

# **BUTTE COUNTY COMMUNITY HEALTH ASSESSMENT**



## **EXECUTIVE SUMMARY**

**2015 – 2017**

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### TOGETHER WE CAN! HEALTHY LIVING IN BUTTE COUNTY

Hundreds of local agencies and community members have formed a partnership called [Together We Can! Healthy Living in Butte County](#). Their first task was to develop a shared vision of a healthier Butte County.



The partnership's work produced a written countywide Community Health Assessment (CHA) which describes the county's health status, defines areas for improvement and identifies assets that can be mobilized to improve health for everyone in Butte County. The CHA will be the basis for the Community Health Improvement Plan (CHIP). The CHIP will outline the agreed upon action steps to address the priority health issues and the parties responsible for implementing those steps.

The CHA utilizes both primary and secondary data; primary data was collected from community members and stakeholders, while secondary health data was gathered from numerous existing sources. Data is not only provided on a countywide level, but in some instances is also stratified specific to local communities, age groups, cultures, and other indicators.

### KEY COMMUNITY HEALTH ASSESSMENT (CHA) FINDINGS

#### **Key Findings and/or Health Disparities Related to Substance Abuse and Addictive Disorders:**

- The Age Adjusted Death Rate (AADR) for drug induced deaths in Butte County was roughly 3 times greater than the AADR for California overall, with Butte County ranking 3<sup>rd</sup> out of California's 58 counties for the most drug induced deaths.
- Adults age 18 and over in Butte County (35.3%) reported binge drinking at a higher rate than adults in California overall (31.1%).
- Emergency department treatment and release rates for conditions related to both alcohol and drugs of abuse were considerably higher for Butte County than for California overall (alcohol: 1038.8 vs. 714.0 per 100,000 population; drugs of abuse: 873.3 vs. 516.3 vs. per 100,000 population).
- Male teenagers (42.6%) in Butte County were much more likely to have tried illicit drugs than female teenagers (8.7%), as well as male teenagers in California overall (15.7%). However, female teenagers in Butte County were less likely to have tried illicit drugs than female teenagers in California overall (11.6%).

- Tobacco use among adults in Butte County (18.7%) is higher than for California overall (13.2%), as well as the Healthy People 2020 objective (< 12.0%).
- A much higher percentage of Medi-Cal beneficiaries in Butte County (42.0%) were identified as current smokers than Medi-Cal beneficiaries in California overall (19.0%), which mirrored and may be related to the percentage of Medi-Cal emergency room asthma visits.
- A countywide community health survey indicated that alcohol and drug abuse was a top health concern facing Butte County (44.8% of survey respondents). African American / Black respondents (49.0%) cited alcohol and drug abuse as a top health concern more than any other race/ethnicity.
- Alcohol was the most frequently used substance reported by survey respondents, with over half using at least some alcohol, and almost one in twenty reporting daily use.
- Cigarettes were used on a daily basis more frequently by survey respondents (8.6%) than any other substance, including other forms of nicotine containing substances (e.g. electronic cigarettes, cigars and cigarillos). Alcohol was the second most frequently used substance on a daily basis (4.5%), followed by marijuana (2.7%).

**Key Findings and/or Health Disparities Related to Socio-Economic Conditions.**

- The median household income for Butte County (\$40,960) is considerably lower than for California overall (\$58,328), as well as nationally (\$51,371).
- The rate of unemployment was higher in Butte County (11.5%) than in California overall (9.0%).
- A higher percentage of American Indian/Alaska Native residents (19.0%) were unemployed than any other racial/ethnic group in Butte County, with Hispanic/Latinos (16.7%) having the second highest percentage of unemployment. Both American Indian/Alaska Natives and Hispanic/Latinos had higher rates of unemployment in Butte County than in California overall.
- In Butte County, 20.6% of residents were living below the federal poverty level. Groups that exhibited higher rates of living below the federal poverty level were African American/Black (38.9%), Asian (31.9%), Hispanic/Latino (32.2%) and those who had not completed high school (26.8%).

- A higher percentage of African American/Black residents (38.9%) were living below the federal poverty line than any other race/ethnicity in Butte County, which may be cause for concern as poverty is highly associated with poorer health and diminished access to healthcare. Similarly, the infant mortality rate was higher among African American/Black residents (42.1 per 1000 live births) than any other race/ethnicity in Butte County. This should be interpreted with caution as this difference was statistically unstable; however it is consistent with statewide and national trends concerning ethnic / racial disparities in infant mortality rates.
- More Asian residents (25.8%) were receiving Supplemental Nutrition Assistance Program (SNAP) benefits than any other race in Butte County, which was not reflected in the data for Asian residents of California overall (4.0%).
- Labor and delivery services for teenage females in Butte County were substantially more likely to be paid for by Medi-Cal (87.9%) than private insurance (10.8%), self-pay (0.6%), or other third party payer sources (0.6%), indicating that socio-economic factors are associated with teenage pregnancy rates in Butte County.
- Consistent with statewide and national trends, there were close to twice as many homeless males as females in Butte County (61.7% vs. 36.5%); however, there was some indication that homeless women were more likely to inhabit the rural areas of the county.
- Children attending private kindergarten in Butte County were considerably less likely to be up to date on their immunizations than children attending public kindergarten; implying that parents with greater financial means may be less likely to follow recommended guidelines for childhood immunizations.
- Twenty percent of survey respondents reported having attained up to a high school diploma or General Equivalency Degree (GED). Eighteen percent had attained an associate or technical degree, 27.7% reported they had a four-year college degree, and 25.1% had a graduate or professional degree.
- Roughly 33% of survey respondents reported an annual household income of under \$34,999. Approximately 38% reported an income between \$35,000 and \$79,999, and about 29% reported an income of over \$80,000.
- Homelessness was indicated as a top health concern facing Butte County by 46.4% of survey respondents.

