Mammoth Hospital

2022

Community Health Needs Assessment

Approved by Board on August 18, 2022[1]

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Executive Summary

Mammoth Hospital (or the "Hospital") performed a Community Health Needs Assessment in partnership with QHR Health ("QHR") to determine the health needs of the local community and developed an accompanying implementation plan to address the identified health needs in the community.

This CHNA report consists of the following information:

1) a definition of the community served by the hospital facility and a description of how the community was determined;

2) a description of the process and methods used to conduct the CHNA;

3) a description of how the hospital facility solicited and considered input received from persons who represent the broad interests of the community it serves;

4) commentary on the 2019 CHNA Assessment and Implementation Strategy efforts

5) a prioritized description of the significant health needs of the community identified through the CHNA, along with a description of the process and criteria used in identifying certain health needs as significant and prioritizing those significant health needs; and

6) a description of resources potentially available to address the significant health needs identified through the CHNA.

Data was gathered from multiple well-respected secondary sources to build an accurate picture of the current community and its health needs. A survey of a select group of Local Expert Advisors as well as the general community population was performed to review the prior CHNA and provide feedback. Additionally, the group reviewed the data gathered from the secondary sources and determined the Significant Health Needs of the community.

The 2022 Significant Health Needs identified for Mono County are:

- Retention/Recruitment of Healthcare Staff
- Behavioral Health
- Clinical Care Access

In the Implementation Strategy section of the report, Mammoth Hospital addresses these areas through identified programs, resources, and services provided by Mammoth Hospital, collaboration with local organizations, and provides measures to track progress.

Community Health Needs Assessment (CHNA) Overview

CHNA Purpose

A CHNA is part of the required hospital documentation of "Community Benefit" under the Affordable Care Act for 501(c)(3) hospitals. It provides comprehensive information about the community's current health status, needs, and disparities and offers a targeted action plan to address these areas, including programmatic development and partnerships.

Strategic Benefits

- Identify health disparities and social determinants to inform future outreach strategies
- Identify key service delivery gaps
- Develop an understanding of community member perceptions of healthcare in the region
- Target community organizations for collaborations

The CHNA Process

1

Identification of Local Experts

Develop a list of contacts representing individuals with specific knowledge of local health needs.

2

Community Survey

Launch of surveys to assess significant health needs and progression towards improvement.

3

Data Analysis

Review of relevant data resources to provide quantitative feedback on the local community.

4

Implementation Planning

Facilitation of session with CHNA team to build plans and finalize the CHNA report.

Process and Methods used to Conduct the Assessment

The methodology to conduct this assessment takes a comprehensive approach to assess community health needs, perform several independent data analyses based on secondary source data, augment this with community opinions, and resolve any data inconsistency or discrepancies by reviewing the combined opinions formed from survey respondents.

Data Collection and Analysis

The Hospital relies on secondary source data, and most secondary sources use the county as the smallest unit of analysis. Survey respondents were asked to note if they perceived the problems or needs identified by secondary sources existed in their portion of the county.

Most data used in the analysis is available from public Internet sources and proprietary data. Any critical data needed to address specific regulations are displayed in the CHNA report appendix.

Data sources are detailed in the appendix of this report and include:

- www.countyhealthrankings.org

- Stratasan

- www.worldlifeexpectancy.com

- Bureau of Labor Statistics

- NAMI

- Department of Health Care Access and Information

- Zillow Home Value Index

- Kaiser Family Foundation

- Centers for Medicare & Medicaid Services: Mapping Medicare Disparities by Population

A standard process of gathering community input was developed. In addition to gathering data from the above sources:

• A CHNA survey was deployed to the Hospital's Local Expert Advisors and offered to the community to gain input on local health needs and the needs of priority populations. Local Expert Advisors were local individuals selected according to criteria required by the Federal guidelines and regulations and the Hospital's desire to represent the region's geographically and ethnically diverse population. Community input from 390 survey respondents was received. Survey responses were collected from February through March 2022.

Prioritizing Significant Health Needs

The survey respondents participated in a structured communication technique called a "Wisdom of Crowds" method. The premise of this approach relies on the assumption that the collective wisdom of participants is superior to the opinion of any one individual, regardless of their professional credentials.

In the Hospital's process, each survey respondent had the opportunity to introduce needs previously unidentified and to challenge conclusions developed from the data analysis. While there were a few opinions of the data conclusions not being completely accurate, most of the comments agreed with the findings. A list of all needs identified by any of the analyzed data was developed. The survey respondents then ranked the importance of addressing each health need on a scale of 1 (not important) to 5 (very important), including the opportunity to list additional needs that were not identified from the data

The ranked needs were divided into two groups: "Significant Needs" and "Other Identified Needs." The determination of the breakpoint — "Significant" as opposed to "Other" — was a qualitative interpretation where a reasonable break point in rank order occurred. The Hospital analyzed the health issues that received the most responses and established a plan for addressing them.

Input from Persons Who Represent the Broad Interests of the Community

Input was obtained from the required three minimum sources and expanded input to include other representative groups. The Hospital asked all those participating in the written comment solicitation process to self-identify themselves into any of the following representative classifications, which are detailed in an appendix to this report. Written comment participants self-identified into the following classifications:

1) **Public Health Official**

2) **Government Employee or Representative**

3) **Minority or Underserved Population**

4) **Chronic Disease Groups**

5) **Educator**

6) **Healthcare Professional**

7) **Full-Time Community Resident**

8) **Part-Time Community Resident**

9) **Visitor to the Eastern Sierra Region**

10) **Other** (please specify)

Survey Question: Please select all roles that apply to you (n=350)

Role	Count
Representative of Chronic Disease Group	1
Public Health Official	1
Educator	10
Government Employee or Representative	12
Minority or Underserved Population	13
Visitor to the Eastern Sierra Region	19
Part-Time Community Resident	28
Healthcare Professional	88
Full-Time Community Resident	288
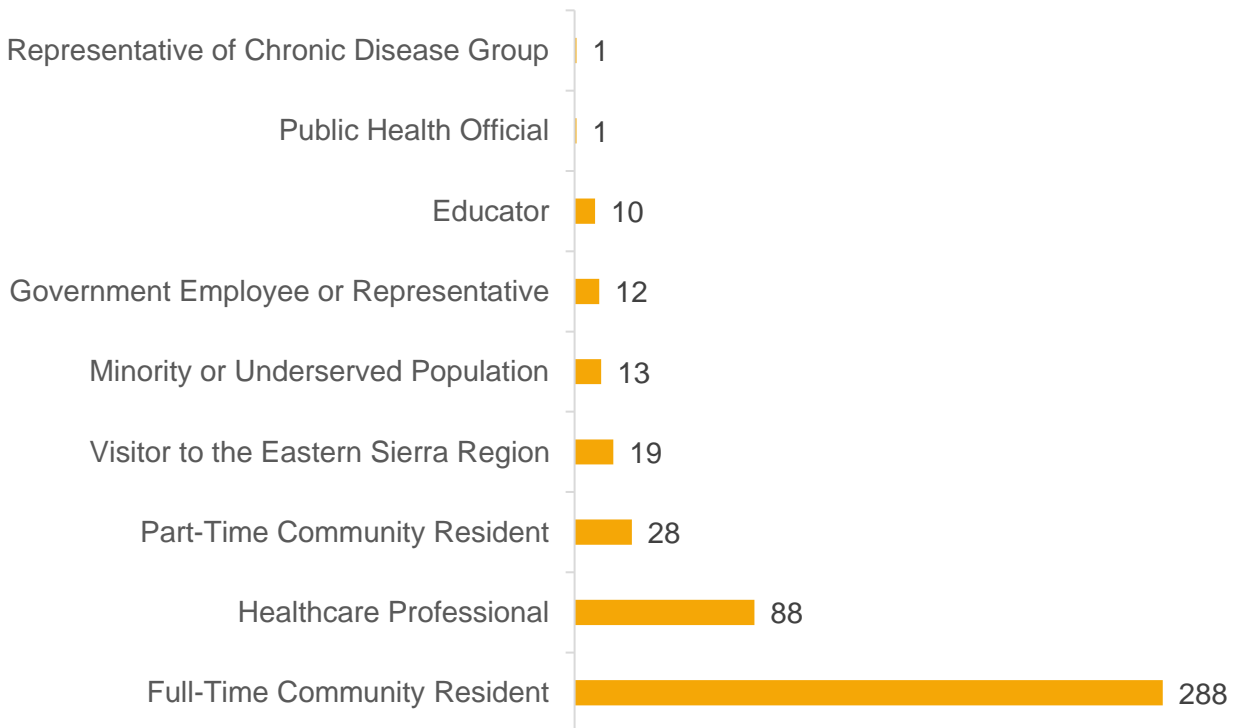
Input on Priority Populations

Information analysis augmented by local opinions showed how Mono County relates to their peers in terms of primary and chronic needs and other issues of uninsured persons, low-income persons, and minority groups. Respondents commented on whether they believe certain population groups ("Priority Populations") need help to improve their condition, and if so, who needs to do what to improve the conditions of these groups.

Survey Question: Which of these populations are prevalent/most common in your community?

Response Percent (n=297)
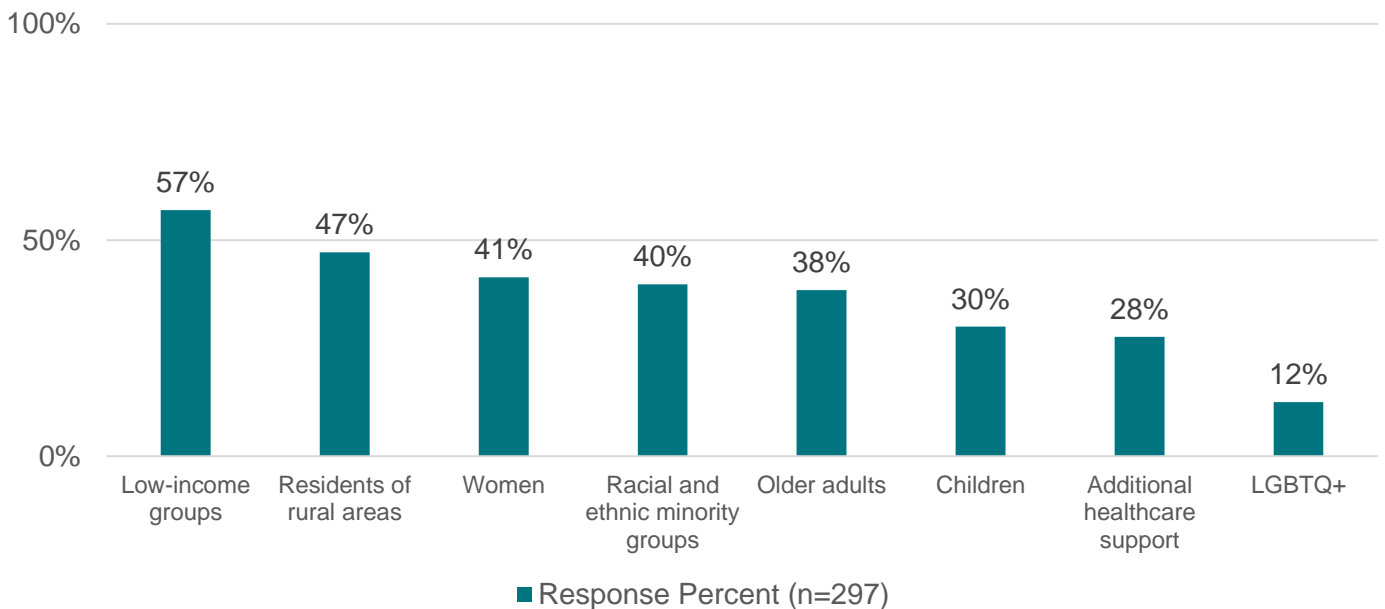
- Local opinions of the needs of Priority Populations, while presented in their entirety in the appendix, were abstracted in the following "take-away" bulleted comments:
  - The top three priority populations identified by the local experts were low-income groups, residents of rural areas, and women.
  - Summary of unique or pressing needs of the priority groups identified by the surveyors:
    - Access to specialty care
    - Transportation
    - Accessible labor and delivery services

Input on 2019 CHNA

The IRS Final Regulations establish a required step for a CHNA developed after the initial report. This requirement calls for considering written comments received on the prior CHNA and Implementation Strategy as a component of the development of the next CHNA and Implementation Strategy. Comments were solicited from community members with regard to Mammoth Hospital's 2019 CHNA and Implementation Plan and are presented in the appendix of this report. The health priorities identified in the 2019 CHNA are listed below:

Substance Abuse Prevention & Treatment

Behavioral Health Access, Prevention, & Treatment

Clinical Care Access & Preventative Care

Dental Care Access & Preventative Care

Community Served

For the purpose of this study, Mammoth Hospital defines its service area as the following zip codes:

96133 – Topaz   96107 – Coleville   93517 – Bridgeport   93541 – Lee Vining

93529 – June Lake   93512 – Benton   93514 – Bishop   93546 – Mammoth Lakes

During 2021, Mammoth Hospital received 94% of its inpatients from this service area.

