

# Biggs-Gridley Memorial Hospital

Gridley, California

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## Community Health Needs Assessment



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Biggs-Gridley Memorial Hospital



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## Introduction

Biggs-Gridley Memorial Hospital (BGMH) located in Gridley, California is a 501(c)(3) Critical Access Hospital offering 24 hour emergency services, inpatient, outpatient and rural health clinic services. BGMH is dedicated to always providing the finest personalized healthcare to North Valley communities by offering a wide range of integrated services, from prevention through treatment to wellness.

Biggs-Gridley Memorial Hospital is the only acute care hospital in Gridley, as well as along the Highway 99 corridor between Sacramento and Red Bluff, providing much needed emergency care for travelers.

BGMH is certified for 24 general acute care beds (4 Intensive Care and 20 Unspecified General Acute Care) and offers the following medical services:

- Cardiology
- Social Services
- Emergency Services
- Outpatient Surgery  
(*General and Orthopedic*)
- Radiology
- Mammography
- Respiratory Therapy
- Cardiopulmonary
- Laboratory
- Physical Therapy
- MRI
- Rural Health Clinic Services
  - Laboratory
  - Digital Radiology
  - DEXA Scanning
  - MRI
  - Digital Mammography
  - Ultrasound (General and Cardiac)
  - Physicals
  - Workers Comp
  - Industrial Medicine
  - Drug Screening
  - Psychotherapy

## **Methods**

In April 2013, BGMH was approached by the Community Outreach Specialist for Enloe Medical Center to facilitate a collaborative community health needs assessment (CHNA). This CHNA report was completed in compliance with the IRS requirements described in section 501(r)(3) of the Internal Revenue Code.

CHNA Advisory Committee was formed collaboratively among local hospitals. The team was tasked with completing the objectives outlined by the IRS CHNA requirements and consisted of the following members:

- Biggs-Gridley Memorial Hospital (BGMH) - Sheila Ennes, Director of Foundation, Marketing and Community Outreach
- Enloe Medical Center – Deanna Reed, Community Outreach Coordinator
- Butte County Department of Public Health – Cyndi Knapp, Assistant Public Health Director
- Feather River Hospital – Maureen Wisener, Assistant Vice President of Foundation and Communication

## **Community Served Determination**

The service area for BGMH was created with input from the BGMH CHNA Advisory Committee. The definition includes Butte County. Specific key findings and prioritized needs were based on data obtained in the survey from the Gridley, Biggs and Richvale area.

## **CHNA Process and Methods Used to Conduct the 2013 Assessment**

In order to capture as accurate a picture of the health needs of our community as possible, Biggs-Gridley Memorial Hospital partnered with Butte County Public Health, as well as two neighboring hospitals ~ Enloe Medical Center in Chico and Feather River Hospital in Paradise ~ to conduct a three-phase Community Health Needs Assessment.

### *PHASE 1:*

We had a team research publicly available secondary data from four online sources: CountyHealthRankings.org, CHNA.org, HealthIndicators.gov and QuickFacts.Census.gov. Demographic information about members of our community was gathered, in addition to information about a variety of health behaviors, social and economic factors, and health outcomes. The information compiled was used to initiate in-depth discussions during Phase 2 of the project, as well as to shape the questions asked in our Community Health Survey in Phase 3.

*PHASE 2:*

Starting in April 2013, the collaborative team hosted five focus groups with a total of 58 participating community and nonprofit leaders, as well as facilitated a presentation and discussion with members of two local service organizations. Each group was asked the following questions:

- Which of the health statistics and/or contributing health factors presented affect you personally, either in regards to your own health or that of a family member?
- Which health statistic and/or contributing health factors are the most challenging and/or prevalent in your day-to-day work experience?
- What do you see as the top three most important factors for a "Healthy Community"? (based on list provided as part of the Community Health Survey)
- What do you see as the top three greatest needs affecting "Children's Health" in our community? (based on list provided as part of the Community Health Survey)
- What do you see as the top three most challenging "Risky Behaviors" facing members of our community? (based on list provided as part of the Community Health Survey)
- What is currently working to help our community towards better health?
- Do you think the public is aware of all the health care resources currently available?

*PHASE 3:*

Also starting in April, the collaborative team launched an anonymous Community Health Survey throughout Butte County and into some of the surrounding areas. The survey was available in hard-copy form, as well as online, and ran for a total of eight weeks. In total, we collected 1,322 responses (a 0.6% sample of Butte County's total population).

### **Primary Data Collection**

Key informational interviews were conducted in a group setting with members of the community served by BGMH. These individuals were identified by BGMH administration based on their qualifications to represent the broad interest of the community served. Interviews also included persons with special knowledge in public health and persons who represent the medically underserved populations. A list of organizations that participated in the community input can be found in **Appendix 1**.

A community survey was distributed to local organizations within Gridley. The online survey link was also published in the local newspaper. The survey was developed to capture input regarding health needs in the community. A copy of this survey can be found in **Appendix 3**.

### **Secondary Data Collection**

Secondary data was collected from a variety of local, county and state resources to present a community profile, death characteristics, access to health care, chronic diseases, social issues and other demographic characteristics. Data was collected and presented at the county level and wherever possible, compared to the State of California.

The secondary data collected for this analysis was collected from the following sources:

- California Department of Public Health County Health Status Profiles 2013
- California State Census for 2010
- United States Census Bureau
- County Health Rankings ([www.countyhealthrankings.org](http://www.countyhealthrankings.org))
- Health Indicators Warehouse ([www.healthindicators.gov](http://www.healthindicators.gov))

### **Information Gaps**

There were no major gaps in information for this CHNA as demographic and health status information was available at the county level.

## Community/Demographic Profile

(Primary Data Results)

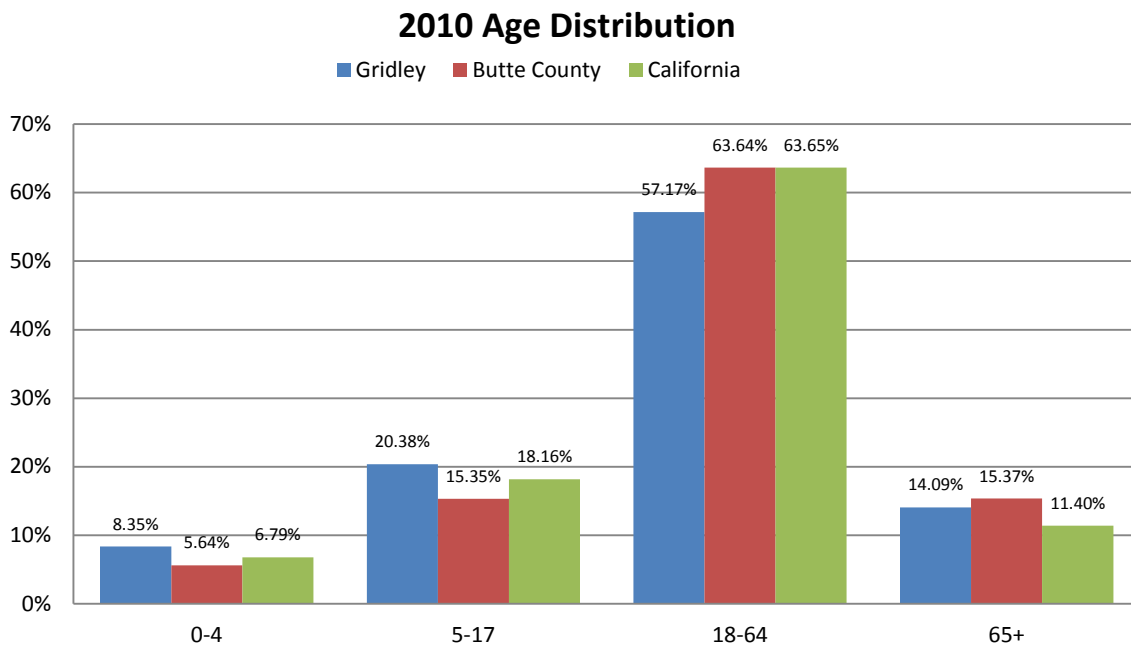
Butte County encompasses 1636.46 square miles and has an approximate population of 220,000. There are 134.4 persons per square mile in the county with the California average of 239.1 persons per square mile. The highest point is Humboldt Peak at 7,870 feet and the lowest point is 90 feet above sea level.

