

Supporting and inspiring community  
members to achieve their best health.

# Tahoe Forest Health System

Community Health  
Improvement Plan (2018)



**wellnessneighborhood**

*A Service of Tahoe Forest Health System*

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## Executive Summary

The Wellness Neighborhood of Tahoe Forest Health System (TFHS) presents the 2018-2021 Community Health Improvement Plan (CHIP) for the Truckee/North Tahoe region. This CHIP addresses the priority health needs identified in the 2017 and previous Community Health Needs Assessments (CHNAs) from 2011 and 2014, and the Health System strategy for building and supporting a healthy community.

This document presents our three year goals, objectives and strategies to achieve the identified improvements in health status. Strategies build upon current programs and services as well as introduce new areas for interventions. A collaborative approach is integral to making an impact on the population level. Our strategies are multifaceted and targeted to include the Community, Health System, Department and Incline Village, as defined on page 10.

Internal work plans will be developed to assess implementation milestones and progress toward our long term goals. Work plans and specific interventions will be updated as needed to address changes in policy, information, and/or direction necessary to maintain forward progress in reaching our goals.

We invite you to join us in supporting a healthy community.

For more information, please contact Maria Martin, MPH, RDN, Director of Community Health & Wellness Neighborhood at 530-550-6731, email [mmartin@tfhd.com](mailto:mmartin@tfhd.com) or visit The Tahoe Forest Health System website, [www.tfhd.com](http://www.tfhd.com).

### *Tahoe Forest Health System Mission:*

We exist to make a difference in the health of our communities through excellence and compassion in all we do.

*Vision:* To serve our region by striving to be the best mountain health system in the nation.

### *Wellness Neighborhood Mission:*

To support and inspire our patients and community members to achieve their best health through coordination/navigation of services and collaborative community-based care and education.

*Vision:* Supporting and inspiring community members to achieve their best health.

## Description of Tahoe Forest Health System

In 1951, the Joseph family created a legacy that would benefit our community for generations to follow. The community quickly rallied around the Joseph's donation of land for a new hospital. Sixty-seven years later, Tahoe Forest Health System continues to thrive under this heritage of philanthropy.

Through continued generous community support, Tahoe Forest Health System (TFHS) is able to offer a wide variety of high-quality programs and services.

Two Critical Access Hospitals are part of TFHS, Tahoe Forest Hospital located in Truckee, CA and Incline Village Community Hospital located in Incline Village, NV. Tahoe Forest Hospital is a not-for-profit rural health care facility and designated critical access hospital. It is fully accredited by the Healthcare Accreditation Facilities Program and licensed by the State of California Department of Health Services. It offers 25 acute care beds and 36 long-term care beds, 24-hour emergency care, an ambulatory surgery



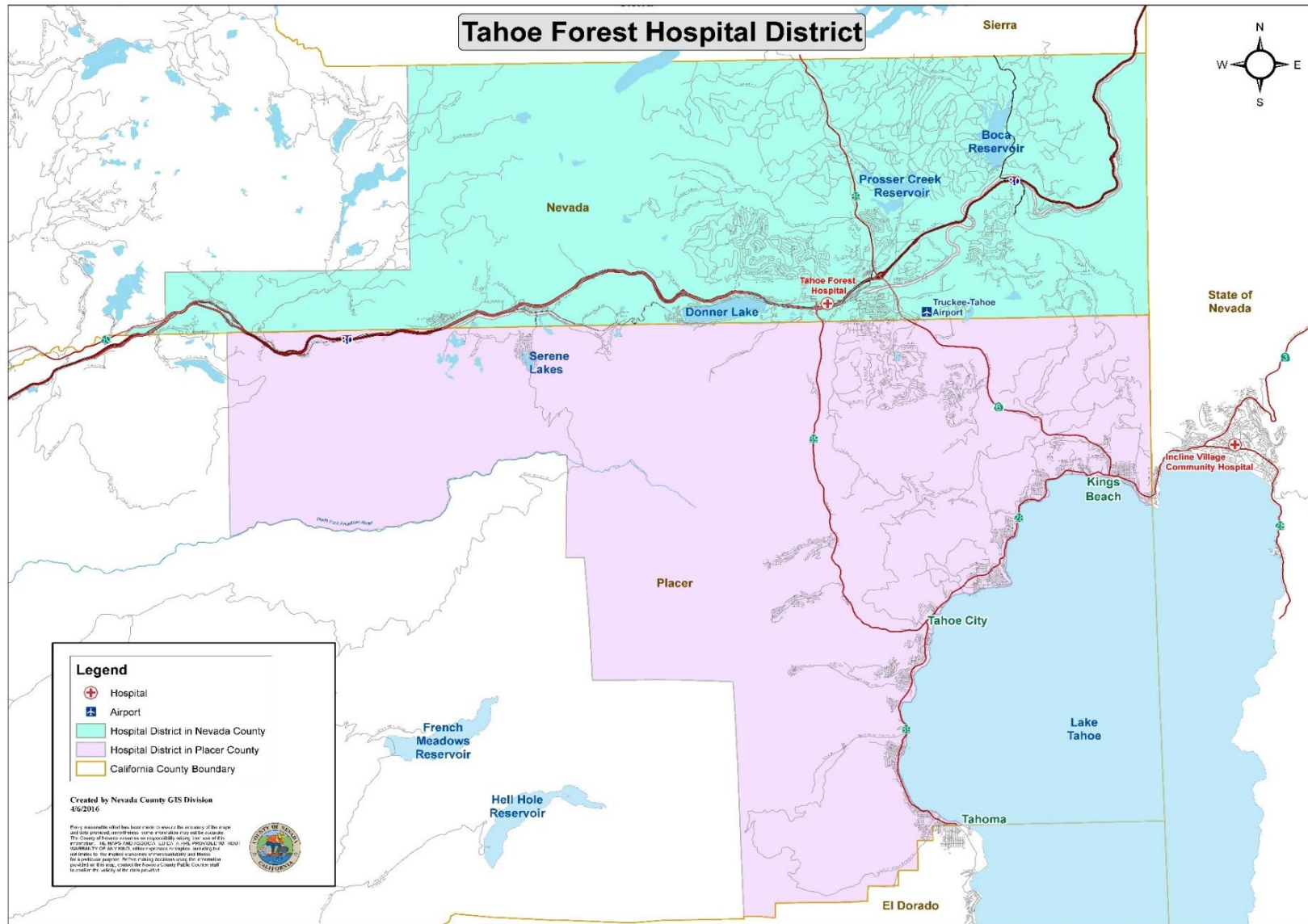
center, intensive care, orthopedics and sports medicine, a medical/surgical unit, women and family center, home health and hospice programs, a health clinic, cancer center, long term care center, children's center, a center for health including physical therapy, as well as a variety of community health outreach programs.

