



2024 Mono County

Community Health Assessment

Mono County, California

December 2024



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With assistance from:

HC² Strategies, Inc.

IP3 (Institute for People, Place, and Possibility)

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Executive Summary

A community health assessment (CHA) is a geographical or territorial health assessment that identifies key health needs and issues through systematic, comprehensive data collection and analysis with an emphasis on underserved populations who are often missed in traditional data collection methods. A community health assessment gives organizations and/or regions broad information about the community's current health status, needs, and issues.

This 2024 Mono County Community Health Assessment (CHA) is the work of the county's Public Health Division in partnership with HC² Strategies with the input of a diverse group of community members and leaders, seeking to identify the top health and well-being needs of Mono County residents. The Public Health Division and its partners will use the findings to build community interventions that address the identified priorities.

This document includes data from a wide variety of sources, including other county and hospital health assessments, population-based health and related socioeconomic data, information from Medi-Cal managed care plans, key informant interviews, facilitated listening sessions with community residents, and a countywide well-being survey. A CHA Advisory Council made up of Mono County Public Health leaders and Medi-Cal managed care plan representatives guided the data selection and invited a diverse Prioritization Committee to select priorities.

This CHA and its findings will inform the collaborative development of a Mono County Community Health Improvement Plan (CHIP) to address the priorities. With stakeholder and community assistance, the CHIP will be completed in 2025 with implementation to follow.

Data Themes

The following themes arose from the quantitative and qualitative data in this report, and references for these themes are provided in the Health Status and Key Findings section.

Strengths and Assets

- **Life Expectancy** - In August 2024, the [U.S. News & World Report](#) ranked Mono County as the highest in life expectancy in the United States at 98.9 years, using data from 2019 to 2021. While county leaders aren't certain that the county actually has the greatest longevity in the United States, the overall death rate is 20% lower than California.
- **Thriving** - Mono County residents had a much higher percentage of individuals who reported that they are thriving (63%) when compared to the national average of 52%. Within Mono County, 25% more Spanish-speaking residents self-reported that they were thriving compared to the overall county.
- **Lower rates of chronic conditions** - Rates of many chronic diseases in Mono are lower than or consistent with state averages.

- **Community** – Mono County residents report strong community ties with others.
- **Local resources**, such as a senior center, service clubs, libraries, the natural environment, and interagency collaboration, are seen as assets in the community.
- **Collaboration** – There is a strong and consistent willingness for county agencies and communities to work together to collectively address health and well-being.

Priority Needs

- **Mental health and behavioral health** remains a key issue for Mono County, as has been highlighted in previous community health assessments. Some data suggests that poor mental health is common in the county, with a higher suicide rate and number of poor mental health days than state averages; and services may not be readily accessible due to location, availability, and the number of providers.
- **Maternal and infant health** also was identified as a significant need, with no obstetric services in the county. While prenatal care remains available in Mammoth, the care starts later in Mono County compared to the state, and mothers must leave the county when it's time to give birth. Key informants also identified needs for pediatric specialty care and childcare, especially for those with low income.
- **Access to care** is a third key priority in Mono County. Listening session participants described the county as a "medical desert," with no childbirth facilities and with limited access to primary, dental, and specialty care. Publicly reported data also shows Mono County has half as many dentists and mental health providers as the state per capita.

Health Equity Priority

Communities are far better off when all people have equal opportunities to live their healthiest lives, yet policies and practices at every level of society can create deep-rooted barriers to good health.

The COVID-19 pandemic increased awareness of health and socioeconomic inequities that are reflected in differences in length of life; quality of life; rates of disease, disability, and death; severity of disease; and access to treatment. Factors that contribute to unequal outcomes were identified by participants in Mono County key informant interviews and listening sessions, particularly among three populations of focus: children living in poverty, Northern Mono County residents, and Latino/Latinx community members.

All community members play a role in building Mono County's health and well-being, both by being aware of local barriers to thriving and by acting to support community members in living their best lives. Mono County community leaders and members are encouraged to review this Community Health Assessment and the Community Health Improvement Plan to better understand the community's strengths, assets, and needs, and the steps that will lead to better health and well-being for all.



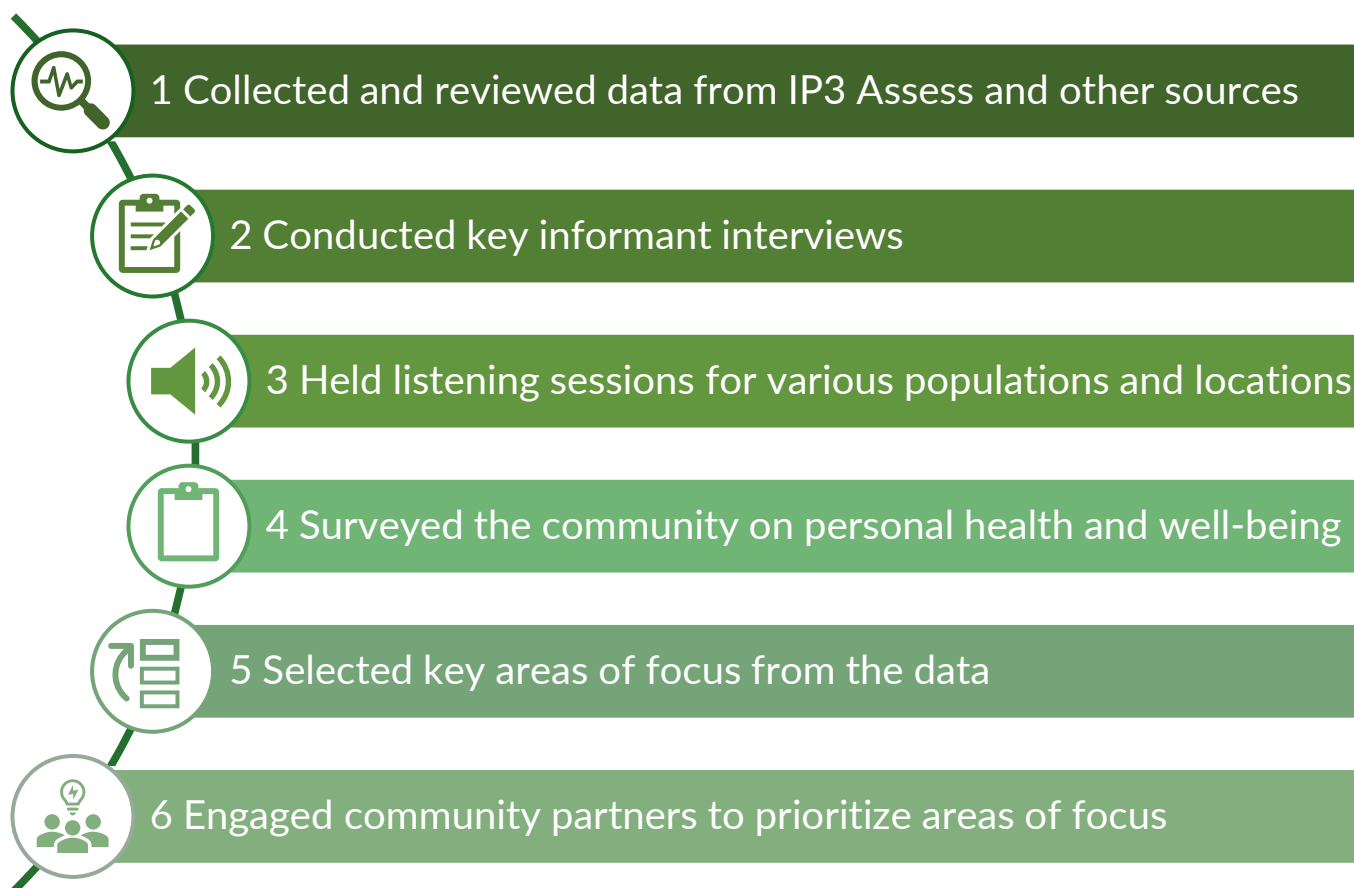
Process and Methodology



Process and Methodology

This Community Health Assessment synthesized primary and secondary data sources. Primary data are new data collected or observed directly from firsthand experience. Secondary data has already been collected and published by another party.

To ensure accuracy and relevance, the Mono County Community Health Assessment was developed through collaboration among Mono County Public Health leaders, key community partners, and Medi-Cal managed care plan representatives, with support from [HC² Strategies](#) and [IP3 | Assess](#). The process included the following steps:



An Advisory Council of county leaders and Medi-Cal managed care plan representatives guided the data collection and review, and a Prioritization Committee of community partner representatives prioritized key areas and impacted populations for Public Health Division focus and action.

*The names and organizations of Advisory Council and Prioritization Committee members are provided in **Appendixes A and B**.*

Data Structure and Limitations

The Mono County population is spread across a wide area due to its length and mountainous geography. For the purposes of this CHA and to ensure adequate representation from all areas, the Advisory Council defined three parts of the county:

North: Bridgeport (county seat), Coleville, June Lake, Lee Vining, Topaz

Central: Crowley Lake, Mammoth Lakes

South: Benton, Chalfant Valley, Hammil Valley

Small populations such as those in Mono County face unique challenges in data collection and interpretation due to representation, privacy concerns, data sparsity, and resource constraints. To address these limitations, specialized techniques were implemented to extract meaningful insights and maximize the value of the available data.

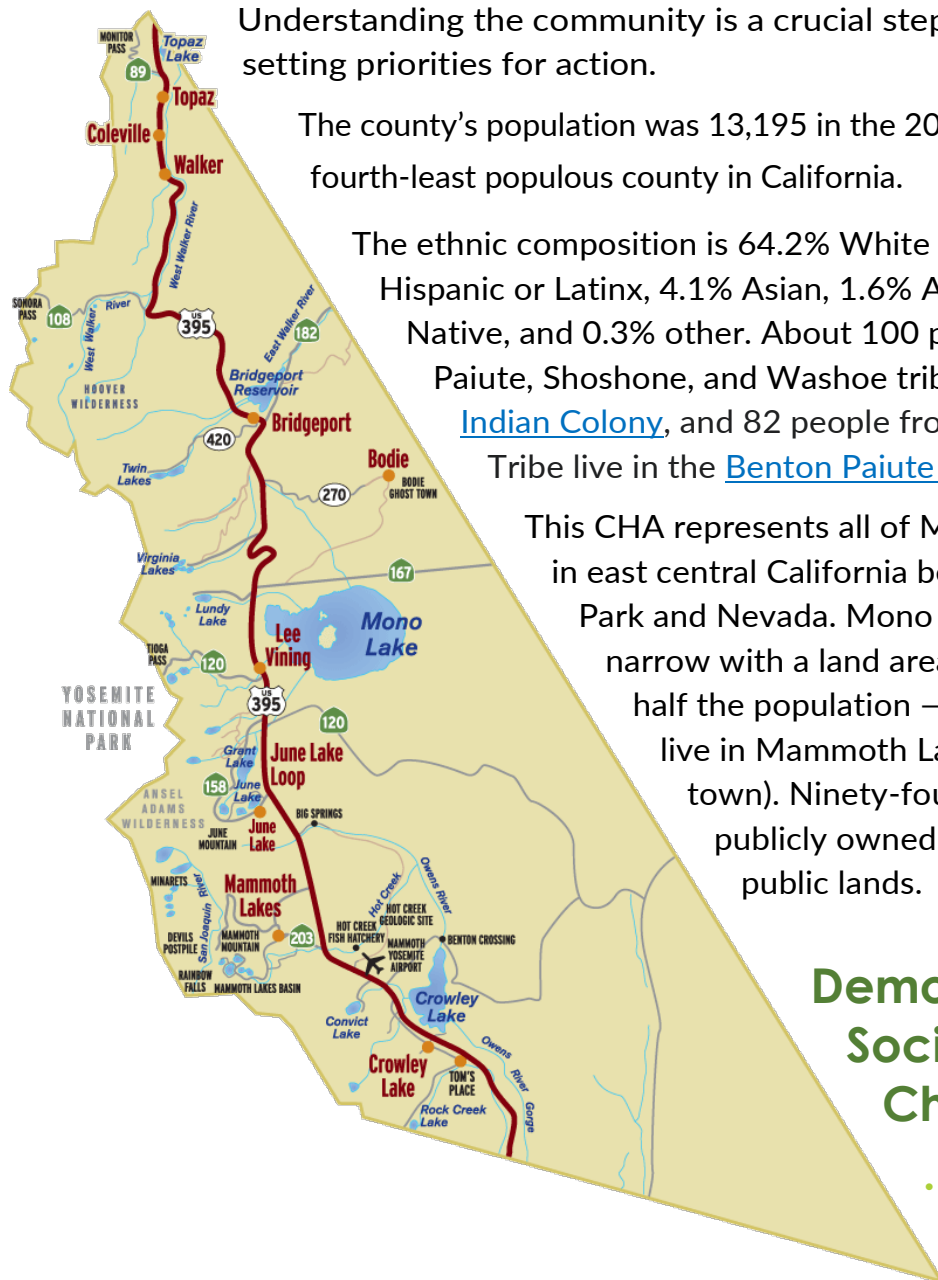
- **Expanded Data Collection:** The community well-being survey and key informant interview time frames were extended to help capture more diverse perspectives and create a larger dataset. This approach helped mitigate the effect of limited participation.
- **Combined Data from Multiple Sources:** Incorporating data from a variety of sources, such as federal, state, and academic records, provides a more comprehensive view. Official vital statistics on measures such as birth and death rates, causes of death, and health behaviors (e.g., breastfeeding rates) can complement CHA findings, strengthening the assessment.
- **Leveraged Qualitative Data:** In small populations, combining quantitative data with qualitative insights (e.g., interviews or focus groups) can provide deeper insights and help contextualize the numbers. This qualitative context better informed the numbers and made it easier to understand trends when working with incomplete or limited datasets.
- **Collected Non-Randomized Community-Based Data:** The county invited Mono residents broadly to participate in listening sessions located throughout the county and to complete the well-being survey. Those who chose to participate may not completely represent the entire community. This is a well-known challenge in such community assessments.
- **Used Appropriate Statistical Methods:** Given the variability in small populations, the Advisory Council was careful to consider wide confidence intervals and margins of error in its data selection.



Mono County Community Profile



Mono County Community Profile



Understanding the community is a crucial step in conducting a CHA and setting priorities for action.

The county's population was 13,195 in the 2020 U.S. Census, making it the fourth-least populous county in California.

The ethnic composition is 64.2% White (non-Hispanic), 27.1% Hispanic or Latinx, 4.1% Asian, 1.6% American Indian and Alaska Native, and 0.3% other. About 100 people of the Miwok, Mono, Paiute, Shoshone, and Washoe tribes live in the [Bridgeport Indian Colony](#), and 82 people from the Utu Utu Gwaitu Paiute Tribe live in the [Benton Paiute Reservation](#).

This CHA represents all of Mono County, which is located in east central California between Yosemite National Park and Nevada. Mono County is long and fairly narrow with a land area of 3,030 square miles. Over half the population — more than 7,000 people — live in Mammoth Lakes (the county's only sizable town). Ninety-four percent of the county is publicly owned, largely consisting of federal public lands.

Demographics and Socioeconomic Characteristics

- **Gender Distribution:** Females account for 44.9% of the population, while males represent 55.1%.
- **Median Age:** The median age in the county is 40.5 years.
- **Language:** A variety of languages are spoken, with a 17.2% Spanish-speaking population due to the sizable Hispanic or Latinx demographic.

Despite the county's generally favorable health profile, some disparities are notable when compared within the county or state, including:

- **Child Poverty Within the County:** About 11% of Mono County children under 18 live in poverty, lower than the state average of 15%. However, Hispanic children in Mono face a higher poverty rate, at 31%.¹
- **Household Income Compared to the State:** The median household income in Mono County is \$81,650, which is below California's state average of \$103,678.

Economy and Work

Tourism and recreation dominate the county's economy, making up approximately 80% of employment. From 2008 to 2018, the county saw a 14% growth in visitor volume, reaching 1.7 million visitors. In December 2024, the civilian unemployment rate was 4.5%,² compared to 5.2% statewide. The leading number of wage and salary jobs were in leisure and hospitality (52.6%) and local government (18.7%).

Health Care Infrastructure

A range of health care services is available to Mono County residents. The primary medical facility is [Mammoth Hospital](#), a district Critical Access Hospital with 17 beds that is located in Mammoth Lakes. The hospital, which is part of the [Southern Mono Healthcare District](#), provides emergency, inpatient, primary and specialty clinics, and outpatient services. While the hospital closed its labor and delivery unit, it provides prenatal and gynecology services on an outpatient basis through its Mammoth Women's Health Clinic.

