2018 Community Health Needs Assessment Report

Primary Service Area

Prepared for:
Barton Health

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Professional Research Consultants, Inc.

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Introduction

Professional Research Consultants, Inc.

Project Overview

Project Goals

This Community Health Needs Assessment, a follow-up to similar studies conducted in 2012 and 2015, is a systematic, data-driven approach to determining the health status, behaviors and needs of residents in the Primary Service Area of Barton Health. Subsequently, this information may be used to inform decisions and guide efforts to improve community health and wellness.

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

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

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

Methodology

This assessment incorporates data from both quantitative and qualitative sources. Quantitative data input includes primary research (the PRC Community Health Survey) and secondary research (vital statistics and other existing health-related data); these quantitative components allow for trending and comparison to benchmark data at the state and national levels. Qualitative data input includes primary research gathered through an Online Key Informant Survey.

PRC Community Health Survey

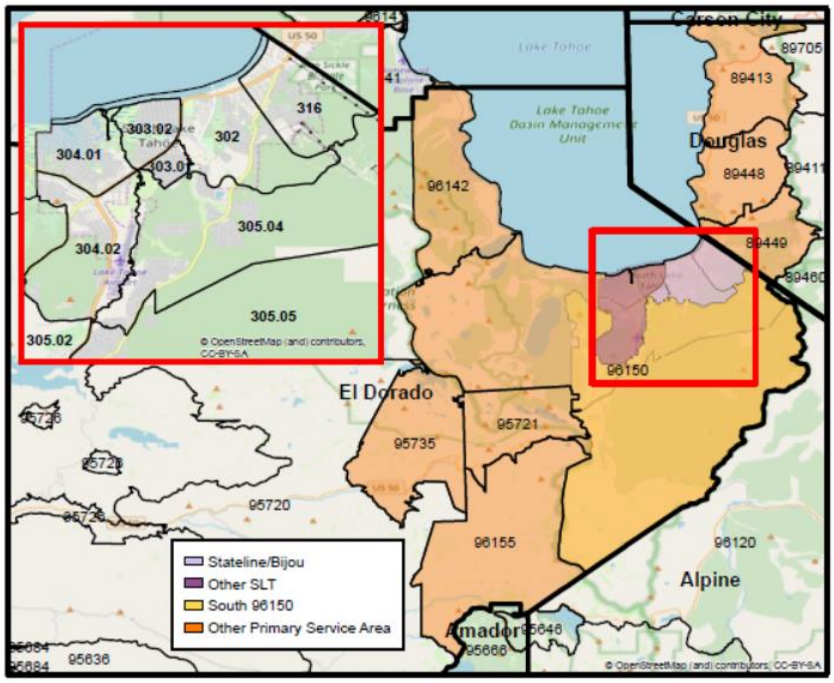
Survey Instrument

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

Community Defined for This Assessment

The study area for the survey effort is defined as each of the residential ZIP Codes comprising the Primary Service Area of Barton Health, including 95721, 95735, 96142, 96150, 96151, 96155, 96156, 96158, 89413, 89448, and 89449. This community definition, determined based on the ZIP Codes of residence of recent patients of Barton Health, is illustrated in the following map.

In reporting, results are further segmented to census tracts associated with the Stateline/Bijou area of South Lake Tahoe, Other South Lake Tahoe, as well as South 96150 ZIP Code, and Other Primary Service Area. This community definition, determined based on the ZIP Codes of residence of recent patients of Barton Health, is illustrated in the following map.



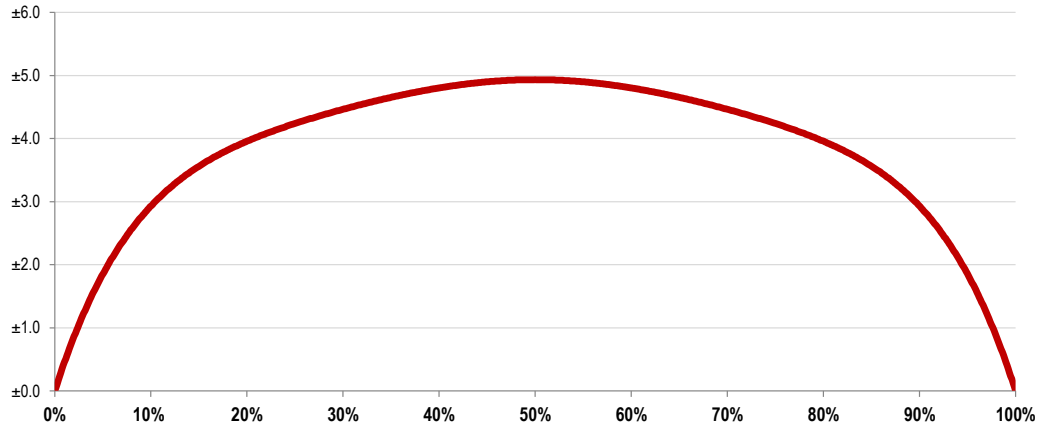
Sample Approach & Design

A precise and carefully executed methodology is critical in asserting the validity of the results gathered in the PRC Community Health Survey. Thus, to ensure the best representation of the population surveyed, a telephone interview methodology — one that incorporates both landline and cell phone interviews — was employed. The primary advantages of telephone interviewing are timeliness, efficiency, and random-selection capabilities.

The sample design used for this effort consisted of a stratified random sample of 400 individuals age 18 and older in the Primary Service Area, separated into four sub-communities of interest to Barton Health. Once the interviews were completed, these were weighted in proportion to the actual population distribution so as to appropriately represent the Primary Service Area as a whole. All administration of the surveys, data collection and data analysis was conducted by PRC.

For statistical purposes, the maximum rate of error associated with a sample size of 400 respondents is ±4.9% at the 95 percent confidence level.

Expected Error Ranges for a Sample of 400 Respondents at the 95 Percent Level of Confidence



Note:
- The "response rate" (the percentage of a population giving a particular response) determines the error rate associated with that response. A "95 percent level of confidence" indicates that responses would fall within the expected error range on 95 out of 100 trials.

Examples:
- If 10% of the sample of 400 respondents answered a certain question with a "yes," it can be asserted that between 7.1% and 12.9% (10% ± 2.9%) of the total population would offer this response.
- If 50% of respondents said "yes," one could be certain with a 95 percent level of confidence that between 45.1% and 54.9% (50% ± 4.9%) of the total population would respond "yes" if asked this question.

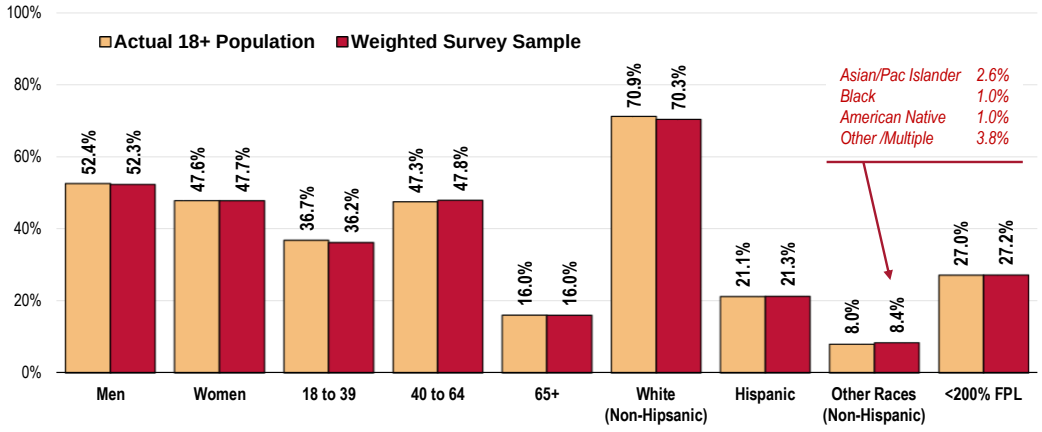
Sample Characteristics

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

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

Population & Survey Sample Characteristics

(Primary Service Area, 2018)



Sources:
- Census 2010, Summary File 3 (SF 3). US Census Bureau.
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc.

Further note that the poverty descriptions and segmentation used in this report are based on administrative poverty thresholds determined by the US Department of Health & Human Services. These guidelines define poverty status by household income level and number of persons in the household *(e.g., the 2018 guidelines place the poverty threshold for a family of four at $25,100 annual household income or lower)*. In sample segmentation: "**low income**" refers to community members living in a household with defined poverty status or living just above the poverty level, earning up to twice (<200% of) the poverty threshold; "**mid/high income**" refers to those households living on incomes which are twice or more (≥200% of) the federal poverty level.

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

Online Key Informant Survey

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

Key informants were contacted by email, introducing the purpose of the survey and providing a link to take the survey online; reminder emails were sent as needed to increase participation. In all, 81 community stakeholders took part in the Online Key Informant Survey, as outlined below:

Online Key Informant Survey Participation		
Key Informant Type	**Number Invited**	**Number Participating**
Physicians	28	10
Public Health Representatives	6	6
Other Health Providers	22	17
Social Services Providers	26	12
Other Community Leaders	44	36

Final participation included representatives of the organizations outlined below.

- Alta California Regional Center
- Barton Community Health Center
- Barton Family Medicine
- Barton Health
- Barton Memorial Hospital
- Boys and Girls Club of Lake Tahoe
- City of South Lake Tahoe Recreation Services
- Community Hubs El Dorado County
- El Dorado County Behavioral Health
- El Dorado County Health & Human Services Agency
- El Dorado County Library
- El Dorado County Office of Education, Child Development Programs
- El Dorado County Probation Department
- El Dorado County Public Health,
- Lake Tahoe Unified School District
- Lake Tahoe South Shore Chamber of Commerce
- Live Violence Free
- Mt. Tallac High School
- NAMI El Dorado County

- Patient Family Advisory Board
- Radon At Tahoe
- Sierra Child and Family Services
- South Tahoe High School
- SOS Outreach
- South Lake Tahoe Family Resource Center
- South Lake Tahoe Juvenile Treatment Center
- South Lake Tahoe Library
- South Lake Tahoe Police Department
- Tahoe Coalition for the Homeless
- Tahoe Magic
- Tahoe Transportation District
- Tahoe Youth and Family Services/Drug Store Project

Through this process, input was gathered from several individuals whose organizations work with low-income, minority, or other medically underserved populations.

Minority/medically underserved populations represented:

> *African-Americans, Asians, children with medical/developmental issues, disabled, elderly, expectant parents and families, Filipinos, foster children, Hawaiians, Hispanics, homeless, immigrants/refugees, low-income, Medicare/Medicaid/Medi-cal, mentally ill, Native Americans, non-English speaking, single parents, substance abusers, teen moms, undocumented, unemployed/underemployed, uninsured/ underinsured, veterans*

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

NOTE: These findings represent qualitative rather than quantitative data. The Online Key Informant Survey was designed to gather input regarding participants' opinions and perceptions of the health needs of the residents in the area. Thus, these findings are not necessarily based on fact.

