



TAHOE FOREST HOSPITAL DISTRICT

Special Meeting of the Board of Directors

[Community Health Needs Assessment]

Dec 11, 2014 at 12:00 PM - 04:00 PM

Community Room/Truckee Tahoe Airport District

Meeting Book - 2014 Dec 11 Special Meeting of the Board of Directors [Community Needs Assessment]

Agenda

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Items For Discussion and/or Action

5.1. Community Health Needs Assessment

Attachments loaded to coincide with Binder Tab

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**SPECIAL MEETING
OF THE
BOARD OF DIRECTORS OF THE TAHOE FOREST HOSPITAL DISTRICT
TO BE HELD ON
THURSDAY, DECEMBER 11, 2014 AT 12:00 PM
IN THE
COMMUNITY ROOM, TAHOE TRUCKEE AIRPORT
10356 TRUCKEE AIRPORT RD.
TRUCKEE, CA 96161**

AGENDA

1. **Call to Order**
2. **Roll Call**
3. **Clear the Agenda/Items Not On The Posted Agenda**
4. **Input – Audience**
5. **Open Session**
 - 5.1. **Community Health Needs Assessment Presentation ATTACHMENT**

Results from the 2014 TFHS Community Health Needs Assessment will be presented. The 2014 assessment was performed to gauge the community’s current health care needs in the medical service area of TFHS, and is provided as an update to the 2011 health assessment.

 - 5.1.1. **Background and Assessment Process**
 - 5.1.2. **2011 – 2014 Review**
 - 5.1.3. **2014 Community Health Needs Assessment (CHNA)**
 - 5.1.4. **Survey Results**
 - 5.1.5. **Discussion of survey results/questions from the Board**
 - 5.1.6. **Healthy Communities Institute website preview**
 - 5.1.7. **Next Steps**
6. **Adjourn**

Robert A. Schapper
Chief Executive Officer

RS:pab

*Denotes material (or a portion thereof) will be distributed at a later date

**The entire manual/document is available for review via the Chief Executive Officer’s Office.

Note: It is the policy of Tahoe Forest Hospital District to not discriminate in admissions, provisions of services, hiring, training and employment practices on the basis of color, national origin, sex, religion, age or disability including AIDS and related conditions. Equal Opportunity Employer. The meeting location is accessible to people with disabilities. Every reasonable effort will be made to accommodate participation of the disabled in all of the District’s public meetings. If particular accommodations for the disabled are needed (i.e., disability-related aids or other services), please contact the Executive Assistant at 582-3481 at least 24 hours in advance of the meeting.

Board of Directors Presentation
2014 Community Health Needs Assessment Results
December 11, 2014
12 noon – 4:00pm

- I. Welcome and Introductions
- II. Background and Assessment Process
- III. 2011 – 2014 Review
- IV. 2014 Community Health Needs Assessment (CHNA)

Break

- V. Survey Results

Break

- VI. Discussion of survey results/questions from the Board
- VII. Healthy Communities Institute website preview
- VIII. Next Steps

- a. Community Health Improvement Plan Development
- b. Website launch and community engagement
- c. Wellness structure to support community partnership
- d. Future assessments and ongoing monitoring

2014 Community Health Needs Assessment Advisory Groups

Truckee / North Lake Tahoe

Leticia	Aguilar	at large
Heidi	Allstead	Project Mana
Jadwiga	Auckenthaler	TFHS
Paul	Bancroft	Tahoe Safe Alliance
Laurel	Barchas	Tahoe Food Hub
Kim	Bateman	Sierra College
Phebe	Bell	Nevada and Placer County
Lauren	Caprio	TFH MSC
Todd	Conradson	NT Fire
River	Coyote	Placer County
Ken	Cutler, MD	Nevada County
Sarah	Deardorff	Sierra Senior Services
Carolyn	Dee	Town of Truckee
Margarita	deNevarez	at large
Dave	Ferrari	North Shore/Education
Caroline	Ford	TFHD
Daniel	Francke	Pharmacist
Karen	Gancitano	TFHD
Cindy	Gustafson	Tahoe City PUD
Maxx	Hackett	Placer County Public Health Nursing Student
Corine	Harvey	TTUSD
Gerald	Herrick	Truckee Fire
Kim	Honeywell	Nevada County
Peggy	Jones	TFHD Home Health
Amy	Kelley	North Tahoe FRC
Jon	Kerschner	Sierra Family Services
Eileen	Knudson	TFHD
Larry	Larson	Physical therapist
John	Manocchio	CATT
John	Marshall	TFHD
Maria	Martin	TFHS
Kathlee	Martin	Nevada County
Sheila	McCutcheon	Alta Regional center
Victoria	Mercer, PhD	Mental Health provider
Robert	Mescher	Assumption Catholic Church
Amanda	Oberacker	TDRPD
Dan	O'Gorman	TDRPD
Dr. Robert	Oldham	Placer County Public Health
Ted	Owens	TFHD Community Dev
Denise	Pang	At large
John	Pang	Meeks Bay Fire

Alison	Pedley	Truckee Trails Foundation
Kimball	Pier	Sierra Agape Center
John	Pillsbury	Ca Dept of Rehabilitation
Danny	Renfrow	Truckee PD
Lynn	Saunders	TD Chamber of Commerce
Marsha	Schapper	Director, MSC
Maia	Schneider	staff
Mike	Schwartz	North Tahoe Fire
Alison	Schwedner	CCTT
Bill	Seline	Truckee Fire
Emily	Sellers	Truckee FRC
Karen	Sessler, MD	TFHS
Cassandra	Sharpe	TTUSD
Scott	Sibillia	Northstar HR
Chris	Spencer, FNP-C	TFHS
Tara	Styer	TNT-TMA
Susie	Sutphin	Food Hub
Alex	Terrazas	Town of Truckee
Nicole	Todd Bailey	Truckee FRC
Julia	Tohlen	TNT/TMA
Amy	Vail, PsyD	Mental Health provider
Cindy	Watson	Placer County Public Health
Jon	Weedn, CYT	Sierra Agape Center
Jill	Whisler	TFHS
Holly	Whittaker	Nevada County
Colleen	Williams	TFHS
Cynthia	Wilson	Nevada County
Wei	Yang	UNR
Kristin	York	TDRPD
Steven C	Zell MD	At large
Charles	Zipkin	Wellness Neighborhood

Physicians

Chris	Arth	NT Pedes
Gina	Barta MD	Physician
Matthew	Gustafsson, DDS	Dentist
Reini	Jensen, MD	Physician
Nina	Winans MD	Physician

Incline Village / Crystal Bay

Beverly	Bayan	WIC
Mike	Brown	NLTFPD
Suzanne	Bell	IVCH Admin
Dee	Carey	IVGID
Gene	Brockman	Lions Club/Vision 2020
Mike	Brown	NLTFPD
Suzanne	Bell	IVCH
Jeff	Clark	Washoe County Sheriff's Office
Brett	Franklin	Cornerstone Community Church
Nan	Healy	IVCH Auxiliary
Delores	Holets	Insurance
Jan	Iida	IVCH ER
Johanna	Koch MD	IV Clinic
Sheila	Leijon	IVCHD
Loreen	Meyer	Tahoe's Connection for Families
Judy	Newland	IVCH Administrator
Melissa	Rouse	Hyatt
Michelle	Schmitter	IVCH Foundation
Samantha	Smith	Clinic
Ryan	Solberg	IVCH PT
Pam	Straley	Dental
Curtis	Trujillo	IVGID
Andy	Whyman	Mental Health

Tahoe Forest Health System
Community Health Needs Assessment Presentation 12/11/14
Speaker Bios

John Packham, Ph.D.

jpackham@medicine.nevada.edu

Dr. Packham is the Director of Health Policy Research in the Office of Statewide Initiatives (OSI) at the University of Nevada School of Medicine. He oversees a wide range of health services research and policy analysis undertaken by the Office of Statewide Initiatives. For the past 15 years, he has overseen the Nevada Flex Program and the Nevada SHIP Consortium – two federally funded programs supporting technical assistance to Nevada's rural and frontier hospitals.

Dr. Wei Yang, M.D., Ph.D., M.S.

weiyang@unr.edu

Dr. Yang is Professor and Graduate Director at the School of Community Health Sciences at the University of Nevada, Reno. He is the Director of the Nevada Center for Health Statistics and Informatics, and the former Nevada State Chief Biostatistician and former Director of the State Center for Health Data & Research-Nevada State Department of Health and Human Services.

Victoria E. Mercer, Ph.D.

vicmercer@gmail.com

Dr. Mercer completed her doctoral degree in Clinical Psychology at the University of Nevada, Reno. She currently works as a therapist in private practice in Olympic Valley CA. She has worked in a variety of medical, behavioral health, and private practice settings. She has conducted research on the psychological management of chronic pain in older adults. She has written and published a number of book chapters and peer reviewed journal articles focusing on behavioral health issues.

Carolyn Weinrobe, M.P.H.

carolyn@healthycities.org

Carolyn (Carrie) Weinrobe joined the Healthy Communities Institute in 2013 as an Account Manager. She works with representatives from hospitals, health departments, and community coalitions to implement HCI products and tools and to identify and address community health needs and assets. Prior to joining HCI, Ms. Weinrobe worked with multi-disciplinary and multi-sector groups to improve population health both in the US and abroad. Ms. Weinrobe has previously worked at the Public Health Institute's Center for Health Leadership and Practice (Oakland, CA), Hôpital Albert Schweitzer (Haiti), Tulane University School of Public Health and Tropical Medicine (New Orleans, LA), and Tostan (Senegal).

Steering Committee
TFHD Community Needs Assessment
2014

The reach of the Community Needs Assessment will include:

96160-Truckee-Nv County
96161-Truckee-Nv County
96162-Truckee-Nv County
96140-Carnelian Bay-Placer County
96142-Tahoma-Eldorado County
96143-Kings Beach-Placer County
96145-Tahoe City-Placer County
96146-Olympic Valley-Placer County
95724-Norden-Nevada County
95728-Soda Springs-Nevada County
89402-Crystal Bay, Washoe County
89451-Incline Village-Washoe County
89450-Incline Village-Washoe County

The Steering Committee functions for the 2014 Community Needs Assessment will:

- 1) Review the proposed Advisory Committee Spreadsheet to amend it for inclusion of appropriate persons, organizations, special need, geographic and age spectrum representation of the to-be-surveyed population;
- 2) Confirmation of special breakout focus of the Assessment upon Behavioral/Mental Health and Access to Care issues;
- 3) Suggestions of various proposed sampling methods within the targeted populations; and
- 4) Guidance on the survey questionnaire during its development.

The Advisory Committee functions for the 2014 Community Needs Assessment will:

- 1) Meet a total of three times to receive and discuss information;
- 2) Assist in the distribution and collection of the finalized survey instrument;
- 3) Broaden the reach of the survey distribution by administering and collecting surveys;
- 4) Participate in focus group discussions or key informant interviews;
- 5) During the third and final meeting, respond to survey and data findings to assist TFHD and partner organizations in next steps for the Community Health Improvement Plan.



Tahoe Forest Hospital District

Behavioral Risk Factor Surveillance System
(BRFSS)

Presented by:
Holleran
March 29, 2011



BACKGROUND AND METHODOLOGY

Tahoe Forest Hospital District requested that Holleran conduct a Behavioral Risk Factor Surveillance System (BRFSS) study among its adult community using the Centers for Disease Control and Prevention (CDC) BRFSS tool. The BRFSS is a national initiative, headed by the CDC that assesses the health status and risk factors among U.S. citizens.

Tahoe Forest Hospital District coordinated with representatives from Holleran and customized the BRFSS tool to assess the needs of area residents. The tool was developed by selecting various core sections and modules from the BRFSS tool and adding individualized questions. Depending upon respondents' answers to questions regarding exercise, asthma, diabetes, etc., interviews averaged 10 to 12 minutes in length.

A sampling strategy was developed by Holleran and approved by Tahoe Forest Hospital District. The sampling strategy identified the number of completed surveys needed within each zip code across the service areas. The final sample (473) yields an overall error rate of +/-4.5% at a 95% confidence level. Data collection took place between August 23 and October 15, 2010.

The calculated response rate for the study is 15.5%. Holleran follows the guidelines for survey research quality established by the Council of American Survey Research Organizations (CASRO). Likewise, Holleran calculates response rates according to the definition established by CASRO as outlined in the document, "On the Definition of Response Rates." The response rate is equal to the number of completed interviews divided by the number of eligible respondents. The number of eligible respondents is the total number of potential respondents minus wrong numbers, disconnects, ineligible respondents, and an estimate of disqualified respondents among those on the list who were not contacted. For a more detailed description of the determination of response rates, refer to the CASRO article "On the Definition of Response Rates."

RESEARCH OBJECTIVES

The research objectives of the assessment were as follows:

1. To gather statistically valid information on the health status of residents in the Tahoe Forest Hospital District.
2. To develop and finalize sampling strategies relevant to target populations.
3. To accurately represent all populations within the target area.
4. To develop accurate comparisons to the national baseline of health and quality of life measures to provide trending information for the future.
5. To interpret the meaning of the data collected so that needs are accurately depicted for area residents.
6. To utilize results in community benefit endeavors and strategic planning efforts.
7. To conduct research in a fully confidential manner consistent with the Code of Standards and Ethics promulgated by the Council of American Survey Research Organizations (CASRO).

READING THE RESULTS

All figures included within the report reflect the percentage of respondents. It should be noted that the Tahoe Forest Hospital District data and 2009 National BRFSS data included in the report were calculated with a weighting variable. The national weighting variables correct for any demographic differences that may exist between the sample and the population it represents.

Holleran conducted tests of significance to identify differences among various subsets. For example, they identified significant differences between 2011 Tahoe Forest District and National responses. Holleran conducted all tests of significance using the nonparametric test, “Chi-Square.” The cutoff used for significance was $p \leq .01$. This cutoff, rather than $p \leq .05$, was used to account for the inability to reliably calculate effect size. Analyses of effect size for nonparametric tests have limited validity as they are highly influenced by a large sample size.

SUMMARY OF STRENGTHS AND OPPORTUNITIES

Areas of strength and opportunity (statistically different from the 2009 National BRFSS data) are identified below. It is important to note that some questions on the survey did not have comparisons to National data. Those specific areas without any benchmark comparisons are not included in the summary below. Additionally, there are a few areas that are open to debate as to whether they are a strength or opportunity.

Areas of Strength vs. the National Data:

Healthier/Better than the Nation

- Overall rating of general health
- Days where mental health prevented usual activities
- Percentage told they have diabetes
- Percentage told they have high blood pressure
- Percentage with high blood pressure exercising
- Proportion told they have angina or coronary heart disease
- Percentage who have smoked 100 or more cigarettes in your entire life
- Proportion of smokers who no longer smoke
- Body Mass Index (BMI)
- Limitations due to physical, mental, or emotional problems
- Flu vaccine sprayed in nose within the past year
- Fruit and fruit juice consumption
- Frequency and duration of moderate activity
- General satisfaction with life

Areas of Opportunity vs. the National Data:

Less Healthy/Worse than the Nation

- Health insurance coverage
- Time since last routine checkup
- Blood sugar tested for diabetes in the past three years
- Percentage taking medicine for high blood pressure
- Time since blood cholesterol was last checked
- Percentage ever having a pneumonia shot

Additional Areas of Difference (Positive/Negative finding unclear):

- One person as a personal doctor or health care provider
- Proportion of individuals with high blood pressure who do not drink
- Level of activity at work
- Time since last HIV test
- Use of a rapid test for HIV
- Time since eyes were last examined

Demographic Differences:

Differences between demographic groups are identified below. Comparisons by race are between Hispanic respondents and non-Hispanic respondents. The name(s) of the group that appears in each column identifies who is less healthy/worse.

Differences between:	Gender	Race
Overall rating of general health		Hispanic
Days with poor physical/mental health		Hispanic
Mental/emotional problem limiting activity		Hispanic
Percentage unable to seek help for mental health due to cost	Female	
Health insurance coverage		Hispanic
Proportion unable to see a doctor due to cost or lack of transportation		Hispanic
Time since last routine checkup		Hispanic
Time since last test for diabetes		Hispanic
Blood cholesterol checked		Hispanic
Heart attack	Male	
Percentage who have smoked 100 or more cigarettes		Non-Hispanic
Currently a smoker		Hispanic
Body Mass Index (BMI)	Male	Hispanic
Alcohol consumption	Male	Non-Hispanic
Pneumonia shot		Hispanic
Flu vaccine	Male	
Drink fruit juices regularly	Female	Non-Hispanic
Eat a family meal		Non-Hispanic
Fruit consumption (excluding fruit juice)	Male	
Moderate activity outside of work for at least 10 minutes	Female	Hispanic
Ever been tested for HIV		Hispanic
Receive the needed social and emotional support	Female	Hispanic
General satisfaction with life		Hispanic

Differences between:	Gender	Race
Time since last eye exam		Hispanic
Percentage unable to see an eye care professional due to cost or lack of insurance	Female	Hispanic
Ever had a mammogram	N/A	Hispanic
Ever had PSA test	N/A	Hispanic
Ever had a sigmoidoscopy or colonoscopy		Hispanic
Stressed about having enough money for rent/mortgage or nutritious meals		Hispanic
Language/cultural barriers preventing medical care		Hispanic
Unable to seek dental health due to cost	Female	Hispanic

Tahoe Forest Hospital District

Behavioral Risk Factor Surveillance System (BRFSS)

March 29, 2011

1

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Asthma	60	Prostate Cancer Screening	137
Tobacco Use	64	Colorectal Cancer Screening	141
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2

Methodology

A total of 451 individuals who reside within the Tahoe Forest Hospital District were interviewed by telephone to assess their health practices and health status.

The number of completed interviews yields a response rate of 15.5%*. In addition to the telephone interviews, 22 respondents completed a face to face interview. The total of 473 respondents yields an overall error rate of +/-4.5% at a 95% confidence level.

Only full time residents were interviewed. A full time resident was considered someone who spends at least sixty percent of their time within the Tahoe Forest Hospital District.

Interviews were conducted between February 1 and March 4, 2011. Each interview lasted approximately 10-12 minutes depending upon what criteria were met by the respondents.

*Based upon the response rate calculation defined by the Council of American Survey Research Organizations.

3

Statistical Considerations

All data sets utilized in the report are statistically weighted to counter for demographic imbalances (e.g. Over-representation of females compared to males).

All statistics are weighted with the exception of the demographic information.

4

Respondent Demographics

5

Response Rates

Zip	Percent
96160	1.6%
96161	41.5%
96162	1.1%
96140	4.4%
96142	2.9%
96143	11.1%
96145	9.1%
96146	2.2%
95724	0.2%
95728	0.2%
89450	2.0%
89451	23.7%

6

Gender

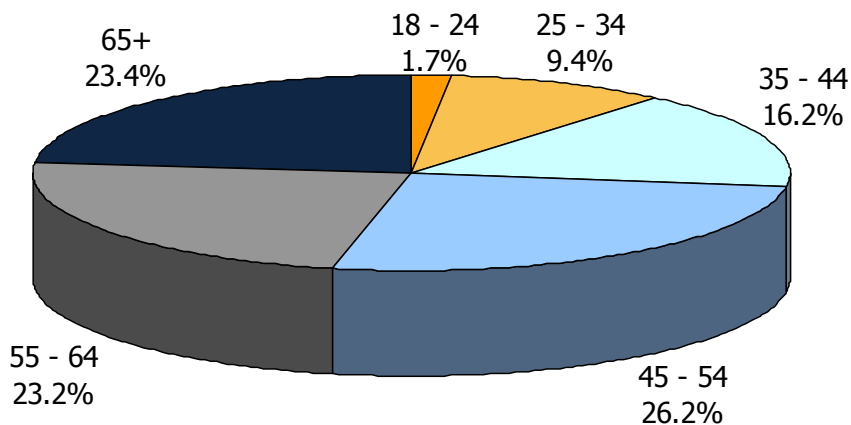
Gender	Tahoe Forest Hospital District BRFSS 2011	Tahoe Forest Hospital District Census*
Male	42.4%	53.3%
Female	57.6%	46.7%

*Per the 2000 U.S. Census.

N=472

7

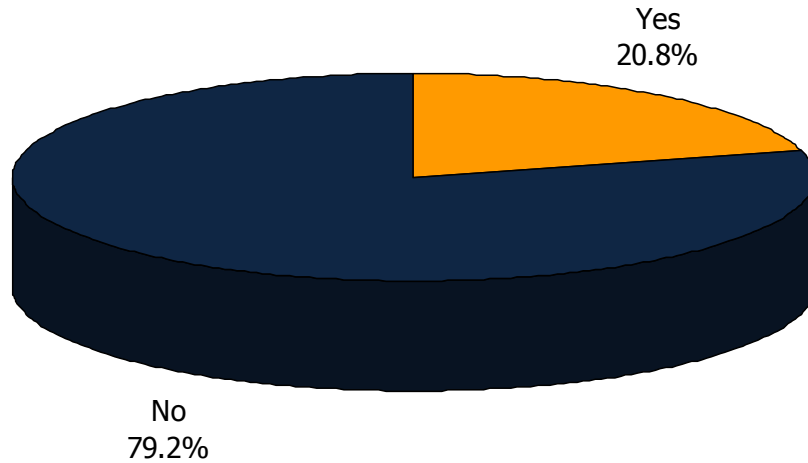
What is your age?



N=470

8

Are you Hispanic or Latino?



N=471

9

Race

Race	Tahoe Forest Hospital District BRFSS 2011	Tahoe Forest Hospital District Census*
White	81.8%	91.0%
Black or African American	0.0%	0.6%
Asian	0.4%	1.3%
Native Hawaiian or Other Pacific Islander	0.2%	0.3%
American Indian or Alaska Native	0.7%	1.6%
Other	16.8%	7.5%
Hispanic or Latino**	20.8%	13.9%

*Per the 2000 U.S. Census.

**Note: Hispanic or Latino can be of any race.

"Other" races were mostly Hispanic.

N=457

10

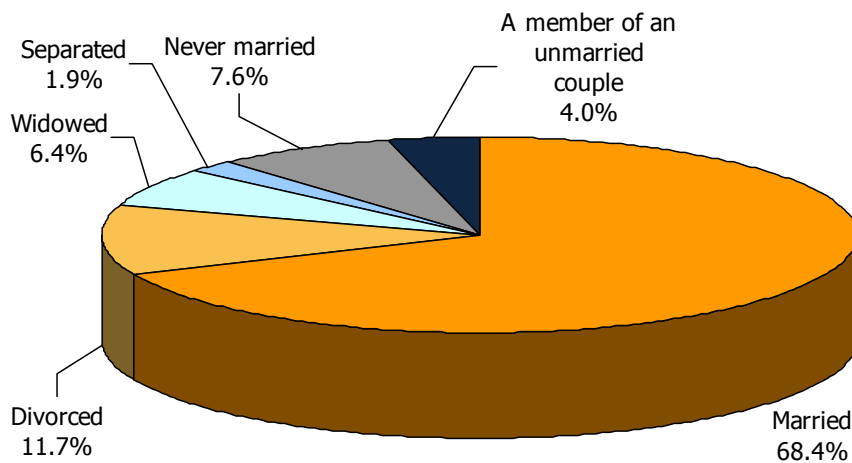
Service in United States Armed Forces

Ever served on active duty?	Percent
Yes, now on active duty	0.0%
Yes, on active duty during the last 12 months but not now	0.2%
Yes, on active duty in the past, but not during the last 12 months	9.5%
No, training for Reserves or National Guard only	0.6%
No, never served in the military	89.6%

N=472

11

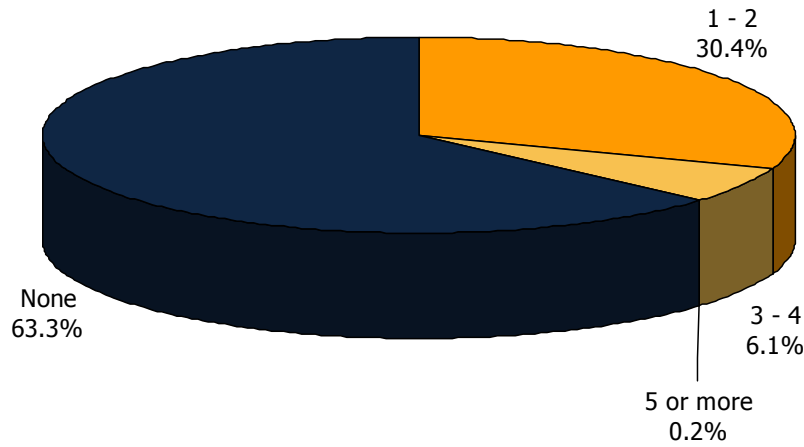
Marital Status



N=472

12

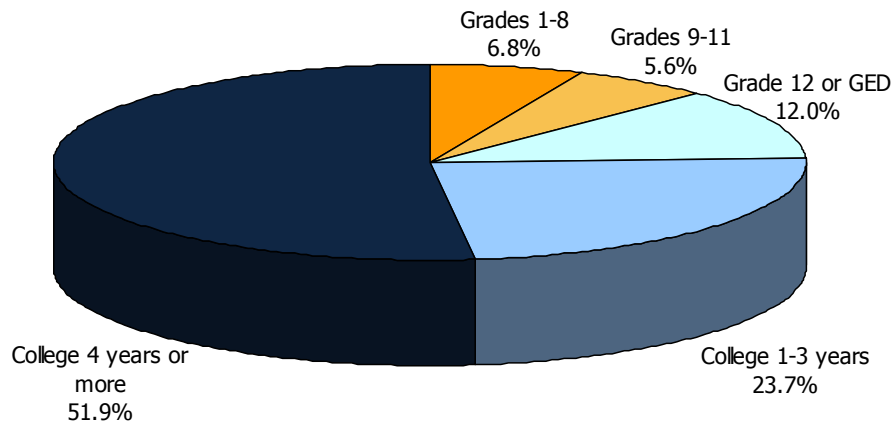
Number of children in household who are less than 18 years old



N=473

13

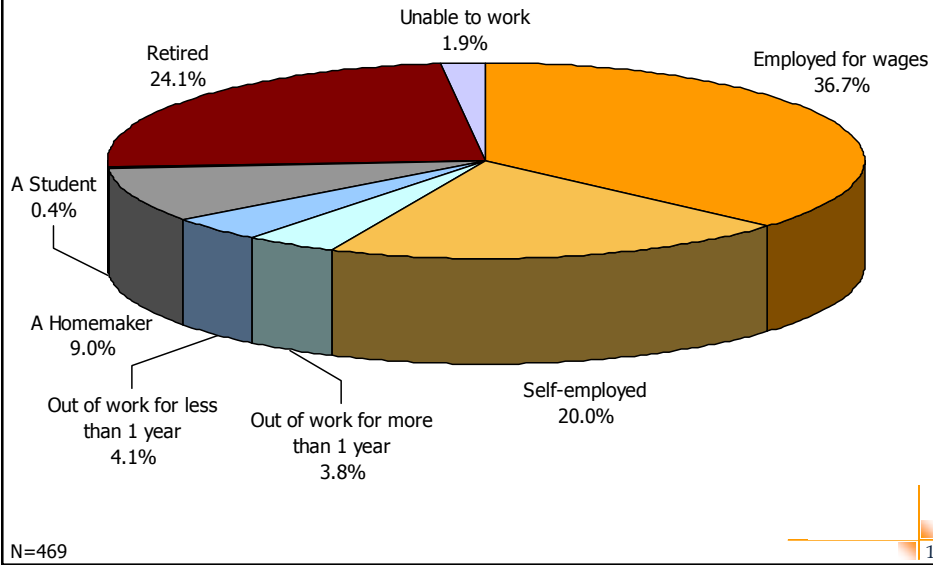
What is the highest grade or year of school you completed?



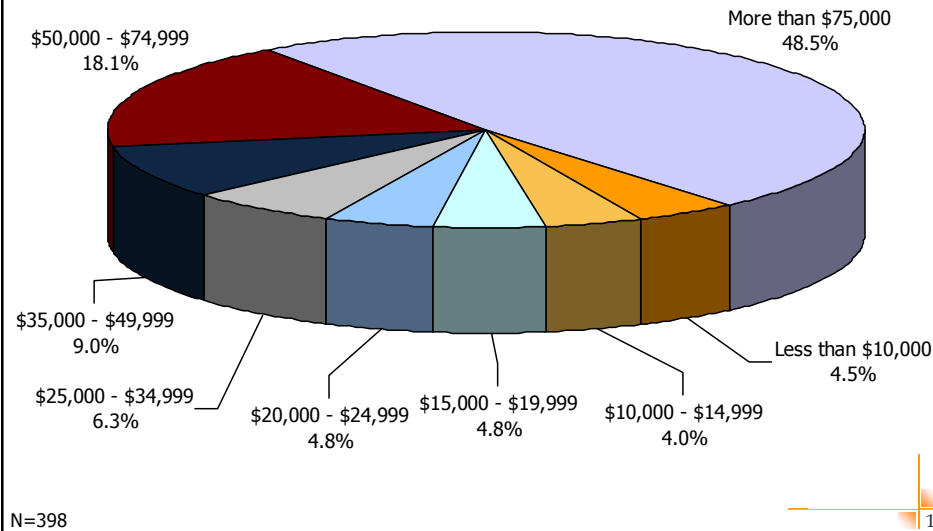
N=468

14

Employment Status



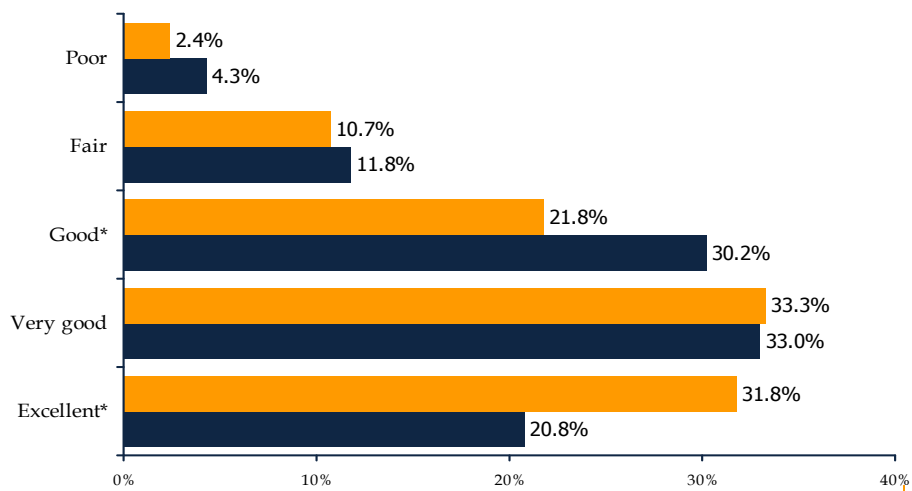
Annual household income from all sources



Health Status

17

Would you say that in general your health is-



*Statistically different from United States.

■ United States ■ Tahoe Forest Hospital District

18

Statistically Significant Differences by Race and Gender

Health Status

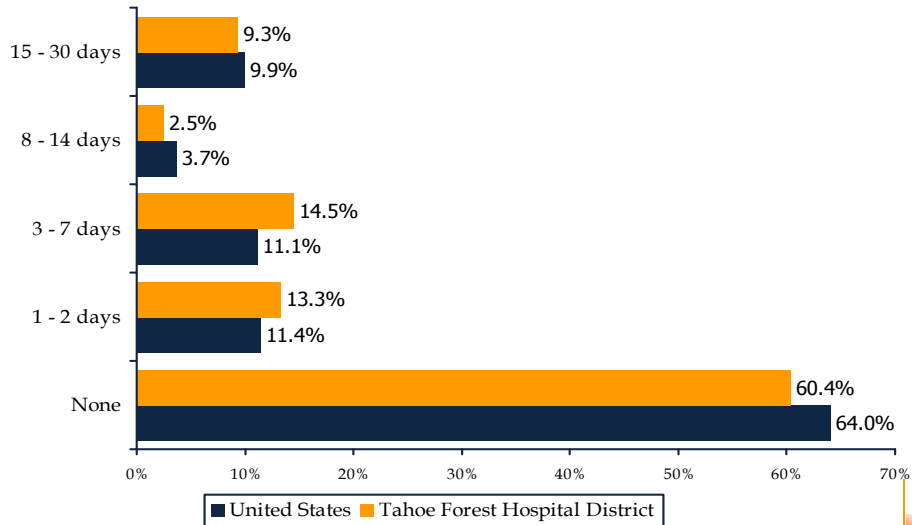
- Non-Hispanic respondents are more likely to say their health, in general, is better than Hispanic respondents.

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Healthy Days - Health-Related Quality of Life

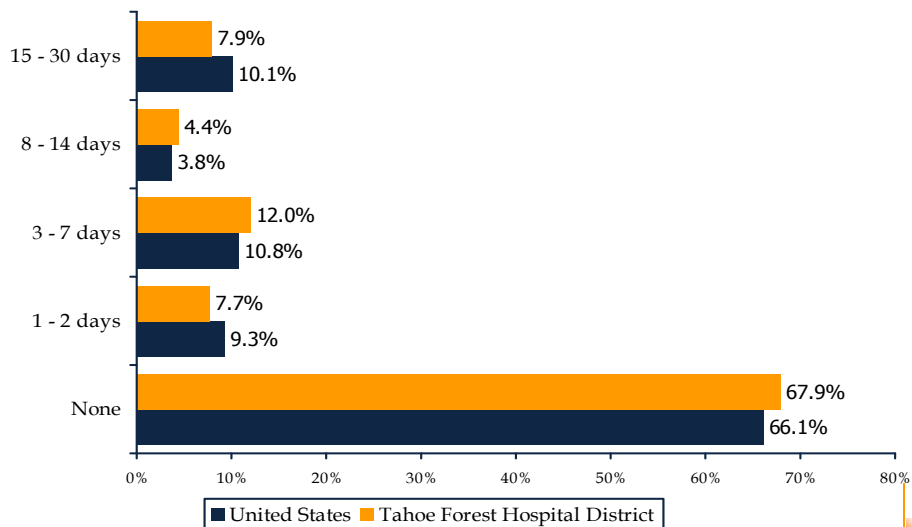
20

Now thinking about your physical health, for how many days during the past 30 days was your physical health not good?



21

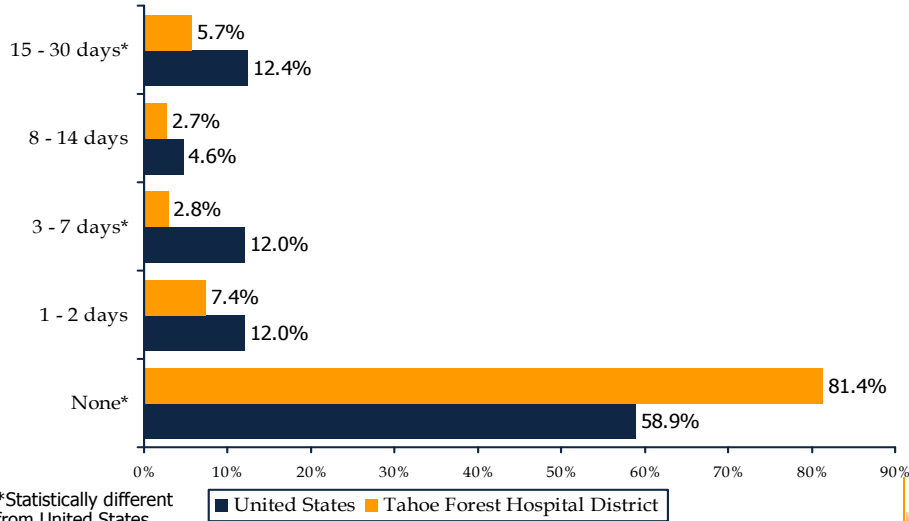
Now thinking about your mental health, for how many days during the past 30 days was your physical health not good?



22

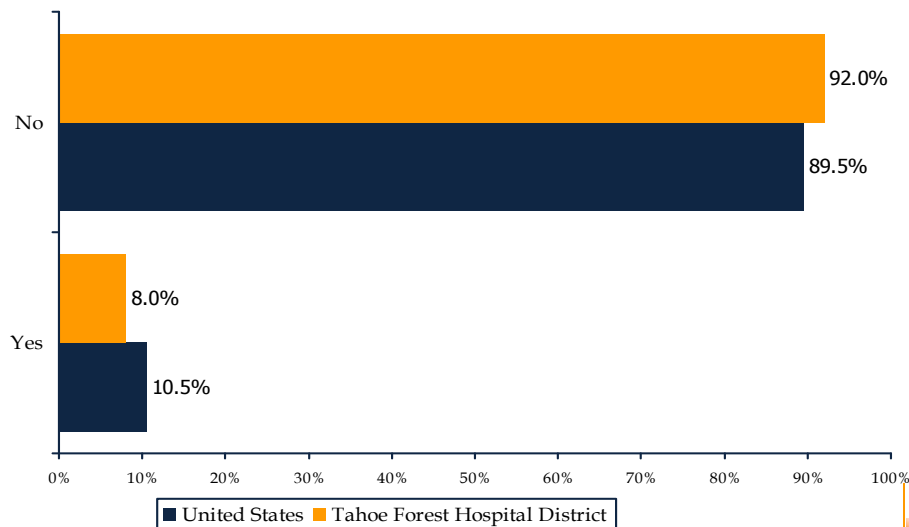
During the past 30 days, for about how many days did a mental health condition or emotional problem keep you from doing your work or other usual activities?

Respondents with at least 1 day of poor physical/mental health in the past month



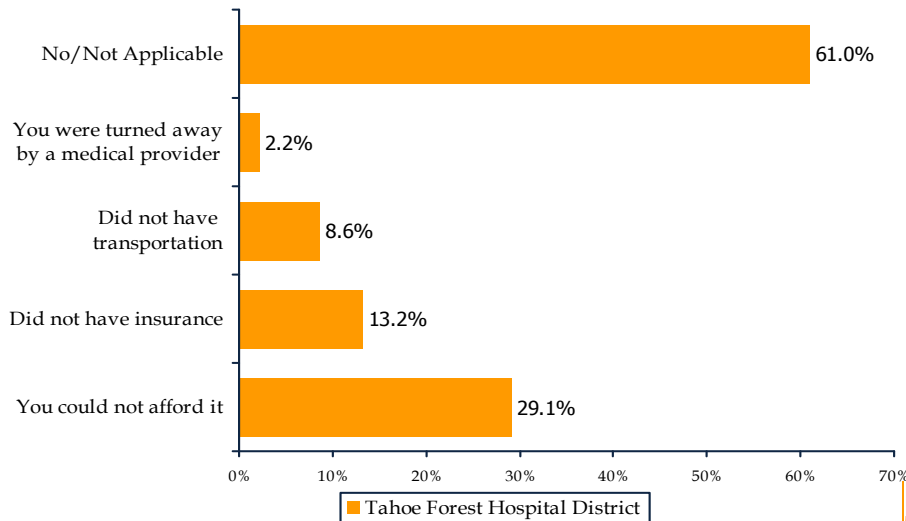
23

Are you now taking medicine or receiving treatment from a doctor or other health professional for any type of mental health condition or emotional problem?



24

In the past 12 months, have you wanted but not sought help for mental health because...



25

Statistically Significant Differences by Race and Gender

Healthy Days - Health Related Quality of Life

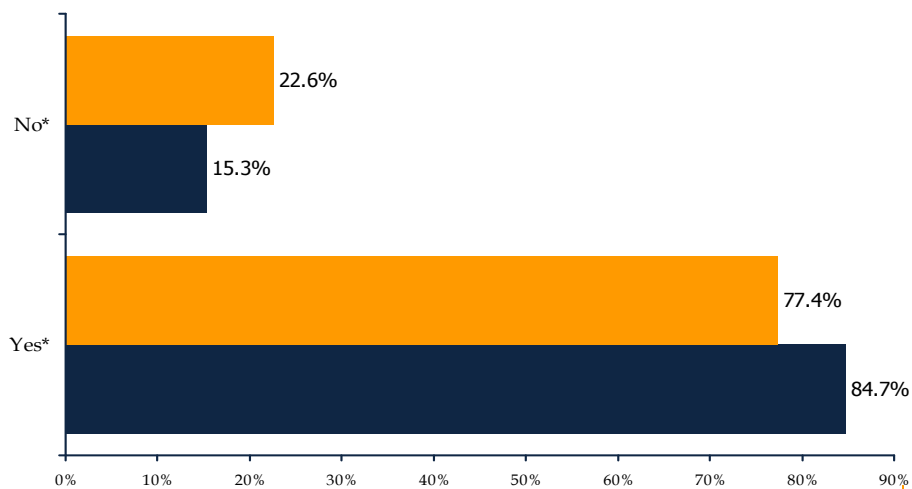
- Hispanic respondents are more likely to have had more days than non-Hispanic respondents where their physical or mental health was not good.
- Hispanic respondents are more likely to have been kept from work or other usual activities due to a mental health condition or emotional problem than non-Hispanic respondents.
- Female respondents are more likely to have been unable to seek help for mental health because they could not afford it, while male respondents are more likely to have not had a problem seeking help.

26

Health Care Access

27

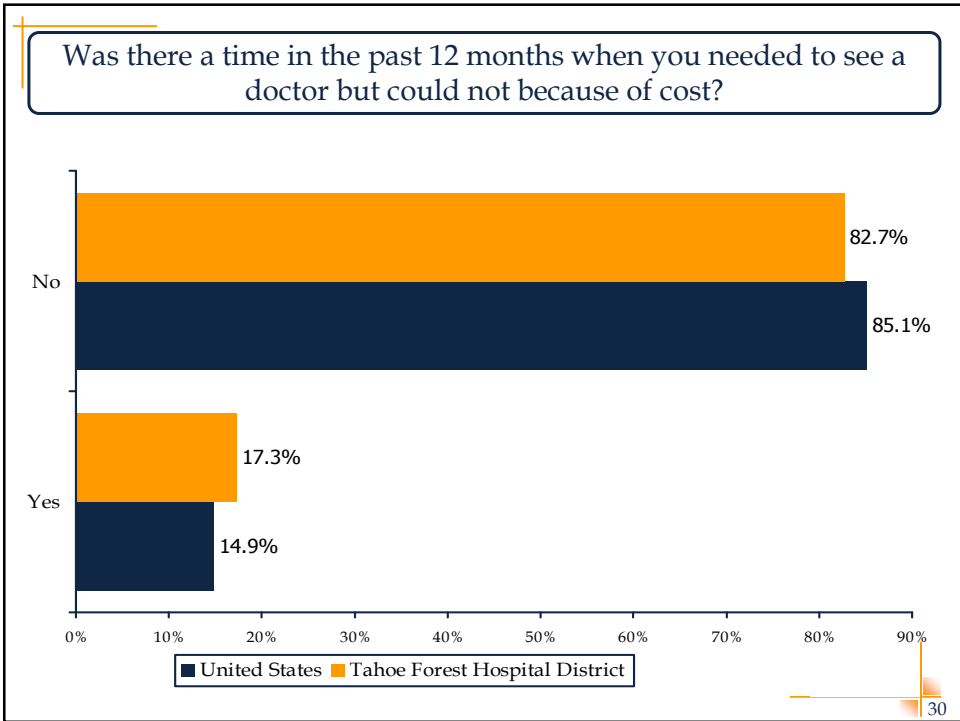
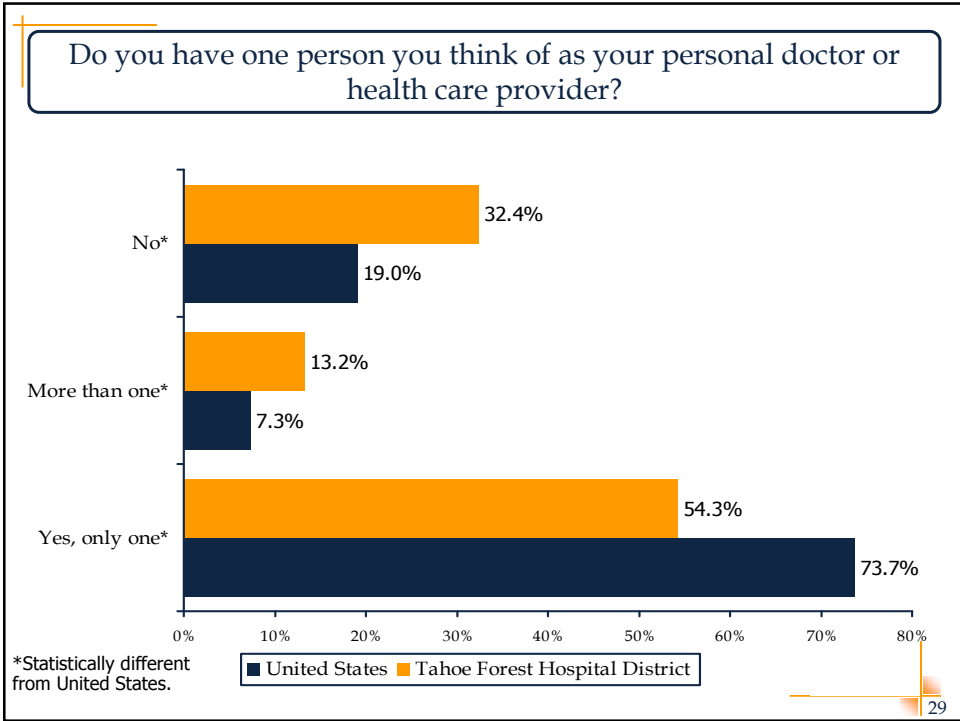
Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans such as Medicare?



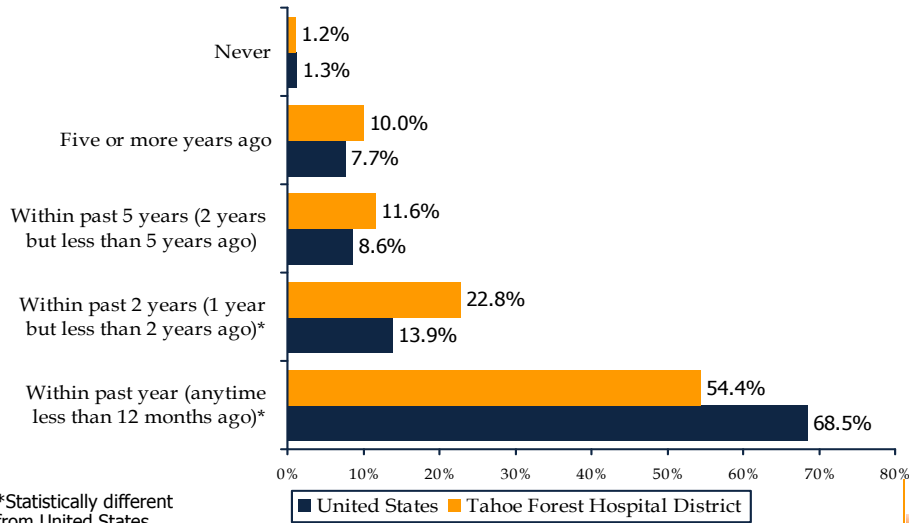
*Statistically different from United States.

■ United States ■ Tahoe Forest Hospital District

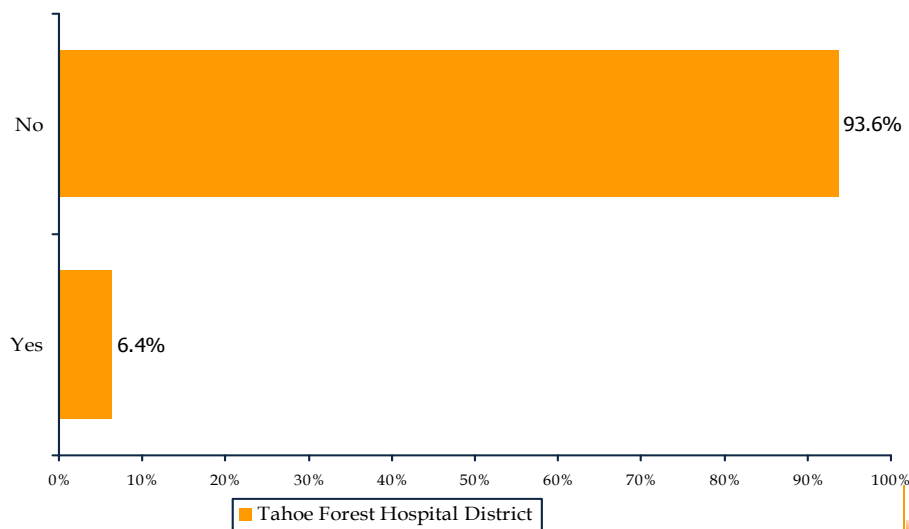
28



About how long has it been since you last visited a doctor for a routine checkup? A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition.



Have you not sought medical help in the past year even though you wanted to because of a lack of transportation?



Statistically Significant Differences by Race and Gender

Health Care Access

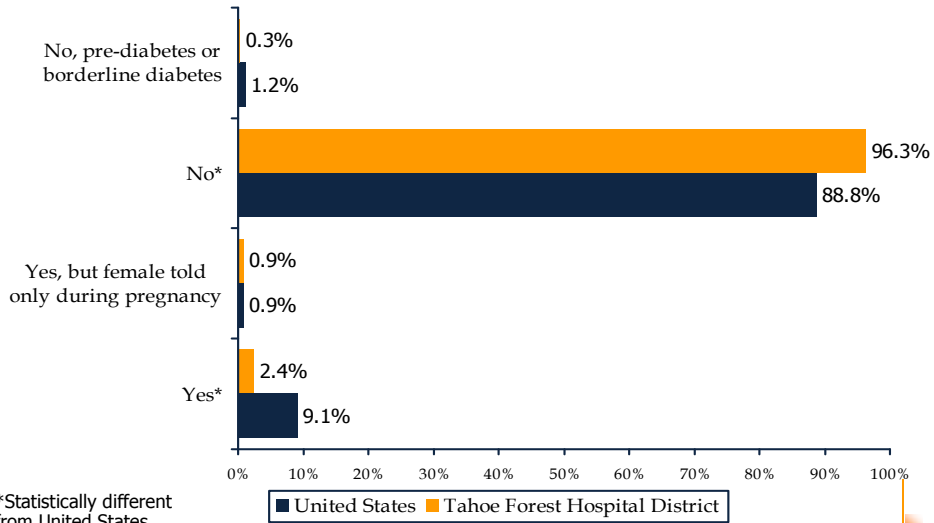
- Non-Hispanic respondents are more likely to have health care coverage than Hispanic respondents.
- Non-Hispanic respondents are more likely to have only one person who they think of as their personal doctor than Hispanic respondents.
- Hispanic respondents are more likely to have been unable to see a doctor in the past 12 months due to cost or lack of transportation than non-Hispanic respondents.
- Non-Hispanic respondents are more likely to have visited a doctor for a routine checkup in the past year while Hispanic respondents are more likely to have last visited a doctor for a routine checkup within the last 2 - 5 years.

33

Diabetes

34

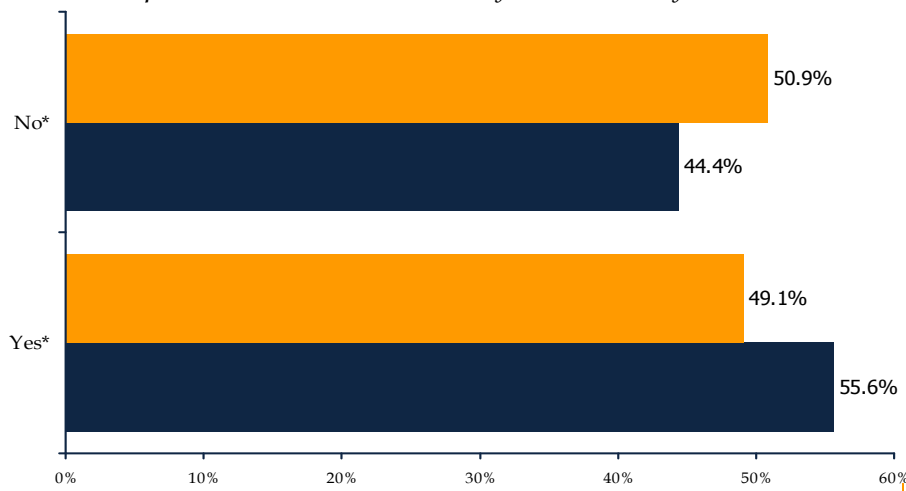
Have you ever been told by a doctor that you have diabetes?



35

Have you ever had a test for high blood sugar or diabetes within the past three years?

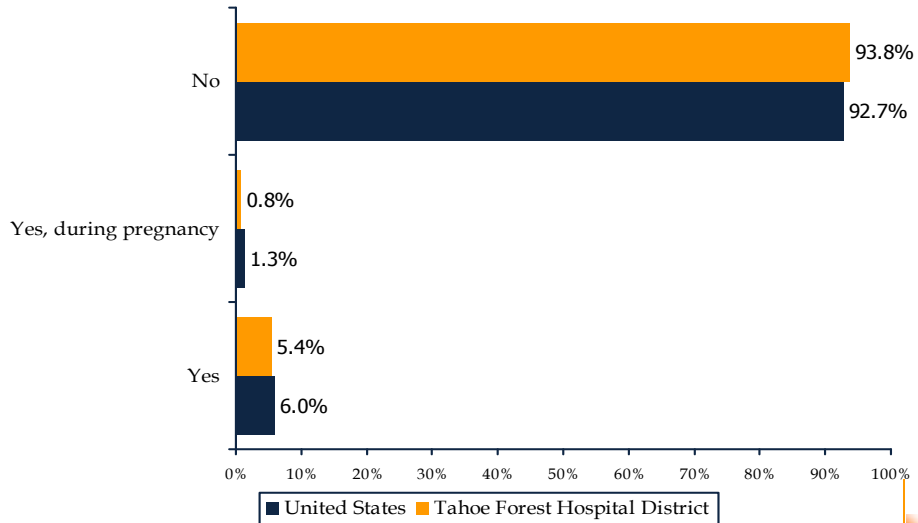
Respondents who have never been told by a doctor that they have diabetes



36

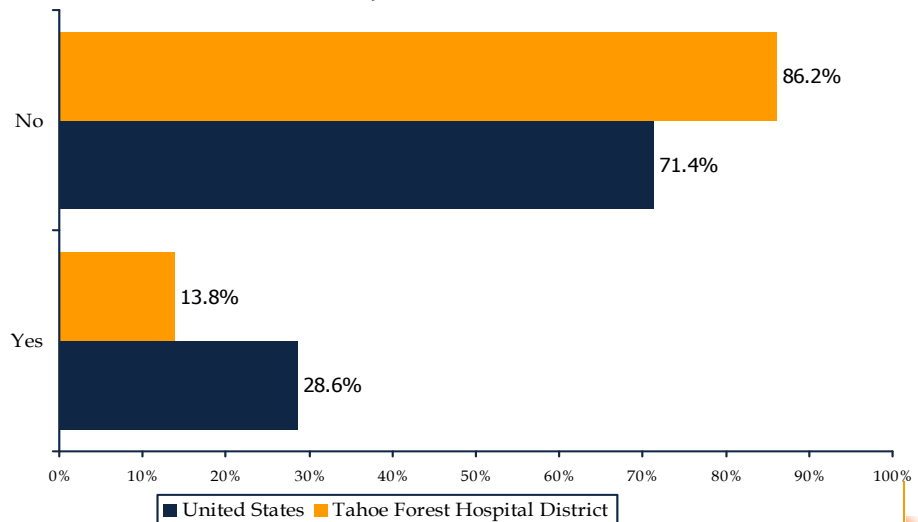
Have you ever been told by a doctor or other health professional that you have pre-diabetes or borderline diabetes?

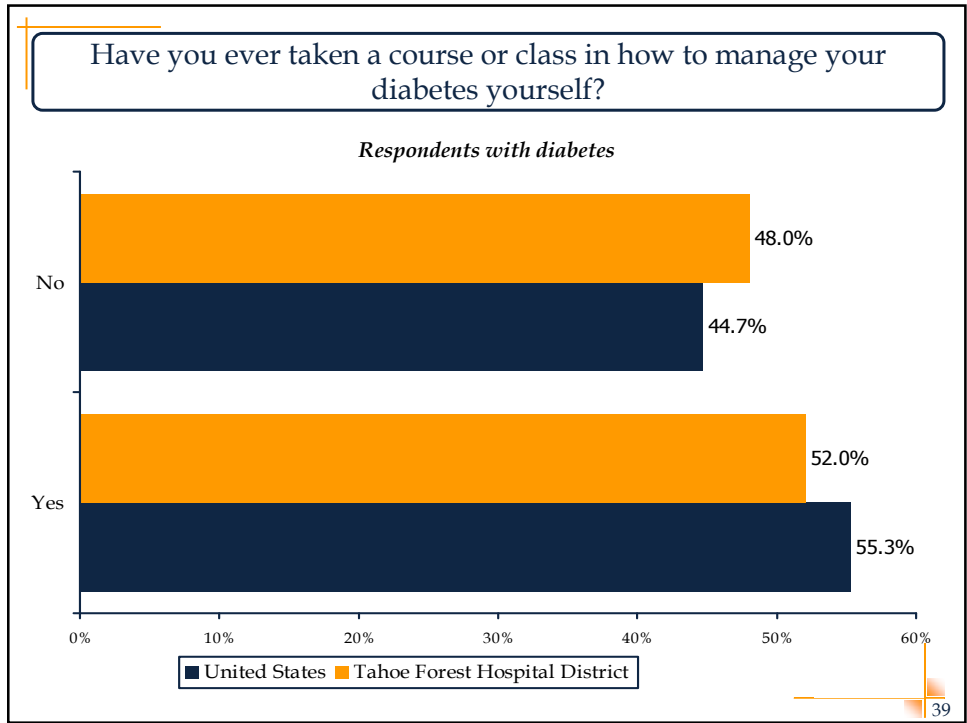
Respondents who have never been told by a doctor that they have diabetes



Are you now taking insulin?

Respondents with diabetes





Statistically Significant Differences by Race and Gender

Diabetes

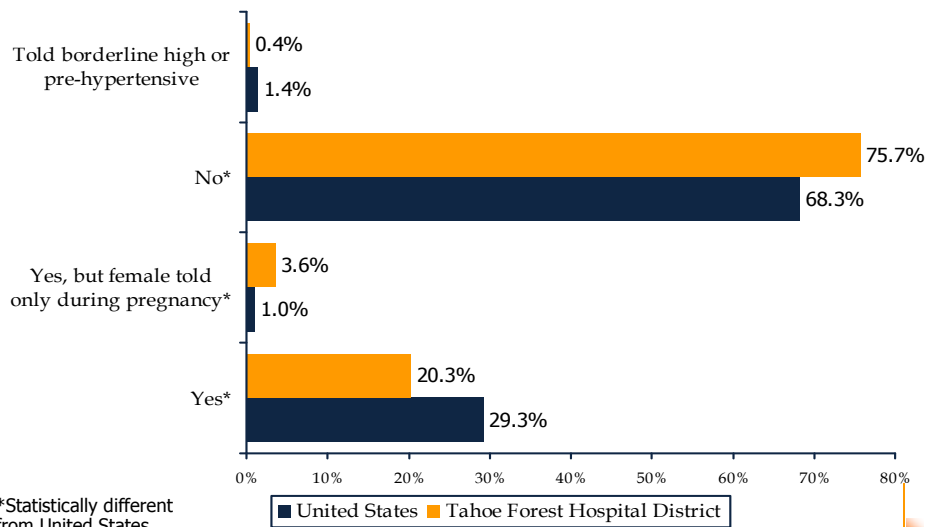
- Non-Hispanic respondents are more likely to have had a test for diabetes within the past three years than Hispanic respondents.

40

Hypertension Awareness

41

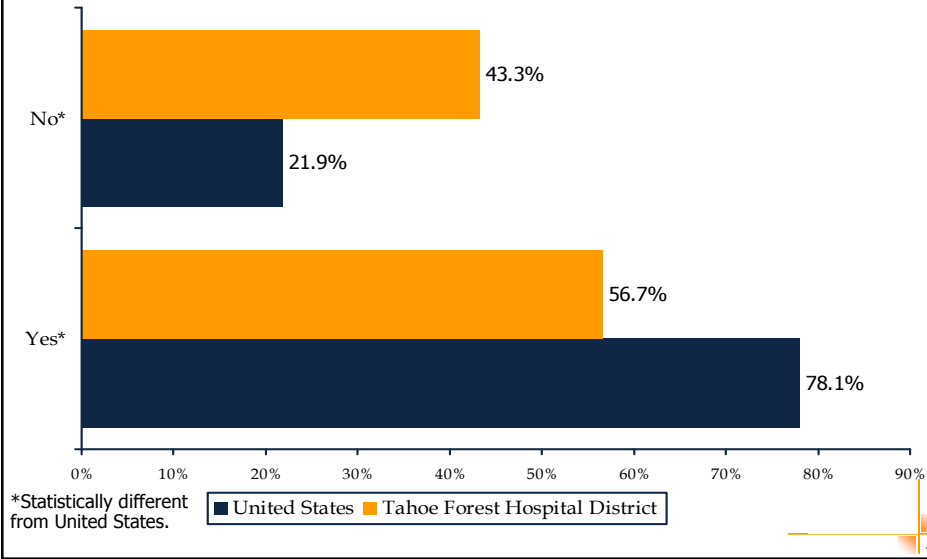
Have you ever been told by a doctor, nurse, or other health professional that you have high blood pressure?



42

Are you currently taking medicine for your high blood pressure?

Respondents with high blood pressure



Statistically Significant Differences by Race and Gender

Hypertension Awareness

- There are no statistically significant differences between race or gender.

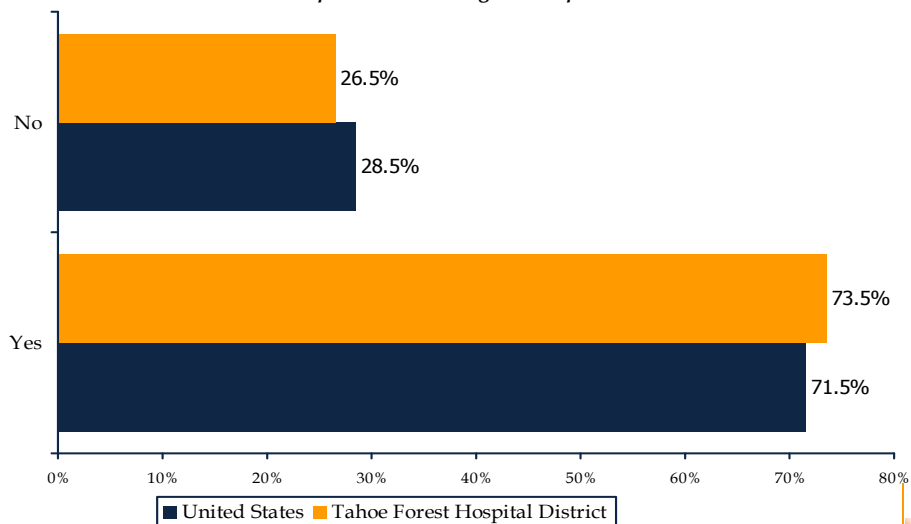
44

Actions to Control High Blood Pressure

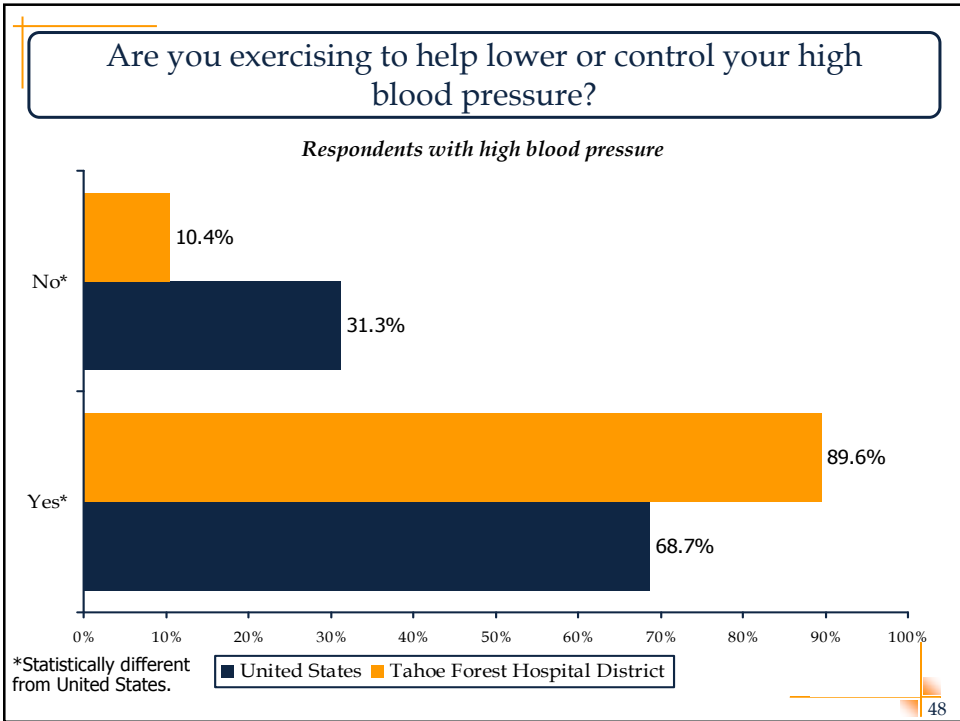
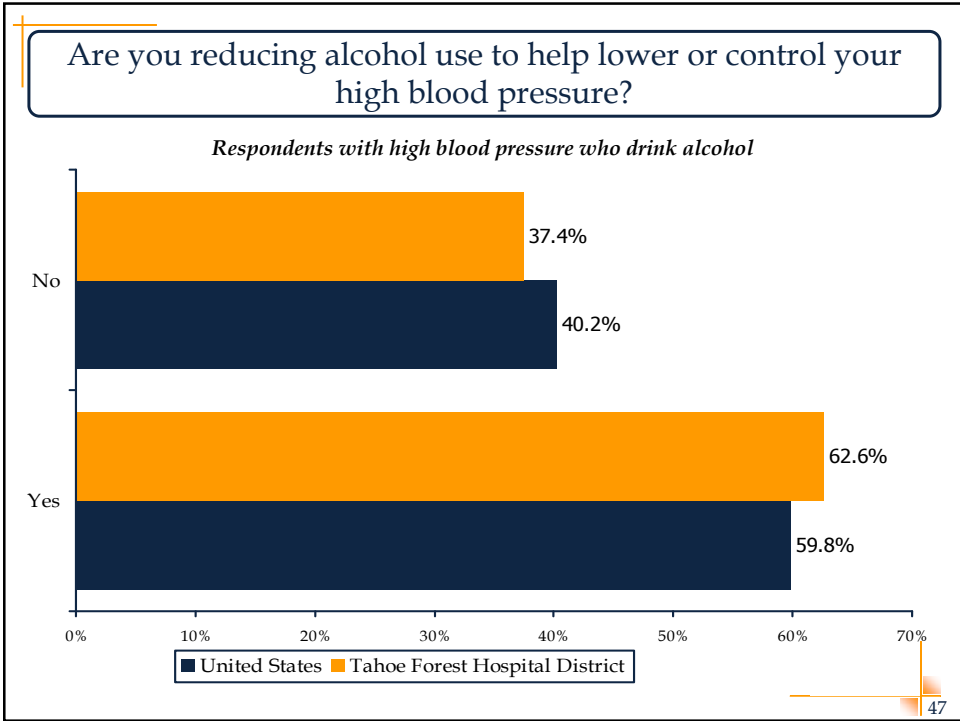
45

Are you changing your eating habits to help lower or control your high blood pressure?

Respondents with high blood pressure



46



Statistically Significant Differences by Race and Gender

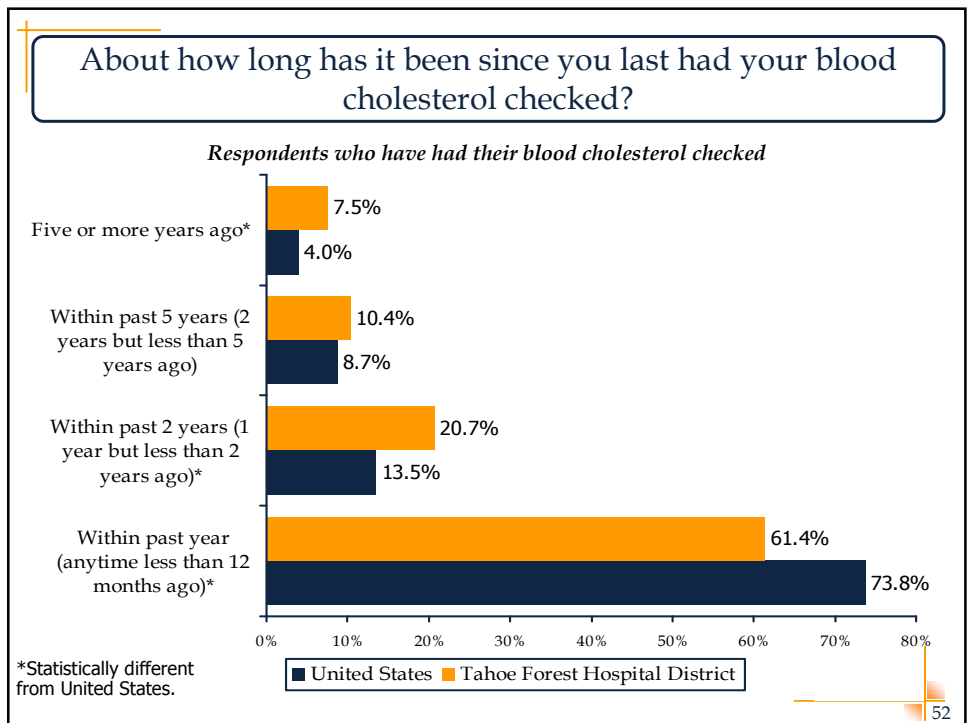
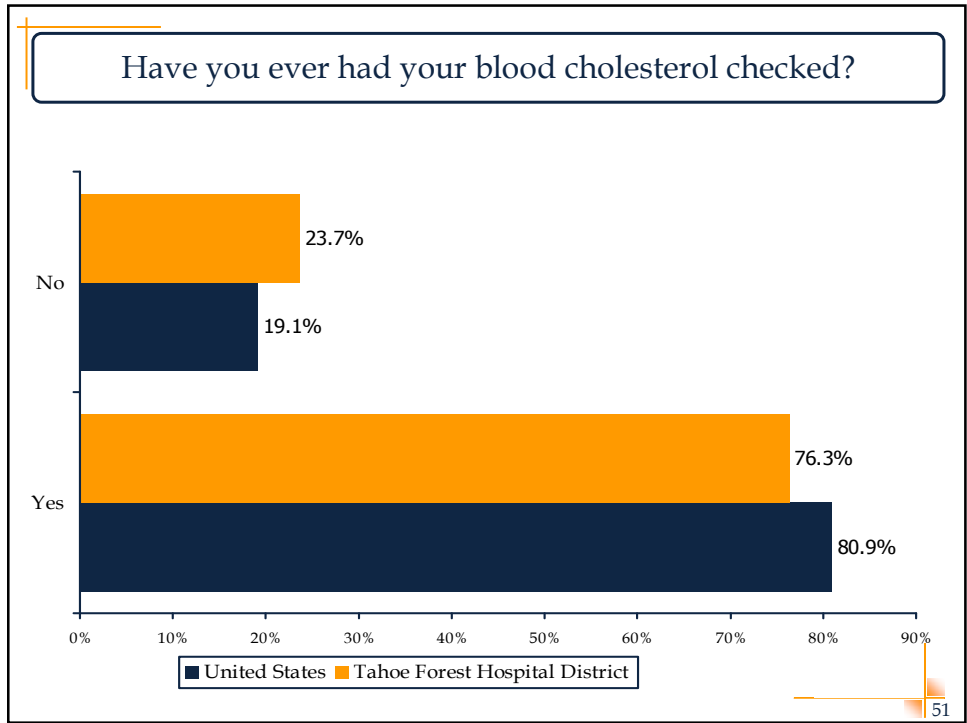
Actions to Control High Blood Pressure

- There are no statistically significant differences between race or gender.

49

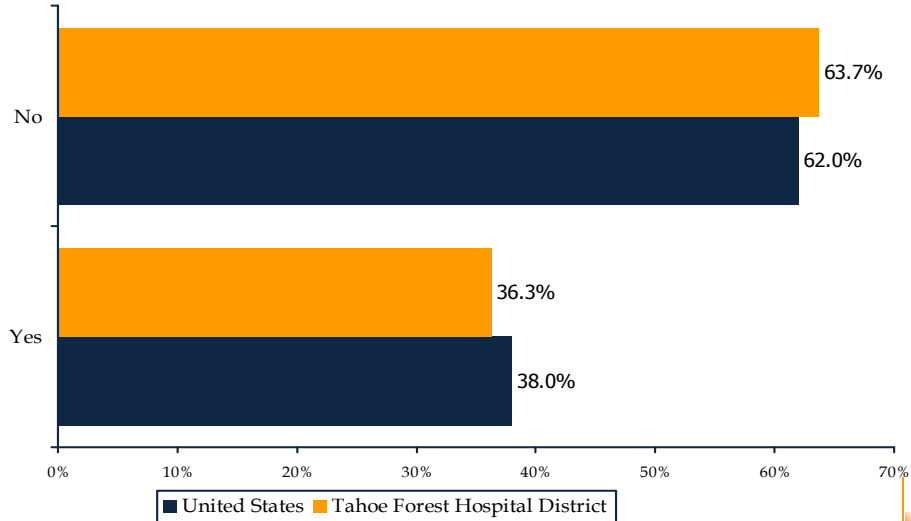
Cholesterol Awareness

50



Have you ever been told by a doctor, nurse or other health professional that your blood cholesterol is high?

Respondents who have had their blood cholesterol checked



Statistically Significant Differences by Race and Gender

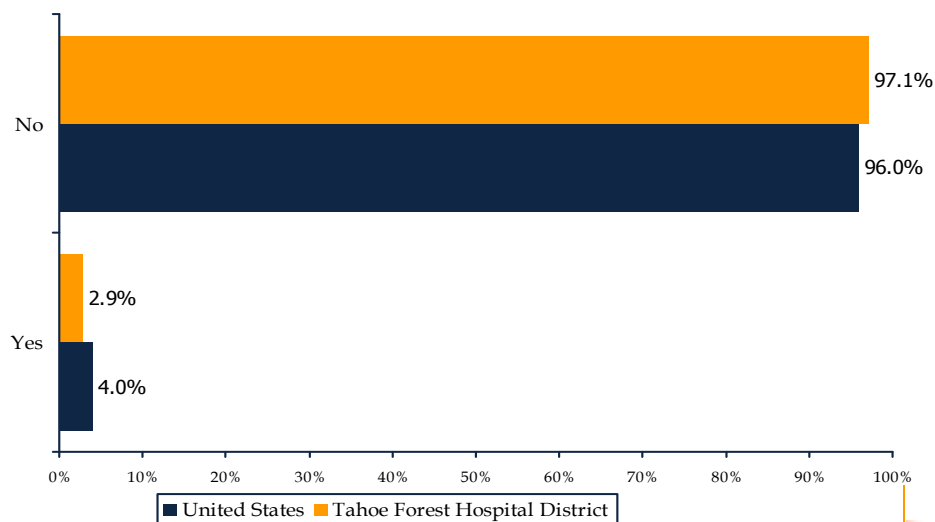
Cholesterol Awareness

- Non-Hispanic respondents are more likely to have had their blood cholesterol checked than Hispanic respondents.

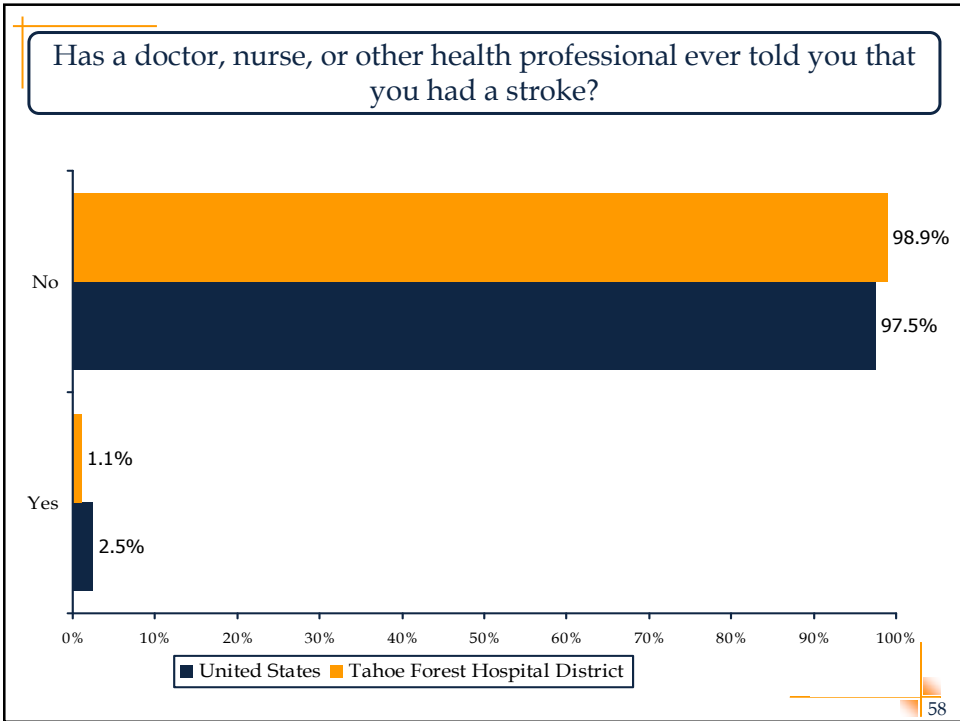
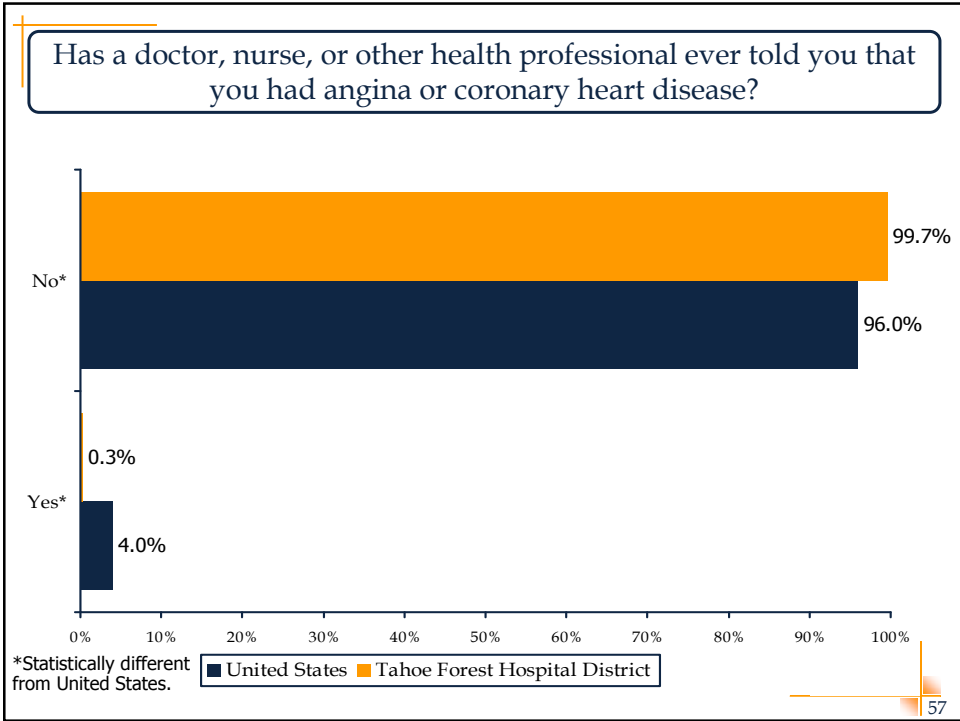
Cardiovascular Disease Prevalence

55

Has a doctor, nurse, or other health professional ever told you that you had a heart attack, also called a myocardial infarction?



56



Statistically Significant Differences by Race and Gender

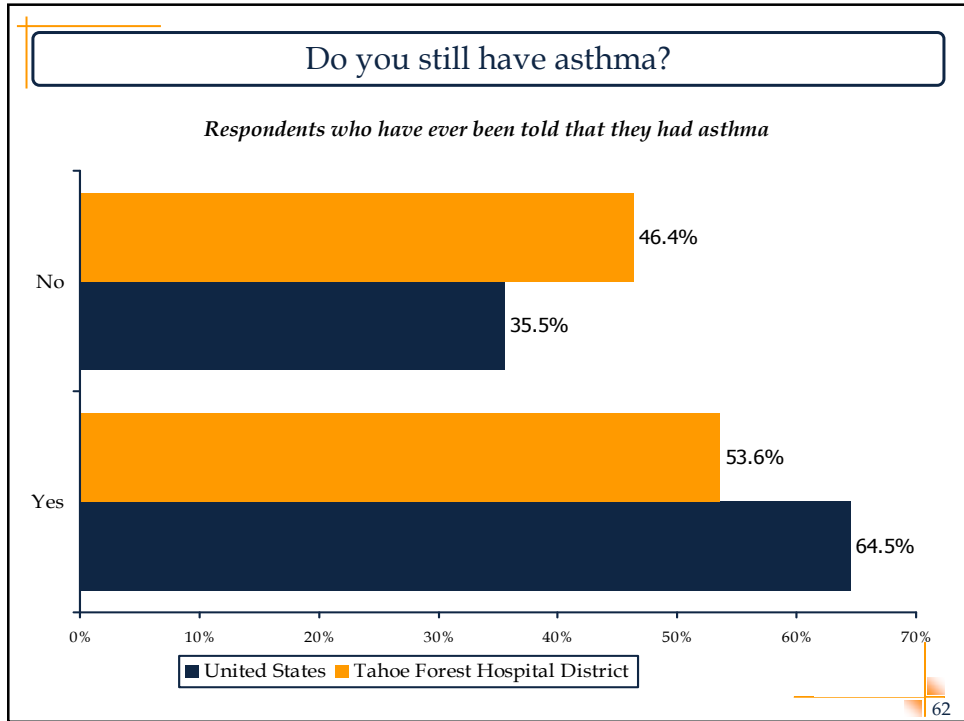
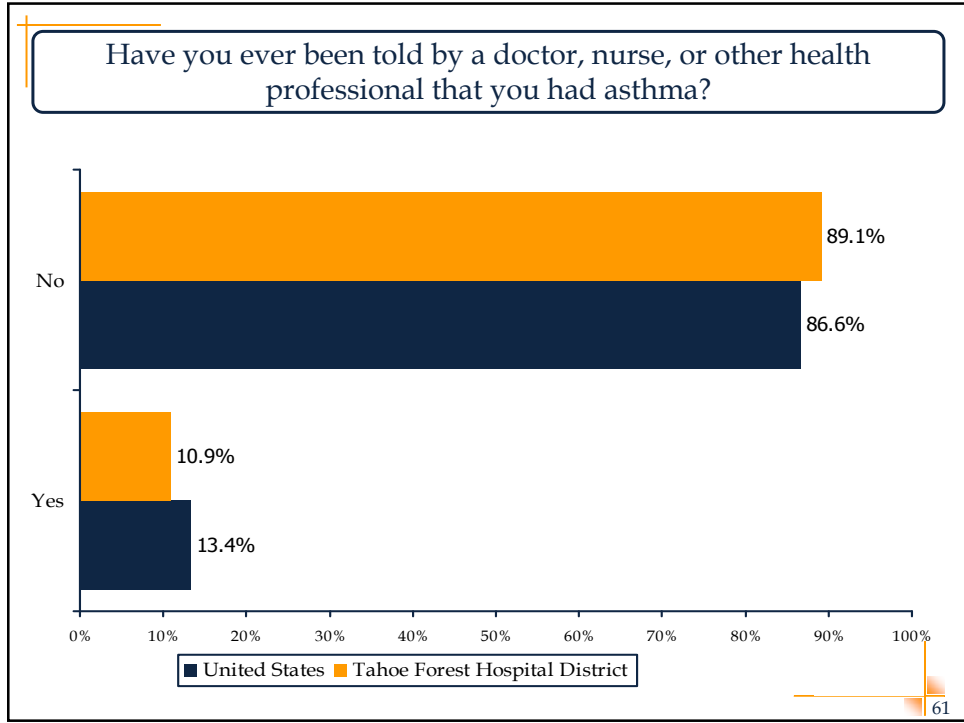
Cardiovascular Disease Prevalence

- Male respondents are more likely to have had a heart attack than female respondents.

59

Asthma

60



Statistically Significant Differences by Race and Gender

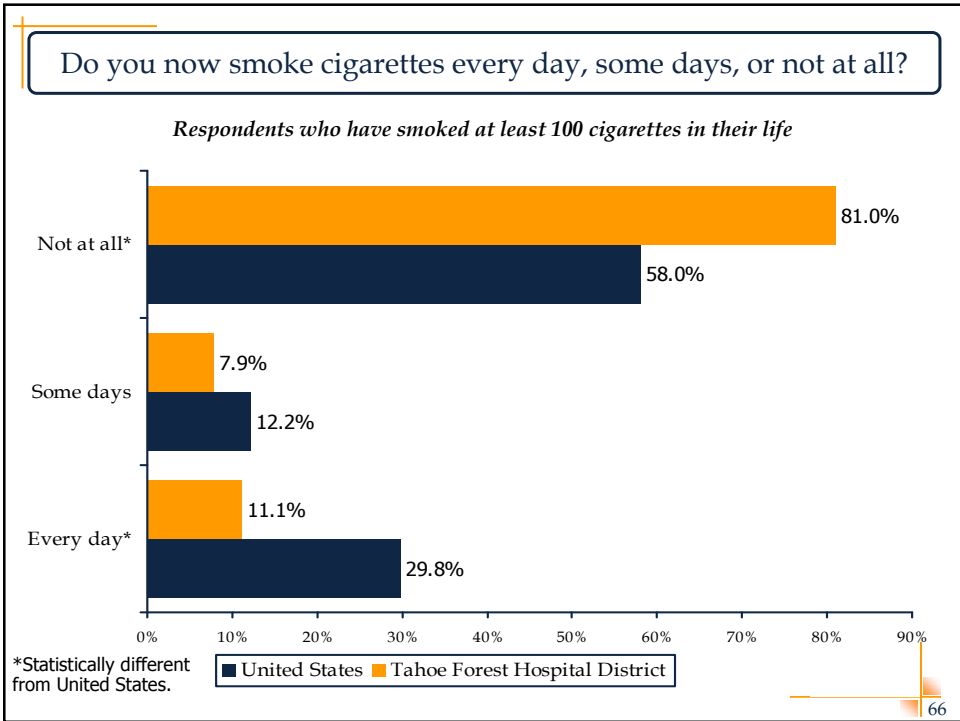
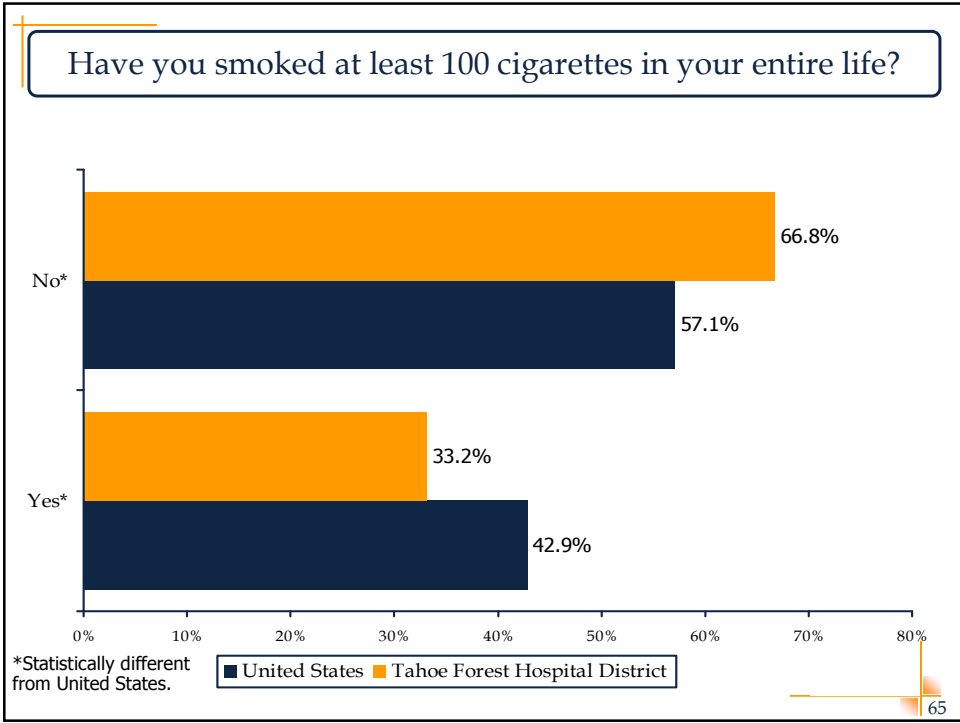
Asthma

- There are no statistically significant differences between race or gender.

63

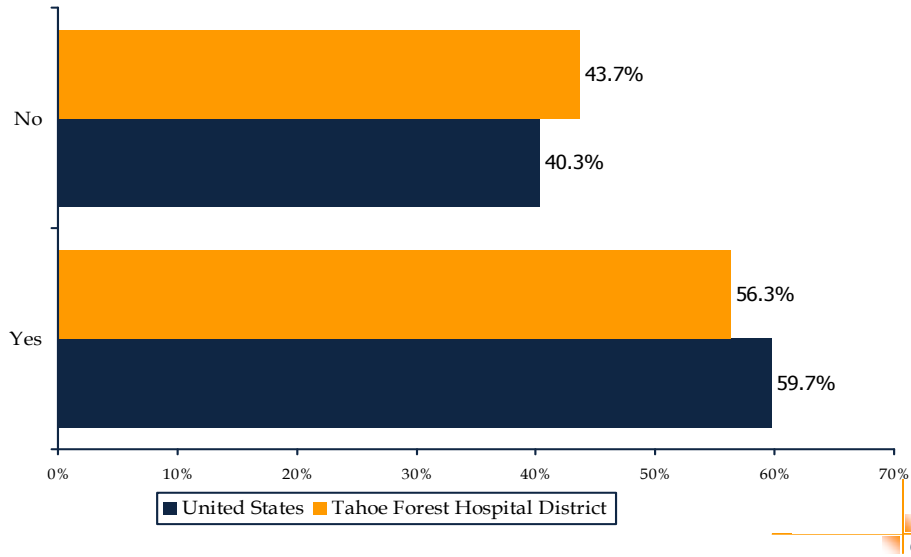
Tobacco Use

64

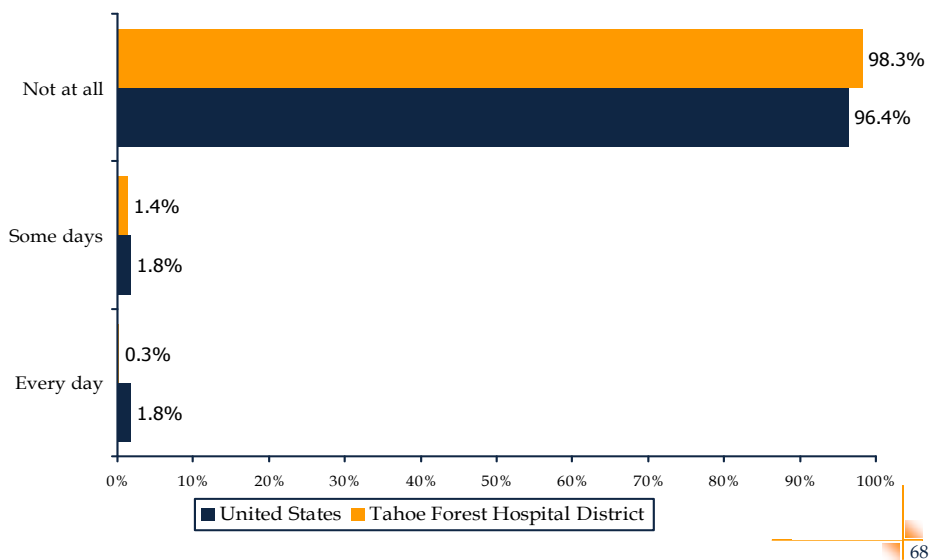


During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?

Respondents who have smoked at least 100 cigarettes in their life



Do you currently use chewing tobacco, snuff, or snus every day, some days, or not at all?