The [Mono County Public Health Division](#) operates clinics in Mammoth and Bridgeport, offering immunizations and some reproductive health services such as diagnosis and treatment of sexually transmitted infections. Immunization events are offered throughout the county during influenza vaccination season. The county also is responsible for communicable disease control. For low-income residents, the county administers Medi-Cal, with offices in Walker, Bridgeport, and Mammoth Lakes. Additionally, the county provides assistance programs such as Women, Infants and Children (WIC), General Assistance (GA), and the California Children's Services (CCS) program for children with specific health conditions.

The county operates an Emergency Medical Services Department, with additional pre-hospital support care provided by a number of volunteer fire districts.

¹ <https://www.countyhealthrankings.org/health-data/community-conditions/social-and-economic-factors/income-employment-and-wealth/children-in-poverty?state=06&year=2025&tab=1#map-anchor>

² <https://labormarketinfo.edd.ca.gov/file/lfmonth/monopds.pdf>

Previous Community Assessments

Other valuable health assessments have been conducted in Mono County recently, identifying priority needs across multiple domains with a focus on specific populations and urgent challenges. Summaries of these assessments are provided below.

Mammoth Hospital 2022 Community Health Needs Assessment

- **Priority Needs:** Retention/Recruitment of health care staff, behavioral health, and clinical care access
- **Top 3 Priority Populations:** Low-income groups, rural residents, and women
- **Pressing Needs:** Access to specialty care, transportation, and accessible labor and delivery services

Mono County Mental Health Services Act FY 2023-2024 Annual Update

- **Priority Needs:** Lack of access and availability of mental health services, substance-use disorder treatment, and crisis intervention and support
- **Top 3 Priority Populations:** Individuals with mental health conditions, those with substance use disorders, and participants in mandated programs such as DUI or drug diversion
- **Pressing Needs:** Access to mental health services, availability of substance use disorder services, and effective delivery and integration of mandated services

Mono County Maternal Child & Adolescent Health (MCAH) 5-Year Community Needs Assessment Survey

- **Priority Needs:** Access to care, mental health services, and resources for childcare and parenting
- **Top 3 Priority Populations:** Women of childbearing age, children and youth with special health care needs, and adolescents
- **Pressing Needs for Priority Populations:**
 - **Women in Childbearing Years:** Mental health support and services, access to reproductive health, and availability of physical health services
 - **Youth with Special Needs:** Access to care and case management, mental health services, community inclusion, and early intervention
 - **Adolescents:** Sexual and reproductive health services, mental and emotional health, and social media safety guidance



Health Status and Findings



Health Status and Findings

The CHA Advisory Council used quantitative and qualitative data to better understand the community's health needs.

Mono County's quantitative health statistics from the IP3 | Assess [Burden of Disease](#) and [Vital Conditions](#) frameworks and other publicly available sources generally reflect a healthy population with numerous key indicators better than state averages:³

- People in Mono County have life expectancy ranking among the highest of U.S. counties.⁴ While local health officials harbor some skepticism about the validity of that ranking, the county's overall death rate is 20% lower than California's, and deaths from all cancers are about 75% lower than the California rate.⁵
- Infectious diseases such as HIV, tuberculosis, and sexually transmitted infections are lower than state averages.
- The county's breastfeeding rate is higher than the California average.

Mono County qualitative data follows the quantitative section with community voices gathered through key informant interviews, listening sessions, and a well-being survey. These voices reveal a strong sense of community along with concerns about mental health and substance use treatment; access to health care services, housing, and healthy food; and maternal and infant health, among other matters.

Burden of Disease

[Link to Mono County IP3 Burden of Disease Data](#)

Burden of Disease focuses on the significant health conditions contributing to morbidity and mortality in the region. This section encompasses chronic conditions, communicable diseases, and injury-related incidents. The data reveals key areas of concern, including high rates of mental health issues, substance use disorders, and injury-related deaths.

Key Burden of Disease Themes



Top Causes of Death: The leading causes of death in Mono County in 2022, as elsewhere, included cancer and heart disease.⁶ However, numbers fluctuate from year to year, and drawing conclusions about Mono County data can be difficult because normal chance variation can skew data in small populations such as Mono's. For this reason, statisticians typically look not at one single year

³ https://www.cdph.ca.gov/Programs/CHSI/CDPH%20Document%20Library/CHSP_Profiles/CHSP-2024.pdf

⁴ <https://www.usnews.com/news/healthiest-communities/california/mono-county#population-health>

⁵ https://www.cdph.ca.gov/Programs/CHSI/CDPH%20Document%20Library/CHSP_Profiles/CHSP-2024.pdf, p. 6-7

⁶ https://www.cdph.ca.gov/Programs/CHSI/CDPH%20Document%20Library/CHSP_Profiles/CHSP-2024.pdf, p. 7

of Mono County data but combine numbers for three years. Even so, because rates for some causes of death vary widely, comparisons to state data are difficult to validate.



Mental and Behavioral Health: Mental health remains a critical burden, with residents reporting more poor mental health days (5.2 days per month compared to 4.7 statewide) and higher rates of binge drinking (19.4%) compared to the state average (16.2%).⁷ The need for mental health services is amplified by limited access to providers, with Mono County having 1 mental health care provider per 410 people compared to the state's 1 for 220 people.⁸

Currently, suicides appear higher than the statewide rate of 10.1 per 100,000, but the calculated rate per 100,000 people comes with a large margin of error.⁹ It is something that county health leaders are concerned about.



Maternal and Infant Health: Prenatal care gets a slower start in Mono County compared to California, with 84.4% expectant mothers receiving care in the first trimester compared to 86.3% statewide.¹⁰

Listening session participants cited women of childbearing age among populations experiencing inequities. They also noted:

- The lack of labor and delivery services
- Virtually no pediatric specialty services
- Scarcity of childcare services, particularly for low-wage earners



Chronic Conditions: Diabetes, cardiovascular disease, and multiple chronic conditions are major concerns in Mono County, as they are across the United States. Around 76% of the county's Medicare population aged 65 and older report having two or more chronic diseases, according to Centers for Medicare and Medicaid Services data.¹¹ People with diabetes in Mono may be slightly less likely than the average Californian with diabetes to receive care for their condition, as 80.4% of diabetic Medicare patients had annual A1c tests compared to the state's 81.9%.¹²



Injury and Violence: Injuries, including those caused by recreational activities and accidents, remain a significant burden. The injury death rate in Mono County is 64 per 100,000, compared to 59 per 100,000 statewide.¹³

⁷ <https://www.countyhealthrankings.org/health-data/california/mono?year=2024>

⁸ <https://www.countyhealthrankings.org/health-data/health-factors/clinical-care/access-to-care/mental-health-providers?year=2024&county=06051>

⁹ https://www.cdph.ca.gov/Programs/CHSI/CDPH%20Document%20Library/CHSP_Profiles/CHSP-2024.pdf, p. 21

¹⁰ <https://www.cdph.ca.gov/Programs/CFH/DMCAH/surveillance/Pages/Prenatal-Care.aspx>

¹¹ <https://data.cms.gov/tools/mapping-medicare-disparities-by-population>

¹² The Dartmouth Atlas Project. (2024, July 9)

¹³ <https://www.countyhealthrankings.org/health-data/california/mono?year=2024>

Vital Conditions

[Link to Mono County IP3 Vital Conditions Data](#)

Vital Conditions data focuses on the foundational factors that contribute to residents' overall well-being. These conditions are essential for understanding the broader context of health outcomes and driving community change.

Key Vital Conditions Themes



Basic Needs for Health and Safety: Access to Care: Mono County performs worse than the state average in several indicators related to basic needs, including access to health care providers. For instance, the number of dentists per 100,000 population is nearly half the state average.¹⁴



Housing and Transportation: Access to humane housing and reliable transportation is another vital condition affecting residents, with a 219.9 estimated number of subsidized units per 10,000 population compared to 332 statewide.¹⁵ Housing affordability is a significant issue, which may affect recruitment and retention in the health care sector. Public transportation options are also limited, which can make access to health care and other services more challenging for residents.

These gaps contribute to the overall burden of disease in the region and highlight the need for targeted interventions to improve health outcomes and reduce disparities.

Appendix C further describes the IP3 | Assess platform, and **Appendix D** provides indicators and results for identified priority areas along with Mono County and California data.

Managed Care Plan (MCP) Data

The two Medi-Cal managed care plans in the county—Anthem and Health Net—provided data on the health care status of Medi-Cal recipients in Mono County. The data shared with the Advisory Council through the Healthcare Effectiveness Data and Information Set (HEDIS) consists of over 90 quality measures across domains such as effectiveness, access, availability, patient experience, utilization, and health plan descriptive information.

Data provided by Anthem is provided in Appendix E, and the health plan highlighted the findings below. Because the Health Net HEDIS data had small sample sizes and was

¹⁴ <https://www.countyhealthrankings.org/health-data/california/mono?year=2024>

¹⁵ <https://preservationdatabase.org/>

combined with data from other counties, that information is not included in this assessment due to the difficulty of identifying Mono-specific actionable information.

The integration of managed care plan data in county CHAs is in its early stages. With refinement, this data will allow for deeper understanding of health care gaps in vulnerable population groups, which can guide public health responses and improve health care access for residents.

Key Anthem Medi-Cal Themes



Asthma Medication Ratio (AMR): The ratio has remained stable over recent years, indicating that Anthem members are adhering to asthma management protocols through consistent medication use.



Diabetes Management (Hemoglobin A1c Poor Control - HBD): A significant concern was highlighted in that nearly 90% of Anthem's diabetic patients had less than optimal control of their hemoglobin A1c levels, suggesting that inadequate diabetes management could be a common health problem.



Well-Child Visits (W30): The data shows a decline in well-child visits for children in their first 30 months, signaling a growing gap in pediatric health care engagement among Anthem members.



Immunizations (CIS Combo 10): Improvement was noted in Anthem's childhood immunizations, with key vaccines such as DTaP, MMR, and hepatitis showing better compliance since 2022.



Cancer Screenings (BCS, CCS, COL): Screenings for breast, cervical, and colorectal cancers have shown steady improvement among Anthem Medi-Cal members, indicating a positive trend in preventive health care. However, these screenings remain a focus for continuous improvement.

Appendix E further explains HEDIS and provides additional Anthem data.

Community Voices

For this health assessment, community input was gathered through a combination of key informant interviews, listening sessions, and a well-being survey. When helpful, incentives were offered to increase participation.

- **Key informant interviews** involved 23 local stakeholders from community, civic, and government sectors. They shared insights on health needs, social factors affecting health, and community assets.

- **Eight listening sessions** were conducted across five Mono County communities, including Bridgeport, Walker, Lee Vining, Mammoth Lakes, and Benton. Community members were invited to attend and talk about community health concerns. These sessions aimed to capture diverse perspectives, with an emphasis on including underrepresented voices through Spanish-speaking facilitators.
- **Well-being survey data** was collected from 341 respondents from May to August 2024. The voluntary survey, which was distributed in several ways, measured subjective well-being and explored health, social, and economic conditions, identifying potential issues and areas for further evaluation.

Together, these methods attempted to provide a comprehensive understanding of the health challenges and strengths within the community, allowing Mono County to prioritize key health concerns and opportunities for improvement.

Key Informant Interviews

The CHA Advisory Council identified 23 key informants, who were interviewed individually by virtual meeting or by telephone from May to August 2024 by HC² Strategies. Questions focused on key health needs, social factors, and community conditions that affect health as well as community assets that could be used to address these issues. Key themes, or health priorities, that emerged from these interviews are listed below.

Most Common Themes in Key Informant Interviews



Lack of access to primary care and mental health services: A consistent concern across interviews was limited access to primary care and the increasing need for mental health services.

- Recent developments include the addition of **Eastern Sierra Counseling**, which now offers in-person and telehealth mental health care from Mammoth to Ridgecrest. Although contracts with Medi-Cal were in question at the time this report was developed, at least one Medi-Cal patient is receiving care in Bishop.



Substance use issues and insufficient treatment resources: Informants highlighted the lack of availability of substance use treatment and a shortage of trained providers. In a region where alcohol consumption is often normalized through tourism and recreational activities, there is also a cultural stigma around diagnosing and treating substance use disorders.



A lack of access to healthy foods: Residents face challenges accessing healthy and affordable food options. Many must travel long distances for groceries, and some children are reported to be attending school hungry.

Other Themes:

- **Limited childbirth and childcare services:** There are no childbirth services in Mono County and virtually no pediatric specialty services. Additionally, childcare services are particularly scarce for low-wage earners.
- **Employment opportunities:** Many residents work multiple low-wage jobs to make ends meet, often with limited education and family support. A lack of local educational opportunities further contributes to the issue, with many individuals leaving the area for education and not returning.
- **Affordable housing:** The high cost of housing in Mono County makes it difficult to attract health care workers and teachers. Rising insurance costs due to fire danger further complicate the issue.
- **Diabetes and obesity-related health concerns:** Diabetes and obesity are growing concerns, including both adults and school-age children. These conditions contribute to other health issues such as joint replacements and cardiovascular diseases.

Equity Themes:

- **Disparities in access to services for low-income and justice-involved populations:** Informants noted challenges for these groups in accessing necessary health care, with some relying on emergency services that are not equipped to provide long-term care.

Identified Assets:

- Senior Center
- Service clubs
- Libraries
- Natural environment
- The start of stronger interagency collaborations
- Strong sense of community and belonging



Collaboration Opportunities

- Interagency collaboration within county
- Schools
- Better use of community outreach workers among multiple agencies
- Community Emergency Response Teams
- Service clubs

Populations Experiencing Disparities

- Low-income and Medi-Cal-eligible residents

- Spanish-speaking residents
- Undocumented immigrants
- Seasonal workers
- Native American residents
- Seniors 60+
- Women of childbearing years and children
- Residents of rural isolated areas: Bridgeport, Walker, June Lake, Chalfant, Lee Vining, Benton
- Low-income and justice-involved populations (challenges in accessing necessary health care services, with some relying on emergency services)

Appendix F lists the key informants and interview questions.

Community Listening Sessions

A total of 42 community members attended eight listening sessions, including 31 females and 11 males, from July 16 to 21, 2024. Two of the attendees were youths, and 40 were adults.

Key Themes from Community Listening Sessions

Listed in the order of priority identified by the community



1. Access to Health

- Region described as “medical desert”
- Limited access to medical, dental, specialty care, labor and delivery, and mental health services
- Specific concerns from Hispanic community about confidentiality of health information
- Specific concerns from tribal residents about lack of physician providers since the local clinic burned down



2. Substance Abuse/Alcohol Use

- Desire for increased outreach and prevention resources
- Concern over the lack of a local rehabilitation center
- Excessive lifestyle behaviors exacerbated by area’s resort- and vacation-oriented nature



3. Mental Health

- Growing need for mental health services and crisis intervention
- Inconsistent access to telehealth and therapy services
- Stressors include geographic isolation, high cost of living, and lack of resources such as housing options



4. Housing

- a) Need for affordable housing for purchase or rent
- b) Frustration over empty vacation homes and short-term rentals
- c) Impact on young families, seasonal workers, and new employees



5. Healthy Food Access

- a) Limited and unaffordable grocery options for residents
- b) Many residents travel long distances for affordable groceries
- c) Dependence on community for essential supplies due to little transportation



6. Sense of Community

- a) Strong community ties and neighbor support during crises
- b) Desire for more organized local activities, especially for youth and elderly
- c) Concern about local events being tourist focused, leading to feelings of alienation in one's own community



7. Environmental Concerns

- a) Fire, earthquake, and avalanche risks
- b) Concerns over air quality and water contamination (tribal lands)
- c) Issues with tourist behavior affecting local environments

Appendix G includes the listening session locations and full report.

Community Well-Being Survey

A well-recognized tool called the [Well-Being Assessment](#) from the Institute for Health Care Improvement's 100 Million Healthier Lives Campaign was distributed countywide through publicly posted links and QR codes, a news release, the county newsletter, and paper copies at events and county locations. The short, holistic tool measures community members' perspectives on their personal health and well-being, providing insights into how a community and its populations are feeling about their lives and futures.

Two Cantril's ladder¹⁶ questions help classify individuals as "thriving," "struggling," or "suffering:"

Please imagine a ladder with steps numbered from zero at the bottom to ten at the top. The top of the ladder represents the best possible life for you, and the bottom of the ladder represents the worst possible life for you.

