



TUOLUMNE COUNTY PUBLIC HEALTH DEPARTMENT

COMMUNITY HEALTH NEEDS ASSESSMENT

Public Health Supplement
2023

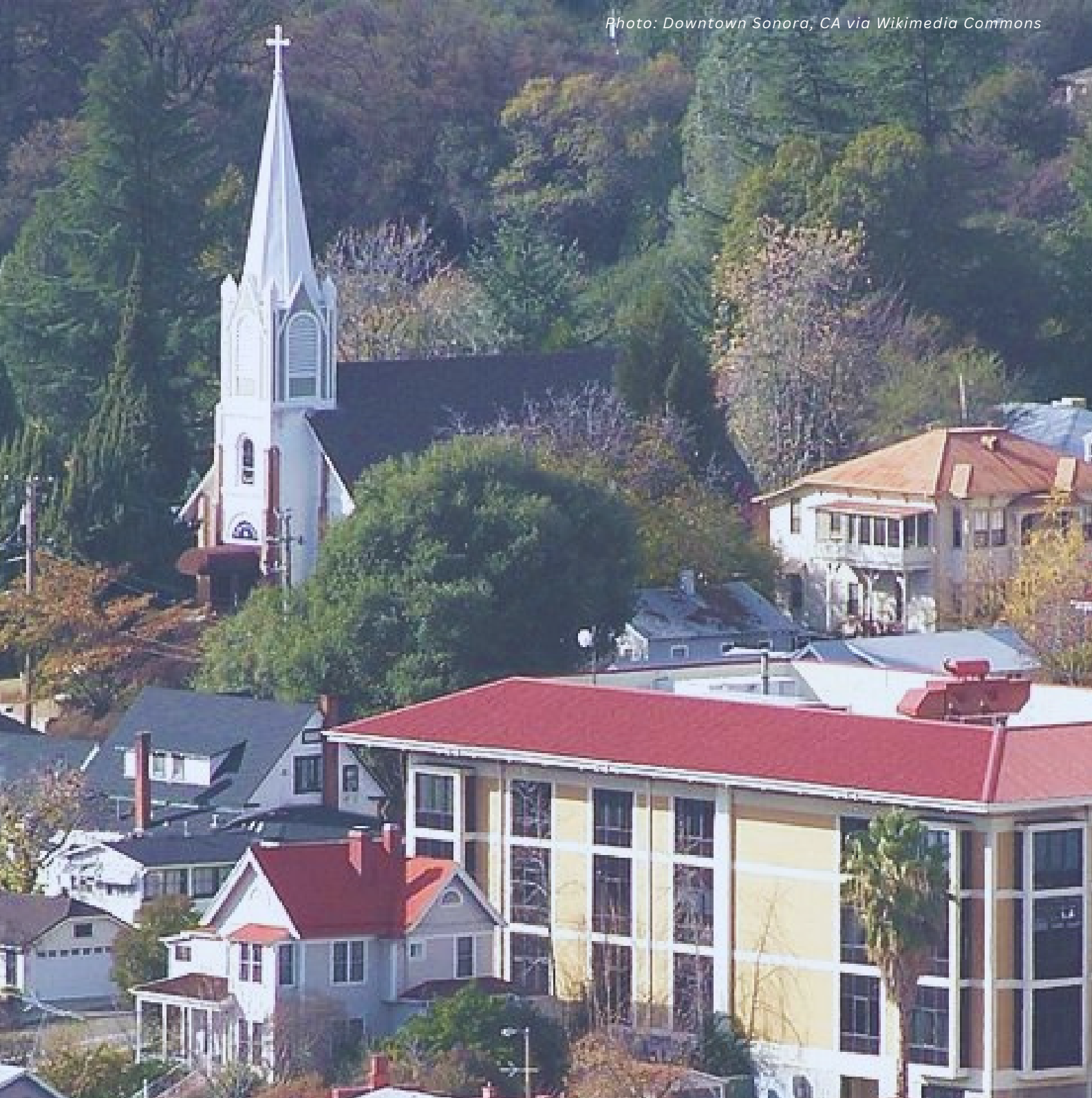
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Acknowledgements

Thank you to the Tuolumne County community for their invaluable input on the health survey that helped make this report possible. The contributions are instrumental in shaping our future initiatives to better serve health of every resident in Tuolumne County.

We would also like to acknowledge Adventist Health Sonora for their work in developing their Community Health Assessment, and all our community partners, Tuolumne County GIS, and the Public Health Epidemiology Unit and Health Programs.



VISION

*"A safe and thriving community
where every person achieves
optimal health."*

EXECUTIVE SUMMARY

The mission of Tuolumne County Public Health (TCPH) is to protect and promote health and well-being in Tuolumne County. In an effort to fulfill our mission, the department periodically conducts a community health needs assessment (CHNA). The purpose of a CHNA is to identify a community's health status, needs, issues, and available resources through a comprehensive review of local health data and input from community members. The systemic examination of the community's health status indicators, such as health resources and chronic disease rates, are used to identify gaps that may impact community health. The compiled information is then used to develop a community health improvement plan (CHIP) that outlines strategies and innovations that better leverage existing multi-sectoral resources and services to improve the health of the community over the next three years.

Previous health assessments for Tuolumne County have been led and conducted in partnership with the local non-profit healthcare system, Adventist Health Sonora (AHS) and other community-based organizations. As a non-profit hospital, the AHS health assessment is required every three years. The most recent Adventist Health Sonora Community Needs Health Assessment¹ released in 2022 and compiles data from its primary service area which includes some surrounding jurisdictions outside of Tuolumne County. The 2022 AHS CHNA identified the following high priority needs: **Financial Stability, Housing, and Mental Health.**

The Tuolumne County Public Health Department CHNA builds upon the work of the recently completed AHS CHNA and identifies supplementary health priorities for the purposes of developing a CHIP through a public health lens. The TCPH CHNA looks specifically at Tuolumne County data and includes input from a countywide survey of residents conducted in May 2023. The TCPH CHNA identified the following additional priorities: **Access to Care, Health Risk Behaviors, and Chronic Conditions.**

Our supplementary assessment findings will be used to develop a TCPH CHIP which will proactively guide our departmental programming and interventions over the next three to five years to address local health issues and work towards improving health outcomes. By implementing evidence-based interventions and fostering community partnerships, the county can work towards achieving a healthier, more equitable, and resilient community for all its residents. The shared vision of TCPH and our community partners is a safe and thriving community where residents achieve optimal health. In that spirit, TCPH will continue to work as an active partner with AHS and other community organizations to reach the shared goal of meeting the health and social needs of all Tuolumne County residents.



VIEW THE ADVENTIST
HEALTH SONORA
CHNA [HERE](#)

PROCESS

The TCPH CHNA is intended to be a supplementary resource to the AHS CHNA and builds upon the priorities set by the AHS assessment.¹ Other areas that focused on the social determinants of health that were examined by Adventist Health Sonora included: **health conditions, health risk behaviors, access to care, food security, education, and inclusion and equity.**

