

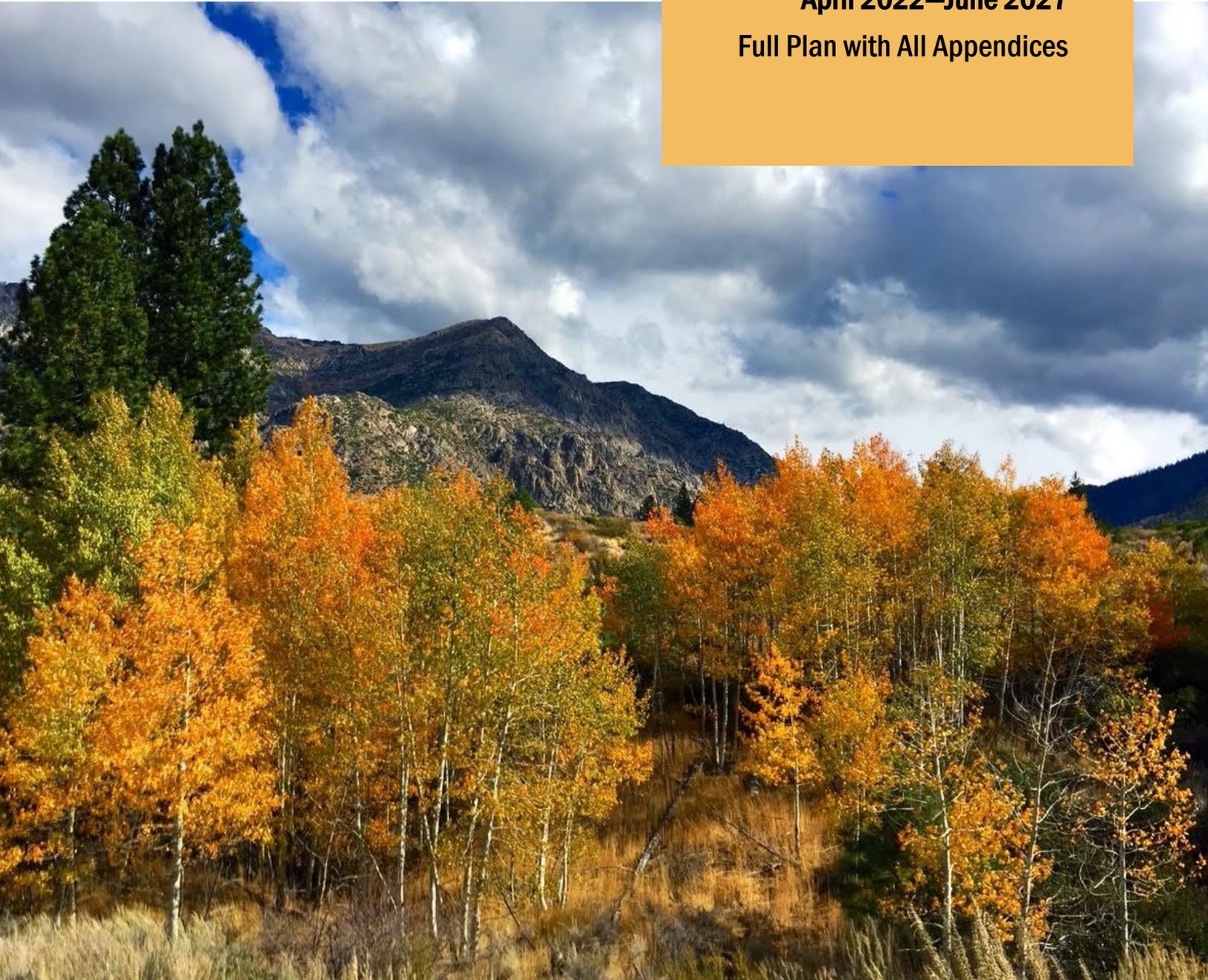
Alpine County

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# Community Health Improvement Plan

April 2022–June 2027

Full Plan with All Appendices



March | 2022

Alpine County Department of Health and Human Services

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## LETTER FROM THE STEERING COMMITTEE CHAIR

The ultimate goal of the Alpine County Community Health Improvement Plan (CHIP) is to enhance the vitality and quality of life of the Alpine County Community. The plan identifies priority focus areas and creates actionable steps that if implemented successfully will improve outcomes for Alpine County's community. The plan was developed by the CHIP Steering Committee with facilitation provided by Social Entrepreneurs Incorporated, a consulting firm specializing in strategic planning and operational support.

The CHIP Steering Committee consisted of a dedicated and passionate team of Alpine County employees, Alpine County community members, and members of partner organizations. The committee represented a wide variety of backgrounds with a breadth of expertise that provided thoughtful and insightful contributions to the development of Alpine County Community Health Improvement Plan

this plan. The conversations were spirited at times and the enthusiasm of the members of the committee to work to improve the well-being of the Alpine County Community was remarkable. I want to thank each of the members of the Steering Committee for their commitment to the Alpine County Community and for their instrumental contributions to this plan. Additionally, I want to thank each of the members of the SEI Team who navigated a highly unique set of circumstances to facilitate the creation of this plan. The level of professionalism and flexibility the team exhibited cannot be overstated.

Under the best circumstances, an attempt to create a plan for improving the overall health and well-being of an entire community would be an extremely challenging task. I would be remiss if I failed to point out that we completed this CHIP during an unprecedented global

pandemic. As if that weren't enough, we also had to contend with the Tamarack Fire, the most destructive wildfire in Alpine County's history, and the Caldor Fire which displaced many of the CHIP Steering Committee members for a prolonged period of time. Typically, the development of a CHIP would include numerous in-person meetings that provided ample opportunity for community input. Despite our lack of ability to meet in person, we used a variety of strategies to successfully solicit valuable input from the community.

This plan contains the areas of priority, goals, objectives, and strategies that provide the greatest and most achievable positive impacts given the resources available in the collective opinion of the Steering Committee. It's important to note that improving the health and well-being of the community is a job that will never be complete. This document is intended to serve as a playbook for actions that can be taken over the next 5 years to make Alpine County a healthier community— but it's in no way comprehensive. We will continue to incorporate new ideas and strategies into our

implementation of the plan as additional knowledge and resources become available.

Finally, I would like to call on the Alpine Community – from residents, to visitors, to people who work in the county and live in neighboring counties– to get involved with at least one aspect of this plan. Please join a community group or a committee, provide feedback at meetings of county boards and commissions, volunteer your time and expertise to community organizations working to make Alpine County a better place, or just lead by example when it comes to exhibiting healthy behaviors in the community. Success of this plan requires the support of the entire Alpine County Community– not just those who created the plan. With your involvement and support, we can create greater opportunities for the community to thrive.

In health,

*Tim Streeper*

Tim Streeper | Chair, Alpine County CHIP Steering Committee and Alpine County Public Health Manager



# ACKNOWLEDGEMENTS

The following individuals participated in multiple meetings to plan for and develop the CHIP between November 2020 and March 2022. Their time, contributions, and guidance are sincerely appreciated.

## Steering Committee Members

**Amy Broadhurst** | Executive Director, First 5 Alpine

**JT Chevallier** | Economic Development Director and Interim Community Development Director, Alpine County

**Sara Daniel** | Advocate, Live Violence Free

**Erica Forzley** | Public Health Education Coordinator, Alpine County Health and Human Services

**Erin Dobyms** | Deputy Director, Alpine County Health and Human Services (beginning January 2022); Funding Coordinator and Special Projects, Alpine County Office of Education (November 2020—January 2022)

**Jillian Jessen-Smith** | Outreach Nurse, Alpine County Health and Human Services

**Richard Johnson** | Public Health Officer, Alpine County Public Health

**Hillary Jolly** | Former Public Health Nurse, Alpine County Health and Human Services

**Amanda Philips** | Executive Director, Community Service Solutions

**Dawn Riddle** | Mental Health Services Act (MHSA) Program Specialist, Alpine County Behavioral Health

**Lauren Schimke** | Bear Valley Community Representative

**Tim Streeper** | Program Manager, Alpine County Health and Human Services

**Briana Vallejo** | Alpine Coordinator, Live Violence Free

**Nichole Williamson** | Alpine County Administrative Officer and Director, Alpine County Health and Human Services

**Terry Woodrow** | Alpine County Board of Supervisors

*Photo Credit: All photos within this report were provided by Tim Streeper (all rights reserved).*

We would additionally like to thank the following individuals, who participated in special Steering Committee meetings and/or served as rotating Steering Committee members when others from their organization were unavailable.

**Joel Burnett** | Bear Valley Community Representative

**Mathieu David** | Social Worker, Alpine County Health and Human Services

**Nani Ellis** | Fiscal and Administration Supervisor, Alpine County Behavioral Health

**Larry Emerson** | Housing and Planning Director, Inyo Mono Advocates for Community Action

**Dirk Nuttle** | Former Social Worker IV, Alpine County Health and Human Services

**Gail St. James** | Former Behavioral Health Director, Alpine County Behavioral Health

**Natalie Sotello** | Early Childhood Education Director, Alpine County Office of Education

**Rita Lovell** | Markleeville Community Representative and Director, Alpine County Library

**Candace Stowell** | Deputy Director, Alpine County Community Development

**Matthew Strahl** | Superintendent, Alpine County Office of Education

The Steering Committee would also like to thank each and every Alpine County community member who shared their experiences, input, and feedback during development of the CHIP. Their contributions were critically important to shaping the vision, goals, objectives, and strategies within this document, and ultimately the future health of Alpine County residents.

Funding for the Alpine County Community Health Improvement Plan (CHIP) was provided by California Department of Public Health (CDPH) contract #CTCP-17-02 and #17-10682.



# EXECUTIVE SUMMARY

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A Community Health Improvement Plan (or CHIP) is a long-term, systematic effort to address public health problems. The CHIP is used by health and other governmental, education, and human service agencies, in collaboration with community partners, to set priorities and coordinate and target resources for promoting health.

In 2018, Alpine County Health and Human Services (ACHHS) took the first step to completing a CHIP by conducting a Community Health Assessment (CHA) to identify public health issues. In October 2020, ACHHS contracted with Social Entrepreneurs, Inc. (SEI) to facilitate the development of its CHIP. In November of the same year, the CHIP Steering Committee was formed to guide development of Alpine County's CHIP, which utilized the CHA and other assessments conducted during the process to develop long-term goals, objectives, and strategies to address public health concerns in Alpine County.

Alpine County's overarching objective for developing a CHIP was to engage key contributors and the broader community to facilitate a comprehensive planning process resulting in a Community Health Improvement Plan that, when executed, will help the county realize its vision that:

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*Alpine County has a shared understanding of whole-person health, systems in place that support equitable access to resources, and an ongoing commitment to community wellness through active engagement by all who live, work, learn, and play here*

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The following page provides a summary of the priority areas, goals, and objectives developed by the Steering Committee, and informed by community feedback collected via surveys, in-person convenings, and virtual meetings, to achieve this vision.

## Priority Areas, Goals, and Objectives

Based on common themes seen across the data gathered as part of the CHIP process, the CHIP Steering Committee developed three priority areas that, when addressed, will help increase community health within Alpine County. These comprise Access to Health and Prevention Services, Healthy Lifestyles, and Supportive Infrastructure. These priority areas work together to create an environment and continuum for improved health by developing the infrastructure necessary to support health, providing direct access to services, and facilitating the establishment of healthy habits. Two additional cross-cutting themes seen across the data were identified as Community Awareness and Data Availability. Goals and objectives were developed to address each of these priority areas, as illustrated below.



<b>Goal 1   Residents have access to comprehensive health care services</b>	<b>Goal 2   Residents have access to physical and mental wellness opportunities</b>	<b>Goal 4   Systems, resources, and the built environment support healthy choices in Alpine County</b>
<p><b>1.1</b> Improve the availability of services to include the use of alternative locations and delivery modalities</p> <p><b>1.2</b> Increase awareness and utilization of behavioral health services</p>	<p><b>2.1</b> Provide events, activities, and education that promote healthy lifestyles and provide opportunity for social connection to align with community interest</p> <p><b>Goal 3   Alpine County community members and visitors have regular access to healthy food and knowledge to support healthy eating habits</b></p>	<p><b>4.1</b> Increase affordable and workforce housing</p> <p><b>4.2</b> Increase availability of affordable, accessible, early childhood care and afterschool programming</p> <p><b>4.3</b> Improve broadband connectivity in Alpine County to facilitate information sharing, telehealth, and emergency notifications</p> <p><b>4.4</b> Establish a plan for consistent information sharing of health-related activities, events, and initiatives within Alpine County</p> <p><b>4.5</b> Understand need for county-facilitated transportation options and improve currently offered services</p> <p><b>4.6</b> Increase the availability of meaningful and objective data on health metrics</p>
<p><b>3.1</b> Expand availability of emergency food assistance and resources</p> <p><b>3.2</b> Increase the amount of fresh food available in the community and reduce barriers to healthy food availability</p> <p><b>3.3</b> Increase knowledge, skills and abilities related to nutrition, food preparation, and healthy eating habits</p>		



# INTRODUCTION

## BACKGROUND

A Community Health Improvement Plan (or CHIP) is a long-term, systematic effort to address public health problems. The CHIP is used by health and other governmental, education, and human service agencies, in collaboration with community partners, to set priorities and coordinate and target resources. A CHIP is critical for developing policies and defining actions to target efforts that promote health.

In 2018, Alpine County Health and Human Services (ACHHS) took the first step to completing a CHIP by conducting a Community Health Assessment (CHA) to identify public health issues. In October 2020, ACHHS contracted with Social Entrepreneurs, Inc. (SEI) to facilitate the development of its CHIP. In November of the same year, the CHIP Steering Committee was formed to guide development of Alpine County’s CHIP, which utilized the CHA and other assessments conducted during the process to develop long-term goals, objectives, and strategies to address public health concerns in Alpine County.

Alpine County’s overarching objective for developing a CHIP was to engage key contributors and the broader community to facilitate a comprehensive planning process resulting in a Community Health Improvement Plan using the National Association of County and City Health Officials’ (NACCHO) “Mobilizing for Action through Planning and Partnerships (MAPP)” process.

## COMMUNITY CONTEXT

Alpine County’s unparalleled scenic beauty, close knit community, and rich cultural history make it a unique place to work and raise a family. It is the smallest of all California counties, with an estimated total population of 1,204 dispersed across 738 square miles, making it California’s least populous county with approximately one person per two square miles throughout the county. The majority of Alpine County residents are Native American (25.7 percent) and White (61.3 percent).<sup>1</sup>



Most Native American residents in Alpine County reside in the Hung-A-Lel-Ti community, historically known as the Southern band of the Washoe Tribe of Nevada and California. In addition to services provided by the Washoe Tribal Health Center, “Hung-A-Lel-Ti Community members have access to various social, educational, recreational, and cultural programs and has partnered with the Alpine County Behavioral Health Services to provide behavioral and mental health programs to its residents.”<sup>2</sup> Alpine County’s CHIP was developed to respect the autonomy of the health systems in place within the Washoe Tribe of Nevada and California. Members of the Washoe community and leadership are listed as partners for many of the objectives and strategies included in the CHIP Action Plan, with the goal of creating outcomes that benefit all populations within the county.

The county’s two population centers are geographically separated by the Sierra Nevada Mountains, with services concentrated on the eastern side in Markleeville. During winter months, sections of Alpine County can become isolated due to unsafe travel conditions, which is a challenge for the provision of health services across the county. In order to support residents’ health, county public health offices are strategically located in the county to allow for accessibility. Geography presents an additional challenge in attracting and retaining healthcare providers and ancillary services. Currently, the only provider of healthcare services in the county is the public health clinic which operates in Markleeville and Bear Valley. The county does not have an epidemiologist on staff to analyze data and provide disease prevention education, as many other counties do. Geography and limited staff within the public sector are an important part of the context in which the CHIP was developed. Strategies to improve health in the county had to account for these challenges.

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<sup>1</sup> United States Census Bureau Quick Facts: Alpine County, California. Accessed February 24, 2022 at <https://www.census.gov/quickfacts/fact/table/alpinecountycalifornia,US/PST045221>.

<sup>2</sup> Hung a Lel Ti Community. Washoe Tribe of NV & CA. (n.d.). Retrieved March 10, 2022, from <https://washoetribe.us/departmentlandingpage/516-Page-hungalelti>.

The dispersed and small population combined with limited county staff can make collecting data on population health, and identifying and addressing public health issues, challenging. These challenges are further described in the [Understanding Health in Alpine County](#) section.

## OVERVIEW OF THE CHIP PROCESS (i.e. Methodology)

The Mobilizing for Action through Planning and Partnerships (MAPP)<sup>3</sup> is a communitywide strategic planning process for improving public health. This framework helps communities prioritize public health issues, identify resources for addressing them, and take action to improve conditions that support healthy living. The MAPP framework includes six phases, as shown in the graphic to the right, with multiple steps in each. These phases are informed by four assessments that gather qualitative and quantitative data to provide a comprehensive picture of health in the community.<sup>4</sup>



It is important to note that the Alpine County CHIP was developed using a modified MAPP approach, both to “right-size” the process to the County’s unique characteristics as well as adjust to the restrictions put in place during the COVID-19 pandemic which began approximately six months prior to the official start of the CHIP process in fall 2020. With both of these factors in mind, members of the SEI team met with NACCHO representatives in July 2020 to confirm that it was appropriate to modify the MAPP process to fit a county’s specific process. During this meeting NACCHO provided suggestions for modifying the process and utilizing technology to connect with community members while restrictions on in-person gatherings were in place. Modifications to the process are described in more detail in the next section: [Impact of the Covid-19 Pandemic and 2021 Wildfires on CHIP Development](#). Also of note is that the CHIP Steering Committee elected to apply a health equity lens throughout the MAPP process to ensure that the developed CHIP would achieve optimal health for all members of the community.

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<sup>3</sup> The National Association of County and City Health Officers *Mobilizing for Action through Planning and Partnerships (MAPP) User’s Handbook (2015)* is available for download at <https://www.naccho.org/programs/public-health-infrastructure/performance-improvement/community-health-assessment/mapp>.

<sup>4</sup> In November 2020 NACCHO announced plans to revise the MAPP framework based on the results of recent evaluation activities. The revised framework and associated Handbook were not anticipated to be available until fall of 2021 or later, and therefore the Alpine County CHIP was developed using the framework outlined in the 2015 MAPP Handbook cited above.

## **Impact of the Covid-19 Pandemic and 2021 Wildfires on CHIP Development**

The entirety of Alpine County's CHIP development process took place during the COVID-19 pandemic. As described above, Alpine County has a small number of public sector employees and during the multiple waves of COVID-19 that occurred many of the health and human services, education, public health, behavioral health, and first responder staff were focused on providing for the basic needs of community members while also managing COVID-19 testing and vaccines. The pandemic also created challenges to engaging the greater Alpine County community. Participation opportunities were limited in many circumstances to those that did not require public gatherings such as surveys and mailers; in only three occasions could feedback be solicited in person from community members. Steering Committee meetings were held virtually, with the exception of one strategy development meeting held in person in fall 2021.

In July 2021, as the Steering Committee was preparing for two of the few in-person community feedback events possible during the pandemic, the Tamarack Fire began spreading through Alpine County. Attention was diverted to support public safety and recovery efforts, with ACHHS staff assisting with operating shelters for their as well as neighboring counties, while many who lived within the county were evacuated themselves. As the fire spread much of the county became inaccessible and key infrastructure such as internet connectivity was impacted. From July to September work on the CHIP was paused to support community members and reestablish critical services within the county.

Both the pandemic and the Tamarack Fire greatly impacted Alpine County's public health system, limited the ability of staff and community members to prioritize CHIP development, altered the county's original planning process for completing the CHIP, and resulted in a lengthier process than originally anticipated.

## **CHIP Process by Phase**

The following subsections summarize the main activities within each of the six MAPP phases, with special attention paid to those that solicited feedback from and engaged the community in development of the CHIP.

### *Organize for Success and Partnership Development (Phase One)*

In phase one, ACHHS identified key contributors and partners to participate in the CHIP Steering Committee. The Steering Committee met in November 2020 to kick off the project and held an average of at least one meeting per month through March 2022, with the exception of July through September 2021 when the project went on hiatus due to large scale wildfires in the county. The composition of the Committee varied over the course of the project, including county employees, community members, and staff of local non-profit organizations. During phase one the Alpine County Community Health Improvement Plan webpage (<https://alpinecountycalifornia.gov/551/CHIP>), as well as a dedicated email, were developed as primary mechanisms for communicating with the community on the progress of the CHIP.

### *Visioning (Phase 2)*

The Steering Committee drafted, and via an electronic survey subsequently solicited community feedback on, vision and value statements in winter 2020-2021. The survey was distributed throughout the county, with links included on the CHIP website, on flyers and newsletters distributed throughout the county, and via a direct mail campaign to all residences in the county (n=817). The latter (shown below) also served to announce the CHIP and orient the community to the website and dedicated email address. Based on the results of the survey (n=45), the Steering Committee revised the draft vision and value statements to the final versions included on pages 18 and 19.



### *MAPP Assessments (Phase 3)*

The four MAPP assessments that comprise the majority of qualitative and quantitative data collection conducted to inform the CHIP's priority areas, goals, objectives, and strategies are described below. The full CHA, as well as summaries of each of the other three assessments, are included as [Appendices](#).

**Community Health Assessment (CHA)** | The CHA was conducted by Resource Development Associates (RDA) in 2018 and 2019. The final report compiled data from a range of existing secondary data sources (e.g., data from government agencies and recognized research institutions) to analyze health trends and disease prevalence and direct input from community members about their health concerns and priorities. Primary data was collected in community meetings and focus groups, and online and paper surveys were disseminated to all mailing addresses in the county.

**Community Themes and Strengths Assessment (CTSA)** | The CTSA gathered information from community members regarding their thoughts, experiences, beliefs, and concerns about the health status, behaviors, and outcomes of their community. The CTSA sought to answer:

- What is important to the community?
- How is quality of life perceived in the community?
- What assets does the community have that can be used to improve community health?

The CTSA was distributed to people in Alpine County in several ways, including via an electronic survey, direct mailer, and in-person at COVID-19 vaccine clinics held throughout Alpine County. These efforts in spring 2021 resulted in a total of 414 submitted responses.

**Local Public Health System Assessment (LPHSA)** | The LPHSA is used to better understand the local public health system and measure how well different community partners work together to deliver the 10 Essential Public Health Services (EPHS). The CHIP Steering Committee completed the LPHSA during a virtual meeting held on February 10, 2021, at which other community members were invited to participate. Meeting attendees mapped elements of the public health system, and polling was then used to assess the degree to which each of the 10 EPHS were in place in Alpine County. The results of this assessment help to identify the strengths and competencies, the opportunities for improvement, and the capacity of the local public health system.

**Forces of Change Assessment (FoCA)** | This assessment helps communities identify external forces that affect or might affect the context in which the community and its public health system operate—in essence, it seeks to answer the question “What is occurring or might occur that affects the health of our community or the local public health system?” This was completed on March 29, 2021, during a virtual Steering Committee meeting, at which other community members were invited to participate.

#### *Identify Strategic Issues (Phase 4)*

Following completion of and based on common themes seen across the four MAPP assessments, the CHIP Steering Committee developed three priority areas and two cross-cutting themes that, when addressed, will help improve community health within Alpine County. Priority areas were developed in lieu of identifying strategic issues, as this approach was determined to be more effective toward the eventual generation of goals. These priorities are included on page 20.

#### *Formulate Goals and Strategies (Phase 5)*

Following the identification of priority areas, the Steering Committee drafted four goals that work to address access to health and prevention services, support of healthy lifestyles, and development of supportive infrastructure. Community convenings were planned for July 2021 in each of the county’s two major population centers to test these priority areas and goals, and solicit information on possible strategies, from community members. The convening in Bear Valley was held as anticipated on July 8, 2021, but the Markleeville event was postponed due to the Tamarack Fire until October 13, 2021. The latter event was incorporated into a flu vaccine clinic operated by ACHHS, and community members were also given the opportunity to provide feedback via an electronic survey.

Between October and December 2021, the information available via the assessments was combined with the community feedback from these additional activities to refine the drafted goals and to develop objectives and strategies. Although the MAPP framework calls only for the inclusion of goals and strategies, objectives are included in the Alpine County CHIP to allow for more differentiation of the many activities taking place. Goals, objectives, and strategies are available beginning on page 21.

#### *Action Cycle (Phase 6)*

The full Action Cycle will last through the end of the CHIP period (June 2027) as the community implements and evaluates strategies towards achieving the community's vision. However, the Steering Committee opted to develop an Action Plan as part of the CHIP process, which includes not only the goals, objectives, and strategies but also identifies the leads, partners, timelines, and benchmarks for each strategy. The Alpine CHIP Action Plan is available in [Appendix A](#) and a summary timeline for each strategy is available in [Appendix B](#).



# UNDERSTANDING HEALTH IN ALPINE COUNTY

Alpine County’s dispersed and small population, limited staff within the public sector, and low number of non-profit organizations operating within the county make it difficult to collect real-time, quantitative health metric data, and reliable, publicly available data and associated trends is difficult to find specific to Alpine County. This limitation had the most impact on the county’s Community Health Assessment (CHA); many of the sources used to inform the CHA utilized statistical models with data collected from other counties as a proxy for any data that is listed for Alpine County.

The Steering Committee therefore conducted the additional assessments described on pages 12 and 13 to help mitigate these challenges and increase the robusticity of data available for consideration when developing the CHIP. Summaries of these assessments are available in the [Appendices](#), with common, key themes demonstrated across assessments including:

- **Access to healthcare services in the county is limited**, and recruiting qualified staff and behavioral and physical health providers to operate within the county is challenging
- **Limited access to quality food** is experienced throughout the county, particularly by residents without the ability to travel to neighboring counties where the majority of grocery stores are located
- **The county lacks affordable housing**, which restricts the county’s growth and makes it challenging for people to live and work in Alpine County
- **There are opportunities to increase community awareness of health-related supports and services**, but infrastructure changes (such as better broadband connectivity) are needed
- **The lack of county-specific data makes understanding and addressing health concerns difficult**

These additional assessments provided valuable qualitative data from the community that informed the goals, objectives, and strategies in the CHIP. The strategies contained in Alpine County’s CHIP differ

from those in the CHIPs of other, larger counties because of the lack of quantitative data available. Rather than include specific metrics and targets related to individual health (e.g., percent of the population experiencing obesity and eventual reduction target), Alpine County's CHIP focuses on addressing the social and economic factors that impact health such as access to services, healthy food, and housing, as well as establishing a strong infrastructure for data collection and information sharing and creating feedback loops to ensure that work being done is benefiting communities of interest.



# ALPINE COUNTY'S COMMUNITY HEALTH IMPROVEMENT PLAN

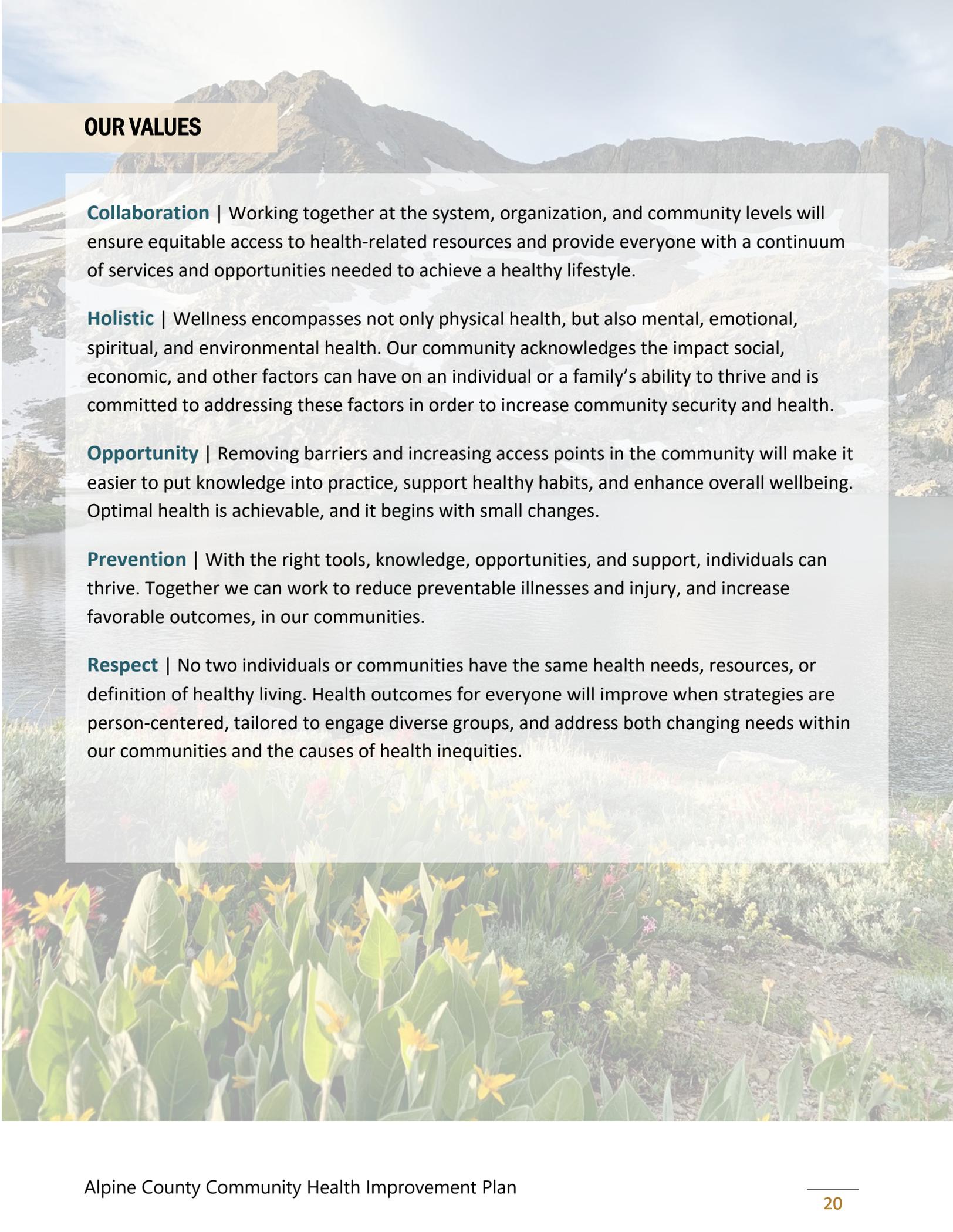
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The Alpine County CHIP Steering Committee crafted a vision statement that is inclusive of not just residents but also visitors to Alpine County, recognizing that improving the health of all community members is a vital and all-encompassing effort. This desire also led to the adoption of a health equity framework, with the Steering Committee considering how each goal, objective, and strategy should be inclusive of the entire population and ensure equitable outcomes for all who “live, work, learn, and play” in the county. The vision and the values also acknowledge that health is multi-faceted and requires systems and individual-level commitments.