1. *On which step of the ladder would you say you personally feel you stand at this time?*
2. *On which step do you think you will stand about five years from now?*

National-level Gallup data is available as a comparison and has proved to be exceptionally sensitive to external events such as the COVID-19 pandemic. Other survey questions cover

¹⁶ <https://news.gallup.com/poll/122453/understanding-gallup-uses-cantril-scale.aspx>

respondents' perceptions in areas such as financial well-being, physical and mental health, health limitations, emotions, support from friends or family, and community connections.

The Mono County survey generated 291 responses in English and 50 in Spanish from May 1 through August 14, 2024. Overall, Mono County participants reported a much higher rate of “thriving” than the U.S. average (11 points higher).

Perception and demographic data collected in the survey provide some insights into thriving and suffering populations; however, the results might not accurately represent the Mono County community as a whole as responses were collected through voluntary convenience sampling and not through a systematic representative selection of participants. Populations that report higher rates of suffering may need more targeted interventions, while populations that are thriving may provide insights into transferable factors for improved well-being.¹⁷

Key Well-Being Survey Themes



Thriving Mono County Populations

Spanish speakers reported a 25% higher thriving rate than the county average. They also reported a 33% higher perception of their mental health, 11% higher frequency of positive emotions, and 10% better sense of purpose and direction.

Hispanic/Latino survey respondents reported a 21% higher thriving rate than the county, and **45-64-year-olds** reported a 10% higher thriving rate.



Suffering Mono County Populations

Hispanic/Latino respondents with additional races or ethnicities reported worse perceptions than Mono County as a whole in nearly all survey questions, ranging from 45% worse in suffering to 59% worse in financial situation, 52% worse in mental health, and 44% worse in loneliness. This group identified themselves as Hispanic/Latino and as White and/or American Indian or Alaska Native. Their negative perceptions do not appear to be related to their health as they also reported a 71% lower rate of physical limitations and 6% better physical health than the county. While this group has the lowest number of respondents in the race-ethnicity demographic, 20, the differences may warrant additional study.

25-34-year-old respondents rated themselves 40% higher in suffering than the county, 23% worse in loneliness, and 20% worse in mental health.

Bisexual respondents were 40% higher in suffering and 15% lower in thriving.

The table on the next page shows responses to the combined Cantril's ladder questions by population. The responses are color-coded to reflect comparisons to Mono County overall.

¹⁷ https://www.ihl.org/sites/default/files/2023-11/100MLives_Health-and-Well-Being-Measurement-Approach-and-Assessment-Guide.pdf

Dark green, 6+ percentage points better	Light green, 1-5 percentage points better
Dark yellow, 6+ percentage points worse	Light yellow, 1-5 percentage points worse

Category	N	% Suffering*	% Struggling*	% Thriving
Mono County	341	10%	27%	63%
United States	6,389	4%	44%	52%
English-Speaking	29	11%	29%	60%
Spanish-Speaking	50	5%	16%	79%
North County	145	6%	31%	63%
Central County	166	11%	26%	63%
South County	28	16%	18%	66%
24 & Younger	25	12%	26%	62%
25-34 Years Old	73	14%	31%	55%
35-44 Years Old	77	6%	30%	64%
45-64 Years Old	108	12%	19%	69%
65 & Older	55	11%	32%	57%
White	191	10%	28%	62%
Hispanic/Latino	79	6%	18%	76%
Hispanic/Latino with Other Races/Ethnicities	20	45%	23%	33%
American Indian/Alaska Native	24	6%	35%	58%
Other Race/ Ethnicity	27	6%	39%	56%
Women	234	10%	24%	66%
Men	88	12%	32%	56%
Nonbinary, Transgender, No Response, Other	19	5%	37%	58%
Heterosexual	277	11%	26%	64%
Lesbian, Gay, Asexual, Queer, Pansexual, Multiple	29	9%	31%	60%
Bisexual	18	14%	31%	55%
No Response on Sexual Identity	17	6%	35%	59%

*Lower is better for this category.

Appendix H provides responses on 10 additional survey questions segmented by demographics.

Summary of Key Findings

Mono County quantitative and qualitative data highlights a generally healthy population and underscores challenges related to mental and behavioral health, maternal and infant health, and access to care. The data and community input reveal the following themes:



1. Mental and Behavioral Health

- Mental health services are in high demand, but the number of providers remains insufficient, with only one provider per 410 residents, compared to 1 per 220 in California.
- Key informants and listening session participants shared concerns about access to mental health, and mental health was cited in three other recent community assessments.
- Newer mental health services, with more virtual care available in recent years, as well as the recent establishment of Eastern Sierra Counseling, offer some promise.
- Mono County residents experience more poor mental health days (5.2 per month) than the state average (4.7).
- Suicide rates are higher than the statewide rate, but precise calculations are difficult due to small sample sizes.
- Binge drinking is more prevalent (19.4% vs. 16.2% statewide), reflecting a culture influenced by tourism and recreational lifestyles. Key informants also shared concerns about a lack of substance use treatment resources.



2. Maternal and Infant Health

- Mono County lags behind the state in early prenatal care, with 84.4% of expectant mothers receiving care in the first trimester compared to 86.3% statewide.
- Listening session participants also noted a lack of labor and delivery services, pediatric specialty services, and childcare, particularly for low-wage earners.



3. Access to Health Care and Services

- Listening session participants described the county as a "medical desert," with limited access to primary care, dental care, mental health, specialty services, and childbirth facilities.
- Publicly reported data also shows fewer dentists in Mono County compared to the state.

- Anthem data reveals gaps in well-child visits and access to preventive care among its Medi-Cal members.
- Limited public transportation further restricts health care access and was cited as a pressing need in the Mammoth Hospital 2022 CHNA.



4. Vital Conditions for Well-Being

- **Housing & Transportation:** Affordable housing is scarce, with a lower number of subsidized units compared to the state. Community members and leaders expressed concerns over the lack of housing.
- **Food Access:** Nearly half (46.8%) of residents live far from grocery stores, impacting nutrition and health outcomes, and a high cost of groceries was cited in listening sessions and key informant interviews.
- **Employment & Economic Struggles:** Key informants said that some residents work multiple low-wage jobs with limited opportunities for career advancement. Hispanic/Latino respondents with additional races or ethnicities rated their financial situation 79% worse than the county overall, while those 65 and older rated their financial situation 17% better.



5. Health Equity

- Disparities were identified among multiracial residents in the well-being survey, with a 450% higher rate of suffering than the county.
- Key informants also cited disparities among multiple populations, including low-income and Medi-Cal-eligible residents, Latinos and Spanish-speaking residents, undocumented immigrants, seasonal workers, Native Americans, seniors, women of childbearing years, children, residents living in isolated areas, and justice-involved residents.
- Compared to the county and state, Hispanic children in Mono County experience a much higher poverty rate. Mono County's median household income also falls 21% lower than the state's.



Prioritization, Community Input, & Selection Process

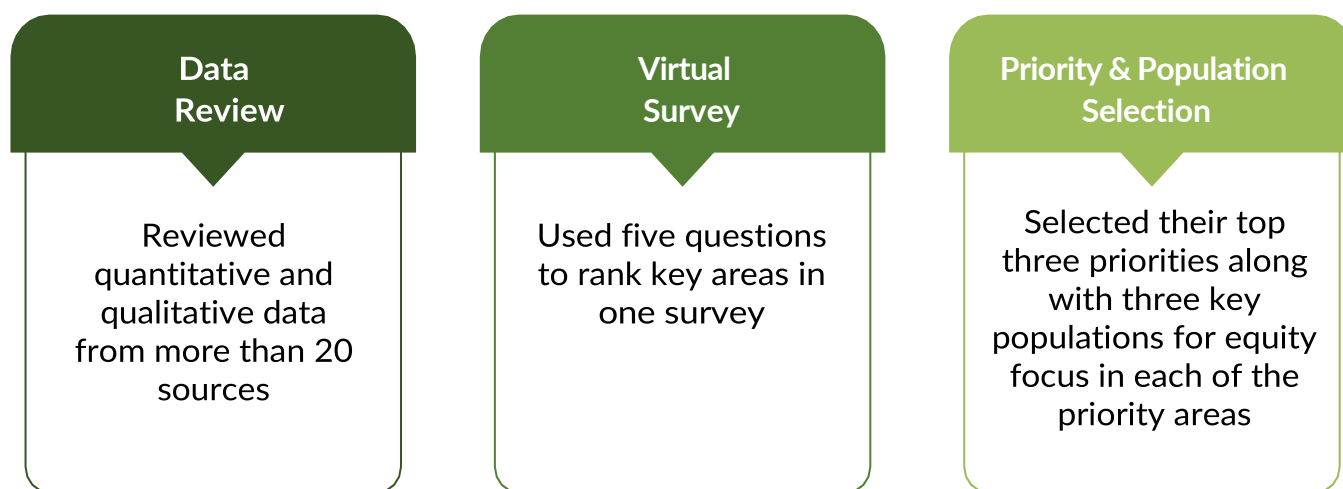


Prioritization, Community Input, and Selection Process

Prioritization Process

After a series of preparatory discussion sessions, the Mono County Advisory Council invited 68 key community partners to serve on the 2024 Mono County CHA Prioritization Committee. The partners were invited to attend one of several virtual strategy meetings or review the data on their own before completing prioritization and health disparities surveys. Partners also were welcomed to invite others from their organizations to attend and participate in the prioritization process.

HC² Strategies facilitated virtual strategy meetings with members in November and December. This work followed a three-step process:



Committee members ranked priorities from among the following seven key themes identified through the primary and secondary data:

Key Themes in Alphabetical Order:

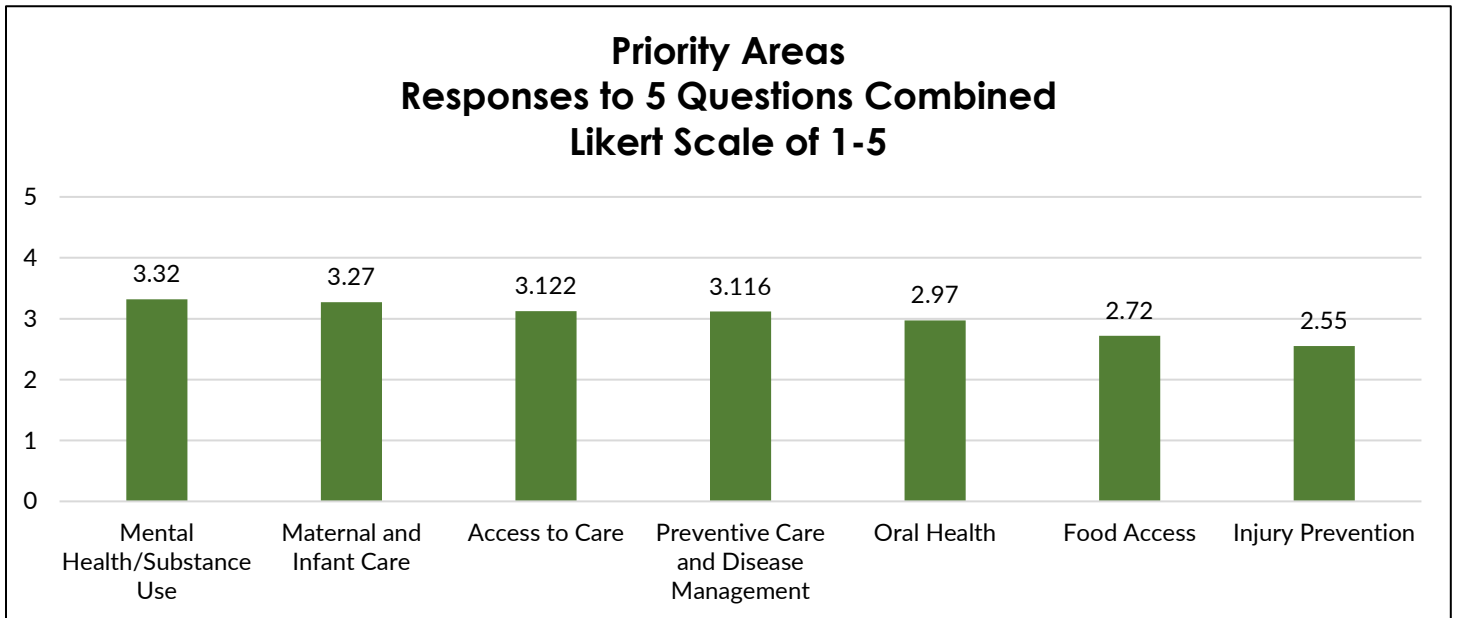
1. Access to Care
2. Food Access
3. Injury
4. Maternal and Infant Health
5. Mental Health/Substance Use
6. Oral Health
7. Preventive Care and Disease Management

Committee members answered the following five questions on a Likert scale of 1-5 to determine priority areas:

1. How severe is this need?
2. Are there energy, capacity, and resources for improving the need?

3. Are there investment opportunities for collaborative partners and/or practice?
4. Are there promising practices to address the need?
5. Are there opportunities to collaborate with your local Medi-Cal managed care plans (MCPs) on the need?

Twenty-seven individuals, or 40% of the number invited to the committee, completed the prioritization survey from October 29 to December 12, 2024. Combining scores for all five questions resulted in the following rankings:



Populations of Focus

The Prioritization Committee also reflected on populations experiencing health inequities in Mono County. From the data, the following populations were identified:

1. Children living in poverty
2. Latino/Latinx residents
3. North Mono County residents
4. South Mono County residents
5. Low-income service workers
6. Multiracial residents
7. Native American residents
8. Seniors over 65
9. Seniors living with chronic disease
10. Women of reproductive age

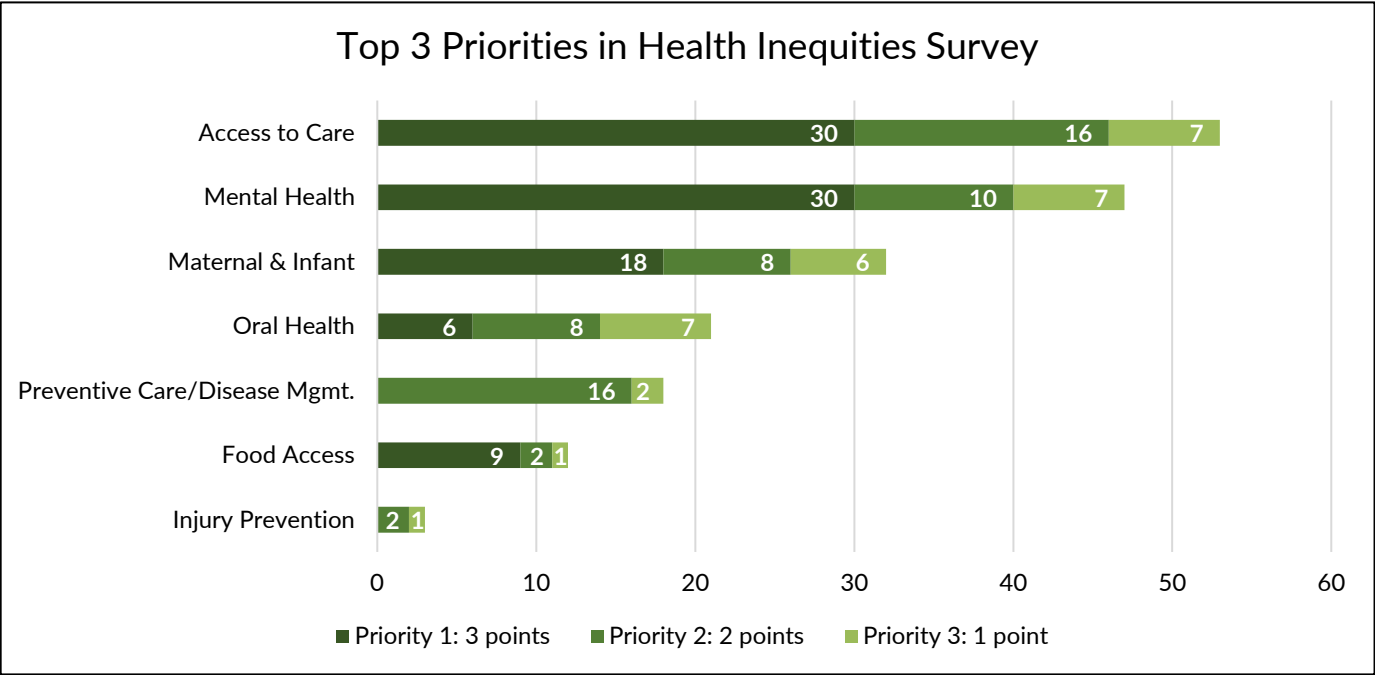
Committee members identified the populations most affected by health inequities in the priority areas, using the questions below.