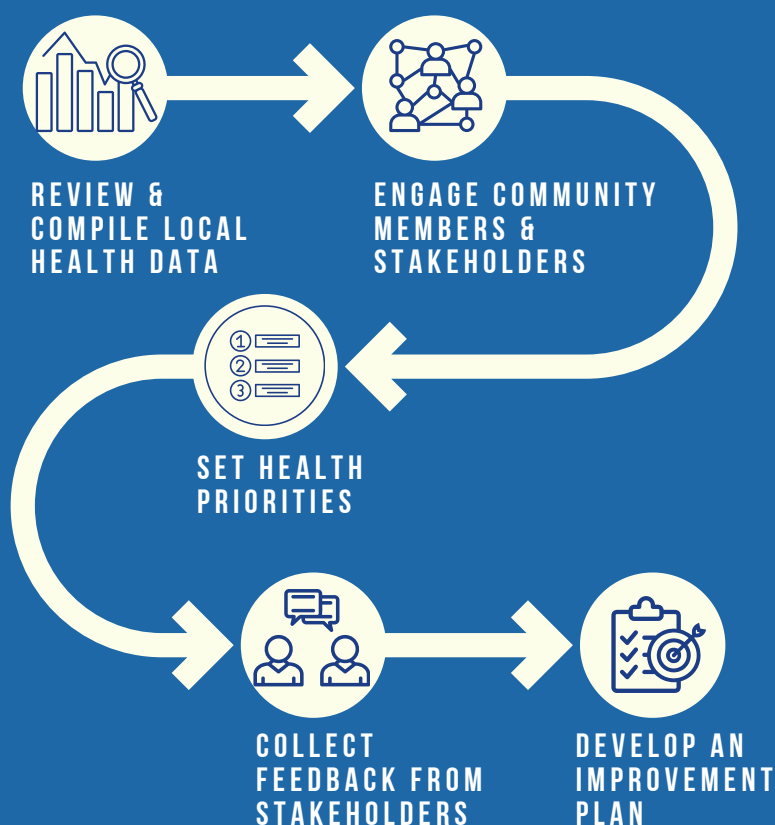
To narrow down additional priorities, TCPH developed and conducted an online survey called "Health in Tuolumne County" to collect qualitative feedback from Tuolumne County residents on local health issues, to rank the six topics in order of importance (on a scale of 'Very Important' to 'Not Important'), and to select three top priorities that they would like TCPH to address in the next few years.

The survey was administered from April to May 2023. It was made available online via departmental social media, and website. Paper survey copies were made available at local community partner offices including: the Tuolumne County Library, Senior Center, Center for a Non Violent Community, Amador-Tuolumne Community Action Agency, and Interfaith. Additionally, TCPH staff were queried to provide feedback via an interactive voting poster and similarly ranked topics to prioritize. Of the 500 responses received, 485 respondents were Tuolumne County residents. Out-of-county responses were removed from the final aggregated results used to ascertain the top three priorities.

To complete the supplement, the TCPH CHNA Committee and Epidemiology Unit compiled secondary data sources from state and federal sources, applied age-adjusted rates for applicable indicators, and also utilized TCPH programmatic data to highlight the key health and social needs in Tuolumne County.

THE CHNA/CHIP PROCESS

The health assessment and improvement plan process allows for feedback from community members and stakeholders on local health issues and potential solutions that are tailored to our community's readiness and priorities.



TCPH 2023 CHNA PRIORITY AREAS

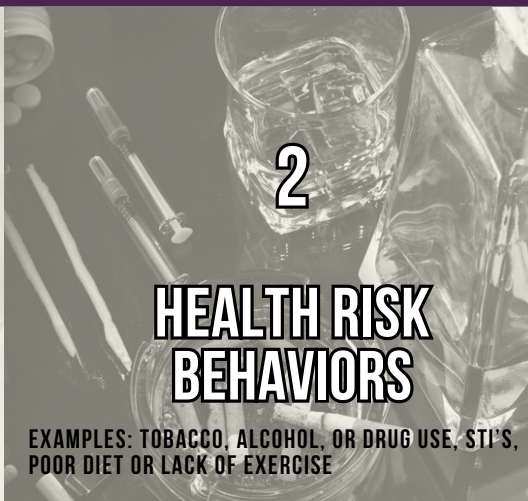
From the Health in Tuolumne 2023 feedback survey, the following priorities were identified for inclusion in the TCPH health assessment:



1

ACCESS TO CARE

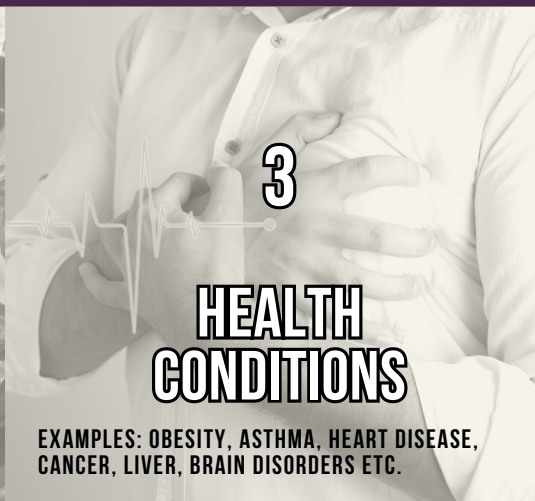
EXAMPLES: FINDING A DOCTOR OR GETTING A HEALTH APPOINTMENT, COSTS OF HEALTHCARE, ETC



2

HEALTH RISK BEHAVIORS

EXAMPLES: TOBACCO, ALCOHOL, OR DRUG USE, STI'S, POOR DIET OR LACK OF EXERCISE



3

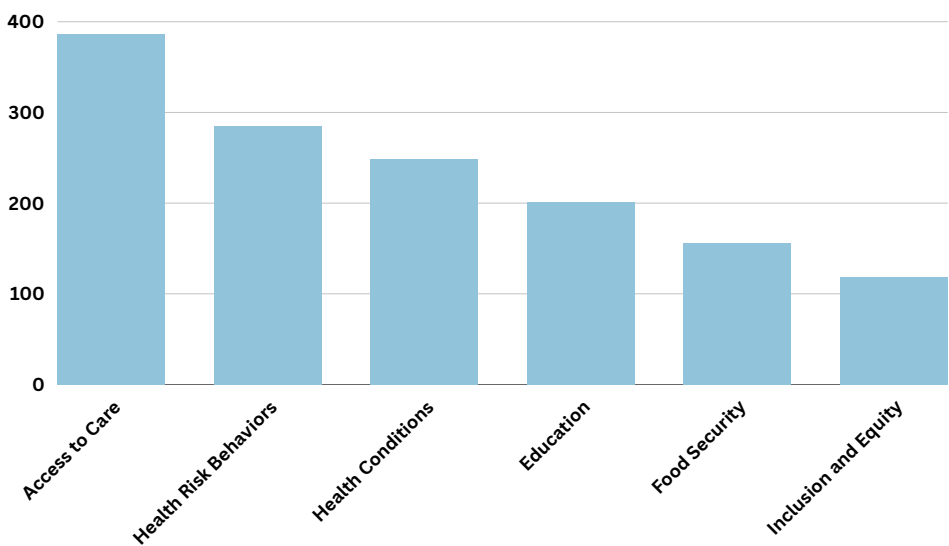
HEALTH CONDITIONS

EXAMPLES: OBESITY, ASTHMA, HEART DISEASE, CANCER, LIVER, BRAIN DISORDERS ETC.

The “Health in Tuolumne County 2023” survey respondents ranked access to care, health risk behaviors, and chronic conditions as top priorities. While education, food security, and inclusion & equity received a handful of votes as 'Important' or 'Very Important', the TCPH CHNA committee considered the numerous survey comments that centered around themes of challenges in accessing health care and concerns over prevalence of substance use and chronic disease which further supported the selection of the top three priority areas.

HEALTH IN TUOLUMNE SURVEY 2023

HEALTH TOPICS RANKED BY PRIORITY



“HEALTH IN TUOLUMNE COUNTY” SURVEY RESPONDENT COMMENTS

“
It’s really hard to get health care and people aren’t staying due to health care and housing.

“
We are outgrowing our services. Meaning we don't have enough care to provide our community in a timely manner.

“
Drug addiction and mental health issues need to be addressed in this county. Proper help and facilities need to be provided to help individuals with these two issues. It is very vital and important.

