

NEVADA COUNTY COMMUNITY HEALTH ASSESSMENT

A profile of health, well-being, and quality of life.

December 2016



Acknowledgements

The Nevada County Public Health Department is grateful to the many people that assisted in outreach, data collection, reviewing documents, and helping to identify community assets and issues. Some of our partners are recognized below.

2-1-1 Nevada County

Special thanks to the staff of 2-1-1 Nevada County for their development of a public health directory that residents can use to find information about local and regional agencies offering services related to public health. This directory can be found at <http://2-1-1nevadacounty.org/resources/public-health-guide/>.

Organizations Participating in Partner Survey

Leaders at multiple organizations participated in an in-depth survey to look at cooperation, partnership, and collaboration with public health.

Survey Respondents

More than 500 people answered Community Health Assessment Survey. Their input was critical in the development of this report.

Listening Session Participants

Three listening sessions were held in June 2015 to share assessment data and identify additional assets, issues, and community context. Participants are gratefully acknowledged.

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The Nevada County Public Health Department produces the [County Health Status Report](#). This document is updated regularly and may have more recent data. It is accessible online at MyNevadaCounty.com, or by clicking on this link: [County Health Status Report](#).

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EXECUTIVE SUMMARY

The purpose of the Nevada County Community Health Assessment (CHA) is to explore health through a broad perspective that includes not just physical health of individuals or populations, but the factors that contribute to health and wellness at a population and community level. This assessment has been developed through a collaborative process; is based on reliable and comparable data; includes the social, economic, and environmental factors that impact health; and has been designed to inform prioritization and planning for community health improvement.

The CHA is based on publicly available data, as well as new information gathered through the assessment process. Input from the community and service providers was captured through online surveys; listening sessions; and the PARTNER Tool, a survey specifically designed to map the network of agencies collaborating on health related priorities. Information in this report has been organized into four major sections:

1. **Who We Are:** Information about the population and demographics in Nevada County.
2. **Where We Live and Work:** Social, economic, and environmental factors in Nevada County.
3. **Our Health and Wellness:** Information on health status for the County.
4. **Community Perceptions of Health and Wellness:** Community members' identification of strengths and concerns within Nevada County.

WHO WE ARE

Nevada County is located in the foothills of the Sierra Nevada mountain range. The county's population is just under 100,000, and approximately one-third of the residents live in three incorporated areas: Nevada City, Grass Valley and Truckee. Nevada City, the county seat, and Grass Valley sit side by side approximately 60 miles northeast of Sacramento. The Town of Truckee is located approximately 65 miles away from the county seat on the eastern side of Donner Pass – the crest of the Sierra Mountains.

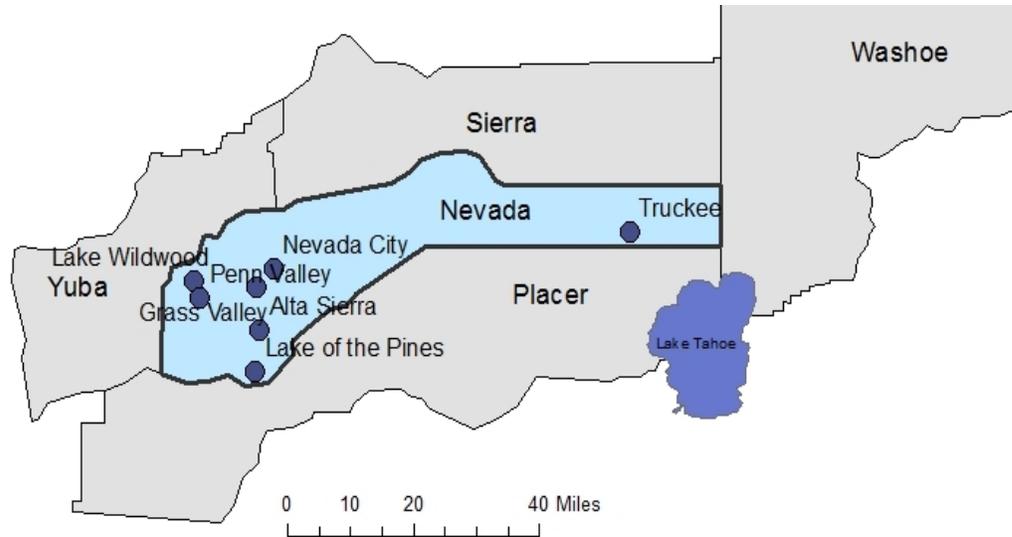
Established at the height of the Gold Rush in 1851, Nevada County has a rich pioneer spirit, and its residents are often characterized as independent and wary of government intervention. Politically, the county is seemingly divided down the middle as reflected in the 2012 presidential election results: 47.7% voted for Democrat Barack Obama, while 48.4% voted for Republican Mitt Romney (Nevada County Elections, 2012). The county is also home to a strong counterculture movement inspired by environmental preservation, organic and local foods, and alternative spiritual and wellness practices.

Racially and ethnically, Nevada County is less diverse than California. The largest ethnic group is Hispanic / Latino, making up 9% of the county population. Nevada County has more older adults compared to California as whole, with a median age of 48.5, more than 10 years above California's median age (35.4). In terms of other important populations, Nevada County has considerably more veterans as a percentage of the population than the state, and the percentage of people with disabilities is also slightly higher than the state rate.

Like many counties in California, Nevada County has a mix of protective and risk factors related to health and wellness. These factors differ on either side of the mountain range. These regions are referred to as Western County and Eastern County throughout this document.

Western County: The western region of the county consists of Nevada City (the county seat), Grass Valley (the only city in Western County with a population over 10,000) and other smaller but established communities. Those communities include Penn Valley, Rough and Ready, Lake of the Pines, Alta Sierra, Lake Wildwood, North San Juan, and Washington. The majority of the county's population lives in the western portion

of the county. While nearly 81,000 residents live in the county's western region, only approximately 15,900 of them live in the two main population centers of Nevada City and Grass Valley (American Fact Finder, 2009-2013).



Eastern County: The eastern region of the county primarily consists of the incorporated Town of Truckee and additional outlying areas which are comprised of rural, small-town communities that are isolated and socioeconomically diverse from each other. Travel between the eastern and western regions of the county requires going over the 7,057 foot Donner Pass which can be hazardous and sometimes impassible during the winter season due to snow storms and icy conditions. Due to its remote geographic location and extreme climate, this area has been historically under-served.

Truckee housed a total of 16,132 residents in 2013, which was about 16% of Nevada County's population. Over the past 10 years, its population grew by nearly 16% – a significantly higher rate of growth than the County (6%) and state (9%). In addition to Truckee's core population base and the outlying areas, there is a notable number of second-home owners. The median age in Truckee is 38 years, much younger than Nevada County's median age of nearly 49 years, but only slightly older than the statewide median age of approximately 35 years (American Fact Finder, 2009-2013).

WHERE WE LIVE, WORK, AND PLAY

There are many aspects of Nevada County that demonstrate its livability. Crime is relatively low in Nevada County, and many types of violence are also low compared to the state. Nevada County has spaces for recreation, outdoor, and cultural activities. People living in Nevada County generally have access to open space and trails. Nevada County draws tourists attracted to these types of activities as well as its historic districts. Graduation rates in the county are high compared to the state, and the population has a high percentage of people with some college or higher educational attainment compared to the state.

There are also aspects of life in Nevada County that present challenges for residents. For example, tourist driven industries are highly seasonal, and employment in the service industry pays lower wages on average. Costs for housing in Nevada County can be expensive, contributing to a complex picture of income even when wages are higher. Many households in Nevada County are cost burdened, meaning that they pay more than a third of their income on rent or mortgage. This can lead to food insecurity and skipping health care visits or medications in order to manage with limited financial resources.

Education and good schools were noted as a county strength; however, data suggests that families with young children may face barriers in finding appropriate early care and education due to a lack of supply to meet demand.

Like many other Northern California counties, there is a marijuana-growing culture in Western Nevada County. Not much detailed data exists on the extent of the impact of legal or illegal on the local economy and community health and wellbeing.

Residents of outlying communities may travel up to 30 minutes to reach “town.” This distance can be difficult for a variety of reasons, including lack of a personal vehicle, absence of public transportation, and dark, narrow mountain roads which can be challenging for inexperienced drivers. Long commute times, both to work and for other services, also impact community and environmental health. In addition to people in outlying towns, many people commute out of county to live or work. Living or working out of county influences where people need and use services, where they spend their money, and how they want or need to access health care services.

OUR HEALTH AND WELLNESS

Nevada County fared well in the *2015 County Health Rankings and Roadmap* (Robert Wood Johnson Foundation, 2015). Out of 57 counties ranked, Nevada County ranked 8th overall in Health Factors and 11th overall in Health Outcomes. Healthy People 2020 objectives, developed for the US and measured by states and counties, provide another set of benchmarks for understanding progress toward a healthy community. Nevada County met or exceeded many of the 2020 Healthy People objectives.

There are many factors and indicators that are positive. For example, the rate of people with a *normal* Body Mass Index (BMI) was higher in comparison to the state. Nearly half of adults (48.4%) had a BMI in the normal range, compared to 38.6% in California. The number of people reporting their health as good, and mental health as good, was high relative to many other communities in the state.

Nevada County also has a network of care providers, hospitals in both Western and Eastern County, a committed public health department, and many community organizations that work to support individual and community health.

While these health factors, outcomes, and community assets should be celebrated, there are also areas for focus and improvement. For example, according to the County Health Rankings, the adult smoking rate is higher than the state average, the rate of alcohol-impaired driving deaths exceeds the state average, and Nevada County has a relatively high rate of deaths due to injury (Robert Wood Johnson Foundation, 2015). Among Healthy People 2020 indicators, deaths due to stroke were higher than the benchmarks, as were deaths due to suicide.

While there are many strengths at the county level, when you look at the data by community and population groups differences emerge. Gaps were identified among listening sessions, especially for patients using Medi-Cal as their insurance. Access to specialty providers was also a concern, especially for people with lower income. Specialty providers accepting Medi-Cal are often out of area, requiring patients to travel long distances to access out of county health services.

In addition, the rural nature of Nevada County makes it more likely to show higher rates of smoking, binge drinking, and deaths due to suicide (Shasta County Health and Human Services Agency, 2014). Rates of emergency room use are relatively high in comparison to California.

COMMUNITY PERCEPTIONS

As part of the Community Health Assessment (CHA) process, community members were asked to provide their perspectives about what makes a healthy community, the assets and attributes of their community, and areas for further attention to positively impact health and wellness.

As a result, many positive aspects of Nevada County health were identified by community members. These included:

- **Quality of Life.** Nevada County is—according to many community members—a great place to live. Through the CHA process, community members noted assets such as open space, farmer’s markets, good schools, recreational activities, a sense of community, and services available, as attributes that contribute to a high quality of life. Many CHA survey respondents rated quality of life, and other aspects related to it, highly. Nearly half of survey respondents (47%) rated the communities where they live as healthy. In addition to this, nearly two-thirds of survey respondents (63%) indicated that they were satisfied with the quality of life within their community. Most people surveyed feel safe and trust their neighbors and people within their communities. The ‘small town’ feel of communities within Nevada County offers a sense of connection.
- **Social Connection.** Many CHA survey respondents indicated that they have adequate opportunities for social connection. More than half of respondents agreed that there are adequate meeting spaces (53%), and cultural events (62%) in the community.
- **Healthy Responses to Stress.** Respondents to the CHA survey reported healthy ways of managing stress. Over half of the respondents (53%) indicated exercising as one of the more common ways they manage stress. Spending time or calling family or friends was the second way recognized by a number of participants (32%). The third most common way to manage stress among survey participants was listening to music (28%). Reading (26%), cleaning or doing chores (23%), and watching television or movies (22%) were also among the top responses.
- **Services and Safety Net.** There are numerous programs and services available to help people in need. There are also portals to connect to these resources (online, phone, and through referring organizations). There is trust among organizations and a growing network of partners working together to improve conditions in the county. 2-1-1 Nevada County provides resource and referral to the available services and supports.
- **Opportunities for Recreation.** Formal recreation programs, trails, open spaces, and parks provide people with opportunities for recreation. More than half (55%) of survey respondents agreed that there are adequate health and wellness activities in the community for people of any age.
- **Culture of Health and Excellent Providers.** In listening sessions, people identified that in general, people pay attention to health. There are great providers attracted by the quality of life in Nevada County.

Issues that were of concern to the county residents were identified through data, community and collaboration surveys, and community outreach sessions. These include:

- **Financial Stress and Jobs.** Of CHA survey respondents, 68% reported that money and finances were the things that caused them the most amount of stress. Work and job concerns were listed next, with 37% reporting these as their major cause of stress. A large portion of survey respondents did not feel that jobs pay enough to live on, and many felt that opportunities for advancement were very limited.
- **Substance Abuse.** Substance abuse was the most commonly noted risky behavior in the county with 379 respondents (73%) indicating this was an issue. Other information supports this concern; rates of substance abuse admissions are higher in Nevada County than in other areas of the state, and binge drinking rates also are considerably higher than other portions of the state.
- **Access to Care.** Health care was also selected among the top three health problems in the community, with 45% of responses indicating this as an issue. Among listening sessions, providers suggested that specialty care, particularly for people enrolled in public insurance products (e.g., Medi-Cal) may be limited in the immediate area. Also noted was limited access to oral health services. Consequently, distance to providers in other areas presents a further access barrier to care.
- **Mental Health.** Among CHA survey participants, mental health disorders were perceived as a major concern, with almost 4 in 10 respondents (38%) identifying mental health as a leading health problem in their communities. People in listening sessions were concerned about both adult and youth mental health.
- **Safe and Affordable Housing.** Housing that is adequate, safe, and affordable was noted by survey respondents as the second most common health problem, with nearly one in three (32%) mentioning this as a top concern.
- **Chronic Disease.** Chronic diseases (30%) and complications of aging (28%) were also among the top responses reported through surveys.
- **Health Outcomes for Special Populations.** In listening sessions, community members identified people that experience poverty, homelessness, foster care, and other situations may be less healthy and less able to access the care that they need.
- **Gaps in the Safety Net.** Respondents to the CHA Survey had mixed views about the Safety Net. One in five (21%) of respondents said there were enough meal programs for older adults in the community while 16% said there were not enough meal programs for that population. The remaining respondents were uncertain about meal availability. In listening sessions, needs for special, more vulnerable populations were identified as being unmet.
- **Vaccination.** Many identified the county's low vaccination rates, especially for children, as a concern for community health.



INTRODUCTION

PUBLIC HEALTH AND THE PUBLIC HEALTH SYSTEM

Public health is what we, as a society and a community, do in order to assure the conditions in which people can be healthy and promote and protect “the health of people and the communities where they live, learn, work and play” (American Public Health Association, n.d.) (Institute of Medicine, 2002). From this definition we see that, first, public health does not “guarantee” health for everyone, but instead aims to assure that the appropriate conditions for a healthy living are present in the community. Secondly, we infer that public health is a collective effort that goes beyond our Public Health Department, and we all have a shared responsibility in population-based disease prevention, health protection, and health promotion.

The local Public Health System is comprised of official government public health agencies, and it also includes public agencies and private organizations. The local public health system includes a number of partners, such as physicians, healthcare providers, schools, hospitals, civic groups, and nonprofit organizations (U.S. Department of Health & Human Services, n.d.) (Centers for Disease Control and Prevention, n.d.). The public health professionals and partners work toward preventing community health problems from happening or recurring through implementing educational programs, recommending public policies, administering services, and conducting research.

“Health starts in our homes, schools, workplaces, neighborhoods, and communities. We know that taking care of ourselves by eating well and staying active, not smoking, getting the recommended immunizations and screening tests, and seeing a doctor when we are sick all influence our health. Our health is also determined in part by access to social and economic opportunities; the resources and supports available in our homes, neighborhoods, and communities; the quality of our schooling; the safety of our workplaces; the cleanliness of our water, food, and air; and the nature of our social interactions and relationships. The conditions in which we live explain in part why some Americans are healthier than others and why Americans more generally are not as healthy as they could be.”

--Healthy People (accessed January 15, 2015, www.healthypeople.gov)

COMMUNITY HEALTH ASSESSMENT

Nevada County Public Health Department's (NCPHD) Community Health Assessment (CHA) is both the activity and product of identifying the county's health assets and needs. The work was accomplished through the collection and analysis of both quantitative and qualitative data, including input from community stakeholders. The Community Health Assessment methods and characteristics were customized to reflect the size and rural nature of the county, and took into account the various relationships and demands on the time and talent of the lead organization (NCPHD) and its partners, including the resources available and other local factors.

Nevada County's CHA serves as the foundation for improving and promoting the health of community members. Its purpose is to:

1. Identify factors that affect the health of the population,
2. Determine the availability of resources within the community to adequately address these factors, and
3. Serve to inform community health improvement efforts.

To accomplish this, information on community health indicators has been compiled.

ORGANIZATION OF THE REPORT

The report is organized into four major sections:

1. **Who We Are:** Information about the population and demographics.
2. **Where We Live and Work:** Social, economic, and environmental factors in Nevada County.
3. **Our Health and Wellness:** Indicators of health at the community level.
4. **Community Perceptions of Health and Wellness:** Community members' input on strengths and concerns within Nevada County.

Throughout the CHA document, the major social determinants of health are covered including the social and community context, education, economic stability, the neighborhood and built environment, and health and health care. Each of these components links and is related to the others. Within each category, issues and status are identified as they relate to improving the health of Nevada County's communities. While not exhaustive, the assessment approach was comprehensive, using national standards to identify areas for inquiry and reporting. Assessment is a continual process. This document is intended for use in planning and will be updated and supplemented as Nevada County further engages in health improvement planning and implementation.

SOCIAL DETERMINANTS OF HEALTH

The environments where people are born, go to school, work, and age each contribute to health over the lifespan. Most broadly, these social determinants of health include the physical spaces where we reside; the relationships that we have with others; our economic status, social status, and much more. Individuals and groups may experience very different health outcomes depending on where they live and what they experience throughout their lifetimes.

Healthy People 2020 has identified five key determinants. These elements can be a sound foundation for health, or, contribute to negative health outcomes. Each major determinant below has many different facets and is related and connected to the other elements.



Social Determinants of Health (SDOH), Adapted from Healthy People 2020.

HOW INFORMATION WAS COLLECTED

The Community Health Assessment Team consisted of members of NCPHD. They met regularly to update data, to connect with members of the public about the process, discuss findings, and to assist in report development. The report was developed through the support of Social Entrepreneurs, Inc. (SEI).

PRIMARY DATA COLLECTION

Primary data is new information obtained by the assessment team (in this case the Nevada County Public Health Department and SEI). Primary data collection focused on learning the viewpoints of individuals as they relate to public health conditions in Nevada County, as well as understanding the inter-organizational relationships and resources in place to support public health. Primary data was captured through surveys, PARTNER Tool, and listening sessions. Each of these is described more fully, below, or in the Appendices.

1. Surveys were distributed to community members via listservs, web-pages, and through local organizations. Surveys provided insight into the key concerns of community members. More than 500 surveys were analyzed.
2. The Nevada County Public Health Department reached out to key collaborators and partners in public health and requested they participate in the PARTNER Tool process. PARTNER (Program to Analyze, Record, and Track Networks to Enhance Relationships) utilizes Social Network Analysis (SNA), a quantitative methodology that focuses on relationships between and among organizations, measuring and mapping relationships and flows between organizations. Forty-four (44) individuals representing forty unique agencies were invited to participate in the survey.
3. Listening sessions. Three community meetings were held where data was shared and input gathered from participants about assets and issues within the community. Two took place in Western County, and one was held in Truckee.

Stakeholders that were invited to participate in the CHA included (but were not limited to):

- Two not-for-profit community hospitals that engage in community health improvement planning.
- Local public health agencies with expertise in measuring population health; in applying the methods and processes of community health planning and community engagement; and in the formulation, implementation, and evaluation of evidence-based interventions that are responsive to health education.
- Voluntary, civic, and faith-based organizations, among others, engaged in community service and community health improvement.
- Health consumers and the organizations that represent them.
- Community businesses and employers.

SECONDARY DATA COLLECTION

The CHA process compiled secondary data, or data that had already been gathered and analyzed. Secondary data was provided by local groups or agencies (e.g., hospitals, law enforcement, school district, local or national groups or agencies, and state or federal data sources/agencies). Through systematic and timely collection, synthesis, analysis, and then dissemination of data and trends about the health of the community, Nevada County is able to monitor its health status and identify community health problems. An example of valuable data provided by Nevada County Public Health Department is the County Health Status Report. This document is updated regularly and may have more recent data. References are provided throughout the document and the Appendices.

SHARING HEALTH ASSESSMENT RESULTS

The draft report was provided to the public for comment through public forums, posting to the Nevada County Public Health Department website, and targeted email distribution.

