



Mammoth Hospital

2025

Community Health Needs Assessment

Approved by Board: September 18th, 2025



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Executive Summary

Mammoth Hospital (or the “Hospital”) performed a Community Health Needs Assessment (CHNA) together in partnership with Ovation Healthcare (“Ovation”) to assist in determining the health needs of the local community and an accompanying implementation plan to address the identified health needs. This CHNA report consists of the following information:

- 1) a definition of the community served by the Hospital 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 solicited and considered input received from persons who represent the broad interests of the community it serves;
- 4) commentary on the 2022 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 help build an accurate picture of the current community and its health needs. A broad community survey was performed to review and provide feedback on the prior CHNA and to support the determination of the Significant Health Needs of the community in 2025.

The Significant Health Needs identified by Mammoth Hospital in this assessment are:

- Access to Primary Care
- Access to Specialty Care
- Behavioral Health

In the Implementation Strategy section of the report, the Hospital addresses these areas through identified programs and resources with intended impacts included for each health need to track progress towards improved community health outcomes.

Community Health Needs Assessment

Overview

CHNA Purpose

A CHNA is part of the required documentation of "Community Benefit" under the Affordable Care Act for 501(c)(3) hospitals and fulfills requirements for accreditation for many health and public health entities. However, regardless of status, a CHNA provides many benefits to an organization. This assessment 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.

Organizational Benefits

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

CHNA Process



1 Survey the Community

Develop a CHNA survey to be deployed to the broad community in order to assess significant health priorities.



2 Data Analysis

Review survey data and relevant data resources to provide qualitative and quantitative feedback on the local community and market.



3 Determine Top Health & Social Needs

Prioritize community health and social needs based on the community survey, data from secondary sources, and facility input.



4 Implementation Planning

Build an implementation plan to address identified needs with actions, goals, and intended impacts on significant health needs.

Process & Methods

This assessment takes a comprehensive approach to determining community health needs and includes the following methodology:

- Several independent data analyses based on secondary source data
- Augmentation of data with community opinions through a community-wide survey
- Resolution of any data inconsistency or discrepancies by reviewing the combined opinions formed by local expert advisors and community members

Data Collection and Analysis

This assessment relies on secondary source data, which primarily uses the county as the smallest unit of analysis. 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 community members cooperating in this study are displayed in the CHNA report appendix.

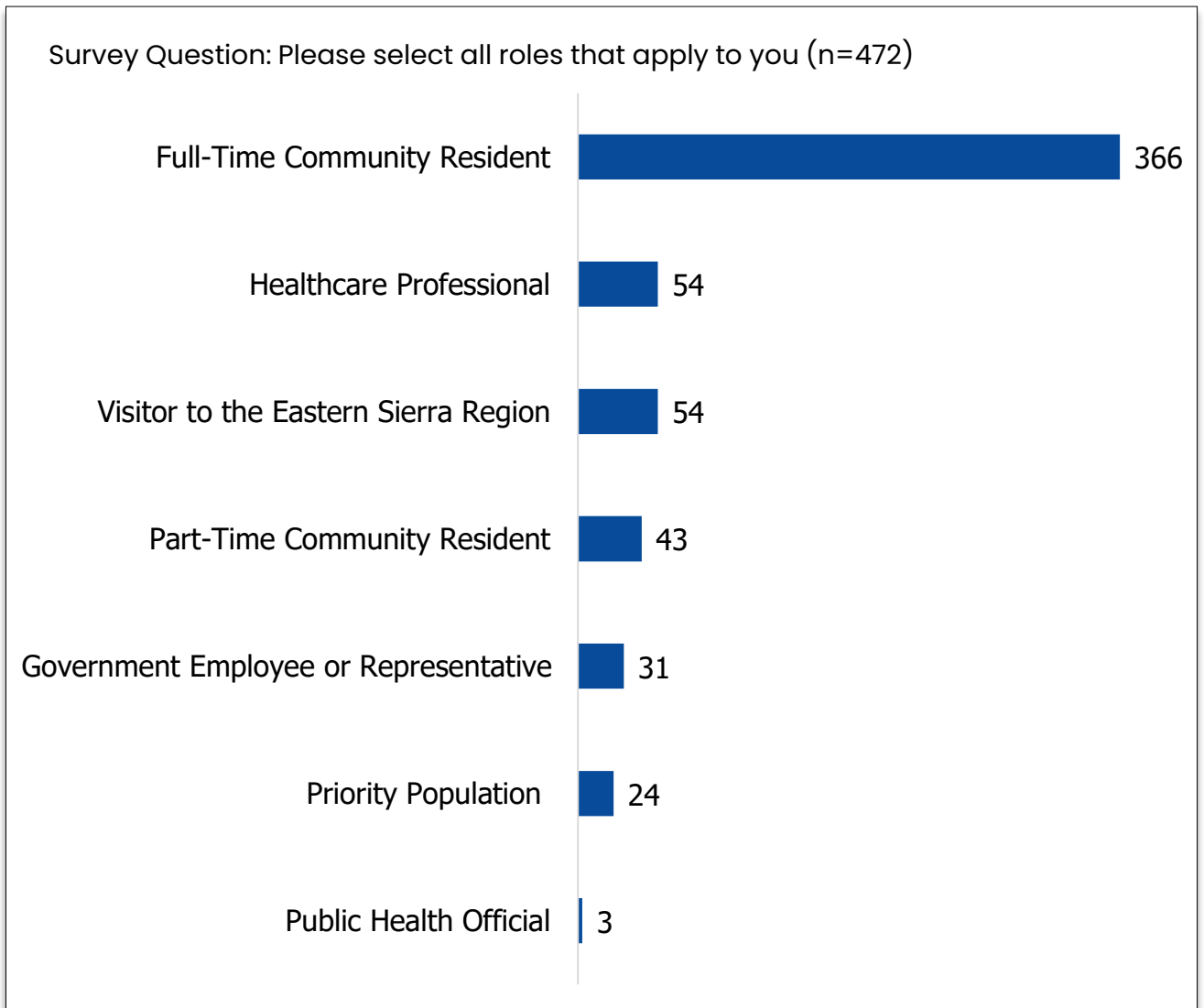
All data sources are detailed in the appendix of this report with the majority of the data used in this assessment coming from:

- California Department of Public Health – CDPH
- Centers for Medicare & Medicaid Services – CMS
- Centers for Disease Control and Prevention – CDC
 - Behavioral Risk Factor Surveillance System – BRFSS
 - PLACES: Local Data For Better health
- County Health Rankings 2025 Report
- Health Resources & Services Administration – HRSA

A standard process of gathering community input was utilized. In addition to gathering data from the above sources, a CHNA survey was deployed to local expert advisors and the general public 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 economic, racial, and geographically diverse population. Four hundred seventy-five (475) survey responses from community members were gathered between February and March 2025.

Community Input

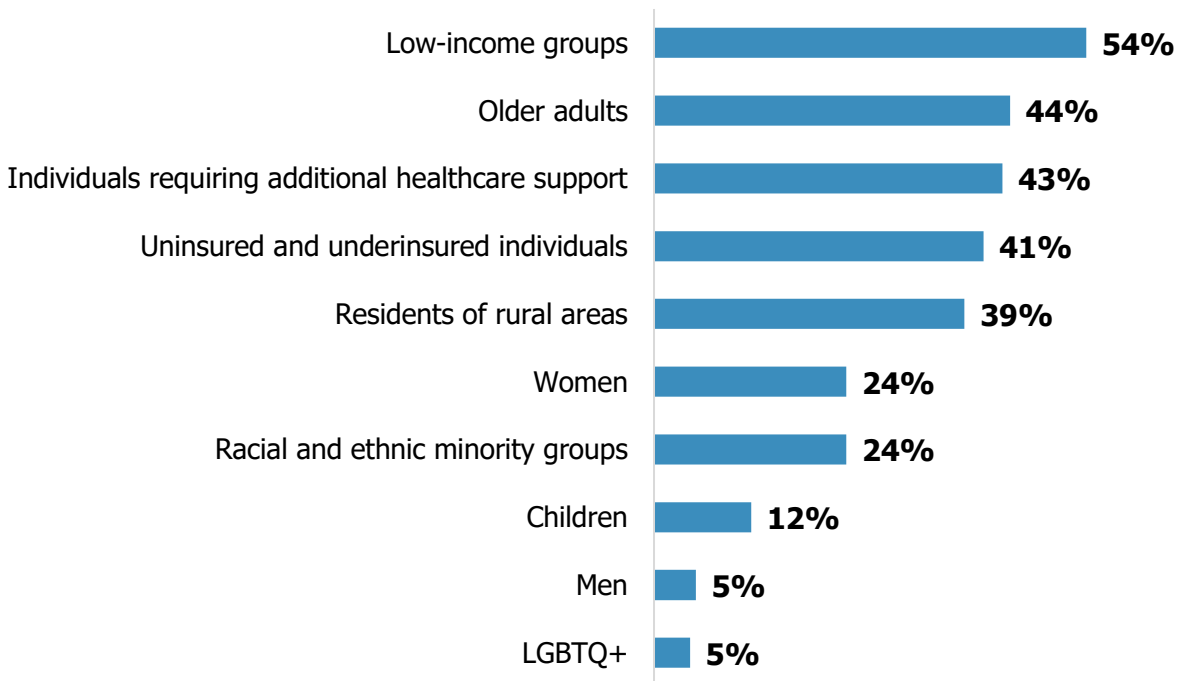
Input was obtained from the required three minimum federally required sources and expanded to include other representative groups. The Hospital asked all those participating in the written comment solicitation process to self-identify into any of the following representative classifications, which are detailed in the appendix to this report. Additionally, survey respondents were asked to identify their age and race/ethnicity to ensure a diverse range of responses were collected.



Priority Populations

Medically underserved populations are those who experience health disparities or face barriers to receiving adequate medical care because of income, geography, language, etc. The Hospital assessed what population groups in the community (“Priority Populations”) would benefit from additional focus and asked survey respondents to elaborate on the key health challenges these groups face.

Survey Question: Which groups would you consider to have the greatest health needs (rates of illness, trouble accessing healthcare, etc.) in your community?



Local opinions of the needs of Priority Populations, while presented in their entirety in the appendix, were abstracted into the following key themes:

- The top three priority populations identified were low-income groups, older adults, and individuals requiring additional healthcare support.
- Summary of unique or pressing needs of the priority groups identified by the respondents:

Health Literacy/
Education

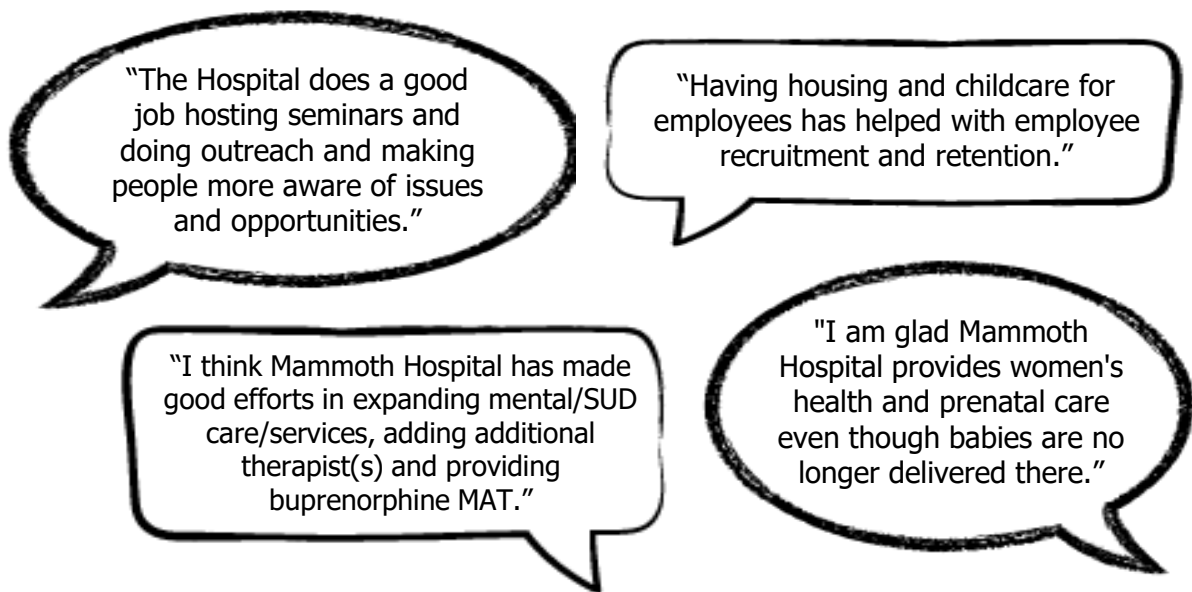
Lack of
Transportation

Access to
Specialists

Input on 2022 CHNA

The Hospital considered written comments received on the prior CHNA and Implementation Strategy as a component of the development of the 2025 CHNA and Implementation Strategy. Comments were solicited from community members to provide feedback on any efforts and actions taken by Mammoth Hospital since the 2022 CHNA and Implementation Plan were conducted. These comments informed the development of the 2025 CHNA and Implementation Plan and are presented in full in the appendix of this report. The health priorities identified in the 2022 CHNA are listed below, along with a selection of survey responses.