FINAL PRIORITIES

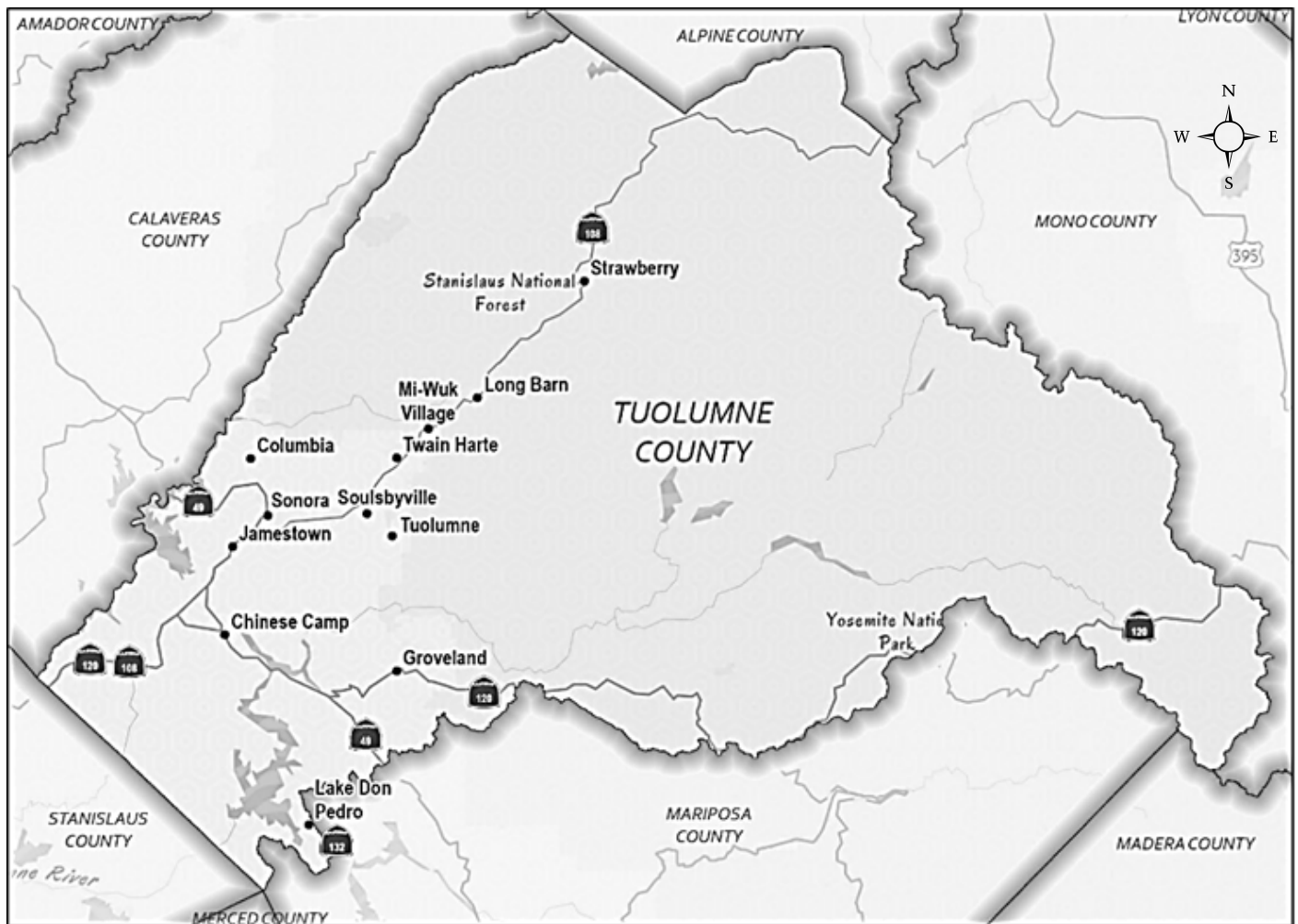
INCLUDING ADVENTIST HEALTH SONORA CHNA RESULTS

- Financial Stability
 - Housing
 - Mental Health
- Access to Care
 - Health Risk Behaviors
 - Health Conditions

COMMUNITY PROFILE

Tuolumne County, CA

Tuolumne County is in the central eastern section of California and are the tribal lands of the Central Sierra Mi-Wuk. The county covers 2,221 square miles and ranges in elevation from about 300 feet in the Sierra Nevada foothills to almost 13,000 feet in the mountainous eastern regions. Bordered by rivers to the north and south and the Sierra Nevada to the east and the San Joaquin valley to the west, Tuolumne County represents the southern reach of the historic Mother Lode Gold Country and one of the gateways to Yosemite National Park. The City of Sonora is its single incorporated city and the county has several smaller towns that line Highway 108, Highway 120, and Highway 49. Tuolumne County is the heart of California's gold country and has a rich history, vibrant tourism and recreation sectors, and growing, diverse communities.



MAP OF TUOLUMNE COUNTY

**Internal Source: Tuolumne County GIS Department, 2023*

COMMUNITY PROFILE



POPULATION 2023

52,932*²

*INCLUDES SIERRA CONSERVATION CENTER POPULATION: 2020 APPROX. 2,807

CITY OF SONORA: APPROX. 4,940



MEDIAN AGE

48.6



AVG. HOUSEHOLD SIZE

2.24



MEDIAN HOUSEHOLD INCOME

\$66,846



POPULATION UNDER 100% FEDERAL POVERTY LEVEL

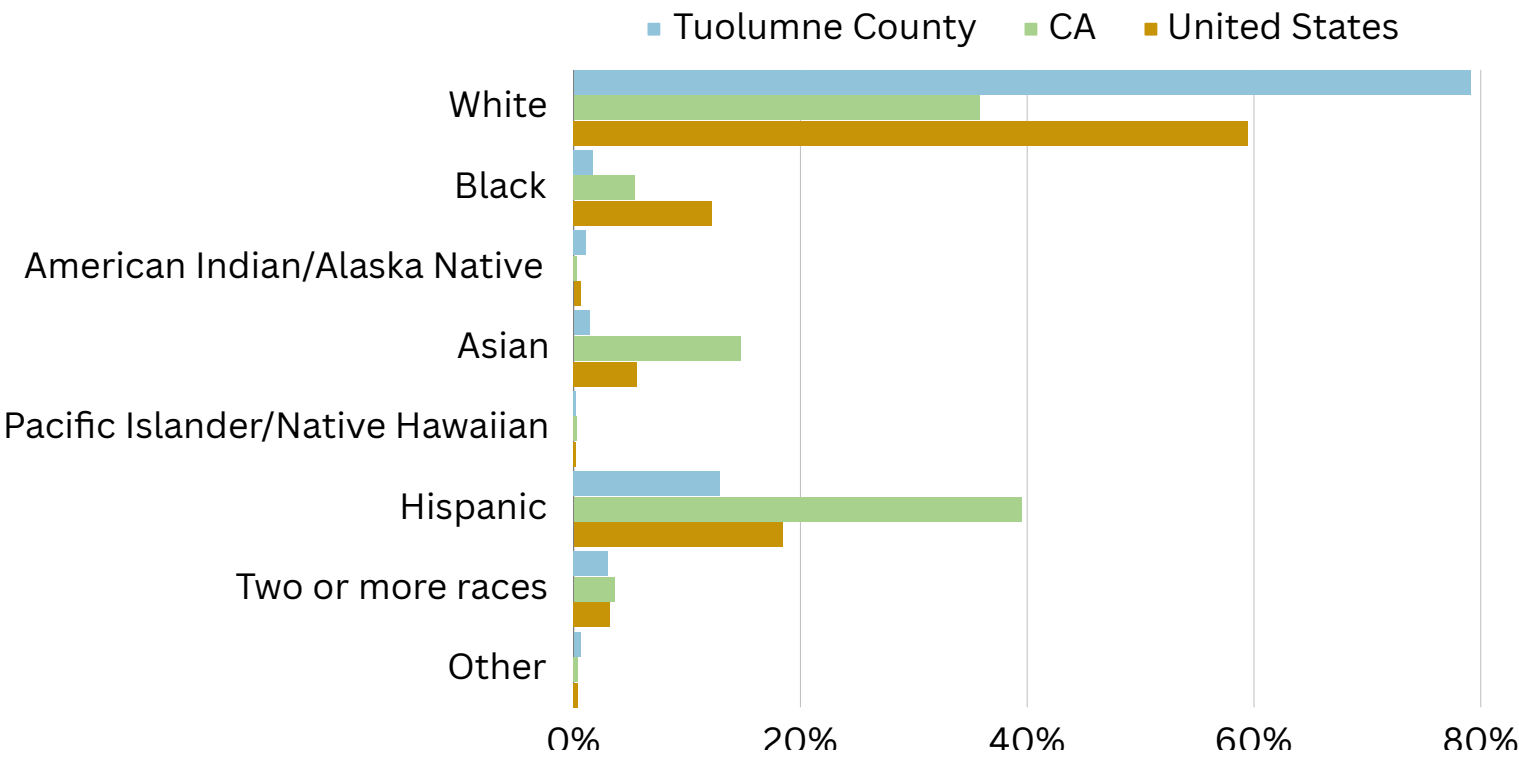
9.9% (CA: 12.3%)

