TAHOE FOREST HOSPITAL DISTRICT

2025-02-24 Board Community Engagement Committee

Monday, February 24, 2025 at 2:00 pm

Tahoe Forest Hospital - Eskridge Conference Room

10121 Pine Avenue, Truckee, CA 96161

Meeting Book - 2025-02-24 Board Community Engagement Committee

Agenda Packet Contents

TAHOE FOREST
HOSPITAL DISTRICT

BOARD COMMUNITY ENGAGEMENT COMMITTEE AGENDA

Monday, February 24, 2025 at 2:00 p.m.
Eskridge Conference Room – Tahoe Forest Hospital
10121 Pine Avenue, Truckee, CA 96161

1. CALL TO ORDER

2. ROLL CALL
Rob Darzynkiewicz, MD, Chair; Mary Brown, Board Member

3. CLEAR THE AGENDA/ITEMS NOT ON THE POSTED AGENDA

4. INPUT – AUDIENCE
This is an opportunity for members of the public to address the Committee on items which are not on the agenda. Please state your name for the record. Comments are limited to three minutes. Written comments should be submitted to the Board Clerk 24 hours prior to the meeting to allow for distribution. Under Government Code Section 54954.2 – Brown Act, the Committee cannot take action on any item not on the agenda. The Committee may choose to acknowledge the comment or, where appropriate, briefly answer a question, refer the matter to staff, or set the item for discussion at a future meeting.

5. APPROVAL OF MINUTES OF: 08/19/2024 **.....** ATTACHMENT

6. ITEMS FOR COMMITTEE DISCUSSION AND/OR RECOMMENDATION

6.1. Immigration Executive Order and Community Impact Discussion
Community Engagement Committee will discuss the recent Immigration Executive Order and its direct and indirect impacts on the local community. Community partners will present their perspectives and may offer recommendations to the Committee.

6.2. Community Health Index..... ATTACHMENT
Community Engagement Committee will receive an update on the Community Health Index, including baseline data and progress towards the Healthy People 2030 targets.

6.3. Community Health Engagement Committee Action Plan
Community Engagement Committee will discuss and consider an action plan for the Committee moving forward.

6.4. Small Wins
Community Engagement Committee will share recent small wins and successes from community engagement efforts.

7. REVIEW FOLLOW UP ITEMS / BOARD MEETING RECOMMENDATIONS

8. NEXT MEETING DATE
The next committee date and time will be confirmed.

9. ADJOURN

*Denotes material (or a portion thereof) may be distributed later.

Note: It is the policy of Tahoe Forest Hospital District to not discriminate in admissions, provisions of services, hiring, training and employment practices on the basis of color, national origin, sex, religion, age or disability including AIDS and related conditions. Equal Opportunity Employer. The telephonic meeting location is accessible to people with disabilities. Every reasonable effort will be made to accommodate participation of the disabled in all of the District's public meetings. If particular accommodations for the disabled are needed or a reasonable modification of the teleconference procedures are necessary (i.e., disability-related aids or other services), please contact the Executive Assistant at 582-3583 at least 24 hours in advance of the meeting.

TAHOE FOREST HOSPITAL DISTRICT

BOARD COMMUNITY ENGAGEMENT COMMITTEE
DRAFT MINUTES

Monday, August 19, 2024 at 2:00 p.m.
Eskridge Conference Room – Tahoe Forest Hospital
10121 Pine Avenue, Truckee, CA 96161

1. CALL TO ORDER
Meeting was called to order at 2:02 p.m.

2. ROLL CALL
Board: Michael McGarry, Chair; Mary Brown, Board Member
Staff in attendance: Louis Ward, Interim CEO; Dr. Brian Evans, Chief Medical Officer; Maria Martin, Director of Community Health; Lizzy Henasey, Population Health Analyst; Megan Shirley, Population Health Medical Director; Wendy Buchanan, Director of Occupational Health; Martina Rochefort, Clerk of the Board

3. CLEAR THE AGENDA/ITEMS NOT ON THE POSTED AGENDA
No changes were made to the agenda.

4. INPUT – AUDIENCE
No public comment was received.

5. APPROVAL OF MINUTES OF: 02/08/2024
Director Brown moved to approve the Board Community Engagement Committee minutes of February 8, 2024, seconded by Director McGarry.

6. ITEMS FOR COMMITTEE DISCUSSION AND/OR RECOMMENDATION

6.1. Community Peak Board Retreat

The Board of Directors stated at their April retreat they would like to have a retreat to specifically address the community peak. There is full board support for dedicating time to define what is community and how do we spend time and money around that.