The following pages include Alpine County’s vision for a healthier community and the values that will influence how Alpine County will carry out its vision. A detailed description of the priority areas and goals is included on page 20 and is followed by a table displaying the goals, objectives, and associated strategies that will address the priority areas identified by the Steering Committee and community. The full Action Plan, including assigned leads and partner organizations as well as timing for completion, is included in [Appendix A](#).

## OUR VISION

Alpine County has a shared understanding of whole-person health, systems in place that support equitable access to resources, and an ongoing commitment to community wellness through active engagement by all who live, work, learn, and play here.



## OUR VALUES

**Collaboration** | Working together at the system, organization, and community levels will ensure equitable access to health-related resources and provide everyone with a continuum of services and opportunities needed to achieve a healthy lifestyle.

**Holistic** | Wellness encompasses not only physical health, but also mental, emotional, spiritual, and environmental health. Our community acknowledges the impact social, economic, and other factors can have on an individual or a family's ability to thrive and is committed to addressing these factors in order to increase community security and health.

**Opportunity** | Removing barriers and increasing access points in the community will make it easier to put knowledge into practice, support healthy habits, and enhance overall wellbeing. Optimal health is achievable, and it begins with small changes.

**Prevention** | With the right tools, knowledge, opportunities, and support, individuals can thrive. Together we can work to reduce preventable illnesses and injury, and increase favorable outcomes, in our communities.

**Respect** | No two individuals or communities have the same health needs, resources, or definition of healthy living. Health outcomes for everyone will improve when strategies are person-centered, tailored to engage diverse groups, and address both changing needs within our communities and the causes of health inequities.

## OUR PRIORITIES AND GOALS

Based on common themes seen across the data gathered as part of the CHIP process, the CHIP Steering Committee developed three priority areas that, when addressed, will help increase community health within Alpine County. These comprise Access to Health and Prevention Services, Healthy Lifestyles, and Supportive Infrastructure. Together, these priority areas work together to create an environment and continuum for improved health by developing the infrastructure necessary to support health, providing direct access to services, and facilitating the establishment of healthy habits. Two additional cross-cutting themes seen across the data were identified as Community Awareness and Data Availability.



### Access to Health and Prevention Services

This priority area covers elements traditionally included within health or healthcare services (e.g., medical, dental, vision, etc.), data collection on issues related to access, and increasing community awareness about healthcare services available within or in close proximity to the community. **The overarching goal of the Access to Health and Prevention Services priority area is that residents will have access to comprehensive health care services.**

### Healthy Lifestyles

This priority area is designed to support residents as they work to establish healthier habits and lifestyles, to promote community awareness of the benefits of healthy behaviors, and to collect data on issues related to people’s awareness and practice of healthy lifestyles in the community. **The overarching goals of the Healthy Lifestyles priority area are that residents have access to physical and mental wellness opportunities and that Alpine County community members and visitors have regular access to healthy food and knowledge to support healthy eating habits.**

### Supportive Infrastructure

This priority area encompasses elements that support, but are usually not included within, a traditional health system (i.e., not direct services). Supportive Infrastructure includes but is not limited to removing physical, social, and financial barriers to health, improving the design of the built environment to allow easier access to healthy behaviors, and promoting policies that increase opportunities for people to live their healthiest lives. **The overarching goal of the Supportive Infrastructure priority area is that all members of the Alpine County community have access to the resources required to improve their health outcomes.**

## OUR OBJECTIVES AND STRATEGIES

The following table includes the goals, objectives, and associated strategies to improve health in Alpine County over the next five years (2022-2027). The key organizations or individuals critical for success, the timeline for accomplishment, and benchmarks are included in [Appendix A](#). [Appendix C](#) includes a summary of other county-developed strategic or action plans referenced in CHIP strategies.



### Priority Area: Access to Health and Prevention Services

#### Goal 1 | Residents have access to comprehensive health care services

Objective	Strategies
<b>1.1 Improve the availability of services to include the use of alternative locations and delivery modalities</b>	<ul style="list-style-type: none"> <li>1.1.a Sustain public health nurse services in Bear Valley</li> </ul>
	<ul style="list-style-type: none"> <li>1.1.b Hire a full-time, district-wide (ACUSD) school nurse</li> </ul>
	<ul style="list-style-type: none"> <li>1.1.c Explore development of an MOU with El Dorado County to support preventative oral health services in Alpine County</li> </ul>
	<ul style="list-style-type: none"> <li>1.1.d Explore and develop telehealth (identify locations where telehealth can be provided, identify telehealth providers, and promote telehealth options)</li> </ul> <p><i>Note that this strategy is also linked to objective 4.3</i></p>
	<ul style="list-style-type: none"> <li>1.1.e Explore the use of mobile healthcare service delivery</li> </ul>
<b>1.2 Increase awareness and utilization of behavioral health services</b>	<ul style="list-style-type: none"> <li>1.2.a Develop an education campaign to reduce stigma associated with seeking mental health treatment</li> </ul>
	<ul style="list-style-type: none"> <li>1.2.b Ensure awareness of behavioral health services available within the county</li> </ul> <p><i>Note that this strategy is also linked to strategies 4.4.b and 4.4.c</i></p>



## Priority Area: Healthy Lifestyles

### Goal 2 | Residents have access to physical and mental wellness opportunities

Objective	Strategies
<b>2.1 Provide events, activities, and education that promote healthy lifestyles and provide opportunity for social connection to align with community interest</b>	<ul style="list-style-type: none"><li>• 2.1.a Solicit community input on parks and recreation facilities and opportunities to guide fund seeking</li></ul>
	<ul style="list-style-type: none"><li>• 2.1.b Determine community interest in specific types of social connection/healthy lifestyle events</li></ul>
	<ul style="list-style-type: none"><li>• 2.1.c Based on community input, develop, offer, and promote events, activities, and education that are inclusive of all communities in Alpine County</li></ul>
	<ul style="list-style-type: none"><li>• 2.1.d Develop a continuous quality improvement (CQI) framework for existing and developed health-related programs</li></ul>



## Priority Area: Healthy Lifestyles

### Goal 3 | Alpine County community members and visitors have regular access to healthy food and knowledge to support healthy eating habits

Objective	Strategies
<b>3.1 Expand availability of emergency food assistance and resources</b>	<ul style="list-style-type: none"><li>• 3.1.a Partner with local organizations to establish emergency food banks in Bear Valley and Kirkwood</li></ul>
<b>3.2 Increase the amount of fresh food available in the community and reduce barriers to healthy food availability</b>	<ul style="list-style-type: none"><li>• 3.2.a Explore utilization of county-hosted mobile food delivery of fresh food to low income/isolated communities</li><li>• 3.2.b Increase awareness of existing food programs (e.g., community supported agriculture programs in Bear Valley)</li></ul> <p><i>Note that this strategy is also linked to strategies 4.4.b and 4.4.c</i></p>
<b>3.3 Increase knowledge, skills and abilities related to nutrition, food preparation, and healthy eating habits</b>	<ul style="list-style-type: none"><li>• 3.3.a Based on results of community interest activities in Goal 2, develop cooking or nutrition classes as appropriate, that are inclusive of all communities in Alpine County</li></ul> <p><i>Note that this strategy is also linked to objective 2.1</i></p>



## Priority Area: Supportive Infrastructure

### Goal 4 | Systems, resources, and the built environment support healthy choices in Alpine County

Objective	Strategies
<b>4.1 Increase affordable and workforce housing</b>	<ul style="list-style-type: none"> <li>• 4.1.a Promote public engagement and participation in development of the 2019-2024 Housing Element and 2025-2030 Housing Element through information dissemination <i>Note that this strategy is also linked to strategies 4.4.b and 4.4.c</i></li> <li>• 4.1.b Ensure that health and equity considerations are included in development of the 2019-2024 Housing Element and 2025-2030 Housing Element</li> <li>• 4.1.c County staff will support implementation of the 2019-2024 Housing Element to increase affordable and workforce housing by attending meetings and providing input, support, and activations requested</li> </ul>
<b>4.2 Increase availability of affordable, accessible, early childhood care and afterschool programming</b>	<ul style="list-style-type: none"> <li>• 4.2.a Continue to support Alpine County childcare programs for children ages 0-13 with available county funds (e.g., Child Abuse Prevention funds, First 5 Alpine funds)</li> <li>• 4.2.b Annually review the Local Childcare Planning Council comprehensive Childcare Plan and perform outreach to key partners to support implementation, including through identification of funding to create or enhance programs</li> </ul>
<b>4.3 Improve broadband connectivity in Alpine County to facilitate information sharing, telehealth, and emergency notifications</b>	<ul style="list-style-type: none"> <li>• 4.3.a Support the County Board of Supervisors’ Strategic Plan strategy to plan and advocate for countywide broadband coverage</li> </ul>
<b>4.4 Establish a plan for consistent information sharing of health-related activities, events, and initiatives within Alpine County</b>	<ul style="list-style-type: none"> <li>• 4.4.a Identify funding and staff needs for development of a health-information communication plan</li> <li>• 4.4.b Develop, implement, and sustain health-information communications plan</li> <li>• 4.4.c Establish and utilize Alpine County Health Information Portal</li> </ul>



## Priority Area: Supportive Infrastructure

### Goal 4 | Systems, resources, and the built environment support healthy choices in Alpine County (continued)

Objective	Strategies
<b>4.5 Understand need for county-facilitated transportation options and improve currently offered services</b>	• 4.5.a County staff and partners to provide input to the 2021-2025 Short Range Transit Plan and solicit public comment on the Plan
	• 4.5.b Support the implementation of the 2021-2025 Short Range Transit Plan
	• 4.5.c Create redundancy in the Dial-a-Ride program
<b>4.6 Increase the availability of meaningful and objective data on health metrics</b>	• 4.6.a Research successful tools used by other small rural frontier counties and organizations that can inform Alpine's approach to data collection (e.g., through outreach to NACCHO)
	• 4.6.b Explore sources from which health metric data can be collected
	• 4.6.c Explore data that can be extracted from the county's EHR system

# APPENDICES

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**APPENDIX A | ALPINE COUNTY CHIP ACTION PLAN APRIL 2022- JUNE 2027**

<u>Key</u>	
<u>Timeline</u>	<u>Benchmarks</u>
Immediate: by June 30, 2022	* = interim benchmark
Short: by June 30, 2023	✓ = final benchmark
Mid: by June 30, 2025	
Long: by June 30, 2027	

**Priority Area: Access to Health and Prevention Services**

**Goal 1 | Residents have access to comprehensive health care services**

Objective	Strategies	Lead	Partners	Timeline	Benchmarks
<b>1.1 Improve the availability of services to include the use of alternative locations and delivery modalities</b>	1.1.a Sustain public health nurse services in Bear Valley	Health and Human Services Deputy Director and Alpine County Public Health Program Manager	<ul style="list-style-type: none"> <li>Alpine County Board of Supervisors</li> <li>Alpine County Chief Administrative Officer / Health and Human Services Deputy Director</li> <li>Alpine County Human Resources</li> </ul>	Ongoing through CHIP term	✓ Maintain 1 FTE nurse in Bear Valley
	1.1.b Hire a full-time, district-wide (ACUSD) school nurse	Alpine County Unified School District Superintendent	<ul style="list-style-type: none"> <li>Alpine County Public Health</li> </ul>	Short, and ongoing through CHIP term	<ul style="list-style-type: none"> <li>* Hire 1 FTE school nurse</li> <li>✓ Fill position through length of CHIP term</li> </ul>
	1.1.c Explore development of an MOU with El Dorado County to support preventative oral health services in Alpine County	Health and Human Services Deputy Director and Alpine County Public Health Program Manager	<ul style="list-style-type: none"> <li>Alpine County Board of Supervisors</li> <li>Alpine County Chief Administrative Officer / Health and Human Services Deputy Director</li> <li>El Dorado County Public Health</li> </ul>	Immediate	✓ Execute MOU

**Goal 1 | Residents have access to comprehensive health care services, continued**

Objective	Strategies	Lead	Partners	Timeline	Benchmarks
<p><b>1.1 Improve the availability of services to include the use of alternative locations and delivery modalities, continued</b></p>	<p>1.1.d Explore and develop telehealth (identify locations where telehealth can be provided, identify telehealth providers, and promote telehealth options)</p> <p><i>Note that this strategy is also linked to objective 4.3</i></p>	<p>Health and Human Services Deputy Director and Alpine County Behavioral Health Director</p>	<ul style="list-style-type: none"> <li>• Alpine County Board of Supervisors</li> <li>• Alpine County Public Health Program Manager</li> <li>• E2C</li> <li>• Public Health Clinic provider(s)</li> <li>• Telehealth providers</li> </ul>	<p>Long</p>	<ul style="list-style-type: none"> <li>* Establish internet connectivity in Bear Valley and Woodfords</li> <li>* Identify and contract with providers to offer telehealth services</li> <li>* Identify locations in each community where residents can access telehealth services if not accessible in their homes</li> <li>✓ Telehealth service hubs are established in Bear Valley and Woodfords and telehealth services are available to residents with connectivity in Alpine County</li> </ul>
	<p>1.1.e Explore the use of mobile healthcare service delivery</p>	<p>Alpine County Public Health Manager</p>	<ul style="list-style-type: none"> <li>• Alpine County Health and Human Services Deputy Director</li> <li>• Mobile service delivery providers</li> <li>• Neighboring counties</li> </ul>	<p>Long</p>	<ul style="list-style-type: none"> <li>* Identify providers to offer mobile healthcare services</li> <li>* Identify locations in each community where residents can access mobile services</li> <li>✓ Contract/MOU with providers to offer mobile healthcare services</li> </ul>

**Goal 1 | Residents have access to comprehensive health care services, continued**

Objective	Strategies	Lead	Partners	Timeline	Benchmarks
<p><b>1.2 Increase awareness and utilization of behavioral health services</b></p>	<p>1.2.a Develop an education campaign to reduce stigma associated with seeking mental health treatment</p>	<p>Alpine County Behavioral Health Director</p>	<ul style="list-style-type: none"> <li>• Alpine County Behavioral Health Native Wellness Advocate</li> <li>• Alpine County Mental Health Board</li> <li>• Alpine County Office of Education and Unified School District</li> <li>• Alpine County Public Information Officer</li> <li>• Alpine County Public Health Program Manager</li> <li>• Washoe Tribe (Hung-A-Lel-Ti community, Woodfords Community Council, Tribal Health Center)</li> </ul>	<p>Short, with evaluation activities to span the length of the campaign</p>	<ul style="list-style-type: none"> <li>* Approved campaign plan</li> <li>* Develop approved campaign collateral</li> <li>* Campaign is launched as developed</li> <li>✓ Evaluation and modification of activities</li> </ul>

**Goal 1 | Residents have access to comprehensive health care services, continued**

Objective	Strategies	Lead	Partners	Timeline	Benchmarks
<p><b>1.2 Increase awareness and utilization of behavioral health services, continued</b></p>	<p>1.2.b Ensure awareness of behavioral health services available within the county</p> <p><i>Note that this strategy is also linked to strategies 4.4.b and 4.4.c</i></p>	<p>Alpine County Behavioral Health Director</p>	<ul style="list-style-type: none"> <li>• Alpine County Behavioral Health Native Wellness Advocate</li> <li>• Alpine County Mental Health Board</li> <li>• Alpine County Office of Education and Unified School District</li> <li>• Alpine County Public Information Officer</li> <li>• Alpine County Public Health Program Manager</li> <li>• Washoe Tribe (Hung-A-Lel-Ti community, Woodfords Community Council, Tribal Health Center)</li> </ul>	<p>Mid, and ongoing through CHIP term</p>	<ul style="list-style-type: none"> <li>* Promote behavioral health services available within the county, utilizing tools outlined in strategies 4.4b and 4.4c</li> <li>* Develop and disseminate a survey/collect community feedback to gauge awareness of behavioral health services available in the county (to utilize existing data collection activities being conducted when possible, such as the MHSa Annual Update community input survey and meetings)</li> <li>* Analyze results of survey/community feedback activities</li> <li>✓ Survey/community feedback results demonstrate awareness of behavioral health services available in the county</li> </ul>

Priority Area: Healthy Lifestyles

Goal 2 | Residents have access to physical and mental wellness opportunities

Objective	Strategies	Lead	Partners	Timeline	Benchmarks
2.1 Provide events, activities, and education that promote healthy lifestyles and provide opportunity for social connection to align with community interest	2.1.a Solicit community input on parks and recreation facilities and opportunities to guide fund seeking	Alpine County Community Development Director	<ul style="list-style-type: none"> <li>Alpine County Chamber of Commerce</li> <li>Alpine County Library</li> <li>Alpine County Public Information Officer</li> <li>Alpine Trails Association</li> <li>Alpine Watershed Group</li> <li>Community members</li> <li>Land managers (e.g., US Forest Service, Bureau of Land Management, National Park Service, and California State Parks)</li> <li>Washoe Tribe (Hung-A-Lel-Ti community, Woodfords Community Council, Tribal Health Center)</li> </ul>	Immediate	<ul style="list-style-type: none"> <li>✓ Documentation of community input received via survey incorporated into recommendations presented to Board of Supervisors</li> </ul>
	2.1.b Determine community interest in specific types of social connection/healthy lifestyle events	Alpine County Public Health Education Coordinator and Health and Wellness Coalition Members	<ul style="list-style-type: none"> <li>Alpine County Behavioral Health</li> <li>Alpine County Office of Education and Unified School District</li> <li>Alpine County Public Health</li> <li>Alpine Trails Association</li> <li>Community members</li> <li>Washoe Tribe (Hung-A-Lel-Ti community, Woodfords Community Council, Tribal Health Center)</li> </ul>	Short	<ul style="list-style-type: none"> <li>* Needs assessment tool developed</li> <li>* Tool distributed throughout community</li> <li>* Data received is compiled and analyzed</li> <li>✓ Community needs assessment completed and documentation available for review</li> </ul>

**Goal 2 | Residents have access to physical and mental wellness opportunities, continued**

Objective	Strategies	Lead	Partners	Timeline	Benchmarks
<p><b>2.1 Provide events, activities, and education that promote healthy lifestyles and provide opportunity for social connection to align with community interest, continued</b></p>	<p>2.1.c Based on community input, develop, offer, and promote events, activities, and education that are inclusive of all communities in Alpine County</p>	<p>Alpine County Public Health Health Education Coordinator and Health and Wellness Coalition Members</p>	<ul style="list-style-type: none"> <li>Alpine County Chamber of Commerce</li> <li>Alpine County Public Information Officer</li> <li>Alpine County Public Health Program Manager</li> <li>Alpine County staff responsible for department-level promotion channels</li> <li>Washoe Tribe (Hung-A-Lel-Ti community, Woodfords Community Council, Tribal Health Center)</li> </ul>	<p>Short, and ongoing through CHIP period</p>	<ul style="list-style-type: none"> <li>* Use needs assessment to determine which events, activities, and education should be offered</li> <li>* Identify providers to offer events, activities, and education</li> <li>* Identify resources (e.g., funding) needed to offer events, activities, and education</li> <li>* Establish timeline for roll-out of newly established events, activities, and education</li> <li>✓ Implement new programming throughout CHIP period</li> </ul>
	<p>2.1.d Develop a continuous quality improvement (CQI) framework for existing and developed health-related programs*</p>	<p>Health and Human Services Deputy Director and Alpine County Public Health Program Manager</p>	<ul style="list-style-type: none"> <li>Alpine County Health and Wellness Coalition</li> <li>Alpine County Public Health staff</li> <li>Community members</li> <li>Identified vendor to develop CQI framework</li> <li>Washoe Tribe (Hung-A-Lel-Ti community, Woodfords Community Council, Tribal Health Center)</li> </ul>	<p>Short, and ongoing through CHIP period</p>	<ul style="list-style-type: none"> <li>* Vendor is identified and contracted with to develop CQI framework</li> <li>✓ CQI process is developed, documented, and applied to health-related programs in Alpine County</li> </ul>

Priority Area: Healthy Lifestyles

Goal 3 | Alpine County community members and visitors have regular access to healthy food and knowledge to support healthy eating habits

Objectives	Strategies	Lead	Partners	Timeline	Benchmarks
<b>3.1 Expand availability of emergency food assistance and resources</b>	3.1.a Partner with local organizations to establish emergency food banks in Bear Valley and Kirkwood	Health and Human Services Deputy Director and Alpine County Public Health Program Manager	<ul style="list-style-type: none"> <li>Community Service Solutions</li> <li>Live Violence Free</li> <li>Employers of seasonal employees (e.g., Skyline, Vail)</li> </ul>	Mid	<ul style="list-style-type: none"> <li>* Identify sources of emergency food</li> <li>* Develop protocol for initiating emergency food services annually</li> <li>✓ Develop operational distribution system for emergency food services and implement as needed</li> </ul>
<b>3.2 Increase the amount of fresh food available in the community and reduce barriers to healthy food availability</b>	3.2.a Explore utilization of county-hosted mobile food delivery of fresh food to low income/isolated communities	Alpine County Health and Human Services Deputy Director and Community Service Solutions (CSS)	<ul style="list-style-type: none"> <li>Alpine County Health and Wellness Coalition</li> <li>Alpine County Economic Development</li> <li>Alpine County Community Development</li> <li>Liberty Utilities</li> <li>UC Agricultural Extension</li> <li>Washoe Tribe (Hung-A-Lel-Ti community, Woodfords Community Council, Tribal Health Center)</li> </ul>	Mid	<ul style="list-style-type: none"> <li>* Review and understand CSS completed and planned work around mobile food delivery</li> <li>* Determine plan to align with or support CSS efforts</li> <li>✓ Determine whether mobile food delivery is feasible in Alpine County and develop next steps to implement if decision is to implement</li> </ul>

**Goal 3 | Alpine County community members and visitors have regular access to healthy food and knowledge to support healthy eating habits, continued**

Objectives	Strategies	Lead	Partners	Timeline	Benchmarks
<p><b>3.2 Increase the amount of fresh food available in the community and reduce barriers to healthy food availability, continued</b></p>	<p>3.2.b Increase awareness of existing food programs (e.g., community supported agriculture programs in Bear Valley)</p> <p><i>Note that this strategy is also linked to strategies 4.4.b and 4.4.c</i></p>	<p>Alpine County Health and Human Services Deputy Director and Alpine County Public Health Manager</p>	<ul style="list-style-type: none"> <li>• Community Service Solutions</li> <li>• Alpine County Public Information Officer</li> <li>• Alpine County Public Health Manager as lead for health-related communications (objective 4.4)</li> <li>• Community listserv managers</li> <li>• UC Agricultural Extension</li> <li>• Washoe Tribe (Hung-A-Lel-Ti community, Woodfords Community Council, Tribal Health Center)</li> </ul>	<p>Short, and ongoing through CHIP period</p>	<ul style="list-style-type: none"> <li>* Collect information on existing food programs in the county</li> <li>* Work with current information distributors (PIO and listservs) to promote existing food program</li> <li>* Establish promotion process for newly developed programs</li> <li>✓ All food programs in existence at the end of the CHIP period are regularly promoted</li> </ul>
<p><b>3.3 Increase knowledge, skills and abilities related to nutrition, food preparation, and healthy eating habits</b></p>	<p>3.3.a Based on results of community interest activities in Goal 2, develop cooking or nutrition classes, as appropriate, that are inclusive of all communities in Alpine County</p> <p><i>Note that this strategy is also linked to objective 2.1</i></p>	<p>Alpine County Public Health Health Education Coordinator and Health and Wellness Coalition Members</p>	<ul style="list-style-type: none"> <li>• Alpine County Public Health staff</li> <li>• Community Service Solutions</li> <li>• Alpine County Chamber of Commerce</li> <li>• Alpine County Public Information Officer</li> <li>• Alpine County Public Health Program Manager</li> <li>• Alpine County staff responsible for department-level promotion channels</li> <li>• Washoe Tribe (Hung-A-Lel-Ti community, Woodfords Community Council, Tribal Health Center)</li> </ul>	<p>Short, and ongoing through CHIP period</p>	<ul style="list-style-type: none"> <li>* Based on results of needs assessment, determine if cooking or nutrition classes should be offered</li> <li>* Identify providers to offer cooking or nutrition classes</li> <li>* Identify resources, including funding, needed to offer cooking or nutrition classes</li> <li>* Establish timeline for roll-out of cooking and nutrition classes</li> <li>✓ Implement new cooking and nutrition programming throughout CHIP period based on needs assessment results</li> </ul>

Priority Area: Supportive Infrastructure

Goal 4 | Systems, resources, and the built environment support healthy choices in Alpine County

Objectives	Strategies	Lead	Partners	Timeline	Benchmarks
4.1 Increase affordable and workforce housing	4.1.a Promote public engagement and participation in development of the 2019-2024 Housing Element and 2025-2030 Housing Element through information dissemination  <i>Note that this strategy is also linked to strategies 4.4.b and 4.4.c</i>	Alpine County Community Development Director; De Novo (Housing Element Contractor); and Alpine County Housing Director	<ul style="list-style-type: none"> <li>Alpine County Public Information Officer</li> <li>Alpine County Health and Wellness Coalition</li> <li>Community listserv managers</li> </ul>	Immediate and Mid	<ul style="list-style-type: none"> <li>* Final 2019-2024 Housing Element incorporates public input</li> <li>✓ Final 2020-2030 Housing Element incorporates public input</li> </ul>
	4.1.b Ensure that health and equity considerations are included in development of the 2019-2024 Housing Element and 2025-2030 Housing Element	Alpine County Community Development Deputy Director; Alpine County Health and Human Services Deputy Director; and Alpine County Housing Director	<ul style="list-style-type: none"> <li>Alpine County Board of Supervisors</li> <li>Alpine County Planning Commission</li> <li>Alpine County Public Health Officer</li> </ul>	Immediate and Mid	<ul style="list-style-type: none"> <li>* Final 2019-2024 Housing Element incorporates health and equity considerations</li> <li>✓ Final 2020-2030 Housing Element incorporates health and equity considerations</li> </ul>

**Goal 4 | Systems, resources, and the built environment support healthy choices in Alpine County, continued**

Objectives	Strategies	Lead	Partners	Timeline	Benchmarks
<p><b>4.1 Increase affordable and workforce housing, continued</b></p>	<p>4.1.c County staff will support implementation of the 2019-2024 Housing Element to increase affordable and workforce housing by attending meetings and providing input, support, and activations requested</p>	<p>Alpine County Community Development Director; Alpine County Administrative Officer; and Alpine County Housing Director</p>	<ul style="list-style-type: none"> <li>• Alpine County staff</li> <li>• Mammoth Lakes Housing Authority</li> </ul>	<p>Mid, and ongoing after Housing Element adoption through June 2024</p>	<ul style="list-style-type: none"> <li>* Adoption of Housing Element; designation of county surplus property for development</li> <li>* Formalize relationship with Mammoth Lakes Housing Authority</li> <li>* Staff explore infrastructure availability for affordable housing projects add and ask for it to be designated</li> <li>✓ RFP created to work to attract local non-profit low-income housing providers</li> </ul>
<p><b>4.2 Increase availability of affordable, accessible, early childhood care and afterschool programming</b></p>	<p>4.2.a Continue to support Alpine County childcare programs for children ages 0-13 with available county funds (e.g., Child Abuse Prevention funds, First 5 Alpine funds)</p>	<p>Alpine County Health and Human Services Deputy Director and First 5 Alpine Executive Director</p>	<ul style="list-style-type: none"> <li>• Alpine County Board of Supervisors</li> <li>• Alpine County Superintendent of Schools</li> <li>• First 5 Alpine County</li> <li>• Alpine County Early Learning Center</li> <li>• Bear Valley Parents Group</li> </ul>	<p>Short, and ongoing through CHIP term</p>	<ul style="list-style-type: none"> <li>* Maintain current contracts with existing childcare providers</li> <li>* Promote applications for funding from new providers of both early learning and care and after school care annually</li> <li>✓ Childcare programming is supported with county funds</li> </ul>

**Goal 4 | Systems, resources, and the built environment support healthy choices in Alpine County, continued**

Objectives	Strategies	Lead	Partners	Timeline	Benchmarks
<p><b>4.2 Increase availability of affordable, accessible, early childhood care and afterschool programming, continued</b></p>	<p>4.2.b Annually review the Local Childcare Planning Council comprehensive Childcare Plan and perform outreach to key partners to support implementation, including through identification of funding to create or enhance programs</p>	<p>Alpine County Health and Human Services Deputy Director</p>	<ul style="list-style-type: none"> <li>• Alpine County Board of Supervisors</li> <li>• Alpine County Superintendent of Schools</li> <li>• First 5 Alpine County</li> <li>• Catalyst Communities</li> <li>• Local Childcare Planning Council Members</li> <li>• Washoe Tribe—Woodfords Community Council</li> </ul>	<p>Short, and ongoing through CHIP term</p>	<ul style="list-style-type: none"> <li>* Review childcare plan and any new survey data from Frist 5 and/or ACUSD annually</li> <li>* Document outreach efforts</li> <li>✓ Document program creation or enhancement</li> </ul>
<p><b>4.3 Improve broadband connectivity in Alpine County to facilitate information sharing, telehealth, and emergency notifications</b></p>	<p>4.3.a Support the County Board of Supervisors’ Strategic Plan strategy to plan and advocate for countywide broadband coverage</p>	<p>County Administrative Officer and Alpine County Economic Development Director</p>	<ul style="list-style-type: none"> <li>• Alpine County Board of Supervisors</li> <li>• Alpine County Community Development Department</li> <li>• Alpine County Public Health Officer</li> <li>• Alpine County Sheriff</li> <li>• California Department of Transportation</li> <li>• Central Sierra Economic Development District</li> <li>• California Public Utilities Commission</li> <li>• E2C</li> <li>• Rural County Representatives of California</li> <li>• Washoe Tribe—Woodfords Community Council</li> </ul>	<p>Long</p>	<ul style="list-style-type: none"> <li>* Approval of the Middle Mile Network</li> <li>* Identification of Last Mile Network connectivity</li> <li>✓ Improved internet connectivity in Bear Valley and Woodfords</li> </ul>