Public Health, Vital Statistics & Other Data

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

- California Department of Public Health, Center for Health Statistics and Informatics, Public Health Policy and Research Branch
- Center for Applied Research and Environmental Systems (CARES)
- Centers for Disease Control & Prevention, Office of Infectious Disease, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
- Centers for Disease Control & Prevention, Office of Public Health Science Services, Center for Surveillance, Epidemiology and Laboratory Services, Division of Health Informatics and Surveillance (DHIS)

- Centers for Disease Control & Prevention, Office of Public Health Science Services, National Center for Health Statistics
- Community Commons
- ESRI ArcGIS Map Gallery
- National Cancer Institute, State Cancer Profiles
- OpenStreetMap (OSM)
- US Census Bureau, American Community Survey
- US Census Bureau, County Business Patterns
- US Census Bureau, Decennial Census
- US Department of Agriculture, Economic Research Service
- US Department of Health & Human Services
- US Department of Health & Human Services, Health Resources and Services Administration (HRSA)
- US Department of Justice, Federal Bureau of Investigation
- US Department of Labor, Bureau of Labor Statistics

Note that secondary data reflect county-level data for El Dorado County (California) and Douglas County (Nevada).

Benchmark Data

Trending

Similar surveys were administered in the Primary Service Area in 2012 and 2015 by PRC on behalf of Barton Health. Trending data, as revealed by comparison to prior survey results, are provided throughout this report whenever available. Historical data for secondary data indicators are also included for the purposes of trending.

California and Nevada Risk Factor Data

Statewide risk factor data are provided where available as an additional benchmark against which to compare local survey findings; these data represent the most recent *BRFSS (Behavioral Risk Factor Surveillance System) Prevalence and Trends Data* published online by the Centers for Disease Control and Prevention. State-level vital statistics are also provided for comparison of secondary data indicators.

Nationwide Risk Factor Data

Nationwide risk factor data, which are also provided in comparison charts, are taken from the *2017 PRC National Health Survey*; the methodological approach for the national study is similar to that employed in this assessment, and these data may be generalized to the US population with a high degree of confidence. National-level vital statistics are also provided for comparison of secondary data indicators.

Healthy People 2020

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 communities and sectors.
- Empower individuals toward making informed health decisions.
- Measure the impact of prevention activities.

Healthy People strives to:

- Identify nationwide health improvement priorities.
- Increase public awareness and understanding of the determinants of health, disease, and disability and the opportunities for progress.
- Provide measurable objectives and goals that are applicable at the national, State, and local levels.
- Engage multiple sectors to take actions to strengthen policies and improve practices that are driven by the best available evidence and knowledge.
- Identify critical research, evaluation, and data collection needs.

Determining Significance

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

Information Gaps

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

For example, certain population groups — such as the homeless, institutionalized persons, or those who only speak a language other than English or Spanish — are not represented in the survey data. Other population groups — for example, pregnant women, lesbian/gay/bisexual/transgender residents, undocumented residents, and members of certain racial/ethnic or immigrant groups — might not be identifiable or might not be represented in numbers sufficient for independent analyses.

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

Public Comment

Barton Health made its prior Community Health Needs Assessment (CHNA) report publicly available in 2015 through its website; through that mechanism, the hospital requested from the public written comments and feedback regarding the CHNA and implementation strategy. At the time of this writing, Barton Health had not received any written comments. However, through population surveys and key informant feedback for this assessment, input from the broader community was considered and taken into account when identifying and prioritizing the significant health needs of the community. Barton Health will continue to use its website as a tool to solicit public comments and ensure that these comments are considered in the development of future CHNAs.

IRS Form 990, Schedule H Compliance

For non-profit hospitals, a Community Health Needs Assessment (CHNA) also serves to satisfy certain requirements of tax reporting, pursuant to provisions of the Patient Protection & Affordable Care Act of 2010. To understand which elements of this report relate to those requested as part of hospitals' reporting on IRS Form 990 Schedule H, the following table cross-references related sections.

IRS Form 990, Schedule H (2017)	See Report Page
Part V Section B Line 3a *A definition of the community served by the hospital facility*	9
Part V Section B Line 3b *Demographics of the community*	45
Part V Section B Line 3c *Existing health care facilities and resources within the community that are available to respond to the health needs of the community*	261
Part V Section B Line 3d *How data was obtained*	9
Part V Section B Line 3e *The significant health needs of the community*	19
Part V Section B Line 3f *Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups*	Addressed Throughout
Part V Section B Line 3g *The process for identifying and prioritizing community health needs and services to meet the community health needs*	20
Part V Section B Line 3h *The process for consulting with persons representing the community's interests*	13
Part V Section B Line 3i *The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)*	267

Summary of Findings

Significant Health Needs of the Community

The following "Areas of Opportunity" represent the significant health needs of the community, based on the information gathered through this Community Health Needs Assessment and the guidelines set forth in Healthy People 2020. From these data, opportunities for health improvement exist in the area with regard to the following health issues (see also the summary tables presented in the following section).

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

Areas of Opportunity Identified Through This Assessment	

Access to Healthcare Services	• Barriers to Access
	  ○ Appointment Availability
	  ○ Finding a Physician
	• Primary Care Physician Ratio
	• Routine Medical Care (Adults)
	• Routine Medical Care (Children)
	• Eye Exams
	• Ratings of Local Healthcare

Cancer	• Cancer is a leading cause of death. • Female Breast Cancer Screening [Age 50-74] • Colorectal Cancer Screening [Age 50-75]
Heart Disease & Stroke	• Cardiovascular disease is a leading cause of death. • High Blood Pressure Management • Blood Cholesterol Screening • Overall Cardiovascular Risk
Immunization & Infectious Diseases	• Flu Vaccination [Age 65+] • Pneumonia Vaccination [High-Risk Age 18-64]
Infant Health & Family Planning	• Prenatal Care
Injury & Violence	• Falls [Age 45+] • Violent Crime Experience • Domestic Violence Experience

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Areas of Opportunity (continued)	
Mental Health	• "Fair/Poor" Mental Health • Stress Over Mortgage/Rent • Suicide Deaths • *Mental Health ranked as a top concern in the Online Key Informant Survey.*
Nutrition, Physical Activity, & Weight	• Fruit/Vegetable Consumption • Low Food Access • Obesity [Adults] • Medical Advice on Weight • Leisure-Time Physical Activity
Potentially Disabling Conditions	• Activity Limitations • Caregiver
Substance Abuse	• Cirrhosis/Liver Disease Deaths • Current Drinking • Excessive Drinking • Unintentional Drug-Related Deaths • Use Marijuana/Hashish • Negatively Affected by Substance Abuse (Self or Other's) • *Substance Abuse ranked as a top concern in the Online Key Informant Survey.*
Tobacco Use	• Cigarette Smoking Prevalence

Community Feedback on Prioritization of Health Needs

On August 16, 2018, Barton Health convened a group of 27 community stakeholders (including members of the Community Health Advisory Committee [CHAC], as well as other representatives of community-based agencies and organizations) to evaluate, discuss and prioritize health issues for community, based on findings of this Community Health Needs Assessment (CHNA). Professional Research Consultants, Inc. (PRC) began the meeting with a presentation of key findings from the CHNA, highlighting the significant health issues identified from the research (see Areas of Opportunity above). Following the data review, PRC answered any questions. Finally, participants were provided an overview of the prioritization exercise that followed.

In order to assign priority to the identified health needs (i.e., Areas of Opportunity), a wireless audience response system was used in which each participant was able to register his/her ratings using a small remote keypad. The participants were asked to evaluate each health issue along two criteria:

- **Scope & Severity** — The first rating was to gauge the magnitude of the problem in consideration of the following:
    - How many people are affected?

- How does the local community data compare to state or national levels, or Healthy People 2020 targets?
- To what degree does each health issue lead to death or disability, impair quality of life, or impact other health issues?

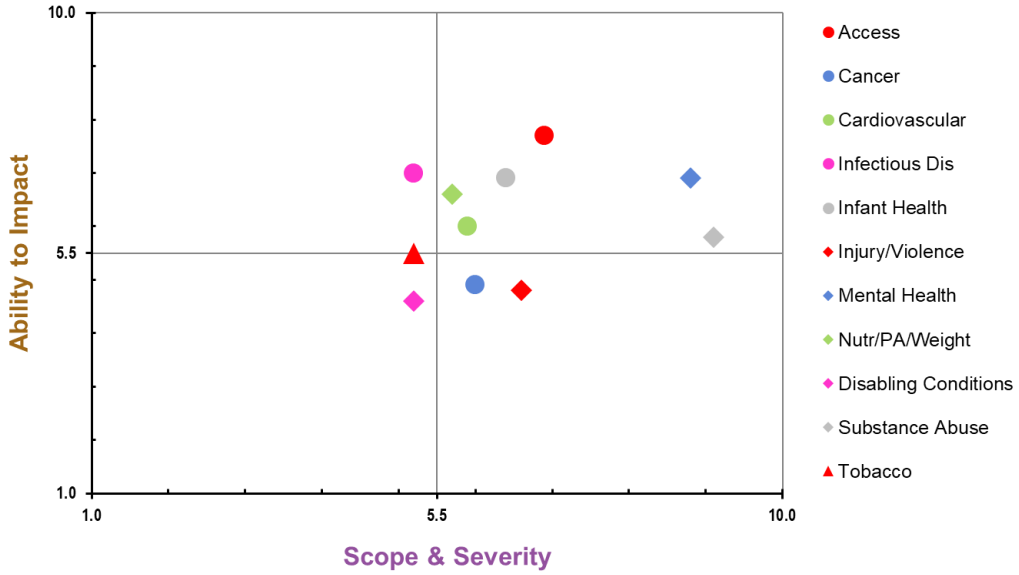
Ratings were entered on a scale of 1 (not very prevalent at all, with only minimal health consequences) to 10 (extremely prevalent, with very serious health consequences).

- **Ability to Impact** — A second rating was designed to measure the perceived likelihood of the hospital having a positive impact on each health issue, given available resources, competencies, spheres of influence, etc. Ratings were entered on a scale of 1 (no ability to impact) to 10 (great ability to impact).

Individuals' ratings for each criteria were averaged for each tested health issue, and then these composite criteria scores were averaged to produce an overall score. This process yielded the following prioritized list of community health needs:

1. Mental Health
2. Substance Abuse
3. Access to Healthcare
4. Infant Health & Family Planning
5. Nutrition, Physical Activity & Weight
6. Immunization & Infectious Diseases
7. Heart Disease & Stroke
8. Injury & Violence
9. Cancer
10. Tobacco Use
11. Potentially Disabling Conditions

Plotting these overall scores in a matrix illustrates the intersection of the Scope & Severity and the Ability to Impact scores. Below, those issues placing in the upper right (shaded) quadrant represent health needs rated as most severe, with the greatest ability to impact.



Hospital Implementation Strategy

Barton Health will use the information from this Community Health Needs Assessment to develop an Implementation Strategy to address the significant health needs in the community. While the hospital will likely not implement strategies for all of the health issues listed above, the results of this prioritization exercise will be used to inform the development of the hospital's action plan to guide community health improvement efforts in the coming years.

Note: An evaluation of the hospital's past activities to address the needs identified in prior CHNAs can be found as an appendix to this report.

Summary Tables: Comparisons With Benchmark Data

The following tables provide an overview of indicators in the Primary Service Area, including comparisons among the individual communities, as well as trend data. These data are grouped to correspond with the Focus Areas presented in Healthy People 2020.

Reading the Summary Tables

TREND SUMMARY
(Current vs. Baseline Data)

Survey Data Indicators: Trends for survey-derived indicators represent significant changes since 2012. Note that survey data reflect the ZIP Code-defined Primary Service Area.

Other (Secondary) Data Indicators: Trends for other indicators (e.g., public health data) represent point-to-point changes between the most current reporting period and the earliest presented in this report (typically representing the span of roughly a decade).

Note that secondary data reflect county-level El Dorado County and Douglas County data.

