2025 COMMUNITY HEALTH NEEDS ASSESSMENT

Truckee-North Tahoe Area

Sponsored by

TAHOE FOREST HEALTH SYSTEM

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INTRODUCTION

PROJECT OVERVIEW

Project Goals

This Community Health Needs Assessment is a systematic, data-driven approach to determining the health status, behaviors, and needs of residents in the Truckee-North Tahoe area that makes up the primary service area of Tahoe Forest Health System (TFHS). Subsequently, this information may be used to inform decisions and guide efforts to improve community health and wellness.

A Community Health Needs Assessment provides information so that communities may identify issues of greatest concern and decide to commit resources to those areas, thereby making the greatest possible impact on community health status. This Community Health Needs Assessment will serve as a tool toward reaching three basic goals:

- To improve residents' health status, increase their life spans, and elevate their overall quality of life. A healthy community is not only one where its residents suffer little from physical and mental illness, but also one where its residents enjoy a high quality of life.
- To reduce the health disparities among residents. By gathering demographic information along with health status and behavior data, it will be possible to identify population segments that are most at-risk for various diseases and injuries. Intervention plans aimed at targeting these individuals may then be developed to combat some of the socio-economic factors that historically have had a negative impact on residents' health.
- To increase accessibility to preventive services for all community residents. More accessible preventive services will prove beneficial in accomplishing the first goal (improving health status, increasing life spans, and elevating the quality of life), as well as lowering the costs associated with caring for late-stage diseases resulting from a lack of preventive care.

This assessment was conducted on behalf of Tahoe Forest Health System by Professional Research Consultants, Inc. (PRC), a nationally recognized health care consulting firm with extensive experience conducting Community Health Needs Assessments in hundreds of communities across the United States since 1994.

Methodology

This assessment incorporates data from multiple sources, including primary research (through the PRC Community Health Survey and PRC Online Key Informant Survey), as well as secondary research (vital statistics and other existing health-related data). It also allows for trending and comparison to benchmark data at the state and national levels.

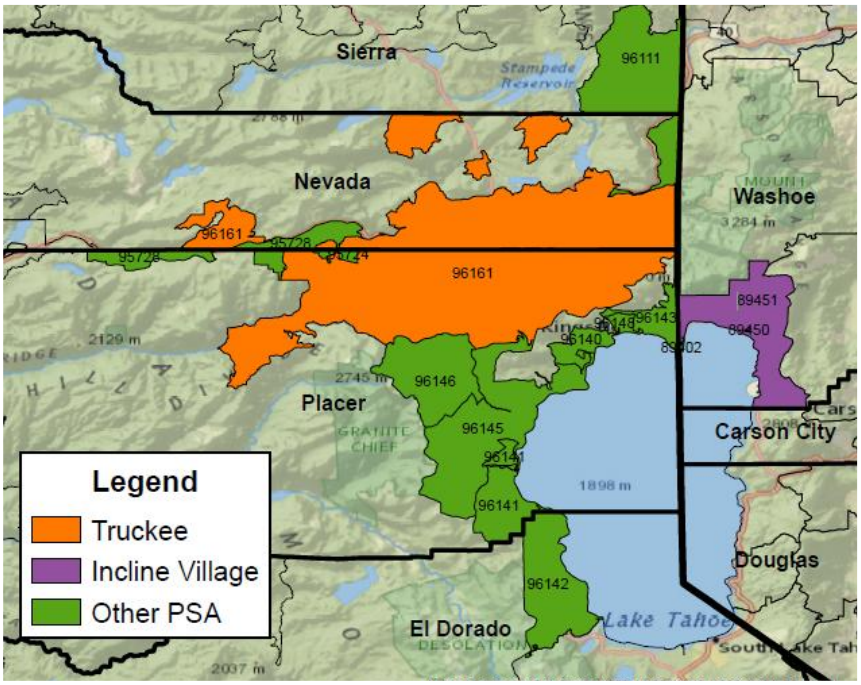
PRC Community Health Survey

Survey Instrument

The survey instrument used for this study is based largely on the Centers for Disease Control and Prevention (CDC) Behavioral Risk Factor Surveillance System (BRFSS), as well as various other public health surveys and customized questions addressing gaps in indicator data relative to health promotion and disease prevention objectives and other recognized health issues. The final survey instrument was developed by Tahoe Forest Health System and PRC and is similar to previous surveys administered in the region, allowing for data trending.

Community Defined for This Assessment

The study area for the survey effort (referred to as the "Primary Service Area" in this report) is defined as residential ZIP Codes comprising the primary service area of Tahoe Forest Health System, including Truckee (96161), Incline Village (89450, 89451, 89452), and these adjacent ZIP Codes in the Tahoe area: 89402, 95728, 95724, 96111, 96140, 96141, 96142, 96143, 96145, 96146, 96148, 96160, and 96162. This community definition is illustrated in the following map.



Sample Approach & Design

A precise and carefully executed methodology is critical in asserting the validity of the results gathered in the PRC Community Health Survey. Thus, to ensure the best representation of the population surveyed, a mixed-mode methodology was implemented. This included targeted surveys conducted by PRC via telephone (landline and cell phone) or through online questionnaires, as well as a community outreach component promoted by the study sponsors through social media posting and other communications.

RANDOM-SAMPLE SURVEYS (PRC) ► For the targeted administration, PRC administered 500 surveys throughout the service area.

COMMUNITY OUTREACH SURVEYS (Tahoe Forest Health System) ► PRC also created a link to an online version of the survey, and Tahoe Forest Health System promoted this link locally in order to drive additional participation and bolster overall samples. This yielded an additional 176 surveys to the overall sample. [Of these, 163 were completed by clients of Sierra Community House, a non-profit, social service organization that serves individuals and families in need in the Truckee-North Tahoe Area; these additional surveys allow for more detailed analyses of socioeconomically disadvantaged residents.]

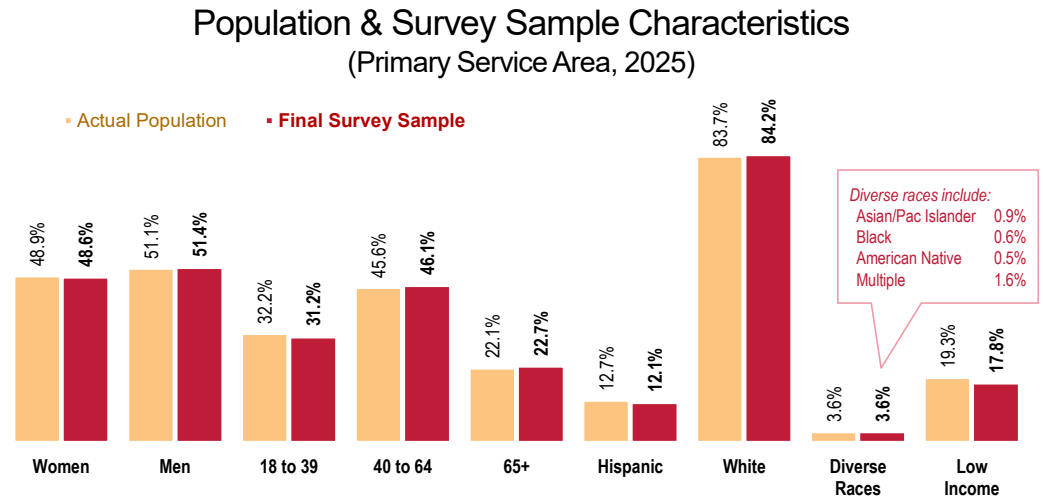
In all, 676 surveys were completed through these mechanisms, including 320 in Truckee, 103 in Incline Village, and 253 in the remaining primary service area ZIP Codes. Once the interviews were completed, these were weighted in proportion to the actual population distribution so as to appropriately represent the Primary Service Area as a whole. All administration of the surveys, data collection, and data analysis was conducted by PRC.

For statistical purposes, for questions asked of all respondents, the maximum rate of error associated with a sample size of 676 respondents is ±3.7% at the 95 percent confidence level.

Sample Characteristics

To accurately represent the population studied, PRC strives to minimize bias through application of a proven telephone methodology and random-selection techniques. While this random sampling of the population produces a highly representative sample, it is a common and preferred practice to "weight" the raw data to improve this representativeness even further. This is accomplished by adjusting the results of a random sample to match the geographic distribution and demographic characteristics of the population surveyed (poststratification), so as to eliminate any naturally occurring bias. Specifically, once the raw data are gathered, respondents are examined by key demographic characteristics (namely sex, age, race, ethnicity, and poverty status), and a statistical application package applies weighting variables that produce a sample which more closely matches the population for these characteristics. Thus, while the integrity of each individual's responses is maintained, one respondent's responses might contribute to the whole the same weight as, for example, 1.1 respondents. Another respondent, whose demographic characteristics might have been slightly oversampled, might contribute the same weight as 0.9 respondents.

The following chart outlines the characteristics of the Primary Service Area sample for key demographic variables, compared to actual population characteristics revealed in census data. [Note that the sample consisted solely of area residents age 18 and older; data on children were given by proxy by the person most responsible for that child's health care needs, and these children are not represented demographically in this chart.]



Sources:
- US Census Bureau, 2016-2020 American Community Survey.
- 2025 PRC Community Health Survey, PRC, Inc.

Notes:
- "Low Income" reflects those living under 200% of the federal poverty level, based on guidelines established by the US Department of Health & Human Services.
- All Hispanic respondents are grouped, regardless of identity with any other race group. Race reflects those who identify with a single race category, without Hispanic origin. "Diverse Races" includes those who identify as Black or African American, American Indian or Alaska Native, Asian, Native Hawaiian/Pacific Islander, or as being of multiple races, without Hispanic origin.

The sample design and the quality control procedures used in the data collection ensure that the sample is representative. Thus, the findings may be generalized to the total population of community members in the defined area with a high degree of confidence.

Online Key Informant Survey

To solicit input from key informants, those individuals who have a broad interest in the health of the community, an Online Key Informant Survey also was implemented as part of this process. A list of recommended participants was provided by Tahoe Forest Health System; this list included names and contact information for physicians, public health representatives, other health professionals, social service providers, and a variety of other community leaders. Potential participants were chosen for their ability to identify primary concerns of the populations with whom they work, as well as of the community overall.

Key informants were contacted by email, introducing the purpose of the survey and providing a link to take the survey online; reminder emails were sent as needed to increase participation. In all, 61 community representatives took part in the Online Key Informant Survey, as outlined in the table that follows:

ONLINE KEY INFORMANT SURVEY PARTICIPATION	
KEY INFORMANT TYPE	NUMBER PARTICIPATING
Physicians	3
Public Health Representatives	9
Other Health Providers	5
Social Services Providers	15
Other Community Leaders	29

Through this process, input was gathered from individuals whose organizations work with low-income, minority, or other medically underserved populations. Final participation included representatives of the organizations outlined below.

- Adventure Risk Challenge
- American Association of University Women
- AMI Housing/North Tahoe Homeless Services
- Child Advocates of Nevada County (Truckee Healthy Babies)
- Community Collaborative of Tahoe Truckee
- Fox Cultural Hall
- Gateway Mountain Center
- High Fives Foundation
- Incline Elementary School
- Incline Village Crystal Bay Business Association/Incline Rotary
- KidZone Museum
- Kiwanis North Lake Tahoe
- Martis Camp Foundation
- Nevada County
- Nevada County Behavioral Health Department
- Nevada County Public Health Department
- Nevada County Sheriff Office
- North Tahoe Public Utilities District
- Northstar Epic Promise
- Parasol Foundation
- Patient and Family Advisory Council
- Placer County
- Placer County Children's System of Care
- Placer County Office of the Director
- Placer County Public Health Department
- Placer County Sheriff's Office
- Placer County, Western Sierra Medical Clinic
- Sierra Community House
- Sierra Mental Wellness Group
- Sierra Nevada Resiliency Team
- Sierra Senior Services
- Sunrise Rotary – Truckee
- Tahoe Forest Health System
- Tahoe Truckee Area Regional Transportation
- Tahoe Truckee Unified School District
- Town of Truckee
- Truckee Donner Recreation & Park District
- Truckee Fire
- Truckee Library
- Truckee Lions Club
- Truckee North Tahoe Transportation Management Association
- Truckee Police Department
- Truckee Rotary Club
- United for Action, St. Patrick's Episcopal Church
- Washoe County

In the online survey, key informants were asked to rate the degree to which various health issues are a problem in their own community. Follow-up questions asked them to describe why they identify problem areas as such and how these might better be addressed. Results of their ratings, as well as their verbatim comments, are included throughout this report as they relate to the various other data presented.

Focus Groups

Concurrent with this assessment, Tahoe Forest Health System conducted focus groups with three targeted populations in the North Tahoe-Truckee community, including older adults, Spanish-speaking residents, and young people. In total, 15 focus groups were conducted, including four in Spanish. Findings from these focus groups can be found as an appendix to this report.

Public Health, Vital Statistics & Other Data

A variety of existing (secondary) data sources was consulted to complement the research quality of this Community Health Needs Assessment. Data for the Primary Service Area were obtained from the following sources (specific citations are included with the graphs throughout this report):

- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension, SparkMap (sparkmap.org)
- Centers for Disease Control & Prevention, Office of Infectious Disease, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
- Centers for Disease Control & Prevention, Office of Public Health Science Services, National Center for Health Statistics
- National Cancer Institute, State Cancer Profiles
- Tahoe-Truckee Unified School District. *California Healthy Kids Survey, 2020-2021: Main Report.* San Francisco: WestEd for the California Department of Education.
- US Census Bureau, American Community Survey
- US Census Bureau, County Business Patterns
- US Census Bureau, Decennial Census
- US Department of Agriculture, Economic Research Service
- US Department of Health & Human Services
- US Department of Health & Human Services, Health Resources and Services Administration (HRSA)
- US Department of Justice, Federal Bureau of Investigation
- US Department of Labor, Bureau of Labor Statistics

Note that mortality data presented in this report reflect aggregated county-level data for Nevada (CA), Placer (CA), and Washoe (NV) counties; other secondary data reflect data or estimates for the ZIP-Code–defined service area.

Benchmark Comparisons

Trending

Similar surveys were administered in the Primary Service Area in 2011, 2014, 2017, and 2021 on behalf of Tahoe Forest Health System. Trending data, as revealed by comparison to prior survey results, are provided throughout this report whenever available. Historical data for secondary data indicators are also included for the purposes of trending.

California and Nevada Data

State-level findings are provided where available as an additional benchmark against which to compare local findings. For survey indicators, these are taken from the most recently published data from the CDC's

Behavioral Risk Factor Surveillance System (BRFSS). For other indicators, these draw from vital statistics, census, and other existing data sources.

National Data

National survey data, which are also provided in comparison charts, are taken from the *2023 PRC National Health Survey*; these data may be generalized to the US population with a high degree of confidence. National-level findings (from various existing resources) are also provided for comparison of secondary data indicators.

Healthy People 2030 Objectives

Healthy People provides 10-year, measurable public health objectives — and tools to help track progress toward achieving them. Healthy People identifies public health priorities to help individuals, organizations, and communities across the United States improve health and well-being. Healthy People 2030, the initiative's fifth iteration, builds on knowledge gained over the first four decades.

The Healthy People 2030 framework was based on recommendations made by the Secretary's Advisory Committee on National Health Promotion and Disease Prevention Objectives for 2030. After receiving feedback from individuals and organizations and input from subject matter experts, the US Department of Health and Human Services (HHS) approved the framework which helped guide the selection of Healthy People 2030 objectives.

Determining Significance

Differences noted in this report represent those determined to be significant. For survey-derived indicators (which are subject to sampling error), statistical significance is determined based on confidence intervals (at the 95 percent confidence level), using question-specific samples and response rates. For the purpose of this report, "significance" of secondary data indicators (which do not carry sampling error but might be subject to reporting error) is determined by a 15% variation from the comparative measure.

Information Gaps

While this assessment is quite comprehensive, it cannot measure all possible aspects of health in the community, nor can it adequately represent all possible populations of interest. It must be recognized that these information gaps might in some ways limit the ability to assess all of the community's health needs.

For example, certain population groups — such as the homeless, institutionalized persons, or those who only speak a language other than English or Spanish — are not represented in the survey data. Other population groups — for example, pregnant women, undocumented residents, and members of certain racial/ethnic or immigrant groups — while included in the overall findings, might not be individually identifiable or might not comprise a large-enough sample for independent analyses.

In terms of content, this assessment was designed to provide a comprehensive and broad picture of the health of the overall community. However, there are certainly medical conditions that are not specifically addressed.

SUMMARY OF FINDINGS

Significant Health Needs of the Community

The following "Areas of Opportunity" represent the significant health needs of the community, based on the information gathered through this Community Health Needs Assessment. From these data, opportunities for health improvement exist in the area with regard to the following health issues (see also the summary tables presented in the following section).

The Areas of Opportunity were determined after consideration of various criteria, including: standing in comparison with benchmark data (particularly national data); identified trends; the preponderance of significant findings within topic areas; the magnitude of the issue in terms of the number of persons affected; and the potential health impact of a given issue. These also take into account those issues of greatest concern to the key informants giving input to this process.

AREAS OF OPPORTUNITY IDENTIFIED THROUGH THIS ASSESSMENT	
ACCESS TO HEALTH CARE SERVICES	▪ Cost of Prescriptions ▪ Truckee-specific: ○ Outmigration for Health Care ○ Having a Personal Health Care Provider ○ Routine Checkups (Adults) ▪ Key Informants: *Access to Health Care* ranked as a top concern.
CANCER	▪ Leading Cause of Death ▪ Cancer Prevalence
DISABLING CONDITIONS	▪ Caregiving
HEART DISEASE & STROKE	▪ Leading Cause of Death ▪ Heart Disease Prevalence ▪ Stroke Deaths ▪ High Blood Pressure Prevalence
INJURY & VIOLENCE	▪ Unintentional Injury Deaths ▪ Homicide Deaths
MENTAL HEALTH	▪ Diagnosed Depression ▪ Diagnosed Anxiety ▪ Suicide Deaths ▪ Key Informants: *Mental Health* ranked as a top concern.
ORAL HEALTH	▪ Dental Insurance Coverage
SOCIAL DETERMINANTS OF HEALTH	▪ Low Food Access ▪ Food Insecurity ▪ Key Informants: *Social Determinants of Health* ranked as a top concern.
SUBSTANCE USE	▪ Alcohol-Induced Deaths ▪ Unintentional Drug-Induced Deaths ▪ Key Informants: *Substance Use* ranked as a top concern.

Community Feedback on Prioritization of Health Needs

Prioritization of the health needs identified in this assessment ("Areas of Opportunity" above) was determined based on a prioritization exercise conducted among providers and other community leaders (representing a cross-section of community-based agencies and organizations) as part of the Online Key Informant Survey.

In this process, these key informants were asked to rate the severity of a variety of health issues in the community. Insofar as these health issues were identified through the data above and/or were identified as top concerns among key informants, their ranking of these issues informed the following priorities:

1. Substance Use
2. Social Determinants of Health (Housing, Food Insecurity)
3. Mental Health
4. Access to Health Care Services
5. Oral Health
6. Disabling Conditions
7. Injury & Violence
8. Heart Disease & Stroke
9. Cancer

Summary Tables:
Comparisons With Benchmark Data

Reading the Summary Tables

In the following tables, Primary Service Area results are shown in the larger, gray column.

The columns to the left of the service area column provide comparisons among the three communities, identifying differences for each as "better than" (☀), "worse than" (☁), or "similar to" (⛅) the combined opposing areas.

The columns to the right of the Primary Service Area column provide trending, as well as comparisons between local data and any available state and national findings, and Healthy People 2030 objectives. Again, symbols indicate whether the service area compares favorably (☀), unfavorably (☁), or comparably (⛅) to these external data.

Note that blank table cells signify that data are not available or are not reliable for that area and/or for that indicator.

Tip: Indicator labels beginning with a "%" symbol are taken from the PRC Community Health Survey; the remaining indicators are taken from secondary data sources.

TREND SUMMARY
(Current vs. Baseline Data)

SURVEY DATA INDICATORS:
Trends for survey-derived indicators represent significant changes since 2011 (or earliest available survey data). Note that survey data reflect the ZIP Code-defined Primary Service Area.

OTHER (SECONDARY) DATA INDICATORS:
Trends for other indicators (e.g., public health data) represent point-to-point changes between the most current reporting period and the earliest presented in this report (typically representing the span of roughly a decade). Local secondary data represent the ZIP-Code–defined service area except where noted for mortality data.

SOCIAL DETERMINANTS	DISPARITY AMONG SUBAREAS			Primary Service Area	PRIMARY SERVICE AREA vs. BENCHMARKS				
	Truckee	Incline Village	Other PSA		vs. CA	vs. NV	vs. US	vs. HP2030	TREND
Linguistically Isolated Population (Percent)				4.3	7.2	4.9	3.9		
Population in Poverty (Percent)				8.2	12.1	12.7	12.5	8.0	
Children in Poverty (Percent)				9.9	15.6	16.9	16.7	8.0	
No High School Diploma (Age 25+, Percent)				7.0	15.6	12.9	10.9		
Unemployment Rate (Age 16+, Percent)				4.1	4.9	5.2	4.0		8.5
% [Parents] Lack of Childcare Prevents Work, Appts, School				13.2					
% Unable to Pay Cash for a $400 Emergency Expense	11.0	6.2	14.7	11.6			34.0		
% Worry/Stress Over Rent/Mortgage in Past Year	17.9	15.1	26.6	20.4			45.8		19.3
% Unhealthy/Unsafe Housing Conditions	8.7	9.0	9.5	9.0			16.4		
% Utilities Were Shut Off in the Past Year Due to Lack of Funds	0.9	0.7	2.4	1.4					1.0
% Unhoused at Some Point in the Past Year	4.3	0.3	2.6	3.1			6.9		3.0

SOCIAL DETERMINANTS OF HEALTH (continued)	DISPARITY AMONG SUBAREAS			Primary Service Area	PRIMARY SERVICE AREA vs. BENCHMARKS				
	Truckee	Incline Village	Other PSA		vs. CA	vs. NV	vs. US	vs. HP2030	TREND
% Need Help Reading Health Care Information	4.0	2.9	7.5	**5.0**			12.4		7.0
% Low Confidence in Understanding Conversation with Drs	2.3	1.1	2.0	**2.0**					4.0
Population With Low Food Access (Percent)				**29.4**	13.3	23.0	22.2		
% Worried About Food Running Out in the Past Year (Food Insecurity)	8.3	10.1	14.8	**10.7**			40.7		3.0

Note: In the section above, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

better similar worse

OVERALL HEALTH	DISPARITY AMONG SUBAREAS			Primary Service Area	PRIMARY SERVICE AREA vs. BENCHMARKS				
	Truckee	Incline Village	Other PSA		vs. CA	vs. NV	vs. US	vs. HP2030	TREND
% "Fair/Poor" Overall Health	8.0	7.6	9.3	**8.4**	20.8	21.4	15.7		8.0

Note: In the section above, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

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ACCESS TO HEALTH CARE	DISPARITY AMONG SUBAREAS			Primary Service Area	PRIMARY SERVICE AREA vs. BENCHMARKS				
	Truckee	Incline Village	Other PSA		vs. CA	vs. NV	vs. US	vs. HP2030	TREND
% [Age 18-64] Lack Health Insurance	11.3	10.9	10.8	**11.1**	8.9	17.2	8.1	7.6	25.3
% Difficulty Accessing Health Care in Past Year (Composite)	46.6	47.5	46.9	**46.8**			52.5		
% Outmigration for Care	44.4	24.3	34.6	**38.2**					
% Cost Prevented Physician Visit in Past Year	12.5	9.8	17.0	**13.6**	10.7	15.2	21.6		17.3
% Cost Prevented Getting Prescription in Past Year	6.9	6.6	9.9	**7.9**			20.2		4.0
% Difficulty Getting Appointment in Past Year	32.8	28.4	34.1	**32.6**			33.4		
% Inconvenient Hrs Prevented Dr Visit in Past Year	9.4	12.2	14.2	**11.5**			22.9		
% Difficulty Finding Physician in Past Year	18.0	22.5	21.7	**19.9**			22.0		
% Transportation Hindered Dr Visit in Past Year	3.3	3.5	7.4	**4.7**			18.3		5.0
% Language/Culture Prevented Care in Past Year	1.1	2.3	3.5	**2.1**			5.0		1.0
% Stretched Prescription to Save Cost in Past Year	7.1	7.2	10.1	**8.1**			19.4		

ACCESS TO HEALTH CARE (continued)	DISPARITY AMONG SUBAREAS: Truckee	Incline Village	Other PSA	Primary Service Area	PRIMARY SERVICE AREA vs. BENCHMARKS: vs. CA	vs. NV	vs. US	vs. HP2030	TREND
% Difficulty Getting Child's Health Care in Past Year				11.2			11.1		
Primary Care Doctors per 100,000				107.3	112.5	93.2	116.0		
% Have One Personal Physician/Health Care Provider	49.6	63.2	60.9	55.5					47.0
% Routine Checkup in Past Year	58.7	78.5	74.9	67.1	74.5	74.4	65.3		54.4
% [Child 0-17] Routine Checkup in Past Year				90.3			77.5		
% Two or More ER Visits in Past Year	12.1	5.7	10.0	10.4			15.6		

Note: In the section above, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

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CANCER	DISPARITY AMONG SUBAREAS: Truckee	Incline Village	Other PSA	Primary Service Area	PRIMARY SERVICE AREA vs. BENCHMARKS: vs. CA	vs. NV	vs. US	vs. HP2030	TREND
Cancer Deaths per 100,000				188.3 [County-Level Data]	153.5	170.4	182.5	122.7	195.1
Lung Cancer Deaths per 100,000				35.2 [County-Level Data]	26.0	34.9	39.8	25.1	
Female Breast Cancer Deaths per 100,000				26.0 [County-Level Data]	23.3	25.4	25.1	15.3	

CANCER (continued)	DISPARITY AMONG SUBAREAS: Truckee	Incline Village	Other PSA	Primary Service Area	PRIMARY SERVICE AREA vs. BENCHMARKS: vs. CA	vs. NV	vs. US	vs. HP2030	TREND
Prostate Cancer Deaths per 100,000				**22.7** [County-Level Data]	19.9	20.8	20.1	16.9	
Colorectal Cancer Deaths per 100,000				**16.1** [County-Level Data]	14.3	17.4	16.3	8.9	
Cancer Incidence per 100,000				**415.7**	394.7		442.3		
Lung Cancer Incidence per 100,000				**35.4**	37.6		54.0		
Female Breast Cancer Incidence per 100,000				**132.4**	121.0		127.0		
Prostate Cancer Incidence per 100,000				**105.0**	95.4		110.5		
Colorectal Cancer Incidence per 100,000				**29.6**	33.5		36.5		
% Cancer	8.0	15.0	12.7	**10.6**	9.5	11.8	7.4		9.9
% [Women 40-74] Breast Cancer Screening				**83.5**			64.0	80.3	
% [Women 21-65] Cervical Cancer Screening				**85.1**			75.4	79.2	
% [Age 45-75] Colorectal Cancer Screening	83.0	87.0	80.2	**82.8**			71.5	72.8	

Note: In the section above, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

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DIABETES	DISPARITY AMONG SUBAREAS: Truckee	Incline Village	Other PSA	Primary Service Area	PRIMARY SERVICE AREA vs. BENCHMARKS: vs. CA	vs. NV	vs. US	vs. HP2030	TREND
Diabetes Deaths per 100,000				23.6 [County-Level Data]	29.4	28.1	30.5		19.9
% Diabetes/High Blood Sugar	2.5	6.9	4.6	3.9	11.5	11.9	12.8		2.7
% Borderline/Pre-Diabetes	7.9	7.9	11.7	9.1			15.0		6.0
Kidney Disease Deaths per 100,000				11.2 [County-Level Data]	12.4	9.4	16.9		9.7

Note: In the section above, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

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DISABLING CONDITIONS	DISPARITY AMONG SUBAREAS: Truckee	Incline Village	Other PSA	Primary Service Area	PRIMARY SERVICE AREA vs. BENCHMARKS: vs. CA	vs. NV	vs. US	vs. HP2030	TREND
% 3+ Chronic Conditions	14.0	17.6	20.0	16.6			38.0		
% Activity Limitations	22.5	20.6	19.9	21.4			27.5		
% High-Impact Chronic Pain	15.4	9.5	12.5	13.6			19.6	6.4	
Alzheimer's Disease Deaths per 100,000				41.2 [County-Level Data]	43.5	26.2	35.8		41.9
% Caregiver to a Friend/Family Member	28.2	22.1	27.7	27.1			22.8		

Note: In the section above, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

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EMERGENCY PREPAREDNESS	DISPARITY AMONG SUBAREAS: Truckee	Incline Village	Other PSA	Primary Service Area	PRIMARY SERVICE AREA vs. BENCHMARKS: vs. CA	vs. NV	vs. US	vs. HP2030	TREND
% Discussed Emergency Plan with Family in Past Year	61.4	59.4	61.6	61.2					
% Have 3+ Days' Worth of Emergency Food/Water at Home	82.7	78.0	82.1	81.8					

Note: In the section above, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

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HEART DISEASE & STROKE	DISPARITY AMONG SUBAREAS: Truckee	Incline Village	Other PSA	Primary Service Area	PRIMARY SERVICE AREA vs. BENCHMARKS: vs. CA	vs. NV	vs. US	vs. HP2030	TREND
Heart Disease Deaths per 100,000				206.5 [County-Level Data]	168.0	230.8	209.5	127.4	194.4
% Heart Disease	5.6	6.1	7.2	6.2	5.2	5.6	10.3		3.2
Stroke Deaths per 100,000				69.7 [County-Level Data]	46.9	45.3	49.3	33.4	43.4
% Stroke	1.9	0.8	2.6	2.0	2.9	3.9	5.4		1.1
% High Blood Pressure	20.8	35.1	30.6	26.2	30.6	34.0	40.4	41.9	20.7
% High Cholesterol	29.4	34.8	29.8	30.3			32.4		36.3
% 1+ Cardiovascular Risk Factor	67.1	72.1	74.1	70.2			87.8		

Note: In the section above, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

better | similar | worse

INFANT HEALTH & FAMILY PLANNING	DISPARITY AMONG SUBAREAS: Truckee	Incline Village	Other PSA	Primary Service Area	PRIMARY SERVICE AREA vs. BENCHMARKS: vs. CA	vs. NV	vs. US	vs. HP2030	TREND
No Prenatal Care in First 6 Months (Percent of Births)				4.9	3.7	8.5	6.1		
Teen Births per 1,000 Females 15-19				9.0	12.7	18.7	16.6		
Low Birthweight (Percent of Births)				6.2	7.1	9.0	8.3		
Infant Deaths per 1,000 Births				5.0 [County-Level Data]	3.9	5.3	5.5	5.0	4.8

Note: In the section above, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

better | similar | worse

INJURY & VIOLENCE	DISPARITY AMONG SUBAREAS: Truckee	Incline Village	Other PSA	Primary Service Area	PRIMARY SERVICE AREA vs. BENCHMARKS: vs. CA	vs. NV	vs. US	vs. HP2030	TREND
Unintentional Injury Deaths per 100,000				68.5 [County-Level Data]	53.8	66.9	67.8	43.2	45.4
Motor Vehicle Crash Deaths per 100,000				11.5 [County-Level Data]	12.3	13.2	13.3	10.1	
Homicide Deaths per 100,000				4.0 [County-Level Data]	6.0	8.0	7.6	5.5	3.1
% Victim of Violent Crime in Past 5 Years	1.6	1.8	6.8	3.4			7.0		
% Physical/Emotional Abuse by Intimate Partner	16.9	12.4	12.9	14.9					

Note: In the section above, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

better | similar | worse

	DISPARITY AMONG SUBAREAS				PRIMARY SERVICE AREA vs. BENCHMARKS				
MENTAL HEALTH	**Truckee**	**Incline Village**	**Other PSA**	**Primary Service Area**	**vs. CA**	**vs. NV**	**vs. US**	**vs. HP2030**	**TREND**
% "Fair/Poor" Mental Health	14.2	12.1	15.8	**14.4**			24.4		
% Diagnosed Depression	18.4	15.9	19.1	**18.2**	17.0	20.7	30.8		13.4
% Symptoms of Chronic Depression	27.1	28.9	33.0	**29.4**			46.7		
% Typical Day Is "Extremely/Very" Stressful	10.0	11.3	9.8	**10.2**			21.1		
% Diagnosed with Anxiety Disorder	14.9	20.3	19.9	**17.4**					10.4
Suicide Deaths per 100,000				**18.7** [County-Level Data]	10.8	21.9	14.7	12.8	19.3
% Do Not Get Enough Social/Emotional Support	6.6	5.7	9.1	**7.4**					10.0
% Do Not Have Close Friends or Family	1.1	0.3	0.9	**0.9**					3.0
% Lonely	12.8	13.0	14.4	**13.3**			38.5		
Mental Health Providers per 100,000				**313.6**	323.7	220.8	309.2		
% Receiving Mental Health Treatment	12.8	12.3	18.4	**14.7**			21.9		

MENTAL HEALTH (continued)	DISPARITY AMONG SUBAREAS: Truckee	Incline Village	Other PSA	Primary Service Area	PRIMARY SERVICE AREA vs. BENCHMARKS: vs. CA	vs. NV	vs. US	vs. HP2030	TREND
% Unable to Get Mental Health Services in Past Year	7.4	6.9	10.1	8.2			13.2		

Note: In the section above, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

better | similar | worse

NUTRITION, PHYSICAL ACTIVITY & WEIGHT	DISPARITY AMONG SUBAREAS: Truckee	Incline Village	Other PSA	Primary Service Area	PRIMARY SERVICE AREA vs. BENCHMARKS: vs. CA	vs. NV	vs. US	vs. HP2030	TREND
% "Very/Somewhat" Difficult to Buy Fresh Produce	13.9	5.8	17.0	13.8			30.0		
% No Leisure-Time Physical Activity	7.7	5.2	13.6	9.3	22.9	25.6	30.2	21.8	6.0
% Meet Physical Activity Guidelines	47.9	48.7	44.4	46.8	30.1	31.0	30.3	29.7	
% [Child 2-17] Physically Active 1+ Hours per Day				43.0			27.4		
% Overweight (BMI 25+)	43.7	50.3	48.0	46.1	64.0	66.4	63.3		49.0
% Obese (BMI 30+)	13.6	10.0	13.9	13.2	27.7	30.8	33.9	36.0	10.0
% [Child 5-17] Overweight (85th Percentile)				22.4			31.8		
% [Child 5-17] Obese (95th Percentile)				16.2			19.5	15.5	

Note: In the section above, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

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ORAL HEALTH	DISPARITY AMONG SUBAREAS: Truckee	Incline Village	Other PSA	Primary Service Area	PRIMARY SERVICE AREA vs. BENCHMARKS: vs. CA	vs. NV	vs. US	vs. HP2030	TREND
% Have Dental Insurance	64.7	54.1	60.9	61.9			72.7	75.0	
% Dental Visit in Past Year	76.3	80.5	73.5	76.0	66.2	60.8	56.5	45.0	73.9
% [Child 2-17] Dental Visit in Past Year				88.0			77.8	45.0	

Note: In the section above, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

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RESPIRATORY DISEASE	DISPARITY AMONG SUBAREAS: Truckee	Incline Village	Other PSA	Primary Service Area	PRIMARY SERVICE AREA vs. BENCHMARKS: vs. CA	vs. NV	vs. US	vs. HP2030	TREND
Lung Disease Deaths per 100,000				43.4 [County-Level Data]	30.2	48.0	43.5		52.3
Pneumonia/Influenza Deaths per 100,000				8.6 [County-Level Data]	12.8	16.3	13.4		16.7
% [Age 65+] Flu Vaccine in Past Year				75.5	64.3	56.3	70.9		
% Seasonal Flu Vaccine in Past Year	49.9	59.1	57.4	53.8			49.0		54.0
% [Child 0-17] Asthma				9.7			16.7		

RESPIRATORY DISEASE (continued)	DISPARITY AMONG SUBAREAS			Primary Service Area	PRIMARY SERVICE AREA vs. BENCHMARKS				
	Truckee	Incline Village	Other PSA		vs. CA	vs. NV	vs. US	vs. HP2030	TREND
% COPD (Lung Disease)	1.0	2.1	5.1	2.6	4.2	7.2	11.0		

Note: In the section above, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

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SEXUAL HEALTH	DISPARITY AMONG SUBAREAS			Primary Service Area	PRIMARY SERVICE AREA vs. BENCHMARKS				
	Truckee	Incline Village	Other PSA		vs. CA	vs. NV	vs. US	vs. HP2030	TREND
HIV Prevalence per 100,000				4.8	14.7	19.6	13.3		
Chlamydia Incidence per 100,000				265.9	493.6	509.4	495.0		
Gonorrhea Incidence per 100,000				73.9	205.6	232.6	194.4		

Note: In the section above, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

better similar worse

SUBSTANCE USE	DISPARITY AMONG SUBAREAS			Primary Service Area	PRIMARY SERVICE AREA vs. BENCHMARKS				
	Truckee	Incline Village	Other PSA		vs. CA	vs. NV	vs. US	vs. HP2030	TREND
Alcohol-Induced Deaths per 100,000				**26.4** [County-Level Data]	17.7	24.7	15.7		18.0
% Excessive Drinking	23.4	24.1	24.7	**23.9**	15.4	17.0	34.3		
% Binge Drinking	20.7	16.2	19.2	**19.6**	14.2	15.9	30.6	25.4	21.6
Unintentional Drug-Induced Deaths per 100,000				**30.6** [County-Level Data]	26.6	29.0	29.7		13.3
% Used an Illicit Drug in Past Month	2.8	1.1	3.1	**2.6**			8.4		
% Used a Prescription Opioid in Past Year	13.1	7.2	12.8	**12.2**			15.1		
% Used Marijuana, Cannabis, THC, or Hashish in Past Month	18.2	15.5	21.4	**18.9**					16.9
% Would Know Where to Seek Help for Substance Use	68.4	71.2	68.5	**68.8**					
% Ever Sought Help for Alcohol or Drug Problem	4.1	3.2	7.2	**5.0**			6.8		
% Personally Impacted by Substance Use	43.6	42.5	40.1	**42.2**			45.4		

Note: In the section above, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

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TOBACCO USE	DISPARITY AMONG SUBAREAS: Truckee	Incline Village	Other PSA	Primary Service Area	PRIMARY SERVICE AREA vs. BENCHMARKS: vs. CA	vs. NV	vs. US	vs. HP2030	TREND
% Smoke Cigarettes	7.4	5.5	13.8	**9.3**	8.5	14.2	23.9	6.1	6.2
% Someone Smokes at Home	2.4	3.3	12.3	**5.9**			17.7		
% Use Vaping Products	6.0	9.6	13.2	**9.0**	5.9	7.7	18.5		0.7

Note: In the section above, each subarea is compared against all other areas combined. Throughout these tables, a blank or empty cell indicates that data are not available for this indicator or that sample sizes are too small to provide meaningful results.

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COMMUNITY DESCRIPTION

POPULATION CHARACTERISTICS

Total Population

The Primary Service Area, the focus of this Community Health Needs Assessment, encompasses 462.26 square miles and houses a total population of 39,639 residents, according to latest census estimates.

Total Population
(Estimated Population, 2018-2022)

	TOTAL POPULATION	TOTAL LAND AREA (square miles)	POPULATION DENSITY (per square mile)
Primary Service Area	**39,639**	**462.26**	**86**
California	39,356,104	155,859.27	253
Nevada	3,104,817	109,860.52	28
United States	331,097,593	3,533,269.34	94

Sources:
- US Census Bureau American Community Survey, 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved June 2025 via SparkMap (sparkmap.org).

Population Change 2010-2020

A significant positive or negative shift in total population over time impacts health care providers and the utilization of community resources.

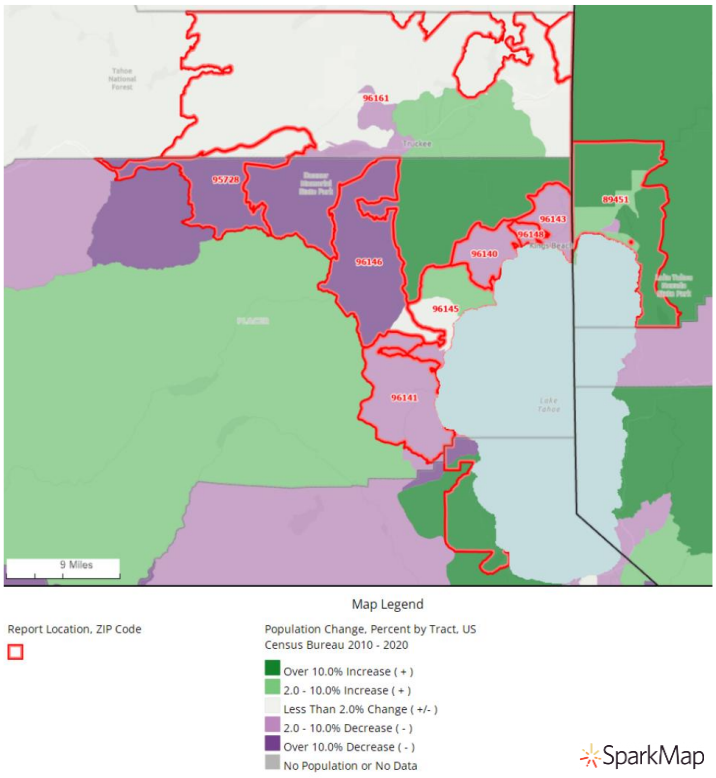
Between the 2010 and 2020 US Censuses, the population of the Primary Service Area increased by 1,217 persons, or 3.0%.

BENCHMARK ▶ The increase is proportionally lower than state and US population increases.

Change in Total Population
(Percentage Change Between 2010 and 2020)

Sources:
- US Census Bureau Decennial Census (2010-2020).
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved June 2025 via SparkMap (sparkmap.org).

This map shows the areas of greatest increase or decrease in population between 2010 and 2020.



Urban/Rural Population

Although according to the Census, much of the service area is classified as “urban” (meaning it encompasses at least 2,000 housing units or has a population of at least 5,000), Truckee/North Tahoe and Incline Village are considered rural by other measures and are primarily rural in character.

For example:

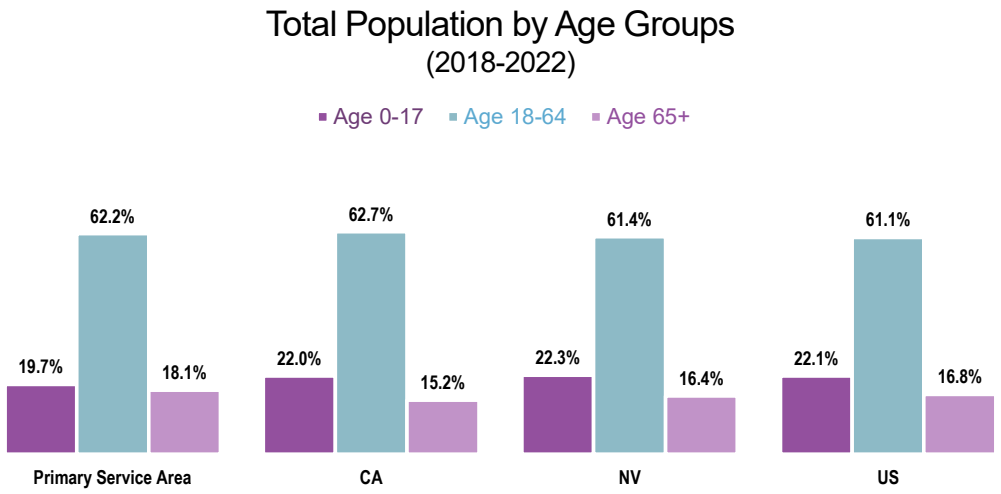
- Both Truckee and Incline Village are officially designated as Health Professional Shortage Areas (HPSAs);
- Tahoe Forest Hospital and Incline Village Community Hospital are designated Critical Access Hospitals; and
- Multiple clinics within Tahoe Forest Health System have Rural Health Clinic designation (meaning a clinic that is located in a rural area designated as a shortage area and that meets all certification requirements).

Age

It is important to understand the age distribution of the population, as different age groups have unique health needs that should be considered separately from others along the age spectrum.

In the Primary Service Area, 19.7% of the population are children age 0-17; another 62.2% are age 18 to 64, while 18.1% are age 65 and older.

BENCHMARK ▶ The percentage of older adults (age 65+) is higher in the service area than throughout California, Nevada, and the US.



Sources:
- US Census Bureau American Community Survey, 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved June 2025 via SparkMap (sparkmap.org).

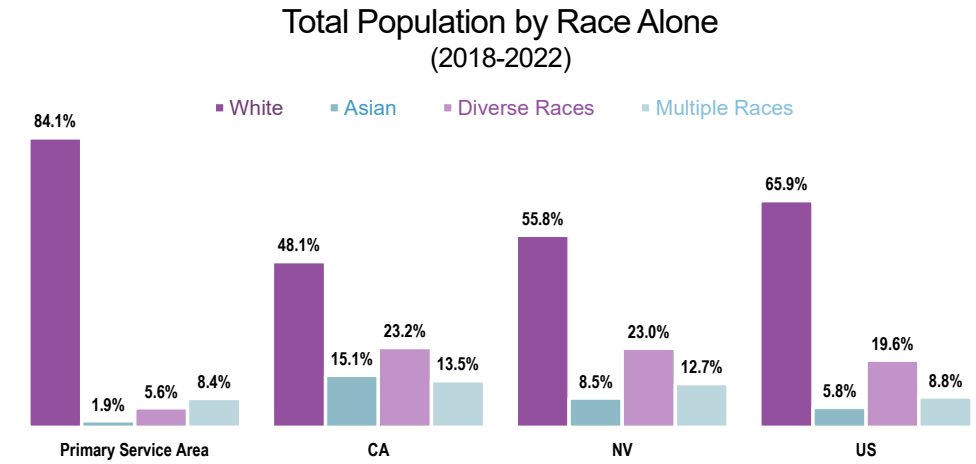
Race & Ethnicity

Race

Race reflects those who identify with a single race category, regardless of Hispanic origin. People who identify their origin as Hispanic, Latino, or Spanish may be of any race.

In looking at race independent of ethnicity (Hispanic or Latino origin), the vast majority (84.1%) of service area residents are White.

BENCHMARK ▶ A much less diverse racial and ethnic profile than reported statewide and nationally.



Sources:
- US Census Bureau American Community Survey, 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved June 2025 via SparkMap (sparkmap.org).

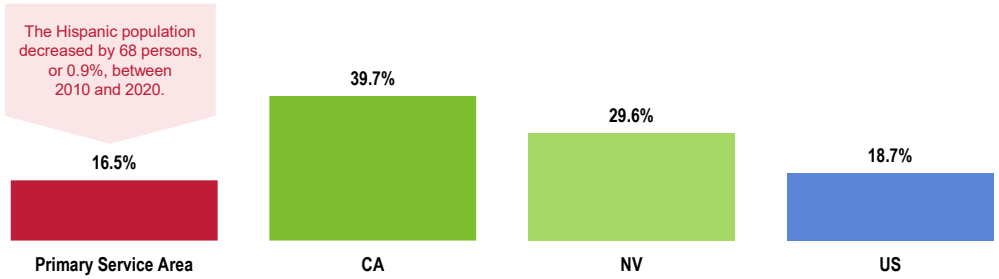
Notes:
- "Diverse Races" includes those who identify as American Indian or Alaska Native, Asian, or Native Hawaiian/Pacific Islander, without Hispanic origin.

Ethnicity

A total of 16.5% of Primary Service Area residents are Hispanic or Latino.

BENCHMARK ► Well below the state percentages and lower than the US figure.

Hispanic Population
(2018-2022)



Sources:
- US Census Bureau American Community Survey, 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved June 2025 via SparkMap (sparkmap.org).

Notes:
- People who identify their origin as Hispanic, Latino, or Spanish may be of any race.

Linguistic Isolation

A total of 4.3% of the Primary Service Area population age 5 and older live in a home in which no person age 14 or older is proficient in English (speaking only English or speaking English "very well").

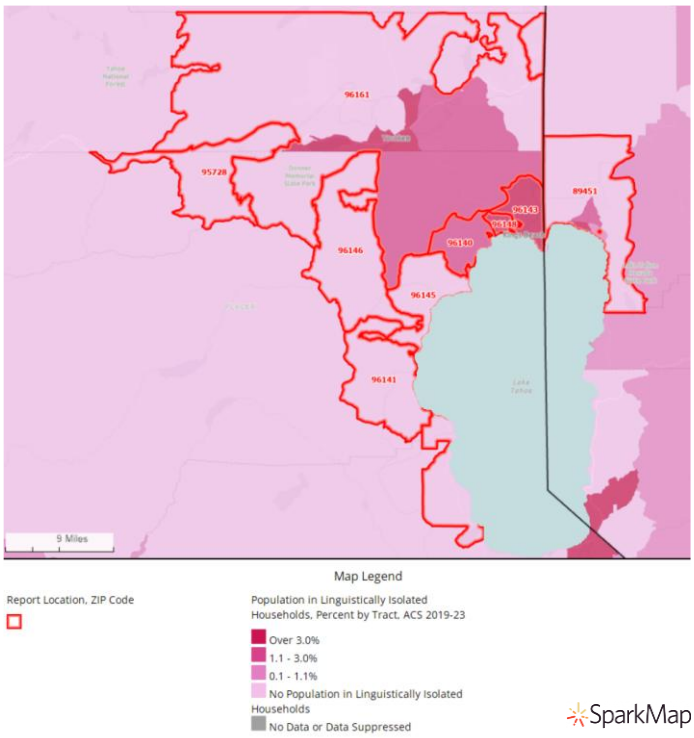
BENCHMARK ► Lower than the California prevalence.

Linguistically Isolated Population
(2018-2022)

Sources:
- US Census Bureau American Community Survey, 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved June 2025 via SparkMap (sparkmap.org).

Notes:
- This indicator reports the percentage of the population age 5+ who live in a home in which no person age 14+ speaks only English, or in which no person age 14+ speaks a non-English language and speak English "very well."

Note the following map illustrating linguistic isolation throughout the Primary Service Area.



SOCIAL DETERMINANTS OF HEALTH

ABOUT SOCIAL DETERMINANTS OF HEALTH

Social determinants of health (SDOH) are the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.

Social determinants of health (SDOH) have a major impact on people's health, well-being, and quality of life. Examples of SDOH include:

- Safe housing, transportation, and neighborhoods
- Racism, discrimination, and violence
- Education, job opportunities, and income
- Access to nutritious foods and physical activity opportunities
- Polluted air and water
- Language and literacy skills

SDOH also contribute to wide health disparities and inequities. For example, people who don't have access to grocery stores with healthy foods are less likely to have good nutrition. That raises their risk of health conditions like heart disease, diabetes, and obesity — and even lowers life expectancy relative to people who do have access to healthy foods.

Just promoting healthy choices won't eliminate these and other health disparities. Instead, public health organizations and their partners in sectors like education, transportation, and housing need to take action to improve the conditions in people's environments.

– Healthy People 2030 (https://health.gov/healthypeople)

Poverty

Poverty is considered a key driver of health status because it creates barriers to accessing health services, healthy food, and other necessities that contribute to overall health.

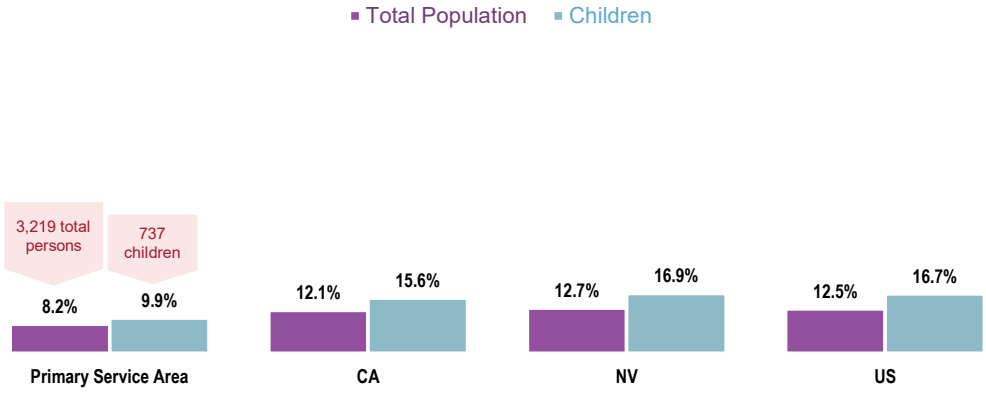
The latest census estimate shows 8.2% of the Primary Service Area total population living below the federal poverty level.

BENCHMARK ► Lower than state and national percentages.

Among just children (ages 0 to 17), this percentage in the Primary Service Area is 9.9% (representing an estimated 737 children).

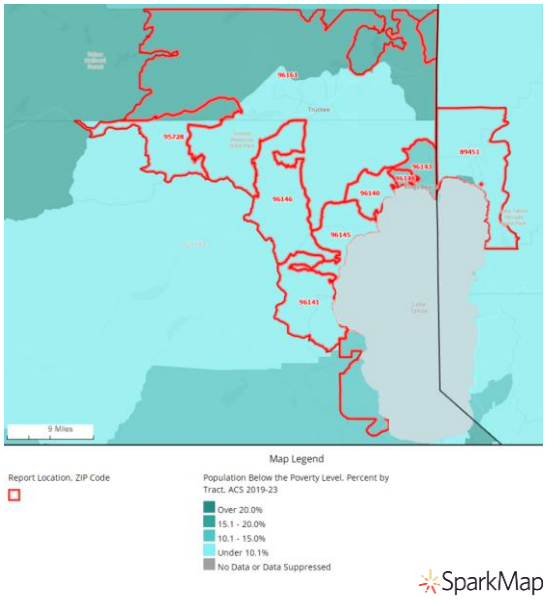
BENCHMARK ► Lower than the state and national figures but failing to meet the Healthy People 2030 objective.

