

Community Health Needs Assessment

Executive Summary

TAHOE FOREST HOSPITAL & INCLINE VILLAGE COMMUNITY HOSPITAL

Summary of Key Findings

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.

Our key needs continue to fall into the domains of Substance Misuse, Mental/Behavioral Health, Prevention and Wellness, Chronic Disease and Health Disparities.

The COVID-19 pandemic impacted health indicators nationwide. Locally, we saw an increase in depression and anxiety, continued elevated levels of substance misuse, a decrease in preventive screenings and well visits, and a reduction in health system utilization overall. However, our residents continue to be physically active, and the large majority report good, very good, and excellent health. Local opportunities for COVID-19 vaccine resulted in most of our residents being immunized.

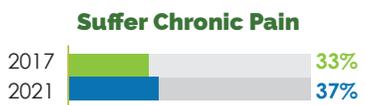


LEGEND	2017	Randomly surveyed adults in 2017
	2021	Randomly surveyed adults in 2021
	SED	Targeted survey in 2021 of underserved/socioeconomically disadvantaged populations including unhoused, low-income, and Latinx
	CA	CA state-level data
	NV	NV state-level data

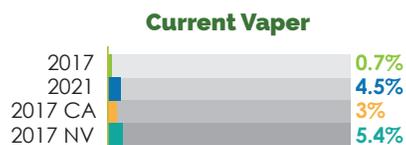
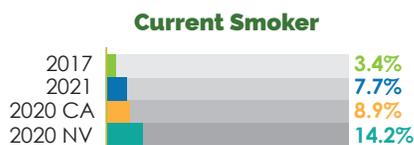
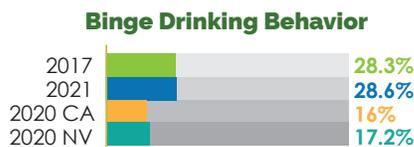
Substance Misuse

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.

