

2023 Community Health Assessment

Tehama County

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Tehama County Health Services Agency



Tehama County Community Health Assessment

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Executive Summary

The Community Health Assessment (CHA) process identifies and analyzes the community health needs of Tehama County residents. The purpose of a CHA is to collect and use data to identify priority areas to focus interventions. By identifying the most important health issues facing the community, local leaders can then work together to allocate resources, develop programs and policies, and implement strategies to improve community health.

Data on more than 90 indicators describing both social determinants and health outcomes were collected and analyzed to describe the challenges that Tehama County residents experience that affect their wellbeing. A conceptual framework, A Public Health Framework for Reducing Health Inequities adapted from the Bay Area Health Inequities Initiative, was used to center these indicators in health equity and categorized them into domains that affect health status: Social, Institutional, Living Conditions, Risk Behaviors, Disease and Injury, and Mortality. These indicators can be further classified into potential areas for action for use in prioritizing and community health improvement planning.

The CHA identifies several challenges within each domain that contribute to local health needs. Compared to California overall, the following issues stood out for Tehama County.

Social, economic, governance, and institutional conditions and inequities

- High rates of poverty, low per capita income
- Lower rates of employment
- Lower proficiency in 3rd grade Math and English Language Arts
- Lower rates of post-secondary education
- Higher rates of suspension and incarceration
- Racial health inequities and less racial diversity
- Less access to healthcare with fewer physicians, dentists, and mental health providers per population and lower rates of preventive screening

Living conditions

- Limited park access
- Higher risk of extreme heat and impact from wildfire
- Higher rates of homelessness
- Low use of active transportation, despite less access to vehicles and shorter commute times
- Inadequate access to supermarkets, high Food Environment Index score, and high food insecurity

Coping and risk behavior and conditions

- Higher rate of substantiated child abuse, repeat substantiated allegations, and adverse childhood experiences (ACEs)
- Low rate of early entry into prenatal care with significant racial and class disparities (*also a healthcare access issue*)
- High teen birth rate
- High rate of motor vehicle collisions deaths and alcohol-involved collisions
- Higher rate of smoking
- High rate of physical inactivity with limited access to adequate exercise opportunities

Health Outcomes

- High rates of high blood pressure, diabetes, and obesity
- Higher rate of preventable hospitalizations
- Higher rate of disability
- High mortality rate and premature death rate and lower life expectancy

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Introduction and Purpose

Health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity.¹ The purpose of this community health assessment (CHA) is to identify and prioritize significant health needs of people in Tehama County. While factors such as genetics and access to healthcare play an important role in health, conditions in the environment in which people are born, grow, live, work, and age are now understood to be the primary drivers of health. These conditions, also known as the social determinants of health, are influenced by the distribution of wealth, power, and resources at a global, national, and community level.

The health needs and priorities identified in this report will guide the county health department and its partners' health improvement planning and activities as well as their collaborative efforts with other organizations that share a mission to improve the health and well-being of Tehama County residents.

Health Equity

Health equity refers to the idea that everyone should have the same opportunity to be healthy, regardless of their social or economic background. Health inequities often result from interactions between individual and society factors, including health behaviors, biases in treatment by healthcare professionals, and structural and institutional behaviors that create opportunities or burdens based on social, economic, or political status.

Progress towards achieving health equity can be measured by assessing gaps in health disparities, and preventable differences in health outcomes (e.g., premature death) across populations. Identifying health disparities and barriers to optimal health are essential steps in assessing the health needs of a community. Once identified, understanding the political, economic, and social determinants that drive health disparities can guide the development of targeted, community-driven solutions that support individual and community health improvement.

Methods

A Community Health Assessment (CHA) Advisory Group was formed to guide and inform this CHA. Members of this group were recruited by the Tehama County Health Services Agency with the goal of recruiting and engaging members of community organizations who were knowledgeable about community health, well-being, and needs, particularly among populations most impacted by health issues. This group met regularly beginning in fall 2022 through spring 2023 to review and contribute data, give input on indicator selection, and provide context based on community insights. This community insight was particularly important when state data sources were used for Tehama County that the group felt were not accurate or relevant given the community's rural nature. At the end of the process, the CHA Advisory Group voted on their health priorities for community health improvement. These are listed in the Priorities section of this document.

The CHA Advisory Group included partners from organizations throughout Tehama County. These organizations included the following:

¹ World Health Organization et al. Preamble to the constitution of the world health organization, as adopted by the international health conference, New York, pp. 19-22 (June 1946): entered into force on 7 April 1948. <http://www.who.int/aboutwho/en/definition.html>.

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- Tehama County Health Services Agency
- Empower Tehama
- Tehama County Regional Transportation Planning Agency
- St. Elizabeth Community Hospital
- Rolling Hills Clinic
- Greenville Rancheria
- Tehama County Job Training Center
- Tehama County Library
- Expect More Tehama
- Butte-Glenn Medical Society
- Red Bluff Chamber of Commerce
- SCORE
- Tehama County Continuum of Care
- Partnership Health Plan of California

The Mobilizing for Action through Planning and Partnership (MAPP) model informed this CHA and the Public Health Framework for Reducing Health Inequities² was chosen as a conceptual blueprint to guide indicator selection. Data sources were evaluated for availability at the county level, by sub-county geography, by race/ethnicity, and by timeliness and updates. Indicators from the Healthy Places Index (HPI) were selected to operationalize the concepts in the BARHII framework. These indicators include measures of the social conditions that drive the health of a community in addition to health risk behaviors and health outcomes. Additional indicators were used to augment these data and include measures of maternal and child health, morbidity, mortality, and life expectancy across multiple data sources (Table 1). Where available, measures were compared to those of California overall, across available demographic groups and, in the case of HPI indicators, across geographies within California to identify disparities. Those areas where disparities were present or where the measure was worse for Tehama County than the state are described. Data from the Tehama County Community Context Assessment was also used to operationalize the BARHII framework and give more context to some of the indicators in Table 1.

Table 1. [Selected Indicators](#)

Social, Institutional, Health Conditions and Inequities and Racial Diversity	Living Conditions	Coping and Risk Behaviors and Conditions	Disease, Injury, and Mortality
3rd Grade English Proficiency	Active Commuting	Access to Exercise Opportunities	Alcohol-Impaired Driving Deaths
3rd Grade Math Proficiency	Automobile Access	Adult Obesity	Coronary Heart Disease
4-Year Cohort Graduation Rate	Average Commute Time to Work	Adult Smoking	Cervical Screening
Above poverty	Broadband Access	Adverse Childhood Experiences (ACEs)	Colorectal Screening
Bachelor's Degree or Higher	Childcare cost burden	Chlamydia Incidence	Diagnosed Diabetes

² See Figure 1 in the Appendix.

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Employed	Diesel Particulate Matter	Early Entry Into Prenatal Care	Disability
Gender Pay Gap	Drinking Water Contaminants	Excessive Drinking	Drug Overdose Deaths
High School Enrollment	Extreme Heat Days Above 90- & 100-Degrees F (2035-2064)	Excessive Weight Gain in Pregnancy	Emergency Department Visits for Heat-Related Illness
Incarceration	Extreme Heat Days Above 90- & 100-Degrees F (2070-2099)	Food Insecurity	Hemoglobin A1C Control
Insured Adults	Food Environment Index	Limited Access to Healthy Foods	Hypertension Control
Per Capita Income	Homeownership	Motor Vehicle Crash Deaths	High Blood Pressure
Preschool Enrollment	Homelessness	Physical Inactivity	Leading causes of death
Racial/Ethnic Diversity Index	Housing Habitability	Pre-pregnancy Overweight or Obese	Life Expectancy
Racial/Ethnic Diversity of Elected Officials	Low-income Homeowner Severe Housing Cost Burden	Reoccurrence of Child Abuse Maltreatment	Mental Health Not Good
Ratio of Population to Primary Care Physicians	Low-income Renter Severe Housing Cost Burden	Substantiated Child Abuse	Mortality Rate
Ratio of Population to Mental Health Providers	Ozone & PM 2.5	Teen Births	Neonatal Abstinence Syndrome
Student Suspension	Park Access		Physical Health Not Good
Teacher and Staff Diversity	Perception of Neighborhood Safety		Preterm Birth
Voting	Supermarket Access		Preventable Hospitalizations
	Tree Canopy		Premature Mortality Rate
	Uncrowded Housing		
	Violent Crime		
	Wildfire Risk		

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Findings

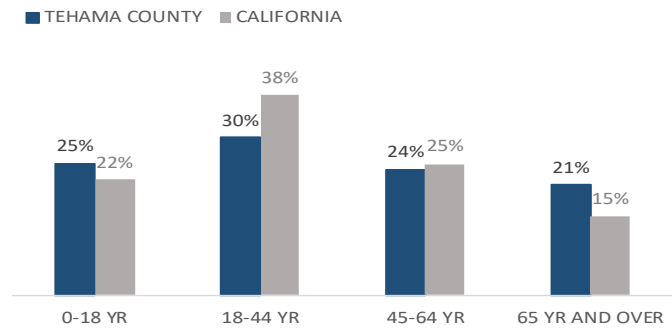
Demographic description of the community

There are an estimated 65,500 individuals living in Tehama County, an increase of 3.7% since 2015. One in four residents in the county is under 18 years of age and over 21% are 65 years and older (Figure 1). Tehama County has a higher proportion of adults over 65 years than California (15%). This was the fastest growing age group between 2015 and 2021 with its population increasing 13.2%.