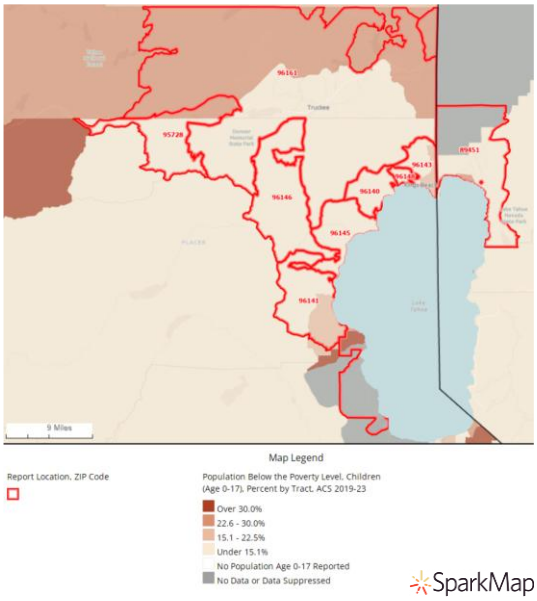
Percent of Population in Poverty
(2018-2022)
Healthy People 2030 = 8.0% or Lower



Sources:
- US Census Bureau American Community Survey, 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved June 2025 via SparkMap (sparkmap.org).
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

The following maps highlight concentrations of persons living below the federal poverty level.





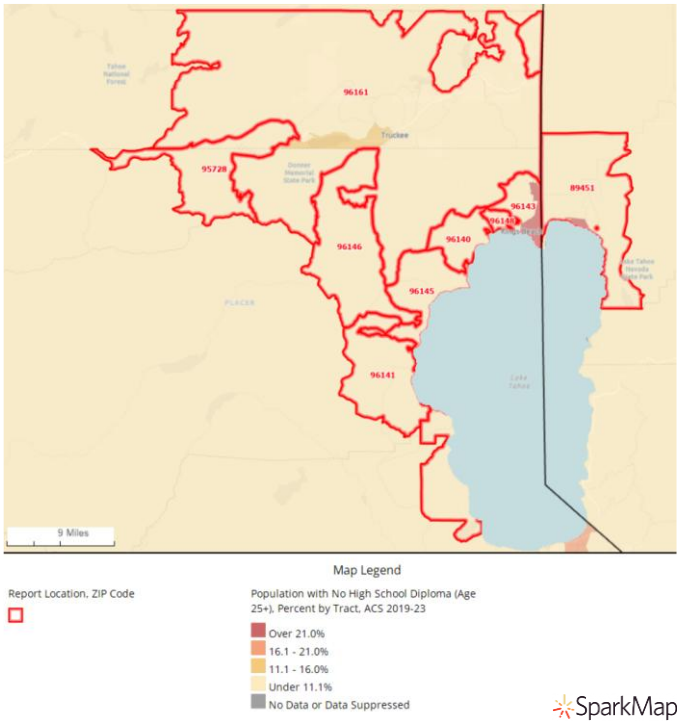
Education

Among the Primary Service Area population age 25 and older, an estimated 7.0% (representing nearly 30,000 adults) do not have a high school education.

BENCHMARK ▶ Well below the California, Nevada, and US percentages.

Population With No High School Diploma
(Adults Age 25 and Older; 2018-2022)

Sources:
- US Census Bureau American Community Survey, 5-year estimates.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved June 2025 via SparkMap (sparkmap.org).

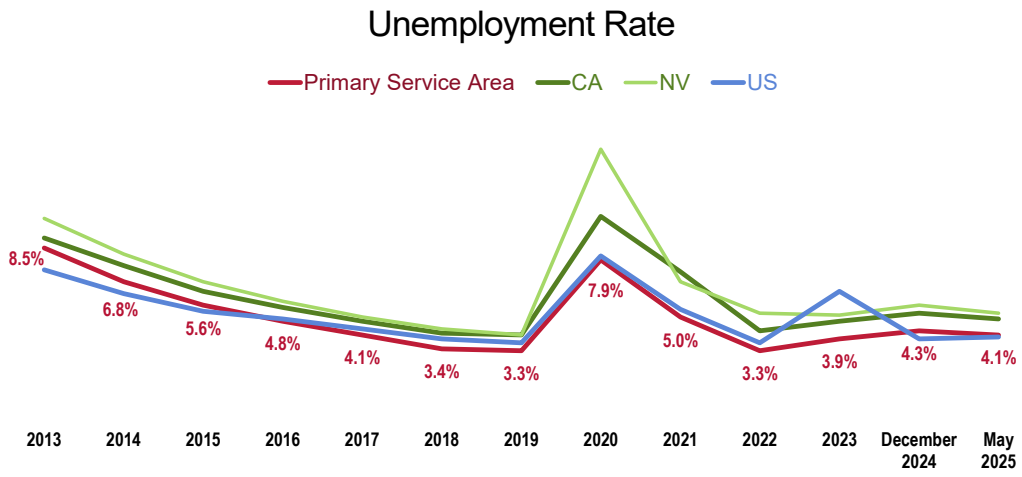


Employment

According to data derived from the US Department of Labor, the unemployment rate in the Primary Service Area as of May 2025 was 4.1%.

BENCHMARK ► Lower than the California and Nevada figures.

TREND ► Following significant increases in 2020 (attributed to the COVID-19 pandemic), unemployment is closer to pre-pandemic levels, and lower than found a decade ago.

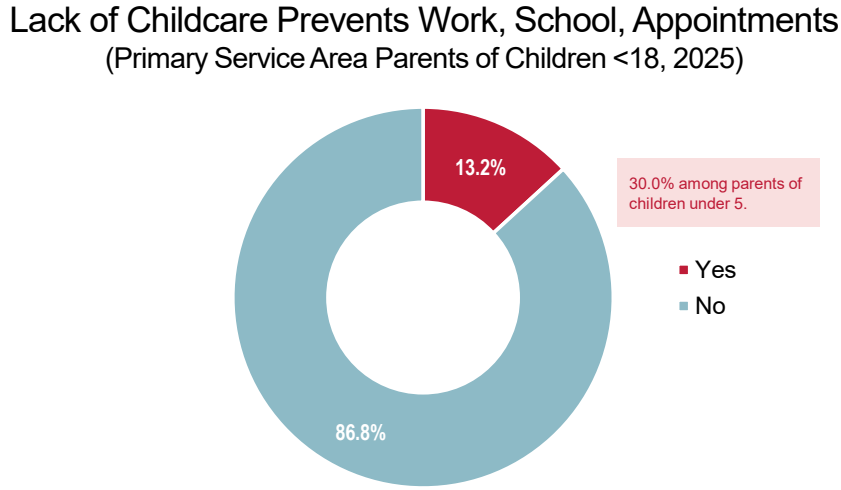


Sources: ● US Department of Labor, Bureau of Labor Statistics.
● Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved July 2025 via SparkMap (sparkmap.org).
Notes: ● Percent of non-institutionalized population age 16+ who are unemployed (not seasonally adjusted).

Childcare

Among parents of a child under age 18 at home, 13.2% report that a lack of childcare made it difficult to see a physician, get or keep a job, or attend school/college at some point in the past year.

DISPARITY ► The prevalence is 30.0% among parents of children under age 5.



Sources: ● 2025 PRC Community Health Survey, PRC, Inc. [Item 322]
Notes: ● Asked of all respondents with children under 18 at home.

Financial Resilience

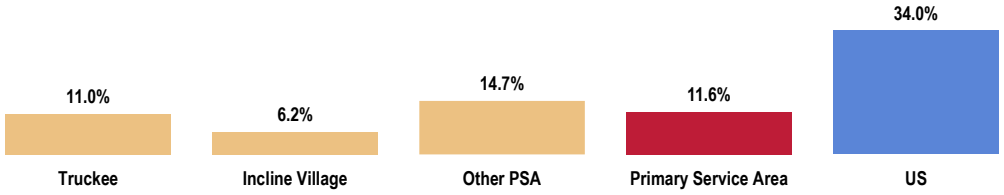
Respondents were asked: "Suppose that you have an emergency expense that costs $400. Based on your current financial situation, would you be able to pay for this expense either with cash, by taking money from your checking or savings account, or by putting it on a credit card that you could pay in full at the next statement?"

A total of 11.6% of Primary Service Area residents would <u>not</u> be able to afford an unexpected $400 expense without going into debt.

BENCHMARK ▶ Well below the national prevalence.

DISPARITY ▶ Lowest among Incline Village residents. Higher among women, young adults, and especially Hispanic residents and those living on lower incomes.

Do Not Have Cash on Hand to Cover a $400 Emergency Expense

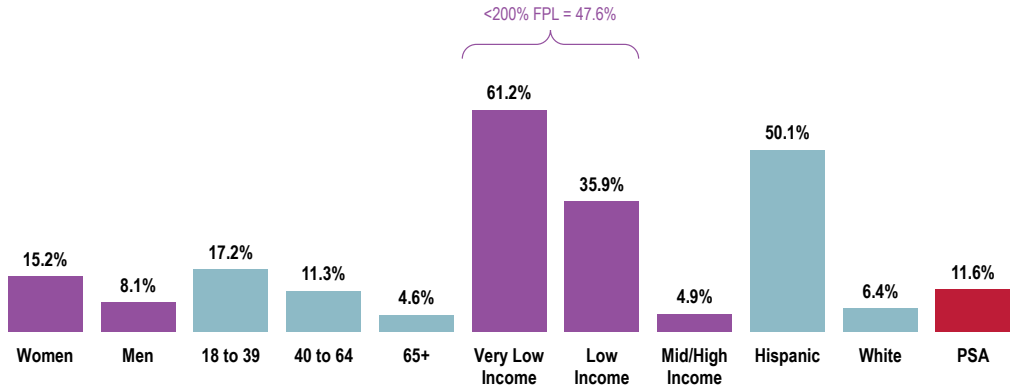


Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 53]
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- Includes respondents who say they would not be able to pay for a $400 emergency expense either with cash, by taking money from their checking or savings account, or by putting it on a credit card that they could pay in full at the next statement.

NOTE: For indicators derived from the population-based survey administered as part of this project, text describes significant differences determined through statistical testing. The reader can assume that differences (against or among local findings) that are not mentioned are ones that are not statistically significant.

Do Not Have Cash on Hand to Cover a $400 Emergency Expense
(Primary Service Area, 2025)



Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 53]

Notes:
- Asked of all respondents.
- Includes respondents who say they would not be able to pay for a $400 emergency expense either with cash, by taking money from their checking or savings account, or by putting it on a credit card that they could pay in full at the next statement.
- "<200% FPL" reflects those respondents living below 200% of the federal poverty level (a combination of the very low and low income categories).

INCOME & RACE/ETHNICITY

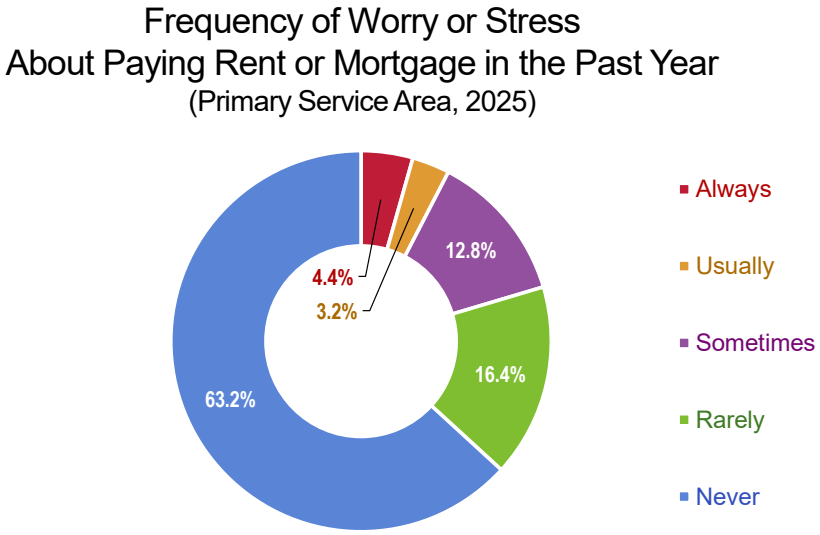
INCOME ► Income categories used to segment survey data in this report are based on administrative poverty thresholds determined by the US Department of Health & Human Services. These guidelines define poverty status by household income level and number of persons in the household (e.g., the 2024 guidelines place the poverty threshold for a family of four at $30,700 annual household income or lower). In sample segmentation: “very low income” refers to community members living in a household with defined poverty status; “low income” refers to households with incomes just above the poverty level and earning up to twice (100%-199% of) the poverty threshold; and “mid/high income” refers to those households living on incomes which are twice or more (≥200% of) the federal poverty level.

RACE & ETHNICITY ► In analyzing survey results, mutually exclusive race and ethnicity categories are used. All Hispanic respondents are grouped, regardless of identity with any other race group. Data are also detailed for individuals identifying with a race category, without Hispanic origin. “White” reflects those who identify as White alone, without Hispanic origin. While the survey data are representative of the full racial and ethnic makeup of the population, samples were not of sufficient size for independent analysis by further race categories.

Housing

Housing Insecurity

Most surveyed adults rarely, if ever, worry about the cost of housing.



Sources: ● 2025 PRC Community Health Survey, PRC, Inc. [Item 56]
Notes: ● Asked of all respondents.

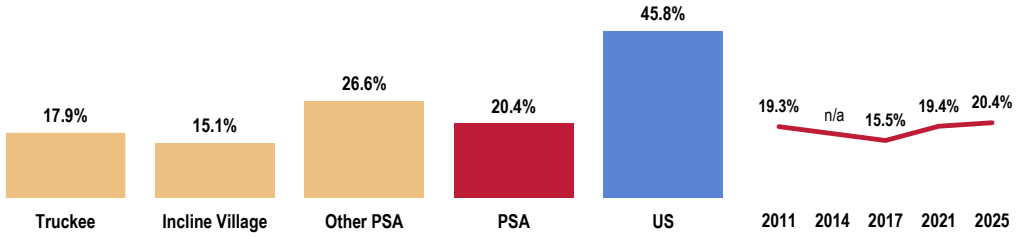
However, one in five (20.4%) reports that they were "sometimes," "usually," or "always" worried or stressed about having enough money to pay their rent or mortgage in the past year.

BENCHMARK ▶ Much lower than the national figure.

DISPARITY ▶ Highest among respondents in the Other PSA ZIP Codes. Particularly high among very low income residents and Hispanic community members. The prevalence decreases with age and household income level and is also relatively high among women and renters.

"Always/Usually/Sometimes" Worried About Paying Rent/Mortgage in the Past Year

Primary Service Area

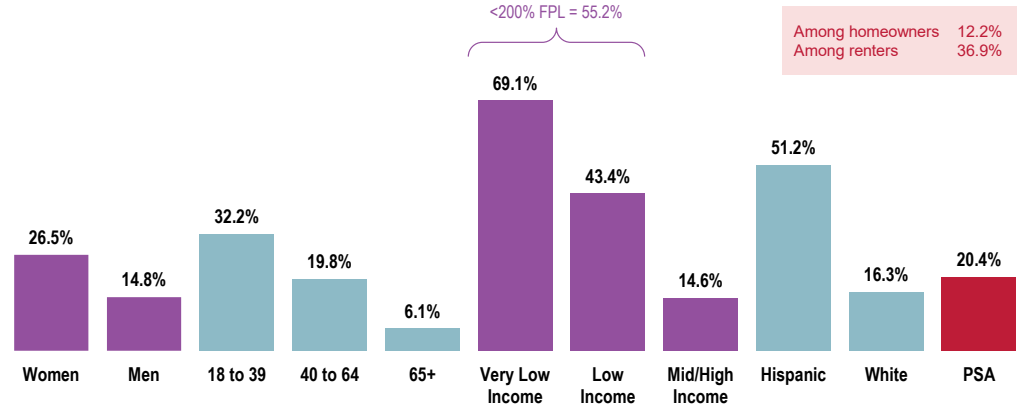


Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 56]
- 2023 PRC National Health Survey, PRC, Inc.
- 2021 Tahoe Forest Health System Community Health Needs Assessment

Notes:
- Asked of all respondents.

"Always/Usually/Sometimes" Worried About Paying Rent/Mortgage in the Past Year

(Primary Service Area, 2025)



Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 56]

Notes:
- Asked of all respondents.
- "<200% FPL" reflects those respondents living below 200% of the federal poverty level (a combination of the very low and low income categories).

Experience of Being Unhoused

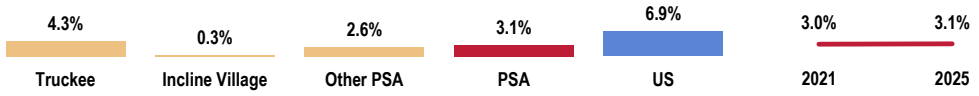
A total of 3.1% of survey respondents report living on the street, in a car, in a temporary shelter, or otherwise being without housing at some point in the past year.

BENCHMARK ▶ Half the US prevalence.

DISPARITY ▶ Lowest among residents of Incline Village. Reported more often among young adults, very low income residents, Hispanic residents, and those who currently rent their homes.

Unhoused at Some Point in the Past Year

Primary Service Area

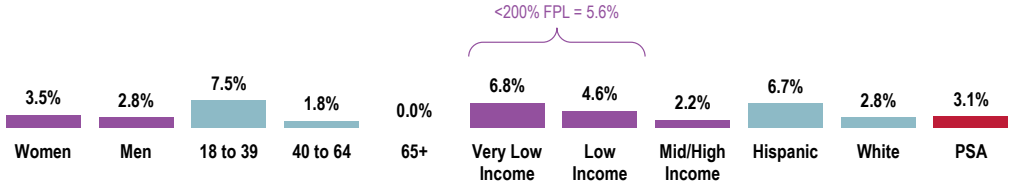


Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 313]
- 2023 PRC National Health Survey, PRC, Inc.
- 2021 Tahoe Forest Health System Community Health Needs Assessment

Notes:
- Asked of all respondents.
- *The 2021 survey asked: for financial reasons, did you have to temporarily live with others or in a shelter or on the street during the last 12 months?

Unhoused at Some Point in the Past Year
(Primary Service Area, 2025)

Among homeowners	1.1%
Among renters	4.8%



Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 313]

Notes:
- Asked of all respondents.
- "<200% FPL" reflects those respondents living below 200% of the federal poverty level (a combination of the very low and low income categories).

Unhealthy or Unsafe Housing

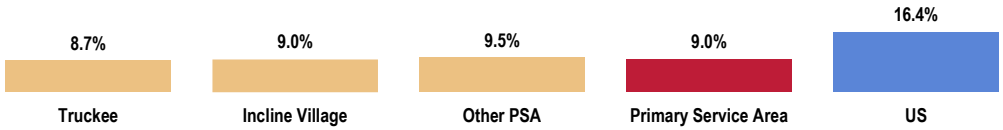
Respondents were asked: "Thinking about your current home, over the past 12 months have you experienced ongoing problems with water leaks, rodents, insects, mold, or other housing conditions that might make living there unhealthy or unsafe?"

A total of 9.0% of Primary Service Area residents report living in unhealthy or unsafe housing conditions during the past year.

BENCHMARK ► Well below the national figure.

DISPARITY ► Correlates with age and household income level. Also high among Hispanic adults and those who rent their homes.

Unhealthy or Unsafe Housing Conditions in the Past Year

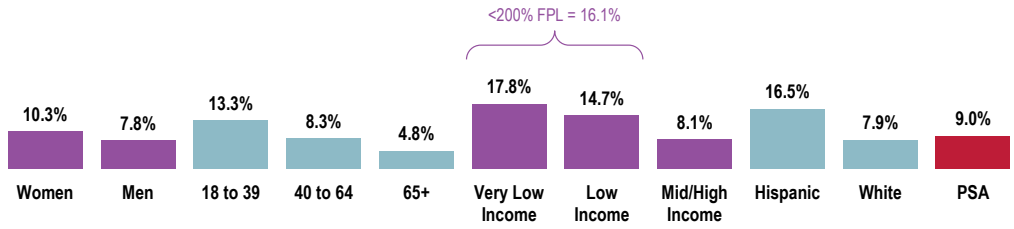


Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 55]
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- Includes respondents who say they experienced ongoing problems in their current home with water leaks, rodents, insects, mold, or other housing conditions that might make living there unhealthy or unsafe.

Unhealthy or Unsafe Housing Conditions in the Past Year
(Primary Service Area, 2025)

Among homeowners	7.2%
Among renters	14.4%



Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 55]

Notes:
- Asked of all respondents.
- Includes respondents who say they experienced ongoing problems in their current home with water leaks, rodents, insects, mold, or other housing conditions that might make living there unhealthy or unsafe.
- "<200% FPL" reflects those respondents living below 200% of the federal poverty level (a combination of the very low and low income categories).

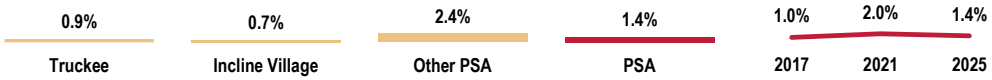
Loss of Utilities

A total of 1.4% of Primary Service Area residents had their utilities (water, heat, electricity) shut off at some point in the past year because they could not afford to pay for them.

DISPARITY ▶ Highest among Hispanic respondents.

Utilities Were Shut Off in the Past Year Due to Lack of Funds

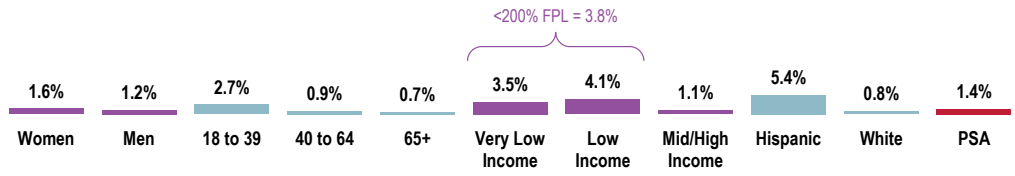
Primary Service Area



Sources: ● 2025 PRC Community Health Survey, PRC, Inc. [Item 312]
● 2021 Tahoe Forest Health System Community Health Needs Assessment
Notes: ● Asked of all respondents.

Utilities Were Shut Off in the Past Year Due to Lack of Funds
(Primary Service Area, 2025)

Among homeowners	1.2%
Among renters	2.2%



Sources: ● 2025 PRC Community Health Survey, PRC, Inc. [Item 312]
Notes: ● Asked of all respondents.
● "<200% FPL" reflects those respondents living below 200% of the federal poverty level (a combination of the very low and low income categories).

Food Access

Low (Geographic) Food Access

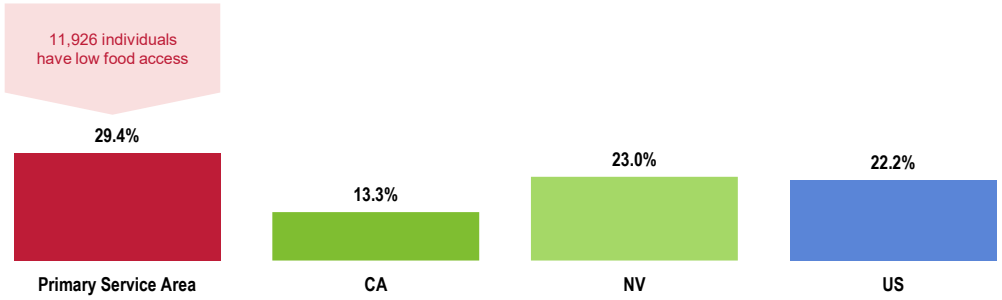
Low food access is defined as living more than 1 mile (in urban areas, or 10 miles in rural areas) from the nearest supermarket, supercenter, or large grocery store.

RELATED ISSUE
See also Difficulty Accessing Fresh Produce in the *Nutrition, Physical Activity & Weight* section of this report.

US Department of Agriculture data show that 29.4% of the Primary Service Area population (representing nearly 12,000 residents) have low food access, meaning that they do not live near a supermarket or large grocery store.

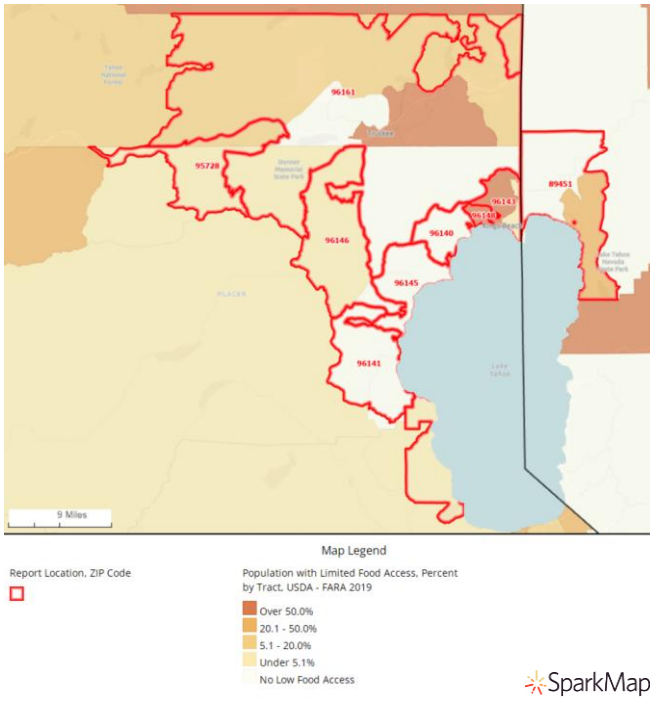
BENCHMARK ► Higher than throughout California, Nevada, and the US.

Population With Low (Geographic) Food Access
(2019)



Sources:
- US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas (FARA).
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved June 2025 via SparkMap (sparkmap.org).

Notes:
- Low food access is defined as living far (more than 1 mile in urban areas, more than 10 miles in rural areas) from the nearest supermarket, supercenter, or large grocery store.



Food Insecurity

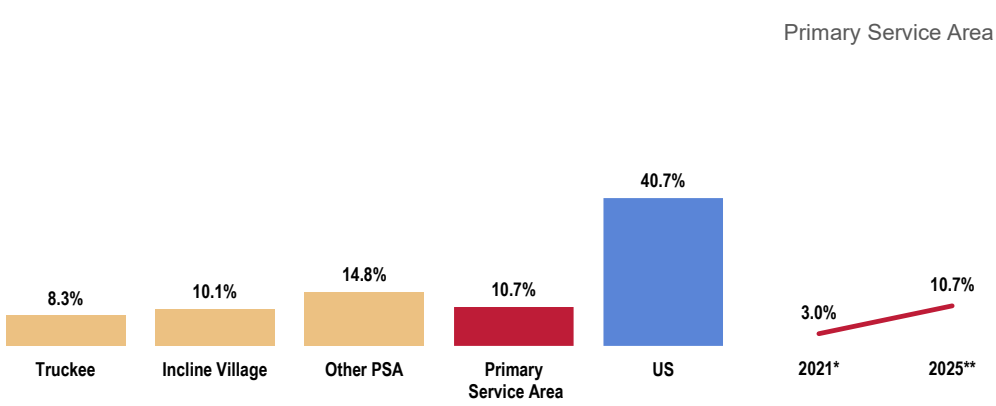
Overall, 10.7% of community residents acknowledge "often" or "sometimes" worrying about running out of food during the past year.

BENCHMARK ▶ Considerably below the national prevalence.

TREND ▶ Increasing significantly since asked in the 2021 local survey.

DISPARITY ▶ Higher in the service area outside of Truckee and Incline Village. Reported more often young adults, and especially lower-income residents and Hispanic residents.

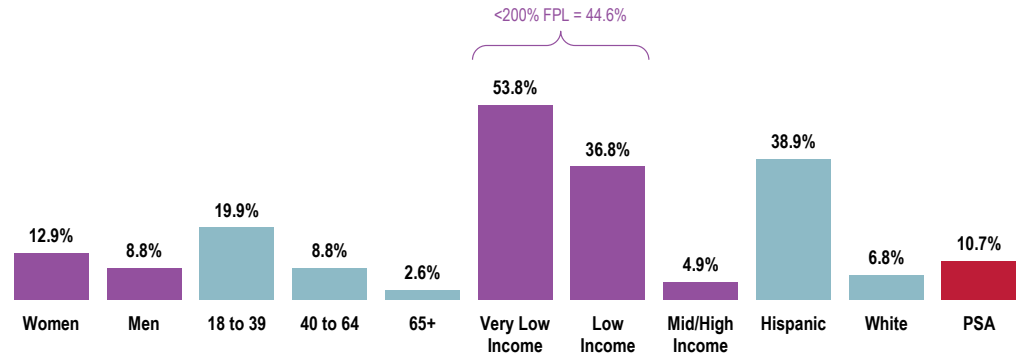
Food Insecurity:
Worried About Running Out of Food Any Time in the Past Year



Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 98]
- 2023 PRC National Health Survey, PRC, Inc.
- 2021 Tahoe Forest Health System Community Health Needs Assessment

Notes:
- Asked of all respondents.
- * 2021 data reflects a "yes" that this has happened at any time in the past year.
  ** 2025 data reflects adults who "often" or "sometimes" worried about running out of food in the past year.

Food Insecurity:
Worried About Running Out of Food Any Time in the Past Year
(Primary Service Area, 2025)



Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 98]

Notes:
- Asked of all respondents.
- Includes adults who A) ran out of food at least once in the past year and/or B) worried about running out of food in the past year.
- "<200% FPL" reflects those respondents living below 200% of the federal poverty level (a combination of the very low and low income categories).
- Includes adults who "often" or "sometimes" worried about running out of food in the past year.

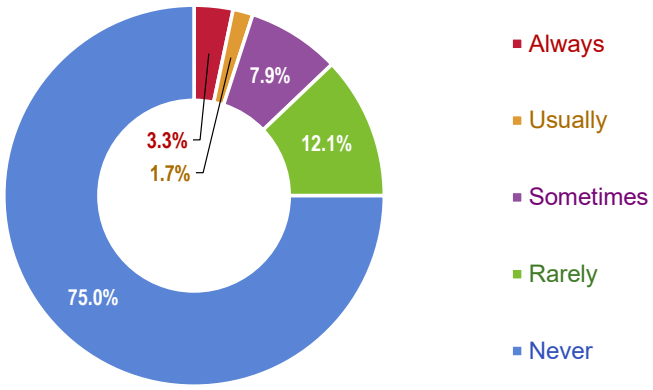
Health Literacy

Reading Health Care Information

People who might provide help reading health care information include family members, friends, caregivers, doctors, nurses, or other health professionals.

Most surveyed adults in the Primary Service Area do not need any assistance when reading health care information.

Frequency of Needing Help Reading Health Care Information
(Primary Service Area, 2025)



Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 314]

Notes:
- Asked of all respondents.
- People who might provide help reading health care information include family members, friends, caregivers, doctors, nurses, or other health professionals.

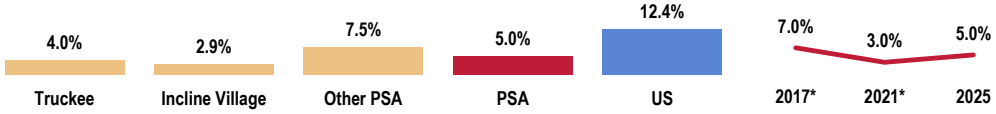
However, 5.0% of area residents "always" or "usually" need help reading health care information.

BENCHMARK ► Well below the US figure.

DISPARITY ► Highest among Other PSA respondents. Higher in younger adults, but especially high in very low-income individuals and Hispanic respondents.

"Always/Nearly Always" Need Help Reading Health Care Information

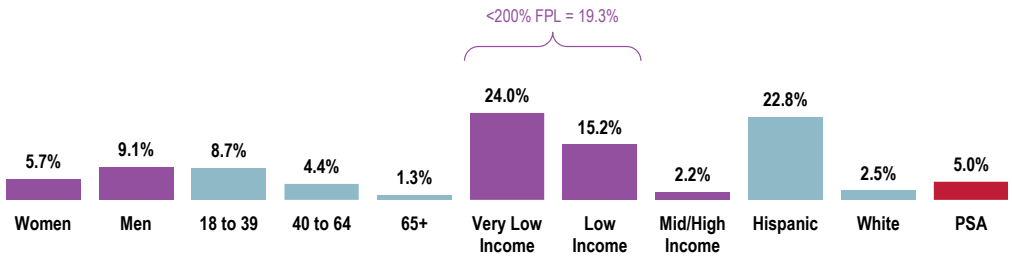
Primary Service Area



Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 314]
- 2023 PRC National Health Survey, PRC, Inc.
- 2021 Tahoe Forest Health System Community Health Needs Assessment

Notes:
- Asked of all respondents.
- *Reflects combined "always/often" responses.

“Always/Nearly Always” Need Help Reading Health Care Information
(Primary Service Area, 2025)



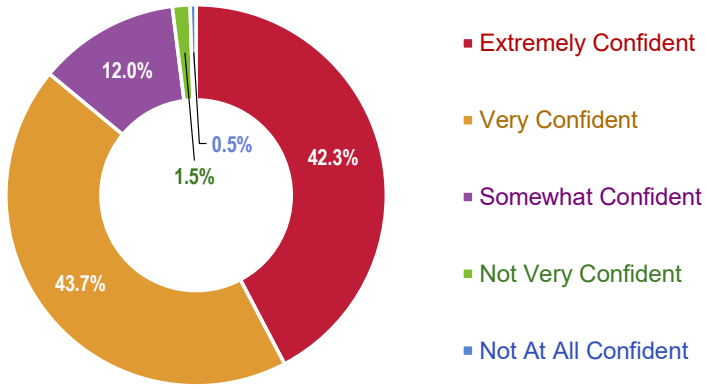
Sources: ● 2025 PRC Community Health Survey, PRC, Inc. [Item 314]
Notes: ● Asked of all respondents.
● *Reflects combined “always/often” responses.
● “<200% FPL” reflects those respondents living below 200% of the federal poverty level (a combination of the very low and low income categories).

Understanding Conversations With Physicians

Most surveyed adults in the Primary Service Area feel quite confident that when they leave a doctor’s office, they have understood what the doctor told them.

Surveyed adults were asked: “In general, when leaving a doctor’s office, how confident do you feel that you understand what the doctor has told you? Would you say extremely, very, somewhat, not very, or not at all confident?”

Level of Confidence in Understanding Physician’s Orders
(Primary Service Area, 2025)



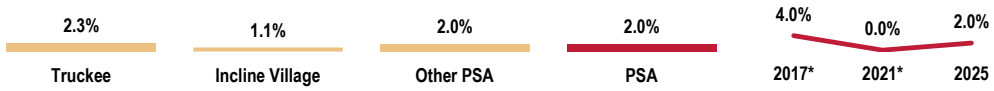
Sources: ● 2025 PRC Community Health Survey, PRC, Inc. [Item 315]
Notes: ● Asked of all respondents.

However, 2.0% of area residents are not confident that they have understood the conversation with their physician when they leave the office.

DISPARITY ▶ Reported more often among young adults and especially among those in very low-income households and Hispanic residents.

"Not Very/Not At All Confident" Understanding Doctor's Orders

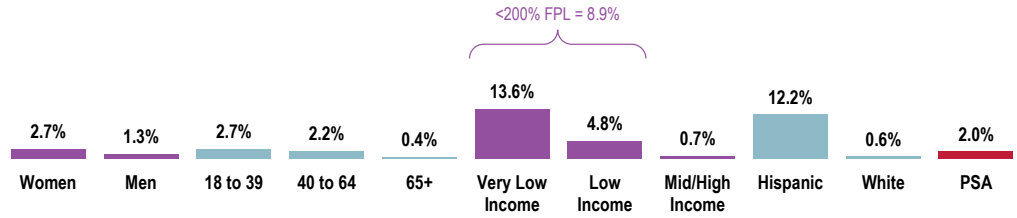
Primary Service Area



Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 315]
- 2021 Tahoe Forest Health System Community Health Needs Assessment

Notes:
- Asked of all respondents.
- *Reflects combined "a little bit/not at all" responses.

"Not Very/Not At All Confident" Understanding Doctor's Orders
(Primary Service Area, 2025)



Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 315]

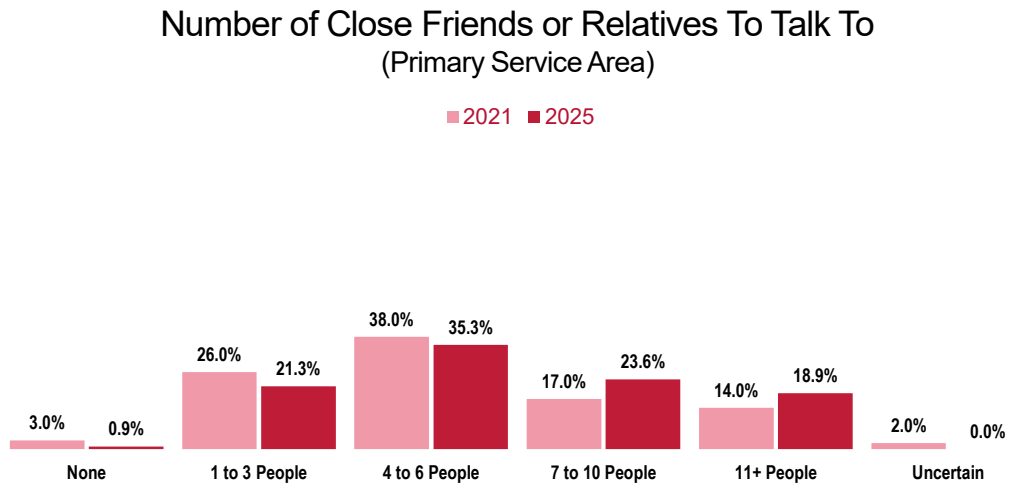
Notes:
- Asked of all respondents.
- *Reflects combined "a little bit/not at all" responses.
- "<200% FPL" reflects those respondents living below 200% of the federal poverty level (a combination of the very low and low income categories).

Social Support

Close Friends or Relatives

Asked about the number of close friends or relatives they have to talk to, the greatest share of responses (35.3%) could think of four to six people.

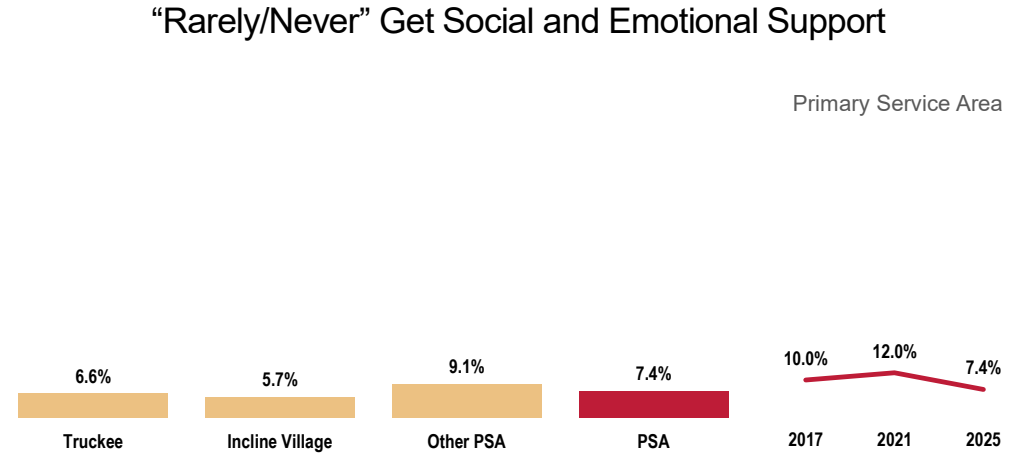
TREND ► Less than one percent could not think of any close friend or relative, a significant drop since the 2021 survey.



Sources: ● 2025 PRC Community Health Survey, PRC, Inc. [Item 321]
● 2021 Tahoe Forest Health System Community Health Needs Assessment
Notes: ● Asked of all respondents.

Frequency of Social/Emotional Support

A total of 7.4% of service area adults "rarely" or "never" get the social and emotional support that they need.



Sources: ● 2025 PRC Community Health Survey, PRC, Inc. [Item 317]
● 2021 Tahoe Forest Health System Community Health Needs Assessment
Notes: ● Asked of all respondents.

Loneliness

Adults taking part in the survey answered three questions as part of the loneliness index, asking how often ("often," "some of the time," or "hardly ever") they feel:

- Left out;
- Isolated from others;
- That they lack companionship.

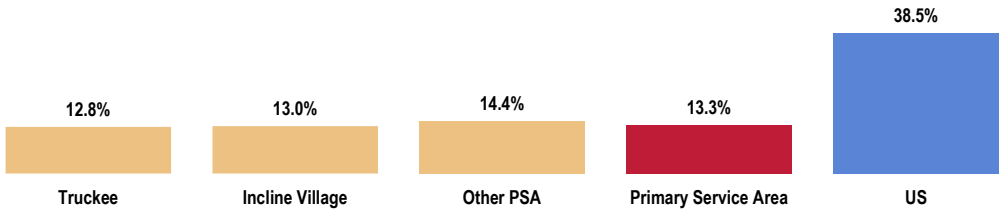
The adjacent charts outline the composite percentage of those who fit the criteria of being "lonely" (here, "lonely" is defined as respondents who score 6-9 points in the series of three questions from the loneliness index. Points were awarded based on "hardly ever" (1), "some of the time" (2), or "often" (3) responses).

Based on their responses to the three survey questions, 13.3% of residents are found to be "lonely."

BENCHMARK ▶ Well below the national prevalence.

DISPARITY ▶ Reported more often among women, young adults, those in lower-income households, and Hispanic residents.

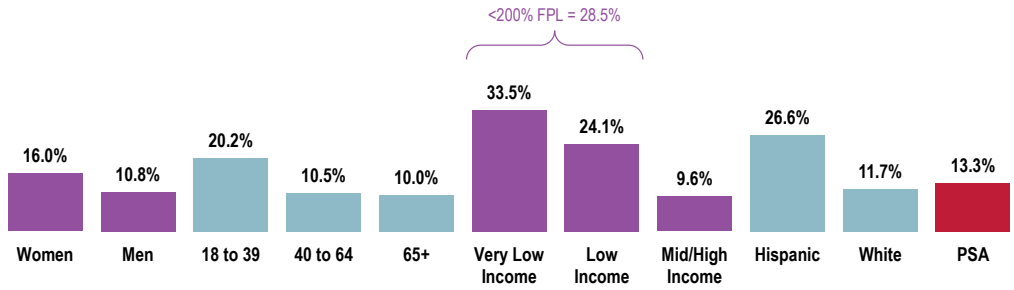
Loneliness



Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 324]
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.
- Loneliness here is defined as a score of 6 through 9 in the series of three survey questions from the loneliness index (feeling left out, isolated from others, and lacking companionship).

Loneliness
(Primary Service Area, 2025)

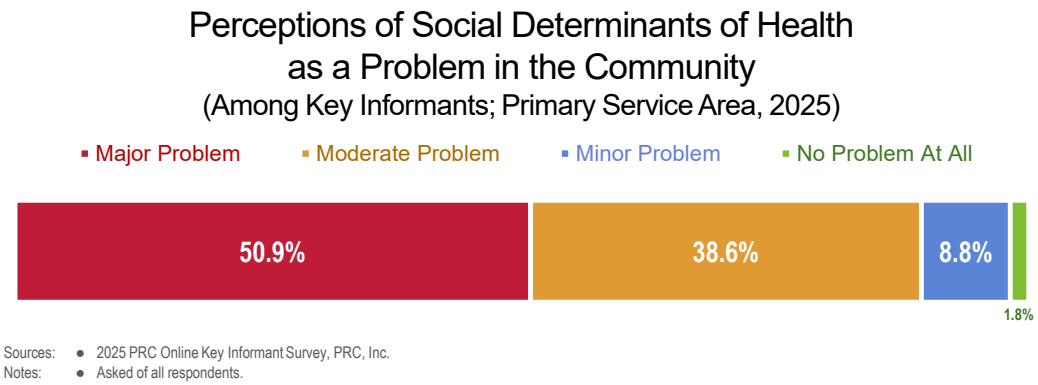


Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 324]

Notes:
- Asked of all respondents.
- Loneliness here is defined as a score of 6 through 9 in the series of three survey questions from the loneliness index (feeling left out, isolated from others, and lacking companionship).
- "<200% FPL" reflects those respondents living below 200% of the federal poverty level (a combination of the very low and low income categories).

Key Informant Input: Social Determinants of Health

Half of key informants taking part in an online survey characterized *Social Determinants of Health* as a "major problem" in the community.



Among those rating this issue as a "major problem," reasons related to the following:

Housing

> Housing, high cost of living, low wages, tourist economy. We have seen social connection and belonging increase in the community but there are huge disparities especially around LGBTQ+. In the schools we still see achievement gaps, but the school is very focused on closing these. There is no shelter here and homeless services are very limited. Tart Connect is a big plus but still has it challenges. public transit isn't easy. – Community Leader
>
> Housing in the region has rapidly become unattainable due to a mix of development limitations, cost of construction, and the inventory being purchased by second homeowners. Additionally, the cost of living in the region has become divorced from the wages provided by the local economy. – Community Leader
>
> The cost of housing is extremely high and unaffordable for many. Also income inequality is incredibly high right now. – Health Care Provider
>
> With the constantly rising cost of housing in the area, especially for families, while income remains relatively the same, many families are having to move to Carson or Reno to be able to afford to live in this area, and then they have to commute for work. – Social Services Provider
>
> Lack of affordable housing in the Tahoe Truckee area, many people are living in shared housing with 2 or 3 families in a 1 or 2 bedroom apartment. It is causing emotional distress and lack of hope to finding affordable housing. Work in this area is seasonal only. – Community Leader
>
> The cost of housing is unbearable in Truckee. We need more affordable housing. – Community Leader
>
> The Tahoe-Truckee area is simply an expensive community to live in. Affordable housing is a huge barrier to housing security. Many jobs don't pay livable wages in this community. I worry that it is a community of have's and have not's, and that over the coming decades it is only going to get worse. The most beautiful place to live in the world may only be affordable for the wealthy and those on vacation, without a workforce to support restaurants, etc. that we all enjoy on a regular basis. I do have great faith in the quality of the public education and the community-based organizations in Tahoe-Truckee. But young people may have to leave the community in order to earn a living and live independently of their parents. – Public Health Representative
>
> When people are worried about where they will live or have a job, those come first and their health comes second. It's hard to prioritize health when someone is worried about meeting their basic needs like a roof over their families' heads. Also, language is a barrier to receiving health services for people who only speak Spanish. Interpreters are not always available and figuring out how to access healthcare is difficult. An example of this is that medication instructions when picking up at a pharmacy are always in English only. There is no option to select Spanish translation so people may not follow instructions correctly if they don't speak English. – Public Health Representative
>
> Lack of affordable housing, discrimination/stigma, social isolation. – Public Health Representative
>
> ACEs and SODs are proven by research to directly affect health outcomes. Housing, Income, lack of education, mixed legal status and lack of access to health care are all a problem. – Social Services Provider
>
> Lack of affordable housing. Lack of free & consistent community building for vulnerable populations (unhoused, seniors), lower income individuals struggle to just make ends meet. Lower income/unhoused individuals often expected to go somewhere else (even if this is home). Harsh winters are challenging for mobility and keeping healthy if living outside, car, indoors but can't afford heat. – Social Services Provider

> The high housing costs in our region prevent many people from living in the community where they work. – Social Services Provider
>
> When basic needs are not addressed, the whole community suffers. The stress of lack of affordable and available housing, increased violence at the community level, and services that do not fully address needs mask the actual needs. For example transportation not being available directly from the lakeside to the hospital in Truckee; there is transportation but it requires multiple transfers, which increases the travel time and affects people's ability to take only a small amount of time off from work. With limited housing, there is a limited workforce and employers have a harder time filling positions and supporting the employees' need for time off to care for themselves and their families. – Health Care Provider
>
> This region is particularly difficult to live in due to the cost. It is difficult for people to live and work in this community and it can be a risk for mental and physical health. – Social Services Provider
>
> Truckee lacks workforce housing, affordable housing, and low income housing. – Community Leader
>
> Housing crisis, income disparities. Lack of year-round, well-compensated employment, extreme weather, inadequate response to homelessness and housing insecurity. – Community Leader
>
> Housing is outrageously expensive due to this being a resort community and the demand far exceeding the supply. The number of second homes and STR's that are allowed in the area has locked up too much potential rental housing stock. Placemate (lease to locals) is trying to unlock housing stock but we still need more. Also, the fact that the Basin has a building moratorium so no more buildable land to create new projects at the lake. Plus the fears about fire danger and poor transportation infrastructure mean that some homeowners are very nimby about new housing being built. They come out strongly against new workforce housing due to traffic gridlock related to tourism. Food and transportation (4WD and high gas prices) and winter heating costs and overall cost of living are also above national and state averages. Everything costs more because we are rural. Also workers may not have local family in the area so may feel disconnected and isolated. – Public Health Representative

Income/Poverty

> Income to pay for health coverage. – Community Leader
>
> The stress of sub-standard and/or high cost living conditions, household purchasing power declining due to high inflation and the sometimes lack of community member awareness of available resources all combine to lead to poor mental and physical health conditions. – Community Leader
>
> There is a significant income disparity in this community and it continues to widen. Billion-dollar homes abound, meanwhile half of the community is comprised of low-income workers including a large Hispanic population that lives in trailer parks that are falling apart. Due to the weather here, these older trailer homes are full of mold and other toxin exposures. Many low income individuals live 3 people to a room and are being exposed to substance abuse which will follow them their whole lives. Many Hispanic children are afraid to go to public school and risk exposing their undocumented family members (or themselves) to deportation. – Community Leader
>
> Tahoe has huge income gaps due to the largely service economy needed to sustain a tourism and part-time community. Housing and income are some of the largest issues followed by education and discrimination. – Community Leader
>
> The socio-economic status of families is largely disparate in the community and there are not many providers who provide services to the uninsured, underinsured, or Medi-Cal eligible families. – Social Services Provider

Employment

> Seasonal work, perception of always having to be doing some big mountain adventure, lack of health insurance, lack of sick time, wealth disparities. – Social Services Provider
>
> The lack of workforce and affordable housing is a significant issue in our community. The lack of childcare for those needing to work is also a significant issue. Both situations lead to many negative physical and mental health outcomes. – Community Leader

Access to Services

> I have come to understand that an understanding of existing health care services open for the King's Beach Latino Community is often limited. Because of this community members don't always know how to best take advantage of what is open for them. Again, this is second hand knowledge, but along with various social services that are open, I know that the community doesn't always fully know what is available. – Community Leader

Unhoused Population

> Homelessness, we could reach Functional Zero with a coordinated, well-funded regional approach backed by political will and community support. We know the right way to do this, but still lack those essential supports. – Community Leader

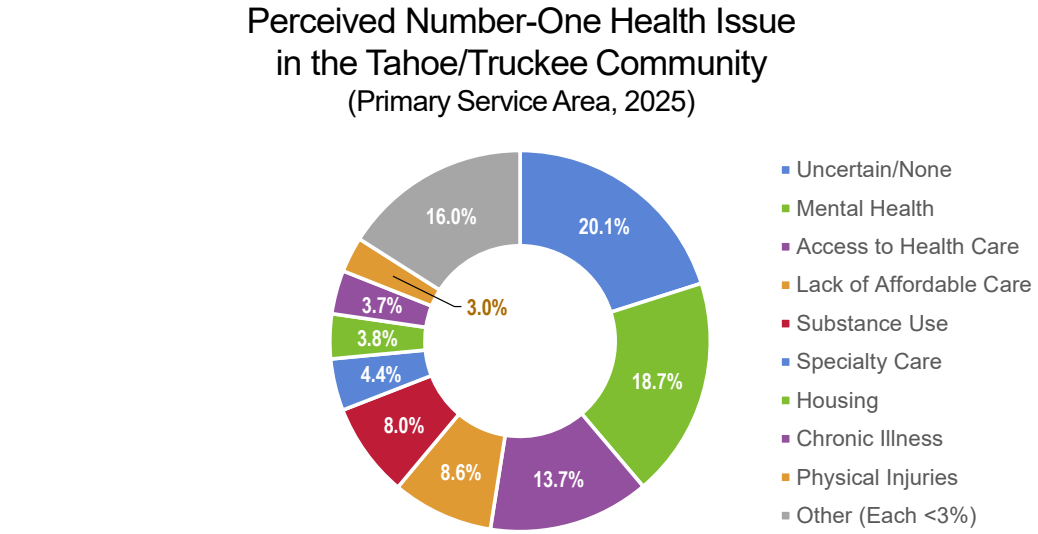
Cost of Living

> Too expensive, limited inventory, homogenous dominant culture (upper middle class, white), suppressed wages for seasonal workers, limited representation in unincorporated areas of Placer/Nevada Counties.
> – Social Services Provider

COMMUNITY PERCEPTIONS OF TOP HEALTH ISSUES

When asked to identify what they feel is the most important health problem confronting Truckee/Tahoe today, respondents provided a wide variety of responses. These verbatim comments were then collapsed into more succinct categories or themes.

Over one-half of respondents identified one of the following as the most important local health issue to address: health care access (e.g., access to health care, lack of affordable care, specialty care), mental health, and substance use.



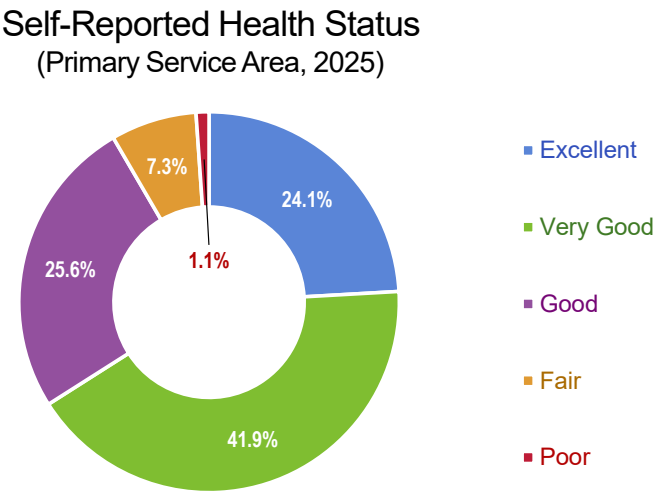
Sources: ● 2025 PRC Community Health Survey, PRC, Inc. [Item 323]
Notes: ● Asked of all respondents.

HEALTH STATUS

OVERALL HEALTH STATUS

The initial inquiry of the PRC Community Health Survey asked: "Would you say that in general your health is excellent, very good, good, fair, or poor?"

Most Primary Service Area residents rate their overall health favorably (responding "excellent," "very good," or "good").

