TAHOE FOREST HEALTH SYSTEM

COMMUNITY HEALTH NEEDS ASSESSMENT | 2021

Tahoe Forest Health System

TABLE OF CONTENTS

EXECUTIVE SUMMARY

THE PURPOSE OF THE TAHOE FOREST HEALTH SYSTEM (TFHS) COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) IS TO IDENTIFY STRENGTHS, GAPS, AND OPPORTUNITIES IN MEETING THE HEALTH AND HEALTH CARE NEEDS OF OUR COMMUNITY.

This needs assessment provides an overview of findings based on a Behavioral Risk Factor Surveillance Survey (BRFSS) of 432 adults who reside in the Truckee-North Tahoe area. The survey sample was designed to be representative of the adult, non-institutionalized population of the Tahoe Forest Health System service area. Randomized interviewing took place from May through July 2021. Additional targeted interviews of 146 adults were conducted from July through September 2021 to reach underserved/socioeconomically disadvantaged (SED) populations including unhoused, low-income, young adults and Latinx residents.

The CHNA focuses on the risks and behaviors associated with the leading causes of death and disability and how these risks are unevenly distributed across demographic groups *(age, socio-economic status, ethnicity, sex, etc.)*. This approach shows the most significant health risks in the TFHS service area relate to diet, exercise, trauma, sleep, obesity and mental health in terms of both the number of people affected and the amount of death and disability each creates.

Differences, otherwise known as disparities, are present between the randomly surveyed adults and the SED respondents in terms of reduced access to care, economic indicators, health conditions and behaviors, and health screenings. More respondents experienced hardship in 2021 compared to 2017, however SED respondents were more significantly impacted.

In addition to the surveys, data was gathered from secondary sources including the Robert Wood Johnson County Health Rankings, the California Department of Public Health, Nevada Department of Public Health, the UCLA California Health Interview Survey (AskCHIS), the Centers for Disease Control and Prevention BRFSS Prevalence and Trends Data tool, the Washoe County NV Health Department, and the Tahoe Truckee Unified School District California Healthy Kids Survey (2021).

SUMMARY OF KEY FINDINGS

Truckee-North Tahoe key needs continue to fall into the areas of Prevention and Wellness, Mental/Behavioral Health, Substance Misuse, Chronic Disease and Social Health Needs/Health Disparities.

- **Prevention and Wellness:** Health Behaviors *(nutrition, exercise, sleep)*, Preventative Screenings, Immunizations, Routine Medical and Dental Care
- **Mental/Behavioral Health:** Depression, Anxiety, Trauma, Counseling
- **Substance Misuse:** Smoking/Vaping, Alcohol Use, Drug Use
- **Chronic Disease:** Heart Disease, Diabetes, Obesity/Overweight, Hypertension and Cancer
- **Health Disparities:** Access to Care, Preventative Screenings, Health Conditions and Behaviors *(nutrition, exercise)*

INTRODUCTION

TAHOE FOREST HEALTH SYSTEM (TFHS) IS PROUD TO PRESENT THE 2021 COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) OF THE SERVICE AREA OF TAHOE FOREST HEALTH SYSTEM.

The purpose of the TFHS CHNA is to identify strengths, gaps, and opportunities in meeting the health and healthcare needs of our community, how needs have changed over time, and highlight how our region compares to health and wellness at the county and state level.

The CHNA was a collaborative effort of TFHS and the Center for Opinion Research (COR) at Franklin and Marshall College. This is the fourth CHNA initiated by TFHS with previous assessments taking place in 2011, 2014 and 2017. The CHNA continues to focus on the risks associated with the leading causes of death and disability and how these risks are unevenly distributed across demographic groups.

Improving the health of our community through excellence and compassion is primary to the mission and vision of TFHS and an important priority for residents of our community. Through collective efforts with our partnering organizations, we hope this report will stimulate continued collaboration and innovation.

GEOGRAPHY, MAP & DEMOGRAPHICS

Located in the Sierra Nevada mountain range, the Truckee-North Tahoe region encompasses many communities. One incorporated town, the Town of Truckee, and one General Improvement District, Incline Village, over portions of four counties, Placer (CA), Nevada (CA), El Dorado (CA) and Washoe (NV). The full-time population of the region is approximately 38,000 residents per the Census, however the actual number of residents is likely much higher due to undercounting during the 2020 Census and the influx of new, full-time residents during the pandemic.

The mountainous region of the Sierra Nevada range separates the primary base of TFHS service area from the county seats, Nevada City and Auburn, by peaks exceeding 10,000 feet and sixty (60) road miles, half of which are comprised of a narrow and curved two lane county highway traversing through deep, forested ravines. The average altitude of the residential communities is 6,500 feet, and winters are typically long. In an average year, Truckee, CA receives over 200 inches of snow although snow years are variable. For example, in December 2021 a snow record was set when 212 inches of snow fell in one month.

Public transportation is inadequate to meet the needs of local residents to reach employment or health care, and winter transportation by any means can be especially hazardous. Primary roads are often restricted or closed during winter storms. Most transportation routes are seasonal with fluctuations between winter and summer months thereby further compromising reliable public options.

GEOGRAPHY, MAP & DEMOGRAPHICS

The Truckee-North Tahoe region is divided by political boundaries established to support the water and land needs of the population centers located in the foothills and central valley. As a result, the community is divided into the three separate counties of Placer, Nevada and El Dorado. This jurisdictional division has the following ramifications:

- The confusing overlay of boundaries makes it difficult for local residents to access services.
- County-wide data does not accurately reflect the demographic make up or the challenges experienced in the eastern part of the county *(i.e. high cost of living).*

The geographic area also borders the state of Nevada further complicating availability of services, outreach of services and complexity of insurance coverage *(i.e., many residents live in Nevada but work in California or vice versa which impacts medical care availability as many insurances are state/employer-based)*.