Incline Village Community Hospital is a 4-bed critical access hospital offering 24-hour emergency care as well as laboratory, diagnostic and surgical capability, physical therapy services, health clinic and a sleep disorder center.



Tahoe Forest Hospital District (**Figure 1**) includes areas within both Placer and Nevada County, while TFHS extends into Washoe County in the state of Nevada to include Incline Village and Crystal Bay. The Community Health Needs Assessment (CHNA) referenced in this plan surveyed residents from within the broader service area of Tahoe Forest Health System. A brief of the CHNA can be found on page 8. The full CHNA can be found at [www.tfhd.com](http://www.tfhd.com).

Figure 1. Tahoe Forest Hospital District





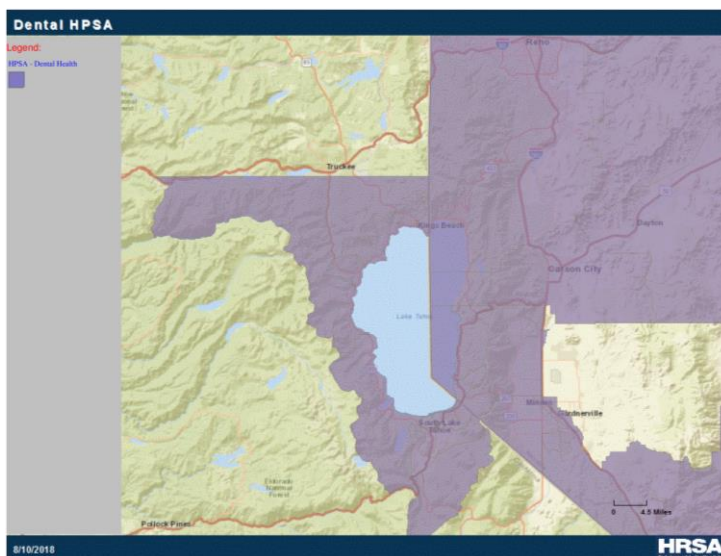
## Health Professional Shortage Areas

As is common in rural areas, our region experiences shortages in certain health care services. Health Professional Shortage Areas (HPSAs) are federal designations that indicate health care provider shortages in Primary Care, Dental Health or Mental Health. Our entire service area has HPSA designation for Primary Care (**Figure 2** – green indicates HPSA designation for the entire Lake Tahoe region). North Tahoe in both CA and NV has HPSA designation for Dental Health (**Figure 3** – purple indicates HPSA designation for the entire Lake Tahoe region). The Truckee/North Tahoe, California portion of our service area has HPSA designation for Mental Health (**Figure 4** – blue indicates HPSA designation for the entire Lake Tahoe region). Incline Village no longer has HPSA Mental Health designation.