WHO WE ARE

OVERVIEW OF NEVADA COUNTY

Nevada County is a rural county located in the foothills of the Sierra Nevada mountain range. The county's population is just under 100,000, and approximately one-third of the residents live in three incorporated areas: Nevada City, Grass Valley and Truckee. Nevada City, the county seat, and Grass Valley sit side by side approximately 60 miles northeast of Sacramento. The Town of Truckee is located approximately 65 miles away from the county seat on the eastern side of Donner Pass – the crest of the Sierra Mountains.

Established at the height of the Gold Rush in 1851, Nevada County has a rich pioneer spirit, and its residents are often characterized as independent and wary of government intervention. Politically, the county is seemingly divided down the middle as reflected in the 2012 presidential election results: 47.73% voted for Democrat Barack Obama, while 48.35% voted for Republican Mitt Romney (Nevada County Elections, 2012). The county is also home to a growing counterculture movement inspired by environmental preservation, organic and local foods and alternative spiritual and wellness practices.

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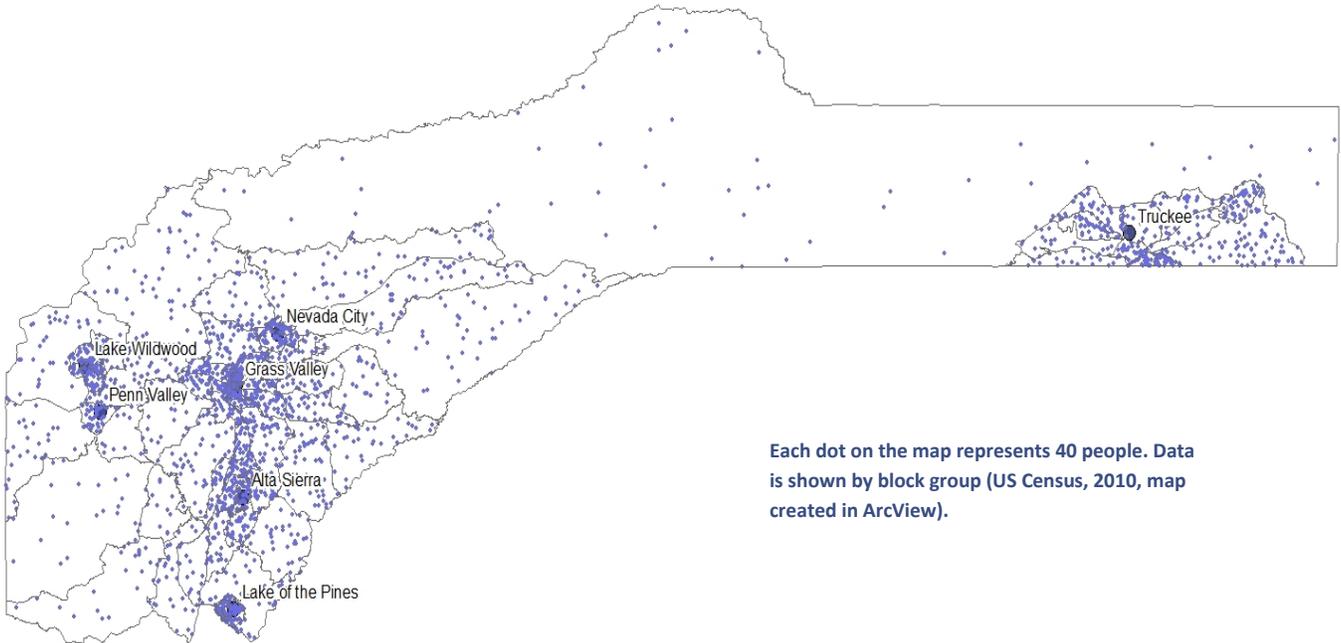
Eastern County: The eastern region of the county primarily consists of the incorporated Town of Truckee and additional outlying areas which are comprised of rural, small-town communities that are isolated and socioeconomically diverse from each other. Travel between the eastern and western regions of the county requires going over the 7,057 foot Donner Pass which can be hazardous and sometimes impassible during the winter season due to snow storms and icy conditions. Due to its remote geographic location and extreme climate, this area has been historically under-served.

Truckee housed a total of 16,132 residents in 2013, which was about 16% of Nevada County's population. Over the past 10 years, its population grew by nearly 16% – a significantly higher rate of growth than the County (6%) and statewide (9%). In addition to Truckee's core population base and the outlying areas, there is a notable number of second-home owners. The median age in Truckee is 38 years, much younger than Nevada County's median age of nearly 49 years old and slightly older than the statewide average of approximately 35 years old (American Fact Finder, 2009-2013).

POPULATION

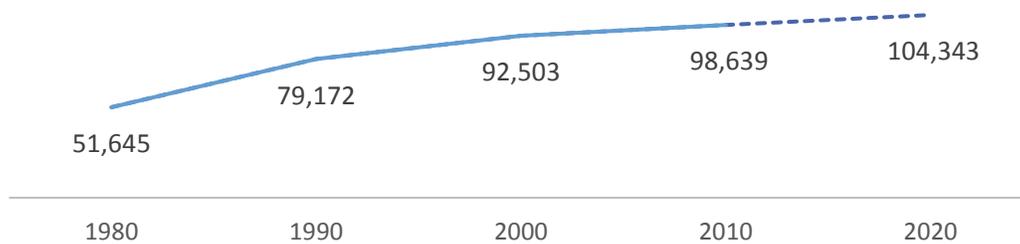
The population of Nevada County in 2013 was 98,200 (American Fact Finder, 2009-2013), ranking 36th when compared to other counties in California (Cubit, n.d.). Among Nevada County communities, Truckee was the most populated (approx. 15,942 people) followed by Grass Valley (approx. 12,675) and Nevada City (approx. 3,073). The remainder of the population resided in the balance of the county (California Department of Finance, 2011-2014).

Map Showing Population Centers in Nevada County



Nevada County experienced 7% population growth between 2000 and 2010 (Nevada County Executive Office, 2012-2013), but saw a 0.6% decrease between 2010 and 2013 (American FactFinder, 2009-2013). By the year 2020, the population of Nevada County is expected to exceed 100,000 and will have doubled within 40 years. The population density of Nevada County was 103 residents per square mile (Nevada County Executive Office, 2012-2013).

Historic and Projected Population in Nevada County



The most notable growth has occurred in Nevada County’s unincorporated areas, with modest growth in towns and cities. Among the incorporated areas Truckee has experienced the most population growth, followed by Grass Valley. The population in Nevada City has remained relatively stable (Nevada County Executive Office, 2012-2013).

RACE, ETHNICITY, AND GENDER

Race, ethnicity, gender, age, and other factors may influence the health needs within a population. Additionally, understanding proportions of groups within the community can be helpful in identifying health disparities, or inequalities that exist when members of certain population groups do not benefit from the same health status as other groups.

Overall, Nevada County is considerably less racially and ethnically diverse than California. However, within the county communities differ, with Eastern county being more racially diverse. The majority of Nevada County residents in 2013 (86%) were White (not Hispanic). The next largest group was people that were Hispanic or Latino (9%). A small percentage were Asian (1.4%), 1.2% were American Indian, and 0.5% were African American (Nevada County Public Health Department, 2014).

In terms of gender, Nevada County’s population is comprised of slightly more females than males (50.4% female, 49.6% male) (American FactFinder, 2009-2013). A small proportion of the population (estimated at 0.1% to 0.5%) has a gender identity differing from the one that they were assigned at birth (often referred to as transgender) (Gates, 2011).

Nevada County has a more mature population compared to the state as whole. The median age, or age at which half the population is above and below, was 48.5, more than 10 years above that for the state median (35.4). Nearly one in 10 people (9%) in Nevada County are 75 or older (American FactFinder, 2009-2013).

Nevada County				California		
Age	Population	% Population	Med. Age	Population	% Population	Med. Age
0-14	15,113	15%	48.5	-	20%	35.4
15-29	15,369	16%		-	22%	
30-44	15,300	15%		-	21%	
45-59	24,982	25%		-	20%	
60-74	19,424	20%		-	12%	
75+	8,576	9%		-	5%	
Total	98,764	100%			37,659,181	

United States Census: Fact Finder, *American Fact Finder, 2010 data, as presented by Nevada County: Demographic and Statistical Profile (2012-2013)*

EDUCATIONAL ATTAINMENT

Most of Nevada County's adult population has a high school diploma or higher. A number of these individuals have a degree from a college, university, graduate or professional program. Higher levels of education usually yield(s) better health outcomes, as median earnings increase as a result of higher educational attainment.

2010 Educational Profile, Adults 25 Years and Older		
	Nevada County	Statewide
Less than 9th Grade	2%	11%
9th-12th grade, no diploma	4%	9%
High School diploma/GED	23%	21%
Some College, no degree	29%	22%
Associates degree	11%	8%
Bachelor's degree	21%	19%
Graduate or professional degree	11%	11%
Total	100%	100%

United States Census-Fact Finder. American Fact Finder, 2010 data. <http://quickfacts.census.gov/qfd/states/06000.html>



In Nevada County, the median earnings of a college graduate are almost double the median earnings of someone not possessing a high school diploma (American Fact Finder, 2009-2013). Differences by gender are observed in both Nevada County and in the state.

Median Earnings by Educational Attainment by Sex in the past 12 months (2013 Inflation-adjusted dollars)						
	Total		Male		Female	
	Nevada County	California	Nevada County	California	Nevada County	California
Population 25 years and over with earnings	\$32,967	\$37,194	\$43,056	\$42,188	\$27,226	\$31,729
Less than high school graduate	\$19,415	\$19,122	\$21,522	\$22,116	\$16,800	\$14,994
High school graduate (includes equivalency)	\$29,555	\$27,952	\$37,222	\$31,779	\$21,432	\$23,783
Some college or associate's degree	\$31,705	\$36,901	\$41,875	\$43,393	\$24,466	\$31,329
Bachelor's degree	\$38,265	\$55,262	\$44,375	\$65,783	\$35,719	\$47,599
Graduate or Professional Degree	\$56,643	\$78,746	\$80,625	\$96,043	\$40,945	\$65,306

Source: 2009-2013 American Community Survey 5-Year Estimates, Median Earnings in the past 12 months (in 2013 inflation-adjusted dollars) by Sex by Educational Attainment for the Population 25 Years and Over

Among the student population, cohort high school graduation rates for the 2012-13 year were higher than the statewide average. In Nevada County, 931 of 1,024 students in the cohort graduated (County Data (Unpublished), 2011-12), resulting in a graduation rate of 91%. Graduation rates are important to a strong workforce and economy, as the percentage of jobs available to people without a high school diploma and only with a high school diploma are expected to diminish as a portion of total employment (U.S. Bureau of Labor Statistics). According to the Bureau of Labor Statistics, jobs that require a master's degree for entry are projected to grow fastest between 2012 and 2022. The slowest growth is projected for jobs requiring only a high school diploma or equivalent.

SUB POPULATIONS

In public health, it is important to consider the needs of the whole population, as well as understand specific differences that may exist within subpopulations. Subpopulations can include age groups, racial or ethnic groups, people that speak a language other than English, and other groups connected by circumstance.

VETERANS

The veteran population in Nevada County was estimated to be 10,085 in 2013, making up 12.6% of the total civilian population aged 18 and over. By comparison, this is nearly twice the rate for the state (American FactFinder, 2009-2013).

	Civilian Veterans	
	Estimate	% of total civilian population 18 years and over
Nevada County	10,085	12.6%
California	1,893,539	6.7%

Source: United States Census: Fact Finder, Selected Social Characteristics in the United States: American Community Survey 5-Year Estimates (2009-2013)

ENGLISH LANGUAGE LEARNERS

An English Language Learners (ELL) is a person who is learning the English language in addition to his or her native language. Out of the estimated 14,680 children in Nevada County who are enrolled in Kindergarten through 12th grade, 560 (3.8%) are English Language Learners (ELL). This number is considerably lower than the California average, where 20% (1,413,549) of children enrolled in Kindergarten through 12th grade are ELL (California Data Quest, n.d.). Here it is important to note that in Truckee, some children attend schools in Placer County School District, so overall numbers of resident children may be skewed.

OLDER ADULTS

Mature adults make up a higher percentage of the population for Nevada County compared to California.

	Persons 65 years and over, 2013	
	Estimate	%
Nevada County	20,197	20.5%
California	4,446,865	11.8%

Source: United States Census: Fact Finder, Population 65 Years and Over in the United States: American Community Survey 5-Year Estimates (2009-2013)

PEOPLE EXPERIENCING HOMELESSNESS

People that are homeless often live out of sight. For this and other reasons, the number of people that are homeless is not an easy statistic to calculate. One of the ways to estimate the relative change in the homeless population is through a physical count, or HUD’s Point in Time Count (PIT). In 2013, a total of 314 adults and children were counted as homeless through the PIT survey. However, the number of people that are homeless can be considerably higher. Of this total, 64 were considered chronically homeless, 30 were veterans, 77 were severely mentally ill, 120 reported chronic substance abuse, and 108 had been victims of domestic violence. In 2015, the PIT conducted in the the Tahoe-Truckee area recognized 51 people as homeless.

CHILDREN OR YOUTH WHO EXPERIENCE FOSTER CARE

Nevada County’s rate of children or youth experiencing foster care has been slightly lower than California’s rate, four out of the last five years. The rate of children and youth involved in foster care is important, as those youth have increased mental health needs related to coping with the situations that brought them into the system (Children, Youth, and Families Office, 2012).

	Rate of Children in Foster Care (per 1,000 population)				
	2010	2011	2012	2013	2014
Nevada County	5	5	6	5	5
California	6	6	6	6	6

Source: Kids Count: Rate of Children in Foster Care (per 1,000) <http://datacenter.kidscount.org/data#CA/5/0>

PEOPLE WHO HAVE RECENTLY IMMIGRATED TO THE US

Nevada County’s percentage of recent immigrants is similar to California. According to the Public Policy Institute of California, California’s immigrants are slightly more likely (66 %) that U.S.-born residents (62 %) to be employed but with a lower median income. Immigrants are 3 percent more likely to live in poverty (Public Policy Institute of California, n.d.).

	Total Population Foreign Born (Non-Native)		Foreign Born (Non-Native)			
			Entered 2010 or later		Entered before 2010	
	Estimate	%	Estimate	%	Estimate	%
Nevada County	5,880	100%	215	3.7%	5,665	96.3%
California	10,175,839	100%	316,980	3.1%	9,858,859	96.9%

United States Census: Fact Finder, Selected Social Characteristics in the United States: American Community Survey 5-Year Estimates (2009-2013)

PEOPLE WITH DISABILITIES

People of all ages have disabilities. Among children, the rate is slightly higher for Nevada County than for the state (3.4% compared to 3.1%). Children are classified as having disabilities if they have serious difficulties in one or more of the following areas: hearing, vision, cognitive ability, ambulatory ability, self-care, or independent living (older youth) (KIDS Count Data Center, n.d.). There were approximately 13,130 people with disabilities in Nevada County, or about 13.4% of the population. This rate was higher than the rate statewide (10.1%) (American FactFinder, 2009-2013).



	Disability Status of the Civilian Noninstitutionalized Population	
	Estimate	% of total civilian population
Nevada County	13,130	13.4%
California	3,762,239	10.1%

United States Census: Fact Finder, Selected Social Characteristics in the United States: American Community Survey 5-Year Estimates (2009-2013)

HEALTH INSURANCE

Having health insurance is important for many reasons. Uninsured (under insured) people have poorer health outcomes and they receive less medical care. When they receive care it is often less timely than for those with insurance. Additionally, lack of insurance or being under insured can create financial burdens, as individuals choose between health care and other basic living expenses (Bovbjerg & Hadley, 2007).

	Percent of Individuals With No Health Insurance (2012)	Percent of Individuals With Public Insurance (2012)
Nevada County	14.6%	33.4%
California	17.8%	28.7%

Source: Shasta County Health and Human Services Agency (2014)

WHERE WE WORK, LIVE, AND PLAY

There are many aspects of Nevada County that demonstrate its livability. Crime is relatively low in Nevada County, and many types of violence are also low compared to the state. Nevada County has recreation opportunities, including outdoor, and cultural activities. People living in Nevada County generally have access to parks and trails. Nevada County draws tourists attracted to leisure activities and historic districts. Graduation rates in the county are high compared to the state, and the population has a high percentage of people with some college or higher educational attainment compared to the state.

There are also aspects of life in Nevada County that present challenges for residents. For example, tourist driven industries are highly seasonal, and employment in the service industry pays lower wages on average. Costs for housing in Nevada County can be expensive, contributing to a complex picture of income, even when wages are higher. Many households in Nevada County are cost burdened, having to pay more than a third of their income on rent or mortgage. This can lead to food insecurity, skipping health care or medications, or basic necessities as households try to manage with limited resources.

Education and good schools were noted as a county strength; however, data suggests that families with young children may face barriers in finding appropriate early care and education due to a lack of supply to meet demand (California Child Care Resource & Referral Network, 2015).

Like many other Northern California counties, there is a marijuana-growing culture in Western Nevada County. Not much detailed data exists on the extent of the impact of legal or illegal on the local economy and community health and wellbeing.

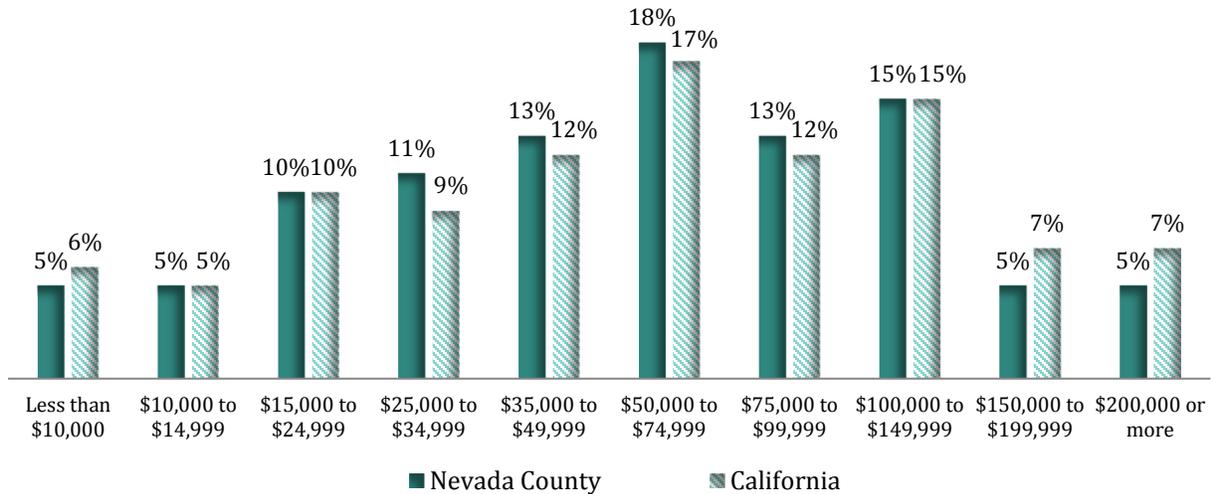
Residents of outlying communities may travel up to 30 minutes to reach “town.” This can be difficult for a variety of reasons, including lack of a personal vehicle, absence or limited public transportation, and dark, narrow mountain roads which can be challenging for inexperienced drivers. Long commute times, both to work and for other services, also impact community and environmental health. In addition to people in outlying towns, many people commute out of county to live or work. Living or working out of county influences where people need and use services, where they spend their money, and how they want or need to access health care services.

INCOME & FINANCIAL STABILITY

Income and employment are interrelated factors with health. Higher income and social status is linked to better health (World Health Organization, 2000). Financial resources at the individual and family level support adequate housing, access to health care, access to healthy foods, and more. At the community level, employment is the backbone of an economy that can support infrastructure and community development.

INCOME

Household Income Distribution in Nevada County and California 2009-2013



Source: United States Census: Fact Finder, Selected Economic Characteristics: American Community Survey 5-Year Estimates (2009-2013)

The per capita income for Nevada County residents for 2009-2013 was \$32,346, slightly higher compared to the same statistic for the state (\$29,527) (U.S. Census Bureau, 2013). Looking across income brackets, the distribution in Nevada County was very similar compared to California, with slightly lower percentages at either extreme in Nevada County (earning less than \$10,000 or more than \$200,000, annually) (American FactFinder, 2009-2013).

EMPLOYMENT

Service provision is the county's largest employment sector. Top employment industries include local government (16%), leisure and hospitality (16%), and trade, transport and utilities (16%). Education and health services also led at 14%. While a smaller percentage of total employment, manufacturing (7%) and federal government (1%) have the highest average weekly wages (Nevada County Executive Office, 2012-2013). Revenue from agriculture has also increased in recent years. Unemployment rates were above 10% in 2010, but appear to have improved in recent years (Nevada County Executive Office, 2012-2013) (U.S. Bureau of Labor Statistics, 2014). As of March 2015, the unemployment rate in Nevada County was 5.6%, ranking 16 out of 58 California counties, and lower than the state unemployment rate of 6.5% (State of California Employment Development Department, 2015)

POVERTY

While many people earn living wages, more than one in 10 people in Nevada County live at or below the federal poverty level (12.0%) (U.S. Census Bureau, 2013). People that have income above the poverty level may also struggle to fulfill basic needs like food, clothes, and utilities. This is a considerable issue in Eastern County, where higher costs of living skew the number of people living in poverty. Even though people in this region may have incomes above the poverty level, these may not be sufficient to cover higher living expenses. The issue is aggravated when considering that a number of working residents (62%) are employed by tourist-related industries, where work is often seasonal (Community Collaborative of Tahoe Truckee, n.d.). Seasonal can also be affected by weather, such as drought conditions.

