000 persons, which the county met in 2020.

Opioid Drug Overdose Deaths, Age-Adjusted Rates, per 100,000 Persons, 2016 - 2020

	2016	2017	2018	2019	2020
El Dorado County	6.2	2.4	4.1	5.8	11.7
California	4.9	5.2	5.8	7.9	13.5

Source: California Office of Statewide Health Planning and Development, via California Department of Public Health, California Opioid Overdose Surveillance Dashboard, 2022. https://discovery.cdph.ca.gov/CDIC/ODdash/

In 2020, the rate of deaths from opioid overdose in El Dorado County was 11.7 per 100,000 persons. The rate of opioid overdose deaths in Placerville was 30.6 per 100,00 persons.

Opioid Drug Overdose Mortality, Age-Adjusted Rates, per 100,000 Persons, by ZIP Code

	ZIP Code	Rate
El Dorado Hills	95762	7.4
Placerville	95667	30.6
Shingle Springs/Cameron Park	95682	3.9
El Dorado County		**11.7**
California		**13.5**

Source: California Office of Statewide Health Planning and Development, via California Department of Public Health, California Opioid Overdose Surveillance Dashboard, 2020. https://discovery.cdph.ca.gov/CDIC/ODdash/

COVID-19

COVID-19, Cases and Death Rates

There have been 27,388 confirmed cases of COVID-19 in El Dorado County, as of May 16, 2022. The rate for the county was 14,325.4 cases per 100,000 persons. This was lower than the statewide average of 22,150.4 cases per 100,000 persons. Through May 16, 212 residents of El Dorado County had died due to COVID-19 complications, for a rate of 110.9 per 100,000 persons. This is less than the statewide rate of 228.2 deaths per 100,000 persons.

COVID-19, Cases and Crude Death Rates, per 100,000 Persons, as of 5/16/22

	El Dorado County		California	
	Number	Rate*	Number	Rate*
Cases	27,388	14,325.4	8,757,871	22,150.4
Deaths	212	110.9	90,219	228.2

*Source: California State Health Department, COVID19 Dashboard, Updated May 17th, 2022 with data from May 16. https://covid19.ca.gov/state-dashboard *Rates calculated using 2020 U.S. Census population data.*

In El Dorado County, among the population, ages 5 and older, 95% of the Native Hawaiian/Pacific Islander population, 94.3% of the Asian population, 82.6% of Black residents and 61.9% of White residents were fully vaccinated. 49.4% of Hispanic/Latino residents were fully vaccinated.

COVID-19 Vaccinations, El Dorado County, by Race, as of 5/16/22

	Partially Vaccinated	Fully Vaccinated
Native Hawaiian/Pacific Islander*	15.9%	95.0%
Asian*	8.1%	94.3%
Black	7.7%	82.6%
White	4.7%	61.9%
Hispanic/Latino	7.9%	49.4%
Multiracial	1.8%	47.6%
American Indian/Alaska Native**	4.6%	28.8%

*Source: California State Health Department, COVID19 Vaccination Dashboard, Updated May 17th, 2022 with data from May 16. https://covid19.ca.gov/vaccination-progress-data/#age-ethnicity *More self-identified vaccine recipients in these categories than the estimated eligible population. **Does not include doses administered by the Indian Health Service.*

The number of El Dorado County residents, ages 5 to 11, who received at least one dose of a COVID-19 vaccine was 4,040, or 33.3% of that population group. The number of county residents, ages 12 to 17, who received at least one dose of a COVID-19 vaccine was 8,021, or 54.6% of the teen population. The number of county residents, ages 18 to 64, who received at least one dose of a COVID-19 vaccine was 77,958, or 71.2% of the adult population. 38,727 residents, ages 65 or older, or 87.3% of the senior population, have received at least one vaccine dose. County rates are lower than the statewide vaccination rates for the age groups listed.

COVID-19 Vaccinations, Number and Percent, by Age, as of 5/16/22

	El Dorado County				California			
	Partially Vaccinated		Completed		Partially Vaccinated		Completed	
	Percent	Number	Percent	Number	Percent	Number	Percent	Number
Population, ages 5-11	3.6%	438	29.7%	3,602	5.3%	185,827	35.0%	1,231,451
Population, ages 12-17	4.7%	688	49.9%	7,333	7.1%	224,123	66.7%	2,112,475
Population, ages 18-64	6.8%	7,391	64.5%	70,567	8.9%	2,190,589	79.6%	19,493,691
Population, ages 65+	5.6%	2,490	81.6%	36,237	7.4%	486,005	84.2%	5,494,319

Source: California Department of Public Health. https://covid19.ca.gov/vaccination-progress-data/#progress-by-group Updated May 17th, 2022 with data through May 16, 2022.

COVID-19 Vulnerability and Recovery Index

The Vulnerability and Recovery Index compares all ZIP Codes in California along various indices of vulnerability, and is an overall composite of a Risk Score, a Severity Score, and a Recovery Need Score, each based on a number of indicators, including the average of Black, Latino, American Indian/Alaskan Native and Native Hawaiian/ Pacific Islander populations, percent of the population qualified as essential workers, percent of population under 200% of FPL, percent of population in overcrowded housing units, population, ages 75 and older, living in poverty, the unemployment rate, uninsured population data and heart attack and diabetes rates.

The Index rates ZIP Codes in the 0 to 19th percentile as in the 'Lowest' Vulnerability and Recovery Index category, those in the next-highest quintiles are 'Low', then 'Moderate.' Those in the 60th to 79th percentiles are 'High' and 80th percentile and above are 'Highest' in terms of vulnerability to COVID-19 and the need for recovery assistance. Among the service area ZIP Codes for which Index values were available, Georgetown is ranked as the highest vulnerability, with an Index score of 55.5%. El Dorado Hills is ranked as the lowest vulnerability, with an Index score of 7.1%.

COVID-19 Vulnerability and Recovery Index

	ZIP Code	Risk	Severity	Recovery Need	Index
Camino/Apple Hill	95709	37.8	39.3	40.2	39.4
Diamond Springs	95619	25.5	47.0	25.8	31.2
El Dorado Hills	95762	6.4	9.2	6.4	7.1
Georgetown	95634	61.0	46.3	58.5	55.5
Placerville	95667	30.1	43.2	29.6	33.6
Pollock Pines	95726	26.4	43.4	26.5	30.3
Rescue	95672	16.2	19.9	15.8	16.5
Shingle Springs/Cameron Park	95682	19.2	26.2	22.1	21.2

Source: Advancement Project California, Vulnerability and Recovery Index, Published February 3, 2021, data as of January 31, 2021. https://www.racecounts.org/covid/covid-statewide/

Community Input – COVID-19

Stakeholder interviews identified the following issues, challenges and barriers related to COVID-19. Following are their comments summarized and edited for clarity:

- Childcare is a major issue. At school, kids are struggling academically and have anxiety. A lot of kids have shifted to hybrid or home school and prefer it.
- We need to strengthen our ability to quickly vaccinate the community and draw on community resources. COVID has completely decimated our workforce and we've had a hard time hiring people back. People were really upset about having their freedom taken away from them with masking recommendations and vaccine mandates.
- In the beginning, people didn't know where to go to get an appointment or how to schedule a test. Appointments had to be made online, but people were not familiar with how to do that.
- It is clearly linked to critical staff shortages in all areas of health care. In our community, people are leaving and we are not able to fill the vacant positions. People are not even applying for open positions.
- There were a lot of behavioral health issues. People were isolated and overwhelmed and there were fewer resources available. Families were feeling the pressure of raising kids by themselves. COVID has decimated the childcare system. It is changing the entire system and the way we care for kids.
- It impacted our entire world. We are seeking to create stable conditions around children and families. We want consistency in protocols and communication around children and families. There has been education loss. An indicator we are keeping an eye on is chronic absenteeism. Students who demonstrate higher than 10% absences are truant. We've seen with the current senior class of 2022 that 41% were truant. School attendance is a primary driver and indicator of academic achievement. There was an assumption that when schools stabilized and kids returned from remote to in-person that we would see attendance increase. But that has not been the case.
- There was ample availability of vaccinations. But people were reluctant or misinformed. We caught up, but it took longer than other counties.
- The virus has not settled, it keeps mutating and there is no end point. It will continue to be an issue for us. People are tired of it and there is governmental distrust and it makes it harder to implement programs and guidelines to try to make things better. We have low vaccine rates in our county.

Acute and Chronic Disease

Hospitalizations by Diagnoses

In 2019, the top five primary diagnoses resulting in hospitalization at Marshall Medical Center were circulatory system, digestive system and respiratory system disorders, injuries/poisonings, and infections/parasites.

Hospitalizations, by Principal Diagnosis, Top Ten Causes

	Percent
Circulatory system	14.9%
Digestive system	11.9%
Respiratory system	10.1%
Injuries/poisonings	9.4%
Infections/parasites	9.3%
Births	8.2%
All pregnancies	8.0%
Musculoskeletal system	7.2%
Genitourinary system	5.5%
Mental illness	3.4%

Source: Healthy Communities Institute, California Office of Statewide Health Planning and Development, 2019. http://report.oshpd.ca.gov/?DID=PID&RID=Facility_Summary_Report_Hospital_Inpatient

Emergency Room Visits by Diagnoses

In 2019, the top five primary diagnoses seen in the Emergency Department at Marshall Medical Center were injuries/poisonings, respiratory system, nervous system, circulatory system, and musculoskeletal system diagnoses.

Emergency Room Visits, by Principal Diagnosis, Top Ten Causes

	Percent
Injuries/poisonings	24.9%
Respiratory system	11.3%
Nervous system (including eye and ear disorders)	8.1%
Circulatory system	7.1%
Musculoskeletal system	7.1%
Mental disorders	6.6%
Digestive system	6.0%
Genitourinary system	5.5%
Skin disorders	3.6%
Endocrine, nutritional, metabolic & immunity disorders	1.8%

Source: Healthy Communities Institute, California Office of Statewide Health Planning and Development, 2019. http://report.oshpd.ca.gov/?DID=PID&RID=Facility_Summary_Report_Hospital_Inpatient

Diabetes

Among adults in El Dorado County, 11% have been diagnosed as pre-diabetic and 7.9% have been diagnosed with diabetes. For adults with diabetes, 58.9% felt very confident that they could control their diabetes and only 8% were not confident at all.

Diabetes, Adults

	El Dorado County	California
Diagnosed pre-diabetic	11.0%	15.0%
Diagnosed with diabetes†	7.9%	10.4%
Very confident to control diabetes	58.9%	59.2%
Somewhat confident	33.1%	33.1%
Not confident	8.0%	7.7%

*Source: California Health Interview Survey, 2016-2018 and †2018-2020.. http://ask.chis.ucla.edu/ *Statistically unstable due to sample size.*

The federal Agency for Healthcare Research and Quality (AHRQ) developed Prevention Quality Indicators (PQIs) to identify hospital admissions that may be avoided through access to high-quality outpatient care. Four PQIs, and one Composite PQI, are related to diabetes: short-term complications (ketoacidosis, hyperosmolarity and coma); long-term complications (renal, ophthalmic, or neurological manifestations, and peripheral circulatory disorders); amputation; and uncontrolled diabetes. For short-term complications, hospitalization rates were higher in El Dorado County than in California, while for long-term complications, amputations, uncontrolled diabetes and the overall diabetes composite, hospitalization rates in El Dorado County were lower than the statewide averages.