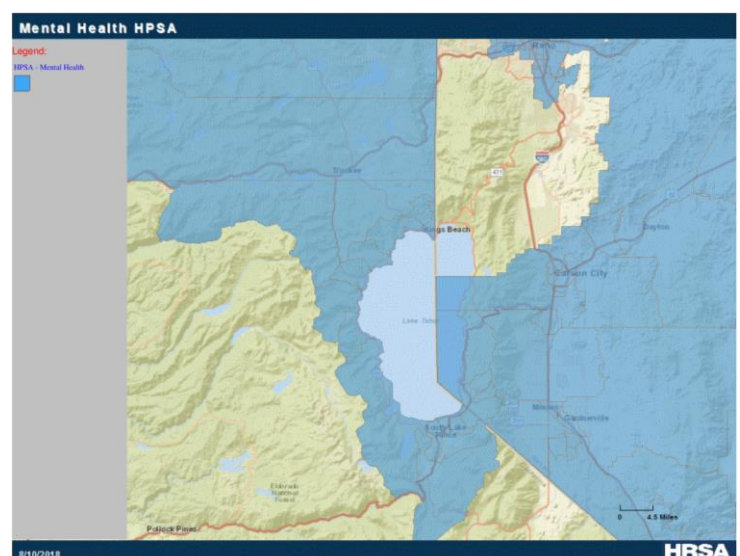
**Figure 2. Primary Care HPSA**



**Figure 3. Dental Health HPSA**



**Figure 4. Mental Health HPSA**

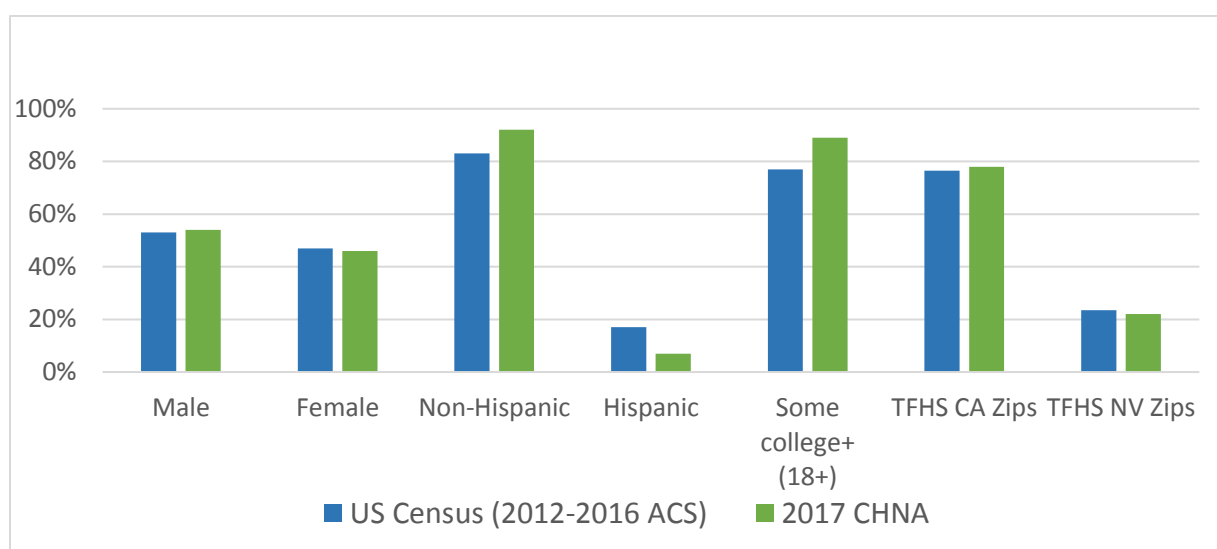


## Description of the Community Served

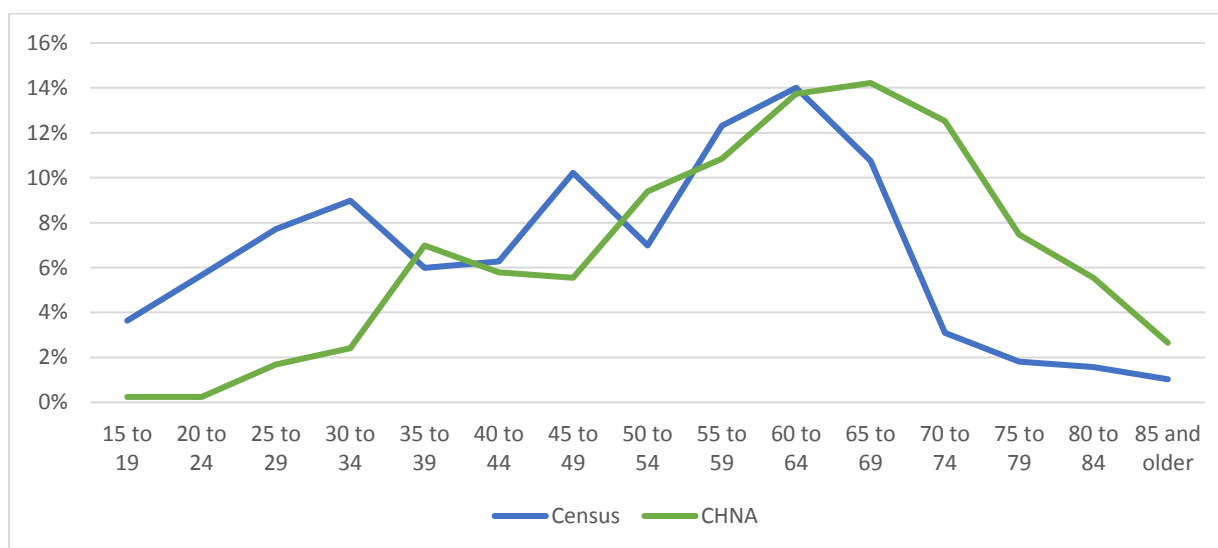
Located in the Sierra Nevada mountain range, the North Lake Tahoe (including Incline Village, NV) and Truckee, California region encompasses many communities and one incorporated town, the Town of Truckee, over portions of three counties, Placer, Nevada and Washoe. The mountainous region of the Sierra Nevada separates this rural region from the county seats and more populated areas of the counties.