Trends also indicate concern around poverty, with the percentage of children in poverty increasing in recent years in Nevada County (Robert Wood Johnson Foundation, 2015).

FOOD SECURITY

Food security for a household means access by all members at all times to enough food for an active, healthy life. Food *insecurity* is having limited or uncertain availability of nutritionally adequate and safe foods or limited or uncertain ability to acquire acceptable foods in socially acceptable ways. (United States Department of Agriculture, n.d.)

Use of assistance programs helps to show both needs and stop gaps. In Nevada County, about 48.5% of children were eligible for the free or reduced lunch program (FRL) and there were 7,657 participants in CalFresh (California Department of Public Health, 2015). Both of these programs are aimed at reducing hunger.

Federal Nutrition Assistance Programs, Nevada County (2015)		
	Number	%
CalFresh Participants	7,657	7.9%
Students Eligible for Free/Reduced Price Meals (FRPM)	5,963	48.5%

Source: SNAP-Ed County Profile (2015)

From the years 2011-2012, 27% of adults (5,000 adults) in Nevada County lived in low-income households and were food insecure, which was far lower than the state percentage of 42% (4,153,000 adults) (California Food Policy Advocates, 2012-2013).

In a survey conducted in Nevada County in 2012, 34% of CalFresh applicants worried that their families did not get enough fruits and vegetables and 36% were concerned that their families were not getting enough vitamins and minerals. Just under a third of respondents reported that money and finances are the biggest barriers to them leading a healthier life (California Department of Public Health and the Nevada County Department of Public Health, 2012).

In 2012, 41% of Nevada County residents earned an income 130% below the poverty level and were eligible for Federal Nutrition Assistance programs like Supplemental Nutrition Assistance Program (SNAP), Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), free school meals, the Commodity Supplemental Food Program (CSFP), and The Emergency Food Assistance Program (TEFAP). Nineteen percent (19%) of residents earned between 130% and 185% of the poverty level and were income-eligible for programs such as WIC and reduced price school meals. Four out of ten people were not eligible for these programs, as they earned more than 185% of the poverty level.

Nevada County fared slightly better than the state in these measurements. California had a higher percentage of people qualifying for food and nutrition assistance.

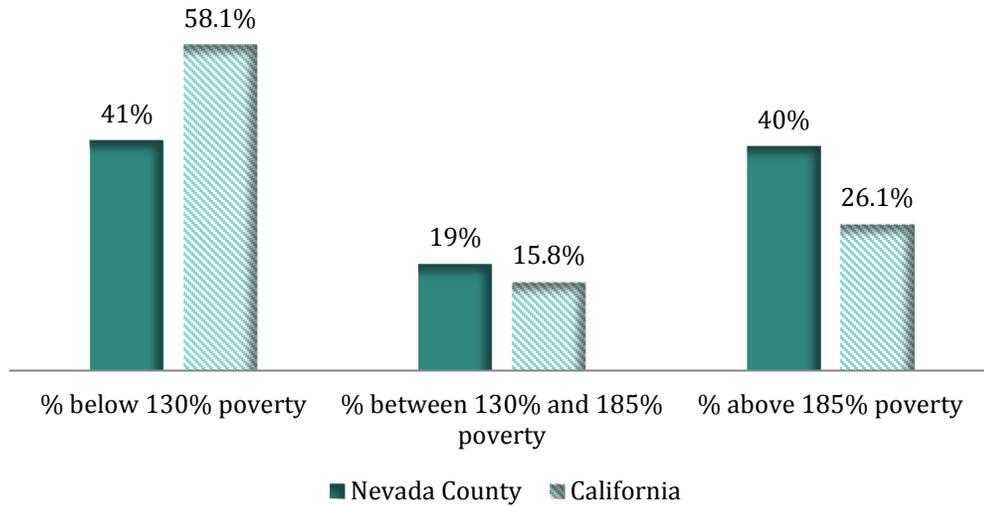
	Food and Nutrition Assistance Access, by Income Level		
	% below 130% poverty	% between 130% and 185% poverty	% above 185% poverty
	<i>SNAP, WIC, free school meals, CFSP, TEFAP</i>	<i>WIC, reduced price school meals</i>	<i>Non - Public</i>
Nevada County	41%	19%	40%
California	58.1%	15.8%	26.1%

Source: Feeding America (2014)

Food insecurity rates for Nevada County and California are fairly similar, with the county faring slightly better. In 2015, the food insecurity rate for California was 15% overall and 25.1% among children. For Nevada County, the overall food insecurity rate was 14.8% overall and 23.5% among children (California Department of Public Health, 2015). However, 5% of individuals in Nevada County have limited access to healthy foods, which is higher than the state rate of 3% (Robert Wood Johnson Foundation, 2015).



Food Insecurity in Nevada County and California



Source: Feeding America (2014)

On the CalFresh Program Access Index, Nevada County ranked 39th out of 58 in 2012. Only 57% of eligible persons in Nevada County participated in the CalFresh program. The state fared better, with 65.2% of income-eligible individuals participating in CalFresh in 2012 (California Food Policy Advocates, 2012-2013).

CalFresh Participation 2012				
	Income-Eligible Individuals	Income-Eligible Non-Participants	Income-Eligible Participants	Percent of Income-Eligible Participating in 2012
Nevada County	12,260	5,248	7,012	57.2%
California	6,168,236	2,146,463	4,021,773	65.2%

Source: California Food Policy Advocates

EARLY CHILDHOOD CARE AND EDUCATION

The quality and availability of early childhood care and education programs (nursery schools, child care facilities, preschools, etc.) is essential in any community. There are multiple reasons for this. Many families are in need of care for their children while they are out of the home working, job-seeking, or attending school. As 90% of a child’s physical brain development takes place in the first 5 years of life (First 5 California, n.d.), high quality child care and early care and education programs have shown to be a powerful tool in narrowing learning and development gaps in children before they enter school (Heckman & Masterov, 2007). Almost half (49.1%) of the children ages 3 and 4 in California are enrolled in school (nursery school or preschool), while only 40.6% of children the same age are enrolled in school in Nevada County (American Factfinder, 2009-2013).

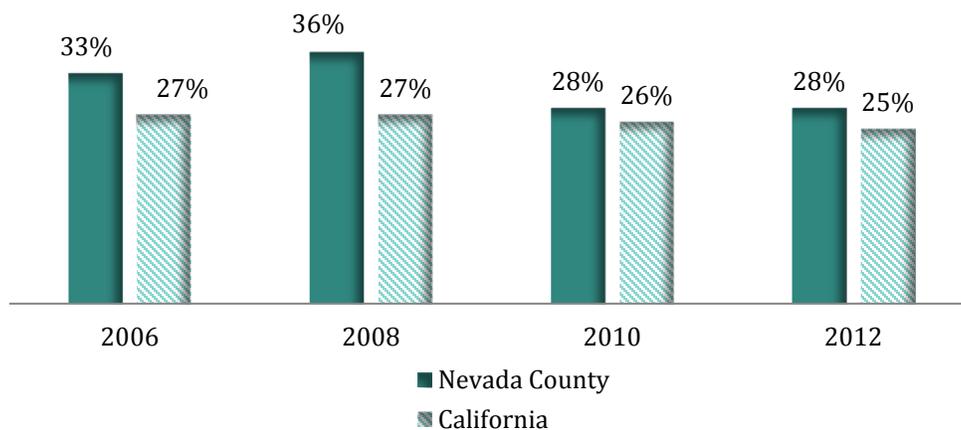
	Percentage of 3 and 4 year olds enrolled in school
Nevada County	40.6%
California	49.1%

Note: School refers to a nursery school or preschool

Source: United States Census: Fact Finder, School Enrollment: American Community Survey 5-Year Estimates (2009-2013)

Although the availability of child care for potential demand in Nevada County has been steadily higher in comparison to the state, in 2012 only 12% of children with parents in the labor force had licensed child care available to them (Lucile Packard Foundation for Children's Health).

Availability of Childcare for Potential Demand (2006-2012)



Source: Kidsdata.org

HOUSING

Housing is a basic need. Lack of affordable, appropriate housing can be a cause of considerable individual and family stress, impacting other aspects of wellbeing. People that are homeless are more likely to experience negative health outcomes than people that are housed (Bharel, et al., 2011) and those that are precariously housed (e.g. in temporary housing or inadequate housing) are also at greater risk for health problems compared to those that are in stable housing.

Safe, affordable housing was mentioned by some listening session participants as a concern in Nevada County. Services such as Down Payment Assistance, Housing Rehabilitation Loans and Grants, and Community Services Programs are available to help people with low income find and maintain housing. Many grants fund the services provided under Nevada County Housing and Community Services including the Community Development Block Grant Program, the Community Services Block Grant Program, Cal HOME, HOME, and the USDA Housing Preservation Grant Program. Energy Assistance and Weatherization Services are available through Project GO, Inc. Several community-based organizations also assist consumers to find and maintain housing.

The Homeless Resources Council of the Sierras (HRCS) is the Continuum of Care for Nevada County. This organization is a significant resource to the residents of the county. This consortium conducts surveys of the homeless population in the county during the last 10 days of every other year. In 2015, it was determined there were 279 individuals considered to be homeless during the survey. It is recognized that homelessness is a very fluid situation and there are multiple factors that influence an individual's living situation and the survey itself.

Housing stock is available. In 2014, the vacancy rate in Nevada County was 22.1% for Nevada County, compared to 7.9% in California (California Department of Finance, 2011-2014). Although the rate of occupied and vacant housing units stayed at similar levels between 2009 and 2013, during this time, the amount of housing units increased by 6%.

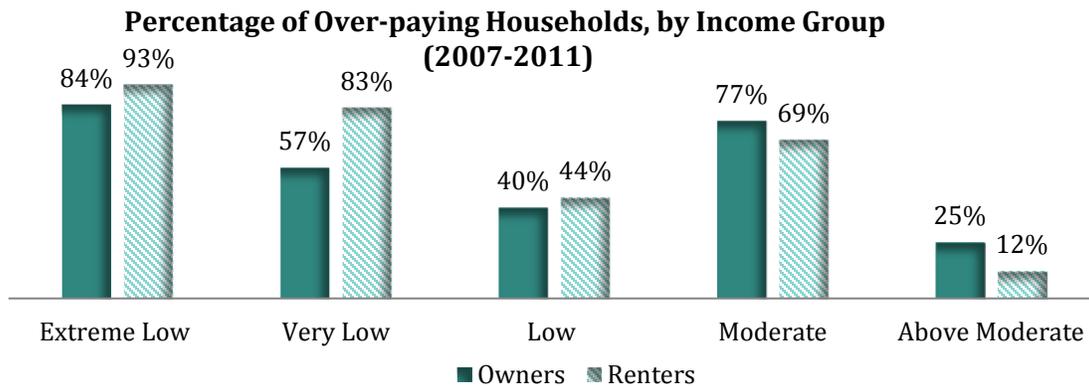
Housing Stock in Nevada County			
	2009	2011	2013
Occupied Housing Units	39,542	41,561	40,991
	80%	79%	78%
Vacant Housing Units	10,084	10,743	11,671

	20%	21%	22%
Total Housing Units	49,626	52,304	52,662

Source: US Census Bureau, American Community Survey, 2009, 2011, 2013

Nearly 60% of owner-occupied homes in Nevada County during 2013 cost between \$200,000 and \$500,000 (U.S. Census Bureau, 2009-2013).

Nearly half (49.3%) of households (both owned and rented) spend more than 30% of household income on housing (County of Nevada, 2014). These households are considered to be overpaying by federal standards. Those at greatest risk of overpaying are those with the lowest income (County of Nevada, 2014).



Source: County of Nevada (2014)

Some groups may be more likely to have trouble finding and maintaining appropriate housing. These include, but are not limited to people in poverty, single-headed households with children, people with disabilities, and older adults (County of Nevada, 2014).



THE PHYSICAL ENVIRONMENT

Because people interact continuously with their environment, environmental health is directly related to human health. The World Health Organization (WHO) defines environment, as it relates to health, as “all the physical, chemical, and biological factors external to a person, and all the related behaviors.” Environmental quality can enhance health. For example, studies have shown a strong relationship between the amount of open, undeveloped land that is accessible to the public and peoples’ perceived general health (U.S. Environmental Protection Agency, 2015). When environmental quality is compromised, people can be affected both in the short and long term. People with existing health problems, children, and older adults are especially vulnerable to environmental problems.

AIR QUALITY

Air quality can be compromised by a number of different contaminants including dust, pesticides, ozone, smoke, and volatile organic compounds, with problems for entire geographic areas and also specific locations inside buildings and homes. Nevada County is part of the Northern Sierra Air Quality Management District. Monitoring shows that the air quality for ozone has improved over the last decade in Nevada County, with 74% of days considered good days from 2011-13. However, more than one in four days (26%) had ozone levels that were either moderate, unhealthy for sensitive groups, or unhealthy. Similarly, monitoring has shown that particulate matter was improved over the last decade with 90% of days in the good range in 2011-2013, compared to 86% in 2000-2002. This report also warns that “extreme weather events have the potential to set back air quality improvements made over decades.” Finally, more research made possible by better detection has revealed that air pollutants are more harmful than previously thought and contributing to illness and death worldwide (California Air Pollution Control Officers' Association, 2014). Some of the health problems that are caused or are exacerbated by poor air quality include asthma, cancers, chronic obstructive pulmonary disease (COPD), and other illnesses.

A potential threat to air quality gains are wildfires. Wildfires in California have increased in number and severity over recent years. Smoke from fires can cause or contribute to health problems, especially among people with asthma or heart disease (Loftis, 2015).

Nevada County was listed 34th out of 57 counties in California in County Health Rankings for physical environment (Robert Wood Johnson Foundation, 2015). Some of the indicators used for this ranking included air pollution, drinking water violations, severe housing problems driving alone to work, and long commutes.

ELEVATED LEAD LEVELS

Elevated blood lead levels are associated with neurobehavioral problems that can become permanent (Goodwin, 2009). In Nevada County (2011), reported rates of children ages 0-5 with elevated blood lead levels was 0.6%, higher than the state average of 0.3% (Kidsdata.org, n.d.).

WATER QUALITY AND AVAILABILITY

Availability of clean water is critical for health. Water is also important for agriculture and other aspects of Nevada County's economy. The region is in its fourth year of drought, which affects tourism and also water availability for industrial and personal use. In 2015 several of the areas in Nevada County were considered in either extreme or exceptional drought (The National Drought Mitigation Center, n.d.).

COMMUTING TO WORK

An estimated 10,000 people commuted out of the county for work, and 4,000 came into the county for work (Nevada County Executive Office, 2012-2013). Commuting, or mobility, impacts where people need and use services, including health care. Commuting can also negatively affect health through poor air quality caused by cars and longer, sedentary periods for workers.

Commuting to Work for Workers 16 years and Over in Nevada County	
Total number of workers who did not work at home	35,881
Means of Transportation	
Car, truck, or van (drove alone)	30,952
Car truck, or van (carpooled)	3,147
Public transportation (excluding taxicab)	337
Place of Work	
Worked in state of residence	96.9%
Worked outside state of residence	3.1%
Worked in county of residence	72.8%
Worked outside county of residence	24.1%
Travel Time to Work	
Less than 10 minutes	19.0%
10 to 29 minutes	52.7%
30 to 59 minutes	19.6%
60 or more minutes	8.6%

Source: 2009-2013 American Community Survey 5-Year Estimates, Means of Transportation to Work by Selected Characteristics

TRANSPORTATION

Transportation is also a product of the built environment, or, “land use patterns, the distribution across space of activities and the buildings that house them; the transportation system, the physical infrastructure of roads, sidewalk, bike paths, etc., as well as the service this system provides; and urban design, the arrangement and appearance of the physical elements in a community” (Saelens & Handy, 2008).

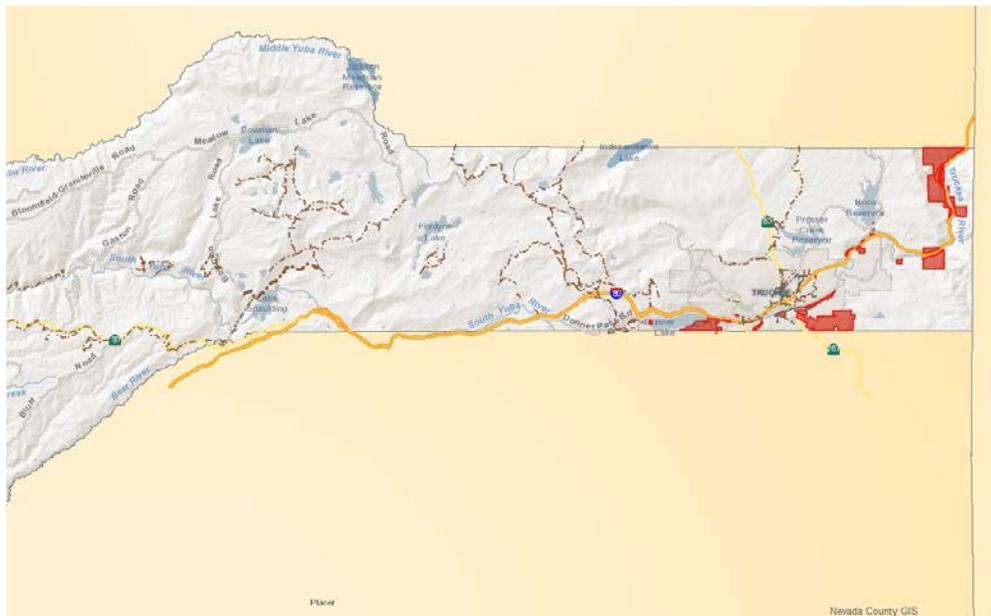
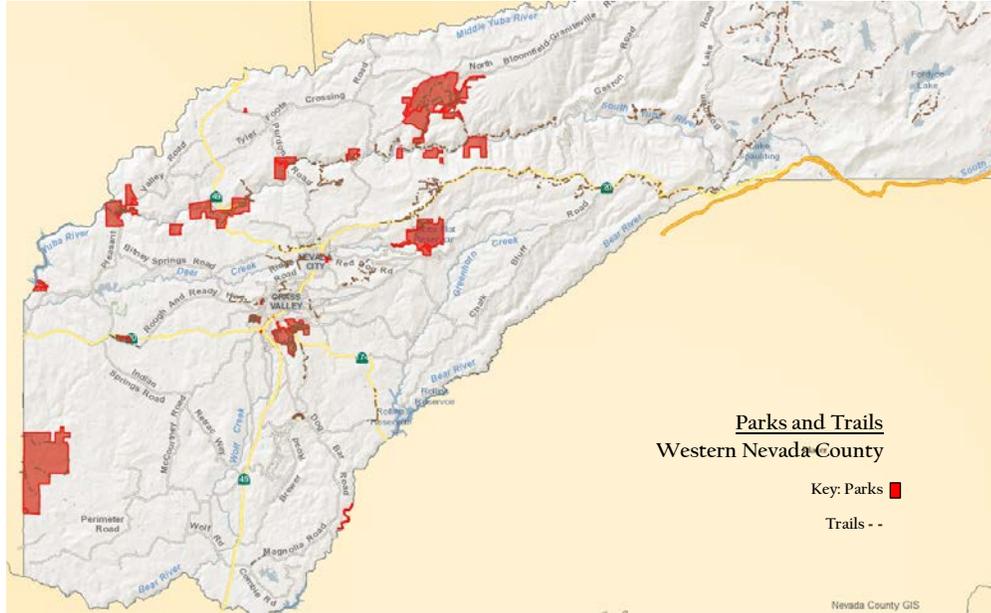
Nevada County has public transit services in Eastern and Western Nevada County to service the population. Gold Country Stage is operated in Western Nevada County servicing not only Grass Valley and Nevada City, but Penn Valley, Lake Wildwood, Rough and Ready, Lake of the Pines and the Highway 49 corridor to Auburn. Gold Country Stage not only offers public transportation fixed routes but it also provides door-to-



door demand response services to individuals with disabilities. Truckee has two public transportation options, Truckee Transit and North Tahoe Truckee Transport. Truckee Transit offers both a fixed route schedule and Dial-A-Ride services. During the winter months a shuttle is offered to the local ski resorts. North Tahoe Transport is a program to serve the older adult population not only regionally, but out of the area as well.

PARKS AND RECREATION

Nevada County has extensive areas of undeveloped land and recreational spaces including parks, hiking trails, and lakes and rivers. However, these resources are not easily accessible to those without transportation.