Mono County Demographics

Mammoth Hospital
H

Current Population :
14,328
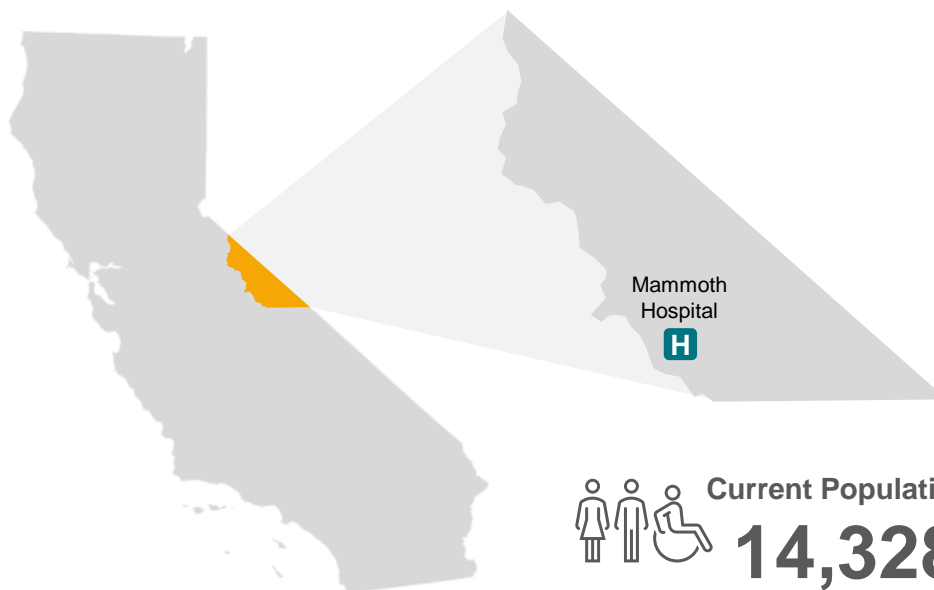
Race/Ethnicity

	Mono County	California
White	79.0%	54.0%
Black	0.8%	5.9%
Asian & Pacific Islander	2.8%	15.7%
Other	17.4%	24.5%
Hispanic*	27.1%	40.0%

*Ethnicity is calculated separately from Race

Source: Stratasan, ESRI

Mammoth Hospital 2022 CHNA

Age

	Mono County	California
0 – 17	18.5%	22.6%
18 – 44	38.9%	38.3%
45 – 64	26.9%	23.9%
65 +	15.7%	15.1%

Education and Income

	Mono County	California
Median Household Income	$64,923	$80,044
Some High School or Less	10.9%	15.6%
High School Diploma/GED	24.2%	20.5%
Some College/ Associates Degree	34.9%	28.2%
Bachelor's Degree or Greater	30.0%	35.6%

Source: Stratasan, ESRI

Mammoth Hospital 2022 CHNA
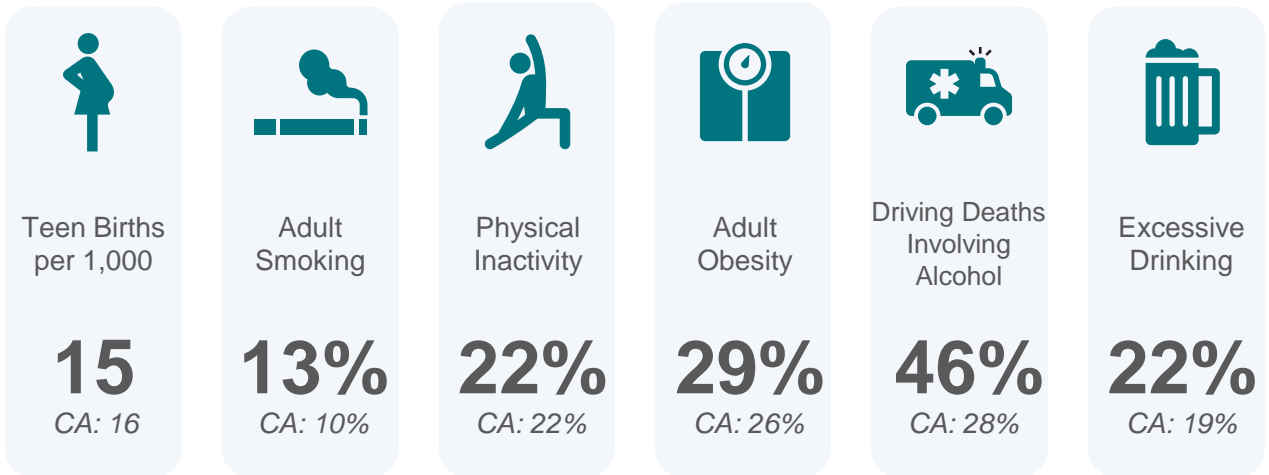
Community Health Characteristics

The data below shows an overview of Mono County's strengths and weaknesses regarding health behaviors, quality of life, socioeconomic factors, access to health, and physical environment - all of which influence the health of the entire community. These statistics were used in our community and local expert survey to help prioritize the health needs of the community. For descriptions of each measure and dates of when the data was obtained, please visit https://www.countyhealthrankings.org.

Health Status Indicators

Health Behaviors

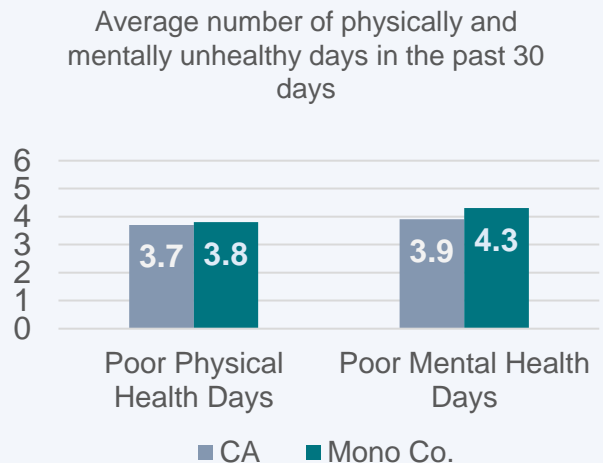| Teen Births per 1,000	Adult Smoking	Physical Inactivity	Adult Obesity	Driving Deaths Involving Alcohol	Excessive Drinking
15	**13%**	**22%**	**29%**	**46%**	**22%**
CA: 16	CA: 10%	CA: 22%	CA: 26%	CA: 28%	CA: 19%

Quality of Life

Suicide Rate: 12
Per 100,000
Compared to 10 in CA

Poor or Fair Health: 17%
Compared to 18% in CA

Low Birthweight: 8%
Compared to 7% in CA

Average number of physically and mentally unhealthy days in the past 30 days

	CA	Mono Co.
Poor Physical Health Days	3.7	3.8
Poor Mental Health Days	3.9	4.3

Source: County Health Rankings 2022 Report

Mammoth Hospital 2022 CHNA

Socioeconomic Factors

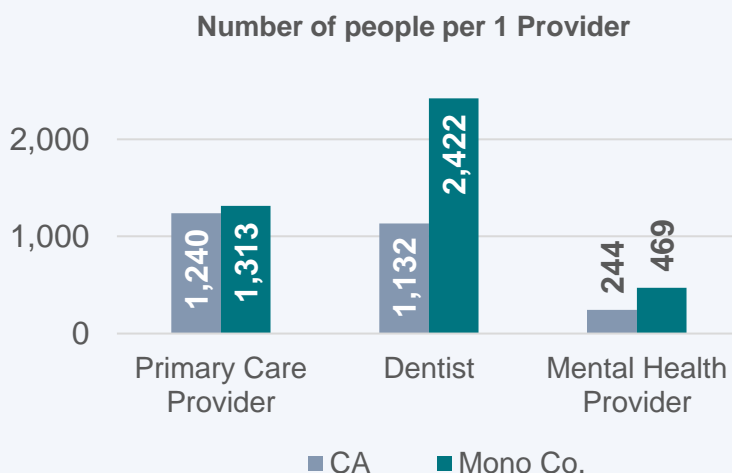|					
Income Inequality*	Unemployment	Children in Single Parent Households	Children in Poverty	Violent Crime *per 100,000*	Injury Deaths *per 100,000*
2.6	**6.8%**	**12%**	**10%**	**262**	**55**
CA: 5.1	*CA: 7.3%*	*CA: 22%*	*CA: 15%*	*CA: 421*	*CA: 55*
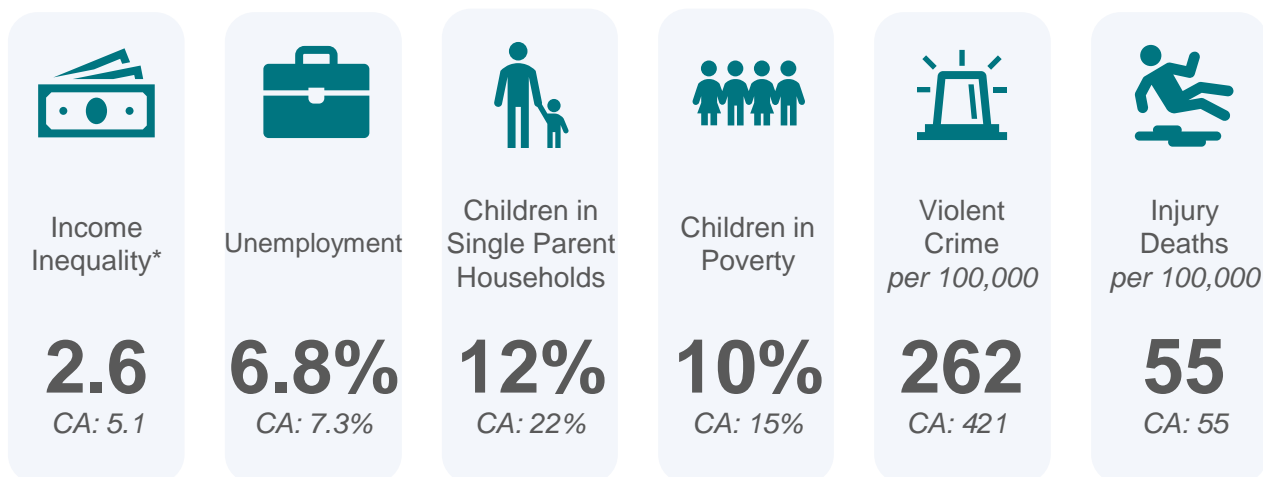
Access to Health

Uninsured: 13%
Compared to 7% in CA

Preventable Hospital Stays: 2,144
Compared to 3,067 in CA

Access to Exercise Opportunities: 72%
Compared to 93% in CA

Number of people per 1 Provider

	CA	Mono Co.
Primary Care Provider	1,240	1,313
Dentist	1,132	2,422
Mental Health Provider	244	469

Physical Environment

Air Pollution (µg/m³)	Severe Housing Problems**	Driving to Work Alone	Broadband Access
9.8	**9%**	**55%**	**89%**
CA: 12.9	*CA: 26%*	*CA: 72%*	*CA: 89%*

Source: County Health Rankings 2022 Report, Bureau of Labor Statistics, Stratasan, ESRI
*Notes: *Ratio of household income at the 80th percentile to income at the 20th percentile*
***Overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities*

Methods of Identifying Health Needs

Collect & Analyze

Analyze existing data and collect new data

737 indicators collected from data sources

390 surveys completed by community members

Evaluate

Evaluate indicators based on the following factors:

✓ Worse than benchmark

✓ Identified by the community

✓ Impact on health disparities

✓ Feasibility of being addressed

Select

Select priority health needs for implementation plan

Available Resources

Capital Spending

Health Priority

Potential Partners

Community Disparities

Community Survey Data

When identifying the health needs of a community, health factors, community factors, and personal factors should all be evaluated, as they all impact the overall health and health outcomes of a community.

Health factors include chronic diseases, health conditions, and the physical health of the population. Community factors are the external social determinants that influence community health, while personal factors are the individual decisions that affect health outcomes.

In our community survey, each broad factor was broken out with components of each, and respondents rated the importance of addressing each component in the community on a scale of 1 to 5. Results of the health priorities rankings are outlined below:

Survey Question: Please rate the importance of addressing each health factor on a scale of 1 (Not at all) to 5 (Extremely).

Answer Choices	Weighted Average of Votes (out of 5)
Mental Health	4.47
Women's Health	4.30
Cancer	4.25
Dental	4.15
Heart Disease	4.06
Diabetes	4.03
Stroke	3.91
Obesity	3.82
Liver Disease	3.78
Lung Disease	3.77
Kidney Disease	3.71
Alzheimer's and Dementia	3.52
Other (please specify)	See appendix

Survey Question: Please rate the importance of addressing each community factor on a scale of 1 (Not at all) to 5 (Extremely).

Answer Choices	Weighted Average of Votes (out of 5)
Continuing to attract and retain the most qualified well-trained doctors, nurses, and specialists from top medical schools	4.62
Affordable Housing	4.50
Maintaining local healthcare services	4.46
Healthcare Services: Affordability	4.41
Maintaining advanced, local inpatient medical care	4.34
Employment and Income	4.32
Access to Childcare	4.28
Healthcare Services: Prevention	4.27
Education System	4.24
Healthcare Services: Physical Presence	4.24
Access to Healthy Food	4.04
Access to Senior Services	3.94
Community Safety	3.94
Social Support	3.68
Access to Exercise/Recreation	3.63
Transportation	3.61
Social Connections	3.51
Other (please specify)	See appendix

Survey Question: Please rate the importance of addressing each personal factor on a scale of 1 (Not at all) to 5 (Extremely).