**Goal 4 | Systems, resources, and the built environment support healthy choices in Alpine County, continued**

Objectives	Strategies	Lead	Partners	Timeline	Benchmarks
<b>4.4 Establish a plan for consistent information sharing of health-related activities, events, and initiatives within Alpine County</b>	4.4.a Identify funding and staff needs for development of a health-information communication plan	Health and Human Services Deputy Director and Alpine County Public Health Manager	<ul style="list-style-type: none"> <li>Alpine County Public Information Officer</li> <li>Providers of health programming and information, including Alpine County Public Health, Alpine County Behavioral Health, ACUSD School Nurse, First 5 Alpine, community partners, Washoe Tribal Health Center</li> </ul>	Short	<ul style="list-style-type: none"> <li>* Documentation identifying funding and staff needed to develop a health-information communication</li> <li>✓ Plan is finalized and shared with Alpine County leadership</li> </ul>
	4.4.b Develop, implement, and sustain health-information communications plan	Alpine County Public Health Manager	<ul style="list-style-type: none"> <li>Alpine County Public Information Officer</li> <li>Providers of health programming and information, including Alpine County Public Health, Alpine County Behavioral Health, ACUSD School Nurse, First 5 Alpine, community partners, Washoe Tribal Health Center</li> </ul>	Mid, and ongoing through the CHIP period	<ul style="list-style-type: none"> <li>✓ Communications plan is finalized and shared with stakeholders</li> </ul>
	4.4.c Establish and utilize Alpine County Health Information Portal	Alpine County Public Health Manager	<ul style="list-style-type: none"> <li>Alpine County Public Information Officer</li> <li>E2C</li> <li>Providers of health programming and information, including Alpine County Public Health, Alpine County Behavioral Health, ACUSD School Nurse, First 5 Alpine, community partners, Washoe Tribal Health Center</li> </ul>	Mid, and ongoing through CHIP period	<ul style="list-style-type: none"> <li>✓ Health Information Portal is active, used by providers to communicate, and available to all Alpine County community members</li> </ul>

**Goal 4 | Systems, resources, and the built environment support healthy choices in Alpine County, continued**

Objectives	Strategies	Lead	Partners	Timeline	Benchmarks
<p><b>4.5 Understand need for county-facilitated transportation options and improve currently offered services</b></p>	<p>4.5.a County staff and partners to provide input to the 2021-2025 Short Range Transit Plan and solicit public comment on the Plan</p>	<p>Alpine County Community Development Director, Local Transportation Coordinator (consultant: Greendot), and LSC Transportation Consultants</p>	<ul style="list-style-type: none"> <li>Alpine County HHS staff</li> <li>Alpine County Social Services Transportation Advisory Council</li> <li>Alpine County Health and Wellness Coalition</li> <li>Community members</li> <li>Managed care organization</li> <li>Washoe Tribe (Hung-A-Lel-Ti community, Woodfords Community Council, Tribal Health Center)</li> </ul>	<p>Immediate</p>	<ul style="list-style-type: none"> <li>* Feedback on draft Plan solicited</li> <li>✓ Feedback on draft Plan incorporated into final Plan</li> </ul>
	<p>4.5.b Support the implementation of the 2021-2025 Short Range Transit Plan</p>	<p>Local Transportation Coordinator (consultant: Greendot)</p>	<ul style="list-style-type: none"> <li>Alpine County Social Services Transportation Advisory Council</li> <li>California Department of Transportation</li> <li>Others to be determined based on final Plan</li> </ul>	<p>Mid</p>	<ul style="list-style-type: none"> <li>* Adoption of 2021-2025 Short Range Transit Plan</li> <li>✓ Annual updates to the Local Transportation Commission</li> </ul>
	<p>4.5.c Create redundancy in the Dial-a-Ride program</p>	<p>Alpine County Community Development Director</p>	<ul style="list-style-type: none"> <li>Alpine County Board of Supervisors</li> <li>Alpine County Administration</li> <li>Alpine County Dial-a-Ride Driver</li> <li>Alpine County Human Resources</li> <li>Douglas County Community Services</li> </ul>	<p>Short, and ongoing through the CHIP period</p>	<ul style="list-style-type: none"> <li>✓ Additional driver(s) are hired to staff the Dial-a-Ride program</li> </ul>

**Goal 4 | Systems, resources, and the built environment support healthy choices in Alpine County, continued**

Objectives	Strategies	Lead	Partners	Timeline	Benchmarks
<p><b>4.6 Increase the availability of meaningful and objective data on health metrics</b></p>	<p>4.6.a Research successful tools used by other small rural frontier counties and organizations that can inform Alpine's approach to data collection (e.g., through outreach to NACCHO)</p>	<p>Alpine County Public Health Manager and Alpine County Public Health Officer</p>	<ul style="list-style-type: none"> <li>• Alpine County Public Health Nurse</li> <li>• Alpine County Nurse Practitioner</li> <li>• Alpine County Nurses</li> <li>• ACUSD School Nurse</li> <li>• Health Care Coalition</li> <li>• Individuals responsible for data collection at similar small counties</li> <li>• NACCHO</li> <li>• California Conference of Local Health Officers (CCLHO)</li> <li>• County Health Executives Association of California (CHEAC)</li> </ul>	<p>Short</p>	<ul style="list-style-type: none"> <li>✓ Documentation identifying tools successfully used by rural and frontier counties and organizations to collect health metric data (toolkit is developed)</li> </ul>
	<p>4.6.b Explore sources from which health metric data can be collected</p>	<p>Alpine County Public Health Manager and Alpine County Public Health Officer</p>	<ul style="list-style-type: none"> <li>• ACUSD School Nurse</li> <li>• Alpine County Public Health Staff</li> <li>• Alternate healthcare providers (e.g. mobile health)</li> <li>• Washoe Tribal Health Center</li> </ul>	<p>Short, and ongoing through the CHIP period</p>	<ul style="list-style-type: none"> <li>* Explore feasibility of partnering with alternate healthcare settings, school sites, and the Washoe Tribal Health Center to gather health metric data</li> <li>✓ Identify what health metric data should be collected to inform Alpine County decision making</li> </ul>

**Goal 4 | Systems, resources, and the built environment support healthy choices in Alpine County, continued**

Objectives	Strategies	Lead	Partners	Timeline	Benchmarks
<p><b>4.6 Increase the availability of meaningful and objective data on health metrics, continued</b></p>	<p>4.6.c Explore data that can be extracted from the county’s EHR system</p>	<p>Alpine County Public Health Manager and Alpine County Public Health Officer</p>	<ul style="list-style-type: none"> <li>• Alpine County Nurse Practitioner</li> <li>• Alpine County Nurses</li> </ul>	<p>Short and ongoing through the CHIP period</p>	<ul style="list-style-type: none"> <li>* Identify how and what data can be extracted from existing EHR systems (e.g., Patagonia)</li> <li>* Identify what fields can be added to EHR system in use (e.g., Patagonia) for later extraction</li> <li>✓ Develop a process to regularly extract and review EHR data</li> </ul>

## APPENDIX B | ALPINE COUNTY CHIP TIMELINE

Strategy **1.1.a** Sustain public health nurse services in Bear Valley is ongoing through the CHIP period. Strategies with an asterisk have an initial benchmark that falls within the timeframe indicated, and then are ongoing throughout the CHIP term.

<b>Immediate Strategies</b> <i>To be achieved between April 1, 2022 and June 30, 2022</i>
<b>1.1.c</b> Explore development of an MOU with El Dorado County to support preventative oral health services in Alpine County
<b>2.1.a</b> Solicit community input on parks and recreation facilities and opportunities to guide fund seeking
<b>4.1.a</b> Promote public engagement and participation in development of the 2019-2024 Housing Element and 2025-2030 Housing Element through information dissemination <i>Note that promoting participation in the 2025-2030 Housing Element is a mid-term strategy</i>
<b>4.1.b</b> Ensure that health and equity considerations are included in development of the 2019-2024 Housing Element and 2025-2030 Housing Element <i>Note that ensuring health equity considerations are included in the 2025-2030 Housing Element is a Mid-Term strategy</i>
<b>4.5.a</b> County staff and partners to provide input to the 2021-2025 Short Range Transit Plan and solicit public comment on the Plan
<b>Short-Term Strategies</b> <i>To be achieved by June 30, 2023</i>
<b>1.1.b</b> Hire a full-time, district-wide (ACUSD) school nurse*
<b>1.2.a</b> Develop an education campaign to reduce stigma associated with seeking mental health treatment*
<b>2.1.b</b> Determine community interest in specific types of social connection/healthy lifestyle events*
<b>2.1.c</b> Based on community input, develop, offer, and promote events, activities, and education that are inclusive of all communities in Alpine County*
<b>2.1.d</b> Develop a continuous quality improvement (CQI) framework for existing and developed health-related programs*
<b>3.2.b</b> Increase awareness of existing food programs (e.g., community supported agriculture programs in Bear Valley)*
<b>3.3.a</b> Based on results of community interest activities in Goal 2, develop cooking or nutrition classes, as appropriate, that are inclusive of all communities in Alpine County*
<b>4.2.a</b> Continue to support Alpine County childcare programs for children ages 0-13 with available county funds (e.g., Child Abuse Prevention funds, First 5 Alpine funds)*
<b>4.2.b</b> Annually review the Local Childcare Planning Council comprehensive Childcare Plan and perform outreach to key partners to support implementation, including through identification of funding to create or enhance programs*

**Short-Term Strategies, continued**

*To be achieved by June 30, 2023*

**4.4.a** Identify funding and staff needs for development of a health-information communication plan

**4.5.c** Create redundancy in the Dial-a-Ride program\*

**4.6.a** Research successful tools used by other small rural frontier counties and organizations that can inform Alpine's approach to data collection (e.g., through outreach to NACCHO)

**4.6.b** Explore sources from which health metric data can be collected\*

**4.6.c** Explore data that can be extracted from the county's EHR system\*

**Mid-Term Strategies**

*To be achieved by June 30, 2025*

**1.2.b** Ensure awareness of behavioral health services available within the county\*

**3.1.a** Partner with local organizations to establish emergency food banks in Bear Valley and Kirkwood

**3.2.a** Explore utilization of county-hosted mobile food delivery of fresh food to low income/isolated communities

**4.1.a** Promote public engagement and participation in development of the 2019-2024 Housing Element and 2025-2030 Housing Element through information dissemination

*Note that promoting participation in the 2019-2024 Housing Element is an immediate strategy*

**4.1.b** Ensure that health and equity considerations are included in development of the 2019-2024 Housing Element and 2025-2030 Housing Element

*Note that promoting participation in the 2019-2024 Housing Element is an immediate strategy*

**4.1.c** County staff will support implementation of the 2019-2024 Housing Element to increase affordable and workforce housing by attending meetings and providing input, support, and activations requested\*

*Note that this strategy is ongoing after Housing Element adoption through June 2024*

**4.4.b** Develop, implement, and sustain health-information communications plan\*

**4.4.c** Establish and utilize Alpine County Health Information Portal\*

**4.5.b** Support the implementation of the 2021-2025 Short Range Transit Plan

**Long-Term Strategies**

*To be achieved by June 30, 2027*

**1.1.d** Explore and develop telehealth (identify locations where telehealth can be provided, identify telehealth providers, and promote telehealth options)

**1.1.e** Explore the use of mobile healthcare service delivery

**4.3.a** Support the County Board of Supervisors' Strategic Plan strategy to plan and advocate for countywide broadband coverage

## APPENDIX C | PLANS REFERENCED IN ACTION PLAN

This appendix includes a summary of other county-developed strategic or action plans referenced in CHIP strategies.

Objective	Other Alpine County Strategic or Action Plan
1.2	<b>Behavioral Health Services Campaign Plan</b> —this is a new plan that will be developed as part of CHIP activities
2.1	<b>Mental Health Services Act (MHSA) Plan</b> —this is an existing Alpine County plan which is updated annually  <b>CQI Framework for Health and Wellness Programming</b> —this is a new plan that will be developed as part of CHIP activities
4.1	<b>Housing Elements (2019-2024 and 2025-2030)</b> —these are existing Alpine County plans that are developed every five years
4.2	<b>Local Childcare Planning Council Comprehensive Child Care Plan</b> —this is an existing Alpine County plan that is developed regularly
4.3	<b>Alpine County Board of Supervisors Strategic Plan for 2021-2026</b> —this is an existing plan that was approved in December 2021
4.4	<b>Health Information Communication Plan</b> —this is a new plan that will be developed as part of CHIP activities
4.5	<b>2021-2025 Short Range Transit Plan</b> —this is an existing Alpine County plan that is in development

## APPENDIX D | COMMUNITY HEALTH ASSESSMENT

# Healthy Alpine 2019

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### Alpine County Community Health Assessment



**Prepared by:**

**Resource Development Associates**

**December 2019**





## Executive Summary

The Alpine County Health and Human Services Department (HHS) launched the Community Health Assessment (CHA) process in 2018 to identify the most important health issues facing the local communities. This report is the culmination of that effort to identify areas for improvement and determine factors that contribute to health issues. The findings presented in this report will drive a subsequent planning process to develop action-oriented strategies that address the health needs in the County, called the Community Health Improvement Plan (CHIP). Conducting the CHA and CHIP processes will not only serve to identify and address community health needs, but also to advance HHS' pursuit of accreditation from the Public Health Accreditation Board (PHAB), build service capacity, increase funding opportunities, increase accountability, and ultimately improve services for community members. To do this, the Healthy Alpine CHA Team, comprised of HHS and its third-party research team, Resource Development Associates (RDA), constructed the following assessment questions:

1. What are community members' primary health concern?
2. What are the trends in community members' health behaviors?
3. How well are community members able to access healthcare services?
4. What are the trends in the community's health outcomes?

To address these assessment questions, the Healthy Alpine CHA Team compiled data from a broad range of existing secondary data sources and direct input from community members about their health concerns and priorities, creating a multi-dimensional picture of health and quality of life in Alpine County. The community research component collected new primary data from a breadth of local residents and service providers. Community meetings and focus groups engaged community members and service providers, while online and paper surveys were disseminated to all mail addresses in the County and engaged 91 community members. The CHA analysis also leveraged a variety of secondary data from government agencies and recognized research institutions to analyze health trends and disease prevalence.

## Key Highlights

Throughout the community health assessment process, the Healthy Alpine CHA Team heard resoundingly that what residents love about living in Alpine County – or why they have moved to the area – are the easy access to the outdoors, beautiful scenery, and quiet lifestyle. Local residents also shared about the inherent physical and mental health benefits of living in a rural and isolated environment that has the smallest population size in the state. Key highlights from this CHA process include:

- ❖ **Socioeconomic Factors.** Components of socioeconomic status, including economic standing and access to food, may have important implications on community health in Alpine County. Some residents face barriers to food access due to high food costs and long geographic distances from grocery stores.
- ❖ **Environmental Health.** Alpine County faces potential environmental health threats in the form of hazardous air quality due to intensified wildfires and elevated ozone levels, elevated levels of





**Alpine County Health and Human Services**  
*Healthy Alpine 2019 – Community Health Assessment*

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naturally occurring radon, and risk of water contamination due to the number of private wells that are monitored independent of the ACPHD. However, existing environmental monitoring systems, outreach and promotion efforts, and environmental restoration efforts have been successful in mitigating health risks.

- ❖ **Health Behaviors.** Overall, Alpine County residents are physically active and value the outdoor opportunities for exercise. Many community members utilize County-provided wellness services to stay active. And, alcohol and substance addiction programs provided by Alpine County Behavioral Health Services are well attended.
- ❖ **Access to Healthcare.** With limited options for healthcare services within the County, residents report experiencing difficulty accessing many healthcare services. However, the County funds and operates local primary care services as well as an array of mobile and community-based health promotion activities to reduce the likelihood and severity of health problems experienced by residents. Alpine County residents do rely on these services, and thus demonstrate high rates of engagement in preventative health measures such as annual physicals and teeth cleanings.
- ❖ **Health Outcomes.** Data suggests that while some chronic diseases such as heart disease, cancer, and cirrhosis are Alpine County's leading causes of death, diagnoses of diabetes are in decline. The County engages consumers at a rate consistent with local communities' needs for mental and substance use health services. The Alpine County Health and Human Services Department also provides a number of educational events, printed resources, and referrals to improve healthcare engagement and outcomes, as well as offers well-received programs focused on residents' holistic health and well-being.

This Healthy Alpine 2019 community health assessment process and report serve as the first step toward developing a community health improvement plan for Alpine County, wherein HHS will work with community members to refine and prioritize community health needs and concerns and develop recommendations and solutions to address them.





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## Background of the Community Health Assessment

### Alpine County Health and Human Services Department

The Mission of the Alpine County Health and Human Services Department (HHS) is to promote the dignity and well-being of children, families and adults through public health and human service programs. Some of the services offered to the Alpine County residents by HHS include:<sup>1</sup>

- ❖ **Public Health Services** deals with the health and well being of the citizens of Alpine County. Their services include: health care clinic with a licensed physician, education on the prevention of communicable disease, HIV and STD prevention education, tobacco education, immunization, and well child exams.
- ❖ **Social Services** deals with programs for certain populations in need or at risk in Alpine county, including such areas as: public assistance, foster home support, child protective services and adult protective services.
- ❖ **Environmental Health Services** deals with the health and well being of our environment. Their services include: water monitoring, food and restaurant permits, well permits, and swimming pool construction.
- ❖ The **Alpine Career Center** is a one-step career center that offers comprehensive employment services to job seekers of all ages and abilities. The Center also provides a wide variety of options to businesses and entrepreneurs.
- ❖ The **Public Health Emergency Preparedness** staff are a comprehensive and organized group that focus on analysis, planning, decision-making, and the assignment of available resources to prepare for, respond to, and recover from potential disasters, hazards, and emergencies, whether man-made or natural.

HHS also coordinates and participates in the **Health and Wellness Coalition (HWC)**, an interagency collaboration that aims to build strong community partnerships promoting healthy living through outreach, advocacy and education. The HWC works to address social determinants of health affecting Alpine County community members, such as chronic illness, substance use, aging, and inequality. This cross-departmental and interagency collaboration fosters healthy living in Alpine County through planning, implementation, and evaluation activities related to initiatives within tobacco control, Alcohol and Other Drug (AOD) services, and Supplemental Nutrition Assistance Program Education (SNAP-Ed). Currently, 19 members sit on the HWC representing a diverse range of health and well-being sectors; some of the sectors represented in the HWX include the Washoe Tribe, Bear Valley Parents Group, and Tahoe Youth and Family Services.

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<sup>1</sup> Alpine County's Health & Human Services Department. Retrieved from:  
<https://www.alpinecountyca.gov/index.aspx?nid=191>





### **Community Health Assessment**

Dedicated to promoting the health and well-being of Alpine County community members, HHS works toward providing health services and resources that are: 1) optimized fully to improve the health outcomes of all community members, 2) community driven, and 3) equitably delivered. To this end, HHS launched a **Community Health Assessment (CHA)** process in 2018 to identify the most important health issues confronting community members and improve their health and well-being.

The CHA process engaged community members directly for input and utilized new and existing data sources for a comprehensive analysis of the health status of Alpine County community members. The CHA identified areas for improvement, determined factors that contribute to health issues, and identified assets and resources that can be mobilized to address health needs. The findings of the CHA will drive a subsequent planning process to develop action-oriented strategies that address health concerns called the **Community Health Improvement Plan (CHIP)**.

Beyond directly supporting the identification and addressing of health needs, the completion of the CHA and CHIP processes have a secondary benefit of moving HHS forward in the path toward public health accreditation through the Public Health Accreditation Board (PHAB). The accreditation process provides a means for public health departments to identify performance management opportunities, develop leadership, and strengthen community relationships. Accreditation consists of adoption of a set of standards, a process to measure health department performance against those standards, and recognition for those departments that meet the standards. Ultimately, public health accreditation will serve to build HHS service capacity by increasing funding opportunities and accountability.

### **Healthy Alpine CHA Team**

To complete the CHA, HHS contracted with Resource Development Associates (RDA) to design and lead the data collection and assessment development with guidance from other members of the Healthy Alpine CHA Team, which include the Alpine County Administrative Officer/Health & Human Services Director, Health and Human Services Deputy Director, Public Health Nurse, Public Health Officer, and Emergency Preparedness Coordinator, and members of the Health and Wellness Coalition. This report presents the culmination of the Healthy Alpine CHA Team's work, summarizing the research undertaken and the results of the community health assessment. It is the Healthy Alpine CHA Team's intent that this document serves to inform strategy development and decision making when Alpine County pursues its community health improvement planning.





## About Alpine County

Alpine County is nestled among the Sierra Nevada mountain range, on the border of California and Nevada. With a population of 1,203 individuals spread across 743 square miles, Alpine is California's smallest county. Given the expanse and general remoteness of the area, geographic isolation is a significant community issue for this County that is comprised of 94% public land and no cities. A large number of Alpine County residents are concentrated in key communities of 100-200 people each in Alpine Village, Bear Valley, Kirkwood, Markleeville (the County seat), Mesa Vista, and Woodfords. Neighboring counties include Amador, Calaveras, El Dorado, Mono, Tuolumne, and Nevada's Douglas County. Many residents commute outside of the County for work and resources.

Alpine County's population is predominantly White (65%) along with a large American Indian population (21%). The median age for Alpine County residents is 45 years old. Additionally, a majority of community members have health insurance (88%), half of whom are covered by publicly funded health plans (e.g., Medi-Cal, Medicare).<sup>2</sup>

Alpine County provides a pristine landscape and close proximity to state parks for the many seasonal visitors and tourists who visit each year in search of an outdoor getaway. However, residents face challenges because of its relative geographic isolation compared to more densely populated areas of California. And, from anywhere within the County, it is 25 miles to reach the closest hospital that accepts Medi-Cal public insurance; Barton Hospital in South Lake Tahoe (in neighboring El Dorado County) operates as a Federally Qualified Health Center where Medi-Cal recipients from Alpine County must travel to for specialty medical services.

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<sup>2</sup> 2017 American Community Survey. Retrieved from:

[https://factfinder.census.gov/faces/nav/jsf/pages/community\\_facts.xhtml](https://factfinder.census.gov/faces/nav/jsf/pages/community_facts.xhtml)





County Profile

# ALPINE COUNTY AT A GLANCE

Alpine County lies along the crest of central Sierra Nevada, south of Lake Tahoe and north of Yosemite. This rural county is the smallest in California, with a population of 1,203. Most of the population is concentrated around a few mountain communities: Markleeville, Woodfords, Bear Valley, and Kirkwood; Alpine County has no incorporated cities. Markleeville is the County seat and home to many of the County's offices.



Data retrieved from 2017 American Community Survey. [https://factfinder.census.gov/faces/nav/jsf/pages/community\\_facts.xhtml](https://factfinder.census.gov/faces/nav/jsf/pages/community_facts.xhtml)





## Assessment Methodology

RDA collaborated with other members of the Healthy Alpine CHA Team to identify a series of data collection activities designed to understand Alpine County's health assets, needs, and gaps. The assessment was conducted to address the following assessment questions:

1. What are community members' primary health concern?
2. What are the trends in community members' health behaviors?
3. How well are community members able to access healthcare services?
4. What are the trends in the community's health outcomes?

To address these questions, RDA designed and conducted a mixed-methods approach for this assessment that integrates community stakeholder perspectives with quantitative rigor as a way of maximizing validity, triangulating findings, and providing different perspectives on complex, multi-dimensional issues.

In addition to addressing the above research questions, the Healthy Alpine CHA Team strived to establish baseline rates and trends reflecting the Leading Health Indicators (LHIs) outlined by the national Healthy People 2020 initiative. Healthy People 2020, a culmination of a multi-year collaboration of leading federal health agencies, establishes achievable health goals in 10-year increments and establishes useful comparison data for the evaluation of progress toward improved health outcomes. The purpose of these measures is to establish benchmarks that Alpine County can measure against over time to assess progress as well as encourage community members in making informed health decisions, measure the impact of health promotion and prevention activities, and bolster cross-sector collaboration.

### Quantitative Service Utilization and Secondary Data

The Healthy Alpine CHA Team collected a variety of secondary datasets to analyze for health trends and disease prevalence. The Team sourced this secondary data from government agencies and recognized research institutions such as the Centers for Disease Control (CDC), California's Department of Health Care Services (DHCS), and the University of California at San Francisco (UCSF). A full inventory of data sources is included in the Appendices. Data gathered from these sources were already deidentified and synthesized. As a small county, however, Alpine County has few counts of services, incidents, cases, etc. which, when rates are compared year to year, can yield large swings in rates with an increase or decline of one or two incidents. To offset any potential for statistic instability due to low data counts, when methodologically appropriate, the Healthy Alpine CHA Team conducted data analyses to combine three years of data and compared rolling averages to increase the number of events being analyzed, a best practice for analyzing trends for small populations.<sup>3</sup>

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<sup>3</sup> American Public Health Association. (1991). Healthy Communities 2000: Model Standards. Washington, DC: 1991, pp. 458-459.





### **Qualitative Community Research**

RDA implemented three types of qualitative data collection to gather a breadth of information as well as depth and nuance about health assets and needs. This effort included: 1) one-on-one key informant interviews, 2) community meetings, 3) focus groups, and 4) a community-wide Healthy Alpine survey. These activities provided important supporting information and context to accompany the secondary data analyses of this CHA process. A full inventory of the number of participants and locations of community engagement activities is included in the Appendices.

### **Mixed-Methods Analysis**

The Healthy Alpine CHA Team’s use of a mixed-method framework served as a strategy to strengthen the validity of the analysis, triangulate findings, and provide different perspectives on complex, multi-dimensional issues. This mixed-methods approach is frequently utilized by health science investigators to answer new questions and “more comprehensively capture complex phenomena, hard-to-measure constructs, and interactions in specific settings and contexts.”<sup>4</sup>

### **Limited Available Data**

Given the small population size in Alpine County, many publicly available secondary data sources cannot disclose statistics for Alpine County alone because of the potential of identifying particular subsets of the County’s population. Additionally, health care providers were unable to disaggregate and share service utilization data for consumers hailing from the County. And, neither DHCS nor the County’s Medi-Cal partners, Anthem and California Health and Wellness, had sufficient Medi-Cal claims data to share. As a result, there is little healthcare service utilization and paired outcome data specific to Alpine County that the Healthy Alpine CHA Team was able to procure for this assessment. The Healthy Alpine CHA Team was limited to the very small amounts of secondary data that are publicly available; data sources are cited throughout this report.

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<sup>4</sup> NIH Office of Behavioral and Social Sciences. (2018). Best practices for mixed methods research in the health sciences (2nd ed). Bethesda: National Institutes of Health. Accessed March 27, 2019:  
<https://www.obsr.od.nih.gov/wp-content/uploads/2018/01/Best-Practices-for-Mixed-Methods-Research-in-the-Health-Sciences-2018-01-25.pdf>





## Community Health Assessment Findings

The Healthy Alpine CHA Team analyzed the information gathered from many quantitative and qualitative data sources. From its analysis, five key categories emerged to serve as the framework in which this CHA report's findings are presented:

1. **Socioeconomic Factors Related to Health** (including Food Access)
2. **Environmental Health**
3. **Health Behaviors** (including Physical Activity and Tobacco/Alcohol/Drug Use)
4. **Access to Healthcare** (including Quality of Life)
5. **Health Outcomes** (including Chronic Health Conditions, Maternal and Child Health, Behavioral Health, Sexual Health and Domestic Violence, and Automobile-Related Injuries)

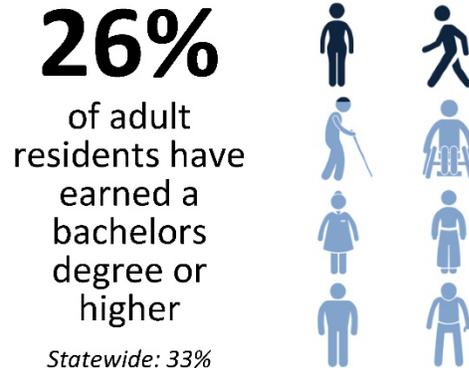
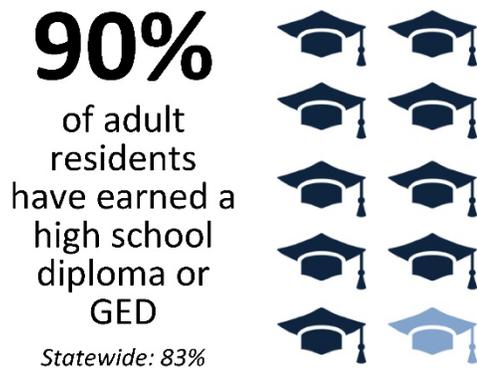
For each category, information is presented in two ways. First, infographics provide a succinct visual representation of the important available data statistics that represent Alpine County residents' current and trending health statuses. Second, supporting information from this CHA process' qualitative data collection activities are shared in narrative format for each category. Coupled together, the infographics and complementary information provide snapshots of the health of Alpine County and the pertinent factors affecting their health as shared by residents and providers from local communities. At the end of each section, a reference list is included for each of the data sources used to inform its respective infographic(s).



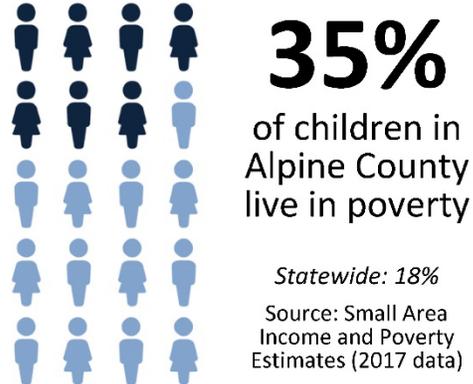
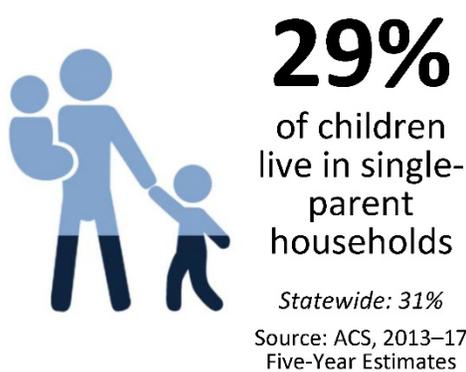
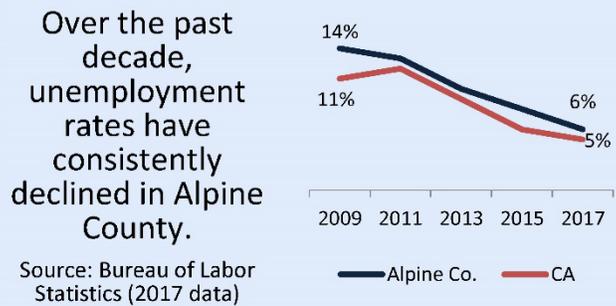
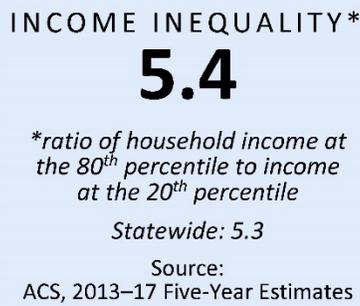


## SOCIOECONOMIC FACTORS

The socioeconomic state of a community's residents impacts a range of critical determinants of health including environmental exposure, healthcare, and health behavior.