Statistically Significant Differences by Race and Gender

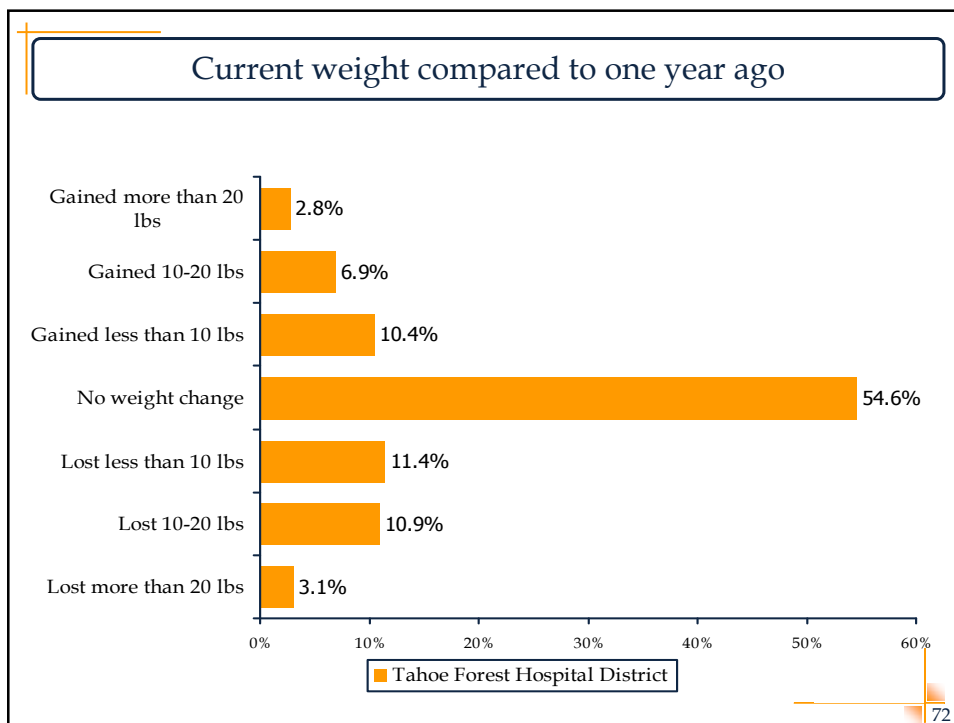
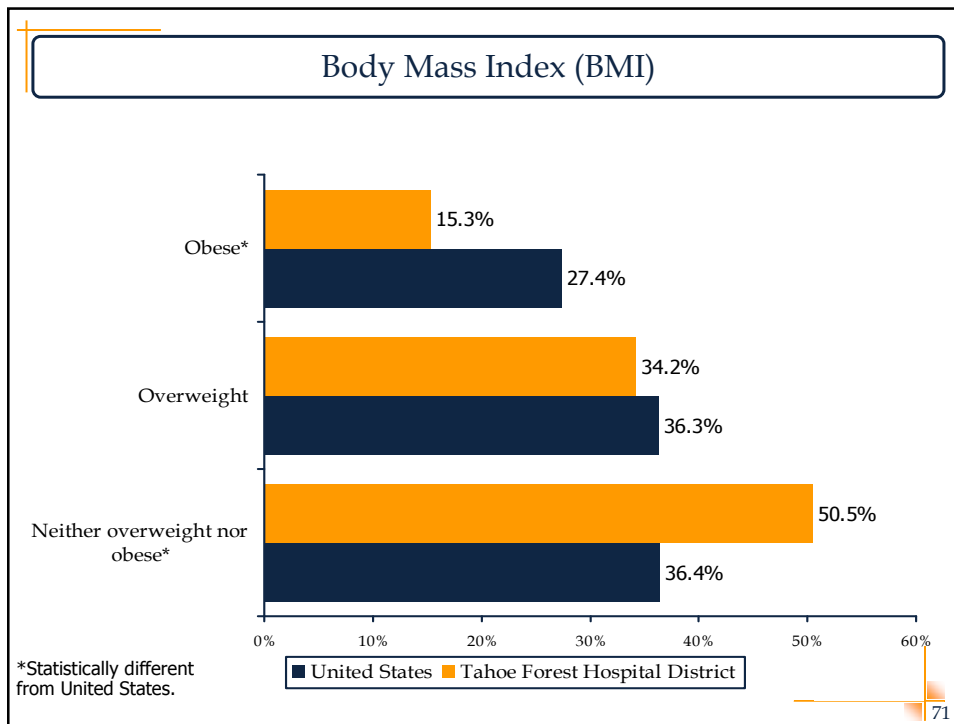
Tobacco Use

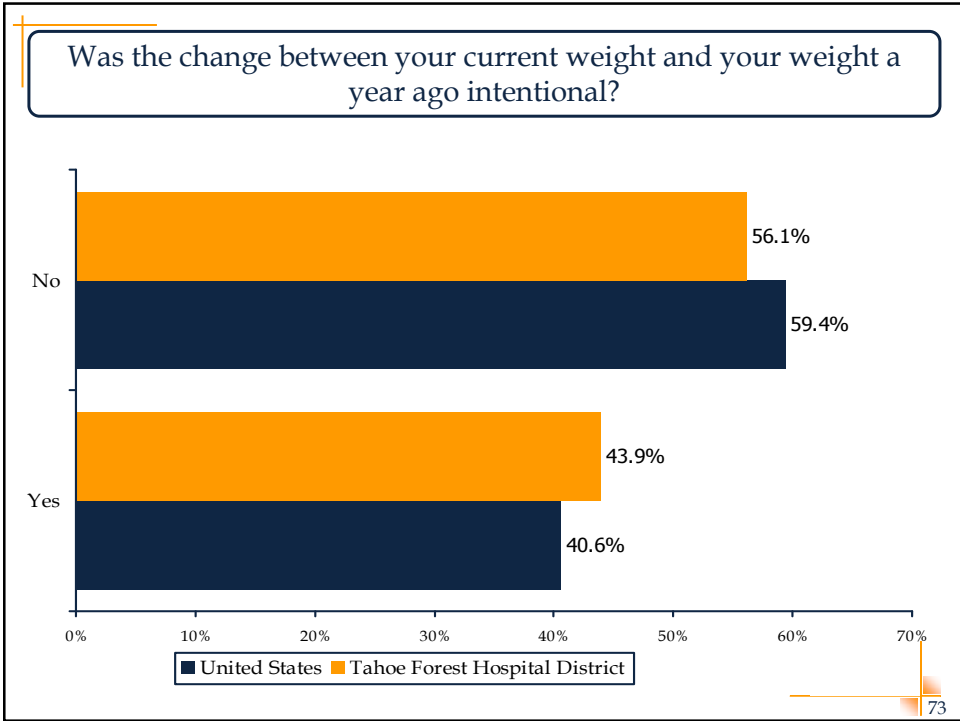
- Non-Hispanic respondents are more likely to have smoked at least 100 cigarettes in their lifetime than Hispanic respondents.
- Non-Hispanic respondents are more likely to currently not smoke cigarettes at all while Hispanic respondents are more likely to smoke cigarettes some days.

69

Weight Control

70





Statistically Significant Differences by Race and Gender

Weight Control

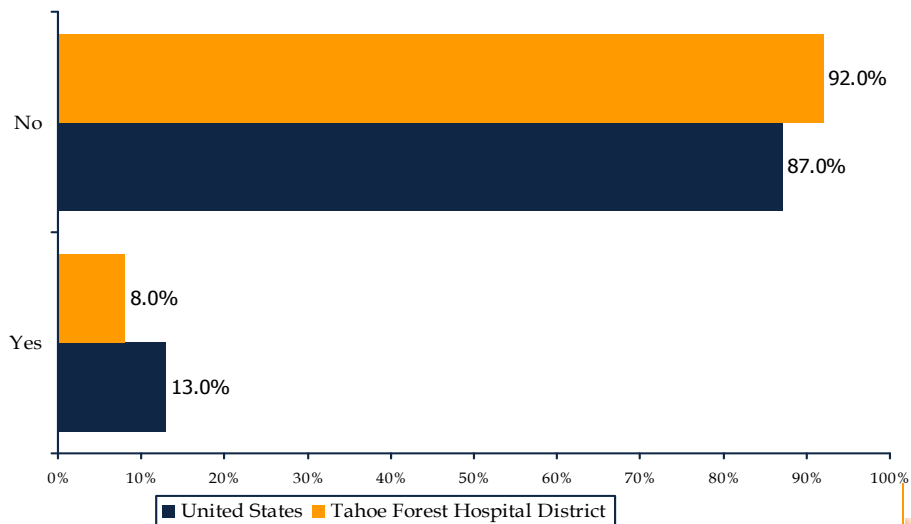
- Non-Hispanic respondents are more likely to be neither overweight nor obese while Hispanic respondents are more likely to be obese.
- Male respondents are more likely to be overweight than female respondents.

74

Childhood Asthma Prevalence

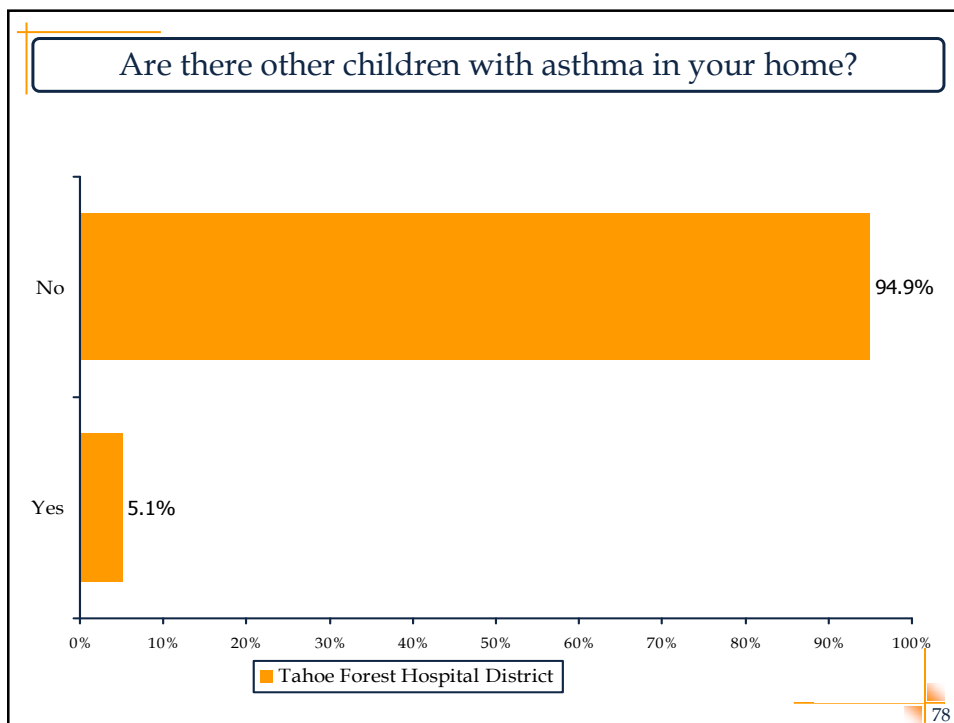
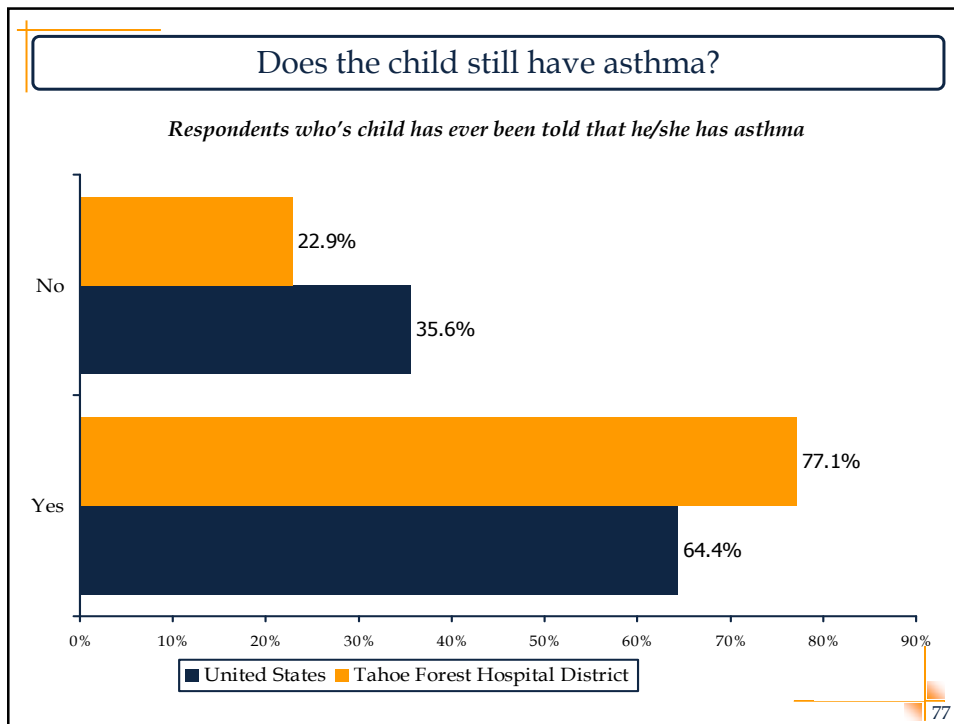
75

Has a doctor, nurse or other health professional ever said that the "Xth" child has asthma?*



*Callers randomly selected which child the question was answered for.

76



Statistically Significant Differences by Race and Gender

Childhood Asthma Prevalence

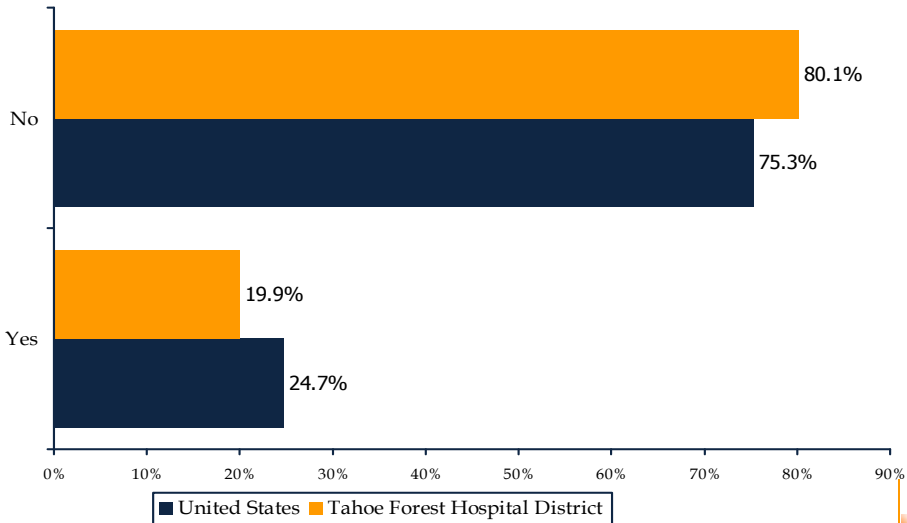
- Race and gender demographics were not collected for the child responses are based on. As a result, statistical testing cannot be performed.

79

Caregiver Status

80

During the past month, did you provide any such care or assistance to a friend or family member?



81

Statistically Significant Differences by Race and Gender

Caregiver Status

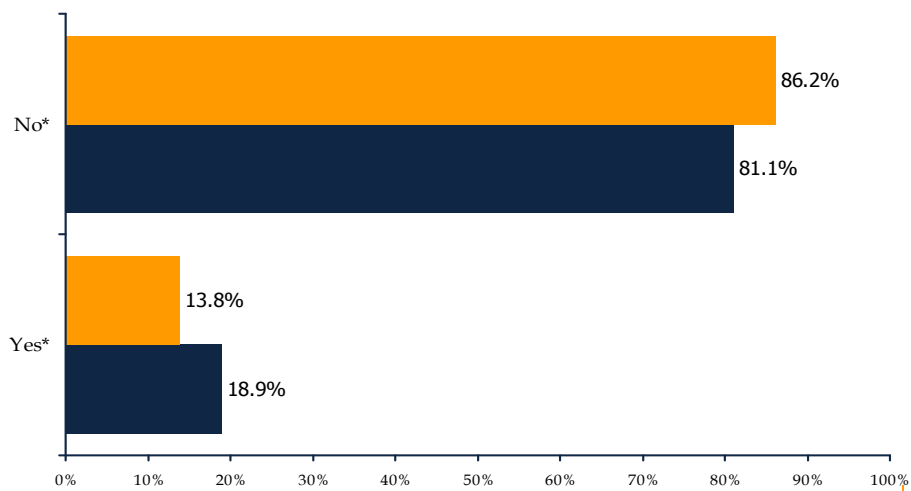
- There are no statistically significant differences between race or gender.

82

Disability

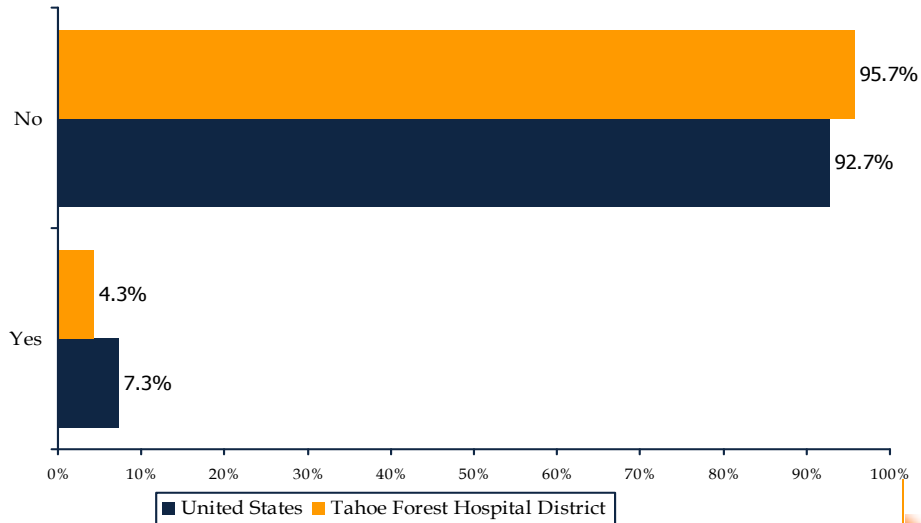
83

Are you limited in any way in any activities because of physical, mental, or emotional problems?



84

Do you now have any health problems that require you to use special equipment, such as a cane, a wheelchair, a special bed, or a special telephone?



85

Statistically Significant Differences by Race and Gender

Disability

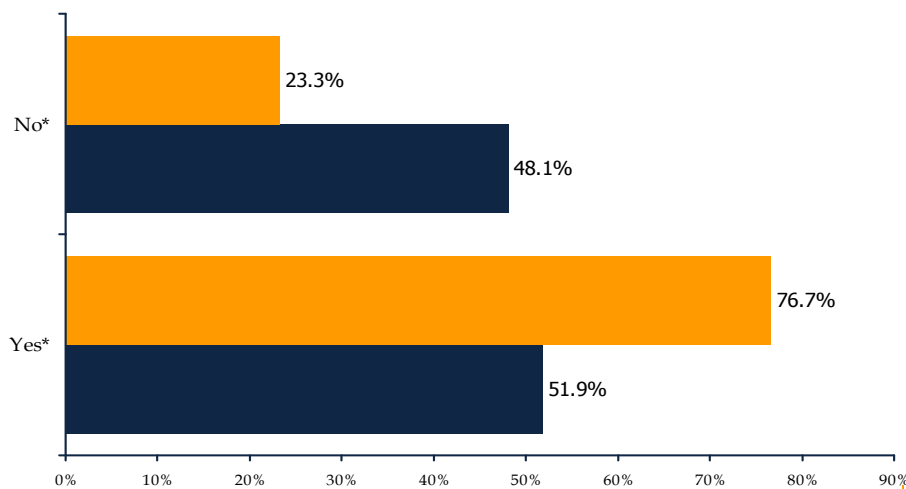
- There are no statistically significant differences between race or gender.

86

Alcohol Consumption

87

During the past 30 days, have you had at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor?

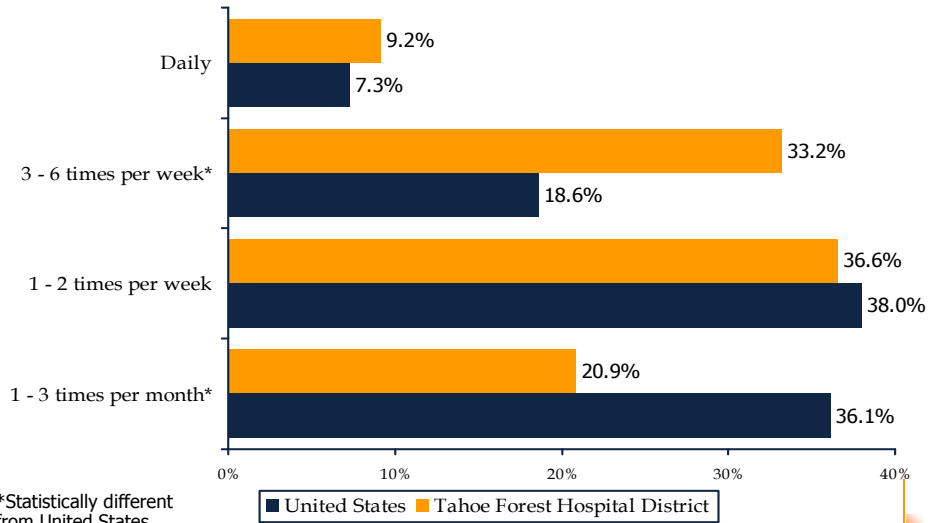


*Statistically different from United States.

88

During the past 30 days, how often did you drink any alcoholic beverage?

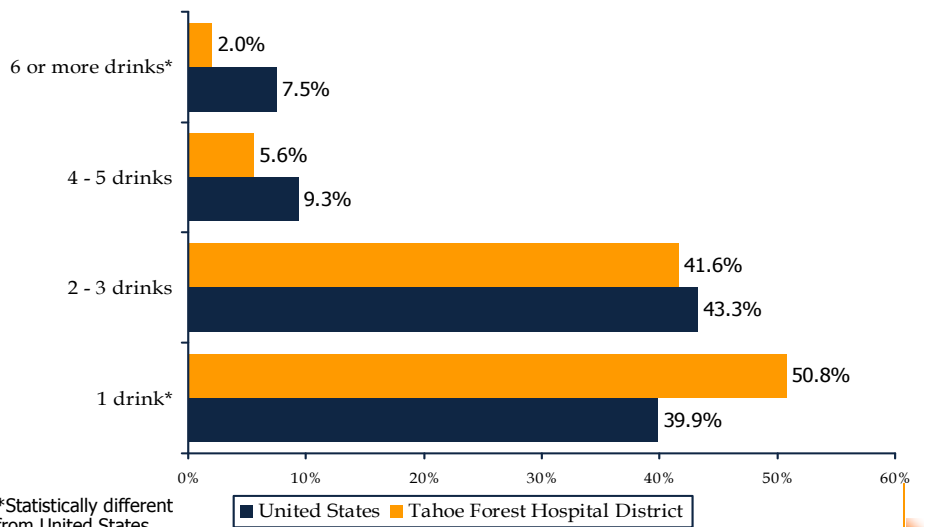
Respondents who drank an alcoholic beverage within the past 30 days



89

During the past 30 days, on the days when you drank, about how many drinks did you drink on average?

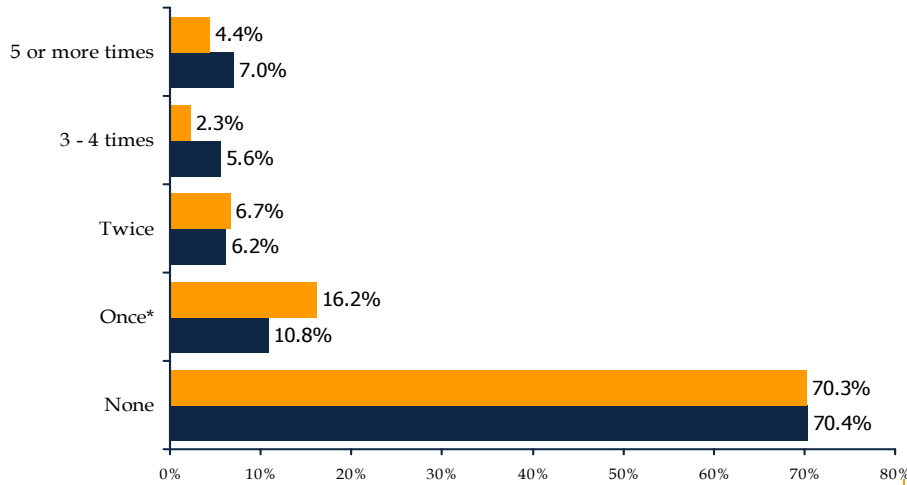
Respondents who drank an alcoholic beverage within the past 30 days



90

Considering all types of alcoholic beverages, how many times during the past 30 days did you have four/ five or more drinks on an occasion?

Respondents who drank an alcoholic beverage within the past 30 days



*Statistically different from United States.

Note: "4" drinks for females; "5" drinks for males

91

Statistically Significant Differences by Race and Gender

Alcohol Consumption

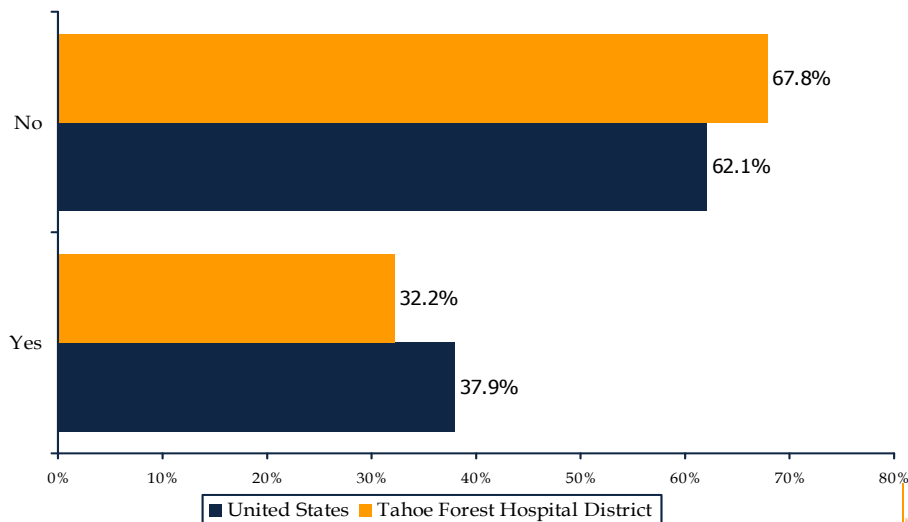
- Non-Hispanic respondents are more likely to have had at least one drink in the past 30 days than Hispanic respondents.
- Non-Hispanic respondents are more likely to drink an alcoholic beverage more days per week than Hispanic respondents.
- Male respondents are more likely to have had at least one alcoholic beverage in the past 30 days than female respondents.
- Female respondents are more likely to drink only 1 drink at a time when they do drink, while male respondents are more likely to have 4 - 5 drinks.
- Male respondents are more likely than female respondents to have had 5 or more drinks on an occasion within the past 30 days.

92

Immunizations

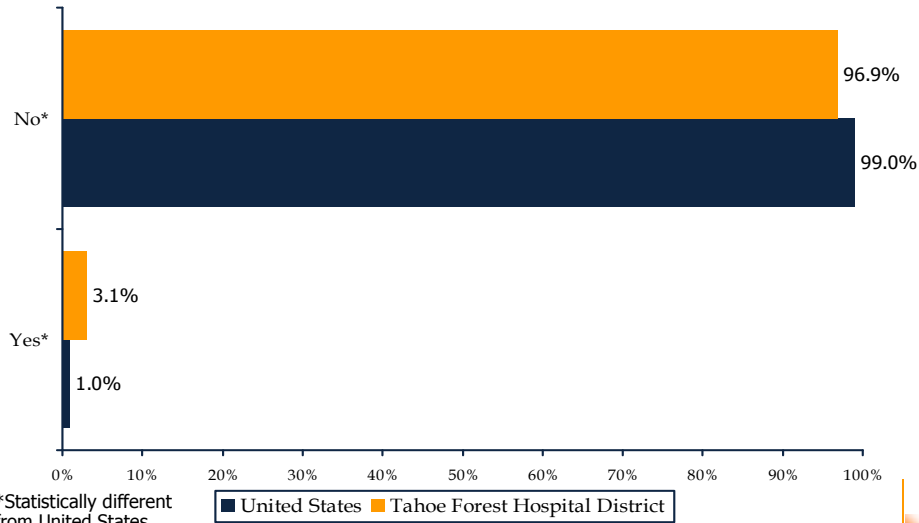
93

A flu shot is an influenza vaccine injected into your arm. During the past 12 months, have you had a flu shot?

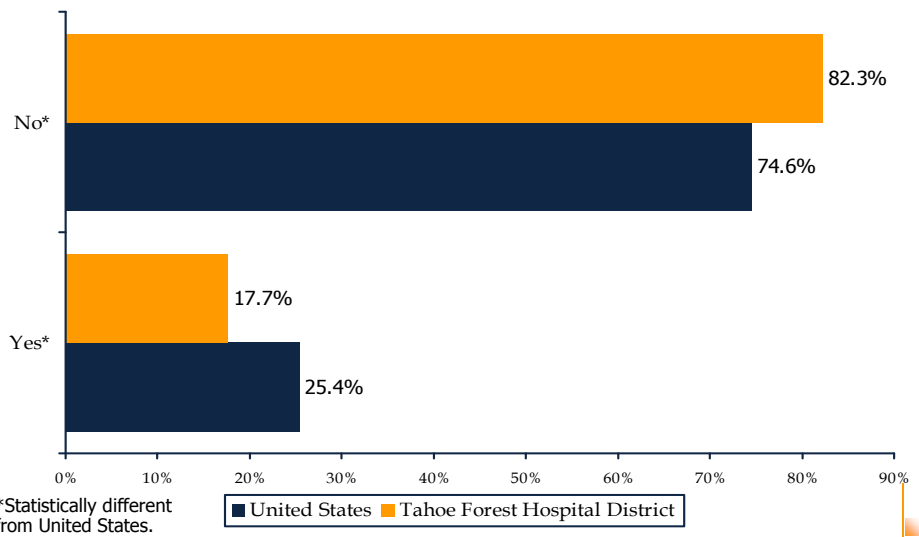


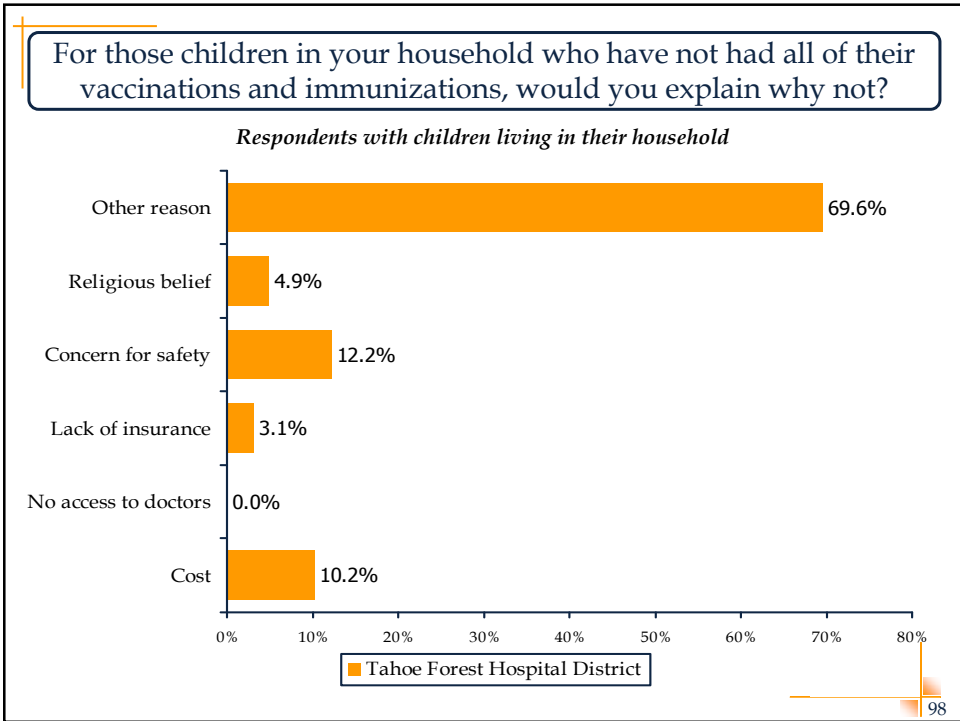
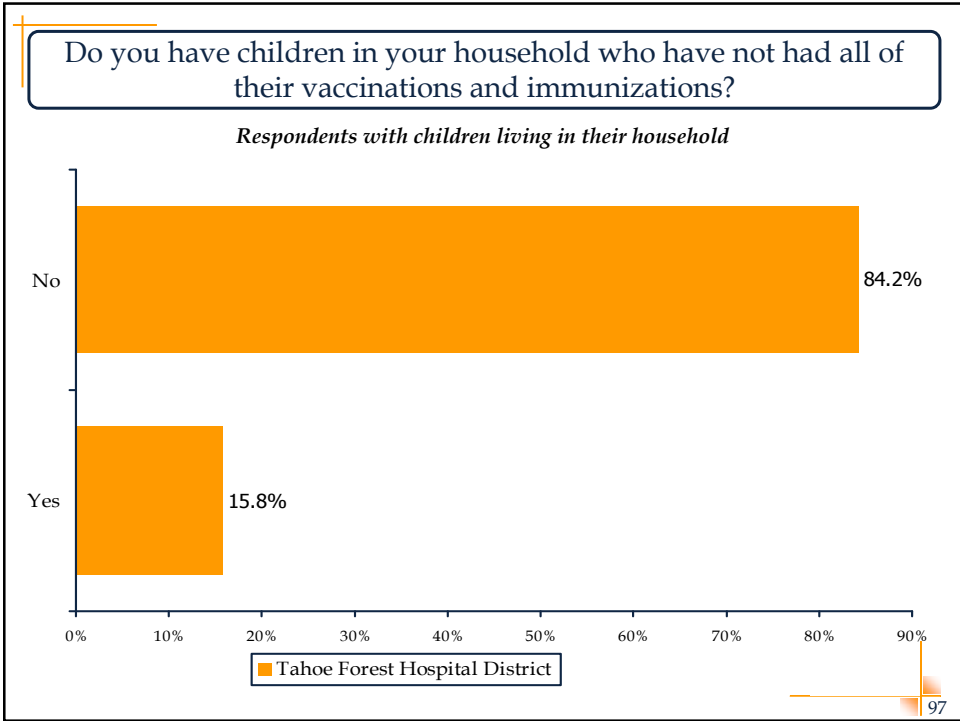
94

During the past 12 months, have you had a flu vaccine that was sprayed in your nose?



A pneumonia shot or pneumococcal vaccine is usually given only once or twice in a person's lifetime and is different from the flu shot. Have you ever had a pneumonia shot?





Statistically Significant Differences by Race and Gender

Immunizations

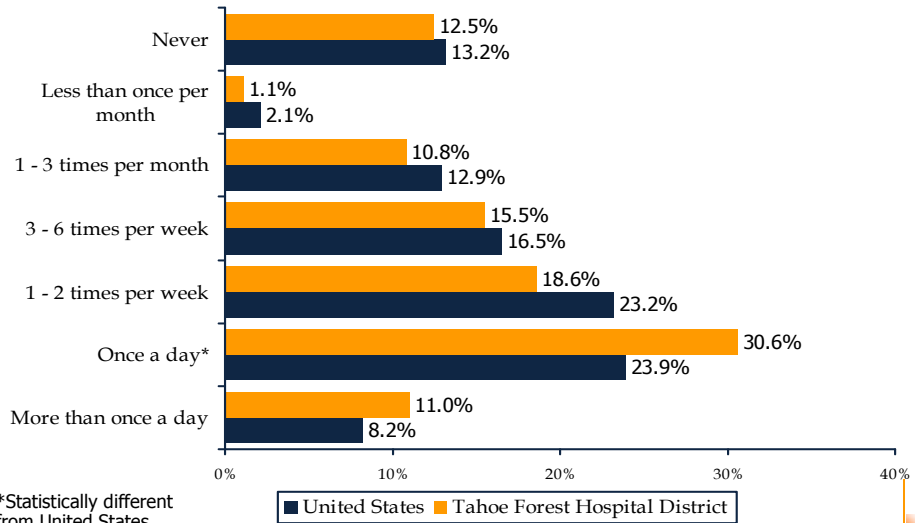
- Non-Hispanic respondents are more likely to have had a pneumonia shot than Hispanic respondents.
- Female respondents are more likely to have had either a flu shot or flu vaccine spray within the past year than male respondents.

99

Fruits and Vegetables

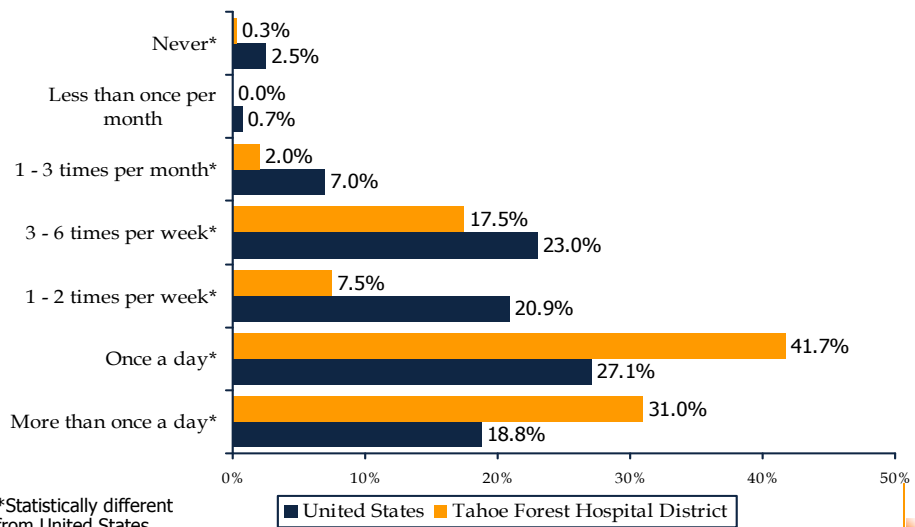
100

How often do you drink fruit juices such as orange, grapefruit, or tomato?



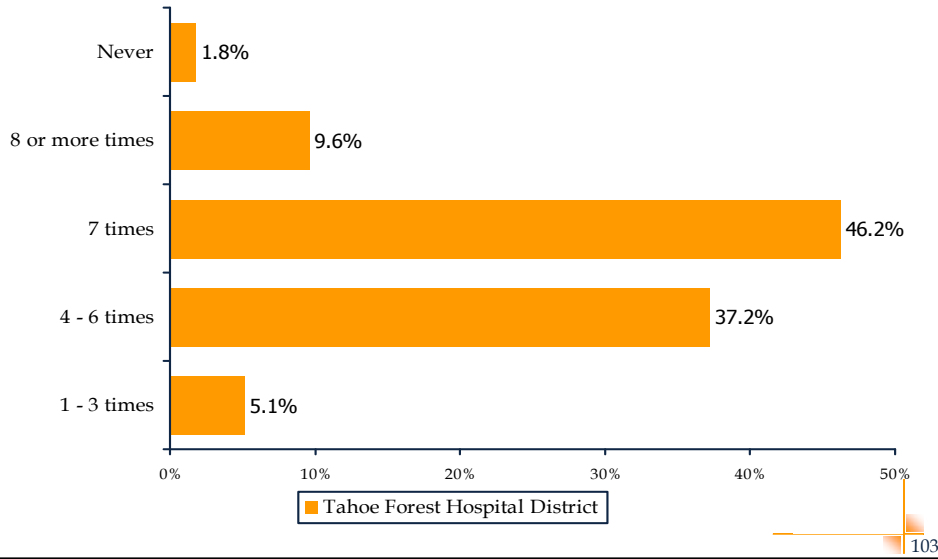
*Statistically different from United States.

Not counting juice, how often do you eat fruit?

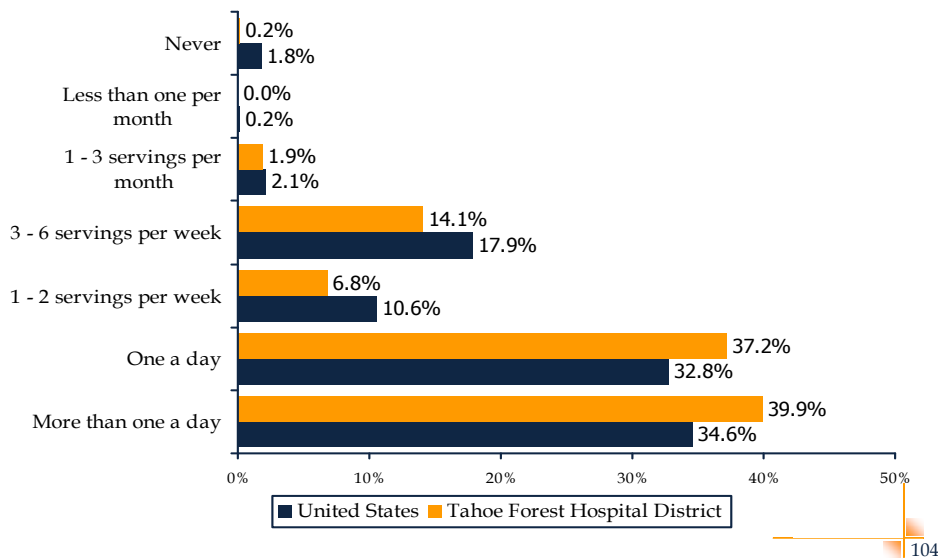


*Statistically different from United States.

How often per week do you prepare and eat a family meal in your household?



Not counting carrots, potatoes, or salad, how many servings of vegetables do you usually eat?



Statistically Significant Differences by Race and Gender

Fruits and Vegetables

- Hispanic respondents are more likely to drink fruit juices and eat fruit more than non-Hispanic respondents.
- Hispanic respondents are more likely to eat a family meal (8 or more times a week) than non-Hispanic respondents.
- Female respondents are more likely to never drink fruit juices than male respondents.
- Female respondents are more likely to eat fruit more than once a day than male respondents.

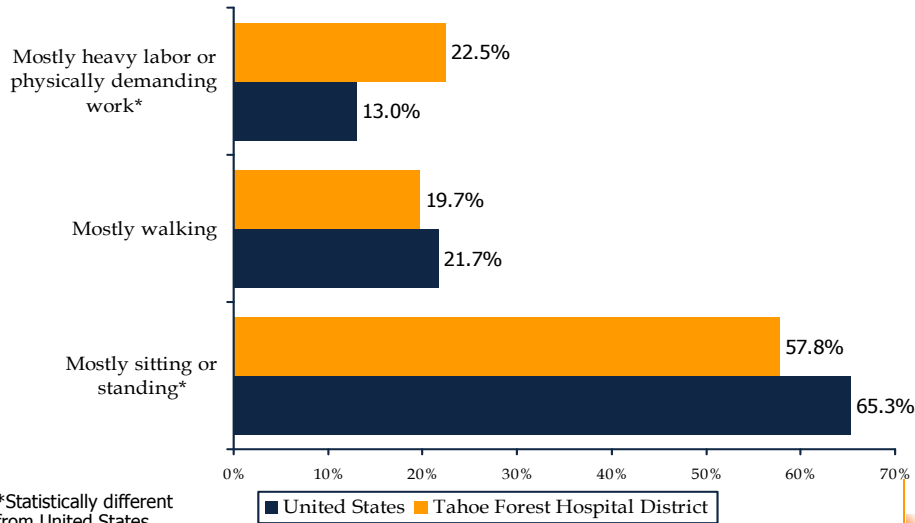
105

Physical Activity

106

When you are at work, which of the following best describes what you do? Would you say-

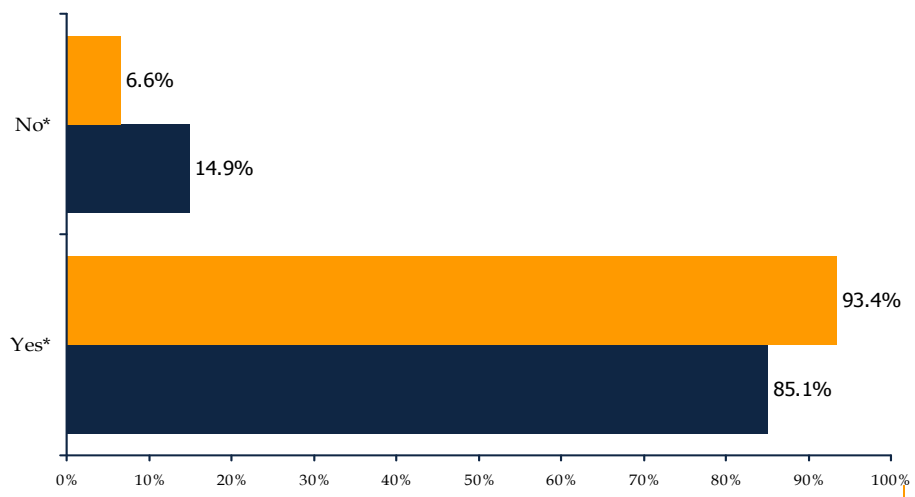
Respondents who are employed for wages or self-employed



*Statistically different from United States.

107

Now thinking about the moderate activities you do in a usual week, do you do moderate activities for a least 10 minutes at a time that cause some increase in breathing or heart rate?

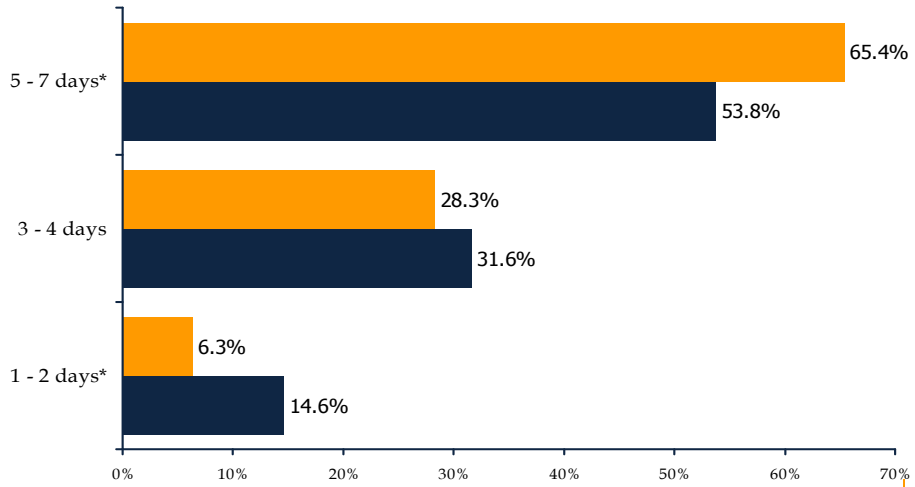


*Statistically different from United States.

108

How many days per week do you do these moderate activities for at least 10 minutes at a time?

Respondents who do moderate activities for at least 10 minutes a time

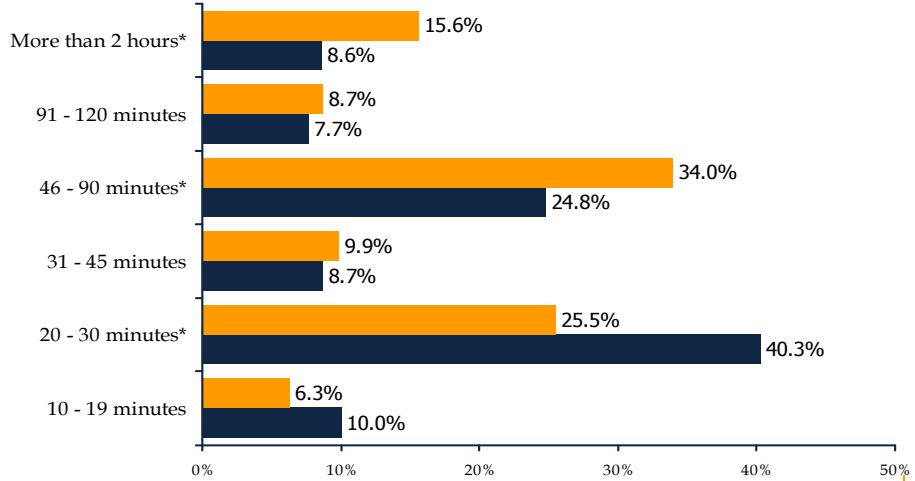


*Statistically different from United States.

■ United States ■ Tahoe Forest Hospital District

On days when you do moderate activities for at least 10 minutes at a time, how much total time per day do you spend doing these activities?

Respondents who do moderate activities for at least 10 minutes a time



*Statistically different from United States.

■ United States ■ Tahoe Forest Hospital District

Statistically Significant Differences by Race and Gender

Physical Activity

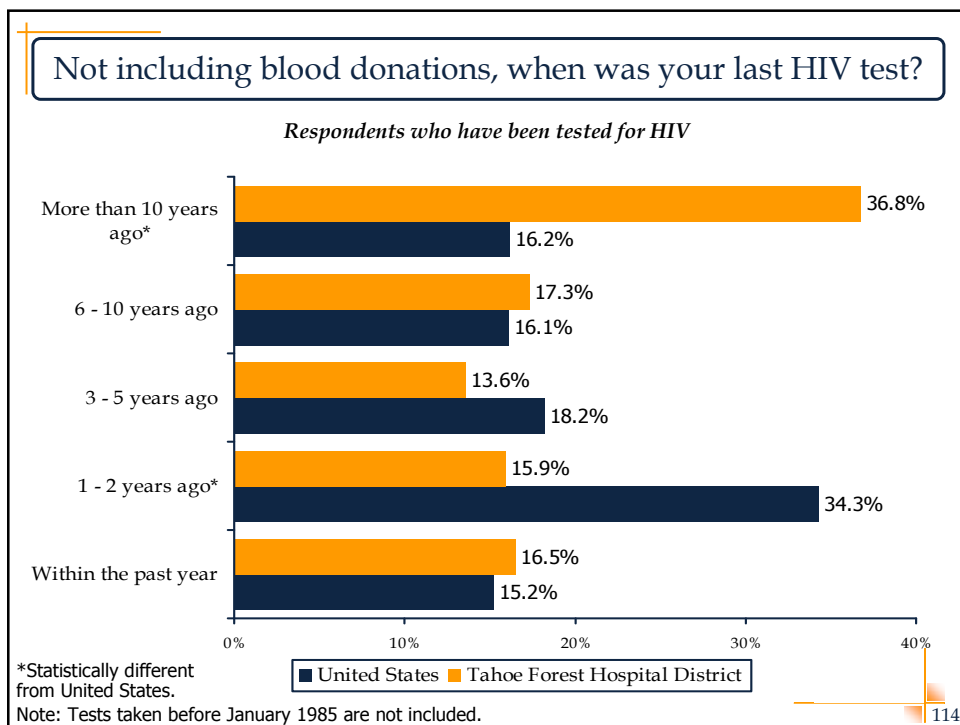
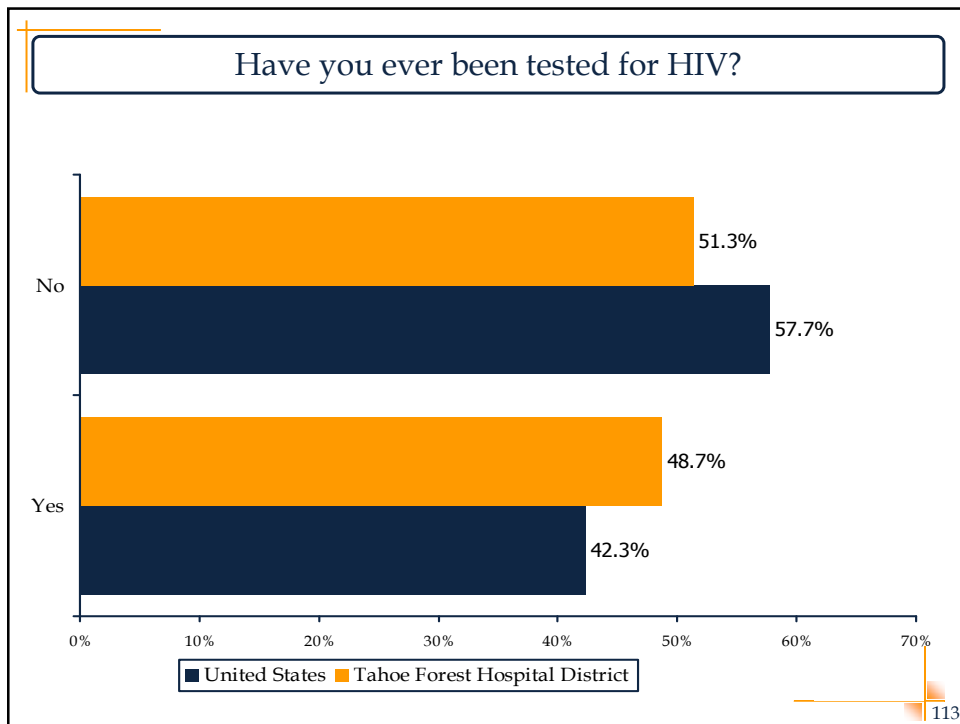
- Non-Hispanic respondents are more likely to be mostly sitting or standing at work while Hispanic respondents are more likely to be mostly walking.
- Non-Hispanic respondents are more likely to do moderate activities outside of work for at least 10 minutes at a time in a usual week than Hispanic respondents.
- Hispanic respondents who do moderate activities outside of work are more likely to spend 10 - 30 minutes than non-Hispanic respondents.
- Male respondents are more likely to do moderate activities outside of work (for more than 2 hours at a time) than female respondents.

111

HIV/AIDS

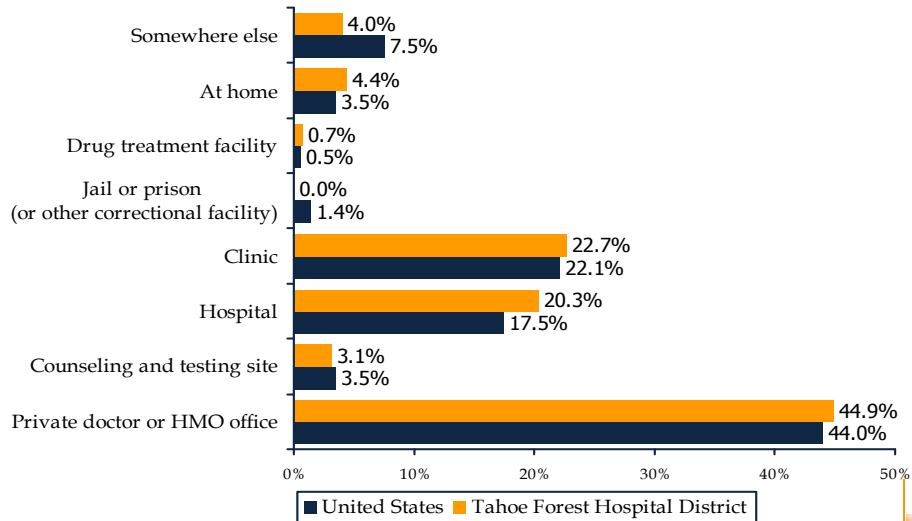
Only asked of respondents under 65 years of age

112



Where did you have your last HIV test?

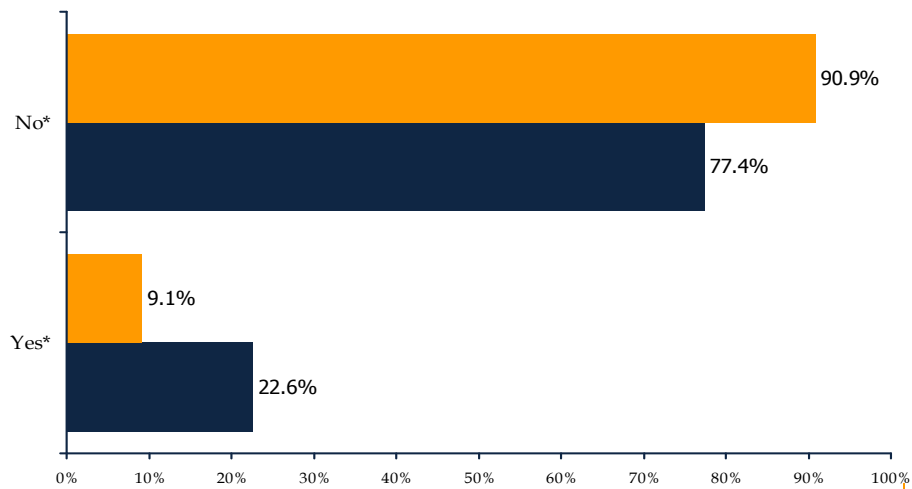
Respondents who have been tested for HIV



115

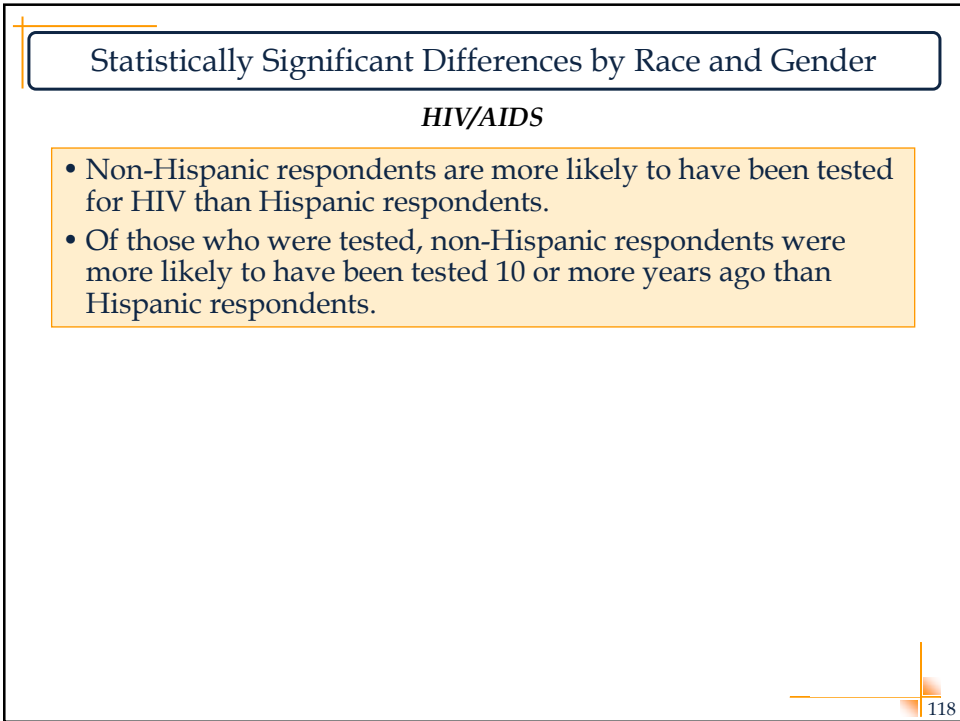
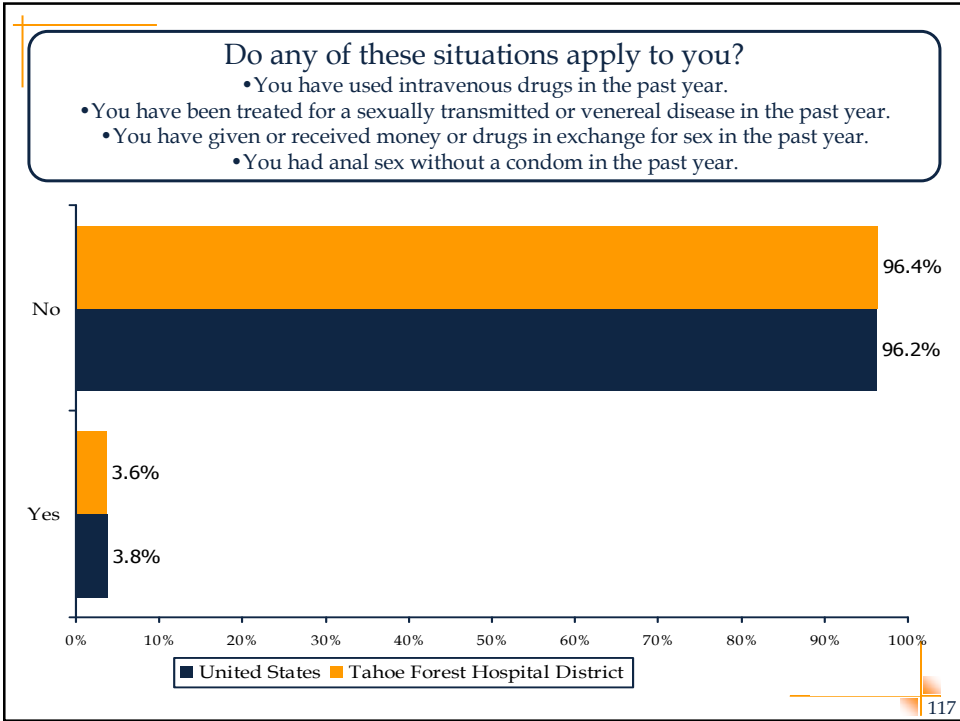
Was it a rapid test where you could get your results within a couple of hours?

Respondents who have been tested for HIV but do not know or refused to answer when



*Statistically different from United States.

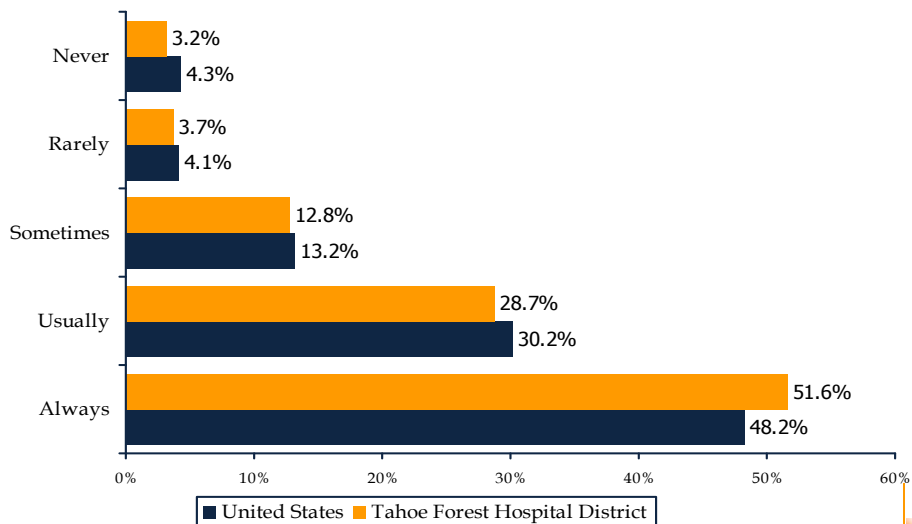
116



Emotional Support and Life Satisfaction

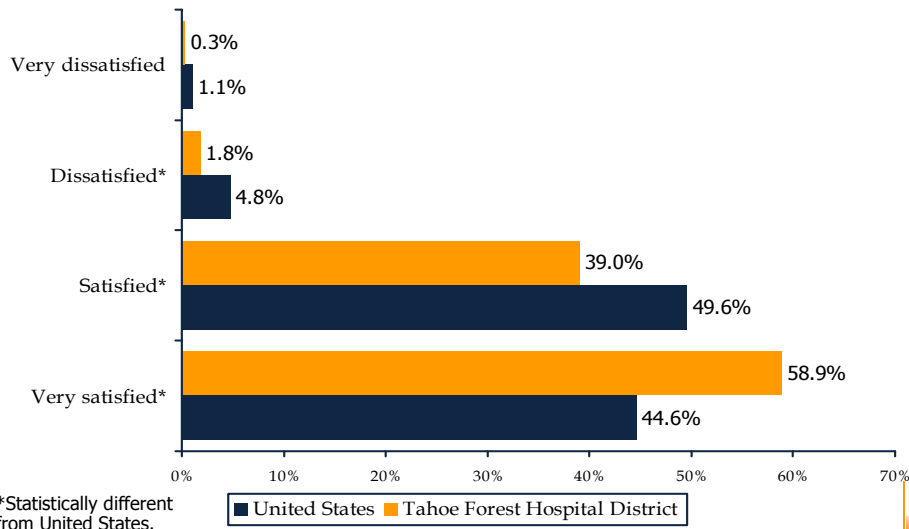
119

How often do you get the social and emotional support you need?



120

In general, how satisfied are you with your life?



Statistically Significant Differences by Race and Gender

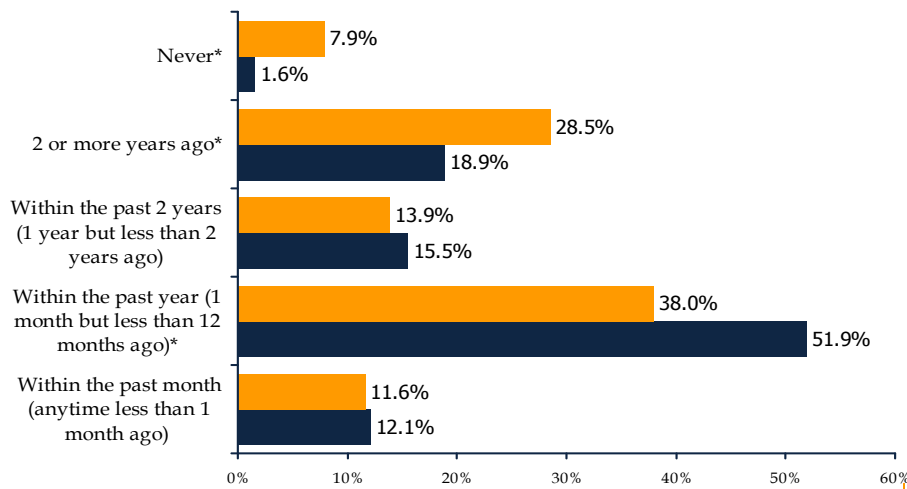
Emotional Support and Life Satisfaction

- Hispanic respondents are less likely to get the social and emotional support they need than non-Hispanic respondents.
- Non-Hispanic respondents are more likely to be very satisfied with their lives than Hispanic respondents.
- Male respondents are more likely to always get the social and emotional support they need than females respondents.

Visual Impairment and Access to Eye Care

123

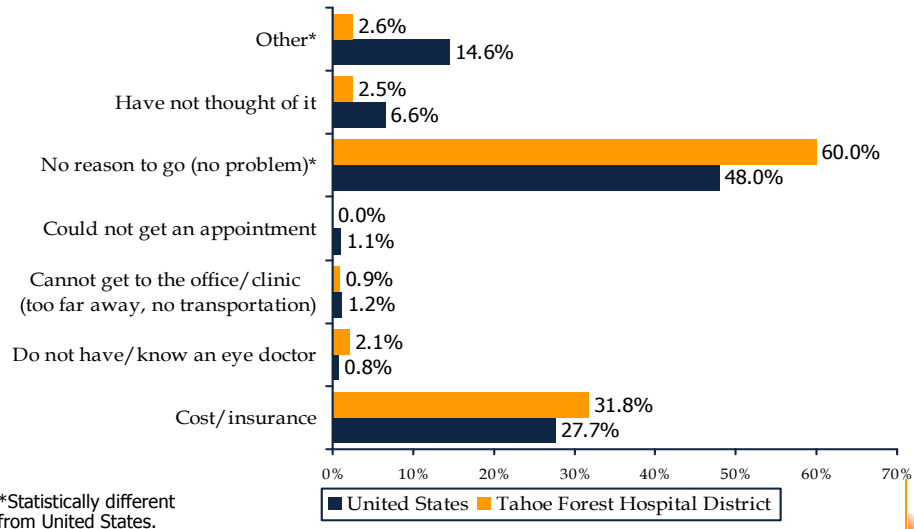
When was the last time you had your eyes examined by any doctor or eye care provider?



124

What is the main reason you have not visited an eye care professional in the past 12 months?

Respondents who have not visited an eye care professional in the past 12 months



125

Statistically Significant Differences by Race and Gender

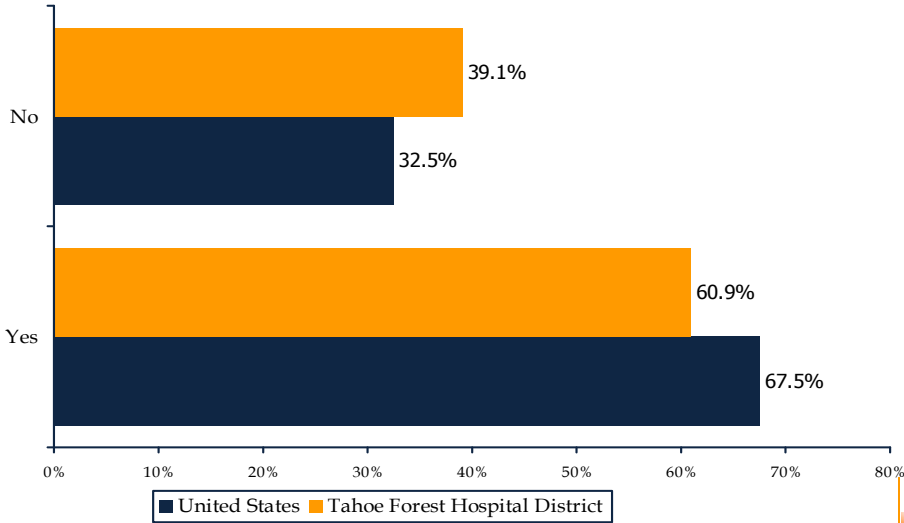
Visual Impairment and Access to Eye Care

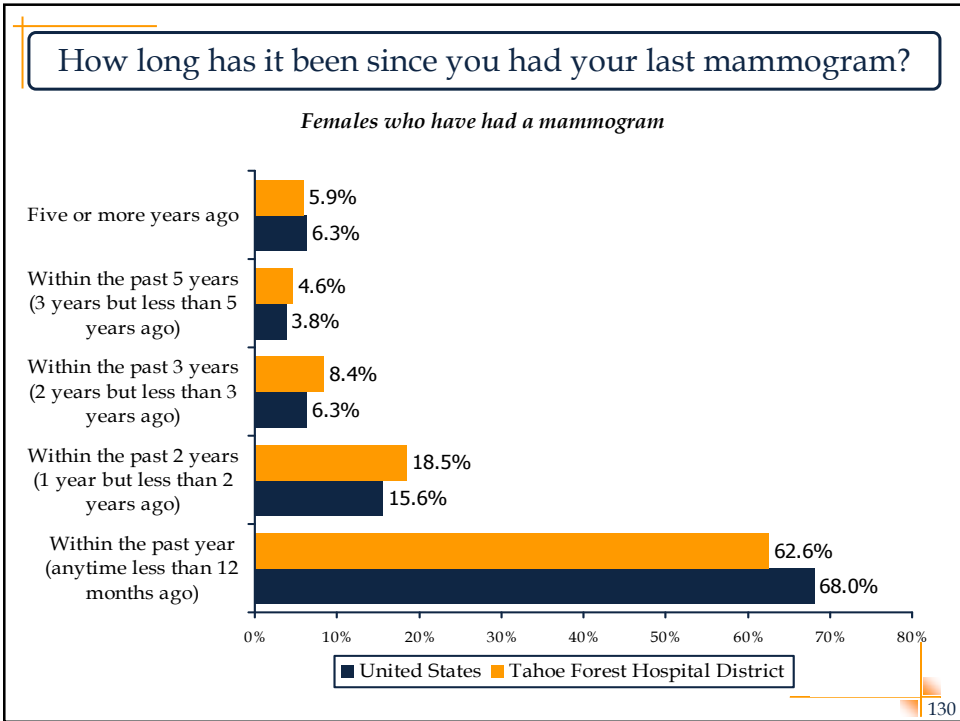
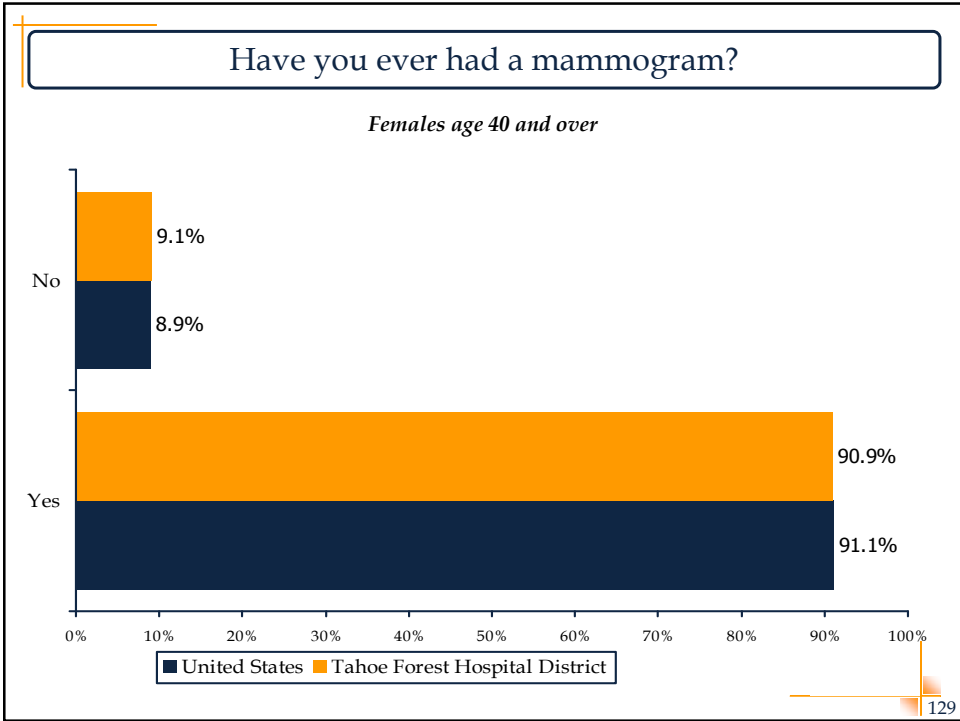
- Non-Hispanic respondents are more likely to have had their eyes examined by a doctor or eye care provider within the past year while Hispanic respondents are more likely to have never had their eyes examined.
- Hispanic respondents are more likely to have not visited an eye care professional in the past year due to the cost or lack of insurance than non-Hispanic respondents.
- Female respondents are more likely to have not visited an eye care professional in the past year due to the cost or lack of insurance than male respondents.

126

Women's Health

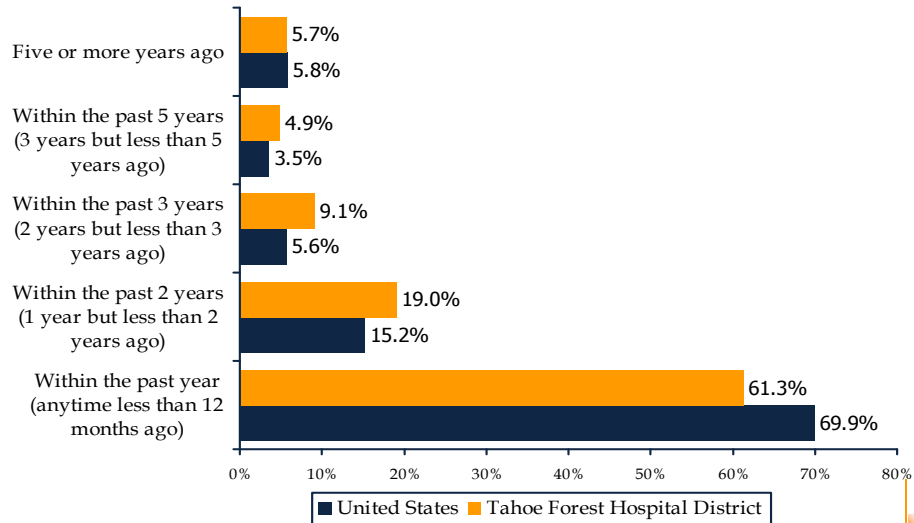
Have you ever had a mammogram?





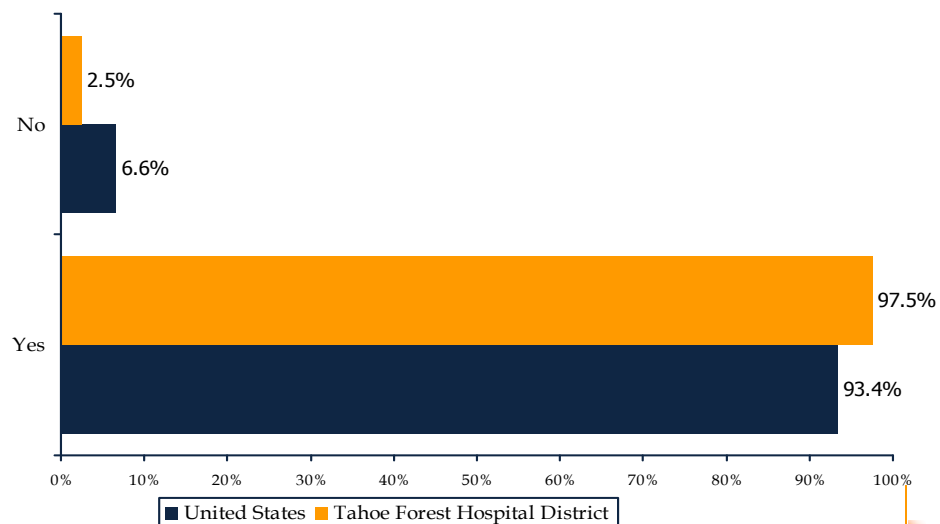
How long has it been since you had your last mammogram?

Females age 40 and over who have had a mammogram

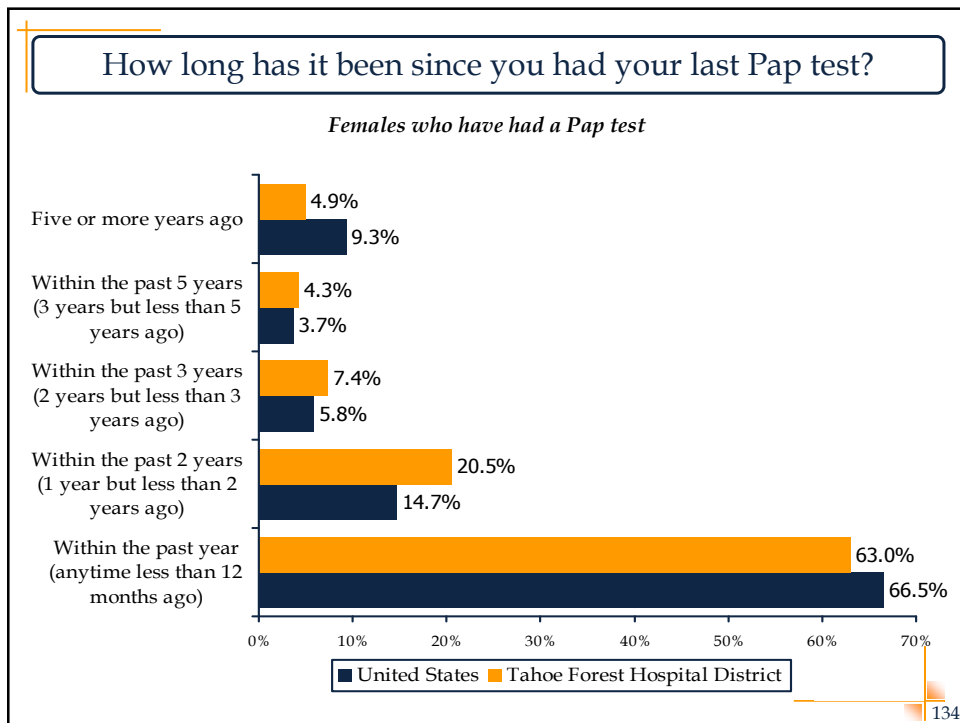
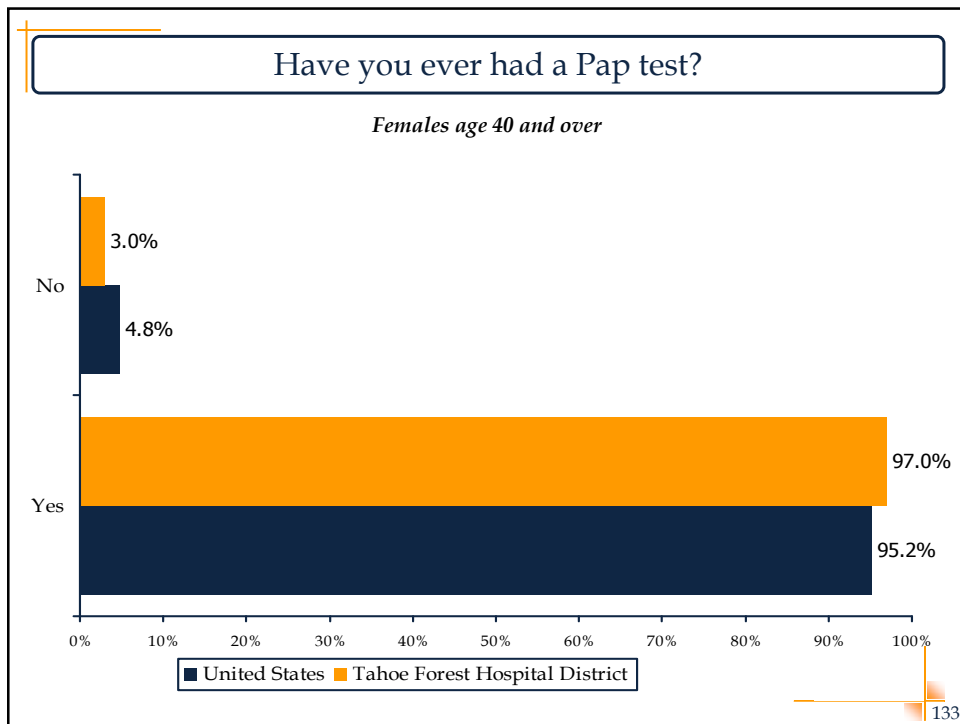


131

Have you ever had a Pap test?

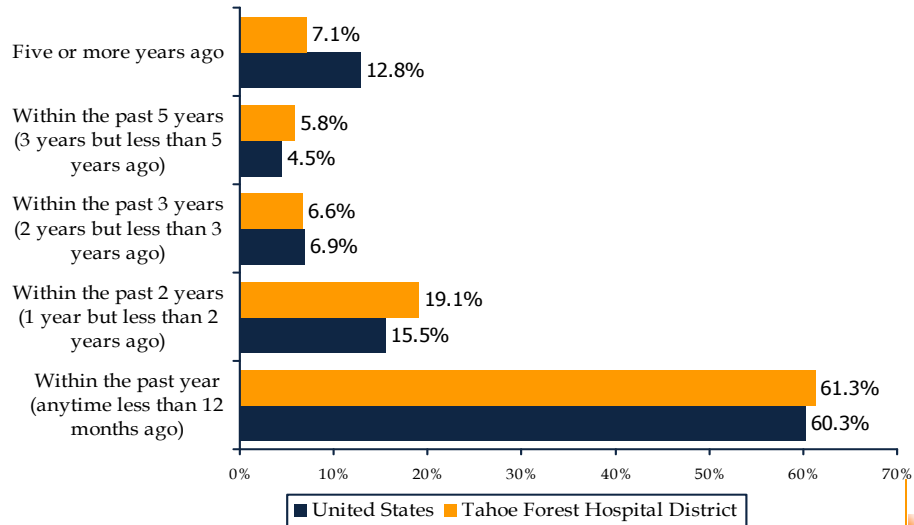


132



How long has it been since you had your last Pap test?

Females age 40 and over who have had a Pap test



135

Statistically Significant Differences by Race

Women's Health

- Non-Hispanic respondents are more likely to have had a mammogram than Hispanic respondents.

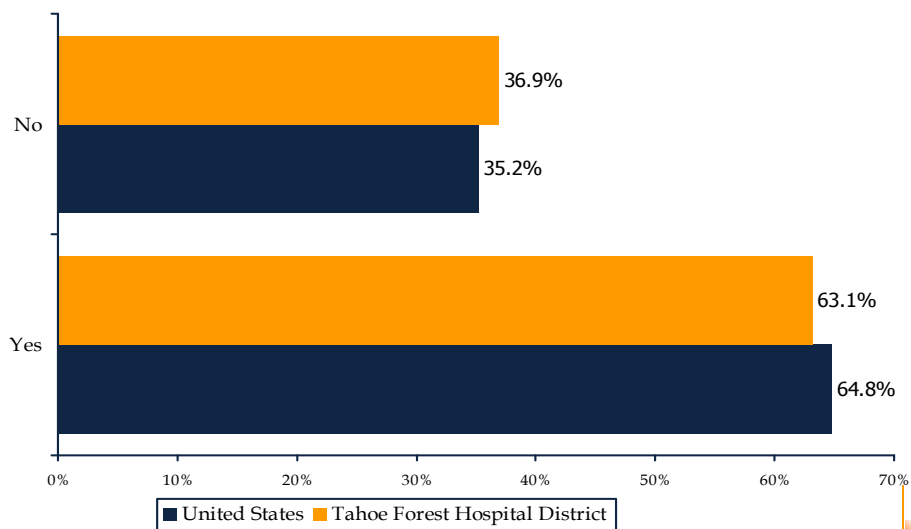
136

Prostate Cancer Screening

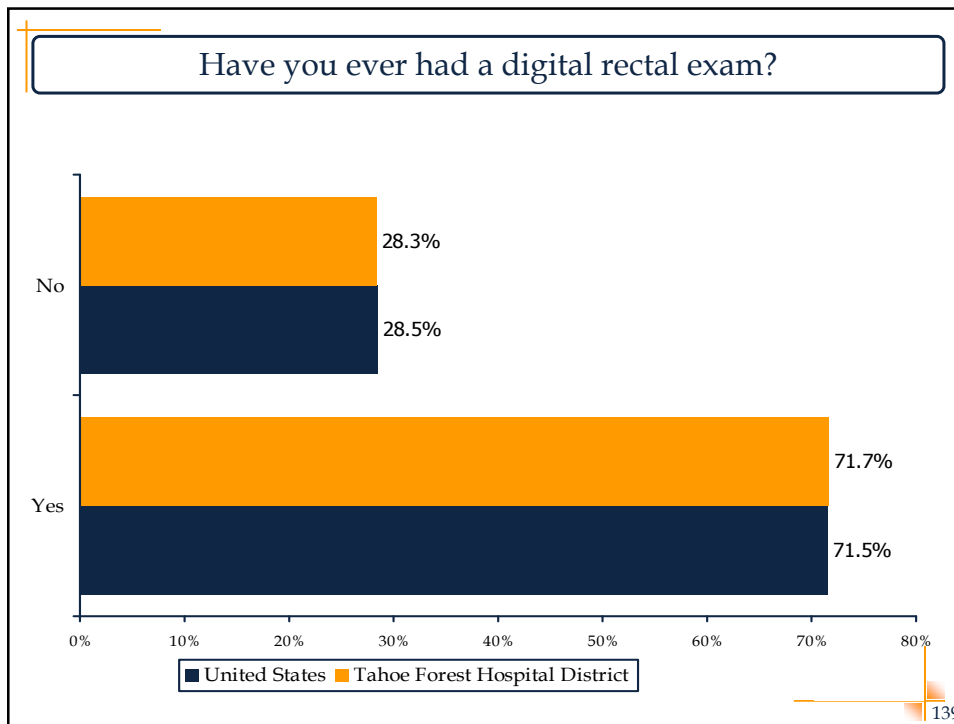
Only asked of males age 40 and over

137

Have you ever had a PSA test?



138



Statistically Significant Differences by Race

Prostate Cancer Screening

- Non-Hispanic respondents are more likely to have had a PSA test than Hispanic respondents.

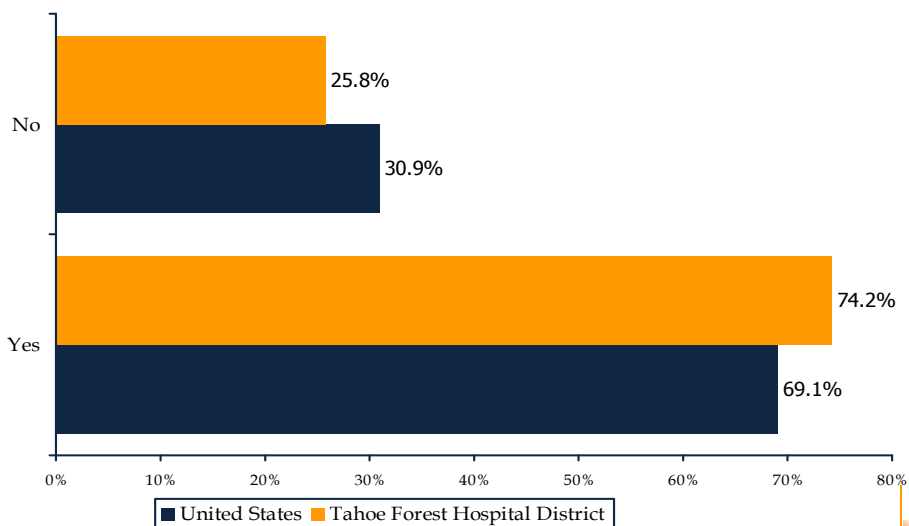
140

Colorectal Cancer Screening

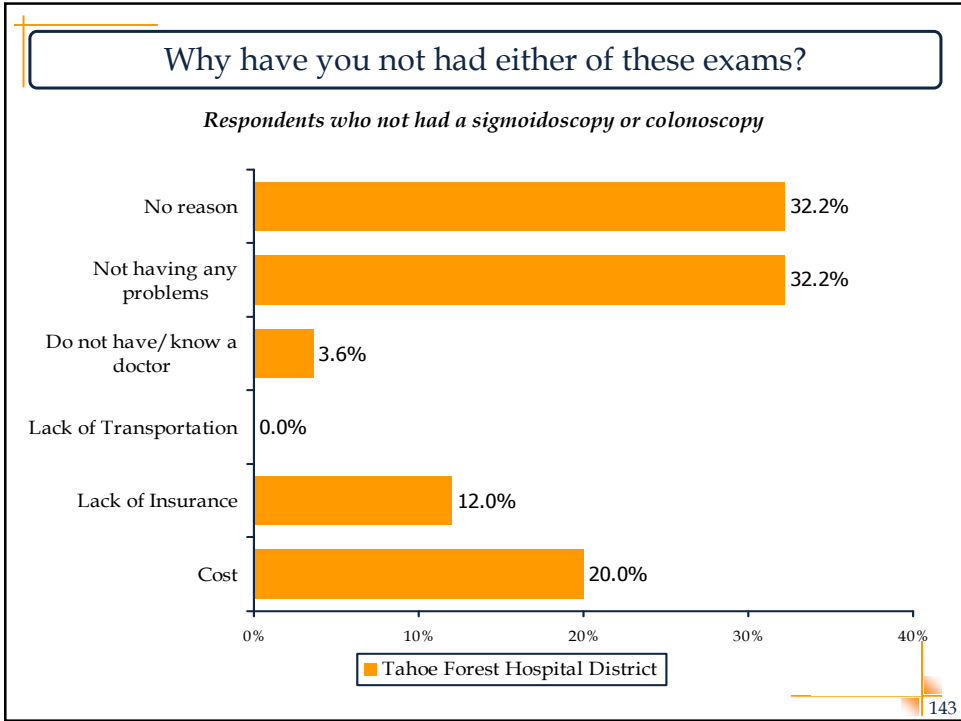
Only asked respondents age 50 and over

141

Have you ever had a sigmoidoscopy or colonoscopy?