Answer Choices	Weighted Average of Votes (out of 5)
Livable Wage	**4.29**
Drug/Substance Abuse	**4.00**
Excess Drinking	**3.92**
Employment	**3.91**
Diet	**3.90**
Smoking/Vaping/Tobacco Use	**3.67**
Physical Inactivity	**3.45**
Risky Sexual Behavior	**3.28**
Other (please specify)	See appendix

Overall health priority ranking

Answer Choices	Weighted Average of Votes (out of 5)
Continuing to attract and retain the most qualified well-trained doctors, nurses, and specialists from top medical schools	4.62
Affordable Housing	4.50
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Smoking/Vaping/Tobacco Use	3.67
Access to Exercise/Recreation	3.63
Transportation	3.61
Alzheimer's and Dementia	3.52
Social Connections	3.51
Physical Inactivity	3.45
Risky Sexual Behavior	3.28

Evaluation & Selection Process

Worse than Benchmark Measure	Identified by the Community	Feasibility of Being Addressed	Impact on Health Disparities
Health needs were deemed "worse than the benchmark" if the supported county data was worse than the state and/or US averages	Health needs expressed in the online survey and/or mentioned frequently by community members	Growing health needs where interventions by the hospital are feasible and could make an impact	Health needs that disproportionately affect vulnerable populations and can impact health equity by being addressed

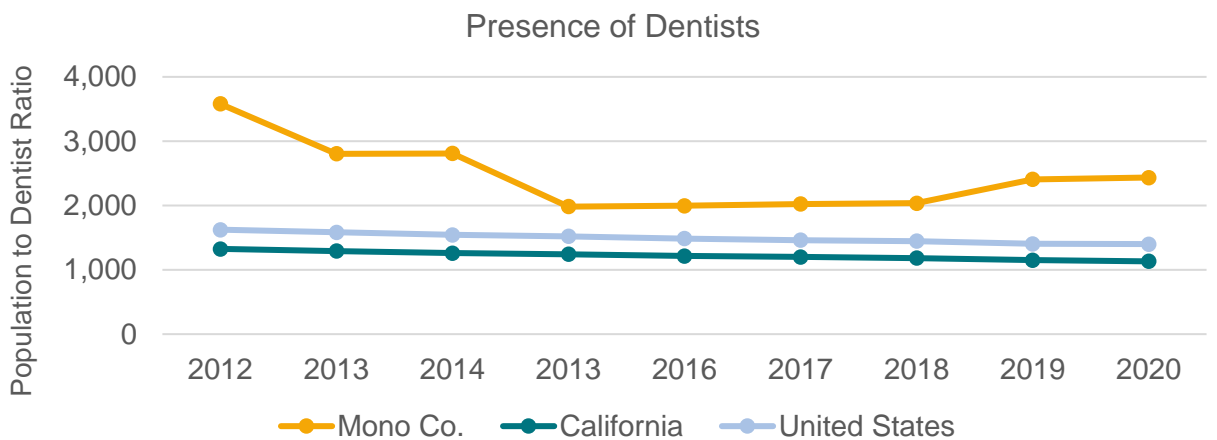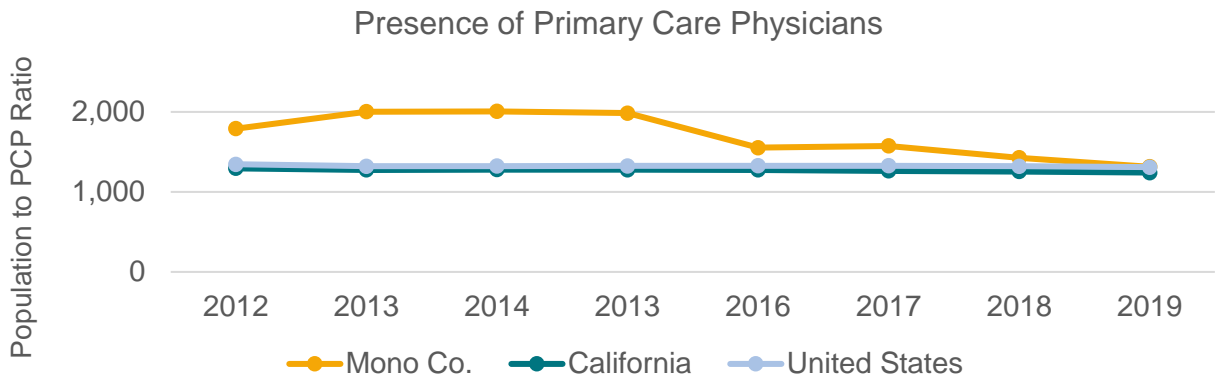## Mammoth Hospital Health Need Evaluation

	Worse than Benchmark	Identified by the Community	Feasibility	Impact on Health Disparities
Attract and Retain Staff	✓	✓	✓	✓
Affordable Housing	✓	✓		✓
Mental Health	✓	✓	✓	✓
Maintaining Local Healthcare Services		✓	✓	✓
Affordability of Healthcare Services	✓	✓	✓	✓
Maintaining Local Inpatient Services		✓	✓	✓
Employment and Income	✓	✓		✓
Women's Health		✓	✓	✓

Overview of Priorities

Continuing to attract and retain the most qualified well-trained doctors, nurses, and specialists from top medical schools
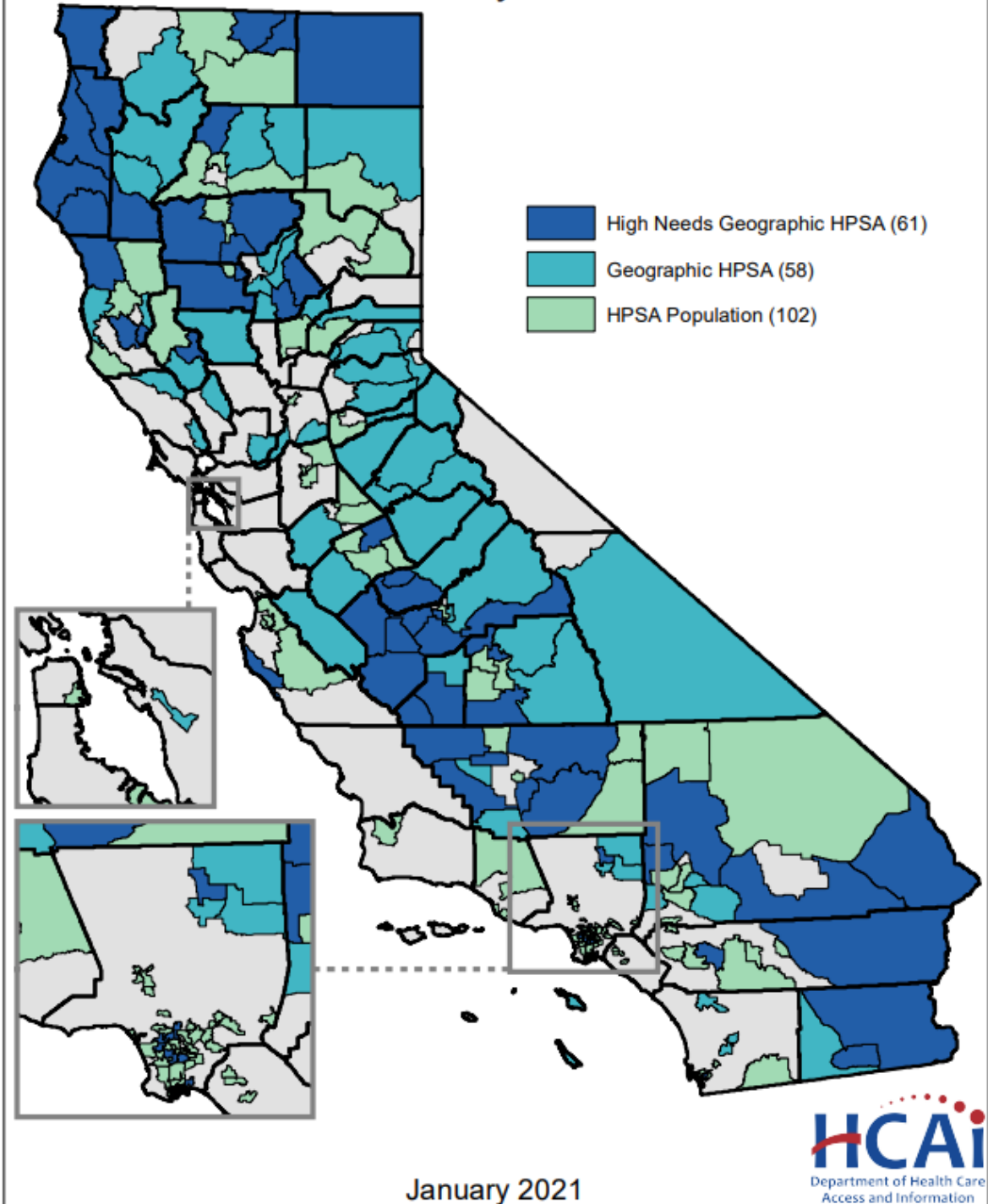
Attracting and retaining staff was the #1 community-identified health priority with 146 respondents (n=191) rating it as extremely important to be addressed in the community. Mono County has larger ratios of primary care physicians, mental health providers, and dentists compared to the state of California. The presence of primary care physicians has been slightly increasing while the presence of dentists has been slightly decreasing in recent years.

	Mono Co.	California
Number of people per 1 primary care physician	1,313	1,240
Number of people per 1 mental health provider	469	244
Number of people per 1 dentist	2,422	1,132

Presence of Primary Care Physicians

Presence of Dentists

Source: County Health Rankings

Health Professional Shortage Areas
Primary Care

High Needs Geographic HPSA (61)

Geographic HPSA (58)

HPSA Population (102)

January 2021

HCAi
Department of Health Care
Access and Information

Source: Department of Health Care Access and Information

Affordable Housing

Affordable housing was identified as the #2 priority with 142 (n=190) respondents rating it as extremely important to address in the community. While affordable housing is not a traditional health priority, there is evidence that a lack of access to affordable and stable housing can lead to negative health outcomes like mental illnesses, exposure to environmental hazards, and limited funds to afford healthcare (National Housing Conference).

Affordability of Healthcare Services

Affordability of healthcare services was the #5 identified health need in the community with 115 respondents (n=190) rating it as extremely important to be addressed.

Mono County has a higher uninsured rate compared to California. Additionally, low-income populations were identified as the most prevalent priority population in the community making affordability of healthcare services a pressing need.

Employment and Income

Employment and income was identified as the #7 priority with 105 respondents (n=186) rating it as extremely important to address. Both the median household income and the unemployment rate are lower in Mono County than the state average.

	Mono Co.	California
Uninsured	13%	7%
Unemployment	6.8%	7.3%
Children in poverty	10%	15%
Median household income	$64,923	$80,044
Average Home Price	$618,705	$774,899

Source: County Health Rankings, Bureau of Labor Statistics, Stratasan, Zillow

**Mono County
Insurance Coverage**

Medicare 13%
Medicaid 11%
Uninsured 13%
Other 7%
Private Insurance 56%
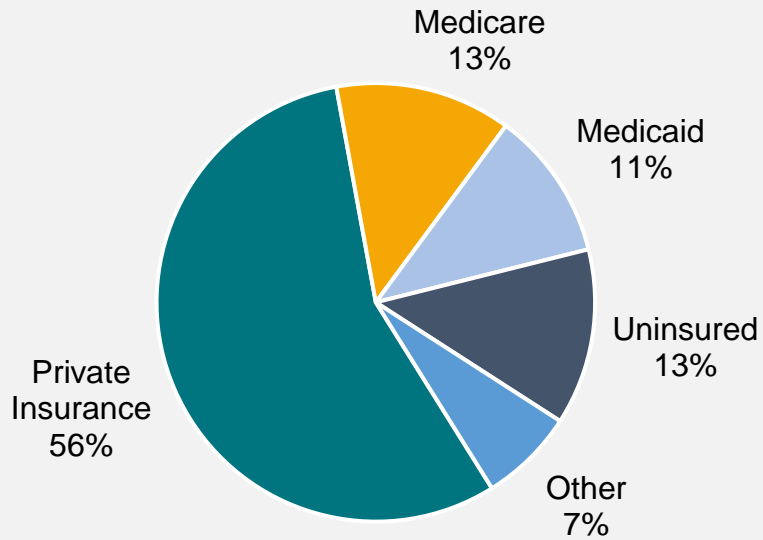
**California
Insurance Coverage**

Medicare 12%
Medicaid 20%
Uninsured 7%
Other 6%
Private Insurance 55%
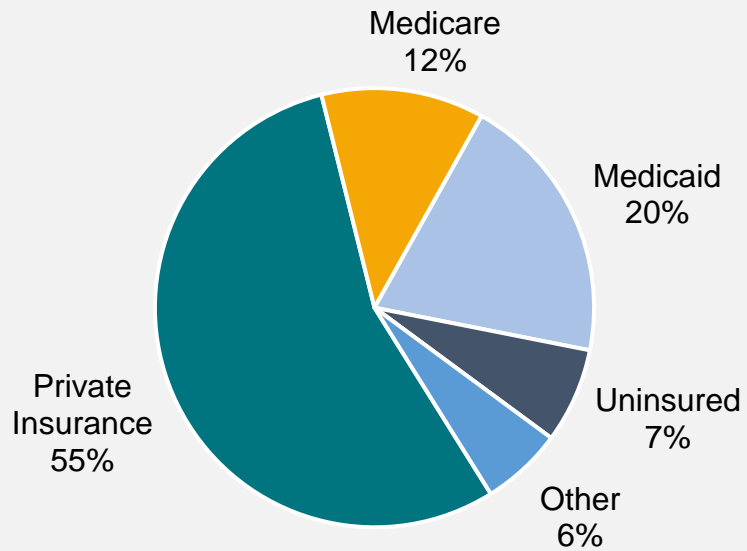
Source: Stratasan, ESRI

Mental Health

Mental health was the #3 community-identified health priority with 127 respondents (n=189) rating it as extremely important to be addressed in the community. Suicide is the 6th leading cause of death in Mono County and ranks 37th out of 58 counties (with 1 being the worst in the state) in California for suicide death rate (World Life Expectancy).