Source for both figures above: 2018 American Community Survey (ACS)





## FOOD ACCESS

Good nutrition plays an important role in the optimal growth, development, health and well-being of individuals in all stages of life. Healthy eating can reduce the risk of chronic diseases, such as heart disease, stroke, diabetes and some types of cancer.

### AVERAGE COST OF A MEAL

**\$3.40**



Statewide: \$3.12

Source: Map the Meal Gap (2019 data)

### FOOD ENVIRONMENT INDEX\*

**6.8**

out of 10

\*a combined score of factors that contribute to a healthy food environment

Statewide: 8.9

Source: U.S. Department of Agriculture, Food Environment Atlas (2015–16 data)



**84%**

of residents have adequate access to food

Statewide: 87%

Source: Map the Meal Gap (2019 data)

**12%**

of residents have limited access to healthy foods\*



\*individuals who are low-income and do not live close to a grocery store

Statewide: 3%

Source: U.S. Department of Agriculture, Food Environment Atlas (2015 data)





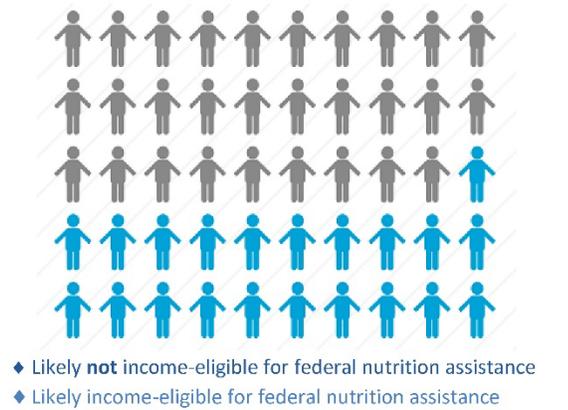
## Socioeconomic Factors Related to Health – Supporting Information

In studying a community’s overall health, it is important to understand that its populations’ health risks and outcomes are affected by the conditions in the places where they live and work.<sup>5</sup> The conditions and factors that affect health outcomes are referred to as **social determinants of health (SDOH)**. Socioeconomic state (SES) is of particular importance in analysis of SDOH as it is known to impact a range of critical determinants of health including environmental exposure, healthcare, and health behavior. Lower SES is also correlated with poorer physical and mental health and increased morbidity and mortality.<sup>6</sup> This section provides additional supporting information about some of the food insecurity and access factors that impact the health of Alpine County residents.

### Food Insecurity and Access

According to Map the Meal Gap, an estimated 180 individuals per year experience food insecurity in Alpine County. Among those experiencing food insecurity, 73% are eligible for federal assistance, a smaller proportion than the state’s 78%. Further, the average child food insecurity rate for Alpine County for the period 2014-2016 was 20%, similar to the state’s 21%. Among those children experiencing food insecurity in Alpine County, only 42% are income-eligible for federal nutrition assistance, as compared to 73% for the state overall.<sup>7,8</sup> This indicates that food access is an issue for residents who live below or above the poverty threshold (\$25,750 annual income for a family of four).

**Figure 1. For every 50 Alpine youth who experience food insecurity, 21 do not qualify for federal nutrition assistance**



Across focus groups, surveys, and community forums, some Alpine County residents shared that they experience difficulty accessing healthy and affordable foods. Residents identified the high cost of purchasing healthy foods as a challenge, and more than a third of adult survey respondents identified *Limited Access to Quality Food* as one of the biggest concerns in the County. In focus groups, some Alpine

<sup>5</sup> Healthy People 2020. Social Determinants of Health. Retrieved from: <https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health>

<sup>6</sup> Adler, N.E. & Newman, K. (2002). Socioeconomic disparities in health: Pathways and policies. *Health Affairs*, 21(2). Retrieved from: <https://doi.org/10.1377/hlthaff.21.2.60>

<sup>7</sup> Food insecurity rate calculated via multivariate analysis of publicly available state and local data on factors such as unemployment, poverty, demographic and household characteristics.

<sup>8</sup> Feeding America. (2019). Map the Meal Gap: Food insecurity in the United States. Retrieved from: <https://map.feedingamerica.org/>





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County residents identified that the distance they must travel to purchase groceries is challenging; for example, some residents purchase their groceries in Arnold (Calaveras County) or Douglas County, Nevada.

To support Alpine County residents' abilities to increase their food access, there are a variety of resources available in local communities. Residents without their own transportation often utilize Dial-a-Ride, a transportation service provided to the general public and persons needing transportation assistance by the Alpine County Community Development Department. Community members also noted several local food and nutrition related programs and services that are helpful, including: 1) *Meals on Wheels*, which delivers meals to vulnerable older adults and free food distribution days in Markleeville and in the Hung-A-Lel-Ti community; and 2) valuable nutritional education programs and healthy cooking classes like *Taste it Tuesday* which is offered by Community Service Solutions.

*References for Socioeconomic Factors Related to Health Data Sources*

- 2018 American Community Survey (data from 2018). Retrieved from: <https://www.towncharts.com/California/Education/Alpine-County-CA-Education-data.html>
- American Community Survey, 5-year estimates (data from 2013-2017). Retrieved from: <https://www.countyhealthrankings.org/app/california/2019/measure/factors/44/datasource>
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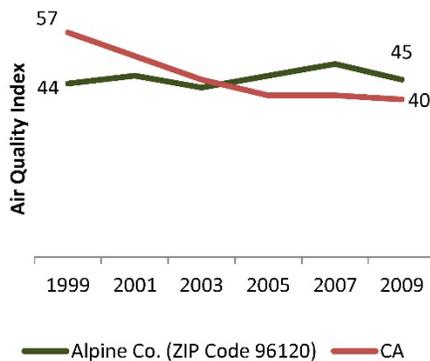


## ENVIRONMENTAL HEALTH

We need safe, healthy and supportive environments for good health. The environment in which we live is a major determinant of our health and wellbeing.



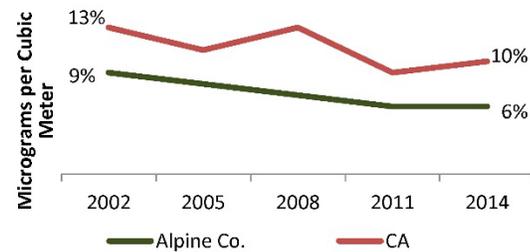
Alpine County's annual Air Quality Index (AQI) averages remained fairly consistent over the previous decade.



Source: U.S. Environmental Protection Agency

### OUTDOOR AIR QUALITY

Fine particulate matter (PM2.5) levels consistently fall below state averages.



Source: Centers for Disease Control and Prevention, Environmental Public Health Tracking Network

### INDOOR AIR QUALITY

Average radon levels  
**3.2 pCi/L**  
(picoCuries per liter of air)

Statewide: 2.3 pCi/L

Source: AirChek, Inc. & U.S. Environmental Protection Agency (2019 data)



**26%** of households experience severe housing problems\*

\*households with at least one of four issues: overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities

Statewide: 27%

Source: U.S. Department of Housing and Urban Development, Comprehensive Housing Affordability Strategy (2011–2015 data)





## **Environmental Health – Supporting Information**

Alpine County community members shared many remarks that the best parts of living in Alpine County are “the clean healthy environment,” “the beautiful scenery,” and the “fresh air.” Environmental factors can have a significant impact on the health of communities, such as air quality, chemical exposure through water, air, and soil, food safety, and waste management systems. This section provides additional supporting information about specific environmental health issues facing Alpine County residents, including findings for outdoor air quality, indoor air quality, and water quality.

### **Outdoor Air Quality**

According to County Health and Rankings, currently available measures of the level of particulate matter in Alpine County’s air indicate that it has the lowest level of average air pollution (by particulate matter) among all California counties.<sup>9,10</sup> Alternatively, Alpine County has an average ozone level of 54.6 parts per billion (ppb) which is among the higher levels in the state.<sup>11</sup> Ozone is one of California’s most widespread air pollution health threats and can irritate lungs and exacerbate respiratory conditions like asthma. In focus groups with Alpine County residents, some community members voiced concern over air quality in Alpine County due to smoke from wildfires that are increasing in frequency and intensity throughout the state. In addition to wildfires, Alpine County’s air quality may be affected by the controlled burns that are undertaken to prevent more wildfires.

To ensure that community members take proper precautions and avoid prolonged exposure when outdoor air quality is hazardous, Alpine County is a participating member of the Great Basin Unified Air Pollution Control District (GBUACD), a California regional government agency that protects the residents and the environment of Alpine, Mono, and Inyo Counties from the effects of air pollution. The GBUAD has an assigned Wildfire Monitoring Staff, who continually monitor the effects (PM2.5 levels) of wildfires and provide real updates and advisories to community members within the district.<sup>12</sup>

### **Indoor Air Quality**

The scenic mountains surrounding Alpine County are an attraction for tourists and community members alike. But, due to their high granite composition, the mountains produce radon, a naturally occurring radioactive gas that can be hazardous when inhaled. Radon can also be found in the groundwater and

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<sup>9</sup> Particulate matter is measured by the average daily density of fine particulate matter and is measured in micrograms per cubic meter (PM2.5). Alpine’s average is reported for 2012 at 4.6 (PM2.5).

<sup>10</sup> US Center for Disease Control’s National Environmental Public Health Tracking Program. Retrieved from: <http://www.countyhealthrankings.org/app/california/2018/measure/factors/125/map>

<sup>11</sup> EPA EJSCREEN Report County: Alpine, California, EPA Region 9. Retrieved from: <https://ejscreen.epa.gov/>

<sup>12</sup> Great Basin Unified Air Pollution Control District. Retrieved from: <https://www.gbuapcd.org/>





building materials, therefore also found in working and living spaces. The Surgeon General states that overall, radon is the second leading cause of lung cancer in the U.S.<sup>13</sup>

To address the threat of radon to indoor air quality, the Alpine County Environmental Health Department collaborates with the Board of Supervisors to continually monitor radon levels and assist community members, business owners, and the County in radon measurement and mitigation efforts. Alpine County frequently measures the levels of radon in buildings and homes and, in 2007, was the first county to initiate radon remediation processes in county office buildings. The Environmental Health Department also provides education about indoor air quality and free test kits to community members at community events, health fairs, and when needed on an individual basis. If a test kit indicates unsafe levels of radon, the Environmental Health Department will work with households to assist them in reducing the levels in their home.

### **Water Quality**

Alpine County primarily relies on groundwater for its water supply needs. Groundwater is the accumulation of melted snow and rain that percolates through rock and soil forming the water table. Alpine County utilizes this ground water through both private and municipal wells. The Alpine County Environmental Health Department currently manages 40 public water systems, or large wells, regularly conducting contaminant testing to ensure that state regulatory standards are met, and that the water is safe.

Beyond the efforts of the County's Environmental Health Department and private well owners to test and maintain water systems both large and small, the Alpine Watershed Group, a grass roots volunteer organization formed in 2001 and now a certified 501(c)(3) organization, also works to preserve and enhance Alpine County's water supplies through watershed preservation projects. The organization dedicates itself to the monitoring of the headwaters of five different watersheds that pass flow from Alpine County to the central valley of California and Nevada.<sup>14</sup>

**Leviathan Mine Superfund Site.** Within Alpine County is the 250-acre Leviathan Mine, an abandoned open-pit sulfur mine that ceased operations in 1962. The EPA has designated the mine as a superfund site, a location polluted with hazardous material contaminants that require long-term cleanup. While the mine ceased operations in 1962, the site's long-term cleanup is ongoing. As of 2018, the EPA has not completed a site-wide risk assessment to be able to determine contaminant exposure levels for community members.<sup>15</sup>

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<sup>13</sup> California Department of Public Health. (2017). What is radon? Retrieved from:  
<https://www.cdph.ca.gov/Programs/CEH/DRSEM/Pages/EMB/Radon/What-is-Radon.aspx>

<sup>14</sup> Alpine Watershed Group. Retrieved from: <https://www.alpinewatershedgroup.org/>

<sup>15</sup> U.S. Environmental Protection Agency. (2019). Superfund site: Leviathan Mine Markleeville, CA. Retrieved from:  
<https://cumulis.epa.gov/supercpad/SiteProfiles/index.cfm?fuseaction=second.Healthenv&id=0901943>





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References for Environmental Health Data Sources

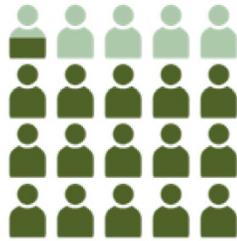
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## PHYSICAL ACTIVITY

Physical activity or exercise can improve your health and reduce the risk of developing a variety of diseases like. Physical activity can have immediate and long-term health benefits. Most importantly, regular activity can improve one's quality of life.



**77%**  
of adults in Alpine  
County are not obese

Statewide: 77%  
Source: CDC Diabetes Interactive Atlas  
(2015 data)

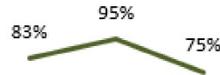


**82%**  
of residents  
are physically active

Healthy People 2020 Goal: 77%  
Statewide: 83%

Source: CDC Diabetes  
Interactive Atlas (2015 data)

**75% to 95%**  
of teenagers are not  
overweight or obese



Source: California Healthy Kids Survey  
(2007, 2009, 2012 data)

2007 2009 2012



**86%**  
of elementary school staff  
report that students have  
some or a lot of physical  
education and activity  
opportunities at school

Source: WestEd, 2019 California School  
Staff Survey



**100%**  
of residents have  
access to exercise  
opportunities

Statewide: 93%

Source: Business Analyst,  
Delorme map data, ESRI, &  
US Census Tigerline Files

**41%**  
of elementary school  
staff report that the  
majority of students are  
healthy and physically fit



Source: WestEd, 2019 California School  
Staff Survey





## TOBACCO, ALCOHOL, & DRUG USE

Substance abuse has a major impact on individuals, families, and communities. The effects of substance abuse are cumulative, significant contributing to costly social, physical, mental, and public health problems.

Among elementary school staff:



**86%**

report that student tobacco use is an insignificant problem

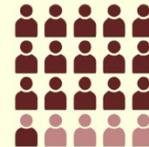
Source: WestEd, 2019 California School Staff Survey



**71%**

report that student alcohol and drug use is an insignificant problem

**77%** of youth do not use any kind of tobacco



Source: Healthy Stores for a Healthy Community Campaign (2016 data)

Among high school students:

**100%**

report that they do not smoke cigarettes or use smokeless tobacco

**94%**

report that they do not use e-cigarettes

Source: California Healthy Kids Survey (2017-18 data)



**85%** of adults do not smoke tobacco

*Healthy People 2020 Goal: 88%*  
*Statewide: 89%*

Source: Behavioral Risk Factor Surveillance System (2016 data)

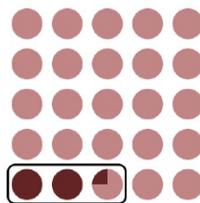


**83%** of adults do not drink excessively

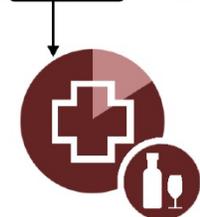
*Statewide: 82%*

Source: Behavioral Risk Factor Surveillance System (2016 data)

**9%** of residents have been diagnosed with a substance use disorder



**84%** of people with substance use treatment needs list alcohol as their primary concern



Source: CA Dept. of Health Care Services (2012 data)

**29%** of driving deaths in Alpine County involve alcohol impairment

*Statewide: 30%*

Source: Fatality Analysis Reporting System (2016 data)



*E-cigarettes are not available for purchase at any retail stores in Alpine County.*

*Community awareness and concern about the increased use of e-cigarettes among youth and young adults has risen in the last three years.*

Source: Healthy Stores for a Healthy Community Campaign



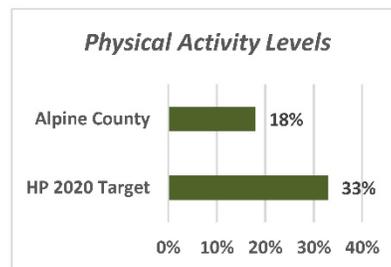


## Health Behaviors – Supporting Information

Many tourists and residents are drawn to Alpine County for its natural beauty, seeing the quiet and great expanse of land and immense access to the outdoors as an ideal setting for improving emotional well-being and physical health. This section shares additional supporting information about specific health behaviors of Alpine County residents, including findings for physical activity, tobacco use, and alcohol and drug use.

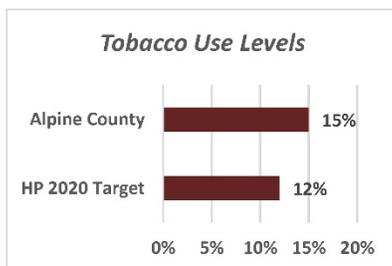
### Physical Activity

Alpine County has surpassed the Healthy People 2020 target to reduce the prevalence of inactivity among adults to 32.6%, having reduced the level to 18% in 2015. In the 2019 Healthy Alpine survey, 90% of adult respondents reported exercising for at least 30 minutes one to two times per week. In focus groups and forums, many community members reported regular participation in and enjoyment of County-provided exercise classes and activities, such as walking groups, yoga classes, archery, the annual bike-a-thon, and Senior Soak socialization outings at Grover Hot Springs State Park west of Markleeville. In addition to these opportunities to be physically active in their local communities, residents also expressed a desire for additional sporting events and recreation opportunities, particularly noting the need for different opportunities for seniors and young adults.



### Tobacco Use

About 15% of adults in Alpine County smoke cigarettes.<sup>16,17</sup> This means that Alpine County is in close reach of the Healthy People 2020 goal for reducing smoking rates to 12% by 2020. In focus groups and forums, some Alpine County residents shared their worries about tobacco and e-cigarette use among youth and called for more prevention education in schools and in communities. Additionally, 20% of adult respondents to the 2019 Healthy Alpine survey indicated that “tobacco use, e-cigarettes, vapes, etc.” is one of the biggest concerns they see in the County.



Currently, the Alpine County Health Department Clinic provides tobacco cessation starter kits that contain helpful resources and tips, hotline numbers, and small gifts of encouragement. The clinic’s nurse practitioner also provides community members with prescriptions for medications that help to alleviate cravings and support tobacco cessation. In addition,

<sup>16</sup> Based on 2016 Alpine County specific data from The Behavioral Risk Factor Surveillance System (BRFSS), a state-based random digit dial (RDD) telephone survey that is conducted annually in all states. Retrieved from: <http://www.countyhealthrankings.org/app/california/2019/measure/factors/9/data?sort=sc-0>

<sup>17</sup> Defined as smoking daily or most days and having smoked more than 100 cigarettes across the lifespan.





the County's public health nurse provides education in schools and in community settings about the harmful effects of smoking tobacco and using electronic smoking devices. Lastly, the Alpine County's Tobacco Control Program has led a major initiative working with private business owners, event planners, and local officials to build support for and establish "tobacco free" venues and spaces.

### **Alcohol and Drug Use**

There is an estimated overall 9% prevalence rate (125 cases) for substance use diagnoses in Alpine County.<sup>18,19</sup> In the 2019 Healthy Alpine survey, 60% of community members identified alcohol and drug use as a primary health concern in the County. Of its estimated 125 cases of substance use diagnoses in Alpine County, DHCS identified alcohol as a focus of 105 of those cases, identifying alcohol abuse and dependency as primary concerns. Among Alpine County youth, approximately 18% of Alpine County secondary students reported that they had one full drink of alcohol at least once during their lifetime, double the state average of 9%.<sup>20</sup>

In discussing their efforts to address addiction, in focus groups and forums, Alpine County residents reported that programs like Alcoholics Anonymous (AA) and Narcotics Anonymous (NA) had been helpful, but that these programs are scarcely available. Residents shared that these programs are no longer available in Alpine County, potentially due to declining participation because of the decreased anonymity inherent to living in a sparsely populated county.

#### *References for Health Behaviors Data Sources*

- Behavioral Risk Factor Surveillance System (data from 2016). Retrieved from: <https://www.countyhealthrankings.org/app/california/2019/measure/factors/9/datasource> & <https://www.countyhealthrankings.org/app/california/2019/measure/factors/49/datasource>
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<sup>18</sup> The NSDUH is an annual study sponsored by the Substance Abuse and Mental Health Services Administration. The survey primarily consists of face-to-face interviews with some computer-assisted interviews. DHCS used data from the 2009 survey which included a sample of 55,772 people ages 12 and older to run a series of logistic regression models in SAS Proc Catmod.

<sup>19</sup> HSRI, TAC, Holzer, C. on behalf of the California Department of Health Care Services. (2012). California mental health prevalence estimates. Retrieved from: <https://www.dhcs.ca.gov/provgovpart/Documents/CaliforniaPrevalenceEstimates.pdf>

<sup>20</sup> According to a comparison of California Healthy Kids Survey (CHKS) data for Alpine County to the Biennial Statewide CHKS report during the time period of 2015-2017.





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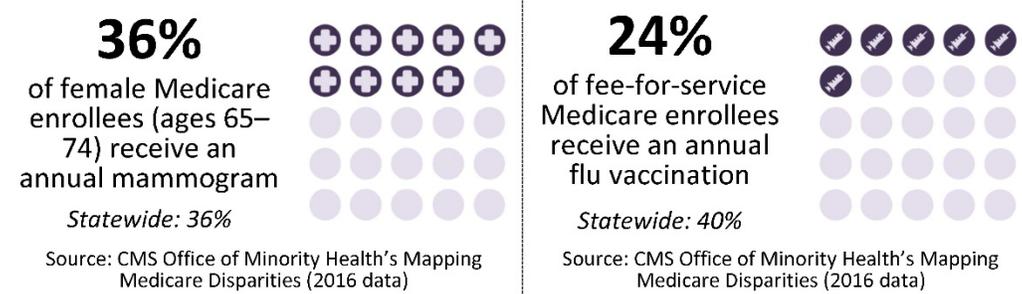
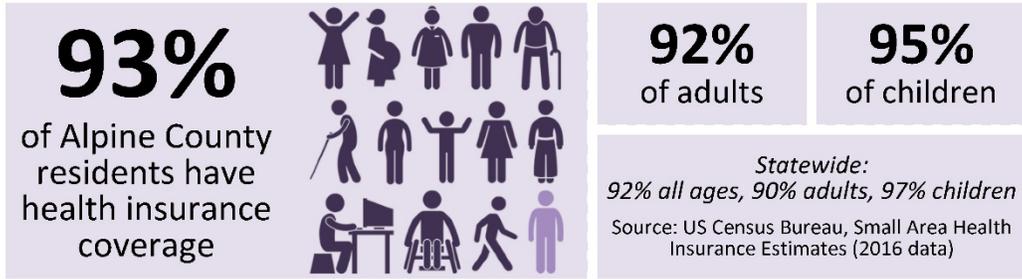
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[https://data.calschls.org/resources/Alpine\\_County\\_Unified\\_1718\\_CSSE.pdf](https://data.calschls.org/resources/Alpine_County_Unified_1718_CSSE.pdf)
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- Healthy Stores for a Healthy Community Campaign (data from 2016). Retrieved from:  
<https://healthystoreshealthycommunity.com/counties/alpine/>
- US Center for Disease Control’s Diabetes Interactive Atlas (data from 2015). Retrieved from:  
<https://www.countyhealthrankings.org/app/california/2019/measure/factors/70/datasource>





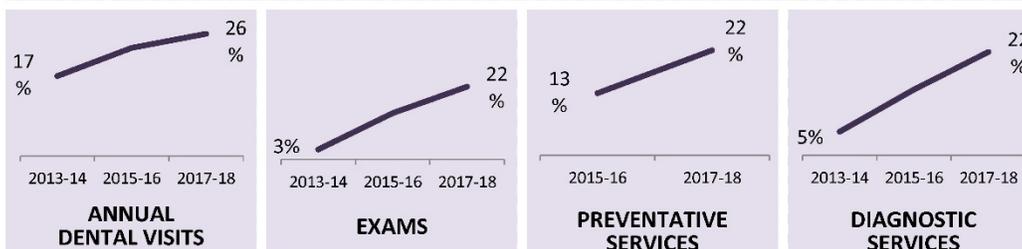
## ACCESS TO HEALTHCARE

Access to comprehensive, quality health care services is important for promoting and maintaining health, preventing and managing disease, reducing unnecessary disability and premature death, and achieving health equity.



### Since 2013, rates of access to dental care among Denti-Cal beneficiaries have risen substantially.

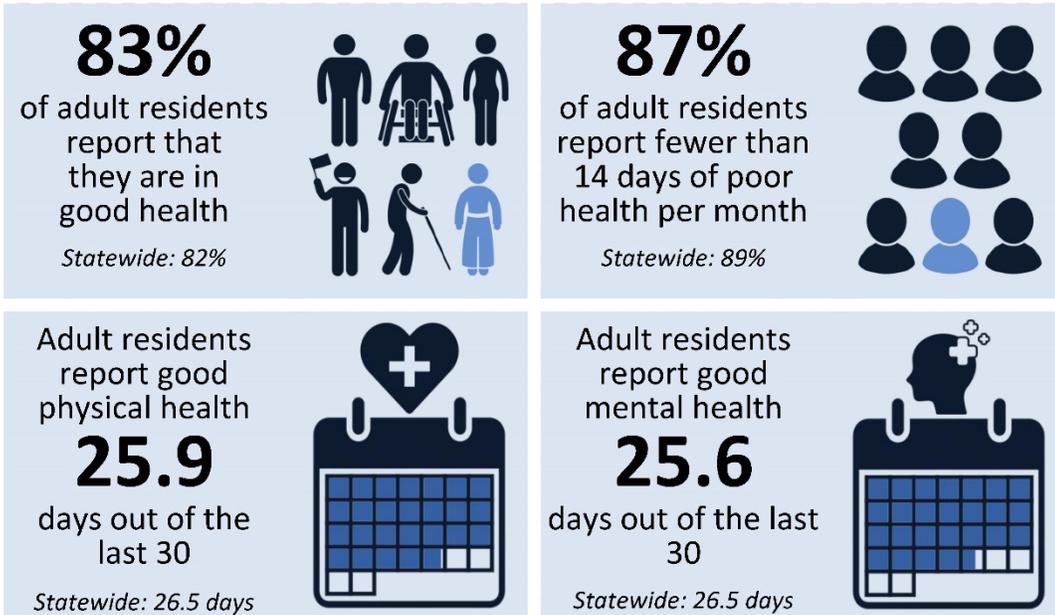
Source: California Department of Public Health, California Oral Health Plan





## QUALITY OF LIFE

Quality of life is a person's ability to enjoy normal life activities, which is related to a person's overall health.

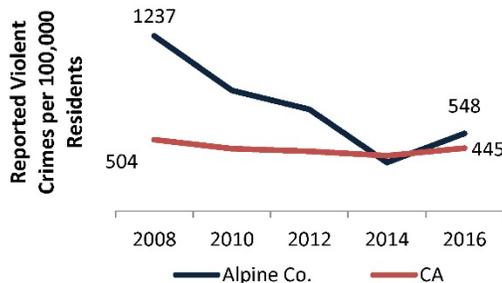


Source for all above figures: Behavioral Risk Factor Surveillance System (2016 data)



There are **9.3** social associations per 10,000 residents in Alpine County

Statewide: 5.8 || Source: County Business Partners (2016 Data)



Violent crime rates\* in Alpine County have significantly declined in the past decade.

\*Number of reported violent crimes per 100,000 residents

Source: FBI Uniform Crime Reporting (2007–2016 data)





## Access to Healthcare – Supporting Information

Access to healthcare is an important component of overall health. Access and/or barriers to health care services can determine the duration and severity of health conditions affecting quality of life and health outcomes. Access relies on a combination of many factors including physical accessibility, adequate supply, affordability, relevance, and cultural views.<sup>21</sup> This section provides additional supporting information about access to healthcare issues facing Alpine County residents, including findings for insurance coverage, local health services, oral health services, and other potential barriers to accessing health services.

### Insurance Coverage

Most Alpine County community members have healthcare insurance of some kind. But some community members still experience difficulty related to the local availability and cost of healthcare and dental services. Over a quarter of respondents to the Healthy Alpine survey shared that finding a provider who takes their insurance is challenging. For example, many community members who live on or near the Nevada state line are unable to seek services in the nearby Douglas County, Nevada due to the inability of Nevada healthcare providers to bill Medi-Cal (a California-specific plan). Additionally, 40% of respondents shared that the high costs of their prescriptions and medications is problematic.

Some community members participating in focus groups, particularly those residing in Bear Valley, shared that they access healthcare and dental services outside of Alpine County. For these residents, there are some perceptions that providers who accept Medi-Cal and Denti-Cal coverage outside of Alpine County are already impacted by their own local demand for services, thus resulting in longer wait times and fewer choices of providers for Alpine County residents.

### Access and Utilization of Local Health Services

**Alpine County Health Department Clinic.** There are no practicing primary care physicians, specialty care services, or full-service dental practices in Alpine County. Given this, residents access local County-funded health services to address many health-related service needs. The Alpine County Health Department Clinic provides a host of general medical care and preventative health services for the community. The clinic is open two days per week, serves all ages, and provides care free of charge (regardless of insurance status) to ensure that all community members have access to care regardless of health insurance coverage or income. The clinic, staffed by a nurse practitioner and a public health nurse, provides health screenings, vaccinations, lab work, nutrition screening, tobacco cessation assistance, diabetes prevention and care, and serves as a key point of referral for more intensive specialty care and treatment outside of the County. In the Healthy Alpine community survey, residents indicated that when they are sick and in need of healthcare, they are most likely to seek and receive services from the Health Department Clinic (34%).<sup>22</sup>

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<sup>21</sup> J Health Serv Res Policy. 2002 Jul;7(3):186-8.

