



Butte County
**Community Health
Assessment Report**

December 2023

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Welcome Letter

Butte County Department of Public Health (BCPH) is pleased to share the Butte County 2023 Community Health Assessment (CHA) – a collaborative process that identifies community assets and strengths intended to serve as a roadmap for health improvements. The CHA is completed every three to five years to provide a snapshot of the overall health of the population and identify community resources available to improve health priority areas. Since the last CHA was conducted and published in 2019, the county has experienced a drought emergency, suffered damage from the North Complex and Dixie wildfires, and was heavily burdened with the COVID-19 pandemic response. Through it all, BCPH has continued to keep the health and safety of all residents a top priority. After months of work and preparation, on November 2, 2023 BCPH received notification of successful reaccreditation status, receiving a score of 100% with all required Public Health Accreditation Board (PHAB) measures as met. Accreditation means that the department meets national standards for ensuring essential public health services and improving and protecting the community's health.

Additional achievements include:

- Expansion of the Public Health Laboratory's testing capacity.
- Creation of a new division titled Emergency Preparedness and Infection Disease Control (EPIC) to meet the needs of emergency and infectious disease impacts, including the recent COVID-19 pandemic.
- Creation of a Health Equity and Assessment Team, which has developed a Diversity, Equity and Inclusion (DEI) Guidance Document to be utilized by BCPH staff and included in the next strategic plan.
- Active participation in Butte County's efforts to implement CalAIM- a multi-year plan to transform California's Medi-Cal (Medicaid) program - to include the implementation of BCPH's Enhanced Care Management program for youth and young adults enrolled in California Children's Services and Foster Care, and for pregnant and postpartum persons.

Notable Activity Coming in 2024:

- BCPH's Prevention and Health Promotion Division has been awarded a three year \$600K Youth Cannabis Prevention Initiative grant – one of only five in the State. Activities will include education to youth, aged 11 – 17 years, and parents on the dangers of cannabis use and protecting youth from access and exposure to cannabis promotion.
- BCPH and partners will implement an Accountable Community for Health (ACH) with funding received from the California Accountable Communities for Health Initiative (CACHI). An ACH is a collaboration of community partners that will use a collective impact model to improve the health of the county.

This report demonstrates the commitment and success BCPH has with long-standing partners and community organizations. We commend the team for this outstanding assessment report and extend gratitude to the numerous partners who contributed.

Yours in good health,

BCPH Senior Leadership Team

Danette York, MPH, CPH, Director

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Executive Summary

Butte County's Approach to the 2023 Community Health Assessment

This report presents a Community Health Assessment (CHA) for Butte County. The CHA is a collaborative process that results in a rich source of data about the community. The information gathered through this CHA elevates emerging health trends, priority populations, barriers to health, and root causes of health issues. The CHA also highlights existing community assets and resources that can address the root causes of health inequities and improve health priority areas. Butte County Department of Public Health (BCPH) is committed to reducing health disparities therefore this Community Health Assessment is conducted through a health equity lens to ensure that every Butte County resident has the opportunity to live a healthy life.

BCPH used the 2023 CHA as an opportunity to refresh key data from the prior assessment in 2019 and to gather new meaningful insights about the current health status of the county. BCPH also used this CHA to deepen the understanding of the root causes of health disparities and barriers to health equity currently experienced by residents. The 2023 CHA describes the overall health status of the county and identifies where some residents are disproportionately impacted by poor health outcomes. Explicitly identifying these disparities and their underlying causes will enable BCPH and their community partners to develop a Community Health Improvement Plan (CHIP) that will be focused on health equity and provides all Butte County residents with the supports they need to thrive.

BCPH engaged Harder+Company Community Research (Harder+Company) to conduct the 2023 CHA. Harder+Company analyzed secondary quantitative data for downstream health outcomes and key upstream social determinants of health. This secondary data guided BCPH in their approach to a series of focus groups with Butte County residents. The focus groups provided community input and insight into health needs, strengths, and solutions. This process enabled BCPH and Harder+Company to identify a number of health topics as being a high need in Butte County. A health topic was classified as a high need based on the data if it met any of the following criteria: overall severity, clear disparities, and/or community priority. Community members then prioritized the identified health needs during the CHA Meeting for Stakeholders and Community Partners.

Summary of Community Identified Health Needs

The six health needs that emerged as top concerns as a result of this CHA are presented in priority order below. The health need profiles in the Community Identified Health Needs section provide more detailed descriptions of each of the health needs, including additional data, quotes from residents, and focus group themes. BCPH has selected the top three health needs (Access to Care, Behavioral Health, and Food Security) as health priorities to be addressed in the Community Health Improvement Plan (CHIP).

1) Access to Care (to be addressed in the CHIP)

Access to quality health and dental care – including insurance coverage, ability to find appropriate care, and ability to utilize that care – profoundly affects people's health, well-being, and quality of life. It is also one of the key drivers in achieving health equity. Butte County has a shortage of primary care physicians and dentists, and many residents have difficulty finding primary care. There are also clear racial disparities in access to care in the county. For example, there are large gaps in insurance coverage for American Indian

and Alaska Native residents, Hispanic or Latino residents, and residents who identify as another race. Community members shared that stigmatization, transportation, and a lack of translation are all barriers to quality care in the county. They emphasized that having access to healthcare and social services providers who look like the community and who understand the community's language, culture, and overall lived experience is very important.

2) Behavioral Health (to be addressed in the CHIP)

Behavioral health – including mental health and substance use - is foundational to an individual's well-being. Poor mental health and substance use are important concerns to address in overall community health because they contribute to stress, isolation and other health problems. Butte County residents have considerably higher rates of suicide and drug overdose deaths than the average Californian, and there are clear racial disparities. For example, residents who identify as Black/African American or Native American/Alaska Native are at a higher risk of a drug overdose death than other residents. Youth, queer, and immigrant community members are particularly impacted by behavioral health concerns. Community members have also shared that overlapping trauma (e.g., the COVID-19 pandemic, drought, wildfires) has exacerbated poor mental health and substance use, while stigma continues to be a key barrier for people to seek support for their behavioral health concerns.

3) Food Security (to be addressed in the CHIP)

Food security means that community members are able to easily access and afford nutritious food. Food security is a critical measure for a community's health because nutrition impacts both physical and behavioral health. Compared to the average Californian, Butte County residents are more food insecure and have lower access to grocery stores. Additionally, there are deep racial disparities in food security for Black/African American communities, who are three times as likely than those who identify as White to be food insecure. Community members shared that rising food costs, especially for healthy food, is a barrier that leads to eating cheaper, unhealthy foods, and that transportation is a barrier to accessing healthy food options. They also shared that residents who are experiencing homelessness face multiple barriers to accessing food, including insufficient income to buy groceries, a lack of transportation, and few free food options.

4) Housing

Access to safe, stable, and affordable housing is a critical social determinant of health. While Butte County boasts a higher homeownership rate and lower median rental costs than the state, its residents experience higher foreclosure and homelessness rates than the average Californian. Moreover, there are deep racial disparities in housing affordability in Butte County, with Black/African American and Native American renters bearing significantly greater cost burdens than renters of other racial/ethnic identities. Homelessness also disproportionately impacts many communities of color and young LGBTQ+ people. In addition to widespread concerns about homelessness, community members expressed deep concerns about housing affordability and availability, particularly after the 2018 Camp Fire and 2020 North Complex fires.

5) Income and Employment

Income and employment provide economic opportunity and security for community members, which supports positive health outcomes over time. As a foundational social determinant of health, those without stable

income or employment may not be able to afford medications, a healthy diet, or a proper place to live—all elements that impact health and wellness. Butte County residents experience higher rates of poverty and unemployment than the average Californian. While poverty is widespread among all racial/ethnic groups, there is persistent income inequality within groups, with Black/African American and Native Hawaiian/Pacific Islander residents experiencing poverty at more than twice the rate of their White counterparts. Community members shared that it is challenging to find stable employment that pays a living wage, and that transportation, childcare, stigma, and lack of culturally appropriate resources pose further barriers to employment.

6) Community Safety

Community safety - the ability for residents to live and thrive without fear of violence or injury - has a significant impact on overall community health and well-being. In contrast, direct and indirect exposure to violence and injury have long-lasting impacts on physical, mental, and emotional health. Most Butte County residents feel safe in their neighborhood, and the county has a lower violent crime rate than the state. However, residents are more likely than the average Californian to call for assistance for domestic violence and have higher rates of motor vehicle crash deaths. Additionally, Black/African American and American Indian/Alaska Native communities are killed by injury at disproportionate rates. Community members echoed the concerns reflected in the secondary data and shared that there is a need for more culturally appropriate resources for victims of violence. They also shared concerns that LGBTQ+ young people are experiencing bullying and hate crimes in schools, which makes them feel unsafe and challenges their ability to succeed and thrive.

Next Steps

The 2023 CHA will be made accessible to the general public through the Butte County website. Additionally, BCPH will circulate the report directly to community partners, and work with the community-based organizations who supported the focus groups to ensure the information is directly accessible to the community members who shared their input. The report will also be shared with the Butte County Board of Supervisors, local hospitals, state legislators, and promoted through its social media sites.

The 2023 CHA will serve as a basis for countywide community health priority setting, planning, program development, policy changes, coordination of resources, funding applications, and new ways to collaboratively build on assets to improve the health of all Butte County residents. The CHA process identified some existing community assets and resources available to address the prioritized health needs. The CHIP process in 2024 will build on this information to develop goals, objectives, and activities that aim to address and improve the top three priority areas identified in the CHA process.

Introduction

Background about Butte County Department of Public Health

Butte County Department of Public Health (BCPH) aims to promote individual, community, and environmental health through prevention, education, protection, and intervention. BCPH is a nationally accredited health department providing a wide range of services and programs designed to promote and protect the health of all Butte County residents and visitors. BCPH is committed to reducing health disparities therefore this Community Health Assessment was conducted through a health equity lens to ensure that every Butte County resident has the opportunity to live a healthy life.

Purpose of Assessment

This report presents a Community Health Assessment (CHA) for Butte County. The CHA is a collaborative process that results in a rich source of data about the community. It is an essential tool for understanding the current health status of residents and the needs and issues they are experiencing. The information gathered through this CHA elevates emerging health trends, priority populations, barriers to health, and root causes of health issues. The CHA also highlights existing community assets and resources that can address the root causes of health inequities and improve health priority areas.

Evolution from the 2019 CHA

The 2019 CHA process resulted in detailed data that served as a foundation for the 2023 CHA. However, since 2019, the county has experienced a drought emergency, suffered damage from the North Complex and the Dixie wildfires, and was heavily burdened with the COVID-19 pandemic response. BCPH used the 2023 CHA as an opportunity to refresh key data from the prior assessment and to gather new meaningful insights about the current health status of the county. BCPH also used this CHA to deepen the understanding of the root causes of health disparities and barriers to health equity currently experienced by residents.

BCPH engaged Harder+Company Community Research (Harder+Company) to support the 2023 CHA. More details about the consultant is provided in the *Process and Methods Used to Conduct the CHA* section. BCPH and Harder+Company worked closely to identify a list of secondary data indicators that included downstream health outcomes as well as key upstream social determinants of health. This secondary data guided BCPH in their approach to primary data collection through a series of Butte County resident focus groups. BCPH approached recruiting for these focus groups using a lens of diversity, equity, and inclusion, aiming to center voices not represented in prior Butte County CHAs as well as communities most affected by health inequities. This lens informed recruitment for the community prioritization meeting as well as the criteria the meeting participants used to prioritize health needs.

This CHA describes the overall health status of the county and identifies where some residents are disproportionately impacted by poor health outcomes. Explicitly identifying these disparities and their underlying causes will enable BCPH and their community partners to develop a Community Health Improvement Plan (CHIP) that is focused on health equity and provides all Butte County residents with the supports they need to thrive.

Community Profile

This section provides an overview of Butte County including a description of the community served, a demographic profile, and an overview of system-level considerations.

Description of Community Served

Butte County is situated on the east side of Northern California's Sacramento Valley and covers 1,640 square miles between the Sacramento River to the west and the Sierra Nevada Mountains to the east. The county is home to 205,592 people, approximately two-thirds of whom live in the five incorporated areas of Biggs, Chico, Gridley, Oroville (the county seat), and the Town of Paradise. The remaining one-third of the population lives in small communities throughout more rural parts of the county. Exhibit 1 displays a map of Butte County.

Exhibit 1. Butte County

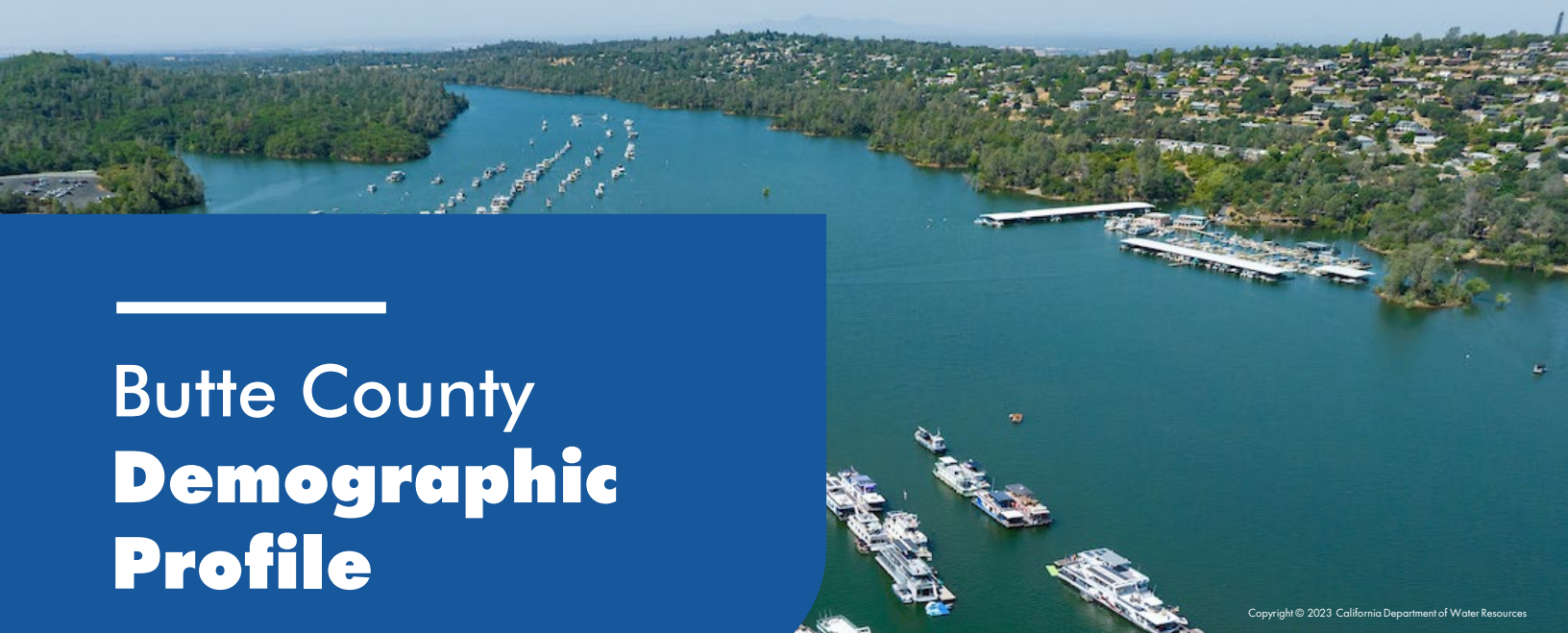


The geographic areas and communities explored within this report all fall within the boundaries of Butte County, California. Throughout this report, some health indicators are presented with the average at the county level, whereas others are analyzed at the Census County Division (CCD) level to capture geographic variation in health access and outcomes. Exhibit 2 notes the corresponding communities within each CCD. A map of these areas is included as Exhibit 11 in the Demographic Profile section.

Exhibit 2. Butte County Census County Division (CCD) and Corresponding Communities

Butte County CCD	Communities/Areas
Biggs	Biggs, Richvale
Chico	Chico, Nord
Durham	Durham
Feather Falls	Berry Creek, Clipper Mills, Concow, Forbestown, Robinson Mill, Yankee Hill
Gridley	Gridley
Oroville	Cherokee, Kelly Ridge, Oroville, Oroville East, South Oroville, Thermalito
Palermo	Bangor, Honcut, Palermo, Rackerby
Paradise	Butte Creek Canyon, Butte Meadows, Butte Valley, Centerville, Cohasset, DeSabra, Forest Ranch, Helltown, Inskip, Lomo, Lovelock, Magalia, Mineral Slide, Paradise, Powellton, Stirling City



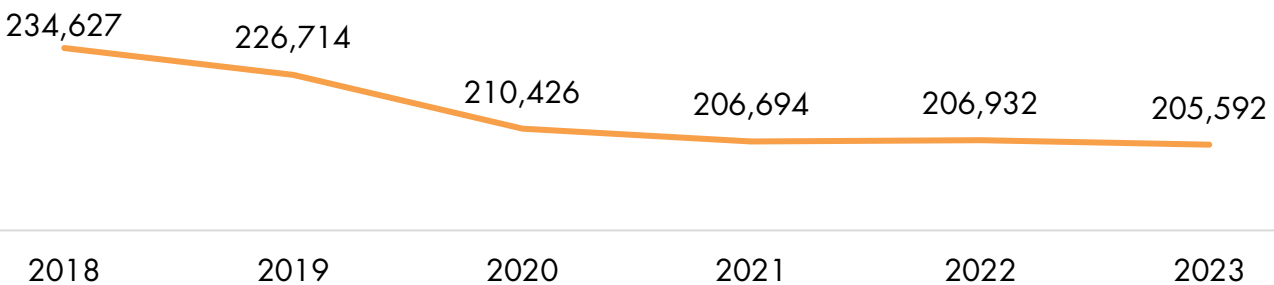


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Butte County Demographic Profile

The following section provides a demographic overview of the economic and social circumstances of Butte County residents. This information provides important context for interpreting the health need profiles in the Community Identified Health Needs section. For instance, the proportion of individuals within a certain racial/ethnic group experiencing a given health outcome can be compared to the overall county racial/ethnic composition to ascertain whether that population is disproportionately impacted.

Exhibit 3. Total Population, 2018 – 2023¹



In 2023, Butte County was home to 205,592 people. The population of the county has declined by 12.4 percent since 2018, reflecting the tens of thousands of residents displaced by the 2018 Camp Fire² and the 2020 North Complex Fires³. During the same period, the population across the state of California declined by just 1.3 percent.

¹ State of California, Department of Finance, E-2. California County Population Estimates and Components of Change by Year and E-1. Population and Housing Estimates for Cities, Counties, and the State, January 1 2022 and 2023. <https://dof.ca.gov/forecasting/demographics/estimates/>
² Anguiano, Dani. "Trauma, fear, homelessness: life after California's deadliest fire shows the future of climate crisis", *The Guardian*, September 9, 2020, <https://www.theguardian.com/us-news/2020/sep/09/trauma-fear-homelessness-paradise-camp-fire-migrants-climate-change>
³ J.K. Dineen, "Housing is just not available": Butte County residents scramble for shelter in wake of North Complex Fire," *San Francisco Chronicle*, September 30, 2020, <https://www.sfchronicle.com/california-wildfires/article/Housing-is-just-not-available-Butte-County-15611208.php>



Exhibits 4 and 5 illustrate the Butte County population in terms of age and sex. While the median age of Butte County residents is similar to that across the state (36.6 and 37.0, respectively), the county has a slightly higher proportion of older individuals aged 65 and over than the state average. The distribution of sex is similar to the state average.

Exhibit 4. Age⁴

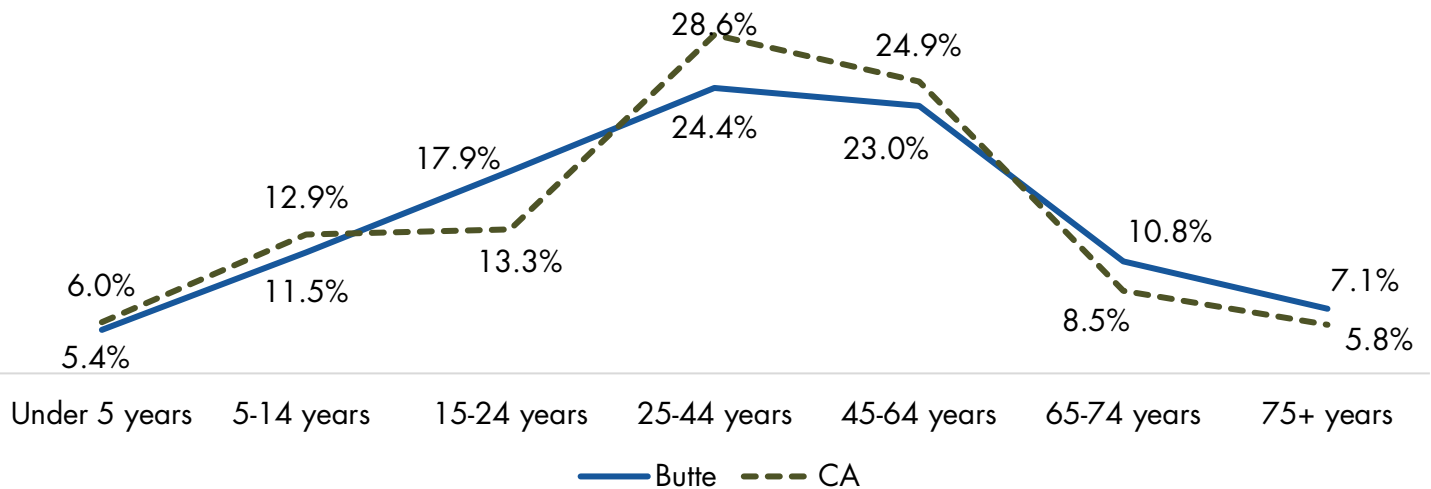


Exhibit 5. Sex⁵

	Number	Percent
Male	108,168	49.6%
Female	109,716	50.4%

There is a lack of accurate data at the county level about residents' gender identity, separate from their sex assigned at birth. An estimated 1.1 percent of Butte County residents identify as transgender or gender non-conforming⁶. While this estimate is based on a small sample size and is not statistically stable, it is similar to the (statistically stable) estimate for California of 0.9 percent. With regards to sexual orientation, an estimated 15.7 percent of residents identify as LGBTQ (that is, they identify their sexual orientation as gay, lesbian, homosexual, bisexual, not sexual / celibate / none / other) compared to 9.8 percent for California.

