2024 Community Health Assessment

NEVADA COUNTY CALIFORNIA | Public Health

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Letter from the Public Health Director

I am proud to share with you the 2024 Nevada County Community Health Assessment (CHA). I would like to thank the Nevada County Public Health staff, CHA Steering Committee, community partners, and the public who contributed and synthesized data, ideas, and experiences about what it means to live, work, and play in Nevada County. In the following pages, you will find an informative tool for planning and responding to the priority health needs of our community.

Nevada County Public Health embraces a culture of health equity and strives to provide our community with access to conditions and information that facilitate optimal health and well-being. Our local public health system thrives in partnership, and addressing the health priorities outlined in this CHA will require collaboration between local government, partner organizations and community members alike. The collaborations built over the past several years, and those we continue to strengthen through projects like this CHA and forthcoming Community Health Improvement Plan (CHIP), are the key to a healthy Nevada County.

Thank you, to everyone who has joined us in this work so far, through surveys, community forums and focus groups, hundreds of individuals contributed to the development and evaluation of the health priorities outlined in this report. These priorities will be the building blocks of the CHIP and I invite anyone invested in the health of our community, whether new partners, community organizations, or individuals, to contact us to share your ideas, concerns, and gifts, as we begin to identify specific actions and policies which will improve health disparities addressed here.

In public health, we value our community partners, and look forward to continuing to improve the health and welfare of all Nevada County residents. Our collective efforts are essential to fulfill our mission to protect and promote the health and well-being of all in Nevada County.

Kathy Cahill, MPH

Nevada County Director of Public Health

Acknowledgements

The following individuals provided project direction and oversight through their participation on the Community Health Improvement Steering Committee from May 2023 through April 2024.

Brian Stoltey Sierra Nevada Memorial Hospital	**Hannah O'Leary** Partnership HealthPlan of California	**Kathy Cahill** Nevada County Public Health
Callum Hancock Community Beyond Violence Nevada City United Methodist Church	**Heather Vance** Turning Point Community Programs	**Leslie Lovejoy** Gold Country Senior Services
Carly Pacheco FREED Center for Independent Living	**Holly Whittaker** Nevada County Public Health	**Lizzy Henasey** Tahoe Forest Health System
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Courtney Platt Nevada County Public Health	**Jazmin Breaux** Nevada County Health and Human Services Agency	**Rachelle Tuck** CHIRP
Dena Malakian Bright Futures for Youth	**Jennifer Singer** Bright Futures for Youth	**Rossnina Dort** Nevada County Superintendent of Schools
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Eli Gallup Nevada County Superintendent of Schools	**John Duff** Common Goals	**Sydnie Day** Hospitality House
Erin Mettler Nevada County Health and Human Services Agency	**Jonathan Harvey** Chapa-De Indian Health	**William Buss** Hospitality House

Project administration and oversight is led by the Nevada County Public Health Core Group:

Shannon Harney	**Elias Ortiz**	**Audra Ruggiero**

with facilitation support provided by Social Entrepreneurs, Inc.

The Steering Committee would also like to thank each and every Nevada County provider and community member who provided the incalculable gift of their time, insight, and feedback during development of this Community Health Assessment. Your contributions provided invaluable insight and are sincerely appreciated.

Visibility Through Art

California Heritage: Indigenous Research Project (CHIRP) provided art selected by the Tribal Spokesperson for inclusion throughout the Community Health Assessment. 'Visibility Through Art' is a Tribal community art initiative inspired by the Nevada City Rancheria Nisenan Tribe. Together, Tribal and local artists create artwork that authentically represents the Nisenan and their rich but almost erased history here in Nevada County. Nevada County Public Health seeks to represent and integrate arts, culture, and nature into our local public health and social care systems, while elevating CHIRP's mission to preserve, protect, and perpetuate Nisenan Culture. We invite our community to consider not only the vibrancy, community, and rich ecology of our region, but the impacts humans have on the environment and the long-lasting impacts of the gold rush on the Nisenan people and our natural world. Art opens the way for meaningful conversations around topics that are not always easy to have and sometimes can reveal solutions that may otherwise remain unseen.

Today, the Nisenan are actively revitalizing their Culture and traditions, working to reestablish a land base, restore Federal Recognition, preserve language, and address the basic needs of Tribal Members for a sustainable future. Creative initiatives like Visibility Through Art (VTA) are paving the way for the Nisenan to preserve their stories, history, and Culture. To learn more about the efforts of the Nevada City Rancheria Nisenan through their non-profit California Heritage: Indigenous Research Project (CHIRP), visit chirpca.org/.

Photo Credit: Kit Kohler

The pieces found in the following document include quotes from Nevada City Rancheria Nisenan Tribal Members and narrative descriptions of the work and their connection to our local public health systems provided by CHIRP. These quotes and descriptions are highlighted in text boxes following each piece.
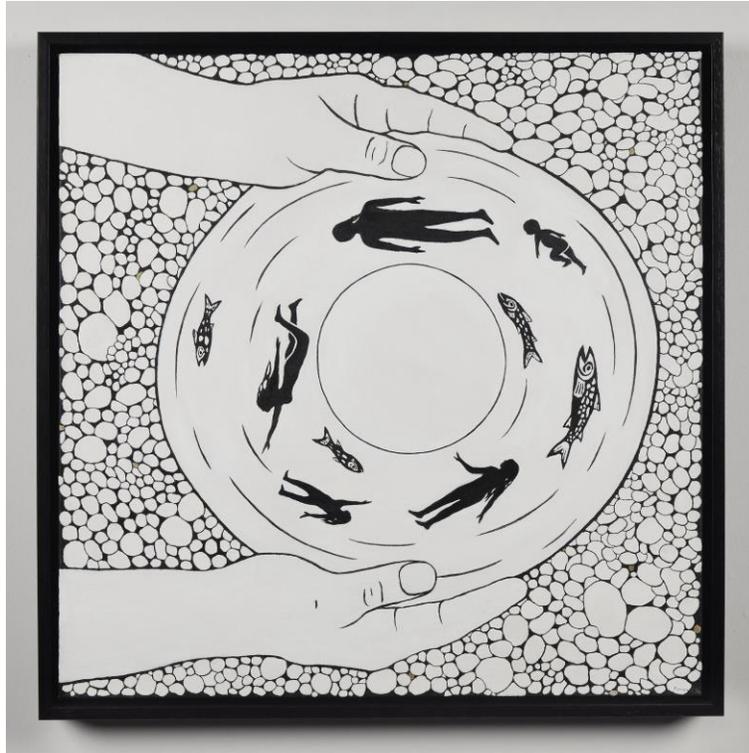
The Wash
CHIRP's VTA 2024 Collection
Cindy Buero (Nevada City Rancheria Nisenan Tribal Member)
Acrylic and Oil-based Paint on Canvas

"The gold rush significantly influenced the history of California and the United States. For us, the Nisenan, it meant genocide. Before the gold rush, thousands of Nisenan people hunted, fished, and took care of each other here, right here. This was and still is our Homeland. What is now the Yuba River, was once ʔuƀa seo, and Nevada City was known as ʔustomah. Changes were being made. In certain areas, restrictions were put in place, to keep the Nisenan from hunting and fishing; so there was hunger. The uninvited brought diseases and weapons that had never been seen before. The uninvited brought death. This artwork is called, The Wash. In mining, the wash is when they separate the gold from the tailings. The good stuff from the bad. And so the story goes..." - Cindy Buero

Today, Western statistics continue to be the mechanism that decides what is good and what is bad. This perpetuates the colonial harms of the past. If we look beyond the Western model of seeking a diagnosis or health problem, Indigenous rebalancing requires right-relationship with the land, animals, and water. To heal our Tribal community, we are revitalizing our Cultural, spiritual, and traditional practices, that were outlawed until 1978. These practices are the source of our well-being; our Culture is the medicine we need most.

Introduction and Background

In April 2023, the Nevada County Public Health Department (NCPH) started the process to develop a Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP). Together, these activities will support a Community Health Improvement (CHI) process to:

- identify key health needs and issues through comprehensive data collection and analysis, and
- building off that assessment, develop long-term goals, strategies, and activities to address public health concerns in Nevada County.

The result will be a three-to-five-year plan that will serve as a road map for how Nevada County can increase healthy living and health equity. In Nevada County, this process is led by the Community Health Improvement Core Group and Steering Committee, which together represent the CHI team.

> "Health equity is the state in which everyone has a fair and just opportunity to attain their highest level of health. Achieving this requires focused and ongoing societal efforts to address historical and contemporary injustices; overcome economic, social, and other obstacles to health and healthcare; and eliminate preventable health disparities."
> – Centers for Disease Control and Prevention

This document summarizes the comprehensive data collection and analysis that took place between July 2023 and March 2024, and that comprise the 2024 Community Health Assessment (CHA). An Executive Summary of the CHA is available at https://www.nevadacountyca.gov/DocumentCenter/View/53832/2024-NCPH-CHA-Executive-Summary-Booklet-62524.

Community Context

The following description of Nevada County is provided to contextualize the information included throughout this report.[1]

Land and Water

Nevada County spans 978 square miles inclusive of landscapes, people, and culture that create what is referred to as its "spirit." This spirit is what makes Nevada County a special place to live, work, play and thrive.

The topography of Nevada County climbs from the Sacramento Valley near 300 feet elevation to the peak of Mount Lola in the Sierra Nevada Mountains at 9,143 feet elevation. Significant elevation gains

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[1] Unless otherwise stated, all information provided in this section is from the Nevada County Recreation & Resiliency Master Plan and should be considered direct quotes from this resource (although quotation marks are not utilized to support ease of reading). Sections amended by the authors of this Community Health Assessment report to reflect a Community Health lens are italicized. Additionally, artwork, quotes, and narrative as described in the Visibility Through Art section are included.

begin just east of Nevada City and Grass Valley, stretching from the north with the San Juan Ridge to the east at Donner Summit.

The Sierra Nevada foothills and mountains are an extraordinary region that:

- Provides habitat to 60 percent of California's animals
- Supplies 60 percent of California's developed water supply
- Sustains 50 million recreation visit days per year

Source: Sierra Nevada Conservancy (SNC), 2019

The county is home to many recreational lakes and waters originating and conveyed from the headwaters of Bear, Yuba and Truckee Rivers. 27% of the county is Tahoe National Forest.

Nevada County exemplifies the overall region's depth of diversity and critical importance to the state's ecological well-being. This landscape diversity also provides ideal conditions for year-round recreational activities.

Our People

The largest population centers in Nevada County are in the incorporated cities and towns of Nevada City, Grass Valley, and Truckee.

The people of Nevada County are one of its greatest resources. *Volunteerism is the backbone of our community and residents exhibit a strong appreciation for the outdoors*. Due to the vastness and diversity of landscapes, each rural community also has its own unique character and sense of identity.

Residents of outlying communities may travel up to 30 minutes to reach "town." *This rural character means that driving is often required in order to access jobs, goods and services.*

In the next 20 years, Nevada County is projected to see a slight decline in population due to the county's high percentage of residents over 65 as well as economic loss in industries related to mining, logging, and timber (2018-2022 Comprehensive Economic Development Strategy (CEDS), Sierra Business Council). *Additional information on the demographic characteristics of Nevada County residents in available in Appendix A: Community Status Assessment Brief*.

Natural and Working Lands

Agricultural resources of timber and soils support an abundance of farms, ranches, orchards, grazing, vineyards, cannabis, and logging.

Mineral resources, such as lode gold, placer gold, chromite, barite, sand, and gravel attracted settlers to the area in the 1800s. Some mines are active today. *Others present new opportunities for ecological and cultural restoration, and economic diversification.*

Health & Wellness

With strong agricultural roots, a robust and thriving food system, and many community members invested in and offering wellness-based activities, Nevada County provides a depth and quality of life that is unique to the region and state of California.

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Our History and Culture

Story of Oak
CHIRP's VTA 2021 Collection
Jennifer Rain Crosby
Handcrafted oak gall inks and egg tempera

The Nisenan people lived in harmony with the land for millennia before the arrival of settlers in California. They nurtured oak groves, relying on acorns as a significant part of their diet. However, the discovery of gold brought an influx of immigrant miners and settlers, who devastated Nisenan territory by decimating trees for lumber, flumes, and town construction, resulting in a profound loss for the Nisenan. Colonization and the California gold rush brought about genocide, displacement from sacred lands, and forced assimilation through Indian Boarding Schools, severely disrupting traditional Nisenan life. Gold mining, logging, farming, and ranching permanently altered the landscape, severing the Nisenan's intimate connection to the land.

Indigenous People: *Nevada County has a rich and varied history stretching back 10,000 years to when the people of the Nisenan and Washoe were its primary residents. Although the people of the Nisenan and Washoe have gained significant progress in building visibility, support and recognition by the State, local government, and the public, there is still much work to be done in order to achieve optimal Tribal health and stability, cultural and spiritual preservation and revitalization, and community and environmental healing.*
Source: California Heritage: Indigenous Research Project (CHIRP)

Cultural Heart of the Sierras: Nevada County is unique in California as the only rural county home to two state-designated California Cultural Districts - the Grass Valley-Nevada City Cultural District and the Truckee Cultural District. *Points of interest include Nevada City's Chinese Monument honoring the Chinese community's contributions to our cultural and economic development.* Nevada County is affectionately referred to as the "cultural heart of the Sierras" - a micropolitan area in a rural setting.

The Nisenan people were a cremating society. Their ancient ritual of burning the dead dates back thousands of years and countless generations. Steeped in protocol and social design were the means to burn the departed and all their belongings, to cry and mourn their death, and to honor their remaining family members. Finally, the spirit would travel onto the Milky Way. After the Nisenan were forcibly removed and their lands taken from them, the colonizing settlers outlawed the burning of the deceased. At the heart of revitalizing Nisenan Culture is the practice of burning the dead, which is at the center of the traditional Nisenan life cycle.

Ritual
CHIRP's VTA 2017 Collection
Mira Clark
Acrylic on Wood with Yuba River Stones

Arts & Culture: The arts & culture scene is alive and vibrant in Nevada County. Visitors are drawn to the area through thousands of community-led events, annual festivals, street fairs, art walks, concerts and studio tours. A connected and thriving community of artists, musicians, makers, and creators contributes to the overall quality of life and creative spirit Nevada County is known for.

Framework for the CHA

One of the first activities completed by the Steering Committee, with support from local community members, was the establishment of vision and value statements. These statements formalize the

1. intention of this Community Health Improvement project and
2. core principles that will guide activities and decision-making during the project.

Vision | Visión

An engaged, diverse, connected, healthy, and happy community.
Una comunidad involucrada, diversa, conectada, sana y feliz.

| Values	Valores
Equity. Institutional disparities and barriers to optimal health are addressed by providing equitable access to knowledge, education, services, and supports.	**Equidad.** Las disparidades institucionales y las barreras que impiden la salud óptima se abordan al proporcionar acceso equitativo a la información, la educación, los servicios y la ayuda.
Inclusion. All people are safe and welcomed.	**Inclusión.** Todas las personas se sienten seguras y bienvenidas.
Acceptance and Compassion. People are accepted at all life stages. Community-wide strategies are person-centered, compassionate, and respectful.	**Aceptación y compassion.** Se aceptan las personas de todas las etapas de la vida. Las estrategias comunitarias se centran en la persona y son compasivas y respetuosas.
Respect. We share responsibility in cultivating a respectful environment that honors the knowledge, expertise, and voice of the community.	**Respeto.** Compartimos la responsabilidad de cultivar un entorno respetuoso que valore los conocimientos, la experiencia, y la voz de la comunidad.
Collaboration. We foster a sense of belonging and work together for long-term, sustained results.	**Colaboración.** Fomentamos un sentido de pertenencia y trabajamos juntos para obtener resultados sostenidos a largo plazo.
Trusted Relationships. Connections strengthen each person's social, emotional, and physical well-being.	**Relaciones de confianza.** Las conexiones refuerzan el bienestar social, emocional y físico de cada persona.
Alignment. Community members and leaders align strategically to promote proactive decision making.	**Alineamiento.** Los miembros de la comunidad y los líderes se alinean estratégicamente para promover la toma de decisiones proactiva.
Accountability. Individually and collectively, we strive for transparency and continuous improvement.	**Responsabilidad.** Tanto individualmente como colectivamente, nos dedicamos a la transparencia y la mejora continua.
Shared Environment. Publicly accessible natural and built spaces are valued, protected, and utilized to renew health and wellness.	**Entorno compartido.** Los espacios naturales y construidos de acceso público se valoran, se protegen y se utilizan para renovar la salud y el bienestar.

In recognition that people may have different definitions of "health", the Steering Committee also developed the following graphics to illustrate the many elements of health and well-being that are included within their understanding of health.
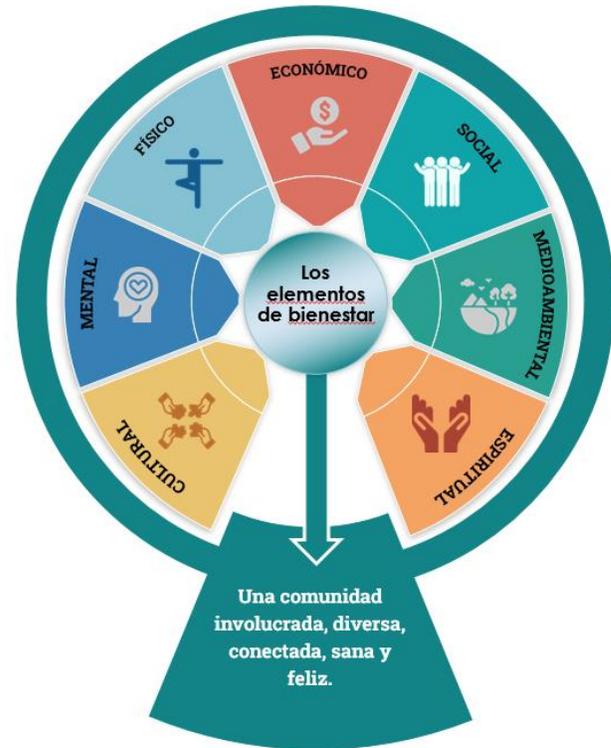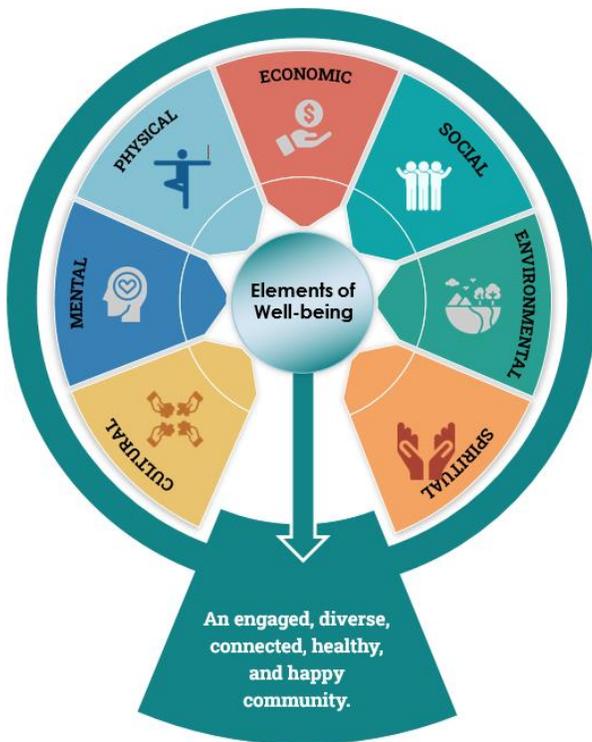
Methodology for Completing the CHA

The county elected to utilize the National Association of County and City Health Officials' (NACCHO's) Mobilizing for Action through Planning and Partnerships (MAPP) framework to guide their Community Health Improvement work. MAPP provides a structure for communities seeking to engage in a strategic process for assessing community health needs, prioritizing them, and identifying resources to address them.[2]

Nevada County selected this framework both because it is one of the most widely used and reputable community health improvement frameworks available and because the newly released MAPP 2.0 update emphasizes achieving "health equity by identifying urgent health issues in a community and aligning community resources" to address them.[3]

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[2] MAPP 2.0: User's Handbook.
[3] Ibid. Page 8.

To support a comprehensive, accurate, and timely community assessment of health and well-being, MAPP recommends using three assessments to support development of the Community Health Assessment and guide Community Health Improvement planning:

1. the **Community Status Assessment**, which gathers quantitative data to understand a community health status, including social determinants of health and systems of power, privilege, and oppression[4]
2. the **Community Partners Assessment,** which allows the community partners involved in CHI work to critically review systems, processes, and the collective capacity of the system to address health inequities[5]
3. the **Community Context Assessment**, which seeks the insights, expertise, and perspectives of community members, with a focus on those impacted by social systems, to improve system function and impact[6]

Together, these assessments

- Help communities collect quantitative and qualitative information;
- Advance the community's understanding of health inequities;
- Examine indicators ranging from downstream health outcomes and behaviors to more upstream social determinants of health and system-level factors;
- Draw on the capacity of a broad range of sectors and partners to achieve health equity; and
- Guide communities through an analysis of historical, systemic, and structural information that reveals the root causes of inequity.[7]

The CHI Core Group and Steering Committee utilized a modified MAPP approach to complete these assessments between July 2023 and March 2024. Additional information on the specific methodology used to complete the Community Partner Assessment, Community Context Assessment, and Community Status Assessment can be found within the relevant appendix for each.

Structure and Purpose of this Document

This document summarizes the results of these three assessment activities. First, key themes identified across assessments are summarized on page 13. Following is a high-level summary of each assessment, with a more comprehensive brief for each included in the Appendices on the following pages:

- The **Community Status Assessment Summary** on page 18 and full brief in Appendix A.

- The **Community Partner Assessment Summary** on page 23 and full brief in Appendix B.

- The **Community Context Assessment Summary** on page 29 and full brief in Appendix C.

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[4] NACCHO, "Community Status Assessment Summary". Published December 2022.
[5] NACCHO, "Community Partner Assessment Summary". Published December 2022.
[6] NACCHO, "Community Context Assessment Summary". Published December 2022.
[7] MAPP 2.0: User's Handbook. Page 93.

Key Themes

A primary purpose for conducting CHA activities is to identify key health needs and issues that can inform the development of long-term goals, strategies, and activities to address health concerns in Nevada County. These latter activities comprise the Community Health Improvement Plan (CHIP), which is a collaborative planning process that will be supported by the CHI Core Group, Steering Committee, and other community partners between April and December 2024.

To support the identification and prioritization of issues that will be addressed through the CHIP, the Nevada County CHI team reviewed the three assessments included in this document to determine shared themes that, if addressed, can improve health for county residents.

These key themes are listed in the following graphic, which also highlights the cross-cutting theme of "equity". Equity has been called out as a foundational capability and component of all the work required to improve community health and achieve health equity.
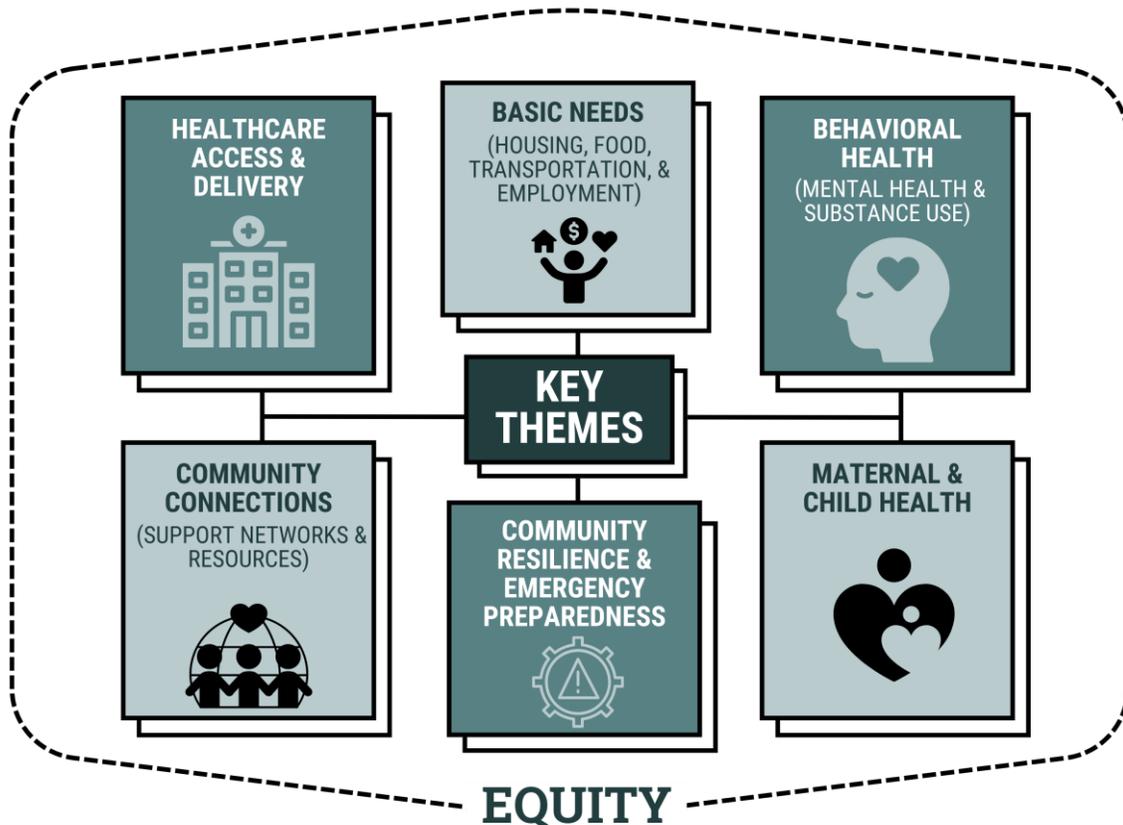
Equity is defined as a fair and just opportunity for all to achieve good health and well-being. This requires removing obstacles to health such as poverty and discrimination and their consequences, including powerlessness and lack of access to good jobs with fair pay, quality education and housing, safe environments, and healthcare. It also requires attention to health inequities, which are differences in population health status and mortality rates that are systemic, patterned, unjust, and actionable, as opposed to random or caused by those who become ill.

– The 10 Essential Public Health Services Framework

The following table summarizes select data from the three CHA assessments and complementary county efforts that led to the development of these key themes. The included information is not intended to be representative of all data related to the theme, but is offered as examples of how the theme impacts county residents.

As in the graphic on the previous page, equity is a cross-cutting theme that will be a foundational component of all future community health improvement work.

◄─────── EQUITY ───────►

Healthcare Access & Delivery

Evidence From Community Input	Related Health & Wellness Metric Data
• There is a lack of providers overall, and a lack of culturally responsive care, available in the county [ii, iii] • Systems are siloed; coordination and better understanding of the gaps in the service network is needed [ii] • Providers face barriers in serving geographically isolated populations as well as BIPOC and LGBTQIA+ communities [ii]	• 67% of the population reside in unincorporated areas of Nevada County • An estimated 16.9% of county residents (or ~17,000 people) do not have a usual place to go to when they are sick or need health advice [iv] • All of Nevada County is considered a Mental Health Professional Shortage Area [iv] • 52% of Kindergarteners have Medi-Cal coverage, yet there are only three Medi-Cal providers for dental [iv]

Basic Needs (Housing, Food, Transportation, & Employment)

Evidence From Community Input	Related Health & Wellness Metric Data
• There is an insufficient amount of housing, specifically affordable housing, in the county [ii, iii] • Safe and accessible water is not reliably available in some parts of the county (e.g., San Juan Ridge) [iii] • The lack of public transportation within and outside of Nevada County limits residents' ability to access services that support health and wellness [ii, iii] • Seniors and youth are an untapped economic resource, and there are limited jobs available to these populations [iii] • It is difficult for individuals to age in place due to limited resources in the county [ii]	• An estimated 32.4% of Nevada County households are burdened by housing costs, and this percentage is up to 47.6% in some areas of the county [iv] • The 2023 PIT count identified 492 individuals experiencing homelessness on a single day in January 2023, over 40% suffer from serious mental illness [iv] • An estimated 3.6% of households in Nevada County do not have access to a vehicle, and this percentage is up to 18.7% in some areas of the county [iv] • 17,000 residents qualify for food assistance and 17% of residents 0-18 years old are enrolled in the CalFresh food assistance program [iv]

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EQUITY

Behavioral Health (Mental Health & Substance Use)

Evidence From Community Input	Related Health & Wellness Metric Data
- Behavioral health was noted as an issue within the county by both residents and community partners [ii] - There is a desire to support, inform, and work for better responses to mental and behavioral health crisis on both the part of residents and providers [ii, iii]	- Suicide/self-harm is ranked as the 4th leading cause of years of life lost [i] - Drug overdose and alcohol-related disorders are leading causes of death for people aged 45-54 years old [i] - Drug overdose is ranked as the 3rd leading cause of age-adjusted death [i] - Nevada County's suicide rate has been approximately double that of California's rate for recent years [iv] - Accidental overdose deaths have been trending upwards in the county since 2019, reaching a five-year high in 2023 [iv]

Community Connections (Support Networks & Resources)

Evidence From Community Input	Related Health & Wellness Metric Data
- The community is interested in moving toward, rather than away from, stories of racism and discrimination in order to support community members who feel unsafe, unwelcome, or at risk within the community [ii, iii] - There is a desire to engage people with lived expertise in decision making [ii, iii] - Loneliness and social isolation across the lifespan were noted as issues, and well as root causes for problems within the county [ii, iii] - Siloed systems prevent coordination [ii]	- Alzheimer's disease is ranked as the 2nd leading cause of death [i] - In 2021, 51% of 11th grade students self-reported chronic sadness or hopelessness [iv]

←————————— **EQUITY** —————————→

Community Resilience & Emergency Preparedness

Evidence From Community Input

- People without transportation and those that are geographically isolated face huge barriers in emergencies, specifically medical emergencies [iii]

Related Health & Wellness Metric Data

- Wildfire, high temperatures, and severe weather events threaten our most vulnerable populations [iv]
- 92% of residents live in high to very high fire severity zones [iv]
- 26.7% of adults report their mental health has been affected by extreme weather-related events [iv]

Maternal & Child Health

### Evidence From Community Input

- Social and emotional supports for new families are needed in the county [ii]

- Affordable, high-quality child care and early learning and care programs are geographically limited and/or mis-matched with the hours or schedule of care families need, especially for families with low incomes that face transportation barriers and/or work jobs with inconsistent or atypical hours [ii]

Related Health & Wellness Metric Data

- The supply of early learning and care in the county meets the needs of only 42% of children aged 0–5 [iv]
- In 2022, 39.4% of birthing individuals were covered by Medi-Cal, and 24% of these individuals received delayed prenatal care [iv]
- Only 82.4% of Kindergarten students are immunized, substantially lower than the average across California [iv]
- From 2008-2019, the rate of substance use disorder diagnoses of pregnant individuals ages 15-44 more than tripled [iv]

References for data supporting Key Themes:

[i] California Department of Public Health (CDPH), California Community Burden of Disease Engine 2023, Data 2021

[ii] The Community Partners Assessment Brief (Appendix B) and/or Steering Committee feedback

[iii] The Community Context Assessment Brief (Appendix C)

[iv] The Community Status Assessment Brief (Appendix A)

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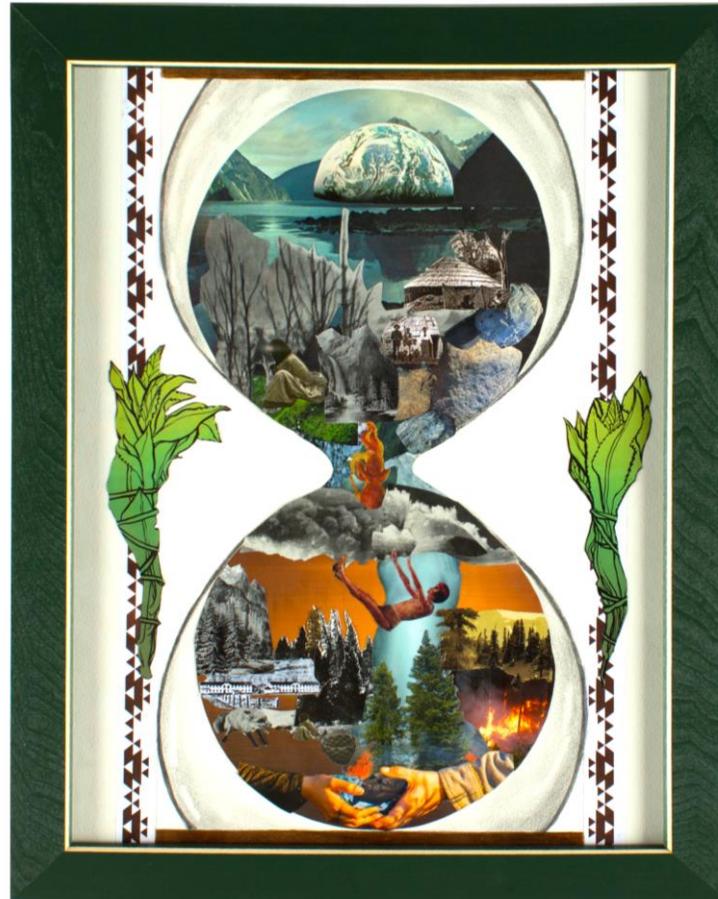
Slipping Away
CHIRP's VTA 2022 Collection
Debra McBrien (Nevada City Rancheria Nisenan Tribal Member)
Collage on Paper with Colored Pencil

"The hourglass represents what has happened throughout time. The top of the hourglass represents the Nisenan world as they lived it. The bottom of the hourglass represents what is occurring now. The Indian falling and trying to catch his child represents the Nisenan trying to save their lives, their Culture, and their identity, as wildfires are continuing the destruction of Nature and wildlife. The hands that hold an Indian's face represent hope to hold the Nisenan through community help and recognition." - Debra McBrien

For Indigenous communities, Cultural connectedness is a social determinant of health. Rather than ignoring historical trauma and its impact on the community, the Nisenan are engaging with it and teaching Tribal members about the harm that occurred, what was lost, and how that shows up today. From this lens, the reclamation of Culture and identity is an empowering practice that guides them in their wellness journeys.

Community Status Assessment Summary

Overview

The Community Status Assessment (CSA) is one of three assessments completed to support the development of the CHA. The CSA

> collects quantitative data on the status of [the] community such as demographics, health status, and health inequities. The CSA helps a community move "upstream" and identify inequities beyond health behaviors and outcomes, including their association with social determinants of health and systems of power, privilege, and oppression..[8]

This document summarizes the results of quantitative data collection that took place over an approximate six-month period. Data is presented under the four themes as illustrated in Figure. An equity lens was overlaid across each of these themes when possible; although, as is noted in the Methodology section of Appendix A. Nevada County's small population size and the availability of relevant data limited this approach.

Figure 1. Themes Explored in the Community Status Assessment
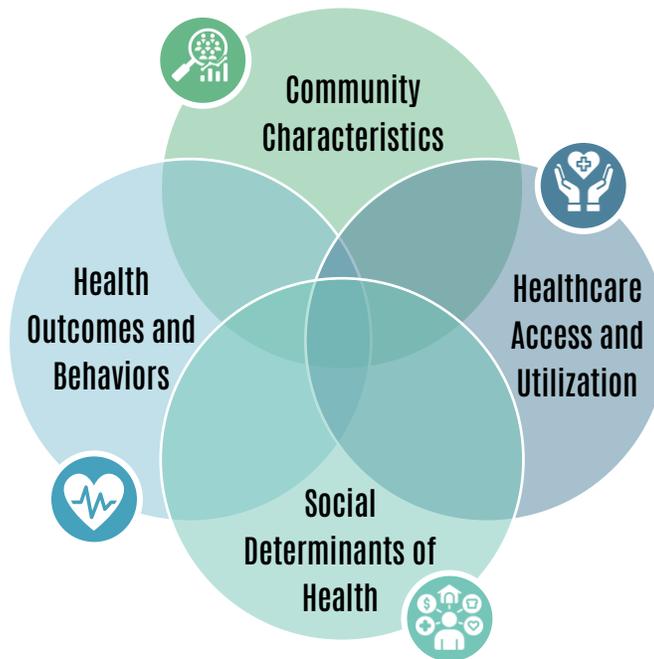
Data is included in the CHA only for indicators that were considered relevant to an increased understanding of the current and future status of health and well-being in Nevada County. In some cases, relevant indicators are not included in this report because no recent data was available.

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[8] "Community Status Assessment: Quantitative Assessment Tool for Mobilizing for Action through Planning and Partnerships (MAPP) 2.0." National Association of County and City Health Officials, December 2022, pg. 4.

Summary

As discussed in the Introduction, this Nevada County CSA gathered quantitative data to address four themes: **Community Characteristics**, **Health Outcomes and Behaviors**, **Healthcare Access and Utilization**, and **Social Determinants of Health**. Whenever possible, an equity lens was applied to help the County move "upstream" and better understand how inequities in health behaviors and outcomes are associated with social determinants of health and with systems of power, privilege, and oppression. Key findings for each theme are summarized below, with the **Social Determinants of Health** section including a summary of vulnerability variation seen across the County.

Community Characteristics

The County experienced a slight population increase during the pandemic, with the population then beginning to decrease by 2022. About two-thirds of the population in the County live in unincorporated areas and, compared to California overall, Nevada County has a notably higher proportion of non-Hispanic White individuals. The remaining population identifies primarily as Hispanic or as two or more races. Western Nevada County has the largest proportion of individuals aged 65 or older compared to Eastern Nevada County and California as a whole.

Health Outcomes and Behaviors

Life expectancy varied substantially across the County, with residents in the census tract with the highest life expectancy living 9.2 years longer than those in the lowest-life-expectancy census tract. The mortality rate among Black individuals in the County was 1.5 times higher than among White individuals, and 2.3 times higher than Asian individuals. Notably, the mortality rate for Latino individuals in the County was substantially lower than the statewide rate.

The County's suicide rate has been approximately double that of California's rate in recent years. However, great strides have been made recently in the availability of mental health services, including the County's mobile crisis unit and the Crisis Stabilization Unit, and preliminary data suggests a substantial decrease in the suicide rate during the last three years. Accidental overdose deaths have been trending upwards in the County since 2019, reaching a five-year high in 2023.

Compared to California overall, the County has notably lower rates of both low-birthweight births and teen births. Nevada County also compares favorably to the state in terms of obesity, diabetes, and sexually transmitted diseases.

Healthcare Access and Utilization

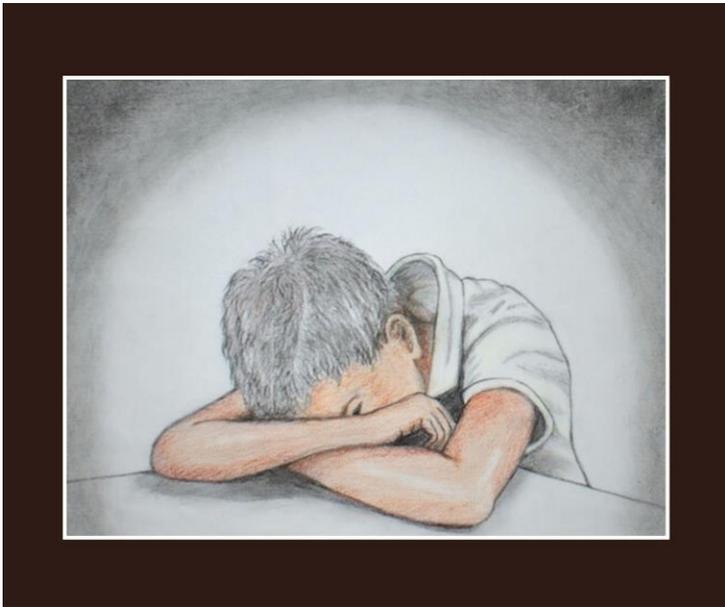The percentage of individuals without health insurance varies significantly across the county's 26 census tracts, from 0.3% to 13.7%. While county residents are mostly on par with other Californians for adult colorectal screenings, women in the county are less likely to have mammograms, kindergarteners are less likely to be immunized, and, on the positive side, adults are more likely to go to the dentist.

Social Determinants of Health (SDOH)

The proportion of residents living in poverty is lower in the County than in California overall; however, poverty rates vary dramatically across the County's 26 census tracts, from 0% to 43.7%. Additionally, annual PIT counts have identified approximately 500 individuals experiencing homelessness in recent years, and many suffer from serious mental illness. Notably, the number of individuals experiencing homelessness who are moved into housing has been increasing steadily since 2021.

The high school graduation rate in Nevada County varies widely across the County's 12 high schools, from 70.1% to 98.4%. The percentage of adults without a high school diploma also varies widely across the County's 26 census tracts, from 1% to 17%. The demand for early learning and care in the County is much higher than the supply, meeting the needs of only 42% of children aged 0−5. Nevada County was identified as one of the top five counties in the state with the highest increase in the cost of both infant and preschool care from 2018 to 2021.

Across California's counties, Nevada County ranks relatively low in both arrest and prison incarceration rates; however, Black individuals (aged 15-64) are 2.5 times more likely to be arrested in Nevada County compared to White people.

"My father was taken from his home to the Indian Boarding Schools when he was 5 years old. He was robbed of his childhood, family, and home, but mostly of his identity." -Lorena Davis

Western people, service providers, and those who seek to support Indigenous Wellness must be aware of the history and ongoing trauma and violence that continues to plague Indigenous peoples. To understand Tribal mental health one must comprehend the many layers of trauma inflicted on Indigenous communities historically and presently which have led to higher levels of substance misuse in their communities.

Grandpa Dutch
CHIRP's VTA 2024 Collection
Lorena Davis (Nevada City Rancheria Nisenan Tribal Member)
Pencil and Colored Pencils on Paper

SDOH Variation by Geography

The composite Social Vulnerability Index, which is based on 16 factors, quantifies a community's access to resources and to fair and just opportunities to be as healthy as possible. Throughout this report the substantial variation across Nevada County's 26 census tracts for several of the 16 SVI factors was explored. To summarize, Figure A shows the range of values across the County's census tracts for each of the 16 SVI factors, and Figure B maps the composite Social Vulnerability Index, which considers all 16 factors; the darker the shading in this figure, the higher the average vulnerability experienced by residents. **The census tract with the highest SVI is considered 50 times more vulnerable than the census tract with the lowest SVI**. This speaks to the wide variety of outcomes and circumstances experienced by different populations within the County and may provide insight into which areas might benefit most from specific types of services, supports, or resources.

Figure A. Sixteen Factors that Contribute to the Social Vulnerability Index

Overall Vulnerability		Variation Across Census Tracts in Nevada County
Socioeconomic Status	Below 150% Poverty	**0-44%**
	Unemployed	**0-13%**
	Housing Cost Burden	**16-48%**
	No High School Diploma	**1-17%**
	No Health Insurance	**0-14%**
Household Characteristics	Aged 65 & Older	**12-43%**
	Aged 17 & Younger	**11-30%**
	Civilian with a Disability	**4-25%**
	Single-Parent Households	**0-29%**
	English Language Proficiency	**0-12%**
Racial & Ethnic Minority Status		**5-36%**
Housing Type & Transportation	Multi-Unit Structures	**0-40%**
	Mobile Homes	**0-50%**
	Crowding	**0-8%**
	No Vehicle	**0-19%**
	Group Quarters	**0-9%**

Source: Centers for Disease Control and Prevention, Social Vulnerability Index, 2020.

Figure B. Variation in Social Vulnerability Index by Census Tract

The Social Vulnerability Index varies significantly across Nevada County's 26 census tracts: **the census tract with the highest SVI is considered 50 times more vulnerable than the census tract with lowest Index**.

In this figure, the darker the shading, the higher the average vulnerability experienced by residents within that census tract.

Source: Centers for Disease Control and Prevention, Social Vulnerability Index, 2020.

Community Partner Assessment Summary

Overview

The Community Partner Assessment (CPA) is one of three assessments completed to support the development of the CHA. The CPA collects information on the organizations and community partners that can support community health improvement. It aims to assess the collective capacity of the network to address health inequities.

Nevada County Public Health – with assistance from a cross-sector team – reached out to partners across the County to better understand how agencies and organizations are working together for the health and well-being of residents. Two major activities informed this assessment: a partner survey, launched in July 2023, and partner events, held in October 2023.

Partner Surveys   Partner Meetings   Partner Assessment
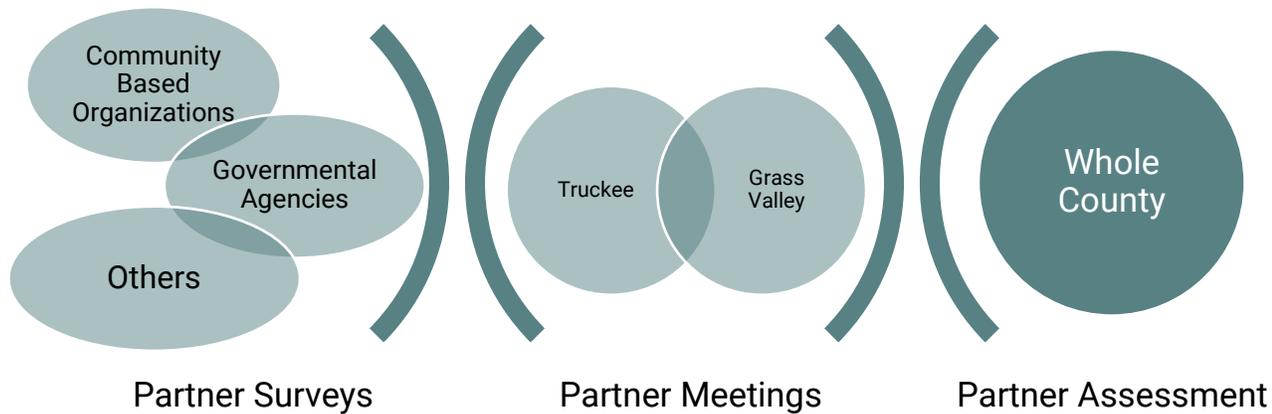
Community Partner Assessment Survey

Electronic surveys were distributed at two points in time throughout the assessment process via the SurveyMonkey platform. A description of organizations that participated in the survey as well as survey highlights are provided in the full Community Partner Assessment Brief that is in Appendix B.