Highest Priority: Which of the seven priority areas do you rank the highest in need and impact opportunity in Mono County?

Health Inequities: Based on the highest priority area you selected, which of the following Mono County populations would you rank the highest in health inequities?

Committee members answered similar questions about their second-highest and third-highest priority areas. Responses were assigned points according to their priority level, with top priorities receiving three points, second-highest receiving two, and third-highest, one.

The chart below shows how 31 stakeholders, or 46% of invitees, ranked priority areas. Access to care received a combined 53 points, followed by mental health at 47 and maternal and infant care at 32.



As they selected their three priority areas, the 31 committee members listed the top populations experiencing health inequities in those areas. These also were ranked using a points system.

	Access to Care	Mental Health/Substance Use	Maternal and Infant Health
1.	Children living in poverty	North Mono residents	Children living in poverty
2.	North Mono residents	Latino/Latinx residents	Women of reproductive age
3.	Seniors with chronic disease	Low-income service workers	Latino/Latinx residents
4.	Latino/Latinx residents	Children living in poverty	Low-income service workers
5.	Native American residents	Native American residents	North Mono residents

Three populations—children living in poverty, North Mono County residents, and Latino/Latinx residents—were identified as experiencing health inequities in all three priority areas. Low-income service workers and Native American residents were identified in two priority areas, and women of reproductive age and seniors living with chronic disease were identified in one.

Appendix I provides charts showing how committee members ranked populations for each priority area. **Appendix J** compares these priority areas and populations to those in other Mono County assessments.



Next Steps



Next Steps

The Mono County Advisory Council guided the development of the Community Health Assessment report and will present it to the Mono County Board of Supervisors.

After the CHA is presented, the Mono County Public Health Division will develop a Community Health Improvement Plan (CHIP), which is a strategic plan aimed at improving the health and well-being of a community. The CHIP process is collaborative, involving input from various community stakeholders, public health agencies, and local organizations.

Community Asset Inventory (Who is doing what in the community)

Building a community asset inventory is an important first step in collective action. This process involves identifying and organizing the resources, programs, and strengths within a community to address the needs of individuals experiencing complex health or social challenges, such as mental health challenges or substance use disorders.

A community asset inventory entails cataloging key assets such as shelters, food banks, health care facilities, employment programs, and mental health services, as well as leveraging the expertise of local organizations, faith-based groups, government agencies, and community leaders. The goal is to create a comprehensive inventory that highlights available support systems, identifies gaps in services, and fosters collaboration among stakeholders to develop targeted, sustainable solutions for community issues. By focusing on existing strengths and resources, a community asset inventory empowers communities to maximize their collective impact and improve outcomes for vulnerable populations.









Following are images of system-of-care asset inventories for Mono County unhoused, mental health, and substance use disorder populations. These inventories were developed by the Mono County Public Health Division with input from community partners.

[All Mono County asset inventories may be found and downloaded at this link.](#)



System of Care for Unhoused Populations

Comprehensive Services Needed in the System of Care

Services								
Existing Community Resources	Mono COE Education for Homeless Children Mammoth USD Homeless Education Program	Eastern Sierra Continuum of Care (facilitated by Inyo County Health & Human Services) does the annual Point in Time Count 1x per year	Wild Iris - Emergency Shelter : Available for individuals who are fleeing sexual or intimate partner violence	Eastern Sierra Community Housing provides Housing Navigation Services and is a Coordinated Entry System end user. Contracted by Mono and Alpine for these services. Master Care Inc. for eligible Anthem Medi-Cal clients Partners in Care Foundation for eligible Health Net Medi-Cal clients St. Vincent Preventative Family Care for eligible Health Net Medi-Cal clients	None in Mono County	24 Hour Home Care for eligible Anthem Medi-Cal clients	Eastern Sierra Community Housing Wild Iris - for DV/SA victims Mono County Behavioral Health (for eligible enrolled SUD clients) Mono County Re-Entry Team (for formerly incarcerated clients)	Eastern Sierra Community Housing - Innsbruck Lodge in Mammoth Lakes, (serving Alpine/Mono/Inyo) Mono County Behavioral Health - The Sawyer , 3 units with on site support in Mammoth Lakes Mono County Behavioral Health rental subsidies for specific eligible target populations Master Care Inc. for eligible Anthem Medi-Cal clients Partners in Care Foundation for eligible Health Net Medi-Cal clients St. Vincent Preventative Family Care for eligible Health Net Medi-Cal clients

HC² STRATEGIES
HEALTHY CONNECTIONS TO COMMUNITIES

Other organizations, programs and factors that are needed in delivery:








☐ HMIS* ☐ CES* ☐ ID Documents ☐ Legal Support ☐ Access to Benefits ☐ SOAR*

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System of Care for Mental Health Populations

Comprehensive Services Needed in the System of Care

Services								
	Support Groups Peer Support Clubhouse	CCBHC and/or FQHC for BH	Assertive Community Treatment Teams (ACT)	Mobile Crisis Crisis Line Crisis Housing	Day Treatment Center BH Residential Housing Board and Care	Psych EDs Psych/Med Inpatient Units	Youth Mental Health Services	
Existing Community Resources	<p>Support Groups Mono County Behavioral Health: <u>Moral Recognition Therapy & DV</u> (self or court referred)</p> <p>Mono County Behavioral Health <u>Wellness Programming</u></p> <p>Peer Support Mono County Behavioral Health <u>Wellness Programming</u></p> <p>Clubhouse None in Mono County</p>	None in Mono County	<p><u>Mono County Behavioral Health</u> Full Service Partnership Program (eligibility - mental illness status + functional needs)</p>	<p><u>Mobile Crisis Mono County Behavioral Health - On Call Crisis Team</u></p> <p><u>Crisis Line</u> Call 911 or 988</p> <p><u>24/7 Hotline to Report Suspected Child/Elder Abuse</u> CPS/APS in Mono County: Call 1-800- 340-5411</p> <p><u>The California Youth Crisis Line (CYCL)</u>: 24/7 operational statewide emergency response system for youth (ages 12-24) and families in crisis. call 1-800-843-5200. Translation services are available for multiple languages</p>	<p><u>Family Urgent Response System (FURS)</u> - In Person Mobile Response Team serving current/former foster youth and caregivers: Call/Text 1-833-939- 3877</p> <p><u>Wild Iris</u> (Domestic Violence, Sexual Assault, Child Abuse) 24/7 Crisis Line: Call 1 (877) 873-7384</p>	None in Mono County Mono County Behavioral Health contracts and coordinates for eligible clients where care is available.	<p>None in Mono County</p> <p><u>Psych EDs</u> Mono County Behavioral Health contracts with Crisis Stabilization Unit in Ridgecrest if person has 5150 hold (any insurance)</p> <p><u>Psych/Med Inpatient Units</u> Mono County Behavioral Health contracts and coordinates for eligible clients where care is available.</p>	<p><u>Alpine Center for Counseling & Recovery</u> (Bishop) (Medi-Cal & private)</p> <p><u>Eastern Sierra Counseling</u>: Private Insurance - Anthem, Blue Shield, Magellan, and Aetna. Medi-Cal: Anthem & Health Net. EAP Provider for Mammoth Mountain, June Mt, LEVI Food and Bev., Stellar Brew, Town of Mammoth Lakes Employees, MLPD, & Footloose Sports</p> <p><u>Mono County Juvenile Probation</u>: Lee Vining & Coleville Probation Program (for enrolled clients)</p> <p><u>North Star</u> - free counseling services for students, parents, families attending Mammoth Unified School District, Eastern Sierra Unified School District, and Mono County Community Schools</p> <p><u>Toiyabe Indian Health Project</u></p> <p><u>Mammoth Hospital Behavioral Health</u> integrated in Pediatrics clinic</p>



System of Care for Substance Use Populations, 1 of 2








Comprehensive Services Needed in the System of Care

Services							
	AA NA Counseling Support Groups	Counseling	Support Groups	Peer Supports	Addiction Specialists	MAT Providers and Clinics	ED Bridge Programs Substance Use Navigators
Existing Community Resources	<p>Mammoth Lakes AA Group</p> <p>Northern Nevada Intergruop of Alcoholics Anonymous (Topaz Ranch Estates)</p> <p>Sierra Sage Region NA (Mammoth, Bishop, NV & virtual)</p> <p>*Currently no Spanish language AA/NA offered in Mono County</p>	<p>Alpine Center for Counseling and Recovery (Bishop)</p> <p>Crossroads Recovery Center (Bishop)</p> <p>Mono County Behavioral Health (substance use block grant) Medi-Cal, Private, No Insurance</p> <p>Mammoth Hospital Behavioral Health</p> <p>Toiyabe Indian Health Project</p> <p>Eastern Sierra Counseling: Private Insurance - Anthem, Blue Shield, Magellan, and Aetna. Medi-Cal: Anthem & HealthNet. EAP Provider for Mammoth Mountain. June Mt, LEVI Food and Bev., Stellar Brew, Town of Mammoth Lakes Employees, MLPD, & Footloose Sports</p>	<p>Alpine Center for Counseling and Recovery (Bishop) (enrolled clients only)</p> <p>Crossroads Recovery Center (Bishop) Family Group (loved ones) Contingency Mngmnt. (meth/cocaine) Wellness Journey (lifestyle choices in active addiction) Recovery Bingo</p> <p>Mono County Behavioral Health: Relapse Prevention Group. CBT, Seeking Safety, Trauma Groups (enrolled clients only)</p> <p>Mono County Behavioral Health: Moral Recognition Therapy Group. Mono County Jail</p> <p>Toiyabe Indian Health "Wellbriety" Group (Bishop) and Recovery Group (Virtual)</p>	<p>Crossroads Recovery Center (Bishop)</p> <p>Mono County Behavioral Health Wellness Programming</p>	<p>Alpine Center for Counseling and Recovery (Bishop)</p> <p>Crossroads Recovery Center (Bishop)</p> <p>Mono County Behavioral Health</p> <p>Toiyabe Indian Health Project (Bishop)</p> <p>Northern Inyo Hospital Rural Health Clinic (Bishop)</p>	<p>Crossroads Recovery Center (Bishop)</p> <p>Mammoth Hospital Sierra Park Clinic</p> <p>Mono County Behavioral Health: subcontracts telehealth MAT</p> <p>Northern Inyo Hospital Rural Health Clinic (Bishop)</p> <p>Toiyabe Indian Health Project: Medication-Assisted Treatment Program (MAT) Program for Alcohol & Opioid Use Disorders (Bishop)</p> <p>Alpine Center for Counseling and Recovery (Bishop)</p>	<p>Mammoth Hospital & Mono County Behavioral Health (if patient signs release of information consent)</p> <p>(Not formal "Bridge" program but interprofessional relationships reflect SUD continuum of care with providers & ED patients)</p>



System of Care for Substance Use Populations, 2 of 2

Comprehensive Services Needed in the System of Care

Services							
	Intensive Outpatient Mngmt. Partial Hospitalization	Sobering Center	Inpatient Detox Withdrawal Management	Residential Recovery Housing	Contingency Management	Harm Reduction Supplies Distribution	Naloxone Distribution
Existing Community Resources	<p>Mono County Behavioral Health: contracts out 'Intensive Outpatient Treatment' - Recovery Services (telehealth) (clients assessed for level of care, specific threshold based on severity of addiction)</p> <p>Toiyabe Indian Health Project: 90-day Outpatient Treatment Program (Bishop)</p> <p>Alpine Center for Counseling and Recovery (Bishop)</p>	<p>None in Mono County</p>	<p>Mammoth Hospital (if admitted)</p> <p>Mono County Behavioral Health: Medi Cal Clients meeting ASAM threshold or court mandated, 2 residential tx centers contracted Cri-Help (Spanish) & Tarzana Treatment Centers (perinatal & adolescent)</p> <p>Northern Inyo Hospital (Bishop) (if admitted)</p>	<p>Mono County Behavioral Health "Manzanita House" (4 beds) specific eligibility criteria</p>	<p>Crossroads Recovery Center (Bishop) CM Group</p> <p>Toiyabe Indian Health Project: Contingency Management (CM) for Methamphetamine Use Program (Bishop)</p>	<p>Crossroads Recovery Center (Bishop)</p> <p>Mono County Behavioral Health (Walker, Bridgeport, Mammoth and delivery): Fentanyl test strips, syringe access, sharps containers, lock boxes</p> <p>Northern Inyo Hospital Rural Health Clinic (Bishop)</p>	<p>A-Frame Liquor, Mammoth Lakes</p> <p>Crossroads Recovery Center (Bishop)</p> <p>Mammoth Mountain Health and Safety Office</p> <p>Mono County Behavioral Health (Walker, Bridgeport, Mammoth and delivery)</p> <p>Mono County Fire Departments / Districts</p> <p>Mono County Paramedics</p> <p>Toiyabe Indian Health Project (Bishop)</p> <p>Northern Inyo Hospital Rural Health Clinic (Bishop)</p>

A Healthy, Connected Mono County

One of Mono County's greatest strengths is its commitment to community. That devotion was heard time and again in conversations with community leaders and members as data and information were gathered for this report.

Communities thrive when everyone has the opportunity to live their healthiest life. All community members have important roles in improving health and well-being, and in building a place with truly equal opportunities for all people. Mono County community leaders and members are encouraged to review the data and priorities in this report and identify where and how they might contribute to improvement in the three identified priorities and populations of focus:

Priorities

- Mental and behavioral health
- Maternal and infant health
- Access to care

Populations of Focus

- Children living in poverty
- North Mono County residents
- Latino/LatinX

Together, community members can make Mono County healthier by seeing the opportunities and possibilities and working together for the good of their communities.





Appendixes



Appendix A: 2024 Mono County CHA Advisory Council

The 2024 Mono County Community Health Assessment Advisory Council was composed of county health leaders, managed care plan representatives, and other partners. They guided the CHA to ensure a comprehensive data collection and review process that accurately reflects the community.

2024 Mono County Advisory Council Members

Listed in Alphabetical Order by Organization & Last Name

Desiree Dalby
Anthem Blue Cross

Denise Ornelas, MBA
Anthem Blue Cross

Mayra Serrano, DrPH, MPH, CHES
Anthem Blue Cross

Tiana Morgan Arbulu, MPH
Health Net

Eliana Argueta, MHI
Health Net

Annesha L. Land
Health Net

Catherine Misquitta, Pharm.D., MBA,
BCPS, BCGP, CPHQ, FCSHP
Health Net

Vernell Shaw III, MSW
Health Net

Rachel Barnett, MPH, MLS
*Mono County Health & Human Services,
Public Health Division*

Thomas Boo, MD
*Mono County Health & Human Services,
Public Health Division*

Emily Janoff, MPH
*Mono County Health & Human Services,
Public Health Division*

Lauren Kemmeter
*Mono County Health & Human Services,
Public Health Division*

Danyell L. LeBrun, RN, BSN
*Mono County Health & Human Services,
Public Health Division*

Marjoree Neer, PHN
*Mono County Health & Human Services,
Public Health Division*

Kathryn Peterson, MPH
*Mono County Health & Human Services,
Public Health Division*

Jordyn Pinochi
*Mono County Health & Human Services,
Public Health Division*

Michelle Raust, MSW
*Mono County Health & Human Services,
Public Health Division*

Appendix B: 2024 Mono County CHA Prioritization Committee

The 2024 Mono County Community Health Assessment Prioritization Committee included 68 key public health, health care delivery system, and community partners in the county. Committee members were intentionally selected to represent organizations that work with vulnerable populations in the region.

All committee members were invited to attend prioritization meetings with the options of inviting others in their organizations to participate and of reviewing the prioritization slides and completing the prioritization and health inequities surveys on their own. Twenty-seven community representatives, or 40%, responded to the prioritization survey; and 31, or 46%, to the health inequities survey.