Exhibit 6. Sexual Orientation⁷

	Butte County	California
Straight or heterosexual	84.3%	90.2%
LGBTQ	15.7%	9.8%

⁴ U.S. Census Bureau, 2017-2021 American Community Survey 5-Year Estimates, Table S0101

⁵ U.S. Census Bureau, 2017-2021 American Community Survey 5-Year Estimates, Table S0101

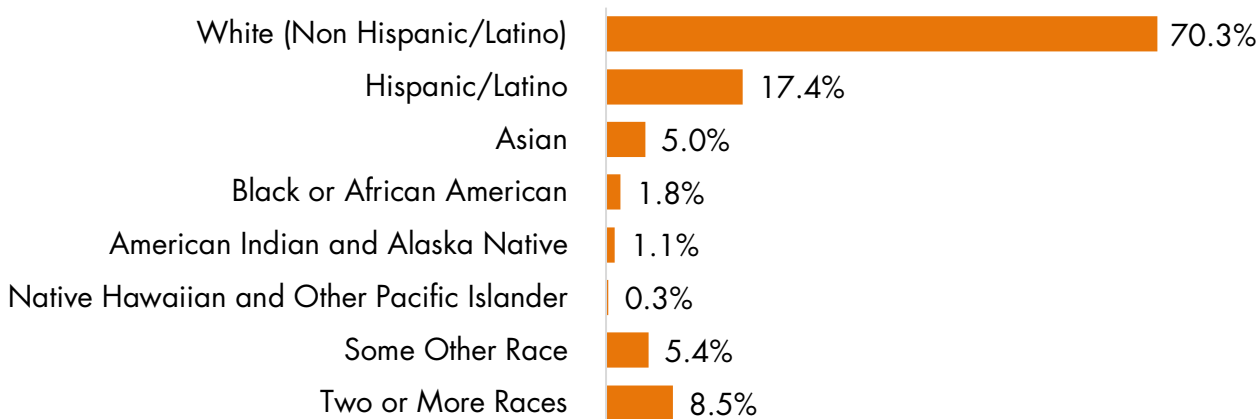
⁶ UCLA Center for Health Policy Research, Los Angeles, CA. AskCHIS 2018-2022. Gender Identity (Butte, California). Available at <http://ask.chis.ucla.edu>. Exported on October 4, 2023.

⁷ UCLA Center for Health Policy Research, Los Angeles, CA. AskCHIS 2018-2022. Sexual Orientation (Butte, California). Available at <http://ask.chis.ucla.edu>. Exported on October 4, 2023.

In Butte County, 77.8 percent of residents identify as White, a larger proportion than across the state of California (52.1 percent White). The majority, 70.3 percent of residents, identify as Non-Hispanic White. Irrespective of the racial group with which individuals identify, 17.4 percent of Butte County residents identify as Hispanic or Latino origin.

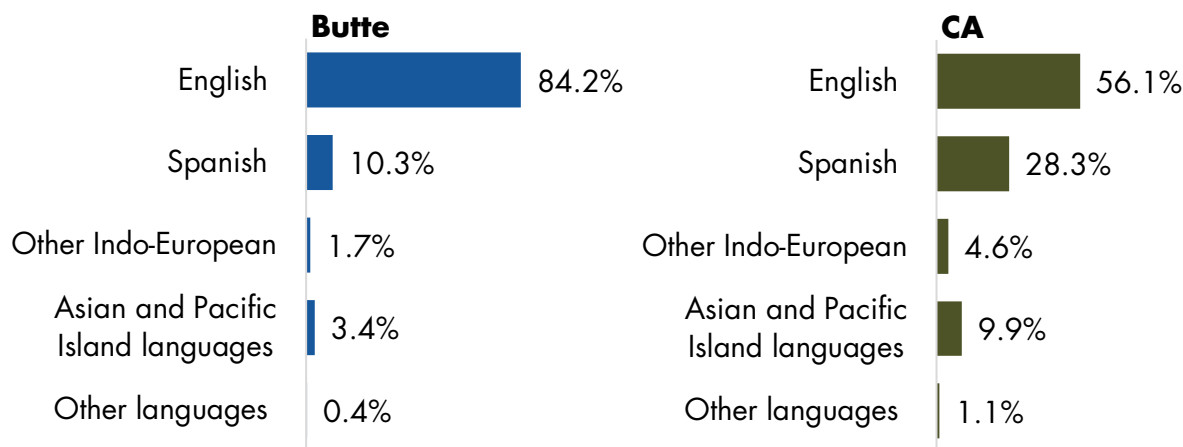
Fewer Butte County residents identify as Black, Asian, another racial identity, or as two or more racial identities compared to the state. Native American and Native Hawaiian and other Pacific Islander individuals are represented in about equal proportions for the county and state.

Exhibit 7. Race/Ethnicity⁸



English is the primary language (i.e., the language spoken at home) for the vast majority (84.2 percent) of Butte County residents. The most common languages spoken by the 15.8 percent of residents who speak another language at home are Spanish and Asian and Pacific Island languages (spoken by 10.3 and 3.4 percent of residents, respectively). Within Asian and Pacific Island languages, Hmong is the most common and is spoken by 1.8 percent of residents⁹. Speaking a language other than English is far more common across the state, where this is true for 43.9 percent of individuals.

Exhibit 8. Language Spoken At Home¹⁰



⁸ U.S. Census Bureau, 2017-2021 American Community Survey 5-Year Estimates. Tables B02001; B01001H; B01001I. Note that race and ethnicity categories are not exclusive; percentages are based on total population.

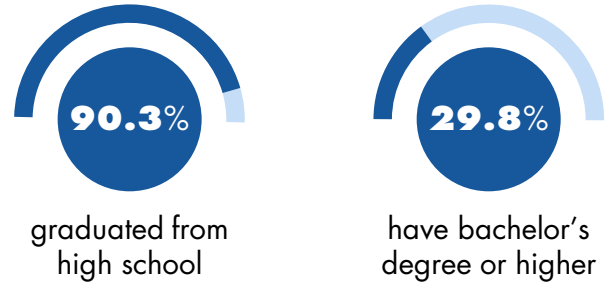
⁹ U.S. Census Bureau, 2017-2021 American Community Survey 5-Year Estimates. Table S1601

¹⁰ U.S. Census Bureau, 2010-2015 American Community Survey 5-Year Estimates. Table B16001

Education, income, and employment are social determinants of health that influence access to health services and health outcomes. The following section provides an overview of these elements.

Exhibit 9 displays high school graduation rates and attainment of Bachelor's degrees among adults aged 25 and older. Butte County performs better than the state in high school graduation rates, with 90.3 percent of residents having a high school diploma or GED compared to 84.2 percent for the state. However, there are disparities when comparing data across racial and ethnic groups. Residents who identify as Hispanic/Latino, Native American, or Asian have significantly lower rates of graduation than residents who identify as White, Black, Native Hawaiian/Pacific Islander, or multiracial.

Exhibit 9. Educational Attainment (25 years and over)¹¹



Additional disparities emerge when considering higher education. Just 29.8 percent of Butte County residents have a Bachelor's degree or higher, compared to 35.3 percent for the state. There are strong racialized patterns on this measure with Native American, Black, and Hispanic/Latino residents attaining this credential at rates far lower than other racial groups. This pattern of disparities persists at the state level and reflects profound inequities in access to and support for higher education for these groups. Education is an important factor in employment opportunities and lifetime earnings, both of which impact health outcomes.

Exhibit 10. Income, Employment, and Poverty

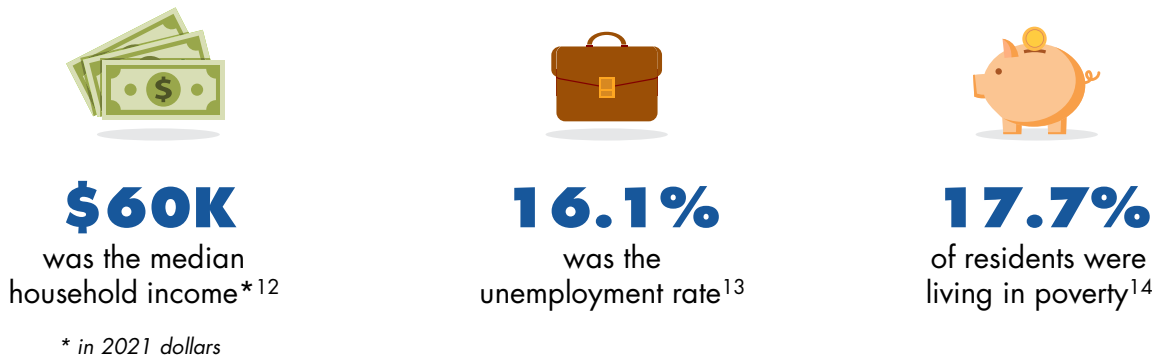


Exhibit 10 displays income and employment metrics for the county. While unemployment rates are similar to the state (16.1 and 15.8 percent, respectively), Butte County underperforms the state in median household income (\$59,863 compared to \$84,097 for the state) and residents in poverty (17.7 and 12.3 percent, respectively). While every racial and ethnic group in Butte County is experiencing poverty at rates higher than the state average, there are significant disparities between groups, with Black and Native Hawaiian and other Pacific Islander residents particularly hard hit (39.9 and 35.6 percent in poverty, respectively). Economic inequality can cause vicious cycles of deprivation and need that impacts individuals' health as they struggle to afford housing, transportation, and food in increasingly expensive areas.

¹¹ U.S. Census Bureau, 2017-2021 American Community Survey 5-Year Estimates. Table S1501

¹² U.S. Census Bureau, 2017-2021 American Community Survey 5-Year Estimates. Table S1901

¹³ Esri Demographics 2020

¹⁴ U.S. Census Bureau, 2017-2021 American Community Survey 5-Year Estimates. Table S1701. Living in poverty defined as households with incomes below the Federal Poverty Level, which was \$12,800 for a single-person household in 2021.

Cross-County Demographic Variation

While the demographic indicators detailed previously provide a high-level overview of the economic and social circumstances of the county, Butte County is considerably diverse in population and economic stability. Exhibit 11 shows the various census subdivisions that make up Butte County, used here to understand variation across different areas of the county. Exhibit 12 shows total population counts, median age, and the median income in each area compared to county and state benchmarks. Exhibit 13 provides information on uninsured, low-income, and communities of color for these areas.

Exhibit 11. Butte County Census County Divisions (CCD)

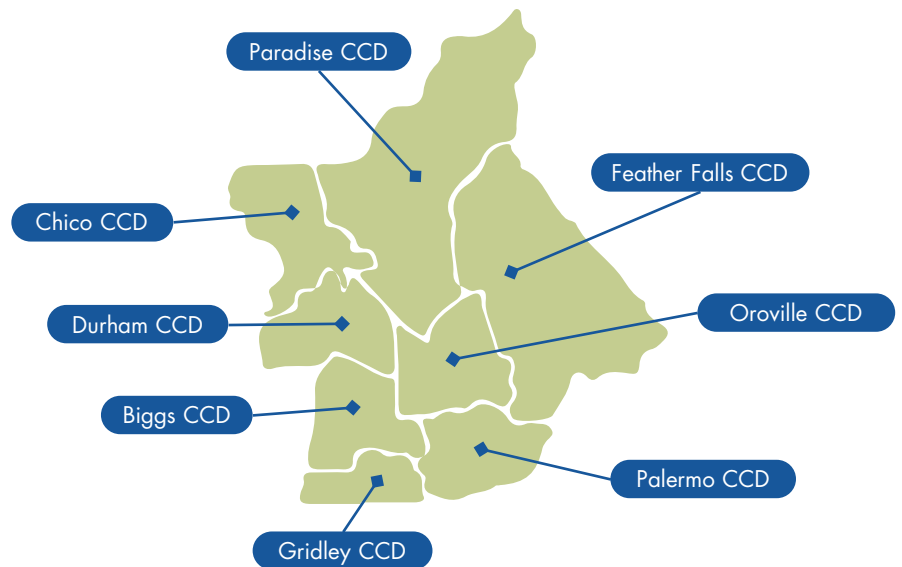


Exhibit 12. Census Population Counts, Median Age, Median Income ¹⁵

Area	Population	Median Age	Median Income
Biggs	4,204	33.2	\$79,193
Chico	115,331	31.5	\$62,613
Durham	5,871	49.3	\$106,646
Feather Falls	4,299	56.3	\$49,114
Gridley	12,218	34.8	\$59,679
Oroville	40,809	40.1	\$49,439
Palermo	8,204	44.8	\$45,035
Paradise	26,948	51.4	\$62,978
Butte County	217,884	36.6	\$59,863
California	39,455,353	37.9	\$84,097

¹⁵ U.S. Census Bureau, 2017-2021 American Community Survey 5-Year Estimates. Tables S0101 and S1901

The three largest population areas in Butte County are Chico, Oroville, and Paradise. The area with the youngest median age is Chico (31.5 median age), and the area with the oldest median age is Feather Falls (56.3 median age). Median household incomes are similarly diverse across the county, with the Durham area having the highest at \$106,646, and the Palermo area having the lowest at \$45,035.

Exhibit 13. Percent Uninsured, Percent Below Federal Poverty, Percent People of Color¹⁶

Area	Percent Uninsured	Percent Below Federal Poverty	Percent People of Color
Biggs	5.5%	8.1%	36.3%
Chico	6.5%	20.4%	29.5%
Durham	4.2%	5.3%	15.5%
Feather Falls	9.2%	23.2%	25.8%
Gridley	9.4%	8.9%	43.4%
Oroville	5.8%	17.6%	33.7%
Palermo	7.3%	18.9%	38.4%
Paradise	5.4%	13.9%	18.3%
Butte County	6.4%	17.7%	29.7%
California	7.2%	12.3%	64.2%

The percent of Butte County residents who are uninsured, 6.4 percent, was higher than the state average of 7.2 percent. However, there is diversity in insurance coverage across the county. The Durham area has the lowest proportion of residents who are uninsured (4.2 percent), while the Gridley and Feather Falls areas have the highest, at 9.4 and 9.2 percent, respectively. The Feather Falls and Chico areas have the highest proportion of residents living in poverty, at 23.2 and 20.4 percent. The Durham area has the lowest percent poverty at 5.3 percent. The county is also diverse in terms of the proportion of the population that identify as people of color. In the Gridley area, 43.4 percent of the population are people of color, while in the Durham area, just 15.5 percent are. All areas of the county have lower proportions of people of color than the state average, which is 64.2 percent.

¹⁶ U.S. Census Bureau, 2017-2021 American Community Survey 5-Year Estimates. Tables S2701, S1701, and S0601

Butte County is home to thousands of individuals needing additional support when it comes to health. The following section provides an overview of some of these populations, including veterans, people with disabilities, and people experiencing homelessness.

Exhibit 14. Veteran Status¹⁷

12,751

veterans reside in Butte County
(7.4% of county population)



Butte County is home to 12,751 veterans. Veterans comprise a larger proportion of the county population compared to California overall (7.4 and 4.8 percent, respectively). The vast majority of Butte County veterans are male (92.7 percent) and White (89.5 percent), and 60.4 percent are over the age of 64. While the veteran population is diverse in terms of socioeconomic status and wartime experiences, the physical and psychological traumas of military involvement mean that veterans are at higher risk for behavioral health issues, including Post-traumatic stress disorder, depression, traumatic brain injury, and Substance Use Disorder¹⁸.

Exhibit 15. Disability Prevalence¹⁹

	Ages 18- 64		Ages 65 and over	
	Any disability	Independent living disability	Any disability	Independent living disability
Butte County	14.6%	5.4%	34.7%	13.8%
California	8.1%	3.0%	33.4%	16.20%

An estimated 16.4 percent of Butte County residents live with a disability, a larger proportion than the state of California (10.6 percent). While the proportion of older people with disabilities is similar across both geographies, the proportion of residents aged 18 – 64 with disabilities is higher than the state (14.6 and 8.1 percent, respectively). Additionally, 7.3 percent of Butte County residents report having an independent living disability, defined as difficulty doing errands alone because of a physical, mental, or emotional condition. This is a slightly higher prevalence than across the state (5.5 percent).

While people with disabilities are diverse in terms of demographics and socioeconomic characteristics, they face many health inequities stemming from structural factors (e.g., ableism, stigma, and discrimination), social determinants of health (e.g., poverty, exclusion from education and employment), risk factors (e.g., smoking, poor diet, lack of physical activity), and barriers within the health system itself (e.g., poor access to healthcare, high cost of healthcare, limited access to health insurance).²⁰

¹⁷ U.S. Census Bureau, 2017-2021 American Community Survey 5-Year Estimates. Table S2101

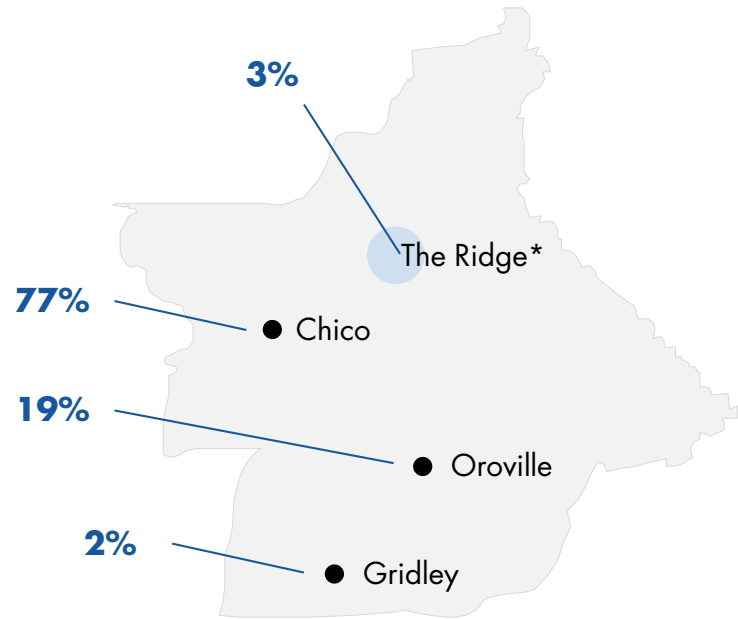
¹⁸ Tanielian, T., Batka, C., & Meredith, L.S. (2017). The Changing Landscape for Veterans' Mental Health Care. RAND Corporation. https://www.rand.org/pubs/research_briefs/RB9981z2.html

¹⁹ U.S. Census Bureau, 2017-2021 American Community Survey 5-Year Estimates. Table S1810

²⁰ <https://www.who.int/news-room/fact-sheets/detail/disability-and-health>

A total of 1,156 individuals were counted as experiencing homelessness as part of Butte County's 2022 Point in Time Homeless Count (PIT Count). Exhibit 16 illustrates the distribution of these individuals across the county. While significant changes in methodology and context create challenges for understanding change in the PIT Count over time²², the Count has been trending downwards since 2011, when 1,772 individuals experiencing homelessness were counted. Many individuals experiencing homelessness have high rates of long-term disabling health conditions that impair their ability to hold a job or live independently, including chronic health conditions, mental health disorders, physical disabilities, and substance use disorders.

Exhibit 16. Population Experiencing Homelessness²¹



**Count organizers reported that the 2022 PIT Count very likely undercounted unhoused individuals in the eastern portion of the county (i.e., The Ridge), given the widespread displacement caused by wildfires in recent years.*

Homelessness disproportionately impacts certain racial/ethnic groups within Butte County. For example, Native Americans make up just 1.1 percent of the county population but make up 10 percent of the homeless population. Native Hawaiian/Pacific Islander and Black residents are also disproportionately impacted by homelessness – they make up just 0.3 and 1.8 percent of the county population, respectively, but comprise 2 percent and 4 percent of the population experiencing homelessness. Racial disparities in homelessness are also evident at the state and national levels, and they are a product of structural racism – the systemic ways in which opportunities are withheld from some and available to others.