In the following charts, Primary Service Area results are shown in the larger, blue column. For survey-derived indicators, this column represents the ZIP Code–defined hospital service area; for data from secondary sources, this column represents findings for the combined area of El Dorado and Douglas counties as a whole. *Tip: Indicator labels beginning with a "%" symbol are taken from the PRC Community Health Survey; the remaining indicators are taken from secondary data sources.*

The green columns [to the left of the Primary Service Area column] provide comparisons among the four communities, identifying differences for each as "better than" (), "worse than" (), or "similar to" () the combined opposing areas.

The columns to the right of the Primary Service Area column provide trending, as well as comparisons between local data and any available state and national findings, and Healthy People 2020 targets. Again, symbols indicate whether Primary Service Area compares favorably (), unfavorably (), or comparably () to these external data.

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

Social Determinants	Each Sub-Area vs. Others: Stateline/ Bijou	Other SLT	South 96150	Other PSA	El Dorado County	Douglas County	PSA	PSA vs. Benchmarks: vs. NV	vs. CA	vs. US	vs. HP2020	TREND
Linguistically Isolated Population (Percent)					1.9	1.8	1.9	6.1	8.9	4.5		
Population in Poverty (Percent)					9.8	10.9	10.1	14.9	15.8	15.1		
Population Below 200% FPL (Percent)					24.6	26.6	25.0	35.9	35.2	33.6		
Children Below 200% FPL (Percent)					27.9	36.7	29.5	48.8	45.2	43.3		
No High School Diploma (Age 25+, Percent)					7.4	7.0	7.3	14.6	17.9	13.0		
Unemployment Rate (Age 16+, Percent)					5.1	5.6	5.2	5.7	5.5	4.9		
% Worry/Stress Over Rent/Mortgage in Past Year	51.5	35.9	21.3	28.2			36.4			30.8		
% Low Health Literacy	35.3	14.8	18.4	26.7			24.2			23.3		
% Have Internet Access for Personal Use	89.7	94.7	96.4	94.6			93.4					
% Have a Smartphone	80.3	87.0	87.9	85.6			84.8					

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

better similar worse

Overall Health	Each Sub-Area vs. Others: Stateline/ Bijou	Other SLT	South 96150	Other PSA	El Dorado County	Douglas County	PSA	PSA vs. Benchmarks: vs. NV	vs. CA	vs. US	vs. HP2020	TREND
% "Fair/Poor" Overall Health	23.6	14.6	12.1	9.1			15.8	20.9	17.8	18.1		13.6
% Activity Limitations	24.9	31.9	19.0	37.8			28.2	20.3	19.1	25.0		20.4
% Multiple Chronic Conditions	42.2	59.5	50.7	36.1			47.8			56.8		
% Caregiver to a Friend/Family Member	21.9	35.6	26.0	25.4			27.3			20.8		

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

better similar worse

Access to Health Services	Each Sub-Area vs. Others: Stateline/ Bijou	Other SLT	South 96150	Other PSA	El Dorado County	Douglas County	PSA	PSA vs. Benchmarks: vs. NV	vs. CA	vs. US	vs. HP2020	TREND
% [Age 18-64] Lack Health Insurance	30.2	8.2	13.2	6.3			16.4	17.9	12.9	13.7	0.0	26.2
% [Insured 18-64] Have Coverage Through ACA	26.5	20.3	14.4	27.3			22.2					
% Difficulty Accessing Healthcare in Past Year (Composite)	43.9	48.4	48.4	51.6			47.6			43.2		40.1
% Difficulty Finding Physician in Past Year	12.9	23.5	23.2	13.6			18.2			13.4		10.6

Access to Health Services (continued)	Each Sub-Area vs. Others						PSA	PSA vs. Benchmarks				TREND
	Stateline/ Bijou	Other SLT	South 96150	Other PSA	El Dorado County	Douglas County		vs. NV	vs. CA	vs. US	vs. HP2020	
% Difficulty Getting Appointment in Past Year	19.2	19.8	30.2	20.8			21.9			17.5		16.4
% Cost Prevented Physician Visit in Past Year	18.3	21.2	16.4	20.1			19.1	16.0	11.4	15.4		19.3
% Transportation Hindered Dr Visit in Past Year	10.8	4.7	7.3	8.9			8.0			8.3		9.8
% Inconvenient Hrs Prevented Dr Visit in Past Year	13.3	7.4	10.2	8.4			10.0			12.5		10.6
% Language/Culture Prevented Care in Past Year	7.1	0.0	0.6	0.0			2.4			1.2		
% Cost Prevented Getting Prescription in Past Year	11.4	15.3	7.2	13.0			12.0			14.9		18.5
% "Very Likely" to Use a Tele-Health Visit	29.1	46.4	40.6	32.1			37.0					
% Skipped Prescription Doses to Save Costs	12.4	10.8	9.6	11.9			11.3			15.3		15.4
% Difficulty Getting Child's Healthcare in Past Year							6.1			5.6		3.7
Primary Care Doctors per 100,000					75.4	69.4	74.2	64.2	86.7	87.8		66.0
% Have a Specific Source of Ongoing Care	68.1	74.5	79.7	69.1			72.5			74.1	95.0	77.0

Access to Health Services (continued)

	Each Sub-Area vs. Others						PSA	PSA vs. Benchmarks				TREND
	Stateline/ Bijou	Other SLT	South 96150	Other PSA	El Dorado County	Douglas County		vs. NV	vs. CA	vs. US	vs. HP2020	
% Have Had Routine Checkup in Past Year	61.0	57.8	56.7	49.7			57.0	69.1	67.0	68.3		54.3
% Child Has Had Checkup in Past Year							71.1			87.1		84.3
% Two or More ER Visits in Past Year	13.5	12.8	6.0	5.8			10.2			9.3		8.6
% Rate Local Healthcare "Fair/Poor"	17.9	25.2	36.3	7.6			21.9			16.2		29.3
% Used Alternative/Complementary Medicine in the Past Year	40.0	44.3	41.7	35.0			40.6					

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

better similar worse

Cancer	Each Sub-Area vs. Others: Stateline/ Bijou	Other SLT	South 96150	Other PSA	El Dorado County	Douglas County	PSA	PSA vs. Benchmarks: vs. NV	vs. CA	vs. US	vs. HP2020	TREND
Cancer (Age-Adjusted Death Rate)					144.7	124.0	139.7	159.7	142.2	158.5	161.4	164.4
Lung Cancer (Age-Adjusted Death Rate)							32.1	41.5	29.4	40.3	45.5	
Prostate Cancer (Age-Adjusted Death Rate)							19.7	19.1	19.8	19.0	21.8	
Female Breast Cancer (Age-Adjusted Death Rate)							19.0	21.6	19.3	20.3	20.7	
Colorectal Cancer (Age-Adjusted Death Rate)							12.7	16.3	12.9	14.1	14.5	
Female Breast Cancer Incidence Rate					133.7		133.7		120.7	123.5		
Prostate Cancer Incidence Rate					108.5		108.5		109.2	114.8		
Lung Cancer Incidence Rate					49.9		49.9		44.6	61.2		
Colorectal Cancer Incidence Rate					36.7		36.7		37.1	39.8		
Cervical Cancer Incidence Rate					6.5		6.5		7.5	7.6		
% Cancer (Other Than Skin)	3.5	11.1	8.2	5.4			7.0	6.2	5.6	7.1		7.3

Cancer (continued)	Each Sub-Area vs. Others						PSA vs. Benchmarks				
	Stateline/ Bijou	Other SLT	South 96150	Other PSA	El Dorado County	Douglas County	PSA	vs. NV	vs. CA	vs. US	vs. HP2020	TREND
% Skin Cancer	4.3	15.4	11.3	13.6			10.7	4.8	5.0	8.5		7.5
% [Women 50-74] Mammogram in Past 2 Years							62.3	73.3	82.4	77.0	81.1	74.7
% [Women 21-65] Pap Smear in Past 3 Years							77.2	74.8	81.6	73.5	93.0	78.5
% [Age 50-75] Colorectal Cancer Screening	56.6	74.5	65.7	70.2			66.5	62.2	71.4	76.4	70.5	73.3

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

better similar worse

Dementias, Including Alzheimer's Disease	Each Sub-Area vs. Others						PSA vs. Benchmarks				
	Stateline/ Bijou	Other SLT	South 96150	Other PSA	El Dorado County	Douglas County	PSA	vs. NV	vs. CA	vs. US	vs. HP2020	TREND
Alzheimer's Disease (Age-Adjusted Death Rate)					28.4	33.4	29.7	27.1	34.2	28.4		27.0

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

better similar worse

Diabetes	Each Sub-Area vs. Others						PSA	PSA vs. Benchmarks				TREND
	Stateline/ Bijou	Other SLT	South 96150	Other PSA	El Dorado County	Douglas County		vs. NV	vs. CA	vs. US	vs. HP2020	
Diabetes (Age-Adjusted Death Rate)					11.0	12.9	11.5	14.2	21.0	21.1	20.5	13.6
% Diabetes/High Blood Sugar	3.7	4.5	4.0	7.2			4.6	11.1	10.2	13.3		5.3
% Borderline/Pre-Diabetes	8.1	6.8	4.6	5.9			6.6			9.5		6.5
% [Non-Diabetes] Blood Sugar Tested in Past 3 Years	51.9	48.5	47.9	47.5			49.2			50.0		47.3

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

better similar worse

Heart Disease & Stroke	Each Sub-Area vs. Others						PSA	PSA vs. Benchmarks				TREND
	Stateline/ Bijou	Other SLT	South 96150	Other PSA	El Dorado County	Douglas County		vs. NV	vs. CA	vs. US	vs. HP2020	
Diseases of the Heart (Age-Adjusted Death Rate)					138.0	133.4	136.8	201.3	143.6	167.0	156.9	159.2
Stroke (Age-Adjusted Death Rate)					27.0	31.9	28.1	35.6	35.7	37.1	34.8	30.7
% Heart Disease (Heart Attack, Angina, Coronary Disease)	4.7	5.8	2.8	5.0			4.7			8.0		3.6
% Stroke	1.7	2.5	0.0	3.8			2.0	3.3	2.4	4.7		1.1

Heart Disease & Stroke (continued)	Each Sub-Area vs. Others						PSA	PSA vs. Benchmarks				TREND
	Stateline/ Bijou	Other SLT	South 96150	Other PSA	El Dorado County	Douglas County		vs. NV	vs. CA	vs. US	vs. HP2020	
% Blood Pressure Checked in Past 2 Years	84.3	94.7	91.3	85.4			88.9			90.4	92.6	91.1
% Told Have High Blood Pressure (Ever)	33.2	30.7	33.0	23.8			30.6	28.3	28.5	37.0	26.9	30.2
% [HBP] Taking Action to Control High Blood Pressure							78.3			93.8		91.1
% Cholesterol Checked in Past 5 Years	70.2	79.2	82.4	80.6			77.1	74.7	76.9	85.1	82.1	84.0
% Told Have High Cholesterol (Ever)	27.3	26.7	25.3	25.7			26.4			36.2	13.5	30.6
% [HBC] Taking Action to Control High Blood Cholesterol							90.8			87.3		87.4
% 1+ Cardiovascular Risk Factor	92.6	78.6	70.0	90.9			83.5			87.2		77.6

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

better similar worse

HIV	Each Sub-Area vs. Others						PSA	PSA vs. Benchmarks				TREND
	Stateline/ Bijou	Other SLT	South 96150	Other PSA	El Dorado County	Douglas County		vs. NV	vs. CA	vs. US	vs. HP2020	
HIV Prevalence Rate					90.7	85.1	89.5	331.8	376.2	353.2		
% [Age 18-44] HIV Test in the Past Year							23.2			24.7		13.3