Community Partner Events

Two Community Partner Events took place as part of the Nevada County Community Health Improvement Project. A total of 64 participants engaged in the events, with 36 people attending the event in Truckee and 35 people attending the event in Grass Valley (note that some individuals attended both events).

The objectives and agenda for both partner meetings were identical, using a structured process to engage the community partners.

Meeting Objectives

- Build relationships
- Discuss ways to improve health equity in Nevada County

- Explore topics of power
- Share ideas for filling gaps and growing health services and supports

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Root Causes Exercise

During meetings in both counties, partner groups utilized a tree metaphor to delve into structured visualization exercises, addressing organizational issues as "branches" and identifying common sources or "roots" of community problems. The provider network played a central role as the "trunk," working to allocate resources to address community issues, yet its effectiveness was influenced by the conditions of the soil and roots. Participants engaged in discussions on the strengths and collective capacity of partners to support health and well-being, potentially exploring opportunities for community well-being. The Problem and Resilience Tree visuals can be found below and on the following page, respectively.

Problem Tree

Eastern County

Branches (example issues)
Housing Instability
Domestic Violence
Overdose Deaths
Lack of Access to Care
Health Disparity

Trunk
Lack of Providers*
Inflexible Funding
Siloed Systems
Geography and Transportation Barriers
Lack of Family Support

Diminished Roots
Division
Stigma
Isolation
Unbroken Cycles
Policies, e.g., Criminalization of Drugs

Western County
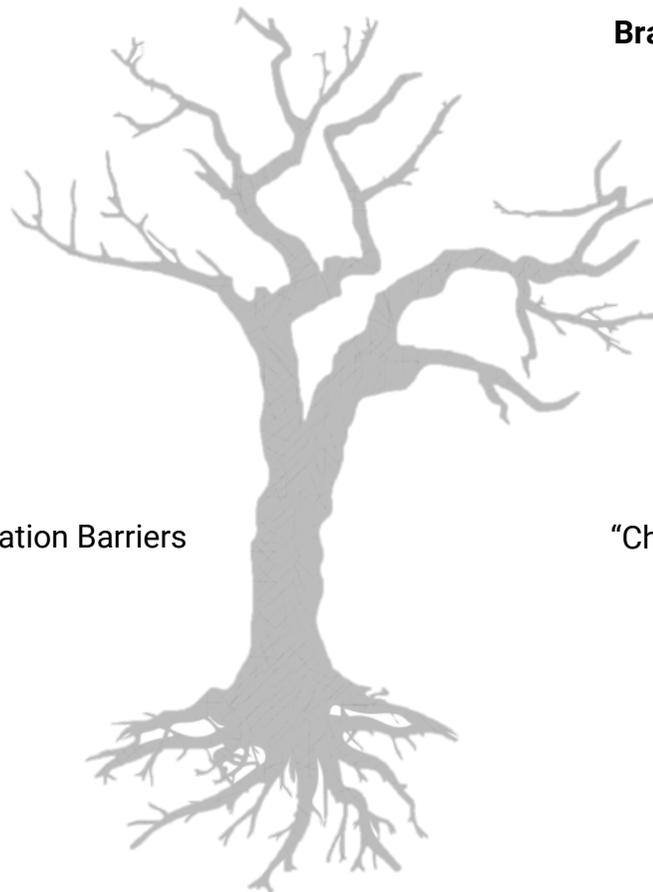
Branches (example issues)
Homelessness
Substance Use
Mental Illness
Suicide
Community Violence
Poverty

Trunk
Unequal Funding
Lack of Providers*
Tokenism
"Checking the Box" for
Equity

Diminished Roots
Loneliness
Division
Stigma
Isolation
Unbroken Cycles
Toxic Stress

Soil: Impeding Individual and Collective Health and Wellbeing

Structural racism; white supremacy culture; policies that perpetuate wealth disparities and economic injustice; historical trauma

*Specific provider types noted as lacking by participants included dental/oral health, behavioral/mental health, and bilingual (Spanish) services.

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Resilience Tree

Eastern County

Branches
Education
Skilled workforce
Health and wellbeing
Civic engagement
Care for environment

Stable Trunk
Funding / scholarships
Referral pathway (e.g., app)
Collaboration
Innovated funding
Diverse programming

Healthy Roots
Partnership
Collaboration
Economic Opportunity

Western County

Branches
Housing and stability
Health and wellbeing

Stable Trunk
Access to care and services
Equitable funding
Strong network of providers
Working together
Centering Black, Indigenous, and Latinx leaders
Trauma-informed

Healthy Roots
Connection
Collaboration
Eco-centric Approach

Soil: Space for Individual and Collective Healing, Health, and Wellbeing:

Anti-racist practice: deep learning and healing, policies that create and sustain economic justice

NEVADA COUNTY CALIFORNIA | Public Health

saw' saw
CHIRP's VTA 2022 Collection
Indigo Donaldson
Acrylic Paint, Pencil, Charcoal Pencil, Natural Materials on Canvas

Indigenous homelands provided for and nourished all living beings. Before the gold rush, there was reciprocity where the land cared for the people and the people cared for the land. The Nisenan people had doctors, healers, and herbalists among their people. They also had various Cultural practices and medicine spots on the land that supported them when out-of-balance with wellness. One of the lesser-known amazing healing plants is moss. In the Nisenan language, it is known as saw' saw. This painting brings to life a depiction of Minerva (a Nisenan/Miwok Elder), the moss, the creek, the rocks, and the trees where she gathered the healing saw' saw right here in ʔustomah (Nevada City). Today, weaving together Western practices of wellness and Indigenous practices of wellness with discernment and care can provide support for healing.

Findings

Data from both surveys and partner event meetings reveal important strengths, challenges, and opportunities of Nevada County organizations and agencies.

Partner And Network Strengths

Intention and Demonstrated Action to Collaborate for Health and Wellbeing

- Partners demonstrated strong support for collaboration through active engagement in the CPA process. They also identified existing coalitions that are in place to support meaningful change in the county, and expressed a willingness to tackle challenging topics such as structural racism, health equity, and other forces that shape social and economic inequality.

Partners Attuned to Community

- The diverse network of partners in the county provides services to people across a broad range of ages, circumstances, and geographies, with numerous organizations tailoring programs to support individuals based on race, ethnicity, culture, language, and experiences.

Partners Working Strategically and Creatively

- Organizations are actively assessing and collecting information, including directly from people with lived experience, to understand issues and inform decision-making. They are also using a variety of approaches to address critical social determinants of health such as economic stability, social community context, educational access, and neighborhood factors.

Partner And Network Challenges

Persistent and New Issues Deepen Health Inequity

- Generational trauma, racism, economic injustice, and marginalization persist in the county. There is evidence that situations have worsened in recent years through deepening income inequality, unaffordable housing, isolation and polarization, and other factors.

Providers Face Barriers in Serving Specific Groups and Populations

- Some groups within the county remain difficult to serve, and geographic distance, rural living, and transportation were the most frequently named barriers to providing services. Partners also struggle to assist those with more severe needs as well the BIPOC and LGBTQIA+ populations, and those with intersectional identities.

Coordination and Full Service is Impeded by Funding and Structural Barriers

- Despite interest and evidence of collaboration, siloed systems are a reality that prevent coordination. Many silos are formed structurally, but they can also exist at interpersonal and interagency levels. Partner organizations also face resourcing challenges, such as issues with sustainability and changes to public funding allocations and opportunities.

Partner And Network Opportunities

Continue to Work Together

- Together, partner organizations and agencies are already working to make changes that individuals and even organizations cannot affect alone. Staying connected and in collaboration on equity and "upstream" issues can help with the individual missions of the organizations. Engagement in the Community Health Assessment and Community Health Improvement Plan offers continued opportunities to prioritize key issues and strengthen collective action for change.

Support Connection

- Isolation and lack of connection was noted as a root cause of many issues and problems. Investments in social connection and strengthening connections within and among individuals and groups may offer another point for connection as partners identified networking as an area of value and a way to leverage collective issues.

Identify Points of Influence for Root Causes

- Partners can continue collective discussion and attention toward the root causes and structural aspects that undermine or contribute to community health and wellbeing. Actions could include commitments to address equity within organizations, and advocacy for structural changes through contract or policy work. An understanding of the gaps in the service network can help governmental agencies as well as community-based organizations to fill them. Working across organizations and agencies to better understand the issues and collect data to inform decision-making and use of resources can also help to support public health.

Community Context Assessment Summary

Overview

The Community Context Assessment (CCA) is one of three assessments completed to support the development of the CHA. The CCA

> collects the insights, expertise, and views of people and communities affected by social systems to improve the functioning and impact of those systems. The CCA moves beyond interventions that rely on perceived community needs to understand a community's strengths, assets, and culture.

> The CCA centers on people and communities with lived experiences and lived expertise. It focuses on the views, insights, values, cultures, and priorities of those experiencing inequities firsthand.[9]

In January 2024, the Nevada County Community Health Improvement team used a modified Community Context Assessment approach to identify factors that are influencing the quality of life within the county. They prioritized hearing directly from community members via listening sessions that were organized by the Core Group with support from the Steering Committee. Specifically, these sessions would not have been possible without the support of representatives from local organizations: Bright Futures for Youth, Color Me Human, Hospitality House, Nevada County Pride, and North San Juan Community Center.

A total of five listening sessions were held. One was conducted virtually with the Steering Committee that specifically explored forces of change (i.e., the current and historical factors that shape conditions for Nevada County community members). The other four sessions were held in-person with community members throughout locations in the western part of the County: in Grass Valley, Nevada City, and the San Juan Ridge area.[10]

These sessions were semi-structured, with facilitators asking community members to share

- what they liked, loved, or appreciated about living in their community
- aspects of challenge or difficulty, (i.e., the things that get in the way of health)
- solutions to address challenges (i.e., what could be better)

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[9] "Community Context Assessment: Qualitative Assessment Tool for Mobilizing for Action through Planning and Partnerships (MAPP) 2.0". National Association of County and City Health Officials, December 2022, pg. 4

[10] Efforts were made to hold one or more groups in Truckee, and to host a session conducted in Spanish. These were postponed due to staff capacity, and is anticipated to be made available from other current assessment processes taking place in Nevada County.

SEI facilitators guided conversations and documented the stories, messages, and experiences that were shared. Core Group staff were also in attendance. Intentionally, the CHI team sought perspectives that will help to clarify sources and impacts of health inequity within the County.

Participants

Participants were asked, via anonymous forms, to provide any aspects of their identity they felt comfortable sharing. Based on provided responses, participants included people with diverse and intersectional identities and experiences important to understanding health and health equity, including but not limited to:

- **Age:** Participants included youth, adults, and older adults.
- **Race and Ethnicity:** Participants included people who identified as African American/Black, Latinx, Native American, and White.
- **Language:** All sessions were conducted in English.
- **Sexual Orientation and Gender Identity:** Groups were inclusive of people across sexual orientations and gender identities.
- **Housing Situation:** Groups included people that rent, home owners, and people with current or past experience in being unhoused.
- **Health Status:** People described aspects of their health and well-being. Participants included people living with chronic disease, with current or past illness, current or past injury, and people with disabilities.
- **Caregiving Status:** Caregivers, including parents of young children, relatives caring for people with disabilities, and people that help to care for younger siblings identified themselves during group conversations.
- **Residence:** Some participants have lived in the area for their whole lives (generations); other participants moved from other counties in California, or from outside the region.

In attempting to summarize the stories, voices, and perspectives of over 35 people, there will be unintentional but potentially important omissions. Our purpose with this summary is to reflect to the fullest extent possible the appreciation, the serious problems, and the hopes and dreams of participants as they relate to community health. Both here and in the full brief in Appendix C, some information has been modified in superficial ways to protect confidentiality of individuals living within this small community. Because the information in this report is also provided directly from people's life experiences, it is important to include peoples' own words to help bring life to the messages; as such, unattributed quotes are included throughout the document.

At a Glance: Themes from the Assessment

This section provides a summary of key themes provided by participants around the three major areas of inquiry explored. Additional data is provided later in this document as well as within Appendix C.

Assets and Resources that Support Community Health

When asked what they like or love about living in the County, and about community strengths, responses were most commonly related to:

- People: social connections and support
- The natural environment
- Programs and services

However, and not surprisingly, there is no "one experience" of life in Nevada County. Some of the assets that many people named were also assets that were noted as not being available to others, even though they live in the same community.

Issues and Problems Impacting Community Health

One intention of the listening sessions was to understand issues and factors that get in the way of health. Participants noted challenges, issues, and unmet needs that fell into the following categories:

- Healthcare Access, Quality, and Cost
- Housing Availability, Quality, and Cost
- Limited Educational Opportunities, Recreational Opportunities, and Jobs
- Racism, Discrimination, and Violence
- Safe and Accessible Water
- Social Connections
- Transportation and Geographic Isolation

Suggestions, Hopes, and Ideas to Improve Community Health

Participants provided suggestions and recommendations for addressing the community issues and challenges they identified (listed above). As these were aligned with noted challenges, they fell within the same general theme areas:

- Educational Opportunities, Recreational Opportunities, and Jobs
- Healthcare Access, Quality, and Cost
- Housing Availability, Quality, and Cost
- Racism, Discrimination, and Violence
- Safe and Accessible Water
- Transportation and Geographic Isolation
- Social Connection

A Note about Culture: Self-Efficacy and Mutual Care

A cross-cutting theme that was present, regardless of the topic or group, revolved around two aspects of culture: self-efficacy and mutual care. These are combined as a theme because it is possible that within Nevada County these aspects may be able to work together.

Participants voiced a very strong value of independence and self-reliance. They talked about wanting to accomplish and support themselves through their contributions and work. But their words and stories also showed vibrant evidence of mutual care and interdependence. Deep connections to care for each other and for their community, through emerging community networks, collective work to support each other in difficult times, and mutual support, were communicated along with a desire for more. Examples of this voiced, but immeasurable community asset, included:

- Desire to contribute to Community Health Improvement Planning; sharing experiences, including traumatic experiences and ongoing issues
- Current and planned advocacy for better policies and systems
- Desire to support, inform, and work for better responses to mental and behavioral health crisis
- Serving food to neighbors; providing community meals
- Innovating solutions to transportation bottlenecks, like delivering prescriptions
- Desire to expand youth support so that more kids have access to positive social opportunities
- Actions to record and document acts of violence, especially racialized violence and hate crimes, so that the community can be safer for all
- Desire to serve on commissions, boards, or advisory panels to help people navigate housing and other benefits or programs
- Providing numerous ideas related to being part of a better community.

In participant words,

> "Those with marginalized identities do a lot of organizing and it is often on them to create what is lacking here because they have the most experience and resiliency. I am part of a mutual aid group because real care is happening in grass roots organizations. A network of care and peer support for people who don't have access. There is reciprocity."
>
> "We have a meal here and feed a few hundred people. We can't do it right now because the water is shut down. A lot of people show up, it's important. We want to get it going again." (Ridge Participant, sharing one of the many things impossible without clean water)
>
> "It would be great to have what we have, but for the boys. They need support too." (Youth Participant, sharing that she wished that boys in her community could have a support network, like the one she has through local programming)
>
> "We have a lot to offer because we have experienced these programs and navigated them successfully. We want to provide value to the community and to feel valued." (Participant with experience of housing instability or homelessness)

Content on this page represents information provided by participants unless otherwise noted.

"This is one memory that my Dad shared with us and can now be passed down from generation to generation. To keep it alive, it's important to keep our verbal traditions going, to teach lessons and a way of life. Before he was taken away to Indian Boarding School, he remembers sitting in the Roundhouse when he was about five years old. The Tribe was holding Ceremony in the Roundhouse and the center pole rose up off the ground. He said, 'You know... that was before they had cranes or equipment that could lift something that heavy. What do you think about that, makes you wonder?'" - Sarah Thomas

The reclamation of Culture, community, and Indigenous identity as dignified is central to healing, which is achieved within the Tribal Community through stabilizing Cultural practices.

I Remember
CHIRP's VTA 2024 Collection
Sarah Thomas (Nevada City Rancheria Nisenan Tribal Member)
Wooden Frame with Acrylic Paint

Recommendations from the Process

In addition to the suggestions made by individuals summarized above and detailed in Appendix C, several over-arching recommendations are presented for how the information included in this brief can be used in Community Health Improvement work and aligned to the values articulated by the Core Group and Steering Committee.

Listening to Understand

Move toward, rather than away from, the stories of racism and discrimination. Learning, listening, and sitting with experiences of residents is necessary to have any lasting or significant impact on population health. Changes or improvements to programs will have superficial impact toward the vision until there is movement in the experiences of people to feel safe, valued, and cared for within their community.

Engaging More Lived Expertise in Decision-Making

Provide more opportunities for people with lived expertise to talk directly with decision makers, medical providers, and program administrators. The richness of information of experiences cannot be fully expressed in a document like this; ongoing communication, through both formal and informal channels, is important. This is especially true for people experiencing racism and other forms of discrimination.

More Frequent and Effective Communication

Bring back information on the status of Community Health Improvement activities to all groups that participated in the form of a report and opportunity for conversation. The relational work (that has already begun through CHI work) will continue to result in progress.

Supporting Existing Initiatives and New Ideas

All suggestions heard are recorded here, including new programming activities and place-based ideas. Tracking and elevating ideas is a way to be respectful and responsive to the individuals who participated in the sessions. This does not mean that every recommendation will move forward, but that all are at least considered and acknowledged. Some of the recommendations in this document – like improvements to water infrastructure - will take significant investment and also have major positive impact on communities; others could be inexpensive or no cost and still influence the community health in important ways.

Amplifying Voices and Experiences

Connect decision makers with information from this assessment, particularly those who can influence the issues and problems named. Match together community identified solutions with opportunities for funding or other types of public and private support.

Appendix A. Community Status Assessment Brief

Appendix A comprises the entire Community Status Assessment Brief, finalized by Nevada County in March 2023.

Community Status Assessment Brief

2023-24 Community Health Improvement Project

Table of Contents

Introduction

In April 2023, the Nevada County Public Health Department (NCPHD) started the process to develop a Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP). The intention of engaging in the process to complete a CHA and CHIP is to:

- Identify key health needs and issues through comprehensive data collection and analysis; and
- Build off that assessment to develop long-term goals, strategies, and activities to address public health concerns in Nevada County.

The result will be a three-to-five-year plan that will serve as a road map for how Nevada County can increase healthy living and health equity. NCPHD has contracted with Social Entrepreneurs, Inc. (SEI) to facilitate this process.

> "Health equity is the state in which everyone has a fair and just opportunity to attain their highest level of health. Achieving this requires focused and ongoing societal efforts to address historical and contemporary injustices; overcome economic, social, and other obstacles to health and healthcare; and eliminate preventable health disparities."
>
> – Centers for Disease Control and Prevention

This process is led by the Community Health Improvement Core Group and Steering Committee.

## Purpose and Structure of the Community Status Assessment

The Community Status Assessment (CSA) is one of three assessments completed to support the development of the CHA. The CSA

> collects quantitative data on the status of [the] community such as demographics, health status, and health inequities. The CSA helps a community move "upstream" and identify inequities beyond health behaviors and outcomes, including their association with social determinants of health and systems of power, privilege, and oppression. The CSA is a community-driven assessment to help tell the community's story.[11]

This document summarizes the results of quantitative data collection that took place over an approximate six-month period. Data is presented under four themes as illustrated in Figure 1, with one section of this document dedicated to each theme. Data are summarized by theme in the Summary section. An equity lens was overlaid across each of these themes when possible; although, as is noted in the Methodology section, Nevada County's small population size and the availability of relevant data limited this approach.

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[11] "Community Status Assessment: Quantitative Assessment Tool for Mobilizing for Action through Planning and Partnerships (MAPP) 2.0." National Association of County and City Health Officials, December 2022, pg. 4.

Figure 1. Themes Explored in the Community Status Assessment
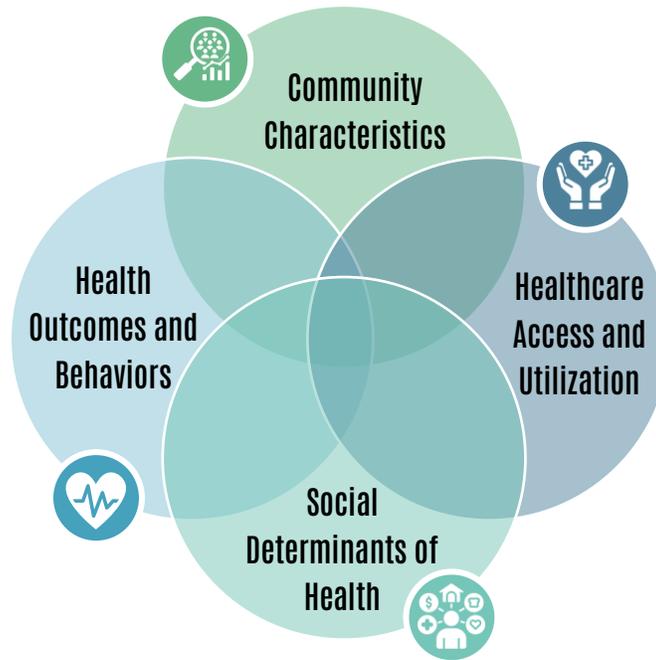
[Appendix A1](#) is used to compile results for all indicators that are referenced in the narrative but not presented in a figure. Indicators that are not in the narrative (or a figure), but are needed by NCPHD for accreditation or other purposes are also located in [Appendix A1](#).

Methodology

Data is provided in this report only for indicators that were considered relevant to an increased understanding of the current and future status of health and well-being in Nevada County. In some cases, relevant indicators are not included in this report because no recent data was available.

The following process was utilized to select the included indicators and develop this report:

1. Members of the Community Status Assessment Design Team (CSADT)[12] met in July to review the National Association of County and City Health Officials (NACCHO) *CSA Indicator Matrix*, which provided a list of indicators that could be explored to better understand health status, behaviors, and outcomes; social determinants of health; and systems of power, privilege, and oppression. The group utilized this, along with local knowledge, to develop general areas of inquiry to be explored through data collection.

2. A subset of the CSADT, primarily NCPHD staff with support from SEI, refined the list of indicators that would be included; this final refinement considered the availability of sources that included Nevada County specific data.

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[12] The CSADT was composed of a subset of members of the Community Health Improvement Steering Committee and Nevada County Public Health Department staff.

3. NCPHD staff with support from SEI utilized public sources as well as data provided by partner organizations to develop the narrative and graphics in this report.
4. A draft of the report was distributed to Nevada County staff for review and for the inclusion of contextual narrative.

While this report primarily summarizes quantitative data that can inform health behaviors, outcomes, and inequities, service provision and other local information is provided to contextualize the data presented. When possible, data is also displayed by region to support a better understanding of regional differences in outcomes and experiences across the County.

Exploring Experiences and Social Vulnerability by Geography

One way to assess and describe inequities in Nevada County is to map how key indicators vary according to where county residents live. Throughout this document, maps and graphics are offered to demonstrate aggregate differences in experiences, characteristics, and outcomes for different communities within the County.

The following should be considered when reviewing **narrative and graphics that disaggregate data by Eastern or Western County**. Eastern County refers specifically to the area containing and directly surrounding the Town of Truckee (census tracts 12.05, 12.07, 12.08, 12.09, 12.10, 12.11), while Western County refers to the other 20 census tracts within Nevada County. Note that census tract nine (the large tract that spans the entire north section of the County) was placed in Western County as the majority of its population is found on the west side of the tract within the North San Juan, North Bloomfield, and Washington areas (Figure 2).

Figure 2. Eastern and Western County By Census Tract

This report also includes six maps, color coded by census tract, that explore the presence of characteristics or circumstances that can impact residents' ability to achieve optimal health. These maps use the Social Vulnerability Index (SVI) to illustrate which areas in the County may be less able to access resources, or that may have fewer fair and just opportunities to be as healthy as possible. The SVI uses 16 factors, as well as an overall SVI score, to describe a community's social vulnerability (Figure 3). This report maps the variation by census tract for five of these factors (denoted by a "+" in Figure 3) and for the overall SVI score, which is found in the Summary section.

Figure 3. Sixteen Factors that Contribute to the Social Vulnerability Index

Overall Vulnerability		
1.	2. Socioeconomic Status	Below 150% Poverty$^+$
		Unemployed
		Housing Cost Burden$^+$
		No High School Diploma
		No Health Insurance$^+$
	3. Household Characteristics	Aged 65 & Older$^+$
		Aged 17 & Younger
		Civilian with a Disability
		Single-Parent Households
		English Language Proficiency
	Racial & Ethnic Minority Status$^+$	
	4. Housing Type & Transportation	Multi-Unit Structures
		Mobile Homes
		Crowding
		No Vehicle
		Group Quarters
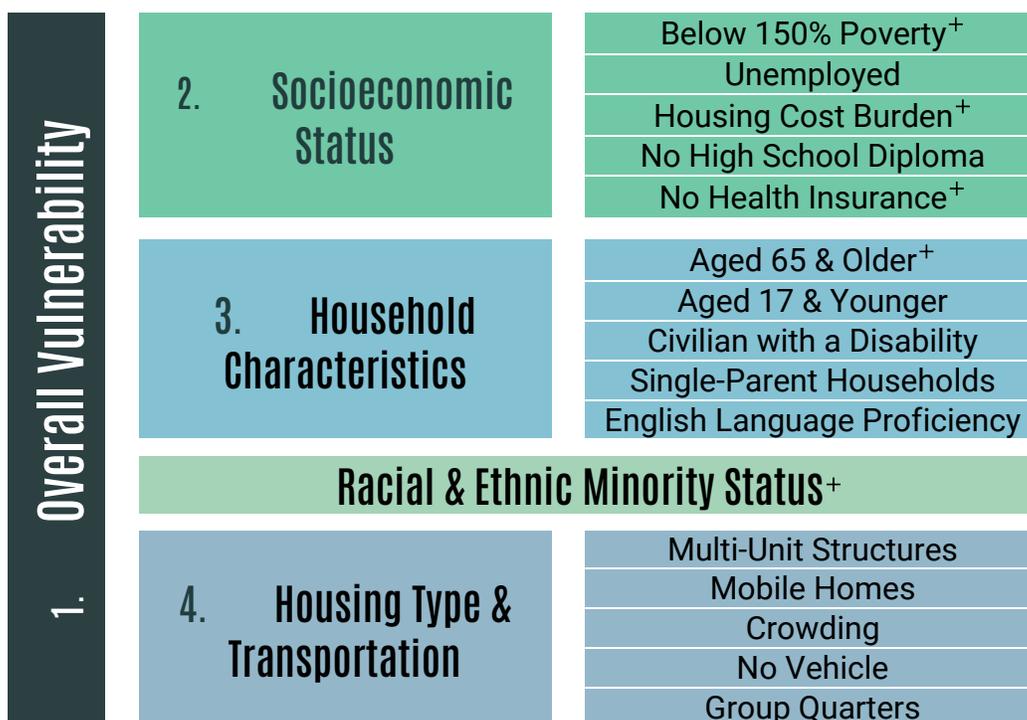
Source: Centers for Disease Control and Prevention, Social Vulnerability Index, 2020.

Limitations and Considerations

The data provided throughout this report should be considered with the following methodological and data limitations in mind:

- A wide variety of data sources were utilized to paint as broad a picture as possible as to the status of health in Nevada County. This choice may make it difficult to compare certain indicators due to differing definitions and/or timeframes.

- Except where explicitly stated, data has been aggregated for the whole of the County and not broken out by region. The data presented in this report is not intended or able to capture the significant variation of experiences and outcomes both within and across Nevada County communities.

- To improve readability, confidence intervals are not included in this report. However, most of the data presented are estimates that have been developed using a variety of sampling, statistical, or other approaches.
  - Specifically, limitations of Census 2020 data should be considered. The Census has historically undercounted some population groups while overcounting others; in March 2022 the U.S. Census Bureau issued a press release noting significant overcounting or undercounting of individuals within specific race or ethnicity categories, age groups, and housing tenure.[13] Information is not available for how overcounting or undercounting may specifically impact Nevada County data, but is offered as an example of how large-scale public data collection efforts may fail to accurately represent the demographics, behaviors, or outcomes for certain communities.

- For the most part, any data for which the statistics are known to be unstable are not included in this report. When unstable data is used, such results are noted via the following symbol and qualification: [ǀ] *Data unstable; interpret with caution*.
  - Incidence and mortality rates are often marked as being unstable if they are based on fewer than 20 cases or deaths. When the rates are based on only a few cases or deaths, it is impossible to distinguish random fluctuation from true changes in the underlying risk of disease or injury. This is an issue for communities like Nevada County with relatively small populations; however, providing relevant, data-driven descriptions of small populations is indispensable to the mitigation of health disparities.

- Terminology within this document for the most part aligns with that used in the original data source. This may result in different terms, such as "Hispanic," "Latino," and "Hispanic/Latino," being used interchangeably throughout the document.

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[13] "Census Bureau Releases Estimates of Undercount and Overcount in the 2020 Census" U.S. Census Press Release Number CB22-CN.02, issued March 10, 2022 at https://www.census.gov/newsroom/press-releases/2022/2020-census-estimates-of-undercount-and-overcount.html.

Community Characteristics

Total Population

In 2022, Nevada County had roughly 102,000 residents (Figure 4). The population increased slightly (2.8%) from 2018 to 2022 (in particular, during the peak pandemic years), while the state's population decreased slightly (1.1%) (Figure 4). Residents living in incorporated areas of the county comprise 33% of the population with 17% of the county's population living in Truckee, 13% in Grass Valley, and 3% in Nevada City; the other 67% of the population reside in unincorporated areas of Nevada County.[14]

Figure 4. Population Trends
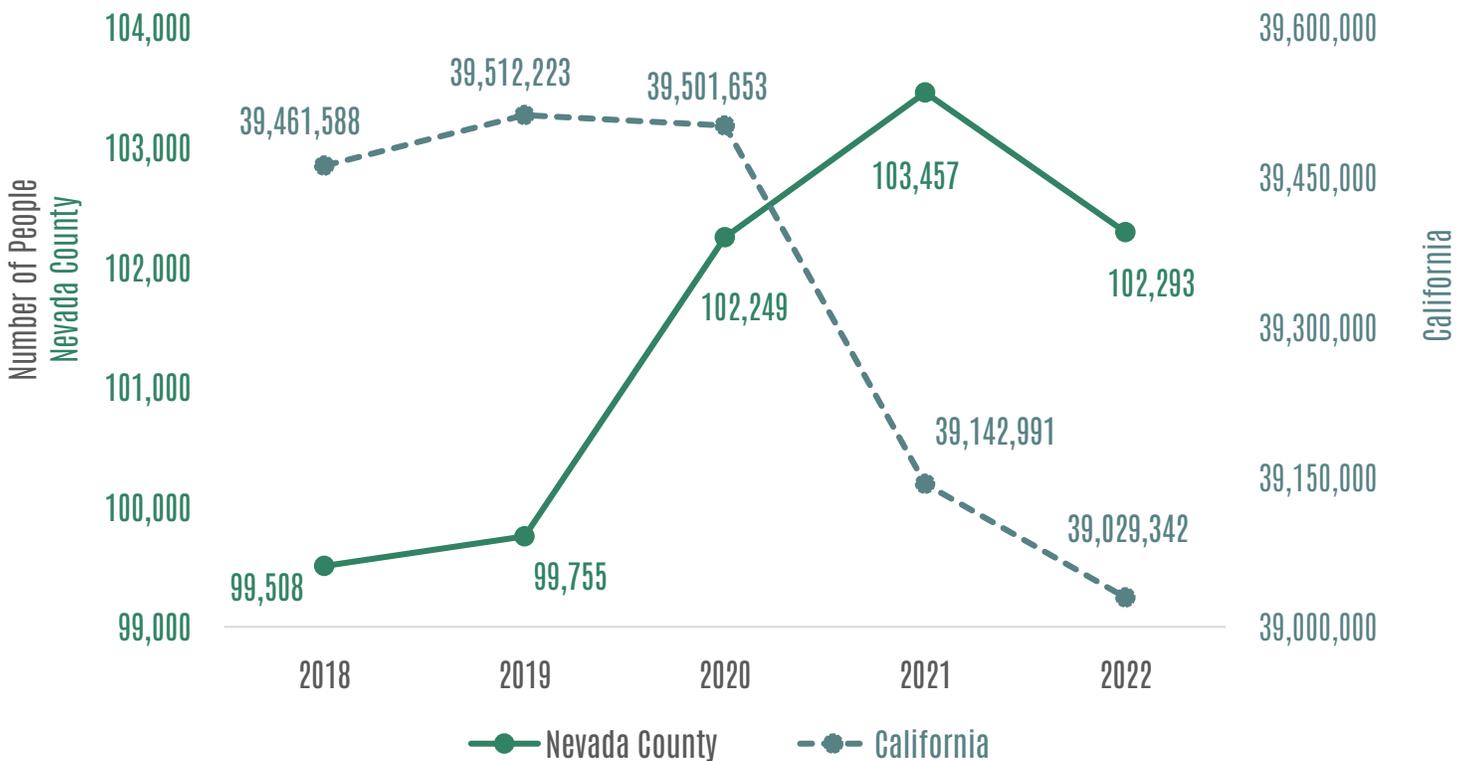
Source: U.S Census Bureau, Population Estimates, Datasets: 2010-2019 and 2020-2022.

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[14] State of California, Department of Finance, "E-5 Population and Housing Estimates for Cities, Counties and the State — January 1, 2021-2023," Table 2: E-5 City/County Population and Housing Estimates, 1/1/2022.

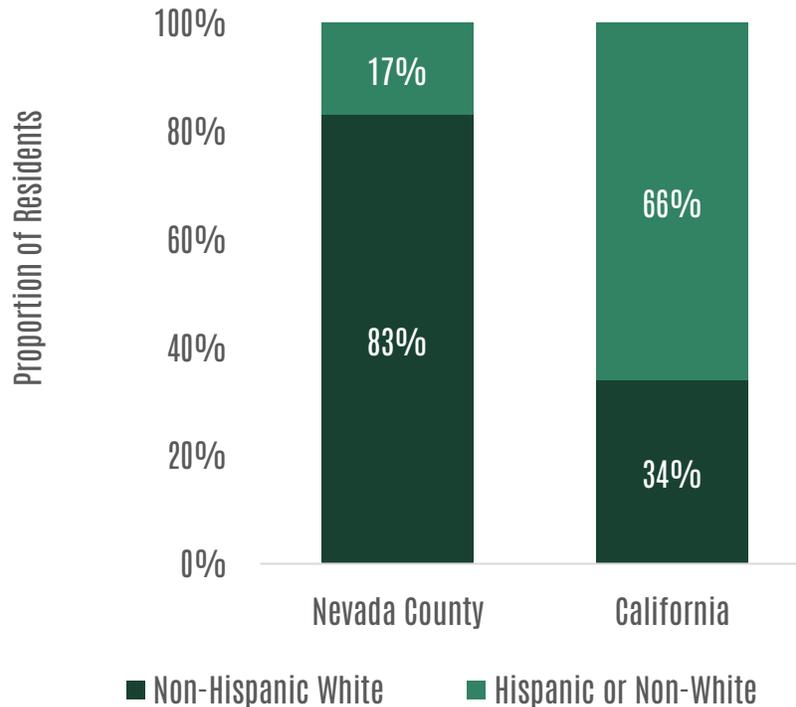# Race/Ethnicity, Language Spoken, and Age

Compared to California overall, Nevada County has a notably higher proportion of individuals who are non-Hispanic White individuals (Figure 5).

Figure 5. Population Distribution by Race/Ethnicity

Source: U.S. Census Bureau, American Community Survey 5-Year Estimates, "Age and Sex" and "ACS Demographic and Housing Estimates," 2022.

Of those residents who are not White, 59% identify as Hispanic and 27% identify as two or more races (Figure 6 on the following page). Between 2018 and 2022, the population of non-Hispanic White individuals remained relatively constant (increasing by 0.63%) and the population of Hispanic individuals increased by 10%.[15]

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[15] U.S. Census Bureau, American Community Survey 5-Year Estimates, "ACS Demographic and Housing Estimates," 2018-2022.

Figure 6. Race and Ethnicity

American Indian or Alaskan Native (n=317); 0.31%

Two or More Races (n=4.640); 4.53%

Other Race (n=217); 0.21%

Hispanic (any race) (n=10,202); 9.98%

Asian (n=1,423); 1.39%

Black/African American (n=376), 0.37%

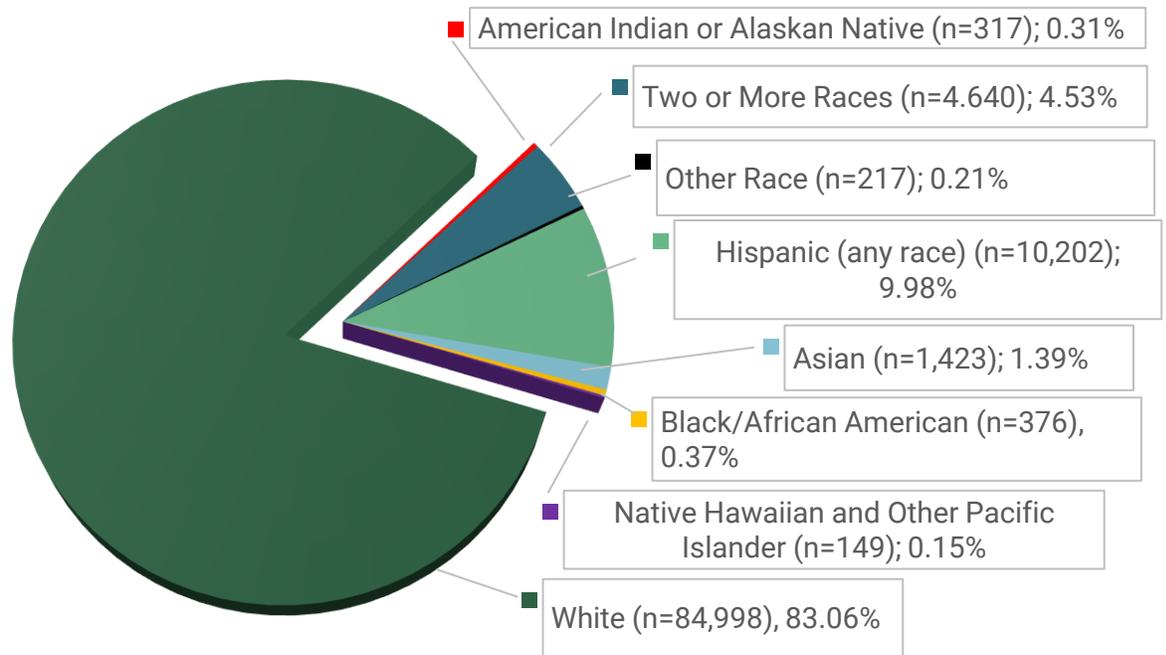Native Hawaiian and Other Pacific Islander (n=149); 0.15%

White (n=84,998), 83.06%

Source: U.S. Census Bureau, American Community Survey 5-Year Estimates, "Nevada County: ACS Demographic and Housing Estimates," 2022. "Two or More Races" refers to combinations of two or more of the following race categories: White, Black or African American, American Indian or Alaska Native, Asian, Native Hawaiian or Other Pacific Islander, or Some Other Race.

Relative to the state of California as a whole, fewer adults within Nevada County speak a language other than English at home (Figure 7). Unsuppressed data is only available for the number of Nevada County residents over the age of 18 who are U.S. citizens who speak English, Spanish, or "Other Languages"; no additional information is available on what comprises "Other Languages". Between 2018 and 2022, the number of residents who spoke only English at home increased by 3.4% while the number who spoke Spanish at home increased by 5.7%. For this same age group, California overall saw a 1.1% increase in those who spoke only English at home and a 9.5% increase in people who spoke Spanish at home.[16]

Figure 7. Language Spoken at Home
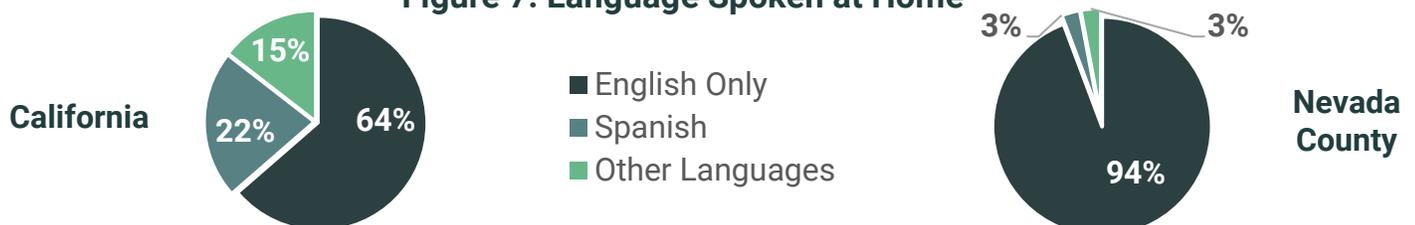
California

15%
22%
64%

■ English Only
■ Spanish
■ Other Languages

Nevada County

3%   3%

94%

Source: U.S. Census Bureau, American Community Survey 5-Year Estimates, "Language Spoken at Home," 2018-2022.

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[16] U.S. Census Bureau, American Community Survey 5-Year Estimates, "Language Spoken At Home," 2018 and 2022.

Compared to California overall, Nevada County has a notably higher proportion of individuals who are at least 65 years old, specifically in Western Nevada County (Figure 8). In 2020, residents aged 65 and older represented 13% of the Eastern Nevada County population and 29% of the Western Nevada County population.

Figure 8. Proportion of Residents in Eastern/Western Nevada County by Age
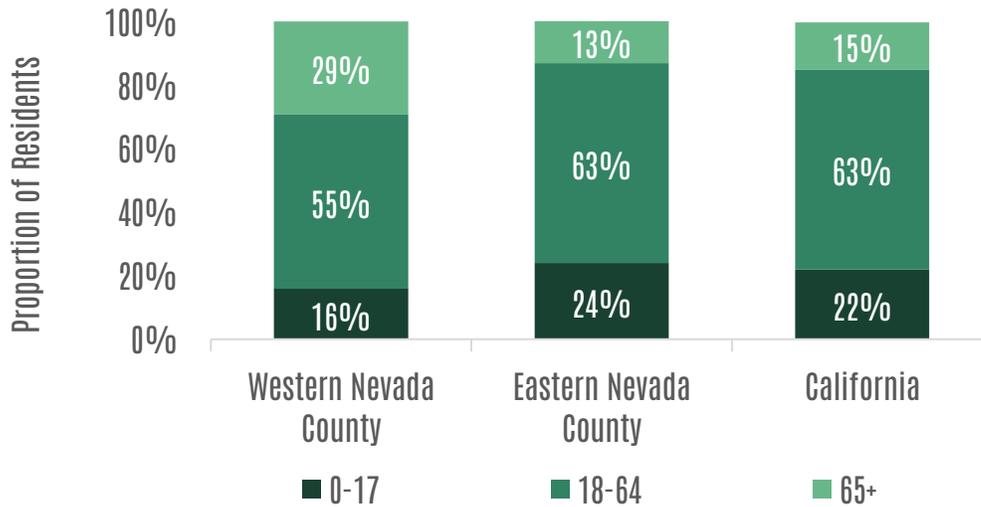
Source: UCLA Center for Health Policy Research, California Health Interview Survey (CHIS), "Socio-Demographics: Age (65+)," 2020.

In both the County and state overall, the number of older residents increased from 2018 to 2022 (Figure 9). The county and state did not experience the same continuous growth for youth (i.e., individuals under 18 years of age) as demonstrated in Figure 10.