See Map Image

TFHS DEFINED SERVICE AREA

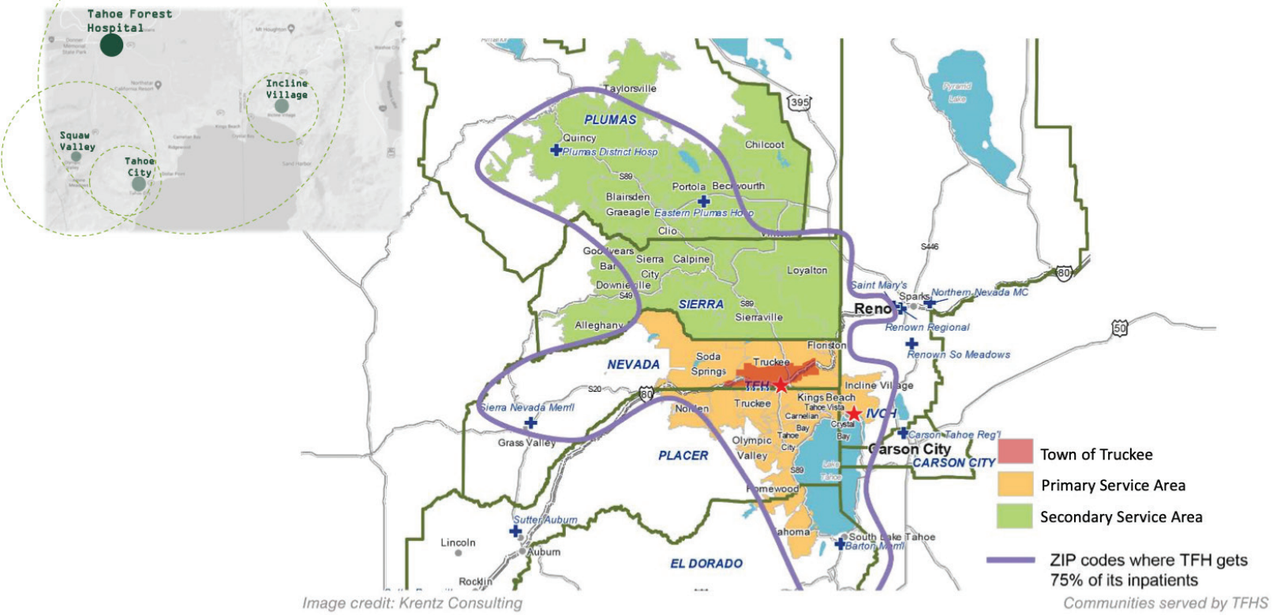


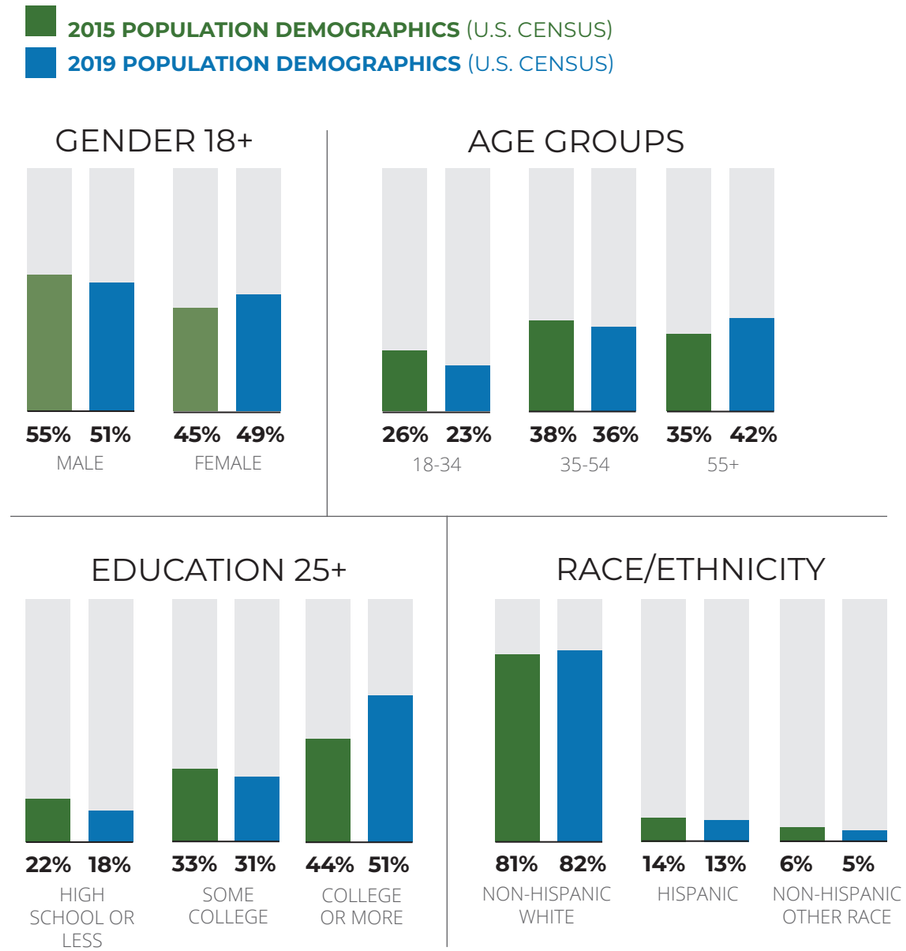
Image credit: Krentz Consulting

Communities served by TFHS

DEMOGRAPHIC SHIFT

2015-2019

The demographic characteristics of TFHS residents have changed since the 2017 CHNA survey. Some of the notable changes that have the potential to effect health care use and needs included more gender balance, more residents over 55 years of age, more college educated residents, and less ethnic diversity. The graphs below reflect pre-pandemic population changes based on data from the U.S. Census American Community Survey.