### Population

	2010	2012 (estimate) (2010-2012)	% Change (2010-2012)	# Change (2010-2012)
Gridley	6584	6567	-0.26%	-17
Butte County	220,000	221,539	0.69%	1539
California	37,253,956	38,041,430	2.11%	787,474

### Population by Age

Butte County has a general population of approximately 220,000 of which Gridley, Biggs and Richvale make up 8,535.



### Population by Race and Ethnicity

Race	Gridley		Butte County		California	
	No.	%	No.	%	No.	%
White Alone	4,283	65.05%	180,096	81.86%	21,453,934	57.59%
Black Alone	55	0.84%	3,415	1.55%	2,299,072	6.17%
American Indian Alone	98	1.49%	4,395	2.00%	362,801	0.97%
Asian Alone	249	3.78%	9,057	4.12%	4,861,007	13.05%
Pacific Islander Alone	3	0.05%	452	0.21%	144,386	0.39%
Some Other Race Alone	1,552	23.57%	12,141	5.52%	6,317,372	16.96%
Two or More Races	344	5.22%	10,444	4.75%	1,815,384	4.87%

### Income

Income data was analyzed for Butte County and compared to the state of California and the Nation. 2011 census data reveals that the Median household income for Butte County is lower than the State and Nation.

2011	Butte County	California	USA
Median Household Income	\$39,208	\$57,275	\$50,502

### Poverty

2011	Butte County		California	
	No.	%	No.	%
Under age 5	N/A	N/A	614,837	24.7%
Ages 5-17	8,259	25.6%	1,431,148	21.7%
All Ages	48,784	22.6%	6,121,726	16.6%



## Secondary Data Results

Secondary data rankings illustrate much of what affects health occurs outside of the doctor's office. These rankings help us understand what influences how healthy residents are and how long they will live. The rankings look at a variety of measures that affect health such as the rate of people dying before the age of 75, limited access to healthy foods, air and water quality, rates of smoking, and obesity.

### Obesity

Butte County has a higher percentage of fast food restaurants and lower access to healthy food. These combined may lead to higher rates of obesity which is a contributing factor for several health conditions.

Topic	Butte County	CA	US	Difference	Year
<b>Food Access</b>					
Fast Food Restaurant Access	54%	48%	27%	6%	2013
Limited access to healthy foods	7%	3%	1%	4%	2013
Population Living in Food Deserts	15%	6%	9%	9%	2009
<b>Nutrition</b>					
Few fruits/vegetables: adults (percent)	76%	72%	-	4%	2009
<b>Exercise</b>					
Obesity (Adult)	25%	24%	25%	1%	2013
Physical Inactivity (Adult)	17%	18%	21%	1%	2013

### Alcohol, Tobacco and Drug Abuse

Drug poisoning deaths, binge drinking and other alcohol issues have been important topics of discussion for our community. Beyond their impact it has on our youth, it's important to consider the impact alcohol, tobacco and drug use has on a person's overall health.

Topic	Butte County	CA	US	Difference	Year
<b>Alcohol</b>					
Binge drinking: adults (percent)	18%	16%	-	2%	2005-2011
Heavy Alcohol Consumption	19%	17%	7%	2%	2013
<b>Tobacco</b>					
Tobacco Usage (Adult)	19%	14%	13%	5%	2013
Drug poisoning deaths (per 100,000)	39	11	12	28	2010

## Social Economic Factors

Social economic factors such as household income, education level and access to affordable health insurance all have an impact on the general health of our county's residents.

Topic	Butte County	CA	US	Difference	Year
<b>Children</b>					
Children in Poverty	28%	23%	14%	5%	2013
<b>Education</b>					
Population with No High School Diploma	14%	19%	15%	5%	2006-2010
High School Graduation Rate	85%	76%	-	9%	2013
Some college	66%	60%	70%	6%	2013
College degree: adults 25+ (percent)	24%	30%	28%	7%	2009-2011
<b>Finance</b>					
Median Household Income (dollars)	\$39,208	\$57,275	\$50,502	\$18,067	2011
Population Receiving Medicaid*	22%	18%	16%	4%	2008-2010
Poverty Estimated (percent)	23%	17%	16%	6%	2011
Unemployment Rate	14%	12%	5%	2%	2013
<b>Insurance</b>					
Uninsured: persons less than 65 years (percent)	19%	21%	-	2%	2010

\*Approximately 71.07% of patients seen at BGMH are Medicare or MediCal insured.

### Clinical Care

Access to primary care physicians and affordable health care are contributing factors to a community's health. Compare 45<sup>th</sup> ranked Butte County at 1,497:1 PCPs with nearby Placer County (ranked 2<sup>nd</sup>) at 929:1 PCPs.

Topic	Butte County	CA	US	Difference	Year
<b>Access</b>					
Primary care physicians	1497:01:00	1341:01:00	1067:01:00	156:01:00	2013
Physician use delayed due to cost (percent)	13%	17%	-	4%	2010
<b>Vaccines</b>					
Flu vaccination: adults 65+ (percent)	60%	66%	-	6%	2008-2010
Pneumococcal vaccination: adults 65+ (percent)	62%	62%	-	0%	2008-2010

Heart disease and stroke are common health issues, with Butte County reporting increased risk for both over the state and national numbers.

Topic	Butte County	CA	US	Difference	Year
<b>Cardiovascular Health</b>					
High blood pressure: adults 18+	20%	26%	-	6%	2009
Heart Disease Prevalence	5%	3%	4%	2%	2006-2010
Stroke deaths (per 100,000)	60	37	42	23	2010
Stroke Mortality	47	41	42	6	2006-2010

### Clinic Care and Health Outcomes

Overall cancer deaths in Butte County were well below state and national averages in 2010. Butte County is doing well with screening, but has a high rate of lung cancer and breast cancer compared with the state. High lung cancer rate is possibly related to Butte County's high tobacco use.

Topic	Butte County	CA	US	Difference	Year
<b>Cancer</b>					
Cancer Deaths Overall (per 100,000)	151	227	186	76	2010
Breast Cancer Incidence	137	123	122	14	2005-2009
Breast Cancer Screening (Mammogram)	65%	62%	73%	3%	2013
Cervical Cancer Incidence	9	8	8	1	2005-2009
Cervical Cancer Screening (Pap Test)	81%	77%	74%	4%	2004-2010
Colon and Rectum Cancer Incidence	40	44	40	4	2005-2009
Colon Cancer Screening (Sigmoid/Colonoscopy)	52%	52%	52%	0%	2004-2010
Lung Cancer Incidence	70	52	67	18	2008-2010
Prostate Cancer Incidence	157	143	151	14	2005-2009

Percentage of Butte County residents who receive annual screenings and management of their disease is high, but there is still room for improvement.