Figure 9. Population Trends for People At Least 65 Years of Age
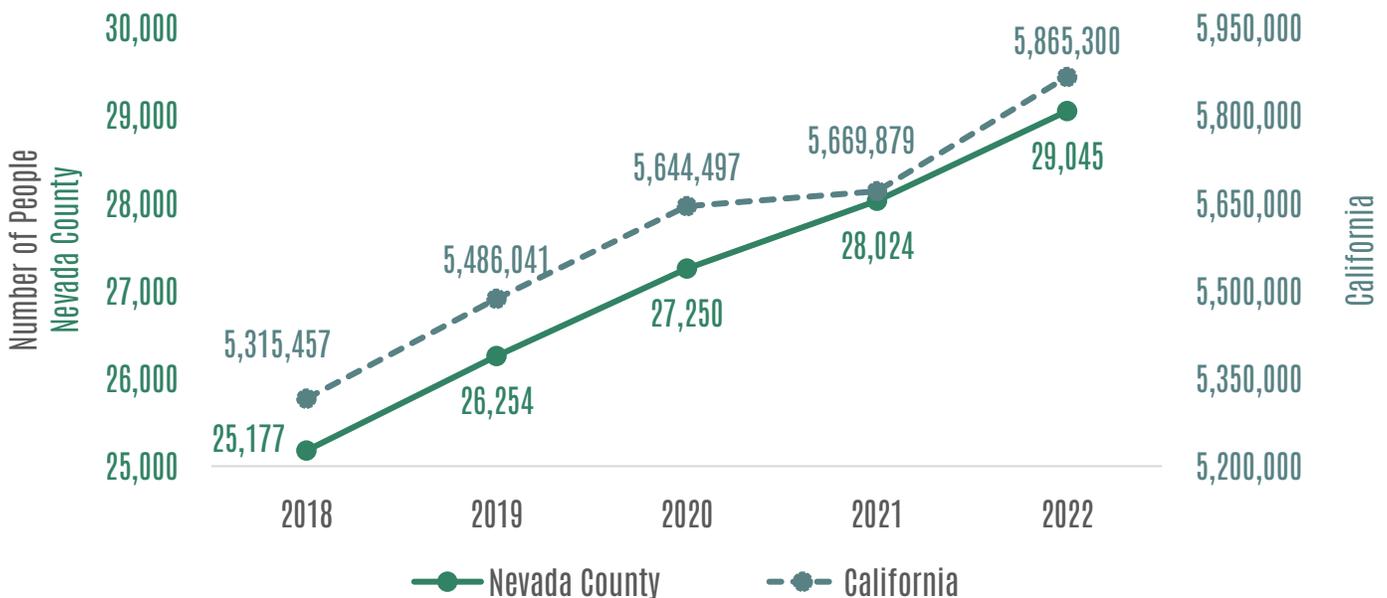
Figure 10. Population Trends for People Less Than 18 Years of Age
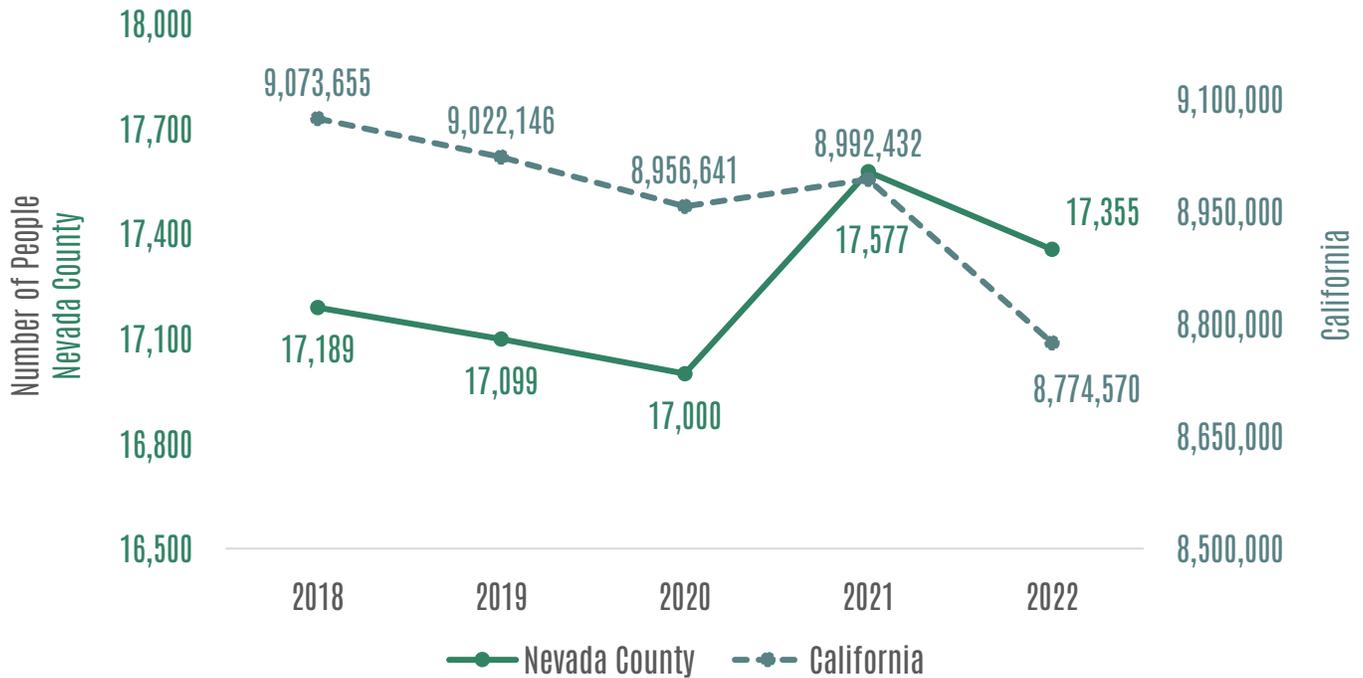
Source for Figures 9 and 10: U.S. Census Bureau, American Community Survey 5-Year Estimates, "Age and Sex," 2018-2022.

The proportion of both older residents and Hispanic or non-White residents varies substantially across Nevada County (Figures 11 and 12). These two indicators are inversely and moderately correlated, with a correlation coefficient of -0.18; this indicates that census tracts with a higher proportion of Hispanic or non-White residents tend to have a lower proportion of older residents.

Figure 11. Variation in the Proportion of People Who Are 65+ Years Old by Census Tract

Percentage of residents aged 65 years of age or older.

☐ Census Tracts (n=6) w/ Lowest Level of 65+ (12.4 − 17.1%)
☐ 17.1 − 26.3 (n=5)
☐ 26.3 − 28.1 (n=5)
☐ 28.1 − 31.0 (n=5)
■ Census Tracts (n=5) w/ Highest Level of 65+ (31 − 42.5%)

Source: Centers for Disease Control and Prevention, Social Vulnerability Index, 2020.
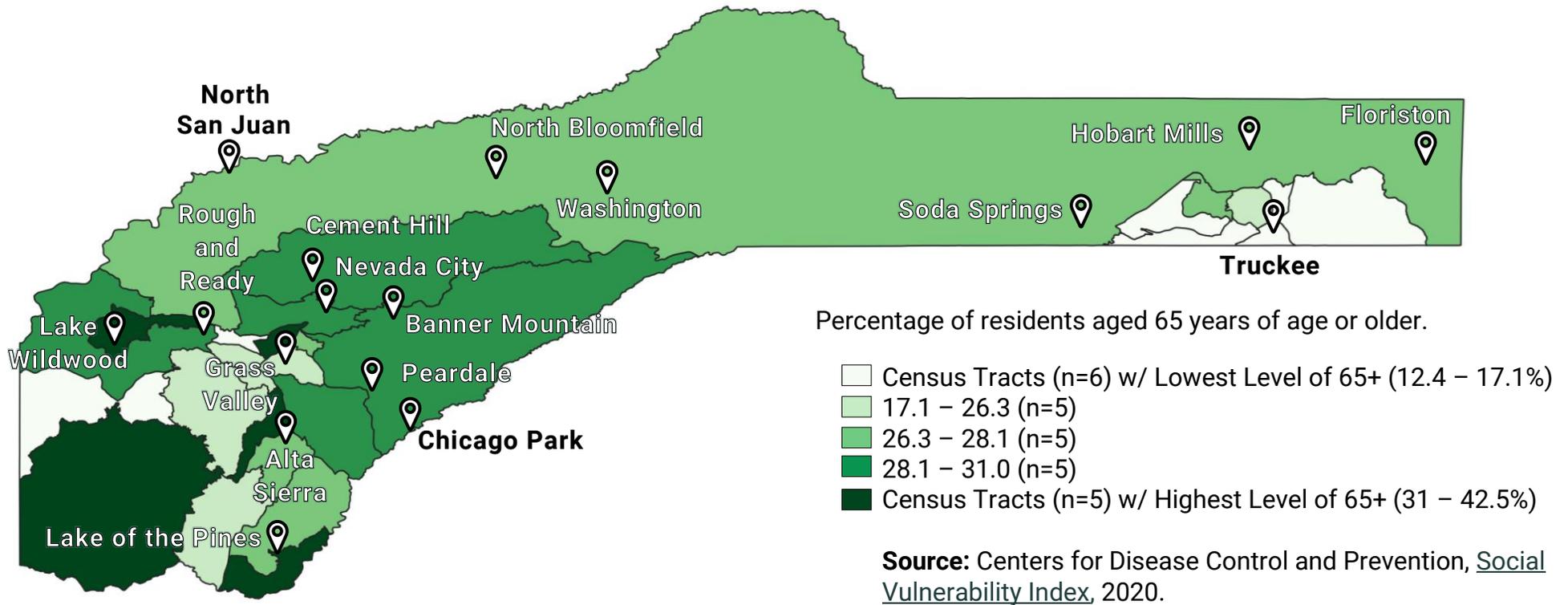
Figure 12. Variation in the Proportion of Hispanic or Non-White People by Census Tract

Percentage of residents who identify as Hispanic or Latino of any race, as non-White, or as more than one race

☐ Census Tracts (n=6) w/ Lowest Level of Racial/Ethnic Minority Status (4.7 − 7.9%)
☐ 7.9 − 11.3 (n=5)
☐ 11.3 − 13.3 (n=5)
☐ 13.3 -18.0 (n=5)
☐ Census Tracts (n=5) w/ Highest Level of Racial/Ethnic Minority Status (18 − 36.4%)
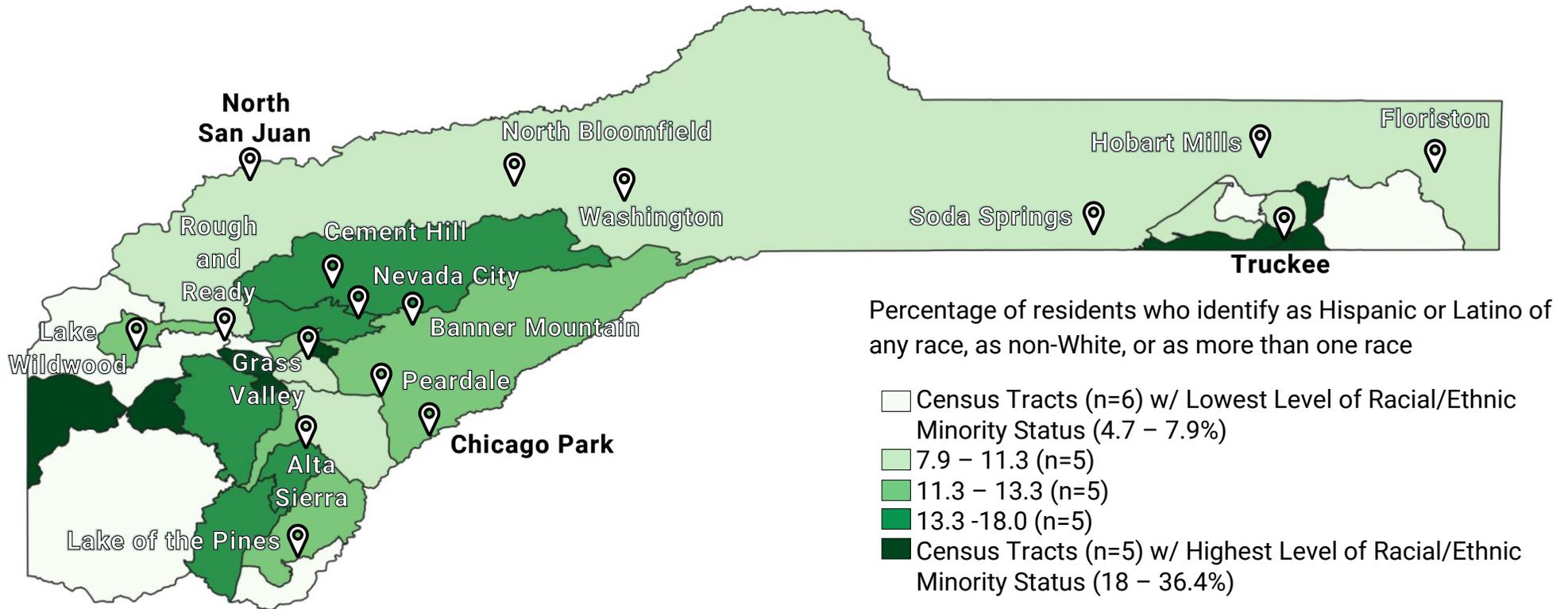
Source: Centers for Disease Control and Prevention, Social Vulnerability Index, 2020.

Health Outcomes and Behaviors

Life Expectancy

Between 2020 and 2022, the life expectancy of Nevada County residents was on par with California residents as a whole: 80.7 versus 80.3 years, respectively (Figure 13). In both the County and the state, life expectancy of males was estimated to be between five and six years less than females.

Life expectancy varies substantially according to where Nevada County residents live. During the period from 2010-2015, residents in the census tract with the highest life expectancy lived 9.2 years longer than those in the census tract with the lowest life expectancy.[17]

Figure 13. Variation in Life Expectancy
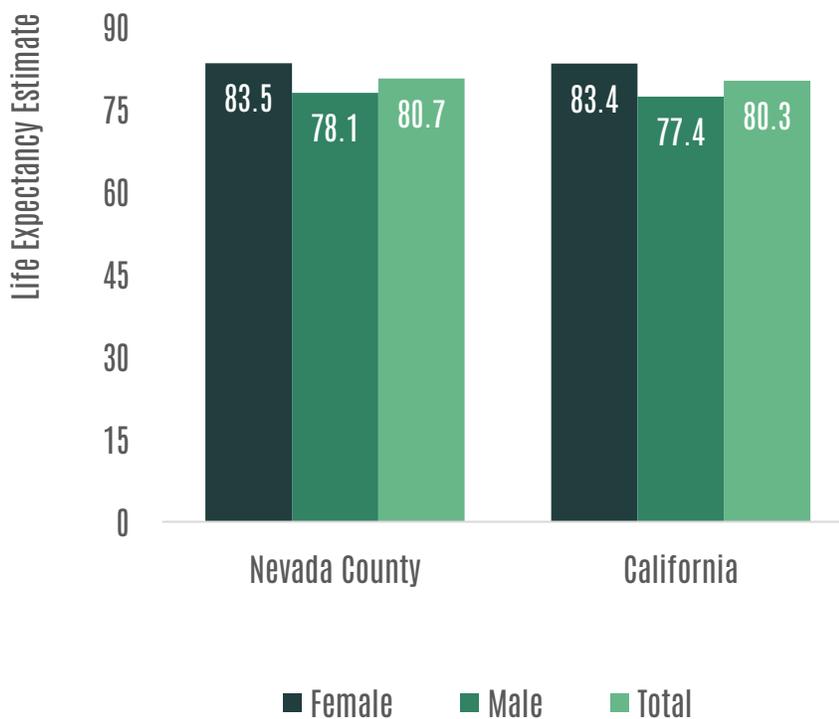
Source: California Department of Public Health, Nevada County and California Life Expectancy 3-Year by Sex, 2020-2022.

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[17] CDC, National Center for Health Statistics, "Life Expectancy at Birth for U.S. States and Census Tracts, 2010-2015."

Mortality Rates

Across common causes of death, county- and statewide mortality rates are notably different (Figure 14). For example, Nevada County residents are less likely to die of coronary heart disease compared to Californians as a whole.[18] On the other hand, Nevada County residents have much higher rates of death from motor vehicles accidents and suicides than Californians on average.

Figure 14. Age-Adjusted Annual Mortality Causes per 100,000 People

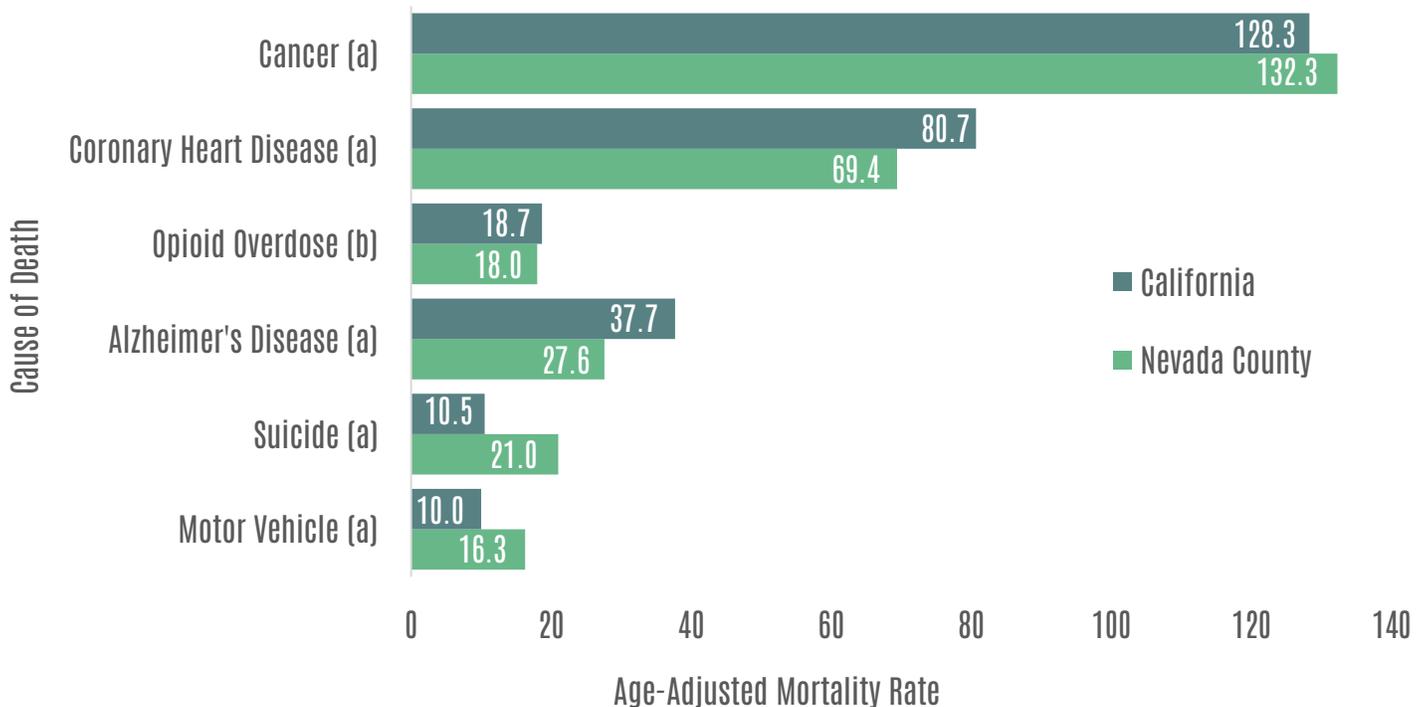**Source:** (a) California Department of Public Health (CHPH), County Health Status Profiles 2022: Tables 1-29, 2018-2020; (b) CDPH – Substance and Addiction Prevention Branch (SAPB), California Overdose Surveillance Dashboard, 2022.

The age-adjusted all-cause mortality rate varied by race and ethnicity with the highest rate found among Black individuals and the lowest among Asian individuals in both Nevada County and California overall (Figure 15). The rate among Black individuals in Nevada County was 1.5 times higher than the rate among White individuals, and 2.3 times higher than Asian individuals. The rate among White individuals is 1.3 times higher than the rate among Latino individuals. In general, all-cause mortality was higher in California as a whole than in Nevada County across races and

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[18] While Nevada County residents have higher rates of death due to coronary heart disease, a higher percentage of Nevada County residents have ever been diagnosed with heart disease compared to California averages; more information and rates are available at UCLA Center for Health Policy Research, California Health Interview Survey (CHIS), AskCHIS, "Heart Disease," 2022.

ethnicities. This was particularly pronounced among Latino individuals where the mortality rate in the state overall was 1.4 times higher than in Nevada County.

Figure 15. Mortality Rate by Race/Ethnicity
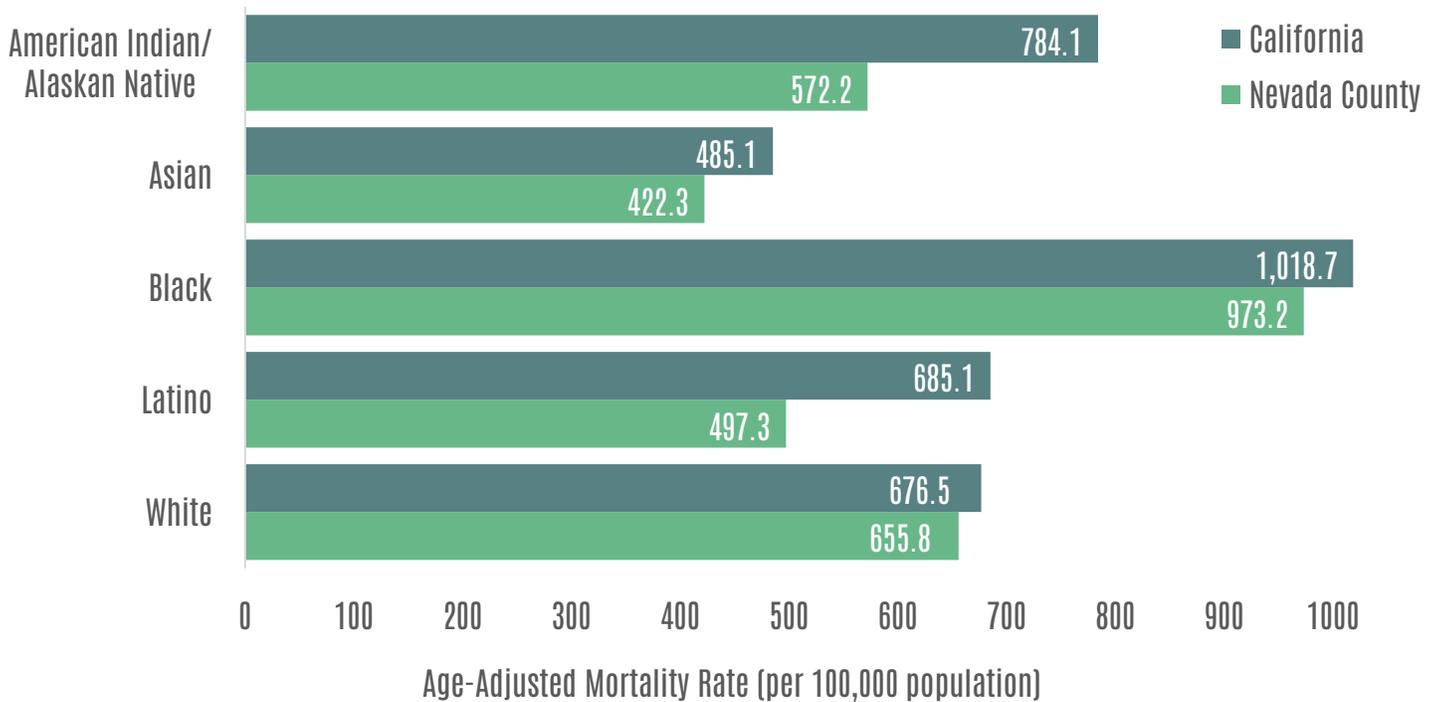
Source: Nevada County Public Health Department, *2022 Nevada County Community Health Assessment Addendum,* March 2023, p. 8.

COVID-19

In Nevada County, as in most places in the world, COVID-19 significantly impacted morbidity and mortality. As of October 7, 2023, 153 county residents had died of COVID-19,[19] and the decrease in life expectancy from 2019 to 2020 (1.1 years) was due primarily to the pandemic.[20] In 2021, COVID-19 ranked second as the cause of years of life lost, resulting in nearly 6 years of life lost for every 1,000 county residents.[21]

As of November 17, 2023, 14.1% of people in Nevada County were completely up to date with COVID

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[19] California Department of Public Health, California COVID-19 State Dashboard. Accessed Oct. 7, 2023.

[20] Nevada County Public Health Department, *2022 Nevada County Community Health Assessment Addendum,* March 2023, p.3.

[21] Ibid.

vaccinations compared to 12% of those statewide.[22] Vaccination rates varied substantially by race and ethnicity in both the county and the state as a whole. Notably, the proportion of Hispanic residents who are completely up to date with COVID vaccinations is half that of non-Hispanic White residents (12.0% vs 24.6%) (Figure 16).

Figure 16. Variations in COVID-19 Vaccination Rates

Percentage with Up-to-Date Vaccinations
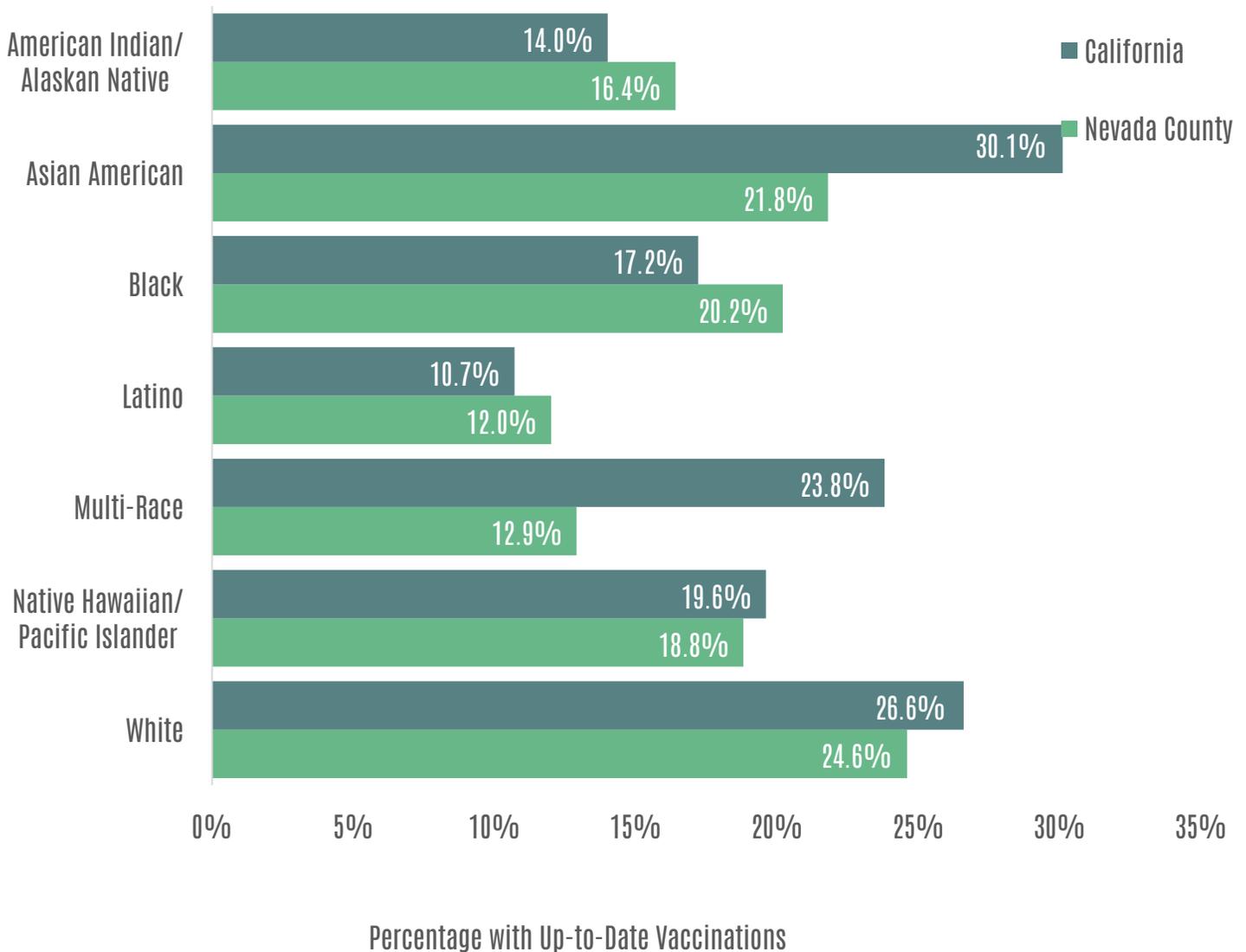
Source: California Department of Public Health (CDPH), Division of Communicable Disease Control, COVID-19 Vaccination Data: CDPH Vaccine Progress Dashboard, removed and replaced with *CDPH COVID-19 Vaccination Data* as of January 2024. Accessed December 2023.

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[22] California Department of Public Health, California ALL, Vaccination Data, Updated November 17, 2023, Retrieved on January 9, 2024.

Behavioral Health

Mental Health

Nevada County's rate of suicide has been approximately double that of California's overall rate for all years for which data is available (Figure 17).

Figure 17. Rate of Suicide Trends [3-yr Rolling Average]
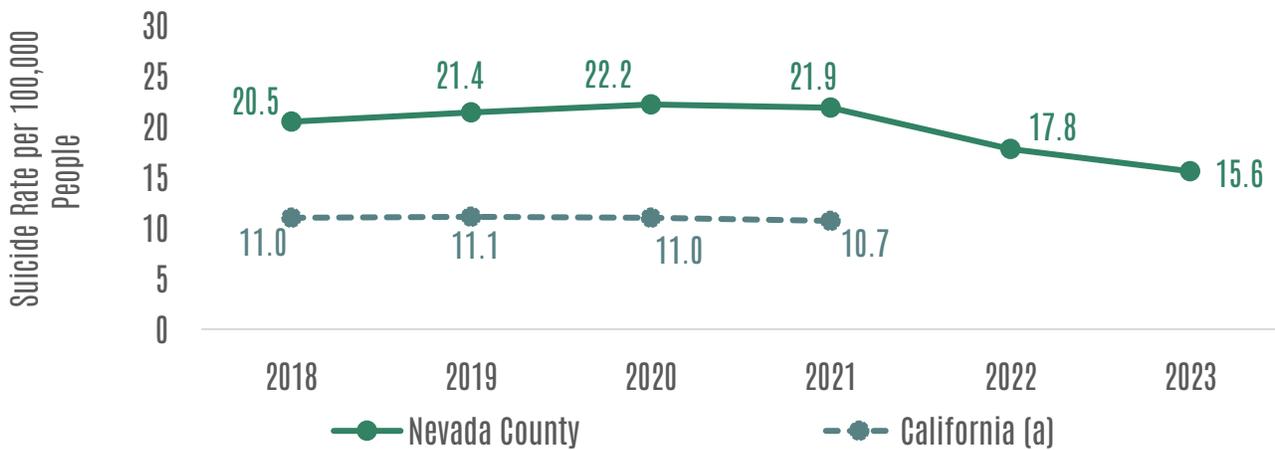
Source: (a) Nevada County Public Health, Office of Vital Statistics, 2016-2023; (b) CDPH, Office of Suicide Prevention, Suicide and Self-Harm Emergency Department Visit Trends in California, 2021. [1] Data for Nevada County is unstable; interpret with caution.

Nevada County has consistently had a suicide rate higher than the state average. While it is impossible to identify a specific cause for the higher suicide rate, it is likely a combination of the county's demographics, which tend to have higher representation among groups with higher suicide rates (i.e., higher percentages of white residents, veterans, firearm owners, etc.) as well as issues common to rural communities, such as challenges accessing services. Great strides have been made recently in the range of mental health services, particularly those focused on suicide, including the creation of the mobile crisis unit and the Crisis Stabilization Unit, a four-bed mental health urgent care. As a result of these changes and other potential factors, the suicide rate has decreased significantly in the last three years, according to preliminary data. As summarized in the recent Community Mental Health Needs Assessment conducted by Nevada County Behavioral Health:

> The impact of the COVID 19 pandemic on mental health [across the nation] has been significant. Long term social isolation, grief, loss and fear have resulted in worsening mental health conditions. Depression and anxiety have increased by 25% and individuals with preexisting mental health conditions report worsening of symptoms. All of the above issues have been particularly exacerbated among youth.[23]

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[23] Nevada County Behavioral Health, *Nevada County Community Mental Health Needs Assessment FY2023-2026*, p. 2.

As seen in Figure 18, many indicators align with the elevated suicide rate, detailing how Nevada County residents struggle more with mental health issues than Californians as a whole.

Figure 18. Percentage of People Experiencing or at Risk of Mental Health Issues

Youth Aged 16-19 Who Were Neither Working nor in School (a)
- California: 6.4%
- Nevada County: 10.9%

Adults Whose Mental Health Has Been Affected by Extreme Weather-Related Events (b)
- California: 8.1%
- Nevada County: 26.7%

Adults Who Took a Prescription Medicine for Emotional Issues in the Past Year (c)
- California: 12.9%
- Nevada County: 20.8%

Adults Reporting 14 Days of Poor Mental Health During the Last 30 Days (a)
- California: 11.3%
- Nevada County: 13.1%

Percentage of People

Source: (a) Nevada County Behavioral Health, *Nevada County Community Mental Health Needs Assessment FY2023-2026*, 2022, p. 4; (b) UCLA Center for Health Policy Research, California Health Interview Survey (CHIS), "Climate Change," 2022; (c) UCLA Center for Health Policy Research, CHIS, "Mental and Emotional Health: Access and Utilization," 2022.

Additional data on the number of individuals that received services include: [24]

79.5% of individuals who visited the emergency department for mental health needs were provided follow-up services by Nevada County Behavioral Health (NCBH) in 2022, which was the second highest rate in California and 15.5% higher than the state median of 64%.

2,578 unique individuals were provided mental health, substance use, and crisis services from NCBH in FY 22/23.

[24] Department of Health Care Services (DHCS), BH Quality Rate Medi-Cal Data, 2022.

Among Nevada County youth, rates of self-reported chronic sadness or hopelessness have increased between 2017 and 2021 across grades 7, 9, and 11 (Figure 19).

Figure 19. Youth Rates of Self-Reported Chronic Sadness or Hopelessness
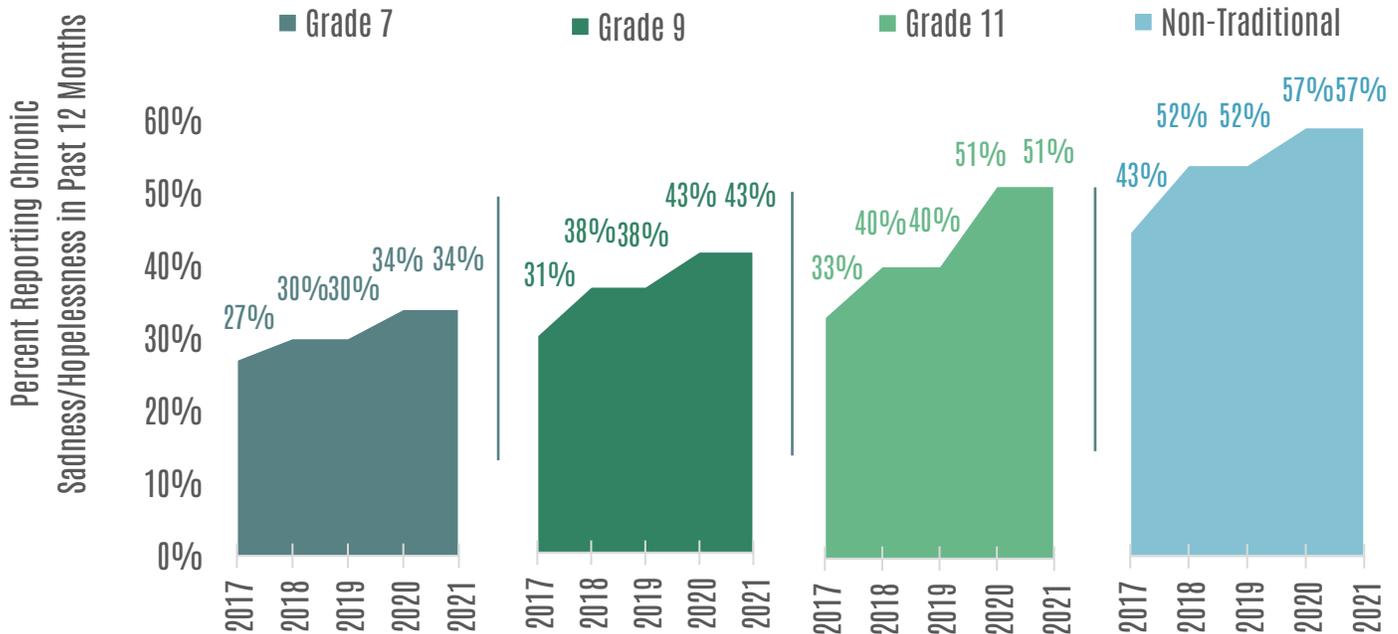
Source: California Department of Education, California School Climate, Health, and Learning Surveys, Nevada County: Social and Emotional Health, "Chronic sadness/hopelessness", 2015-2021.

Substance Use

Between 2019 and 2021, residents of Nevada County were dying at a disproportionately higher rate of opioid-related overdoses compared to Californians as a whole. Fatal overdoses and opioid-related Emergency Department (ED) visits trended upward throughout this time period in both the County and the state (Figures 20 and 21). Nevada County's death rate began to dramatically exceed California's in 2020 when fentanyl entered the County drug supply. In 2019, there were no accidental overdose deaths involving fentanyl, but from 2020-2023, over half of all accidental overdose deaths have involved fentanyl (Figure 22). However, unlike California overall where both fatal overdose and opioid-related ED visit rates continued to increase through 2022, Nevada County saw a 44% decrease in fatal overdose rates between 2021 and 2022, and a 39% decrease in opioid-related ED visits.

These promising decreases may be attributed to distribution of over 2,892 Naloxone kits from October 2022 – October 2023 through Know Overdose Nevada County.[25] This is a local campaign designed to increase knowledge and awareness about drug overdose risks and harm reduction strategies, including distribution of naloxone and overdose prevention best practices.

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[25] Nevada County Public Health Department, 2023.

Figure 20. Age-Adjusted Fatal Opioid-Related Overdoses per 100,000 People Per Year
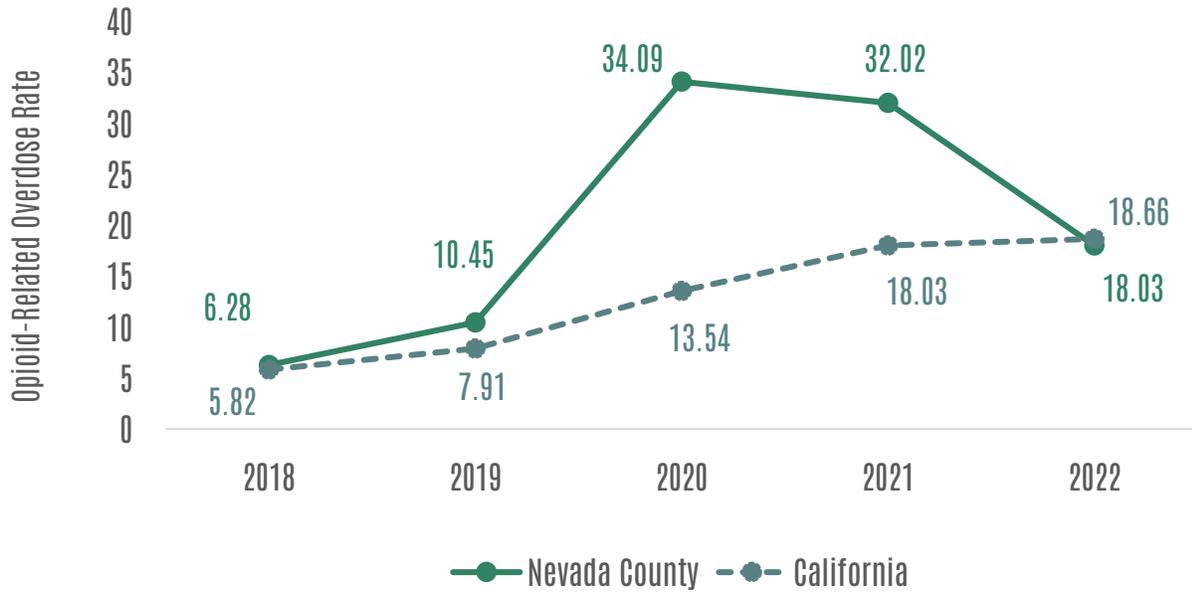
Source: California Department of Public Health, <u>California Overdose Surveillance Dashboard</u>, 2018-2022. ¹Nevada County data unstable; interpret with caution.

Figure 21. Age-Adjusted Opioid-Related Overdose ED Visits per 100,000 People Per Year
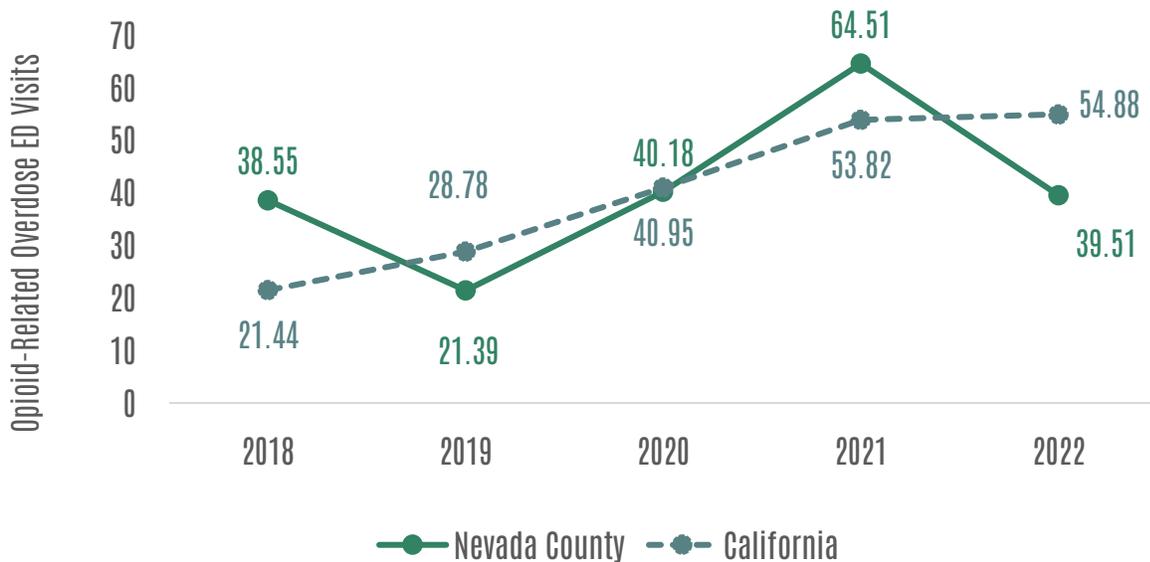
Source: California Department of Public Health, <u>California Overdose Surveillance Dashboard</u>, 2017-2021.

Figure 22. Nevada County Accidental Overdose Deaths
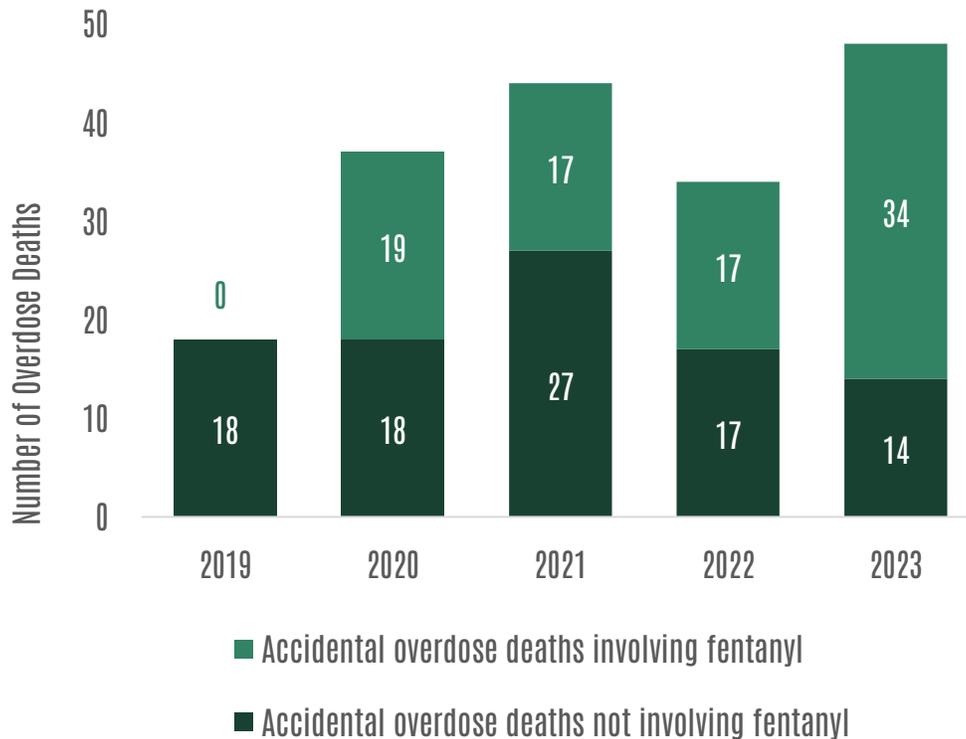
Source: Nevada County Public Health Department, Office of Vital Statistics. 2023.

Accidental overdose data collected by the Public Health Department may differ from data certified by the California Department of Public Health. The reasons for this include delay in state certification. Further, the Nevada County Public Health Department includes the count of Nevada County residents who died outside of the County and out-of-county residents who died within Nevada County; those deaths are not reflected in California Overdose Surveillance Dashboard data.

Nevada County adults are less likely to binge drink or use tobacco than California adults on average (Figure 23). However, half of high school staff in the County report alcohol and drug use to be a moderate or severe problem for their students, and just over two-thirds report student depression and mental health to be a moderate or severe problem.[26] Among Nevada County youth, 23% of surveyed students (including 7th, 9th, 11th, and non-traditional institution enrolled students) indicated they had ever tried a vape product.[27]

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[26] California Department of Education, California School Climate, Health, and Learning Surveys (CalSCHLS): Public Dashboards, Nevada County Staff, "Substance Use and Mental Health: Alcohol and Drug Use," 2017-2019.

[27] California Department of Education & WestEd, *California Healthy Kids Survey: Nevada County Secondary 2021-2022 Main Report,* 2022, p. 51.

Figure 23. Substance Use [!]