1 in 3 TFHS service area residents reports elevated substance use

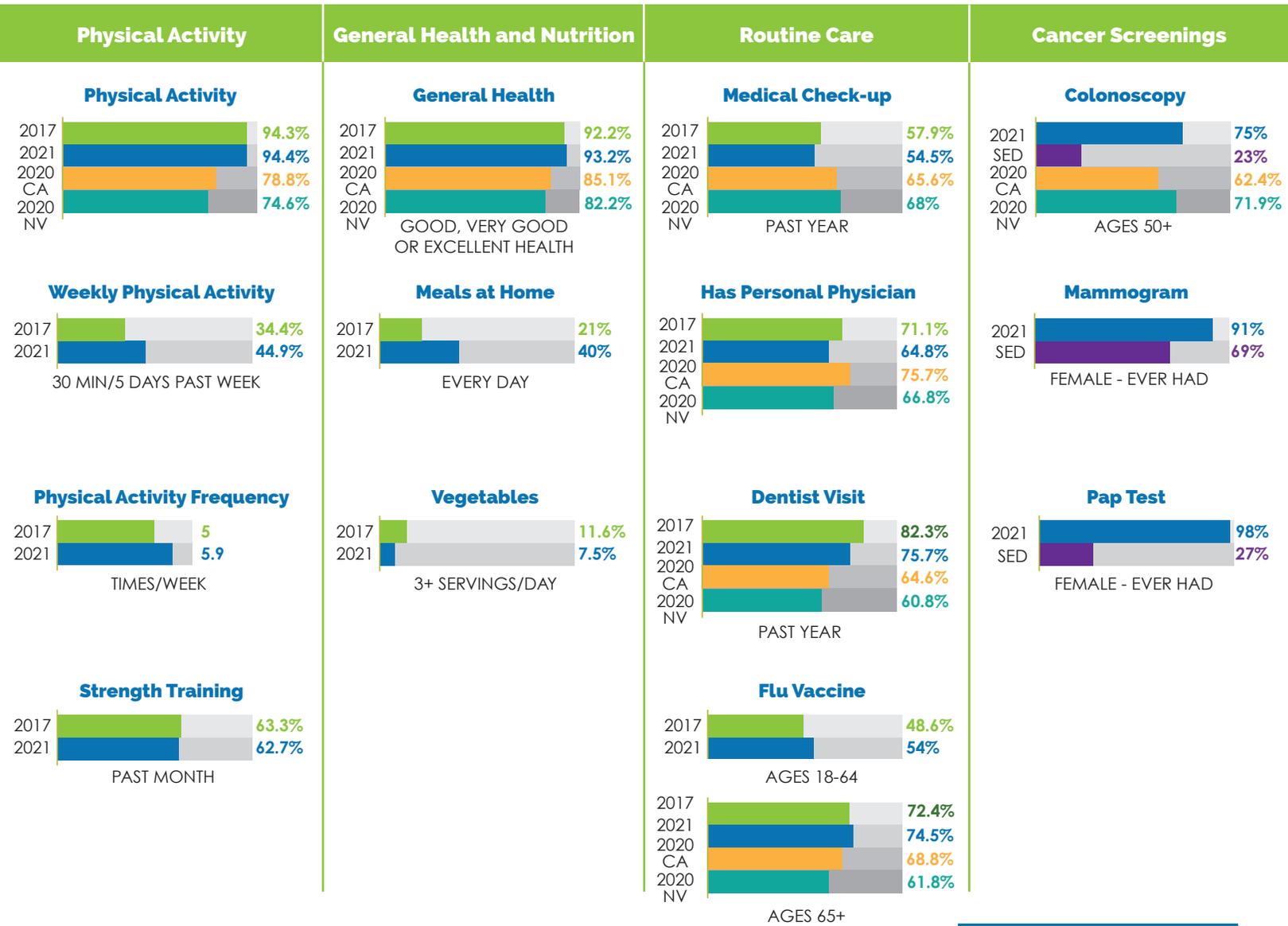


Historically, one in three TFHS service area residents reports elevated substance misuse, defined as binge drinking, near daily marijuana use, or use of non-prescribed medications. In addition, the percentage of residents who smoke or use e-cigarettes (vape) increased.



Prevention and Wellness Behaviors

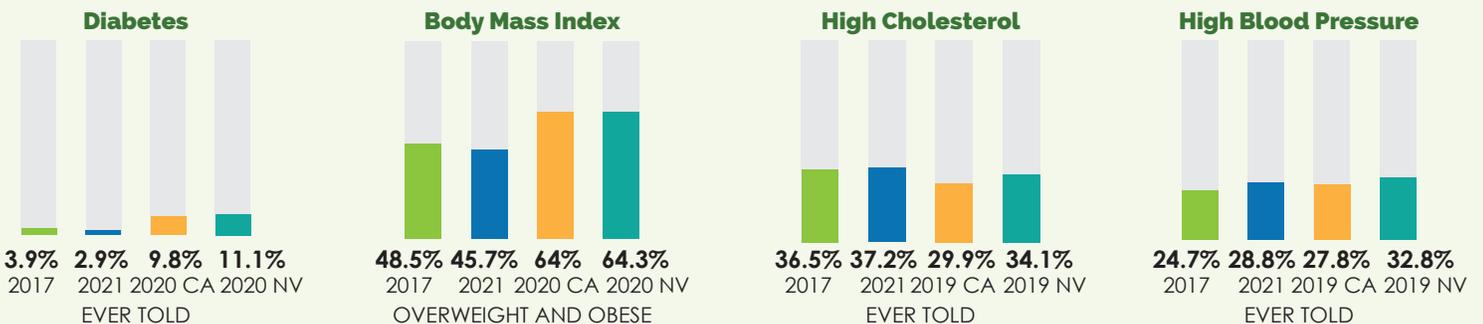
TFHS residents continue to lead active lifestyles and report good overall health. Select prevention behaviors increased (i.e. flu vaccination) but overall preventative visits decreased. Prevention screenings are especially low for our underserved/socioeconomically disadvantaged residents (SED). The impact of shelter-in-place orders, fear of visiting a clinic, and economic hardship are reflected in a reduction in routine care.