Topic	Butte County	CA	US	Difference	Year
<b>Diabetes</b>					
Diabetes adults (percent)	9%	9%	-	0%	2010
Diabetic screening	79%	81%	90%	3%	2013
Diabetes Management (Hemoglobin A1c Test)	79%	81%	84%	2%	2010

**Clinic Care and Health Outcomes** (continued)

The number of reported deaths due to chronic lower respiratory disease in Butte County is more than double that of the state. Chronic bronchitis, emphysema and asthma – all conditions associated with chronic lower respiratory disease – may be affected by Butte County’s higher than average tobacco use.

Topic	Butte County	CA	US	Difference	Year
<b>Pulmonary Health</b>					
Asthma Prevalence	17%	13%	13%	4%	2006-2010
Chronic lower respiratory disease (CLRD) deaths (per 100,000)	74	35	45	39	2010
<b>Air Quality</b>					
Daily fine particulate matter	11	12	9	1	2013

Mental health concerns and suicide deaths are issues facing Butte County residents, with significantly higher than state averages according to 2010 reports.

Topic	Butte County	CA	US	Difference	Year
<b>Mental Health</b>					
Mentally Unhealthy Days: Adults (per person)	6	4	-	2	2010
Physically or Mentally Unhealthy Days: Adults (per person)	10	7	-	3	2010
Suicide Deaths (per 100,000 pop.)	24	11	12	13	2010

Rates of premature death and years of potential life lost before age 75 are both reported significantly higher than state averages.

Topic	Butte County	CA	US	Difference	Year
<b>Miscellaneous</b>					
Alzheimer's disease deaths (per 100,000)	64	29	27	35	2010
Fall deaths (per 100,000)	11	6	8	5	2010
Premature Death	8,637	5,971	7,131	2,666	2008-2010
Years of potential life lost before age 75 (per 100,000)	7,944	5,570	6,811	2,374	2008-2010

## **Summary of Key Findings and Prioritized Needs**

### *Response to the Community Health Needs Assessment*

A list of organizations that participated in the community input through focus groups can be found in **Appendix 1**. These focus groups were selected because they represented the broad interest of the community served by BGMH. Collectively, they advocate on behalf of the medically underserved, low income and minority populations within the community through their organizations.

In June of 2013, a survey was distributed throughout our community and an online survey link was published in the local newspaper. Respondents were asked to prioritize and rank health issues, important factors for a healthy community, most challenging risky behaviors, and greatest needs affecting children's health. Questions can be found in **Appendix 2**.

The following were identified through the survey process as being the most important health problems facing our local community (in order of response received):

1. Obesity
2. Diabetes
3. Heart Disease/High Blood Pressure
4. Cancer
5. Mental Health Issues
6. Teen Pregnancy
7. Shortage of Primary Care Doctors
8. Respiratory/Lung Disease
9. Sexually Transmitted Diseases (STDs)
10. Infectious Diseases (ex: Hepatitis, TB)
11. Dental Hygiene
12. Stroke
13. Suicide

The health needs were prioritized by the community within the service area of BGMH. The criteria used to prioritize the health needs can be found in **Appendix 4**.

## **Existing Health Care and other Facilities and Resources**

A complete list of health care and other facilities available within the community to meet the health needs including location, contact information and description of services can be found in **Appendix 5**.

## **Implementation Plan**

Once the health needs were prioritized by the BGMH Administration, the final step in the CHNA process was to develop an implementation strategy. The purpose of the implementation strategy is to develop a clear set of goals to respond to the priorities identified. This strategy will include a written plan that addresses each of the community health needs identified through the CHNA, describe how the hospital plans to meet the health needs, and identify health needs the hospital does not intend to meet and why.

The following implementation strategy components within each priority were addressed:

1. Objectives/Strategy
2. How
3. Programs/Resources to Commit
4. Impact of Programs/Resources on Health Need
5. Accountable Parties
6. Partnerships/Collaboration

The detailed implementation strategy for each priority can be found in **Appendix 6**. In summary the following priorities were addressed through the implementation strategy:

1. Obesity
2. Diabetes
3. Cancer (as a result of tobacco use)

The implementation strategy detail for each priority located in **Appendix 6** provides supporting tactics, programs/resources, accountable parties, and potential partnerships/collaboration.

### **Form 990 (Schedule H) Reference Chart**

A reference chart was created for the purposes of the Form 990 (Schedule H) Internal Revenue Service requirements. A chart of requirements and the corresponding page referencing the indicated task can be found in **Appendix 7**.



# Appendix 1

## **List of Participating Organizations for Community Input**

### Rotary Club of Gridley

*This group represents the needs of the entire community including but not limited to; the needs of the senior population, low-income population, medically underserved, needs of children throughout the community and the minority population.*

*The group includes local business owners, Attorney's, City Administrator, law enforcement, education, foster care and the medical community (doctors, nurses, etc).*

### QUOTA Club of Gridley

*This group represents the needs of the entire community including but not limited to; the needs of the senior population, low-income population, medically underserved and the minority population.*

### Interact Club of Gridley High School

*This group represents the needs of our younger community at the high school level.*

# Appendix 2

## **Community Interview Questions**

Community members were asked to prioritize their top three from each category below.

### **Most important factors for a "Healthy Community"**

- Low crime/safe neighborhoods
- Good schools
- Access to affordable health care
- Lots of parks & recreation opportunities
- Affordable housing
- Good jobs/Healthy economy
- Healthy behaviors and lifestyles
- Clean environment
- Access to affordable fresh/natural foods
- Access to mental health services
- Access to substance abuse programs/support

### **Greatest needs affecting "Children's Health"**

- Access to immunizations
- Access to health care services
- Access to mental health services
- Access to affordable fresh/natural foods
- Affordable healthy lifestyle programs
- Affordable health insurance
- Affordable services for special needs
- Better school-lunch programs
- Better child/day care options
- Access to free health screenings
- Lack of physical activity
- Safe places to play

**Most important “Health Problems” facing our community**

- Cancer
- Diabetes
- Heart Disease/High Blood Pressure
- Stroke
- Obesity
- Mental Health Issues
- Respiratory/Lung Disease
- Dental Hygiene
- Sexually Transmitted Diseases (STDs)
- Suicide
- Teen Pregnancy
- Infectious Diseases (ex. Hepatitis, TB)
- Shortage of Primary Care Doctors

**Most challenging “Risky Behaviors” facing our community**

- Alcohol Abuse
- Drug Abuse
- Driving While Under the Influence
- Tobacco Use/Secondhand Smoke
- Child Abuse/Neglect
- Lack of Exercise
- Poor Eating Habits
- Dropping Out of School
- Not Wearing a Helmet
- Not Wearing a Seat Belt

# Appendix 3

# Community Health Survey

**INSTRUCTIONS** | We invite you to participate in the 2013 Butte County Community Health Survey, providing information about your health, the health of your family and health issues facing our community. We are conducting this survey together with the Butte County Public Health Department, Biggs-Gridley Memorial Hospital, Enloe Medical Center and Feather River Hospital as part of a joint Community Health Needs Assessment.