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



Impact of Actions to Address the 2022 Significant Health Needs

- Mammoth Hospital has continuously recruited providers and expanded local availability of services, including Rheumatology, Neurology, ENT, Behavioral Health, and Cardiology.
- The Elevate program continuously hosts education events from mental health walks to community AED trainings.
- The Behavioral Health team hosted a luncheon with behavioral health community partners to develop deeper relationships and drive care coordination.
- The Mammoth Hospital Foundation funded a new CT scanner to provide local access to state-of-the-art equipment.
- Mammoth Hospital staff participate in local school career exploration days and job fairs to inspire the future healthcare workforce.

Community Served

For the purpose of this study, the service area is defined as Mono County, California. The data presented in this report is based on this county-level service area and compared to state averages. Geographically, Mammoth Hospital is located in southern Mono County and serves as the county's sole hospital.

Service Area

Mono County

Total Population: **13,066**



Source: ESRI, ArcGIS

Service Area Demographics

	Mono County	California
Demographics		
Total Population	13,066	38,965,193
Age		
Below 18 Years of Age	17.3%	21.7%
Ages 19 to 64	63.4%	62.1%
65 and Older	19.3%	16.2%
Race & Ethnicity		
Non-Hispanic White	65.1%	34.3%
Non-Hispanic Black	0.8%	5.6%
American Indian or Alaska Native	3.0%	1.7%
Asian	2.3%	16.5%
Native Hawaiian or Other Pacific Islander	0.4%	0.5%
Hispanic	27.4%	40.4%
Gender		
Female	46.7%	50.1%
Male	53.3%	49.9%
Geography		
Rural	46.6%	5.8%
Non-Rural	53.4%	94.2%
Income		
Median Household Income	\$82,973	\$95,473

Source: County Health Rankings 2025 Report

Methods of Identifying Health Needs

Collect & Analyze

Analyze existing data and collect new data



737 indicators collected from data sources



475 surveys completed by community members

Evaluate

Evaluate indicators based on the following factors:



Worse than benchmark



Identified by the community



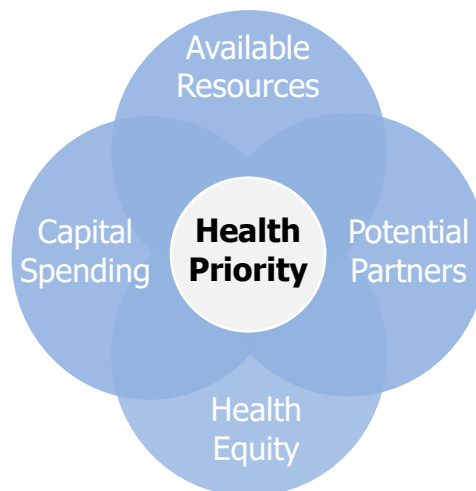
Impact on health disparities



Feasibility of being addressed

Select

Select priority health needs for implementation plan



Prioritizing Significant Health Needs

The survey respondents participated in a structured communication technique called the "Wisdom of Crowds" method. 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 prioritize community health needs. The survey respondents then ranked the importance of addressing each health need on a scale of 1 (not at all) to 5 (extremely), including the opportunity to list additional needs that were not identified.

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

Ranked Health Priorities

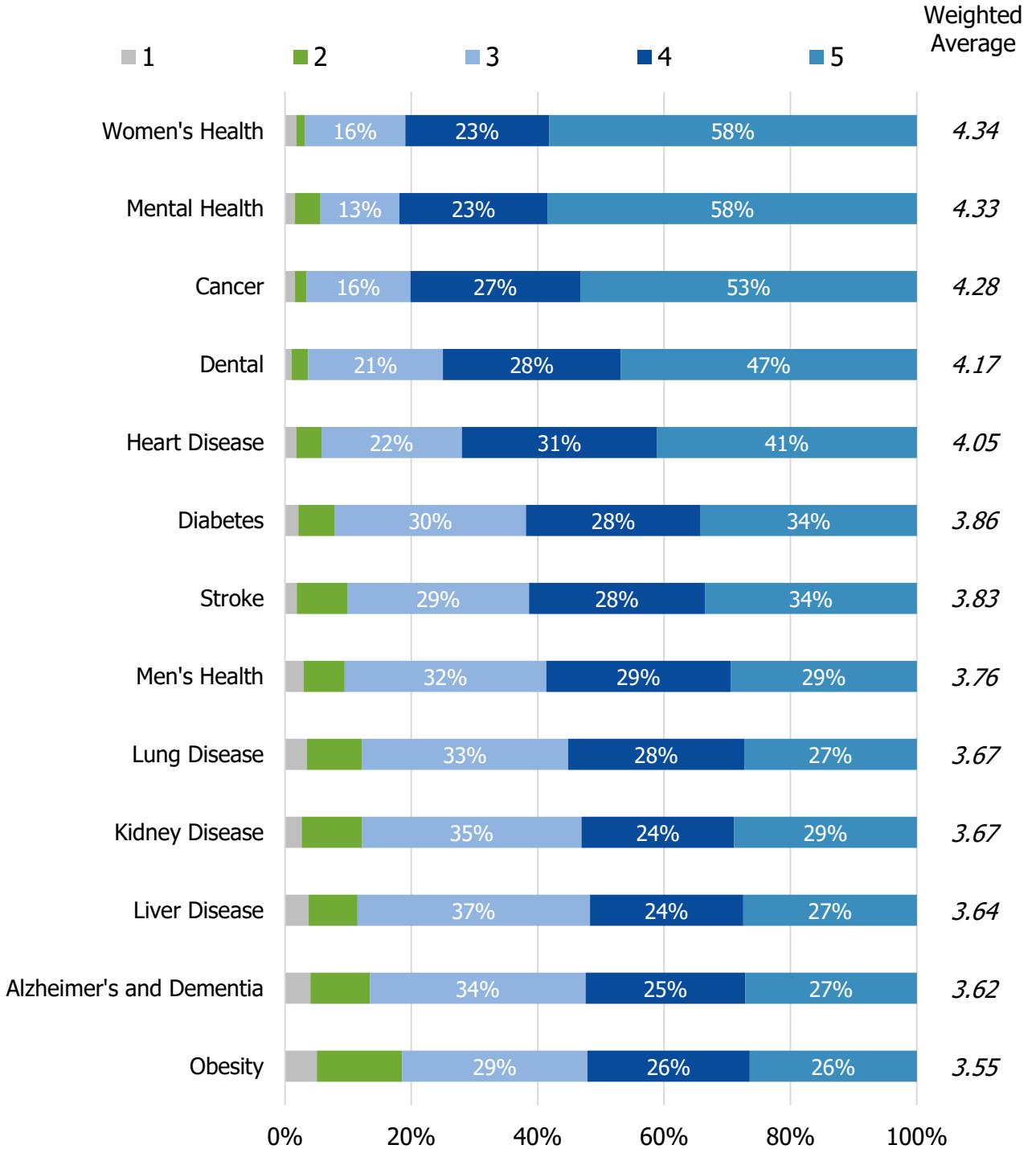
The health priority ranking process included an evaluation of health factors, community factors, and behavioral factors, given they each uniquely impact the overall health and health outcomes of a community:

- Health factors include chronic diseases, health conditions, and the physical health of the population.
- Community factors are the social drivers that influence community health and health equity.
- Behavioral factors are the individual actions that affect health outcomes.

In our community survey, each broad factor was broken out into more detailed components, and respondents rated the importance of addressing each component in the community on a scale from 1 to 5. The results of the health priority rankings are outlined below:

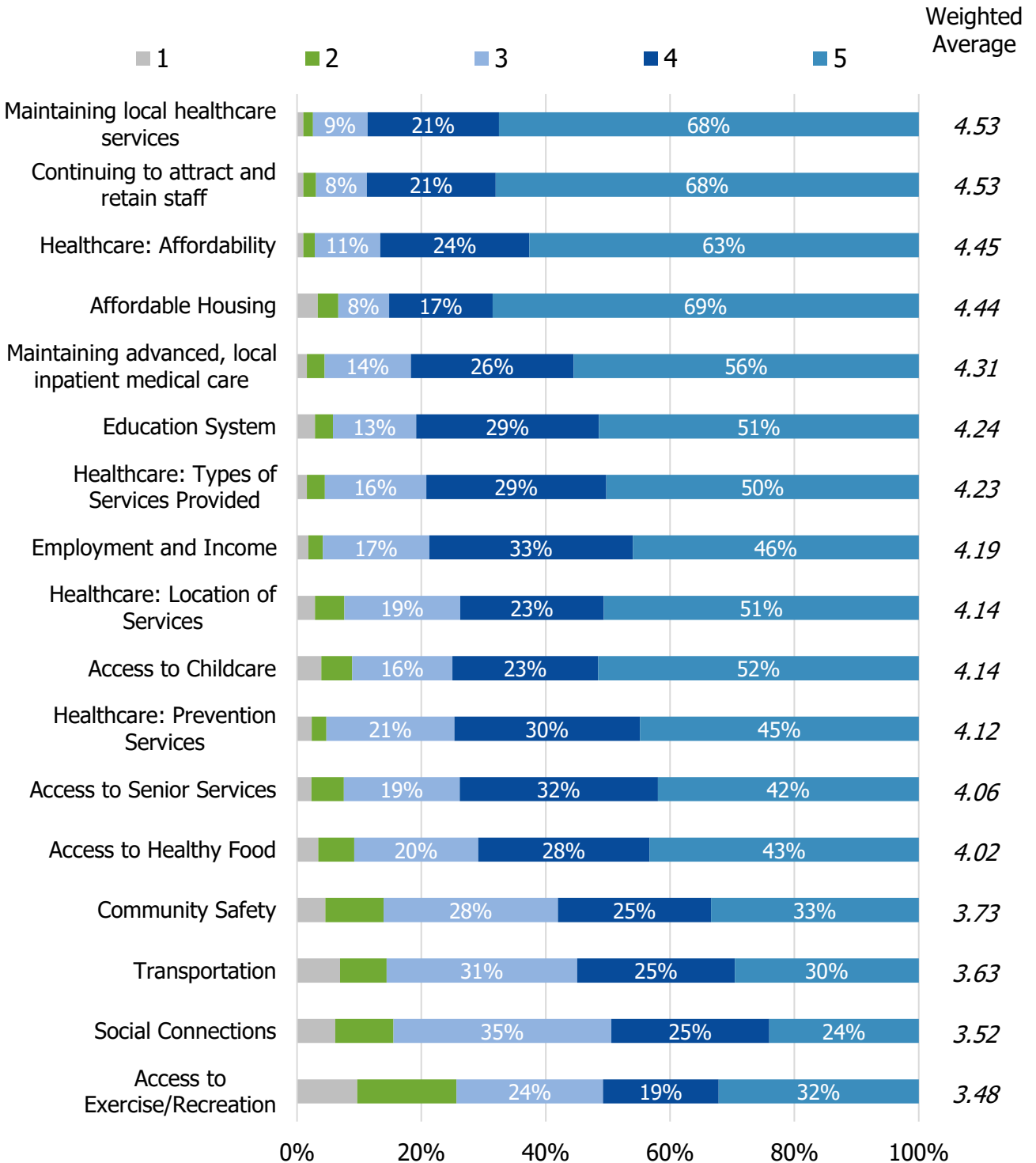
Health Factors

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



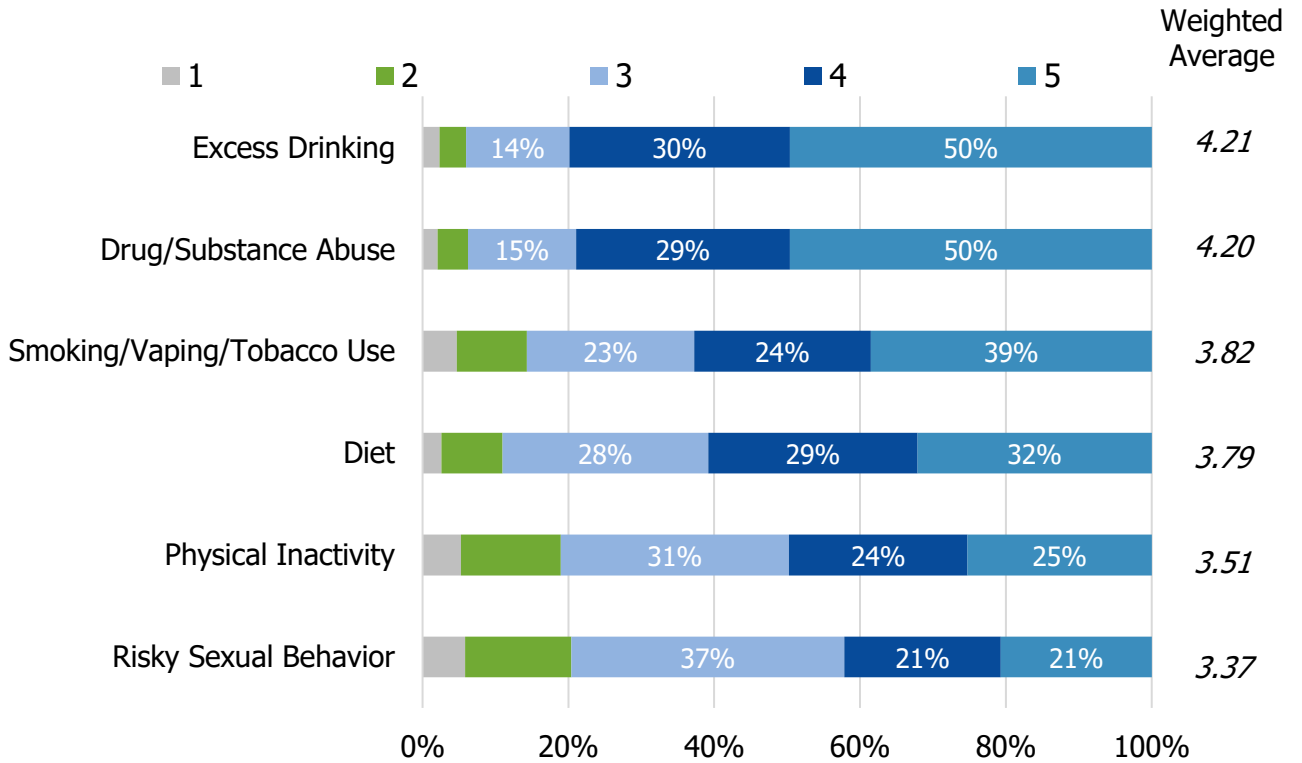
Community Factors

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



Behavioral Factors

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



Overall Health Priority Ranking (Top 10 Highlighted)

Health Issue	Weighted Average (out of 5)	Combined 4 (Important) and 5 (Extremely Important) Rating
Continuing to attract and retain the most qualified well-trained doctors, nurses, and specialists	4.53	89%
Maintaining local healthcare services	4.53	89%
Healthcare: Affordability	4.45	87%
Affordable Housing	4.44	85%
Women's Health	4.34	81%
Mental Health	4.33	82%
Maintaining advanced, local inpatient medical care	4.31	82%
Cancer	4.28	80%
Education System	4.24	81%
Healthcare: Types of Services Provided	4.23	79%
Excess Drinking	4.21	80%
Drug/Substance Abuse	4.20	79%
Employment and Income	4.19	79%
Dental	4.17	75%
Access to Childcare	4.14	75%
Healthcare: Location of Services	4.14	74%
Healthcare: Prevention Services	4.12	75%
Access to Senior Services	4.06	74%
Heart Disease	4.05	72%
Access to Healthy Food	4.02	71%
Diabetes	3.86	62%
Stroke	3.83	61%
Smoking/Vaping/Tobacco Use	3.82	63%
Diet	3.79	61%
Men's Health	3.76	59%
Community Safety	3.73	58%
Kidney Disease	3.67	53%
Lung Disease	3.67	55%
Liver Disease	3.64	52%
Transportation	3.63	55%
Alzheimer's and Dementia	3.62	52%
Obesity	3.55	52%
Social Connections	3.52	49%
Physical Inactivity	3.51	50%
Access to Exercise/Recreation	3.48	51%
Risky Sexual Behavior	3.37	42%

Community Health Characteristics

This section highlights health status indicators, outcomes, and relevant data on the health needs in Mono County. The data at the local level is supplemented with benchmark comparisons to the state data. The most recently available data is used throughout this report with trended data included where available. A scorecard that compares the population health data of Mono County to that of California can be found in the report appendix.

Healthcare Access

Access & Affordability

Access to affordable and quality healthcare services is a key driver to improved health outcomes, economic stability, and health equity. Mono County has a lower household income than the California average and also has a lower uninsured population than the state. Additionally, Mono County is designated as a high need geographic health professional shortage area (HPSA) for mental as shown in the following HPSA maps.

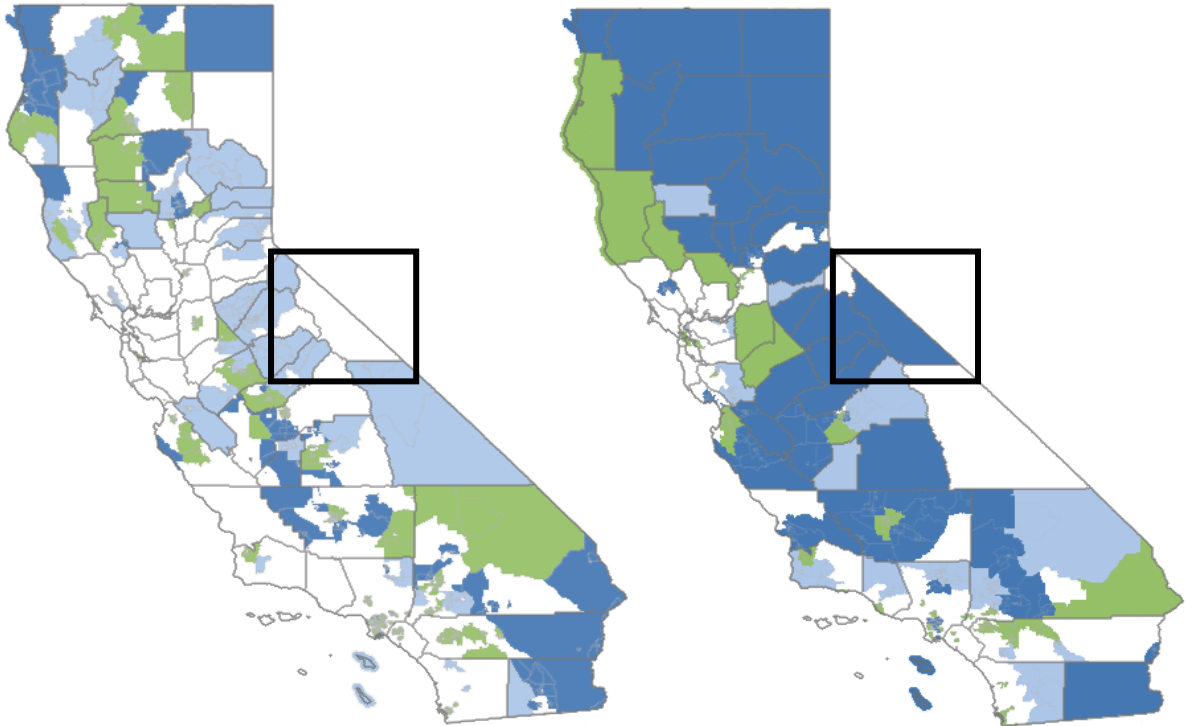
	Mono Co.	California
Uninsured Population (2022)	11.7%	9.1%
Population per 1 Primary Care Physician (2022)	1,204:1	1,233:1
Population per 1 Primary Care Provider (APP) (2022)	871:1	1,062:1
Population per 1 Dentist (2022)	2,163:1	1,076:1




Source: County Health Rankings 2025 Report, ESRI

California Health Professional Shortage Areas (HPSA)