Type of Substance Use

■ California
■ Nevada County

Adult Smoking/Tobacco Use (b): California 6%, Nevada County 3%

Adult Binge Drinking (a): California 19%, Nevada County 12%

0%   5%   10%   15%   20%

Percentage of People Who Report Engaging in Behavior
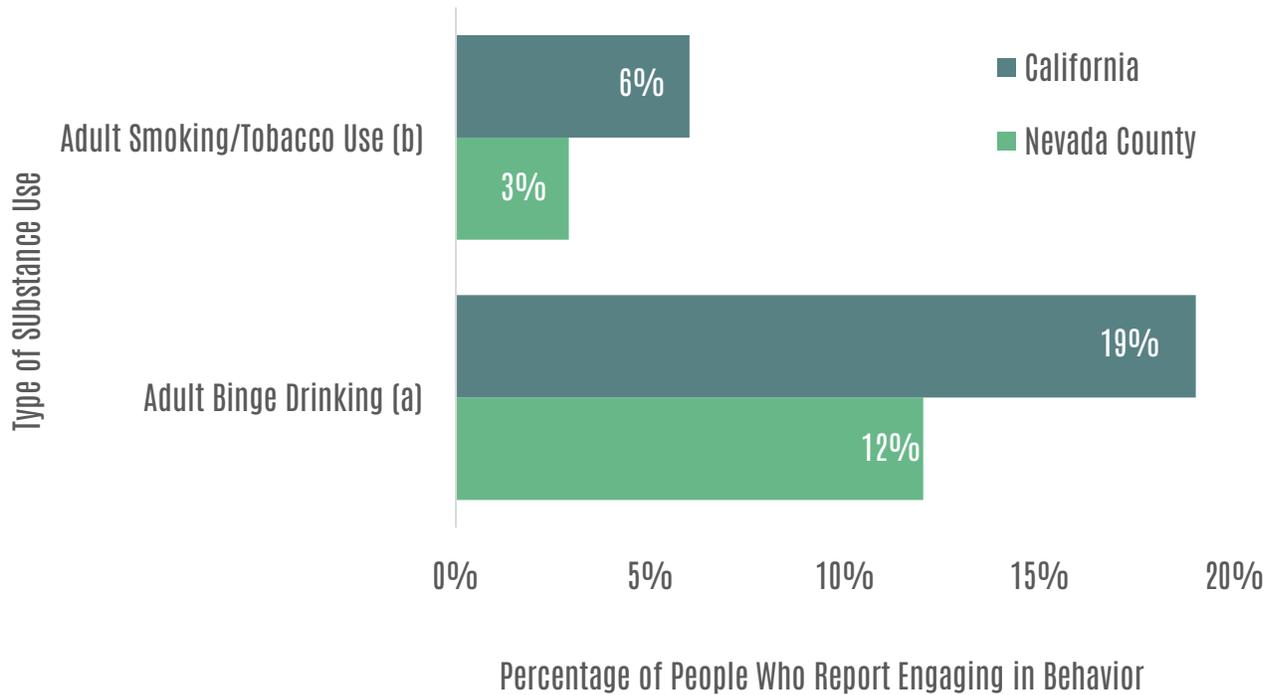
Source: (a)(b) UCLA Center for Health Policy Research, The California Health Interview Survey (CHIS), AskCHIS, Health Behaviors: Tobacco (Smoking) and Alcohol Use, 2022. [!] Nevada County data for 'Adult Smoking/Tobacco Use' are unstable; interpret with caution.

- Adult Smoking/Tobacco Use**:** Percentage who report smoking 100+ cigarettes during lifetime and currently smoke some days.
- Adult Binge Drinking**:** Percentage who report 4+ drinks (women) or 5+ drinks (men) on an occasion during past month.

Oral Health

Due to Nevada County's small size, information on the oral health of residents is limited to data on behaviors rather than outcomes. Utilization of dental care by adults is presented in Figure 31 on page 34, illustrating that approximately half of Nevada County residents had not visited the dentist in the prior six months, according to a UCLA administered survey. Similar data is not available from the same source for individuals under 18 due to small sample sizes and data suppression. However, data available via an NCPHD administered survey illustrated that approximately 52% of Kindergarteners have Medi-Cal coverage, yet there are only three Medi-Cal providers (all FQHCs) located in Western Nevada County and none in Eastern Nevada County.[28]

The same survey data is presented in Figure 24 and summarizes the dental habits of responding families. In the 2023-2024 school year, 357 TK-2nd graders received oral health screenings provided by Nevada County Public Health's Oral Health program; of those students, 34% of the screenings were of concern and warranted a recommendation to visit a dentist, and 12% of students were identified as needing urgent care.

Figure 24. Oral Health Habits Among Kindergarteners
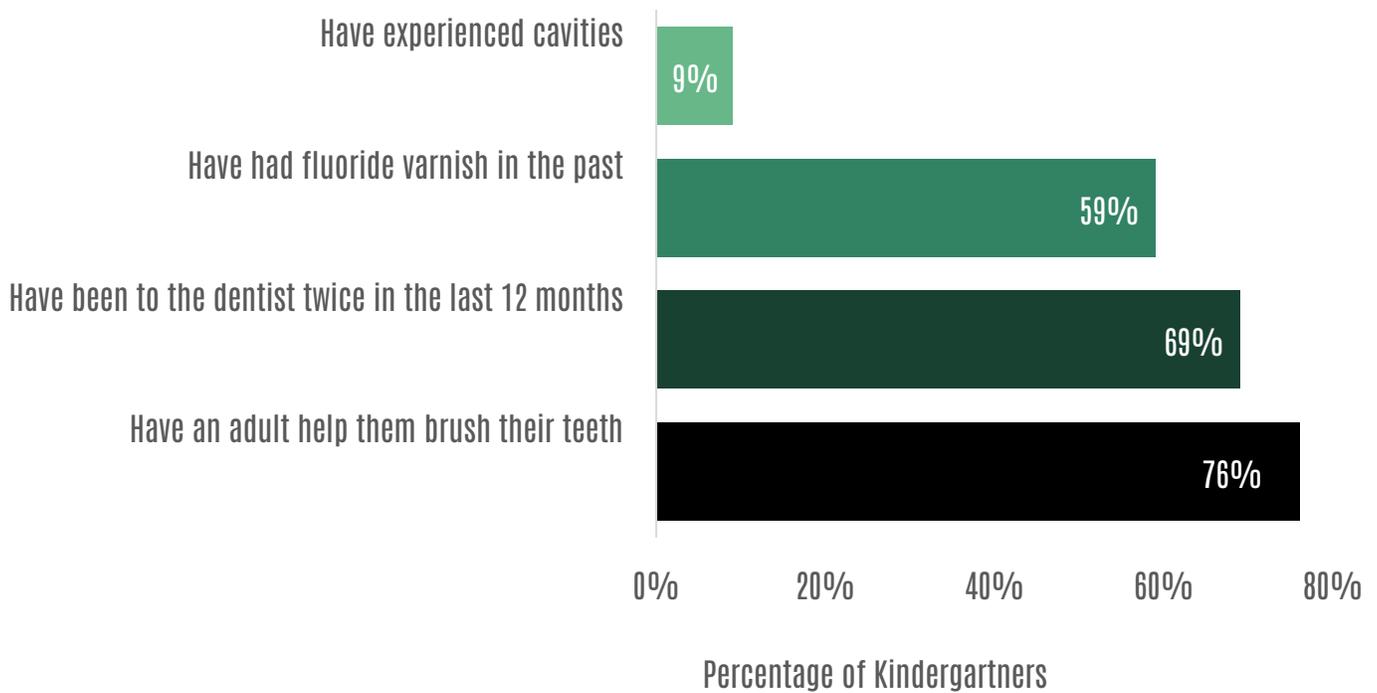
Percentage of Kindergartners

Source: Nevada County Public Health (NCPH), Kinder Survey, 2021-2022. !Survey data represents 22% of parents responding; interpret with caution.

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[28] Nevada County Public Health (NCPH), Kinder Survey, 2021-2022. !Survey data represents 22% of parents responding; interpret with caution.

Maternal, Child, and Adolescent Health

Compared to California overall, Nevada County has lower rates of births with low birthweights (Figure 25) and teen births (Figure 26). The rate of uninsured females ages 18-64 in the county trended downwards between 2008-2010 and 2017-2019, falling to 6.9 per 100,000.[29] Notably, during this same period of time, the rate of substance use disorder diagnoses per 1,000 hospitalizations of pregnant individuals ages 15-44 more than tripled from 31.8 to 102.0.[30] In 2022, 39.4% of birthing individuals were covered by Medi-Cal health insurance, and 24% of these parents received delayed prenatal care, beginning after their first trimester. Nevada County has one of the highest homebirth rates in California, with 10.9% of all babies born outside of the hospital in 2023.[31]

Figure 25. Low Birthweight

Live births with low birthweight
■ California ■ Nevada County
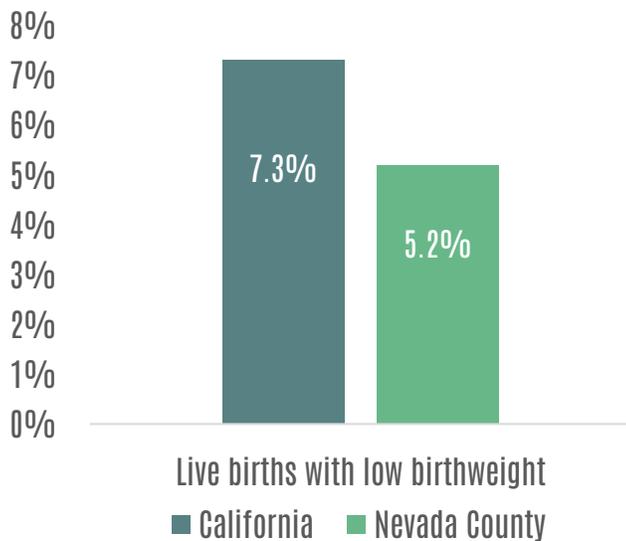
Source: California Department of Public Health, Maternal, Child, and Adolescent Division Data Dashboards, "Perinatal/Infant: Low Birthweight," 2021.

Figure 26. Teen Births

Births per 1,000 females aged 15-19
■ California ■ Nevada County
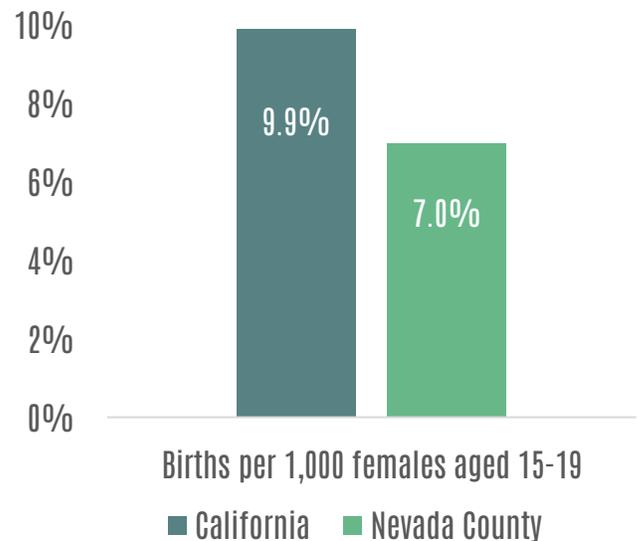
Source: CDC National Center for Health Statistics, "Teen Birth Rate by State and Teen Birth Rates for Age Group 15-19 in the U.S. by County," 2020.

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[29] UCSF Family Health Outcomes Project, *Nevada County Community Health Status Report.* Accessed 10/16/2023.
[30] Ibid.
[31] Nevada County Public Health, Office of Vital Records, 2023.

Other Health Indicators

In 2022, the proportion of survey respondents who reported that their health was "good," "very good," or "excellent" was 87% for Nevada County and 86% for the state.[32] Nevada County compares favorably to the state in several health indicators (Figure 27), such as obesity and diabetes, and has lower rates of sexually transmitted diseases (Figure 28).

Figure 27. Proportion of Adults with Various Health Statuses/Behaviors [!]
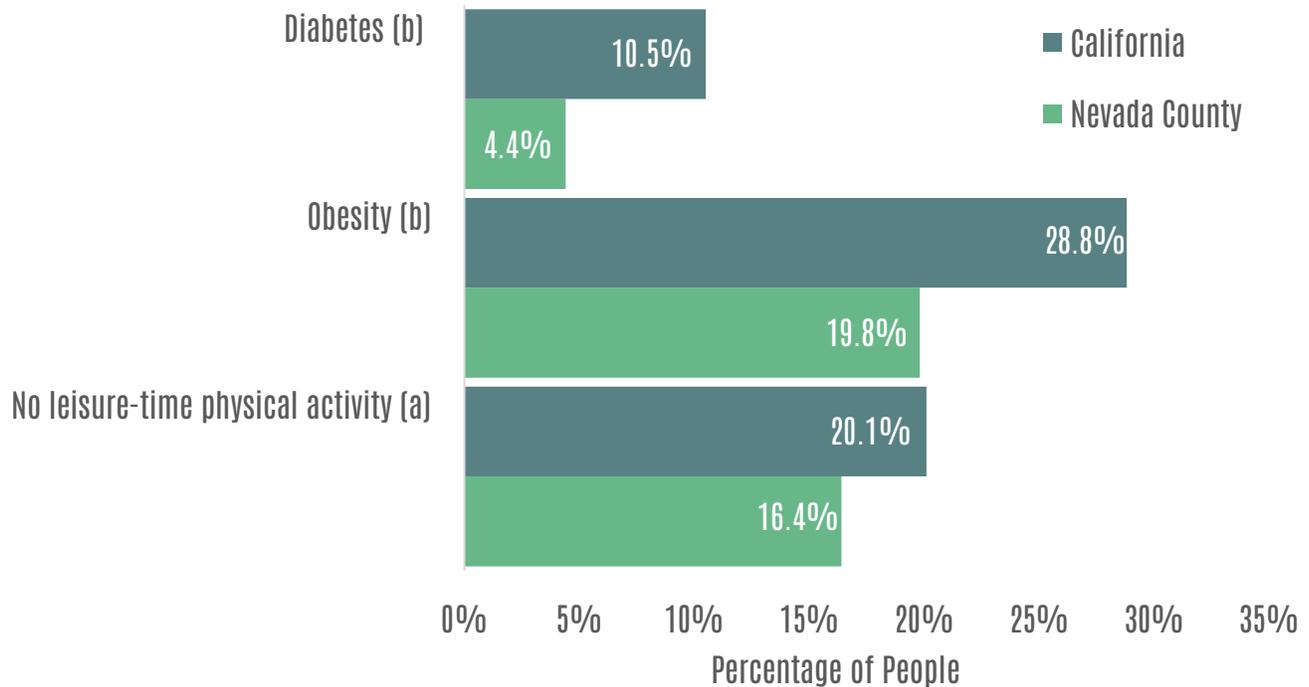
Source: (a) CDC, Behavioral Risk Factor Surveillance System (BRFSS), Prevalence & Trends Data, Physical Activity: Exercise, 2021; CDC, PLACES, "Health Risk Behaviors," 2021; (b) UCLA Center for Health Policy Research, CHIS, Health Behaviors: Health and Weight: Body Mass Index - 4 level (adult only), and "Health Conditions (not Cancer),", 2017-2021. [!]Nevada County obesity data is unstable; interpret with caution. *Note that Nevada County Data for this indicator has been estimated by the CDC using California BRFSS rates and county census data.

- Physical Activity: Adults who reported participating in any physical activity in the past month.
- Obesity: Adults who reported a BMI of 30.0 or higher.

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[32] UCLA Center for Health Policy Research, CHIS, "Health Status," 2022.

Figure 28. Sexually Transmitted Diseases per 100,000 Population
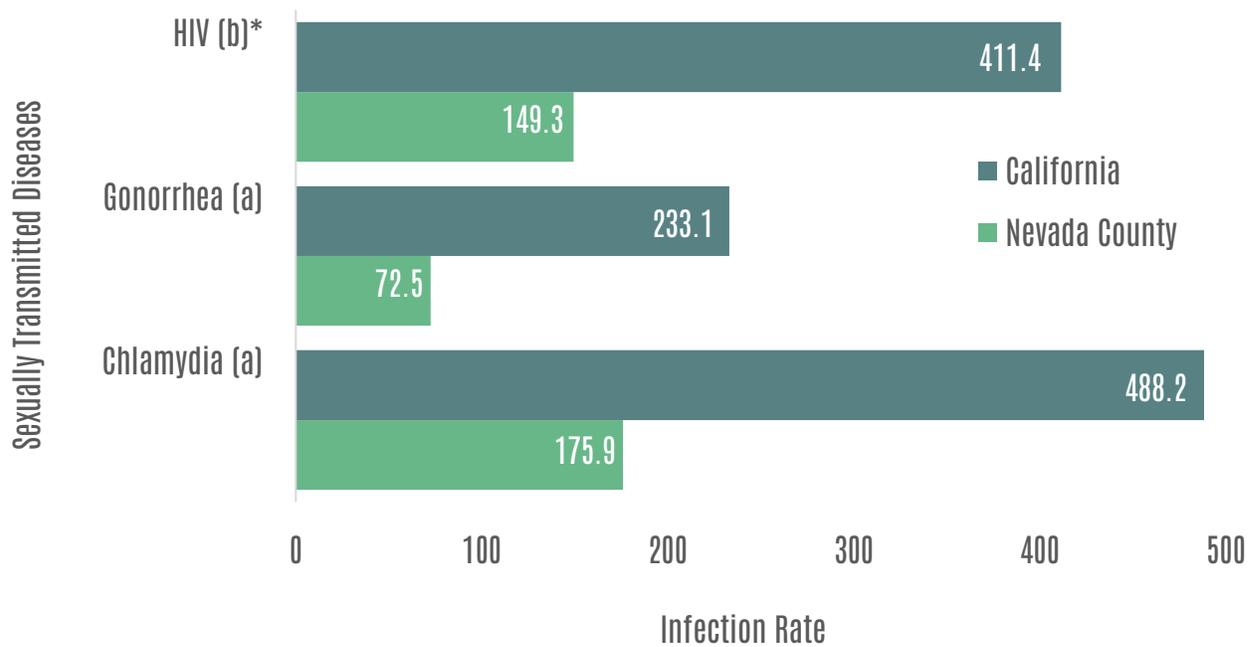
Source: (a) CDC ANCHHSTP AtlasPro, 2021; (b) California Department of Public Health, County Health Status Profiles 2022: Tables 1-29, 2018-2020 and 2017-2019. *HIV rate is not age-adjusted.

Healthcare Access and Utilization

Access to Healthcare Services

Overall, 5.7% of county residents do not have health insurance, and 10.9% of Nevada County residents that fall below the poverty line are uninsured. The overall uninsured rate varies significantly across the county's 26 census tracts, from 0.3% to 13.7% (Figure 29).

Despite access challenges, more Latino/Hispanic Medi-Cal eligible residents are receiving services in Nevada County compared to other small counties and state averages.[33]

An estimated 83.1% of county residents have a usual place to go to when they are sick or need health advice, which is nearly identical to the statewide percentage, 82.5%.[34] That said, Nevada County residents have a substantially easier time scheduling a timely healthcare appointment compared to Californians as a whole (Figure 30).

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[33] California Department of Health Care Services (DHCS), Medi-Cal Specialty Behavioral Health External Quality Review 2022-23: Table 7 2021, Figure 6 2019-2021.
[34] UCLA Center for Health Policy Research, The California Health Interview Survey (CHIS), AskCHIS, "Usual Source of Care," 2022.

Figure 29. Variation in Proportion of People Who are Uninsured by Census Tract
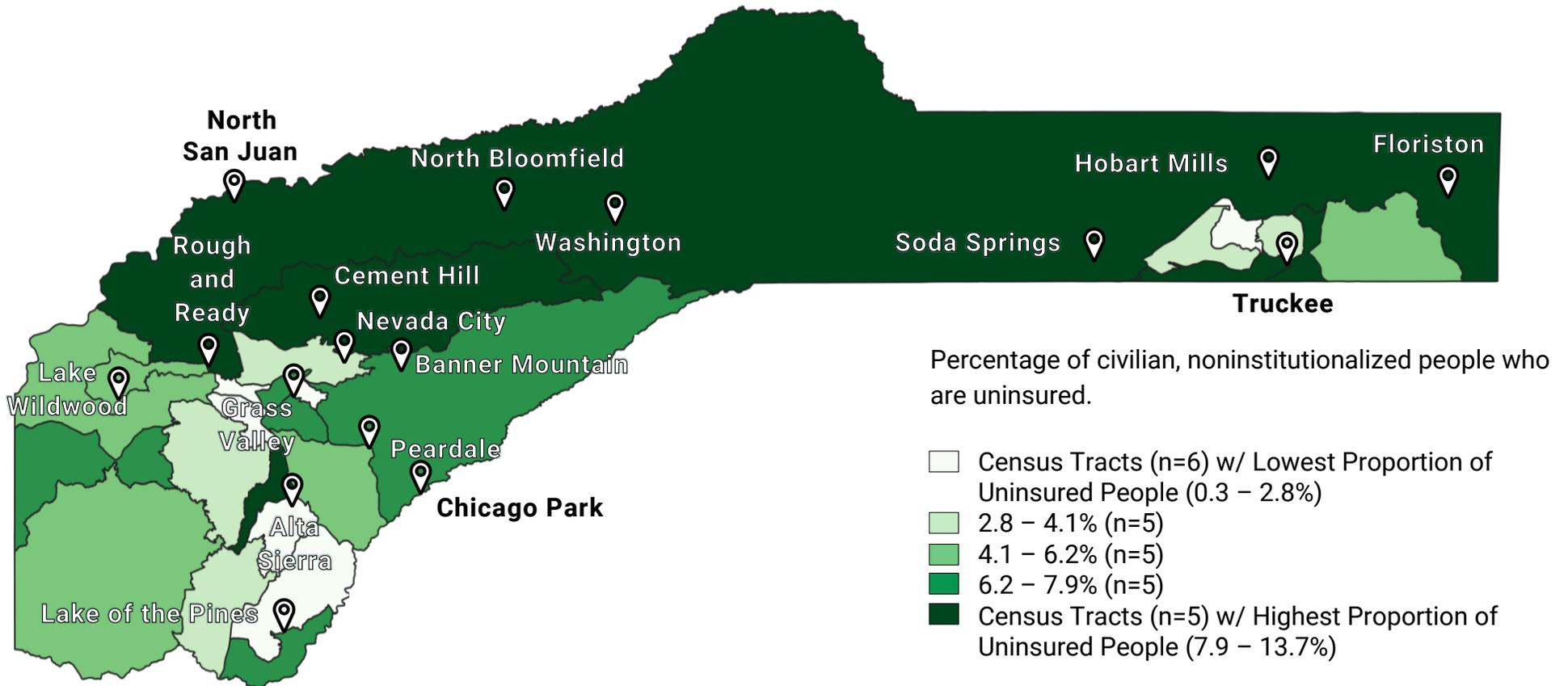
Percentage of civilian, noninstitutionalized people who are uninsured.

☐ Census Tracts (n=6) w/ Lowest Proportion of Uninsured People (0.3 − 2.8%)

☐ 2.8 − 4.1% (n=5)

☐ 4.1 − 6.2% (n=5)

☐ 6.2 − 7.9% (n=5)

☐ Census Tracts (n=5) w/ Highest Proportion of Uninsured People (7.9 − 13.7%)

Source: Centers for Disease Control and Prevention, Social Vulnerability Index, 2020.

Figure 30. Timely Healthcare Appointments

How often able to get a doctor's appointment within 2 days

	California	Nevada County
Never	22.4%	10.5%
Sometimes	31.1%	29.7%
Usually	25.1%	34.5%
Always	21.4%	25.2%

■ California ■ Nevada County
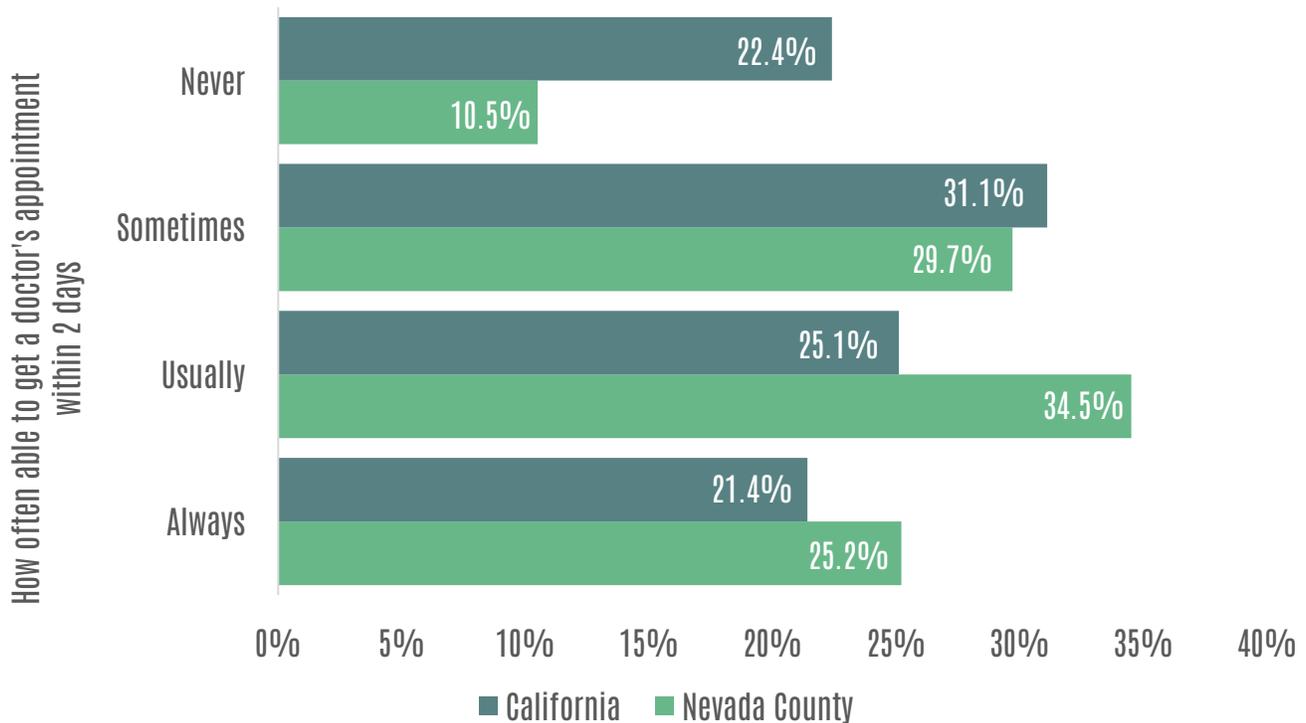
Source: UCLA Center for Health Policy Research, CHIS, AskCHIS, "Access & Utilization: Doctor & Other Visits," 2017-2021.
[1] Nevada County data for 'sometimes' and 'never' are unstable; interpret with caution.

While the Medical Service Study Area (MSSA) that includes Truckee is considered a Health Professional Shortage Area (HPSA) for primary care, its HPSA score (6) is the lowest across California's 83 designated Primary Care HPSAs.[35] All of Nevada County is considered a Mental Health HPSA, and its HPSA score (12) indicates a need for clinicians that is somewhat below the mean across California's 84 designated Mental Health HPSAs.

Utilization of Healthcare Services

Nevada County residents are mostly on par with other Californians for adult colorectal screenings (Figure 31). Notable differences between individuals in Nevada County and across California in general are that women in the County are less likely to have had a mammography exam in the last two years, kindergarteners are less likely to be immunized, and adults are more likely to have visited a dentist in the last six months.

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[35] Health Resources & Services Administration (HRSA), HPSA Find, 2021-2023. HPSA scores range from 0 to 26, with higher scores indicating a greater need for clinicians.

Figure 31. Utilization of Healthcare

	California	Nevada County
Last Dental Visit </= 6 Months Ago (adults) (e)	55.6%	68.9%
Colorectal Cancer Screening (aged 50-75) (d)	62.2%	61.5%
Mammography (women aged 50-74) (c)	76.2%	70.3%
Prenatal Care During First Trimester (b)	88.5%	82.1%
Kindergarten Immunization (a)	94.0%	82.4%

■ California   ■ Nevada County
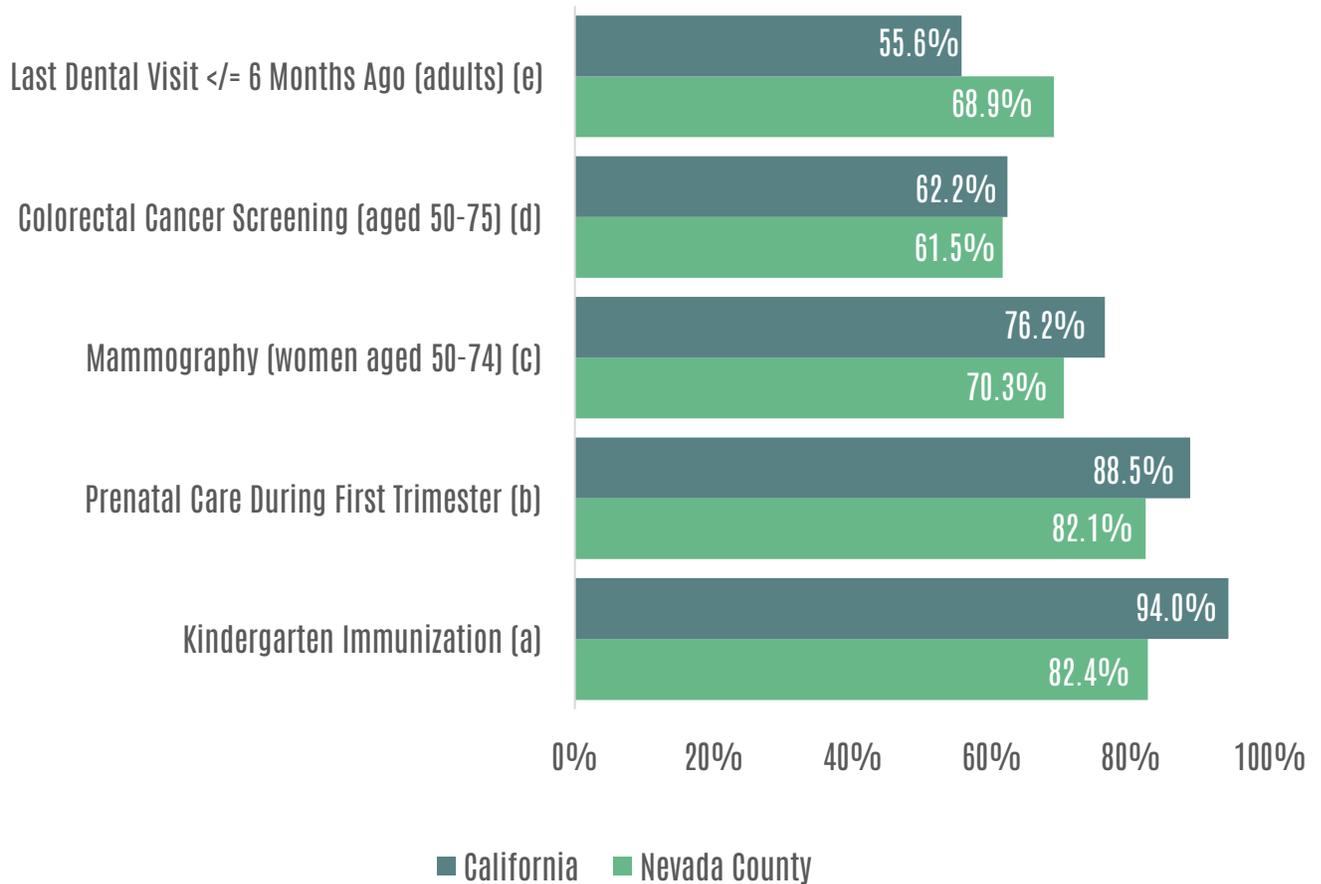
Source: (a) California Department of Public Health (CDPH), Immunization Branch, *2021-22 Kindergarten Summary Report,* Kindergarten, 2021-2022, p. 24; (b) CDPH, Maternal, Child, and Adolescent Health Division (MCAH), Data Dashboard: Prenatal Care, CA 2021, NC 2019-2021; (c)*CDC, Behavioral Risk Factor Surveillance System (BRFSS), 2020; (d)* CDC, BRFSS, "Colorectal Cancer Screening," and CDC, PLACES, "Prevention," 2020; (e) UCLA Center for Health Policy Research, CHIS, AskCHIS, Oral Health, 2022.

ᴵNevada County data for Dental Visits are unstable; interpret with caution. *Note that Nevada County Data for these two indicators has been estimated by the CDC using California BRFSS rates and county census data.

- Colorectal Cancer Screening: Respondents aged 45-75 who have fully met the USPSTF recommendation.
- *Mammography:* Women aged 50-74 who have had a mammogram within the past two years.

Social Determinants of Health

Income, Employment, and Food Security

In 2022, the median household income in Nevada County was an estimated $79,395, somewhat less than the statewide median of $91,905. Both the County and the state have sharp income inequality, with the top 20% of households earning roughly 16 and 18 times more than the bottom 20% of households, respectively.[36]

Overall, 10.4% of Nevada County residents live below the poverty level (Figure 32), a percentage that is lower than 41 of California's 58 counties.[37]

Figure 32. Proportion of Population Living Below the Poverty Level
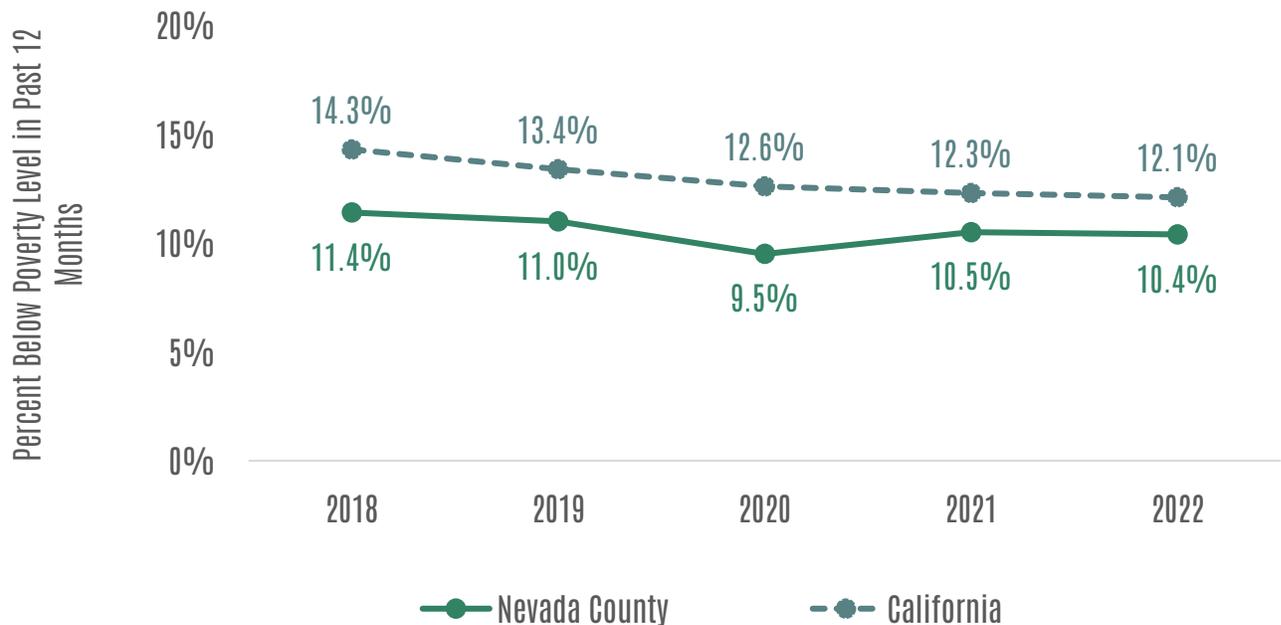
Source: United States Census Bureau, American Community Survey: 5-Year Estimates, "Poverty Status in the Past 12 Months," 2018-2022.

The poverty rate (calculated at 150% of the poverty level) in Nevada County ranges from 0% to 43.7% across the county's 26 census tracts (Figure 33).

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[36] U.S. Census Bureau, "Income in the Past 12 Months" and "Mean Household Income of Quintiles," American Community Survey 5-Year Estimates Detailed Tables, 2022.
[37] U.S. Census Bureau, Small Area Income and Poverty Estimates (SAIPE), 2021.

Figure 33. Variation in Poverty Rates by Census Tract

North
San Juan

North Bloomfield

Hobart Mills

Floriston

Soda Springs

Washington

Rough
and
Ready

Cement Hill

Nevada City

Truckee

Lake
Wildwood

Banner Mountain

Grass
Valley

Peardale

Chicago Park

Alta
Sierra

Lake of the Pines

Percentage of households living below 150% of the poverty level

☐ Census Tracts (n=6) w/ Lowest Poverty Levels (<10.3%)

☐ 10.3 – 13.6% (n=5)

☐ 13.6 – 17.6% (n=5)

☐ 17.6 – 21.5% (n=5)

■ Census Tracts (n=5) w/ Highest Poverty Levels (21.5 – 43.7%)

Source: Centers for Disease Control and Prevention, Social Vulnerability Index, 2020.

The proportion of children ages 0 to 5 in Nevada County living at or below the poverty level was 9.9% in 2022, notably lower than the state average of 15.6% (Figure 34). The majority of children aged 0-5 living below the poverty level reside in Western Nevada County.[38]

Figure 34. Children Ages 0-5 Living Below the Poverty Level
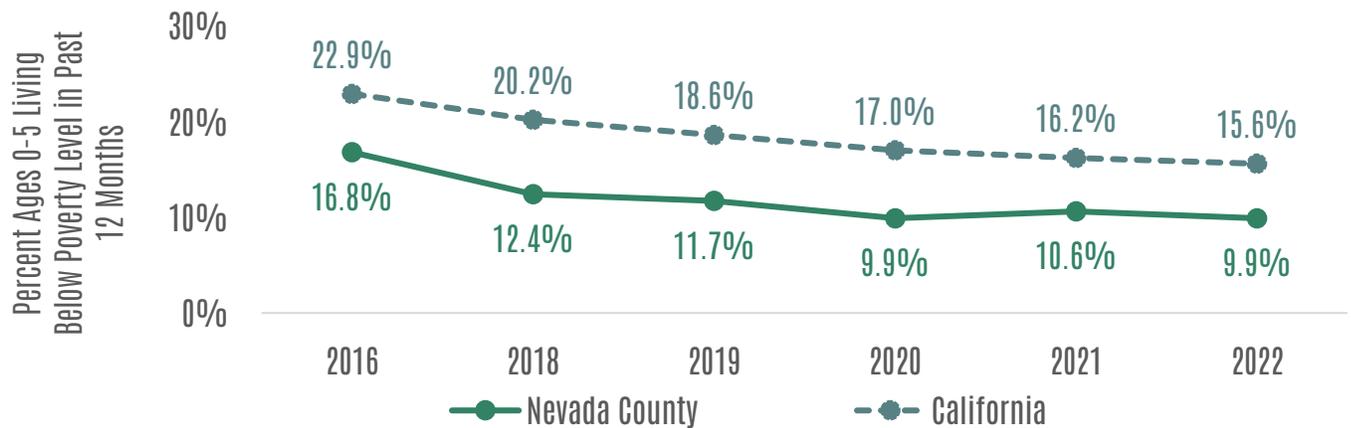
Source: United States Census Bureau, American Community Survey: 5-Year Estimates, "Poverty Status in the Past 12 Months," 2018-2022.

Nevada County experiences more severe food security challenges compared to the average Californian. The percentage of the population that is both low-income and lives geographically far from a grocery store is three times higher in the county than statewide, 9% versus 3%.[39] However, Nevada County has lower rates of students who are eligible for free or reduced-price lunch compared to California (42.2% and 58.8%, respectively).[40] For Nevada County schools with over 100 students, those eligible for free lunch range from 22.8%-84.6% of students.[41] Within the County, 17,000 residents qualify for food assistance and 17% of residents 0-18 years old are enrolled in the CalFresh food assistance program.[42]
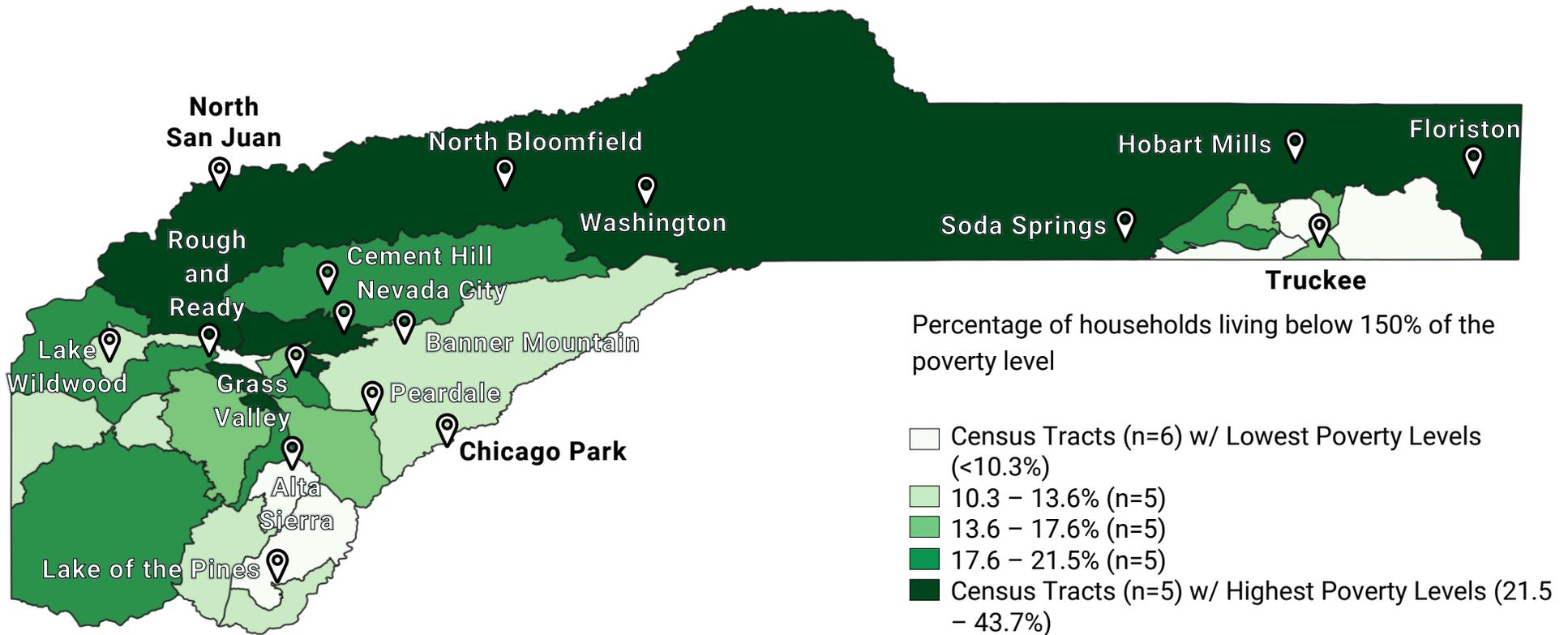
The unemployment rate in Nevada County is somewhat less than statewide: 3.4% versus 4.2%, respectively.[43] Again, however, this rate varies substantially by census tract, from 0% to 12.9%.[44]

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[38] UCLA Center for Health Policy Research, California Health Interview Survey (CHIS), Eastern-Western Split, 2020.

[39] University of Wisconsin Population Health Institute, County Health Rankings & Roadmaps, "Limited Access to Healthy Foods in California," 2023.

[40] Population Reference Bureau (PRB), Kids Data, "Students Eligible for Free or Reduced Price School Meals," 2021.

[41] California Department of Education, Free or Reduced-Price Meal Data, 2022.

[42] California Department of Social Services. CalFresh Data Dashboard.

[43] U.S. Bureau of Labor Statistics,, Unemployment Rates for States, 2022 Annual Averages, and Labor Force Data by County, 2022 Annual Averages, 2022.

[44] Centers for Disease Control and Prevention, Social Vulnerability Index, 2020.

Housing, Technology, and Transportation

Overall, 32.4% of Nevada County households are burdened by housing costs—i.e., their household income is less than $75,000 and they spend more than 30% of their income on housing. Nevada County ranks in the middle of California's 58 counties with the 22nd highest rate of housing cost burden. The proportion of households that are cost burdened varies significantly across the county's 26 census tracts, from 16.3 to 47.6% (Figure 35). In Truckee, between 2015 and 2021, housing cost increases exceeded wage growth; the median home sale prices increased by 105% while the median household income increased by just 37%.[45]

The Regional Housing Authority provides Section 8 housing vouchers for Sutter, Yuba, Colusa, and Nevada counties. There were 4,617 families on the four-county waitlist as of October 2023, and the Regional Housing Authority Occupancy Manager reports an average wait time of 12-14 months.[46]

In Nevada County in 2022, 90.3% of residents had access to broadband internet, which was slightly lower than the state (91.5%).[47]

County residents also tend to spend a bit less time commuting to work than Californians in general, at 24.5 versus 29.2 minutes, respectively.[48] Overall, 3.6% of households in Nevada County do not have access to a vehicle; this ranges across the 26 census tracts from 0% to a high of 18.7% in Truckee and in the region between Grass Valley and Nevada City.[49]

Housing types and crowding levels that can contribute to social vulnerability vary across census tracts but are most concentrated in and around Grass Valley or Truckee. The percentage of housing structures with 10 or more units is highest in Grass Valley at 39.7%, and the percentage of mobile homes is as high as 50.1% northwest of Alta Sierra. Within occupied housing units, the percentage of households with more people than the number of rooms was highest in Grass Valley at 7.6% while the percentage of individuals living in group quarters is highest in Truckee at 8.5%.[50]

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[45] Mountain Housing Council of Tahoe Truckee. https://www.mountainhousingcouncil.org/affordability-gap/. Provided March 14, 2024.

[46] Regional Housing Authority, Housing Needs of Families on Public Housing Waiting List. Accessed Oct. 19, 2023.

[47] U.S. Census Bureau, ACS 5-Year Estimates, "Types of Computers and Internet Subscriptions," 2022.

[48] U.S. Census Bureau, ACS 5-Year Estimates, "Commuting Characteristics by Sex," 2022.

[49] Centers for Disease Control and Prevention, Social Vulnerability Index, 2020.

[50] Ibid.