Community Engagement Committee discussed planning and format of a fall board retreat to expand work on the Community peak. Topics to include:
-Share the completed inventory of the current community initiatives with the full Board.
-Understand what TFHS is paying for the current community health initiatives.
-Oversee staff as it determines how to measure TFHS' current impact on community health.
-Engage with community partners.
-Help define "community benefit".
-Ensure sufficient communication with the community regarding our community initiatives and community benefit.
-Revisit the Community Engagement Committee's Charter to ensure it accurately describes the Committee's role vis-à-vis management/staff's role.

Community Engagement Committee agreed it would be beneficial to have a facilitator that has experience in this area to help drive the conversation.

Community Engagement Committee has questions around what the role of the community is to share their voice in this new venture. Having community partners participate could help capture voices of the community. It could be more helpful to have structure around what the Health System wants first. Is the Health System willing to adjust its priorities based on feedback received?

The structure could be modeled around the fifteen metrics in the five year goal.

Community Engagement Committee discussed challenges with using Blue Zones. They are a for-profit organization. The other challenge for it is that there are too many county lines crossed.

The committee agreed at some point it will have "to put a stake in the ground" and "to take a bite of something" that is manageable.

Director McGarry proposed the Community Health Index as the meat of the retreat agenda. It would be built on data that has come from the community.

The Health System has not historically defined a budget for this work.

Lizzy Henasey, Population Health Analyst, shared a statement from a recent Health Equity conference that you can tell what a health system believes by what they invest in.

Director Brown would like to see a percentage of profit put towards the work with the community. A budget needs to be defined. There will be conflict at times between community and finance.

Community Engagement Committee discussed building a reserve for this work with surplus and then budget in the future.

Megan Shirley, Population Health Medical Director share it might helpful to have a few of the partners come in to the beginning of the retreat to help the group hear directly from a few community partners that touch varies parts of the community. Director Brown would be interested to hear from Sierra Community House.

Currently, the Health System spends roughly $1.4M on community initiatives. Currently, there is no cost center specific for this work.

Community Engagement Committee would like to target October. Director Brown asked if it would be better served to be part of the board retreat in February.

6.2. Fiscal Year 2024 Grants & Sponsorships

Community Engagement Committee reviewed grants and sponsorships awarded in Fiscal Year 2024.

6.3. Small Wins

Community Engagement Committee shared small wins.

7. REVIEW FOLLOW UP ITEMS / BOARD MEETING RECOMMENDATIONS

No discussion was held.

8. NEXT MEETING DATE

The next committee date and time will be confirmed.

9. ADJOURN

Meeting adjourned at 4:02 p.m.

PRIORITY AREAS AND COMMUNITY HEALTH INDEX METRICS

1. Align with identified Community Health Needs
2. Goal to reach nationally-identified Healthy People 2030 targets

Priority Area	Metrics
Health Equity/Disparities	1) Currently Insured 2) Has PCP 3) Food Insecurity (Target population - socioeconomically disadvantaged community members)
Substance Misuse	4) Adult Binge Drinking 5) Adult Smoking 6) Youth Current Vaping 7) Youth Binge Drinking
Chronic Disease Management	8) Diabetes in Control (A1c<9) 9) Hypertension in Control (<130/80)
Mental/Behavioral Health	10) Loneliness 11) Social and Emotional Support 12) Youth Mental Health
Prevention and Wellness	13) Mammography 14) Colorectal Cancer Screening 15) Has PCP

Community Health Index		TFHS Baseline Data (see Legend)	Healthy People 2030 Baseline	Healthy People 2030 Target	2028 Results (%)	2024 Score based on HP2030 Target	2028 Score based on HP2030 Target	Total Points Available
Health Equity/Disparities	Target Population - Socioeconomically disadvantaged (SED) community members. Goal of these metrics are to reduce the diparity between the SED population and our randomly surveyed population.							
	Currently insured (SED)	33.0%	89.8%	92.4%	TBD	0	TBD	1
	Have a personal doctor or health care provider (SED)	27.0%	76.0%	84.0%	TBD	0	TBD	1
	Food insecurity (SED)	13.0%	12.8%	6.0%	TBD	0	TBD	1
Substance Misuse								
	Adult Binge Drinking Behavior	28.6%	26.0%	25.4%	TBD	0	TBD	1
	Adult Smoking	7.7%	20.4%	17.4%	TBD	1	TBD	1
	Youth Vaping	18.0%	13.1%	10.5%	TBD	0	TBD	1
	Youth Binge Drinking	14.0%	11.1%	8.4%	TBD	0	TBD	1
Chronic Dz Management								
	People with Diabetes who have an A1c <9 (Adults)	70.7%	81.3%	88.4%	TBD	0	TBD	1
	People with Hypertension in Control <130/80 (Adults)	38.9%	16.1%	18.9%	TBD	1	TBD	1
Mental/Beh Health								
	Loneliness (5% improvement from UCLA National baseline)	28.0%	38.5%	29.4%	TBD	1	TBD	1
	Rarely or Never Gets needed social and emotional support	12.0%	19.1%	7.7%	TBD	0	TBD	1
	Youth Mental Health: Sad/Hopeless (5% improvement from CA Healthy Kids Survey TTUSD baseline)	41.0%	42.0%	39.0%	TBD	0	TBD	1
Prevention and Wellness								
	Mammogram (in the last 2 years)	60.0%	75.6%	80.3%	TBD	0	TBD	1
	Colorectal Cancer Screening -Met USPSTF Recommendations (baseline from 2025 CHNA)	TBD	58.7%	68.3%	TBD	TBD	TBD	1
	Have a personal doctor or health care provider (1 or more)	65.0%	76.0%	84.0%	TBD	0	TBD	1