The largest racial or ethnic group in Tehama County is the white, non-Hispanic group, with a population of 42,200 (64% of the total population). More than one in four residents (27%) is Hispanic or Latino (Figure 2). This population had the most growth from 2015 to 2021, increasing by about 2,700 from 15,200 in 2015 to 17,900 in 2021. More than a third of children 5-17 years (36%) and about one in six adults (17%) in Tehama County speaks a language other than English at home. About 90% of these residents speak Spanish, with less than 10% speaking Asian and Pacific Island languages, and other Indo-European languages.

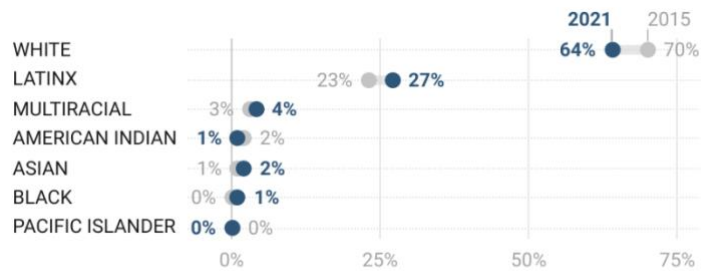
Approximately 50% of households in Tehama County have an income under \$50,000 per year compared to 30% of California households, and about 15% of the population lives below the federal poverty line (\$26,500 for a family of four in 2021).³

Figure 1. Percent of the population by age group, Tehama County and California, 2021



Source: ACS, 1 Yr Estimates 2021

Figure 2. Percent of the population by race/ethnicity, Tehama County, 2015 and 2021



Source: ACS, 1 Yr Estimates 2021 • Created with Datawrapper

³ U.S. Census Bureau, American Community Survey, 2021 1-Year Estimates

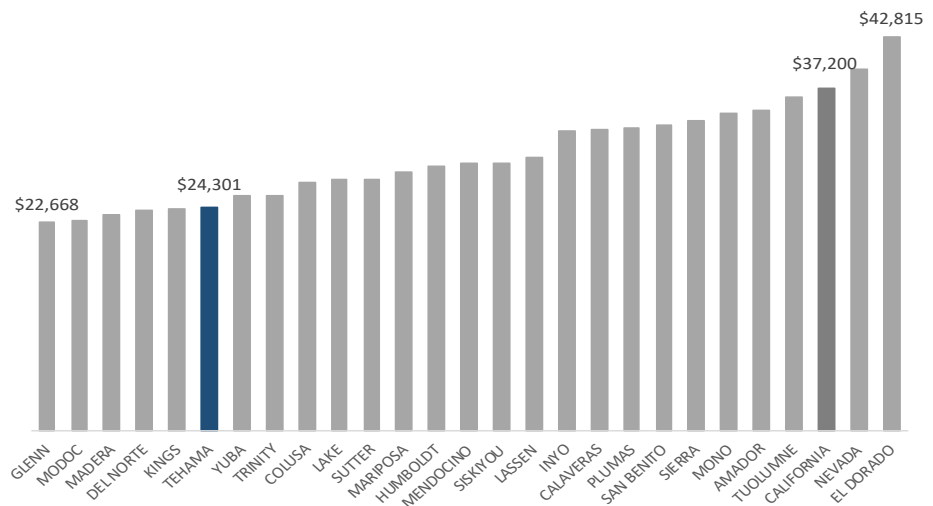
Summary of Findings

SOCIAL, ECONOMIC, AND INSTITUTIONAL CONDITIONS AND INEQUITIES

Poverty has long been recognized as a contributor to death and disease.⁴ Poor health can also lead to income deficits creating a negative feedback loop. Residents of impoverished communities often have reduced access to resources that support a healthy quality of life and individuals living in poverty are more likely to have behavioral risk factors for disease including smoking, substance use, obesity, and chronic stress.⁵

Tehama County is one of the least resourced counties in California ranking in the ninth percentile for the proportion of people earning 200% or more of the federal poverty level (55%, about \$25,000). **Per capita income** in the county is \$24,300 per year, compared to \$37,200 for California overall. Even among the 27 rural counties in California,

Figure 3. Per capita income of rural counties in California, 2015-2019



Tehama County's per capita income is the sixth lowest in the state (Figure 3). Inequities exist across geographies within the county. In Red Bluff, about 42% of individuals earn 200% or more of the federal poverty level compared to 56% of residents of Corning. In the Community Context Assessment, almost half of the groups described economic conditions such as inflation and high cost of living as a driver of inequity in the county, naming food and shelter feeling out of reach to some, as well as access to healthy food options as a persistent challenge both due to cost and limited physical proximity.⁶

Although pay discrimination became illegal in the United States over 50 years ago, the persistent **pay gap** continues to affect women and families. The pay gap even affects women in retirement. As a result of lower

⁴ "Health, Income, & Poverty: Where We Are & What Could Help," Health Affairs Health Policy Brief, October 4, 2018. DOI: 10.1377/hpb20180817.901935

⁵ Healthy People 2030, U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion; Social Determinants of Health. Retrieved December 9, 2022 from <https://health.gov/healthypeople/objectives-and-data/social-determinants-health>

⁶ 2024 Tehama County Community Context Assessment

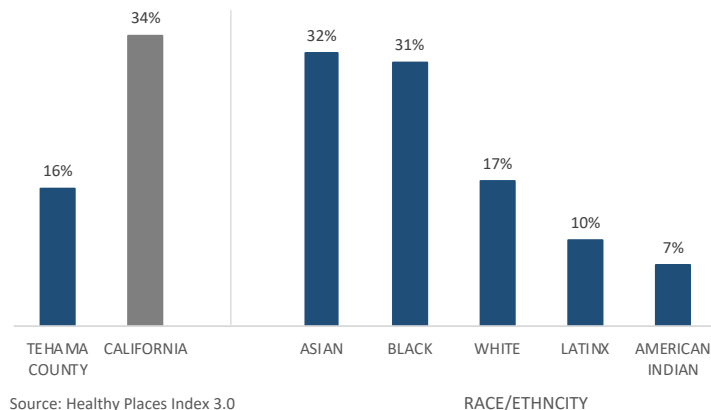
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lifetime earnings, they receive less in pension and Social Security.⁷ Women residents of Tehama County earn 78 cents for every dollar a man earns, and the gap is greater for women 25 years and older with a high school degree (or equivalent) or less (about 63 cents for every dollar a similarly educated man earns). Tehama County women with a graduate degree or higher, however, earn \$1.14 for every dollar a similarly educated male resident earns.

Employment is linked to health outcomes not only because of the income and health insurance it can provide, but also for its direct effect on physical and mental health. Those who are unemployed are more likely to report feelings of depression, anxiety, low self-esteem, worry, and physical pain. They also suffer more from stress-related illnesses, high blood pressure, stroke, heart attack, heart disease, and arthritis.⁸ The employment rate is lower among Tehama County residents 25-64 years compared to the state overall (66% compared to 73%). Rates vary by geography, ranging from 61% for Tehama residents to 71% for residents of Corning. While numbers are relatively small and margins of error are larger for smaller racial and ethnic populations of the county, multiracial, American Indian and Alaska Native, and Asian residents of the county have lower employment rates than Black, Latino, and White residents.

Educational attainment is strongly linked to health and lifespan independently and as a driver of income.⁹ Education can create opportunities for better health through higher wages and improved knowledge and skills to make healthier choices. Conversely, poor health can put educational attainment at risk. Less than 16% of Tehama County adults 25 years and older have a **bachelor's degree or higher** compared to 34% of California adults 25 years and older, with even lower rates among Latinos (10%) and American Indian and Alaska Native (7%) residents of the county (Figure 4).

Figure 4. Percent of adults 25 years and older with a bachelor's degree or higher, Tehama County and California, 2015-2019



Early literacy and math proficiency are connected to long-term academic performance and graduation rates.

⁷ AAUW, Simple Truth About the Gender Pay Gap https://www.aauw.org/app/uploads/2020/02/Simple-Truth-Update-2019_v2-002.pdf

⁸ Healthy People 2030, U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion; Social Determinants of Health. Employment. Retrieved December 20, 2022 from <https://health.gov/healthypeople/priority-areas/social-determinants-health/literature-summaries/employment>

⁹ Raghupathi, V., Raghupathi, W. The influence of education on health: an empirical assessment of OECD countries for the period 1995–2015. *Arch Public Health* 78, 20 (2020). <https://doi.org/10.1186/s13690-020-00402-5>

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About 41% of Tehama County third graders scored proficient or better in English Language Arts compared to 49% of California third graders and White students performed better on average (46%) compared to their Latino counterparts (36%). More than 55% of economically advantaged third graders score proficient or better in ELA compared to 36% of economically disadvantaged students. There were similar disparities for third grade math proficiency with 51% of White third graders scoring proficient or better compared to 37% of Latino third graders and 39% of economically disadvantaged third graders scoring proficient or better compared to 60% of non-economically advantaged third graders.