Source: American Communities Survey Census 2021^{3,4}



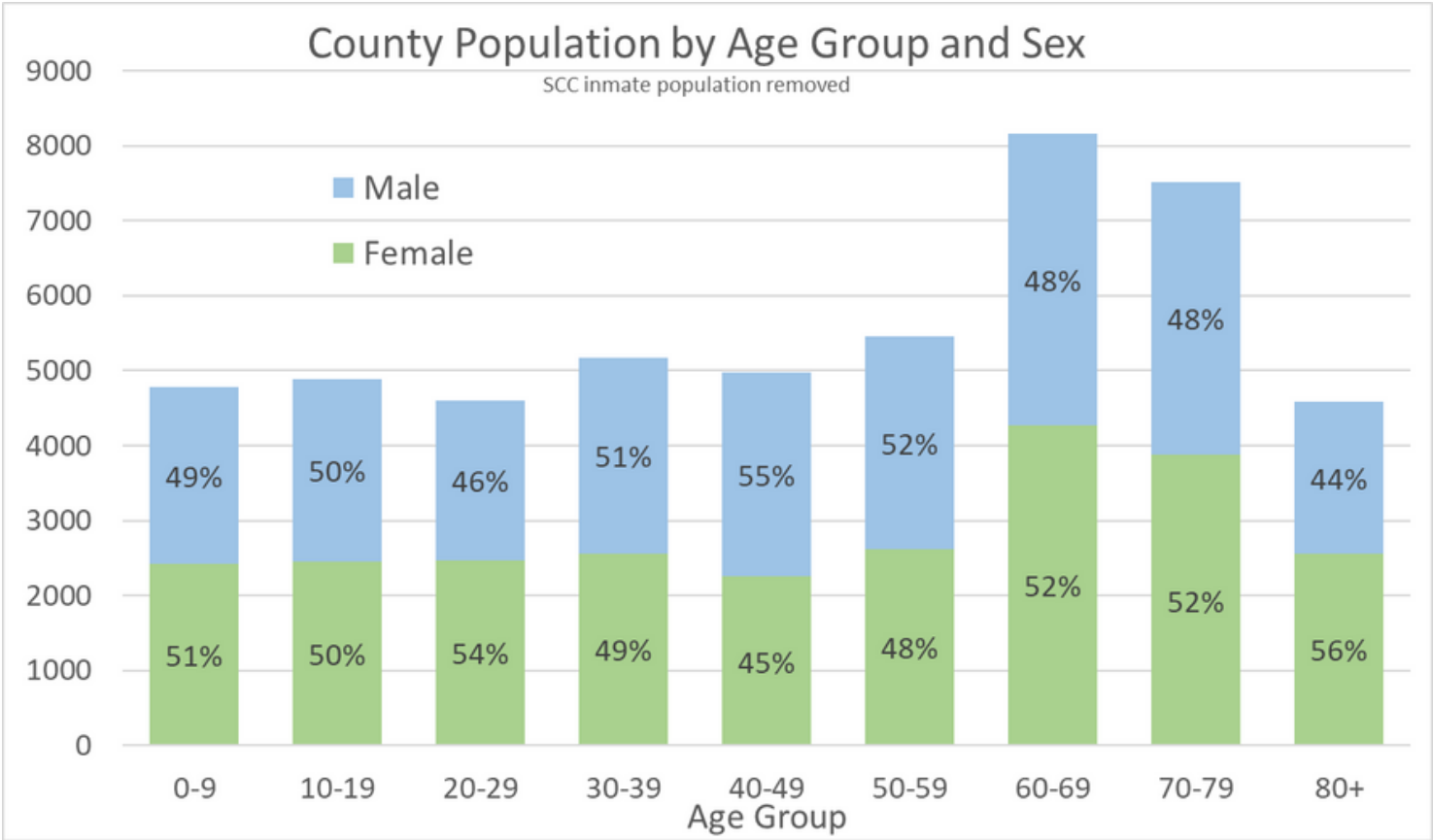
COMMUNITY PROFILE

POPULATION BY RACE/ETHNICITY



Source: American Communities Survey Census 2021^{3,4}

TOTAL POPULATION BY AGE GROUP & SEX



Source: American Communities Survey Census 2021^{3,4}

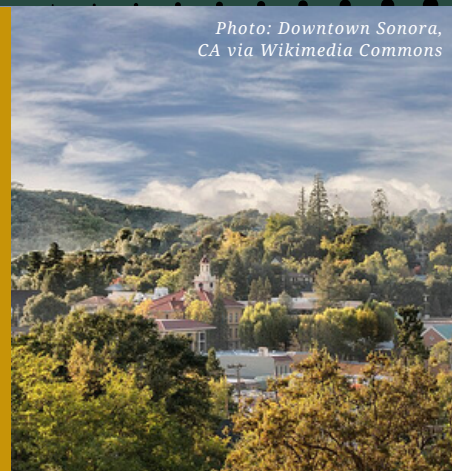
California Department of Finance²

COMMUNITY PROFILE

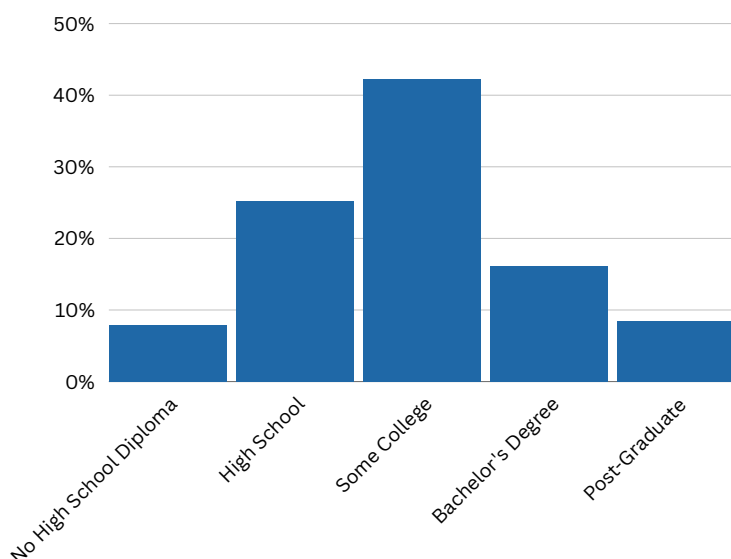
SOCIAL DETERMINANTS OF HEALTH (SDOH)

Social Determinants of Health⁵ are the societal, economic, and environmental factors that profoundly influence an individual's well-being and health outcomes. These include income, education, access to healthcare, housing, and community conditions. They are vital because they shape people's health status and can lead to health inequalities. Recognizing and addressing these determinants is essential to achieving health equity and improving public health.