Spotlight: Point in Time Count. The Point in Time (PIT) Count is a federally mandated count of people experiencing homelessness which takes place every two years on a single night in January. The Butte County count is facilitated by local service professionals and community volunteers, who survey residents who are unsheltered (i.e., who are sleeping in places not meant for human habitation such as parks, vehicles, etc.), staying in emergency shelters, or who have newly exited homelessness and are living in transitional housing or permanent supportive housing. It does not include individuals who may be couch-surfing or who may otherwise be facing housing instability. PIT Counts are widely understood to be an undercount of people experiencing homelessness because of this narrow definition and the nature of the count method²³.

²¹ Butte County Continuum of Care 2022 Point-In-Time Community Report

²² Count organizers noted that the COVID-19 pandemic, natural disasters including the 2018 Camp Fire and 2020 North Complex Fire, and fatigue and burnout among service organizations and community volunteers were factors impacting the 2022 count.

²³ <https://www.nlc.org/article/2021/02/11/enumerating-homelessness-the-point-in-time-count-and-data-in-2021>

System-Level Issues

Every person deserves the opportunity to live a healthy life. Yet, fundamental components of health such as access to care, mental health and wellbeing, and food security, are out of reach for far too many Butte County residents. As a result, good health is not yet accessible to all people in Butte County. Some communities face major barriers to health because of inequities that exist both in the physical environment and in the social conditions that shape our lives. These underlying conditions, known as social determinants of health, include things such as the physical environment (including transportation, housing, and exposure to climate change), the economic and work environment, the service environment (including health care, education, and social services), and the social environment (including people’s experiences of class, racism, gender, immigration, culture, and violence), and they all ultimately impact disease, injury, and mortality²⁴. Some communities are disproportionately impacted by these social determinants of health (and therefore health burdens) because of structural racism. Understanding how these social determinants of health influence health outcomes is therefore a critical part of developing an equitable response to the health needs identified through the CHA. This focus on both the upstream and downstream factors influencing health is reflected in the CHA’s approach to data collection, analysis, and prioritization of health needs, as described in the following section.

²⁴ Bay Area Regional Health Inequities Initiative Framework



Process and Methods Used to Conduct the CHA

This section provides a summary of the process and methods used to conduct the 2023 CHA, including a general overview of the approach, the identity and qualifications of the consultants used to conduct the assessment, a summary of primary and secondary data collection and analysis, the prioritization process to select final priority health needs for CHA, and data limitations. Additional detail is provided in Appendix B: Methods.

General overview of approach

Disparities in healthcare access and health outcomes are influenced by a wide range of factors beyond the individual, known as social determinants of health. Understanding how these factors impact community members' ability to access and benefit from the system of care is a critical part of developing an equitable CHA. This CHA considers these broader systemic factors in addition to downstream indicators of health to understand the root causes of community health needs.

This CHA explored a variety of health topics, listed in Exhibit 17. The process to determine whether each health topic qualified as a CHA health need involved several steps and drew upon both secondary health indicator data and primary data in the form of focus groups and stakeholder input. A health topic was classified as a high need based on the data if it met any of the following criteria:

- Overall severity
- Clear disparities
- Community prioritizes the issue

The following sections provide a summary of how these criteria were applied. For additional detail see Appendix B: Methods.

Exhibit 17. Health topics explored in this CHA

Access to care	Food Security
Behavioral health (mental health and substance use)	Healthy Eating, Active Living (HEAL) opportunities
Cancer, chronic disease, disability	Housing
Climate & environment	Income & employment
Community safety	Maternal and child health
COVID-19	Sexual health
Education	Transportation

Identity and qualifications of consultants used to conduct the assessment

Harder+Company Community Research (Harder+Company) is a social research and planning firm with staff throughout California. Harder+Company works with public sector, nonprofit, and philanthropic clients nationwide to reveal new insights about the nature and impact of their work. Since 1986, Harder+Company has worked with health and human service agencies throughout California and the country to plan, evaluate, and improve services for vulnerable populations. The firm's staff offer deep experience assisting health departments, hospitals, and other health agencies on a variety of efforts including conducting community health assessments, developing and operationalizing strategic plans, engaging and gathering meaningful input from community members, and using data to inform program development and implementation.

Summary of secondary quantitative data gathering and analysis

The Harder+Company consultants gathered secondary quantitative data about a variety of health topics from publicly available sources. Specific sources are referenced for each data point provided in the CHA report and a full listing of the indicators and their data sources is available in Appendix A: Data. Data for Butte County was compared to State average and data for key metrics were disaggregated by racial/ethnic, geographic, and other factors to identify disparities. A health topic was considered to be a health need based on the secondary data if it met at least one of the following criteria:

- **Overall severity:** at least half the secondary data indicators for a health topic are 20 percent worse than the state benchmark.
- **Clear disparities:** there was evidence of significant racial/ethnic, geographic, or other disparities within key metrics in the secondary data.

Ten health topics met the criteria for overall severity and/or clear disparities and were therefore considered to be health needs based on the secondary data. These ten health topics were discussed as part of the community focus groups, as described in the next section.

Summary of community input through focus groups

To obtain community input and insight into health needs, strengths, and solutions, BCPH staff leveraged established relationships with community-based organizations (CBOs) to recruit participants with a myriad of lived experiences to participate in focus groups.

In total, seven focus groups were conducted reaching 43 adult (18 years+) Butte community members with diverse perspectives and experiences. Focus groups were conducted in English, Spanish (1 group), and Hmong (1 group). Focus group participants included: individuals receiving services from the Iversen Wellness and Recovery Center (mental health services), individuals participating in a parents' program at the Hmong Cultural Center, individuals receiving services from the Esplanade House (transitional housing program), individuals from the LGBTQ+ community with a connection to the Stonewall Alliance Center, Spanish-speaking individuals participating in the Community Housing Improvement Program, Oroville-area residents²⁵, and current WIC clients who visit the Oroville clinic location.

²⁵ Multiple agencies helped advertise for this Oroville focus group, including the African American Family and Cultural Center, Feather River Tribal Health, the Boys and Girls Club, Berry Creek Rancheria and Butte 2-1-1.

BCPH and Harder+Company designed the focus group protocol (Appendix C: Focus Group Protocol & Prioritization) using results from the secondary data analysis. The protocol questions asked about individuals' specific health needs, the ten health needs that were identified during the secondary data analysis and how those needs impacted their health and the health of their community, barriers to health, root causes of barriers, support needed to address barriers and their root causes, and community assets available to support health.

As part of the focus groups, participants were asked to participate in a short questionnaire to identify their five top health priorities out of the list of ten health needs identified through the secondary data analysis²⁶. The result of this exercise was the third criteria used to determine whether a health topic was a CHA health need, along with overall severity and clear disparities. The six health needs identified through this process met at least one of these criteria. A full list of health topics and their overall severity, presence of disparities, and community prioritization is included in Exhibit 18.

While notetakers took notes during the focus group for themes and strong quotes, audio recordings were also sent to be transcribed by a third-party vendor. BCPH staff conducted a thematic analysis of focus group audio transcriptions with computer-aided qualitative data analysis software QDA Miner Lite (free version).

Two BCPH staff performed primary analyses of sessions for which they were present in person either as facilitator or as notetaker for social cues and context. They followed an inductive process to reveal health issues that emerged in focus groups, as well as themes that spanned between multiple health issues/topics. After the primary analysis, staff reviewed each other's analyses in a secondary review, reconvening to agree on a final set of clustered codes and themes. Frequencies were also exported to identify the most frequently raised health issues across focus group populations, as well as to identify overlap of main themes and research questions.

²⁶ The 'Access to Care' health topic was not included in the original list provided to focus groups but was a major theme throughout most focus groups and was later confirmed to be a health need based on updated secondary data.

Exhibit 18. Health Topic Summary

Health Topic	Severity	Disparity	Health Need Based on Secondary Data?	Community Prioritizes Issue?	Identified Health Need?
Final FG Tally					
Access to care	Moderate	Significant	Yes – significant disparities	0*	Yes
Behavioral health (MH and SU)	High	Significant	Yes – high severity, significant disparities	34	Yes
Food security	High	Significant	Yes – high severity, significant disparities	24	Yes
Housing	Moderate	Significant	Yes – significant disparities	31	Yes
Income & employment	Moderate	Significant	Yes – significant disparities	30	Yes
Community safety	High	Significant	Yes – high severity, significant disparities	21	Yes
Climate & environment	High	Moderate	Yes – high severity	15	
Education	Low	Significant	Yes – significant disparities	20	
Sexual health	Low	Significant	Yes – significant disparities	10	
Maternal and child health	Low	Significant	Yes – significant disparities	8	
COVID-19	Low	Significant	Yes – significant disparities	3	
Cancer, chronic disease, disability	Moderate	Moderate		0	
HEAL opportunities	Moderate	Moderate		0	
Transportation	Moderate	n/a		0	

* Access to Care was not included in focus group ranking sheet, but emerged organically in multiple groups and later confirmed to exhibit significant disparities through updated analysis.

^ Disaggregated data was not available for Transportation indicators.

Overview of prioritization process to select final health needs for CHA

As described in the previous section, six health needs were identified based on the secondary data and input from the community focus groups. In order to gain additional input into which health needs should be prioritized for inclusion in the CHA, BCPH held a virtual meeting for community stakeholders, partners, and community members. The *CHA meeting for Stakeholders and Community Partners* was attended by 76 individuals from Butte County communities (See Appendix D: List of Community Partners for a full list of organizations represented in the meeting).

During the meeting, BCPH staff presented key data indicators for the six identified health needs based on the primary and secondary data. Those health needs were as follows, in no particular ranking order: access to care (including dental care), behavioral health (mental health and substance use), community safety, food security, housing, and income/employment²⁷. After reviewing the data, there was an opportunity for meeting participants to discuss as well as for BCPH staff to clarify or answer any questions.

Next, if participants were also residents of Butte County, they were asked to prioritize health topics via an anonymous SurveyMonkey during the live meeting. Participants prioritized 11 health topics in total – the six identified as needs through the primary and secondary data, and five additional topics identified as needs based on secondary data alone (i.e., exhibiting overall severity and/or disparities): climate and environment, education, maternal and child health, sexual health, and COVID-19 vaccination.

Survey respondents prioritized the potential 11 health topics in two different ways within the survey. The first survey question requested participants to check the top 5 health needs from the list of 11, based on their experiences, opinions, and perceptions. The second question in the survey asked participants to rate the same list of 11 health topics using several pre-determined criteria selected by BCPH and Harder+Company. These criteria included:

- **Impact:** a large percentage of people in the community are impacted by the issue.
- **Disparities:** the health need disproportionately impacts specific groups or populations.
- **Feasibility:** there are sufficient resources that exist, as well as community support and political will, that will help ensure successful outcomes.
- **Organizational support:** this asks if my organization (or myself) would be willing to be involved in the next steps to address this health topic.

The top six health needs identified through the primary and secondary data were given an automatic weighting of 20 percent. A total of 48 surveys were completed in the meeting. Survey results were analyzed in real-time and shared with those in attendance. The survey results confirmed the top 5 priority health needs in ranking order and will be used to inform the Butte County CHIP in 2024 (See Exhibit 19).

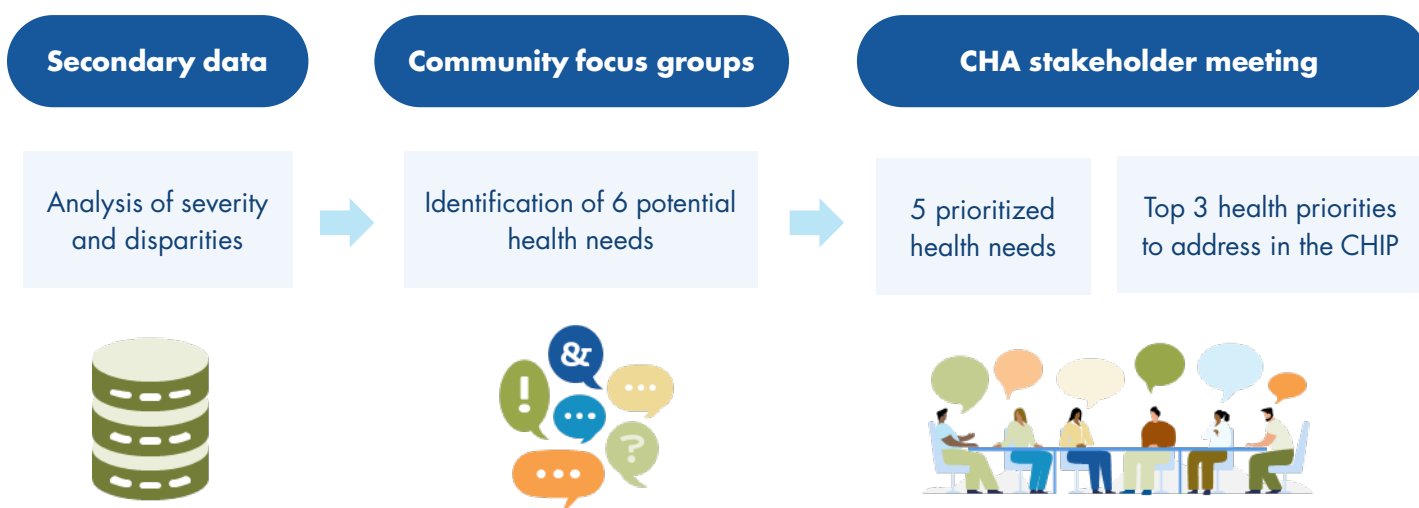
²⁷ Profiles for these six health needs are included in the next section of the report

Exhibit 19. Ranked Priority Health Needs

- 1 Access to Care (including dental care)*
- 2 Behavioral Health*
- 3 Food Security*
- 4 Housing
- 5 Income and Employment

*BCPH selected the top three health topics as health priorities to be addressed in the CHIP: Access to Care, Behavioral Health (mental health and substance use), and Food Security

Exhibit 20. Community Health Assessment Process



Community Asset Mapping

Asset mapping is a process in which community assets are identified, described, and in some cases, visualized on a map²⁸. Community assets are resources that improve the quality of community life, such as schools, libraries, nonprofit organizations, and businesses that provide jobs and support the local economy²⁹. Practicing asset mapping empowers community members and encourages community participation in the CHA process.

Participants in the CHA Meeting for Stakeholders and Community Partners were asked to participate in an interactive asset mapping activity using Padlet. They were asked, “*what assets or resources currently exist in our community to help us address some of these issues?*” Padlet allowed participants to post anonymously while everyone was able to see the results in real-time as they were being posted. For a full list of resources identified by the participants, see Appendix F: Community Resources.

²⁸ <https://www.cdss.ca.gov/inforesources/cdss-programs/ffpsa-part-iv/asset-mapping-strength-and-needs-assessment-toolkit#:~:text=Asset%20mapping%20is%20a%20process,the%20needs%20of%20a%20community.>

²⁹ https://healthpolicy.ucla.edu/sites/default/files/2023-08/tw_cba20.pdf

Overview of data limitations and information gaps

There are some limitations to the secondary data used in this assessment. Some data were only available at a county level, making an assessment of high priority needs within local areas challenging. Disaggregated data based on age, ethnicity, race, and gender are not available for all data indicators, which limited the capacity to examine disparities of health within the community. Lastly, recent data was not available for some indicators, meaning that some data are several years old and do not accurately reflect the lingering impacts of the COVID-19 pandemic or the North Complex and Dixie wildfires. These limitations have implications for the identification of community health needs. Where only countywide data were available or data were unable to be disaggregated, values represent averages across many communities and may not reflect the unique needs of subpopulations. As is standard, the state average was used as a benchmark for comparison.

Despite efforts to speak to a broad range of community members, there are several limitations to the qualitative data. First, the number of focus groups held was limited by BCPH staff capacity, the workplan timeline, and available grant/county funding for incentives. Through outreach, BCPH staff also learned that several CBOs throughout Butte County had recently participated in listening sessions for a different organization and the close timeline could have prevented some CBOs from participating. Lastly, not all focus group participants stayed long enough to participate in the priority health needs questionnaire. For more information on data limitations, please see Appendix B: Methods.



Community Identified Health Needs

Butte County Public Health (BCPH) is committed to reducing health disparities and ensuring that every Butte County resident has the opportunity to live a healthy life. This Community Health Assessment (CHA) is therefore focused on understanding not just health outcomes, but also the broader social determinants of health that impact individual and community wellbeing. Social determinants of health include a broad range of socioeconomic and environmental factors, such as access to transportation and healthy foods, opportunities for employment, and culturally and linguistically appropriate services. Unequal access to these basic conditions for health is often the root causes of disparities, and they pose barriers to achieving good health for all community members.

The following Health Needs Profiles highlight the top six health needs identified through Butte County's CHA: (1) access to care, (2) behavioral health, (3) food security, (4) housing, (5) income and employment, and (6) community safety. The profiles synthesize primary data from focus groups and the community stakeholder meeting and secondary data statistics about Butte County in comparison to the state. Statistics presented in the health need profiles were not analyzed for statistical significance and should be interpreted alongside the qualitative findings. In addition to key indicators, each profile includes community-identified themes related to barriers and root causes, disparities and equity considerations, and community assets, strengths, and resources that can support Butte County in addressing the health need. The profiles lift up the voices of the community and the opportunities they see to address needs, as well as what is needed to work towards a vision of a healthy community.

Focus group participants shared their perspectives on what a healthy community looks like:

"A healthy community should be a place where you can be you and where you can be protected and you can be safe."

"A healthy community has growth in the community, growth as in job wise opportunities or programs to help the people who's been there."

"I think a [healthy] community is a place with resources for people [with] all different kinds of experiences."

"Participation in community and the expression of community...how involved are people, and do they want to be more involved or are they retreating back? I think that that's a sign for me [of a healthy community]."

"[A healthy community is a] safe community. Somewhere safe for the kids to grow up and be able to share their experiences in a safe place and manner, and you know, that helps create healthy children."

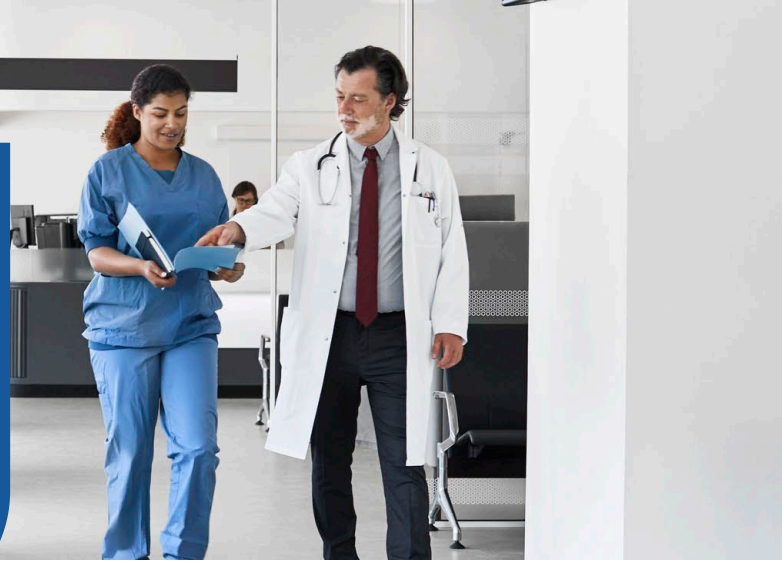
Health Need Profiles

1. Access to Care
2. Behavioral Health
3. Food Security
4. Housing
5. Income and Employment
6. Community Safety

Priority #1 Access to Care*

Butte County Health Need Profile

*To be addressed in the CHIP



Access to quality health and dental care – including insurance coverage, ability to find appropriate care, and ability to utilize that care – profoundly affects people’s health, well-being, and quality of life. It is also one of the key drivers in achieving health equity. Butte County has a shortage of primary care physicians and dentists, and many residents have difficulty finding primary care. There are also clear racial disparities in access to care in the county. For example, there are large gaps in insurance coverage for American Indian and Alaska Native residents, Hispanic or Latino residents, and residents who identify as another race. Community members shared that stigmatization, transportation, and a lack of translation are all barriers to quality care in the county.

Key Data

The data presented below displays how Butte County performs relative to California on key indicators of health. Indicators where the county is performing better than the state average may still reflect a health need since the State average may also be low, pointing to a widespread need for improvement, or there may be some groups disproportionately impacted. These disparities are explored in the following sections.

● Butte County ■ California

Primary care physicians per 100,000 ³⁰



Difficulty finding primary care ³²



Dentists per 100,000 ³¹



Preventable hospitalizations per 100,000 ³³



³⁰ County Health Rankings (2019).

³¹ County Health Rankings (2020).

³² California Health Interview Survey (2017 – 2021).

³³ County Health Rankings (2019). Preventable hospitalizations are defined as the rate of hospital stays for ambulatory-care sensitive conditions among Medicare enrollees.

Barriers and Root Causes (Community identified themes)

- Stigma and general lack of culturally appropriate and quality care
- Shortage of healthcare and dental providers
- Long wait times for care due to lack of providers
- Unaffordable and unreliable access to transportation in rural areas
- Not enough access to culturally relevant information and education



“Because we don't have a high income level for the county, a lot of providers can't afford to stay here. [...] When they get opportunities to move to a place that they can make more money, they move out.”