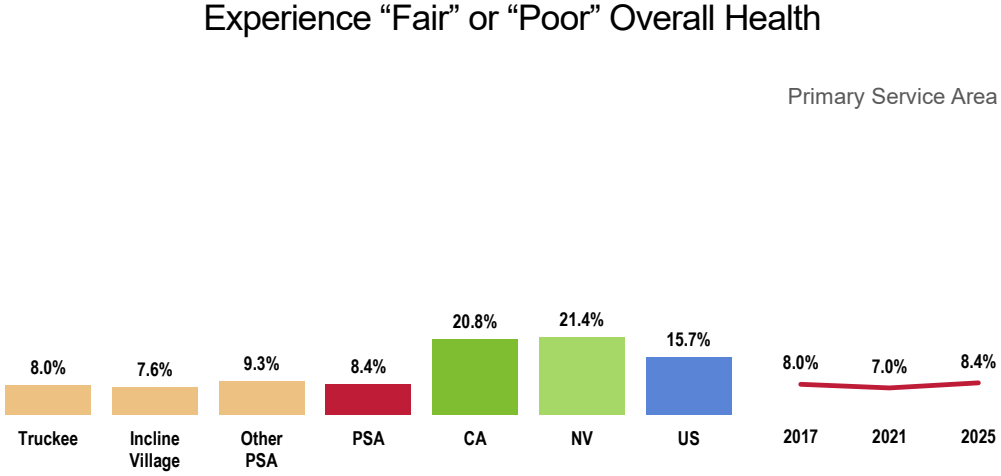


Sources: ● 2025 PRC Community Health Survey, PRC, Inc. [Item 4]
Notes: ● Asked of all respondents.

However, 8.4% of Primary Service Area adults believe that their overall health is "fair" or "poor."

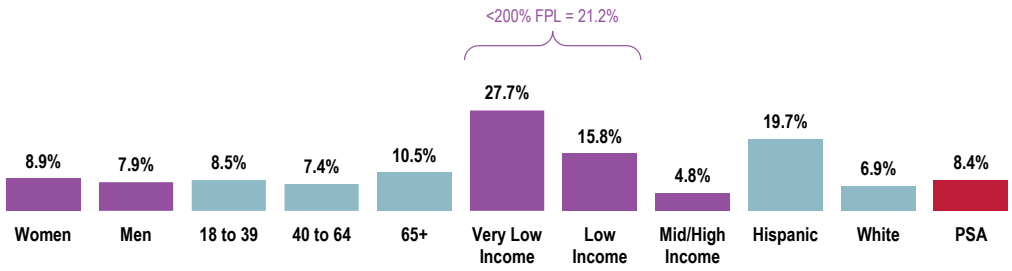
BENCHMARK ► Well below state and national percentages.

DISPARITY ► Higher in lower-income households and among Hispanic respondents.



Sources: ● 2025 PRC Community Health Survey, PRC, Inc. [Item 4]
● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2023 California and Nevada data.
● 2023 PRC National Health Survey, PRC, Inc.
● 2021 Tahoe Forest Health System Community Health Needs Assessment
Notes: ● Asked of all respondents.

Experience “Fair” or “Poor” Overall Health
(Primary Service Area, 2025)



Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 4]

Notes:
- Asked of all respondents.
- “<200% FPL” reflects those respondents living below 200% of the federal poverty level (a combination of the very low and low income categories).

MENTAL HEALTH

ABOUT MENTAL HEALTH & MENTAL DISORDERS

About half of all people in the United States will be diagnosed with a mental disorder at some point in their lifetime. …Mental disorders affect people of all ages and racial/ethnic groups, but some populations are disproportionately affected. And estimates suggest that only half of all people with mental disorders get the treatment they need.

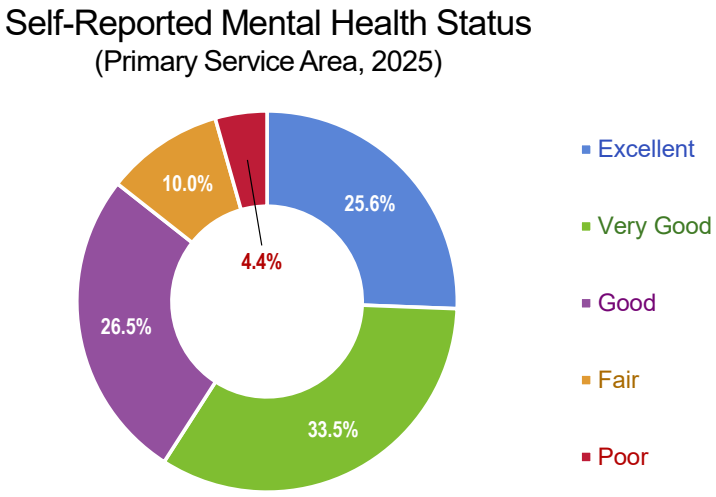
In addition, mental health and physical health are closely connected. Mental disorders like depression and anxiety can affect people's ability to take part in healthy behaviors. Similarly, physical health problems can make it harder for people to get treatment for mental disorders. Increasing screening for mental disorders can help people get the treatment they need.

– Healthy People 2030 (https://health.gov/healthypeople)

Mental Health Status

"Now thinking about your mental health, which includes stress, depression, and problems with emotions, would you say that, in general, your mental health is excellent, very good, good, fair, or poor?"

Most Primary Service Area adults rate their overall mental health favorably ("excellent," "very good," or "good").

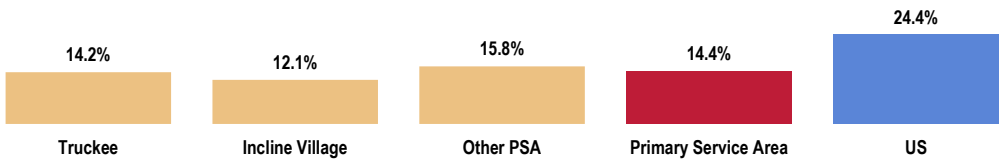


Sources: ● 2025 PRC Community Health Survey, PRC, Inc. [Item 77]
Notes: ● Asked of all respondents.

However, 14.4% believe that their overall mental health is "fair" or "poor."

BENCHMARK ► Lower (better) than the national figure.

Experience "Fair" or "Poor" Mental Health



Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 77]
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Depression

A total of 18.2% of Primary Service Area adults have been diagnosed by a physician or other health professional as having a depressive disorder (such as depression, major depression, dysthymia, or minor depression).

BENCHMARK ► Well below the US percentage.

TREND ► Marks a statistically significant increase since 2017.

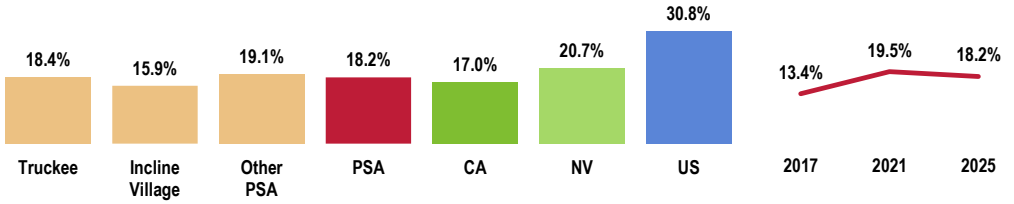
DISPARITY ► Higher among women, adults under 40, and those in lower-income households.

Adults who experience at least two years of feeling depressed or sad most days, even if they feel okay sometimes, are said to have symptoms of chronic depression.

Have Been Diagnosed With a Depressive Disorder

Another 29.4% of respondents have experienced symptoms of chronic depression.

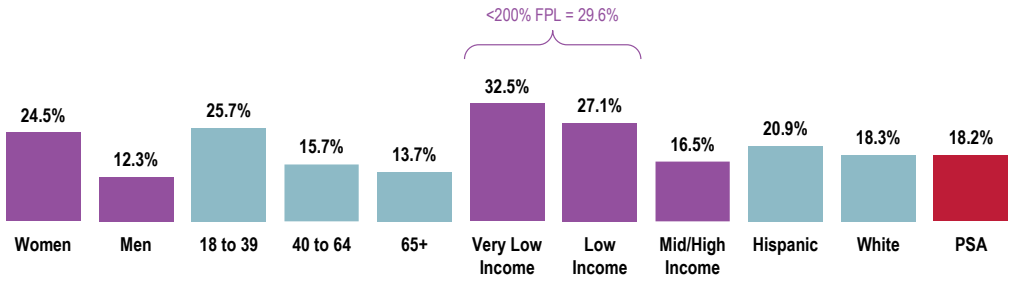
Primary Service Area



Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Items 78, 80]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2023 California and Nevada data.
- 2023 PRC National Health Survey, PRC, Inc.
- 2021 Tahoe Forest Health System Community Health Needs Assessment

Notes:
- Asked of all respondents.
- Depressive disorders include depression, major depression, dysthymia, or minor depression. Chronic depression includes periods of two or more years during which the respondent felt depressed or sad on most days, even if (s)he felt okay sometimes.

Have Been Diagnosed With a Depressive Disorder
(Primary Service Area, 2025)



Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 78]

Notes:
- Asked of all respondents.
- "<200% FPL" reflects those respondents living below 200% of the federal poverty level (a combination of the very low and low income categories).

Anxiety

Anxiety disorder includes acute stress disorder, anxiety, generalized anxiety disorder, obsessive-compulsive disorder, panic disorder, phobia, post-traumatic stress disorder, or social anxiety disorder.

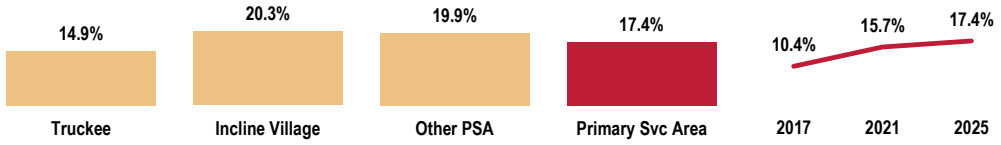
A total of 17.4% of Primary Service Area adults have been diagnosed by a physician or other health professional as having an anxiety disorder.

TREND ► Increasing significantly since 2017.

DISPARITY ► Reported more often among women, young adults, and those in lower-income households.

Have Been Diagnosed With Anxiety Disorder

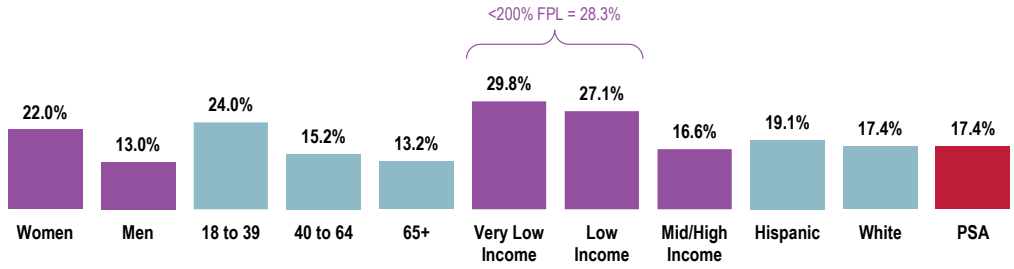
Primary Service Area



Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 316]
- 2021 Tahoe Forest Health System Community Health Needs Assessment

Notes:
- Asked of all respondents.
- Anxiety disorder includes acute stress disorder, anxiety, generalized anxiety disorder, obsessive-compulsive disorder, panic disorder, phobia, post-traumatic stress disorder, or social anxiety disorder.

Have Been Diagnosed With Anxiety Disorder
(Primary Service Area, 2025)

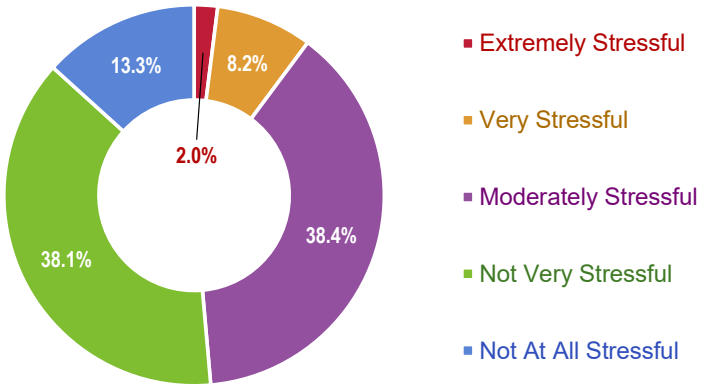


Sources: • 2025 PRC Community Health Survey, PRC, Inc. [Item 316]
Notes: • Asked of all respondents.
• Anxiety disorder includes acute stress disorder, anxiety, generalized anxiety disorder, obsessive-compulsive disorder, panic disorder, phobia, post-traumatic stress disorder, or social anxiety disorder.
• "<200% FPL" reflects those respondents living below 200% of the federal poverty level (a combination of the very low and low income categories).

Stress

A majority of surveyed adults characterize most days as no more than "moderately" stressful.

Perceived Level of Stress On a Typical Day
(Primary Service Area, 2025)



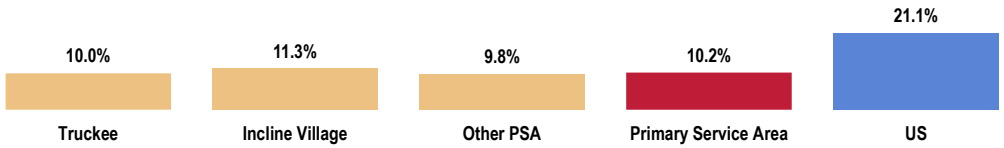
Sources: • 2025 PRC Community Health Survey, PRC, Inc. [Item 79]
Notes: • Asked of all respondents.

In contrast, 10.2% of Primary Service Area adults feel that most days for them are "very" or "extremely" stressful.

BENCHMARK ► Half the US prevalence.

DISPARITY ► This prevalence is correlated with age and household income level.

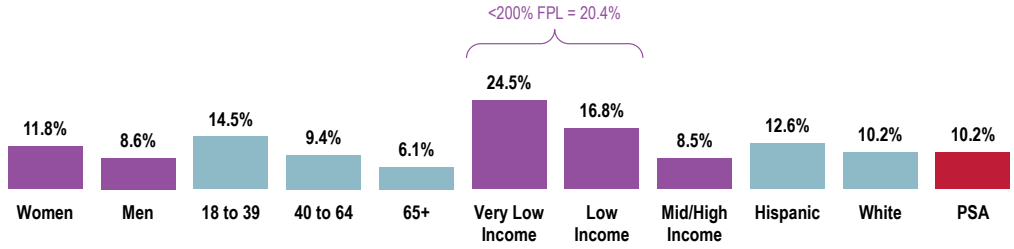
Perceive Most Days As "Extremely" or "Very" Stressful



Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 79]
- 2023 PRC National Health Survey, PRC, Inc.
- 2021 Tahoe Forest Health System Community Health Needs Assessment

Notes:
- Asked of all respondents.

Perceive Most Days as "Extremely" or "Very" Stressful
(Primary Service Area, 2025)



Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 79]

Notes:
- Asked of all respondents.
- "<200% FPL" reflects those respondents living below 200% of the federal poverty level (a combination of the very low and low income categories).

Suicide

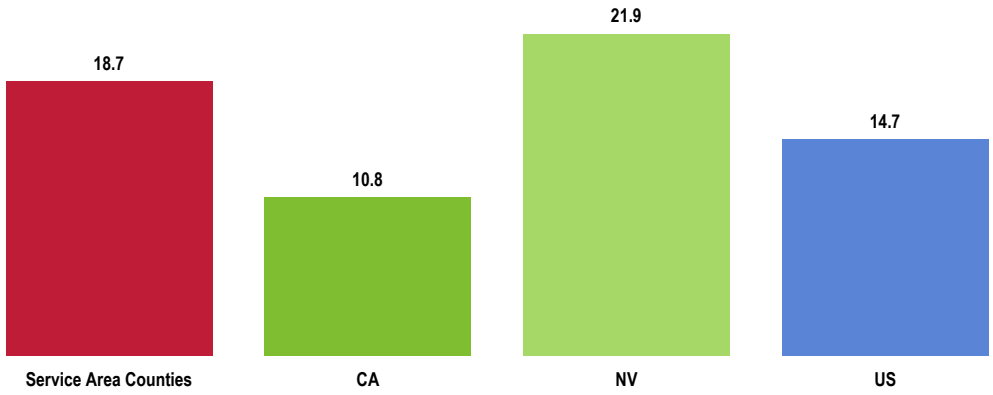
Deaths by Suicide

In the Service Area Counties (Nevada, Placer, and Washoe counties), there were 18.7 suicides per 100,000 population (2021-2023 annual average rate).

BENCHMARK ► Higher than the California and US rates but lower than the Nevada rate. Fails to satisfy the Healthy People 2030 objective.

DISPARITY ► Much higher among White residents than among Hispanic residents.

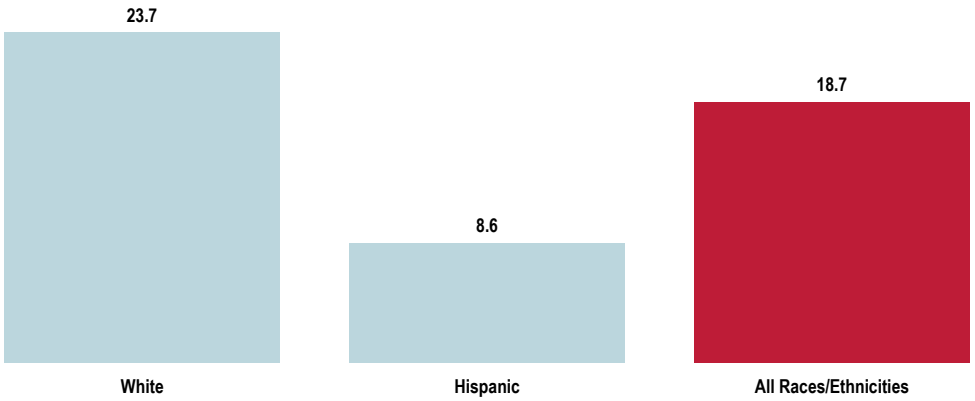
Suicide Mortality
(2021-2023 Annual Average Deaths per 100,000 Population)
Healthy People 2030 = 12.8 or Lower



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2025.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population.

Suicide Mortality by Race/Ethnicity
(2021-2023 Annual Average Deaths per 100,000 Population; Service Area Counties)
Healthy People 2030 = 12.8 or Lower



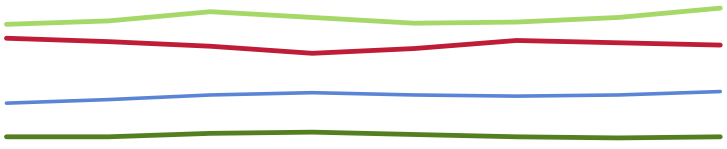
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2025.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population.
- Race categories reflect individuals without Hispanic origin.

Suicide Mortality Trends

(Annual Average Deaths per 100,000 Population)

Healthy People 2030 = 12.8 or Lower



	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020	2019-2021	2020-2022	2021-2023
Service Area Counties	19.3	19.0	18.6	18.0	18.4	19.1	18.9	18.7
CA	10.8	10.8	11.1	11.2	11.0	10.8	10.7	10.8
NV	20.5	20.8	21.6	21.1	20.6	20.7	21.1	21.9
US	13.7	14.0	14.4	14.6	14.4	14.3	14.4	14.7

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2025.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population.

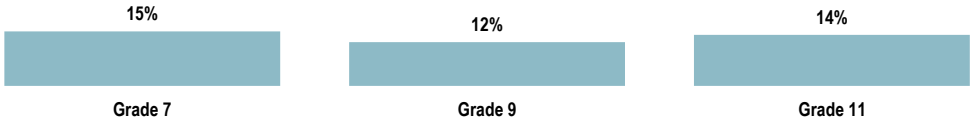
Students: Suicide Ideation

Student data are taken from the *2022-2023 California Healthy Kids Survey* administered to students of the Tahoe-Truckee Unified School District.

In a survey of secondary students in the Tahoe-Truckee United School District, between 12% and 15% of students (grades 7 through 11) have seriously considered suicide in the past year.

Seriously Considered Suicide in the Past 12 Months

(Tahoe-Truckee Secondary Students, 2022-2023)



Sources:
- Tahoe-Truckee Unified School District. *California Healthy Kids Survey, 2022-2023: Main Report*. San Francisco: WestEd for the California Department of Education.

Mental Health Treatment

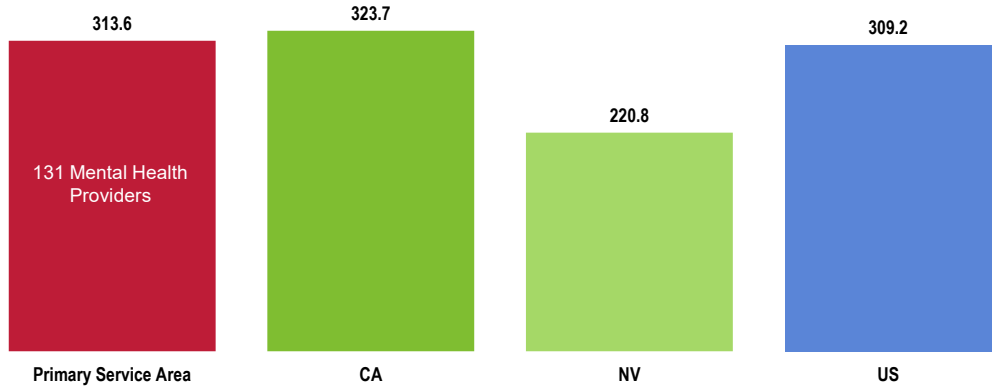
Mental Health Providers

Note that this indicator only reflects providers practicing in the Primary Service Area and residents in the Primary Service Area; it does not account for the potential demand for services from outside the area, nor the potential availability of providers in surrounding areas.

As of October 2024, 131 mental health providers (including psychiatrists, psychologists, clinical social workers, and counselors who specialize in mental health care) were practicing in the Primary Service Area, translating to a rate of 313.6 per 100,000 population.

BENCHMARK ▶ Higher than the Nevada rate.

Number of Mental Health Providers per 100,000 Population
(October 2024)



Sources:
- Centers for Medicare and Medicaid Services, National Plan and Provider Enumeration System (NPPES).
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved June 2025 via SparkMap (sparkmap.org).

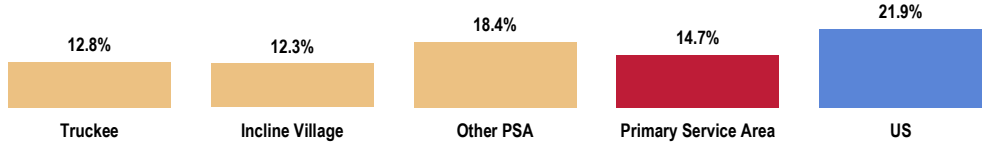
Notes:
- This indicator reports the rate of the county population to the number of mental health providers including psychiatrists, psychologists, clinical social workers, and counselors that specialize in mental health care.

Currently Receiving Treatment

A total of 14.7% of area adults are currently taking medication or otherwise receiving treatment from a doctor or other health professional for some type of mental health condition or emotional problem.

BENCHMARK ▶ Well below the US prevalence.

Currently Receiving Mental Health Treatment



Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 81]
- 2023 PRC National Health Survey, PRC, Inc.
- 2021 Tahoe Forest Health System Community Health Needs Assessment

Notes:
- Asked of all respondents.
- Includes those now taking medication or otherwise receiving treatment for any type of mental health condition or emotional problem.

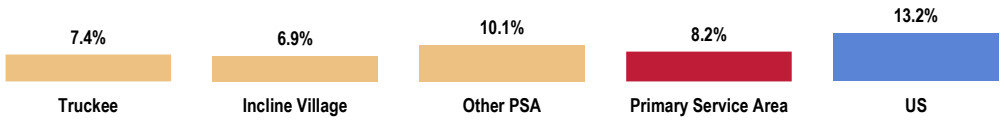
Difficulty Accessing Mental Health Services

A total of 8.2% of Primary Service Area adults report a time in the past year when they needed mental health services but were not able to get them.

BENCHMARK ▶ Lower than the US prevalence.

DISPARITY ▶ Reported more often among women and young adults. (The data is suggestive of a higher prevalence among those at very low incomes, however, the difference here by income level is not statistically significant.)

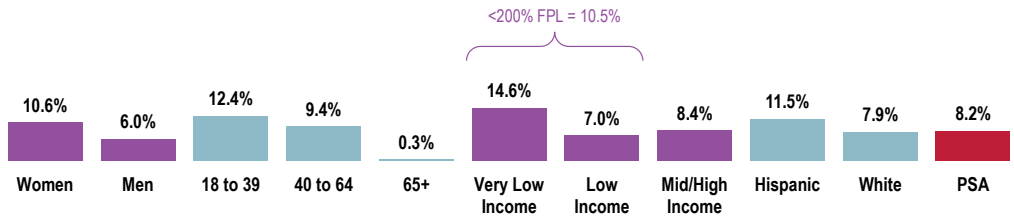
Unable to Get Mental Health Services When Needed in the Past Year



Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 82]
- 2023 PRC National Health Survey, PRC, Inc.
- 2021 Tahoe Forest Health System Community Health Needs Assessment

Notes:
- Asked of all respondents.

Unable to Get Mental Health Services When Needed in the Past Year
(Primary Service Area, 2025)

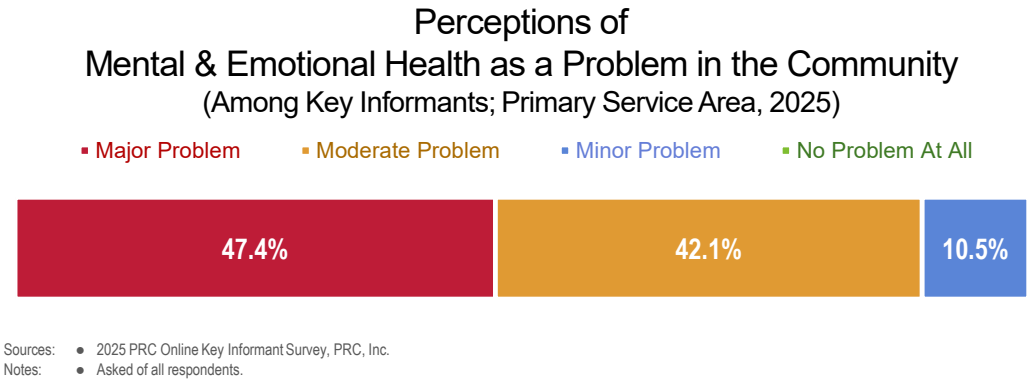


Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 82]

Notes:
- Asked of all respondents.
- "<200% FPL" reflects those respondents living below 200% of the federal poverty level (a combination of the very low and low income categories).

Key Informant Input: Mental Health

The greatest share of key informants taking part in an online survey characterized *Mental Health* as a "major problem" in the community.



Sources: 2025 PRC Online Key Informant Survey, PRC, Inc.
Notes: Asked of all respondents.

Among those rating this issue as a "major problem," reasons related to the following:

Access to Care/Services

> Access to therapy and psychiatry that is affordable. – Physician
>
> Lack of resources/options, lack of trained professionals, cost and access. – Social Services Provider
>
> Difficulty in scheduling an appointment with a therapist because of lack of open appointments or therapists not taking on new patients. Cost barrier to accessing mental health care. Stigma surrounding seeking out mental health assistance. – Social Services Provider
>
> Limited access to evidence-based care, navigating complicated mental health system, isolation and lack of social connections, stigma/ discrimination associated with having mental health struggles and/or seeking treatment, navigating all the above with co-occurring substance use disorders (which are very prevalent).
> – Public Health Representative
>
> I think the biggest issue is cost. Many people who live and work in our area have seasonal jobs or work for small businesses, so health insurance is up to the individual to source. Since the area pays higher than average wages (because the cost of living is so high), people don't qualify for subsidies. As such, if they have insurance at all, they have the most basic plans with high copays and deductibles. Additionally, self-medicating with drugs and alcohol is widely accepted and readily available in our community which leads to people masking their mental health problems and ultimately worsens said problems. – Community Leader
>
> Access to care. – Health Care Provider
>
> Access to mental healthcare. Activities that may help especially the young to prevent mental health issues.
> – Physician
>
> The biggest challenge for community members with mental health issues is finding a provider that can see them in a timely manner. – Social Services Provider
>
> There is lack of available services overall covered by insurance, particularly for children and youth. Appointments book out months and months in advance and access to a mental health professional requires a visit with your PCP as a "gatekeeper" to services. Since PCP appointments via Tahoe Forest are booked months out (3+ month waiting lists), this can leave someone who needs support without any assistance for 6 months to a year. The local community has grown significantly over the past 4 years and the income disparity has widened such that our middle-class families are struggling to survive in a place that has been home to them for many decades- which has created a significant toll on mental health for them and their children. This has given rise to greater growth in substance abuse issues without the services to support them. – Community Leader
>
> Very limited access to psychiatric services and a lack of stabilization options in the community. Therapists who accept Medi-Cal are limited and have specific parameters when it pertains to county-specific programs. Specialty mental health services only qualify a portion of the needs, and the mild or moderate needs do not have community-based services available, only private. The exception is the Placer County bilingual therapy program. Peer support is a stopgap not a viable long-term intervention. – Health Care Provider

Lack of Providers

> Lack of local mental health providers and it can be expensive with insurance coverage limited.
> – Community Leader

> This is a region-wide crisis. There are not sufficient providers in the larger surrounding communities and certainly not in Tahoe. – Community Leader
>
> At our school, we do not have a mental health professional or a social worker. Our students and families have experienced trauma. – Social Services Provider
>
> Not enough providers and information about how to access services. – Public Health Representative
>
> Probably finding a provider that takes the person's insurance, is available or taking new clients, (speaks Spanish if needed) or connects well with the client. This is a small area so it might be difficult for people from smaller populations to find a therapist who they feel a connection with. (BIPOC, LGBTQ+, etc.). Also, affordability of seeing a therapist once a week might be tough. Even if a person has a co-pay that could still add up. If a person doesn't have insurance, then only wealthy person might be able to pay out of pocket, if therapist doesn't offer a sliding scale. I think sharing ones problems may seem challenging to people so that might be a barrier to someone who never had MH services growing up. They might be reluctant to try therapy.
> – Public Health Representative
>
> Limited access to providers, especially when relying upon Medi-Cal. In unhoused, without stability of access to human necessities, addressing mental health is near impossible. – Social Services Provider
>
> Accessing providers that accept insurance and other payment forms, medical etc. Bilingual/Bicultural providers are needed as well. – Social Services Provider

Isolation

> People feel isolated and alone in our rural community. We do not have many community gathering spaces, particularly in the winter. Patients struggle to find talk therapists and other mental health providers who can bill insurance. People who are really struggling do not have the mental capacity to navigate the potential resources and referrals system to get connected to resources. – Health Care Provider
>
> Isolation and access to mental health providers, lack of providers, lack of bilingual providers and stigma.
> – Social Services Provider
>
> Depression, isolation, lack of professional and culturally competent treatment providers, suicide ideation and cost of treatment. – Community Leader

Suicide

> Depression leading to suicide. Tahoe is a small community which is impacted dramatically when a suicide occurs. Many people talk about it, talk about it everywhere, and so the magnitude of the impact is larger even if people do not personally know the individual or family involved. – Social Services Provider
>
> Mental health, so much depression and suicide in this community, need to break down these barriers for care.
> – Community Leader

Need for Bilingual Providers

> Limited Spanish speaker providers. In our Tahoe Truckee area we have one provider in Truckee and one in Tahoe City. Not enough for the large Spanish speaking community. – Community Leader
>
> Insufficient bilingual and bicultural services. Not enough treatment and recovery options for people with substance use issues. Fragmented systems. Limited providers and services. – Community Leader

Due to COVID-19

> The pandemic exacerbated an already growing trend in mental health challenges faced by all age groups, but particularly young people, parents, and seniors living alone. Recognizing and understanding those challenges at the individual level is challenging enough; responding at a community level is even tougher. There are simply not enough resources in the community to support those with mental health needs. Payment and insurance is a huge barrier. Cultural barriers exist as well. The world is changing at a faster pace, largely due to technology and the access to information, good and bad. World events that once seemed far away, now seem closer to home. Our ability to adjust to such changes isn't keeping pace. Our community collectively needs to adjust to the increasing demand for mental health supports at all levels of mental health supports. This is a tall order.
> – Public Health Representative

Incidence/Prevalence

> This seems to be present in a wide variety of demographic groups including young children, teens, adults, elderly, and it transcends economic strata as well. It is a challenging problem that impacts many services including schools, hospitals, law enforcement, fire/EMS, and health and human services.
> – Social Services Provider

Co-Occurrences

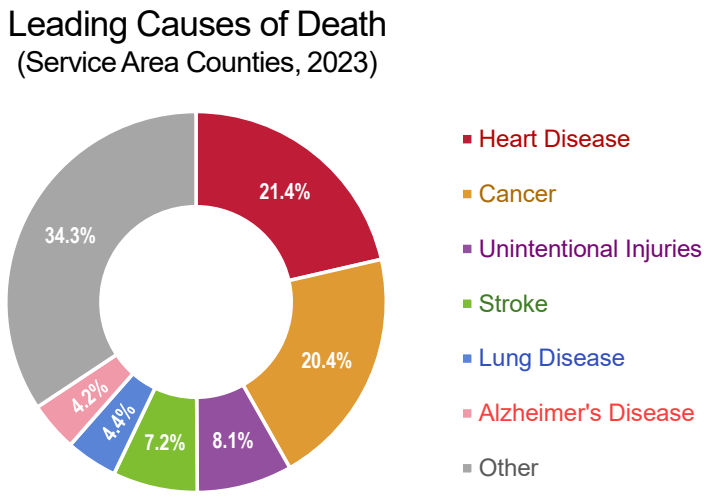
> Mental health issues exacerbated by alcohol and drug use and lack of adequate or affordable mental health/alcohol and drug treatment and resources. – Community Leader

DEATH, DISEASE & CHRONIC CONDITIONS

LEADING CAUSES OF DEATH

Distribution of Deaths by Cause

Together, cancers and heart disease accounted for the greatest share of 2023 deaths in the Service Area Counties.



Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2025.

Notes: ● Lung disease includes deaths classified as chronic lower respiratory disease.

Death Rates for Selected Causes

Here, deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10). Rates are per 100,000 population.

The following chart outlines 2021-2023 annual average death rates per 100,000 population for selected causes of death in the Service Area Counties.

Leading causes of death are discussed in greater detail in subsequent sections of this report.

For infant mortality data, see *Birth Outcomes & Risks* in the **Births** section of this report.

Death Rates for Selected Causes
(2021-2023 Deaths per 100,000 Population)

	Service Area Counties	CA	NV	US	Healthy People 2030
Heart Disease	206.5	168.0	230.8	209.5	127.4*
Cancers (Malignant Neoplasms)	188.3	153.5	170.4	182.5	122.7
Stroke (Cerebrovascular Disease)	69.7	46.9	45.3	49.3	33.4
Unintentional Injuries	68.5	53.8	66.9	67.8	43.2
Lung Disease (Chronic Lower Respiratory Disease)	43.4	30.2	48.0	43.5	—
Alzheimer's Disease	41.2	43.5	26.2	35.8	—
Unintentional Drug-Induced Deaths	30.6	26.6	29.0	29.7	—
Alcohol-Induced Deaths	26.4	17.7	24.7	15.7	—
Diabetes	23.6	29.4	28.1	30.5	—
Suicide	18.7	10.8	21.9	14.7	12.8
Motor Vehicle Deaths	11.5	12.3	13.2	13.3	10.1
Kidney Disease	11.2	12.4	9.4	16.9	—
Pneumonia/Influenza	8.6	12.8	16.3	13.4	—
Homicide	4.0	6.0	8.0	7.6	5.5

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2025.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople.

Note:
- *The Healthy People 2030 coronary heart disease target is adjusted here to account for all diseases of the heart.
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population.

CARDIOVASCULAR DISEASE

ABOUT HEART DISEASE & STROKE

Heart disease and stroke can result in poor quality of life, disability, and death. Though both diseases are common, they can often be prevented by controlling risk factors like high blood pressure and high cholesterol through treatment.

In addition, making sure people who experience a cardiovascular emergency — like stroke, heart attack, or cardiac arrest — get timely recommended treatment can reduce their risk for long-term disability and death. Teaching people to recognize symptoms is key to helping more people get the treatment they need.

– Healthy People 2030 (https://health.gov/healthypeople)

Heart Disease & Stroke Deaths

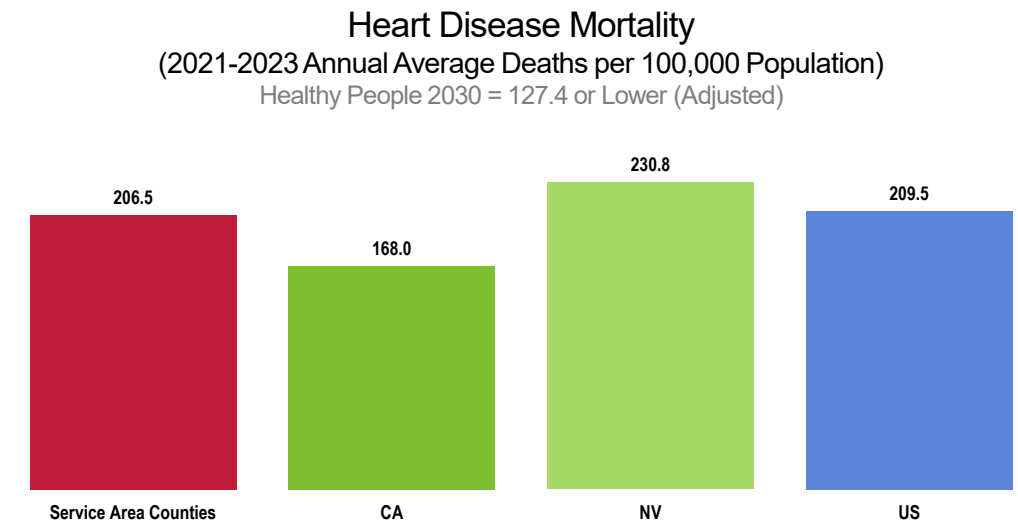
Heart Disease Deaths

The greatest share of cardiovascular deaths is attributed to heart disease.

Between 2021 and 2023, there was an annual average heart disease mortality rate of 206.5 deaths per 100,000 population in the Service Area Counties.

BENCHMARK ▶ Higher than the California rate. Fails to satisfy the Healthy People 2030 objective.

DISPARITY ▶ Dramatically higher among White residents when compared with Hispanic residents.



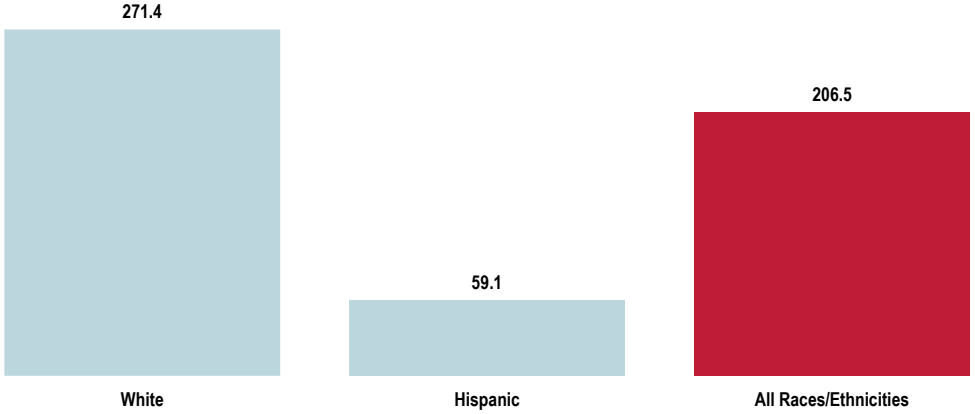
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2025.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- The Healthy People 2030 coronary heart disease target is adjusted here to account for all diseases of the heart.
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population.

Heart Disease Mortality by Race/Ethnicity

(2021-2023 Annual Average Deaths per 100,000 Population; Service Area Counties)

Healthy People 2030 = 127.4 or Lower (Adjusted)



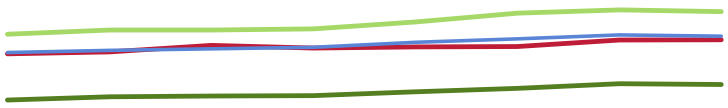
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2025.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- The Healthy People 2030 coronary heart disease target is adjusted here to account for all diseases of the heart.
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population.
- Race categories reflect individuals without Hispanic origin.

Heart Disease Mortality Trends

(Annual Average Deaths per 100,000 Population)

Healthy People 2030 = 127.4 or Lower (Adjusted)



	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020	2019-2021	2020-2022	2021-2023
Service Area Counties	194.4	196.0	201.8	199.3	200.4	200.8	206.4	206.5
CA	154.5	157.4	157.9	158.3	161.7	164.6	168.6	168.0
NV	211.3	215.0	214.8	215.8	221.9	229.6	232.3	230.8
US	195.5	197.5	198.6	200.0	204.2	207.3	210.7	209.5

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2025.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- The Healthy People 2030 coronary heart disease target is adjusted here to account for all diseases of the heart.
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population.

Stroke Deaths

Between 2021 and 2023, there was an annual average stroke mortality rate of 69.7 deaths per 100,000 population in the Service Area Counties.

BENCHMARK ► Worse than state and national rates. Far from satisfying the Healthy People 2030 objective.

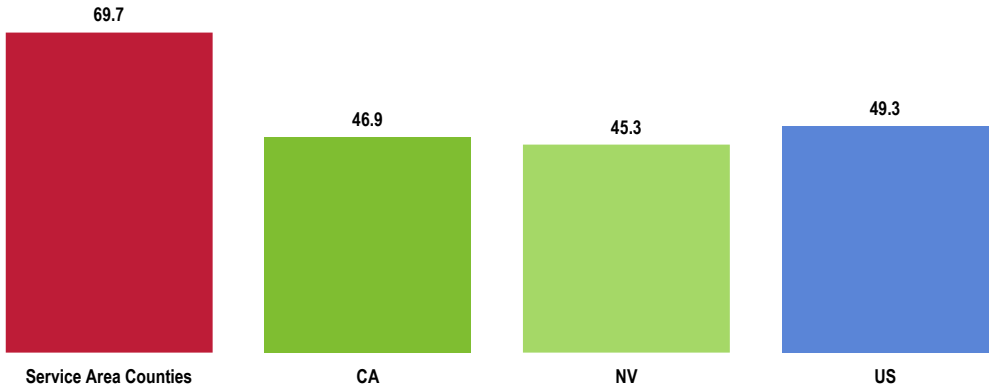
DISPARITY ► More than four times higher among White residents than Hispanic residents.

TREND ► Trending upward in recent years.

Stroke Mortality

(2021-2023 Annual Average Deaths per 100,000 Population)

Healthy People 2030 = 33.4 or Lower



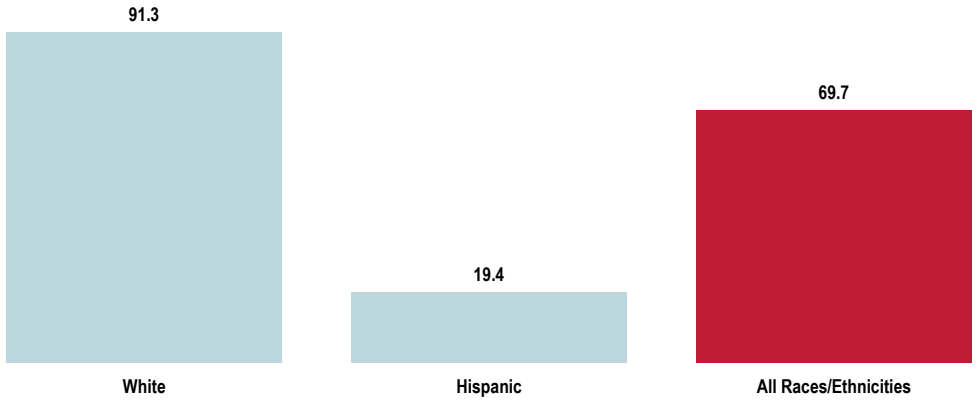
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2025.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population.

Stroke Mortality by Race/Ethnicity

(2021-2023 Annual Average Deaths per 100,000 Population; Service Area Counties)

Healthy People 2030 = 33.4 or Lower



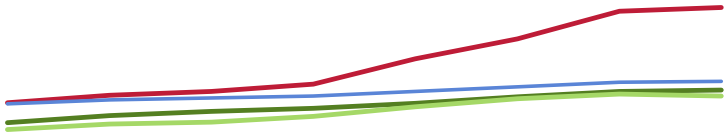
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2025.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population.
- Race categories reflect individuals without Hispanic origin.

Stroke Mortality Trends

(Annual Average Deaths per 100,000 Population)

Healthy People 2030 = 33.4 or Lower



	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020	2019-2021	2020-2022	2021-2023
Service Area Counties	43.4	45.5	46.5	48.5	55.5	61.0	68.7	69.7
CA	37.9	39.9	41.0	41.9	43.2	45.0	46.5	46.9
NV	36.0	37.5	38.1	39.6	42.3	44.5	45.8	45.3
US	43.1	44.2	44.7	45.3	46.5	47.8	49.1	49.3

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2025.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population.

Prevalence of Heart Disease & Stroke

Prevalence of Heart Disease

A total of 6.2% of surveyed adults report that they suffer from or have been diagnosed with heart disease, such as coronary heart disease, angina, or heart attack.

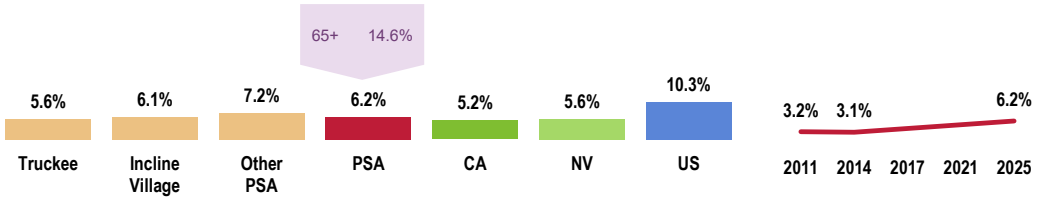
BENCHMARK ► Lower than the US prevalence.

DISPARITY ► Increasing to 14.6% among older adults (age 65+).

TREND ► Significantly above baseline survey findings from 2011.

Prevalence of Heart Disease

Primary Service Area



Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 22]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2023 California and Nevada data.
- 2023 PRC National Health Survey, PRC, Inc.
- 2021 Tahoe Forest Health System Community Health Needs Assessment

Notes:
- Asked of all respondents.
- Includes diagnoses of heart attack, angina, or coronary heart disease.

Prevalence of Stroke

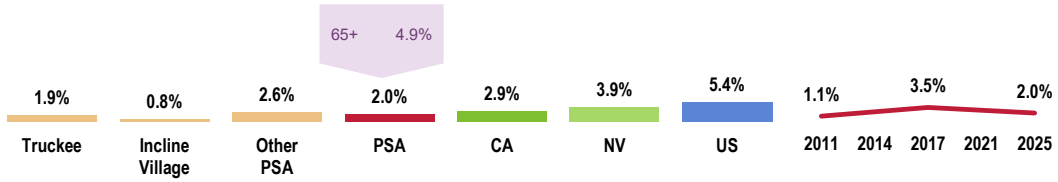
A total of 2.0% of surveyed adults report that they suffer from or have been diagnosed with cerebrovascular disease (a stroke).

BENCHMARK ► Lower than the Nevada and US percentages.

DISPARITY ► Increasing to 4.9% among seniors (age 65+).

Prevalence of Stroke

Primary Service Area



Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 23]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2023 California and Nevada data.
- 2023 PRC National Health Survey, PRC, Inc.
- 2021 Tahoe Forest Health System Community Health Needs Assessment

Notes:
- Asked of all respondents.

Cardiovascular Risk Factors

Blood Pressure & Cholesterol

A total of 26.2% of Primary Service Area adults have been told by a health professional at some point that their blood pressure was high.

BENCHMARK ► Lower than state and US figures; easily satisfies the Healthy People 2030 objective.

TREND ► Higher than 2011 findings, but similar to survey findings since.

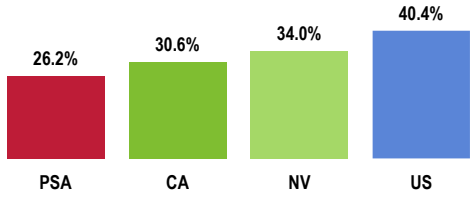
DISPARITY ► Notably higher among Incline Village adults (not shown).

A total of 30.3% of adults have been told by a health professional that their cholesterol level was high.

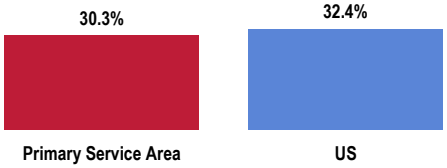
TREND ► Decreasing (improving) from baseline findings.

Prevalence of High Blood Pressure

Healthy People 2030 = 42.6% or Lower



Prevalence of High Blood Cholesterol

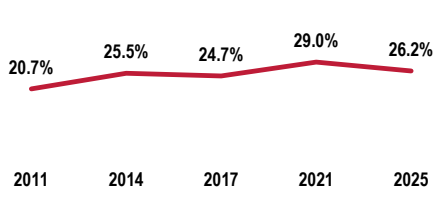


Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Items 29-30]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2023 California and Nevada data.
- 2023 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

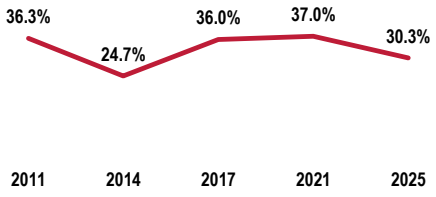
Notes:
- Asked of all respondents.

Prevalence of High Blood Pressure (Primary Service Area)

Healthy People 2030 = 42.6% or Lower



Prevalence of High Blood Cholesterol (Primary Service Area)



Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Items 29-30]
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople
- 2021 Tahoe Forest Health System Community Health Needs Assessment

Notes:
- Asked of all respondents.

Total Cardiovascular Risk

Total cardiovascular risk reflects the individual-level risk factors which put a person at increased risk for cardiovascular disease, including:

- High Blood Pressure
- High Blood Cholesterol
- Cigarette Smoking
- Physical Inactivity
- Overweight/Obesity

Modifying these behaviors and adhering to treatment for high blood pressure and cholesterol are critical both for preventing and for controlling cardiovascular disease.

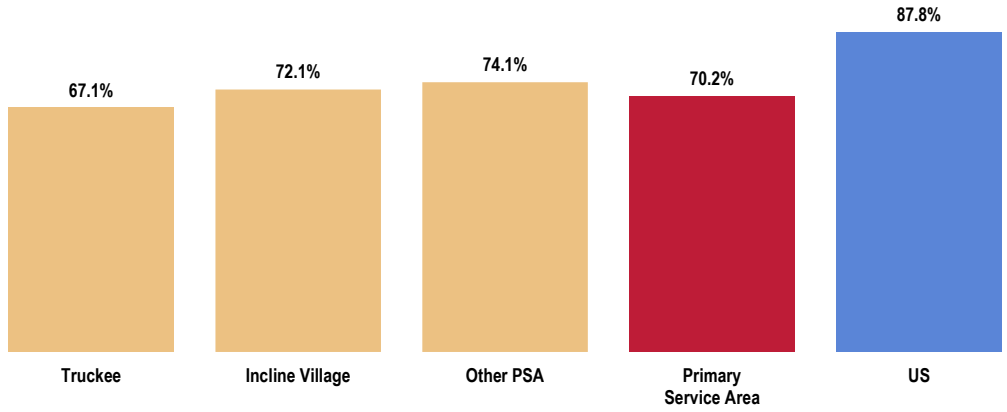
RELATED ISSUE
See also *Nutrition, Physical Activity & Weight* and *Tobacco Use* in the **Modifiable Health Risks** section of this report.

A total of 70.2% of Primary Service Area adults report one or more cardiovascular risk factors, such as being overweight, smoking cigarettes, being physically inactive, or having high blood pressure or cholesterol.

BENCHMARK ► Lower than the national prevalence.

DISPARITY ► Higher among men, older adults, those in low-income households, and Hispanic residents.

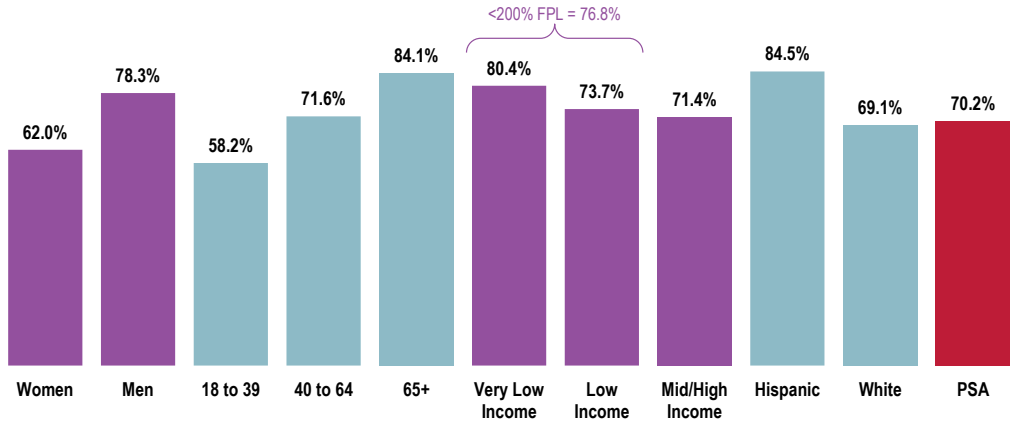
Exhibit One or More Cardiovascular Risks or Behaviors



Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 100]
- 2023 PRC National Health Survey, PRC, Inc.
- 2021 Tahoe Forest Health System Community Health Needs Assessment

Notes:
- Reflects all respondents.
- Cardiovascular risk is defined as exhibiting one or more of the following: 1) no leisure-time physical activity; 2) regular/occasional cigarette smoking; 3) high blood pressure; 4) high blood cholesterol; and/or 5) being overweight/obese.