Diabetes Hospitalization Rates* for Prevention Quality Indicators

	El Dorado County	California
Diabetes short term complications	83.5	60.9
Diabetes long term complications	46.6	97.1
Lower-extremity amputation among patients with diabetes	8.1	29.6
Uncontrolled diabetes	16.4	**30.5**
Diabetes composite	**140.3**	**202.2**

*Source: California Office of Statewide Health Planning & Development, 2019. https://hcai.ca.gov/data-and-reports/healthcare-quality/ahrq-quality-indicators/ *Risk-adjusted (age/sex-adjusted) annual rates per 100,000 persons.*

Heart Disease

8.1% of El Dorado County adults have been diagnosed with heart disease, which is higher than the state rate of 6.8%. Among adults diagnosed with heart disease, 65.3% were given a management care plan by a health care provider. Of those El Dorado County adults with a management plan, 49.2% were very confident of their ability to control their condition.

Heart Disease

	El Dorado County	California
Diagnosed with heart disease	8.1%	6.8%
Has a management care plan†	*65.3%	73.7%
Very confident to control condition**	49.2%	59.4%

	El Dorado County	California
Somewhat confident to control condition**	*42.1%	35.3%
Not confident to control condition**	*8.3%	5.3%

*Source: California Health Interview Survey, 2018-2020, †2014-2018 and **2015-2016. http://ask.chis.ucla.edu/ *Statistically unstable due to sample size.*

As noted, Prevention Quality Indicators (PQIs) identify hospital admissions that may be avoided through access to high-quality outpatient care. The rate of admissions related to heart failure in El Dorado County (288.3 annual hospitalizations per 100,000 persons, risk-adjusted) is lower than the state rate (355 hospitalizations per 100,000 persons).

Heart Failure Hospitalization Rate*for Prevention Quality Indicators

	El Dorado County	California
Hospitalization rate due to heart failure	288.3	355.0

*Source: California Office of Statewide Health Planning & Development, 2019. https://hcai.ca.gov/data-and-reports/healthcare-quality/ahrq-quality-indicators/. *Risk-adjusted (age/sex-adjusted) annual rates per 100,000 persons.*

High Blood Pressure

A co-morbidity factor for diabetes and heart disease is hypertension (high blood pressure). In El Dorado County, 21.6% of adults have been diagnosed with high blood pressure, which is lower than the state rate of 25.7%. 75.7% of persons diagnosed with high blood pressure take medication for their condition.

High Blood Pressure

	El Dorado County	California
Diagnosed with high blood pressure	21.6%	25.7%
Borderline high blood pressure	9.8%	7.5%
Doesn't/never had high blood pressure	68.6%	66.8%
Takes medication for high blood pressure†	75.7%	67.9%

*Source: California Health Interview Survey, 2019-2020 and †2016-2017. http://ask.chis.ucla.edu/ *Statistically unstable due to sample size.*

The remaining Prevention Quality Indicator (PQIs) related to heart disease is hypertension. The rate of admissions for hypertension in El Dorado County (32.1 hospitalizations per 100,000 persons, risk-adjusted) is lower than the state rate (43.4 hospitalizations per 100,000 persons).

Hypertension Hospitalization Rate* for Prevention Quality Indicators

	El Dorado County	California
Hospitalization rate due to hypertension	32.1	43.4

*Source: California Office of Statewide Health Planning & Development, 2019. https://hcai.ca.gov/data-and-reports/healthcare-quality/ahrq-quality-indicators/. *Risk-adjusted (age/sex-adjusted) annual rates per 100,000 persons.*

Asthma

In El Dorado County, 19.4% of the population has been diagnosed with asthma. 13.6% of children have been diagnosed with asthma. 28.5% of residents with diagnosed asthma had an asthma attack in the past year and 59.4% take medication daily to control their symptoms.

Asthma

	El Dorado County	California
Diagnosed with asthma, total population	19.4%	15.3%
Diagnosed with asthma, ages 0-17	*13.6%	14.0%
Had asthma episode/attack in past 12 months	28.5%	28.7%
Had asthma episode/attack in past 12 months, ages 0-17	*13.7%	30.4%
Missed daycare/school in the past 12 months, ages 0-17†	*24.1%	22.4%
Takes daily medication to control asthma, total population	59.4%	44.9%
Takes daily medication to control asthma, ages 0-17†	*56.4%	42.0%

*Source: California Health Interview Survey, 2016-2020 and †2014-2020. http://ask.chis.ucla.edu *Statistically unstable due to sample size.*

Two Prevention Quality Indicators (PQIs) related to asthma include Chronic Obstructive Pulmonary Disease (COPD) or asthma in older adults, and asthma in younger adults. In 2019, hospitalization rates in El Dorado County for COPD and asthma among adults were 330.2 per 100,000 persons. The rate of hospitalizations in El Dorado County for asthma among young adults, ages 18 to 39, was 31.6 hospitalizations per 100,000 persons.

Asthma Hospitalization Rates, Age-Adjusted, per 100,000 Hospitalizations

	El Dorado County	California
COPD or asthma in older adults, ages 40 and older	330.2	220.2
Asthma in younger adults, ages 18 to 39	31.6	19.7

Source: California Office of Statewide Health Planning & Development, 2019. https://hcai.ca.gov/data-and-reports/healthcare-quality/ahrq-quality-indicators/

Cancer[3]

In El Dorado County, the age-adjusted cancer incidence rate was 426.2 cancers per 100,000 persons, which is higher than the state rate of 394.5 per 100,000 persons. The top types of cancer in El Dorado County are breast, prostate, lung and bronchus. Melanoma and cancer of the colon and rectum.

[3] Marshall's performance data show increased cancer screening rates. Notably for breast cancer, Marshall has a higher percentage of diagnoses being made at an earlier stage in the disease progression and cancer mortality has been decreasing.

Cancer Incidence, Age-Adjusted Rates, per 100,000 Persons

	El Dorado County	California
All sites	**426.2**	**394.5**
Breast (female)	128.2	122.2
Prostate (males)	101.5	91.7
Lung and bronchus	41.8	40.0
Melanoma of the skin	39.8	23.1
Colon and rectum	33.6	34.8
Corpus uteri (females)	25.5	26.6
Non-Hodgkin lymphoma	19.3	18.3
Thyroid	15.5	13.1
Kidney and renal pelvis	14.9	14.7
Leukemia	14.1	12.4
Ovary (females)	13.3	11.1
Pancreas	11.9	11.9
Urinary bladder	10.5	8.7
Cervix uteri (females)	7.4	7.4
Liver and intrahepatic bile duct	6.8	9.7
Stomach	3.9	7.3

*Source: California Cancer Registry, Cal*Explorer-CA Cancer Data tool, 2014-2018*
https://explorer.ccrcal.org/application.html

Community Input – Chronic Disease

Stakeholder interviews identified the following issues, challenges and barriers related to chronic disease. Following are their comments summarized and edited for clarity:

- Specialty and subspeciality practitioners are hard to find in network.
- The smoke during the fires impacted respiratory and heart conditions as well as mental health wellbeing.
- There is access to primary care but specialty care is still difficult to access, both in terms of quality and convenience. We've improved our transit, but there is a cost associated with it, so people who are in poverty don't have as much freedom to use that service.
- There is a paucity of specialists and subspeciality areas. Access to that type of care, particularly for the publicly insured, is made that much more inconvenient. People have to travel to Fresno, Sacramento and San Francisco to see a specialist. We do not have well developed inpatient behavioral health services for our publicly insured and uninsured residents. We have contracted out of county for those services and that is a tremendous shortfall in our community.
- Lockdowns, masks and social distancing restricted physical activity. Being homebound tends to increase food and drink consumption, especially comfort foods. This impacts chronic diseases.
- We have a patient base that has a high number of chronic conditions. We have a pretty large population that drives a considerable amount. They live in remote areas and in winter that can create some challenges. For those who don't have health insurance, even with a sliding scale, the cost can be a barrier.

Health Behaviors

Health Behaviors Ranking

County Health Rankings examine healthy behaviors and rank counties according to health behavior data. California's 58 counties are ranked from 1 (healthiest) to 58 (least healthy) based on a number of indicators that include: adult smoking, obesity, physical inactivity, excessive drinking, sexually transmitted infections, and others. El Dorado County is ranked 17, which is in the second quartile of California counties for health behaviors.

Health Behaviors Ranking

	County Ranking (out of 58)
El Dorado County	17

Source: County Health Rankings, 2021. www.countyhealthrankings.org

Disability

The U.S. Census Bureau collects data on six different categories of disability or 'difficulties': difficulty with hearing, vision, cognitive tasks, ambulatory tasks, self-care tasks and independent living. In the service area, 13.1% of the non-institutionalized civilian population identified as having a disability. In El Dorado County, 13.2% had a disability, while the rate of disability in the state was 10.6%. 0.9% of county adults said they had been unable to work for a year or more due to illness, injury or disability.

Disability, Adults

	Marshall Service Area	El Dorado County	California
Adults with a disability	13.1%	13.2%	10.6%
Couldn't work 1 year or more due to impairment†	N/A	*0.9%	0.7%

Source: U.S. Census Bureau, American Community Survey, 2015-2019, DP02. http://data.census.gov and †California Health Interview Survey, 2019-2020. http://ask.chis.ucla.edu

Sexually Transmitted Infections

In 2019, the rate of chlamydia in El Dorado County was 255.2 cases per 100,000 persons. The El Dorado County rate of gonorrhea was 62.2 cases per 100,000 persons. The rate of primary and secondary syphilis for El Dorado County was 9.4 cases per 100,000 persons. The rate of early latent syphilis was 2.6 cases per 100,000 persons. All rates are below state rates.

Sexually Transmitted Infections Cases and Rates, per 100,000 Persons

	El Dorado County		California
	Cases	Rate	Rate
Chlamydia	488	255.2	594.7
Gonorrhea	119	62.2	201.7

	El Dorado County		California
	Cases	Rate	Rate
Primary and secondary syphilis	18	9.4	20.6
Early latent syphilis	5	2.6	20.8

Source: California Department of Public Health, STD Control Branch, 2019 STD Surveillance Report, 2019 data.
https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/STD-Data-All-STDs-Tables.pdf

Teen Sexual History

In El Dorado County, 57% of teens, ages 14 to 17, whose parents gave permission for the question to be asked, reported they had never had sex, which is a lower rate of abstention than seen statewide (85.4%).

Sexual History, Teens, Ages 14 to 17

	El Dorado County	California
Never had sex	*57.0%	85.4%

Source: California Health Interview Survey, 2015-2020. http://ask.chis.ucla.edu/

HIV

The rate of new HIV cases in El Dorado County was 1.6 per 100,000 persons, and the rate of HIV infection in the county is 115.6 cases per 100,000 persons. 81.9% of persons in the county with diagnosed HIV were receiving care and 76.5% were virally suppressed. The California Integrated Plan objective was for 90% of persons with HIV to be in care, and 80% to be virally suppressed by 2021.

HIV Cases and Rates, per 100,000 Persons

	El Dorado County	California
Newly diagnosed cases	3	4,396
Rate of new diagnoses	1.6	11.0
Living Cases	221	137,785
Rate of HIV	115.6	344.8
Percent in care	81.9%	75.0%
Percent virally suppressed	76.5%	65.3%
Percent deceased in 2019	1.4%	1.4%

Source: California Department of Public Health, Office of AIDS, California HIV Surveillance Report, 2019.
https://www.cdph.ca.gov/Programs/CID/DOA/Pages/OA_case_surveillance_reports.aspx

Overweight and Obesity

In El Dorado County, more than a third (35.8%) of El Dorado County adults, ages 20 and older, are overweight, and 22% are obese (30+ BMI). The Healthy People 2030 objective for adult obesity is a maximum of 36% of adults, age 20 and older.

Overweight and Obesity, Adults, Ages 20 and Older

	Overweight+	Obese
El Dorado County	35.8%	22.0%
California	33.8%	28.3%

*Source: California Health Interview Survey, 2018-2020. http://ask.chis.ucla.edu/. +Overweight BMI >25 and < 30. *Obesity BMI 30 and over.*

When adult obesity levels are tracked over time, El Dorado County had a 6.3% increase in obesity from 2005 to 2019.