Additionally, lack of access to mental healthcare perpetuates disparities in priority populations like racial and ethnic minority groups, residents of rural areas, and LGBTQ+ communities because of a lack of providers and an inclusive behavioral health workforce (NAMI).

While it's difficult to measure the true rate of mental illness in the community, the following data points give insight into the health priority:

	Mono Co.	California
Average number of mentally unhealthy days (past 30 days)	4.3	3.9
Number of people per 1 mental health provider	469	244
Suicide death rate	10.8	10.7

Source: County Health Rankings, worldlifeexpectancy.com

Health Professional Shortage Areas
Mental Health

High Needs Geographic HPSA (67)

Geographic HPSA (11)

HPSA Population (49)

January 2021
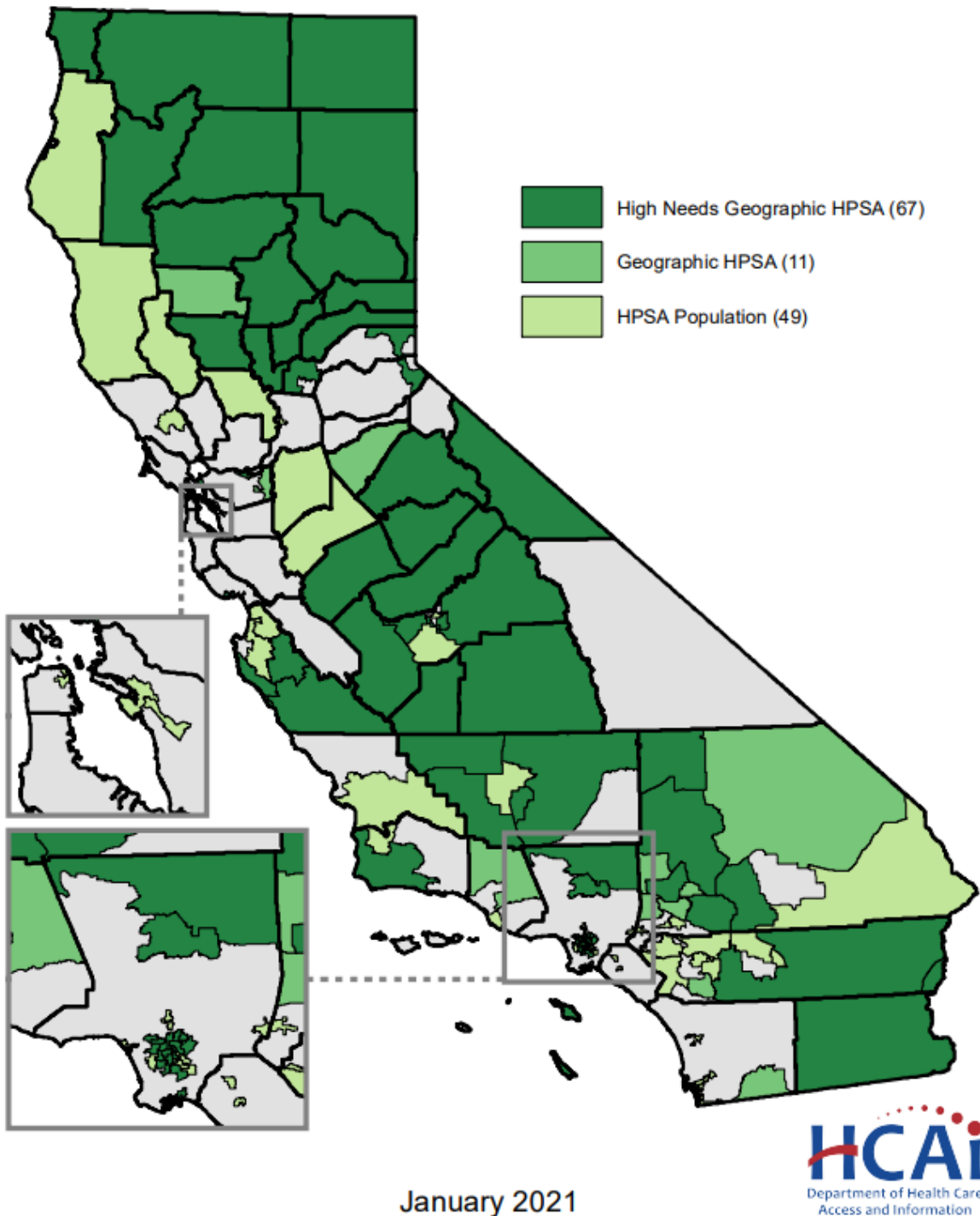
Source: Department of Health Care Access and Information

Women's Health

Women's Health was identified as the #8 health priority with 106 (n=184) respondents rating it as extremely important to address in the community.

Mono County has higher mammography screening rates than California, but rates have slightly decreased in recent years. Additionally, in California, there are disparities between Race/Ethnicity in the affordability of healthcare among women (KFF).

Mammography Screenings
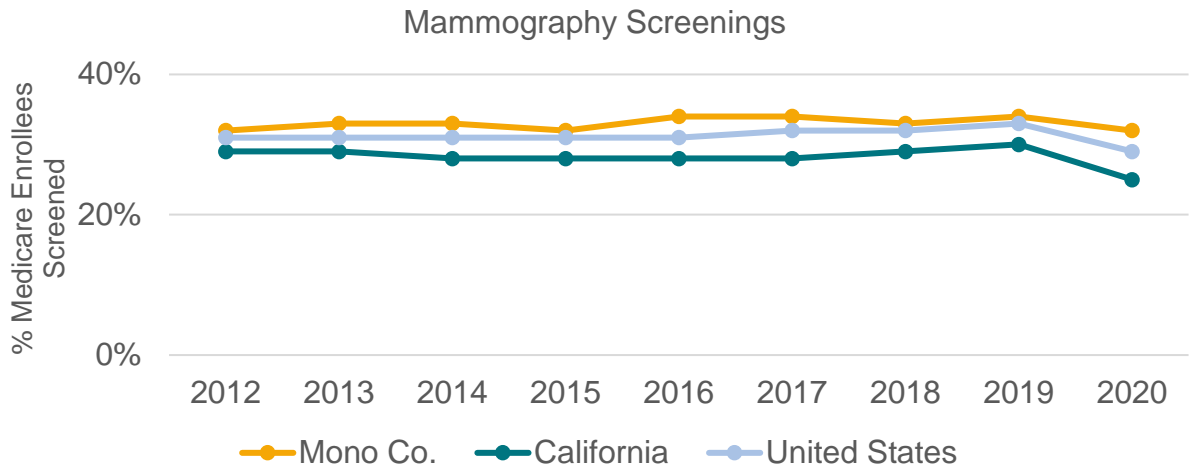
Source: Centers for Medicare & Medicaid Services: Mapping Medicare Disparities by Population

Women Who Report Not Seeing a Doctor in the Past 12 Months Due to Cost in California
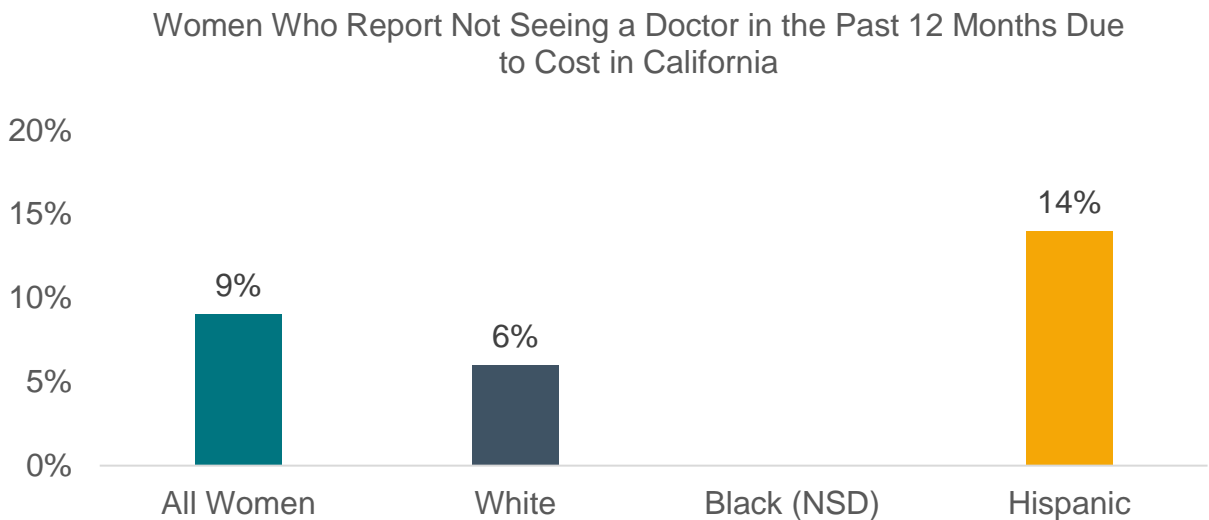
Source: KFF: State Health Facts, 2020
Note: NSD = No Sufficient Data

Implementation Plan Framework

The Hospital has determined that the action plan to address the identified health priorities will be organized into subgroups in order to adequately address the health needs with available time and resources.

- 🔴 **Attract and retain staff**
- 🔴 **Affordable housing**
- 🟡 **Mental health**
- 🔵 **Maintaining local healthcare services**
- 🔵 **Affordability of healthcare services**
- 🔵 **Maintaining inpatient medical care**
- 🔴 **Employment and income**
- 🔵 **Women's health**

RETENTION/ RECRUITMENT 🔴

BEHAVIORAL HEALTH 🟡

CLINICAL CARE ACCESS 🔵

Service Offerings and Programs

Collaborations with Community Agencies
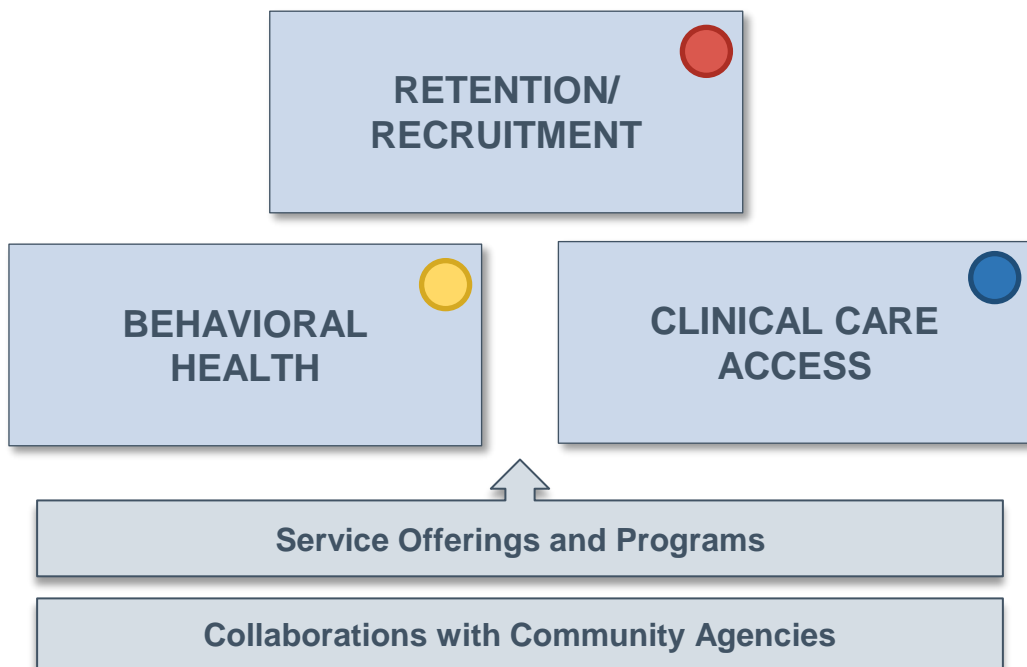
Implementation Plan Strategy

Retention/Recruitment

County Statistics:

- Primary care physician ratio: **1,313:1** (*CA: 1,240:1*)
- Mental health provider ratio: **469:1** (*CA: 244:1*)
- Dentist ratio: **2,422:1** (*CA: 1,132:1*)
- Average home price: **$618,705** (*CA: $774,8989*)
- Median household income: **$64,923** (*CA: $80,044*)

Hospital services, programs, and resources available to respond to this need include:

- Referral and retention bonuses
- Job fairs at local schools
- Development programs
    - Lunch and Learn
    - Pharm Tech, Phlebotomists, OR Nurse Training, Medical Assistance, RN Externship
    - Emerging Leader
- Multiple marketing strategies for recruitment:
    - Social media – LinkedIn, Instagram, Facebook
    - Newspapers, radio, flyers
    - LocaliQ marketing
- The Shadowing Program
- Auxiliary Scholarship

Additionally, the Hospital plans to take the following steps to address this need:

- Recently purchased a housing unit to provide affordable housing to employees
- Compensation restructure
- Evaluate affordable childcare options for employees
- Continue to grow utilization of training programs

Identified measures and metrics to track progress:

- Turnover rate: 15.3% (2021)
- Vacancy rate: 3.5% (2021)
- Number of people in training program

Partnership Organizations to Address this Need:

Organization	Contact Information
Mammoth Unified School District	https://www.mammothusd.org/apps/contact/
Medical and Nursing schools – UCLA, UNR	UCLA: https://medschool.ucla.edu/ https://www.nursing.ucla.edu/ UNR: https://med.unr.edu/ https://www.unr.edu/nursing
Cerro Coso - EMT	Michael Metcalf, Allied Health 760-384-6246 https://www.cerrocoso.edu/programs/emergency-medical-technician-certificate
Mammoth Lakes Chamber of Commerce	https://www.mammothlakeschamber.org/
Mammoth Mountain Ski Area	https://www.mammothmountain.com/
Mammoth Lakes Lutheran Church	https://mammothlakeslutheranchurch.com/