Exhibit One or More Cardiovascular Risks or Behaviors
(Primary Service Area, 2025)

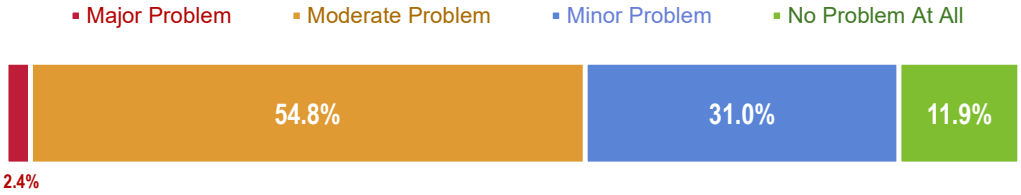


Sources: • 2025 PRC Community Health Survey, PRC, Inc. [Item 100]
Notes: • Reflects all respondents.
• Cardiovascular risk is defined as exhibiting one or more of the following: 1) no leisure-time physical activity; 2) regular/occasional cigarette smoking; 3) high blood pressure; 4) high blood cholesterol; and/or 5) being overweight/obese.
• "<200% FPL" reflects those respondents living below 200% of the federal poverty level (a combination of the very low and low income categories).

Key Informant Input: Heart Disease & Stroke

Over half of key informants taking part in an online survey characterized *Heart Disease & Stroke* as a "moderate problem" in the community.

Perceptions of Heart Disease & Stroke as a Problem in the Community
(Among Key Informants; Primary Service Area, 2025)



Sources: • 2025 PRC Online Key Informant Survey, PRC, Inc.
Notes: • Asked of all respondents.

CANCER

ABOUT CANCER

The cancer death rate has declined in recent decades, but over 600,000 people still die from cancer each year in the United States. Death rates are higher for some cancers and in some racial/ethnic minority groups. These disparities are often linked to social determinants of health, including education, economic status, and access to health care.

Interventions to promote evidence-based cancer screenings — such as screenings for lung, breast, cervical, and colorectal cancer — can help reduce cancer deaths. Other effective prevention strategies include programs that increase HPV vaccine use, prevent tobacco use and promote quitting, and promote healthy eating and physical activity. In addition, effective targeted therapies and personalized treatment are key to helping people with cancer live longer.

– Healthy People 2030 (https://health.gov/healthypeople)

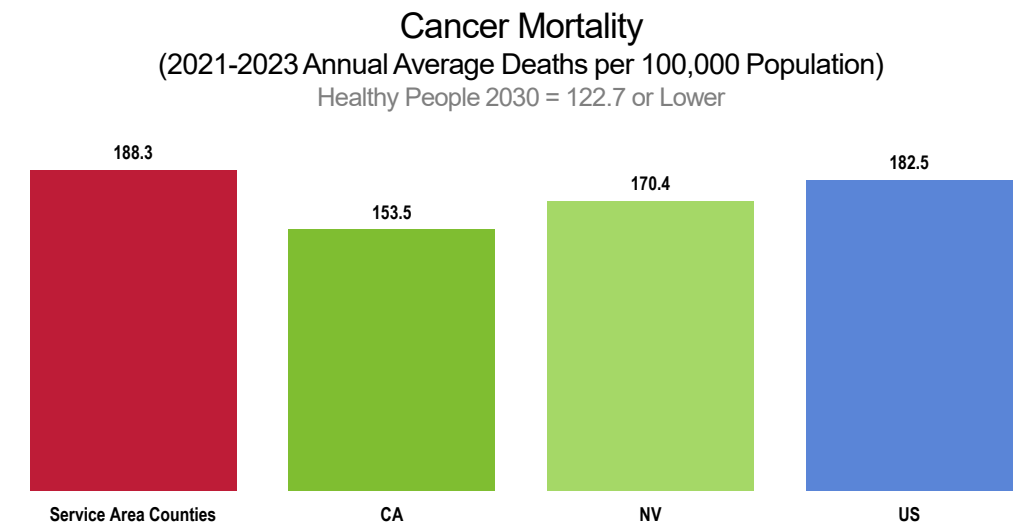
Cancer Deaths

All Cancer Deaths

Between 2021 and 2023, the Service Area Counties reported an annual average cancer mortality rate of 188.3 deaths per 100,000 population.

BENCHMARK ► Higher than the California mortality rate and far from satisfying the Healthy People 2030 objective.

DISPARITY ► Much higher among White residents than among Hispanic residents.



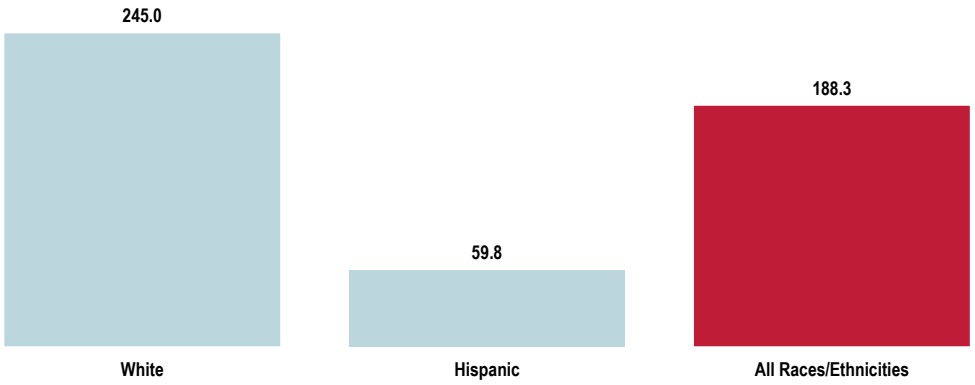
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2025.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population.

Cancer Mortality by Race/Ethnicity

(2021-2023 Annual Average Deaths per 100,000 Population; Service Area Counties)

Healthy People 2030 = 122.7 or Lower



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2025.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population.
- Race categories reflect individuals without Hispanic origin.

Cancer Mortality Trends

(Annual Average Deaths per 100,000 Population)

Healthy People 2030 = 122.7 or Lower

	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020	2019-2021	2020-2022	2021-2023
Service Area Counties	195.1	193.4	189.4	182.9	182.8	183.8	187.4	188.3
CA	151.5	151.5	151.2	150.9	151.3	151.3	152.8	153.5
NV	175.8	175.7	174.9	174.6	173.8	173.1	171.1	170.4
US	185.4	184.8	184.1	183.3	182.9	182.6	182.6	182.5

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2025.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population.

Cancer Deaths by Site

Lung cancer is the leading cause of cancer deaths in the Service Area Counties.

Other leading sites include female breast cancer, prostate cancer, and colorectal cancer (both sexes).

BENCHMARK

Lung Cancer ► Higher than the California rate. Fails to satisfy the Healthy People 2030 objective.

Female Breast Cancer ► Fails to satisfy the Healthy People 2030 objective.

Prostate Cancer ► Fails to satisfy the Healthy People 2030 objective.

Colorectal Cancer ► Fails to satisfy the Healthy People 2030 objective.

Cancer Death Rates by Site
(2021-2023 Annual Average Deaths per 100,000 Population)

	Service Area Counties	CA	NV	US	Healthy People 2030
ALL CANCERS	**188.3**	**153.5**	**170.4**	**182.5**	**122.7**
Lung Cancer	**35.2**	**26.0**	**34.9**	**39.8**	**25.1**
Female Breast Cancer	**26.0**	**23.3**	**25.4**	**25.1**	**15.3**
Prostate Cancer	**22.7**	**19.9**	**20.8**	**20.1**	**16.9**
Colorectal Cancer	**16.1**	**14.3**	**17.4**	**16.3**	**8.9**

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2025.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population.

Cancer Incidence

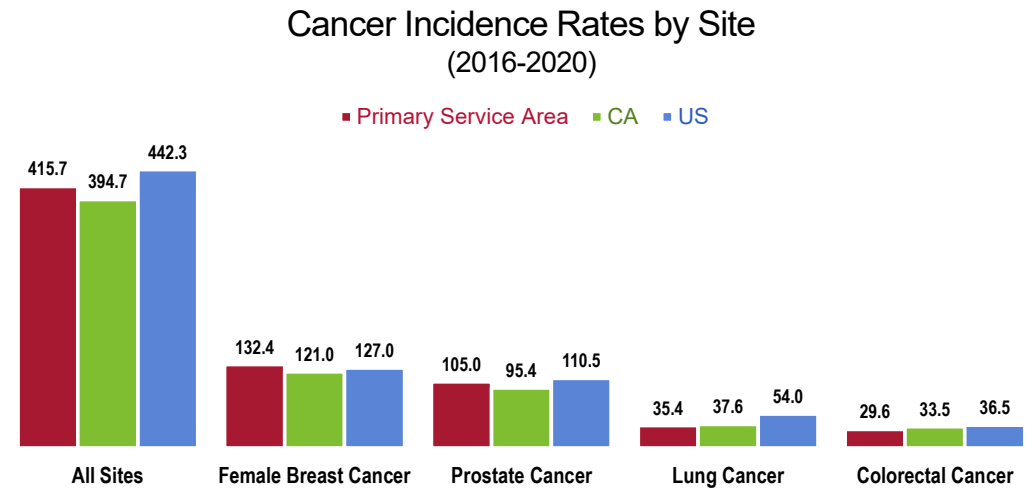
"Incidence rate" or "case rate" is the number of newly diagnosed cases in a given population in a given year, regardless of outcome. It is usually expressed as cases per 100,000 population per year.

The highest cancer incidence rates are for female breast cancer and prostate cancer.

BENCHMARK

Lung Cancer ► Lower than the national rate.

Colorectal Cancer ► Lower than the national rate.



Sources:
- State Cancer Profiles.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved June 2025 via SparkMap (sparkmap.org).

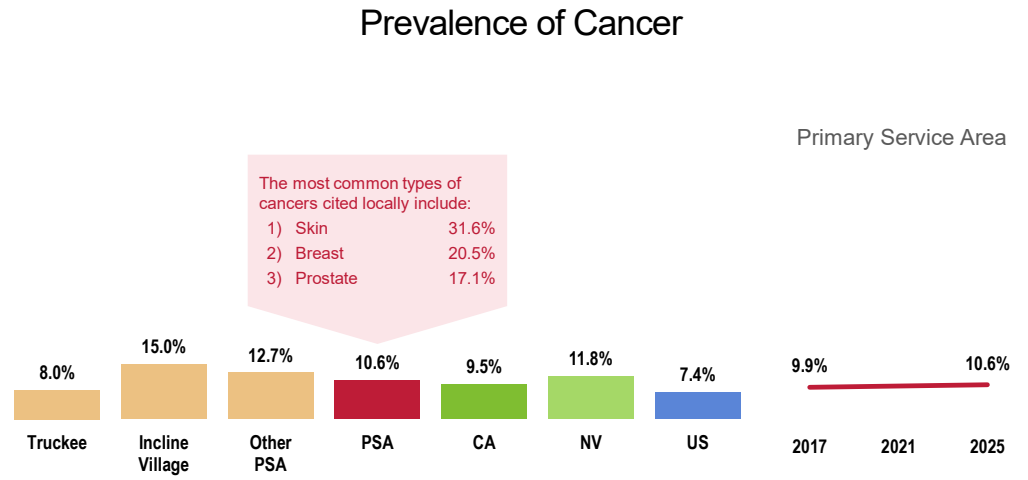
Notes:
- This indicator reports the incidence rate (cases per 100,000 population per year) for select cancers.
- Note that Nevada data is unavailable for this indicator.

Prevalence of Cancer

A total of 10.6% of surveyed Primary Service Area adults report having ever been diagnosed with cancer.

BENCHMARK ► Higher than the US figure.

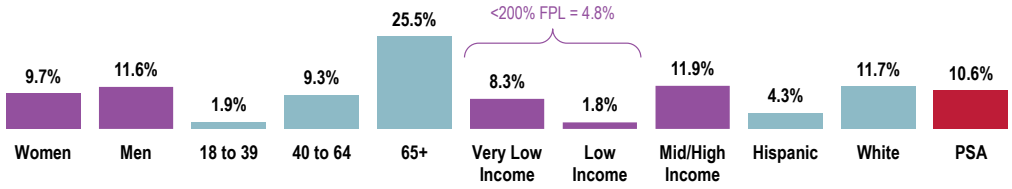
DISPARITY ► Lowest among Truckee residents. Reported more often among older adults (especially), those at either end of the household income spectrum, and White residents.



Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Items 24-25]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2023 California and Nevada data.
- 2023 PRC National Health Survey, PRC, Inc.
- 2021 Tahoe Forest Health System Community Health Needs Assessment

Notes:
- Asked of all respondents.

Prevalence of Cancer
(Primary Service Area, 2025)



Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 24]

Notes:
- Asked of all respondents.
- "<200% FPL" reflects those respondents living below 200% of the federal poverty level (a combination of the very low and low income categories).

Cancer Screenings

The American Cancer Society recommends that both men and women get a cancer-related checkup during a regular doctor's checkup. It should include examination for cancers of the thyroid, testicles, ovaries, lymph nodes, oral cavity, and skin, as well as health counseling about tobacco, sun exposure, diet and nutrition, risk factors, sexual practices, and environmental and occupational exposures. Screening levels in the community were measured in the PRC Community Health Survey relative to the following cancer sites:

FEMALE BREAST CANCER

The US Preventive Services Task Force (USPSTF) recommends biennial screening mammography for women age 40 to 74 years.

CERVICAL CANCER

The US Preventive Services Task Force (USPSTF) recommends screening for cervical cancer every 3 years with cervical cytology alone in women age 21 to 29 years. For women age 30 to 65 years, the USPSTF recommends screening every 3 years with cervical cytology alone, every 5 years with high-risk human papillomavirus (hrHPV) testing alone, or every 5 years with hrHPV testing in combination with cytology (cotesting). The USPSTF recommends against screening for cervical cancer in women who have had a hysterectomy with removal of the cervix and do not have a history of a high-grade precancerous lesion (i.e., cervical intraepithelial neoplasia [CIN] grade 2 or 3) or cervical cancer.

COLORECTAL CANCER

The US Preventive Services Task Force (USPSTF) recommends screening for colorectal cancer starting at age 45 years and continuing until age 75 years.

– US Preventive Services Task Force, Agency for Healthcare Research and Quality, US Department of Health & Human Services

Note that other organizations (e.g., American Cancer Society, American Academy of Family Physicians, American College of Physicians, National Cancer Institute) may have slightly different screening guidelines.

"Appropriate cervical cancer screening" includes Pap smear testing (cervical cytology) every 3 years in women age 21 to 29 and Pap smear testing and/or HPV testing every 5 years in women age 30 to 65.

Among women age 40 to 74, 83.5% have had a mammogram within the past 2 years.

BENCHMARK ► Well above the national figure.

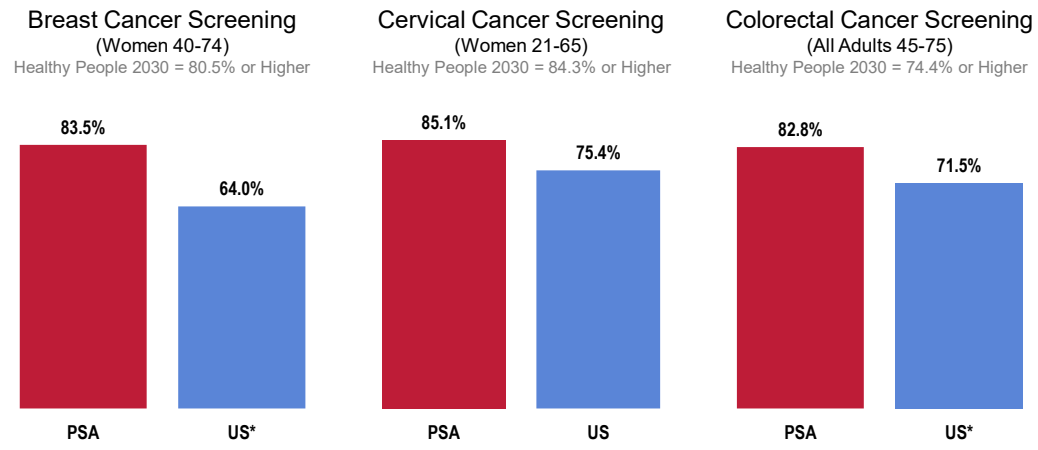
Among Primary Service Area women age 21 to 65, 85.1% have had appropriate cervical cancer screening.

BENCHMARK ► Well above the national figure and satisfies the Healthy People 2030 objective.

"Appropriate colorectal cancer screening" includes a fecal occult blood test within the past year and/or lower endoscopy (sigmoidoscopy or colonoscopy) within the past 10 years.

Among all adults age 45 to 75, 82.8% have had appropriate colorectal cancer screening.

BENCHMARK ► Well above the US figure and satisfies the Healthy People 2030 objective.

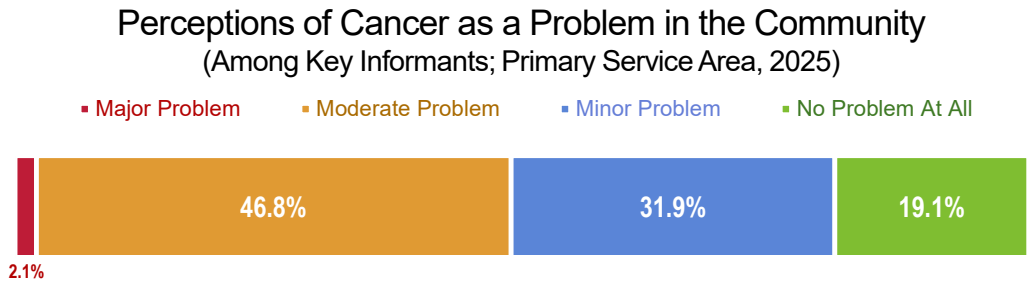


Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Items 101-103]
- 2023 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Each indicator is shown among the gender and/or age group specified.
- * Note that national data for breast cancer screening reflect women ages 50 to 74. National data for colorectal cancer screening reflect adults ages 50 to 75.

Key Informant Input: Cancer

The greatest share of key informants taking part in an online survey characterized *Cancer* as a "moderate problem" in the community.



Sources:
- 2025 PRC Online Key Informant Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Among those rating this issue as a "major problem," reasons related to the following:

No Local Treatment Options

> Major driving distance for cancer treatment, cancer centers are in Nevada or Sacramento, and follow-up care, while good, is still a distance to get to in Truckee. – Social Services Provider

RESPIRATORY DISEASE

ABOUT RESPIRATORY DISEASE

Respiratory diseases affect millions of people in the United States. …More than 25 million people in the United States have asthma. Strategies to reduce environmental triggers and make sure people get the right medications can help prevent hospital visits for asthma. In addition, more than 16 million people in the United States have COPD (chronic obstructive pulmonary disease), which is a major cause of death. Strategies to prevent the disease — like reducing air pollution and helping people quit smoking — are key to reducing deaths from COPD.

– Healthy People 2030 (https://health.gov/healthypeople)

Respiratory Disease Deaths

Lung Disease Deaths

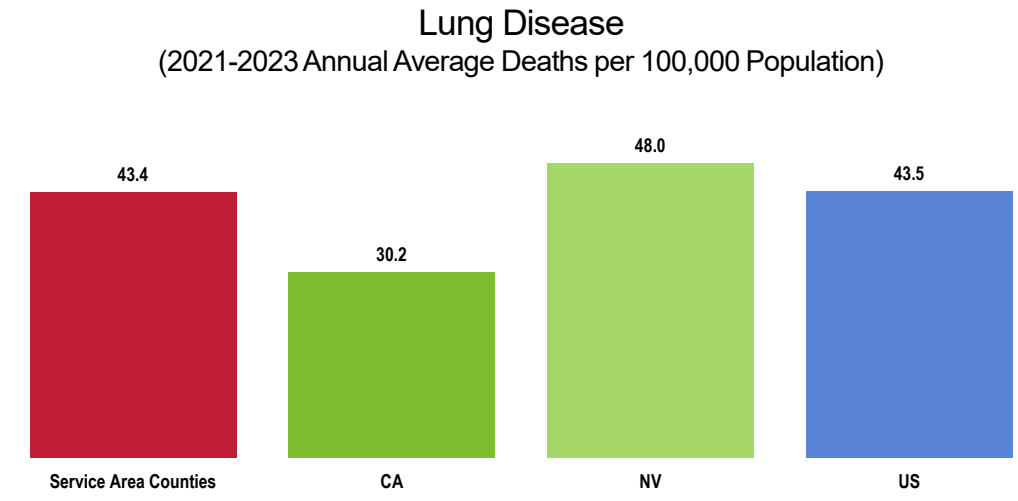
Note: Here, lung disease reflects chronic lower respiratory disease (CLRD) deaths and includes conditions such as emphysema, chronic bronchitis, and asthma.

Between 2021 and 2023, the Service Area Counties reported an annual average lung disease mortality rate of 43.4 deaths per 100,000 population.

BENCHMARK ► Higher than the California mortality rate.

DISPARITY ► Much higher among White residents than among Hispanic residents.

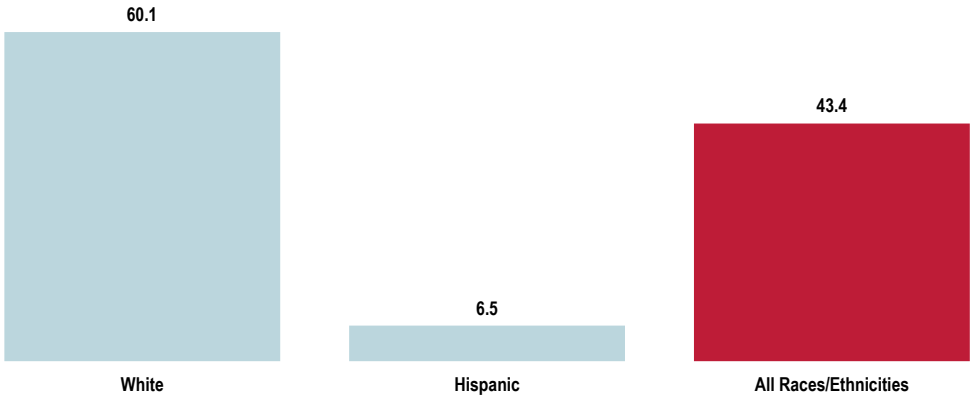
TREND ► Lung disease mortality has decreased in recent years.



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2025.

Notes:
- Here, lung disease reflects chronic lower respiratory disease (CLRD) deaths and includes conditions such as emphysema, chronic bronchitis, and asthma.
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population.

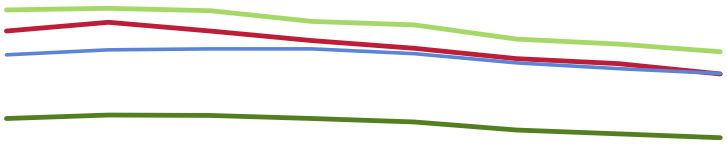
Lung Disease Mortality by Race/Ethnicity
(2021-2023 Annual Average Deaths per 100,000 Population; Service Area Counties)



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and. Informatics. Data extracted June 2025.

Notes:
- Here, lung disease reflects chronic lower respiratory disease (CLRD) deaths and includes conditions such as emphysema, chronic bronchitis, and asthma.
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population.
- Race categories reflect individuals without Hispanic origin.

Lung Disease Mortality Trends
(Annual Average Deaths per 100,000 Population)



	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020	2019-2021	2020-2022	2021-2023
Service Area Counties	52.3	54.1	52.3	50.3	48.7	46.6	45.5	43.4
CA	34.2	34.9	34.8	34.2	33.5	31.8	31.0	30.2
NV	56.7	57.0	56.5	54.3	53.6	50.6	49.6	48.0
US	47.4	48.4	48.6	48.6	47.6	45.7	44.5	43.5

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2025.

Notes:
- Here, lung disease reflects chronic lower respiratory disease (CLRD) deaths and includes conditions such as emphysema, chronic bronchitis, and asthma.
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population.

Pneumonia/Influenza Deaths

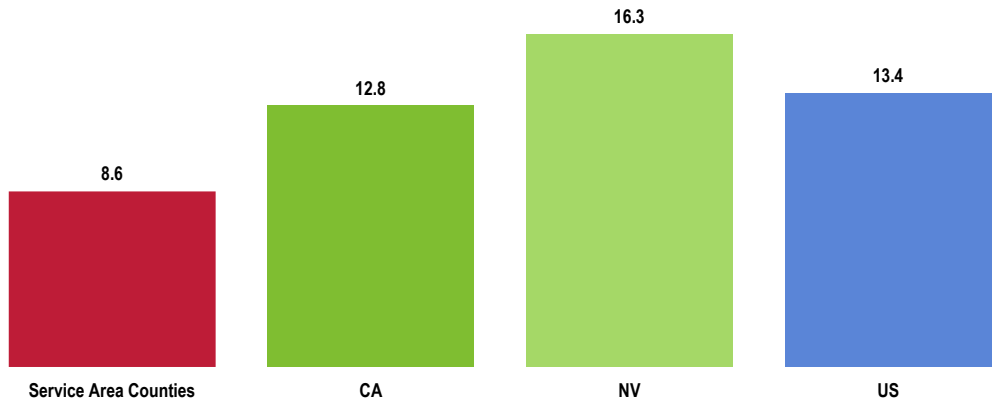
Between 2021 and 2023, the Service Area Counties reported an annual average pneumonia/ influenza mortality rate of 8.6 deaths per 100,000 population.

BENCHMARK ► Well below the state and national rates.

DISPARITY ► Twice as high among White residents as Hispanic residents.

TREND ► The mortality rate has decreased sharply in recent years.

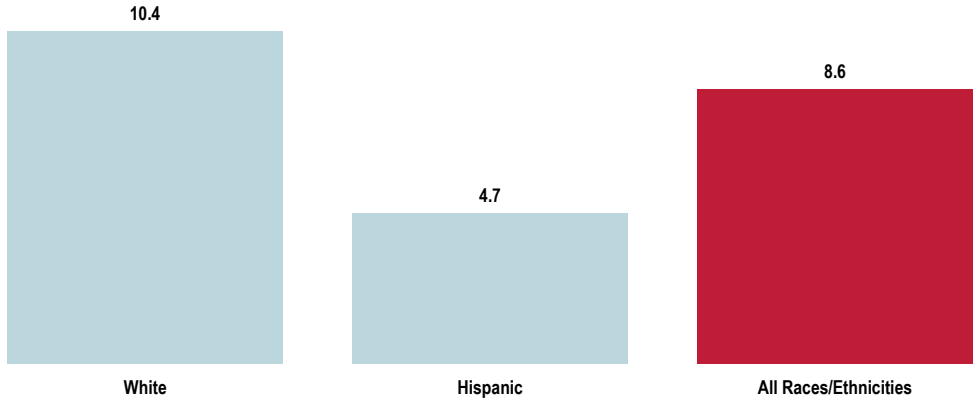
Pneumonia/Influenza Mortality
(2021-2023 Annual Average Deaths per 100,000 Population)



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2025.

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population.

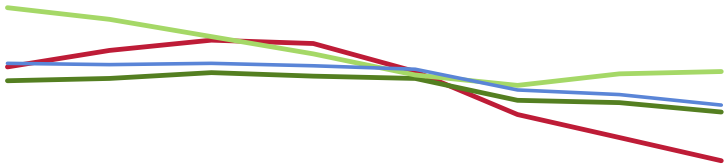
Pneumonia/Influenza Mortality by Race/Ethnicity
(2021-2023 Annual Average Deaths per 100,000 Population; Service Area Counties)



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2025.

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population.
- Race categories reflect individuals without Hispanic origin.

Pneumonia/Influenza Mortality Trends
(Annual Average Deaths per 100,000 Population)



	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020	2019-2021	2020-2022	2021-2023
Service Area Counties	16.7	18.1	19.0	18.7	16.3	12.6	10.6	8.6
CA	15.5	15.7	16.2	15.9	15.7	13.8	13.6	12.8
NV	21.8	20.8	19.3	17.8	16.0	15.1	16.1	16.3
US	17.0	16.9	17.0	16.8	16.5	14.7	14.3	13.4

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2025.

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population.

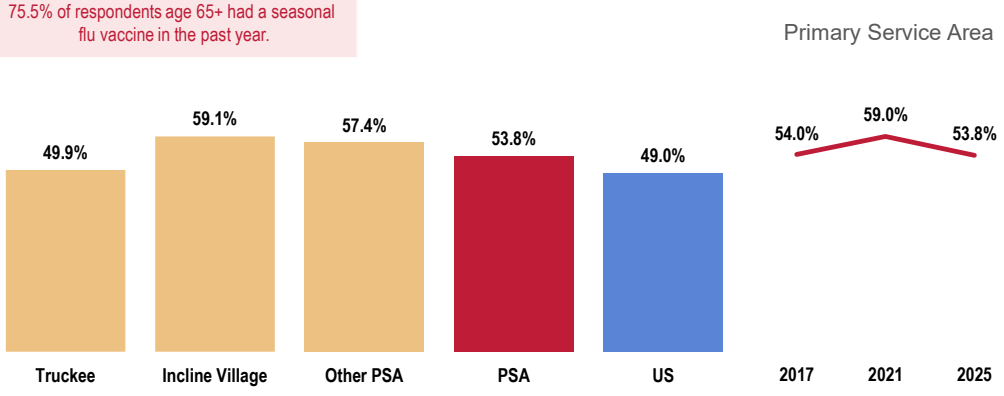
Seasonal Flu Vaccinations

Over half (53.8%) of survey respondents had a seasonal flu vaccination in the past 12 months (whether sprayed in the nose or injected into the arm).

DISPARITY ► Lowest among Truckee respondents.

Seasonal Flu Vaccine in the Past Year

75.5% of respondents age 65+ had a seasonal flu vaccine in the past year.



Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Items 108, 308]
- 2023 PRC National Health Survey, PRC, Inc.
- 2021 Tahoe Forest Health System Community Health Needs Assessment

Notes:
- Asked of all respondents.

Prevalence of Respiratory Disease

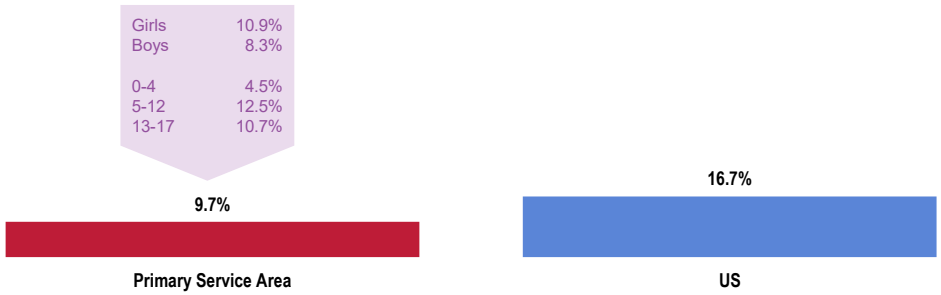
Childhood Asthma

Among Primary Service Area children under age 18, 9.7% have been diagnosed with asthma.

BENCHMARK ▶ Well below the US prevalence.

DISPARITY ▶ Higher among children age 5 through 12.

Prevalence of Asthma in Children
(Children 0-17)



Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 92]
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents with children age 0 to 17 in the household.

Chronic Obstructive Pulmonary Disease (COPD)

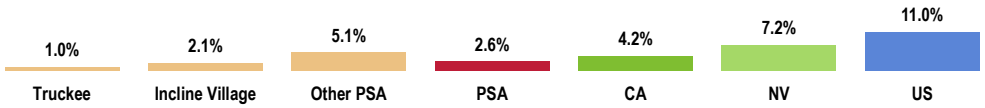
A total of 2.6% of area adults suffer from chronic obstructive pulmonary disease (COPD).

Note: COPD includes lung diseases such as emphysema and chronic bronchitis.

BENCHMARK ▶ Much lower than state and national percentages.

DISPARITY ▶ Highest in the Other PSA ZIP Codes.

Prevalence of
Chronic Obstructive Pulmonary Disease (COPD)

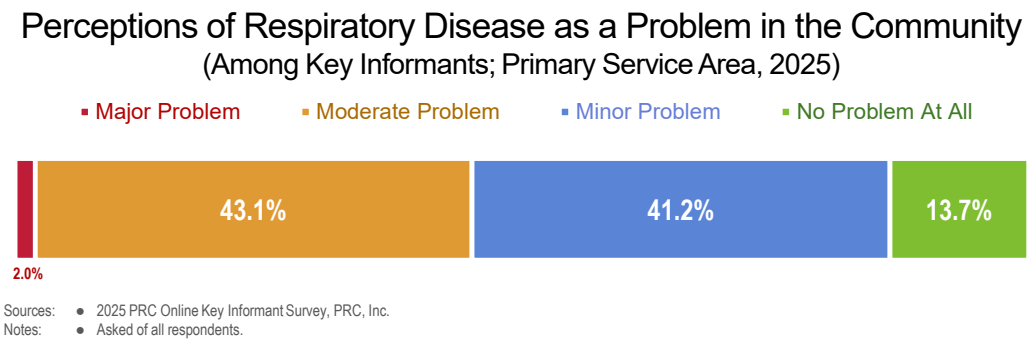


Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 21]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2023 California and Nevada data.
- 2023 PRC National Health Survey, PRC, Inc.
- 2021 Tahoe Forest Health System Community Health Needs Assessment

Notes:
- Asked of all respondents.
- Includes conditions such as chronic bronchitis and emphysema.

Key Informant Input: Respiratory Disease

The greatest share of key informants taking part in an online survey characterized *Respiratory Disease* as a "moderate problem" in the community (followed closely by "minor problem" responses).



INJURY, VIOLENCE & SAFETY

ABOUT INJURY & VIOLENCE

INJURY ► In the United States, unintentional injuries are the leading cause of death in children, adolescents, and adults younger than 45 years. …Many unintentional injuries are caused by motor vehicle crashes and falls, and many intentional injuries involve gun violence and physical assaults. Interventions to prevent different types of injuries are key to keeping people safe in their homes, workplaces, and communities.

Drug overdoses are now the leading cause of injury deaths in the United States, and most overdoses involve opioids. Interventions to change health care providers' prescribing behaviors, distribute naloxone to reverse overdoses, and provide medications for addiction treatment for people with opioid use disorder can help reduce overdose deaths involving opioids.

VIOLENCE ► Almost 20,000 people die from homicide every year in the United States, and many more people are injured by violence. …Many people in the United States experience physical assaults, sexual violence, and gun-related injuries. Adolescents are especially at risk for experiencing violence. Interventions to reduce violence are needed to keep people safe in their homes, schools, workplaces, and communities.

Children who experience violence are at risk for long-term physical, behavioral, and mental health problems. Strategies to protect children from violence can help improve their health and well-being later in life.

– Healthy People 2030 (https://health.gov/healthypeople)

Unintentional Injury

Unintentional Injury Deaths

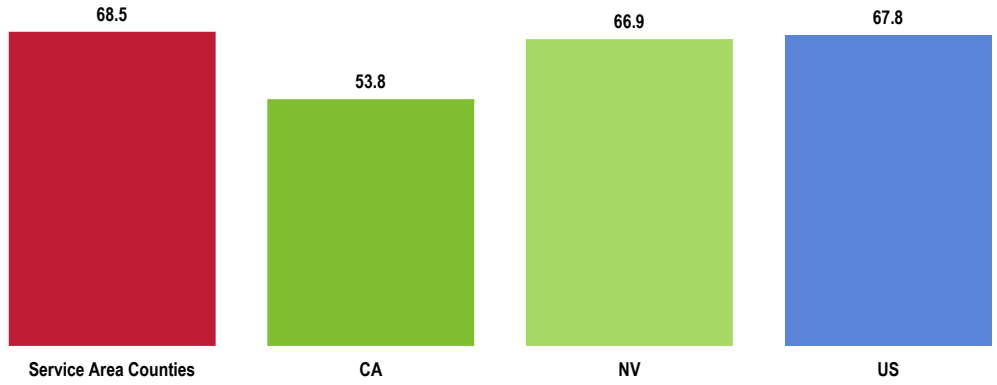
Between 2021 and 2023, the Service Area Counties reported an annual average unintentional injury mortality rate of 68.5 deaths per 100,000 population.

BENCHMARK ► Higher than the California rate and far from satisfying the Healthy People 2030 objective.

DISPARITY ► Higher among White residents than Hispanic residents.

TREND ► The rate has increased in recent years, echoing state and national trends.

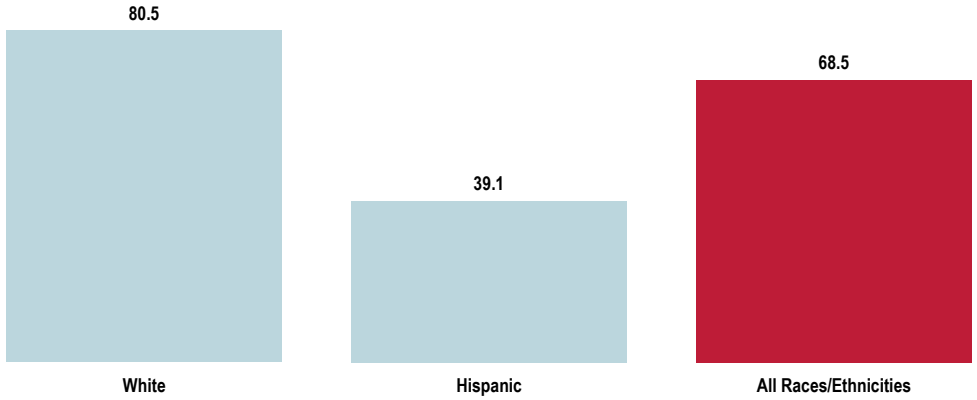
Unintentional Injury Mortality
(2021-2023 Annual Average Deaths per 100,000 Population)
Healthy People 2030 = 43.2 or Lower



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2025.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population.

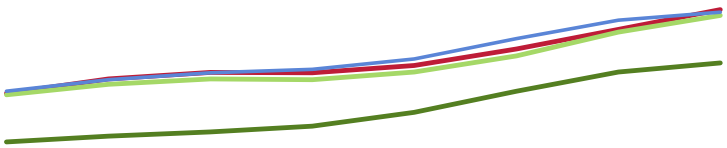
Unintentional Injury Mortality by Race/Ethnicity
(2021-2023 Annual Average Deaths per 100,000 Population; Service Area Counties)
Healthy People 2030 = 43.2 or Lower



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2025.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population.
- Race categories reflect individuals without Hispanic origin.

Unintentional Injury Mortality Trends
(Annual Average Deaths per 100,000 Population)
Healthy People 2030 = 43.2 or Lower



	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020	2019-2021	2020-2022	2021-2023
Service Area Counties	45.4	49.4	51.2	51.1	53.1	57.6	63.0	68.5
CA	32.0	33.6	34.8	36.4	40.2	46.0	51.3	53.8
NV	45.0	47.9	49.4	49.2	51.3	55.7	62.3	66.9
US	46.0	49.2	51.1	52.0	54.9	60.5	65.6	67.8

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2025.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

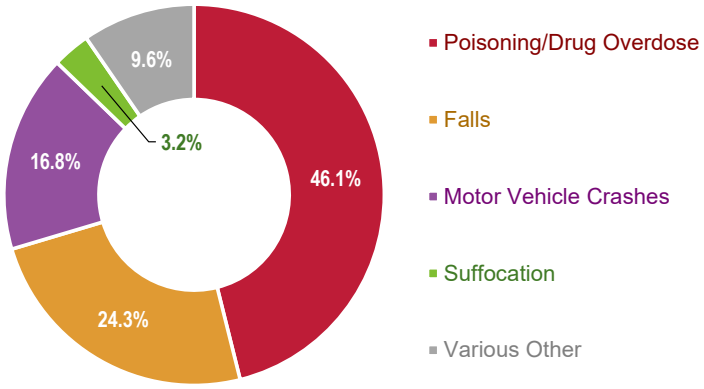
Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population.

Leading Causes of Unintentional Injury Deaths

RELATED ISSUE
For more information about unintentional drug-related deaths, see also *Substance Use* in the **Modifiable Health Risks** section of this report.

Poisoning (including unintentional drug overdose), falls, and motor vehicle crashes accounted for most unintentional injury deaths in the Service Area Counties between 2021 and 2023.

Leading Causes of Unintentional Injury Deaths
(Service Area Counties, 2021-2023)



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2025.

Intentional Injury (Violence)

Homicide Deaths

RELATED ISSUE
See also *Mental Health (Suicide)* in the **General Health Status** section of this report.

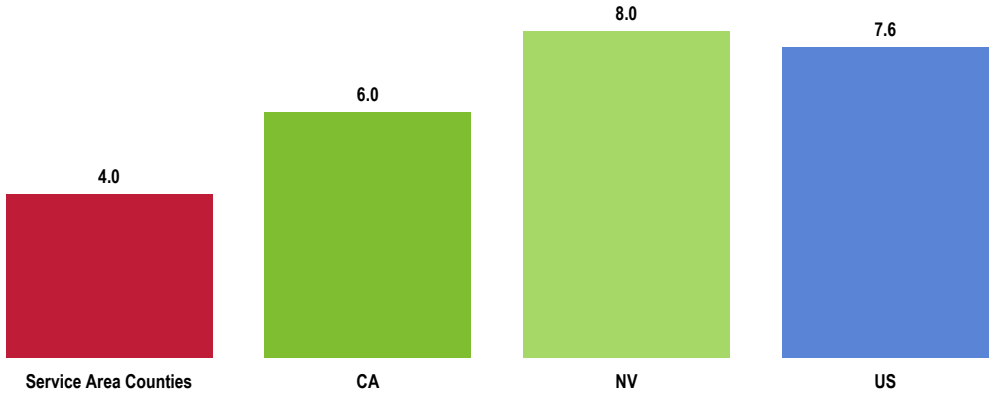
In the Service Area Counties, there were 4.0 homicides per 100,000 population (2021-2023 annual average rate).

BENCHMARK ► Lower than the state and US rates. Satisfies the Healthy People 2030 objective.

DISPARITY ► Higher among Hispanic residents than among White residents.

TREND ► Trending higher over the past decade.

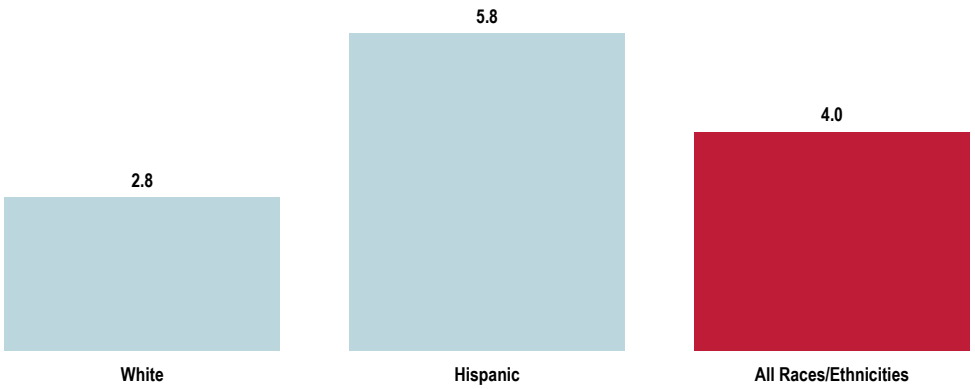
Homicide Mortality
(2021-2023 Annual Average Deaths per 100,000 Population)
Healthy People 2030 = 5.5 or Lower



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2025.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population.

Homicide Mortality by Race/Ethnicity
(2021-2023 Annual Average Deaths per 100,000 Population; Service Area Counties)
Healthy People 2030 = 5.5 or Lower



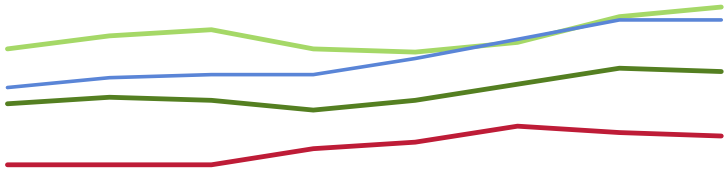
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2025.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population.
- Race categories reflect individuals without Hispanic origin.

Homicide Mortality Trends

(Annual Average Deaths per 100,000 Population)

Healthy People 2030 = 5.5 or Lower



	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020	2019-2021	2020-2022	2021-2023
Service Area Counties	3.1	3.1	3.1	3.6	3.8	4.3	4.1	4.0
CA	5.0	5.2	5.1	4.8	5.1	5.6	6.1	6.0
NV	6.7	7.1	7.3	6.7	6.6	6.9	7.7	8.0
US	5.5	5.8	5.9	5.9	6.4	7.0	7.6	7.6

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2025.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

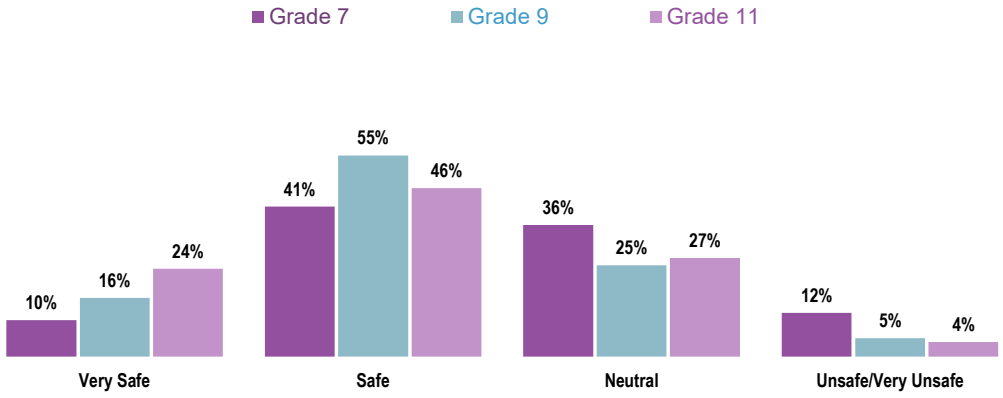
Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population.

Students: Perceptions of School Safety

The *2022-2023 California Healthy Kids Survey* revealed while most students feel safe at school, 12% of 7th graders feel "unsafe" or "very unsafe" while at school.

Students' Perceived Safety While at School

(Tahoe-Truckee Secondary Students, 2022-2023)



Sources:
- Tahoe-Truckee Unified School District. *California Healthy Kids Survey, 2022-2023: Main Report*. San Francisco: WestEd for the California Department of Education.

Violent Crime

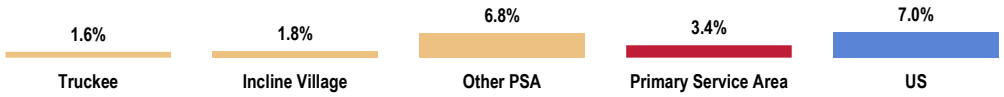
Community Violence

A total of 3.4% of surveyed adults acknowledge being the victim of a violent crime in the area in the past five years.

BENCHMARK ► Half the national prevalence.

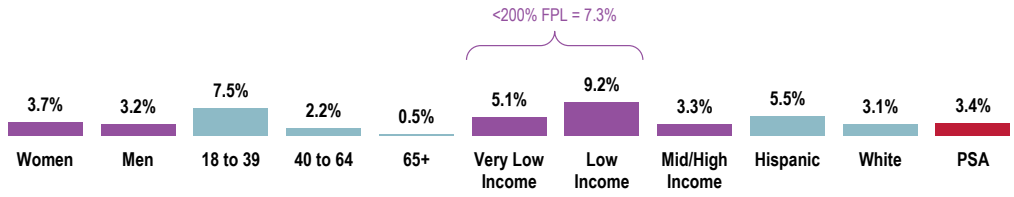
DISPARITY ► Much higher among Other PSA residents. Reported more often among adults under the age of 40.

Victim of a Violent Crime in the Past Five Years



Sources: ● 2025 PRC Community Health Survey, PRC, Inc. [Item 32]
● 2023 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Victim of a Violent Crime in the Past Five Years
(Primary Service Area, 2025)



Sources: ● 2025 PRC Community Health Survey, PRC, Inc. [Item 32]
Notes: ● Asked of all respondents.
● "<200% FPL" reflects those respondents living below 200% of the federal poverty level (a combination of the very low and low income categories).

Intimate Partner Violence

Respondents were read: "By an intimate partner, I mean any current or former spouse, boyfriend, or girlfriend. Someone you were dating, or romantically or sexually intimate with would also be considered an intimate partner."

A total of 14.9% of Primary Service Area adults acknowledge that they have ever experienced physical abuse or emotional abuse (put-downs or belittling, isolation from friends or family, or financial control) by an intimate partner.

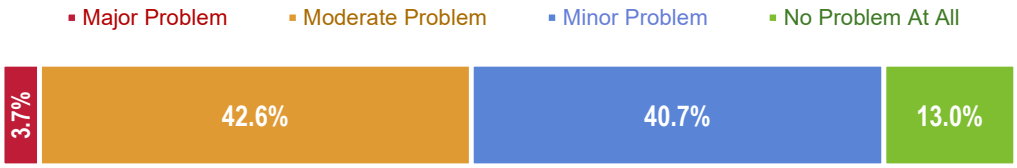
Have Ever Been Physically or Emotionally Abused by an Intimate Partner

Sources: ● 2025 PRC Community Health Survey, PRC, Inc. [Item 305]
Notes: ● Asked of all respondents.
● In this case, an intimate partners includes a current or former spouse, boyfriend, or girlfriend; emotional abuse might include put-downs or belittling, isolation from friends and family, or financial control.

Key Informant Input: Injury & Violence

The largest share of key informants taking part in an online survey characterized *Injury & Violence* as a "moderate problem" in the community, followed closely by "minor problem" responses.

Perceptions of Injury & Violence as a Problem in the Community
(Among Key Informants; Primary Service Area, 2025)



Sources: ● 2025 PRC Online Key Informant Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Among those rating this issue as a "major problem," reasons related to the following:

Domestic Violence

> Domestic violence as well as non-partner aggressions have increased with the stressors put into the community via limited resources, like housing inaccessibility, congested roads leading to road rage, as well as an "us versus them" with tourism. LE has taken steps back when community-based issues arise if there is no clearly broken law, leading to community members not feeling supported or protected unless they are severely hurt or assaulted. Sierra Community House is the only option for IPV, and they are limited on how many people they can help. The safe house sleeps so many people and the other programs also have limitations when there are no housing options for people fleeing violence. – Health Care Provider
>
> 80% of the families I work with are experiencing domestic violence. These woman and or man are not able to leave abuse due to lack of housing and or job securities. – Community Leader

No Local Trauma Providers

> TFHD needs a nurse for forensic exams post sexual assault. Currently the only option is Reno. Many victims refuse to go to Reno for the exam but would participate if it was in Truckee. This would be a huge benefit for our entire region. – Social Services Provider

Emergency Preparedness

"In the past 12 months, have you discussed an emergency plan with household members, family members, or others that includes instructions on where to go and what to do in the event of a natural disaster or other emergency?"

"Do you have at least three days' worth of emergency food and water stored at home?"

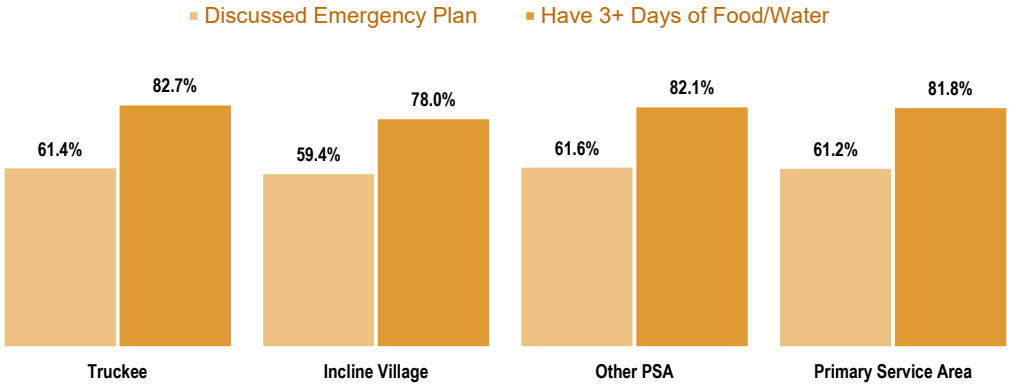
A total of 61.2% of Primary Service Area adults have discussed an emergency plan with family members at some point in the past year.

DISPARITY ► The prevalence increases with age and household income level and is much higher among White respondents than Hispanic respondents.

Further, 81.8% of respondents report having at least three days' worth of food and drink on hand at home in case of an emergency.

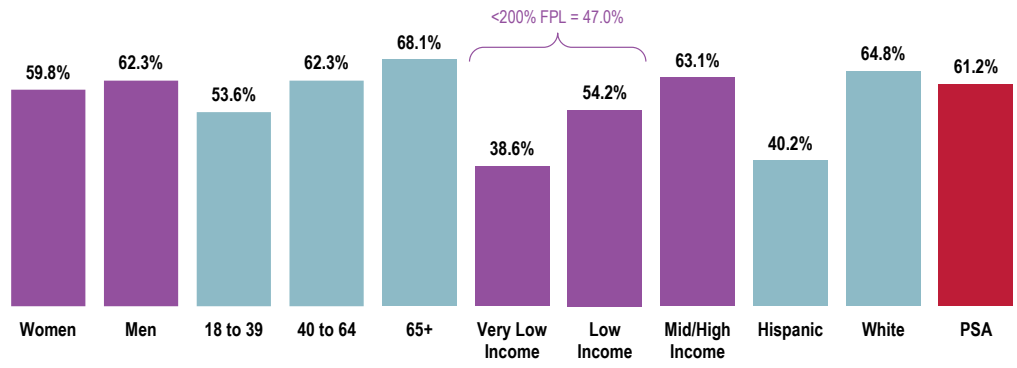
DISPARITY ► Reported less often among women, young adults, and especially those in the lowest income category and Hispanic respondents.