Enrollment in high school is high in the county. About 94% of Tehama County teens aged 15 to 17 were enrolled in high school, similar to the percent of California teens 15 to 17 enrolled in high school (98%) and the **four-year cohort graduation rate** in Tehama County (86%) was higher than the California rate (84%). The graduation rate was similar for White and Latino students of the county.

Research indicates that **suspensions** are largely ineffective at dealing with student behavior issues in middle and high school and can have negative effects on a student's future academic performance, attendance, and behavior impacting graduation and drop-out rates and overall academic achievement of the entire student body.¹⁰ Additionally, early exposure to Adverse Childhood Experiences (ACEs) have been shown to be associated with a higher suspension and expulsion rate.¹¹

Tehama County has a higher **suspension rate** compared to the state (5.1 per 100 students compared to 3.5 per 100 students) and rates were highest among American Indian and Alaska Native and multiracial students.

Incarceration can affect the health and well-being of those currently incarcerated, those with a history of incarceration, and their families and communities. Studies have shown that compared to the general population, people who are incarcerated are more likely to have many chronic and infectious diseases like asthma, arthritis, tuberculosis, and hepatitis C, and they are more likely to have a higher prevalence of ACEs.¹² Incarceration rates are often disproportionately higher among certain racial and ethnic groups due to inequitable arrest and conviction practices.¹³ The **incarceration rate** in Tehama County is almost twice as high as the California rate (521.7 per 1,000 population compared to 289.1 per 1,000 population).

¹⁰ National Education Association, U.S. Department of Education. (2014). Guiding Principles: A Resource for Improving School Climate and Discipline. <https://www.nea.org/advocating-for-change/new-from-nea/school-suspensions-do-more-harm-good>

¹¹ Pierce, H., Jones, M., Gibbs, B. Early adverse childhood experiences and exclusionary discipline in high school. 2022. Soc Sci Res. <https://pubmed.ncbi.nlm.nih.gov/34823667/>

¹² To learn more about Adverse Childhood Experiences, or ACEs, visit www.NumberStory.org.

¹³ Healthy People 2030, U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion; Social and Community Context. Incarceration. Retrieved December 20, 2022 from <https://health.gov/healthypeople/priority-areas/social-determinants-health/literature-summaries/incarceration>

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Diversity is the range of human differences, including but not limited to race, ethnicity, gender, gender identity, sexual orientation, age, social class, physical ability or attributes, religious or ethical values system, national origin, and political beliefs. Research has shown that diversity and inclusion benefit the health, happiness, and progress of society as a whole and for individuals.¹⁴ Tehama County ranks lower in racial diversity (Racial/Diversity Index of 44%) than more than half of California counties and the state overall (52%). Red Bluff ranks lowest in racial diversity (39%) among cities in the county. The county performs similar to California for Teacher and Staff Diversity (5.2 per 100 vs. 5.0 per 100) and ranks in the 60th percentile among all counties in California for Race/Ethnic Diversity of Elected Officials.

Inadequate **health insurance coverage** is one of the largest barriers to health care access, and the unequal distribution of coverage contributes to disparities in health.¹⁵ One in ten Tehama County residents lacks health insurance and coverage is significantly less among American Indian/Alaska Native, Latino, and multiracial residents (81%, 82%, and 85%) than White residents (92%).

Access to health care also requires an adequate system of providers. Sufficient availability of primary care physicians is necessary for preventive and primary care. The **ratio of the Tehama County population to primary care physicians** is 2,030:1, or 2,030 residents for every primary care physician. This is significantly fewer physicians per population than California (1,240 population:1 physician) and a decrease in physicians per population over the past five years (from 2,340:1 in 2015). Access to mental health providers is also limited in Tehama County. There were 570 residents for every mental health provider in Tehama County compared to 240:1 in California overall. In the 2024 community context assessment, access to healthcare services was stressed as a barrier to community health by both industry and demographic groups. They stressed a critical shortage of healthcare providers, particularly within specialities. Lack of affordable hospice caregivers for the aging population and long-term care services for those struggling with mental illness was also emphasized.¹⁶

¹⁴ Phillips, K, Northcraft, G, Neale, M (2006). Surface-Level Diversity and Decision Making in Groups: When Does Deep Level Similarity Help?, *Group Processes & Intergroup Relations*, Vol 9(4), 467-482; Parker, E.T., III, Barnhardt, C.L., Pascarella, E.T., & McCowin, J.A. (2016). The Impact of Diversity Courses on College Students' Moral Development. *Journal of College Student Development* 57(4), 395-410. [doi:10.1353/csd.2016.0050](https://doi.org/10.1353/csd.2016.0050).

¹⁵ Healthy People 2030, U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion; Social Determinants of Health. Access to Health Services. Retrieved January 28, 2023 from <https://health.gov/healthypeople/priority-areas/social-determinants-health/literature-summaries/access-health-services>

¹⁶ 2024 Tehama County Community Context Assessment

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LIVING CONDITIONS

Physical Environment

A community's health is greatly impacted by the physical environment in which residents live, work, and play. People interact with their physical environment through the air they breathe, water they drink, houses they live in, the transportation they access, and the recreational resources available to them. Poor physical environments can contribute to a broad range of health issues from asthma and lung disease due to air pollution, to obesity due to unsafe places to exercise and limited access to healthy foods.¹⁷

Tehama County performs as well or better than California in **air and water quality** and has a greater proportion of land with **tree canopy** than the state. However, the county scores in the zeroth percentile (lowest of all California counties) for **park access**. Only 25% of Tehama residents live within a walkable distance (half-mile) of a park, beach, or open space compared to 77% of Californians overall.

As a result of climate change, temperatures across the globe have increased. It is predicted that as temperatures continue to rise, environments will experience more common, more severe, and longer-lasting heat waves and other dangerous weather events leading to a higher risk for disaster-related injury and death, including those that are heat-related. From 2035-2064, Tehama County is expected to experience 141 days of **extreme heat** over 90 degrees Fahrenheit, with more than half (75 days) over 100 degrees Fahrenheit. By 2070-2099 the number of extreme heat days over 90 degrees will increase to 161 days and those over 100 degrees to 103 days. Extreme heat, particularly in urban areas, is often associated with very poor air quality, the combination of which can pose a major health risk to vulnerable groups: young children, the elderly, outdoor workers, and those with pre-existing health conditions, including asthma.¹⁸

Extreme heat and drought also fuel larger and more frequent wildfires, further contributing to poor air quality in addition to displacement and stress for many residents. About 18% of residents of Tehama County live in areas with a **very high risk for wildfires** compared to 7% of California residents.

Measures of homeownership and housing habitability in the county are higher than the state overall but disparities exist. Almost 70% of White residents own their homes compared to 53% of Latino residents and 44% of Black residents. In Red Bluff, 38% of residents owned their home compared to 65% of residents in the county overall. More than 95% of Tehama County **households were uncrowded** compared to 92% for the state but this varied by race/ethnicity and geography. About 89% of Latino households were uncrowded compared to 98% of

¹⁷ University of Wisconsin Population Health Institute. County Health Rankings & Roadmaps 2022.

<https://www.countyhealthrankings.org/explore-health-rankings/county-health-rankings-model/health-factors/physical-environment>

¹⁸ Melillo, J.M., T.C. Richmond, and G.W. Yohe (eds.). 2014. Climate change impacts in the United States: The third National Climate Assessment. U.S. Global Change Research Program. <http://nca2014.globalchange.gov>

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White households and households in Corning were less likely to live in uncrowded households (89%) than residents of the county overall.

Homelessness and housing instability is a complex public health issue. People with chronic conditions are more likely to experience homelessness or housing instability; likewise experiencing homelessness or housing instability can have negative effects on physical and mental health. People experiencing homelessness are more likely to die prematurely, have a heart attack or stroke, or die of heart disease if they are between 25-44 years old than those who are stably housed.¹⁹ In 2019, 347 people in Tehama County were experiencing homelessness, a rate of 53.2 per 10,000 population, significantly higher than the comparable California rate of 38.2 per 10,000 population.

Transportation issues including **lack of vehicle access**, inadequate infrastructure, long distances, and lengthy times to reach needed services affect the health of a community in several ways. Lack of or limited access to transportation presents barriers to accessing health care contributing to missed appointments, delayed care, and missed or delayed medication use and resulting in poor disease management and health outcomes.²⁰ According to the American Community Survey, 7% of Tehama County households lack access to a vehicle. An extensive analysis by the Tehama County Transportation Commission found that by census block group, as many as 38% of households (range 0-38%) were zero-vehicle households.²¹ Transportation challenges were also noted in the Community Context Assessment, finding that transportation was a critical barrier to community health, particularly affecting persons with disabilities and the elderly. Transportation was cited as a challenge not necessarily because of the lack of transportation networks but rather because existing networks have reduced service times and/or limited routes, and for residents not utilizing public transit, high fuel costs increase the overall cost of living.

Active commuting, or travel by bus, walking, or cycling can serve as a transportation alternative, especially among households with limited or no access to a vehicle. About 3% of Tehama County residents 16 years and older use active commuting to travel to work compared to 9% of California residents, despite having shorter **commute times to work**. Forty percent of Tehama County residents have average commute times to work of less than 15 minutes compared to 21% of California residents.