OUR HEALTH AND WELLNESS

Nevada County fared well in the 2015 County Health Rankings (Robert Wood Johnson Foundation, 2015). Out of 57 counties ranked, Nevada County ranked 8th overall in Health Factors and 11th overall in Health Outcomes. Healthy People 2020 objectives, developed for the US and measured by states and counties, provide another set of benchmarks for understanding progress toward a healthy community. Nevada County met or exceeded many of the 2020 Healthy People objectives.

There are many factors and indicators that are positive. For example, the rate of people with a *normal* Body Mass Index (BMI) was higher in comparison to the state. Nearly half of adults (48.4%) had a BMI in the normal range, compared to 38.6% in California. The number of people reporting their health as good, and mental health as good, was high relative to many other communities in the state.

Nevada County also has a network of care providers, hospitals in both Western and Eastern County, a committed public health department, and community organizations that work to support individual and community health.

While these health factors, outcomes, and community assets should be celebrated, there are also areas for focus and improvement. For example, according to the County Health Rankings, the adult smoking rate is higher than the state average, the rate of alcohol-impaired driving deaths exceeds the state average, and Nevada County has a relatively high rate of deaths due to injury (Robert Wood Johnson Foundation, 2015). Among Healthy People 2020 indicators, deaths due to stroke were higher than the benchmarks, as were death due to suicide.

Health differences and issues are also more significant for specific communities and populations within Nevada County. Gaps were identified among listening sessions, especially for patients using Medi-Cal as their insurance. Access to specialty providers was also a concern, especially for people with lower income. Specialty providers accepting Medi-Cal are often out of area, requiring patients to travel long distances. Residents of the western side of the county may be affected by transportation in their access to health services, while high living expenses are noted as a barrier in accessing health services in Truckee and its surrounding areas.

In addition, the rural character of Nevada County makes it more likely to show higher rates of smoking, binge drinking, and deaths due to suicide, as well as lower rates of residents having public insurance (Shasta County Health and Human Services Agency, 2014). Rates of emergency room use are relatively high as compared to the state.

MATERNAL AND CHILD HEALTH

The well-being of mothers, infants, and children is important for public health, determining both current health and the health of the next generation. Maternal and child health addresses a wide range of conditions, health behaviors, and health systems indicators that affect the wellness, and quality of life of women, children, and families (Healthy People 2020).

PRENATAL CARE

Healthy pregnancies and births are critical to a healthy start in life. In Nevada County, indicators around prenatal health are mixed. Fewer women start prenatal care within their first trimester compared to the state and Healthy People 2020 targets. However, about eight in ten women have adequate prenatal care, defined as the ratio of prenatal care received by the number of visits a woman would be expected to receive based on the date she first received care and the length of her pregnancy.

	Prenatal Care Beginning In The First Trimester Of Pregnancy	% of All Pregnancies with Adequate Prenatal Care
Nevada County	78.2%	77.7%
California	83.3%	79.7%

Source: Shasta County Health and Human Services Agency (2014)

Rates are lower for people using Medi-Cal. In 2015, the rate of prenatal care in the first trimester in Nevada County was 71%; however, for people with Medi-Cal the rate was considerably lower (53% for women who delivered at Sierra Nevada Memorial Hospital and 58% for women who delivered at Tahoe Forest Hospital) (Nevada County Public Health Department, 2015). This information points to disparities in health use and access for the Medi-Cal population.



BIRTH OUTCOMES

In terms of birth outcomes, the indicators are also mixed for Nevada County. The percentage of low birth weight infants in 2013 was 6.3% (slightly lower than the state's rate) and also below the Healthy People 2020 target. About 7.5% of live births were pre-term (less than 37 weeks gestation). Premature babies are more likely to suffer from intellectual disabilities, respiratory problems, visual problems, hearing loss, and feeding and digestive problems.

	Percentage of Low Birth Weight Infants and Pre-Term Births, 2013	
	% of LBW Infants	Pre-Term Births
Nevada County	6.3%	7.5%
California	6.8%	8.8%

Sources: Kidsdata.org, A Program of the Lucile Packard Foundation for Children's Health
California Department of Public Health, Maternal Child and Adolescent Health Division

BREASTFEEDING

The American Academy of Pediatrics strongly recommends exclusive breastfeeding for the first 12 months of a baby's life, and also recommends that breastfeeding continue through at least 12 additional months (American Academy of Pediatrics, 2012). Breast milk provides optimal nutrition and antibodies that can help protect children against infections. Breastfeeding has been associated with lower rates of later health problems including diabetes, obesity, and asthma. Rates of hospital breastfeeding in Nevada County are high, with nearly all mothers (97%) practicing any breastfeeding, and nearly 90% exclusively breastfeeding (Nevada County Public Health Department, 2014). Breastfeeding rates are better when hospitals are supportive, encouraging breastfeeding over supplementation, and providing lactation supplies and specialists when needed. Tahoe Forest Hospital in Truckee has been certified as Baby-Friendly, and Sierra Nevada Memorial Hospital has instituted baby friendly practices. Both are leaders in this indicator (California WIC, 2012).

Nevada County Hospital Breastfeeding 2012					
	Total	Any Breastfeeding		Exclusive Breastfeeding	
		Number	%	Number	%
Nevada County	670	650	97.0	601	89.7
California	433,536	400,079	92.3	271,421	62.6

Source: Nevada County Public Health Department: Nevada County Health Status Report (2014)

TEEN PREGNANCY

Teen pregnancy and childrearing have considerable social and economic costs both in the short and long term. The adolescent birth rate (per 1,000) in Nevada County was 14.8 for the period of 2010-2012, considerably lower than the rate for the state (28.3) (Nevada County Public Health Department, 2014).

	Teen Birth Rate per 1,000 births (ages 15-19)
Nevada County	14.8
California	28.3

Source: Nevada County Public Health Department: Nevada County Health Status Report (2014)

LEADING CAUSES OF DEATH

The county is relatively healthy overall. The leading causes of death provide some of the most important clues about how to improve public health. These diseases can often be prevented, have treatments available, or both. In Nevada County in 2013, cancer was the leading cause of death, followed by diseases of the heart.

Suicides, while not a major cause of death overall, are a critical issue. Rates due to suicide are more than twice the rate for the state. Nevada County has task forces on both sides of the county addressing suicide prevention and the unique dynamics of each community. The Suicide Prevention Task Force, based in Grass Valley, is a collaboration of individuals and agencies to provide and match resources to individuals and/or family members. In Eastern Nevada County, Tahoe Truckee Suicide Prevention Coalition (coalition) was established by concerned community members to implement strategies and interventions to assist the community's youth and prevent future suicides. The coalition is comprised of family resource centers, school district staff, health care providers, and multiple non-governmental agencies. Both of these community coalitions are a significant resource to provide services to individuals in need countywide.

“Although chronic diseases are among the most common health problems, many of them are preventable through modification of lifestyle. Behavioral risk factors, such as tobacco use, obesity, alcohol consumption and lack of physical activity are major contributors to most chronic diseases” (Nevada County Public Health Department, 2014).

Leading Causes of Death, Nevada County and California, 2013

	Nevada County Leading Causes of Death (2013)	California Leading Causes of Death (2013)
1	Malignant Neoplasm (Cancers) (237)	Diseases of the Heart (59,832)
2	Diseases of the Heart (227)	Malignant Neoplasm (Cancers) (57,504)
3	Chronic Lower Respiratory Disease (84)	Cerebrovascular Diseases (13,603)
4	Alzheimer's Disease (68)	Chronic Lower Respiratory Disease (13,550)

5	Accidents (Unintentional Injuries) (62)	Alzheimer's Disease (11,868)
6	Cerebrovascular Diseases (49)	Accidents (Unintentional Injuries) (11,189)
7	Influenza / Pneumonia (18)	Diabetes Mellitus (7,998)
8	Intentional Self Harm (Suicide) (20)	Influenza / Pneumonia (6,523)
9	Chronic Liver Cirrhosis (14)	Chronic Liver Cirrhosis (4,777)
10	Diabetes Mellitus (10)	Intentional Self Harm (Suicide) (4,006)
--	All Other Causes (226)	All Other Causes (57,268)

Source: California Department of Public Health, <https://www.cdph.ca.gov/data/statistics/Documents/VSC-2013-0520.pdf>

DISEASES OF THE HEART

Heart disease is the major killer for both Nevada County and in the state. Also known as cardiovascular disease, this generally refers to conditions that involve narrowed or blocked blood vessels that can lead to a heart attack, chest pain (angina), or stroke. In recent years (2009-2011), deaths from heart disease in Nevada County have declined to 87.6 per 100,000 people (U.S. Department of Health and Human Services, n.d.).

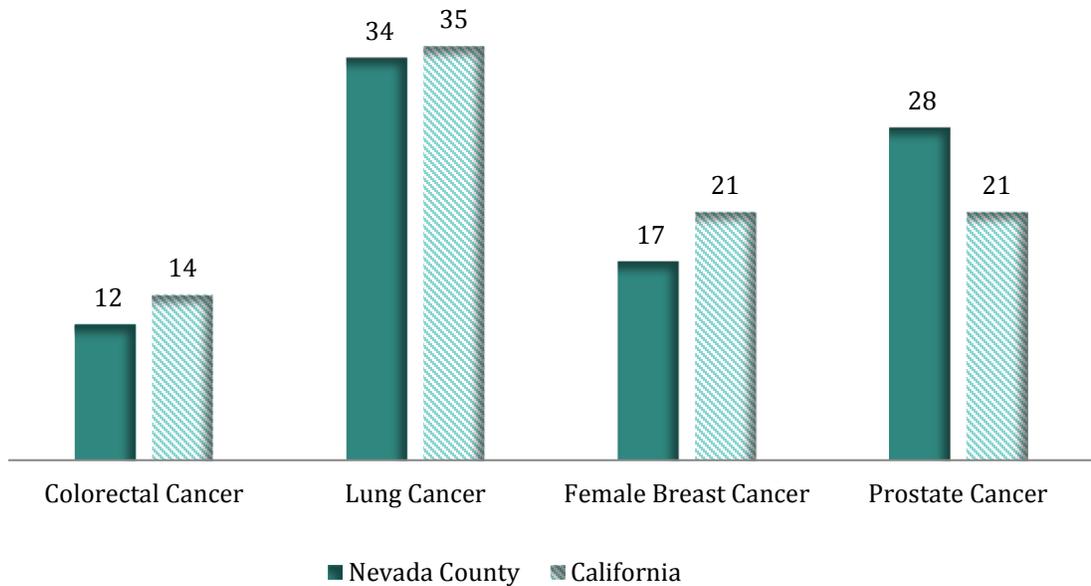
MALIGNANT NEOPLASM (CANCERS)

Deaths from specific types of cancer followed trends similar to the rates seen statewide, with the exception of prostate cancer, which was higher. Many types of cancer can be detected early and therefore treated more successfully with the help of routine screenings. Increasing rates of screenings can be an important strategy to reduce deaths from cancer.

	Deaths Due to All Cancers (Age-Adjusted Death Rate per 100,000 population)
Nevada County	154.9
California	153.6

Source: Nevada County Public Health Department: Nevada County Health Status Report (2014)

**Age-Adjusted Death Rate by Cancer Type, Nevada County and California
2010-2012 (Per 100,000 population)**



Source: Nevada County Public Health Department: Nevada County Health Status Report (2014)

HEALTHY PEOPLE 2020 STATUS

Healthy People provides science-based, 10-year national objectives for improving the health of all Americans. For three decades, Healthy People has established benchmarks and monitored progress over time. A recent comparison of Nevada County to Healthy People Objectives is shown here.

Healthy Indicator	2010-2012 California Rate	2010-2012 Nevada County	Healthy People 2020 Objective (per 100,000 population unless otherwise specified)	Nevada County Healthy People 2020 Status
Diabetes Deaths	20.4	10.2*	65.8 deaths	
Stroke Deaths	36.6	36.3	33.8 deaths	
Coronary Heart Disease	106.2	93.7	100.8 deaths	
All Cancer Deaths	153.3	154.9	160.6 deaths	

Healthy Indicator	2010-2012 California Rate	2010-2012 Nevada County	Healthy People 2020 Objective (per 100,000 population unless otherwise specified)	Nevada County Healthy People 2020 Status
Infant Deaths	4.9	5.6*	6.0 deaths/1,000 live births	
Births to Teens Age 15-19	28.3	14.8	36.2 births/ 1,000 population	
Low Birth Weight Infants	6.8%	5.5%	7.8% of live births	
Prenatal Care Beginning First Trimester	83.6%	76.5%	77.9% of live births	NA
Suicide Deaths	10.1	19.0	10.2 deaths	
Motor Vehicle Crash Deaths	7.3	13.4*	12.4 deaths	
Adult Obesity	24.8%	18.5%	30.6% of adult population	

* Death rates unreliable based on few data elements.

Source: Nevada County Public Health Department: Nevada County Health Status Report (2014)

MORBIDITY

AIDS

Rates of HIV (human immunodeficiency virus) and AIDS are low; however, surveillance is important for monitoring and targeting prevention efforts. Nevada County Public Health Department's HIV/AIDS staff have multiple resources for individuals and their families. There are several local organizations such as HALO (HIV/AIDS Local Outreach) that also provide resources to individuals in need.

Between 2009-2014, there were 19 persons newly diagnosed with HIV infection in Nevada County according to data collected by California Department of Public Health Office of AIDS. Due to small numbers and sensitivity, specific years will not be disclosed.

Semi-Annual Report of HIV/AIDS Cases by County in California Cumulative as of June 30, 2014								
	HIV				AIDS			
	Total Cases	Living Cases	Deceased		Total Cases	Living Cases	Deceased	
			Number	%			Number	%
Nevada County	21	20	1	5%	140	59	81	58%
California	50,955	48,323	2,632	5%	169,588	74,059	95,529	56%

Source: California Department of Public Health, HIV/AIDS Surveillance in California, Semi-Annual Report (June 2014)

PERTUSSIS

California has seen rates of pertussis/whooping cough increase, reaching levels of epidemic in 2015. Nevada County had a relatively high rate of disease in 2013 (70 cases, rate of 70.51), and a lower rate in 2014 (16 cases, rate of 16.34). Pertussis can be reduced through childhood and adult vaccinations (California Department of Public Health, 2015).

SEXUALLY TRANSMITTED INFECTIONS/DISEASES

While chlamydia and gonorrhea were at a high in Nevada County in 2013, the rates of these infections/diseases are lower than those seen statewide. Other sexually transmitted diseases such as syphilis are also monitored, and the absolute number of cases was low in 2013. It is important to note that the rate has increased in recent years. Despite screening guidelines, many individuals infected with STDs show no symptoms of disease so they can often go undiagnosed making the true incidence difficult to monitor.

Rate (per 100,000 population) of Chlamydia and Gonorrhea in Nevada County and California (2009-2012)								
	2009		2010		2011		2012	
	Chlamydia	Gonorrhea	Chlamydia	Gonorrhea	Chlamydia	Gonorrhea	Chlamydia	Gonorrhea
Nevada County	115	6	149	17	145	14	179	13
California	397	63	403	71	442	73	440	88

Source: Health Indicators Warehouse, STD Surveillance System

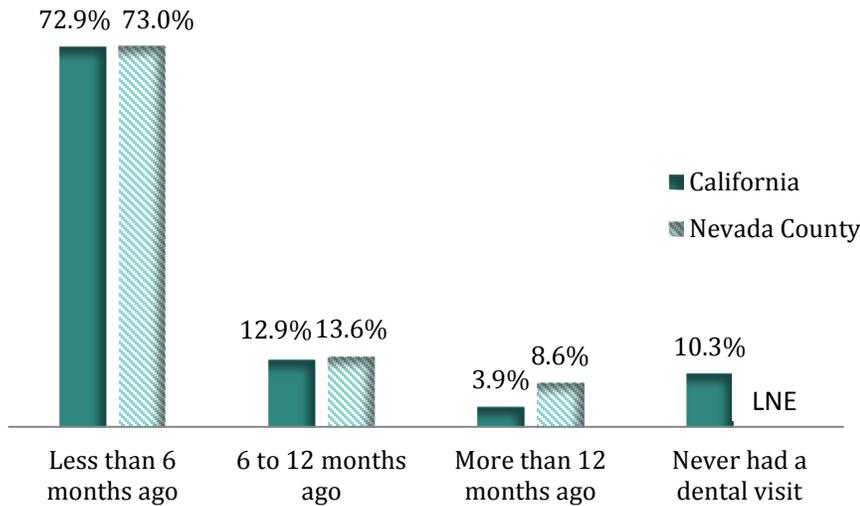
DIABETES

Diabetes is the disease in which blood glucose levels are above normal due to a failure to produce insulin or the inability of produced insulin to control glucose levels. Diabetes can cause serious health problems including heart disease, blindness, kidney failure, and lower-extremity amputations (Centers for Disease Control and Prevention, n.d.). Rates of diabetes deaths in Nevada County are relatively low at 10.2 per 100,000 (rate deemed unreliable based on fewer than 20 data elements). The rate in California is 20.4. It is difficult to compare these rates to the Healthy People 2020 benchmarks, because Healthy People uses a different definition than does California and Nevada County.

ORAL HEALTH DISEASE

Among children ages 2-11 in Nevada County, the percentage of those receiving regular oral health care (with a dental visit in the last 6 months) is similar to the statewide levels (73% for Nevada County and 72.9% for California). However, the figures are much different when considering children who had a dental visit more than 12 months ago. More than eight percent (8.6%) of children ages 2-11 in Nevada County did not have a dental visit in the past year, more than double the percentage of children in California (3.9%) for the same period of time (Kidsdata.org, n.d.).

Length of Time Since Last Dental Visit (Ages 2-11)

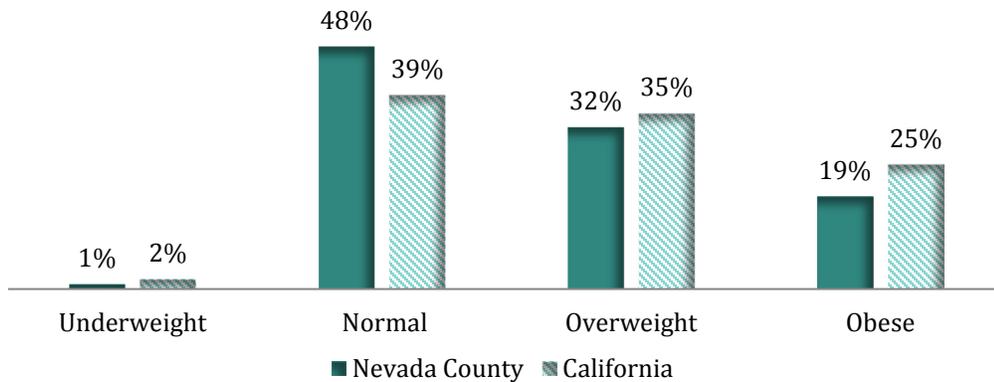


Source: Kidsdata.org: Length of Time Since Last Dental Visit; LNE: Low Number Events

OVERWEIGHT AND OBESITY

Overweight and obesity are serious health conditions, contributing to major health problems such as heart disease, stroke, type-2 diabetes, and some types of cancer. Obesity is also expensive, contributing \$147 billion in medical costs in 2008 (Centers for Disease Control and Prevention, n.d.). In Nevada County, the rate of people with a *normal* Body Mass Index (BMI) was higher in comparison to the state. Nearly half of adults (48.4%) had a BMI in the normal range, compared to 38.6% in California. However, obesity remains an important concern in Nevada County, with nearly one-third (32%) of all residents being overweight, and nearly one in five (19%) residents being obese (Nevada County Public Health Department, 2014).

Distribution of Body Mass Index for People in Nevada County and California



Source: Nevada County Department of Public Health: Nevada County Health Status Report (2014)

BEHAVIORAL HEALTH

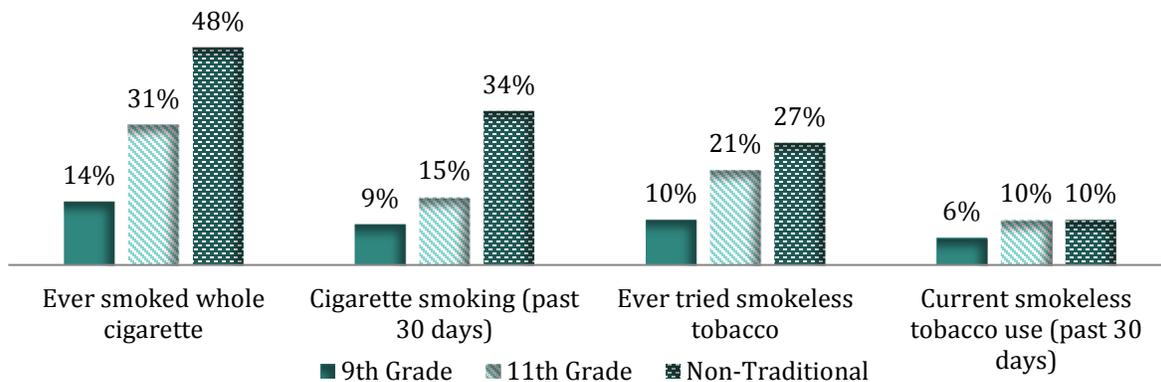
Behavioral health factors refer to the connection between specific behaviors and how they affect a person's health and overall well-being, including their mental well-being. Behaviors can impact a person's ability to function in everyday life and their concept of self. There are a variety of factors that affect health and well-being, some of which include eating habits, drinking, tobacco use, and exercising.

