Ridgecrest Regional Hospital

RIDGECREST REGIONAL HOSPITAL

COMMUNITY HEALTH NEEDS ASSESSMENT

SEPTEMBER 2022

PREPARED BY
EVALCORP
Measuring What Matters®

Acknowledgements

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Introduction

Ridgecrest Regional Hospital (RRH) is a non-profit hospital located in the northeastern corner of Kern County, CA. The hospital serves residents across much of the Southern Sierra Region of California, including individuals from as far north as Big Pine, CA, which is over 100 miles north of Ridgecrest. Additional details about RRH can be found at https://www.rrh.org/about-us/.

In addition to other requirements, Section 501(r3) of the Internal Revenue Code (IRC) requires that a hospital organization conduct a Community Health Needs Assessment (CHNA) every three years to maintain tax-exempt status. More information about the legal requirements of a CHNA can be found at https://www.irs.gov/charities-non-profits/community-health-needs-assessment-for-charitable-hospital-organizations-section-501r3.

To complete RRH's 2022 CHNA, hospital staff partnered with EvalCorp, a national planning and measurement consulting firm headquartered in California. EvalCorp designed a collaborative community-informed data collection methodology to ensure an inclusive process for informing strategies to address prioritized needs. The following report provides information regarding the 2022 CHNA methodology, along with findings gathered from a series of surveys, interviews, a focus group with providers, and compilation of relevant health indicator data from publicly available sources. The goal of the CHNA report was to document, synthesize and prioritize community health needs through the perspectives of public health experts and residents, along with key health indicator data.

Methodology

In conducting the 2022 CHNA, multiple data collection methods were implemented and the results were integrated into this report. Data collection strategies involved two surveys, interviews, a focus group, and aggregation of extant data from publicly available sources. Each had a primary purpose with the surveys focused on addressing issues of access to care; extant data provided demographics and incidence rates; interviews were used for context, framing and prioritizing issues; and the focus group provided additional topic-specific context. Additional details about the data collection, as well as the selection of topics and analysis/prioritization process are provided below.

Data Collection

Surveys. Two versions of a survey were developed: one for community members, and one for health care providers. Both surveys were implemented digitally in Qualtrics, and a hardcopy version of the community member survey was also made available. Responses for both surveys were solicited between 6/9/22 and 7/29/22. Response solicitation strategies included social media advertising; distribution of fliers and paper surveys in waiting rooms, community events, and other locations; and email requests through mailing lists maintained by the hospital. Copies of both surveys are available in Appendix 1 of this report.

Through the seven-week data collection period, a total of 619 community member surveys and 80 provider surveys were collected. The table below summarizes demographics from the community survey respondents alongside demographic estimates from the Census for the City Ridgecrest. The Zip code encompassing Ridgecrest (93555) was selected for comparative purposes because the vast majority (over 90%) of the population of RRH's service area resides in this ZIP code.

Table 1. Race/ethnicity	Count	Percentage	Ridgecrest Demographics*
American Indian / Native American	17	3%	1%
Asian / Pacific Islander	25	4%	4%
Black / African American	17	3%	5%
Hispanic / Latinx	47	8%	18%
White / European American	437	77%	67%
Another	21	4%	
Declined	78	-	

Table 2. Gender	Count	Percentage	Ridgecrest Demographics
Male	181	32%	49%
Female	368	66%	51%
Transgender	2	<1%	1%
Non-binary	2	<1%	<1% (est from national data)
Another	4	1%	<1% (est from national data)
Declined	64	-	

Table 3. Age	Count	Percentage	Ridgecrest Demographics, adjusted 15+
15 – 19	6	1%	8%
20 – 24	14	3%	6%
25 – 34	50	9%	18%
35 – 44	58	11%	19%
45 – 54	79	14%	16%
55 – 64	94	17%	15%
65 – 74	143	26%	10%
75+	104	19%	8%
Declined	70	-	

*Ridgecrest demographic rates may not add to 100% because the categories do not map directly onto survey response options.

Table 4. Orientation	Count	Percentage
Heterosexual/straight	498	82%
Gay/lesbian	9	1%
Bisexual	15	2%
Asexual	5	1%
Another (please specify)	14	2%
Declined	77	12%

Table 5. Current Living Situation*	Count	Percentage
Live in vehicle, tent, or another unsheltered location	3	1%
Inconsistent/unstable (including staying in a motel or staying with friends/family)	7	1%
Live alone	125	23%
Live with children/youth (<18 years old)	103	19%
Live with older adults (>65 years old)	128	23%
Live with individual(s) with a disability	46	8%
None of the above apply to me	159	29%

*Respondents could choose more than one living situation.

Table 6. Level of education	Count	Percentage
Primary or middle school	2	0%
Some high school	6	1%
High school graduate / GED	82	13%
Associate degree to technical/vocational degree or certificate	86	14%
Some college	130	21%
College graduate	144	24%
Graduate or professional degree	97	16%
Declined	71	11%

Table 7. Household Income	Count	Percentage
Under $10,000	28	5%
$10,000 - $24,999	47	8%
$25,000 - $39,999	68	11%
$40,000 - $54,999	47	8%
$55,000 - $69,999	49	8%
$70,000 - $89,999	75	12%
$90,000 or more	180	28%
Declined	124	20%

As is the case with virtually all voluntary surveys open to the public, the Ridgecrest CHNA community survey did not yield a random, representative sample. Some subpopulations were oversampled and others undersampled relative to the proportion of the population they represent. For example, Native American, Asian, and African-American respondents were sampled roughly representatively (+/- 1% of population value) or oversampled, while Hispanic/Latino respondents were undersampled by a margin of 12%. Overall, the community survey sample skewed towards residents who are older than the Ridgecrest median, and who are white females. To ensure that the unique views and needs of smaller subpopulations in the community are made known, each item on the survey was tested to determine whether there were significant differences between groups, and all differences meeting the threshold of statistical significance reported.

Interviews. Eight key stakeholder interviews were conducted with individuals who have a high level of visibility of health issues within the Ridgecrest community. Five interviewees were members of the RRH leadership or management team, and two interviewees were not affiliated with the hospital, but were members of community institutions that had high visibility and investment in the public health of the Ridgecrest community. The final interview was conducted with an elder care provider to provide additional context and information about the specific needs of the older adult population. The results of the elder care interview were analyzed separately and are only included in the corresponding health topic section of the report.

Focus Group. One focus group with mental health providers was conducted. The group included providers affiliated with the hospital, as well as providers affiliated with other organizations providing mental health services in the Ridgecrest community. This group was chosen to provide additional context to the nature and severity of mental health needs in the Ridgecrest community.

Extant Data. Extant data on a variety of health topics was compiled and summarized as part of this assessment. This includes demographic data from the U.S. Census Bureau, mortality rates from the California Department of Public Health, emergency room and intake statistics from the California Department of Health Care Access and Information, among others. A full list of the secondary data sources is provided in Appendix 2.

Note Regarding Receipt of Public Comment on 2019 CHNA. Section 501(r)(3) requires that the CHNA report be publicly posted to allow for any comments or feedback from the public to be incorporated into the subsequent report. However, no public feedback on the 2019 CHNA report has been received to date.

Data Analysis

Statistical Analyses. Survey data were cleaned and prepped for analysis. Duplicate and blank submissions were removed, as well as a small number of invalid responses. Analyses were conducted using several software packages, including Microsoft Excel, R, and JASP. All tests of differences among demographic groups were chi-square tests, while all tests of differences from year-to-year were binomial tests, using point estimates from the 2016 CHNA. While data from the 2019 CHNA were available, the sample size of its community survey was deemed too small to generate stable estimates for comparison. For all significance tests reported in this CHNA, the alpha threshold for significance was set $p < .01$, which was determined to be an appropriately low threshold to reduce false positives when testing for differences while still remaining sensitive enough large differences.

Qualitative Analyses. Open-ended survey responses, as well as interview and focus group results, were coded using qualitative content analysis (QCA). QCA is a method for describing qualitative data in a systematic way using an inductive coding frame. Codes that were used to describe a large number of open-ended responses are discussed in the relevant Health Needs section of the report (e.g. the code “maternal health” is discussed in the Maternal Health section of this CHNA). A full de-identified copy of open-ended responses was provided to hospital leadership at the conclusion of the project to aid in the identification of any specific issues or concerns mentioned therein.

Selection of Health Topics

Ten topics were selected for assessment for the 2022 CHNA. These topics were determined based on a number of factors, including continuity with the previous CHNAs, available data, and relation to emergent issues of broader public health concern regarding health disparities and the broader public health impact of COVID-19. These topics are used to organize the results in a subsequent section of this report. The ten topics are mental health; substance use or addiction; chronic disease; acute illness and injury; elder/senior care; maternal health; sexual health; environmental conditions; health education, wellness, and disease prevention; and access to care.

Prioritization

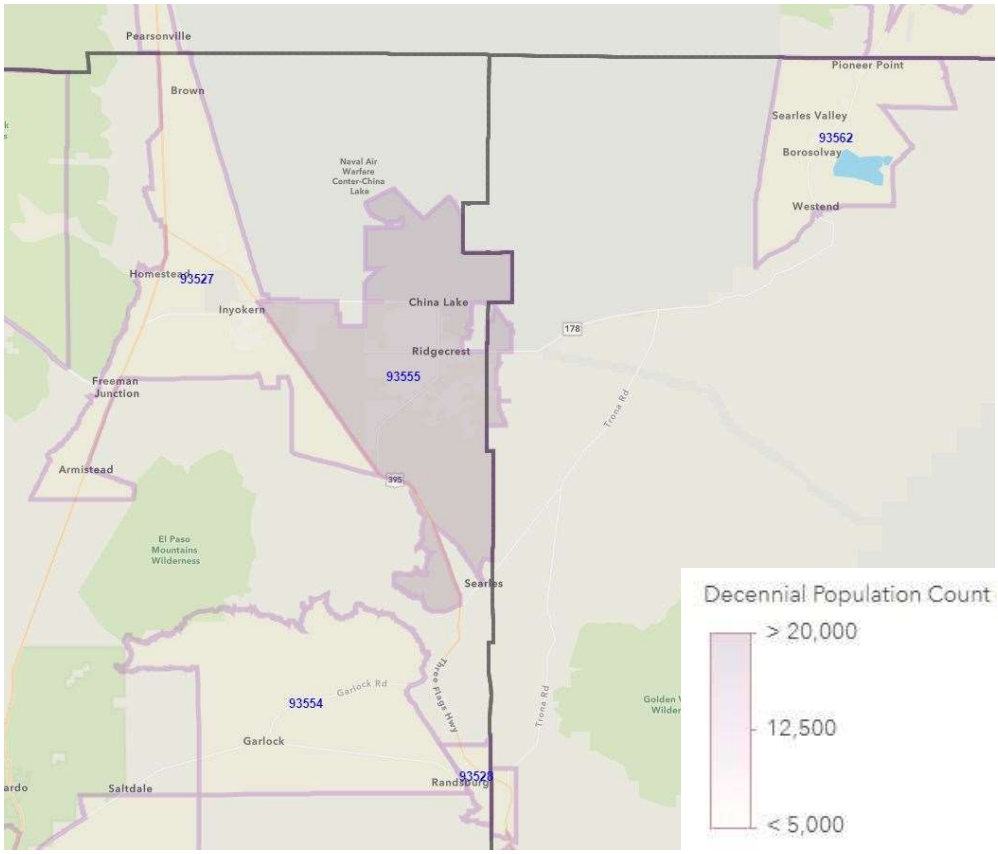
Section 501(r)(3) requires that health topics be prioritized based on criteria such as the burden, scope, severity, or urgency of the health need, estimated feasibility and effectiveness of possible interventions, health disparities associated with the need, or the importance the community places on addressing the need. In this assessment,

prioritization of health topics was determined primarily by the rankings provided by interviewees. However, the final rankings also incorporate quantitative information from extant data sources and community survey results to fine-tune or adjust rankings provided by interviewees in the first step of the analysis. Additional information about each particular ranking is provided in each health topic's section of the current report, as well as in the Summary section at the end of this document.

Description of Service Area

Geography and Population

The community served by RRH is centered around the city of Ridgecrest, located in the northeastern corner of Kern County. However, the hospital's service area extends to additional remote and rural regions, including Inyokern to the west, Johannesburg and Randsburg to the south, and Trona and Searles Valley to the northeast. Each of these areas roughly corresponds to a ZIP code. The map below depicts the Ridgecrest (93555 zip code) boundaries, along with the county boundaries.



The table below provides an estimate of the total population for each of the five ZIP codes mentioned above that roughly correspond to the areas served by the hospital.

Table 8. ZIP Code	Approximate Location	Population
93555	Ridgecrest	33,925
93562	Trona	1,757
93527	Inyokern	1,690
93554	Randsburg	99
93528	Johannesburg	48

Source: U.S. Census Bureau, 2016-2020. https://censusreporter.org

For the purposes of this report, many of the health-related statistics will focus primarily on the 93555 ZIP code of the service area because of the disproportionate clustering of the population residing within the region. However, much of the qualitative feedback received provides context and relevance for the more remote regions as well.

Demographics

Within the ZIP code 93555 (Ridgecrest), there are slightly more women than men. Additionally, across the state of California, an estimated 1.5% of individuals identify as transgender, 4.5% identify as gay or lesbian, and 3.4% identify as bisexual.

49% identify as male

51% identify as female

Source: U.S. Census Bureau, 2016-2020. https://censusreporter.org

1.5% identify as transgender*

4.5% identify as gay or lesbian*

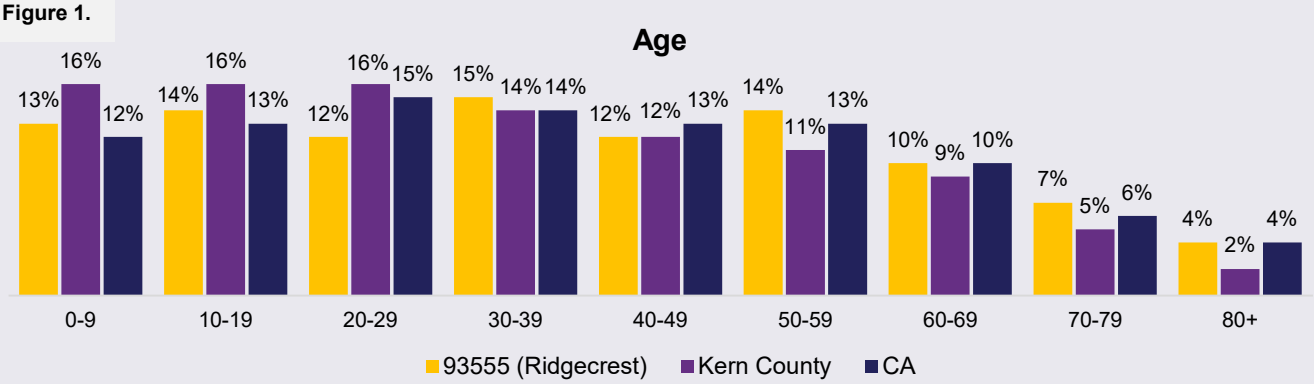
3.4% identify as bisexual*

*estimated from state data

Source: U.S. Census Bureau Household Pulse Survey, June 29 – July 11, 2022

The age distribution of 93555 (Ridgecrest) is similar to that for Kern County as a whole but tends to skew slightly older.

Figure 1.



Source: U.S. Census Bureau, 2016-2020. https://censusreporter.org

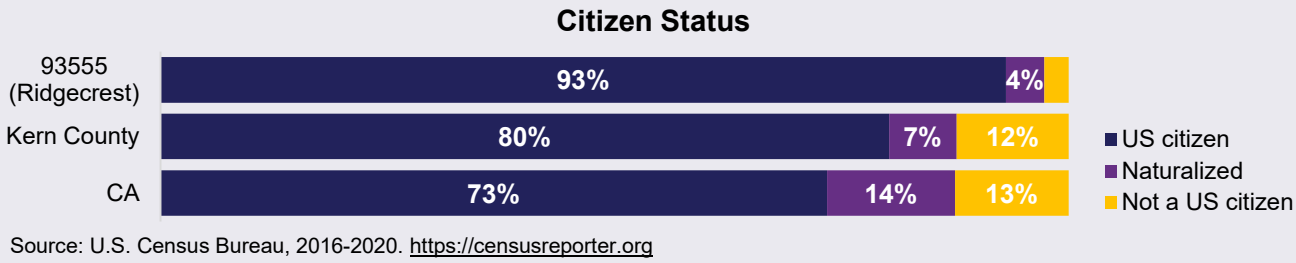
Roughly 2/3 of the population of 93555 is White, compared to only about 1/3 of Kern County as a whole.

Table 9. Race and Ethnicity	93555 (Ridgecrest)	Kern County	CA
White alone	67%	33%	37%
Black/African American alone	5%	5%	5%
Hispanic	18%	54%	39%
Asian	4%	5%	15%
Native Hawaiian/Pacific Islander	<1%	<1%	<1%
Native American/American Indian/Alaskan Native	1%	<1%	<1%
Another	<1%	<1%	<1%
Multiracial	4%	2%	3%

Source: U.S. Census Bureau, 2016-2020. https://censusreporter.org

Over 9 in 10 residents of 93555 are US citizens, compared to about 8 in 10 residents of Kern County as a whole.

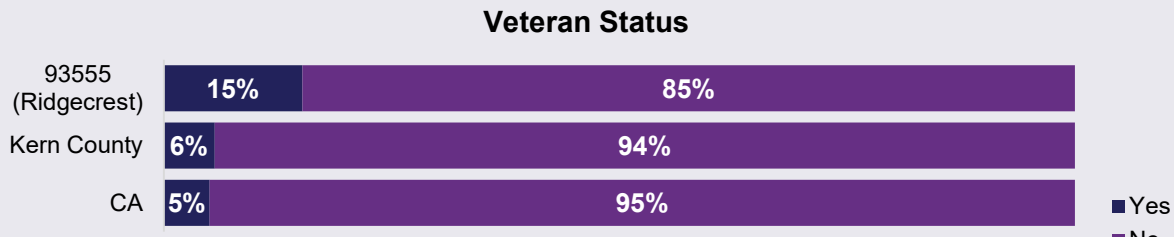
Figure 2.



Source: U.S. Census Bureau, 2016-2020. https://censusreporter.org

There are over twice as many veterans living in 93555, compared to the population of Kern County as a whole.

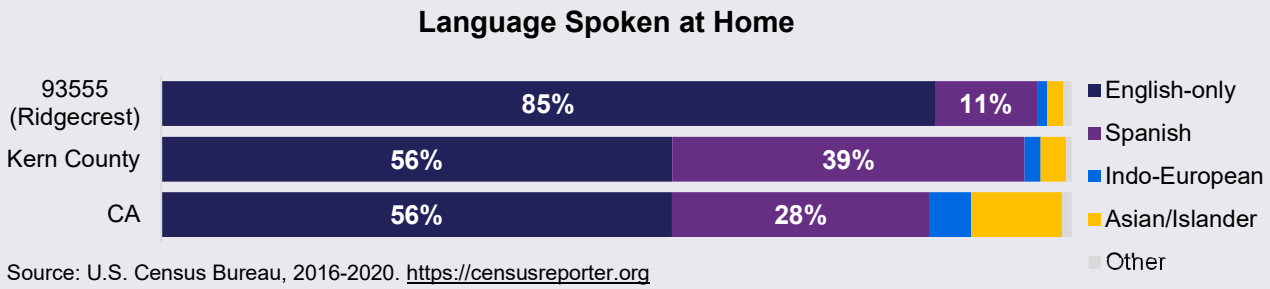
Figure 3.



Source: U.S. Census Bureau, 2016-2020. https://censusreporter.org

Just over 10% of 93555 residents primarily speak Spanish at home, compared to nearly 40% of Kern County residents as a whole.