Primary Care

Mental Health

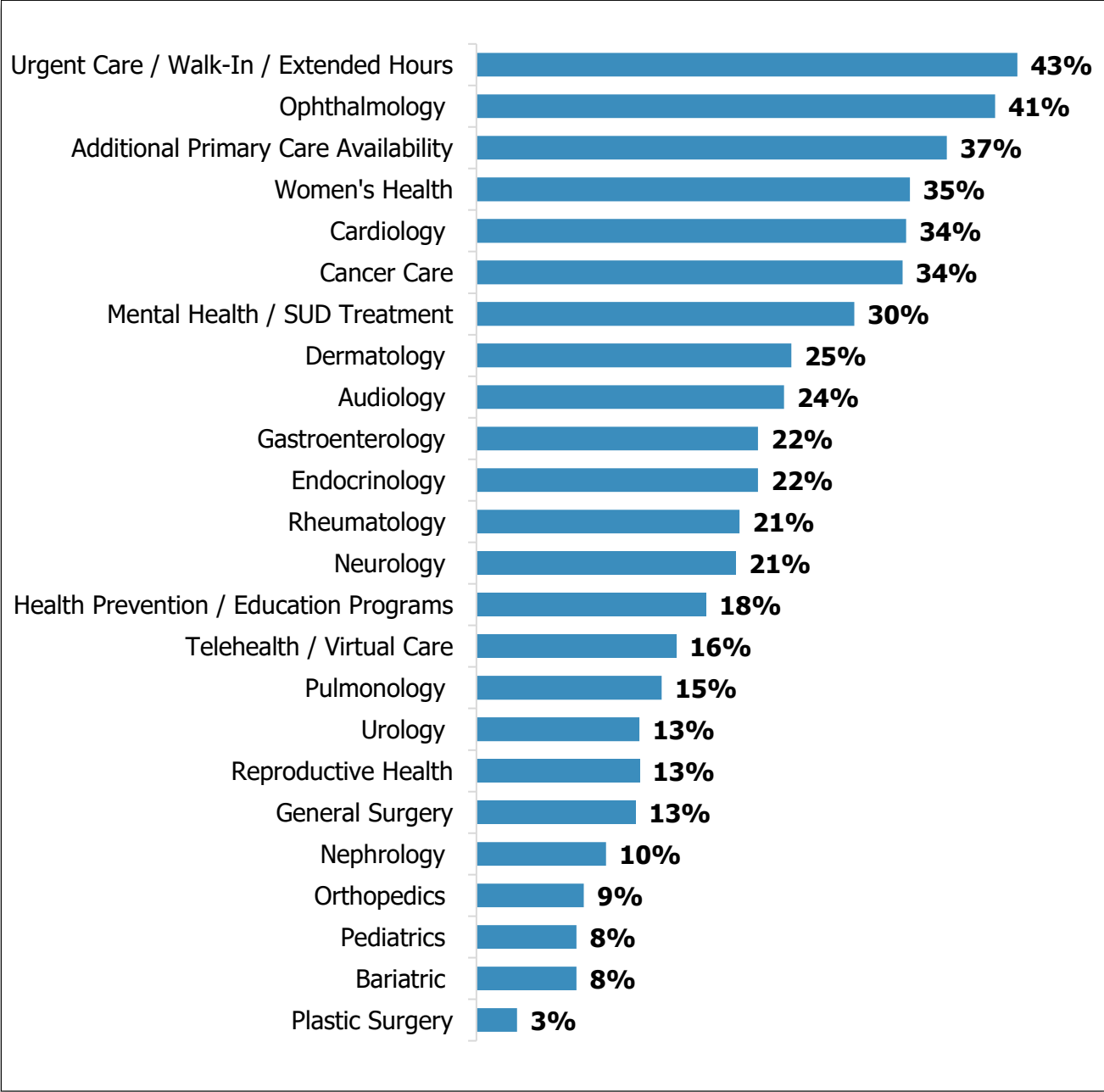


-  HPSA Population: *a shortage of services for a specific population subset within an established geographic area*
-  Geographic HPSA: *a shortage of services for the entire population within an established geographic area*
-  High Needs Geographic HPSA: *a Geographic HPSA in an area with unusually high needs based on criteria like income and death rates*

Source: data.hrsa.gov

In the community survey, respondents were asked to identify what healthcare services and programs they would like to see available in their community. Urgent care was the top identified service need with 43% of respondents saying they would like to see it available in their community followed by ophthalmology (41%) and additional primary care availability (37%).

Survey Question: What additional services/offerings would you like to see available in your area? (select all that apply)



When survey respondents were asked about their barriers to care, limited availability of services or specialties was the top barrier identified by 55% of respondents, followed by difficulty getting an appointment (35%).

Survey Question: What is a barrier to you seeking service at Mammoth Hospital?
(select all that apply)



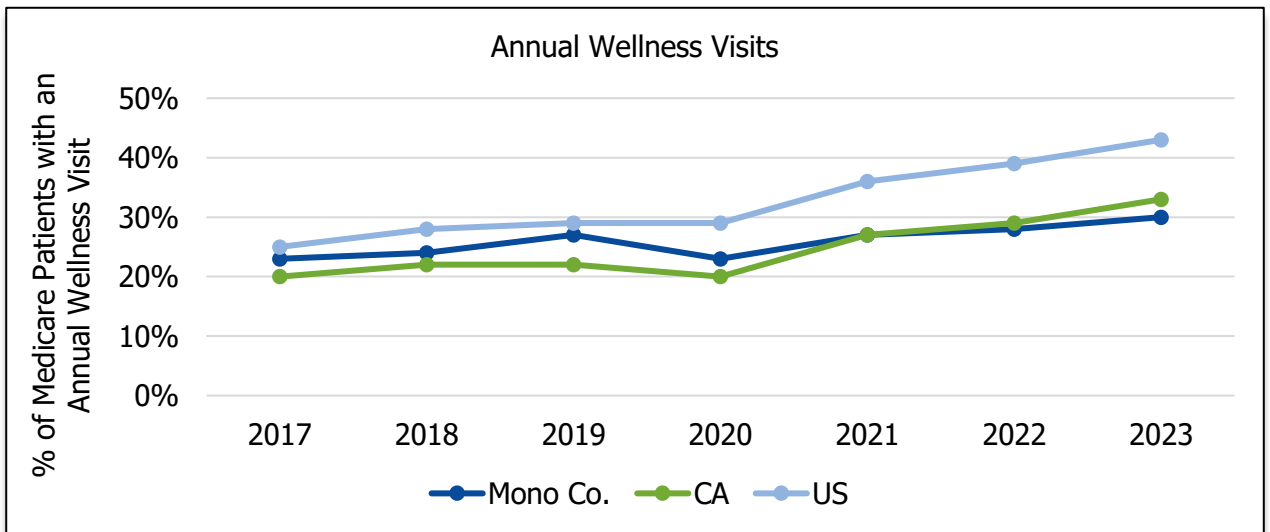
Prevention Services

Prevention services including routine check-ups, health screenings, and education can help prevent or detect diseases early when they are easier to treat. Preventive care reduces the burden on healthcare systems by preventing unnecessary hospital stays and costly care. In the community survey, 18% of respondents said they would like to see additional health prevention and education programs available in the community.

Mono County has higher routine checkup and flu vaccine adherence rates than the state and also sees lower rates of preventable hospital stays (hospital stays for ambulatory-care sensitive conditions). While the rate of annual wellness visits in the Medicare population is lower in Mono County than in the state, rates have been increasing in recent years.

	Mono Co.	California
Preventable Hospital Stays per 100,000 (2022)	1,575	2,257
Flu Vaccination (2022)	43.0%	36.0%
Routine Checkup (2022)	69.9%	62.0%

Source: County Health Rankings 2025 Report, CDC PLACES, BRFSS



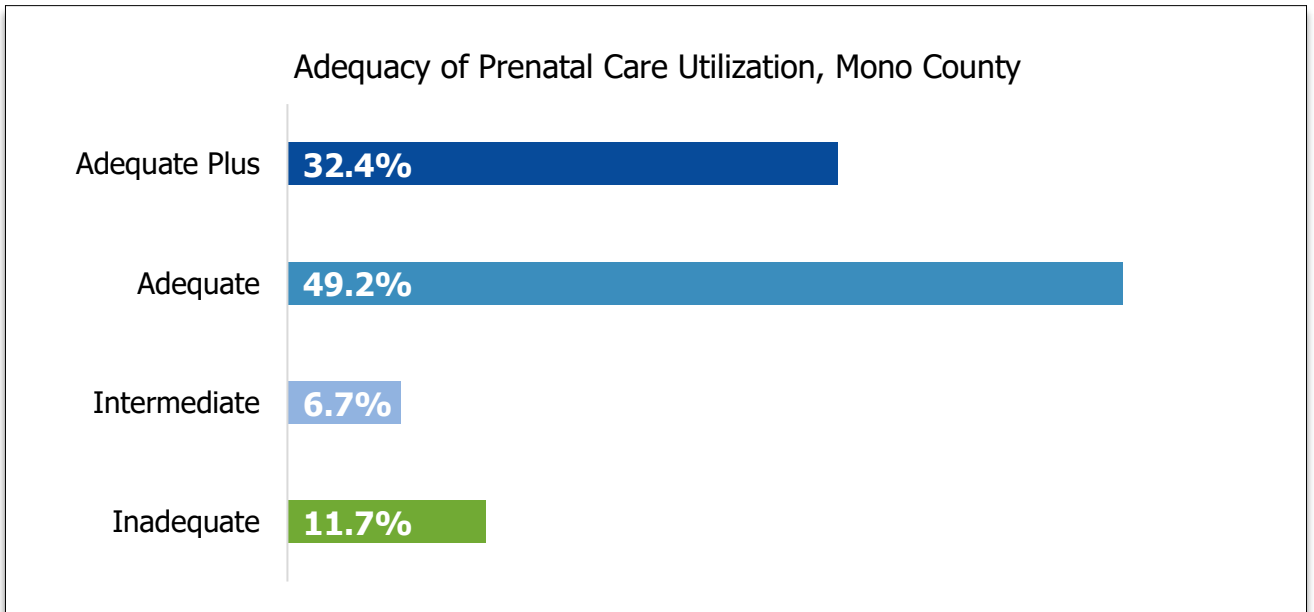
Source: Centers for Medicare & Medicaid Services: Mapping Medicare Disparities by Population

Women’s Health

Rural communities face significant barriers to women’s health, including provider shortages, long travel distances, and financial constraints, which limit access to preventive care, maternity services, and chronic disease management. This lack of access contributes to poorer health outcomes, such as higher rates of late-stage cancer diagnoses, maternal complications, and untreated chronic conditions. Strengthening women’s health services improves maternal and infant health while also supporting the local workforce and promoting long-term community sustainability.

	Mono Co.	California
Female Population (2023)	46.7%	50.1%
Mammography Screening (2022)	77.4%	76.5%
Pregnancy-Related Mortality per 100,000 (2021)	13.5	21.6

Source: County Health Rankings 2025 Report, CDPH, CDC PLACES, BRFSS



Source: CDPH (2021-2023)

Behavioral Health

Mental Health

Mental health was the #6 community-identified health priority with 82% of respondents rating it as important to be addressed in the community (important is categorized as a 4 or 5 rating on the community survey). The suicide mortality rate in Mono County is 11.0 which is higher than the California average (CDC Final Deaths 2021).

Poor mental health disproportionately affects people in priority populations like racial and ethnic minority groups, residents of rural areas, and LGBTQ+ communities due to a lack of access to 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
Suicide Mortality Rate per 100,000 (2021)	11.0	10.1
Poor Mental Health Days past 30 days (2021)	5.7	4.7
Population per 1 Mental Health Provider (2023)	436:1	213:1
Frequent Mental Distress (2022)	16.3%	14.7%
Depression (2022)	22.6%	17.0%

Source: CDC Final Deaths, County Health Rankings 2025 Report, CDC PLACES, BRFSS

Drug, Substance, and Alcohol Use

Drug / substance abuse was identified as the #12 priority with 79% of survey respondents rating it as an important factor to address in the community. Additionally, 80% of respondents think excessive drinking and 63% think that smoking and tobacco use are major issues in the community.

Mono County has a lower rate of drug overdose deaths compared to the state. The county's rate of excessive drinking is higher than California's (23% and 20% respectively) and its smoking rate is higher than the state's (13% and 10% respectively).

	Mono Co.	California
Drug-Related Overdose Deaths per 100,000 (2020-2022)	n/a	26.1
Excessive Drinking (2022)	23.4%	19.9%
Alcohol-Impaired Driving Deaths (2017-2021)	48.3%	25.6%
Adult Smoking (2022)	12.6%	9.9%

Source: County Health Rankings 2025 Report, CDPH, CDC PLACES, BRFSS

Chronic Diseases

Cancer

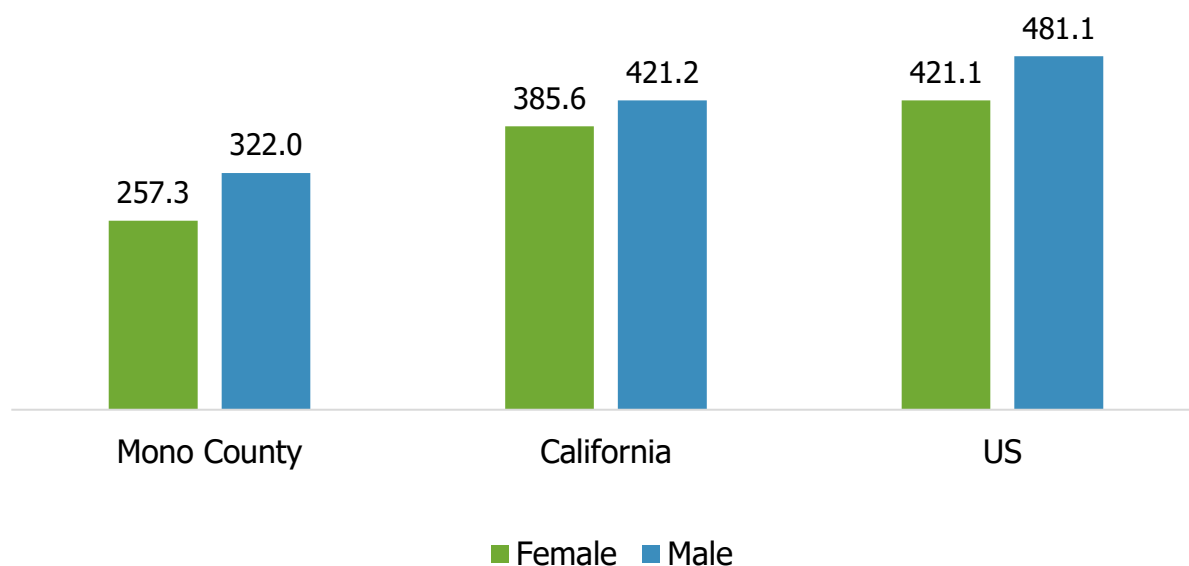
Cancer was identified as the #8 community health issue with 80% of survey respondents rating it as important to address in the community. Cancer is the 2 leading cause of death in Mono County (CDC Final Deaths). Additionally, 34% of survey respondents said they would like to see additional access to cancer care in Mono County.