DATA ELEMENTS OVERVIEW

DATA COLLECTION PROCESS/METHODOLOGY

The primary source of local, current data about the TFHS service area comes from a Community Survey using Behavioral Risk Factor Surveillance Survey (BRFSS) standardized questions. This allows for comparison at the state and national level. The survey randomly identified potential respondents using an address-based methodology to allow for equal opportunity for selection across the TFHS service area. Randomly selected addresses received a post card from the Franklin and Marshall College Center for Opinion Research explaining the survey and guiding residents to either complete the survey online or to contact the Center for Opinion Research to complete verbally. Interviews were completed over the phone and online depending on each respondent's preference, and could be completed in English or Spanish. Ultimately, 432 adult residents of the TFHS service area completed the survey. Survey interviewing took place from May to July 2021.

Additional targeted interviews of 146 adults were conducted from July through September 2021 to reach underserved/socioeconomically disadvantaged (SED) populations including unhoused, low-income, young adults and Latinx residents. TFHS collaborated with Sierra Community House to target clients through food distribution locations and home visiting programs. The survey was completed online in English or Spanish.

RANDOMIZED SAMPLE	TARGETED SAMPLE

• 432 Adults 18+
• Time frame: Mailing, May 17-May 24;
• Outbound calls May-July 2021
• Address-based sampling: Representative of overall community
• Equal opportunity to be randomly selected
• English and Spanish
• Phone or online
	• 146 underserved/socioeconomically disadvantaged adults 18+
	• Time frame: July-September 2021
	• Collaboration with Sierra Community House to target unhoused, low-income, young adults and Latinx residents
	  ◦ Food distribution
	  ◦ Home visits
	• English and Spanish
	• Online

SURVEY RESPONDENT PROFILES

Data Elements Overview

The demographic characteristics of the **random sample** of adults are similar to the characteristics of the adult population when compared to US Census Data, although the random sample may underrepresent those under 35 years of age. The demographic characteristics of the **targeted sample** of adults through Sierra Community House have completed less formal education, and are younger, than the random sample. Eighty percent of the targeted sample identified as Hispanic/Latinx compared to only 3% of the random sample.

TABLE 1: RESPONDENT PROFILES

CATEGORY NAME	GROUP	POPULATION ESTIMATE	WEIGHTED SURVEY SAMPLE (RANDOM)	SED ESTIMATE (TARGETED)
Gender	Male	51.1%	50.8%	45.1%
	Female	48.9%	48.8%	54.9%
Education	HS or Less	17.6%	10.4%	74.6%
	Some College	31.4%	38.6%	16.9%
	College or more	51.0%	51.0%	8.5%
Race	White	82.0%	82.0%	74.3%
	Other	18.0%	18.0%	25.7%
Ethnicity	Hispanic	13.3%	3.0%	80.0%
	Non-Hispanic	86.7%	97%	20.0%
Age	18-34	23.0%	7.9%	29.0%
	35-54	35.5%	50.1%	50.3%
	55 + older	41.6%	42.0%	20.7%
State	NV	17.4%	13.6%	1.0%
	CA	82.6%	86.4%	99.0%

Note: Age, gender, race, education estimates are from U.S. Census Bureau, 2015-2019, 5-yr American Community Survey.

DATA SOURCES

1
RANDOMIZED SURVEY

The survey sample was designed to be representative of the adult, non-institutionalized population of the TFHS service area. Survey results were weighted *(gender, education, and age)* using an iterative weighting algorithm to reflect the known distribution of those characteristics as reported by the Census Bureau's American Community Survey.

The sample error is +/- 6.5 percentage points for the Tahoe Forest Health System when the design effects from weighting are considered. In addition to sampling error, this survey is also subject to other sources of non-sampling error. Generally speaking, two sources of error concern researchers most.

1) Non-response bias is created when selected participants either choose not to participate in the survey or are unavailable for interviewing.

2) Response errors are the product of the question and answer process. Surveys that rely on self-reported behaviors and attitudes are susceptible to biases related to the way respondents process and respond to survey questions.

2
TARGETED SURVEY

The survey instrument was also made available to clients of Sierra Community House. Sierra Community House (SCH) clients completed 146 surveys through targeted outreach at food distribution events and through their home visiting program from July through September 2021. This targeted survey reached underserved/socioeconomically disadvantaged (SED) populations including unhoused, low-income, young adult and Latinx.

Some comparisons are made in this report between the representative *(randomized)* survey data and the SED data to hint at differences related to SED residents of the TFHS service area. Historically, low-income, young adult, unhoused and Latinx residents have been under surveyed. In previous survey years, TFHS has included focus groups to gather qualitative data from undersampled populations. Due to concerns related to the COVID-19 pandemic this complementary methodology was identified as being safer and allowed for comparison because the same questions were used for both groups.

3
SECONDARY DATA SOURCES

Additional data sources for comparative health information is provided by the Robert Wood Johnson Foundation County Health Rankings. These rankings provide county-level information on health factors and health outcomes. The performance of individual counties is compared to other CA and NV counties to provide a relative performance ranking.

Secondary data comes from the California Department of Public Health, Nevada Department of Public Health, the UCLA California Health Interview Survey (AskCHIS), the Centers for Disease Control and Prevention BRFSS Prevalence and Trends Data tool, the Washoe County NV Health Department, and the Tahoe Truckee Unified School District California Healthy Kids Survey (2021).

SURVEY FINDINGS

The 2021 CHNA is the fourth assessment conducted by TFHS. Since the first CHNA in 2011, the survey tool has maintained a core repository of questions to observe trending overtime. However, the survey questions have changed in response to new health-related issues *(i.e. vaping, COVID-19 pandemic)*, social health needs *(i.e. economic indicators such as loss of housing),* availability of data elsewhere *(i.e. California Healthy Kids Survey data)*, and to obtain open-ended feedback on community perceptions.

Table 2: Summary of Health Indicators on the following two pages highlights key areas of interest related to the historically identified needs for all four completed assessments. This includes social health needs/health disparities, substance misuse, chronic illness, mental and behavioral health, and prevention and wellness.