Obesity, Adults, 2005 - 2020

	2005	2007	2009	2011-12	2013-14	2015-16	2017-18	2019-20	Change 2005-2019
El Dorado County	17.5%	15.8%	22.7%	21.8%	24.4%	25.4%	*21.0%	23.8%	+6.3%
California	21.6%	23.2%	23.0%	25.3%	26.4%	28.4%	27.3%	28.6%	+7.0%

*Source: California Health Interview Survey, 2005-2020. http://ask.chis.ucla.edu. *Statistically unstable due to sample size.*

In El Dorado County, 7.4% of teens and 15.5% of children are overweight, and 12.4% of teens are obese. The Healthy People 2030 objective for obesity in children and teens is a maximum of 15.5%.

Overweight, Children and Teens, and Obesity, Teens

	El Dorado County	California
Overweight, teens, ages 12-17	*7.4%	15.6%
Overweight, children, ages under 12	*15.5%	14.4%
Obese, teens, ages 12-17	*12.4%	18.3%

*Source: California Health Interview Survey, 2015-2020. http://ask.chis.ucla.edu/ *Statistically unstable due to sample size.*

The physical fitness test (PFT) for students in California schools is the FitnessGram®. One of the components of the PFT is measurement of body composition (measured by skinfold measurement, BMI, or bioelectric impedance). Children who do not meet the "Healthy Fitness Zone" criteria for body composition are categorized as needing improvement (overweight) or at health risk (obese).

In El Dorado County, the percentage of 5th grade students who tested as body composition needing improvement or at health risk was 27.6%, which is lower than the state rate (41.3%). Among 7th grade students in El Dorado County, 26.9% needed improvement or were at health risk. By 9th grade, there was a continued decrease in the percentage of county students needing improvement or at health risk (25.3%).

Body Composition, Needs Improvement and at Health Risk, 5th, 7th, 9th Grade Students

	Fifth Grade		Seventh Grade		Ninth Grade	
	Needs Improvement	Health Risk	Needs Improvement	Health Risk	Needs Improvement	Health Risk
Buckeye Union Elem.	12.9%	8.5%	14.1%	5.6%	N/A	N/A
Camino Union Elem.	28.9%	13.2%	13.5%	23.0%	N/A	N/A
Gold Oak Union Elem.	17.0%	10.7%	11.5%	18.0%	N/A	N/A
Gold Trail Union Elem.	11.3%	18.3%	19.8%	15.4%	N/A	N/A
Latrobe	10.0%	15.0%	15.0%	10.0%	N/A	N/A
Mother Lode Union Elem	17.6%	21.6%	14.2%	17.3%	N/A	N/A
Pioneer Union Elem.	*	*	*	*	N/A	N/A
Placerville Union Elem.	26.2%	13.4%	16.5%	11.3%	N/A	N/A
Pollock Pines Elem.	18.3%	12.7%	11.4%	19.0%	N/A	N/A
Rescue Union Elem.	15.8%	9.8%	14.2%	9.7%	N/A	N/A
Black Oak Mine Unified	13.0%	10.9%	15.7%	27.7%	14.5%	17.4%
El Dorado Union High	N/A	N/A	N/A	N/A	17.1%	6.6%
El Dorado County	**16.2%**	**11.4%**	**14.8%**	**12.1%**	**17.5%**	**7.8%**
California	**19.4%**	**21.9%**	**19.4%**	**20.6%**	**18.9%**	**18.9%**

*Source: California Department of Education, Fitnessgram Physical Fitness Testing Results, 2018-2019. N/A = Not Applicable http://data1.cde.ca.gov/dataquest/page2.asp?Level=District&submit1=Submit&Subject=FitTest *Suppressed due to 10 or fewer students.*

Community Input – Overweight and Obesity

Stakeholder interviews identified the following issues, challenges and barriers related to overweight and obesity. Following are their comments summarized and edited for clarity:

- Often people who live in rural areas do not have access to healthier foods.
- The importance of healthy eating and lifestyle education is important. If we can teach kids at an early age to take care of themselves and eat well, a lot of the battle is over early in life.
- Our community is great for physical outdoor opportunities. We need to have activities and more structure around that particularly for low income, less accessible areas.
- There is plenty of opportunity for physical activity. Access to healthy foods can be an issue. There are a lot of places where it is easier to go to the corner liquor store rather than the grocery store because it is too far away. I don't believe there are limitations to exercise. It is more about being able to buy affordable healthy food.
- With the pandemic, kids were not getting their free meals at school and weren't getting their school and after school exercise.
- More than half of our county residents report eating fast food once a week. We are typically less obese than other counties. The challenge is we recommend people get out and walk more, but we are a rural county and much of the area is not walkable or

bikeable. And most people are a distance away from a park.

- The El Dorado built environment doesn't help people to get physically active. There are not enough parks and activities that are free and inviting to people.
- El Dorado County is a beautiful place to live and there is a lot of outdoor hiking but for basic daily walking, even children walking to school is far more challenging because we do not have safe sidewalks and roads to do that. Our ability to ride our bikes safely to the store is far more difficult than in a more suburban setting. Hiking is a weekend thing.
- Given the rural nature of our county, the further you are away from the main corridor, the further you are from healthy food and grocery stores.

Soda/Sugar-Sweetened Beverage Consumption

7.7% of children in El Dorado County consumed at least two glasses of non-diet soda the previous day, and 4.2% of county children consumed at least two glasses of a sugary drink other than soda the previous day. 7.2% of El Dorado County adults consumed non-diet sodas at a high rate (7 or more times per week). 65.4% of adults reported drinking no non-diet soda in an average week.

Soda or Sweetened Drink Consumption

	El Dorado County	California
Children and teens reported to drink at least two glasses of non-diet soda yesterday	*7.7%	6.2%
Children and teens reported to drink at least two glasses sugary drinks other than soda yesterday†	*4.2%	9.6%
Adults who reported drinking non-diet soda at least 7 times weekly**	*7.2%	10.3%
Adults who reported drinking no non-diet soda weekly**	65.4%	59.8%

*Source: California Health Interview Survey, 2015-2017 plus 2019-2020, pooled, †2014-2018, and **2015-2017. http://ask.chis.ucla.edu *Statistically unstable due to sample size.*

Adequate Fruit and Vegetable Consumption

Teens are less likely than children to eat five or more servings of fruit and vegetables a day. In El Dorado County, 41.6% of children and 33.7% of teens eat five or more servings of fruit and vegetables daily (excluding juice and potatoes).

Five or More Servings of Fruit and Vegetables, Daily, Children and Teens

	El Dorado County	California
Children	41.6%	33.3%
Teens	*33.7%	27.1%

*Source: California Health Interview Survey, 2016-2020. http://ask.chis.ucla.edu/ *Statistically unstable due to small sample size.*

Access to Fresh Produce

86.4% of adults in El Dorado County reported they could usually or always find fresh fruit and vegetables in the neighborhood, and 85.7% said they were usually or always affordable.

Communities with Good or Excellent Access to Fresh Produce

	El Dorado County	California
Neighborhood usually or always has fresh produce	*86.4%	88.1%
Fresh produce usually or always affordable	85.7%	80.7%

*Source: California Health Interview Survey, 2016-2018. http://ask.chis.ucla.edu *Statistically unstable due to small sample size.*

Physical Activity

Current recommendations for physical activity for adults include aerobic exercise (at least 150 minutes per week of moderate exercise, or 75 minutes of vigorous exercise) and muscle-strengthening (at least 2 days per week). For children and teens, the guidelines are at least an hour of aerobic exercise daily and at least 2 days per week of muscle-strengthening exercises. 35.6% of El Dorado County adults were physically active for at least 20 minutes per day, 7 days per week, (the equivalent of at least 140 minutes per week). 48.6% of children in El Dorado County met the aerobic requirement.

Aerobic Activity Guidelines Met

	El Dorado County	California
Adults physically active at least 20 minutes at a time, 7 days per week (140 minutes per week)**	35.6%	25.3%
Teens meeting aerobic guideline (at least one hour of aerobic exercise daily)†	N/A	11.4%
Children meeting aerobic guideline (at least one hour of aerobic exercise daily)	*48.6%	30.8%

*Source: California Health Interview Survey, 2014-2018; †2014-2016, and **2017-2018. http://ask.chis.ucla.edu *Statistically unstable due to sample size. N/A = suppressed due to small sample size.*

One of the components of the physical fitness test (PFT) for students is measurement of aerobic capacity through run and walk tests. 73.1% of El Dorado County 5th graders were in the 'Healthy Fitness Zone' (HFZ) of aerobic capacity. Area ninth graders performed slightly better, with 74.1% of El Dorado County 9th graders testing in the Healthy Fitness Zone.

Aerobic Capacity, Healthy Fitness Zone, 5th and 9th Grade Students

	Fifth Grade	Ninth Grade
Buckeye Union Elementary School District	81.5%	N/A
Camino Union Elementary School District	60.5%	N/A
Gold Oak Union Elementary School District	63.8%	N/A
Gold Trail Union Elementary School District	49.3%	N/A
Latrobe School District	80.0%	N/A
Mother Lode Union Elementary School District	88.2%	N/A

	Fifth Grade	Ninth Grade
Pioneer Union Elementary School District	*	N/A
Placerville Union Elementary School District	64.4%	N/A
Pollock Pines Elementary School District	38.0%	N/A
Rescue Union Elementary School District	83.7%	N/A
Black Oak Mine Unified School District	52.2%	72.5%
El Dorado Union High School District	N/A	78.7%
El Dorado County	**73.1%**	**74.1%**
California	**60.2%**	**60.0%**

*Source: California Department of Education, Fitnessgram Physical Fitness Testing Results, 2018-2019. N/A = Not Applicable http://data1.cde.ca.gov/dataquest/page2.asp?Level=District&submit1=Submit&Subject=FitTest *Suppressed due to 10 or fewer students.*

12% of El Dorado County children and teens spent over five hours in sedentary activities after school on a typical weekday, and 19.5% spent 8 hours or more a day on sedentary activities on weekend days.

Sedentary Children

	El Dorado County	California
5+ hours spent on sedentary activities after school on a typical weekday - children and teens	*12.0%	13.2%
8+ hours spent on sedentary activities on a typical weekend day - children and teens**	*19.5%	10.6%

*Source: California Health Interview Survey, 2014-2018; **2015-2019. http://ask.chis.ucla.edu/ *Statistically unstable due to sample size.*

16.1% of El Dorado County adults reported not participating in any leisure-time physical activities within the past month.

Sedentary Adults

	El Dorado County	California
Adults who did not participate in any leisure-time physical activities in the previous month.	16.1%	22.4%

Source: For El Dorado County: 2019 CDC BRFSS as analyzed by the National Diabetes Surveillance System, via http://www.welldorado.org/ Source for California: Centers for Disease Control, 2019 Behavioral Risk Factor Surveillance System (BRFSS). https://www.cdc.gov/brfss/brfssprevalence/index.html

Community Walkability

WalkScore.com ranks over 2,500 cities in the United States (over 10,000 neighborhoods) with a walk score. The walk score for a location is determined by its access to amenities. Many locations are sampled within each city and an overall score is issued for the walkability of that city (scores for smaller towns, however, may be based on a single location). A higher score indicates an area is more accessible to walking while a lower score indicates a more vehicle-dependent location.

WalkScore.com has established the range of scores as follows:

0-24: Car Dependent (Almost all errands require a car)
25-49: Car Dependent (A few amenities within walking distance)
50-69: Somewhat Walkable (Some amenities within walking distance)
70-89: Very Walkable (Most errands can be accomplished on foot)
90-100: Walker's Paradise (Daily errands do not require a car)

Based on the scoring method, all service area ZIP Codes were considered “Car Dependent”, with 95619 being the most walkable, with a score of 45. By community name, one area community was ranked as ‘Somewhat’ walkable (Diamond Springs) and one as ‘Very’ walkable (Placerville).