The survey will take about 10 to 15 minutes to complete and will help us identify the unique health-related concerns facing residents throughout Butte County. It will also help us develop a series of activities to address the needs identified.

**This is an anonymous survey and we want to assure you that your responses will be kept strictly confidential. If you do not wish to answer a question, or if a question does not apply to you, you may leave your answer blank.**

## SECTION 1: ABOUT YOUR HEALTH AND FAMILY

Check the boxes that best apply for you, your spouse or partner, and/or your child(ren)

### PLEASE DESCRIBE YOUR HEIGHT AND WEIGHT

About how tall are you (without shoes)? \_\_\_\_\_

About how much do you weigh (without shoes)? \_\_\_\_\_

How would you describe the overall health of each member of your family?

- |           |                              |   |                                     |
|-----------|------------------------------|---|-------------------------------------|
| Very good | <input type="checkbox"/> You | <input type="checkbox"/> Spouse/Partner | <input type="checkbox"/> Child(ren) |
| Good      | <input type="checkbox"/> You | <input type="checkbox"/> Spouse/Partner | <input type="checkbox"/> Child(ren) |
| Fair      | <input type="checkbox"/> You | <input type="checkbox"/> Spouse/Partner | <input type="checkbox"/> Child(ren) |
| Poor      | <input type="checkbox"/> You | <input type="checkbox"/> Spouse/Partner | <input type="checkbox"/> Child(ren) |
| Not sure  | <input type="checkbox"/> You | <input type="checkbox"/> Spouse/Partner | <input type="checkbox"/> Child(ren) |

Are you currently the primary caregiver for an ill or elderly family member?

- Yes  No

Where do you and your family members receive routine health care services?

- |                         |                              |   |                                     |
|-------------------------|------------------------------|---|-------------------------------------|
| Private doctor's office | <input type="checkbox"/> You | <input type="checkbox"/> Spouse/Partner | <input type="checkbox"/> Child(ren) |
| Urgent/prompt care      | <input type="checkbox"/> You | <input type="checkbox"/> Spouse/Partner | <input type="checkbox"/> Child(ren) |
| Emergency room          | <input type="checkbox"/> You | <input type="checkbox"/> Spouse/Partner | <input type="checkbox"/> Child(ren) |
| Free/low-cost clinic    | <input type="checkbox"/> You | <input type="checkbox"/> Spouse/Partner | <input type="checkbox"/> Child(ren) |
| School-based clinic     | <input type="checkbox"/> You | <input type="checkbox"/> Spouse/Partner | <input type="checkbox"/> Child(ren) |
| Homeless shelter        | <input type="checkbox"/> You | <input type="checkbox"/> Spouse/Partner | <input type="checkbox"/> Child(ren) |
| Store-based clinic      | <input type="checkbox"/> You | <input type="checkbox"/> Spouse/Partner | <input type="checkbox"/> Child(ren) |
| No routine health care  | <input type="checkbox"/> You | <input type="checkbox"/> Spouse/Partner | <input type="checkbox"/> Child(ren) |
| Not sure                | <input type="checkbox"/> You | <input type="checkbox"/> Spouse/Partner | <input type="checkbox"/> Child(ren) |

Do you have a Primary Care Physician (PCP)?

- |  |                              |   |                                     |
|--|------------------------------|---|-------------------------------------|
| Yes                                    | <input type="checkbox"/> You | <input type="checkbox"/> Spouse/Partner | <input type="checkbox"/> Child(ren) |
| No                                     | <input type="checkbox"/> You | <input type="checkbox"/> Spouse/Partner | <input type="checkbox"/> Child(ren) |
| Yes, but I don't see him/her regularly | <input type="checkbox"/> You | <input type="checkbox"/> Spouse/Partner | <input type="checkbox"/> Child(ren) |

If you do not see a primary health provider regularly, please tell us why.

- I don't know how to find a good doctor  
 I am uncomfortable with doctors  
 My doctor has inconvenient hours  
 Language, racial, or cultural barriers  
 Lack of transportation  
 It costs too much money  
 Other \_\_\_\_\_

What other kinds of health care professionals do you visit regularly?

- |                                       |                              |   |                                     |
|---------------------------------------|------------------------------|---|-------------------------------------|
| Medical specialist                    | <input type="checkbox"/> You | <input type="checkbox"/> Spouse/Partner | <input type="checkbox"/> Child(ren) |
| Dentist                               | <input type="checkbox"/> You | <input type="checkbox"/> Spouse/Partner | <input type="checkbox"/> Child(ren) |
| Eye doctor                            | <input type="checkbox"/> You | <input type="checkbox"/> Spouse/Partner | <input type="checkbox"/> Child(ren) |
| Mental health professional            | <input type="checkbox"/> You | <input type="checkbox"/> Spouse/Partner | <input type="checkbox"/> Child(ren) |
| Home care nurse                       | <input type="checkbox"/> You | <input type="checkbox"/> Spouse/Partner | <input type="checkbox"/> Child(ren) |
| Spiritual healer                      | <input type="checkbox"/> You | <input type="checkbox"/> Spouse/Partner | <input type="checkbox"/> Child(ren) |
| Alternative healer (ex: Chiropractor) | <input type="checkbox"/> You | <input type="checkbox"/> Spouse/Partner | <input type="checkbox"/> Child(ren) |

Next page ⇨

Have you ever been told by a doctor or health care professional that a member of your family has any of these conditions, diseases or challenges?

- |  |                              |   |                                     |
|--|------------------------------|---|-------------------------------------|
| Asthma   | <input type="checkbox"/> You | <input type="checkbox"/> Spouse/Partner | <input type="checkbox"/> Child(ren) |
| Cancer   | <input type="checkbox"/> You | <input type="checkbox"/> Spouse/Partner | <input type="checkbox"/> Child(ren) |
| Diabetes   | <input type="checkbox"/> You | <input type="checkbox"/> Spouse/Partner | <input type="checkbox"/> Child(ren) |
| Heart Disease                                      | <input type="checkbox"/> You | <input type="checkbox"/> Spouse/Partner | <input type="checkbox"/> Child(ren) |
| Substance Abuse                                    | <input type="checkbox"/> You | <input type="checkbox"/> Spouse/Partner | <input type="checkbox"/> Child(ren) |
| Overweight/Obesity                                 | <input type="checkbox"/> You | <input type="checkbox"/> Spouse/Partner | <input type="checkbox"/> Child(ren) |
| Eating Disorder                                    | <input type="checkbox"/> You | <input type="checkbox"/> Spouse/Partner | <input type="checkbox"/> Child(ren) |
| Genetic Disorder                                   | <input type="checkbox"/> You | <input type="checkbox"/> Spouse/Partner | <input type="checkbox"/> Child(ren) |
| Birth Defect                                       | <input type="checkbox"/> You | <input type="checkbox"/> Spouse/Partner | <input type="checkbox"/> Child(ren) |
| Mental/Emotional Condition (including Depression)  | <input type="checkbox"/> You | <input type="checkbox"/> Spouse/Partner | <input type="checkbox"/> Child(ren) |
| Developmental/Learning Concerns (including Autism) | <input type="checkbox"/> You | <input type="checkbox"/> Spouse/Partner | <input type="checkbox"/> Child(ren) |

**FOR WOMEN ONLY:**

How long has it been since your last mammogram (*a screening exam for breast cancer*)?