LEGEND

2017	Randomly surveyed adults in 2017
2021	Randomly surveyed adults in 2021
SED	Targeted survey in 2021 of underserved/socioeconomically disadvantaged populations including unhoused, low-income, young adult and Latinx
CA	CA State-level data
NV	NV State-level data

SUMMARY OF HEALTH INDICATORS WITH COMPARISON TO PRIOR CHNA SURVEYS

TABLE 2: SUMMARY OF HEALTH INDICATORS	2011 N=436	2014 N=402	2017 N=415	2021 N=432
SOCIAL HEALTH NEEDS/HEALTH DISPARITIES				
Uninsured *(% of pop. under 65 without health insurance)*	25.3	16.8	4.8	7.2
Has personal physician	67.5	66	71.1	64.8
Economic hardships *(one or more)*	***	***	22.9	38.6
Did not receive health care in past year because of cost	17.3	12.9	4.4	8.6
No health insurance any time during past year *(ages 18-64)*	***	***	9.2	10
Limited access to care	***	***	14.2	14.5
Stressed about paying rent or mortgage *(always, usually, sometimes)*	19.3	***	15.5	19.4
Experienced any trauma symptoms	***	***	***	75.9
Experienced unfair treatment because of race/ethnicity/cultural background	***	***	***	12.6
SUBSTANCE MISUSE				
Adult smoking *(% current smokers)*	6.2	7.7	3.4	7.7
Smoke 100 or more cigarettes in lifetime	33.2	33.9	33.9	37.8
Adult e-cigarette vaping *(% current vapers) (everyday, some days)*	***	***	0.7	4.5
Ever used an e-cigarette in lifetime	***	***	7.3	24.8
Binge drinking behavior	21.6	24.6	28.3	28.6
Used illegal drugs in past year	***	***	3.4	7.6
Any substance abuse *(binge drink, non-prescribed meds, marijuana 20+ days)*	***	***	34	33
CHRONIC DISEASE				
Has high cholesterol	36.3	24.7	36.5	37.2
Ever diagnosed with high blood pressure	20.7	25.5	24.7	28.8
Respondent is diabetic	2.7	***	3.9	2.9

*** *Not asked at survey*

SUMMARY OF HEALTH INDICATORS	2011 N=436	2014 N=402	2017 N=415	2021 N=432
CHRONIC DISEASE				
Poor physical health days *(mean days)*	3.6	2.6	3	2.7
At least one day physical health was not good in past month	39.5	28.9	35.7	34.4
BMI: Overweight or Obese	48.9	***	48.5	45.7
MENTAL + BEHAVIORAL HEALTH				
Ever told had anxiety	***	***	10.4	15.7
Ever told had a depressive disorder	***	***	13.4	19.5
PHQ-8 current depression indicator, currently depressed	***	***	4.5	10.2
Any depressive symptoms	***	***	21	26.9
Gets needed social and emotional support *(always, usually, sometimes)*	93.1	86.9	90.1	87.6
One or more days with depressive symptoms in past two weeks	***	***	57	60.9
At least one day mental health was not good in past month	31.9	31.8	34	39.9
Poor mental health days *(mean days)*	3.1	3	2.1	4
Ever been asked about mental health by a medical provider	***	***	***	58.2
PREVENTION + WELLNESS				
Has ever had blood cholesterol checked	76.3	88.8	85.8	86.8
Ever had colonoscopy/sigmoidoscopy *(age 50+)*	74.2	70.3	77.6	74.5
Routine check-up with doctor in past 12 months	54.4	59.5	57.9	54.5
Has seen a dentist in past year	***	73.9	82.3	75.7
Has had flu shot in past year *(ages 18-64)*	27.3	31.9	48.6	54
Has had flu shot in past year *(age 65+)*	68.5	61.5	72.4	74.5
Physical activity *(% physically inactive)*	***	***	5.7	5.6
Poor or fair health	13.1	8.2	7.8	6.8
Avoids or never uses health system	***	***	12.2	8.3
Participated in physical activities or exercise in past month	***	***	94.3	94.4
Strength training in past month	***	***	63.3	62.7
Exercised 30 minutes on five days in past week	***	***	34.4	44.9
Ate fast food three or more days in past week	***	***	5.1	4.9
Consumed three servings of vegetables daily	***	***	11.6	7.5
Experienced any symptoms of not getting enough sleep	***	***	***	70.1

*** *Not asked at survey*

PREVENTION & WELLNESS

Randomized Survey Population

The following graphs compare 2017 randomized adult responses to 2021 randomized adult responses by key indicator

TFHS residents continue to lead active lifestyles and report good overall health. Select prevention behaviors increased (i.e. flu vaccination) but overall preventative visits decreased. The impact of shelter-in-place orders, fear of visiting a clinic and economic hardship are reflected in a reduction in routine care. Fewer residents had a dental visit, a physical, or an identified primary care provider.

PHYSICAL ACTIVITY

PHYSICAL ACTIVITY

2017	94.3%
2021	94.4%
2020 CA	78.8%
2020 NV	74.6%

WEEKLY PHYSICAL ACTIVITY
30 min/5 days past week

2017	34.4%
2021	44.9%

PHYSICAL ACTIVITY FREQUENCY
times/week

2017	5
2021	5.9

STRENGTH TRAINING
past month

2017	63.3%
2021	62.7%

GENERAL HEALTH + NUTRITION

GENERAL HEALTH
good, very good or excellent health

2017	92.2%
2021	93.2%
2020 CA	85.1%
2020 NV	82.2%

MEALS AT HOME
every day

2017	21%
2021	40%

VEGETABLES
3+ servings/day

2017	11.6%
2021	7.5%

ROUTINE CARE

MEDICAL CHECK-UP
past year

2017	57.9%
2021	54.5%
2020 CA	65.6%
2020 NV	68%

HAS PERSONAL PHYSICIAN

2017	71.1%
2021	64.8%
2020 CA	75.7%
2020 NV	66.8%

DENTAL VISIT
past year

2017	82.3%
2021	75.7%
2020 CA	64.6%
2020 NV	60.8%

FLU VACCINE
ages 18-64

2017	48.6%
2021	54%

FLU VACCINE
ages 65+

2017	72.4%
2021	74.5%
2020 CA	68.8%
2020 NV	61.8%

MENTAL/BEHAVIORAL HEALTH

Randomized Survey Population

The following graphs compare 2017 randomized adult responses to 2021 randomized adult responses by key indicator

Mental/Behavioral health needs, identified in the first CHNA in 2011, have been exacerbated by the COVID-19 pandemic. Both anxiety and depression have increased since 2017. Anxiety impacts 1-in-6 residents, and 1-in-4 experienced depressive symptoms in the previous two weeks including changes in appetite, trouble concentrating, change in energy level or feeling hopeless. Residents experiencing 1+ days of poor mental health and those diagnosed with a depressive disorder have also increased as has the access to mental health counseling services.