Walkability

	Walk Score	ZIP Code	Walk Score
Camino	32	95709	5
Apple Hill	7		
Cool	39	95614	4
Diamond Springs	56	95619	45
El Dorado Hills	14	95762	14
Garden Valley	13	95633	3
Georgetown	43	95634	0
Greenwood	6	95635	1
Grizzly Flats	1	95636	0
Kingsville	1	95623	0
Nashville	0		
Lotus	15	95651	0
Pilot Hill	0	95664	0
Placerville	71	95667	1
Pollock Pines	49	95726	0
Rescue	11	95672	2
River Pines	11	95675	0
Shingle Springs	4	95682	0
Cameron Park	23		
Somerset	23	95684	0

Source: WalkScore.com, 2022

Mental Health

Mental Health

In El Dorado County, 9.2% of adults were determined to have likely experienced serious psychological distress in the past year. 14.6% said they had taken a prescription medication for two weeks or more for an emotional or personal problem during the past year. Serious psychological distress was experienced in the prior year by 26.5% of area teens, which was higher than the state level (14.9%).

Mental Health Indicators

	El Dorado County	California
Adults who had serious psychological distress during past year	9.2%	10.1%
Adults taken prescription medicine at least 2 weeks for emotional/mental health issue in past year	14.6%	11.1%
Adults: family life impairment during the past year	17.6%	16.3%
Adults: social life impairment during the past year	17.5%	16.6%
Adults: household chore impairment during the past year	17.6%	15.4%
Adults: work impairment during the past year	15.4%	14.5%
Teens who had serious psychological distress during past year	*26.5%	14.9%

*Source: California Health Interview Survey, 2015-2019. http://ask.chis.ucla.edu *Statistically unstable due to sample size.*

Mental Health Care Access

32.9% of El Dorado County teens said they needed help for emotional or mental health problems in the prior year, and 22.3% of teens had received psychological or emotional counseling in the prior year. 23.3% of surveyed adults in El Dorado County said they needed help for emotional-mental and/or alcohol-drug related issues in the prior year. Among El Dorado County adults who sought help, 66.2% received treatment. The Healthy People 2030 objective is for 68.8% of adults with a serious mental disorder to receive treatment (a maximum of 31.2% who do not receive treatment).

Tried to Access Mental Health Care in the Past Year

	El Dorado County	California
Teen who needed help for emotional or mental health problems in the past year	*32.9%	23.3%
Teen who received psychological or emotional counseling in the past year	*22.3%	14.0%
Adults who needed help for emotional-mental and/or alcohol-drug issues in past year†	23.3%	21.2%
Adults, sought/needed help and received treatment†	66.2%	56.4%
Adults, sought/needed help but did not receive†	33.8%	43.6%

*Source: California Health Interview Survey, 2013-2020; †2018-2020 http://ask.chis.ucla.edu/ *Statistically unstable due to sample size.*

Youth Mental Health

Among El Dorado County 7th graders, 24.8% had experienced depression in the previous year, described as 'feeling so sad or hopeless every day for two weeks or more in a row that they stopped doing some usual activities'. This rate rose by grade level.

Depression, Past 12 Months, 7th - 11th Grade Students

	7th Grade	9th Grade	11th Grade
El Dorado County	24.8%	32.7%	39.5%
California	30.4%	32.6%	36.6%

Source: WestEd, California Healthy Kids Survey, California Department of Education, 2017-2019.via http://www.kidsdata.org

Suicide is the second-leading cause of death among young people, ages 10 to 19, in the U.S. and rates of youth suicide and self-injury hospitalization are on the rise, especially among younger teens. 18.9% of 9th grade students in El Dorado County said they had seriously considered suicide in the prior year, and 19.9% of 11th graders had considered suicide.

Rates of suicidal ideation in the county were higher among girls (24.8% in 9th grade, 25.1% in 11th) than boys (13.3% in the 9th grade, 15.2% in 11th) and among American Indian/Alaskan Natives (28.7%), multiracial (25.4%) and Native Hawaiian/Pacific Islander students (25%) than among White students (18.6%) or those with a race/ethnicity other than those listed (17.2%). Suicidal ideation was the lowest among Black/African-American students (14.8%). Rates of seriously considering suicide were higher among LGBTQ students (52.8%) and questioning students (31.7%) than among those who identified as straight (15.7%).

Rates of suicidal ideation among county youth decreased with increased parental educational achievement (28% among those whose parent(s) had not finished high school vs. 17.9% among those whose parent(s)s had at least a 4-year degree), and decreased with increased feelings of school connectedness, as based on responses to five questions about feeling safe, close to people, a part of school, being happy at school, and about teachers treating students fairly.

Seriously Considered Suicide, Past 12 Months, 9th & 11th Grade Students

	El Dorado County	California
9th Grade	18.9%	15.8%
11th Grade	19.9%	16.4%
Male, 9th Grade	13.3%	11.2%
Female, 9th Grade	24.8%	21.1%
Male, 11th Grade	15.2%	12.7%

	El Dorado County	California
Female, 11th Grade	25.1%	20.2%
Gay/Lesbian/Bisexual	52.8%	43.7%
Not sure	31.7%	29.2%
Straight/Heterosexual	15.7%	12.5%
School connectedness: high	10.5%	9.2%
School connectedness: medium	24.4%	18.6%
School connectedness: low	42.0%	32.3%
Parent did not finish high school	28.0%	16.9%
Parent had a high school diploma	22.7%	16.7%
Parent had some college	20.4%	19.5%
Parent had at least a 4-year college degree	17.9%	15.2%
American Indian/Alaska Native	28.7%	20.0%
Multiracial	25.4%	19.9%
Native Hawaiian/Pacific Islander	25.0%	19.2%
Hispanic/Latino	20.3%	15.4%
Asian	19.2%	16.8%
White	18.6%	13.9%
Other race/ethnicity	17.2%	17.6%
African American/Black	14.8%	12.6%

Source: WestEd, California Healthy Kids Survey, California Department of Education, 2017-2019.via http://www.kidsdata.org

In addition to higher-than-state-level self-reports of suicidal ideation, county youth, ages 15 to 24, also have a rate of death by suicide which is almost twice as high. The youth suicide rate in El Dorado County was 17.5 per 100,000 youth from 2015-2020. The state rate of youth suicide was 9.4 per 100,000 youth. This rate represents a total of 22 youth deaths by suicide in the six years from 2015 through 2020.

Suicide, Rate per 100,000 Persons, Ages 15 to 24

	Rate
El Dorado County	17.5
California	9.4

Source: U.S. Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, Mortality public-use data 2015-2020, on CDC WONDER. https://wonder.cdc.gov/Deaths-by-Underlying-Cause.html

Community Input – Mental Health

Stakeholder interviews identified the following issues, challenges and barriers related to mental health. Following are their comments summarized and edited for clarity:

- Most therapists require certain insurance and there are long wait lists. We do not have great access in the ED for psychiatric care. We do have a telehealth psych program,
- There are no facilities for people. They receive a mental health assessment and are back out in 72 hours. We are seeing a lot of cycling in and out of the system and law enforcement doesn't have anywhere to put them.

- Kids need therapy. They have been traumatized by COVID-19 and the Caldor Fire. Good social emotional learning activities are different than therapeutic activities. They need access to clinicians.
- The biggest issue with mental health has to do with eligibility. The county only provides services relative to those who are crisis. We don't have a lot of services for those who are not yet in a crisis. The result is we are always putting out fires.
- There is a lack of bilingual and bicultural services.
- There are too few providers. And in the rural areas, there is really no access. They can't take advantage of telehealth services because of a lack of equipment ore reliable internet. The population that is privately insured may have more resources available to them and find that telehealth is an option for them. But we are concerned about the lack of access for those who are already socioeconomically disadvantaged.
- Middle school is such a transformative time in kids' lives. We need to recognize that our kids are not okay. We need to provide services and remove the stigma around asking for help. Kids lost their routine, lost school, sports, playdates, everything in their lives. And they stayed at home with their stressed-out parents who lost their jobs and family members died. Some kids were okay with their family being their only source of care during the pandemic, but many were not.
- Isolation is an issue. And challenges are transportation, having friends move away or die, and not having family close by.
- We have relative scarcity of mental health services and placements overall. It is very difficult for persons who are homeless to get into treatment programs in a timely manner.
- We have a shortage of providers in our county. There is stigma and people associate mental health issues with homelessness and drug use. People are afraid to not be accepted in the public eye.
- We have a lack of full spectrum services around mental health and behavioral health. On the western slope there are three psychiatrists for the whole county. There is an indication of higher level of care that is needed but we have very limited services to provide that. We are seeking behavioral health professionals and that is challenging. It can already be challenging to recruit to a rural area, you have to match the urban area salary or pay even more to recruit them. These are some of the hidden barriers we are facing.

Substance Use and Misuse

Cigarette Smoking

The Healthy People 2030 objective for cigarette smoking among adults is 5%. In El Dorado County, 9.1% of adults smoke cigarettes, and 5.5% smoke e-cigarettes (these two groups may overlap). 75.3% of El Dorado County adult smokers were thinking of quitting in the next 6 months. 20.5% of El Dorado County adults had smoked an e-cigarette, which is higher than the state rate (16.6%).

Smoking, Adults

	El Dorado County	California
Current smoker	9.1%	8.0%
Former smoker	23.6%	20.4%
Never smoked	67.3%	71.6%
Thinking about quitting in the next 6 months†	75.3%	67.0%
Ever smoked an e-cigarette	20.5%	16.6%
Smoked an e-cigarette, past 30 days	*5.5%	4.2%

Source: California Health Interview Survey, 2018-2020 and †2017-2020. http://ask.chis.ucla.edu

Cigarette smoking is declining among youth. From 2017 to 2020, almost no surveyed teens in El Dorado County and 0.5% in California admitting to being current smokers. County teens were more likely to have tried an e-cigarette (22.7%) and to have smoked one in the prior month (18.5%).

Smoking, Teens

	El Dorado County	California
Current cigarette smoker	*0.0%	*0.5%
Ever smoked an e-cigarette†	*22.7%	8.6%
Smoked an e-cigarette in the past 30 days	*18.5%	3.9%

*Source: California Health Interview Survey, 2017-2020, †2014-2018. http://ask.chis.ucla.edu *Statistically unstable due to sample size.*

Alcohol

Binge drinking is defined as consuming a certain amount of alcohol within a set period of time. For males this is five or more drinks per occasion and for females it is four or more drinks per occasion. Among adults, 20.4% in El Dorado County had engaged in binge drinking in the past year. The Healthy People 2030 objectives is for 25.4% of adults to binge drink.

Binge Drinking, Age-Adjusted, Adults

	El Dorado County	California
Adult binge drinking, past year	20.4%	17.5%

Source for County: U.S. Centers for Disease Control (CDC), Behavioral Risk Factor Surveillance System (BRFSS), PLACES Project 2021, 2019 data year. https://chronicdata.cdc.gov/500-Cities-Places/PLACES-Local-Data-for-Better-Health-County-Data-20/swc5-untb Source for California: Centers for Disease Control, 2018 Behavioral Risk Factor Surveillance System (BRFSS). https://www.cdc.gov/brfss/brfssprevalence/index.html

22.7% of El Dorado County teens, ages 14 to 17, whose parents gave permission for the question to be asked said they binge drank in the past month, and 50.4% had tried alcohol. These rates are higher than state rates of teen alcohol use.

Binge Drinking and Alcohol Experience, Teens

	El Dorado County	California
Teen binge drinking, past month	*22.7%	4.7%
Teen ever had an alcoholic drink	*50.4%	23.5%

*Source: California Health Interview Survey, 2016-2020 pooled. http://ask.chis.ucla.edu/ *Statistically unstable due to sample size.*

Marijuana Use

Marijuana use became legal in California in 2017 (while remaining illegal at the Federal level). Two-thirds of county adults (66.6%) said that they had tried marijuana or hashish. A smaller percentage of those who had ever tried it had used it within the past month (29%), or year (40.9%), and 39.4% had used it more than 15 years ago.