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

better similar worse

Immunization & Infectious Diseases	Each Sub-Area vs. Others						PSA	PSA vs. Benchmarks				TREND
	Stateline/ Bijou	Other SLT	South 96150	Other PSA	El Dorado County	Douglas County		vs. NV	vs. CA	vs. US	vs. HP2020	
% [Age 65+] Flu Vaccine in Past Year							61.7	54.1	58.1	76.8	70.0	54.8
% [High-Risk 18-64] Flu Vaccine in Past Year							44.5			55.7	70.0	44.9
% [Age 65+] Pneumonia Vaccine Ever							79.4	65.9	72.4	82.7	90.0	60.6
% [High-Risk 18-64] Pneumonia Vaccine Ever							26.9			39.9	60.0	36.2

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Infant Health & Family Planning	Each Sub-Area vs. Others: Stateline/ Bijou	Other SLT	South 96150	Other PSA	El Dorado County	Douglas County	PSA	PSA vs. Benchmarks: vs. NV	vs. CA	vs. US	vs. HP2020	TREND
No Prenatal Care in First Trimester (Percent)							21.7	7.1	18.1	17.3	22.1	
Low Birthweight Births (Percent)					6.3	8.4	6.7	8.2	6.8	8.2	7.8	6.8
Infant Death Rate							4.1	5.5	4.3	5.9	6.0	4.6
Teen Births per 1,000 (Age 15-19)					16.5	18.9	17.0	43.6	34.2	36.6		20.1

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better similar worse

Injury & Violence	Each Sub-Area vs. Others: Stateline/ Bijou	Other SLT	South 96150	Other PSA	El Dorado County	Douglas County	PSA	PSA vs. Benchmarks: vs. NV	vs. CA	vs. US	vs. HP2020	TREND
Unintentional Injury (Age-Adjusted Death Rate)					47.7	48.2	47.9	43.9	30.6	43.7	36.4	46.1
Motor Vehicle Crashes (Age-Adjusted Death Rate)					10.8		10.4	11.3	9.0	11.0	12.4	
[65+] Falls (Age-Adjusted Death Rate)					40.6		44.2	52.3	39.0	60.6	47.0	
% [Age 45+] Fell in the Past Year	41.8	38.8	44.0	37.7			40.6			31.6		

Injury & Violence (continued)	Each Sub-Area vs. Others: Stateline/ Bijou	Other SLT	South 96150	Other PSA	El Dorado County	Douglas County	PSA	PSA vs. Benchmarks: vs. NV	vs. CA	vs. US	vs. HP2020	TREND
Firearm-Related Deaths (Age-Adjusted Death Rate)					10.7	15.0	11.5	15.5	7.7	11.1	9.3	
Homicide (Age-Adjusted Death Rate)					2.5		2.5	6.0	5.3	5.6	5.5	
Violent Crime Rate					227.6	138.5	209.2	610.1	403.2	379.7		
% Victim of Violent Crime in Past 5 Years	3.7	9.2	3.5	2.1			4.9			3.7		2.2
% Victim of Domestic Violence (Ever)	23.7	29.0	18.6	11.7			21.8			14.2		19.4
% Perceive Neighborhood as "Slightly/Not At All Safe"	28.3	18.5	4.4	4.5			15.8			15.6		

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Kidney Disease	Each Sub-Area vs. Others: Stateline/ Bijou	Other SLT	South 96150	Other PSA	El Dorado County	Douglas County	PSA	PSA vs. Benchmarks: vs. NV	vs. CA	vs. US	vs. HP2020	TREND
Kidney Disease (Age-Adjusted Death Rate)					6.4	9.5	7.2	10.7	8.3	13.2		7.7
% Kidney Disease	4.7	0.9	1.6	1.4			2.3	3.3	2.8	3.8		

Mental Health	Each Sub-Area vs. Others						PSA	PSA vs. Benchmarks				TREND
	Stateline/ Bijou	Other SLT	South 96150	Other PSA	El Dorado County	Douglas County		vs. NV	vs. CA	vs. US	vs. HP2020	
% "Fair/Poor" Mental Health	12.8	19.3	11.0	20.0			15.7			13.0		8.0
% Diagnosed Depression	16.8	20.7	16.5	15.2			17.6	17.2	13.5	21.6		15.9
% Symptoms of Chronic Depression (2+ Years)	37.7	31.7	33.2	28.1			33.2			31.4		29.5
% Typical Day Is "Extremely/Very" Stressful	10.8	17.6	10.7	2.1			10.9			13.4		9.7
Suicide (Age-Adjusted Death Rate)					17.9	18.5	18.1	19.8	10.4	13.0	10.2	16.0
% Considered Suicide in the Past Year	1.4	2.4	6.4	14.4			5.2					
% Taking Rx/Receiving Mental Health Trtmt	17.6	6.8	8.6	9.9			11.2			13.9		
% Aware of Local Mental Health Resources	53.0	76.7	62.3	55.1			62.1					
% [Those With Diagnosed Depression] Seeking Help							84.3			87.1		77.5
% Unable to Get Mental Health Svcs in Past Yr	1.9	4.0	3.0	6.0			3.5			6.8		4.8
% Average <7 Hours of Sleep per Night	35.7	42.7	33.6	42.3			38.6			36.7		

Mental Health (continued)

	Each Sub-Area vs. Others						PSA vs. Benchmarks				
	Stateline/ Bijou	Other SLT	South 96150	Other PSA	El Dorado County	Douglas County	PSA	vs. NV	vs. CA	vs. US	vs. HP2020	TREND
% [Age 45+] Increasing Confusion/Memory Loss in Past Yr	19.5	8.2	13.0	4.8			11.6			11.2		

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Nutrition, Physical Activity & Weight

	Each Sub-Area vs. Others						PSA vs. Benchmarks				
	Stateline/ Bijou	Other SLT	South 96150	Other PSA	El Dorado County	Douglas County	PSA	vs. NV	vs. CA	vs. US	vs. HP2020	TREND
% Food Insecure	34.5	24.1	17.1	12.8			23.7			27.9		
% Eat 5+ Servings of Fruit or Vegetables per Day	27.0	36.6	44.4	40.1			35.9			33.5		53.6
% "Very/Somewhat" Difficult to Buy Fresh Produce	27.2	21.5	13.5	22.5			21.8			22.1		18.4
% 7+ Sugar-Sweetened Drinks in Past Week	48.0	17.8	19.4	28.2			29.6			29.0		
Population With Low Food Access (Percent)					25.8	49.1	30.6	24.1	13.4	22.4		
% No Leisure-Time Physical Activity	37.4	21.4	5.1	9.6			20.8	24.7	20.5	26.2	32.6	13.8
% Meeting Physical Activity Guidelines	24.1	33.6	46.4	14.2			29.6	24.9	22.9	22.8	20.1	

Nutrition, Physical Activity & Weight (continued)	Each Sub-Area vs. Others						PSA	PSA vs. Benchmarks				TREND
	Stateline/ Bijou	Other SLT	South 96150	Other PSA	El Dorado County	Douglas County		vs. NV	vs. CA	vs. US	vs. HP2020	
Recreation/Fitness Facilities per 100,000					8.8	17.0	10.5	9.1	10.2	10.5		
% Overweight (BMI 25+)	55.8	52.6	50.0	74.7			57.2	62.3	61.0	67.8		53.0
% Healthy Weight (BMI 18.5-24.9)	44.3	47.1	48.8	24.0			42.2	35.9	36.4	30.3	33.9	44.8
% [Overweights] Trying to Lose Weight	73.5	50.9	54.4	45.4			56.7			61.3		
% Obese (BMI 30+)	20.4	26.1	20.2	17.9			21.5	25.8	25.0	32.8	30.5	15.2
% Medical Advice on Weight in Past Year	15.5	11.3	10.3	8.9			11.9			24.2		18.1
% [Overweights] Counseled About Weight in Past Year	23.6	19.3	12.3	10.5			17.0			29.0		29.7
% Child [Age 5-17] Healthy Weight							59.4			58.4		
% Children [Age 5-17] Overweight (85th Percentile)							26.3			33.0		34.6
% Children [Age 5-17] Obese (95th Percentile)							17.2			20.4	14.5	20.4
% Child [Age 2-17] Physically Active 1+ Hours per Day							47.8			50.5		41.9

Oral Health

	Each Sub-Area vs. Others						PSA vs. Benchmarks				
	Stateline/ Bijou	Other SLT	South 96150	Other PSA	El Dorado County	Douglas County	PSA	vs. NV	vs. CA	vs. US	vs. HP2020	TREND
% Have Dental Insurance	60.7	66.1	68.9	60.6			63.9			59.9		54.5
% [Age 18+] Dental Visit in Past Year	67.2	77.5	75.0	71.1			72.5	60.4	67.1	59.7	49.0	62.8
% Child [Age 2-17] Dental Visit in Past Year							91.7			87.0	49.0	81.3

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

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Potentially Disabling Conditions

	Each Sub-Area vs. Others						PSA vs. Benchmarks				
	Stateline/ Bijou	Other SLT	South 96150	Other PSA	El Dorado County	Douglas County	PSA	vs. NV	vs. CA	vs. US	vs. HP2020	TREND
% [50+] Arthritis/Rheumatism	32.6	29.2	24.0	14.6			25.6			38.3		24.7
% [50+] Osteoporosis	12.0	8.0	9.0	7.7			9.3			9.4	5.3	10.9
% Sciatica/Chronic Back Pain	22.8	26.8	29.6	21.3			25.1			22.9		22.8
% Eye Exam in Past 2 Years	44.7	44.5	56.7	51.7			48.5			55.3		50.9

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

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Respiratory Diseases	Each Sub-Area vs. Others: Stateline/ Bijou	Other SLT	South 96150	Other PSA	El Dorado County	Douglas County	PSA	PSA vs. Benchmarks: vs. NV	vs. CA	vs. US	vs. HP2020	TREND
CLRD (Age-Adjusted Death Rate)					36.5	37.0	36.5	54.5	32.6	40.9		40.5
Pneumonia/Influenza (Age-Adjusted Death Rate)					12.8	9.9	12.1	21.1	14.5	14.6		12.9
% [Adult] Currently Has Asthma	8.6	5.2	5.9	2.8			6.0	7.9	7.8	11.8		6.3
% [Child 0-17] Currently Has Asthma							6.8			9.3		3.2
% COPD (Lung Disease)	10.2	7.7	6.8	7.2			8.2	6.9	4.4	8.6		7.6

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

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Sexually Transmitted Diseases	Each Sub-Area vs. Others: Stateline/ Bijou	Other SLT	South 96150	Other PSA	El Dorado County	Douglas County	PSA	PSA vs. Benchmarks: vs. NV	vs. CA	vs. US	vs. HP2020	TREND
Chlamydia Incidence Rate					178.3	176.2	177.8	423.8	459.2	456.1		
Gonorrhea Incidence Rate					27.5	12.7	24.5	114.3	118.5	110.7		
% [Unmarried 18-64] 3+ Sexual Partners in Past Year							17.6			13.8		12.5
% [Unmarried 18-64] Using Condoms							39.8			39.4		37.3

