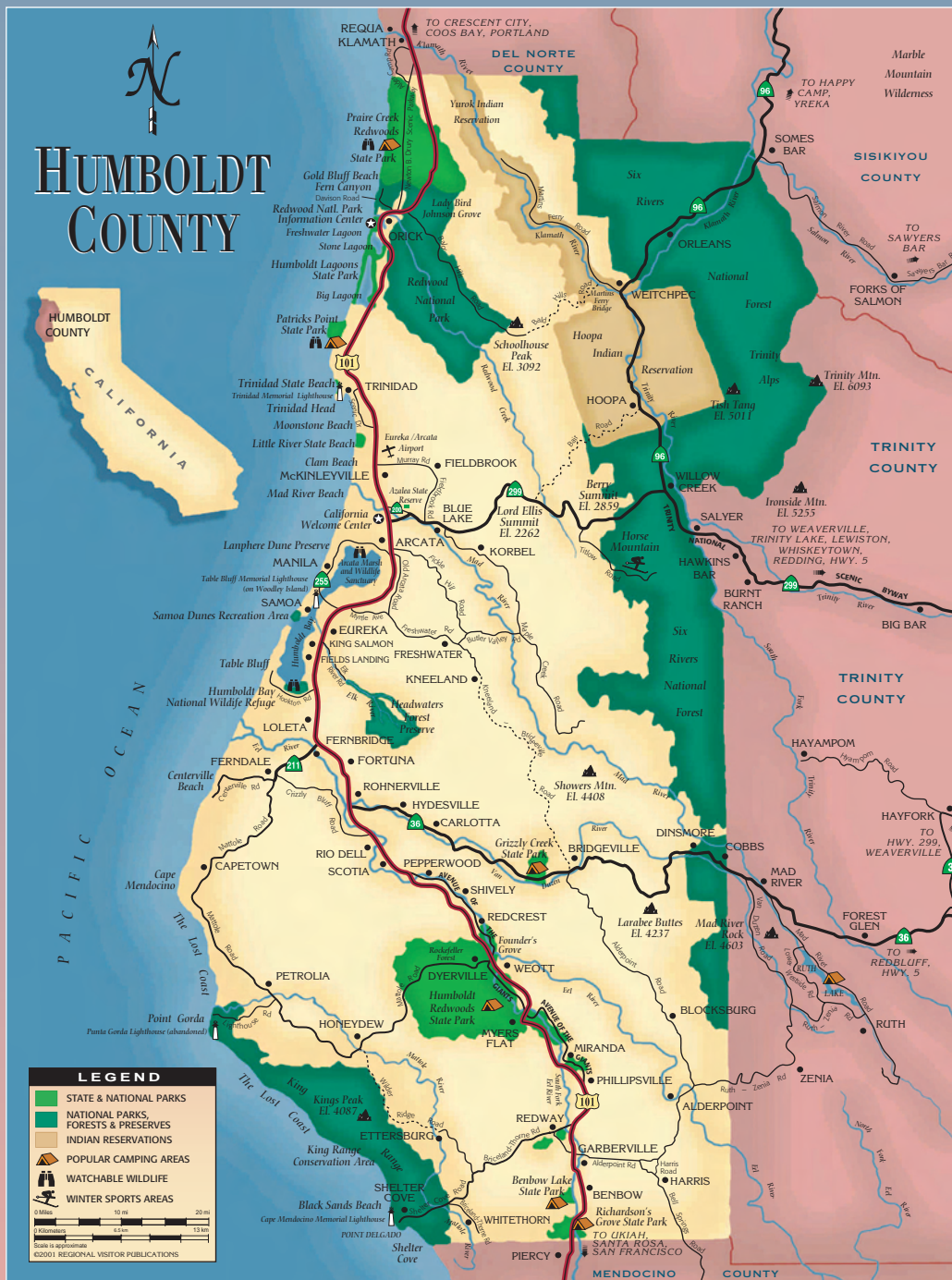


Humboldt County Community Needs Assessment

St. Joseph Health System-Humboldt County
September 2011



*This document provided through the collaboration of:
Chris Martinek and St. Joseph Health System - Humboldt County*

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Introduction

This Community Needs Assessment has been developed to organize and summarize existing secondary documents and primary data collected from a broad spectrum of community resources and citizens of Humboldt County. This is the sixth needs assessment document compiled in this manner by St. Joseph Health System – Humboldt County using local, State and Federal information to compare key trends.

The ultimate goal of the Community Needs Assessment process is to provide a tool for the community that shows the priority areas of concern across the continuum of delivery systems. How do the non-profits determine their priorities? What are the priorities? What do the citizens of Humboldt County say are the most compelling needs they have each day?

The Community Needs Assessment is a tool to assist grant writers, economic developers, community organizations and the non-profit community in identifying areas that citizens across the county identify as important to them. The assessment does not draw conclusions but is a resource tool for the reader to provide insight into the needs of our community.

St. Joseph Health System – Humboldt County thanks Chris Martinek for her dedicated assistance to the completion of this assessment.

Process:

A call was put out to community partners requesting a sharing of documents completed since the last assessment in 2008, both in written reports and reports of citizen input through surveys and one on one conversation.

A review of data from the California Center for Rural Policy was also an integral part of this assessment as their work includes studies and reports on many issues that face Humboldt County. Their data has strengthened the data reported in this assessment.

From each of the document, studies and reports collected, priorities identified as important were compiled and placed on a cross walk. The cross walk provides a visual vies of areas of importance as identified within the reviewed documents. The cross walk compared the thirteen areas of community needs called out in prior needs assessments as areas of focus.

The thirteen areas compiled on the cross walk and the definitions used for each are:

1. **Medical Care:** the provision of affordable, accessible medical care for all citizens that will bring the county health statistics closer to appropriate goals and outcomes
2. **Life Skills:** ability for all to provide or to learn skills ranging from appropriate personal grooming to financial management, from personal self-esteem to responsible parenting, from routine household maintenance to meal preparation

3. **Affordable and Accessible Housing:** safe and accessible housing that the majority of the people in the county can afford to rent or purchase and for which appropriate utilities are available and affordable
4. **Coordinated Information and Referral:** coordination between services providers for seniors, parents and youth to use when information and referrals are needed
5. **Jobs & Training:** training of the unemployed to assist with the transition from jobs of the past to jobs of the future
6. **Mental Health Services:** access to mental health services for all ages of the county and all socio-economic populations
7. **Personal Safety:** the ability to feel safe at home and in the community
8. **Recreational/Social Opportunities:** affordable activities for all ages of the community – youth, young adults, families and senior citizens
9. **Community Support:** an end to prejudice and discrimination; cultural sensitivity; a sense of community; a place to share experiences; freedom from harassment
10. **Dental Care:** access to dental care and oral hygiene education
11. **Transportation:** solutions to the real and perceived shortage of public transportation into, out of and throughout Humboldt County
12. **Care Giving:** trained individuals who can provide relief for the primary care givers for child care, care of the physically or mentally ill and/or care of the elderly
13. **Substance Abuse Treatment Programs:** the availability of treatment programs for all locations and for all people in need in the county

Our Community

Humboldt County, located on the far north coast, is one of the largest counties in California by geography, covering 3,572 square miles. The county is densely forested, mountainous and rural with nearly 1.5 million acres of combined public and private forests with a large portion, 680 thousand acres, of redwood forests protected or strictly conserved. The county is the southern gateway to the Pacific Northwest and is surrounded by Del Norte (north), Trinity (east) and Mendocino counties (south) and the Pacific Ocean to the west.

The county was created in May of 1853 and derives its name from Humboldt Bay, discovered by a sea otter hunting party in 1806 and rediscovered in 1849, and the State's second largest natural bay. The bay and the county were named in honor of naturalist and explorer Baron Alexander von Humboldt.

The county has a population of 133,400 or 35.4 people per square mile. Trinity County, population 13,898 has only 4.1. Humboldt is classified as a rural county and Trinity is considered frontier, based on this people per square mile total. California averages 217.2 residents per square mile and classifies rural as 52 residents per square mile.

Humboldt County has seven incorporated cities that range in size from 400 to 28,000 residents. Approximately half of the population lives in these incorporated communities and 43 percent of the residents live in the area surrounding Humboldt Bay. This area includes the cities of Arcata (21,546), Fortuna (13,772) and Eureka (28,000). These incorporated cities follow the path of Hi Way 101, the major connector of services along the North Coast.

In terms of regional population trends, the chief growth areas for Humboldt surround the city of Eureka with an additional 20,000 living in the unincorporated areas on its outskirts. The unincorporated communities of McKinleyville and Garberville are also experiencing growth.

Humboldt County is an area of moderate temperatures and considerable yearly precipitation. Temperatures along the coastal regions of the county vary only 10 degrees from summer to winter, but temperatures inland vary considerably. Coastal summer record highs are in the 80s, while inland averages 90. Rainfall is common in all months of the year with seasonal averages in excess of 40 inches in the drier regions and over 100 in the wetter areas. The climate and the rain impact the local economy dramatically and when winter is at its peak, unemployment is highest. Fog is a concern at the one local airport, making air travel difficult.

Weather is also responsible for difficult driving conditions on the areas winding, mountainous roads, increasing the isolation for the residents that live outside the 101 corridor. The seasonal nature of employment caused by the weather and isolation is increased by the constant fluctuation of the price of fuel, with Humboldt County often having the highest fuel costs in the State. Unemployment is not consistent across the

county, with some communities having very low rates and others having much higher rates than State averages.

Del Norte County is Humboldt's neighbor to the north and in many State wide data reports, the two counties are considered one large geographic area. Del Norte has a land mass of 1,003 square miles and a total population of 29,673 citizens or 29 residents per square mile. The county is designated rural.

Gold strikes in the area are credited with the settlement of Del Norte County, with strikes in Klamath and Smith Rivers in the 1850s. The county was created in 1857 and its name, meaning the north, is derived from its position as the most northern of all California's coastal counties.

The main city in Del Norte County is Crescent City with a land area of 1.6 square miles and a population of 7,542 in the incorporated area and an additional 15,000 surrounding the city. The city was founded in 1853 and is named for its crescent shaped bay. The shape of the bay is responsible for three devastating tsunamis that have struck the community with the worst in 1964 and the latest destructive occurrence in 2011 following the Japanese earthquake. The damage to the harbor is responsible for stopping the fishing industry, one of the major sources of income for residents of the region.

In 1989 Pelican Bay Prison was built on the fringes of Crescent City and the prison houses over 4,000 inmates. The prison is the largest employer in the county and since the prison opened, the population of the region has steadily grown. This growth includes families of the prisoners who relocate to be able to visit the inmates. This trend has changed the culture of the area and brought diversity to the community that had been insulated from outside trends due to geographic isolation from major cities.

Del Norte averages 75 inches of rain a year and the temperatures only fluctuate 10 degrees, summer to winter. The only highway in and out of the area is 101 and there is one small commuter airfield with connections to Eureka and to Medford, Oregon for connections to major cities. All travel is impacted by weather, as it is in Humboldt County. Both Humboldt and Del Norte counties were founded on the economy of the land and the sea.

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Summary # 1

A1AA Information and Assistance Program Data 2007

The Area 1 Agency on Aging (A1AA) reviews data collected by the Senior Information and Assistance Program and Caregiver Services Program on a monthly basis. Data from January 2007 through December 2007 were used to provide direction to the program and the agency. Information and Assistance Program does not collect client demographic information, therefore we are unable to specify the characteristics of the clientele. A1AA believes however, they are reflective of the population as a whole.

Between January and December 2007, 3,634 inquiries were made by or for seniors. Listed below are the "Area of Need" the clients requested information or assistance about:

1. Information and Assistance Advocacy
2. Information on Government Programs
3. Housing
4. In-Home Care
5. Legal Assistance

Between January and December 2007, 2,284 inquiries were made by caregivers. Listed below are the "Area of Need" the caregiver requested information or assistance about:

1. In-Home Care Services
2. Information and Assistance Advocacy
3. Out of Home Care
4. Legal Assistance
5. Housing

More information contact: Planner @ Area 1 Agency on Aging, 3300 Glenwood Street, Eureka, CA 95501 (707) 442-3763

Summary #2

A1AA Senior Nutrition Survey 2007

During 2007, the Area 1 Agency on Aging (A1AA) dietitian distributed a paper based questionnaire to senior congregate meal participants and home delivered meal participants. Congregate meal participants returned 317 surveys (52 from Del Norte and 265 from Humboldt County) and home delivered meal participants returned 176 (37 from Del Norte and 139 from Humboldt County). Although survey respondents were not asked demographic information, it is presumed that the respondents mirror the average characteristics of senior meal participants. For home delivered meal participants, this would be characterized by frail, unable to cook for themselves and at high nutritional risk.

Congregate meal participants responded to the many survey questions. When asked about the importance of the senior lunch site to keeping them healthy and independent, 71% indicated that it was very important and that they would not be able to stay health and independent without it; while 17% indicated that it was not very important and would be able to remain healthy and independent with out the program. The remaining 12% did not know or did not respond. They were also asked about their food supply at home. Specifically they were asked, "Do you keep a three day supply of food in case of emergency". 73% indicated "Yes, I always have a supply ready", 12% indicated "Yes, but sometimes I have to eat it if I run out of other food", and 11% indicated "No". The remaining 4% did not know or did not respond.

Home Delivered Meal program participants responded to similar survey questions. When asked about the importance of the senior home delivered meal program to keeping them healthy and independent, 86% indicated that it was very important and that they would not be able to stay health and independent without it; while 5% indicated that it was not very important and would be able to remain healthy and independent with out the program. The remaining 9% did not know or did not respond. They were also asked about their food supply at home. Specifically they were asked, "Do you keep a three day supply of food in case of emergency". 61% indicated "Yes, I always have a supply ready", 29% indicated "Yes, but sometimes I have to eat it if I run out of other food", and 4% indicated "No". The remaining 5% did not know or did not respond.

More information contact: Planner @ Area 1 Agency on Aging, 3300 Glenwood Street, Eureka, CA 95501, (707) 442-3763

Summary # 3
Apartments First! Program Evaluation 2007
Arcata House

Apartments First! is a program of the Arcata House. The program is an effort to establish permanent housing for homeless individuals. A program evaluation was conducted in 2007 to assess the first year of the program's progress towards its program objectives. The Executive Director and Program Evaluator collected data from client files and created a paper based questionnaire for clients to complete (assistance was provided if needed). Twelve clients in the Apartments First! Program participated in the evaluation.

The 12 clients' files generated the following information:

- Most clients had weekly home visits from the care coordinator, the other had visits slightly less often. All clients received phone calls from the care coordinator, some as frequently as weekly or biweekly.
- Biopsychosocial assessments were completed for 10 of the 12 clients. All clients were assessed for mental health needs. All of which were in need of mental health services. At the time of the report, all clients were receiving on-going mental health services.
- All 12 clients were assessed at the start of the program for receiving benefits. All clients received ongoing assistance with retaining benefits.
- All clients receive SSI. Staff assisted with obtaining additional needed services.
- At the beginning of the program 11 of the 12 clients had a primary care provider. At the time of the report, all clients had primary care providers.
- An assessment for credit/debt issues revealed that nearly all of the clients were in need of credit/debt services. All of those in need were referred to services. All clients were assessed for legal issues; 33% of the clients were referred to needed services.

The Client Experiences Questionnaire was conducted in May 2007. The 12 clients' questionnaires provided the following information:

- Clients indicated that the program provided the services they needed, staff was doing a good job assisting clients, staff explained what clients needed to do, clients receive the services needed to stay housed, and staff keeps client informed so they don't worry about things.
- Clients overwhelmingly indicated they liked being in the program, are getting the kind of help they need, and think the program has improved their lives.
- In general clients were mostly happy with their apartment, would like to continue living where they are for a long time, were doing better with money than before they were housed.
- The clients indicated that their physical health and mental health improved since beginning the program. They also indicated that their alcohol and other drug use decreased since beginning the program.

For more information contact: Fox Olson, Executive Director, Arcata House, 1005 11th Street, Arcata, CA 95521, 707-822-4528

Summary #4

Arcata Endeavor

The Arcata Endeavor is a food pantry and service center providing local access to a choice of healthy foods and provides nutrition awareness about preventable diseases. The Arcata Endeavor's primary target populations are the homeless and poor in the community. Basic services provided are a hot lunch, a monthly food box, hygiene facilities and case management.

Arcata's Homeless Services Plan for 2006-2017 states: 1) in the City of Arcata, an estimated 900 to 1,000 individuals experience some form of homelessness each year; and 2) approximately 32% of all Arcata households are classified by the State as living in "poverty," as they have extremely low incomes and are at risk of homelessness. Food pantry services were provided to 1488 persons/households in 2007. The 2000 Census found an average of 4,947 individuals in Arcata live at or below the poverty level. The Arcata Endeavor provided case management to 1000 persons, 665 established clients and 335 new clients. 299 were female and 697 were male. 88 clients were 18 to 25, 633 were 25 to 55, 288 were 55 or older; of their homeless clients, 237 clients were temporarily homeless and 434 were chronically homeless. 232 homeless clients self reported mental health disabilities, 70 self reported dual diagnosis. A client survey done in January of 2008 found that 64% of the survey participants satisfied hunger with purchased, cheap over processed high calorie foods. As well, 41% reported to be pre diabetic, have diabetes or having a diabetic in the family or house-hold

The Arcata Endeavor is also in the process of finding a new location as their lease expires on October 2010. They are starting the process of outreaching to the community and mobilizing community participation in the evaluation, planning and relocation of services they provide to the homeless and poor in the community.

More information contact:

Arcata Endeavor
501 9th Street,
Arcata, CA 95521
707-822-7128

Summary #5

Arcata Homeless Services Plan: 2007-2016

March 7, 2007

The Homeless Services Plan: 2007-2016 (Plan) is the culmination of efforts that began with the Homeless Task Force and the Draft City of Arcata Homeless Shelter and Services Plan (HSU Plan) and Appendices written by the consultant team at Humboldt State University. The HSU Plan and appendices dated September 12, 2005 contain valuable information, including the history of the plan, services available, gaps in services, zoning and land use issues, potential funding sources for services, as well as the Homeless Task Force subcommittee and minority reports. The Plan lays the groundwork for the City's efforts to work with the County, Humboldt Housing and Homeless Coalition (HHHC), and other regional partners to end homelessness in Humboldt County within 10 years. The City intends to continue to work with the County and HHHC in their efforts to draft a countywide plan to end homelessness.