Marijuana Use, Adults

	El Dorado County	California
Have tried marijuana or hashish	66.6%	50.4%
Used marijuana within the past month	29.0%	32.3%
Used marijuana within the past year	40.9%	48.9%
Used marijuana more than 15 years ago	39.4%	27.7%

*Source: California Health Interview Survey, 2017-2020 pooled. http://ask.chis.ucla.edu/ *Statistically unstable due to sample size.*

Marijuana use was reported by 3.8% of 7th graders in El Dorado County. By the 11th grade, however, 36.9% had tried marijuana. 22.5% of 11th graders had used marijuana in the prior month, with 4.9% using it at least 20 days.

Marijuana Use, Teens

	El Dorado County	California
Ever tried marijuana, 7th grade	3.8%	6.3%
Ever tried marijuana, 9th grade	18.1%	17.1%
Ever tried marijuana, 11th grade	36.9%	28.8%
Used marijuana 0 days in past 30 days, 7th grade	98.0%	96.4%
Used marijuana 1 day in past 30 days, 7th grade	1,1%	1.6%
Used marijuana 2 days in past 30 days, 7th grade	0.2%	0.7%
Used marijuana 3-9 days in past 30 days, 7th grade	0.4%	0.6%

	El Dorado County	California
Used marijuana 10-19 days in past 30 days, 7th grade	0.1%	0.3%
Used marijuana 20-30 days in past 30 days, 7th grade	0.3%	0.5%
Used marijuana 0 days in past 30 days, 11th grade	77.5%	84.3%
Used marijuana 1 day in past 30 days, 11th grade	4.9%	3.9%
Used marijuana 2 days in past 30 days, 11th grade	4.2%	2.9%
Used marijuana 3-9 days in past 30 days, 11th grade	5.7%	3.4%
Used marijuana 10-19 days in past 30 days, 11th grade	2.8%	1.8%
Used marijuana 20-30 days in past 30 days, 11th grade	4.9%	3.8%

Source: WestEd, California Healthy Kids Survey, California Department of Education, 2017-2019.via http://www.kidsdata.org.

Opioid Use

The rate of hospitalizations due to opioid overdose in El Dorado County in 2020 was 7.4 per 100,000 persons. This was lower than the state rate (8.4 per 100,000 persons). Emergency Department visits due to opioid use in El Dorado County were 15.9 per 100,000 persons. The rate of opioid prescriptions in El Dorado County was 422.3 per 1,000 persons. This rate is higher than the state rate of opioid prescribing (333.3 per 1,000 persons).

Opioid Use, Age-Adjusted Rates, per 100,000 Persons, Prescriptions per 1,000 Persons

	El Dorado County	California
Hospitalization rate for opioid overdose (excludes heroin)	7.4	8.4
ER visits for opioid overdose (excludes heroin)	15.9	31.1
Opioid prescriptions, per 1,000 persons	422.3	333.3

Source: California Office of Statewide Health Planning and Development, via California Department of Public Health, 2020 data reported. California Opioid Overdose Surveillance Dashboard, 2022. https://discovery.cdph.ca.gov/CDIC/ODdash/

Substance Use and Misuse Disparities

In El Dorado County, 13.2% of adults in the decade from 2011 to 2020 reported being current smokers. For those races/ethnicities for whom a sufficient sample size was available, the rate was highest among multiracial residents (17.6%) and Whites (14%) and lower among Latinos (8.7%) and Asians (5%).

Almost a fifth (19.3%) of El Dorado County adults had used marijuana during the prior month. There was an insufficient sample size for separate analysis of any group but Latino (23.9%) and White (19.9%) residents had used marijuana.

From 2011 to 2015, 35.9% of adults in El Dorado County reported binge drinking in the prior 30 days. The rates were highest among Asians (43.5%) and multiracial residents (42.2%).

Cigarette Smoking, Binge Drinking, Marijuana Use, Adults, by Race

	Current Smoker	Current Marijuana Use	Current Binge Drinking**
Asian	*5.0%	N/A	43.5%
Multiracial	*17.6%	N/A	*42.2%
Latino	*8.7%	*23.9%	37.7%
White	14.0%	19.9%	35.3%
Black/African American	N/A	N/A	N/A
American Indian/Alaskan Native	N/A	N/A	N/A
Native Hawaiian/Pacific Islander	N/A	N/A	N/A
El Dorado County, all races	**13.2%**	**19.3%**	**35.9%**

*Source for smoking and marijuana: California Health Interview Survey, 2011-2020, †2017-2020, and **2011-2015. http://ask.chis.ucla.edu *Statistically unreliable due to sample size. N/A = Suppressed due to small sample size.*

Community Input – Substance Use

Stakeholder interviews identified the following issues, challenges and barriers related to substance use. Following are their comments summarized and edited for clarity:

- Our facility is so small that we can't provide the access our community needs. We have no access to residential treatment in our county. We need better access to allow people to get care on their own terms. One woman I spoke to had to wait three months to access inpatient care. This is because our county does not have a contract with the residential facility in our town.
- We provide ground breaking treatment in the hospital. Our program is noted nationwide. But fentanyl has arrived in our county and this drug is powerful, cheaper and easier to use. As a result, we are seeing deaths of young people. People think they are taking Percocet but it is laced with fentanyl so they accidentally overdose. We have MAT services for the ED but no day treatment program.
- For some clients, as soon as they complete their substance use treatment, there is nothing for them to go back to. It is the same environment before their treatment and it is hard to start over and stay sober without resources. We offer transitional living, but it is only for six months and it is not available to everyone. It is difficult for individuals who are just getting clean and sober and trying to get a job. With the cost of living so high, it is hard to get on your feet.
- El Dorado is above the state average for substance use and misuse. The biggest concern is fentanyl, which is so much more potent than the typical street drugs. It leads to many overdoses.
- El Dorado County has a reputation of being a producer of methamphetamine and that is because it can be made in home laboratories.
- Drugs and alcohol lead to lives of crime or living so poorly it impacts the whole community.
- Fentanyl, methamphetamine, and marijuana are on the rise.
- We are seeing significant increases, especially with fentanyl and vaping among our youth.

- Substance use services are even more critical than mental health care in our community. The greatest need is for youth treatment and maternal substance use services. We have only one residential treatment provider in our community. Most people have to go to other counties for inpatient treatment and we have a lack of outpatient treatment providers as well. We have three providers that have MAT services, that is a positive note.
- Kids will seek out ways to feel better, even if it is temporary, with alcohol or methamphetamine.
- Vaping is a significant issue in our schools. Marijuana use has been an issue as well.
- Detox is nonexistent in this county. That is something that is sorely needed. There is risk involved in detox. Things can happen without full monitoring the patient and providing appropriate care.

Preventive Practices

Immunization of Children

The rate of compliance with childhood vaccines upon entry into kindergarten was 79.7% for El Dorado County. However, the rate varies quite a bit from classroom-based schools (92.7%) to virtual schools (24.5% of whose students were reported to be fully immunized), which are based in El Dorado County but may enroll students who live in other counties. 19.2% of students enrolled in schools based in the county were reported to be enrolled in a virtual school at the beginning of the 2019-2020 school year. When looking at classroom-based schools only, Pollock Pines Elementary School District has the lowest rate of fully-vaccinated kindergarten students, at 86.4%, followed by Gold Oak (90%) and Gold Trail (91.8%) Union Elementary School Districts.

Up-to-Date Immunization Rates, Children Entering Kindergarten, 2019-2020

	All Schools, Including Virtual	Classroom-Based Schools
Black Oak Mine Unified School District*	88.0%	94.6%
Buckeye Union Elementary School District	60.6%	94.3%
Camino Union Elementary School District*	95.8%	95.8%
Gold Oak Union Elementary School District	90.0%	90.0%
Gold Trail Union Elementary School District	91.8%	91.8%
Latrobe School District	95.0%	95.0%
Mother Lode Union Elementary School District	95.8%	95.8%
Pioneer Union Elementary School District*	95.7%	95.7%
Placerville Union Elementary School District	94.4%	94.4%
Pollock Pines Elementary School District	86.4%	86.4%
Rescue Union Elementary School District	95.7%	95.7%
El Dorado County	**79.7%**	**92.7%**
California	**94.3%**	**Not reported**

*Source: California Department of Public Health, Immunization Branch, 2019-2020. *For those schools where data were not suppressed due privacy concerns over small numbers. https://data.chhs.ca.gov/dataset/school-immunizations-in-kindergarten-by-academic-year*

Flu Vaccines

The Healthy People 2030 objective is for 70% of the population to receive a flu shot. Only 38.6% of El Dorado County adults received a flu shot. Among area seniors, 60.4% had received a flu shot. Among children, ages 6 months to 17 years, 34.1% in El Dorado County received the flu shot. These flu vaccination rates did not meet the Healthy People 2030 objective.

Flu Vaccines

	El Dorado County	California
Received flu vaccine, ages 65 and older	60.4%	70.4%
Received flu vaccine, ages 18 and older (includes	38.6%	42.6%

	El Dorado County	California
65+)		
Received flu vaccine, ages 6 months-17 years	*34.1%	51.3%

*Source: California Health Interview Survey, 2014-2016. http://ask.chis.ucla.edu. *Statistically unstable due to sample size.*

Mammograms

The Healthy People 2030 objective for mammograms is for 77.1% of women, ages 50 to 74, to have a mammogram within the past two years. In El Dorado County, 72.8% of women obtained mammograms, which did not meet the objective.

Mammogram in the Past 2 Years, Women, Ages 50-74, Age-Adjusted Rate

	El Dorado County	California
Mammogram in past 2 years	72.8%	80.8%

Source for El Dorado County: U.S. Centers for Disease Control (CDC), Behavioral Risk Factor Surveillance System (BRFSS), PLACES Project 2021, 2018 data year. https://chronicdata.cdc.gov/500-Cities-Places/PLACES-Local-Data-for-Better-Health-County-Data-20/swc5-untb Source for California: Centers for Disease Control, 2018 Behavioral Risk Factor Surveillance System (BRFSS). https://www.cdc.gov/brfss/brfssprevalence/index.html

Pap Smears

The Healthy People 2030 objective for Pap smears is for 84.3% of women, ages 21-65, to be screened in the past three years. In El Dorado County, 85.8% of women obtained pap smears in the prior three years, which met the objective.

Pap Smear in the Past 3 Years, Women, Ages 21-65, Age-Adjusted Rate

	El Dorado County	California
Pap smear in past 3 years	85.8%	81.4%

Source for El Dorado County: U.S. Centers for Disease Control (CDC), Behavioral Risk Factor Surveillance System (BRFSS), PLACES Project 2021, 2018 data year. https://chronicdata.cdc.gov/500-Cities-Places/PLACES-Local-Data-for-Better-Health-County-Data-20/swc5-untb Source for California: Centers for Disease Control, 2018 Behavioral Risk Factor Surveillance System (BRFSS). https://www.cdc.gov/brfss/brfssprevalence/index.html

Colorectal Cancer Screening

The Healthy People 2030 objective for adults, ages 50 to 75, is for 74.4% to obtain colorectal cancer screening (defined as a blood stool test in the past year, sigmoidoscopy in the past five years plus blood test in the past three years, or colonoscopy in the past ten years). 72.2% of El Dorado County residents, ages 50-75, met the colorectal cancer screening guidelines. The county did not meet the Health People objective.