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Within 1 year  | <input type="checkbox"/> Within 2 years  | <input type="checkbox"/> Within 3 years |
| <input type="checkbox"/> Within 4 years | <input type="checkbox"/> 5 or more years | <input type="checkbox"/> Never          |
| <input type="checkbox"/> Not sure       |  |   |

How long has it been since your last pap smear (*a screening exam for cervical cancer*)?

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Within 1 year  | <input type="checkbox"/> Within 2 years  | <input type="checkbox"/> Within 3 years |
| <input type="checkbox"/> Within 4 years | <input type="checkbox"/> 5 or more years | <input type="checkbox"/> Never          |
| <input type="checkbox"/> Not sure       |  |   |

Have you ever had a bone density scan (*a screening exam for osteoporosis*)?

- |                              |                             |                                   |
|------------------------------|-----------------------------|-----------------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not sure |
|------------------------------|-----------------------------|-----------------------------------|

**FOR MEN ONLY:**

How long has it been since your last rectal exam (*a screening used to examine the prostate*)?

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Within 1 year  | <input type="checkbox"/> Within 2 years  | <input type="checkbox"/> Within 3 years |
| <input type="checkbox"/> Within 4 years | <input type="checkbox"/> 5 or more years | <input type="checkbox"/> Never          |
| <input type="checkbox"/> Not sure       |  |   |

How long has it been since you had a prostate cancer screening blood test?

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Within 1 year  | <input type="checkbox"/> Within 2 years  | <input type="checkbox"/> Within 3 years |
| <input type="checkbox"/> Within 4 years | <input type="checkbox"/> 5 or more years | <input type="checkbox"/> Never          |
| <input type="checkbox"/> Not sure       |  |   |

**FOR MEN AND WOMEN, AGE 50 AND OVER:**

How long has it been since your last colonoscopy (*a screening exam for colon cancer*)?

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Within 1 year   | <input type="checkbox"/> Within 2 years | <input type="checkbox"/> Within 5 years |
| <input type="checkbox"/> Within 10 years | <input type="checkbox"/> Over 10 years  | <input type="checkbox"/> Never          |
| <input type="checkbox"/> Not sure        |   |   |

How long has it been since your last sigmoidoscopy (*a screening exam for colorectal cancer*)?

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Within 1 year   | <input type="checkbox"/> Within 2 years | <input type="checkbox"/> Within 5 years |
| <input type="checkbox"/> Within 10 years | <input type="checkbox"/> Over 10 years  | <input type="checkbox"/> Never          |
| <input type="checkbox"/> Not sure        |   |   |

**ABOUT YOUR HEALTH COVERAGE:**

Did you have health insurance during all, part or none of the past year?

- |                       |                              |   |                                     |
|-----------------------|------------------------------|---|-------------------------------------|
| All year              | <input type="checkbox"/> You | <input type="checkbox"/> Spouse/Partner | <input type="checkbox"/> Child(ren) |
| Part of the year      | <input type="checkbox"/> You | <input type="checkbox"/> Spouse/Partner | <input type="checkbox"/> Child(ren) |
| No insurance all year | <input type="checkbox"/> You | <input type="checkbox"/> Spouse/Partner | <input type="checkbox"/> Child(ren) |
| Not sure              | <input type="checkbox"/> You | <input type="checkbox"/> Spouse/Partner | <input type="checkbox"/> Child(ren) |

Currently, what is your primary type of health care coverage?

- |                         |                              |   |                                     |
|-------------------------|------------------------------|---|-------------------------------------|
| Employer-sponsored plan | <input type="checkbox"/> You | <input type="checkbox"/> Spouse/Partner | <input type="checkbox"/> Child(ren) |
| Private insurance       | <input type="checkbox"/> You | <input type="checkbox"/> Spouse/Partner | <input type="checkbox"/> Child(ren) |
| Medicare                | <input type="checkbox"/> You | <input type="checkbox"/> Spouse/Partner | <input type="checkbox"/> Child(ren) |
| Medi-cal                | <input type="checkbox"/> You | <input type="checkbox"/> Spouse/Partner | <input type="checkbox"/> Child(ren) |
| No health insurance     | <input type="checkbox"/> You | <input type="checkbox"/> Spouse/Partner | <input type="checkbox"/> Child(ren) |
| Not sure                | <input type="checkbox"/> You | <input type="checkbox"/> Spouse/Partner | <input type="checkbox"/> Child(ren) |

Do you have an advance care plan, living will or health care power of attorney?

- |          |                              |   |                                     |
|----------|------------------------------|---|-------------------------------------|
| Yes      | <input type="checkbox"/> You | <input type="checkbox"/> Spouse/Partner | <input type="checkbox"/> Child(ren) |
| No       | <input type="checkbox"/> You | <input type="checkbox"/> Spouse/Partner | <input type="checkbox"/> Child(ren) |
| Not sure | <input type="checkbox"/> You | <input type="checkbox"/> Spouse/Partner | <input type="checkbox"/> Child(ren) |

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## SECTION 2: ABOUT YOUR LIFESTYLE

Please answer each question based on the past year. Check the boxes that best apply for you, your spouse or partner, and/or your child(ren).

On average, how many servings of fruit do you eat or drink daily?

*NOTE: one serving is 1/2 cup of canned or cooked fruit, 1 medium piece of fruit or 6 ounces of juice*

- |                     |                              |   |                                     |
|---------------------|------------------------------|---|-------------------------------------|
| 3 or more servings  | <input type="checkbox"/> You | <input type="checkbox"/> Spouse/Partner | <input type="checkbox"/> Child(ren) |
| 2 servings          | <input type="checkbox"/> You | <input type="checkbox"/> Spouse/Partner | <input type="checkbox"/> Child(ren) |
| 1 or fewer servings | <input type="checkbox"/> You | <input type="checkbox"/> Spouse/Partner | <input type="checkbox"/> Child(ren) |
| Not sure            | <input type="checkbox"/> You | <input type="checkbox"/> Spouse/Partner | <input type="checkbox"/> Child(ren) |

On average, how many servings of vegetables do you eat or drink daily?

*NOTE: one serving is 1/2 cup of cooked or raw vegetable or 6 ounces of juice*

- |                     |                              |   |                                     |
|---------------------|------------------------------|---|-------------------------------------|
| 3 or more servings  | <input type="checkbox"/> You | <input type="checkbox"/> Spouse/Partner | <input type="checkbox"/> Child(ren) |
| 2 servings          | <input type="checkbox"/> You | <input type="checkbox"/> Spouse/Partner | <input type="checkbox"/> Child(ren) |
| 1 or fewer servings | <input type="checkbox"/> You | <input type="checkbox"/> Spouse/Partner | <input type="checkbox"/> Child(ren) |
| Not sure            | <input type="checkbox"/> You | <input type="checkbox"/> Spouse/Partner | <input type="checkbox"/> Child(ren) |

On average, how many sugar-sweetened beverages do you drink daily?

*NOTE: include sodas, energy drinks, less than 100% juice drinks, etc.*

- |                     |                              |   |                                     |
|---------------------|------------------------------|---|-------------------------------------|
| 3 or more servings  | <input type="checkbox"/> You | <input type="checkbox"/> Spouse/Partner | <input type="checkbox"/> Child(ren) |
| 2 servings          | <input type="checkbox"/> You | <input type="checkbox"/> Spouse/Partner | <input type="checkbox"/> Child(ren) |
| 1 or fewer servings | <input type="checkbox"/> You | <input type="checkbox"/> Spouse/Partner | <input type="checkbox"/> Child(ren) |
| Not sure            | <input type="checkbox"/> You | <input type="checkbox"/> Spouse/Partner | <input type="checkbox"/> Child(ren) |

On average, how many days per week do you get at least 30 minutes of exercise or other physical activity?