Clinical Care Access

County Statistics:

- Uninsured: **16%** (*CA: 7%*)

- Mammography screening: **32%** (*CA: 25%*)

Hospital services, programs, and resources available to respond to this need include:

- Specialty clinic - Cardiology, Dermatology, ENT, Rheumatology, Urology, Dental, Neurology, Women's health, General Surgery, orthopedics, OB/GYN

- 24-hour emergency care

- 12 out-patient clinics

- 3 operating rooms

- Clinical dietitian on staff

- Tele-medicine services

- Chemotherapy infusion services

- Continuing to hire additional medical staff to meet community needs

- Patient portal

- Rhiannon's Kids

- Financial Assistance Policy

- Price transparency

- $10 mammography screening program

- Athletic Training Program supports local student-athletes

- Free physicals for local student-athletes with uninsured parents

- Education and awareness on services available in the area

- Elevate program – community health education classes and support groups

- Chronic care management program

- 25% discount on medical bills for uninsured patients

Additionally, the Hospital plans to take the following steps to address this need:

- Continue to recruit physicians and expand services

- Hire an additional psychiatrist

- Decrease wait times throughout services

- Work towards a 25% increase in available appointments in dermatology

Identified measures and metrics to track progress:

- 25% increase in available appointments in dermatology
- Number of additional providers added to the staff
- Capacity to see dental patients – would like to increase
- Wait times for services – would like to decrease
- Breast cancer screening rate

Partnership Organizations to Address this Need:

Organization	Contact Information
Mono County Public Health	https://monohealth.com/public-health
Mammoth Unified School District	https://www.mammothusd.org/apps/contact/
UC Davis – Telemedicine services	https://health.ucdavis.edu/medical-group/
Northern Inyo Healthcare District	760-873-5811 https://www.nih.org/
Mammoth Hospital Foundation – Cancer Outreach Fund, Children's Fund	760-924-4128 Foundation@mammothhospital.com
Carson Tahoe Health - Cardiology	https://www.carsontahoe.com/
Barton Health – Orthopedics fellow	https://www.bartonhealth.org/tahoe/home.aspx

Behavioral Health

County Statistics:

- Average number of mentally unhealthy days in the past 30 days: **4.3** (*CA: 3.9*)

- Mental health provider ratio: **469:1** (*CA: 244:1*)

- Suicide mortality rate *(per 100,000)*: **10.8** (*CA: 10.7*)

Hospital services, programs, and resources available to respond to this need include:

- Education and awareness on behavioral health services available in the area

- PHQ-9 screening in clinics

- Behavioral health program

    - Doubled providers from 2 to 4

    - Psychiatrist available onsite

- Tele-psych consults in the emergency department (ED) through California Emergency Physicians

- Elevate program – multiple support groups

- Integrated primary care model with behavioral health

Additionally, the Hospital plans to take the following steps to address this need:

- Grow education and awareness of behavioral health services available

- Improve integration of emergency room to outpatient behavioral health care

- Look to hire an additional behavioral health provider

Identified measures and metrics to track progress:

- Wait times to see a behavioral health provider

- Number of emergency room behavioral health patients followed-up in outpatient clinic

Partnership Organizations to Address this Need:

Organization	Contact Information
Mono County Public Health	https://monohealth.com/public-health
Wild Iris – Family Counseling & Crisis Center	760 934-2491 https://wild-iris.org/locations/1/mammoth-office/
California Emergency Physicians	

Other health needs identified during the CHNA process:

- Livable Wage
- Access to Childcare
- Healthcare Services: Prevention
- Cancer
- Education System
- Healthcare Services: Physical Presence
- Dental
- Heart Disease
- Access to Healthy Food
- Diabetes
- Drug/Substance Abuse
- Access to Senior Services
- Community Safety
- Excess Drinking
- Stroke
- Employment
- Diet
- Obesity
- Liver Disease
- Lung Disease
- Kidney Disease
- Social Support
- Smoking/Vaping/Tobacco Use
- Access to Exercise/Recreation
- Transportation
- Alzheimer's and Dementia
- Social Connections
- Physical Inactivity
- Risky Sexual Behavior

Appendix

Community Data

Community Demographics

Demographic Profile

	Mono County				California				US AVG.	
	2021	2026	% Change	% of Total	2021	2026	% Change	% of Total	% Change	% of Total
Population										
Total Population	*14,328*	*14,232*	*-0.7%*	*100.0%*	*39,476,705*	*40,507,842*	*2.6%*	*100.0%*	*3.6%*	*100.0%*
By Age										
00 - 17	2,648	2,530	*-4.5%*	*18.5%*	8,931,956	8,964,716	*0.4%*	*22.6%*	*2.4%*	*21.7%*
18 - 44	5,568	5,605	*0.7%*	*38.9%*	15,126,285	15,516,349	*2.6%*	*38.3%*	*2.7%*	*36.0%*
45 - 64	3,859	3,377	*-12.5%*	*26.9%*	9,440,042	9,223,626	*-2.3%*	*23.9%*	*-2.2%*	*25.0%*
65+	2,253	2,720	*20.7%*	*15.7%*	5,978,422	6,803,151	*13.8%*	*15.1%*	*15.2%+*	*17.3%*
Female Childbearing Age (15-44)	2,734	2,754	*0.7%*	*19.1%*	8,107,125	8,272,952	*2.0%*	*20.5%*	*2.5%*	*19.5%*
By Race/Ethnicity										
White	11,326	11,244	*-0.7%*	*79.0%*	21,308,692	21,282,903	*-0.1%*	*54.0%*	*1.4%*	*69.2%*
Black	110	110	*0.0%*	*0.8%*	2,320,278	2,315,361	*-0.2%*	*5.9%*	*4.9%*	*13.0%*
Asian & Pacific Islander	404	401	*-0.7%*	*2.8%*	6,185,562	6,793,772	*9.8%*	*15.7%*	*13.6%*	*6.1%*
Other	2,488	2,477	*-0.4%*	*17.4%*	9,662,173	10,115,806	*4.7%*	*24.5%*	*10.0%*	*11.7%*
Hispanic*	3,884	3,860	*-0.6%*	*27.1%*	15,776,916	16,687,183	*5.8%*	*40.0%*	*10.9%*	*18.9%*
Households										
Total Households	5,716	5,667	*-0.9%*		13,283,217	13,615,739	*2.5%*			
Median Household Income	$ 64,923	$ 67,999			$ 80,044	$ 90,664			*US Avg. $64,730	$72,932*	
Education Distribution										
Some High School or Less				*10.9%*				*15.6%*		*11.1%*
High School Diploma/GED				*24.2%*				*20.5%*		*26.8%*
Some College/Associates Degree				*34.9%*				*28.2%*		*28.5%*
Bachelor's Degree or Greater				*30.0%*				*35.6%*		*33.6%*

*Ethnicity is calculated separately from Race

Source: Stratasan

Leading Cause of Death

The Leading Causes of Death are determined by official Centers for Disease Control and Prevention (CDC) final death total. California's Top 15 Leading Causes of Death are listed in the tables below in Mono County's rank order. Mono County was compared to all other California counties, California state average and whether the death rate was higher, lower or as expected compared to the U.S. average.

Cause of Death			Rank among all counties in CA (#1 rank = worst in state)	Rate of Death per 100,000 age adjusted		Observation (Mono County Compared to U.S.)
CA Rank	Mono Rank	Condition		CA	Mono	
1	1	Heart Disease	58 of 58	136.9	106.0	*Lower than expected*
2	2	Cancer	58 of 58	131.6	101.7	*Lower than expected*
5	3	Accidents	35 of 58	36.0	36.8	*Lower than expected*
3	4	Stroke	58 of 58	37.3	21.8	*Lower than expected*
6	5	Lung	58 of 58	29.0	18.8	*Lower than expected*
11	6	Suicide	37 of 58	10.7	10.8	*As expected*
4	7	Alzheimer's	57 of 58	37.0	10.6	*Lower than expected*
8	8	Flu - Pneumonia	58 of 58	12.5	10.4	*As expected*
9	9	Liver	52 of 58	12.5	9.7	*As expected*
7	10	Diabetes	57 of 58	21.8	9.6	*Lower than expected*
12	11	Kidney	30 of 58	8.9	8.6	*As expected*
10	12	Hypertension	50 of 58	12.3	6.3	*As expected*
13	13	Parkinson's	58 of 58	8.8	3.9	*As expected*
15	14	Blood Poisoning	51 of 58	3.6	3.2	*Lower than expected*
14	15	Homicide	58 of 58	4.5	1.5	*As expected*

County Death Rate Observation: Higher than expected = 5 or more deaths per 100,000 compared to the US; Lower than expect = 5 or more less deaths per 100,000 compared to the US

Source: worldlifeexpectancy.com

Mammoth Hospital 2022 CHNA

County Health Rankings

	Mono	California	U.S. Median	Top U.S. Performers
Length of Life				
Overall Rank (best being #1)	*1/58*			
- Premature Death*	⬤ 3,315	5,679	8,200	5,400
Quality of Life				
Overall Rank (best being #1)	*34/58*			
- Poor or Fair Health	⬤ 17%	18%	17%	12%
- Poor Physical Health Days	⬤ 3.8	3.7	3.9	3.1
- Poor Mental Health Days	⬤ 4.3	3.9	4.2	3.4
- Low Birthweight	⬤ 8%	7%	8%	6%
Health Behaviors				
Overall Rank (best being #1)	*24/58*			
- Adult Smoking	⬤ 13%	10%	17%	14%
- Adult Obesity	⬤ 29%	26%	33%	26%
- Physical Inactivity	⬤ 22%	22%	27%	20%
- Access to Exercise Opportunities	⬤ 72%	93%	66%	91%
- Excessive Drinking	⬤ 22%	19%	18%	13%
- Alcohol-Impaired Driving Deaths	⬤ 46%	28%	28%	11%
- Sexually Transmitted Infections*	⬤ 221.5	599.1	327.4	161.4
- Teen Births (per 1,000 female population ages 15-	⬤ 15	16	28	13
Clinical Care				
Overall Rank (best being #1)	*25/58*			
- Uninsured	⬤ 11%	9%	11%	6%
- Population per Primary Care Provider	⬤ 1,313	1,240	2,070	1,030
- Population per Dentist	⬤ 2,422	1,132	2,410	1,240
- Population per Mental Health Provider	⬤ 469	244	890	290
- Preventable Hospital Stays	⬤ 2,144	3,067	4,710	2,761
- Mammography Screening	⬤ 41%	37%	41%	50%
- Flu vaccinations	⬤ 40%	43%	43%	53%
Social & Economic Factors				
Overall Rank (best being #1)	*17/58*			
- High school graduation	⬤ 88%	84%	90%	96%
- Unemployment	⬤ 11.8%	10.1%	3.9%	2.6%
- Children in Poverty	⬤ 10%	15%	20%	11%
- Income inequality**	⬤ 2.6	5.1	4.4	3.7
- Children in Single-Parent Households	⬤ 12%	22%	32%	20%
- Violent Crime*	⬤ 262	421	205	63
- Injury Deaths*	⬤ 55	55	84	58
- Median household income	⬤ $73,204	$83,001	$50,600	$69,000
- Suicides	⬤ 12	10	17	11
Physical Environment				
Overall Rank (best being #1)	*2/58*			
- Air Pollution - Particulate Matter (µg/m³)	⬤ 9.8	12.85	9.4	6.1
- Severe Housing Problems***	⬤ 9%	26%	14%	9%
- Driving to work alone	⬤ 55%	72%	81%	72%
- Long commute - driving alone	⬤ 17%	42%	31%	16%

*Per 100,000 Population

**Ratio of household income at the 80th percentile to income at the 20th percentile

***Overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities

Key (Legend)

⬤ Better than CA
⬤ Same as CA
⬤ Worse than CA

Source: County Health Rankings 2021 Report

Mammoth Hospital 2022 CHNA

Detailed Approach

Mammoth Hospital (or the "Hospital") is organized as a not-for-profit hospital. A Community Health Needs Assessment (CHNA) is part of the required hospital documentation of "Community Benefit" under the Affordable Care Act (ACA), required of all not-for-profit hospitals as a condition of retaining tax-exempt status. A CHNA helps the hospital identify and respond to the primary health needs of its residents. This study is designed to comply with the standards required of a not-for-profit hospital.

Project Objectives

Mammoth Hospital partnered with QHR Health ("QHR") to:

- Complete a CHNA report, compliant with Treasury – IRS
- Produce the information necessary for the Hospital to issue an assessment of community health needs and document its intended response

Overview of Community Health Needs Assessment

Typically, non-profit hospitals qualify for tax-exempt status as a Charitable Organization, described in Section 501(c)(3) of the Internal Revenue Code; however, the term 'Charitable Organization' is undefined. Prior to the passage of Medicare, charity was generally recognized as care provided for those who did not have the means to pay. With the introduction of Medicare, the government met the burden of providing compensation for such care.

In response, IRS Revenue ruling 69-545 eliminated the Charitable Organization standard and established the Community Benefit Standard as the basis for tax exemption. Community Benefit determines if hospitals promote the health of a broad class of individuals in the community, based on factors including:

- An Emergency Room open to all, regardless of ability to pay
- Surplus funds used to improve patient care, expand facilities, train, etc.
- A board controlled by independent civic leaders
- All available and qualified physicians granted hospital privileges

Specifically, the IRS requires:

- Effective on tax years beginning after March 23, 2012, each 501(c)(3) hospital facility must conduct a CHNA at least once every three taxable years and adopt an implementation strategy to meet the community needs identified through the assessment.