Colorectal Cancer Screening, Adults, Ages 50-75, Crude Rate

	El Dorado County	California
Colorectal cancer screening	72.2%	71.6%

Source for El Dorado County: U.S. Centers for Disease Control (CDC), Behavioral Risk Factor Surveillance System (BRFSS), PLACES Project 2021, 2018 data year. https://chronicdata.cdc.gov/500-Cities-Places/PLACES-Local-Data-for-Better-Health-County-Data-20/swc5-untb Source for California: Centers for Disease Control, 2018 Behavioral Risk Factor Surveillance System (BRFSS). https://www.cdc.gov/brfss/brfssprevalence/index.html

Community Input – Preventive Practices

Stakeholder interviews identified the following issues, challenges and barriers related to preventive practices. Following are their comments summarized and edited for clarity:

- With COVID, I expected the whole community to step up with the vaccination. It did not turn out that way.
- We have good access to preventive services with the health care providers in the community.
- Immunizations are declining for children. Well child visits are declining as well.
- The pandemic has overtaxed the health care system to the point that we have fewer providers that will do preventive care and vaccine. There has been a bit of a push to let public health continue to do these things, but the goal is for people to have medical homes and be taken care of by doctors.
- COVID-19 vaccine mandates, screenings and other measures have challenged the credibility of public health. The alarming urgency associated with the threat of hospitalization did not seem to pose the same threat as that of polio or smallpox.
- Because of COVID we had to limit the number of people coming into the office with the patient.

Attachment 1: Benchmark Comparisons

Where data were available, health and social indicators in the service area were compared to the Healthy People 2030 objectives. The **bolded items** are indicators that did not meet established Healthy People 2030 objectives; non-bolded items met or exceeded the objectives.

Indicators	Service Area Data	Healthy People 2030 Objectives
High school graduation rate	**90.4%** - 95.0%	90.7%
Child health insurance rate	97.5%	92.1%
Adult health insurance rate	94.6%	92.1%
Unable to obtain medical care	**7.4%**	3.3%
Ischemic heart disease deaths	**77.8**	71.1 per 100,000 persons
Cancer deaths	**137.1**	122.7 per 100,000 persons
Colon/rectum cancer deaths	**11.8**	8.9 per 100,000 persons
Lung cancer deaths	**29.6**	25.1 per 100,000 persons
Female breast cancer deaths	**18.2**	15.3 per 100,000 persons
Prostate cancer deaths	**19.8**	16.9 per 100,000 persons
Stroke deaths	26.9	33.4 per 100,000 persons
Unintentional injury deaths	**43.4**	43.2 per 100,000 persons
Suicides	**14.7**	12.8 per 100,000 persons
Liver disease (cirrhosis) deaths	**13.0**	10.9 per 100,000 persons
Homicides	2.8	5.5 per 100,000 persons
Drug-overdose deaths	20.1	20.7 per 100,000 persons
Overdose deaths involving opioids	11.7	13.1 per 100,000 persons
Infant death rate	2.9	5.0 per 1,000 live births
Adult obese, ages 20+	22.0%	36.0%, adults ages 20+
Obese ('Health Risk') 5th 7th & 9th graders	5.6% - **27.7%**	15.5%, children & youth, 2 to 19
Adults engaging in binge drinking	20.4%	25.4%
Cigarette smoking by adults	**9.1%**	5.0%
Pap smears, ages 21-65, screened in the past 3 years	**72.8%**	84.3%
Mammogram, ages 50-74, screened in the past 2 years	85.8%	77.1%
Colorectal cancer screenings, ages 50-75, screened per guidelines	**72.2%**	74.4%
Annual adult influenza vaccination	**38.6%**	70.0%

Attachment 2: Community Stakeholder Interviewees

Community input was obtained from interviews with community stakeholders from community agencies and organizations that represent medically underserved, low-income, and/or minority populations.

Name	Title	Organization
Damien Benavidez	Residential Supervisor	Progress House
Jeremy Buchman	Deputy, Homeless Outreach Team	El Dorado County Sherriff's Office
Olivia Byron-Cooper, MPH	Director of Public Health	El Dorado County Health and Human Services Agency
Daniel Del Monte, MPA	Acting Director	Health and Human Services Agency
Nicole Ebrahimi-Nuyken, LMFT	Behavioral Health Director	El Dorado County Health and Human Services Agency
Kathleen Guerrero	Executive Director	First 5 El Dorado
Jon Lehrman, MD	Physician	ACCEL: Access El Dorado
Margaret Lewis	McKinney-Vento Coordinator	El Dorado County Office of Education
Ed Manansala, EdD	County Superintendent	El Dorado County Office of Education
Sean McCartney	Chief Executive Officer	Boys and Girls Club El Dorado County
Frank Porter	Director	Housing El Dorado
Roberta Rimbault	Commissioner	Area Council on Aging
Arianna D. Sampson, PA-C	Director, Co-Principal Investigator, CA Bridge Program/Co-Director, CA Substance Use Navigator (SUN)	Marshall Medical Center
Terri Stratton	Executive Director	El Dorado Community Health Center
Brian Veerkamp	Executive Director	El Dorado County Emergency Services
Nancy J. Williams, MD, MPH	Public Health Officer	El Dorado County Health and Human Services Agency
Ruth Zermeno	Latino Outreach and Peer Counselor	New Morning Youth & Family Services

Attachment 3: Community Stakeholder Interview Responses

Community interview participants were asked to name some of the major health issues affecting individuals in the community. Responses included:

- Substance use disorder, behavioral health and the connection with people experiencing homelessness.
- Mental illness, fentanyl and drug overdoses.
- Mental health concerns with our student population. A lack of resources and general availability of physicians, dentists, mental health professionals, and very poor public transportation so people can't get to resources that are available. Affordable housing.
- Chronic diseases, Alzheimer's disease, motor vehicle accidents, mental health, and substance use.
- We encounter many individuals with chronic disease and the challenge they face is a lack of health insurance. Some are undocumented, some are not able to afford insurance. They can apply but because their income is over the amount allowed by Medi-Cal, they will have to pay a higher premium.
- Mental health and substance use treatment and resources, access to primary care and specialty health care. Affordable housing impacts our health in our community as well.
- We've had parents out of work and families locked up for two years, so we are dealing with the resulting mental health issues as a result of that.
- Our county transportation is an issue.
- Substance use and mental health – we are seeing a correlation between the two and it is increasing. It is difficult for our clients to stay connected to mental health services when they are suffering through substance use.
- The top three issues we consistently see are access to care, behavioral health, and substance use.
- Coming off of COVID we are seeing the social and emotional impact on youth and families as well as those who serve those populations including, teachers, administrators, and learning staff. We are seeing higher levels of anxiety, depression and behavioral health issues. Families are dealing with stressors and many were impacted by Caldor Fire. We had 55,000 people displaced, so they needed to deal with basic needs and stability in their home and employment and education. We are also seeing the fiscal pressures with inflation and the increased cost of living.
- Lack of access to health care and dental care. Food scarcity.
- Big picture we are looking at climate change. Fire, smoke and drought are becoming bigger concerns that impact health.
- Mental health and a shortage of providers are deeply rooted problems. Also, COVID is not resolved, and will continue to be an issue that we will have to deal with at the

population and individual person health level.

- What I see is substance use disorder and food scarcity, a housing crisis and access to care issues, especially for the publicly insured.
- COVID has amplified ongoing issues in our community. Behavioral health has been an ongoing challenge in our community. We have high rates of suicide, higher than the state average and other behavioral heath issues. Also, we have seen COVID has isolated teens from peers.
- For persons who are experiencing homelessness, they are in a cycle that prevents them from moving forward.
- Substance issues are prevalent. There are domestic violence and family violence issues, either elder or child abuse, which impacts access to care and preventive care in general.

Interview participants were asked what are the most important factors that impact health in the area. Their responses included:

- People are exceptionally fragile and living on the edge economically. I worked with someone whose husband lost his job, they lost their house and they are now living in a field. Another person who was homeless was trying to get his food stamps. You need an address to get them. He couldn't pay his post office box and they cut off his access. At that point, the food stamp agency said he needed to call and it will take 20 days to reprocess him. It is very difficult to engage a person in treatment when they don't know how they are going to eat for 20 days.
- Health care access and quality are huge issues. We are a large rural community and people have to travel long distances to obtain care. We have no reliable bus system, Lyft or Uber services. Taxis won't transport certain people, especially the most vulnerable.
- The economy and the cost of housing, housing conditions and obesity.
- Access to care and support systems around mental health. We have a significant Latinx population that is uninsured and cannot access care or don't know that they can access care. We need education around public charge and CalFresh. And we lack capacity everywhere.
- A lot of people will say transportation but when we do surveys, we haven't determined that transportation is an issue. It really is general isolation. A lot of that is complicated by a person's choice to be isolated. They don't want it any different, but it does lend itself to people not going frequently to the doctor. The question is how do we fix it? It is not just having more services because I don't think they would access them if we had them.
- Language barriers.
- We lack affordable housing.

- Access to care can be an issue because people have to drive a distance to limited care providers, especially now with gas prices rising.
- Isolation is an issue. People are aging and if they can't drive and do not know what resources are available, that is a concern. We tend to lose our relevancy during retirement or as we get older and that can lead to depression. If you do not feel productive, you can feel depressed.
- We are worrying about safety in our schools. Schools in many ways are microcosms of society and our community.
- Income disparities are glaring in our county and state. That is a barrier to access even though we have Medi-Cal. For persons who are homeless, the logistics to get care in our county is daunting.
- We are looking at the fires in the surrounding counties that cause poor air quality.
- Poverty drives health care accessibility. In a small community like El Dorado County, with one hospital, there are access issues that are a concern.
- There are roads without sidewalks and few bike lanes so if you do not have an automobile, you have difficulty getting to health care and food access services.
- Our clients have challenges such as access, transportation, and having to leave work in the middle of the day to come for appointments. There is a fairly large part of the population who could qualify for Medi-Cal or other programs but decide not to go in that direction.
- Housing affordability is a key factor. The pandemic caused an influx of people moving here for more open space and that has impacted housing prices for residents who are in the workforce that make minimum wage. And when you add inflation, it multiplies those needs. We have a need for nearly 4,000 affordable housing units.

Who are some populations in the area who are not regularly accessing health care and social services? Responses included:

- Low-income workers who make too much to qualify for social services. For instance, they can qualify for CalFresh and Medi-Cal but not CalWorks supports. There is little affordable housing. To be eligible for housing you need to qualify for CalWorks support.
- The Hispanic and the homeless population.
- Our marginalized populations are generally by geography, the furthest from services. Those in our lowest income and those where English is not their home language.
- The homeless and many limited income seniors.
- The Latinx community are traditionally infrequently or less frequent users of health care. Part of that is language and it is also cultural. The other population that we find has a hard time accessing care is the homeless and the unsheltered population

because they don’t have easy access to technology, which drives access to health care in 2022.

- We have a rural pocket of our county that is so remote, it is difficult to access care. There are homebound households. There are people who want to remove themselves from the state of California, so those people are less likely to engage with county staff and health and human services and to receive services in general.
- When you are in flight or fight mode, where you sleep and what you are going to eat come first. Over time, you may develop substance use issues, or have mental health needs that are further impacted when you experience that level of trauma living outside.

How has the COVID-19 pandemic influenced or changed the unmet health related needs in your community? Responses included:

- It has made people skeptical and people are concerned to go to the hospital or clinic.
- It exacerbated the need and it established a need. Now there is a lot of funding coming in but we can pour tons of money into a mental health clinician position, but we still can’t fill the position. Clinicians are still scarce, even with funds.
- It improved the way we can do more virtual business. Even for WIC, people had to come in person for services, and now the state has relaxed that so we can do things virtually. Health care facilities have also improved their telemedicine capabilities.
- People were afraid to ask for assistance or they did not qualify because of their legal issues.
- A lot of providers were encouraged to move into telehealth services. That made it more accessible, but if you are looking at a population that is already socioeconomically challenged and don’t have equipment, or live in communities without reliable internet, it is a different story. Rules and regulations have changed too. They are not encouraged to go in person, but they cannot connect electronically either. So they stay more isolated and this further decreases their ability to access services.
- People already on the fringes are now completely gone and those who were teetering, they are now homeless, or out of work and couch surfing. These last two years have really upended a lot of lives and we won’t know the full impact of that for a while. We see it with kids and the stress their parents are under and how that impacts or trickles down to their kids.
- It greatly impacted the ability to meet basic needs. There has been an increase in people regularly attending food distribution services to supplement their household budgets. People need food and diapers.