The full-time population of TFHS service area is approximately 37,000 per the U.S. Census American Community Survey (2012-2016). A comparison of the select regional demographics compared to Community Health Needs Assessment (CHNA) respondents can be found below in **Figure 5** and **Figure 6**.

**Figure 5. Demographics Comparison of US Census vs. CHNA Respondents**



**Figure 6. US Census vs. TFHS Respondents (Age)**



Community members with certain demographic characteristics were under captured using the address-based methodology, this included younger adults, those with Hispanic ethnicity and those lacking housing. Focus groups were conducted to target these specific groups and ensure their voice and health needs would be included in this plan.

## Overview of the CHIP Process

### Community Health Needs Assessment Process

This Community Health Improvement Plan (CHIP) has been created using the findings from the Community Health Needs Assessment (CHNA) of 2017 which included data from Robert Wood Johnson County Health Rankings, Nevada Department of Public Health, UCLA California Health Interview Survey (AskCHIS), the CDC Behavioral Risk Factor Surveillance Survey (BRFSS) Prevalence and Trends Data, Washoe County NV Health Department, and Tahoe Forest Health System (TFHS) BRFSS survey questions.

The CHNA was a collaborative effort of TFHS and the Center for Opinion Research at Franklin and Marshall College. This is the third CHNA initiated by TFHS with previous assessments taking place in 2011 and 2014.

### Community Health Needs Assessment Findings

The CHNA identified community health needs based on the prevalence of health risks and health disparities of full-time residents (i.e. those who live here nine months or more out of the year). It focused specifically on health risks that contribute to non-communicable disease that are among the leading causes of death and disability with some emphasis on how these risk factors are unevenly distributed across demographic groups. This approach shows the most significant health risks in the Tahoe Forest Health System medical service area relate to obesity, including obesity-related behaviors such as diet and exercise, mental health, and substance use in terms of both the number of people affected and the amount of death and disability each creates. On par with these findings, those with health conditions including high cholesterol, high blood pressure, and poor heart health are impacting more people than captured in previous surveys.

The data also shows that barriers in accessing health care among some groups as well as the high costs of housing and living may exacerbate these problems. This was further emphasized in targeted, community focus groups.

Although this plan focuses on the identified needs, it is important to note that there were many positive findings in the CHNA where health indicators improved. This includes:

- An increase in prevention practices such as dental visits, flu vaccination, colonoscopy and pap screenings
- Fewer residents are uninsured and/or experiencing cost as a barrier to accessing health care
- More residents are self-reporting they are in good, very good or excellent health
- More residents have a personal physician(s)



## Community Feedback

CHNA findings were shared through multiple venues to include the TFHD Board of Directors, IVCH Foundation, and TFHD Nursing Executive Council. In addition, three community-based group activities were conducted to identify strategic areas and gather feedback on prioritization (see below for list of represented participants). While each group expressed unique interpretations of the CHNA data, there were similarities in identifying core considerations to be embedded into each strategic area. Tahoe Forest synthesized this piece of the community feedback into the [Guiding Principles](#) detailed below and incorporated the prioritized strategic areas into the finalized [Strategic Priorities](#).

Stakeholders who participated in group activities included:

Boys and Girls Club of North Lake Tahoe	North Tahoe Family Resource Center
Community Collaborative of Tahoe Truckee	Parasol Foundation
California Department of Rehabilitation	Placer County Public Health Department
Excellence in Education	Project Mana
Faith Based Organizations	Sierra Senior Services
Family Resource Center of Truckee	Truckee Donner Parks and Recreation District
Gateway Mountain Center	Tahoe Safe Alliance
Incline Village Community Hospital Foundation	Tahoe Forest Hospital
Incline Village Community Hospital	Tahoe Truckee Future Without Drug Dependence
KidZone Museum	Tahoe Truckee Unified School District
Nevada County Public Health Department	

## Guiding Principals

<b>Health Equity</b>	– Attainment of the highest level of health for all people
<b>Environment</b>	– Promote an environment and culture that supports healthy living
<b>Solidarity</b>	– Foster community collaboration and partnership
<b>Access</b>	– Enable and promote connections to health and wellness resources

## Prioritization

Prioritization for action was informed by:

<b>Magnitude</b>	– Number of people affected
<b>Impact</b>	– How the issue impacts or exacerbates other health and quality of life issues
<b>Feasibility</b>	– The ability to make a difference in the issue with available resources
<b>Feedback</b>	– From community stakeholders

## Implementation Plan

This CHIP identifies new strategies to address findings of the most recent CHNA and builds upon the foundation of needs initially identified in 2011. Over the next three years, through September 2021, the Wellness Neighborhood plans to:

- Continue successful programming that targets needs identified in previous assessments;
- Expand effective programming to populations not yet targeted;
- Develop and implement new programming and strategies based on the prioritization detailed above.