Chronic Disease Risks and Preventable Health Conditions

The indicators related to chronic conditions offer a mixed picture. Reported diabetes and being overweight declined a bit compared to 2017, while reports of high cholesterol 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 out of 2 residents are overweight or obese.

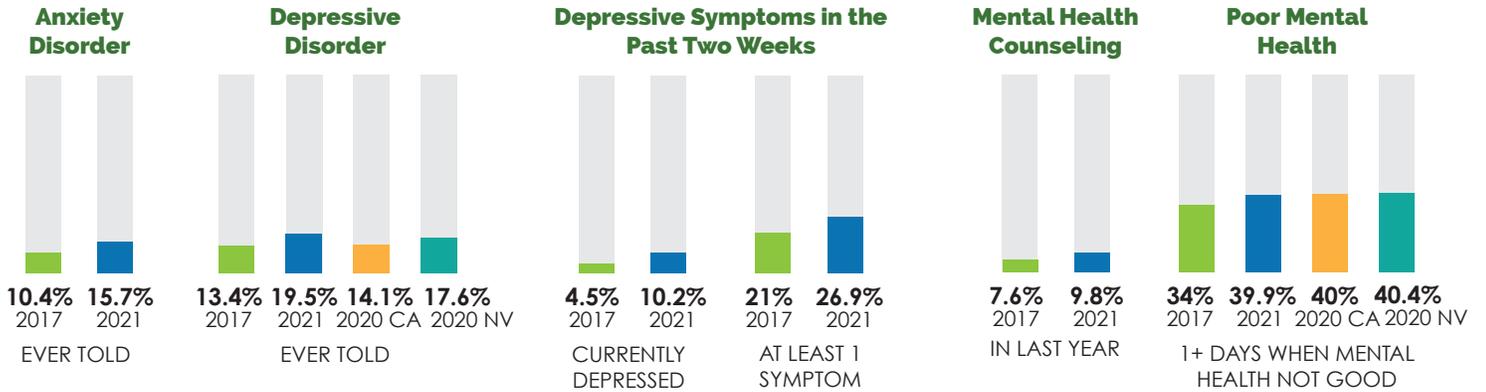
Nearly **1 in 2** respondents self-report being overweight or obese



Mental/Behavioral Health

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 residents experienced a depressive symptom in the previous two weeks including changes in appetite, trouble concentrating, changes in energy level or feeling hopeless.

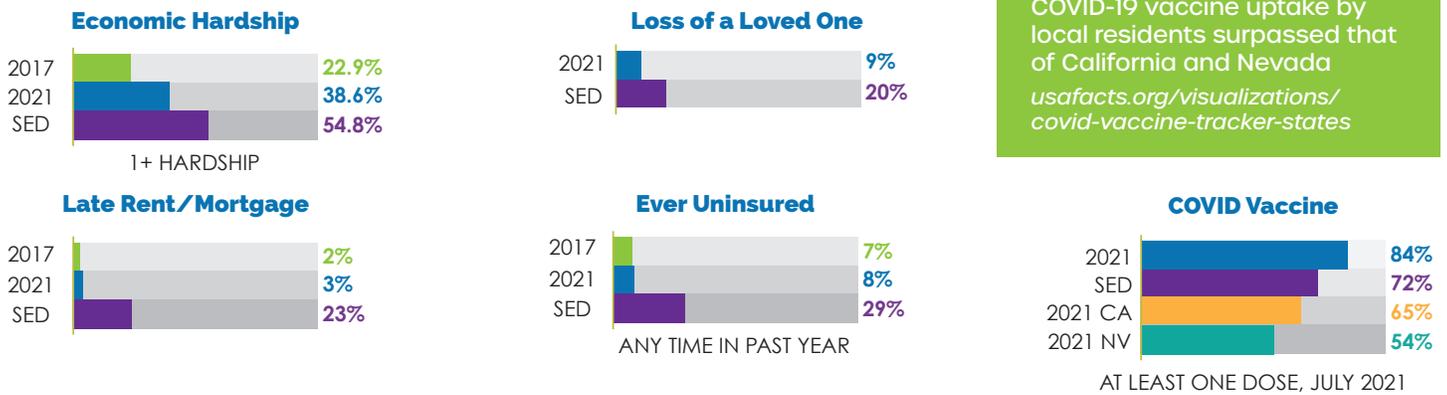
95% of respondents agree that mental health and physical health are equally important to their well-being.