Prioritization Committee members represented the following organizations:

Listed in Alphabetical Order by Organization & Last Name

Linh Casas
Anthem

Joseph "Art" Torres
Bridgeport Indian Colony

Jared Martin
Anthem

Amanda Phillips
Community Service Solutions

Jolene Carley
Benton Paiute Reservation

Nikki Lanshaw
Eastern Sierra Pride

Shane Saulque
Benton Paiute Reservation

Vernell Shaw III
Health Net

Jeanette Colon
Bridgeport Indian Colony

Kelly Barceloux
Inyo Mono Advocates for Community Action (IMACA)

Amber Kasper
Bridgeport Indian Colony

Charlotte Lange
Kutzadika Tribe

Andrea Lawrence
Bridgeport Indian Colony

Zack Brown
Mammoth Hospital

Emily Mendez
Bridgeport Indian Colony

Laurey Carlson
Mammoth Hospital

Janice Mendez
Bridgeport Indian Colony

Caitlin Crunk, RN, BSN
Mammoth Hospital

Debbie Painter
Bridgeport Indian Colony

2024 Mono County Prioritization Committee Members, Continued

Jacob Eide, PsyD
Mammoth Hospital

Lenna Monte
Mammoth Hospital

Tom Parker
Mammoth Hospital

Sophia Schuldt, MS
Mammoth Hospital

Teresa Toups
Mammoth Hospital

Briana Goico
Mammoth Lakes Chamber of Commerce

Brian Madera
Mammoth Lakes Police Department

Luis Villanueva
Mammoth Mountain

Colleen Moxley, RN
Mammoth Unified School District

Jake Ballard, RADT
Mono County Behavioral Health

Janelle Clark, PsyD
Mono County Behavioral Health

Amanda Greenberg, MPH
Mono County Behavioral Health

Stephany Mejia
Mono County Behavioral Health

Sal Montanez, CAS
Mono County Behavioral Health

Robin Roberts, MFT
Mono County Behavioral Health

Lauren Wu
Mono County Behavioral Health

Rhonda Duggan
Mono County Board of Supervisors

Bob Gardner
Mono County Board of Supervisors

Jennifer Kreitz
Mono County Board of Supervisors

John Peters
Mono County Board of Supervisors

Lynda Salcido
Mono County Board of Supervisors

Wendy Sugimura
Mono County Community Development

Al Rosen
Mono County EMS

Wade Rowley
Mono County EMS

Molly Desbaillets
Mono County First 5

Francie Avitia
Mono County Health & Human Services

Tom Boo, MD
Mono County Health & Human Services

Krista Cooper, MPA
Mono County Health & Human Services

Nancy Cruz
Mono County Health & Human Services

2024 Mono County Prioritization Committee Members, Continued

Yvonne Freeman
Mono County Health & Human Services

Leslie Gaunt, MSW
Mono County Health & Human Services

Maria Gonzalez
Mono County Health & Human Services

Wendy Guzman-Rangel
Mono County Health & Human Services

Emily Janoff, MPH
Mono County Health & Human Services

Danyell LeBrun, BSN, RN, PHN
Mono County Health & Human Services

Cassidy Miles
Mono County Health & Human Services

Margee Neer, PHN
Mono County Health & Human Services

Kathy Peterson, MPH
Mono County Health & Human Services

Jordyn Pinochi
Mono County Health & Human Services

Michelle Raust, MSW
Mono County Health & Human Services

Stephanie Riley-Stai, MS, RDN, IBCLC
Mono County Health & Human Services

Cathy Young
Mono County Health & Human Services

Michelle Young
Mono County Health & Human Services

Bertha Jimenez
Mono County Office of Education

Tammy Bennett Nguyen
Mono County Office of Education

Rachel Kallemeyn, NP
Toiyabe Indian Health Project

Earl Lent III
Toiyabe Indian Health Project

Rob Patterson
Town of Mammoth Lakes

Dominic Hays
Wild Iris Family Counseling & Crisis Center

Appendix C: IP3 | Assess Tool Description

[IP3 | Assess](#) is a web-based data platform that allows users to combine and compare data from different sources, surface community insights, align data across organizations and sectors, and use information to guide community action.

Data Frameworks

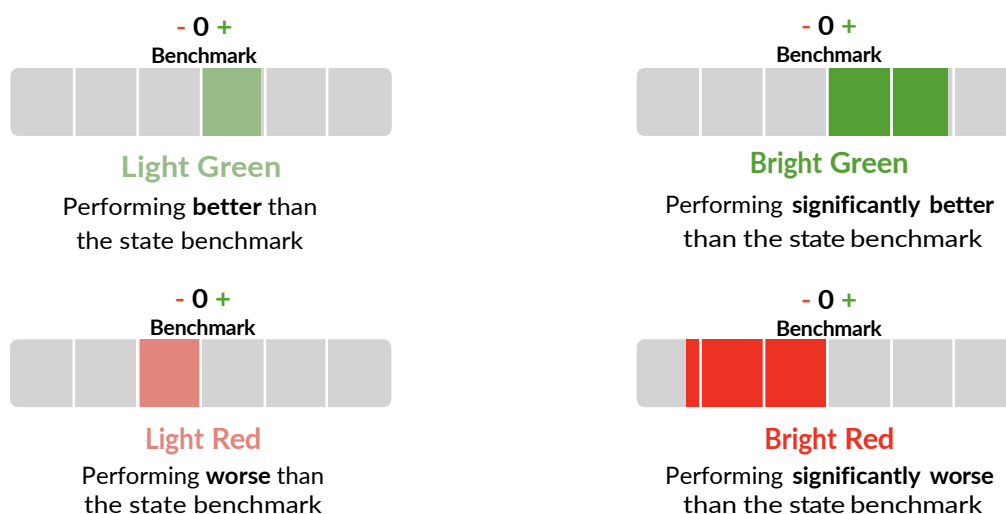
IP3 | Assess automatically applies data frameworks to help analyze and present indicators that are organized in an actionable way. Data frameworks are a series of “domains” or categories; each domain is populated by multiple data indicators from a variety of sources that are updated as new information is released.

Z-Score Analysis

IP3 | Assess uses a z-score approach to score individual indicators and data across domains in frameworks. Z-scores show where the score lies on a normal distribution curve. “Fuel gauge” visualizations depict z-scores relative to the selected benchmark (such as the corresponding state or national value). In this way, users can see how a given community or geographic area performs relative to the state or nation.

The fuel gauge provides users with a clear view of how an area performs for specific indicators or domains compared to a benchmark. The gauge shows up bright red if an indicator or domain scores significantly worse than the benchmark, light red or light green if the data point is not significantly different (within one standard deviation) from the benchmark, and bright green if the data point is significantly better than the benchmark.

The Fuel Gauge Key



Appendix D: IP3 | Assess Priority Categories and Indicators

Mental Health and Substance Use Disorders

[Burden of Disease Framework](#) (all indicators as of February 6, 2025)

Indicator	Mono County	State Benchmark
At Risk for Psychosis Number of people scoring at risk for psychotic-like experiences per 100,000 population (2024) Mental Health America	11 per 100,000	16.9 per 100,000
Substance Use Disorder Deaths Number of deaths due to substance use disorders (including alcohol use disorders, and opioid use and other drug use disorders) per 100,000 population (2019) Institute for Health Metrics and Evaluation	15.3 per 100,000	17.2 per 100,000
Frequent Mental Distress Percentage of adults aged 18 years and older who report 14 or more days of poor mental health per month (2022) Places	17%	16.7%
Self-Harm and Interpersonal Violence Deaths Number of deaths due to self-harm, interpersonal violence, conflict and terrorism, and police conflict and executions per 100,000 population (2019) Institute for Health Metrics and Evaluation	20.4 per 100,000	17.0 per 100,000
Suicidal Ideation Number of people reporting frequent suicidal ideation per 100,000 population (2024) Mental Health America	39 per 100,000	35 per 100,000
Severe Depression Number of people at risk for severe depression per 100,000 population (2024) Mental Health America	40 per 100,000	32.8 per 100,000
Poor Mental Health Days Age-adjusted average number of reported mentally unhealthy days per month (2021) County Health Rankings	5.2 days	5.0 days

Maternal and Infant Health

[Burden of Disease Framework](#) (all indicators as of February 6, 2025)

Indicator	Mono County	State Benchmark
Maternal and Neonatal Disorder Deaths Number of deaths due to maternal and neonatal disorders per 100,000 women (2019) Institute for Health Metrics and Evaluation	1.9 per 100,000	3.5 per 100,000
Teen Births Number of births per 1,000 females aged 15-19 years (2022) County Health Rankings	18.6 per 1,000	17.4 per 1,000
Low Birthweight Percentage of live births with low birthweight (less than 2,500 grams) who report having been to a doctor for a routine checkup in the past year (2022) County Health Rankings	8.4%	8.3%

Access to Care

[Vital Conditions Framework](#) (all indicators as of February 6, 2025)

Indicator	Mono County	State Benchmark
Mental Health Providers Number of mental health care providers per 100,000 population (2023) County Health Rankings	246.6 per 100,000	449.7 per 100,000
Medical Professionals Number of health diagnosing and treating practitioners per 1,000 population (2022) American Community Survey	18.6 per 1,000	17.4 per 1,000
Insured Adults Number of health diagnosing and treating practitioners per 1,000 population (2022) American Community Survey	79.9%	90.0%
Recent Primary Care Visit Percentage of adults aged 18 years and older who report having been to a doctor for a routine checkup in the past year (2022) Places	69.2%	70.5%
Dentists Number of dentists per 100,000 population (2022) County Health Rankings	46.2 per 100,000	92.9 per 100,000

Appendix E: Managed Care Plan (MCP) Data

Healthcare Effectiveness Data & Information Set (HEDIS)

HEDIS was developed by the National Committee for Quality Assurance (NCQA), a nonprofit organization, to measure and improve health care quality.

1. **Standardization:** HEDIS provides standardized measures that allow comparisons across health plans, regions, and time. This helps identify variations in care quality and areas for improvement.
2. **Quality Improvement:** By measuring performance against established benchmarks, HEDIS helps health care organizations identify areas where they excel and areas needing improvement. This leads to targeted quality improvement efforts.
3. **Consumer Information:** HEDIS results are often used in consumer guides and reports. This empowers consumers to make informed decisions about their health care providers and plans based on objective quality measures.
4. **Regulatory Compliance:** Many health plans and providers are required to report HEDIS data to regulatory bodies, such as the California Department of Health Care Services, on a yearly basis. Compliance with HEDIS measures can affect reimbursement and member assignment.

HEDIS Health Care Quality Measures

HEDIS covers a wide range of health issues including:

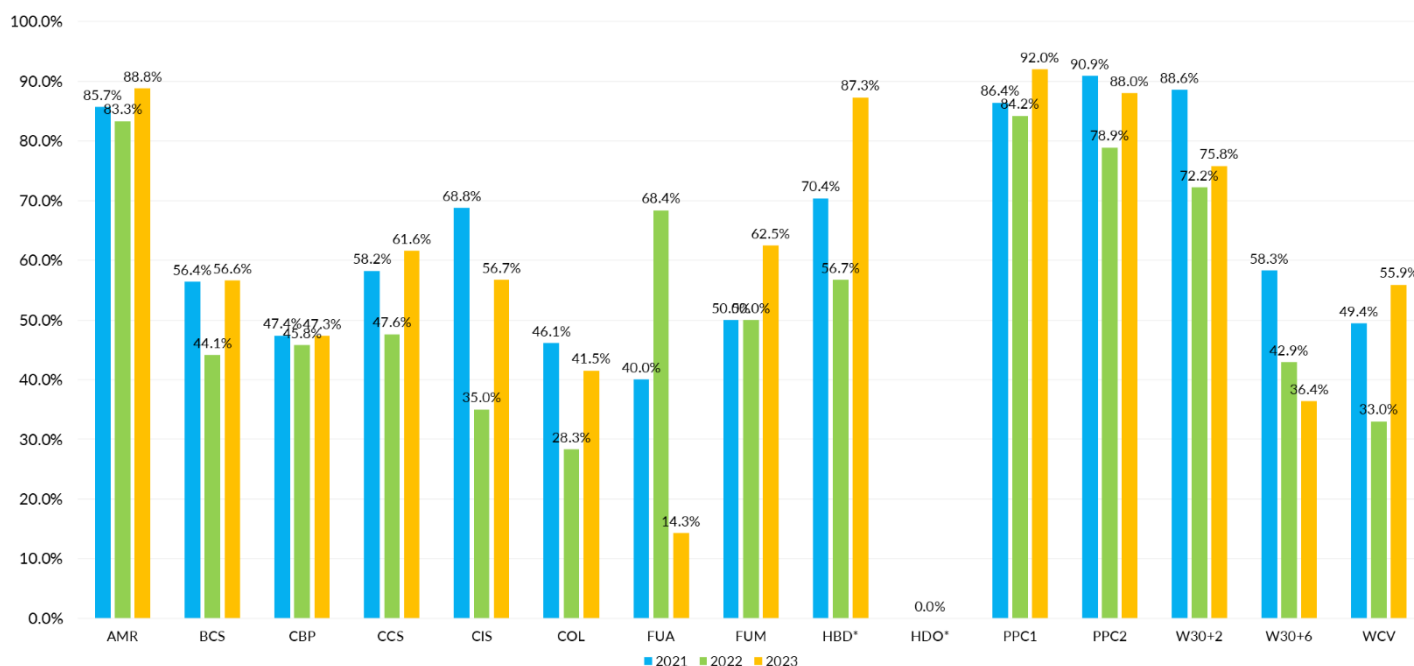
1. **Preventive Care:** Metrics such as immunization and cancer screenings
2. **Chronic Disease Management:** Measures for conditions such as diabetes and hypertension
3. **Behavioral Health:** Metrics for managing conditions such as depression and substance use disorder

Managed care plans continuously monitor and improve the quality of care they provide using HEDIS data.

HEDIS Measures for Member Year (MY) 2021 to MY 2023

HEDIS Measure Acronym	HEDIS Measures	Measure Definitions
AMR	Asthma Medication Ratio	Percentage of asthma patients with a medication ratio ≥ 0.50
BCS-E	Breast Cancer Screening	Percentage of women aged 50-74 who had a mammogram
CBP	Controlled Blood Pressure	Percentage of adults with hypertension whose BP is $<140/90$ mm Hg
CCS	Cervical Cancer Screening	Percentage of women aged 21-64 who had appropriate cervical cancer screening
CIS (Combo 10)	Childhood Immunization Status	Percentage of 2-year-olds who received recommended vaccines. Combination 10 includes DTaP, IPV, MMR, HiB, HepB, VZV, PCV, HepA, RV and influenza vaccinations.
COL	Colorectal Cancer Screening	Percentage of adults aged 50-75 who had colorectal cancer screening
FUM	Follow-up after ED Visit for Mental Illness (30 Days after Discharge)	Percentage of patients with mental illness seen within 30 days after ED visit
HBD	Hemoglobin A1c Control for Patients with Diabetes (Type 1 or Type 2)	Percentage of diabetics aged 18-75 with controlled HbA1c ($<8.0\%$)
HDO	Use of Opioids at High Dosage	Percentage of adults with opioid dosage ≥ 90 MME/day for ≥ 15 days
PPC	Prenatal and Postpartum Visits	Percentage of women with prenatal visit in 1st trimester and postpartum visit within 7-84 days
W30	Well-Care Visits (First 30 Months)	Percentage of children with well-care visits by 15 and 30 months
WCV	Child and Adolescent Well-Care Visits	Percentage of members aged 3-21 with at least one well-care visit

Anthem Mono County HEDIS Measures



* A lower rate indicates better performance

The chart above shows year-over-year trends on various HEDIS measures for 2021, 2022, and 2023. Below are notable data highlights.

HEDIS Rates Overview:

- Use of Opioids at High Dosage (HDO):** The data shows that the HDO rate is 0% for Mono County, meaning no Anthem Medi-Cal patients were reported to have high-dosage opioid use in that region. This could indicate strong opioid management practices or other factors specific to this county, making it a standout positive example.
- Immunizations (CIS Combo 10):** Immunization rates among children enrolled in Anthem Blue Cross managed Medi-Cal fell sharply from 2021 to 2022 but improved in 2023. This improvement, if continued, is encouraging, but many children remain less than fully immunized. Close attention to immunization rates and patterns is warranted.
- Cancer Screenings:** Like childhood immunization rates, screening rates for breast, cervical, and colorectal cancers among Anthem managed Medi-Cal members decreased from 2021 to 2022, then increased in 2023. Rates for breast and colorectal cancer screening remain below 2021 levels, and many people are not receiving recommended cancer screenings. The recent improvements are encouraging but it remains to be seen whether it is the beginning of a sustained trend.

- **Asthma Medication Ratio (AMR):** This ratio has remained stable over the years, indicating that Mono County Anthem Medi-Cal members with asthma are generally managing their condition well through proper medication adherence.