## Strategic Priorities, Goals and Objectives

### 1. Mental/Behavioral Health

Mental and Behavioral Health has been a recurrent theme since the 2011 CHNA. The plan is to expand existing mental health programs that have targeted certain subsets of the population to all residents. This includes increasing access, promoting protective factors and integrating mental and behavioral health with physical health to provide comprehensive health care.

**Goal:** All community members are supported in experiencing mental wellness and resilience to challenges.

#### **Broad Objectives**

- 1.1. Increase mental/behavioral health services
- 1.2. Suicide Prevention

### 2. Substance Misuse

The definition of substance misuse has evolved in a short time. Policy changes have led to the legalization of marijuana, and the over use of legal prescription drugs has led to a national public health crisis. At the local level, the recreation and tourism nature of our community has resulted in a lenient interpretation of substance misuse, especially in terms of alcohol.

As a health care system, medical providers must navigate the complexity of alleviating pain and managing symptoms while being cognizant of the implications and risks of addiction, practicing harm reduction, and adhering to safe prescribe practices. Ensuring responsible use of substances is multifaceted and complicated.

**Goal:** Cultivate an environment that protects community members from the harmful effects of substance use disorders.

#### **Broad Objectives**

- 2.1. Reduce binge drinking in adults
- 2.2. Reduce substance use disorders in adults
- 2.3. Reduce youth substance use
- 2.4. Reduce adult smoking

### 3. Chronic Disease

Chronic Disease is defined as a human health condition or disease that is persistent or otherwise long-lasting in its effects or a disease that comes with time. The term **chronic** is often applied when the course of the disease lasts for more than three months. Chronic Diseases account for 7 out of 10 deaths and affect the quality of life for over 90 million Americans. The top 5% of Medicare beneficiaries have 2 or more chronic diseases such as diabetes, arthritis and cardiac diseases. Research shows that people who live with chronic disease can experience improved quality of life and longevity as well as reduced medical costs through the implementation of programs that provide education and support in adopting a healthy lifestyle to include well balanced nutrition, physical activity, regular health checkups, stress management and psychosocial support.

**Goal:** Cultivate an environment that supports those with chronic disease in living their life to the fullest.

#### **Broad Objectives**

- 3.1. Improve general health of those with chronic conditions
- 3.2. Increase participation in Chronic Care Management

### 4. Prevention & Wellness

Wellness is defined by the World Health Organization as “not merely the absence of disease or infirmity, but a state of complete physical, mental and social well-being”. Wellness is an active process of becoming aware of and making choices toward a healthy and fulfilling life. Our role in this intentional, yet individual, process is to make the healthy choice the easy choice.

**Goal:** Cultivate an environment that supports healthy behaviors and lifelong wellness.

#### **Broad Objectives**

- 4.1. Increase vegetable consumption
- 4.2. Increase adult physical activity
- 4.3. Increase immunization rates
- 4.4. Increase health screenings

## Targeted Strategies and Programs

A collaborative approach is integral to making an impact on the population level. For this reason our strategies are multifaceted and targeted to the **Community, Health System, Department and Incline Village**.

**Community** level interventions are targeted to the general community and include collaboration with community partner organizations and stakeholders. This includes more formalized initiatives and coalitions as well as non-formalized partnerships and collaborative projects. **Tier One Outreach Strategies** refer to broad community outreach including, but not limited to:

- Social Media Outreach
- Targeted Cooking Classes (e.g. inflammation, heart health, chronic pain, mental health)
- Rethink Healthy Community Talks
- Remote Conferencing for Education and Support (e.g. Webex, GoToMeeting)
- Targeted MyChart Messaging (e.g. vaccination reminder, screening reminder)
- Public Health Observance promotion on the Video Monitors in outpatient clinic and hospital waiting rooms

**Health System** interventions are targeted to changes that can occur within Tahoe Forest Health System (California and Nevada). This includes health provider education, increasing specific clinical services and screenings, and ensuring new services are sustainable.

**Department** interventions are those driven by the Wellness Neighborhood and include research and program development, data analysis and program evaluation, identifying and addressing barriers and ensuring sustainability. The Wellness Neighborhood initiates health system and medical provider education on topics relevant to our strategic areas.