<sup>22</sup> Minden Urgent Care (32.9%), Carson Valley Medical Center (31.6%), Washoe Tribal Health Center (18.4%), Carson Tahoe Regional Medical (15.4%)





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Community members shared their gratitude for the Health Department Clinic, sharing that the staff are approachable, responsive, and work to coordinate referrals and warm handoffs to outside services.

**Alpine County Behavioral Health Services.** BHS provides comprehensive mental health and substance abuse services that are available to all community members of Alpine County. Many of their services and programs are funded by the Mental Health Services Act (MHSA) and are provided cost free. Currently, there are five licensed clinicians staffed to provide the following services:

- Outpatient individual and family counseling for mental health issues
- Outpatient individual substance abuse treatment counseling
- Outpatient groups for mental health, alcohol and drug issues
- Inpatient mental health treatment options
- Psychiatric consultation for medications via tele-health technology

**Washoe Tribal Health Center.** Located in Gardnerville, Nevada, 12 miles from the Hung-A-Lel-Ti community, the Washoe Tribal Health Center is an important local hub of healthcare services and treatment options for members of the Washoe Tribe in Alpine County. The Washoe Tribal Health Center provides: 1) primary care services by a team of licensed practitioners made up of family physicians and nurse practitioners; 2) a general dentistry clinic that provides prevention, restorative, and emergency dental services; and 3) the Healing Center which provides behavioral health services, including mental health, alcohol, and drug abuse outpatient treatment. In a focus group with Hung-A-Lel-Ti community members, participants shared positive experiences receiving health services at the Washoe Tribal Health Center and that the Healing Center is helpful in connecting them to outside specialty care services. Participants also shared that wellness programs have helped to reduce stigma and normalize the access of support services.

### **Access and Utilization of Oral Health Services**

Oral health is an important component of overall health that can be linked with other key indicators of health and well-being. In Alpine County, there are no full-service dental practices and little data exist to evaluate the current oral health status of its residents. However, as all Medi-Cal beneficiaries are automatically enrolled in Denti-Cal, its claims data can provide some insight into the level and frequency of dental health service utilization, access to dental insurance coverage, and use of preventative care services. These data show that eligible community members' use of preventative dental services has been increasing over the last several years.<sup>23</sup> The utilization rates for annual dental visits, dental examinations, and other preventative services have steadily increased each year since 2013-2014, including a 9% increase in the rate of annual visits and a 17% increase in the rate of diagnostic services.<sup>24</sup>

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<sup>23</sup> Preventative dental services refer to basic services such as cleanings, application of dental sealants, fluoride, mouth guard fittings, and x-rays.

<sup>24</sup> California Department Public Health. (2018). California Oral Health Plan. Retrieved from:  
<https://www.cdph.ca.gov/Documents/California%20Oral%20Health%20Plan%202018%20FINAL%201%205%202018.pdf>





### **Supporting Residents to Accessing Health Services**

Though Alpine County community members are able to access general health services locally through the Public Health Department Clinic and Washoe Tribal Health Center, specialty care services and additional primary care options are not available within the County. Some residents travel outside of the County, sometimes at great distances, to access these services for cardiac conditions, diabetes, pain management, cancers, and other health conditions. To alleviate the difficulty that Alpine County residents face in accessing health services outside of the County, the County and its staff provide support in a variety of ways to connect them to services and to reduce the risk and severity of health problems:

- *Referral and health navigation.* County Health Department Clinic staff assist patients with referrals to the closest available health providers. They conduct follow-up with outside providers to advocate for patients and ensure that they are being seen in a timely manner. They also work with families and help with coordination of transportation to ensure community members have the means to get to appointments when located in outside locations.
- *Transportation.* The Alpine County Department of Community Development provides a Dial-A-Ride program to assist the general public with transportation assistance. The program reserves Thursdays each week for special needs services including medical and social security related trips to Reno, Truckee, Placerville, and Sacramento.
- *Mobile and community-based prevention/wellness services.* Alpine County Public Health Department and Behavioral Health Services organize and conduct mobile and community-based health prevention and wellness activities to increase access to health and education services. Health promotion services and activities include: 1) an annual flu clinic where community members can get on-demand flu shots; 2) annual health fairs to provide information and education about healthy living and available services; 3) the Taste It Tuesday nutritious cooking class series to teach healthy recipes; and 4) a diabetes support group.

#### *References for [Access to Healthcare Data Sources](#)*

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**Alpine County Health and Human Services**  
*Healthy Alpine 2019 – Community Health Assessment*

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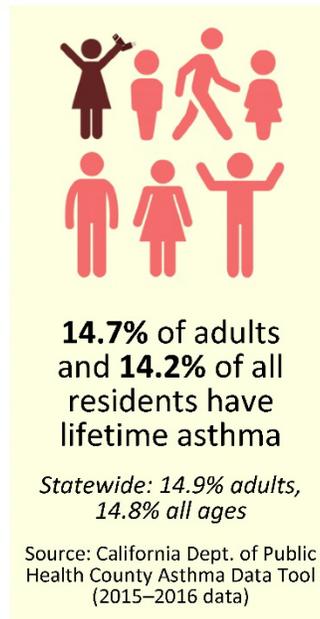
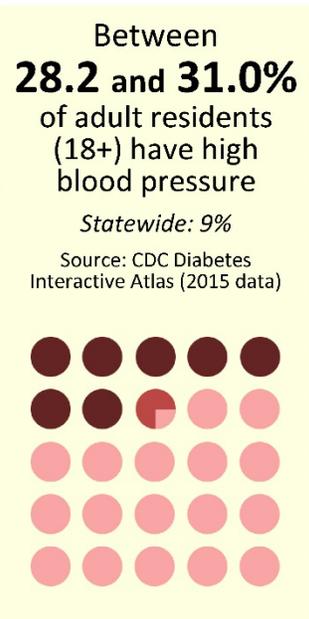
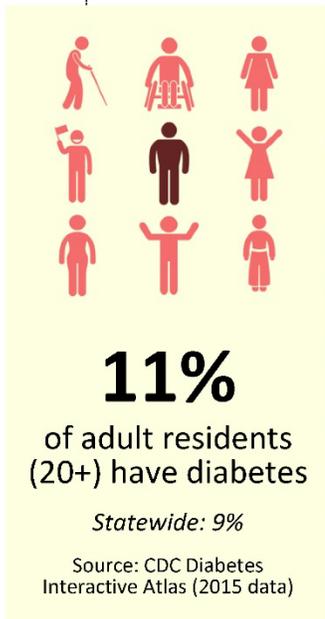


## CHRONIC HEALTH CONDITIONS

Chronic diseases are conditions that last one year or more and require ongoing medical attention or limit activities of daily living or both.

DEATH RATES FOR CHRONIC DISEASES		Alpine County	Statewide	
		All cancers	<b>69.9</b>	137.4
		Coronary heart disease	<b>195.9</b>	87.4
		Chronic lower respiratory disease	<b>21.7</b>	32.0
		Chronic liver disease and cirrhosis	<b>128.0</b>	12.2

Source: California Department of Public Health, County Health Status Profiles (2015–2017 data)



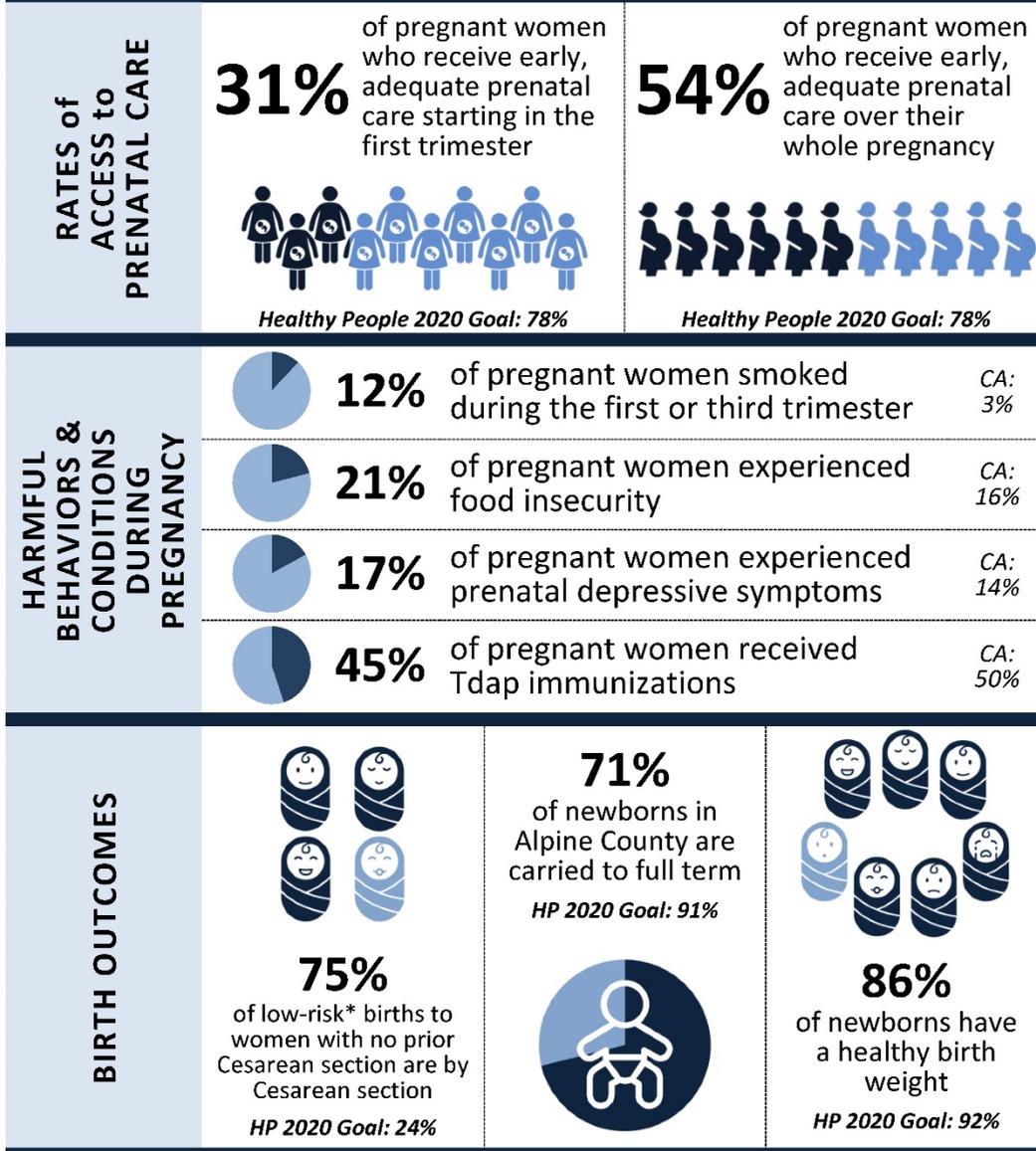
PREVALENCE OF COMMON CONDITIONS





## MATERNAL and CHILD HEALTH

Maternal and child health as a discipline provides information and access to sexual reproductive health services and methods of family planning, promote the health of pregnant women and their children and increase vaccination rates.



\*A low-risk birth is full-term, only one newborn, with vertex presentation.

Source for all figures: UC San Francisco, Family Health Outcomes Project (2018 data)



## BEHAVIORAL HEALTH

Behavioral health is the discipline of studying the emotions, behaviors and biology relating to a person's mental well-being, their ability to function in everyday life.

**Alpine county residents have mental health service needs at rates consistent with statewide averages.**

Alpine County / Statewide	ALL HOUSEHOLDS	HOUSEHOLDS 200% BELOW FEDERAL POVERTY LEVEL
PREVALENCE OF BROAD MENTAL HEALTH SERVICE NEEDS	 <b>14% / 14%</b>	 <b>21% / 19%</b>
PREVALENCE OF SEVERE MENTAL ILLNESS (SMI) SERVICE NEEDS	 <b>6% / 14%</b>	 <b>10% / 8%</b>

Source: California Department of Health Care Services (2012 data)



**87%** of adults do not experience frequent\* mental distress

\*FEWER THAN 14 DAYS OF POOR MENTAL HEALTH PER MONTH

Statewide: 89% || Source: Behavioral Risk Factor Surveillance System (2016 data)

Alpine County has the lowest rate of drug overdose deaths in all of California.



(6.0 to 7.9 deaths per 100,000 residents.)

Statewide: 11.2

Source: National Center for Health Statistics (2018 data)



**9%**

of driving deaths in Alpine County are due to alcohol impairment

Statewide: 29%

Source: Fatality Analysis Reporting System (2012–2016 data)





## SEXUAL HEALTH & DOMESTIC VIOLENCE

Sexual health is the ability to embrace and enjoy our sexuality throughout our lives; it is an important part of our physical and emotional health. Domestic violence is violence or other abuse by one person against another in a domestic setting.

### SEXUALLY TRANSMITTED INFECTIONS

**360.4**

newly diagnosed chlamydia cases per 100,000 residents

*Statewide: 506.2*

Source: California Dept. of Public Health, NCHHSTP (2016 data)

### DOMESTIC VIOLENCE CALLS FOR ASSISTANCE

**536**

calls per 100,000 residents

*Statewide: 430*

Source: CA Dept. of Justice, Criminal Justice Statistics Center (2016 data)

## AUTOMOBILE-RELATED INJURIES

Motor vehicle crashes are the leading cause of death in the first three decades of Americans' lives.

**2.1** traffic fatalities annually among Alpine County residents

Source: Fatality Analysis Reporting System (2009–17 data)



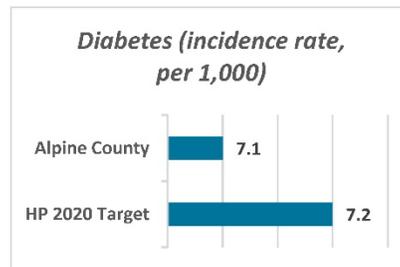


## Health Outcomes – Supporting Information

The overall health status of a community is influenced by many factors that play a dynamic role in influencing health status as they contribute to positive health outcomes (i.e., high levels of function, mental well-being) and negative health outcomes (such as lack of well-being or loss of function).<sup>25</sup> This section provides additional supporting information about health outcomes and disease prevalence in Alpine County, including: diabetes, sexual health, maternal and child health, behavioral health, and injury and violence.

### Diabetes

Alpine County showed a decrease in the number of community members living with diabetes between the years 2011 and 2015. According to CDC county-level data, the age-adjusted prevalence rate of diagnosed diabetes dropped from 10.1 per 1,000 in 2011 to 7.7 per 1,000 in 2015.<sup>26</sup> During this same period, the state average prevalence rate increased from 8.4 to 9.7 per 1,000. Available data also shows that Alpine County demonstrated a downward trend in the number of newly diagnosed cases, or *incidence rate*, of diabetes between 2011 and 2015, dropping from 8.4 to 7.1 new cases per 1,000.



As a result, Alpine County successfully reached the Healthy People 2020 target reduction in new diagnoses of diabetes (7.2 per 1,000 people) in 2013. Despite these positive trends, diabetes remains a health concern for the County, particularly as people age. In focus groups, community forums, and interviews with Alpine County health providers, diabetes was discussed often as a key concern for residents, particularly for members of the Hung-A-Lel-Ti community.

### Sexual Health

The Alpine County Health Department Clinic provides an HIV/AIDS/STD Program locally that provides free and confidential testing for sexually transmitted diseases and assists with referrals for treatment when necessary. The Alpine County public nurse also provides sexual health and wellness education to Alpine County students beginning at the fifth-grade level.

### Maternal and Child Health

Prenatal care reduces the risk of pregnancy complications, fetus and infant complications, and provides women with education about how to ensure a healthy pregnancy. Prenatal visits to a health care provider typically include physical exams, weight checks, and blood tests and imaging tests such as ultrasound exams to continually track maternal and fetus health. To increase access to care, the Alpine County Public

<sup>25</sup> Parrish RG. Measuring population health outcomes. *Prev Chronic Dis* 2010;7(4):A71. Retrieved from: [http://www.cdc.gov/pcd/issues/2010/jul/10\\_0005.htm](http://www.cdc.gov/pcd/issues/2010/jul/10_0005.htm)

<sup>26</sup> Prevalence rate refers to the total number of both new and pre-existing cases during a specific period of time.





## Alpine County Health and Human Services

### *Healthy Alpine 2019 – Community Health Assessment*

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Health Department runs a Perinatal Outreach Program with the objective of assuring early and continuous prenatal care for all pregnant women. The public health nurse provides outreach and mobile education for pregnant women and new mothers throughout Alpine County. The public health nurse assesses the health status of pregnant women, help them to develop individualized prenatal health plans, and coordinate with other outreach services to identify high need areas. Alpine County also operates a Breastfeeding Support Hot-Line to provide lactation and breastfeeding support. Additionally, El Dorado County’s Women Infant and Children Program (WIC) offers supportive services, nutrition and health education, and breastfeeding support services for pregnant women, new moms, babies and young children in Markleeville.

### **Behavioral Health**

Geographic and social isolation can pose challenges to the well-being of Alpine County community members. In focus groups, residents acknowledged that stigma around seeking mental health services can be a barrier to engagement. But residents also noted that the availability of County-implemented wellness programs that promote wellness and recovery have helped normalize conversation and support for mental health for some.

Additionally, residents shared that there is a need to expand substance use prevention and supports in Alpine County.<sup>27</sup> In BHS’ community planning meetings, some residents cited boredom, loneliness, and depression as primary motivators for their substance use. Residents also reported that the socialization activities provided through Mental Health Services Act (MHSA) activities have helped to ease some of these motivators and improve overall emotional well-being of Alpine County residents.<sup>28</sup>

BHS hosts a number of community events for all ages aimed at fostering community, strengthening protective factors, and reducing the risk factors that contribute to behavioral health challenges. Events such as movie nights and “Combining Past and Present” were regarded fondly in focus groups and are well attended by all age groups. Residents also repeatedly expressed positive views of the yoga classes in Markleeville and Bear Valley, Senior Soak, and the walking groups as effective strategies to promote wellness, recovery, and resiliency in their communities.

### **Injury and Violence**

In focus groups and community forums, Alpine County residents shared concern over domestic violence and the relationship of alcohol use to both interpersonal violence and traffic accidents. In these conversations, community members cited the work of Live Violence Free, a nonprofit organization operating in Alpine County to curb domestic violence and offer support for survivors of abuse. Live Violence Free provides prevention and outreach programming around physical and sexual violence, and healthy relationship-building for children, teenagers, and adults in local communities.

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<sup>27</sup> BHS conducted an MHSA needs assessment and community program planning effort concurrent to the development of this CHA. Both efforts were led by different teams at Resource Development Associates.

<sup>28</sup> Resource Development Associates. (2015). Alpine County substance abuse prevention plan: Fiscal years 2015-2018. Oakland, CA.





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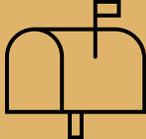
## APPENDIX E | COMMUNITY THEMES AND STRENGTHS ASSESSMENT

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The Community Themes and Strengths Assessment (CTSA) is intended to gather information from community members regarding their thoughts, experiences, beliefs, and concerns about the health status, behaviors, and outcomes of their community. In order to identify this information, the CTSA seeks to answer the following questions:

- What is important to the community?
- How is quality of life perceived in the community?
- What assets does the community have that can be used to improve community health?

The Community Themes and Strengths Survey was distributed to people in Alpine County in several ways, resulting in a total of 414 submitted responses<sup>5</sup>. Survey distribution methods are depicted in the following graphic.

 <p><b>Electronically via SurveyMonkey</b></p>	A link to an electronic survey was distributed via an email from the Alpine County Community Health Improvement Plan (CHIP) listerv and other listservs, posted to the CHIP website, and included on printed half-sheet flyers that were physically distributed in Alpine County communities.
 <p><b>Direct Mailer</b></p>	A direct mailer was sent to all PO Box and carrier addresses in Alpine County. The mailer included a flyer with the survey information, two paper copies of the survey, and a self-addressed return envelope to mail back completed survey responses.
 <p><b>COVID Vaccine Clinics</b></p>	Physical copies of the survey were made available at COVID Vaccine Clinics held throughout Alpine County.

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<sup>5</sup> Note that due to rounding, percentages may not sum to 100% in the tables included throughout this report.  
Alpine County Community Health Improvement Plan

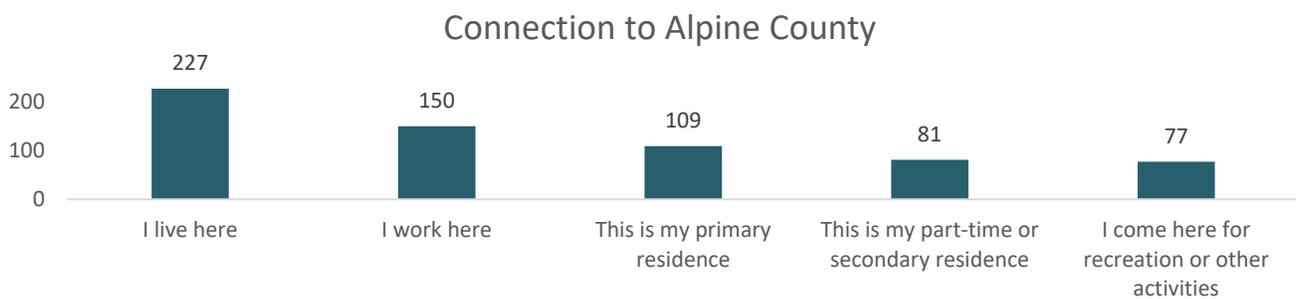
## Demographic Profile of Respondents

The demographic profile of survey respondents is provided below.

### Connection to Alpine County

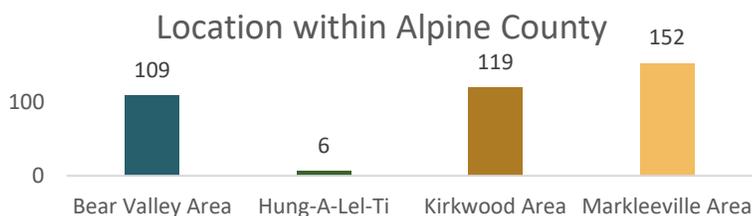
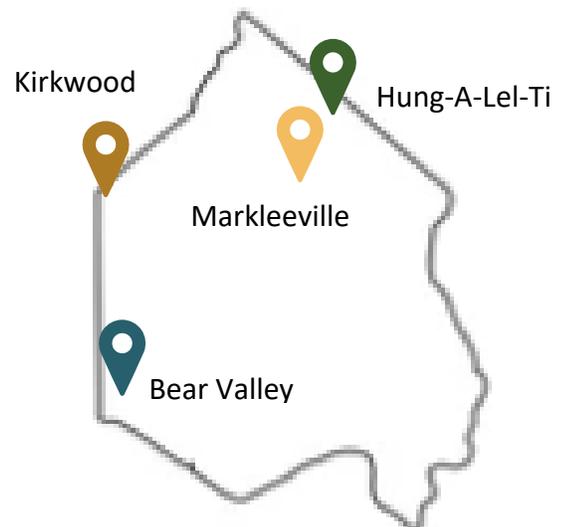
Participants were asked to identify how they are connected to Alpine County and were given the choices provided in the chart below. These choices were not mutually exclusive, and respondents could have noted that they fall into all five categories.

Many indicated that Alpine County is where they work or recreate, as opposed to where they live, either year-round or part-time. It is important to note that there were several instances where respondents provided possibly conflicting answers to questions. For example, two respondents marked that Alpine is both their primary and part-time or second residence. Responses were not recoded. Rather than make assumptions about the validity of these responses, respondents with possibly conflicting responses are included in all categories that they indicated apply to them.



### Community Location

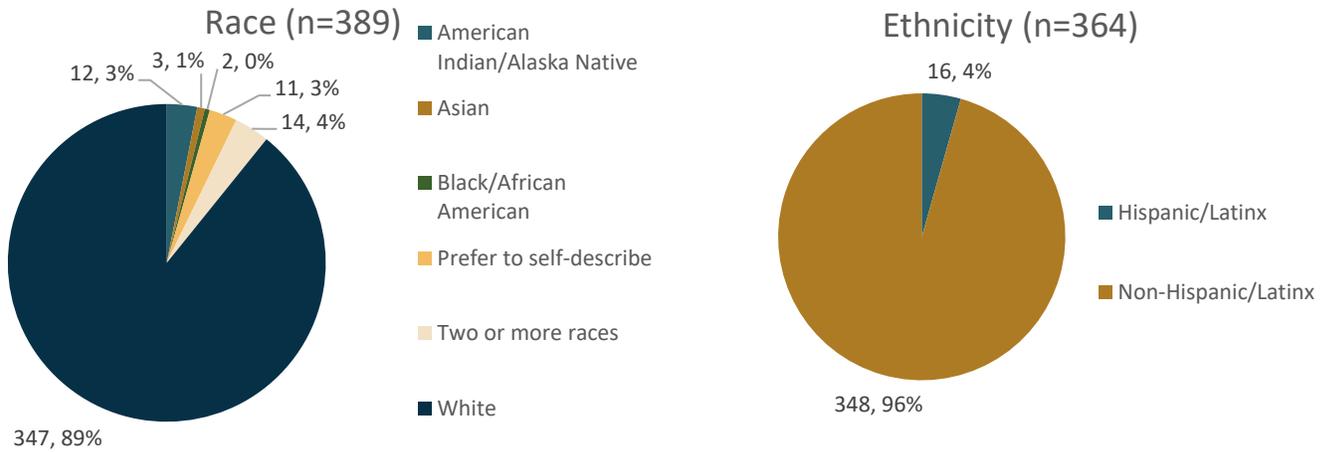
Answers to the question, “In what Alpine community do you spend the most amount of time?” were grouped together based on the location where individuals would likely access services. Hope Valley, Mesa Vista, Alpine Village, Paynesville, Shay Creek, and Woodfords were recoded to the Markleeville area. Sky High and Lake Alpine were recoded to the Kirkwood area.<sup>6</sup>



<sup>6</sup> Note that the Sky High and Lake Alpine respondents could also have been coded to Bear Valley.

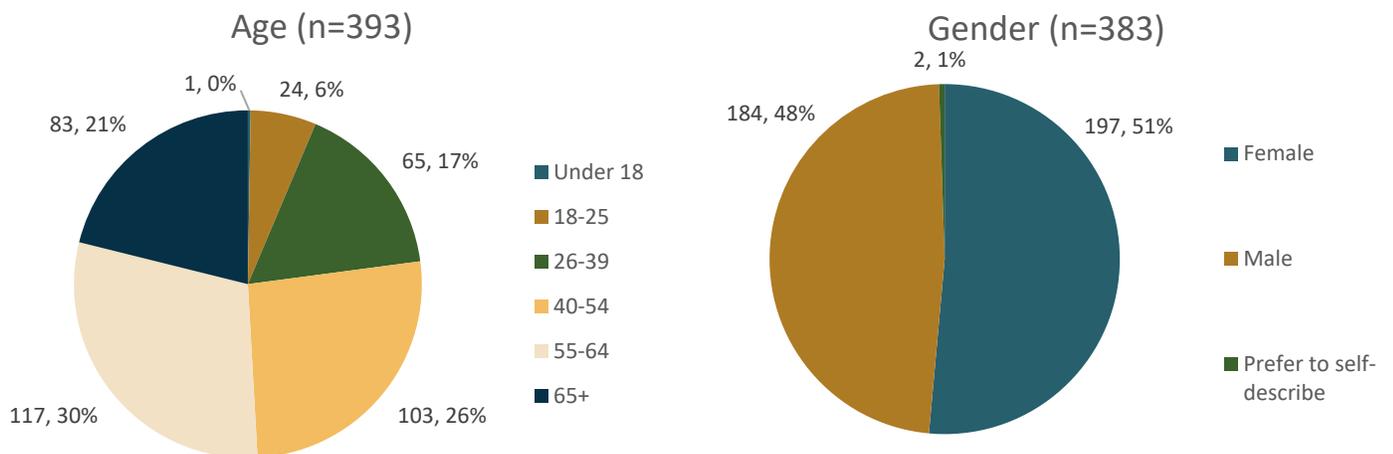
## Race and Ethnicity

Of participants that provided responses regarding race and ethnicity, the majority (89%) were White. Regarding ethnicity, the majority of respondents (96%) identified as Non-Hispanic/Latinx.



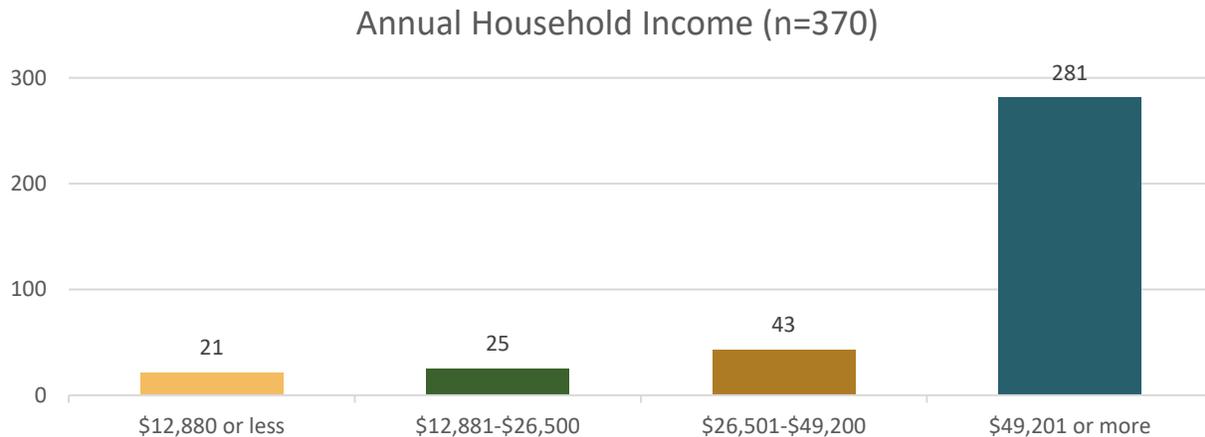
## Age and Gender

Respondents were also asked to indicate their age range and gender identity. Of those that responded, the majority of respondents (30%) fell within the 55-64 age range, followed by the 40-54 age range (26%). Responses regarding gender identity were almost evenly split between female (51%) and male (48%), with two respondents choosing the option to self-describe.