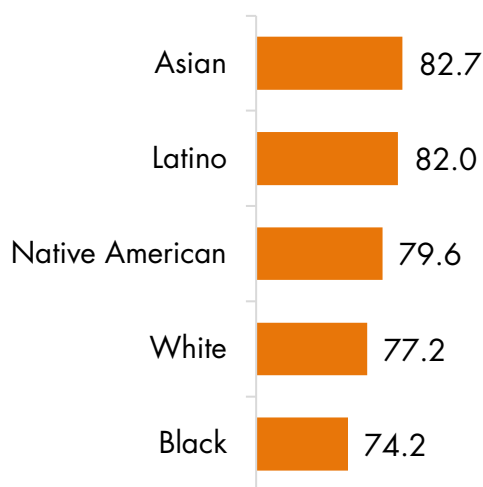
“I think a huge issue [...] is insurance companies have way too much power. My doctor's been trying to get me an MRI for quite a while [...] but] they've denied me five times in the last two years.”

“It's really hard to get an appointment. You can make one and get in, but then it takes months to actually get [dental] work done.”

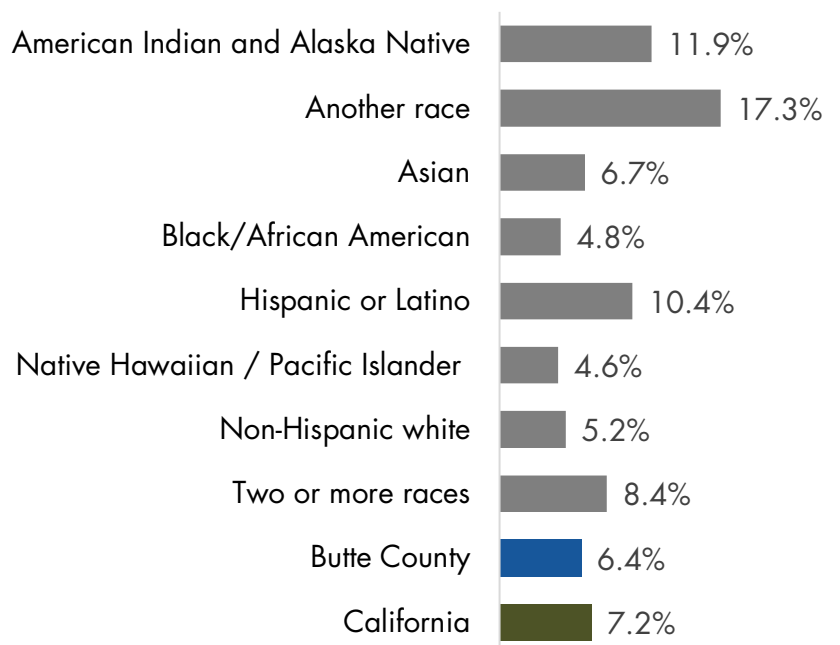
“For doctor's appointments, you can do shuttles, but they're not reliable. We've witnessed people that were supposed to have shuttles to go have their children - like, planned C-sections - not show up.”

Disparities in Access to Care

Life expectancy in years ³⁴



Percent uninsured ³⁵

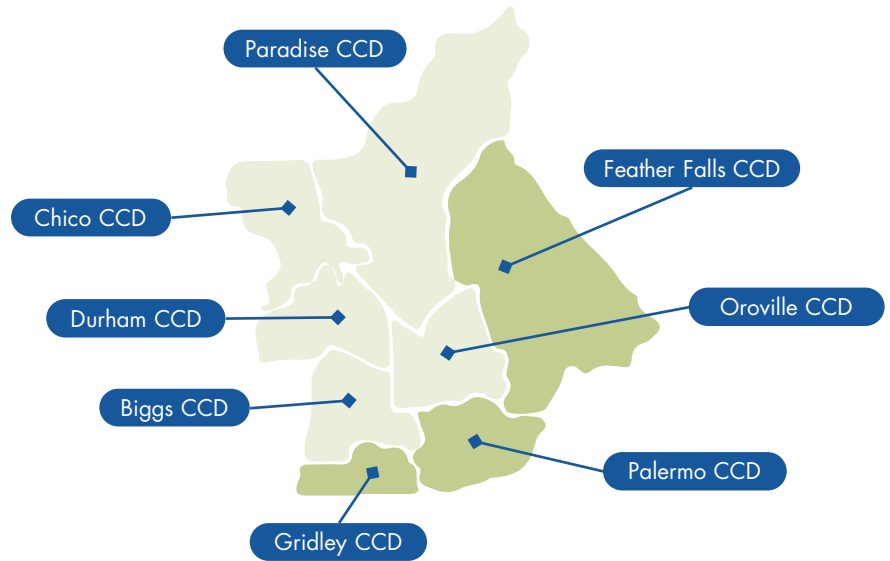


³⁴ County Health Rankings (2018 – 2020) via Race Counts.

³⁵ U.S. Census Bureau, ACS Table S2701. (2017 – 2021).

Geographic areas with greatest need

Area	% Uninsured ³⁶
Biggs	5.5%
Chico	6.5%
Durham	4.2%
Feather Falls	9.2%
Gridley	9.4%
Oroville	5.8%
Palermo	7.3%
Paradise	5.4%



“[In that hospital] they're disrespectful [to people who have substance use disorders]. They're unprofessional. And I feel like I can't get healthcare in that environment.”

“[In regards to Denti-Cal coverage] If you're poor, they just want to rip your teeth out. They don't even want to fix it.”

“[A lack of information about the LGBTQ+ community] allows a lot of folks to just be dismissive of identities or think that they're playing neutral when in reality it's causing direct harm and violence”

“In the Hmong community, I know a lot of elders if they are sick, they don't go to the doctors [...] They have fear of knowing their sickness, so they don't go and they don't want to know. [...] they rather just stay home, until they are really sick”.



Spotlight on equity

- Community members emphasized that having access to healthcare and social services providers who look like the community and who understand the community's language, culture, and overall lived experience is very important
- Some LGBTQ community members feel unsafe in healthcare settings, which makes it hard for them to access quality care
- Some individuals with substance use disorder feel stigmatized in healthcare settings, which makes it hard for them to access quality care
- Many in the Hmong community are not getting on-time prenatal care due to a lack of accessible resources in their language. Preference for women OB-GYN providers also leads some Hmong community members to avoid prenatal care when their provider is a man.

³⁶ U.S. Census Bureau, ACS Table S2701. (2017 – 2021).

Assets and Ideas

Community Assets and Strengths

86.4%

of Butte County residents have a usual source of care, compared to 84.6% across California ³⁷

2.5%

of Butte County children are uninsured, compared to 3.3% across California ³⁸

“I thought [the COVID vaccine] was very accessible to everybody. There's a lot of education and accessibility, it felt like.”

“Women's Health Specialists are very beneficial to especially the trans nonbinary community because they're all body [specialists]”

Existing Community Resources

Some examples:

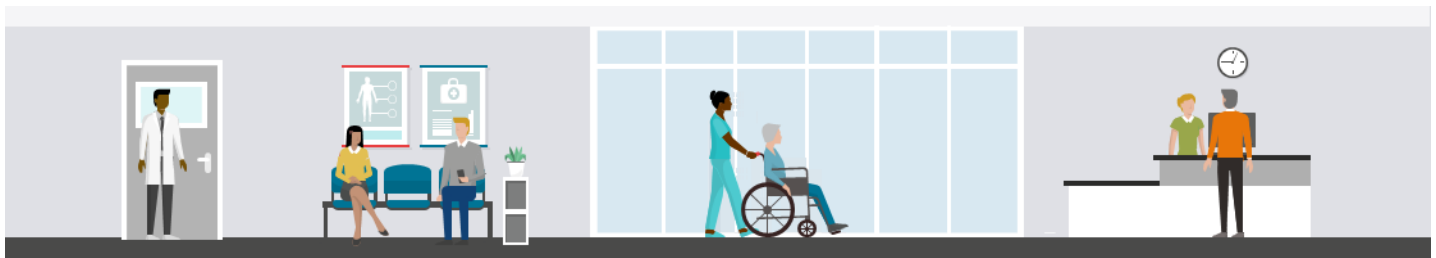
Public, nonprofit, and tribal healthcare providers

Healthy Rural California

Transportation provided by Medi-Cal Managed Care Providers

Ideas from Focus Group Participants

- “They need more people out there [in Butte County], more counselors, more doctors, more nurses. And people who care about their job that can provide the time to take care of us and actually give us what we need. That would make our life so much easier.”
- [We need] more information and more awareness about [different health needs]. Some people aren't getting the help that they need to get [because] they just don't know.”
- Rebuild the Feather River hospital
- Improve culturally relevant health outreach and education in different communities
- Create support groups for prenatal and postpartum mothers, including a Hmong-specific group



³⁷ California Health Interview Survey (2017 – 2021).

³⁸ U.S. Census Bureau, ACS Table S2701. (2017 – 2021).

Priority #2 Behavioral Health*

Butte County Health Need Profile

*To be addressed in the CHIP

Behavioral health – including mental health and substance use - is foundational to an individual’s well-being. Poor mental health and substance use are important concerns to address in overall community health because they contribute to stress, isolation and other health problems. Butte County residents have considerably higher rates of suicide and drug overdose deaths than the average Californian, and there are clear racial disparities. For example, residents who identify as Black/African American or Native American/Alaska Native are at a higher risk of a drug overdose death than other residents (see chart next page). Youth, queer, and immigrant community members are particularly impacted by behavioral health concerns. Community members have also shared that overlapping trauma (e.g., the COVID-19 pandemic, drought, wildfires) has exacerbated poor mental health and substance use, while stigma continues to be a key barrier for people to seek support for their behavioral health concerns.

Key Data

The data presented below displays how Butte County performs relative to California on key indicators of behavioral health. Indicators where the county is performing better than the state average may still reflect a health need since the State average may also be low, pointing to a widespread need for improvement, or there may be some groups disproportionately impacted. These disparities are explored in the following sections.

● Butte County ■ California

Mental health affected by extreme weather-related event in past two years ³⁹



Poor mental health days per month ⁴⁰



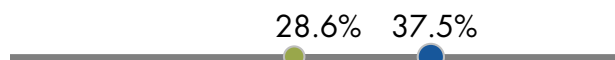
Suicide rate per 100,000 ⁴¹



Drug overdose death rate per 100,000 ⁴²



Impaired driving deaths ⁴³



³⁹ California Health Interview Survey (2021 – 2022)

⁴⁰ Behavioral Risk Factor Surveillance System 2020

⁴¹ California Department of Public Health (2020 – 2022)

⁴² California Department of Public Health (2019 – 2021)

⁴³ NHTSA Fatality Analysis Reporting System (2014 – 2018), defined as motor vehicle crash deaths in which alcohol played a role.

Barriers and Root Causes (Community identified themes)

- Stigma and general lack of culturally appropriate and quality care
- Long wait times due to insufficient supply of services and providers
- Overlapping traumas (e.g., COVID-19 pandemic, drought, wildfires) have exacerbated poor mental health and substance use
- Alcohol misuse, substance use and suicide are community concerns



“Well, the wildfires and the droughts really affect my stress level. I was made homeless by the Camp Fire, and then the effects of that are still hitting the community.”

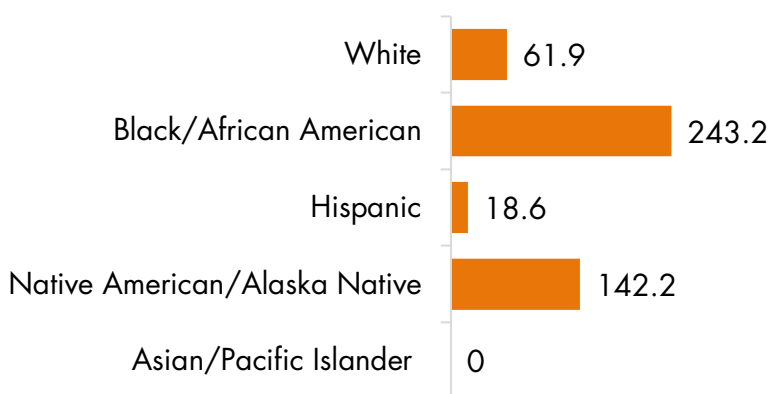
“So a lot of the problem is a lot of [services] are faith-based. Not everybody is a Christian, you know, so a lot of people aren't getting the support they need, because there's such a religion barrier in this town. If you don't believe a certain way, you don't get help”

“Stigmas are a huge barrier to getting any kind of help. [...] They treat people like they're less than if you admit you need help.”

“The only [in-person mental health doctor] they have in town here, they don't even have availability [...]. So I'm struggling with mental health issues, and I'm not getting the proper treatment for it.”

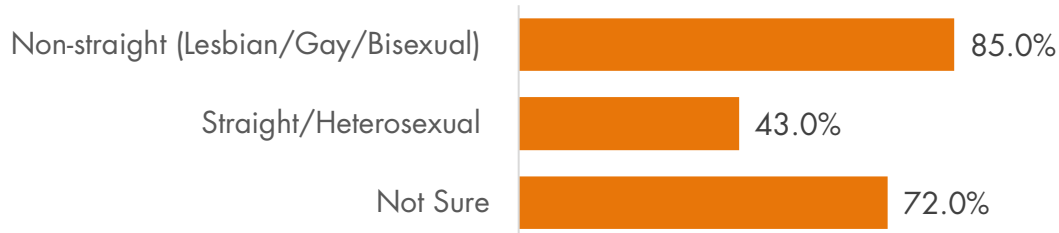
Disparities in Behavioral Health

Drug overdose death rate per 100,000 ⁴⁴



⁴⁴ California Department of Public Health (2021)

11th graders experiencing chronic sadness/hopelessness ⁴⁵



11th graders who currently use e-cigarettes ⁴⁶



11th graders who currently use alcohol or drugs ⁴⁷



“Kids are growing up in families where [there are] mental health problems, substance addiction problems, and they're more vulnerable.”

“[Referring to the Hmong community] Majority of issues arises from a domino effect through cultural stigma [...] Maybe the Elders grew up with same [...challenges...], in their family and then they pass on to the next generation [because] they don't have a way to help them resolve their mental health issues [so] they resort to substances to help them feel good about themselves.”



Spotlight on equity

- Youth, queer, and immigrant communities are disproportionately impacted by mental health concerns and substance use.
- Community members shared that they feel discriminated against by healthcare providers because of their mental health concerns. Particularly, they feel that providers will not provide the same treatment and care if they admit they have mental health concerns.

⁴⁵ California Healthy Kids Survey (2019 - 2021). Chronic sadness/hopelessness is defined as feeling so sad or hopeless almost everyday for two weeks or more that they stopped doing some usual activities.

⁴⁶ California Healthy Kids Survey (2019 - 2021)

⁴⁷ California Healthy Kids Survey (2019 - 2021)

Assets and Ideas

Community Assets and Strengths

Mental health providers per 100,000 ⁴⁸



Outreach programs like the Boys and Girls Club are helpful for young people struggling with mental health.



Existing Community Resources

Some examples:

Direct behavioral health services
(Butte County Department of Behavioral Health, Aegis Treatment)

Culturally appropriate support groups

North Valley Harm Reduction Coalition

6th Street Center for Youth

Ideas from Focus Group Participants

- Community members shared that there is a need for greater awareness and resources around substance use and suicide.
- There is a need for more mental health awareness and support for young people
- “I think they need mental health resources for children at school. Because you know, it starts somewhere.”
- “I also feel like it should be more publicized, [that] there's help for people who are going through those struggles. It's like such a taboo topic that it's just so closed off to them. People [...] don't know that there's resources that they can actually go through. I feel like it should be more put out there.”
- “It's detrimental that they don't have the mobile crisis unit up and running full-time”

⁴⁸ County Health Rankings (2021)

Priority #3 Food Security*

Butte County Health Need Profile

*To be addressed in the CHIP



Food security means that community members are able to easily access and afford nutritious food. Food security is a critical measure for a community's health because nutrition impacts both physical and behavioral health. Compared to the average Californian, Butte County residents are more food insecure and have lower access to grocery stores. Additionally, there are deep racial disparities in food security for Black/African American communities, who are three times as likely than those who identify as White to be food insecure. Community members shared that rising food costs, especially for healthy food, is a barrier that leads to unhealthy eating.

Key Data

The data presented below displays how Butte County performs relative to California on key indicators of health. Indicators where the county is performing better than the state average may still reflect a health need since the State average may also be low, pointing to a widespread need for improvement, or there may be some groups disproportionately impacted. These disparities are explored in the following sections.

● Butte County ■ California

Supplemental Nutrition Assistance Program (SNAP/CalFresh or food stamp program) enrollment ⁴⁹



Food environment index (index of affordable, close, and nutritious food retailers from 0 (worst) to 10 (best)) ⁵¹



Low access to grocery store ⁵⁰



Food insecurity ⁵²



⁴⁹ U.S. Census Bureau ACS Table S2201 (2017 – 2021)

⁵⁰ USDA Food Environment Atlas (2015)

⁵¹ County Health Rankings (2022)

⁵² California Department of Public Health (2021). Food insecurity is defined as the lack of access, at times, to enough food for an active, healthy life.

Barriers and Root Causes (Community identified themes)

- Food costs are rising but food benefits are not
- Fresh fruits and vegetables are not easily accessible across the county
- Food support systems (e.g., food banks, WIC) are not well-advertised and the programs do not keep community members well-informed about food security support.
- The high cost of healthy food leads to eating of cheaper, unhealthy foods
- There is limited access to free meals for those experiencing homelessness

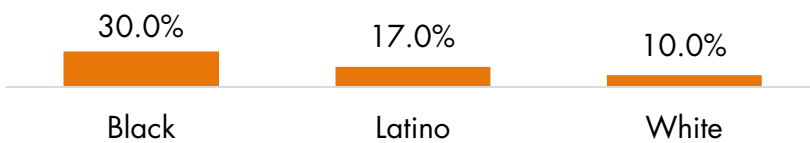


“I regularly have to go to food banks, and I work two jobs.”

“It’s kind of hard [to access healthy food], especially if you don’t have a vehicle or you share vehicles [...] it’s just too expensive to drive around just to get your vegetables.”

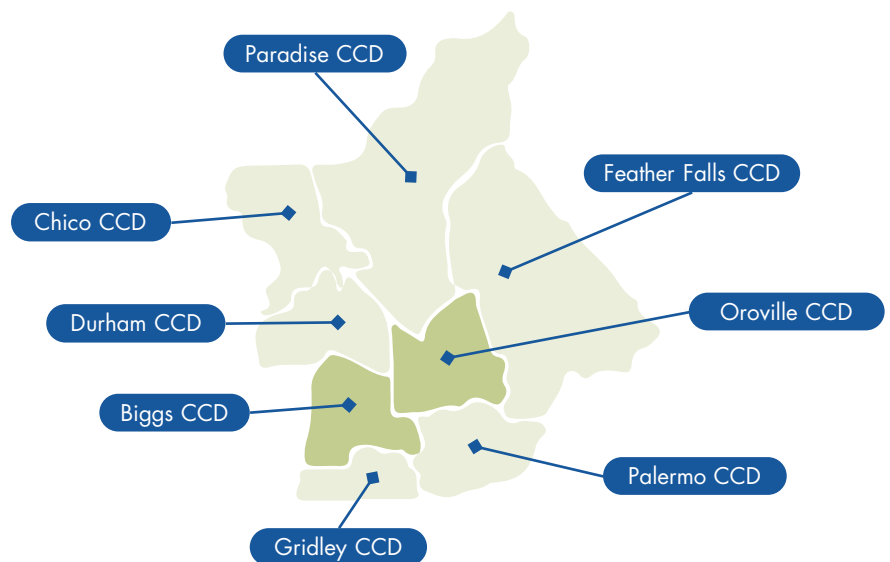
Disparities in Food Security

Food insecurity ⁵³



Geographic areas with greatest need

Area	% enrolled in SNAP ⁵⁴
Biggs	17.9%
Chico	11.1%
Durham	4.5%
Feather Falls	11.5%
Gridley	13.6%
Oroville	18.9%
Palermo	13.0%
Paradise	8.3%



⁵³ Feeding America (2021). Food insecurity is defined as the lack of access, at times, to enough food for an active, healthy life.

⁵⁴ U.S. Census Bureau ACS Table S2201 (2017-2021)

"It affects me when someone comes in here and says, I'm newly unhoused [...] where can I go get something to eat? And I think, well, the Jesus Center doesn't feed walk-ins anymore. You could stay at Torres Shelter, but it's 9:00 in the morning. And you can't get an intake appointment till 2:00."

"When you're low income, the food stamps, it's not enough. Everything's going up, the price of food."



Spotlight on equity

- Community members shared that it is difficult for those without personal transportation to be able to transport the groceries they need to feed their families.
- Community members that are experiencing homelessness experience multiple barriers in accessing food, including insufficient income to buy groceries, a lack of transportation, and few free food options, including food options that do not require cooking.
- "It's so prevalent in [the LGBTQ+] community to feel food insecure and especially with healthy foods. Yeah, I talk to people almost every single week about where to find, you know, cheaper healthy food or just food in general."