Emergency Preparation
(Primary Service Area)



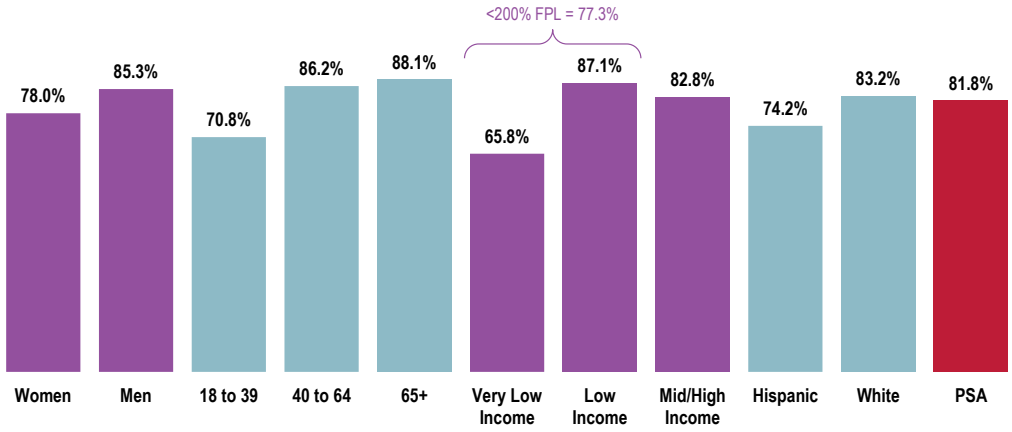
Sources: • 2025 PRC Community Health Survey, PRC, Inc. [Items 309-310]
Notes: • Asked of all respondents.

Discussed Emergency Plan With Family in the Past Year
(Primary Service Area, 2025)



Sources: • 2025 PRC Community Health Survey, PRC, Inc. [Item 309]
Notes: • Asked of all respondents.

Have 3+ Days' Worth of Emergency Food and Water
(Primary Service Area, 2025)



Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 310]

Notes:
- Asked of all respondents.
- "<200% FPL" reflects those respondents living below 200% of the federal poverty level (a combination of the very low and low income categories).

DIABETES

ABOUT DIABETES

More than 30 million people in the United States have diabetes, and it's the seventh leading cause of death. …Some racial/ethnic minorities are more likely to have diabetes. And many people with diabetes don't know they have it.

Poorly controlled or untreated diabetes can lead to leg or foot amputations, vision loss, and kidney damage. But interventions to help people manage diabetes can help reduce the risk of complications. In addition, strategies to help people who don't have diabetes eat healthier, get physical activity, and lose weight can help prevent new cases.

– Healthy People 2030 (https://health.gov/healthypeople)

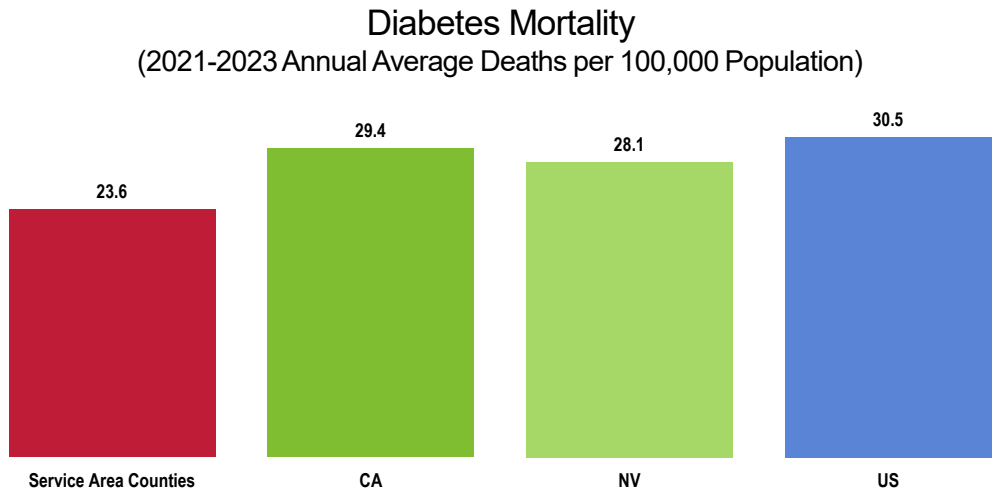
Diabetes Deaths

Between 2021 and 2023, there was an annual average diabetes mortality rate of 23.6 deaths per 100,000 population in the Service Area Counties.

BENCHMARK ► Below the state and US rates.

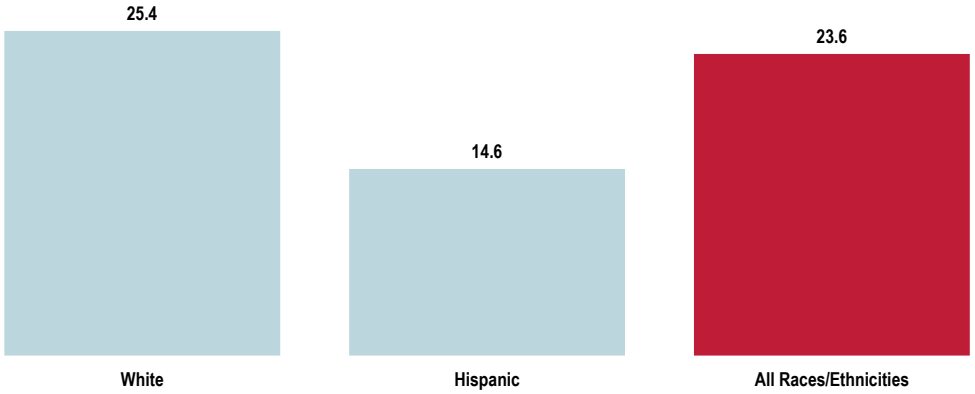
DISPARITY ► Much higher among White residents than among Hispanic residents.

TREND ► Increasing slightly over the past decade (in contrast to sharper upward trends statewide and nationally).



Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2025.
Notes: ● Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
● Rates are per 100,000 population.

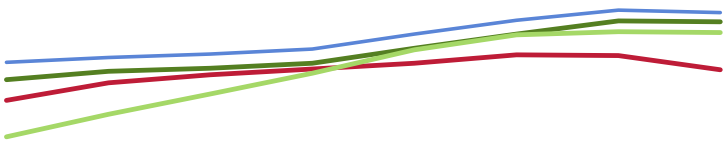
Diabetes Mortality by Race/Ethnicity
(2021-2023 Annual Average Deaths per 100,000 Population; Service Area Counties)



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2025.

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population.
- Race categories reflect individuals without Hispanic origin.

Diabetes Mortality Trends
(Annual Average Deaths per 100,000 Population)



	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020	2019-2021	2020-2022	2021-2023
Service Area Counties	19.9	22.0	23.0	23.7	24.4	25.4	25.3	23.6
CA	22.4	23.4	23.8	24.4	26.2	27.9	29.5	29.4
NV	15.5	18.2	20.7	23.2	26.0	27.8	28.2	28.1
US	24.5	25.1	25.5	26.1	27.9	29.6	30.8	30.5

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2025.

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population.

Prevalence of Diabetes

A total of 3.9% of Primary Service Area adults report having been diagnosed with diabetes.

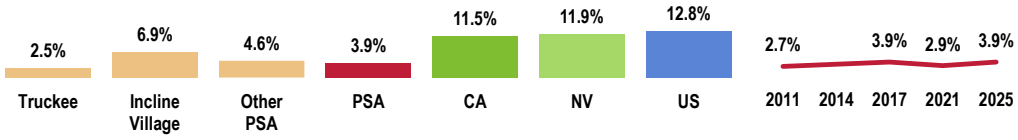
BENCHMARK ► Much lower than California, Nevada, and US figures.

DISPARITY ► Reported more often among older adults and Hispanic respondents. (The difference by income level is suggestive, but not statistically significant.)

Prevalence of Diabetes

Another 9.1% of adults have been diagnosed with "pre-diabetes" or "borderline" diabetes.

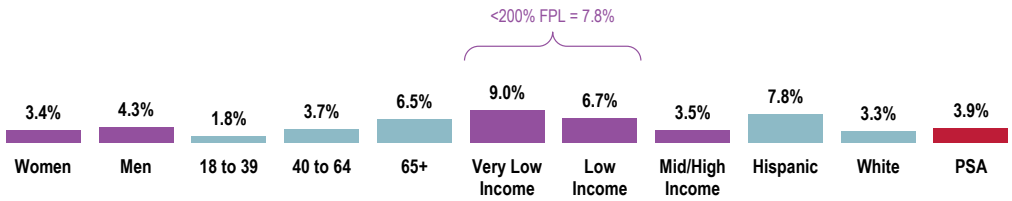
Primary Service Area



Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 106]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2023 California and Nevada data.
- 2023 PRC National Health Survey, PRC, Inc.
- 2021 Tahoe Forest Health System Community Health Needs Assessment

Notes:
- Asked of all respondents. Excludes gestational diabetes (occurring only during pregnancy).

Prevalence of Diabetes
(Primary Service Area, 2025)



Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 106]

Notes:
- Asked of all respondents.
- Excludes gestational diabetes (occurring only during pregnancy).
- "<200% FPL" reflects those respondents living below 200% of the federal poverty level (a combination of the very low and low income categories).

Kidney Disease Deaths

ABOUT KIDNEY DISEASE & DIABETES

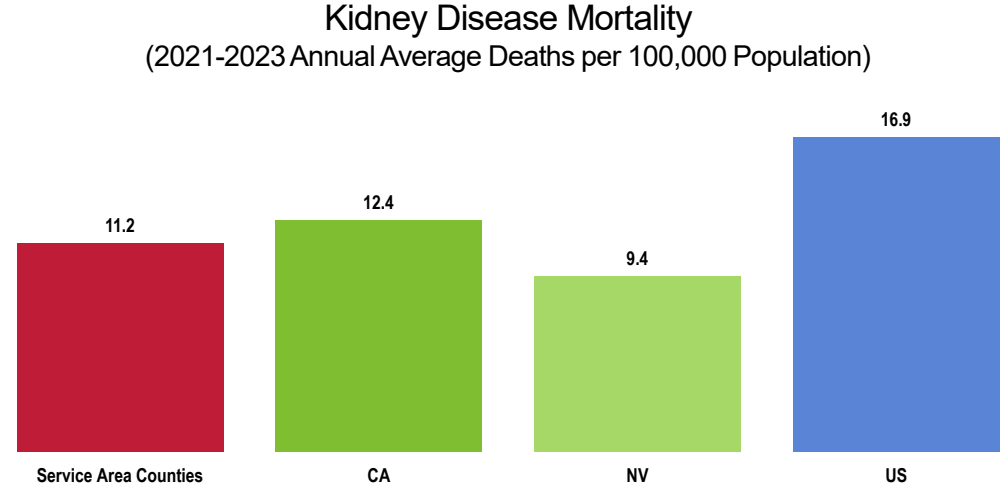
Chronic kidney disease (CKD) is common in people with diabetes. Approximately one in three adults with diabetes has CKD. Both type 1 and type 2 diabetes can cause kidney disease. CKD often develops slowly and with few symptoms. Many people don't realize they have CKD until it's advanced and they need dialysis (a treatment that filters the blood) or a kidney transplant to survive.

– Centers for Disease Control and Prevention (CDC)
https://www.cdc.gov/diabetes/managing/diabetes-kidney-disease.html

Between 2021 and 2023, there was an annual average kidney disease mortality rate of 11.2 deaths per 100,000 population in the Service Area Counties.

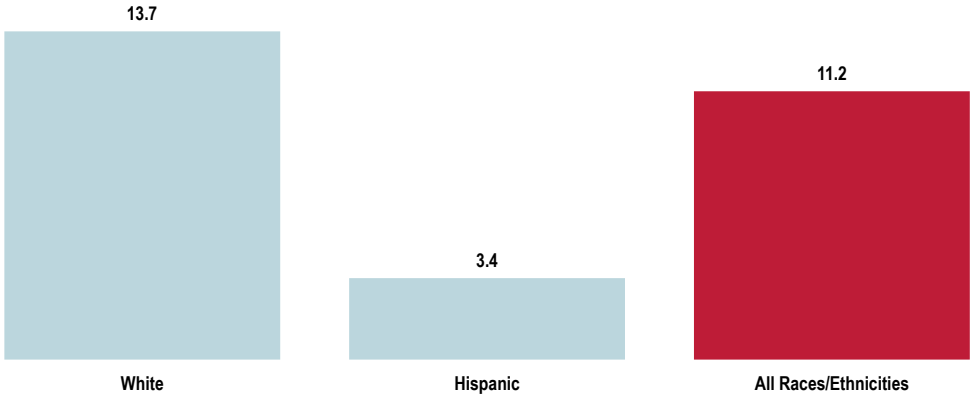
BENCHMARK ► Higher than the Nevada rate but lower than the US rate.

DISPARITY ► Four times higher among White residents than among Hispanic residents.



Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2025.
Notes: ● Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
● Rates are per 100,000 population.

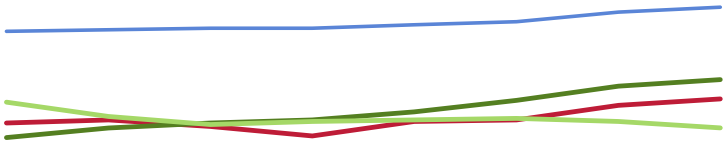
Kidney Disease Mortality by Race/Ethnicity
(2021-2023 Annual Average Deaths per 100,000 Population; Service Area Counties)



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2025.

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population.
- Race categories reflect individuals without Hispanic origin.

Kidney Disease Mortality Trends
(Annual Average Deaths per 100,000 Population)



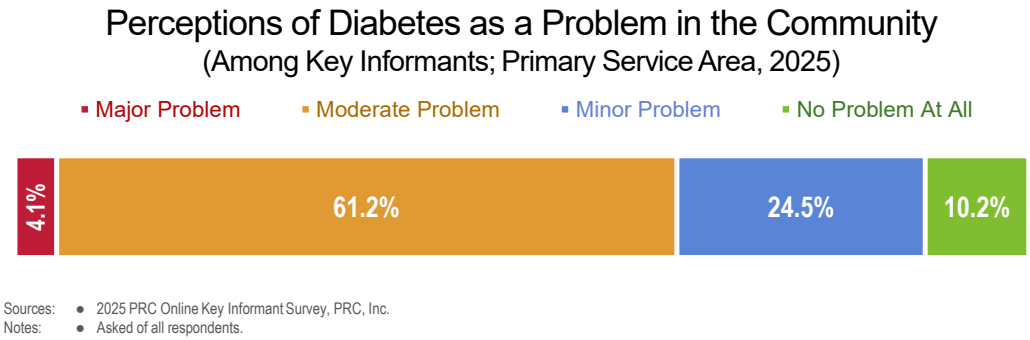
	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020	2019-2021	2020-2022	2021-2023
Service Area Counties	9.7	9.9	9.5	8.9	9.8	9.9	10.8	11.2
CA	8.8	9.4	9.7	9.9	10.4	11.1	12.0	12.4
NV	11.0	10.1	9.6	9.8	9.9	10.0	9.8	9.4
US	15.4	15.5	15.6	15.6	15.8	16.0	16.6	16.9

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2025.

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population.

Key Informant Input: Diabetes

A high percentage of key informants taking part in an online survey characterized *Diabetes* as a "moderate problem" in the community.



Among those rating this issue as a "major problem," reasons related to the following:

Populations at Risk

> Many diabetics in the community are Hispanic and either do not seek support or have access to services that could help them manage or prevent progression of the disease for reasons listed prior. When they do seek care, they often end up feeling judged or ignored by their doctors, particularly when/if they do not speak English fluently. There seems to be a significant bias in the medical community that these individuals don't want to get better, but in most cases these individuals don't have access to the nutrition resources or information they need to make incremental changes to their diet and lifestyle. Many Hispanics are comfortable and versed in integrative modalities, including the use of different herbs to help manage blood sugar, but lack the support from the medical community to integrate these alternative interventions. Overall, this is a population that is overlooked and often viewed as "not interested in change" but in reality they need more services directed towards.
> – Community Leader
>
> I have often heard that there is not a lot of support for diabetes management. That more Spanish Speaking residents may be underserved. I can' confirm this but have heard that there are more people that need support than are being served. Also, I don't know what the current costs of insulin is, as there have been caps for Medicare but that it can vary. – Public Health Representative

Lifestyle

> Lifestyle and healthy eating. – Community Leader

DISABLING CONDITIONS

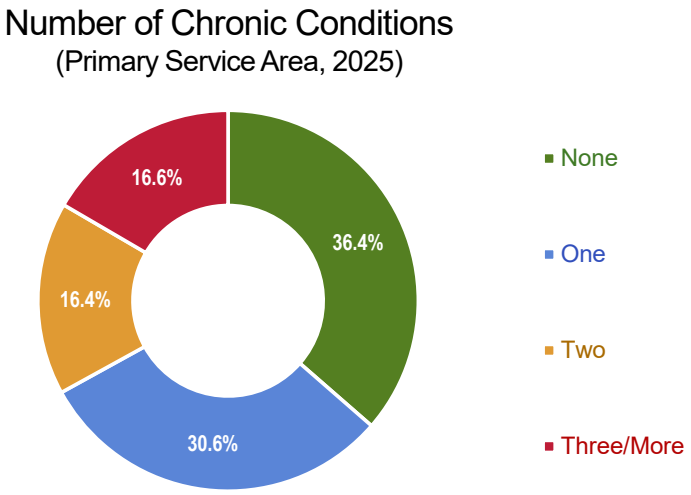
Multiple Chronic Conditions

Three or More Chronic Conditions

For the purposes of this assessment, chronic conditions include:

- Cancer
- Chronic pain
- Diabetes
- Diagnosed depression
- Heart disease
- High blood cholesterol
- High blood pressure
- Lung disease
- Obesity
- Stroke

Among Primary Service Area survey respondents, most report having at least one chronic health condition.



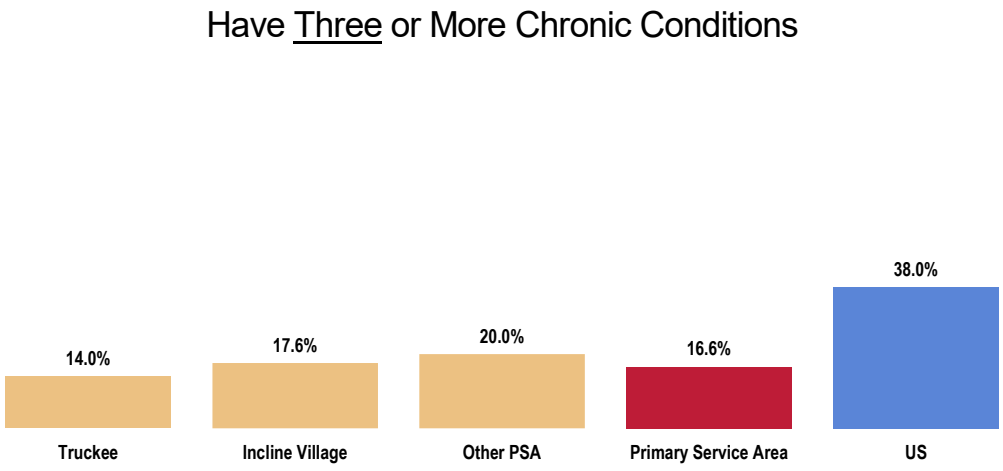
Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 107]

Notes:
- Asked of all respondents.
- In this case, chronic conditions include cancer, chronic pain, diabetes, diagnosed depression, heart disease, high blood cholesterol, high blood pressure, lung disease, obesity, and stroke.

In fact, 16.6% of Primary Service Area adults report having three or more chronic conditions.

BENCHMARK ► Less than half the US prevalence.

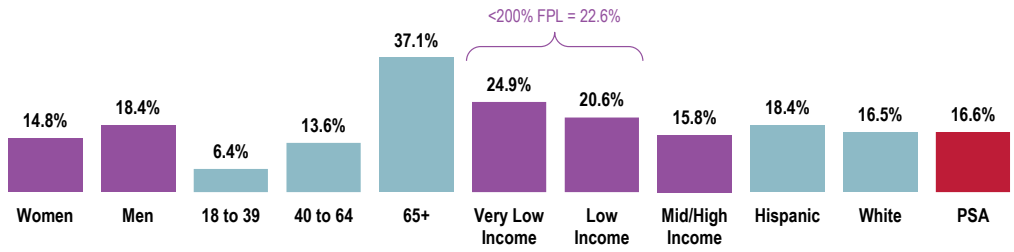
DISPARITY ► Highest among adults age 65+ and those in lower-income households.



Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 107]
- 2023 PRC National Health Survey, PRC, Inc.
- 2021 Tahoe Forest Health System Community Health Needs Assessment

Notes:
- Asked of all respondents.
- In this case, chronic conditions include cancer, chronic pain, diabetes, diagnosed depression, heart disease, high blood cholesterol, high blood pressure, lung disease, obesity, and/or stroke.

Have Three or More Chronic Conditions
(Primary Service Area, 2025)



Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 107]

Notes:
- Asked of all respondents.
- In this case, chronic conditions include cancer, chronic pain, diabetes, diagnosed depression, heart disease, high blood cholesterol, high blood pressure, lung disease, obesity, and/or stroke.
- "<200% FPL" reflects those respondents living below 200% of the federal poverty level (a combination of the very low and low income categories).

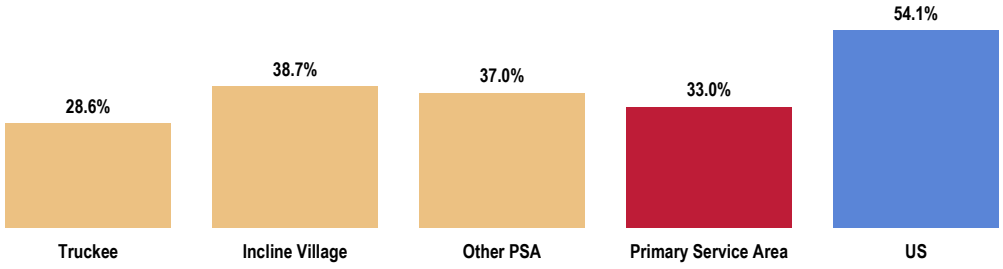
Two or More Chronic Conditions

A total of 33.0% of adults have two or more chronic conditions.

BENCHMARK ► Less than half the US prevalence.

DISPARITY ► Highest in Truckee. Particularly high in adults age 65 and older.

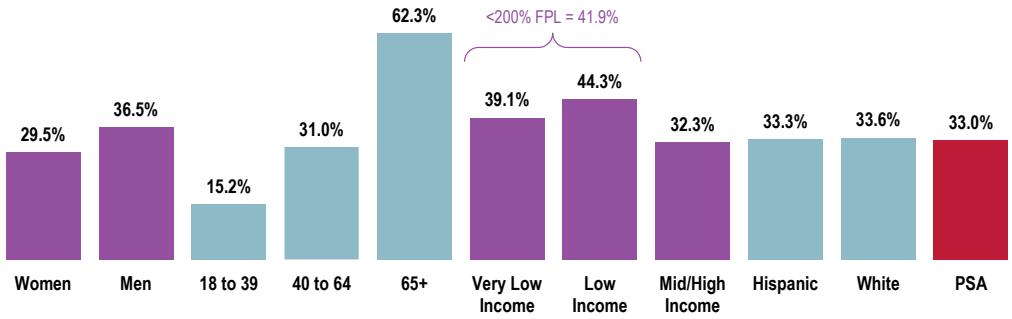
Have Two or More Chronic Conditions



Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 107]
- 2023 PRC National Health Survey, PRC, Inc.
- 2021 Tahoe Forest Health System Community Health Needs Assessment

Notes:
- Asked of all respondents.
- In this case, chronic conditions include cancer, chronic pain, diabetes, diagnosed depression, heart disease, high blood cholesterol, high blood pressure, lung disease, obesity, and/or stroke.

Have Two or More Chronic Conditions
(Primary Service Area, 2025)



Sources: • 2025 PRC Community Health Survey, PRC, Inc. [Item 107]
Notes: • Asked of all respondents.
• In this case, chronic conditions include cancer, chronic pain, diabetes, diagnosed depression, heart disease, high blood cholesterol, high blood pressure, lung disease, obesity, and/or stroke.
• "<200% FPL" reflects those respondents living below 200% of the federal poverty level (a combination of the very low and low income categories).

Activity Limitations

ABOUT DISABILITY & HEALTH

Studies have found that people with disabilities are less likely to get preventive health care services they need to stay healthy. Strategies to make health care more affordable for people with disabilities are key to improving their health.

In addition, people with disabilities may have trouble finding a job, going to school, or getting around outside their homes. And they may experience daily stress related to these challenges. Efforts to make homes, schools, workplaces, and public places easier to access can help improve quality of life and overall well-being for people with disabilities.

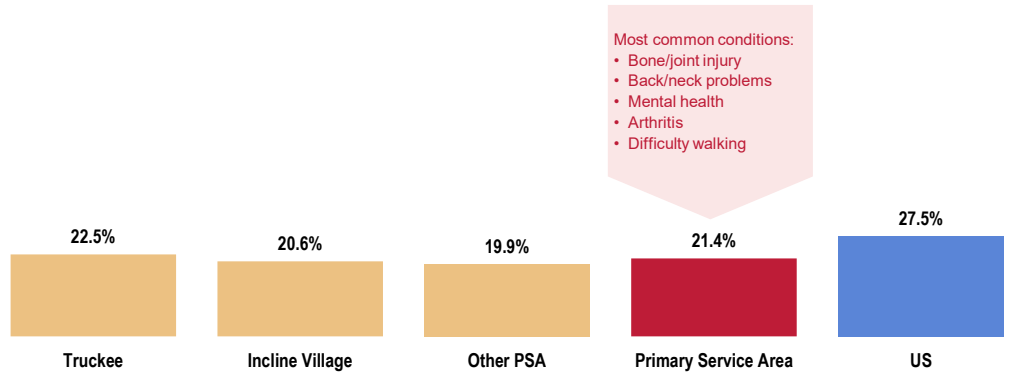
– Healthy People 2030 (https://health.gov/healthypeople)

A total of 21.4% of Primary Service Area adults are limited in some way in some activities due to a physical, mental, or emotional problem.

BENCHMARK ► Below the US prevalence.

DISPARITY ► Reported more often among seniors (age 65+) and White respondents.

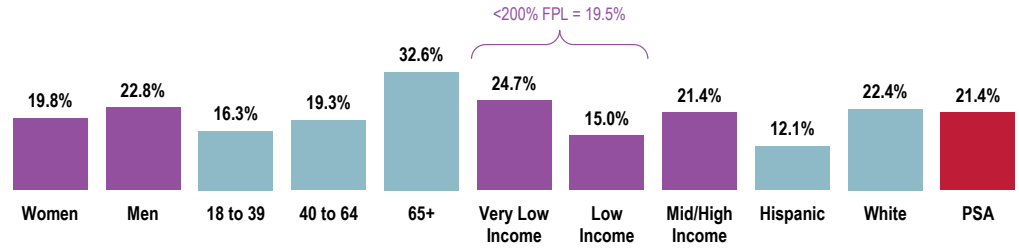
Limited in Activities in Some Way Due to a Physical, Mental, or Emotional Problem



Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Items 83-84]
- 2023 PRC National Health Survey, PRC, Inc.
- 2021 Tahoe Forest Health System Community Health Needs Assessment

Notes:
- Asked of all respondents.

Limited in Activities in Some Way Due to a Physical, Mental, or Emotional Problem
(Primary Service Area, 2025)



Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 83]

Notes:
- Asked of all respondents.
- "<200% FPL" reflects those respondents living below 200% of the federal poverty level (a combination of the very low and low income categories).

Chronic Pain

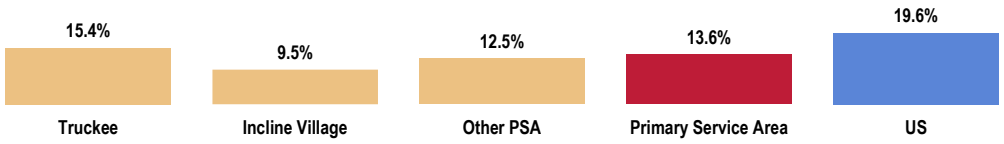
A total of 13.6% of Primary Service Area adults experience high-impact chronic pain, meaning physical pain that has limited their life or work activities "every day" or "most days" during the past six months.

BENCHMARK ► Lower than the national prevalence but failing to satisfy the Healthy People 2030 objective.

DISPARITY ► Reported more often among older adults, those with very low incomes, and White respondents.

Experience High-Impact Chronic Pain

Healthy People 2030 = 6.4% or Lower



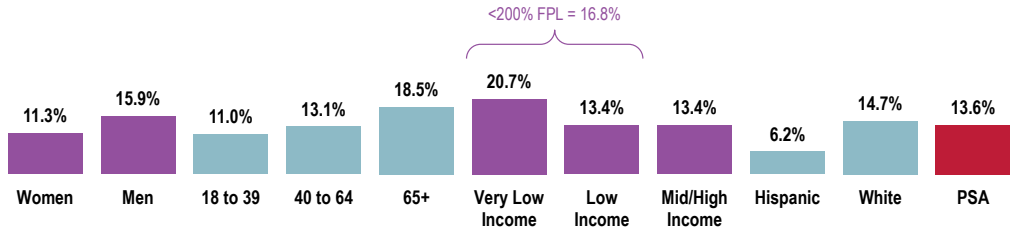
Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 31]
- 2023 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople
- 2021 Tahoe Forest Health System Community Health Needs Assessment

Notes:
- Asked of all respondents.
- High-impact chronic pain includes physical pain that limits life or work activities on "most days" or "every day" of the past six months.

Experience High-Impact Chronic Pain

(Primary Service Area, 2025)

Healthy People 2030 = 6.4% or Lower



Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 31]
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Asked of all respondents.
- High-impact chronic pain includes physical pain that limits life or work activities on "most days" or "every day" of the past six months.
- "<200% FPL" reflects those respondents living below 200% of the federal poverty level (a combination of the very low and low income categories)

Alzheimer's Disease

ABOUT DEMENTIA

Alzheimer's disease is the most common cause of dementia. Nearly 6 million people in the United States have Alzheimer's, and that number will increase as the population ages.

Dementia refers to a group of symptoms that cause problems with memory, thinking, and behavior. People with dementia are more likely to be hospitalized, and dementia is linked to high health care costs.

While there's no cure for Alzheimer's disease, early diagnosis and supportive care can improve quality of life. And efforts to make sure adults with symptoms of cognitive decline — including memory loss — are diagnosed early can help improve health outcomes in people with dementia. Interventions to address caregiving needs can also help improve health and well-being in people with dementia.

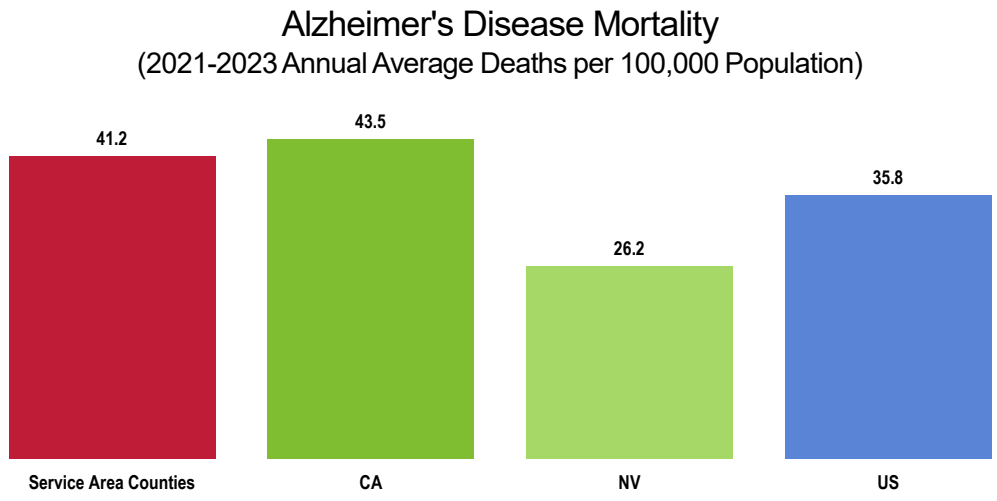
– Healthy People 2030 (https://health.gov/healthypeople)

Alzheimer's Disease Deaths

Between 2021 and 2023, there was an annual average Alzheimer's disease mortality rate of 41.2 deaths per 100,000 population in the Service Area Counties.

BENCHMARK ► Much higher than the Nevada mortality rate.

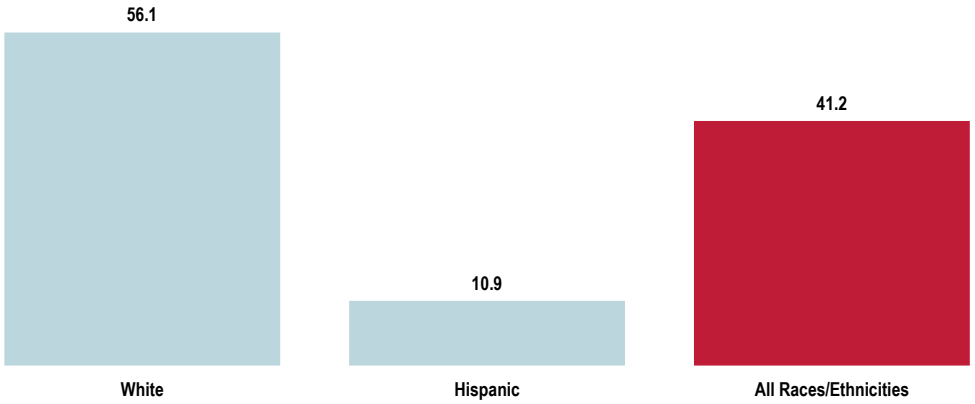
DISPARITY ► Considerably higher among White residents than among Hispanic residents.



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2025.

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population.

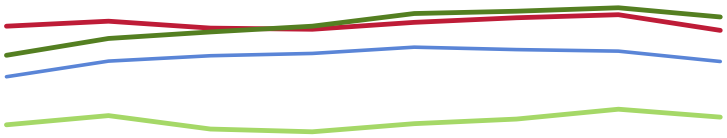
Alzheimer's Disease Mortality by Race/Ethnicity
(2021-2023 Annual Average Deaths per 100,000 Population; Service Area Counties)



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2025.

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population.
- Race categories reflect individuals without Hispanic origin.

Alzheimer's Disease Mortality Trends
(Annual Average Deaths per 100,000 Population)



	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020	2019-2021	2020-2022	2021-2023
Service Area Counties	41.9	42.8	41.6	41.4	42.6	43.4	43.9	41.2
CA	36.9	39.8	40.9	41.9	44.1	44.5	45.1	43.5
NV	24.9	26.5	24.2	23.7	25.1	25.9	27.6	26.2
US	33.2	35.9	36.8	37.2	38.3	37.9	37.6	35.8

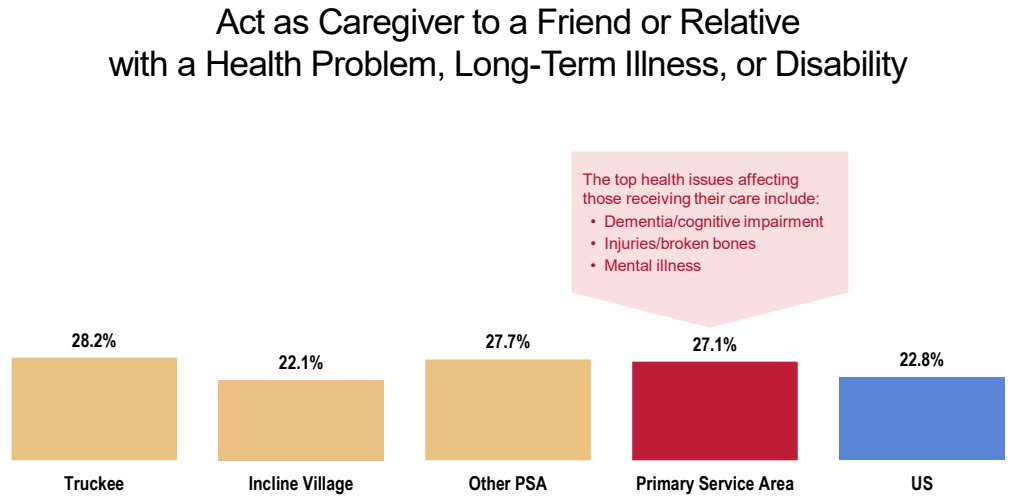
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2025.

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population.

Caregiving

A total of 27.1% of Primary Service Area adults currently provide care or assistance to a friend or family member who has a health problem, long-term illness, or disability.

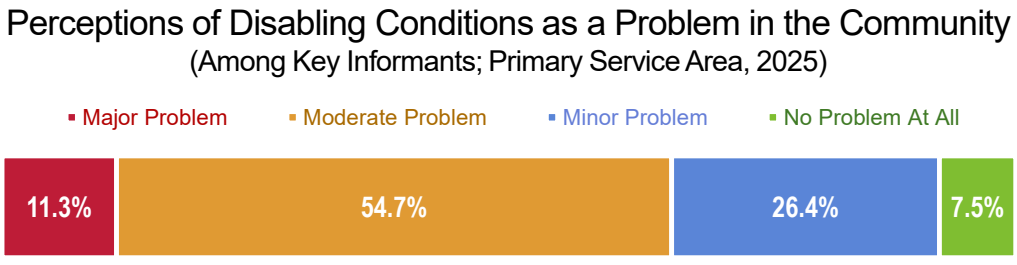
BENCHMARK ▶ Higher than the US percentage.



Sources: ● 2025 PRC Community Health Survey, PRC, Inc. [Items 85-86]
● 2023 PRC National Health Survey, PRC, Inc.
● 2021 Tahoe Forest Health System Community Health Needs Assessment
Notes: ● Asked of all respondents.

Key Informant Input: Disabling Conditions

Key informants taking part in an online survey most often characterized *Disabling Conditions* as a "moderate problem" in the community.



Sources: ● 2025 PRC Online Key Informant Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Among those rating this issue as a "major problem," reasons related to the following:

Access to Care/Services

> Dementia is a growing problem in California, but Truckee's only resource is Tahoe Forest's skilled nursing facility. Hearing aids and eyeglasses are not covered by Medicare or other insurances, so these costs can keep people from seeking the care they need. – Community Leader
>
> Limited access to adequate home health services, in house support and limited access to specialized care for certain disabling conditions. Limited access to pediatric specialized care, limited access to senior living step up care. – Public Health Representative

Aging Population

> There are many seniors in the Tahoe Basin and not enough specialists to support their needs.
> – Community Leader
>
> Growing senior population which is challenged to age in place due to activity limitations, etc. Insufficient and limited services for people with disabilities- particularly with in patient care and accessibility concerns with transportation. Navigating the system is difficult to get services and equipment for families with children who have disabilities. There is a big need for IHSS workers. Hard to recruit and retain due to isolated geography and high cost of living in the region. We are also seeing a growing unhoused population- many people who are unhoused also have disabling conditions. We also know that this population is getting older. – Community Leader

Unhoused Population

> For unhoused neighbors all of these have a negative impact, with no Day Center, Emergency Shelter, Supportive Housing these vulnerable individuals have no stability to address these challenges effectively. Our aging population, that struggles to stay in this community also struggle with no Memory Care, very few IHSS workers, and only access to caregivers if they have money to pay out of pocket or supplement IHSS pay.
> – Social Services Provider

Awareness/Education

> I am disabled and have experienced first-hand the lack of knowledge and care. – Health Care Provider

BIRTHS

PRENATAL CARE

ABOUT INFANT HEALTH

Keeping infants healthy starts with making sure women get high-quality care during pregnancy and improving women's health in general. After birth, strategies that focus on increasing breastfeeding rates and promoting vaccinations and developmental screenings are key to improving infants' health. Interventions that encourage safe sleep practices and correct use of car seats can also help keep infants safe.

The infant mortality rate in the United States is higher than in other high-income countries, and there are major disparities by race/ethnicity. Addressing social determinants of health is critical for reducing these disparities.

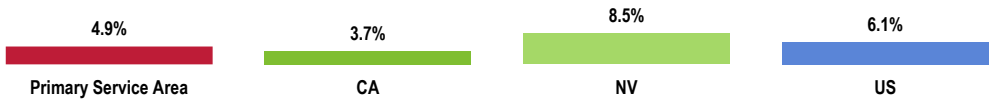
– Healthy People 2030 (https://health.gov/healthypeople)

Early and continuous prenatal care is the best assurance of infant health.

Between 2017 and 2019, 4.9% of all Primary Service Area births did <u>not</u> receive prenatal care in the first six months of pregnancy.

BENCHMARK ► Higher than the California percentage but lower than Nevada and the US.

Lack of Prenatal Care in the First Six Months of Pregnancy
(Percentage of Live Births, 2017-2019)



Sources:
- Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. Centers for Disease Control and Prevention, Wide-Ranging Online Data for Epidemiologic Research.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved June 2025 via SparkMap (sparkmap.org).

Note:
- This indicator reports the percentage of women who do not obtain prenatal care before their seventh month of pregnancy (if at all).

BIRTH OUTCOMES & RISKS

Low-Weight Births

Low birthweight babies, those who weigh less than 2,500 grams (5 pounds, 8 ounces) at birth, are much more prone to illness and neonatal death than are babies of normal birthweight.

Largely a result of receiving poor or inadequate prenatal care, many low-weight births and the consequent health problems are preventable.

A total of 6.2% of 2016-2022 Primary Service Area births were low-weight.

BENCHMARK ► Lower than the state and US percentages.

Low-Weight Births
(Percent of Live Births, 2016-2022)

Sources:
- University of Wisconsin Population Health Institute, County Health Rankings.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved June 2025 via SparkMap (sparkmap.org).

Note:
- This indicator reports the percentage of total births that are low birth weight (Under 2500g).

Infant Mortality

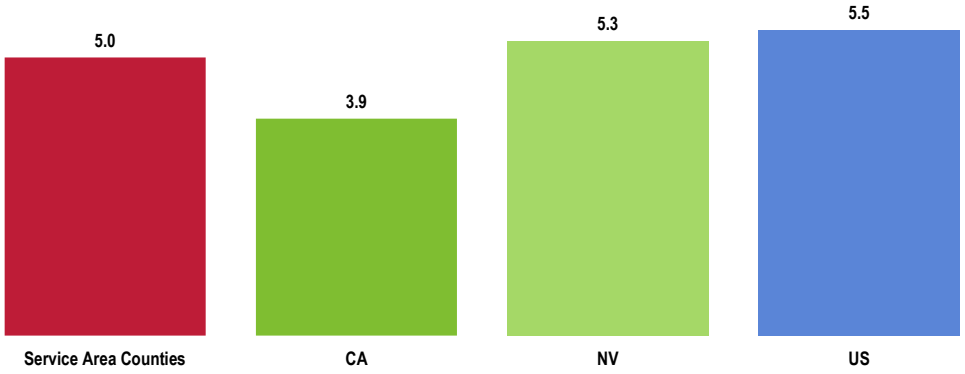
Infant mortality rates reflect deaths of children less than one year old per 1,000 live births.

Between 2021 and 2023, there was an annual average of 5.0 infant deaths per 1,000 live births.

BENCHMARK ► Higher than the California rate.

DISPARITY ► Higher among births to Hispanic mothers than among births to White mothers.

Infant Mortality Rate
(Annual Average Infant Deaths per 1,000 Live Births, 2018-2020)
Healthy People 2030 = 5.0 or Lower



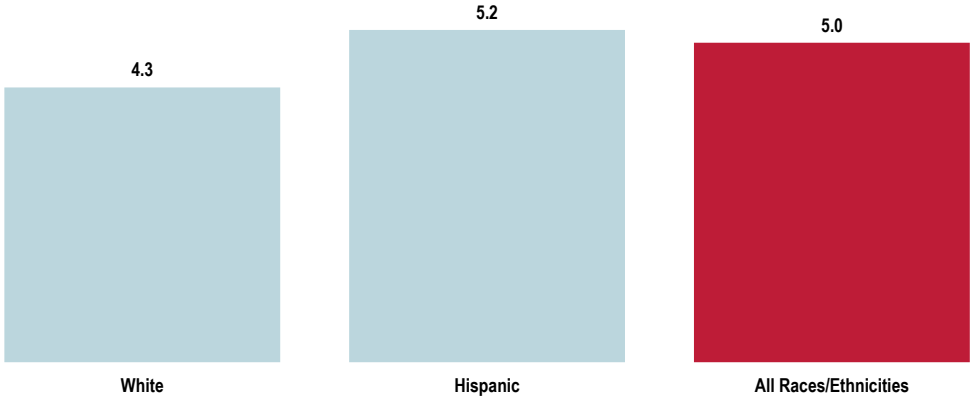
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics. Data extracted June 2025.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Infant deaths include deaths of children under 1 year old.

Infant Mortality Rate by Race/Ethnicity

(2018-2020 Annual Average Infant Deaths per 1,000 Live Births; Service Area Counties)

Healthy People 2030 = 5.0 or Lower



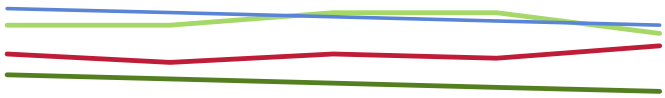
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics. Data extracted June 2025.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Infant deaths include deaths of children under 1 year old.
- Race categories reflect individuals without Hispanic origin.

Infant Mortality Trends

(Annual Average Infant Deaths per 1,000 Live Births)

Healthy People 2030 = 5.0 or Lower



	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020
Service Area Counties	4.8	4.6	4.8	4.7	5.0
CA	4.3	4.2	4.1	4.0	3.9
NV	5.5	5.5	5.8	5.8	5.3
US	5.9	5.8	5.7	5.6	5.5

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics. Data extracted June 2025.
- Centers for Disease Control and Prevention, National Center for Health Statistics.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Rates are three-year averages of deaths of children under 1 year old per 1,000 live births.

FAMILY PLANNING

ABOUT FAMILY PLANNING

Nearly half of pregnancies in the United States are unintended, and unintended pregnancy is linked to many negative outcomes for both women and infants. …Unintended pregnancy is linked to outcomes like preterm birth and postpartum depression. Interventions to increase use of birth control are critical for preventing unintended pregnancies. Birth control and family planning services can also help increase the length of time between pregnancies, which can improve health for women and their infants.

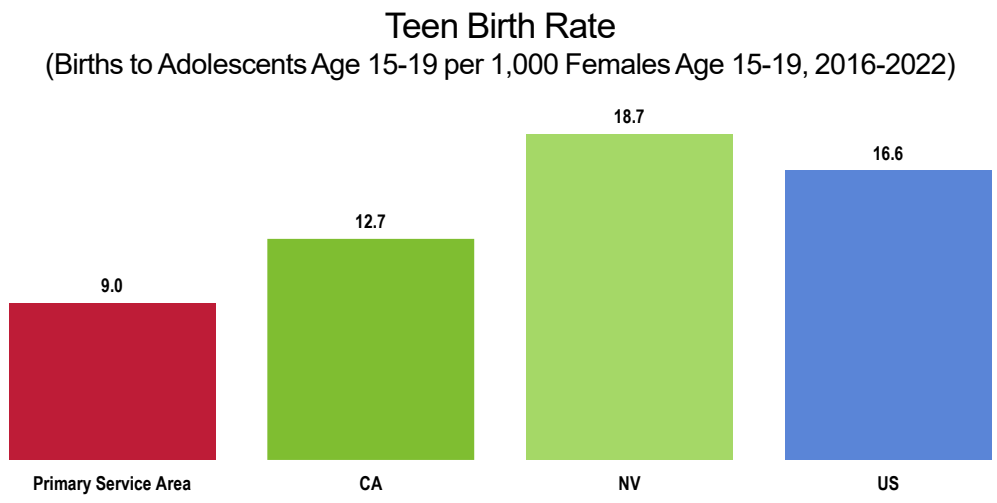
Adolescents are at especially high risk for unintended pregnancy. Although teen pregnancy and birth rates have gone down in recent years, close to 200,000 babies are born to teen mothers every year in the United States. Linking adolescents to youth-friendly health care services can help prevent pregnancy and sexually transmitted infections in this age group.

– Healthy People 2030 (https://health.gov/healthypeople)

Births to Adolescent Mothers

Between 2016 and 2022, there were 9.0 births to adolescents age 15 to 19 per 1,000 women age 15 to 19 in the Primary Service Area.

BENCHMARK ▶ Well below the state (especially Nevada) and US teen birth rates.

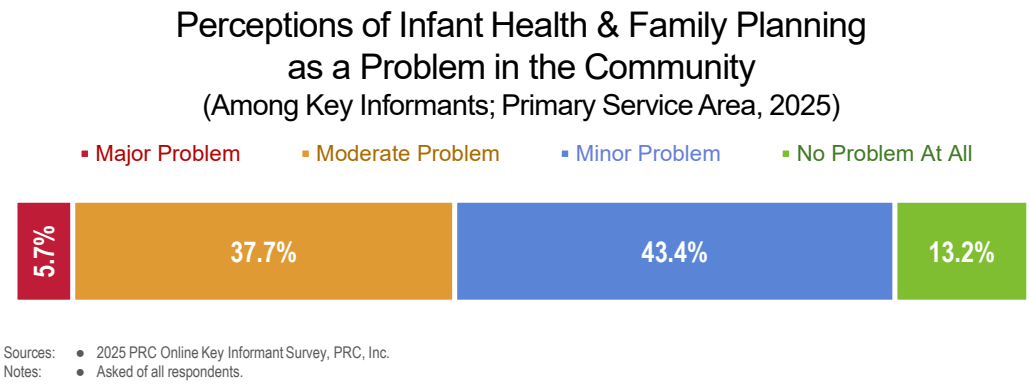


Sources:
- Centers for Disease Control and Prevention, National Vital Statistics System.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved June 2025 via SparkMap (sparkmap.org).

Notes:
- This indicator reports the rate of total births to women under the age of 15–19 per 1,000 female population age 15–19.

Key Informant Input: Infant Health & Family Planning

Key informants taking part in an online survey largely characterized *Infant Health & Family Planning* as a "minor problem" in the community.



Sources: 2025 PRC Online Key Informant Survey, PRC, Inc.
Notes: Asked of all respondents.

Among those rating this issue as a "major problem," reasons related to the following:

Lack of Providers

> There are not enough OB/GYN resources for families in the Tahoe Basin. – Community Leader

MODIFIABLE HEALTH RISKS

NUTRITION

ABOUT NUTRITION & HEALTHY EATING

Many people in the United States don't eat a healthy diet. …People who eat too many unhealthy foods — like foods high in saturated fat and added sugars — are at increased risk for obesity, heart disease, type 2 diabetes, and other health problems. Strategies and interventions to help people choose healthy foods can help reduce their risk of chronic diseases and improve their overall health.

Some people don't have the information they need to choose healthy foods. Other people don't have access to healthy foods or can't afford to buy enough food. Public health interventions that focus on helping everyone get healthy foods are key to reducing food insecurity and hunger and improving health.

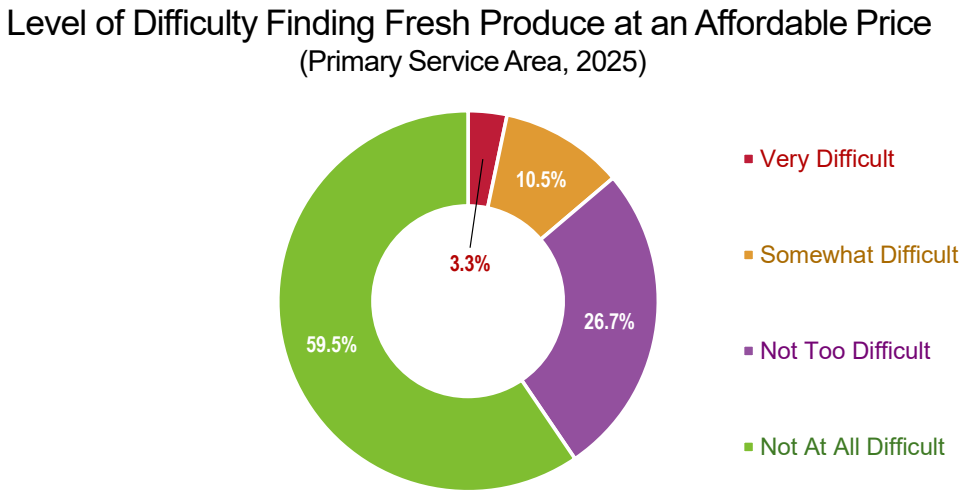
– Healthy People 2030 (https://health.gov/healthypeople)

Difficulty Accessing Fresh Produce

Most Primary Service Area adults report little or no difficulty buying fresh produce at a price they can afford.

Respondents were asked, "How difficult is it for you to buy fresh produce like fruits and vegetables at a price you can afford? Would you say very difficult, somewhat difficult, not too difficult, or not at all difficult?"

RELATED ISSUE
See also *Food Access* in the **Social Determinants of Health** section of this report.



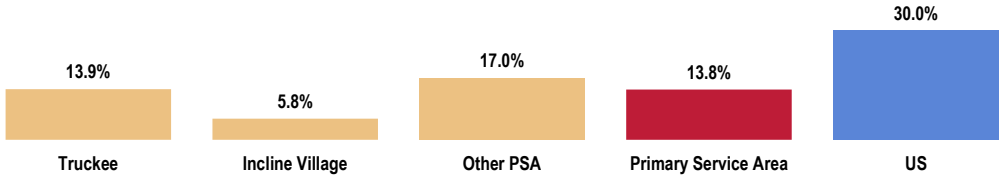
Sources: ● 2025 PRC Community Health Survey, PRC, Inc. [Item 66]
Notes: ● Asked of all respondents.

However, 13.8% of Primary Service Area adults find it "very" or "somewhat" difficult to access affordable fresh fruits and vegetables.

BENCHMARK ▶ Lower than the US prevalence.

DISPARITY ▶ Lowest among Incline Village residents. Higher among women and younger adults, but especially high among lower-income residents and Hispanic respondents.