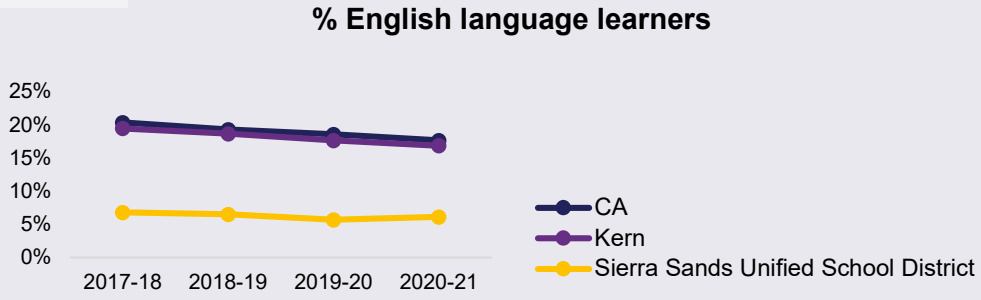
Figure 4.



Source: U.S. Census Bureau, 2016-2020. https://censusreporter.org

Roughly 5% of students in the local school district (Sierra Sands Unified School District) are English Language Learners (ELLs), compared to nearly 20% in Kern County overall.

Figure 5.

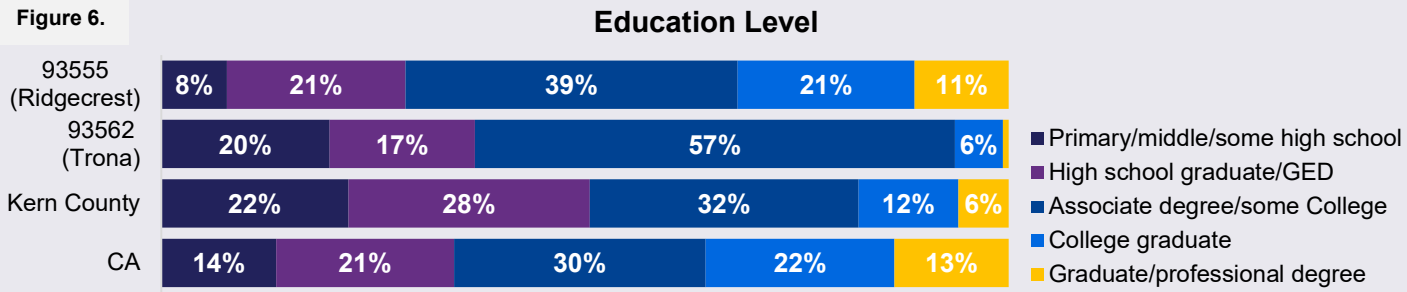


Source: Education Data Partnership, 2017-2021. https://www.ed-data.org/

Education, Income and Employment

Residents of 93555 (Ridgecrest) are nearly twice as likely to graduate college as residents of Kern County as a whole. However, residents of 93562 (Trona) are roughly half as likely to graduate college, compared to Kern County as a whole.

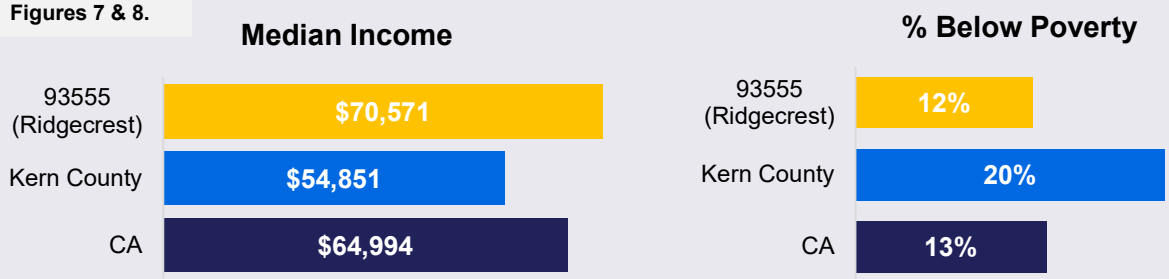
Figure 6.



Source: U.S. Census Bureau, 2016-2020. https://censusreporter.org

Residents of 93555 (Ridgecrest) have a higher median income and lower poverty rate than Kern County as a whole. However, residents of 93562 (Trona) have a lower median income and higher poverty rate than Kern County as a whole.

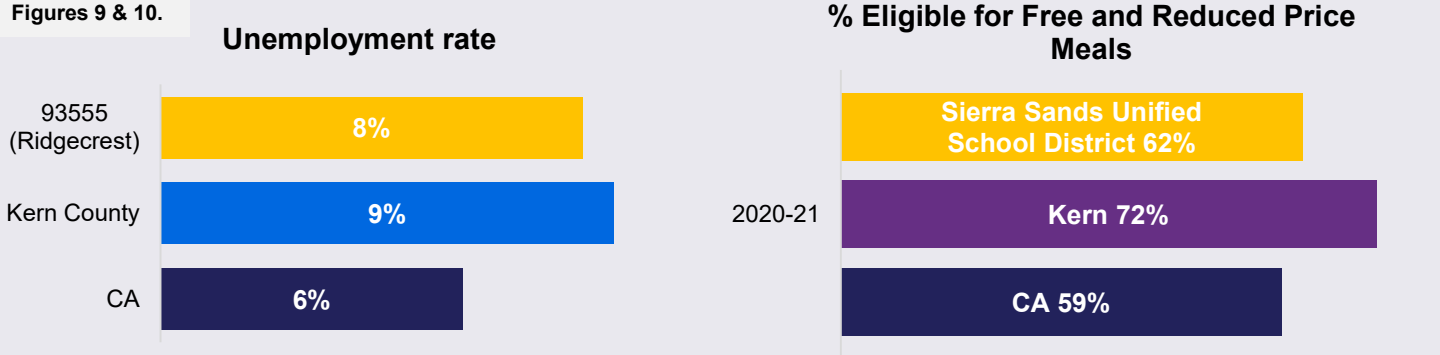
Figures 7 & 8.



Source: U.S. Census Bureau, 2016-2020. https://censusreporter.org

The unemployment rate for both 93555 (Ridgecrest) and 93562 (Trona) is comparable to Kern County as a whole, but slightly lower. The eligibility rates for free and reduced price meals at the local school district is also somewhat lower than Kern County as a whole.

Figures 9 & 10.



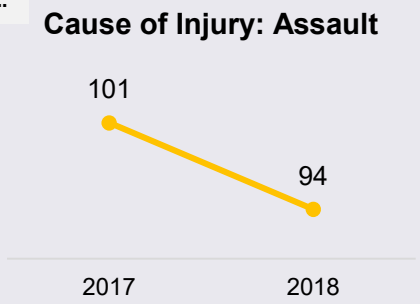
Source: U.S. Census Bureau, 2016-2020. https://censusreporter.org

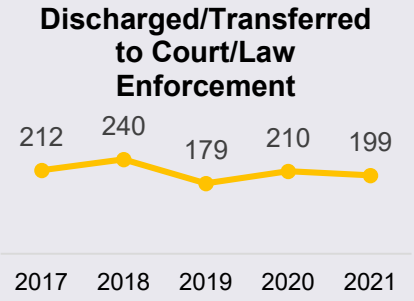
Source: Education Data Partnership, 2017-2021. https://www.ed-data.org/

Crime

Among individuals who visited the Emergency Department at RRH, the number discharged/transferred to law enforcement has remained somewhat stable. The number of assaults being the cause of injury decreased from 2017 to 2018, but subsequent years' data were not available at the time of reporting.

Figures 11 & 12.

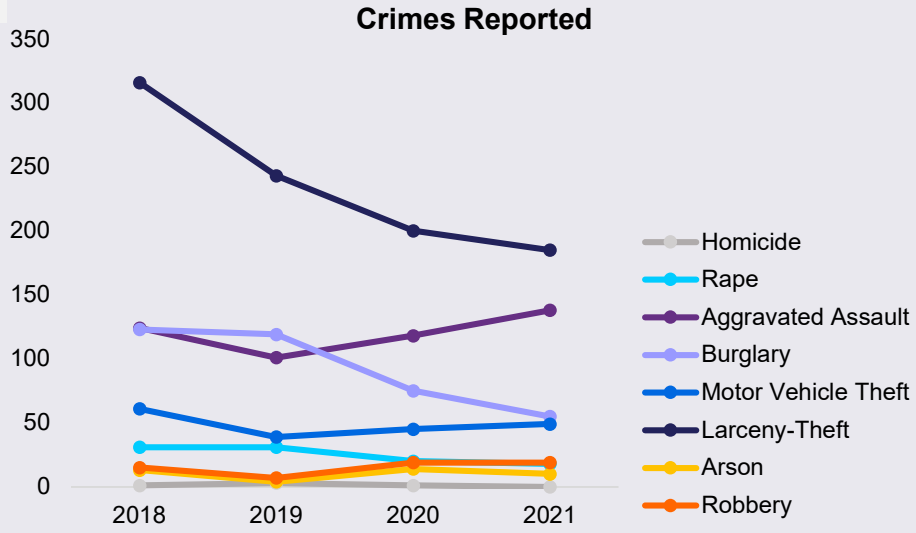




Source: Department of Health Care Access and Information (HCAI), 2017-2021. https://hcai.ca.gov/
Note: Data shown is for individuals who visited the emergency department.

The total number of reported crimes to the Ridgecrest Police Department as decreased between 2018 – 2021, driven largely by the reduction in reports of larceny (theft of personal property). However, the number reported aggravated assaults has increased slightly from 2019 to 2021.

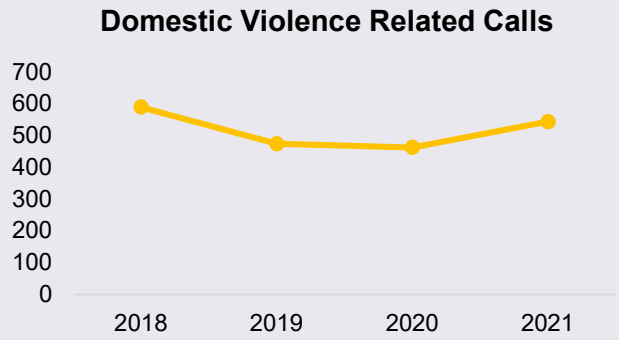
Figure 13.



Source: California Office of the Attorney General, 2018-2021. https://oag.ca.gov/
Note: Data is of crimes reported and domestic violence calls made to the Ridgecrest Police Department.

The number of domestic violence related calls to the Ridgecrest Police department also increased slightly from 2020 to 2021.

Figure 14.



Source: California Office of the Attorney General, 2018-2021. https://oag.ca.gov/
Note: Data is of crimes reported and domestic violence calls made to the Ridgecrest Police Department.

Results of Assessment by Health Topic

The following section of the report summarizes the results of the assessment by health topic. The topics are ordered by severity, with the most severe need being listed first. A summary of the determination of the need's rank is provided at the end of each section. Health topics grouped by level of priority are outlined in Table 10.

Table 10. Priority	Rank	Topic
High	1	Access to Care
	2	Mental Health
Moderate – High	3	Health Education, Wellness, and Disease Prevention
	4	Substance Use or Addiction
Moderate	5	Sexual Health
	6	Maternal Health
Moderate – Low	7	Chronic Disease
	8	Elder/Senior Care
Low	9	Acute Illness and Injury
	10	Environmental Conditions

Access to Care

Priority: High

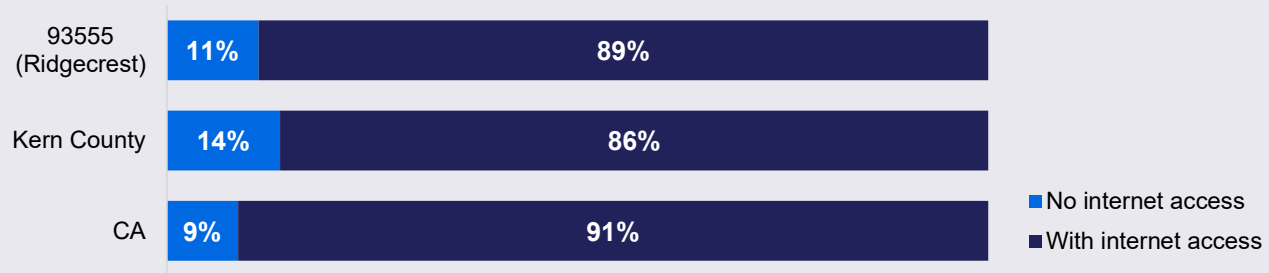
Extant Data

Available extant data for access to care is separated into four categories:

1. Access to internet from home
2. Vehicles at home for personal use
3. Health insurance status
4. Payer source among RRH inpatients

Roughly 89% percent of 93555 (Ridgecrest) residents have access to the internet at home, which is slightly high relative to Kern County overall but slightly lower than the California average.

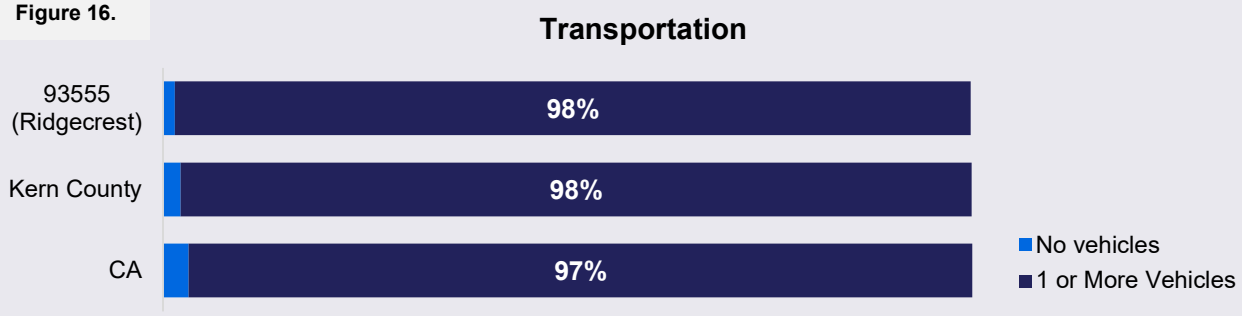
Figure 15.



Source: U.S. Census Bureau, 2016-2020. https://censusreporter.org

Roughly 98% of 93555 (Ridgecrest) residents have one or more vehicles at their household for personal use, which is similar to the rate for Kern County and California overall.

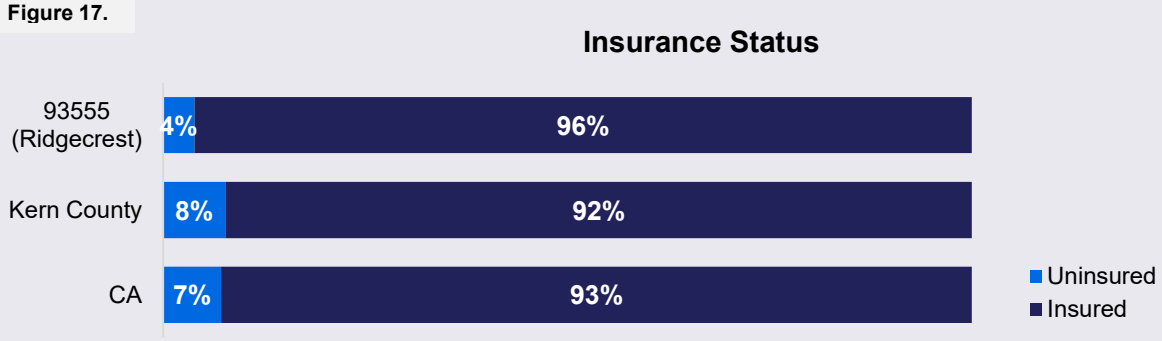
Figure 16.



Source: U.S. Census Bureau, 2016-2020. https://censusreporter.org

Approximately 96% of 93555 (Ridgecrest) residents have health insurance of some kind, which a higher rate than Kern County and California overall.

Figure 17.



Source: U.S. Census Bureau, 2016-2020. https://censusreporter.org

Slightly more than 1/3 of patients visiting RRH in 2021 as inpatients paid with Medicare, and an additional 1/3 paid with Medi-Cal. Roughly one-quarter paid with private coverage, and less than 2% self-paid.

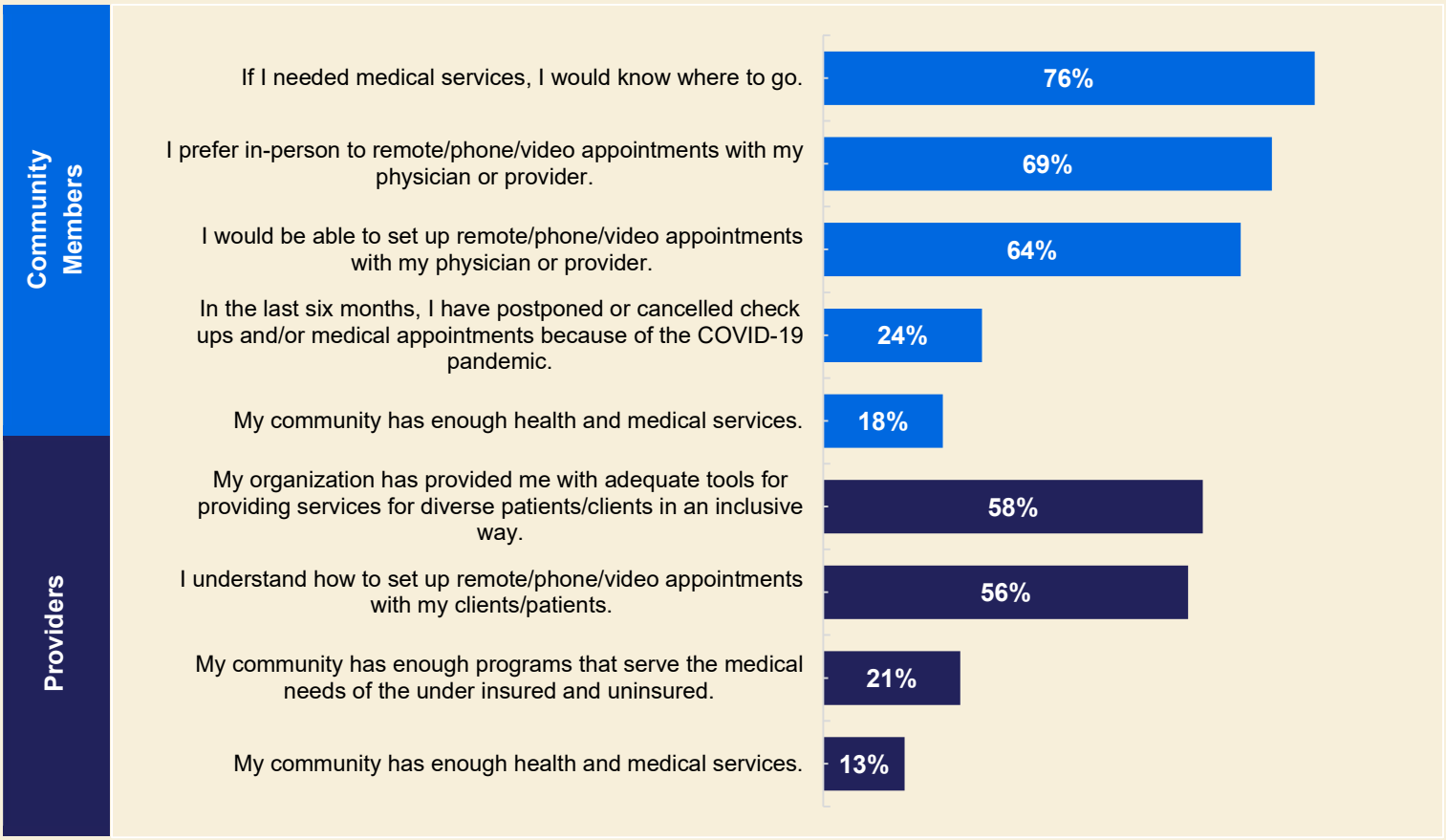
Table. 11 RRH Inpatient Payer Source	%
Medicare	35
Medi-Cal	33
Private Coverage	25
Other Government	5
Self Pay	2
Workers' Compensation	<1
Other Payer	0

Source: Department of Health Care Access and Information (HCAI), 2021. https://hcai.ca.gov/
Note: Payer source data is from the inpatient department.

Community and Provider Survey Results

The vast majority of community members (82%) and providers (87%) surveyed did not believe that the community has enough health and medical services. Most providers (79%) do not believe that the community have enough programs for the underinsured and uninsured. However, most community members (76%) do know where to go for medical services and are able to use telehealth services.