Assets and Ideas

Community Assets and Strengths

“Well, recently, I just was assigned backup for WIC, so that was very helpful for my family. So I'm glad there was still those services available.”



Existing Community Resources

Some examples:

Iversen Center Food Pantry

North State Food Bank

Butte County Local Food Network

Boys & Girls Club of the North Valley food services

Ideas from Focus Group Participants

- Community members would like more education around healthy diets, particularly for children and among immigrant communities
- Community members would like more information on WIC- and CalFresh-eligible foods.
- There is a need for more support from schools, food banks, and other food support places (e.g., school lunches, weekend meals, places that serve hot meals)
- “[If] they can put more WIC signs out for like what you can actually get for your WIC now [...] Because I know a lot of people end up having to put stuff back because it's not WIC approved. [...] Not everyone can make it to the WIC store to get their WIC groceries.”
- “I think the Farmers Market should advertise a little bit more too, because when you go to use your EBT down there, you actually have to go to the EBT stand. And I just found out recently that if you spend \$30[...] they'll match it. I just found that out. I didn't know that until I actually went down there, though.”
- “[It would help the community] If we had, like, a hot meal place, like something that was open. Just anywhere somebody could just go get a hot meal [...] a place where people could use the resources, like the garden vegetables and stuff, and actually make food for poor people.”



Priority #4 Housing

Butte County Health Need Profile

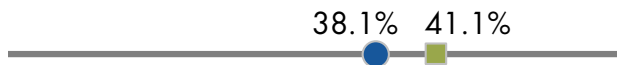
Access to safe, stable, and affordable housing is a critical social determinant of health. While Butte County boasts a higher homeownership rate and lower median rental costs than the state, its residents experience higher foreclosure and homelessness rates than the average Californian. Moreover, there are deep racial disparities in housing affordability in Butte County, with Black/African American and Native American renters bearing significantly greater cost burdens than renters of other racial/ethnic identities. Homelessness also disproportionately impacts many communities of color. In addition to widespread concerns about homelessness, community members expressed deep concerns about housing affordability and availability, particularly after the 2018 Camp Fire and 2020 North Complex fires.

Key Data

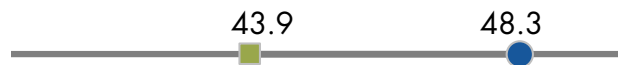
The data presented below displays how Butte County performs relative to California on key indicators of health. Indicators where the county is performing better than the state average may still reflect a health need since the State average may also be low, pointing to a widespread need for improvement, or there may be some groups disproportionately impacted. These disparities are explored in the following sections.

● Butte County ■ California

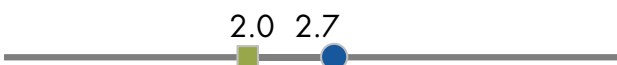
Cost-burdened households (housing costs greater than 30% of income) ⁵⁵



Population experiencing homelessness per 10,000 ⁵⁷



Foreclosure rate per 10,000 ⁵⁶



⁵⁵ U.S. Census Bureau ACS Table S2503 (2017 - 2021)

⁵⁶ DataQuick via Race Counts (2017 - 2021)

⁵⁷ National Alliance to End Homelessness (2022). Note that this statistic is based on the Point in Time Count and does not include individuals who may be couch-surfing or who may otherwise be facing housing instability.

Barriers and Root Causes (Community identified themes)



- Housing costs are very expensive considering local wages
- Lower supply of housing since the Camp and North Complex fires
- Residents experiencing homelessness lack sufficient shelter and support options
- Low-income housing is still out of reach for many residents

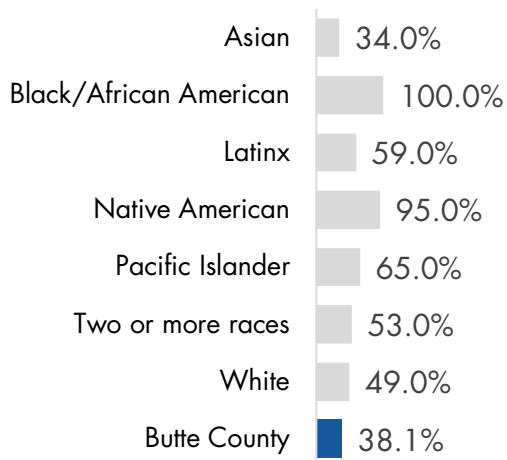
“It's very expensive, the market here, for the types of jobs that are offered [...] most wages offered here are entry level, and the rents are, like, really, really high.”

“After the fire, everything's crowded. There's no housing [...] it's nuts right now.”

“We deserve a chance to have housing, and be able to raise our kids in a safe environment and bring them up different, so history don't keep [...] repeating itself.”

Disparities in Housing

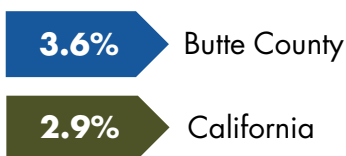
Cost-burdened renter households ⁵⁸



Population experiencing homelessness ⁶⁰

Race/Ethnicity	% of Butte County population experiencing homelessness	% of Butte County population
American Indian/Alaska Native	1.1%	10.1%
Asian	5.0%	2.0%
Black / African American	1.8%	4.4%
Native Hawaiian/Pacific Islander	0.3%	1.7%
White	77.8%	73.6%
Another race	5.4%	4.3%
Hispanic/Latino (of any race)	17.4%	39.5%

K-12 students experiencing homelessness ⁵⁹



⁵⁸ California Housing Partnership Needs Dashboard (2021)

⁵⁹ California Department of Education (2021 – 2022)

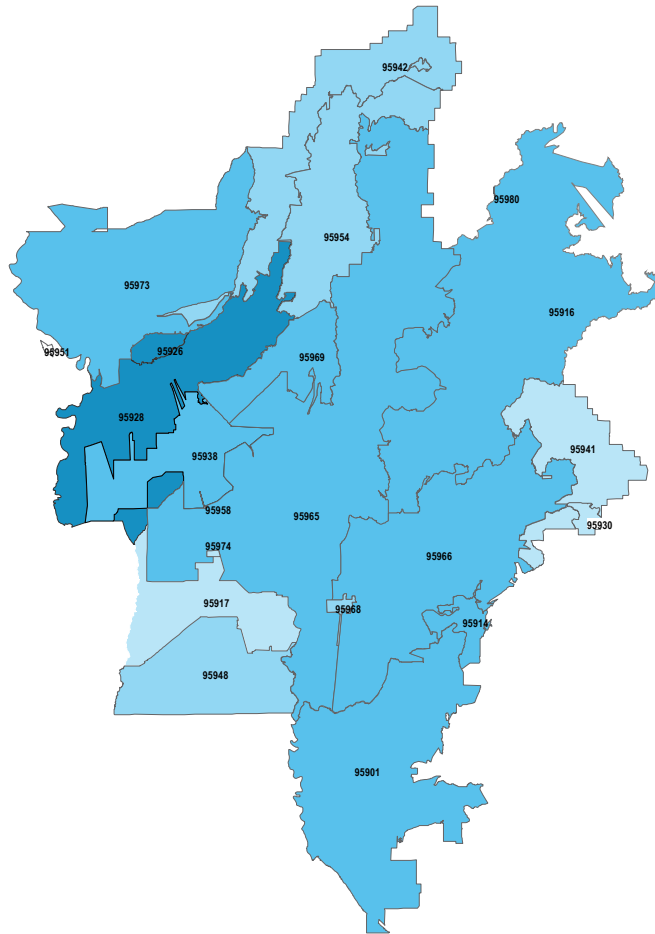
⁶⁰ Butte County Continuum of Care 2022 Point-In-Time Community Report (2022). Note that data for the Butte County population includes individuals with two or more races as a separate category, while individuals could identify as more than one race in the PIT.

Geographic areas with greatest need

Housing affordability index ⁶¹

An index of 100 represents an area where median household income is sufficient to afford a home valued at the median home price. An index greater than 100 suggests homes are easily afforded by the average area household while an index less than 100 suggests that homes are less affordable.

ZIP	Index
95958	N/A
95974	184
95917	168
95941	155
95930	152
95954	143
95942	134
95948	130
95968	126
95973	122
95965	119
95938	118
95916	113
95966	109
95901	108
95914	108
95969	107
95926	92
95928	82



"If someone comes out and they're not respected and loved by their family, then they're often rejected out onto the streets. So you have a significantly larger percentage of the homeless population that are LGBTQ+, especially in the youth. Those youth have a hard time. Once you're unhoused, it's a cycle that is really hard to get out of."

"There needs to be more support for those who are unhoused [...] Just putting someone in a house doesn't fix the problem. You know, they need other supports and services."

⁶¹ Esri Business Analyst (2020).



Spotlight on equity

- Butte County residents shared that the queer community is especially impacted by homelessness.
- Young LGBTQ+ people in particular are more likely to experience homelessness than other groups of youth, so having housing that is safe and available is critical to serve this population.
- Community members shared concerns around overcrowding in immigrant communities due to unaffordable housing, which contributes to stress.
- New low-income housing is still not affordable due to income requirements that are difficult to meet and requirements around credit scores.

Assets and Ideas

Community Assets and Strengths

Overcrowded housing

3.5%

Butte County

8.3%

California ⁶²

"It's improved since the low income housing have started being built in our community. It gives families a better chance of, you know, not being homeless."

"We have folks, university students, looking for housing recommendations. And the best we can offer is a Facebook group that [helps people navigate] trans-friendly [...], pet-friendly [options...] But that's also like, a product of community efforts, not outside."

Existing Community Resources

Some examples:

Homelessness services and housing supports

Resources for disability-accessible housing

Ideas from Focus Group Participants

- More safe houses for victims like Catalyst Domestic Violence Services are needed as well as more subsidized housing as opposed to low-income public housing.
- More supports and services are needed to solve housing challenges. Community members noted that simply putting people into housing will not fix the problem. Ideally, income and employment stability must also be addressed to break cycles of housing insecurity.

⁶² U.S. Census Bureau ACS Table S2501 (2017 - 2021)

Priority #5 Income & Employment

Butte County Health Need Profile

Income and employment provide economic opportunity and security for community members, which supports positive health outcomes over time. As a foundational social determinant of health, those without stable income or employment may not be able to afford medications, a healthy diet, or a proper place to live—all elements that impact health and wellness. Butte County residents experience higher rates of poverty and unemployment than the average Californian. While poverty is widespread among all racial/ethnic groups, there is persistent income inequality within groups, with Black/African American and Native Hawaiian/Pacific Islander residents experiencing poverty at more than twice the rate of their White counterparts. Community members shared that it is challenging to find stable employment that pays a living wage, and that transportation, childcare, stigma, and lack of culturally appropriate resources pose further barriers to employment.

Key Data

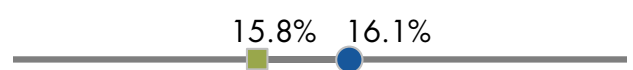
The data presented below displays how Butte County performs relative to California on key indicators of health. Indicators where the county is performing better than the state average may still reflect a health need since the State average may also be low, pointing to a widespread need for improvement, or there may be some groups disproportionately impacted. These disparities are explored in the following sections.

● Butte County ■ California

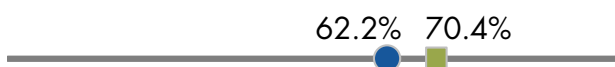
Median household income ⁶³



Unemployment rate ⁶⁵



People earning a living wage ⁶⁴



Poverty rate ⁶⁶



⁶³ U.S. Census Bureau ACS Table S1901 (2017-2021)

⁶⁴ U.S. Census Bureau American Community Survey via Race Counts (2016 – 2020). Living wage is defined as people ages 18-64 in the labor force who earn \$15.50 or more per hour.

⁶⁵ Esri Demographics (2020)

⁶⁶ U.S. Census Bureau ACS Table S1701 (2017 – 2021)

Barriers and Root Causes (Community identified themes)

- Limited available jobs, especially those that pay a living wage
- Post-COVID-19 economic recovery is not providing sufficient job opportunities
- Stigmas related to identity and background and a lack of culturally appropriate employment resources, such as information about employment opportunities and (inclusive) job training programs being directly shared with minority communities, are barriers
- Lack of transportation and childcare are barriers to stable employment
- Unequal access to higher education creates disparities in employment opportunities



“There's lots of places that say [...] they're always hiring, but [...] I talked to lots of people that they're also [...] never getting hired. And then come to find out, oh, that's because, you know, they get to work with the skeleton crew and then they're getting kick back because of the hardship, you know? And that's gotten worse since COVID, way worse.”

“I see a lot of homes being built, but not talk of jobs. So what stands out is when I have people like family visit, they say, “Where are the factories? Where are the crops?” Like they just don't see it right away, so it's like, where are people working?”

“I think there's a lack of jobs, and that can lead to a lot of mental health problems, stress.”

Disparities in Income and Employment

Children eligible for free / reduced price lunch ⁶⁷

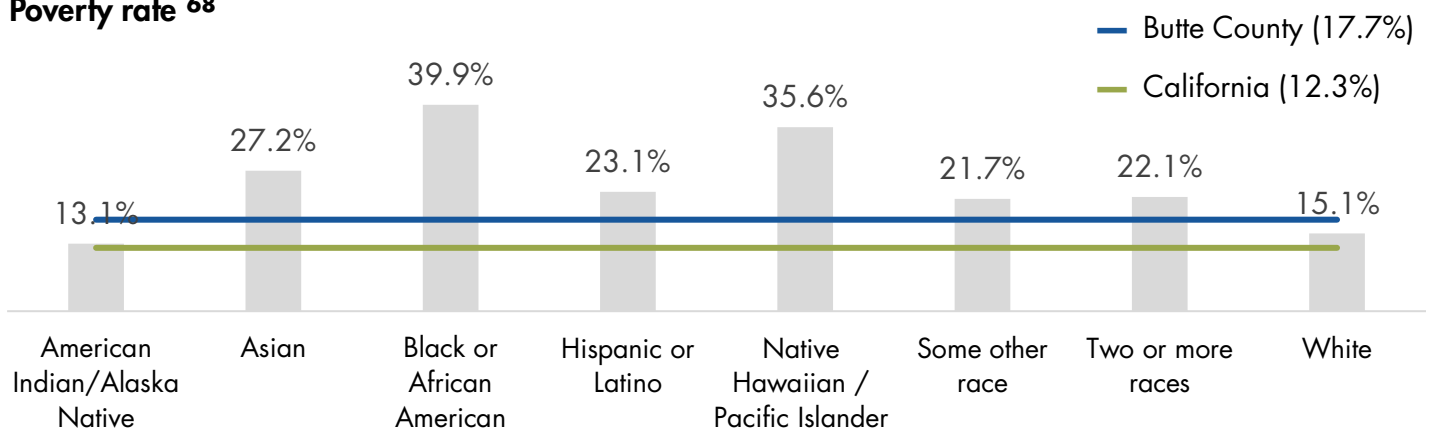
46.9%

Butte County

44.2%

California

Poverty rate ⁶⁸



⁶⁷ National Center for Education Statistics (2017 - 2018)

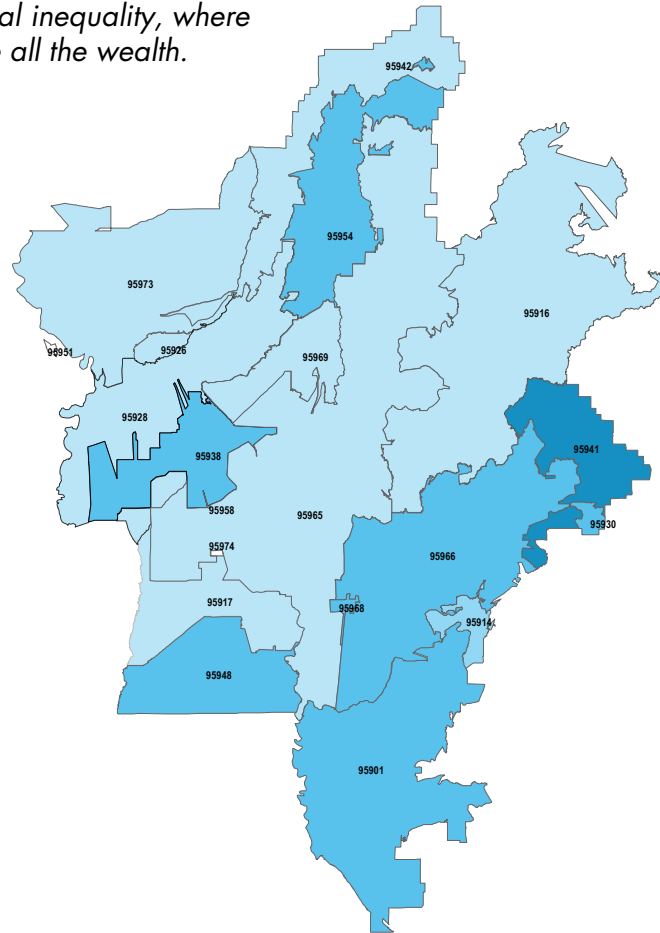
⁶⁸ U.S. Census Bureau ACS Table S1701 (2017 - 2021)

Geographic areas with greatest need

Income inequality (Gini Index) ⁶⁹

A measure of statistical dispersion representing the degree of income or wealth inequality in an area. An index of 0 indicates no inequality while an index of 1 indicates maximal inequality, where just one individual or group of individuals have all the wealth.

ZIP	Index
95958	N/A
95974	N/A
95942	0.6
95914	0.5
95916	0.5
95917	0.5
95926	0.5
95928	0.5
95965	0.5
95969	0.5
95973	0.5
95901	0.4
95930	0.4
95938	0.4
95948	0.4
95954	0.4
95966	0.4
95968	0.4
95941	0.3



“There's a huge [income] gap, and there's a lot of rich people here and a lot of poor people.”

“I feel like there's a huge separation between, like, the wealth distribution. Especially if you go to like Gridley, there's like, whoa, nice houses. And then all of a sudden, everything's all run down. So like, where's the in-between?”

“[Referring to the Hmong community] There's no information in our language [about employment opportunities]. There's no one to actually give us those resources. [...] So if we know people then we get jobs [...]. If we don't know anyone, we resort to public service programs or low-income jobs or working under the table just for cash.”

⁶⁹ U.S. Census Bureau ACS Table B19083 (2015 – 2019)

"[Referring to queer clients of the Stonewall Alliance Center of Chico] I've had clients come in who experience violence or hate in the workplace. And then even though they have a job, they don't actually feel comfortable with that job, so they end up quitting."

"Chico has more colleges, more programs for kids. And in our community, in Oroville there's not much like, goals for the kids to have a better life. It's like, okay, you can either be on welfare and sell drugs. There's not much of an option here."



Spotlight on equity

- A lack of culturally appropriate resources presents barriers to employment, especially for those who do not speak English as a first language.
- A lack of safety in the workplace poses barriers to LGBTQ community members in maintaining stable employment.
- Those with lower socio-economic statuses or living in low-income areas feel that their needs are not a priority compared to those with higher socio-economic statuses.

Assets and Ideas

Community Assets and Strengths

- ▶ "Keep the CalWORKs program"
- ▶ The colleges (Butte College and Chico State University)



Existing Community Resources

Some examples:

Department of Rehabilitation
employment and advocacy services

Alliance for Workforce Development

Butte College Training Place

Ideas from Focus Group Participants

- "I want my kids to have better goals and better future. I want them to do better than I – than I did. So I think just having more, maybe a little, you know, access to programs for community colleges, and just where they have more goals to be able to do something better than just the little employment we have here. Because it's not – it's not much."
- "I'd love to open up, like, a skills-based education here, where it was really relevant to the industry."
- More industry and more manufacturing that creates a strong middle income class

Priority #6 Community Safety

Butte County Health Need Profile



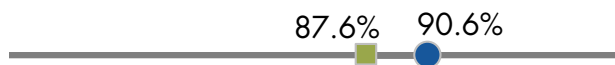
Community safety - the ability for residents to live and thrive without fear of violence or injury - has a significant impact on overall community health and well-being. Conversely, direct and indirect exposure to violence and injury have long-lasting impacts on physical, mental, and emotional health. Most Butte County residents feel safe in their neighborhood, and the county has a lower violent crime rate than the state. However, residents are more likely than the average Californian to call for assistance for domestic violence and have higher rates of motor vehicle crash deaths. Additionally, Black/African American and American Indian/Alaska Native communities are killed by injury at disproportionate rates. Community members echoed the concerns reflected in the secondary data and shared that there is a need for more culturally appropriate resources for victims of violence.

Key Data

The data presented below displays how Butte County performs relative to California on key indicators of health. Indicators where the county is performing better than the state average may still reflect a health need since the State average may also be low, pointing to a widespread need for improvement, or there may be some groups disproportionately impacted. These disparities are explored in the following sections.