¹⁹ National Center for the Homeless Council (2019). Homelessness and Health: What is the connection? <https://nhchc.org/wp-content/uploads/2019/08/homelessness-and-health.pdf>

²⁰ Syed ST, Gerber BS, Sharp LK. Traveling towards disease: transportation barriers to health care access. J Community Health. 2013 Oct;38(5):976-93. doi: 10.1007/s10900-013-9681-1. PMID: 23543372; PMCID: PMC4265215.

²¹ Tehama County Transportation Commission (2022). Tehama County Short-Range Transportation Plan. Syed ST, Gerber BS, Sharp LK. Traveling towards disease: transportation barriers to health care access. J Community Health. 2013 Oct;38(5):976-93. doi: 10.1007/s10900-013-9681-1. PMID: 23543372; PMCID: PMC4265215.

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Compared to California overall (89%), Tehama County households are much less likely to have **broadband internet** (74%). Households in Corning (67%) and Tehama (69%) were less likely to have broadband access than Red Bluff households (76%) and Latino and White households had about similar access (78% compared to 81%). In the Community Context Assessment, these barriers (broadband internet infrastructure, as well as lack of access to necessary devices and technology literacy makes it difficult for residents to effectively utilize telehealth platforms.

Tehama County residents are more likely to **feel safe in their neighborhoods** (93%) than Californians overall (88%). Neighborhood safety varied by race/ethnicity, with 96% of white Tehama County residents reporting feeling safe in their neighborhoods all of the time compared to 88% of Latino residents.

About one in three Tehama County residents have **adequate access to a supermarket**, living within a half a mile (for urban areas) or a mile (for rural areas) of a grocery store. This varies by geography, with a higher proportion of residents living near a supermarket in Red Bluff, Corning, and Tehama (60%, 60%, and 54%, respectively) than in more rural areas of the county. The Tehama County **Food Environment Index**, a measure that accounts for both proximity to healthy foods and income, is also one of the lowest (worst) among counties in California. In addition, Tehama County has one of the highest rates of **food insecurity** (16%), or percentage of people who lack access to adequate food, in California.

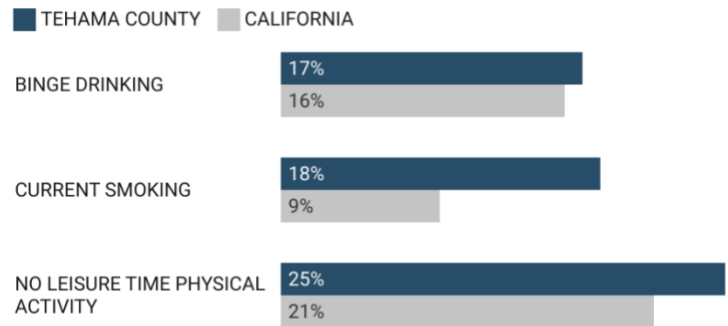
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COPING AND RISK BEHAVIORS AND CONDITIONS

Risk and coping behaviors, as well as potentially unsafe conditions, can expose people to harm or significant of harm. They are generally amendable to modifiable actions that can reduce potentially harm. These behaviors and conditions can prevent individuals from attaining optimum health by increasing the likelihood of developing infectious or chronic diseases, leading to significant morbidity and early death.

Tehama County is ranked among the least healthy counties in California for health risk behaviors. Almost one in five adults in the county are **current tobacco smokers**, twice as high as the California smoking rate (Figure 5). One in four (25%) Tehama County adults are **physically inactive** and only 51% of Tehama residents have **adequate access to exercise opportunities** compared to 93% of Californians.

Figure 5. Prevalence of select risk behaviors, Tehama County and California, 2020



Source: Healthy Places Index 3.0 • Created with Datawrapper

While rates of **excessive drinking** among Tehama County adults (17%) are comparable to the state (16%), over half of motor vehicle crashes in the county involved alcohol. The death rate from motor vehicle collisions among Tehama County residents was also more than twice that of the state (22 per 100,000 compared to 10 per 100,000).

The rate of **newly diagnosed chlamydia infections** among county residents was less than the state (326 per 100,000 compared to 600 per 100,000). The **teen birth rate** in Tehama County was significantly higher than the California rate (22 per 1,000 compared to 13 per 1,000 females 15-19 years).

Early entry into prenatal care (within the first trimester) is both a measure of risk and of access to care. About 67% of pregnant Tehama County residents received first trimester prenatal care compared to more than 86% of pregnant California residents. Rates of early entry into prenatal care were lower among Latino, Asian, and multiracial mothers, mothers with a high school education or less, mothers with a Medi-Cal-funded birth, and mothers who live in neighborhoods with a higher proportion living in poverty.

The rate of **substantiated child abuse** was greater in Tehama County than the state overall (10.4 per 1,000 children compared to 6.6 per 1,000 children). Rates for Tehama County children by age group were higher than the comparable state rates. White Tehama County children had higher rates of substantiated child abuse than Latino children (10.6 per 1,000 children compared to 7.8 per 1,000 children), a pattern not seen in California overall where Latino children have higher rates. In addition, the percent of children with **substantiated allegations with a reoccurrence within 12-months** was higher for Tehama County than for California (14% compared to 8% in 2020).

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Adverse Childhood Experiences (ACEs) are stressful, potentially traumatic experiences that are common childhood experiences; almost two in three U.S. adults have experienced at least one ACE.²² ACEs and toxic stress are associated with over 40 physical and behavioral health conditions, including most of the leading causes of death. In Tehama County, almost one in four (23%) of adults reported having four or more ACEs, compared to about 18% of Californians. Tehama County is in the highest quartile among California counties for the percent of adults with four or more ACEs.

The level of **disaster preparedness among residents** in Tehama County may create risk for negative health outcomes. During the fall of 2023, Tehama County Health Services Agency conducted an online and in-person survey of 245 adult residents of Tehama County about their emergency and disaster readiness. Residents were notified about the anonymous survey through email, social media, flyers, and at select in-person community events. The survey found that **less than half (45%) of survey respondents had taken preparatory steps for disasters**, revealing a significant gap in overall community preparedness. Respondents with lower readiness included younger adults, people enrolled in Medi-Cal, people with disabilities, and Hispanic individuals. Most respondents (61%) indicated they had a household emergency kit; reported barriers to obtaining emergency kits were primarily financial. Most respondents (87%) reported being concerned about fire or fire-related impacts, significantly more than respondents reported being concerned about flooding (40%), electrical grid failure (39%), or earthquake (35%).²³

²² ACEs include the following experiences before the age of 18: physical abuse, sexual abuse, emotional abuse; physical neglect and emotional neglect; growing up in a household with substance use challenges, mental health challenges, parental separation or divorce, household members going to jail or prison, or witnessing domestic violence.

²³ Source: Disaster Preparedness in Tehama County: Survey Results. Unpublished data. Collected by Tehama County Health Services Agency, fall 2023.

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DISEASE, INJURY, AND MORTALITY

Behavioral risk factors and coping behaviors lead to infectious and chronic disease, disability, and premature death. Many of the leading causes of death are largely preventable, or can at least be postponed, by addressing social determinants of health and reducing health inequities in a community.

Tehama County residents are more likely than Californians overall to have many of the **chronic diseases** that lead to disability and premature death. One in three Tehama County adults (33%) has high blood pressure compared to 28% of Californians and 12% has diabetes (compared to 10% of Californians). More than a third (34%) of Tehama County adults is obese, one of the highest rates in the state (93rd percentile).

An estimated 20% to 40% of Americans reported delays in routine, urgent, and emergent medical care during the COVID-19 pandemic,²⁴ and a majority of households with people with chronic conditions cut back on care.²⁵ This deferred care contributed to delays in treatment and diagnosis and is expected to result in an increase in preventable deaths over the next decade. Estimates of timeliness of care, such as **preventative screenings**, show a slight decrease from 2017 to 2020, from 70% to 66% for mammography screening, 62% to 57% for colorectal screening and 83% to 81% for cervical cancer screening. Rates for the county were also lower than those of the state, especially for colorectal screening (57% compared to 63% for California) and mammography screening (66% compared to 76% for California).

Preventable hospitalizations are inpatient stays for treating conditions that may be avoidable, in part, through timely and quality primary care and preventive screenings. The observed rate of preventable hospitalizations in Tehama County is higher than the state rate (1,054 per 100,000 compared to 694 per 100,000). Rates varied by race and ethnicity and were highest among Black (1,488 per 100,000) and White (1,229 per 100,000) residents of the county.

The risk-adjusted rate of **preventable hospitalizations for chronic conditions** increased from 2016 to 2019 then fell sharply in 2020. In 2021, rates increased to 2018 levels. Rates were lower or similar to those of California. The trend was similar for rates of preventable hospitalizations for diabetes-related conditions. Tehama County rates were lower or comparable to those of California with the exception of preventable hospitalizations for short-term complications of diabetes which had a rate 1.5 times higher than the state.