Figure 35. Variation in Housing Cost Burden by Census Tract
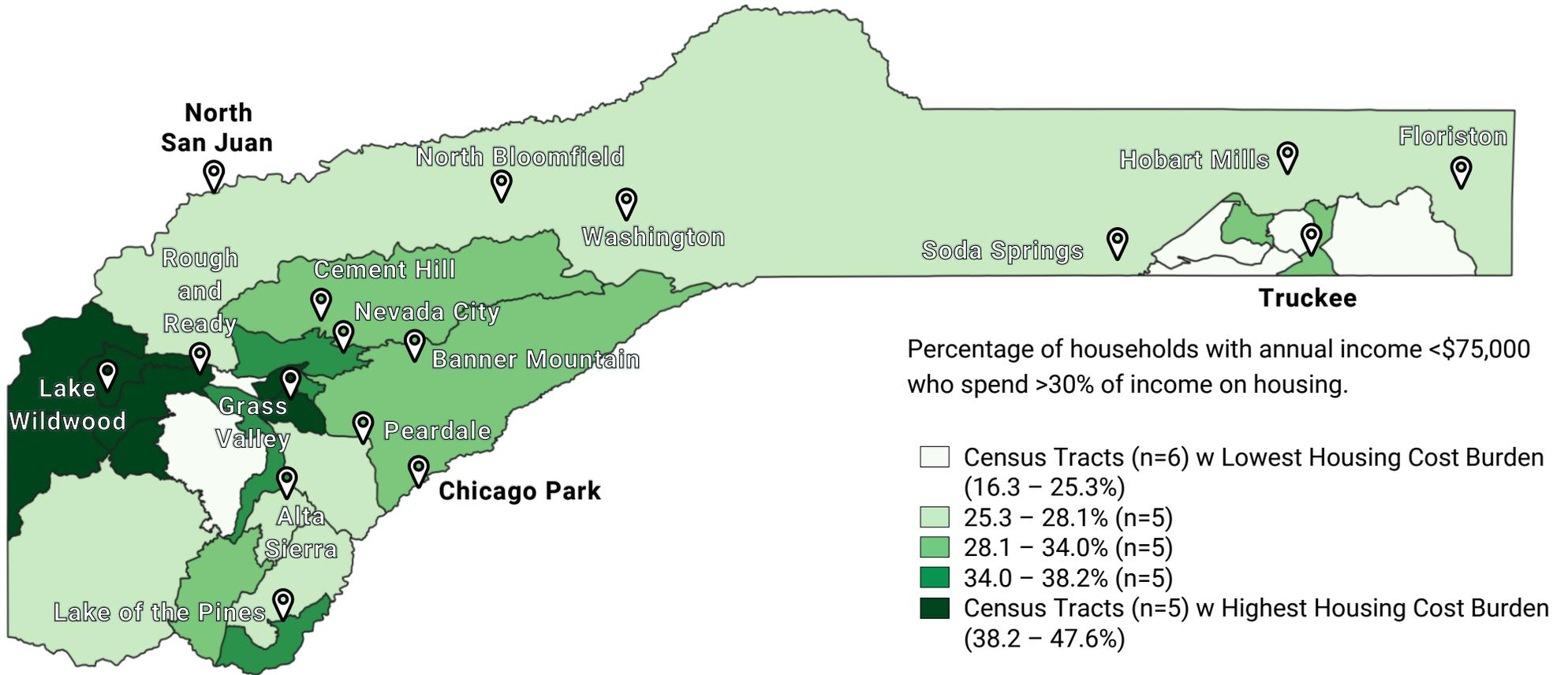
Percentage of households with annual income <$75,000 who spend >30% of income on housing.

☐ Census Tracts (n=6) w Lowest Housing Cost Burden (16.3 – 25.3%)

■ 25.3 – 28.1% (n=5)

■ 28.1 – 34.0% (n=5)

■ 34.0 – 38.2% (n=5)

■ Census Tracts (n=5) w Highest Housing Cost Burden (38.2 – 47.6%)

Source: Centers for Disease Control and Prevention, Social Vulnerability Index, 2020.

Homelessness

Annual Point-in-Time (PIT) counts have identified individuals experiencing sheltered or unsheltered homelessness in the County in each of the last 3 years, 2021—2023 (Figure 36). Just over 40% of those identified in the 2023 PIT count suffered from serious mental illness. The total number of individuals experiencing homelessness that were moved into housing each year has steadily been increasing since 2021.

Figure 36. Homelessness Trends
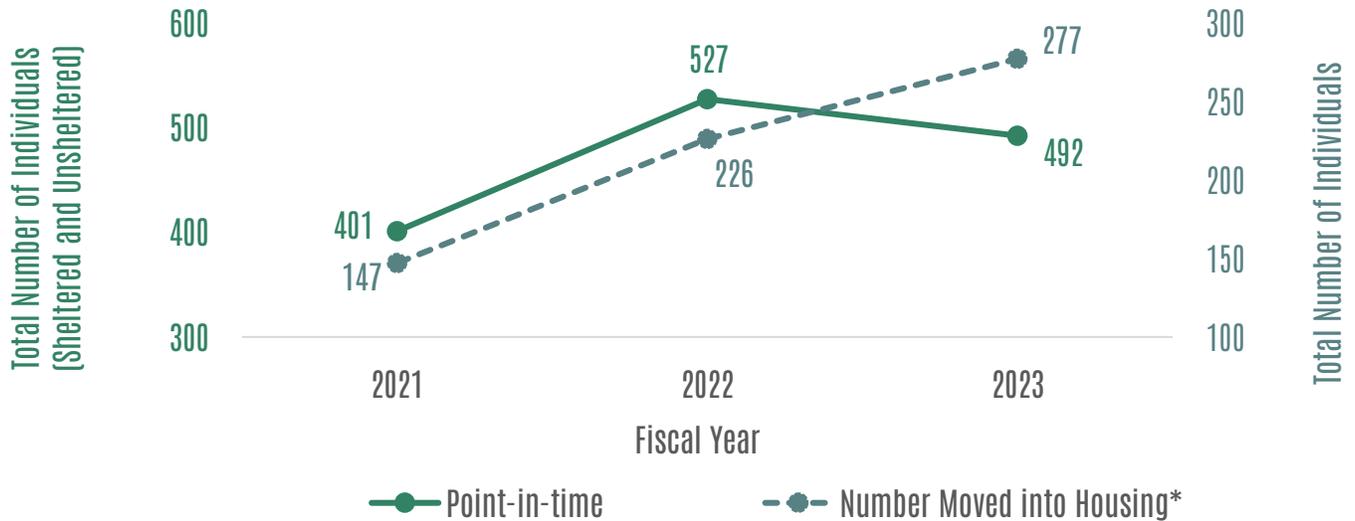
Source: *Hospitality House, Annual Report, ,2020-2021,2021-2022,2022-2023;* North Tahoe-Truckee Homeless Services, *Annual Report 2021-2022, 2022-2023*; Nevada County Health and Human Services Agency, Point in Time Count; U.S. Department of Housing and Urban Development (HUD), HUD 2023 Continuum of Care Homeless Assistance Programs Homeless Populations and Subpopulations, 2023. *'Number moved into housing' includes data from both Hospitality House and North Tahoe-Truckee Homeless Services.

Several entities in Nevada County are working to engage, serve, and house people experiencing homelessness. For example, the HOME (Homeless Outreach and Medical Engagement) Team provided outreach to 247 individuals in 2021,[51] and Hospitality House and the North Tahoe-Truckee Homeless Services together moved 277 people into housing in 2023 (Figure 36). Hospitality House alone more than doubled the number of individuals moved into housing between 2021 and 2023, from 147 to 252.[52] This success was aided by the addition of 72 new units to support people experiencing homelessness in 2022.[53] These organizations also served an average of 81,424 meals

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[51] Nevada County Behavioral Health, *Nevada County Community Mental Health Needs Assessment FY2023-2026,* p. 5.
[52] Hospitality House, Annual Report, ,2020-2021,2021-2022,2022-2023.
[53] Nevada County Behavioral Health, *Nevada County Community Mental Health Needs Assessment FY2023-2026,* p. 5.

per year through their shelter, motel, and street outreach services.[54] Nevada County has also seen successes with the Campaign to End Veterans Homelessness (Figure 37).

Figure 37. Campaign to End Veterans Homelessness

Through the Campaign to End Veterans Homelessness:

54 Veterans have been identified and served

23 have been housed

9 are actively working toward finding housing

Source: Nevada County Behavioral Health, *Nevada County Community Mental Health Needs Assessment FY2023-2026*, p. 12.

Finally, Nevada County Behavioral Health has established an enhanced care management team, in partnership with the Medi-Cal managed care plan that primarily serves people with serious mental illness and substance use disorder who are also experiencing homelessness. The team is currently supporting 80 individuals and will be expanding to 150 individuals.[55]

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[54] Hospitality House, Annual Report, 2021-2022,2022-2023; North Tahoe-Truckee Homeless Services, Annual Report 2021-2022, 2022-2023.
[55] Nevada County Behavioral Health, *Nevada County Community Mental Health Needs Assessment FY2023-2026,* p. 6.

Education and Childcare

School-Aged Children

Graduation rates and other indicators of academic retention vary across Nevada County's 12 high schools; note that these data are available and presented for 10 of these 12 schools (Figure 38).

Figure 38. High School Age-Adjusted Cohort Graduation Rates by School

District Name	School Name	Percentage of Students Who…		
		Graduated with a HS Diploma	Dropped Out	Are Still Enrolled: Re-enrolled as "fifth year senior" or graduated after the end of the reporting period
Nevada Joint Union High	Silver Springs High (Continuation)	70.1%	22.4%	6.5%
Nevada County Office of Education	Bitney Prep High	76.5%	17.6%	0.0%
Tahoe-Truckee Unified	Sierra High (Continuation)	82.4%	0.0%	11.8%
Nevada County Office of Education	Forest Charter	84.8%	6.3%	1.3%
Nevada Joint Union High	North Point Academy	88.6%	2.5%	3.8%
Nevada Joint Union High	Nevada Union High	92.9%	2.5%	0.7%
Nevada Joint Union High	Sierra Academy of Expeditionary Learning	95.6%	4.4%	0.0%
Nevada Joint Union High	William & Marian Ghidotti High	96.8%	0.0%	0.0%
Nevada Joint Union High	Bear River High	96.9%	2.3%	0.0%
Tahoe-Truckee Unified	Tahoe Truckee High	98.4%	0.0%	0.0%

Source: California Department of Education, Adjusted Cohort Graduate Rate and Outcome Data, 2020-2021.

The percentage of adults aged 25 and over without a high school diploma also varies widely across the county's 26 census tracts, from 1% to 17%.[56]

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[56] Centers for Disease Control and Prevention, Social Vulnerability Index, 2020.

During the COVID-19 pandemic, the percentage of third grade students who met or exceeded standards in English language arts decreased from 52.4% in 2019 to 41.7% in 2022 and in math, fell from 49.6% to 44.9%. Socioeconomically disadvantaged students, who met or exceeded standards at lower percentages in both subjects between 2018 and 2022, also experienced a decrease in achievement during the pandemic particularly in English language arts with only 29% meeting or exceeding standards in 2022 (Figures 39 and 40).

Figure 39. Percentage of Grade 3 Students Meeting or Exceeding Standards in English Language Arts in Nevada County
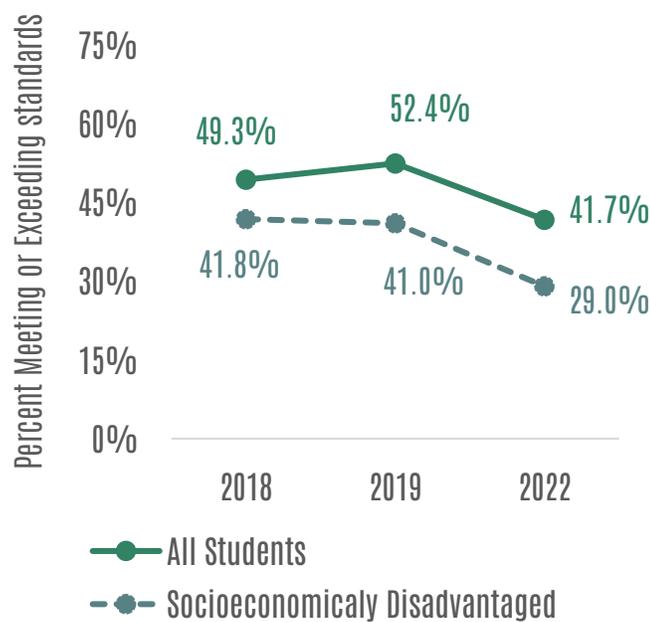
Figure 40. Percentage of Grade 3 Students Meeting or Exceeding Standards in Math in Nevada County
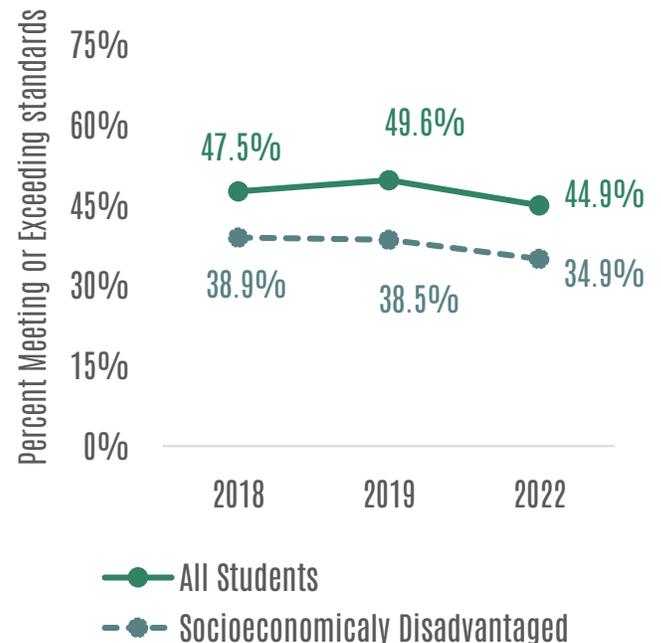
Source: Nevada County Local Planning Council & Superintendent of Schools, Nevada County, *Early Learning and Care Needs Assessment,* 2023, p. 17.

Source: Nevada County Local Planning Council & Superintendent of Schools, Nevada County, *Early Learning and Care Needs Assessment,* 2023, p. 17.

Early Learning and Care

In Nevada County, the demand for early learning and care (ELC) is much higher than the supply and ELC services are prohibitively expensive, with estimated annual costs ranging from $10,278-$16,357. Between licensed child care centers, family child care homes, infant care centers, and license-exempt care provided by Family, Friend, Neighbor (FFN), ELC needs are only met for 42% of children aged 0–5.[57] This shortage, though pervasive throughout Nevada County, is acute in both Penn Valley and Truckee.[58]

From 2019 to 2021 the number of licensed child care centers in Nevada County decreased by 17% while the number of licensed family child care homes saw a 27% increase (Figure 41). Overall, the availability of any licensed child care space for children ages 0-12 with working parents fell from 34% in 2019 to 27% in 2021 (Figure 42).

Figure 41. Child Care Providers

Child Care	Licensed Child Care Centers			Licensed Family Child Care Homes		
	2019	2021	Change	2019	2021	Change
Total number of spaces	1,986	1,670	-16%	570	728	28%
Total number of sites	48	40	-17%	55	70	27%

Source: California Child Care Resource & Referral Network, *The 2021 Child Care Portfolio,* Nevada County: Family & Child Data, 2021.

Figure 42. Childcare Availability

Child Care Availability	County			State		
	2019	2021	Change	2019	2021	Change
Children aged 0-12 with parents in the labor force for whom a licensed child care space is available	34%	27%	-7%	25%	25%	0%

Source: California Child Care Resource & Referral Network, *The 2021 Child Care Portfolio,* Nevada County: Family & Child Data, 2021.

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[57] Nevada County Local Planning Council & Superintendent of Schools, Nevada County, *Early Learning and Care Needs Assessment,* 2023, p. 28 & 36.
[58] Ibid., p. 3.

Even when an ELC facility is available, affordability is often a barrier. Families in Nevada County have a median income of just over $95,000, which makes them unlikely to qualify for subsidies. An unsubsidized family with two children between the ages 0–5 would typically spend between $21,000 and $33,000 annually on full-time ELC, or 22-34% of their income, which is substantially higher than the 7% federal benchmark for child care affordability.[59]

Nevada County was identified as one of the top five counties in the state with the highest increase in the cost of both infant and preschool care from 2018 to 2021—48% and 32% increases, respectively.[60]

Criminal and Juvenile Justice

Across California's 58 counties, Nevada County ranks relatively low in both arrest and prison incarceration rates (45th and 53rd, respectively) and ranks in the middle (28th) with its jail incarceration rate.[61]

Black people in Nevada County—and in most California counties—continue to face disproportionate arrest rates compared to White residents. Among people aged 15 to 64 years old, Black individuals are 2.5 times more likely to be arrested in Nevada County compared to White people.[62]

Reflecting another troubling national and statewide trend, as the rates of jail incarceration in the county trended downward during the last 5 years, the proportion of inmates who suffer from mental illness trended upward. In 2021, an estimated 42% of the county's jail population had mental health issues (Figures 43 and 44).

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[59] Nevada County Local Planning Council for Child Care Development, *Early Learning and Care Needs Assessment,* December 2, 2023, p. 3.

[60] Ye, Cong, et al., *2021 Regional Market Rate Survey of Child Care Providers: Full Findings Report,* American Institutes for Research, June 2022, pp. 39-41.

[61] Vera Institute of Justice, *California: The State of Incarceration,* 2021. Data on juvenile commitments are not included as the Nevada County juvenile detention facility, the Carl F. Bryan II Juvenile Hall, closed on 1/1/2021. Nevada County now contracts with Placer County and El Dorado County for juvenile detention.

[62] Ibid.

Figure 43. Jail Incarceration Trends
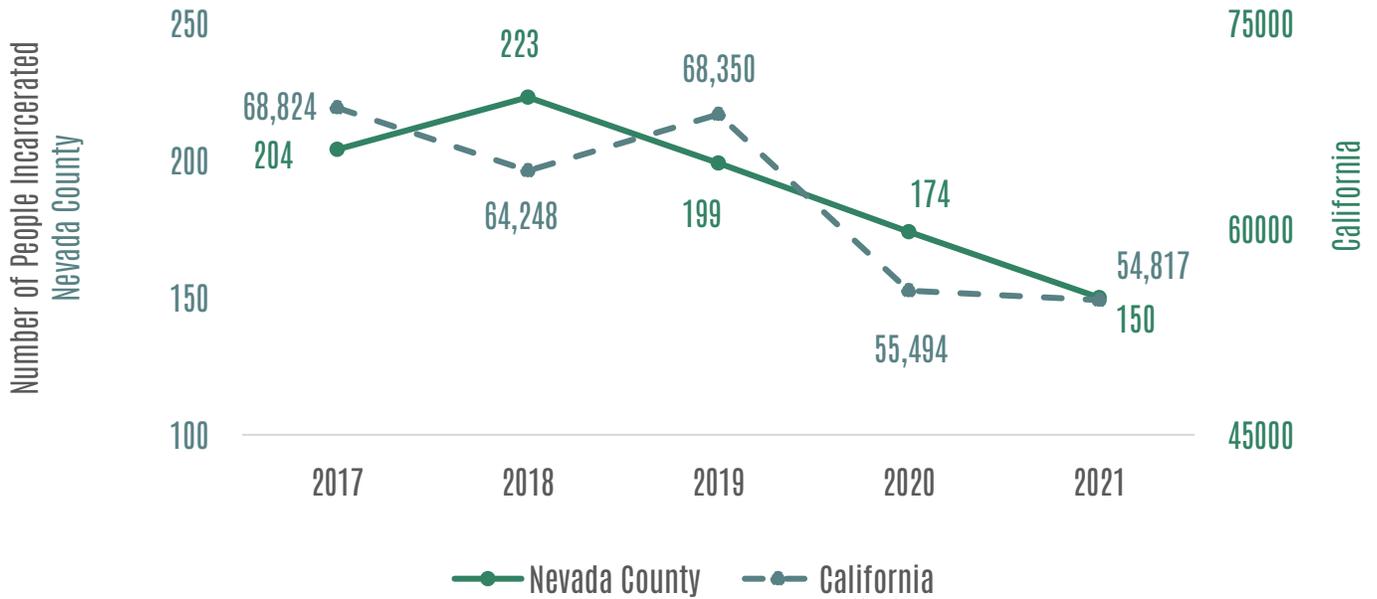
Source: Vera Institute of Justice, *California: The State of Incarceration*, 2021.

Figure 44. Proportion of Incarcerated Individuals with Mental Health Issues
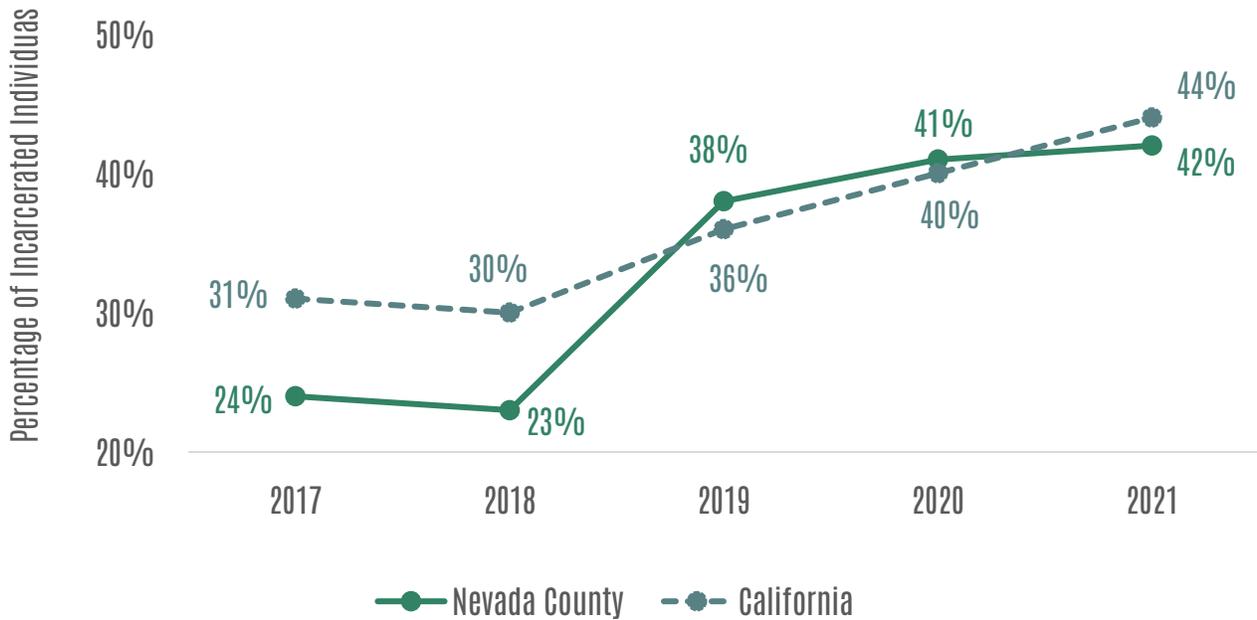
Source: Vera Institute of Justice, *California: The State of Incarceration*, 2021.

During approximately this same period in Nevada County, the rate of domestic violence calls for assistance increased slightly until dropping down in 2022 (Figure 45).

Figure 45. Domestic Violence Calls for Assistance Trends
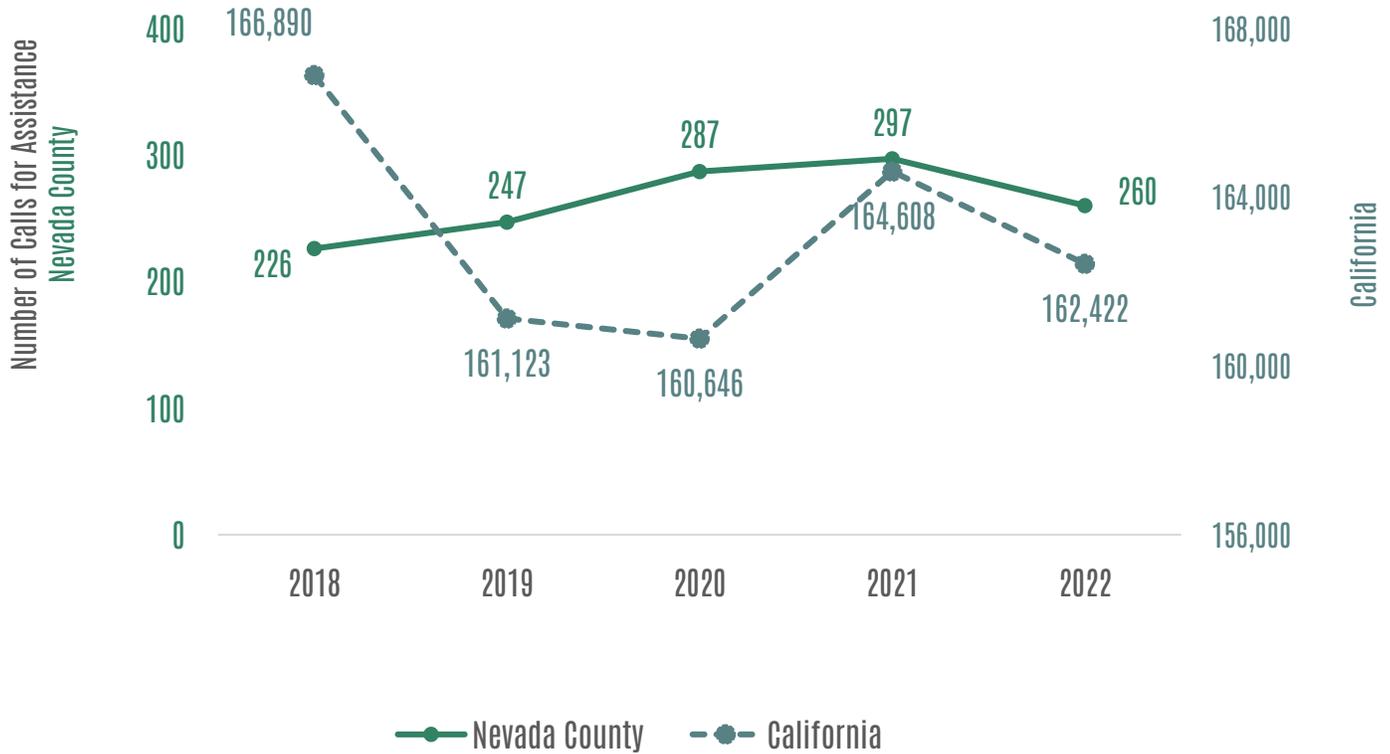
Source: Office of the Attorney General, Open Justice, Data Exploration: Domestic Violence-Related Calls for Assistance, 2018-2022.

Civic Engagement

Two key indicators suggest that Nevada County residents have high rates of civic engagement compared to Californians overall. In the November 2022 general election, Nevada County had the third highest rate of voter participation (62.7%) among California counties, which ranged from 27.7% to 65.3%.[63] The county also has a high number of membership associations compared to the state: 10.4 (Nevada County) vs 6.0 (California) for membership associations per 10,000 people.[64]

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[63] California Secretary of State, Elections and Voter Information, Election Statistics, Voter Participation Statistics by County, November 8, 2022, General Election.
[64] University of Wisconsin Population of Health Institute, School of Medicine and Public Health & Robert Wood Johnson Foundation, County Health Rankings & Roadmaps, Nevada County, CA, 2023.

Climate Change

Nevada County faces climate change exposures that pose considerable health risks to the population, especially to vulnerable community members. Local health departments can address the impacts of climate change across the community and among those most vulnerable by considering "policies, actions, and infrastructure design that will not just protect the public, but also promote health equity, resiliency, and sustainability."[65]

Environmental Exposures

An increase in extreme weather patterns has the capacity to negatively impact the health and well-being of Nevada County residents. According to the California Department of Health, "if greenhouse gas emissions continue to grow as they have in the past, the number of **extreme heat days** over 91.9°F in Nevada County are expected to be 34 days per year in 2040-2060 and 70 days per year in 2080-2099."[66] Between 2011 and 2015, it was estimated that 7% of Nevada County's labor force (2,754 workers) **worked outdoors** and faced an elevated risk to heat's effects on health (compared to the statewide average of 6.4%).[67]

Higher temperatures also increase the risk of hazardous air pollution, and along with changes in precipitation can lead to more frequent severe droughts, which in turn increases the risk of **wildfires**. In Nevada County, 92% of residents live in high to very high fire severity zones.[68]

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[65] California Department of Public Health, Climate Change & Health Vulnerability Indicators for California (CCHVIs), "County Snapshot," 2023.

[66] Ibid.

[67] Ibid.

[68] Ibid.

Population Sensitivity

Residents of Nevada County will experience the impacts of climate change at different times and in different ways. For example, children, the elderly, and those with disabilities may experience the impacts more severely than others. Populations negatively impacted by social determinants of health, such as families who experience economic instability or have limited access to a vehicle, may also be more susceptible to the impacts of climate change. The graphic below summarizes the number of individuals within the County that may be particularly sensitive to the impacts of climate change.

- 4,209 Children (Under 5)[b]
- 29,045 Older Adults (people 65 or older)[b]
- 15,605 People with a Disability[c]
- 5,667 People Without Health Insurance[d]
- 25,435 People Living Below 200% of the Poverty Level[e]
- 1,282 Housing Units Did Not Have Access to a Vehicle[a]
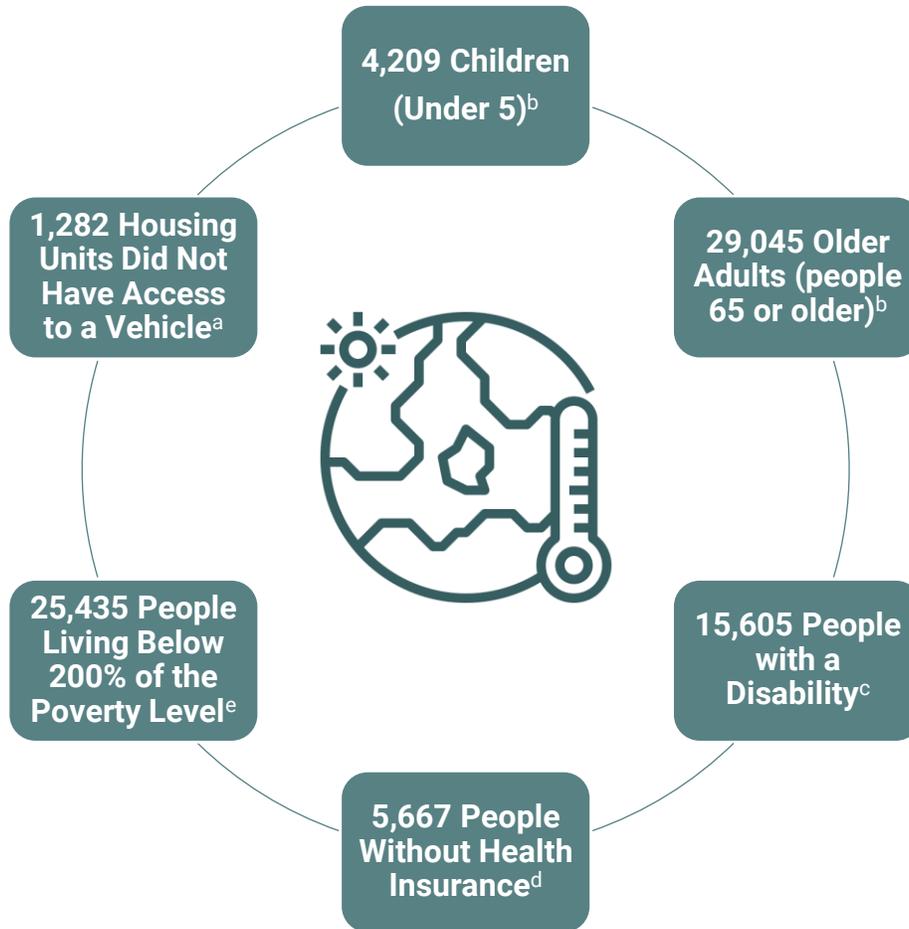
Note that these numbers are approximated based on recent Census data or other sources, and for the most part categories are not mutually exclusive.

a) U.S. Census Bureau, ACS 1-Year Estimates, "Physical Housing Characteristics for Occupied Housing Units," 2022.
b) U.S. Census Bureau, American Community Survey 5-Year Estimates, "Age and Sex," 2018-2022.
c) U.S. Census Bureau, ACS 1-Year Estimates, "Disability Characteristics," 2022.
d) Centers for Disease Control and Prevention, Social Vulnerability Index, 2020.
e) United States Census Bureau, American Community Survey: 5-Year Estimates, "Poverty Status in the Past 12 Months," 2018-2022.

Summary

As discussed in the Introduction, this Nevada County CSA gathered quantitative data to address four themes: **Community Characteristics**, **Health Outcomes and Behaviors**, **Healthcare Access and Utilization**, and **Social Determinants of Health**. Whenever possible, an equity lens was applied to help the County move "upstream" and better understand how inequities in health behaviors and outcomes are associated with social determinants of health and with systems of power, privilege, and oppression. Key findings for each theme are summarized below, with the **Social Determinants of Health** section including a summary of vulnerability variation seen across the County.

Community Characteristics

The County experienced a slight population increase during the pandemic, with the population then beginning to decrease by 2022. About two-thirds of the population in the County live in unincorporated areas and, compared to California overall, Nevada County has a notably higher proportion of non-Hispanic White individuals. The remaining population identifies primarily as Hispanic or as two or more races. Western Nevada County has the largest proportion of individuals aged 65 or older compared to Eastern Nevada County and California as a whole.

Health Outcomes and Behaviors

Life expectancy varied substantially across the County, with residents in the census tract with the highest life expectancy living 9.2 years longer than those in the lowest-life-expectancy census tract. The mortality rate among Black individuals in the County was 1.5 times higher than among White individuals, and 2.3 times higher than Asian individuals. Notably, the mortality rate for Latino individuals in the County was substantially lower than the statewide rate.

The County's suicide rate has been approximately double that of California's rate for recent years. However, great strides have been made recently in the availability of mental health services, including the County's mobile crisis unit and the Crisis Stabilization Unit, and preliminary data suggests a substantial decrease in the suicide rate during the last three years. Accidental overdose deaths have been trending upwards in the County since 2019, reaching a five-year high in 2023.

Compared to California overall, the County has notably lower rates of both low-birthweight births and teen births. Nevada County also compares favorably to the state in terms of obesity, diabetes, and sexually transmitted diseases.

Healthcare Access and Utilization

The percentage of individuals without health insurance varies significantly across the county's 26 census tracts, from 0.3% to 13.7%. While county residents are mostly on par with other Californians for adult colorectal screenings, women in the county are less likely to have mammograms, kindergarteners are less likely to be immunized, and, on the positive side, adults are more likely to go to the dentist.

Social Determinants of Health (SDOH)

The proportion of residents living in poverty is lower in the County than in California overall; however, poverty rates vary dramatically across the County's 26 census tracts, from 0% to 43.7%. Additionally, annual PIT counts have identified approximately 500 individuals experiencing homelessness in recent years, and many suffer from serious mental illness. Notably, the number of individuals experiencing homelessness who are moved into housing has been increasing steadily since 2021.

The high school graduation rate in Nevada County varies widely across the County's 12 high schools, from 70.1% to 98.4%. The percentage of adults without a high school diploma also varies widely across the County's 26 census tracts, from 1% to 17%. The demand for early learning and care in the County is much higher than the supply, meeting the needs of only 42% of children aged 0–5. Nevada County was identified as one of the top five counties in the state with the highest increase in the cost of both infant and preschool care from 2018 to 2021.

Across California's counties, Nevada County ranks relatively low in both arrest and prison incarceration rates; however, Black individuals (aged 15-64) are 2.5 times more likely to be arrested in Nevada County compared to White people.

SDOH Variation by Geography

The composite Social Vulnerability Index, which is based on 16 factors, quantifies a community's access to resources and to fair and just opportunities to be as healthy as possible. Throughout this report the substantial variation across Nevada County's 26 census tracts for several of the 16 SVI factors was explored. To summarize, Figure 47 shows the range of values across the County's census tracts for each of the 16 SVI factors, and Figure 46 maps the composite Social Vulnerability Index, which considers all 16 factors; the darker the shading in this figure, the higher the average vulnerability experienced by residents. **The census tract with the highest SVI is considered 50 times more vulnerable than the census tract with lowest SVI**. This speaks to the wide variety of outcomes and circumstances experienced by different populations within the County and may provide insight into which areas might benefit most from specific types of services, supports, or resources.

Figure 46. Variation in Social Vulnerability Index by Census Tract

The Social Vulnerability Index varies significantly across Nevada County's 26 census tracts: **the census tract with the highest SVI is considered 50 times more vulnerable than the census tract with lowest Index**.

In this figure, the darker the shading, the higher the average vulnerability experienced by residents within that census tract.

Source: Centers for Disease Control and Prevention, Social Vulnerability Index, 2020.

Figure 47. Sixteen Factors that Contribute to the Social Vulnerability Index

Overall Vulnerability	Category	Factor	Variation Across Census Tracts in Nevada County
5.	6. Socioeconomic Status	Below 150% Poverty	0-44%
		Unemployed	0-13%
		Housing Cost Burden	16-48%
		No High School Diploma	1-17%
		No Health Insurance	0-14%
	7. Household Characteristics	Aged 65 & Older	12-43%
		Aged 17 & Younger	11-30%
		Civilian with a Disability	4-25%
		Single-Parent Households	0-29%
		English Language Proficiency	0-12%
	Racial & Ethnic Minority Status		5-36%
	8. Housing Type & Transportation	Multi-Unit Structures	0-40%
		Mobile Homes	0-50%
		Crowding	0-8%
		No Vehicle	0-19%
		Group Quarters	0-9%

Source: Centers for Disease Control and Prevention, Social Vulnerability Index, 2020.

Subappendix A1: Compilation of CSA Indicators

This Subappendix is used to compile results for all indicators that are referenced in the narrative in the body of the brief but not presented in a figure, as well as for indicators that are not in the narrative (or a figure) but are anticipated to be needed by the Nevada County Public Health Department for accreditation or other purposes.

Indicator Name	Indicator Description	Nevada County	California	Data Source and Year(s)
Community Characteristics				
Population Distribution	Percentage of population living in incorporated areas of Nevada County.	33%	NA	State of California, Department of Finance, "E-5 Population and Housing Estimates for Cities, Counties and the State — January 1, 2021-2023," Table 2: E-5 City/County Population and Housing Estimates, 1/1/2022.
Population Distribution	Percentage of population living in Truckee.	17%	NA	Ibid.
Population Distribution	Percentage of population living in Grass Valley.	13%	NA	Ibid.
Population Distribution	Percentage of population living in Nevada City.	3%	NA	Ibid.
Population Distribution	Percentage of population living in unincorporated areas of Nevada County.	67%	NA	Ibid.
Race/Ethnicity	Population increase of non-Hispanic White.	.63%	NA	Census Bureau, American Community Survey 5-Year

Indicator Name	Indicator Description	Nevada County	California	Data Source and Year(s)
	Population increase of Hispanic individuals.	10%	NA	Estimates, "ACS Demographic and Housing Estimates," 2018-2022.
Language Spoken	Increase in number of Nevada County residents over the age of 18 who spoke only English at home.	3.4%	1.1%	U.S. Census Bureau, American Community Survey 5-Year Estimates, "Language Spoken At Home," 2018 and 2022.
Language Spoken	Increase in the number of individuals over 18 who spoke Spanish.	5.7%	9.5%	Ibid.
Health Status and Behaviors				
Life Expectancy By Census Tract	Life expectancy variation by census tract.	Census tract w/highest life expectancy lived 9.2 years longer than those in the census tract w/lowest.	NA	CDC, National Center for Health Statistics, "Life Expectancy at Birth for U.S. States and Census Tracts, 2010-2015."
Infant Mortality	Number of infant deaths per 1,000 live births.	4.20	4.17	CDPH Infant Mortality Data; National Vital Statistics System – CDC WONDER, 2018-2020.
Physical Health	The proportion who reported 14 or more days of poor physical health, which includes physical illness and injury, during the last 30 days.	9%	9.6%	CHIS 2017-2020.
Cancer Incidence	Age-adjusted rate of cancer incidence (per 100,000 population).	403.6	402.0	California Cancer Registry Data (CCR), latest 5 year.

Indicator Name	Indicator Description	Nevada County	California	Data Source and Year(s)
COVID Mortality Rate	Number of deaths due to COVID-19 per 100,000 population.	153	261	NC: California Department of Public Health, California COVID-19 State Dashboard and CA: CDC – COVID Data Tracker.
Impact of COVID-19 on Life Expectancy	Decrease in life expectancy from 2019 to 2020.	1.1 years	NA	Nevada County Public Health Department, *2022 Nevada County Comm unity Health Assessment Addendum,* March 2023, p.3.
Impact of COVID-19 on Life Expectancy	Years of life lost due to COVID-19 per 1,000 county residents.	Ranked second as cause of death; nearly 6 years of life lost per 1,000 county residents.	NA	Ibid.
COVID Vaccination	Percent up to date with COVID vacations.	14.1%	12%	California Department of Public Health, California ALL, Vaccination Data, Updated November 17, 2023, Retrieved on January 9, 2024.
Poor Mental Health	Increase in depression and anxiety.	25%	NA	Nevada County Behavioral Health, Nevada County Community Mental Health Needs Assessment FY2023-2026, p. 2.
Poor Mental Health	Self-reported symptoms for individuals with pre-existing mental conditions.	Individuals report worsening of symptoms.	NA	Ibid.

Indicator Name	Indicator Description	Nevada County	California	Data Source and Year(s)
Harm Reduction	Number of naloxone kits distributed.	Over 2,892 Naloxone kits distributed through Know Overdose Nevada County.	NA	October 2022 – October 2023 Nevada County Public Health Department, 2023
Youth Substance Use	High school staff reports of alcohol and drug use.	Half of high school staff report alcohol and drug use to be a moderate or severe problem.	NA	California Department of Education, California School Climate, Health, and Learning Surveys (CalSCHLS): Public Dashboards, Nevada County Staff, "Substance Use and Mental Health: Alcohol and Drug Use," 2017-2019.
Youth Mental Health	High school staff reports of student depression and mental health.	Over two-thirds report student depression and mental health to be a moderate or severe problem.	NA	Ibid.
Youth Vaping	Percentage of Nevada County Youth surveyed (including 7th, 9th, 11th, and non-traditional students) who had ever tried a vape product.	23%	NA	California Department of Education & WestEd, *California Healthy Kids Survey: Nevada County Secondary 2021-2022 Main Report,* 2022, p. 51.
Substance Use Disorder	The rate of substance use disorder diagnoses per 1,000 hospitalizations of pregnant females ages 15-44.	Increased from 31.8 to 102.0 between 2018-2010 and 2017-2019.	NA	UCSF Family Health Outcomes Project, Nevada County Community Health Status Report. Accessed 10/16/2023.

Indicator Name	Indicator Description	Nevada County	California	Data Source and Year(s)
General Health	Proportion of residents who reported that their health was "good," "very good," or "excellent."	87%	86%	UCLA Center for Health Policy Research, CHIS, "Health Status," 2022.
Healthcare Access and Utilization				
Uninsured Females	The rate of uninsured females ages 18-64 in the county.	Trended downwards between 2008-2010 and between 2017-2019 fell to 6.9 per 100,000.	NA	UCSF Family Health Outcomes Project, *Nevada County Community Health Status Report.* Accessed 10/16/2023.
Uninsured	Percentage county residents who do not have health insurance.	5.7%	NA	Centers for Disease Control and Prevention, Social Vulnerability Index, 2020.
Medi-Cal Eligible Residents Receiving Services: Demographics	Number of Medi-Cal eligible residents receiving services in NC by race/ethnicity.	NC: Hispanic/Latino Beneficiaries Served 2021: 4.74% PR MHP Small Counties overall: 3.84%	Hispanic/Latino Beneficiaries Served 2021: 3.74% PR MHP	California Department of Health Care Services (DHCS), Medi-Cal Specialty Behavioral Health External Quality Review 2022-23: Table 7 2021, Figure 6 2019-2021.
Maternal and Infant Health Access and Utilization	Percentage of mothers on Medi-Cal.	39.4%	NA	Nevada County Public Health, Office of Vital Records, 2023.

Indicator Name	Indicator Description	Nevada County	California	Data Source and Year(s)
Maternal and Infant Health Access and Utilization	Percentage of parents receiving prenatal care beginning after their first trimester.	24%	NA	Nevada County Public Health, Office of Vital Records, 2023.
Maternal and Infant Health Access and Utilization	Percentage of babies born outside of the hospital.	10.9%	NA	Nevada County Public Health, Office of Vital Records, 2023.
Primary Care	Percentage of county residents who have a usual place to go to when they are sick or need health advice.	83.1%	82.5%	UCLA Center for Health Policy Research, The California Health Interview Survey (CHIS), AskCHIS, "Usual Source of Care," 2022.
HPSA: Primary Care	Health Professional Shortage Area (HPSA) for primary care.	Truckee, HPSA score 6, the lowest across California's 83 designated Primary Care HPSAs.	NA	Health Resources & Services Administration (HRSA), HPSA Find, 2021-2023. HPSA scores range from 0 to 26, with higher scores indicating a greater need for clinicians.
Social Determinants of Health				
Median Household Income	Income where half of households earn more and half of households earn less.	$79,395,	$91,905	U.S. Census Bureau, "Income in the Past 12 Months" and "Mean Household Income of Quintiles," American Community Survey 5-Year Estimates Detailed Tables, 2022.

Indicator Name	Indicator Description	Nevada County	California	Data Source and Year(s)
Income Inequality	Income inequality.	The top 20% of households earning roughly 16 times as much as the bottom 20% of households.	The top 20% of households earning roughly 18 times as much as the bottom 20% of households.	U.S. Census Bureau, "Income in the Past 12 Months" and "Mean Household Income of Quintiles," American Community Survey 5-Year Estimates Detailed Tables, 2022.
Poverty	Number of people living below the poverty level.	10.4% of Nevada County residents live below the poverty level.	NC percentage lower than 41 of California's 58 counties.	U.S. Census Bureau, Small Area Income and Poverty Estimates (SAIPE), 2021.
Poverty	Eastern/Western distribution of children living below the poverty level.	The majority of children aged 0-5 living below the poverty level reside in Western Nevada County.	NA	UCLA Center for Health Policy Research, California Health Interview Survey (CHIS), Eastern-Western Split, 2020.
Food Security	The percentage of the population that is both low-income and far from a grocery store.	9%	3%	University of Wisconsin Population Health Institute, County Health Rankings & Roadmaps, "Limited Access to Healthy Foods in California," 2023.
Free or Reduced-Price Student Lunches	Rate of students who are eligible for free or reduced-price lunch.	42.2%	58.8%	Population Reference Bureau (PRB), Kids Data, "Students Eligible for Free or Reduced Price School Meals," 2021.