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Statistically Significant Differences by Race and Gender

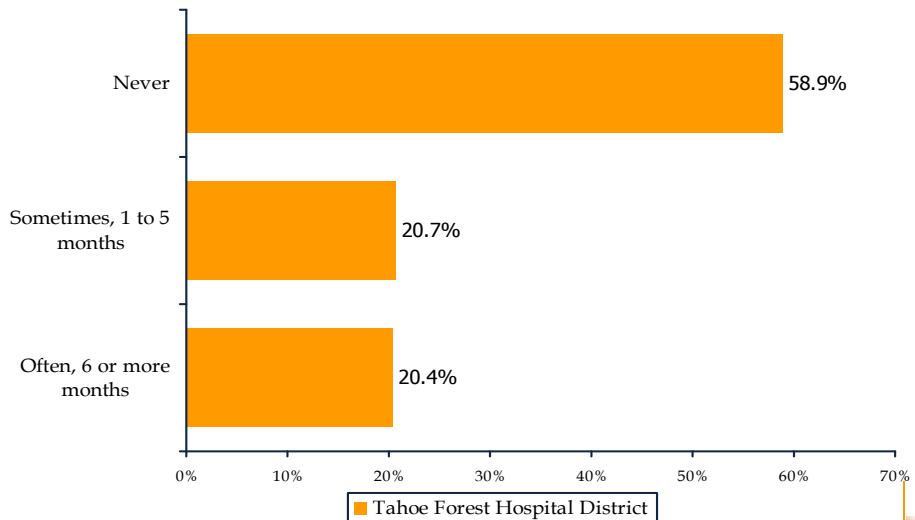
Colorectal Cancer Screening

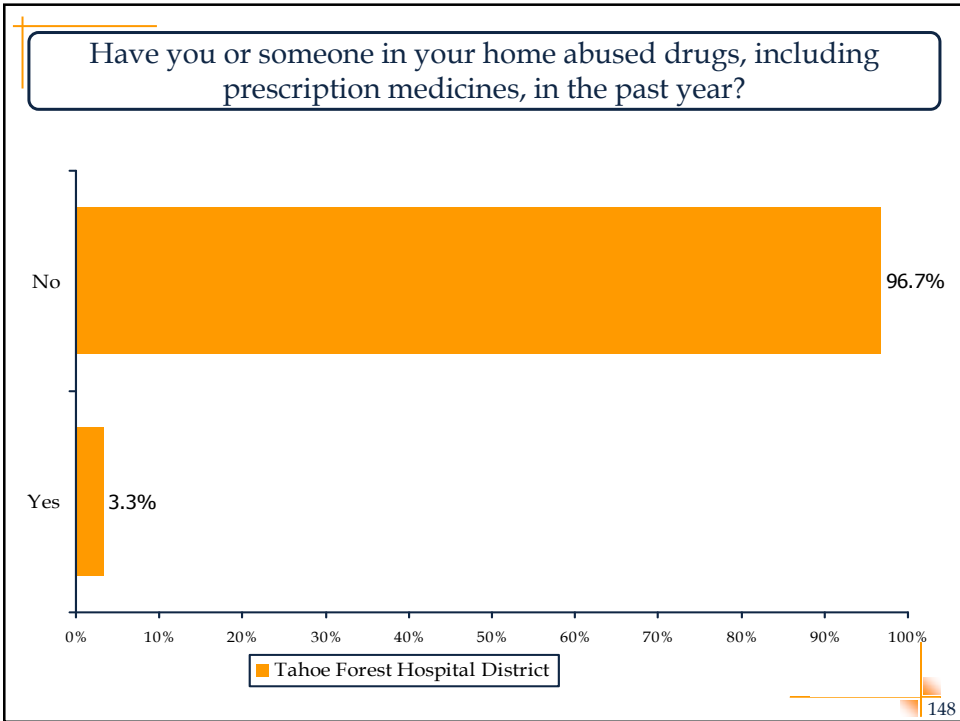
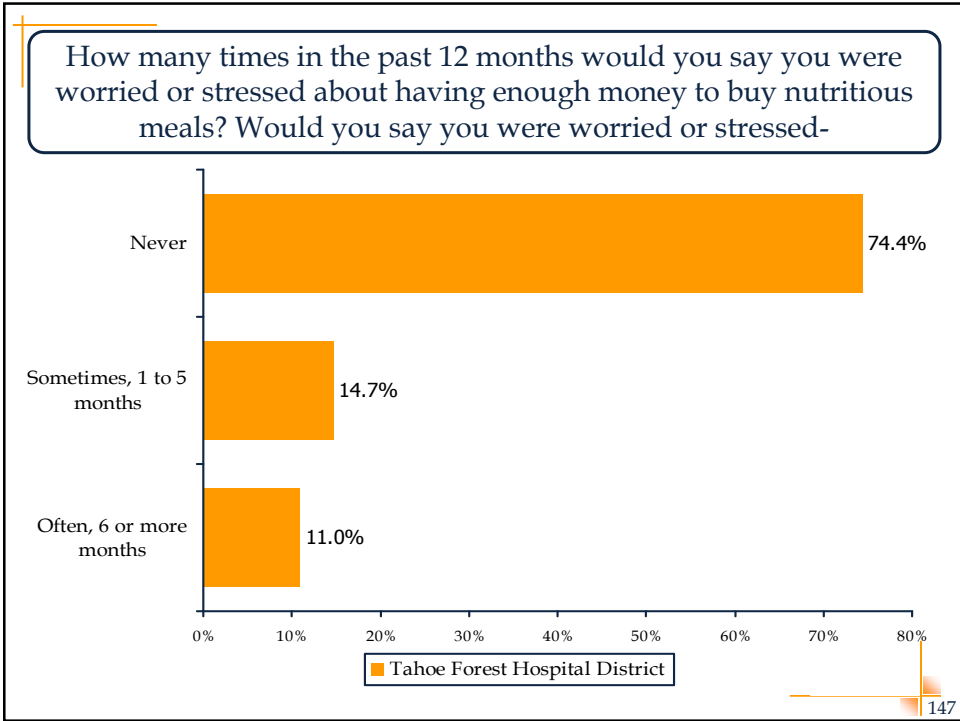
- Non-Hispanic respondents are more likely to have had a sigmoidoscopy or colonoscopy than Hispanic respondents.

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Social Context

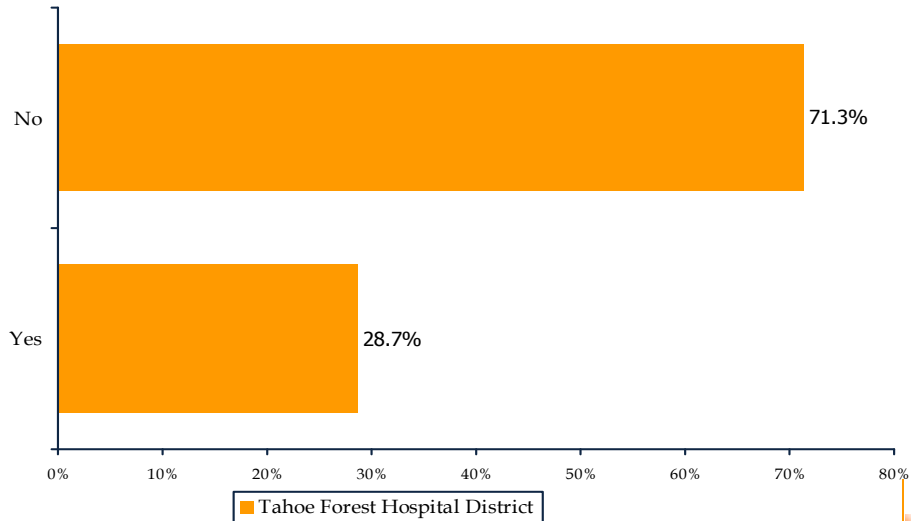
How many times in the past 12 months would you say you were worried or stressed about having enough money to pay your rent/mortgage? Would you say you were worried or stressed-



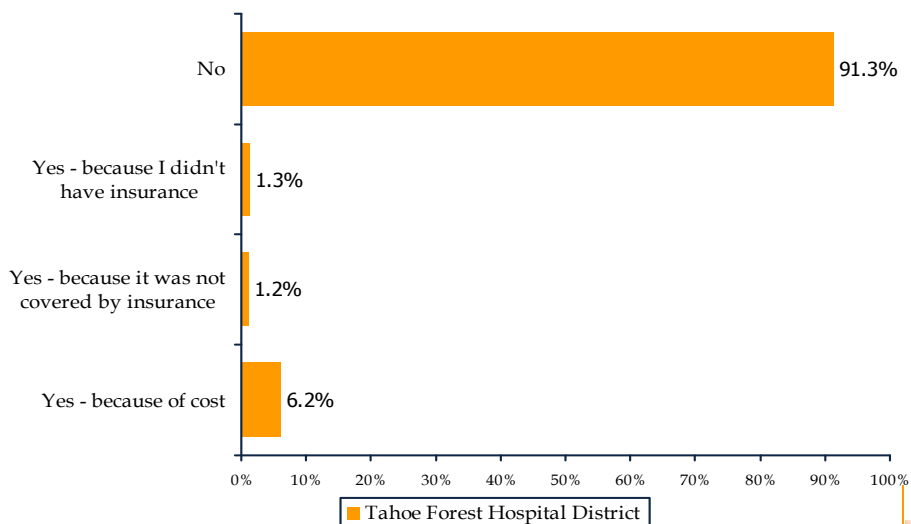


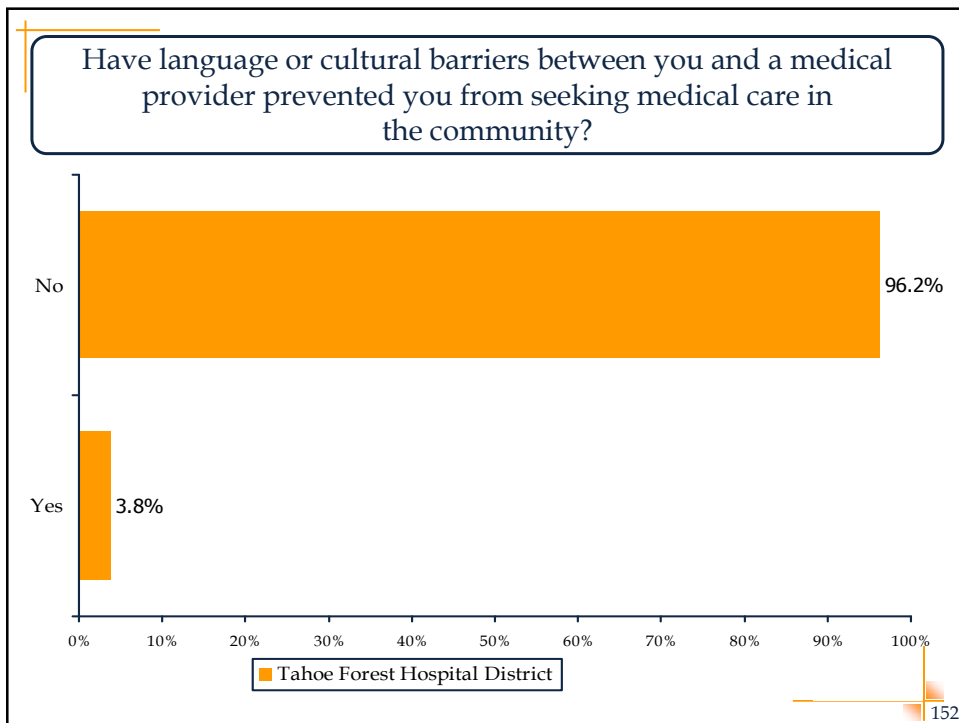
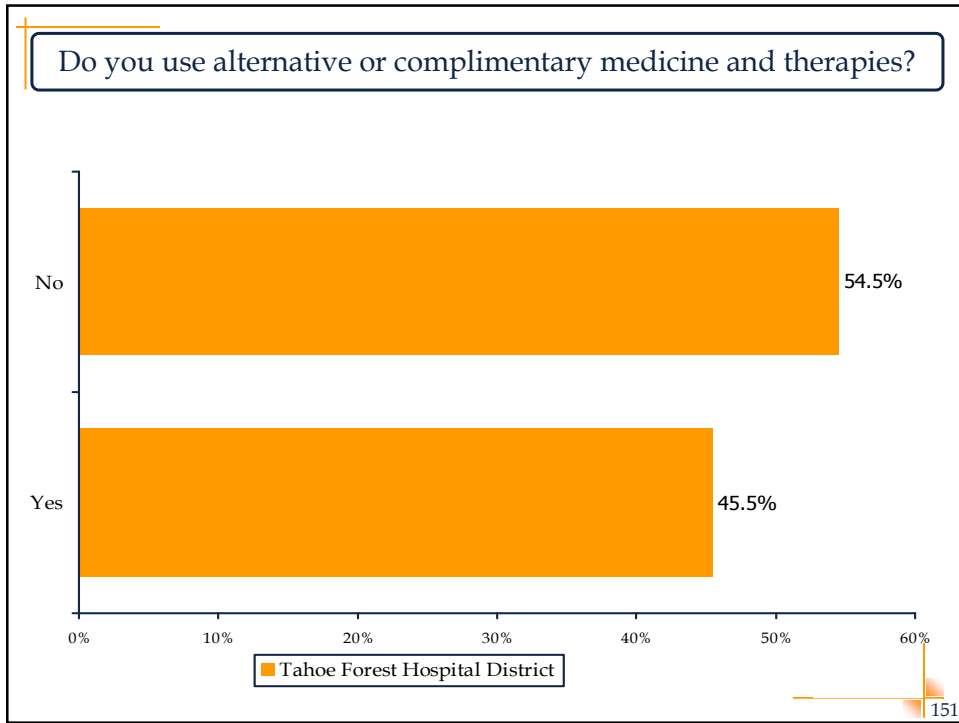
Has the drug abuse including prescription medicines affected family life or work?

Respondents or respondents with someone in their home who have abused prescription medicines in the past year

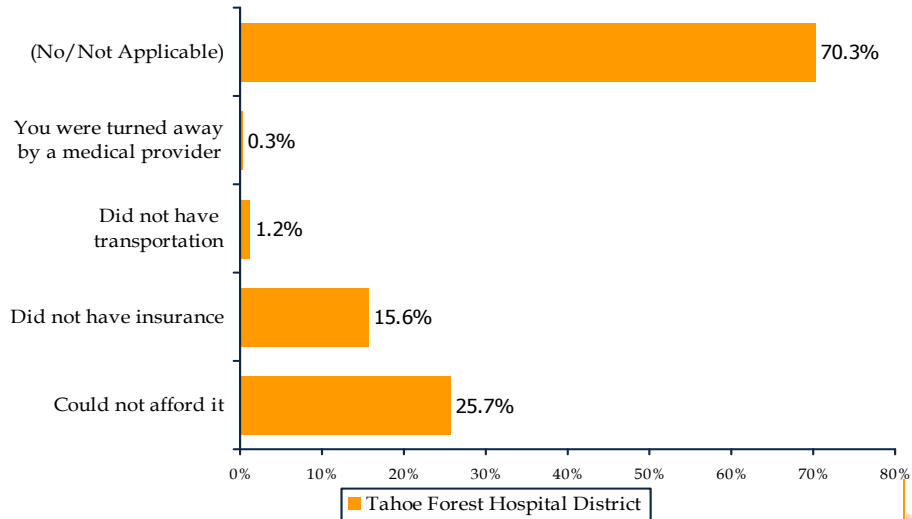


Has a physician or other medical provider recommended a medicine or drug to you in the past year that you did not take?





In the past 12 months have you wanted but not sought help for dental health because...



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Statistically Significant Differences by Race and Gender

Social Context

- Hispanic respondents are more likely to have been worried or stressed about having enough money for rent/mortgage and nutritious meals in the past 12 months than non-Hispanic respondents.
- Non-Hispanic respondents are more likely to use alternative or complimentary medicine and therapy than Hispanic respondents.
- Hispanic respondents report having language/cultural barriers preventing them from seeking medical care in the community.
- Hispanic respondents are more likely than non-Hispanic respondents to have wanted to seek help for dental health in the past 12 months but were unable to because they could not afford it or did not have insurance.
- Female respondents are more likely to have been unable to seek help for dental health because they could not afford it than male respondents.

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Tahoe Forest Hospital District



Community Health Improvement Plan

September 27, 2011

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EXECUTIVE SUMMARY

In December of 2010, Tahoe Forest Health System initiated a comprehensive community health needs assessment at the direction of the Hospital District Board of Directors. The purpose of the assessment was to gather current statistics and feedback on the key health issues facing full-time residents living within the hospital district. Tahoe Forest Health System contracted with Holleran, a Lancaster, Pennsylvania-based research firm with expertise in health assessments, to execute the various research components.

Key area agencies, social service representatives and staff were engaged in the process through the establishment of a Steering Committee. This Committee was instrumental in editing and finalizing the survey instrument and analysis of the results. Their constructive engagement in the assessment, and in the development of this plan, cannot be overstated.

The community health needs assessment included a Secondary Data Profile as well as a Household Survey across 473 households in the district. The residents included in the survey reflected the demographic makeup of the district by age, gender, race and ethnicity. Information from a secondary data profile detailed the district's demographic trends, mortality and morbidity rates, and other quality of life measures. The survey of area residents collected data regarding preventive screenings, risky behaviors, and lifestyle characteristics.

At a public workshop held on May 16, 2011, Hospital District Board Members, area health care professionals, social service agencies, public health representatives, and other local organizations examined the resulting data. These individuals participated in a strategic planning process and prioritization exercise, which resulted in five strategic issues identified as health priorities. The issues were selected based on the seriousness of the issue, as well as on the ability for the community to make an impact at improving the condition.

It was the Board's direction at this workshop to create a community health improvement plan (CHIP) to begin to address the five issues, which follow in no particular order:

- *Access to Primary Care/Medical Home*
- *Immunizations (Adult & Child)*
- *Ethnic Disparities*
- *Mental Health*
- *Substance Abuse*

Detail on each of these issues begins on page 12 of this document.

The overarching goal of the CHIP is to engage community members to address together the root causes of disease and illness, leading to greater illness prevention and healthy lifestyle choices. The focus will be on education, prevention and well-care. Creating working groups from within and throughout our community to identify and implement solutions will ensure the highest likelihood of success.

During the needs assessment cycle, two other groups associated with Tahoe Forest Health System also formed to address community health: The North Tahoe Community Health Initiative, focused on creating a rural prototype for being an Accountable Care Organization¹; and the Medical Steering Committee of the Center for Health and Sports Performance, whose objectives include prevention and wellness programming for the community. It is the desire of the Health System to bring these groups, plus the region's health agencies, together to create collaborative and comprehensive solutions to improve our community's health status.

This document suggests a path forward to begin the program design phase to address the identified health issues. Specific strategies and metrics to meet the objectives will be developed and carried out by teams to include Health System representatives, the physician community, and our regional partners.

After the Board has received, modified and accepted this report, the next step in the process is a collaborative action cycle during which the strategies deemed most promising will be implemented. The CHIP process is aimed at

facilitating community engagement to achieve an optimal and equitable level of health among all residents living within the Tahoe Forest Hospital District and the Incline Village community of Nevada. Interested medical providers, agencies, residents and community groups are encouraged to join the CHIP process as it enters the program development phase.

For more information, please call Maia Schneider at 530 582 6313, email mschneider@tfhd.com or visit the Tahoe Forest Health System website, www.tfhd.com.

ABOUT TAHOE FOREST HOSPITAL DISTRICT

Tahoe Forest Hospital, originally opened in 1952, is a 25-bed, full-service, not-for-profit health care facility. It serves a wide range of patients: full-time and part-time residents of the Truckee and North Lake Tahoe area, and tourists and travelers from around the world. The hospital provides its patients with highly personalized care, state-of-the-art medical technology and a knowledgeable professional staff. The hospital is governed by a five-member Board of Directors elected by voters of the Tahoe Forest Hospital Districtⁱⁱ.

In 1996, Tahoe Forest Hospital District purchased what is now the Incline Village Community Hospital on the North Shore of Lake Tahoe. Originally opened in 1981, the Incline Village facility was built with community philanthropy and changed ownership several times prior to being acquired by Tahoe Forest Hospital District. The District subsequently replaced outdated technology, upgraded existing services, and now maintains this facility.

In 2006, the Tahoe Forest Cancer Center opened its doors. The mission of the Cancer Center is to provide the highest quality cancer treatment and care to its patients using the most appropriate and current cancer therapies available in an honest, supportive, compassionate and respectful manner.

It was during this same time that the District evolved its strategic planning into that of a “System” offering a variety of medical services and programs to the community in addition to the two hospitals. Although Tahoe Forest Hospital District remains a public California Special District, the Health System model is used for planning and programming purposes. The District and System are one and the same.

In 2007, the voters of the Tahoe Forest Hospital District voted overwhelmingly in support of Measure C, a general obligation bond to pay for projects to update and upgrade the Tahoe Forest Hospital campus. Included in those projects are a new Cancer Center building; expansion and

upgrades to the Emergency Department and Skilled Nursing Facility; and a new South Building to replace the older portions of the campus that currently house the Women and Family Center.

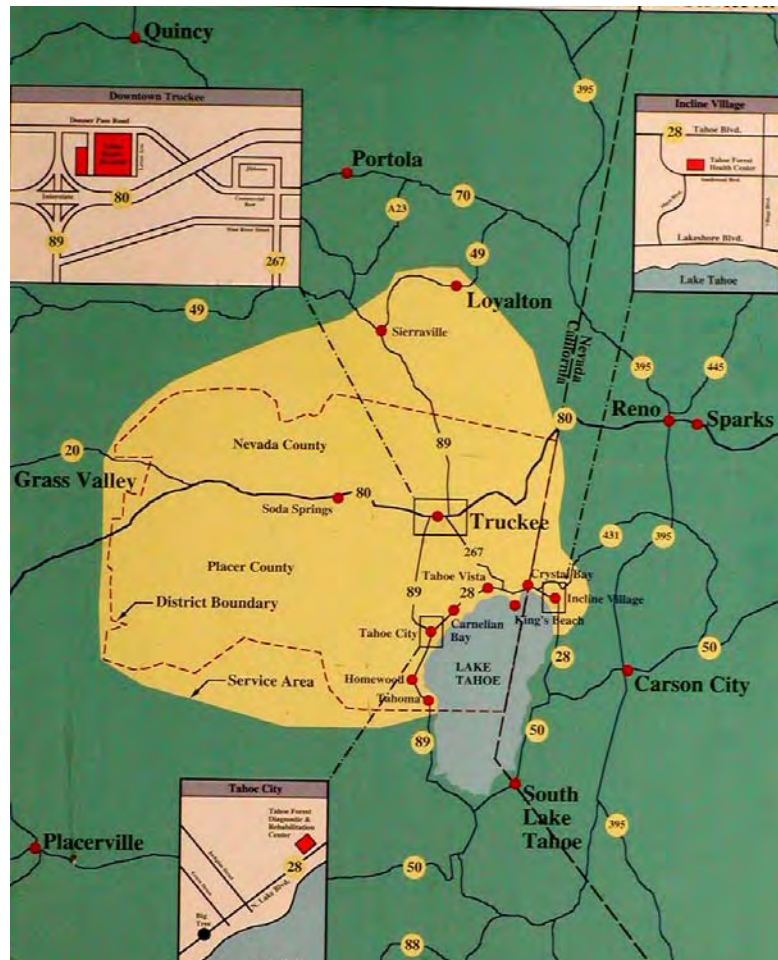
The Health System's medical and support services currently include:

- Cancer Center
- Cardiac/Pulmonary Rehab
- Diagnostic Imaging
- Emergency Room
- Health Clinic
- Occupational Health and Wellness
- Home Health Services
- Hospice Services
- Intensive Care Unit
- Laboratory
- Skilled Nursing Facility
- Medical Surgical Unit
- MultiSpecialty Clinic
- Pastoral Care Program
- Physical Therapy & Rehabilitation Services
- Respiratory Therapy Services
- Retail Pharmacy
- Sleep Disorder Center
- Support Programs and Groups
- Surgical Services
- Tahoe Center for Health & Sports Performance
- Wellness Education and Sports & Fitness Class Calendar
- Women & Family Center

TFHD AREA SERVED

The Tahoe Forest Hospital District boundary and secondary service area are illustrated below. The District boundaries are shown as a dashed line and the secondary service area is included in the yellow zone. The needs assessment referenced in this plan surveyed residents from within the District (dashed line), plus Incline Village, Nevada.

The full-time population of our District is approximately 43,000. However, the Health System serves a much larger geographic area extending to 3,500 square miles and covering 5 counties.



COMMUNITY HEALTH ASSETS & STRENGTHS

In an attempt to take a global view of the community - its strengths as well as areas of opportunity- it is important to recognize the community assets and strengths that were identified through the assessment. Many communities take a strengths-based approach to addressing areas needing improvement. This method allows a community to fully understand its assets and develop ways to utilize those strengths to improve overall health and well-being.

The following points outline some of the positive findings identified through the assessment. "Positive" is defined as areas where the community statistics are more favorable than comparable regional, state, and national statistics. It should be noted that the list is not fully inclusive of all quality-of-life and health issues, but reflects the most prominent statistics and feedback outlined in the report.

- **Single-mother households:** The percentage of single-mother households in the hospital district is below national figures and fewer children are being raised by mothers alone.
- **Poverty:** While similar to peer communities, the number of individuals and families that are living in poverty (7.4%) is below the national percentage (12.4%). Given the recent economic challenges, however, it is anticipated that the actual poverty statistics may be slightly above the reported 7.4%.
- **Education:** The number of individuals in the area with a high school diploma or college degree is above the national number.
- **Teen pregnancy:** The number of births to mothers under the age of 20 is 4% lower than the national average.

- **Birth weights:** Roughly 96% of the births in the Hospital District are of “normal” weight. Incline Village birth weights are equitable to national averages.
- **Sexually transmitted diseases:** Communicable diseases, particularly sexually transmitted diseases, are less prominent throughout the area than what is seen nationally.
- **General health:** Approximately 32% of area residents perceive their overall health to be “Excellent.” Nationally, 21% of respondents say their health is “Excellent.”
- **High blood pressure:** Approximately two out of ten residents reported high blood pressure, which is 9% lower than elevated blood pressure rates nationally.
- **Cigarette smoking:** Fewer local individuals have smoked at least 100 cigarettes in their lifetime compared to nationally.
- **Physical activity:** Roughly 93% of individuals in the area engage in some form of moderate physical exercise in a typical week. That is 8% higher than the physical activity rates nationally.

HEALTH PRIORITIES & GOALS

The five prioritized community health issues are detailed in the following section. When the Hospital District Board of Directors identified these goals they recognized that these are not inclusive of all health issues in the community (see also “Additional Health Considerations” on page 30 of this document). However, the five issues included in this document were rated as being among the most serious of community issues and also those where the greatest impact can be made. The goal of any CHIP prioritization is to differentiate between the “vital few” and “important many.”

With the pending implementation of a new Health Information Exchange (HIE), we anticipate a far improved ability to gather health data from local physicians, other health care providers, and Health System records. The goals within this plan identify some of the data collection points we can utilize to track goal attainment. We will be relying heavily on this data to measure our success and identify needed refinements as new programs are developed and implemented, and existing programs refined.

In the following pages, our needs assessment research findings related to each prioritized issue are detailed with graphs and narratives, and followed by the Board’s goal statement. The purpose of the goal statement is to establish a vision for moving the community forward on that health issue. Potential measureable data points are also listed for each issue, which will allow involved agencies, organizations, and providers to evaluate progress toward the stated goal.

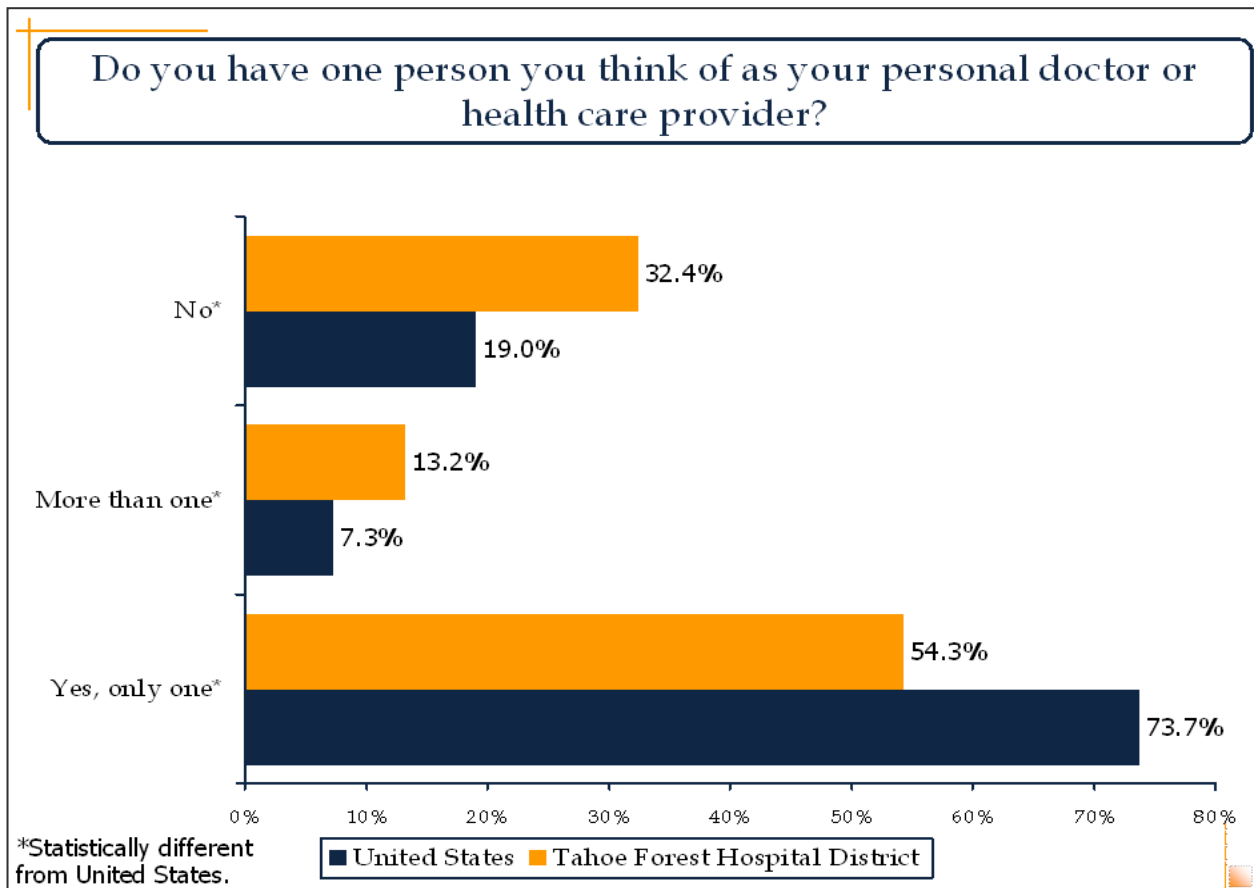
The Hospital District plans to undertake another formal needs assessment in 2014. The objectives to meet the goals identified in the following pages will be reviewed on an ongoing basis, and goal attainment will be measured against the data from the second assessment in three years.

It is important to note that the five key health issues are organized within this chapter in no particular order of importance.

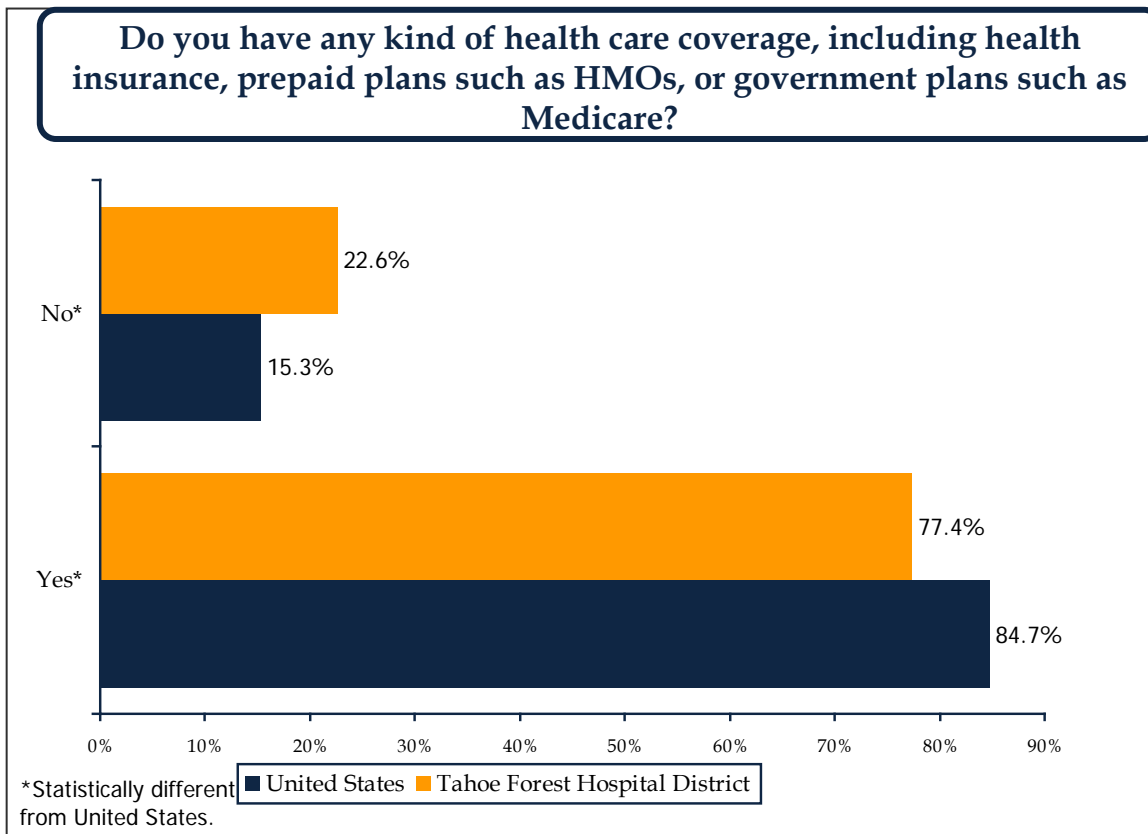
Issue: Access to Primary Care

One of the key focal points of Healthy People 2020ⁱⁱⁱ is “Access to Health Services.” As pointed out in the Healthy People 2020 document, *“People with a usual source of care have better health outcomes and fewer disparities and costs.”* It is widely known in the medical community that having a usual primary care provider can increase the likelihood that patients receive comprehensive, high-quality care.

The Tahoe Forest Health System community health needs assessment revealed that only one-half of area adults (54.3%) have one individual they think of as their personal doctor or healthcare provider. This compares to nearly 74% nationally.



Despite lower poverty rates in the region, the assessment revealed that residents in the area were less likely to have health insurance (22.6% reporting no coverage) compared to nationally (15.3% reporting no coverage). There is a clear connection between healthcare coverage and an individual's likelihood of having an ongoing primary care provider. Among area adults who reported having health insurance, 64% have one person they think of as their personal doctor or healthcare provider. This figure drops to 19% among the uninsured.



In an effort to improve health outcomes through the promotion of a medical home for the residents of the community, Tahoe Forest Hospital District has elected to have this issue be one of its key areas of focus for the Community Health Improvement Plan.

OUR GOAL: “All residents will be able to identify and access a primary care provider (medical home).”

Objective:

By November 1, 2011, form a working group to include primary care physicians, health services agencies and staff to develop objectives and strategies to meet this goal.

Examples of objectives this group may consider include:

- Increase by 10% to 64% the number of residents in our community who can identify their medical home by June 1, 2014
- 100% of local primary care physicians will understand how to establish a primary care relationship with their patients by June 1, 2014 as evidenced by survey
- Identify and define models for “medical home” in addition to primary care physician practices and conduct community education

Potential data elements to collect and trend:

- Percentage of chronically ill local patients seen in ER or clinic without an identified primary care physician;
- Number of unique patient visits to primary care providers in each year
- Repeat of Community Health Needs Assessment every 3 years

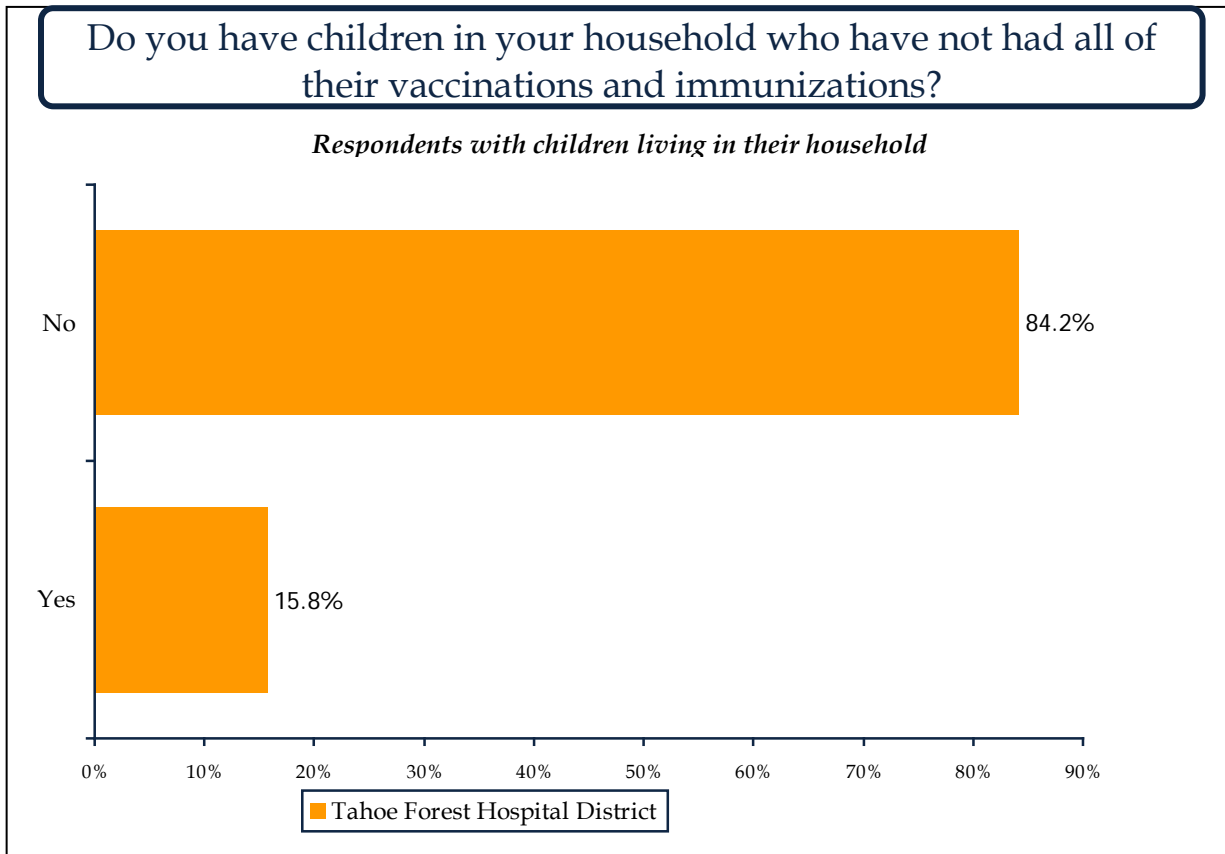
Issue: Immunizations

According to the World Health Organization (WHO)^{iv}, immunizations are a proven tool for controlling and even eradicating infectious diseases. While U.S. vaccination efforts have reduced many vaccine-preventable illnesses, these diseases still exist and can be passed on to people who are not protected by vaccines. Vaccine-preventable diseases have many social and economic costs: sick children miss school and can cause parents to lose time from work. These diseases also result in doctor's visits, hospitalizations, and even premature deaths.

Our assessment revealed that fewer area adults have had a flu shot in the previous year and fewer reported having had a pneumonia vaccination compared to adults nationally. It is also noteworthy to mention that female residents in the area are more likely to have had these immunizations than males.

According to a report from the California Department of Health, 65% of kindergarten students in the Tahoe Forest Hospital District entered school in 2010 with up-to-date immunizations. An additional 27% were given “conditional status” and 7% were noted as citing a personal belief exemption from the immunizations. While the definition of “up-to-date” can be debated, this suggests that there are a number of children that are not receiving the recommended suite of vaccinations.

Kindergarten Immunization Status	School Enrollment	Up-To-Date	Conditional	PBE
CUSD and Private Schools in Carmel	214	82.2%	7.9%	11.7%
TTUSD	397	65.2%	27.0%	7.1%
Donner Trail Elementary	12	100.0%	0.0%	0.0%
Glenshire Elementary	98	74.0%	21.0%	4.0%
Kings Beach Elementary	83	69.0%	24.0%	7.0%
Sierra Expeditionary Learning	10	90.0%	10.0%	0.0%
Tahoe Lake Elementary	63	57.0%	37.0%	6.0%
Truckee Elementary	131	55.0%	32.0%	11.0%



Of those families in our community who have children in their household who are not up to date on their vaccinations, 5% cited religious belief; 12% expressed concern for safety; 13% cited cost or lack of insurance as a barrier; and 70% stated “other.”

OUR GOAL: “We will improve immunizations among those receptive to them and aim to reduce vaccine preventable diseases.”

Objective:

By November 1, 2011, form a working group to include primary care physicians, education and preschool representatives, health services agencies and staff to develop and implement objectives and strategies to meet this goal.

Examples of objectives this group may consider include:

- All primary care providers in our District to be registered in the California Immunization Registry (CaIR) by June 1, 2014.
- Reduce the number of children on “immunization conditional status” in the region’s schools by 20% by June 1, 2014
- Increase adult flu vaccinations by 6% by June 1, 2014

Potential data elements to collect and trend:

- Percentage of patients seen with current flu vaccine
- Percentage of patients seen with current pneumococcal vaccine
- Incidence of influenza compared to state averages
- Number of positive pneumococcal cultures
- Percentage of children with up-to-date vaccinations

Issue: Ethnic Disparities

The assessment revealed significant disparities and inequities between the health of Hispanic/Latino and non-Hispanic/Latino residents within the district’s service area. Across many health indicators measured in the assessment, the Hispanic/Latino respondents reported poorer health outcomes, increased barriers to care, and more risky health behaviors than their Non-Hispanic counterparts.

The W. K. Kellogg Foundation funded a study through the Joint Center Health Policy Institute to examine the economic impact of health inequalities in the United States. The study uncovered that more than 30% of direct medical costs faced by African Americans, Hispanics, and Asian Americans were excess costs due to health inequities, accounting for more than \$20 billion over a four-year period^v.

The following tables outline a sample of the Hispanic versus Non-Hispanic disparities uncovered in the recent health needs assessment among area residents.

	Hispanic	Non-Hispanic
“Excellent” general health	4.4%	40.8%
Percentage with some form of healthcare coverage	35.5%	91.5%
Occasion when needed to see a doctor, but could not because of cost	38.4%	10%
Never visited a doctor for a routine checkup	4.8%	0%
Obese (per BMI)	27.1%	10.5%

OUR GOAL: *“In our community, there should be no inequities in health with regard to ethnicity.”*

Objective #1:

Form a community and physician-based working group by November 1, 2011 to research ethnic disparities, identify priorities and objectives to reduce or eliminate disparities, and agree on metrics and timelines for those objectives. This group should be representative of the community’s demographic profile.

Examples of objectives this group may consider include:

- Reduce the percentage of Hispanic residents who needed to see a physician, but couldn’t due to cost, by 10% by June 1, 2014
- Reduce obesity incidence in the Hispanic population by 5% by June 1, 2014
- Increase the number of Hispanic residents that have had a blood test for diabetes or high blood sugar in the past three years by 10% by June 1, 2014

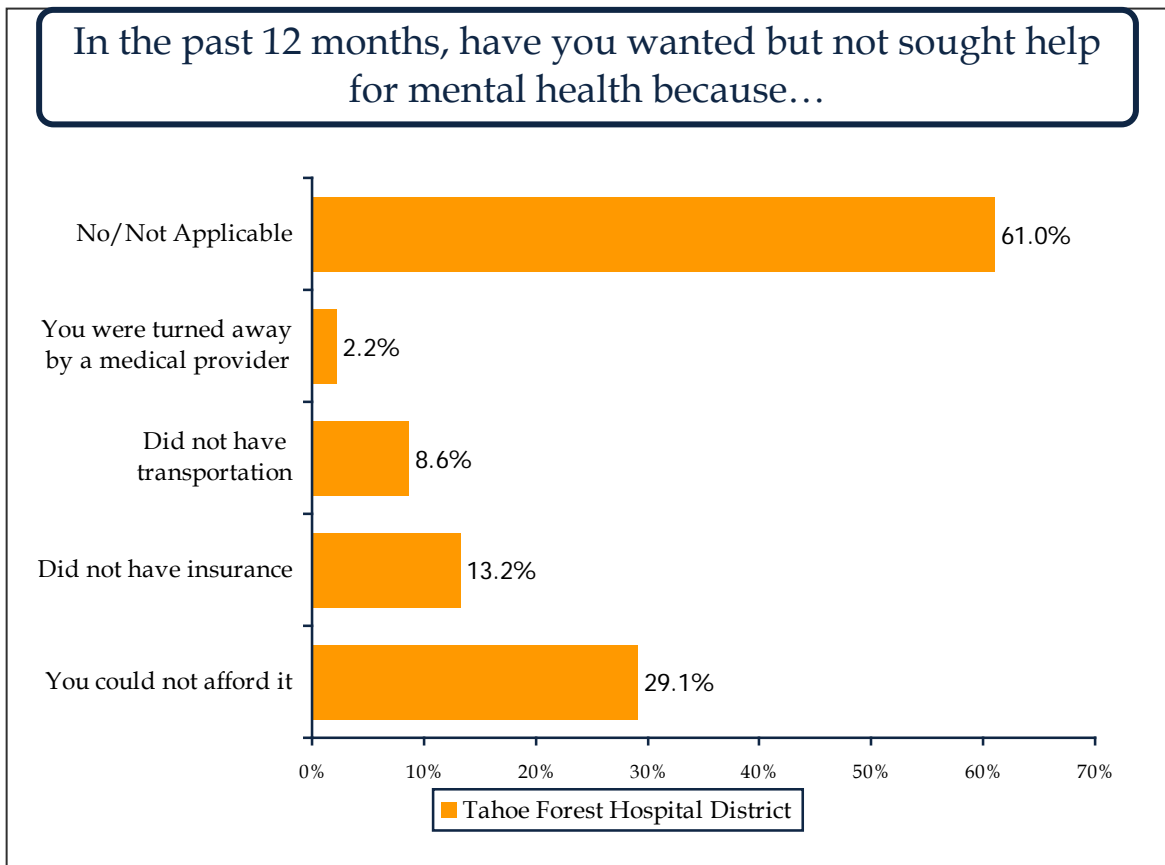
Potential data elements to collect and trend:

- Time since patient’s last routine checkup
- Time since patient’s last test for diabetes
- Time since patient’s last cholesterol check
- Percentage of smokers, obese, depressives, hypertensives and hyperlipidemics, and % of each with interventions
- Time since patient’s last colorectal and mammographic exam
- Adult vaccination rates

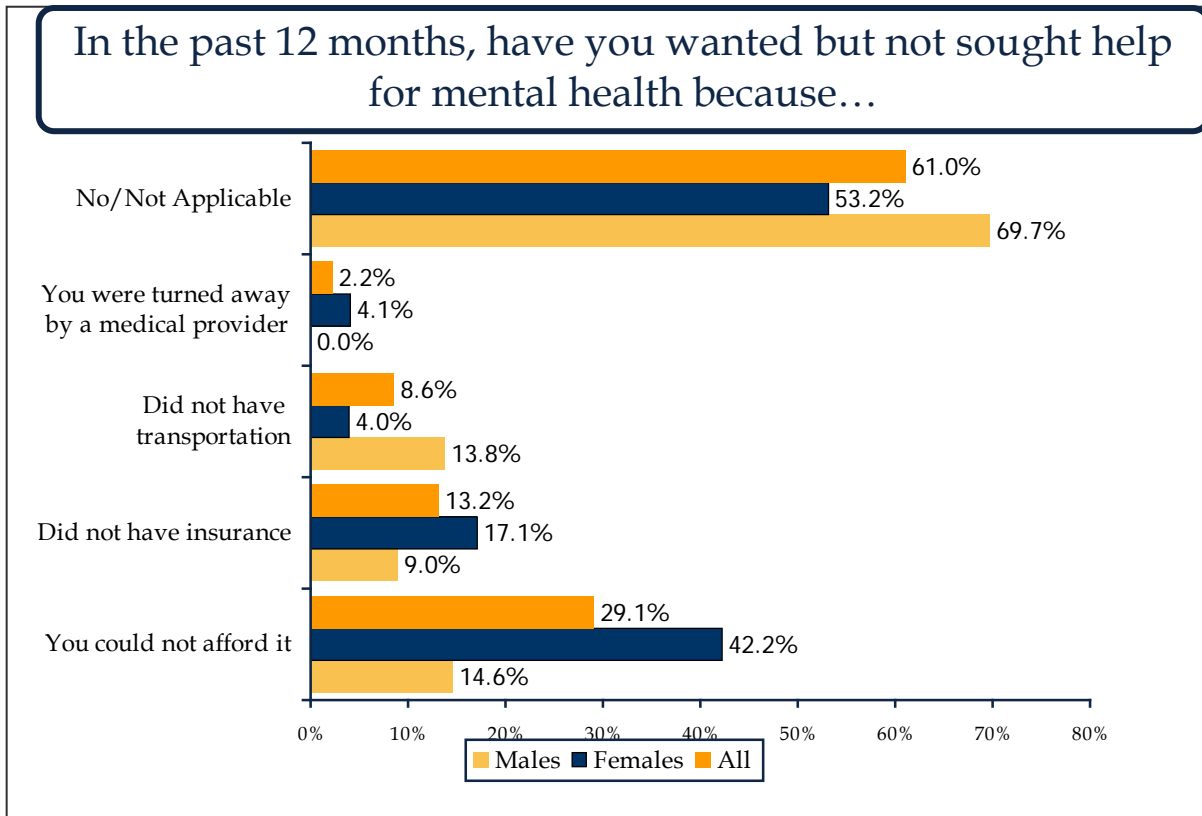
Issue: Mental Health

Sustaining good mental health in our community is a priority for all ages. When asked if they seriously considered attempting suicide in the previous 12 months, 13% of 9th graders and 11% of 11th graders responded affirmatively. It is important to note that these statistics are fairly equitable to the national percentages.

When area adults were asked if there was a time in the previous year that they wanted to seek mental health treatment, but did not, four out of ten adults responded in the affirmative. Roughly 29% of area adults are not able to afford mental health treatment, 13% lack insurance coverage for mental health services, nearly 9% do not have transportation to access treatment, and around 2% have been turned away by a medical provider. The graph below details these findings.



A few noteworthy trends are also important to note. Specifically, the females living in the district were more likely to have cost as a barrier compared to males (42.2% versus 14.6%). The reverse was true for transportation as a barrier to mental health treatment, with only 4% of females having transportation barriers compared to nearly 14% of men in the district. Here is the same graph as above, broken out by gender:



A number of studies have also shown that individuals with a mental illness are also more likely to use drugs, have poorer health outcomes, and have a shorter life expectancy than those without mental health issues.^{vi}

OUR GOAL: “Our residents will enjoy good mental health and those in need will have access to prevention and treatment.”

Objective #1: Convene a working group of physicians, health agency representatives and mental health providers by November 1, 2011 to identify priorities and programs and agree on metrics and timelines for those objectives.

Objectives this group may consider could be derived from examples in the document: “Rural Behavioral Health Programs and Promising Practices” published in June, 2011 by the U. S. Department of Health and Human Services, Health Resources and Services Administration, Office of Rural Health Policy, such as:

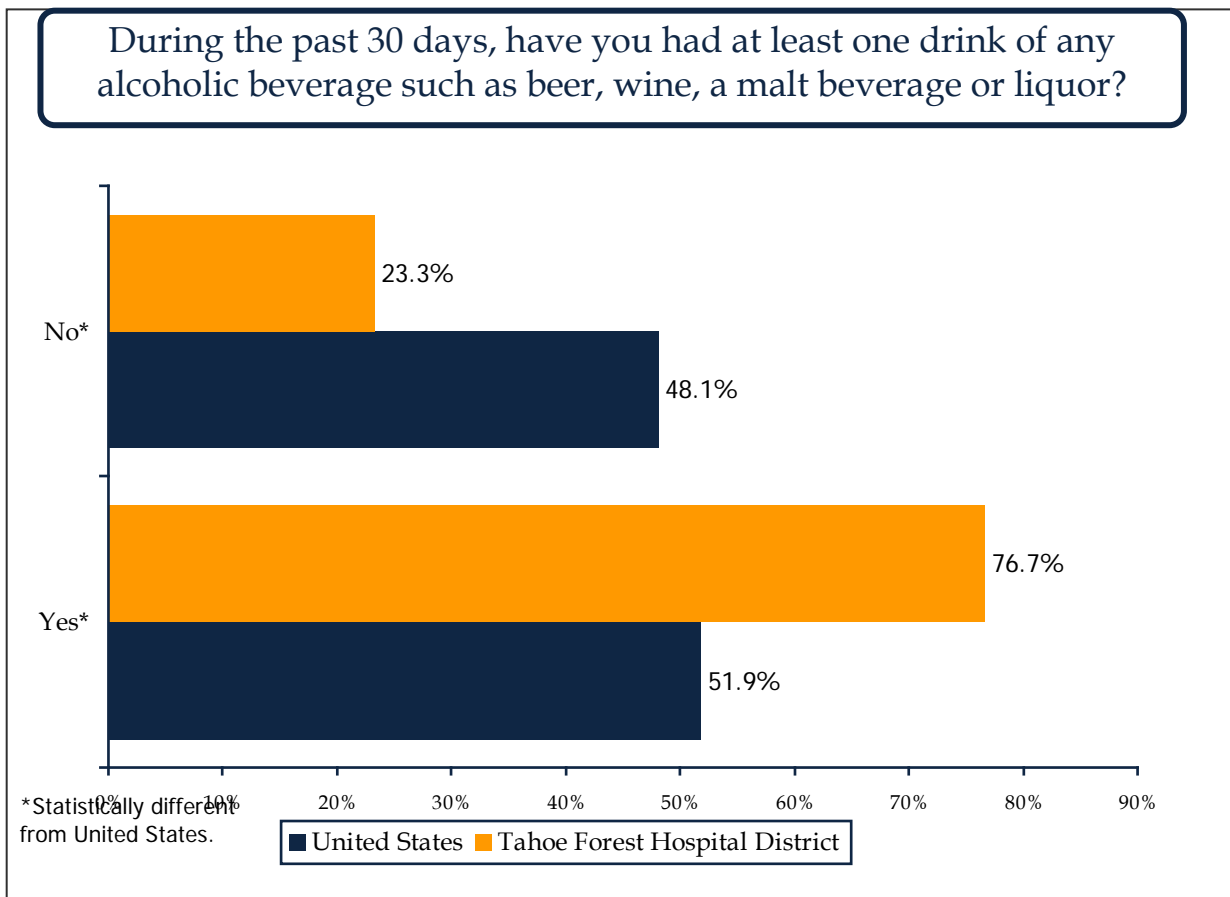
- Develop local court team to keep individuals with behavioral health issues from returning to the justice system by June 1, 2014;
- Create peer support programs to provide basic treatment or support to individuals with mental illnesses by June 1, 2014;
- Develop local tele-mental health programs to provide additional behavioral health treatment by June 1, 2014

Potential data elements to collect and trend:

- Percentage of patients given depression screening during primary care/medical home visits
- Percentage of patients referred for intervention
- Percentage of those patients referred to intervention who are complying

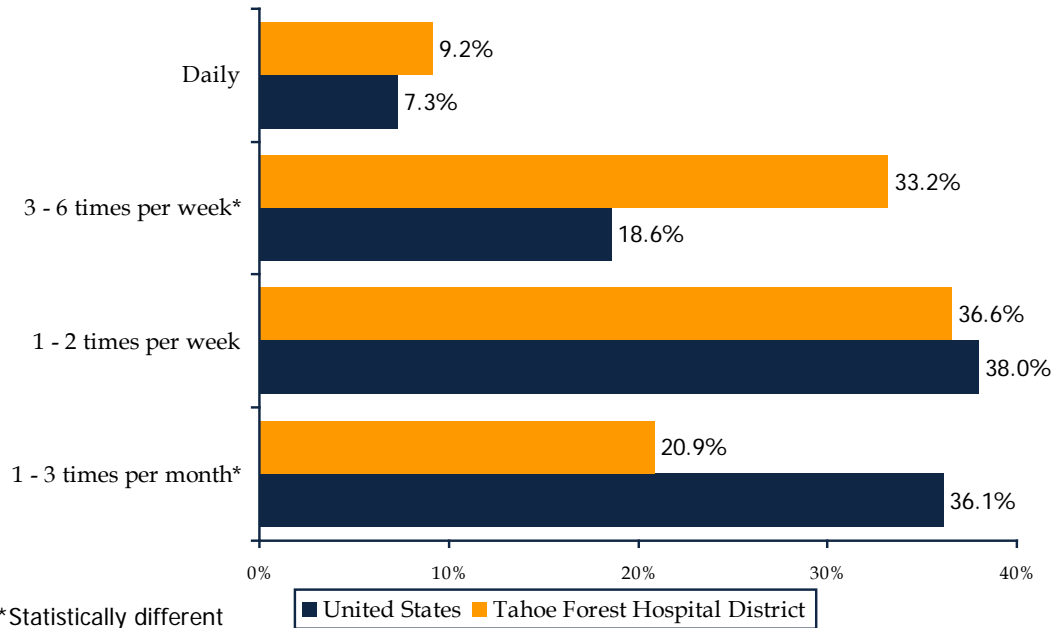
Issue: Substance Abuse

On average, approximately 52% of Americans have at least one alcoholic drink in a typical month. Of the adults living in the area, collectively, almost 77% have at least one alcoholic drink in a typical month. That exceeds the national average by 25%. Statistics were also collected regarding consumption amounts. The assessment results suggest moderate levels of consumption by volume and no significant problem with binge drinking compared to national averages. While both genders demonstrate higher levels of alcohol consumption, males are above females in their monthly alcohol use. Additionally, Hispanic residents are significantly less likely to consume alcohol in a typical month (51%).



During the past 30 days, how often did you drink any alcoholic beverage?

Respondents who drank an alcoholic beverage within the past 30 days



In addition to adult alcohol consumption, the following findings regarding student substance abuse were drawn from the community health needs assessment:

Lifetime Alcohol Use of 9th Graders – More TTUSD students have consumed a whole glass of alcohol (56.0%) when compared to California Unified School District (CUSD) students (39.0%).

Lifetime Marijuana Use of 9th Graders – More TTUSD students have smoked marijuana (32.0%) compared to CUSD students (21.0%).

Current Alcohol Use of 9th Graders – More TTUSD students consumed a glass of alcohol in the past month (33.0%) compared to CUSD students (22.0%)

Level of Alcohol Involvement with 9th Graders – More TTUSD students have been drunk or sick after drinking (36.0%) compared to CUSD students (21.0%).

OUR GOAL: *“We will reduce substance abuse in the community.”*

Objective #1:

Form an education-, student- and (parent or) community-based coalition by November 1, 2011 to research student substance abuse, identify priorities and objectives to reduce or eliminate substance abuse, and agree on metrics and timelines for those objectives.

Examples of objectives this group may consider include:

- Outreach to 200 students by January 1, 2013 with training on when it may be a good time to seek help, or how to spot danger signals with peers
- Provide educational workshops to parents on how to prevent, identify and address potential drug abuse
- Co-promote “Alcohol Edu” with schools among students and their parents beginning January 1, 2012
- Create and provide physician training and support for intervention with student-age alcohol and drug abuse by June 1, 2012

Potential data elements to collect and trend:

- Number of patients attending support programs
- Number of referrals for substance abuse
- Track and trend Community Health Needs Assessment survey results over time
- Track and trend Town of Truckee monthly police reports on drug- and alcohol-related offenses (obtain also from County Sherriffs’ offices by zip code if possible)

GAP SURVEY

One of the goals of the community health needs assessment was to not only identify the key community health issues, but to also evaluate existing resources with regard to each issue. The aim is to not develop redundant programs or services, and instead to identify gaps in what is available and supplement existing resources to address key health issues.

In August 2011, an informal electronic survey was distributed to the Community Health Needs Assessment Steering Committee membership asking for their input on known services and programs, and to gather feedback on perceived gaps in services. This chapter outlines their responses and provides a starting point in resource identification.

Access to Primary Care

Existing Strengths/Assets	Gaps
<ul style="list-style-type: none"> • Kings Beach Clinic • Placer County Public Health • Tahoe Forest Clinic • Existing provider networks 	<ul style="list-style-type: none"> • Barriers exist due to limited office hours, availability of appointments, transportation and limited acceptance of insurances among providers • Too few bilingual/bicultural providers • Limited free/reduced care • Not a social norm among some to have a personal provider • Patient has to come to care; no outbound primary care options • Existing culture of going to ER for primary care • Fear and distrust among undocumented individuals • Motivation lacking among transient population to secure primary care provider relationship

Immunizations

Existing Strengths/Assets	Gaps
<ul style="list-style-type: none"> • Vaccines available at: <ul style="list-style-type: none"> ○ Stores/merchants (CVS, Safeway) ○ Kings Beach Clinic ○ Placer County Health Dept. ○ Nevada County Health Dept. ○ Occupational Health Clinic ○ Physicians' offices (not necessarily targeted to low income) ○ TFH Multi-specialty group (Pediatrics) ○ North Lake Pediatrics ○ WIC ○ North Tahoe Family Resource Center • Strong promotions in newspapers, radio • Can vaccines be provided as part of other treatment (e.g. ER, Urgent Care)? 	<ul style="list-style-type: none"> • Clinics could be better advertised • Long lines at clinics may be deterrent • Need for better education on importance of vaccinations (strength in doing this with partners) • Private physicians not an option for under- or uninsured • Better enforcement of "conditional status" might be needed within schools • Cost continues to be a deterrent • Budget cuts are reducing immunization clinics • Lack of transportation a barrier • Need for more education of Hispanic residents; too little culturally-appropriate outreach or materials • No mobile or outreach clinics for individual vaccines (schools, employers)

Mitigating Ethnic Disparities

Existing Strengths/Assets	Gaps
<ul style="list-style-type: none"> • Care for low income provided at: <ul style="list-style-type: none"> ○ Family Resource Centers in Truckee & North Tahoe offer resources ○ Kings Beach Clinic ○ Sierra Family Services ○ Health departments ○ Tahoe Forest Hospital Clinic • Previous Community Health Fairs targeted at Hispanic/Latino community • Bilingual staff at Kings Beach Clinic and Sierra Family Services • Support from churches 	<ul style="list-style-type: none"> • Undocumented individuals are without access to health assistance programs • Affordable dental care programs are lacking • Need for more culturally sensitive care • There are too few Latino leaders who represent needs of population • Too few bilingual medical staff • Not a full understanding of health beliefs • Lack of trust among Hispanic population for health providers • Limited hours to access primary care among working poor

Mental Health

Existing Strengths/Assets	Gaps
<ul style="list-style-type: none"> • Mental health treatment/support services available at: <ul style="list-style-type: none"> ○ Sierra Family Services ○ Nevada County Behavioral Health ○ CORR (Community Recovery Resources) ○ Family Resource Centers ○ Private providers/counselors ○ Agape Center ○ Wrap around services ○ Peer Counseling by Welcome Center ○ Spirit Empowerment ○ Tahoe Safe Alliance counseling services 	<ul style="list-style-type: none"> • Too few programs focusing on prevention/maintaining good mental hygiene • Medi-Cal coverage very limited • Need for more free or low-cost options • Existing agencies and resources are at maximum • Need for mobile and bilingual/bicultural therapists • No/limited free or affordable counseling services • Limited treatment options for dually diagnosed (mental health & substance abuse) • Treatment options for certain demographic groups: seniors, youth • Transportation barriers

Substance Abuse

Existing Strengths/Assets	Gaps
<ul style="list-style-type: none"> • Substance abuse treatment/prevention services available at: <ul style="list-style-type: none"> ○ Sierra Family Services ○ CORR (Community Recovery Resources) • Twelve-step programs in the area (Alcoholics Anonymous; Narcotics Anonymous) • FWDD (Future Without Drug Dependence) prevention coalition 	<ul style="list-style-type: none"> • Too few free/low cost drug and alcohol treatment programs • Juvenile Drug Court has no treatment component • Education regarding abuse of prescription medicines needed • No venues to dispose of expired/unused prescription meds • Need training of ER, primary care doctors in Screening, Brief Intervention, Referral and Treatment • Few evidence-based treatment options • No local treatment center for inpatient and outpatient • Need for transitional housing • Differences of opinion with what is/is not acceptable (e.g. marijuana use; drinking)

ADDITIONAL HEALTH CONSIDERATIONS

While the CHIP outlines the key health issues that were adopted as priorities, additional findings from the study are noteworthy. Other health issues that were revealed in the assessment may already be the focus of particular agencies, organizations, and providers, given their respective areas of concern. Additionally, these health issues may be the target of future efforts after initial progress with the five key issues detailed in this CHIP. These issues are on “watch” status to trend with future assessments.

- Women’s Health:

- The assessment revealed that females in the area are more likely to have barriers accessing care than males. For example, females were more likely to have cost as a barrier to accessing mental health treatment than males. The same pattern is present when looking at barriers to dental care, wherein females report more cost barriers than males.

- Oral Health Care:

- Roughly 30% of area adults would like to seek help for dental health needs, but have been unable to for a variety of reasons. The two most common reasons were 1) a lack of insurance and 2) unable to afford the dental bills. This suggests that the most significant problems are amongst the un- and under-insured residents in the area.

- Weight:

- Despite statistics that compare favorably to national averages, roughly half (49.5%) of area adults are overweight or obese. This translates into approximately 14,000 adults in the area who are living at an unhealthy weight. Additionally, as noted in previous sections, significant disparities exist in body weight across ethnic groups.

THE PATH AHEAD

By definition the CHIP process is a cyclical progression toward community health improvement. With the completion of the Community Health Improvement Plan, participants will advance to the program development phase. This part of the cycle consists of convening collaborative working groups to plan, implement and evaluate initiatives and interventions to reach measurable objectives. Success will come from a community-owned process and a commitment to collective goals.

Throughout the action cycle, progress will be assessed and tactics refined depending on what practices are yielding the most significant results. It is important to develop programs and outcomes that are measurable and easily tracked. It is better to set realistic, simple goals rather than difficult, complex ones. It is important to also have a few early successes to maintain commitment and momentum.

A typical action cycle based on a Community Health Improvement Plan spans 3-5 years. Keeping the issues at the forefront and a regular review of the CHIP will increase the likelihood of success.

Implementing a successful action plan will be highly dependent on our continued alliances. The Health System recognizes the need to maintain and strengthen our relationship with our physicians and partner agencies in the community and encourages the rest of the community's engagement as well.

COMMUNITY PARTNERS

We would like to thank all of the residents of the Tahoe Forest Hospital District who participated by taking the survey or attending a district meeting. We also share our deepest gratitude to the following organizations and individuals who served on the Steering Committee. The Community Health Needs Assessment Steering Committee represents a variety of local health and human services agencies, whose participation made our needs assessment possible. Without their support and contribution, the project would not have been successful.

Community Health Needs Assessment Steering Committee:

Lisa	Abrahams	Truckee Tahoe Unified School District
Analia	Batson	North Tahoe Family Resource Center
Stephanie	Blume	Project Mana
Richard	Burton, MD	Placer County
River	Coyote	Placer County
Ken	Cutler, MD	Tahoe Forest Health System
Sarah	Deardorff	Sierra Senior Services
Ann	Delforge	Sierra Senior Services
Margarita	deNavarez	At large
Steve	Dickinson	Tahoe Truckee Unified School District
Liz	Ewing	Tahoe Truckee Unified School District
Jim	Gandley, MD	Placer County
Adela	Gonzalez	Family Resource Center of Truckee
Kelli	Twomey	Tahoe City Public Utilities District
Glen	Harelson	Nevada & Placer Counties
Jon	Kerschner	Sierra Family Services
George	LeBard	Project Mana
Karen	Milman, MD	Nevada County
Alison	Schwedner	Community Collaborative of Truckee Tahoe
Mark	Starr, MD	Placer County
Holly	Whittaker	Nevada County
Colleen	Williams	Tahoe Forest Health System
Shawni	Coll, DO	Tahoe Forest Women's Center
Reini	Jensen, MD	Truckee Tahoe Medical Group

RESEARCH CONSIDERATIONS

A. Target Area:

The assessment focused on the following zip codes:

California (District boundaries)

96160 - Truckee - Nevada County
96161 - Truckee - Nevada County
96162 - Truckee - Nevada County
96140 - Carnelian Bay - Placer County
96142 - Tahoe - El Dorado County
96143 - Kings Beach - Placer County
96145 - Tahoe City - Placer County

96146 - Olympic Valley - Placer County
95724 - Norden - Nevada County
95728 - Soda Springs - Nevada County

Nevada

89451 - Incline Village - Washoe County
89450 - Incline Village - Washoe County

All research targeted representative statistics within each of these zip codes. There are a few instances (largely within the secondary data) where data was unavailable at the zip code level or where California and Nevada varied in their level of reporting. The data that were utilized to drive the prioritization process and CHIP conclusions is representative of all areas above. Any exceptions to this are noted accordingly.

B. Household Survey:

The household survey process followed a robust platform developed by the Centers for Disease Control, the Behavioral Risk Factor Surveillance System Survey (BRFSS). The BRFSS targets area adults to assess their health status and risk factors. For the current survey, custom questions were also added by the Steering Committee. A sampling strategy was developed to identify the number of completed surveys needed within each zip code in the Hospital District plus Incline Village, Nevada, to obtain a statistically representative sample. The final sample (473 interviews) yields an overall error rate of +/- 4.5% at a 95% confidence level. Data collection took place between February 1 and March 4, 2011.

REFERENCES

ⁱ On March 31, 2011, the Department of Health and Human Services (HHS) released proposed new rules to help doctors, hospitals, and other providers better coordinate care for Medicare patients through Accountable Care Organizations (ACOs) as part of the Affordable Care Act. ACOs create incentives for health care providers to work together to treat an individual patient across the spectrum of care. The Medicare Shared Savings Program will reward ACOs that lower growth in health care costs while meeting performance standards on quality of care and putting patients' needs first. Patient and provider participation in an ACO is purely voluntary. There are population requirements to become a true ACO. Our community does not meet those requirements; therefore, a prototype ACO is being considered.

ⁱⁱ The TFHD District boundaries are the legislated boundaries of our tax and voting area within portions of Nevada and Placer Counties, California. Those living outside of the District do not pay taxes into the District, nor may they vote on matters related to the District, including but not limited to the election of our Directors.

ⁱⁱⁱ Healthy People 2020, www.HealthyPeople.gov (*Healthy People provides science-based, 10-year national objectives for improving the health of all Americans. For three decades, Healthy People has established benchmarks and monitored progress over time in order to: Encourage collaborations across sectors, guide individuals toward making informed health decisions and measure the impact of prevention activities.*)

^{iv} www.who.int

^v Joint Center for Political and Economic Studies, "The Economic Burden of Health Inequalities in the United States." September 2009.

^{vi} National Institute on Drug Abuse, www.drugabuse.gov; Mental Health America, www.nmha.org



wellnessneighborhood

An Affiliated Program of the Tahoe Forest Health System

Executive Summary Annual Report Tahoe Forest Health System Wellness Neighborhood 2013-2014

Purpose: This report provides key findings of the Wellness Neighborhood’s execution of the TFHS Board of Director’s established *Community Health Improvement Plan* that prioritized five issue areas: Access to Primary Care, Immunizations, Ethnic Disparities, Mental/Behavioral Health and Substance Abuse.

Methods: The Wellness Neighborhood accomplished the goals and objectives of our work through key partnerships and community engagement. Our vision to “achieve equitable, sustainable programs and partnerships that respond to local health priorities” built upon the TFHS 2011 Community Health Needs Assessment. This assessment and intervention strategies were developed through a broad spectrum of community leaders and organizations and represent the most critical element of our methods, that of community engagement and expertise on activities that are relevant, measureable and have health care improvements.

Major Accomplishments: The most significant results highlight the **65,035** various connections with the community that resulted in either participation or receipt of educational information through **881 Rethink Healthy!** events in Fy 2014. Through our outreach and educational trainings, we averted a suicide attempt and intervened in a young child’s life-threatening dental emergency. These are a few examples of lives saved, and of how we touched the lives of hundreds, to address their health issues and improvements towards optimal health.

Future: The 2014 Community Health Needs Assessment is well underway that will validate the health improvement priorities and goals established between 2011-2012, and provide the results to the TFHS Board of Directors and community partner organizations. This will realign our benchmarks and understanding of health in the Truckee/North Tahoe area. This process allows our organization to understand the full impact of our work to date, and to engage with the community to address the issues that continue to affect our health in all ages and ethnicities. We continue to achieve our mission to “develop a collaborative community-based system of care that transforms health in the high sierra region”.

**Annual Report
Tahoe Forest Health System
Wellness Neighborhood
2013-2014**



wellnessneighborhood

An Affiliated Program of the Tahoe Forest Health System

Caroline Ford, M.P.H.
Executive Director

Background

This report encompasses the work of the Wellness Neighborhood in Fy 14 that was built upon the framework of strategic planning by TFHS after careful review of the 2011 Community Health Needs Assessment.

That process assessed the community and established recommendations concerning health needs within the region. The initial program addressed: Primary Prevention, Chronic Disease Management, Dental Care, Mental/Behavioral Health and Ethnic Disparities.

The TFHD Board of Directors, area health care professionals, social service agencies, public health representatives and local organizations further examined these health needs to prioritize and to strategize upon improvements. From this work emerged a ***Community Health Improvement Plan***. The overarching goal was engagement of the community to examine the root causes of disease and illness leading to greater illness prevention and healthy lifestyle choices. The five prioritized TFHS Board of Director issue areas were: **Access to Primary Care, Immunizations, Ethnic Disparities, Mental/Behavioral Health and Substance Abuse.**

Concurrent with TFHS' focus on community health issues came the nation's significant overhaul of the health system. The Wellness Neighborhood co-joined their community-based efforts with TFHS' to address "improving the health of populations" as part of the Affordable Care Act's Triple Aim, in order that the community would experience their transition to health care improvements in a coordinated system of care.

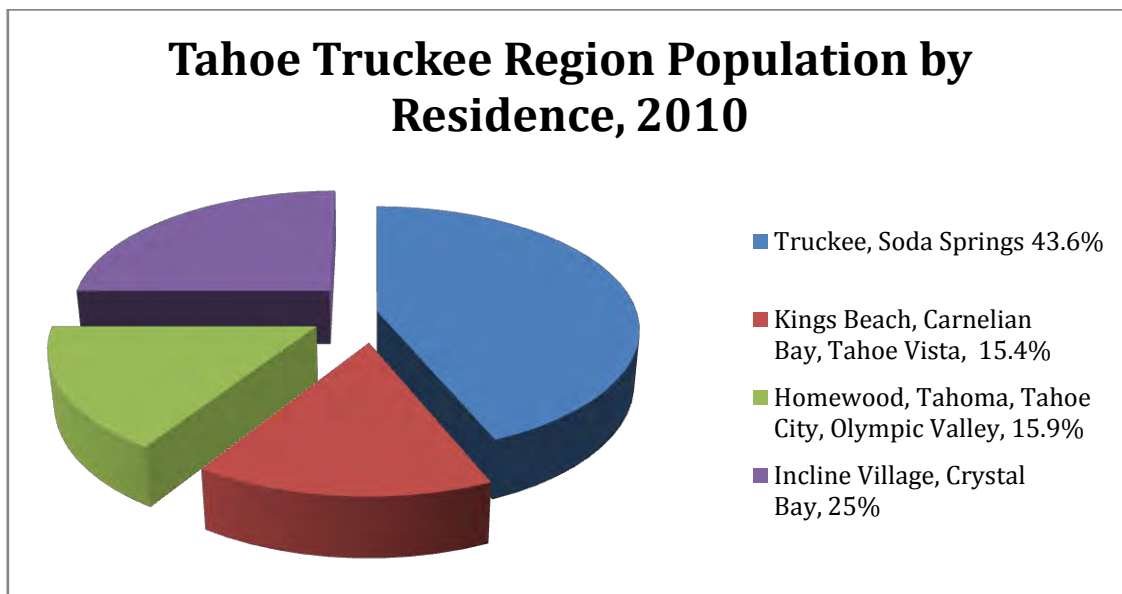
To further the now established priority issue areas, beginning in the summer of 2013, several over-arching principles were used to guide the Wellness Neighborhood program planning and development:

- Integration of the Wellness Neighborhood and TFHD's **Division** of Community Health with a reformed name, mission, purpose, values and vision, and reflective of community-based partnerships;
- Increase capacity building internally and at the local level to strengthen the capabilities of partners and organizations to maintain or expand services delivery;
- Formalize partnerships and collaborations that articulate specific community health goals and activities;
- Analyze structural components that influence access to primary and preventive health services;
- **Incorporate TFHD's ability to provide health careers development in their service area to influence and produce our next generation of health care leaders and our future health care workforce;**
- Utilize evidence-based data that allows the creation of programming that reflects area needs, is measureable and comparable to recognized standards and considers new models of rural community health care.

The Wellness Neighborhood (WN) and Community Health, conducted internal strategic planning and an asset inventory in November 2013 to move the Division integration. The Wellness Neighborhood (WN) incorporated community organizations, individuals, WN workgroups and chairs into ongoing advisory roles and strategic community-based efforts to execute WN Community Health Improvements. This approach has allowed improved integration across the issue areas.

Regional Overview

The TFHS Wellness Neighborhood program encompasses the TFHD community areas of eastern Nevada and Placer Counties, California and the western portion of Washoe County, Nevada known as Incline Village. The demographics and ethnicity for these areas include: regional population of 37,039; and an average ethnic breakdown of 20% Latino and 80% Non-Latino.



Source: United State Census Bureau, Population Finder (2012)

Setting the Stage

The Wellness Neighborhood integrated all Community Health outreach activities into a new template of programs beginning in February 2014 with our new promotional identity: *Rethink Healthy!*

The calendar of rotating health topics promotes community wellbeing and integrates public health. Many of these health topics align with national health observances. Education is provided throughout the community at various venues to reach diverse subsets of the population. **February’s Heart Month kicked off the *Rethink Healthy!* series with classes such as Breathing and Movement for a Healthy Heart, Heart Healthy Eating & Nutrition, Optimizing Your Exercise, The Latest in Heart Health and blood pressure screenings & education events. Heart Month was followed by Nutrition and Colorectal Health, Substance Abuse, Physical Fitness, Skin Cancer, and Men’s Health.**

The month of May Walking Challenge of 10,000 Steps a Day engaged **156** community individuals, who participated solo or as part of a team, for **30 days** to produce enough steps to walk from Tahoe to New Zealand. Inspiration to walk promoted one community member to participate through her 81-year-old friend who, just four months after breaking her femur in a skiing accident, hiked over 6 miles from Sage Hen Creek to Stampede Reservoir and was at the time planning her 7th hut to hut hike in Yosemite this summer.

A total of **65,035** various connections with the community resulted in either participation or receipt of educational information through **881 Rethink Healthy!** events in Fy 2014.

Our Partners

Without the partners that support the Wellness Neighborhood goals, programs and activities we could not describe the results in this report. To them we dedicate the **improvements in our community's health and share in the successes that bring quality** programs to our region. The following is representative of the majority of organizational partners, but does not reflect many individuals within the community that have extended their time and efforts. Nor does the list reflect the many departments and programs within the Tahoe Forest Health System and our community of health care practitioners that **commit their lives to our community's health.**

Boys & Girls Club of North Tahoe	Behavioral Health Practitioners
Colon Cancer Alliance	Community Collaborative of Tahoe Truckee
Community Recovery Resources	Crisis Intervention Task Force
Diamond Peak Ski Resort	Family Resource Center of Truckee
Hyatt Incline Village	Incline Village Community Businesses
Incline Village General Improvement District	Narcanon
Nevada County Crisis Workers	Nevada County Health and Human Services
Nevada County Immunization Coalition	Nevada HOPES (HIV Outreach, Prevention, Education, Services)
North Tahoe Family Resource Center	Northstar at Tahoe
Nutrition Coalition	Parasol Tahoe Community Foundation
Placer County Crisis Workers	Placer County Health and Human Services
Placer County State Preschools	Project MANA
Sierra College	Sierra Nevada College
Tahoe Donner	Tahoe Safe Alliance
Tahoe Truckee Future W/O Drug Dependence	Truckee Donner Public Utility District
Tahoe Truckee Unified Sch. District Teachers, Administrators, Nurses and Parents	Truckee Donner Parks & Recreation District
Tahoe Truckee Youth Suicide Prevention Task Force	Tahoe Truckee Unified School District Wellness Centers
Town of Truckee/Town of Truckee Police Dept.	Truckee Home and Building Show
Truckee Meadows Community College	University of California, Davis
Washoe County District Court	Washoe County Health District
Washoe County School District	Washoe County Sheriff Department

Results

The following accomplishments reflect the accumulation of achievements by the staff of the Wellness Neighborhood and Community Health, and community partners that have direct contractual relationships or investment in the outcomes.

Access to Primary Care

All residents will be able to identify and access a primary care provider (medical home).

How the TFHS reaches into the community to address Access to Primary Care builds off internal policies and practices that create a framework for access. Importantly, TFHS openly provides multiple opportunities for the community to receive care. Patients may come through the Emergency Department where no one is turned away due to finances, and various payment options exist to facilitate coverage including charity care and public assistance. Patients may come to the TFHS Health Clinic where acceptance of MediCal (now Managed Care options) and Medicare financing are in place, and where a sliding fee scale is provided for other financial support. Additionally, through the TFHS Multi-Specialty Clinic practice, acceptance of public financing and other means of financial support are available. All of these options are critical in understanding that institutionally, TFHS offers a wide range of options to address Access to Care.

Intervention, Methods, Results

The Wellness Neighborhood (WN) built upon the TFHS existing framework in several key ways.

- The WN priorities of Access to Care and Disparities were integrated through an expansion of the WN grant scope of work with both of the Family Resource Centers. These actions included support of the personnel providing Covered California outreach/education and enrollment services to the general community and the Latino community specifically. Additional outreach for TFHS included the availability of education to internal staff on the Covered California options and process, and Spanish language translation of materials. During the next six months (July-Dec. 2014), the FRCs will consult with the WN to identify health service gaps by newly insured FRC clients. This will provide the basis for future mitigation by TFHS to reduce barriers to care.

Affordable Care Act-Covered California results for the North Tahoe Family Resource Center (NTFRC) and the Truckee Family Resource Center (TFRC) funded through multiple organizations: 4468 outreach encounters, 895 education contacts, 562 insurance coverage leads, and 105 MediCal enrollments between 1/1/14-6/30/14.

Of particular note: Placer County ACA Enrollment Statistics: 13,048 newly enrolled in Covered CA; 13,277 enrolled MediCal; 4000 current applications still waiting to be processed for MediCal. Placer County estimates they reached 100% of the uninsured. (These figures are for all of Placer County but a higher proportion of those in poverty live in the eastern part of the county).

Implications: newly insured patients are beginning to identify primary care practitioners and are starting to access care. Our health professions shortages in primary care personnel will mean that we will have difficulties in keeping pace with the impact of the demand. Another enrollment period will occur in the fall of 2014.

- The WN was notified of the potential **loss of TFHS' federal Health Professions Shortage Area (HPSA)** designation in the fall of 2013. This designation has many direct and indirect implications for community practitioners: access to federal resources for primary care programs, and reimbursement (10% bonus payments) for primary care services to the Medicare population (approximately 9% of TFHD and 18% of Incline Village populations).

Analytics performed by the WN Director produced a second report to the Healthcare Workforce Development Division of the Office of Statewide Health Planning and Development for the State of California to challenge the reported numbers.

- The HPSA de-designation was reversed by the State of California, which provided state approval onward to the federal Office of Designations. The results directly impacting TFHS included: retaining quarterly Medicare bonus payments for CMS Medicare services by selected practitioners.
- All primary care practitioners of the Truckee Tahoe Medical Group and the Kings Beach Clinic operated by Placer County also benefitted from the bonus payments and other HPSA related programming.
- WN awarded federal Office of Rural Health Policy grant 6/1/14 -5/30/15 of **\$83,794** for a Network Grant with the Truckee/Tahoe Unified School District and Placer and Nevada counties to plan and design enhanced access to integrated school-based health services for the 12-18 year old population.
- Memorandum of Understanding executed with TTUSD & Nv/Placer Counties to formalize partnership;
- Collaboration with Nevada-based Access to Healthcare Network (AHN) to improve access to the delivery of primary care services to patients not otherwise eligible for health insurance coverage in Nevada, and to examine financing options and AHN medical-discount services in California; Forty-seven (**47**) current primary care patients, eighteen (**18**) specialty care patients;
- All four (**4**) TFHS Pediatricians and one (**1**) Pediatric Nurse Practitioner were trained in Fluoride Applications; MediCal children, 5 and under, are being targeted for treatment;
- Facilitated Incline Village access to pediatric dental screening and dental varnish event-processed **27** children. The impact resulted in **48%** additional referrals for dental caries and braces as a result of this intervention; importantly, helped save the life of a 4-year-old child suffering from advanced dental infection in the mouth.



“Professionally, I am amazed that the little guy did not have an emergency episode much sooner. Several of his teeth were “time bombs” just on the verge of explosion! Spiritually, perhaps the “Universe/God/Angel of Mercy” brought him to the screening just for the desperately needed lifeline that was available there. I want to emphasize, scientifically and factually that his was/is truly a life-threatening condition. I want to stress emotionally as tears fill my eyes how very thankful I am for all of your concern, efforts, supplies, time and love!”

Syd McKenzie, RDH
Co-Founder Oral Health Nevada Inc.

Immunization

We will improve immunizations among those receptive to them and aim to reduce vaccine preventable diseases.

Tahoe Forest Health system coordination of immunization efforts within Nevada and Placer counties bridged multiple organizations addressing immunization efforts. Nevada County immunization levels were specifically targeted for school-age children deemed up-to-date and admitted to school with conditional acceptance and registered with personal belief exemptions.

Nevada County led the state in the number of Personal Belief Exemptions (PBE), with 21% of students unvaccinated compared to about 3% for the state average. As a result, Nevada County had a Pertussis outbreak in 2013 and the highest year-over-year increase in the incidence of this disease per 100,000 for any Californian county (with 70 cases in 2013 compared to 5 in 2012). Additionally, there was one infant Pertussis death in Placer County in 2014 magnifying the issue within the region.

Intervention, Methods, Results

In response to this resurgence the Tahoe Truckee Unified School District (TTUSD), the Nevada County Health Department, TFHS Wellness Neighborhood staff and clinical staff, and primary care providers collaborated to target parent and childcare providers with education, and implement a strict school immunization adherence policy (including denying admission to students whose immunizations were not up to date). As a result of these interventions, TTUSD achieved a **strong improvement** in the up-to-date immunization status at kindergarten entry over a two-year period.

TTUSD & California Immunization Status 2011 - 2014

	2011-2012			2013-2014		
	Up to Date	Conditional	PBE	Up to Date	Conditional	PBE
Kings Beach Elementary	62%	34%	4%	90%	1%	9%
Tahoe Lake Elementary	61%	39%	0%	82%	2%	14%
Glenshire Elementary	54%	34%	9%	72%	21%	7%
Truckee Elementary	82%	18%	0%	97%	1%	2%
Nevada County				72%		
Placer County				87%		
California	91%	7%	2%	90%	7%	3%

Data prepared by the WN, June 2014

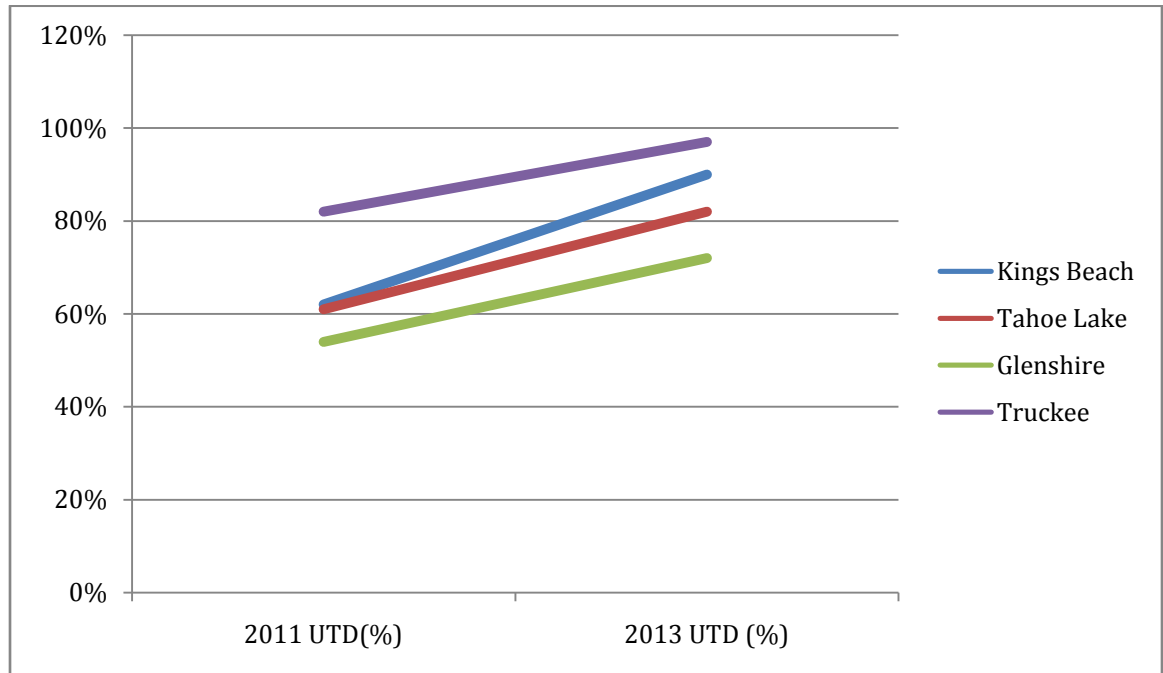
The decrease in conditional entrants (students who had some immunizations, but not current with all of their immunizations) reflects an **improvement** in education, access to immunizations, recordkeeping, immunization policy adherence and follow up.

Immunization awareness interventions continued throughout 2013/2014 and included:

- Development of an Immunization Toolkit by two University of California Davis Masters level Nursing students under WN supervision, for distribution at the Placer County School Nurse Meeting and for regional practitioners at community education events-information to **(4,000)**;
- Creation and distribution of an Immunization Resource Flyer to all TTUSD targeted students deficient or scheduled for boosters;
- Thirty-four **(34)** parents educated by Tahoe Forest Health System Pediatricians, the Pediatric Nurse Practitioner, the School Nurse or Wellness Neighborhood Staff at Kindergarten Round-ups held at five **(5)** locations throughout the school district;
- Fifteen **(15)** attendees of immunization education and Tdap vaccine/clinical services available for adults at the Healthy Living Forum on two **(2)** days for four **(4)** hours/day;
- One hundred and ten **(110)** expectant parents educated regarding immunizations during prenatal classes by TFHS Pediatricians.
- Immunization outreach to all parents (twice) within the TTUSD **(8,000)**;
- Adult Immunization outreach to all TTUSD employees;

- September 2014 TTUSD student entrance compliance will provide the most significant revelation of all immunization outreach activities coupled with strong school administration compliance to CDC Recommendations & AB 2109.

Graph 1
Percentage of TTUSD Students Up To Date (UTD) with Immunizations at Kindergarten Entrance 2011 & 2013



Ethnic Disparities

In our community, there should be no inequities in health with regard to ethnicity.

The WN strongest efforts addressing ethnic disparities focuses upon the outreach and contact with populations served through the Family Resource Centers in Truckee and North Tahoe. The WN contract with both FRCs guides a focused scope of work that expands, supports and co-joins para-professional outreach through the Promotora workforce. The work includes behavioral health outreach, services and support for the expansion efforts of Covered California enrollment to address Access to Care.

Intervention, Methods, Results

Promotoras are community educators employed with the North Tahoe Family Resource Center and the Family Resource Center of Truckee. Promotoras cover a vast array of community health education themes throughout the Truckee North

Tahoe region including prevention, nutrition, school readiness, breast health education, parenting classes, strengthening and building relationships in families and reducing stigma around mental health. Promotoras serve as a bridge to connect Latino community members with information and resources.

- The WN completed an asset inventory in the spring of 2014 of all Promotoras employed by the FRCs to gauge their training, pay scale, outreach services and content focus.
- The Wellness Neighborhood is currently collaborating with both Family Resource Centers to review and evaluate new promotora training curriculums to develop an expanded foundation of program education and specific health and teaching skills. The new curriculums, under sub-contract with two separate organizations (Vision y Compromiso and MHP- Migrant Health Promotion), will provide re-training to all existing Promotoras, newly recruited FRC Promotoras, and new to-be-recruited TFHS Promotoras. All will train in unison and form a close network of client services that will extend the reach and support of those in need of health care services, and care coordination of those utilizing services within TFHS.
- Mental/Behavioral Health support to the FRCs is separately described in the next section. The following services reflect multiple FRC funding sources, primarily County Mental Health Service funds in Prevention and Early Intervention:
 - NTFRC Latino Community Liaison and Promotora encounters: **89** events with **137** individuals;
 - FRCoT Promotora encounters: **41** events with **93** individuals.
- Specific WN education/training outreach to Latino population: Suicide prevention (**57**), Heart Health (**16**), Colon Health (**8**), various fitness (**45**), and nutrition (**73**).

Mental/Behavioral Health

Our residents will enjoy good mental health and those in need will have access to prevention and treatment.

The WN engaged in multiple approaches to address various aspects of Mental/Behavioral Health prevention, outreach, education, services delivery and strategic planning. The community partnerships are critical to a comprehensive, regional approach that not only addresses the current issues, but also provides important collaborative planning for future services.