This Plan is designed to identify key characteristics of homelessness in Arcata, explore existing support services, and provide specific implementation measures to connect local and regional programs and services. This Plan, though emphasizing homelessness in Arcata, is primarily a description of how the City will coordinate with regional efforts to end homelessness. The County of Humboldt is developing a regional plan in conjunction with several governmental and non-governmental social services and groups. The Arcata Plan is a precursor to the regional plan and is written with a view towards supporting the regional goals. The ultimate goal is to eliminate homelessness in Arcata and the county. The planning period for this Plan is January 1, 2007 through December 31, 2016

In the City of Arcata, an estimated 900 to 1,000 individuals experience some form of homelessness each year. There are a myriad of reasons that individuals find themselves homeless. Some homeless persons, who also tend to be a visible segment of the homeless population, are challenged by mental illness or other disabilities. Others, though less visible, are still in need of assistance – disadvantaged youth discharged from the foster care system; single mothers recently divorced or fleeing domestic violence; low-income single adults and families who lack savings that might help them weather an unexpected job loss, illness, or eviction; veterans; and emancipated or runaway youth are a few examples of this population.

More information contact:
City of Arcata
Community Development Department
www.arcatacityhall.org

Summary # 6

Area 1 Agency on Aging Community Open Space Meeting Report 2009

The Area 1 Agency on Aging, in an effort to gain a better understanding of the needs and issues of concern for seniors, held Community Open Space Meetings in the communities of Eureka, Fortuna, and McKinleyville during the end of May 2009. Community members were made aware of the meetings through local media (print, radio, and TV), as well as flyers and word of mouth. The meetings had focused discussions about 1) programs for seniors, 2) concerns of seniors, and 3) suggestions and recommendations for change.

Community meeting attendee/participants were invited to bring forward their issues of concern or interest for small group discussions. All discussion group topics were provided a space for small group discussion. As each of the three communities is unique, so were the topics for their small group discussions.

Primary areas of needs and issues of concern for seniors were:

- Senior center in Fortuna
- Senior education programs: College of the Redwoods (seniors utilizing facilities); computer classes; and other educational opportunities
- Outreach information to rural and remote areas of Humboldt County
- Housing: affordable
- Finding friends
- Senior employment
- Water therapy
- Suicide
- Layered losses of the aging process
- Prescription drugs

More information contact: Planner @ Area 1 Agency on Aging, 434 Seventh Street, Eureka, CA 95501 (707) 442-3763

Summary # 7

Child Care Needs Assessment 2010

The Local Child Care Planning Council of Humboldt County completes the Assessment of Child Care Needs in Humboldt County for the State Department of Education, Child Development Division and the Community. The document is the result of months of planning and data collection. The intent of the Local Child Care Planning Council of Humboldt County is to provide the most complete picture of the needs of its families and the services available to meet these needs. Many local agencies provided the Council with data for the assessment including the Humboldt Child Care Council Resource and Referral, Department of Social Services, Humboldt County Office of Education, and the Employment Development Department.

The Local Child Care Planning Council (LCCPC) is established for the county to assess and prioritize the community's child care and development needs. Based on local child care needs of families who are seeking or are currently receiving subsidized and/or non-subsidized services, the LCCPC is responsible for providing recommendations on local priorities in the allocation of state and federal child care and development funds.

In response to the legislation, Humboldt County formed its LCCPC and held the first meeting on January 27, 1998. The council consists of 10 members from various backgrounds including parents, providers, community members, and administrators. There are two members in each of five categories. The categories are provider, public agency, consumer, community and discretionary. The County Board of Supervisors and the Superintendent of Schools jointly appoint council members.

The LCCPC identified the following needs:

- More availability of affordable child care for all ages, especially ages 0-5, throughout the county.
- Increase child care staff who speak Spanish and local Native American language. Although English is spoken in 91% of Humboldt County homes with children, 5.6% speak Spanish at home and 3.4% speak a language other than English or Spanish.
- Although most child care need is between 7:00 a.m. and 6:00 p.m., there is a need to increase child care during non-traditional hours to reflect the growing trend of service industry jobs.
- Increase in public and private support so all families can pay for child care services
- Increase data collection, including: methodologies, consistent definition of terms and consistent data collected by the different government agencies.

More information contact:

Local Child Care Planning Council of Humboldt

www.humboldt.k12.ca.us.lccpc

Summary #8

Childhood Injury Prevention Program 2005

More Humboldt County children die from injuries than from all childhood diseases and other causes combined. In the county, between 1991 and 2004, 275 children, youth and young adults ages 0-24 died and 2916 were hospitalized as a result of unintentional injuries and intentional firearm injuries (homicide and suicide). For the years 2002-2004, Humboldt County ranked 55th worst out of California's 58 counties in unintentional injuries to 0-24 year olds.

Statistical information, as well as findings from the Humboldt County Child Death Review Team, prompted the Team to recommend the creation of an injury prevention subcommittee. In 1998 the Humboldt County Injury Prevention Subcommittee began meeting to consider ways to reduce the number and severity of injuries to Humboldt County's children. In 2001, the Maternal Child and Adolescent section of the County Public Health Department obtained funding to hire a coordinator to plan and implement a Childhood Injury Prevention Program (CIPP)

In its first year, CIPP focused on strategic planning efforts and the effort resulted in Humboldt County's "Childhood Injury Prevention Strategic Plan". The plan guides the activities of CIPP and serves as a resource for addressing childhood injury in the County. In 2002, the focus was on motor vehicle crashes as the leading cause of death and injuries in Humboldt County and resulted in a focus on child safety seat education.

In 2005, funding was received to address "youth driving", which is the second highest concern identified in the strategic plan. In the future, the program will include continued data surveillance to refine the understanding of childhood injury in Humboldt County, continuing identification of prevention interventions that work and design and implementation of prevention strategies tailored to local needs.

More information contact:

Humboldt County Childhood Injury Prevention Program

(707) 445-6210

<http://co.humboldt.ca.us/HHS/PHB/childhoodInjuryPreventionProgram.asp>

Summary #9

City of Arcata Housing Element Report 2004

Meeting the housing needs of Arcata residents as well as the City's share of regional housing needs is an important goal for the City of Arcata. As the population continues to grow and pressure on resources increase, Arcata is concerned with providing adequate housing opportunities while maintaining a high standard of living for all citizens in the community.

The City Of Arcata Housing Element Report was approved at the City Council meeting in March of 2004. The update to the original report completed in October of 2000, the actual document included information compiled through December of 2003.

The document is a housing needs assessment and inventory of resources and constraints fro provision of adequate housing for the City of Arcata. The housing for the residents is impacted with the students who come to Arcata yearly to attend Humboldt State University. The number of students looking for housing, who are often used to paying higher 'Southern California' rents, pushes up the housing costs in this community.

The Housing Element Report is written to provide an understanding of existing and projected housing needs within the community of Arcata and to provide policies and schedules of timelines to address the needs.

The top needs identified in the plan for the City of Arcata include

- Lack of affordable housing for all income levels
- Lack of jobs in the community for permanent residents
- Existing jobs do not provide adequate income to purchase a home
- Lack of sufficient accessible housing for the disabled
- Lack of affordable units for single parent households

More information contact:

City of Arcata
736 F Street, Arcata, California 95521
(707) 822-5951

Summary #10

Community Forums 2005

Graduate students from Humboldt State University held forums in five Humboldt County locations to obtain resident input on community needs, in the spring of 2005. The forums, held in Blue Lake, Rio Dell, Willow Creek, Eureka and Bridgeville, were organized in collaboration with the St. Joseph Health System – Humboldt County (SJHS-HC) Community Resource Centers (CRC).

The CRC coordinators approached existing community groups and requested the group allow the students to attend the next scheduled meeting to obtain input. Each group was told that the data collection was being completed to obtain an overview of each community and not to plan solutions to the issues. The data collection would go into the Humboldt County Needs Assessment document that would be available for researchers and grant writers who were searching for community information.

The HSU students followed the same format at each meeting. The definitions of the thirteen priority areas were displayed on butcher paper around the meeting room, allowing the residents to review them. The students explained the purpose of the meeting and asked the residents to respond to the definitions – how did it fit in their vision of their own community? Although the students began by focusing on one definition, as the discussions progressed, residents provided comments that addressed many of the topics. As the comments were made, one of the students acted as scribe and recorded them on the appropriate page. The students also provided a final page labeled “Other” where residents could note concerns that did not seem to fit in the thirteen designated priority areas.

At the conclusion of the discussion, residents were given five dots and asked to place those dots on the priority areas they felt were most in need of attention. The students were allowed to place their dots in any manner they choose, and some actually put all five on only one statement, as that one statement to them “said it all.”

When the discussions and dot placement ended, the students asked the residents to come forward if there were comments or clarifications that were not captured during the initial review. The students wanted to assure the residents that all of their comments and concerns would be captured in the final report. SJHS-HC provided gas vouchers for the residents in appreciation of the time and effort they took to attend and respond to the issues.

Each community in Humboldt County has its own problems and concerns and, by going to five of them, the Humboldt County Needs Assessment captured resident opinion of priorities for their individual community. The five communities, the forum participants and the number of attendees are described on the following pages below to provide an understanding of the diversity of the communities and its peoples and concerns.

More information contact: Kathy Hayes, Regional Director of Community Benefits, St. Joseph Health System-Humboldt County 707-445-5111x7450

Summary #10-A
Community Forums 2005
BLUE LAKE

Situated along the Mad River, Blue Lake is a small community with 1,178 residents. The community became a city in 1910, although non-natives had inhabited it since 1871. Prior to becoming a city, the community was home to the Blue Lake Rancheria, established by government decree in 1908. The 2005 tribal membership is 50, with Tribal Council of five members elected by a vote of all tribal members.

The median age of the community is 38.8 years and the median household income is \$17,603. In 2002, the Blue Lake Rancheria opened the Blue Lake Casino. A Tribal liaison was established with the Blue Lake City Council to share information between the two governing bodies and to collaborate on issues of concern to the residents regarding the Casino. The residents have seen that the Casino is not having as negative an impact on the community as a whole as was initially feared, but concerns for the future continue. Their concerns focus on the impact of the Casino on individuals losing control over gambling or drunk drivers leaving the Casino and using city streets, as well as apprehension that future Tribal developments may cause the loss of the small town feel for Blue Lake.

The Blue Lake Elementary School has an enrollment of 180 students. As is true of many small rural communities, the school is the hub of the community. The school provides education for grades K-8, but the students must travel outside the area to attend secondary schools.

The Blue Lake forum was held at the Blue Lake Community Center. Nine Blue Lake residents participated in the forum.

The residents attending the forum noted the following as strengths for their community

- Support services provided for the whole community by the Blue Lake Rancheria
- Local hiring by the Casino
- Multiple recreational activities

The residents noted the following as the primary gaps or needs for their community

- Affordable and accessible housing
- Access to medical and dental care
- Access to care givers for all ages
- Mobile Medical Van no longer comes to Blue Lake
- Limited afterschool activities for children and teenagers
- Lack of counseling or support groups for mental health issues
- Service coordination and information
- County bus no longer serves Blue Lake and Casino bus stops running at 6:00 pm
- Stores have left Blue Lake (there is no pharmacy)

More information contact: Kathy Hayes, Regional Director of Community Benefits, St. Joseph Health System-Humboldt County 707-445-5111x7450

Summary #10-B
Community Forums 2005
BRIDGEVILLE

Bridgeville is located at 600 feet elevation along the Van Duzen River in southeastern Humboldt County. The town is approximately 25 miles from the 101 Highway corridor and is isolated by weather and road conditions in the winter months. Traveling 10 miles any direction from the town, the roads become more winding and hazardous, scattering the sparse population and isolating them from each other. The population centers are separated by high mountain passes climbing to 3,000 feet above sea level along Route 36. Many of the towns 672 residents live without telephone or electricity at the higher elevations off the road. Bridgeville residents travel approximately one hour to Eureka for major services, including social services and specialty medical care.

The community has reported the highest household income to be \$35,000, with only 1.6% of the residents in this category. There are 44% at \$12,499 annually, 35% with \$9,999, showing the extent of the poverty in the area. There are only 59 students in the one elementary school and these students are bused many miles to attend classes. The school is the main meeting place for the community and hosts community dinners and events that bring together the residents. The school rents space to the Bridgeville Community Center where seniors and students alike meet together to share meals and activities.

The Bridgeville forum was held at the Bridgeville Community Center and was attended by 24 community members.

The residents attending the forum noted the following community strengths

- Great community support for the residents – taking care of each other
- Community education available at the Community Center
- The new owners of the town are cleaning it up

The residents noted the following concerns for their community

- There is no reliable daily transportation
- There is a lack of police support for the community and long waits for assistance
- Limited access to health and dental care
- No law enforcement or fire department
- There is no access to newspapers or information
- There are no life or job skills building courses locally
- Affordable and accessible housing, few rentals come available and no houses for sale
- Need modern activities for youth
- Lack of substance abuse prevention and education program
- Minimal mental health services available
- Emergency medical services come from Fortuna
- Community Center needs economic support to help with service coordination and info.

More information contact: Kathy Hayes, Regional Director of Community Benefits, St. Joseph Health System-Humboldt County 707-445-5111x7450

Summary #10-C
Community Forums 2005
EUREKA

The City of Eureka is bordered on one side by beautiful and functional Humboldt Bay, and on the other by mountains and redwoods. The community was founded the 1850's when the timber and commercial fishing industries began. The city's 26,381 residents reside within the 17 square miles of the City limits that also serves as the County seat for Humboldt County. Its service area population is about 50,000 people.

Eureka has emerged from the timber and fishing industries to become an incomparable combination of big city amenities without the problems associated with big city living. Eureka has a housing market that is considered affordable by Southern California standards at an average price of \$235,500, but to Humboldt County citizens, living in 'town' is expensive. The median income for the residents of Eureka was \$38,382 in February 2005.

Eureka is home to one of the largest health care providers in the county, St. Joseph Hospital. St. Joseph provides specialty services for the community including cardiac surgeries and a certified cancer program, providing oncology care.

The Eureka forum participants were employees at St. Vincent de Paul. The forum was held during their lunch break. Nine employees participated.

The community forum participants noted the following community strengths

- Transportation system better than in other county communities
- Nature walks and access to city parks
- Family/community resource centers offer support and assistance

The residents noted the following needs for their community

- Adults with nothing to do are creating a problem – homeless and jobless adults, need space to hang out and productive things to do
- No place for children to play
- Affordable and accessible housing
- Lack of training for jobs and minimal jobs available
- Public transportation needs expanded hours
- People need mental health services but are not ready to seek help
- Accessible health and dental care for uninsured
- Coordination of and access to social services
- Affordable and accessible caregiving for young and old
- Substance abuse is a problem for youth and adults

More information contact: Kathy Hayes, Regional Director of Community Benefits, St. Joseph Health System-Humboldt County 707-445-5111x7450

Summary #10-D
Community Forums 2005
RIO DELL

Rio Dell has 3,240 residents, and is located 25 miles from Eureka, the major population center and location for most health and social services. This is far enough away to make it difficult to get there without a car, but not far enough for the county to provide outreach services. While the 2002 census figures show that the Hispanic population in Rio Dell is similar to the rest of the County at 6.5%, the actual population in Rio Dell is much higher taking into consideration a significant population of undocumented individuals who live in Rio Dell for the affordability of the housing.

The city is economically depressed with 47% of the families in the community at or below the federal poverty level and 90% of the children in the Rio Dell elementary school qualifying for free or reduced lunches. Per capita income is \$12,000 and the median household income is barely more than 50% of the county and state levels. Logging and lumber mills provided employment in the past for the residents but during the past twenty years, the timber industry jobs and focus have decreased. Statistics from the Humboldt County Department of Employment show that Rio Dell has one of the highest unemployment rates in the county, last reported at 11.9% of the eligible population. The retail commercial district offers only the barest of necessities, requiring the residents to travel for basic needs.

The Rio Dell forum was held at the Community Resource Center and 16 community members participated.

The residents at the community forum noted the following as strengths

- Positive feelings growing for their community
- City Council has obtained funds to develop/improve infrastructure
- Families helping other families in need

The residents also noted the following as areas of concern

- No local preschools; children are forced into kindergarten without preparation
- Lack of recreational activities and space to have them
- Lack of local jobs and training for jobs. Resident have to commute to jobs.
- Lack of affordable rentals and homes to buy for low income residents
- Humboldt Transit Authority has limited hours (stops at 6pm, no Sunday service and four hour gap during day)
- Need a substance abuse treatment program
- Need local mental health services
- Local doctors do not take Medicare; local dentists do not take Medi-Cal

More information contact: Kathy Hayes, Regional Director of Community Benefits, St. Joseph Health System-Humboldt County 707-445-5111x7450

Summary #10-E
Community Forums 2005
WILLOW CREEK

The community of Willow Creek is located in the eastern portion of Humboldt County, forty miles from the nearest hospital and fifty miles from the city of Eureka. The majority of health and human services are located in Eureka or along the 101 corridor, leaving Willow Creek as one of the many rurally isolated regions of Humboldt County. The population of Willow Creek is 1,576 residents or 1.3% of the total county population. Approximately 36% of the residents of the town rent their homes. The median income for the community is \$20,875. This income level is the lowest of any census tract for the county of Humboldt and is well below the statewide median of \$60,100. The poverty rate for the community is 50% for all children under the age of 12 and 42% for all citizens of the area. Only 46% of the adult population have education beyond high school and 22% have not completed the requirements for a high school diploma.

An astonishing 36% of the residents do not have telephones, increasing their social isolation. With the roads in and out of the community often closed or impassable in the winter months, and the lack of consistent public transportation, the residents rely heavily on each other for support.

The primary health care service in the town is the Willow Creek Family Health Center and Willow Creek Dental Clinic. The clinic building also houses the Klamath Trinity Non-Emergency Transportation Services, the Willow Creek Community Resource Center and the local office of the Area One Agency on Aging. The clinic is the community heart of the town.

The Willow Creek forum was held at the Community Resource Center and six community members participated in the forum.