Photo: Downtown Sonoma, CA via Wikimedia Commons



EDUCATIONAL ATTAINMENT



90.6%

Tuolumne County resident high school graduation rate
(four-year adjusted cohort)

92.1%

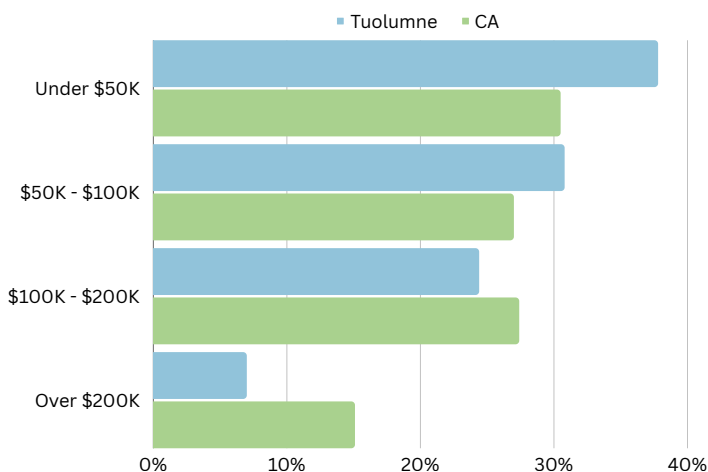
Percent of Tuolumne County residents ages 25 years and older that have a high school diploma or higher which is above the state average of 84.7%

1 IN 4

Tuolumne County residents have a Bachelor's degree or higher compared to the state rate of 1 in 3



HOUSEHOLD INCOME



INSURANCE COVERAGE STATUS

9.6%

of Tuolumne County adults between 19-64 years old were uninsured in 2021 The California rate was 10.2%

1 IN 3

Tuolumne County adults are enrolled in the Medi-Cal program
(over 4000 Tuolumne County children are enrolled in Medi-Cal)

6.3%

of Tuolumne County youth under the age of 19 years old do not have health insurance compared to the state rate of 3.3%

Source: American Communities Survey Census 2021^{3,4}

COMMUNITY PROFILE

IS THE HEALTHY CHOICE THE EASY CHOICE?

A community's environment contributes to its health. This is true for the natural environment, including factors like air and water quality, and also for the built environment, including factors like the quality of stores, parks, or sidewalks. For example, some parts of Tuolumne County could be called a "food desert" - an area where there are no or very few options to buy food. Other parts could be called a "food swamp" - an area where there are many options to buy fast food and unhealthy products, but no place to buy fresh, healthy foods. People living in a food desert or a food swamp often have to go out of their way to make healthy choices, which is not always easy.



FOOD ACCESS

According to the Tuolumne County Public Health 2022-2023 Commercial Tobacco Campaign Public Opinion Survey,⁶ many people can't usually afford good quality, healthy fresh fruits and vegetables, even when they can find them.

CAN YOU USUALLY FIND GOOD
QUALITY FRUITS AND VEGETABLES
WHERE YOU LIVE OR SHOP?



Always Usually Sometimes Never

CAN YOU USUALLY AFFORD GOOD
QUALITY FRUITS AND VEGETABLES
WHERE YOU LIVE OR SHOP?



BY THE NUMBERS

In Tuolumne County, there are *approximately*:

3

CERTIFIED
FARMERS
MARKETS *

11

GROCERY
STORES *

26

FAST-FOOD
RESTAURANTS*⁷

35

DENTISTS *

40

PRIMARY CARE
PHYSICIANS⁸

56

STORES THAT
SELL
TOBACCO⁹

67

STORES
THAT SELL
ALCOHOL¹⁰

*2020 estimate. Fast food defined as establishments primarily engaged in providing food services where patrons generally order or select items and pay before eating.

*Source: Tuolumne County Public Health Programs Internal Data



VIEW THE HEALTHY
STORES, HEALTHY
COMMUNITIES
SURVEY [HERE](#)

ACCESS TO CARE

Access to Care was ranked as the leading concern in the “Health in Tuolumne County 2023” survey. [Per the Agency for Healthcare Research and Quality](#),¹¹ access to healthcare is defined as “timely use of personal health services to achieve the best health outcomes.” Access to healthcare is a significant social determinant of health (SDOH)⁴ and addresses factors and barriers to care such as proximity to healthcare services, the cost of care, insurance coverage, and availability of quality services and providers. Challenges in affordable, timely healthcare can greatly impact an individual's health outcomes. Access to care has been identified as a priority area for several years on previous Tuolumne County health assessments.

According to the Centers for Medicaid and Medicare Services (CMS),¹² rural county residents experience barriers to accessing comprehensive, high-quality and affordable health care services and also are more likely to not have health insurance. Additionally, rural areas face shortages in practitioners for primary, dental, behavioral health, and specialty care which are compounded by challenges in lack of transportation to facilities and proximity of healthcare facilities in geographically isolated areas. While there are multiple factors that may influence the community's health-seeking behavior, barriers in access to care are likely significant.

Respondents in the “Health in Tuolumne County 2023” survey shared significant concerns regarding lack of healthcare access or difficulty accessing healthcare services for both primary and specialty services. Centers for Disease Control (CDC) Places¹³ data found that 65% of Tuolumne County adults report having had a routine health check-up in the last year. Dental providers serving children and those on Medi-Cal are limited in the county. Feedback from Tuolumne County school-based oral health partners indicated that pediatric dental care options within the county are limited and many families report seeking care out of the area for pediatric dental and specialty care. Delays in receiving timely dental care can result in worsening existing dental caries and other oral health conditions among children.

Per the University of Wisconsin Survey, County Health Rankings & Roadmaps,¹⁴ Tuolumne County has less primary care physicians per capita in 2020 than in previous years. The health ranking data reflects 1 physician per 1650 residents while the California average is approximately 1 physician per 1200 residents. Additionally, a CDC report on Physician Visit Patterns¹⁵ found that older adults account for higher per capita medical appointments and that visits for chronic disease issues increased with age. As Tuolumne County's population has a higher proportion of older adults, the limited number of physicians required to meet the appointment burden of this demographic poses access to care challenges. The significant distance to other medical facilities and specialists that are often located outside of the county is another factor that negatively impacts our residents' access to care.

ACCESS TO CARE

Use of preventative healthcare screening and care	Age Adjusted Prevalence	
	Tuolumne	United States
Colorectal cancer screening among adults aged 50–75 years old	60.3%	70.6%
Mammography use among women aged 50–74 years old	68.2%	77.8%
Older adult men aged ≥ 65 years old who are up-to-date on a core set of clinical preventive services: flu shot in the past year, PPV shot ever, colorectal cancer screening	39.8%	44.0%
Older adult, women aged ≥ 65 years old who are up-to-date on a core set of clinical preventive services: flu shot in the past year, PPV shot ever, colorectal cancer screening, and a mammogram in the past 2 years	32.4%	37.4%
Taking medicine for high blood pressure control among adults aged ≥ 18 years old with high blood pressure	50.5%	56.3%
Visits to the doctor for routine checkup within the past year among adults aged ≥ 18 years old	65.5%	73.0%

Source: University of Wisconsin Survey, County Health Rankings & Roadmaps¹⁴



TUOLUMNE COUNTY'S MAJOR HEALTHCARE CENTERS

- Adventist Health Sonora Hospital and Outpatient Services
- MACT Health Board Medical and Dental Clinic
- Mathiesen Memorial Health clinic
- Tuolumne Me-Wuk Indian Health Center and Dental clinic.
- Veteran's Administration (VA) Medical Clinic



ORAL HEALTH ACCESS*

- There is approximately 1 dentist for every 1,412 county residents.
- Only 4 out of 27 (15%) of local dental practices accept Medi-Cal dental insurance.
- There are zero dental practices that provide pediatric surgery/sedation for pediatric dental work in Tuolumne County.
- 26% of surveyed Tuolumne County residents report that they cannot find quality, affordable dental care in Tuolumne County.⁶