As extreme heat events become more common, more severe, and longer-lasting, the risk of **heat-related illness** and death increases, particularly among vulnerable populations such as children, the elderly, economically disadvantaged groups, and those with some chronic health conditions. Heat can also contribute to premature death from other health impacts and can worsen chronic conditions such as cardiovascular disease, respiratory

²⁴ Findling MG, Blendon RJ, Benson JM. Delayed care with harmful health consequences—reported experiences from national surveys during coronavirus disease 2019. *JAMA Health Forum*. doi:10.1001/jamahealthforum.2020.1463

²⁵ Czeisler M, Marynak K, Clarke KEN, et al. Delay or avoidance of medical care because of COVID-19-related concerns - United States, June 2020. *MMWR Morb Mortal Wkly Rep*. 2020;69(36):1250-1257. Epub 2020/09/12. doi: 10.15585/mmwr.mm6936a4

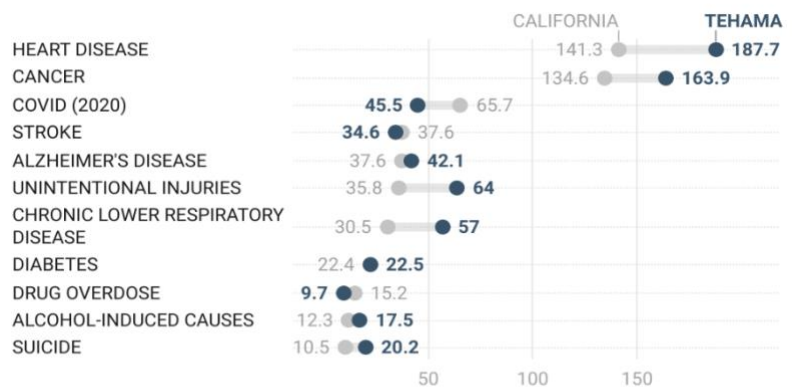
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disease, and diabetes.²⁶ The rate of **emergency department visits due to heat-related illness** in Tehama County varied over the past ten years and ranged from a low of 26.2 per 100,000 in 2012 to a high of 71.6 per 100,000 in 2017. ED visit rates due to heat-related illness are significantly higher for Tehama County than for California overall (33 per 100,000 compared to 11 per 100,000 in 2020).

About 16% Tehama County adults report poor **physical health** and 17% report poor **mental health**, both of which are higher than the state (12% and 12%, respectively). One in five (19%) Tehama County residents has a **disability** compared to about 1 in 10 Californians (11%).

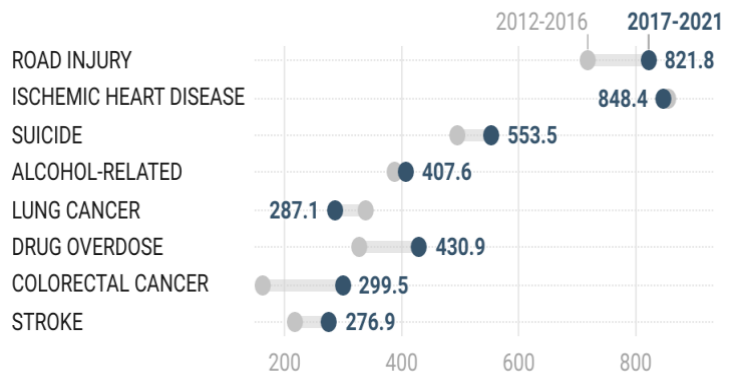
Tehama County has a significantly lower **life expectancy** (76.5 years) and higher **premature death rate** (9,917 per 100,000) than the state (81 years and 5,998 per 100,000, respectively). In addition, the county ranks among the highest in the state for cancer, suicide, stroke, heart disease, chronic lower respiratory disease, and diabetes mortality. The county has the sixth highest **mortality rate for alcohol-induced causes** (Figure 6). The death rate from heart disease increased 19% and the death rate from unintentional injury increased 17% from 2010-2014 to 2016-2020. The premature death rate has also increased, especially for colorectal cancer (152% increase), drug overdose (40% increase), alcohol-related deaths (28% increase), and ischemic heart disease (26% increase) (Figure 7). COVID-19 was the leading cause of premature death in 2021, increasing to 1,378 years of life lost (YLL) per 100,000 from 247 YLL per 100,000 in 2020 (data not shown).

Figure 6. Age-adjusted mortality rate for the leading causes of death per 100,000 population, Tehama County and California, 2016-2020



Source: CDC Wonder, 2016-2020 • Created with Datawrapper

Figure 7. Premature death rate for leading causes per 100,000, Tehama County, 2012-16 to 2017-21



Source: CA Burden of Disease Engine • Created with Datawrapper

²⁶ USGCRP (U.S. Global Change Research Program). 2016. The impacts of climate change on human health in the United States: A scientific assessment. <https://health2016.globalchange.gov>

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Conclusion

Tehama County currently ranks among one of the least healthy counties in the state. High rates of poverty and unemployment, low educational outcomes, and limited access to healthcare contributes to high-risk conditions and health behaviors, high rates of premature death, and low life expectancy among its residents. The challenges identified in this analysis can inform strategic and collective action to focus resources and interventions in these areas. The CHA process offers a valuable opportunity to address the county’s most pressing needs and advance community health and wellbeing.

Resources Potentially Available to Meet Health Needs

This list represents organizations in Tehama County that may have resources available to meet the health needs identified in this community health assessment. This list was first developed by St. Elizabeth’s during their 2022 community health assessment, and reviewed by the Tehama County Advisory Group and Tehama County Public Health staff for this 2023 community health assessment to ensure accuracy and relevancy. As part of the 2023 community health improvement planning process, Tehama County Public Health will look to identify additional resources available in the county to address the prioritized health needs.

Name of Resource/Organization	Primary ZIP code	Website
211 Tehama	Tehama County	211norcal.org/tehama
Active 20-30 Club of Red Bluff	96080	www.facebook.com/RedBluff2030
Adventist Compassion Care Clinic	96080	www.rbadventist.org/adventist-compassion-care-clinic
Anderson Cottonwood Christian Assistance	96007	www.facebook.com/andcca/?ref=page_internal
Brookdale Assisted Living Center	96080	www.assistedlivingcenter.com/facilities/ca/red-bluff/brookdale-red-bluff-96080
Corning Chamber of Commerce- Corning Senior Center	96021	business.corningcachamber.org/list/member/corning-senior-center-71
Corning Healthcare District	96021	www.corninghealthcaredistrict.org
Dignity Health Connected Living	96003	www.dignityhealth.org/north-state/locations/connected-living
Dignity Health- Lassen Medical Clinic	96080	www.dignityhealth.org/north-state/locations/lassen-medical-clinic

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Dignity Health- Lassen Medical Clinic Cottonwood	96022	locations.dignityhealth.org/lassen- medical-clinic-cottonwood
Dignity Health- Solano Street Clinic Corning	96021	locations.dignityhealth.org/dignity-health-solano-street-medical-clinic?utm_source=LocalSearch&utm_medium=Facility&utm_campaign=NorthState&utm_term=DignityHealthSolanoStreetMedicalClinic
Disability Action Center	95926	actionctr.org
Elders Services Coordinating Council	Tehama County	m.facebook.com/Tehama-County-Elder-Services-Coordinating-Council-256150491429532/?ref=page_internal&mt_nav=0
Empower Tehama	96080	empowertehama.org
Evergreen Union School District Foundation	96022	www.evergreenusd.org/#
Family Counseling Center Red Bluff	96080	www.fccredbluff.com
First 5 Tehama	Tehama County	www.first5tehama.org
Greenville Rancheria Tribal Health Center	95947	www.grth.org
Housing Tools	Tehama County	housing-tools.com
Lassen House Senior Living	96080	www.compass-living.com/senior-living/ca/red-bluff/lassen-house/?utm_source=GMB&utm_medium=organic
Latino Outreach of Tehama County	Tehama County	www.latinoutreachoftehamacounty.org
Mercy Housing	96080	www.mercyhousing.org/california/villa-columbia
NAMI-National Alliance on Mental Illness Tehama County	Tehama County	namica.org/locations/nami-tehama-county
NorCal Outreach Project	96002	norcaloutreach.org

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Northern California Child Development Inc.	96080	www.nccdi.com
Northern Valley Catholic Services- Family Counseling Resource Center Tehama	Tehama County	nvcss.org/tehama
Northern Valley Catholic Social Services	Tehama County	nvcss.org
Paratransit Services	96080	taketrax.com
Passages- Area Agency on Aging	96080	www.passagescenter.org
PATH- Poor and The Homeless	96080	redbluffpath.org
Rancho Tehama Community Foundation	96021	www.facebook.com/RTCF96021
Red Bluff Healthcare Center	96080	rbhc.biz/home
Red Bluff-Tehama County Chamber of Commerce	Tehama County	redbluffchamber.com
Restpadd Psychiatric Hospital	96001	www.restpadd.com
Salt Ranch	96080	salt-ranch.business.site
St. Elizabeth Hospital	96080	www.dignityhealth.org/north-state/locations/stelizabethhospital
Tehama County Adult Protective Services	Tehama County	www.tcdss.org/index.php/adultservices/adult-protective-services-aps
Tehama County Behavioral Health Services	Tehama County	www.tehamacohealthservices.net/services/behavioral-health-services
Tehama County Community Action Agency	96080	tehamacountycaa.com
Tehama County Department of Social Services- Adult Services	Tehama County	tcdss.org/index.php/adultservices
Tehama County Health Services Agency/Public Health	Tehama County	www.tehamacohealthservices.net/administration/about-us/public-health