TOBACCO USE

Smoking can have long lasting health impacts to smokers and others exposed to smoke. Smoking is a major contributor to cancer, COPD, and other diseases, and risks from smoking continue even after smoking has stopped.

The percentage of youth that smoke has increased at each grade level, with youth in non-traditional schools most likely to smoke. Information from the 2013-2014 California Healthy Kids Survey indicates that 15% of youth could be considered regular smokers.

Tobacco Use Among 9th-11th Graders in Nevada County

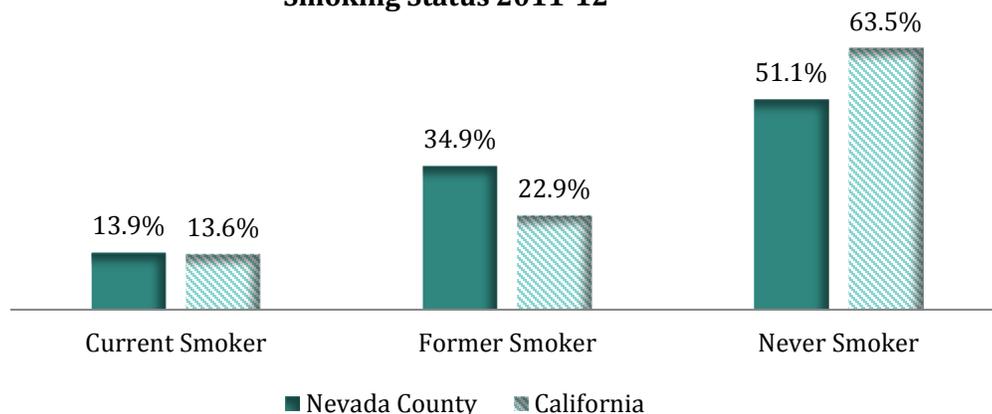


Source: California Healthy Kids Survey 2013-2014

ADULT SMOKING

The percentage of adults that smoke in Nevada County was 14% in 2012, similar to rates for the state. However, rates of former smokers were considerably higher in Nevada County (35%), and rates of never smoking were lower (51%) (Nevada County Public Health Department, 2014).

Smoking Status 2011-12



Source: Nevada County Department of Public Health: Nevada County Health Status Report (2014)

SUBSTANCE ABUSE

Substance abuse impacts people of all ages, both directly through its use and indirectly in the widespread effects to children, families, and entire communities. Implementing safe prescription practices throughout the county will improve the health and welfare of all communities. Attempting to address the opioid abuse problem in Nevada County, a significant asset to our community, is the Rx Drug Safety Placer and Nevada County collaboration. This collaborative effort is comprised of members of the medical, education, and law enforcement communities in addition to anti-drug coalitions. The intent of this collaboration is to prevent opioid misuse/abuse and promote healthy lifestyles among county residents. The Drug-Free Communities Support Programs are influencing drug prevention activities in the Truckee area by working towards best practices for chronic pain management and reducing access to prescription pain medications. In Western County, Sierra Nevada Memorial also has established a workgroup to address and partner with the medical community to institute safe prescribing practices and minimize addiction/substance abuse in the community.

Indicators on substance abuse suggest that it is a large problem, impacting a large proportion of people. For example, in 2010, the rate of substance abuse treatment admissions was higher than the state average (Shasta County Health and Human Services Agency, 2014).

	Substance Abuse Treatment Admissions (rate per 100,000 population) (2010)
Nevada County	686.1
California	591.6

Source: Shasta County Health and Human Services Agency (2014)

A proportion of both 9th graders and 11th graders surveyed reported use of prescription drugs for a reason other than prescribed, marijuana, and alcohol. Binge drinking rates were also high (California Healthy Kids Survey, 2013-2014). Note that this information is from Western County.

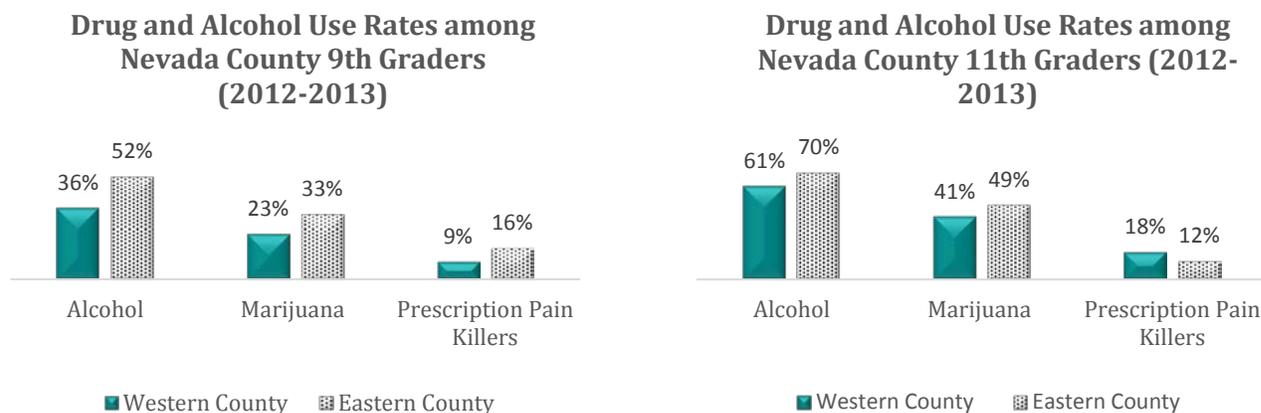
Current Alcohol and Other Drugs Use, Past 30 Days			
	Grade 9	Grade 11	Non-Traditional
Alcohol (at least one drink)	20%	37%	41%
Binge drinking (5 or more drinks in a row)	9%	26%	33%
Marijuana	11%	24%	36%
Inhalants	3%	3%	9%
Prescription pain medication use for reasons other than prescribed	4%	6%	15%
Other drug, pill, or medicine to get “high” or for other than medical reasons	2%	4%	13%

Source: Nevada Joint Union High School District: California Healthy Kids Survey, 2013-14. Main Report

Includes continuation, community day, and other alternative school types

Non-Traditional Schools: Includes continuation, community day, and other alternative school types.

For both 9th and 11th graders, the rates of drug and alcohol use are higher in Eastern County, with the exception of pain killers, where the reported use is higher in Western County among 11th graders.



Source: Nevada County Department of Behavioral Health: Strategic Plan for Alcohol and Other Drug Prevention 2014-2019
 *Rates for prescription pain killer use include prescribed and recreational use

ALCOHOL

Alcohol use can contribute to major public health problems including chronic problems such as alcoholism and liver failure, and acute issues due to impairment like drunk driving and violence. People of all ages have the potential to be impacted by alcohol abuse, including children that were affected by prenatal alcohol.

Binge Drinking in the Past Year (2011-2012), Nevada County and California, by Gender		
	Males	Females
Nevada County	43.6%	30.2%
California	38.9%	23.6%

Source: Nevada County Department of Public Health: Nevada County Health Status Report (2014)

Binge Drinking (Adults 18+) (2011-2012)	
Nevada County	36.6%
California	31.1%

Source: Shasta County Health and Human Services Agency (2014)

DEPRESSION AND OTHER MENTAL HEALTH DISORDERS

Mental disorders are diagnosable conditions characterized by changes in thinking, mood, or behavior (or more than one of these areas). They can cause a person to feel stressed and impair his or her ability to function.

One way to monitor mental health at the population level is through the average number of mentally unhealthy days reported in the past 30 days. In County Health Rankings, this number was 3.0 for Nevada County, compared to 3.6 for California (Robert Wood Johnson Foundation, 2015).

Mental health disorders are common in adolescence. Nationwide, an estimated one in five people has a diagnosable disorder, and many develop or determine this disorder during the adolescent years. The most common psychiatric disorder diagnosis among children and youth according is anxiety disorders (40.2%). Attention Deficit and Hyperactivity Disorder and other behavioral disorders follow at 29.2% of diagnoses, while depression and bipolar diagnoses represent 25.5% (The Child Mind Institute, 2015). However, the majority of adolescents do not seek out or receive treatment, despite effective treatments available for many conditions. In addition to access barriers, youth may fear stigmatization by family, friends or peers (Child Trends, 2013). Among 9th graders, more than three in nine (35%) reported having experienced feelings of depression (Kidsdata.org, n.d.).

	9th Graders with Feelings of Depression (2011-2013)
Nevada County	34.5%
California	30.7%

Kidsdata.org: Children in Nevada County, <http://www.kidsdata.org/export/pdf?loc=334>

PHYSICAL ACTIVITY

Most adults are able to maintain some or regular physical activity. Physical activity is important to building and keeping strength, for maintaining a healthy body mass index (BMI), and is related to other aspects of wellness. Nearly 14% (13.8%) of all adults age 20 or over reported no leisure-time physical activity. While this is higher than ideal, the rate is lower than that for the state (18.5%) (Shasta County Health and Human Services Agency, 2014).

	Percent of adults age 20 and over reporting no leisure time physical activity (2011-2012)
Nevada County	13.8%
California	18.5%

Source: Shasta County Health and Human Services Agency (2014)

COMMUNITY VIOLENCE, CRIME, AND SAFETY

Violence in homes, at schools, or in other settings negatively impacts health, education, and all aspects of community. Crime and violence impact community safety. Nevada County experiences relatively little crime, with fewer violent property and theft crimes compared to other areas, including many surrounding counties (Nevada County Executive Office, 2012-2013). However, attention to safety and prevention of violence is important for ongoing attention and focus.

CHILD MALTREATMENT

Child maltreatment is a serious issue that affects 3 million children nationwide, every year. Child maltreatment includes any type of physical abuse, sexual abuse, emotional abuse, or neglect of a child under age 18 from a parent, caregiver, or anyone else acting as a guardian or custodian for the child at any given time (e.g. baby-sitter, coach, teacher, etc.) (Centers for Disease Control and Prevention). Maltreatment can have life-long effects in children, affecting their early brain development, and putting them at risk for behavioral, physical, and mental health problems once they are adults (World Health Organization). The rates of child maltreatment substantiations in Nevada County have been typically similar to the statewide rates, although usually lower (KIDS Count Data Center, n.d.). In 2012, less than 1 in 100 children suffered maltreatment in Nevada County (rate of 7.3 per 1,000 children), slightly lower than the California average (9.3) (Shasta County Health and Human Services Agency, 2014).

	Child Maltreatment Substantiations (Rate per 1,000 Children) (2012)
Nevada County	7.3
California	9.3

Source: Shasta County Health and Human Services Agency (2014)

Data definition: Estimated rate of substantiated cases (per 1,000 population aged 0 to 17) for maltreatment of a child (age 0 to 17)

ELDER ABUSE

Elder abuse is any abuse or neglect of a person age 60 or more by a caregiver or someone who has a relationship with the person where trust is expected (e.g. spouse, child, friend, etc.) (Centers for Disease Control and Prevention). The consequences of elder abuse are mostly physical (e.g. constant pain and soreness, sleep disorders) and psychological (e.g. post-traumatic stress syndrome) (Centers for Disease Control and Prevention). Similar to other abuse and maltreatment indicators, the rate for substantiated elder abuse cases for Nevada County (3.7 per 1,000 population aged 65 and over) is lower than California's (6.2) (Shasta County Health and Human Services Agency, 2014).

	Substantiated Elder Abuse Cases (Rate per 1,000 Population Aged 65+) (2012)
Nevada County	3.7
California	6.2

Source: Shasta County Health and Human Services Agency (2014)

Data Definition: Estimated rate of substantiated cases (per 1,000 population aged 65 and older) for maltreatment of an older person (over 65 years of age).

DOMESTIC VIOLENCE

Domestic violence, or intimate partner violence, is a term used to describe physical, sexual, or psychological harm by a current or former partner or spouse (Centers for Disease Control and Prevention). In the United States, it is mainly women who suffer domestic violence, as 1 in 4 women aged 18 and older have been victims of severe physical violence by an intimate partner in their lifetime. Intimate partner violence can have serious physical, psychological, and social consequences for the victim (Centers for Disease Control and Prevention). Nevada County had a considerably lower rate (3.4 per 1,000 adults age 18-69) compared to the rate for California (6.2) (Shasta County Health and Human Services Agency, 2014).

	Domestic Violence Calls for Assistance (Rate per 1,000 Adults Age 18-69) (2012)
Nevada County	3.4
California	6.2

Source: Shasta County Health and Human Services Agency (2014)

Data definition: Number of reported incidents of intimate partner violence, measured as intimate partner violence-related calls to law enforcement agencies for assistance, per 1,000 population.

DISTRACTED AND IMPAIRED DRIVING

Car accidents are common. In 2009 there were 10.8 million accidents in the US, resulting in 35,900 deaths (US Census, 2012). Many accidents could have been prevented. Distracted driving, speeding, and driving under the influence of drugs or alcohol contribute to injuries and fatalities on the road. While the number of alcohol involved fatal and injury collisions statewide has decreased, the numbers in Nevada County have remained at a similar level (California Highway Patrol, 2013).

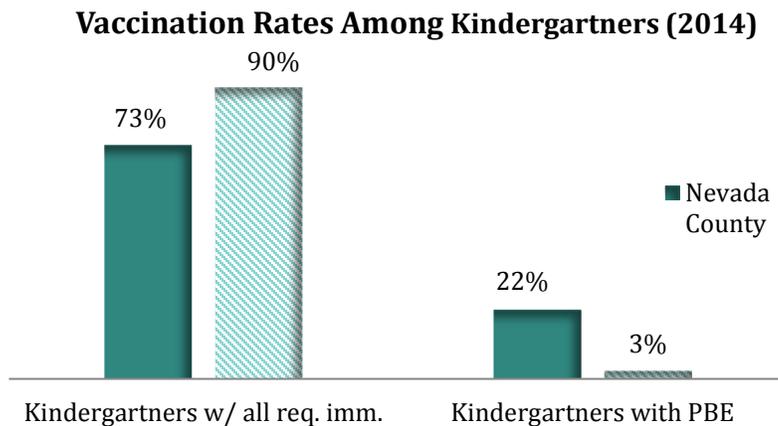
	Alcohol Involved Fatal and Injury Collisions (2009-2013)				
	2009	2010	2011	2012	2013
Nevada County	75	63	74	67	73
California	19,122	17,856	17,585	17,681	17,135

Source: California Highway Patrol (2013)

PREVENTION AND HEALTH CARE ACCESS

VACCINATIONS

Vaccinations help to prevent many communicable diseases. Major childhood illnesses such as polio, pertussis, and diphtheria are prevented with the use of widespread vaccination. Vaccinations have also been developed for other infections including influenza and Human Papilloma Virus (which can cause cancer). Physicians recommend these vaccinations depending on age and other factors for children, teens, adults, and older adults.



Source: California Department of Public Health, Immunization Branch: 2014-2015 Kindergarten Immunization Assessment Results

Nevada County has some of the lowest rates of kindergarteners who are vaccinated. When vaccination rates fall, the incidence of certain illnesses can increase, and some are very serious. The most vulnerable populations, infants and young children, can have significant complications (such as high fevers, coughs, rashes, which can lead to hospitalizations and even death) if diagnosed with a vaccine preventable disease. Increased vaccination rates in communities not only protect these vulnerable individuals, but the vaccinated individual from experiencing significant illness. Nevada County Immunization Coalition is developing and implementing strategies and mechanisms to mitigate low immunization rates in the county. During the past year, this coalition collaborated to implement new California legislation which in turn is raising vaccination rates and protecting more children in the county.

While immunizations are required for entrance into most preschools and kindergartens, until very recently, people were able to excuse their children using a personal belief exemption (PBE). In 2014, only 72.6% of all Nevada County kindergartners had all required vaccinations. For the same year in California, the rate was 90.4% (California Department of Public Health, Immunization Branch, 2015). The percentage of kindergartners with personal belief exemptions in Nevada County was 21.6% in 2014, compared to 2.5% statewide (California Department of Public Health, Immunization Branch, 2015).

INSURANCE COVERAGE

In 2014, 20% of adults were uninsured and 8% of children were uninsured. California reported 25% of its adults uninsured and 8% of its children uninsured. The average health care costs in Nevada County were \$7,459, less than the average health care costs in California of \$9,313 (Robert Wood Johnson Foundation, 2015). Likewise, slightly fewer individuals in Nevada County reported that they could not see a doctor due to the cost than in California, reporting 14.8% in Nevada County and 15.7% in the state (National Center for Health Statistics, 2012). This data only tells part of the story; access for specific populations can be challenging, with barriers including available providers accepting the insurance product, distance to specialty providers, and specialty providers accepting public insurance products.

	Uninsured Adults	Uninsured Children	Average Health Care Costs	Could Not See Doctor Due to Cost
Nevada County	20%	8%	\$7,538	15%
California	25%	8%	\$9,092	16%

Source: National Center for Health Statistics

In 2012, 34.7% (33,931) of Nevada County's population was used public insurance, as compared to 29.5% (10,964,848) of the total population in California (American FactFinder, 2009-2013).

CARE PROVIDERS

The total number of physicians per a 100,000 population in Nevada County was 222.8 in 2012. Per a population of 100,000, there were 74.3 primary care physicians, 33.6 nurse practitioners, 4.1 CNMs (Certified Nurse Midwife), and 30.5 PAs (Physician Assistant) in Nevada County. In 2010, this a total of 80 dentists were shown as that professionally active, or 74.9 per 100,000 (Health Resources and Services Administration: Health Workforce, 2010-2013). Despite a relatively high number of dentists estimated in active practice, service gaps still exist for people that live in rural areas and people with public insurance (Pourat & Nicholson, 2009). There are two hospitals in Nevada County: Sierra Nevada Memorial Hospital in Grass Valley and the Tahoe Forest Hospital in Truckee (Office of Statewide Health Planning and Development, 2010).

In 2014, Sierra Nevada Memorial Hospital had a total 5,345 inpatient discharges with an average length of stay of 3.5 days, compared to the average stay of 4.9 days in all California facilities. The average charge was \$50,474 and the average charge per day was \$14,621. Tahoe Forest Hospital had 2,022 inpatient discharges and an average stay of 3.5 days. The average charge was \$30,051 and the average charge per day was \$8,509 (Office of Statewide Health Planning and Development, 2014).

Nevada County 2014 Inpatient Summary: All Admissions				
	Inpatient Discharges	Average Length of Stay	Average Charge	Average Charge Per Day
Sierra Nevada Memorial Hospital	5,345	3.5 Days	\$50,474	\$14,621
Tahoe Forest Hospital	2,022	3.5 Days	\$30,051	\$8,509
All California Facilities	3,794,261	4.9 Days	\$57,871	\$11,747

Source: Office of Statewide Health Planning and Development <http://gis.oshpd.ca.gov/atlas/topics/use/inpatient#charts>

In terms of inpatient emergency department admissions, Sierra Nevada Memorial Hospital had 4,002 hospital discharges with an average stay of 3.8 days in 2014. Again, this is less than the average stay of 4.9 days in all California facilities. The average charge was \$55,916 with a \$14,909 average charge per day (Office of Statewide Health Planning and Development, 2014).

Tahoe Forest Hospital had 783 inpatient discharges from emergency department admissions, with an average stay of 3.1 days. In this statistic, Tahoe Forest Hospital had a shorter period of stay than the average of California facilities, which was 4.7 days. The average charge was \$31,818 and the average charge per day was \$10,355.

Nevada County 2013 Inpatient Summary: Emergency Department Admissions Only				
	Inpatient Discharges	Average Length of Stay	Average Charge*	Average Charge Per Day
Sierra Nevada Memorial Hospital	4,002	3.8 Days	\$55,916	\$14,909
Tahoe Forest Hospital	783	3.1 Days	\$31,818	\$10,355
All California Facilities	1,817,237	4.7 Days	\$65,184	\$13,808

* Total charges divided by the number of discharges. Average charges can be significantly affected by unusually high or low charges. Source: Office of Statewide Health Planning and Development

The emergency department visit rate was 557 per 1,000 Medicare fee-for-service (FFS) beneficiaries in 2012, which is less than California's rate of 572 per 1,000 Medicare FFS beneficiaries (National Center for Health Statistics, 2012).

HOSPITAL USE

Nevada County has two major hospitals. Tahoe Forest Hospital is located in Truckee, and Sierra Nevada Memorial Hospital is located in Grass Valley. Depending on where people live in the county, they may also seek care at hospitals in adjacent counties. The rate of emergency department visits was higher for Nevada County than for the state (National Center for Health Statistics, 2012).