Intervention, Methods, Results

- Production of a current and regional, Mental/Behavioral Health Resource Directory of services and practitioners inclusive of: translation services, bi-lingual capacity, financing options, services by age (adolescent & adult), gender of the practitioner, license and description of service

location/hours. The Directory was published and distributed to **300+** locations, was hyper-linked on the TFHD website and is currently under revision for an updated publication slated for September 2014;

- Steering Committee representation on the Truckee/Tahoe Youth Suicide Prevention Task Force that executed the following results: Community Members engaged: 442 Community Task Force Members

395 direct trainings in Know the Signs (KTS) campaign that included **40** persons from TFHS Partners in Patient Services in-service training, and placement of materials in the Community Collaborative and Clever Minds Newsletters reaching over **1100** community members;

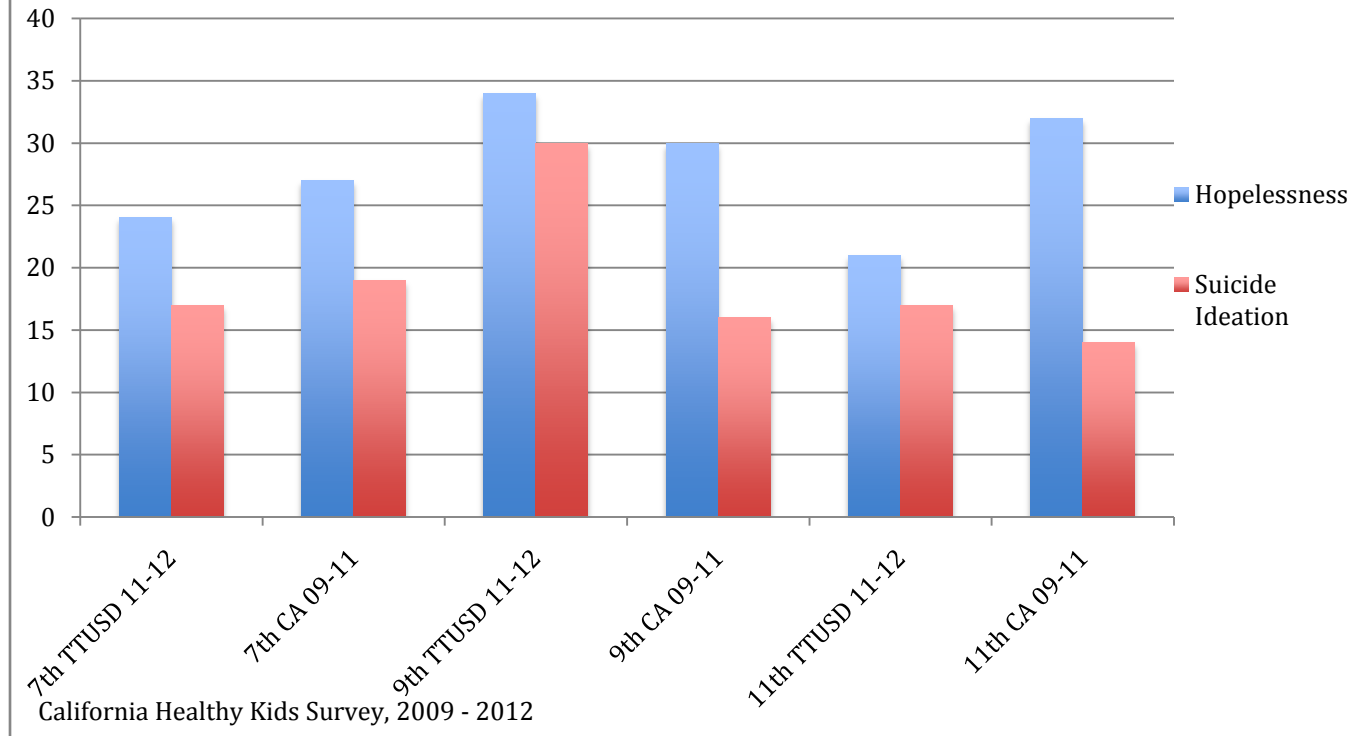
60 direct trainings in Question, Persuade, Refer (QPR);

We know from these trainings that there already has been at least one teen suicide averted due to **a community person's training in QPR. The goal of the WN** within TFHS is to execute the KTS training within every department of the system by the end of 2014.

- TFHS will be the principle supporter of the Youth Suicide Prevention Task Force activities in partnership with the TTUSD in Fy 15;
- Alignment of the crisis intervention data collection of adolescent behavioral health Emergency Department visits with Nevada and Placer county statistics and shape community intervention efforts. According to Fy 14 data, TFHS had 56 patient encounters, 9-18 yrs. of age, in the Emergency Department. Of the 56, twenty (20) were admitted to psychiatric facilities. This data represent a 25% increase over Fy 13 with a comparable rate of psychiatric facility admission. One interpretation of the data is the significantly increased education and awareness outreach to students, parents and the community to recognize a child in distress and to seek help, which might account for increasing numbers.

Continued surveillance within the TTUSD through the California Healthy Kids Survey shows an increase in prevalence of feelings of hopelessness as well as contemplation of suicide compared to statewide results. To emphasize the significance of this issue, Healthy People 2020 has established the proportion of adolescents who experience a major depressive episode as a leading health indicator thereby identifying this as a high-priority health issue. The target level for adolescents experiencing intense hopelessness is 7.4%.

Percentage of Students Experiencing Hopelessness or Suicide Ideation: TTUSD vs. California (2009-2012)



As the data becomes available from the CA Survey of 2012-13 & 2013-14, it will allow us to compare the trends across three years of data. We anticipate that the last two years of data would provide a positive indication of the impact of outreach and education to students on behavioral health topics and would also reflect the establishment of the two TTUSD Wellness Centers in each high school.

The WN is a partner organization to the TTUSD Wellness Centers. The Centers are designed to support high school student access to services that address physical, mental, emotional, and social concerns while offering activities to increase their resiliency and over all well-being. It is a collaborative effort by the school district, community partners and youth to improve the health of TTUSD high school students. Examples of programming include: Bully and Cyber-bullying education, Freshman Challenge Days, Parent support, drop in space and refreshments for teens, counseling support, and referrals.

Targeted WN work includes:

- Site visit and co-location review of Nevada County Behavioral Health services with county administrative staff;
- Lead agency school-health planning with behavioral health focus as part of the HRSA Network initiated June 1st (described in the Access to Care

section) with emphasis on collaboration between county behavioral services and others to be offered;

- Participation in a new community-based Mental Health Task Force assessing gaps and service delivery roles that might be provided through TFHS;
- Examination and selection of Tele-Psychiatry services to be initiated in the Emergency Department to address the current 5150 holds and appropriate referrals and expedited care;
- Participation in a community network of mental health professionals workgroup to exchange information and improve patient referrals;
- Development of para-professional workforce to work in conjunction with other TFHD departments to address outreach, patient care and care management in behavioral health through Peer Counseling, Community Health Workers and Promotoras;
- Planning in conjunction with Nevada County Behavioral Health staff of a Peer Counseling training program for the FRCs and TFHD (planning for ED replacement of sitters by trained Peer Counselors to assist patient care);
- Targeted and accelerated Mental Health needs assessment for addressing TFHS integration of Behavioral Health services delivery through co-location with Primary Care practitioners or through other co-location options with Nevada County (this addresses the expansion of Access to Care for Behavioral Health and also freeing more Primary Care patient scheduling time due to 20-30% lost appointments to Behavioral Health diagnoses);
- Expansion of contract scope of work with the FRCs to provide direct patient access to behavioral health services;
- Collaboration with other rural California counties regarding access to Mental/Behavioral Health dollars and resources to improve regional network of care;
- Meetings with Nevada County Behavioral Health Advisory Council to improve representation of community issues, TFHS behavioral health activities and future development, and improve resource acquisition by TFHS;
- Ongoing meetings with Nevada and Placer County Behavioral Health officials to improve patient services. Offer from Nevada County to TFHS to utilize Mental Health patient observation beds (4 beds to open in early 2015 at Sierra Nevada Memorial) is forthcoming;
- Execution of community outreach/education events on Mental Health topics (discussed in the Substance Abuse section).

Substance Abuse

We will reduce substance abuse in the community.

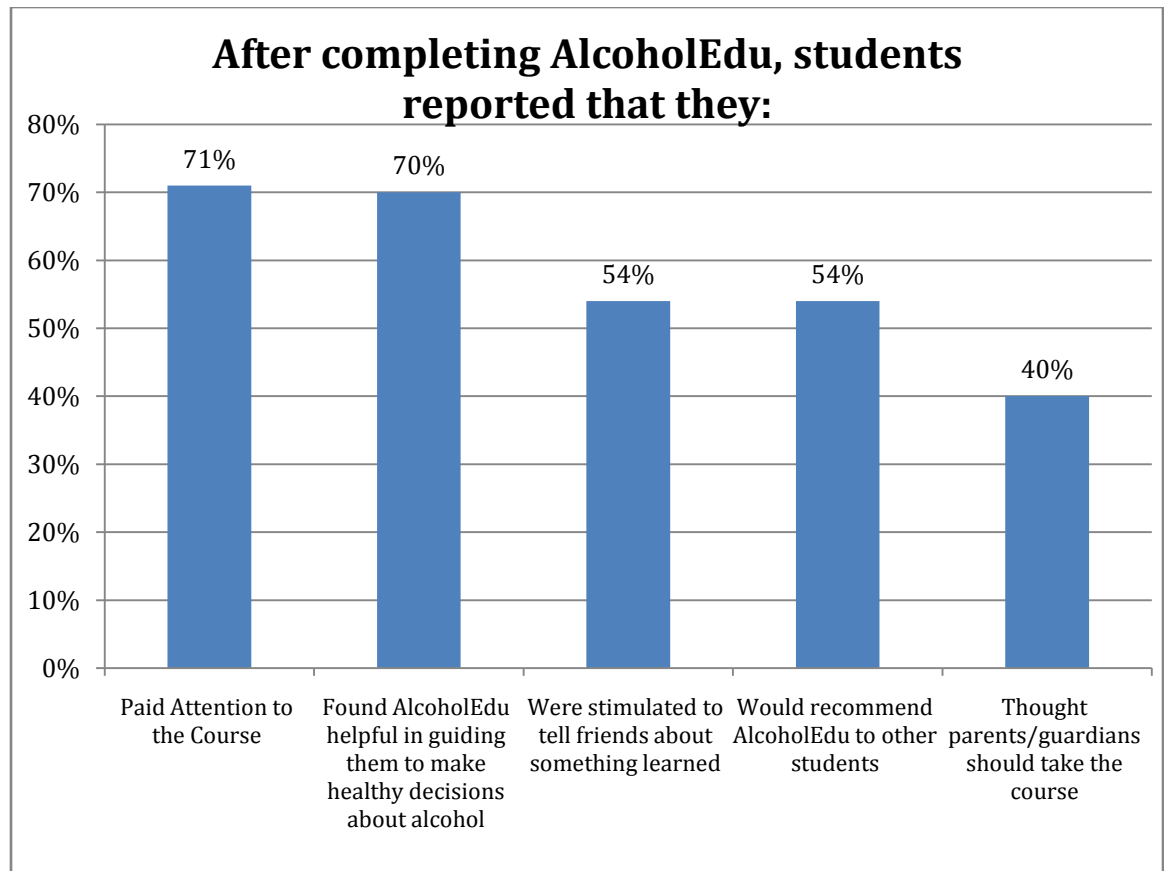
The array of activities completed by the WN reflects our significant community partnerships to focus on issues of substance abuse and intervention. Ongoing assessment of behaviors associated with substance abuse is monitored through the California Healthy Kids survey tool and our own current Community Health Needs Assessment (discussed later in this report).

Intervention, Methods, Results

According to the most recent data available from the California Healthy Kids Survey (CHKS), the percentage of students in the Tahoe Truckee Unified School District (TTUSD) who have used any alcohol or other drugs (AODs) surpasses state percentages for both 9th and 11th graders. Data show that in 2012, 57% of TTUSD 9th graders and 72% of 11th graders had used AODs compared to 49% of statewide 9th graders and 64% of statewide 11th graders.

The WN addressed these significant issues with the TTUSD through the following program:

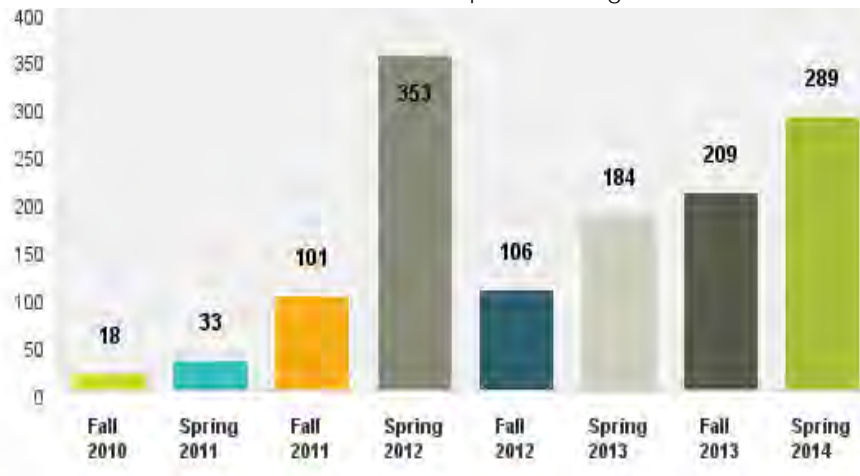
- AlcoholEdu: a program supported by the Wellness Neighborhood. AlcoholEdu is a highly scalable online program that allows high schools to reach all students with a consistent message and empower them with the necessary skill set to make safer and healthier decisions about alcohol. In the two school years since its inception with funding from the Wellness Neighborhood, **576** TTUSD students have participated in the program and survey results demonstrate they are able to identify when someone has consumed too much alcohol and to stop a friend from driving drunk. Students found the program helpful in guiding them to make healthy decisions about alcohol. *The 2013-14 AlcoholEdu full report is due to the WN in August with current year results and the **previous year's** comparisons.



- Partnership with the Truckee/Tahoe Future Without Drug Dependence (TTFWDD) named TFHS Partner of the Year in 2013. Other partnership activities included:

The Prescription Medication Take-back Day orchestrated by TTFWDD to protect teens from an epidemic of Rx abuse, prevent accidental poisoning of young children, safeguard seniors from misuse and mistakes, and keep medications out of our water supplies and environment. In FY 2013/2014, **152** participants dropped off a total of **498 lbs.** of prescription drugs. This includes medications that were dropped off in permanent bins **located in Tahoe City at the Placer County Sheriff's Office and in Truckee at the Police Department.**

Total Pounds of TTFWDD Prescription Drugs Collected 2010-2014



- WN, in conjunction with TTFWDD, **sponsored a TFHD ED Nurse's** attendance to the 2014 Prescription Drug Abuse Conference. The primary theme of the conference was the necessity to implement a Prescription Drug Monitoring Program (PDMP) to ensure physicians and pharmacists **are aware of a patient's drug history prior to initiating opioid therapies.** The use of a PDMP is considered best practice. Building upon this best practices approach, TFHS WN will work to bring this monitoring system to our facilities and practitioners;
- Ongoing discussions with TFHD Emergency Department staff to integrate SBIRT (Screening, Brief Intervention, Referral & Treatment) into ongoing work;
- Developing a unified pain contract with TFHD health providers including Home Health, Ambulatory Surgery, MSC, TTMG and Dental clinics;
- Community education and outreach regarding Substance Abuse and Behavioral Health topics (see sample community programming flyer).

Rethink Healthy!



Drinking and Drug Abuse as a Community Issue

The greatest influence on a young person's decision to drink alcohol is the world they live in.

Join local professionals for a panel discussion on the impact of alcohol and drugs on the youth in our community. Learn how can we establish and support healthy community behaviors.

Moderator:

Andrew Whyman M.D. - Dr. Whyman specializes in clinical and forensic psychiatry. He is a published author, and former Vice- Chair, Department of Psychiatry, Pacific Medical Center, San Francisco.

Community Panel:

Adam McGill – Truckee Chief of police. The police department's philosophy is rooted in the concept of PIE – Prevention, Intervention, and Enforcement. They maintain a supportive school presence, provide education, and partner with community stakeholders to reduce youth access to alcohol and drugs.

River Coyote, MPH –Placer County Health Educator and Director of the Tahoe Truckee Future Without Drug Dependence (TT-FWDD) Coalition which works to reduce local conditions that enable or encourage youth to use alcohol and drugs.

Corine Harvey, Executive Director of Student Services, Tahoe Truckee Unified School District. The school district partners in the fight against underage drinking through education, counseling, and promotion of activities that encourage positive choices and a healthy lifestyle.

Christi Goates – Counselor and Program Coordinator at Community Recovery Resources (CoRR) in Truckee and Kings Beach. CoRR provides education and treatment for substance abuse issues.

Heather Redlich – Director of Public Affairs for Narcanon of Northern California which provides long-term residential rehabilitation and free education and outreach services in our community.

For more information, please contact:
Maria Martin
Community Health, TFHS
mmartin@tfhd.com / 530.587.3769, ext 7126

- **WHEN:** Thurs., April 10th
4:30-6:00pm
- **WHERE:** Sierra College, Truckee
Main Lobby
- **FREE and Open to The Public**

Light refreshments served!



wellnessneighborhood

An Affiliated Program of the Tahoe Forest Health System

tfhd.com

Other Activities of Significance

I. 2014 Community Health Needs Assessment

The WN leads TFHS' regional effort to:

- Update and compare results from the 2011 Community Assessment;
- Meet hospital regulatory criteria to engage with the community regarding health needs;
- Validate the health improvement priorities and Wellness Neighborhood goals established between 2011-2012;
- Provide a collaborative process to use these results on behalf of Nevada & Placer County Public Health and Washoe County Health District, to move towards Public Health Department Accreditation;
- Provide these results to community partner organizations for their use in benchmarks and understanding of health.

The logistics include:

- Established steering group and two regional community advisory committees guiding the development;
- Secondary data collection on special population groups and needs;
- Key informant interviews and focus groups on health needs, barriers and intervention strategies;
- Health status data collection establishing community benchmarks and determinants of health compared to national targets.

II. Review and assess the selection of WN website criteria:

- Health and quality of life indicators;
- Comparisons of data measures and tracking;
- Disparities tracking;
- Promising practices;
- GIS mapping;
- Topical content;
- Language translation;
- Hospitalization data;
- Local content;
- Personalized chronic disease tracking;
- Health education;
- Reports.

- III. Para-Professional Workforce Development
- Link efforts to expansion of FRC Promotoras;
 - Sync TFHS workforce with the FRC Promotoras;
 - Integrate WN effort within TFHD departments addressing patient centered care and medical home, care coordination and management;
 - Link para-professionals with Community Health team to expand community based training, interventions, tracking and outcomes.
- IV. Health Careers Development
- Guided health careers development opportunities within the WN Division;
 - Graduate Intern meets MPH standards, graduates, successfully employed in North Lake Tahoe;
 - Two Nursing graduates complete Masters program, graduate;
 - Current graduate intern addressing competency standards for MPH degree;
 - Interviewing Doctoral student for 12 month placement in 2015.
- V. Behavioral Health Workforce Development
- Development of Mental/Behavioral Health clinical and outreach services;
 - Development of a para-professional workforce to assist with behavioral health outreach and care coordination;
 - Implementation in the fall of 2014, of Tele-Psychiatry to assist with 5150 holds in the ED to facilitate patient care and referral;
 - Investigation of co-location sites for behavioral health personnel with either primary care or with county behavioral health services;
 - Coordination with the FRCs of Promotora outreach in behavioral health topics and patient care coordination.
- VI. B-Fit Program
- B-Fit provides activity bursts of multiple 5 minutes in the classroom and monthly wellness challenges for 8 months. The program, which piloted in Kings Beach Elementary in 2011/2012, has expanded to include all elementary schools within TTUSD. Students are tested for BMI, a 1-mile run for aerobic capacity and flexed arm hang in the fall **and again the spring. This year 22% of students fell into the “needs improvement” category specifically for BMI. Seventy-five percent of those who need improvement are Hispanic, and 65% are male.**
- The B-Fit program for the 2012-2013 school years reported a 43.6% teacher participation rate which **increased to 54.5%** in 2013-2014.

The 2013-2014 Student Survey Pre and Post Results

The most exciting support came from student testimonials as a result of the B-Fit program. The following data collected from Kings Beach Elementary only.

- Dental Hygiene: Most children report brushing their teeth in the morning and at night. A **3% increase** was reported at the end of the year.
- Sleep Hygiene: **11% increase** in 10+ hours of sleeping was reported. A noted **27.9% decrease** in food consumed prior to bedtime was reported.
- Breakfast: **13% increase** in consuming 3 or more breakfast items was reported.
- Screen Time: **Fewer** children reported watching TV for more than 2+ shows. Forty-four (44%) of children still reported watching 1 TV show after school, which in the fall, only 22% watched 1 TV show. Children continue getting screen time, but stated they are now aware of the amount of time. A **3.2% reduction** in the amount of time spent on video games or computers in the evening was also reported.
- Fruits and Vegetables: **43.5%** of children are reporting getting **2 or more** fruits and vegetables at lunch. This may be due to the new salad bar implementation, advocated by WN, at KBE that was put into place in the spring. A **7% increase** in fruits or vegetables occurred at snack.

In summary, the range of activities, progress and results reflected in this report provide an understanding of the depth of work that is being accomplished with the Truckee and North Tahoe region. The current Community Health Needs Assessment will allow the Wellness Neighborhood and our partners to bring better understanding of our current community health issues and challenges. The development work that is mentioned in this report is staged to reach deeply into all age ranges and ethnicities to improve our emotional and physical well being. Our mission is to **“develop a collaborative community-based system of care that transforms health in the high sierra region”**. Our vision is to **“achieve equitable, sustainable programs and partnerships that respond to local health priorities”**.

The Wellness Neighborhood Executive Director extends her deep appreciation to the all of the staff and medical directors within TFHS, who have worked tirelessly to execute programs, guide their patients and set a standard for quality health in the community. To each and all of the partner organizations, individuals and practitioners, the WN gratefully thanks them for their participation, expertise and leadership in addressing community health improvements and health services development in the Truckee/North Tahoe area.

Our Partners

Without the partners that support the Wellness Neighborhood goals, programs and activities we could not describe the results in this report. To them we dedicate the **improvements in our community's health and share in the successes that** bring quality programs to our region. The following is representative of the majority of organizational partners, but does not reflect many individuals within the community that have extended their time and efforts. Nor does the list reflect the many departments and programs within the Tahoe Forest Health System and our community of health care **practitioners that commit their lives to our community's health.**

Boys & Girls Club of North Tahoe	Behavioral Health Practitioners
Colon Cancer Alliance	Community Collaborative of Tahoe Truckee
Community Recovery Resources	Crisis Intervention Task Force
Diamond Peak Ski Resort	Family Resource Center of Truckee
Hyatt Incline Village	Incline Village Community Businesses
Incline Village General Improvement District	Narcanon
Nevada County Crisis Workers	Nevada County Health and Human Services
Nevada County Immunization Coalition	Nevada HOPES (HIV Outreach, Prevention, Education, Services)
North Tahoe Family Resource Center	Northstar at Tahoe
Nutrition Coalition	Parasol Tahoe Community Foundation
Placer County Crisis Workers	Placer County Health and Human Services
Placer County State Preschools	Project MANA
Sierra College	Sierra Nevada College
Tahoe Donner	Tahoe Safe Alliance
Tahoe Truckee Future W/O Drug Dependence	Truckee Donner Public Utility District
Tahoe Truckee Unified Sch. District Teachers, Administrators, Nurses and Parents	Truckee Donner Parks & Recreation District
Tahoe Truckee Youth Suicide Prevention Task Force	Tahoe Truckee Unified School District Wellness Centers
Town of Truckee Police Dept.	Truckee Home and Building Show
Truckee Meadows Community College	University of Nevada, Reno
Washoe County District Court	University of California, Davis
Washoe County School District	Washoe County Health District
	Washoe County Sheriff Department

TFHS Board of Director Strategic Goal related to Wellness:

8. Achieve equitable, sustainable programs and partnerships that respond to local health priorities

What are we trying to accomplish?

Attain effective, equitable and accessible health and wellness services with evidenced-based practice to align and strengthen existing community health services.

What are the results we will evaluate?

- Community Health Improvement Plan
- Community Health Needs Assessment update

What are the actions we will take?

- Integrate community systems of care that reflect preventive, primary, oral and behavioral health
- Consolidate community health programs into the Wellness Neighborhood
- Conduct an assessment to determine specific programming priorities
- Engage advisory groups in planning around community health
- Coordinate development of a community care model using evidence-based data

Goal:

Execute a 2014 Community Health Needs Assessment in the Truckee/North Tahoe and Incline Village communities and evaluate health status indicators in conjunction with community survey responses.

Measurement:

Assessment documents completed that provide: 2014 health status benchmarks, documentation of access to care barriers, evaluation of community needs, and gap analysis between 2011 and 2014 assessments.

Goal:

Develop strategic plan documents that align Wellness & Community Health programs with health status benchmarks, community care models, and local partnerships to address defined needs.

Measurement:

Intervention strategies are programmed with selected health status indicators and measured annually.

True North: Random Survey Methodology

The random telephone and web survey of residents for the 2014 Community Health Needs Assessment within the Tahoe Forest Hospital District plus Incline Village and Crystal Bay, Nevada, was performed by True North Research under the direction of Timothy McLarney, Ph.D. Dr. McLarney has overseen several surveys for the District including surveys completed in 2006 and 2007 for facilities bond research, and in 2010 for a survey of second homeowners.

True North's Principals (Dr. Timothy McLarney and Richard Sarles) have designed and conducted over 800 survey studies for public agencies, including dozens of research projects for hospitals, health care districts, as well as corporations that operate in the health care industry.

The ultimate goal of the study was to enable the District to make sound, strategic decisions based upon the data that was collected, so it was critical that the data be collected according to rigorous methodological standards. It is quite challenging to design and implement a survey that a) produces valid and reliable measures of the opinions and behaviors of interest, and b) produces data that is representative of the population of individuals that was the focus of the study. Only by satisfying each of these conditions will the proposed study produce data that is trustworthy and thus a sound basis for making decisions. However, meeting the aforementioned conditions has become more difficult in recent years. Much has changed in terms of how the public receives information, the accessibility of residents through traditional recruiting methods, and their willingness to participate in community surveys.

Whereas conventional RDD (random digit dial) telephone surveys worked well for surveying residents in the past, they are no longer nearly as effective at producing reliable samples due to factors such as call-screening and the increasing percentage of households that rely solely on cell phones. Nor do they provide the flexibility to respondents in terms of *how* they participate that is required to achieve acceptable participation rates. In order to produce statistically reliable measures of residents' opinions and behaviors, the research methodologies that public agencies employ for community surveys must adapt to these new challenges.

The methodology that Dr. McLarney recommended, and that was deployed in this survey was designed to adapt to these new challenges by employing innovative techniques to ensure statistically reliable results. The survey was created using a stratified sampling methodology to ensure a representative sample of households in the survey area regardless of whether they use land lines or cell phones. We also utilized a two-pronged recruiting strategy of mailed letters and telephone calls to recruit participation in the survey and a mixed-method data collection methodology that allowed sampled respondents the flexibility of participating by telephone or online at a password-protected web site. This approach was designed to increase participation rates, reduce response bias, and increase the overall accuracy and reliability of the District's survey results when compared to a survey conducted only by telephone.

The University of Nevada-Reno (UNR) consultant team led the overall design of the Needs Assessment research, the survey collection scope of work for True North was limited primarily to sampling design, data collection, and the initial processing of the survey data.

According to True North Research, with at least 400 completed interviews in the sample, the survey will have a maximum margin of error of +/- 4.9% at the 95% level of confidence. Due to some of the unique characteristics of our community, including a prevalence of second homes, many part time residents, and high use of cell phones as primary phones, a hybrid approach

was agreed to for reaching the maximum number of respondents as possible:

1. We used the voter file for the purposes of mailing to households. The overriding consideration is the lack of residential delivery in many of our local ZIP codes and the need to have accurate PO Box information for households in the District, attached to phone numbers for verifying the residence.

2. We used limited phone calls in this group to round out the voter sample, then reserved most of the calls for non-voter households using random digit dial (RDD) and cell phones. We targeted these households by first excluding the phone numbers from the voter file, then dialing those that remain.

This approach provided the following desirable qualities: it covered voter and non-voter households; it also picked up renters and owners; and it allowed us to mail to households with known PO Box information & phone information based on public records. The methodology was not limited to voter households only – we targeted the mail portion of the “voter households” files because it is the only reliable source that combines address, mailing address (PO Box), and phone numbers. The assessor’s file (tax role) is not a reliable source for these three elements – it does not include phone number (that must be appended to the extent possible), and the information on the assessor’s role is dated and often lists a mailing address that is not a local PO.

In addition, True North was directed to limit surveys to full time residents. In order to have been eligible to take the survey, one must have been a permanent resident (ie, live in the community at least 9 months per year). The voter file is a useful tool for selecting permanent residents for the mail portion of the survey. Recognizing that there are also permanent residents who live in households where no individual is registered to vote, True North concentrated the phone interviewing portion of the data collection effort on households that fit this profile. This was accomplished by eliminating all phone numbers listed in the voter file (thereby excluding voter households), then using RDD (random digit dial) to call homes in the District.

Over a 6 week period which started in June of 2014, prior to the survey calls being initiated and at about the same time as the first letters were mailed, a series of ads were placed in local media including Sierra Sun, Bonanza, KTKR radio, and through the local chambers of commerce to inform the community of the survey and to encourage community members to “take the call.” Flyers were also posted in local physicians’ offices and in the offices of local social service agencies.

For the survey results, responses were weighted to take into consideration age, gender, and race. Weighting is necessary in any survey of this kind as respondents tend to be older women (they’re statistically more likely to participate in phone surveys). Additionally, nationally, Hispanics are under-represented in surveys.

Tahoe Forest Health System
Board of Directors Presentation
2014 Community Health Needs Assessment
Results
December 11, 2014

Caroline Ford, M.P.H.
Executive Director
Wellness Neighborhood
Community Health

Goals for Today

- Review assessment results;
- Provide feedback on key assessment findings;
- Appoint Board representatives to Community Health Improvement Plan process;
- Acknowledge community dissemination plan;
- Incorporate assessment findings into TFHS strategic planning.

What are we doing?

- An update to a community-based assessment of health care needs in the medical service area of Tahoe Forest Hospital District.
- The community's perspective of health care needs.
- Analysis of data and information from public health, data sources, survey results and other community organizations.

Why are we doing this?

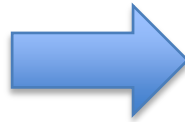
- Tahoe Forest Health System is updating their assessment conducted in 2011.
- The assessment becomes part of the hospital Board of Director's strategic plan on a continuous basis.
- The process provides the community an opportunity to communicate their health care needs and perceptions as to what is current.

Community Assessment Process

- Identify Steering Committee;
- Select Community Advisory Committees;
 - Truckee/North Tahoe & Incline Village
- Identify and select contractors;
- Conduct Household Survey;
 - phone/web
- Identify Key Informants and Focus Groups;
- Conduct primary data collection on investigation topics;
- Review and analyze data and findings;
- Disseminate results;
- Engage community partners and the public in planning and strategies;
- Determine Community Health Improvement Plan (CHIP) priorities;
- Develop 2015 CHIP, outcome measures, and budget.

2011 -2014

- 2011 Community Health Needs Assessment
- Community engagement
- Establish health needs and priorities:
 - Primary Prevention
 - Chronic Disease Management
 - Dental Care
 - Mental & Behavioral Health
 - Ethnic Disparities



- 2012 TFHD Board of Directors establish *Community Health Improvement Plan*:
 - Access to Primary Care
 - Immunizations
 - Substance Abuse
 - Mental & Behavioral Health
 - Ethnic Disparities

Wellness Neighborhood & Tahoe Forest Health System Strategic Planning

- Assessment process and results target TFHS strategic planning objectives;
- Assessment results assist TFHS and the Board of Directors to understand and validate programming;
- Community Health Improvement Plan provides the opportunity to engage the medical community, organizational partners and the public in a large scale initiative.

Next Steps

- Community Health Improvement Plan Development;
- Website launch and community engagement;
- Wellness Neighborhood structure to support community health and services delivery:
 - Expanded partnerships;
 - Resource sharing;
 - Collaborative commitment to community goals;
 - Structural components (financing, location, medically underserved, special population needs);
 - Sharing of the results;
- Future assessments and ongoing monitoring.

Timeline

- Community Advisory/Key Informant presentation-
Nov 12, 2014
- TFHS Board of Directors Workshop-
December 11, 2014
- TFHS/IVCH Foundation Boards Findings Discussion-
January 28, 2015
- Medical practitioner dissemination and discussions-
January – February 2015;
- Community Dissemination and Website launch-
January –June 2015
- Development of Community Health Improvement Plan-
February-May 2015
- New Initiatives and community structure based on
Improvement Plan- July 2015

Thank You

Inventory of Secondary Data: Community Reports

Incline Village/Crystal Bay/Washoe County- Nevada

- Incline Village General Improvement District- Diamond Peak Master Plan. July 2014
- Incline Village/Crystal Bay, Nevada Community Assessment. June 2012
- Incline Village General Improvement District- 2006 Community Survey
- Incline Village Health Care Assessment and Strategic Plan for Washoe County. Assessment and Recommendations for Improving Access to Health Care for Low-income Residents of Incline Village and Crystal Bay, Nevada. November 2006
- Washoe County Incline Village/Crystal Bay Area Plan. 1996
- Washoe County Senior Services- Senior Needs Assessment Incline Village- Crystal Bay Summer 2004. Survey Results Report. April 2005

California

- Placer County Maternal, Child and Adolescent Health- Community Health Status Report Data. October 2013.
- Placer County Health Needs Assessment last completed in ~1990's. County Health Needs Assessment to begin in early 2015 with CHIP to follow.
- Nevada County Health Needs Assessment currently in process with CHIP tentatively available in June 2015.
- Community Collaborative of Tahoe Truckee- Community Report Card. 2014.
- Tahoe Truckee Unified School District. California Health Kids Survey. 2012-2013.
- Town of Truckee 2025 General Plan

Region-wide

- Parasol Foundation of Incline Village- Bridges to a Healthier Community. A Community Assessment of the Northeast Lake Tahoe Region (Incline Village, Crystal Bay, Brockway and Kings Beach). January 2001.
- Tahoe Regional Planning Agency- 2013 Unmet Transit Needs Report. February 2014.
- Tahoe Safe Alliance's Strategic Plan. Fiscal Year 2013 – 2016
- Project Mana- Community Needs Assessment. 2013 – 2014.

Results of 2014 Household Survey, and Preliminary Mental/Behavioral Health and Youth Health Needs Assessments of the Tahoe Forest Health System Service Area

John Packham, Ph.D. University of Nevada School of Medicine

Wei Yang, M.D., Ph.D., M.S. University of Nevada, Reno Community Health
Sciences, Nevada Center for Health Statistics and Informatics

Victoria Mercer, Ph.D., Private Practice

Caroline Ford, M.P.H., Tahoe Forest Health System

December 11, 2014

Overview of Household Survey

- 402 surveys completed between July 10 and August 4, 2014
- 68% completed by phone, 32% on-line
- Final data have been weighted to adjust for the age, gender, and racial and ethnic distribution of the sample versus Census Bureau estimates of population characteristics

Overview of Household Survey

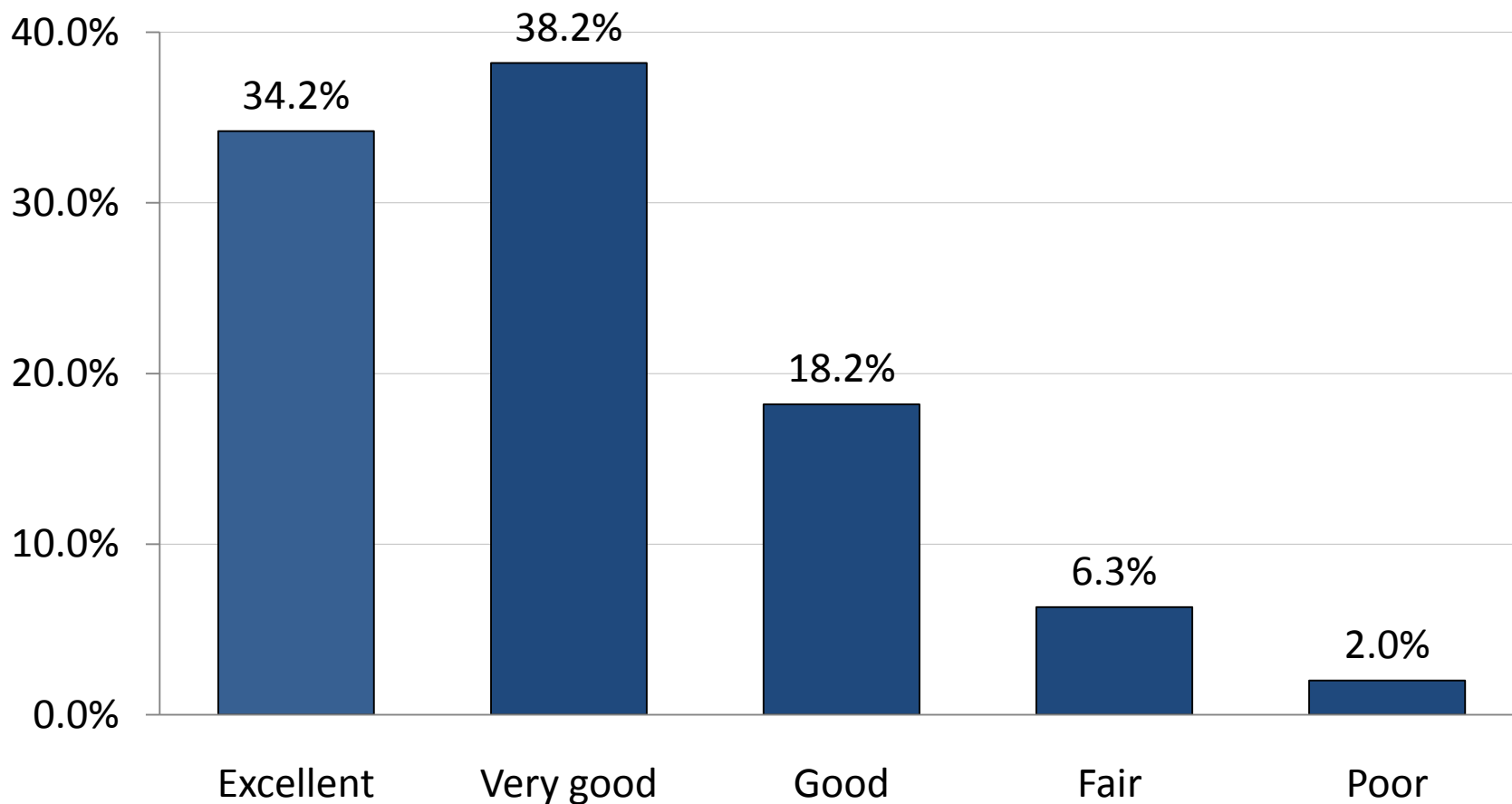
- Maximum statistical margin of error for the sample-wide results (N=402) is approximately +/- 4.9% at the 95 percent confidence interval
- Numerous questions benchmarked against data from the 2011 TFHS household survey (N=457)
- Total percentages for many questions do not equal 100.0% due to rounding and respondents who indicated that they were “not sure” or “prefer not to answer”

Responses by Socio-demographic Factors and Characteristics

- Age (Q4)
- Education (Q78)
- Employment Status (Q7)
- Gender (Q3)
- Income (Q80)
- Marital Status (Q79)
- Race & Ethnicity (Q5, Q6)
- Region-Community (Q2)

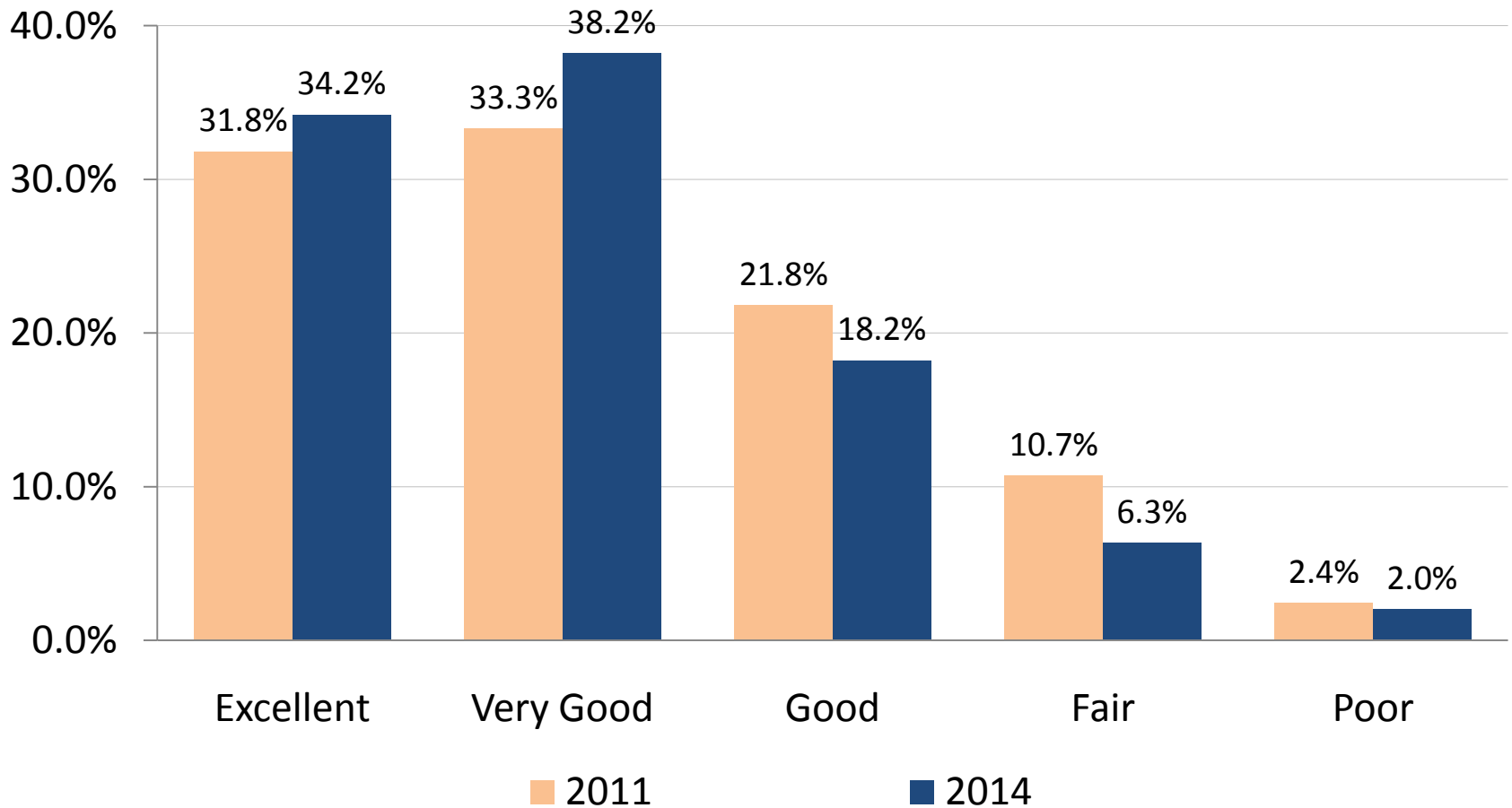
Health Status

Would you say that in general your health is _____ ? (Q8)

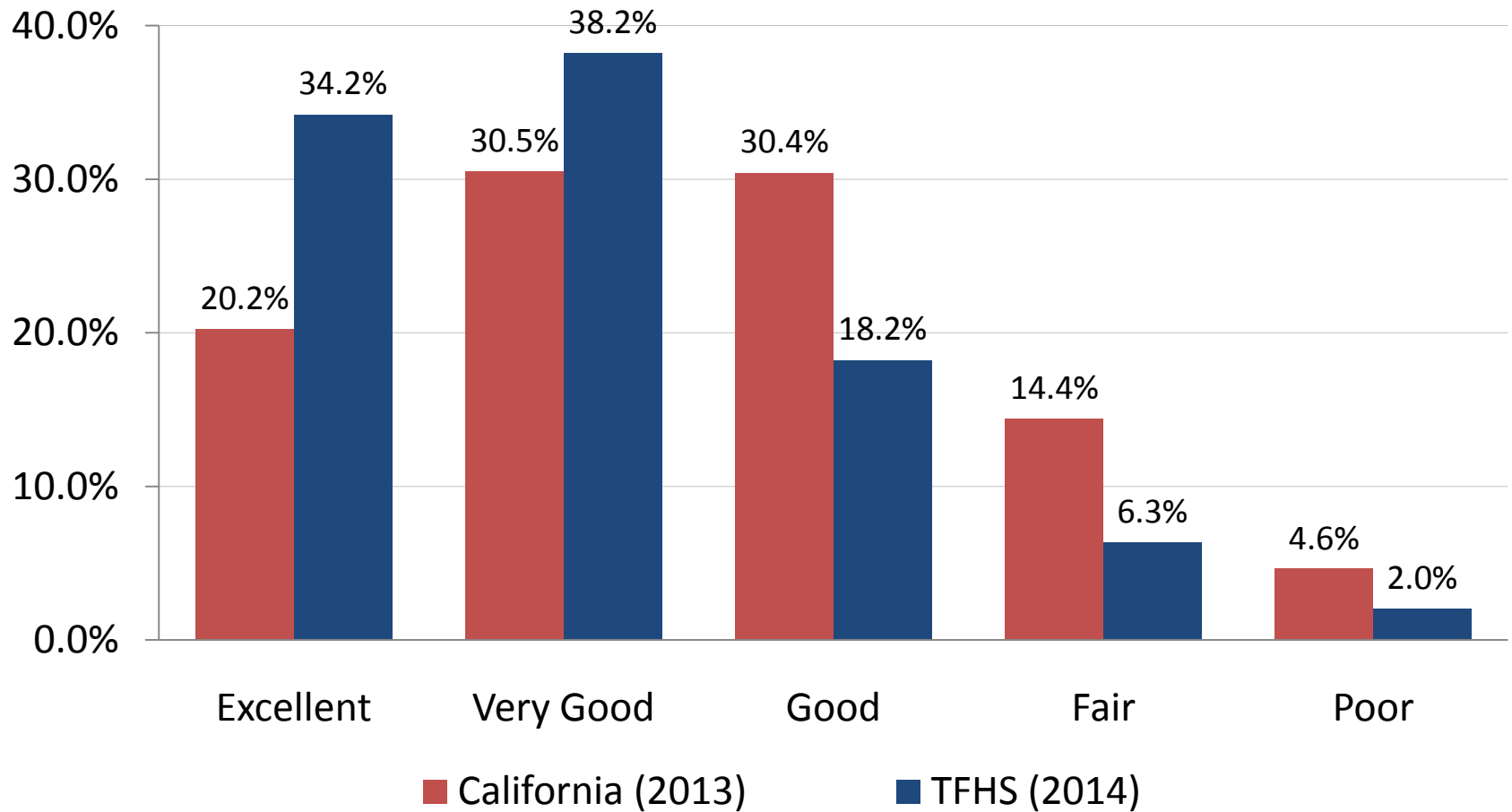


N = 402

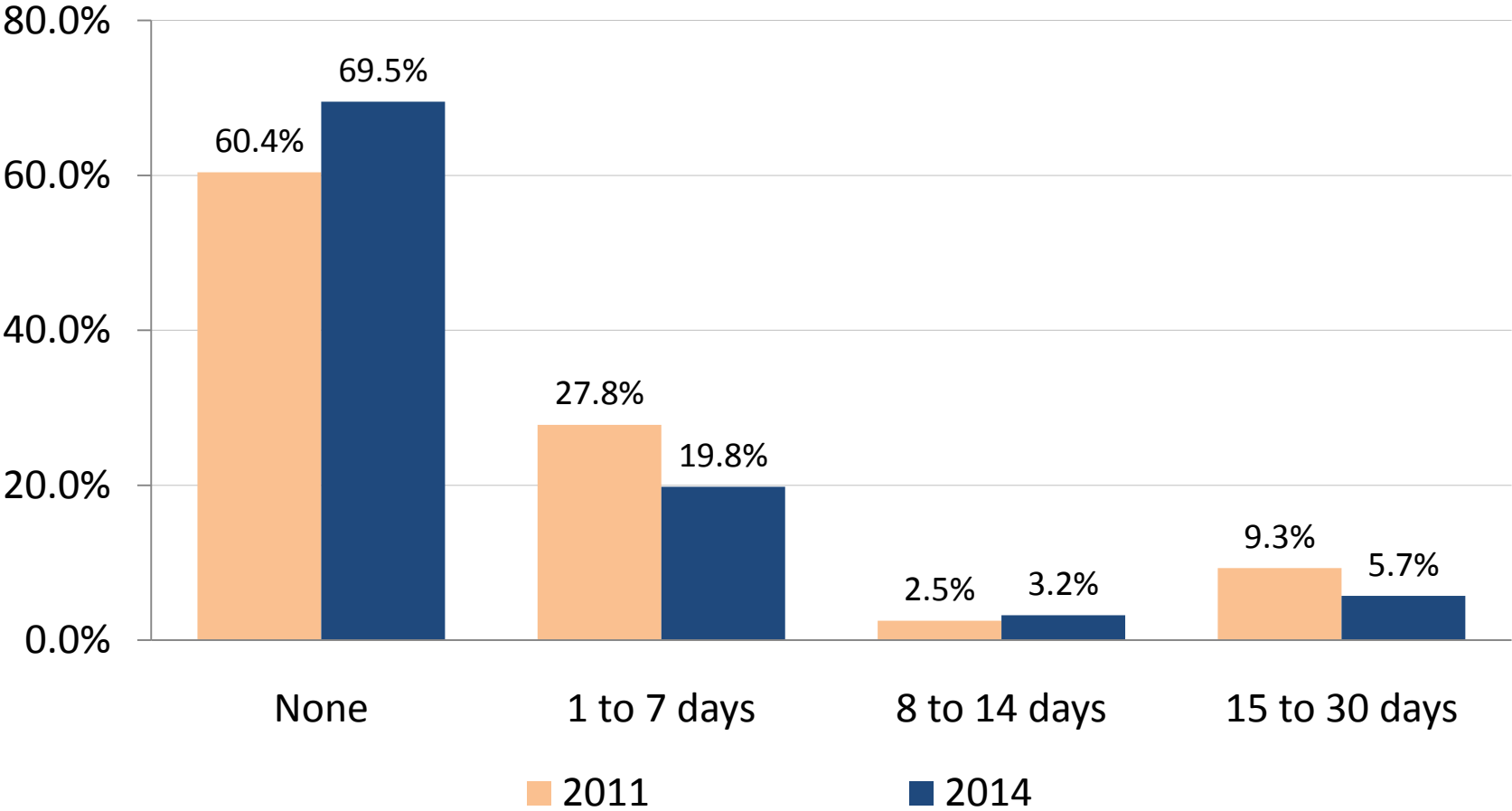
Would you say that in general your health is _____ ? (Q8)



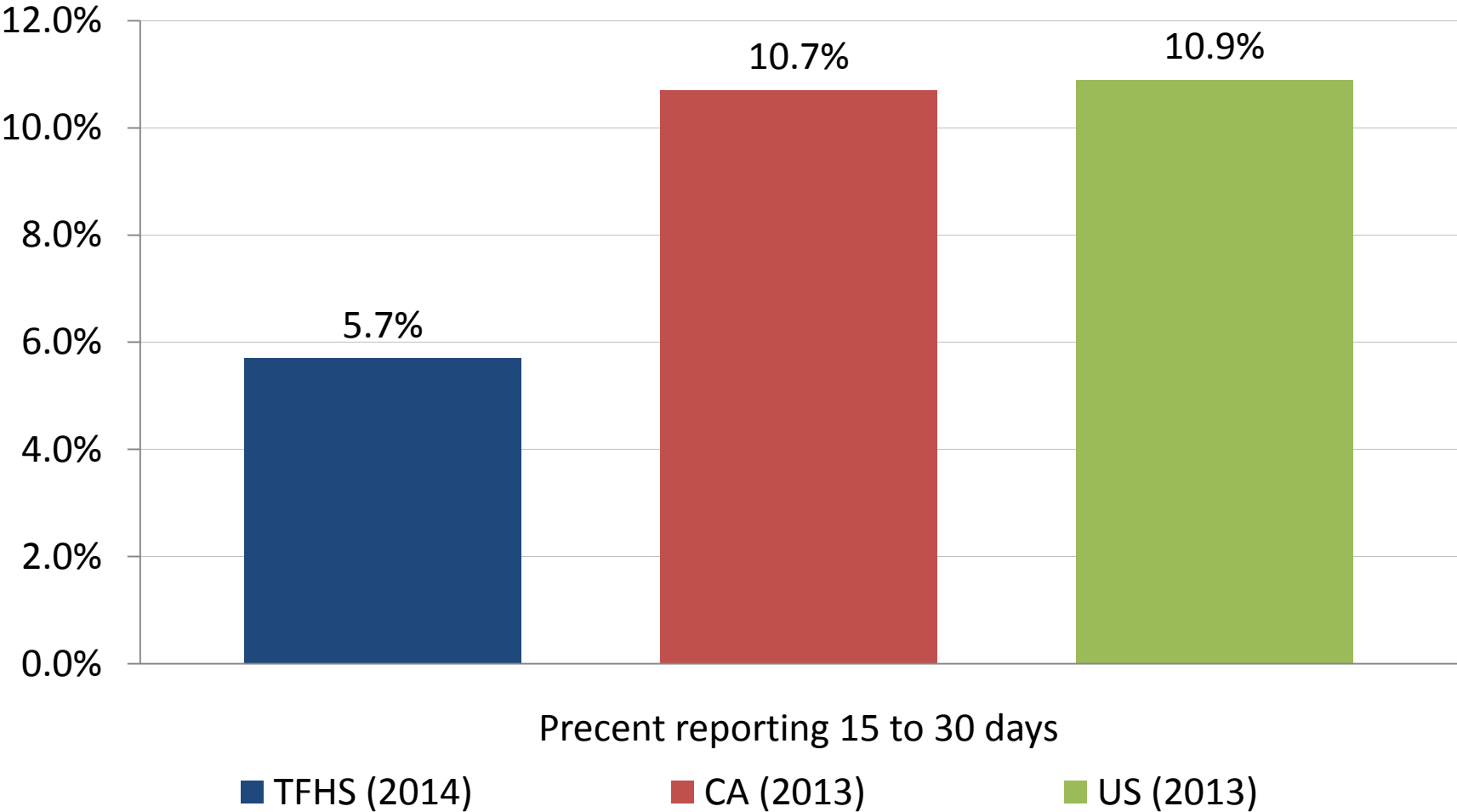
Would you say that in general your health is _____ ? (Q8)



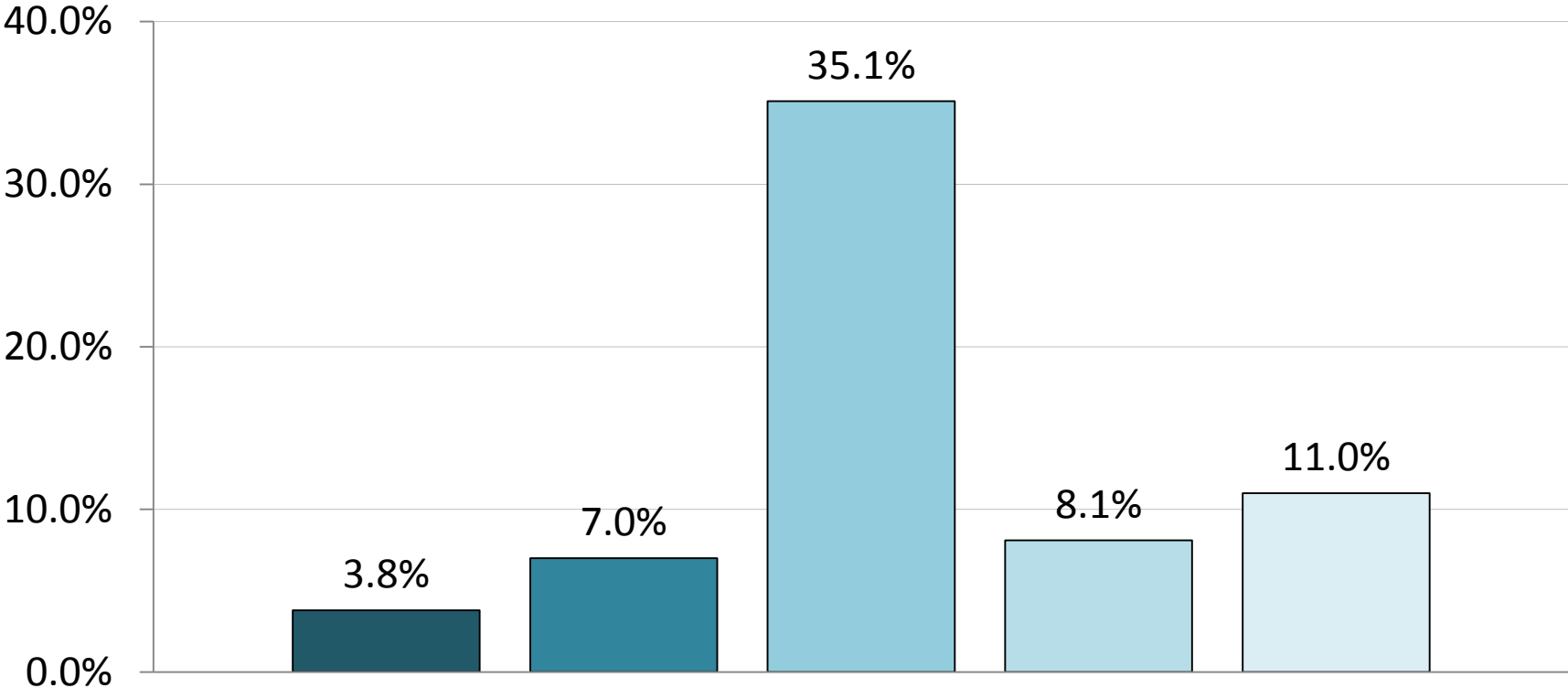
How many days during the past 30 days was your physical health not good? (Q9)



How many days during the past 30 days was your physical health not good? (Q9)



How many days during the past 30 days was your physical health not good? (Q9)

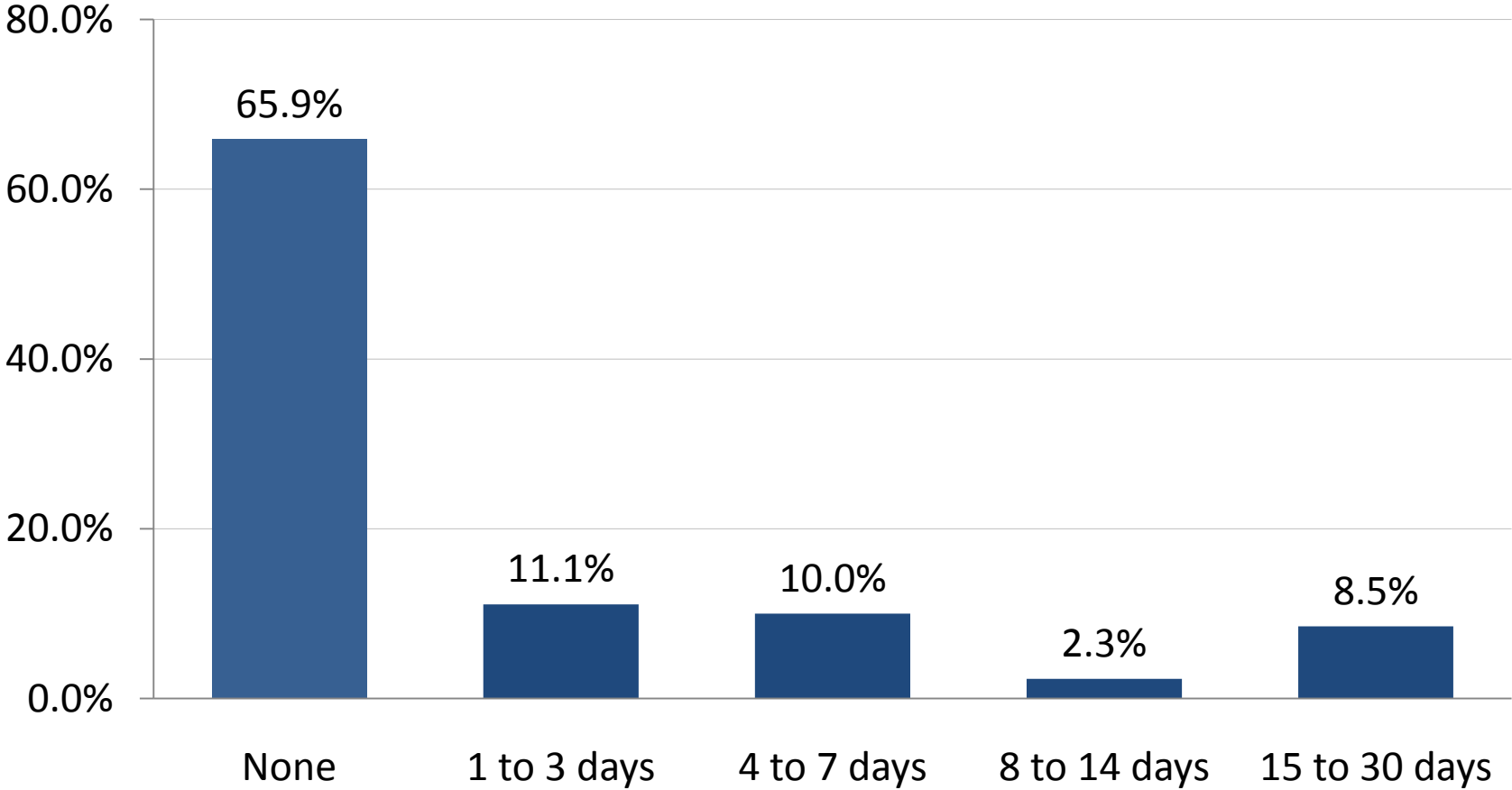


Percent reporting 15 to 30 days

Employed Self-Employed Unemployed Homemaker Retired

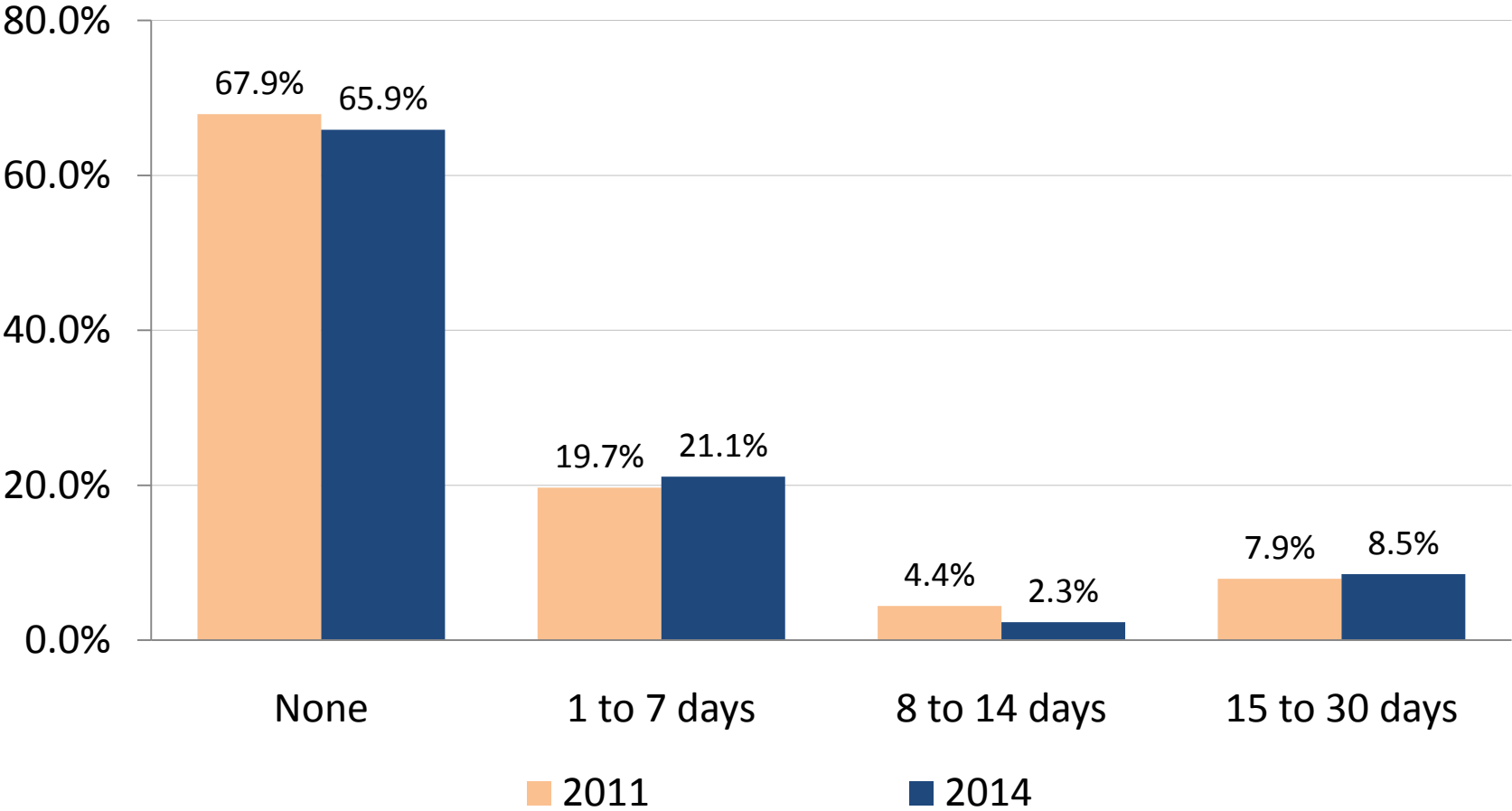
N=388

How many days during the past 30 days was your mental health not good? (Q10)

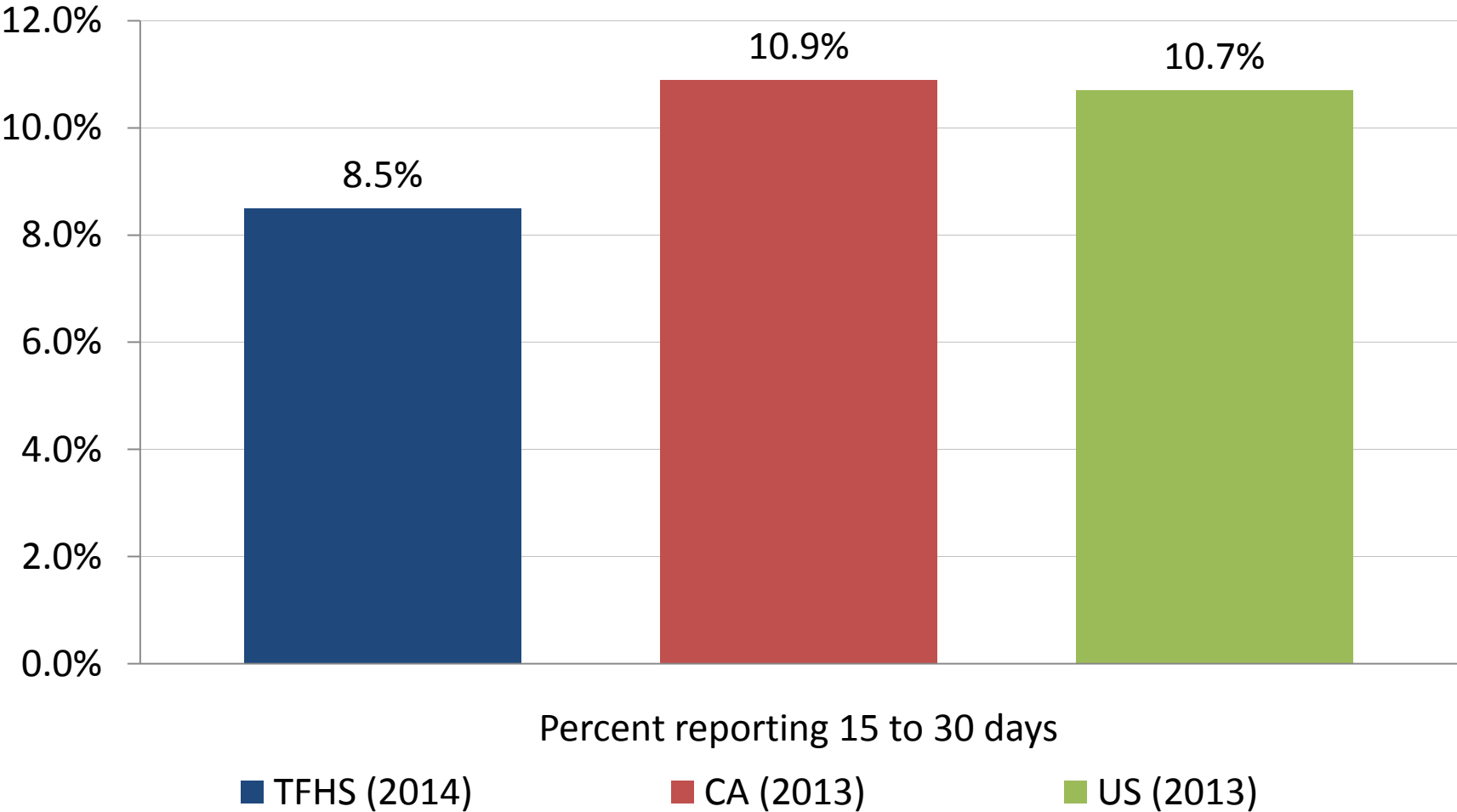


N=402

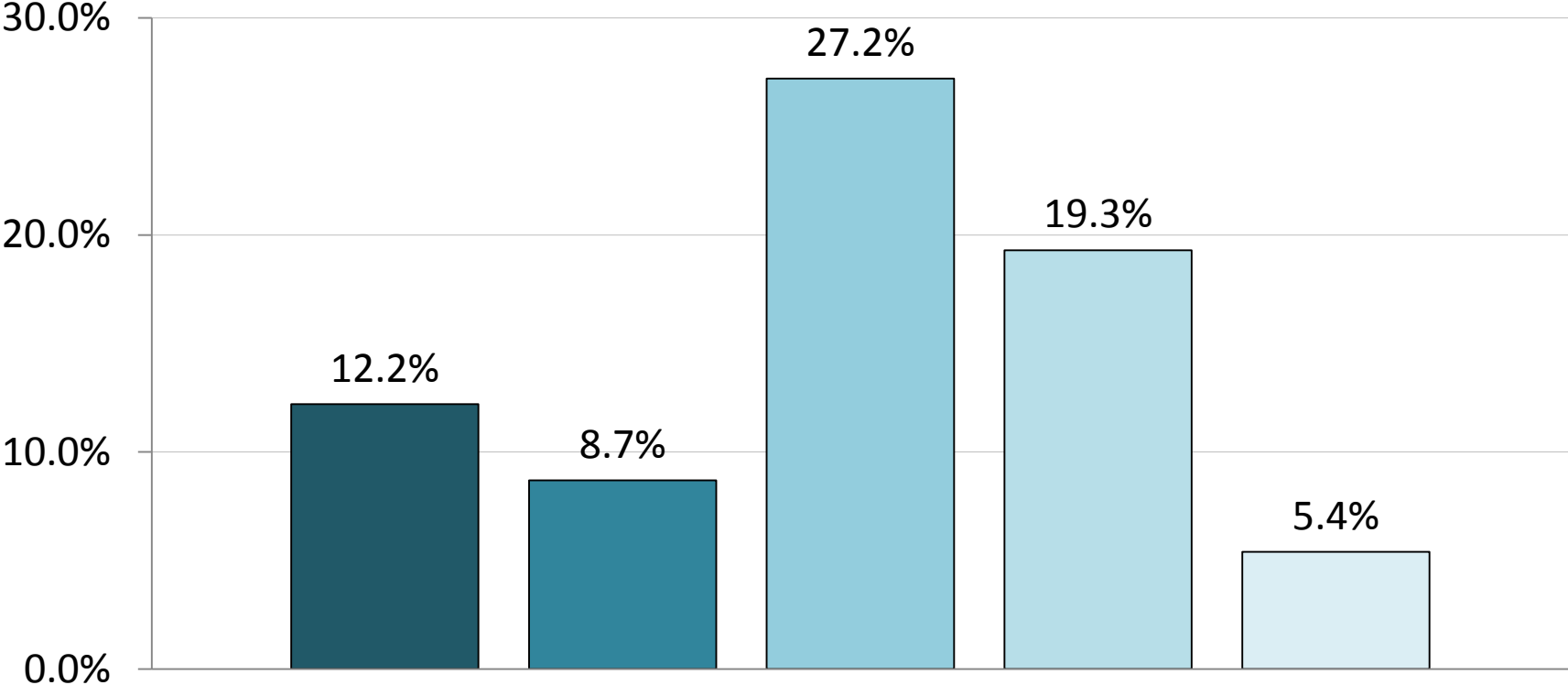
How many days during the past 30 days was your mental health not good? (Q10)



How many days during the past 30 days was your mental health not good? (Q10)



How many days during the past 30 days was your mental health not good? (Q10)

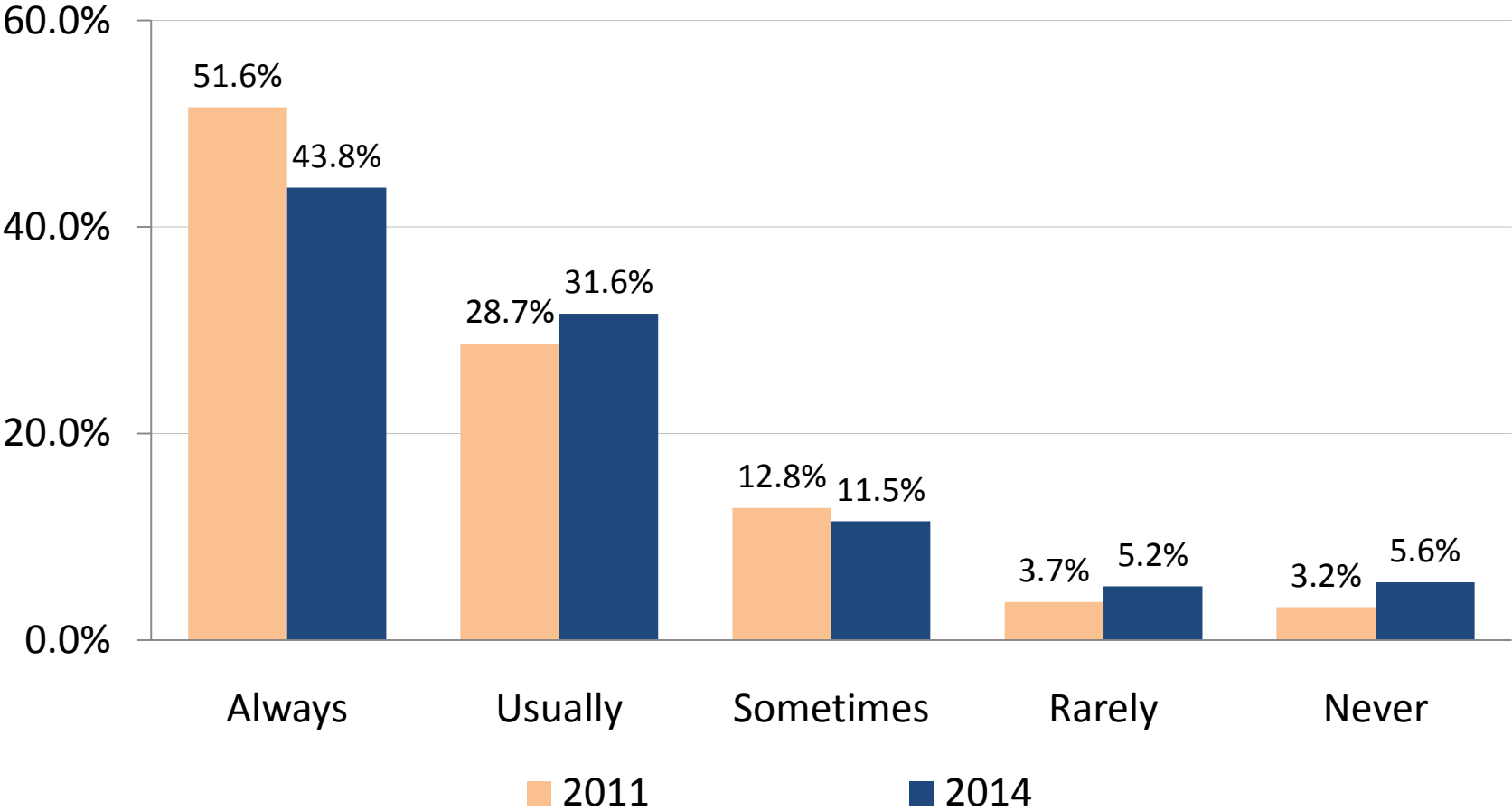


Percent reporting 15 to 30 days

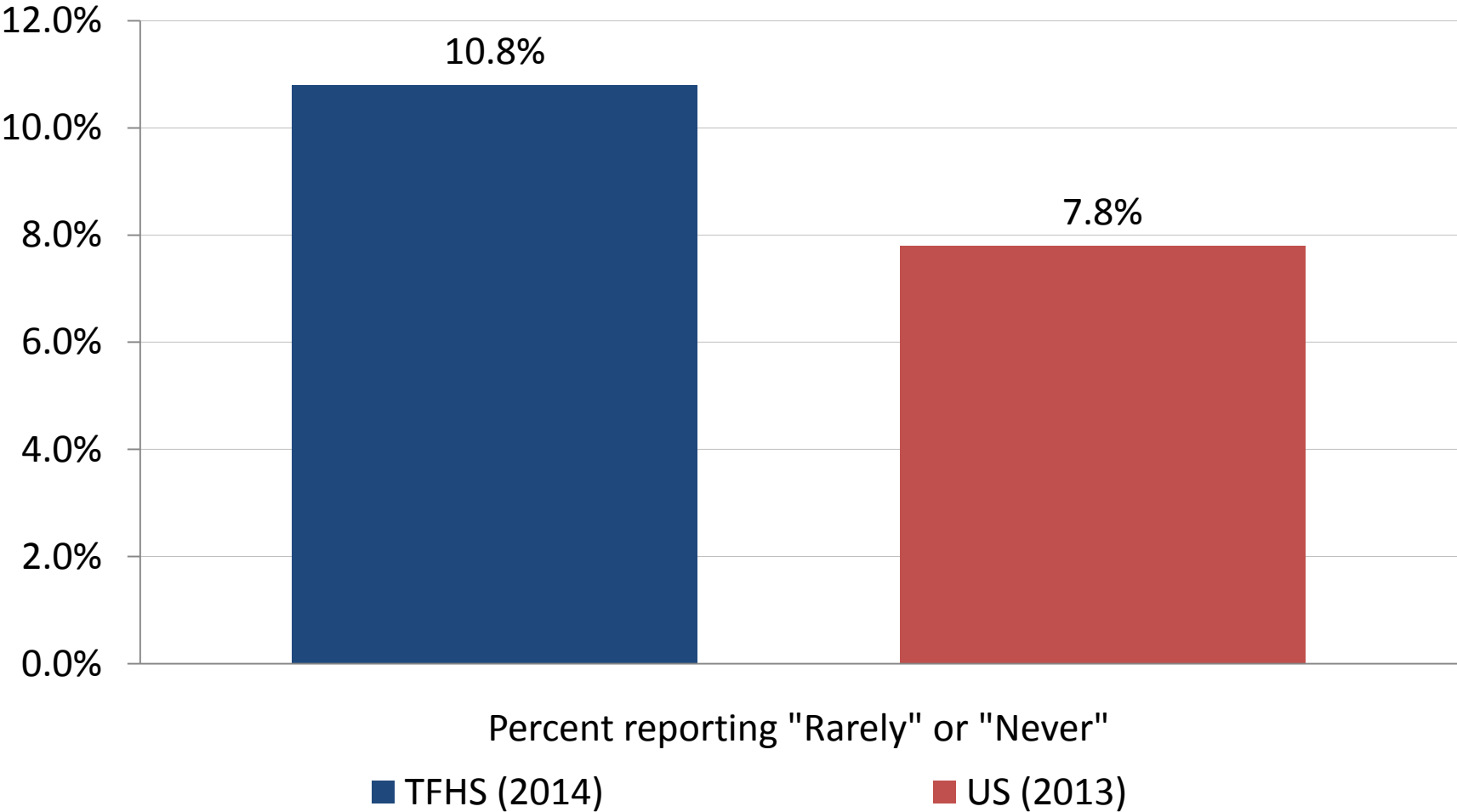
Employed Self-Employed Unemployed Homemaker Retired

N=388

How often do you get the social and emotional support you need? Would it be _____ ? (Q11)

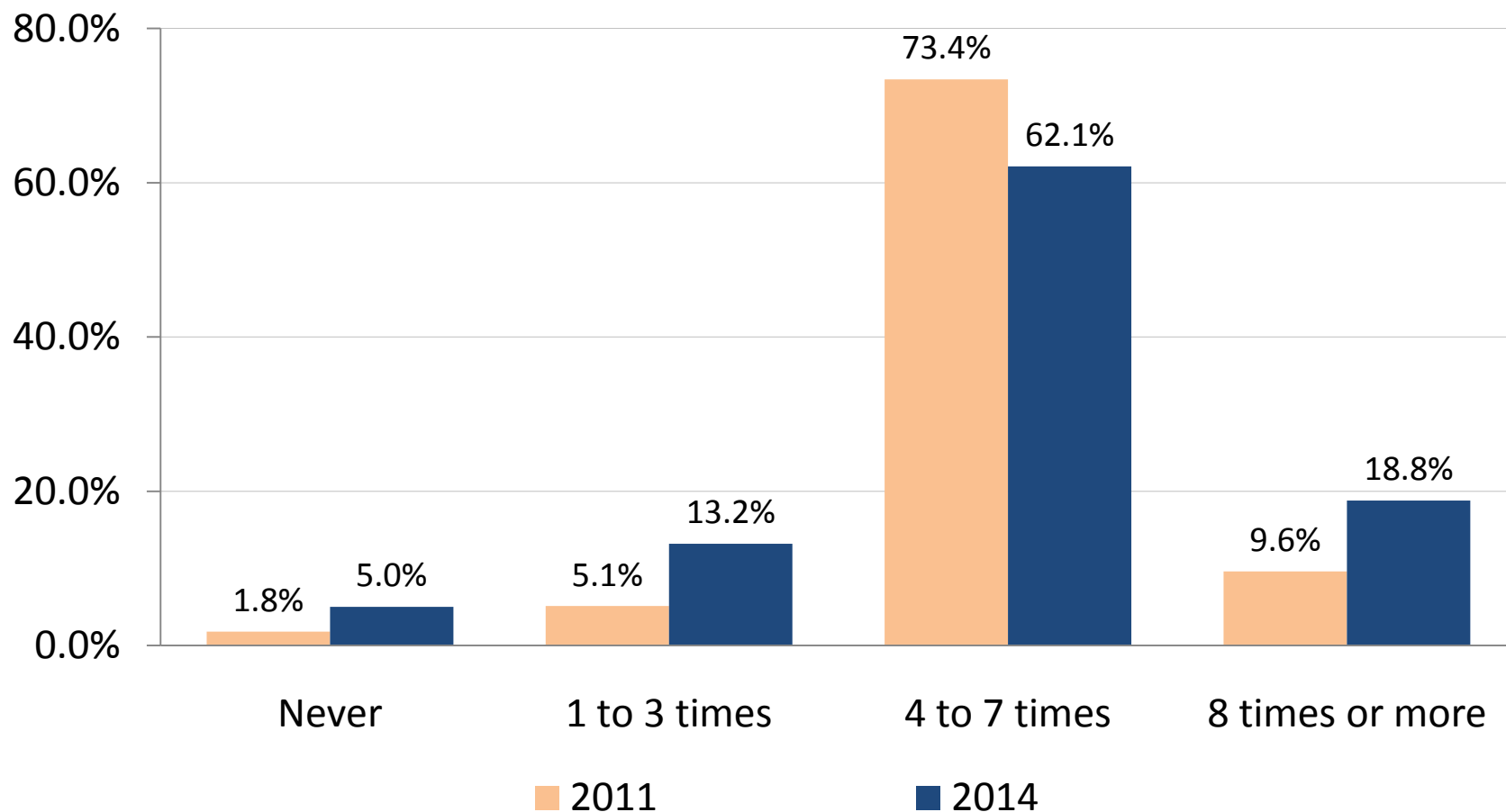


How often do you get the social and emotional support you need? Would it be _____ ? (Q11)

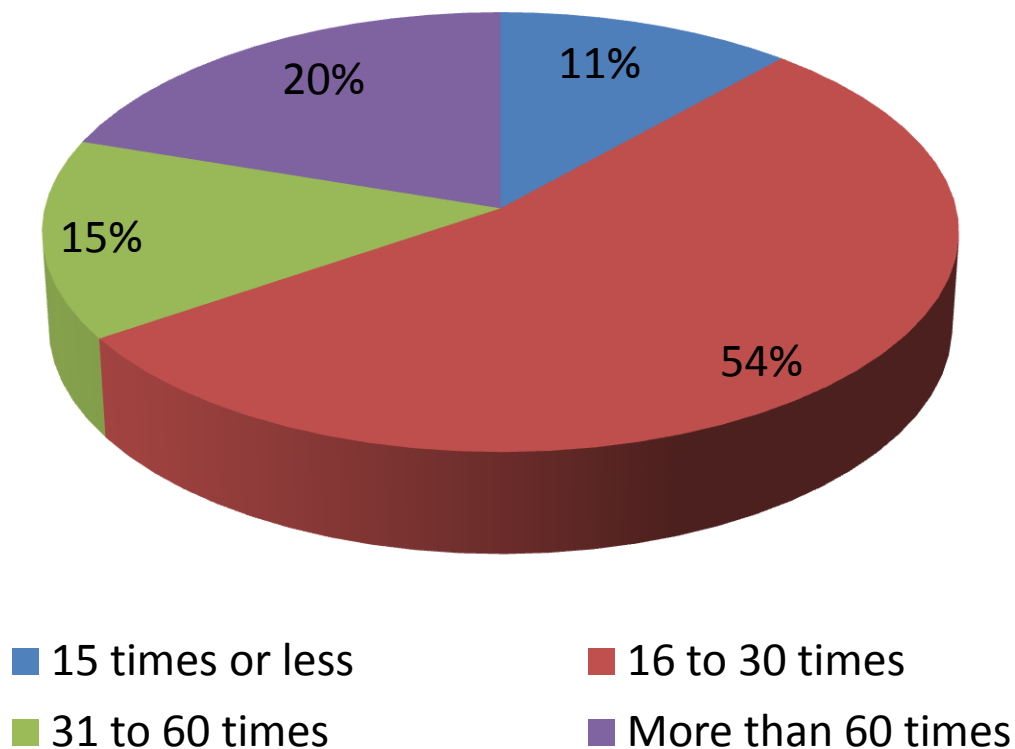


Diet and Nutrition

How many times per week do you prepare and eat a family meal in your household? (Q12)

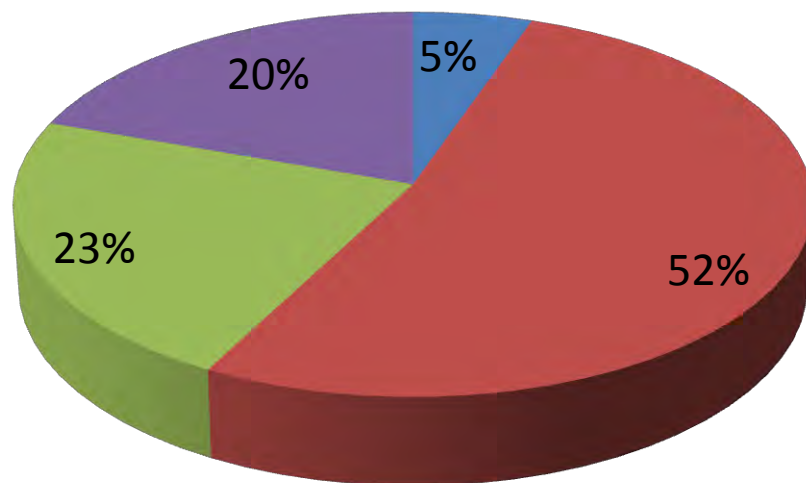


During the past month, how many times did you eat fruit? (Q13)



N = 402

During the past month, how many times did you eat vegetables? (Q14)



■ 15 times or less

■ 16 to 30 times

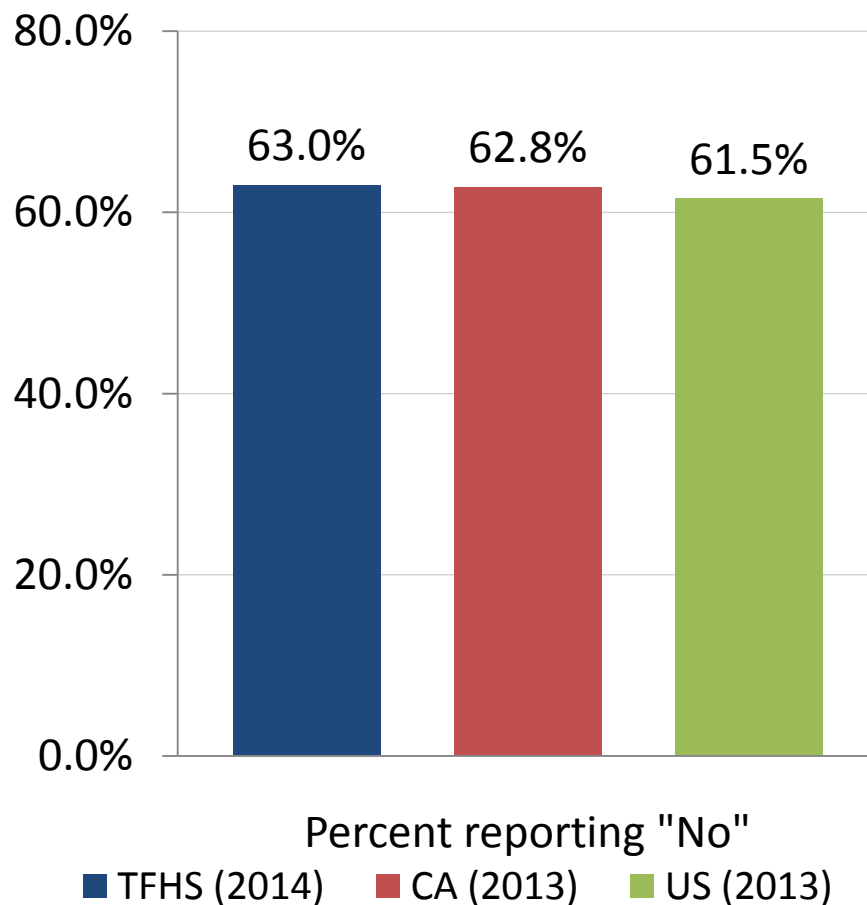
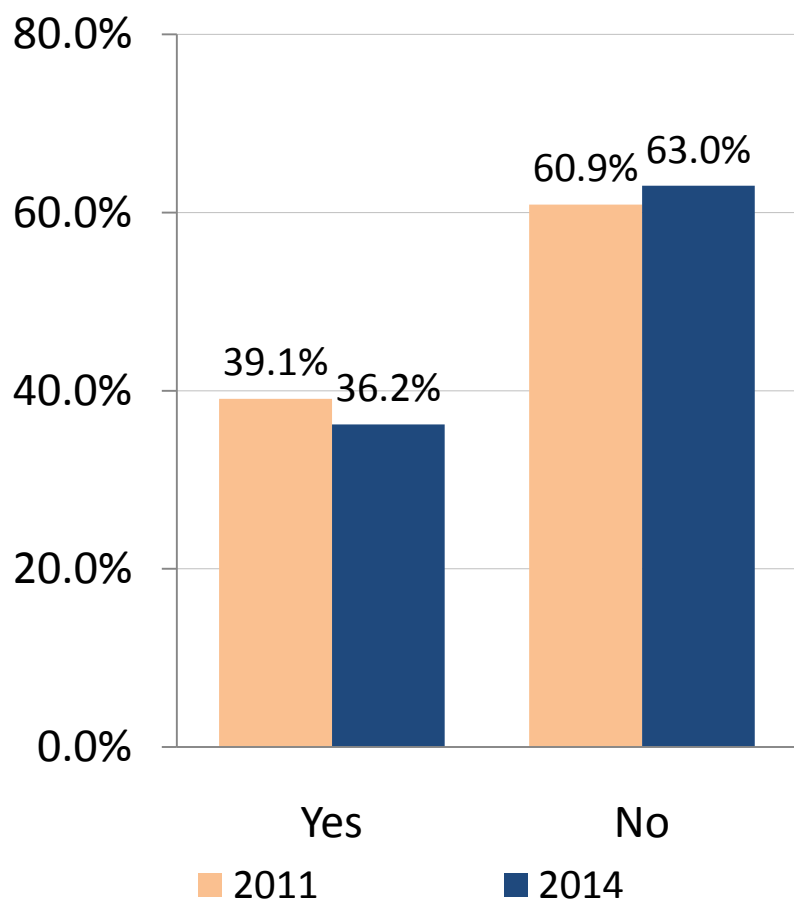
■ 31 to 60 times