### **Key Findings and/or Health Disparities Related to Chronic Disease:**

- The top chronic conditions among Centers for Medicare and Medicaid Services (CMS) beneficiaries in Butte County were hypertension (e.g. high blood pressure) and hyperlipidemia (e.g. high cholesterol and triglycerides) followed by diabetes, arthritis, and ischemic heart disease.
- The age-adjusted rate for all cancers in Butte County was notably higher than for the state of California overall (485.6 vs. 432.0 per 100,000 population).
- A higher percentage of the population in Butte County (4.9%) is living with heart disease than in California overall (3.4%).
- Racial/ethnic minority children were more likely to be overweight/obese. Hispanic/Latino children (48.8%) and African American/Black children (41.1%) had higher rates than that of White children (37.1%) and Asian children (33.5%). Interestingly, while Asian children in Butte County were the least overweight/obese, they were more overweight/obese than Asian children in California overall (26.5%).
- Consistent with statewide and national trends, Butte County residents age 65 and older were much more likely to be diagnosed as diabetic.
- A higher percentage of adults in Butte County (20.5%) have been diagnosed with asthma than in California overall (14.1%).
- A higher percentage of Asians (30.1%) in Butte County had a lifetime asthma diagnosis than any other racial/ethnic group, which was inconsistent with trends for Asians in California overall (12.5%). However, this should be interpreted with caution as this difference was statistically unstable.
- Visits to Butte County emergency departments for asthma related symptoms were much more likely to be paid for by Medi-Cal than by any other payment source; and a considerably higher percentage of asthma related emergency department visits in Butte County were paid for by Medi-Cal (54.9%) than in California overall (37.1%), indicating that socio-economic factors are associated with asthma in Butte County.
- Obesity was indicated as a top health concern facing Butte County by 22.3% of survey respondents, while 5.3% indicated chronic diseases to be a top health concern.

### **Key Findings and/or Health Disparities Related to Mental Health:**

- Men in Butte County were much more likely to commit suicide than women (32.2 vs. 7.2 per 100,000 population). This was consistent with statewide and national trends; however, the difference in suicide rates between men and women was considerably greater in Butte County than in both California overall and the United States.

- Veterans presenting for mental health services at the Butte County Behavioral Health Department had a higher percentage of Mood Disorders (36.7% vs. 30.1%), and PTSD (13.1% vs. 8.5%) than non-veterans. These trends were consistent with statewide and national data.
- Veterans age 18 and over in Butte County had a suicide rate more than 3 times higher than non-veterans age 18 and over (62.9 vs. 19.1 per 100,000 population). The highest number of suicide cases among veterans in Butte County occurred in males age 65 and over. Both of these trends were consistent with statewide and national data.
- Survey results indicated mental health as the 3<sup>rd</sup> most important health concern, with 37.8% of respondents selecting mental health as a top health issue in Butte County.
- For survey respondents that reported a need for mental health services, 28.3% sought counseling or therapy; 9.1% sought services for psychiatric medication management; 5.5% sought emergency mental health care; 4.0% were hospitalized; 2.5% received residential treatment, and 3.1% reported a need for services but did not use them.

**Key Findings and/or Health Disparities Related to Healthcare Access:**

- Fifty-five percent of survey respondents reported they most often went to a private doctor’s office for health care services. Twenty-seven percent went to clinics and health centers, and 8.5% went to the county’s hospitals.
- Twenty-eight percent of survey respondents that accessed healthcare outside of their home city reported that there were no providers for the services they needed in their home city, 9.1% reported there were no doctors in their city who accepted Medi-Cal or Medicaid, and 8.2% reported their insurance only covered providers in another area.
- Most survey respondents (70.9%) reported paying for health care services through private or employer sponsored insurance. A considerable number paid by Medicare (15.1%), Covered California (8.2%), or used Medicare supplemental insurance (5.7%).
- Sixty-three percent of survey respondents who indicated a need for mental health services reported being able to obtain them in Butte County; 29.0% reported not being able to get the services they needed in Butte County; and 17.0% reported only being able to get some of the services they needed.

**COMMUNITY HEALTH IMPROVEMENT PLAN PRIORITY DETERMINATION**

Upon review of the assessment findings, Together We Can! Healthy Living in Butte County solicited communities and partnering agencies throughout the county in order to identify health topics of concern to its residents.

Community partners were administered an online survey to provide feedback and prioritize which health topics to include as strategic priorities within the Community Health Improvement Plan (CHIP).

**Results:**

The health topics selected as strategic priorities to be addressed in the upcoming CHIP process are:

1. Substance Abuse
2. Chronic Disease
3. Socio-Economic Factors