	Inpatient Hospital Use (Rate per 1,000 population) (2012)	Emergency Department Visits (Rate per 1,000 population) (2012)
Nevada County	95.5	306.4
California	102.9	273.1

Source: National Center for Health Statistics

SCREENINGS

A critical aspect of healthy living is preventing diseases and detecting health problems early before they develop or worsen, increasing the chance of positive outcomes from treatments (Centers for Disease Control and Prevention, n.d.). For example, cancer treatments are generally more effective if the disease is found early. Thus, screenings and other preventive services and procedures such as mammograms, human papillomavirus (HPV) testing, and other clinical trials and screenings specific to different cancer types are essential in the prevention and treatment cancer (National Cancer Institute, n.d.).

A periodic general health examination is recommended for every adult, and the U.S. Preventive Services Task Force (USPSTF), along with the Centers for Disease Control and Prevention (CDC) recommends regular screenings for breast, cervical, and colorectal cancer, tobacco use, high blood pressure, and high cholesterol. Specific screenings are also recommended. For example, pregnant women should receive screening for Hepatitis B virus at their first prenatal visit, and adults with hypertension or hyperlipidemia should be screened for type-2 diabetes (Centers for Disease Control and Prevention, n.d.).

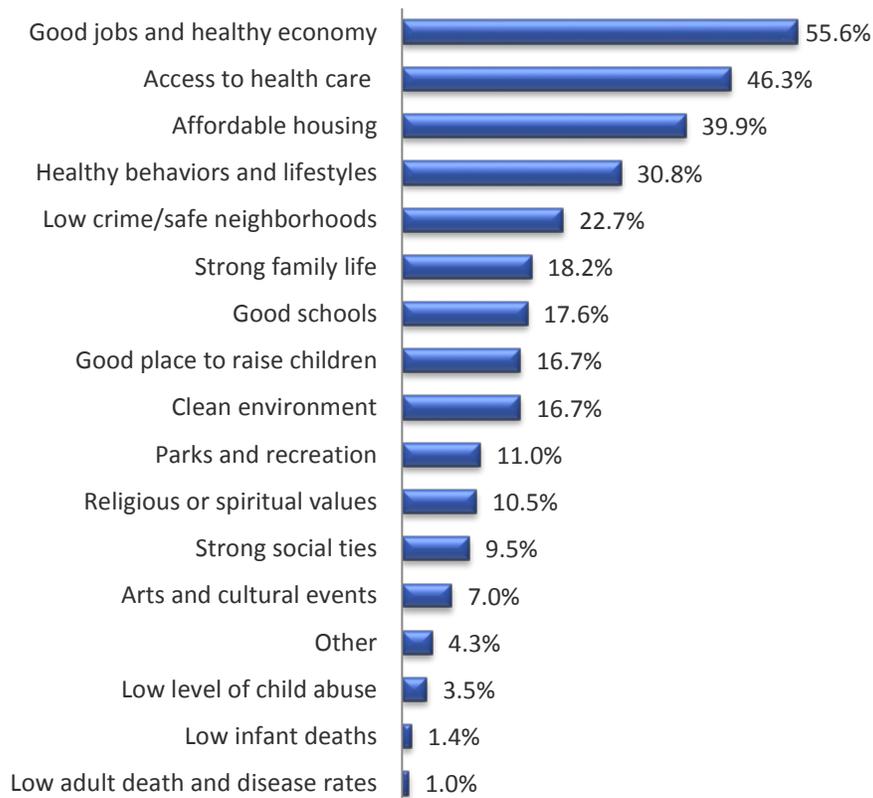
Compared to other counties, Nevada County ranked high in terms of the rate of mammography screening, at 70.3% (Robert Wood Johnson Foundation, 2015).

WHAT COMMUNITY MEMBERS SAY

QUALITY OF LIFE FACTORS IN A HEALTHY COMMUNITY

Participants of the CHA survey were asked to identify the three most important factors for quality of life in a “healthy community.” More than half of the respondents (56%) indicated good jobs and a healthy economy as one of the most important factors in this regard. Access to health care was also part of the three most important factors recognized by a number of participants (46%). The third most important factor for quality of life in a “healthy community” was affordable housing (40%). Healthy behaviors and lifestyles (31%) and low crime/safe neighborhoods (23%) were also mentioned among the prime factors.

What do you think are the three most important factors for quality of life in a "healthy community"



Among "Other": Environmental issues; connected communities; better health service (follow-ups); integrated services; healthy relationships; and, competitive wages.

STRENGTHS AND ASSETS

Many strengths and assets that contribute to a healthy community were identified through the CHA process. Themes are summarized here.

Quality of Life. Nevada County is—according to many community members—a great place to live. Through the CHA process, community members noted assets such as open space, farmer’s markets, good schools, recreational activities, a sense of community, and services available, as attributes that contribute to a high quality of life. Many CHA survey respondents rated quality of life, and aspects related to quality of life, highly.

- Nearly half of survey respondents (47%) rated the communities where they live as healthy. In addition to this, nearly two-thirds of survey respondents (63%) indicated that they were satisfied with the quality of life within their community. Most people surveyed feel safe and trust their neighbors and people within their communities. The ‘small town’ feel of communities within Nevada County offer a sense of connection.
- In general, CHA survey participants were satisfied with safety and social supports within their communities. Roughly 7 of 10 respondents (69%) agreed that their community was a safe place to live, nearly two-thirds of them (63%) were satisfied with the support networks available for individuals and families, and 68% agreed that neighbors in their communities know, trust, and look out for one another.
- Most survey respondents (73%) agreed that the community is a good place to raise children. However, only 22% agreed that there is access to safe and affordable child care. Slightly less than half of respondents (46%) agreed that there is adequate information and assistance on parenting.
- Data gathered through the CHA survey shows that communities throughout Nevada County are good places for older adults to live. More than half (57%) of respondents considered their community as a good place to grow old, with adequate programs for the elderly. Nearly 6 in 10 respondents (59%) agreed that there are senior-friendly housing developments in their community, and 2 in 5 (42%) said there was transportation for older adults. Even though more than a quarter (26%) said there were networks of support for the elderly living alone, most respondents (36%) were not sure about this. Similarly, most respondents (36%) were not sure if there are enough meal programs for older adults.
- Among CHA surveys, crime ranked low in concerns. The majority of respondents (69%) agreed that their community is a safe place to live. A very small percentage (3%) identified that crime is in their top three sources of stress, and 16% recognized crime and violence among the top health problems in their community. Drugs and methamphetamine use were indicated as aspects of crime.

Culture and Connection. Many CHA survey respondents indicated that they have adequate opportunities for social connection. More than half of respondents agreed that there are adequate

meeting spaces (53%), and cultural events (62%) in the community. 2-1-1 Nevada County provides resource and referral to the available services and supports.

- In the CHA survey, 42% of respondents agreed that the community offers plenty of recreational and organized sports opportunities; 29% agreed that the community offers plenty of other educational/learning activities; and 23% agreed that there are adequate afterschool opportunities. Less than one-third (28%) were satisfied with the school system’s policies and practices related to healthy eating and exercise for students.
- More than half (55%) agreed that there are adequate health and wellness activities in the community for people (any age).
- Listening session participants identified faith-based, community-based, school-based, and agency support for people including youth.

Healthy Responses to Stress. Respondents to the CHA survey reported healthy ways of managing stress.

- Over half of the respondents (53%) indicated exercising as one of the more common ways they manage stress.
- Spending time or calling family or friends was the second way recognized by a number of participants (32%).
- The third most common way to manage stress among survey participants was listening to music (28%). Reading (26%), cleaning or doing chores (23%), and watching television or movies (22%) were also among the top responses.
- Listening session participants shared that many people live in Nevada County because of access to trails, outdoors, and other recreational activities that can be considered healthy activities.

Services and Safety Net. There are numerous programs and services available to help people in need. There are also portals to connect to these resources (online, phone, and through referring organizations). There is trust among organizations and a growing network of partners working together to improve conditions in the county.

- In the CHA survey, people were asked if there were senior-friendly housing developments. Most respondents (59%) agreed (and 15% were unsure). Eight percent (8%) of survey respondents indicated that poor or unstable housing was one of their top causes of stress. Lack of adequate, safe, and affordable housing was noted as the second most common health problem by survey respondents, with nearly one in three (31%) mentioning this as a top concern.

Opportunities for Recreation. Formal recreation programs, trails, open spaces, and parks provide people with opportunities for recreation. More than half (55%) of survey respondents agreed that there are adequate health and wellness activities in the community for people (any age).

CONCERNS AND ISSUES

Issues that were of concern to the county were identified through data, community and collaboration surveys, and community outreach sessions. These include:

Financial Stress and Jobs. More than 2 out of three (68%) CHA survey respondents reported that money and finances were the things that caused them the most amount of stress. In second place, there were work and job concerns, with 37% reporting these as their major cause of stress. A large portion of survey respondents did not feel that jobs pay enough to live on, and many felt that opportunities for advancement were very limited.

- In the CHA survey, employment opportunities were a major concern. Only 17% agreed that there are jobs available in the community; only 13% agreed there are opportunities for advancement; and only 6% agreed that the jobs in the community pay enough to live on. Among people's reported stresses, money and finances topped the list, with 67% indicating this as a top concern, followed by stress caused by work or job (37%).
- However, more than 1 in 5 CHA survey respondents (22%) identified issues related to poverty as one of the top health concerns in their community, and good jobs and a healthy economy (56%) was considered the top factor in developing a healthy community.

One in five respondents (20%) identified poverty as top health concern in Nevada County.

Substance Abuse. Substance abuse was the most commonly noted risky behavior in the county with 379 respondents (73%) indicating this was an issue. Other information supports this concern; rates of substance abuse admissions are higher in Nevada County than in other areas, and binge drinking rates are considerably higher than other portions of the state.

- In CHA surveys more than half (53%) of respondents noted that substance abuse was among the biggest health problems in the community. Substance abuse was also written into some open-ended responses, with people concerned about related crime. Others noted aspects of substance abuse including under-age drinking and a normalized underground economy based on marijuana growth, meth, and access of drugs by children and youth. Other survey respondents noted the important link between mental health and substance abuse.

More than half of all respondents (53%) identified substance abuse as a top concern.

Access to Care. Health care was also selected among the top three health problems in the community, with 45% of responses indicating this as an issue. Among listening sessions, providers suggested that specialty care, particularly for people enrolled in public insurance products may be limited in the immediate area, and distance to providers in other areas are an access barrier to care. Survey respondents shared concerns about healthcare that included the system, access to medical specialists, and to timely medical care when needed.

One in three respondents (33%) identified access to health care as a major community health issue.

- Health issues were one of the most commonly noted stressors among survey respondents, with 30% identifying this within their top 3 concerns. One in three (33%) respondents noted that access to health care was one of the biggest health problems in the community.
- Transportation was among one of the issues that respondents of the community health survey recognized as a concern within their communities. Distracted driving, speeding, and driving under the influence of drugs or alcohol contribute to injuries, and fatalities on the road were considered top risky behaviors by more than half (53%) of survey participants.

Mental Health. Among CHA survey participants, mental health disorders were perceived as a major concern, with almost 4 in 10 respondents (38%) identifying mental health as a leading health problem in their communities. People in listening sessions were concerned about both adults and youth.

Nearly one in three respondents (30%) identified their health as major cause of stress.

Safe and Affordable Housing. Almost one-third (31%) of CHA survey respondents identified lack of adequate, safe, and affordable housing as one of the three biggest health problems in their community, and affordable housing (40%) was also considered among the top factors for quality of life in a healthy community.

- Listening sessions identified housing needs for special populations, including people that are homeless, experiencing mental health problems, or traumatic brain injury, and other disabilities.
- The issue of homelessness was raised by several people answering the CHA survey. A small number of people wrote in that homelessness in the community is a health problem.
- Almost one-third (31%) of CHA survey respondents identified lack of adequate, safe, and affordable housing as one of the three biggest health problems in their community, and

affordable housing (40%) was also considered among the top factors for quality of life in a healthy community.

Chronic Disease. Chronic diseases (30%) and complications of aging (28%) were also among the top health concerns reported through surveys.

Health Outcomes for Special Populations. In listening sessions, community members identified that people who experience poverty, homelessness, foster care, and other situations may be less healthy and less able to access the care that they need.

Gaps in the Safety Net. In the CHA Survey, only 21% of respondents stated that there were enough meal programs for older adults in the community, and 16% said there were not enough meal programs for that population. However, what is most noteworthy is that 38% of respondents said they were not sure about the availability of meal programs for older adults.

Lack of Providers to Serve People with Medi-Cal. Specialty services and providers to serve Medi-Cal patients was identified as a concern through listening sessions. This included primary care, specialty care, and dental care.

Vaccination. Many identified the county's low vaccination rates, especially for children, as a concern for community health.

- More than one-third (35%) considered "Not getting 'shots' to prevent disease" as one of the three most significant "risky behaviors" in their communities.
- Among CHA survey participants, roughly one-third (32%) of respondents recognized tobacco use as a significant risky behavior in their communities.
- In the CHA survey, one in three (33%) respondents identified access to health care as a major problem in their community.

Nearly one in three respondents (31%) identified safe and affordable housing as a top health concern in Nevada County.

COMMUNITY PARTNERS AND SUPPORTS

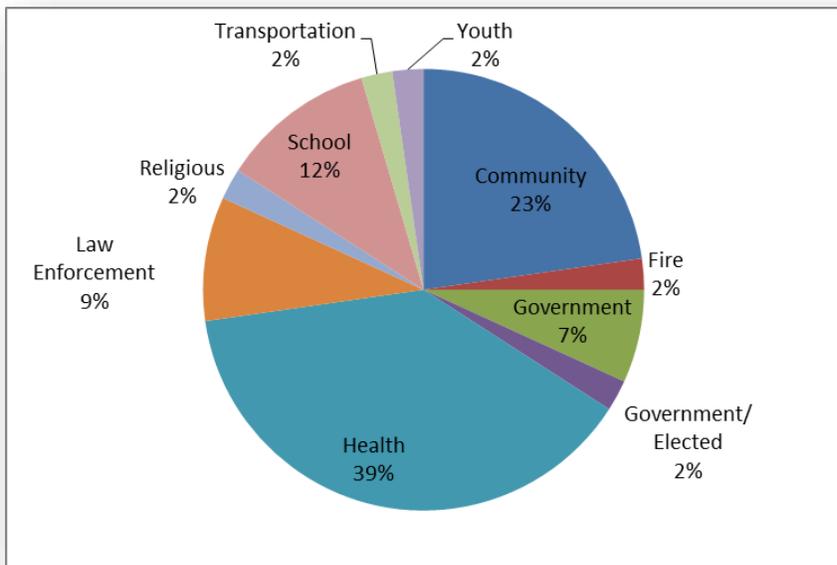
As part of conducting the Community Health Assessment, Nevada County Public Health Department reached out to key collaborators and partners in public health and requested they participate in the PARTNER Tool process. PARTNER (Program to Analyze, Record, and Track Networks to Enhance Relationships) Tool utilizes Social Network Analysis (SNA), a quantitative methodology that focuses on relationships between and among organizations, measuring and mapping relationships and flows between organizations. Forty-four (44) individuals representing forty unique agencies were invited to participate in the survey. Follow up communications to encourage participation and coaching for accessing the survey took place. The survey remained open for 90 days. Ultimately, nineteen individuals completed the survey, or 43% of those invited.

I have been continually impressed by the level of collaboration in Nevada County. The number and diversity of partnerships, the willingness and openness to discussion and genuine commitment of the partners to striving for the over-all good of the community we serve is amazing and not often seen. Thank you for letting us be a part of it.

PARTNER Tool respondent

PARTICIPANTS

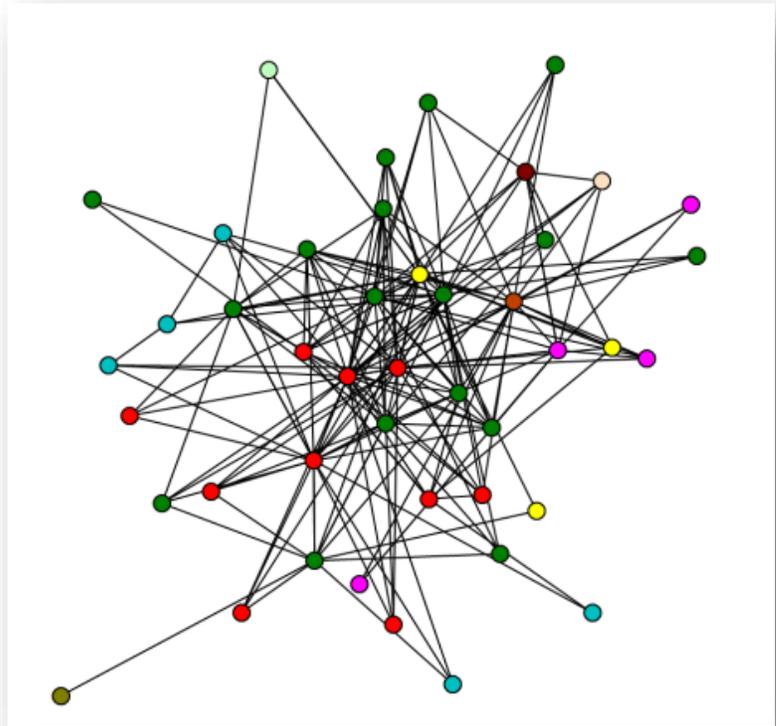
The pie chart at right shows the makeup of the organizations completing the survey. More than one-third (38.6%) were identified as "Health," 22.7% were identified as "Community," 11.4% were identified as "School," 9.1% were identified as "Law Enforcement," 6.8% were identified as "Government," 2.2% were identified as either "Youth," "Transportation," "Religious," "Government/Elected," or "Fire."



The following charts show the relationships and interactions of the organizations participating in the PARTNER Tool process. It is meant to serve as a baseline as Nevada County moves forward with implementing its community health improvement strategies.

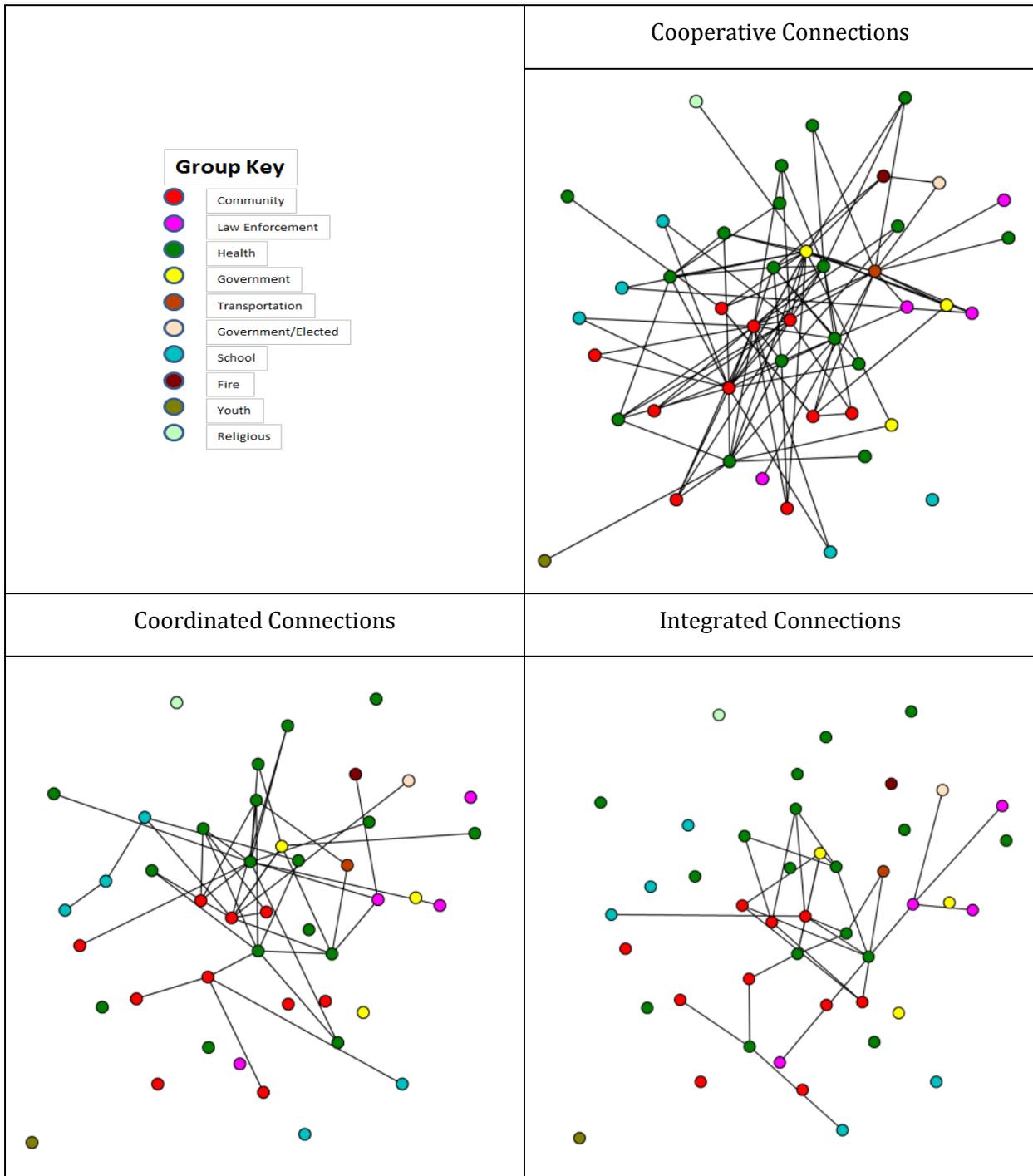
LEVEL OF INTERACTIONS

Each of the responding organizations is connected to at least one other organization, as shown in the chart below.