When looking across genders, men have higher incidence rates of cancer compared to women. This disparity can be due to a multitude of factors, including behavioral factors like tobacco use and diet, as well as healthcare utilization like preventative care and screening (CDC).

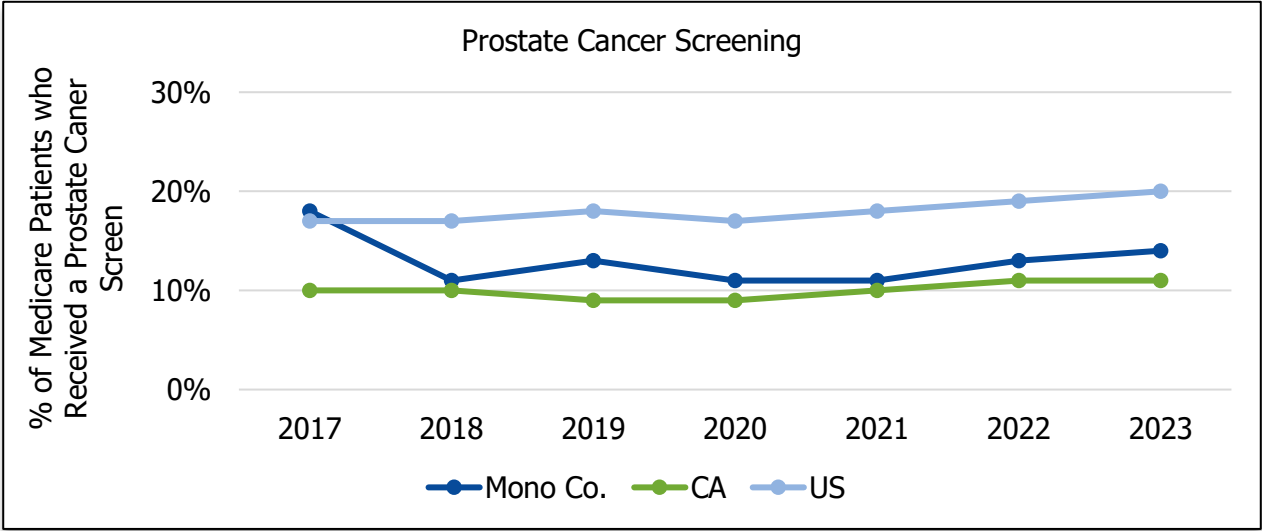
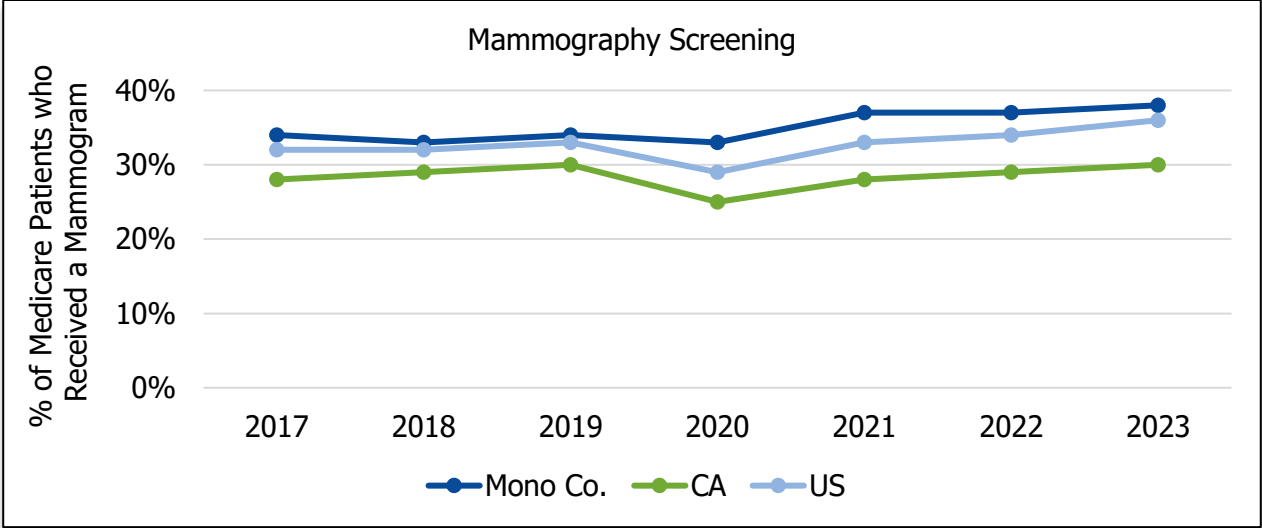
	Mono Co.	California
Cancer Incidence Rate Age-Adjusted per 100,000 (2017-2021)	291.4	397.4
Cancer Mortality Rate per 100,000 (2022)	95.3	132.4

Source: CDC, National Cancer Institute

Cancer Incidence Rates by Gender (*per 100,000*)



The rate of Medicare enrollees (women age 65+) in Mono County who have received a mammogram in the past year is higher than the California and US averages. These rates have been increasing in recent years after a dip downward in 2020 during the COVID-19 pandemic. Among Medicare enrollees (men age 65+), Mono County also had a higher prostate cancer screening rate in the past year compared to California on average.



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

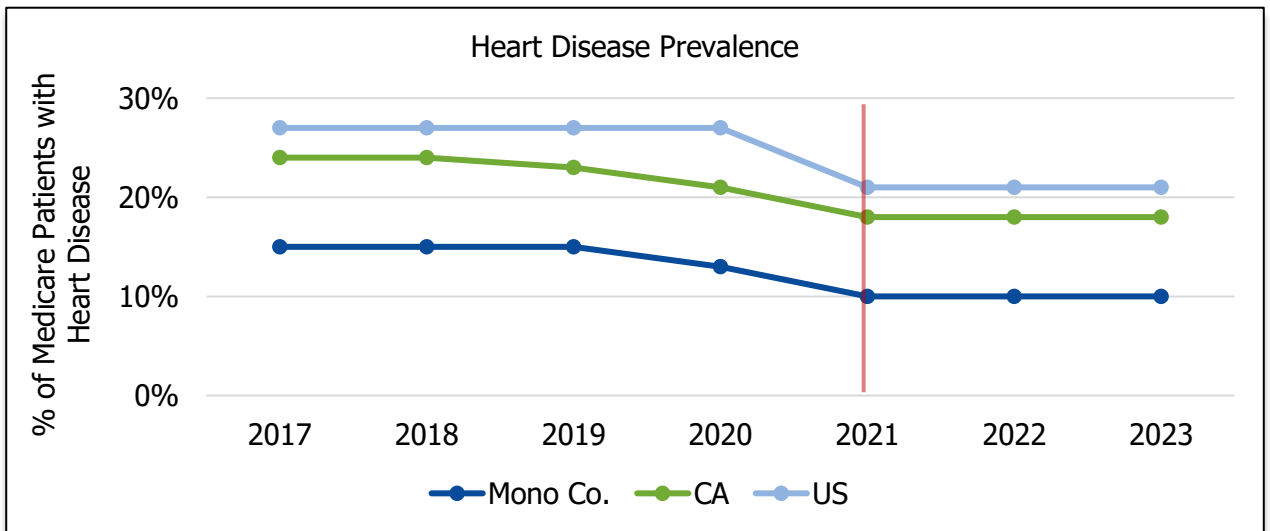
Cardiovascular Health

Heart disease is the leading cause of death in Mono County and the county has a mortality rate lower than the state (101.1 compared to 147.8 per 100,000 respectively) (CDC Final Deaths). Stroke is the 4th leading cause of death in Mono County with a mortality rate of 20.2 per 100,000 compared to 42.1 in the state (CDC Final Deaths).

Overall, Mono County has slightly higher reported rates of coronary heart disease and stroke compared to California. When evaluating the Medicare population (65+) in Mono County, rates of patients with heart diseases is lower than both the state and national averages.

	Mono Co.	California
High Blood Pressure (2021)	29.0%	30.6%
Coronary Heart Disease (2022)	6.5%	5.9%
Stroke Prevalence (2022)	3.2%	2.3%

Source: CDC PLACES, BRFSS



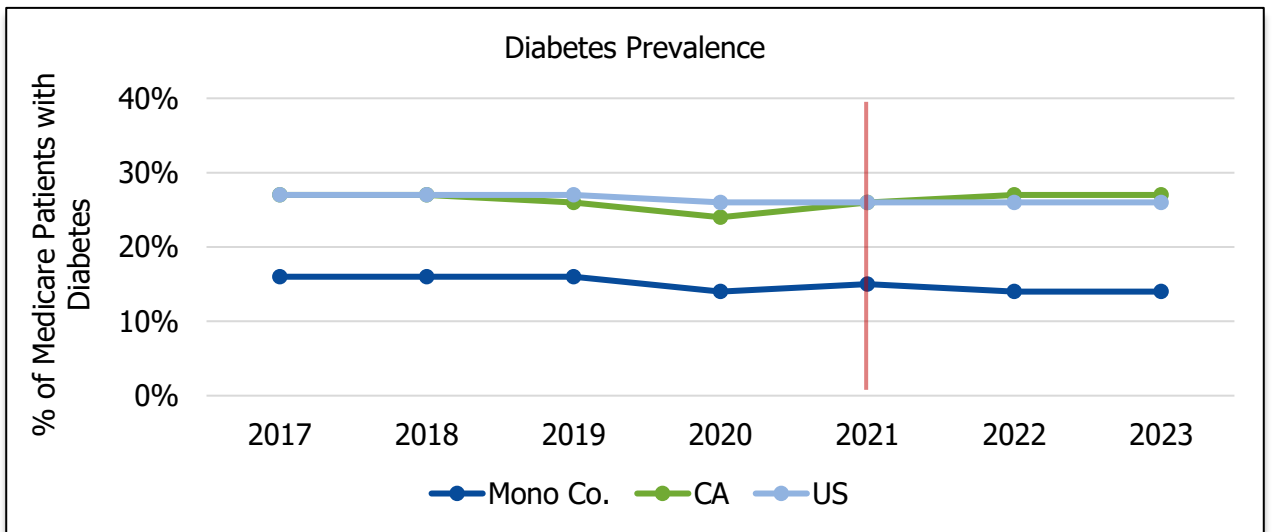
Note: There was a change in algorithm in 2021, marked by the vertical red line representing a break in trend lines
 Source: Centers for Medicare & Medicaid Services: Mapping Medicare Disparities by Population

Diabetes

Both the prevalence of diabetes and diabetes mortality rate in Mono County are lower than the state (CDC Final Deaths). Mono County also has lower rates of high cholesterol compared to California. When evaluating the Medicare population, Mono County has a lower prevalence of diabetes compared to the state with rates remaining stable over the past decade.