**Incline Village** interventions have been identified by Incline Village stakeholders to be financially feasible.

1. Mental/Behavioral Health: All community members are supported in experiencing mental wellness and resilience to challenges.				
Broad Objective	Outcome Objective	Baseline	Goal Change	Data Source
1.1 Increase mental/behavioral health services	Reduce the proportion of adults who want help for mental health but did not seek it due to barriers from 12% to 10%.	12%	10%	TFHS CHNA (2014)
<b>Potential Strategies</b>				
Community	Increase access to multi-modal services, therapies and resources. Increase education around multi-modal services. Increase education and outreach to support healthy mental habits (meditation, stress reduction, social connection, nature etc.).			
Health System	Investigate opportunities to develop and support a Behavioral Health Department including financial sustainability. Increase the number of mental health providers in TFHS, to include telehealth. Increase the proportion of patients who score 10+ on the PHQ Depression Screening <sup>1</sup> who receive counseling services.			
Departmental	Provide education and support for clinicians in PHQ Depression Screening <sup>1</sup> . Partner with local organizations to provide support for at-risk youth.			
Incline Village	Increase education and outreach to support healthy mental habits (meditation, stress reduction, social connection, nature etc.).			
1.2 Suicide Prevention	Reduce the proportion of adults who report 1+ days in the past 30 days when mental health was not good from 34% to 32%.	34%	32%	TFHS CHNA (2017)
	Increase the proportion of adults who get the social and emotional support they need <i>Always</i> or <i>Usually</i> from 77% to 79%.	77%	79%	TFHS CHNA (2017)
<b>Potential Strategies</b>				
Community	Collaboration and support of the Suicide Prevention Coalition to increase awareness, reduce stigma, increase access to care and advocate for healthy supports.			
Health System	Explore the 7 essential elements of <i>Zero Suicide</i> <sup>2</sup> and identify areas for implementation (Lead, Train, Identify, Engage, Treat, Transition, and Improve).			
Departmental	Collaborate and support the Suicide Prevention Coalition. Educate TFHS Departments in <i>Know the Signs</i> <sup>3</sup> . Explore the feasibility for follow up calls 72 hours after discharge from the TFHD Emergency Department after a mental health evaluation for adults.			
Incline Village	Collaboration and support of the Suicide Prevention Coalition to increase awareness, reduce stigma, increase access to care and advocate for healthy supports.			

<sup>1</sup> <https://www.integration.samhsa.gov/images/res/PHQ%20-%20Questions.pdf>

<sup>2</sup> <http://zerosuicide.sprc.org/>

<sup>3</sup> <https://www.suicideispreventable.org/>



<b>2. Substance Misuse: Cultivate an environment that protects community members from the harmful effects of substance use disorders.</b>				
<b>Broad Objective</b>	<b>Outcome Objective</b>	<b>Baseline</b>	<b>Goal Change</b>	<b>Data Source</b>
2.1 Reduce binge drinking in adults	Reduce the proportion of adults who binge drink in that last 30 days from 28.3% to 26%.	28.3	26%	TFHS CHNA (2017)
<b>Potential Strategies</b>				
Community	Implement a moderate drinking awareness campaign/normalization of non-drinking. Promote National Alcohol Awareness Month (April) including Alcohol-Free Weekend.			
Health System	Implement Emergency Department and Inpatient detox counseling.			
Departmental	Collaborate with and support Tahoe Truckee Future Without Drug Dependence (TTFWDD).			
Incline Village	Implement a moderate drinking awareness campaign/normalization of non-drinking. Promote National Alcohol Awareness Month (April) including Alcohol-Free Weekend.			
2.2 Reduce substance use disorders	Reduce the proportion of adults who binge drink, use non-prescribed pain killers, stimulants, or tranquilizers or use marijuana 20+ times in the past 20 days from 34% to 32%.	34%	32%	TFHS CHNA (2017)
<b>Potential Strategies</b>				
Community	<b>Rx-</b> Explore naloxone/vivitrol outreach to local law enforcement. <b>Marijuana-</b> Increase awareness on safe marijuana use. <b>Alcohol-</b> See Binge Drinking Objective 2.1.			
Health System	<b>Rx-</b> Increase access to substance use counseling and support groups. Explore feasibility of Medication Assisted Therapy. Increase Screening and Brief Intervention, Referral to Treatment (SBIRT) screenings <sup>4</sup> . <b>Marijuana-</b> Consistent messaging on harm reduction for patients. <b>Alcohol-</b> See Binge Drinking Objective 2.1.			
Departmental	<b>All Substances-</b> Support data analysis for referrals and follow through for substance counseling. Collaborate with TTFWDD. <b>Rx-</b> Continue provider education regarding Medication Assisted Therapy (i.e. suboxone). <b>Marijuana-</b> Educate medical providers on harm reduction for marijuana use. Evaluate feasible public health approaches to marijuana sales, distribution and consumption. <b>Alcohol-</b> See Binge Drinking Objective 2.1.			
Incline Village	<b>Rx-</b> Explore naloxone/vivitrol outreach to local law enforcement. <b>Marijuana-</b> Increase awareness on safe marijuana use. <b>Alcohol-</b> See Binge Drinking Objective 2.1.			

<sup>4</sup> <https://www.samhsa.gov/sbirt>

Broad Objective	Outcome Objective	Baseline	Goal Change	Data Source
2.3 Reduce youth substance use	Reduce 11 <sup>th</sup> grader 30-day use of prescription medications to get “high” or for reasons other than prescribed from 4% to 3.5%.	4%	3.5%	California Healthy Kids Survey (TTUSD - 2015/16)
	Reduce 11 <sup>th</sup> grader 30-day use of electronic cigarettes from 13% to 12.9%.  *E-cigarette use among youth is on the rise. The 2015/16 data provides baseline while 2017/18 data, to be released later in 2018, is anticipated to show increased use.	13%	12.9%	
	Reduce 11 <sup>th</sup> grader 30-day use of alcohol (at least one drink) from 31% to 29%.	31%	29%	
	Reduce 11 <sup>th</sup> grader 30-day use of marijuana from 27% to 25%.	27%	25%	