The level of interaction for these relationships varied, with more than half (52%) indicating they only have cooperative activity connections. One in five (21%) indicated they had coordinated activity connections, and one out of every eight (13%) indicated they had integrated activity connections with one another.

The following charts show what the current network looks like for the 19 participating organizations, based on their level of interaction (cooperative, coordinated, or integrated).



As the Nevada County Health Department and its partners move from the Community Health Assessment process to developing the community health improvement plan, the complete results from the PARTNER tool will serve as a baseline. Information gleaned from this first survey will be used to strategize means for strengthening and growing new and existing relationships and partnerships to benefit the county's public health agenda.

As can be seen in the chart below, there are some resources or assets to public health efforts being contributed already.

Group	Community Connections	Info/Feedback	Advocacy	Data Resources	Expertise Other Than in Health	Specific Health Expertise	In-Kind Resources	Facilitation/Leadership	Paid Staff	Volunteers and Volunteers Staff	Funding	Fiscal Management	IT/web resources	# of Resources per Org
Community Law Enforcement	X			X*										2
Health	X	X			X*									3
Community	X*	X	X				X							4
Community	X	X	X*				X			X				5
Community		X				X*								2
Community	X*	X	X			X								4
Health	X	X		X	X*		X				X			6
Transportation		X		X					X*					3
Health	X				X*									2
Health	X*	X	X	X	X		X	X						7
Government		X*	X	X					X					4
Fire	X	X			X	X*	X	X	X	X	X	X		10
Health	X		X			X*		X	X	X				6
Health	X	X*	X	X		X	X	X						7
Health	X	X	X*		X			X						5
Religious	X*													1
School	X				X*									2
Health	X	X		X		X*								4
	15	13	8	7	7	6	6	5	4	3	2	1	0	77

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APPENDICES

APPENDIX I: PUBLIC HEALTH RESOURCES

The table that follows shows the approach taken to create the Inventory of Health Resources (assets table).

Community Resources Inventory	Collection Approach	Community Outreach and Engagement Tools
<p>The purpose of the activities was to gather information about the current agencies and organizations that have some effect on health. This includes health facilities, health providers, and health-related supportive services.</p>	<p>Nevada County Public Health Department reached out to Nevada County 2-1-1 to determine the potential to partner on this. Nevada 2-1-1 keeps an up to date directory of community resources and also provides information and referral.</p> <p>Services important to public health were listed and organized by SEI. This outline was reviewed by NCPHD with feedback provided. The final outline was delivered to Nevada County 2-1-1. Staff developed a directory, to be hosted online, of relevant public health services and supports.</p>	<p>Shared resource directory at listening sessions, and it was promoted on 2-1-1 website. The document will also be used in CHIP with the county.</p>
<p>The new directory is online at: http://www.mynevadacounty.com/Pages/Dial211.aspx</p>		

APPENDIX II: COMMUNITY HEALTH PERSPECTIVES – COMMUNITY SURVEY

	Explanation and Approach	Tools, Outreach, etc. for Approach
<p>A 30-question, check-box survey (English and Spanish) was distributed online and in hard copy. It was left open and continually promoted until more than 500 responses were received.</p>	<p>COMMUNITY SURVEY.</p> <p>In addition to some basic demographic information (age, gender, ethnicity, area of residence), the survey asked questions in the following 12 areas, each aligned with the MAPP process:</p> <ul style="list-style-type: none"> • Quality of life characteristics in the community, (health and wellness activities, meeting spaces, cultural events) • Satisfaction with healthcare system in the community (access to specialists, care received, ability to pay, ability to receive care when needed) • Economic opportunities (job availability, opportunities for advancement, livable wages) • Safety and social support (safe place to live, no interest neighbors, support that works for individuals and families) • Child related (good place to raise children, parenting information and assistance, safe and affordable child care, school system, after school opportunities, recreational opportunities, non-sport related activities) • Elderly (good place to grow old, elderly friendly housing developments, transportation, sufficient meal programs, networks to support elderly living alone) • Causes of stress • Common ways for managing stress • The biggest “health problems” in the community • The biggest “risky behaviors” in the community • Most important factors for quality of life in a healthy community 	<p>Members or constituents from the following organizations provided valuable information and connections to community members for surveys:</p> <ol style="list-style-type: none"> 1. Nevada County Health Coalition – involves health clinics (3), behavioral health, substance use providers (2), Sierra Memorial Hospital, Tahoe Forest Hospital, FREED, Local Independent Practitioners Association, Anthem Blue Cross, California Health and Wellness (insurance) 2. Health Care Meetings for Emergency Preparedness 3. School Wellness Committee 4. Eldercare Providers Coalition 5. School Nurses 6. Community Collaborative of Tahoe Truckee – Directors meeting, and also a Resource Sharing meeting 7. Community Support Network – resource sharing 8. Early Care & Education (home visiting and First 5 funded programs)

	Explanation and Approach	Tools, Outreach, etc. for Approach
	<p>The above survey was issued to the broader community. A link to the survey <i>in English and Spanish</i> was posted online (NCPHD’s site) and emailed to partners to distribute to their list serves.</p> <p>Links to the surveys were also be distributed to media along with a PSA</p> <ul style="list-style-type: none"> • Local paper • Radio • Link placed on NCPHD and partner websites <p>Social Media to Reach targeted audience (FB, Twitter, LinkedIn)</p> <p>EMPLOYER SURVEY</p> <p>A list of major employers in the county was used to distribute a short, 4-question survey about employee health promotion. The survey was promoted through direct emails to management and human resource directors. It was also posted and promoted through the Truckee Chamber of Commerce.</p>	<ol style="list-style-type: none"> 9. Quarterly meetings to discuss and review data and issues at County Jail 10. Community Corrections Partnership – discussion of health needs of inmates on conditional release parole 11. Wellness Neighborhood meetings (eastern part of county) – involve law enforcement, emergency response, clinical professionals, food bank, FRC, dental, long term care, schools

Community opinions were gathered through a community health opinion survey. The Community Health Assessment (CHA) survey was done as a way of gathering perspectives and opinions on what issues residents of Nevada County and its bordering communities feel are important, how quality of life is perceived in various communities, and what community assets already in place can be used to improve community health.

METHODOLOGY

The CHA was distributed beginning in November of 2014, and the deadline for submission was extended twice, through March 6th, 2015, in order to gather as much information as possible.

The survey was advertised and distributed through multiple channels, including county list serves, local newspapers, the Chamber of Commerce, 2-1-1 Nevada County, and through partners like WIC (Women, Infants, and Children). The survey sample was not selected randomly, as any community member was invited to participate. Therefore, no sampling design was done. A random prize drawing for a \$25 gift certificate was held for every one hundred completed surveys.

Community members completing the survey were asked to answer questions about quality of life, health care, children, elderly, economic opportunity, safety, social support, community health, stress, and risk behaviors in the community. In addition to this, basic demographic information was also gathered to understand differences among individuals and their communities.

During the survey analysis process, those having ZIP codes that did not belong to areas within Nevada County or adjacent communities were eliminated because they did not represent members that are a part of the community of study.

There were a total of 530 surveys submitted from across Nevada County and its bordering communities. Most of the respondents lived in Grass Valley (32%) and Nevada City (27%). There were also a number of respondents from Alta Sierra, Truckee, and Penn Valley.

Respondents were mainly between 45 and 64 years old (48%) and predominantly identified themselves as white (91%); however, there were other participants that identified themselves as Hispanic or Latino, American Indian, Multi-race, Asian, and Native Hawaiian or other Pacific Islander. No respondents identified themselves as Black or African American.

The majority of respondents graduated from college with a bachelor's degree (28%), or had some college with no degree (26%). A significant amount of respondents also had a graduate or professional degree (24%). Only a few completed high school or had a GED (6%), or had less than a 12th grade education (4%).

LIMITATIONS

Initially, the CHA survey was designed so that some of its questions had a limited amount of allowed options per category. For example, participants were only allowed to choose three major causes of stress, and not more than that. After gathering input from community members completing the survey, the design of the CHA was changed to allow more flexibility on each question. These changes were made during the initial stages of data gathering, and it is estimated that no more than 150 surveys were limited by the initial design.

Another source of limitation is related to the sampling method. Given that there was no sample design done, a number of groups may be under-represented. This is the case with High school graduates and respondents identifying themselves as Black or African American. According to Census data, 23% of Nevada County's adult population has a High school diploma or GED (American FactFinder, 2009-2013). However, the CHA sample includes only 6% of respondents with a high school diploma or GED. In terms of the Black or African American population, even though a small percentage of Nevada County's population (0.5%) (Nevada County Public Health Department, 2014), the survey sample does not include a single respondent identifying as Black or African American.

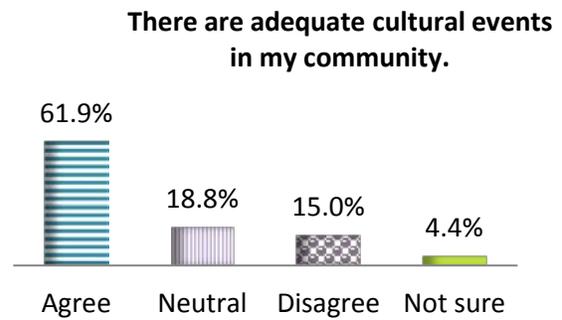
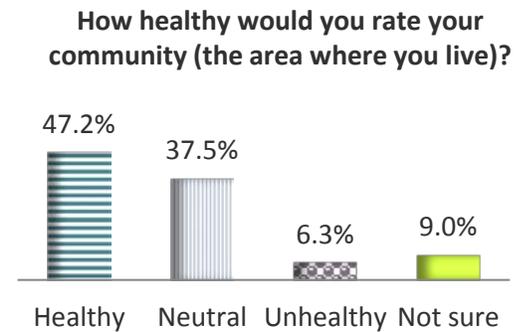
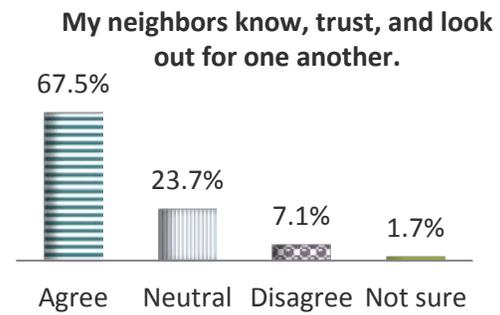
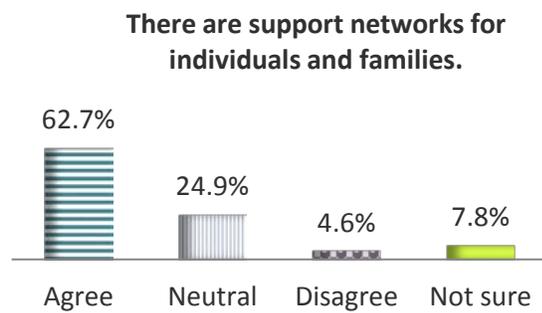
SURVEY RESPONDENTS

*What is the highest education level you completed?		
Answer Options	Response Percent	Response Count
Less than 9th grade	0.9%	5
9th to 12th grade, no diploma	3.0%	16
High school graduate (includes equivalency)	5.7%	30
Some college, no degree*	26.2%	139
Associate's degree	12.3%	65
Bachelor's degree	27.9%	148
Graduate or professional degree	24.0%	127
	answered question	530
	skipped question	0

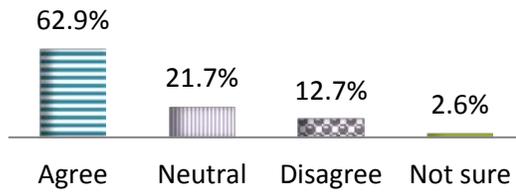
*Which describes your race/ethnicity? Please select just one.		
Answer Options	Response Percent	Response Count
American Indian, not Hispanic or Latino	1.7%	9
Asian, not Hispanic or Latino	0.4%	2
Black, not Hispanic or Latino	0.0%	0
Hispanic or Latino	4.2%	22
Native Hawaiian and other Pacific Islander, not Hispanic or Latino	0.6%	3
White, not Hispanic or Latino	90.6%	480
Multi-Race, not Hispanic or Latino	1.9%	10
Some other race alone, not Hispanic or Latino	0.8%	4
	answered question	530
	skipped question	0

*How old are you?		
Answer Options	Response Percent	Response Count
13-17	0.9%	5
18-24	4.0%	21
25-44	27.9%	148
45-64	47.9%	254
65+	19.2%	102
answered question		530
skipped question		0

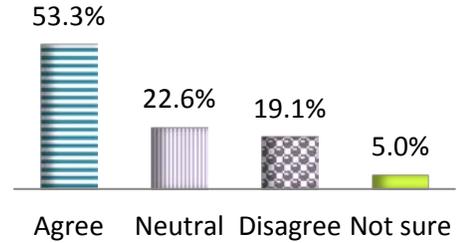
RESULTS OF THE SURVEY



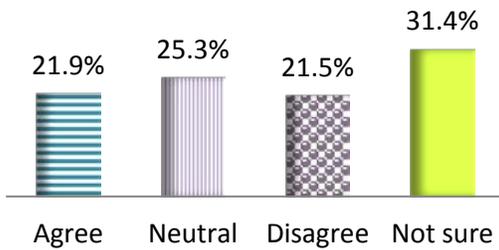
I am satisfied with the quality of life in my community.



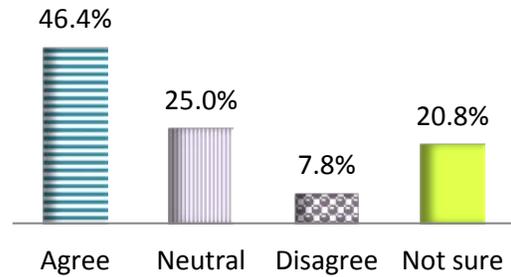
There are adequate meeting spaces in my community.



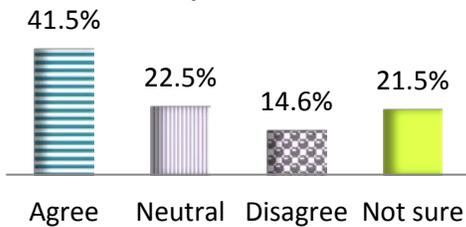
There is access to safe and affordable child care.



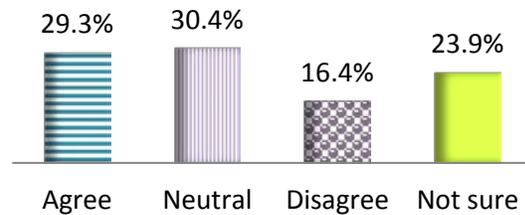
There is adequate information and assistance on parenting.



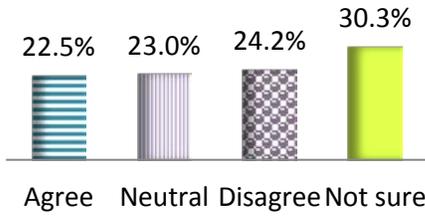
My community offers plenty of recreational and organized sports opportunities for children and youth.



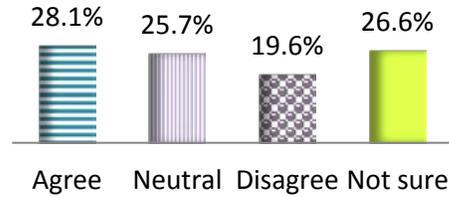
My community offers plenty of other educational/learning activities for children and youth.



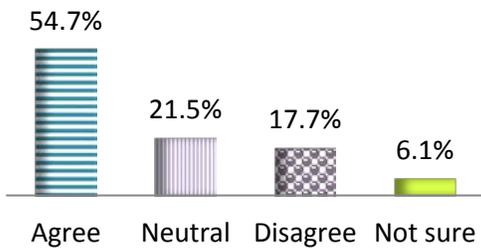
There are adequate afterschool opportunities for school age children.



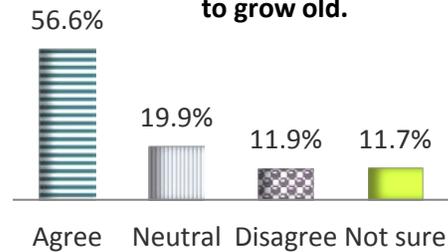
Satisfied with the school system's policies and practices related to healthy eating and exercise.



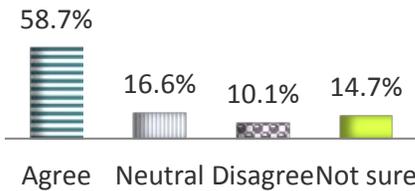
There are adequate health and wellness activities in my community.



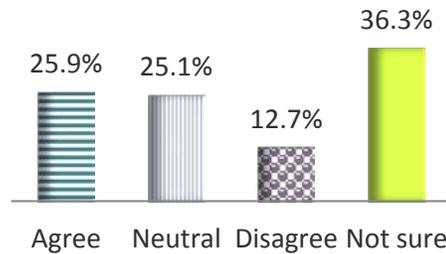
My community is a good place to grow old.



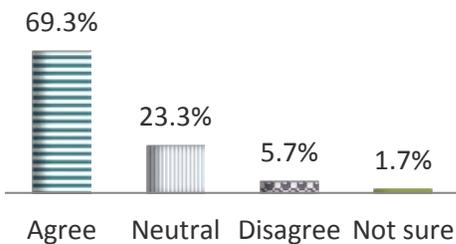
There are senior-friendly housing developments.



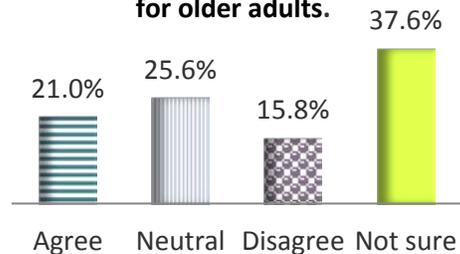
There are networks of support for the elderly living alone.



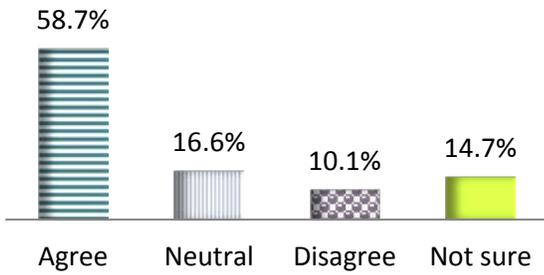
My community is a safe place to live.



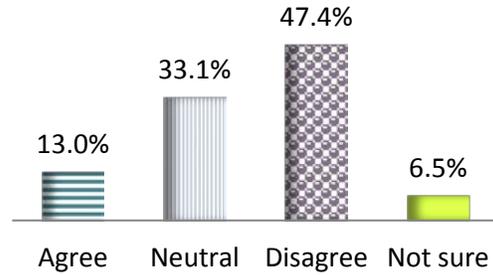
There are enough meal programs for older adults.



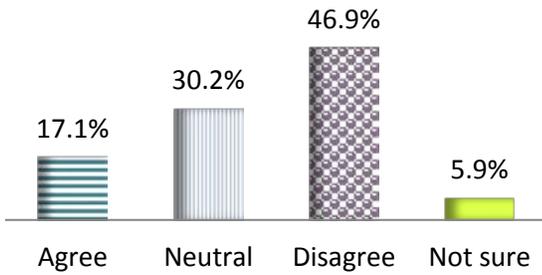
There are senior-friendly housing developments.



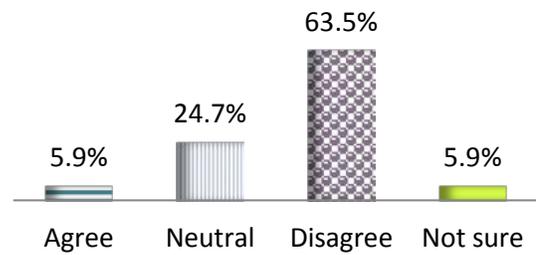
There are opportunities for advancement in my community.