TAHOE FOREST HEALTH SYSTEM

COMMUNITY HEALTH IMPROVEMENT PLAN

2023—2025

TAHOE FOREST HEALTH SYSTEM

Tahoe Forest Health System Community Health Improvement Plan (2023-2025)

Mission: Enhance the health of our communities through excellence and compassion in all we do.

Providing inspiration, expertise and advocacy to support meaningful change for individuals, our community and our Health System.

KEY PRIORITY AREAS and GOALS

Health Equity and Social Drivers of Health

Improve health outcomes by addressing health equity and social drivers of health.

FY23-25 Goals

- Develop a system-wide plan to identify disparities and support patients in navigation to resources
- Develop a health equity strategic plan including quality improvement activities, engagement of leadership, collection and analysis of equity-focused data.
- Collaborate with community partners and local government agencies to address social drivers of health and cultivate systemic change to advance the attainment of the highest level of health for all people in the Truckee-North Tahoe region.

Prevention and Wellness

Advocate for systems and programs that increase access to care and promote healthy behaviors for lifelong wellness.

FY23-25 Goals

- Re-engage the community in preventative care and early identification of chronic conditions and health risks.
- Explore options to increase access to care for identified service gaps (i.e. telemedicine, dental).
- Support community partnerships and coalitions to drive community health goals.
- Serve as a visible and trusted messenger with whom community members can engage for reliable information and resources outside of traditional medical care.

Chronic Disease Management

Support those with chronic disease in reaching their full health potential.

FY23-25 Goals

- Offer prevention and self-management programming for those with chronic diseases and caregivers.
- Assess emerging trends of our aging population and develop targeted programming such as brain health, physical activity/balance and social connectivity.
- Collaborate with regional partners to advocate and expand resources and infrastructure to support health education and behavior change.

Mental/Behavioral Health

Support community members in experiencing mental wellness and resilience to challenges.

FY23-25 Goals

- Increase access to mental and behavioral health services.
- Expand suicide prevention and crisis response activities.
- Increase awareness of resiliency supports to address the increasing prevalence of depression, anxiety and poor mental health.

Substance Misuse

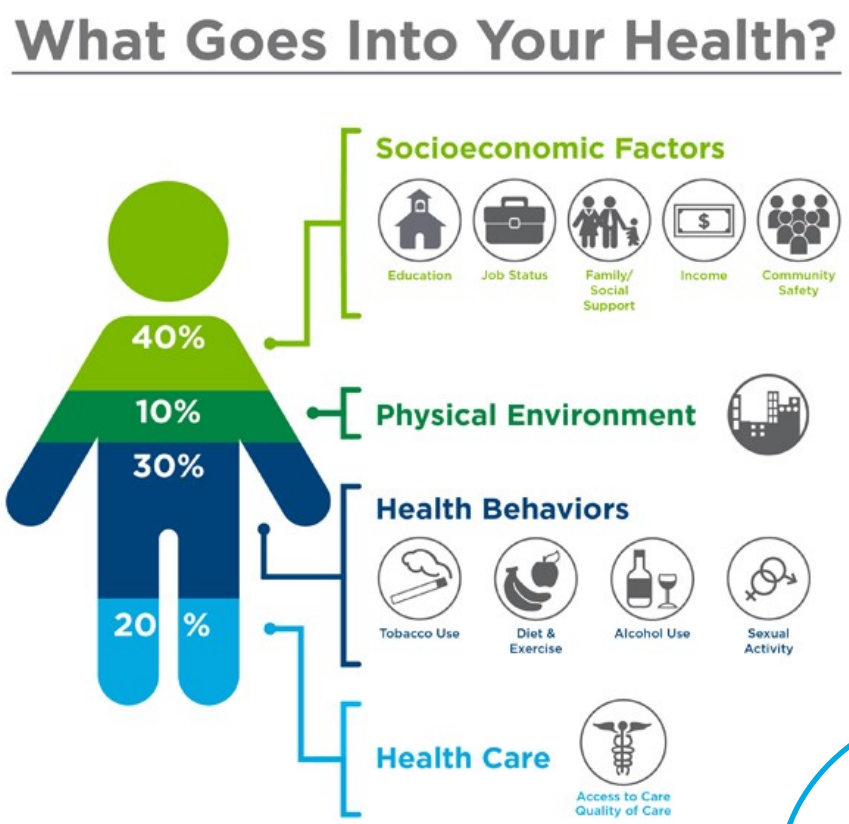
Cultivate an environment that protects community members from substance misuse.