● Butte County ■ California

Adults who feel safe in their neighborhood ⁷⁰



Motor vehicle crash deaths per 100,000 ⁷²



Domestic violence calls for assistance per 1,000 ⁷¹



⁷⁰ California Health Interview Survey (2011 – 2020)

⁷¹ KidsData via California Dept of Justice (2020)

⁷² Centers for Disease Control National Vital Statistics System (2015 – 2019)

Barriers and Root Causes (Community identified themes)

- Speeding cars and poor street lighting increase the risk of traffic injury for pedestrians and cyclists
- Intimate partner violence leads community members to feel unsafe
- Community members feel they cannot rely on police for assistance
- Safety is a particular concern for LGBTQ young people



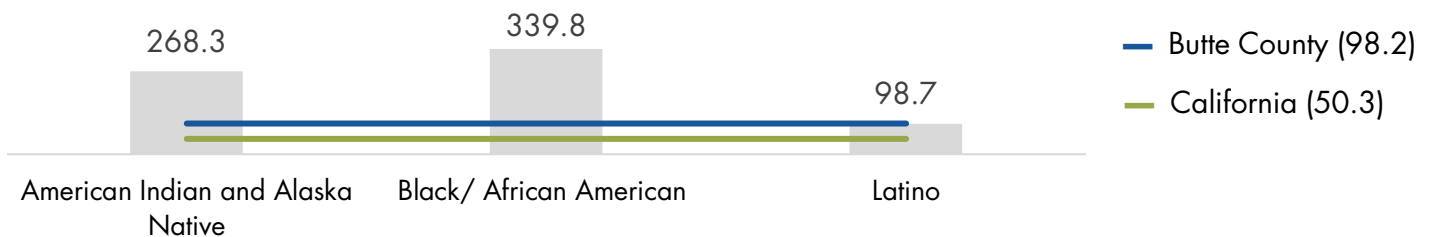
"I'm a walker. I don't drive a car, and I get fearful a lot, like I'm going to get hit by trying to cross the street."

"A little over a year ago, I got my car ran into by someone that ran the red light, and they totaled my car. [...] And there wasn't enough police force, [...] so they didn't come out and make a report like they normally do."

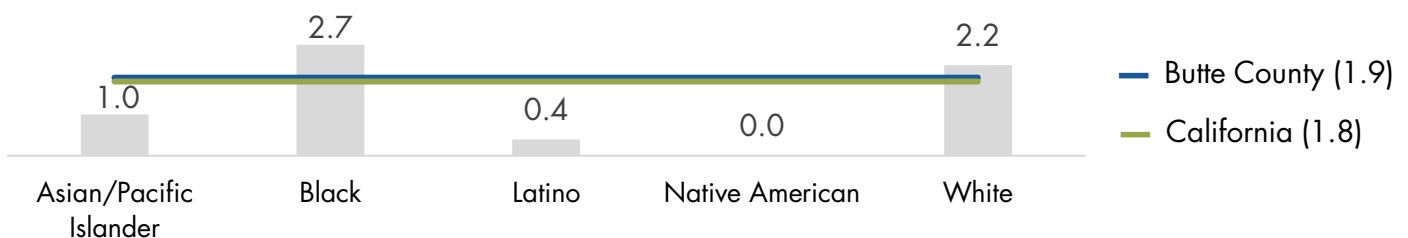
"[Feeling unsafe] also makes it unsafe for us to let our kids [...] go out and about in the community. [...] It makes the different households not want to open up to the community and it makes them don't want to explore the community."

Disparities in Community Safety

Injury deaths per 100,000 ⁷³



Average number of civilians injured in law enforcement incidents per 100,000 ⁷⁴



⁷³ Centers for Disease Control National Vital Statistics System (2020), California Department of Public Health (2020 – 2022)

⁷⁴ Open Justice Data, California DOJ (2016 – 2021); U.S. Census ACS Table DP05 2016 – 2020) via Race Counts.

“Hate language [occurs] in the schools [and] makes folks feel very unsafe.”

“[Referring to the queer community] I've helped people fill out police reports right here in office, and they just didn't feel like they could go to the police station to do that because they didn't even feel safe there.”

“My friend, he rides a wheelchair and he has to literally cuss [cars] out in the middle of the street because they wouldn't stop for him. [...] People need to pay attention to us pedestrians. We should have rights, too.”



Spotlight on equity

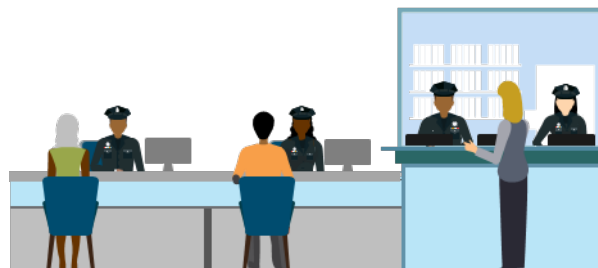
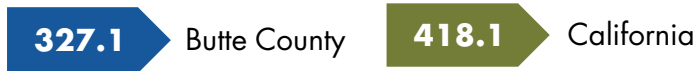
- LGBTQ+ young people are experiencing bullying and hate crimes in schools, which makes them feel unsafe and challenges their ability to succeed and thrive.
- Service providers shared that LGBTQ+ community members often do not feel safe in going to other service providers or the police.



Assets and Ideas

Community Assets and Strengths

Violent crimes per 100,000 ⁷⁵



“We rely quite heavily on Catalyst and Rape Crisis because we know that they want to be involved with us, and they care very much about [the LGBTQ+] community.”

“We did a petition for that to get those stop signs there.”

Existing Community Resources

Some examples:

Youth services such as School Ties, 6th Street Center for Youth, The Axiom

BCPH Child Passenger Safety Program / Bike Safety Program

Oroville Southside Community Improvement Association

Catalyst Domestic Violence Services

Ideas from Focus Group Participants

- Community members shared that there is a need for more culturally appropriate resources for victims of violence
- Charter schools have the capacity to customize learning spaces for LGBTQ+ youth, to help them succeed in a less stressful environment.
- “What we need here is to have the [street] lights fixed because there are many lights that don't work”.



⁷⁵ California Department of Public Health (2014 – 2018)

Next Steps

This section details how Butte County plans to use the findings of the 2023 CHA and plans for the Community Health Improvement Planning (CHIP) process.

How Butte County Plans to Use these Findings

The 2023 CHA is a rich source of data about Butte County. It elevates emerging health trends, priority populations, barriers and root causes, and existing community assets and resources that can be used to improve health priority areas. The report will be made accessible to the general public through the Butte County website. Additionally, BCPH will circulate the report directly to community partners, and work with the community-based organizations who supported the focus groups to ensure the information is directly accessible to the community members who shared their input. The report will also be shared with the Butte County Board of Supervisors, local hospitals, state legislators, and promoted through its social media sites.

The CHA is an essential tool for understanding the current health status of residents and the needs and issues they are experiencing. It will serve as a basis for countywide community health priority setting, planning, program development, policy changes, coordination of resources, funding applications, and new ways to collaboratively build on assets to improve the health of all Butte County residents.

Plans for Community Health Improvement Plan (CHIP)

The CHA process identified some existing community assets and resources available to address the prioritized health needs. The Community Health Improvement Plan (CHIP) process will build on this information to develop goals, objectives, and activities that aim to address and improve the top three priority areas identified in the CHA process. Butte County has a broad range of community-based organizations, government departments, hospital and clinic partners, and other community groups already engaged in addressing many of the health needs identified through this assessment. In 2024, BCPH will participate with partners to implement an Accountable Community for Health (ACH) with funding received from the California Accountable Communities for Health Initiative. This ACH is a collaboration of community partners that use a collective impact model to improve the health of the community, an approach that will complement and support the CHIP process. BCPH will reach out directly to these and other community partners to support the CHIP, which will be conducted through Fall 2024. BCPH staff will also encourage participation in the CHIP process among the wider community.

Who to Contact with Questions

Please contact Butte County Public Health with any questions about this report or comments you would like to share for the public record.

Butte County Public Health
202 Mira Loma Drive
Oroville, CA 95965
Email: PHInfo@buttecounty.net
Phone: (530) 552-4000

Appendix A: Data

Data indicators for all health topics explored as part of the 2023 Butte County CHA can be reviewed online at the following link: <https://ca-buttecounty.civicplus.com/DocumentCenter/View/11870/Butte-County-CHA-Indicators-of-Health-Data-PDF>

Appendix B: Methods

General Overview of Approach

Disparities in healthcare access and health outcomes are influenced by a wide range of factors beyond the individual, known as social determinants of health. Understanding how these factors impact community members' ability to access and benefit from the healthcare system is a critical part of developing an equitable CHA. This CHA considers these broader systemic factors in addition to downstream indicators of health to understand the root causes of community health needs.

This CHA explored a variety of health topics, listed in Exhibit 20. The process to determine whether each health topic qualified as a CHA health need involved several steps and drew upon both secondary health indicator data and primary data in the form of focus groups and stakeholder input. A health topic was classified as a high need based on the data if it met any of the following criteria:

- Overall severity
- Clear disparities
- Community prioritizes the issue

The following sections detail how these criteria were applied.

Exhibit 21. Health topics explored in this CHA

Access to care	Food Security
Behavioral health (mental health and substance use)	Healthy Eating, Active Living (HEAL) opportunities
Cancer, chronic disease, disability	Housing
Climate & environment	Income & employment
Community safety	Maternal and child health
COVID-19	Sexual health
Education	Transportation

Secondary quantitative data gathering and analysis

The Harder+Company consultants gathered secondary quantitative data about a variety of health topics from publicly available sources such as the American Community Survey, California Department of Public Health, and the California Health Interview Survey. Representatives from Butte County Public Health and other Butte County departments also shared data from their local reports, internal platforms, and other online sources. A total of 115 indicators across 14 health topics were analyzed. Specific sources are referenced for each data point provided in the CHA report and a full listing of the indicators and their data sources is available in Appendix A: Data. Data for Butte County was compared to the state average and data for key metrics was disaggregated by racial/ethnic, geographic, and other factors to identify disparities.

Overall severity

Health topics were classified as low, moderate, high, or very high level of severity based on the number of indicators within that health topic that were worse than the benchmark, defined as at least 20% worse than the state average. Health topics with a classification of high or very high level of need met the criteria for overall severity. While criteria for health topics with a smaller, odd number of indicators were adjusted, in general, a health topic was classified as a high need if at least half the indicators were worse than the benchmark.

Clear disparities

Key secondary metrics were assessed for racial/ethnic, geographic, and other disparities by generating a disparity ratio. These key metrics were identified based on their strong association with community health and wellbeing. A disparity ratio (aka summary rate ratio) is one method recommended by Healthy People 2030 for measuring gaps in health outcomes which represents the overall level of disparity for a given metric. A disparity ratio of 1 indicates no disparity, while a higher number indicates higher levels of disparity among groups. The disparity ratio was calculated by comparing the group with the best rate to the average rate for all other groups. Disparity ratios were categorized on a four-point scale as follows:

- 1.1 to 1.4 – slight
- 1.5 to 1.9 – moderate
- 2.0 to 4.9 – significant
- 5 and higher – extreme

Health topics where at least one key metric showed a disparity ratio of 2.0 or higher were considered to exhibit clear disparities, and thus elevated the health topic to a health need.

Ten health topics⁷⁶ met the criteria for overall severity and/or clear disparities and were therefore considered to be health needs based on the secondary data. These ten health topics were discussed as part of the community focus groups, described in the next section.

⁷⁶ An 11th topic, Access to Care, was not included in this original list. It was later confirmed to be a health need due to it being a major theme in the focus groups (thus meeting the community priority criteria). A later update of secondary data found that it also met the criteria for clear disparities.

Community input

Focus group outreach and recruitment

To obtain community input and insight into needs, strengths, and solutions, BCPH staff leveraged established relationships with community-based organizations (CBOs) to recruit residents with a myriad of lived experiences to participate in focus groups. During June and July 2023, BCPH conducted outreach to a wide range of CBOs to gauge interest in recruiting focus group participants or referrals to other CBOs they thought should be a priority for focus groups. BCPH staff prioritized reaching out to CBOs that met at least one of the following criteria:

- **Centering voices** not represented/sampled in previous CHA development methods
- **Centering communities** most affected by health inequities, including impacts of the COVID pandemic
- **Supporting Butte County residents** with various lived experiences from different geographic parts of the county

All focus groups took place in-person during August 2023. In total, seven focus groups were conducted reaching 43 adult (18 years+) Butte community members. The number of focus groups held was limited by staff capacity, work plan timeline, and available grant/county funding for incentives.

Focus group participants included: individuals receiving services from the Iversen Wellness and Recovery Center (mental health services), individuals participating in a parents' program at the Hmong Cultural Center, individuals receiving services from the Esplanade House (transitional housing program), individuals from the LTBTQ+ community with a connection to the Stonewall Alliance Center, Spanish-speaking individuals participating in the Community Housing Improvement Program, Oroville-area residents⁷⁷, and current WIC clients who visit the Oroville location.

The Hmong Cultural Center focus group was conducted in Hmong and English, and the Community Housing Improvement group was conducted in Spanish. Three of the seven focus groups were conducted in Oroville – the Hmong Cultural Center, Oroville-area residents, and WIC clients receiving services at the Oroville WIC location at the Public Health Department - while the remaining focus groups were conducted in Chico. Focus groups were conducted at various times of the day, with input from the participating organizations to accommodate most individuals. Most of the CBOs assisted BCPH by identifying the best dates and times to hold the focus groups, coordinating space reservations, providing feedback and edits on flyers or graphics, assisting with recruitment or advertising to participants, as well as advising what kind of gift card was best. For example, gas cards were not recommended as not all participants would have access to personal automotive vehicles.

Focus groups were scheduled for one hour and participants were provided with \$20 Wal-Mart gift cards along with food and refreshments in exchange for their time and lived experience expertise. BCPH staff conducted the focus groups with one facilitator and one note taker at each focus group. Focus groups were recorded and transcribed. Transcriptions were also translated when focus groups were not conducted in English.

Multiple agencies helped advertise for this Oroville focus group, including the African American Family and Cultural Center, Feather River Tribal Health, the Boys and Girls Club, Berry Creek Rancheria and Butte 2-1-1.

⁷⁷ Multiple agencies helped advertise for this Oroville focus group, including the African American Family and Cultural Center, Feather River Tribal Health, the Boys and Girls Club, Berry Creek Rancheria and Butte 2-1-1.

Focus group discussion and prioritization

BCPH and Harder+Company designed the focus group protocol using results from the secondary data analysis. The protocol questions asked about individuals' specific health needs, health needs that were identified during the secondary data analysis and how those needs impacted their health and the health of their community, barriers to health, root causes of barriers, support needed to address barriers and their root causes, and community assets.

As part of the focus group, participants were asked to participate in a short activity where they completed a short questionnaire (See Appendix C: Focus Group Protocol & Prioritization). The questionnaire asked participants to identify their top five health priorities out of the list of ten health topics that were identified in the secondary analysis. Forty completed handouts were returned. Note that "Access to Care" was not included in this original list but was a major theme in almost all focus groups and was later confirmed to be a health need based on updated secondary data.

Results of the Health Needs Prioritization handouts were tallied and are as follows:

Health Needs	Tally out of 40
Behavioral and Mental Health, Substance Use, and Misuse (Including suicide, overdose or use of drugs, alcohol, smoking)	34
Housing (Housing costs, homelessness, evictions, overcrowding)	31
Income/Employment (Poverty, household income, jobs and earning a living wage)	30
Food Security (Access to healthy foods and grocery stores)	24
Community Safety / Injury Prevention (Violent crimes, motor vehicle crashes, pedestrian safety, domestic violence)	21
Education (Students suspended, frequently absent students, graduation rates)	20
Climate and Environment (Drought, wildfire, heat waves, flooding, hazards, drinking water contaminants, etc.)	15
Sexual Health (HIV/AIDS, sexually transmitted diseases like Chlamydia, teen pregnancies)	10
Maternal and Child Health (Prenatal care, infant mortality rates, breastfeeding, child abuse/neglect)	8
COVID-19 (vaccination)	3

The prioritization conducted by focus group participants was informed solely by participants' experiences, opinions, and perceptions. While the secondary data informed which health topics were the focus of discussion during the focus groups, no statistical data was shared with participants to inform their selection. The result of this exercise was the third criteria used to determine whether a health topic was a CHA health need, along with overall severity and disparities. The six health needs identified through this process met at least one of these criteria. A full list of health topics and their overall severity, presence of disparities, and community prioritization is included in Exhibit 21.

Qualitative data analysis

While notetakers took notes during the focus group for themes and strong quotes, audio recordings were also sent to be transcribed by a third-party vendor. BCPH staff conducted a thematic analysis of focus group audio transcriptions with computer-aided qualitative data analysis software QDA Miner Lite (free version).

Codes representing Research Questions were determined in advance based on the focus group protocol in order to identify Health Challenges/Barriers, Community Assets, Solutions, Attributes of Health Communities, Effects of the COVID Pandemic, and Disparities. Broad preliminary categories for the health topics discussed were also set beforehand.

Two BCPH staff performed primary analyses of sessions for which they were present in person either as facilitator or as note-taker for social cues and context. They followed an inductive process to reveal health issues that emerged in focus groups, as well as themes that crossed health issues/topics. After the primary analysis, staff reviewed each other's analyses in a secondary review, reconvening to agree on final clustered codes and themes. Frequencies were also exported to identify the most frequently raised health issues across focus group populations, as well as overlap of main themes and research questions.

Exhibit 22. Health Topic Summary

Health Topic	Severity	Disparity	Health Need Based on Secondary Data?	Community Prioritizes Issue?	Identified Health Need?
				Final FG Tally	
Access to care	Moderate	Significant	Yes – significant disparities	0*	Yes
Behavioral health (MH and SU)	High	Significant	Yes – high severity, significant disparities	34	Yes
Food security	High	Significant	Yes – high severity, significant disparities	24	Yes
Housing	Moderate	Significant	Yes – significant disparities	31	Yes
Income & employment	Moderate	Significant	Yes – significant disparities	30	Yes
Community safety	High	Significant	Yes – high severity, significant disparities	21	Yes
Climate & environment	High	Moderate	Yes – high severity	15	
Education	Low	Significant	Yes – significant disparities	20	
Sexual health	Low	Significant	Yes – significant disparities	10	
Maternal and child health	Low	Significant	Yes – significant disparities	8	
COVID-19	Low	Significant	Yes – significant disparities	3	
Cancer, chronic disease, disability	Moderate	Moderate		0	
HEAL opportunities	Moderate	Moderate		0	
Transportation	Moderate	n/a		0	

*Access to Care was not included in focus group ranking sheet, but emerged organically in multiple groups and later confirmed to exhibit significant disparities through updated analysis.

^ Disaggregated data was not available for Transportation indicators.

Prioritization process to select the final health needs for the CHA

As described in the previous section, six health needs were identified based on the secondary data and input from the community focus groups. After all focus groups were completed in August, a virtual meeting was scheduled for stakeholders, community partners, and community members on September 28, 2023. The BCPH Leadership Team and other staff forwarded a save-the-date email to community partners from various sectors, encouraging widespread sharing. It included an RSVP link for participants to receive meeting materials, including PowerPoint slides and an agenda. The RSVP list also helped identify missing partners, prompting BCPH staff to invite them. For a full list of organizations represented in the meeting, see Appendix D: List of Community Partners.

During this 1.5-hour *CHA meeting for Stakeholders and Community partners* that was attended by 76 individuals⁷⁸, BCPH staff presented key data indicators for the six identified health needs based on the primary and secondary data. Those health needs were as follows, in no particular ranking order:

- Access to Care (including dental care)
- Behavioral and Mental Health (includes substance use/misuse)
- Community Safety
- Food Security
- Housing
- Income/Employment

After reviewing the data, there was an opportunity for meeting participants to discuss as well as for BCPH to clarify or answer any questions. Next, if participants were also residents of Butte County, they were asked to prioritize health topics via an anonymous SurveyMonkey during the live meeting. Participants prioritized 11 health topics in total – the six identified as needs through the primary and secondary data, and five additional topics identified as needs based on secondary data alone (i.e., exhibiting overall severity and/or disparities): climate and environment, education, maternal and child health, sexual health, and COVID-19 vaccination.

Survey respondents⁷⁹ prioritized the 11 health topics in two different ways within the SurveyMonkey. The first question asked participants to check off their top five health needs from the list of 11, based on their experience, opinions, and perceptions – much like how the focus group participants also prioritized these needs. They merely needed to check their top five, instead of ranking them in order from 1 to 5.

The second question in the survey asked participants to rate the same 11 health needs based on several pre-determined criteria selected by BCPH and the consultant. These criteria were selected because they were important parameters for the next steps in the process to determine which needs the community could potentially successfully address.

⁷⁸ Since the survey was anonymous, there was no way to verify if survey respondents were actually Butte County residents.

⁷⁹ This number does not include the two BCPH facilitators, but it does include several BCPH staff, including the Director and Assistant Director.