#### Potential Strategies

Community	<b>Rx-</b> Implement opioid and Rx drug safety curriculum at the middle and high school level. <b>Nicotine-</b> Educate the community including health care providers on the risks of vaping. <b>Alcohol-</b> Continue AlcoholEdu in the high schools. <b>Marijuana-</b> Collaborate with TTFWDD.
Health System	<b>Rx-</b> Expand access point for Rx drug take back. Reduce quantity of pills per opioid prescription (# of pills/Rx). <b>Nicotine-</b> Adherence to the smoke-free environment policy. Increased marketing about the hospital’s smoking and tobacco cessation program. <b>Alcohol, Nicotine and Marijuana-</b> Increase CRAFFT screening tool for adolescent substance abuse to all youth between the ages of 12-18.
Departmental	<b>Rx-</b> Initiate additional provider education around Safe Prescribe. <b>Nicotine-</b> Develop and implement youth-focused health coaching for a nicotine-free lifestyle. <b>Alcohol, Nicotine and Marijuana</b> - Continue to offer provider education around CRAFFT.
Incline Village	Explore opportunities for substance use prevention in Incline Village schools.

2.4 Reduce adult smoking (tobacco)	Reduce the proportion of adults who currently smoke tobacco from 9.9% to 7.7%.	9.9%	7.7%	TFHS CHNA (2017)
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#### Potential Strategies

Community	Collaborate with Nevada County on local smoke-free environments.
Health System	Adherence to smoke-free environment policy (including housing units). Increased marketing about the hospital’s smoking and tobacco cessation program.
Departmental	Provide health coaching for a nicotine-free lifestyle. Explore remote conferencing platform for education and support. Facilitate CME <sup>5</sup> and provider outreach on smoking and tobacco cessation program.

<sup>5</sup> CME- Certified Medical Education

Incline Village	Explore virtual platforms for substance use support.			
3. Chronic Disease: Cultivate an environment that supports those with chronic disease living life to their fullest.				
Broad Objective	Outcome Objective	Baseline	Goal Change	Data Source
3.1 Improve general health of those with chronic conditions	<p>Increase the proportion of adults with chronic disease who report general health as Excellent or Very Good from 64.6% to 66%.*</p> <p>*Chronic diseases included in the calculation: Cancer, Diabetes, Depression, Asthma, COPD, Emphysema, Chronic Bronchitis, Heart Failure, Heart Disease, Hyperlipidemia, Hypertension, Stroke</p>	64.6%	66%	TFHS CHNA (2017)
Potential Strategies				
Community	Implement Tier One Strategies to promote hospital resources (i.e. multi-modal therapies and self-management classes).			
Health System	Increase reimbursement options for individual nutrition counseling and group education. Increase utilization of nutrition counseling services. Continue to support Affordable Lab screening options.			
Departmental	Increase number of certified leaders of self-management programs. Increase utilization of self-management programs. Evaluate disease progression and management of chronic disease of those who participate in a self-management program. Develop and implement chronic disease prevention programs for adults and children (i.e. Diabetes Prevention Program).			
Incline Village	Implement Tier One Strategies to promote hospital resources (i.e. multi-modal therapies and self-management classes.)			
3.2 Increase participation in Chronic Care Management (CCM)	<p>Increase the proportion of adults on Medicare with two or more chronic conditions who participate in CCM from 14.1%* to 16%.</p> <p>*Baseline numbers are from July 2018 and include patients from Tahoe Forest Health System and Truckee Tahoe Medical Group (TTMG) clinics.</p>	14.1%	16%	TFHS and TTMG Care Coordination and Mercy EPIC
Potential Strategies				
Community	Continue to collaborate with Family Resource Centers and other community partners to provide community education, outreach and referrals for CCM.			
Health System	Promote sustainability by successfully billing for services.			
Departmental	Continue medical provider education to increase referrals.			
Incline Village	Explore outreach opportunities to reach target population in Incline.			

<b>4. Prevention &amp; Wellness: Cultivate an environment that supports healthy behaviors and lifelong wellness.</b>				
<b>Broad Objective</b>	<b>Outcome Objective</b>	<b>Baseline</b>	<b>Goal Change</b>	<b>Data Source</b>
4.1 Increase vegetable consumption	Increase the proportion of adults who self-report eating 3 vegetables/day from 11.6% to 14%.	11.6%	14%	TFHS CHNA (2017)
<b>Potential Strategies</b>				
Community	Implement a community education/awareness campaign using Tier One Outreach Strategies.			
Health System	Support changes in Hospital Café food environment to increase healthy choices such as increasing vegetables, reducing processed meats, and decreasing sugar sweetened beverages.			
Departmental	Develop and support a low-cost, family-centered nutrition/well lifestyle program. Increase reimbursement options for individual nutrition counseling and group education. Increase utilization of nutrition counseling services.			
Incline Village	Implement a community education/awareness campaign using Tier One Outreach Strategies.			
4.2 Increase adult physical activity	Increase the proportion of adults who self-report physical activity 30 min/day 5 days/week from 34.4% to 37%.	34.4%	37.0%	TFHS CHNA (2017)
<b>Potential Strategies</b>				
Community	Implement a community education/awareness campaign using Tier One Outreach Strategies.			
Health System	Collaborate with Tahoe WoRx to support employee health.			
Departmental	Support biannual community walking challenges. Explore partnership opportunities to expand year-round, affordable physical activity options.			
Incline Village	Implement a community education/awareness campaign using Tier One Outreach Strategies.			