ANXIETY DISORDER
ever told

2017	10.4%
2021	15.7%

DEPRESSIVE DISORDER
ever told

2017	13.4%
2021	19.5%
2020 CA	14.1%
2020 NV	17.6%

PHQ-8 CURRENT DEPRESSION INDICATOR
currently depressed

2017	4.5%
2021	10.2%

DEPRESSIVE SYMPTOMS IN THE PAST TWO WEEKS
at least one symptom

2017	21%
2021	26.9%

MENTAL HEALTH COUNSELING
in last year

2017	7.6%
2021	9.8%

POOR MENTAL HEALTH
1+ days when mental health not good

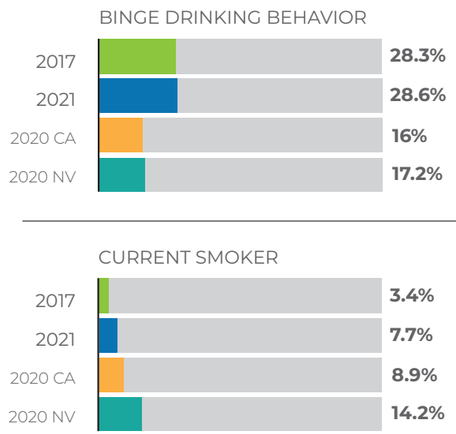
2017	34%
2021	39.9%
2020 CA	40%
2020 NV	40.4%

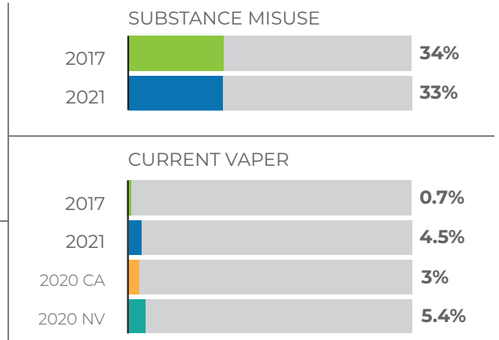
SUBSTANCE MISUSE

Randomized Survey Population

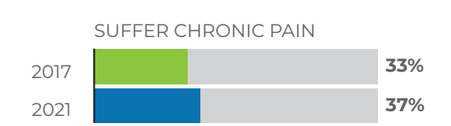
The following graphs compare 2017 randomized adult responses to 2021 randomized adult responses by key indicator

Historically, one in three TFHS service area residents report elevated substance use, defined as binge drinking, near daily marijuana use, or use of non-prescribed medications. In addition, the percentage of residents who smoke or use e-cigarettes *(vape)* increased.





Beginning in 2017, in response to opioid use nationwide, TFHS implemented a variety of strategies to reduce opioid misuse and provide treatment for opioid use disorder. Approaches included alternative therapies for pain management, counseling, medication-assisted treatment as well as medical provider education, prescription tracking, and standardized clinical practices. This resulted in a dramatic decrease in the percentage of residents taking prescription pain meds despite an increase in the percentage of residents who suffer from chronic pain.

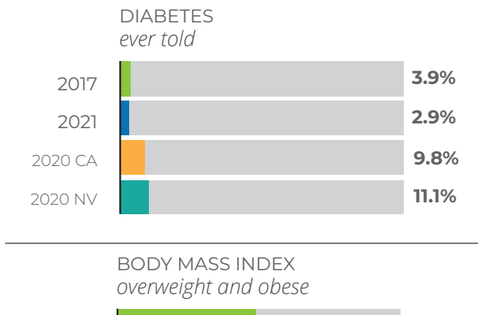


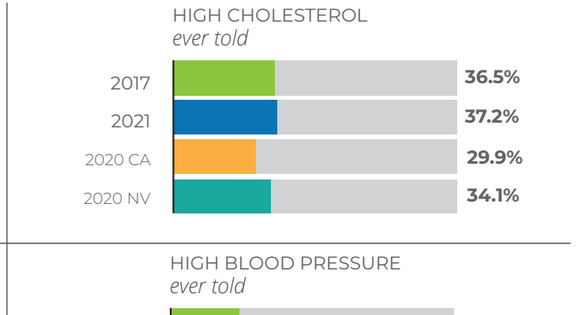
CHRONIC DISEASE

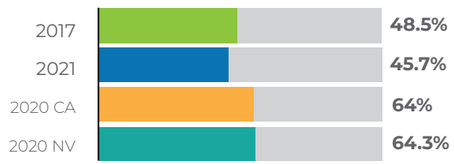
Randomized Survey Population

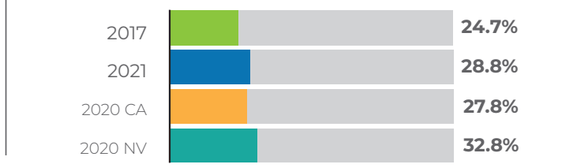
The following graphs compare 2017 randomized adult responses to 2021 randomized adult responses by key indicator

The indicators related to chronic conditions offer a mixed picture. Reported diabetes and being overweight declined slightly compared to 2017, while reports of chronic pain *(see pg. 16)* and high blood pressure increased. Although the percentage of respondents who self-report an elevated body mass index is below that of California and Nevada, it is important to note that nearly 1-of-2 residents are overweight or obese.