There were five criteria total but participants were asked to rate the following four (see details below). Participants rated each criterion as 1=low, 2=moderate, 3=high

Impact – a large percentage of people in the community are impacted by the issue (1 = low impact; 2 = moderate impact; 3 = high impact)

Disparities – the health need disproportionately impacts specific groups or populations (1 = little or no disparities 2 = moderate disparities 3 = high disparities)

Feasibility – there are sufficient resources that exist, as well as community support and political will, that will help ensure successful outcomes (1 = little feasibility 2 = moderate feasibility 3 = high feasibility)

Organizational support – this asks if my organization (or myself) would be willing to be involved in the next steps to address this health topic (1 = no or low support 2 = maybe or moderate support 3 = yes, high support; willing and able to be involved in the next steps)

For the fifth criteria, the top six health needs identified through the secondary data and the focus group community prioritization were given an automatic weighting of 20 percent. This weighting was calculated automatically, and participants did not have to rank this element. A total of 48 surveys were completed in the meeting. Survey results were analyzed in real-time and shared with those in attendance at the CHA Stakeholder meeting.

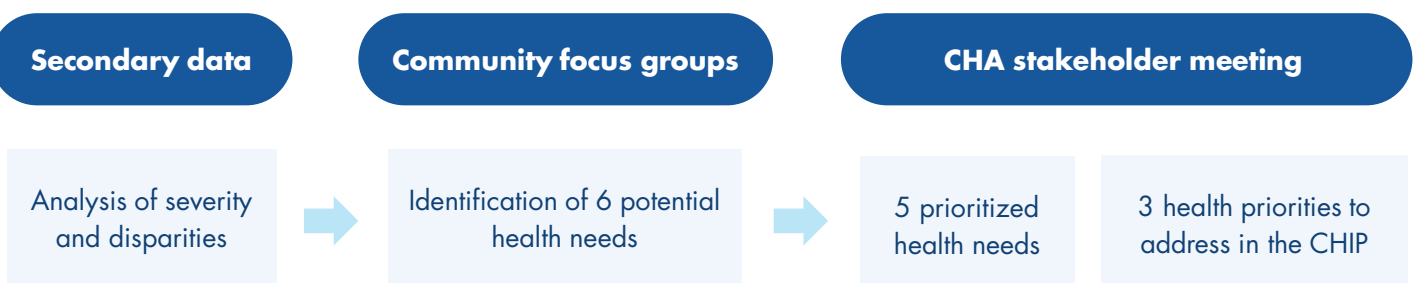
The results of the first question aligned with what focus group participants also prioritized as the top six health needs. The results of the second question, using the defined criteria, also aligned with the results of the first question. There were no major differences in the two results. Thus, using the results of the second question, the top five priorities were identified in ranking order, as:

1. Access to Care
2. Behavioral Health and Mental Health
3. Food Security
4. Housing
5. Income and Employment

The top three health topics selected as health priorities to be addressed in the CHIP are:

1. Access to Care
2. Behavioral Health and Mental Health
3. Food Security

Since the survey was anonymous, there was no way to verify if survey respondents were actually Butte County residents.



Data limitations and information gaps

There are some limitations to the secondary data used in this assessment. Some data were only available at a county level, making an assessment of high-priority needs within local areas challenging. Disaggregated data based on age, ethnicity, race, and gender are not available for all data indicators, which limited the capacity to examine disparities of health within the community. Lastly, recent data was not available for some indicators, meaning that some data are several years old and do not accurately reflect the lingering impacts of the COVID-19 pandemic or the North Complex and Dixie wildfires. These limitations have implications for the identification of community health needs. Where only countywide data were available or data were unable to be disaggregated, values represent averages across many communities and may not reflect the unique needs of subpopulations. As is standard, the state average was used as a benchmark for comparison. However, indicators where the county is performing better than the state average may still reflect a health need since the state average may also be low, pointing to a widespread need for improvement, or there may be some groups disproportionately impacted. For these reasons, key metrics with strong association with community health and wellbeing were assessed for disparities, and indicators with evidence of disparities were elevated as needs even if the county average did not indicate overall severity.

The community focus groups provided primary qualitative data to complement the secondary quantitative data. Qualitative data is ideal for capturing rich descriptions of lived experiences, but it cannot be treated as representative of any population or community. Despite efforts to speak to a broad range of community members, there are several limitations to the qualitative data. First, the number of focus groups held was limited by BCPH staff capacity, the workplan timeline, and available grant/county funding for incentives. Through outreach, BCPH staff also learned that several CBOs throughout Butte County had recently participated in listening sessions for different organizations to identify needs similar to the purpose of the focus groups; the close timeline could have prevented some CBOs from participating. Lastly, not all focus group participants stayed long enough to participate in the priority health needs questionnaire.

Appendix C: Focus Group Protocol & Prioritization



Public Health Department | Equity and Assessment

2023 Community Health Assessment Primary Data Collection: Focus Group Protocol

Focus group details

Date:

Start time:

End time:

Location:

Facilitator:

Note-taker:

Number of Participants:

Language:

Introduction

Thank you for being here and offering to share your thoughts with us today. Your time is valuable and we appreciate your participation. My name is ___ and I'm here from Butte County Public Health. This is ___, who is also here from Butte County Public Health, and ___[he/she/they] is here to take notes. We are here today to understand health issues in Butte County. When we say health, we are thinking about overall health, including dental health, as well as emotional and mental health. We also want to know about what else in your life influences health, like economic, social, and environmental circumstances. Your input will help us better understand health priorities and challenges to being healthy across the county. The information you provide us will help us with future program planning and services.

The focus group should take about an hour. Everything you say today is confidential. We will write a summary report that describes what the group as a whole had to say, and may include quotes. But your name will not be attached to anything you say, and will not be reported in a way that could identify you personally. With these things in mind, we encourage you to be open and honest.

Before we get started, I'd like to offer a few ground rules:

- **There are no right or wrong answers.** All of you here are considered experts on this topic, and everyone's ideas and comments are valid. We are here to listen. We are not here to judge.

- **Everyone should have an equal chance to speak.** We want to hear from everyone in the group, so we encourage you to step up and share your thoughts, and step back to allow others to speak.
- **Please speak one at a time** – that not only helps us to gather better notes, but it also respects each person’s opportunity to speak. Please be respectful of everyone’s thoughts and opinions and do not interrupt others.
- **Please respect everyone’s confidentiality** and do not share information from the group outside of this group.
- **Your participation is voluntary.** You may leave at any time but to get your gift card, you’ll need to stay until the end.
- **My role is to guide the discussion.** It might happen that we’ll really get going on one question, and I’ll have to move on to the next one so that we cover everything. Please don’t take that personally.
- Does anyone have any questions before we begin?
- **We’d like to record our conversation** so that we can get everything you say correctly. No one outside of our research team will listen to the recording. It is only to help us with notes later. It will be erased after the notes are complete. Is that okay with everyone?
 - If everyone says yes: record
 - **If anyone says no:** Facilitator should be aware of pacing so that note-taker can keep pace; note-taker should feel free to ask people to repeat, slow down a little if needed

Introductions

- Let’s start by going around the room and introducing ourselves. Please tell us your first name (you do not have to share your last name) and how many years you’ve been a Butte County resident.

Priority Health Issues

1. What does a healthy community look like for you?

2. Thinking about your community in Butte County, what are the top health issues or concerns? [Probe: And would you say issues have gotten worse, better, or the same since the COVID pandemic?]
3. How important is it to have support services, like health care or social services, provided by people who look like you, understand your language and culture, or overall lived experience?

Specific Health Topics

We looked at some data for Butte County and there are specific health topics we'd like to discuss. These next health topics are issues for many people across Butte County. Let's discuss them.

4. Behavioral and Mental Health is the first topic. This includes overdose deaths, poor mental health, suicide, using opioids and other drugs, alcohol use, and smoking. How do these issues impact you or your community? [Probe if needed: do you think the concern or the need is greater in some areas or for some groups?]
5. Food security is the next topic. This includes having access to grocery stores and other places to healthy foods (not just fast food and convenience stores) and families having enough to eat. How do these issues impact you or your community? [Probe if needed: do you think the concern or the need is greater in some areas or for some groups?]
6. Climate and environment is the next topic. This includes things like hazards, drought, heat waves, wildfires, floods, and access to parks and open spaces. How do these issues impact you or your community? [Probe if needed: do you think the concern or the need is greater in some areas or for some groups?]
7. Community Safety is the next topic. This includes motor vehicle crashes, pedestrian safety, domestic violence, injuries resulting in death, and violent crimes. How do these issues impact you or your community? [Probe if needed: do you think the concern or the need is greater in some areas or for some groups?]

Next, there are some health topics that affect some communities more than others in Butte County. Let's explore those topics.

8. Housing includes housing costs, evictions, overcrowded housing, and homelessness. How do these issues impact you or your community? [Probe if needed: Which groups or areas are being the most impacted?]

9. Maternal and Child Health is the next topic. This includes prenatal care, pre-term births, infant deaths, breastfeeding, and even child abuse. How do these issues impact you or your community? [Probe if needed: Which groups or areas are being the most impacted?]
10. Sexual health is the next topic. This includes HIV/AIDS, sexually transmitted diseases, and teen pregnancies. How do these issues impact you or your community? [Probe if needed: Which groups or areas are being the most impacted?]
11. Income and Employment is the next topic. This includes having a job where people can earn a living wage, staying out of poverty, and being able to have a stable income. How do these issues impact you or your community? [Probe if needed: Which groups or areas are being the most impacted?]
12. K-12 Education is the next topic. This includes students who get suspended, frequently absent students, and graduation rates. How do these issues impact you or your community? [Probe if needed: Which groups or areas are being the most impacted?]
13. COVID is the final topic, but let's focus on vaccine access. How did you or your community feel about how easy it was to learn about OR get the vaccine?]

Challenges/Barriers

14. We know there are issues but what do you think causes these issues for so many in Butte County? What challenges or barriers are there to being healthy? [Probe: What conditions or policies let these issues continue?]
15. What do you think is needed to improve these issues? {Prompt: what kind of support would you like to see?}

Community Assets and Resources

Now I'd like to ask you about community strengths and assets that enhance the well-being of Butte County residents.

16. What are places or organizations in Butte County that help improve or maintain your or your community's health and overall well-being, such as hospitals, clinics, parks and rec centers, grocery stores, and community organizations? For example, saying "hospital" is fine, it is not necessary to name the hospital.

Conclusion [Fill out Health Need Prioritization Sheet and receive gift cards]

That was our last question for you. Do you have any additional questions for us?

Thank you for your time and your input! Please fill out this Health Need Prioritization sheet to let us know the top 5 health issues for our county and when you are done, you can turn it into {name of note-taker} to receive your gift card. The gift cards are \$10 each so you will get two of them for a total of \$20. If you need assistance filling out this sheet, please let me or {name of note-taker} know.

2023 Community Health Needs Assessment: Health Prioritization

Focus Group

After hearing what we talked about today, in your opinion, what are the top health needs in Butte County? Please circle or check up to 5.

Additional health issues/needs that are not listed here can be written in the empty spaces provided.

Health Needs	Check up to 5
Behavioral and Mental Health, Substance Use, and Misuse (Including suicide, Overdose or use of drugs, alcohol, smoking)	
Food Security (Access to healthy foods and grocery stores)	
Climate and Environment (Drought, wildfire, heat waves, flooding, hazards, drinking water contaminants, etc.)	
Community Safety / Injury Prevention (Violent crimes, motor vehicle crashes, pedestrian safety, domestic violence)	
Housing (Housing costs, homelessness, evictions, overcrowding)	
Income/Employment (Poverty, household income, jobs and earning a living wage)	
Education (Students suspended, frequently absent students, graduation rates)	
Maternal and Child Health (Prenatal care, infant mortality rates, breastfeeding, child abuse/neglect)	
Sexual Health (HIV/AIDS, sexually transmitted diseases like Chlamydia, teen pregnancies)	
COVID-19 (vaccination)	

Appendix D: List of Community Partners

List of Community Partners Attending CHA Meeting for Stakeholders

Ampla Health
Anthem
Boys and Girls Club of the North Valley
Butte 211
Butte County Behavioral Health Department
Butte County Department of Employment and Social Services
Butte County Office of Education
Butte County Public Health
California Health Collaborative
City of Chico
Community Action Agency of Butte County
County of Glenn
CSU Chico
Enloe Medical Center
Guzzetti's Catering & Indian Food
Healthy Rural California
Hmong Cultural Center of Butte County
Home and Healthcare Management
Northern Valley Catholic Social Services
Northern Valley Indian Health
Oroville Hospital
Oroville Union High School
Oxford Suites
Paradise Stronger
Partnership Health Plan
Preferred Pump
Red Cross
UC Davis
Veterans Affairs (VA)
Wellpath

2023 Community Health Assessment: Stakeholders and Community Health Prioritization

* 1. Based on your experience as well as the data presented today, what do you perceive to be the top five health issues to Butte County Residents?

- Behavioral and Mental Health, Substance Use, and Misuse
- Food Security
- Climate and Environment
- Community Safety / Injury Prevention
- Housing
- Income and Employment
- Education
- Maternal and Child Health
- Sexual Health
- COVID-19 (vaccination)
- Access to Care

2023 Community Health Assessment: Stakeholders and Community Health Prioritization

After hearing what we talked about today, please score the health needs between 1 and 3 using the criteria below.

After total scores have been calculated, we will be able to see the top 3 health needs to address in the Community Health Improvement Plan (CHIP) process—which will occur in early 2024.

Please note the top 5 health needs that were identified in the focus groups have been automatically weighted, including the Access to Care health need that emerged from focus group discussions as a 6th need.

Criteria Definitions

- **Impact:** A large percentage of people in the community are impacted by the issue.
 - 1= low impact; 2 = moderate impact; 3= high impact.
- **Disparities:** The health need disproportionately impacts specific groups or populations. Refers to inequities and that some groups of people are more affected.
 - 1= little disparities; 2= moderate disparities; 3= high disparities.
- **Feasibility:** Sufficient resources exist, as well as community support and political will, that will help ensure successful outcomes.
 - 1= little feasibility; 2= moderate feasibility; 3= high feasibility.
- **My organization's support:** My organization (or myself) would be willing to be involved in the CHIP process (such as serving on a subcommittee) to address this health topic.
 - 1= low support - unable to participate or be involved; 2= moderate - possibly; 3= high - Yes, willing and able to participate and be involved in the next steps.
- **Top 6 identified by focus groups (weighted 20%):** It is important that we take into consideration the top 6 health needs as identified by the various community focus groups conducted. The top 6 health needs identified will have scores automatically adjusted.

* 2. Please score the the health needs using the criteria below. Please note the top 5 health needs that were identified in the fOCUS groups have been automatically weighted, including the Access to Care health need that emerged from fOCUS group discussions as a 6th need.

	Impact	Disparities	Feasibility/Support	Your Organization's Support
Behavioral and Mental Health, Substance Use, and Misuse	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Food Security	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Climate and Environment	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Community Safety/Injury Prevention	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Housing	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Income and Employment	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Education	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Maternal and Child Health	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Sexual Health	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
COVID-19 (vaccination)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Access to Care	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Appendix F: Community Resources

This section includes assets and community resources identified by participants in the CHA Meeting for Stakeholders and Community Partners as being available to address the identified health needs. It is not intended to be an exhaustive list of all resources in Butte County.

- Access to Care
- Behavioral Health (Mental Health/Substance Use)
- Community Safety
- Food Security
- Housing
- Income/Employment

Behavioral Health (including Mental Health/Substance Use Services)

Aegis Treatment Centers

Aegis Treatment Centers in Chico is committed to promoting recovery. The goal of Aegis Treatment Centers is to engage people struggling with opiate addiction in meaningful services that can help change and save lives.

Location: Chico

Website: <https://pinnacle-treatment.com/location/california/chico/aegis-treatment-centers-chico>

- Behavioral Health (Mental Health/Substance Use)

Butte County Department of Behavioral Health (BCDBH)-Substance Use Disorder (SUD)

Behavioral Health provides care to youth and adults in Butte County. Behavioral Health treatment consists of a continuum of prevention, early intervention, treatment, and recovery support systems. Butte County Behavioral Health provides mental health and substance use treatment to Medi-Cal beneficiaries, and provides crisis interventions to the community, regardless of insurance status.

Location: multiple locations

Website: <https://www.buttecounty.net/180/Substance-Use>

- Behavioral Health (Mental Health/Substance Use)

Cloverleaf Counseling Services

Cloverleaf Family Counseling provides empathetic, integrative, and individualized mental health services for children, individuals, and families. Services include Early Childhood Mental Health Consultation, Family Enrichment Project, Play Therapy, and other therapy and counseling.

Location: multiple locations

Website: <https://cloverleaffamilycounseling.com>

- Behavioral Health (Mental Health/Substance Use)

North Valley Harm Reduction Coalition

Northern Valley Harm Reduction Coalition (NVHRC) is a 501(c)(30) nonprofit committed to reducing harm and providing evidence-based education, advocacy, and direct services to all community members within Butte and the surrounding counties. Services include opioid overdose prevention, HIV/Hep C testing, and Syringe Access and disposal.

Location: Chico

Website: <https://nvhrc.org>

- Access to Care
- Behavioral Health (Mental Health/Substance Use)

Victor Community Support Services

Victor Community Support Services, Chico provides specialty mental health services to youth and families all over Butte County. Victor's mission is to "be a catalyst for sustained improvement in the lives of those we touch."

Location: Chico

Website: <https://victor.org/chico>

- Behavioral Health (Mental Health/Substance Use)

Chambers of Commerce

Chambers of Commerce

Chambers of Commerce create partnerships to unite and grow member businesses and help them succeed.

Location: multiple locations including North State Hispanic Chamber of Commerce, Gridley Chamber of Commerce, Oroville Chamber of Commerce, Chico Chamber of Commerce, and Paradise Ridge Chamber of Commerce.

Website: each local Chamber of Commerce has their own website

Children's Services

First 5 Butte County

First 5 Butte County Children and Families Commission works collaboratively with partners and stakeholders to build a healthy, integrated system of support for young children and their families and caregivers.

Location: County

Website: <https://first5butte.org>

African American Family and Cultural Center Oroville (AAFCC)

The AAFCC's mission is to empower and embrace African American families & communities by reclaiming, restoring and revitalizing our cultural heritage, values and identity. The AAFCC is a place where people convene, connect & celebrate the essence of our community in order to bring about healing to create prosperous, vibrant lives.

Location: Oroville

Website: <https://www.aafcc-oroville.org>

■ Behavioral Health (Mental Health/Substance Use)

Hmong Cultural Center of Butte County

The mission of the Hmong Cultural Center of Butte County (HCCBC) is to improve the lives of individuals and families through culturally sensitive education, advocacy, support, and services. Its vision is to empower individuals to overcome challenges. HCCBC strives to preserve essential Hmong beliefs and restore acceptable cultural practices and values.

Location: Oroville

Website: <https://hmongculturalcenter.net/index.html>

■ Behavioral Health (Mental Health/Substance Use)

Northern Valley Catholic Social Services (NVCSS)

NVCSS has been helping children and families reach their fullest potential since 1986. NVCSS's motto is "Inspiring Hope and Transforming Lives." Various programs are provided to the community including disaster services, housing, mental health services and wellness, and many more.

Location: Chico

Website: <https://nvcss.org>

■ Behavioral Health (Mental Health/Substance Use) ■ Food Security

Oroville Southside Community Improvement Association

OSCIA (Oroville Southside Community Improvement Association) provides support to at-risk youth, those who are experiencing homelessness or food insecurity, as well as a variety of other programs in the Oroville Community located at the Southside Oroville Community Center.

Location: Chico

Website: <https://www.havenofhopeonwheels.org>

■ Behavioral Health (Mental Health/Substance Use) ■ Community Safety

Paradise Stronger

Paradise Stronger's mission is to build a healthier community by providing quality programs that promote wellness, connectedness, fitness and recovery. Paradise Stronger exists to be an asset to the Paradise community by inspiring and empowering its residents to take control of their own health and well-being through wellness education programs, recovery services, fitness classes and partnerships with like-minded organizations.

Location: Paradise

Website: <https://www.paradisestronger.org>

Stonewall Alliance of Chico

Stonewall Alliance of Chico is committed to supporting and celebrating the health, empowerment, and joy of the North State LGBTQ+ community at every intersection of their identities. It exists to provide a connection to community in an effort to lessen isolation of, strengthen the spirit of, and give voice to the disenfranchised.

Location: Chico

Website: <https://www.stonewallchico.com>

- Behavioral Health (Mental Health/Substance Use)

Conservation/Environmental Protection

Altacal Audubon Society

The mission of the Altacal Audubon Society is to promote the awareness, appreciation, and protection of native birds and their habitats through education, research, and environmental activities.

Location: Chico

Website: <https://www.altacal.org>

AquaAlliance

AquaAlliance exists to defend northern California waters and to challenge threats to the hydrologic health of the northern Sacramento River watershed. It resists the escalating attempts to divert more and more water from the northern Sacramento River hydrologic region

Location: Chico

Website: <https://aqualliance.net>

Butte Environmental Council

The mission of the Butte Environmental Council is to protect and defend the land, air, and water of Butte County and the surrounding region through action, advocacy, and education.

Location: Chico

Website: <https://www.becnet.org>

Disability Support

Ability First Sports

Ability First Sports supports youth and adults with physical disabilities to thrive through involvement in sports, recreation and leisure activities. Its mission is to empower youth and adults with physical disabilities to engage in a healthy and active lifestyle

Location: Chico

Website: <https://abilityfirstsports.org>

California Department of Rehabilitation

The California Department of Rehabilitation (DOR) works in partnership with consumers and other stakeholders to provide services and advocacy resulting in employment, independent living, and equality for individuals with disabilities. DOR administers the largest vocational rehabilitation and independent living programs in the country.