Broad Objective	Outcome Objective	Baseline	Goal Change	Data Source
4.3 Increase immunization rates	<b>Flu-</b> Increase the proportion of adults ages 18-64 who have received the flu who in the past year from 48.6% to 50%.	48.6%	50%	TFHS CHNA (2017)
	<b>Flu-</b> Increase the proportion of adults ages 65+ who received the flu shot in the past year from 72.4% to 75%.	72.4%	75%	TFHS CHNA (2017)
	<b>HPV-</b> Increase the proportion of youth ages 13-15 who are up-to-date with the HPV vaccine from 61.7% to 64%.	61.7%	64%	Mercy EPIC
	<b>Tdap-</b> Increase the proportion of adults who have received the Tdap vaccine from 62% to 64%.	62%	64%	TFHS CHNA (2017)
<b>Potential Strategies</b>				
Community	<b>Each identified vaccine-</b> Tier One Outreach Strategies. Collaboration with the Truckee North Tahoe Immunization Coalition.			
Health System	<b>Flu-</b> Investigate the feasibility of the FluFIT <sup>6</sup> model (dual promotion of flu shot and colorectal cancer screening). <b>HPV-</b> Incorporate reminder calls/postcards/MyChart messages to notify and remind patients when they are due.			
Departmental	<b>Flu-</b> Coordination of the Truckee North Tahoe Immunization Coalition. <b>HPV-</b> Continue to support and educate adolescent medical providers on best practices. Collaborate with Tahoe Truckee Unified School District (TTUSD) to incorporate cancer prevention education into the adolescent health curriculum.			
Incline Village	<b>Each identified vaccine-</b> Tier One Outreach Strategies. Collaboration with the Truckee North Tahoe Immunization Coalition and Nevada Immunization Coalition.			

<sup>6</sup> <http://flufit.org/>



Broad Objective	Outcome Objective	Baseline	Goal Change	Data Source
4.4 Increase health screenings	<b>Colorectal Cancer</b> - Increase the proportion of adults ages 50+ who are up-to-date with colorectal cancer screening from 78% to 80%.	78%	80%	TFHS CHNA (2017)
	<b>Skin Cancer</b> Increase the proportion of adults who perform self-examination of their skin from 45% to 47%.	45%	47%	Wellness Neighborhood (2018)
	<b>Dental</b> - Reduce the proportion of children who need dental care or urgent care from 38.7% to 35% as identified in a school or place-based screening.	38.7%	35%	Dental Coalition Screenings (2017)
	<b>ACEs</b> <sup>7</sup> - Identify how to incorporate ACE screenings into TFHS.  *Adverse Childhood Experiences (ACEs) are traumatic experiences, resulting in toxic stress, that have a profound impact on a child's developing brain and body with lasting impacts on health. Screening and supporting patients in addressing ACEs allows for comprehensive care to reduce negative health impacts.	Not Yet Available	Dependent on Baseline	Mercy EPIC
<b>Potential Strategies</b>				
Community	<b>All identified areas</b> - Tier One Outreach Strategies. <b>Colorectal Cancer</b> - Targeted outreach to those not up to date with their colorectal cancer screening to share local resources. <b>Skin Cancer</b> - Investigate a partnership with local ski resorts. <b>Dental</b> - Collaboration with the Truckee North Tahoe Dental Coalition. Expand school-based dental screenings.			
Health System	<b>Colorectal Cancer</b> - Investigate feasibility of the FluFIT model. <b>Skin Cancer</b> - Investigate feasibility and sustainability of a low-cost screening. <b>Dental</b> - Train and use Medical Assistants in the application of fluoride varnish. <b>ACEs</b> - Identify a provider champion to explore ACE screening within TFHS.			
Departmental	<b>Colorectal Cancer</b> - Identify solutions and address barriers to increase iFOB/FIT <sup>8</sup> . <b>Skin Cancer</b> - Investigate a partnership with the beauty industry professionals to increase awareness of the signs of skin cancer. <b>Dental</b> - Coordinate the Truckee North Tahoe Dental Coalition. Collaborate with Placer County and Nevada County Oral Health groups. <b>ACEs</b> - Facilitate a CME <sup>9</sup> for provider education and explore a process plan to integrate ACEs Screening and Trauma Informed Care into clinical practice.			
Incline Village	<b>All identified areas</b> - Tier One Outreach Strategies. <b>Skin Cancer</b> - Investigate a partnership with local ski resorts. <b>Dental</b> - Expand the fluoride varnish and sealant programs in local schools.			

<sup>7</sup> <https://www.acesconnection.com/g/california-essentials-for-childhood-initiative/blog/hidden-crisis-report-aces-in-ca>

<sup>8</sup> [https://www.cdc.gov/cancer/colorectal/basic\\_info/screening/tests.htm](https://www.cdc.gov/cancer/colorectal/basic_info/screening/tests.htm)

<sup>9</sup> CME – Certified Medical Education