*EXAMPLES: walking, running, weight-lifting, team sports or gardening*

- |                   |                              |   |                                     |
|-------------------|------------------------------|---|-------------------------------------|
| 5-7 days          | <input type="checkbox"/> You | <input type="checkbox"/> Spouse/Partner | <input type="checkbox"/> Child(ren) |
| 3-4 days          | <input type="checkbox"/> You | <input type="checkbox"/> Spouse/Partner | <input type="checkbox"/> Child(ren) |
| 1-2 days          | <input type="checkbox"/> You | <input type="checkbox"/> Spouse/Partner | <input type="checkbox"/> Child(ren) |
| Only occasionally | <input type="checkbox"/> You | <input type="checkbox"/> Spouse/Partner | <input type="checkbox"/> Child(ren) |

What obstacles prevent you from getting regular exercise?

*(check all that apply)*

- Not enough time in my day
- I don't know how to properly exercise
- I don't know where to go for exercise
- I'm not healthy enough to exercise
- It's hard to stay motivated
- Not sure

How often do you wear a helmet when riding a bicycle, skateboard or scooter?

- |               |                              |   |                                     |
|---------------|------------------------------|---|-------------------------------------|
| Always        | <input type="checkbox"/> You | <input type="checkbox"/> Spouse/Partner | <input type="checkbox"/> Child(ren) |
| Nearly always | <input type="checkbox"/> You | <input type="checkbox"/> Spouse/Partner | <input type="checkbox"/> Child(ren) |
| Sometimes     | <input type="checkbox"/> You | <input type="checkbox"/> Spouse/Partner | <input type="checkbox"/> Child(ren) |
| Seldom        | <input type="checkbox"/> You | <input type="checkbox"/> Spouse/Partner | <input type="checkbox"/> Child(ren) |
| Never         | <input type="checkbox"/> You | <input type="checkbox"/> Spouse/Partner | <input type="checkbox"/> Child(ren) |
| Not sure      | <input type="checkbox"/> You | <input type="checkbox"/> Spouse/Partner | <input type="checkbox"/> Child(ren) |

How often do you wear a seat belt when driving or riding in a car?

- |               |                              |   |                                     |
|---------------|------------------------------|---|-------------------------------------|
| Always        | <input type="checkbox"/> You | <input type="checkbox"/> Spouse/Partner | <input type="checkbox"/> Child(ren) |
| Nearly always | <input type="checkbox"/> You | <input type="checkbox"/> Spouse/Partner | <input type="checkbox"/> Child(ren) |
| Sometimes     | <input type="checkbox"/> You | <input type="checkbox"/> Spouse/Partner | <input type="checkbox"/> Child(ren) |
| Seldom        | <input type="checkbox"/> You | <input type="checkbox"/> Spouse/Partner | <input type="checkbox"/> Child(ren) |
| Never         | <input type="checkbox"/> You | <input type="checkbox"/> Spouse/Partner | <input type="checkbox"/> Child(ren) |
| Not sure      | <input type="checkbox"/> You | <input type="checkbox"/> Spouse/Partner | <input type="checkbox"/> Child(ren) |

How many days per week do you drink alcoholic beverages?

- |   |                                   |                                   |
|---|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> None           | <input type="checkbox"/> 1-2 days | <input type="checkbox"/> 3-4 days |
| <input type="checkbox"/> 5 or more days | <input type="checkbox"/> Not sure |                                   |

If you do drink, how many drinks might you have at one time?

- |   |                                   |  |
|---|-----------------------------------|--|
| <input type="checkbox"/> 1 drink          | <input type="checkbox"/> 2 drinks | <input type="checkbox"/> 3 drinks              |
| <input type="checkbox"/> 4 or more drinks | <input type="checkbox"/> Not sure | <input type="checkbox"/> I don't drink alcohol |

How often do you smoke cigarettes or use other forms of tobacco?

- |   |                                   |                                   |
|---|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> Never          | <input type="checkbox"/> 1-2 days | <input type="checkbox"/> 3-4 days |
| <input type="checkbox"/> 5 or more days | <input type="checkbox"/> Not sure |                                   |

If you smoke, have you tried to quit?

- |  |   |
|--|---|
| <input type="checkbox"/> Yes, I quit       | <input type="checkbox"/> Yes, I started again |
| <input type="checkbox"/> No, I still smoke | <input type="checkbox"/> I don't smoke        |

How often would you say you feel sad, blue or depressed?

- |                                |                                 |                                    |
|--------------------------------|---------------------------------|------------------------------------|
| <input type="checkbox"/> Never | <input type="checkbox"/> Seldom | <input type="checkbox"/> Sometimes |
| <input type="checkbox"/> Often | <input type="checkbox"/> Always | <input type="checkbox"/> Not sure  |

Have you considered suicide?

- |                              |                             |                                   |
|------------------------------|-----------------------------|-----------------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not sure |
|------------------------------|-----------------------------|-----------------------------------|

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**SECTION 2 CONTINUED...** Please answer each question based on the past year.

Has anyone made you feel afraid for your personal safety or physically hurt you?  
 Yes                       No                       Not sure

If yes, what relationship is this person (or people) to you?  
 Stranger                       Friend                       Spouse  
 Boyfriend/Girlfriend     Ex-spouse                 Separated spouse  
 Acquaintance               Other

**SECTION 3: ABOUT YOUR COMMUNITY'S HEALTH**  
Please select your TOP THREE answers for each of the following:

Most important factors for a "Healthy Community"

- Low crime/safe neighborhoods
- Good schools
- Access to affordable health care
- Lots of parks & recreation opportunities
- Affordable housing
- Good jobs/Healthy economy
- Healthy behaviors and lifestyles
- Clean environment
- Access to affordable fresh/natural foods
- Access to mental health services
- Access to substance abuse programs/support

Greatest needs affecting "Children's Health"

- Access to immunizations
- Access to health care services
- Access to mental health services
- Access to affordable fresh/natural foods
- Affordable healthy lifestyle programs
- Affordable health insurance
- Affordable services for special needs
- Better school-lunch programs
- Better child/day care options
- Access to free health screenings
- Lack of physical activity
- Safe places to play

Most important "Health Problems" facing our community

- Cancer
- Diabetes
- Heart Disease/High Blood Pressure
- Stroke
- Obesity
- Mental Health Issues
- Respiratory/Lung Disease
- Dental Hygiene
- Sexually Transmitted Diseases (STDs)
- Suicide
- Teen pregnancy
- Infectious Diseases (ex: Hepatitis, TB)
- Shortage of Primary Care Doctors

Most challenging "Risky Behaviors" facing our community

- Alcohol abuse
- Drug abuse
- Driving while under the influence
- Tobacco use/secondhand smoke
- Child abuse/neglect
- Lack of exercise
- Poor eating habits
- Dropping out of school
- Not wearing a helmet
- Not wearing a seat belt

**SECTION 4: ABOUT YOU AND WHERE YOU LIVE**  
Check the box that best applies.

Where did you learn about this survey?