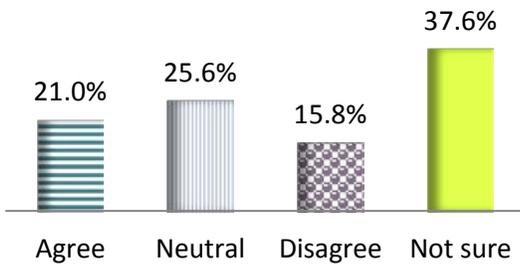
There are jobs available in my community.



The jobs in my community pay enough to live on.



There are enough meal programs for older adults.



APPENDIX III: COMMUNITY HEALTH PERSPECTIVES - LISTENING SESSIONS

Three listening sessions were held with community groups. The process for the sessions was to present preliminary data from the Community Health Assessment and to then gather information from participants to help inform any gaps, context, assets, or needs to be considered.

LISTENING SESSION DOCUMENTATION

MEETING 1: JUNE 2, 2015 2-3 PM (GRASS VALLEY)

Please jot down your answers, ideas and suggestions related to the questions below.

DISCUSSION QUESTIONS	YOUR THOUGHTS, IDEAS AND SUGGESTIONS
<p>Question #1 - What assets in your community contribute to the positive health conditions described in the presentation?</p> <p>Remember, a community asset (or community resource) can be anything that can be used to improve the quality of community health. It could be a specific person, a physical structure or space, a community service, church or faith-based group, or other institutions and businesses.</p>	<ul style="list-style-type: none"> ✚ Many people live in Nevada County because of access to the outdoor resources: rivers, trails, trees, and more ✚ People work together as a community to solve problems and issues. There is good communication among providers, nonprofits, and agencies ✚ There are a large number of nonprofits working to provide services within Nevada County ✚ Fantastic <i>promotoras</i> – working to destigmatize mental health and provide other supports in Eastern and Western Nevada County ✚ There is a strong sense of community ✚ We are able to be innovative, solve problems working together ✚ The county is working with the hospitals on crisis ✚ The county is working together on emergency response ✚ 90% of Nevada County physicians have an electronic health record (EHR) system providing them with alerts for screening exams, food to food and drug to drug reactions, inter-connectivity with the hospital hosts and supports 75+ providers on a standard, common platform. ✚ SFMC, and perhaps other clinics have an integrated medical, dental, and behavior health program, e.g. someone in a medical primary care appointment can get a warm hand-off to behavioral health or dental. ✚ Access to healthy/organic foods – we have lots of farms for people to access veggies etc. and a great climate for people to grow their own food. Organizations like Sierra Harvest exist that help people set home gardens up. Farms in the area like Mountain Bounty also offer work shares where people work 4hr/week on the farm in exchange for a big box of veggies.

DISCUSSION QUESTIONS	YOUR THOUGHTS, IDEAS AND SUGGESTIONS
<p>Question #2 – What do you consider the most important health issues to focus on improving and why? When prioritizing, consider issues that:</p> <ul style="list-style-type: none"> ▪ Impact a large number of the population ▪ Have serious consequences ▪ Show wide disparities between groups or increasing trends ▪ Are susceptible to proven interventions ▪ If addressed, is there potential or a major breakthrough in approaching community health improvement? 	<ul style="list-style-type: none"> ✚ Lack of access to specialty care, especially for Medi-Cal recipients ✚ Medi-Cal patients less likely to start prenatal care on time ✚ In Tahoe Truckee, more pronounced substance abuse rates; alcohol, prescription and drugs ✚ Transportation to medical care and other resources ✚ Overloaded practices, especially those that accept Medi-Cal. That means people need to travel further and further for care ✚ Many just don't accept Medi-Cal ✚ As more people have coverage through ACA, providers that accept care are not available ✚ While many activities exist for wellness, affordability is an issue, especially for children and youth ✚ There are a lack of YMCAs, parks and recreation, etc. providing low and no cost health and wellness opportunities ✚ Opioid problems are also present with a lack of treatment options ✚ Marijuana industry provides easy access for kids, early introduction, has social acceptance, and is not being taxed to support the community ✚ Senior centers exist, perhaps not enough ✚ There is a lack of assisted living options for Medi-Cal population ✚ Not enough housing, and few resources for people on the verge ✚ Lack of providers for behavioral health an substance abuse ✚ Medi-Cal does not pay for in-patient. People qualify but there is not payment option ✚ Access to urgent care service that is covered by insurance (and isn't the local hospital). Yuba Docs is pretty much the only game in town and they are very expensive out of pocket and are limited in the insurance they take. We have urgent care for our patients here at WSMC currently but with limited hours (8-3:30, M-F) and we don't have x-ray. ✚ I think there is a great need for full service urgent care services with extended and weekend hours for people with all insurance types and affordable options for those without insurance. Would be interested in whether SNMH would agree – I have a feeling they would

DISCUSSION QUESTIONS	YOUR THOUGHTS, IDEAS AND SUGGESTIONS
<p>Question #3 – What are suggestions for data to reliably monitor and determine change? Data needs to be:</p> <ul style="list-style-type: none"> ▪ Related to community health ▪ Reliable – data QA, frequency of collection, ability to compare to peer, state or national data ▪ Measurable and Actionable – can it tell us something about what needs to happen to move the trend in a favorable direction? 	<ul style="list-style-type: none"> ✚ Higher rates of traumatic brain injury (TBI); causes include unintentional injury, fighting. Differences between men and women. ✚ Rate of Medi-Cal population and utilization ✚ Rate of Medi-Cal population receiving early prenatal care

MEETING 2: JUNE 3, 2015, 4-5 PM (NEVADA CITY)

Please jot down your answers, ideas and suggestions related to the questions below.

DISCUSSION QUESTIONS	YOUR THOUGHTS, IDEAS AND SUGGESTIONS
<p>Question #1 - What assets in your community contribute to the positive health conditions described in the presentation?</p> <p>Remember, a community asset (or community resource) can be anything that can be used to improve the quality of community health. It could be a specific person, a physical structure or space, a</p>	<ul style="list-style-type: none"> ✚ There is a low population here, which means less stress ✚ The small size of the county in terms of population lends itself to a great sense of community ✚ Low population itself ✚ The music, arts, and culture scene ✚ Environment and geography ✚ There is ample space to do outdoor activities and a number of outdoor community events ✚ Access to healthy foods - Farmers Markets, fresh produce at WIC, Sierra Harvest ✚ A variety of educational choices ✚ Scotten School – good schools in general ✚ Collaboration – focused commercial areas for gathering and connecting; intentional relationship-building; collaboration between nonprofits and with county ✚ Warm hand-off

DISCUSSION QUESTIONS	YOUR THOUGHTS, IDEAS AND SUGGESTIONS
<p>community service, church or faith-based group, or other institutions and businesses.</p>	<ul style="list-style-type: none"> ✚ Seniors (elders) with experience and skills ✚ Our youth – and impact on changes ✚ Volunteers ✚ Family Resource Centers (FRCs) ✚ Parenting classes ✚ Agencies that are family-safe ✚ Nevada County Children’s Behavioral Health Care system ✚ Child behavioral health ✚ KARE nursery ✚ Great community policing ✚ Concerned judges and specialty courts ✚ Laura’s Law ✚ Community Support Network (CSN) ✚ Nonprofits – there is a large and diverse number of them and they are contributing to the community health ✚ Children’s Bill of Rights for Nevada County ✚ Language – the words we use matter, and we use them well
<p>Question #2 – What do you consider the most important health issues to focus on improving and why? When prioritizing, consider issues that:</p> <ul style="list-style-type: none"> ▪ Impact a large number of the population ▪ Have serious consequences ▪ Show wide disparities between groups or increasing trends ▪ Are susceptible to proven interventions ▪ If addressed, is there potential or a major breakthrough in approaching community health improvement? 	<ul style="list-style-type: none"> ✚ Allergies and asthma ✚ Car-centric community that impacts exercise ✚ Substance use and drug and alcohol abuse –and the normalization and glorification of substance abuse and its economy ✚ Substance abuse with co-occurring mental health disorders ✚ Lack of resources for early treatment of mental illness ✚ Youth and high rates of suicide – why? ✚ Lack of help for children with mental illness in schools ✚ Not connecting mental health to health issues –lack of whole body approach – mental, health, dental, meds ✚ Intergenerational trauma ✚ Not enough medical providers –not enough doctors to handle Medi-Cal, punitive approach of Medi-Cal ✚ Shortage of psychiatrists in the county ✚ Access to medical care and access to healthcare – lack of county services for healthcare ✚ Lack of primary care instead of emergency room ✚ Lack of resources for dental care ✚ Vaccination rates – risk of outbreak ✚ Childhood obesity rates ✚ Appropriate care for children ✚ More community clinics – free days ✚ Access to guns ✚ Smoking rates are high here ✚ Nine hour desk jobs

DISCUSSION QUESTIONS	YOUR THOUGHTS, IDEAS AND SUGGESTIONS
	<ul style="list-style-type: none"> ✚ Living expenses in Nevada County ✚ Lack of affordable housing – housing for low-income individuals ✚ Limited employment opportunities ✚ Lack of job opportunities ✚ Food insecurity ✚ Lack of transportation – especially to get to medical care ✚ Air quality ✚ Water quality and its sources, especially during drought ✚ Correlation of more time in nature to improved health (see book “Your Brain on Nature”)
<p>Question #3 – What are suggestions for data to reliably monitor and determine change? Data needs to be:</p> <ul style="list-style-type: none"> ▪ Related to community health ▪ Reliable – data QA, frequency of collection, ability to compare to peer, state or national data ▪ Measurable and Actionable – can it tell us something about what needs to happen to move the trend in a favorable direction? 	<ul style="list-style-type: none"> ✚ Use of dial 2-1-1 call system data ✚ Availability of teen activities in the county ✚ Under-employed and part-time employed and effect on health ✚ Pay scales ✚ Number of lower paying job in the county ✚ Housing burden ✚ Use of parks and trails ✚ How close are parks and trails to where people leave or transit stops ✚ Health classes and wellness centers at high schools ✚ Number of truancies ✚ Repetitive juvenile delinquent rates ✚ ACE (Adverse Childhood Experiences) study ✚ Transportation survey ✚ Track why people <u>do not</u> show up to appointments ✚ Tracy why people go out of the county for health and wellness services ✚ PEDNCS – Pediatric Nutrition Surveillance System ✚ Native supports, client services with lost TANF (Temporary Assistance for Needy Families) [note is unclear. Does this mean “what supports and services are available to Native people who lose TANF benefits?] ✚ Track a cohort of families short to long term ✚ How many medical providers are there ✚ Wait time for medical treatment ✚ Data for wait time to get to doctor or medical treatment ✚ Track 51/50 records at hospital ✚ Social and environmental impacts of cannabis growing in the country ✚ “Legacy mining” impacts – heavy metals: contaminated dust and dirt, contaminated well water, mercury in fish ✚ Resources: The Sierra Fund, http://www.sierrafund.org/projects/health-outreach/

DISCUSSION QUESTIONS	YOUR THOUGHTS, IDEAS AND SUGGESTIONS
	Sierra Streams Institute, http://www.sierrastreamsinstitute.org/CHIME.html
Question #4 – Disparity & Disproportionality: Who are the groups that are most at risk and how do you know that?	<ul style="list-style-type: none"> ✚ Elderly – access to health care ✚ Youth depression and suicide and for young people ages 18-29 ✚ Foster youth at risk for homelessness, pregnancy, and incarceration ✚ Alcohol use in Truckee ✚ Families in poverty

MEETING 3: JUNE 10, 2015 3:30-4:45 PM (TRUCKEE)

DISCUSSION QUESTIONS	YOUR THOUGHTS, IDEAS AND SUGGESTIONS
<p>Question #1 - What assets in your community contribute to the positive health conditions described in the presentation?</p> <p>Remember, a community asset (or community resource) can be anything that can be used to improve the quality of community health. It could be a specific person, a physical structure or space, a community service, church or faith-based group, or other institutions and businesses.</p>	<ul style="list-style-type: none"> ✚ Small, caring community – given that it is a small community, people know each other and care for each other ✚ Living in a small town and in a small community makes it a less stressful environment ✚ Air Quality ✚ Great weather ✚ There are a number of recreational activities that can be done, and that are easy to access, especially given our natural environment ✚ The newly built recreational center also means that now we can have more community activities ✚ We have a relatively good economy – but it fluctuates ✚ There is a huge volunteer spirit in the community ✚ There is a strong network of non–profits ✚ There are highly qualified physicians and experts – they come to Truckee in search of a more peaceful life but with good pay ✚ There is a dominant culture of health ✚ Tenured stakeholders ✚ Incorporation: Police, Fire, etc. ✚ People here have built strong social, professional, and collaborative connections ✚ A great number of spiritual activities – which help in sustaining a less stressful community ✚ Electronic Hospital Records (EHR) – they are probably an asset

DISCUSSION QUESTIONS	YOUR THOUGHTS, IDEAS AND SUGGESTIONS
<p>Question #2 – What do you consider the most important health issues to focus on improving and why? When prioritizing, consider issues that:</p> <ul style="list-style-type: none"> ▪ Impact a large number of the population ▪ Have serious consequences ▪ Show wide disparities between groups or increasing trends ▪ Are susceptible to proven interventions ▪ If addressed, is there potential or a major breakthrough in approaching community health improvement? 	<ul style="list-style-type: none"> ✚ Lack of affordable housing ✚ Limited access to affordable food ✚ Lack of healthy eating/nutrition education – how to eat healthy and within your budget ✚ Dental Care – There are no dentists who accept Medical ✚ Local access to care for medical population is difficult – not a lot of providers accept Medical ✚ Problems in accessing psychiatry and urology for all (regardless of insurance) – a huge gap in urology specialists ✚ Gaps in services for chronic disease support ✚ Lack of senior services ✚ Eligibility requirements for services can be very confusing ✚ A number of issues with the youth population <ul style="list-style-type: none"> ○ Lack of vocational services ○ Lack of transportation ○ Lack of youth-friendly providers ✚ Weather sometimes can be a barrier to health ✚ Lack of screening services at schools ✚ Lack of preventative health ✚ Income disparities that are shown in housing, cost of living, and access to food ✚ There are no substance abuse treatment services ✚ AOD use and abuse is a huge issue ✚ Seasonal employment – affects peoples’ economy. Some people only work 5 months a year ✚ There is a high DUI rate ✚ Language – lack of culturally comprehensive services and translation services ✚ Lack of resources for homeless ✚ No assisted living facilities ✚ The divisions between eastern and western county

DISCUSSION QUESTIONS	YOUR THOUGHTS, IDEAS AND SUGGESTIONS
<p>Question #3 – What are suggestions for data to reliably monitor and determine change? Data needs to be:</p> <ul style="list-style-type: none"> ▪ Related to community health ▪ Reliable – data QA, frequency of collection, ability to compare to peer, state or national data ▪ Measurable and Actionable – can it tell us something about what needs to happen to move the trend in a favorable direction? 	<ul style="list-style-type: none"> ✚ Track the amount of seasonal jobs in the area – apparently about 60% of jobs in the Truckee area are from the hospitality and retail industries ✚ Tahoe Forest Hospital (Source) ✚ Town of Truckee (Source) ✚ Substance abuse ✚ Community Scorecard (Source) ✚ Senior Services ✚ Immunization Data ✚ California Healthy Kids Survey (CHKS): AOD use, depression, compare perceptions with actual data ✚ Hospital CNA – Trends BRFSS ✚ Educational data – talk to Ariel ✚ Waitlists for affordable housing ✚ ECS/Growth - ✚ DUI – Drink related; police reports
<p>Question #4 – Disproportions and Disparities between different populations</p>	<ul style="list-style-type: none"> ✚ Latino/ Low Income ✚ Large undocumented population ✚ Severely mentally ill ✚ Seniors ✚ Homeless ✚ Working people that don't make enough to get by ✚ Youth/kids not able to afford recreational activities ✚ Medical --> Access to health care ✚ Geography: Rural isolation and proximity (access) to services out of state

APPENDIX IV: COMMUNITY HEALTH PERSPECTIVES - NCPHD NETWORK COLLABORATION STATUS

This survey was useful for documenting the strength and types of relationships across the public health system. It serves as a baseline for where the partners see themselves currently. Finally, results can be used by NCPHD to inform the community health improvement planning process.

PARTNER Tool Survey	Explanation and Approach	Tools, Outreach, etc. for Approach
<p>PARTNER (Program to Analyze, Record, and Track Networks to Enhance Relationships) utilizes Social Network Analysis (SNA), a quantitative methodology that focuses on relationships between and among organizations, measuring and mapping relationships and flows between organizations</p>	<p>SEI worked with the NCPHD to educate and invite community partners to participate in the PARTNER Tool process. These were organizations linked to NCPHD’s mandate as a public health agency, e.g.: public health collaboratives (health care providers, insurers, purchasers), community-based organizations, academic institutions, and groups that operate outside the traditional sphere of health care, such as law enforcement, faith-based and other non-health community-based organizations, schools, businesses, and even other non-health governmental agencies.</p>	<p>Tool</p> <ul style="list-style-type: none"> • Spreadsheet that documents NCPHD’s partners outside of the health department, e.g., hospitals and healthcare providers, academic institutions, local schools, other departments of government, community non-profits, and the state health department that participated in the survey (PHAB 1.1.1). <p>NCPHD leads identified the list of partners to invite and obtained contact information needed to engage them. SEI coded and uploaded them into the online system.</p> <p>Face to face communications and email messages from NCPHD to key partners oriented the community to the purpose of PARTNER and the importance of their participation.</p> <p>SEI issued the invitation and periodic reminders until the period for completing the survey was closed.</p> <p>Results of the survey were presented to the NCPHD CHA leadership team for discussion and future consideration when developing the CHIP.</p>

APPENDIX V: HEALTH ASSESSMENT COORDINATION COMMUNICATIONS

Periodic meetings, usually once every two weeks, were held among the Health Assessment Core Group (including Holly Whittaker and Jill Blake, from Nevada County Public Health Department, and Sarah Boxx and Sarah Marschall, from Social Entrepreneurs, Inc.) to discuss and adjust a project approach, gather insights on assets and resources, and analyze outreach opportunities. Notes were taken for each of these meetings. These meetings were scheduled via email, and a meeting agenda was distributed prior to every meeting. Information about these meetings and the objective of each is presented in the table below.

Date	Meeting Objective
8-14-2014 – Project Kick Off Meeting	<ul style="list-style-type: none"> • Review and discuss project approach • Discuss opportunities to leverage current activities, events, and meetings • Discuss community engagement activities
11-03-2014	<ul style="list-style-type: none"> • Update on PARTNER survey responses • Discuss promotion/distribution of community survey • Data gathering
11-10-2014	<ul style="list-style-type: none"> • Update on PARTNER survey responses, post survey reminder • Discuss status, processes, and assistance needed for community survey campaign • Data gathering—Updates from previous week’s meeting • Discuss options/potential changes to project timing to accommodate NCPHD needs
11-12-2014	<ul style="list-style-type: none"> • Review and discuss feasibility of proposed approach for creating public health resource inventory
11-25-2014	<ul style="list-style-type: none"> • Update on PARTNER survey responses since last meeting • Discuss status, processes, and assistance needed for community survey campaign • Data gathering—Updates since November 10th meeting • Discuss revised timeline
12-17-2014	<ul style="list-style-type: none"> • Update on PARTNER survey responses since last meeting • Discuss status, processes, and assistance needed for community survey campaign • Data gathering—Updates since November 25th meeting
1-7-2015	<ul style="list-style-type: none"> • Update on PARTNER survey responses since last meeting • Discuss status, processes, and assistance needed for community survey campaign • Data gathering—Updates since 12-17 meeting
1-21-2015	<ul style="list-style-type: none"> • Update on PARTNER survey responses since last meeting

Date	Meeting Objective
	<ul style="list-style-type: none"> • Discuss status, processes, and assistance needed for community survey campaign • Data gathering—Updates since January 7th meeting
2-10-2015	<ul style="list-style-type: none"> • Discuss PARTNER report • Discuss outreach status and next steps
2-25-2015	<ul style="list-style-type: none"> • Discuss PARTNER report (continued from 2/10 meeting) • Data Updates • Discuss outreach status and next steps (continued from 2/10 meeting)
3-11-2015	<ul style="list-style-type: none"> • Data Updates • Report status
3-31-2015	<ul style="list-style-type: none"> • Report status • Community presentations – updates • Project management – invoicing and new project SOW
4-27-2015	<ul style="list-style-type: none"> • NCPDH Report Debrief
4-30-2015	<ul style="list-style-type: none"> • NCPHD Check in Call
5-15-2015	<ul style="list-style-type: none"> • NCPHD Community Presentation Prep
6-02-2015	<ul style="list-style-type: none"> • Community Health Assessment: Community Health Meeting – Nevada City
6-03-2015	<ul style="list-style-type: none"> • Community Health Assessment: Community Health Meeting – Nevada City
6-10-2015	<ul style="list-style-type: none"> • Community Health Assessment: Community Health Meeting - Truckee