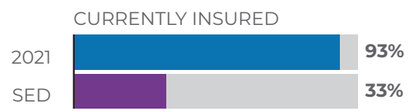
SOCIAL HEALTH NEEDS & HEALTH DISPARITIES

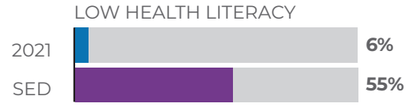
Targeted (SED) Survey Population compared to Randomized Survey Population (2021)

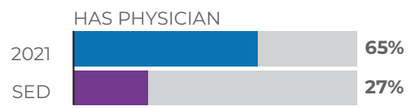
By gathering targeted data from historically undersampled subpopulations, using the exact same survey questions, TFHS obtained additional insight into the hardships being experienced by our underserved/socioeconomically disadvantaged (SED) residents including unhoused, Latinx, low-income and young adults, referred to in the graphs below as SED.

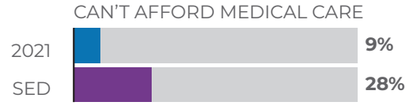
ACCESS TO CARE

Targeted adults reported more access to care barriers than the randomized adults including language barriers, transportation barriers, health literacy challenges, and unfair treatment while receiving medical care. They were also less likely to have a personal medical provider, to have experienced a period with no health insurance, to have been late with their rent or mortage, and to have been unable to afford health care. These residents are also much more likely to rent, than to own their homes.



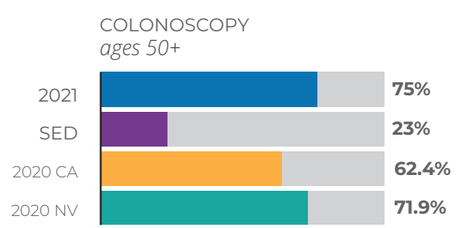






PREVENTATIVE HEALTH SCREENINGS

Preventative health screenings are especially low for our underserved/socioeconomically disadvantaged (SED) residents.

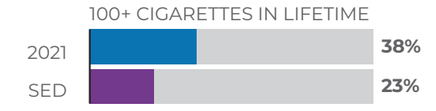


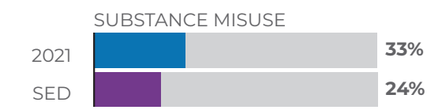
SOCIAL HEALTH NEEDS & HEALTH DISPARITIES

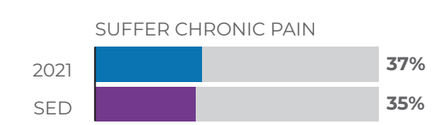
Targeted (SED) Survey Population compared to Randomized Survey Population (2021)

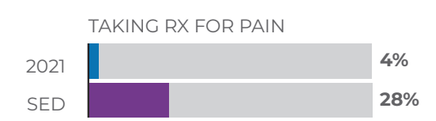
HEALTH BEHAVIORS & CONDITIONS

Underserved/socioeconomically disadvantaged respondents reported less drinking and substance misuse, but are more likely to smoke, display symptoms of depression and/or be overweight/obese. Regardless of demographic, chronic pain is experienced by more than one in three Truckee-North Tahoe residents. Of those living with chronic pain, SED respondents are more likely to take prescription medication for pain control than the randomized survey respondents.









SOCIAL HEALTH NEEDS & HEALTH DESPARITIES

Targeted (SED) Survey Population compared to Randomized Survey Population (2021)

STRESS BUSTERS/PROTECTIVE FACTORS DATA

Stress Busters, otherwise referred to as protective factors, can help reduce stress and the potential negative effects prolonged stress can have on the body. Examples of protective factors include getting regular exercise, eating healthy food, getting a good night's sleep, practicing mindfulness or gratitude, receiving mental health support when needed, spending time outside, and engaging with friends and family in seemingly simple but meaningful ways.

SUPPORTIVE RELATIONSHIPS ≥ 1

About how many close friends and relatives do you have whom you feel at ease with and can talk to about what is on your mind? *(1 or more)*

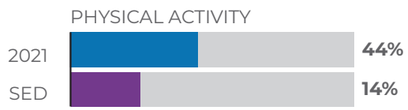
QUALITY SLEEP

Strongly disagree with 5 sleep-related questions

BALANCED NUTRITION

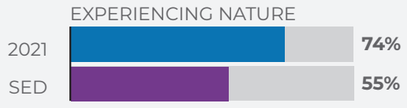
Not counting carrots, potatoes, or salad, how many servings of vegetables did you eat during the past week? *(3 or more on 5 days)*

PHYSICAL ACTIVITY



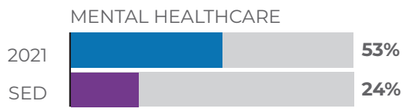
30 minutes a day/5 days a week of physical activity

EXPERIENCING NATURE



How many times per month would you say you participate in outdoor recreational activities *(8 or more times/month)*

MENTAL HEALTHCARE



I don't really know how to find a mental health provider *(strongly disagree)*

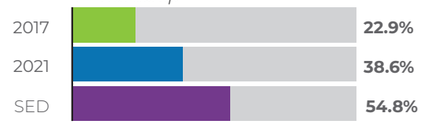
SOCIAL HEALTH NEEDS/IMPACT OF THE COVID-19 PANDEMIC

2017-2021 Randomized Survey compared to Targeted (SED) Survey Population

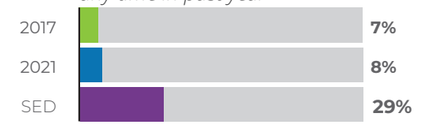
COVID-19

More respondents experienced economic hardship in 2021 compared to 2017, however SED respondents were more significantly impacted by COVID-19 than the population overall. SED residents were more likely to lack health insurance, be unable to afford needed medical care, and experience severe stress due to the loss of a loved one in the past 12 months. More than half of SED respondents reported economic hardship including food insecurity, job loss and unstable housing.