Figure 18.



Note: % Agree or Strongly Agree

Community members were significantly more likely to report that their community has enough health and medical services relative to the 2016 CHNA (18% versus 13%, $p < .01$). They were also much more likely to report that they would know where to go for medical services relative to the 2016 CHNA (76% vs 56%, $p < .01$).

Among the open-ended survey responses, access to care was the most commonly mentioned issue facing households (n=104). This category included issues such as long wait times and difficulties obtaining an appointment or test results. Roughly 10% of this number cited financial issues as the biggest health-related issue facing their household (n=10). Low quality of care was commonly mentioned as an issue facing households as well (n=41). This latter category included issues such as misdiagnoses and negative interactions with providers. Among the open-ended survey responses on the provider survey, wait times (n=12) were the second most-commonly mentioned answer to the question of how to improve the quality and availability of care in the area. The needs for specialists (n=8) and primary care physicians (n=4) were also mentioned by providers.

"We have had to wait months to get appointments. This is not alright. I have already changed my primary care to another medical institution (for this same reason) and I am probably going to start looking for a new gyno and gastro doctor. When something is wrong I shouldn't have to be in pain for 3 months before I can get in to see a doctor." – Community Member

Disparities

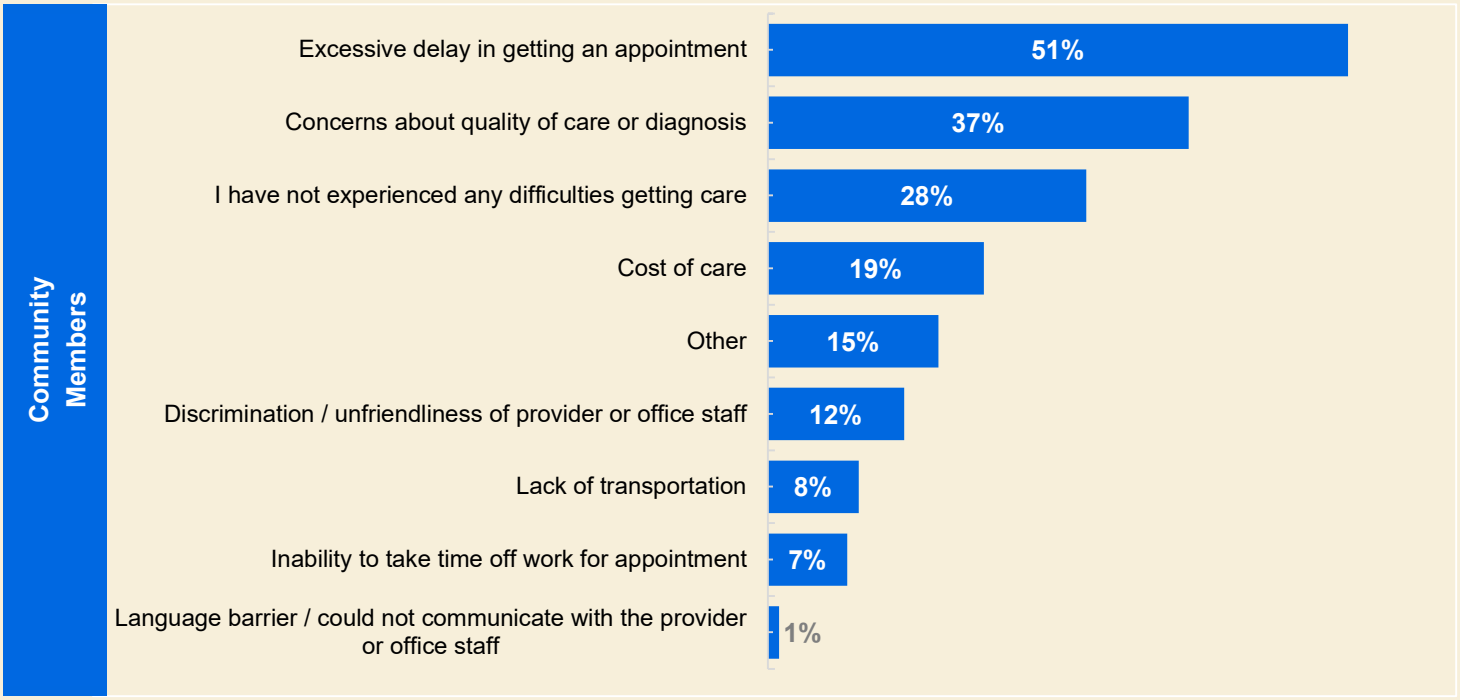
Several issues were assessed through the community survey to determine the extent to which disparities or inequities were perceived by community members. The following were identified as statistically significant subgroup differences and are listed below.

- **Community has enough services.** Women were less likely than men to believe that the community has enough health and medical services (15% vs 24%, $p < .001$).
- **Cancelling appointments due to COVID-19.** The probability of having cancelled a medical appointment due to COVID-19 varied by income. Specifically, 19% of community members with household incomes between $10-24k had cancelled or postponed a recent appointment and 18% of community members with household incomes greater than $90k had cancelled or postponed a recent appointment, compared with 24% on average ($p < .001$).
- **Telehealth.** Community members with household incomes greater than $55,000 were more likely than those with lower incomes to be able to set up telehealth appointments (66% vs 48%, $p < .001$).
- Community members older than 75 years strongly preferred in-person appointments compared to the average (81% vs 67%, $p = .01$).
- **Know where to go.** LGTBTQ community members were less likely to report knowing where to go for medical services compared to heterosexual community members (55% vs 78%, $p = .01$).
- Community members in certain age groups were less likely to know where to go for medical services. Specifically, participants aged 15-24 and 35-44 were less likely to know where to go for services (55% and 60%, respectively) than the average (76%) participant ($p = .01$).

Barriers to Care

Over half (51%) of community member respondents reported experiencing an excessive delay in getting an appointment, and over one third (37%) reported experiencing concerns about the quality of the care or diagnosis they received.

Figure 19.



Note: % Selected

Community members were significantly less likely to indicate that they had not experienced any difficulties accessing care relative to the 2016 CHNA (28% vs 37%, $p < .001$). They were significantly more likely to indicate that delays in getting an appointment (51% vs 30%, $p < .001$) and concerns about the quality of care or diagnosis (37% vs 27%, $p< .001$) were barriers to care. Discrimination and or unfriendliness of providers or staff appears to have increased relative to the 2016 CHNA (12% vs 9%), however this difference did not meet the threshold for statistical significance and should be interpreted with caution.

Disparities in perceptions of barriers

- **Cost.** There is a negative relationship between age and perception that cost of care is a barrier, with the youngest community members the most likely to indicate that this is a barrier and each successive age cohort being less like likely to indicate that this is a barrier. To illustrate, 44% of the community members in the 15-24 age bracket indicated that cost was a barrier, as compares to 28% of those in the 45-54 age bracket and only 8% of those in the 75 and older age bracket ($p < .001$).
- **Transportation.** There is a negative relationship between level of education and perception that transportation is a barrier, with those having a high school education or lower being the most likely to indicate that this is a barrier and each successive educational being less likely to indicate that this is a barrier. Among those with a high school education or lower, 19% indicated that transportation was a barrier, while among those with some college, a college degree, or an associates degree, 8% indicated that transportation was a barrier, and only 2% of those with a graduate or professional degree indicated that transportation was a barrier ($p < .001$).
- Likewise, community members with household incomes less than $55k were more likely to indicate that transportation is a barrier than were community members higher incomes (16% vs 2%, $p < .001$).

- **Taking time off work.** There is a negative relationship between age and the perception that inability to take time off is a barrier, with the youngest community members the most likely to indicate that this is a barrier and almost all older cohorts being less likely to indicate that this is a barrier. To illustrate, 23% of the community members in the 35-44 age bracket indicated that cost was a barrier, as compared to 12% of those in the 45-54 age bracket and only 3% of those in the 55-64 age bracket ($p < .001$).
- **Discrimination or unfriendliness.** There were age differences in the extent to which community members indicated that discrimination or unfriendliness of providers or office staff was a barrier to care. Community members in the 15-24 age cohorts (28%) and 35-44 age cohorts (23%) were most likely to cite discrimination and unfriendliness while community members in the 65-74 cohort (7%) and 75 and older cohort (6%) were the least likely to cite discrimination and unfriendliness as a barrier to care ($p < .01$).
- LGBTQ community members were more likely to cite discrimination and unfriendliness as a barrier to care than were heterosexual community members (62% vs 35%, $p < .01$).
- **Quality of care or diagnosis.** Younger community members were more likely than older community members to cite concerns about the quality of care or diagnosis as a barrier to care. For example, 49% of those in the 25-34 age cohort selected this answer, while only 31% of those in the 65-74 age cohort selected this answer ($p < .01$).
- Women were more likely than men to cite concerns about the quality of care or diagnosis as a barrier to care (40% vs 29%, $p = .01$).
- **Excessive delays in appointments.** Younger community members were more likely than older community members to cite excessive delays in getting an appointment as a barrier to care. For example, 57%% of those in the 25-34 age cohort selected this answer, while only 42% of those in the 65-74 age cohort selected this answer ($p < .001$).
- Women were more likely than men to cite excessive delays in getting an appointment as a barrier to care (55% vs 42%, $p = .01$).
- **No difficulties getting care.** Younger community members were less likely than older community members to state that they had not experienced any difficulties getting care. For example, only 16%% of those in the 25-34 age cohort selected this answer, while 37% of those in the 65-74 age cohort selected this answer ($p < .001$).
- White community members were twice as likely as community members of color to state that they had not experienced any difficulties getting care (32% vs 15%, $p < .001$).
- Non-Hispanic/Latino community members were three times as likely as Hispanic/Latino community members to state that they had not experienced any difficulties getting care (30% vs 9%, $p < .01$).
- Men were more likely than women to state that they had not experienced any difficulties getting care (38% vs 24%, $p < .01$).

Interview Results

- Five out of seven interviewees rated Access to Care as a topic of “high need.”
- Four out of seven interviewees specified Access to Care as the topic of “highest need.”
- Lack of specialists was mentioned by three interviewees as one of the largest health-related issues facing the community.
- Lack of transportation, difficulty recruiting health care workers, insurance and cost requirements (for patients), and a lack of financial resources (for the hospital) were all identified as barriers to care.

"Access to care is the biggest thing to start addressing first because it affects all of the other health needs in the community." – Local Leadership

Summary and Rating

- Over 80% of community members and providers surveyed reported that the community does not have enough health and medical services
- Over 50% of community members surveyed reported experiencing an excessive delay in getting an appointment
- Four out of seven interviewees specified Access to Care as the topic of highest need

Prioritized Rank: High (#1)

Mental Health

Priority: High

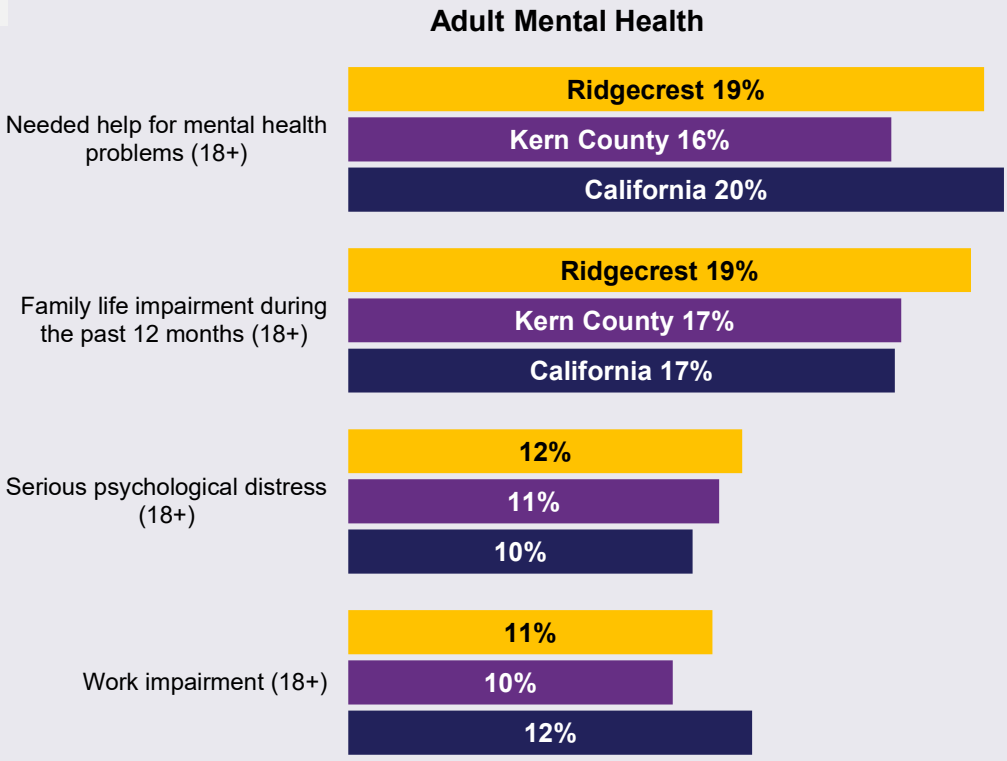
Extant Data

Available extant data for mental health is grouped into four categories:

1. Adult Mental Health
2. RRH Inpatient and Emergency Room Visits
3. Elementary School Social and Emotional Health
4. Middle & High School Social and Emotional Health

Adult residents of the city of Ridgecrest experience similar or very slightly higher rates of psychological distress compared to Kern County as a whole.

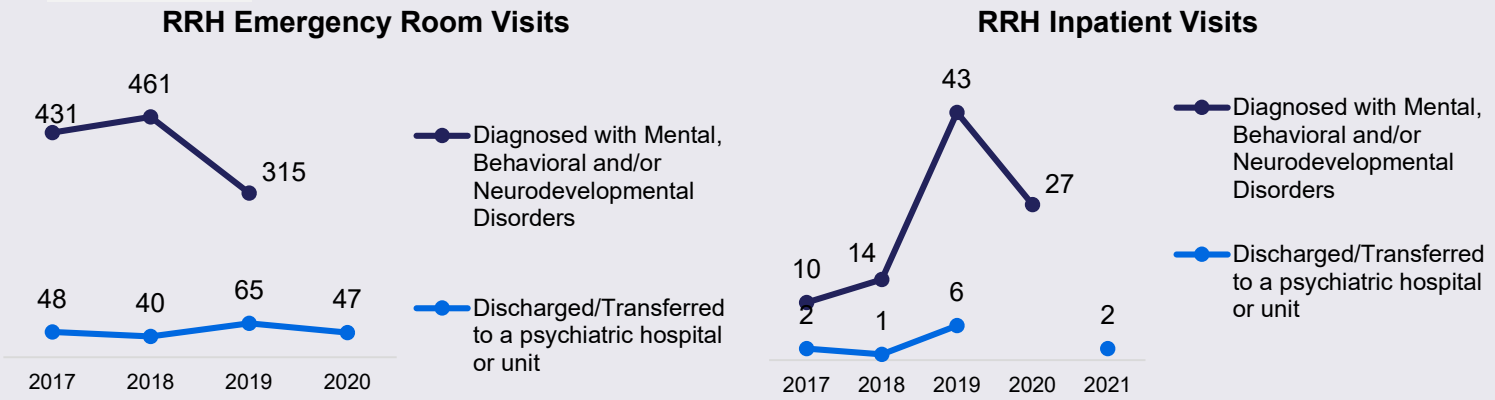
Figure 20.



Source: UCLA Center for Health Policy Research, California Health Interview Survey (CHIS), 2018. http://healthpolicy.ucla.edu/

Many more individuals visit the RRH emergency room for mental health reasons (compared to inpatient visits).

Figures 21 & 22.

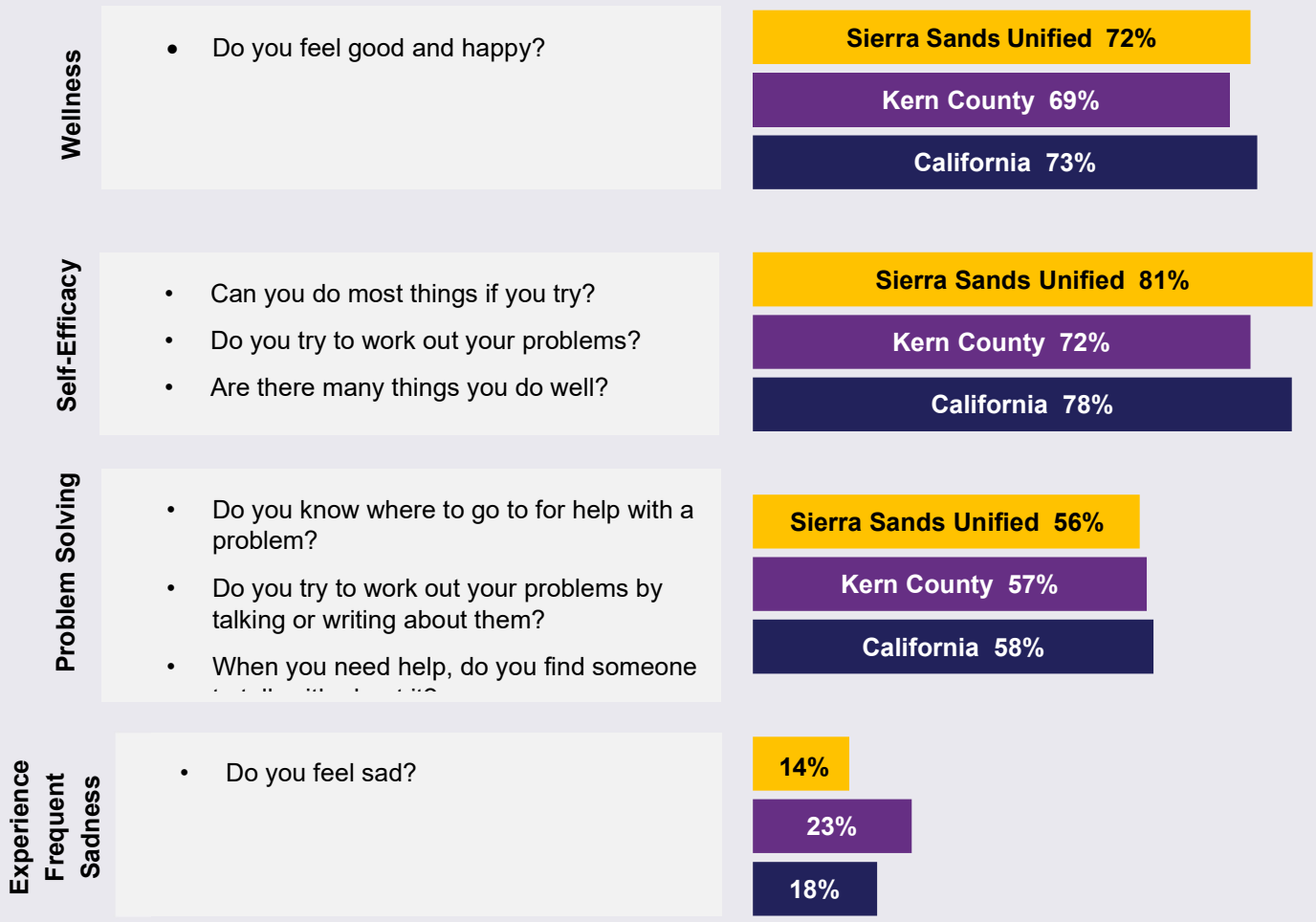


Source: Department of Health Care Access and Information (HCAI), 2017-2021. https://hcai.ca.gov/

Elementary school students from the local school district (Sierra Sands Unified) report similar or slightly better social and emotional health compared to Kern County overall.

Figure 23.