The residents attending the community forum noted the following as community strengths

- Grass work networks present and working for the community
- Grassroots classes to address some of the identified needs
- People/agencies that are in town are responsive

The participants identified the following concerns for their community

- People can not afford to pay for qualified care givers
- Fun activities are not available for all ages, lack of place to gather and socialize
- Jobs with livable wages are hard to find, many residents commute to work
- Need to increase local transportation
- Need substance abuse programs for youth and adults
- It is 'impossible' to find affordable housing
- Medical and dental access is hard for uninsured
- Information and coordination of services

More information contact: Kathy Hayes, Regional Director of Community Benefits, St. Joseph Health System-Humboldt County 707-445-5111x7450

Summary #11

Fetal-Infant Mortality Review & Child Death Review Team 2008

The Humboldt County Fetal Infant Mortality Review and Child Death Review Team has been meeting to review cases for over 16 years. The program initially began in 1991, when the California Fetal & infant Review (FIMR) Program was created using Federal Title V block grant/ Humboldt County became one of 11 counties that contracted with the California Department of Health Services, Maternal and Child Health Branch, to conduct a local FIMR program. Humboldt and a few other small counties have chosen to combine FIMR activities with case review of older child deaths. The combined Humboldt County FIMR and Child Death Review Team (FIMR/CDR) began meeting monthly in February 1992.

The purpose of the combined team is to investigate in depth the cases of death to fetuses (20 weeks or over or 500+ grams), infants, and children up to 17 years in Humboldt County and to make recommendations for changes that will help prevent future deaths to fetuses, infants and children. Program goals focus on enhancement of the health and well being of women, infants, and families through the review of fetal, infant and child deaths at the community level. The case review team examines selected fetal, infant and child death cases. The team identifies factors indicated in these deaths and looks to see if the factors could be systems problems that require changing. The team recommendations lead to intervention and positive change. Team members include community leaders, medical care providers, health and human service professionals, law enforcement, and advocacy groups.

Findings for the review of these deaths indicate:

- Alcohol, tobacco, and other drug use continues to play a role in fetal, infant and child deaths
- Lack of a safe infant sleeping environment plays a role in more than half of the deaths identified as SIDS
- Young children and youth are dying from both intentional and unintentional causes. Motor vehicle crashes remain the leading cause of death for this age group, but drowning and other unintentional injuries, as well as suicide and homicide, also play a significant role in taking our children's lives.
- The needs of high-risk individuals and families pose severe challenges to service-providers and highlight the need for a coordinate, integrated service delivery system.

The above information was pulled from the Humboldt County Department of Health & Human Services FIMRCVRT Program web page.

More information contact:

Humboldt County, Department of Health and Human Services FIMRCVRT Program
707-445-6210,

<http://co.humboldt.ca.us/HHS/PHB/FetalInfantMortalityReviewAndChildDeathReviewTeam.asp>

Summary # 12

First 5 Humboldt Evaluation Report 2010

First 5 Humboldt conducts evaluation activities to track progress toward achieving their vision that all Humboldt County children thrive in healthy, supportive, nurturing families and neighborhoods, enter school ready to learn, and become active participants of their community. The evaluation report includes their successes as well as the areas of need that remain. Those areas of need include:

- Access to high quality and accessible prenatal care
- High quality and accessible child health and dental care
- Good nutrition
- Availability of high quality child care and early education that supports social and cognitive development
- Strengthen the safety net for 0-5 age children and their families.

More information contact:

First 5 Humboldt, 1012 Second Street, Eureka, CA 95501; 707-445-7349

Summary #13

First 5 Humboldt, Humboldt County Children & Families Commission – Strategic Plan 2005-2008

In 1998, Proposition 10 (California Children and Families Initiative) was passed by California voters. Proposition 10 added a 50 cents per pack tax to tobacco products. The revenues for the tax are earmarked to meet the needs of pregnant women and children age birth to five and their families. Twenty percent of the tax is held by State for statewide projects and 80% comes to the individual counties who have submitted strategic plans for their area.

First 5 Humboldt, Humboldt County Children and Families Commission has developed a vision statement, mission statement, and goals for the 2005-2008 Strategic Plan. They are as follows:

Vision: All Humboldt County children thrive in healthy, supportive, nurturing families and neighborhoods, enter school ready to learn and become active participant of their communities.

Mission: First 5 Humboldt, together with families and communities will promote comprehensive, integrated systems of services for early childhood development in order to foster secure, healthy and loving children eager to learn and develop their full potential.

Goals:

- To increase the number of children that thrive in supportive, nurturing families and neighborhoods
- To increase the number of children who enter school in good health, ready and able to learn
- To increase the number of children and families who become active participants of their communities
- To increase the integration, linkage and coordination among those that serve children and families.

Core Program Funding areas:

- **Family and Parent Support:** includes strategies that help pregnant women, parents and families to get what they need to raise their young children to be happy, healthy, and eager to learn.
- **Early Childhood Care and Education:** focused on strategies that promote high quality child care and early education opportunities.
- **Health and Well Being:** includes social and personal resources and physical capabilities.
- **Mini Grants:** funding for projects developed and carried out by grassroots programs.

More information contact:

First 5 Humboldt: Humboldt County Children and Families Commission
317 Second Street, Eureka, CA 95501, 707-445-7389 www.humkids.org

Summary #14

Food for People

Food for People began in 1979 as a small food closet. It has grown to include 13 programs and became the official food bank for Humboldt County. It's mission is:

- To provide emergency and supplementary food to those in need.
- To improve food access through expanded participation in gleaning and gardening projects.
- To conduct advocacy and outreach for local, state and federal food assistance programs and other activities.
- To involve low-income households in self-sufficiency programs.
- To encourage self-sufficiency in the community as a whole

The majority of low-income households struggling with food insecurity use their limited financial resources to purchase lower cost, highly processed foods that tend to be high in carbohydrates and fats. USDA's own studies have shown that the cost of fresh fruits and vegetables has increased by over 40% in the past two decades as the cost of highly processed foods has declined by about 7%. Surveys conducted through the intake process at Food for People asking why food box recipients don't eat more fresh fruits and vegetables cite cost and lack of knowledge about how to prepare them as primary factors. Enrollment in the food stamp program currently includes only 43% of those deemed eligible. The majority of our small, extremely rural communities have no local grocery store and the small markets that do exist carry little if any fresh, affordable produce. Transportation to supermarkets in the larger communities and to the Food Stamp Office in Eureka is challenging given our limited public transportation system and the reality that gas prices are now over \$4/gallon. Food for People combines the distribution of high quality, nutritious food to these rural communities with effective nutrition education and food stamp outreach activities.

Humboldt County is home to 128,330 people with a population density of 35 people per square mile. According to 2003 California Census data, almost 20% of the population (including 6,618 children) lives at or below the federal poverty level. The relationship between food insecurity and rapidly growing rates of obesity, diabetes and other diet-related health concerns has been well documented in Dr. Francine Kaufman's book Diabesity; UCLA's 2007 California Health Interview Survey; and the 2004 policy brief released by The North Coast Nutrition & Fitness Collaborative (Food for People is a member of the collaborative). They all indicate that the North Coast is facing an epidemic of obesity and physical inactivity that will affect the region for decades. This impending local and national crisis acknowledges the correlation between poverty and food insecurity and is due in part to the fact that the majority of low-income households have limited access to high quality, affordable fruits and vegetables.

More information contact:

Anne Holcomb, Executive Director, Food for People, 307 W. 14th Street, Eureka, 95501
www.foodforpeople.org aholcomb@foodforpeople.org

Summary # 15

Getting Humboldt County on Track for an Aging Population – Local Government Assessment Report & Advocacy Survey Report 2010

Humboldt County, California is on the verge of experiencing a tremendous growth in its older adult population. In 2000, there were 20,574 individuals over the age of 60 in Humboldt County, according to the 2000 Census. Based on the California Department of Finance population projections, Humboldt County will have 26,592 older adults by 2010 (a 29.3% increase in 10 years) and 34,744 older adults by 2020 (a 68.9% increase from 2000). In light of this tremendous growth in older adults, the Area 1 Agency on Aging administered two surveys:

1. The first was for local government officials to assess the senior programs in their area. The survey was modeled after the International City/County Management Association's 2006 nationwide survey ("Maturing of America"). The survey was intended to provide information relevant to long-term public agency planning for the increasing older adult population. This survey was distributed by the U.S. Postal Service to County Supervisors; City Council Members for Arcata, Blue Lake, Eureka, Ferndale, Fortuna, Rio Dell, and Trinidad; and local Tribal or Rancheria Council Members. Results: Twelve local government officials responded to the survey. Respondents were asked about services specific for older adults available in their community for health care programs or services; nutrition programs; exercise programs; transportation programs; public safety/emergency services; housing programs; workforce programs; civic engagement or volunteer programs; and aging programs. Survey respondents were requested to then indicate their local government's role in providing the service, funding (full or partial), publicizing, partnering, or no role in each of these areas of older adult services. Over half of the respondents indicated no role for each of these categories. Additionally, nearly half of the respondents were unaware of any services specific for older adults available in their community for any of the services/programs categories.
2. The second survey was intended to gather information on community members' experience and ease in participating in grassroots advocacy efforts. The surveys were accessible through two sources 1. A link on the A1AA website (www.a1aa.org) during May and June 2009 (The survey was publicized through flyers, A1AA newsletter, public service announcements, *Senior News*, and KIEM's Monday "Live at 5".) and 2. Surveys were distributed throughout Del Norte and Humboldt Counties via 48 distribution sites. Results: 472 surveys were returned between the two distribution/collection methods. 48% of respondents had been in contact with an elected official, while 43% had been in contact with the staff of an elected official. 45% of those who had contact reported the contact was regarding an issue they cared about but only 23% felt that it made a difference and 21% felt they had the result they hoped for. 46% of all respondents reported feeling comfortable contacting an elected official, while only slightly less (45%) reported feeling comfortable contacting an elected official's staff. 24% of respondents indicated they would feel more comfortable if they had information about contacting elected officials and 14% reported an interest in attending a workshop on contacting elected officials, while 20% were interested in a workshop on getting their concerns heard by elected officials (advocating for their concern).

More information contact: Planner @ Area 1 Agency on Aging, 434 Seventh Street, Eureka, CA 95501 (707) 442-3763

Summary # 16

Health Insurance Disparities in the Redwood Coast Region CCRP 2008

The *Health Insurance Disparities in the Redwood Coast Region 2008* provides a detailed description of the lack of health insurance or inadequate health insurance and its health impacts in the Redwood Coast Region (Del Norte, Humboldt, Trinity and Mendocino). Results from the Rural Health Information Survey 2006 provides linkages between health insurance status and health.

Twenty one percent of survey respondents under the age of 65 had no health insurance. Of these uninsured respondents nearly half reported an inability to get needed health care; this is nearly three times more likely than those with health insurance. Of those with Medi-Cal insurance 30% reported inability to access needed health care. Only 10% of respondents with insurance reported lack of access to needed health care. Those without health insurance were considerably less likely to have recommended screenings for breast cancer, cervical cancer, colorectal cancer and diabetes. Those with Medi-Cal were 2.2 times more likely to visit an ER for their health than those with private insurance.

Respondents who were uninsured were most likely to be poor, unemployed or self-employed, under the age of 65 and living in areas of low population density. The uninsured are also more likely to report poor or fair health (16%) compared to privately insured (10%), while 47% of Medi-Cal respondents reported poor or fair health. Nearly 28% of those at the Federal Poverty Level (FPL) are uninsured, while 29% of those between 100%-199% FPL are uninsured.

More information contact:
CCRP – California Center for Rural Policy
Humboldt State University
1 Harpst Street, Arcata, CA 95521
www.humboldt.edu/ccrp

Summary # 17

Humboldt and Del Norte Senior and Caregiver Needs Assessment Summary Report 2009

The *Humboldt and Del Norte Senior and Caregiver Needs Assessment Summary Report 2009* was conducted in the fall of 2009. The Area 1 Agency on Aging conducts a similar survey every four years as required by the California Department of Aging. The purpose of the survey is to gather first-hand information regarding senior needs, concerns, issues, and difficulty in performing daily activities. 3,000 surveys were distributed throughout Del Norte and Humboldt Counties via 48 distribution sites. Approximately 415 surveys were returned for a 14 percent response rate. Seniors age range was from 60 to 98 and caregivers were from 30 to 97.

Primary concerns or problems areas for seniors were:

1. Household chores
2. Accidents in the home (falling)
3. Health care
4. Money to live on
5. Loneliness
6. Nutrition/food
7. Energy/utilities
8. Transportation
9. Isolation
10. Obtaining information about services/benefits

Primary concerns or problem areas for caregivers were:

1. Health Care
2. Accidents in the home (falling)
3. Household chores
4. Money to live on
5. Energy/utilities
6. Nutrition/food
7. Obtaining information on services/benefits
8. Transportation
9. Crime
10. Loneliness
11. Taking care of another person: Adult
12. Legal affairs

More information contact: Planner @ Area 1 Agency on Aging, 434 Seventh Street,
Eureka, CA 95501 (707) 442-3763

Summary # 18

Humboldt Area Foundation's "Listening Campaign" for Community-Led Change Report 2011

The Humboldt Area Foundation in January 2011 initiated a listening campaign to "explore what people think about how our community solves problems together, how we talk to each other, and how residents and decision-makers think together to develop solutions to tough community issues." Twenty four decision-makers and process-influencers and another 23 residents were interviewed over a five week period. People from public, private, and nonprofit sectors were included as well as residents of all ages. Summaries of the finding for each of the questions asked are located below:

What's working with the way decision-makers and residents solve problems together? People taking responsibility for developing solutions and engaging in the community were noted by nearly half of respondents, while people's skills in process design were stated by a quarter of what is working in local problem solving.

What's not working with the way decision-makers and residents solve problems together? Lack of civility or good faith participation was identified as a major factor by nearly 60% of respondents. This included a lack of trust in people and processes. Processes not including the whole community were cited by almost half as a major problem and nearly a third said people do not listen do one another. Lack of implementation and process failures frustrated many interviewees.

Given what you just said on a scale of 1-5, how effective do you think we are working together? Only 30 people were willing to score the community's effectiveness of working together, with only five indicating a 4 or 5. The remaining 25 scored the community at or below a 3.

What's the impact on our region? Nearly half of interviewees stated the impact was a loss of time, people, money, and natural resources.

On a scale of 1 to 5, how high of a priority is this for our community to work on? 27 of the 33 people were willing to assign a priority score assigned an extremely high priority (5) to this issue.

In addition, residents were asked: What enables you to take action to improve problems you see in your community? And, what keeps you from taking action to improve problems you see in your community? Nearly 40% indicated the greater community good motivated them to be involved while 60% stated self-interest was their motivating factor. Distance to and timing of public meetings was stated as a barrier to 45% of respondents. Language or cultural barriers prevented nearly 40% from participating.

In addition, decision-makers and process-influencers were asked: What challenges are you facing that a more process-savvy citizenry might help with? Land use planning was ranked highest as a challenge, followed by transportation issues, city incorporation, health care, immigration, marijuana, and state budget cuts.

More information contact:

Humboldt Area Foundation; Heather Equinoss, Community Strategies Program Officer;
heathere@hafoundation.org 707-442-2993

Summary # 19

Humboldt Association of Realtors 2008

The Humboldt Association of Realtors (HAR) provides ongoing education, training, information, and support services to help members be successful. HAR is in partnership with business affiliates to advocate for private property rights, community service support and promote quality of life. They promote a dedication to the highest standard of ethics and professionalism among the realtors that belong to the organization.

In November and December of 2004, HAR put together reports on the number of people that can buy a house in Humboldt County, noting the number continues to shrink. HAR has been following the trend for at least the last five years and believe that in that time, the number of people who can afford a home has constantly declined. The reports compare the number of citizens who can afford to buy a home, the median cost of a home in various communities in the county and the availability of affordable real estate.

Statistics from these reports were updated using HAR's web site:

<http://harealtors.com/properties.php>

Humboldt County residents had a median household income of \$40,296 in April 2008, while the median sale price of a home was \$295,000 and only 16% could afford to purchase a home. Humboldt County homes hit a ten year high during the month of March 2006 with the median home selling for \$349,500. At that time the median household income was \$38,047 and only 10% of residents could afford to purchase a home. In contrast, in April 1999 the median sale price of a home was \$113,250, median household income was \$31,442 and approximately 50% of Humboldt County residents could afford to purchase a home.

In Eureka the median home sale price was \$277,900 for April 2008. Median household income for that month was \$41,884; allowing only 17% of Eureka residents to purchase a home. The median home sale price peaked in February 2006 at \$345,000, while median household income was \$39,455. Only 9% of Eureka residents could afford to purchase a home in February 2006. In April 1999, 59% of Eureka residents were able to purchase a home (median home sale price \$98,500 with \$32,680 median household income).

In April 2008, Arcata had a median home sale price of \$400,000, while median household income was at \$40,809; allowing only 9% of city residents to afford purchasing a home. Arcata's median home sale price peaked at \$608,000 in April 2006. At this time the median household income was \$38,619. Only 2% could afford to purchase a home. In April 1999, the median household income was \$31,842 and 39% of Arcata residents could afford to purchase a home based on the median home sale price of \$137,750.

More information contact:

Humboldt Association of Realtors, 527 W. Wabash, Eureka, California 95501

(707) 442-2978 har@sbcglobal.net www.harealtors.com

Summary # 20

Humboldt Community for Activity & Nutrition 2008

(Humboldt CAN)

Humboldt CAN (Community for Activity and Nutrition) is a group of committed Humboldt County organizations concerned about the Public Health Department's finding that 41% of school aged children in Humboldt County (24% higher than nationally) are overweight or at risk of becoming overweight, while 58% of Humboldt County adults are overweight or obese. This group of community organizations and County staff began meeting in early 2008.

Humboldt CAN's Mission Statement reads:

To improve the quality of life for residents by fostering a healthy, engaged Humboldt community. Our specific goals are to:

- A. Mobilize individuals and organizations around a shared, comprehensive initiative to improve health status through increased physical activity and healthful eating.
- B. Increase physical activity levels and overall community fitness
- C. Increase the consumption of nutritious foods while improving food security.

The goals for Humboldt CAN are broken down into three areas: Individual, Organizational, and Policy.