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

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Substance Abuse	Each Sub-Area vs. Others: Stateline/ Bijou	Other SLT	South 96150	Other PSA	El Dorado County	Douglas County	PSA	PSA vs. Benchmarks: vs. NV	vs. CA	vs. US	vs. HP2020	TREND
Unintentional Drug-Related Deaths (Age-Adjusted Death Rate)					21.4	19.7	20.9	16.5	9.5	14.3	11.3	16.4
Cirrhosis/Liver Disease (Age-Adjusted Death Rate)					15.0	9.6	13.8	13.0	12.3	10.6	8.2	10.2
% Current Drinker	60.9	68.7	67.9	83.3			68.9	52.6	53.7	55.0		69.4
% Excessive Drinker	35.2	30.9	28.3	48.7			35.2			22.5	25.4	35.2

Substance Abuse (continued)	Each Sub-Area vs. Others						PSA	PSA vs. Benchmarks				TREND
	Stateline/ Bijou	Other SLT	South 96150	Other PSA	El Dorado County	Douglas County		vs. NV	vs. CA	vs. US	vs. HP2020	
% Drinking & Driving in Past Month	0.5	7.8	4.8	4.1			4.2			5.2		2.1
% Illicit Drug Use in Past Month	0.0	6.7	2.6	1.7			2.8			2.5	7.1	6.7
% Have Used Marijuana/Hashish in Past 30 Days	20.7	30.3	26.5	29.3			26.3			8.5		
% Used Opioids/Opiates in the Past Year	12.9	30.7	18.7	27.9			22.1					
% Ever Sought Help for Alcohol or Drug Problem	12.7	5.3	10.7	3.9			8.5			3.4		8.1
% Life Negatively Affected by Substance Abuse	52.4	55.8	53.9	71.1			57.2			37.3		

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

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Tobacco Use	Each Sub-Area vs. Others						PSA	PSA vs. Benchmarks				TREND
	Stateline/ Bijou	Other SLT	South 96150	Other PSA	El Dorado County	Douglas County		vs. NV	vs. CA	vs. US	vs. HP2020	
% Current Smoker	13.8	15.8	10.4	20.9			15.1	16.5	11.0	11.0	12.0	18.2
% Someone Smokes at Home	7.6	1.9	1.7	3.4			3.9			10.7		12.8
% [Nonsmokers] Someone Smokes in the Home	2.7	1.6	1.5	0.0			1.6			4.0		2.2
% [Household With Children] Someone Smokes in the Home							0.8			7.2		6.6
% [Smokers] Received Advice to Quit Smoking							58.2			58.0		62.2
% Currently Use Vaping Products	7.8	1.3	1.5	0.0			3.1	6.0	3.2	3.8		

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

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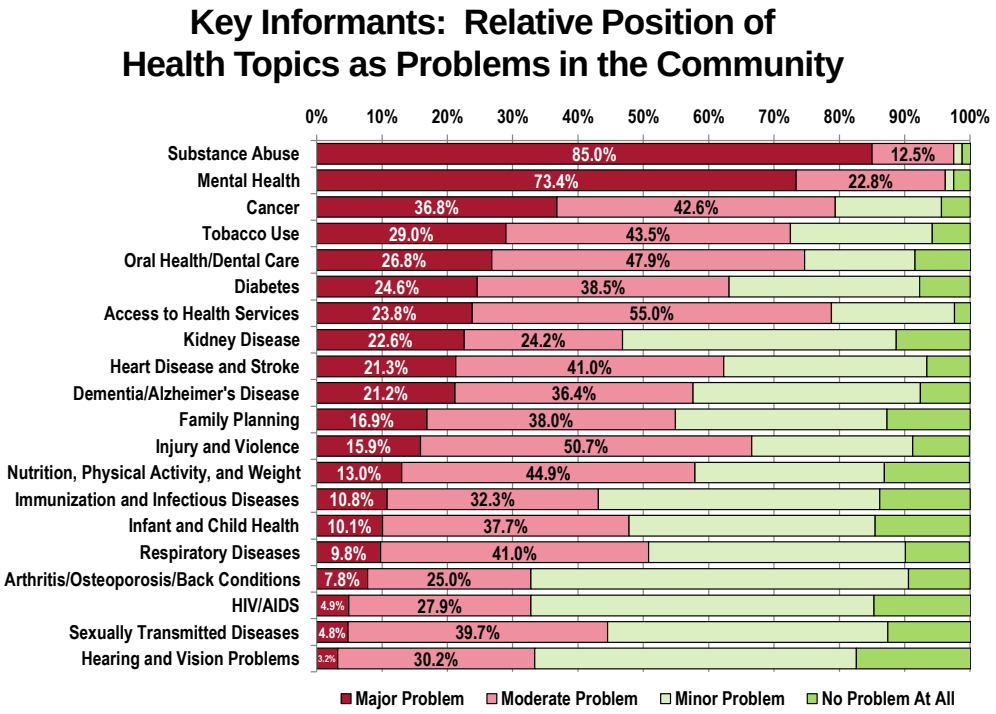
Summary of Key Informant Perceptions

In the Online Key Informant Survey, community stakeholders were asked to rate the degree to which each of 20 health issues is a problem in their own community, using a scale of "major problem," "moderate problem," "minor problem," or "no problem at all." The following chart summarizes their responses; these findings also are outlined throughout this report, along with the qualitative input describing reasons for their concerns. (Note that these ratings alone do not establish priorities for this assessment; rather, they are one of several data inputs considered for the prioritization process described earlier.)



Community Description

Professional Research Consultants, Inc.

Population Characteristics

Total Population

The Primary Service Area is contained within El Dorado County, California, and Douglas County, Nevada. These two counties encompass 2,417.59 square miles and house a total population of 230,426 residents, according to latest census estimates.

- The population is much higher in El Dorado County than in Douglas County, as shown.

Total Population
(Estimated Population, 2012-2016)

	Total Population	Total Land Area (Square Miles)	Population Density (Per Square Mile)
El Dorado County, CA	183,000	1,707.86	107.15
Douglas County, NV	47,426	709.72	66.82
Primary Service Area (El Dorado and Douglas Counties Combined)	230,426	2,417.59	95.31
California	38,654,206	155,792.65	248.11
Nevada	2,839,172	109,780.17	25.86
United States	318,558,162	3,532,068.58	90.19

Sources:
- US Census Bureau American Community Survey 5-year estimates.
- Retrieved April 2018 from Community Commons at http://www.chna.org.

Population Change 2000-2010

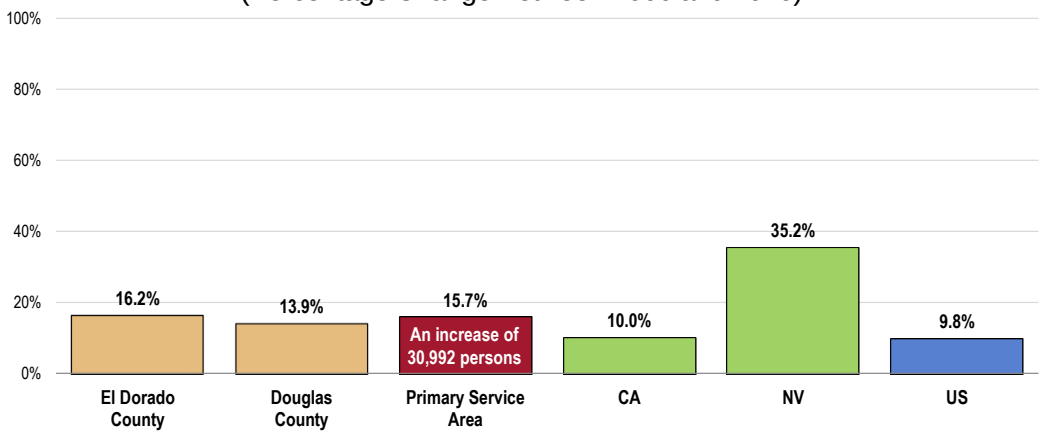
A significant positive or negative shift in total population over time impacts healthcare providers and the utilization of community resources.

Between the 2000 and 2010 US Censuses, the population of the two counties increased by nearly 31,000 persons, or 15.7%.

- A greater proportional increase than seen across California and the US overall, but a much smaller decrease than reported in Nevada.
- El Dorado County increased by a larger percentage than Douglas County.

Change in Total Population

(Percentage Change Between 2000 and 2010)

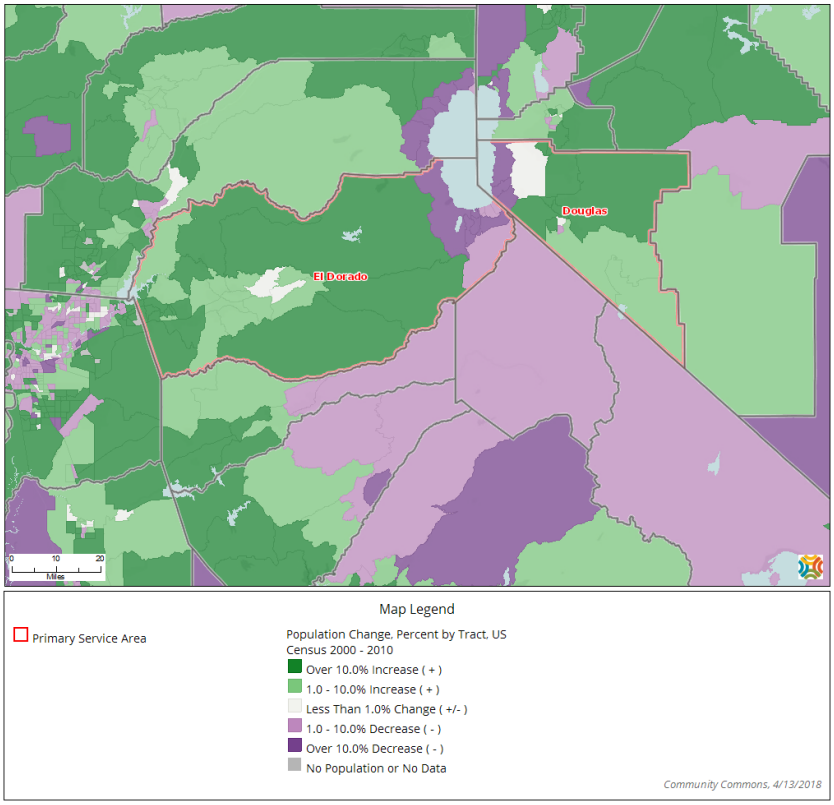


Sources:
- US Census Bureau Decennial Census (2000-2010).
- Retrieved April 2018 from Community Commons at http://www.chna.org.

Notes:
- A significant positive or negative shift in total population over time impacts healthcare providers and the utilization of community resources.

The following map provides an illustration of the 2000-2010 population change in the Primary Service Area, viewed by census tract.

Population Change, Percent by Tract, US Census 2000-2010



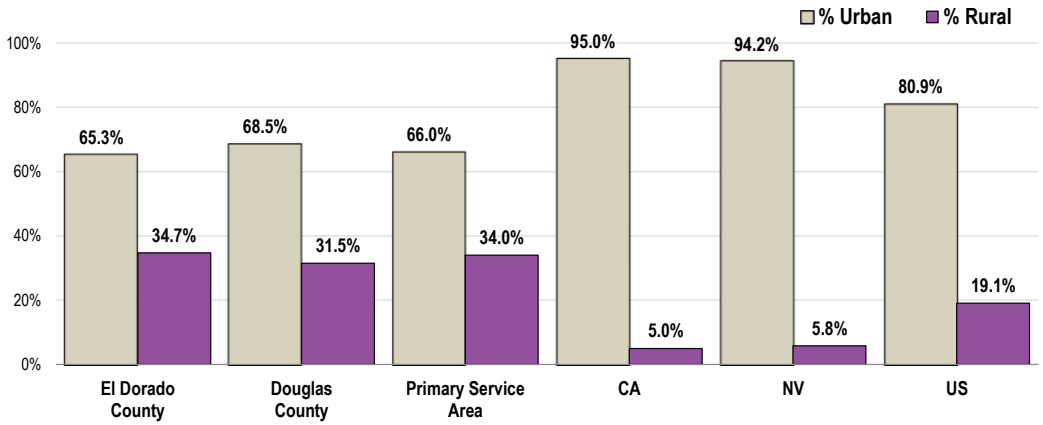
Urban/Rural Population

Urban areas are identified using population density, count, and size thresholds. Urban areas also include territory with a high degree of impervious surface (development). Rural areas are all areas that are not urban.