- At the hospital                       From my doctor
- At my church                         At a community meeting
- At a health fair                       At a retail store
- From a friend                         At work
- Online                                     Other \_\_\_\_\_

Which hospital do you normally go to for care?

- Biggs-Gridley Memorial Hospital
- Enloe Medical Center
- Feather River Hospital
- Oroville Hospital
- Other \_\_\_\_\_

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SECTION 4 CONTINUED... Please check the box that best applies

What is your home zip code? \_\_\_\_\_

Your gender:  Female  Male

Your age:  25 or less  26-39  40-54  
 55-64  65 or over

What is your race?

- White  Black, African American  
 Native Hawaiian/Other Pacific Islander  Asian  
 American Indian/Alaska Native  Hispanic/Latino  
 No answer

What is your marital status?

- Single/Never Married  Married  Divorced  
 Unmarried Couple  Separated  Widowed  
 No answer

Do you have children currently living in your household?

- Yes, under 18 years old  Yes, 18 years or older  
 Both of the above  No children living at home

What is the highest level of education you have completed?

- Elementary School  Middle School  
 High School  Some College  
 Associate Degree  Bachelor's Degree  
 Graduate School  Technical/Trade School  
 Union Apprenticeship  Other \_\_\_\_\_

What is your current employment status? (check all that apply)

- Full-time  Part-time  
 Unemployed  Self-Employed  
 Homemaker  Student  
 Retired  No answer

What is your annual household income before taxes?

- Less than \$30,000  \$30,000 to \$60,000  
 \$60,001 to \$90,000  \$90,001 to \$120,000  
 Over \$120,000  Not sure  
 No answer

How would you prefer to access your personal health information?  
(check all that apply)

- Paper Copy  Online  Mobile Device

How would you prefer to receive health information?  
(check all that apply)

- Traditional Mail  Email  Text

**IS THERE ANYTHING WE'VE OVERLOOKED?**

Feel free to write in additional information you think we should know about the health of our community.

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**Thank you for your time!**

Your anonymous responses will be used by the Butte County hospitals, Butte County Public Health Department and other local organizations to better serve the health needs of our community's resident. Please mail your completed survey in the attached envelope. No postage is required.

# Appendix 4

## **Prioritization of Health Needs**

The administrative team prioritized the health needs of the community primarily based on the results of the survey with the exception of the number three priority, Cancer.

Cancer was placed as a higher priority than Heart Disease/High Blood Pressure due to the current countywide implementation of a federally funded smoking cessation program. We will focus on Cancer as a result of tobacco use.

BGMH, Butte County Department of Public Health and Enloe Medical Center are working collaboratively to increase Cancer awareness as it specifically relates to the use of tobacco.

# Appendix 5

**BUTTE COUNTY (SOUTH) RESOURCES**

<b>Hospitals</b>		
Biggs Gridley Memorial Hospital	240 Spruce Street, Gridley	530-846-5671
Oroville Hospital	2767 Olive Highway, Oroville	530-533-8500
Enloe Medical Center	1531 Esplanade, Chico	530-332-7300
Rideout Health	726 4th Street, Marysville	530-751-4000
Colusa Regional Medical Center	199 E. Webster Street, Colusa	530-458-5821
Feather River Adventist Health	5974 Pentz Road, Paradise	530-877-9361
<b>Health Clinics</b>		
Medical Specialty Center Clinic	284 Spruce Street, Gridley	530-846-9080
Feather River Tribal Health	2145 5th Avenue, Oroville	530-532-6811
Ampla Clinic (Gridley)	520 Kentucky Street, Gridley	530-846-6231
<b>County Health</b>		
Butte County Behavioral Health	995 Spruce Street, Gridley	530-846-7305
Victim Witness	(no address)	530-538-7340
<b>Home Health Care</b>		
<i>Hospice</i>		
Butte Home Health & Hospice	(no address)	530-846-3820
Gridley Health and Wellness	246 Spruce Street, Gridley	530-846-6266
<i>Assisted Living</i>		
Gridley Health and Wellness	246 Spruce Street, Gridley	530-846-6266
Larkin Guest Home	1297 Larkin Road, Gridley	530-846-4844
River Valley Care Center	9000 Larkin Road, Live Oak	530-695-8020
<i>Skilled Nursing Facilities</i>		
Hovlid Community Care Center	240 Spruce Street, Gridley	530-846-9065
<b>Community Assistance</b>		
Oroville Homeless Coalition	(no address)	530-538-8399
Meals on Wheels	(no address)	530-712-2600
<b>Domestic Violence</b>		
Catalyst (Oroville)	(no address)	530-532-6427
<b>Pharmacies</b>		
CVS Pharmacy	260 Spruce Street, Gridley	530-846-3682
Rite Aid Pharmacy	1583 Hwy 99, Gridley	530-846-3334
Safeway Pharmacy	1596 Hwy 99, Gridley	530-846-7360

# Appendix 6



Biggs-Gridley Memorial Hospital  
Gridley, California

Community Health Needs Assessment  
Implementation Plan

June 30, 2013

**Table of Contents**

Priority: Obesity .....	1
Priority: Diabetes .....	2
Priority: Cancer (specifically related to tobacco use) .....	3
Priority: Heart Disease/High Blood Pressure .....	4
Priority: Mental Health Issues.....	4
Priority: Teen Pregnancy.....	4
Priority: Shortage of Primary Care Doctors .....	4
Priority: Respiratory/Lung Disease .....	4
Priority: Sexually Transmitted Diseases (STDs).....	5
Priority: Infectious Diseases (ex: Hepatitis, TB) .....	5
Priority: Dental Hygiene.....	5
Priority: Stroke .....	5
Priority: Suicide .....	5

## **Priority: Obesity**

---

### **Objective/Strategy**

*Enhance care for Obesity. BGMH will implement Fitness for Teens program within our clinic to assist obese children between the ages of 8 and 18 with weight loss.*

### **How**

*Upgrade website to include marketing of programs and services available throughout our community for obesity. Communicate service offered at BMGH through existing and new community marketing. BGMH employees will be encouraged to participate.*

### **Programs/Resources to Commit**

*Collaborate with local schools and the Center for Nutrition & Activity Promotion at CSU, Chico to implement the "Let's Move" program.*

### **Impact of Programs/Resources on Health Need**

- *See a marked improvement in management of individual weight and nutrition. This will be evidenced by increased activity among children/teens as well as weight loss.*

### **Accountable Parties**

- *Julie Thompson, BGMH Registered Dietician in Nutritional Services*
- *Kirsten Storne, Director of the Medical Specialty Center*
- *Sheila Ennes, BGMH Director of Foundation, Marketing and Community Outreach*

### **Partnerships/Collaboration**

*Christine Havens (Oroville Hospital), BGMH Nutritional Services and the Medical Specialty Center clinic.*

## **Priority: Diabetes**

---

### **Objective/Strategy**

*Enhance care for Diabetes. BGMH will provide diabetes education to patients identified by providers in the Medical Specialty Clinic. A provider will refer a patient to diabetic counseling with the registered dietician as needed.*

### **How**

*Upgrade website to include marketing of programs and services available throughout our community for diabetes. Patients will be referred when newly diagnosed with diabetes or as needed.*

### **Programs/Resources to Commit**

*BGMH Provider (MD or FNP) will meet with the patient then have a 20-30 minute diabetic counseling session.*

### **Impact of Programs/Resources on Health Need**

- *See a marked improvement in management of diabetes. This will be evidenced by lower blood sugar levels and weight loss when applicable.*