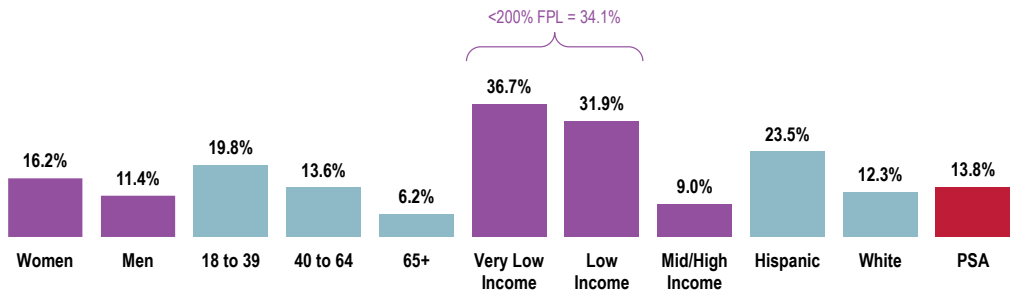
Find It "Very" or "Somewhat" Difficult to Buy Affordable Fresh Produce



Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 66]
- 2023 PRC National Health Survey, PRC, Inc.
- 2021 Tahoe Forest Health System Community Health Needs Assessment

Notes:
- Asked of all respondents.

Find It "Very" or "Somewhat" Difficult to Buy Affordable Fresh Produce
(Primary Service Area, 2025)



Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 66]

Notes:
- Asked of all respondents.
- "<200% FPL" reflects those respondents living below 200% of the federal poverty level (a combination of the very low and low income categories).

PHYSICAL ACTIVITY

ABOUT PHYSICAL ACTIVITY

Physical activity can help prevent disease, disability, injury, and premature death. The Physical Activity Guidelines for Americans lays out how much physical activity children, adolescents, and adults need to get health benefits. Although most people don't get the recommended amount of physical activity, it can be especially hard for older adults and people with chronic diseases or disabilities.

Strategies that make it safer and easier to get active — like providing access to community facilities and programs — can help people get more physical activity. Strategies to promote physical activity at home, at school, and at childcare centers can also increase activity in children and adolescents.

– Healthy People 2030 (https://health.gov/healthypeople)

Leisure-Time Physical Activity

Leisure-time physical activity includes any physical activities or exercises (such as running, calisthenics, golf, gardening, walking, etc.) which take place outside of one's line of work.

A total of 9.3% of Primary Service Area adults report no leisure-time physical activity in the past month.

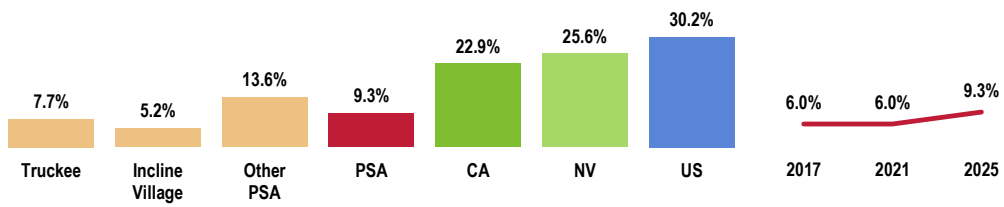
BENCHMARK ► Well below the state and US figures and easily satisfies the Healthy People 2030 objective.

TREND ► Increasing significantly, however, from earlier findings.

DISPARITY ► Highest in the Other PSA ZIP Codes.

No Leisure-Time Physical Activity in the Past Month

Healthy People 2030 = 21.8% or Lower



Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 69]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2023 California and Nevada data.
- 2023 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople
- 2021 Tahoe Forest Health System Community Health Needs Assessment

Notes:
- Asked of all respondents.

Activity Levels

Adults

ADULTS: RECOMMENDED LEVELS OF PHYSICAL ACTIVITY

For adults, "meeting physical activity recommendations" includes adequate levels of both aerobic and strengthening activities:

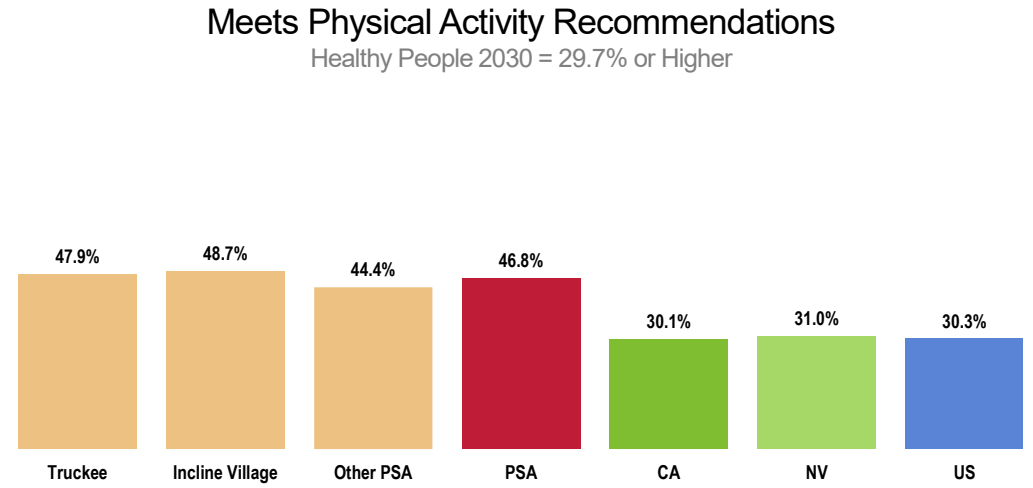
- **Aerobic activity** is one of the following: at least 150 minutes per week of light to moderate activity (such as walking), 75 minutes per week of vigorous activity (such as jogging), or an equivalent combination of both.
- **Strengthening activity** is at least two sessions per week of exercise designed to strengthen muscles (such as push-ups, sit-ups, or activities using resistance bands or weights).

– 2013 Physical Activity Guidelines for Americans, US Department of Health and Human Services. www.cdc.gov/physicalactivity

A total of 46.8% of Primary Service Area adults regularly participate in adequate levels of both aerobic and strengthening activities (meeting physical activity recommendations).

BENCHMARK ► Markedly higher than the state and US levels. Easily satisfies the Healthy People 2030 objective.

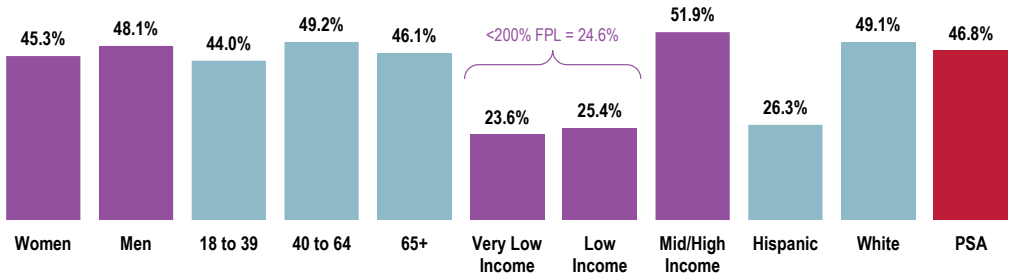
DISPARITY ► Lowest among those with lower incomes and Hispanic residents.



Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 110]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2023 California and Nevada data.
- 2023 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Asked of all respondents.
- Meeting both guidelines is defined as the number of persons age 18+ who report light or moderate aerobic activity for at least 150 minutes per week or who report vigorous physical activity 75 minutes per week (or an equivalent combination of moderate and vigorous-intensity activity) *and* who also report doing physical activities specifically designed to strengthen muscles at least twice per week.

Meets Physical Activity Recommendations
(Primary Service Area, 2025)
Healthy People 2030 = 29.7% or Higher



Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 110]
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Asked of all respondents.
- Meeting both guidelines is defined as the number of persons age 18+ who report light or moderate aerobic activity for at least 150 minutes per week or who report vigorous physical activity 75 minutes per week (or an equivalent combination of moderate and vigorous-intensity activity) *and* who also report doing physical activities specifically designed to strengthen muscles at least twice per week.
- "<200% FPL" reflects those respondents living below 200% of the federal poverty level (a combination of the very low and low income categories).

Children

CHILDREN: RECOMMENDED LEVELS OF PHYSICAL ACTIVITY

Children and adolescents should do 60 minutes (1 hour) or more of physical activity each day.

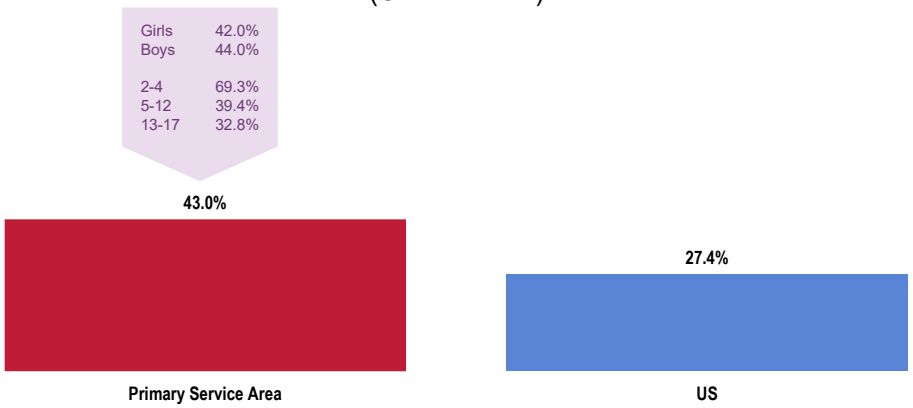
– 2013 Physical Activity Guidelines for Americans, US Department of Health and Human Services. www.cdc.gov/physicalactivity

Among Primary Service Area children age 2 to 17, 43.0% are reported to have had 60 minutes of physical activity on <u>each</u> of the seven days preceding the interview (1+ hours per day).

BENCHMARK ► Well above the US prevalence.

DISPARITY ► Highest among children under age five.

Child Is Physically Active for One or More Hours per Day
(Children 2-17)



Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 94]
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents with children age 2-17 at home.
- Includes children reported to have one or more hours of physical activity on each of the seven days preceding the survey.

WEIGHT STATUS

ABOUT OVERWEIGHT & OBESITY

Obesity is linked to many serious health problems, including type 2 diabetes, heart disease, stroke, and some types of cancer. Some racial/ethnic groups are more likely to have obesity, which increases their risk of chronic diseases.

Culturally appropriate programs and policies that help people eat nutritious foods within their calorie needs can reduce overweight and obesity. Public health interventions that make it easier for people to be more physically active can also help them maintain a healthy weight.

– Healthy People 2030 (https://health.gov/healthypeople)

Body Mass Index (BMI), which describes relative weight for height, is significantly correlated with total body fat content. The BMI should be used to assess overweight and obesity and to monitor changes in body weight. In addition, measurements of body weight alone can be used to determine efficacy of weight loss therapy. BMI is calculated as weight (kg)/height squared (m^2). To estimate BMI using pounds and inches, use: [weight (pounds)/height squared ($inches^2$)] x 703.

In this report, overweight is defined as a BMI of 25.0 to 29.9 kg/m^2 and obesity as a BMI ≥30 kg/m^2. The rationale behind these definitions is based on epidemiological data that show increases in mortality with BMIs above 25 kg/m^2. The increase in mortality, however, tends to be modest until a BMI of 30 kg/m^2 is reached. For persons with a BMI ≥30 kg/m^2, mortality rates from all causes, and especially from cardiovascular disease, are generally increased by 50 to 100 percent above that of persons with BMIs in the range of 20 to 25 kg/m^2.

– Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report. National Institutes of Health. National Heart, Lung, and Blood Institute in Cooperation With The National Institute of Diabetes and Digestive and Kidney Diseases. September 1998.

Adult Weight Status

CLASSIFICATION OF OVERWEIGHT AND OBESITY BY BMI	BMI (kg/m^2)
Underweight	<18.5
Healthy Weight	18.5 – 24.9
Overweight	25.0 – 29.9
Obese	≥30.0

Source: Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults: The Evidence Report. National Institutes of Health. National Heart, Lung, and Blood Institute in Cooperation With The National Institute of Diabetes and Digestive and Kidney Diseases. September 1998.

Overweight Status

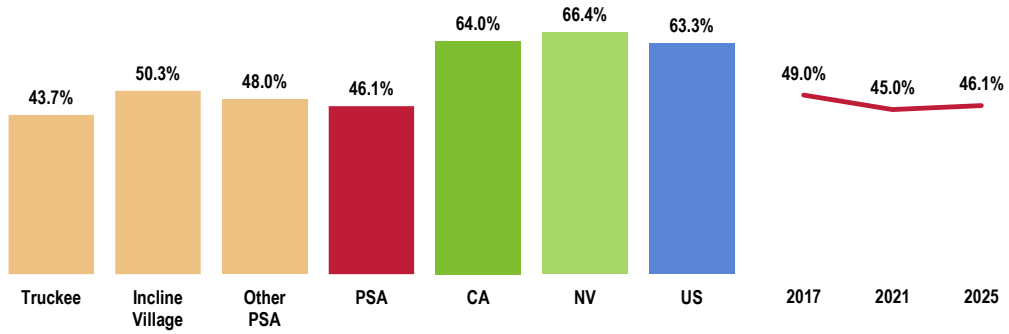
Here, "overweight" includes those respondents with a BMI value ≥25.

A total of 46.1% of Primary Service Area adults are overweight.

BENCHMARK ► Well below California, Nevada, and US percentages.

Prevalence of Total Overweight (Overweight and Obese)

Primary Service Area



Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 112]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2023 California and Nevada data.
- 2023 PRC National Health Survey, PRC, Inc.
- 2021 Tahoe Forest Health System Community Health Needs Assessment

Notes:
- Based on reported heights and weights, asked of all respondents.
- The definition of overweight is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 25.0,. The definition for obesity is a BMI greater than or equal to 30.0.

"Obese" (also included in overweight prevalence discussed previously) includes respondents with a BMI value ≥30.

The overweight prevalence above includes 13.2% of Primary Service Area adults who are obese.

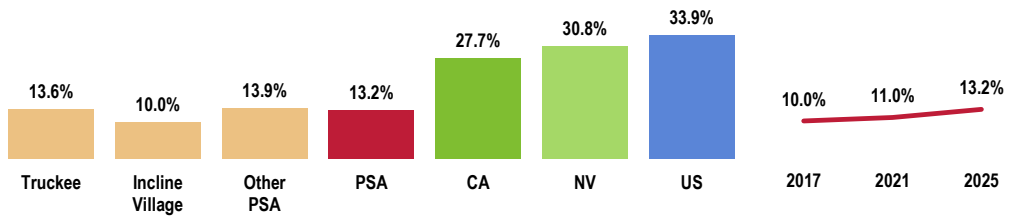
BENCHMARK ► Well below the state and national percentages. Easily satisfies the Healthy People 2030 objective.

DISPARITY ► Those with lower incomes and Hispanic respondents exhibit the highest prevalence of obesity.

Prevalence of Obesity

Healthy People 2030 = 36.0% or Lower

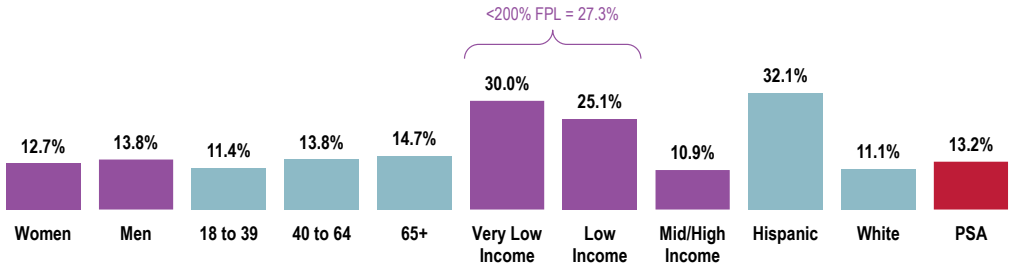
Primary Service Area



Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 112]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2023 California and Nevada data.
- 2023 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople
- 2021 Tahoe Forest Health System Community Health Needs Assessment

Notes:
- Based on reported heights and weights, asked of all respondents.
- The definition of obesity is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 30.0.

Prevalence of Obesity
(Primary Service Area, 2025)
Healthy People 2030 = 36.0% or Lower



Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 112]
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

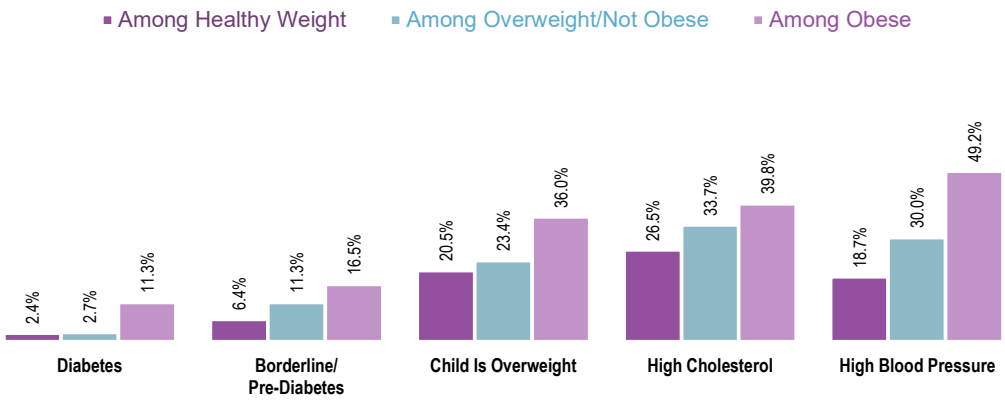
Notes:
- Based on reported heights and weights, asked of all respondents.
- The definition of obesity is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 30.0, regardless of gender.
- "<200% FPL" reflects those respondents living below 200% of the federal poverty level (a combination of the very low and low income categories).

Relationship of Overweight With Other Health Issues

The correlation between overweight and various health issues cannot be disputed.

Overweight and obese adults are more likely to report a number of adverse health conditions, as outlined in the following chart.

Relationship of Overweight With Other Health Issues
(Primary Service Area, 2025)



Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 112]

Notes:
- Based on reported heights and weights, asked of all respondents.

Children's Weight Status

ABOUT WEIGHT STATUS IN CHILDREN & TEENS

In children and teens, body mass index (BMI) is used to assess weight status – underweight, healthy weight, overweight, or obese. After BMI is calculated for children and teens, the BMI number is plotted on the CDC BMI-for-age growth charts (for either girls or boys) to obtain a percentile ranking. Percentiles are the most commonly used indicator to assess the size and growth patterns of individual children in the United States. The percentile indicates the relative position of the child's BMI number among children of the same sex and age.

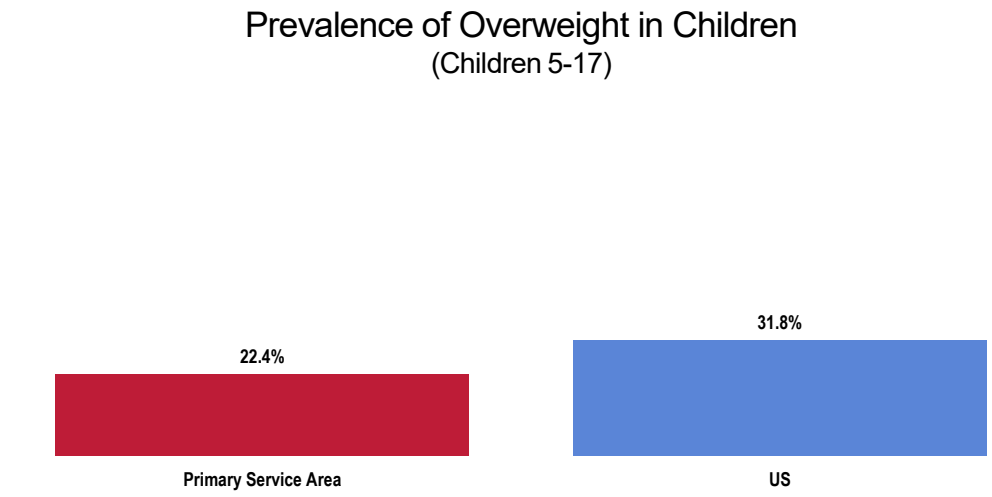
BMI-for-age weight status categories and the corresponding percentiles are shown below:

- Underweight <5th percentile
- Healthy Weight ≥5th and <85th percentile
- Overweight ≥85th and <95th percentile
- Obese ≥95th percentile

– Centers for Disease Control and Prevention

Based on the heights/weights reported by surveyed parents, 22.4% of Primary Service Area children age 5 to 17 are overweight or obese (≥85th percentile).

BENCHMARK ► Much lower than the US prevalence.

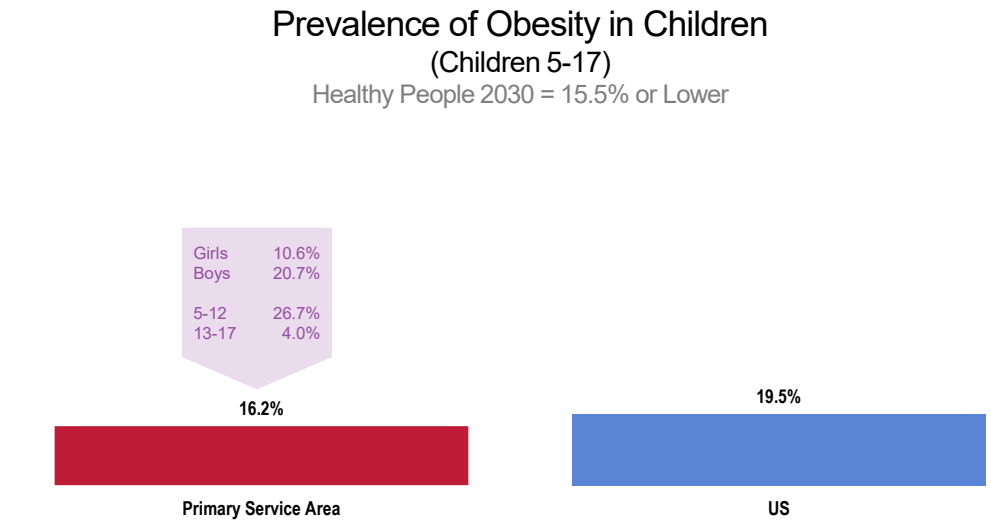


Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 113]
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents with children age 5-17 at home.
- Overweight among children is determined by children's Body Mass Index status at or above the 85th percentile of US growth charts by gender and age.

The childhood overweight prevalence above includes 16.2% of area children age 5 to 17 who are obese (≥95th percentile).

DISPARITY ► Higher among boys and children age 5 through 12.

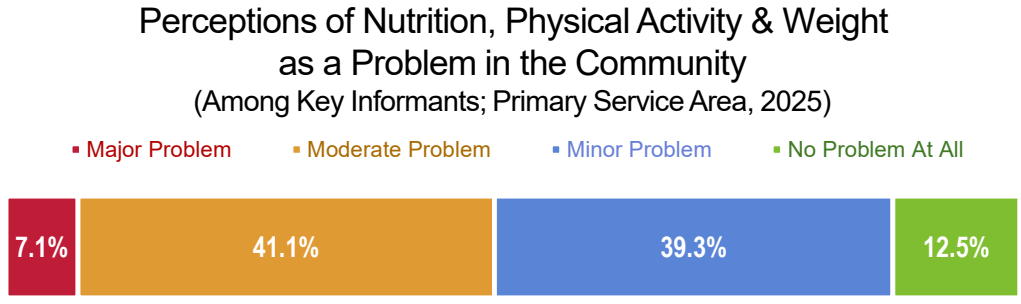


Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 113]
- 2023 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Asked of all respondents with children age 5-17 at home.
- Obesity among children is determined by children's Body Mass Index status equal to or above the 95th percentile of US growth charts by gender and age.

Key Informant Input: Nutrition, Physical Activity & Weight

Key informants taking part in an online survey most often characterized *Nutrition, Physical Activity & Weight* as a "moderate problem" in the community (followed closely by "minor problem" ratnigs).



Sources:
- 2025 PRC Online Key Informant Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Among those rating this issue as a “major problem,” reasons related to the following:

Awareness/Education

> Education and cost of good food. Breaking habits cultural and other. Activities for non-winter sports people. Stigma and shame. – Physician

Built Environment

> Lack of sidewalks to encourage walking. – Community Leader

Populations at Risk

> The Spanish speaking communities experience isolation more so in winter months, no physical activity, over weight. No stress reduction programs. – Community Leader

Prevention/Screenings

> I don't think that there is enough preventative medicine in Tahoe. – Community Leader

SUBSTANCE USE

ABOUT DRUG & ALCOHOL USE

Substance use disorders can involve illicit drugs, prescription drugs, or alcohol. Opioid use disorders have become especially problematic in recent years. Substance use disorders are linked to many health problems, and overdoses can lead to emergency department visits and deaths.

Effective treatments for substance use disorders are available, but very few people get the treatment they need. Strategies to prevent substance use — especially in adolescents — and help people get treatment can reduce drug and alcohol misuse, related health problems, and deaths.

– Healthy People 2030 (https://health.gov/healthypeople)

Alcohol Use

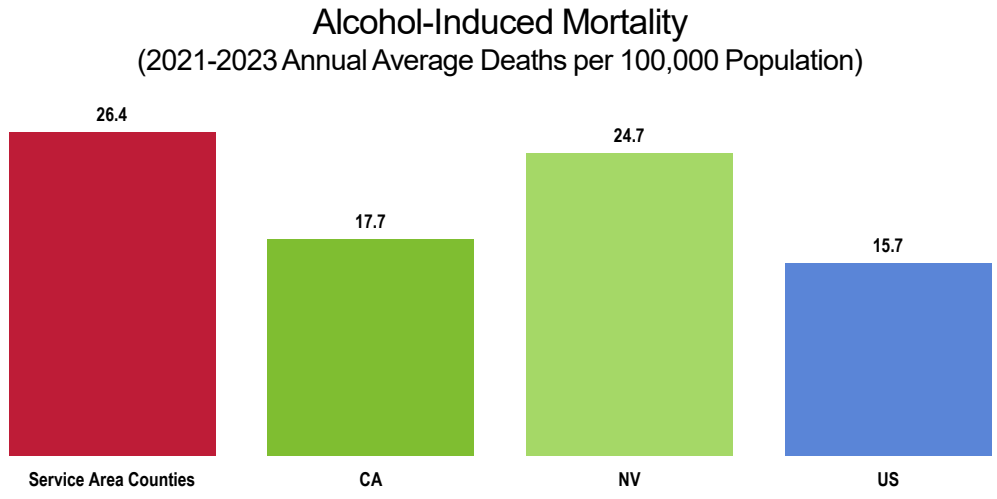
Alcohol-Induced Deaths

Between 2021 and 2023, the Service Area Counties reported an annual average mortality rate of 26.4 alcohol-induced deaths per 100,000 population.

BENCHMARK ► Worse than the California and US rates.

DISPARITY ► Much higher among White residents than among Hispanic residents.

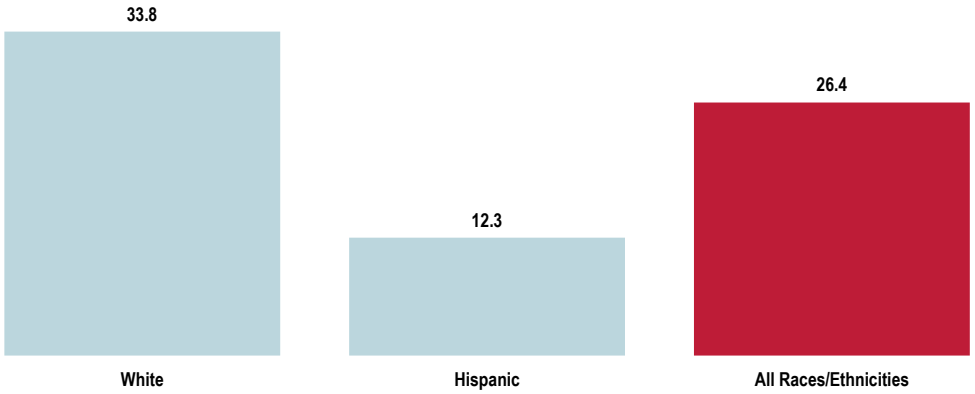
TREND ► Increasing over the past decade (echoing state and national trends).



Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2025.

Notes: ● Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
● Rates are per 100,000 population.

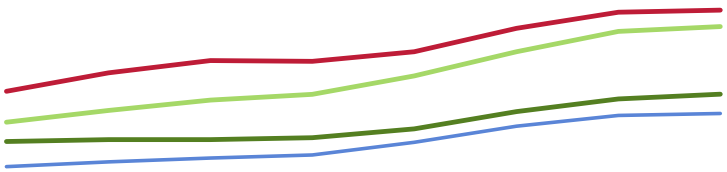
Alcohol-Induced Mortality by Race/Ethnicity
(2021-2023 Annual Average Deaths per 100,000 Population; Service Area Counties)



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2025.

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population.
- Race categories reflect individuals without Hispanic origin.

Alcohol-Induced Mortality Trends
(Annual Average Deaths per 100,000 Population)



	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020	2019-2021	2020-2022	2021-2023
Service Area Counties	18.0	19.9	21.2	21.1	22.1	24.5	26.2	26.4
CA	12.8	13.0	13.0	13.2	14.1	15.9	17.2	17.7
NV	14.8	16.0	17.1	17.7	19.6	22.1	24.2	24.7
US	10.2	10.7	11.1	11.4	12.7	14.4	15.5	15.7

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2025.

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population.

Binge Drinking

Binge drinking is men reporting 5+ alcoholic drinks or women reporting 4+ alcoholic drinks on any single occasion during the past month.

One in five (19.6%) area adults engages in binge drinking.

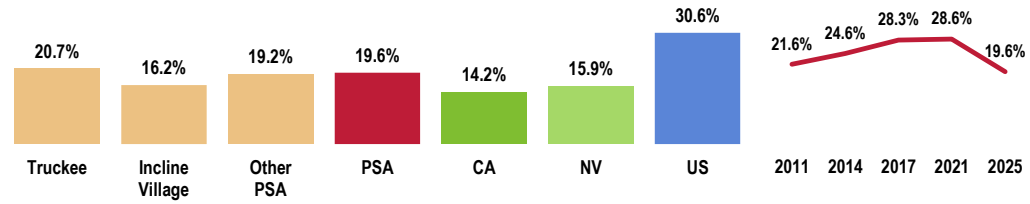
BENCHMARK ► Higher than the state percentages but lower than the US. Meets the Healthy People 2030 objective.

TREND ► Similar from baseline findings, but a significant decrease since 2021.

Engage in Binge Drinking

Healthy People 2030 = 25.4% or Lower

Primary Service Area



Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 39]
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2023 California and Nevada data.
- 2023 PRC National Health Survey, PRC, Inc.
- 2021 Tahoe Forest Health System Community Health Needs Assessment

Notes:
- Asked of all respondents.
- Binge drinking reflects the percentage of persons age 18 years and over who drank 5 or more drinks during a single occasion (for men) or 4 or more drinks during a single occasion (for women) during the past 30 days.

Excessive Drinking

Excessive drinking includes heavy and/or binge drinkers:

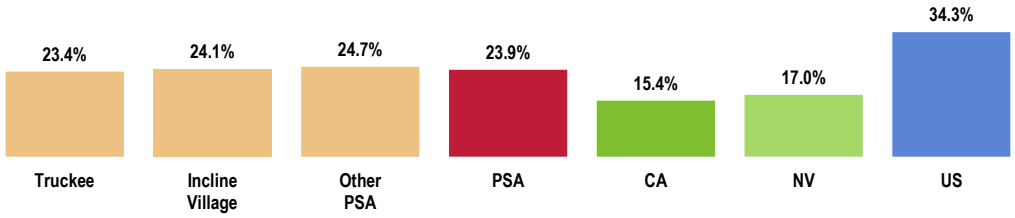
- HEAVY DRINKING ► men reporting 2+ alcoholic drinks per day or women reporting 1+ alcoholic drink per day in the month preceding the interview.
- BINGE DRINKING ► men reporting 5+ alcoholic drinks or women reporting 4+ alcoholic drinks on any single occasion during the past month.

A total of 23.9% of area adults engage in excessive drinking (heavy and/or binge drinking).

BENCHMARK ► Well above the California and Nevada percentages. Lower than the US and satisfies the Healthy People 2030 objective.

DISPARITY ► Reported more often among men, young adults, and White respondents.

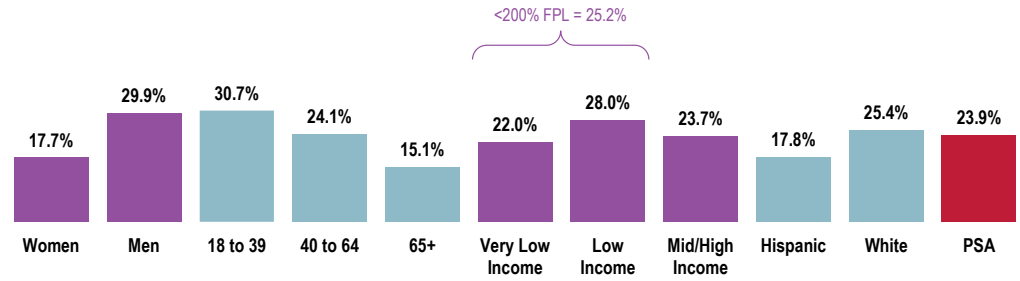
Engage in Excessive Drinking



Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 116]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2023 California and Nevada data.
- 2023 PRC National Health Survey, PRC, Inc.
- 2021 Tahoe Forest Health System Community Health Needs Assessment

Notes:
- Asked of all respondents.
- Excessive drinking reflects the percentage of persons age 18 years and over who drank more than two drinks per day on average (for men) or more than one drink per day on average (for women) OR who drank 5 or more drinks during a single occasion (for men) or 4 or more drinks during a single occasion (for women) during the past 30 days.

Engage in Excessive Drinking
(Primary Service Area, 2025)



Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 116]

Notes:
- Asked of all respondents.
- Excessive drinking reflects the percentage of persons age 18 years and over who drank more than two drinks per day on average (for men) or more than one drink per day on average (for women) OR who drank 5 or more drinks during a single occasion (for men) or 4 or more drinks during a single occasion (for women) during the past 30 days.
- "<200% FPL" reflects those respondents living below 200% of the federal poverty level (a combination of the very low and low income categories).

Drug Use

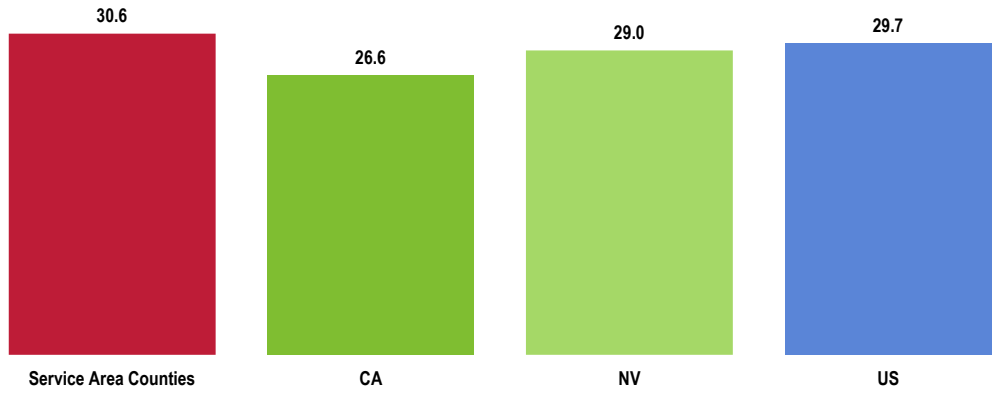
Unintentional Drug-Induced Deaths

Between 2021 and 2023, there was an annual average mortality rate of 30.6 unintentional drug-induced deaths per 100,000 population in the Service Area Counties.

DISPARITY ► Much higher among White residents than among Hispanic residents.

TREND ► Increasing considerably over the past decade (echoing state and national trends).

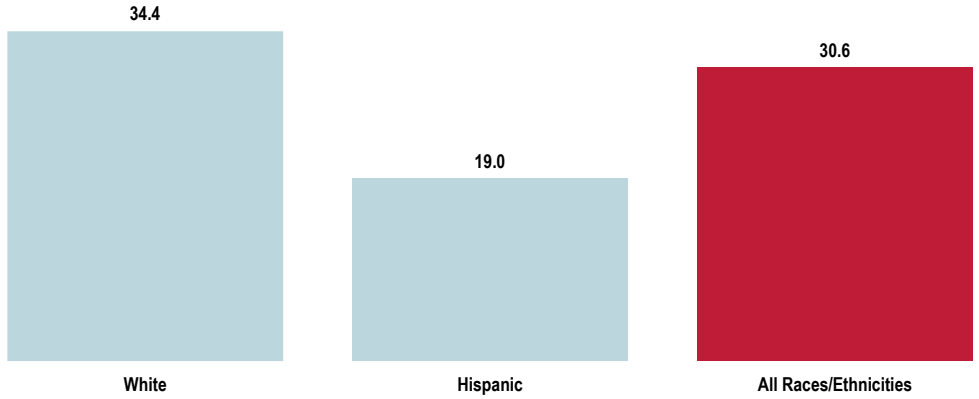
Unintentional Drug-Induced Mortality
(2021-2023 Annual Average Deaths per 100,000 Population)



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2025.

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population.

Unintentional Drug-Induced Mortality by Race/Ethnicity
(2021-2023 Annual Average Deaths per 100,000 Population; Service Area Counties)



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2025.

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population.
- Race categories reflect individuals without Hispanic origin.

Unintentional Drug-Induced Mortality Trends
(Annual Average Deaths per 100,000 Population)

	2014-2016	2015-2017	2016-2018	2017-2019	2018-2020	2019-2021	2020-2022	2021-2023
Service Area Counties	13.3	14.7	15.0	16.1	18.4	23.1	27.0	30.6
CA	10.0	10.4	11.0	12.4	15.9	20.7	24.8	26.6
NV	17.3	18.1	18.5	18.3	20.2	22.9	26.6	29.0
US	14.3	16.5	17.9	18.6	20.8	24.6	28.3	29.7

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted June 2025.

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population.

Illicit Drug Use

A total of 2.6% of Primary Service Area adults acknowledge using an illicit drug in the past month.

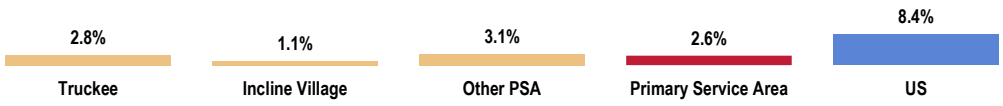
BENCHMARK ► Well below the national figure.

DISPARITY ► Reported more often among young adults.

For the purposes of this survey, "illicit drug use" includes use of illegal substances or of prescription drugs taken without a physician's order.

Note: As a self-reported measure – and because this indicator reflects potentially illegal behavior – it is reasonable to expect that it might be underreported, and that actual illicit drug use in the community is likely higher.

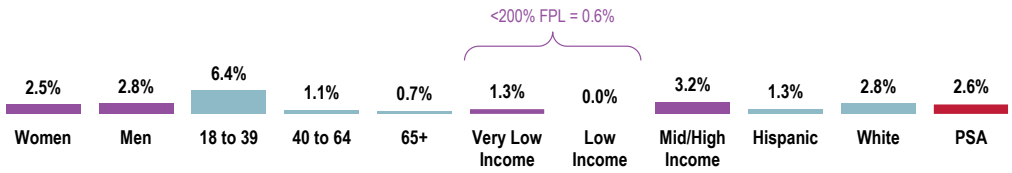
Illicit Drug Use in the Past Month



Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 40]
- 2023 PRC National Health Survey, PRC, Inc.
- 2021 Tahoe Forest Health System Community Health Needs Assessment

Notes:
- Asked of all respondents.

Illicit Drug Use in the Past Month
(Primary Service Area, 2025)



Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 40]

Notes:
- Asked of all respondents.
- "<200% FPL" reflects those respondents living below 200% of the federal poverty level (a combination of the very low and low income categories).

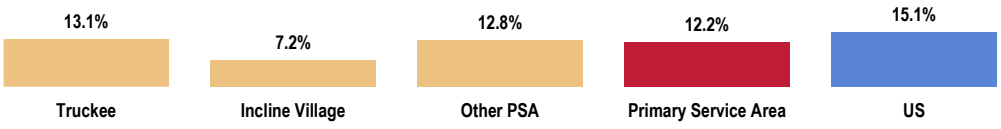
Use of Prescription Opioids

A total of 12.2% of Primary Service Area adults report using a prescription opioid drug in the past year.

DISPARITY ▶ Lowest among Incline Village respondents. Reported more often among adults in higher-income households and White residents.

Opioids are a class of drugs used to treat pain. Examples presented to respondents include morphine, codeine, hydrocodone, oxycodone, methadone, and fentanyl. Common brand name opioids include Vicodin, Dilaudid, Percocet, OxyContin, and Demerol.

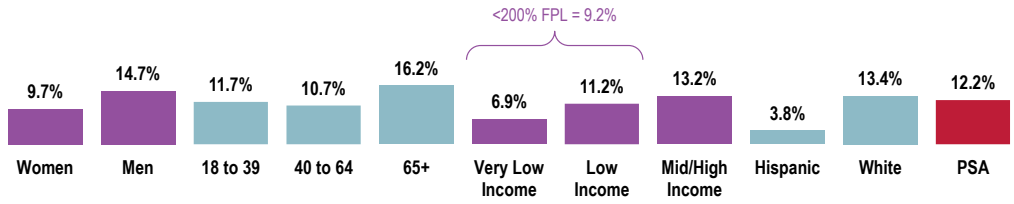
Used a Prescription Opioid in the Past Year



Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 41]
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Used a Prescription Opioid in the Past Year
(Primary Service Area, 2025)



Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 41]

Notes:
- Asked of all respondents.
- "<200% FPL" reflects those respondents living below 200% of the federal poverty level (a combination of the very low and low income categories).

Marijuana, Cannabis, THC & Hashish

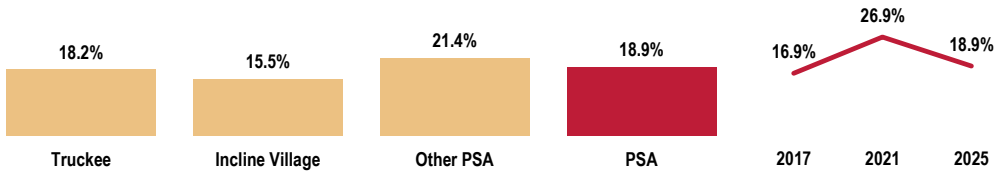
"During the past 30 days, on how many days did you use marijuana, cannabis, THC, or hashish?"

A total of 18.9% of Primary Service Area adults report using marijuana, cannabis, or hashish on at least one day in the past month.

DISPARITY ► Reported more often among men, young adults, those living above the federal poverty level, and White respondents.

Used Marijuana, Cannabis, THC, or Hashish in the Past Month

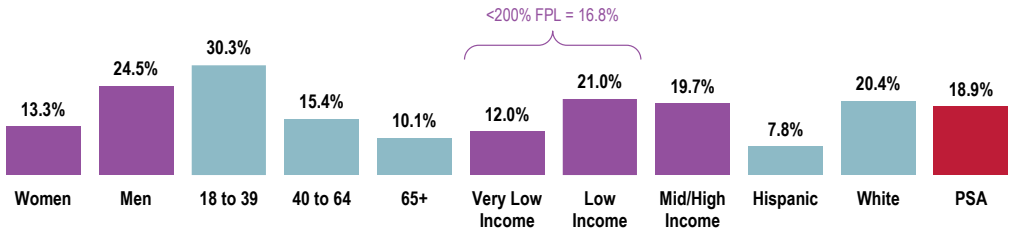
Primary Service Area



Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 306]
- 2021 Tahoe Forest Health System Community Health Needs Assessment

Notes:
- Asked of all respondents.

Used Marijuana, Cannabis, THC, or Hashish in the Past Month
(Primary Service Area, 2025)



Sources: ● 2025 PRC Community Health Survey, PRC, Inc. [Item 306]
Notes: ● Asked of all respondents.
● "<200% FPL" reflects those respondents living below 200% of the federal poverty level (a combination of the very low and low income categories).

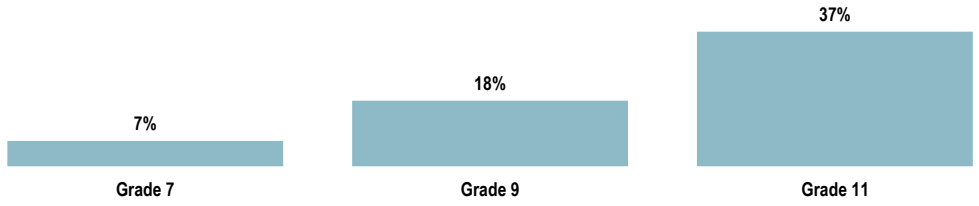
Students: Alcohol/Other Drug (AOD) Use

Current Alcohol/Other Drug Use

Use of alcohol or other drugs in the past month increases considerably with grade level (to 37% among 11th graders).

DISPARITY ► Alcohol and marijuana show similar usage prevalence at all grade levels.

Alcohol/Other Drug (AOD) Use in the Past 30 Days
(Tahoe-Truckee Secondary Students, 2022-2023)



Sources: ● Tahoe-Truckee Unified School District. *California Healthy Kids Survey, 2022-2023: Main Report*. San Francisco: WestEd for the California Department of Education.

Current Use of Alcohol/Other Drugs (Past 30 Days)
(Tahoe-Truckee Secondary Students, 2022-2023)

	Grade 7	Grade 9	Grade 11
Alcohol (1+ Drinks)	3%	14%	25%
Marijuana (Smoke, vape, eat, or drink)	4%	11%	27%
Any drug use	4%	11%	27%
Heavy drug use*	3%	7%	16%
Any Current AOD Use	**7%**	**18%**	**37%**

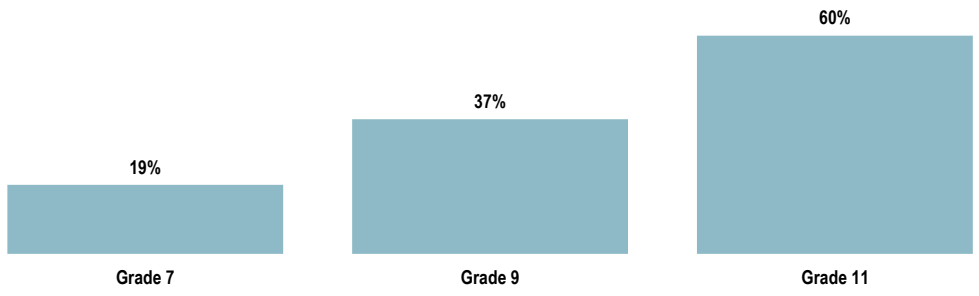
Sources:
- Tahoe-Truckee Unified School District. *California Healthy Kids Survey, 2022-2023: Main Report*. WestEd for the California Department of Education.
- In this case, AOD is "alcohol or other drugs."
- *Heavy drug use was calculated based on a pattern of combined current drug use on 3+ days (marijuana, inhalants, prescription pain medicine to get high [HS students only], or any other illegal drug/pill to get high).

Lifetime Alcohol/Other Drug Use

Lifetime use of alcohol or other drugs (ever trying or using) reaches 60% among 11th graders.

DISPARITY ► Alcohol is mentioned most often as the substance ever tried/used among Tahoe-Truckee students, followed closely by marijuana.

Lifetime Illicit Alcohol/Other Drug (AOD) Use to Get "High"
(Tahoe-Truckee Secondary Students, 2022-2023)



Sources:
- Tahoe-Truckee Unified School District. *California Healthy Kids Survey, 2022-2023: Main Report*. San Francisco: WestEd for the California Department of Education.

Notes:
- In this case, non-traditional students include those in continuation, community day, or other alternative school types.
- Excludes prescription pain medication, tranquilizers or sedatives, diet pills, and prescription stimulants.

Lifetime Use of Alcohol/Other Drugs
(Tahoe-Truckee Secondary Students, 2022-2023)

	Grade 7	Grade 9	Grade 11
Alcohol	15%	30%	54%
Marijuana	8%	21%	47%
Inhalants	1%	2%	3%
Cocaine, Methamphetamine, or Any Amphetamines	n/a	2%	1%
Ecstasy, LSD, or Other Psychedelics	n/a	5%	10%
Prescription Pain Medication (Opioids)	n/a	7%	5%
Cold/Cough Medicines or Other OTC Medicines to Get High	n/a	6%	3%
Any Illicit AOD Use to Get "High"	**19%**	**37%**	**60%**

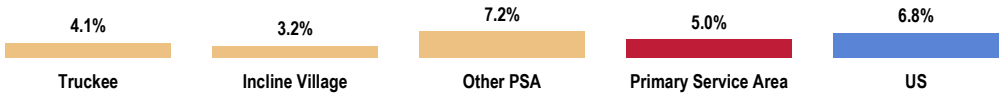
Sources:
- Tahoe-Truckee Unified School District. *California Healthy Kids Survey, 2022-2023: Main Report*. San Francisco: WestEd for the California Department of Education.
- In this case, AOD is "alcohol or other drugs."

Alcohol & Drug Treatment

Seeking Help

A total of 5.0% of Primary Service Area adults report that they have sought professional help for an alcohol or drug problem at some point in their lives.

Have Ever Sought Professional Help for an Alcohol/Drug-Related Problem



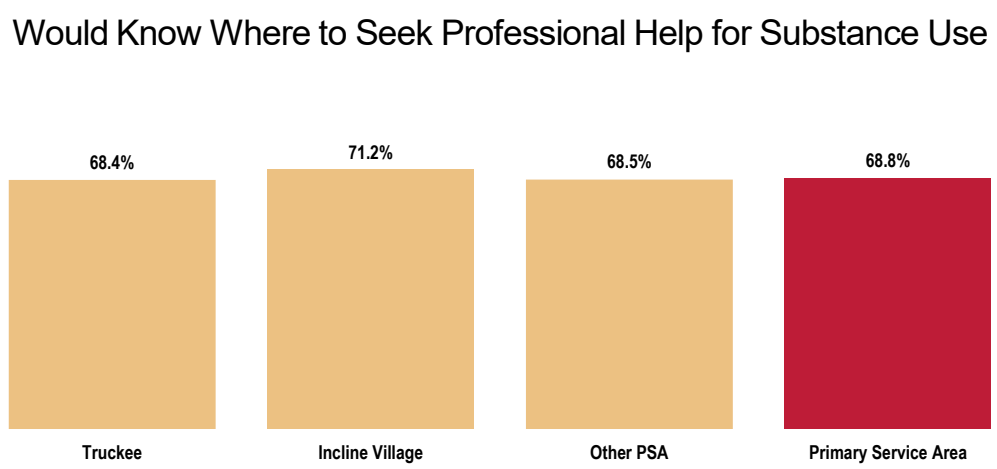
Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 42]
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Awareness of Services

When asked, over two in three (68.8%) survey respondents would know where to seek professional help for issues with substance use.

DISPARITY ► Awareness is particularly low (approximately 40%) among very low-income residents and Hispanic respondents (not shown).

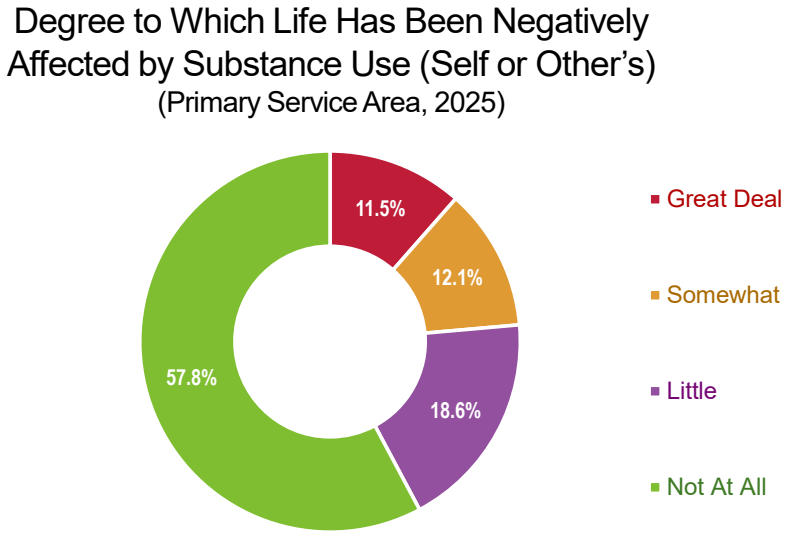


Sources: ● 2025 PRC Community Health Survey, PRC, Inc. [Item 307]
Notes: ● Asked of all respondents.

Personal Impact From Substance Use

Surveyed adults were also asked to what degree their lives have been impacted by substance use (whether their own use or that of another).

Most Primary Service Area residents' lives have not been negatively affected by substance use (either their own or someone else's).

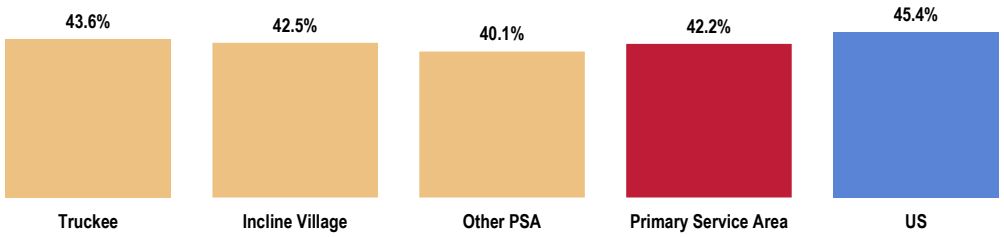


Sources: ● 2025 PRC Community Health Survey, PRC, Inc. [Item 43]
Notes: ● Asked of all respondents.

However, 42.2% have felt a personal impact to some degree ("a little," "somewhat," or "a great deal").

DISPARITY ► Higher among adults under 65 and White respondents.

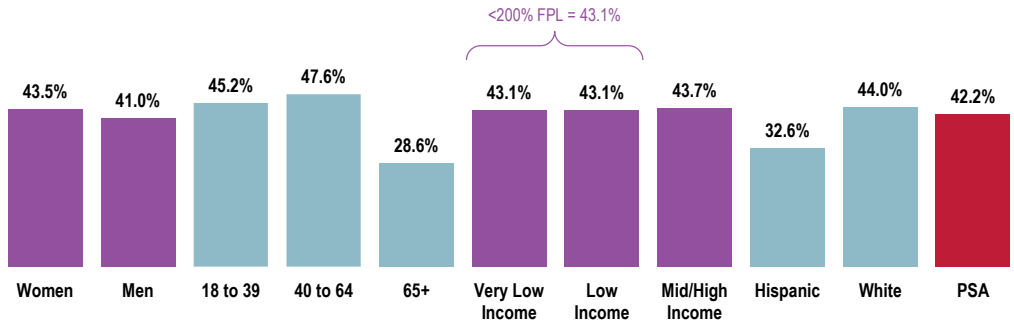
Life Has Been Negatively Affected by Substance Use (by Self or Someone Else)



Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 43]
- 2023 PRC National Health Survey, PRC, Inc.
- 2021 Tahoe Forest Health System Community Health Needs Assessment

Notes:
- Asked of all respondents.
- Includes those responding "a great deal," "somewhat," or "a little."