Indicator Name	Indicator Description	Nevada County	California	Data Source and Year(s)
Students Eligible for Free Lunch	Number of students from Nevada County schools with over 100 students eligible for free lunch.	22.8%-84.6% of students.	NA	California Department of Education, Free or Reduced-Price Meal Data, 2022.
Unemployment	Annual average unemployment rate of civilian non-institutionalized population.	3.4%	4.2%	U.S. Bureau of Labor Statistics, Unemployment Rates for States, 2022 Annual Averages, and Labor Force Data by County, 2022 Annual Averages, 2022.
Unemployment	Unemployment rate across census tracts.	Varies from 0% to 12.9%.	NA	Centers for Disease Control and Prevention, Social Vulnerability Index, 2020.
Home Sale Prices	Home sale prices in Truckee.	Home sale prices increased by 105% while the median household income increased by just 37%.	NA	Tahoe Sierra MLS Annual Dollar Amount for Sold Analysis for Truckee.
Housing Costs	Housing cost increases in Truckee.	In Truckee, between 2015 and 2021, housing cost increases exceeded wage growth.	NA	US Census Bureau, "Household Median Income" & "Median Affordable Home Price," 2017-2021, 2011-2015, and 2005-2010, ACS 5-Year Estimates, 2010, 2015, 2021.

Indicator Name	Indicator Description	Nevada County	California	Data Source and Year(s)
Housing Cost Burden	Number of households whose income is less than $75,000 and who spend more than 30% of their income on housing.	32.4%	NA	Centers for Disease Control and Prevention, Social Vulnerability Index, 2020.
Housing Cost Burden	Nevada County housing cost burden rank among California's 58 counties.	22nd highest rate	NA	Centers for Disease Control and Prevention, Social Vulnerability Index, 2020.
Housing Assistance	Number of families on the 4-county Regional Housing Authority Section 8 housing vouchers waitlist.	4,617	NA	October 2023 Regional Housing Authority, Housing Needs of Families on Public Housing Waiting List. Accessed Oct. 19, 2023.
Housing Assistance	Average wait time for RHA Section 8 Housing Vouchers.	12-14 months	NA	October 2023 Regional Housing Authority, Housing Needs of Families on Public Housing Waiting List. Accessed Oct. 19, 2023.
Broadband Access	Number of households with access to broadband internet connection.	90.3%	91.5%	U.S. Census Bureau, ACS 5-Year Estimates, "Types of Computers and Internet Subscriptions," 2022.
Commuting Patterns to Work	Mean time commuting to work.	24.5 minutes	29.2 minutes	U.S. Census Bureau, ACS 5-Year Estimates, "Commuting Characteristics by Sex," 2022.

Indicator Name	Indicator Description	Nevada County	California	Data Source and Year(s)
Commuting Patterns to Work: Means of Transportation	Number of households with access to a vehicle.	3.6% overall; Ranges across the 26 census tracts from 0% to a high of 18.7% in Truckee and in the region between Grass Valley and Nevada City.	NA	Centers for Disease Control and Prevention, Social Vulnerability Index, 2020.
Housing Insecurity: Housing Type	Area with the percentage of housing structures with 10 or more units and the highest percentage of mobile homes.	10 or more units: Grass Valley, 39.7% Mobile homes: Northwest of Alta Sierra, 50.1%.	NA	Centers for Disease Control and Prevention, Social Vulnerability Index, 2020.
Housing Insecurity: Overcrowding	Within occupied housing units, the percentage of households with more people than the number of rooms and the percentage of people living in group quarters.	More people than rooms: Highest in Grass Valley at 7.6%. Group quarters: highest in Truckee at 8.5%.	NA	Centers for Disease Control and Prevention, Social Vulnerability Index, 2020.
Homelessness Prevention and Outreach	Entities in Nevada County working to engage, serve, and house people experiencing homelessness.	The HOME team provided outreach to 247 individuals in 2021.	NA	Nevada County Behavioral Health, *Nevada County Community Mental Health Needs Assessment FY2023-2026,* p. 5.
Homelessness Assistance	The number of individuals moved into housing.	Hospitality House: 147 in 2021 and 252 in 2023.	NA	Hospitality House, Annual Report, 2020-2021, 2021-2022, 2022-2023.

Indicator Name	Indicator Description	Nevada County	California	Data Source and Year(s)
Homelessness Assistance: Housing Supports	Number of additional supports for people experiencing homelessness.	72 new units in 2022	NA	Nevada County Behavioral Health, *Nevada County Community Mental Health Needs Assessment FY2023-2026,* p. 5.
Homelessness Assistance: Food Supports	Number of meals served.	Average of 81,424 meals per year.	NA	Hospitality House, Annual Report, 2021-2022,2022-2023; North Tahoe-Truckee Homeless Services, Annual Report 2021-2022, 2022-2023.
Homelessness Assistance: Mental Health Supports	Number of individuals served via the Nevada County Behavioral Health enhanced care management team in partnership with the MediCal managed care plan primarily serving people with serious mental illness and substance use disorder who are also experiencing homelessness.	The team is currently supporting 80 individuals and will be expanding to 150 individuals.	NA	Nevada County Behavioral Health, *Nevada County Community Mental Health Needs Assessment FY2023-2026,* p. 6.
Educational Attainment	The percentage of adults aged 25 and over without a high school diploma across census tracts.	Ranges from 0.6% to 16.7%.	NA	Centers for Disease Control and Prevention, Social Vulnerability Index, 2020.

Indicator Name	Indicator Description	Nevada County	California	Data Source and Year(s)
Child Care	Percentage of children aged 0-5 whose ELC needs are met between licensed child care centers, family child care homes, infant care centers, and license-exempt care provided by Family Friends & Neighbors. This shortage, though pervasive throughout Nevada County, is acute in both Penn Valley and Truckee.	42%	NA	Nevada County Local Planning Council & Superintendent of Schools, Nevada County, *Early Learning and Care Needs Assessment,* 2023, p. 28.
Child Care Affordability	Amount spent annually by an unsubsidized family with two children between the ages 0–5 on full-time ELC.	Between $21,000 and $33,000 or 22-34% of their income.	NA	Nevada County Local Planning Council for Child Care Development, *Early Learning and Care Needs Assessment,* December 2, 2023, p. 3.
Child Care Affordability	Annual cost of child care.	Estimated annual costs ranging from $10,278-$16,357.		Nevada County Local Planning Council & Superintendent of Schools, Nevada County, *Early Learning and Care Needs Assessment,* 2023, p. 36.
Child Care Availability	Childcare deserts.	ELC needs are only met for 42% of children aged 0–5.		Nevada County Local Planning Council & Superintendent of Schools, Nevada County, *Early Learning and Care Needs Assessment,* 2023, p. 28.

Indicator Name	Indicator Description	Nevada County	California	Data Source and Year(s)
Child Care Affordability	Percent increase in the cost of infant and preschool care.	Increase from 2018 to 2021: infant care-48% and preschool care-32%.	NA	Ye, Cong, et al., *2021 Regional Market Rate Survey of Child Care Providers: Full Findings Report*, American Institutes for Research, June 2022, pp. 39-41.
Arrests and Incarceration Rates	Nevada County's rank among California's 58 counties.	Arrest rates: 45th Prison incarceration rates: 53rd Jail Incarceration Rate: 28	NA	Vera Institute of Justice, *California: The State of Incarceration*, 2021.
Arrests Rates	Arrest rates by race and ethnicity among those aged 15 to 64 years old.	Black individuals are 2.5 times more likely to be arrested in Nevada County compared to White people.	NA	Vera Institute of Justice, *California: The State of Incarceration*, 2021.
Limited Access to Healthy Foods	Population who are low-income and do not live near a grocery store.	3%	9%	University of Wisconsin Population Health Institute, County Health Rankings & Roadmaps, 2023.
Voter Participation	Percentage of eligible voters who voted in the November 2022 general election.	62.7%	California counties ranged from 27.7% to 65.3%	California Secretary of State, Elections and Voter Information, Election Statistics, Voter Participation Statistics by County, November 8, 2022, General Election.

Indicator Name	Indicator Description	Nevada County	California	Data Source and Year(s)
Social Associations	Number of membership associations per 10,000 population.	10.4	6	University of Wisconsin Population of Health Institute, School of Medicine and Public Health & Robert Wood Johnson Foundation, County Health Rankings & Roadmaps, Nevada County, CA, 2023.
Climate Change	Number of extreme heat days.	The number of extreme heat days over 91.9°F are expected to be 34 days per year in 2040-2060 and 70 days per year in 2080-2099.	NA	California Department of Public Health, Climate Change & Health Vulnerability Indicators for California (CCHVIs), "County Snapshot," 2023.

Appendix B. Community Partner Assessment Brief

Appendix B comprises the entire Community Partner Assessment Brief, finalized by Nevada County in December 2023.
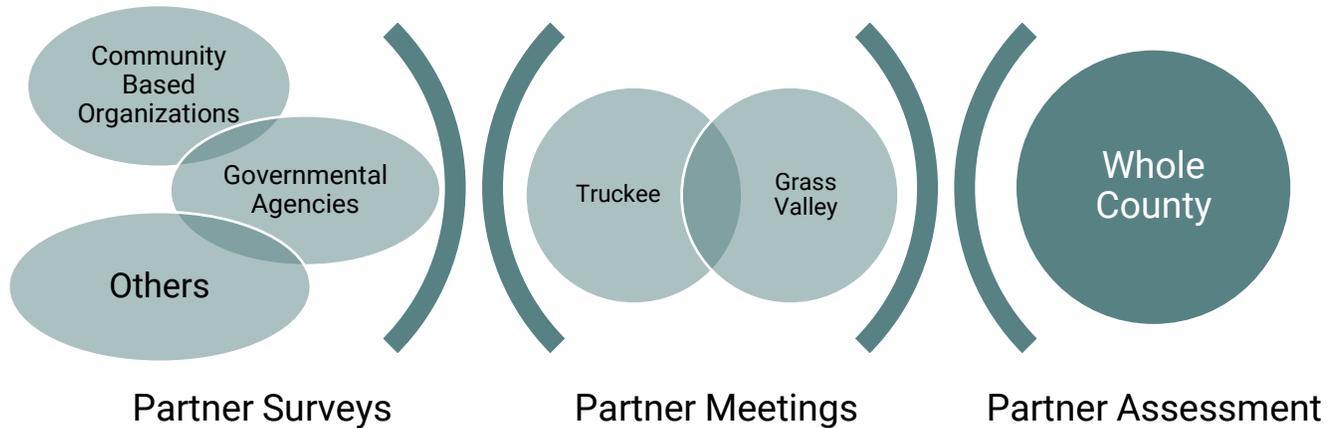
Community Partner Assessment Brief

Partner Surveys and Events Summary

NEVADA COUNTY CALIFORNIA | Public Health

Table of Contents

Introduction

Nevada County Public Health – with assistance from a cross-sector team – reached out to partners across the County to better understand how agencies and organizations are working together for the health and well-being of residents. Two major activities informed this assessment: a partner survey, launched in July 2023, and partner events, held in October 2023.

| Partner Surveys | Partner Meetings | Partner Assessment |

Considerable information was collected through these processes and will continue to support the understanding and development of the **Community Health Improvement Plan (CHIP)**. This document summarizes insights and lessons learned from the network of partners.

Building a Community Improvement Plan

This assessment is a component of Mobilizing for Action through Planning and Partnerships (MAPP). MAPP is a community-driven strategic planning process to achieve health equity. It provides a structure for communities to assess their most pressing population health issues and align resources across sectors for strategic action. It emphasizes the vital role of broad stakeholders and community engagement, the need for policy, systems, and environmental change, and alignment of community resources toward shared goals. The process results in a community health assessment (CHA) and a community health improvement plan (CHIP).

The **Community Partner Assessment** collects information on the organizations and community partners that can support community health improvement. It aims to assess the collective capacity of the network to address health inequities.

Methodology

Important Context for this Document

Throughout the document, the terms "partners", "providers", "organizations", "the network" and other terms are used. These are intended to describe the participants that engaged in this process; however, it is important to note that the full array of partners and organizations within Nevada County that support health and well-being is broader than those that could participate in either the survey or partner events. It is intended that additional opportunities for partners to participate in community health improvement activities will be ongoing through CHIP development and implementation.

Assessment Design Team: What It Means to Be in Partnership

One of the first activities in the partner assessment was to work with a cross-sector team to advise on the content and distribution of the Partner Survey. Members of this team were asked to reflect on their experiences in good partnership. From this discussion, some important practices were identified that can serve to guide other elements of the Community Health Improvement process.

How We Can Be Good Partners: Voices From Nevada County

Share a vision	*Share and align values*	*Communicate regularly*	*Be vulnerable; open; real*	*Be able to ask for help*	*Be willing to work through issues*
Move at the speed of trust	*(e.g., slow down when needed)*	*Be open and honest in communication*	*Provide clear roles and expectations*	*Ensure consents and protect boundaries*	*Keep your commitment; do what you say you will*
Be of mutual support; collaborate	*Be flexible*	*Help people find answers or connections*	*Address needs together*	*Hear and be open to different perspectives*	*Know that more heads are better than one!*

Community Partner Assessment Survey

Electronic surveys were distributed at two points in time throughout the assessment process via the SurveyMonkey platform. The first, more comprehensive survey was completed by 33 organizations. That survey was closed in September 2023, and an abbreviated survey was opened in October that was designed to collect only information necessary to support network mapping. Four organizations provided information in the abbreviated survey. A description of organizations that participated in the survey and that opted to have their information shared is provided in Appendix B. Key highlights from the surveys are provided in the body of this brief, and selected data are included in Appendix B.

The organizations that completed the survey cover a broad range of services and geography. However, due to the relatively small number of organizations compared to the total possible and applied methodology of convenience sampling, the results should not be considered representative of the county but as data representing only the body of organizations that responded.

The 37 organizations that completed the survey comprised the following types. Note that survey participants could select more than one "organization type" option from the provided options, and therefore the list below totals more than 37:

- 25 Community Based Organizations
- 5 Social Service Providers
- 5 Mental Health Providers
- 4 Emergency Response
- 4 Grassroots/Organizing
- 3 City/County Government
- 5 "Other"

- 1 Business/For Profit
- 1 Center for Independent Living
- 1 Childcare Planning Council
- 1 Housing Provider
- 1 Faith Based
- 1 Foundation/Philanthropy

The table below summarizes the areas of the county survey respondents indicated that they serve.

Area of the County	Number of Organizations Serving	Percentage of Total
Eastern County	10	27%
Western County	10	27%
Whole County *One respondent included in this row indicated "other: whole county eligible to come, but we don't have a food distribution site in Eastern County."*	17	46%
Grand Total *(includes 4 surveys from abbreviated version)*	**37**	**100%**

Community Partner Events

In October 2023, two Community Partner Events took place as part of the Nevada County Community Health Improvement Project. The first took place on October 5th in Truckee, California and the second took place on October 6th in Grass Valley, California. The meeting held in Truckee was intended to learn about and discuss the needs of Eastern Nevada County, and the meeting held in Grass Valley was to learn about and discuss the needs of Western Nevada County. Both regions share considerable similarities in the issues expressed, and also have specific factors that influence these issues and highest priorities. Both the shared and unique aspects of community context are presented in this brief and in Appendix A.

A total of 64 participants engaged in the Community Partner Events, with 36 people attending the event in Truckee and 35 people attending the event in Grass Valley (note that some individuals attended both events). Both Community Partner events were held in community-based meeting rooms identified as widely accessible to participants and arranged for by Community Health Improvement Project Steering Committee members.

The objectives and agenda for both partner meetings were identical, using a structured process to engage the community partners.

Meeting Objectives

- Build relationships,
- Explore topics of power,
- Discuss ways to improve health equity in Nevada County,
- Share ideas for filling gaps and growing health services and supports

Agenda

Gathering, Welcome, and Introductions
What We Are Learning: Community Status Assessment
Discussion in Small Groups
Break
What We Are Learning: Community Partner Assessment
Discussion in Small Groups
Bringing it all Together – Next Steps and Closing

Findings

Data from both surveys and partner event meetings reveal important strengths, assets, challenges, and opportunities of Nevada County organizations and agencies.

Partner And Network Strengths

Intention and Demonstrated Action to Collaborate for Health and Wellbeing

Partners expressed through surveys -- and demonstrated through meeting engagement -- strong support for collaboration. Partner organizations have a shared orientation and interest in addressing health equity, made visible through discussions of structural racism and other forces that shape social and economic inequality in the county and broader context. Through surveys and meetings, local leadership identified ways they are working toward meaningful change. Existing coalitions are in place and well connected, evidence of existing collaboration and the ability to work together toward shared goals.

Partners Attuned to Community

The network of partners provides services to people with a broad range of ages, circumstances, and geographies. Several organizations and agencies either focus on or have programming customized to support people by race, ethnicity, culture, language, and experiences. Many organizations have one or more staff persons who are focused on equity. Organizations led by Black, Indigenous, and Latino ("Latino" "Latinx," and "Hispanic" in surveys) people are providing leadership and supporting deeper transformation around issues of equity. Many, but not all partner organizations, can provide support in languages other than English, with Spanish as the most common language other than English spoken within organizations and within the broader population.

Partners Working Strategically and Creatively

Organizations are actively assessing and collecting information, including information directly from people with lived experience, to understand issues and inform decision-making. They provide education and prevention to promote well-being, they provide direct services, and many also work on system and policy approaches to change. These capabilities distributed across the county contribute to a continuum of support for public health aims. Together, organizations and agencies are contributing to economic stability, social community context, educational access, and neighborhood factors -- all important social determinants of health.

> "Health equity is the state in which everyone has a fair and just opportunity to attain their highest level of health. Achieving this requires focused and ongoing societal efforts to address historical and contemporary injustices; overcome economic, social, and other obstacles to health and healthcare; and eliminate preventable health disparities."
>
> – Centers for Disease Control and Prevention

Partner And Network Challenges

Persistent and New Issues Deepen Health Inequity

Generational trauma, racism, economic injustice, and marginalization persist. Positive changes may be noted over longer time periods and for some but not all groups. However, there is evidence that situations have worsened in recent years through deepening income inequality, unaffordable housing, isolation and polarization, and other factors that negatively impact individual and community health. For people being served, and providers, persistent, long-term issues, alongside new crises contribute to exhaustion. In many sectors, the workforce is not fully staffed, adding one more layer of challenge to supporting the health and well-being of residents.

Providers Face Barriers in Serving Specific Groups and Populations

Partners identified groups and individuals difficult to serve. In surveys, geographic distance, rural living, and transportation were the most frequently named barriers to providing services. Partners also struggle to meet the needs of people with more severe needs – for example, people with acute mental illness, substance use, experiencing homelessness, and deep poverty. Partners also can be challenged to adequately serve the Latino population, noting language and cultural differences. Providers may be most challenged to adequately provide support where multiple aspects of discrimination intersect. One survey described "rural LGBTQIAP+ community members, especially those who are BIPOC or disabled are difficult to reach due to lack of resources/funding for accessibility."

Coordination and Full Service is Impeded by Funding and Structural Barriers

Despite interest and evidence of collaboration, siloed systems are a reality that prevent coordination. Many silos are formed structurally; in the ways that programs are funded at national and state levels; in competition for seemingly limited resources, and in arrangements that are important to protect privacy, but prevent coordinated support. They can also exist at interpersonal levels where relationships between organizations are not in place, or even through the simple issue of lack of awareness among partners about the resources available within the county.

Related to this are issues of resourcing for partner organizations. Organizations face different realities and issues with sustainability. Some have what they need to operate and serve; others do not. Additionally, changes to the funding landscape – for example, changes in federal funding for childcare – undermine stability and sustainability of programs and services.

> "The concept of intersectionality describes the ways in which systems of inequality based on gender, race, ethnicity, sexual orientation, gender identity, disability, class, and other forms of discrimination "intersect" to create unique dynamics and effects."
>
> – Centers for Intersectional Justice

Partner And Network Opportunities

Continue to Work Together

Together, partner organizations and agencies are already working to make changes that individuals and even organizations cannot affect alone. Staying connected and in collaboration on equity and "upstream" issues can help with the individual missions of the organizations. Engagement in the Community Health Assessment and Community Health Improvement Plan offers continued opportunities to prioritize key issues and strengthen collective action for change. Another opportunity to support collaboration is through use of Community Centric Fundraising (CCF). This approach is focused on co-grounding fundraising and philanthropy in racial and economic justice, and one of CCF's core principles is that "nonprofits are generous with and mutually supportive of one another" rather than viewing and treating each other as competitors.[69]

> **ADDRESSING ISSUES AT THE UPSTREAM, MIDSTREAM, AND DOWNSTREAM LEVELS**
>
> "In the classic public health parable credited to medical sociologist, Irving Zola, a witness sees a man caught in a river current. The witness saves the man, only to be drawn to the rescue of more drowning people. After many have been rescued, the witness walks upstream to investigate why so many people have fallen into the river. The story illustrates the tension between public health's protection mandates to respond to emergencies (help people caught in the current), and its prevention and promotion mandates (stop people from falling into the river).
>
> Evidence is mounting that an upstream approach to health—one that addresses people's access to the determinants of health—will benefit everyone…
>
> Public health, among other organizations and groups, can work to create greater fairness in the distribution of good health at three levels:
>
> - the **downstream**, immediate health needs of populations that are marginalized,
> - the **midstream**, intermediary determinants, or material circumstances such as housing conditions, employment and food security; and
> - the **upstream**, structural determinants such as social status, income, racism, and exclusion."[2]
>
> – National Collaborating Centre for Determinants of Health

[69] "CCF'S 10 Principles". Community Centric Fundraising. Accessed December 13, 2023 at https://communitycentricfundraising.org/ccf-principles/.
[70] Let's Talk Moving Upstream: Part of the LET"S TALK Series. National Collaborating Centre for Determinants of Health. Accessed December 13, 2023 at chrome-extension://efaidnbmnnnibpcajpcglclefindmkaj/https://nccdh.ca/images/uploads/Moving_Upstream_Final_En.pdf. Pages 1-2.

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Support Connection

Partner conversations identified isolation and lack of connection as a root cause of many issues and problems. Investments in social connection and strengthening connections within and among individuals and groups may offer another point for connection as partners identified partner networking as an area of value and a way to leverage collective issues.

Issues of geographic isolation were the most common barriers to supporting community needs. Support for transportation, creative solutions to bring resources to isolated people or communities may also be ways that the partner network – along with public health – can more fully address community needs.

Identify Points of Influence for Root Causes

Partners can continue collective discussion and attention toward the root causes and structural aspects that undermine or contribute to community health and wellbeing. Actions could include commitments to address equity within organizations, and advocacy for structural changes through contract or policy work. Organizations and governmental agencies can be powerful allies in affecting structural and policy change at local, state, and even federal levels.

An understanding of the gaps in the service network can help governmental agencies as well as community-based organizations to fill them. In small counties, publicly available data can be limited, skewed, or difficult to interpret. Working across organizations and agencies to better understand the issues and collect data to inform decision-making and use of resources, are examples of ways to continue to build public health. At a more micro level, working to develop data-sharing agreements can help organizations serve individuals with more complex needs. Data sharing can also prevent individuals from repetitive – and sometimes re-traumatizing requirements -- of completing forms and sharing personal histories or sensitive information.

Finally, but not least important, supporting the health and wellbeing of individual providers is critical to any lasting changes. Additionally, nurturing relationships and support across organizations is a simple solution that can positively impact the services and support residents.

Root Causes Exercise

Using the metaphor of a tree, partner groups at meetings in both Eastern and Western Nevada Counties engaged in structured visualization exercises to discuss issues and problem "branches" that organizations face. They discussed common sources or "roots" of various community issues. In this visualization, the provider network is functioning as part of the "trunk" – working to bring resources to the branches (community problems), but the network's limited ability to support branches is influenced by the condition of soil and roots. This exercise is similar to the "Pair of ACES" resource described below.

> "The Pair of ACEs tree image grew out of the need to illustrate the relationship between adversity within a family and adversity within a community. The leaves on the tree represent the 'symptoms' of ACEs that are easily recognized in clinical, educational and social service settings…. The tree is planted in poor soil that is steeped in systemic inequities, robbing it of nutrients necessary to support a thriving community. Adverse community environments such as a lack of affordable and safe housing, community violence, systemic discrimination, and limited access to social and economic mobility compound one another, creating a negative cycle of ever worsening soil that results in withering leaves on the tree."
>
> – Milken Institute of Public Health

To facilitate this exercise, participants were asked to group themselves at tables with people who represented organizations other than their own to allow for a richness of dialogue and ideas. Each table was provided with worksheets that included a visual of a tree. Participants were asked to discuss and identify important problems in their community. They then engaged in an analysis exercise to identify root causes of these problems. Representatives from each table reported out to the full room of participants, and during this report-out participants from other tables were asked to indicate if any of the root causes mentioned were also root causes for their primary issues. Discussions illustrated that while primary issues differed, in many cases, they had the same root causes.

Attendees were then asked to participate in a discussion of the strengths and collective capacity of the partners at the events and in the broader community to support health and well-being. These conversations also may have included discussions of opportunities that the County can explore to support health and well-being.

A synthesis of these activities, with comparison between Eastern and Western Nevada County responses, can be found on the following pages in the Problem and Resilience Tree visuals.

Problem Tree

Eastern County

Branches (example issues)
Housing Instability
Domestic Violence
Overdose Deaths
Lack of Access to Care
Health Disparity

Trunk
Lack of Providers*
Inflexible Funding
Siloed Systems
Geography and Transportation Barriers
Lack of Family Support

Diminished Roots
Division
Stigma
Isolation
Unbroken Cycles
Policies, e.g., Criminalization of Drugs

Western County

Branches (example issues)
Homelessness
Substance Use
Mental Illness
Suicide
Community Violence
Poverty

Trunk
Unequal Funding
Lack of Providers*
Tokenism
"Checking the Box" for Equity

Diminished Roots
Loneliness
Division
Stigma
Isolation
Unbroken Cycles
Toxic Stress

Soil: Impeding Individual and Collective Health and Wellbeing

Structural racism; white supremacy culture; policies that perpetuate wealth disparities and economic injustice; historical trauma

*Specific provider types noted as lacking by event participants included dental/oral health, behavioral/mental health, and those offering bilingual (Spanish) services.

Root causes and problems highlighted in Eastern and Western Nevada County are detailed in the following paragraphs.

Root Causes/Problems - Eastern County

Key themes include economic inequality driven by capitalism and policies that perpetuate wealth disparities, inadequate system design, and housing instability. These issues compound the toxic stress experienced by individuals, often leading to intergenerational trauma. Geographic and transportation barriers, coupled with insufficient access to care, services, and mental health treatments, exacerbate disparities. The criminalization of drugs, stigma, and a lack of family support hinders progress. Addressing these problems requires flexible funding, comprehensive mental health initiatives, community engagement, cultural competence, and innovative solutions. There is a need for fostering a sense of connectedness, improving wellness, and tackling domestic violence and overdose deaths. Expanding access to dental and mental health providers is also crucial.

Root Causes/Problems - Western County

Systemic issues rooted in racism, white supremacist culture, and power dynamics perpetuate inequality and discrimination. Fear, hate crimes, and a lack of authenticity contribute to isolation and division, as well as tokenism and unequal funding. Generational mental health struggles and poverty compound mental health and substance use problems, and housing instability which can lead to people experiencing periods of homelessness. The dehumanizing effects of systemic biases and a lack of equitable resources are pervasive, reinforced by social stigma and the challenges of a siloed system. Distrust of the system, personal pride, and an individualistic culture further impede progress. The intersectionality of marginalized communities intensifies these challenges, particularly in the context of an aging population and as seen in the impacts of COVID-19. Community partners stressed the need for genuine representation, authentic reflection, and trauma-informed care. They seek healing, community-centric funding, and a shift from a reactive stance to proactive solutions. Barriers to funding and a lack of connection to racial and ethnic diversity also hamper efforts for positive change.

In the next visualization, the tree is thriving with healthy soil, roots, trunk, branches, and leaves. Healthy branches are conditions that support individual well-being. The trunk, showing a robust and healthy network of partners, supports these branches. The roots – the work of partner networks—can be more effective in addressing issues because overall conditions exist to support health and wellness.

Resilience Tree

Eastern County

Branches
Education
Skilled workforce
Health and wellbeing
Civic engagement
Care for environment

Stable Trunk
Funding / scholarships
Referral pathway (e.g., app)
Collaboration
Innovated funding
Diverse programming

Healthy Roots
Partnership
Collaboration
Economic Opportunity

Western County

Branches
Housing and stability
Health and wellbeing

Stable Trunk
Access to care and services
Equitable funding
Strong network of providers
Working together
Centering Black, Indigenous, and Latinx leaders
Trauma-informed

Healthy Roots
Connection
Collaboration
Eco-centric Approach

Soil: Space for Individual and Collective Healing, Health, and Wellbeing:

Anti-racist practice: deep learning and healing, policies that create and sustain economic justice

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Root strengths highlighted in Eastern and Western Nevada County are detailed in the following paragraphs.

Root Strengths - Eastern County

Education is supported through a team of counselors that aid with career and financial guidance, fostering a seamless connection from high school to college and career opportunities. Scholarships are available, emphasizing the encouragement of bilingual providers and trades. Technological innovation is evident in the form of a high-tech repository of service events and use of an app. Innovative revenue generation strategies such as exploring tolls, could contribute to financial stability. Collaboration, civic engagement, and care for the environment are priorities, while young leadership, connectedness among community members, regional proximity, and diverse programming further fortify the community's strengths.

Root Strengths - Western County

Collective learning and sharing create a culture of knowledge exchange, while antiracist organizations work towards equity and inclusion. Healing and mutual care foster a supportive environment, and an eco-centric culture promotes sustainable practices. The community places importance on diverse leadership, centering both Latino and Black leaders, and strives for economic justice. A strong network of providers and informal support systems ensures mutual well-being and collaboration. Funding is approached collaboratively, ensuring equitable distribution. Accessibility and equitable funding underscore the importance of accessible services and housing stability. The commitment to healthcare for all and a strong sense of connection further reinforce the community's strengths.

Subappendix B1: Listing of Participating Partner Organizations

The information provided for each organization that completed the survey and that opted into having their information published follows the structure of:

Organization Name

Main Location

Additional Offices

Area(s) Served

Organizational Description (*for some organizations, this was pulled directly from their website as the more comprehensive survey did not include a question of this nature*)

Priority Population(s) *(this question was optional on the survey and information may not be available for all partners)*

Achieve Tahoe

2680 Alpine Meadows Road, Alpine Meadows, CA 96146

Northstar at Tahoe

Eastern County

"Achieve Tahoe provides year-round outdoor recreation activities for people with cognitive, sensory, and physical disabilities. We can serve just about anyone with any disability. We focus on health, confidence, and independence so that the experience people have with us is long-lasting and carries over into other areas of their life."

Persons with any type of disability

Adventure Risk Challenge

PO Box 3208, Truckee CA 96161 Oakhurst, CA

Eastern County

"We provide integrated leadership, literacy, and outdoor experiences for underserved high school youth, including classroom partnerships, after school programming, weekend trips, and immersive summer programming."

Socio-economically disadvantaged, Latine population, LGBTQIA+ high school youth

Agency on Aging, Area 4

1401 El Camino Ave, Sacramento, CA

Whole County

"AAA4 works to enrich the lives of older adults and people with disabilities by fostering networks of support, advocating for individual choice, collaborating with others, ensuring equity, and striving to do so with conviction."

Older Adults

Big Brothers Big Sisters of Northern Sierra

535 Main St, Placerville, CA 95667

227 Broad St. Nevada City, CA 95959

Whole County

"Big Brothers Big Sisters makes meaningful, monitored matches between adult volunteers ("Bigs") and children ("Littles"), ages 6 through 18, in communities across the country. We develop positive relationships that have a direct and lasting effect on the lives of young people."

Bright Futures for Youth

200 Litton Drive, Suite 308, Grass Valley, CA

Western County

"Bright Futures for Youth is a community-focused nonprofit organization committed to addressing the ever-changing needs of youth, from sixth-graders to those in their mid-20s in Nevada County. We serve adolescents and young adults with our various prevention and early intervention programs with a diverse professional staff. We have the SAFE Drop in Center for youth experiencing homelessness to receive basic needs supplies (food, clothing, hygiene products) and get connected to needed services. We have the NEO Youth Center (larger renovated spaced will open in October) for middle school and high school youth open after school every day on a drop-in basis with a variety of activities to participate in (art, music, video gaming, academic support, etc.)"

Pre-teens, teens and young adults (grades 6-12 and up to age 25) at risk (low-income, childhood trauma, struggling academically or socially in school, homeless, mental illness, etc.). Also serve all youth in this age range, regardless of risk factors, in our NEO programs

California Heritage: Indigenous Research Project

PO Box 2624 Nevada City CA 95959

N/A

Whole County

"CALIFORNIA HERITAGE: INDIGENOUS RESEARCH PROJECT (CHIRP) is a Tribally guided 501c3 charitable organization whose mission is to Preserve, Protect and Perpetuate Nisenan Culture."

Nevada City Rancheria Tribal community as well as providing Cultural competency and stigma reduction to the wider non-Native community

Chapa-De Indian Health

1350 East Main St., Grass Valley, CA 95945

Whole County

Non-profit health centers offer adult and pediatric primary medical care, nutrition and health education, prenatal care, dental care, orthodontia, mental health counseling, psychiatry, optometry, and pharmacy services

"Chapa-De was founded in 1974 after a study showed American Indians in California experienced a higher incidence of diabetes, depression, and substance abuse. Today Chapa-De operates two private, non-profit community health centers and is governed by an American Indian Board of Directors. Our non-profit health centers offer adult and pediatric primary medical care, nutrition and health education, prenatal care, dental care, orthodontia, mental health counseling, psychiatry, optometry, and pharmacy services."

American Indian/Alaskan Natives

Child Advocates of Nevada County

200 Providence Mine Rd, Ste, 210, Nevada City CA 95959

Healthy Babies: 208 Providence Mine Rd, Ste. 119, Nevada City

10075 Levon Ave, Suite 201C Truckee, CA 96161

Whole County

"Child Advocates of Nevada County provides emotional and practical support to help children overcome trauma and isolation caused by abuse and neglect so that they can rise to their potential. Using the best practices of CASA and Healthy Families America, along with a fun and engaging puppet show program, we model healthy relationships and provide respectful, caring mentorship. We lift lives by helping others to recognize and build on their strengths."

All pregnant and parenting families up to the child's age of 5. CASA children referred by CPS for CASA services

Citizens for Choice

PO BOX 3525, Grass Valley, CA 95945

We financially and operationally support The Clinic! in GV

Whole County

"We provide reproductive health education, as well as work towards repro justice and equity through advocacy and the financial and operational support of The Clinic!, Nevada County's only full service repro clinic with abortion access and gender affirming care. and gender affirming care. We collaborate with our community partners such as YHRC and Nevada County Pride, as well as participate in various coalitions and task forces such as California Coalition of Reproductive Freedom, CCRF."

Low to middle income, rural, Latino, LGTBQIAP+, youth, at risk youth, young parents who already have children, senior population... bodies that ovulate, those who need testicular care, those who are interested and engaged in being sexual partners

Community Beyond Violence

1020 McCourtney Rd Ste C Grass Valley CA, 95949

Western County

"CBV's mission is to offer resources for building healthy relationships and to work with community partners to provide services for healing the effects of interpersonal violence. Resources include emergency shelter, housing case management, legal information, and assistance."

Victims and survivors of domestic violence, sexual assault, human trafficking and their children

First 5 Nevada County

Physical Location: 640 E Main St #3 Grass Valley CA 95945

Mailing 380 Crown Point Circle GV 95945

Whole County

"First 5 Nevada County promotes the importance of early childhood by investing in complex systems of care, empowering families, and strengthening the community. We do this through funding local CBOs and programs who support families with young children. We also give out car seats and do car seat safety training for families."

FREED Center for Independent Living

435 Sutton Way Grass Valley, CA 95945

Whole County

"FREED is a disability and aging resource center providing services to residents of a five county area comprised of Nevada, Sierra, Yuba, Sutter and Colusa Counties. FREED's funders include Agency on Aging Area 4, California Department of Rehabilitation, US Administration of Community Living, SCAN Foundation, Dignity Health Foundation, Mental Health Services Act, California Department of Health Care Services, Nevada County, and City of Yuba City."

Individuals who use ASL, Spanish speakers

Gold Country Community Services, dba Gold Country Senior Services

206 Providence Mine Road, Suite 118, Nevada City, CA 95959841

Old Tunnel Road, Nevada City, CA 95959

Western County

"Gold Country Community Services, dba Gold Country Senior Services provides a range of programs and services that support the health, well-being, and independence of older adults in our community."

Older adults in Nevada County

Hospitality House

1262 Sutton Way, Grass Valley, CA 95945

488 Crown Point Circle, Suite 100, Grass Valley 95945

Whole County

"Hospitality House is a 501(c)(3) nonprofit emergency shelter and housing provider, serving low-income and homeless residents of Nevada County. Hospitality House bridges the gap between homelessness and housing by offering shelter, housing resources, and a variety of wraparound services designed to help residents transition from homelessness to housing. Hospitality House envisions a community where accessible, permanent housing is available to all in Nevada County."

Interfaith Food Ministry of Nevada County

440 Henderson St, Grass Valley, CA 95945

Whole County is eligible to come, but we don't have a food distribution site in Eastern County.

"Interfaith Food Ministry is a nonprofit dedicated to providing supplemental food to families in Western Nevada County. Interfaith Food Ministry works to reduce food insecurity in Western Nevada County. We feed the hungry, helping to sustain good health and human dignity."

Food insecure residents of Nevada County

KidZone Museum

11711 Donner Pass Rd, Truckee CA 96161

Eastern County

"The KidZone Museum is a children's museum in Truckee, California that serves 30,000 visits annually. Our mission is to inspire learning through creative play and discovery. Our exhibits are optimal for children under 7. Our camps and school programs are designed for children through elementary school. Teenagers can gain important service learning experience through volunteering at the museum."

Children 0-7 years old and their families

Local Planning Council for Child Care Development for the County of Nevada, Nevada County Superintendent of Schools

380 Crown Point Circle, Grass Valley CA 95945640

East Main St #3, Grass Valley CA 95945

Whole County

"The Local Planning Council serves as the united voice for early learning and care (ELC) in Nevada County by supporting and addressing the access to high-quality early learning and care programs to meet the needs of families in the community in a continuum of settings where children, launch projects for ELC systems improvements, including maximizing parental choice and knowledge, sharing best practices among early learning providers, improving the quality of ELC programs, strengthen the alignment between preschool and kindergarten, and support preschool children's school readiness and successful transitions into the K-12 system."

Private and subsidized early learning and care programs (child care), Family/Friend and Neighbors, libraries, Home-visiting providers and Family Resource Centers, and other organizations that provide care for young children, infants/toddlers with high needs and/or serving high impact communities

Nevada County Jewish Community Center

506 Walsh Street, Grass Valley CA 95945

Western County

"Dedicated to the preservation, continuity, and enrichment of the spiritual, religious, communal, ethical, and cultural teachings of Judaism."

Jewish community members, others interested in spirituality from a Hebrew/Jewish perspective

Nevada County Pride

11202 Little Shady Drive, Nevada City, CA 95959

Western County

"Nevada County Pride celebrates, supports, and advocates for the LGBTQ+ community in Western Nevada County by promoting Community, Diversity, and Respect through Events, Education, and Resources. We are a social network of gay, lesbian, bisexual, queer, and transgender persons, and their allies, who celebrate and support the LGBTQ+ community in western Nevada County, California, including Grass Valley and Nevada City."

LGBTQIAP+ community

Nevada County Public Health

500 Crown Point Cir, Grass Valley, CA 95945

Brighton Greens (GV), Medical Therapy Unit (NC), Joseph Center (Truckee)

Whole County

"NCPH's mission is to prevent disease, promote and support optimal health and wellness, and protect the community against disasters. The Public Health Department achieves this mission through an array of programs including communicable disease control, chronic disease prevention, emergency preparedness, community health education, clinical services and healthcare management. The Public Health Department promotes the health of our entire community through varied programs ranging from control of communicable diseases and coordination of the response to health emergencies to individual case management to primary prevention of disease and wellness promotion."

Medi-Cal customers. Target populations include children with disabilities, new and expecting parents, low-income families

Nevada County Superintendent of Schools - Family Resource Centers

380 Crown Point Circle, Grass Valley, CA 95945

We have 2 FRC sites: at Ready Springs School - Penn Valley and at Oak Tree Preschool in Twin Ridges

Western County

"Family Resource Centers (FRCs) offer multiple services to families. Nevada County Superintendent of Schools has sponsored the FRCs since 2010. We are located in Penn Valley and San Juan Ridge. Together, the two FRCs are part of the FRC Network serving Western Nevada County called PARTNERS Resources Together, a Network of Education, Recreation, and Support. Although the FRCs are located on school campuses, they are intended to meet the needs of all families in the region, not just those whose children attend school at that location. Each of the Family Resource Centers offers a variety of core services."

Families with children

Nevada-Sierra Connecting Point Public Authority

208 Sutton Way, Grass Valley, CA

Whole County

"Connecting Point is a public agency dedicated to providing programs and services that promote the health and independence of the people of our community."

Penn Valley Fire Protection District

10513 Spenceville Rd, Penn Valley, CA 95946

Lake Wildwood, Rough and Ready

Western County

"The Penn Valley Fire Protection District (PVFPD) was officially formed in 1974 succeeding the Penn Valley Volunteer Fire Department. The District serves 92 square miles in Western Nevada County, including the Penn Valley, Lake Wildwood, Kentucky Flat, Mooney Flat and Big Oak areas. Penn Valley Fire Protection District is the only fire agency in Western Nevada County that provides Advanced Life Support (ALS) Paramedics and an ambulance service."

Elderly. Addiction related issues

Sierra Community House

1695 Donner Pass Road, Truckee CA

Additional sites: 11890 Donner Pass Rd, Truckee CA; 265 Bear Street, Kings Beach CA; 948 Incline Way, Incline Village NV

Eastern Nevada Co., Eastern Placer Co, & Western Washoe Co.

"Sierra Community House (SCH) is the result of a 2019 merger of four non-profit organizations - Tahoe SAFE Alliance, Project MANA, the North Tahoe Family Resource Center, and the Family Resource Center of Truckee. With roots in the hunger relief movement, domestic violence/sexual assault crisis response, Promotora/community health worker, legal aid and the family resource center (child abuse prevention/basic needs) model, our team offers a comprehensive set of knowledge and skills that enable us to meet the complex needs of individuals and families in North Tahoe/Truckee. SCH's mission is to connect and empower our community through family strengthening, crisis intervention, hunger relief, and legal services. We provide advocacy, support, and housing to those seeking safety from intimate partner violence, sexual assault and/or child abuse; we provide food to hungry families; we simplify access to healthcare and basic needs; we promote school readiness and healthy parenting in young families; we provide mental health supports to isolated community members; and we deliver legal services in family law, landlord-tenant, employment and immigration. Through our diverse range of services, Sierra Community House supports and uplifts our community, helping individuals and families thrive in the North Tahoe/Truckee area."

Rural, low-income, survivors of domestic violence, sexual assault, and/or child abuse, immigrants, Spanish-speaking

Sierra Nevada Memorial Hospital

155 Glasson Way, Grass Valley

N/A

Western County

"Sierra Nevada Memorial Hospital is a hospital that offers many services, including heart and vascular care, neurological care, and cancer care. As part of the Dignity Health network, Sierra Nevada Memorial Hospital is dedicated to delivering high quality, compassionate care and access to Grass Valley and nearby communities."

We have a long history of advocating for social justice for all, and for providing safe, quality care delivered with love to everyone - especially those most vulnerable among us

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Tahoe Forest Hospital District

10121 Pine Avenue Truckee, CA 96161

Eastern County

"Tahoe Forest Hospital is a not-for-profit rural health care facility and designated critical access hospital. It is fully accredited by the Healthcare Accreditation Facilities Program and licensed by the State of California Department of Health Services."

All those who live or are visiting the Service Area which includes Eastern Nevada and Placer, Plumas, Sierra, El Dorado and Washoe County in Nevada

The Speedy Foundation

15695 Donner Pass Rd, Ste 202

Eastern County

"We prevent suicide and end the stigma associated with mental health difficulties through advocacy, conversations, and education for teens, and athletes."

Town of Truckee

10183 Truckee Airport Road, Truckee, CA 96161

10969 Stevens Lane, Truckee, CA

Eastern County

"The Truckee community has existed for over 150 years. The Town incorporated as a municipality by a vote of the people in 1993. The Town of Truckee strives to keep our citizens informed, engaged, and heard. We love our Town, and the biggest part of what makes it great are the thousands who call Truckee "home".

Turning Point Community Programs

500 Crown Point Circle CA 95949

16573 Auburn Rd, Grass Valley

Eastern County

"Turning Point Community Programs (TPCP) began in 1976 with the unique vision to offer caring, hope, respect, and support on the path to recovery and mental health. In the decades since, TPCP has grown to serve several counties across Northern California, using best practices in mental health treatment and even pioneering hiring those in recovery from mental illness to mentor others. Today, with the dedication and passion of our staff, we are able to transform the lives of more than 17,000 individuals (and growing) every year."

United Way of Nevada County

563 Brunswick Rd, Suite 11, Grass Valley 95945

Western County

"The United Way of Nevada County works towards helping all Nevada County residents meet the basic needs of food, access to health care and clothing, specifically. Services include providing food to community members in need in schools and on Saturdays, collecting and redistributing warm clothing each year, and providing discount prescription cards, safe medication disposal and free health care clinic every two years."

Farmworkers

What's Up Wellness

PO Box 432

Eastern and Western Nevada County

Whole County

"WUWC impacts family and community systems in that we conduct mental health wellness screenings with high school students. We primarily screen 9th graders, but often include older students, this involves a lengthy questionnaire with a follow up interview with all participants. We will often engage family members in the follow up to provide referrals for mental health, academic support and other services as needed."