FY23-25 Goals

- Build partnerships to expand outreach, counseling and health education to those at risk of Substance Use Disorder.
- Support prevention and cessation programming and engage youth and the general community in making healthy choices.
- Increase clinical services to ensure access and adherence to Medication Assisted Treatment and Substance Use Treatment Programs (i.e. alcohol, opioids, stimulants etc.).

Introduction

As our region's primary health system, Tahoe Forest Health System (TFHS) understands that a person's health is impacted by many factors beyond the walls of our hospitals and clinics. While we continue to expand clinical services to meet the demands of our growing community, we recognize that access to quality health care is only a portion of one's overall health as shown in the image below[1]. For this reason, TFHS strives to promote health not solely health care.



The TFHS Community Health Improvement Plan (CHIP) presents our three-year goals, priority areas and strategies to improve health and address the findings of the most recent Community Health Needs Assessment[2].

TFHS CHIP goals focus on Health Equity and Social Drivers of Health, Prevention and Wellness, Chronic Disease Management, Mental/Behavioral Health and Substance Misuse.

Health Equity & Social Drivers of Health

Improve health outcomes by addressing health equity and social drivers of health.

Prevention and Wellness

Advocate for systems and programs that increase access to care and promote healthy behaviors

Chronic Disease Management

Support those with chronic disease in reaching their full health potential.

Mental/Behavioral Health

Support community members in experiencing mental wellness and resilience to challenges.

Substance Misuse

Cultivate an environment that protects community members from substance misuse.

Health Equity and Social Drivers of Health

Since the first Tahoe Forest Health System (TFHS) Community Health Needs Assessment (CHNA) conducted in 2011, TFHS has identified differences in health status between demographic groups (i.e. ethnicity, age, gender, etc.). These differences are referred to as health disparities. The COVID-19 pandemic highlighted health disparities nationwide, and in response federal and state agencies passed legislation and increased resources to reduce disparities and promote **Health Equity**. New legislative requirements go into effect in 2023. Although Critical Access Hospitals are exempt (both TFHS hospitals are Critical Access), TFHS recognizes that identifying and addressing the root causes of these disparities significantly impacts people's health, well-being, quality of life and clinical outcomes.

> **Health equity**: The attainment of the highest level of health for all people, where everyone has a fair and just opportunity to attain their optimal health regardless of race, ethnicity, disability, sexual orientation, gender identity, socioeconomic status, geography, preferred language, and other factors that affect access to care and health outcomes.
>
> - *Centers for Medicaid and Medicare 2022 Strategic Plan*[3]

According to the County Health Rankings Model[4], health is influenced by many factors outside of clinical care. Social and economic factors, health behaviors and the physical environment actually have a greater impact on health and overall wellbeing (80% impact) than actual health care (20% impact). As a whole, these clinical and non-clinical influencers are referred to as the **Social Drivers of Health**. Social drivers of health (SDOH) are the conditions in the places where people are born, live, learn, work, play, worship and age that affect a wide range of health factors and quality-of-life outcomes[5].

SDOH contribute to wide health disparities. SDOH can be grouped into 5 domains: economic stability, education access and quality, health care access and quality, neighborhood and built environment, and social and community context. Examples of SDOH needs identified in the 2021 TFHS CHNA for socio-economically disadvantaged respondents include access to nutritious foods and physical activity opportunities, preventative screenings, overall access to care, stress due to the loss of a loved one during the COVID-19 pandemic and economic instability.

Health systems are in a position to help advance health equity through actions and policies that address health disparities. Developing a health equity strategic plan, identifying patients' SDOH needs, and collaborating with community partners and local government agencies to meet SDOH needs and cultivate systemic change will advance the attainment of the highest level of health for all people in the Truckee-North Tahoe region.