*Source: Tuolumne County Public Health Programs Manual
Count Internal Data

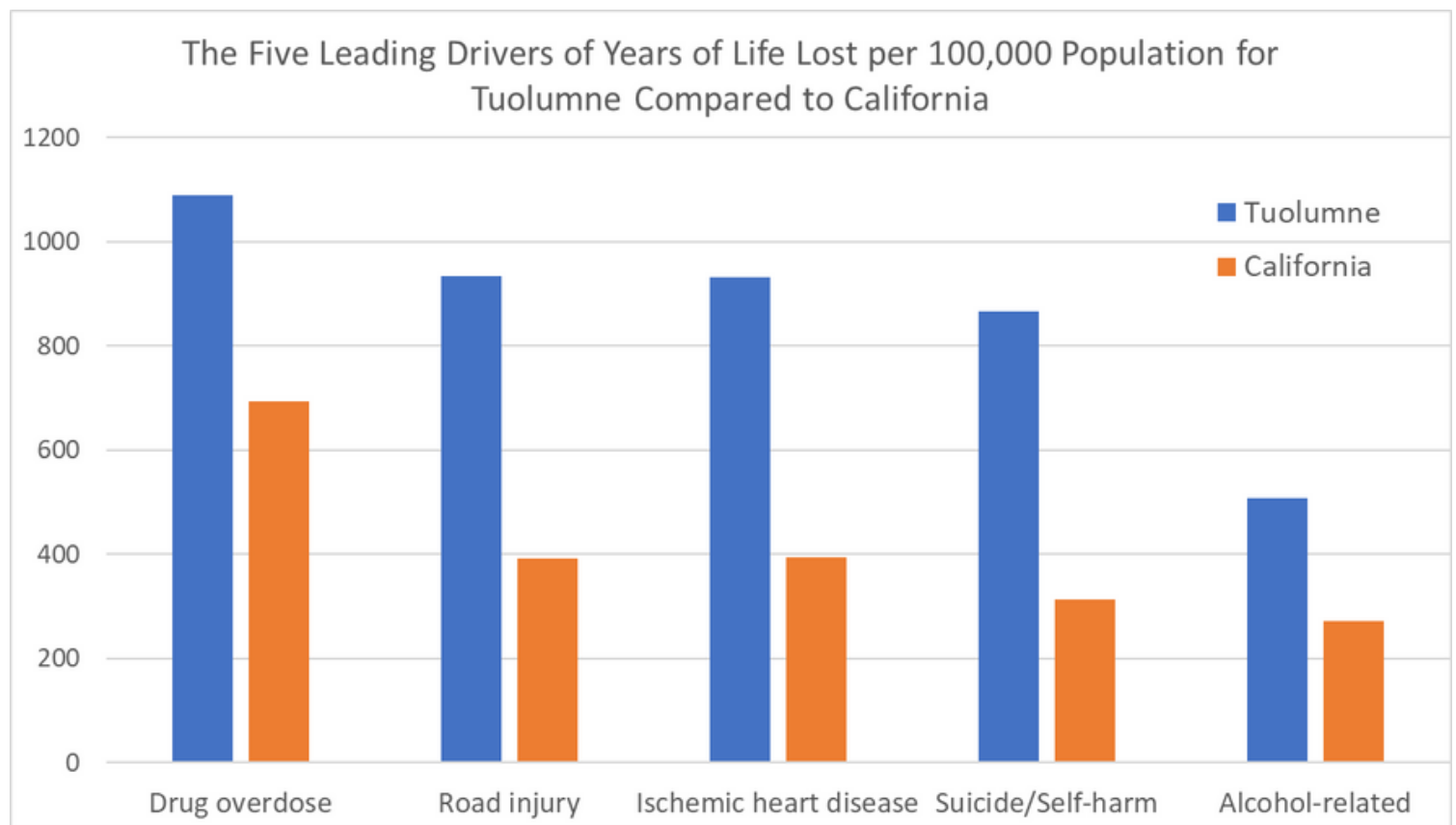


TO VIEW LOCAL DENTAL
PROVIDER INFORMATION
CLICK [HERE](#)

HEALTH RISK BEHAVIORS

YEARS OF LIFE LOST

Years of Life Lost (YLL) is a public health metric that quantifies premature mortality by calculating the years between an individual’s age at death and a standardized life expectancy of 75 years old. Years of Life Lost weights conditions that impact younger people and is sometimes referred to as “premature death” this helps identify causes of early and preventable deaths in a community. **In Tuolumne County, four of the top five causes of YLL can be directly linked to health risk behaviors including drug overdoses, road injuries, suicide/self-harm, and alcohol-related deaths.** Together these causes accounted for 1,758 years of life lost in Tuolumne County in 2022 and a rate of 3,398.5 years of life lost per 100,000 population which is double the state rate from these causes. Most alarmingly, Tuolumne County had the highest rate of suicide-related years of life lost of any county in California in 2022 (per CDPH Community Burden of Disease Engine¹⁶).



¹⁶
*Source: CDPH Community Burden of Disease Engine



HEALTH RISK BEHAVIORS

Health risk behaviors were the second most important issue identified in the “Health in Tuolumne County 2023” responses. Health risk behaviors were defined as use of tobacco, alcohol, and other drugs, self-harm, sexually transmitted infections (STI’s), poor diet, and lack of exercise. Tuolumne County ranks above the California rates for certain health behaviors, including tobacco use, excessive alcohol use (including alcohol-impaired driving deaths), and substance use.

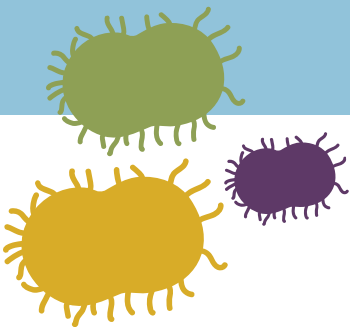
Health Factors	Age Adjusted Prevalence		
	Tuolumne	California	United States
Adult Smoking	14%	9%	16%
Excessive Drinking	23%	18%	19%
Alcohol-Impaired Driving Deaths	35%	28%	27%
Physical Inactivity	18%	21%	22%
Access to Exercise Opportunities	75%	95%	84%
Adult Obesity	29%	30%	32%
Food Environment Index (1-10, higher is better)	7.5	8.8	7
Sexually Transmitted Infections per 100,000 (new chlamydia diagnosis)	218.4	452.2	481.3
Teen Births per 1,000 females aged 14-19	14	16	19

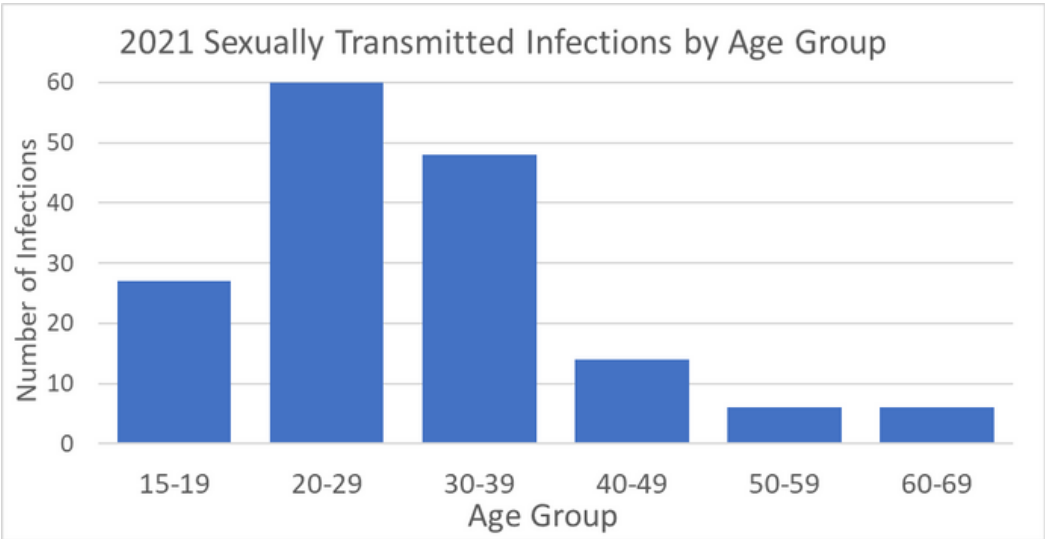
Source: University of Wisconsin Survey, County Health Rankings & Roadmaps¹⁴

SEXUALLY TRANSMITTED INFECTIONS

161

cases of chlamydia, gonorrhea, and syphilis were newly diagnosed in 2021





**Source: Tuolumne County Public Health Programs, Communicable Disease



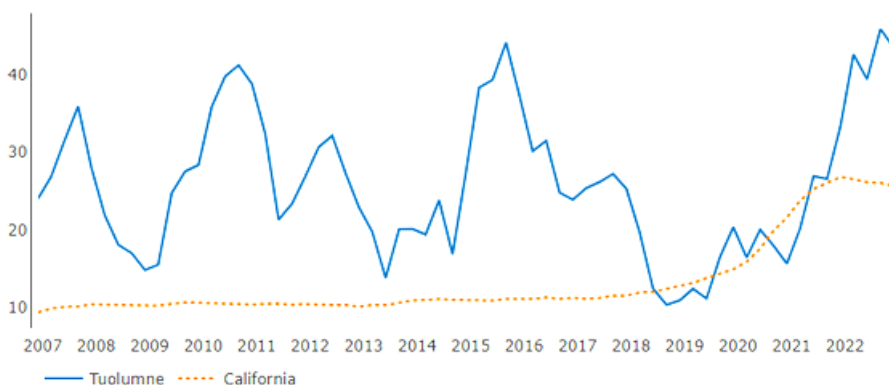
VIEW STI TESTING AND PREVENTION RESOURCES [HERE](#)