We primarily serve 9th graders

Yuba Harm Reduction Collective

743 Maltman Drive

Western County

"We are a 100% peer led organization, meaning that our staff and volunteers are all people with lived experience in drug use or are still in active use. This creates trust with people who use drugs. We are a collective organization vs hierarchal and it helps influence other organizations to take on similar models. We are centered around anti-carceral, humanizing and compassionate service to our drug using community. We center their needs and strive to provide health resources to keep them alive and safe while using."

Subappendix B2: Selected Data from Community Partner Assessment Survey

Electronic surveys were distributed at two points in time throughout the assessment process via the SurveyMonkey platform. The first, more comprehensive survey was completed by 33 organizations. That survey was closed in September 2023, and an abbreviated survey was opened in October that was designed to collect only information necessary to support network mapping. Four organizations provided information in the abbreviated survey. A description of organizations that participated in the survey and that opted to have their information shared is provided in Appendix B. This appendix includes selected data provided throughout the survey process; note that the majority of these questions were included only in the comprehensive and not the abbreviated survey.

The organizations that completed the survey cover a broad range of services and geography. However, due to the relatively small number of organizations compared to the total possible and applied methodology of convenience sampling, the results should not be considered representative of the county but as data representing only the body of organizations that responded.

Who Answered and What Did They Say

A total of 37 organizations participated in surveys. Thirty-three (33) organizations participated in the full Partner Assessment Survey and four participated in the abbreviated survey. The table below summarizes the areas of the county survey respondents indicated that they serve.

Area of the County	Number of Organizations Serving	Percentage of Total
Eastern County	10	27%
Western County	10	27%
Whole County*	17	46%
Grand Total (includes 4 surveys from abbreviated version)	**37**	**100%**

*"Whole County" includes one note, "whole county eligible to come, but we don't have a food distribution site in Eastern County."

The organizations that completed the survey comprised the following types. Note that survey participants could select more than one "organization type" option from the provided options, and therefore the list below totals more than 37:

- 25 Community Based Organizations
- 5 Social Service Providers
- 5 Mental Health Providers
- 4 Emergency Response
- 4 Grassroots/Organizing
- 3 City/County Government
- 1 Housing Provider, 1 Business/For Profit, 1 Foundation / Philanthropy, 1 Faith Based, 1 Center for Independent Living, 1 Childcare Planning Council
- 5 "Other"

Engaging in the Process

When asked why their organization was interested in participating in a community health initiative, most respondents identified they were interested in connecting to other organizations as a desired outcome of the process. The most common responses to the question were:

- Connections to other organizations **(96%)**
- Improving conditions for members/constituents **(70%)**
- Connection to decision makers **(67%)**
- Connection to potential funders **(67%)**
- Access to data **(67%)**

The top three interests in joining a community health improvement partnership expressed in response to another question were:

- Create long-term, permanent social change,
- Delivering programs effectively and avoiding duplication, increasing communication among groups, and
- Launching community wide initiatives.

Collaboration

More than two thirds (68%) of organizations indicated they are connected to a collaborative.

Does your organization participate in local collaboratives?

- Yes
- No
- Unsure
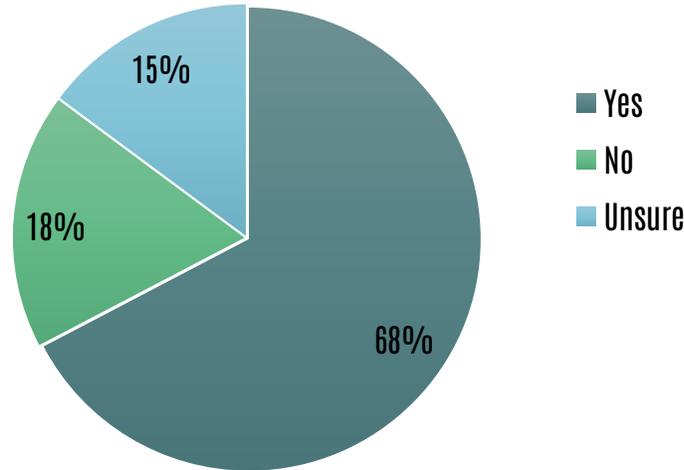
Coalitions Named

- American Association of University Women (AAUW)
- Adult and Family Services Commission
- Aging and Disability Resource Connection (2)
- Breakfast Club
- Breastfeeding Coalition (2)
- Bright Futures for Youth
- Business and Professional Women (BPW)
- California Afterschool Advocacy Alliance
- Community Beyond Violence (2)
- CHI Steering Committee
- Child Abuse Prevention Council (3)
- Climate Transformation Alliance
- Collaborations with other Non-Profits and Schools
- Color Me Human
- Citizens for Choice
- Community Collaborative of Tahoe Truckee (CCTT) (7)
- Community Support Network (3)
- Continuum of Care (3)
- Crisis Team Meetings

- Dental Coalition
- Elder Care Providers' Coalition
- EPIC (NCPH Medical Disaster Planning Group)
- Falls Prevention Coalition
- First 5 Nevada County
- FREED
- Homeless Consortium
- Homeless Research Team
- Housing Committee
- Interfaith Ministry leadership group
- Interfaith Food Ministry
- Joint Powers Authority (Housing)
- Know Overdose Nevada County Coalition (4)
- League of Women Voters (LWV)
- Local Sex Ed Task Force
- MAPCO, Transit Services Commission
- NARCAN distribution
- Nevada County Adult and Family Services Commission
- Nevada County Behavioral Health Department
- Nevada County Health Collaborative
- Nevada County Juvenile Justice Delinquency Prevention Commission
- Nevada County Mutual Aid
- Nevada County Social Services Department
- Quality Counts CA
- Sexual Assault Response Team
- Sierra College Child Development Center
- Site Coordinator Network Leadership Team
- Suicide Prevention Coalition (4)
- Tahoe Perinatal Outreach
- Tahoe Truckee Community Foundation (2)
- Tahoe Truckee Suicide Prevention Coalition
- Truckee Chief of Police's Advisory Committee
- Truckee North Tahoe Immunization Coalition
- Truckee Tahoe Workhouse Housing Authority
- Universal Preschool CA
- YHRC (2)
- Youth and Families

Services by Age Group

Overall, responding organizations indicated they serve people across the lifespan, offering either general services or targeted programming, or noting that the age group was a focus or priority population for their organization.

	General Services	Targeted Programming	Focal Population
Children	13	4	11
Teens/Youth	12	5	10
Families	13	4	13
Older adults/seniors	13	5	9
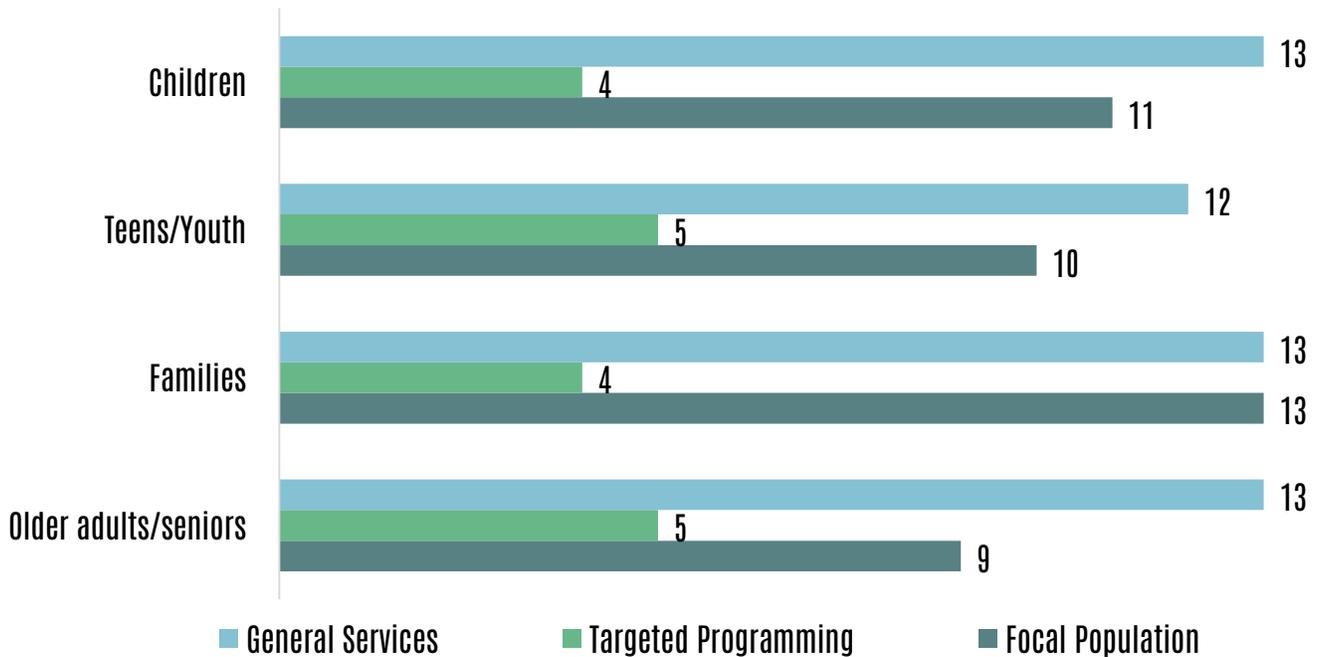
Language Capabilities

Many, but not all, respondents indicated their organization has access to interpretation and translation services.

Yes	20
No	8
Unsure	4
NA	3

Translation and Interpretation Offered For

All languages through a service: 8

Spanish: 17

ASL: 1

Other: 1

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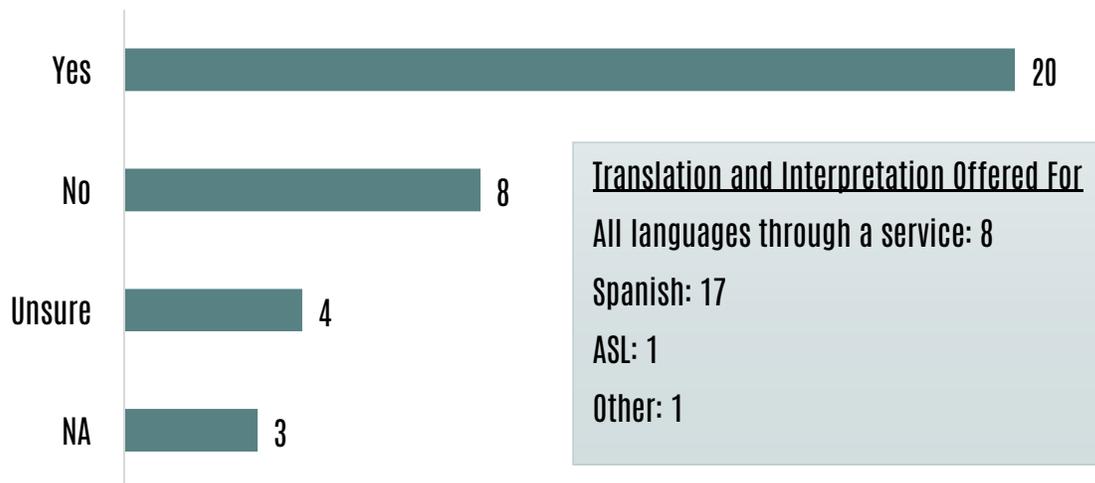
Addressing Social Determinants

Partners indicated they are working on addressing social determinants of health.

Does your organization focus on each of these topics? For each one, select a) A lot, b) A little, c) Not at all, or d) Unsure.[71]	Number Answering "A Lot"	Percentage Answering "A Lot"
Economic Stability: The connection between people's financial resources—income, cost of living, and socioeconomic status—and their health. This includes issues such as poverty, employment, food security, and housing stability.	20	32%
Education Access and Services: The connection of education to health and well-being. This includes issues such as graduating from high school, educational attainment in general, language and literacy, and early childhood education and development.	15	24%
Neighborhood and Built Environment: The connection between where a person lives—housing, neighborhood, and environment— and their health and well-being. This includes topics like quality of housing, access to transportation, availability of healthy foods.	10	16%
Social and Community Context: The connection between characteristics of the contexts within which people live, learn, work, and play, and their health and well-being. This includes topics like cohesion within a community, civic participation, and discrimination.	17	27%

Addressing Health Equity

Respondents indicated varying levels of staffing with equity responsibilities.

"We have at least one person in our organization dedicated to addressing diversity, equity, and inclusion internally in our organization."	**20 (60%)**
We have a team dedicated to advancing equity/addressing inequities in our organization."	**18 (54%)**
"Advancing equity/addressing inequities is included in all or most staff job requirements."	**19 (58%)**

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[71]   The categories are social determinants of health topics from Healthy People 2030. For more information, visit Healthy People 2030 or the CDC.

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Sufficient Capacity

Two thirds of respondents indicated that they do not have sufficient capacity to meet the needs of their clients/members.

Does your organization have sufficient capacity to meet the needs of your clients/members?

Legend:
- Yes
- No
- Unsure

Pie chart values: 8, 2, 20
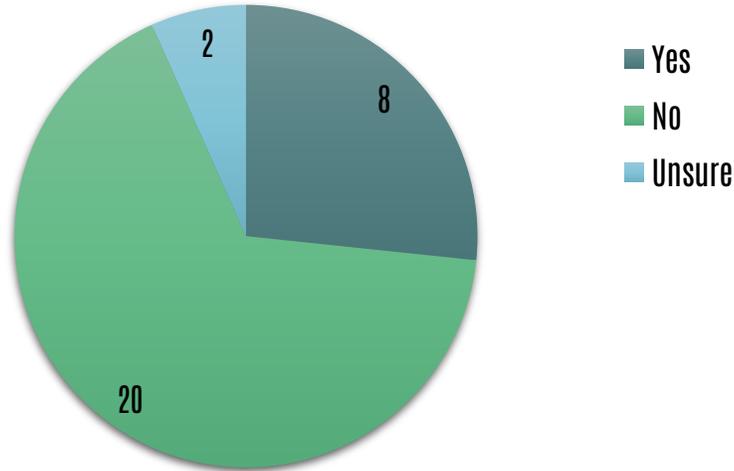
Issues / Gaps in Capacity to Meet Needs of Clients / Members

Respondents indicated various gaps their organization experiences in serving the community.

Gap	Value
People's access to services (geography and transportation)	20
Stigma	13
Recruiting and retaining racial/ethnic groups that mirror our target populations	12
Ability to communicate in other languages	10
Referral	9
Programming	9
Funding	9
Qualified workforce	8
Other	3
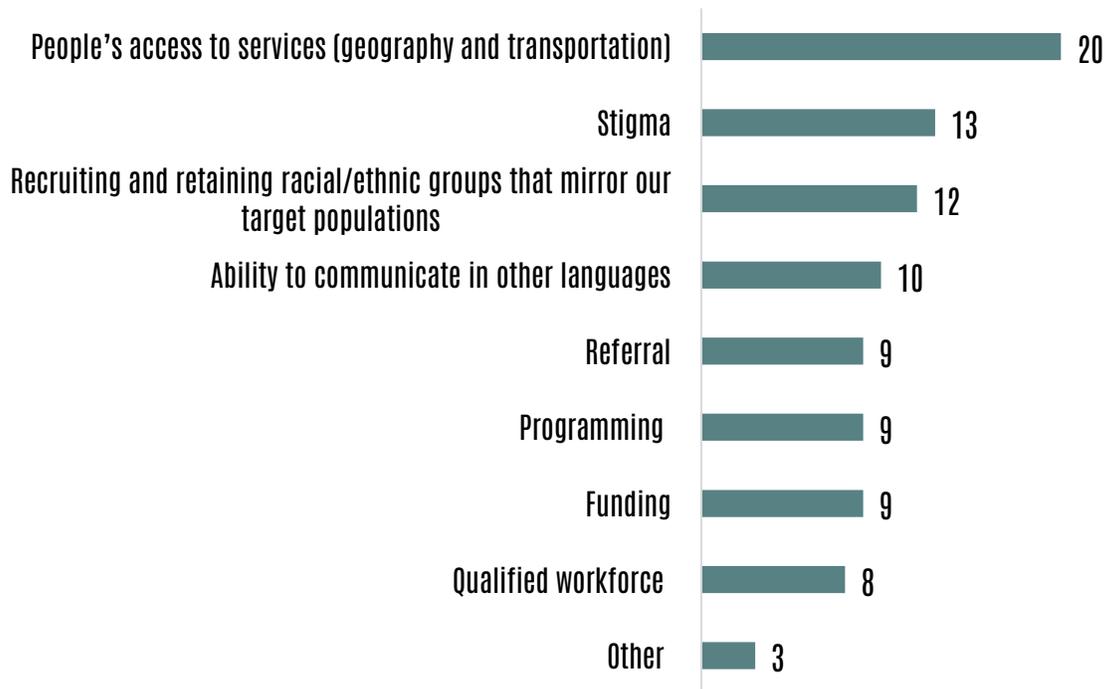
Populations That are Hard to Serve

Respondents were asked to describe any groups or populations that are within their organizational mission but that are difficult to serve. Responses included:

Geography / Transportation Barriers (10)
- N. San Juan
- The Tahoe Truckee area is a location with a high cost of living. Parents sometimes need to work long hours to afford to live in this area which means they are not able to participate in programming
- Some families are also not able to drive [from the] Lake Tahoe area and are also hard to reach.
- [It is] Difficult for us to reach Family, Friend, and Neighbors (unlicensed) providers that are caring for children in isolated communities
- Most rural families
- Those that can't get themselves to [our site]
- [It is] harder to serve youth that are geographically isolated for some of our programs
- Those without transportation find it difficult to access our Centers. The bus system can help some families, but others live outside of the bus line
- Increasingly we are seeing a gap for folks who are geographically isolated and lack access to transportation
- Winter climate makes travel difficult making in-person medical appointments challenging

By Circumstance (6)
- Those who fear "government/the system"
- Those that don't have a home and/or safe cooking facilities
- [It is] Harder to reach and serve youth who need more intervention services
- Youth/young adults with more severe mental, physical and/or behavioral disabilities
- Homeless and those experiencing substance addiction
- Homeless

Latino community (4)
- The Latin-X community in the Western part of the county
- Latinos who have cultural barriers to reproductive health access
- Spanish Speakers/Youth. Our data shows these as underserved populations
- Hispanic

Intersections (3)
- Rural LGBTQIAP+ community members, especially those who are BIPOC or disabled are difficult to reach due to lack of resources/funding for accessibility
- Socioeconomically disadvantaged are difficult to reach for preventive screenings and well care (this includes young adults, Spanish-speakers, and low-income residents)
- Older adults living in remote areas - rural areas are difficult and expensive to serve.

Subappendix B3: Community Partner Event Detailed Notes

Partner Events | Overview

In October 2023, two Community Partner Events took place as part of the Nevada County Community Health Improvement Process. The first took place on October 5th in Truckee, and the second took place on October 6th in Grass Valley. A total of 64 participants engaged in the Community Partner Events, with 36 people attending the event in Truckee and 35 people attending the event in Grass Valley (note that some individuals attended both events). Both Community Partner events were held in community-based meeting rooms identified as widely accessible to participants and arranged for by Community Health Improvement Project Steering Committee members.

The objectives and agenda for both partner meetings were identical, using a structured process to engage the community partners.

Meeting Objectives

Build relationships,
Explore topics of power,
Discuss ways to improve health equity in Nevada County, and
Share ideas for filling gaps and growing health services and supports

Agenda

| |
|---|
| Gathering, Welcome, and Introductions |
| What We Are Learning: Community Status Assessment |
| Discussion in Small Groups |
| Break |
| What We Are Learning: Community Partner Assessment |
| Discussion in Small Groups |
| Bringing it all Together – Next Steps and Closing |

Eastern County | Truckee | 10/05/2023

Attendee Count

Organization	Number of Attendees from Organization
Tahoe Forest Hospital District (TFHD)	7
Nevada County Public Health Department (NCPHD)	6
Social Entrepreneurs, Inc. (SEI)	3
Sierra Community House	2
211 Connecting Point	1
Adventure Risk Challenge (ARC)	1
Agnew Beck	1
Anthem	1
Citizens for Choice	1
Excellence in Education Foundation	1
Gateway Mountain Center	1
Kidzone Museum (Sierra Nevada's Children's Museum)	1
Nevada County Behavioral Health (NCBH)	1
Nevada County Health and Human Services	1
PHC	1
Tahoe Truckee Community Foundation	1
Town of Truckee	1
Truckee Library	1
Tahoe Truckee Unified School District (TTUSD)	1
Victor Community Support Services	1
What's Up Wellness Checkup Program	1
Self Employed	1
Total	**36**

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Welcome Activity | What is Present for You Today?

On a posterboard, attendees wrote on and attached post-it notes under four categories – hopes, dreams, worries, and concerns. These categories all answered the question "what is present for you today?"
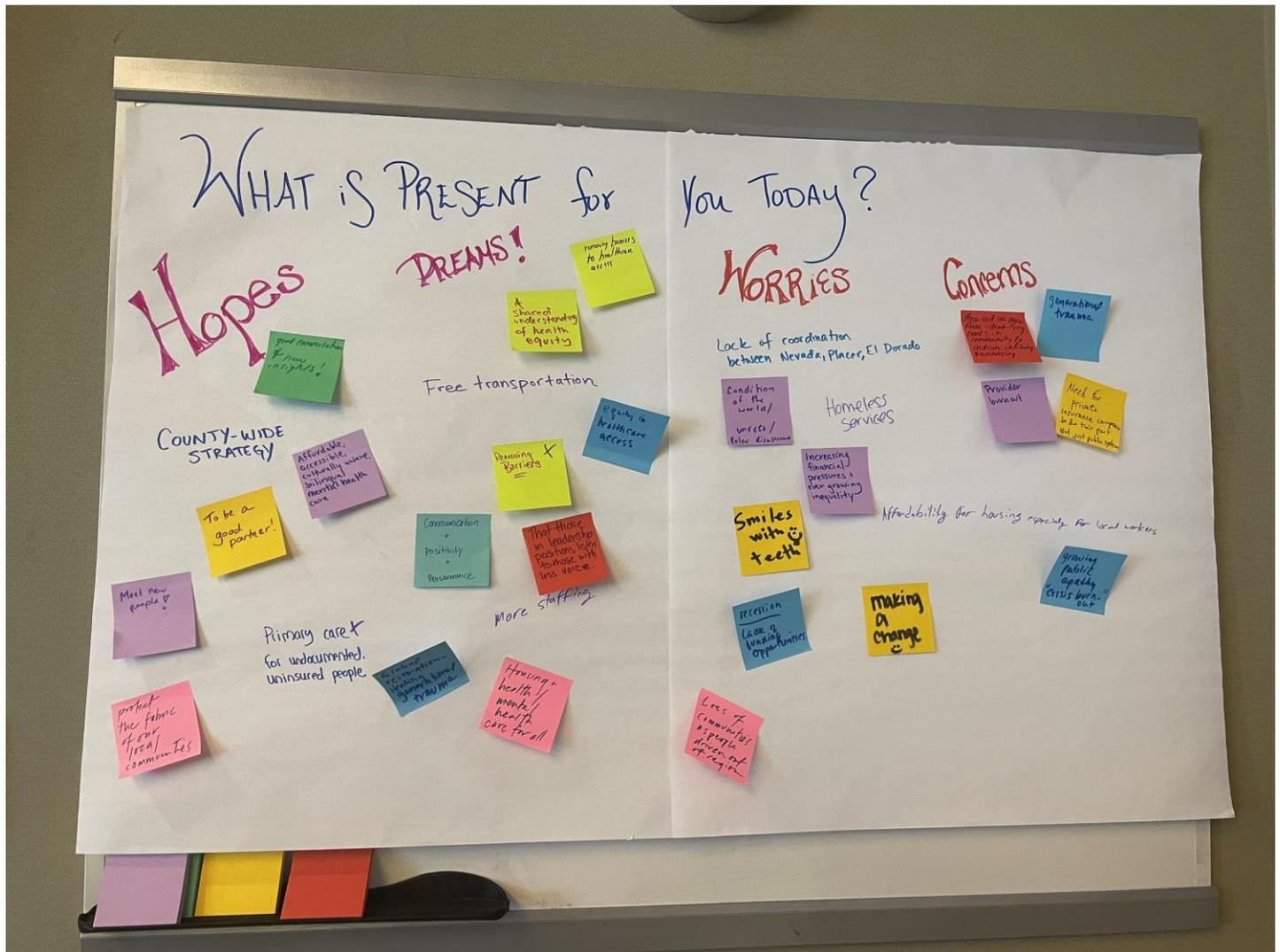
Hopes

- Good conversation and new insights
- County-wide strategy
- Affordable, accessible, culturally aware, bilingual mental health care
- To be a good partner
- Meet new people
- Primary care for undocumented, uninsured people
- Protect the fabric of our local communities

Dreams

- Removing barriers to healthcare access / Equity in healthcare access / Removing barriers
- Housing and health/mental health care for all
- A shared understanding of health equity
- Free transportation
- Communication and positivity
- That those in leadership positions listen to those with less voice
- More staffing
- Global restoration – healing generational trauma

Worries

- Lack of coordination between Nevada, Placer, and El Dorado
- Condition of the world; global unrest; political disagreement
- Homeless services
- Increasing financial pressures and ever-growing inequality
- Smiles with teeth
- Affordability for housing, especially for local workers
- Making a change
- Recession; lack of funding opportunities
- Loss of communities as people driven out of region

Concerns

- How will we move from identifying needs in community to action in fixing and addressing?
- Provider burnout
- Growing public apathy; "crisis burnout"
- Generational trauma
- Need for private insurance companies to do their part, not just public system

Problem Tree - Eastern County

<u>Root Causes/Problems Summary</u>: Key themes include economic inequality driven by capitalism and policies that perpetuate wealth disparities, inadequate system design, and housing instability. These issues compound the toxic stress experienced by individuals, often leading to intergenerational trauma. Geographic and transportation barriers, coupled with insufficient access to care, services, and mental health treatments, exacerbate disparities. The criminalization of drugs, stigma, and a lack of family support hinders progress. Addressing these problems requires flexible funding, comprehensive mental health initiatives, community engagement, cultural competence, and innovative solutions. There is a need for fostering a sense of connectedness, improving wellness, and tackling domestic violence and overdose deaths. Expanding access to dental and mental health providers is also crucial.

Root Causes/Problems

- Capitalism
- Policies/Political Policies
- Design of the system
- Insecure housing/Housing
- Inequitable distribution of resources/Distribution of wealth/Economic disparity/Poverty/income differential
- Toxic stress (linked to poverty)/Individual stressors
- Intergenerational trauma
- Not enough flexible funding (+2)
- Geography/Rural geography and weather climate/Isolation (COVID)/Lack of Transportation/Flexible transportation
- County/State travel
- Access to care/Limited services/Lack of activities/Lack of bilingual and bicultural services/Language/Lack of preventative services/Lack of coordinated systems/Wait times
- Underdeveloped SUD Treatments
- Comprehensive mental health (+2)
- Criminalization of drugs
- Lack of family support
- Lack of engagement/civic engagement (+2)
- Need for more 'boots on the ground'
- Stigma/Party Culture
- Poor self-esteem with teens
- People undocumented
- Un/Under-insured

- Need for culturally appropriate central communication/network/Broad based communication
- "Paradise Paradox" (+2)
- Bifurcation
- Lack of innovation
- Lack of connectedness
- Health problems/Lack of wellness
- Health inequity
- Domestic violence
- Overdose deaths (teen community)
- Lack of providers (dental, mental health)

Resilience Tree - Eastern County

Root Strengths Summary: Education is supported through a team of counselors that aid with career and financial guidance, fostering a seamless connection from high school to college and career opportunities. Scholarships are available, emphasizing the encouragement of bilingual providers and trades. Technological innovation is evident in the form of a high-tech repository of service events and use of an app. Innovative revenue generation strategies such as exploring tolls, could contribute to financial stability. Collaboration, civic engagement, and care for the environment are priorities, while young leadership, connectedness among community members, regional proximity, and diverse programming further fortify the community's strengths.

Root Strengths

- Education – team of counselors to help with careers and finances; connection from high school to college to career; scholarships; trades
- Scholarships for/to encourage bilingual providers
- High tech repository of service events/App
- Innovative ways to generate money (tolls)
- Second homeowner (?)
- Medical/partnering
- Funding
- Civic engagement
- Care for environment
- Young leadership
- Connectedness to each other / Collaboration
- Regional proximity
- Diverse programming

Table Activities/Responses

Table 1

Strengths

- Take Truckee Community Collaborative agencies partner + work together/Good public schools
- Variation of grocery stores - Mexican Food Market - Grocery Outlook
- Lots of nonprofit agencies that support the community ex. Sierra Community House Kidzone for Families
- Small councils - Child Abuse Prevention, Mountain Housing Council, Tahoe Truckee Perinatal Outreach Tom
- Natural environment/Healthy physical space
- Ability to Support individual family needs
- Parks and Rec is a great resource - built fields, swim lessons are affordable + year-round - Donated land
- Low crime area
- Airport is generous-supports community

Gaps

- Price of food is high
- Economic gap is growing
- Wealthy 2nd Homeowners do not give back to our community
- Lack of primary care + other preventative health services for uninsured, undocumented
- Lack of equal representation across Leadership/Decision Makers/Council

    o Can people who work full-time really participate?

- Barriers to community involvement when people work full-time or have 2 jobs
- No living wage/People get paid under the table - no regulations to protect these people
- Need to take a pay cut or not take a raise to access social services. Or they are forced to lie about their income
- Lack of providers -- dental /oral health, behavioral health; bilingual (Spanish)
- Not enough rental housing
- Multi-family housing complexes have 200 + person waitlists

Table 2

Strengths
- Managed care plan
- Trade schools for economic opportunity
- Pipeline programs for education/jobs/careers
- People who care about the community
- Local community partners

Gaps
- Funding for staffing in eastern county vs western
- Lack of opportunity as for career development for the Latino community
- Encourage providers to accept Medi-Cal
- Partnering with organizations that are already doing the work to fund them
- Provide Scholarships for low income and people of color for career development which also tackles the lack of providers and bilingual providers
- Have college partner for pipelines in education
- Investment in education and apprenticeship programs

Issues
- Opioid Overdose
  - Accessing resources
    - BH specialists/Mental Health
  - Excessive drinking
    - Leading to increased abuse
    - No support groups (more of an issue for men; led + attended by women - not utilized by Latinx men)
- Lack of resources for men
  - Need to engage the men
  - Success - having a male peer support person has been successful
  - Men are seen as a play or "tied to the apron screens"
  - Pressure to by hyper masculine/be in charge

"5 Whys" Getting to Root Cause – Opioid Overdose – Teen Death
- Families with youth using opioids and overdosing need more support
- Pressure from others/self-esteem/body image and poor mental health
- Higher levels of depression among 9th graders → Isolated for two years (missed middle school)
- Feeling of disparity in a tourist community
- Vacant neighborhoods: 60% of homes are 2nd homes and not occupied

- Data:
  - Want to look at cost of living for Truckee and compare to those living in poverty
  - Census participation was really low for Latinx population

Table 3

Strengths

- Community Collaborative of Tahoe Truckee/Tahoe Truckee Community Foundation
- Greater 211 community
- Culture of trust (partners)
- Data collection priorities
- Social services network
- Philanthropic dollars/funding
- Creative workforce housing solutions (Small scale)
- TFHD advocates / care coordinators
  - Support more complex care
  - SCH expanded telehealth
- Diverse programing (211)
- Environment for great nature-based services
- Services w/ transportation

Gaps

- The gap with underinsured
- Transportation
- Language gaps/Literacy

  - Bi-lingual & English

- Lack of coordination - El Dorado, Washoe, NV
- Community data exchange
- Bidirectional (funding)
- Teen hangout spots
- Funding for BH Staff at Tahoe Forest Health District/Dental Service
- Providers that accept Insurance
- Family engagement w/ available resources
- TPHD hiring stagnation / available workforce
- Providers have expanded scope/duties due to staffing challenges
- Vacant positions require specialized skillset

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Issues

- Overdose Deaths
  - Social isolation
  - Stigma and limited access to services
  - Societal Pressures = the motive to move to isolated areas (Carjuan, etc.)
  - Intergenerational trauma
- *Would like to see more comprehensive data on issues outside BH

"5 Whys" Getting to Root Cause – Opioid ODs

- Access to care/Societal Pressures/Isolation/Treatment system is underdeveloped
- Tech revolution/Limited economic mobility/Power/Capitalism/Systemic poverty
- Public Police/Criminalization/Housing Public education/Political conflicts affect prevention policies
- Lack of treatment/Lack of prevention/Poverty/Toxic stress/Generational Trauma
- Stigma/Party culture/Exposure to disparities/Higher rates of hopelessness in oppressed groups/Relational poverty
- Capitalism/Lack of unified health insurance system/Time/funding is siloed/Lack of coordinated systems

Table 4

Strengths

- Supported resource meeting to collaborate
- Helping Patients apply for benefits & understanding them
- Tahoe Forest Care Coordinators as promotors for preventative Care
- Love of nature and health of environment/Open Space Saved
- Community Members care about each other genuinely
- Small Town

Gaps

- Need a better central info system
- Public transportation
- Issues with county limits (not available for vulnerable Placer residents)
- Income level for housing should be more specific to the area (Truckee is not Sacramento)
- Lack of affordable childcare
- Unaffordable Housing
- Lack of bilingual therapists
- Medi-Cal Dental Providers
- Career programs for youth

"5 Whys" Getting to Root Cause

- Cost of living in Truckee is a deterrent
- Financial Barriers to insurance for clients
- Seasonal Workers and undocumented uninsured
- Winter - puts people driving from Reno in a hurry to get home in jeopardy
- Additional Notes:
  - Mental Health (Long Term) without insurance
  - Bilingual
  - PrimaryCare and Dental
  - How to attract providers
  - Bilingual therapists for the uninsured
  - Community House get a grant to help folks connect to therapy online

Table 5

Strengths

- Solid partnerships
- Diverse expertise, knowledge, and backgrounds
- Tahoe Community Collaborative
- Passion
- Collaborations
- Dedicated outreach and community health workers
- Regional proximity
- Strategic Planning

Gaps

- Lack of funding
- Lack of support for staff
- Community healthcare worker needs
- Eligibility for social services enrolling and continuing
- Barriers in communication
- Technology for sharing and updating resources
- Inequity
- Stigma
- Bureaucratic practices – knowledge gap and potential missed opportunities
- Competition for reimbursement
- Restrictive funding
- Lack of support for documentation for billing

Issues

- Domestic Violence
    - Alcohol is common (binge)
    - Isolation
    - Lack of resources
    - Stigma (especially Latino/Hispanic population)
        - Paradise Paradox; dirty secret
    - Bifurcation of region – lack of providers, funding, resources
    - MAT program - happens at the hospitals
    - Off-site services
    - Change the story
    - Play hard, party hard mentality/culture – "This is normal"
    - Lack of DEI leadership → at the top
        - Different ideas
        - No change in events/same staff/repeating stuff
    - Need motivation
    - Focus on family programs – forgetting those that are not in families
    - Complexity of the system (community stressors and individual stressors)
    - Power differential in funders

Western County | Grass Valley | 10/06/2023

Attendee Count

Organization	Number of Attendees from Organization
Nevada County Public Health Department (NCPHD)	7
Social Entrepreneurs, Inc. (SEI)	3
California Heritage Indigenous Research Project (CHIRP)	2
California Department of Public Health (CDPH)	2
211 Connecting Point	1
Big Brothers Big Sisters of Northern Sierra	1
Bright Futures for Youth	1
Color Me Human	1
Community Beyond Violence / Color Me Human / Nevada County Pride	1
Community Beyond Violence	1
First 5 Nevada County	1
FREED Center for Independent Living	1
Gold Country Community Services, dba Gold Country Senior Services	1
Hospitality House	1
Interfaith Food Ministry	1
Nevada County Health and Human Services (NCHHS)	1
NCSoS / PARTNERS Family Resource Center	1
Nevada County Behavioral Health (NCBH)	1
Nevada County Public Health Tobacco Prevention	1
Nevada County Superintendent of Schools (NCSOS)	1
PHC	1
Sierra Nevada Memorial Hospital (SNMH)	2
United Way of Nevada County	1
What's Up Wellness	1
Total	**35**

*Some individuals represented more than one organization.

Welcome Activity | What is Present for You Today?

On a posterboard, attendees wrote on and attached post-it notes under four categories – hopes, dreams, worries, and concerns. These categories all answered the question "what is present for you today?"
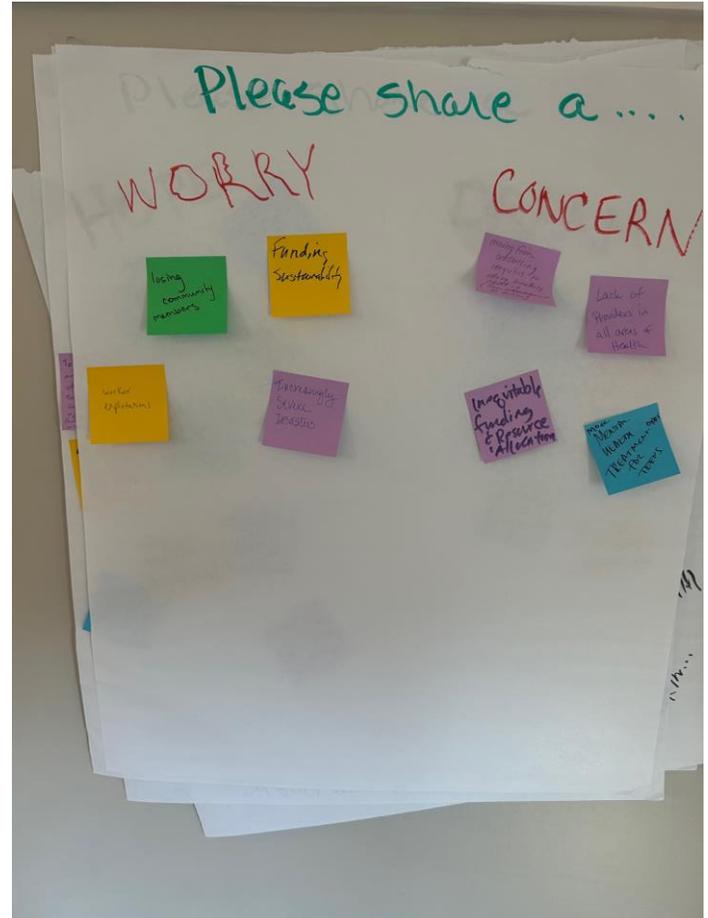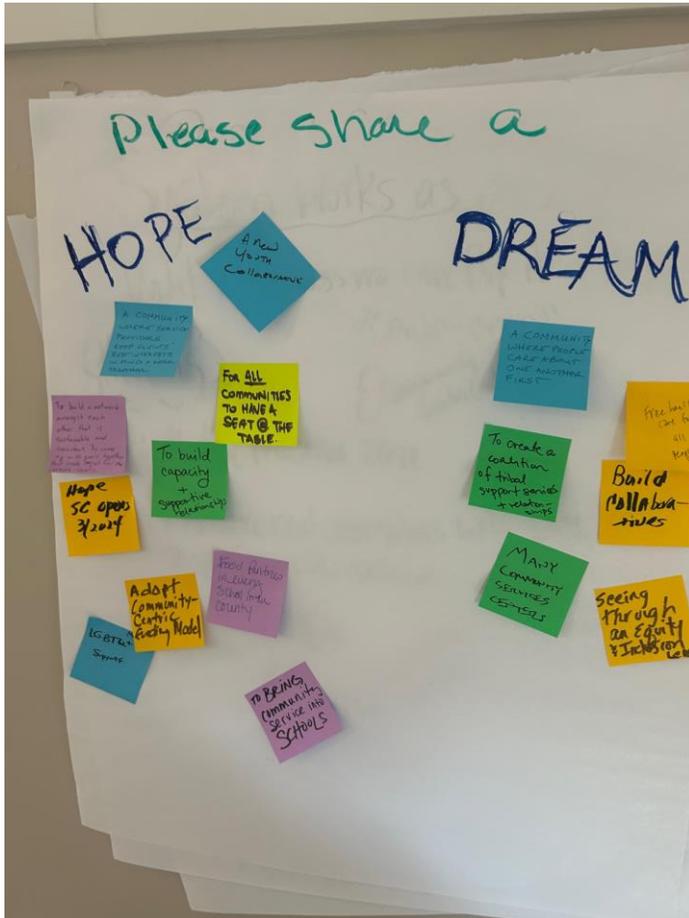
Hopes

- A new youth collaborative
- A community where service providers keep clients' best interests in mind and work together
- To build a network amongst each other that is sustainable and consistent; to come up with goals together that create impact for the whole county
- For all communities to have a seat at the table
- To build capacity and supportive relationships
- Hope Senior Center opens 3/2024
- Food pantries in every school in the county
- Adopt community-centric funding model
- More LGBTQ+ support

- To bring community service into schools

Dreams

- A community where people care about one another first
- Free health care for all people
- To create coalition of tribal support services and relationships
- Build collaboratives
- Many communities service centers
- Seeing through an equity and inclusion lens

Worries

- Losing community members
- Worker exploitations
- Funding sustainability
- Increasingly severe disasters

Concerns

- Moving from addressing inequities to doing something about it (from acknowledgment to action)
- Lack of providers in all areas of health
- Inequitable funding and resource allocation
- More mental health treatment options for teens

Problem Tree - Western County

Root Causes/Problems Summary: Systemic issues rooted in racism, white supremacist culture, and power dynamics perpetuate inequality and discrimination. Fear, hate crimes, and a lack of authenticity contribute to isolation and division, as well as tokenism and unequal funding. Generational mental health struggles and poverty compound mental health and substance use problems, which could lead to homelessness. The dehumanizing effects of systemic biases and a lack of equitable resources are pervasive, reinforced by social stigma and the challenges of a siloed system. Distrust of the system, pride, and an individualistic culture further impede progress. The intersectionality of marginalized communities intensifies these challenges, particularly in the context of an aging population and the impact of COVID. Community partners stressed the need for genuine representation, authentic reflection, and trauma-informed care. They seek healing, community-centric funding, and a shift from a reactive stance to proactive solutions. Barriers to funding and a lack of connection to racial and ethnic diversity also hamper efforts for positive change.

Root Causes/Problems

- Racism/White Supremacist Culture/Systems that were designed for power
- Fear
- Hate Crimes
- Lack of authenticity
- Isolation/Division
- "Checking the box for equity"
- Tokenism
- Unequal funding
- Lack of providers
- Gaps in education
- Siloed systems
- Unbroken cycles/Generational mental health
- Mental health/mental illness
- Suicide
- Substance use
- Poverty/Economic injustice
- Lack of equity
- Homelessness
- People struggling
- Dehumanizing
- General Aversion
- Fear of the System/help or 911

- Stigma/Pride
- "Eco-centric"
- Generational Trauma → Genocide
- Pathway invisible
- Hopeless
- "Individual" Culture
- Supporting indigenous ways
- Intentional representation
- Education/Life Skills
- Small Town/Reputation
- Social Media/Dividing us
- Isolation -- Geographic and Social
- Intersectionality of Marginalized
- Mental Health
- Suicide
- Alone/when people aren't connected (How to connect; how to check in ...)
- White Supremacist Culture
- Patriarchy
- Capitalism ("Knowing what it looks like" and how it shows up)
- Housing
- Employment
- Resources
- Substance Use
- COVID
- Ag/ older population
- Lack of internal reflection
- [Lack of] Authenticity Not reflective/Distraction
- Lack of willingness about being uncomfortable
- Trauma-informed care
- Gateway for Healing
- "Checking the box" performative
- Not wanting
- Accessibility for all
- Lack of connection to racial/ethnic diversity
- System works as designed… until/unless we can flip it, it persists/"Comfort crisis"
- Need for healing and community-centric funding
- Get off the reactive zone

- Hard to have real conversations with people across the continuum
- Barriers to funding

Resilience Tree – Western County

Root Strengths Summary: Collective learning and sharing create a culture of knowledge exchange, while antiracist organizations work towards equity and inclusion. Healing and mutual care foster a supportive environment, and an eco-centric culture promotes sustainable practices. The community places importance on diverse leadership, centering both Latinx and Black leaders, and strives for economic justice. A strong network of providers and informal support systems ensures mutual well-being and collaboration. Funding is approached collaboratively, ensuring equitable distribution. Accessibility and equitable funding underscore the importance of accessible services and housing stability. The commitment to healthcare for all and a strong sense of connection further reinforce the community's strengths.