Individual

- Improve personal and family diets by increasing awareness and knowledge of healthy food choices, food preparation and food economics
- Increase opportunities for connectivity and social engagement while eating
- Improve awareness and utilization of food programs and community food resources
- Increase individual gardens and community gardens
- Increase school-based food service and capacity, restrict time off campus

Organizational

- Improve access to healthcare and nutrition counseling
- Improve built environment supports for access to nutritious foods
- Improve quality of meal and food programs
- Increase adoption and implementation of wellness policies by businesses, agencies, and schools

Policy

- Advocate for built-environment elements in city and county plans that support nutritious food access
- Advocate for categorical eligibility for nutrition benefits, simplified processes, expanded eligibility
- Advocate for improved quality of USDA commodities
- Advocate for increased nutrition funding from state and federal sources, for reduced paperwork and higher reimbursement rates
- Advocate for increased reimbursement for nutrition consultations and services

More information contact: Humboldt CAN, c/o Community Health Alliance, 417 Second St., Suite 203, Eureka, CA 95501, 707-445-2854; allankatz@communityhealthalliance.org

Summary # 21

Humboldt Community Health Survey Summary Report 2008

The Humboldt County Department of Health and Human Services – Public Health Branch states that in Humboldt County 58% of adults are overweight or obese, 41% of school-age children are overweight or at risk of being overweight (compared to 17% nationally), and 63% of people do not get the recommended weekly level of physical activity. In an effort to understand how the communities of Humboldt perceive issues of obesity in their community, St. Joseph Health System-Humboldt County in partnership with Chris Martinek Consulting conducted a survey during the spring of 2008. The survey asked community members if they felt obesity was a concern in their community, who was affected, what is being done in their community, what would they like to see in their community, and if they would like to help or participate. The survey was intended to provide first hand information to St. Joseph Health System-Humboldt County and the county at large regarding the community's interest in promoting existing programs and creating new programs to address obesity.

Approximately 600 surveys were distributed by St. Joseph Health System–Humboldt County, in February and March 2008 through their Community Resource Centers, and by Area 1 Agency on Aging through senior centers and other places where seniors gather during the month of April 2008. Two hundred and fifty five surveys were returned and were completed sufficiently to be considered valid.

The age range of respondents was between 12 and 93, with an average age of 43.4 years and a median age of 42. Fifty five respondents (21.6%) were between the age of 12-18, 117 (45.9%) were between 19-59 and 70 respondents (27.5%) were between 60-93 year old. Thirteen (5.1%) of the 255 respondents did not respond to the question of age. Respondents were spread throughout Humboldt County.

- 57.3% think people being overweight is a concern for their community, another 31.0% indicated “somewhat” of a concern, for a total of 88.3% of respondents
- Respondents indicated that adults (age 18-59) were the most affected by being overweight (67.8%), followed by adolescents 48.6%, children 42.7% and seniors 26.3%.
- Respondents would like to see the following activities in their community: walking groups (43.9%), cooking classes for healthy meals (43.5%), healthy living education for kids (40.8%), walking trails (40.4%), cooking classes for kids (40.0%), physical activities/exercise groups (38.8%), monthly community health events (35.2%), and community vegetable gardens (34.9%)
- 36.1% of respondents indicated they weigh more than they should, 23.5% indicated “somewhat”
- 48.2% have a family member overweight

More information contact: Kathy Hayes, Regional Director of Community Benefits, St. Joseph Health System-Humboldt County 707-445-5111x7450

Summary # 22

Humboldt Community Resource Center Survey Summary Report 2011

The St Joseph Health System-Humboldt County's Community Benefits Program provides five Community Resource Centers (CRCs) throughout Humboldt County in Blue Lake, Eureka, Loleta, Rio Dell, and Willow Creek, with the intent to provide community services to support access to health care and encourage the physical, emotional, and spiritual health of families on the North Coast. A survey was created to ask community members about issues or concerns they had regarding their quality of life, if they use their local CRC's services, which services they use, and if funding were available, what services they would like to see included. The surveys were distributed February through May 2011 through the CRCs operated by St. Joseph Health System-Humboldt County. Two hundred and seventy eight surveys were returned. The age range of respondents was between 17 and 86, with an average age of 40.1 years and a median age of 39. Respondents were spread throughout Humboldt County.

The top ten needs identified by all 278 respondents were:

Quality of Life Concern or Issue

1	Health care (affording)	149 (53.6%)	6	Money to live on	112 (40.3%)
2	Employment	140 (50.4%)	7	Legal affairs	102 (36.7%)
3	Health care (access)	121 (43.5%)	8	Energy/Utilities	89 (32.0%)
4	Housing (affording)	119 (42.8%)	9	Nutrition/food (affording/preparing)	85 (30.6%)
5	Transportation	113 (40.6%)	10	Crime	78 (28.1%)

The CRC Survey was translated into Spanish and was distributed throughout the CRC programs, including the Paso A Paso program (primary focus on Hispanic families). Nearly 22% of the 278 respondents were identified as being Hispanic respondents (61). The top ten needs identified by the 61 Hispanic respondents were:

Quality of Life Concern or Issue for Hispanic Respondents

1	Health care (affording)	48 (78.7%)	6	Housing (affording)	30 (49.2%)
2	Health care (access)	45 (73.8%)	7	Money to live on	27 (44.3%)
3	Legal affairs	42 (68.9%)	8	Obtaining information about services	25 (41.0%)
4	Employment	40 (65.6%)	9	Accidents in the home (e.g. falling)	22 (36.1%)
5	Transportation	35 (57.4%)	10	Housing (accessible)	20 (32.8%)

The CRC Survey was distributed to homeless clients at the Eureka-Old Town CRC. Staff provided one-on-one assistance for those requesting assistance. All 27 homeless respondents indicated living in Eureka and were between the ages of 27 and 72, with a mean of 48.4 and median age of 50. The top ten needs identified by the 27 homeless respondents were:

Quality of Life Concern or Issue for Homeless Respondents

1	Housing (affording)	18 (66.7%)	6	Other (written comments)	12 (44.4%)
2	Legal affairs	15 (55.6%)	7	Health care (affording)	11 (40.7%)
3	Employment	14 (51.9%)	8	Crime	10 (37.0%)
4	Health care (access)	12 (44.4%)	9	Housing (accessible)	10 (37.0%)
5	Money to live on	12 (44.4%)	10	Loneliness	10 (37.0%)

More information contact: Kathy Hayes, Regional Director of Community Benefits, St. Joseph Health System-Humboldt County 707-445-5111x7450

Summary #23

Humboldt County – Changing Nutrition and Physical Activity Environments 2008

The strategic plan for Changing Nutrition and Physical Activity Environments was made available in January 2008 by the Department of Health and Human Services, Public Health Branch (PHB). The plan addresses growing problem in Humboldt County of increased obesity and chronic disease. The report explains that the increase of obesity can be attributed to poor nutrition and lack of physical activity. Several influencing factors include: the perception of unsafe streets; more time spent at computers and watching television; greater reliance on the automobile for transportation; lack of safe and welcoming opportunities for walking and bicycling; the influence of advertising media to consume high fat and high sugar products; and the tendency of those with low incomes to consume inexpensive but calorie rich fast foods.

In Humboldt County 58% of adults are overweight or obese. PHB weighed and measured children at local schools. Approximately 41% of school-age children are overweight or at risk of overweight compared to 17% nationally. Sixty three percent do not get the recommended weekly level of physical activity.

The plan discussed PHB Programs and strength, including: behavioral change, activities and policy development (walk-ability audits and built environment), and internal PHB collaborations. The Implementation Plan outlines the PHB's commitment to promoting community health, disease and injury prevention, and a healthy human environment. The Vision, Goals, and Objectives are as follows:

Vision: Humboldt County is a place where people are physically active and have easy access to nutritious foods.

Goals:

1. Position public health to positively impact the effect of the built environment on health.
2. A built environment that supports physical activity in all neighborhoods and communities within Humboldt County.
3. A build environment that supports consumption of fruits and vegetables.

Objectives:

1. Seventy-five percent of children and fifty percent of adults in Humboldt County participating in adequate levels of physical activity by 2013.
2. Sixty-six percent of children and adults eating the daily recommended portions of fruits and vegetables by 2013.
3. Promote health considerations in the built environment in collaboration with the development community, cities, planning commissions, and most importantly with neighborhood and community organizations.
4. Use social marketing to mobilize physical activity and healthy eating.
5. Collect, organize, and disseminate physical activity and body weight data specific to Humboldt County.

More information contact:

Humboldt County Department of Health and Human Services, Public Health Branch
908 Seventh Street, Eureka California 95501, (707) 441-5080,

Summary #24

Humboldt County Children's Oral Health Report 2001-05

The Children's Dental Health Task Force prepared this report for the Community Dental Advisory Group in response to a request by local funders on how to define the perceived crisis in Humboldt County in children's oral health. The report put in one place the statistics on the issue for the county to provide statistical data for the writing of grants to fund programs to address the issue. Prior to the report, information was only anecdotal and could not be easily substantiated.

The Task Force met five times between December of 2000 and January of 2001, and in February presented a draft of the report to the advisory board. The plan provides recommendations for action to address the priority areas identified by the Task Force. Since the crisis is so large in Humboldt County, the priorities identified were not ranked as members of both the advisory board and the task force felt all the priorities were equally of value.

The recommendations in the plan were for the years 2001-2005. For the purposes of the plan, children are defined as ages zero (including prenatal) to twelve years of age. The underserved children are defined as those who have limited or no access to dental care or prevention at all ages.

Barriers that need to be overcome in order to improve the situation include:

Consumer barriers

- Lack of early prevention/intervention
- Lack of control over oral health
- Teeth are not a 'value'
- Lack of understanding on importance of oral health
- Resistance to fluoride in water systems
- Lack of adequate or any dental insurance coverage
- Financial issues in family place higher burden on other needs
- Lack of access to clinics for care
- Case management challenges – no shows, late for appointments etc.

Consumer Priorities

- Improve immediate access to dental treatment
- Provide access to preventative dental care
- Decrease the availability of decay causing food in schools and day cares
- Improve education to parents and children on the importance of dental care
- Improve insurance coverage for children
- Improve financial resources for oral health education

More information contact:
Children's Dental Task Force
Humboldt County Public Health

Summary # 25

Humboldt County Community Food Assessment CCRP 2010

The California Center for Rural Policy (CCRP) conducted a community food assessment of Humboldt County's current food system "from farm to table". The report's intent was to provide an overview of the county's food system through a presentation of existing data from the different components of the food system and mapping the food system's strengths and areas of need.

The Report provided Humboldt County's food system's strengths and needs as well as recommendations to address the needs. They are as follows:

"Strengths

- Food production, farming and direct marketing are robust.
- A small shift in local consumption can make a big difference in farm incomes and local economic growth.
- The county boasts strong food assistance and food pantry services.
- Interest in expanded local food distribution and processing is growing.
- Nearly 50% of Humboldt County schools have gardens.

Needs

- More food stores, and improved transportation to them, are top priorities.
- Fresh healthy foods are not consistently available in geographically isolated communities, and affordable healthy foods are needed all over.
- Women and children are at greatest risk of poverty and food insecurity.
- Purchasing policies make it hard for farmers to sell to institutions.
- Agricultural leaders need more support and research.

Recommendations

- Target communities to increase use of federal food-assistance programs.
- Develop a locally appropriate food culture to encourage healthy eating.
- Connect the low-income community to fresh and nutritious foods.
- Work with ethnic populations to understand food customs and food system needs.
- Conduct more research into the prices and availability of foods offered at stores throughout the county.
- Apply techniques of local food processing and distribution that have been successful elsewhere."

(p. 4)

More information contact:
CCRP – California Center for Rural Policy
Humboldt State University
1 Harpst Street, Arcata, CA 95521
www.humboldt.edu/ccrp

Summary #26

Humboldt County Homeless Continuum of Care

In 2004, Humboldt County succeeded in establishing a Continuum of Care planning process focused on homelessness in this rural area. The community created a lead entity in the planning process, the Humboldt Housing and Homeless Coalition (HHHC), which has broad based membership and has met monthly since July of 2003. The mission of the HHHC is to facilitate countywide collaboration to build awareness, support, partnerships and funding for housing services, and to coordinate the Humboldt County Continuum of Care for homeless people.

After creating Committee and Task Forces to carry out the substantive work of the Coalition, HHHC created a strategy for collecting needs data and inventoried the existing capacity of homeless housing and service providers in the community. The group collected data on the needs of homeless people in the community by administering a client survey to over 250 homeless clients at 12 sites. Considering the needs of the homeless population and the capacity in the community, HHHC then drafted an 18-month strategic plan to fill gaps found in the homeless and housing service area.

The group noted short term goals and priorities to be:

- Affordable, accessible housing
- Streamline application processes for supportive services
- Increase drug and alcohol programs in the community
- Increase mental, physical and dental health access

The work set future goals and action steps for ending other homelessness over the next ten years. The future goals are:

- Prevent homelessness from occurring
- Improve coordination of services and streamline systems
- Expand emergency and transitional housing networks
- Expand affordable and supportive housing options in order to enable homeless people to achieve long term housing stability
- Expand availability of supportive services for people who are homeless
- Increase collaboration among mainstream providers and homeless service and housing agencies to assess and monitor barriers
- Improve knowledge of and access to mainstream benefits.

More information contact:

Humboldt County
Department of Health and Human Services
Mental Health Branch
507 'F' Street
Eureka California 95501

Summary # 27

Humboldt Housing and Homeless Coalition – Point-In-Time Count 2011

The Humboldt Housing and Homeless Coalition (HHHC) conducted a Point-In-Time Count through a survey of Humboldt County individuals without housing, in accordance with U.S. Department of Housing and Urban Development's (HUD) mandate. The Point-In-Time Count of 1,626 homeless individuals was based on an individual being homeless on the night of January 25, 2011. In the three days following this night, volunteers from over 40 local agencies, nonprofit organizations, and tribes went out with surveys requesting homeless to fill them out or participate in an interview. The Point-In-Time Count had been previously completed in Humboldt County in 2005 and 2009.

The 2011 Point-In-Time Count provided demographic information on the 1,626 homeless individuals counted.

- **Age:** 27.7% under age 18 (child); 65.4% between 18-88 years old (adult); 6.9% no response. The age range was from less than one year old to 88 years old.
- **Family units:** 52.0% of the 1,626 homeless were part of a homeless family unit (comprising 320 homeless families, half of which had minor children in their family unit).
- **Area of county where respondent stays :** 60.1% in Eureka area; 15.8% in Arcata/McKinleyville area; 5.6% in Fortuna area; 3.9% in Southern Humboldt; 3.8% other; and 10.7% no response.
- **Housing/Living situation:** 20.1% living with family or friend; 19.6% camping; 14.6% staying in motel; 9.3% sleeping in car; 8.5% staying in transitional living facility; and 27.9% did not respond to question.
- **Gender:** 37.1% were male; 20.8% female; 42.1% no response to question.
- **Race:** 33.3% were White; 6.1% American Indian/Alaskan Native; 4.1% American Indian/Alaskan Native and White; 3.6% Asian and White; the remaining percent identified with other or no response.
- **Health status:** 24.7% of respondents indicated a physical disability and 23.7% indicated a documented permanent disability. 27.4% had mental health issues and 11.7% had serious mental health issues. 16.6% indicated alcohol issues; while 15.5% indicated drug use issues; and 10.3% indicated chronic substance abuse. 40.6% of respondents have been tested for HIV/AIDS and 1.1% of respondents have HIV/AIDS. 8.6% indicated being a survivor of domestic violence and domestic violence as a contributing factor to their homelessness.
- **Chronically homelessness:** Chronic homelessness is defined by HUD as a permanent disability status and one year or more of ongoing homelessness or at least four episodes of homelessness in the past three years. 20.2% identified as chronically homeless.
- **Income:** 39.1% have an income of less than \$1,000 per month, 6.1% have more than \$1,000 per month, the remaining 54.8% did not respond. Respondents identified sources of income: 15.2% SSI/Disability; 14.5% Food Stamps; 6.7% TANF; 5.4% job; 3.9% General Relief; 3.8% SSI/Retired; and 2.1% VA Disability.

More information contact: Nick Vogel, Analyst 707-441-4613 nvogel@co.humboldt.ca.us
Humboldt County Dept. of Health and Human Services, 930 6th Street 2nd Floor, Eureka, CA 95501

Summary #28

Inside Sports

Inside Sports provides year round programs supporting youth sports education, amateur athletics, and at-risk youth diversion through sports. The programs promote healthy and active living to help prevent childhood obesity through physical fitness for the entire community regardless of income, age, gender, or abilities. Inside Sports gained it's IRS nonprofit designation in 2001.

Humboldt and DelNorte Counties are known for their beautiful Redwoods, small rural communities, and an extremely long rainy season of seven months. The area is challenged by high rates of poverty and a comparatively low social-economic base. Inside Sports formed a non-profit organization so that the programs are available to all community members regardless of their income. The shortage of safe places for exercise, affordability, and the long rainy season make it nearly impossible for many families to engage in regular physical exercise year round- which is reflected in our poor local health statistics.

According to a 2001 UCLA survey, the Humboldt-Del Norte area has significantly higher rates of diabetes, heart disease, hypertension, and obesity than the state as a whole, and a much lower percentage of teens and adults reporting that they engage in regular physical exercise. According to the 2005-06 California Physical Fitness Test conducted by the Department of Education., only 31% of Humboldt County students tested in grades 5, 7, & 9 (N 1336), were able to achieve all 6 fitness standards. Aerobic capacity was one of the lowest scoring assessments with 40% of the students considered unfit.

More information contact:

Inside Sports, Inc., Thomas Rector, President,
1165 Sutter Road, Suite B, McKinleyville, Ca 95519
707-839-6554 trc@thomashomecenter.com

Summary #29

Insure the Uninsured Project – 2005 Overview of the Uninsured: Humboldt County August 2006

Insure the Uninsured Project's (ITUP) fundamental goal is to increase health coverage of California's 6.6 million uninsured. ITUP regional workgroups seek to develop consensus on local efforts to cover the uninsured. ITUP's goal is to support local decision makers in their efforts to simplify and expand coverage for the uninsured. Each year ITUP releases report on 48 counties, six California regions, and a statewide overview reflecting comparative data and trend analysis. These reports aim to inform local decision makers on critical matters. ITUP was founded in 1996 and is a project of the Center for Governmental Studies.