Priority Area: Health Equity and Social Drivers of Health

GOALS	STRATEGIES

Develop a system-wide plan to identify disparities and support patients in navigation to resources.*	• Data collection/screening for race, ethnicity, language, financial hardship (utilities, internet access, employment), food insecurity, transportation barriers, intimate partner violence, housing, and social connectivity
	  • Standardizing data collection processes to identify disparities or gaps in care
	  • Training staff on how to collect sensitive data in a culturally-informed manner
	• Data analysis and stratification to identify sub-populations with the greatest needs**
	• Improve navigation and support between care teams and community programs and resources
	  • Build links to community resources in our electronic health record

Develop a health equity strategic plan including quality improvement activities, engagement of leadership, collection and analysis of equity-focused data.*	• Increase organizational knowledge through participation in the Justice, Equity, Diversity and Inclusion (JEDI) Certificate Program to build a more JEDI-focused organizational culture to support staff, patients and families • Increase awareness through system-wide campaigns, trainings and capacity building to deliver culturally-responsive care to patients • Continue to support socioeconomically disadvantaged community members and those with Low English Proficiency (LEP) through targeted programming** • Expansion of Community Health Advocate Services • Explore options for language interpretation that are regionally and culturally specific to the patients we are serving
Collaborate with community partners and local government agencies to address SDOH needs and cultivate systemic change to advance the attainment of the highest level of health for all people in the Truckee-North Tahoe region.	• Cultivate relationships with community leaders advancing equity work including Community Based Organizations, Town, County and State agencies • Maintain awareness of best practices and capabilities of bi-directional referral platforms • Financial support for Community Promotores and Family Support Advocates through Sierra Community House

* Aligns with Federal and State Health Equity reporting requirements; ** Aligns with TFHS Strategic Plan

Prevention and Wellness

Keeping people well is the overarching goal of the Community Health Improvement Plan. The 2021 CHNA revealed that preventive care had decreased compared to previous years. Survey respondents reported less access to a primary care provider, routine annual physicals, annual dental care, and immunizations; with even lower access for underserved/socioeconomically disadvantaged (SED) populations. In addition, SED community members have significantly lower access than the general population for early detection cancer screenings including mammography, cervical cancer and colorectal cancer screenings.

Over the next three years, TFHS plans to re-engage community members in preventive care by adding new Primary Care Providers, implementing patient reminders, and reducing barriers to care through place-based services.

Protective factors: Protective factors 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 such as eating a meal together or reading a book to a child.

- Roadmap for Resilience: The California Surgeon General's Report on Adverse Childhood Experiences, Toxic Stress and Health[7]

The COVID-19 pandemic brought change, loss, grief and stress to the entire community in a manner not previously experienced. The *"Stress Busters"* wheel to the left, highlights 7 healthy habits, or **protective factors**, that lower stress and reduce risk of poor health outcomes. Increasing awareness of the positive impact these behaviors have on health, and developing equitable programming to support residents in putting these healthy habits into practice, goes a long way towards building resiliency to life's up and downs, increasing feelings of connectedness and boosting immunity to infection.

TFHS has the unique opportunity to be a leader in health communications in the Truckee-North Tahoe community. According to the Ad Council Research Institute, doctors and medical professionals are trusted messengers[6]. As the community health system, it is Tahoe Forest's responsibility to promote honest, unbiased health information to guide decision making on important issues. Modernizing channels of communication to reach diverse populations through various mediums will help ensure community members are aware of the **Prevention and Wellness** services applicable to their individual and family needs and interests.

Community partnerships are integral to cultivating a community supportive of healthy behaviors and lifelong wellness. Through our collaborations with multiple local agencies, TFHS will continue to advance work around immunizations, nutrition, perinatal care, adverse childhood experiences, oral health, youth wellness and other prevention-focused initiatives.

Priority Area: Prevention and Wellness

GOALS	STRATEGIES

• Re-engage the community in preventative care and early identification of chronic conditions and health risks.	• Increase Screenings: Mammograms, Cervical Cancer Screening, Colorectal Cancer Screening, Mental Health (depression, anxiety, suicide risk), Nicotine Use, Adverse Childhood Experiences (ACEs)**
	• Continue to provide community health screening resources (affordable labs, blood pressure and blood glucose screenings) **
	• Implement programming to reduce barriers to preventative care visits such as annual drive-thru flu clinics, mammo van, micro transit, remote monitoring and place-based services**
	  • Presence at community-based events to schedule immunizations or Well Visits with the health system (i.e. School District Kinder Orientations)
	• Develop an efficient, automated, multi-tier notification system for recommended preventive care**
	  • Increase active My Chart users
	  • Activate Spanish My Chart