Focus Areas for Improvement:

- **Diabetes Management (HBD - Hemoglobin A1c Poor Control):** The data shows that in 2023, approximately 90% of Mono County Anthem Medi-Cal members with diabetes had poor control over their hemoglobin A1c levels. This marks a notable increase from previous years, highlighting a critical area for improvement in diabetes management. It suggests a growing challenge in controlling blood sugar levels in diabetic patients, necessitating focused interventions and better care strategies.
- **Well-Child Visits (W30+6):** The data shows a decline in well-child visits over the period for Anthem Medi-Cal members in Mono County, signaling an area of concern. W30+6 measures the percentage of children who had at least six well-child visits within their first 15 months of life and the percentage of children who had at least two well-child visits between their 15th and 30th months of life. These visits are important for early childhood health and development, and declining rates suggest the need for renewed efforts to improve access to and awareness of pediatric care.

Appendix F: Key Informant Interviews

Key Informants Interviewed by HC² Strategies

#	Name	Title	Organization
1	Janice Mendez	Leader and Elder	Bridgeport Indian Colony/Toiyabe Indian Health Board of Directors
2	Amanda Philips	Executive Director	Community Service Solutions
3	Wendy Guzman-Rangel	Integrated Case Lead Worker	Department of Social Services
4	Molly DesBaillets	Executive Director	First 5 Mono
5	Ashley Ayala Borunda	MHS Valedictorian	Mammoth High School
6	Tom Parker	CEO	Mammoth Hospital
7	Jacob Eide	Behavioral Health Staff	Mammoth Hospital
8	Caitlin Crunk	Chief Nursing Officer	Mammoth Hospital
9	Stacey Adler	Superintendent	MCOE
10	Jenny Weaver	Health & Safety	MMSA
11	Elysia Fischbah	Local Representative	Mono City
12	Krista Cooper	Adult Services Manager	Mono County
13	Robin Roberts & Lauren Plum	Program Manager	Mono County Behavioral Health
14	Bryan Bullock	EMS Chief	Mono County EMS
15	Cassidy Miles	Supervisor	Mono County Senior Center
16	Michele Young	Senior Services Provider	Mono Social Services
17	Nancy Cruz	WIC Assistant	Mono WIC
18	Molly Rearick Day	President	Mountain Queers
19	Kristin Reese	Board Member	Mountain Queers
20	Colleen Moxley	School Nurse	MUSD/ESUSD
21	Brianna Brown	Teacher	Bridgeport Elementary School
22	Rob Patterson	Town Manager	Town of Mammoth Lakes
23	Dominic Hays	Executive Director	Wild Iris

Key Informant Interview Questions

1. Please describe your role within the organization.
2. Please provide a brief description of your organization.
3. What geographic area do you primarily serve?
4. What is your vision of a healthy community?
5. How healthy do you feel your community is currently?
6. In your opinion, what are the most important health needs that have the greatest impact on overall health in the community?

- a. In your opinion, are there any specific populations that are disproportionately affected by the health problems just mentioned?
 - b. Do you feel the health needs in your part of Mono County are different from other parts of the county? How and why?
7. In 2019, the following were identified as priority health issues:
- i. Substance abuse prevention and treatment
 - ii. Behavioral health access, prevention, and treatment
 - iii. Clinical care access and preventative care
 - iv. Dental care access and preventative care
- a. How would you describe the impact of these health needs on the health of your community?
 - b. Are there other priorities in the community you serve that have not been discussed?
8. Are you aware of social factors that have an influence on the issues we've discussed for your community? If so, what social factors have the biggest influence on these issues? (If the respondent seems unsure of what social factors are, examples include: finances, education, environment, transportation, unemployment, and homelessness.)
- a. What health behaviors do you think have the biggest influence on the issues we just discussed in your community?
9. What are the challenges your community faces in addressing health needs?
10. What existing community assets and resources could be used to better address these health issues and inequities?
11. Looking across all sectors, who are some current or potential partners or initiatives that Mono County Health Department have yet to engage or should engage more of?
- a. Do you see opportunities for collaborations that could help address the health challenges discussed?
12. Is there anything you would like to add that we haven't discussed?

Appendix G: Listening Sessions

Listening Sessions Scheduled

#	Region	Event Location	Language
1	Lee Vining	Mono Lake Committee	English
2	Lee Vining	Mono Lake Committee	Spanish
3	Mammoth Lakes	Mammoth Lakes Library	English
4	Mammoth Lakes	Mammoth Lakes Library	Spanish
5	Bridgeport	Bridgeport Indian Colony	English
6	Bridgeport	Memorial Hall	English
7	Bridgeport	Memorial Hall	Spanish
8	Walker/Coleville	Walker Senior Center	English
9	Walker/Coleville	Walker Community Center	English
10	Walker/Coleville	Walker Community Center	Spanish
11	Benton	Benton Tribe Reservation – Roundhouse	English
12	Mammoth	Mammoth Mountain Ski Area	English

Listening Session Report

As part of the 2024 Community Health Needs Assessment for Mono County, the Public Health Division and HC² Strategies scheduled 12 community listening sessions across various regions of the county. These sessions aimed to provide an inclusive platform for diverse community voices to discuss the health of their communities. The sessions were conducted in Bridgeport, Walker, Lee Vining, Mammoth Lakes, and Benton, with four of the 12 sessions specifically tailored to Spanish-speaking residents.

A concerted effort was made to engage community members who traditionally may not participate in county discussions. These groups included seasonal workers, non-English speakers, and indigenous populations.

Executive Summary

The listening sessions were integral to a broader community health assessment, visioning, and planning process for Mono County. These sessions offered valuable insights into the perspectives and sentiments of county residents regarding their communities. Participants received a brief orientation outlining the purpose of the sessions and the confidentiality of their contributions. They were informed that the information gathered would play a crucial role in the county's future planning to improve community health. Meals were provided to all participants at each session, along with an opportunity drawing for two \$50 Amazon gift cards as incentives for attending.

Session Facilitation

From July 16-21, 2024, HC² Strategies facilitated the listening sessions using a set of questions and a script. To accommodate bilingual communication, the script was translated into Spanish, and a Spanish-speaking facilitator was present at each session to assist community members as needed.

Site Selection and Focused Outreach

Mono County Public Health carefully selected meeting sites to ensure that even the most remote communities were included. Sessions were scheduled in various locations, including a library, community centers, senior center, a nonprofit arts center, and Mammoth Mountain Ski Area. Additionally, two sessions were specifically organized to enhance access to the county's indigenous population, with sessions held at the Indian Colony in Bridgeport and the Benton Paiute Reservation in Benton.

Demographics

A total of 42 participants attended the listening sessions:

- 31 female, 11 male
- 40 adults, 2 youth

Themes

Access to Health Services: Residents described the region as a “medical desert” with limited access to essential medical services, including dental, ophthalmology, specialty care, and particularly labor and delivery services. Local health care options are inadequate due to:

- Clinics not accepting new patients
- Lack of insurance coverage
- Limited hours of operation

Seniors who no longer drive face difficulties in accessing medications, and there is a noted need for a local pharmacy. Many residents must travel out of the county, including into Nevada, to receive care; and transportation options are often unreliable, leading to missed medical appointments. Hispanic residents voiced concerns about the confidentiality of their health information, fearing it may be shared within the community. Tribal residents mentioned that they have been without a physician since their local clinic burned down two years ago, with only limited access to a nurse practitioner a few days a week at a different

clinic. Substance and alcohol abuse were identified as prevalent issues within the region, exacerbated by the area's resort- and vacation-oriented nature. There is significant concern about a lack of resources, such as the absence of a rehabilitation center.


Mental Health: There is an increased need for mental health services, particularly in light of the stressors faced by the community. The absence of a behavioral health crisis center and the inconsistency of telehealth services, especially with therapy providers, are significant challenges. The geographical distance between communities, limited resources, and high cost of living are additional stressors that impact overall community well-being. Residents must travel out of the county for mental health care, highlighting the need for more extensive outreach and prevention efforts within the county.

Housing: The need for affordable housing—both to purchase and rent—was a major concern. The current lack of housing options prevents young families, seasonal workers, and newly recruited employees from settling in the region. Many properties remain vacant throughout the year, serving as vacation homes, second homes, or short-term rentals. This situation creates tension as prospective renters see these empty properties while they are forced to live farther from their employment. As a result, seasonal workers often double up in apartments or resort to sleeping in their vehicles.

Healthy Food: Grocery options in the region are limited and often unaffordable for many residents. The primary supermarket, which caters to the resort area, is beyond the financial reach of most local residents, and a second market does not consistently stock the necessary items or brands preferred by the community. As a result, many residents drive an hour or more to buy groceries at more affordable prices, relying on each other to bring supplies to those with limited transportation.

Sense of Community: Participants across all groups emphasized a strong sense of community throughout the region. They highlighted the ways in which neighbors support one another, particularly during times of crisis. Natural disasters such as fires and avalanches have at times isolated parts of the community for extended periods, but the community's resilience is evident in the collaboration and sharing of resources. Long-term residents, including indigenous populations, expressed a deep connection to the region, despite the challenges of living there. They take pride in the small-town feel and the region's natural beauty, which offers many opportunities for outdoor recreation such as walking, hiking, camping, and water sports. However, residents expressed a desire for more organized activities for youth and the elderly, especially those that are family-friendly and health-focused. There is a sentiment that most events in town are geared toward tourists, leading locals to feel alienated in their own community.

Well-Being: The challenges of living in isolated communities, particularly during the winter months, have led residents to desire stronger community connections and increased engagement. At the same time, there is an acknowledgment that some individuals prefer seclusion. Native populations reported feelings of separation from those living in town,



exacerbated by issues such as undrinkable water. They also highlighted the lack of day-care or childcare services, which negatively impacts employment opportunities. The tribe is currently exploring childcare programs in collaboration with the Probation Department and is seeking potential sites and grants to support these efforts. Previous fires knocked out power to the area, leading to ongoing power outages, which have been particularly challenging for the elderly during inclement weather. The tribe has since secured generators for each home to address this need.

Environmental Concerns: Participants expressed concerns about environmental risks such as fires, earthquakes, avalanches, and poor air quality, as well as water quality issues, particularly on tribal lands where high levels of arsenic have been detected. Residents also discussed the irresponsible behavior of tourists, who often leave trash and damage the environment, further straining local resources.

Appendix H: Well-Being Survey Responses

The Mono County Well-Being Survey generated 341 responses from May 1, 2024, through August 14, 2024. In addition to the thriving, struggling, and suffering results provided in the main body of this report, below are additional survey questions focused on well-being factors followed by average responses by demographic category compared to Mono County overall, on a scale of 0 to 10.

Perception of Financial Situation

Now imagine the top of the ladder represents the best possible financial situation for you, and the bottom of the ladder represents the worst possible financial situation for you. Please indicate where on the ladder you stand right now. Best Possible to Worst Possible

Perception of Physical Health

In general, how would you rate your physical health? Excellent to Poor

Perception of Mental Health

How would you rate your overall mental health? Excellent to Poor

Perception of Health Limitations

For at least the past 6 months, to what extent have you been limited because of a health problem in activities people usually do? Severely Limited to Not Limited at All.

Sense of Direction and Purpose

I have a sense of direction and purpose in life. Strongly Agree to Strongly Disagree

Feelings of Loneliness

How often do you feel lonely? Always to Never.

Sense of Belonging

How would you describe your sense of belonging to your local community? Very Strong to Very Weak

Someone to Help Me

If you were in trouble, do you have relatives or friends you can count on to help you whenever you need them, or not? Always to Never

Positive Emotions

During the past two weeks, how often have you experienced positive emotions such as joy, affection, or hope? Always to Never

Negative Emotions

During the past two weeks, how often have you experienced negative emotions such as sadness, worry, or despair? Always to Never.

The table below shows comparisons to Mono County overall.

Dark green, 6+ percentage points better	Light green, 1-5 percentage points better
Dark yellow, 6+ percentage points worse	Light yellow, 1-5 percentage points worse

Category (N)	Financial	Physical	Mental	Limitations*	Direction
Mono County (341)	5.9	7.1	6.7	3.6	7.3
English-Speaking (291)	5.9	7.0	6.6	3.3	7.2
Spanish-Speaking (50)	5.7	7.4	7.6	5.1	8.0
North County (145)	5.8	6.8	6.8	3.8	7.4
Central County (166)	5.9	7.3	6.6	3.4	7.2
South County (28)	5.9	7.0	7.0	3.4	7.3
24 & Younger (25)	5.0	7.9	6.9	1.9	7.2
25-34 Years Old (73)	4.9	7.2	5.6	3.6	6.5
35-44 Years Old (77)	5.8	6.6	6.6	3.9	7.4
45-64 Years Old (108)	6.3	7.1	7.1	3.2	7.5
65 & Older (55)	6.9	7.0	7.6	4.5	7.9
White (191)	6.1	7.0	6.9	3.2	7.4
Hispanic/Latino (79)	6.0	7.6	7.4	4.6	7.9
Hispanic/Latino with Other Races/Ethnicities (20)	3.7	7.5	4.4	2.1	4.8
American Indian/ Alaska Native (24)	5.5	6.4	6.5	3.7	7.4
Other Races/Ethnicities (27)	6.1	6.4	5.9	3.9	7.0
Women (234)	6.0	7.0	6.9	3.7	7.4
Men (88)	5.9	7.5	6.6	3.2	7.1
Other Genders (19)	5.1	6.9	5.8	4.3	6.8
Heterosexual (277)	5.9	7.0	6.7	3.5	7.3
Lesbian, Gay, Queer, Other (29)	6.1	7.3	7.1	3.4	7.7
Bisexual (18)	5.2	7.0	6.1	3.6	7.1
No Response to Sexual Identity Question (17)	5.5	7.9	7.4	4.3	7.5

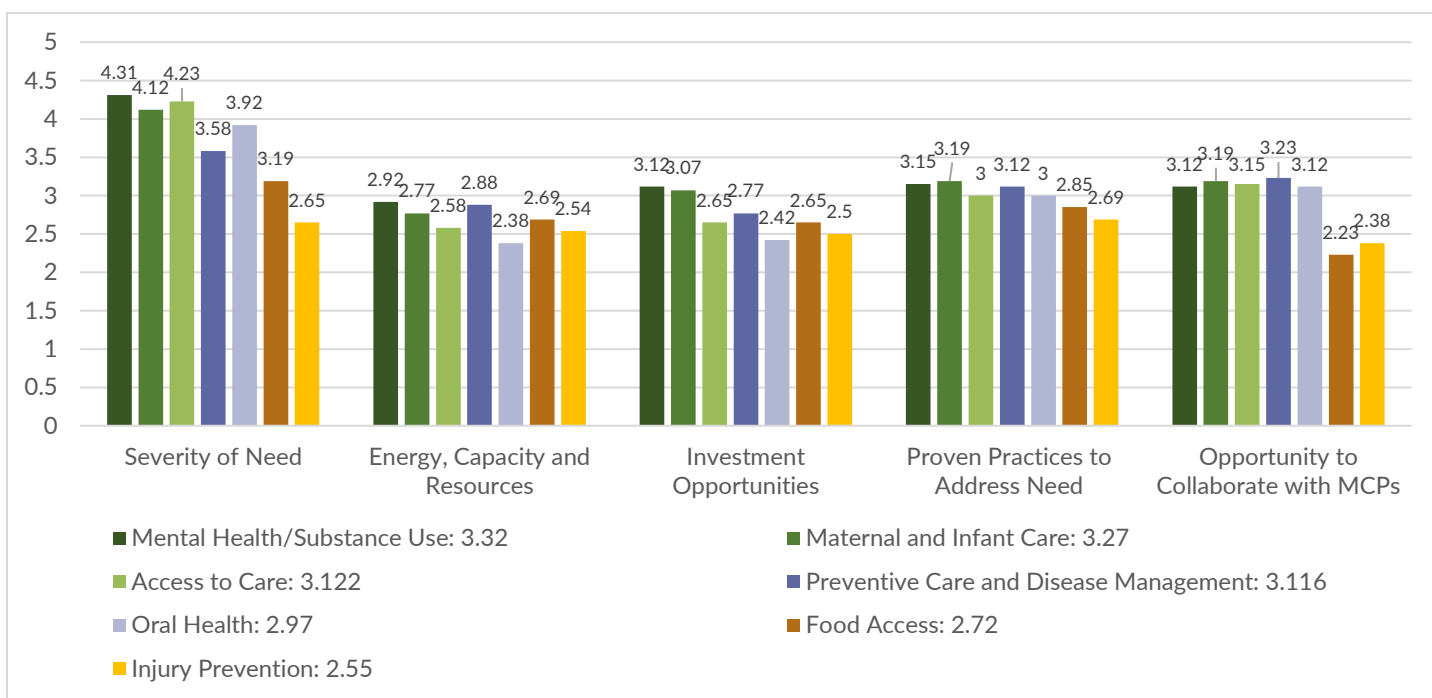
*Lower is better on this question.