Humboldt County has approximately 128,529 residents. The government is the largest employer in Humboldt County at 26.4% of total employment. Trade, transportation and utilities industries provide the second largest portion of employment at 19.5%. The unemployment rate for Humboldt County is 6.5%, lower than the regional average of 8.2% but slightly higher than the state unemployment rate of 6.2%.

About 24.3% Humboldt County's non-elderly resident do not have insurance. Medi-Cal covers 19.7% of the elderly and non-elderly residents. Healthy Families, provided insurance to 2.0% of Humboldt County's non-elderly.

Ten community clinics provided care to 43,301 patients in 2004. The majority (65.8%) of patients live below the federal poverty level, while just under a quarter of patients live between 100-200% FPL. The number of visits to Humboldt County's free and community clinics increased from 159,264 in 2003 to 166,550 in 2004. Patients without insurance make up the largest proportion of visits at 47.7%, followed by Medi-Cal patients visits at 28.5%.

In fiscal year 2004, Humboldt County hospitals provided 24,958 inpatient days, 100,289 outpatient visits, and 11,483 emergency department visits. Medicare pays for the largest proportion of inpatient stays at 51.9% of days, while private insurance pays for the greatest portion of outpatient and emergency department visits at 36.4% and 31.95% respectively. The county indigent (uninsured) accounts for 3.7% of inpatient days, 5.2% outpatient visits and 3.6% of emergency department visits.

More information contact:

Insure the Uninsured Project, 2444 Wilshire Blvd., Suite 415, Santa Monica, CA 90403
310-828-0338, www.itup.org or info@itup.org

Summary # 30

Investigating Very Low Food Security in the Redwood Coast Region CCRP 2008

Investigation Very Low Food Security in the Redwood Coast Region reports on the four county region of Del Norte, Humboldt, Mendocino, and Trinity. Very low food security (lack of ability to afford enough food resulting in hunger) is two times the rate of the rest of California. “Very low food security occurs when household members are unable to adequately feed themselves due to economic deficiencies or lack of resources.” (p. 2) In other words, people with very low food security are unable to afford enough food.

The report’s findings include a link between very low food security and poor health status and an increased risk for diabetes, heart disease, high blood pressure, and obesity. Those at the Federal Poverty Level (FPL) are nearly 27 times more likely to experience very low food security than those at 300% FPL. The report also found that those with very low food security were considerably more likely to be in fair or poor health and feel sad or depressed. Children were acknowledged as being at greater risk for very low food security, households with children are 1.6 times more likely to experience very low food security than households without children. Additionally, the report linked children living in households with very low food security to experience “poor cognitive, academic, and psychosocial outcomes”. In addition, these children are more likely to have fair to poor health and are more likely to require hospitalization during childhood than those that are food secure.

More information contact:
CCRP – California Center for Rural Policy
Humboldt State University
1 Harpst Street, Arcata, CA 95521
www.humboldt.edu/ccrp

Summary # 31

It Takes a Village ... To Prevent a Fall CCRP 2010

The Redwood Coast Region (Del Norte, Humboldt, Mendocino, and Trinity counties) has higher rates of falls for older adults in the counties when compared to California as a whole and the nation. Fall prevention is key to the ability of an older adult to remain independent and safe in their community. Hospitalization costs due to falls average between \$25,000 to \$40,000 per person per fall.

The CCRP report encourages building a regional or county coalition to help prevent falls; better county and city planning to increase mobility and encourage active lifestyles including walkable communities; promotion of Universal Design which allows for people to age in place; encourage state supported activities including the StopFalls Network California; support nonprofit and provider strategies including fall risk assessments, medication review and management, home visits and assessment, home modifications, access to physical and occupational therapists, wearing the correct footwear, reducing tripping hazards in the home, promoting strength and balance classes, and vision assessment; promote provider awareness; and build senior villages.

Accidents in the home and falls by older adults are largely preventable. Fall prevention is less expensive than the costs associated with falls.

More information contact:
CCRP – California Center for Rural Policy
Humboldt State University
1 Harpst Street, Arcata, CA 95521
www.humboldt.edu/ccrp

Summary #32

Location and Number of Uninsured Children in Humboldt County 2007

The “Location and Number of Uninsured Children in Humboldt County” was created by Bonser Bishop and Associates Consulting for the Community Health Alliance. The purpose of the report was to compile data on the location and number of uninsured children in Humboldt County.

The report assisted the Community Health Alliance in answering the questions:

1. Who are the uninsured children who are eligible for CaliforniaKids?
2. If long-term state funding does not materialize, how with the Children’s health Initiative continue to grow the program?
3. If funding is insufficient to grow the program, how can we maintain our commitment to children already enrolled?
4. how can we maximize enrollment in Medi-Cal and healthy Families?
5. Can we leverage a three-county partnership t share best practices and develop a more comprehensive insurance product?

The report considered the following data sources:

American Communities Survey
California Center for Rural Policy
California health Information Survey (CHIS)
Humboldt Child Care Council
Humboldt County Office of Education
Open Door Community health Centers
Mad River Community hospital
Metropolitan Statistical Survey Areas (MSSAs)
Mobile Medical Office
Seasonal, Agricultural and Migrant Workers
Redwood Rural Health Center (RRHC)
St. Joseph Health System
WIC

In conclusion the report states that by applying uninsured rates to census data, it is estimated that there are 3,279 uninsured children in Humboldt County. It is also assumed that approximately 900 Latino children are eligible for CalKids.

More information contact:

Bonser Bishop and Associates Consulting, 654 Kay Road, Trinidad, CA 95570
707-834-0428, heather@bonserbishop.com

Summary #33

Maternal Child and Adolescent Health Needs Assessment 2004

The Maternal Child and Adolescent Health (MCAH) Division of Humboldt County Department of Public Health completed a needs assessment for the five-year plan. The plan outlines priorities identified for attention by MCAH for services and allows MCAH to plan activities to address priority needs.

MCAH gathered data from multiple sources to meet 27 State required health indicators and other optional focus areas, including comparing Humboldt County data with State rates and Healthy People 2010 goals.

The review of existing documents included:

1. Children and Families Commission Strategic Plan Update 2001
2. Childhood Injury Prevention Strategic Plan 2001
3. Family Violence Prevention Strategic Plan 2003
4. Fetal Infant Mortality Review and Child Death Review Team Recommendation and Report 2001-2002
5. Healthy Start Schools/Communities Partnership Report, Fall/Winter 2003-2004
6. The Impact of Tobacco in Humboldt County 2003
7. Methamphetamine Fact Book: a Community Handbook and Resource Guide 2001
8. Strategic Plan for At-Risk Youth: Alcohol, Tobacco, Other Drug and Violence Prevention 2003
9. Strategic Prevention Plan 2002

MCAH then presented the data findings to various collaboratives and interest groups and incorporated the feedback and qualitative information. The groups included:

1. Dental Advisory Board
2. Humboldt Healthy Families Collaborative
3. Pediatricians Group
4. Injury Prevention Coalition
5. Redwood Empire Perinatal Leadership Group
6. Family Resource Center and Health Start Coordinators Group

MCAH analyzed the collected data and presented it to the MCAH Leadership Group for selection of priority areas. These areas were identified, in order of importance, to be:

Family alcohol, tobacco, drug use	Oral health
Overweight BMI	Domestic Violence
Youth and adult suicide rates	Post neonatal death
Early and adequate prenatal care	Unintentional injuries
Gestational diabetes	

For more information contact:

Maternal Child & Adolescent Health Division
(707) 445-6210

<http://co.humboldt.ca.us/HHS/PHB/childhoodInjuryPreventionProgram.asp>

Summary #34

Mobile Medical

Mobile Medical Office (MMO) provides the Latino Health Promotion Project (LHPP). This project won a “Public Health Hero” award from Humboldt County Department of Health and Human Services in 2008 for its successful reduction in disparities faced by Latino patients, particularly for those patients with diabetes. The LHPP focuses on the communities of the Eel River Valley: Fortuna, Ferndale, Rio Dell and Loleta.

In the course of providing services in 2007, many family members accompanied diabetic patients to the support groups and to the dental clinics. A ten-fold increase in children attended the oral health clinics and many also became medical patients of the clinic. The physician noted the high incidence of childhood obesity in these young patients putting them at great risk of also developing diabetes. Interviews with the children and parents by the physician demonstrated that weight gain was influenced by lack of physical activity and over-consumption of sweet snacks and sodas. After researching several options, MMO chose the ShapeDown program as the best one for the population. ShapeDown was developed by childhood obesity experts at UCSF and is an effective 10-week series family-based treatment program that enhances children’s self-esteem and encourages improved peer relationships and adoption of healthier habits so children begin to normalize their weight within their genetic potential.

LHPP’s monthly diabetes peer-support group in Fortuna has demonstrated that it is a key component in improving diabetes self-management outside of doctor’s visits. Most diabetic patients of the clinic who, for the most part come to the group, have seen a significant reduction in their hemoglobin A1c results. By using culturally-appropriate educational activities, participants have felt respected in their particular ways of learning and over time, they have motivated one another through the on-going sharing of testimonials from diabetics who have succeeded in managing the disease.

The LHPP free well-child dental clinic started in Loleta in the fall of 2007 has served an average of 35 children, with a high return rate for each family. Some families come from Eureka, some from Fortuna and Ferndale, knowing that it is the only clinic available in the area.

For more information contact:
Mobile Medical Office
707-443-4666 or 707-443-1186
www.mobilemed.org

Summary # 35

The North Coast: Targets of Opportunity 2007

In August of 2004, the Workforce Investment Board prepared a report on labor market trends for Humboldt County. The purpose of the report was to provide an overview of how Humboldt County is functioning with labor market trends, compared to national, state and similar rural communities.

The report reviewed what forces are affecting the wage trends, industries with higher than average wages and their growth potential in Humboldt, the implication of trends for investments of public funds, the strategies recommended by economists to grow family wage jobs and provided a list of economic and workforce development resources.

The Workforce Investment Board used a local research team to complete the work. The team consisted of individuals from Humboldt State Departments of Economics and Office of Economic Development, Chico Center for Economic Development, Employment Development Department, Chamber of Commerce members and members of the Workforce Investment Board itself.

The research team reviewed relevant white papers, data from the United States Census, the Employment Development Department and selected web sites, and held discussions with Workforce Investment Board members and leadership to look for implications of the data for Humboldt County.

In July 2007, the Workforce Investment Board released “The North Coast: Targets of Opportunity”. The report identified six targets of opportunity as the most promising areas for economic and workforce development. These include:

- Diversified Health Care
- Building and Systems Construction and Maintenance
- Specialty Agriculture, Food, and Beverages
- Investment Support Services
- Management and Innovation Services
- Niche Manufacturing.

For more information contact: Humboldt County, Workforce Investment Board
520 E Street, Eureka, CA 95501, 707-445-7745 <http://humboldtwib.com>

Summary # 36

Oral Health Survey – Well Child Dental Visit Summary 2008

From January 23-25, 2008, 30 surveys were completed by participants who had children under the age of 6 living at their home. The surveys were administered at Food for People or Eureka WIC in either written ballot or verbally read; approximately one-third asked to have the survey read to them. All those who completed the survey received a \$15 gift card from Target. The target audience was an adult who had a young child living with them covered by Medi-Cal insurance; 27 out of 30 respondents met this goal.

All 30 respondents felt that well child medical visits were either very important (25) or somewhat important (5). The top three reasons given were that it would help their children be healthy (22), it would prevent problems (15), and assure them that their children were OK (14). Twenty nine-respondents felt that children's baby teeth/oral health were very important (26) or somewhat important (3). One respondent was unsure. The top three reasons given why children get cavities were that they don't brush (23), they eat too many sweets (22), and they have bacteria in their mouths (15). Interestingly, poor access to a dentist, cavities are just part of childhood, and weak teeth were not frequently chosen.

The top three reasons to take children to the dentist were to get a dental check-up although there are no problems (26), they want to prevent a cavity (24), and they want their child's teeth cleaned (15). Taking a child to the dentist for restorative care was not given a high priority.

After a brief explanation of the Well Child Dental Visit (WCDV), all 30 respondents felt it was very important (28) or somewhat important (2) to get a WCDV to prevent cavities. Most felt they could see either a doctor or a dentist for the procedure. Most felt very likely (22) or somewhat likely (6) that they could take their child for three WCDV per year, but listed transportation, time off from work, clinics too busy, and trouble remembering the appointments as the biggest barriers. The best reasons to motivate parents to get a WCDV is that it will prevent cavities (18), it will keep their child's teeth healthy (17), and if my child already had cavities or toothaches (15). The respondents felt the best way to promote the WCDV to friends would be to say that it keeps children's teeth healthy, it prevents cavities, it is an easy thing to do, and it is free with Medi-Cal.

This survey showed that respondents understand and value preventive medical and dental visits for their children. They understand the causes of dental disease with very little belief in the fatalism of cavities. The best way to promote the WCDV is to promote its preventive qualities and its ease. In order to overcome the barriers of transportation and time off from work, it makes sense to provide the WCDV during other visits the family makes. DHSS will use this information to create three TV commercials to be produced in 2008.

For more information contact:

Laura McEwen, Oral Health Coordinator, DHHS/Public Health Branch
908 Seventh Street, Eureka, CA 95501 707-445-6027, lmcewen@co.humboldt.ca.us

Summary # 37

Panamnik Building Community Program Survey Analysis and Results 2011

The Panamnik Building Community Program Survey was designed to determine how community members felt about the current community programs at the Panamnik Building; ideas for new programming; and priorities for developing new community programs. The survey was distributed, collected and analyzed in 2010. Surveys were distributed to all P.O. Box holders in Orleans and Somes Bar as well as available at the Salmon River Outpost, the Panamnik Building, the Panamnik Elder Center, the Orleans Mining Company, and the Orleans Market. Fifty two surveys were returned.

Most respondents (42%) attend special events at the Panamnik Building or use it for meeting space (23%). Additional uses of the building include yoga classes, Klamath-Salmon Natural History Library, Kid's Corner, wireless internet, Friday Night Movie Night, music program for young children and Community Sing. Highest value rating was for special events followed by meeting space, Klamath-Salmon Natural History Library, yoga classes, Kid's Corner, wireless internet, and music programs for young children.

Prioritization for possible future offerings were:

- After-school programs
- Dance & exercise classes
- Public library branch
- Café
- Live music
- Retail space for local products
- Outdoor amphitheater or park
- Certified kitchen for community use.

More information contact:
Panamnik Building Community Program
Mid Klamath Watershed council
P.O. Box 409
Orleans, CA 95556
heather@mkwc.org

Summary # 38

Paso A Paso Community Report 2010

The Paso A Paso Community Report covered the period of July 1, 2010 through December 31, 2010. Paso A Paso is a program of the St. Joseph Health Systems of Humboldt County, Community Resource Centers. The program provides services to the Hispanic community in Humboldt County, especially at St. Joseph and Redwood Memorial Hospitals. Program successes were highlighted in the report. Areas of need or challenges to serving the local Hispanic population were detailed as follows:

- Lack of jobs in the county continues to be a challenge for the families in the community.
- Lack of competent interpreters in different community agencies and services, especially in the school systems, continue to be a barrier.
- Lack of transportation services in the Eel River Valley is a barrier for families wanting to participate in Paso A Paso classes.
- Lack of health insurance for adult clients.
- Lack of Spanish speaking counselors. Many adult clients and some children are depressed and in need of counseling.

More information contact: Kathy Hayes, Regional Director of Community Benefits, St. Joseph Health System-Humboldt County 707-445-5111x7450

Summary #39

Paths to Prevention and Recovery

The Paths to Prevention and Recovery report on the effects of alcohol and other drugs (AOD) on Humboldt County is modeled on the 1999 report that covered the same issues. The report tries to answer four questions:

1. How has our community responded to prevent abuse of alcohol and illicit drugs and recover from their impact?
2. How many people are negatively affected now?
3. Are the problems getting worse or better?
4. How do the problems in Humboldt County compare with those in similar rural Northern counties and Statewide?

The impacts of alcohol and other drugs are so pervasive and complex that they are difficult to grasp without multiple measures. For each indicator in the report, the report shows the actual number of persons who were affected in Humboldt County and whenever possible, shows graphs of indicator trends over time. Comparisons are also made to the State as a whole and with two groups of northern California non-urban counties that bracket Humboldt County's 2002 population of 127,159.

There are many impacts of drug and alcohol use that are not routinely measured due to lack of accurate data. For example, a recent nationwide study found that alcohol or other drugs were involved in 9% of emergency room trauma cases of children age 10-14. It is also estimated that between 50-75% of all child abuse cases has a direct correlation to alcohol and drug abuse. Without the ability to accurately estimate the causes of these issues in Humboldt, it is believed the real alcohol and drug abuse reported in this report is an understatement of the impact of the abuses on Humboldt County citizens and their children.

Recommendations are offered in the report with the intention of assisting to move Humboldt forward in a positive effective manner to address the complicated issues surrounding alcohol and drug abuse. The four areas of focus are:

1. Address alcohol and drug abuse in Humboldt County through agency collaboration
2. Prevent drug overdoses
3. Address underage drug and alcohol issues
4. Train community on alcohol and drug prevention, intervention and education needs

More information contact:

Humboldt County
Department of Health and Human Services
Public Health Branch
529 'I' Street
Eureka California 95501

Summary #40 Project Lean

In the 2003 – 2004 school year a convenience sample of 1,551 Kindergarten, second, fifth, eighth and tenth grade students had their height and weight measured during routine hearing screenings. Six cases were removed due to data entry errors, leaving a sample of 1,545, 796 males and 739 females. Each student's body mass index (BMI) was calculated and compared to the Centers for Disease Control for Prevention BMI for age. The comparisons were made for the fifth, eighty-fifth and ninety-fifth percentiles. Students were then classified as 'underweight' (BMI less than the fifth percentile), 'at risk' for overweight (BMI between the eighty-fifth and ninety-fifth percentile) or 'overweight' (BMI greater than the ninety-fifth percentile). The results were:

- Underweight – 3.4%
- At risk of overweight – 16.4%
- Overweight – 20.9% (323 children)
- Overweight males – 24% of 796
- Overweight females – 17.6% of 749

Overweight prevalence has been established nationally for two age groups: 15.3% for children 6-11 years, and 15.5% for 12 to 19. For Humboldt County, the prevalence among 6 – 11 year olds is 24% out of 545 children and for 12 to 19 year olds is 20.3% of the 842 children screened. The national prevalence for children less than 5 years of age is 14.3% nationally and 17.3% for California. The Humboldt County Kindergarten students, at 13.3% of the 158 children did not have a significant difference from either the federal or state values.