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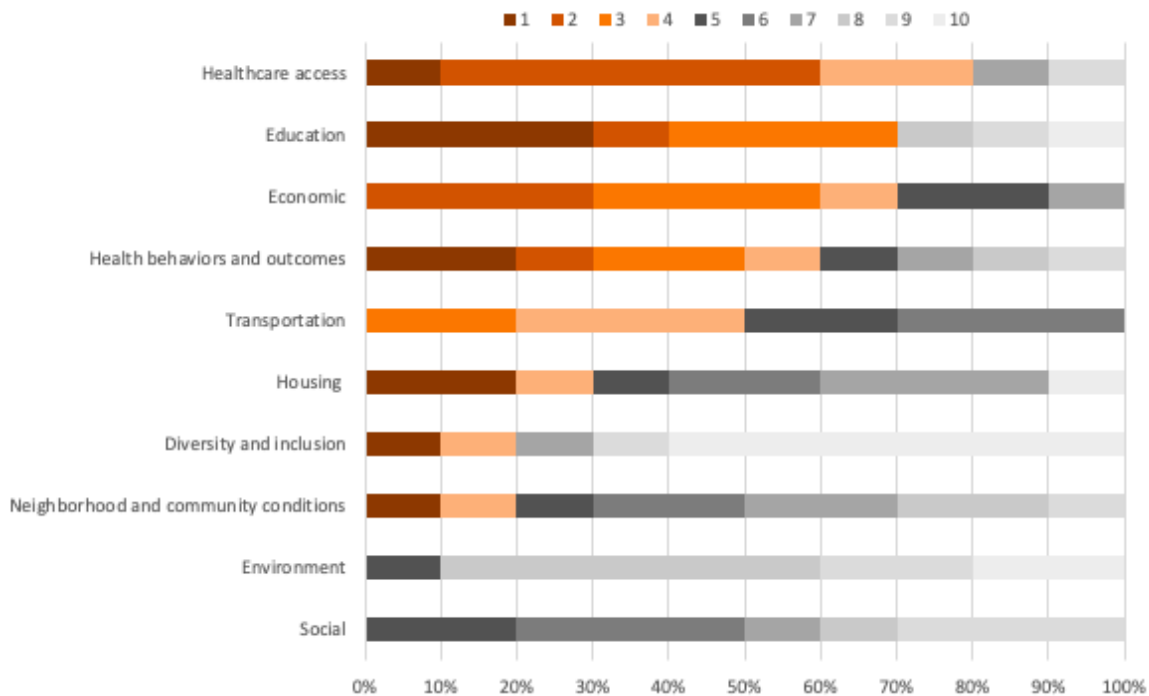
Tehama County Public Health- WIC	Tehama County	www.tehamacohealthservices.net/prevention/women-infants-children-wic
Tehama County Substance Use Recovery Services	Tehama County	www.tehamacohealthservices.net/services/substance-use-recovery-services
Tehama Together	96080	www.facebook.com/TehamaTogether

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Priorities

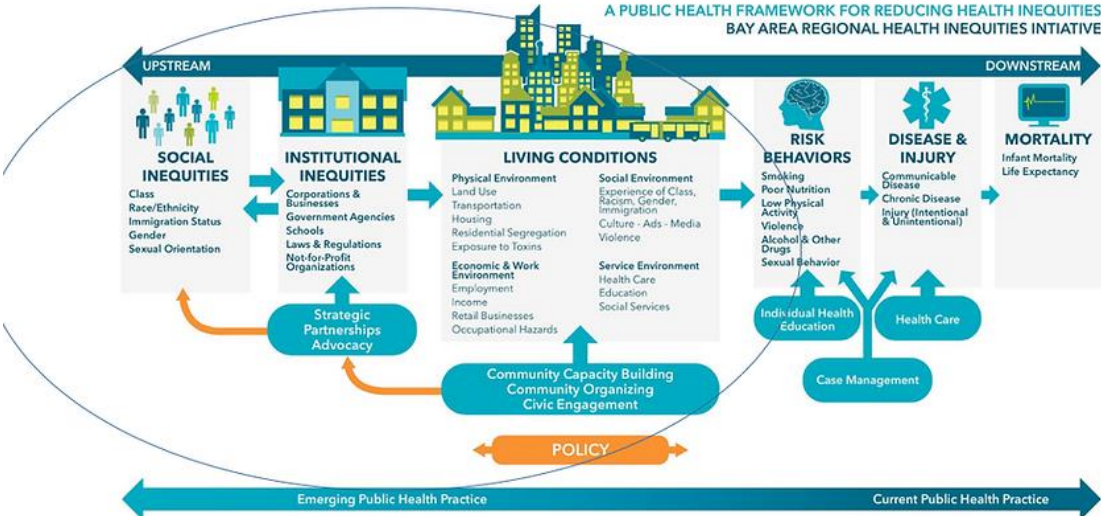
Ten members from the CHA Advisory Group prioritized the following 10 health issues after reviewing the information in this report. This was done through an anonymous survey that was sent out to the CHA Advisory Group. The top 5 priorities that were identified were Healthcare Access, Education, Economic, Health Behaviors and Outcomes, and Transportation (Figure 8). Several participants stressed that Diversity and Inclusion should be a cross-cutting priority embedded in these health priorities.

Figure 8. Ranked priorities by the CHA Advisory Group (n=10) for community improvement focus



Appendix

Figure 9. A Public Health Framework for Reducing Health Inequities



Tehama County Community Health Assessment

Table 1. Measures of Social, Economic, and Health Inequities

MEASURE	TEHAMA COUNTY	AMER INDIAN	ASIAN	BLACK	LATX	MULTI	WHITE	RED BLUFF	CORNING	TEHAMA	CALIFORNIA	YEAR
3rd grade English proficiency	42%	46%	-	-	36%	44%	46%	-	-	-	49%	2018-19
3rd grade math proficiency	45%	50%	-	-	37%	44%	51%	-	-	-	50%	2018-19
4-year cohort graduation rate	86%	58%	91%	-	86%	89%	87%	-	-	-	84%	2021
2020 Census response rate	64%	-	-	-	-	-	-	69%	63%	61%	71%	2020
Above poverty	55%	-	-	-	-	-	-	42%	56%	54%	69%	2015-19
Bachelor's degree or higher	16%	7%	32%	31%	10%	-	17%	10%	12%	11%	34%	2015-19
Cervical cancer screening	81%	-	-	-	-	-	-	-	-	-	79%	2020
Cholesterol screening	83%	-	-	-	-	-	-	-	-	-	87%	2019
Colorectal cancer screening	57%	-	-	-	-	-	-	-	-	-	63%	2020
Employed	66%	55%	52%	74%	70%	51%	66%	64%	71%	61%	73%	2015-19
Gender pay gap	78%	-	-	-	-	-	-	-	-	-	76%	2021
High school enrollment	94%	-	86%	95%	91%	-	95%	93%	93%	97%	98%	2015-19
Incarcerated people per 100,000	521.7	636	576.4	1727.9	252.5	-	604	-	-	-	289.1	2018
Insured adults	90%	81%	-	-	82%	85%	92%	90%	86%	96%	89%	2015-19
Mammography screening	66%	-	-	-	-	-	-	-	-	-	76%	2020
Per capita income	\$24,300	-	\$18,700	\$25,900	\$14,700	-	\$28,500	\$17,000	\$18,300	\$24,700	\$37,500	2015-19
Preschool enrollment	48%	-	-	-	-	-	-	65%	31%	31%	50%	2015-19
Racial diversity index	44%	-	-	-	-	-	-	39%	54%	44%	52%	2015-19
Racial diversity of elected officials	-23%	-	-	-	-	-	-	-	-	-	-	2015-19
Ratio of population to dentists	1650:1	-	-	-	-	-	-	-	-	-	1130:1	2020 2019,
Ratio of population to mental health providers	570:1	-	-	-	-	-	-	-	-	-	570:1	2021 (CA) 2019,
Ratio of population to primary care physicians	2030:1	-	-	-	-	-	-	-	-	-	1240:1	2021 (CA)
Student suspension rate	5.1	6.5	-	4.9	4.4	8.3	5.5	-	-	-	3.5	2018-19
Teacher and staff diversity	5.2	0.8	2.6	-	1.1	2.2	8.9	-	-	-	5	2018-19
Visits to the dentist	57%	-	-	-	-	-	-	-	-	-	64.3%	2020
Voting	77%	-	-	-	-	-	-	73%	70%	78%	79%	2020

*Measure is age-adjusted

Data notes: Amer Indian = American Indian and Alaska Native; LATX = Latino or Hispanic; MULTI = Multiracial

Source: Healthy Places Index 3.0; CA Department of Education, DataQuest; RACECOUNTS

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Table 2. Living Condition Measures