■ More than 60 times

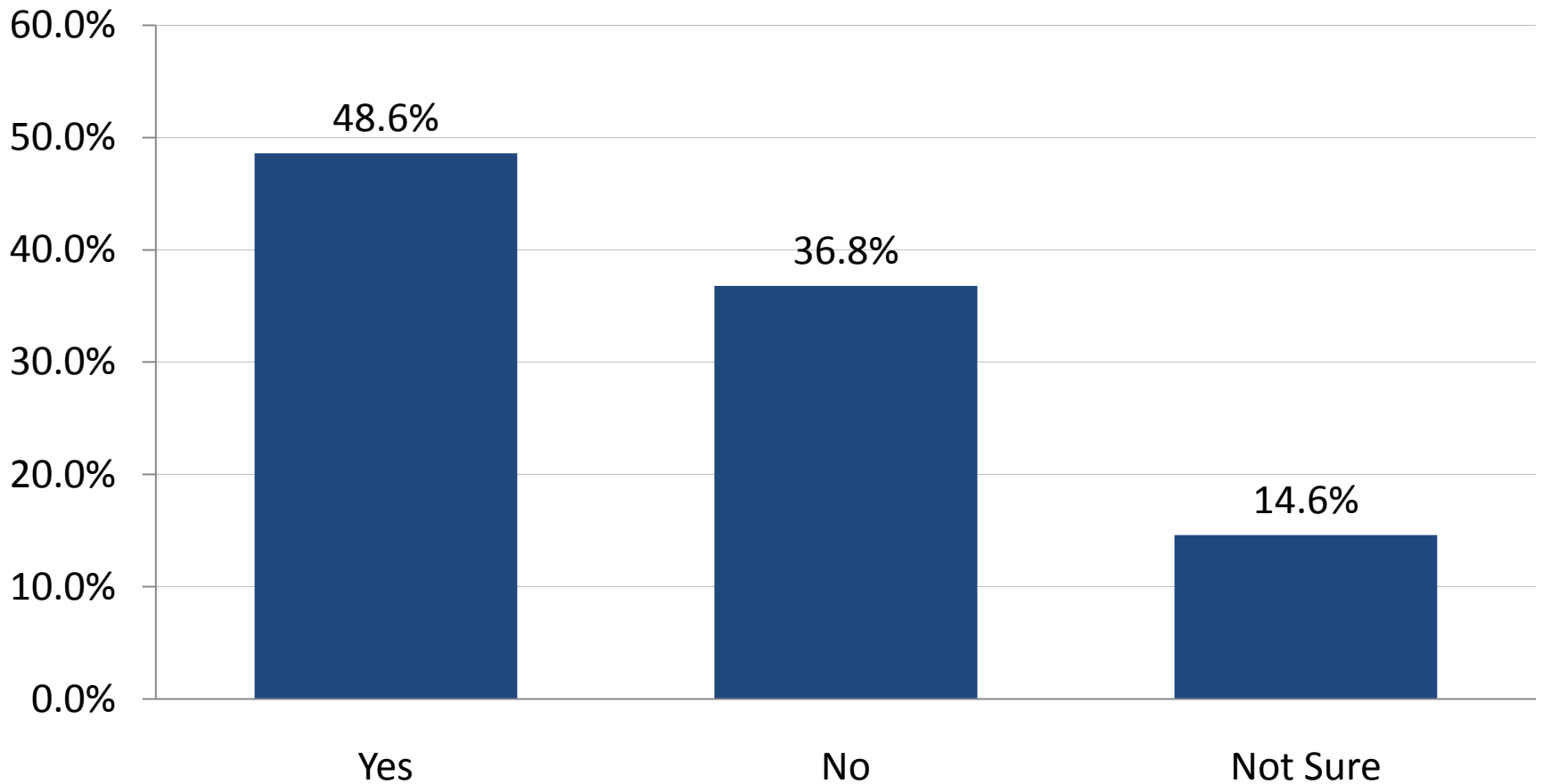
N = 402

Vaccinations

During the past 12 months, have you had either a flu shot or a flu vaccine that was sprayed in your nose? (Q15)

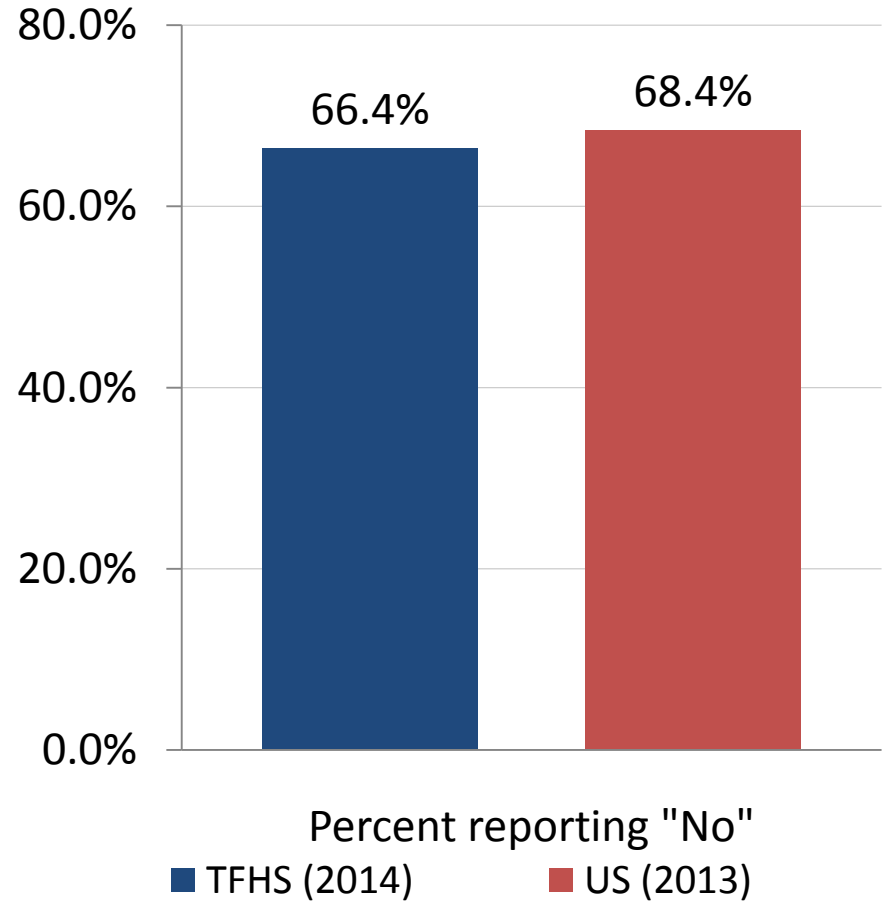
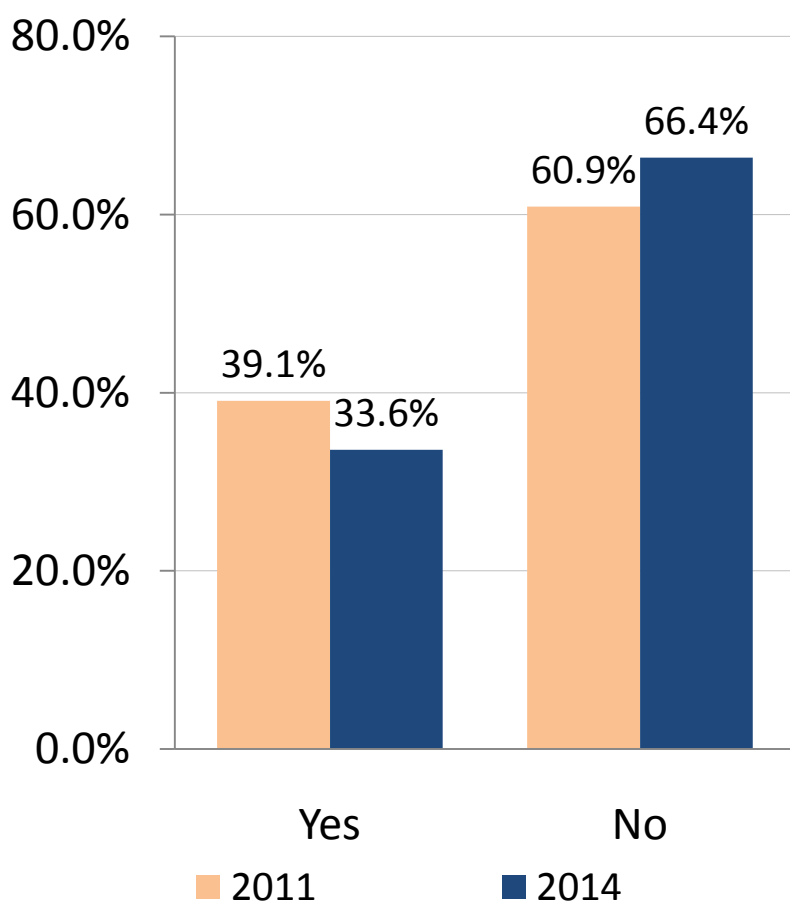


Have you ever had the adult booster for the Tdap (Tetanus, diphtheria and pertussis) vaccine? (Q16)

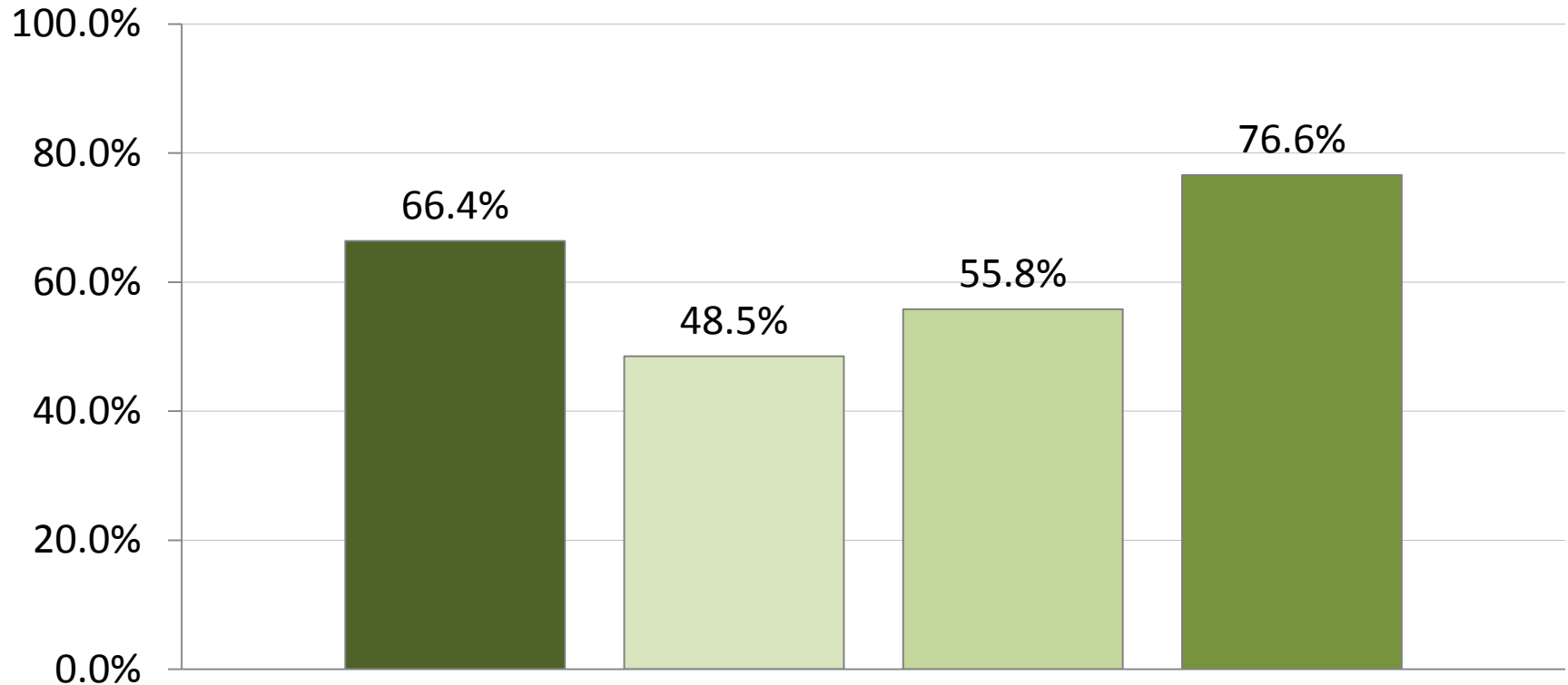


Preventive Health Services

A mammogram is an x-ray of each breast to look for breast cancer. Have you ever had a mammogram? (Q17)



A mammogram is an x-ray of each breast to look for breast cancer. Have you ever had a mammogram? (Q17)



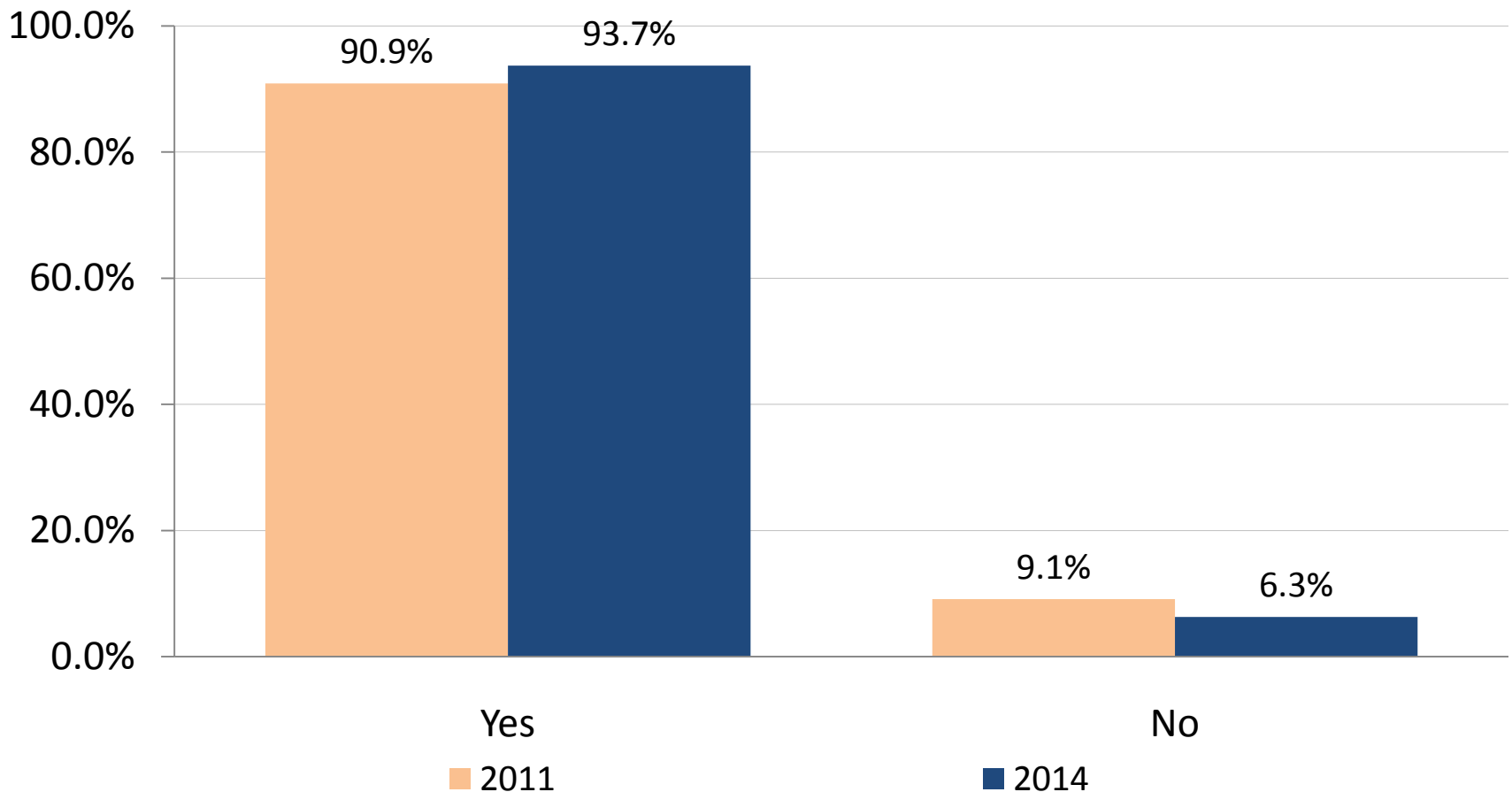
Percent reporting "Yes"

■ Entire Sample ■ High School or Less ■ College 1 to 3 Years ■ College 4+ Years

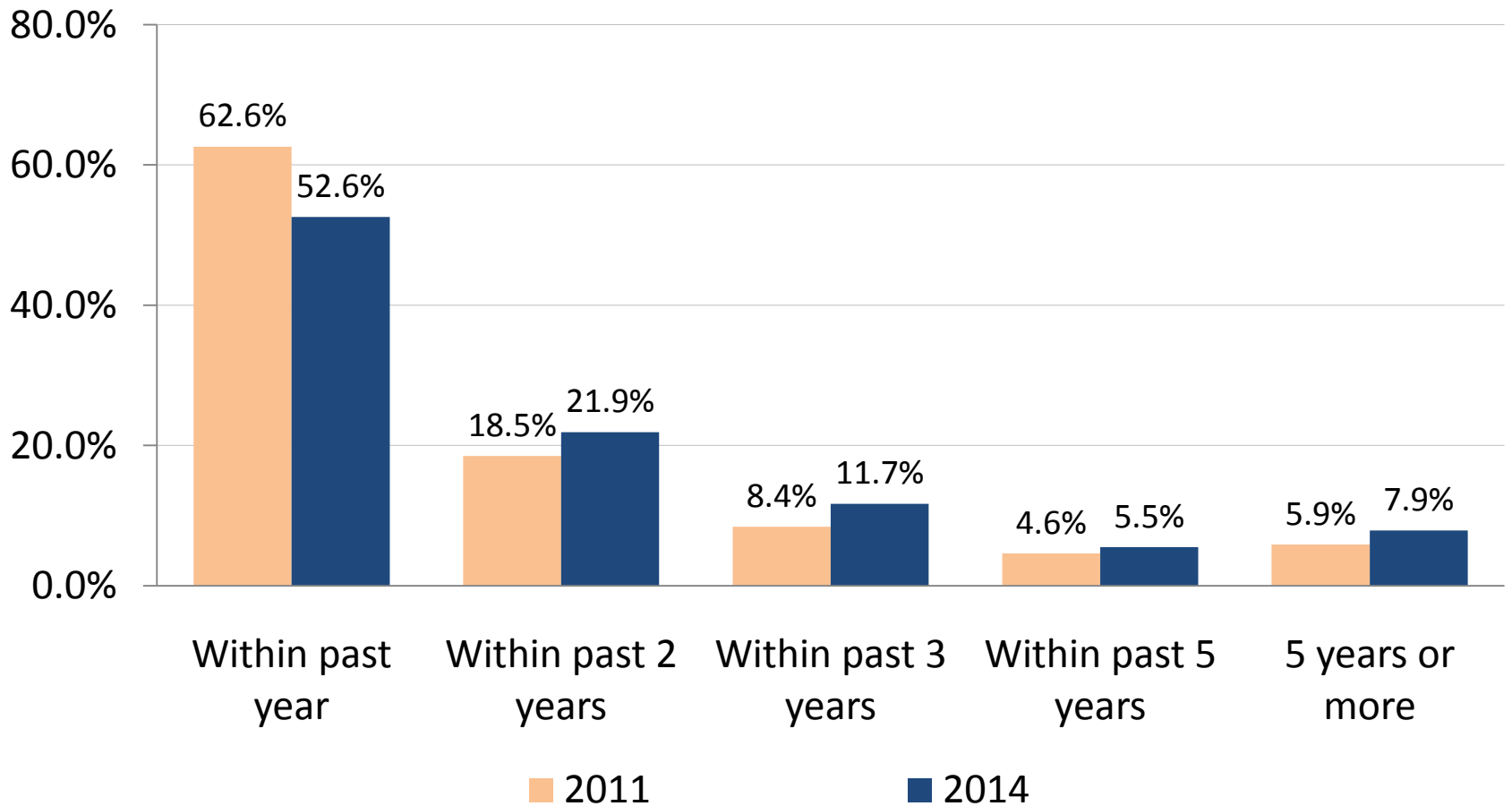
N = 213 (33) (61) (119)

A mammogram is an x-ray of each breast to look for breast cancer. Have you ever had a mammogram? (Q17)

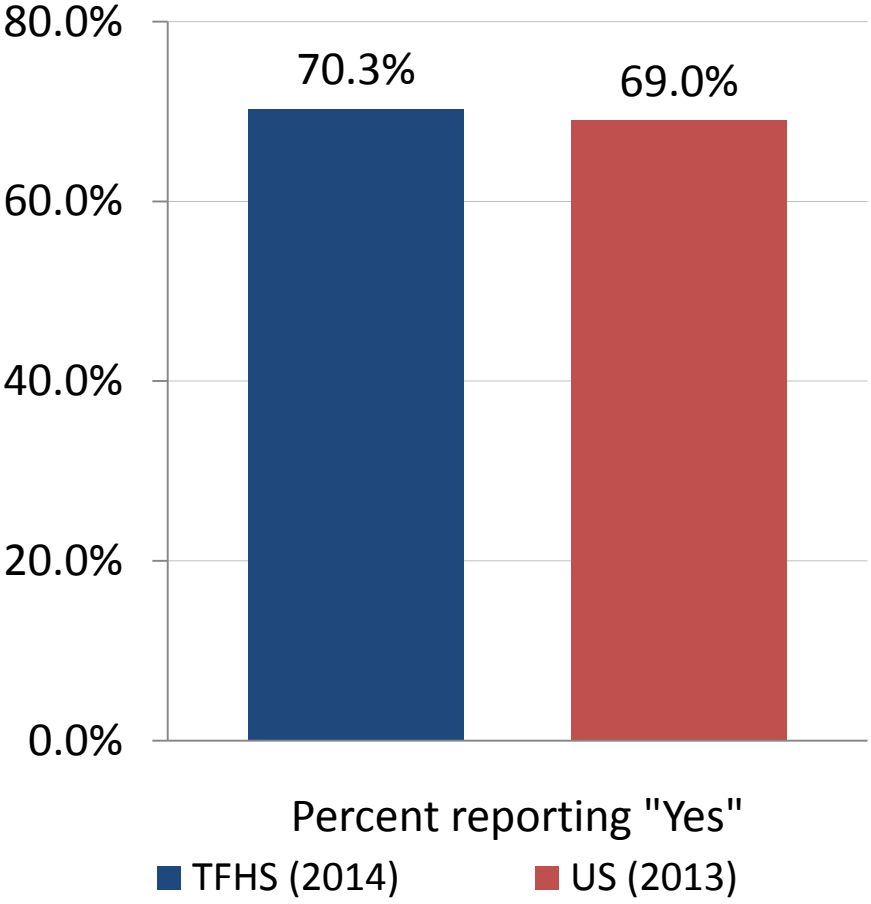
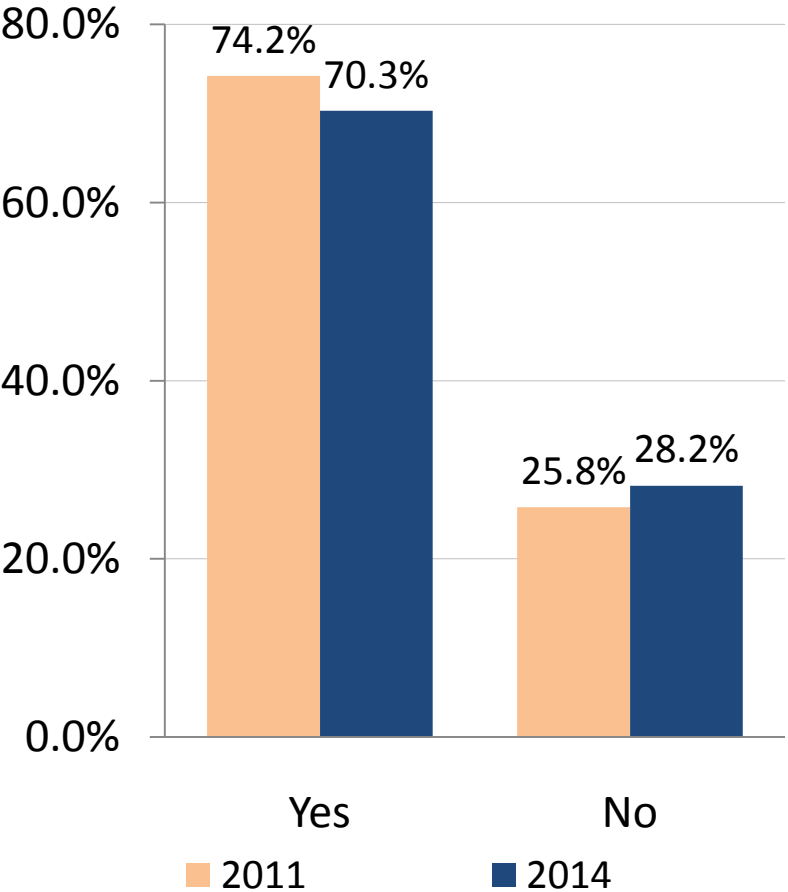
Females age 40 and Over



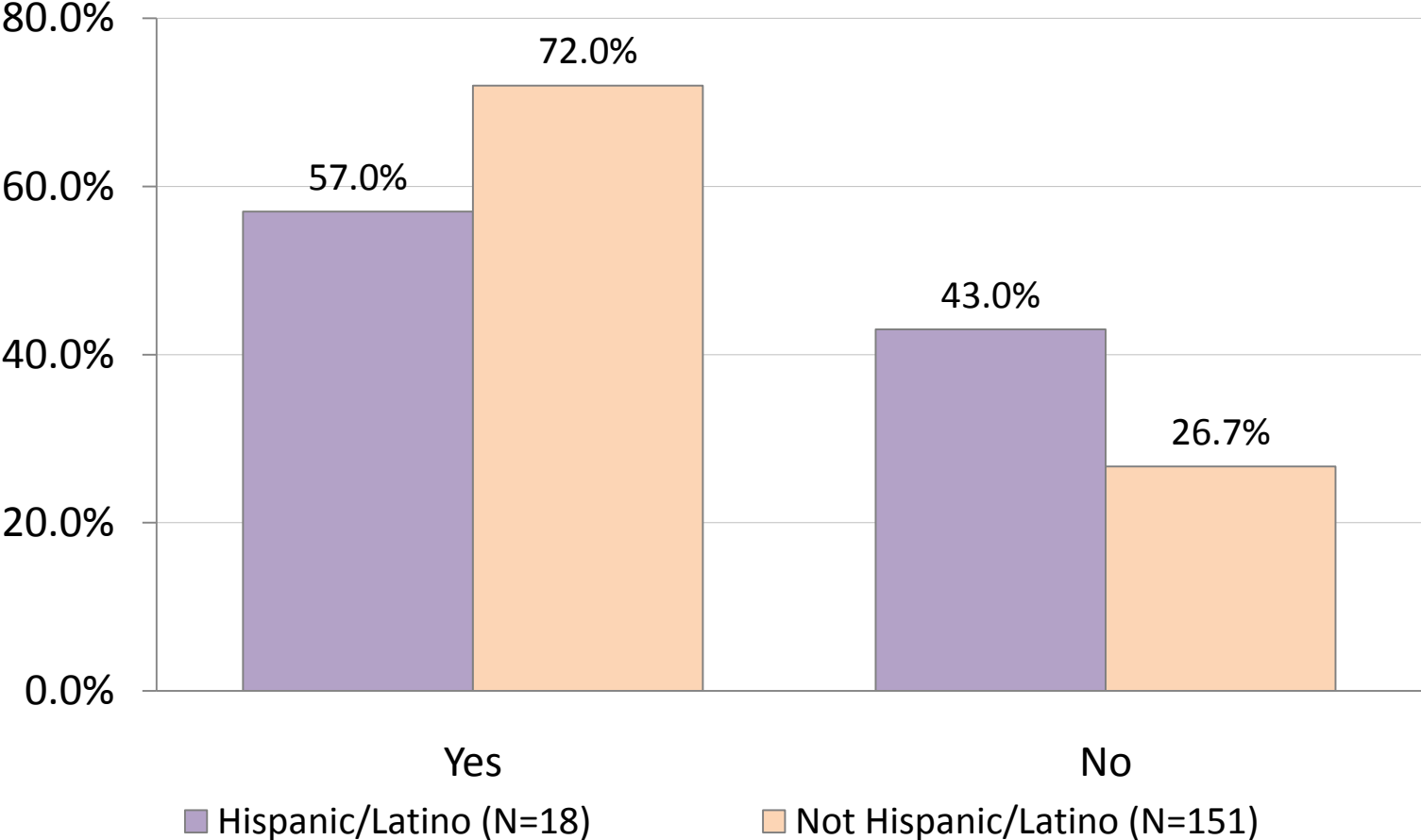
How long has it been since you had your last mammogram? (Q18)



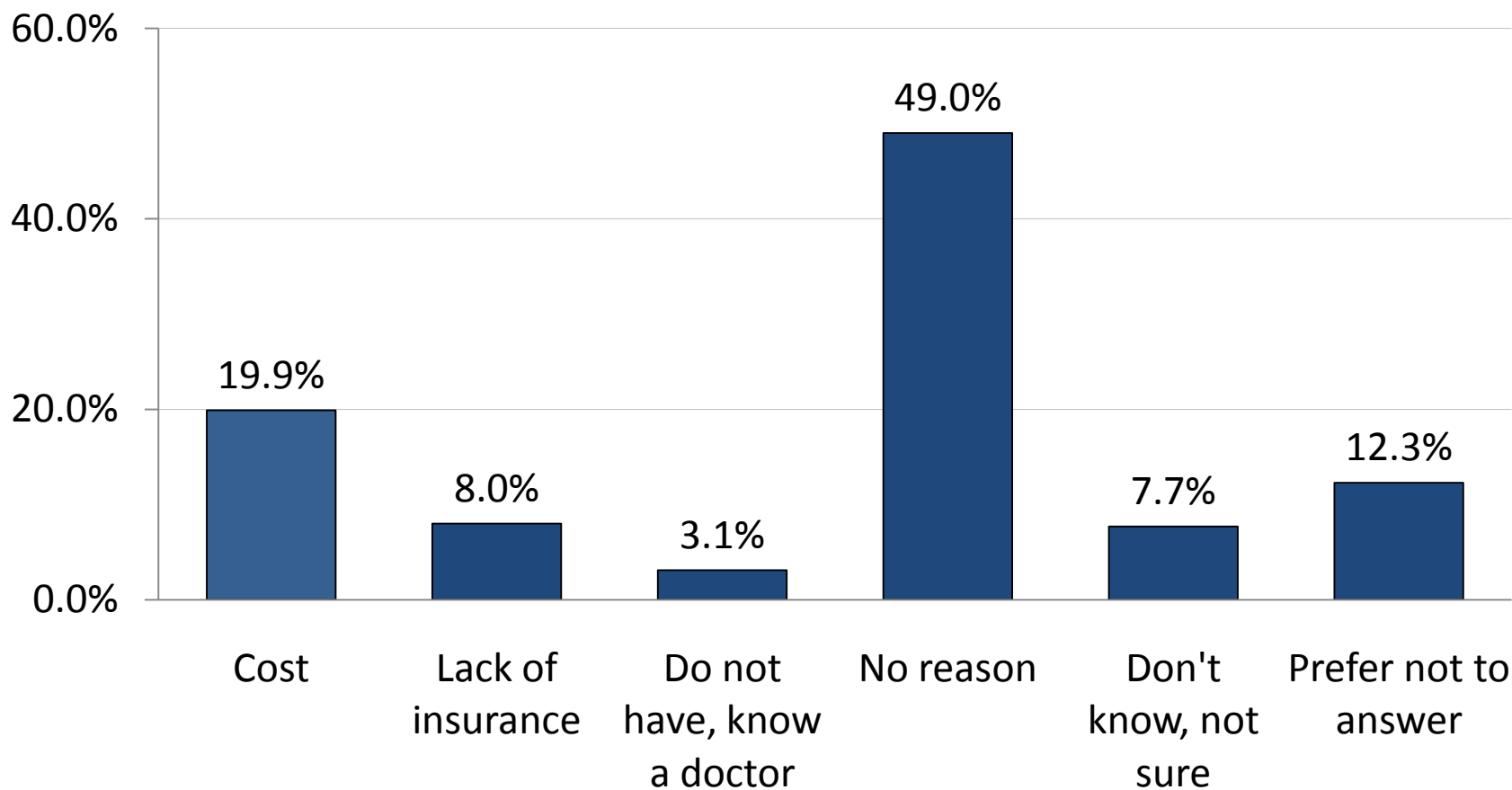
Sigmoidoscopy and colonoscopy are exams in which a tube is inserted in the rectum to view the colon for signs of cancer or other health problems. Have you had either of these exams? (Q19)



Sigmoidoscopy and colonoscopy are exams in which a tube is inserted in the rectum to view the colon for signs of cancer or other health problems. Have you had either of these exams? (Q19)

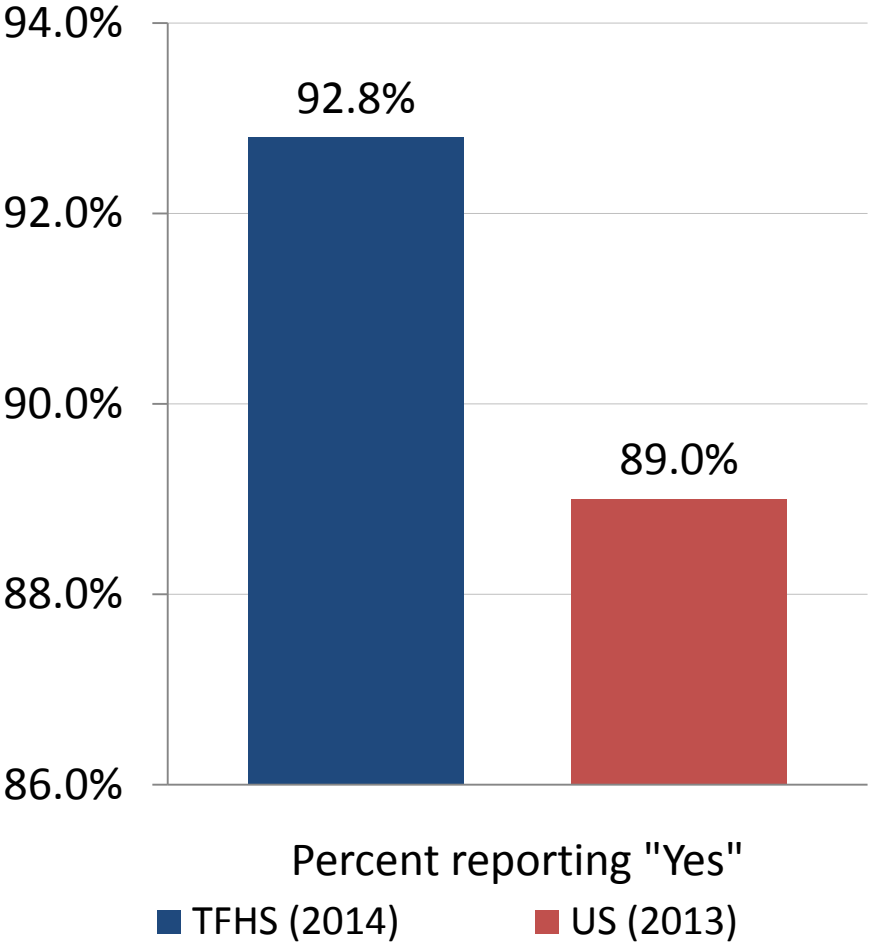
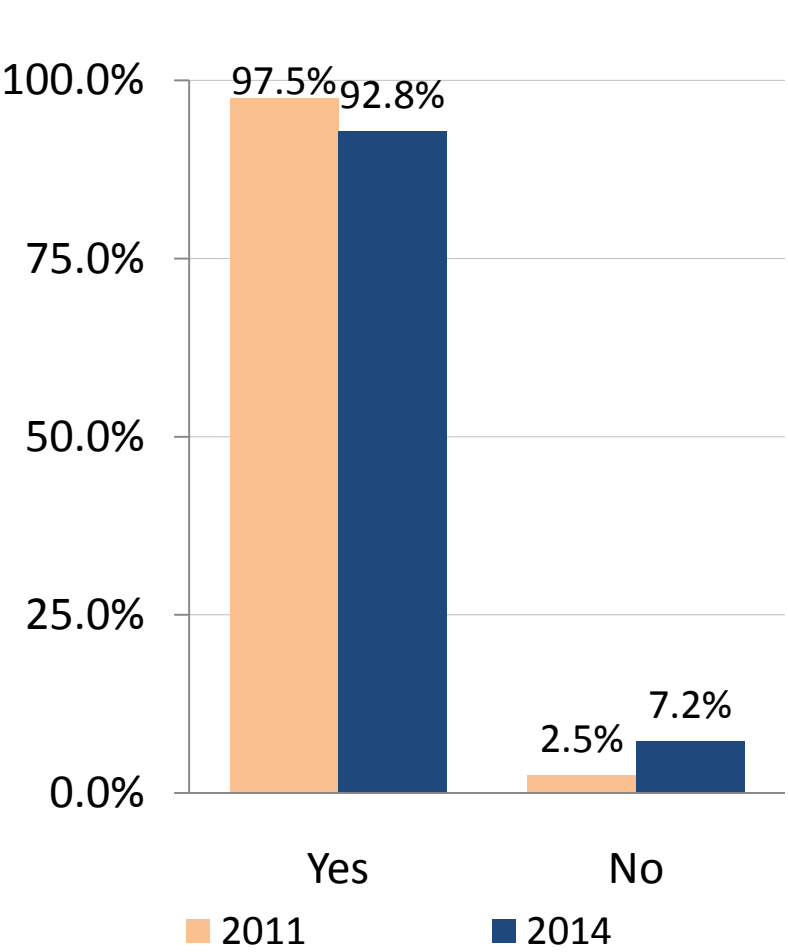


Why have you not had either of these exams? (Sigmoidoscopy or colonoscopy) (Q20)

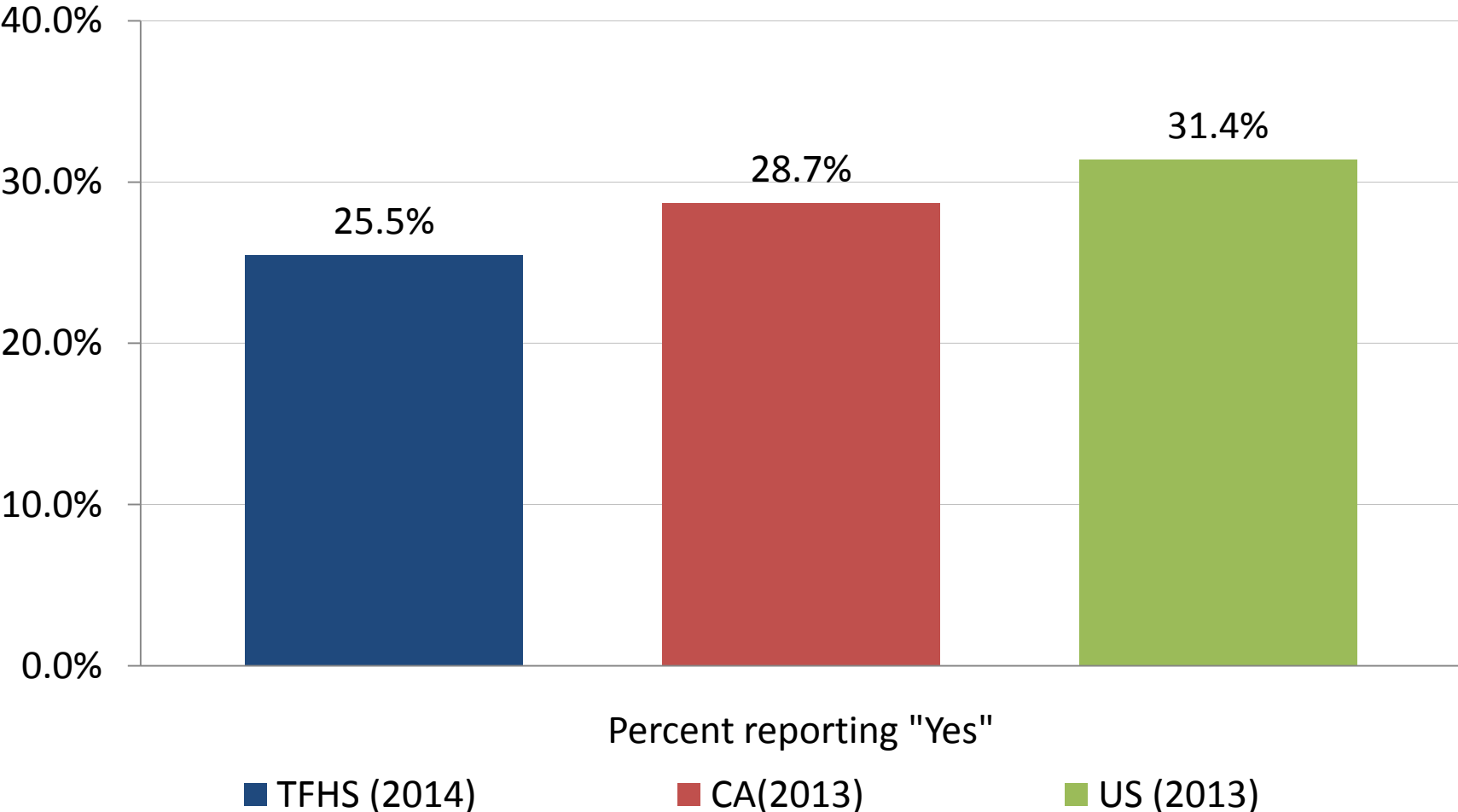


N=48

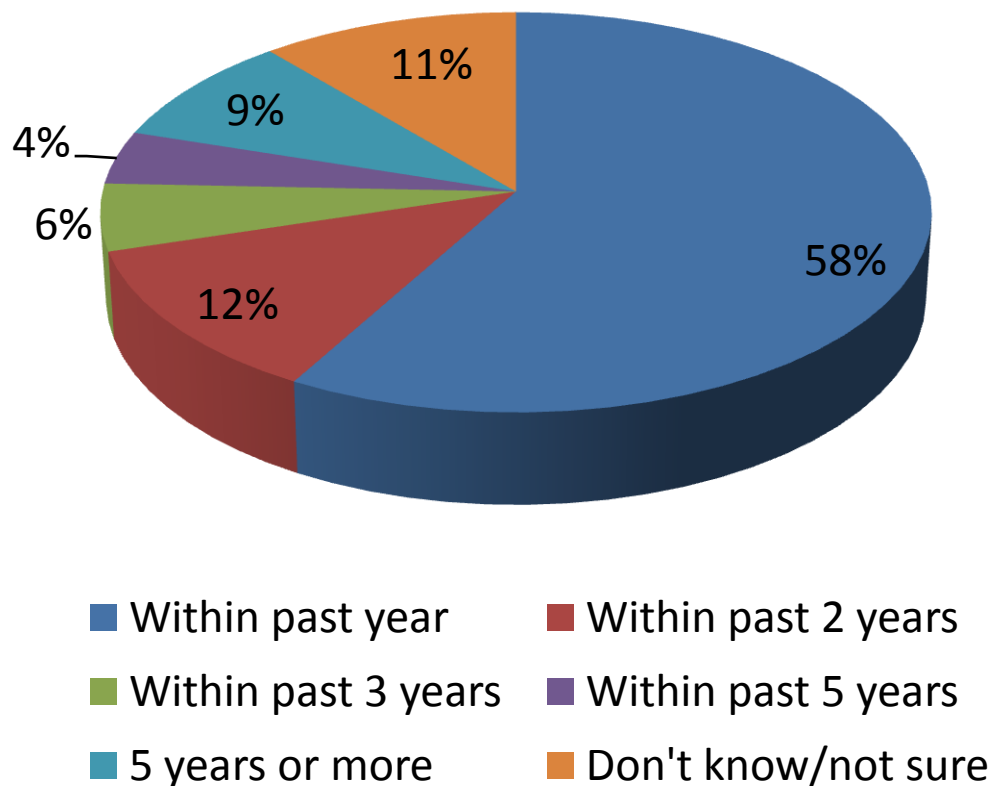
A Pap test is a test for cancer of the cervix. Have you ever had a Pap test? (Q21)



Have you ever been told by a doctor, nurse, or other health professional that you have high blood pressure? (Q22)

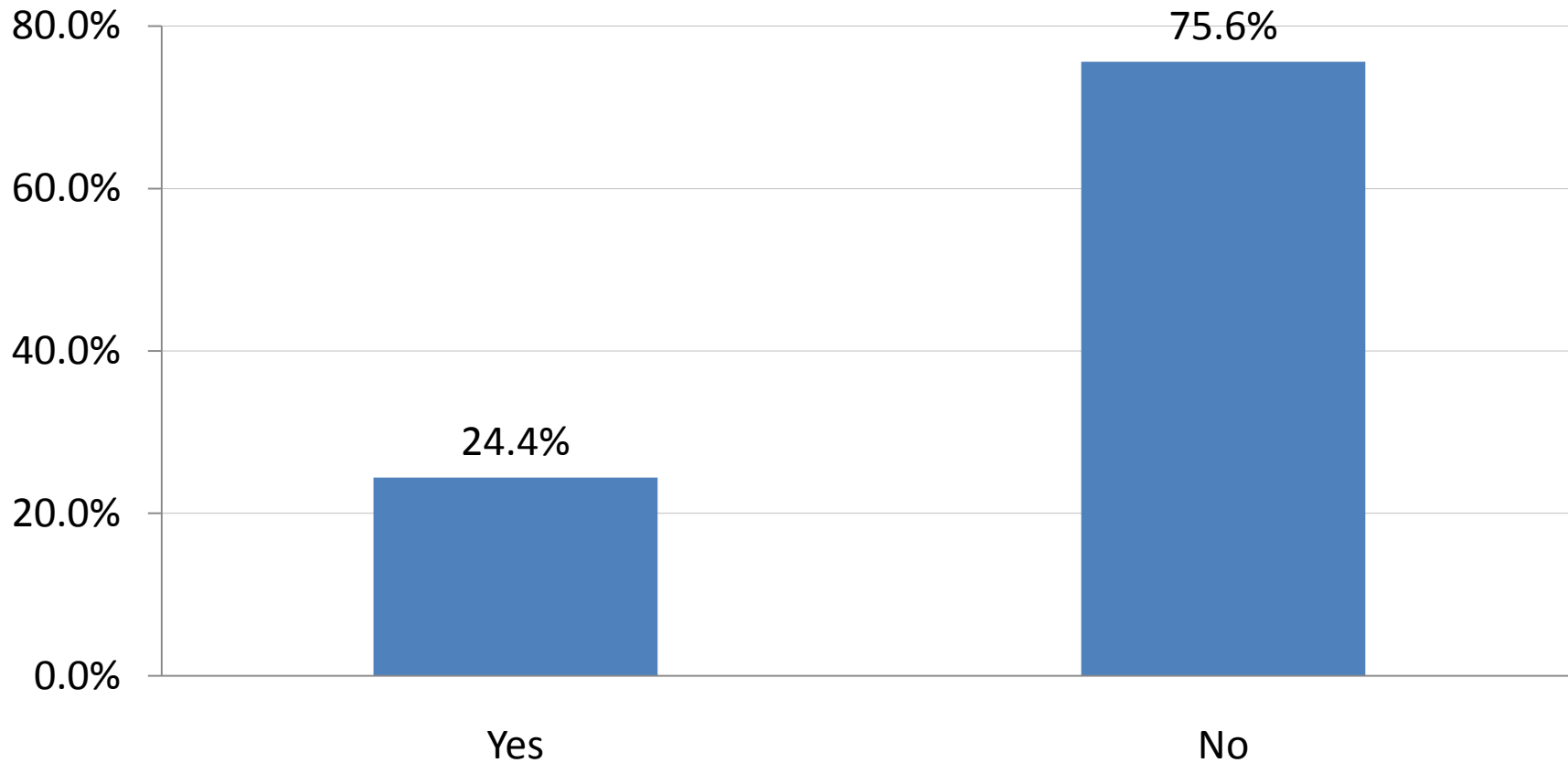


About how long has it been since you last had your blood cholesterol checked? (Q23)

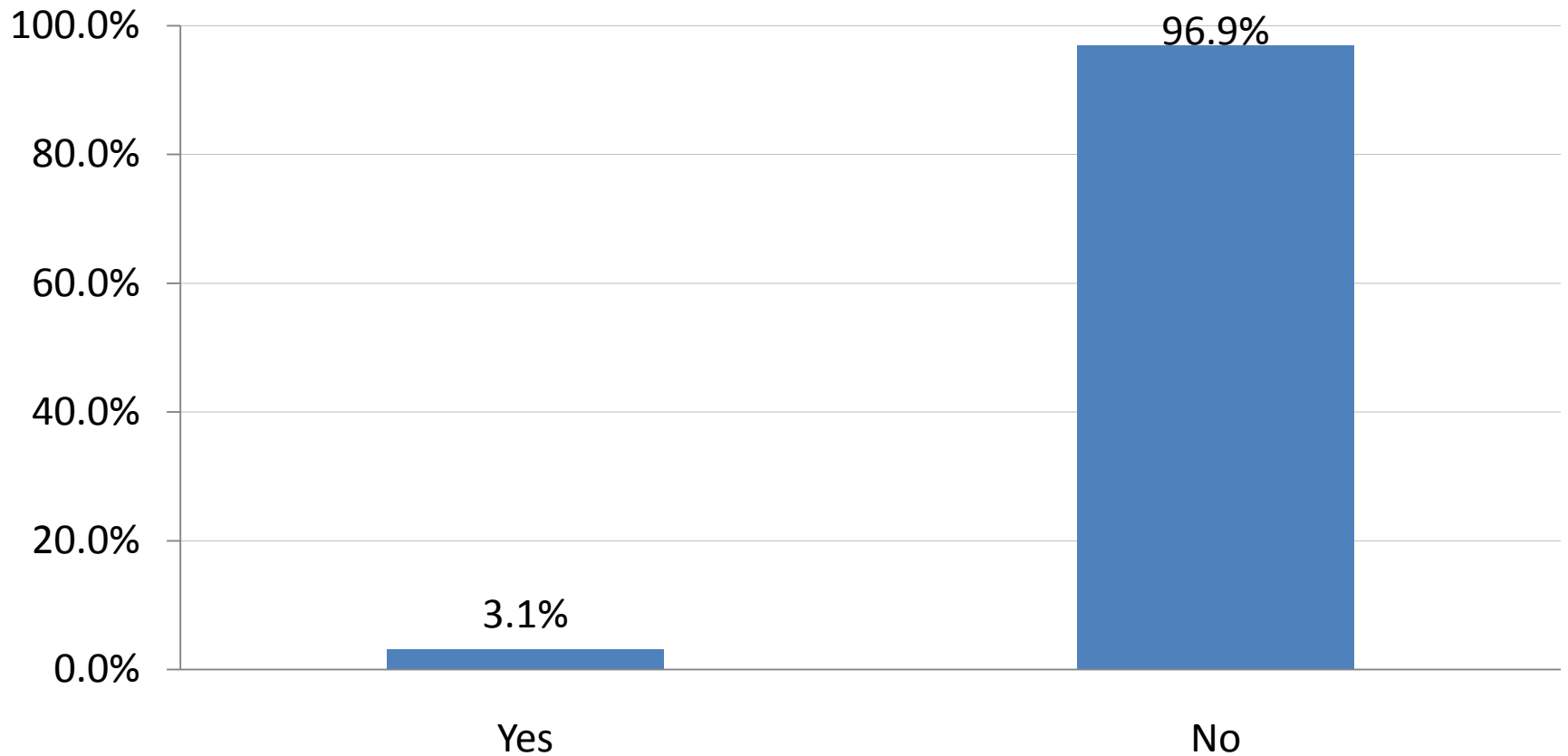


N=402

Has a doctor, nurse or other health professional ever told you that your blood cholesterol is high? (Q24)

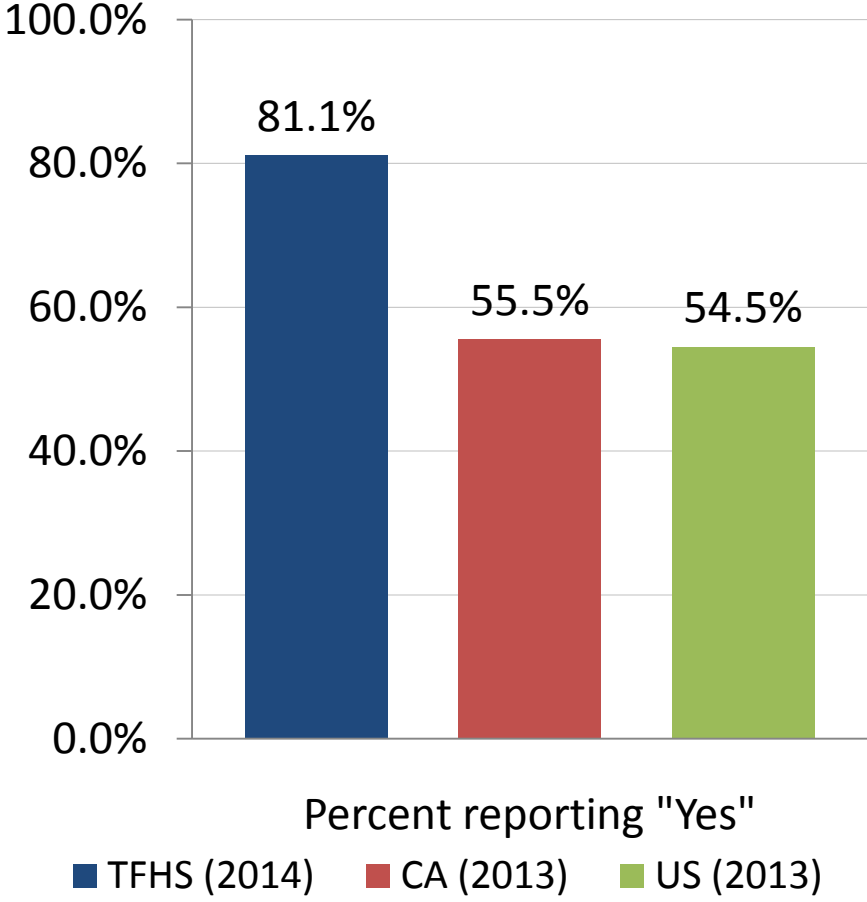
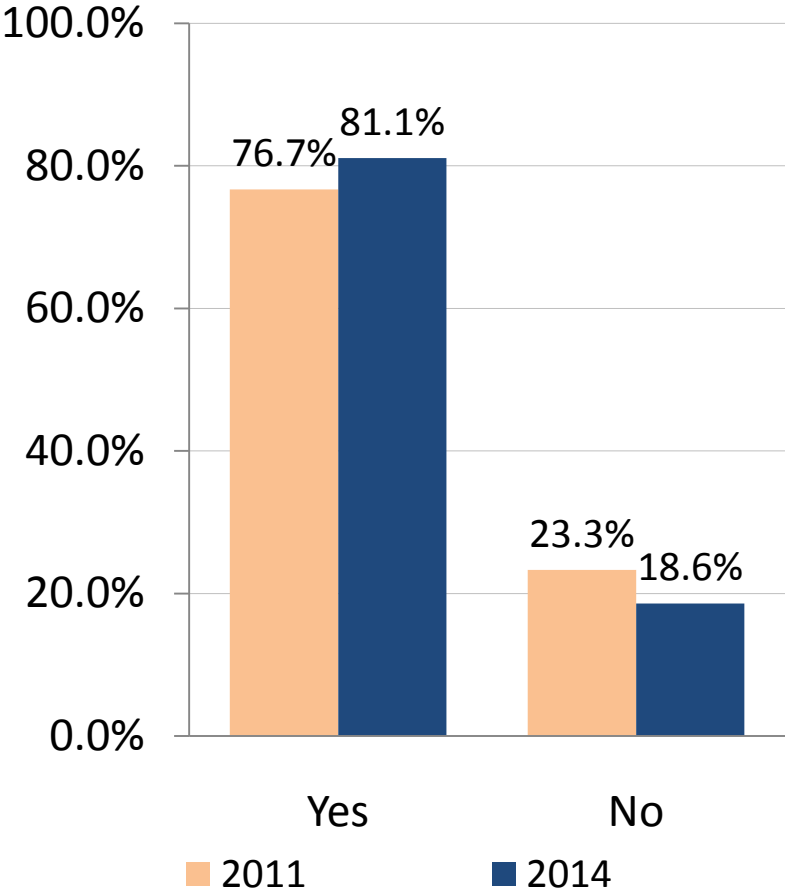


Has a doctor, nurse or other health professional ever told you that you have angina or coronary heart disease? (Q25)

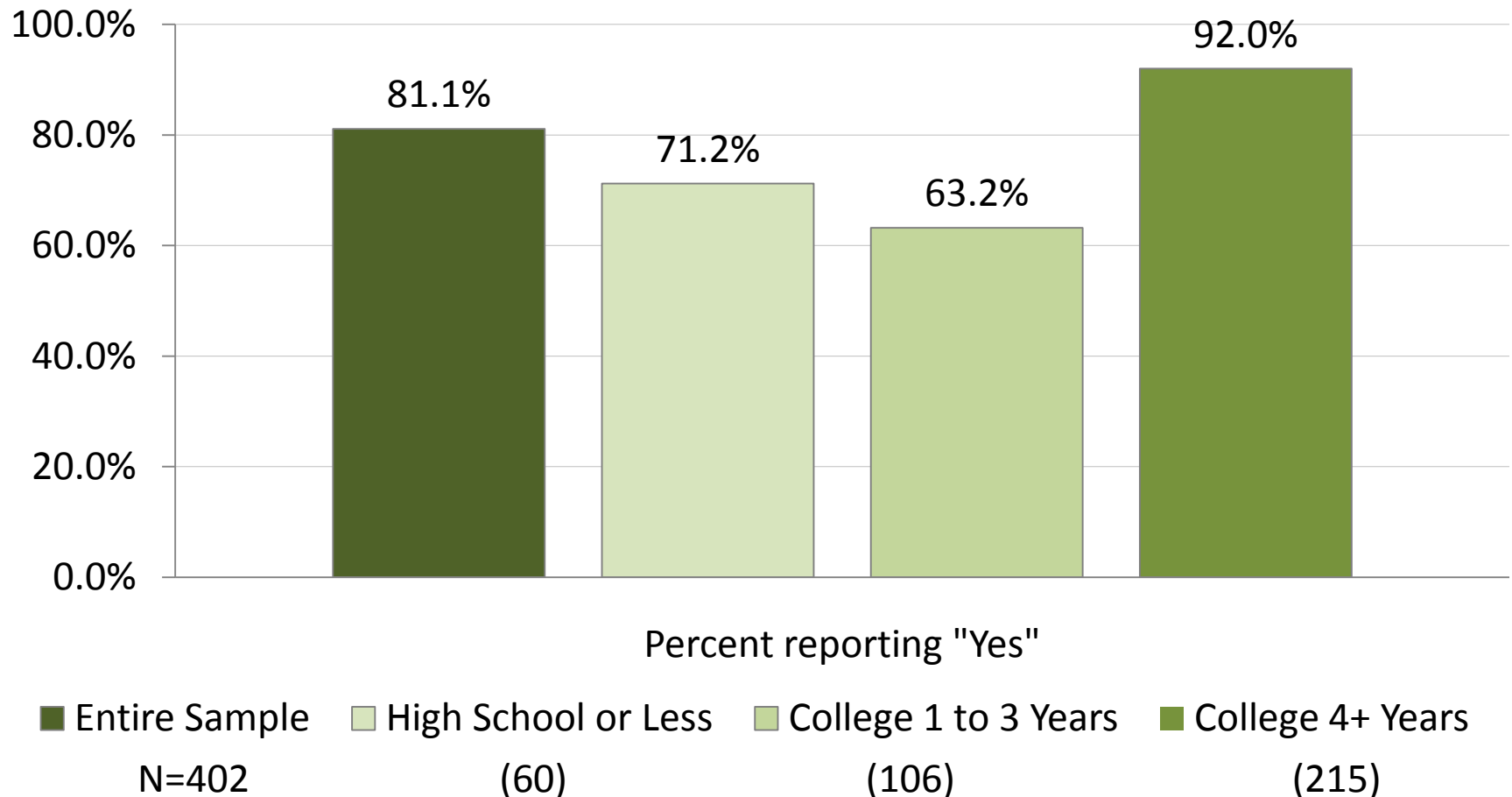


Alcohol Consumption

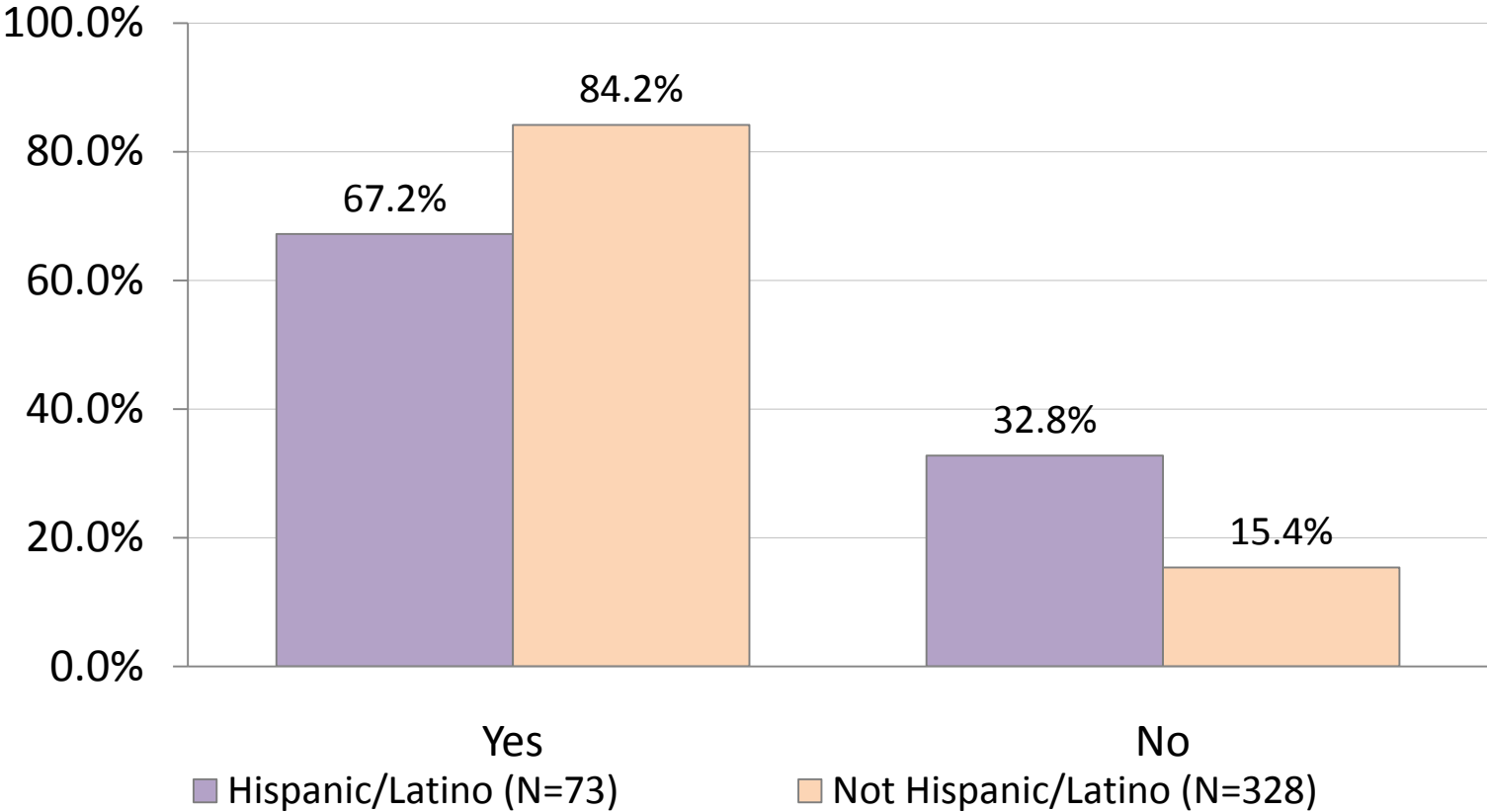
During the past 30 days, have you had at least one drink of any alcoholic beverage, such as beer, wine, a malt beverage, or liquor (Q26)



During the past 30 days, have you had at least one drink of any alcoholic beverage, such as beer, wine, a malt beverage, or liquor (Q26)

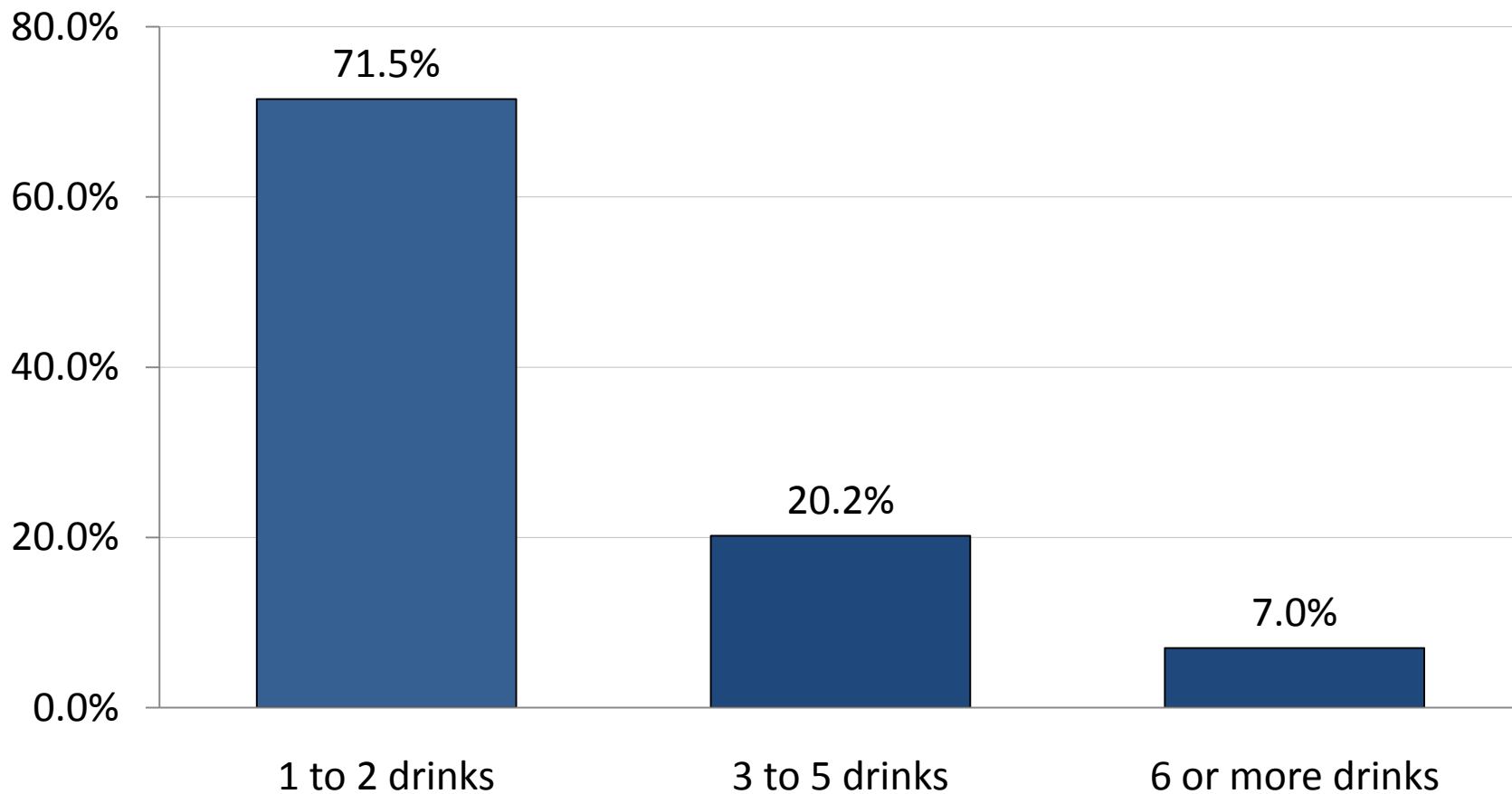


During the past 30 days, have you had at least one drink of any alcoholic beverage, such as beer, wine, a malt beverage, or liquor (Q26)



During the past 30 days, on the days you drank, about how many drinks did you have on average? (Q27)

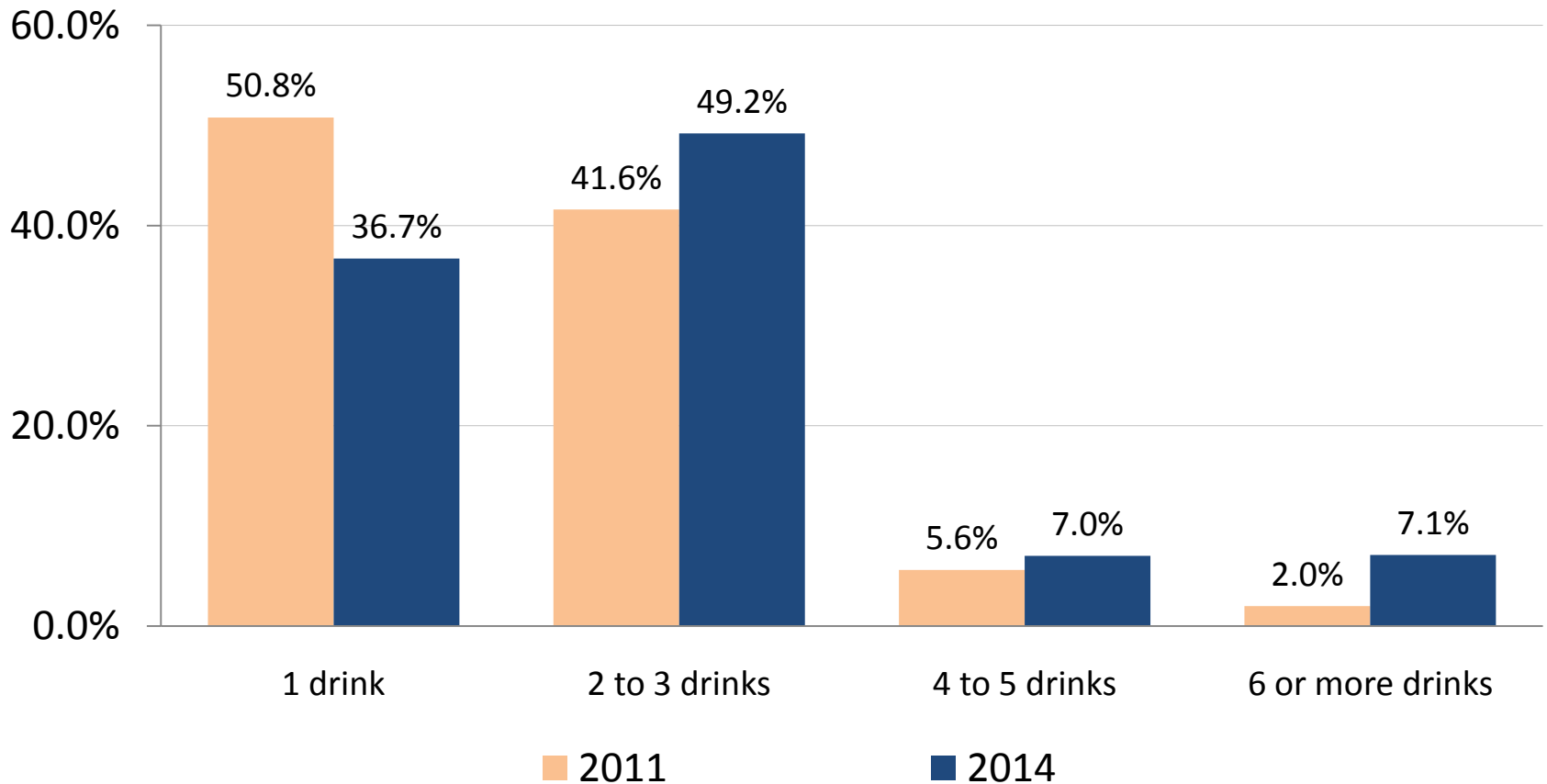
Respondents who drank an alcoholic beverage in the past 30 days



N=326

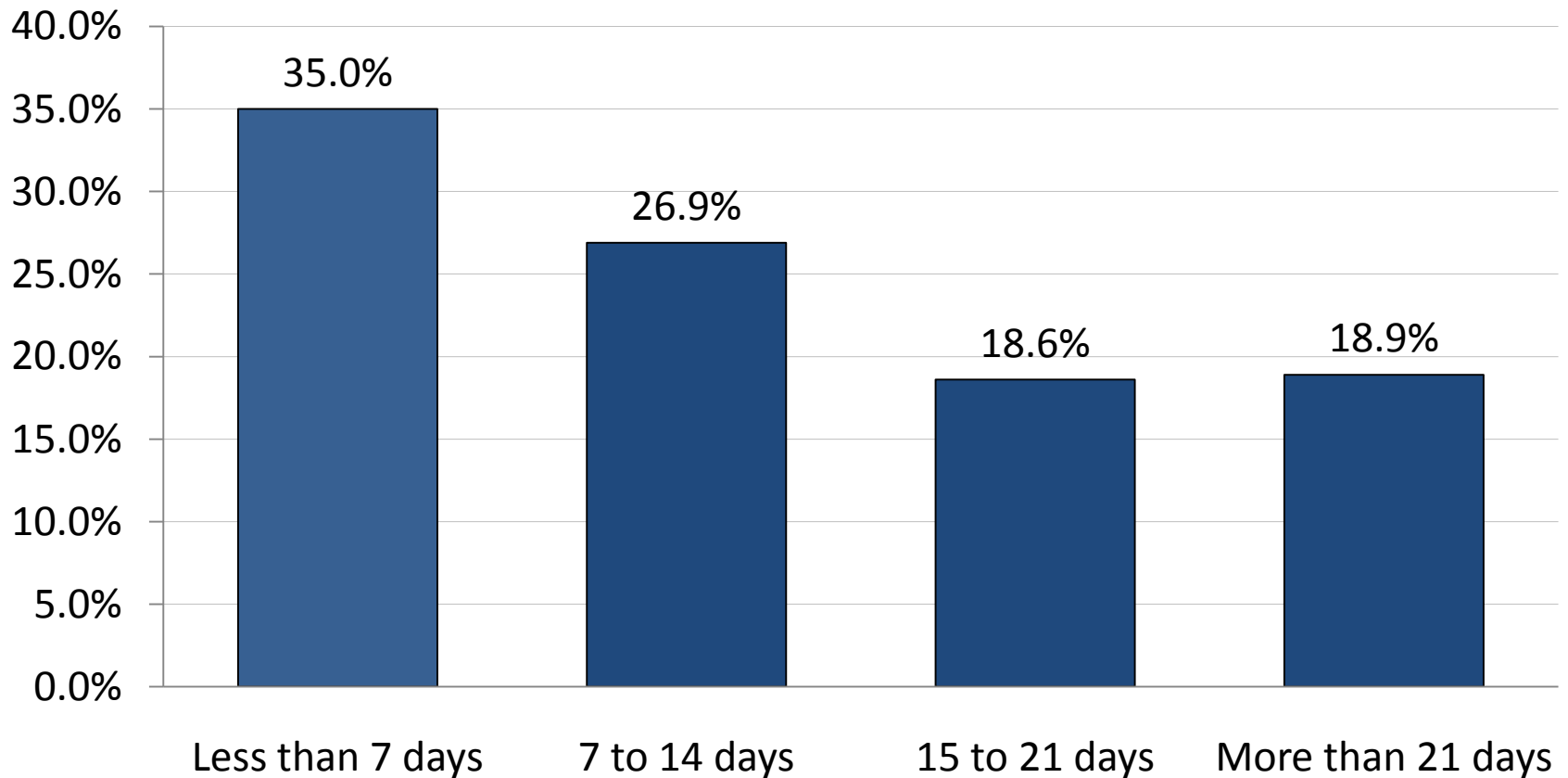
During the past 30 days, on the days you drank, about how many drinks did you have on average? (Q27)

Respondents who drank an alcoholic beverage in the past 30 days



During the past 30 days, how many days per week or month did you have at least one drink of any alcoholic beverage? (Q28)

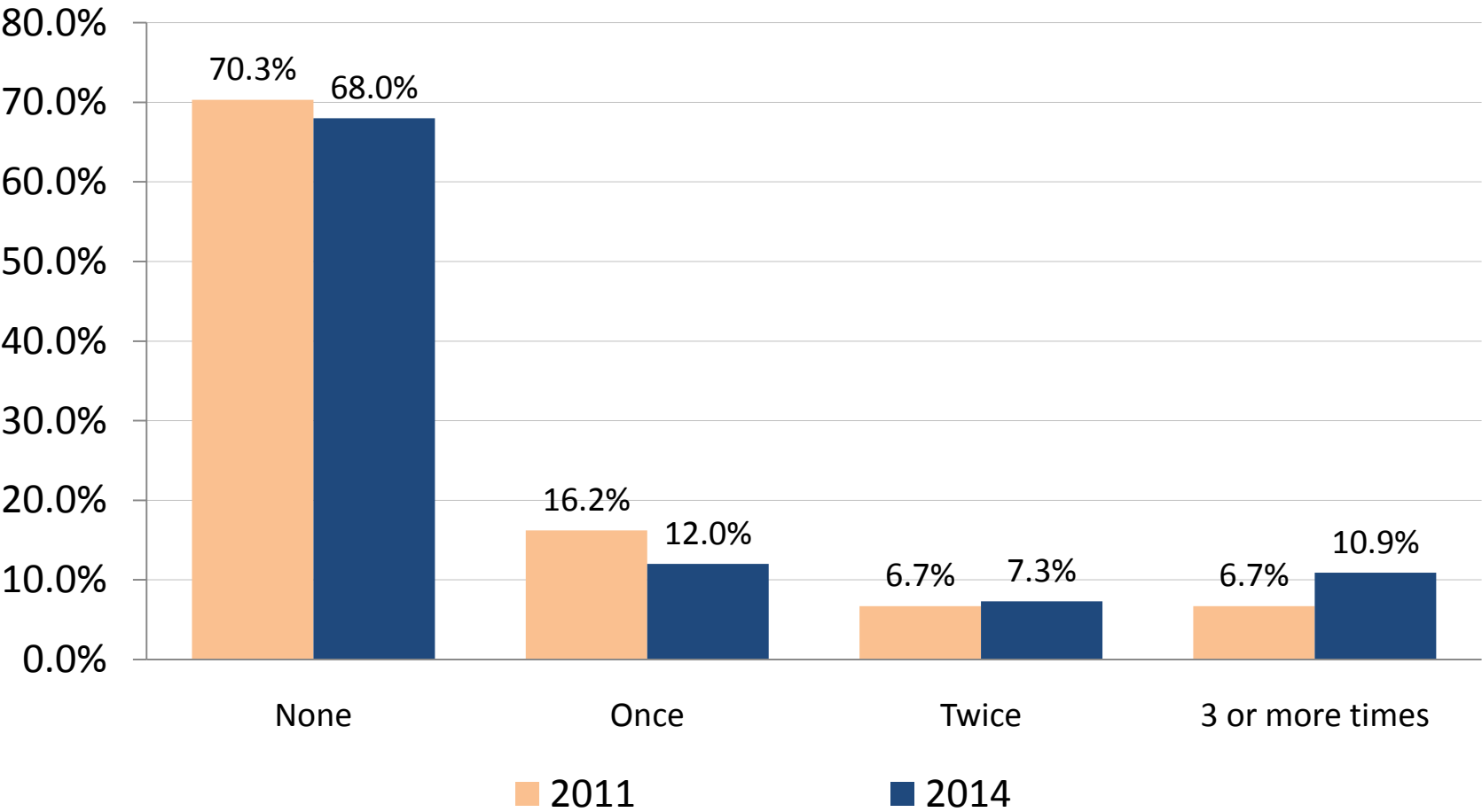
Respondents who drank an alcoholic beverage in the past 30 days



N=326

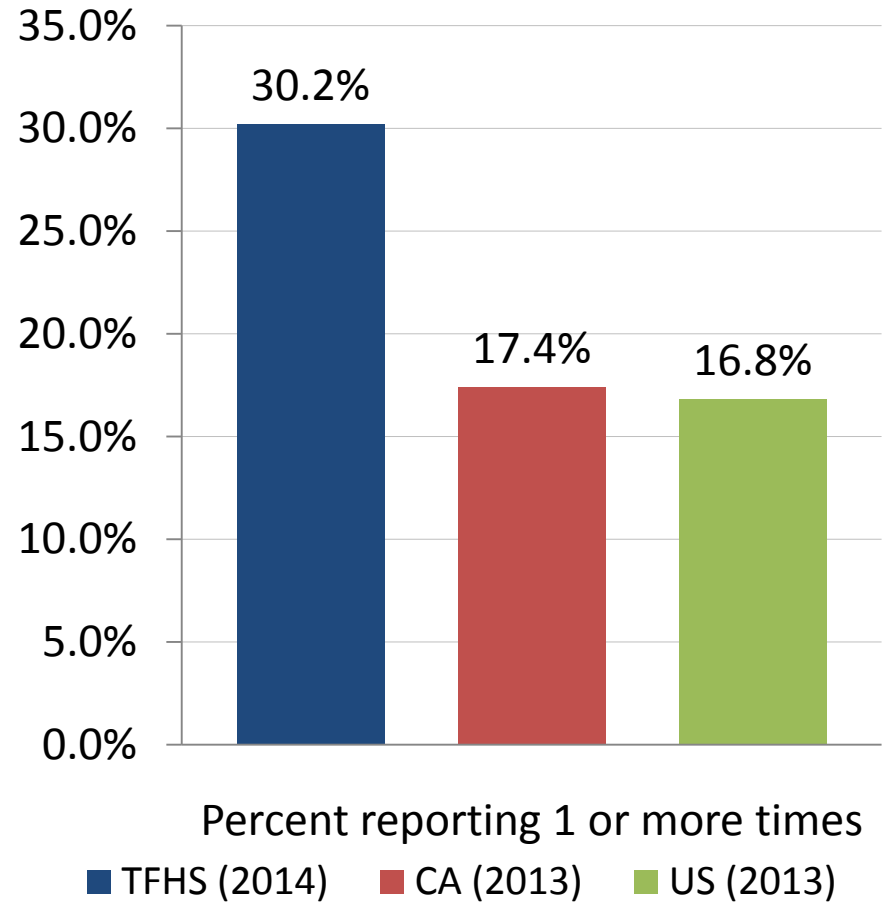
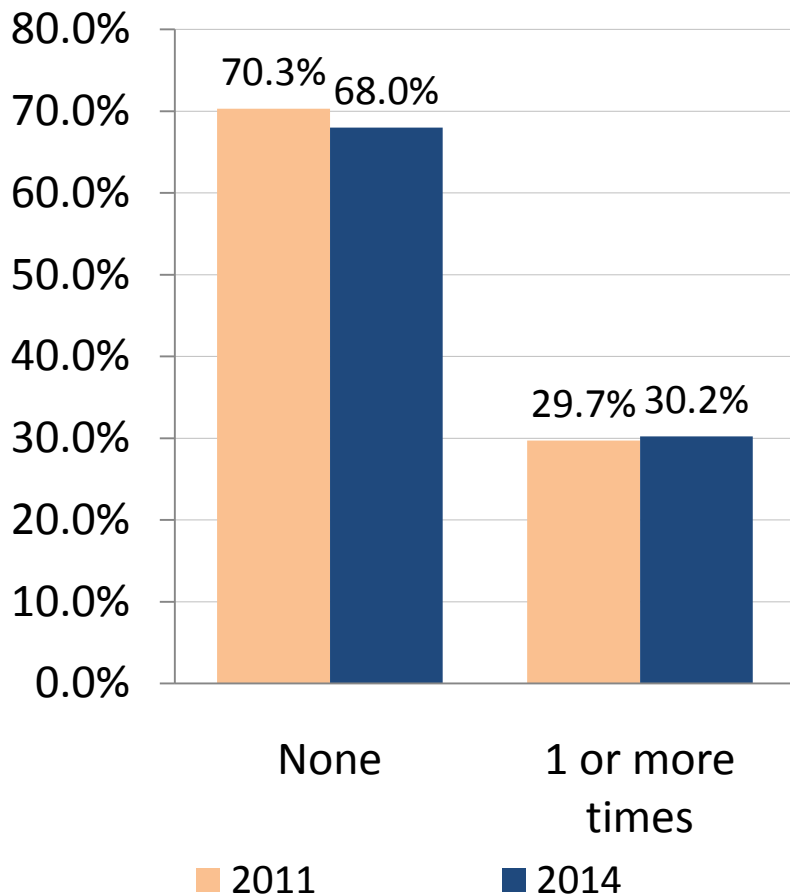
Considering all types of alcoholic beverages, how many times during the past 30 days did you have five/four (males/females) drinks? (Q29)

Respondents who drank an alcoholic beverage in the past 30 days



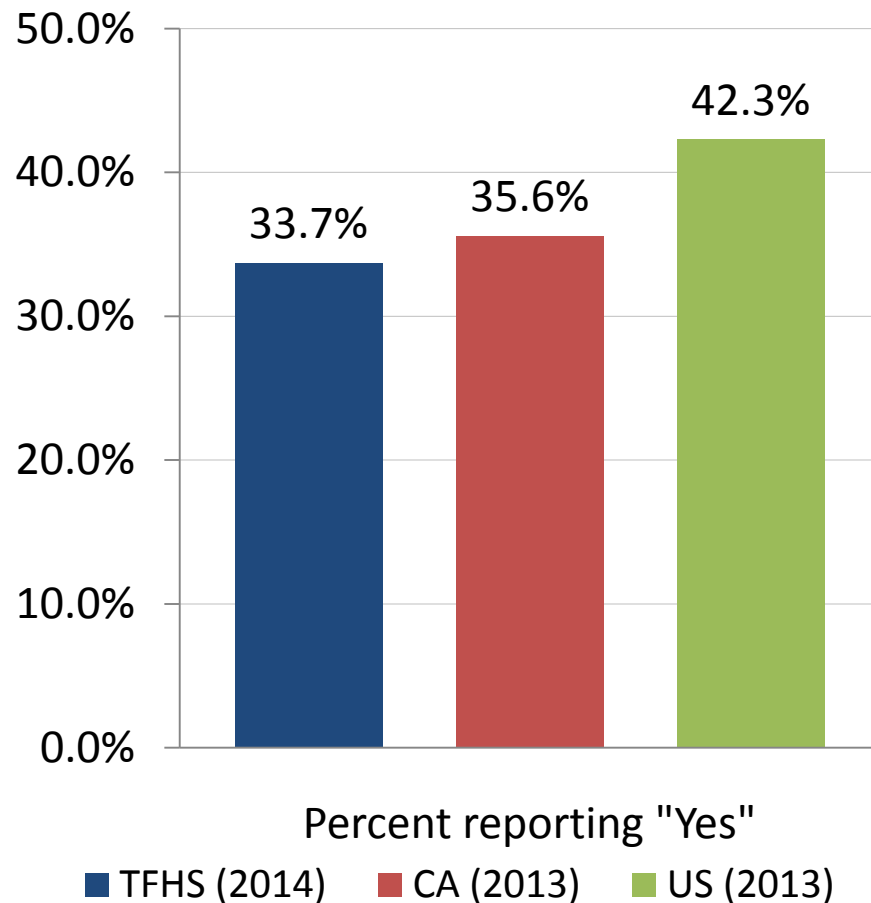
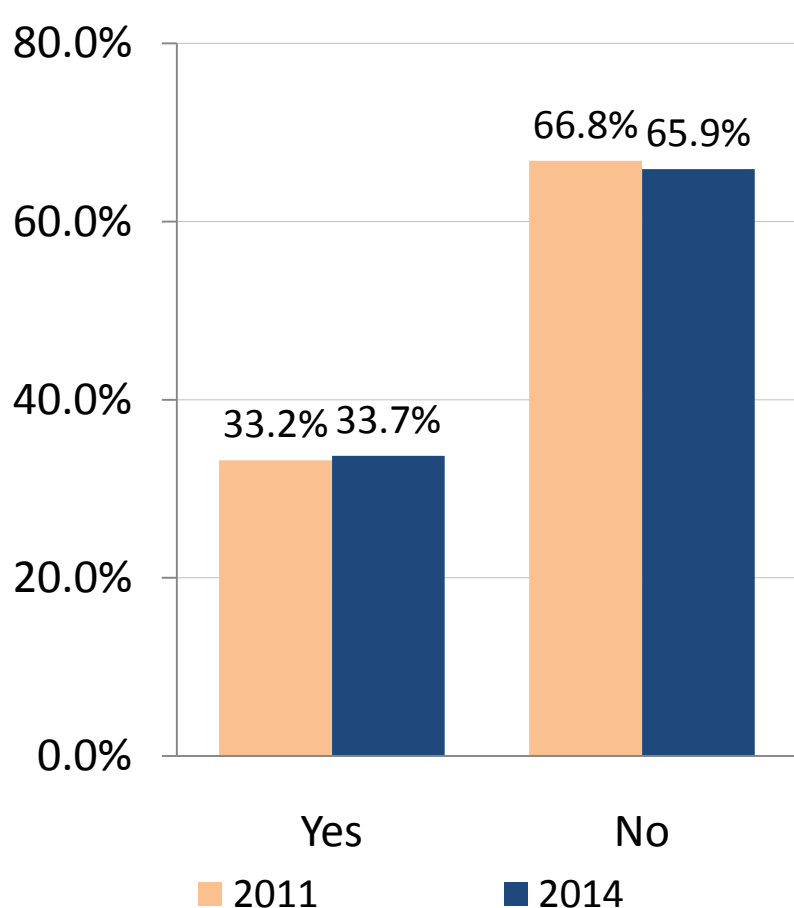
Considering all types of alcoholic beverages, how many times during the past 30 days did you have five/four (males/females) drinks? (Q29)

Respondents who drank an alcoholic beverage in the past 30 days



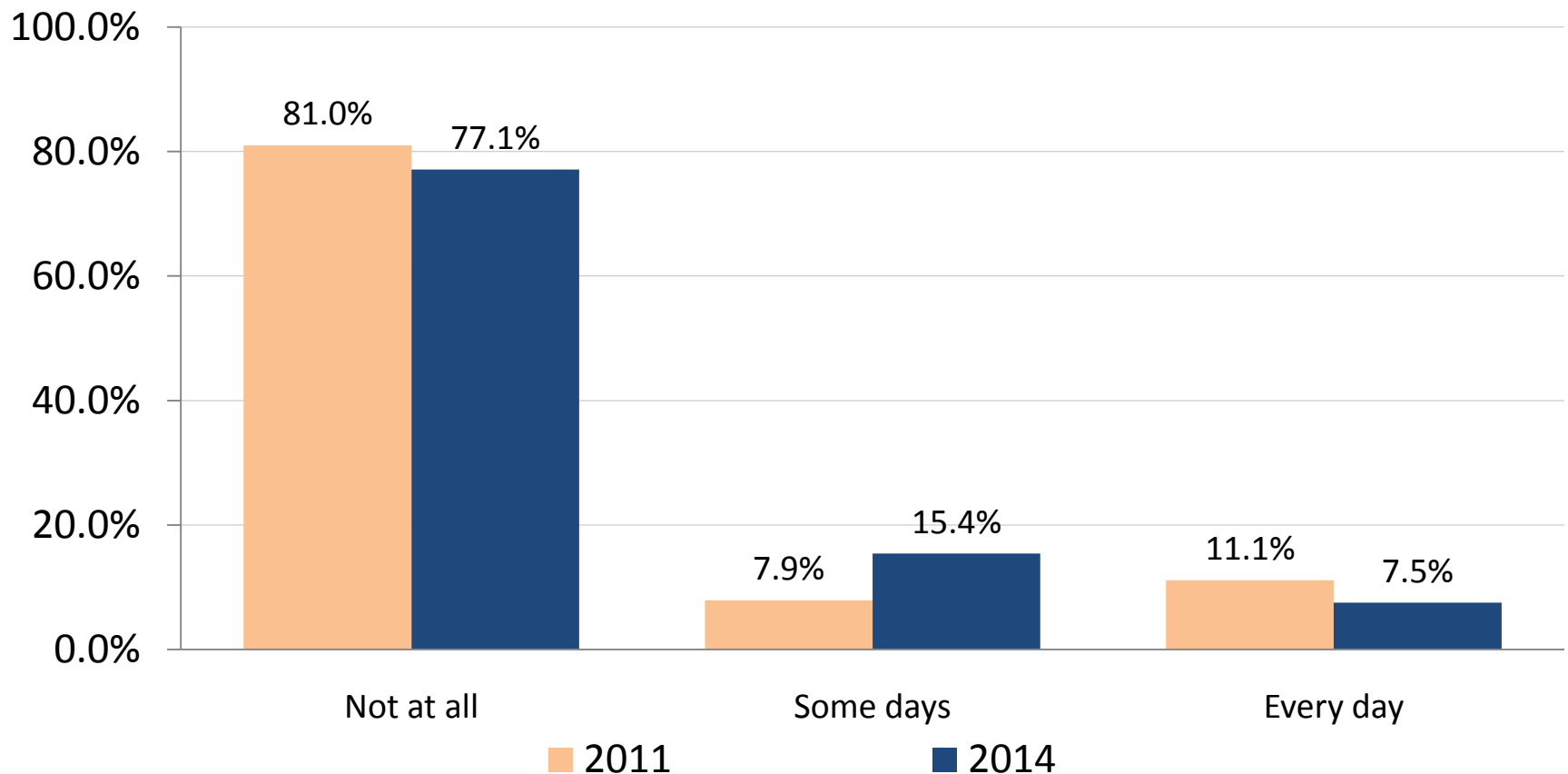
Tobacco Use

Have you smoked at least 100 cigarettes in your lifetime (Q30)