COVID-19

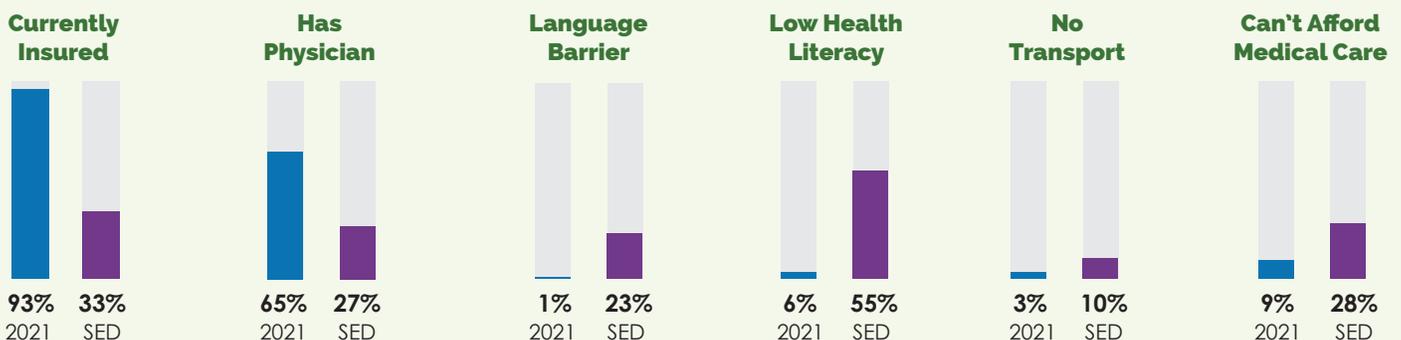
More respondents experienced economic hardship in 2021 compared to 2017, however SED respondents were more significantly impacted by COVID-19 than the population overall. SED residents were more likely to lack health insurance, be unable to afford needed medical care, and experience severe stress due 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.

COVID-19 vaccine uptake by local residents surpassed that of California and Nevada
usafacts.org/visualizations/covid-vaccine-tracker-states



Health Disparities and Access to Care

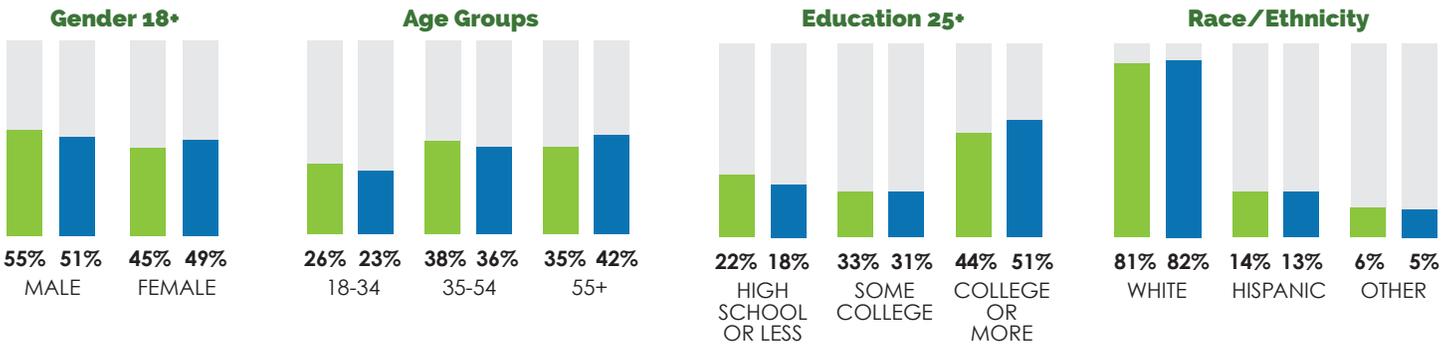
SED respondents are less likely to carry health insurance or have a primary care provider and more likely to experience language barriers, need help reading materials from their medical provider and need transportation to get to a doctor's appointment. All data is reflective of 2021 CHNA.