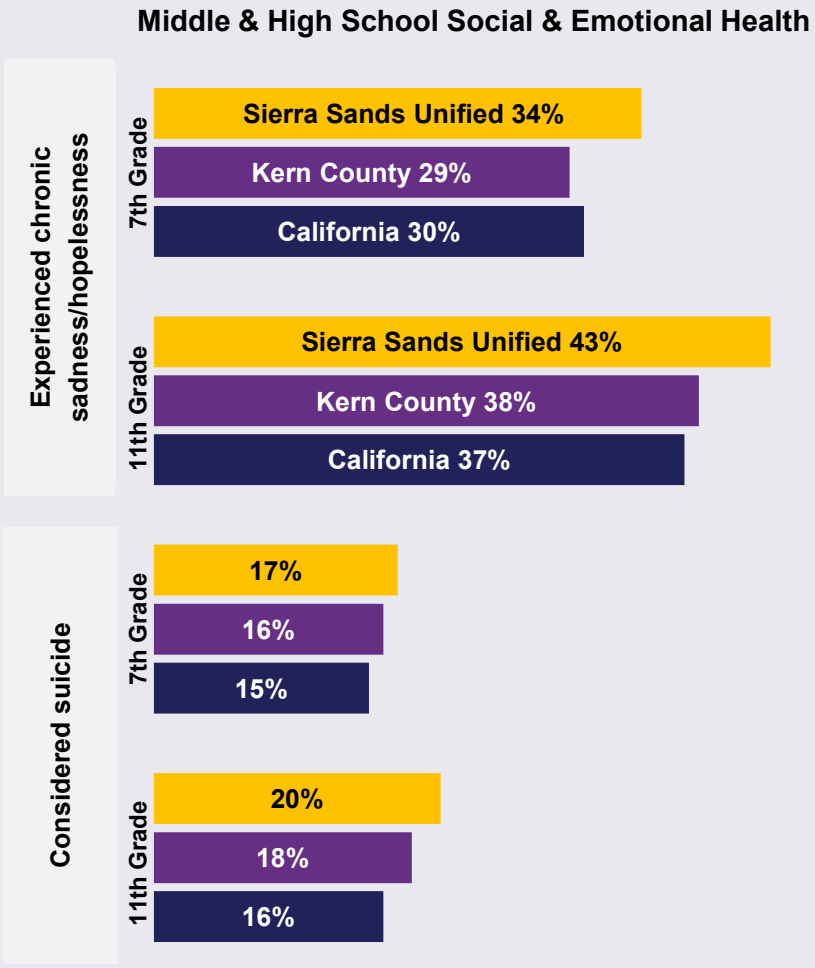
Elementary School Social & Emotional Health



Source: California Department of Education, CalSCHLS, 2019-2021. https://calschls.org/
Note: Percentages for California and Kern County use data from 2019-2021 and for Sierra Sands Unified School District data is from 2020-2021.

Middle and high school students from the local school district (Sierra Sands Unified) report similar or slightly higher rates of chronic sadness and suicidal ideation.

Figure 24.

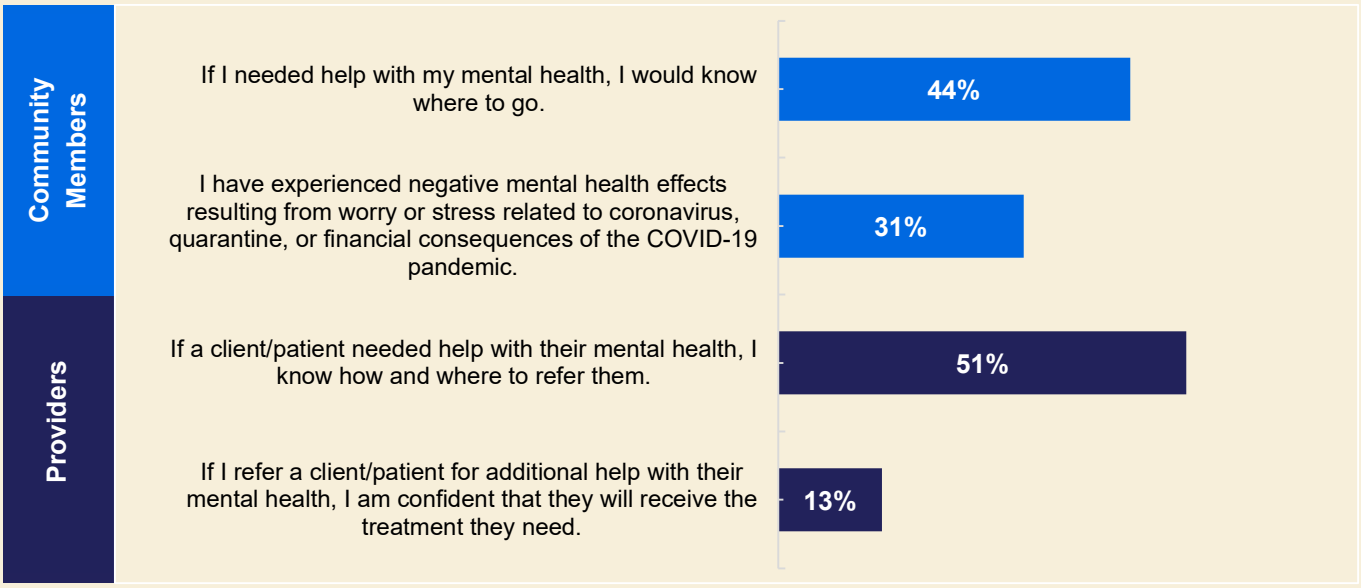


Source: California Department of Education, CalSCHLS, 2017-2020. https://calschls.org/
Note: Percentages for California and Kern County use data from 2017-2019 and for Sierra Sands Unified School District data is from 2019-2020.

Community and Provider Survey Results

Nearly one in three community member respondents reported experiencing negative mental health effects related to COVID-19. However, only 13% of local health care providers reported feeling confident that patients, if referred, would receive the help they need for their mental health issues.

Figure 25.



Note: % Agree or Strongly Agree

Among the open-ended survey responses on the community survey, mental health was a commonly mentioned issue facing households (n=61). This category included issues such as the perceived shortage of mental health providers and mental health needs for youth. Among the open-ended survey responses on the provider survey, mental health (n=17) was the most commonly mentioned answer to the question of how to improve the quality and availability of care in the area.

> *"[We should] educate all health personnel, including dental, chiropractic, educational health, and private nursing staff members as to availability and protocol for mental health, senior care, and addiction related resources (through community outreach)." – Provider*

Disparities

- Individuals who reported making more than $55,000 were less likely to report knowing where to go to get help with their mental health than were people with lower household incomes (37% vs 57%, $p < .001$).
- Community members aged 35 - 44 years were less likely to report that they knew where to go to get help than the average community member (24% vs 44% $p < .001$).

Interview/Focus Group Results

- Six out of seven interviewees rated Mental Health as a topic of "high need."
- Two out of seven interviewees specified Mental Health as the topic of "highest need."
- Mental health post-COVID and stress associated with COVID, including an increase in grief support, higher senses of hopelessness and increases in depression and anxiety were identified as needs of growing concern.
- Children's mental health was also identified as a need of growing concern.
- Stigma related to seeking help for mental health and long waiting lists were identified as barriers to care for mental health services.

"The mental health and substance abuse issues are related to the fact that, like many counties in California, we don't have enough resources that are effective and efficient to meet the need. Untreated mental health issues clog up and impact medical care." – Local Leadership

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"Since the pandemic there has been an increase in therapy services and in increase in depression and anxiety. Patients will often attribute their symptoms to the pandemic, and the waitlist and demand has increased. This wait further contributes to their anxiety and instills a sense of hopelessness in that they're unable to get the help they need." – Provider

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Summary and Rating

- High number of ER visits (over 300 in 2020) for mental health reasons.
- High rates of chronic sadness among middle school students (34%) and high school students (43%), compared to the county and state.
- Only 13% of providers reported confidence in individuals referred for mental health treatment would receive the care they needed.
- Long waiting lists, particularly related to mental health services, were reported.

Prioritized Rank: High (#2)

Health Education, Wellness, and Disease Prevention

Priority: Moderate - High

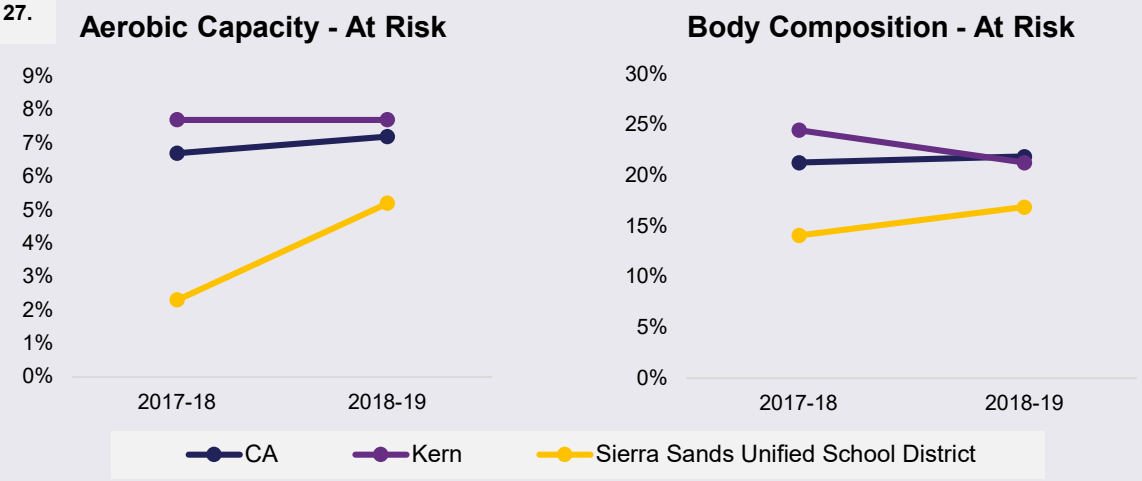
Extant Data

Available extant data for health education, wellness, and disease prevention is grouped into five categories:

1. Percent of students determined to be “At Risk” in an Aerobic Capacity assessment
2. Percent of students determined to be “At Risk” in a Body Composition assessment
3. Youth immunization rates for local schools
4. Prevalence of individuals whose teeth are in fair/poor condition
5. Prevalence of obesity and individuals who are overweight

The percent of students determined to be “at risk” for both aerobic capacity and body composition at Sierra Sands Unified School District is slightly less (i.e. “better”) compared to Kern County and California overall.

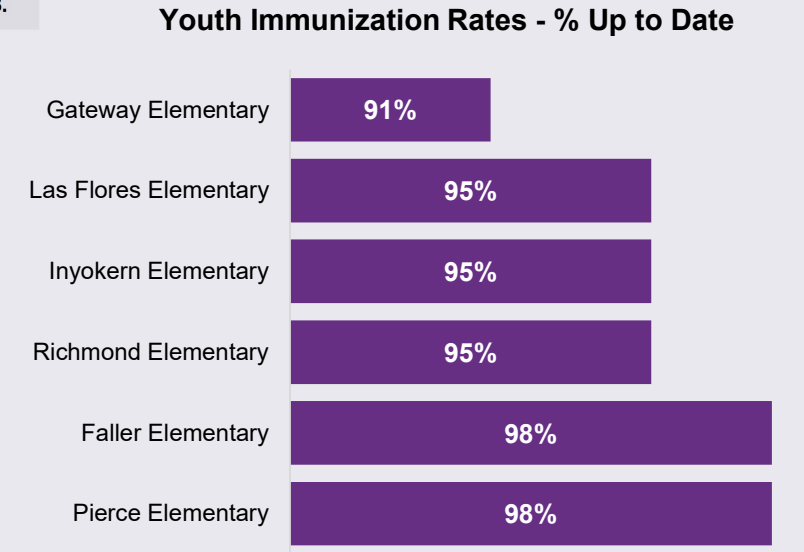
Figures 26 and 27.



Source: Education Data Partnership, 2017-2019. https://www.ed-data.org/
Note: Percentages are of students who are at risk on the physical fitness exam.

Youth immunization rates are here defined as the percent "up-to-date" for elementary schools within the Sierra Sands School District on the following vaccines: Varicella (i.e. Chickenpox); Hepatitis B; Measles, Mumps, and Rubella (MMR); Polio; and Diptheria-Tetanus-Pertussis (DTP). Across local elementary schools, immunization rates range from 91% to 98%.

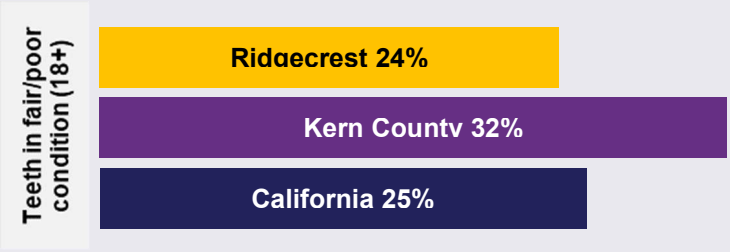
Figure 28.



Source: California Department of Public Health, 2019-2020. https://www.cdph.ca.gov/

Nearly 1 in 4 Ridgecrest residents' (aged 18+) teeth are in "fair/poor" condition, however this somewhat lower (i.e. "better") than the rate for Kern County overall.

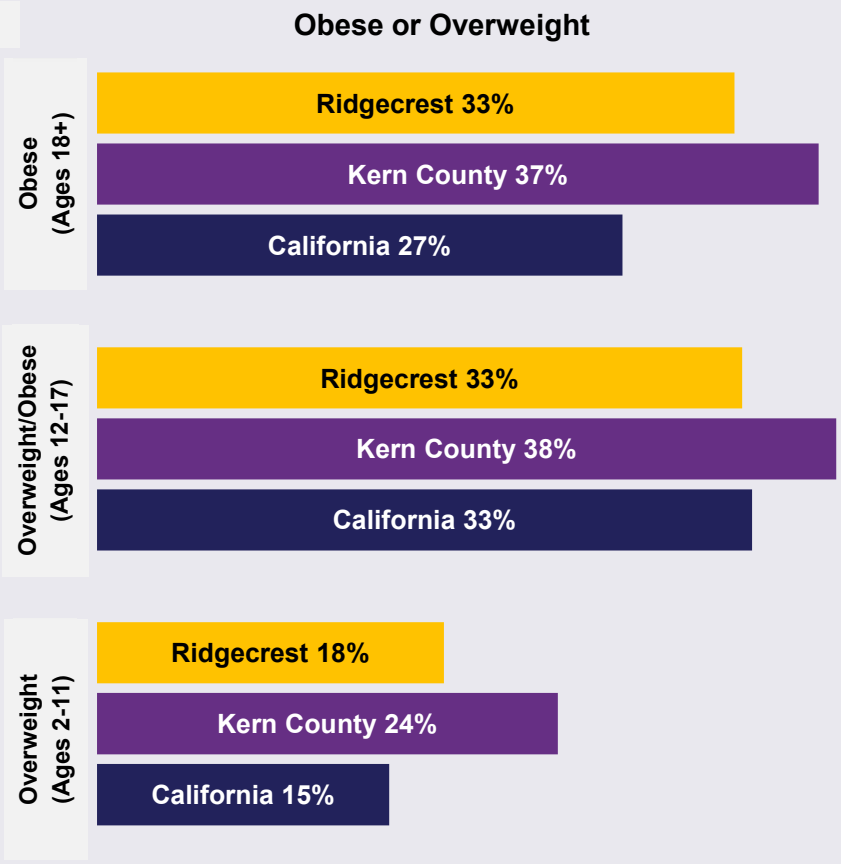
Figure 29.



Source: UCLA Center for Health Policy Research, California Health Interview Survey (CHIS), 2018. http://healthpolicy.ucla.edu/

Roughly 1/3 of individuals in Ridgecrest over aged 18 are obese. This value is slightly less (i.e. "better") than that for Kern County overall, but comparable to California.

Figure 30.

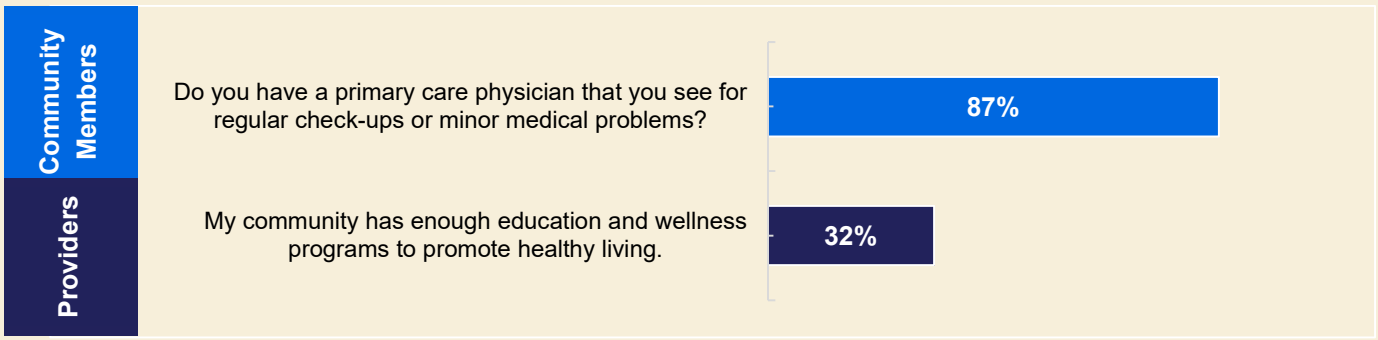


Source: UCLA Center for Health Policy Research, California Health Interview Survey (CHIS), 2018. http://healthpolicy.ucla.edu/

Community and Provider Survey Results

Nearly 9 of 10 community member respondents reported having a primary care physician that they see for regular check-ups. However, only 1 in 3 surveyed providers agreed that the community has enough education and wellness programs.

Figure 31.



Note: % Yes, Agree, or Strongly Agree

The proportion of respondents who report having a primary care physician has slightly increased relative to the 2016 CHNA (83%), although this difference did not meet the threshold for statistical significance and should be interpreted with caution.

"Many people use the ED and urgent care for non-urgent issues because the wait times are very long to see their primary providers. Can the clinics block off time daily dedicated to seeing their patients with acute, unexpected illness?" – Ridgecrest Provider

"[We should] provide more educational services on wellness to the schools. [We need] to partner with Sierra Sands School District to teach children about nutrition, exercise, handwashing, safe food handling, sleep, substance abuse prevention, mental health, etc." – Ridgecrest provider

Disparities

- There is a positive relationship between age and the probability of having a primary care physician, with the youngest community members the least likely to have a PCP and each successive age cohort being more likely to have a PCP. To illustrate, 72% of the community members in the 15-24 age bracket had a PCP as compare to 89% of those in the 45-54 age bracket or 92% of those in the 75 and older age bracket ($p < .001$).

Interview Results

- Three out of seven interviewees rated Health Education, Wellness, and Disease Prevention as a topic of "high need."
- One out of seven interviewees specified Health Education, Wellness, and Disease Prevention as the topic of "highest need."
- Illness prevention and obesity were mentioned as among the largest health issues facing the community.
- COVID-19 causing individuals to stay home more, gain weight, not receiving check-ups and not engaging in preventative care was identified as a need of growing concern.
- Limited options for healthy food, limited options for outdoor activity because of the heat, a limited or lack of focus on prevention (at the hospital), and a reluctance (in the community) to address or acknowledge health-related issues were identified as barriers to effective preventative care.

"Instead of doing prevention, we see people when they come into the ER with acute and episodic illness. We need for people to have a relationship with a physician who is responsible for keeping them well and keeping them out of the hospital… If we could shift the paradigm around prevention at all levels – from the community to providers to the health care system, then we could address many of these [other] health needs… [However], there is a lot of education that will need to occur before we get to the prevention paradigm." – Local Leadership

"[I] believe that the future of healthcare will be on a wellness model and not a sickness model. [I have seen] successes with an accountable care organization for Medicare beneficiaries, where [providers] were able to provide more quality care and reduce costs for the Medicare program by keeping people well." – Local Leadership

Summary and Rating

- Less than one third of surveyed providers agreed that there were enough education and wellness programs in the community.
- One interviewee specified Health Education, Wellness, and Disease Prevention as the topic of highest need, and three of the seven interviewees rated it as a "high need."
- The impact of COVID-19 on individuals not receiving check ups or engaging in preventative care was identified as a need of growing concern.
- Successful implementation of wellness and prevention programs have a demonstrated impact on reducing costs and improving the quality of care across multiple health needs.