HEALTH RISK BEHAVIORS

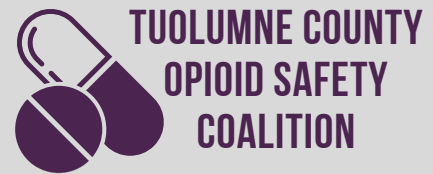
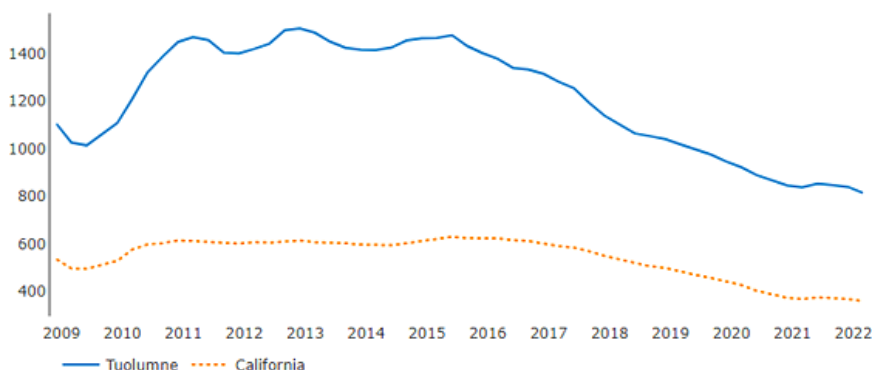
OPIOIDS

Tuolumne County experiences alarming opioid prescription rates and prescription overdose deaths. According to the California Opioid Overdose Surveillance Dashboard,¹⁷ in 2021, **Tuolumne County had the highest rate of opioid prescriptions in the state with 84 prescriptions per 100 residents which was more than double the state average.** The county also faces the second highest opioid-related overdose hospitalization rate and the highest daily Morphine Milligram Equivalent (MME) prescribed per resident in the state. Additionally, Tuolumne County has the most residents per capita prescribed over 90 MME of opioids per day. This 90+MME rate poses a significant increased risk for potential overdose; and in general, high prescription rates correlate to higher addiction levels and overdose deaths.

All Drug-Related Overdose Deaths - Total Population, 12-Month Rolling Age-Adjusted Rate per 100,000 Residents - **2022 data are preliminary**
Tuolumne vs. California



Opioid Prescriptions by Patient Location - Total Population, 12-Month Rolling Crude Rate per 1,000 Residents
Tuolumne vs. California



Tuolumne's opioid crisis requires urgent and dedicated efforts to:

- **reform prescribing practices**
- **improve access to alternative pain therapies**
- **expand addiction treatment resources.**

Comprehensive strategies encompassing prescribers, patients, law enforcement, and the healthcare system are needed to reduce opioid misuse and protect the safety of Tuolumne County residents.



VIEW THE "PAIN IN THE NATION: THE EPIDEMICS OF ALCOHOL, DRUG, AND SUICIDE DEATHS 2022 REPORT" [HERE](#)

*Source: CDPH Overdose Surveillance Dashboard¹⁷

HEALTH RISK BEHAVIORS

ALCOHOL

- 23% of Tuolumne County Adults reported binge or heavy drinking in 2020.¹⁴

TOBACCO AND MARIJUANA

- **ADULTS:** According to the Tuolumne County Public Health 2022-2023 Commercial Tobacco Campaign Public Opinion Survey⁶ approximately:
 - **24% of adults use tobacco/nicotine products**
 - 18% smoke (cigarettes, cigars, cigarillos and/or pipe tobacco), 8% vape, 3.5% chew or use smokeless products, and 1% did not specify. Note: 5.5% use more than one type of tobacco (smoking and vaping together is most common).
 - **29% of adults use cannabis/marijuana**
 - 11% use daily and 18% use occasionally
- **YOUTH:** According to the 2022 California Healthy Kids Survey,¹⁸ by their third year of high school, approximately:
 - 26% of high school juniors regularly vape
 - 3% of high school juniors smoke cigarettes
 - 21% of high school juniors use marijuana

Respecting Culture – Keeping Tobacco Sacred

- Tribal communities have been using traditional or sacred tobacco for thousands of years. Traditional or sacred tobacco differs from commercial tobacco in that Indigenous people use it to connect with Creator, Mother Earth, and one another.
- Traditional or sacred tobacco is grown, dried, and has no additives. Native American elders teach that tobacco was one of the 4 sacred medicines (Tobacco, Cedar, Sage and Sweetgrass), which was given by the Creator to the first peoples of this land.
- Commercial tobacco products are not the same thing as traditional or sacred tobacco. Commercial tobacco is filled with chemicals and additives that not only make it highly addictive, but also extremely harmful to human health. Commercial tobacco is full of carcinogens and synthetic chemicals that are lethal and destroy the integrity of the sacred medicine and its purpose to heal and connect. For more information, visit <https://keepitsacred.itcmi.org/>.



HIGHER LEVELS OF UNHEALTHY MARKETING IN RURAL COMMUNITIES

Rural communities experience a disproportionate burden of commercial tobacco marketing and have higher availability of tobacco products compared to the state.¹⁹

56

STORES SELL TOBACCO IN TUOLUMNE COUNTY WHICH EQUATES TO 1 STORE FOR EVERY 883 RESIDENTS IN THE COUNTY⁹



TO LEARN MORE ABOUT TOBACCO PREVENTION IN TUOLUMNE COUNTY, CLICK [HERE](#)

HEALTH CONDITIONS

HEALTH CONDITIONS AFFECT OUR ABILITY TO FUNCTION AND ENJOY LIFE.

Per the CDC,²⁰ chronic diseases are defined as conditions that “last 1 year or more and require ongoing medical attention or limits the activities of daily living or both”. Common health conditions include: chronic lung disease, heart disease, stroke, diabetes, Alzheimer’s disease, and chronic kidney diseases. These diseases can often be prevented or controlled when certain risk factors are mitigated such as diet, exercise, and reducing tobacco and alcohol use. The “Health in Tuolumne Survey” identified Health Conditions as the third priority for the community’s health efforts.



According to the 2023 County Health Rankings and Roadmaps which ranks current health status in the state,¹⁴

TUOLUMNE IS RANKED 33RD OUT OF THE 58 CALIFORNIA COUNTIES

In 2021, the leading causes of death in Tuolumne County were:



COVID-19



ALZHEIMER’S DISEASE



ISCHEMIC HEART DISEASE



STROKE



CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD)

Between 2011 and 2021, the following conditions have seen the greatest increase in age-adjusted death rates:^{16,21}

- Diabetes mellitus increased by 90.8% increase
- Cardiomyopathy increased by 74.2%
- Hypertensive Heart Disease increased by 49.3%

Alternatively, lung cancer and ischemic heart disease experienced the greatest decrease in age-adjusted death rates at 48% and 33.6%, respectively.^{16,21}

Chronic health conditions can impart a significant burden on both the persons experiencing them but also on the families, caregivers, and medical system. Alzheimer’s disease, in particular, has seen a 138% increase of age-adjusted death rate over the last 20 years.^{16,21}

Additionally, the increase in the number of the medically vulnerable population and those requiring skilled nursing care has been significant in Tuolumne County. This vulnerability was highlighted during the COVID-19 pandemic in 2020-2023.

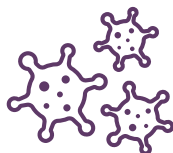


RURAL DATA SETS

Tuolumne County has a small and demographically distinctive population that poses challenges for comparing rates of some diseases and chronic conditions to state averages. The small population sample sizes may significantly impact year to year rates compared to trends when rates are compared over longer periods of time.