• Explore options to increase access to care for identified service gaps (tele-medicine, dental).	• Leverage technology, including tele-medicine, to increase access** • Increase the proportion of patients with an identified Primary Care Provider** • Reduce the amount of time to the next available Primary Care appointment** • Explore feasibility of incorporating dental prevention and treatment services into TFHS
• Support community partnerships and coalitions to drive community health goals.	• Adverse Childhood Experiences (ACEs) Network of Care • Truckee North Tahoe Immunization Coalition • Truckee North Tahoe Dental Coalition, Nevada and Placer County Oral Health Alliances • Truckee Tahoe Perinatal Outreach Team (TTPOT) • Tahoe Truckee Unified School District (TTUSD) Wellness Partners • Community Collaborative of Tahoe Truckee (CCTT)

• Serve as a visible and trusted messenger with whom community members can engage for reliable information and resources outside of traditional medical care.	• Community outreach and education on strategies to build resiliency and support healthy habits
	  • Themes: healthy nutrition, physical activity, mindfulness, access to nature, sleep, social connections, access to mental health care, safety
	• Refine communication plan to modernize channels of communication**
	  • Include the medical team in developing and promoting best health practices for community health
	  • Utilize the preferred communication methodologies of differing generations
	  • Identify people who have similar backgrounds to serve as messengers to the target populations

** Aligns with TFHS Strategic Plan

TAHOE FOREST HEALTH SYSTEM

Chronic Disease Management

Chronic conditions continue to impact a significant proportion of the Truckee-North Tahoe community. These conditions, ranging from loneliness to high cholesterol to overweight/obese to chronic pain to depression, and chronic conditions, affect more than just the elderly. Many residents are impacted directly, or indirectly, by a chronic condition.

Humans are designed to interact, and connecting with other people improves both physical and mental health. So much in fact, that having strong relationships and feeling socially connected reduces heart disease and stroke, reduces depression and risk of dementia, and reduces risk of early death from all causes. For this reason, supportive programs for the management of chronic diseases take place in group settings to cultivate connectedness. Over the next three years, TFHS plans to expand group education, group therapies and support groups in response to the region's evolving needs and to promote **social connection**.

Social connection: The feeling of belonging to a group and generally feeling close to other people. Scientific evidence strongly suggests that social connection is a core psychological need, essential to feeling satisfied with one's life. Some research-backed benefits of social connection:

- Social connections are vital to happiness
- Social connections are good for our health, help keep our memory sharp and may even protect us from getting colds
- Social connections could help us live longer, reduce the risk of fatal heart attacks, and reduce risky health behaviors such as inactivity, smoking, high blood pressure and other risk factors for heart disease.

- *Greater Good Science Center at the University of California, Berkeley*[8]

The proportion of Truckee-North Tahoe residents over the age of 55 has increased since the 2010 Census. As our population ages emerging education and outreach topics will include brain health, senior-specific exercise/balance classes and opportunities for social connectivity. Ongoing programming will continue to support the prevention of heart disease, diabetes, obesity, cancer and the management of chronic pain.

While technology has incredible value in keeping us connected, meeting with people in real life is something that cannot fully be replicated virtually. Students learn better when they are physically in the classroom, relationships and trust are fortified in the conversations that happen before and after meetings, and human presence encourages more collaborative participation. In order for people to meet in person, community spaces need to be available. TFHS plans to maintain the Center for Health on or near the main Truckee campus and collaborate with regional partners to expand community spaces and facilities for health education, behavior change, and support groups to address our **Chronic Disease Management** needs.

Priority Area: Chronic Disease Management

GOALS	STRATEGIES
• Offer prevention and self-management programming for those with chronic diseases and caregivers.	• Self-management programming includes Diabetes, Chronic Disease/Chronic Pain, Building Better Caregivers, Cancer Survivorship and Leader Trainings • Prevention programming includes the Diabetes Prevention Program, development of a blood pressure equipment lending program, and community Blood Pressure and Blood Glucose screening opportunities
• Assess emerging trends of our aging population and develop targeted programming such as brain health, physical activity/balance and social connectivity.	• Collaborate with Care Coordination, Neurology, Physical and Occupational Therapy, and the Tahoe Forest Center for Health to develop and implement monthly education and support for patients experiencing neurological symptoms and their families • Explore options for seniors to promote social connectivity, resiliency, physical activity, and healthy nutrition
• Collaborate with regional partners to advocate and expand resources and infrastructure to support health education and behavior change.	• Explore options for health programming in shared community spaces such as the Truckee Library, Truckee Donner Parks and Recreation Center, North Tahoe Events Center • Support student internships to promote chronic disease management and population health**