MEASURE	TEHAMA COUNTY	AMER INDIAN	ASIAN	BLACK	LATX	MULTI	WHITE	RED BLUFF	CORNING	TEHAMA	CALIFORNIA	YEAR	
Active commuting	3%	-	14%	-	1%	3%	4%	-	-	-	9%	2015-19	
Automobile access	93%	-	-	-	-	-	-	90%	91%	94%	93%	2015-19	
Average commute time to work		SEE TABLE X											2017-21
Broadband access	74%	-	-	83%	78%	-	81%	76%	67%	69%	89%	2015-19	
Child care cost burden		SEE TABLE 9											2019
Diesel particulate matter	0.058 KG/ DAY	-	-	-	-	-	-	0.126 KG/ DAY	0.067 KG/ DAY	0.026 KG/ DAY	0.219 KG/ DAY	2016	
Drinking water contaminants	385	-	-	-	-	-	-	397	255	520	47800	2011-19	
Extreme heat days above 90 degrees F (2035-2064)	141 days	-	-	-	-	-	-	137 days	142 days	142 days	-	2018	
Extreme heat days above 100 degrees F (2035-2064)	75 days	-	-	-	-	-	-	71 days	70.5 days	75.1 days	-	2018	
Extreme heat days above 90 degrees F (2070-2099)	161 days	-	-	-	-	-	-	158 days	163 days	163 days	-	2018	
Extreme heat days above 100 degrees F (2070-2099)	103 days	-	-	-	-	-	-	99.5 days	104 days	104 days	-	2018	
Homeownership	65%	64%	64%	44%	53%	54%	69%	38%	54%	69%	55%	2015-19	
Homelessness	53.2	-	-	-	-	-	-	-	-	-	38.2	2019	
Housing habitability	99%	-	-	-	-	-	-	99%	100%	99%	99%	2013-17	
Low-income homeowner severe housing cost burden	10%	-	-	-	-	-	-	8%	7%	7%	11%	2013-17	
Low-income renter severe housing cost burden	27%	-	-	-	-	-	-	28%	28%	19%	26%	2013-17	
Ozone	0.049 PPM	-	-	-	-	-	-	0.05 PPM	0.048 PPM	0.048 PPM	0.049 PPM	2016-18	
Park access	25%	-	-	-	-	-	-	51%	29%	16%	77%	2016	
Perception of neighborhood safety	93%	94%	-	-	89%	92%	96%	-	-	-	88%	2017	
PM 2.5	6.91 MM/M^3	-	-	-	-	-	-	6.31 MM/ M^3	7.25 MM/ M^3	7.24 MM/ M^3	10.2 MM/M^3	2015-17	
Supermarket access	34%	-	-	-	-	-	-	60%	60%	54%	-	2017	
Tree canopy	14%	-	-	-	-	-	-	13%	8%	12%	8%	2011	
Uncrowded housing	96%	88%	-	94%	89%	89%	98%	96%	89%	100%	92%	2015-19	
Violent crime	396	-	-	-	-	-	-	-	-	-	436.3	2019	
Wildfire risk	18%	-	-	-	-	-	-	<1%	<1%	0%	7%	2007	

Data notes: Amer Indian = American Indian and Alaska Native; LATX = Latino or Hispanic; MULTI = Multiracial

Source: Healthy Places Index 3.0; RACECOUNTS

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Table 3. Measures of Coping and Risk Behaviors

MEASURE	TEHAMA COUNTY	AMER INDIAN	ASIAN	BLACK	LATX	MULTI	WHITE	RED BLUFF	CORNING	TEHAMA	CALIFORNIA	YEAR
Access to Exercise Opportunities	51%	-	-	-	-	-	-	-	-	-	93%	2010 & 2021
Adult Obesity	34%	-	-	-	-	-	-	35%	35%	35%	26%	2018
Adult Smoking	18%	-	-	-	-	-	-	19%	19%	18%	9%	2018
Adverse Childhood Experiences (ACEs) and Toxic Stress	23%	-	-	-	-	-	-	-	-	-	18%	2011-17
Chlamydia Incidence	325.7	-	-	-	-	-	-	-	-	-	599.1	2019
Early Entry Into Prenatal Care	67%	74%	37%	-	63%	66%	71%	-	-	-	87%	2018-20
Excessive Drinking	17%	-	-	-	-	-	-	18%	18%	16%	16%	2018
Excessive Weight Gain in Pregnancy	48%	-	-	-	43%	47%	52%	-	-	-	46%	2018-20
Food Insecurity	6.7	-	-	-	-	-	-	-	-	-	8.9	2019
Limited Access to Healthy Foods	10%	-	-	-	-	-	-	-	-	-	3%	2019
Motor Vehicle Crash Deaths	22%	-	-	-	-	-	-	-	-	-	10%	2014-20
Physical Inactivity	25%	-	-	-	-	-	-	25%	27%	24%	21%	2018
Pre-pregnancy Overweight or Obese	54%	60%	40%	-	64%	61%	52%	-	-	-	58%	2018-20
Reoccurrence of Child Abuse Maltreatment	14%	-	-	-	-	-	-	-	-	-	8%	2021
Substantiated Child Abuse	10.4	-	-	-	7.8	-	10.6	-	-	-	6.6	2021
Teen Births	22	-	-	-	35.9	-	14.6	-	-	-	12.7	2017-19

Data notes: Amer Indian = American Indian and Alaska Native; LATX = Latino or Hispanic; MULTI = Multiracial

Source: Healthy Places Index 3.0; DataQuest; RACECOUNTS

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Table 4. Measures of Disease, Injury, and Mortality

MEASURE	TEHAMA COUNTY	AMER						RED BLUFF	CORNING	TEHAMA	CALIFORNIA	YEAR
		INDIAN	ASIAN	BLACK	LATX	MULTI	WHITE					
Alcohol-Impaired driving deaths	39%	-	-	-	-	-	-	-	-	-	28%	2016-20
Coronary heart disease prevalence	8%	-	-	-	-	-	-	8%	7%	9%	5%	2018
Diagnosed diabetes	12%	-	-	-	-	-	-	11%	12%	13%	10%	2018
Disability	19%	-	-	-	-	-	-	20%	14%	20%	11%	2015-19
Drug overdose deaths	8	-	-	-	-	-	-	-	-	-	17	2018-20
Emergency department visits for heat-related illness	32.5	-	-	-	-	-	-	-	-	-	11	2020
High blood pressure	33%	-	-	-	-	-	-	32%	31%	35%	28%	2018
Leading causes of death				SEE TABLE 6				-	-	-	-	2016-20
Life expectancy	76.2	-	-	-	82	-	75	-	-	-	81	2018-20
Mental health not good	16%	-	-	-	-	-	-	17%	17%	15%	12%	2018
Age-adjusted mortality rate	849.2	116.5	539.6	-	540.9	-	914.3	877.7	917.4	917.4	630.7	2016-20
Neonatal abstinence syndrome	10.6	-	-	-	-	-	13.4	-	-	-	2.5	2019-21
Physical health not good	17%	-	-	-	-	-	-	17%	18%	17%	12%	2018
Preterm birth	8.2%	-	-	-	7.9%	-	5.1%	-	-	-	8.8%	2018-20
Preventable hospitalizations	666.7	-	-	-	-	-	-	-	-	-	661.1	2021
Premature mortality rate	9916.8	14501.2	9064.55	-	7357.14	-	10640.9	9007.6	8712.4	8712.4	5997.1	2019-21

Data notes: Amer Indian = American Indian and Alaska Native; LATX = Latino or Hispanic; MULTI = Multiracial

Source: Healthy Places Index 3.0; CA Department of Education, DataQuest; RACECOUNTS

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Table 5. Households with No Access to a Vehicle by Census Block, Tehama County, 2015-2019