- The assessment may be based on current information collected by a public health agency or non-profit organization, and may be conducted together with one or more other organizations, including related organizations.

- The assessment process must take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge or expertise of public health issues.

- The hospital must disclose in its annual information report to the IRS (Form 990 and related schedules) how it is addressing the needs identified in the assessment and, if all identified needs are not addressed, the reasons why (e.g., lack of financial or human resources).

- Each hospital facility is required to make the assessment widely available and downloadable from the hospital website.

- Failure to complete a CHNA in any applicable three-year period results in an excise tax to the organization of $50,000. For example, if a facility does not complete a CHNA in taxable years one, two, or three, it is subject to the penalty in year three. If it then fails to complete a CHNA in year four, it is subject to another penalty in year four (for failing to satisfy the requirement during the three-year period beginning with taxable year two and ending with taxable year four).

- An organization that fails to disclose how it is meeting needs identified in the assessment is subject to existing incomplete return penalties.

Community Health Needs Assessment Subsequent to Initial Assessment

The Final Regulations establish a required step for a CHNA developed after the initial report. This requirement calls for considering written comments received on the prior CHNA and Implementation Strategy as a component of the development of the next CHNA and Implementation Strategy. The specific requirement is:

"The 2013 proposed regulations provided that, in assessing the health needs of its community, a hospital facility must take into account input received from, at a minimum, the following three sources:

1) *At least one state, local, tribal, or regional governmental public health department (or equivalent department or agency) with knowledge, information, or expertise relevant to the health needs of the community;*

2) *members of medically underserved, low-income, and minority populations in the community, or individuals or organizations serving or representing the interests of such populations; and*

3) *written comments received on the hospital facility's most recently conducted CHNA and most recently adopted implementation strategy.*

…the final regulations retain the three categories of persons representing the broad interests of the community specified in the 2013 proposed regulations but clarify that a hospital facility must "solicit" input from these categories and take into account the input "received." The Treasury Department and the IRS expect, however, that a hospital facility claiming that it solicited, but could not obtain, input from one of the required categories of persons will be able to document that it made reasonable efforts to obtain such input, and the final regulations require the CHNA report to describe any such efforts."

Representatives of the various diverse constituencies outlined by regulation to be active participants in this process were actively solicited to obtain their written opinion. Opinions obtained formed the introductory step in this Assessment.

To complete a CHNA:

"… the final regulations provide that a hospital facility must document its CHNA in a CHNA report that is adopted by an authorized body of the hospital facility and includes:

1) *A definition of the community served by the hospital facility and a description of how the community was determined;*

2) a description of the process and methods used to conduct the CHNA;

3) a description of how the hospital facility solicited and took into account input received from persons who represent the broad interests of the community it serves;

4) a prioritized description of the significant health needs of the community identified through the CHNA, along with a description of the process and criteria used in identifying certain health needs as significant and prioritizing those significant health needs; and

5) a description of resources potentially available to address the significant health needs identified through the CHNA.

… final regulations provide that a CHNA report will be considered to describe the process and methods used to conduct the CHNA if the CHNA report describes the data and other information used in the assessment, as well as the methods of collecting and analyzing this data and information, and identifies any parties with whom the hospital facility collaborated, or with whom it contracted for assistance, in conducting the CHNA."

Additionally, all CHNAs developed after the very first CHNA received written commentary on the prior Assessment and Implementation Strategy efforts. The Hospital followed the Federal requirements in the solicitation of written comments by securing characteristics of individuals providing written comments but did not maintain identification data.

"…the final regulations provide that a CHNA report does not need to name or otherwise identify any specific individual providing input on the CHNA, which would include input provided by individuals in the form of written comments."

The methodology takes a comprehensive approach to the solicitation of written comments. Input was obtained from the required three minimum sources and expanded input to include other representative groups. The Hospital asked all those participating in the written comment solicitation process to self-identify themselves into any of the following representative classifications. Written comment participants self-identified into the following classifications:

1) **Public Health Official** – Persons with special knowledge of or expertise in public health

2) **Government Employee or Representative** – Federal, tribal, regional, State, or local health or other departments or agencies, with current data or other information relevant to the health needs of the community served by the hospital facility

3) **Minority or Underserved Population** – Leaders, representatives, or members of medically underserved, low-income, and minority populations, and populations with chronic disease needs in the community served by the hospital facility. Also, in other federal regulations the term Priority Populations, which includes rural residents and LGBT interests, is employed and for consistency is included in this definition

4) **Chronic Disease Groups** – Representative of or member of Chronic Disease Group or Organization, including mental and oral health

5) **Educator** – Persons whose profession is to instruct individuals on a subject matter or broad topics

6) **Healthcare Professional** – Individuals who provide healthcare services or work in the healthcare field with an understanding/education on health services and needs.

7) **Full-Time Community Resident** – Individuals, volunteers, civic leaders, medical personnel, and others to fulfill the spirit of broad input required by the federal regulations

8) **Part-Time Community Resident** – Community members who may live in Mono County for part of the year and understand the community and it's needs when it comes to health and medical care

9) **Visitor to the Eastern Sierra Region**– Individuals who regularly visit the Eastern Sierra Region and may use healthcare services in the area but do not have a residence in the area

Other (please specify)

The methodology also takes a comprehensive approach to assess community health needs, perform several independent data analyses based on secondary source data, augment this with Local Expert Advisors and community opinions, and resolve any data inconsistency or discrepancies by reviewing the combined opinions formed from the survey respondents. The Hospital relies on secondary source data, and most secondary sources use the county as the smallest unit of analysis. Community residents were asked to note if they perceived the problems or needs identified by secondary sources existed in their portion of the county.

Most data used in the analysis is available from public Internet sources and proprietary data. Any critical data needed to address specific regulations or developed by the survey respondents cooperating in this study are displayed below.

Data sources include:

Website or Data Source	Data Element	Date Accessed	Data Date
www.countyhealthrankings.org	Assessment of health needs of the county compared to all counties in the state	May 2022	2014-2022
Stratasan	Assess characteristics of the Hospital's primary service area, at a zip code level; and, to access population size, trends and socio-economic characteristics	February 2022	2021
www.worldlifeexpectancy.com /usa-health-rankings	15 top causes of death	February 2022	2019
Bureau of Labor Statistics	Unemployment rates	May 2022	2020
Department of Health Care Access and Information	Health Professional Shortage Areas (HPSA) maps	May 2022	2022
NAMI	Statistics on mental health rates and services	May 2022	2021
Zillow Home Value Index	Average home value	May 2022	2022
Kaiser Family Foundation	Women's health statistics	April 2022	2020
Centers for Medicare & Medicaid Services: Mapping Medicare Disparities by Population	Health outcome measure	April 2022	2020

A standard process of gathering community input was developed. In addition to gathering data from the above sources:

- A CHNA survey was deployed to the Hospital's Local Expert Advisors and offered to the community through community organization contacts, to gain input on local health needs and the needs of priority populations. Local Expert Advisors were local individuals selected according to criteria required by the Federal guidelines and regulations and the Hospital's desire to represent the region's geographically and ethnically diverse population. Community input from 390 survey respondents was received. Survey responses started on February 18th and ended on March 18th, 2022.

- Information analysis augmented by local opinions showed how Mono County relates to its peers in terms of primary and chronic needs and other issues of uninsured persons, low-income persons, and minority groups. Respondents commented on whether they believe certain population groups ("Priority Populations") need help to improve their condition, and if so, who needs to do what to improve the conditions of these groups.

Having taken steps to identify potential community needs, the respondents then participated in a structured communication technique called the "Wisdom of Crowds" method. The premise of this approach relies on the assumption that the collective wisdom of participants is superior to the opinion of any one individual, regardless of their professional credentials.

In the Mammoth Hospital process, the survey respondents had the opportunity to introduce needs previously unidentified and to challenge conclusions developed from the data analysis. While there were a few opinions of the data conclusions not being completely accurate, most of the comments agreed with the findings. A list of all needs identified by any of the analyzed data was developed. The survey respondents then ranked each health need's importance from not at all (1 rating) to very important (5 rating). From this ranking, the Hospital developed an implementation plan for the top health needs.

Survey Results

Q2: Please select all roles that apply to you.

Answer Choices	Responses	
Full-Time Community Resident	82.29%	288
Healthcare Professional	25.14%	88
Part-Time Community Resident	8.00%	28
Visitor to the Eastern Sierra Region	5.43%	19
Minority or Underserved Population	3.71%	13
Government Employee or Representative	3.43%	12
Educator	2.86%	10
Public Health Official	0.29%	1
Representative of Chronic Disease Group or Advocacy Organization	0.29%	1
	Answered	350
	Skipped	43

Q3: Please help us understand how you prefer to access healthcare by selecting the option that most closely aligns with you.

Answer Choices	Responses	
I'm an Eastern Sierra resident and receive my routine medical care from Mammoth Hospital	69.71%	244
I'm an Eastern Sierra resident and do not receive my routine medical care from Mammoth Hospital	12.00%	42
I'm an Eastern Sierra seasonal resident and do not receive my routine medical care from Mammoth Hospital	7.14%	25
I'm an Eastern Sierra seasonal resident and receive my routine medical care from Mammoth Hospital	3.43%	12
Other (please specify)	7.71%	27
	Answered	350
	Skipped	43

Comments:

- Tourist

- Eastern Sierra resident and receive some routine care from Mammoth Hospital

- Had 4 surgeries at Mammoth Orthopedic Hospital in the last 2 years

- Part-time resident; only use MH for ER or when ill

- Eastern Sierra resident and receive some medical care from Mammoth Hospital and some medical care (specialists) in Carson City, NV

- Visitor who has frequented the hospital over the years.

- I'm a visitor and a past patient. Best care ever!

- Visit Mammoth every summer for vacation

- I'm an Eastern Sierra resident and try to get medical care locally.

- Out of towner

- Was fulltime in Mammoth 2017-2022, and had full time care at MH.

- I live in Bishop, work in Mammoth and have all my orthopedic work done at Mammoth Hospital,

- UCLA for serious medical care

- I visit my daughter in Mammoth.

- Fish Lake Valley resident and receive routine medical care from Mammoth Hospital

- Dr Clark is a less than stellar Dr.

- i am an Eastern Sierra resident utilizing both Mammoth Hospital and NIH depending on the service, winter conditions and specialty since I live in Bishop

- Frequent visitor to Eastern Sierra, needed hospitalization there, once.

- I am an Eastern Sierra resident and have entirely lost confidence in the weaponized medical system we current labor under. Shame on you. I was lucky to have gotten both of my full knee replacements through Mammoth Hospital before the system was turned upon people who prefer to make educated choices as to what is put in their body.

- MA resident

- Just visiting an Emergency

- I receive routine medical care at Mammoth and specialized care in Carson City

- I'm a full time eastern Sierra resident. I have not used the hospital, I go to the specialty clinic (dermatology)

- Combo of options 1 and 2

- Visitor

- visitor/kidney transplant patient/ needed care from hospital

- Visitor

Q4: Which of these populations are prevalent/most common in your community?

Answer Choices	Responses	
Low-income groups	56.90%	169
Residents of rural areas	47.14%	140
Women	41.41%	123
Racial and ethnic minority groups	39.73%	118
Older adults	38.38%	114
Children	29.97%	89
Individuals requiring additional healthcare support	27.61%	82
LGBTQ+	12.46%	37
	Answered	297
	Skipped	96

Unique or pressing needs of the above-selected groups:

- Labor and delivery

- labor and delivery

- Keeping L&D services in our community is critical

- Maternal and fetal healthcare. Ability to deliver babies in Mammoth close home for those who cannot afford to go elsewhere.

- All of these groups have special needs that need to be addressed.

- To be able to have babies at the Mammoth hospital!