Category (N)	Loneliness*	Belonging	Someone to Help Me	Positive Emotions	Negative Emotions*
Mono County (341)	4.3	5.7	7.6	7.3	5.1
English-Speaking (291)	4.2	5.6	7.7	7.2	5.3
Spanish-Speaking (50)	5.0	6.5	7.3	8.1	4.4
North County (145)	4.1	6.0	7.5	7.3	5.2
Central County (166)	4.5	5.5	7.7	7.3	5.3
South County (28)	4.3	5.4	7.6	7.7	4.4
24 & Younger (25)	5.1	6.3	7.6	7.8	5.4
25-34 Years Old (73)	5.3	5.2	6.9	6.7	5.8
35-44 Years Old (77)	4.5	5.4	7.7	7.2	5.4
45-64 Years Old (108)	3.6	5.9	8.0	7.4	4.5
65 & Older (55)	3.7	6.3	7.6	7.9	5.1
White (191)	4.1	5.7	7.7	7.3	5.1
Hispanic/Latino (79)	4.6	6.3	7.8	8.1	4.7
Hispanic/Latino with Other Races/Ethnicities (20)	6.2	3.9	5.9	5.5	6.6
American Indian/ Alaska Native (24)	3.5	5.3	7.2	7.3	5.0
Other Races/Ethnicities (27)	4.7	5.6	7.6	6.9	6.0
Women (234)	4.2	5.8	7.7	7.5	5.0
Men (88)	4.5	5.7	7.4	6.8	5.3
Other Genders (19)	5.4	5.4	7.6	7.1	5.8
Heterosexual (277)	4.3	5.7	7.6	7.3	5.1
Lesbian, Gay, Queer, Other (29)	4.6	6.3	8.0	7.8	5.4
Bisexual (18)	4.8	5.4	7.5	6.7	5.4
No Response to Sexual Identity Question (17)	3.2	6.1	7.9	7.9	5.2

*Lower is better on this question.

Appendix I: Stakeholder Committee Ranking of Priorities

After prioritization sessions from October through December, the 2024 Mono County CHA Prioritization Committee members ranked burden of disease areas and vital conditions, using five questions as ranking guides. The responses were used to identify priorities for the Mono County CHA. The bars below show how each priority area ranked in each question. The priority areas' ranking of all questions combined is also provided in the legend.



Appendix J: Priority Areas and Most Affected Populations

The survey exploring populations most affected by health inequities in the priority areas drew 31 responses from October 29, 2024, through December 12, 2024. Points were allocated based on populations' priority levels and rankings. In the charts below, populations that were not identified as most affected by any respondents in a priority area are not displayed.

Priority 1:

Rank 1 = 15 points
Rank 2 = 12 points
Rank 3 = 9 points
Rank 4 = 6 points
Rank 5 = 3 points

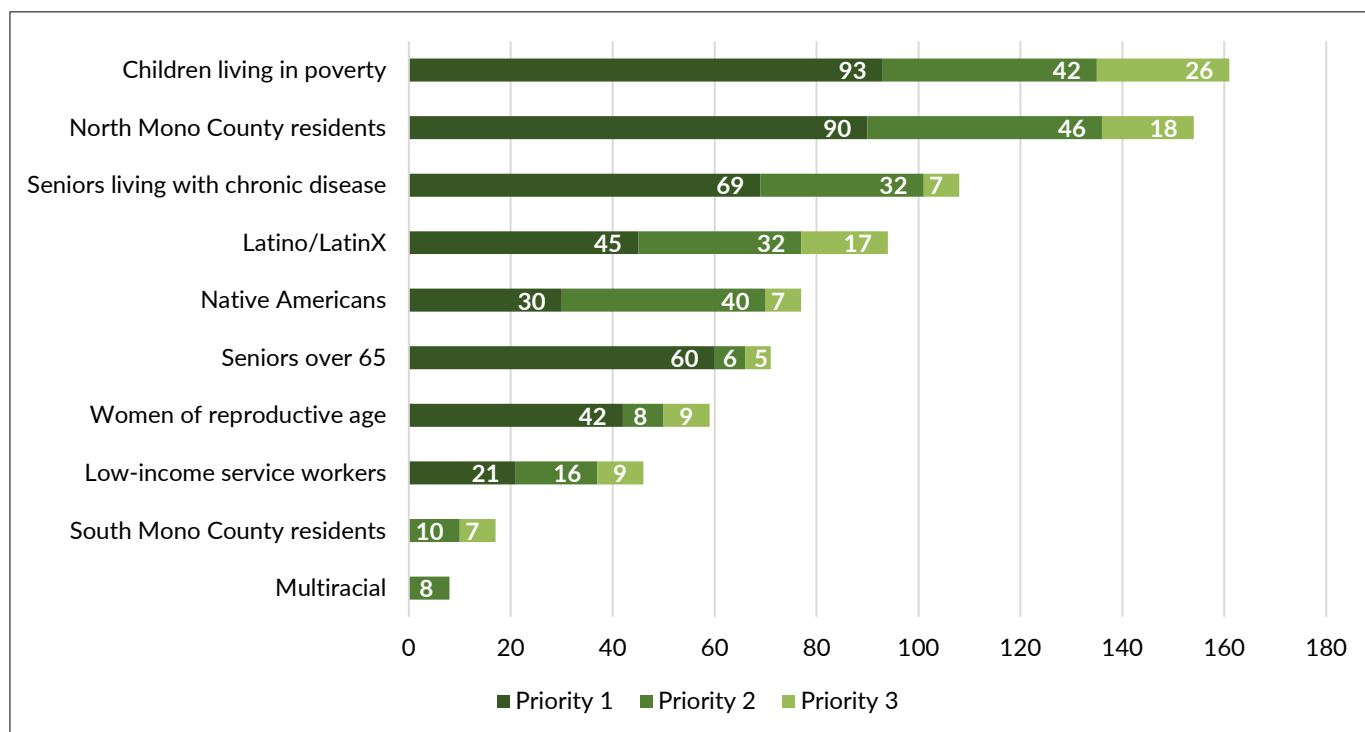
Priority 2:

Rank 1 = 10 points
Rank 2 = 8 points
Rank 3 = 6 points
Rank 4 = 4 points
Rank 5 = 2 points

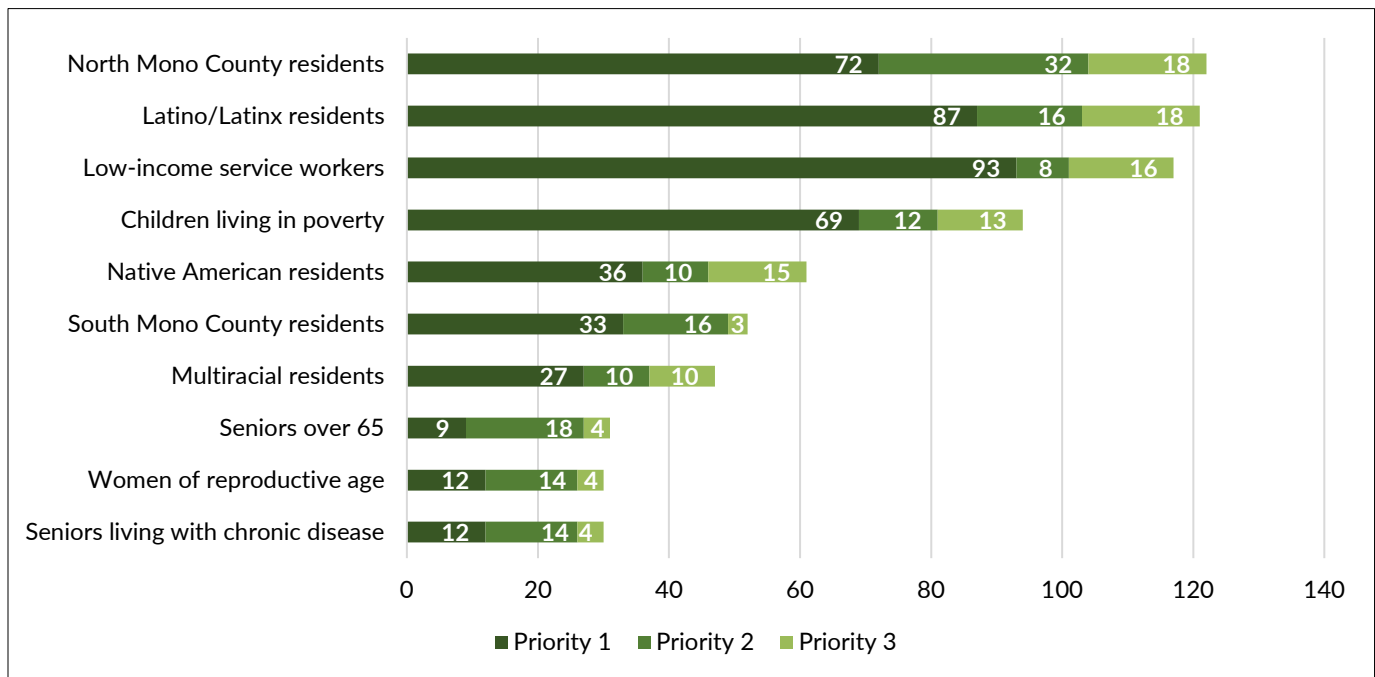
Priority 3:

Rank 1 = 5 points
Rank 2 = 4 points
Rank 3 = 3 points
Rank 4 = 2 points
Rank 5 = 1 point