Two in three residents of the Primary Service Area (66.0%) live in urban settings, with 34.0% living in areas designated as rural.

- Note that the state and national populations are more likely to live in urban areas.

Urban and Rural Population
(2010)

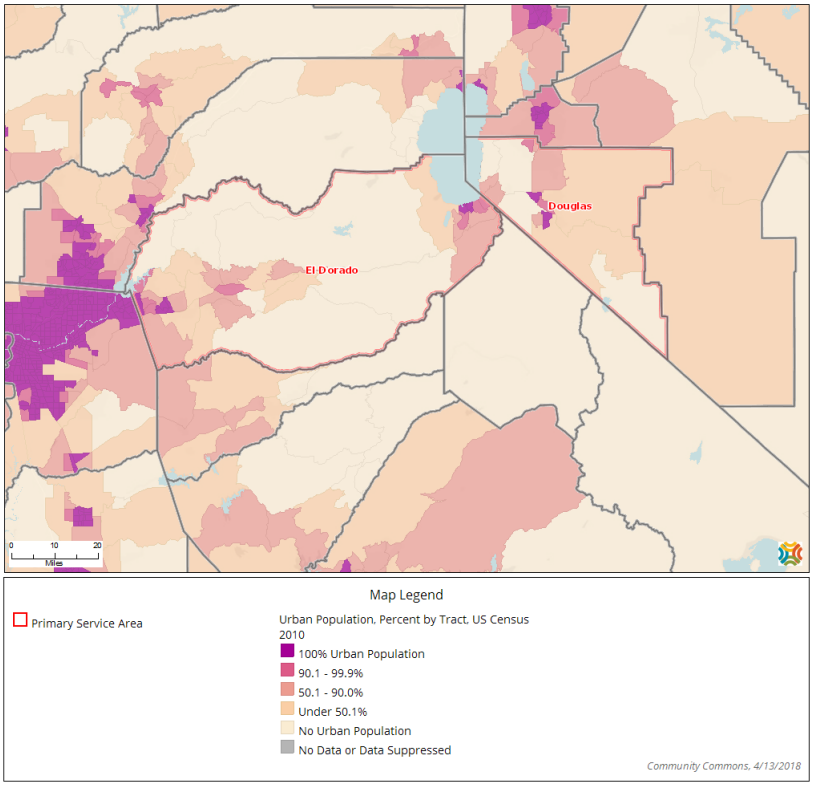


Sources:
- US Census Bureau Decennial Census (2010).
- Retrieved April 2018 from Community Commons at http://www.chna.org.

Notes:
- This indicator reports the percentage of population living in urban and rural areas. Urban areas are identified using population density, count, and size thresholds. Urban areas also include territory with a high degree of impervious surface (development). Rural areas are all areas that are not urban.

- Note the following map, outlining the urban population in the Primary Service Area census tracts as of 2010.

Urban Population, Percent by Tract, US Census 2010



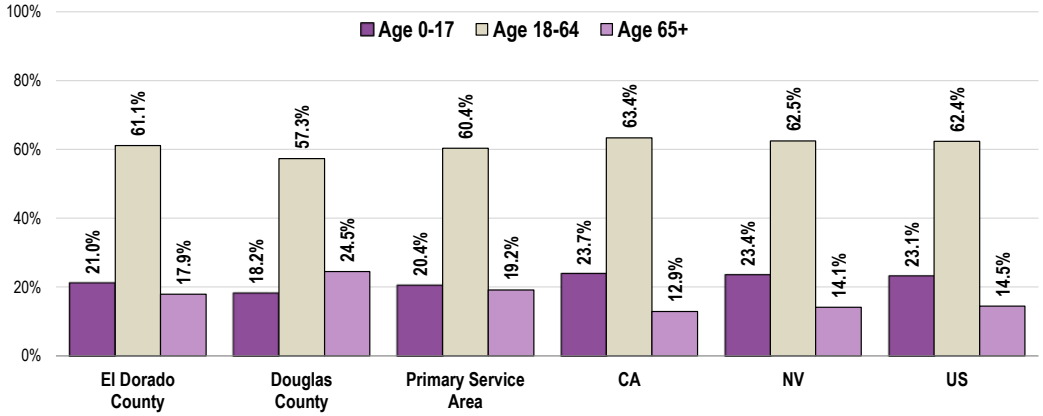
Age

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

In the Primary Service Area, 20.4% of the population are infants, children, or adolescents (age 0-17); another 60.4% are age 18 to 64, while 19.2% are age 65 and older.

- The percentage of older adults (65+) is much higher than the state and US figures.
- Note that just under one-fourth of the Douglas County population (24.5%) is age 65 and older.

Total Population by Age Groups, Percent
(2012-2016)

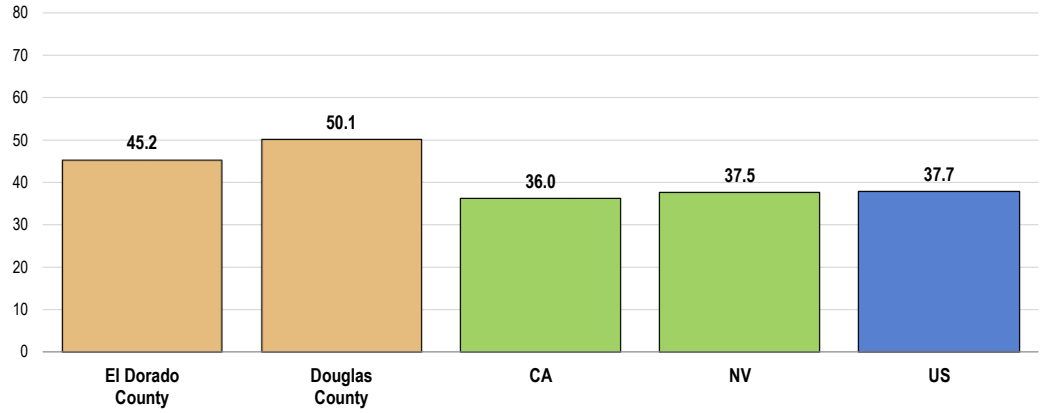


Sources:
- US Census Bureau American Community Survey 5-year estimates.
- Retrieved April 2018 from Community Commons at http://www.chna.org.

Median Age

El Dorado and Douglas counties are "older" than California, Nevada, and the US in that their median ages are higher.

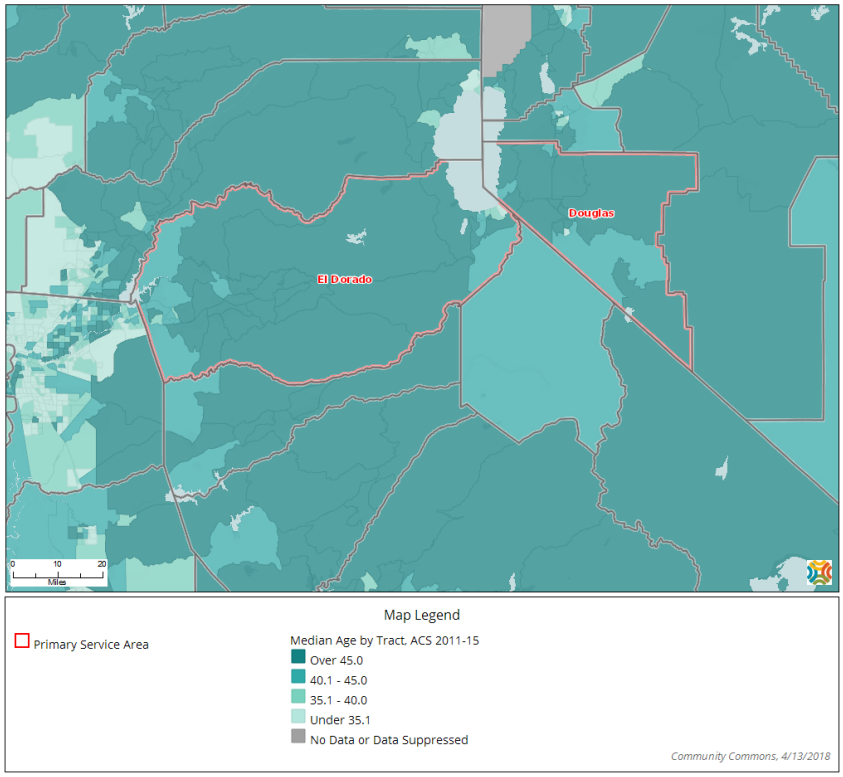
Median Age
(2012-2016)



Sources:
- US Census Bureau American Community Survey 5-year estimates.
- Retrieved April 2018 from Community Commons at http://www.chna.org.

- The following map provides an illustration of the median age in the Primary Service Area, segmented by census tract.

Median Age by Tract, ACS 2011-2015



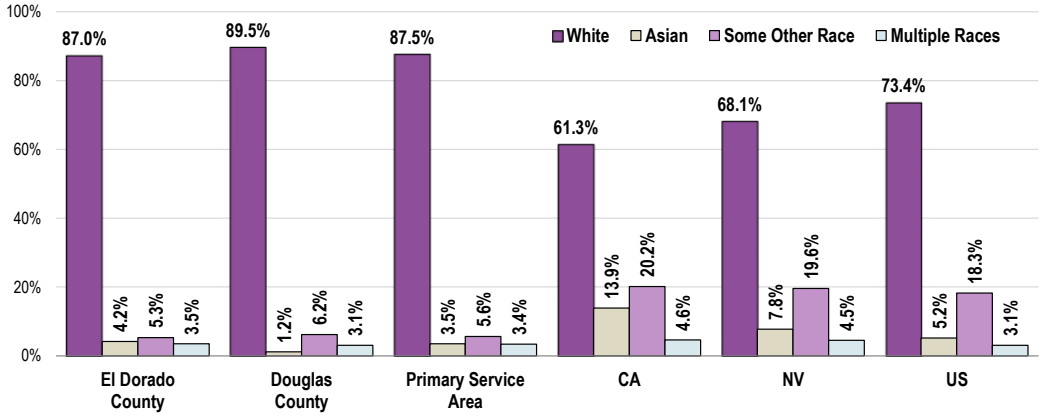
Race & Ethnicity

Race

In looking at race independent of ethnicity (Hispanic or Latino origin), 87.5% of residents of the Primary Service Area are White and 3.5% are Asian.

- This is generally less diverse than the state and national racial distributions.
- The Asian population is higher in El Dorado County when compared with Douglas County.