By gender, the difference in overweight prevalence is also evident when age groups are compared. Males and all students in the 6 to 11 year group demonstrate a higher overweight prevalence.

Humboldt County is tied with Del Norte County as the leading county in California for high rates of food insecurity with hunger. For Humboldt,

- A total of 35% of low-income children ages 2-4 were classified as overweight or at risk for overweight in 2002
- A test of ninth graders in 2002-2003 school year showed that 51% of them were physically unfit
- Over one third of children in grades 5, 7, and 9 were overweight, according to 2002-2003 Fitnessgram
- The poverty rate for families with children under five (5) years of age was 28% and 21 % of families with children under age 18, according to the 2000 census

More information contact:

Northcoast Nutrition and Fitness Collaborative, Department of Health and Human Services, Public Health Branch, Community Wellness Center,
908 Seventh Street, Eureka California 95501, (707) 441-5080,
www.northcoastnutrition.org

Summary # 41
Rural Community Vital Signs
CCRP 2010

In an effort to improve community health indicators, the California Center for Rural Policy (CCRP) identified a common set of community indicators to help guide and assess outcomes resulting from improvement efforts in the region (Del Norte, Humboldt, Mendocino, Trinity counties). Areas identified as in need of improvement are:

Children: When compared to the rest of California, Humboldt County has a lower: percentage of pregnant women receiving prenatal care, childhood immunization rates, participation rates in preschool, nursery school or Head Start, High School graduates with all courses required for UC or CSU entrance, and percentage of children with health insurance (i.e. children's uninsured rates are higher). High School graduation rates have been decreasing and High School drop-out rates are even higher for certain racial and ethnic groups in the region.

Dental: Dentists are limited especially for low-income individuals. Untreated dental decay is prevalent in approximately 25% of kindergarten and first grade students.

Drug & Alcohol: Alcohol and drug use is higher among middle and high-school students in the region compared to all of California, especially in non-traditional schools (continuation, community day, and alternative schools). Admissions for drug treatment for which methamphetamine was the primary drug of abuse is increasing. Prescriptions for narcotics and other controlled substances have increased. Drug induced death rates in Humboldt County are increasing and are the highest in all of California.

Food security: Humboldt County has a high percent of households experiencing hunger (especially those households with children). Food stamp programs and school lunch programs are not adequately utilized among those who are eligible.

Health: Humboldt County has higher premature deaths and deaths due to all causes than the rest of California. Specialty physicians are limited especially for low-income individuals.

Obesity, Nutrition & Fitness: Nearly 60% of adults are overweight or obese and less than 50% meet the recommendations for physical activity. Fruit & vegetable consumption is decreasing among teens. Less than 40% of 7th graders are in the Healthy Fitness Zone for all 6 Physical Fitness Areas.

Poverty: Poverty rates are high, especially for single women with children, and a low percentage of jobs pay an hourly wage above the self-sufficiency standard for these families. The percent of renters paying $\geq 30\%$ of household income on rent is high and increasing.

Seniors: Humboldt County has a higher percent of seniors with one fall in the past year when compared with the rest of California. The maximum SSI payment for seniors is below the income needed to meet their basic needs.

Uninsured: Percentage of children without health insurance is higher in Humboldt than California.

(summarized from Executive Summary page 8)

More information contact:
CCRP – California Center for Rural Policy
Humboldt State University
1 Harpst Street, Arcata, CA 95521
www.humboldt.edu/ccrp

Summary # 42

Rural Poverty and Its Health Impacts CCRP 2008

The *Rural Poverty and Its Health Impacts 2008* provides a detailed description of rural poverty and its health impacts in the Redwood Coast Region (Del Norte, Humboldt, Trinity and Mendocino). The report combines multiple methodologies including the Rural Health Information Survey. The Redwood Coast Region poverty rates are higher than the rest of the state and nation.

The main findings include:

- Respondents living at or below the Federal Poverty Level (FPL) were nearly five times more likely to report poor to fair health than respondents at 300% of FPL and are four times more likely to report being sad or depressed when compared to those at 300% of FPL.
- Very low food security (lack of ability to afford enough food resulting in hunger) is nearly 27 times more likely to be experienced by those at FPL than those at 300% of FPL. Households with children were nearly twice as likely to have very low food security compared to households without children.
- Adults at the poverty level were five times less likely to get needed health care than those at 300% of FPL, primarily due to issues of health insurance.
- Children at or below 200% of FPL were four times less likely to get needed health care than those above 200%.
- Individuals at or below 200% FPL were two and a half times more likely to smoke cigarettes on a daily basis than those with household incomes above that level.
- Respondents living at or below the FPL were five times more likely to be unable to meet their health needs due to transportation issues than respondents at 300% of FPL.

More information contact:
CCRP – California Center for Rural Policy
Humboldt State University
1 Harpst Street, Arcata, CA 95521
www.humboldt.edu/ccrp

Summary # 43

Seniors Food Preparation and Food Security Survey Report 2009

The *Seniors Food Preparation and Food Security Survey Report 2009* was conducted in the fall of 2009. The Area 1 Agency on Aging conducts needs assessments every four years as required by the California Department of Aging. The purpose of the survey is to gather first-hand information regarding senior nutrition needs, concerns, issues, difficulty in performing food preparation and food security. 3,000 surveys were distributed throughout Del Norte and Humboldt Counties via 48 distribution sites. Approximately 415 surveys were returned and consisted of seniors, adults with disabilities, and caregivers. Seniors age range was from 60-98 and caregivers were from 30 to 97.

As nutrition is a vital part of staying healthy, respondents were asked questions about their ability to afford nutritious food, frequency of eating hot meals, and their ability to prepare their meals. Over one-third of respondents indicated that there were times when they could not afford to purchase fruit, vegetables and protein. Two-thirds of respondents prepare an average of less than one hot meal a day for themselves, 40.0% of respondents prepare three or less per week and 17.3% do not prepare themselves a single hot meal each week. Many of these individuals have hot meals prepared by others, but 43.1% still average one hot meal per day per week or less, with 6.7% having a hot meal on average less than every other day to not at all.

Respondents were given a list of problems that could affect one's quality of life. Respondents were asked to indicate which items were a problem to them personally and to what degree they were a problem. One problem from the list was "Nutrition/food (affording or preparing)". Thirty-six percent of respondents have a minor or serious problem with affording or preparing food.

Respondents were requested to identify if they had problems with their own care or the care they give to someone else. Five of the list of activities concerned food preparation [grocery shopping, preparing meals, standing to cook, cooking hot meals, and carrying hot meals from stove to table]. Over one-third of respondents (38.6%) have minor difficulty, serious difficulty, or are unable to do their own grocery shopping with 19.8% having serious difficulty or are unable to do it at all. One-third of respondents also are unable or have difficulty with preparing meals and standing to cook those meals. Just under one-third have difficulty with cooking hot meals and carrying hot meals from the stove to the table.

More information contact: Planner @ Area 1 Agency on Aging, 434 Seventh Street, Eureka, CA 95501 (707)442-3763

Summary #44

Sexual Assault Response Team 2007

Each year the Humboldt County Sexual Assault Response Team (SART) compiles statistical data on the number of assault survivors seen for examination by SART examiners. The Humboldt County Sexual Assault Response Team (SART) is a coordinated, multi-agency, multi-disciplinary team that investigates reports of known or suspected sexual assault. The team is comprised of representatives of local law enforcement agencies, county welfare, sexual assault medical examiners and survivor advocacy groups. The SART coordinator is an employee of St. Joseph Hospital and all SART exams for the county are provided on the St. Joseph Hospital Campus.

The goals of SART are:

- Protect the sexual assault victim from further harm
- Respond promptly with appropriate agencies and resources to incidents of known or suspected sexual assault
- Provide for the timely, thorough and professional gathering of physical evidence from sexual assault victims by trained medical examiners at a location within Humboldt County
- Enhance the ability of law enforcement agencies to obtain evidence and successfully prosecute cases without physical or mental harm to the victims
- Refer victims to advocacy agencies
- Establish and maintain lines of communication between involved agencies and groups through adoption of a team approach in response to a sexual assault
- Lessen the risk of emotional trauma to the victims by limiting the number of victim interviews
- Promote vertical investigation, prosecution, protective services and advocacy
- Adopt policies within each of the involved agencies and groups to recognize and implement the aforementioned goals

In 2007, there were 69 SART cases with the youngest survivor 2 years of age and the oldest 55. There were 64 females and 5 males examined during the 37 acute (emergent) and 32 scheduled examinations. For the past five years, SART has examined a total of 312 survivors for a yearly average of 62.4 cases. All cases are referred to SART by law enforcement or Child Welfare services for examination and all survivors give permission for the exam. There are more cases in the county that are not given exams due to lack of survivor agreement, lack of law enforcement support and/or lack of finances for law enforcement to pay for them.

More information contact:

Sexual Assault Team Coordinator
St. Joseph Hospital
2700 Dolbeer Street,
Eureka California
(707) 445-8121 x 5907

Summary # 45

Southern Humboldt Caregiver Focus Group 2007

The Area 1 Agency on Aging in collaboration with the Redwood Caregiver Resource Center (RCRC), in the fall of 2007, held a family caregiver focus group in Garberville. The purpose of the focus group was to determine local interest in a support group, identify barrier, challenges, and other needs. Seven local caregivers participated in the focus group. These caregivers provide assistance with people with dementia, multiple sclerosis, Parkinson's disease. Caregivers were providing care to elderly patients, spouses and friends.

The focus group identifies the following needs:

1. support group
2. guest speakers on services for practical/how to matters,
3. forms assistance
4. skills training
5. respite services.

For more information contact: Planner@ Area 1 Agency on Aging, 3300 Glenwood Street, Eureka, CA 95501, 707-442-3763

Summary #46

Tri – County Independent Living Incorporated 2004

Tri-County Independent Living is a private, non-profit organization run by a Board of Directors, many who have disabilities. It is one of twenty-nine Independent Living Centers throughout California and it has served Humboldt, Del Norte and Trinity counties since 1978. The organization estimates the disabled population of the three counties to be 16,000.

The mission is to promote independent living so that people with disabilities can have control over their lives and full access to the communities in which they live. The core services include: information and referral, assistance with technology, housing assistance, individual and systems advocacy, independent living skills training, benefits counseling, peer counseling, youth services, and community outreach.

Throughout 2004, Tri- County Independent Living requested that individuals accessing their services complete a questionnaire. The purpose of the questionnaire was to determine how the disabled evaluated their needs for services throughout the community. There were 1,300 questionnaires completed.

The organization notes the needs of the disabled population has not changed dramatically since they began to collect data. The clients may change but the top priority areas for the population reminds:

- Accessible transportation
- Affordable, accessible housing
- Employment
- Health/dental insurance coverage

More information contact:

Tri-County Independent Living Incorporated
955 Myrtle Avenue,
Eureka Ca. 95501
Phone (707) 445-8404
Fax (707) 445-9751
TTD (707) 445-8405
Toll Free: 877-576-5000

Summary # 47

United Indian Health Services Elder Nutrition Program Survey 2003

During 2002 the United Indian Health Services Elder Nutrition Program was one of 83 organizations participating in a national survey from the National Resource Center on Native American Aging, University of North Dakota, funded by a grant from Administration on Aging. The purpose of the survey was to examine the health status and health care needs of Native American Elders. Elder Nutrition staff interviewed 100 participants, approximately 50 people in each of the two Older Americans Act Title VI Programs. The survey interviewees were Native American elders participating in United Indian Health Services Elder Nutrition Program, located in Smith River and Klamath. The needs identified are:

1. Help with: housework, shopping, and personal care
2. Health issues: Arthritis, Hypertension, and Diabetes

More information contact: United Indian Health Services, Inc.
1600 Weeot Way, Arcata, CA 95521. (707) 825-5000
<http://uihs.org>

Summary #48

Unmet Transit Needs 2006-2007

The Humboldt County Association of Governments (HCAOG), acting in the official capacity as the designated Regional Transportation Planning Agency, presented the 'Report of Findings: Unmet Transit Needs 2006-2007 Fiscal Year'. The Association has the responsibility to ensure that transit needs are examined for each member entity's respective area of jurisdiction. The findings are collected through a series of public hearings conducted by the Association and its member entities. The process for the hearings is conducted according to specific Public Utilities Codes.

During the 2005-2006 unmet transit needs process, the Caravan program was expanded to include providing services to Old Arcata Road and Humboldt Hill areas. This program is provided by HCAR (Humboldt Community Access and Resource Center). Later in the year this was expanded to include Fielding Landing, King Salmon, Ridgewood and Cutten area.

The FY 2006-2007 recommendations include carry over from the previous year for Fortuna and the County to consider expanding Fortuna's transit services beyond the city limits. Another recommendation is the exploration of a shuttle feeder service in the McKinleyville area.

Many of the hearing comments noted problems that were present in the prior year assessment and can be generalized into the following areas of concern:

- Additional evening and/or Sunday general public transit services are needed
- Additional weekend and evening Dial A Ride/Lift services are needed in all rural areas of the county
- Dial A Ride/Lift services are needed on the route between Arcata and Eureka
- Service to outlying communities (Orick, Garberville, Hydesville-Bridgeville etc.) are requested by members of social services advocacy groups
- Transit operators need to look at public transit times-tables to increase inter-system transfers.

More information contact:
Humboldt County Association of Governments
235 4th Street, Suite F,
Eureka California 95501
(707) 444-8208
hcoag@pacbell.net

Summary # 49

Untapped Resource: Food “Waste” CCRP 2011

Currently, nearly 18,000 tons of food waste is being hauled out of Humboldt County, despite a rising issue of food security for those near and below the Federal Poverty Level. The food waste poses environmental concerns as well. The water and fossil fuel to produce and prepare the food in addition to the resources needed to dispose of the waste, bring the issue to discussion of preserving natural resources and reducing greenhouse gas emissions.

Untapped Resource: Food “Waste” introduces the concept of a digester facility to handle the food waste. Digesters are used in many parts of the world but are not common in the U.S. This report briefly outlines a plan to establish a digester in Humboldt County as a major step towards a zero waste plan, such as that adopted in Del Norte County.

More information contact:
CCRP – California Center for Rural Policy
Humboldt State University
1 Harpst Street, Arcata, CA 95521
www.humboldt.edu/ccrp

Summary of Need Areas and Report Prioritizations

Summary of Need Areas and Needs Summary Reports Prioritization

General Population	Medical Care	Life Skills	Affordable, Accessible Housing	Coordinated Info. & Referral	Jobs & Training	Mental Health Services	Personal Safety	Recreational/Social Opportunities	Community Support	Dental Care	Transportation	Caregiving	Substance Abuse Education/Program
TOTAL	32	28	15	13	13	13	12	12	11	10	10	9	9
Summary #1	X		X	X								X	
Summary #2	X	X											
Summary #3	X	X	X	X	X	X	X						X
Summary #4	X	X	X	X	X	X							
Summary #5			X			X							
Summary #6	X		X	X	X	X		X	X				
Summary #7					X							X	
Summary #8		X					X						X
Summary #9			X		X								
Summary #10	X	X	X	X	X	X	X	X	X	X	X	X	X
Summary #11		X	X				X						X
Summary #12	X	X		X	X					X		X	
Summary #13		X							X			X	
Summary #14	X			X			X						
Summary #15		X		X									
Summary #16	X					X				X			
Summary #17	X	X	X	X			X	X	X		X	X	
Summary #18		X											
Summary #19		X	X										
Summary #20	X	X		X				X	X		X		
Summary #21	X	X						X	X		X		
Summary #22	X	X	X	X	X	X	X	X	X		X		
Summary #23	X	X						X			X		
Summary #24	X	X								X			
Summary #25	X	X											
Summary #26	X		X	X		X				X			X
Summary #27			X			X	X						X
Summary #28	X	X						X	X				
Summary #29	X												
Summary #30	X					X							
Summary #31	X	X	X				X	X					
Summary #32	X												
Summary #33	X	X				X	X			X			X
Summary #34	X									X			
Summary #35					X								
Summary #36										X			
Summary #37								X	X				
Summary #38	X				X	X			X		X		
Summary #39		X											X
Summary #40	X	X						X					
Summary #41	X	X			X		X	X	X	X			X
Summary #42	X	X			X	X					X		
Summary #43	X	X										X	
Summary #44				X			X						
Summary #45												X	
Summary #46	X		X		X					X	X		
Summary #47	X	X										X	
Summary #48											X		
Summary #49	X	X											
TOTAL	32	28	15	13	13	13	12	12	11	10	10	9	9

Medical Care:

The provision of affordable, accessible medical care for all citizens that will bring the county health statistics closer to 2010 goals and outcomes

Medical Care	Summary # 1	Summary # 2	Summary # 3	Summary # 4	Summary # 6	Summary # 10	Summary # 12	Summary # 14	Summary # 16	Summary # 17	Summary # 20	Summary # 21	Summary # 22	Summary # 23	Summary # 24	Summary # 25	Summary # 26	Summary # 28	Summary # 29	Summary # 30	Summary # 31	Summary # 32	Summary # 33	Summary # 34	Summary # 38	Summary # 40	Summary # 41	Summary # 42	Summary # 43	Summary # 46	Summary # 47	Summary # 49	Total		
General Population	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	32	
Food/Nutrition (inc. Home Delivered Meals, Food Bank; Food Security)		X		X			X	X		X	X	X	X	X		X					X							X	X	X			X	15	
Accessible/Finding Provider			X			X	X		X	X			X				X							X		X	X	X						11	
Affordable						X			X	X			X							X				X	X		X	X						9	
Insurance Costs & Coverage (inc. adults)									X						X					X		X		X	X			X	X		X			9	
Diabetes & Pre-Diabetic (inc. Education)				X				X		X	X										X		X	X							X			8	
Health Care						X				X	X		X										X			X	X			X				8	
Overweight/Obese											X	X						X		X			X			X	X							7	
Nutrition Counseling & Education								X		X	X					X											X	X							6
Access for the Uninsured						X			X															X			X								4
Early & Adequate Prenatal Care							X															X					X								3
Health Screenings									X		X																			X					3
Case/Care Management			X	X																															2
In-Home Care	X																																		1
Need Integration of Services														X																					1
Prescriptions Affordability/Cost Prohibitive					X																														1
Out of Home Care	X																																		1
Water Therapy					X																														1
Access to Mobile Medical						X																													1
Rural Doctors do not take Medicare						X																													1
Home Fall Risk Assessment																						X													1
Physical & Occupational Therapy																						X													1
Medication Review & Management																						X													1
Senior Citizens	X	X			X	X				X		X	X																	X		X			9
Children and Families						X	X					X	X		X								X			X		X							8
Caregivers	X					X				X																				X					4
Homeless			X	X									X			X																			4
Racial/Ethnic Minorities													X											X	X							X			4
Young Adults												X											X				X								3
Disabled or Challenged Individuals						X																									X				2