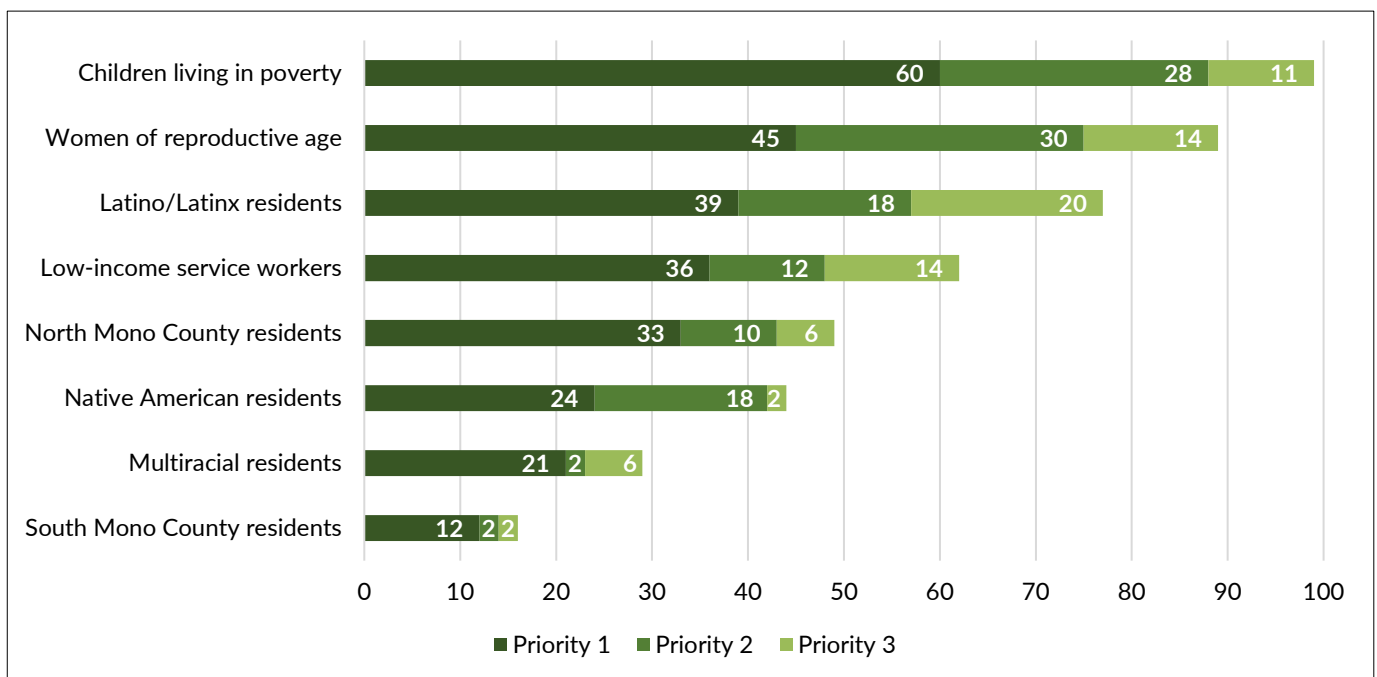
Access to Care



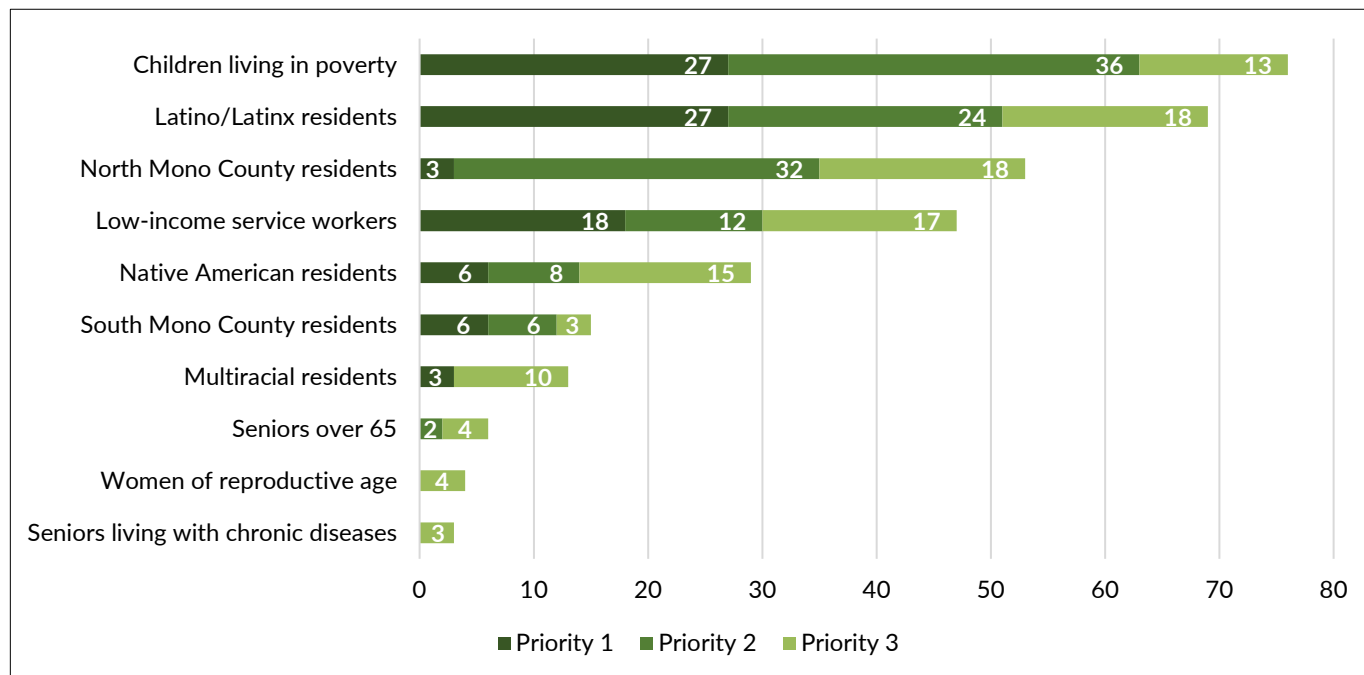
Mental Health/Substance Use



Maternal/Infant Health

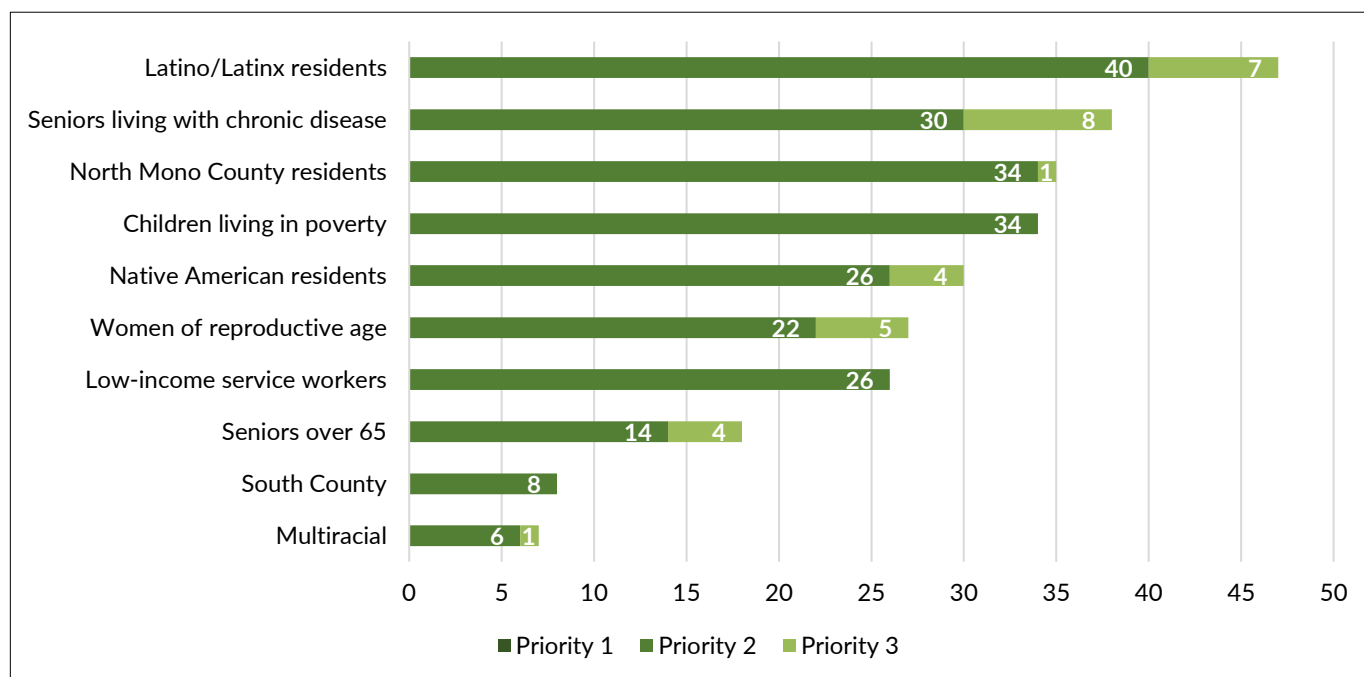


Oral Health

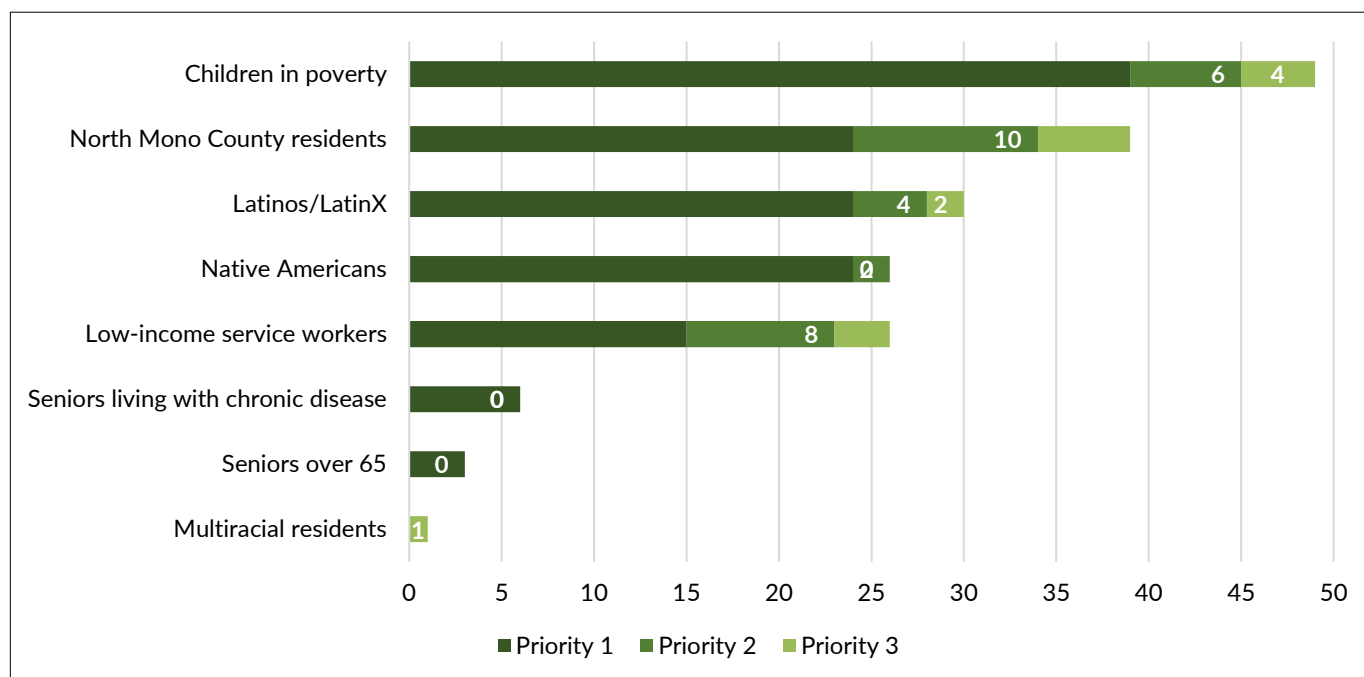


Preventive Care and Disease Management

Note: No respondents selected this area as Priority 1.

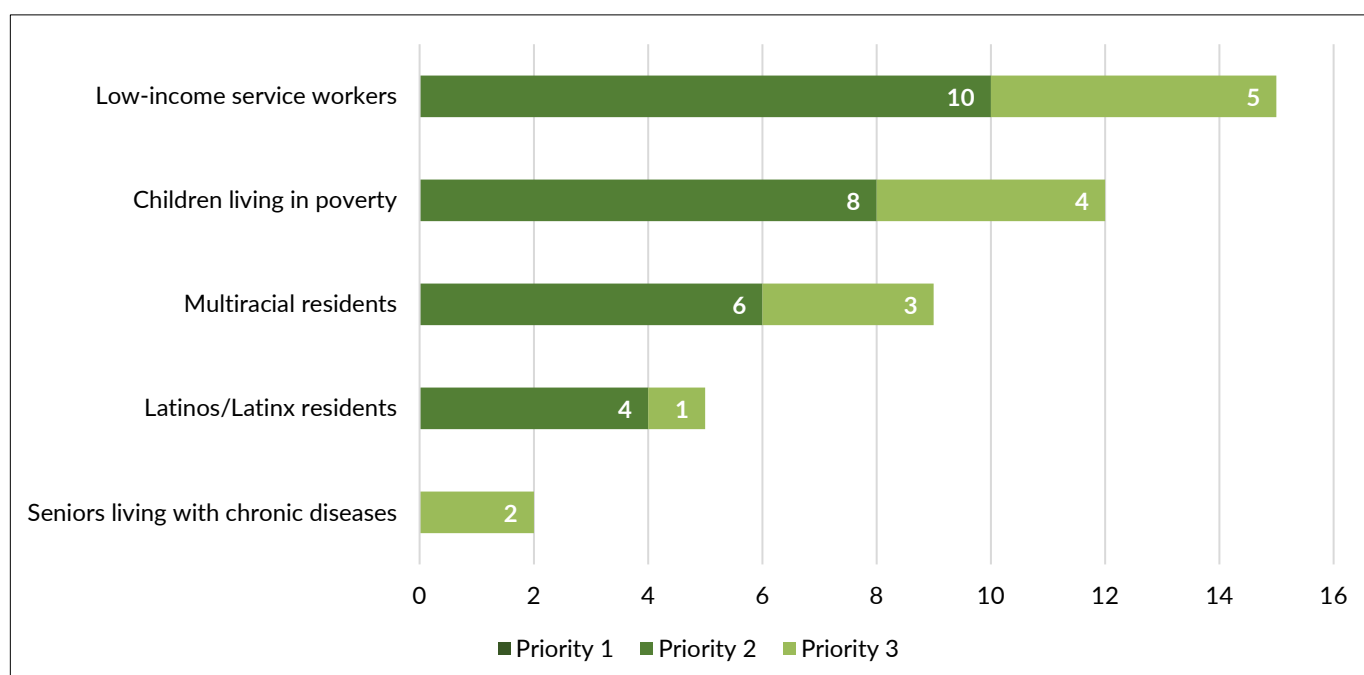


Food Access



Injury Prevention

Note: No respondents selected this area as Priority 1.



Appendix K: Comparisons with Other Mono Assessment Priorities and Populations

The Mono County Public Health CHA priority areas and populations are well-aligned with those of other Mono assessments in recent years. This congruence will support collaborative strategies and efforts across community partners.

Priority Areas

Public Health CHA	<u>Mammoth Hospital CHNA</u>	Behavioral Health Annual Report	Maternal Child & Adolescent Health Survey
Aligned Priority Areas			
Mental health and substance use	Behavioral health	Access and availability of mental health services Availability of substance use disorder treatment	Mental health services
Maternal and infant health	Accessible labor and delivery services		Resources for childcare and parenting Access to reproductive health
Access to care	Retention/ Recruitment of health care staff Clinical care access Access to specialty care		Access to care
Additional Priority Areas			
	Transportation	Crisis intervention and support to residents	Adolescent sexual and reproductive health services Adolescent social media safety guidance

Populations of Focus

Public Health CHA	<u>Mammoth</u> <u>Hospital CHNA</u>	Behavioral Health Annual Report	Maternal Child & Adolescent Health Survey
Aligned Populations			
Children living in poverty	Low-income groups		Children and youth with special health care needs Adolescents
Low-income service workers	Low-income groups		
Women of reproductive age	Women		Women of childbearing age
North Mono County residents	Rural residents		
Additional Populations			
Latino/Latinx residents Native American residents Seniors living with chronic disease		Individuals with mental health conditions, those with substance use disorders, and participants in mandated programs such as DUI or drug diversion	

Appendix L: Consultant Qualifications

HC² Strategies, Inc.



[HC² Strategies](#) is a team of influential health system and public health trailblazers. They are experts and thought leaders who are devoted to helping hospitals, health systems, community-based organizations, and communities nurture holistic strategies that support community well-being and population health. Recent projects include facilitating nine collaboratives that support the implementation of Medi-Cal transformation initiatives in 24 California counties and Indian Health communities statewide.

HC² stands for Healthy Connected Communities. HC² Strategies' goal is to integrate the clinical and social aspects of community health to ensure health equity and optimize community vitality. The company's services include strategy, innovation, community engagement, leadership development, and executive coaching.

Institute for People, Place, and Possibility (IP3)



The mission of [IP3](#) is to build capacity for communities to make real, lasting change. IP3 provides knowledge and know-how surrounding data and technology, rooted in a deep passion for community partnerships. The institute has a long history of working with large and small organizations to provide data and reporting tools to assess community needs, prioritize investment areas and efforts, share stories for inspiration, and develop implementation plans for community improvement.

Over a decade ago, IP3 was privileged to take part in the many national community improvement efforts sparked by the CDC, the Robert Wood Johnson Foundation, Kaiser Permanente, the W.K. Kellogg Foundation, Y-USA, United Way, and others. The organization became leaders in the Healthy Communities movement through developing and making publicly available an online, public-good website bringing community data and stories of success to inspire and drive community change: CommunityCommons.org.

IP3 | Assess, which was used in this CHA, is a web-based platform that allows the user to easily combine and compare data from multiple sources, surface community insights, align data across organizations and sectors, and move straight into concerted community action. The platform can also create reports that meld secondary quantitative data with primary qualitative data.

Appendix M: Glossary of Terms

Benchmark: A benchmark is a measurement that serves as a standard by which other measurements and/or statistics may be measured or judged. Leaders can use a benchmark to determine whether the community is performing well in comparison to the standard for specific health outcomes. In the Mono County CHA, benchmarks most often are statewide measures.

Burden of disease: This data set focuses on hospital inpatient and emergency department utilization, top causes of death, morbidities (health conditions), and communicable and chronic disease burdens.

Community Health Assessment (CHA): A CHA uses systematic processes to evaluate a community's assets and identify priorities for action.

Community resources: Community resources include organizations, people, partnerships, facilities, funding, policies, regulations, and a community's collective experience. Any positive aspect of the community is an asset that can be leveraged to develop effective solutions.

Federal Poverty Level (FPL): The Federal Poverty Level (FPL) is the set minimum amount of gross income that a family needs for food, clothing, transportation, shelter, and other necessities. In the United States, this level is determined by the U.S. Department of Health and Human Services and is used to determine financial eligibility for certain federal programs. To view 2024 poverty levels, go to <https://www.healthcare.gov/glossary/federal-poverty-level-fpl/>.

Food insecurity: Food insecurity is a lack of consistent access to food resulting in reduced quality, variety, or desirability of diet; or multiple indications of disrupted eating patterns and reduced food intake.

Health indicator: A health indicator is a single measure that is reported on regularly and that provides relevant and actionable information about population health and/or health system performance and characteristics. An indicator can provide comparable information as well as track progress and performance over time.

HEDIS – Healthcare Effectiveness Data and Information Set: This includes more than 90 quality measures across six domains of care: effectiveness, access/availability, experience, utilization, health plan descriptive information, and measures reported with electronic clinical data systems.

Humane housing: Humane housing is about stable, safe places to live, and living in diverse, vibrant communities that lead to full, productive lives. Housing that is not considered humane has one or more of the following characteristics:

- Is dilapidated
- Does not have operable indoor plumbing
- Does not have a usable flush toilet inside the unit for the exclusive use of a family
- Does not have a usable bathtub or shower inside the unit for the exclusive use of a family
- Does not have electricity, or has inadequate or unsafe electrical service
- Does not have a safe or adequate source of heat
- Should, but does not, have a kitchen
- Has been declared unfit for habitation by an agency or unit of government

Inequity: Inequity is deep-seated health, racial and socioeconomic injustice or unfairness. It may also be called disparities.

IP3 | Assess: IP3 | Assess is a web-based data solution to community assessment and action with a robust list of indicators, interactive maps and simple, shareable reporting. Two of its frameworks are used in this report: Burden of Disease and Vital Conditions for Well-Being.

Key informant interviews: Key informant interviews are one-on-one interviews with selected community members and leaders with questions related to the components of a healthy community as well as issues in the community. For this CHA, the questions also included the issues of housing, access to care, mental health, and substance use.

Low birth weight: Expressed as a rate per 1,000 births, this refers to infants born with a weight between 1,500 and 2,500 grams or between 3.3 and 5.5 pounds. Very low birth weight infants are born with a weight less than 1,500 grams.

Medi-Cal Managed Care Plan (MCP): In this report, Anthem Blue Cross and Health Net are managed care plans that have contracted with the California Department of Health Care Services to deliver Medi-Cal benefits to enrollees in exchange for a monthly premium. As part of the contract, the MCPs are required to meet state requirements for care services and quality. One of those requirements is to engage in local health department CHNA/CHIP processes as part of their Population Needs Assessment mandate.

Morbidities: Morbidities are defined as a disease or a symptom of disease, or the amount of disease within a population. Morbidities may also refer to medical problems caused by treatments.

Mortality: Mortality refers to the state of being subject to death or death itself, especially on a large scale.

Prenatal care: Adequacy of prenatal care calculations is based on the Adequacy of Prenatal Care Utilization (APNCU) Index, which measures the utilization of prenatal care in two dimensions and four categories. The first dimension measures the timing of initiating prenatal care. The second dimension is the adequacy of received services. The two dimensions are grouped into four categories:

- **Adequate-Plus:** Prenatal care begun by the fourth month of pregnancy and 110% or more of recommended visits received
- **Adequate:** Prenatal care begun by the fourth month of pregnancy and 80%–109% of recommended visits received
- **Intermediate:** Prenatal care begun by the fourth month of pregnancy and 50%–79% of recommended visits received
- **Inadequate:** Prenatal care begun after the fourth month of pregnancy or less than 50% of recommended visits received

Public health: Public health comprises federal, state, and local government entities that are focused on disease prevention and health promotion.

Teen birth rate: Teen birth rate is expressed as a rate per 1,000 births. This refers to the quantity of live births by teenagers who are between the ages of 15 and 19.

Thriving natural world: A thriving natural world is defined as clean air, water, and land as well as a well-functioning ecosystem.

Vital conditions: Vital conditions are community conditions that we encounter throughout our lives. They strongly shape the way each person experiences the world. The IP3 | Assess Vital Conditions for Well-Being framework brings together major determinants of health, exposing how multi-faceted parts of a system produce population well-being.

- Belonging & civic muscle
- Reliable transportation
- Lifelong learning
- Thriving natural world
- Meaningful work & wealth
- Humane housing
- Basic needs for health & safety