Mental/Behavioral Health

> **Resilience**: The process of adapting well in the face of adversity, trauma, tragedy , threats or significant sources of stress—such as family and relationship problems, serious health problems, or workplace and financial stressors. Resilience involves behaviors, thoughts and actions that anyone can learn and develop.
>
> - *American Psychological Association*[9]

Mental/Behavioral health conditions were exacerbated during the COVID-19 pandemic by life-saving social distancing measures, economic hardships and extreme stress. Local data show that since 2017, currently depressed respondents doubled, poor mental health days doubled, and anxiety and depression diagnoses both increased. When asked the open-ended question: "What do you think is the most important health problem confronting Truckee/Tahoe today?", Mental Health (depression) was reported as the most important health problem.

Mental/Behavioral Health has been an identified community health need since 2011. In response, TFHS created a Behavioral Health Department in early 2019. This department continues to grow and add new providers. The Behavioral Health Department is integrating mental health services into primary care clinics, creating new mental health support groups and adding specialty services such as neuropsychology and developmental behavioral pediatrics.

To support suicide prevention, TFHS launched the Zero Suicide Initiative[10] in 2019 for system-wide transformation toward safer suicide care. TFHS will continue the Zero Suicide Initiative with targeted trainings to advance employee skills, implement improvements to remove barriers to mental health and crisis supports, and support community partnerships to expedite access to prevention information and mental health services (such as the 988 Suicide & Crisis Lifeline). Key partnerships include the Tahoe Truckee Suicide Prevention Coalition, Placer County, Nevada County, Sierra Mental Wellness, Sierra Community House, Tahoe Truckee Unified School District, Gateway Mountain Center and the Community Collaborative of Tahoe Truckee.

As with protective factors mentioned earlier under Prevention and Wellness, **resilience** is a skill that can be cultivated and practiced. Application of the strategies that promote resilience help reduce the prevalence of depression, anxiety and poor mental health.

As a community partner, TFHS will collaborate to advance strategies identified in the regional North Tahoe-Truckee Behavioral Health Roadmap (2021)[11] (developed by the Community Collaborative of Tahoe Truckee), continue to support targeted, at-risk populations through peer-to-peer and nature-based programs, and partner with community-based organizations to increase awareness of **resilience** supports (i.e. Stress Busters) and mental health services.

Priority Area: Mental/Behavioral Health

GOALS	STRATEGIES

• Increase access to mental and behavioral health services.	• Expand mental health services including groups, neuropsychology specialty services, and developmental behavioral pediatrics with the TFHS Behavioral Health Department
	• Advance integration of mental and behavioral health into primary care
	• Continue to support socio-economically disadvantaged community members and youth through targeted programming.
	  ◦ Financial support for Peer Counselors through Sierra Community House
	  ◦ Financial support for Youth Therapeutic Mentoring through Gateway Mountain Center

• Expand suicide prevention and crisis response activities.	• Offer trainings for comprehensive safer suicide care (i.e. Suicide Risk Assessment after an elevated depression screening, safety plan development and crisis response including de-escalation techniques for clinical departments). • Evaluate the impact of the Zero Suicide Initiative for staff and patients • Maximize electronic health system capabilities to further support communication between providers • Community Partners: Community Collaborative of Tahoe Truckee, Tahoe Truckee Suicide Prevention Coalition, Sierra Mental Wellness Group Crisis Worker
• Increase awareness of resiliency supports to address the increasing prevalence of depression, anxiety and poor mental health.	• Collaborate with community partners and well-being leaders to grow the Network of Care and foster community adoption of resiliency practices including supportive relationships and social connectivity, nutrition, sleep, mental healthcare, mindfulness practices, time in nature, and physical activity • Increase provider awareness of community-based resources that support mental health

Substance Misuse

Substance misuse continues to be an identified community health need impacting individuals, families and the health system. Underlying contributors to elevated alcohol and drug use include a social climate where excessive levels of consumption are the norm, increased economic stress associated with the high cost of living, and social isolation related to weather and the transient nature of a resort community.

Alcohol is an important part of social life in Truckee-North Tahoe. Living in a vacation community comes with a nostalgia for a feel-good and party lifestyle where excessive drinking is the social norm. Despite its acceptability, it is not normal or healthy to drink every day.

The Truckee-North Tahoe community is reliant on tourism. For locals, trying to survive in an economy designed for people spending large sums of money on vacation can be challenging and stressful. Day-to-day costs including housing, food and gas are more expensive than elsewhere in Placer, Nevada and Washoe counties.