Life Skills:

Ability for all to provide or to learn skills ranging from appropriate personal grooming to financial management, from personal self-esteem to responsible parenting, from routine household maintenance to meal preparation

Life Skills:	Summary # 2	Summary # 3	Summary # 4	Summary # 8	Summary # 10	Summary # 11	Summary # 12	Summary # 13	Summary # 15	Summary # 17	Summary # 18	Summary # 19	Summary # 20	Summary # 21	Summary # 22	Summary # 23	Summary # 24	Summary # 25	Summary # 28	Summary # 31	Summary # 33	Summary # 39	Summary # 40	Summary # 41	Summary # 42	Summary # 43	Summary # 47	Summary # 49	Total
General Population	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	28
Education on Preparing Healthy Meals			X				X			X			X	X		X		X						X		X		9	
Foster Healthy Living (Diet & Lifestyle)													X	X		X	X	X	X					X				7	
Meal Preparation	X									X			X	X	X	X										X		7	
Increase Physical Activity													X	X					X	X			X	X				6	
Nutrition Counseling & Education										X						X	X	X					X	X				6	
Overweight/Obese													X	X		X			X				X	X				6	
Drug Abuse Prevention & Education		X			X																	X		X				4	
Money to Live on/Cost of Living	X	X								X					X													4	
Preparedness for Entering School					X		X	X																X				4	
Household Chores										X																X	X	3	
Early & Adequate Prenatal Care							X														X							2	
Education on Dental Care & Prevention																	X							X				2	
Financial Management		X								X																		2	
Living Skills Instructor		X			X																							2	
Lack of Preschools & Participation					X																			X				2	
Self Advocacy									X		X																	2	
Access to Hygiene Facilities			X																									1	
Increase Adult Supervision of Children				X																								1	
Lack of Education on Safety Equipment: Bicycle Helmets, Life Jackets, Water Safety						X																						1	
Sleeping Environment Increase Contributing Factor in Infant Mortality						X																						1	
Warm Clothing															X													1	
Cigarette Smoking																									X			1	
Food Waste																											X	1	
Children and Families				X	X	X	X	X						X	X	X					X		X		X			11	
Senior Citizens	X								X	X				X	X					X						X	X	8	
Caregivers									X	X																X		3	
Homeless		X	X												X													3	
Racial/Ethnic Minorities															X											X		2	
Young Adults														X									X					2	
Disabled or Challenged Individuals																												0	

Affordable, Accessible Housing

Safe and accessible housing that the majority of the people of the county can afford to rent or purchase, and for which appropriate utilities are available and affordable

Affordable, Accessible Housing	Summary # 1	Summary # 3	Summary # 4	Summary # 5	Summary # 6	Summary # 9	Summary # 10	Summary # 11	Summary # 17	Summary # 19	Summary # 22	Summary # 26	Summary # 27	Summary # 31	Summary # 46	Total
General Population	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	15
Affordable	X	X		X	X	X	X			X	X	X	X		X	11
Accessible	X					X					X	X	X		X	6
Need Emergency & Transitional Housing			X	X								X	X			4
Subsidized Housing	X										X	X		X		4
Utilities/Energy Bills/Assistance Programs		X							X		X	X				4
Assistance with Retaining Housing		X										X				2
Senior Housing	X				X											2
Home Maintenance/Repair/Minor Modifications														X		1
Transitional Housing												X				1
Poor Housing Contributes to Infant Mortality Rates								X								1
Homeless		X	X	X							X	X	X			6
Senior Citizens	X				X	X			X		X			X		6
Children and Families						X		X			X		X			4
Caregivers	X								X							2
Disabled or Challenged Individuals						X									X	2
Racial/Ethnic Minorities											X					1
Young Adults																0

Coordinated Information and Referral:

Coordination between service providers for seniors, parents and youth to use when information or referrals are needed

Coordinated Information and Referral	Summary # 1	Summary # 3	Summary # 4	Summary # 6	Summary # 10	Summary # 12	Summary # 14	Summary # 15	Summary # 17	Summary # 20	Summary # 22	Summary # 26	Summary # 44	Total
General Population	X	X	X	X	X	X	X	X	X	X	X	X	X	13
Advocacy & Outreach on Available Services	X	X		X			X		X	X	X	X		8
Obtaining Information on Services	X	X		X	X				X	X	X	X		8
Receiving Services/Benefits	X	X					X		X	X	X	X		7
Care/Case Management		X	X		X							X		4
Assistance with Filling Out Government Forms etc.		X								X		X		3
Awareness of Services							X	X				X		3
Improve Coordination of Services		X			X							X		3
Legal Services or Assistance	X								X		X			3
Application Process for Supportive Services (inc. Homeless Population)			X									X		2
Childcare: Information on School Age Programs & Data						X								1
Financial Management Assistance (Credit & Debit)		X												1
Integration of Service												X		1
Sexual Assault Victim Agencies													X	1
Streamline Application Process for Supportive Services for Homeless												X		1
Strengthen Safety Net for 0-5 Age Children and Families						X								1
Senior Citizens	X			X	X				X					4
Caregivers	X				X				X					3
Homeless		X	X									X		3
Children and Families					X	X								2
Disabled or Challenged Individuals					X									1
Racial/Ethnic Minorities														0
Young Adults														0

Jobs & Training

Training of the unemployed to assist with the transition from jobs of the past to jobs of the future

Jobs & Training	Summary # 3	Summary # 4	Summary # 6	Summary # 7	Summary # 9	Summary # 10	Summary # 12	Summary # 22	Summary # 35	Summary # 38	Summary # 41	Summary # 42	Summary # 46	Total
General Population	X	X	X	X	X	X	X	X	X	X	X	X	X	13
Job Training, Finding Jobs, & Resume Development	X	X	X			X		X	X	X	X	X		9
Lack of Jobs (Specifically Non-Seasonal Work)					X						X		X	3
Child Care: Accessible & Affordable				X			X							2
Continuing Education			X											1
Existing Jobs Do Not Provide Adequate Income to Purchase a Home					X									1
Increase Childcare During Non-Traditional Business Hours				X										1
Children and Families				X	X		X	X						4
Homeless	X	X						X						3
Racial/Ethnic Minorities								X		X				2
Senior Citizens			X					X						2
Disabled or Challenged Individuals													X	1
Caregivers														0
Young Adults														0

Mental Health Services:

Access to mental health services for all areas of the county and all socio-economic populations

Mental Health Services:	Summary # 3	Summary # 4	Summary # 5	Summary # 6	Summary # 10	Summary # 16	Summary # 22	Summary # 26	Summary # 27	Summary # 30	Summary # 33	Summary # 38	Summary # 42	Total
General Population	X	X	X	X	X	X	X	X	X	X	X	X	X	13
Depression				X		X	X			X		X	X	6
Increase Needed of Mental Health Services/Access		X	X		X		X	X				X		6
Care Management	X	X						X						3
Counseling in Spanish							X					X		2
Suicides: Youth & Adult				X							X			2
Support Groups (inc. Spanish Speaking)					X							X		2
Biopsychosocial Issues	X													1
No Local/Rural Services					X									1
Layered Losses of the Aging Process				X										1
Homeless	X	X	X				X	X	X					6
Children and Families							X		X		X			3
Senior Citizens				X			X				X			3
Racial/Ethnic Minorities							X					X		2
Caregivers														0
Disabled or Challenged Individuals														0
Young Adults														0

Personal Safety:

The ability to of community members to feel safe in their homes and in their communities

Personal Safety	Summary # 3	Summary # 8	Summary # 10	Summary # 11	Summary # 14	Summary # 17	Summary # 22	Summary # 27	Summary # 31	Summary # 33	Summary # 41	Summary # 44	Total
General Population	X	X	X	X	X	X	X	X	X	X	X	X	12
Accidents in the Home/Falling						X	X		X		X		4
Crime						X	X					X	3
Domestic Violence								X		X			2
Education on Childhood Injury Prevention		X									X		2
Increase Use of Safety Equipment (inc. Car Seats, Bicycle Helmets, Smoke Detectors, Life Jackets)		X		X									2
Unintentional Injuries Leading Cause of Youth Mortality				X						X			2
Independence/Self-Determination					X								1
Personal Safety/Neglect/Abuse	X												1
Sexual Assaults												X	1
Suicides: Youth & Adult										X			1
Lack of Police, EMT & Fire in Remote Areas			X										1
Children and Families		X		X			X	X		X			5
Homeless	X						X	X					3
Senior Citizens						X	X		X				3
Caregivers						X							1
Racial/Ethnic Minorities							X						1
Young Adults										X			1
Disabled or Challenged Individuals													0

Recreational/Social Opportunities

Affordable activities for all ages of the community – youth, young adults, families and senior citizens

Recreational/Social Opportunities	Summary # 6	Summary # 10	Summary # 17	Summary # 20	Summary # 21	Summary # 22	Summary # 23	Summary # 28	Summary # 31	Summary # 37	Summary # 40	Summary # 41	Total
General Population	X	X	X	X	X	X	X	X	X	X	X	X	12
Exercise Classes/Programs & Increase Physical Activity	X		X	X	X	X	X	X	X	X	X	X	11
Activities (Families, Seniors & Youth)	X	X	X	X	X	X		X		X		X	9
Recreational Activities	X	X		X	X	X		X		X			7
Activities for After School		X			X	X		X		X			5
Isolation/Loneliness	X		X			X							3
Lack of Locations for Activities		X			X			X					3
Children Need Places to Play		X			X								2
Educational Classes	X					X							2
Library						X				X			2
Homeless Need Productive Recreational & Social Opportunities		X											1
Modern Activities for Youth in Rural Areas		X											1
Volunteer Opportunities	X												1
Senior Citizens	X	X	X		X	X			X				6
Children and Families		X			X	X					X		4
Homeless		X				X							2
Young Adults					X						X		2
Caregivers			X										1
Racial/Ethnic Minorities						X							1
Disabled or Challenged Individuals													0

Community Support

An end to prejudice and discrimination, cultural sensitivity, a sense of community, a place to share experiences and freedom from harassment

Community Support	Summary # 6	Summary # 10	Summary # 13	Summary # 17	Summary # 20	Summary # 21	Summary # 22	Summary # 28	Summary # 37	Summary # 38	Summary # 41	Total
General Population	X	X	X	X	X	X	X	X	X	X	X	11
Support Physical Activities & Healthy Living					X	X		X	X		X	5
Activities for Community (Specifically: Families, Youth & Seniors)		X				X			X		X	4
Isolation/Loneliness	X			X			X					3
Translators (Specifically: Spanish Speaking)							X			X		2
Increase Opportunities for Social Engagement While Eating					X							1
Sense of Family		X										1
Sense of Community		X										1
Support for Families & Community			X									1
Volunteer Opportunities	X											1
Senior Citizens	X	X		X		X	X					5
Children and Families		X	X			X	X					4
Racial/Ethnic Minorities							X			X		2
Caregivers				X								1
Homeless							X					1
Young Adults						X						1
Disabled or Challenged Individuals												0

Dental Care:
Access to dental care and oral hygiene education

Dental Care:	Summary # 10	Summary # 12	Summary # 16	Summary # 24	Summary # 26	Summary # 33	Summary # 34	Summary # 36	Summary # 41	Summary # 46	Total
General Population	X	X	X	X	X	X	X	X	X	X	10
Availability of Providers/Clinic Care (Access)	X	X	X	X	X		X		X		7
Access for the Uninsured	X		X	X			X	X	X		6
Early Prevention/Intervention		X		X			X	X	X		5
Insurance: Cost & Coverage			X	X					X	X	4
Oral Health Education		X		X			X		X		4
Lack of Early Prevention/Intervention				X					X		2
Care Manager for Dental Appointment				X							1
Cost Prohibitive				X							1
Rural Dentists do not take Medi-Cal	X										1
Children and Families				X		X		X			3
Disabled or Challenged Individuals										X	1
Homeless					X						1
Racial/Ethnic Minorities							X				1
Young Adults						X					1
Caregivers											0
Senior Citizens											0

Transportation

Solutions to the real and perceived shortage of public transportation into and out of and throughout Humboldt County

Transportation	Summary # 10	Summary # 17	Summary # 20	Summary # 21	Summary # 22	Summary # 23	Summary # 38	Summary # 42	Summary # 46	Summary # 48	Total
General Population	X	X	X	X	X	X	X	X	X	X	10
Accessible Transportation		X			X			X	X		4
Services Should be Available by Public Transit (Bus Routes)					X		X	X		X	4
Transportation to Activities/Lunch Sites/Medical Appointments/Programs/Services		X			X		X	X			4
Remote Areas & Rural to Services	X						X			X	3
Walkable Communities			X	X		X					3
Lack of Evening and Sunday Service	X									X	2
Dial A Ride on Weekends and Evenings										X	1
Dial A Ride to Rural Areas										X	1
Increase Inter-System Transfers Through Improved Time Tables										X	1
Senior Citizens		X		X	X						3
Children and Families				X	X						2
Racial/Ethnic Minorities					X		X				2
Caregivers		X									1
Disabled or Challenged Individuals									X		1
Homeless					X						1
Young Adults				X							1

Caregiving:

Trained individuals who can provide relief for the primary care givers for child care, care of the physically or mentally ill and/or care of the elderly

Caregiving	Summary # 1	Summary # 7	Summary # 10	Summary # 12	Summary # 13	Summary # 17	Summary # 43	Summary # 45	Summary # 47	Total
General Population	X	X	X	X	X	X	X	X	X	9
Child Care (inc. Quality Child Care)		X	X	X	X					4
Affordable & Accessible Caregivers for Youth & Seniors		X	X		X					3
Household Chores						X	X		X	3
In Home Care	X		X			X				3
Case Management			X					X		2
Respite						X		X		2
Form Assistance								X		1
Out of Home Care	X									1
Personal Care									X	1
Shopping									X	1
Support for Family & Parent (inc. Spanish Speaking)					X					1
Support Groups (inc. Spanish Speaking)								X		1
Taking Care of Another Person						X				1
Training for Caregivers/Care Providers								X		1
Bilingual Child Care Staff (Spanish & Native American Languages)		X								1
Guest Speakers on Best Practices for Caregivers								X		1
Caregivers	X		X			X	X	X		5
Children and Families		X	X	X	X					4
Senior Citizens			X			X	X		X	4
Racial/Ethnic Minorities		X							X	2
Disabled or Challenged Individuals			X							1
Homeless										0
Young Adults										0

Substance Abuse Education/Programs:

The availability of education and treatment programs for all areas and all people in need in the county

Substance Abuse Education/Programs:	Summary # 3	Summary # 8	Summary # 10	Summary # 11	Summary # 26	Summary # 27	Summary # 33	Summary # 39	Summary # 41	Total
General Population	X	X	X	X	X	X	X	X	X	9
Need to Decrease Alcohol & Drug Use	X	X	X		X	X		X	X	7
Alcohol & Drugs Play Role in Fetal/Infant/Child Mortality		X		X					X	3
Education and Prevention Needed			X					X	X	3
Family Alcohol, Tobacco, Drug Use						X	X		X	3
Address Under Age Drug & Alcohol Issues								X	X	2
Care Management for Decreasing Alcohol & Drug Use	X				X					2
Children and Families		X		X		X	X			4
Homeless	X				X	X				3
Young Adults							X			1
Caregivers										0
Disabled or Challenged Individuals										0
Racial/Ethnic Minorities										0
Senior Citizens										0

Humboldt Community Resource Center Survey Summary Report 2011

Humboldt Community Resource Center Survey

Summary Report 2011

Prepared for: St. Joseph Health System-Humboldt County

Prepared by: Chris Martinek Consulting

Background, Design, and Intent

The St Joseph Health System-Humboldt County's Community Benefits Program provides five Community Resource Centers throughout Humboldt County in Blue Lake, Eureka, Loleta, Rio Dell, and Willow Creek, with the intent to provide community services to support access to health care and encourage the physical, emotional, and spiritual health of families on the North Coast. Each Community Resource Center (CRC) is unique as services are tailored to the needs of its local community.

A survey was created to ask community members about issues or concerns they had regarding their quality of life, if they use their local CRC's services, which services they use, and if funding were available, what services would they like to see included. The survey was intended to provide first hand information to St. Joseph Health System-Humboldt County and the county at large regarding the community's needs and interest in program services.

Distribution

The surveys were distributed February through May 2011 through the Community Resource Centers operated by St. Joseph Health System-Humboldt County. Efforts were made to gather information from the Hispanic community and the survey was translated into Spanish and distributed through the Paso A Paso program. Additionally, the Eureka CRC provides many services for the Old Town homeless population. As the homeless population is frequently under-represented in traditional needs assessments methodologies, CRC staff provided one-on-one assistance with their homeless clients in filling out the survey.

Respondents

Approximately 500 surveys were distributed by St. Joseph Health System-Humboldt County. Two hundred and seventy eight surveys were returned and were completed sufficiently to be considered valid. Surveys were entered into a SPSS database and analyzed for this report.

The age range of respondents was between 17 and 86, with an average age of 40.1 years and a median age of 39. Sixty eight respondents (24.5%) were between the age of 17-29, 110 (39.6%) were between 30-44, 70 respondents (27.2%) were between 45-59 years old, and 23 (8.3%) were between 60-86 years old. Seven (2.5%) of the 278 respondents did not respond to the question of age. Respondents were spread throughout Humboldt County and are detailed in Table 1 below.