	Mono Co.	California
Diabetes Mortality Rate per 100,000 (2022)	8.5	25.5
Diabetes Prevalence (2022)	8.9%	10.6%
High Cholesterol (2022)	34.3%	37.0%

Source: CDC Final Deaths, County Health Rankings 2025 Report, CDC PLACES, BRFSS



Note: There was a change in algorithm in 2021, marked by the vertical red line representing a break in trend lines
 Source: Centers for Medicare & Medicaid Services: Mapping Medicare Disparities by Population

Obesity and Unhealthy Eating

In Mono County, adults have slightly higher rates of obesity than in California on average. Additionally, the county sees more limited access to both healthy foods and exercise opportunities compared to the state. This combination contributes to an increased risk of chronic diseases and further exacerbates health disparities, especially in low-income and rural communities. Additionally, obesity, physical inactivity, and diet are well-established risk factors for type 2 diabetes development (American Diabetes Association).

	Mono Co.	California
Adult Obesity (2022)	29.1%	28.3%
Limited Access to Healthy Food (2022)	17.2%	3.2%
Physical Inactivity (2022)	19.1%	21.6%
Access to Exercise Opportunities (2023)	68.3%	94.3%

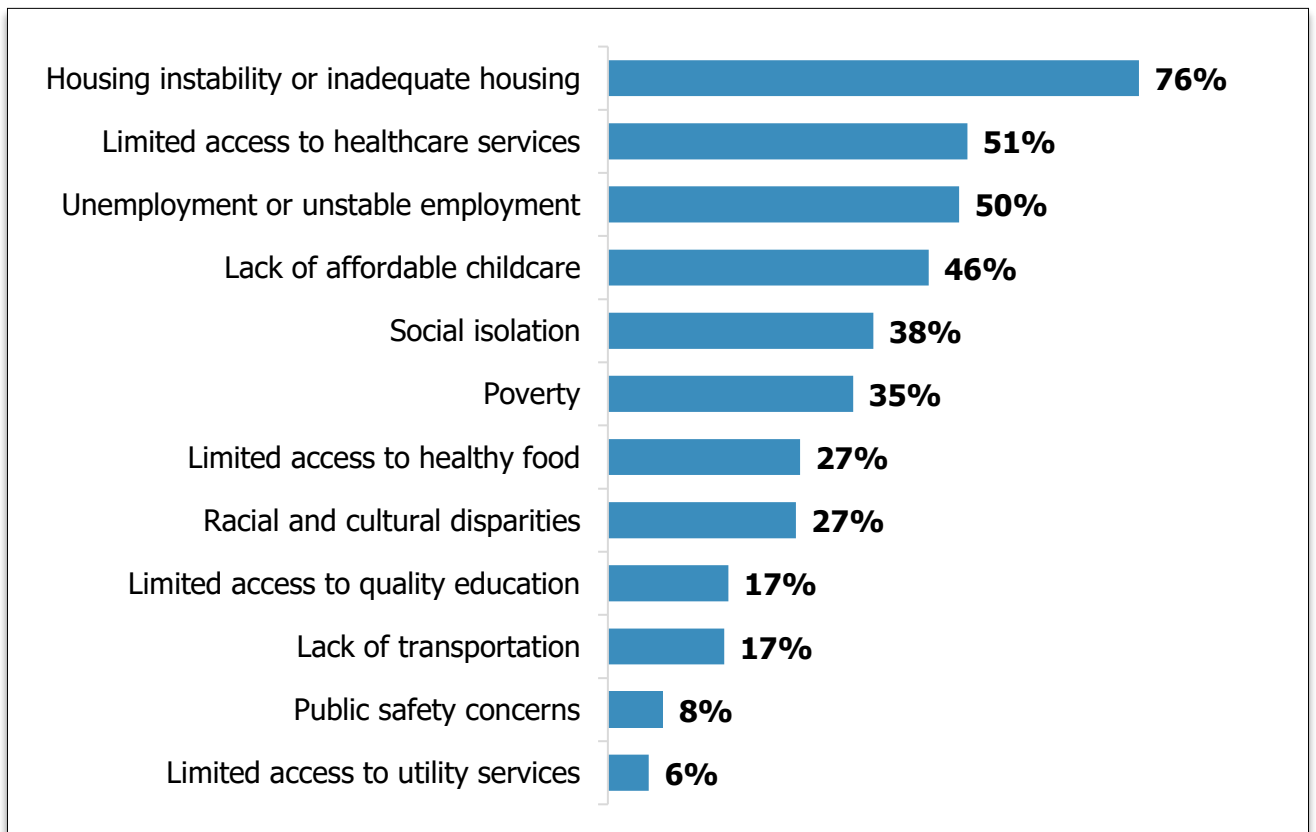
Source: County Health Rankings 2025 Report

Social Drivers of Health

Social drivers of health, such as economic stability, education, and access to healthcare, significantly influence health outcomes by shaping individuals' living conditions, behaviors, and access to resources necessary for maintaining good health. These factors can lead to health disparities, with marginalized groups often experiencing worse health outcomes due to these determinants.

Survey respondents were asked to identify the key social drivers of health (SDoH) that negatively impact the health of people in Mono County. The top SDoH identified was housing instability with 68% of survey respondents identifying it as negatively impacting the community's health, followed by limited access to healthcare services, unemployment, and lack of affordable childcare.

Survey Question: Social drivers of health (SDoH) 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 drivers that negatively impact the health of you or your community (please select all that apply):



Housing

Access to affordable and safe housing influences a wide range of factors that contribute to physical and mental well-being. There is evidence that a lack of access to affordable and stable housing can lead to negative health outcomes such as mental illnesses and stress, exposure to environmental hazards, and financial instability (Center for Housing Policy). Less Mono County residents experience severe housing problems (overcrowding, high housing costs, lack of plumbing) than the state average. Additionally, 17% of Mono County residents spend 50% or more of their household income on housing.

	Mono Co.	California
Severe Housing Problems (2016-2020)	13.8%	25.8%
Severe Housing Cost Burden (2018-2022)	17.1%	20.0%
Broadband Access (2018-2022)	91.1%	92.5%

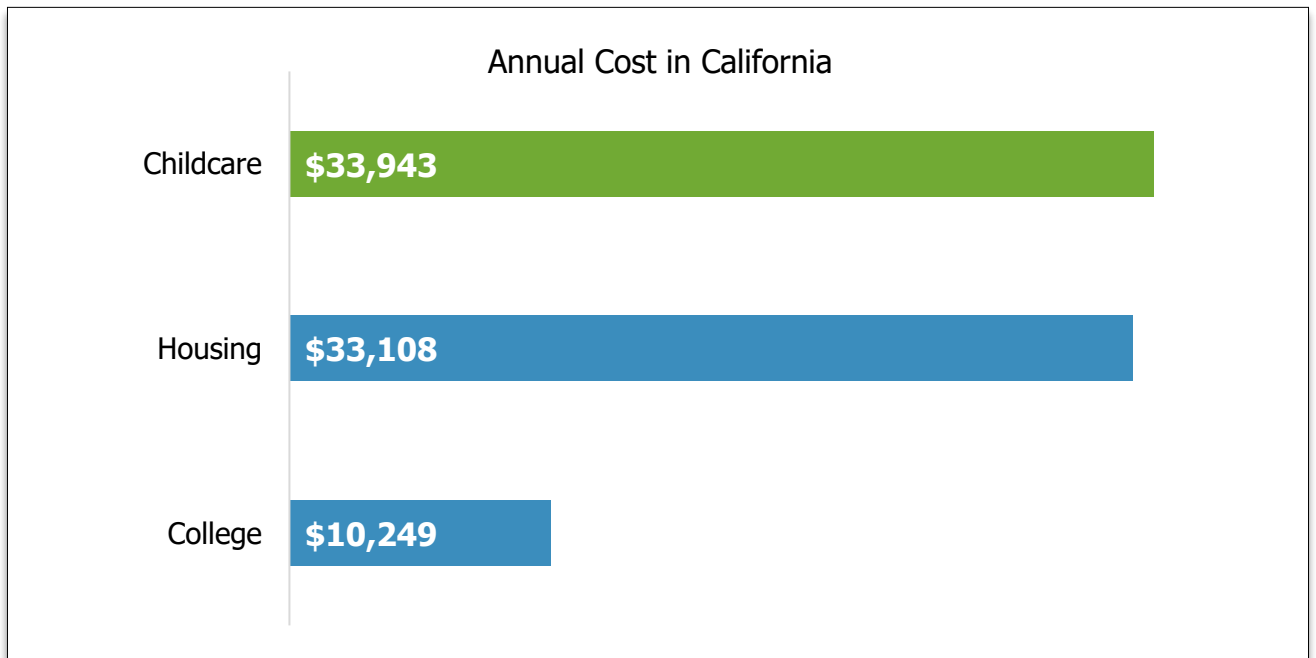
Source: County Health Rankings 2025 Report

Access to Childcare

The average yearly cost of infant care in California is \$19,547. The U.S. Department of Health and Human Services defines affordable childcare as being no more than 7% of a family’s income (Economic Policy Institute). In Mono County, 36% of household income is required for childcare expenses and there are 16 childcare centers for every 1,000 children under age 5 in the county.

	Mono County	California
Children in Single-Parent Households (2018-2022)	8.4%	22.5%
Child Care Cost Burden - % of HHI used for childcare (2023)	36.0%	29.7%
Child Care Centers per 1,000 Under Age 5 (2010-2022)	16.4	8.1

Source: County Health Rankings 2025 Report



Note: Annual childcare price for 2 children (an infant and 4-year-old) in a center
 Source: Child Care Aware (2023)

Income, Employment, and Education

Income, employment, and education play a role in the community's ability to afford healthcare and impact health outcomes through health literacy and access to health insurance. Educational attainment and employment impact mental health through poverty and unstable work environments, health behaviors like smoking, diet, and exercise, and access to health insurance (HealthAffairs). Additionally, these factors impact people's ability to afford services to live healthy and happy lives like safe housing, transportation, childcare, and healthy food.

	Mono County	California
Median Household Income	\$82,973	\$95,473
High School Completion (2018-2022)	89.6%	84.6%
Some College – includes those who had and had not attained degrees (2023)	78.4%	68.0%
Unemployment (2023)	3.8%	4.8%
Children in Poverty (2022)	10.7%	15.0%

Source: County Health Rankings 2025 Report, U.S. Bureau of Labor Statistics

Evaluation & Selection Process

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

Health Need Evaluation	Worse than Benchmark	Identified by the Community	Feasibility	Impact on Health Equity
Continuing to attract and retain the most qualified well-trained doctors, nurses, and specialists		✓	✓	✓
Maintaining local healthcare services		✓	✓	✓
Healthcare: Affordability	✓	✓	✓	✓
Affordable Housing		✓		✓
Women's Health		✓	✓	✓
Mental Health	✓	✓	✓	✓
Maintaining advanced, local inpatient medical care		✓	✓	✓
Cancer		✓	✓	✓
Education System		✓		✓
Healthcare: Types of Services Provided	✓	✓	✓	✓

Implementation Plan

Implementation Plan Framework

Based on the findings of the Community Health Needs Assessment, Mammoth Hospital identified three top community health priorities: Access to Primary Care, Access to Specialty Care, and Behavioral Health. These priorities were determined through a combination of community input, health data analysis, and facilitated conversations with hospital stakeholders. This plan outlines goals, objectives, and summarizes existing programs and services that support each priority, ensuring continued alignment with the hospital's current work and a path forward to improving access and outcomes. Mammoth Hospital has focused this action plan on the healthcare needs of the community and relies on partner organizations in the community to lead action plans for other community needs like education, housing, and transportation.