HEALTH CONDITIONS

COVID-19

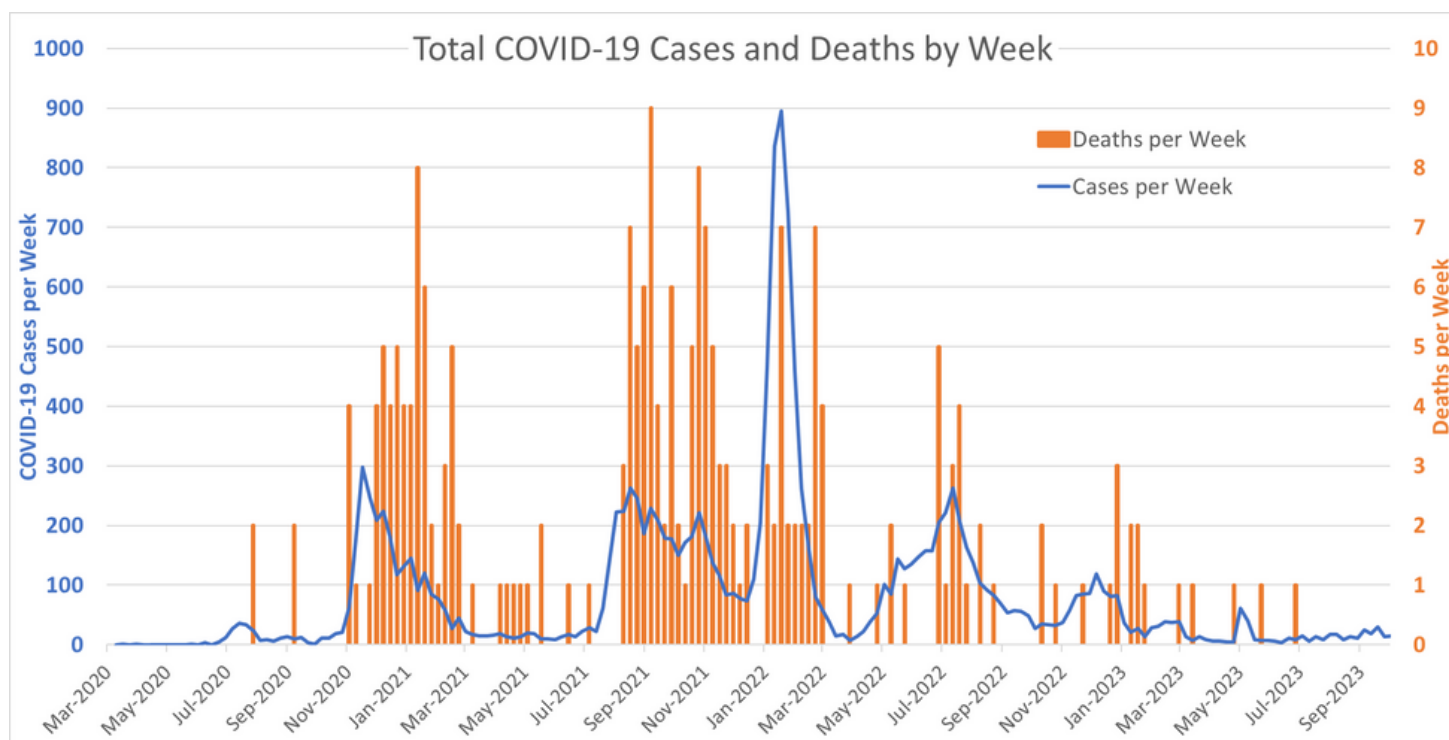


Starting in January of 2020, Tuolumne County Public Health began responding to the global COVID-19 pandemic. From the first confirmed case in March 2020 through September 2023, the county recorded over 15,332 COVID-19 community cases as well as an additional 3,387 non-community cases in the local state prison, Sierra Conservation Center (SCC).

8,300 women and 7,000 men have reported testing positive for the virus. The highest rate of infection was among those who were 25-49 years old where almost 40% of residents tested positive compared to around 25% of people over the age of 75.

There were at least 225 deaths attributed to COVID-19. In 2021, COVID-19 was the leading cause of death Tuolumne County, with an age-adjusted death rate of 128.8 per 100,000 compared to the state rate of 91.1 per 100,000 [10]. Deaths were more common among older men, with 140 men dying compared to 85 women. Men over 75 years old experienced a case fatality rate of 9.7% compared to 6.3% among women. The case fatality rate for all ages was 1.5%, meaning 1 in 68 confirmed COVID-19 infections led to death. Among cases age 80 and older, almost 1 in 10 died.

While the number of cases have significantly decreased through 2023, COVID-19 transmission continues to occur in the community and the department continues to coordinate disease mitigation and COVID-19 vaccination efforts.



*Internal Source: Tuolumne County Public Health COVID-19 Response Data

SUMMARY

The next phase of the community assessment process involves utilizing the collected data and community feedback to establish strategies that address the health and wellness concerns of the community, within the available resources and organizational capacities.

A steering committee will be formed to develop a Community Health Improvement Plan (CHIP). The goal of the plan is to address challenges and leverage the existing strengths of the community and its various organizations to improve the health and well-being of all Tuolumne County residents. The Tuolumne County CHIP is expected to be finalized in 2024.

Tuolumne County has many strengths that can be utilized to achieve this objective, including strong partnerships between agencies, established and active coalitions, and vibrant community outreach and engagement. Collaboration with other agencies will be essential in identifying solution-focused opportunities to improve health in the county. Meeting the unique health and wellness needs of the community is a substantial and evolving challenge and it will be vital to work together. With this collective commitment to wellness, we can move the needle towards a healthy, thriving Tuolumne County.

*"Start where you are.
Use what you have.
Do what you can."*

-Arthur Ashe



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DEFINITIONS

Access to Care: ability to obtain healthcare services such as prevention, diagnosis, treatment, and management of diseases, illness.

Age-Adjusted Rate: a statistical process applied to rates of disease, death to allow comparison of different age groups.

Aggregated Data: data that is combined from multiple sources or measures.

Chronic Disease and Rates: conditions that last 1 year or more, and the percentages of those diseases in populations.

Community Health Needs Assessment: a systematic process for determining health needs of a population or community.

Community Health Improvement Plan: a long term systematic effort to address public health problems identified in a community health assessment.

Feasibility: degree of being easily done.

Financial Stability: able to pay monthly living expenses with extra money left over.

Food Security: having reliable access to enough affordable food.

Goal Alignment: process to move toward a shared objective to maximize performance.

Health Conditions: condition of the body and the state of health.

Health Data: data related to health conditions.

Health Resources: the means available to function well physically, mentally, socially, also the means available to operate health systems.

Health Risk Behaviors: acts that can increase the risk of disease or injury.

Health Status and Indicators: a measure(s) of how people perceive their health, a measurable characteristic.

Inclusion and Equity: a culture that is welcoming to all people and ensuring access and resources to grow especially those who have been underrepresented and disadvantaged.

Innovations: new ideas or techniques.

Leverage: to use to obtain a desired result.

Mortality: proportion of deaths to population.

Social Determinants of Health: the conditions in the environments where people are born, grow, work, live, and age. Learn more at: <https://health.gov/healthypeople/priority-areas/social-determinants-health>

Strategies: a plan of action or policy to achieve a goal.

Systemic: relating to a system



**“THIS IS OUR COMMUNITY, A WONDERFUL ONE.
TOGETHER WE CAN IDENTIFY & WORK ON WAYS TO
MAKE IT EASIER FOR EACH PERSON TO LIVE THEIR
BEST & HEALTHIEST LIFE IN TUOLUMNE COUNTY.”**

–Michelle Jachetta, Public Health Director



**“WE ARE BLESSED TO SERVE OUR EXTRAORDINARY
TUOLUMNE COUNTY COMMUNITY IN THE QUEST FOR
OPTIMAL HEALTH AND WELLBEING. ”**

-Dr. Kimberly Freeman, County Health Officer



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