### **Accountable Parties**

- *Julie Thompson, BGMH Registered Dietician in Nutritional Services*
- *Kirsten Storne, Director of the Medical Specialty Center*
- *Sheila Ennes, BGMH Director of Foundation, Marketing and Community Outreach*

### **Partnerships/Collaboration**

*Initially, this process will be in-house (utilizing the services of our Nutritional Services department and the Medical Specialty Center clinic).*

**Priority: Cancer (specifically related to Tobacco use)**

---

**Objective/Strategy**

*Promote smoking cessation among young people and adults within our community in order to decrease the % of those who smoke or use smokeless tobacco.*

**How**

*Upgrade website to include marketing of programs and services available throughout our community for Cancer related to the use of tobacco. Communicate services offered at BGMH through existing and new community marketing. BGMH employees will be encouraged to participate.*

**Programs/Resources to Commit**

*Currently BGMH is in collaboration with Enloe Medical Center and Butte County Department of Public Health to implement a smoking cessation program. Work with local high schools to roll-out program to students. Promotion of this program will also be communicated to patients through staff and physicians. Work with our current Human Resource Department and healthcare insurance to offer incentives to our employees for participating in smoking cessation.*

**Impact of Programs/Resources on Health Need**

- *Decline in the % of those who smoke or use smokeless tobacco*
- *Additional education to front-line staff*

**Accountable Parties**

- *Sheila Ennes, BGMH Director of Foundation, Marketing and Community Outreach*

**Partnerships/Collaboration**

*BGMH will work closely with Enloe Medical Center, Butte County Department of Public Health and Gridley/Biggs Unified School Districts.*

### **Priority: Heart Disease/High Blood Pressure**

---

Reason for not responding to this priority:

*Currently, BGMH has cardiac services available for patients but no further resources are being committed to heart disease within our facility at this time. BGMH periodically offers or participates in local/community health fairs and provides information on heart disease and high blood pressures on an ongoing basis. Community members have many walk in locations available for blood pressure checks.*

### **Priority: Mental Health Issues**

---

Reason for not responding to this priority:

*BGMH is unable to allocate funds to the recruitment of a Mental Health Service Provider and therefore, we are unable to respond to this priority. BGMH actively participates as able with county wide behavioral health initiatives and utilizes these resources to assist our community with behavioral health needs.*

### **Priority: Teen Pregnancy**

---

Reason for not responding to this priority:

*This priority is not currently in alignment with the organization's strengths as we do not offer local pediatrics or obstetrics care through our facility at this time. County wide initiatives are in place to address this issue.*

### **Priority: Shortage of Primary Care Doctors**

---

Reason for not responding to this priority:

*This is not a priority when considered in relation to the severity of other priorities. However, BGMH is currently in the process of hiring additional providers at our clinic in order to meet the increasing needs of our patients.*

### **Priority: Respiratory/Lung Disease**

---

Reason for not responding to this priority:

*Currently, BGMH has respiratory services available for patients. Our resources committed to the cancer and smoking cessation priority will include commitment to respiratory/lung disease within our facility at this time.*

**Priority: Sexually Transmitted Diseases (STDs)**

---

Reason for not responding to this priority:

*County wide resources address STDs as this is not in alignment with our organization's strengths and priorities.*

**Priority: Infectious Diseases (ex: Hepatitis, TB)**

---

Reason for not responding to this priority:

*Resources are not available to address infection diseases as a core focus without an Infectious Disease Specialist available. This is not in alignment with our organizations strengths and priorities.*

**Priority: Dental Hygiene**

---

Reason for not responding to this priority:

*Dental Hygiene is not a service that BGMH currently provides.*

**Priority: Stroke**

---

Reason for not responding to this priority:

*Existing local resources provided through other county hospitals and health facility providers address stroke. BGMH does not have the specialists or resources for this priority.*

**Priority: Suicide**

---

Reason for not responding to this priority:

*Suicide would be included in mental health services. BGMH is unable to allocate funds to the recruitment of a Mental Health Service Provider and therefore, we are unable to respond to this priority. BGMH actively participates as able with county wide behavioral health initiatives and utilizes these resources to assist our community with behavioral health needs.*

# Appendix 7

Form 990 (Schedule H) Reference Chart

Form 990 Question No.	Description	Reference Page in CHNA Document
	Fiscal Year End	June 30th
	State	CA
<b>1</b>	During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment (Needs Assessment)? If "No," skip to line 8. If "Yes," indicate what the Needs Assessment describes (check all that apply):	Yes
A	A definition of the community served by the hospital facility	Pg 2
B	Demographics of the community	Pg 5
C	Existing health care facilities and resources within the community that are available to respond to the health needs of the community	Appendix 5
D	How data was obtained	Pg 2
E	The health needs of the community	Pg 12
F	Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups	Pg 12
G	The process for identifying and prioritizing community health needs and services to meet the community health needs	Pg 12 and Appendix 4
H	The process for consulting with persons representing the community's interests	Appendix 1 and 2
I	Information gaps that limit the hospital facility's ability to assess all of the community's health needs	Pg 4
J	Other (describe in Part VI)	Appendix 3: Survey
<b>2</b>	Indicate the tax year the hospital facility last conducted a Needs Assessment: 2013	2013
<b>3</b>	In conducting the most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	Yes



Form 990 (Schedule H) Reference Chart (continued)

Form 990 Question No.	Description	Reference Page in CHNA Document
<b>4</b>	Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI.	Yes (See Part VI)
<b>5</b>	Did the hospital facility make its Needs Assessment widely available to the public? If "Yes," indicate how the Needs Assessment was made widely available (check all that apply):	Yes
A	Hospital facility's website	Yes
B	Available upon request from the hospital facility	Yes
C	Other (describe in Part VI)	See Part VI
<b>6</b>	If the hospital facility addressed needs identified in its most recently conducted needs Assessment, indicate how (check all that apply):	Yes
A	Adoption of an implementation strategy to address the health needs of the hospital facility's community	Appendix 6
B	Execution of the implementation strategy	Appendix 6
C	Participation in the development of a community-wide community benefit plan	Appendix 6
D	Participation in the execution of a community-wide community benefit plan	Appendix 6
E	Inclusion of a community benefit section in operational plans	Appendix 6
F	Adoption of a budget for provision of services that address the needs identified in the Needs Assessment	N/A
G	Prioritization of health needs in its community	Appendix 6
H	Prioritization of services that the hospital facility will undertake to meet health needs in its community	Appendix 6
I	Other (describe in Part VI)	N/A
<b>7</b>	Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs	Yes

## **Other: Part VI**

**#4 – Was the hospital facility’s Needs Assessment conducted with one or more other hospital facilities? If “Yes”, list the other hospital facilities in Part VI.**

*BGMH worked collaboratively with the following hospitals and public health entity to complete the data gathering process for the Community Health Needs Assessment:*

- *Enloe Medical Center*
- *Feather River Hospital Adventist Health*
- *Butte County Department of Public Health*

**#5C – Did the hospital facility make its Needs Assessment widely available to the public? Other (describe in Part VI).**

1. *Notification to the public that the BGMH Community Health Needs Assessment was available for review was placed in the local newspaper as well as the website link to access the report.*
2. *Notification to all of our employees was made through a facility wide mass email. Email included a link to the report on our website and an attachment (PDF) of the report.*
3. *Notification to our employees was also placed on our intranet along with a PDF of the report.*