Table 1: City or Town of Survey Respondent

City or Town of Respondent	Number of Respondents (percentage)
Eureka	69 (24.8%)
Fortuna, Loleta, Ferndale, Hydesville, Alton, Carlotta	58 (20.9%)
Rio Dell, Scotia, Redcrest, Stafford	51 (18.3%)
Blue Lake, Arcata, McKinleyville, Fieldbrook	44 (15.8%)
Willow Creek, Salyer, Hoopa, Weitchpec	40 (14.4%)
Garberville, Myers Flat	2 (0.7%)
No Response	14 (5.0%)

The survey requested respondents to identify from a list which issues, conditions, or concerns that could affect their quality of life. The respondents identified the following areas of concern, located below.

Table 2: Quality of Life Concern or Issue

1	Health care (affording)	149 (53.6%)
2	Employment	140 (50.4%)
3	Health care (access)	121 (43.5%)
4	Housing (affording)	119 (42.8%)
5	Transportation	113 (40.6%)
6	Money to live on	112 (40.3%)
7	Legal affairs	102 (36.7%)
8	Energy/Utilities	89 (32.0%)
9	Nutrition/food (affording or preparing)	85 (30.6%)
10	Crime	78 (28.1%)
11	Obtaining information about services/benefits	74 (26.6%)
12	Housing (accessible)	69 (24.8%)
13	Receiving services/benefits	64 (23.0%)
14	Accidents in the home (e.g. falling)	60 (21.6%)
15	Loneliness	57 (20.5%)
16	Isolation	55 (19.8%)
16	Taking care of another person (child)	55 (19.8%)
18	Household chores	49 (17.6%)
19	Taking care of another person (adult)	39 (14.0%)
20	Other (written comments below)	21 (7.6%)

Other areas of need were written about by 21 respondents. Their needs or concerns are summarized below:

- Immigration
- Lack of clothing
- School
- Adult career retraining needed
- Bus line does not stop in Stafford
- Case management
- Cost of living
- Counseling
- Domestic violence
- In-home-support worker needed
- Legal status
- Military benefits
- No work
- Seasonal Affective Disorder (SAD)
- Spiritual growth
- Television
- Free meal service
- Water bill too expensive

Respondents were asked if they have used services from one of the CRCs and which CRC they have used. Rio Dell was checked by 64 (23.0%) respondents, followed by Eureka with 59 (21.2%), Willow Creek 48 (17.3%), Loleta 34 (12.2%), and Blue Lake 33 (11.9%). Respondents were requested to check which services they used at the CRC, which is summarized in the table below.

Table 3: CRC Services Used by Respondent

1	Information and Assistance	132 (47.5%)
2	Computer or Internet Access	115 (41.4%)
3	Referral Services	95 (34.2%)
4	Other (written comments below)	71 (25.6%)
5	Educational Programs	65 (23.4%)
6	Parenting Classes	59 (21.2%)
7	Job Searches & Resume Development	54 (19.4%)
7	Resource Library	54 (19.4%)
9	Paso A Paso	47 (16.9%)
10	Support Groups	46 (16.5%)

Other services used by 71 respondents included:

- Phone and phone messages (15 respondents)
- Clothing, including socks and shoes (14 respondents)
- Place inside/to sit/to rest/to relax/to visit/safe/warm (10 respondents)
- Mail services (9 respondents)
- Food & commodities/pantry (9 respondents)
- Coffee and water (8 respondents)
- Bus passes or tickets (inc. to doctor appointments) (6 respondents)
- Healthy kids/families insurance (inc. annual eligibility) (5 respondents)
- Play groups (4 respondents)
- Television (4 respondents)
- Photocopying and faxing (4 respondents)
- Staff support, including help accessing medications (3 respondents)
- Mobile medical clinic (3 respondents)

- Mailing address (2 respondents)
- Health care referrals (2 respondents)
- Parent and adolescent classes (2 respondents)
- Help with forms (2 respondents)
- Free hygiene products (2 respondents)
- Other items listed by one respondent each: charge cell phone; legal services; homeless court; back pack for school; health clinic; doctor discussion group regarding kids; church group after school; In-Home-Supportive-Services; volunteer opportunities; Pathways to Health; People to People; scripts; senior home delivered meals; transportation in Eel River Valley; and translating services.

Respondents were asked what additional CRC services they would like to see included, if funding were available. One hundred and ten of the 278 respondents wrote about the additional services they would like to see the CRCs offer. Below is a summary of the respondents' items:

- Activities/Classes/Programs (59 respondents) including: exercise (11); for adolescents & afterschool (9); for kids including summer (7); GED (4); parents/parenting (4); Sumba (4); English (3); basketball court lights & water fountain (3); for seniors & indoor activities (3); computer (2); how to deal with adolescents (2); natural family planning (2); wellness (2); art; cooking; CPR; domestic violence; family; education; gardening; indoor activities; music events; more play groups; more Paso A Paso classes; and water safety.
- Transportation (35 respondents) including: bus passes including monthly passes (4); to classes; to doctor appointment; to programs;; for seniors; carpools; for those who can't ride the bus; non-emergency; and bus schedules.
- Food/nutrition (21 respondents) including: food bank and more space for food (10); meals on wheels (2); meals for seniors; and variety
- Employment (20 responses) including job training (4); job referrals; and resumes
- Support groups (18 respondents), including: for parents some dealing with adolescents (7); in Spanish (2); mental health and counseling (2); domestic violence; depression; family; SAD; and women.
- Translator (9 respondents) including: help in schools (6) and general (2).
- Dental clinic (7 respondents) for adults (6) and low cost (5).
- Daycare (8 respondents) specifically infants (5) and children (3).
- Financial assistance (8 respondents) including bus passes (3); medical/hospital costs; deposit for rentals; emergency funds; gas vouchers; and utilities.
- Low cost health services or clinic (5 respondents)
- Affordable housing (4 respondents) including a list of affordable housing.
- Mental health (4 respondents) including counseling (2) and counseling for homeless seniors.
- Expand community garden (3 respondents) including one specific to increase dollars for Rio Dell's garden.
- Finding doctors (3 respondents)
- Library (3 respondents) including one for children

- Art supplies (2 respondents)
- CRCs open more hours and on weekends (2 respondents)
- Clothes (2 respondents) including winter coats and shoes
- Disaster preparedness including education and supplies (2 respondents)
- Insurance for adults (2 respondents)

Other programs or services written about by one respondent each were: Band-Aids; camping gear; case management; coffee; dating information; Eureka map; feminine hygiene products; fresh flowers; greener living; help with pets; help dependent people become independent; help with Head Start; HIS; I&A diversity in referrals; more Paso a Paso classes; neighborhood watch; newspaper (current day); new movies; park; provide shelter; place to store backpacks; sewing kits; and suggestion box.

Survey respondents were asked if they would participate in community health events or programs; 139 (50.0%) of respondents indicated “yes” and an additional 110 (39.6%) checked “maybe”. Respondents were asked if they think the community benefits from the health fair; 185 (66.5%) checked “yes”, 7 (2.5%) indicated “no”, and another 33 (11.9%) checked “somewhat”. When asked if the community benefits from the Paso A Paso program 90 (32.4%) of these respondents said “yes”, 12 (4.3%) checked “somewhat”; 13 (4.7%) indicated “no”, and 134 (48.2%) checked “don’t know”.

Additional Comments from Respondents:

At the end of the questionnaire, space was provided for “Additional Comments”. These are included for the “flavor” they add to the survey results.

- I look forward to coming here.
- Anytime I have asked for help with something you have helped me. Thanks.
- The bus passes are great! I would not have transportation without it.
- Community needs more kids programs.
- I am surprised that I haven’t heard about CRC before. I have lived in Humboldt county for almost 13 years and work in education and think this program sounds like a great resource to many families.
- The income limits need to be raised. I have a family of 5 and work very hard but the expenses of living in Humboldt County far exceed what a family can bring in. Between housing, gas and groceries there isn’t much money to pay anything else.
- I like that these people treat everybody the same and are very attentive to all people.
- Please keep up the good work.
- I like the resource center staff. They are very helpful.
- The life jackets during the summer were a big help.
- I really believe this community would benefit from an indoor recreation program for seniors.
- More attention to the elderly.
- Really appreciate the location at school, helpful for families and school staff. Nice to have help still available in these hard times.
- I love the group of Paso A Paso. They help us a great deal and provide a lot of support.
 - Thank you. Playgroups are so great for my kids.
 - I appreciate having the resource center available.

Hispanic Respondents

The CRC Survey was translated into Spanish and was distributed throughout the CRC programs, including the Paso A Paso program (primary focus on Hispanic families). Nearly 22% of the 278 respondents were identified as being Hispanic respondents (61). Hispanic respondents were identified by filling out the survey in Spanish (58 respondents) or indicating they participated in the Paso A Paso program (47 respondents), combined they totaled 61 Hispanic respondents.

The age range of respondents was between 17 and 56, with an average age of 31.8 years and a median age of 30.5. Twenty two respondents (36.15%) were between the age of 17-29, 32 (52.5%) were between 30-44, 4 respondents (6.6%) were between 45-59 years old, and no respondents were over the age of 60 years old. Three (4.9%) of the 61 Hispanic respondents did not respond to the question of age. Respondents were spread throughout central Humboldt County and are detailed in Table 1 below.

Table 4: City or Town of Survey Respondent

City or Town of Respondent	Number of Respondents (percentage)
Eureka	23 (37.7%)
Fortuna	17 (27.9%)
Loleta	11 (18.0%)
Ferndale	3 (4.9%)
Rio Dell	3 (4.9%)
Arcata	1 (1.6%)
No Response	3 (4.9%)

The survey requested respondents to identify from a list which issues, conditions, or concerns that could affect their quality of life. The 61 Hispanic respondents identified the following areas of concern, located below.

Table 5: Quality of Life Concern or Issue for Hispanic Respondents

1	Health care (affording)	48 (78.7%)
2	Health care (access)	45 (73.8%)
3	Legal affairs	42 (68.9%)
4	Employment	40 (65.6%)
5	Transportation	35 (57.4%)
6	Housing (affording)	30 (49.2%)
7	Money to live on	27 (44.3%)
8	Obtaining information about services/benefits	25 (41.0%)
9	Accidents in the home (e.g. falling)	22 (36.1%)
10	Housing (accessible)	20 (32.8%)
11	Nutrition/food (affording or preparing)	19 (31.1%)
11	Receiving services/benefits	19 (31.1%)
13	Crime	17 (27.9%)

13	Taking care of another person (child)	17 (27.9%)
15	Energy/Utilities	15 (24.6%)
15	Loneliness	15 (24.6%)
17	Isolation	10 (16.4%)
18	Household chores	9 (14.8%)
19	Taking care of another person (adult)	8 (13.1%)
20	Other (written comments below)	3 (4.9%)

Other areas of need for the Hispanic respondents included: domestic violence, immigration, legal status, and school (each item was listed by one respondent each).

Respondents were asked if they have used services from one of the CRCs and which CRC they have used. The Hispanic respondents identified using four of the CRCs: Eureka by 17 respondents (27.9%), Loleta by 15 respondents (24.6%), Blue Lake by 2 respondents (3.3%), Rio Dell by 1 respondent (1.6%), and 35 respondents did not indicate which CRC they used. Respondents were requested to check which services they used at the CRC, which is summarized in the table below.

Table 6: CRC Services Used by Hispanic Respondent

1	Paso A Paso	47 (77.0%)
2	Parenting Classes	45 (73.8%)
3	Educational Programs	30 (49.2%)
4	Information and Assistance	26 (42.6%)
5	Referral Services	25 (41.0%)
6	Resource Library	21 (34.4%)
6	Support Groups	21 (34.4%)
8	Computer or Internet Access	13 (21.3%)
9	Job Seaches & Resume Development	9 (14.8%)
10	Other (written comments below)	3 (4.9%)

Other services used by Hispanic respondents included: Classes (Parenting and adolescents) (2 respondents) and clothes and shoes (each listed by one respondent).

Respondents were asked what additional CRC services they would like to see included, if funding were available. Thirty five of the 61 respondents wrote about the additional services they would like to see the CRCs offer. Below is a summary of the Hispanic respondent's items:

- Activities/Classes/Programs (25 respondents) including: exercise (7); for adolescents & afterschool (6); Sumba (4); English (3); GED (3); for kids including summer (2); how to deal with adolescents; natural family planning; wellness; CPR; domestic violence; family; more Paso A Paso classes; parents/parenting; classes in Spanish; and water safety.
- Transportation (16 respondents) including: to classes and to programs.
- Employment (12 responses)
- Food/nutrition (8 respondents) including: food bank and more space for food (5)

- Support groups (15 respondents), including: for parents, some dealing with adolescents (5); in Spanish (2); domestic violence; depression; family; mental health; counseling; and women.
- Translators (7 respondents) including: help in schools (6) and general (1).
- Dental clinic (6 respondents): for adults (6) and low cost (5).
- Daycare (5 respondents) specifically: infants (3) and children (2).
- Low cost health services or clinics (2 respondents).

Other programs or services written about by one respondent each were: expand community garden including increase dollars for Rio Dell's garden; help with Head Start; library for children; insurance for adults; financial assistance; more Paso a Paso classes; and a park.

Survey respondents were asked if they would participate in community health events or programs; 45 (73.8%) of the Hispanic respondents indicated "yes" and an additional 10 (16.4%) checked "maybe". Respondents were asked if they think the community benefits from the health fair; 55 (90.2%) checked "yes", one (1.6%) indicated "no", and another three (4.9%) checked "don't know". When asked if the community benefits from the Paso A Paso program 55 (90.2%) of these respondents said "yes".

Additional Comments from Hispanic Respondents:

At the end of the questionnaire, space was provided for "Additional Comments". These are included for the "flavor" they add to the survey results.

- The CRC of Rio Dell has improved my life and that of my wife and four children
- I like the classes of Paso A Paso because they help me with how to deal with my children in the schools and support us personally. Thank you for the services for us Latinos.
- I would like more Paso A Paso classes.
- Thank you for the opportunity to be in the Paso A Paso classes.
- We would like Paso A Paso to facilitate services for employment or expand what they have.
- Thank you for the Paso A Paso group.

Homeless Respondents

The CRC Survey was distributed to homeless clients at the Eureka-Old Town CRC. Staff provided one-on-one assistance for those requesting assistance. All 27 homeless respondents indicated living in Eureka and were between the ages of 27 and 72, with a Mean of 48.4 and Median age of 50. Three respondents (11.1%) were under the age of 30, 8 respondents (29.6%) were between 30-44 years of age, 12 (44.4%) were between 45-59, and four respondents (14.8%) were between 60-72 years old. Nearly half of the homeless respondents were interested in participating in community health events or programs.

The survey requested respondents to identify from a list, which issues, conditions, or concerns that could affect their quality of life. The 27 homeless respondents identified the following areas of concern, located below.

Table 7: Quality of Life Concern or Issue for Homeless Respondents

1	Housing (affording)	18 (66.7%)
2	Legal affairs	15 (55.6%)
3	Employment	14 (51.9%)
4	Health care (access)	12 (44.4%)
4	Money to live on	12 (44.4%)
4	Other (written comments below)	12 (44.4%)
7	Health care (affording)	11 (40.7%)
8	Crime	10 (37.0%)
8	Housing (accessible)	10 (37.0%)
8	Loneliness	10 (37.0%)
11	Nutrition/food (affording or preparing)	9 (33.3%)
12	Receiving services/benefits	8 (29.6%)
12	Taking care of another person (child)	8 (29.6%)
14	Obtaining information about services/benefits	7 (25.9%)
15	Isolation	6 (22.2%)
16	Energy/Utilities	5 (18.5%)
17	Transportation	4 (14.8%)
18	Accidents in the home (e.g. falling)	3 (11.1%)
18	Taking care of another person (adult)	3 (11.1%)
20	Household chores	2 (7.4%)

Other area of need for the homeless respondents included:

- Clothing and lack of clothing
- Case management
- Counseling
- Military benefits
- Spiritual growth
- Television
- Sit inside
- Receive mail
- Free meal service

Respondents were asked if they have used services from one of the CRCs and which CRC they have used. The homeless respondents identified primarily using the Eureka CRC (88.9%), one used the Loleta CRC, and two did not indicate which CRC they used. Respondents were requested to check which services they used at the CRC, which is summarized in the table below.

Table 8: CRC Services Used by Homeless Respondent

1	Other (written comments below)	21 (77.8%)
2	Computer or Internet Access	15 (55.6%)
3	Information and Assistance	13 (48.1%)
4	Referral Services	8 (29.6%)
5	Job Seaches & Resume Development	3 (11.1%)
6	Resource Library	3 (11.1%)
7	Support Groups	1 (3.7%)
	Educational Programs	0
	Parenting Classes	0
	Paso A Paso	0

Other services used by 21 of the 27 homeless respondents included:

- Phone and Phone Messages (13 respondents)
- Clothing, including socks and shoes (10 respondents)
- Mail services (9 respondents)
- Place inside/to sit/to rest/to relax/to visit/safe/warm (9 respondents)
- Coffee and water (5 respondents)
- Television (4 respondents)
- Help with forms (2 respondents)
- Free hygiene products (2 respondents)
- Other items listed by one respondent each: photocopying, charge cell phone, staff support, legal services, homeless court

Respondents were asked what additional CRC services they would like to see included, if funding were available. Below is a summary of the homeless respondents items:

- Bus passes/tickets/bus schedules and routes (4 respondents)
- Affordable rental lists (2 respondents)
- Art supplies (2 respondents)
- Food (2 respondents)
- Counseling or mental health therapy (2 respondents)
- Other services listed by one respondent each: job referrals, jobs, sewing kits, Band-Aids, feminine hygiene products, maps of Eureka, suggestion box, newspaper (current day), case management (for physical and mental health), fresh flowers, new movies, mobile assistance, shelter, place to store back pack, camping gear, and more open hours.

Additional Comments from Homeless Respondents:

At the end of the questionnaire, space was provided for “Additional Comments”. These are included for the “flavor” they add to the survey results.

- I look forward to coming here.
- A big thanks to those who provide these services.
- I am so grateful for this community resource, it has helped me with my recovery from addiction and homelessness.
- I feel staff are doing a wonderful job and greatly appreciate their work and caring compassionate service.
- Please keep up the good work.
- I appreciate having the use of the Eureka CRC to network, get information about other resources available in the community. It is a friendly, safe, and welcoming place to be.