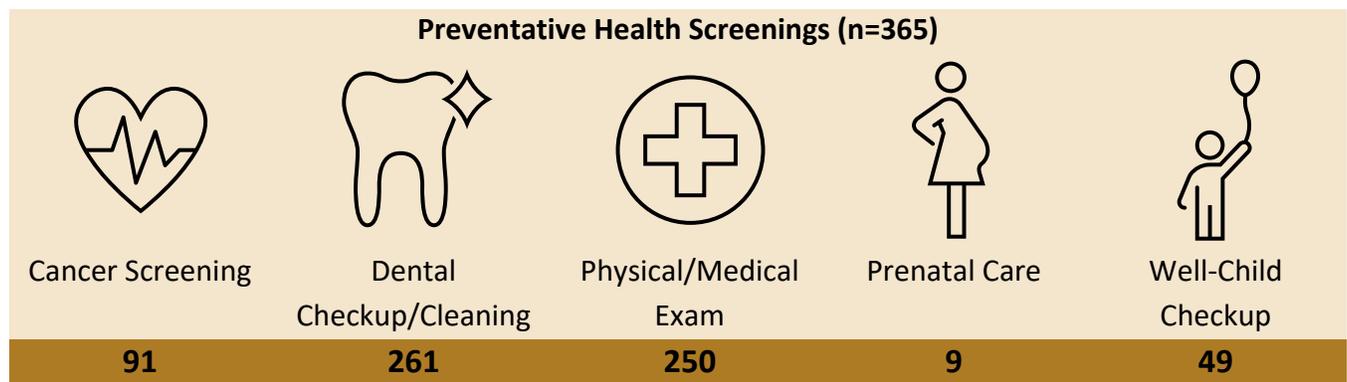
## Annual Household Income

Respondents were asked to select which range best reflects their annual household income. The majority of respondents indicated that their annual household income falls in the range of \$49,201 or more a year.



## Preventative Care

Respondents were asked to identify the preventative health care screenings and checkups they had received within the past 12 months. The most common preventative health screening cited were dental cleanings/checkups (261) followed by physical/medical exams (250). It is important to note that respondents were asked to identify all preventative health screenings they had received, and therefore the total number of screenings is greater than the number of respondents.



In addition to the five screening categories above, there were 56 additional screenings that participants had identified as receiving, including COVID vaccination and testing (22), mammogram (5), lab work (4), eye exam (4), dermatology exam (2), and chiropractor (2).

## Health Status

Two questions included on the survey asked respondents to indicate their perception of community health and personal health. Responses are presented by community according to the area where individual respondents indicated they spent the most time. Unknown responses or those indicating that they spent the most time in areas outside of the county are included in the group described as “All other and unknown areas.” It is important to note when looking at the data that the number of respondents in each community varies; for example, Hung-A-Lel-Ti comprised six total respondents.

## Community Health

Respondents were asked “How would you rate our community’s health?”. In the table below, the data shows that the majority of respondents in all areas (75%) indicated they felt their communities were “Very Healthy” or “Healthy”. The greatest positive response was found among Kirkwood Area respondents with 86% indicating their community was “Very Healthy” or “Healthy”.

Community	Very Healthy	Healthy	Somewhat Healthy	Unhealthy	Very Unhealthy
Bear Valley Area (n=105)	26%	52%	18%	4%	0%
Hung-A-Lel-Ti (n=6)	0%	33%	0%	67%	0%
Kirkwood Area (n=113)	27%	59%	13%	0%	0%
Markleeville Area (n=145)	15%	48%	35%	2%	0%
All other and unknown areas (n=30)	30%	50%	13%	3%	3%
<b>Total (n=396)</b>	<b>22%</b>	<b>53%</b>	<b>23%</b>	<b>3%</b>	<b>&lt;1%</b>

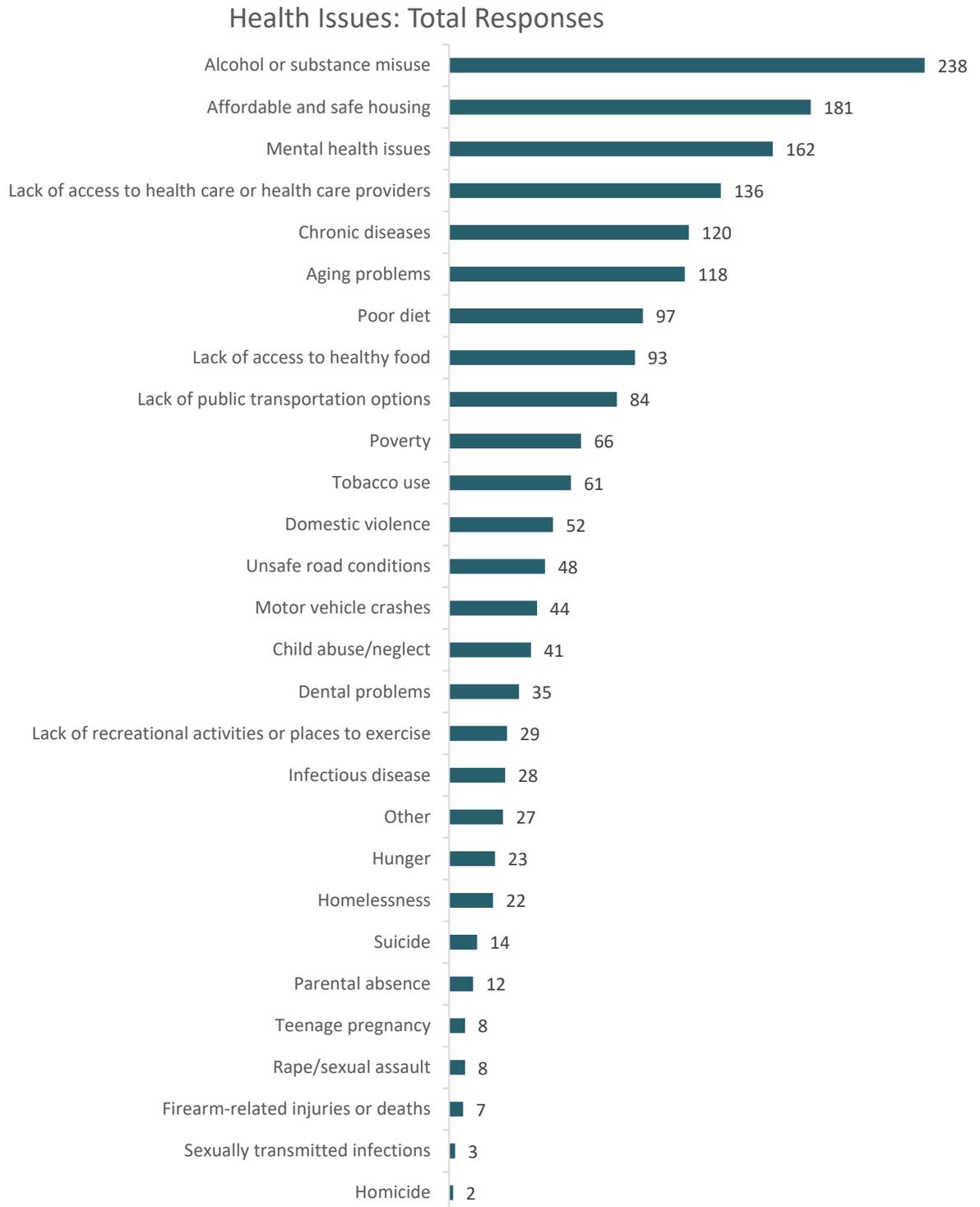
## Personal Health

Respondents were also asked “How would you rate your own personal health?”. Across all communities, 86% of the total respondents rated their personal health as either “Very Healthy” or “Healthy”. When compared to the ranking of community health above, respondents rated personal health as “Very Healthy” or “Healthy” more often than community health. This can be seen across all communities.

Community	Very Healthy	Healthy	Somewhat Healthy	Unhealthy	Very Unhealthy
Bear Valley Area (n=108)	39%	50%	11%	0%	0%
Hung-A-Lel-Ti (n=6)	17%	83%	0%	0%	0%
Kirkwood Area (n=118)	31%	60%	8%	0%	0%
Markleeville Area (n=148)	28%	51%	17%	3%	0%
All other and unknown areas (n=30)	37%	50%	13%	0%	0%
<b>Total (n=407)</b>	<b>32%</b>	<b>54%</b>	<b>13%</b>	<b>1%</b>	<b>0%</b>

## Health Issues

Respondents were asked to identify the five most important health issues in Alpine County (i.e., those issues that have the greatest impact on overall community health). The most important health issue indicated by all respondents across all communities is “Alcohol or substance misuse”. The full ranking of all health issues provided on the survey is listed below.

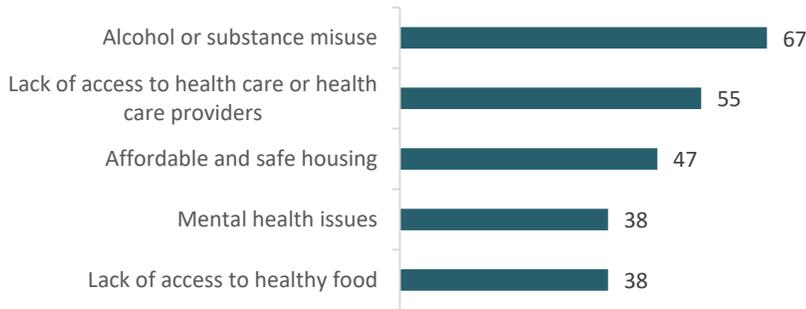


“Other” responses included racism/inequality (4), COVID (3), reliable service/water systems/drinking water (2), dangerous snowmobile driving (2), narrow roads/addition of walking & biking lanes (2), elder care, recreational activities, snow removal, dog control, lack of entertainment, technology connectivity, fire issues, autism resources, no advanced life support response, lack of traditional ecological knowledge within the Native community, reckless driving.

### Health Issues by Community

Separating the responses to the health issue question by community shows consistency with the overall responses listed on the previous page. Each community identified “Alcohol or substance misuse” as the primary health issue in each area. Following, the top five health issues within each community area are depicted.

Health Issues: Bear Valley Area



Kirkwood Area

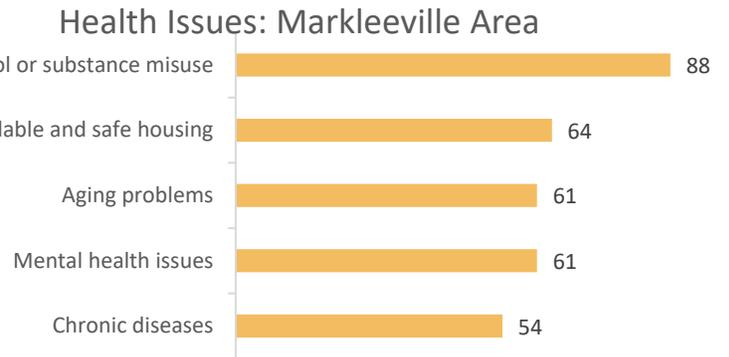
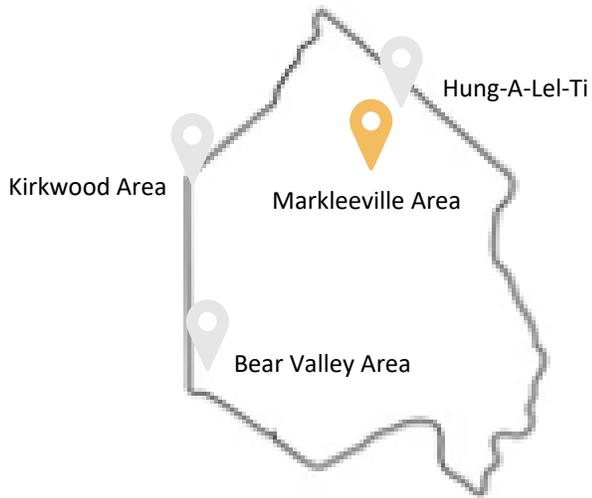
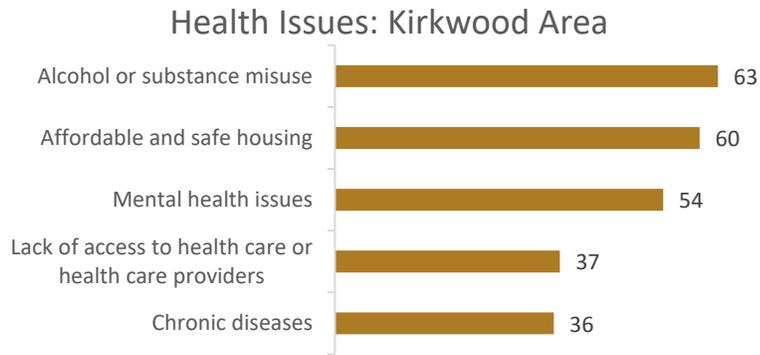


Kirkwood Area



Health Issues: Hung-A-Lel-Ti

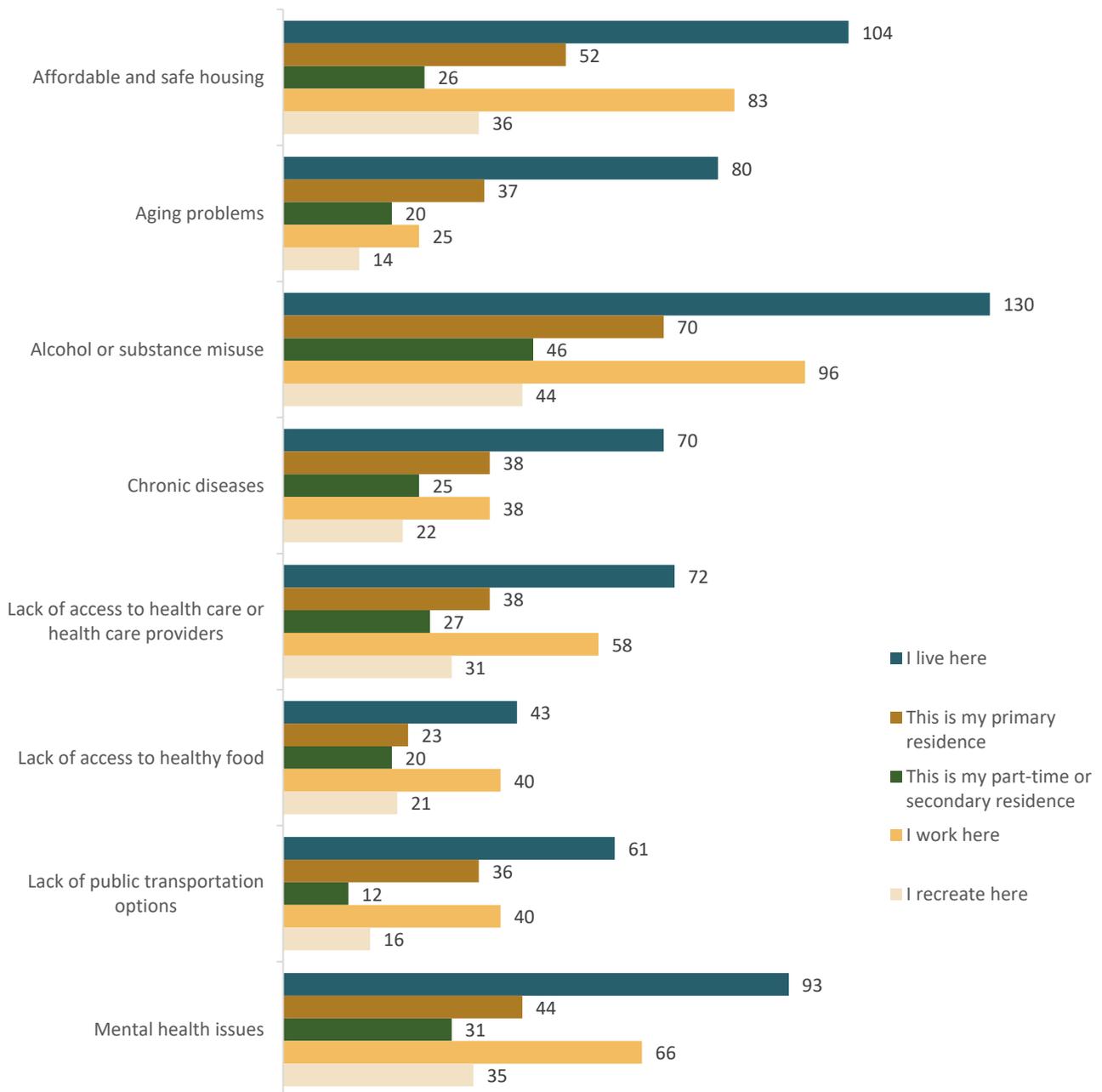




## Health Issues by Connection to County

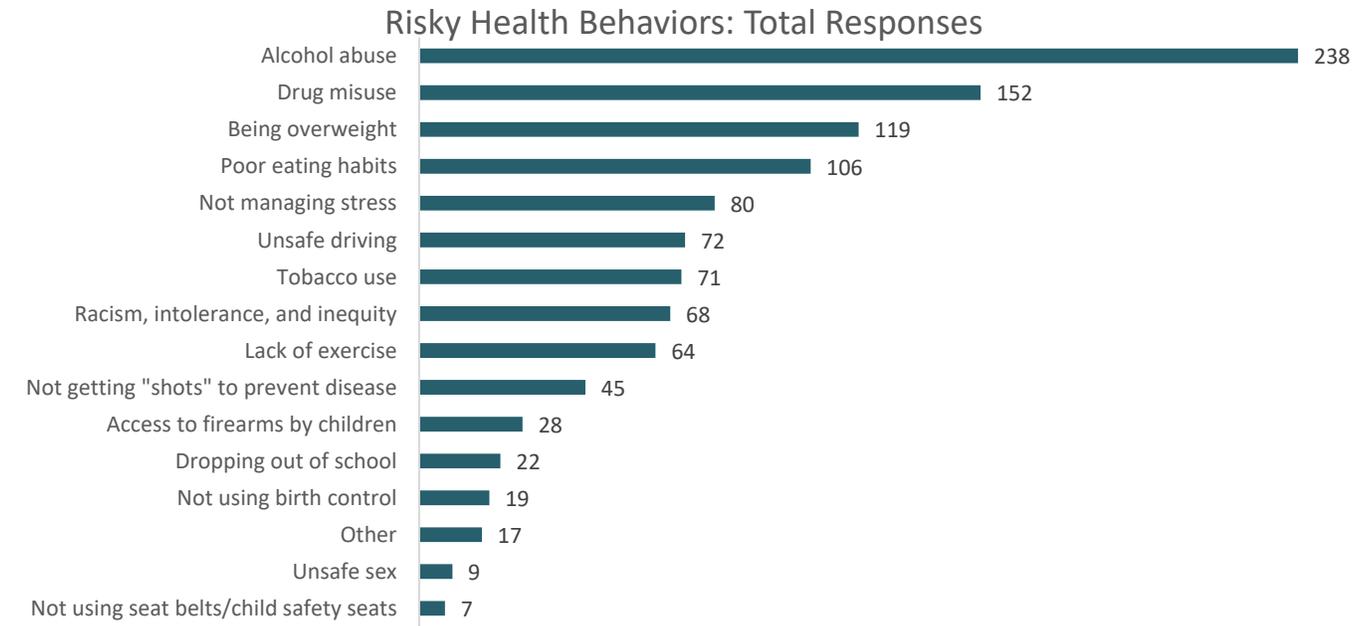
In addition to looking at the top health issues by community, responses were also disaggregated by respondents' reported connection to the county. Responses about the most important health issue from those who indicated that they live in the county varied from those who indicated that they recreate or work here. It is important to note that the grouping of responses by connection to the county are not mutually exclusive, meaning that, for example, someone who lives in the county could also be someone who recreates in the county.

Top Health Issues By Connection to County



## Health Behaviors

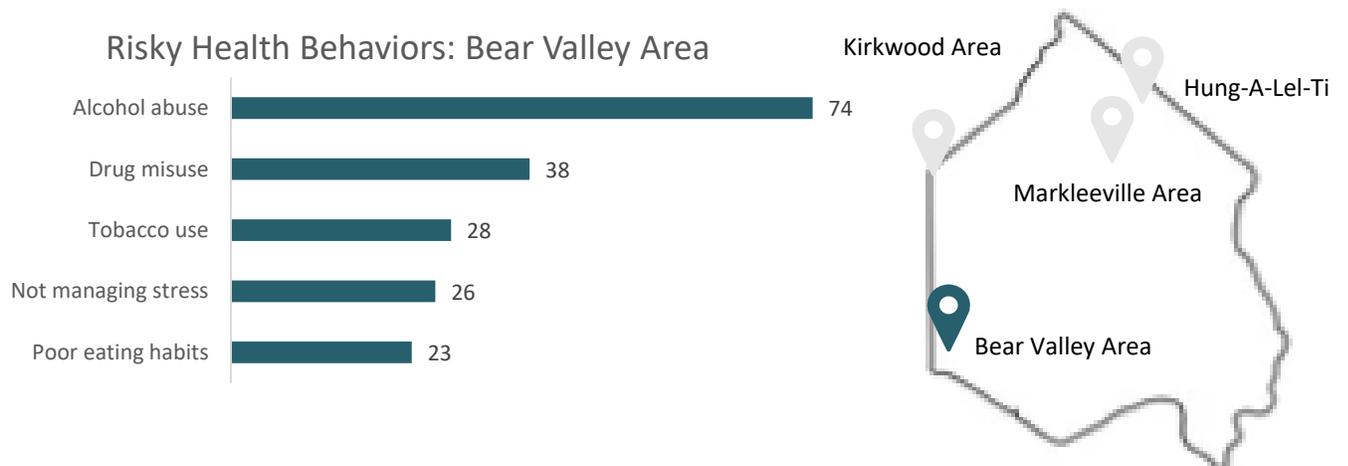
The CTSA Survey also included a question asking respondents to rank the three most problematic or risky behaviors in Alpine (i.e., those behaviors that have the greatest impact on overall community health). The top two health behaviors identified as most problematic were alcohol abuse followed by drug misuse. This aligns with the responses to the previous question regarding them most important health issues. The following graph demonstrates how all respondents in all communities ranked the list of health behaviors. The top five health issues by group are included in the figure below.



Many of the “Other” responses did not align with the behavior focus of the question, but those that did included racism/inequality, mask wearing, and dangerous snow related activities.

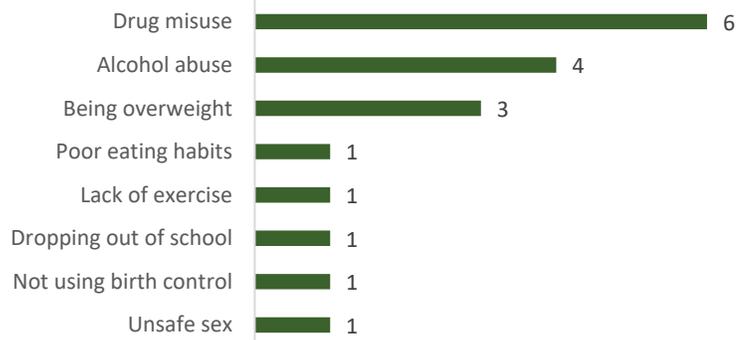
## Health Behaviors by Community

Similar to the evaluation of health issues, the ranking of health behaviors was also disaggregated by community within Alpine County. Both “Alcohol abuse” and “Drug Misuse” were ranked in the top three health behaviors in each community within the county.

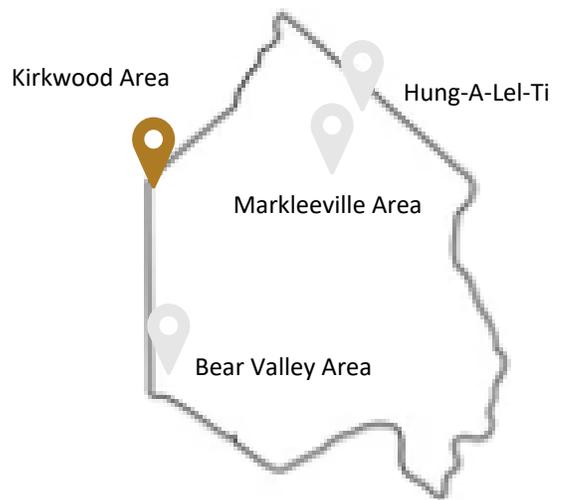
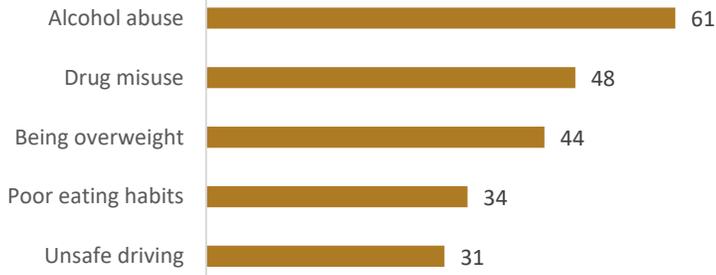




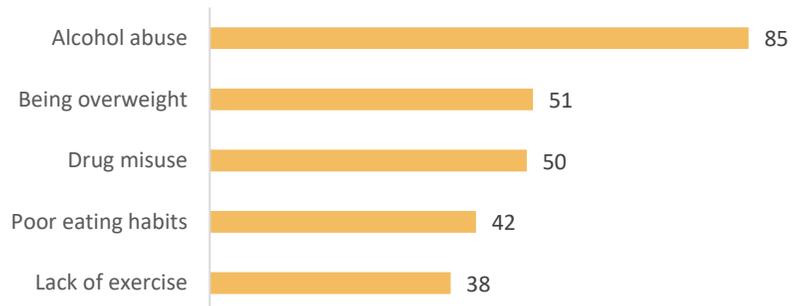
### Risky Health Behaviors: Hung-A-Lel-Ti



### Risky Health Behaviors: Kirkwood Area



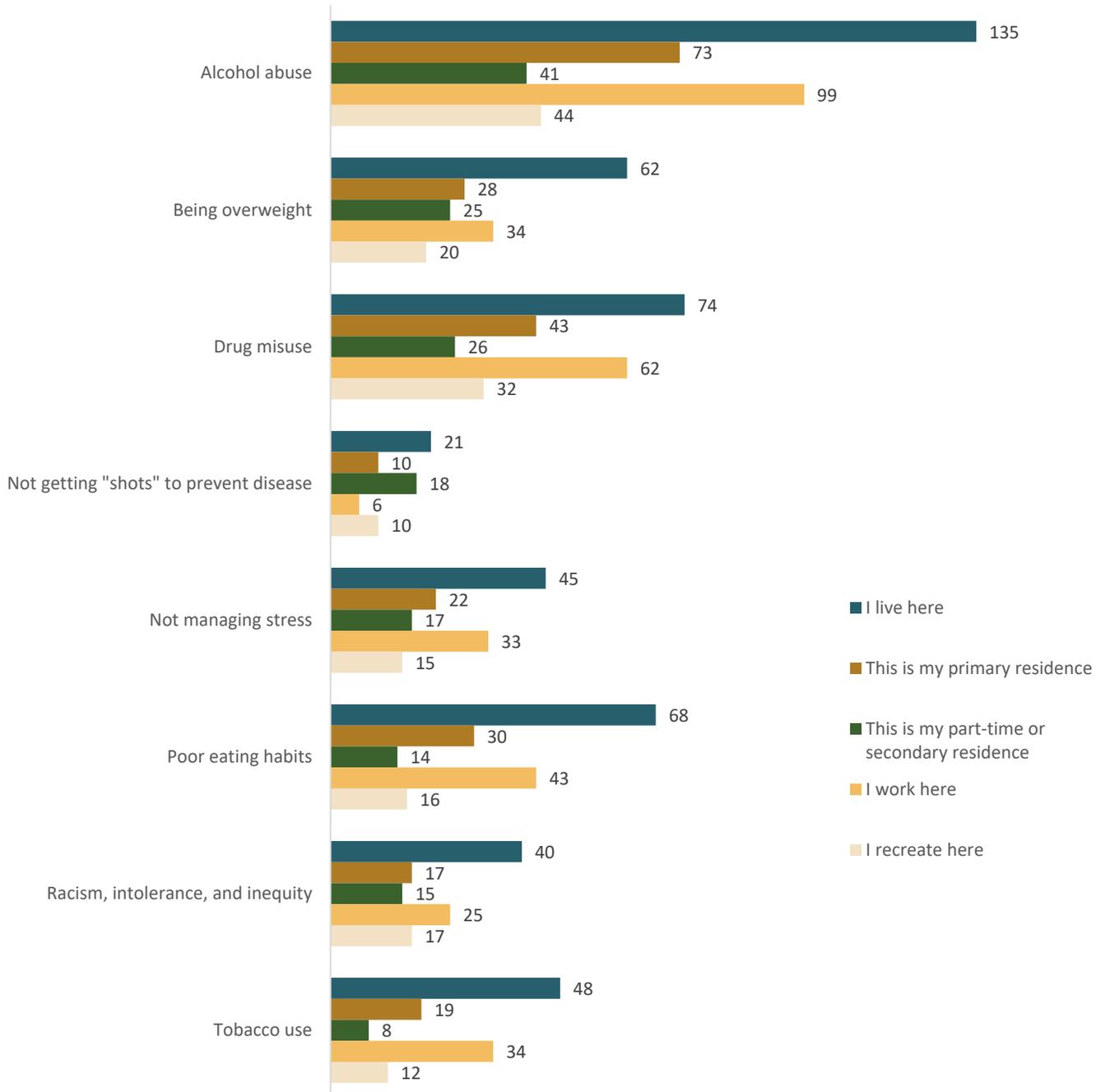
### Risky Health Behaviors: Markleeville Area



## Health Behaviors by Connection to County

Responses about the most risky health behaviors from those who indicated that they live in the county varied from those who indicated that they recreate or work here. It is important to note that the grouping of responses by connection to the county are not mutually exclusive, meaning that, for example, someone who lives in the county could also be someone who recreates in the county. The top five health issues by group are included in the figure below.

Top Risky Behaviors by Connection to County



## Health and Wellness Supports

Respondents were also asked to assess the systems and structures in place within the county. The table below indicates the percentage of respondents who agree or disagree with the statements about the health and wellness supports that are present or lacking within the community. Overall, respondents across all communities either “Strongly Agree” or “Agree” that the community is a safe place to live (86%). This is followed by agreement that the community is a good place to raise children (73%).