ECONOMIC HARDSHIP
1+ hardship

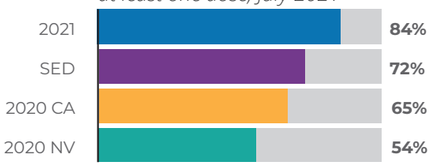


EVER UNINSURED
any time in past year



LATE RENT/MORTGAGE

COVID VACCINE
at least one dose, July 2021



LOSS OF A LOVED ONE

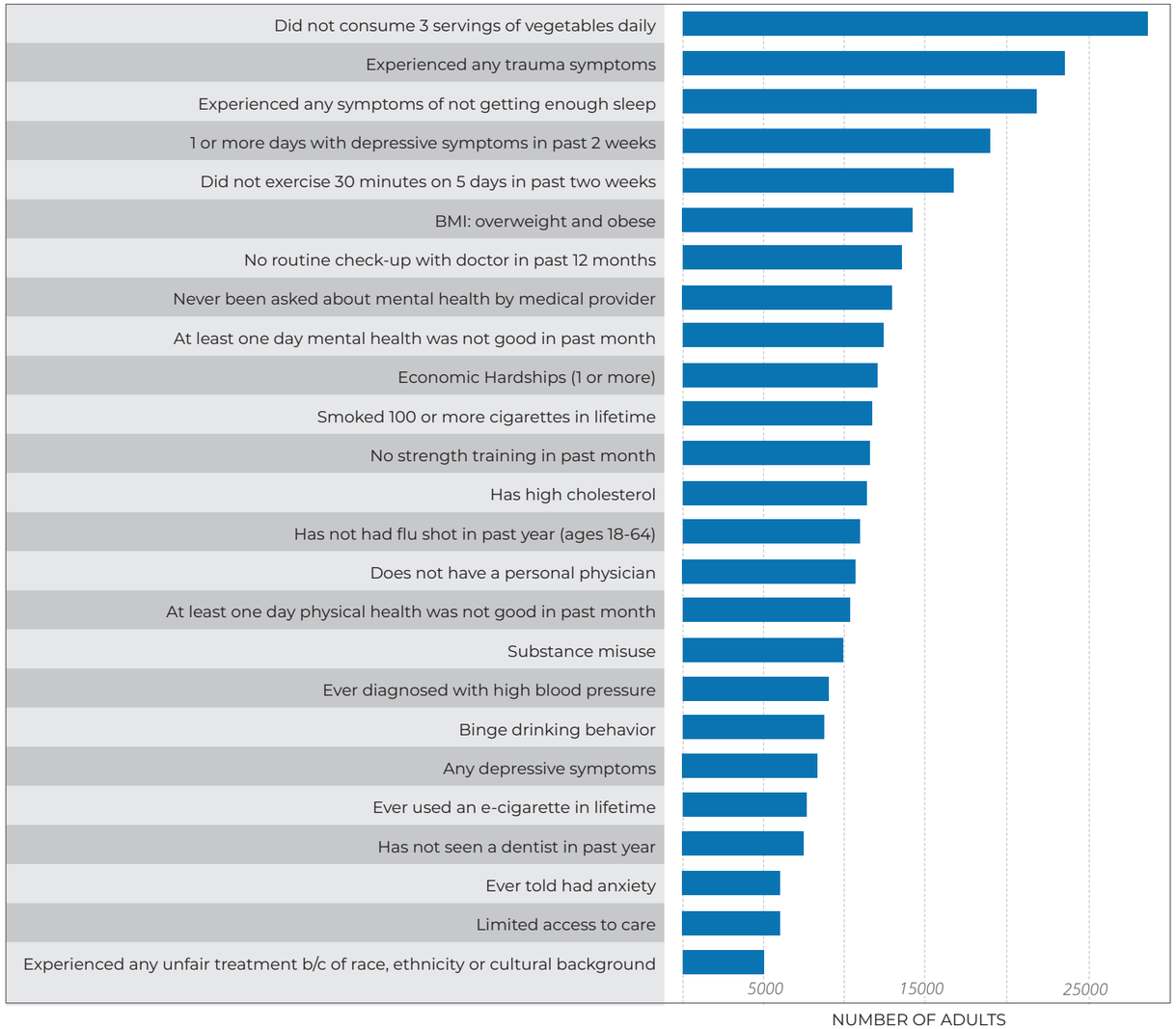
Source:
https://usafacts.org/visualizations/covid-vaccine-tracker-states

TOTAL ADULT RESPONDENTS REPORTING BEHAVIOR, CONDITION OR EXPERIENCE

Survey Findings

Another way to look at the data is by applying the data percentages to the broader population. In aggregate terms, diet, exercise, trauma, sleep, obesity and mental health affects large numbers of TFHS residents.

FIGURE 1: Total Adult Residents Reporting Attitude, Behavior or Experience, TFHS 2021 blue bars provide estimates of the adult population that reported each behavior, condition, or experience during 2021. The estimated error for these estimates is +3,817 adults.
(Total number of adult residents in the TFHS service area in 2019 according to the U.S. Census = 29,962 adults)



SECONDARY DATA FINDINGS

COUNTY HEALTH RANKINGS

In addition to the local TFHS surveys, County Health Rankings data from the Robert Wood Johnson Foundation and University of Wisconsin Population Health Institute provides insight into county-level health needs:

> "The County Health Rankings model illustrates the many factors that, if improved, can help make communities healthier places to live, learn, work and play. Policies and programs at the local, state and federal levels play an important role in influencing these factors. By implementing strategies that target the specific health challenges of a community, there is an opportunity to influence how long and how well people live.
>
> There is a wide range of policies, programs, systems, and environmental changes that can make a difference locally. Some interventions target individual behaviors, such as influencing dietary choices, exercise levels, or alcohol consumption. Other strategies try to tackle systems and structures, such as enhancing opportunities for education, stimulating economic development, and increasing neighborhood safety.
>
> No single strategy will ensure that everyone in the community can be healthier, and many policies and practices in the past have marginalized groups of residents, such as people of color, keeping them from the resources and supports necessary to thrive. Our collective health and well-being depend on building opportunity for everyone."