- We are seeing an increase in referrals for behavioral health. We don't see a lot of counselors who are bilingual. There are families that need additional supports but we are not meeting the demand.
- There is growing distrust of the government and it makes it hard to spend money and get programs launched because someone is going to object to whatever it is. Before that wasn't a problem.
- We are seeing a reduction in standard immunizations with school children and adults. Delayed treatment is another issue. People are reluctant to sit for hours in the ED. They are delaying or foregoing care entirely even for emergency symptoms.
- Some things have been positive like telehealth. That is a way for people to overcome barriers to care such as having to leave work for a medical appointment. The downside is it is far more complicated to come to your provider.
- The number of people moving here is impacting the price of housing and rent. Transportation is limited and was even more limited with the pandemic.
- We have fewer child welfare cases. It might be that kids were not in school so there were fewer eyes and less reporting of child abuse or neglect. But even as schools have returned to in person classes, the caseload has stayed down.

How has the Caldor Fire impacted the health needs of the community? Responses included:

- People who lost their homes are still living in hotels, they are displaced, their kids are still in school, but their housing is now far away. That massive displacement impacted the community. Those who are most vulnerable are staying at the Red Cross Shelters.
- The community came together and there were a lot of resources everywhere. Whatever was needed, people helped.
- With the catastrophic fire that occurred last year, there is anxiety with the anticipation of it happening again. There is an increased cost of insurance and even more limited affordable housing. It also displaced families, so there is trauma among a significant amount of our residents.
- Even before the fire, people were struggling to maintain their properties and pay increased property insurance rates. The consequences have a ripple effect on the rest of the community but it has been heartwarming to see the fundraisers and the community come together for support.
- Thousands of people lost their homes, so it strained our community resources.
- People do not have the ability to pay for food, gas, childcare and housing.
- That area is being rebuilt. Some people are leaving. Affordable housing is a real issue. The fire created more awareness of where we have gaps like staff shortages.
- It had an enormous impact on our county. 1,000 structures and 700-800 homes

were impacted. Everyone came together and stepped up to help. The evacuations resulted in a loss of income and housing. We had 1/3 of our county burned so it had a huge impact on all our services. Recovery will take years. Where it burned, 50-60% of the homes were low-income housing. And 40% of the homes were uninsured so they lost homes and they have no way to rebuild them.

- It has been an extraordinarily disruptive event, especially in the evacuated areas. There was practically no warning to evacuate your home, so people left without their medications, medical records and dates for their follow-up appointments. In the Latino population, the custom is everyone is taken in, no questions asked. So, they are living in overcrowded housing situations. The air was bad and particularly toxic for over a month. People who had the means got air purifiers in their homes. But they are expensive and they use a lot of electricity, so for the impoverished, that was not an option.
- A lot of families left the county because they are not interested in rebuilding.

Attachment 4: Community Survey Responses

What are the biggest health issues or needs you and your family face?

- Affordable health care/access to health care
    - Annual checkups
    - Scans
    - Vaccinations
    - Access to affordable medication
    - Lack of access to specialists and Primary Care Physicians
        - excessive wait hours
        - no specialist near
    - Long-term family needs
    - High health insurance costs
    - Lack of OB/GYNs
- Aging issues
    - Staying active and healthy
    - Being able to take care of ourselves
    - Caring for aging parents
- Cancer
    - Leukemia
- Chronic diseases
    - Diabetes maintenance
    - Neuropathy
    - Fibromyalgia
    - Osteoarthritis
    - High cholesterol
    - Heart disease
    - Lynch syndrome
    - High blood pressure
    - Dementia
- Mental health
    - Anxiety
    - Depression
    - Need more mental health support
- COVID-19
    - More accessible testing sites
- Overweight and obesity
    - weight loss support
- Other
    - Dental
    - Unsafe public areas

        - used needles, condoms on walking trails
- Smoking addiction
- No local transgender care facilities
- Transportation
- Lack of sidewalks/places to walk

What groups in your community are the most affected by these same issues (youth, seniors, LGBTQ, homeless, etc.)?

- Seniors
- Youth
- Adults
- Unemployed
- Low-income individuals
- LGBTQ
- Women
- Diabetics

Where do you and your family members go for routine health care (physicals, check-ups, vaccinations, etc.)?

- Marshall Medical Center
- Placerville
- Folsom
- Sutter
- Casino Clinic
- Kaiser
- Doctor's office
- El Dorado County Medical
- Rite Aid for vaccines
- Shingle Springs Health & Wellness Center
- VA
- Out of the area
- Dignity Health
- Cameron Park
- Urgent care facilities

If you do not have health coverage or insurance, what are the main reasons why:

Answer Choices	Percent
I am waiting to get coverage through my job	0.0%
I don't think I need health insurance	0.0%
I haven't had time to deal with it	0.0%

Answer Choices	Percent
It costs too much	7.84%
I am not eligible or do not qualify	0.0%
It is too confusing to sign up	0.0%
Does not apply, I have health coverage	92.16%

Reasons for no medical insurance (other answers only):

- Approaching retirement, looking for health care coverage
- Don’t go but once a year, the penalty is cheaper than the cost of getting coverage

The most recent time you are a family member of your household delayed or went without needed health care, what were the main reasons?

Answer Choices	Percent
Could not get an appt./long wait for appt.	41.82%
COVID-19 appt. cancellation/concern for infection	18.18%
Lack of provider awareness or education about health condition	14.55%
Insurance did not cover the cost of the procedure or care	10.91%
Not knowing where to go or how to find a doctor	9.09%
No insurance and could not afford care	7.27%
Lacked transportation	7.27%
Distrust/fear of discrimination	3.64%
Not having a provider who respects my culture or religious beliefs	3.64%
Technology barriers with virtual visits/telehealth	1.82%
Language barriers	0.00%
Did not delay care – received all needed care	29.09%

Reasons for skipping or delaying care (other answers only):

- Couldn’t use a phone - no voice and no other form of contacts were given
- Didn't have a need
- Allergies to anesthetics prevented care
- Sick during non-business hours, can’t go
- Takes too long to get appointments
- Too much money
- Insurance wouldn't cover medical bills
- Change in providers, no familiarity

Have you received a COVID-19 Vaccine?

Answer Choices	Percent
Yes	81.67%
No	18.33%

If you have not been vaccinated, tell us why:

- Not interested in getting it
- Natural Immunity
- Has reactions to vaccines
- Unpredictable
- Doesn't stop it - natural immunity is better

What impact has COVID-19 has on you and your family?

- Being extra cautious when out in public and around family - but others are not as careful and increase exposure
- Felt that is has divided us as a country
- Extreme financial and health damage
- Limited social engagement
- Access to school settings/education limited
- Loss of employment
- Community losses
- Limited mobility
- Loss of homes
- Stress
- Anxiety
- Causing long-term effects after contracting the virus

Other Issues:

- Proper diets - non processed foods
- Emergency and after-hours care
- Climate change
- Age-related long-term care

Other comments or concerns:

- All medical personnel and first responders should be asking everyone to be vaccinated
- More emergency workers need to be educated and speak multiple languages
- Affordable insurance at Marshall Hospital
- Important to have bilingual services for in person, ER & OB
- Have a clear differentiation between traditional Medicare and Medicare Advantage for the older residents
- Need more in-person medical educational classes
    - Babysitting classes
    - CPR and First Aid

- We are grateful for Marshall care clinics. They have been a huge asset to this community
- Appreciate more medical practitioners to accept new patients
    - having to travel far to get care
- Taxis or dial-a-ride is needed to be driven to and from appointments
- Doctor shortage in El Dorado County
- Concerns about the increase of homelessness

Demographics of Survey Respondents

Age

Under 18	0.00%
18-24	0.00%
25-34	1.69%
35-44	6.78%
45-54	16.95%
55-64	27.12%
65 and older	47.46%

Gender Identity

Female	83.05%
Male	16.95%
Non-binary	0.0%

Race/Ethnicity

White/Caucasian	81.36%
Hispanic/Latino	1.69%
Asian	1.69%
Mixed Race/More than One Race	3.39%
Black/African American	0.00%
Native Hawaiian/Pacific Islander	0.00%
Native American/Alaska Native	5.09%
Other: (please specify)	6.78%

Attachment 5: Resources to Address Community Needs

Community stakeholders identified resources potentially available to address the identified community needs. This is not a comprehensive list of all available resources. For additional resources refer to El Dorado County 211 at https://211eldorado.org/home/.

Significant Needs	Community Resources
Access to care	Access El Dorado: ACCEL, American Cancer Society Patient Transportation, Barton Health, Divide Wellness Center, El Dorado Community Health Centers, El Dorado County Senior Services, El Dorado Transit, First 5, Marshall Medical Center, Marshall Primary Care, SAV-Med Non-Emergency Medical Appointment Transportation, Senior Shuttle, Shingle Springs Tribal Health Program
Chronic diseases	American Cancer Society, American Diabetes Association, American Heart Association, Barton Health, Caregiver Action Network (CAN), Club-Adult Day Care, Commission on Aging, Divide Wellness Center, El Dorado Community Health Center, El Dorado County Public Health Division, Elder ID, Family Caregiver Support Program, Friends of El Dorado Trail, Marshall Medical Center, Marshall Primary Care, National Stroke Association, Shingle Springs Tribal Health Program
COVID-19	Barton Health, Divide Wellness Center, El Dorado Community Health Centers, El Dorado County Public Health Division, Exhilaration Station Family Resource Center, Marshall Medical Center, Marshall Primary Care, Shingle Springs Tribal Health Program
Environmental conditions	American River Conservatory, El Dorado Irrigation District, Mountain Counties Air Basin Control Council, Parks and Recreation Commission
Food insecurity	Boys and Girls Club, Bread and Broth, CalFresh, El Dorado Commission for Youth and Families, El Dorado County Senior Nutrition Program, First Baptist Church of South Lake Tahoe, Food Bank of El Dorado County, Green Valley Community Church, Live Violence Free, Meals on Wheels, National Institute of Aging, Placer County Food Bank, Senior Nutrition Services, The Upper Room Dining Hall
Housing and homelessness	California Lifeline Program, CalWORKs, Center for Violence-Free Relationships, El Dorado County General Assistance Program, El Dorado County Home Energy Assistance Program (HEAP), El Dorado County Housing Authority, El Dorado County Housing Choice Voucher Program. El Dorado County Housing, Community & Economic Development, El Dorado Opportunity Knocks, Federal Lifeline Program, Federal Temporary Assistance to Needy Families (TANF), Hope House, Housing Emergency Lodging Program (HELP), Live Violence Free, Only Kindness Community Resource Center, Salvation Army Service Extension, Sheriff's Office Homeless Outreach Team (HOT), Tahoe Coalition for the Homeless, United Way

Significant Needs	Community Resources
Mental health	Bipolar Insights, El Dorado Behavioral Health Commission, El Dorado Commission for Youth and Families, El Dorado You Are Not Alone (YANA), Exhilaration Station Family Resource Center, Friendship Line Institute on Aging, National Alliance on Mental Illness (NAMI), Senior Peer Counseling, Suicide Crisis Line, Summitview Child & Family Services, Inc.
Overweight and obesity	Barton Health, Divide Wellness Center, El Dorado Community Health Centers, El Dorado County Public Health Division, Shingle Springs Tribal Health Program
Preventive practices	El Dorado Commission for Youth and Families, El Dorado Community Health Center, El Dorado County Opioid Coalition, Marshall Primary Care, Narcan Awareness Campaign, Shingle Springs Health and Wellness Tribal Clinic
Substance use	24 Hour Psychiatric Emergency Services, Al-Anon and Alateen, Alcoholics Anonymous, Community Awareness Substance Abuse Education (CASE), El Dorado Council on Alcoholism, El Dorado County Behavioral Health, El Dorado County Opioid Commission, Exhilaration Station Family Resource Center, Granite Wellness Centers, Hope House, Marshall CARES: Clinically Assisted Treatment Recovery and Education, New Morning Youth and Family Services, Progress House, Salvation Army Adult Rehabilitation Center, Sierra Harm Reduction Coalition, Tahoe Turning Point, Tahoe Youth and Family Services
Unintentional injuries	Area Agency on Aging, Center for Violence-Free Relationships, Commission on Aging, El Dorado Commission for Youth and Families, El Dorado County Child Abuse Prevention Council, El Dorado Children and Families Commission, El Dorado County Fire Safe Council, El Dorado County Youth Commission, El Dorado Human Rights Commission, Exhilaration Station Family Resource Center, First 5, Live Violence Free, Office of Emergency Services, Poison Control Center, Safe At Home, SAFE-D: Safety Accommodations for Elders and the Disabled

Attachment 6: Report of Progress

Marshall developed and approved an Implementation Strategy to address significant health needs identified in the 2019 CHNA. The hospital addressed: behavioral health (includes mental health and substance use), chronic disease prevention, management, and treatment, and support for the health and welfare of the community through a commitment of community benefit programs and charitable resources.