Table 2: Tehama County Demographic Characteristics													
Census Area		Total Population ¹	Youth (Ages 10-17) ^{1,2}		Seniors (Ages 65+) ^{1,2}		Population with Disability ^{1,3}		Persons in Poverty ^{1,4}		Households ^{1,5}	Zero Vehicle Households ^{1,5}	
Tract	Block Group		#	%	#	%	#	%	#	%		#	%
1	1	1,097	187	17.0%	197	18.0%	233	21.2%	152	14.2%	451	34	7.5%
	2	2,107	226	10.7%	398	18.9%	447	21.2%	293	14.2%	789	4	0.5%
	3	868	40	4.6%	252	29.0%	184	21.2%	121	14.2%	385	21	5.5%
	4	876	86	9.8%	226	25.8%	186	21.2%	122	14.2%	377	59	15.6%
2	1	1,584	106	6.7%	325	20.5%	353	22.3%	327	20.6%	673	75	11.1%
	2	2,506	139	5.5%	445	17.8%	559	22.3%	517	20.6%	967	97	10.0%
	3	3,602	321	8.9%	750	20.8%	803	22.3%	744	20.6%	1,324	17	1.3%
3	1	2,060	173	8.4%	515	25.0%	391	19.0%	406	20.0%	855	40	4.7%
	2	2,373	253	10.7%	495	20.9%	450	19.0%	468	20.0%	883	47	5.3%
4	1	1,774	64	3.6%	808	45.5%	352	19.8%	207	11.8%	720	17	2.4%
	2	2,093	300	14.3%	409	19.5%	415	19.8%	245	11.8%	715	42	5.9%
	3	2,353	584	24.8%	459	19.5%	467	19.8%	275	11.8%	871	0	0.0%
5	1	1,917	314	16.4%	233	12.2%	336	17.5%	439	24.1%	790	0	0.0%
	2	848	141	16.6%	149	17.6%	149	17.5%	194	24.1%	328	0	0.0%
	3	609	32	5.3%	133	21.8%	107	17.5%	139	24.1%	241	21	8.7%
	4	859	72	8.4%	177	20.6%	150	17.5%	197	24.1%	428	159	37.1%
	5	897	192	21.4%	134	14.9%	157	17.5%	205	24.1%	340	32	9.4%
6	1	2,519	286	11.4%	382	15.2%	557	22.1%	783	31.4%	826	77	9.3%
	2	1,889	158	8.4%	400	21.2%	418	22.1%	587	31.4%	887	87	9.8%
	3	1,237	115	9.3%	327	26.4%	274	22.1%	385	31.4%	485	19	3.9%
7	1	2,180	285	13.1%	452	20.7%	461	21.1%	708	26.7%	666	67	10.1%
	2	1,952	394	20.2%	202	10.3%	413	21.1%	634	26.7%	757	53	7.0%
	3	522	17	3.3%	107	20.5%	110	21.1%	169	26.7%	345	58	16.8%
	4	1,528	226	14.8%	244	16.0%	323	21.1%	496	26.7%	618	54	8.7%
	5	1,542	80	5.2%	241	15.6%	242	15.7%	236	20.7%	496	75	15.1%
8	1	1,039	187	18.0%	206	19.8%	163	15.7%	159	20.7%	310	26	8.4%
	2	579	22	3.8%	146	25.2%	91	15.7%	88	20.7%	215	0	0.0%
	3	1,140	235	20.6%	144	12.6%	179	15.7%	174	20.7%	399	6	1.5%
	4	1,557	225	14.5%	263	16.9%	245	15.7%	238	20.7%	528	36	6.8%
9	1	925	85	9.2%	216	23.4%	181	19.6%	188	20.3%	372	6	1.6%
	2	1,083	62	5.7%	333	30.7%	212	19.6%	220	20.3%	490	71	14.5%
	3	1,367	134	9.8%	256	18.7%	268	19.6%	278	20.3%	459	9	2.0%
10	1	613	97	15.8%	136	22.2%	115	18.8%	146	23.9%	216	6	2.8%
	2	2,408	214	8.9%	605	25.1%	453	18.8%	574	23.9%	992	0	0.0%
	3	1,417	224	15.8%	323	22.8%	267	18.8%	338	23.9%	449	49	10.9%
	4	1,221	123	10.1%	108	8.8%	230	18.8%	291	23.9%	439	0	0.0%
	5	949	66	7.0%	186	19.6%	179	18.8%	226	23.9%	318	45	14.2%
11	1	1,445	464	32.1%	124	8.6%	164	11.3%	362	25.1%	365	24	6.6%
	2	1,549	157	10.1%	108	7.0%	176	11.3%	388	25.1%	391	148	37.9%
	3	1,265	14	1.1%	276	21.8%	143	11.3%	317	25.1%	565	37	6.5%
	4	1,139	73	6.4%	116	10.2%	129	11.3%	286	25.1%	588	50	8.5%
	5	439	0	0.0%	78	17.8%	50	11.3%	110	25.1%	253	0	0.0%
	6	1,985	257	12.9%	223	11.2%	225	11.3%	498	25.1%	623	65	10.4%
Total		63,912	7,430	11.6%	12,307	19.3%	12,007	18.8%	13,930	22.1%	24,189	1,733	7.2%

Note 1: All data in this table is from the US Census American Community Survey (ACS) Five-Year 2015-2019 dataset.
Note 2: Table B01001, Population Sex by Age
Note 3: Table S1810, Non-institutionalized population with a disability
Note 4: Table S17021, Poverty Status in the Past 12 Months
Note 5: Table B25044, Tenure by Vehicle Available

Source: Tehama County Short-Range Transit Plan, Transportation Commission, 2023

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Table 6. Rank in Leading Causes of Death Compared to California Counties, 2016-2020 & 2021

	2016-2020		1 = Highest Rate	
	Tehama	California	2016-2020 rank	2021 rank*
All cause mortality	849.2	630.7	7	2
Heart disease	187.7	141.3	7	6/20**
Cancer	163.9	134.6	8	1
Unintentional injuries	64	35.8	14	--
Chronic lower respiratory disease	57	30.5	6	--
COVID (2020)	45.5	65.7	22	9
Alzheimer's disease	42.1	37.6	15	40
Stroke	34.6	37.6	35	6
Diabetes	22.5	22.4	22	8
Suicide	20.2	10.5	11	4
Alcohol-induced causes	17.5	12.3	15	6
Drug overdose	9.7	15.2	49	13

^CDC Wonder

*CA Community Disease Burden; <https://skylab.cdph.ca.gov/communityBurden/>

**ischemic heart disease/hypertensive heart disease

Table 7. Trend in Death Rates per 100,000 for Leading Causes of Death, 5 year moving averages, Tehama County

	2010-2014	2011-2015	2012-2016	2013-2017	2014-2018	2015-2019	2016-2020
Heart Disease	157.5	160.4	164.7	174.4	180.3	187.3	187.7
Cancer	169.7	161.1	159.8	161.2	162	161.9	163.9
Chronic Lower Respiratory Diseases	62.4	63	62.9	60.3	61.1	59.3	57
Stroke	44.3	44.3	40.6	38.5	36.5	35.3	34.6
COVID-19	-	-	-	-	-	-	45.8*
Unintentional Injuries	54.5	52.3	52.6	54.2	57.4	62	64
Alzheimer's Disease	26.2	26.1	28.2	34	35.6	39	42.1
Diabetes Mellitus	20.6	19.9	20.8	19.7	21.3	20.4	22.5
Chronic Liver Disease and Cirrhosis	--	18.5	18.7	17.6	17.2	20.5	22.4
Influenza and Pneumonia	13.3	14.1	13.7	13.7	--	--	--
Suicide	--	17.8	17.6	--	--	--	20.2

*2020 only

--Numbers insufficient to calculate reliable rates

Source: CDC Wonder, Underlying Cause of Death, 2010-2020

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Table 8. Trend in Leading Causes of Premature Death (Years Life Lost), Tehama County

	2007-2011	2012-2016	2017-2021
Road Injury	726	718.4	821.8
Drug Overdose	307.2	327.1	430.9
Ischemic Heart Disease	670.7	854.3	848.4
Suicide	498	494.9	553.5
Alcohol-related	317.4	389.7	407.6
Lung Cancer	425.5	339.8	287.1
Colorectal Cancer	118.6	162.7	299.5
Stroke	250.9	219	276.9
			1377.6
COVID-19	--	--	(2021)

Source: CA Community Disease Burden; <https://skylab.cdph.ca.gov/communityBurden/>

Table 9. Average Commute Time to Work by Sex, Tehama County and California, 2017-2021

	Tehama County		California	
	N	%	N	%
Total				
<15mins	9364	40%	3473165	21%
15 - <30 mins	7139	30%	5714154	35%
30 - <60 mins	5525	23%	5023471	31%
60+ mins	1520	6%	1995716	12%
Male				
<15mins	4618	36%	1751206	20%
15 - <30 mins	3860	30%	3057243	34%
30 - <60 mins	3369	26%	2879392	32%
60+ mins	1043	8%	1264565	14%
Female				
<15mins	4746	45%	1721959	24%
15 - <30 mins	3279	31%	2656911	37%
30 - <60 mins	2156	20%	2144079	30%
60+ mins	477	4%	731151	10%

Source: U.S. Census Bureau, 2017-2021 American Community Survey 5-Year Estimates Table B08012

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Table 10. Childcare Cost Burden, Tehama County and California

	Tehama County				California			
	Cost for Infant	Cost for Preschooler	Cost as % of Median Household Income - Infant Care	Cost as % of Median Household Income - Preschool Care	Cost for Infant	Cost for Preschooler	Cost as % of Median Household Income - Infant Care	Cost as % of Median Household Income - Preschool Care
Total population								
Child Care Center	\$11,095	\$8,233	21%	15%	\$17,384	\$12,168	22%	15%
Family Child Care Home	\$8,307	\$7,740	16%	14%	\$11,718	\$10,975	15%	14%
Hispanic/Latinx								
Child Care Center	\$11,095	\$8,233	26%	20%	\$17,384	\$12,168	27%	19%
Family Child Care Home	\$8,307	\$7,740	20%	18%	\$11,718	\$10,975	18%	17%
White, non-Hispanic								
Child Care Center	\$11,095	\$8,233	19%	14%	\$17,384	\$12,168	19%	13%
Family Child Care Home	\$8,307	\$7,740	14%	13%	\$11,718	\$10,975	13%	12%

Source: KidsData.org Annual Cost of Child Care, by Age Group and Facility Type; Source: U.S. Census Bureau, ACS Table 1903, 2019 1-Year Estimate