Root Strengths

- Collective learning/Sharing
- Antiracist organizations
- Healing and mutual care
- Culture of eco-centric
- Latinx leadership
- Centering indigenous practice
- Centering Black leadership
- Economic justice
- Strong network of providers and informal supports – "We check on each other"
- Collaborative funding approaches
- Many people helping and working together
- Accessible services
- Equitable funding/Sustainability
- Housing/Stability
- Healthcare for all
- Connection

Table Activities/Responses

Table 1

Strengths
- Lots of community collaborations
- We have data
- Connections
- Opportunity:
    - Coordinate reporting so people only need to do one

Gaps
- Duplicative efforts!
- People's general mental health

    - Staff and their capacity to help

- Orgs are maxing out their individual ability to effectively serve

    - Going for the same funding
    - Diversifying funding: more reporting

- Coordination

Issues
- How can we help our clients if we don't have internal reflection?
    - Organizational self-reflection
- Trauma informed care
    - Super white
    - Just ticking the box
    - You don't know what you know
    - Status quo is threatened
    - Unconscious bias
    - Do we really believe in the concepts
    - Authentic values
    - Actual policy change
    - Not just race, ageism
    - Stereotypes
    - Lack of access & communication
    - Authentic/vulnerability/relationships
- People say they centered equity, but it's an aside
    - How do you break the silo

- The nature of change is discomfort
- Do both groups have to come together to be economically streamlined (white supremacy)
- Equity in terms of retirement process

Table 2

Strengths
- Many people wanting to do good work

Gaps
- Connection – working together
- Geography
- Transportation

Issues
- Barriers to Service
- Indigenous People
  - Need for substance use service
  - Aversion to seeking services

"5 Whys" Getting to Root Cause – Build Equitable Board & Staff
- Pool of potentials limited
- Populations can be invisible and/or distrusting
- Not understanding cultural networks
- Not a racially diverse area / How to change?
- Accessibility issues for disabilities (?) and low-income

Table 3

Strengths
- Large pool of donations and volunteers
- Willingness to work together to serve clientele / collaborative efforts
- CBO and community partnerships
- Funding/plan for community foundation to influence community centered funding
- Collective knowledge
- 150 non-profits, enabled ability to serve many
- Grants

Gaps

- Competing instead of collaboration
- More awareness of community collaborative efforts
- Intent of funding
- Government: Limited scope/very structured use of funds
- Rural geography
- Scarcity illusion/Competitive attitude
- Organization scarcity

"5 Whys" Getting to Root Cause – Homelessness

- Age
  - Transportation
  - Limited income
  - Isolation
  - Generational Disparity
- COVID
  - Income benefits eliminated
  - Community changed
  - Cultural take on care
- SUD/MH
  - Consistency in treatment and support needs
  - ACES
  - Stigma in treatment
- Resources
  - Blinders
  - Rental assistance gone
  - Attribution bias
  - Red tape
- Housing
  - Shelter options limited
  - Low barrier/entry
  - Affordability gap
- Employment
  - Bias to hiring
  - Living wage
  - Poverty

Table 4

Strengths
- Domestic Violence organization that serves adults and kids
- Changing attitudes about race/racism –
- Orgs that serve a broad range of ages, races, SES
- Nevada County serves the unhoused population
  - Like a hub for resources, really focused on reducing duplication of efforts
- What's Up Wellness
  - Does MH screenings for high school & middle school and accompanying services as needed
- Knowledge on ecology, psychology, & racism
- Grant available for MAT services and youth substance use
- CHIRP
- Cultural humility
- Listening to the community's voice

Gaps
- Finding youth services
- Overwhelmed MH Providers/clinicians
- Resources are siloed instead of integrated (due to lack of time)
- Staff shortage/good pay/staff turnover
- CHIRP'S tribal population is not federally recognized
- Lack of Tribal resources
- They only have 1 space available

Issues
- Generation Trauma
  - Continued due to lack of basic needs being met (food, clothing, housing)
  - Not able to budget
  - Lack of funds

"5 Whys" Getting to Root Cause – Generation Trauma
- Basic needs aren't met
- Bad economy
- Everything is expensive
- Bad financial habits
- Lack of budgeting skills
- Lack of basic skills
- Lack of time to take care of basics

Table 5

No Notes

Table 6

Strengths
- Bright Futures for Youth Transitional Residential Housing
- Partnerships between providers
- NU Wellness Center
- Color Me Human
- Promotora

Gaps
- Housing
- Transportation
- Low Barrier Shelter (more beds)
- Lack of employment
- Flex Funding
- Finding MH that isn't telehealth
- Underhousing
- Support services
- Care providers
- Private MH for insured or MediCal for those with mild to moderate issues
- Language and culturally appropriate services

Issues
- Seniors experiencing homelessness

"5 Whys" Getting to Root Cause
- Lack of affordable housing
- Isolation (geographic/social)/Not having family support
- Limited services
- Transportation
- Long waitlist for subsidized housing
- Not enough homes
- People from out of town buy homes
- Insurance cost
- Lot rent not affordable and going up

Appendix C. Community Context Assessment Brief

Appendix C comprises the entire Community Context Assessment Brief, finalized by Nevada County in March 2023.

Community Context Assessment
Conditions Supporting and Harming Health and Well-Being

Table of Contents

Introduction

In April 2023, the Nevada County Public Health Department (NCPHD) started the process to develop a Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP). The intention of engaging in the process to complete a CHA and CHIP is to:

- Identify key health needs and issues through comprehensive data collection and analysis; and
- Build off that assessment to develop long-term goals, strategies, and activities to address public health concerns in Nevada County.

The result will be a three-to-five-year plan that will serve as a road map for how Nevada County can increase healthy living and health equity. NCPHD has contracted with Social Entrepreneurs, Inc. (SEI) to facilitate this process.

> "Health equity is the state in which everyone has a fair and just opportunity to attain their highest level of health. Achieving this requires focused and ongoing societal efforts to address historical and contemporary injustices; overcome economic, social, and other obstacles to health and healthcare; and eliminate preventable health disparities."
>
> – Centers for Disease Control and Prevention

This process is led by the Community Health Improvement Core Group and Steering Committee; collectively, those groups along with the SEI facilitator comprise the Community Health Improvement (CHI) team.

Purpose and Structure of the Community Context Assessment

The Community Context Assessment (CCA) is one of three assessments completed to support the development of the CHA. The CCA

collects the insights, expertise, and views of people and communities affected by social systems to improve the functioning and impact of those systems. The CCA moves beyond interventions that rely on perceived community needs to understand a community's strengths, assets, and culture.

The CCA centers on people and communities with lived experiences and lived expertise. It focuses on the views, insights, values, cultures, and priorities of those experiencing inequities firsthand.[72]

We often think about health and illness in an individualized medical framework. But our well-being is largely shaped by aspects of our environment. Differences in our life conditions and contexts –

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[72] "Community Context Assessment: Qualitative Assessment Tool for Mobilizing for Action through Planning and Partnerships (MAPP) 2.0". National Association of County and City Health Officials, December 2022, pg. 4

especially over long periods of time - impact the health and well-being for both individuals and entire communities. These differences can be dramatic, even within relatively small areas – shown in disparate disease burden and average lifespan within counties, counties, cities, and towns.

When we understand the conditions and factors that are supporting or in the way of population health, we have important and powerful knowledge to improve well-being. While changes to social, environmental, and economic realities are not always easy to make, the impact of these context changes can improve health for everyone. **Improving health outcomes for those who are less well in our communities improves health for all.**

Methodology

The Nevada County Community Health Improvement team used a modified CCA to identify factors that are influencing the quality of life within the county. They prioritized hearing directly from community members via listening sessions that were organized by the Core Group with support from the Steering Committee. Specifically, these sessions would not be possible without the support of representatives from local organizations: Bright Futures for Youth, Color Me Human, Hospitality House, Nevada County Pride, and North San Juan Community Center.

A total of five listening sessions were held. One was conducted virtually with the Steering Committee, that specifically explored forces of change, i.e., the current and historical factors that shape conditions for Nevada County community members. The other four sessions were held in-person with community members throughout the County. These sessions were semi-structured, with facilitators asking community members to share what they liked, loved, or appreciated about living in their community. Participants were also asked about aspects of challenge or difficulty, i.e., the things that get in the way of health. Sessions concluded with an exploration of what could be better, through the sharing of solutions identified by and for the community.

SEI facilitators guided conversations and documented the stories, messages, and experiences that were shared. Core Group staff were also in attendance. Intentionally, the CHI team sought perspectives that will help to clarify sources and impacts of health inequity within the County.

Facilitators explained to all participants how information gathered would be used. Steps have been taken in this document to protect confidentiality of responses by masking details of a situation or identity as needed.

While this assessment was not comprehensive – there are many individuals and groups that we were not able to reach – the experiences, voices, and perspectives of those who participated provide ample opportunity to understand important forces that are shaping community health. **We deeply appreciate the participation of the community in identifying issues and meaningful opportunities to move toward healthy and well communities.**

Listening Sessions Details

The Places

As noted above, one session was focused on "forces for change" and took place online with members of the Steering Committee. The remaining four sessions took place at community locations in the western part of the county, in Grass Valley, Nevada City, and the San Juan Ridge area.[73]

People

Participants were asked, via anonymous forms, to provide any aspects of their identity they felt comfortable sharing. Based on provided responses, participants included people with diverse and intersectional identities and experiences important to understanding health and health equity, including but not limited to:

- **Age:** Participants included youth, adults, and older adults.
- **Race and Ethnicity:** Participants included people who identified as African American/Black, Latinx, Native American, and White.
- **Language:** All sessions were conducted in English.
- **Sexual Orientation and Gender Identity:** Groups were inclusive of people across sexual orientations and gender identities.
- **Housing Situation:** Groups included people that rent, home owners, and people with current or past experience in being unhoused.
- **Health Status:** People described aspects of their health and well-being. Participants included people living with chronic disease, with current or past illness, current or past injury, and people with disabilities.
- **Caregiving Status:** Caregivers, including parents of young children, relatives caring for people with disabilities, and people that help to care for younger siblings identified themselves during group conversations.
- **Residence:** Some participants have lived in the area for their whole lives (generations); other participants moved from other counties in California, or from outside the region.

Timing

All five sessions took place in late January 2024. Times for the groups were arranged to fit with the schedules of people attending, as arranged by supporting organizations.

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[73] Efforts were made to hold one or more groups in Truckee, and to host a session conducted in Spanish. These were postponed due to staff capacity, and is anticipated to be made available from other current assessment processes taking place in Nevada County.

Limitations and Considerations

In attempting to summarize the stories, voices, and perspectives of over 35 people, there will be unintentional but potentially important omissions. Our purpose is to reflect to the fullest extent possible the appreciation, the serious problems, and the hopes and dreams of participants as they relate to community health. Some information has been modified in superficial ways to protect confidentiality of individuals living within this small community. Because the information in this report is also provided directly from people's life experiences, it is important to include peoples' own words to help bring life to the messages; as such, unattributed quotes are included throughout the document.

Direct quotes from participants appear in quotes (""), and summary comments that may represent the viewpoints of one or more participants (as captured during facilitator note-taking activities) appear as bullet points.

At a Glance: Themes from the Assessment

This section provides a summary of key themes provided by participants around the three major areas of inquiry explored. Additional data is provided later in this document.

Assets and Resources that Support Community Health

When asked what they like or love about living in the County, and about community strengths, responses were most commonly related to:

- People: social connections and support
- The natural environment
- Programs and services

However, and not surprisingly, there is no "one experience" of life in Nevada County. Some of the assets that many people named were also assets that were noted as not being available to others, even though they live in the same community.

Issues and Problems Impacting Community Health

One intention of the listening sessions was to understand issues and factors that get in the way of health. Participants noted challenges, issues, and unmet needs that fell into the following categories:

- Healthcare Access, Quality, and Cost
- Housing Availability, Quality, and Cost
- Limited Educational Opportunities, Recreational Opportunities, and Jobs
- Racism, Discrimination, and Violence
- Safe and Accessible Water
- Social Connections
- Transportation and Geographic Isolation

Suggestions, Hopes, and Ideas to Improve Community Health

Participants provided suggestions and recommendations for addressing the community issues and challenges they identified (listed above). As these were aligned with noted challenges, they fell within the same general theme areas:

- Educational Opportunities, Recreational Opportunities, and Jobs
- Healthcare Access, Quality, and Cost
- Housing Availability, Quality, and Cost
- Racism, Discrimination, and Violence
- Safe and Accessible Water
- Transportation and Geographic Isolation
- Social Connection

Content on this page represents information provided by participants unless otherwise noted.

A Note about Culture: Self-Efficacy and Mutual Care

A cross-cutting theme that was present, regardless of the topic or group, revolved around two aspects of culture: self-efficacy and mutual care. These are combined as a theme because it is possible that within Nevada County these aspects may be able to work together.

Participants voiced a very strong value of independence and self-reliance. They talked about wanting to accomplish and support themselves through their contributions and work. But their words and stories also showed vibrant evidence of mutual care and interdependence. Deep connections to care for each other and for their community, through emerging community networks, collective work to support each other in difficult times, and mutual support, were communicated along with a desire for more. Examples of this voiced, but immeasurable community asset, included:

- Desire to contribute to Community Health Improvement Planning; sharing experiences, including traumatic experiences and ongoing issues
- Current and planned advocacy for better policies and systems
- Desire to support, inform, and work for better responses to mental and behavioral health crisis
- Serving food to neighbors; providing community meals
- Innovating solutions to transportation bottlenecks, like delivering prescriptions
- Desire to expand youth support so that more kids have access to positive social opportunities
- Actions to record and document acts of violence, especially racialized violence and hate crimes, so that the community can be safer for all
- Desire to serve on commissions, boards, or advisory panels to help people navigate housing and other benefits or programs
- Providing numerous ideas related to being part of a better community.

In participant words,

"Those with marginalized identities do a lot of organizing and it is often on them to create what is lacking here because they have the most experience and resiliency. I am part of a mutual aid group because real care is happening in grass roots organizations. A network of care and peer support for people who don't have access. There is reciprocity."

"We have a meal here and feed a few hundred people. We can't do it right now because the water is shut down. A lot of people show up, it's important. We want to get it going again." (Ridge Participant, sharing one of the many things impossible without clean water)

"It would be great to have what we have, but for the boys. They need support too." (Youth Participant, sharing that she wished that boys in her community could have a support network, like the one she has through local programming)

"We have a lot to offer because we have experienced these programs and navigated them successfully. We want to provide value to the community and to feel valued." (Participant with experience of housing instability or homelessness)

Recommendations from the Process

In addition to the suggestions made by individuals summarized above, several over-arching recommendations are presented for how the information included in this brief can be used in Community Health Improvement work and aligned to the values articulated by the Core Group and Steering Committee.

Listening to Understand

Move toward, rather than away from, the stories of racism and discrimination. Learning, listening, and sitting with experiences of residents is necessary to have any lasting or significant impact on population health. Changes or improvements to programs will have superficial impact toward the vision until there is movement in the experiences of people to feel safe, valued, and cared for within their community.

Engaging More Lived Expertise in Decision-Making

Provide more opportunities for people with lived expertise to talk directly with decision makers, medical providers, and program administrators. The richness of information of experiences cannot be fully expressed in a document like this; ongoing communication, through both formal and informal channels, is important. This is especially true for people experiencing racism and other forms of discrimination.

More Frequent and Effective Communication

Bring back information on the status of Community Health Improvement activities to all groups that participated in the form of a report and opportunity for conversation. The relational work (that has already begun through CHI work) will continue to result in progress.

Supporting Existing Initiatives and New Ideas

All suggestions heard are recorded here, including new programming activities and place-based ideas. Tracking and elevating ideas is a way to be respectful and responsive to the individuals who participated in the sessions. This does not mean that every recommendation will move forward, but that all are at least considered and acknowledged. Some of the recommendations in this document – like improvements to water infrastructure - will take significant investment and also have major positive impact on communities; others could be inexpensive or no cost and still influence the community health in important ways.

Amplifying Voices and Experiences

Connect decision makers with information from this assessment, particularly those who can influence the issues and problems named. Match together community identified solutions with opportunities for funding or other types of public and private support.

Content on this page represents information provided by participants unless otherwise noted.

Community Voices: Factors Supporting Community Health and Well-Being

The following section summarizes information shared about what participants "like or love about living in (Nevada County)?"

Not surprisingly, there is no "one experience" of life in Nevada County. Some of the assets that many people named were also assets that some noted as not being available to others, even though they live in the same community. This provides both challenges in summarizing the information and presents opportunities to bring forward the assets and resources that some people experience and love **to all residents**.

Participants answers to the general question above were most commonly related to:

- People: social connections and support
- The natural environment
- Programs and services

People: Social Connection and Support

Participants talked about the people within their communities, and kindness, a sense of community, and individual friendships were some of the assets that were named.

What Participants Said:

- Good community, kind of rough but good
- Homey, everyone talks a lot
- Everyone was welcoming when I moved here
- People here are fiercely independent
- Small community and the people who founded this community are interesting; it is different from other communities; we all know each other and can affect the community in a real way
- Sense of community
- When something needs to get done, people here will get it done
- [Named person] is a driving force for change in this community
- Some of the people I have met [have been great…but overall meeting kind people has been difficult]
- I like where my home is, there is serenity there; what drew me was the people who are really kind
- People looking out for each other
- Art community
- Very different people but they all basically get along

Content on this page represents information provided by participants unless otherwise noted.

Natural Environment & Geography

People named the location and beauty of Nevada County, its climate, and natural resources that make recreation possible are strengths of the County.

What Participants Said:

- Mountain biking
- Proximity to natural wonders like the rivers
- Climate, trees
- Wildness of the place
- Easy access to a lot of places from here, you can be in Sacramento or Reno or…
- Size, accessibility

Programs, Services and Supports

Aspects of services and programming were also mentioned.

What Participants Said:

- I moved here for the schools
- It takes a lot of work learning to like this place; it takes a lot of individual input to make this become the place I can like more. There is a lot of effort in that. I don't mind putting in work to make a place more likeable
- We love that the Hospitality House allows for pets and that they are taken care of here
- First responders in Grass Valley and Nevada City are top notch. They are one of the groups that make you feel like you matter
- Law Enforcement stops to check on folks out of concern. That means a lot, and would never occur in a big city
- Mentorships through the high school
- Events (street events that sometimes happen here)
- The community comes together to do stuff together (events)
- I love being able to do my art
- Different [youth] programs we have here

Content on this page represents information provided by participants unless otherwise noted.

Community Voices: Factors In the Way of Health and Well-Being

The following section summarizes information shared about "What is difficult about living here?"

Racism, Discrimination, and Violence

Racism and other forms of discrimination keep benefits of life in Nevada County from many of its residents. Assets like outdoor spaces for recreation cannot be enjoyed when people don't feel safe. The built environment – including restaurants or shops – are not accessible to all people at all hours because they do not feel safe after dark. Black, Indigenous, and other people face explicit racism and violence within their communities. There is a feeling that these problems are getting worse, and not better. Adults feel afraid for themselves and their families. Many have moved away as a result of racism they have experienced.

People who are not safe or well cannot experience health or well-being. The issue of deep racism and a lack of coordinated response within the community to mitigate these forces is a fundamental gap in community health.

Issues around discrimination - as impacting people of color and also people in poverty, and people with aspects of marginalized identities - is a common experience identified through several of the sessions. These negative experiences take place at hospital emergency rooms, with law enforcement, and in professional and community settings. Experiences of being othered--through slurs or other actions—can come from peers within schools, from strangers on the street, and within work and faith settings. One of the important things communicated is that there not just a few isolated incidents or individuals; there are widespread, systemic problems of racism and discrimination.

Experiences of physical injury and violence undermine the sense of safety within the community. Whether an incident with a stranger, or ongoing interactions with students at school, the experiences have long-term, serious impacts to health and well-being.

What Participants Said:

"There are days I just don't want to be here anymore, especially after what happened...I had in my mind that what happened to me wouldn't happen here...I won't make that mistake again. I learned the hard way. I am really shocked. I watch people all the time. This time I was so in-depth in my conversation that I wasn't paying attention.... I am constantly on edge and that gets exhausting."

"I remember being devastated by [what was happening at to me at school]: I came home in high school and said: We got to go. We got to move. I knew we were having entirely different experiences here. I came home in high school and said: We gotta go. We gotta move."

"I have a friend that lives in downtown NV City, he runs—he says: every time I am out running and the way people, especially white women respond, is different, "what are you running from? What did you just do?"

"We are being treated like we are not human and you are wondering why we're bothered."

"People say: I am so sorry. Those are just a few bad apples. But come on!... It's almost like its somebody else. You're thinking why won't you say anything. If you come to later and say "I'm sorry." That sorry doesn't mean [anything] to me. If you had said something in the moment, that would have meant you were an ally."

"We can't trust white folks. They will be one way but another behind your back. It is a constant battle. I try to find a way to keep being kind and openhearted. Some days it seems like there is not enough tears."

"As someone living here for life, it is getting worse. You can tell people are uncomfortable with you. In the last 6-8 years, people have no issue to tell me what [a] piece of crap I am because of my DNA."

"I think it has been made ok. All we did was take a step back to the 50s and the 60s. The thing that irritates me the most is that white people don't say anything. When I worked at [omitted] I experienced a lot of racism. No one—even those who know it was wrong—said nothing. It was like they didn't want to "go up against each other""

"I am/have recently been working and organizing locally. I am the one mixed race, femme organizer in the group and I am dealing with a lot of white people. It is really insidious in this area. The people who have the language to avoid accountability and to gaslight. I haven't had much support with that."

"Everything that is happening affects a person's overall health. No wonder—we carry so much and there is no place to dump it. We carry it and continue to carry it. There is an ultimate sense of fear."

"How many black women work with[in] Nevada County? There's a few, but it's like we all hide. We go to work and then we go back home. We are like the Hispanic community. We hide. We ask each other where are you at? Where have you been?"

"My [friend] is black and he does not want to go out here."

"After the sun goes down, I am home."

"The plaque on The National says this used to be a whipping station. Symbols and remnants that are reminders. It's like being in the south with the confederate statutes. The message is "This is who we are. This is the power we have to do. And we have the power to do that again.""

"People are so disenfranchised. People turned off or they turned way on. It is scary leading up to this year is people trying to get ready for 2024. Did we not learn anything? It is terrifying, overwhelming. Here are so many things that are so incredibly broken. It is starting the system over. We are all going to get very uncomfortable. Rebuilding is possible but we are afraid to start over."

Discrimination and Prejudice by Place; Stigma

People living in areas where there has been low investment experience prejudice and discrimination. This discrimination keeps people from accessing needed medical care and discourages children and youth from going to school.

What Participants Said:

"For so many years of trying to contact the county has been a wall. So at a certain point there are people who say there's no point. There are people, but they got burnt out."

"I have seen it consistently going to health care providers in Grass Valley. As soon as they figure out you are from the Ridge, that's the end of the discussion, and you don't deserve health care. The number of times someone I know and I have been to the emergency room and they took one look at them and said, we're not going to give you any pain medication because we know that's why you are here (and the person had a fractured skull). Making up your mind about people before you talk to them is a problem."

"I know kids out here that go to Union, and they're treated differently. You don't have services, maybe like a laundromat. It's not easy to go to school without clean clothes, and everyone has fresh clothes, and is ready to learn. So we have developed this reputation as a dirty community, but we also don't have the resources that other communities have. So it's not fair."

"The hospital thing – I have been going through a lot –and have had to go to the hospital – I get labeled with "Meth," just by looking at me. I have to fight with the hospital to get this off my record EVERY time. I have heart issues, kidney failure. That stress fighting with the doctors put me in worse shape than I was. But then I get labeled as a meth user and can't get services because of my teeth -- My teeth have NOTHING to do with Meth, it's [a medical issue]. And the doctors look at my record and see I have a reaction rate to all drugs – even the ones that are supposed to help me. How could I be meth user?"

"As Hospitality Host guests and Medi-Cal recipients, we get treated differently at the ER; it shouldn't matter who you are or what color you are."

Note that other participants responded they haven't experienced that prejudice as Hospitality House guests, and suggested it may depend on who is providing services at that time.
"Some people make it hard to live here; for example, some people posting (online) demeaning information about people who use drugs or experiencing homelessness (agreement from multiple attendees)."

"I have been in conversation with public health…and they have made a point of saying that Grizzly Hill is important…there is an eagerness to partner."

Violence in Schools

Youth brought up fighting at school as an issue and common occurrence. Some fights are recorded and posted on social media. Participants were asked whether weapons were part of fights. This led to all youth expressing concerns about the threat of gun violence at school and the inadequacy of current protocols and systems to protect students.

What Youth Participants Said:

"People at school are sectioned off and judgmental."

"Some people at school use slurs commonly, and fights happen."

"It's not difficult for a teen to get a gun."

"They teach us drills, but all the kids who might be shooters also learn the same drills. So they don't keep us safer."

"I think they need more gun safety classes or something."

Healthcare Access, Quality, and Cost

Every group raised the issue of healthcare access and quality. Distance to providers, waiting time, shortages of providers, costs, and challenges with prescriptions were a few of the issues noted. The heavy financial costs of care were also noted.

Behavioral Health

People described a lack of behavioral health support, including for crisis. Participants described a lack of providers in the area, difficulty getting appointments, and waiting lists for mental health care and substance use treatment including Medication Assisted Treatment (MAT).

What Participants Said:

"My most recent experience with a BH/MH crisis, I called three times for help with the person in my house and others called. Each time crisis management would show up and ask "Do you want to hurt

yourself? Do you want to hurt anyone else? Ok. Here is paperwork. MH Crisis requires a violent altercation for someone to be taken." *(Resulting in no support or help)*

"Medical personnel assuming that people are drug addicts or meth users if they are from this area."

"The clinic is available, there are services, but they are not accessible. There is a 50+ waiting list to get Suboxone."

"There are (basic) mental health services that are not available in the county."

"There's not services, so you have to travel to services for people who have been affected by drug use. They may not be drug users themselves – maybe children – but they don't have services."

"We were put on the wait list for doctors. I still have to go to Clear Lake for my doctors."

"The ER has the CSU (Crisis Stabilization Unit) attached, and that is really helpful."

Specialty Care

Participants acknowledged the size of the county may contribute to limited providers, but despite the reasons, it is still a tremendous problem for people needing specialty care.

What Participants Said:

- Finding a medical specialist in the area [is challenging]
- There is a lack of specialty providers here in the county, people have to leave here if they have complex needs or want to receive specialty care
- Surgeries are put off because of crowding and not enough availability of surgery rooms at the hospital

Prescriptions

Finding places for prescriptions, navigating health systems, and addressing long driving distances were some of the issues identified with prescriptions.

What Participants Said:

"For someone who doesn't have insurance, I have to figure out which pharmacy I can go to for which medications. [This] medication can't be missed."

Dental Care

Lack of dental care was noted. Many people identified the free resources provided as helpful, and would like to see more of this and also more outreach. Navigating costs is also a major concern related to dental care.

What Participants Said:

- "I've been here and still haven't been able to see a dentist"

- o "They say we aren't taking new patients"
  - o "Lack of new patient availability is a huge thing"
- Dental providers aren't taking new patients (specific to pediatric)
  - o "Providers are cherry-picking patients"
  - o Some participants said that it was because of a lack of providers for both medical and dental. They noted that it is possible that the undercount in the Census makes it look like there are sufficient providers for the population when there actually aren't
- "And the dentist at the clinic is not taking new patients. Can't find any other dentists that take insurance."
- "You have to be your own advocate, and you are the one responsible for your continuity of care and many people aren't positioned to do that or if they do they are labeled as problematic or complicated."
- "I did participate in the free dental thing. It was moving at a very slow pace. My daughter really benefitted from the free dental care. I had only heard about it that day."
- "I recently had to go to Roseville to the dentist. It was so expensive. I had to use credit cards."

General Care and Quality of Care

Most participants noted issues in finding trusted care. The turnover of doctors, doctors who dismiss, judge, or don't listen was a common theme among participants. Some also had positive experiences but reflected that this was fortunate and not the general norm or experience. Several statements about inadequate care that participants identified as aspects of judgement, prejudice, and discrimination are noted in the previous section. Based on the listening sessions, people who have any aspect of marginalized identity are likely to have an even more difficult time finding a trusted provider.

What Participants Said:

- Trusting a doctor here [is challenging]; [Many] don't listen to you.
- Technology challenges, because so many appointments are by Zoom and a lot of us don't have that capability, or we would choose not to go to an appointment rather than do a Zoom appointment
- Lack of availability of safe locations to be released into after medical procedures
- If you don't have insurance or if you are on Medi-Cal, the level of service isn't the same as private insurance
- Waiting list for doctor. In 2021, I moved to NV County and was put on a 6-month waiting list and it's now 2024 and still have not gotten a doctor.
- "What I am experiencing personally, some of this is bureaucratic—you can't find a doctor within a two hour radius. I am out half a day of work."
- Lack of variety of services – we have some services but not a lot of services or choice of where to go--there is only one hospital

- I am still paying off a massive ambulance bill.
- I broke my ankle, had insurance, and healed. There was a numb spot and insurance wouldn't pay for it and had to pay a large amount out of pocket.
- Another example: chiropractor and prescription costs are through the roof.
- I can't what I am experiencing in terms of trying to find a primary care physician (THIS IS A SYSTEMIC FAILURE). I know that a lot of the other things can't be addressed until the system is fixed. If there is any kind of crisis, I would be taken to a hospital, but would be financially devastated for the rest of my life.

Housing Availability, Quality, and Cost

Availability of affordable housing, quality of housing inventory (especially in rural areas), and the costs of housing were named in all sessions.

Challenges with Subsidies and Programs

Some participants had success accessing programs, but most found challenges in navigating them.

What Participants Said:

- Lack of affordable housing is putting pressure on many walks of people. More attention / more resources needed to really support lack of sheltering for young people experiencing homelessness (minors in particular)
- There are homeless youth in the community without stable housing
- There isn't enough housing
- The requirements for housing, particularly around pets and criminal records, are limiting
    - Federal rules and regulations are limiting as well, and impact what communities can do
- People with families go to the top of the list for housing [surpassing seniors/those who have been waiting longer]
- There are a lot of transition houses and substance use supports, but people without those issues have nowhere to go. People with those concerns get housed sooner.
- You have to have an address to get your mail to connect with housing (supports)
    - One participant indicated they have issues with receiving their mail
- Not everyone here will do their own legwork, you can't wait for an apartment to drop in your lap. You have to be a squeaky wheel, but not overly so.
    - If you aren't self-sufficient (have a mental or physical disability), there isn't enough help to help us through those steps
- There are questions about who to go to if you have ideas for new housing and types of housing needed.
- 211 dropping you if you have a roof over your [head] at present but will be homeless soon.
- When housing helps like vouchers, Section 8, subsidized housing are all 2-4 years out, it's hardly helpful and encouraging. Open up land for development. Think outside the box for affordable and

nice housing. It's doable!

- Getting more housing for seniors.
- We need more section 8 landlords; we also just need more decent landlords.
- We are seeing people using the crisis services or jail for housing.

Housing Quality

A few people noted issues with housing inventory – especially in rural areas. More information on this topic is provided in the section about safe water.

What Participants Said:

- My house needs a lot of repairs – it's really expensive (and contributing considerable stress due to the financial aspects)
- Community infrastructure needs to be updated
- We really need septic – Penn Valley got septic; maybe we can too in our area

Costs

Housing costs contribute to overall stress and feelings of not being able to get by.

What Participants Said:

- The housing for rent is overpriced and overregulated, they ask you to leave during the day
- Lack of housing; housing available is too expensive especially combined with the lack of work here
- You are paying a lot for a simple room with no access to services
- The cost of living—the mortgages here: there are a lot people struggling here without jobs that can't support the cost of living.
- You used to have a job and used to be able to make a living wage.
- I can't afford to live by myself, living with a roommate—hard to feel independent and strong—there is someone who is not in the struggle with you. I don't know what that privilege looks like or feels like.

Income, Jobs, and Opportunity

Closely related to the topics of housing are issues related to limited income and job opportunities.

Meaningful Earning Opportunities

In general, participants were eager to work but struggled to find employment opportunities, both full and part time. This issue spanned ages, from teens, to adults, to older adults.

What Participants Said:

- There aren't enough ways for seniors (older adults) to contribute. People miss being of service.
  - "I don't want to watch the world go by, I want to contribute"
- It would be nice for seniors to have more things to do, and more ways to be of service and give

back
- o Seniors could be an untapped resource
- o Facilitate arts development by seniors
- For teens, the only option for work is fast food. It would be great if we could learn a skill or learn about a job.
- Job availability is a smaller community is limited, for seniors in particular
- There aren't as many opportunities for work, so folks may go into town for that (but limited by childcare and transportation)
- It is really hard for younger people to get jobs here in town, and the only jobs for young adults are fast food jobs (there isn't variety)
- Would like the government to do more hand up than hand out, like during Depression
- o Participants would like to be able to work
- Worries about inflation and cost of food and gas

Barriers to Entrepreneurism

Some participants were interested in entrepreneurial income, but also faced barriers.

What Participants Said:

- There aren't enough buildings for small businesses (Ridge specific)
- People make all kinds of amazing things – we just need opportunities to sell them here
- Permitting limits business development
- o Attempted Farmer's Market years ago, but permit and insurance costs was prohibitive

Benefit Income

People receiving benefit income were also concerned.

What Participants Said:

- Social security isn't going up to match cost of living
- When grants run out, some people here don't qualify for any other support. When grants run out and we no longer qualify – who/what/where are the GAPs filled?
- Some recent increases to caregiving [IHSS] compensation (have been helpful)

Transportation and Geographic Isolation

Lack of Public Transportation Within and Outside of Nevada County

Challenges with transportation were also a theme across groups.

What Participants Said:

- A huge challenge is transportation (inside and outside town); bus doesn't go everywhere and runs only every hour
  - You have to have a friend
- It is a half hour to get anywhere, you can't just hop down to the store
  - This has a huge impact on many issues, such as access to healthcare services
- There is no local, public transportation, especially for people with disabilities
- We are rural, and we don't all have access to vehicles when we need them (transportation barrier)
- Transportation—there are no busses, no bike lanes, no sidewalks—and it is too hot or otherwise not safe to walk
  - Really hard to find Ubers as well (and they are expensive as well)
- If you have a car, it is easy to get around and it is not so stressful. If not, it is pretty terrible.
- When people don't have a car: the mutual aid group is trying to figure out a system of ride shares that is safe as possible. There is such a need. There is so many people without cars here.
- This is also a problem for youth. Kids are missing out in being able to interact with other kids. Already not enough things for kids.
- People say, just get a van (for the Ridge)! But then, there is the insurance, and the drivers.

Lack of and Issues with Medical Transportation

People may be able to access healthcare because of the cost of transportation or lack of access to medical services.

What Participants Said:

- You used to be able to take your pet in an ambulance, and now you can't. Some of us won't leave our pet.

One participant indicated that managed Medi-Cal should cover roundtrip transportation, and another indicated that that was a staff knowledge issue because it should be covered. The second clarified that drivers were causing this issue by only taking local rides so they could maximize their reimbursement.

Related to relationships: one participant shared that they only get medical transportation because of their relationships with transportation providers and knowing how to 'jump through hoops'
  - In reverse: medical providers or in-home care providers won't travel out here to provide services

Content on this page represents information provided by participants unless otherwise noted.

- Pedestrian safety is bad where I live; people drive dangerously and there is rarely enforcement.

Geographic Isolation

Residents of San Juan Ridge described specific challenges for their community. It is possible that other outlying communities have similar needs.

What Participants Said:

- We get lumped in with Penn Valley, and we aren't geographically close or similar to each other; our vote is cancelled out by them
    - "We have no voice"
    - Residence here is very undercounted which exacerbates the representation. There are unmapped neighborhoods and other areas that aren't being counted during the Census
        - One participant couldn't be hired by the Census in 2020 based on lack of phone reception
        - One participant shared that they had heard comments such as "there is no point counting the people here because they are stupid" and not to bother educating people in this area
- "North San Juan is Nevada County Too"
- It can be difficult to find everything you need in the stores here, you have to travel to find things (common problem)
- Some people live really close and some are really spread out
- There are engaged Service Providers in North San Juan - clear that providers want to be there, yet we need better infrastructure collaboration between the local FRC, NSJCC, library, and school to provide them with spaces to offer services. We also need to encourage federal, state, and county governments to designate rural areas as underserved.

Water Availability and Quality and Environmental Health

There are considerable and significant water quality issues on the Ridge, preventing people from having access to clean water to drink and access to water for basic uses. This is a critical issue impacting a large number of people and their most basic needs.

What Participants Said:

- There is no water here – there is an issue with well contamination and it's very hard to fix
- Water access is limiting business/building development
- Most folks are on wells
- The water at our mobile home comes out brown – you can't drink it (or use it)
- The septic systems are antiquated
- The water issue is related to the [lack of a] laundromat but also the accessibility of fresh water for everyone! We don't have it!

Other Environmental Issues

Without other services in places, there are also issues of dumping on the Ridge, which can be both unsightly and also hazardous.

What Participants Said:

- People dump here, and it is hard to get rid of anything here outside of household trash. There is no Waste Management/trash pick-up here. There is an extended dump service for one zip code, but people living nearby can't use this service.

Social Support, Services, and Connection

Participants described challenges to fostering social supports and connections.

Lack of Connection

Participants noted reasons why there may be a lack of connection in the County.

What Participants Said:

- Increased isolation COUPLED with a lack of system coordination.
- Intersectionality of issues
- Gentrification, zoom towns, lack of engagement; people not tied into the community
- People of color leaving the community because they can't afford to move/but facing racism in school/don't feel safe

Lack of Places to Gather: Youth

Youth participants noted that there are limited places for them to gather in the County.

What Participants Said:

- In Grass Valley and Nevada City, there aren't a lot of things for teenagers to do. Places like roller-skating, etc. are in Roseville. "I'm always on my phone because it is so boring"
- Not enough resources for youth, all we have is Bight Futures For Youth and I'd like to extend that
- We have a huge LGBTQ youth community but not a lot of services for them (rainbow social once a month). Same for people of color or minority groups.
- We need a place for teens to go – downtown only bars are open into the evening

Older Adults

Participants who identified as older adults indicated interest in jobs where they could work part time and give back but also receive some income to help with living expenses, but noted limited opportunities to do so.

Connection between Service Providers and Recipients

Participants shared that an inability to connect with service providers limits a feeling of connection.

What Participants Said:

- Lack of communication between everything is a problem
- Inability to contact County people has led to burnout and folks not wanting to keep trying

Other Services Needed

Participants shared other services that are needed to support community members.

What Participants Said:

- Childcare/Education (Ridge)
  - There are no licensed, child care providers; there is a free, public preschool but that starts at 2.5 years old (half day)
  - Unvaccinated children prohibited from attending public schools and participating in activities
- Legal Services (Ridge)
- Veterinary services (Ridge)

Content on this page represents information provided by participants unless otherwise noted.

Community Voices: Ideas and Opportunities

The following section documents information shared about "**What might you want to change**?" Rather than summarize participant responses, all ideas are included to demonstrate the breadth of ideas provided.

Racism, Discrimination, and Violence

"To be heard...for there to be acknowledgment and shared responsibility for change"

- We need representation that can represent this specific rural area; that hasn't happened since redistricting
- I am working in the Social Justice realms with queer youth. There are a lot of needs for queer youth in the community. It is on the people with marginalized identities to build it. There is a lot on them to do the most labor.
- I would love to see more support from those doing the work. Those who are doing the work because we don't feel safe in state institutions be it medical or county--finding ways to have more access to resources, access to stipends or free resources (therapy, education, supported resources)
- It is the same people out doing the talking. It is hard to speak for your community. I feel like I am putting words in their mouth. People may not come because they feel like I have already said it or nothing is going to come of it. Some days, I don't want to speak up and I don't want to put myself at the forefront to get doors open. It is exhausting. Constantly, seeing the same people.
- "A monthly or quarterly space for people of color that is curated to get needs met, that is trauma informed and has a racial equity practice lens. I think that would be incredible for the black brown and indigenous people here."
- "It would be great have a place that listening could take place without having to interact. We have to talk about our wounds. If you are not allowed to share within your own space, where can you? There is not enough power of it just coming from me."
- I would like to be able to feel safe. That if something was to happen that I could safe, knowing that I am a POC but also trans. That initial contact is everything. If it doesn't feel right...you don't want to go out knowing that that person didn't want to help you.
- If you don't see someone that is full of compassion and kindness—people are not aware of their body language and facial expressions. If something happens and I have no choice, I want them to call the boss...You want to feel safe. You shouldn't have to feel like that at a hospital or with healthcare, period.
- Staff don't match the population/POC may not feel safe/welcome. Hire/recruit/maintain

develop a workforce that supports the populations.
- Opportunities to learn across cultures
- Civic engagement around racial inequity and to address racism - improved

Healthcare Access, Quality, and Cost

- A lot of people don't realize the wonderful services that are available. There is a lack of knowledge. We need better communication and information availability.
- Attract more specialists
- Make connections with a pharmacy to support people transporting meds from town to people that live here
- Nevada County, and in SJR specifically, there should be a mini care force that comes to the area to provide specific services
  - It needs to be ongoing, not just once in a while
- Mobile medical van (but with more than just vaccines)
- Being able to see a medical provider within a week
- Utilize "care givers needing clients" for in home care
- House calls
- Address mental health issues – provide more support
- More mental health care and more resources for recovering people – for teens
- The doctors in Auburn are black and brown. It was interesting that there was a traveling doctor. Why don't you have somebody that could stay here?
- I would love a monthly place for people of color of all genders to have a restorative day (massages, peer support, a space to do art, to talk and do lunch, childcare)…but also to get medical care and dental care to get proper care where you feel comfortable. Bring in a physician to see people for the day.
- There is nothing more that makes that you feel a sigh of relief than seeing a POC; you will be understood and they look like you. "I am so happy to see you!" I had a black doctor and that felt so good.
- I would like to be in the loop and share my experience locally.
- There is no community health without the indigenous people (by name). I am not sure if you can share about that. They have 1.5 million to raise by April 4th [2024]. We need to do everything we can.
- (Leverage) National emphasis on social drivers on health / helping with housing and other SDOH
- Tiny houses—there used to be some below the Hilltop Lumber and then they disappeared
- More communal housing and/or apartments
- More AMI housing
- Developing land is a challenge in community
- In other communities they are high rises with low daily rent and everything you need is downstairs

- Make sure people are aware of housing opportunities
- Have a number advertised often for Seniors to call for questions like 211 – I never knew about this number until I was here at the Homeless Shelter. So help numbers like 911 (publicized) well and presented to the public for Seniors with needs and questions etc. And/or a place/location in counties where Seniors can get information and help. Don't know if that exists.
- Build a WEAVE program; develop a safe house for elder care or people who have experienced domestic violence: "We just don't have things like that. There is no one to call"
- Develop homeless shelter
- Landlords that accept section 8 vouchers
- Youth housing/youth shelter [you have to be 18 for current housing]
- Dorms at Sierra College in GV like the Rocklin campus
  - Affordable housing for students and TAY age (so they aren't competing with older folks for that housing)

Educational Opportunities, Jobs, Income, and Benefits

- HH should reinstitute the thrift store where residents could work, and they could then move onto another job
- One stop shops, a Hub for information
- Consistent information provided from all social services providers
- A solution is doing what is happening today—asking people for their ideas and then bringing it back to the people who can implement change
- Senior connection to take seniors to do things in this great community; organized for groups for intentional connection
- Provide seniors with opportunities to work, give back, etc.
- Share report and information in the newspaper and more widely
- Creates something that becomes the model
- We shouldn't worry about creating our own thing, but should try to copy models that are working in other locations/countries, etc.
- Get the senior population involved in service – using their educated minds, talents, training. If paid, that would help – not a lot but would supplement their Social Security or retirement. This would help not waste valuable resources in this population to help others. This would be good for seniors and those they assist!
- Seniors can counsel, encourage, mentor, help with taxes, etc. Could supplement their incomes.
- Internships and apprenticeship programs for youth
- Having a place for folks to sell or share their crafts, businesses, etc.
- Could be cool to have mentorship programs earlier so youth could explore what they wanted to do from a younger age
- More places with trusted adults who aren't authority figures (more mentorship opportunities to

hang out with adults and learn from them)

- Getting the Fed, State, & county Gov's to designate Rural areas as underserved, along with people of color and LGBTQIA+ would help a lot. According to the census, 86% of our population is white. This is a HUGE obstacle to grant receipt when the grant (rightly) favors underserved populations. This is the case with the HHAP-4 funds.

Transportation and Geographic Isolation

Ideas and Suggestions from the Community

- Offer local transportation
- Decrease social isolation
- More bus accessibility
- Continue and build local solutions (like prescription delivery at the Ridge)

Safe and Accessible Water & Environmental Health

- Free days at the dump or bringing in dumpsters for residents to utilize on specific days
- The county is starting to shift, and there is more interest/opportunity for county services to be located here (specifically sewer and public health—mention of the PH vending machine)
- WATER and SEWER access are hold-ups to a lot of things, like building development and hosting events/meetings locally and warming shelter and communal meals
- Mobile shower / mobile laundromat
- We need stuff for the kids to do that's safe
- Water is the biggest problem behind just about everything.

Social Support and Connection

- Involve churches (no faith basis required) in helping people with housing and other needs
- Integrate funding between county and local SJR organizations, and among local organizations
    - Example of: if funding provided for a van to support transportation, who is managing all the admin associated with it? What organization is positioned to take that on?
- We have people and ideas, but no money or people to implement them
- Local food providers that accept WIC; more affordable groceries
- Support group for young adults (to help people figure out what they want to do)
- More community events like Cornish and Victorian Christmas where you can meet more people
- Create places where you can bond with people over art
- Have opportunity for youth to collaborate on an art exhibit/mural/show, etc.
- More summer events for youth to support connections in between school years
- Internships and apprenticeship programs for youth
- Add legal and veterinary services up here (we used to have a visiting vet once a week but then they retired)

- Laundromat or laundry services (could we do a mobile service that?)
- Allow non-vaccinated children to attend school
- More public outreach – how to get communication from the county?
- Great to have a place for teens to congregate and hang out (like Neo, but for just teens, no middle schoolers
- Also places to go for young adults
- The Friendship Club is only for girls—there needs to be something for boys

Youth Specific: Imagining and Designing Programs

Youth participants shared ideas for needed youth-specific programming and resources, including key elements of each.

Support Group for Youth

- Volunteers are there to answer questions (all types of questions)
- People who can share practical knowledge (for housing, cars, jobs, etc.) to support youth being more independent
- Workshops and trainings for specific issues
- Building your resume
- People who can help participants with crisis support (trauma-informed)
- Help navigating what you do after you get into college (class selection, etc.)
- What to do after college
- Alternatives to college (trade school, getting a certificate, internship or apprenticeship)
- They could be informal (going for a hike, or coffee), so it isn't like a formal group that always meets in the same place
- Fun events and relationship building
- Semi-monthly or monthly is more realistic than weekly
    - Youth directed and led, but pulling in experts as needed to cover specific topics
    - Transportation support would be needed
    - Advertising and communicating about it

Bright Futures For Boys

- A place to go
- Alternative ways of thinking or being—they can be chill
- Dismantling the "boys will be boys" mentality, and teaching and talking about big emotions—that it is okay to feel emotions
- There is a lot that boys should be taught that they aren't
- Help them create a sense of self
- Curriculum about development and different ways that people think
- Basic life skills (cooking, cleaning, laundry, sewing)—we need to normalize teaching boys these

types of things
- Supporting acceptance of people who are different from them
- "Breaking the man box"

Create Places for Youth / Young Adults
- Arcade
- Bigger, better park
- Escape Room with fun people
- More free, active stuff (swimming pool, basketball court, big kid park/big kid jungle gym)
- Roller skating rink
- Laser tag
- Amusement park