Location: Chico

Website: <https://www.dor.ca.gov>

■ Income/Employment

Disability Action Center

Disability Action Center is a private, non-profit organization founded in 1980 to meet specific needs of people with disabilities living in Northern California. Our goal is to work with each individual client to eliminate barriers (physical, emotional, societal, etc.) to increase opportunities for participation in the community.

Location: Chico

Website: <https://:actionctr.org>

■ Housing

Far Northern Regional Center

Far Northern Regional Center provides services and supports that allows persons with developmental disabilities to live productive lives as welcomed members of their community.

Location: Chico

Website: <https://www.farnorthernrc.org>

Disaster Relief/Assistance

American Red Cross

The American Red Cross prevents and alleviates human suffering in the face of emergencies by mobilizing the power of volunteers and the generosity of donors.

Location: County

Website: <https://www.redcross.org>

■ Food Security ■ Housing

North Valley Community Foundation

North Valley Community Foundation (NVCF) fuels healing and compassion for a better world through grantmaking, partnerships, financial and philanthropic services for social change.

Location: Chico

Website: <https://www.nvcf.org>

Education/Trainings/Vocational

Butte College

Butte College is an academic/higher education institution offering more than 200 degree and certificate programs, as well as resources and job training.

Location: multiple locations

Website: <https://www.butte.edu>

■ Income/Employment

Chico State University

Chico State University is an academic/higher education institution with a student workforce and job training. There are more than 100 degrees in undergraduate and graduate studies.

Location: Chico

Website: <https://www.csuchico.edu>

■ Income/Employment

Chico Traditional Ecological Stewardship Program

Indigenous-led management for community resilience and shared prosperity. Its certification programs introduce Native and non-Native local community members to Indigenous land management concepts and ecological stewardship practices.

Location: Chico

Website: <https://tekchico.org>

Employment Support Services

Alliance for Workforce Development

Alliance for Workforce Development provides a single address where partnering agencies, each with their own identity and mission, provide core services focused on meeting the needs of job seekers and employers. Job seekers can get training and assistance with job searches at no cost.

Location: Chico

Website: <https://afwd.org>

■ Income/Employment

Butte College Training Place

The Training Place helps companies develop their employee talent by offering over 200 training programs. The Training Place was established to deliver affordable employee training to businesses of all sizes.

Location: Chico

Website: <https://www.butte.edu/thetrainingplace>

■ Income/Employment

Rush Personnel

RUSH Personnel Services, Inc. is Northern California's premier staffing agency. RUSH prides itself on quality service supporting the needs of businesses and job seekers!

Location: Chico

Website: <https://www.rush-personnel.com>

- Income/Employment

Farm/Agriculture

Butte County Local Food Network

The Butte County Local Food Network's mission is to create a healthier, just, resilient, and regenerative local food system for Butte County and its foodshed.

Location: Chico

Website: <https://www.bclocalfood.org>

- Food Security

Grub CSA Farm

The Grub CSA Farm's vision is to provide local, healthy food to the community. Food is provided directly to those who are members who pay a fee, as well as being available to customers of the Chico Farmer's Markets.

Location: Chico

Website: <https://www.grubcsafarm.com>

- Food Security

Food Assistance

Catholic Ladies Relief Society (Chico Community Food Locker)

The Catholic Ladies Relief Society is a non-profit organization that operates the Chico Food Locker (food pantry) with volunteer support.

Location: Chico

Website: <https://www.facebook.com/p/Catholic-Ladies-Relief-Society-3-100069736004119>

- Food Security

Community Action Agency of Butte County

The Community Action Agency of Butte County provides hope to people struggling with poverty to become more self-sustaining by meeting tangible needs in the areas of energy savings, affordable food, and housing. Services include North State Food Bank, Esplanade House, and more.

Location: Chico

Website: <https://www.buttecaa.com/utility-assistance>

- Food Security
 - Housing
-

The Hope Center

The Hope Center’s vision is to provide a place where the “broken, hopeless, needy, and homeless can receive the practical help they need”. The Hope Center provides food, clothing, and resources to our most vulnerable community members.

Location: multiple locations

Website: <https://orovillehopecenter.org>

- Food Security
-

South Chico Community Assistance Center

The South Chico Community Assistance Center works within the community to alleviate hunger and provide referral services. We advocate for environmental, economic, and social justice. We promote the health, well-being, and dignity of everyone living in our community regardless of income or housing status.

Location: Chico

Website: <https://www.southchicocac.org>

- Food Security
-

Women, Infants, and Children (WIC)

WIC is a special supplemental nutrition program that provides no-cost services to women, infants, and children. WIC offers a variety of services to help support families make healthy nutrition and lifestyle choices.

Location: multiple locations

Website: <https://www.buttecounty.net/1272/Women-Infants-Children-WIC>

- Food Security

Butte County Department of Public Health

Butte County Department of Public Health (BCPH) runs over 50 programs serving: children, mothers, families, adults, small businesses, animals, and the environment.

Location: County

Website: <https://www.buttecounty.net/610/Public-Health>

- Community Safety

CalFresh Healthy Living, University of California Cooperative Extension

The CalFresh Healthy Living, UCCE program of Butte, Colusa, Glenn, Sutter, and Yuba Counties collaborates with school and community-based partners, UC Master Gardeners and Farm Advisors, and 4-H programs to provide comprehensive, researched-based nutrition, garden and physical activity programming to diverse low-income communities. Direct education classes, and events guides individuals to make healthy food and lifestyle choices within a limited budget.

Location: County

Website: https://cebutte.ucanr.edu/Youth_FSNEP

- Food Security

California Health Collaborative

The Collaborative's mission is to change lives by improving health and wellness. The Collaborative implements health promotion and disease prevention programs, public health surveillance systems, and a variety of capacity-building and networking activities.

Location: Chico

Website: <https://healthcollaborative.org>

- Access to Care
- Behavioral Health (Mental Health/Substance Use)

Expanded Food and Nutrition Education Program

The Expanded Food and Nutrition Education Program (EFNEP) addresses critical societal concerns by employing paraprofessional staff and influencing nutrition and physical activity behaviors of low-income families, particularly those with young children.

Location: Oroville

Website: <https://www.nifa.usda.gov/grants/programs/capacity-grants/efnep/expanded-food-nutrition-education-program>

- Food Security

Adventist Health Feather River

Adventist Health is a faith-based, nonprofit integrated health system serving more than 80 communities on the West Coast and in Hawaii. Founded on Seventh-day Adventist heritage and values, Adventist Health Feather River covers Chico, Paradise, and Corning and include primary care, dental care, pediatrics, urgent care, laboratory services, and more.

Location: multiple locations

Website: <https://www.adventisthealth.org/feather-river/services>

- Access to Care
-

Butte County Department of Public Health Clinics

The Butte County Department of Public Health operates two public health clinics offering immunizations, testing and screening, and family planning services.

Location: multiple locations

Website: <https://www.buttecounty.net/679/Public-Health-Clinics>

- Access to Care
-

California Children's Services (CCS)

CCS is a State program for children with certain diseases or health problems. Through this program, children up to 21 years old can get the health care and services they need.

Location: Chico

Website: <https://www.buttecounty.net/1169/California-Childrens-Services-CCS>

- Access to Care
-

Enloe Health

Enloe Health is an independent, nonprofit system that offers an array of healthcare services, including a 298-bed hospital. It is a Level II Trauma Center and staffs the only hospital-owned and operated air medical service in California.

Location: Chico

Website: <https://www.enloe.org>

- Access to Care

Enloe Prompt Care

Enloe Prompt Care treats patients who do not have a primary care physician, are unable to reach their doctor or need care without an appointment.

Location: Chico

Website: <https://www.enloe.org/care-treatment/prompt-care>

- Access to Care
-

Feather River Tribal Health

Feather River Tribal Health's mission is to elevate the health status of the Native American people in its service area and all people in its communities to the highest level possible through a comprehensive system of preventive and therapeutic services.

Location: Oroville

Website: <https://frth.org>

- Access to Care
-

Healthy Rural CA

Beginning in the north state, Healthy Rural California aims to meet the public health needs of California's rural communities by closing the gap in quality, access, and equity and eliminating health disparities. Healthy Rural CA will fulfill its mission through building strong partnerships and coalitions, increasing the number and quality of physicians and other healthcare providers, and addressing rural community health needs such as mental health, opioid use disorder, and excessive alcohol use.

Location: Chico

Website: <https://healthyruralca.org>

- Access to Care
 - Behavioral Health (Mental Health/Substance Use)
-

Northern Valley Indian Health (NVIH)

Excellence in healthcare services to Native Americans and all community members. NVIH serves Native Americans and the general public through medical, dental, and pediatric services. NVIH is comprised of four consortium tribes: Grindstone Indian Rancheria, Kletsel Dehe Wintun Nation, Mechoopda Indian Tribe of Chico Rancheria, and Yocha Dehe Wintun Nation.

Location: multiple locations

Website: <https://nvih.org>

- Access to Care

Orchard Hospital

Orchard Hospital's vision is to provide Quality Health Care Close to Home. Medical Services include, but is not limited to, CardioPulmonary, Emergency Services, Laboratory, Radiology, Outpatient Surgical Service, Hovlid Community Care Center and more

Location: Gridley

Website: <https://www.orchardhospital.com>

■ Access to Care

Oroville Hospital

Oroville Hospital is a community hospital dedicated to providing personalized health care to Oroville and the surrounding foothill and valley communities by offering a medical home, with a wide range of integrated services from prevention through treatment to wellness.

Location: Oroville

Website: <https://www.orovillehospital.com>

■ Access to Care

Planned Parenthood

Planned Parenthood delivers vital reproductive health care, sex education, and information to millions of people worldwide. Planned Parenthood Federation of America, Inc. is a registered 501(c)(3) nonprofit

Location: Chico

Website: <https://www.plannedparenthood.org>

■ Access to Care

Shalom Free Clinic

The Shalom Free Clinic is focused on treating the Body, Mind and Spirit. General, Mental and Alternative health care are offered, including smoking cessation, medication management, drug and alcohol interventions, mental/behavioral health counseling, prescriptions, and more.

Location: Chico

Website: <https://www.shalomfreeclinic.org>

■ Access to Care

Veterans Admin and Veterans Affairs (Chico VA clinic)

The Veterans Health Administration (VHA) is home to the United States' largest integrated health care system consisting of 152 medical centers, nearly 1,400 community-based outpatient clinics, community living centers, Vet Centers and Domiciliaries.

Location: Chico

Website: <https://www.va.gov/health>

- Access to Care
- Behavioral Health (Mental Health/Substance Use)

Healthcare Plans/Insurance

Partnership HealthPlan of CA - Managed Care Plan for Medi-Cal

Partnership HealthPlan of California (PHC) is a non-profit community-based health care organization that contracts with the State to administer Medi-Cal benefits through local care providers to ensure Medi-Cal recipients have access to high-quality comprehensive cost-effective health care.

Location: County

Website: <http://www.partnershiphp.org/Pages/PHC.aspx>

- Access to Care

Law Enforcement/First Responders

Butte County Emergency Medical Services

Butte County Emergency Medical Services (EMS) has served Butte County for over 40 years by providing emergency medical care and transportation to individuals who experience medical emergencies or traumatic injuries.

Location: County

Website: <https://www.bcems.org>

- Access to Care

Butte County Sheriff

The mission of the Butte County Sheriff's Office is to protect and serve the citizens of Butte County by providing vigorous, ethical, efficient law enforcement and to increase public awareness of personal safety and security measures. We will provide humane custody and care for those incarcerated in the County Jail

Location: County (outside city/town limits)

Website: <https://www.buttecounty.net/1393/SheriffCoroner>

- Community Safety

Chico Police Department

Chico Police Department's mission is to create a safer Chico and improve quality of life by partnering with the community and providing dedicated service.

Location: Chico

Website: <https://chico.ca.us/police-department>

- Community Safety

Local Business

Harvest and Habitats Nursery

Harvest and Habitats Nursery is a neighborhood nursery and gardening store in the backyard of 1078 Gallery in Chico.

Location: Chico

Website: <https://calscape.org/nurseryplants/450/ord-popular/np-0/page-all?srchr=sc63bcda283ada0>

Older Adult Services

Passages

Passages helps caregivers and older adults lead healthier, happier, and more rewarding lives by providing and supporting the critical services and community resources they need.

Location: Chico

Website: <https://www.passagescenter.org>

Bidwell Park

Bidwell Park is one of the largest municipal parks in the nation with an array of hiking and mountain biking trails, picnic areas, and swimming holes.

Location: Chico

Website: <https://chico.ca.us/bidwell-park>

Chico Area Recreation Department (CARD)

The mission of the Chico Area Recreation and Park District (CARD) is to provide recreation opportunities to the greater Chico Community in a coordinated and cost-effective manner.

Location: Chico

Website: <https://www.chicorec.gov>

Feather River Recreation and Park District (FRRPD)

FRRPD provides and maintains quality parks, recreation experiences and related facilities and programs for all residents of the District in a fiscally sustainable manner that compliments the natural resources and cultural heritage of the community.

Location: Oroville

Website: <https://www.frrpd.com>

Kentfield Gardens in Chico

Kentfield Gardens is an alternative garden space in the center of Chico managed by neighbors and volunteers From The Ground Up, a local non-profit. The garden is a learning center that grows free food for the community and food pantries.

Location: Chico

Website: <https://www.facebook.com/people/Kentfield-Gardens/100066851359766/>

Lake Oroville

The lake offers a wide variety of outdoor activities including camping, picnicking, horseback riding, hiking, sail and power boating, water-skiing, fishing, swimming, boat-in camping, floating campsites and horse camping

Location: Oroville

Website: https://www.parks.ca.gov/?page_id=462

Oroville Dam

The tallest dam in the U.S., the Oroville Dam is responsible for supplying water to over 27 million Californians and 700,000 acres of farmland.

Location: Oroville

Website: <https://www.explorebuttecounty.com/activities/visiting-oroville-dam-the-full-experience>

Riverbend Park (Oroville)

The 210-acre beautiful park is situated along the Feather River in Oroville and is operated by the Feather River Recreation and Park District.

Location: Oroville

Website: <https://www.frrpd.com/riverbend-park>

Resource Databases

Benefits finder - Benefits.gov

Individuals can find benefits under disaster relief, healthcare/medical, financial assistance, loans, and others. As the official benefits website of the U.S. government, its mission is to increase citizen access to benefit information, while reducing the expense and difficulty of interacting with the government.

Location: online resource (not specific to Butte)

Website: <https://www.benefits.gov>

Enloe's Healthy Here App

Download this App to a mobile device. Healthy Here is filled with resources for individuals to eat better, be more active, and find connection and meaning.

Location: N/A

Website: <https://www.enloe.org/healthy-living-resources/healthy-here-app>

findhelp.org

Individuals can search by ZIP code and connect to support such as financial assistance, food pantries, medical care, and other free or reduced-cost help.

Location: online resource (not specific to Butte)

Website: <https://www.findhelp.org>

Helpcentral.org (also known as Butte 2-1-1)

HelpCentral is a resource directory that connects people with community services in Butte and Glenn Counties.

Location: County

Website: <http://helpcentral.org> or call 2-1-1

Shelters/Housing Support

Butte County Continuum of Care (Coc)

The Butte Countywide Homeless Continuum of Care (CoC) is a multi-agency planning body with the common goal of ending homelessness

Location: County

Website: <https://www.buttehomelesscoc.com>

- Housing

Chico Housing Action Team (CHAT)

CHAT provides affordable rental housing for people who are without housing as well as the supportive services needed to enable residents to maintain long term housing stability.

Location: Chico

Website: <https://www.chicohousingactionteam.net>

- Housing

Community Housing Improvement Program

CHIP is a private, non-profit 501(c)(3) corporation serving Butte, Glenn, Tehama, Shasta, Colusa, Sutter, and Yuba counties. Recognized as an innovator and leader in affordable housing, CHIP has built over 2,850 housing units. These living solutions assist low-income, and disadvantaged residents find and afford a place to call home.

Location: County

Website: <https://chiphousing.org>

- Housing

Safe Space Chico (winter shelter)

Safe Space Chico provides emergency shelter during the coldest and hottest months for people experiencing homelessness in Chico.

Location: Chico

Website: <https://www.safespacechico.org>

■ Housing

Salvation Army

The Salvation Army provides many different programs, including food pantries and hot meals, disaster relief services and job trainings. The Salvation Army is an evangelical part of the universal Christian Church and is committed to meeting human need without discrimination

Location: multiple locations

Website: <https://www.salvationarmyusa.org/usn/home/#whatwedo>

■ Food Security ■ Housing

True North Housing Alliance

True North Housing Alliance offers services that move people forward and out of homelessness in Butte County with compassion, dignity and accountability. Services include: Street Outreach, Torres Community Shelter, Bridge Housing, Chico State Rapid Rehousing, Rapid Rehousing, and Permanent Supportive Housing.

Location: Chico

Website: <https://truenorthbutte.org>

■ Housing

Social Clubs/Community Volunteer Opportunities

Community Action Volunteers in Education (CAVE) at Chico State University

The mission of Community Action Volunteers in Education (CAVE) at Chico State University is to serve a broad base of community needs through meaningful volunteer opportunities and the development of student leaders.

Location: Chico

Website: <https://as.csuchico.edu/cave>

Optimists Club

Optimists Club's mission is to provide hope and a positive vision. Optimists bring out the best in youth, their communities and themselves. The Club's mission is for Optimist International to be recognized worldwide as the premier volunteer organization that values all children and helps them develop to their full potential.

Location: Oroville

Website: <https://www.optimist.org>

Quota Club

Quota USA is a national service organization that links members of all ages, occupations and nationalities in a network of service and friendship. Its mission is to strengthen communities by enhancing opportunities and resources for all of its citizens.

Location: Gridley

Website: <https://quotausa.org>

Rotary Clubs (local)

Local Rotary Clubs provide service to others, promote integrity, and advance world understanding, goodwill, and peace through the fellowship of business, professional, and community leaders. Together, club members see a world where people unite and take action to create lasting change - across the globe, in communities, and in themselves.

Location: multiple locations

Website: <https://www.rotary.org/en>

Transportation

B-line - Butte Regional Transit

B-Line (Butte Regional Transit) is Butte County's regional public transit system. Riders can use B-Line to travel locally in Chico, Oroville, Paradise, or to travel between communities throughout Butte County

Location: County

Website: <http://www.blinetransit.com>

Medi-Cal Transportation to Medical Appointments

Medi-Cal offers transportation to and from appointments to Medi-Cal members for services covered by Medi-Cal. This includes transportation to medical, dental, mental health, or substance use disorder appointments, and to pick up prescriptions and medical supplies.

Location: County

Website: <https://www.dhcs.ca.gov/services/medi-cal/Pages/Transportation.aspx>

Victim Services/Assistance

Catalyst Domestic Violence Services

Catalyst is the only local agency in Butte County with a sole purpose to address the needs of survivors of domestic violence, including providing safe housing for survivors.

Location: multiple locations

Website: <https://catalystdvservices.org>

■ Community Safety ■ Housing

WellCat Safe Place (Chico State)

WellCat Safe Place serves the Chico State community by providing confidential services for individuals impacted by sexual assault, intimate partner abuse, sexual exploitation, stalking, and harassment. Advocacy support, prevention education, and linkage to services on and off campus are offered.

Location: Chico

Website: <https://www.csuchico.edu/safeplace>

■ Community Safety

Youth Center/After School Program/other Youth Services

6th Street Center For Youth - Youth for Change

The mission of the 6th Street Center for Youth is to provide a safe place where youth experiencing homelessness can acquire the skills, resources and opportunity they need to transition into healthy independent living and adulthood.

Location: Chico

Website: <https://www.6thstreetcenter.org>

■ Behavioral Health (Mental Health/Substance Use) ■ Community Safety

The Axiom

The Axiom strives to create a safe environment for youth that fosters a sense of belonging and support. Its mission is to equip and empower young people to reach their untapped potential. The Axiom offers mentorship, tutoring, career and college preparation, and recreation for all junior high and high school students.

Location: Oroville

Website: <https://www.theaxiom.org>

■ Community Safety

Boys & Girls Clubs of the North Valley

Providing food services/pantry programs, in-house health clinic partnerships, parent workshops, social-emotional programs, and more. Its mission is to inspire and enable all young people to reach their full potential as responsible, productive and caring citizens.

Location: multiple locations

Website: <https://bgcnv.org>

■ Behavioral Health (Mental Health/Substance Use) ■ Community Safety ■ Food Security

Butte County Office of Education (BCOE)

Butte County Office of Education (BCOE) provides education focused case management services to homeless families, unaccompanied youth and foster youth. Services include: ensuring school enrollment and attendance, tutoring, transportation, backpacks and basic needs, and resource referrals.

Location: Oroville

Website: <https://ccsesa.org/schoolties-buttecountyofficeofeducaiton>

■ Behavioral Health (Mental Health/Substance Use) ■ Community Safety