Binge Drinking: defined as 5 or more drinks on an occasion for men, or 4 or more drinks on an occasion for women.

Most people who binge drink are not dependent on alcohol. However, binge drinking is harmful on its own. It is associated with serious injuries and disease and greater risk of alcohol use disorder.

- Centers for Disease Control and Prevention[12]

Many people move to the region for the beautiful scenery and active lifestyle, yet along with this rural beauty comes challenges of isolation and loneliness. People who live in resort communities often only stay for a season or two. This makes it difficult to set roots in the community, maintain intergenerational relationships and establish deep social attachments. Compounding this is isolation experienced during difficult, blizzard-prone winters and smoky fire seasons.

Isolation plus economic and financial stressors coexisting within the culture of excessive alcohol and drug use, contributes to high rates of substance misuse and depression. In response to this, TFHS will increase community awareness of the health impacts of alcohol and substance use, promote positive coping strategies to encourage healthy life choices and continue to offer cessation services (i.e. Nicotine, Medication Assisted Treatment).

33% of Truckee - Tahoe residents report elevated substance misuse, defined as **binge drinking**, near daily marijuana use or use of non-prescribed medications.

Our small critical access hospital experiences the impact of the high community rates of substance misuse though repeated demand for alcohol detoxification in our Intensive Care Unit (ICU) and frequent substance-use related admissions to our Emergency Department (ED). TFHS has added a Substance Use Navigator to ED staff, a Licensed Drug and Alcohol Counselor and Peer Support Worker and is exploring the implementation of a voluntary alcohol detoxification program to lessen demand on the ICU.

Priority Area: Substance Misuse

GOALS	STRATEGIES
• Build partnerships to expand outreach, counseling and health education to those at risk of Substance Use Disorder.	• Offer nicotine cessation for adults and youth • Re-launch the Vaping Task Force to educate on the risks of vaping • Develop and implement culturally-appropriate education and distribute supplies for safe medication storage (Rx lock boxes), appropriate medication disposal and overdose prevention (test strips, Narcan) • Facilitate the multi-agency Future Without Drug Dependence Coalition with TFHS Behavioral Health Department

• Support prevention and cessation programming and engage youth and the general community in making healthy choices.	• Launch a conversation with community partners and local businesses to explore availability and access to affordable youth programming supportive to making healthy life choices
	  • Adventures: SOS Outreach, Boys and Girls Club, Adventures Risk Challenge, Gateway Mountain Center, Big Brothers Big Sisters
	  • Science ones: Headwaters Science Institute, Tahoe Institute for Natural Science, UC Davis Tahoe Science Center
	  • Potential Leaders: Community Collaborative of Tahoe Truckee through Katz Amsterdam
	• Support Alcohol Edu in local high schools
	• Increase community awareness on the impacts of alcohol use on health and intergenerational effects of substance misuse
	• Promotion of prescription medication take back events and advocate for expansion of year-round prescription medication drop off locations

• Increase clinical services to ensure access and adherence to Medication Assisted Treatment and Substance Use Treatment Programs (i.e. alcohol, opioids, stimulants etc.). (TFHS Behavioral Health Department)	• Increase staff to offer additional individual counseling, group therapy, family support, and other therapeutic supports (i.e. Licensed Clinical Social Worker for Substance Use Disorder, Peer Support Worker) • Increase inpatient support for voluntary alcohol use detoxification to reduce impact on the Intensive Care Unit • Evaluate feasibility of an Intensive Outpatient Program for substance use treatment • Advance equitable access to substance misuse treatment programs by including bilingual, bicultural Community Health Advocates in program development and implementation

Guiding Principals, Prioritization and Conclusion

Goals and strategies within the Priority Areas of Health Equity and Social Drivers of Health, Prevention and Wellness, Chronic Disease Management, Mental/Behavioral Health and Substance Misuse were identified using the Guiding Principals and Prioritization detailed below.

Guiding Principals

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

Prioritization

- **Magnitude** – Number of people affected
- **Impact** – How the issue impacts or exacerbates other health and quality of life issues
- **Feasibility** – The ability to make a difference in the issue with available resources
- **Alignment** – Congruence with other community and health system strategic plans and roadmaps as well as state and federal legislation

Conclusion

In conclusion, Tahoe Forest Health System embraces its role as a community partner in meeting the health and health care needs of those who live, learn, work and play in the region. This Community Health Improvement Plan presents our three-year goals, priority areas and strategies to improve health and address the findings of the most recent Community Health Needs Assessment.

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