Prioritized Rank: Moderate-High (#3)

Substance Use or Addiction

Priority: Moderate – High

Extant Data

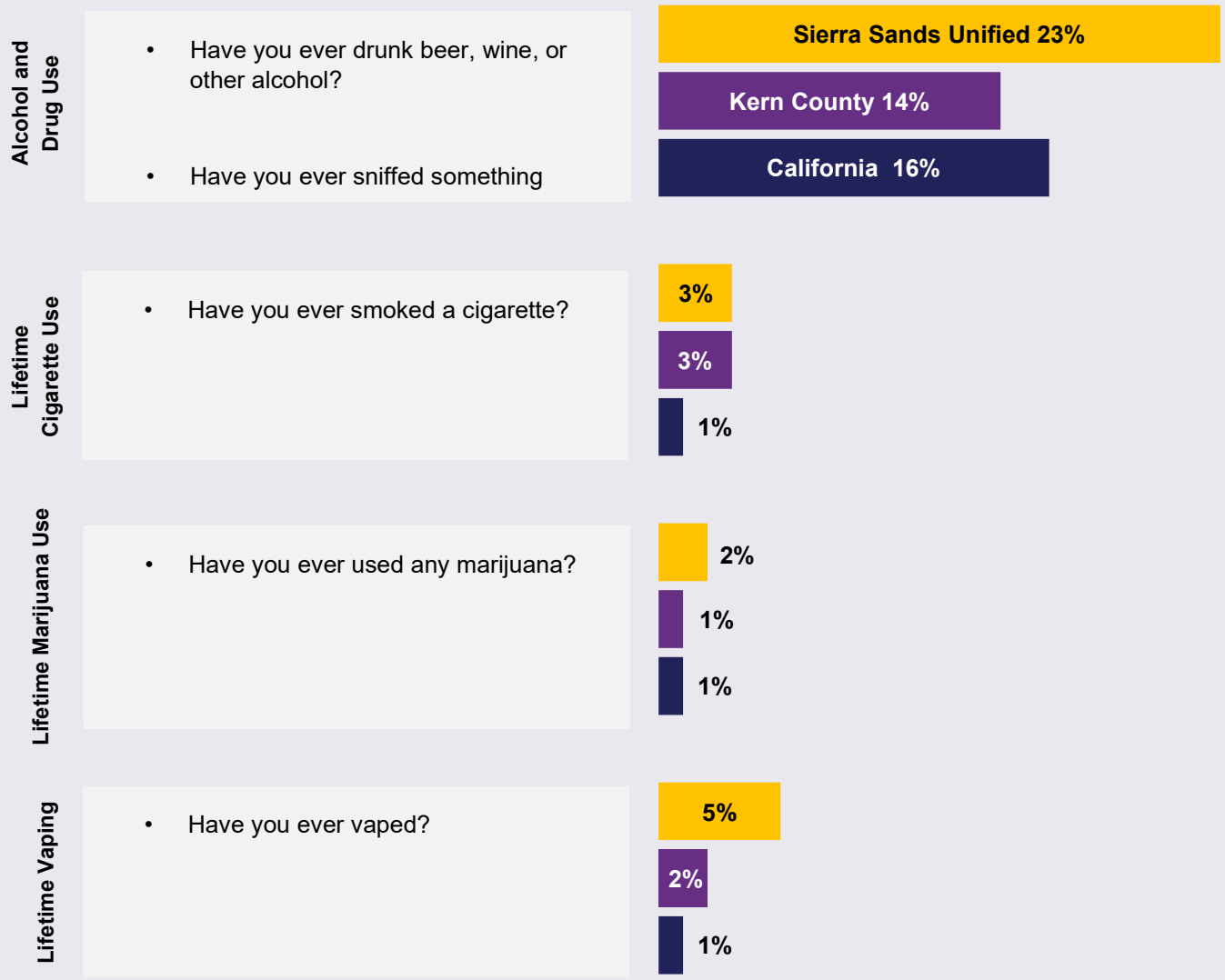
Available extant data for substance use or addiction is grouped into four categories:

1. Elementary School Substance Use
2. Middle and High School Substance Use
3. Adult Cigarette and E-Cigarette Use
4. Opioid Related Overdose Deaths

Elementary school students from the local school district (Sierra Sands Unified) report similar or slightly higher rates of lifetime substance use compared to Kern County overall.

Figure 32.

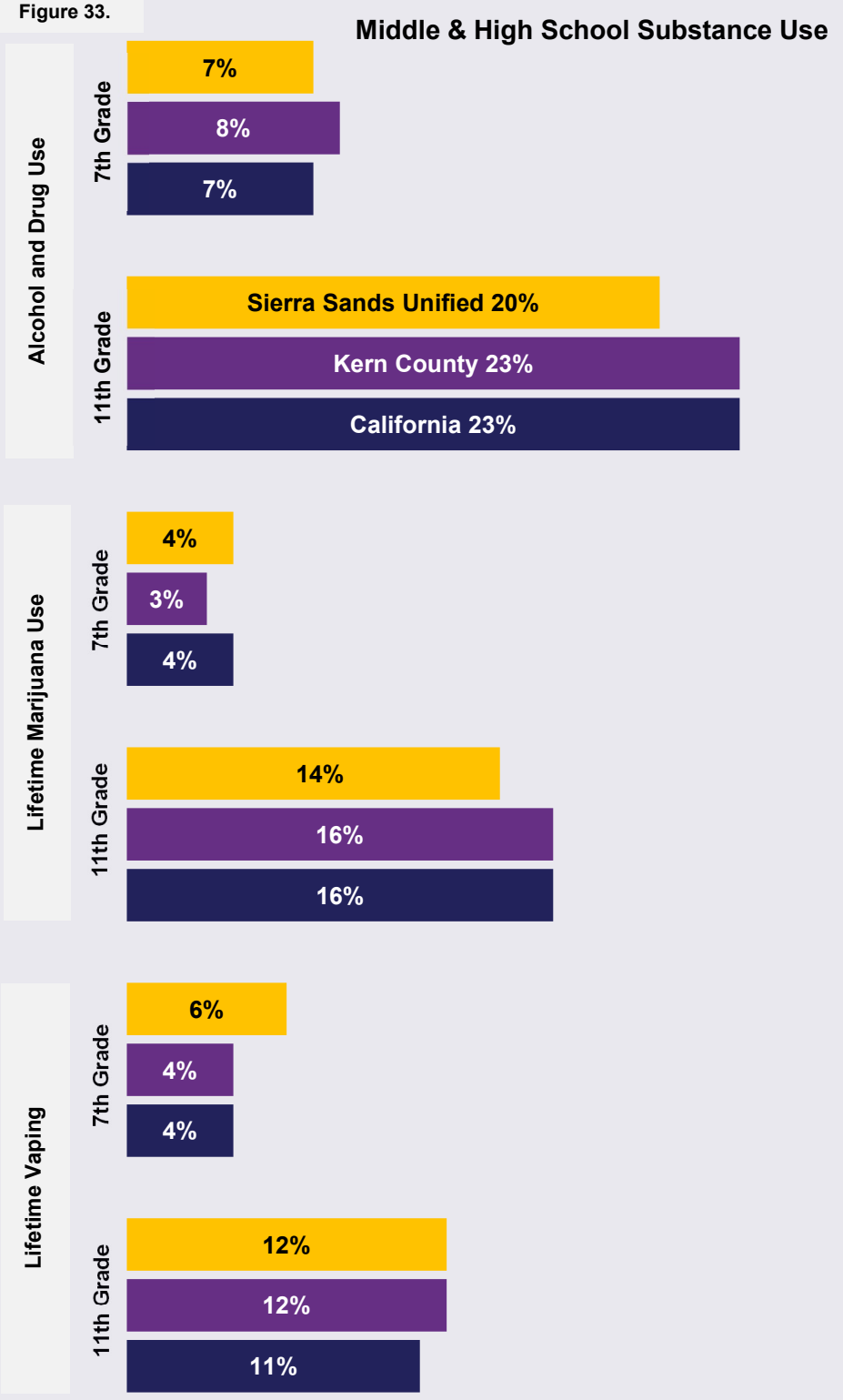
Elementary School Substance Use



Source: California Department of Education, CalSCHLS, 2019-2020. https://calschls.org/
Note: Percentages for California and Kern County use data from 2019-2021 and for Sierra Sands Unified School District data is from 2019-2020.

Middle and high school students from the local school district (Sierra Sands Unified) report similar or slightly lower rates of substance use compared to Kern County overall. Reported lifetime cigarette use (not depicted) is 2% or less for each group.

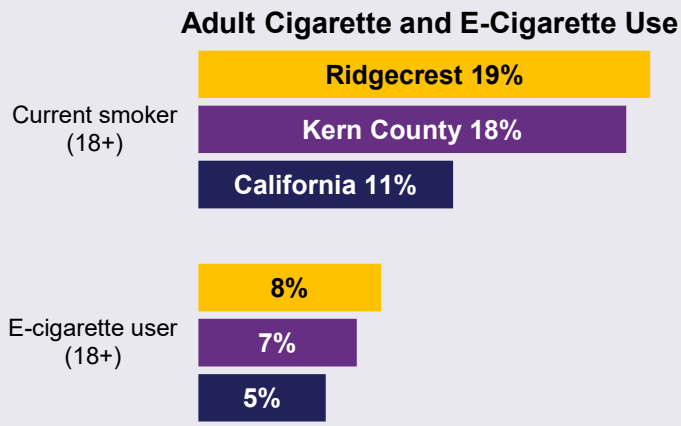
Figure 33.



Source: California Department of Education, CalSCHLS, 2017-2020. https://calschls.org/
Note: Percentages for California and Kern County use data from 2017-2019 and for Sierra Sands Unified School District data is from 2019-2020.

Adult cigarette and e-cigarette use in Ridgecrest is similar to, or very slightly higher than, Kern County as a whole.

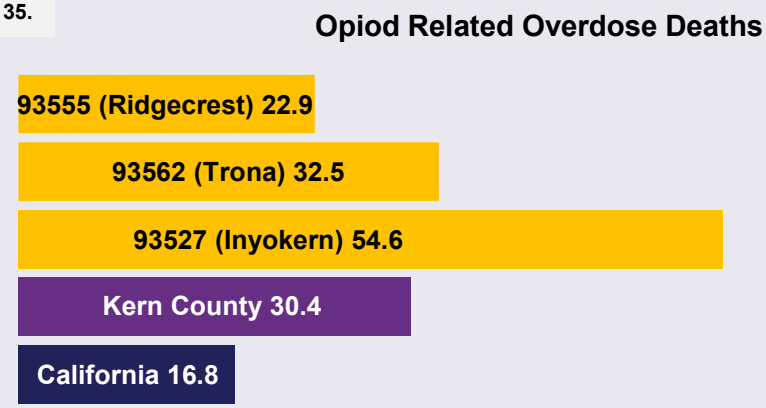
Figure 34.



Source: UCLA Center for Health Policy Research, California Health Interview Survey (CHIS), 2018. http://healthpolicy.ucla.edu/

The rate of opioid-related OD deaths for 93555 (Ridgecrest) is lower (i.e. "better") than the rate for Kern County overall. However, the death rate for 93562 (Trona) is similar to the county's rate, and the rate for 93527 (Inyokern) is much higher (i.e. "worse").

Figure 35.

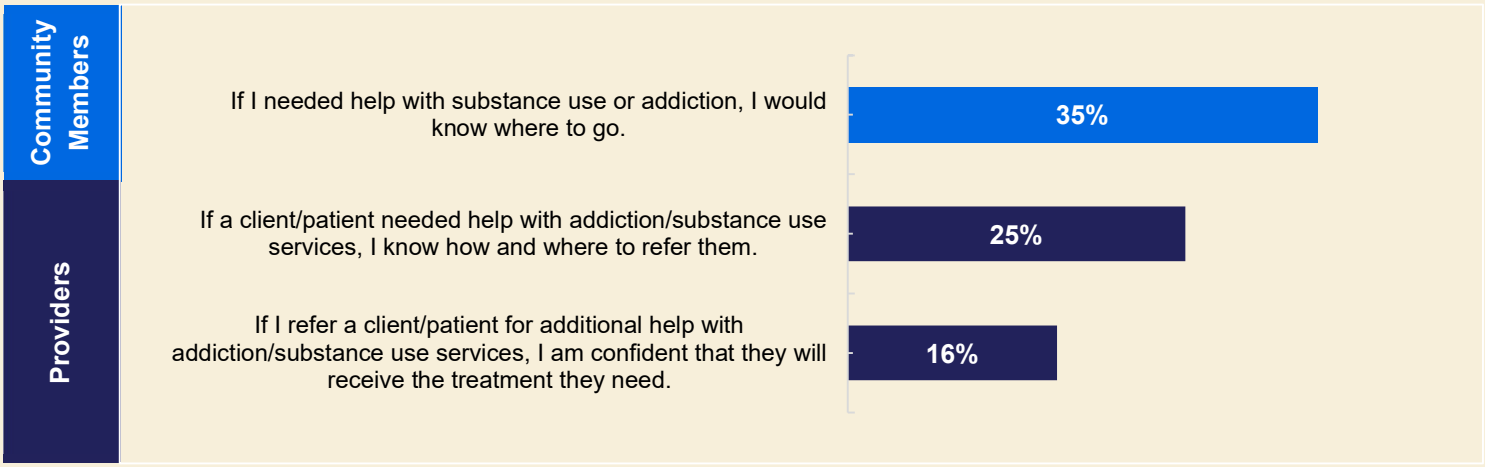


Source: California Department of Public Health, 2021. https://skylab.cdph.ca.gov/ODdash/
Note: Rates are an age-adjusted rate per 100k residents.

Community and Provider Survey Results

Only one in four of local health care providers reported knowing how and where to refer clients to substance use services. Additionally, only 16% of local health care providers reported feeling confident that patients, if referred, would receive the help they need for their substance use issues.

Figure 36.



Note: % Agree or Strongly Disagree

"[I am] an addict with 30 years sobriety… With the fentanyl crisis I believe it is important to educate the students (they will listen to a 100% real addict before a book learner) and educate the parents." – Community Member

Disparities

- Individuals who reported making more than $55,000 were less likely to report knowing where to go to get help with substance use than were people with lower household incomes (29% vs 44%, p = .001).
- Community members age 25-44 were less likely to report that they knew where to go to get help with substance use than the average community member (21% vs 33% p < .001).

Interview Results

- Six out of seven interviewees rated substance use or addiction as a topic of "high need."
- No interviewees specified substance use or addiction as the topic of "highest need."
- Substance use (in conjunction with mental health) was mentioned as among the largest health issues facing the community.
- A lack of resources, lack of attention, and fear of judgment were identified as barriers to effective substance use or addiction services

"[Individuals] have expressed that if substance use is in their history, they may be judged… There is not a lot of resources for people who have a substance use addiction." – Local Leadership

Summary and Rating

- High rate of opioid overdose deaths in 93527 (Inyokern)
- Low confidence among surveyed providers that a client referred for help with substance use or addiction would actually receive the services they need
- Six of seven interviewees rated substance use or addiction as a topic of "high need."
- Barriers to care specific to substance use or addiction services included a lack of resources, lack of attention, and fear of judgment by patients

Prioritized Rank: Moderate – High (#4)

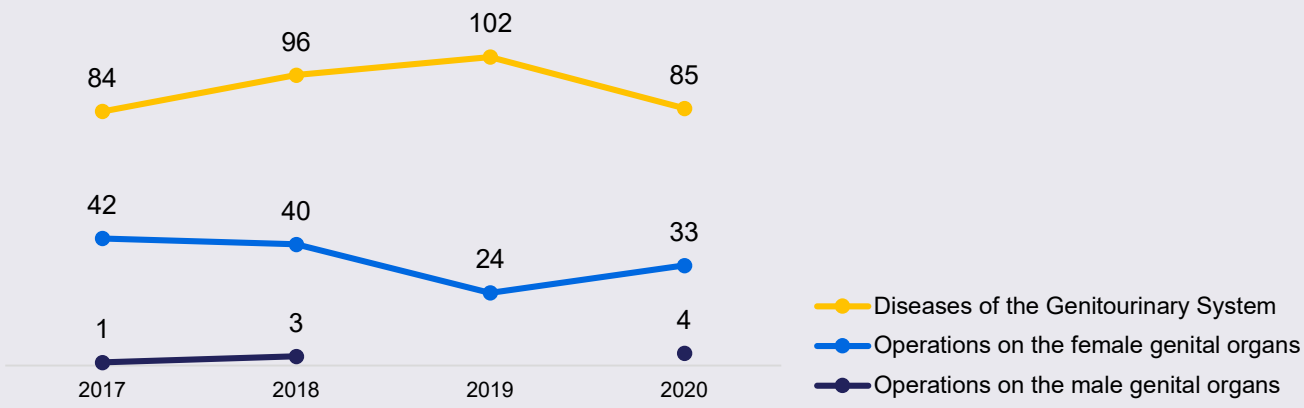
Sexual Health

Priority: Moderate

Extant Data

The only available local extant data for sexual health is the number of certain diseases and operations through RRH inpatient services, which have remained relatively stable from 2017 – 2020. However, additional information on sexually transmitted infection (STI) rates for the county and state are also provided.

Figure 37.



Source: Department of Health Care Access and Information (HCAI), 2017-2020. https://hcai.ca.gov/
Note: Discharge counts related to sexual health are from the inpatient department.

Although local data for some other statistics weren't available, the following table presents some additional sexual health statistics comparing Kern County and California. The incidence rates for Chlamydia, Gonorrhea, and Congenital Syphilis are higher (i.e. "worse") in Kern County than in California overall, however the HIV rates are lower (i.e. "better") in Kern County (compared to California).

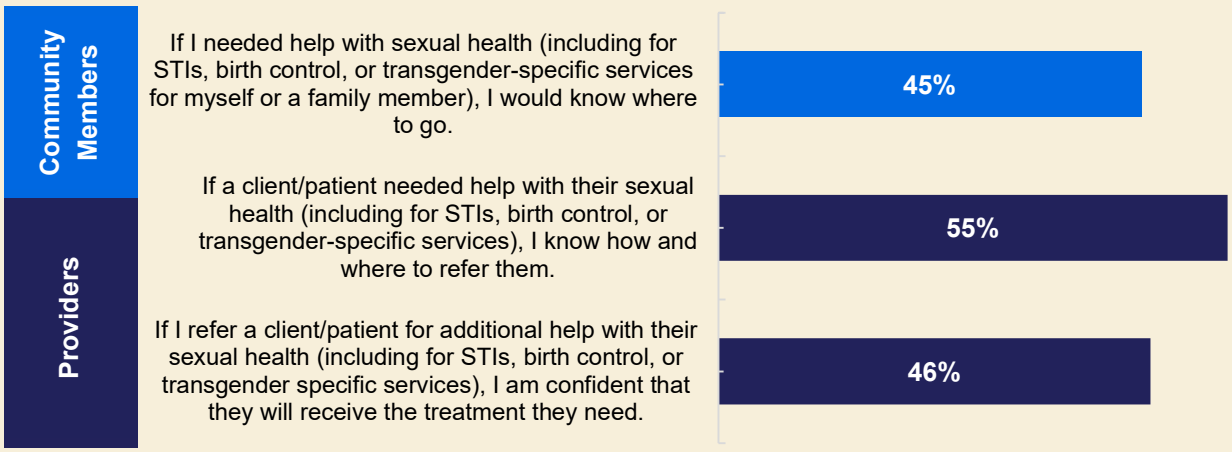
Table 12. Incidence (per 100k population)	Kern County	California
HIV[1]	25	401
Chlamydia[2]	753	595
Gonorrhea[2]	232	202
Congenital Syphilis[2]	298	100

[1]Source: 2019. https://aidsvu.org/
[2]Source: California Department of Public Health, 2019. https://www.cdph.ca.gov/

Community and Provider Survey Results

Most community members surveyed indicated that they would not know where to go for sexual health services, including for STIs, birth control, or transgender specific services. While most providers felt that they knew where to refer patients for these services, they were not confident that patients would receive the treatment they need. To illustrate this point with a comparison, 62% of providers were confident that patients would receive treatment for maternal health need, versus only 46% who were confident that patients would receive care for sexual health needs.