Life Has Been Negatively Affected by Substance Use (by Self or Someone Else)
(Primary Service Area, 2025)

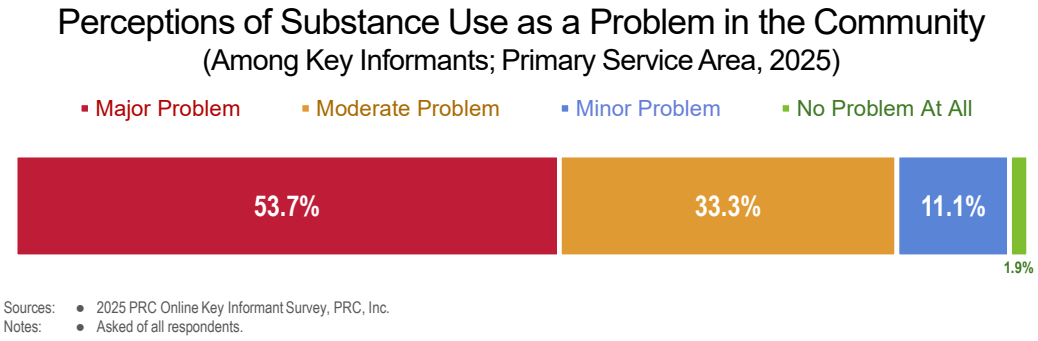


Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 43]

Notes:
- Asked of all respondents.
- Includes those responding "a great deal," "somewhat," or "a little."
- "<200% FPL" reflects those respondents living below 200% of the federal poverty level (a combination of the very low and low income categories).

Key Informant Input: Substance Use

The greatest share of key informants taking part in an online survey characterized *Substance Use* as a "major problem" in the community.



Among those rating this issue as a "major problem," reasons related to the following:

Access to Care/Services

> Available, accessible, no low-cost treatment options. – Community Leader
>
> Wait lists, lack of income or insurance for counseling services. – Community Leader
>
> Limited resources, and being a small sliver of each county means that accessing resources can be challenging. – Community Leader
>
> Lack of resources, minimal education on the subject and reluctance due to stigma. – Social Services Provider
>
> There are no substance use treatment centers in our area. – Community Leader
>
> No services available in all communities. Neither Tahoe City nor Kings Beach have a community-based treatment option. There are limited community-based services: Granite and Gateway for youth, and they are only based in Truckee. Tahoe Forest offers a MAT program which has helped, but again, only in Truckee. – Health Care Provider
>
> I personally do not know if there are any substance use treatment programs in the community, but would imagine that access to them in this area might be a barrier. Other barriers could include losing income for going to a program, and thus not wanting to go because it could lead folks to not be able to afford their bills, etc. – Social Services Provider
>
> Lack of access to evidence-based treatments, stigma and discrimination towards those who have SUD and/or seek treatment, community attitudes and culture that promotes substance misuse. – Public Health Representative
>
> Substance treatment is also a region-wide issue and certainly worse in Tahoe due to its remoteness. – Community Leader

Socially Acceptable

> Substance Abuse is an accepted part of the Tahoe vibe, or way of life. Parents imbibe around their children so the children also learn these behaviors. The "ski culture" finds this acceptable. Even if people want to get services, the rural location of Tahoe and the surrounding areas is difficult to attract service providers due to high rent costs, high housing costs, all leading to lack of access. – Social Services Provider
>
> Substances are frequently used in all Tahoe Truckee residents - it's viewed as "acceptable". It is a challenge to access in patient treatment, as when someone is ready to go .... 30 days later when there is a bed somewhere, often they are no longer interested. – Social Services Provider
>
> Our area continues to have a party culture. Most people I know drink and/or smoke weed every day. They are high functioning and don't recognize it as a problem. If you don't recognize that you have a problem, you're not going to get help. – Community Leader
>
> Perception that substance use is not a problem. Alcohol use is normalized in a vacation community such as Tahoe and most people do not have the luxury of seeking services or accessing a living environment that is free of exposure. – Community Leader
>
> Acceptance of substance abuse as "normal" behavior. Party culture. Lack of awareness of programs available for help. Lack of nighttime activities not surrounded by alcohol. – Social Services Provider
>
> I don't know that there is difficulty accessing substance abuse resources. Rather I think that substance abuse is an issue here due to being a mountain town. – Social Services Provider

Denial/Stigma

> Stigma of addiction, depression that leads to addictions in an attempt to self-medicate, and a somewhat broader acceptance of recreational drug use that may lead to addition for some but not all. – Community Leader
>
> Stigma and access to the one program available. – Physician
>
> Students shared during last year's annual youth forum that they are concerned about their peer's substance use. The greatest barrier to access may be that many do not perceive a problem. – Social Services Provider
>
> Stigma, normalizing, denial of problem, and inconsistent availability. – Social Services Provider
>
> 1. Recognizing that one has a problem is always a barrier. 2. Internal belief that treatment won't work and life will not be good without the substance. 3. Past Trauma that is very hard to heal and takes lots of time and therapy and patience. People often using to self-medicate pain from trauma, which makes it very difficult to treat. These two usually go hand in hand. 4. Lack of local inpatient treatment programs. We absolutely have to have inpatient treatment here. 5. Cost of someone having to go outside the area for treatment. 6. Finding space in an inpatient treatment that accepts the insurance. 7 Tourist economy jobs likely does not provide health insurance. 8. The pro drug and alcohol use norms in Tahoe-Truckee would make it hard to find friends or socialize without alcohol and drugs for someone in early recovery or trying to maintain sobriety. – Public Health Representative

Lack of Providers

> It is hard to get providers to operate in the area because the volume of clients is relatively low. – Health Care Provider
>
> Providers. – Physician
>
> Family and behavioral therapists. – Community Leader

Follow-Up/Support

> I there is limited support for substance abuse and what exists is not readily know by the community. TFHD has built capacity around this need but I am not sure if the community at large is aware. There is also a culture of substance use that is part of the fabric (for better or worse) of our region. I know of people who have left the area for rehab purposes because of the lack of services here. – Social Services Provider

Lack of Privacy

> Privacy and quality programs. – Community Leader

Most Problematic Substances

Key informants (who rated this as a “major problem”) clearly identified **alcohol** as causing the most problems in the community, followed by **heroin/other opioids**, **marijuana**, and **methamphetamine/other amphetamines**.

SUBSTANCES VIEWED AS MOST PROBLEMATIC IN THE COMMUNITY (Among Key Informants Rating Substance Use as a “Major Problem”)	
ALCOHOL	88.5%
HEROIN OR OTHER OPIOIDS	3.8%
MARIJUANA	3.8%
METHAMPHETAMINE OR OTHER AMPHETAMINES	3.8%

TOBACCO USE

ABOUT TOBACCO USE

Most deaths and diseases from tobacco use in the United States are caused by cigarettes. Smoking harms nearly every organ in the body and increases the risk of heart disease, stroke, lung diseases, and many types of cancer. Although smoking is widespread, it's more common in certain groups, including men, American Indians/Alaska Natives, people with behavioral health conditions, LGBT people, and people with lower incomes and education levels.

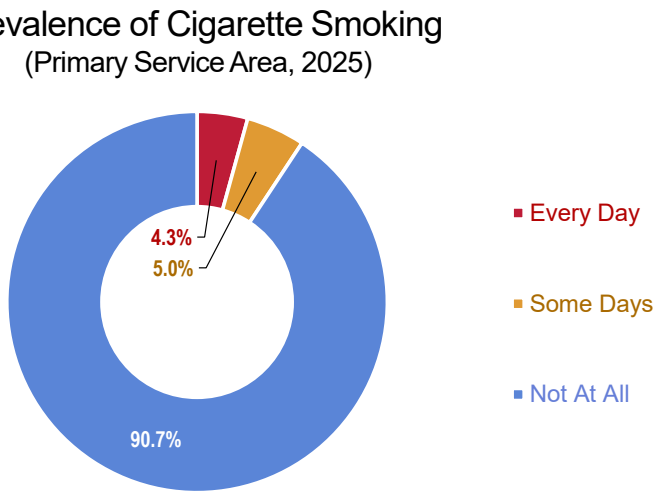
Several evidence-based strategies can help prevent and reduce tobacco use and exposure to secondhand smoke. These include smoke-free policies, price increases, and health education campaigns that target large audiences. Methods like counseling and medication can also help people stop using tobacco.

– Healthy People 2030 (https://health.gov/healthypeople)

Cigarette Smoking

Prevalence of Cigarette Smoking

A total of 9.3% of Primary Service Area adults currently smoke cigarettes, either regularly (every day) or occasionally (on some days).



Sources: ● 2025 PRC Community Health Survey, PRC, Inc. [Item 34]
Notes: ● Asked of all respondents.

Note the following findings related to cigarette smoking prevalence in the Primary Service Area.

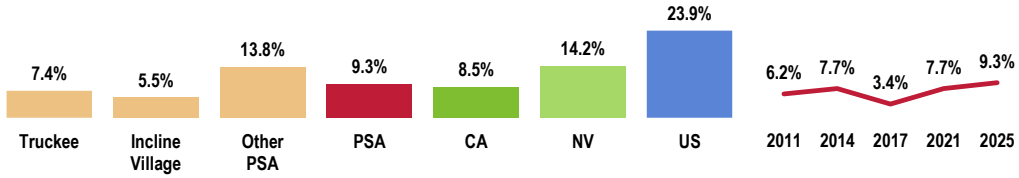
BENCHMARK ► Lower than the Nevada and US percentages but fails to meet the Healthy People 2030 objective.

DISPARITY ► Highest in the Other PSA ZIP Codes. Reported more often among men, young adults, and residents in lower-income households.

Currently Smoke Cigarettes

Healthy People 2030 = 6.1% or Lower

Primary Service Area



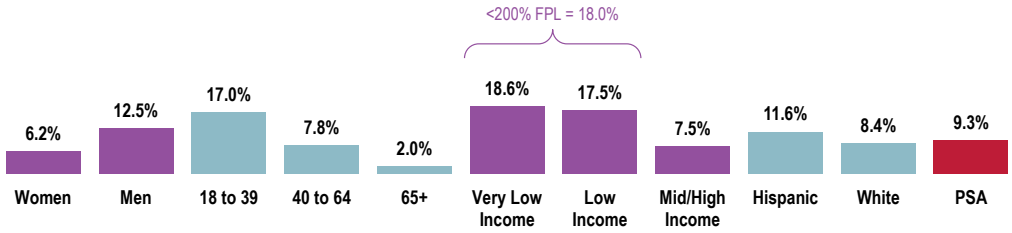
Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 34]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2023 California and Nevada data.
- 2023 PRC National Health Survey, PRC, Inc.
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople
- 2021 Tahoe Forest Health System Community Health Needs Assessment

Notes:
- Asked of all respondents.
- Includes those who smoke cigarettes every day or on some days.

Currently Smoke Cigarettes

(Primary Service Area, 2025)

Healthy People 2030 = 6.1% or Lower



Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 34]
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

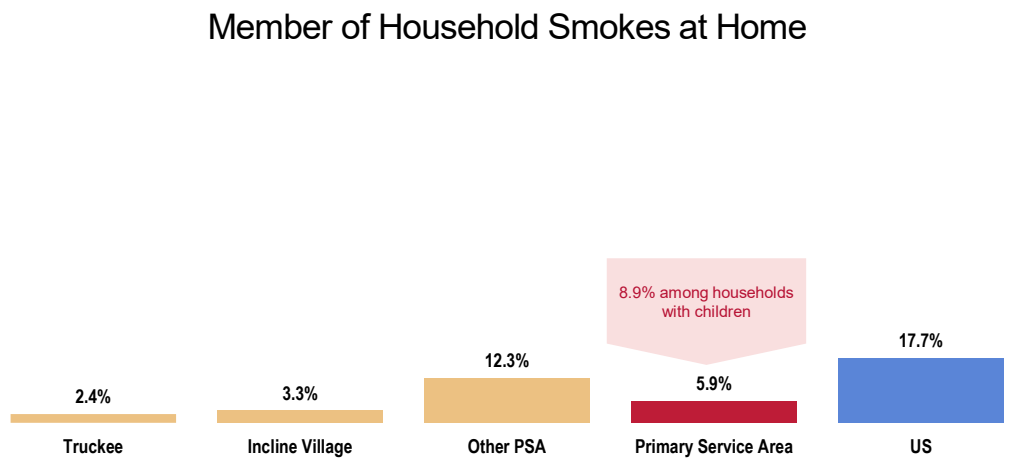
Notes:
- Asked of all respondents.
- Includes those who smoke cigarettes every day or on some days.
- "<200% FPL" reflects those respondents living below 200% of the federal poverty level (a combination of the very low and low income categories).

Environmental Tobacco Smoke

Among all surveyed households in the Primary Service Area, 5.9% report that someone has smoked cigarettes, cigars, or pipes anywhere in their home an average of four or more times per week over the past month.

BENCHMARK ► Well below the national figure.

DISPARITY ► Highest in the Other PSA ZIP Codes.

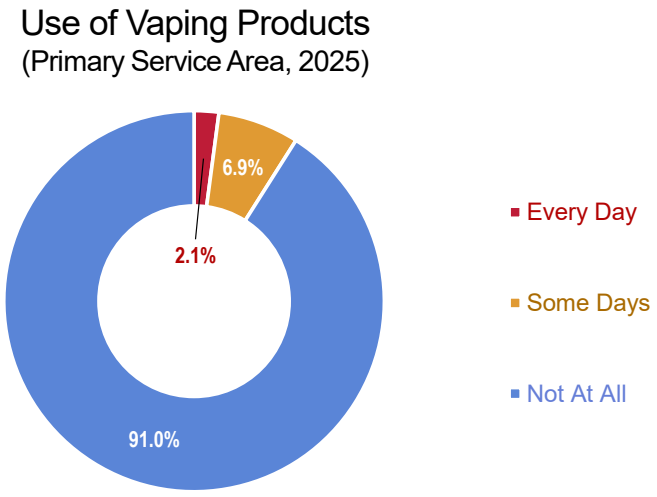


Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Items 35, 114]
- 2023 PRC National Health Survey, PRC, Inc.
- 2021 Tahoe Forest Health System Community Health Needs Assessment

Notes:
- Asked of all respondents.
- "Smokes at home" refers to someone smoking cigarettes, cigars, or a pipe in the home an average of four or more times per week in the past month.

Use of Vaping Products

Most Primary Service Area adults do not use electronic vaping products.



Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 36]

Notes:
- Asked of all respondents.

However, 9.0% currently use electronic vaping products either regularly (every day) or occasionally (on some days).

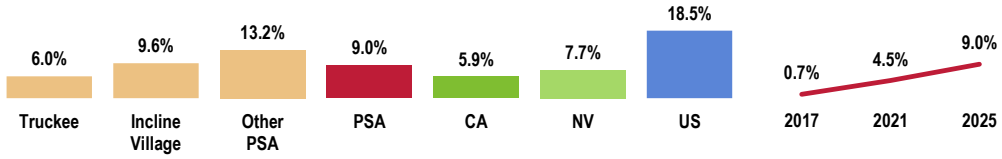
BENCHMARK ► Higher than the California prevalence but half the US prevalence.

TREND ► A significant increase since 2017.

DISPARITY ► Highest in the Other PSA ZIP Codes. Reported more often among men, adults under 40 (especially), and those in the lowest income category.

Currently Use Vaping Products
(Every Day or on Some Days)

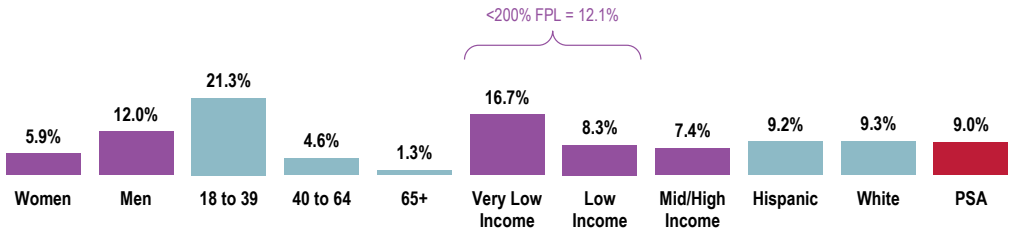
Primary Service Area



Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 36]
- 2023 PRC National Health Survey, PRC, Inc.
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2023 California and Nevada data.
- 2021 Tahoe Forest Health System Community Health Needs Assessment

Notes:
- Asked of all respondents.
- Includes those who use vaping products every day or on some days.

Currently Use Vaping Products
(Primary Service Area, 2025)



Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 36]

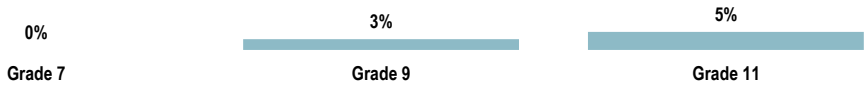
Notes:
- Asked of all respondents.
- Includes those who use vaping products every day or on some days.
- "<200% FPL" reflects those respondents living below 200% of the federal poverty level (a combination of the very low and low income categories).

Students: Tobacco Use

Cigarette Use

In a student survey, the prevalence of current cigarette smoking ranged from 0% among 7th graders to 5% among 11th graders.

Cigarette Smoking in the Past 30 Days
(Tahoe-Truckee Secondary Students, 2022-2023)

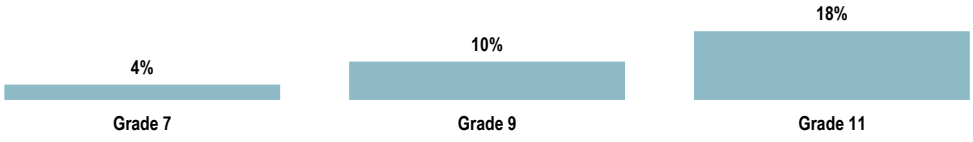


Sources: ● Tahoe-Truckee Unified School District. *California Healthy Kids Survey, 2022-2023: Main Report*. San Francisco: WestEd for the California Department of Education.

Use of Vaping Products

Current use of vaping products increases with grade level (to 19% among 11th graders).

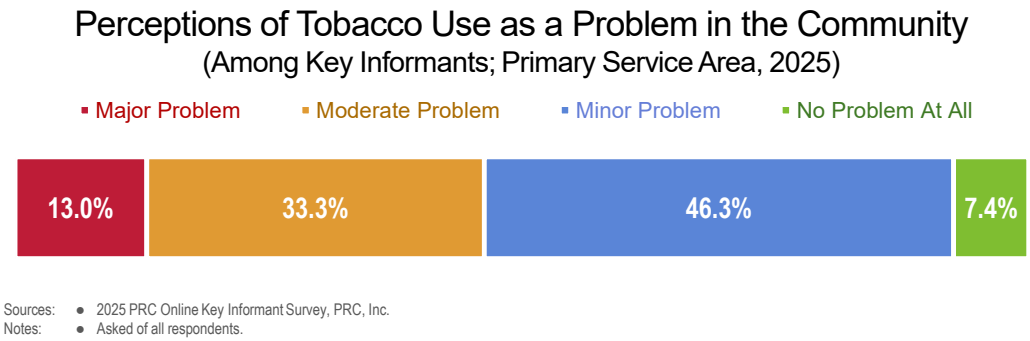
Use of Vape Products in the Past 30 Days
(Tahoe-Truckee Secondary Students, 2022-2023)



Sources: ● Tahoe-Truckee Unified School District. *California Healthy Kids Survey, 2022-2023: Main Report*. San Francisco: WestEd for the California Department of Education.

Key Informant Input: Tobacco Use

The greatest share of key informants taking part in an online survey characterized *Tobacco Use* as a "minor problem" in the community.



Sources: • 2025 PRC Online Key Informant Survey, PRC, Inc.
Notes: • Asked of all respondents.

Among those rating this issue as a "major problem," reasons related to the following:

E-Cigarettes

> Vaping and access for youth is a huge problem. – Social Services Provider
>
> Vaping. – Physician
>
> Vaping with students. – Community Leader

Incidence/Prevalence

> This goes beyond tobacco and includes nicotine as well. Individuals who never used tobacco now use nicotine through nicotine pouches. I would guess more than 50% of the population is consuming tobacco or nicotine products regularly. – Social Services Provider
>
> Almost every male adult and young adult I know uses ZYN, including some females. – Community Leader

SEXUAL HEALTH

ABOUT HIV & SEXUALLY TRANSMITTED INFECTIONS

Although many sexually transmitted infections (STIs) are preventable, there are more than 20 million estimated new cases in the United States each year — and rates are increasing. In addition, more than 1.2 million people in the United States are living with HIV (human immunodeficiency virus).

Adolescents, young adults, and men who have sex with men are at higher risk of getting STIs. And people who have an STI may be at higher risk of getting HIV. Promoting behaviors like condom use can help prevent STIs.

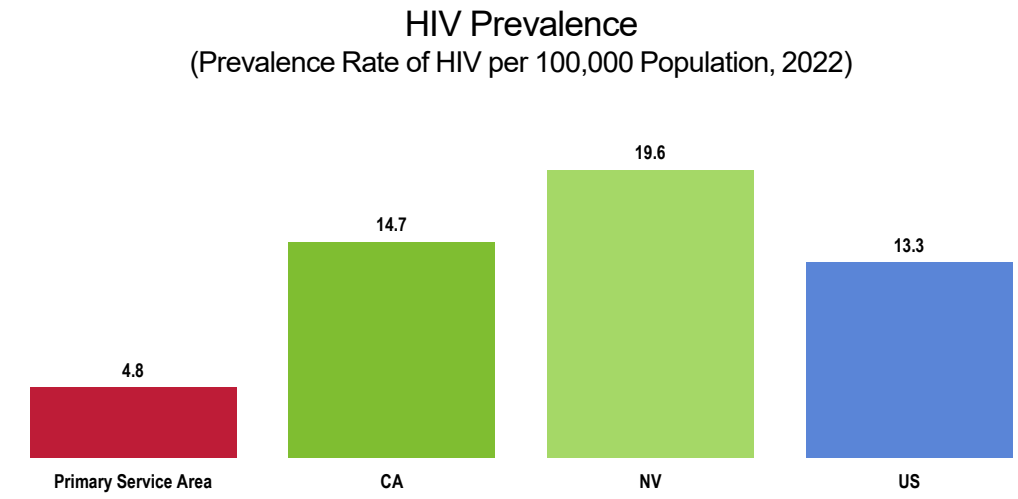
Strategies to increase screening and testing for STIs can assess people's risk of getting an STI and help people with STIs get treatment, improving their health and making it less likely that STIs will spread to others. Getting treated for an STI other than HIV can help prevent complications from the STI but doesn't prevent HIV from spreading.

– Healthy People 2030 (https://health.gov/healthypeople)

HIV

In 2022, there was a prevalence of 4.8 HIV cases per 100,000 population in the Primary Service Area.

BENCHMARK ▶ Much lower than state and national rates.



Sources:
- Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved June 2025 via SparkMap (sparkmap.org).

Sexually Transmitted Infections (STIs)

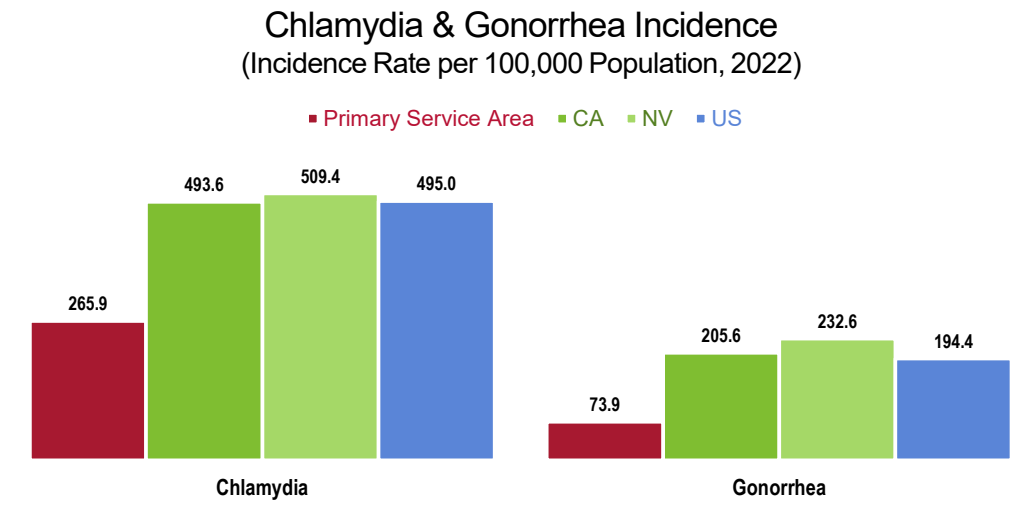
Chlamydia & Gonorrhea

In 2022, the chlamydia incidence rate in the Primary Service Area was 265.9 cases per 100,000 population.

BENCHMARK ▶ Much lower than California, Nevada, and US rates.

The Primary Service Area gonorrhea incidence rate in 2022 was 73.9 cases per 100,000 population.

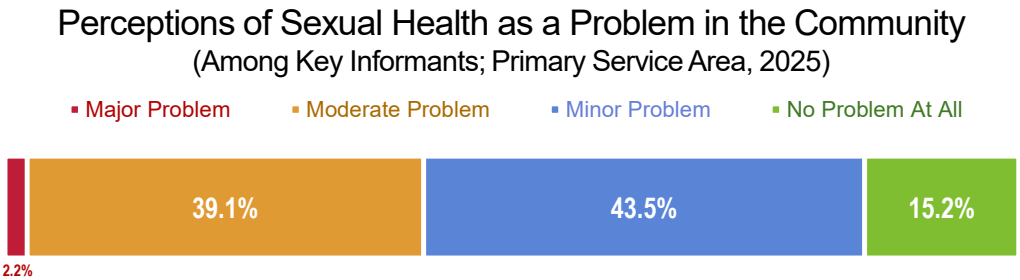
BENCHMARK ▶ Well below state and national rates.



Sources:
- Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved June 2025 via SparkMap (sparkmap.org).

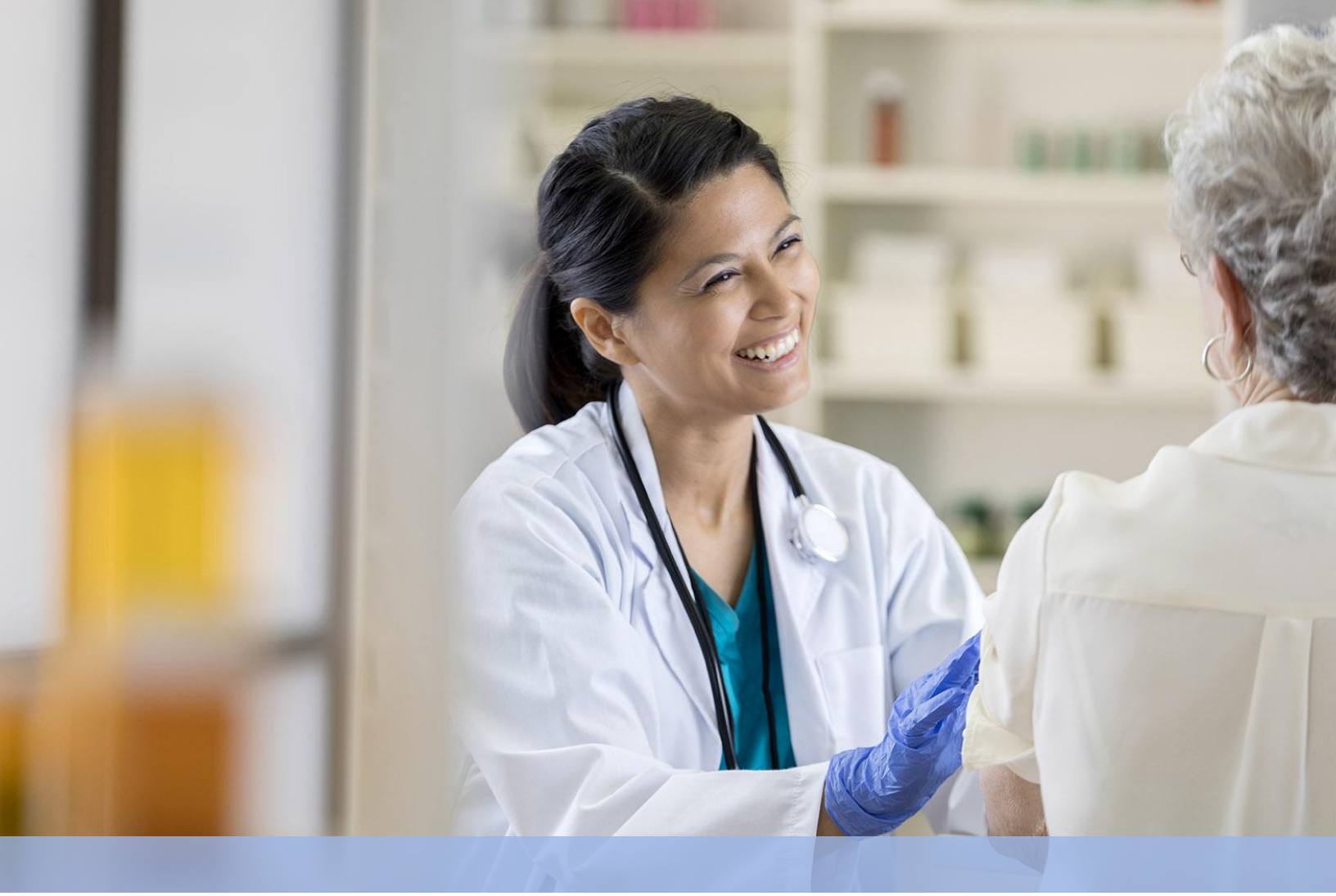
Key Informant Input: Sexual Health

A plurality of key informants taking part in an online survey characterized *Sexual Health* as a "minor problem" in the community.



Sources:
- 2025 PRC Online Key Informant Survey, PRC, Inc.

Notes:
- Asked of all respondents.



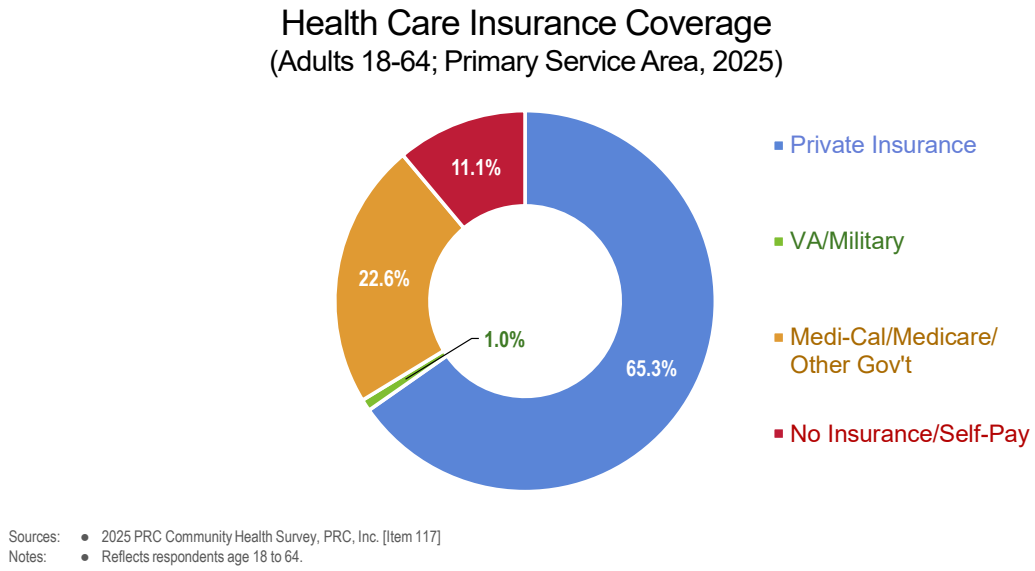
ACCESS TO HEALTH CARE

HEALTH INSURANCE COVERAGE

Type of Health Care Coverage

Survey respondents were asked a series of questions to determine their health care insurance coverage, if any, from either private or government-sponsored sources.

A total of 65.3% of Primary Service Area adults age 18 to 64 report having health care coverage through private insurance. Another 23.6% report coverage through a government-sponsored program (e.g., Medi-Cal/Medicaid, Medicare, military benefits).



Sources: • 2025 PRC Community Health Survey, PRC, Inc. [Item 117]
Notes: • Reflects respondents age 18 to 64.

Lack of Health Insurance Coverage

Here, lack of health insurance coverage reflects respondents age 18 to 64 (thus, excluding the Medicare population) who have no type of insurance coverage for health care services – neither private insurance nor government-sponsored plans (e.g., Medi-Cal/Medicaid).

Among adults 18 to 64, 11.1% report having no insurance coverage for health care expenses.

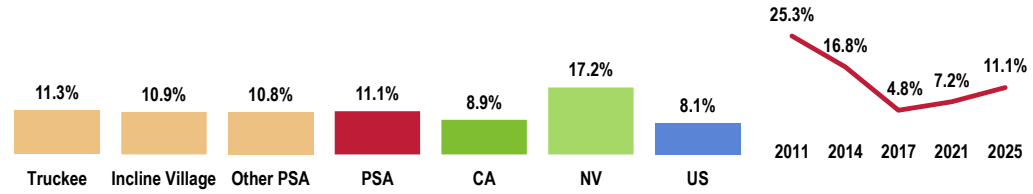
BENCHMARK ► Lower than the Nevada prevalence.

TREND ► A significant decrease since 2011 (although up from the low reported in 2017).

DISPARITY ► Higher among men, and especially among lower-income and Hispanic residents.

Lack of Health Care Insurance Coverage
(Adults 18-64)
Healthy People 2030 = 7.6% or Lower

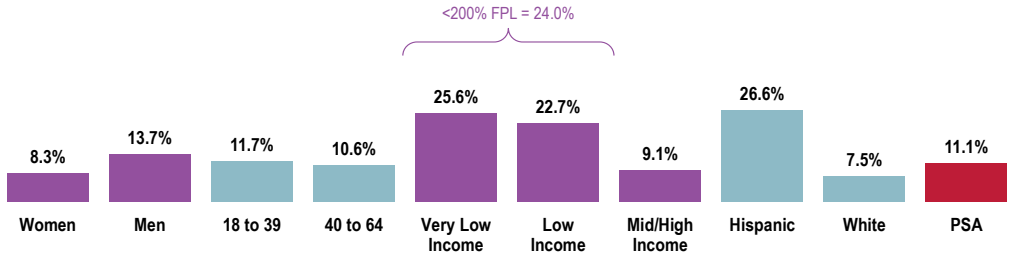
Primary Service Area



Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 117]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2023 California and Nevada data.
- 2023 PRC National Health Survey, PRC, Inc.
- 2021 Tahoe Forest Health System Community Health Needs Assessment
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Reflects respondents age 18 to 64.

Lack of Health Care Insurance Coverage
(Adults 18-64; Primary Service Area, 2025)
Healthy People 2030 = 7.6% or Lower



Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 117]
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Reflects respondents age 18 to 64.
- "<200% FPL" reflects those respondents living below 200% of the federal poverty level (a combination of the very low and low income categories).

DIFFICULTIES ACCESSING HEALTH CARE

ABOUT HEALTH CARE ACCESS

Many people in the United States don't get the health care services they need. …People without insurance are less likely to have a primary care provider, and they may not be able to afford the health care services and medications they need. Strategies to increase insurance coverage rates are critical for making sure more people get important health care services, like preventive care and treatment for chronic illnesses.

Sometimes people don't get recommended health care services, like cancer screenings, because they don't have a primary care provider. Other times, it's because they live too far away from health care providers who offer them. Interventions to increase access to health care professionals and improve communication — in person or remotely — can help more people get the care they need.

– Healthy People 2030 (https://health.gov/healthypeople)

Difficulties Accessing Services

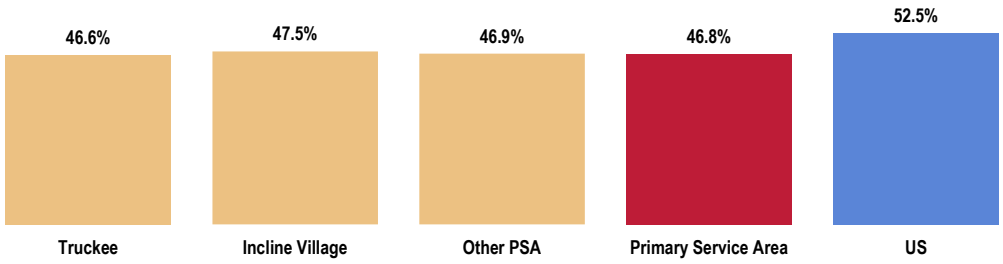
This indicator reflects the percentage of the total population experiencing problems accessing health care in the past year, regardless of whether they needed or sought care. It is based on reports of the barriers outlined in the following section.

A total of 46.8% of Primary Service Area adults report some type of difficulty or delay in obtaining health care services in the past year.

BENCHMARK ▶ Lower than the national percentage.

DISPARITY ▶ Correlates with age and household income level and is reported more often among men and Hispanic residents.

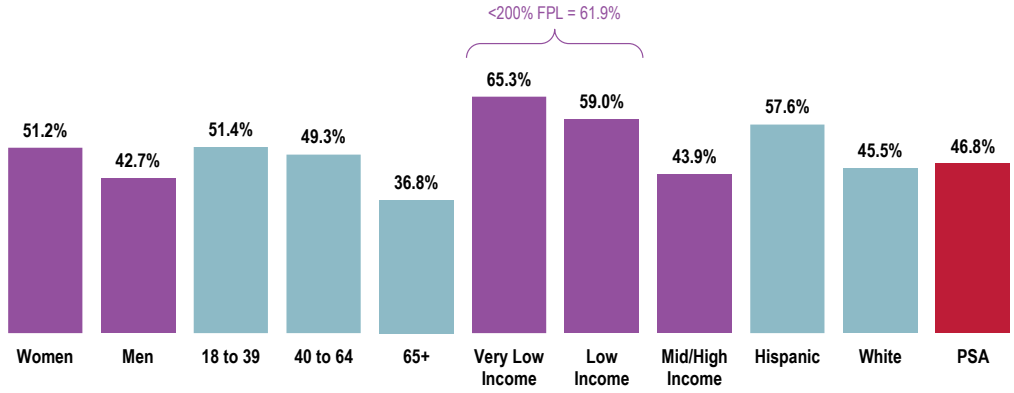
Experienced Difficulties or Delays of Some Kind in Receiving Needed Health Care in the Past Year



Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 119]
- 2023 PRC National Health Survey, PRC, Inc.
- 2021 Tahoe Forest Health System Community Health Needs Assessment

Notes:
- Asked of all respondents.
- Percentage represents the proportion of respondents experiencing one or more barriers to accessing health care in the past 12 months.

Experienced Difficulties or Delays of Some Kind in Receiving Needed Health Care in the Past Year
(Primary Service Area, 2025)



Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 119]

Notes:
- Asked of all respondents.
- Percentage represents the proportion of respondents experiencing one or more barriers to accessing health care in the past 12 months.
- "<200% FPL" reflects those respondents living below 200% of the federal poverty level (a combination of the very low and low income categories).

Barriers to Health Care Access

Of the tested barriers, appointment availability impacted the greatest share of Primary Service Area adults.

To better understand health care access barriers, survey participants were asked whether any of seven types of barriers to access prevented them from seeing a physician or obtaining a needed prescription in the past year.

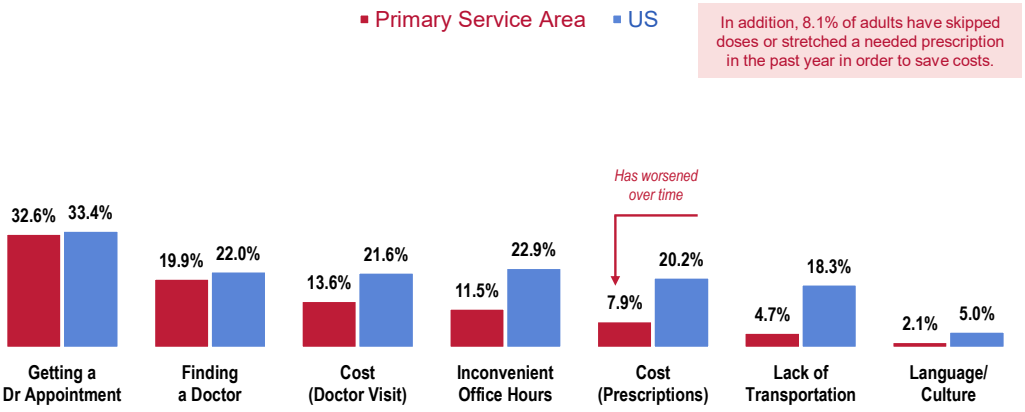
Again, these percentages reflect the total population, regardless of whether medical care was needed or sought.

BENCHMARK ► Local impact of the following potential barriers compare favorably to national findings: cost (of both doctor visits and prescriptions), office hours, transportation, and language/culture.

TREND ► The impact of prescription costs has increased significantly over time in the local area.

DISPARITY ► Other PSA residents were more likely to mention issues with transportation (not shown).

Barriers to Access Have Prevented Medical Care in the Past Year



In addition, 8.1% of adults have skipped doses or stretched a needed prescription in the past year in order to save costs.

Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Items 6-13]
- 2023 PRC National Health Survey, PRC, Inc.
- 2021 Tahoe Forest Health System Community Health Needs Assessment

Notes:
- Asked of all respondents.

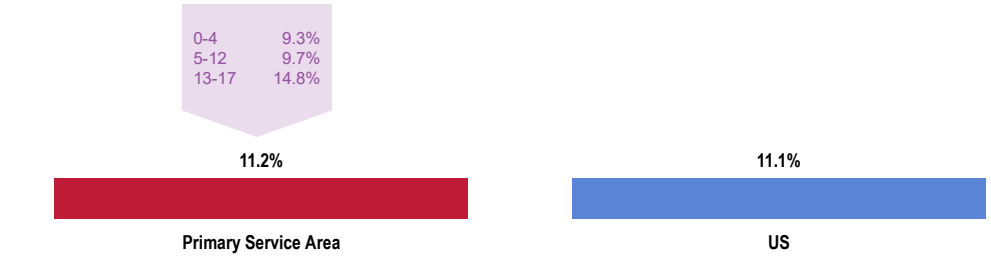
Accessing Health Care for Children

Surveyed parents were also asked if, within the past year, they experienced any trouble receiving medical care for a randomly selected child in their household.

A total of 11.2% of parents say there was a time in the past year when they needed medical care for their child but were unable to get it.

DISPARITY ► The prevalence increases with child's age.

Had Trouble Obtaining Medical Care for Child in the Past Year
(Children 0-17)



Sources: ● 2025 PRC Community Health Survey, PRC, Inc. [Item 90]
● 2023 PRC National Health Survey, PRC, Inc.
Notes: ● Asked of all respondents with children age 0 to 17 in the household.

Key Informant Input: Access to Health Care Services

Over half of key informants taking part in an online survey most often characterized *Access to Health Care Services* as a "moderate problem" in the community.

Perceptions of Access to Health Care Services as a Problem in the Community
(Among Key Informants; Primary Service Area, 2025)

Sources: ● 2025 PRC Online Key Informant Survey, PRC, Inc.
Notes: ● Asked of all respondents.

Among those rating this issue as a "major problem," reasons related to the following:

Access to Care/Services

Doctor availability and associated open appointments. – Community Leader

The remoteness and expense to live and work in Tahoe creates major access to healthcare issues as well as doctor shortages. – Community Leader

Availability, accessibility, cost, inequities of race, income and cultural competency. – Community Leader

Getting an appointment. – Community Leader

Lack of options. – Social Services Provider

While access has improved over the years, often community members must get more specialized care or treatments in other locations in the region. Public transportation is often not convenient and some community members lack reliable transportation for longer distance travel. – Community Leader

There simply aren't enough. Wait times are actually decent in the Truckee area for the hospitals compared to larger cities, but there needs to be more affordable options than just the hospital. – Community Leader

In order to be seen by a primary care provider, it can take well over 6 months to be seen. Scheduling out for many months prevents people from receiving the preventative care they need. Therefore, rather than wait 8 months for an appt, they go out of the area. Health care in our region is extremely expensive, making it inaccessible to many residents. I have been told by local physicians to go out of the area for routine tests etc. because they tell me it is much more affordable to go to Reno, rather than having it done in Truckee. Mental health is incredibly inaccessible because the majority do not accept insurance and there are only a couple of bilingual providers. – Social Services Provider

Wait times to get an appointment with a primary care doctor are very long. Follow-up appointments for specialty care are also problematic, as is access to urgent care. Cost also remains a significant barrier for people with commercial insurance and large co-pays and deductibles. – Health Care Provider

Getting an appointment in a reasonable time whether with a doctor, or for a test continues to be a major problem. – Community Leader

Lack of providers who accept Medi-Cal. Long waits for appointment times, cost of urgent care visits and language barriers. – Community Leader

Getting prompt access to outpatient care. – Community Leader

I believe that the biggest issue is how long it takes to get an appointment in the community. It can take months to be seen by a provider when you need to see primary care or specialty doctors. – Social Services Provider

Lack of Providers

Not enough providers. It is 6-8 months to see a new primary care doctor. Or, we had to wait four months to see the ENT for our son. – Public Health Representative

Not enough providers/choice for care for the increasing population. – Public Health Representative

Lack of primary care providers, particularly post 2030. – Community Leader

For our community, access issues occur due to the smaller number of healthcare providers available, especially for the health insurance we provide our employees. Also, community members need to travel out of the area for some follow-up procedures and tests with specialists. – Social Services Provider

Affordable Care/Services

Health Care is incredibly expensive, even with insurance. That is one of the main access barriers, not just in this community but in the entire country. Since it is a small community wait times to see a health care provider can be ridiculously long. There are also not enough providers partly because it is so expensive and hard to find housing in the area. Accessing services in a language other than English is incredibly difficult and even impossible at times. There are only a handful of providers who speak another language and even the ones who do lack cultural competence to be able to treat all their patients. – Community Leader

Cost of healthcare at local hospital are much higher compared to costs in Reno (particularly lab work and other screenings such as mammograms) and many residents do not have reliable transportation. Many residents have high deductible health plans and do not understand their right to preventive services or have been incorrectly billed in the past and so avoid the doctor. PCP availability is very limited, so many residents do not have “well visits" and end up at Urgent Care or ER. Medicare recipients have 3-month minimum waiting lists for "well visits." Low or no-cost services are available to "qualifying California residents" but most adults that can afford to live in Truckee/Tahoe fall into the "middle class" range and do not qualify for such services therefore leaving a huge gap for access for middle class families. Additionally, a large portion of the Hispanic population does not seek healthcare services due to fears around deportation status for themselves or their family members.
– Community Leader

In general costs and lack of primary care physicians are challenges in our community. If you need a new PCP, it's usually 4-6months before you can get an appointment and if you need any treatments at the hospital specifically, the costs are 2x higher than any other hospital in our area, leading people to leave health issues untreated or going out of the area for the services they need. – Community Leader

Access to Care for Uninsured/Underinsured

Members of the community having any or adequate health insurance to access care when they need it. People are afraid to access care for cost and high deductibles. Tahoe Forest charges more than providers and networks in Reno for outpatient services so people tend to take time off work and use resources to access care there where it is more affordable. My insurance (really good coverage) doesn't recognize TFHS labs as a local provider or reimburse me at a higher rate to utilize them. – Public Health Representative

Families with no healthcare insurance don't have access any healthcare services. Many families don't qualify for Medi-Cal and are not able to buy healthcare through Covered California. – Community Leader

Awareness/Education

> Fragmented services: People don't know where to go to access services. Many people can't access services locally and have to travel to appointments. Currently no public transportation available to transport people to Reno for care. Insufficient bilingual and bicultural providers and services as well as translation/interpretation. Limited providers in the area- very few accept insurance. Long wait times. Few specialty services. No outpatient or in patient mental health services or substance use treatment - Community Leader

Unhoused Population

> The biggest challenge I see is trauma informed care for our unhoused neighbors and low-income neighbors, especially when accessing the Emergency Room. I believe the hospital is making an effort to serve all community members, but meeting people where they are (Outreach to Unhoused, in low-income apartments, schools could help bridge that gap). Substance Use and Mental Health Care is still a challenge in this community. – Social Services Provider

Populations at Risk

> Not equal access to health care for Spanish speakers and other minorities. This could be because that population does not know about health care resources, can't get to appointments due to transportation, can't get to appointments due to work and childcare obligations. Due to cultural barriers and lack of similar ethnicity providers in the area, Spanish speakers may not get the same benefit from an appointment that a non-Hispanic person does. – Health Care Provider

PRIMARY CARE SERVICES

ABOUT PREVENTIVE CARE

Getting preventive care reduces the risk for diseases, disabilities, and death — yet millions of people in the United States don't get recommended preventive health care services.

Children need regular well-child and dental visits to track their development and find health problems early, when they're usually easier to treat. Services like screenings, dental check-ups, and vaccinations are key to keeping people of all ages healthy. But for a variety of reasons, many people don't get the preventive care they need. Barriers include cost, not having a primary care provider, living too far from providers, and lack of awareness about recommended preventive services.

Teaching people about the importance of preventive care is key to making sure more people get recommended services. Law and policy changes can also help more people access these critical services.

– Healthy People 2030 (https://health.gov/healthypeople)

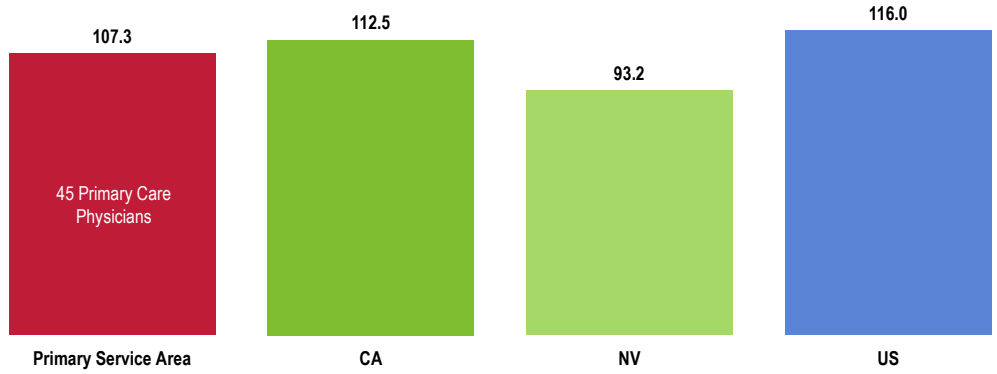
Primary Care Providers

Access to Primary Care

Note that this indicator takes into account *only* primary care physicians. It does not reflect primary care access available through advanced practice providers, such as physician assistants or nurse practitioners.

As of October 2024, there were 45 primary care physicians in the Primary Service Area, translating to a rate of 107.3 primary care physicians per 100,000 population.

Number of Primary Care Physicians per 100,000 Population
(October 2024)



Sources:
- Centers for Medicare and Medicaid Services, National Plan and Provider Enumeration System (NPPES).
- Center for Applied Research and Engagement Systems (CARES), University of Missouri Extension. Retrieved June 2025 via SparkMap (sparkmap.org).

Notes:
- Doctors classified as "primary care physicians" by the AMA include general family medicine MDs and DOs, general practice MDs and DOs, general internal medicine MDs, and general pediatrics MDs. Physicians age 75 and over and physicians practicing sub-specialties within the listed specialties are excluded.

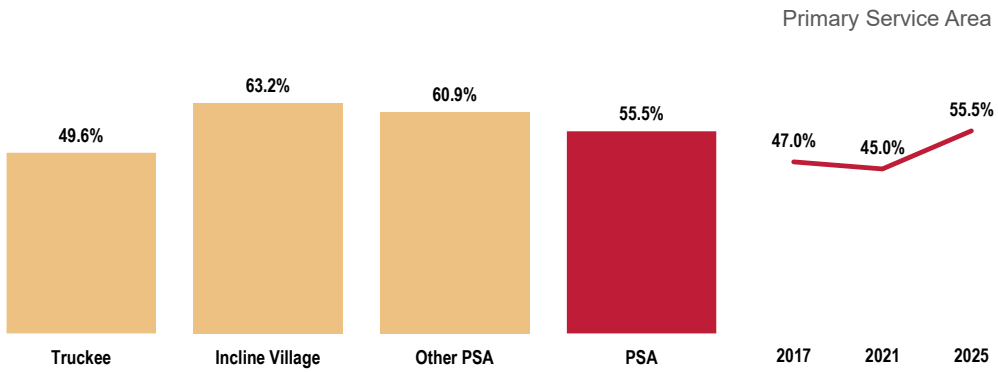
Personal Health Care Providers

A total of 55.5% of area adults consider themselves to have one person they rely on for their ongoing medical care.

TREND ► Increasing significantly from previous findings.

DISPARITY ► Lowest among Truckee respondents.

Have One Person Considered to Be a Personal Physician



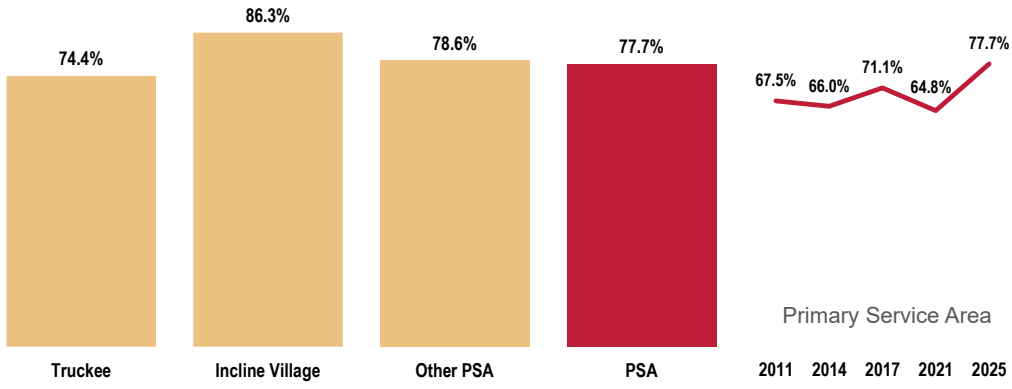
Sources: ● 2025 PRC Community Health Survey, PRC, Inc. [Item 304]
● 2021 Tahoe Forest Health System Community Health Needs Assessment
Notes: ● Asked of all respondents.