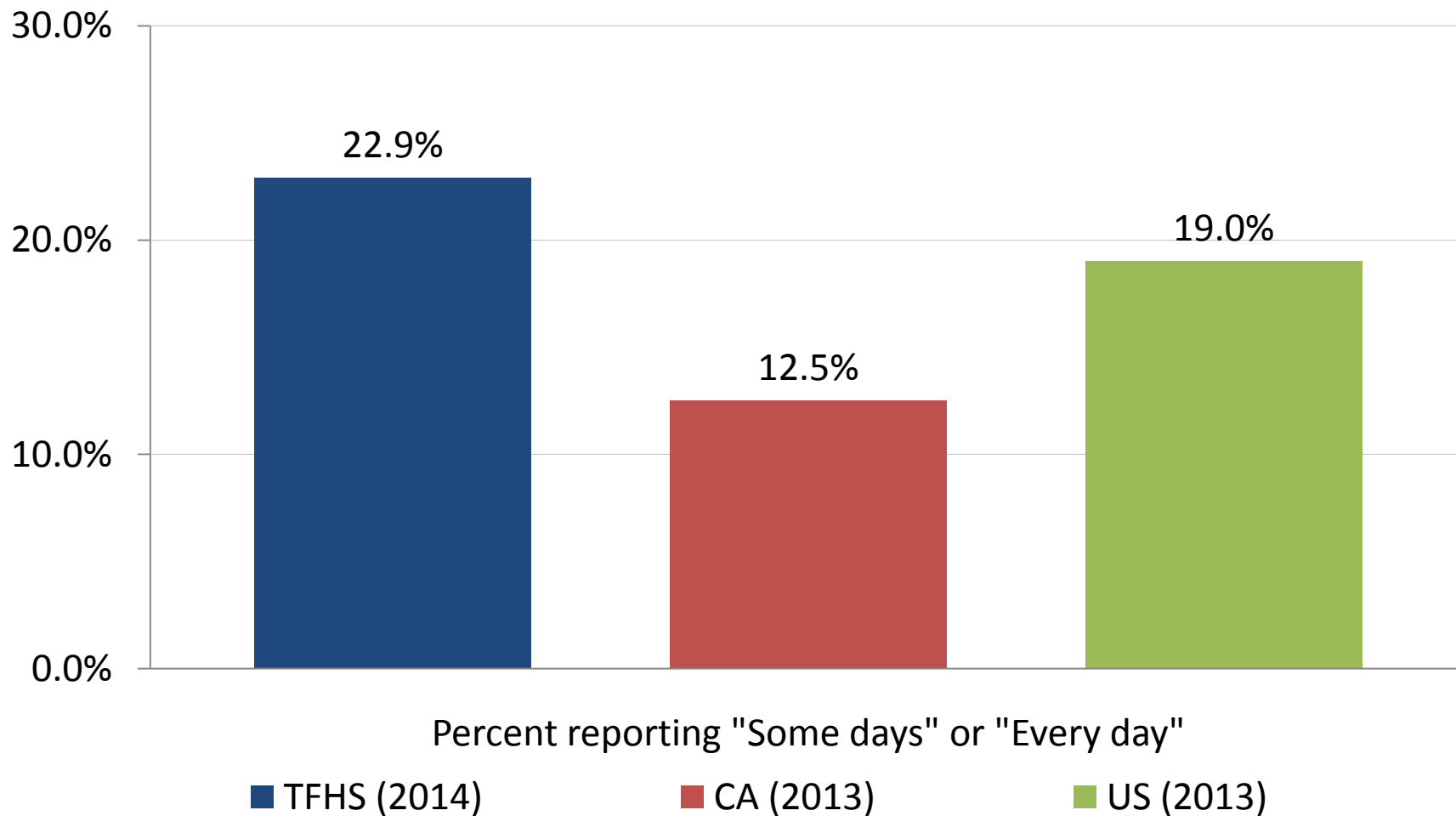
Do you now smoke cigarettes every day, some days, or not at all? (Q31)

Respondents who have smoked at least 100 cigarettes in their life



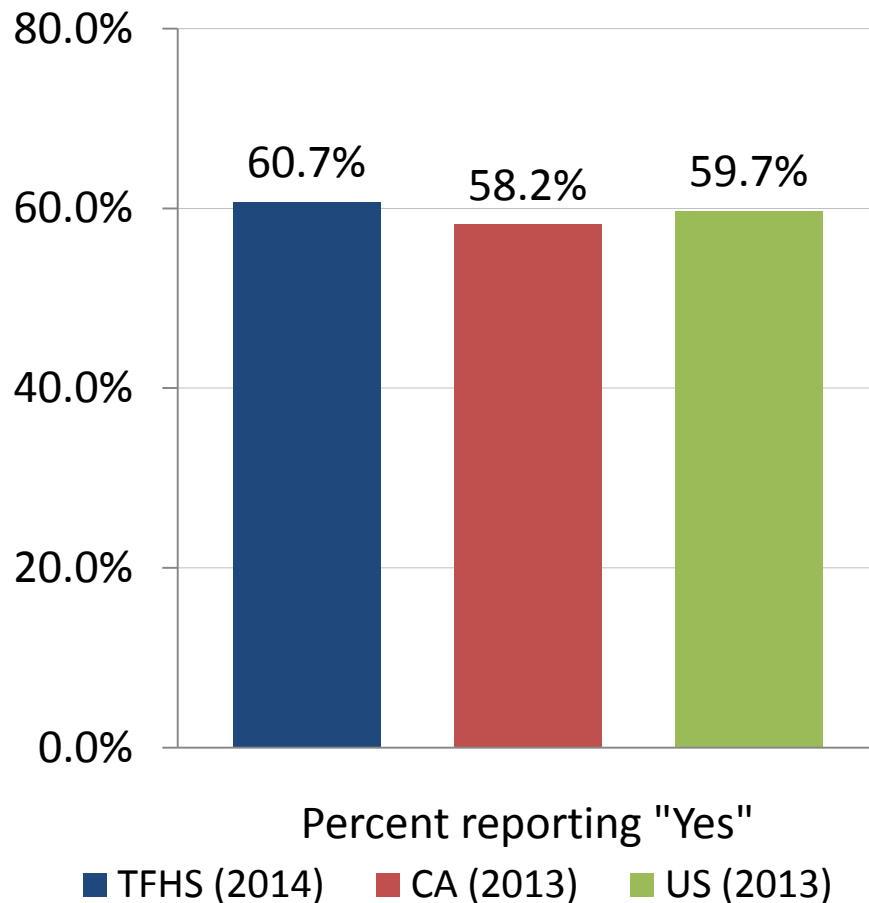
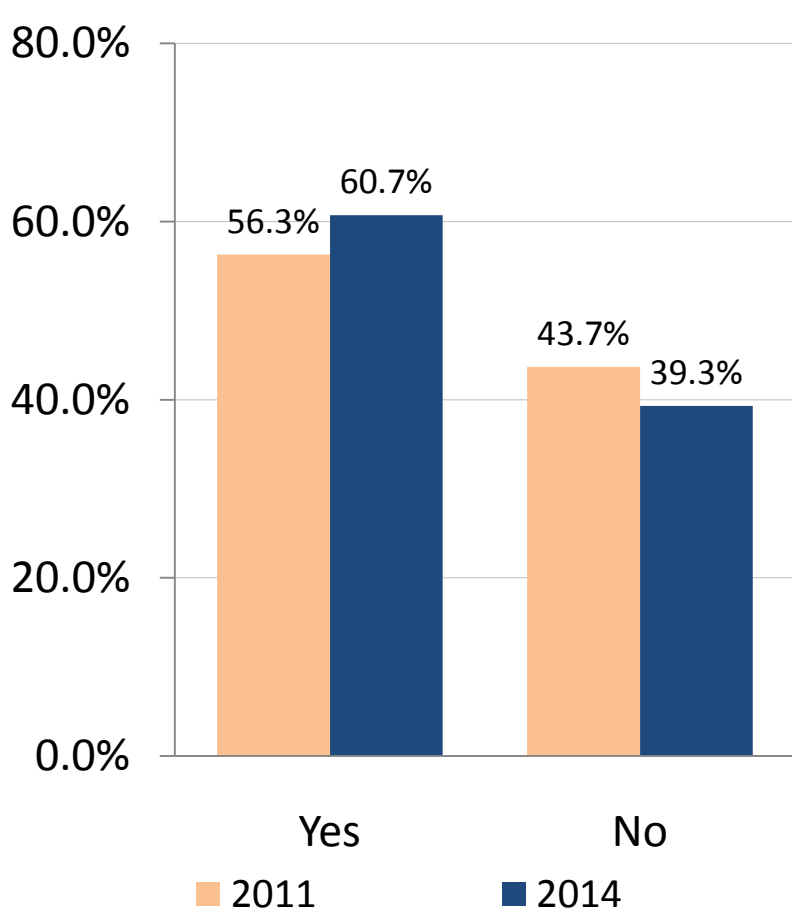
Do you now smoke cigarettes every day, some days, or not at all? (Q31)

Respondents who have smoked at least 100 cigarettes in their life

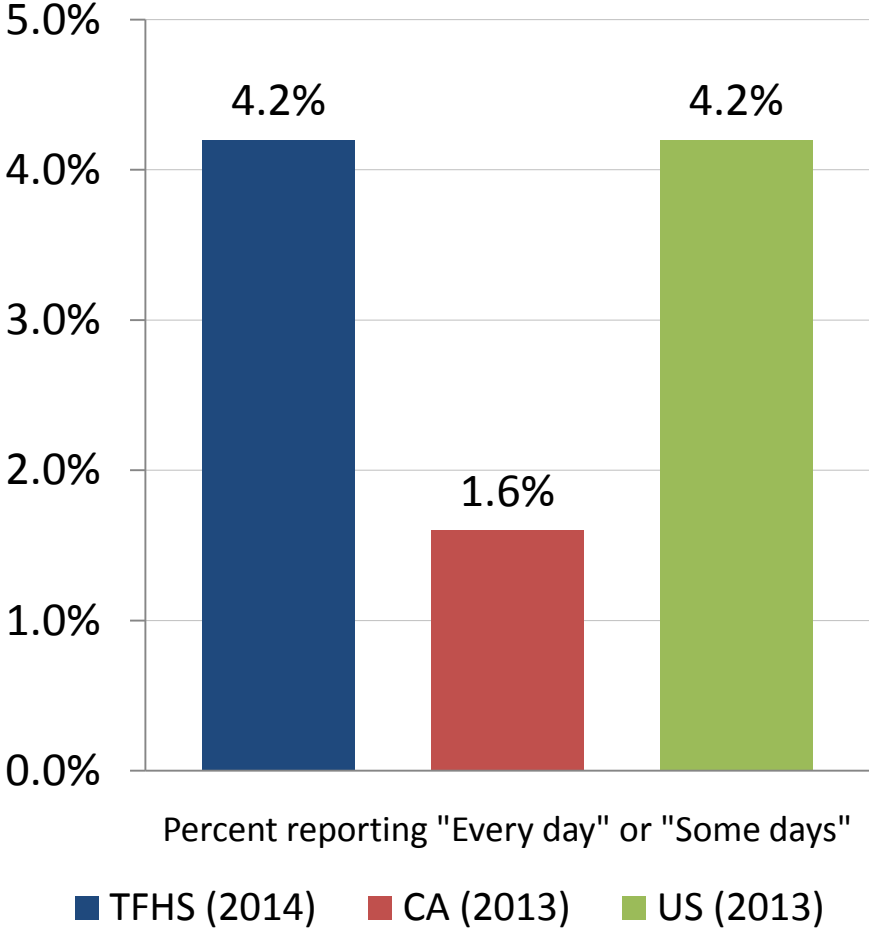
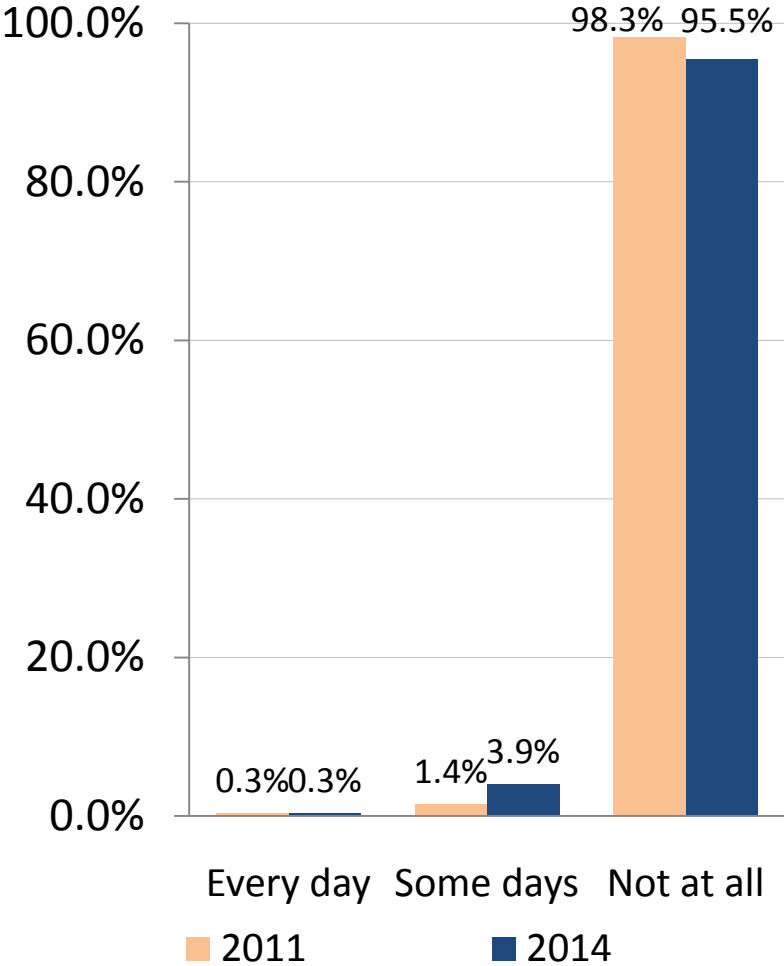


During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking? (Q32)

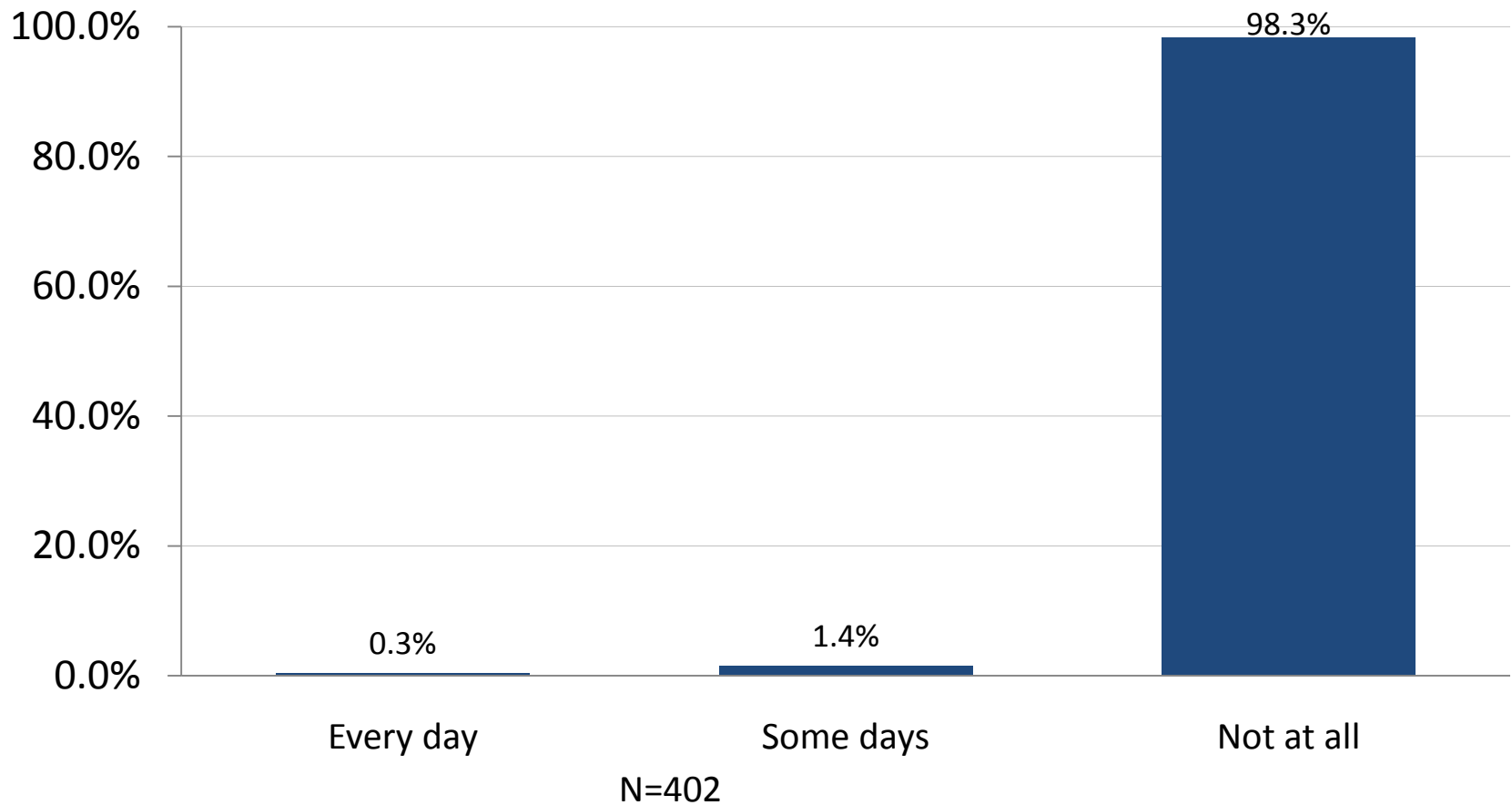
Respondents who have smoked at least 100 cigarettes in their life



Do you currently use chewing tobacco, snuff, or snus every day, some days, or not all? (Q34)

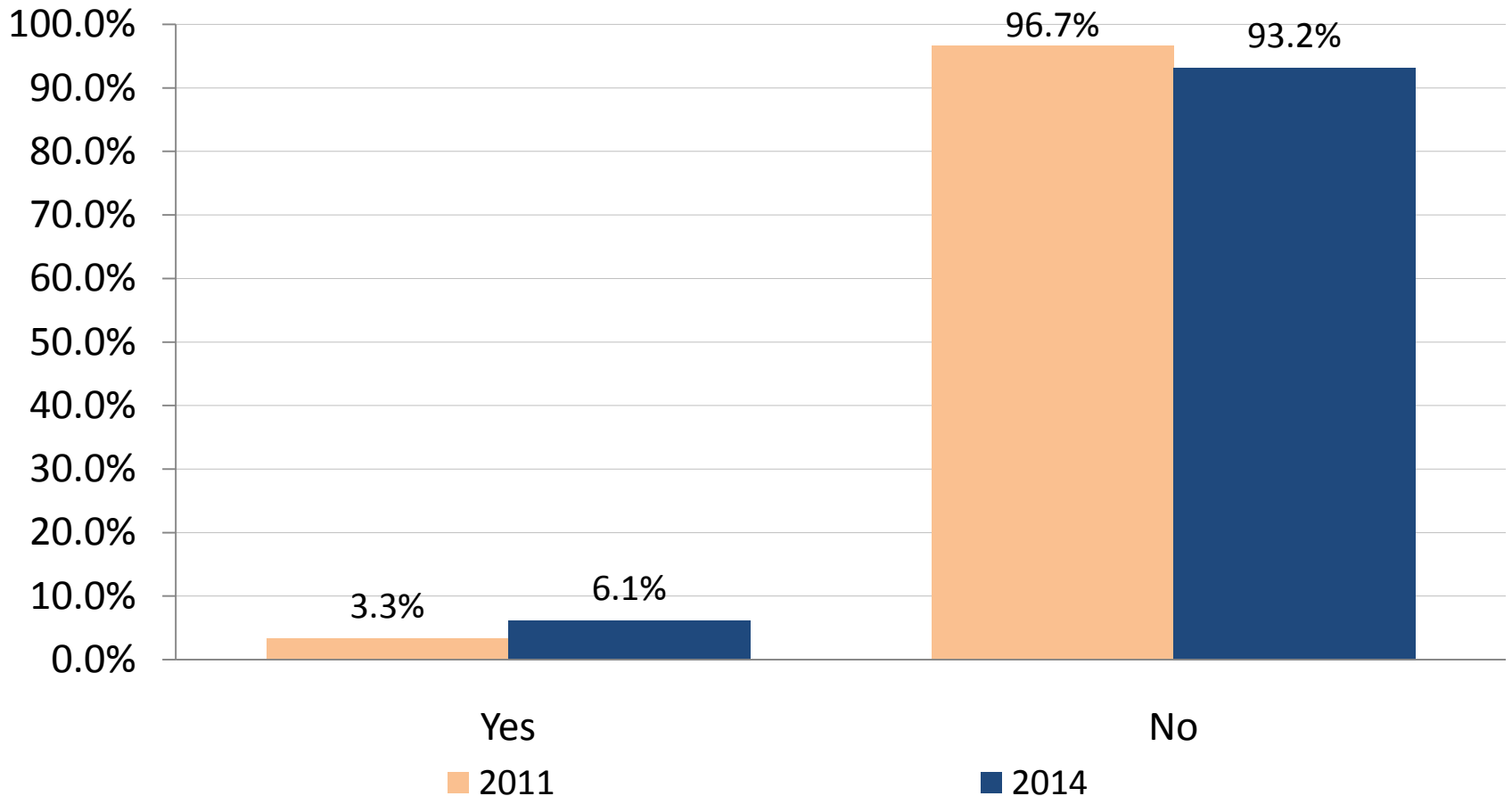


Do you currently use electronic cigarettes every day, some days, or not all? (Q35)

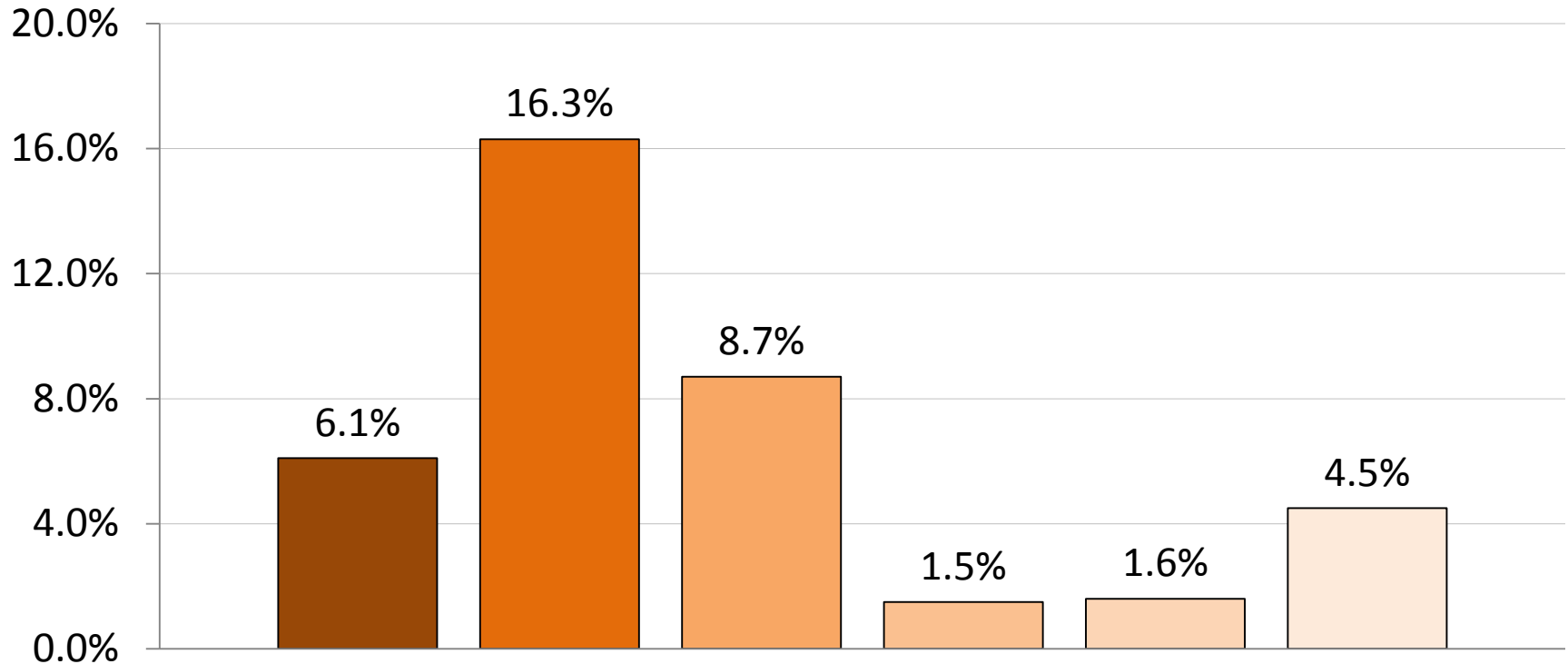


Other Health-Related Behavior

Have you or someone in your household abused drugs, including prescription medicines, in the past year? (Q38)



Have you or someone in your household abused drugs, including prescription medicines, in the past year? (Q38)



Percent reporting "Yes"

■ Entire Sample ■ Age 18 to 29 ■ 30 to 39 ■ 40 to 49 ■ 50 to 64 ■ Age 65 and Over

N=402

(81)

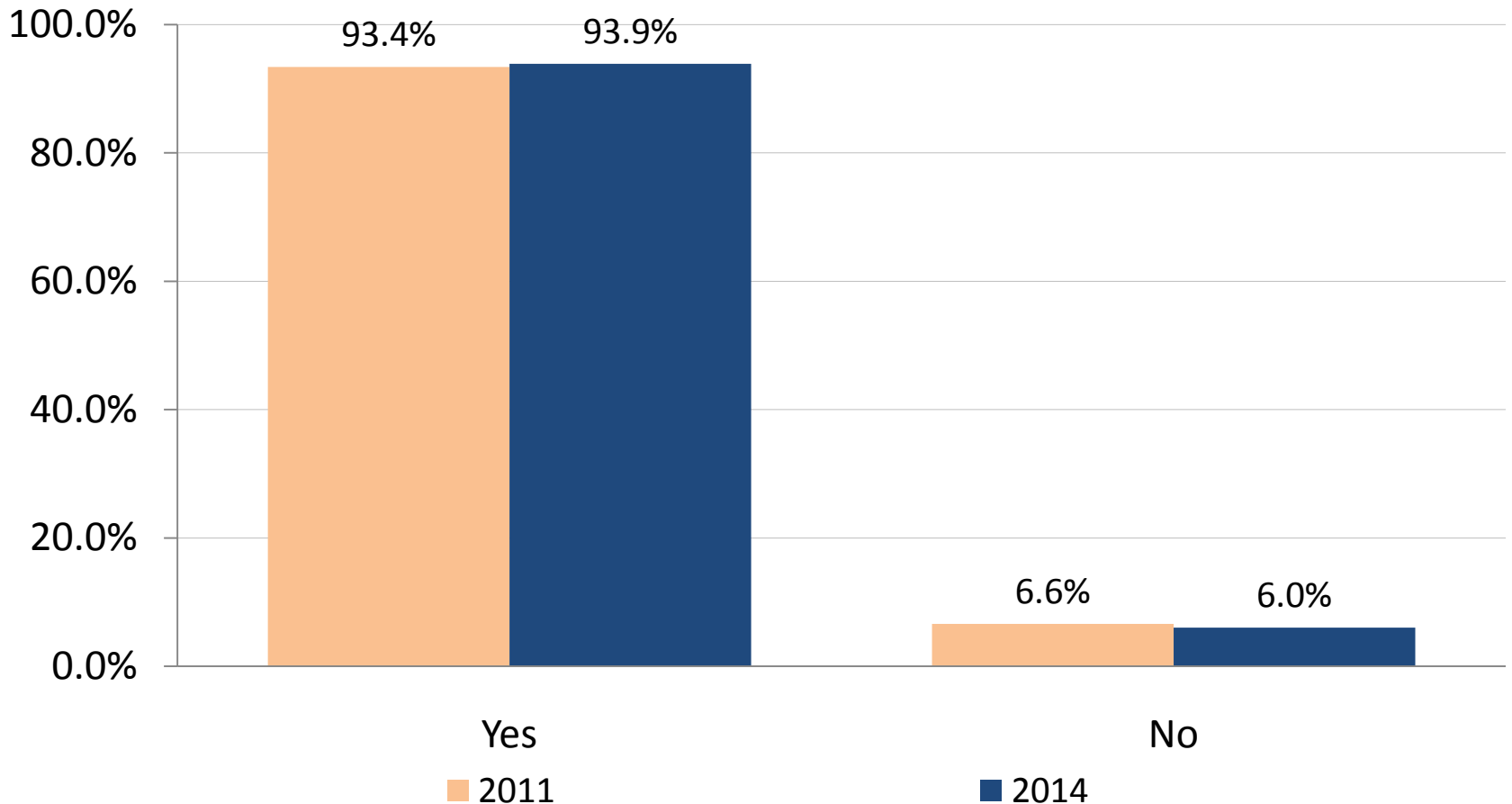
(69)

(76)

(116)

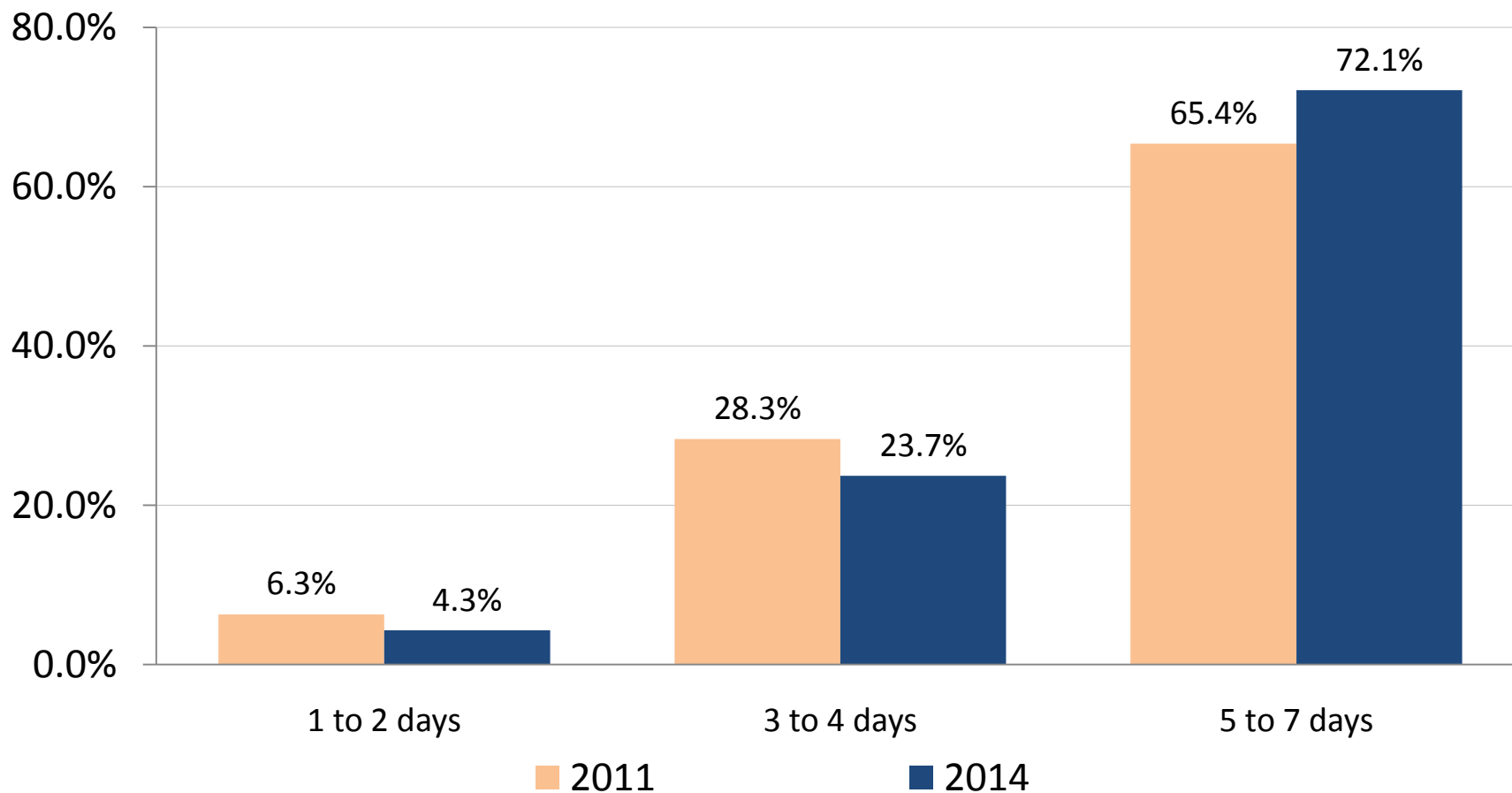
(54)

In a usual week, do you moderate activities for at least 10 minutes at a time, such as brisk walking, bicycling, vacuuming, gardening, or anything else that causes some increase in your breathing or heart rate? (Q40)

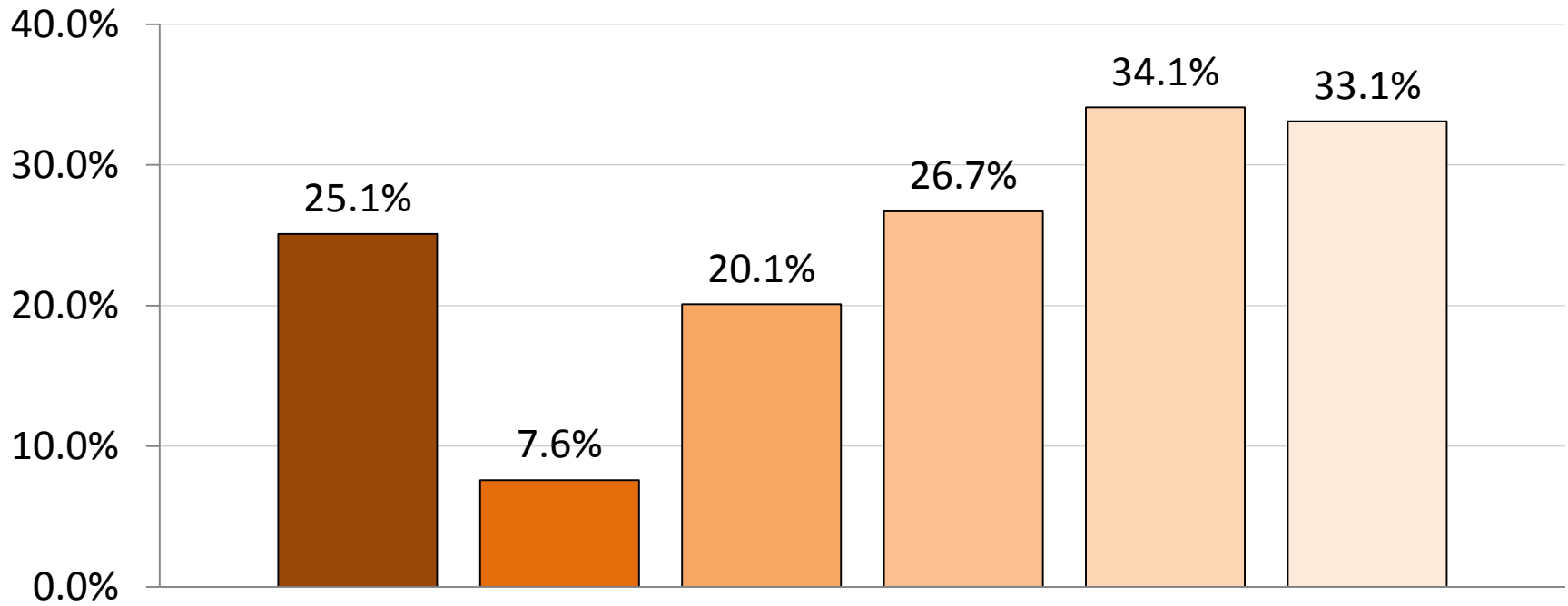


How many days per week do you do these moderate activities? (Q41)

Respondents who do these moderate activities for at least ten minutes at a time



Do you have a lingering or chronic injury or ailment to a major joint or your back that gives you substantial pain or limits your daily activities or sports you enjoy? (Q42)



Percent reporting "Yes"

■ Entire Sample ■ Age 18 to 29 ■ 30 to 39 ■ 40 to 49 ■ 50 to 64 ■ Age 65 and Over

N=402

(81)

(69)

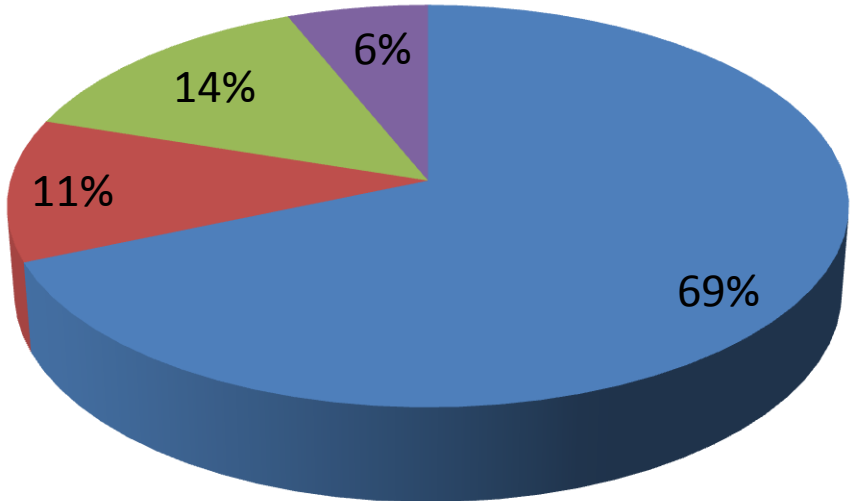
(76)

(116)

(54)

Children's Health Care Utilization and Access

How many children less than 18 years of age live in your household? (Q43)

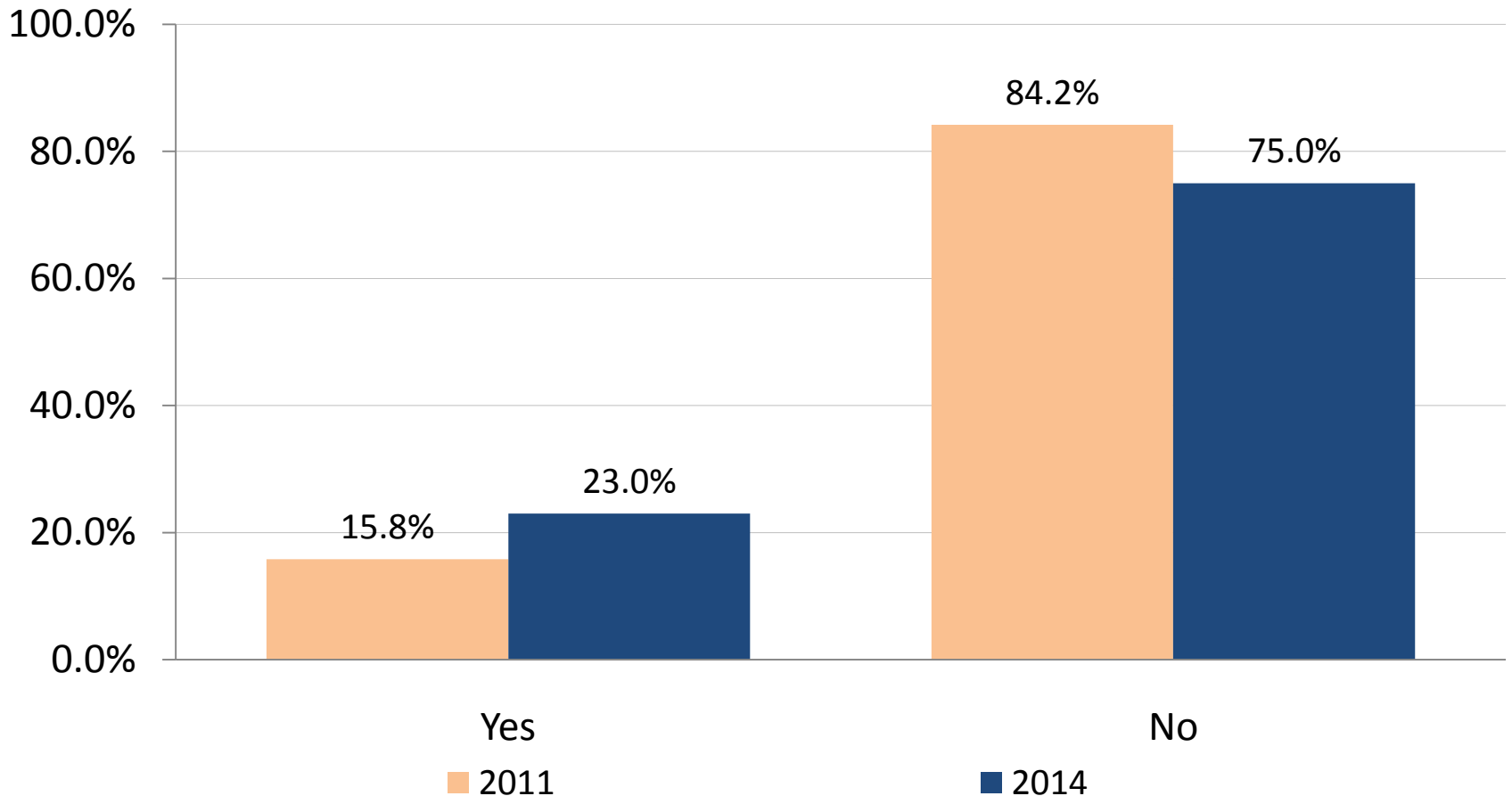


■ None ■ 1 child ■ 2 children ■ 3 or more children

N=402

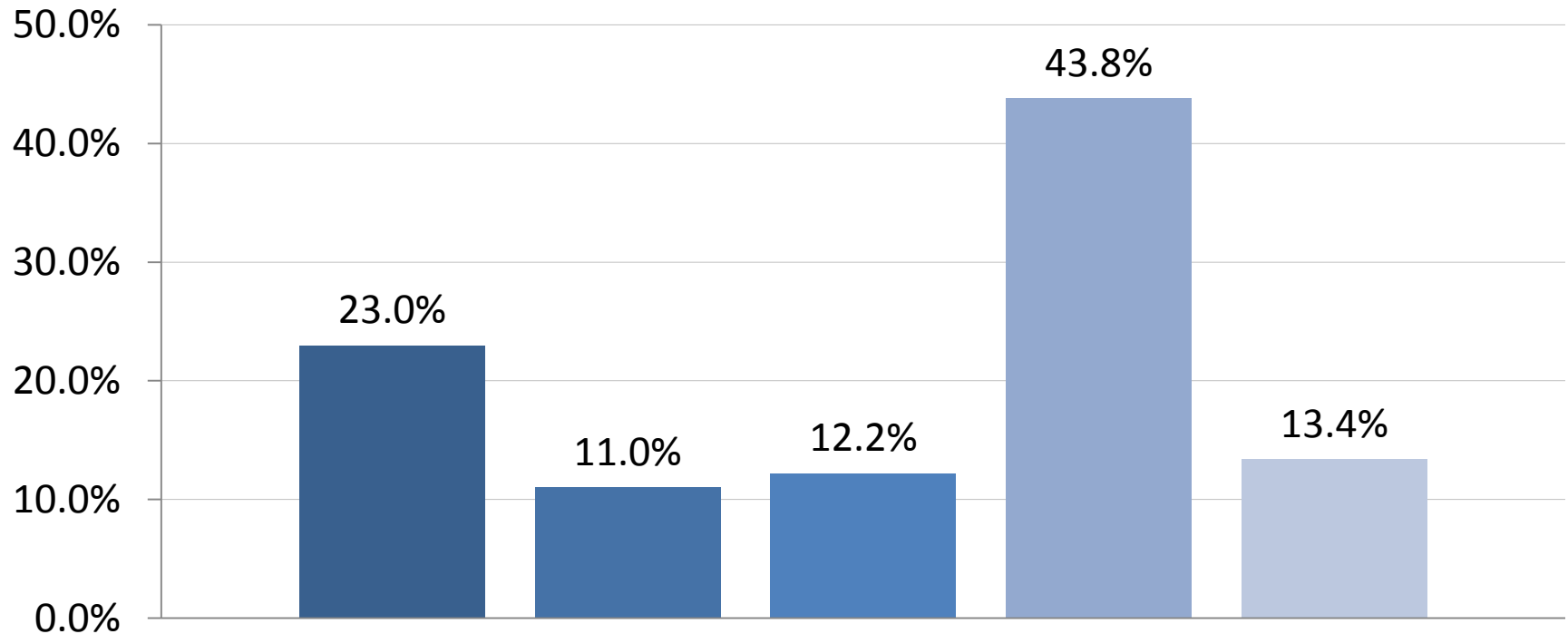
Do you have children in your household who have not all had all of their vaccinations and immunizations? (Q44)

Respondents with children living in the household



Do you have children in your household who have not all had all of their vaccinations and immunizations? (Q44)

Respondents with children living in the household

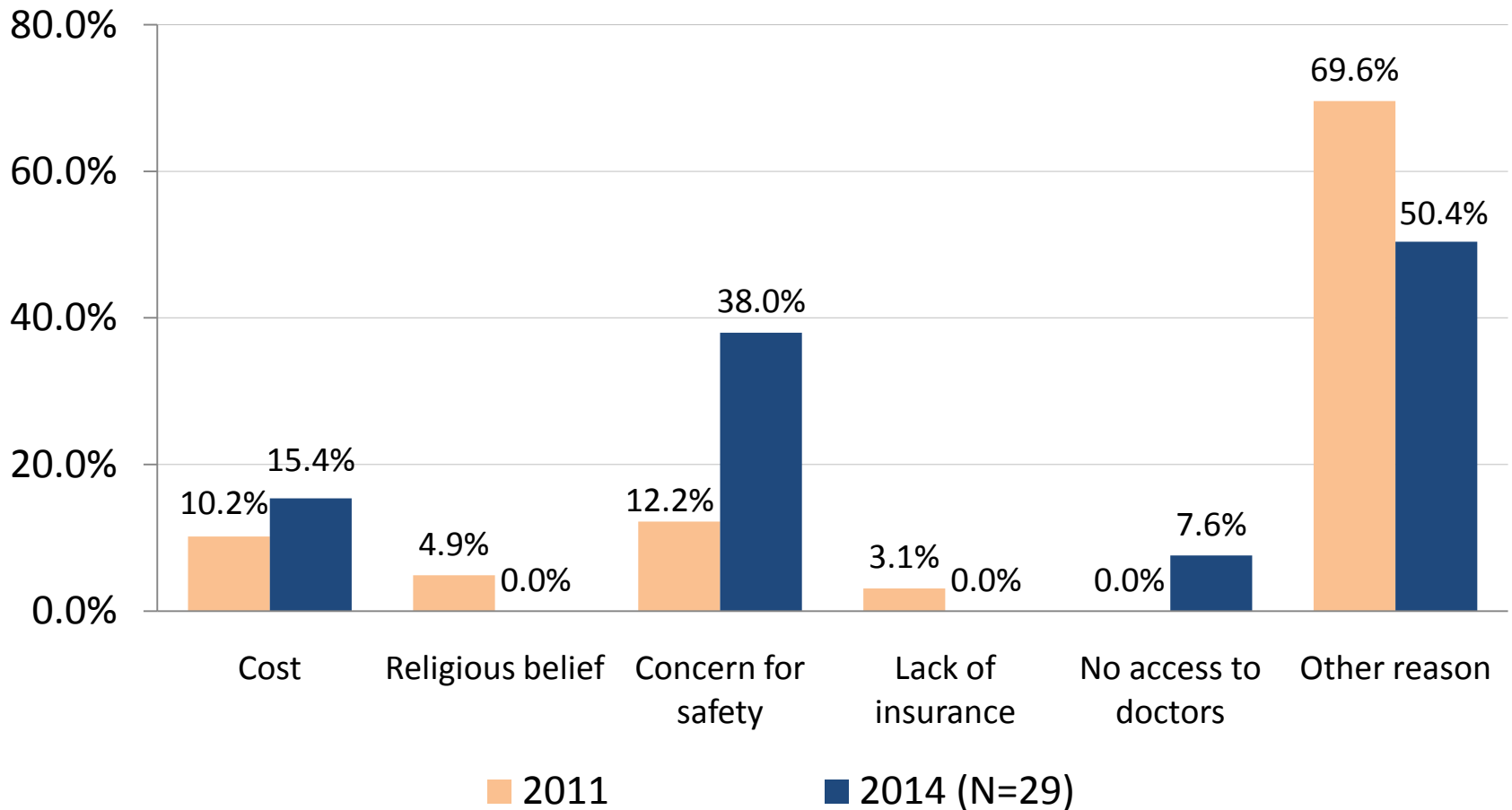


Percent reporting "Yes"

■ Entire Sample N=127 ■ Truckee Basin (63) ■ IV/CB (25) ■ Kings Beach (31) ■ Tahoe City (9)

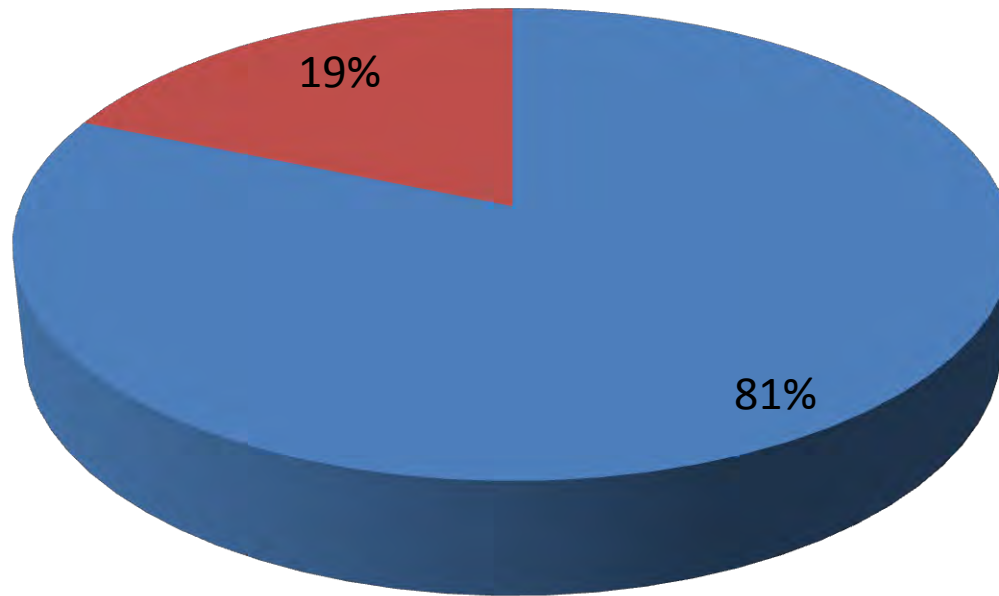
For those children in your household who have not had all of their vaccinations and immunizations, would explain why not? (Q45)

Respondents with children living in the household who have not had vaccinations and immunizations



During the past 12 months, has one or more children in your household under the age of 19 visited a dentist or dental clinic for dental care? (Q46)

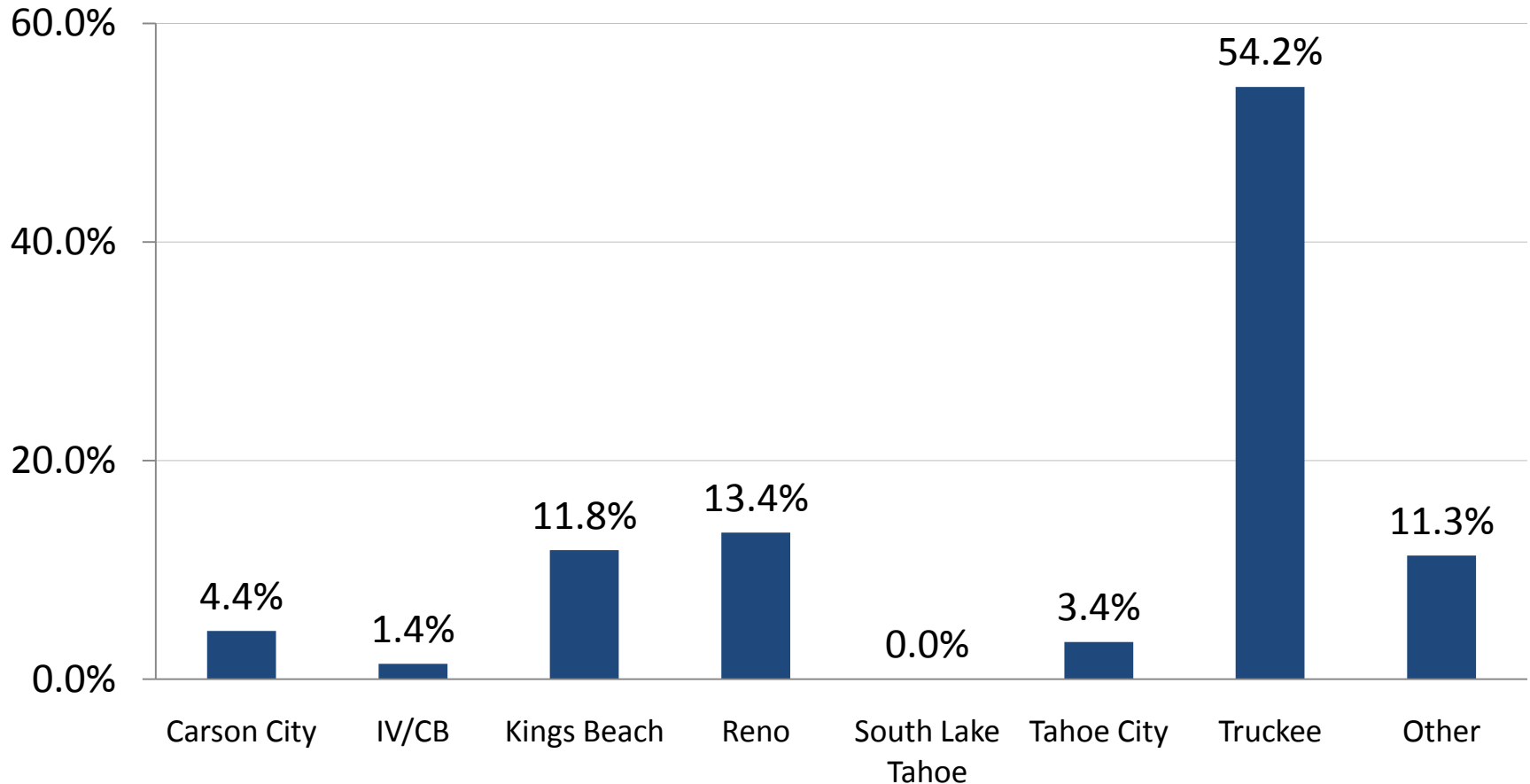
Respondents with children living in the household



■ Yes ■ No

Where did your child receive that dental care? (Q47)

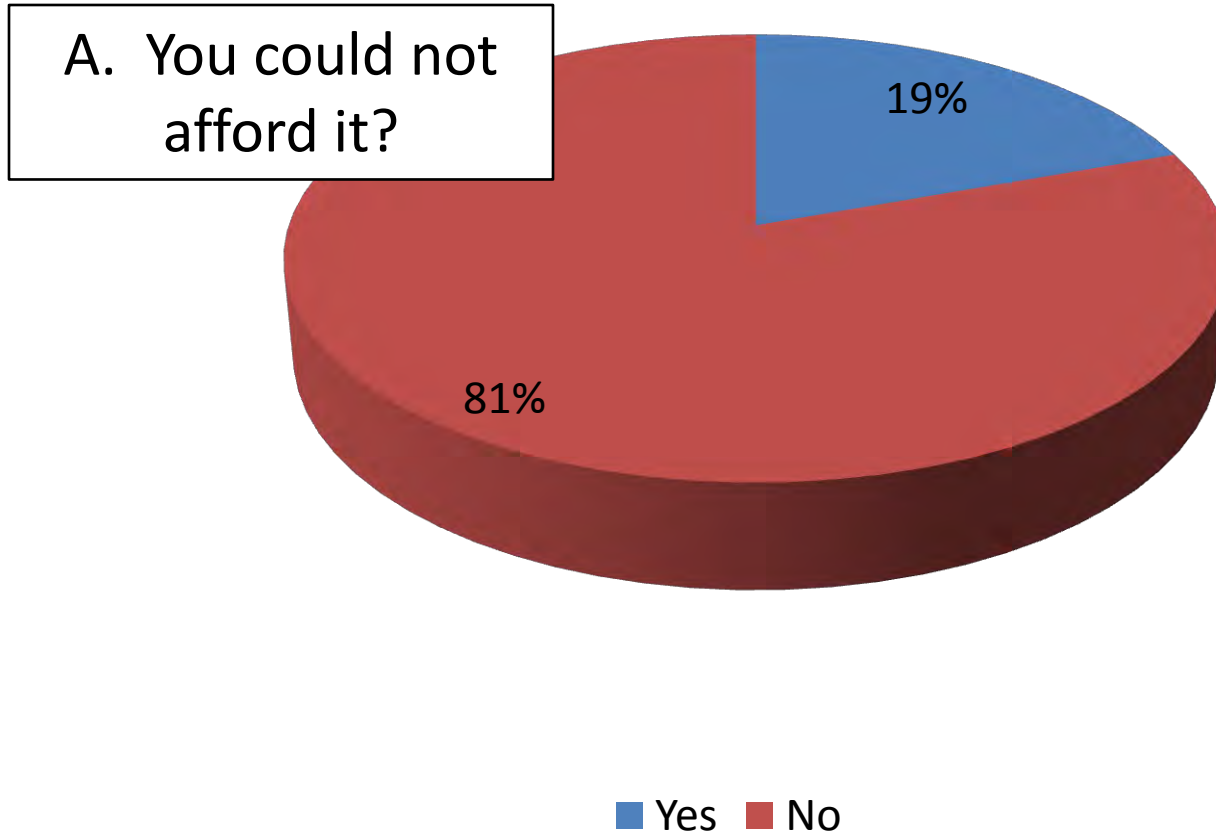
Respondents who had children who had received dental care in the past 12 months



Entire Sample (N=104)

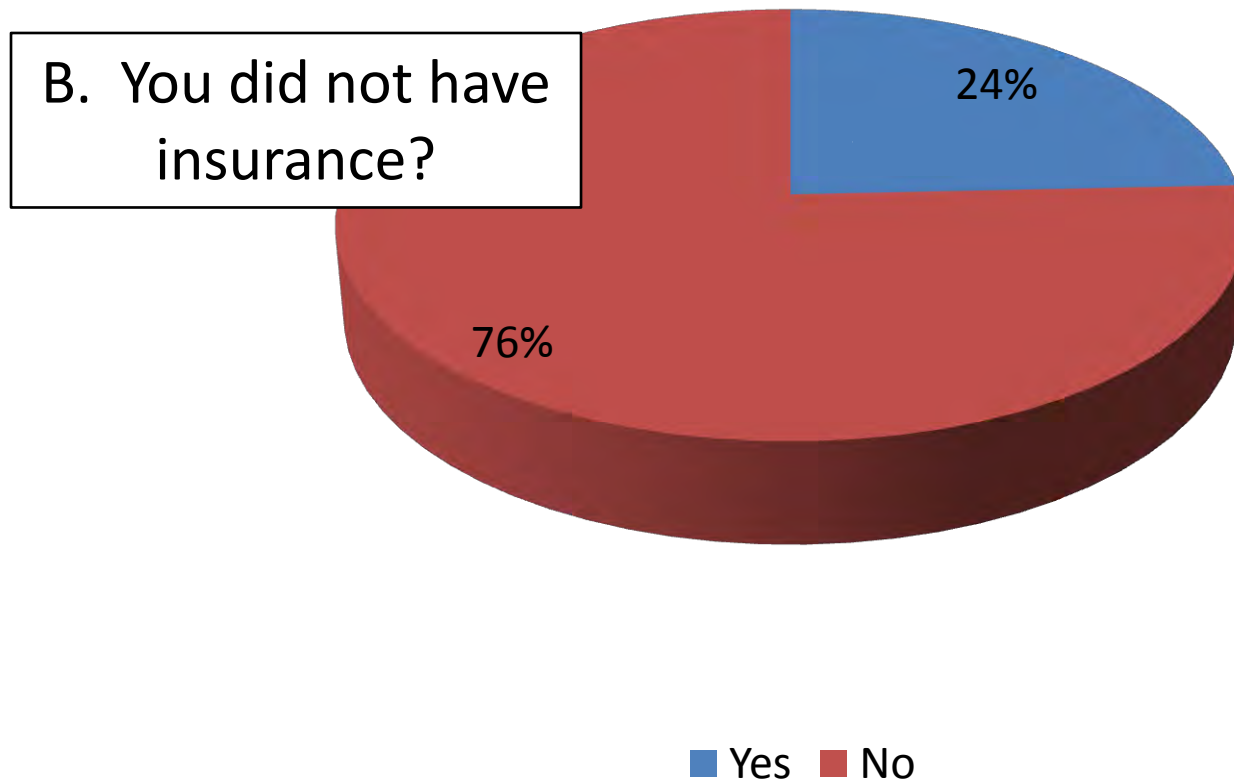
In the past 12 months, have you wanted but not sought help for dental care for your child(ren) because _____? (Q48)

Respondents with children living in the household



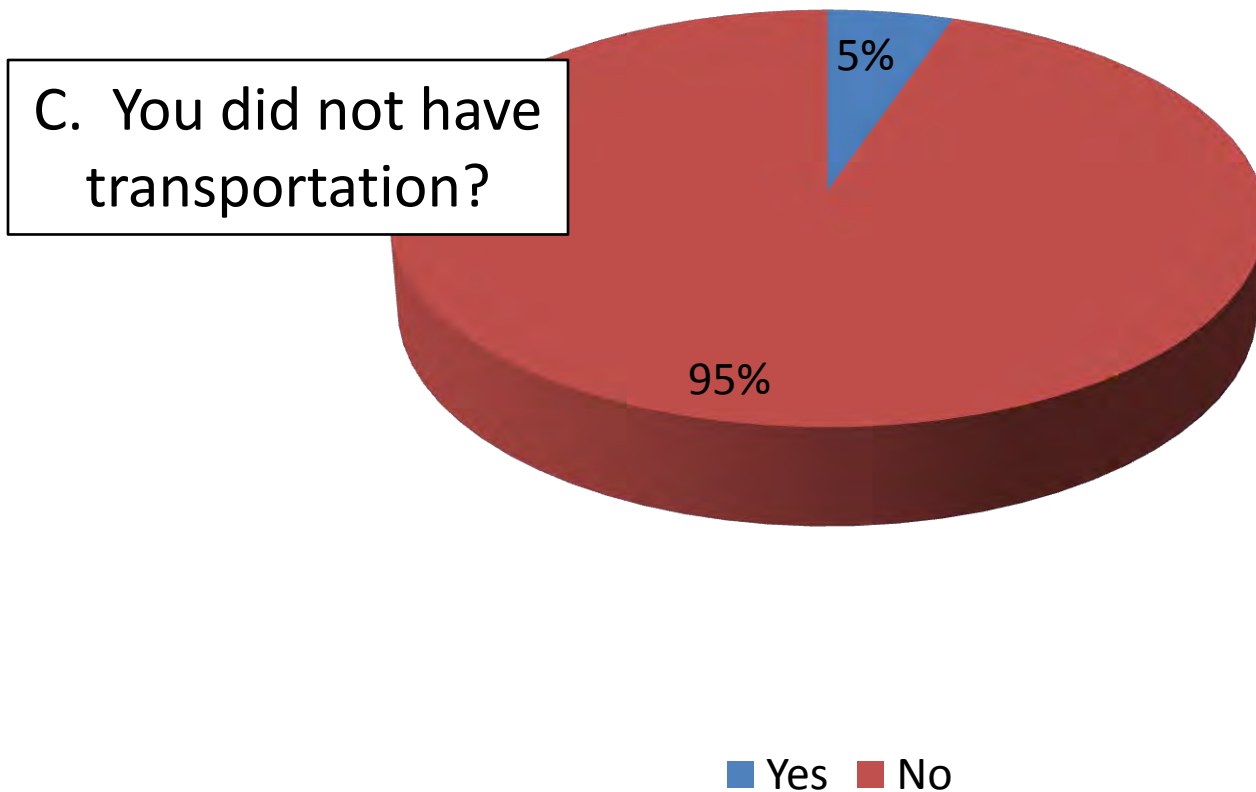
In the past 12 months, have you wanted but not sought help for dental care for your child(ren) because _____? (Q48)

Respondents with children living in the household



In the past 12 months, have you wanted but not sought help for dental care for your child(ren) because _____? (Q48)

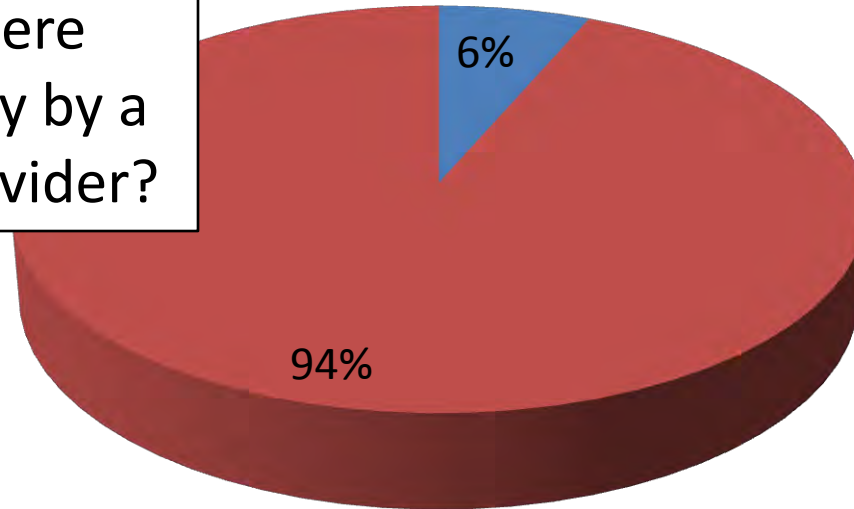
Respondents with children living in the household



In the past 12 months, have you wanted but not sought help for dental care for your child(ren) because _____? (Q48)

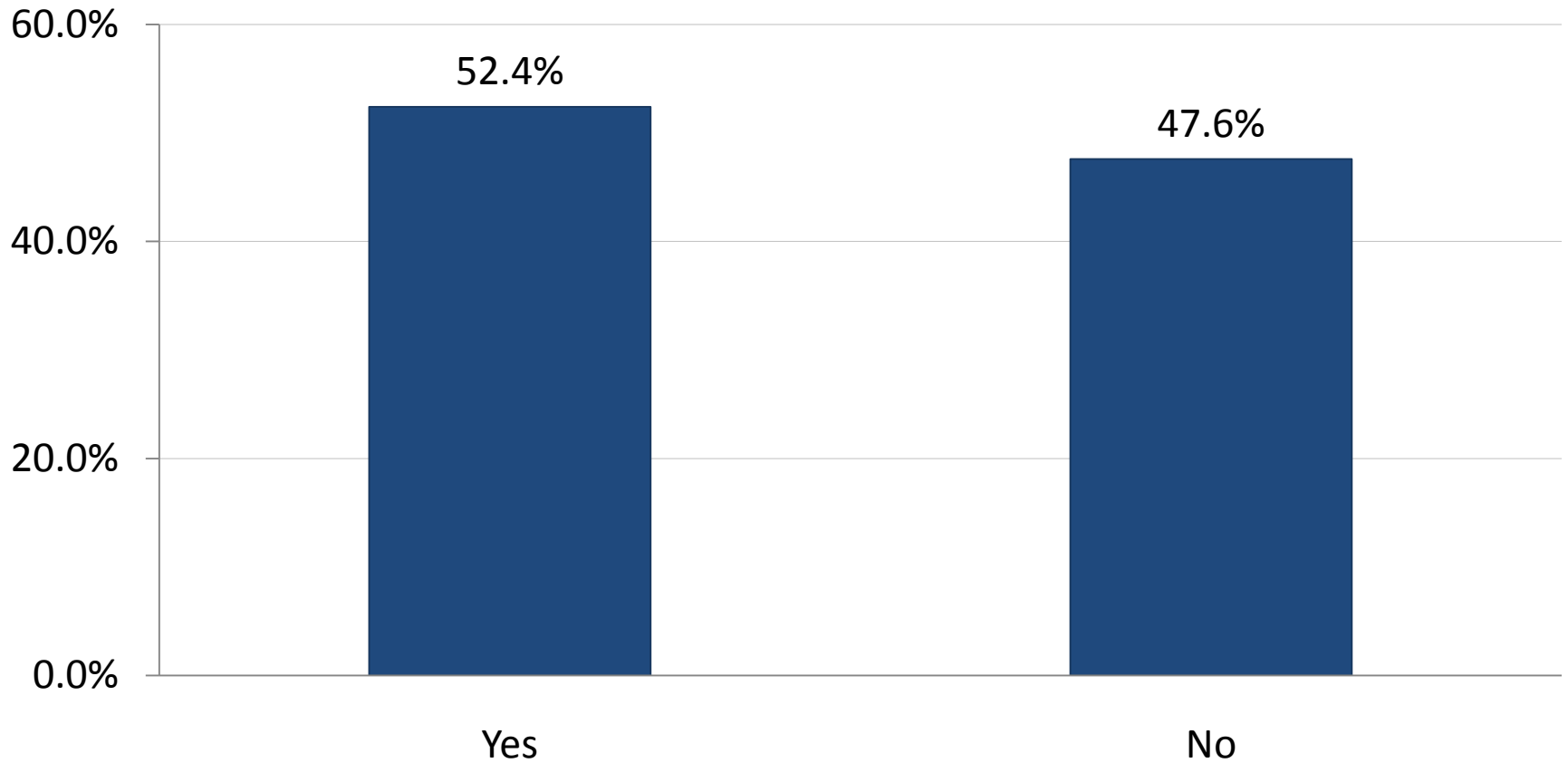
Respondents with children living in the household

D. You were turned away by a medical provider?



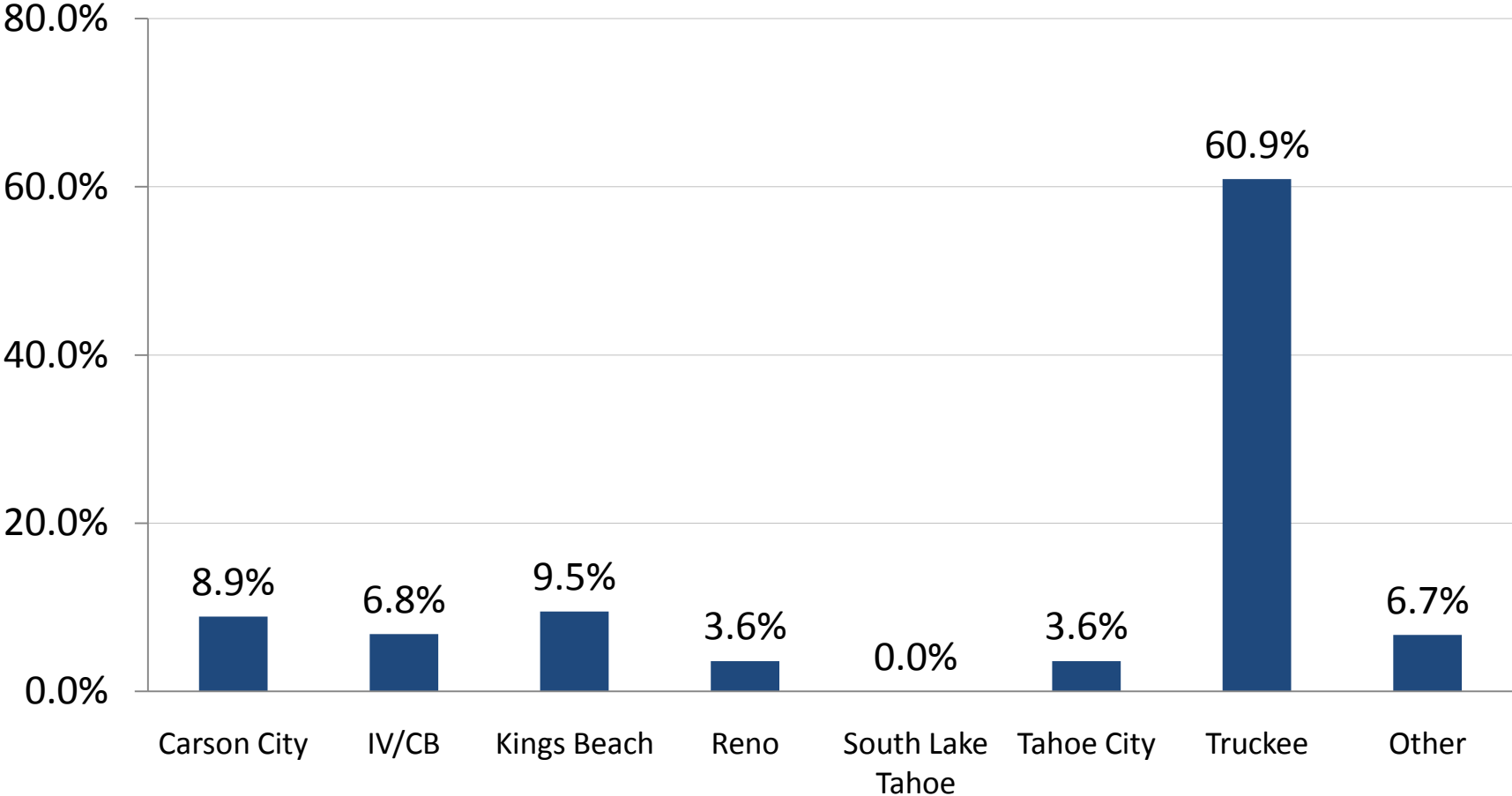
■ Yes ■ No

During the past 12 months, has a child or children in your household under the age of 7 had a well-child visit with a doctor or other health care provider? (Q50)
Respondents with children living in the household



Where did your child receive that well-child visit? (Q51)

Respondents with children under the age of 7 who have had a well-child visit in the past 12 months



N=67

Youth Health Assessment

Truckee North Tahoe (TNT) Youth Health Initiative

A partnership between the Tahoe Truckee Unified School District, the Health and Human Services Departments of both Nevada and Placer Counties and Tahoe Forest Health System.

Commitments

- Improve health outcomes for youth ages 12 to 18
- Address persistent health inequities experienced by the Hispanic population
- Develop a more comprehensive, youth-based health delivery system

The Network's long-term strategy is to create a strong partnership of community organizations committed to leveraging and expanding existing community- and school-based strategies to build a sustainable integrated continuum of health supports and services for adolescents in the Truckee – North Tahoe area.

TNT Youth Health Initiative

Key Informants and Focus Groups

- 13 Key Informant Interviews
- 16 Focus Groups involving 187 individuals
 - Youth (4 grps)
 - Parents (4 grps)
 - School District Staff (2 grps)
 - Health & Community-based Providers (4 grps)
 - Placer & Nevada County Staff (2 grps)
- 15 Survey Monkey and Paper Survey Responses
- Additional Outreach to Parent Teacher Organization, Very Important People (VIP), Boosters, English Learner Advisory Committee (ELAC) and Book Club meetings targeting 41 individuals.
- Total contacted directly for feedback: 241

TNT Youth Health Initiative

Primary Issues

- Behavioral & Mental Health
- Alcohol and Drug Use
- Reproductive Health
- Health Access
- Physical Health (Obesity & Nutrition, Vision, Healthy Behaviors, Sports Health)
- Oral Health

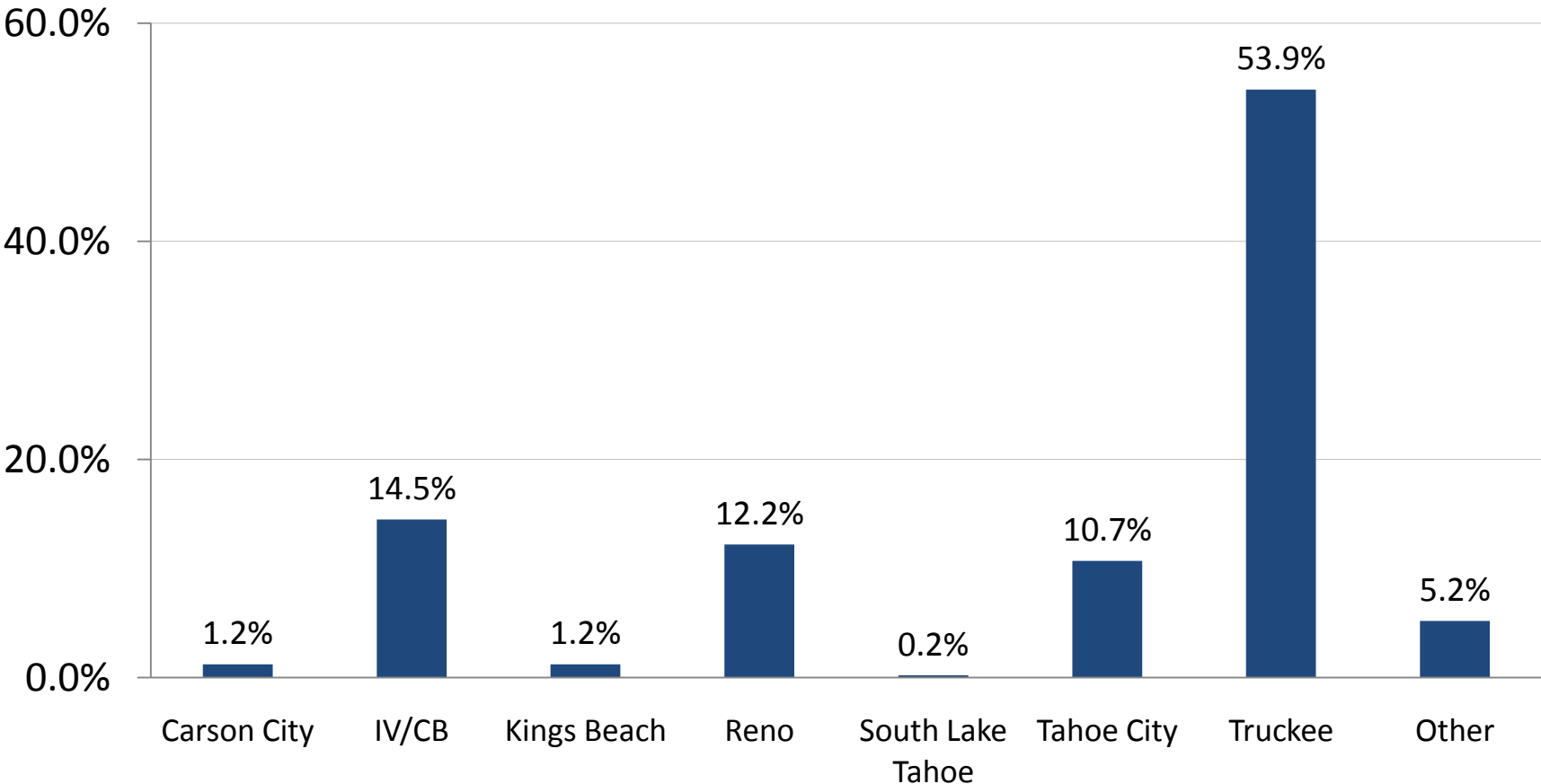
TNT Youth Health Initiative

Primary Barriers

- Stigma in accessing services and confidentiality concerns
- Lack of coordination of care and collaboration between agencies
- Expense and health insurance coverage
- Lack of youth-focused providers, bilingual providers and youth-friendly environments
- Clinic hours and appointment times are limited and don't coincide with school and work hours
- Transportation and location of clinics
- Lack of family support to access services/Parental denial or apathy
- Social and Cultural Norms

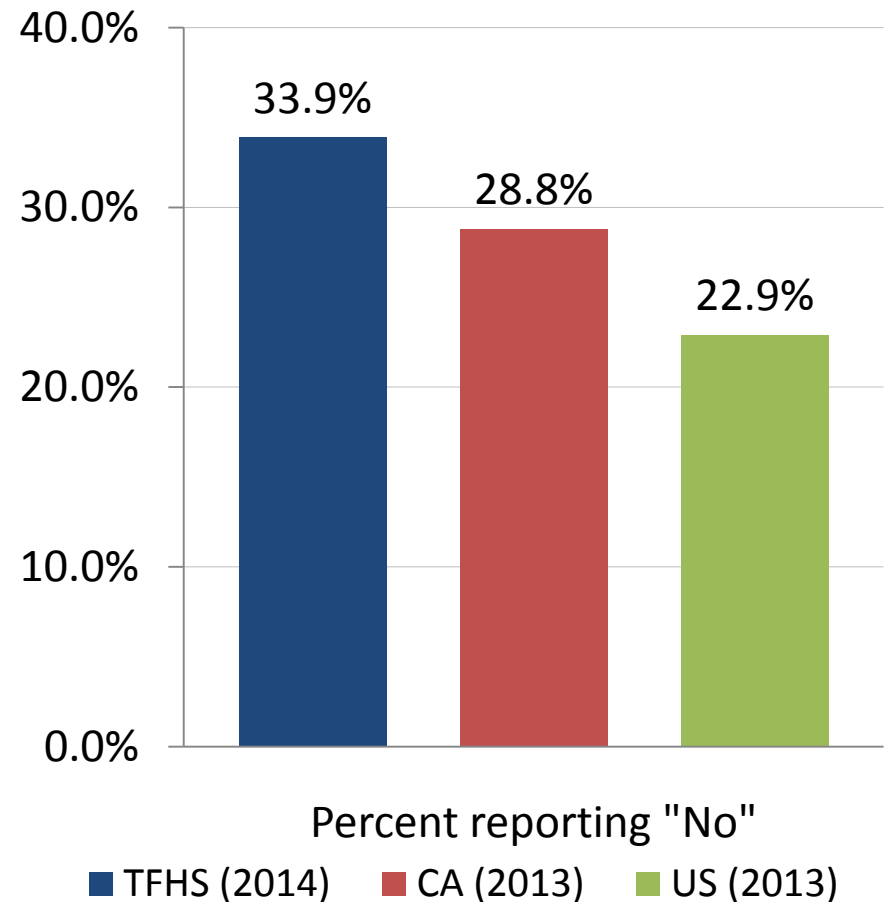
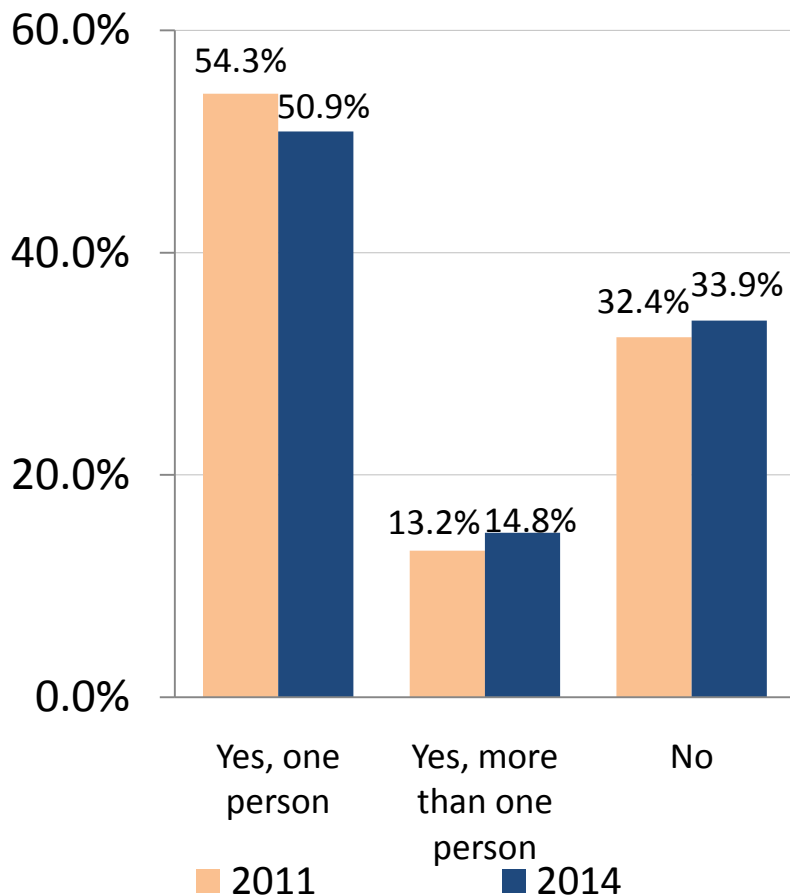
Health Care Utilization and Access

Except for emergencies, which of the following towns or cities do you primarily go to for most of your health care related needs? (Q52)

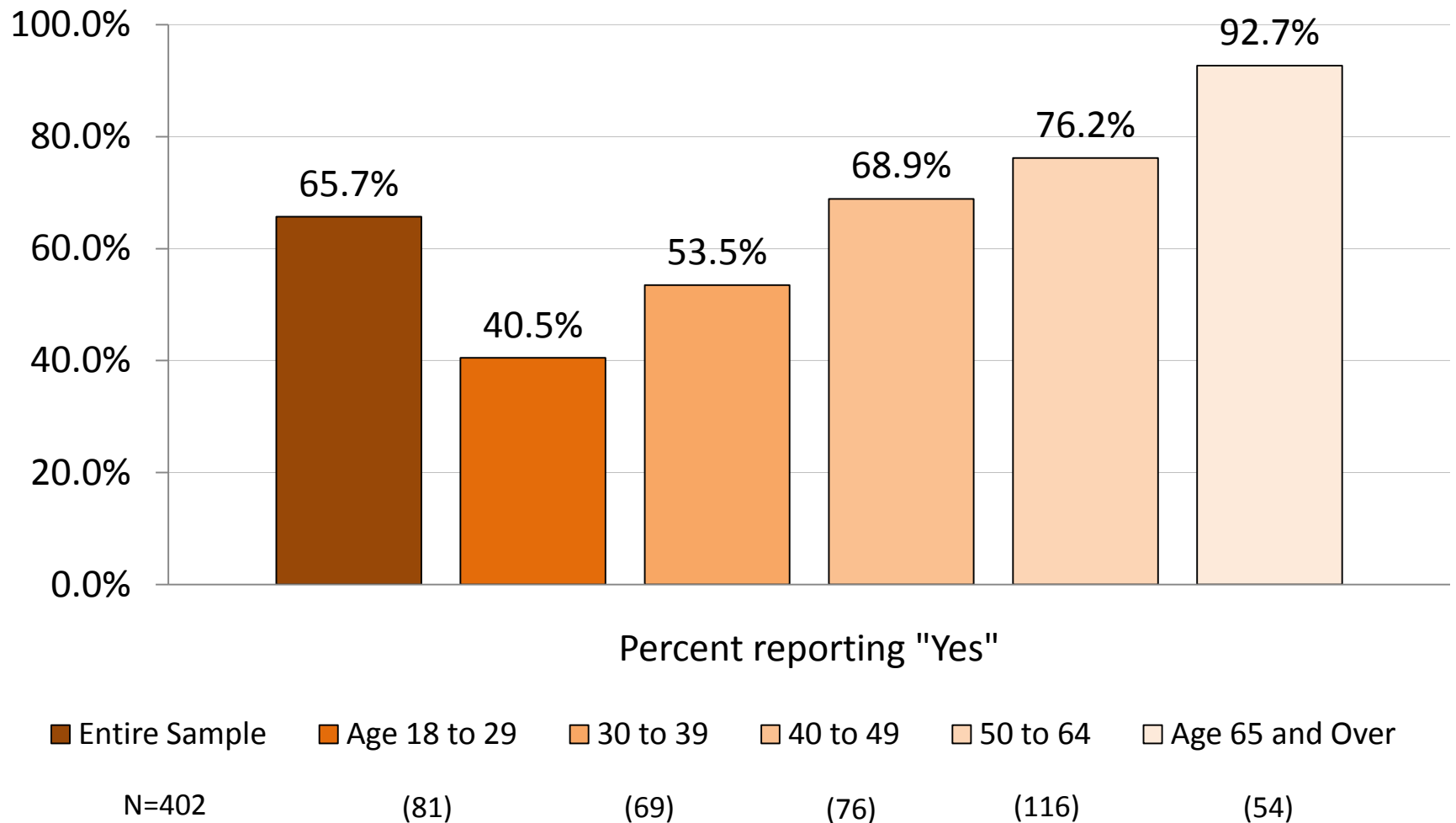


N=402

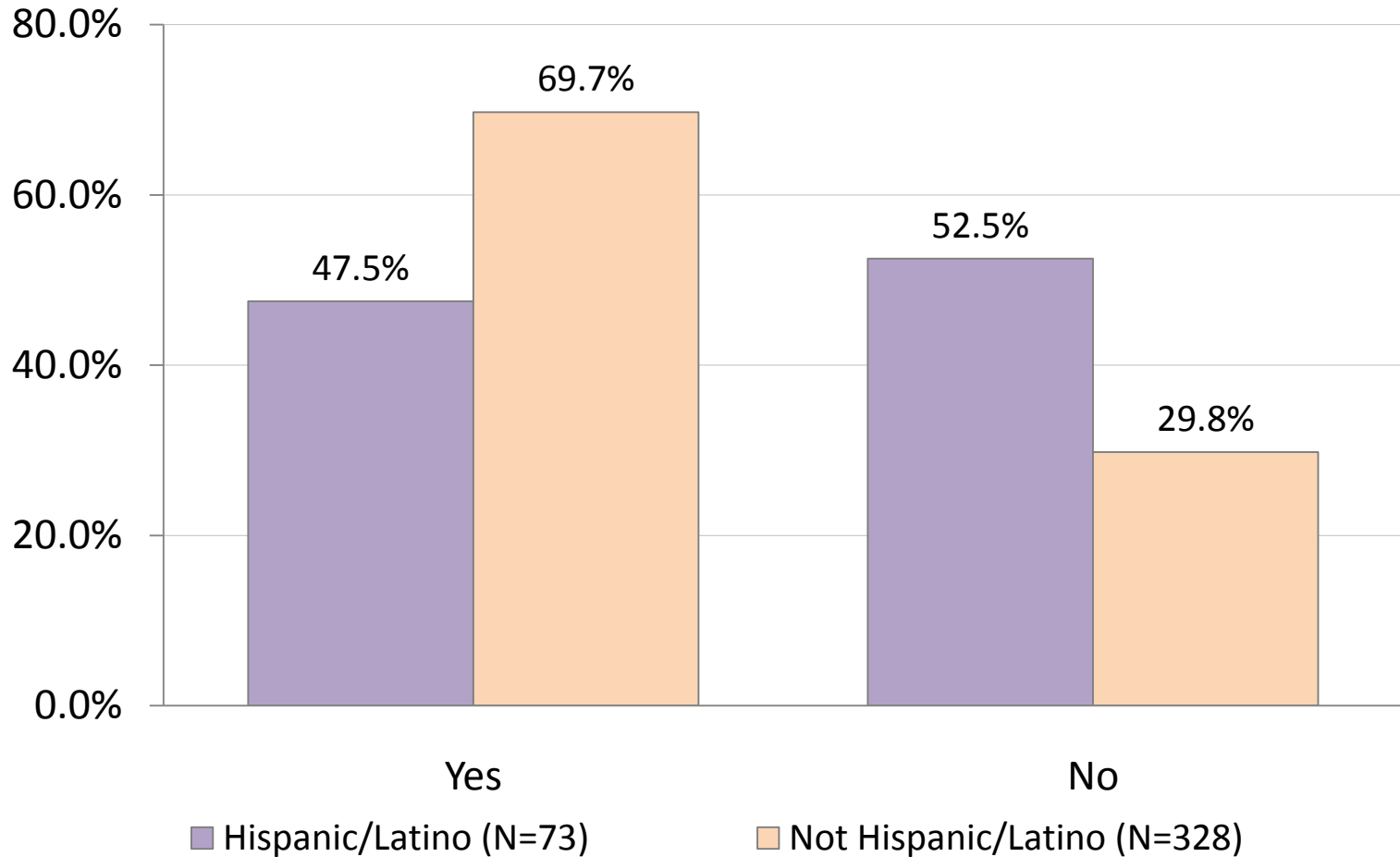
Do you have one person you think of as your personal doctor or health care provider? (Q53)