Figure 38.



Note: % Agree or Strongly Agree

"Transgender health care and mental health counseling [are the most important issues in our household.]" – Ridgecrest community member

Disparities

- Community members aged 75 years and older were less likely to report that they knew where to go to get help than the average community member (29% vs 46% $p < .001$).

Interview Results

- Four out of seven interviewees rated sexual health as a topic of "high need."
- High STI rates in the county and few available services were mentioned as contributing to contributing to less than optimal sexual health services

"There are high rates of STIs in the county, but no clinical services available on a daily basis. There used to be a mobile health clinic with long lines, so we know there is demand. At this clinic, people were able to get tested for STIs, immunizations, and family planning, but this hasn't started again since the pandemic because of staffing shortages." – Local Leadership

Summary and Rating

- High rates of chlamydia and congenital syphilis in Kern County
- Providers less confident (compared to maternal health) that referred patients would not receive the care they needed.
- Four of seven interviewees rated sexual health as a topic of "high need."
- Few available services for testing and immunizations

Prioritized Rank: Moderate (#5)

Maternal Health

Priority: Moderate

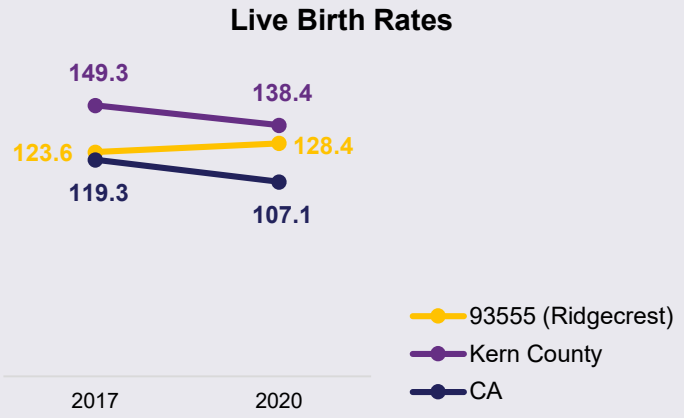
Extant Data

Available extant data for maternal health is grouped into three categories:

1. Live Birth Rates
2. Maternal Health Related Discharges from RRH
3. Number of Obstetrical Procedures at RRH

The rate of live births for 93555 (Ridgecrest) in 2020 is 128.4 births per 10,000 population, which similar to that for Kern County, but higher than that of California overall.

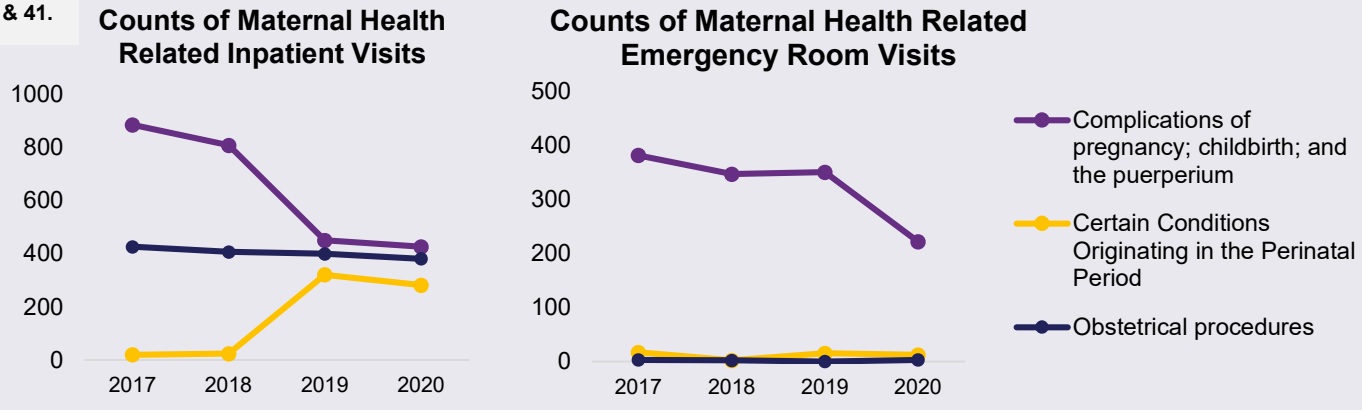
Figure 39.



Source: California Department of Public Health, 2017-2020. https://www.cdph.ca.gov/
Rate calculated using (live births of residents/population estimates) * 10,000

The number of emergency room visits related to pregnancy or childbirth complications decreased in 2020 compared to prior years, however represents over 200 visits during this year.

Figures 40 & 41.

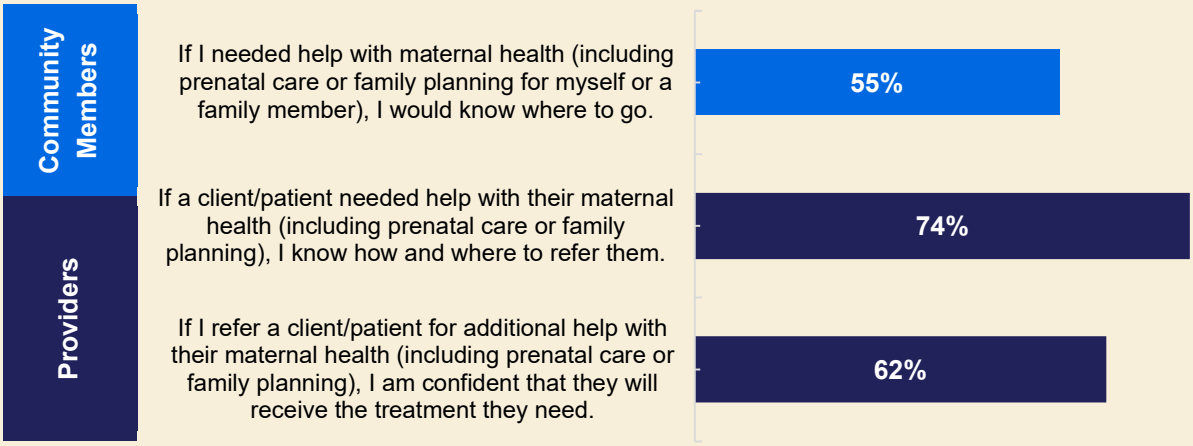


Source: Department of Health Care Access and Information (HCAI), 2017-2020. https://hcai.ca.gov/

Community and Provider Survey Results

Over half of community members (55%) indicated that they would know where to go for maternal healthcare, including prenatal care and family planning. Additionally, most providers expressed confidence that they would know were to refer patients for maternal health (74%) and that these patients would receive the treatment they need (62%).

Figure 42.



Note: % Agree or Strongly Agree

Among the open-ended survey responses mentioning sexual health (n=27), most referred to women's health needs (n=21). This category included issues such as the need for ob/gyn specialists, fertility, and pregnancy.

> *"Being able to get in to see doctors in a timely manner in this town is not great, particularly in OB/GYN areas. More than half my female friends still travel out of town for these services. We need more doctors in this area." – Community Member*

Disparities

- Woman were more likely to report knowing where to go for maternal healthcare than were men (62% vs 42%, $p < .01$).
- Respondents aged 65 and older were less likely to report that they knew where to go for maternal healthcare than average (34% vs 55% $p < .001$).
- Hispanic/Latino respondents were more likely to report that they knew where to go for maternal healthcare than non-Hispanic/Latino respondents (80% vs 52% $p < .01$).

Interview Results

- Two out of seven interviewees rated maternal health as a topic of "high need."
- Younger mothers were identified as a subpopulation of higher need, as some are not utilizing available services
- Cost of services and limited availability were identified as potential barriers to effective maternal health care, particularly among younger mothers

"[Some services] for mothers are available…Those who go have good things to say. However, I recommend [these services] frequently, but I don't see a lot of individuals actually going." – Local Leadership

Summary and Rating

- Two of seven interviewees rated maternal health as a health topic of "high need."
- A high number of inpatient and emergency services at RRH are related to maternal health
- Younger mothers, in particular, are impacted by cost and availability of services related to maternal care

Prioritized Rank: Moderate (#6)

Chronic Disease

Priority: Moderate – Low

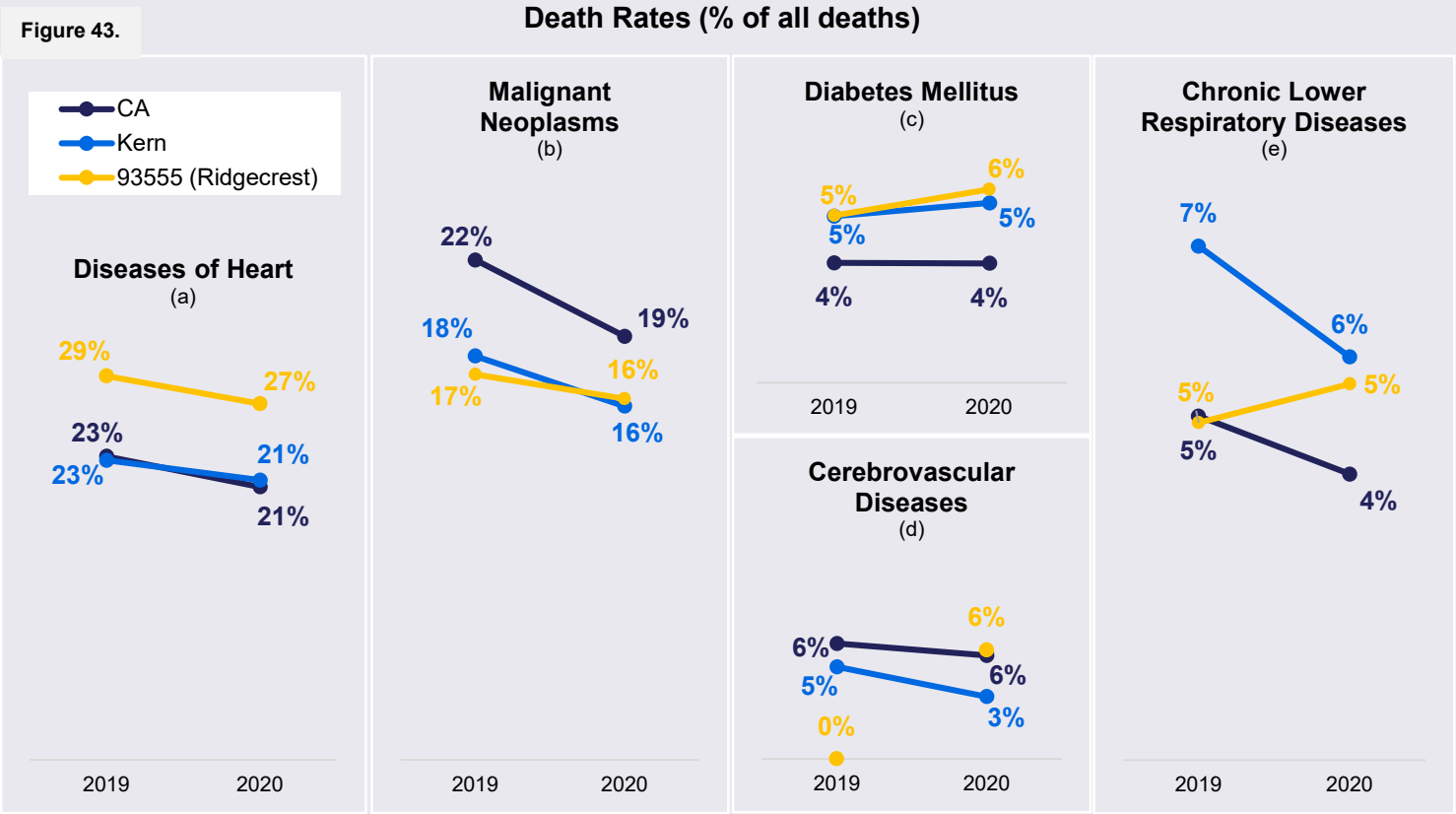
Extant Data

Available extant data for chronic disease is grouped into three categories:

1. Death Rates (% of all deaths for common causes of death)
2. Adult Chronic Disease Rates
3. Inpatient and Emergency Room Discharges from RRH

The death rates for heart diseases in 93555 (Ridgecrest) are higher when compared to Kern County as a whole. Death rates from other common diseases are similar to those for Kern County as a whole.

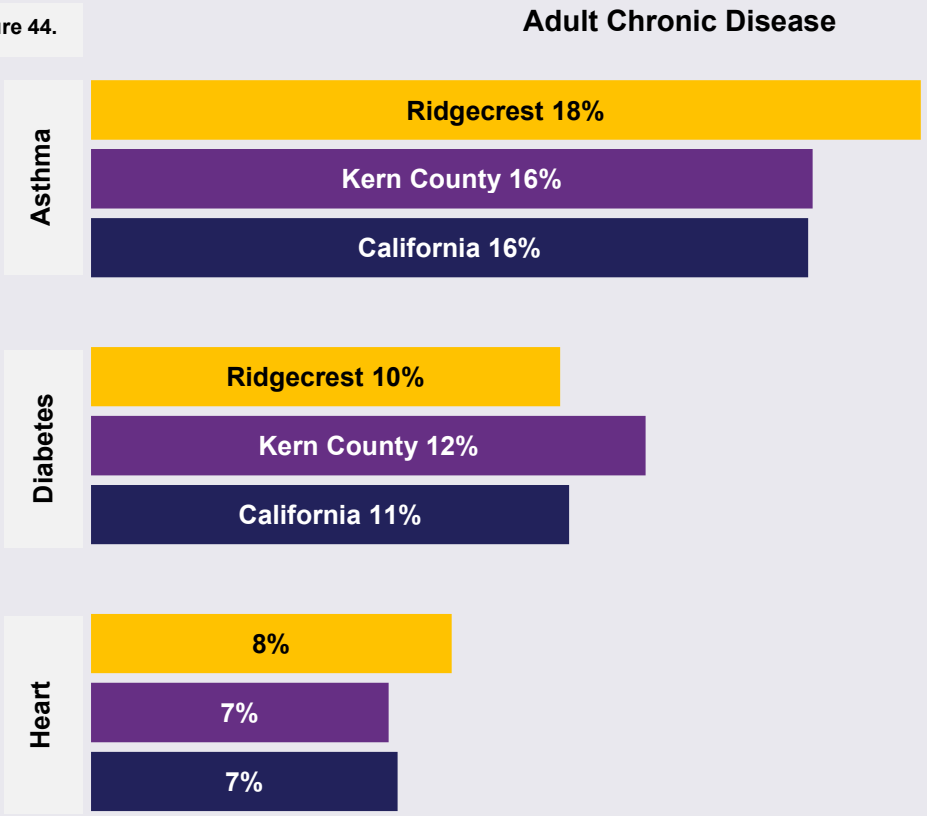
Figure 43.



Source: California Department of Public Health, 2019-2020. https://www.cdph.ca.gov/
Note: Percentages are for each disease relative to all deaths.

Adult chronic disease rates for asthma, diabetes, and heart disease in Ridgecrest are similar to Kern County overall.

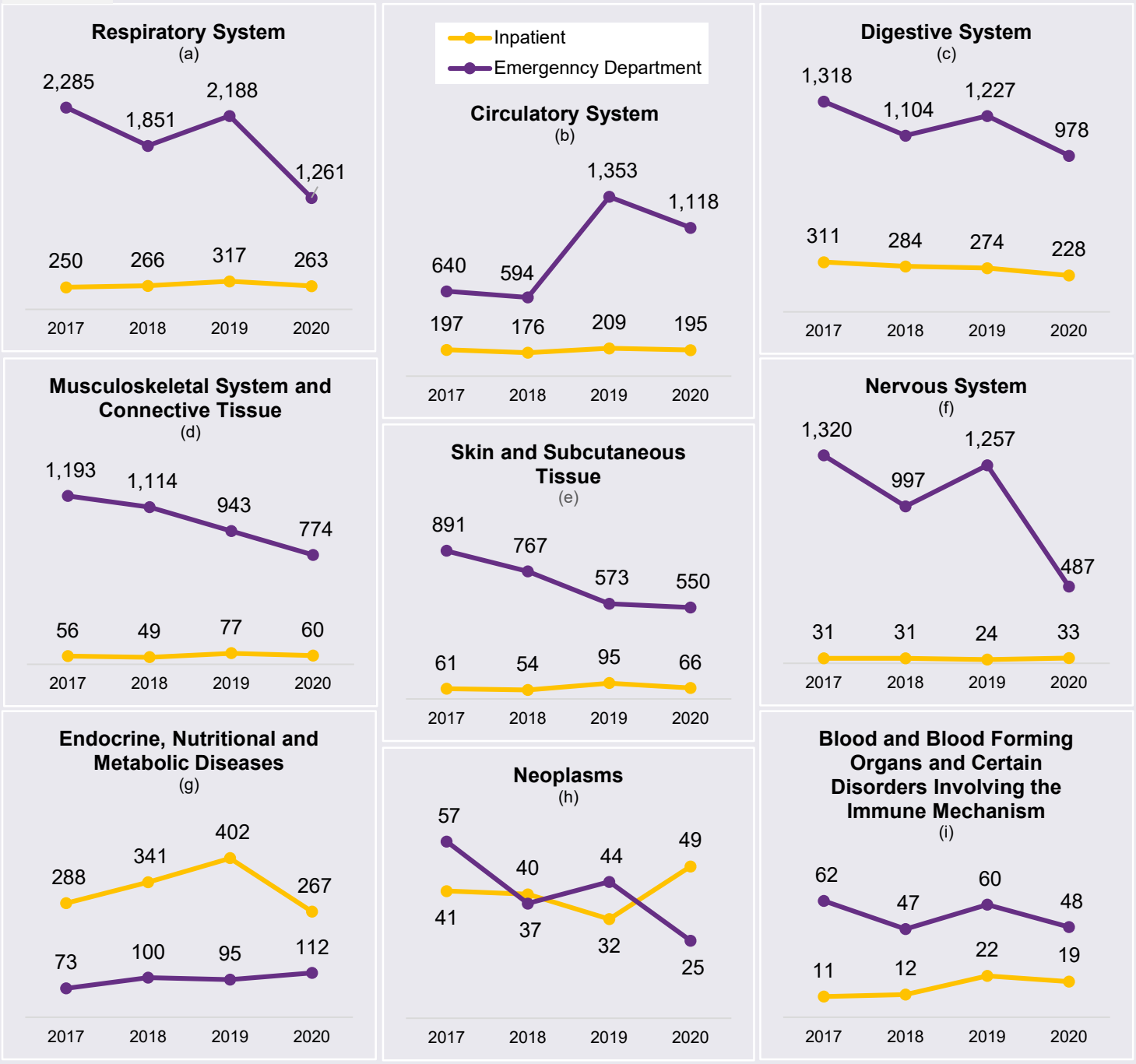
Figure 44.



Source: UCLA Center for Health Policy Research, California Health Interview Survey (CHIS), 2018. http://healthpolicy.ucla.edu/
Note: Data for adult chronic disease are of individuals who have ever been diagnosed with asthma, diabetes, and/or heart disease.

The most frequent chronic illness-related emergency room and inpatient discharges from RRH involve issues related to the respiratory system, however the number dropped sharply in 2020 compared to previous years. The next most common discharge (from the emergency room) are from issues related to the circulatory system. Emergency room visits related to circulatory system issues were much higher in 2019 and 2020 (compared to 2017 and 2018).

Figure 45. **Count of Chronic Illness Related Diagnoses by Diagnosis Group and Year**



Source: Department of Health Care Access and Information (HCAI), 2017-2020. https://hcai.ca.gov/
Note: Counts are diagnosis at discharge from inpatient and emergency departments.

Interview Results

- Cancer was mentioned as among the largest health needs of the community.
- Chronic disease in general, and diabetes in particular, were identified as health needs of growing concern.