Furthermore, 77.7% have <u>one or more</u> persons they consider their personal doctor or health care provider.

TREND ► Increasing significantly from previous findings.

DISPARITY ► Highest in Incline Village.

Have <u>One or More</u> Persons Considered to Be a Personal Physician



Sources: ● 2025 PRC Community Health Survey, PRC, Inc. [Item 304]
● 2021 Tahoe Forest Health System Community Health Needs Assessment
Notes: ● Asked of all respondents.

Utilization of Primary Care Services

Adults

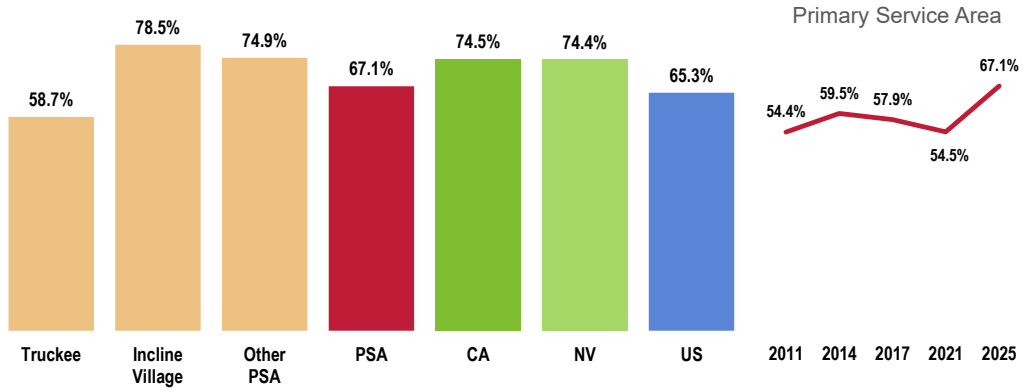
Two-thirds (67.1%) of adults visited a physician for a routine checkup in the past year.

BENCHMARK ► Lower than the California and Nevada percentages.

TREND ► Increasing significantly from previous findings.

DISPARITY ► Lower among Truckee respondents. Reported less often among young adults, those in lower-income households, and Hispanic residents.

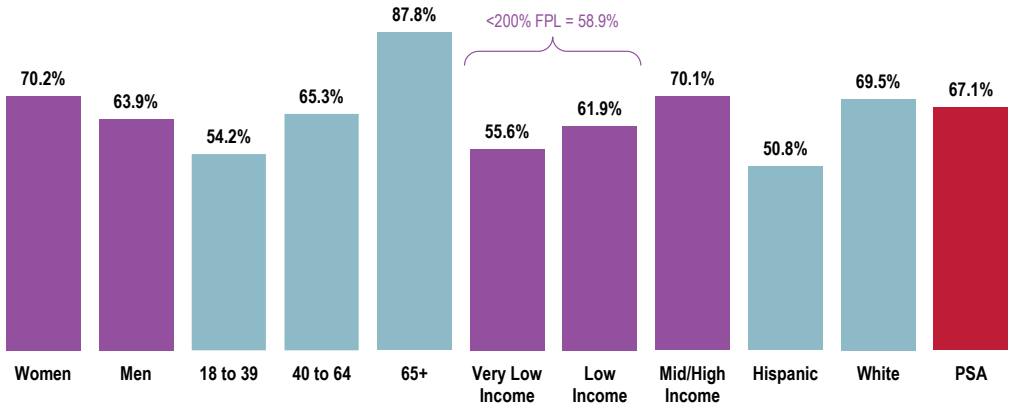
Have Visited a Physician for a Checkup in the Past Year



Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 16]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2023 ST8 data.
- 2023 PRC National Health Survey, PRC, Inc.
- 2021 Tahoe Forest Health System Community Health Needs Assessment

Notes:
- Asked of all respondents.

Have Visited a Physician for a Checkup in the Past Year
(Primary Service Area, 2025)



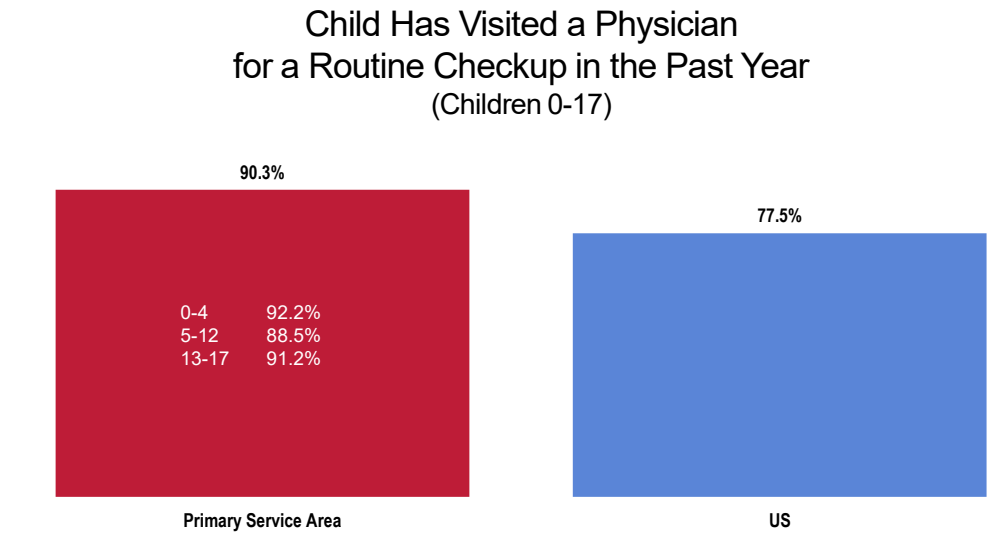
Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 16]

Notes:
- Asked of all respondents.
- "<200% FPL" reflects those respondents living below 200% of the federal poverty level (a combination of the very low and low income categories).

Children

Among surveyed parents, 90.3% report that their child has had a routine checkup in the past year.

BENCHMARK ▶ Well above the US prevalence.



Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 91]
- 2023 PRC National Health Survey, PRC, Inc.

Notes:
- Asked of all respondents with children age 0 to 17 in the household.

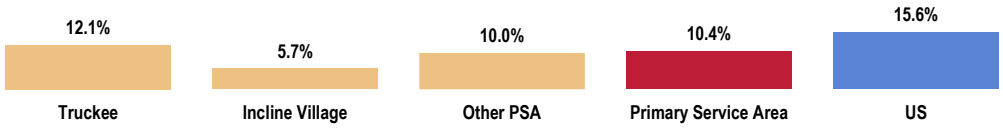
EMERGENCY ROOM UTILIZATION

A total of 10.4% of Primary Service Area adults have gone to a hospital emergency room more than once in the past year about their own health.

BENCHMARK ► Lower than the national finding.

DISPARITY ► Lowest among Incline Village residents. Reported more often among young adults, those in lower-income households, and Hispanic respondents.

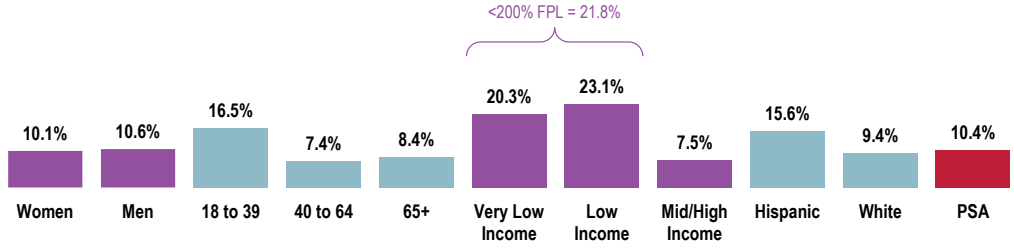
Have Used a Hospital Emergency Room More Than Once in the Past Year



Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 19]
- 2023 PRC National Health Survey, PRC, Inc.
- 2021 Tahoe Forest Health System Community Health Needs Assessment

Notes:
- Asked of all respondents.

Have Used a Hospital Emergency Room More Than Once in the Past Year
(Primary Service Area, 2025)



Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 19]

Notes:
- Asked of all respondents.
- "<200% FPL" reflects those respondents living below 200% of the federal poverty level (a combination of the very low and low income categories).

ORAL HEALTH

ABOUT ORAL HEALTH

Tooth decay is the most common chronic disease in children and adults in the United States. …Regular preventive dental care can catch problems early, when they're usually easier to treat. But many people don't get the care they need, often because they can't afford it. Untreated oral health problems can cause pain and disability and are linked to other diseases.

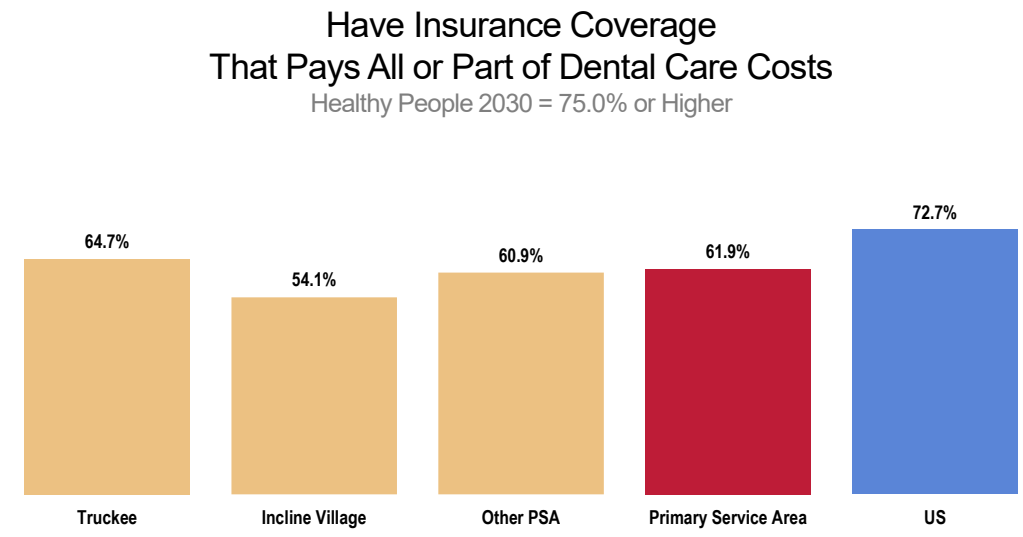
Strategies to help people access dental services can help prevent problems like tooth decay, gum disease, and tooth loss. Individual-level interventions like topical fluorides and community-level interventions like community water fluoridation can also help improve oral health. In addition, teaching people how to take care of their teeth and gums can help prevent oral health problems.

– Healthy People 2030 (https://health.gov/healthypeople)

Dental Insurance

A total of 61.9% of Primary Service Area adults have dental insurance that covers all or part of their dental care costs.

BENCHMARK ► Lower than the US figure and well below the Healthy People 2030 objective.



Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 18]
- 2023 PRC National Health Survey, PRC, Inc.
- 2021 Tahoe Forest Health System Community Health Needs Assessment
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Asked of all respondents.

Dental Care

Adults

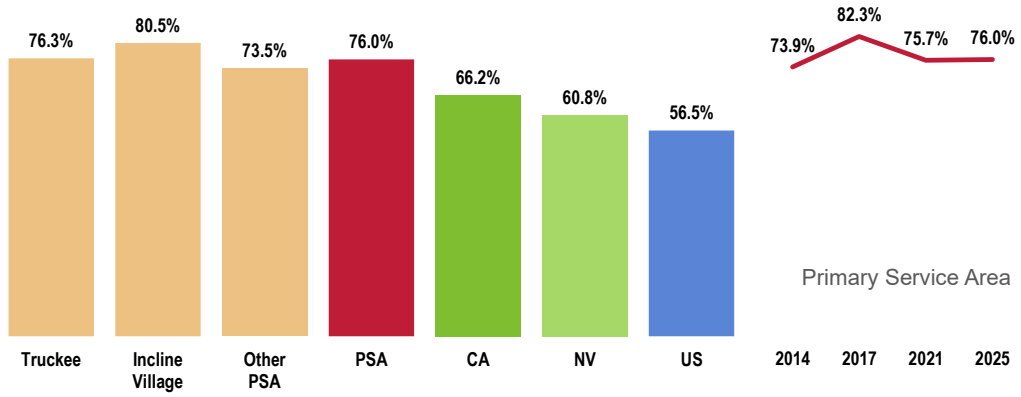
A total of 76.0% of Primary Service Area adults have visited a dentist or dental clinic (for any reason) in the past year.

BENCHMARK ▶ Higher than the state and US figures. Easily satisfies the Healthy People 2030 objective.

DISPARITY ▶ Lower among young adults, and especially those in lower-income households and Hispanic residents.

Have Visited a Dentist or Dental Clinic Within the Past Year

Healthy People 2030 = 45.0% or Higher



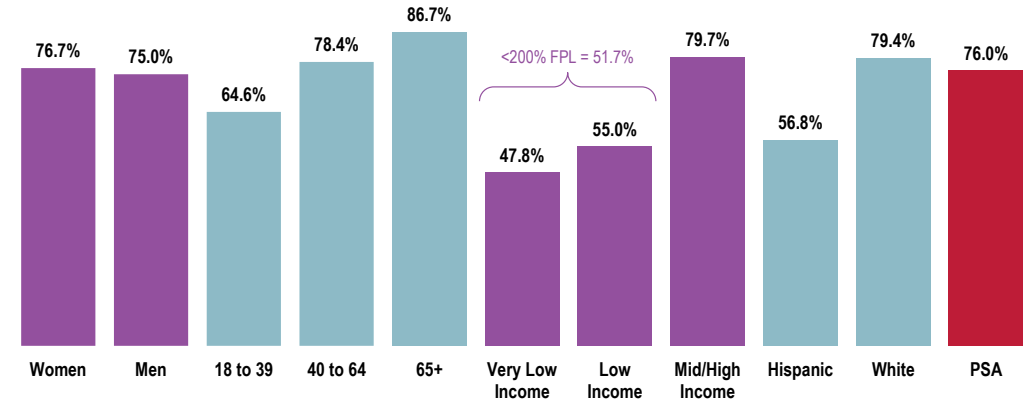
Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 17]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2023 ST8 data.
- 2023 PRC National Health Survey, PRC, Inc.
- 2021 Tahoe Forest Health System Community Health Needs Assessment
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Asked of all respondents.

Have Visited a Dentist or Dental Clinic Within the Past Year

(Primary Service Area, 2025)

Healthy People 2030 = 45.0% or Higher



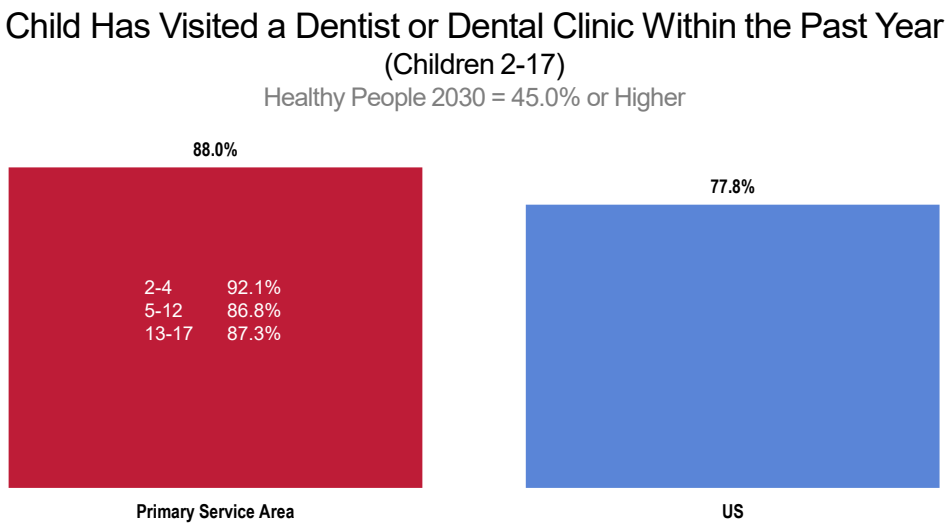
Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 17]
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Asked of all respondents.
- "<200% FPL" reflects those respondents living below 200% of the federal poverty level (a combination of the very low and low income categories)

Children

A total of 88.0% of parents report that their child (age 2 to 17) has been to a dentist or dental clinic within the past year.

BENCHMARK ▶ Higher than the national prevalence and easily satisfies the Healthy People 2030 objective.

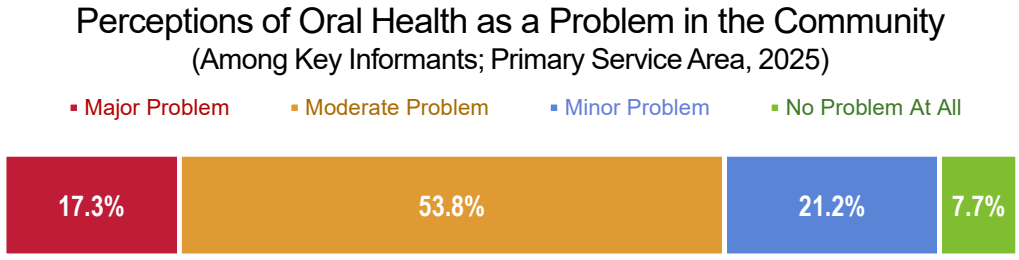


Sources:
- 2025 PRC Community Health Survey, PRC, Inc. [Item 93]
- 2023 PRC National Health Survey, PRC, Inc.
- 2021 Tahoe Forest Health System Community Health Needs Assessment
- US Department of Health and Human Services. Healthy People 2030. https://health.gov/healthypeople

Notes:
- Asked of all respondents with children age 2 through 17.

Key Informant Input: Oral Health

Key informants taking part in an online survey most often characterized *Oral Health* as a "moderate problem" in the community.



Sources:
- 2025 PRC Online Key Informant Survey, PRC, Inc.

Notes:
- Asked of all respondents.

Among those rating this issue as a "major problem," reasons related to the following:

Access for Medi-Cal Patients

> No dentist accept Medi-Cal. – Public Health Representative
>
> Truckee specific has no oral health Medi-Cal providers. Kings Beach has Western Medical but services are limited and for Placer residents only. – Community Leader
>
> We have no services for anyone on Medi-Cal, youth and adults, you have to go down the hill. – Community Leader

> There is no Medi-Cal dentist in Truckee, requires transportation to Weimar / Western County to access a dentist. Cost in Truckee is higher than other areas so without really good insurance, people do not prioritize the 2 annual cleanings recommended each year. – Social Services Provider

Affordable Care/Services

> Dental work costs more here than in other communities. – Community Leader

Insurance Issues

> This is an issue for our employees because few dentists in the Truckee North Tahoe region take our health insurance plan. – Social Services Provider

Lack of Providers

> There are not enough dentists in Tahoe. – Community Leader

LOCAL RESOURCES

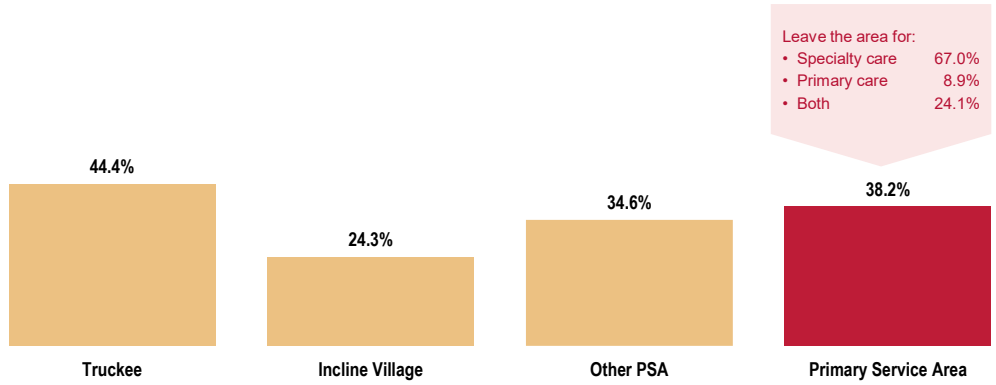
OUTMIGRATION FOR CARE

Among surveyed adults, 38.2% feel there are health care services for which they need to leave the area to receive care.

DISPARITY ► Highest among Truckee residents. Reported more often among area women.

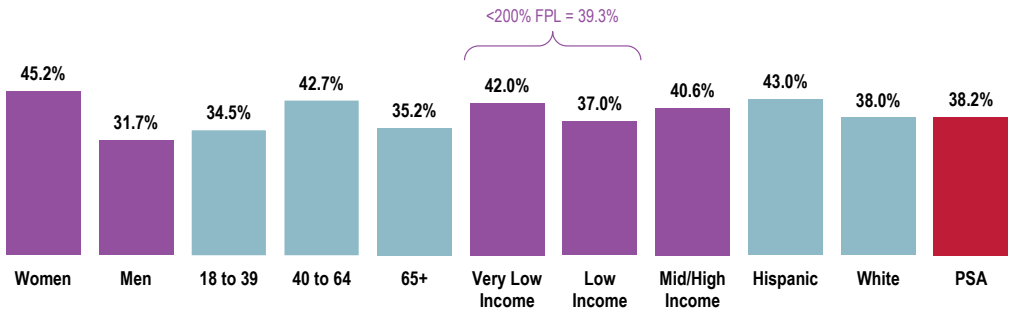
Specialty medical care was the type of service for which most of these respondents feel the need to travel elsewhere.

Feel the Need to Leave the Area for Health Care



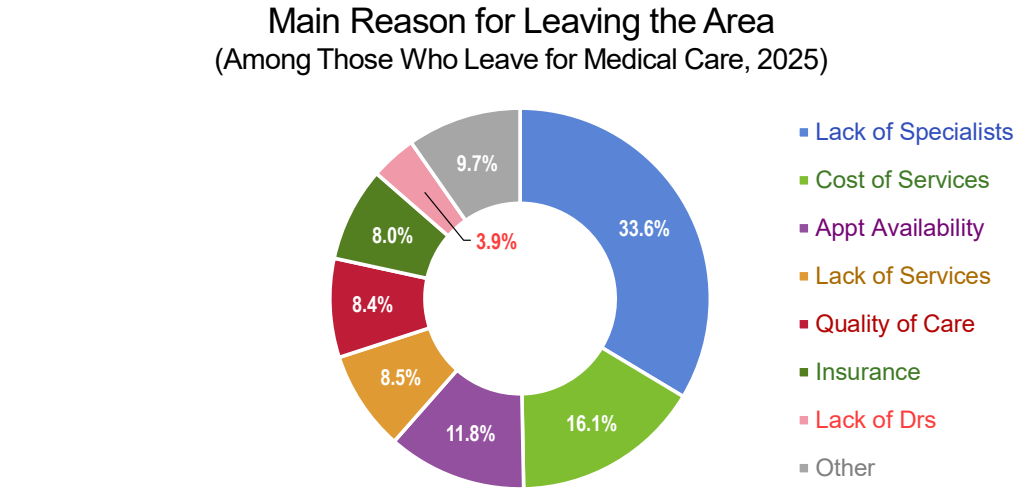
Sources: ● 2025 PRC Community Health Survey, PRC, Inc. [Items 301, 302]
Notes: ● Asked of all respondents.

Feel the Need to Leave the Area for Health Care
(Primary Service Area, 2025)



Sources: ● 2025 PRC Community Health Survey, PRC, Inc. [Item 301]
Notes: ● Asked of all respondents.
● "<200% FPL" reflects those respondents living below 200% of the federal poverty level (a combination of the very low and low income categories).

Asked for the main reason they leave the area for services, the largest share of these respondents mentioned a lack of needed specialists, followed by access-related issues (such as cost of services and appointment availability).



Sources: ● 2025 PRC Community Health Survey, PRC, Inc. [Item 303]
Notes: ● Asked of those respondents who feel the need to leave the area for medical services.

RESOURCES AVAILABLE TO ADDRESS THE SIGNIFICANT HEALTH NEEDS

The following represent potential measures and resources (such as programs, organizations, and facilities in the community) identified by key informants as available to address the significant health needs identified in this report. This list only reflects input from participants in the Online Key Informant Survey and should not be considered to be exhaustive nor an all-inclusive list of available resources.

Access to Health Care Services

- Barton Hospital
- Carson Tahoe Regional Hospital
- Community Health
- Doctors' Offices
- Gateway Mountain Center
- Hospitals
- Nevada County
- Nevada County Public Health
- North Tahoe Truckee Homeless Services
- Placer County
- Public Bus Transportation
- Renown
- School System
- Sierra Community House
- Tahoe Forest Community Health Lab
- Tahoe Forest Hospital
- Tahoe Forest Urgent Care
- Tahoe Truckee Area Regional Transportation
- Tahoe Truckee Unified School District
- Telemedical
- Truckee Lions
- Truckee Public Health Clinics
- Truckee Senior Services
- Truckee Therapy
- Uber
- Urgent Care
- Western Sierra Medical Clinic

Cancer

- Cancer Centers
- Renown
- Tahoe Forest Hospital

Diabetes

- Incline Hospital Clinic
- Medicare
- Tahoe Forest Hospital

Disabling Conditions

- Achieve Tahoe
- Alta Regional Center
- Brown Bear Studios
- Doctors' Offices
- FREED
- Hospitals
- In-Home Supportive Services Programs
- Local Organizations Who Support Disabled Community
- North Lake Eyecare
- North Tahoe Truckee Homeless Services
- Permanent Supportive Housing
- Tahoe Forest ECC
- Tahoe Forest Hospital

Injury & Violence

- Placer County Sheriff's Office
- Sierra Community House
- Truckee Police

Mental Health

- 988
- Betterhelp.com
- Community Collaborative of Tahoe Truckee
- County
- County Behavioral Health
- County/Hospital Crisis Worker
- County/State Programs
- Doctors' Offices
- Gateway Mountain Center
- Granite Wellness Center
- Hopes
- Mentally Covered
- Moving Beyond Depression
- Nevada and Placer County Mental Health Departments
- Nevada County
- Nevada County Adult Mental Health Services
- Nevada County Behavioral Health

- Nonprofits
- Online Programs
- Placer Children's System of Care
- Placer County
- Placer County Health and Human Services
- Private Counselors
- School System
- Sierra Community House
- Sierra Mental Wellness Group
- Sierra Nevada Resiliency Team
- Support Groups
- Tahoe Family Solutions
- Tahoe Forest Hospital
- Tahoe Truckee Community Foundation
- Tahoe Truckee Suicide Prevention Coalition
- Tahoe Truckee Unified School District
- Telemedical
- The Speedy Foundation
- Truckee Therapy
- Victor
- Washoe County School District
- Western Sierra Medical Clinic

Nutrition, Physical Activity & Weight

- Incline Village General Improvement District
- Natural Grocer
- Online Programs
- Private Nutritionist
- School System
- Tahoe Forest Hospital

Oral Health

- Child Abuse Prevention Council
- Dental Offices
- Nevada County Public Health
- School System
- Truckee Pediatric Dentistry
- Western Sierra Medical Clinic

Social Determinants of Health

- Affordable Housing Options
- Alta Regional Center
- Boys and Girls Club
- Community Collaborative
- Domus Housing
- First Five
- Food Distributions
- Free Buses
- Granite Wellness Center
- Grocery Outlet
- Homeless Resource Council of the Sierras
- Homeless Services
- Housing Authority
- Joint Powers Agreement
- Kidz Count
- Kings Beach Dental
- Landing Locals
- Lease to Locals Program
- Martis Fund
- Mountain Housing Council
- Nevada County Public Health
- Nonprofits
- North Tahoe Truckee Homeless Services
- Placemate
- Placer County/Town of Truckee Housing Assistance
- Public Health
- Rental Assistance Programs
- School System
- Sierra College
- Sierra Community House
- Tahoe Family Solutions
- Tahoe Forest Hospital
- Tahoe Forest Urgent Care
- Tahoe Homeless Coalition
- Tahoe Truckee Area Regional Transportation
- Tahoe Truckee Community Foundation
- Tahoe Truckee Homeless Advisory Committee
- Tahoe Truckee Unified School District
- Transient Occupancy Tax/North Tahoe Community Alliance Dollars
- Truckee Below Market Housing
- Truckee Healthy Babies Home Visiting
- Truckee Tahoe Workforce Housing
- United for Action
- Volunteer Income Tax Assistance
- Western Sierra Medical Clinic
- Working Force Housing

Substance Use

- 1-800-NO-BUTTS
- AA/NA
- Clark Wellness
- Common Goals
- County Future Without Drug Dependence Education
- Crow's Nest Ranch
- Doctors' Offices
- Elevate
- Gateway Mountain Center
- Granite Wellness Center

- Homeless Services
- Nevada County
- Nevada County Health Human Services
- Nevada County Public Health
- Nevada County Substance Use Services
- Placer County
- Placer County Screening Clinic
- Recover Medical
- School System
- Sierra Community House
- Tahoe Forest Hospital
- Tahoe Safe Alliance
- Tahoe Truckee Community Foundation
- The Mountain Gateway Center
- The Speedy Foundation

Tobacco Use

- Cessation Specialists
- Hospitals
- Tahoe Truckee Unified School District

APPENDIX

FOCUS GROUP FINDINGS

Executive Summary

A focus group is a form of qualitative research to gather information from community members that may not be captured using a standardized survey. Focus groups add depth and insight to community health assessments by allowing community members to voice perceptions, opinions, beliefs and attitudes regarding health problems, barriers, disparities, and solutions.

Focus groups were conducted with three targeted subgroups of the Truckee/North Tahoe community: Seniors via the Truckee Donner Recreation and Park District's Golden Hour, Spanish-speakers via Sierra Community House, and youth via the Community Collaborative and Tahoe Truckee Unified School District's Youth Forum. Each focus group consisted of ~ 3-5 people. In total, 4 focus groups were conducted in Spanish, 11 focus groups were conducted in English.

FOCUS GROUP PARTICIPANT SUMMARY (MARCH – MAY 2025)					
Focus Group	**Language**	**Total**	**Male**	**Female**	**Hispanic**
Sierra Community House (2 simultaneous groups)	Spanish	9	0	9	9
TDRPD Golden Hour (4 simultaneous groups)	English	20	3	17	0
CCTT/TTUSD Youth Forum (9 simultaneous groups)	English (7) and Spanish (2)	31	N/A	N/A	N/A
Total		**60**	**3**	**26**	**9**

Prevailing themes that emerged included concerns about access to healthcare - both primary care and specialty services - as well as challenges in navigating the broader healthcare system. Additional issues included language barriers and the impact of citizenship status on access to education, resources, and healthcare services. Substance use and mental health continue to be areas of need. Participants also emphasized the need for enhanced social supports, such as expanded transportation options, services that enable aging in place, and affordable spaces for youth to gather.

Complementing the identified concerns was the need for improved communication across multiple platforms—from social media and podcasts for those who seek information online, to printed materials that youth can share with their parents or that align with the preferences of older adults.

Additional barriers included cost, stigma associated with accessing services, time constraints and family-work conflicts, as well as challenges related to cultural relatability—both inter-generationally (such as youth sharing concerns with parents or adults) and inter-culturally (such as health literacy for Spanish-speaking community members and a healthcare system with relatively few Hispanic providers).

Specific solutions included

- **Healthcare in North Lake Tahoe** - Health Clinic in Kings Beach
- **Increased Spanish-speaking** Medical Providers, Educators, Program Administrators/Leaders
- **Additional Communal Spaces** – an Adult Day Center, Youth-led Teen Center, Pool in Kings Beach
- **Expanded Social Supports** – Child care assistance, Elderly assistance/In-Home assistance, Caregivers, Support groups for parents
- **Expanded health system navigation support** – Navigators, Health Promotores, Case Managers
- **Increasing availability of specialty medical care** – Geriatrics, Dementia/Alzheimer's, Pediatric Occupational Therapy, Pediatric Asthma, Medi-Cal Dentist, Pain Management, Reproductive

Healthcare (North Lake), Mental Health (North Lake/Spanish-speaking), addiction support groups (English and Spanish)

- **Enhanced communication and education** - Print materials (Sierra Sun/Moonshine Ink), various social media platforms, youth-focused/youth-led podcasts, Whats App, outreach via churches
- **Education** - Regular trainings on MyChart and Senior-related Tahoe Forest Programming, Parent education related to mental health and substance use, Youth vaping education and supportive resources to access without fear of punishment
- **Transportation** - Kings Beach to Truckee to access appointments, expanded availability year round after 5pm
- **New partnerships and programs** – contractors to help make homes safe for aging seniors, faith-based community, and developing inter-generational programming and buddy systems linking youth with seniors

In conclusion, focus group feedback complemented the findings of the population survey and provided additional insight into the health concerns, needs and barriers experienced within our local community. Mentioned in each overall group was the trust that participants feel within our local school system, for our local social service organizations and with their medical providers.

Seniors Focus Group

Facilitator Guide

Senior Golden Hour Focus Group Process

Introduction: 15 Minutes

Focus Groups: 55 Minutes

Wrap Up: 5 Minutes

Welcome and Introductions

- ☐ Introduce entire Focus Group Support Team
- ☐ Thank you for your participation; voluntary participation
- ☐ Overview of the CHNA Process
    - Why, every 3 years, in process, focus group are one component of the CHNA which also includes key informant surveys, randomized population-based surveys and targeted outreach to sub populations who historically are under-responding.

Consent review

- ☐ Voluntary participation
- ☐ Issues of confidentiality and protection of information

Purpose and Ground rules

- ☐ Purpose
    - We would like to talk to you today about the health issues you feel are most important in our community. The purpose of today's discussion is to gather your ideas and hear your perspectives. We would like to get a detailed picture of what you think the overall health in our community is like.
- ☐ How information will be used
    - We will use your ideas to help a group of community partners determine the health priorities as part of a Community Health Needs Assessment of our region. This will help guide the Community Health Improvement Plan and Tahoe Forest Health System for the next three years until the next needs assessment.
- ☐ How they will be informed of the outcomes of findings, any reports
    - We will publish a report on the specific summarized findings from our discussion today in a final Community Health Needs Assessment report that will be available on our website www.tfhd.com in September 2025.
- ☐ Demographic Form
    - Gift Card to Pine Street Cafe
    - Open Link Survey
- ☐ Ground rules
- ☐ Any questions?

- ☐ Count off by 4s, Break into 4 groups

Closing

- ☐ Thank you all for participating
- ☐ Summary of focus group findings will be available in the final CHNA report September 2025
- ☐ Open Link option
- ☐ Reminder to complete Demographic form for gift card

Moderator: _____

Note Taker: _____

How many people are in your group: _____

Moderator:

- Introduce yourself and allow each group member to share their first name
- We will have **10 minutes per question** so I will be moving us along to assure we get to all the questions. Before we begin - Do any of you have questions for me?

Overall Community Health Status

1) Overall, how would you rate the overall health of our Truckee/North Tahoe community? Would you say, in general, that our community's health is Excellent, Good, Fair or Poor?
    a. For those of you who said Excellent/ Good, Why do you say that?
    b. For those of you who said Fair/Poor? Why do you say that?

Community Health Needs

2) Based on your experience in your community, what do you think is the single biggest community health need?
    a. Why do you think this the single biggest community health need?

Potential Solutions

3) What suggestions do you have to help address the community health needs you have shared? (resources, new infrastructure, programs, policy etc.)

4) What are the potential barriers to implementing these solutions?

Closing

5) What additional insights would you like to share?

Ground rules

1. For all the questions, I want you to **think of health very broadly**. So that includes not only healthcare delivery and health in the traditional sense, but other issues outside of a medical clinic that may also have an impact on health.

One person at a time

2. Please turn off cell phones

3. Having an effective the group discussion requires input from everyone
4. All perspectives are valued, be respectful of other opinions
5. Please avoid side conversations
6. The moderator will try to allow all who have something to say to do so. [If you have something to say and feel that you are not being heard, please indicate to the facilitator that you would like to speak]
7. Discussion should focus on objective statements about what does or does not exist in the system, without judgment about any particular organization or agency or individual.
8. The moderator will maintain a balance between discussion time and covering different topics. In the interest of time, the moderator may determine discussion is over and move to the next issue. Use of a 10-minute timer will help groups progress through the questions.

Thematic Summary

Biggest Health Concerns:

1. **Continuum of Care to Support Aging in Truckee/North Tahoe**
    a. Housing
        i. Senior Neighborhoods/Additional Affordable Housing for Seniors (i.e. Senior Apartments)
        ii. Independent Senior Housing
        iii. Assisted Living
        iv. More Extended Care Center Space
    b. Staff
        i. Additional In Home Housing Supports
        ii. Contractors to make houses safe
    c. Communal Space
        i. Adult Day Center
2. **Access to Care**
    a. Specialty Medical Care for Seniors
        i. Geriatric Specialist
            1. Dementia/Alzheimer's
        ii. Care Coordination Awareness
        iii. In Home Health Services (IHHS)
    b. Length of Time to get an Appointment with TFHS
    c. Accessing Care in Reno
        i. Time to travel
        ii. I-80 issues
        iii. Communication between TFHS providers and Reno providers
    d. Health Fairs targeting Seniors

e. Keiser health insurance

f. Transportation

    i. To Reno

    ii. Placer County

    iii. Parking

3. **Social Supports and Communication to address Loneliness/Isolation and what if something happens to me**

    a. Programming

        i. Intergenerational programming – youth and seniors

        ii. CATT support to stay in one's home safely

        iii. Faith-based community

        iv. Buddy Systems to help seniors with groceries etc.

    b. Increase opportunities for Civic Engagement

    c. Improved Communication

        i. Sierra Sun/Moonshine Ink

        ii. Word of Mouth

        iii. Next Door

        iv. Regular trainings on MyChart and Senior-relevant TFHS Programming

Spanish-Language Focus Group

Facilitator Guide

Proceso de los grupos de discusión

5:30 – 5:45: Introducción: 15 minutos

5:45 – 6:45: Grupos de discusión: 60 minutos

6:45 – 6:50: Conclusión: 5 minutos

Bienvenida y presentaciones

- ☐ Presentar a todo el equipo de apoyo del grupo de discusión
- ☐ Gracias por su participación; participación voluntaria
- ☐ Visión general del proceso de CHNA
    - Porque, cada 3 años, en proceso, los grupos de discusión son uno de los componentes de CHNA, que también incluye encuestas a informantes clave, encuestas aleatorias basadas en la población y actividades de comunicación dirigidas a subpoblaciones que históricamente no responden.

Revisión del consentimiento

- ☐ Participación voluntaria
- ☐ Cuestiones de confidencialidad y protección de la información

Objetivo y normas básicas

- ☐ Propósito
    - Hoy nos gustaría hablar con usted sobre los temas de salud que considera más importantes en nuestra comunidad. El objetivo del debate de hoy es recopilar sus ideas y escuchar sus puntos de vista. Nos gustaría hacernos una idea detallada de cómo cree que es la salud general en nuestra comunidad.
- ☐ Cómo se usará la información
    - Usaremos sus ideas para ayudar a un grupo de socios comunitarios a determinar las prioridades de salud como parte de una Evaluación de las necesidades médicas comunitarias de nuestra región. Esto ayudará a guiar el Plan de mejora de la salud de la comunidad y el Sistema de salud de Tahoe Forest durante los próximos tres años hasta la próxima evaluación de necesidades.
- ☐ Cómo se les informará de los resultados de las conclusiones y de los informes
    - Publicaremos un informe sobre las conclusiones específicas resumidas de nuestro debate de hoy en un informe final de Evaluación de las necesidades médicas de la comunidad que estará disponible en nuestro sitio web www.tfhd.com en septiembre de 2025.
- ☐ Formulario demográfico
- ☐ Tarjetas regalo
- ☐ Normas básicas
- ☐ ¿Alguna pregunta?

Cerrar

- ☐ Gracias a todos por participar
- ☐ El resumen de los resultados de los grupos de discusión estará disponible en el informe final de CHNA de septiembre de 2025
- ☐ Opción Abrir enlace
- ☐ Recordatorio para completar el formulario demográfico de la tarjeta regalo

Moderador: _____

Tomador de notas: _____

Cuántas personas hay en su grupo: _____

Moderador:

- Preséntese y permita que cada miembro del grupo comparta su nombre
- Tendremos **10 minutos por pregunta**, así que iré avanzando para asegurarme de que respondamos todas las preguntas. Antes de empezar - ¿Alguno de ustedes tiene preguntas para mí?

Estado de salud general de la comunidad

5) En general, ¿cómo calificaría la salud general de nuestra comunidad de Truckee/North Tahoe? ¿Diría usted, en general, que la salud de nuestra comunidad es Excelente, Buena, Regular o Mala?
   a. Para los que dijeron Excelente/Buena, ¿por qué lo dice?
   b. Para los que dijeron Regular/Mala, ¿por qué lo dice?

Necesidades médicas de la comunidad

6) Según su experiencia en su comunidad, ¿cuál cree que es la mayor necesidad médica de la comunidad?
   a. ¿Por qué cree que es la mayor necesidad médica de la comunidad?

Potenciales soluciones

7) ¿Qué sugerencias tiene para ayudar a tratar las necesidades médicas de la comunidad que compartió? (recursos, nuevas infraestructuras, programas, políticas, etc.)

8) ¿Cuáles son los potenciales obstáculos a la aplicación de estas soluciones?

Cerrar

5) ¿Qué otras ideas le gustaría compartir?

Normas básicas

9. Para todas las preguntas, quiero que **piensen en la salud en un sentido muy amplio**. Esto incluye no solo la prestación de atención médica y la salud en el sentido tradicional, sino otras cuestiones ajenas a la clínica médica que también pueden repercutir en la salud.
10. Una persona a la vez

11. Apaguen los teléfonos móviles
12. Para que el debate en grupo sea eficaz, es necesaria la participación de todos
13. Se valoran todos los puntos de vista, respete las demás opiniones
14. Evite conversaciones paralelas
15. El moderador intentará que todos los que tengan algo que decir puedan hacerlo. [Si tiene algo que decir y cree que no se lo escucha, indique al moderador que quiere intervenir]
16. El debate debe centrarse en afirmaciones objetivas sobre lo que existe o no en el sistema, sin juzgar a ninguna organización, agencia o persona en particular.
17. El moderador mantendrá un equilibrio entre el tiempo de debate y la cobertura de los distintos temas. Por cuestiones de tiempo, el moderador puede determinar que el debate terminó y pasar al siguiente tema. El uso de un cronómetro de 10 minutos ayudará a los grupos a avanzar con las preguntas.

Thematic Summary

Biggest Health Concerns

1) Access to Care

a) Lack of appointment availability with PCP leading to 1) worsening/unmanaged chronic conditions and 2) more emergency room visits

b) Lack of local Specialists (pediatric and adult)

(1) resulting in referrals to out of the area providers in Roseville and Sacramento

(2) Limited appointment availability for local Specialists

c) Lack of PCP resulting in a barrier to accessing other health services

d) Lack of health insurance for Nevada residence who are undocumented

e) Changing providers often because of long wait lists and taking the soonest appointment available with different providers

f) Providers at TFHS changing often

g) Lack of addiction support groups and family supports groups in English and Spanish

h) Long wait list for Spanish for bilingual therapists in KB

Medical needs specifically named:

- Pediatric Asthma, Vision, Primary Care, Medi-Cal Dentist, Pain Management Specialists, Reproductive Health Care (North Lake), Mental Health (North Lake/Spanish), Pediatric Occupational Therapy

2) Language Barriers and Health Literacy

a. Lack of Spanish-speaking providers

b. Difficulty understanding the diagnosis and understanding follow up

c. Difficulty navigating the medical system

d. Difficulty navigating health care technology that are intended to increase access to care: Access to computers/technology barriers; technology applications only in English (MyChart, On My Way)

e. Cultural Sensitivity:

a) a female interpreter for an Ob/Gyn appointment

b) Importance of body language cues for understanding

3) Social Drivers of Health

a. Fear about immigration status

b. High costs of healthcare and medication

c. Difficulty finding medications that were originally prescribed in a different country

d. Transportation

a) Specifically Kings Beach to Truckee and the long drive on TART

b) Transportation for appointments

e. Social services

f. Cost of living

Solutions

- More cultural competence and empathy
- Transportation from KB/Truckee after 5pm
- Additional Medical Providers and Healthcare Support (English and Spanish)
    - Health Promotores and Navigators
    - Increased follow up and Case Management
- Health-centered Vending machines in Kings Beach and Tahoe City that include contraceptives
- Reduce medical staff turnover to improve consistency and continuity of care
- Clinic in Kings Beach that includes Urgent Care
- Increase awareness of existing community resources (to providers and general community); vary methodologies to reach different groups
    - Existing Resources:
        - Free BP/BS screenings
        - Community Health Labs
        - Teen Clinic in Truckee
        - 211
        - Nutrition Education
        - Support Groups
    - Outreach Methodologies:
        - 211
        - Outreach via Churches
        - Print materials to reach seniors
        - Social Media

- Social Supports
    - Child Care Assistance
    - Assistance with elderly
    - Help with taking care of people who are sick and have disabilities
    - Youth mentors/Expanded affordable youth activities lakeside
    - Homeless Supports
- Socioeconomic solutions
    - Making access more affordable: Scholarships for activities

Obstacles to realizing solutions

- Perhaps the service is available, but not at a time that is accessible to people.
- The service exists, but they don't speak Spanish.
- The service exists, but only in Truckee, which makes it difficult.
- The clinic exists, but not enough doctors.
- Cost, even with insurance (i.e. transportation costs/ time off work)
- Family working different times

Youth Focus Group

Facilitator Guide

Facilitator Guide CCTT Youth Forum

Tuesday, March 4th, 2025 9AM-12PM

Truckee Donner Park and Rec Center (10981 Truckee Way)

Facilitation Notes:

- Facilitators should ask one adult to be a notetaker (paper and writing utensils will be provided)
- Facilitators should keep a phone or watch nearby to watch the time
- Kristina will provide time warnings and will prompt when to move to the next round

Question Rounds:	What We'll Talk About
Round One: Getting To Know You- Adults and youth both take 1 minute to answer the question. ~10 Minutes	Tell us your name, school and grade or agency and role, and your pronouns. **OPTIONS: Each adult and youth pick one.** What is something that brings you joy? What gives you hope for the future for yourself and others? What would your best friend or family say about you?
Round Two: Exploring Social Life and Connection Youth only answer; take ~2 minutes each to answer a question below without interruption or cross talk. ~10 Minutes	Do you have adults in your life (teachers, parents, coaches, friends) or spaces (school, Wellness Centers, youth programs) that you feel connected to? What qualities do these adults or spaces possess?
Round Three: Explore Issues Affecting Teens Youth only Answer, pick one question from each topic and speak for ~2 minutes without interruption ~25 Minutes	**Introduction of three issues from Planning Meeting: Mental Health, Substance Use, and Citizenship Status Affecting Education** *Mental Health - Choose 1* How do you identify mental health issues within a peer or within yourself? Where do you find support? For you (and your family, or your friends) is there stigma around mental health? Why do you think that is? *Substance Use - Choose 1* How common do you think substance use is among your peers? How hard is it to tell an adult about someone whose substance you're worried about? What consequences are you worried about if you reach out? *Citizenship Status - Choose 1* What fears are students having when coming to school? Who or where do you want to feel safe with that you currently do not? How could you feel safe with them?

	General - Choose 1 Are parents aware of these topics? What information do you think they are missing? Do you have any experiences with any of these three issues that you would like to share?
Round Four: Closing Youth and adults answer Take ~1 minutes each to answer a question below without interruption or cross talk. ~10 Minutes	Do you have any ideas for solutions in these three areas? For example, How can the community help mixed-status families feel more secure? How can we format information about mental health in a manner parents can understand? How can we encourage people to reach out for help with substance use?
Closing/Large Group: ~5	What was most meaningful / valuable to you in this Forum? What learning, new understanding or common ground was found on the topic? How has this conversation changed anyone's perspective?

Thematic Summary

CCTT Youth Forum Meeting Summary

March 4, 2025, 10:00 am to 12:00 pm

Truckee Donner Parks and Rec Center

Agenda Item	Discussion
Keynote	Superintendent Kramer spoke to the importance of listening to students' voices, thanking the students for their time, and framing the event. She also named the top three themes identified by youth for the Forum: mental health, substance use, and citizenship status affecting education.
Icebreaker	Icebreaker led by Brody Dwyer of Gateway Mountain Center
Youth Forum	**Forum Structure** • 31 youth from Truckee High School, North Tahoe High School, and Sierra High School broke into groups with adults who facilitated this conversation. Please note: the youth participants wrote the questions asked around mental health, substance use, and citizenship status! **Key themes from Forum regarding mental health** • Opportunities ○ Looking for adults who listen without trying to solve the problem ○ Looking to have causes treated, not only treating the symptoms ○ Need more individualized and personalized mental health care ○ Make known self help resources like podcasts, meditation apps ○ Wellness Centers provide great non-therapy support ○ Want more support for digital and tech addiction ○ Want to get parents involved in the conversation ("if parents don't understand, how are they going to help?") ○ Need more education against stigma of mental health, acknowledgement that COVID had an impact on all of us ○ Provide support groups for parents ○ Provide incentives for parent education

Barriers

- Not a common topic discussed at home
- Stigma when talking about mental health in family and peer systems, even though there's been increasing mental health awareness.
- Some parents don't "believe" in mental health or take it seriously within themselves
- When looking for help, students receive superficial help or are hospitalized
- Mental health issues are not always taken seriously
- Support that is affordable has waitlist of years
- Difficult to find and access services, especially when experiencing symptoms
- Need more anonymous services; many school services are visible and difficult to maintain confidentiality around
- Friday afterschool is a difficult time for SMART Recovery

Key themes regarding substance use

- Opportunities
  - Easier to talk to peers than to adults, idea for student-run substance use groups
  - Posters don't work
  - Set wellness center times that allow for more anonymity
  - Art
  - Share lists of helpful people or pages
  - Tools to support friends who are struggling
  - Friday Night Live
  - Desire for harm reduction services (TART, don't drive; test strips, Narcan)
  - Desire for safe space to dispose of substances anonymously that has resources
  - Youth lack understanding of the effects of vaping
- Barriers to accessing services
  - Stigma - people laughing, making fun, Hard to maintain anonymity and confidentiality at Wellness Centers. Think they are lazy.
  - Time
  - Fear of getting in trouble or parents won't be compassionate/understanding
  - Parents have their own issues and "have alcoholic issues"
  - Dislike "drug counseling class"
  - Can feel scary to talk to adults about things that are illegal
  - Affordability
  - Treat symptoms and not causes
  - Students are saying it is happening at a younger age
  - Don't need education around drug use, looking for resources they can go to without fear of getting in trouble
  - Difficult to get support if friends are continuing to use substances
- Other themes
  - Concerns about peers over dosing.
  - Figuring out role as a friend to a user is challenging
  - Drinking is a way to fit in

- Not many other activities
- Stricter regulations leading to sneakier kids - vaping in the bathroom, etc.
- Substance use is very common and substances are easily accessible
- Concerns about how common it is to drive under the influence
- Parents as enablers / suppliers of alcohol, exposure to substances through parents

Key themes regarding citizenship status affecting education

- Opportunities
  - There's existing trust in this community; reminders from this community that folks are safe
  - Schools feel safe: existing communications from the schools and available resources make students feel safe with their teachers and in their school
  - Positive feelings about SCH Know Your Rights, TTUSD's resolution, conversations with Truckee PD, TTUSD red cards
  - Advertise Know Your Rights through social media, school, establishments where parents work, peer to peer networks
  - Give parents translated resources and connection opportunities
  - Gather together and build community, particularly in the classroom with students and teachers. Programs at the lake or playing games are a great way to do this.
  - Private WhatsApp group
- Barriers
  - People are unaware of what mixed status families are going through
  - Feelings of exclusion from other peers
  - Bullying from other peers is a huge concern
  - Fearful that parents could be taken away while at school, focused on this not classes
  - With FAFSA, fearful of being admitted to college and having to provide family information or choosing to not go to college (delaying, going into military, etc)
  - Unable to protest, fearful of long term consequences
  - Mis/disinformation on social media that creates fear
  - Fearful of going to concerts, public parks, stores in Reno with family members
- Other themes
  - Graduation concerns: Lack of getting the right supports to help students graduation when navigating this stress
  - Not feeling supported: Spanish-speaking students seen as being dumb
  - Language Access: Teachers rely on other students for interpretation support, and students can only speak in Spanish in ESL classes.

Other Themes and Ideas

- Need a place where youth can go by themselves and has affordable options (like a bowling alley, food court, or movie theater)
- Need public, free spaces that are open to youth (like a youth-led Teen Center)

	● Desire to create space where people and organizations can discuss these topics (mental health and the impacts felt by mixed status families) ● Desire for more art spaces ● Services and tools should be language accessible ● The challenge is in reaching the youth - many services exist but are underutilized!

Adult and Youth Debriefs	**Adult Debrief** ● Ideas ○ Create a podcast with youth ○ Partner with businesses / Rec Center to ask them to stay open past 6pm ○ Create a teen center (youth led youth center) ○ Create digital addiction support group ○ Friday Night Live ○ More Spanish-speaking teachers ● Reflections ○ What is offered isn't resonating or what they want ○ Youth social media pages and posters don't work ○ Need public and free spaces for youth ○ Need resources where teens can talk without getting in trouble ○ There needs to be a cultural norm shift with adult substance use **Youth Debrief** ● Successes: ○ Youth expressed appreciation for being heard and for being able to speak to adults uninterrupted ○ Multiple students said it was empowering to get to share their experiences in that format! ○ Students enjoyed getting to hear similarities and differences across different schools' cultures ● Opportunities for improvement: ○ Ensuring that adults are in listening roles. ○ Students were surprised that the number of adults outnumbered students ○ Not enough time: some groups didn't reach all topics or all students ● Appreciations: Students provided appreciation for each others' sharing of experiences and for those students who facilitated the conversation in Spanish, even though they're used to speaking English in these formal adult settings.