Demographic Shift

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 include more gender balance, more residents over 55 years of age, more college educated residents, and less ethnic diversity.

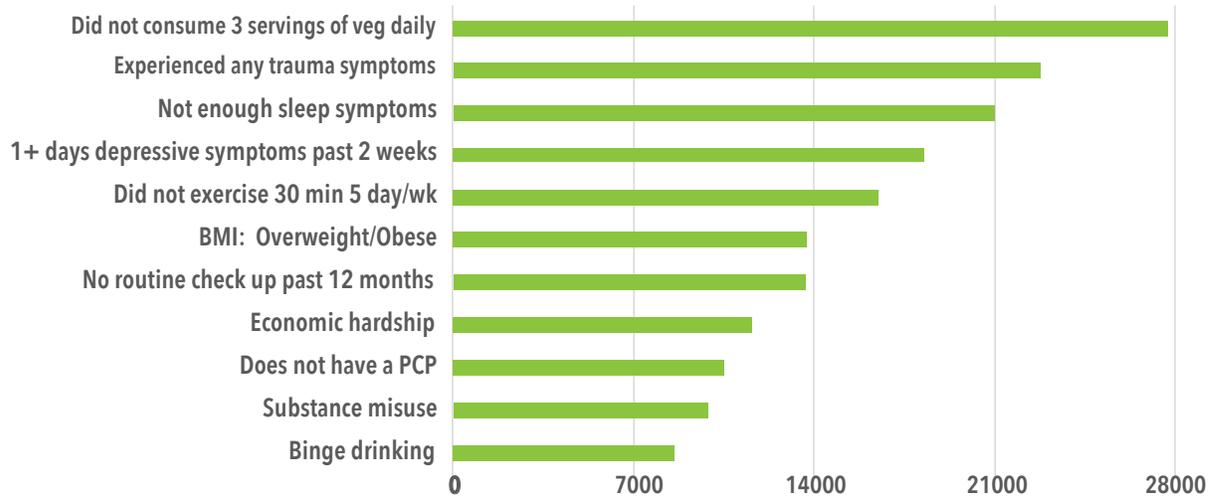
2015 2019



Community Health Impact - Applying CHNA Results to the Broader Community

The bars provide estimates of the adult population that reported each behavior, condition, or experience during 2021. In aggregate terms diet, exercise, trauma, sleep, obesity, and mental health issues affect large numbers of TFHS residents. Population totals estimated from 2021 CHNA.

HEALTH BEHAVIORS, SYMPTOMS, AND CONDITIONS (NUMBER OF ADULTS)



Methodology: The primary source of local, current data about Tahoe Forest Health System (TFHS) comes from a Community Health Needs Assessment (CHNA) survey. The CHNA information is based on a behavioral risk factor survey of 432 adult residents of the TFHS service area. The survey interviewing took place from May to July, 2021. The survey sample was designed to be representative of the adult, non-institutionalized population of the TFHS service area. The CHNA survey used an address-based sampling strategy. All sampled respondents were notified by mail about the survey. Interviews were completed over the phone and online depending on each respondent's preference, and could be completed in English or Spanish. The survey instrument was also made available to clients of the Sierra Community House (SCH). The SCH clients completed 146 surveys. Some comparisons are made in this report between the representative CHNA survey data and the SCH data to hint at differences related to lower income residents of the TFHS service area.