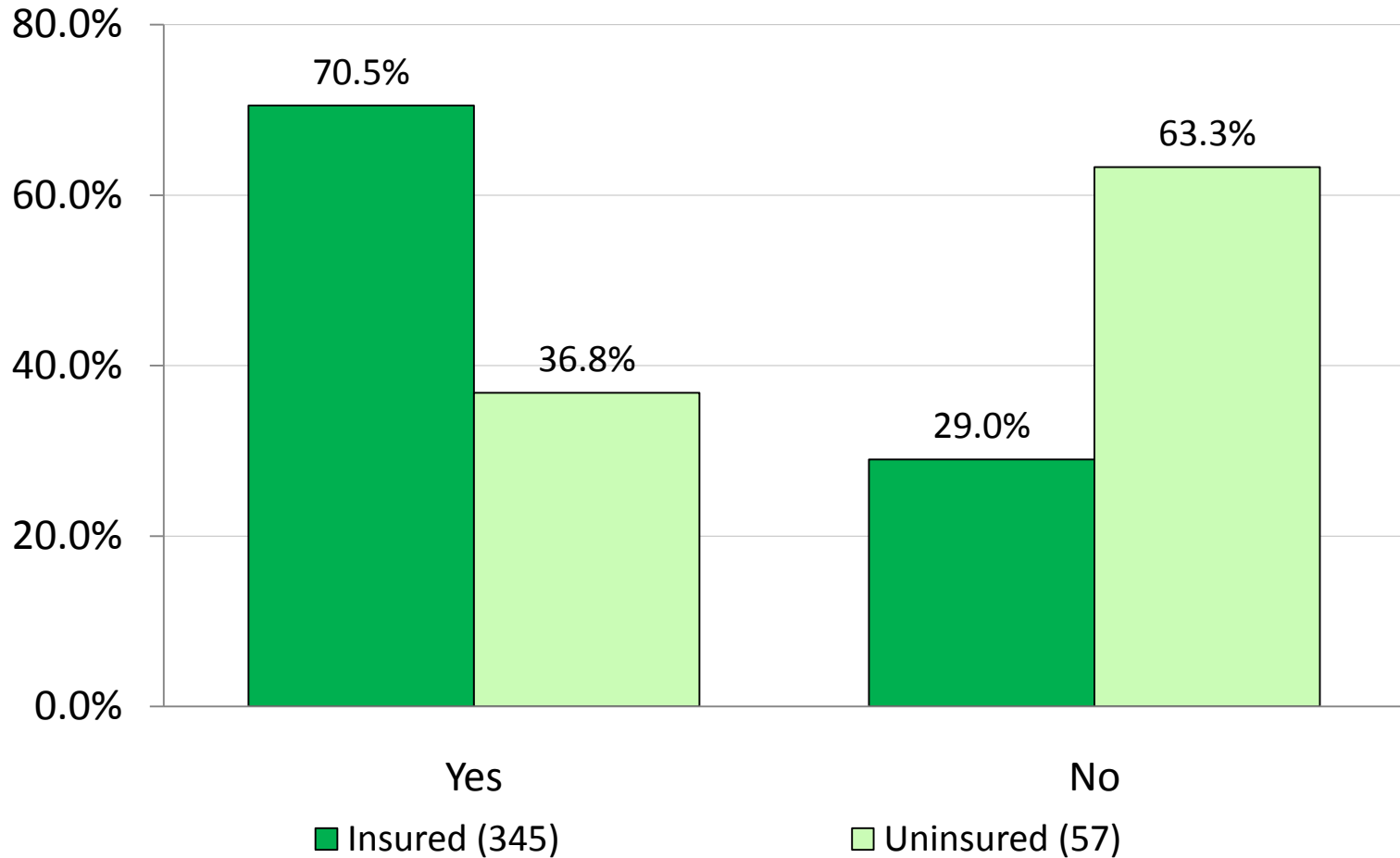
Do you have one person you think of as your personal doctor or health care provider? (Q53)



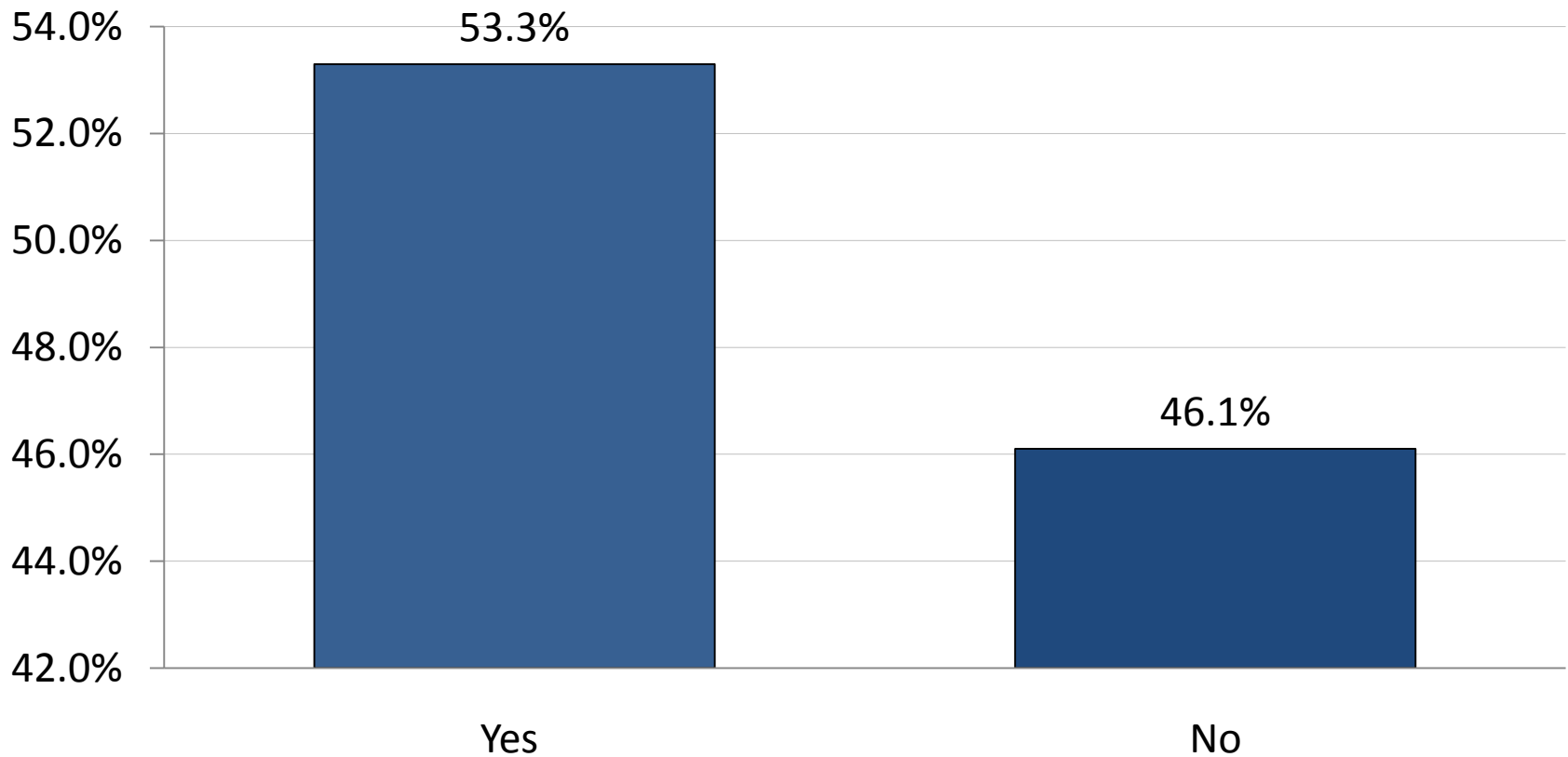
Do you have one person you think of as your personal doctor or health care provider? (Q53)



Do you have one person you think of as your personal doctor or health care provider? (Q53)



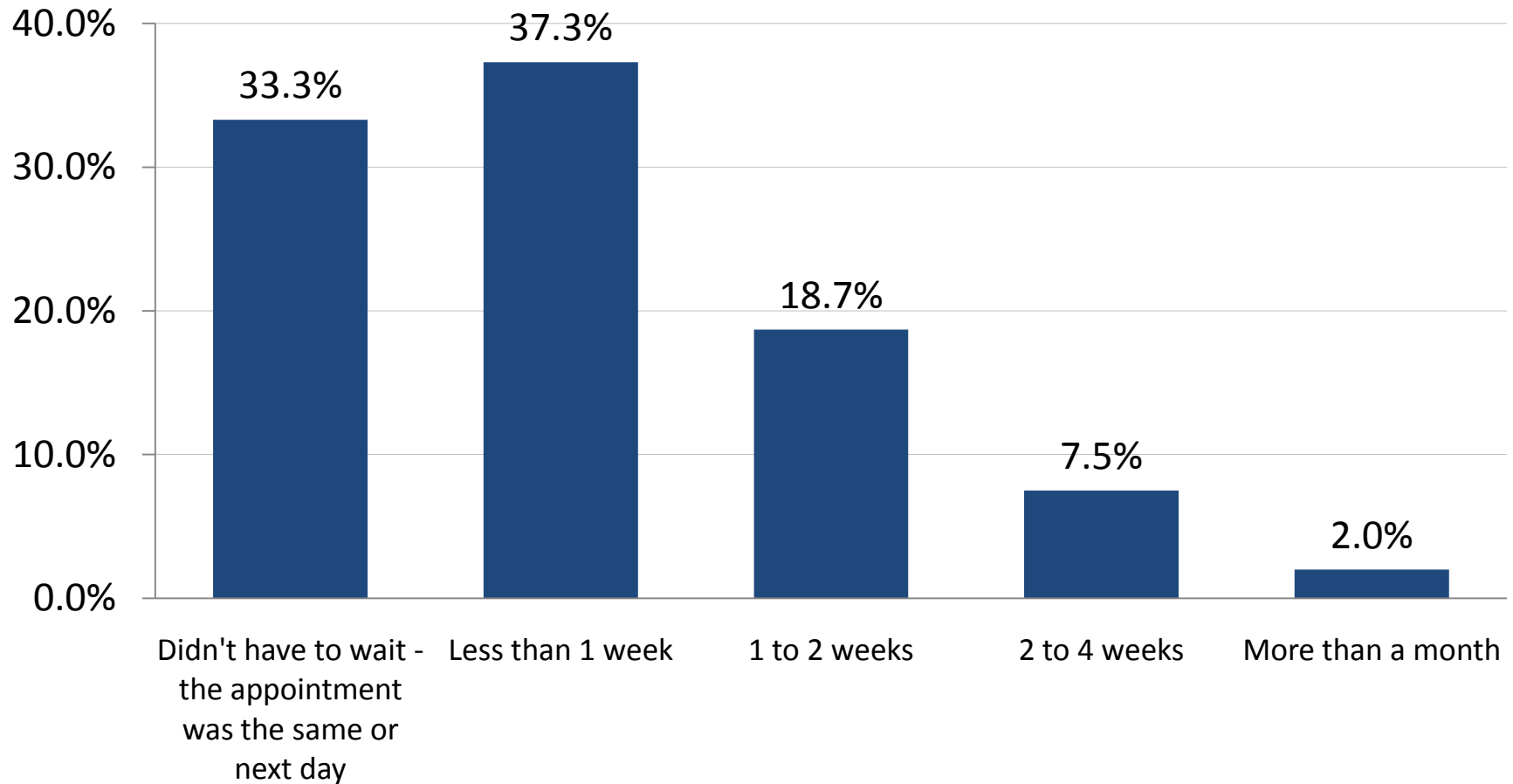
In the past 12 months, have you scheduled an appointment with a doctor or health care provider for an immediate (but not emergency) health concern? (Q54)



N=402

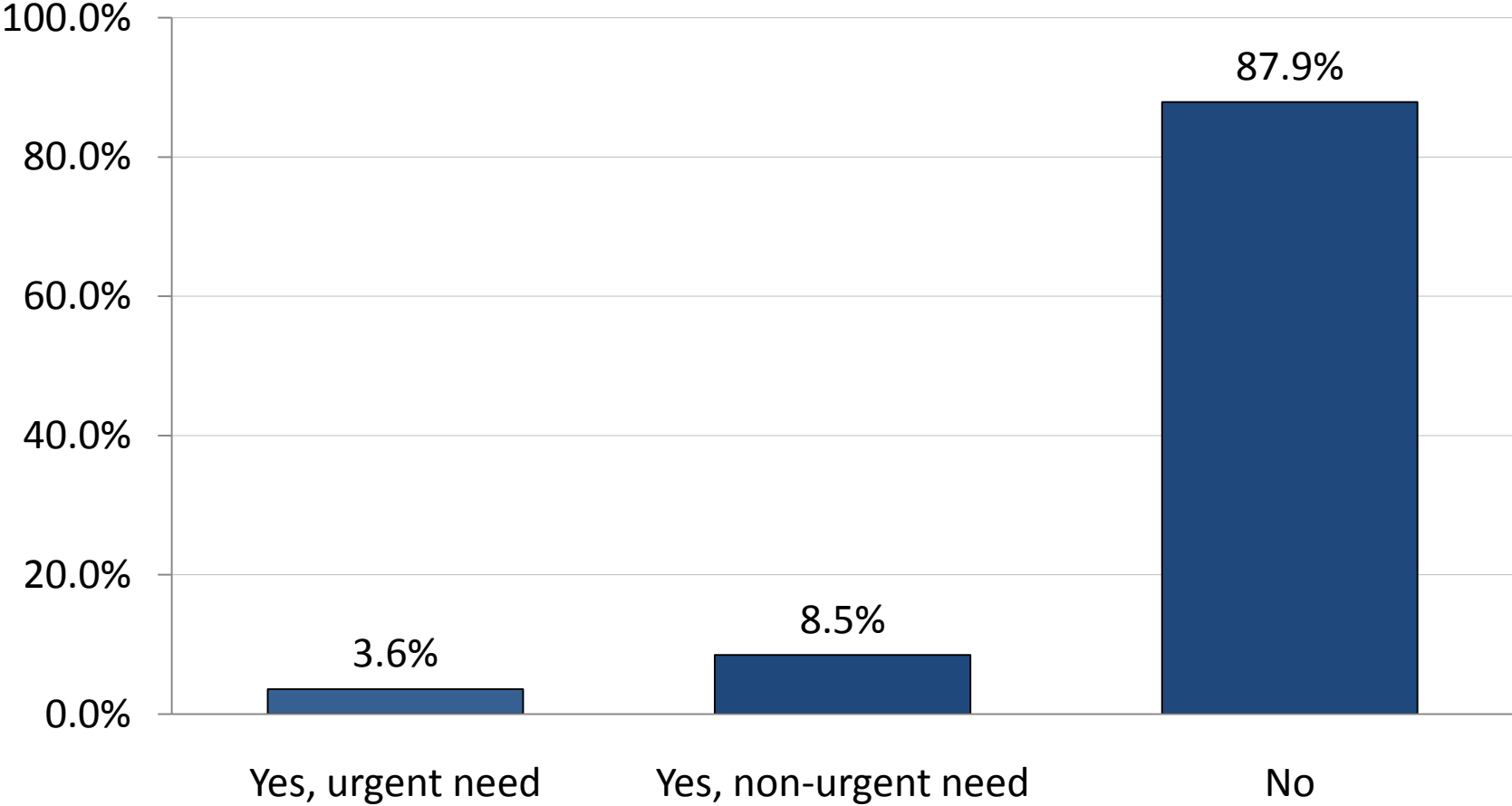
When you scheduled that appointment with a doctor or health care provider, about how long did you have to wait for that appointment? (Q55)

Asked of those respondents who scheduled an appointment in the past 12 months



N=210

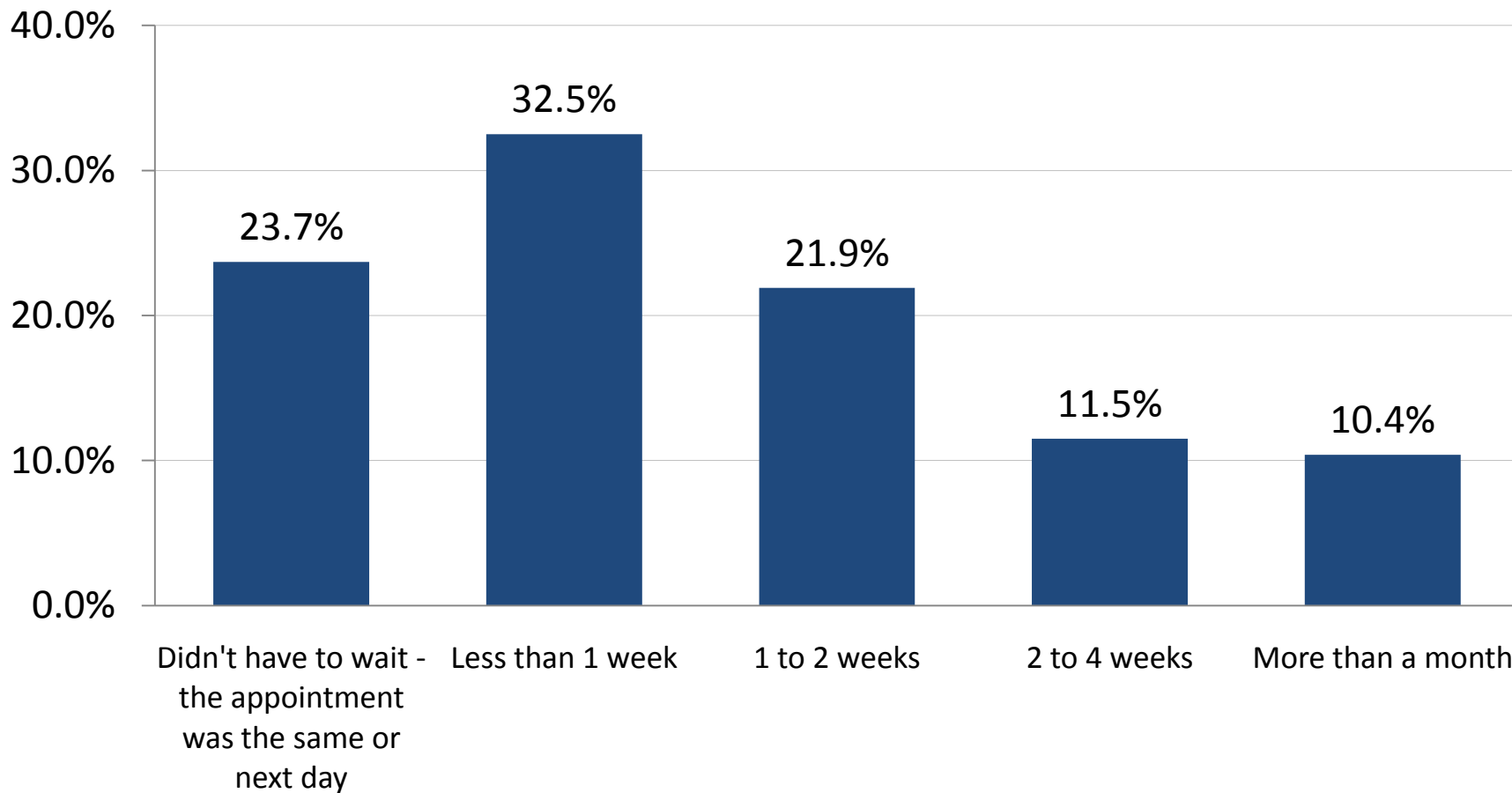
In the past 12 months, have you scheduled an appointment with a mental or behavioral health services provider (Q56)



N=402

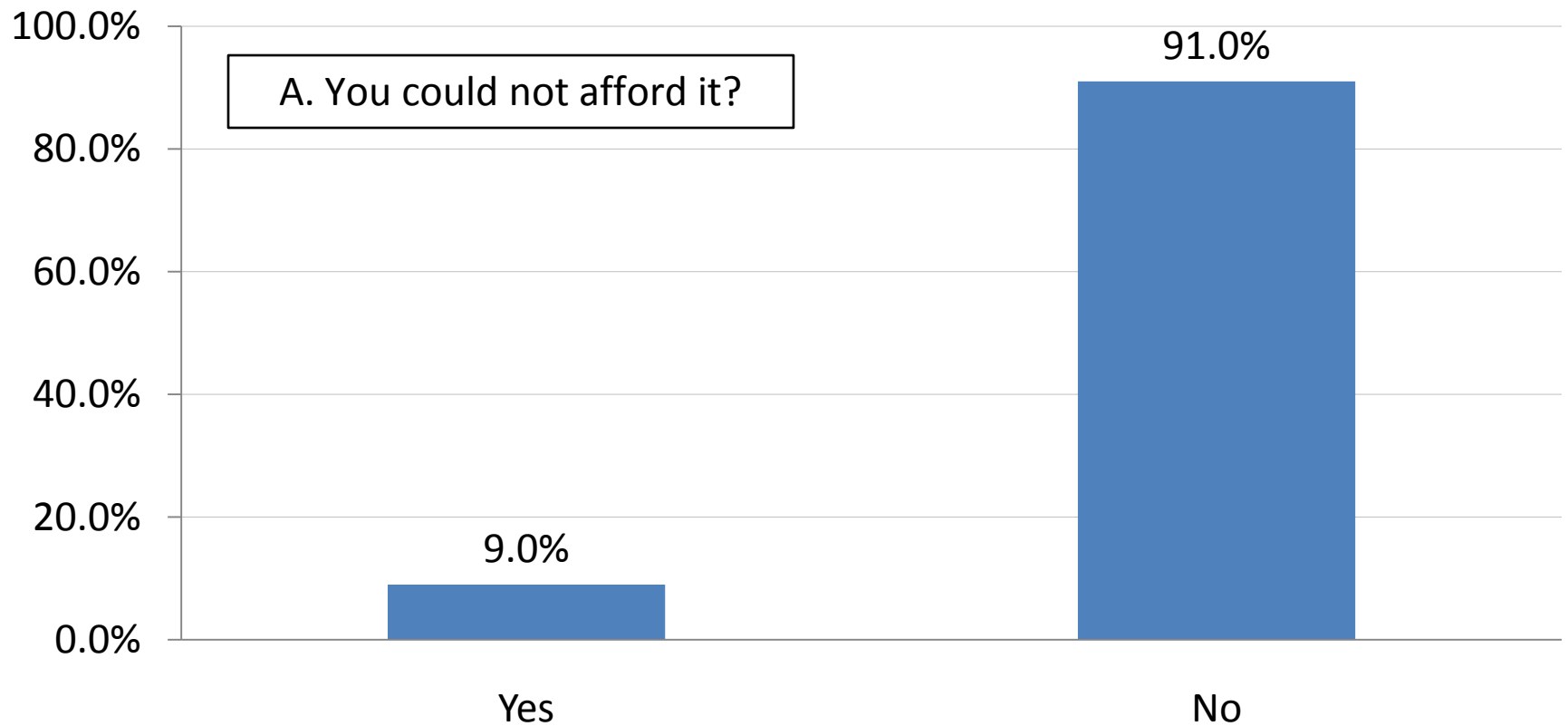
When you scheduled that appointment with a mental or behavioral health services provider, about how long did you have to wait for that appointment? (Q57)

Asked of those respondents who scheduled an appointment in the past 12 months

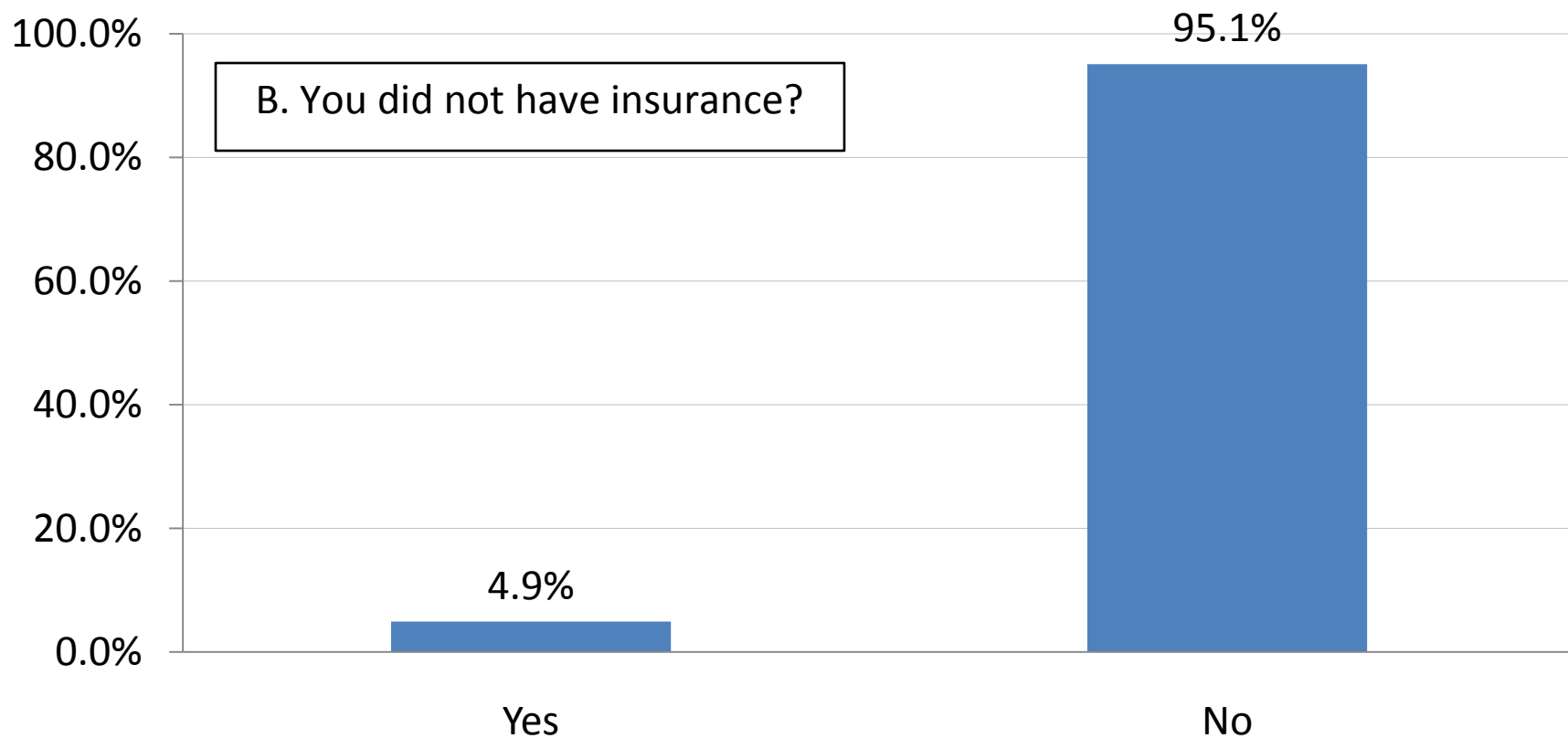


N=49

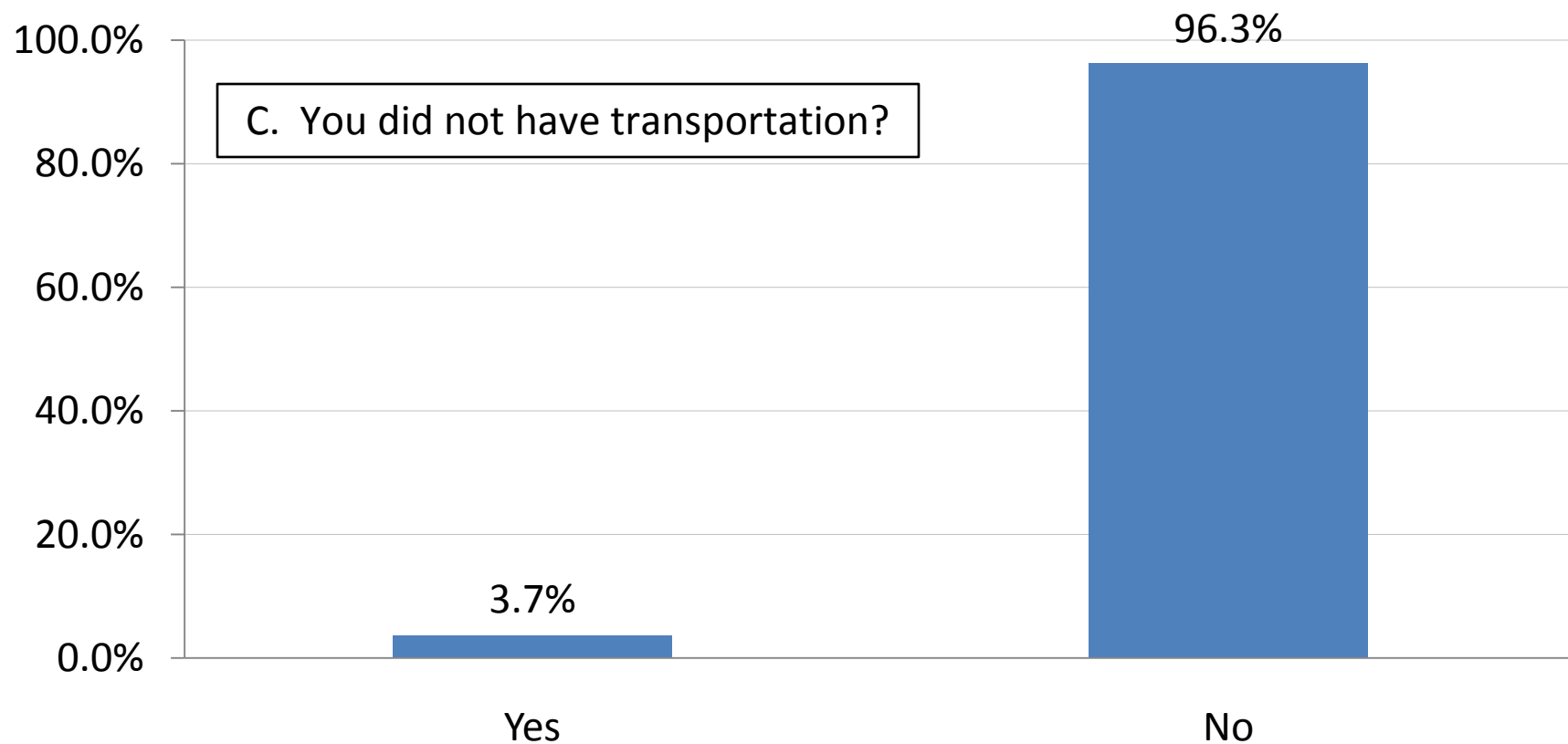
In the past 12 months, have you wanted but not sought help for mental health because _____? (Q58)



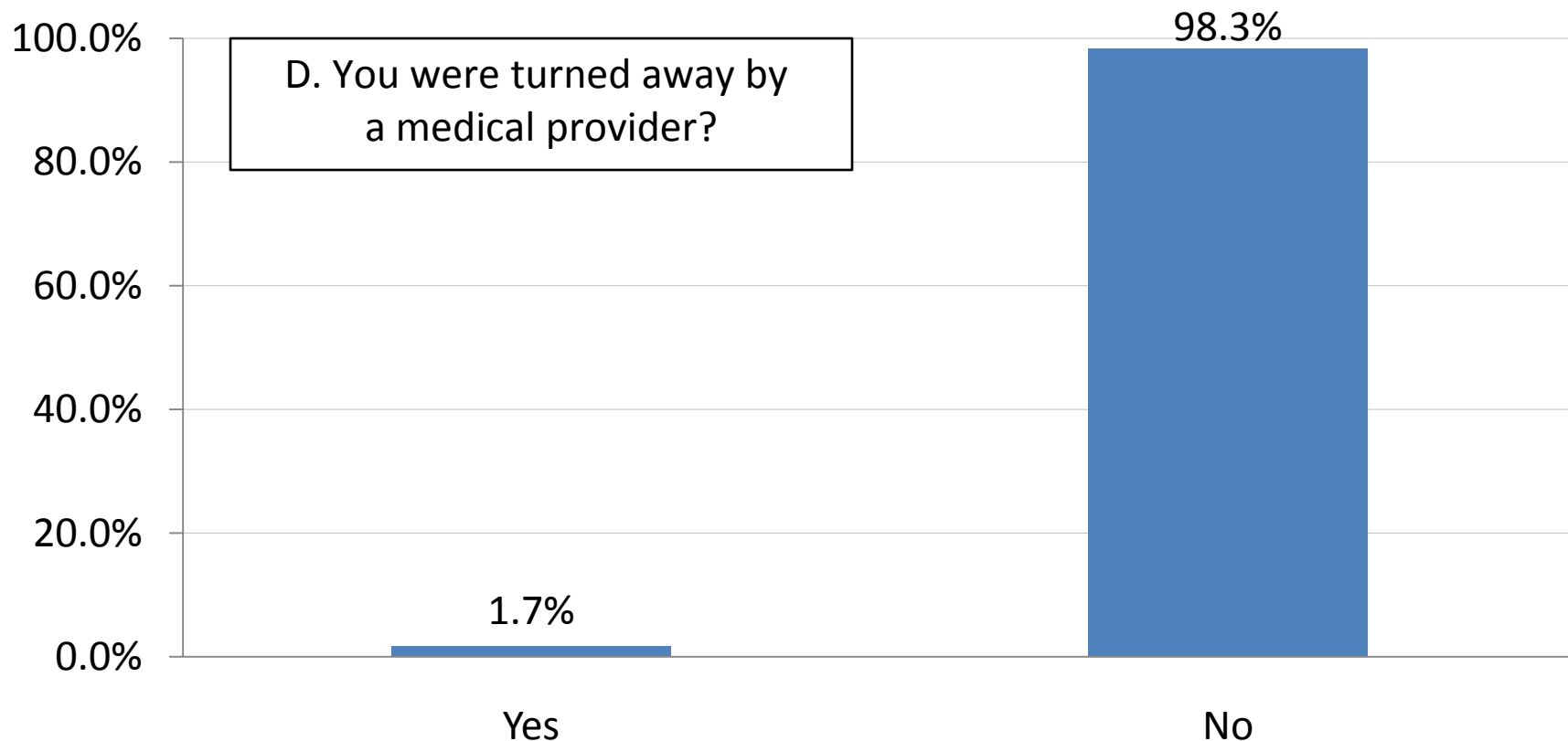
In the past 12 months, have you wanted but not sought help for mental health because _____? (Q58)



In the past 12 months, have you wanted but not sought help for mental health because _____? (Q58)



In the past 12 months, have you wanted but not sought help for mental health because _____? (Q58)



Mental/Behavioral Health Provider Needs Assessment

Preliminary Findings Fall 2014

Victoria Mercer, Ph.D.

Mental Health Assessment Parameters

- *Identify and address needs, gaps, and disparities in the delivery of mental/behavioral health services*
- Environmental scan of services
 - Range of available services
 - Who has access to services, what are providers' availability and capacity, what are the quality of services and outcomes?
- Summary description of current mental health conditions
 - Prevalence of diagnoses, variability by demographic group
- Summary gap analysis of services, including barriers to care
- Recommendations for strategic interventions and solutions

Key Informants and Focus Groups

- Sample:
 - private practitioners, county agencies, medical providers, community service agencies that have direct contact with individuals with mental and behavioral health needs
- Currently:
 - 22 informant interviews, 3 focus groups (12 participants)
- Sampled across Nevada, Placer, and Washoe Counties

Primary Issues

- Mood disorders
 1. Depressive disorders
 2. Anxiety disorders (including panic and trauma)
- Substance abuse disorders
 1. Alcohol
 2. Cannabis
 3. Prescription abuse
 4. Methamphetamines/Cocaine/Opioids
- Serious mental illness
- Relational issues
- Phase of life issues
- Age discrepancies
 - Youth: high rates of stress related problems, substance use, depression, self-injury, disordered eating
 - Seniors: isolation, depression, cognitive issues

Primary Barriers: Service Gaps

- Additional practitioners/specialty providers:
 - Adolescent and adult psychiatrist (who would accept insurance)
 - Private practice/clinical providers who accept insurance, workers compensation, MediCal, Medicare
 - Quality substance use program (empirically supported, intensive outpatient therapy options, coordinated care, address education, community substance use, dual-language, Medicare providers)
 - Lack of variety of county providers, NV county services for those with less severe symptoms, female, bilingual
 - Neuropsychological services/assessment

Primary Barriers: Service Gaps

- Support Services
 - Crisis intervention team/HHS crisis team (mobile)
 - Discharge planning services/follow-up care (dedicated person to follow-up)
 - Trained sitters
 - Alternate security services in ED
 - Clinician who can transition MH patients identified in medical settings and bridge care to private practitioners or mental health program

Primary Barriers: Service Gaps

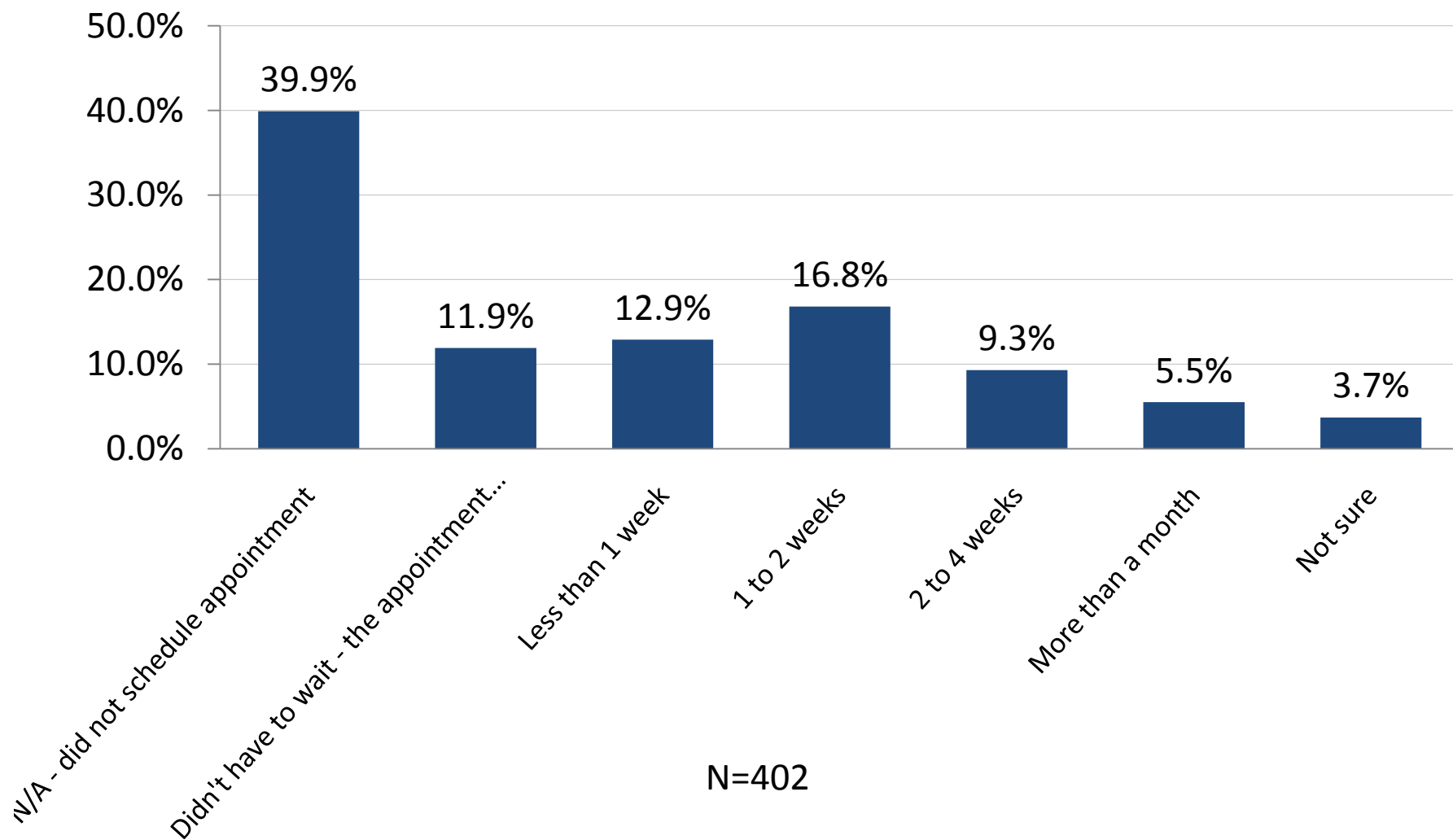
- Community services:
 - Long-term program/services to address needs of underserved, undocumented, those with serious mental illness
 - Senior services: day program for isolated, homebound, cognitive decline, elder care resources including respite, senior center
 - Youth services: teen al-anon or alternate program, services that can be accessed without parent consent, clinicians trained to address non-suicidal self-injury, peer programs, secure funding for existing programs

Primary Barriers: Access

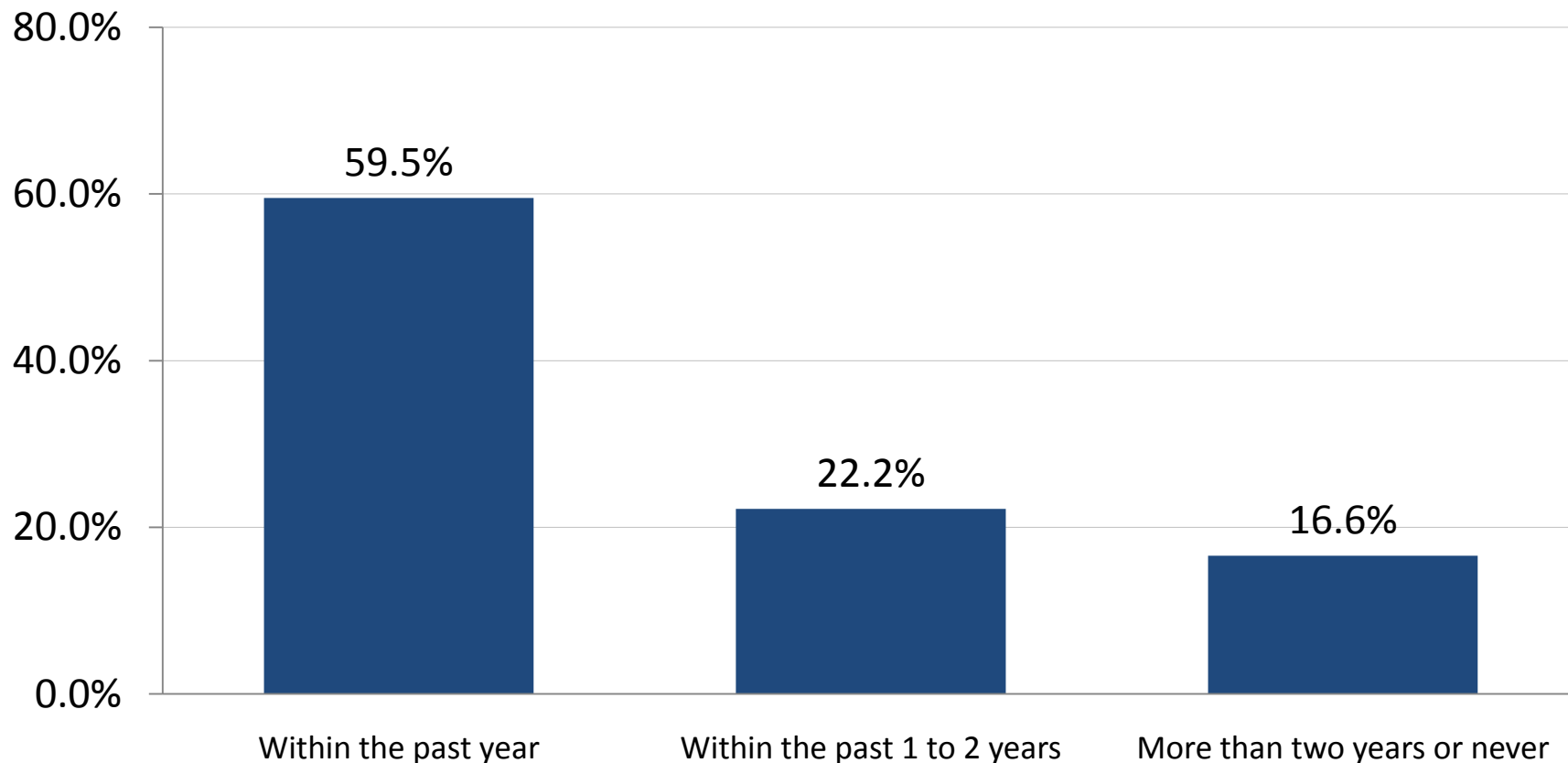
- Lack of care coordination
- Logistical challenges of multiple counties, states
- Cost, lack of finances, underinsured
- Motivational issues
- Stigma (parents, seniors, Hispanic)
- Limited number/demographics of providers (county, MediCal, Medicare, insurance panels)
- Cultural competence
- Community acceptance of high risk substance use

Health Care Utilization and Access (continued)

If you scheduled an appointment with a medical specialist in the past 12 months, about how long did you have to wait for that appointment? (Q59)



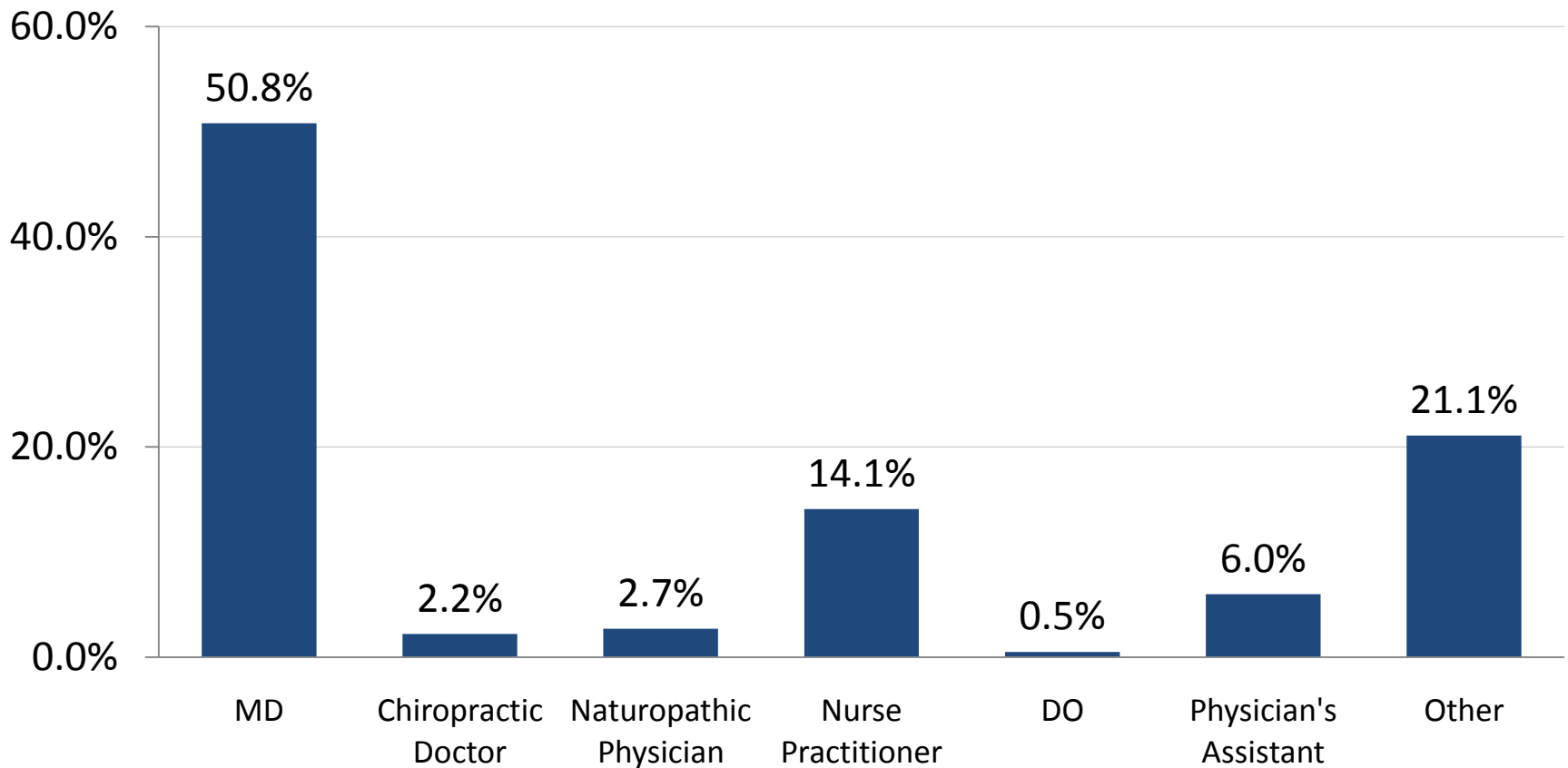
How long has it been since you last visited a primary care doctor or health practitioner for a routine checkup? A routine checkup is a general physical exam, not an exam for a specific injury, illness, or condition. (Q60)



N=402

What type of doctor or health practitioner did you see for that routine checkup? (Q60)

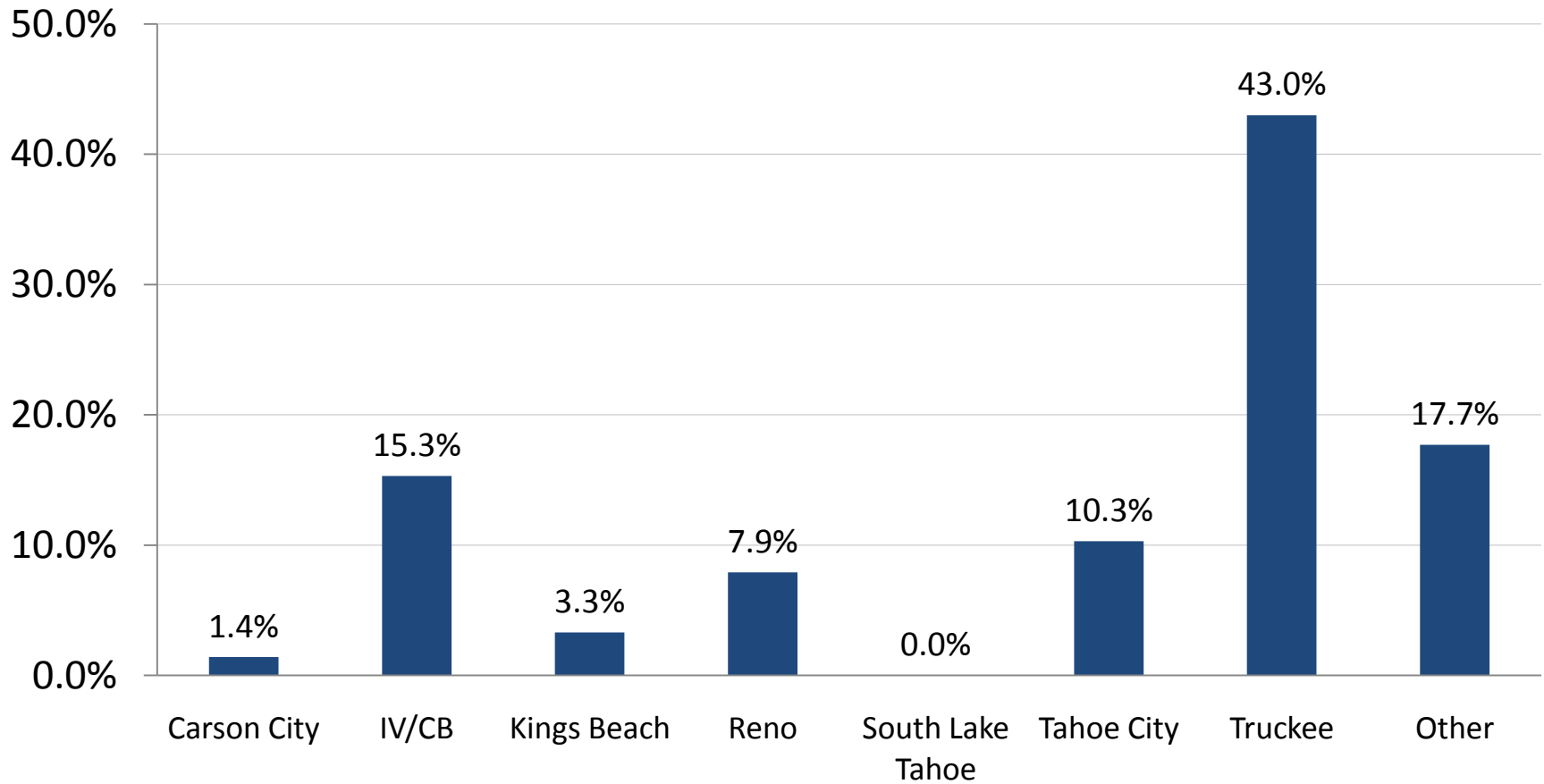
Respondents who reported ever having had a routine checkup



N=382

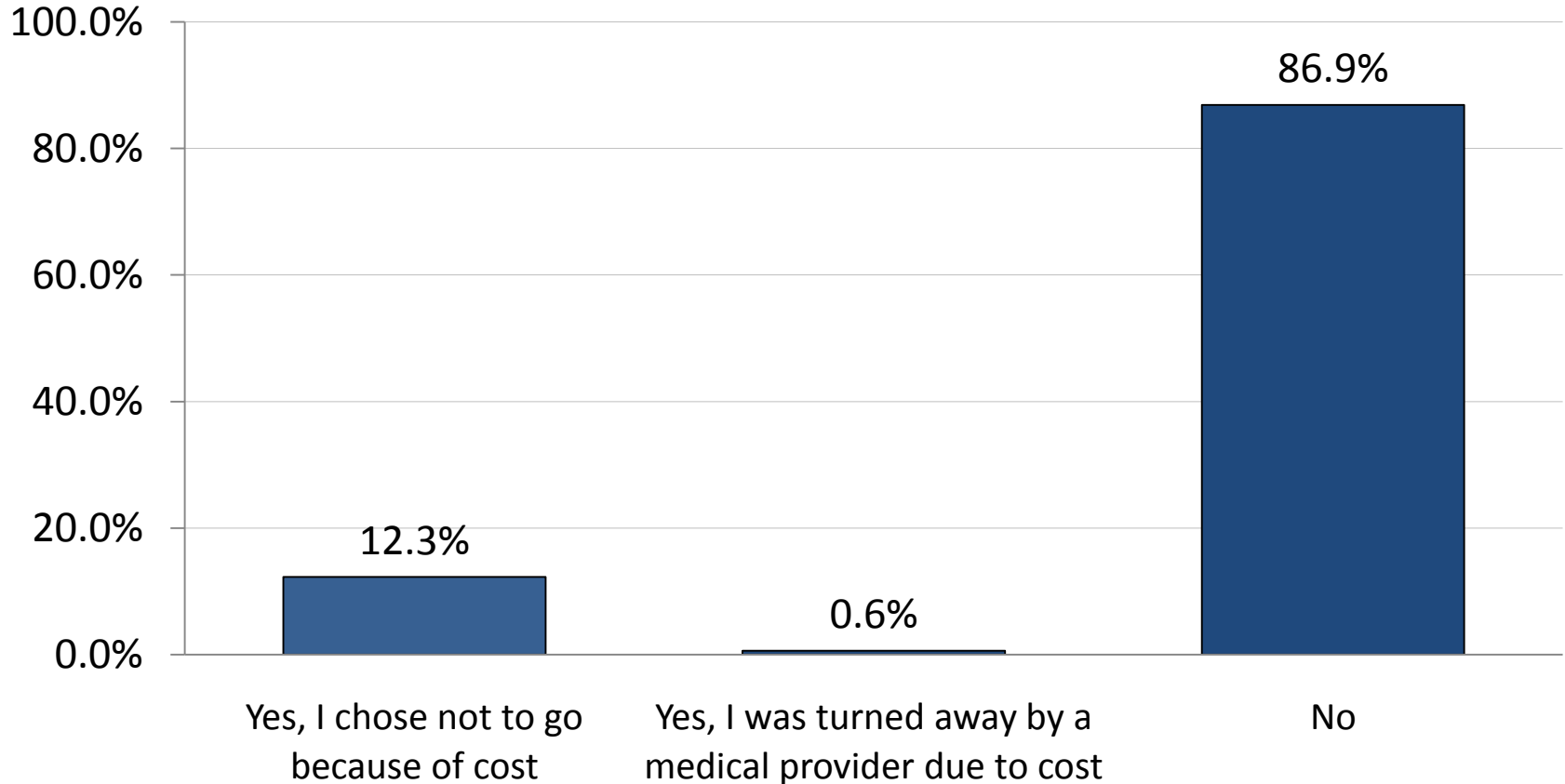
Where did you go for that routine checkup? (Q60)

Respondents who reported ever having had a routine checkup



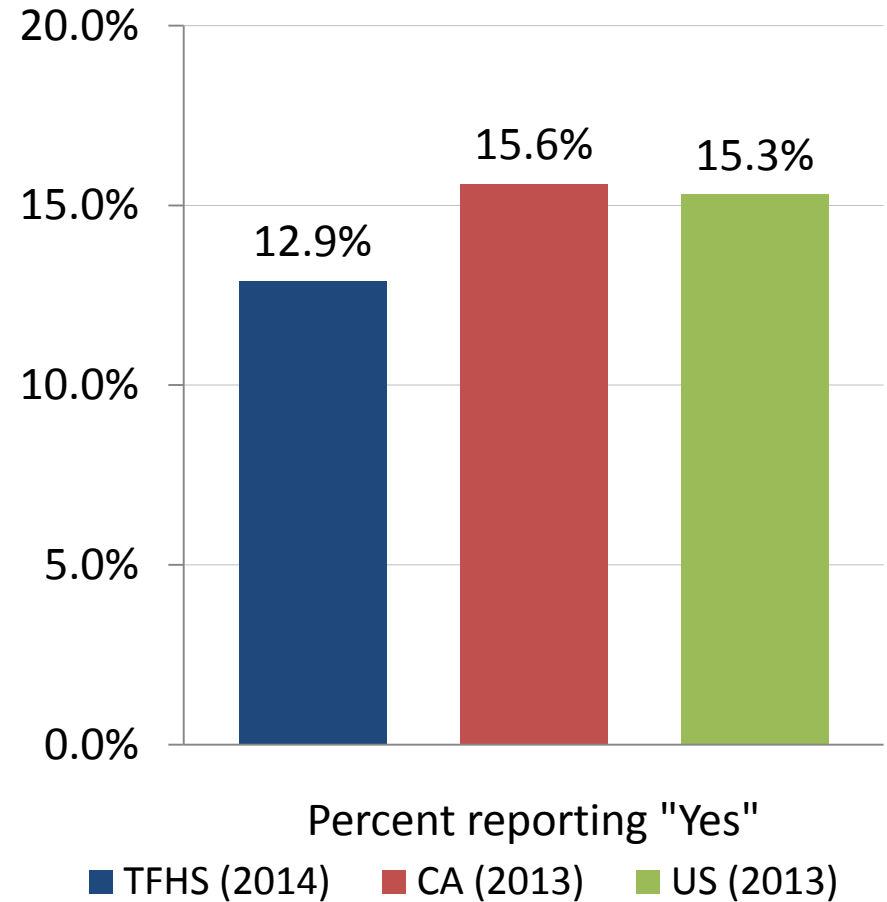
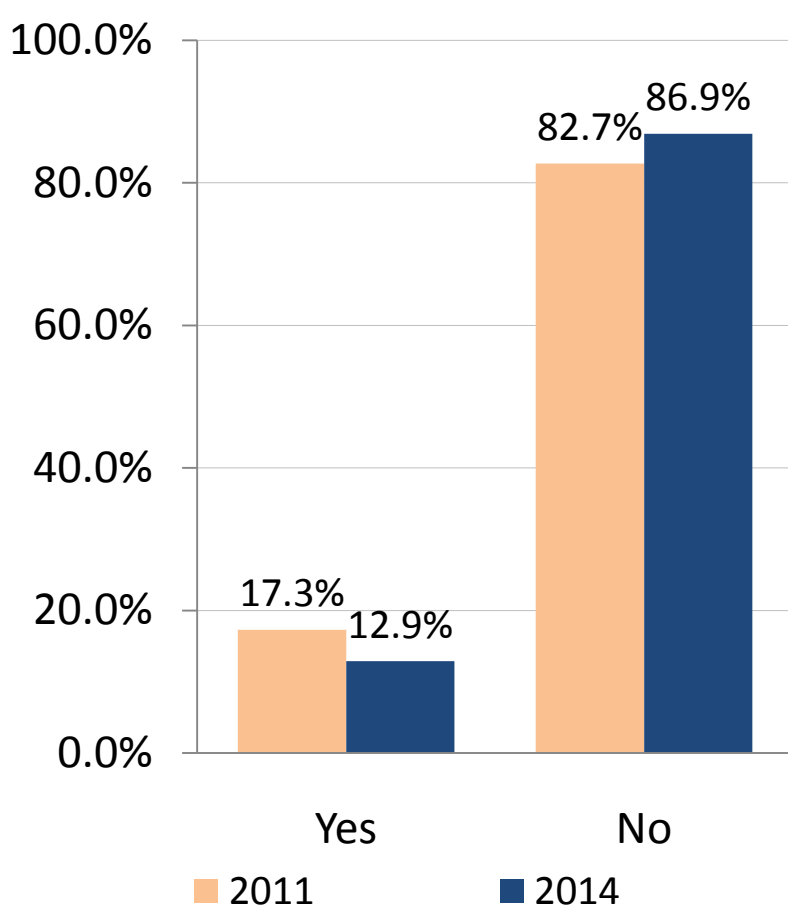
N=382

Was there a time in the past 12 months when you needed to see a doctor but could not because of cost? (Q63)

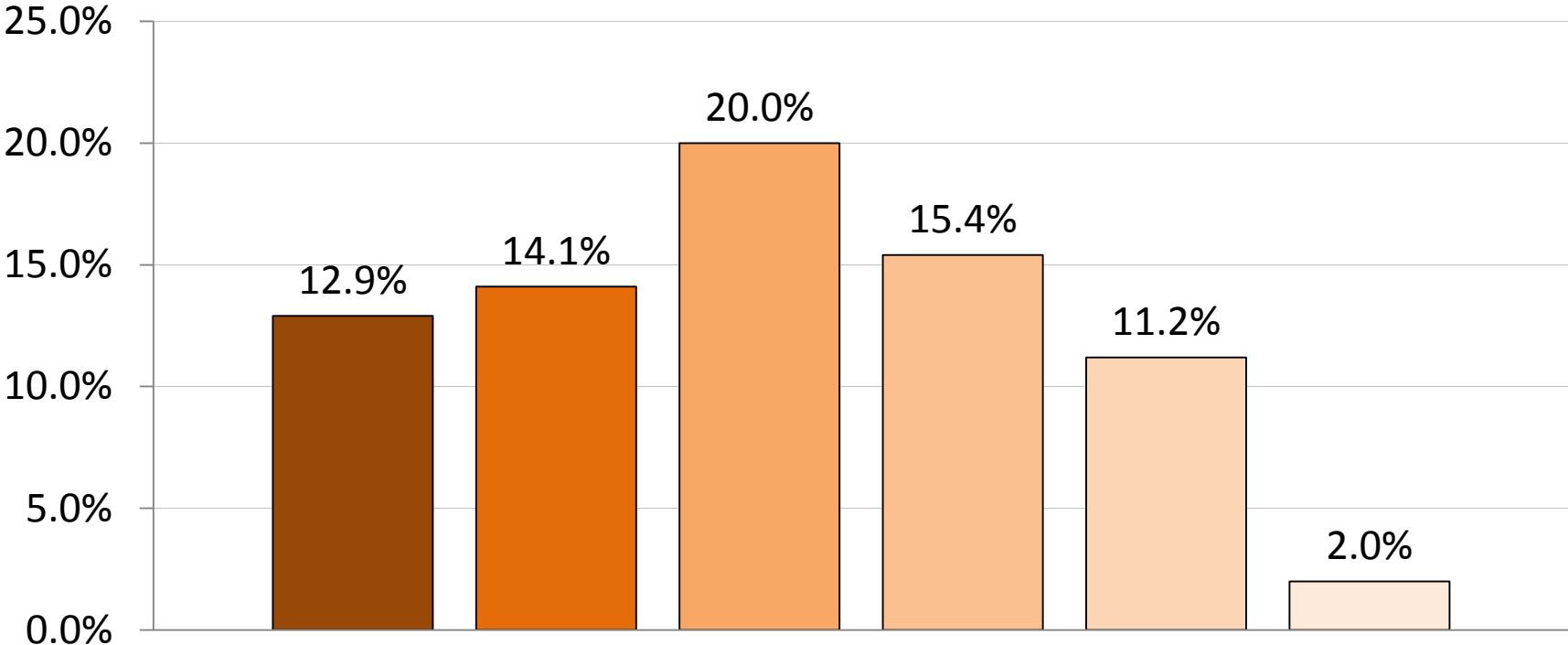


N=402

Was there a time in the past 12 months when you needed to see a doctor but could not because of cost? (Q63)



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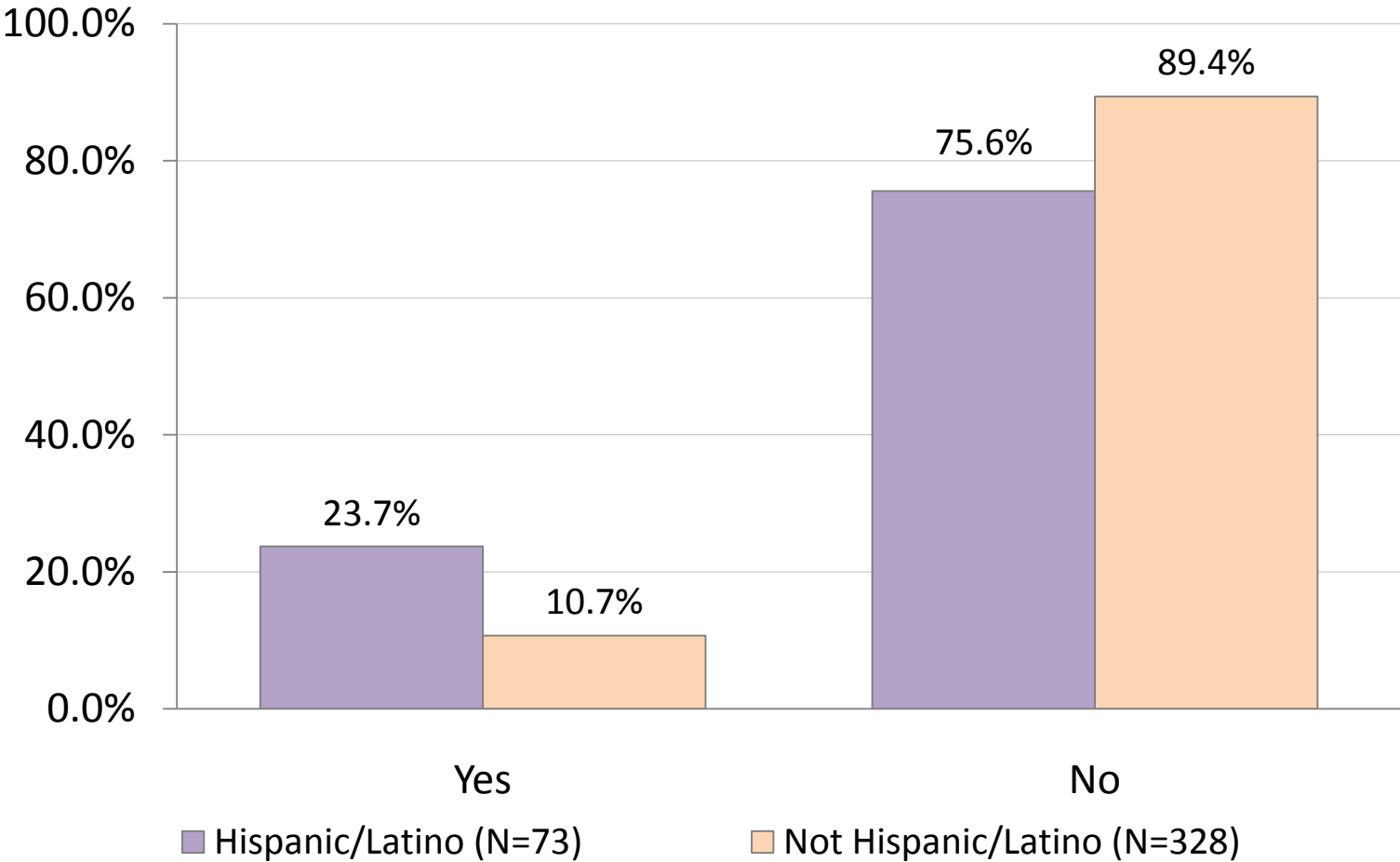


Percent reporting "Yes"

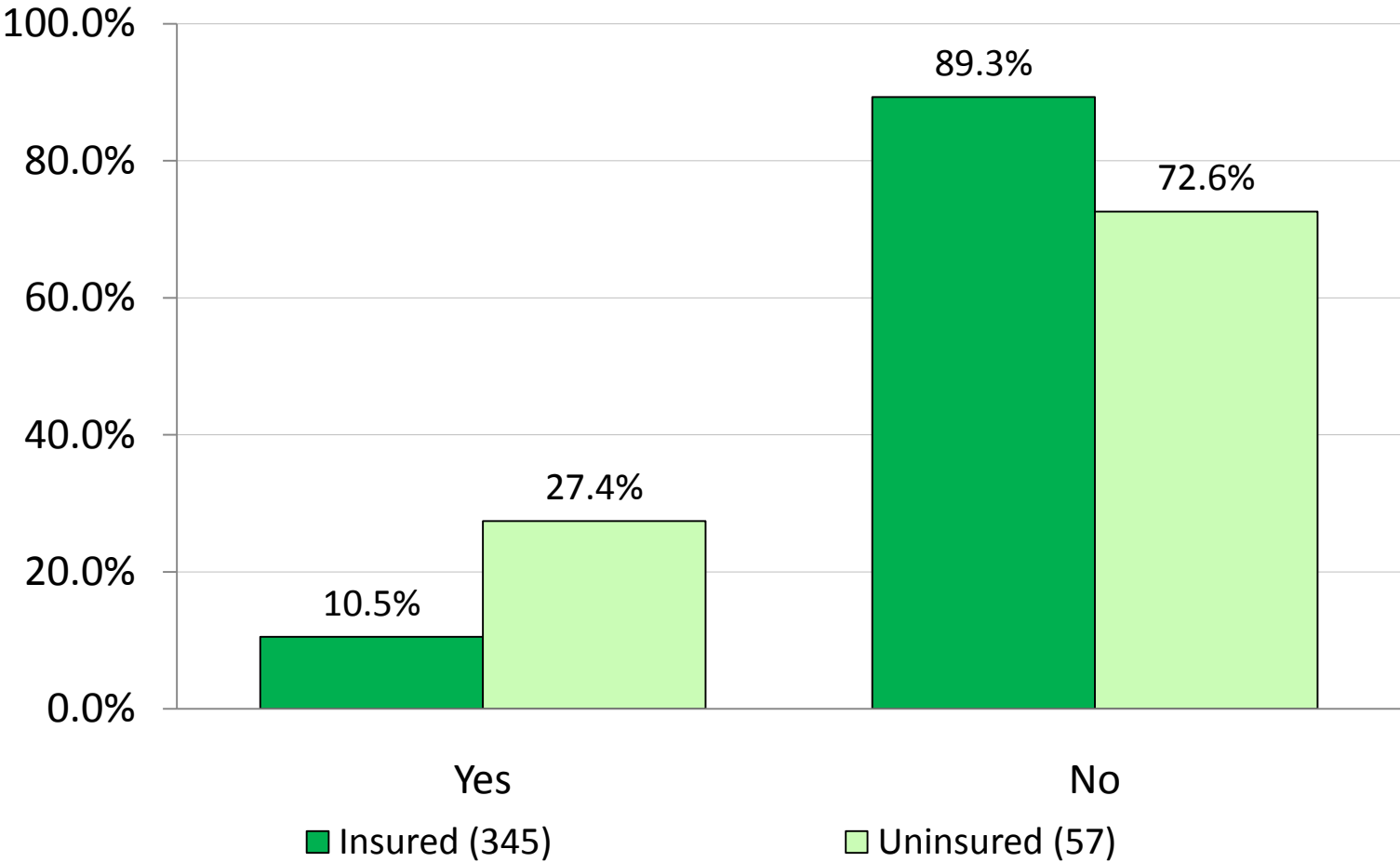
■ Entire Sample ■ Age 18 to 29 ■ 30 to 39 ■ 40 to 49 ■ 50 to 64 ■ Age 65 and Over

N=402 (81) (69) (76) (116) (54)

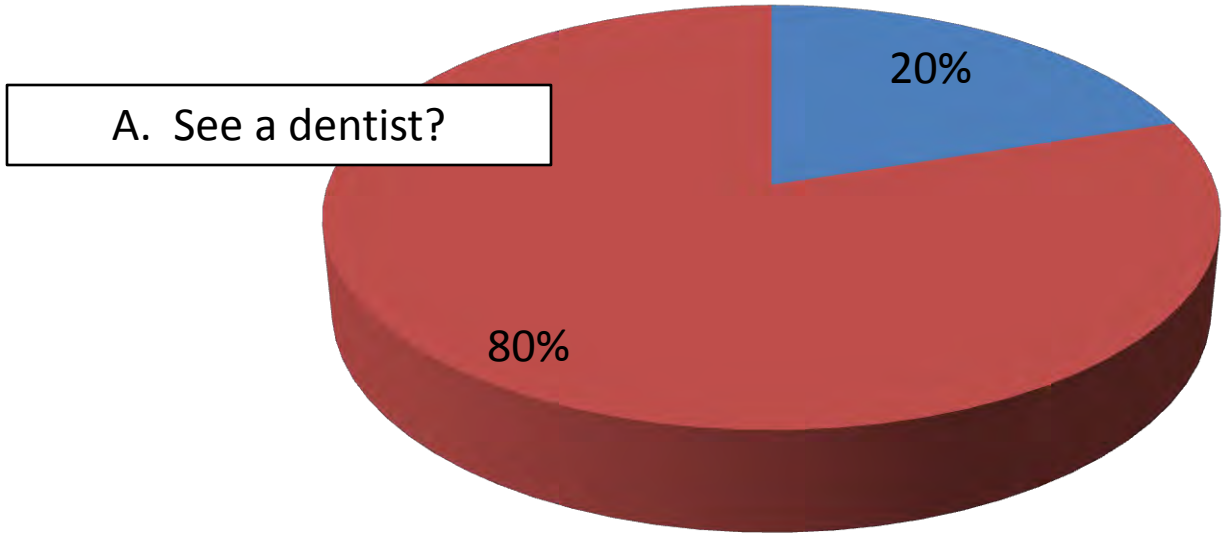
Was there a time in the past 12 months when you needed to see a doctor but could not because of cost? (Q63)



Was there a time in the past 12 months when you needed to see a doctor but could not because of cost? (Q63)



As I read the following items, please tell me whether there were any instances in the past 12 months where you needed this item but did not receive it due to cost. (Q64)

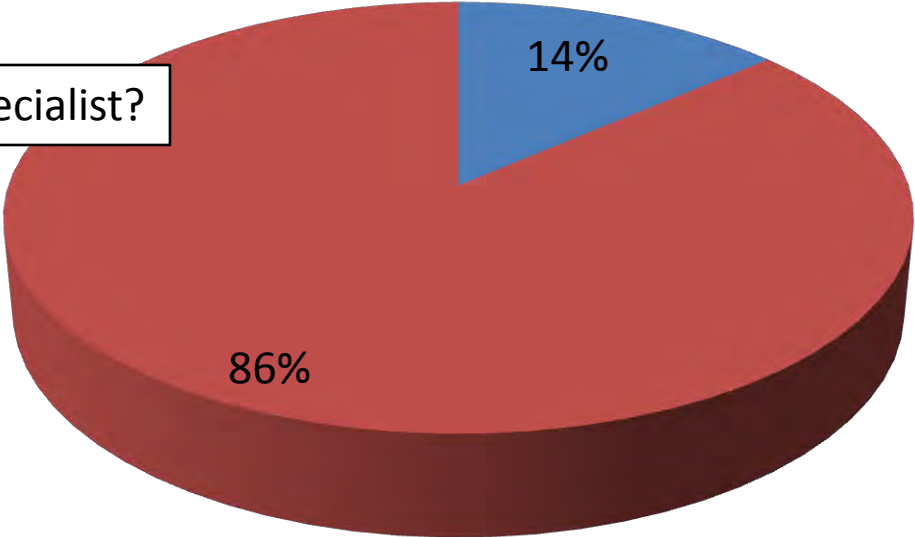


■ Yes ■ No

N = 402

As I read the following items, please tell me whether there were any instances in the past 12 months where you needed this item but did not receive it due to cost. (Q64)

B. See a medical specialist?

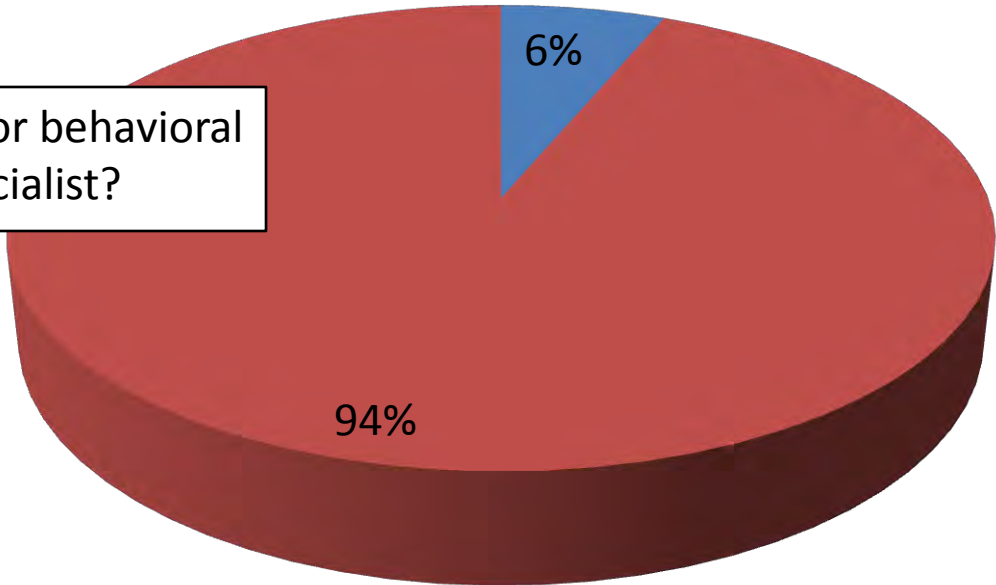


■ Yes ■ No

N=402

As I read the following items, please tell me whether there were any instances in the past 12 months where you needed this item but did not receive it due to cost. (Q64)

C. See a mental or behavioral health specialist?

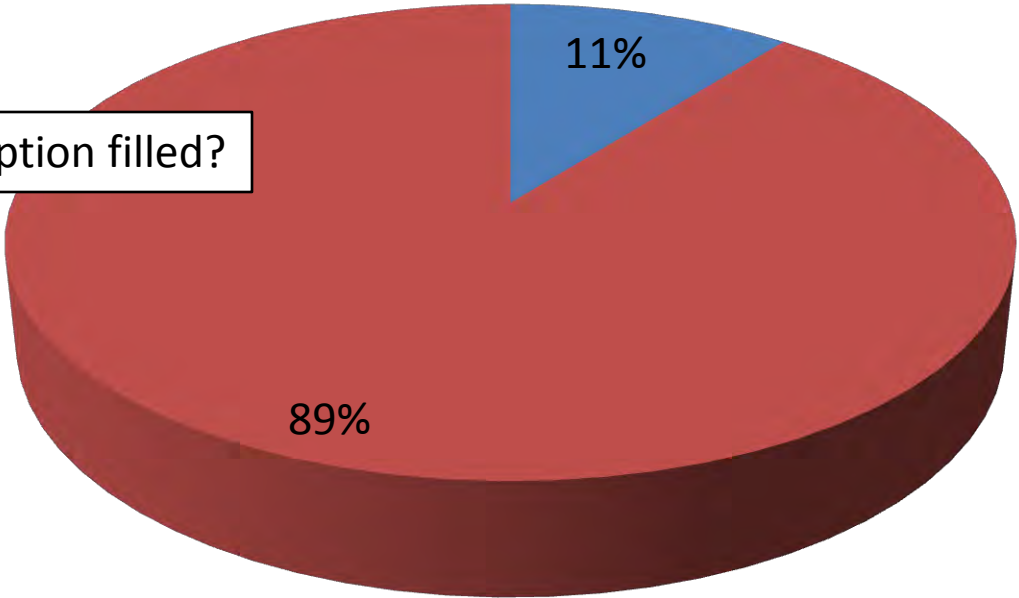


■ Yes ■ No

N=402

As I read the following items, please tell me whether there were any instances in the past 12 months where you needed this item but did not receive it due to cost. (Q64)

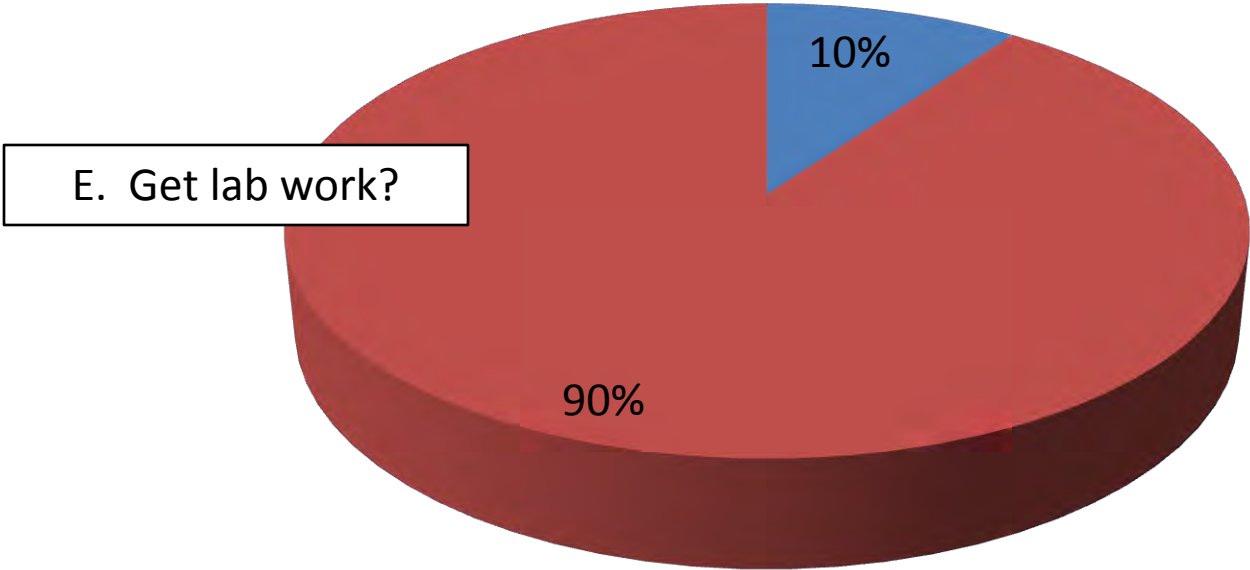
D. Get a prescription filled?



■ Yes ■ No

N=402

As I read the following items, please tell me whether there were any instances in the past 12 months where you needed this item but did not receive it due to cost. (Q64)

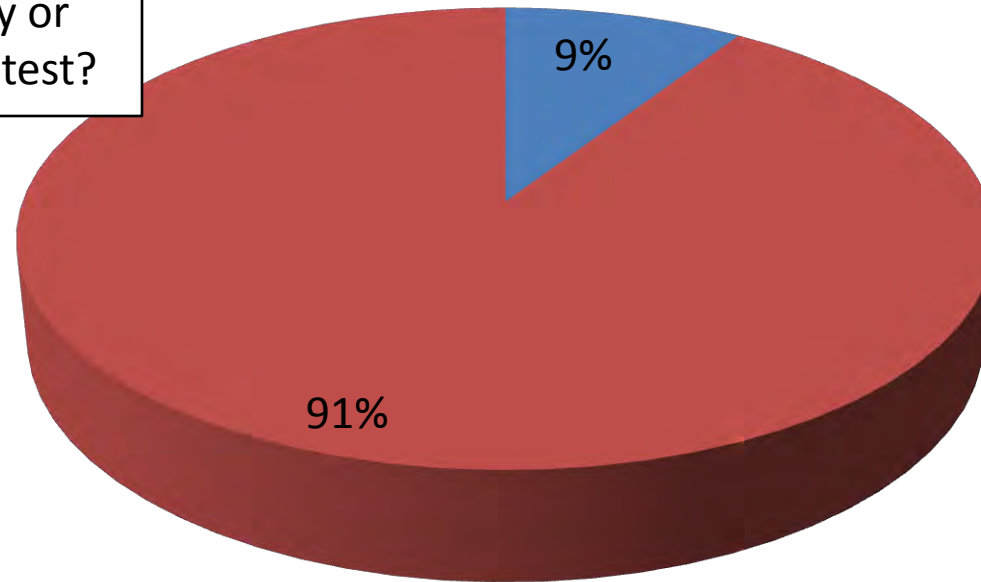


■ Yes ■ No

N=402

As I read the following items, please tell me whether there were any instances in the past 12 months where you needed this item but did not receive it due to cost. (Q64)

F. Have an X ray or other diagnostic test?

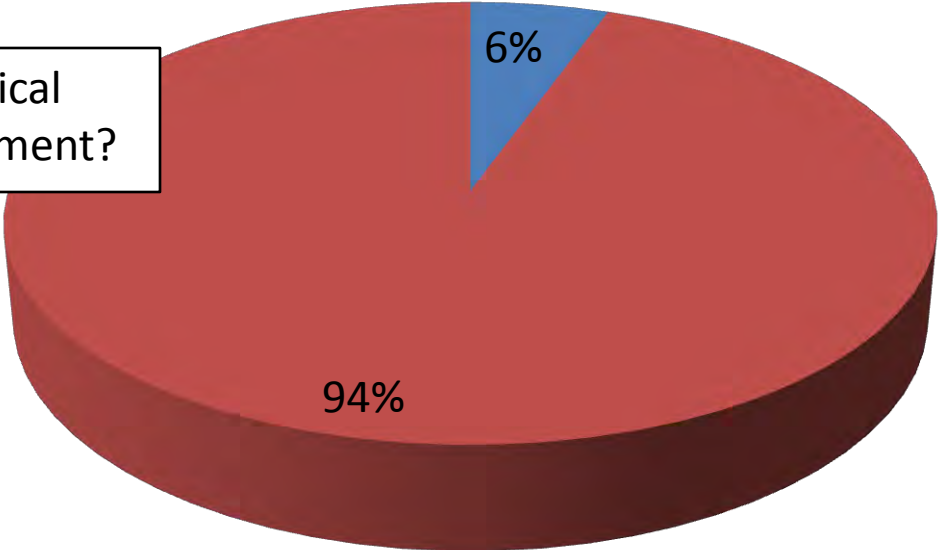


■ Yes ■ No

N=402

As I read the following items, please tell me whether there were any instances in the past 12 months where you needed this item but did not receive it due to cost. (Q64)

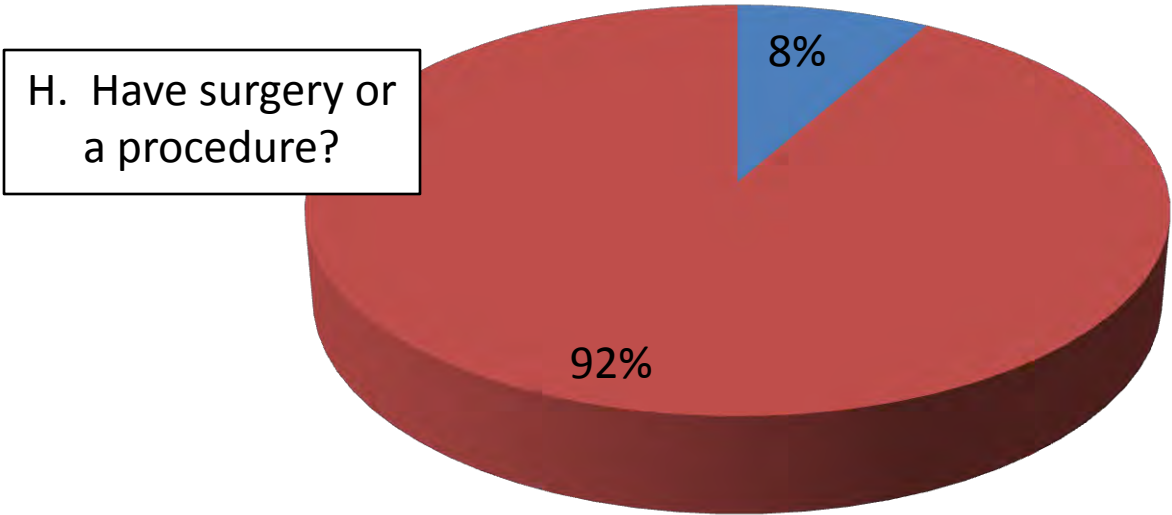
G. Obtain medical supplies or equipment?



■ Yes ■ No

N=402

As I read the following items, please tell me whether there were any instances in the past 12 months where you needed this item but did not receive it due to cost. (Q64)

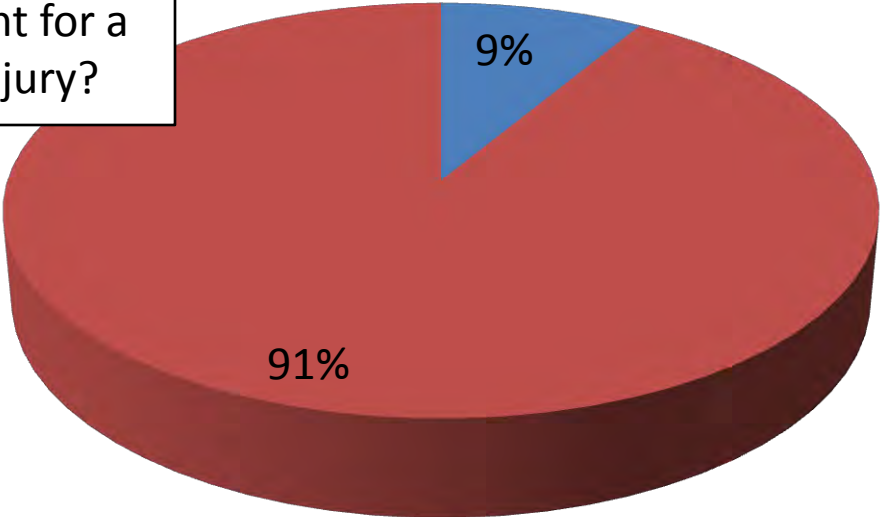


■ Yes ■ No

N=402

As I read the following items, please tell me whether there were any instances in the past 12 months where you needed this item but did not receive it due to cost. (Q64)

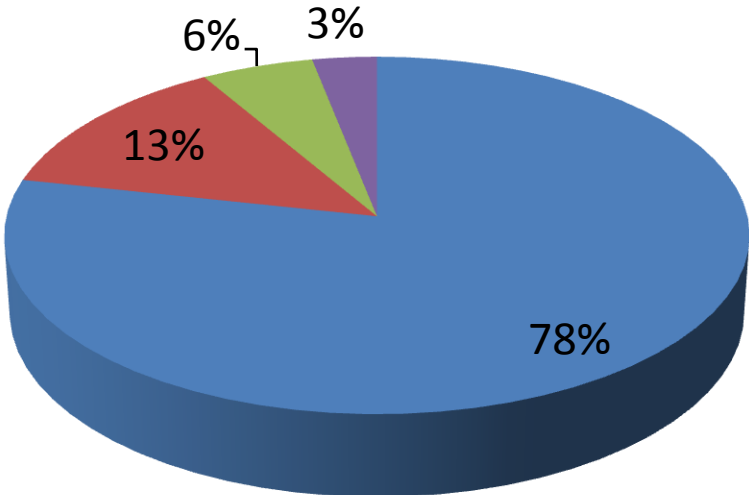
I. Have treatment for a bone muscle injury?