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
The community has adequate health and wellness activities. (n=381)	13%	50%	28%	8%	2%
I am satisfied with the health care system in our community. (n=377)	12%	42%	28%	15%	3%
I have easy access to the medical specialists I need. (n=378)	14%	33%	29%	18%	5%
Sometimes it is a problem for me to cover my share of the cost for a medical care visit. (n=377)	6%	16%	25%	32%	21%
I am able to get medical care whenever I need it. (n=379)	19%	47%	18%	11%	5%
I am able to get dental care whenever I need it. (n=375)	21%	49%	15%	11%	5%
This community is a good place to raise children. (n=376)	30%	43%	23%	3%	1%
This community is a good place to grow old. (n=376)	26%	40%	22%	10%	2%
There are jobs available in the community. (n=368)	6%	20%	36%	28%	10%
The community is a safe place to live. (n=376)	33%	53%	10%	3%	1%
There are support networks for individuals and families during times of stress and need. (n=376)	9%	38%	43%	7%	2%
The community has adequate substance misuse treatment and tobacco cessation programs. (n=372)	5%	21%	61%	10%	2%

## Health and Wellness Supports by Geographic Area

The health and wellness support systems and structures were also evaluated by community.

### *Bear Valley*

The responses provided by those that most often spend time in the Bear Valley area were consistent with overall survey results. The top two items respondents “Strongly Agree” or “Agree” with include that Bear Valley is a safe place to live (91%), and it is a good place to raise children (76%). The two items that respondents either “Strongly Disagree” or “Disagree” with were related to having access to medical specialists (36%) and having jobs available in the community (36%).

<b>Bear Valley Area</b>	<b>Strongly Agree</b>	<b>Agree</b>	<b>Neutral</b>	<b>Disagree</b>	<b>Strongly Disagree</b>
The community has adequate health and wellness activities. (n=105)	10%	54%	24%	10%	3%
I am satisfied with the health care system in our community. (n=104)	5%	44%	22%	23%	6%
I have easy access to the medical specialists I need. (n=107)	8%	26%	29%	26%	10%
Sometimes it is a problem for me to cover my share of the cost for a medical care visit. (n=107)	8%	17%	29%	31%	15%
I am able to get medical care whenever I need it. (n=107)	11%	43%	23%	13%	9%
I am able to get dental care whenever I need it. (n=105)	12%	51%	20%	10%	7%
This community is a good place to raise children. (n=108)	32%	44%	22%	<1%	0%
This community is a good place to grow old. (n=104)	18%	38%	34%	10%	<1%
There are jobs available in the community. (n=103)	7%	27%	30%	31%	5%
The community is a safe place to live. (n=105)	39%	52%	5%	4%	0%
There are support networks for individuals and families during times of stress and need. (n=105)	10%	41%	41%	6%	2%
The community has adequate substance misuse treatment and tobacco cessation programs. (n=104)	5%	26%	55%	13%	<1%

*Kirkwood Area*

Overall, the majority of respondents for the Kirkwood area provided positive responses to all statements. Similar to the Bear Valley area, the top two statements that respondents “Strongly Agree” or “Agree” with include the community is a safe place to live and it is a good place to raise children. Related to access to health care services, 71% indicated they “Strongly Agree” or “Agree” that they are able to get medical care whenever they need it, and 75% indicated they are able to get dental care whenever they need it.

<b>Kirkwood Area</b>	<b>Strongly Agree</b>	<b>Agree</b>	<b>Neutral</b>	<b>Disagree</b>	<b>Strongly Disagree</b>
The community has adequate health and wellness activities. (n=110)	15%	57%	23%	5%	0%
I am satisfied with the health care system in our community. (n=106)	15%	44%	33%	8%	0%
I have easy access to the medical specialists I need. (n=108)	13%	39%	32%	14%	2%
Sometimes it is a problem for me to cover my share of the cost for a medical care visit. (n=108)	5%	13%	25%	34%	23%
I am able to get medical care whenever I need it. (n=107)	23%	48%	17%	12%	0%
I am able to get dental care whenever I need it. (n=107)	24%	51%	10%	13%	<1%
This community is a good place to raise children. (n=107)	31%	46%	21%	2%	0%
This community is a good place to grow old. (n=108)	31%	47%	19%	4%	0%
There are jobs available in the community. (n=106)	7%	27%	47%	14%	5%
The community is a safe place to live. (n=108)	29%	57%	13%	<1%	0%
There are support networks for individuals and families during times of stress and need. (n=108)	8%	38%	51%	3%	0%
The community has adequate substance misuse treatment and tobacco cessation programs. (n=107)	4%	13%	76%	7%	0%

### *Hung-A-Lel-Ti*

Within the Hung-A-Lel-Ti community, there was a small number of survey respondents. However, among those that provided responses, the majority (83%) indicate that they “Strongly Agree” or “Agree” they have easy access to the medical specialists they need, and 100% of respondents indicate that they are able to get medical and dental care whenever they need it.

Respondents also indicated that they “Strongly Disagree” or “Disagree” with the statement that there are jobs available in the Hung-A-Lel-Ti community (67%), there is adequate substance misuse treatment and tobacco cessation programs (67%), and that the community is a safe place to live (60%).

<b>Hung-A-Lel-Ti</b>	<b>Strongly Agree</b>	<b>Agree</b>	<b>Neutral</b>	<b>Disagree</b>	<b>Strongly Disagree</b>
The community has adequate health and wellness activities. (n=6)	17%	17%	50%	0%	17%
I am satisfied with the health care system in our community. (n=6)	17%	0%	67%	0%	17%
I have easy access to the medical specialists I need. (n=6)	33%	50%	0%	17%	0%
Sometimes it is a problem for me to cover my share of the cost for a medical care visit. (n=6)	0%	33%	17%	17%	33%
I am able to get medical care whenever I need it. (n=6)	33%	67%	0%	0%	0%
I am able to get dental care whenever I need it. (n=6)	17%	83%	0%	0%	0%
This community is a good place to raise children. (n=6)	33%	17%	0%	33%	17%
This community is a good place to grow old. (n=6)	0%	33%	17%	33%	17%
There are jobs available in the community. (n=6)	17%	17%	0%	67%	0%
The community is a safe place to live. (n=5)	20%	20%	0%	40%	20%
There are support networks for individuals and families during times of stress and need. (n=6)	0%	33%	33%	33%	0%
The community has adequate substance misuse treatment and tobacco cessation programs. (n=6)	0%	0%	33%	67%	0%

*Markleeville Area*

Consistent with other area’s responses, Markleeville Area respondents indicated that they “Strongly Agree” or “Agree” that their community is a safe place to live (87%). The second statement that respondents “Strongly Agree” or “Agree” with is the community is a good place to grow old (71%).

The statement that respondents either “Strongly Disagree” or “Disagree” with the most relates to jobs being available in the community (54%).

<b>Markleeville Area</b>	<b>Strongly Agree</b>	<b>Agree</b>	<b>Neutral</b>	<b>Disagree</b>	<b>Strongly Disagree</b>
The community has adequate health and wellness activities. (n=147)	12%	44%	33%	11%	0%
I am satisfied with the health care system in our community. (n=148)	14%	43%	28%	14%	2%
I have easy access to the medical specialists I need. (n=146)	17%	37%	27%	16%	3%
Sometimes it is a problem for me to cover my share of the cost for a medical care visit. (n=145)	4%	19%	21%	33%	23%
I am able to get medical care whenever I need it. (n=148)	20%	49%	15%	10%	6%
I am able to get dental care whenever I need it. (n=146)	23%	45%	13%	13%	5%
This community is a good place to raise children. (n=144)	27%	45%	24%	3%	<1%
This community is a good place to grow old. (n=147)	31%	40%	15%	12%	2%
There are jobs available in the community. (n=142)	3%	10%	33%	36%	18%
The community is a safe place to live. (n=147)	32%	55%	10%	3%	0%
There are support networks for individuals and families during times of stress and need. (n=146)	8%	39%	40%	12%	1%
The community has adequate substance misuse treatment and tobacco cessation programs. (n=144)	5%	26%	59%	8%	2%

## Improvements to Health and Well-being

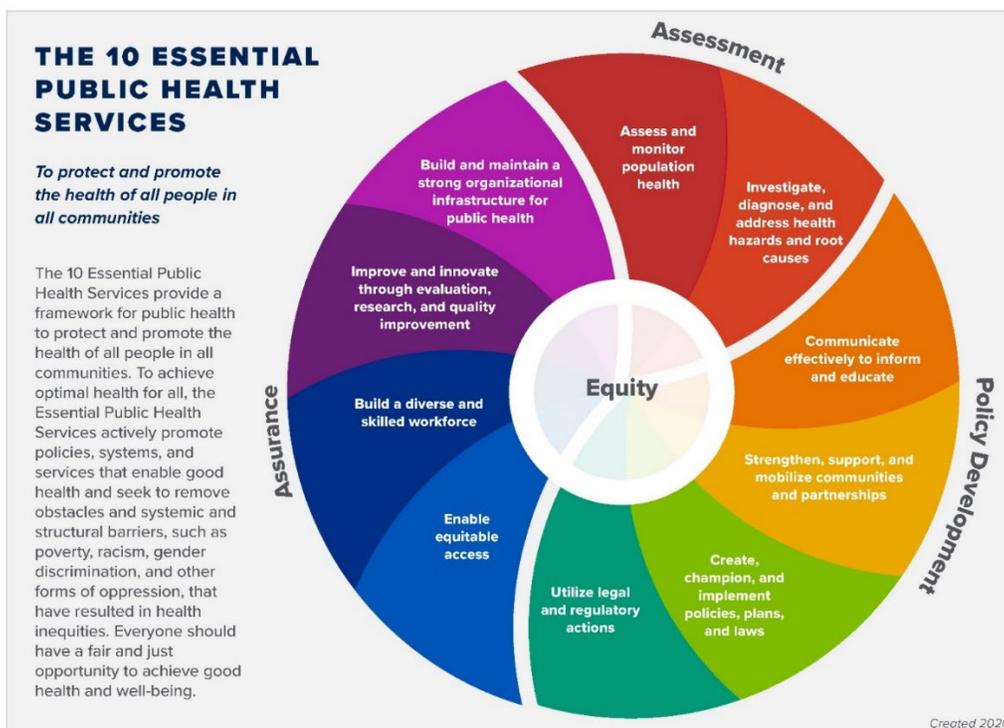
Respondents were asked an open-ended question asking them to provide feedback on what actions they felt could be taken to improve the health and well-being in Alpine County over the next five years. A total of 157 respondents responded and this feedback was synthesized into themes. These themes are provided below along with the number of times they were referenced by respondents.

	<b>32</b> Outdoor access and recreational opportunities	
	<b>25</b> Community engagement, events, or center	
	<b>21</b> Access to healthcare and services	
	<b>21</b> Mental health and substance misuse services	
	<b>20</b> Preventative care	
	<b>19</b> Community education	
	<b>19</b> Access to healthy food	
	<b>14</b> Childcare and parental engagement	
	<b>12</b> More clinics and providers	
	<b>8</b> Affordable housing	
	<b>7</b> Senior and disability services	
	<b>6</b> Dental care	

## APPENDIX F | LOCAL PUBLIC HEALTH ASSESSMENT

The Mobilizing for Action through Planning and Partnerships (MAPP) framework that is being used to develop Alpine County’s CHIP calls for the completion of four assessments to inform the identification of strategic issues. The third assessment included in the MAPP framework is the Local Public Health System Assessment (LPHSA), which is used to better understand the local public health system and measure how well different community partners work together to deliver the 10 Essential Public Health Services. This assessment is largely focused on systems level thinking and relationship building among local public health entities. The results of this assessment help to identify the strengths and competencies, the opportunities for improvement, and the capacity of the local public health system in Alpine County.

The **10 Essential Public Health Services (EPHS)** are presented in the following figure. These services vary slightly from the ten services that are described in the MAPP Handbook, as the Center for Disease Control and Prevention released a revised EPHS framework in September 2020, that, among other updates, incorporates a health equity approach<sup>7</sup>. This was determined to be a more appropriate framework than the older version included in the MAPP Handbook, given the Alpine CHIP Steering Committee’s application of a health equity approach to their CHIP development work.



<sup>7</sup> Available at <https://www.cdc.gov/publichealthgateway/publichealthservices/essentialhealthservices.html>.  
Alpine County Community Health Improvement Plan

The LPHSA is traditionally conducted via completion of a lengthy survey (100+ questions) by individuals and organizations that contribute to the local public health system. Given Alpine County's size and the structure of its public health system, it was determined that completion of this survey was not an appropriate approach for assessing how well the public health system delivers the 10 Essential Public Health Services. Instead, the CHIP Steering Committee held a special, three-hour meeting on February 10, 2021 to conduct the LPHSA. During this meeting, participants first reviewed and revised a map of the public health system, outlining the types of services available to the community within Alpine County. The results of that mapping activity are provided on the next page. Following this activity, meeting participants broke into small groups and discussed how their organization and others they are in contact with provides or contributes to essential public health services. Each small group reported the results of the discussion to the larger group to allow all participants to have a better understanding of the many components and organizations within the Alpine County public health system. Polling was then used to assess the degree to which each of the 10 EPHS is in place in Alpine County, with participants discussing both the strengths and weaknesses demonstrated by Alpine County in providing each EPHS. The results of each poll and subsequent discussion are provided later in this LPHSA report.

This document summarizes the findings from the February meeting and will be used along with results from the other three assessments to inform the rest of the CHIP strategic planning process.

## **Summary of the Alpine County LPHSA**

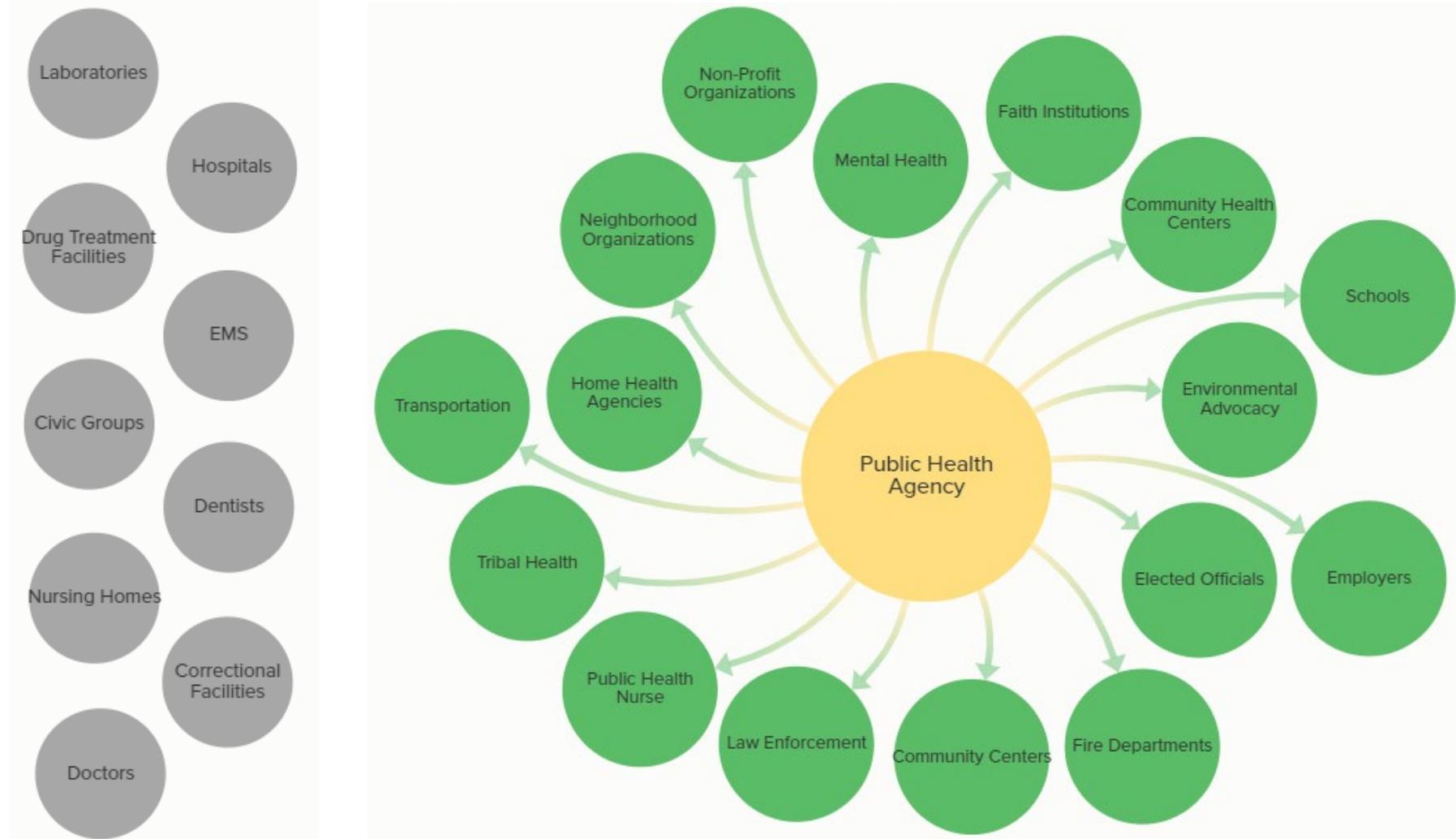
A central area of inquiry for this assessment is determining how completely the 10 Essential Public Health Services are being provided to the community. Based on poll responses, there was consistent agreement that the majority of the essential services are being implemented to a significant degree in Alpine County, although no services were considered to be fully implemented within the community by the majority of respondents. Additionally, respondents indicated that three services could be more fully implemented in Alpine County:

5. Create, champion, and implement policies, plans, and laws
6. Utilize legal and regulatory actions
7. Enable equitable access

More detailed summaries of each service are provided later in this LPHSA report.

## Alpine County's Local Public Health System

The map below illustrates Alpine County's public health system. Elements within the map are those that are traditionally considered critical to a robust public health system. Elements in green are present within Alpine County limits, while elements in gray are not currently present within Alpine County. Alpine residents currently access gray services within either another county in eastern California or in western Nevada. Organizations that comprise the green elements are named on the next page.

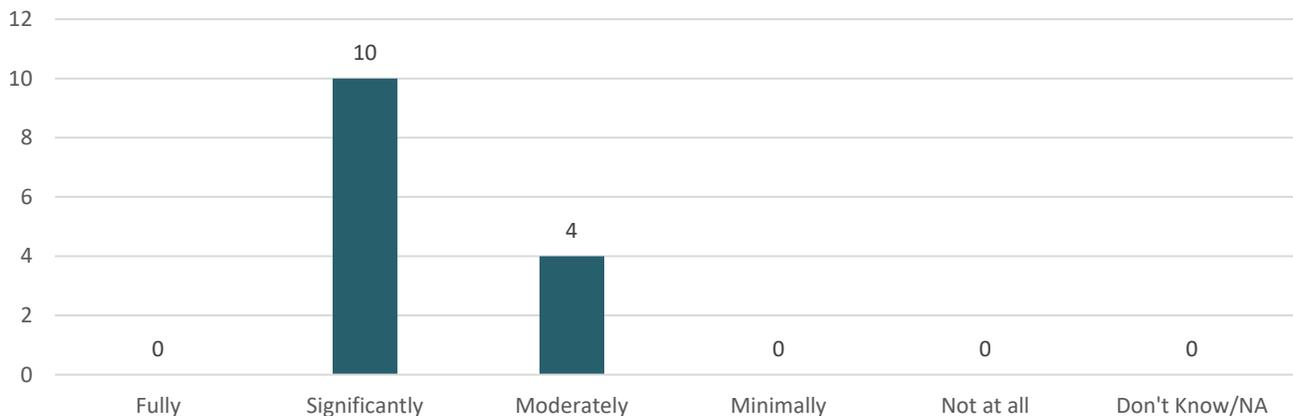


<b>Community Centers</b> Turtle Rock Park Community Center	<b>Community Health Centers</b> Alpine County Health Clinic Toiyabe Indian Health Project	<b>Elected Officials</b> Alpine County Board of Supervisors	<b>Environmental Advocacy</b> Alpine Watershed Group Friends of Hope Valley
<b>Employers</b> Alpine County Recreation Resorts	<b>Faith Institutions</b> Alpine Christian Community Church	<b>Fire Departments</b> Woodfords Fire Station Alpine County Fire Station Bear Valley Fire Department	<b>Home Health Agencies</b> Alpine Midwifery Barton Health Care Trinity Wellness Spa & Fitness
<b>Law Enforcement</b> Alpine County Sheriff's Office CHP	<b>Mental Health Supports</b> Alpine County Behavioral Health Create the Good	<b>Neighborhood Organizations</b> Alpine 50+ Club Bear Valley Trails Group	<b>Nonprofit Organizations</b> Community Service Solutions Catalyst Community Live Violence Free First 5 Alpine
<b>Public Health Nurse</b> Alpine County Health Clinic	<b>Schools</b> Alpine County Unified School District Alpine Early Learning Center Busy Bears Playschool Diamond Valley Elementary School Community Day School Opportunity School Woodfords Indian Education Center	<b>Transportation</b> Dial-a-Ride Tribal transportation services	<b>Tribal Health Agencies</b> Washoe Tribal Health Center

## 10 Essential Public Health Services

### Assess and monitor population health

Participants were asked to assess the degree to which the Alpine County local public health system assesses and monitors population health status, factors that influence health, and community needs and assets. Results of that poll are presented below.



*Activities that regularly take place to support this essential service include:*

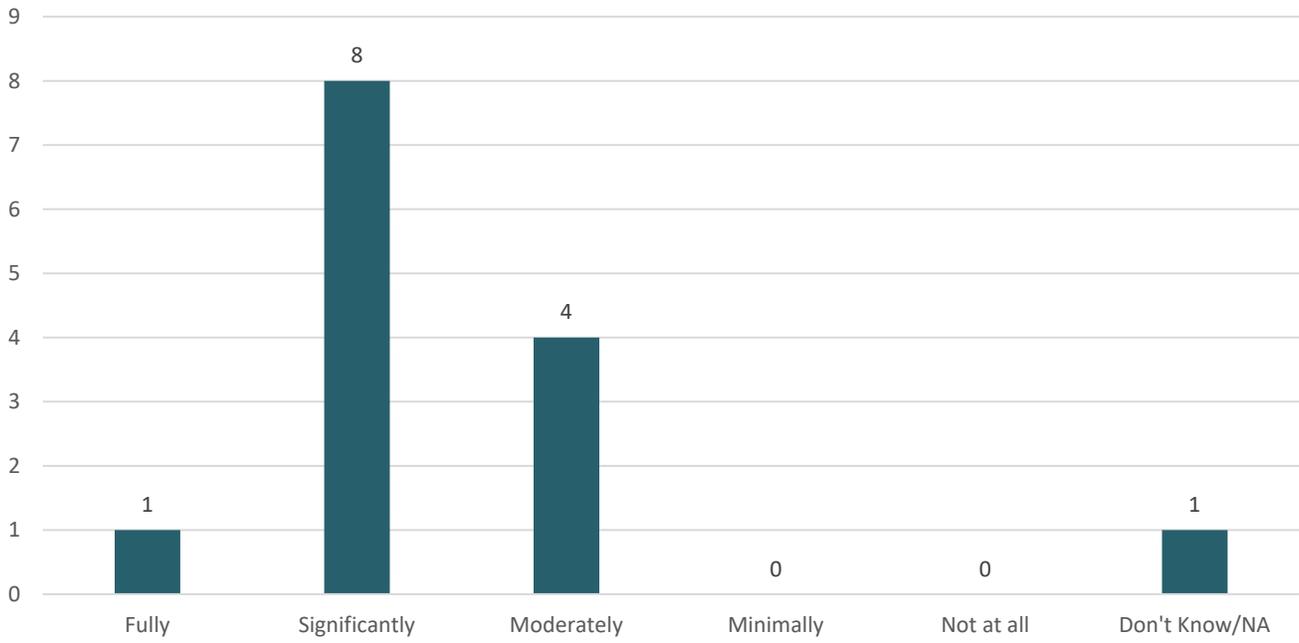
- Tobacco youth purchase survey and periodic surveys regarding potential smoking policy and behavior
- California Healthy Kids Survey and California School Parent Survey, conducted by the Alpine County School District
- A survey to supplement the local childcare needs assessment identified data sets (completed every five years)
- The Mental Health and Substance Abuse plan (completed every three years) collects information around community needs
- The Ages and Stages Questionnaire (ASQ) is offered through Alpine Early Learning Center

*Opportunities to improve how Alpine County provides this essential service include:*

- Incorporate assessments used in other counties and better understand how surveys not conducted in Alpine could inform Alpine County decision making (e.g., the Youth Risk and Behavior Survey—YRBS—disaggregated by respondent zip code)
- Improve administration or analysis of surveys
- Collect deidentified information via the public health clinics and behavioral health or improve utilization of surveys already being completed (outcomes assessment for programs run by behavioral health and other Mental Health Services Act surveys collected quarterly)
- Create data repository that summarizes all data collection activities that happen regularly, types of data collected, and responsible entities
- Avoid excluding the elderly population due to technology
- Increase consistent health support

## Investigate, diagnose, and address health hazards and root causes

Participants were asked to assess the degree to which the Alpine County local public health system investigates, diagnoses, and addresses health problems and hazards affecting the population. Results of that poll are presented below.



*Activities that regularly take place to support this essential service include:*

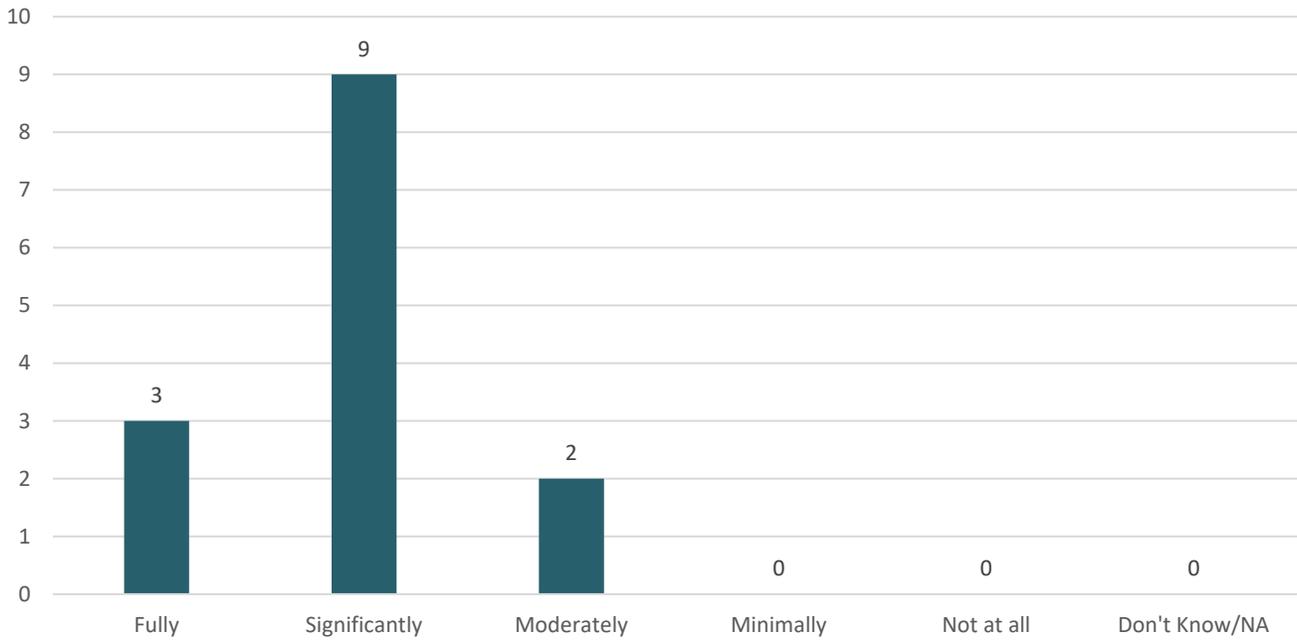
- Water and air quality monitoring
- Mental health first aid classes
- The Ages and Stages Questionnaire (ASQ) offered through Alpine Early Learning Center

*Opportunities to improve how Alpine County provides this essential service include:*

- Use the COVID warm line interview data
- Address how lack of resources impacts ability to address health problems, specifically related to COVID-19
  - *We do the best with what we have, but we don't have enough. I don't think we have adequate resources to fully address this, i.e., the COVID response- everyone is needing to respond to that.*
  - *With what we have, we are fully implementing. We've hired three extra people to help during COVID. With the staff we have, we are fully doing what we can regarding TB, COVID, etc.*
- Address challenges in engaging collaborators to discuss prevention and diagnostics
  - Use other approaches to engage the community, e.g., podcasts, educational series, something to meet people more where they are at

## Communicate effectively to inform and educate

Participants were asked to assess the degree to which the Alpine County local public health system communicates effectively to inform and educate people about health, factors that influence it, and how to improve it. Results of that poll are presented below.



*Activities that regularly take place to support this essential service include:*

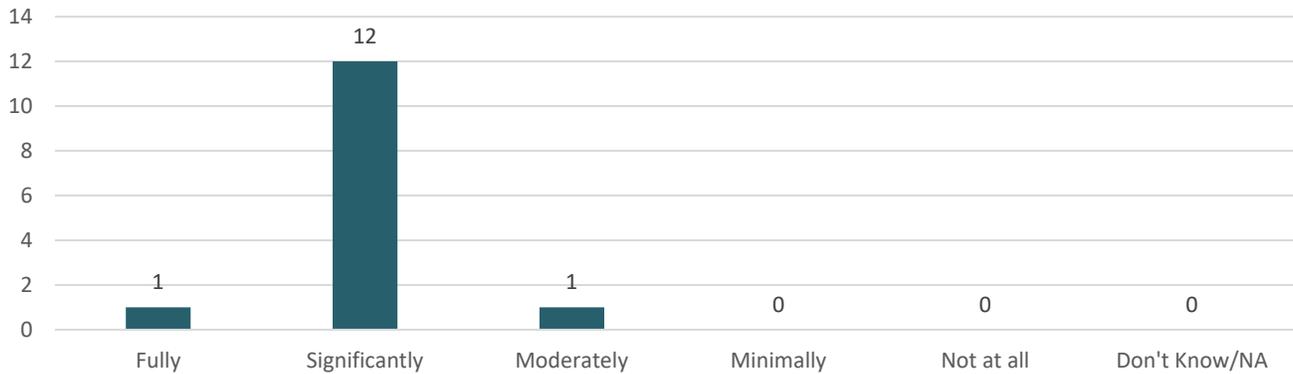
- Mental health first aid classes
- Suicide prevention plan (there is a three-year plan that is currently going into effect)
- Dr. Johnson’s newsletters
  - Gives great info and it is very effective at communicating what is going on
- RSS feeds to reach rural remote areas

*Opportunities to improve how Alpine County provides this essential service include:*

- Improve internet access
- Increase resident awareness of behavioral health groups such as Alcoholics Anonymous
- Improve communication methods and increase the number of issues for which information is disseminated
  - We are limited in options for communication (i.e., internet access), we may be able to increase our ability to communicate even with that, but not everyone would use that anyway. I don’t know if there would be an opportunity to fully meet this. We are doing everything we can with the resources we have, our inability to meet the optimal level isn’t for lack of trying.
  - There are many public health issues we don’t communicate fully (i.e., reproductive info to youth). We aren’t out in the community to encourage youth to seek service, despite the new nurse practitioners in the county. There is an opportunity to expand upon that.