- Racial and ethnic minority groups: mono lingual Spanish speaking population with low health literacy. Low-income groups: challenges with transpiration to appts and paying for medications. Women: inconsistencies in L&D. Children: challenges with obtaining services for children with special needs or long distances to travel for specialists. Older adults: social isolation, limited incomes, issues related to transpiration especially to specialty appts out of area, costly medications, lack of in-home caregivers, lack of comprehensive senior services in Mammoth (more services in Bishop and Coleville). Residents of rural areas: transpiration to get to appts and pick up medications, access to healthy food/ Individuals requiring additional healthcare support: diabetic patients, pts with cognitive decline/memory issues, older adults to maintain mobility, strength, and balance. LGBTQ: specialized providers or those with a greater understanding of their health disparities and needs

- Labor & Delivery

- Mental health counselling

- Many seniors that I know, avoid having surgery due to not having support at home. In addition, we do not have any home health options. Our surgeons typically have their patients begin re-hab within 3-5 days after surgery and the patient must independently ambulate even in our extrema weather conditions.
- Lots of low income folks who are stretched thin for money already - the hospital financial assistance has been essential for me and many people I know (and the ones who don't know about it just don't go to the hospital, they avoid the doctor because it's too expensive)
- Easy access to care
- Ethnic minority groups / low income are not aware or understand the options that are out there for them- Whether it be social, economic... etc.
- Long Covid care and rehabilitation
- Affordable, accessible mental and physical health services for all of the above.
- Lack of Spanish speaking providers, affordable housing crisis, poor insurance coverage and expensive medical bills, long distance travel to access services, shareholder capitalism
- Grievers
- High-level Senior services provided by Town, County, State and Federal governments.
- Education, affordable vision and dental
- More affordable housing
- We have seen in increase in the need of dialysis and nephrology services in the area.
- Women's health
- Low income, primarily Spanish speaking, don't know how to access care well
- More direct information about what is available to which types of people in community (low income, non-english, etc)
- We all need available health care locally. Options are limited and wait time is often long. With changes in insurance policy that prohibits us from traveling to NV (being out of network) it's difficult to find the needed preventative and specialty care locally.
- Traveling for healthcare - no ride and / or no money
- Do not always have access to specialists when they need it.
- Access issues living in rural Mono county 30 miles from Bishop and 60 from Mammoth. Low-income residents, ranchers working long hours may benefit and take advantage of mobile or outreach clinics.
- Accessible pediatric and women's health services, especially babies and pregnant/new mothers

- Long wait times for services and insufficient availability for follow up, especially in specialty care. While specialty services at the hospital are helpful, if wait times for starting care are near 6 months, care needs to be referred out
- Lack of housing sets everyone up for poor health outcomes
- Low paying jobs. Many don't have health insurance.
- Rural access, limited or no availability to specialists
- Various issues such as arthritis, that are more common to older people. That said, the program whereby specialists visit occasionally is very good.
- Local Gastroenterologist
- Geriatric medicine (unique prescription doses & sensitivity to over medication). Preventative medicine, interventional medicine.
- Low income- health literacy, $$ for fresh foods, indoor access with exercise/ nutrition education during snow season. Elders- transportation to specialty care, home health assistance
- Mixed professionals of all races and ages.
- Transportation for routine procedures like a colonoscopy. Haven't had one because there's no one to drive me.
- It was great to hear that Mammoth has two new cardiologists on board, so folks don't have to travel to Los Angeles. Access to specialists is a need.
- The poor and elderly have few choices, sometimes no choices. I think MediCal should be more available.
- Labor and Delivery services that are accessible to people in the community that don't have the resources, means, or time to go to Bishop.
- Ability to receive any care
- Housing for full time residents.
- Eye Care and Dental Care
- The care for older adults, especially those in need of a nursing home is limited if non-existent here in Mammoth. There is limited access to urologists, dermatologists, cardiologists here in town.
- Living alone with no help to get to hospital when surgery is required.
- Mental health care; support groups, therapists/counselors
- More general practitioners. More nutritional education.
- Affordable care and help navigating confusing insurance/billing.
- Easy access to specialty services.

- We live in a rural area without a lot of specialists and the need for long distance travel to get specialty care. Patients have many barriers to getting to that care and repeatedly getting there and then limitations on home health and hospice care.
- Data driven education from qualified professionals on multiple topics involving disease prevention and healthy lifestyle.
- Women - L&D Needs. Older Adults - Stroke response team, neurology. & I would go as far to say all residents of the state of CA need better health ins which is why CalCare needs to pass. Not sure if we can help that. But I will put that here as my 2 cents.
- Proactive medical assessments (cancer screenings, STDs, birth control, etc.) Mental Health!!!!
- Health & Wellness Education and support groups for Spanish speaking persons
- Inclusive, equitable care
- Affordable and equitable access and treatment
- Would be great to add geriatric specialist to Mammoth Hospital.
- DERMATOLOGY
- Clear communication between staff and patients is always challenging.
- Help navigating insurance coverage, especially the govt provided insurance, and encouragement of regular check-ups & visits
- Health and wellness groups for minority populations including, Latinx and young women (18-30 year old).
- Transportation to appointments
- Mental health services for everyone. We are severely lacking in providers. Lack of affordable housing. we have residents living in campers, cars. minimal home health care, minimal access to specialty services.
- Substance abusers
- Fertility for men
- Lack of Respite Care Providers/Home Health nursing
- Behavioral Health resources rather than resorting to Law Enforcement
- Affordable housing and affordable daycare needs
- Low income: dental care/ Residents of rural areas: alcohol treatment"

Q5: Please share comments or observations about the actions Mammoth Hospital has taken to address Substance Abuse Prevention and Treatment.

Responses	Number of Responses
Unknown	60
MAT program	15
Noticed increase services/programs	8
Chronic pain program/pain alternatives	5
Narcan available	3
Screening	2
Other/unrelated	7
Answered	99
Skipped	294

Key Comments:

- MAT clinic was established. Narcan is available for pts for free

- I've noticed Behavioral Health options expand although not sure that the help available have been pushed to the ethnic minorities. There still is a stigma associated with getting mental help & that needs to be changed somehow. Substance abuse is a big factor here in town but not sure how that can be helped either.

- It was nice to see behavioral health offering bags with Narcan, first aid, masks at the vax clinics. It was interesting to see a different take - proactive care of substance abusers instead of waiting for a crisis.

- Multiple providers are x-waivered, there is a MAT clinic, there is a policy on limiting opioid use, chronic pain patients must sign a pain contract.

- I know that the hospital and medics carry and easily access the opioid overdose medicine

- Mammoth hospital employed individuals to be involved in treating substance abuse and prevention.

- Created a Chronic Pain management team to help with Opioids.

Q6: Please share comments or observations about the actions Mammoth Hospital has taken to address Behavioral Health Access, Prevention, and Treatment.

Responses	Number of Responses
Unknown	31
Increased staff available	27
Increased access to services	15
Long wait time to be seen	8
Screening	5
Other/unrelated	29
Answered	115
Skipped	278

Key Comments:

• There has been more BH advertisement & the effort is out there.

• I have seen more advertising of the services available for mental health issues

• Mammoth hospital employed a team of individuals to address give access to treatment and prevention of behavioral health issues. MH placed ads in the local papers which pictured the team members,

• It seems the team at MH as grown. But people, especially young adults/teens having to wait months to be seen by a therapist or psychiatrist (especially after a suicide attempt) is unacceptable.

• New therapist added is good. Probably need more.

• Health care screening

• The hospital hired a new Behavioral Health Therapist.

• Pediatric and Adult providers. Elevate your Health has a BH/self-care class. PHQ 9 is being given in the clinic and Peds and referral to BH if needed.

• Accessible programs provided for the public to encourage better mental health

Q7: Please share comments or observations about the actions Mammoth Hospital has taken to address Clinical Care Access and Preventative Care.

Responses	Number of Responses
Unknown	33
Improved access	14
Specialty clinic/increased specialists	9
Long waits/limited access	10
Annual wellness visits and reminders	4
Sick clinic	4
Good follow up for appointments	2
Patient portal	2
Same day appointments	2
Elevate program	2
Other/unrelated	19
Answered	100
Skipped	293

Key Comments:

- Establishment of the Elevate Program

- The clinical care access to specialties has been greatly expanded and greatly appreciated.

- Positive additional specialties and services added.

- Portal is good, phone lines are still an issue.

- Efforts were excellent to provide access to appointments to their primary care physicians, even during the pandemic.

- Expanding sick clinic

- Reaching out to Medicare patients for their AWV.

- Same-day appointments are available. Outreach for wellness exams.

- It lacks enough general practitioners now to get a speedy appointment.

- Mammoth Hospital has increased staffing, especially after several providers leaving, to keep well staffed and serve the communities needs. The Family Medicine Clinic has also built quite a program, along with insurances, to remind patients to take care of and stay on top of their preventative care.

Q8: Please share comments or observations about the actions Mammoth Hospital has taken to address Dental Care Access and Preventative Care.

Responses	Number of Responses
Unknown	46
Added provider	22
Expanding clinic	12
long wait times	5
Great clinic/service	4
Still limited access to adults	3
Other/unrelated	17
Answered	100
Skipped	293

Key Comments:

- Hired new dentist and added more chairs for service

- Expansion in progress for the dental clinic

- Great dental clinic

- Noticed a full-time dentist for adults have been hired.

- A new dentist who lives locally is a plus.

- Dental Care is impossible to get an appointment as an adult.

- Currently they are remodeling the dental clinic for increased space and providers

- Long wait list for establishing care

- The Dental care area of the hospital was increased. An additional dentist was employed.

- Hired new dentist, continuing expansion of dental clinic

- Mammoth Hospital Hired a new dentist to add to their group

Q9: Do you believe the above data accurately reflects your community today? (Data presented in this report)

Answer Choices	Responses	
Yes, the data accurately reflects my community today	59.09%	117
No, the data does not reflect my community today	40.91%	81
Comments on your answer or the above data:		9
	Answered	198
	Skipped	195

Comments:

- Mental health provider spread seems accurate. I feel that Smoking/Alcohol are likely higher than is represented. "severe housing problems" seems VERY misrepresented, likely much higher.
- Excessive drinking is higher, adult obesity might be lower
- More people with severe housing issues
- Housing seems low
- I believe housing is a larger issue than represented. I also believe our unemployment rate is higher than indicated. Pathetic that the obesity rate is higher than the CA average with all the outdoor activities we can access.
- The main thing I object to is that I think more than 11% of our community has severe housing problems!
- The severe housing shortage is much worse.
- Stats on excessive drinking have increased with COVID pandemic, as well as housing crisis and homelessness in Mono County
- Yes, I guess. But there are very limited affordable things in Mammoth like groceries, housing, clothing.
- Excessive drinking more, 5 yr growth should be a positive number, more people per mental health provider
- Real bummer to see the mental health numbers (dental too, but dental stuff isn't as immediately pressing as mental health... usually) Also not sure what severe housing problems is... I'd be more curious to see how many have "housing problems" overall, I'm guessing more like half?
- Housing problems have gotten much worse.
- The unemployment rate has declined, but I am sure severe housing problems have risen. I would also be surprised if there hasn't been an increase in excessive drinking and other health related issues that correspond to the Covid-19 pandemic. Wages have also failed to keep pace with inflation--the cost of everything locally has risen significantly.
- "Severe" Housing Problems is subjective, and in my opinion, drastically underestimated.

- There's a housing crisis that is affecting the commercial community and the caregiving community. This looks as if the area is way better than California overall.
- Some thoughts.... severe housing problem percentage seems underestimated, median HH income seems overestimated, as there is a small population and a few very wealthy families skewing it up.... excessive drinking is likely underestimated....
- It is hard for me to believe that only 11% have severe housing issues. The hospital cannot even keep LND open because they can't hire someone because they don't have a place to live. Housing is a huge issue in Mammoth Lakes and around the county.
- The Mental Health Provider ratio tells the story of the need for better access to mental health services IN TOWN. It does not help people in need of real mental health care to have to travel to Reno or SoCal for treatment. The Hospital needs a psychologist on staff, not just PA's or social workers (as good as they might be).
- Broadband access even in the town of Mammoth Lakes is a highly inefficient and unreliable monopoly; the town needs to address this further than they have.
- Severe housing problem is worse now
- Think that drinking and drug abuse is probably more of an issue than anything else. Housing is way more important than internet. Driving to work alone doesn't seem to matter, having more reliable transportation at all would be better (town shuttle is free but very tourist centered and not resident centered), town is so small but the sidewalks can't be adequately maintained so that locals can use them to safely walk to food or store or work (where there are even safe sidewalks instead of having to walk in the street).
- Housing shortage is much much greater than 11% and is resulting in difficulty hiring competitively in multiple healthcare departments.
- I think housing problems are underrepresented.
- The housing problem numbers seem low as we lose many professionals, teachers, workers due to lack of affordable housing.
- Housing is a tricky one, severe housing concerns only lead people out of the area by pushing them to Inyo, down south or Northern Nevada. This is why I see there to be a huge discrepancy between 11% Mono and 26% for the state.
- I am surprised by most of the data figures provided. It feels like individuals in my community struggle more than this data reflects...
- It seems like the Hispanic population is higher and the obesity rate is lower.
- I believe that the housing crisis and excessive drinking are both significantly more severe in our community since the pandemic.
- Full time Housing issues are higher than that percentage.
- I feel that there is a higher percentage of severe housing problems than reported.
- It is my perception that we have a higher Hispanic community
- More Hispanics. More drinking. High housing issues.
- Food insecurity is much higher. Hispanic population is much higher
- I am surprised that the rates for adult smoking and obesity are higher than the CA average. I am not surprised about the excessive drinking rate.

- 11% for housing problems seems low, unless living out of your car is normal.
- Not totally accurate on health behaviors. Athletes and hikers are mainly in our little section of town.
- Lack of housing at 11% seems like a conservative number.
- Short term rentals should pay more tourist taxes, so the town can afford to provide healthcare assistance.
- I think the housing data is incorrect.
- The obesity percentage is lower. the sever housing problem should appear higher. Population Number is too high for full time residences.
- I'm not sure how the severe housing problems percentage is calculated, seems low given that there is SUCH a need around here
- I am surprised that our obesity rate is that high. I don't notice that my neighbors and friends are obese. I knew that getting dental care in Mono County was hard but didn't realize that it was that bad. Recruit more dentists! We need more qualified mental health professionals as well!. I think our housing problem is MUCH WORSE than this! There is NO REASON for anyone to be unemployed in Mono County.
- Severe housing problem is much higher
- I would guess that it is very hard to find a primary care doctor in either Mono or Inyo County. And it gets worse every year. The housing problems seem grossly underestimated for Mono County. It's becoming a critical issue that bleeds into all the other issues listed above.
- Hispanic community undercounted in census. Workforce housing is a major barrier to recruitment and retention of qualified employees.
- Severe Housing is a bigger crisis - especially here in Mammoth Lakes. I think food insecurity is bigger in this community than 9%. Obesity doesn't seem to be much of an issue in mammoth/June/Crowley - although I am sure the rest of Mono county doesn't stay as active as we do. The mental health statistic is disturbing. Excessive drinking and drug use is much higher in this community.
- The median HH income seems high.
- I see the dentist regularly for cleaning and check-ups, but it takes months to get an appointment. The nearest optometrist is in Bishop and it can take months to get an appointment. The option is to travel to Carson City or Reno, which is not really a viable option.
- Surprised at high obesity; Mammoth has such active and healthily inhabitants for the most part
- I think alcohol abuse may be even higher than reflected in statistic. Also, housing statistic seems low. Obviously, we need more healthcare providers, dentists, and mental health providers since statistics are showing we don't have enough compared to the state statistics.
- I find it hard to believe only 11% struggle with housing and 9% are food insecure - I would have thought that # to be higher
- I think there are more Hispanics than 27%

- Severe housing shortage is a way bigger problem, and so is excessive drinking.
- There is a severe affordable housing shortage & severe mental health access
- I would imagine the food security numbers will greatly increase if the cost continues to rise.
- I feel housing is reported low, real number is higher. I feel that the excessive drinking is reported low, real number is higher. The rest is correct.
- Only thing that seems off is housing. Everyone I know in Mono county that is not a homeowner is either worried about, insecure, or losing housing.
- I think the housing problem is higher than 11%.