■ Yes ■ No

N=402

How many times have you used a hospital emergency room in the past 12 months? (Q65)

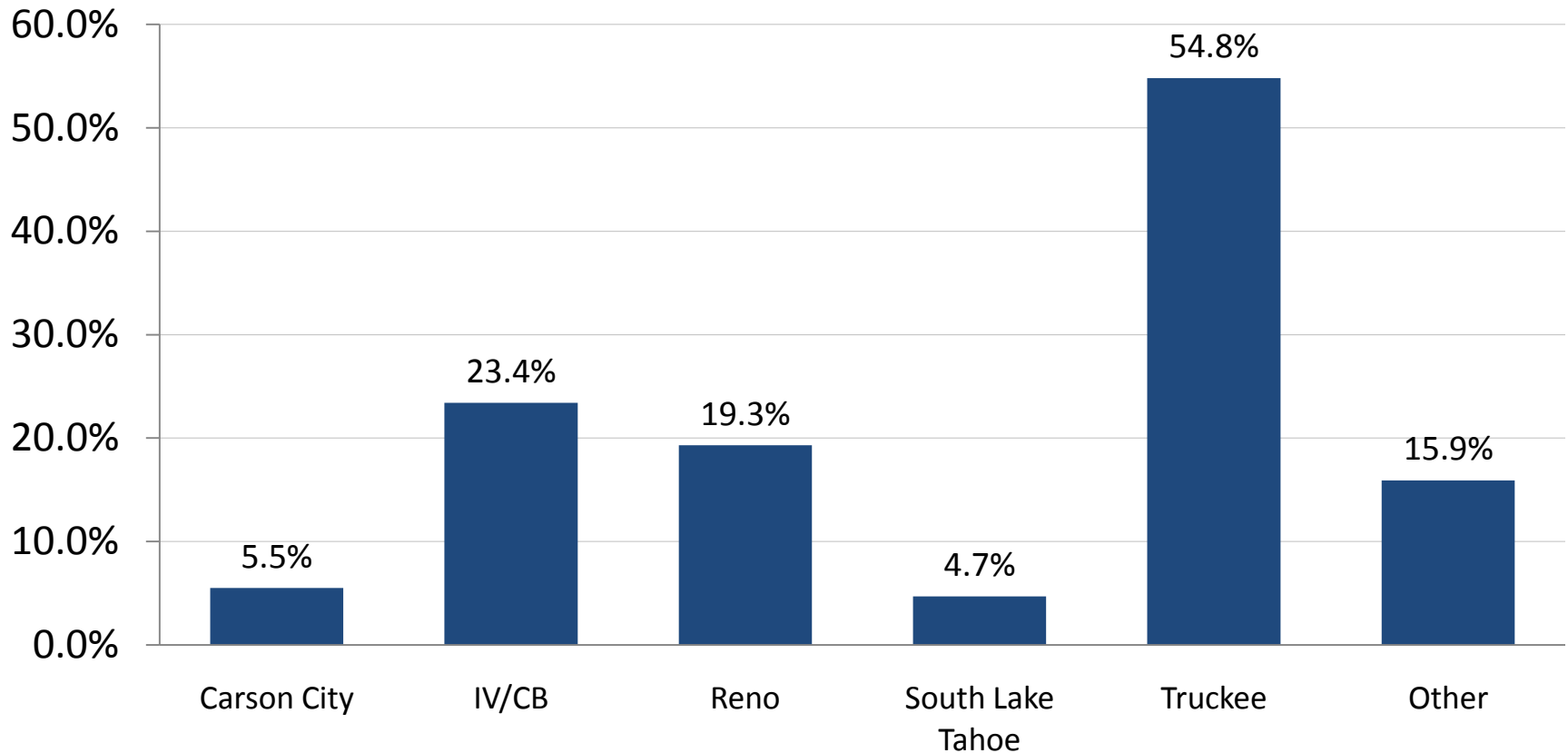


■ None ■ Once ■ Twice ■ Three or more times

N=402

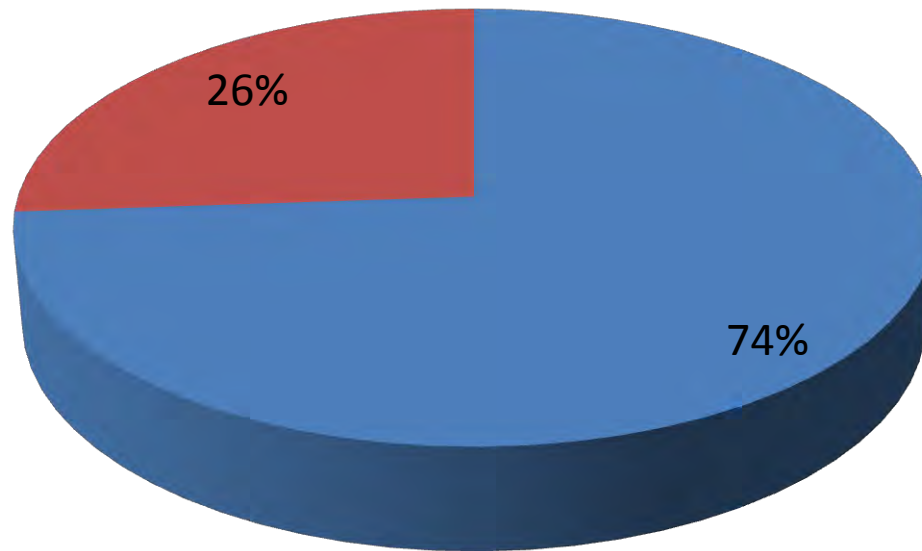
Where did you receive emergency care? (Q66)

Respondents who reported having used a hospital ER in the past 12 months



N=87

During the past 12 months, have you visited a dentist or dental clinic for dental care? (Q67)

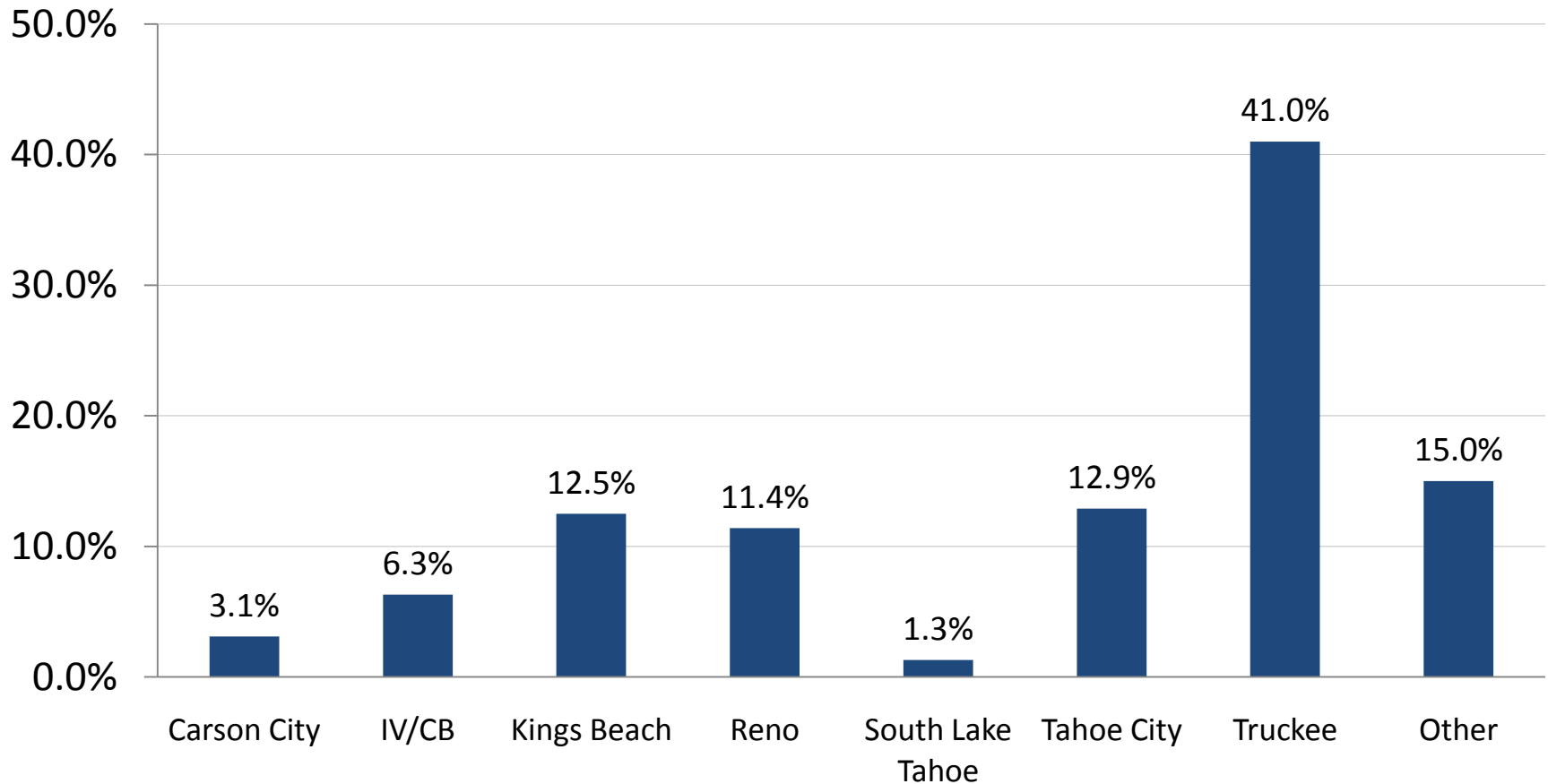


■ Yes ■ No

N=402

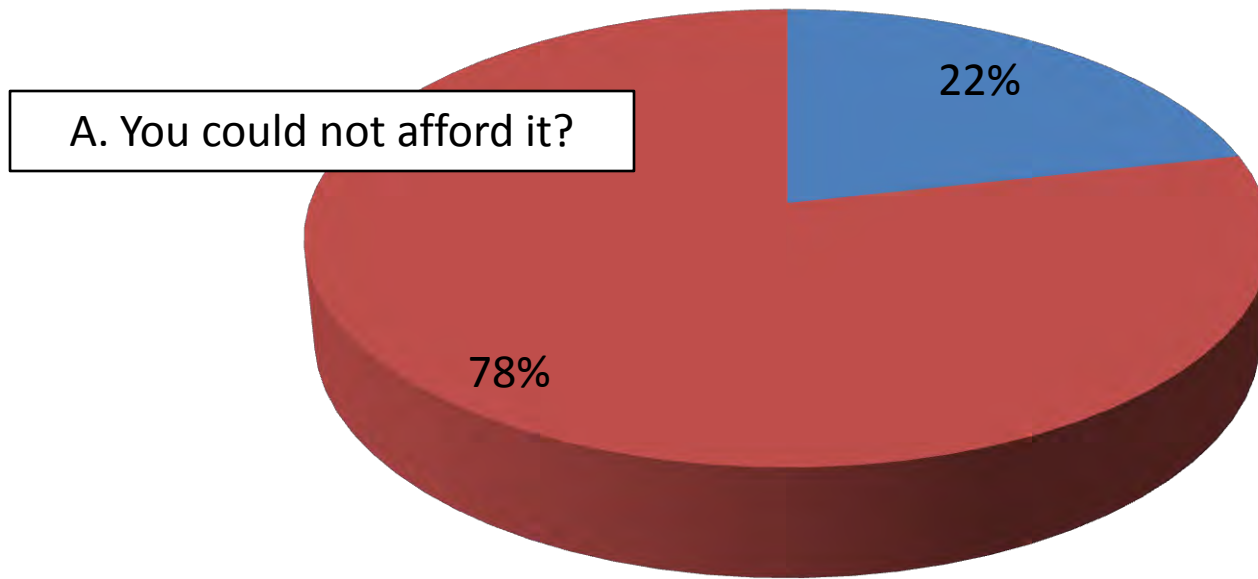
Where did you go for that dental care? (Q68)

Respondents who reported having a dental visit in the past 12 months



N=297

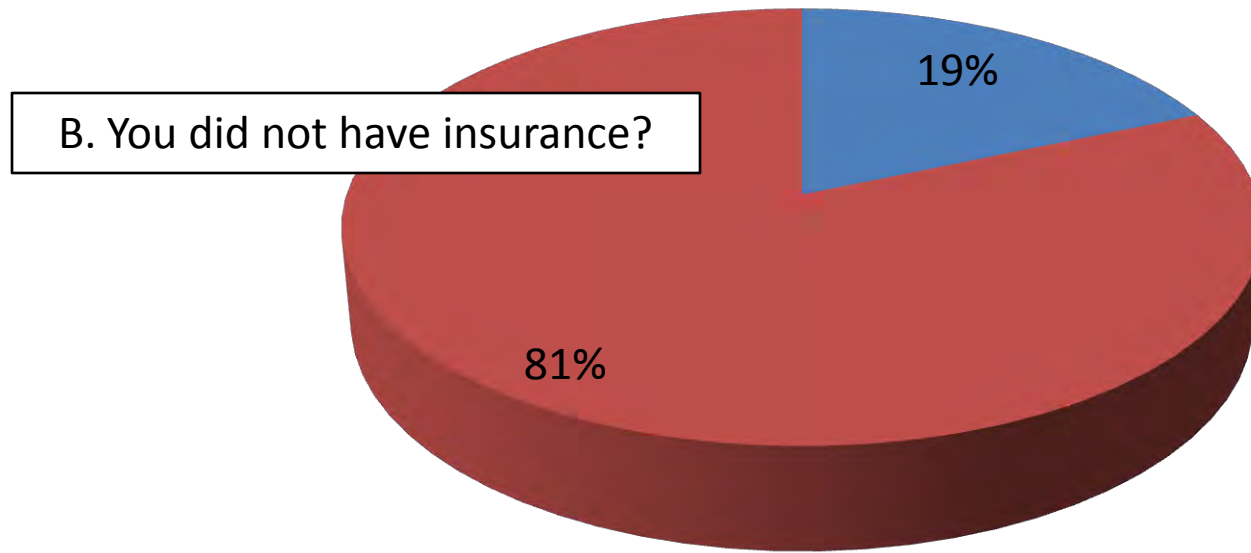
In the past 12 months, have you wanted but not sought help for dental health because _____? (Q69)



■ Yes ■ No

N=402

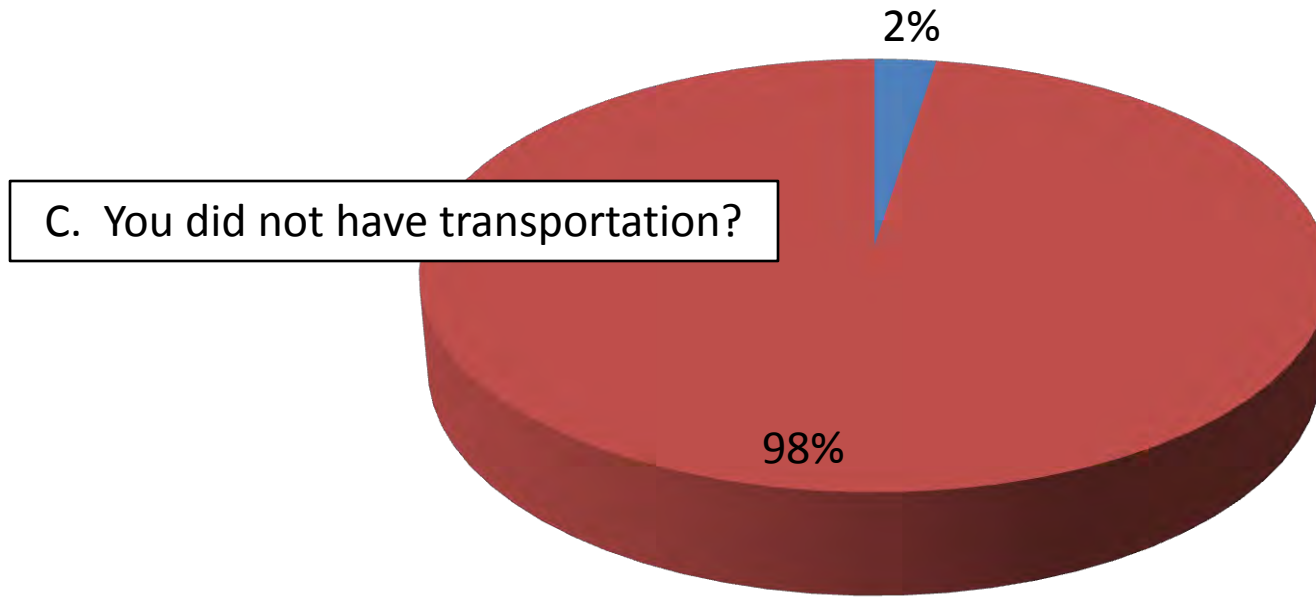
In the past 12 months, have you wanted but not sought help for dental health because _____? (Q69)



■ Yes ■ No

N=402

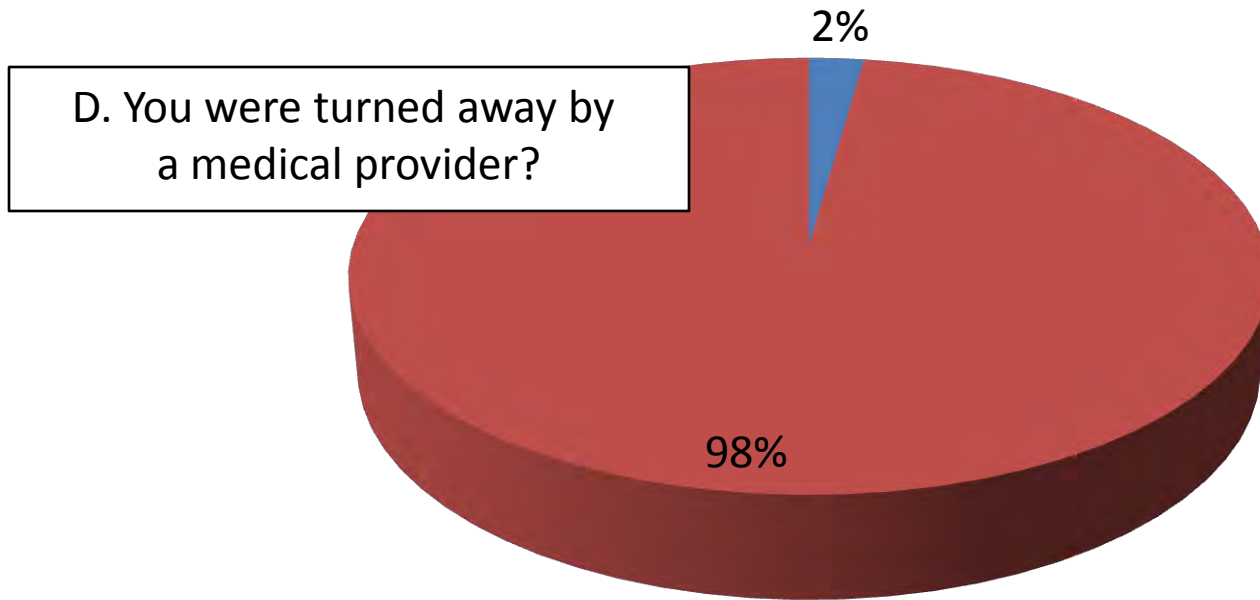
In the past 12 months, have you wanted but not sought help for dental health because _____? (Q69)



■ Yes ■ No

N=402

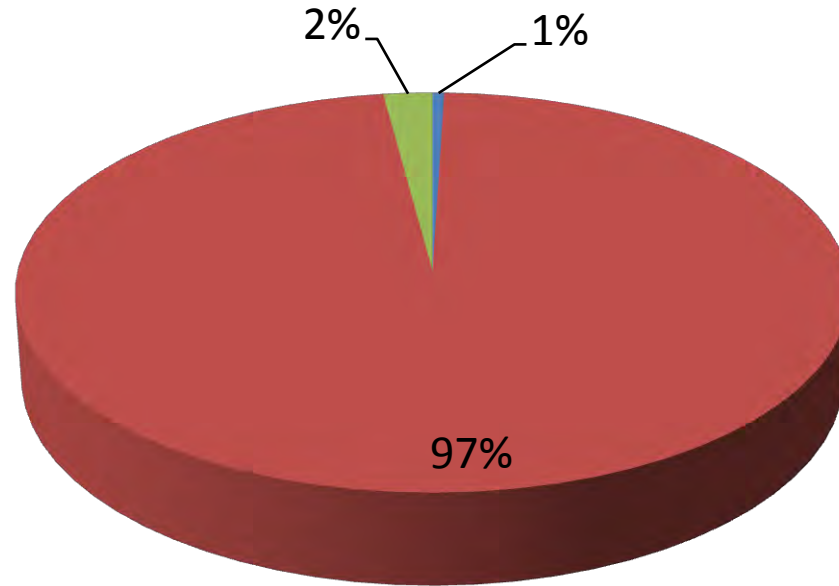
In the past 12 months, have you wanted but not sought help for dental health because _____? (Q69)



■ Yes ■ No

N=402

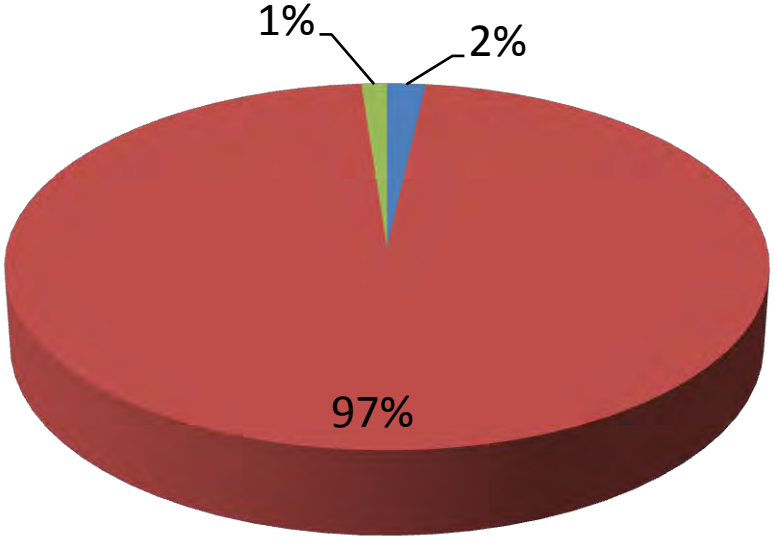
In the past five years, have you sought but were not able to obtain prenatal services in the local community? (Q70)



■ Yes ■ No ■ Don't know/not sure

N=402

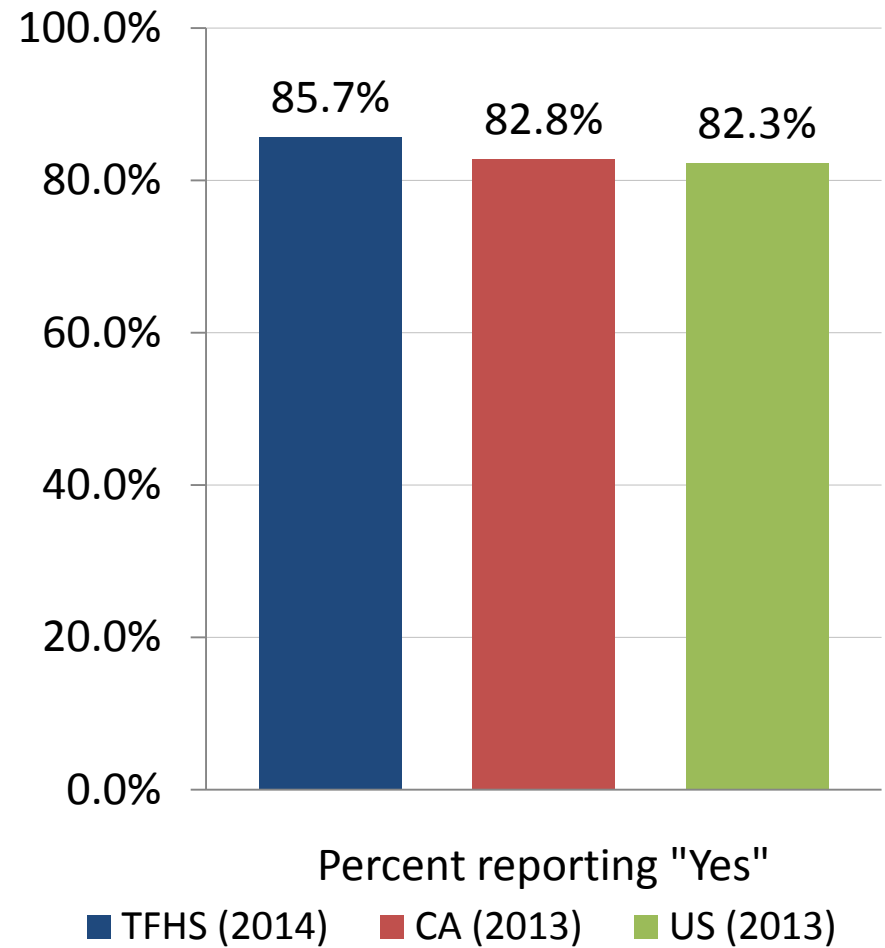
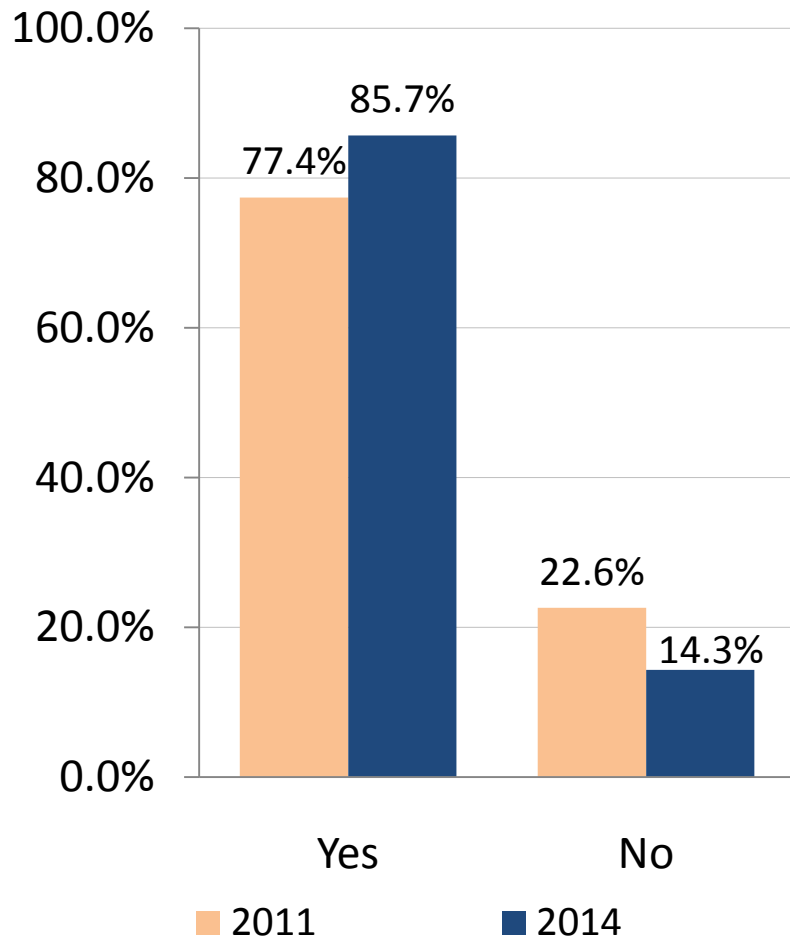
In the past five years, have you sought but were not able to obtain family planning services in the local community? (Q71)



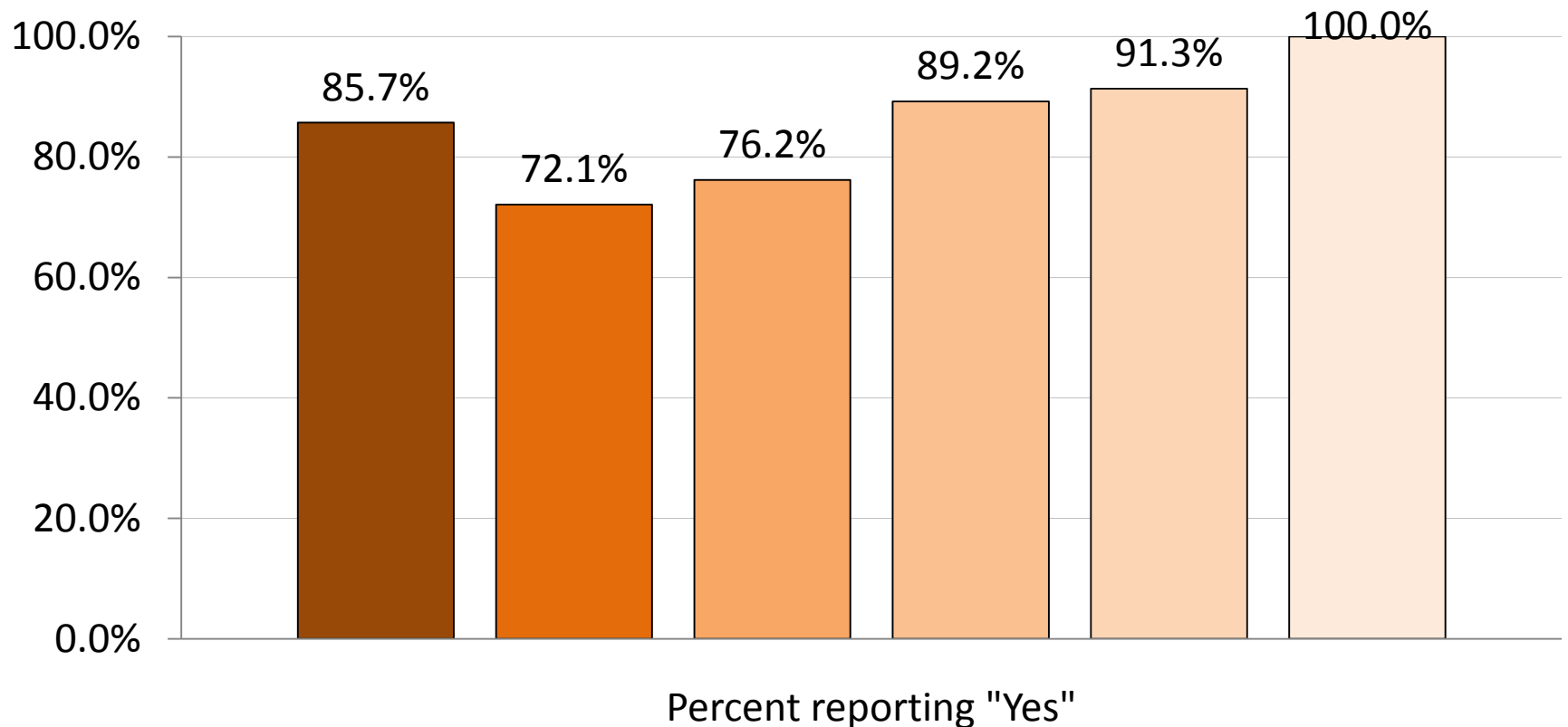
■ Yes ■ No ■ Don't know/not sure

N=402

Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or governmental plans such as Medicare? (Q72)



Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or governmental plans such as Medicare? (Q72)



■ Entire Sample ■ Age 18 to 29 ■ 30 to 39 ■ 40 to 49 ■ 50 to 64 ■ Age 65 and Over

N=402

(81)

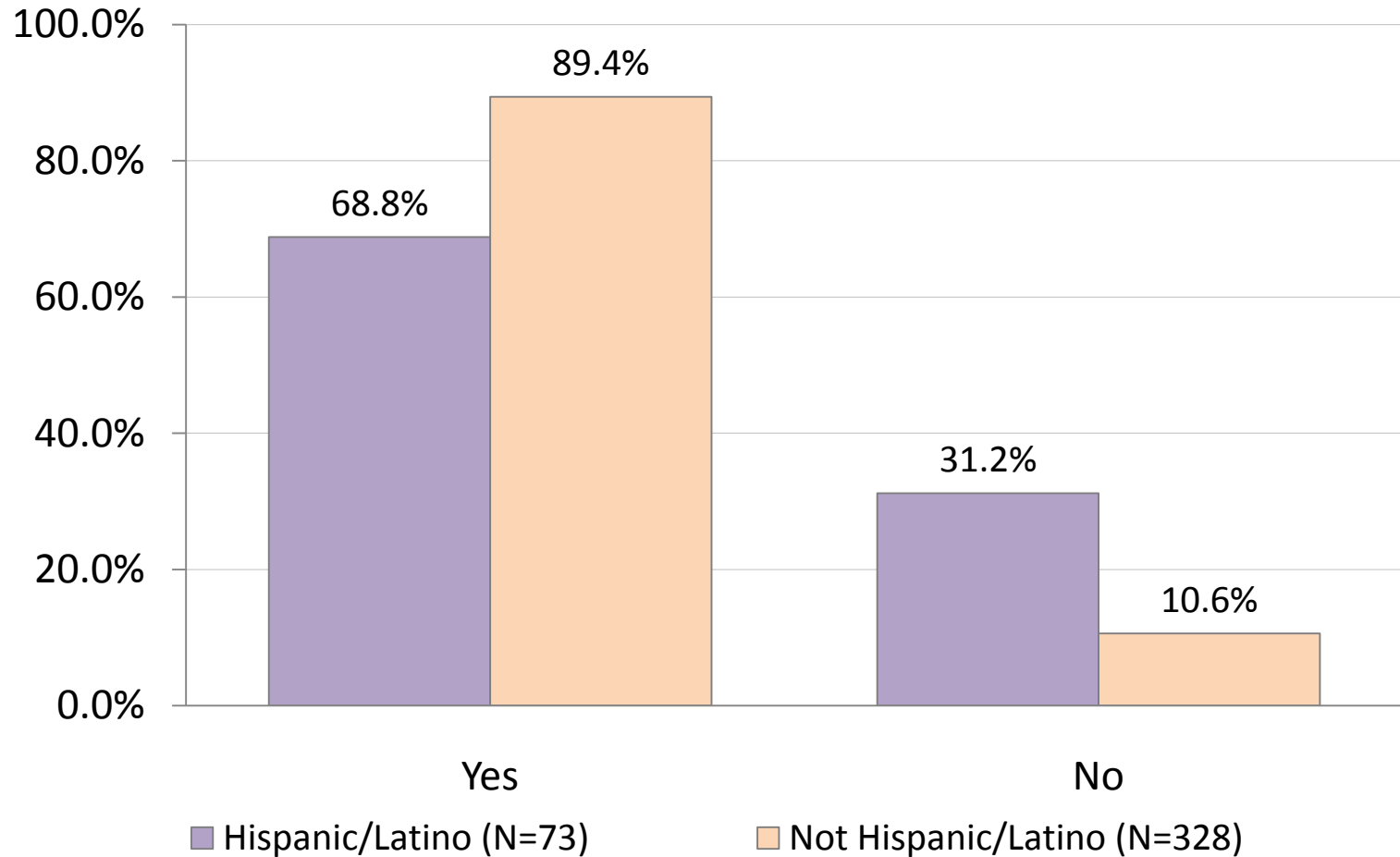
(69)

(76)

(116)

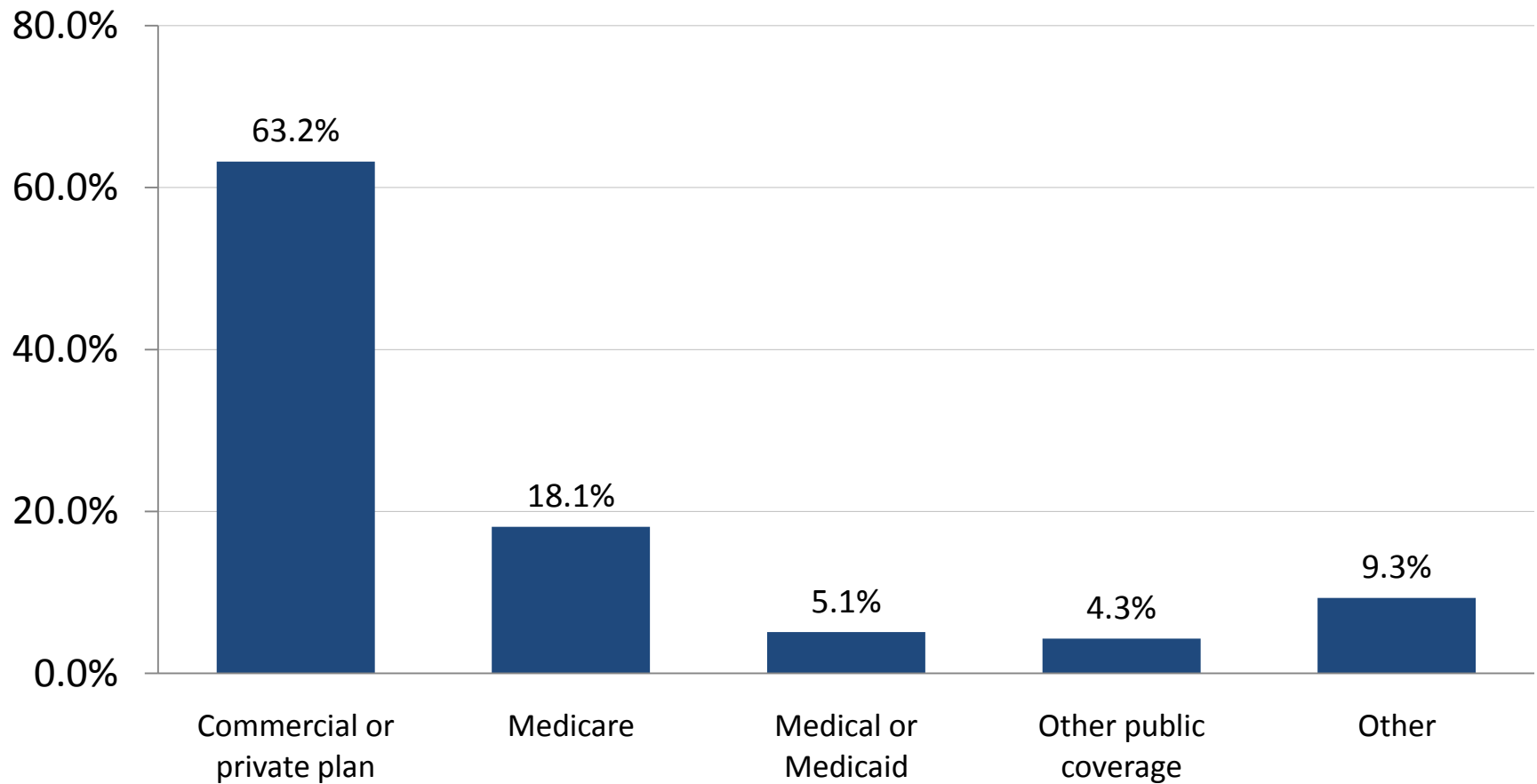
(54)

Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or governmental plans such as Medicare? (Q72)



What type of health care coverage do you have? (Q73)

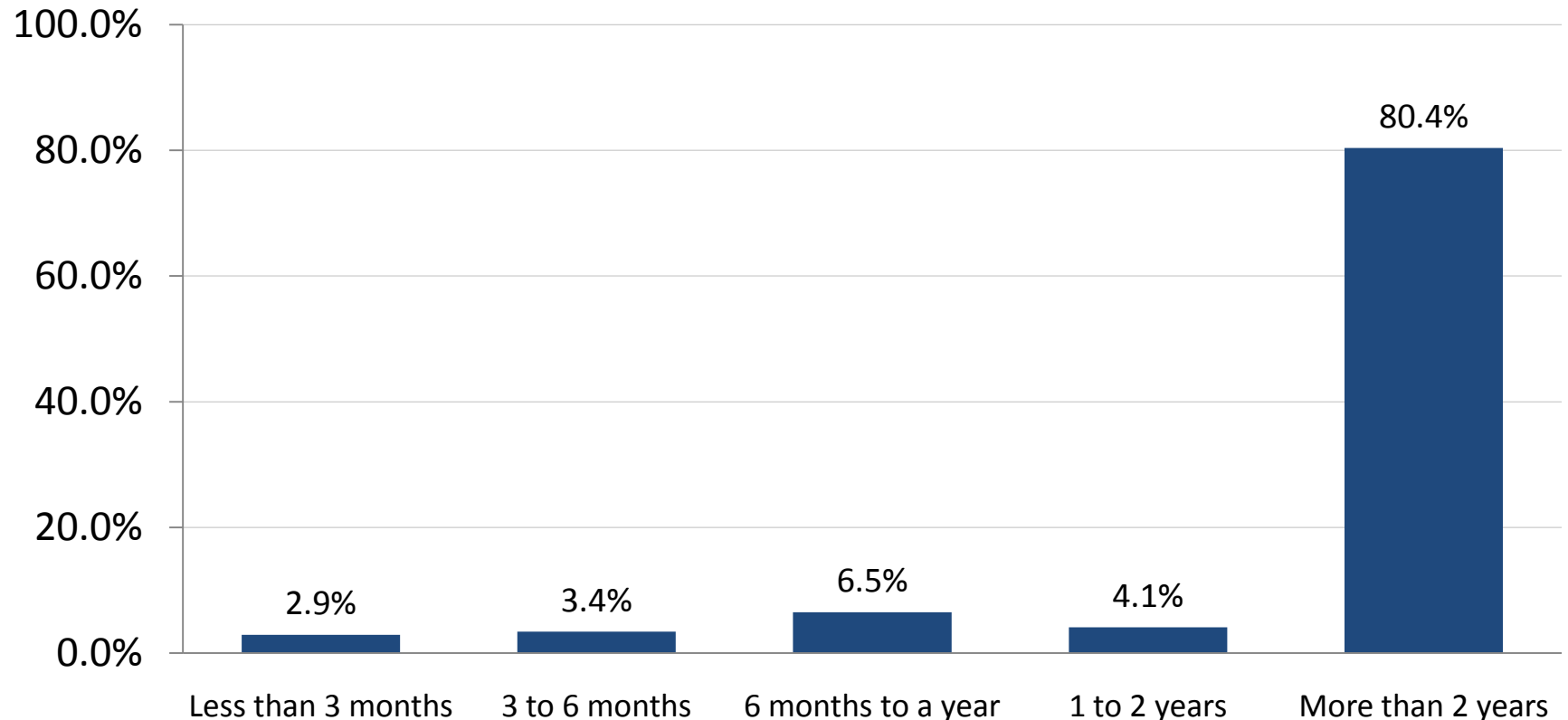
Respondents who reported ever having health coverage



N=345

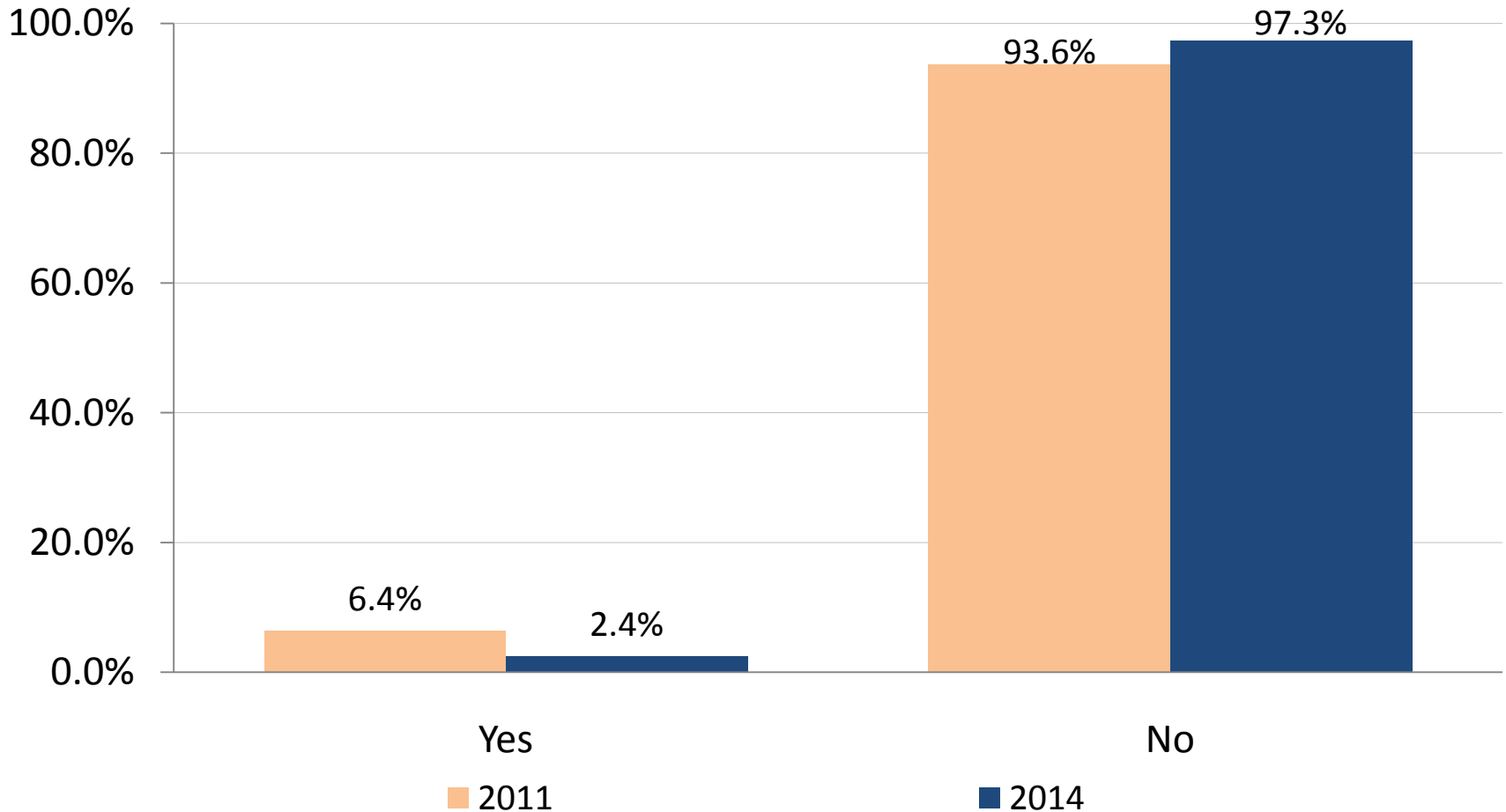
For how long have you had health care insurance coverage without a lapse in coverage? (Q74)

Respondents who reported ever having health coverage

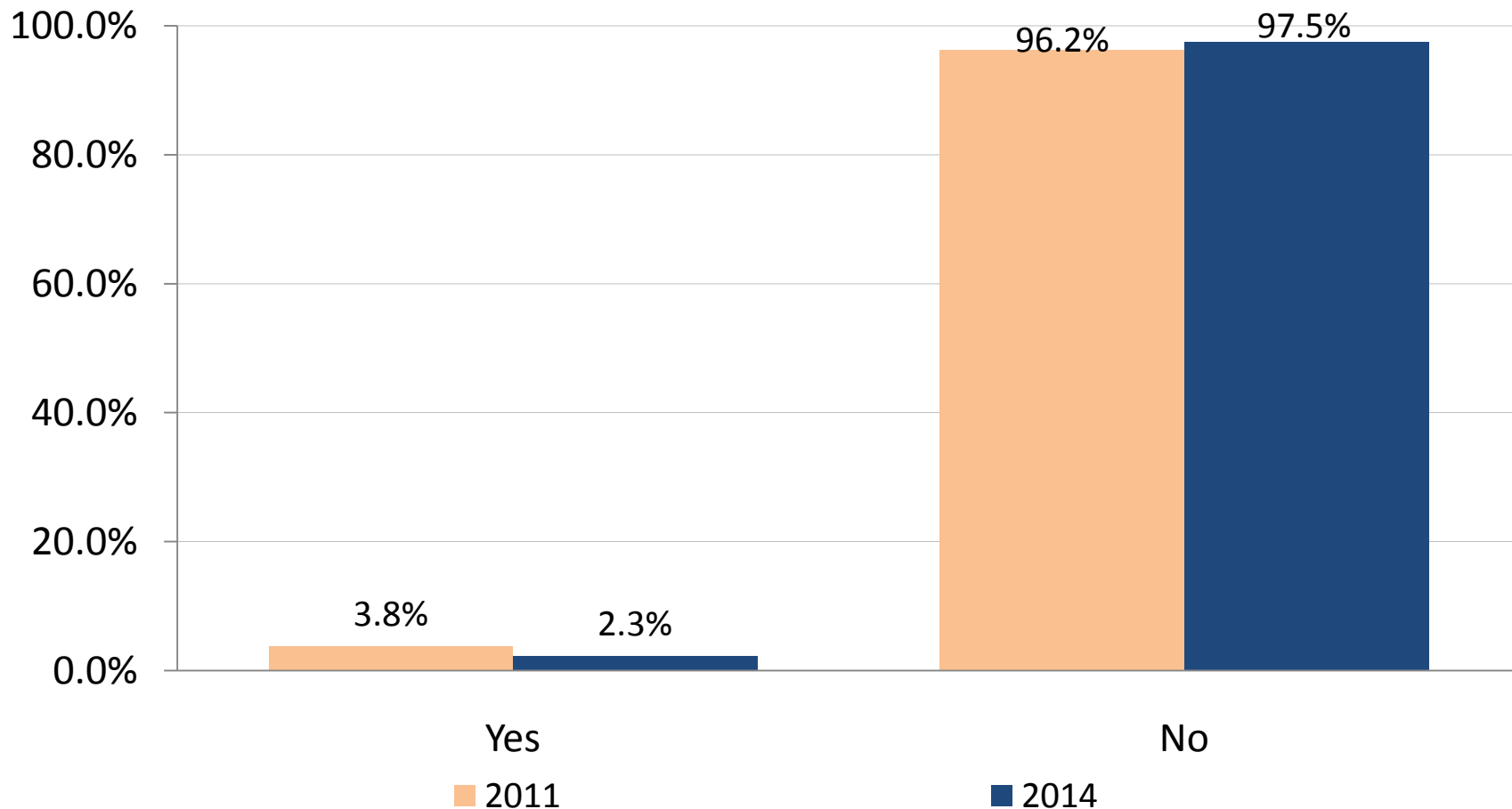


N=345

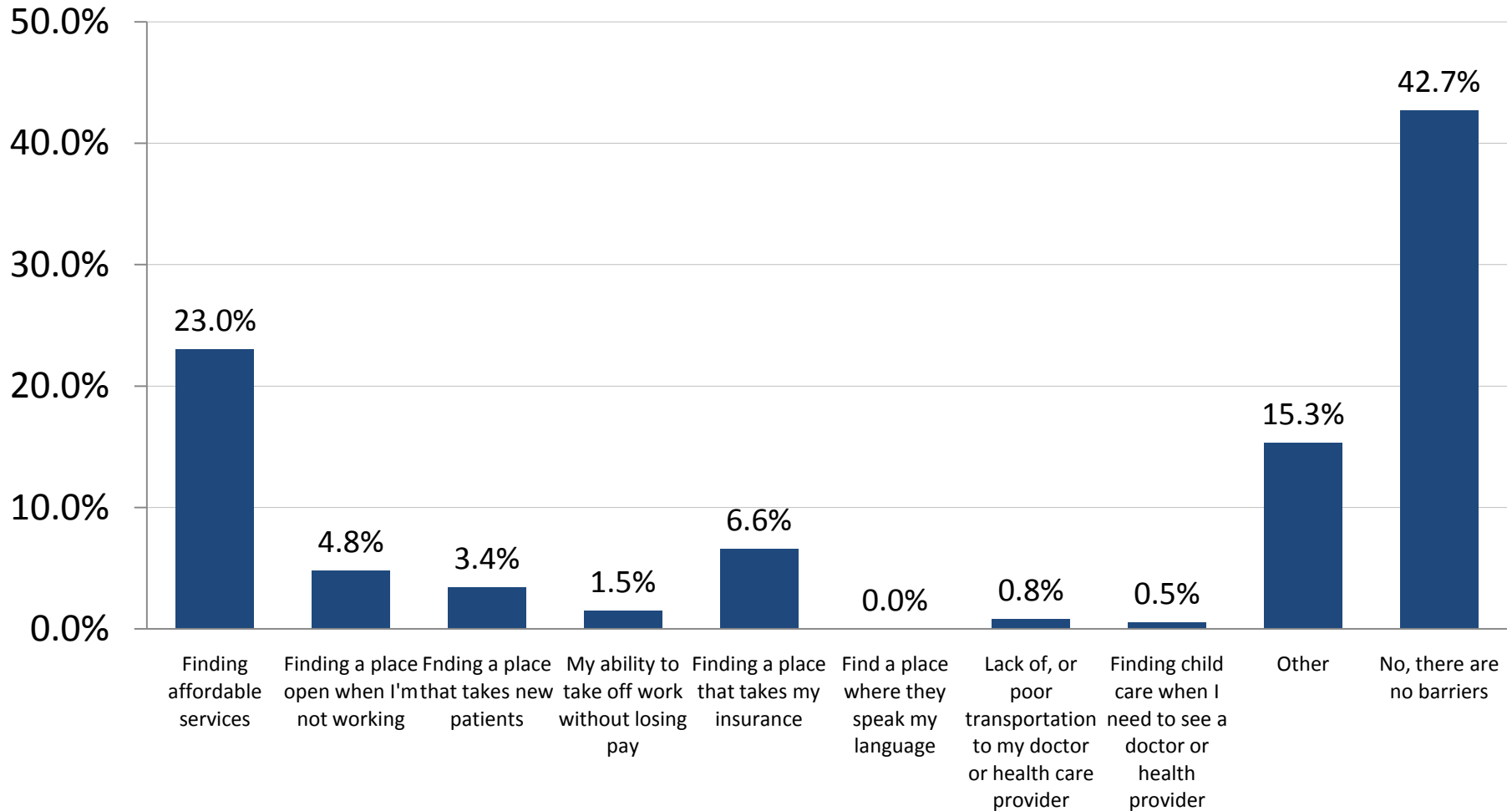
Have you not sought medical help in the past year even though you wanted to because of a lack of transportation? (Q75)



Have language or cultural barriers between you and a medical provider prevented you from seeking medical care in the community? (Q76)

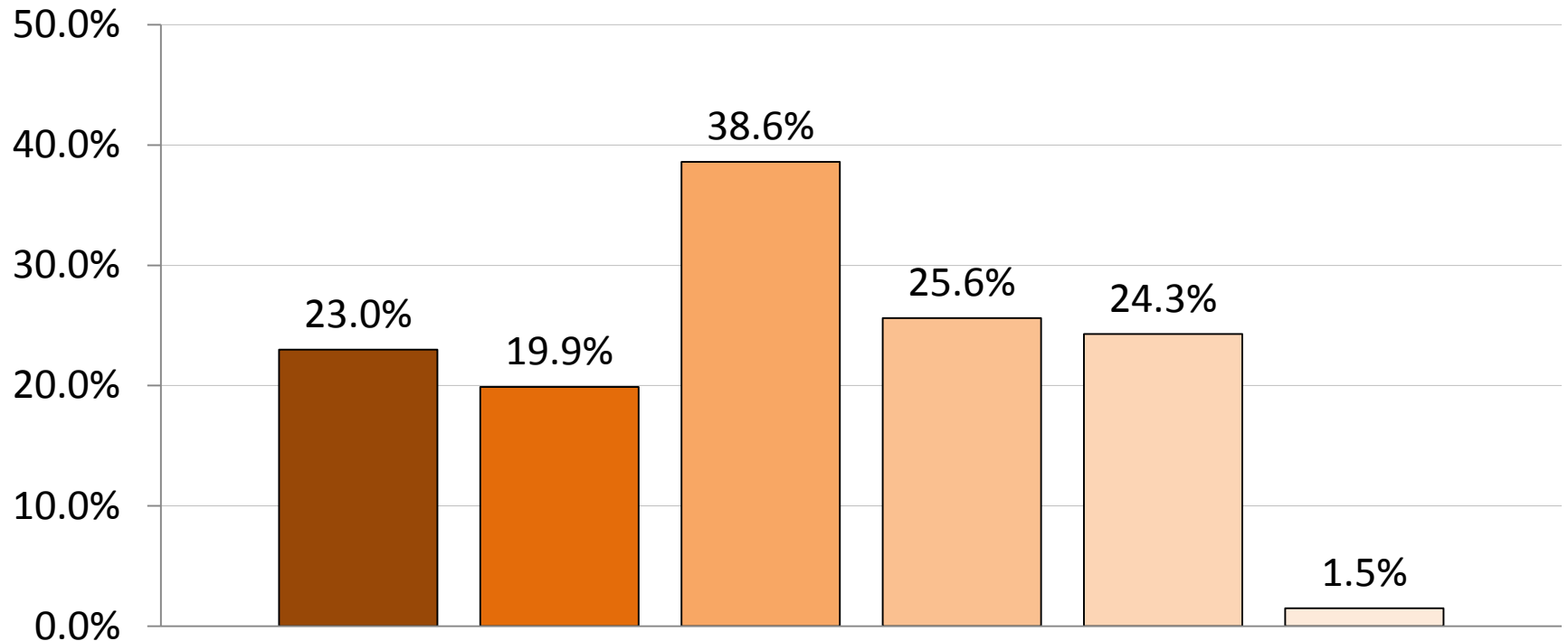


In your opinion, what is the main barrier you face in accessing health care in our community? (Q77)



N=402

In your opinion, what is the main barrier you face in accessing health care in our community? (Q77)



Percent reporting "Finding affordable services"

■ Entire Sample ■ Age 18 to 29 ■ 30 to 39 ■ 40 to 49 ■ 50 to 64 ■ Age 65 and Over

N=402

(81)

(69)

(76)

(116)

(54)

Open-Ended Questions Summary

- Q81: What do you think is the top health or health care challenge facing our community? (75%)
- Q82: What changes in health care services would you like to see in our community, if any? (61%)
- Q83: Is there anything else you would like to know? (24%)

Open-Ended Questions Summary

- Hospital costs, prices, affordability and transparency (-)
- Hospital quality and ease of access (+/-)
- Health workforce, esp. access to medical specialists, dental care, and urgent care (-)
- Insurance coverage gaps and acceptance by hospital and other local providers (-)

Key Household Survey Findings

- Immoderate alcohol consumption
- Prescription drug misuse
- Health care costs and affordability
- Oral health care access barriers
- Adult and children's vaccination rates
- Access disparities, costs and coverage

Key Household Survey Findings

- Self-reported general and mental health status
- Mammography rates
- Physical activity prevalence
- Wait times for accessing providers, including mental health providers
- Health insurance coverage

Key Household Survey Findings

- Tdap vaccination
- Colon cancer screening
- E-cigarette and chew tobacco use
- Length of coverage lapses for those with health insurance coverage

Key Mental Health Preliminary Findings

- Many individuals' mental health needs are adequately addressed;
- Need to encourage and continue community collaboration efforts;
- Need to address issues of transportation, observation, and further referral/placement for patients in the ED.
- Providers recognize need for additional services:
 - Psychiatric care, clinicians who bill insurance, alternative to county services (different model), crisis team services for community service provision, substance use programs, groups, day programs
 - Co-location or integration is a preferred method to provide seamless and efficient care

Key Mental Health Preliminary Findings

- MDs/docs are filling multiple roles:
 - Factor in burnout, job satisfaction
 - Isolated and underserved depend on them for support
 - Lack of psychiatric consultation
- Highest risk groups need innovative services:
 - Centers of excellence, additional/secure funding streams, outreach services to address barriers (novel settings, alternate service delivery models, addressing systemic issues impacting care)
- Providers and referral agencies would value collaboration and information sharing about existing services
 - This could reduce confusion and burden on individuals seeking services (how to navigate community services)
 - Increase successful service utilization

TNT Youth Health Initiative

Key Preliminary Findings

- The Truckee-North Tahoe region has a wide variety of youth-focused agencies and programs that can be leveraged to improve adolescent health.
- The Youth Health Care System can be improved by
 - Improving Access to Services
 - Increasing Services and Youth-friendly, Bilingual Providers
 - Expanding Affordable, Youth-driven Activities
 - Promoting Education
 - Creating a Coordinated and Collaborative System of Care

Key Informant and Focus Group Barriers Access To Care

- Transportation
- Lack of Specialty Providers
 - Mental and Behavioral Health
 - Dental (especially pediatric)
 - Reproductive
- Insurance coverage
- Immigration Status
- Cost of care (Borderline MediCal)
- Language and Cultural barriers

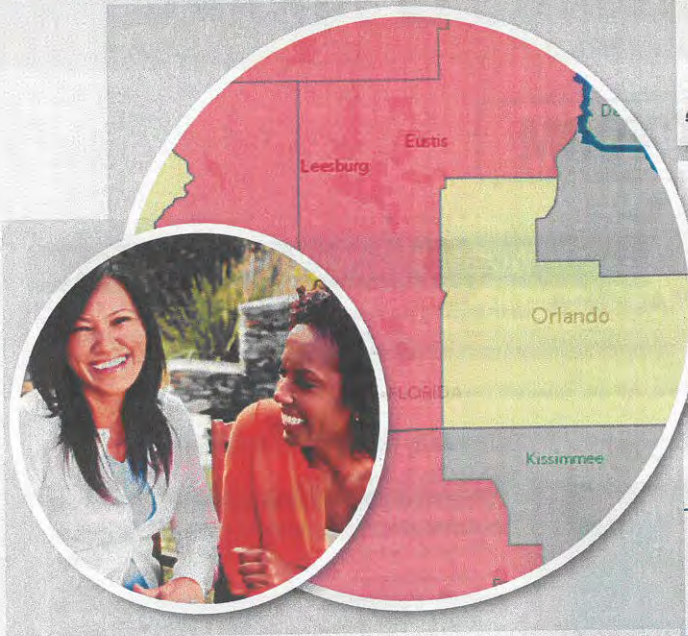
Key Informant and Focus Group Barriers

Mental and Behavioral Health

- Stigma in receiving services
- Limited availability of:
 - Youth-friendly providers
 - Bilingual, culturally sensitive providers
 - Transport to services
 - Appointments (hours conflicting with work and school)
- Financial resources
 - Insurance coverage
 - Cost of Services
- Complex and fragmented patient care
- Availability of individual and group support programs
- Availability of alternative therapeutic options

Discussion of Survey Results/Questions

HCI PLATFORM



Hospital Admissions: Adult Asthma MAP	Colorectal Cancer Death Rate MAP	Self-Reported Health: Poor or Fair MAP	Preventable Hospital Stays MAP
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Chronic Disease Self-Management Program

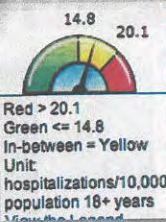
An Evidence-Based Practice

Description

The Chronic Disease Self-Management Program (CDSMP) is a workshop for people with chronic health problems. The program is presented by trained non-health professionals with chronic diseases in community settings over the course of six weeks. Individuals with

RELATED PROMISING PRACTICES

- Tomando Control de su Salud (Spanish Chronic Disease Self-Management)



Age-Adjusted Hospitalization Rate due to Diabetes

Value: 15.3 hospitalizations/10,000 population 18+ years

Measurement Period: 2009-2011

Location: Community : Greater Pasadena [\[View All Location Types \]](#)

UNLOCK DATA. GAIN KNOWLEDGE. FOCUS RESOURCES. MEASURE RESULTS.

The leading population health improvement platform helps make your programs vital and strategic.

FROM INSIGHT TO ACTION

Today's environment of results-based accountability creates a whole new set of demands on your community and population health improvement initiatives. The old adage, "You can't manage what you don't measure," has never been more true.

To be successful requires an integrated approach for pinpointing at-risk populations and areas of need, implementing programs proven to affect change, creating efficiencies by partnering with internal and external groups, then tracking and reporting your results in a transparent way to all your stakeholders.

The HCI Platform empowers you to do all this and more. Mapping and data visualization tools readily identify intervention opportunities for targeting resources. A database of thousands of evidence-based programs lets you filter to find the most appropriate for your strategies. Collaboration

centers bring like-minded groups together to align objectives and orchestrate core capabilities. And customizable trackers and indicators provide a "single source of truth" for measuring success.

YOU ARE NOT ALONE

HCI brings you much more than just technology. You'll get deep experience from our team of thought leaders in healthcare transformation, public health and health informatics. Add to that the power of hundreds of members in our Community of Clients and you've got an instant support network to tap into for ideas, brainstorming, or as a sounding board.

Now you can jump-start your initiatives with the tools and resources to make your organization a showcase of innovation.

SEE FOR YOURSELF

The award-winning HCI Platform is now in 35 states and covering more than 100

million lives! The best way to see what it can do for you is to schedule a quick online demo and discussion. Pick a time that's most convenient: healthycommunitiesinstitute.com/demo

"The HCI Platform is as easy as 1, 2, 3: Gain insights on key health needs for sub-population in services area; identify and implement the best evidence-based program to address chronic disease self management; track the outcomes to show improved health and cost savings. Our leadership is 100% behind the successful and cost saving community interventions."

Lisa Kelly
St. Mary Medical Center
Langhorne, PA



Two Implementation Options Each One Customizable & Flexible

HCI PLATFORM

Comprehensive Stand-Alone Portal

OR

Wrapped Within Your Website

The HCI Platform Includes:

- Over 100 Health and Quality of Life Indicators
- Add and Customize Local Content
- Healthy People 2020 Trackers
- Performance Tracking
- Database of Over 2,000 Proven Programs
- Collaboration Center to Maximize Partnerships
- Report Assistant to Quickly Present Data

Ideal for community collaboratives, foundations, other partnership-based initiatives, and public health agencies.

Provides a solid foundation for PHAB, MAPP and Collective Impact strategies.

Enables hospitals, health systems and other organizations to embed the platform's functionality within their branding.

Helps to meet IRS 990 requirements for CHNA and Implementation Plans.

GET THE MOST VALUE FROM THE HCI PLATFORM WITH OUR PROFESSIONAL SERVICES

Secondary Data Analysis

We'll review, analyze and synthesize your data elements, then provide a comprehensive narrative to save you time and complement your reports, grant proposals and assessments. This is a great way to fast track your CHNA!

Community Input

Our team gathers input from the community and key informants through convenience surveys, phone interviews, interactive screen sharing, and more.

Identification of Top Needs and Prioritization

From analyzing data to facilitating group sessions with stakeholders, we assist with identifying and prioritizing your top community needs.

CHNA/Implementation Strategy Guidance and Report Development

We work with you on a customized approach for your CHNA and Implementation Strategy, including authoring the reports to reflect your community's strengths, needs and priorities.

Showcase Your Work

By developing custom web pages, Initiative Centers and Trackers, we extend the advantages of the many tools in your HCI Platform.

For more information, please contact:
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Schedule A Demo Today! healthycitiesinstitute.com/demo

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Section 1: Introduction to Study

Hi, my name is _____, and I'm calling from True North on behalf of the <<**Tahoe Forest Health System/Incline Village Community Hospital**>>. I'm following up on a letter that was recently sent to your house inviting you to participate in a survey.

Alternate pipe above based on Area Code. Use Incline Village Community Hospital if the Area Code is 775. Otherwise use Tahoe Forest Health System.

We are gathering information about the health of local residents using questions developed by the U.S. Center for Disease Control and researchers at the University of Nevada, Reno. The purpose of the study is to determine how well the community's health needs are being met.

If needed: The survey should take between 15 and 20 minutes to complete.

If needed: If now is not a convenient time, can you let me know a better time so I can call back?

If needed: Your individual responses will be kept strictly CONFIDENTIAL. And if you do not wish to answer a particular question, just say so.

If needed: If you have any questions about the survey or the use of the survey results, you may call Tahoe Forest Health System at (530) 582-7425 and ask for Caroline Ford.

Section 2: Screening Questions (Phone)

For statistical reasons, I would like to speak to the youngest adult male currently at home that is at least 18 years of age. *If there is no male currently at home that is at least 18 years of age, then ask:* Ok, then I'd like to speak to the youngest female currently at home that is at least 18 years of age.

If there is no adult currently available, then ask for a callback time.

NOTE: *Adjust this screener as needed to match sample quotas on gender & age*

SC1	To begin, I have a few screening questions. What is the zip code at your residence? <i>Read zip code back to them to confirm correct.</i>			
	1	96160, 96161, 96162	Truckee - Nevada County	<i>Go to SC2</i>
	2	96140	Carnelian Bay - Placer County	<i>Go to SC2</i>
	3	96142	Tahoma - El Dorado County	<i>Go to SC2</i>
	4	96143	Kings Beach - Placer County	<i>Go to SC2</i>
	5	96145	Tahoe City - Placer County	<i>Go to SC2</i>
	6	96146	Olympic Valley - Placer County	<i>Go to SC2</i>
	7	95724	Norden - Nevada County	<i>Go to SC2</i>
	8	95728	Soda Springs - Nevada County	<i>Go to SC2</i>
	9	89451, 89450	Incline Village - Washoe County	<i>Go to SC2</i>
	10	89402	Crystal Bay - Washoe County	<i>Go to SC2</i>
	11	Any other ZIP		<i>Terminate</i>

	98	Don't Know		Terminate
	99	Prefer not to Answer		Terminate
SC2	Do you reside in the Tahoe area at least nine months per year?			
	1	Yes		Go to Q1
	2	No		Read statement below & terminate
	99	Prefer not to Answer		Terminate
Thank you very much, but we are only interviewing primary residences.				

Section 3: Initial Demographic Questions

Q1	What seasons do you typically reside in the Tahoe area? <i>Read seasons if needed. Check all that apply.</i>			
	1	Spring		
	2	Summer		
	3	Fall		
	4	Winter		
	5	All Year/Year Round		
	99	Prefer not to Answer		
Q2	Please list any secondary zip codes of residence.			
			<i>Record Verbatim Response Zip Code</i>	
	2	None/No Secondary Residence		
	99	Prefer not to Answer		
Q3	This may seem obvious but I have to ask you - what is your gender?			
	1	Male		
	2	Female		
	99	Prefer not to Answer		
Q4	What is your age?			
			<i>Record Verbatim Response Age</i>	
	98	Don't know / not sure		
	99	Prefer not to Answer		

Q5	Are you Hispanic or Latino?	
	1	Yes
	2	No
	98	Don't know
	99	Prefer not to Answer
Q6	Which one or more of the following would you say is your race? <i>Read List. Check all that apply</i>	
	1	White
	2	Black or African American
	3	Asian
	4	Native Hawaiian or Other Pacific Islander
	5	American Indian or Alaska Native
	6	Other Specify
	98	Don't know / not sure
	99	Prefer not to Answer
Q7	What is your current employment situation? <i>Please select only one response.</i>	
	1	Employed for wages
	2	Self employed
	3	Seasonally employed
	4	Out of work for more than 1 year
	5	Out of work less than one year
	6	A homemaker
	7	A student
	8	Retired
	9	Unable to work
	99	Prefer not to Answer

Section 4: Personal Health & Health Related Behaviors		
Q8	Would you say that in general your health is _____?	
	1	Excellent
	2	Very Good
	3	Good
	4	Fair
	5	Poor
	98	Don't know / not sure
	99	Prefer not to Answer
Q9	Now thinking about your physical health , which includes physical illness and injury, for how many days during the past 30 days was your physical health <u>not</u> good?	
	<i>Record Verbatim Response - # of days. Max Limit 30.</i>	
	2	None
	98	Don't know / not sure
	99	Prefer not to Answer
Q10	Now thinking about your mental health , which includes stress, depression and problems with emotions, for how many days during the past 30 days was your mental health <u>not</u> good?	
	<i>Record Verbatim Response - # of days. Max Limit 30.</i>	
	2	None
	98	Don't know / not sure
	99	Prefer not to Answer
Q11	How often do you get the social and emotional support you need? Would it be _____? <i>If asked, say "please include support from any source."</i>	
	1	Always
	2	Usually
	3	Sometimes
	4	Rarely
	5	Never
	98	Don't know / not sure
	99	Prefer not to Answer

Q12	How many times per week do you prepare and eat a family meal in your household?	
		<i>Record Verbatim Response - Times per week</i>
	2	Never
	98	Don't know / not sure
	99	Prefer not to Answer
The next two questions are about foods you usually eat or drink. Include foods you eat both at home and away from home.		
Q13	During the past month, not counting juice, how many times per day, week, or month did you eat <u>fruit</u> ? Count fresh, frozen, or canned fruit. <i>Record # and check appropriate day, week or month box.</i>	
		<i>Record Verbatim Response - # of days, week or month</i>
	1	Per day
	2	Per week
	3	Per month
	0	Never
	98	Don't know / not sure
	99	Prefer not to Answer
Q14	During the past month, how many times per day, week, or month did you eat <u>vegetables</u> ? <i>Record # and check appropriate day, week or month box.</i> <i>If needed:</i> Vegetables include broccoli or dark leafy greens including romaine, chard, collard greens or spinach; orange-colored vegetables such as sweet potatoes, pumpkin, winter squash, or carrots; tomatoes, tomato juice or V-8 juice; corn, eggplant, peas, lettuce, cabbage, and baked or mashed potatoes. Do not include French fries or chips.	
		<i>Record Verbatim Response - # of days, week or month</i>
	1	Per day
	2	Per week
	3	Per month
	0	Never
	98	Don't know / not sure
	99	Prefer not to Answer

Q15	Now I will ask you questions about the flu vaccine. There are two ways to get a flu vaccine, one is a shot in the arm and the other is a spray, mist, or drop in the nose called FluMist. During the past 12 months, have you had either a flu shot or a flu vaccine that was sprayed in your nose?	
	1	Yes
	2	No
	98	Don't know / not sure
	99	Prefer not to Answer
Q16	Have you ever had the adult booster for the Tdap vaccine? <i>Read if necessary:</i> Tdap refers to combined Tetanus, diphtheria and pertussis vaccine.	
	1	Yes
	2	No
	98	Don't know / not sure
	99	Prefer not to Answer
<i>If respondent is male (Q3=1) skip to instruction preceding Q19</i>		
Q17	A mammogram is an x-ray of each breast to look for breast cancer. Have you ever had a mammogram?	
	1	Yes
	2	No
	98	Don't know / not sure
	99	Prefer not to Answer
Q18	How long has it been since you had your last mammogram?	
	1	Within the past year (anytime less than 12 months ago)
	2	Within the past 2 years (1 year but less than 2 years ago)
	3	Within the past 3 years (2 years but less than 3 years ago)
	4	Within the past 5 years (3 years but less than 5 years ago)
	5	Five or more years ago
	98	Don't know / not sure
	99	Prefer not to Answer

<i>If respondent is 49 years of age or less (Q4<50) skip to instruction preceding Q21</i>		
Q19	Sigmoidoscopy and colonoscopy are exams in which a tube is inserted in the rectum to view the colon for signs of cancer or other health problems. Have you ever had either of these exams?	
	1	Yes
	2	No
	98	Don't know / not sure
	99	Prefer not to Answer
	<i>Skip to instruction preceding Q21</i>	
	<i>Ask Q20</i>	
	<i>Skip to instruction preceding Q21</i>	
	<i>Skip to instruction preceding Q21</i>	
Q20	Why have you not had either of these exams? <i>Read list if needed.</i>	
	1	Cost
	2	Lack of insurance
	3	Lack of transportation
	4	Do not have / know a doctor
	5	No reason
	98	Don't know / not sure
	99	Prefer not to Answer
<i>If respondent is male (Q3=1) skip to Q22</i>		
Q21	A Pap test is a test for cancer of the cervix. Have you ever had a Pap test?	
	1	Yes
	2	No
	98	Don't know / not sure
	99	Prefer not to Answer
Q22	Have you EVER been told by a doctor, nurse, or other health professional that you have high blood pressure?	
	1	Yes
	2	No

Q23	About how long has it been since you last had your blood cholesterol checked?	
	1	Within the past year (anytime less than 12 months ago)
	2	Within the past 2 years (1 year but less than 2 years ago)
	3	Within the past 3 years (2 years but less than 3 years ago)
	4	Within the past 5 years (3 years but less than 5 years ago)
	5	Five or more years ago
	98	Don't know / not sure
	99	Prefer not to Answer
Q24	Have you EVER been told by a doctor, nurse or other health professional that your blood cholesterol is high?	
	1	Yes
	2	No
	98	Don't know / not sure
	99	Prefer not to Answer
Q25	Has a doctor, nurse, or other health professional EVER told you that you have angina or coronary heart disease	
	1	Yes
	2	No
	98	Don't know / not sure
	99	Prefer not to Answer
Q26	During the past 30 days, have you had at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor?	
	1	Yes <i>Ask Q27</i>
	2	No <i>Skip to Q30</i>
	98	Don't know / not sure <i>Skip to Q30</i>
	99	Prefer not to Answer <i>Skip to Q30</i>
Q27	One drink is equivalent to a 12-ounce beer, a 5-ounce glass of wine, or drink with one shot of liquor. During the past 30 days, on the days when you drank, about how many drinks did you drink on the average?	
		<i>Record Verbatim Response - # Drinks</i>
	98	Don't know / not sure
	99	Prefer not to Answer

Q28	During the past 30 days, how many days per week or per month did you have at least one drink of any alcoholic beverage? <i>Record # and check appropriate days per week or 30 day box.</i>	
		<i>Record Verbatim Response - # Days per week or month</i>
	Days per week	
	Days in past 30 days	
3	No drinks in past 30 days	
98	Don't know / not sure	
99	Prefer not to Answer	
Q29	Considering all types of alcoholic beverages, how many times during the past 30 days did you have <<insert '5' if male; insert '4' if female>> or more drinks on an occasion?	
		<i>Record Verbatim Response - # Times</i>
0	None	
98	Don't know / not sure	
99	Prefer not to Answer	
Q30	Have you smoked at least 100 cigarettes in your entire life? <i>If needed:</i> For "cigarettes," do not include: electronic cigarettes (e-cigarettes, NJOY, Bluetip), herbal cigarettes, cigars, cigarillos, little cigars, pipes, bidis, kreteks, waterpipes (hookahs), or marijuana.	
1	Yes	<i>Ask Q31</i>
2	No	<i>Skip to Q34</i>
98	Don't know / not sure	<i>Skip to Q34</i>
99	Prefer not to Answer	<i>Skip to Q34</i>
Q31	Do you now smoke cigarettes every day, some days, or not at all?	
1	Every day	
2	Some days	
3	Not at all	
98	Don't know / not sure	
99	Prefer not to Answer	
Q32	During the past 12 months, have you stopped smoking for one day or longer because you were trying to quit smoking?	
1	Yes	<i>Ask Q33</i>
2	No	<i>Skip to Q34</i>
98	Don't know / not sure	<i>Skip to Q34</i>
99	Prefer not to Answer	<i>Skip to Q34</i>

Q33	How long has it been since you last smoked a cigarette, even one or two puffs?	
	1	Within the past month (less than 1 month ago)
	2	Within the past 3 months (1 month but less than 3 months ago)
	3	Within the past 6 months (3 months but less than 6 months ago)
	4	Within the past year (6 months but less than 1 year ago)
	5	Within the past 5 years (1 year but less than 5 years ago)
	6	Within the past 10 years (5 years but less than 10 years ago)
	7	10 years or more
	98	Don't know / not sure
	99	Prefer not to Answer
Q34	Do you currently use chewing tobacco, snuff, or snus every day, some days, or not at all? <i>If needed: Snus (rhymes with "goose" and is Swedish for snuff) is a moist smokeless tobacco, usually sold in small pouches that are placed under the lip against the gum.</i>	
	1	Every day
	2	Some days
	3	Not at all
	98	Don't know / not sure
	99	Prefer not to Answer
Q35	Do you currently use electronic cigarettes such as "NJoy" or "Smoking Everywhere" every day, some days, or not at all?	
	1	Every day <i>Skip to Q37</i>
	2	Some days <i>Ask Q36</i>
	3	Not at all <i>Skip to Q38</i>
	98	Don't know / not sure <i>Skip to Q38</i>
	99	Prefer not to Answer <i>Skip to Q38</i>
Q36	During the past 30 days, how many days did you use Electronic cigarettes, such as "Smoking Everywhere" or "Njoy"?	
		<i>Record Verbatim Response - # Days. Max Limit 30.</i>
	98	Don't know / not sure
	99	Prefer not to Answer

Q37	What best describes your reason for using e-cigarettes? <i>Allow multiple responses.</i>	
	1	Used to quit other tobacco
	2	Switched to e-cigarettes to replace other tobacco
	3	Used to cut down on other tobacco
	4	Used in places where other tobacco is not allowed
	5	Curiosity, just to try it
	97	Other <i>Specify</i>
	98	Don't know / not sure
	99	Prefer not to Answer
Q38	Have you or someone in your home abused drugs, including prescription drugs in the past year?	
	1	Yes <i>Ask Q39</i>
	2	No <i>Skip Q40</i>
	98	Don't know / not sure <i>Ask Q39</i>
	99	Prefer not to Answer <i>Ask Q39</i>
Q39	Has the drug abuse including prescription medicines affected family life or work?	
	1	Yes
	2	No
	98	Don't know / not sure
	99	Prefer not to Answer
Q40	We are interested in moderate activity. Moderate activities cause small increases in breathing or heart rate. Now, thinking about the moderate activities you do <<insert "when you are not working" if Q7=1,2 or 3>> in a usual week, do you do moderate activities for at least 10 minutes at a time, such as brisk walking, bicycling, vacuuming, gardening, or anything else that causes some increase in breathing or heart rate?	
	1	Yes <i>Ask Q41</i>
	2	No <i>Skip Q42</i>
	98	Don't know / not sure <i>Skip Q42</i>
	99	Prefer not to Answer <i>Skip Q42</i>

Q41	How many days per week do you do these moderate activities for at least 10 minutes at a time?	
		<i>Record Verbatim Response - # Days per week. Max Limit 7.</i>
	98	Don't know / not sure
	99	Prefer not to Answer
Q42	Do you have a lingering or chronic injury or ailment to a major joint or your back that gives you substantial pain or limits your daily activities or sports you enjoy?	
	1	Yes
	2	No
	98	Don't know / not sure
	99	Prefer not to Answer

Section 5: Children's Health Status		
Q43	How many children less than 18 years of age live in your household?	
		<i>Record Verbatim Response - # Children</i>
	0	None <i>Skip to Q52</i>
	99	Prefer not to Answer <i>Ask Q44</i>
Q44	Do you have children in your household who have <u>not</u> had all of their vaccinations and immunizations?	
	1	Yes <i>Ask Q45</i>
	2	No <i>Skip to Q46</i>
	98	Not sure <i>Skip to Q46</i>
	99	Prefer not to Answer <i>Skip to Q46</i>
Q45	For those children in your household who have not had all of their vaccinations and immunizations, would you explain why not? <i>Check all that apply.</i>	
	1	Cost
	2	No access to doctors
	3	Lack of insurance
	4	Concern for safety
	5	Religious belief
	6	Other <i>Specify</i>
	98	Not sure
	99	Prefer not to Answer

Q46	During the past 12 months, has one or more children in your household under the age of 19 visited a dentist or dental clinic for dental care?			
	1	Yes, that child(ren) has visited a dentist or dental clinic at least once in the past 12 months	Ask Q47	
	2	No	Skip to Q48	
	98	Not sure	Skip to Q48	
	99	Prefer not to Answer	Skip to Q48	
Q47	Where did your child receive that dental care? <i>Check all that apply.</i>			
	1	Carson City		
	2	Incline Village/ Crystal Bay		
	3	Kings Beach		
	4	Reno		
	5	South Lake Tahoe		
	6	Tahoe City		
	7	Truckee		
	8	Other	Specify	
Q48	In the past 12 months, have you wanted but not sought help for dental care for your child(ren) because: _____?			
	<i>Read in Order</i>		Yes	No
				Not Sure/ Prefer not to answer
A	You could not afford it		1	2
B	You did not have insurance		1	2
C	You did not have transportation		1	2
D	You were turned away by a medical provider		1	2
E	Of any other reason	<i>If yes, specify:</i>	1	2
Q49	During the past 12 months, has a child or children in your household under the age of 7 had a well-child visit with a doctor or other health care provider?			
	1	Yes, that child(ren) has visited a dentist or dental clinic at least once in the past 12 months	Ask Q50	
	2	No	Skip to Q51	
	98	Not sure	Skip to Q51	
	99	Prefer not to Answer	Skip to Q51	

Q50					Where did your child receive that well-child visit? <i>Check all that apply.</i>				
		1	Carson City	<i>Skip to Q52</i>					
		2	Incline Village/ Crystal Bay	<i>Skip to Q52</i>					
		3	Kings Beach	<i>Skip to Q52</i>					
		4	Reno	<i>Skip to Q52</i>					
		5	South Lake Tahoe	<i>Skip to Q52</i>					
		6	Tahoe City	<i>Skip to Q52</i>					
		7	Truckee	<i>Skip to Q52</i>					
		8	Other	<i>Specify</i>		<i>Skip to Q52</i>			
Q51					In the past 12 months, have you wanted but not sought a well-child visit for your child(ren) because _____?				
<i>Read in Order</i>					Yes	No	Not Sure/ Prefer not to answer		
A	You could not afford it				1	2	99		
B	You did not have insurance				1	2	99		
C	You did not have transportation				1	2	99		
D	You were turned away by a medical provider				1	2	99		
E	Of any other reason	<i>If yes, specify:</i>			1	2	99		

Section 6: Health Care & Utilization									
Q52					Except for emergencies, which of the following towns or cities do you primarily go to for most of your health care related needs? <i>Please check one response.</i>				
		1	Carson City						
		2	Incline Village/ Crystal Bay						
		3	Kings Beach						
		4	Reno						
		5	South Lake Tahoe						
		6	Tahoe City						
		7	Truckee						
		8	Other	<i>Specify</i>					
		99	Prefer not to Answer						

Q53	Do you have one person you think of as your personal doctor or health care provider? <i>If "No," then ask: Is there more than one, or is there no person who you think of as your personal doctor or health care provider?</i>	
	1	Yes, one person
	2	Yes, more than one person
	3	No, don't have a personal doctor or provider
	98	Not sure
	99	Prefer not to Answer
Q54	In the past twelve months, have you scheduled an appointment with a doctor or health care provider for an immediate (but not emergency) health concern?	
	1	Yes <i>Ask Q55</i>
	2	No <i>Skip to Q56</i>
	98	Not sure <i>Skip to Q56</i>
	99	Prefer not to Answer <i>Skip to Q56</i>
Q55	When you scheduled that appointment with a doctor or health care provider, about how long did you have to wait for that appointment?	
	1	Didn't have to wait - the appointment was the same or next day
	2	Less than 1 week
	3	1 to 2 weeks
	4	2 to 4 weeks
	5	More than a month
	98	Not sure
	99	Prefer not to Answer
Q56	In the past twelve months, have you scheduled an appointment with a mental health or behavioral health services provider? <i>If needed: Examples of "mental health or behavioral health services" providers: psychiatrist, psychologist, counselors, social workers, addiction/substance abuse counselors</i>	
	1	Yes, urgent need <i>Ask Q57</i>
	2	Yes, non-urgent need <i>Ask Q57</i>
	3	No <i>Skip to Q58</i>
	98	Not sure <i>Skip to Q58</i>
	99	Prefer not to Answer <i>Skip to Q58</i>

Q57		When you scheduled that appointment with a mental health or behavioral health services provider, about how long did you have to wait for that appointment?		
	1	Didn't have to wait - the appointment was the same or next day		
	2	Less than 1 week		
	3	1 to 2 weeks		
	4	2 to 4 weeks		
	5	More than a month		
	98	Not sure		
	99	Prefer not to Answer		
Q58		In the past 12 months, have you wanted but not sought help for mental health because _____?		
<i>Read in Order</i>		Yes	No	Not Sure/ Prefer not to answer
A	You could not afford it		1	2
B	You did not have insurance		1	2
C	You did not have transportation		1	2
D	You were turned away by a medical provider		1	2
E	Of any other reason	<i>If yes, specify:</i>	1	2
Q59		If you scheduled an appointment with a medical specialist in the past 12 months, about how long did you have to wait for that appointment? <i>If needed:</i> Examples of medical specialists include but are not limited to cardiologists, endocrinologist, urologists, dermatology, neurology, gastroenterology, orthopedics.		
	0	Not applicable/didn't schedule appointment		
	1	Didn't have to wait - the appointment was the same or next day		
	2	Less than 1 week		
	3	1 to 2 weeks		
	4	2 to 4 weeks		
	5	More than a month		
	98	Not sure		
	99	Prefer not to Answer		

Q60	How long has it been since you last visited a primary care doctor or health practitioner for a routine checkup? A routine checkup is a general physical exam, not an exam for a specific injury, illness or condition.	
	1	Within the past year (anytime less than 12 months ago) <i>Ask Q61</i>
	2	Within the past 1 to 2 years (2 years but less than 5 years ago) <i>Ask Q61</i>
	3	More than 5 years <i>Ask Q61</i>
	4	Never <i>Skip to Q63</i>
	98	Don't know / not sure <i>Skip to Q63</i>
	99	Prefer not to Answer <i>Skip to Q63</i>
Q61	What type of doctor or health practitioner did you see for that routine checkup?	
	1	Allopathic Physician or MD
	2	Chiropractic Doctor
	3	Naturopathic Physician
	4	Nurse Practitioner
	5	Osteopathic Physician or DO
	6	Physician's Assistant
	7	Other <i>Specify</i>
	99	Prefer not to Answer
Q62	Where did you receive that last routine checkup?	
	1	Carson City
	2	Incline Village/ Crystal Bay
	3	Kings Beach
	4	Reno
	5	South Lake Tahoe
	6	Tahoe City
	7	Truckee
	8	Other <i>Specify</i>
	99	Prefer not to Answer

Q63	Was there a time in the past 12 months when you needed to see a doctor but could not because of cost?			
	1	Yes, I chose not to go because of cost		
	2	Yes, I was turned away by a medical provider due to cost		
	3	No		
	98	Don't know / not sure		
	99	Prefer not to Answer		
Q64	As I read the following items, please tell me whether there were any instances in the past 12 months were you needed this item but did NOT receive it due to cost.			
	<i>Randomize</i>	Yes	No	Prefer not to Answer
A	See dentist?	1	2	99
B	See medical specialist?	1	2	99
C	See a mental or behavior health specialist?	1	2	99
D	Get a prescription filled?	1	2	99
E	Get Lab work?	1	2	99
F	Have an X ray or other diagnostic test?	1	2	99
G	Obtain medical supplies or equipment?	1	2	99
H	Have surgery or a procedure?	1	2	99
I	Receive treatment for a bone muscle injury?	1	2	99
Q65	How many times have you used a hospital emergency room in the past 12 months?			
		<i>Record Verbatim Response - # Times</i>		
	0	None	<i>Skip to Q67</i>	
	99	Prefer not to Answer	<i>Skip to Q67</i>	

Q66 At which hospital did you receive emergency care? <i>Check all that apply.</i>				
	1	Carson City		
	2	Incline Village/ Crystal Bay		
	3	Reno		
	4	South Lake Tahoe		
	5	Truckee		
	6	Other	<i>Specify</i>	
	99	Prefer not to Answer		
Q67 During the past 12 months, have you visited a dentist or dental clinic for dental care?				
	1	Yes	<i>Ask Q68</i>	
	2	No	<i>Skip to Q69</i>	
	98	Not sure	<i>Skip to Q69</i>	
	99	Prefer not to Answer	<i>Skip to Q69</i>	
Q68 Where did you receive that dental care? <i>Check all that apply.</i>				
	1	Carson City		
	2	Incline Village/ Crystal Bay		
	3	Kings Beach		
	4	Reno		
	5	South Lake Tahoe		
	6	Tahoe City		
	7	Truckee		
	8	Other	<i>Specify</i>	
Q69 In the past 12 months, have you wanted but not sought help for dental health because _____?				
<i>Read in Order</i>			Yes	No
			Not Sure/ Prefer not to answer	
A	You could not afford it		1	2
B	You did not have insurance		1	2
C	You did not have transportation		1	2
D	You were turned away by a medical provider		1	2
			99	99

E	Of any other reason	<i>If yes, specify:</i>	1	2	99
<i>If respondent is male (Q3=1) then skip to Q71</i>					
Q70	In the past five years, have you sought but were not able to obtain prenatal services in the local community?				
	1	Yes			
	2	No			
	98	Don't know / not sure			
	99	Prefer not to Answer			
Q71	In the past five years, have you sought but were not able to obtain family planning services in the local community?				
	1	Yes			
	2	No			
	98	Don't know / not sure			
	99	Prefer not to Answer			
Q72	Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or governmental plans such as Medicare?				
	1	Yes	<i>Ask Q73</i>		
	2	No	<i>Skip to Q75</i>		
	98	Don't know / not sure	<i>Skip to Q75</i>		
	99	Prefer not to Answer	<i>Skip to Q75</i>		
Q73	What type of health care coverage do you have? <i>Read choices if needed.</i> <i>Read if necessary:</i> Other public coverage could include Veterans Administration, Tribal				
	1	Commercial or private plan			
	2	Medicare			
	3	Medi-Cal or Medicaid			
	4	Other public coverage			
	5	Other	<i>Specify</i>		
Q74	For how long have you had health care insurance coverage <i>without</i> a lapse in coverage?				
	1	Less than 3 months			
	2	3 to 6 months			
	3	6 months to a year			
	4	1 to 2 years			
	5	More than 2 years			

	99	Prefer not to Answer	
Q75	Have you <u>not</u> sought medical help in the past year even though you wanted to because of a lack of transportation?		
	1	Yes	
	2	No	
	98	Don't know / not sure	
	99	Prefer not to Answer	
Q76	Have language or cultural barriers between you and a medical provider prevented you from seeking medical care in the community?		
	1	Yes	
	2	No	
	98	Don't know / not sure	
	99	Prefer not to Answer	
Q77	In your opinion, what is the <u>main</u> barrier you face in accessing health care in our community? <i>Do Not Read Responses. Please select only one response.</i>		
	1	Finding affordable services	
	2	Finding a place open when I'm not working	
	3	Finding a place that takes new patients	
	4	My ability to take off work without losing pay	
	5	Finding a place that takes my insurance	
	6	Finding a place where they speak my language	
	7	Lack of, or poor transportation to my doctor or health provider	
	8	Finding child care when I need to see a doctor or health provider	
	9	Other	<i>Specify</i>
	10	No, there are no barriers	
	98	Don't know / not sure	
	99	Prefer not to Answer	

Section 7: Final Demographic Questions		
Q78	What is the highest grade or year of school you have completed?	
	1	Never attended school
	2	Grades 1 through 8 (Elementary)
	3	Grades 9 through 11 (Some high school)
	4	Grade 12 or GED (High school graduate)
	5	College 1 to 3 years (Some college)
	6	College 4 years or more (College graduate)
	99	Prefer not to Answer
Q79	Are you...	
	1	Married
	2	Divorced
	3	Widowed
	4	Separated
	5	Never married
	6	A member of an unmarried couple
	99	Prefer not to Answer
Q80	This last question is for statistical purposes only. As I read the following income categories, please stop me when I reach the category that best represents your household's total annual income from all sources.	
	1	Less than \$10,000
	2	\$10,000 to less than \$15,000
	3	\$15,000 to less than \$20,000
	4	\$20,000 to less than \$25,000
	5	\$25,000 to less than \$35,000
	6	\$35,000 to less than \$50,000
	7	\$50,000 to less than \$75,000
	8	\$75,000 or more
	98	Not sure
	99	Prefer not to Answer

Section 8: Concluding Questions		
Q81	What do you think is the top health or health care challenge facing our community?	
		<i>Record Verbatim Response</i>
	2	None come to mind
	99	Prefer not to Answer
Q82	What changes in health care services would you like to see in our community, if any?	
		<i>Record Verbatim Response</i>
	2	None come to mind
	99	Prefer not to Answer
Q83	Is there anything else you would like us to know?	
		<i>Record Verbatim Response</i>
	2	Nothing comes to mind
	99	Prefer not to Answer
<p>Thank you for participating in this community health needs assessment survey! We will be sharing the results of this survey during a community forum to be held later this year. Individual responses will be confidential and not shared.</p> <p><i>If asked any follow-up questions by respondent, say:</i> If you have any questions about this survey or the community health needs assessment coordinated by the Tahoe Forest Health System, please contact:</p> <p style="text-align: center;"> Caroline Ford Executive Director, Wellness Neighborhood Tahoe Forest Health System (530) 582-7425 cford@tfhd.com </p>		