## Strengthen, support, and mobilize communities and partnerships

Participants were asked to assess the degree to which the Alpine County local public health system strengthens, supports, and mobilizes communities and partnerships to improve health. Results of that poll are presented below.



*Activities that regularly take place to support this essential service include:*

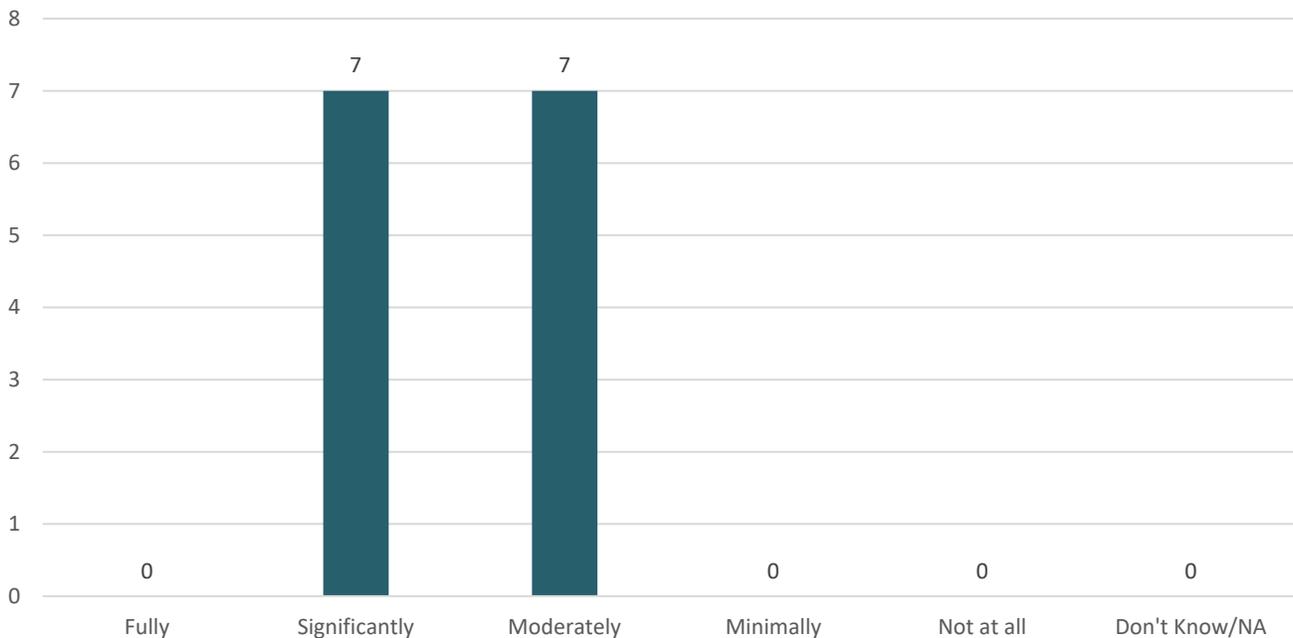
- Public Health Department collaboration with the Washoe Tribe
  - COVID vaccine support
  - New public health services are offered to and promoted within the Tribe
- Multiple vaccination and testing sites within individual communities
- Partnerships with Community Solutions on a project related to diabetes prevention and education
- Multiple interagency meetings that include community involvement
- Mental health collaborator meetings
- Parent involvement in child and family services, such as the First 5 Alpine dental van and mammogram van for preventative care
- Collaborative food distribution efforts

*Opportunities to improve how Alpine County provides this essential service include:*

- Offer preventative services (e.g., dental and mammography vans) consistently
- Increase availability of nursing
- Increase outreach to Bear Valley
- Mobilize the multiple programs in the county that are supported by Behavioral Health as a component of outreach and engagement
- Engage the community. The most involvement is agency representation, which has led to a perception that those involved are providing services to community members rather than the process being driven by the will of the community
- Increase remote engagement, meeting at external locations, and conducting phone outreach.
  - *We can't wait for people to come in; we have to go to them.*
- Utilize existing meetings for educational opportunities, such as the mental health services meetings

## Create, champion, and implement policies, plans, and laws

Participants were asked to assess the degree to which the Alpine County local public health system creates champions, and implements policies, plans, and laws that impact health. Results of that poll are presented below.



*Activities that regularly take place to support this essential service include:*

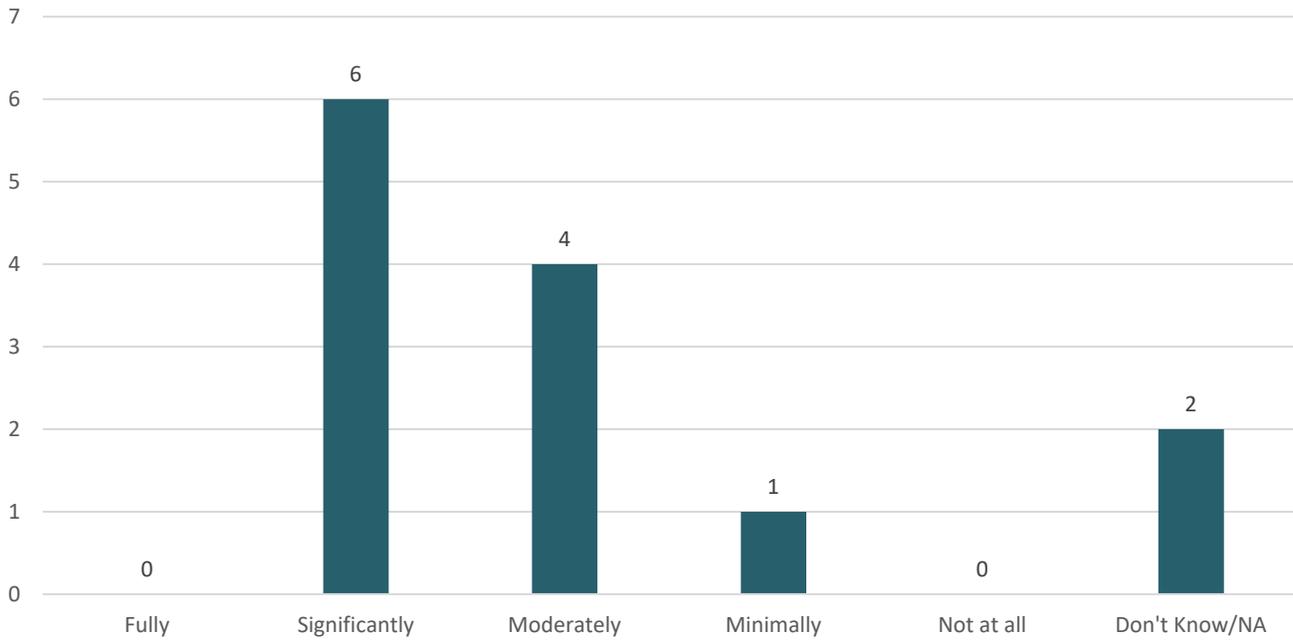
- Successful implementation of policies around smoking and vaping
- Success addressing wildfire mitigation issues and affordable housing in the original or amended general plan

*Opportunities to improve how Alpine County provides this essential service include:*

- Seek an advanced life support medical team
  - *EMS in Bear Valley is basic life support; we need an advanced life support medical team that could include fire department, nurse, Mountain Valley EMS that could drive this*
- Move contracts for emergency services into the county; current contracts for emergency services are out of county
- Seek funding to support services because it is hard to get services when there are not cases
- Limit additional regulations. There are many regulations already in California related to issues in Alpine, so we don't have an opportunity or need to pass additional regulations
- Consider ways to better understand systemic change, which can be difficult because of Alpine's small size
- Increase services for the 0-5 population, e.g. childcare
- Engage consultation around affordable housing

## Utilize legal and regulatory actions

Participants were asked to assess the degree to which the Alpine County local public health system utilizes legal and regulatory actions designed to improve and protect the public’s health. Results of that poll are presented below.



*Activities that regularly take place to support this essential service include:*

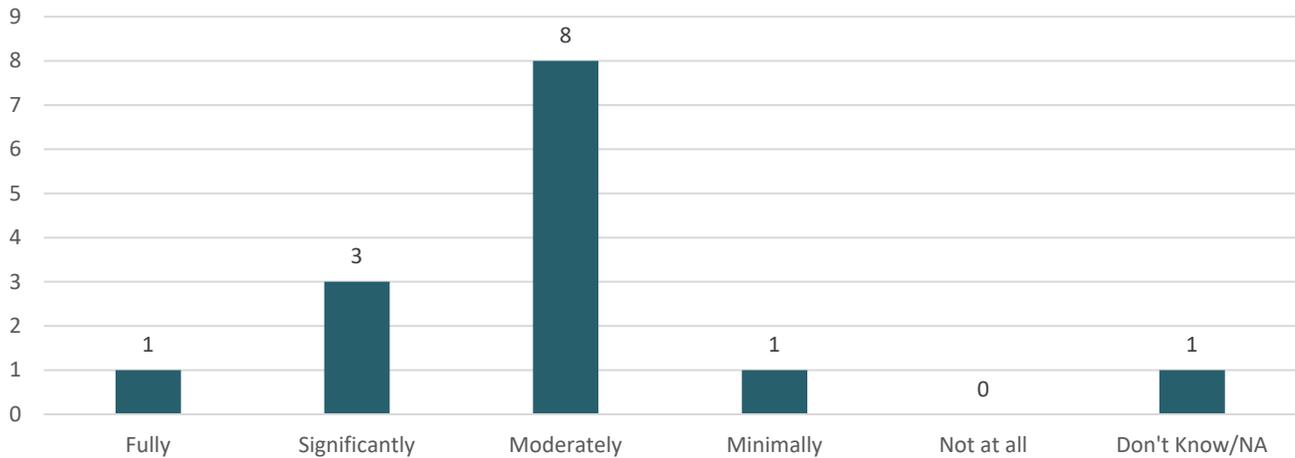
- Water District residents’ vote to draft an ordinance to address wastewater that is delivered to Alpine County (treated effluent)
- Alpine Watershed Group testing for chemicals of emerging concern
- Tobacco control program (state program)

*Opportunities to improve how Alpine County provides this essential service include:*

- Increase voluntary participation, as access to services is sometimes driven by legal involvement rather than choice
- Increase support for implementing public health mandates
  - *For COVID, we have legal authority to make people, at least our health officer does, to make people isolate and quarantine but enforcement is an issue. There isn’t an infrastructure in place to support the enforcement of that.*
- Seek an advocate for medical exemptions or facilitating more holistic health and support

## Enable equitable access

Participants were asked to assess the degree to which the Alpine County local public health system assures an effective system that enables equitable access to the individual services and care needed to be healthy. Results of that poll are presented below.



*Activities that regularly take place to support this essential service include:*

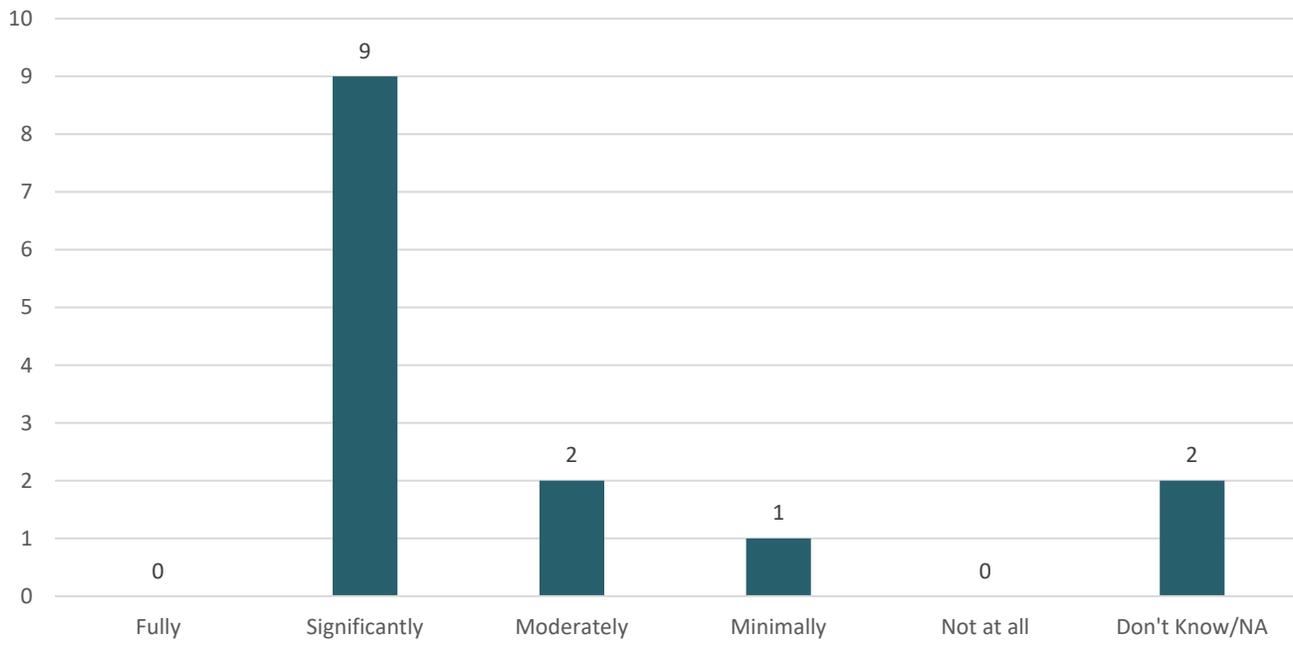
- Focus by some services on adverse childhood experiences (ACEs) and use of a trauma informed care approach
- Warm handoffs between some organizations, e.g., nurses and Live Violence Free
- Out of county referrals used as needed
- Referrals to Public Health and Medi-Cal from Behavioral Health
- Insurance availability. Medicare is coming soon to Alpine, and indigent support may be offered through Social Services
- Increased push for people to use websites
- The Bookmobile

*Opportunities to improve how Alpine County provides this essential service include:*

- Develop a release of information signed by both parties upon service entry between Behavioral Health and Public Health
- Increase oral health services throughout the county
- Print and mail information on the website to residents as not everyone has access to internet/technology
- Provides wellness/medical services, through Public Health in Bear Valley or Kirkwood as they are not currently available
- Expand services to serve the increasing child population

## Build a diverse and skilled workforce

Participants were asked to assess the degree to which the Alpine County local public health system builds and supports a diverse and skilled public health workforce. Results of that poll are presented below.



*Activities that regularly take place to support this essential service include:*

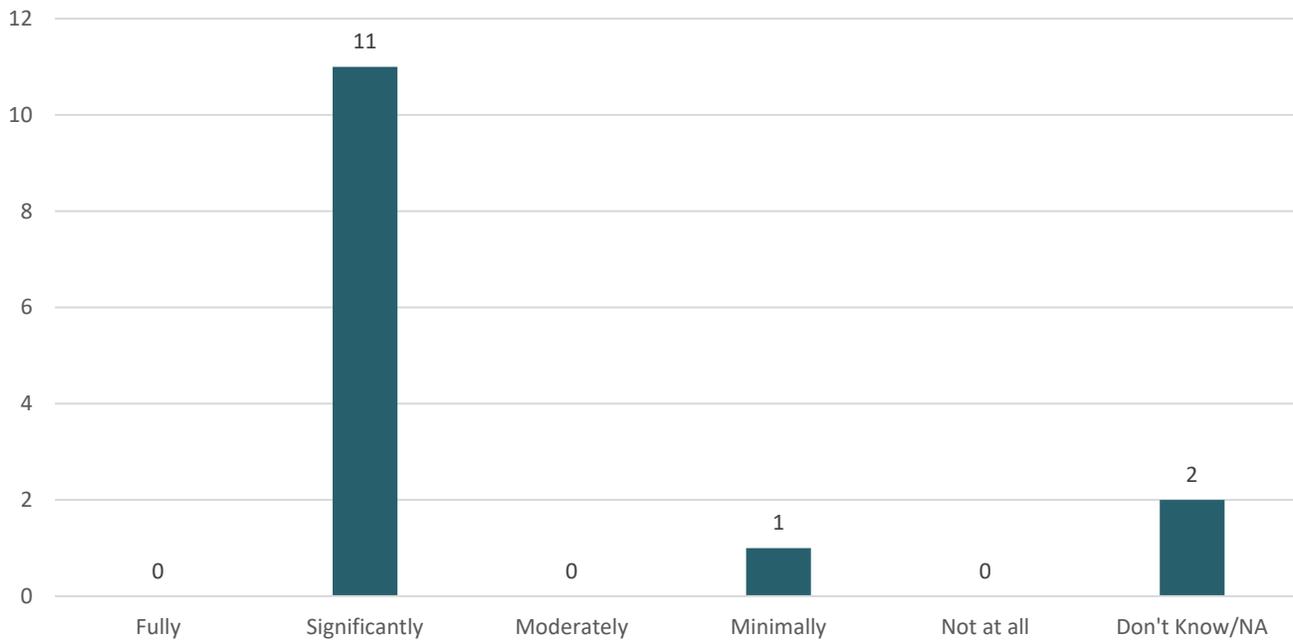
- Trauma informed care training
- Cultural competence training

*Opportunities to improve how Alpine County provides this essential service include:*

- Address limited diversity, which can be a challenge in a small community and with small staff
- Fill gaps in Behavioral Health needs to ensure all levels of clinical and non-clinical care to Alpine County residents
- Address the lack of staffing
  - *The Public Health workforce we have is awesome. There just aren't enough of us.*

## Improve and innovate through evaluation, research, and quality improvement

Participants were asked to assess the degree to which the Alpine County local public health system improves and innovates public health functions through ongoing evaluation, research, and continuous quality improvement. Results of that poll are presented below.



*Activities that regularly take place to support this essential service include:*

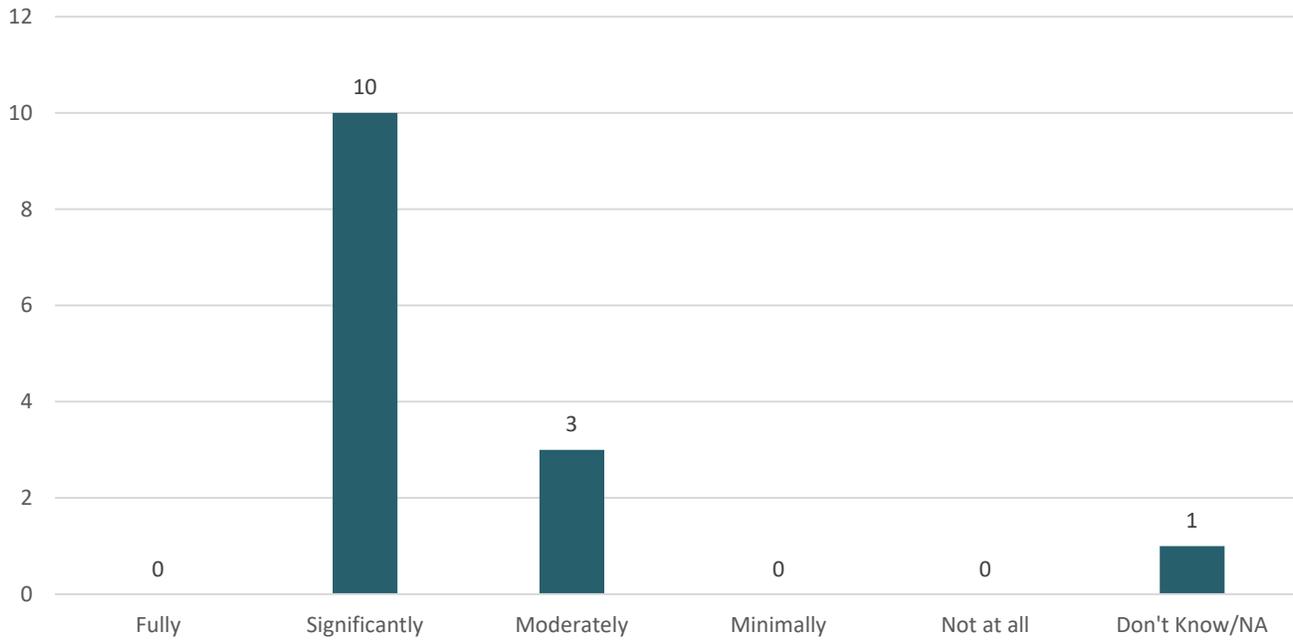
- First 5 funded program evaluation
- ACHHS SIP and funded program evaluation
- One of two childcare settings is participating in quality child care trainings
- Behavioral health assessments at all levels and through time
- Community engagement (e.g., public comment at mental health board meetings)
- Completion of CHA and development of CHIP (even when not required) and continuing with CHIP even during COVID
- External evaluation of both Oral Health & Tobacco Control Programs

*Opportunities to improve how Alpine County provides this essential service include:*

- Engage parents more

## Build and maintain a strong organizational infrastructure for public health

Participants were asked to assess the degree to which the Alpine County local public health system builds and maintains a strong organizational infrastructure for public health. Results of that poll are presented below.



*Activities that regularly take place to support this essential service include:*

- The proximity/co-location of services, which makes it easy to communicate and for agencies to stay connected
- Development of new positions to support public health
- Sufficient funding to improve infrastructure

*Opportunities to improve how Alpine County provides this essential service include:*

- Address the challenges related to small staff size, which means the same people are involved in all planning conversations, leading to meeting fatigue
- Consider the minimal investment in infrastructure for public health up to this point

## APPENDIX G | FORCES OF CHANGE ASSESSMENT

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The Mobilizing for Action through Planning and Partnerships (MAPP) framework that is being used to develop Alpine County’s CHIP calls for the completion of four assessments to inform the identification of strategic issues. The final assessment included in the MAPP framework is the Forces of Change (FoC) Assessment. This assessment helps communities identify external forces that affect or might affect the context in which the community and its public health system operate—in essence, it seeks to answer the question “What is occurring or might occur that affects the health of our community or the local public health system?”.

Forces of change typically fall into one of three categories: Trends, Factors, or Events.

- Trends are patterns over time, such as migration in and out of a community or an increased rate of a particular health-related behavior in the population
- Factors are discrete elements, such as community’s rural setting
- Events include one-time occurrences, sometimes with lasting effects, such as the COVID-19 pandemic

The CHIP Steering Committee held a special, two-hour meeting on March 29, 2021 to conduct the FoC Assessment. For each force, participants identified the specific threats posed and opportunities created by that force. This document summarizes the findings from that meeting and will be used along with results from the other three assessments to inform the rest of the CHIP strategic planning process.

### Summary of Forces of Change Themes

Meeting participants identified several different forces currently impacting the County that will have long-term effects, such as COVID-19, which present both threats and opportunities. Other forces, like climate change, have already impacted the County and are expected to get worse in the coming years. Both COVID-19 and climate change have and will continue to impact who lives in Alpine County. Accordingly, migration in and out of the county emerged as separate but related factors. Finally, the county’s geographic separation and isolation influenced several of the forces identified, including access to food and connectivity. The forces identified by participants can be summarized into the following categories:

- Access to Healthcare Services
- Access to Quality Food
- Availability of Transportation
- COVID-19
- Economic Considerations
- Environmental Impacts Including Climate Change
- Lack of Technology and Connectivity
- Low Population Density
- Migration Into Alpine County
- Migration Out of Alpine County
- Substance Use

These 11 forces are further described below with corresponding threats and opportunities.

## Forces of Change in Alpine County Matrix



### Force: Access to Healthcare Services

#### *Threats Posed*

- Access to healthcare services is limited and is dependent on where in the County one resides due to discrepancies in the availability of services between the eastern and western parts of the county.
- Recruiting qualified staff and behavioral and physical health providers is challenging.
- Increases in public health funding to respond to COVID-19 may not be sustained in the longer-term.

#### *Opportunities Created*

- Public health nurses and other interested community members can do outreach and connect people to healthcare services.
- Any additional funding for public health resulting from the COVID-19 pandemic can be strategically utilized.



### Force: Access to Quality Food

#### *Threats Posed*

- Short-term increases in benefits due to COVID-19 that may be assisting people now may not be retained, and residents will still need additional support to pay for quality food.
- Lack of access to quality food can result in weight gain and increases in preventable chronic diseases (data on this topic is needed to better understand the issue).

#### *Opportunities Created*

- Creating a community garden/greenhouse at the school would provide access to fresh produce and also serve as an educational activity for children.
- Recent increases in population may lead to more demand for healthy food choices and eventually more options for quality food.
- Data, once obtained, may be able to support the need for programming or additional resources.



## Force: Availability of Transportation

### *Threats Posed*

- There is a general lack of public transportation, and even residents with transportation experience challenges, which can be due to the geography of the County or to having only one vehicle for a family.

### *Opportunities Created*

- There may be ways to improve transportation across the County that would also result in greater connections between the communities on the eastern and western sides of the County.



## Force: COVID-19

### *Threats Posed*

- All public health activities have been focused on the COVID crisis, without time or resources dedicated to other public health initiatives.
- There have been increases in alcohol intake, methamphetamine, and opioid use due to stress.
- Dispersed camping by inexperienced individuals, without stewardship of the land can threaten ecosystems and the maintenance of lands others rely on for recreation.
- Full-time residents may have lost employment as a result of COVID-19, which has also resulted in business closures.

### *Opportunities Created*

- Increased reliance on local community and neighbors for support strengthens social bonds.
- For some, there is a renewed appreciation for quality of life.
- Increased communication with residents can be leveraged to provide additional health-related information, including information about the availability of behavioral health services.



## Force: Economic Considerations

### *Threats Posed*

- Environmental changes will impact Alpine County's recreation tourism-based economy, which may then change the demands of the workforce, resulting in current residents' jobs being replaced. This may indicate a need to prepare residents with job skills for the new economy.
- Isolation and depression can result from loss of work and income.
- The County lacks affordable housing, which restricts the County's growth and makes it challenging for people to live and work in Alpine County.
- With few jobs located in the County and the lack of affordable housing, families may be unable to keep up with the cost of living.

### *Opportunities Created*

- While not tied directly to the economic factors identified, participants noted that community and economic development planning are needed.



## Force: Environmental Impacts Including Climate Change

### *Threats Posed*

Extreme weather can have environmental and economic impacts.

- Reduced snowpack and water availability leads to both increased fires and loss of income from winter tourism.
  - Wildfires then result in increased negative air quality.
    - The need to manage fire risks leads to Public Safety Power Shut-offs (PSPSs), which can cause unsafe or unsanitary living situations for individuals if they cannot control for the climate in their home or maintain food safe temperatures.
  - Ecosystems are threatened by fires and other environmental events.
  - Food security is an issue during extreme weather or fires in that it is difficult to access food in these events and food may have to be thrown away after a prolonged period without power.
- The County's resources to address emergencies are limited and further strained when there are multiple emergencies as there have been in the last few years.
- Medical response times are increased during environmental emergencies.
- More people may engage in backcountry activities, such as skiing in the backcountry in an effort to find snow. This results in more risk-taking outdoors, which impacts resources such as search and rescue services.

### *Opportunities Created*

- Fire Departments can serve as sources of information and support during events such as wildfires.
- County agencies may be able to help residents manage defensible space and educate residents to mitigate impacts of poor air resulting from fires.
- Increased reliance on local community and neighbors for support can strengthen social bonds.
- Bear Valley's Emergency Plan can be leveraged.
- Public health nurses and trusted community leaders can do outreach prior to and during emergencies.
- Charging for increased services for outdoor activities may recoup costs associated with backcountry activities; however, currently there is a lack of staff available to take on these responsibilities if fees were instituted.



## Force: Lack of Technology and Connectivity

### *Threats Posed*

- The County has limited broadband and telephone connectivity, which makes it difficult to connect with residents and visitors.
  - This limited connectivity makes it especially difficult to communicate during emergencies.

### *Opportunities Created*

- The COVID-19 public health emergency resulted in more residents being connected to the public health system, and more residents receiving health-related information.
- During the COVID-19 public health emergency restrictions to accessing telehealth services were removed to increase remote patient access.



## Force: Low Population Density

### *Threats Posed*

- Alpine's small population often means it is not a priority for receiving state and federal resources. Further, its dispersed population makes it difficult to utilize the limited resources that are available to serve everyone in the County.

### *Opportunities Created*

- The population, particularly in the western part of the County, has increased, which may lead to an increase in attention and resources to support the health of residents.



## Force: Migration Into Alpine County

### *Threats Posed*

- Population increases may strain local services and resources.
- It is unknown if people will continue to live in Alpine County after COVID-19 recedes, which will impact the ability to plan for how to provide services. In addition, census data may not reflect the actual population, which impacts funding available to the County.
- Second homeowners may have expectations around the availability of services that Alpine County does not currently or cannot provide.
- The influx in families with children further limits the availability of childcare, making it difficult for families to live and work in Alpine County.

### *Opportunities Created*

- Increases in the child population may result in additional recreation opportunities for children and families.
- Bear Valley residents can participate in strategic planning with the Local Child Care and Development Planning Council (the "LPC") to help mobilize public and private resources to address identified needs.



## Force: Migration Out of Alpine County

### *Threats Posed*

- The cost of living may make it difficult for people to withstand a job loss (e.g., due to COVID-caused business closures) and remain in Alpine County, resulting in fewer full-time residents than part-time residents.

### *Opportunities Created*

- Participants noted that there is a need for data related to migration out of the to understand migration patterns and impacts and any opportunities this may bring.



## Force: Substance Use

### *Threats Posed*

- There have been increases in alcohol intake, methamphetamine, and opioid use due to stress.

### *Opportunities Created*

- Word of mouth from people receiving services could increase awareness and the number of people accessing services, which Alpine County Behavioral Health Services has the capacity to provide.
- In addition, the Public Health Program Coordinator can conduct outreach.