Access to Primary Care



Relevant Needs Addressed:

- Continuing to attract and retain the most qualified, well-trained doctors, nurses, and specialists,
- Maintaining local healthcare services
- Healthcare: Affordability

Access to Specialty Care



Relevant Needs Addressed:

- Continuing to attract and retain the most qualified, well-trained doctors, nurses, and specialists,
- Maintaining local healthcare services
- Maintaining advanced, local inpatient medical care
- Healthcare: Types of Services Provided



Behavioral Health

Relevant Needs Addressed:

- Mental Health
- Maintaining local healthcare services

Access to Primary Care

Mammoth Hospital Services and Programs Committed to Respond to This Need

- Family Medicine Clinic: Personal care for a variety of areas, from immunizations to sports injuries to diabetes management.
 - Primary care mental health integration services are offered in the Family Medicine Clinic to provide coordinated behavioral health services.
- Pediatric Clinic: Provides access to well-child checkups, developmental screening, chronic medical problems, and more.
- Women's Health Services: Provides access to annual wellness exams, diagnostic screening, family planning, perinatal care, and more.
- Telemedicine Services: Virtual care options are available to improve access to primary care for patients in remote or underserved areas.
- Chronic Care Management Program: Assists patients with long-term conditions in managing their health, improving outcomes, and reducing hospitalizations.
- Nutritional Services: Onsite dietitian to address nutrition-related health concerns and improve chronic disease management.
- Financial Assistance: A financial assistance program is available to provide reduced-cost care for uninsured individuals.
- Elevate Program: Provides health education classes and support groups focused on chronic conditions, lifestyle improvement, and community wellness.

Goals and Future Actions to Address this Significant Health Need

Goal: Enhance primary care access points to improve overall health outcomes and reduce the need for costly emergency care.

Objectives:

- Increase the availability of same-day appointments.
- Improve public awareness of same-day appointment availability through community outreach and education to increase primary care utilization.

Other Local Organizations Available to Respond to This Need

- Mono County Public Health
- Northern Inyo Healthcare District

Access to Specialty Care

Mammoth Hospital Services and Programs Committed to Respond to This Need

- **Comprehensive Outpatient Services:** Mammoth Hospital operates a range of outpatient specialty care services to the community. Specialty services include:
 - Dental
 - Dermatology
 - General Surgery
 - Lab
 - Medical Imaging
 - Orthopedics & Sports Medicine
 - Physical Therapy & Occupational Therapy
- **Visiting Specialties:** A range of visiting specialty services are available by referral to reduce patients' need to travel for care including:
 - Cardiology
 - Neurology
 - Urology
- **Telemedicine Services:** Virtual care options are available for a range of specialty care options including AI Physical Therapy services.

Goals and Future Actions to Address this Significant Health Need

Goal: Ensure that community members have access to essential specialty services close to home.

Objectives:

- Expand regular on-site coverage for high-demand specialties such as cardiology, rheumatology, and ENT to reduce patients' need to travel for care.
- Invest in retaining and recruiting providers and the healthcare workforce to allow for the continued growth of local services.
- Conduct a service line analysis for starting an eye care clinic.

Other Local Organizations Available to Respond to This Need

- Northern Inyo Healthcare District

Behavioral Health

Mammoth Hospital Services and Programs Committed to Respond to This Need

- **Integrated Behavioral Health and Primary Care:** Mammoth Hospitals provides primary care mental health integration, which includes a Primary Care Provider, Behavioral Health Care manager, and Psychiatric Consultant to develop comprehensive treatment plans for chronic and acute stressors. Focus areas include, but are not limited to, depression, anxiety, PTSD, ADHD, and substance use counseling.
- **Screening and Education:** PHQ-9 screenings are utilized in the clinics to screen patients for anxiety and depression. Staff provide education to patients and the community on mental health needs and local services.
- **Telemedicine Services:** Tele-psych consults are available in the emergency department for patients in crisis.
- **Interpreter Services:** In-person and over-the-phone interpreters are available free of charge and are integrated into the care team to assist patients in accessing resources and services.

Goals and Future Actions to Address this Significant Health Need

Goal: Improve behavioral health outcomes through expanded services and community partnerships.

Objectives:

- Continuously recruit additional behavioral health professionals with a focus on bilingual providers to expand access to services and develop an inclusive workforce.
- Develop partnerships with local behavioral health organizations to enhance care coordination and ensure patients have appropriate access to community resources.
- Foster relationships with local schools to provide education and outreach on mental health education and stigma reduction.

Other Local Organizations Available to Respond to This Need

- Eastern Sierra Counseling
- Mono County Behavioral Health

Appendix

Community Data Tables

Leading Cause of Death

The Leading Causes of Death are determined by the 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's mortality rates are compared to the California state average, and whether the death rate was higher (red), or lower (green) compared to the state average.

	Mono County	California	U.S.
Heart Disease	101.1	147.8	173.8
Cancer	95.3	132.4	146.6
Accidents	39.0	50.6	64.7
Stroke	20.2	42.1	41.1
Lung	18.8	26.1	34.7
Suicide	11.0	10.1	14.1
Alzheimer's	10.5	39.5	31.0
Liver	10.0	16.0	14.5
Kidney	10.0	10.6	13.6
Flu - Pneumonia	9.6	10.6	10.5
Diabetes	8.5	25.5	25.4
Hypertension	6.5	14.7	10.7
Parkinson's	4.0	9.5	9.8
Blood Poisoning	3.3	5.2	10.2
Homicide	1.6	6.4	8.2

Source: worldlifeexpectancy.com, CDC (2022)

County Health Rankings

	Mono	California	US Overall
Length of Life			
Premature Death*	● 4,739	6,744	8,400
Life Expectancy*	● 94	79	77
Quality of Life			
Poor or Fair Health	● 16%	18%	17%
Poor Physical Health Days	● 4.3	3.9	3.9
Poor Mental Health Days	● 5.7	4.7	5.1
Low Birthweight*	● 9%	7%	8%
Health Behaviors			
Adult Smoking	● 13%	10%	13%
Adult Obesity	● 29%	28%	34%
Limited Access to Healthy Foods	● 17%	3%	6%
Physical Inactivity	● 19%	22%	23%
Access to Exercise Opportunities	● 68%	94%	84%
Excessive Drinking	● 23%	20%	19%
Alcohol-Impaired Driving Deaths	● 48%	26%	26%
Drug Overdose Deaths*	n/a	26	31
Sexually Transmitted Infections*	● 216	494	495
Teen Births (per 1,000 females ages 15-19)	● 10	12	16
Clinical Care			
Uninsured	● 12%	9%	10%
Primary Care Physicians (MDs & DOs)	1204:1	1233:1	1,330:1
Other Primary Care Providers (APPs)	871:1	1062:1	710:1
Dentists	2163:1	1076:1	1,360:1
Mental Health Providers	436:1	213:1	300:1
Preventable Hospital Stays*	● 1,575	2,257	2,666
Mammography Screening	● 43%	36%	44%
Flu Vaccinations	● 40%	44%	48%
Social & Economic Factors			
High School Completion	● 90%	85%	89%
Some College	● 78%	68%	68%
Unemployment	● 4%	5%	3.6%
Children in Poverty	● 11%	15%	16%
Children in Single-Parent Households	● 8%	22%	25%
Injury Deaths*	● 70.6	62.9	84
Child Care Cost Burden (% of HHI used for childcare)	● 36%	30%	28%
Child Care Centers (per 1,000 under age 5)	● 16	8	7
Physical Environment			
Severe Housing Problems	● 14%	26%	17%
Long Commute - Driving Alone (> 30 min. commute)	● 17%	41%	37%
Severe Housing Cost Burden (50% or more of HHI)	● 17%	20%	15%
Broadband Access	● 91%	93%	90%

*Per 100,000 Population

Key (Legend)

- Better than CA
- Same as CA
- Worse than CA

Source: County Health Rankings 2025 Report

Data and Inputs

Data Limitations

Rural communities and those with low population sizes face several data limitations including but not limited to:

- Small sample sizes: small populations reduce the statistical power and do not capture the full diversity of the community
- Data privacy: to ensure the confidentiality of individuals in small communities, data may be aggregated or withheld
- Data gaps: some events may happen less frequently in small populations leading to limited data and gaps in time
- Resource constraints: rural areas often have less funding for data collection and access to data collection technologies
- Underrepresentation in national surveys: many national level data sources focus on urban areas due to the higher population making access to data in small communities more limited

This assessment is meant to capture the health status of the service area at a specific point in time, combining both qualitative data from the local community through survey collection and quantitative data from multiple sources where the county is available as the smallest unit of analysis.

Local Expert Groups

Survey Respondents self-identify themselves into any of the following representative 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 organizations
- 3) **Community Resident** – Individuals, volunteers, civic leaders, medical personnel, and others to fulfill the spirit of broad input required by the federal regulations
- 4) **Priority Population** – Persons who identify as medically underserved, low-income, racial and ethnic minority, rural resident, or LGBTQ+
- 5) **Healthcare Professional** – Individuals who provide healthcare services or work in the healthcare field with an understanding / education on health services and needs.
- 6) **Other** (please specify)

Data Sources

Source	Data Element	Date Accessed	Data Date
County Health Rankings 2025 Report	Assessment of health needs of the county compared to all counties in the state; County demographic data	April 2025	2014-2023
CDC Final Deaths	15 top causes of death	April 2025	2022
CDC PLACES: Local Data for Better Health	Place-based population health data	April 2025	2022
CEDC Behavioral Risk Factor Surveillance System (BRFSS)	Place-based population health data	April 2025	2022
National Alliance on Mental Illness – NAMI	Statistics on mental health rates and services	April 2025	2022
NIH National Cancer Institute	State cancer profiles; incidence rates	April 2025	2017-2021
Centers for Medicare & Medicaid Services: Mapping Medicare Disparities by Population	Health outcome measures and disparities in chronic diseases	April 2025	2022
American Diabetes Association	Type 2 diabetes risk factors	April 2025	2005
Centers for Disease Control and Prevention – CDC	Gender disparities in cancer prevalence	April 2025	2025
Health Resources & Services Administration – data.hrsa.gov	HPSA designated areas	April 2025	2023
ESRI via Pivotal Analytics	Population demographic data and projections	April 2025	2024
Center for Housing Policy	Impacts of affordable housing on health	April 2025	2015
Child Care Aware	Childcare costs	April 2025	2023
Health Affairs: Leigh, Du	Effects of low wages on health	April 2025	2022

Survey Results

Based on 475 survey responses gathered in February and March 2025.

Due to a high volume of survey responses, not all comments are provided in this report. All included comments are unedited and are contained in this report in the format they were received.

Q1: Your role in the community (select all that apply)

Answer Choices	Responses	
Full-Time Community Resident	77.54%	366
Visitor to the Eastern Sierra Region	11.44%	54
Healthcare Professional	11.44%	54
Part-Time Community Resident	9.11%	43
Government Employee or Representative	6.57%	31
Priority Population (medically underserved, low-income, racial and ethnic minority, rural resident, or LGBTQ+)	5.08%	24
Public Health Official	0.64%	3
	Answered	472
	Skipped	3

Q2: Race/Ethnicity (select all that apply)

Answer Choices	Responses	
White or Caucasian	87.53%	414
Hispanic or Latino	7.19%	34
Choose to not disclose	4.86%	23
Asian or Asian American	1.48%	7
American Indian or Alaska Native	1.48%	7
Native Hawaiian or other Pacific Islander	0.85%	4
Black or African American	0.21%	1
Other (please specify)	1.48%	7
	Answered	473
	Skipped	2

Q3: Age group

Answer Choices	Responses	
18-24	40.51%	192
25-34	18.78%	89
35-44	17.09%	81
45-54	14.14%	67
55-64	7.17%	34
65+	1.05%	5
Choose to not disclose	1.27%	6
	Answered	474
	Skipped	1

Q4: What ZIP code do you primarily live in?