Total Population by Race Alone, Percent
(2012-2016)



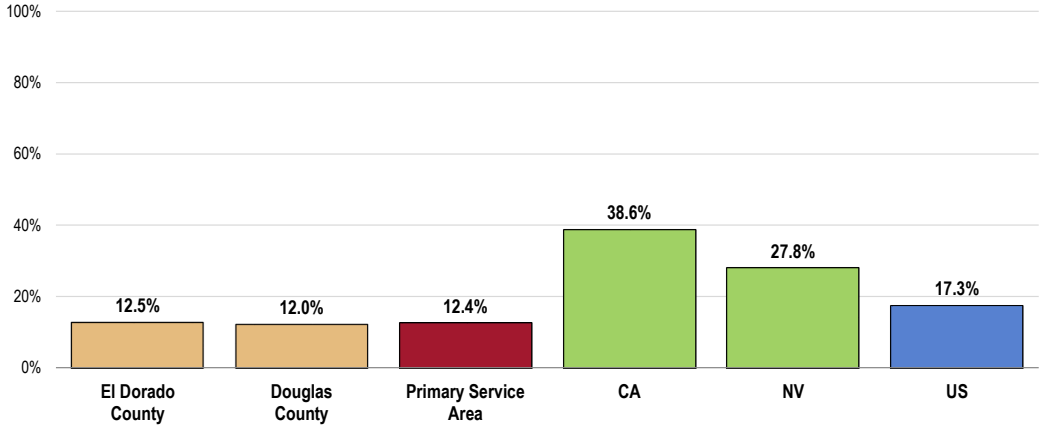
Sources:
- US Census Bureau American Community Survey 5-year estimates.
- Retrieved April 2018 from Community Commons at http://www.chna.org.

Ethnicity

A total of 12.4% of Primary Service Area residents are Hispanic or Latino.

- This prevalence is considerably lower than the US and especially the state percentages.

Hispanic Population
(2012-2016)

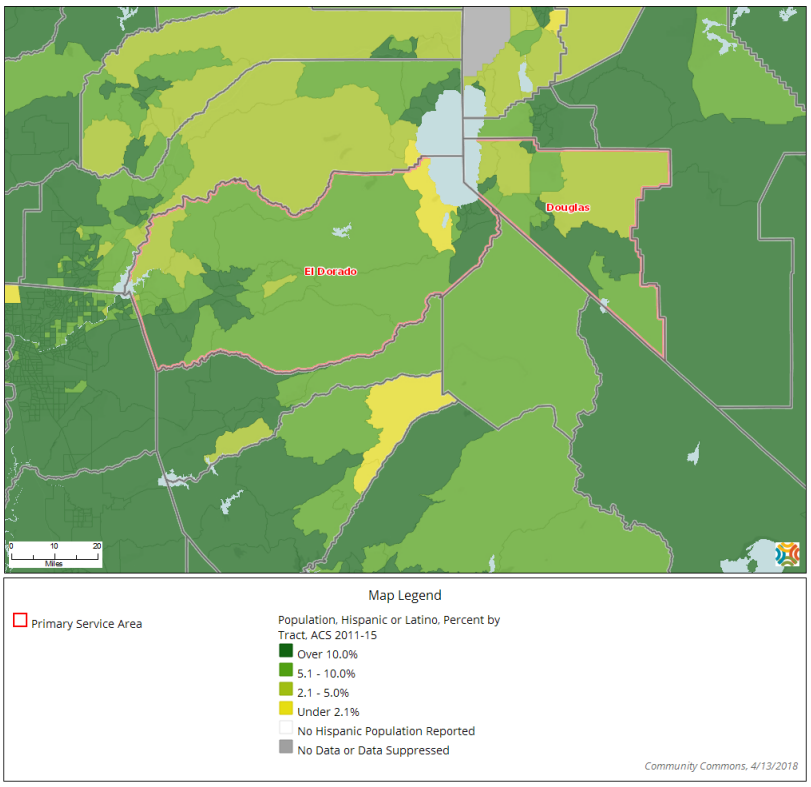


Sources:
- US Census Bureau American Community Survey 5-year estimates.
- Retrieved April 2018 from Community Commons at http://www.chna.org.

Notes:
- Origin can be viewed as the heritage, nationality group, lineage, or country of birth of the person or the person's parents or ancestors before their arrival in the United States. People who identify their origin as Hispanic, Latino, or Spanish may be of any race.

- The following map provides an illustration of the Hispanic population in the Primary Service Area, by census tract.

Population Hispanic or Latino, Percent by Tract, ACS 2011-2015

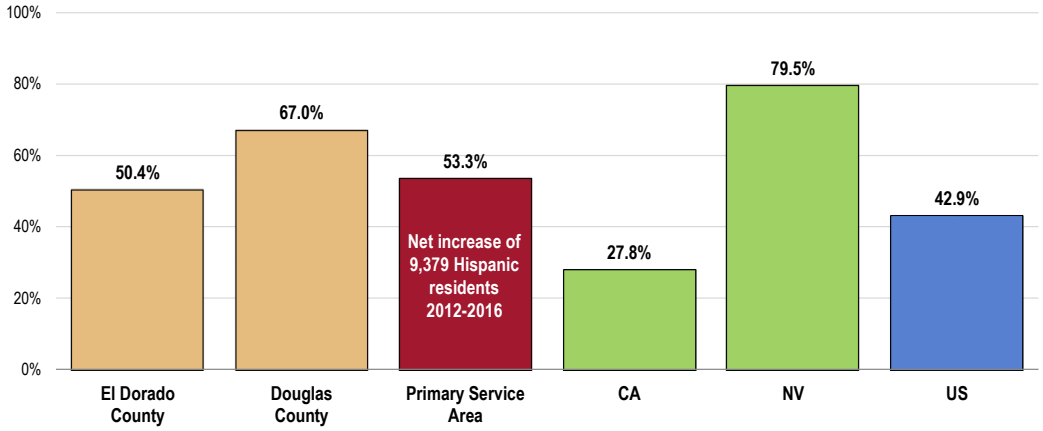


Between 2000 and 2010, the Hispanic population in the Primary Service Area increased by 9,379 people, or 53.3%

- Higher than the US proportion.
- Much higher (in terms of percentage growth) than the California proportion but well below that in Nevada.
- Hispanic population growth was higher in Douglas County than in El Dorado County.

Hispanic Population Change

(Percentage Change in Hispanic Population Between 2000 and 2010)



Sources:
- US Census Bureau Decennial Census (2012-2016).
- Retrieved April 2018 from Community Commons at http://www.chna.org.

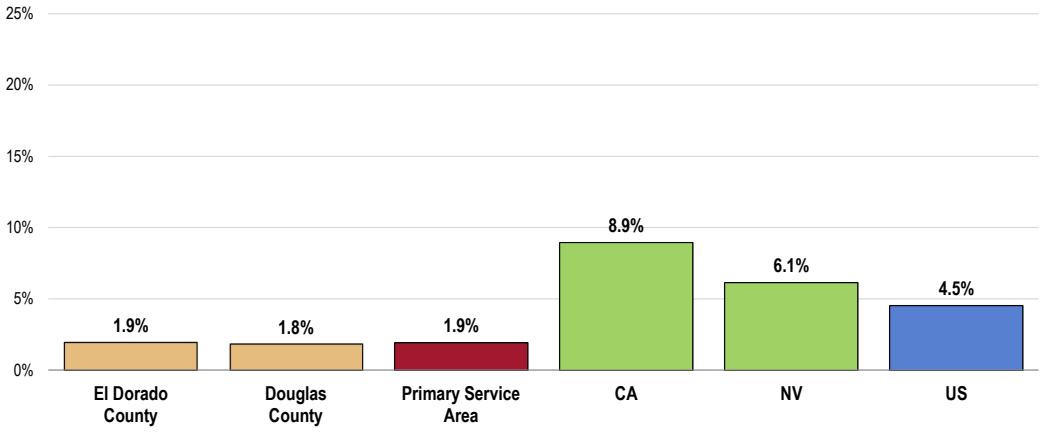
Linguistic Isolation

A total of 1.9% of the Primary Service Area population age 5 and older live in a home in which no persons age 14 or older is proficient in English (speaking only English, or speaking English "very well").

- Well below the state and US proportions.
- Similar proportions when viewed by county.

Linguistically Isolated Population

(2012-2016)

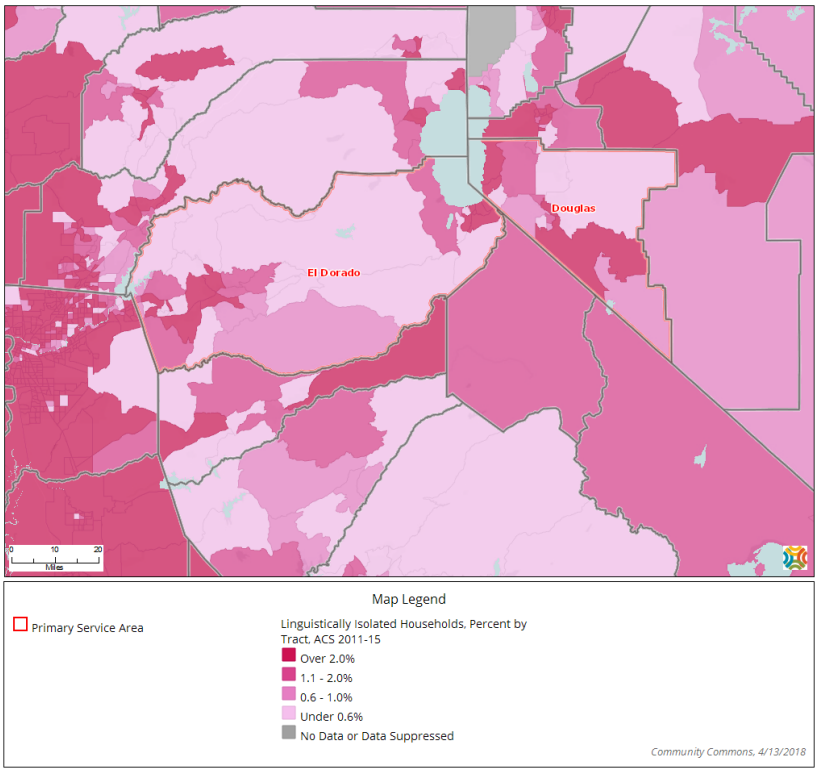


Sources:
- US Census Bureau American Community Survey 5-year estimates.
- Retrieved April 2018 from Community Commons at http://www.chna.org.

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

- Note the following map illustrating linguistic isolation in the Primary Service Area.

Population in Linguistically Isolated Households, Percent by Tract, ACS 2011-2015



Social Determinants of Health

About Social Determinants

Health starts in our homes, schools, workplaces, neighborhoods, and communities. We know that taking care of ourselves by eating well and staying active, not smoking, getting the recommended immunizations and screening tests, and seeing a doctor when we are sick all influence our health. Our health is also determined in part by access to social and economic opportunities; the resources and supports available in our homes, neighborhoods, and communities; the quality of our schooling; the safety of our workplaces; the cleanliness of our water, food, and air; and the nature of our social interactions and relationships. The conditions in which we live explain in part why some Americans are healthier than others and why Americans more generally are not as healthy as they could be.