According to this model, the relative health rankings of the counties located in the TFHS service area vary considerably. Compared to the other 58 counties in California, Placer County has mostly positive health rankings and, in fact, ranks among the top three counties on health outcomes and factors. Sierra County is situated in the bottom half of counties in the state of California for its health outcomes and factors. Washoe County has comparatively favorable rankings relative to the other 17 counties in Nevada.

TABLE 3: RELATIVE COUNTY RANKS ON COUNTY HEALTH RANKINGS OUTCOMES AND FACTORS (2021)

	Length of Life	Quality of Life	Health Behaviors	Clinical Care	Social & Economic Factors	Physical Environment
El Dorado County, CA	16	11	17	13	8	16
Nevada County, CA	24	5	15	9	7	7
Placer County, CA	9	2	6	2	1	11
Sierra County, CA	28	53	25	36	46	8
Washoe County, NV	4	8	2	2	4	15
Top Performing CA Counties (out of 58 CA counties)						
Placer	9	2	6	2	1	11
Marin	1	1	2	1	3	24
San Francisco	6	7	8	4	14	2
Top Performing NV Counties (out of 17 NV counties*)						
Douglas	3	2	1	1	2	10
Eureka	9	6	6	6	1	1
Storey	9	3	4	4	3	12

Source: Robert Wood Johnson Country Health Rankings, 2021. * Nevada has 16 counties and 1 independent city (Carson City) which is treated as a county in the County Health Rankings; Esmeralda County is not ranked in 2021.

RATES OF LEADING CAUSE OF DEATH

In the United States, California and Nevada, the leading causes of death are non-communicable diseases that cannot be passed from person-to-person. The rates for these leading causes of death are shown here.

TABLE 4: RATES OF LEADING CAUSES OF DEATH PER 100,000 RESIDENTS

	U.S.	CA	NV
HEART DISEASE	171.8	144.0	201.3
MALIGNANT NEOPLASMS	158.9	130.3	144.1
ACCIDENTS	51.4	44.1	53.5
CHRONIC LOWER RESPIRATORY DISEASE	43.2	28.1	44.9
CEREBROVASCULAR DISEASES	38.6	39.1	40.3
ALZHEIMER'S DISEASE	30.2	40.6	28.7
DIABETES MELITUS	22.7	25.4	24.2

Age-adjusted rate, 2020: *https://cdc.gov/nchs/pressroom/states/california/ca.htm and https://www.cdc.gov/nchs/pressroom/states/nevada/ca/htm* (US Country averages)

Focusing solely on these conditions alone would do little to reduce lives lost and disability within a community. However, a population health focus encourages the prevention of diseases instead of its treatment. Even though the specific conditions listed above affect a small portion of the population, the risk factors that contribute to these leading causes of death and reduced quality of life are poor nutrition, smoking/vaping and overweight/obesity which affect a much larger portion of the population.

Personal health behaviors such as physical activity, eating vegetables, getting adequate sleep and social connection significantly improve overall well-being and health while also targeting the leading causes of death.

While on the surface these personal behaviors may seem like simple choices to make, the reality is environment significantly impacts access to basic needs, individual prioritizations and perception of social norms.

CALIFORNIA HEALTHY KIDS SURVEY

Tahoe Truckee Unified School District

California Healthy Kids Survey (CHKS) is a bi-annual survey conducted by Tahoe Truckee Unified School District (TTUSD) to measure school climate and safety, student wellness and youth resiliency in grades 6, 7, 9 and 11. The survey is conducted anonymously in a self-reporting manner, and individual responses are confidential.

Throughout California the CHKS is administered to 600,000 students which allows for comparison between schools as well as for trending over time. This epidemiological surveillance tool is best used for reporting aggregate, district-level data.

THE 2021 CHKS FOR TTUSD SHOWED THAT:

- → Students reporting high levels of Support at school increased
- → Students reporting feeling Safe at school continues to be high
- → Students reporting high levels of School Connectedness has increased
- → Students feeling Sad and Hopeless within the past 12 months has increased
- → Students who seriously considered Suicide in the past 12 months decreased
- → Students reporting Alcohol use in the past 30 days decreased
- → Students reporting Binge Drinking in the past 30 days decreased (5 or more drinks in a row)
- → Students reporting use of E-cigarettes/Vape products has decreased for older grades
- → Students reporting use of Marijuana in the past 30 days decreased

Tahoe Truckee Unified School District California Healthy Kids Survey: https://www.ttusd.org/page/202 >>

CONCLUSION

TAHOE FOREST HEALTH SYSTEM IS AN INTEGRAL COMMUNITY PARTNER IN MEETING THE HEALTH AND HEALTH CARE NEEDS OF THOSE WHO LIVE, LEARN, WORK AND PLAY IN THE REGION.

The next step in the assessment process is to develop a Community Health Improvement Plan. A Community Health Improvement Plan (CHIP) is a long-term systemic effort to address public health problems based on the results of the community health needs assessment.

TFHS Community Health staff, in collaboration with other health system departments and community partners, will develop a 3-year CHIP. Goals for each priority area will identify strategies that target different levels of engagement at the Health System level, Departmental level and Community level.

TFHS looks forward to translating the learnings from the 2021 CHNA into actions to improve community health.

All Tahoe Forest Health System Community Health Needs Assessments and Community Health Improvement Plans can be accessed here: *https://www.tfhd.com/wellness-neighborhood/reports*

ACKNOWLEGEMENTS

TFHS would like to recognize the many community partners who helped to guide the assessment process by vetting survey questions, identifying new trends where data was lacking and helping to spread awareness when the survey was underway.

Thank you to Sierra Community House and their Promotora Team who ensured the life experiences of historically under-sampled residents were included. Such a robust data-collection methodology and comprehensive assessment would not have been possible without their continued collaboration.

Finally, TFHS would like to express our immense gratitude to Berwood Yost and Jacqueline Redman with the Center for Opinion Research at Franklin & Marshall College. Their expertise and insight guided this process from 2019 through December 2022 and ensured the capture of reliable, valid and meaningful community health data for the TFHS service area.

APPENDICES