"I think we've seen it coming, but especially with kids, obesity and diabetes are on the rise… and from obesity stems a lot of other chronic diseases." – Local Leadership

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Summary and Rating

- Asthma and heart disease rates are slightly higher in Ridgecrest, compared to Kern County and California overall
- Cancer and diabetes were identified as significant health needs of the community by interviewees

Prioritized Rank: Moderate – Low (#7)

Elder/Senior Care

Priority: Moderate – Low

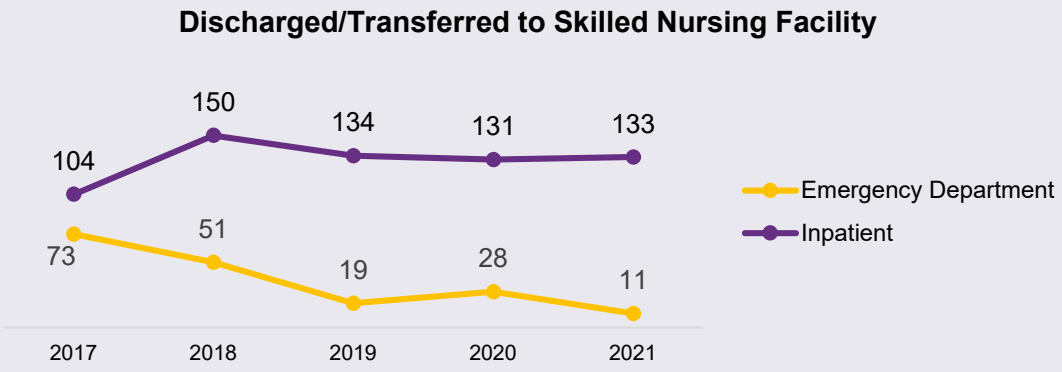
Extant Data

Available extant data for elder/senior care is grouped into two categories:

1. Individuals Discharged/Transferred to a Skilled Nursing Facility (from RRH)
2. Age Demographics of Inpatient visits

The number of individuals transferred from RRH to a skilled nursing facility from inpatient treatment has remained relatively stable from 2017-2021. The number transferred from the ER to a skilled nursing facility has gradually decreased during this time.

Figure 46.



Source: Department of Health Care Access and Information (HCAI), 2017-2021. https://hcai.ca.gov/.

Individuals aged 60 or older are more prevalent among inpatient visits at RRH than in the population of 93555 (Ridgecrest).

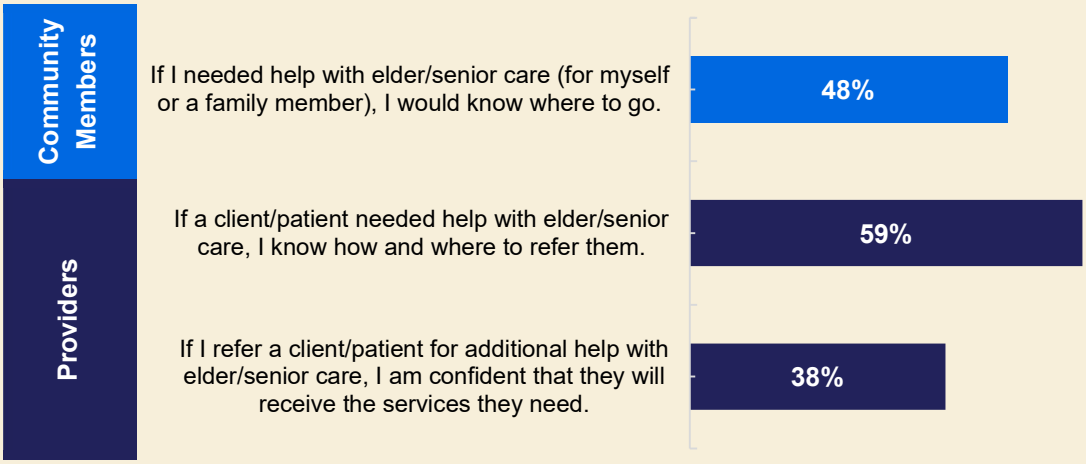
Table 13. Age Range	Population (93555)	Inpatient Visits (2021)
<40	53%	42%
40 - 49	12%	7%
50 - 59	14%	9%
60 - 69	10%	15%
70 - 79	7%	13%
80 years +	4%	14%

Source: Department of Health Care Access and Information (HCAI), Hospital Inpatient, 2017-2021. https://hcai.ca.gov/

Community and Provider Survey Results

Nearly half of community member respondents reported knowing where to go to get help for elder/senior care.

Figure 47.



Note: % Agree or Strongly Agree

Among the open-ended survey responses, elder care was a commonly mentioned issue facing households (n=64). Responses in this category discussed issues such as the perceived shortage of geriatric specialists and the desire to continue programs promoting geriatric wellness.

> *"We need a real pain management doctor part time to come into this valley that really cares about our disabled seniors who cannot travel long distances."*

Disparities

- LGBTQ respondents were less likely to report knowing where to go for elder care than were heterosexual respondents (29% vs 49%, $p < .01$).

Interview Results

- One out of seven interviewees rated elder/senior care as a topic of "high need."
- A lack of specialized care, difficulty obtaining mental health services, and obtaining pureed foods were mentioned as among the most common needs of this population.
- A limited understanding of available services, hesitancy to use telehealth, and limited transportation were mentioned as barriers to care for this population.

> *"Patients are having difficulty seeking very specialized care…[For example], it would be beneficial to have a wound care clinic… There are transportation services available, but [elders] are concerned about the cost and whether their insurance will cover it." – Provider*

Summary and Rating

- Individuals over 60 years old represent a disproportionate number of inpatient clients at RRH
- One interviewee rated elder/senior care as a topic of "high need."
- Transportation barriers, awareness of services, lack of specialized care, and difficulty using telehealth appointments are barriers to care that particularly affect older adults

Prioritized Rank: Moderate – Low (#8)

Acute Illness and Injury

Priority: Low

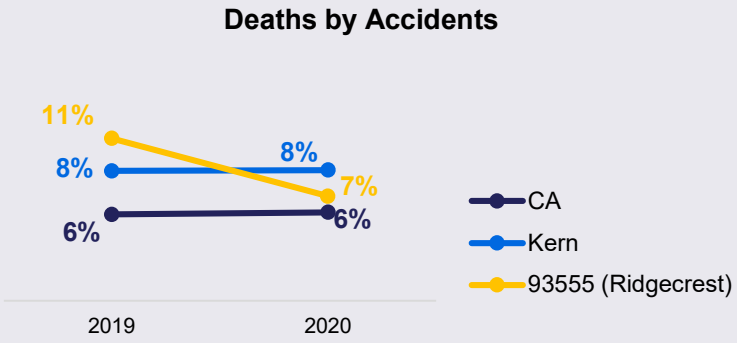
Extant Data

Available extant data for acute illness and injury is grouped into five categories:

1. Death by Accidents (unintentional injuries)
2. Infectious Disease and Injury Related Discharges (Inpatient)
3. Infectious Disease and Injury Related Discharges (ER)
4. Gender and Race/Ethnicity Demographics of ER visits
5. Age Demographics of ER visits

The death rate from accidents in 93555 (Ridgecrest) in 2020 is similar to that for Kern County overall. However, the rate was slightly higher in 2019.

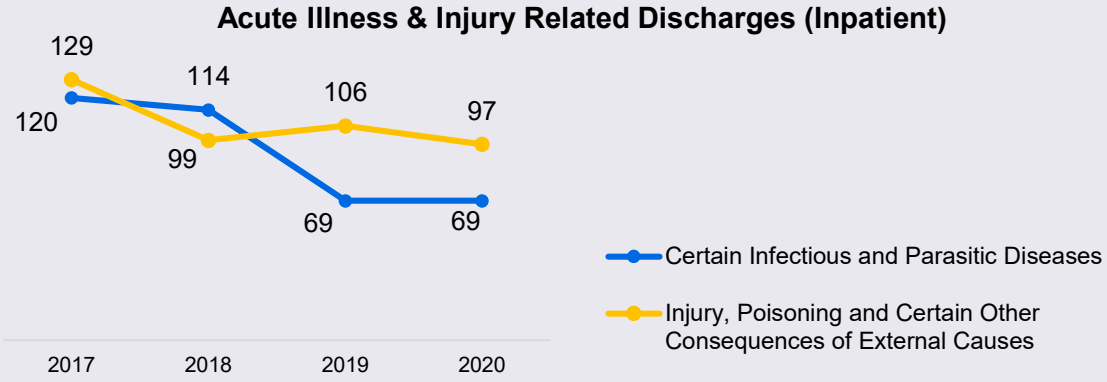
Figure 48.



Source: California Department of Public Health, 2019-2020. https://www.cdph.ca.gov/

The number of inpatient visits related to infectious or parasitic diseases at RRH was lower in 2019 and 2020 than it had been the two years prior. The number of inpatient visits related to injuries or poisonings has remained stable during this time frame.

Figure 49.

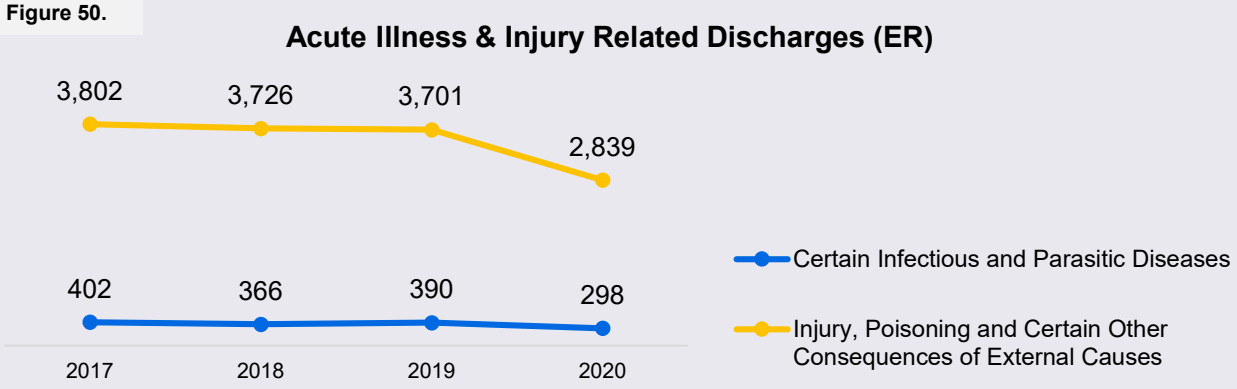


Source: Department of Health Care Access and Information (HCAI), 2017-2020. https://hcai.ca.gov/
Note: Discharge counts are principal diagnosis groups from inpatient department.

The number of ER visits related to injuries or poisonings has decreased slightly in 2020 (compared to prior years). The number of ER visits related to infectious or parasitic diseases has remained relatively stable during this time period.

Women were slightly more likely than men to visit the RRH ER in 2021. White and Black individuals were also slightly overrepresented among ER visits, while Asian individuals were underrepresented (as compared to their population demographics).

Figure 50.



Source: Department of Health Care Access and Information (HCAI), 2017-2020. https://hcai.ca.gov/
Note: Data shown is from the emergency department.

Table 14. Demographic	ER visits (2021)	Population (93555)
Female	55%	51%
Male	45%	49%
White	71%	67%
Hispanic/Latino	18%	18%
Black/AA	8%	5%
Asian	1%	4%

Source: Department of Health Care Access and Information (HCAI), 2021. https://hcai.ca.gov/
Note: Percentages for race do not add to 100% because not all are shown in table.

Residents of 93555 (Ridgecrest) who were between the ages of 20 and 39 and also individuals aged 60+ were relatively more common among ER visits at RRH in 2021, as compared to the proportion of these age cohorts in the population.

Table 15. Age Range	Population (93555)	ER visits (2021)
00 - 09	13%	10%
10 - 19	14%	9%
20 - 29	12%	15%
30 - 39	15%	17%
40 - 49	12%	12%
50 - 59	14%	12%
60 - 69	10%	11%
70 - 79	7%	8%
80 years +	3%	6%

Source: Department of Health Care Access and Information (HCAI), 2017-2021. https://hcai.ca.gov/

Interview Results

- An over-reliance on the emergency room was mentioned as among the largest health needs.

"We don't always have certain parts of the population using or adopting services in the way they are intended…What is happening now is that care occurs in the ER instead of seeing a primary care provider. The community needs to be educated on how engage and use health care."
– Local Leadership

Summary and Rating

- Rates of accidental deaths in Ridgecrest decreased from 2019 to 2020
- There is a high volume of patients who utilize the RRH emergency room, including for reasons that could have been mitigated with regular check ups
- RRH ER patients are disproportionately female, White or Black, and between 20-39 years old or 60+ years old

Prioritized Rank: Low (#9)

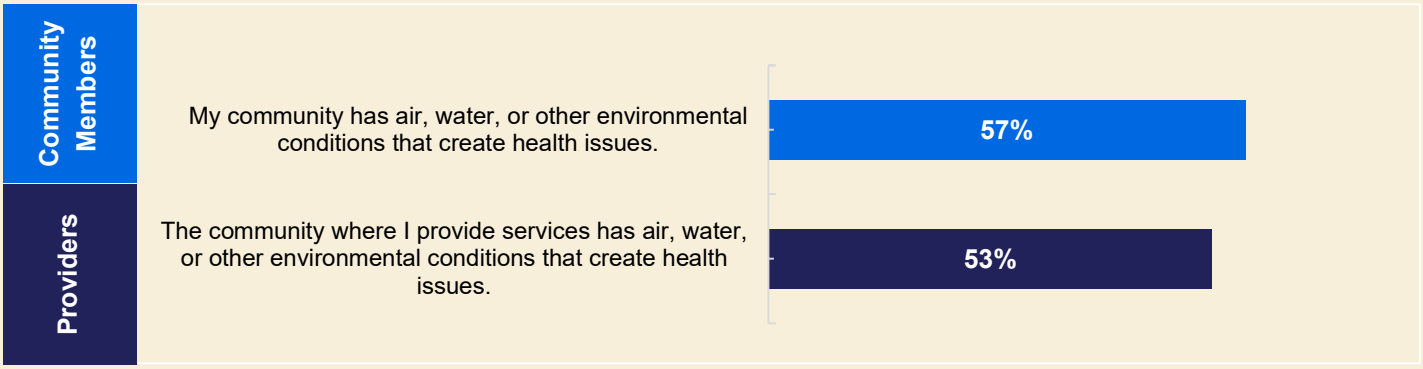
Environmental Conditions

Priority: Low

Community and Provider Survey Results

Over half of community and provider respondents agreed that the community's environmental conditions contribute to health issues.

Figure 51.



Note: % Agree or Strongly Agree

The proportion of respondents who indicated that their community has air, water, or other environmental conditions that create health issues has remained constant relative to the 2016 CHNA (56%).

Disparities

- None

Interview Results

- No interviewees rated environmental conditions as a health topic of "high need."
- Excessive heat and wind were identified as barriers limiting individuals' options for engaging in physical activity/exercise

> *"Individuals tend not to participate in outdoor activities because it gets so hot. Other than a gym, which can be costly, there are limited indoor options for physical activity." – Local Leadership*

Summary and Rating

- Over 50% of surveyed community members and providers reported that environmental conditions create health issues
- No interviewees rated environmental conditions as a topic of "high need"
- Excessive heat and wind were identified as barriers limiting options for physical activity

Prioritized Rank: Low (#10)

Summary of 2022 Results and Feedback

The top three prioritized needs from the above analyses are: Access to Care, Mental Health, and Health Education/Wellness/Disease Prevention. Table 16 provides the frequency of the various health topics being mentioned across survey and interview data collection methods. The values for the "Mentioned by Community Respondents" are based on coded answers to the open-ended question: "What is the most important health-related issue faced in your household?" The values for the "Mentioned by Provider Respondents" are based on coded answers to the open-ended question: "What are the most important things that your community health organizations could do to improve the quality and availability of care in the area?" Additional information about the top 3 prioritized needs follows the table.

Table 16. Rank	Health Topic	Mentioned by Community Respondents (n = 542)	Mentioned by Provider Respondents (n = 89)	Ranked "High Need" by Interviewees (n = 7)	Additional Notes
1	Access to Care	28%	55%	5	Affects other needs
2	Mental Health	10%	19%	6	
3	Health Education, Wellness, Disease Prevention	6%	11%	3	Affects other needs
4	Substance Use or Addiction*	1%	7%	7	
5	Sexual Health	1%	2%	4	
6	Maternal Health	4%	-	2	
7	Chronic Disease	32%	5%	n/a	Specific medical conditions or primary care
8	Elder/Senior Care	15%	3%	1	
9	Acute Illness and Injury	3%	5%	n/a	COVID-19 or urgent care
10	Environmental Conditions	<1%	-	-	

*All providers who mentioned substance use or addiction also mentioned mental health.

Access to Care. Survey respondents and interviewees frequently mentioned access to care-related issues. In particular, waiting times to get an appointment, and a lack of specialists were frequently identified. Additionally, issues of access to care were identified as being related to other health needs, in that delays in getting care can worsen existing conditions, and early identification of issues often makes them easier to treat.

Mental Health. Nearly every interviewee rated mental health as a high need, and issues related to mental health were relatively common among community and provider respondents. An increased demand in services for depression and anxiety-related issues since the start of the pandemic was identified by local providers, and waiting times for appointments were of particular concern for mental health providers.

Health Education, Wellness, and Disease Prevention. Wellness and information dissemination were relatively commonly mentioned among provider respondents. Additionally, almost half of interviewees rated health education, wellness, and disease prevention as a health topic of "high need." Interviewees also articulated that effective prevention efforts reduce the severity of other needs, especially chronic illness such as heart disease and diabetes. This was identified as particularly important in Ridgecrest because of an overreliance on the emergency room, as specified by interviewees, as well as concerns about reduced physical activity from the COVID-19 pandemic and excessive heat.

Comparison to 2019 CHNA

Biggest Health Issues – Comparison 2019-2022

In the 2019 CHNA, the top three community needs/health issues were (1) Access to health care, (2) Substance use and misuse, and (3) Chronic diseases (cancer, diabetes, heart disease, stroke, lung disease, asthma and Valley Fever). These were selected primarily based on two factors "The perceived severity of a health issue or health factor/driver as it affects the health and lives of those in the community [as determined by key stakeholder interviews]" and "The level of importance the hospital should place on addressing the issue."

The top three 2022 priorities were (1) Access to health care, (2) Mental health, and (3) Wellness. Similarly, key stakeholder interviews with healthcare professionals were the primary method of ranking priority health needs. However, the evaluation team preparing the 2022 CHNA refrained from making an overall judgment about "the level of importance the hospital should place on addressing the issue." Rather, in the 2022 evaluation, rankings of health needs were considered as a separate issue from the strategic question of which needs should be addressed. Additionally, the 2022 CHNA makes use of quantitative information from secondary sources and community survey results to fine-tune rankings provided by interviewees in the first step of the analysis, permitting this information to play a larger role in the ranking process.

Issues with Access – Comparison 2019-2022

The 2019 CHNA and 2022 CHNA both identified Access to Care as a priority health need. In the 2019 CHNA, this ranking was primarily established using rankings from interviewees and evaluative judgments about which needs should be prioritized (see above: "Biggest Health Issues"). The 2022 CHNA made use of rankings from interviewees but also employed quantitative data from extant sources and a community survey to arrive at this decision. The 2022 community survey provided critical information that is not readily apparent in the 2019 report. For example, the survey finding that more than 8 in 10 community members (82%) and providers (87%) did not believe that the community has enough health and medical services was key to the decision to rank Access to Care as the highest priority need.

While Ridgecrest residents are very likely to be insured according to secondary data, most providers (79%) do not believe that the community has enough programs for the underinsured and uninsured. Similarly, although Kern residents in general do not report high levels of difficulty in accessing care (CHIS), the majority of survey respondents in the 2022 community survey (72%) identified at least one barrier to care. The community and provider surveys allowed for the exploration of barriers to care such as wait times and demographic-specific barriers such as discrimination and unfriendliness as a barrier experienced by the LGBTQ population.

Strategies and Projects Initiated from 2019 CHNA

The following five priority needs were identified during the previous (2019) CHNA:

- Access to Health Care
- Chronic Disease/Preventive Practices
- Mental Health
- Overweight and Obesity
- Substance Use and Misuse

Updates on the initiatives/strategies proposed in response to these needs are summarized in the tables below.