Marshall actively worked with key community partners on action plans. Key partners include Public Health, El Dorado County HHSA, Law Enforcement, El Dorado Community Health Centers, Barton Health, El Dorado County Department of Education, El Dorado County Library Hubs, El Dorado County Opioid Coalition, El Dorado County ACCEL and El Dorado County Continuum of Care.

To accomplish the Implementation Strategy, goals were established that indicated the expected changes in the health needs as a result of community programs and education. Strategies to address the priority health needs were identified and measures tracked. The following section outlines the health needs addressed since the completion of the 2019 CHNA.

Access to Behavioral Health Services (Mental Health and Substance Use)

Marshall CARES (Clinically Assisted Recovery & Education Services)

CARES was created to primarily treat opiate use disorder, but it has grown into a clinic focused on support treatment for persons with any substance dependency, including alcohol, tobacco, stimulants, opioids, benzodiazepines, and other sedative hypnotics. Clinic services include comprehensive medication assisted treatment with a physician, counseling, case management and behavioral health. In FY21, the CARES team:

- Ensured the ED had an open door to treatment for substance use disorders. The department focused on treating opioid use disorder and providing life-saving treatment from drug withdrawal and post-overdose using buprenorphine.
- Participated in Opioid Coalition Meetings.
- Collaborated with a Behavioral Health Clinician at Shingle Springs Tribal Health and Wellness to discuss best practices.
- Strengthened community partnerships with El Dorado Community Health Center, El Dorado County Substance Use Disorder Services, Public Health Dept., El Dorado County Probation and Parole, and Progress House and worked to fill gaps and advance the care and treatment of people who use drugs in the community.
- Maintained an affiliation with El Dorado County Substance Use Disorder Services to help navigate patients into higher levels of care or connect them with additional resources.

- Supported positive relationships and coordinated care with multiple community partners in El Dorado County including: El Dorado Community Health Center, El Dorado County Substance Use Disorder Services, El Dorado County Probation and Parole, ACCEL, El Dorado Opioid Coalition, Sierra Harm Reduction Coalition and Progress House.
- Began contingency management services in FY21. Contingency Management is an evidence-based strategy specifically used to help people with stimulant use disorder.
- Utilized Substance Use Navigators, located in the hospital emergency department and Marshall's Rural Health Center in Georgetown, to help patients who use drugs to navigate the continuum of care and connect to resources and higher levels of care.
- Participated in multiple community partnerships working to promote first person language, remove stigma, and promote access to care in rural areas of El Dorado County, including bringing MAT services to the Divide Wellness Center in the Georgetown area.

In 2022, Marshall strengthened the partnership with EDCHC by improving Epic (Electronic Health Record), in order to share health information in real time.

Medication Assisted Treatment (MAT)

Since December 2016, Marshall has participated in a joint effort with the El Dorado Community Health Center (EDCHC) and the California Healthcare Foundation to provide Medication Assisted Treatment (MAT) for opioid addiction. When people present in Marshall's Emergency Department in withdrawal, they are offered participation in the MAT/ED Bridge program, which includes buprenorphine to alleviate withdrawal symptoms. Through the EDCHC and Marshall CARES, they are also referred to outpatient therapy, where they meet with a doctor within 48 hours. The program includes group sessions, counseling, and social services. Because of its participation and success rate, Marshall was recognized as a star site in California and is used as a model for other hospitals to roll out a similar program.

- Marshall participated in the ACCEL Provider Capacity Workgroup Meetings, which included discussion of substance abuse/community and agency planning and collaboration and the El Dorado Community Health Center's "C3 Clinic" (Complex Care Clinic for patients needing Medication Assisted Treatment of Substance Abuse Disorder).
- The Marshall Emergency Department Bridge program team has taken the lead on ensuring best practice protocols are in place for in-patient management of substance use disorder. This provided patient centered care and reduced the risk of post-admission overdose.

- Provided presentations and training on Medication Assisted Training and Harm Reduction.
- Marshall Foundation for Community Health provided funding to agencies and organizations focused on addressing behavioral health.

Chronic Disease Prevention, Management and Treatment

Population Health

The Marshall Population Health team coordinated the community case services that Marshall delivered to remove gaps and overlaps, with the objective of strengthening the continuum of care provided to our patients and the community. Driven by primary care providers, and with engagement of clinic staff and specialists, Marshall placed particular focus on screenings for breast cancer, colon cancer and diabetes and met or exceeded its performance targets in all three areas. Annual wellness visits are recognized to be important drivers of disease prevention and chronic disease management. From November 2020 to June 2022, annual wellness visits among Medicare patients increased from 27% to 55%.

Community Care Network (CCN)

The CCN focuses on improving the effectiveness and quality of care for high-risk patients. Marshall's CCN assists chronically ill patients with health care coordination and management, in-home care, medical supplies, and volunteer health coaches, at no cost to the patient. CCN removes obstacles that often prevent patients from receiving the routine and preventive care as well as prevent the potential need for rehospitalization. This program reduces readmissions and unnecessary emergency room visits. For persons with more complex needs, a team of social workers, LVNs, RN case managers, pharmacists, diabetes educators, dietitians, and physical therapists work with them in their homes to help navigate their paths to improved health and overcome community barriers. In FY2020, 207 persons were reached through CCN. In FY21, 4,580 persons were reached through CCN. This increase in persons served was largely due to a shift in strategy to make more patients eligible for the program. As a result, the structure and organization of the CCN program has changed to better coordinate outreach activities that support care in the community and to increase capacity to meet identified needs.

Congestive Heart Active Telephone Treatment (CHATT)

The CHATT program helped people manage congestive heart failure. CHATT improved quality of life, reduced CHF complications and helped keep people with CHF out of the hospital. This service included frequent telephone calls from a registered nurse, who specializes in cardiovascular care. In FY2020, CHATT served 633 individual patients. And in FY21, CHATT served 337 individual patients.

Cancer Resource Center

Marshall's Cancer Resource Center provides classes, support groups and services. Services are available to anyone impacted by cancer in El Dorado County, regardless of Marshall patient status. The Cancer Resource Center provided:

- 175 nutrition consults/services and 122 psychosocial distress and nutrition screenings.
- 212 navigation consultations and 235 social work consultations.
- Transportation is a well-known barrier to health care, especially in rural areas. The Cancer Resource Center provided 261 persons with transportation services and 81 persons with gas cards.
- The Wig Bank served 51 persons.
- The Cancer Resource Center provided 65 no-cost mammograms.
- Marshall's *Quality Improvement Project: Colorectal Cancer Screening*, provided 600 FIT kits to adults, between the ages of 50 and 64, who had no record of colorectal cancer screening.
- A cancer Survivorship Seminar series reached 13 people with three 1½ hour seminars.
- A Look Good Feel Better class was provided on line and reached 7 women.
- Provided support groups for persons with breast cancer, prostate cancer and ostomies.

Health Education

Marshall provided the following community health education sessions:

- Joint replacement education
- Stroke education
- Smoking cessation education
- Alzheimer's and Dementia education
- Bariatric surgery education
- Healthy Babies/lactation classes

California Advancing and Innovating Medi-Cal (CalAIM) Initiative

California's Department of Health Care Services has launched the California Advancing and Innovating Medi-Cal (CalAIM) Initiative, which seeks to transform and strengthen Medi-Cal, offering a coordinated and flexible approach to addressing the health and welfare needs of eligible individuals. The implementation of CalAIM programs in El Dorado County, which commenced 7/1/22, has provided reimbursement and funding opportunities to address the needs of approximately 2,000 CalAIM eligible members.

There are two CalAIM funding streams of particular relevance to health care providers: Enhanced Care Management (ECM) wrap-around health services, and Community

Support (CS), which targets social needs support. Marshall has been accepted as a provider of ECM services has been awarded $350,000 in CalAIM linked funding to support program infrastructure.

Support for the Health and Welfare of the Community

Care Coordination for Vulnerable Populations (CCVP)

CCVP is an interdisciplinary program that reaches the most vulnerable populations in El Dorado County. This navigation support program assists those who present the highest risk for health complications, unmanaged chronic conditions, and other social complexities. Vulnerable populations served by the program included: unsheltered/homeless, the elderly, women and Latino communities. Programs included a navigation program centered around life skills to decrease avoidable ED visits, decreasing missed medical appointments, and infection control.

Marshall's Case Management and Social Services worked on behalf of homeless persons to assist with finding shelter, transportation, clothing and rehabilitation. The team assisted homeless persons to enroll in health insurance and free medication programs, and obtain needed medical equipment.

COVID-19

At the beginning of the COVID crisis, in March 2020, Marshall volunteered its support to the County of El Dorado to lead its Homeless Community Action Team. The focus was to coordinate the activities of county and nonprofit and volunteer agencies including, case management, housing, health providers, law enforcement and social services. The objective was to manage the risks COVID-19 faced by the homeless and unsheltered populations of the County. Initially, this involved outreach programs to reinforce the importance of hygiene, masking and social distancing, then expanded into establishing project RoomKey within the County. RoomKey provided contracting for dedicated motel accommodation and the identification and selection on the most medically vulnerable individuals for placement. Vaccination of this population was also a focused activity. Importantly, these activities created a model for supporting the homeless population within the County. Engagement, health services, navigation services and transition to interim housing will endure beyond the COVID crisis. As a result, El Dorado County will have established a whole new approach to supporting the homeless population, which prior to COVID, has experienced noticeable resistance.

Mobile Medicine/Rural Outreach Program

Provided in collaboration with El Dorado County Health and Human Services, the program provided mobile health care to residents with limited transportation, those who are elderly, rural or are homeless. Care included wound care, mental health and

addiction, blood sugar and blood pressure management, as well as diabetes management, heart disease, medication adherence, substance use care, and family planning. The need to provide COVID-19 vaccines has become a priority.

- Mobile services reached homeless camps, cabins in the woods and the elderly in their homes who were inhibited in accessing care by a lack of transportation or other barriers. In FY2020, over 1,420 people were served.
- Multi-Visit Patients (MVP) identified the highest utilizers of the Emergency Department that could have been proactively managed in an outpatient/ community outreach capacity. In FY2020, 758 patients were assisted.
- Clinical services were provided at Library Hubs on library campuses throughout the county.
- Volunteers were trained in the navigation for vulnerable populations program.