Answer Choices	Responses	
93546	53.00%	247
93514	19.10%	89
93541	2.58%	12
93529	2.15%	10
93517	1.07%	5
93513	0.86%	4
93555	0.86%	4
93512	0.64%	3
93526	0.64%	3
90808	0.43%	2
92109	0.43%	2
All Others (1 Response Each)	18.24%	85
	Answered	466
	Skipped	9

Q5: 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.	63.21%	299
I'm an Eastern Sierra resident and do not receive my routine medical care from Mammoth Hospital.	11.42%	54
I'm an Eastern Sierra seasonal resident and do not receive my routine medical care from Mammoth Hospital.	6.55%	31
I'm an Eastern Sierra seasonal resident and receive my routine medical care from Mammoth Hospital.	2.96%	14
Other (please specify)	15.86%	75
	Answered	473
	Skipped	2

Q6: Which groups would you consider to have the greatest health needs (rates of illness, trouble accessing healthcare, etc.) in your community? (please select your top 3 responses if possible)

Answer Choices	Responses	
Low-income groups	53.79%	227
Older adults	44.31%	187
Individuals requiring additional healthcare support	43.36%	183
Uninsured and underinsured individuals	41.00%	173
Residents of rural areas	38.63%	163
Racial and ethnic minority groups	23.93%	101
Women	23.93%	101
Children	12.09%	51
Men	5.21%	22
LGBTQ+	4.50%	19
	Answered	422
	Skipped	53

What do you believe to be some of the needs of the groups selected above?

- Transportation to/from medical care due to distance mostly, but sometimes weather. Yes, we may choose to live in smaller (which often means rural area), but also housing is harder to locate and more expensive in the larger communities.
- Accessibility and cost
- Lack of money and/or comprehensive insurance coverage is by far the greatest healthcare challenge out here.
- Transportation to healthcare, lack of diversity of providers, and transportation/access to services not provided in our area
- Older adults may not have ability to travel to location for care due to illnesses and insurance plans may not take into consideration the unavailability of close medical centers for rural residents to seek care which should not be considered as out of area
- Insurance, physical access to facilities, awareness
- Trouble accessing healthcare, and traveling for specialties that are not available here
- Specialized physicians, quality of care and increasing out of pocket costs.
- Additional healthcare support often requires significant travel with requirement for significant provider collaboration which does not always happen.

Q7: 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
Women's Health	7	5	60	86	220	378	4.34
Mental Health	6	15	47	88	219	375	4.33
Cancer	6	7	63	103	204	383	4.28
Dental	4	10	81	107	178	380	4.17
Heart Disease	7	15	85	118	157	382	4.05
Diabetes	8	22	115	105	130	380	3.86
Stroke	7	30	107	104	125	373	3.83
Men's Health	11	24	118	108	109	370	3.76
Kidney Disease	10	36	131	91	109	377	3.67
Lung Disease	13	33	123	105	103	377	3.67
Liver Disease	14	29	138	91	103	375	3.64
Alzheimer's and Dementia	15	35	127	94	101	372	3.62
Obesity	19	51	111	97	100	378	3.55
Other (please specify)						27	
						Answered	392
						Skipped	83

Comments:

- Altitude/breathing issues and fractures
- We need an optometrist in Mammoth
- Eye health
- Need new women’s health providers
- Substance use, rape exams youth
- Orthopedic spine care
- Primary immune deficiency and related diseases.
- Excellence for all and everybody
- Audiology
- Optometrist!!!
- Vision and hearing
- Nutrition and exercise

Q8: 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	4	8	32	81	266	391	4.53
Maintaining local healthcare services	4	6	34	82	262	388	4.53
Healthcare: Affordability	4	7	41	93	243	388	4.45
Affordable Housing	13	13	32	65	268	391	4.44
Maintaining advanced, local inpatient medical care	6	11	53	100	212	382	4.31
Education System	11	11	51	112	196	381	4.24
Healthcare: Types of Services Provided	6	11	62	110	191	380	4.23
Employment and Income	7	9	66	126	177	385	4.19
Access to Childcare	15	19	62	90	198	384	4.14
Healthcare: Location of Services	11	18	71	88	193	381	4.14
Healthcare: Prevention Services	9	9	78	113	170	379	4.12
Access to Senior Services	9	20	72	123	162	386	4.06
Access to Healthy Food	13	22	76	105	165	381	4.02
Community Safety	17	35	105	92	125	374	3.73
Transportation	26	28	115	95	111	375	3.63
Social Connections	23	35	131	95	90	374	3.52
Access to Exercise/Recreation	37	61	90	71	123	382	3.48
Other (please specify)						16	
						Answered	397
						Skipped	78

Comments:

- It is difficult to obtain an appointment in a timely manner at Mammoth hospital. Cost of living here is excessive leading to difficulty paying hospital bills.
- People need to learn how to cook[/prepare healthy food options vs purchasing processed foods out of the freezer case, dependency on fast food. Healthy food options need not be more expensive than unhealthy options.

Q9: Please rate the importance of addressing each behavioral factor in your community on a scale of 1 (Not at all) to 5 (Extremely).

	1	2	3	4	5	Total	Weighted Average
Excess Drinking	9	14	55	117	192	387	4.21
Drug/Substance Abuse	8	16	57	113	191	385	4.20
Smoking/Vaping/Tobacco Use	18	37	88	93	148	384	3.82
Diet	10	32	108	110	123	383	3.79
Physical Inactivity	20	52	119	93	96	380	3.51
Risky Sexual Behavior	22	55	141	81	78	377	3.37
Other (please specify)						9	
						Answered	390
						Skipped	85

Comments:

- Especially educating the kids on substance abuse.
- We need more support for alcoholism here.
- We need an optometrist in Mammoth
- None of the above issues is a standalone item and they are all equally important.
- Vape use among minors
- Workplace bullying
- All are important

Q10: Please provide feedback on any actions you've seen taken by Mammoth Hospital to address the 2022 significant health needs in your community and what additional actions you would like to see.

- Hired new staff in behavioral health, dermatology, etc. Increased staff in other areas. Thank you! Retention is probably still an issue due to housing issues. Probably most impacts retention of the best qualified staff.
- Thank you for everything you do to try to keep us taken care of.
- My overall impression of Mammoth Hospital is very good. The staff are high quality. The facilities are excellent. I am certain it is challenging to retain extremely high-level medical personnel here. Quite frankly, the hospital does an outstanding job with the resources available.
- Hospital does a good job hosting seminars and doing outreach and making people more aware of issues and opportunities
- Some new providers were added. We need more clinical care access and follow up from the providers we currently have.
- Higher pay certain professionals like radiologists and ER doctors. And administrators paid less.
- Having incredible staff . Please keep the people you have .
- While there has been a lot of focus on Women's Health related to OB there is a significant population of women 40+ of age that are not getting good information and treatment options for pre and post menopause. When women start going elsewhere for this care other services will likely follow. It puts a strain on women to go out of town for regular visits.
- Your facility is doing great!
- Love Elevate classes! Great staff and doctors. And so thankful for the resources we do have!
- BH access has improved significantly with crisis appointments available.
- I think having more advanced technology will help surgeons keep services local.
- Mammoth Hospital has been greatly helpful to me and my hiking-related injuries. The Eastern Sierras are dangerous, and good to MH is there to keep me going. I'm from the Boston, MA area where there are many excellent hospitals and I got the same level of care at MH.
- We need more access to quality mental health care. More providers and appointments. Advocates for underserved communities and minorities.

Q11: Social drivers of health (SDoH) 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 drivers that negatively impact the health of you or your community (please select all that apply):

Answer Choices	Responses	
Housing instability or inadequate housing	75.80%	260
Limited access to healthcare services	51.31%	176
Unemployment or unstable employment	50.15%	172
Lack of affordable childcare	45.77%	157
Social isolation	37.90%	130
Poverty	34.99%	120
Limited access to healthy food	27.41%	94
Racial and cultural disparities	26.82%	92
Limited access to quality education	17.20%	59
Lack of transportation	16.62%	57
Public safety concerns	7.87%	27
Limited access to utility services	5.83%	20
Other (please specify)	7.29%	25
	Answered	343
	Skipped	132

Comments:

- Outrageous rents.
- I I wish our community college had more evening classes & in person classes.
- Limited access to health care education.
- Food deserts
- Many residents eat Meals on Wheels
- fear of deportation
- unidentified mental health issues and unidentified intellectual delay issues
- Limited access to routine Dental Services
- Mental Health and support groups
- Social isolation with elderly living alone.

Q12: What is a barrier to you seeking service at Mammoth Hospital? (select all that apply)

Answer Choices	Responses	
Limited availability of services or specialties	55.05%	169
Difficulty getting an appointment (long wait times)	34.85%	107
High cost of services	24.43%	75
Billing issues or lack of clarity in billing statements	23.78%	73
Unhappy with previous experience with providers or staff	18.57%	57
Out-of-network for insurance plans	16.29%	50
Limited facility hours (inconvenient for working individuals)	12.05%	37
Poor communication from providers or staff	11.40%	35
Not aware of the hospital's services or programs	11.07%	34
Perception of low-quality care	8.79%	27
Facility is too far from home	7.49%	23
Language or cultural barriers	2.28%	7
Other (please specify)	24.76%	76
	Answered	307
	Skipped	168

Comments

- I had good care in the emergency room for my a fib. No problems getting in or the services. I appreciate everything they did.
- Travel to mammoth from bishop for services in winter storms can be difficult. Lacking in women's healthcare
- I have been happy with the services I have received from mammoth hospital and all clinics and services thus far.
- Lack of transportation for individuals needing procedures that don't allow driving afterwards.
- My wife and i are seniors and have received excellent care from mammoth hospital
- Seeing different providers every visit. Not possible to build a relationship of trust.

Q13: What additional services / offerings would you like to see available locally?
(select all that apply)

Answer Choices	Responses	
Urgent Care / Walk-In / Extended Hours	43.07%	146
Ophthalmology	41.30%	140
Additional Primary Care Availability	37.46%	127
Women's Health	34.51%	117
Cardiology	34.22%	116
Cancer Care	33.92%	115
Mental Health / Substance Abuse Treatment	30.09%	102
Dermatology	25.07%	85
Audiology	24.48%	83
Endocrinology	22.42%	76
Gastroenterology	22.42%	76
Rheumatology	20.94%	71
Neurology	20.65%	70
Health Prevention / Education Programs	18.29%	62
Telehealth / Virtual Care	15.93%	54
Pulmonology	14.75%	50
Reproductive Health	12.98%	44
Urology	12.98%	44
General Surgery	12.68%	43
Nephrology	10.32%	35
Orthopedics	8.55%	29
Bariatric	7.96%	27
Pediatrics	7.96%	27
Plastic Surgery	3.24%	11
Other (please specify)	13.86%	47
	Answered	339
	Skipped	136

Q14: Where do you get most of your health information? (select all that apply)

Answer Choices	Responses	
Doctor/Healthcare Provider	80.45%	284
Website/Internet	59.49%	210
Family or Friends	28.90%	102
Hospital	20.96%	74
Newspaper/Magazine	13.60%	48
Word of Mouth	10.76%	38
Social Media	9.07%	32
Workplace	8.22%	29
School/College	6.52%	23
Television	3.12%	11
Radio	2.55%	9
Other (please specify)	9.63%	34
	Answered	353
	Skipped	122

Comments

- Books
- Medical journals
- Research
- PHD & MD Podcasts- Huberman, Attia, Galpin
- Professional Organizations & Reliable research data
- Doctor Family and Friends, specifically.
- Research
- Peer-reviewed research studies
- Reliable information from reputable sources on the internet.
- Prior experiences as a provider (retired licensed Physical Therapist)
- Telehealth Doc
- Reputable medical university websites