Table 17. Access to Health Care

Strategy	Status
Provide financial assistance through both free and discounted care for health care services, consistent with the hospital's financial assistance policy.	Currently implemented.
Expand services via telehealth.	Added a Tele-Nephro clinic.
Adopt a virtual Urgent Care program.	Urgent Care became a walk-in clinic, not a virtual clinic.
Implement centralized/coordinated scheduling and authorization for RRH services.	This department is starting this year (2022).
Continue to recruit primary care providers and a pediatric dentist.	Recruited one internist, who will start in November 2022.
Explore the feasibility of providing transportation support to increase access to health care services.	Not implemented at this time.

Table 18. Chronic Disease/Preventive Practices

Strategy	Status
Provide support groups to assist those with chronic diseases and their families.	Currently have groups for: Diabetes Support Group, Congestive Heart Failure Support Group, Alzheimer's Support Group, Caregiver Support Group.
Expand population health initiatives.	Working with the Ridgecrest Community Garden to promote free access to healthy food.
Provide preventive health screenings.	Offered at the 2022 Health Fair.
Offer Heartsaver CPR and first aid classes.	Not implemented at this time.
Implement an integrated chronic disease management and patient engagement program.	Not implemented at this time.
Provide public health education in the media and community health awareness events to encourage healthy behaviors.	Events/activities include: Annual Health Fair, Provider Talks, Virtual Wellness, Monthly Well-being articles in local newspapers and social media, podcasts on various health and wellness topics, Diabetes Grocery Store tours, Healthy Grocery Store tours.
Promote preventive health care.	
Increase access to Health Coaching.	This is provided through Community Outreach.

Table 19. Mental Health

Strategy	Status
Expand access to mental health tele-psych services.	Currently recruiting for psychiatry and general mental health clinicians.
Expand mental health services to schools via Mobile Health Unit.	MOU signed with Sierra Sands Unified School District (SSUSD) to coordinate and supervise mental health school-based services. SSUSD has onsite mental health clinicians.
Expand mental health services to Trona.	Current mental health clinicians have full schedules locally. We will be able to send MH Clinician to Trona once hired.
Increase access and emphasis on mental health early intervention for children and teens.	RRH Pediatrics Department, RRH Mental Health Department, and SSUSD meet monthly to coordinate and address early intervention of identified children and teens.

Table 20. Overweight and Obesity

Strategy	Status
Host fitness classes for seniors.	Currently offering free classes - 16 classes offered weekly.
Provide health information focused on activity, exercise and nutrition.	Health Fair presentations on exercise and nutrition.
In collaboration with Kern County and the City of Ridgecrest, improve access to healthy foods and exercise facilities for low-income and socially disadvantaged residents.	Not implemented at this time.
Provide education at schools on healthy foods and activities.	Stopped this due to COVID-19, but plan on resuming.

Table 21. Substance Use and Misuse

Strategy	Status
Explore feasibility of pursuing a county contract for services.	RRH reviewed RFP opportunity to obtain county contract. Decision made not to pursue funding as Kern County would require RRH to manage all MH and Substance Use services for entire Eastern Kern County service area.
Maximize partnership with Tarzana Treatment Center.	Not feasible for most due to out-of-area insurance coordination issues. Contract to 9/30/20 not renewed due to loss of project champion, COVID-19, and difficulty transferring to Los Angeles County from Kern County.
Provide education focused on substance use prevention.	In process as part of growing RRH Mental Health Dept. that includes CALBridge Behavioral Health Navigator Program. Also provided vaping education to local Middle School in 2019, but stopped due to COVID-19.
Contact with inpatient facilities to increase access to substance use care.	Currently evaluating feasibility to provide inpatient and partial hospitalization care at RRH. We currently do contact inpatient facilities and experience patient wait due to bed shortage.

Conclusion and Recommendations

Overall, the 2022 CHNA assessment incorporated information from extant public health data, community members, providers, hospital leadership, and leadership from some community organizations with high levels of visibility on local public health issues. One primary limitation of this assessment is that, for some of the extant data sources, the most recently available data were from 2020 (or in some cases, 2018). The COVID-19 pandemic likely impacted data collection procedures and introduced delays or missing data for some of the more recent years, so some rates and statistics should be interpreted with this in mind.

As outlined, the top three identified needs from the current CHNA are: access to care; mental health; and health education, wellness, and disease prevention. Numerous recommendations were obtained throughout the data collection process through the interviews, surveys, and focus group. Below provides a list of frequently mentioned recommendations to enhance responding timely and most effectively in meeting the prioritized health needs of community members served by RRH.

Access to Care.

- Provide incentives to attract/recruit specialists to area
- Develop partnerships instead of having on-site specialists
- Rework office schedules to expand availability

Mental Health.

- Provide incentives to recruit/retain therapists
- Offer groups for support with mental health and/or substance use
- Partner with schools to streamline/coordinate mental health services for youth

Health Education, Wellness, and Disease Prevention.

- Improve patient engagement with care through portals or navigator programs
- Offer groups on wellness or other prevention-related topics (e.g. obesity)
- Expand low-cost healthy food and indoor exercise options (potentially through partnerships)

Finally, additional information on available community resources outside of the Ridgecrest Regional Hospital system for all needs is provided in Appendix 3.

Appendix 1 - Data Collection Tools

Community and Provider Survey

Ridgecrest Regional Hospital (RRH) is conducting a survey to better understand the community's health needs. Your input on this 10 minute survey can help us improve local health care services. Your individual responses will remain confidential, and you may leave blank or skip any questions you prefer not to answer.

Thank you! We appreciate your time and input!

(Para realizar la encuesta en Español, seleccione "Español" en la esquina superior derecha de la encuesta.)

Survey Language:

- ☐ English
- ☐ Spanish

Are you a health care provider who works directly with patients? (for example: nurse, physician, therapist, social worker, physician's assistant, etc.)

- ☐ Yes [skip to "For Health Care Providers"]
- ☐ No [continue below, until "Thank you for your time and feedback!"]

FOR COMMUNITY MEMBERS

Please rate how much you agree or disagree with the following statements.

1.) If I needed medical services, I would know where to go.

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree

2.) If I needed help with my ***mental health***, I would know where to go.

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree

3.) If I needed help with ***substance use or addiction***, I would know where to go.

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree

4.) If I needed help with ***elder/senior care*** (for myself or a family member), I would know where to go.

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree

5.) If I needed help with ***maternal health*** (including prenatal care or family planning for myself or a family member), I would know where to go.

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Not applicable

6.) If I needed help with ***sexual health*** (including for STIs, birth control, or transgender-specific services for myself or a family member), I would know where to go.

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Not applicable

7.) My community has enough health and medical services.

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	No Opinion or Don't Know

8.) My community has air, water, or other environmental conditions that create health issues.

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	No Opinion or Don't Know

9.) I prefer in-person to remote/phone/video appointments with my physician or provider.

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	No Opinion or Don't Know

10.)I would be able to set up remote/phone/video appointments with my physician or provider.

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	No Opinion or Don't Know

11.)I have experienced negative mental health effects resulting from worry or stress related to coronavirus, quarantine, or financial consequences of the COVID-19 pandemic.

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Don't Know

12.) In the last six months, I have postponed or cancelled check ups and/or medical appointments because of the COVID-19 pandemic.

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Don't Know

Please answer the following additional questions.

13.) What is the most important health-related issue faced in your household?

14.) When was the last time you saw a medical practitioner such as a doctor, nurse, or physician's assistant? (Either for a regular check-up or for a specific health condition.)

Within the past year (12 months)	Between 1-3 years ago	3 or more years ago	Never

15.) Do you have a primary care physician that you see for regular check-ups or minor medical problems?

Yes	No

16.) In the past 2 years, have any of these issues ever made it more difficult for you to get the medical care that you needed? (Choose all that apply)

- ☐ Cost of care
- ☐ Lack of transportation
- ☐ Inability to take time off work for appointment
- ☐ Language barriers (i.e. could not communicate with the provider or office staff)
- ☐ Discrimination / unfriendliness of provider or office staff
- ☐ Concerns about quality of care or diagnosis
- ☐ Excessive delay in getting an appointment
- ☐ I have not experienced any difficulties getting care
- ☐ Other (please specify)

Finally, please answer the following additional questions about yourself.

17.) What ZIP code do you live in?

- ☐ 93555
- ☐ 93556
- ☐ 93526
- ☐ 93527
- ☐ 93528
- ☐ 93554
- ☐ Other (please specify)

18.) What kind of health insurance do you currently have? (choose all that apply)

- ☐ None
- ☐ Medicaid/MediCal
- ☐ Medicare
- ☐ Purchased privately
- ☐ Employer plan
- ☐ Unsure/don't know
- ☐ Other (please specify)

19.)Which of the following describes your gender? (select all that apply)

- Female
- Male
- Transgender
- Non-binary
- Another (please specify)

20.)Which of the following describes your sexual orientation?

- Heterosexual/straight
- Gay/lesbian
- Bisexual
- Asexual
- Another (please specify)

21.)What is your age (in years)?

- 15 – 19
- 20 – 24
- 25 – 34
- 35 – 44
- 45 – 54
- 55 – 64
- 65 – 74
- 75+

22.)Which of the following describes your race/ethnicity? (check all that apply)

- White / European American
- Black / African American
- Hispanic / Latinx
- Asian / Pacific Islander
- American Indian / Native American
- Another (please specify)

23.)Which of the following describes your current household/living situation? (check all that apply)

- Live in vehicle, tent, or another unsheltered location
- Inconsistent/unstable (including staying in a motel or staying with friends/family)
- Live alone
- Live with children/youth (<18 years old)
- Live with older adults (>65 years old)
- Live with individual(s) with a disability
- None of the above apply to me

24.)What is the highest level of education that you have completed?

- Primary or middle school
- Some high school
- High school graduate / GED
- Associate degree to technical/vocational degree or certificate
- Some college

- College graduate
- Graduate or professional degree

25.) Which of the following best describes your annual household income?

- Under $10,000
- $10,000 - $24,999
- $25,000 - $39,999
- $40,000 - $54,999
- $55,000 - $69,999
- $70,000 - $89,999
- $90,000 or more

Thank you for your time and feedback!

FOR HEALTH CARE PROVIDERS

Please rate how much you agree or disagree with the following statements.

1.) My community has enough health and medical services.

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	No Opinion or Don't Know

2.) My community has enough programs that serve the medical needs of the under insured and uninsured.

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	No Opinion or Don't Know

3.) My community has enough education and wellness programs to promote healthy living.

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	No Opinion or Don't Know

4.) The community where I provide services has air, water, or other environmental conditions that create health issues.

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	No Opinion or Don't Know

5.) My organization has provided me with adequate tools for providing services for diverse patients/clients in an inclusive way.

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	No Opinion or Don't Know

6.) I understand how to set up remote/phone/video appointments with my clients/patients.

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	No Opinion or Don't Know

7.) If a client/patient needed help with their ***mental health***, I know how and where to refer them.

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	N/A

8.) If I refer a client/patient for additional help with their ***mental health***, I am confident that they will receive the treatment they need.

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	N/A

9.) If a client/patient needed help with ***addiction/substance use services***, I know how and where to refer them.

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	N/A

10.) If I refer a client/patient for additional help with ***addiction/substance use services***, I am confident that they will receive the treatment they need.

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	N/A

11.) If a client/patient needed help with ***elder/senior care***, I know how and where to refer them.

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	N/A

12.) If I refer a client/patient for additional help with ***elder/senior care***, I am confident that they will receive the services they need.

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	N/A

13.) If a client/patient needed help with their ***maternal health*** (including prenatal care or family planning), I know how and where to refer them.

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	N/A

14.) If I refer a client/patient for additional help with their ***maternal health*** (including prenatal care or family planning), I am confident that they will receive the treatment they need.

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	N/A

15.) If a client/patient needed help with their ***sexual health*** (including for STIs, birth control, or transgender-specific services), I know how and where to refer them.

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	N/A

16.) If I refer a client/patient for additional help with their ***sexual health*** (including for STIs, birth control, or transgender specific services), I am confident that they will receive the treatment they need.

Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	N/A

Please answer the following additional questions.

17.) What are the most important things that your community health organizations could do to improve the quality and availability of care in the area?

18.) In your experience, how much do the following barriers impact individuals accessing the care they need?

	None at all	A little bit	Somewhat	A lot
Cost of care	☐	☐	☐	☐
Lack of transportation	☐	☐	☐	☐
Inability to take time off work for appointment	☐	☐	☐	☐
Language barrier / could not communicate with the provider or office staff	☐	☐	☐	☐
Discrimination / unfriendliness of provider or office staff	☐	☐	☐	☐
Concerns about quality of care or diagnosis	☐	☐	☐	☐
Excessive delay in getting an appointment	☐	☐	☐	☐
Concerns about catching COVID-19 by keeping an appointment	☐	☐	☐	☐

Finally, please answer the following additional questions about yourself.

19.) Which of the following describes your gender? (check all that apply)

- ☐ Female
- ☐ Male
- ☐ Transgender
- ☐ Non-binary
- ☐ Another (please specify)

20.) Which of the following describes your sexual orientation?

- ☐ Heterosexual/straight
- ☐ Gay/lesbian
- ☐ Bisexual
- ☐ Asexual
- ☐ Another (please specify)

21.) Which of the following describes your race/ethnicity? (check all that apply)

- ☐ White / European American
- ☐ Black / African American
- ☐ Hispanic / Latinx
- ☐ Asian / Pacific Islander
- ☐ American Indian / Native American
- ☐ Another (please specify)

22.) Do you speak a language other than English?

- ☐ No
- ☐ Yes – also Spanish
- ☐ Yes – another language (please specify)

Thank you for your time and feedback!

Interview Protocol

Thank you for agreeing to do this interview today. My name is **[NAME]** with Evalcorp. I will be conducting the interview today on behalf of Ridgecrest Regional Hospital (RRH) as part of the 2022 Community Health Needs Assessment. You are an important contributor to this assessment because of your knowledge of the needs in the community you serve or represent, and we greatly value your input.

The input you provide from this interview, along with survey data, public health data, and additional feedback from the community will be summarized, presented to RRH leadership. These results will be used to identify key problems and assets in a community and develop strategies to address community health needs. A copy of the summary report, once completed, will be publicly available on the Ridgecrest Regional Hospital website.

We expect this interview to last approximately 45-60 minutes. The information you provide today will not be reported in a way that would identify you. To improve the accuracy of our notes and any quotes that might be used for reporting purposes, we would like to record the interview. **Do we have your permission to record the interview? [YES/NO]**

Do you have any questions before we get started?

Introduction

Can you please provide an overview of your role within your organization?

How long have you been in this role?

Biggest Issues

From your perspective, what are the largest health needs in the community?

Why are these issues the largest?

Optional Probe:

Are there any needs that are of growing concern? Why are these of growing concern?

Are there any health needs that continue to be affected by COVID-19 pandemic? How are they affected?

Optional Probe:

How have health needs changed since the COVID-19 pandemic?

I'm going to read off a series of seven health-related topics, and please rate whether each of the following are currently a high, moderate, or low need in the Ridgecrest community (and surrounding areas) from your perspective:

- Mental Health
- Substance Use or Addiction
- Elder/Senior Care
- Maternal Health (including prenatal care and family planning)
- Sexual health (including STIs, birth control, and transgender-specific services)
- Unhealthy environmental conditions (including air pollution or smog; water contamination; carcinogenic and excessive heat)
- Accessibility of care (including excessive cost, lack of transportation, unfriendly or discriminatory care providers, lack of insurance, and excessive delay in getting an appointment)
- Prevention programs and services (including chronic disease and obesity prevention)

Which of these seven topics would you consider the highest need? Why?

Barriers

What are the biggest barriers or obstacles to meeting any of the needs discussed above?

How do these barriers impact the availability or quality of care?

Disparities

Is there any work being done in your organization to address disparities in health care related class, race, sexuality, disability, gender, and/or geography?

Which of these strategies appear to be working?

Opportunities

Consider access to care. Have you thought of or heard of any (additional) ideas that could help improve disparities?

Consider health outcomes. Have you thought of or heard of any (additional) ideas that could help improve disparities?

Are there any new resources (e.g. policies, funding sources, partnerships, etc.) that could be tapped into to help address any of the needs or disparities mentioned above?

Conclusion

Are there any other thoughts or comments you would like to share that we have not discussed?

Of everything we talked about today, what would consider the most important take away regarding the health needs of the Ridgecrest community?

This concludes the interview. Thank you for your time and feedback. We will be developing a report summarizing the results of our needs assessment over the next few months, and once completed, the report will be made publicly available. Thank you again.

Focus Group Protocol

Mental Health Needs

Let's begin by discussing mental health issues in Ridgecrest.

1. In your opinion, what are the most important mental health concerns in Ridgecrest?
    1. Are there certain groups or populations more affected than others?
        i. If yes, please elaborate.
2. What do you think contributes the most to poor mental health in Ridgecrest?

Available Resources and Ideas for Increasing Access

Now we are going to talk about resources for help with mental health needs.

3. What resources or services are available in Ridgecrest to help address health needs?
    1. How are individuals made aware of them?
4. How easy or hard is it to access mental healthcare in Ridgecrest?
5. What prevents people from getting healthcare?
6. How can healthcare services be made more accessible in Ridgecrest?
7. Are there any additional resources needed specific to the COVID pandemic?

Closing Question(s)

8. Is there anything else you would like to share with us about mental health issues within Ridgecrest?

Appendix 2 - Secondary Data Sources

Data Source	Year(s)	Health Topics Informed
U.S. Census Bureau American Community Survey *Retrieved from: https://censusreporter.org*	2016-2020 (5 year estimates)	Demographics Education, Income and Employment Access to Care
Education Data Partnership *Retrieved from:* https://www.ed-data.org/	2017-2021	Demographics Education, Income and Employment Health Education, Wellness, and Disease Prevention
Department of Health Care Access and Information *Retrieved from:* https://hcai.ca.gov/	2017-2021	Crime Access to Care Mental Health Sexual Health Maternal Health Chronic Disease Elder/Senior Care Acute Illness and Injury
California Office of the Attorney General *Retrieved from:* https://oag.ca.gov/	2018-2021	Crime
UCLA Center for Health Policy Research, California Health Interview Survey *Retrieved from:* http://healthpolicy.ucla.edu/	2018	Mental Health Health Education, Wellness, and Disease Chronic Disease
California Department of Education, CalSCHLS *Retrieved from:* https://calschls.org/	2017-2021	Mental Health Substance Use or Addiction
California Department of Public Health *Retrieved from:* https://www.cdph.ca.gov/	2017-2020	Sexual Health Maternal Health Chronic Disease Acute Illness and Injury
AidsVU *Retrieved from:* https://map.aidsvu.org/map	2019	Sexual Health

Appendix 3 – Community Resources

Access to Care.

- Community Action Partnership of Kern's (CAPK) Oasis Family Resource Center is located in Ridgecrest and offers case management services and referrals, including First 5 services

Mental Health.

- College Community Services (CCS) Hope Center is located in Ridgecrest and offers in-person counseling services
- Telecare Corporation provides inpatient services at its Ridgecrest Crisis Stabilization Unit

Health Education, Wellness, and Disease Prevention.

- Kern County Public Health offers #KnowYourNumbers, which is a mobile program that offers screenings, nutrition coaching, and fitness classes
- Rotary Club of China Lake offers health education programs

Substance Use or Addiction.

- Aegis Treatment Centers is located in Ridgecrest and provides outpatient services

Sexual Health.

- Omni Family Health Clinic in Ridgecrest offers HIV testing
- The nearest LGBTQ+ centers are The OUTreach Center in Antelope Valley (77 miles) and The Center for Sexuality & Gender Diversity in Bakersfield (79 miles)
- Free condoms are available through Kern County Child Support Services (Kern Public Health Department), located in Ridgecrest

Maternal Health.

- Lactation counselling is available through Kern County Child Support Services (Kern Public Health Department), located in Ridgecrest
- The nearest Planned Parenthoods are at the Antelope Valley Health Center (77 miles), the Bakersfield Health Center (79 miles), and the Victorville Health Center (80 miles)

Chronic Disease & Acute Illness and Injury.

- Southern Sierra Medical Clinic is located in Ridgecrest

Elder/Senior Care.

- Ridgecrest Senior Center offers meals and events

Environmental Conditions.

- n/a