Q10: Please rate the importance of addressing each health factor on a scale of 1 (Not at all) to 5 (Extremely)

	1	2	3	4	5	Total	Weighted Average
Mental Health	3	5	19	35	127	189	4.47
Women's Health	4	3	32	39	106	184	4.30
Cancer	2	8	31	47	99	187	4.25
Dental	4	4	37	59	85	189	4.15
Heart Disease	4	11	37	53	82	187	4.06
Diabetes	6	9	38	52	79	184	4.03
Stroke	6	11	51	43	74	185	3.91
Obesity	8	19	43	46	71	187	3.82
Liver Disease	6	9	59	53	55	182	3.78
Lung Disease	6	18	50	50	61	185	3.77
Kidney Disease	4	18	58	52	53	185	3.71
Alzheimer's and Dementia	7	29	54	48	45	183	3.52
Other (please specify)						23	
						Answered	192
						Skipped	201

Comments:

- Auto immune disease, eye care
- Health pregnancy
- Labor & Delivery
- Wellness
- COVID
- Nutrition influences many listed but also has links to dementia, dental, gut health and should be strongly addressed as Preventative.
- Dermatology
- Need to have delivery of babies at Mammoth Hospital.
- Desperately need an eye clinic!
- Spine, PT,
- Lifestyle management and disease prevention
- Pediatrics
- Addiction and eating disorders
- Emergency medicine, orthopedics
- GI diseases such as Crohn's and IBD
- Osteoporosis

Q11: Please rate the importance of addressing each community factor on a scale of 1 (Not at all) to 5 (Extremely)

	1	2	3	4	5	Total	Weighted Average
Continuing to attract and retain the most qualified well-trained doctors, nurses, and specialists from top medical schools	5	2	9	29	146	191	4.62
Affordable Housing	8	4	15	21	142	190	4.50
Maintaining local healthcare services	2	6	22	32	126	188	4.46
Healthcare Services: Affordability	2	3	25	45	115	190	4.41
Maintaining advanced, local inpatient medical care	2	7	31	34	114	188	4.34
Employment and Income	5	1	29	46	105	186	4.32
Access to Childcare	8	12	20	29	120	189	4.28
Healthcare Services: Prevention	3	6	25	56	97	187	4.27
Education System	4	4	34	46	98	186	4.24
Healthcare Services: Physical Presence	2	7	32	50	97	188	4.24
Access to Healthy Food	9	15	33	38	97	192	4.04
Access to Senior Services	7	12	41	55	75	190	3.94
Community Safety	6	16	39	50	77	188	3.94
Social Support	6	18	55	60	49	188	3.68
Access to Exercise/Recreation	20	23	40	29	77	189	3.63
Transportation	6	24	57	48	51	186	3.61
Social Connections	8	21	62	59	37	187	3.51
Other (please specify)						10	
						Answered	193
						Skipped	200

Comments:

- Cannot stress enough the need for affordable housing.

- Access to childcare in Mammoth is terrible.

- Increased wages for nurses at Mammoth Hospital.

- Ride service to an from hospital for those with no help that need surgery servicing Bishop..

- Healthy lifestyle education

Q12: Please rate the importance of addressing each personal factor on a scale of 1 (Not at all) to 5 (Extremely)

	1	2	3	4	5	Total	Weighted Average
Livable Wage	10	7	20	34	119	190	4.29
Drug/Substance Abuse	15	7	24	59	83	188	4.00
Excess Drinking	15	4	39	50	78	186	3.92
Employment	13	15	35	38	87	188	3.91
Diet	5	12	50	51	70	188	3.90
Smoking/Vaping/Tobacco Use	22	14	37	44	69	186	3.67
Physical Inactivity	18	21	58	35	53	185	3.45
Risky Sexual Behavior	27	13	62	47	36	185	3.28
Other (please specify)						8	
						Answered	192
						Skipped	201

Comments:

- Vaping in Teens (children education)

- Would like to see waiting times for specialist be less than 9-12 months.

- Need to provide an anti vaping Physical presence at MMS and MHS

- Vitamin intake

Q13: Overall, how much has the COVID-19 pandemic affected you and your household?

Answer Choices	Responses	
Noticeable impact, planning for changes to daily behavior	36.60%	71
Some impact, does not change daily behavior	32.47%	63
Significant daily disruption, reduced access	20.10%	39
Severe daily disruption, immediate needs unmet	5.67%	11
No impact, no change	5.15%	10
	Answered	194
	Skipped	199

Q14: Social determinants of health are conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes. Please select the key social determinants that have been negatively impacted by the COVID-19 pandemic in your community. (please select all that apply):

Answer Choices	Responses	
Employment	66.49%	125
Childcare	59.04%	111
Social support systems	56.38%	106
Housing	52.13%	98
Education	51.60%	97
Access to healthcare services	45.21%	85
Public safety	34.04%	64
Poverty	29.26%	55
Racial and cultural disparties	25.53%	48
Transportation	25.00%	47
Food security	24.47%	46
Nutrition	20.21%	38
Other (please specify)	5.85%	11
	Answered	188
	Skipped	205

Comments:

- Inflation, stagnant wages
- Anti-socializing, fear of others, lack of smiling, lack of eye contact
- Childcare and schools have been severely disrupted.
- Interaction with people. Too much isolation.
- MH needs to plan properly for the surges in visitorship and not ignore it.
- Less travel to visit extended family.
- Large numbers of visitors unmasked during mask mandate.
- Mental health
- Cultural disparities including politics has created a lot of stress in our small communities. It's really a mess and it is hard to trust people anymore.
- Church

Q15: During the COVID-19 pandemic, what healthcare services, if any, have you or your family delayed accessing? (please select all that apply)

Answer Choices	Responses	
Primary care (routine visits, preventative visits, screenings)	32.45%	61
None of the above	32.45%	61
Specialty care (care and treatment of a specific health condition that require a specialist)	27.66%	52
Elective care (planned in advance opposed to emergency treatment)	20.74%	39
All types of healthcare services	16.49%	31
Urgent care/Walk-in clinics	10.11%	19
Emergency care (medical services required for immediate diagnosis and treatment of medical condition)	4.79%	9
Inpatient hospital care (care of patients whose condition requires admission to a hospital)	4.79%	9
Other (please specify)	6.38%	12
	Answered	188
	Skipped	205

Comments:

- Dental
- Primary and specialty care during 2020 only
- Delayed mammogram, optometry
- Missed three mammogram appointments in 2020 due to Covid 19 surges. Was diagnosed with cancer in 2021.
- We had to delay dentist appointments, but are now back on track. I haven't seen my primary PA in person in 2 years. All telemedicine.
- We had full access
- Treatments that were required in the hospital and the hospital went to a red status.   I was not able to get my normal route in in hospital treatments.
- Gyno
- Dental

Q16: How can healthcare providers, including Mammoth Hospital, continue to support the community through the challenges of COVID-19? (please select all that apply)

Answer Choices	Responses	
Serving as a trusted source of information and education	76.22%	141
Offering alternatives to in-person healthcare visits	63.78%	118
Connecting with patients through digital communication channels (e.g., patient portal, social media, etc.)	56.22%	104
Posting enhanced safety measures and process changes to prepare for your upcoming appointment	40.00%	74
Sharing local patient and healthcare providers stories and successes with the community	20.00%	37
Other (please specify)	14.59%	27
	Answered	185
	Skipped	208

Comments:

- Making sure information is translated to Spanish
- Long covid rehabilitation
- Lower costs, community outreach
- Increased social media
- Development of a better telehealth system has been great!
- Outreach clinics to outlying communities other than Mammoth or Bishop.
- Mental health workshops, more classes with the Elevate program
- Rx renewal w/o appointments
- Understanding frustrated patients and not escalate tension.
- Recognizing ALL insurers as in-network
- Put nurses through college, hire more healthcare workers
- Don't cut back on services, keep it as normal as possible,
- Getting more gp doctors on staff
- Being responsive in answering telephone (Mono County Health)
- Keep/make/enforce KN95 or better mask policies for employees, patients, and visitors
- Open Labor and Delivery again

Q17: What healthcare services/programs will be most important to supporting community health as we move into the future? (please select all that apply)

Answer Choices	Responses	
Primary care	78.19%	147
Mental health	70.21%	132
Urgent care/Walk-in clinics	58.51%	110
Emergency care	57.45%	108
Women's health	52.66%	99
Specialty care	51.60%	97
Pediatrics/children's health	51.60%	97
Elder/senior care	49.47%	93
Chronic disease management programming	45.21%	85
Substance abuse services	42.02%	79
Inpatient and/or ICU care	40.96%	77
Other (please specify)	12.23%	23
	Answered	188
	Skipped	205

Comments:

- Labor and delivery
- Long covid rehabilitation
- Tobacco cessation
- Vision and Hearing care.
- Mammoth Hospital has done a wonderful job for a small rural hospital. Keep it up!
- probably ALL the above...
- Cancer screening
- Health data systems that communicate with each other and actually function.
- Can't use your service if not in-network
- Delivering babies at Mammoth Hospital. Increased pay for nurses so that nurses will not resign to become traveling nurses.
- Mammoth Hospital Clinics are not really considered walk-in clinics anymore.
- Labor & Delivery
- Labor and Delivery
- Delivering babies
- Ophthalmology/ optometry
- Dental
- Cancer

Q18: COVID-19 has led to an increase in virtual and at-home healthcare options, including telemedicine, telephone visits, remote monitoring, etc. What alternative care options do you believe would benefit the community most? (please select all that apply)

Answer Choices	Responses	
Video visits with a healthcare provider	73.77%	135
Patient portal feature of your electronic medical record to communicate with a healthcare provder	59.02%	108
Remote monitoring technologies to manage chronic diseases (e.g., wearable heart monitor, Bluetooth-enabled scale, Fitbit, etc.)	45.36%	83
Telephone visits with a healthcare provider	44.81%	82
Smartphone app to communicate with a healthcare provider	43.72%	80
Virtual triage/screening option before coming to clinic/hospital	42.62%	78
Other (please specify)	6.01%	11
	Answered	183
	Skipped	210

Comments

- Only if patient portal works. Yours is a challenge
- Video is always better than telephone. Would be nice to be able to get all medical records through the portal to make it easier.
- In-home, in-person doctor visits would be awesome, but not practical.
- Patient portal app still has problems that need addressing.
- In patient care
- Nurses that can do at home routine treatments of patients who go to the hospital regularly for treatments such as IV's.

Q19: Please share resources and solutions that would help you and the community navigate the effects of the COVID-19 pandemic now and in the future.

- I think it's just mostly addressing the current staffing shortage of nurses and doctors so residents can meet all of their health needs locally instead of having to travel to Bishop or Reno! More access to specialists would be nice too.
- Childcare and flexible working options/schedules
- More affordable housing options
- Meals on wheels
- Long covid rehabilitation
- Paid sick leave for people who don't have employer coverage, mental health support groups, free in person community gatherings
- Keeping the community informed.
- Increased social media. Increased communications via text or message. Let people know of services, such as grief group, via hospital newsletter, website or newspaper article.
- Monitoring local businesses for Covid compliance including signage.
- One thing that would help would be that the State/Counties and the CDC get on and stay on the same message. Confusion is used by many to deny the importance of self-care and social responsibility during the pandemic.
- The primary area I see people needing assistance is Mental health
- Having more meetings on various topics throughout community in regards to health.
- Food bank. Online access to info with a program that actually works. Online fitness classes, yoga, stretching, aerobics.
- Media bites on radio, paper, hospital website regarding various education and or prevention topics. Looking forward to being able to offer and attend group classes such as women's or pelvic health topics, balance classes, healthy recipes, mental heath tips, etc.
- Mental health, access to a breast specialist and L&D, prompt local access to Dental care, child care.
- More behavioral health resources, more practitioners, classes etc especially for women, families, teens and children.
- Text mask mandate updates….do I need a mask at Mono Co. Vons this week, as mask mandates change statewide……
- Better data access and regular medical staff.
- Better reliable internet and cellphone phone service in Mammoth
- More vaccinations
- Better access to availability of specialty services such as cardiology, breast and prostate health and surgery.
- Healthcare for elderly
- Childcare for hospital employees and potentially, other members of the community.

- Address the poor telephone system of Mammoth hospital. Wait time on hold is too long. tracking call backs so that individuals do get called back in a timely manner.
- Provide more testing opportunities
- Scientific facts that are delivered by Doctors - not town or county officials (unless they are doctors/scientists). Focus on the well being of our children and our community first.
- Urgent care to speed up initial diagnosis, and probably 60% to 70% treatment, and free up ER for folks that need it .
- Affordable housing, increased wages, virtual healthcare, daycare
- Outreach
- Family & friends. Looking at alternative ways to receive unbiased news.
- More providers in behavioral health/support groups.
- Extreme Outreach to the most high-risk individuals
- Do not open a new service line until you can fully support it with staff, Physicians, proper equipment, and space.