- Healthy People 2020 (www.healthypeople.gov)

Poverty

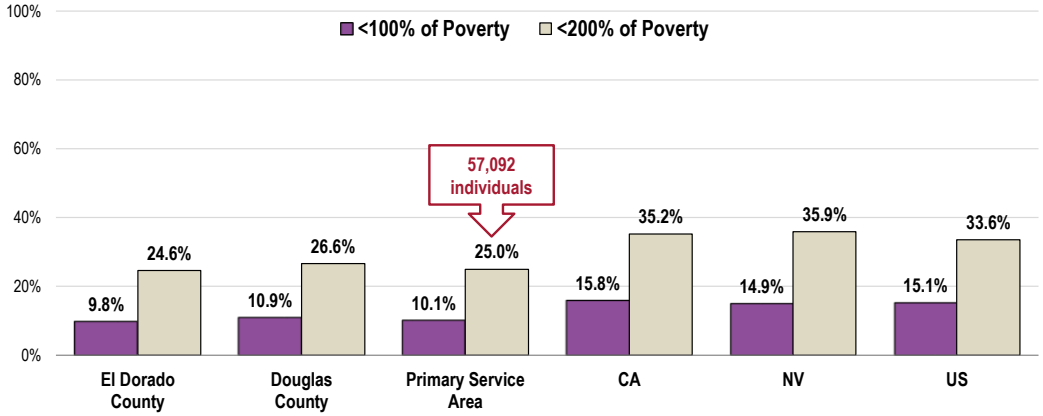
The latest census estimate shows 10.1% of Primary Service Area population living below the federal poverty level.

In all, 25.0% of Primary Service Area residents (just over 57,000 individuals) live below 200% of the federal poverty level.

- Lower than the proportions reported statewide and nationally.
- Similar proportions by county.

Population in Poverty

(Populations Living Below 100% and Below 200% of the Poverty Level; 2012-2016)

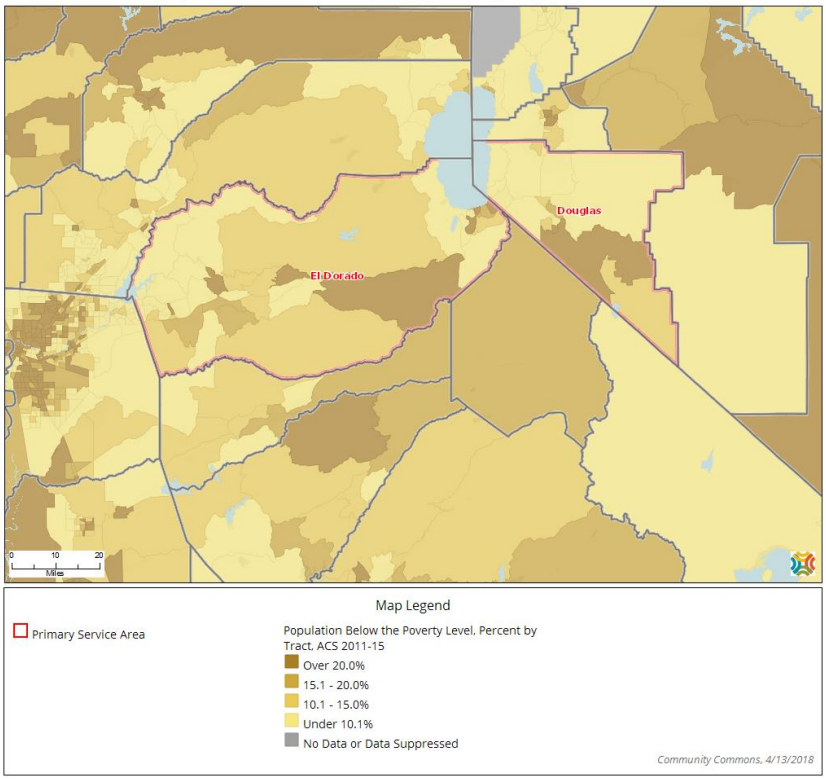


Sources:
- US Census Bureau American Community Survey 5-year estimates.
- Retrieved April 2018 from Community Commons at http://www.chna.org.

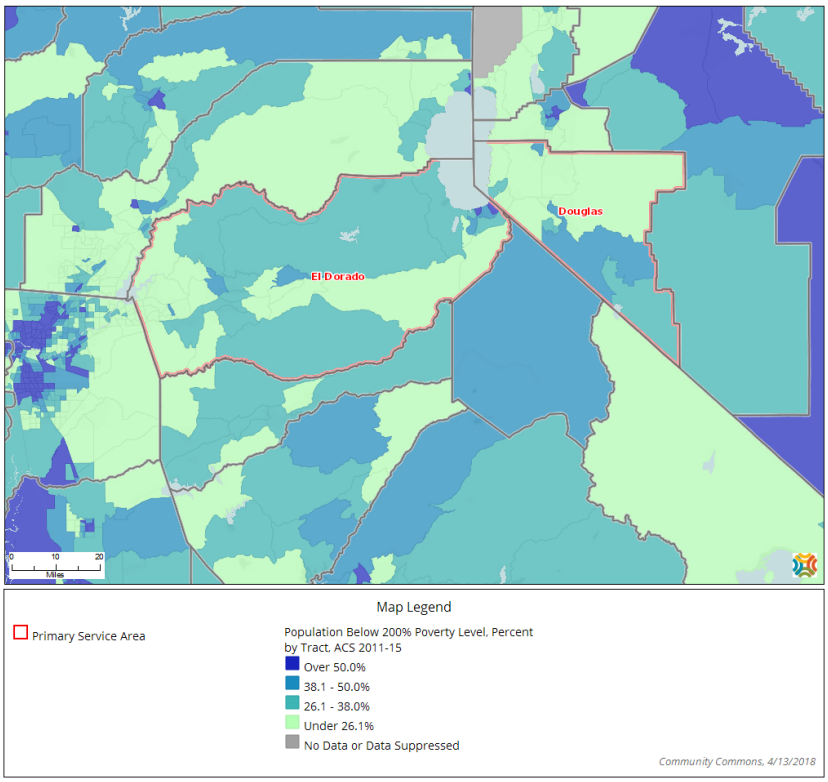
Notes:
- Poverty is considered a key driver of health status. This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.

- Note the following maps illustrating the service area's populations in poverty.

Population Below the Poverty Level, Percent by Tract, ACS 2011-2015



Population Below 200% of Poverty, Percent by Tract, ACS 2011-2015



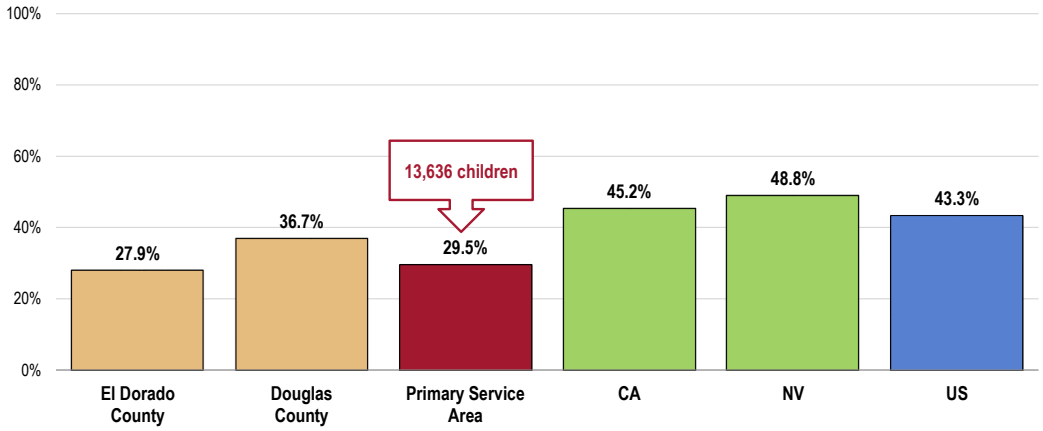
Children in Low-Income Households

Additionally, 29.5% of Primary Service Area children age 0-17 (representing an estimated 13,636 children) live below the 200% poverty threshold.

- Below the proportions found statewide and nationally.
- Douglas County has a higher proportion of children living below the 200% poverty threshold than does El Dorado County.

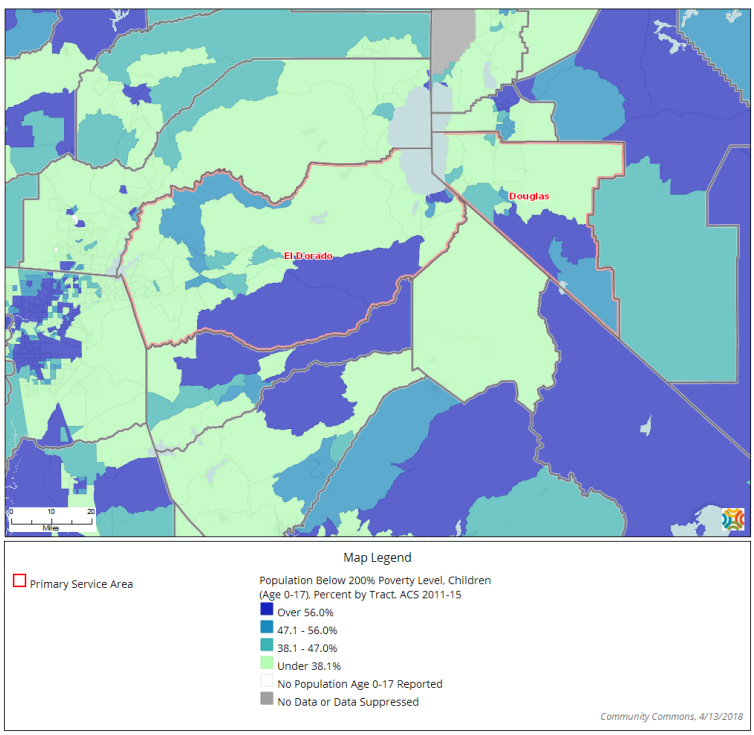
Percent of Children in Low-Income Households

(Children 0-17 Living Below 200% of the Poverty Level, 2012-2016)



Sources:
- US Census Bureau American Community Survey 5-year estimates.
- Retrieved April 2018 from Community Commons at http://www.chna.org.

Notes:
- This indicator reports the percentage of children aged 0-17 living in households with income below 200% of the Federal Poverty Level (FPL). This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.



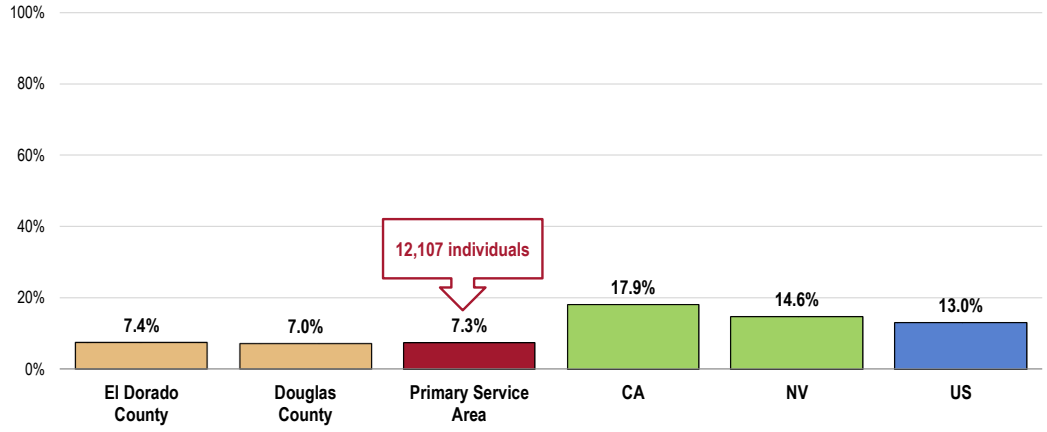
Education

Among the Primary Service Area population age 25 and older, an estimated 7.3% (over 12,000 people) do not have a high school education.

- More favorable than found statewide and nationally.
- The proportion is statistically similar by county.

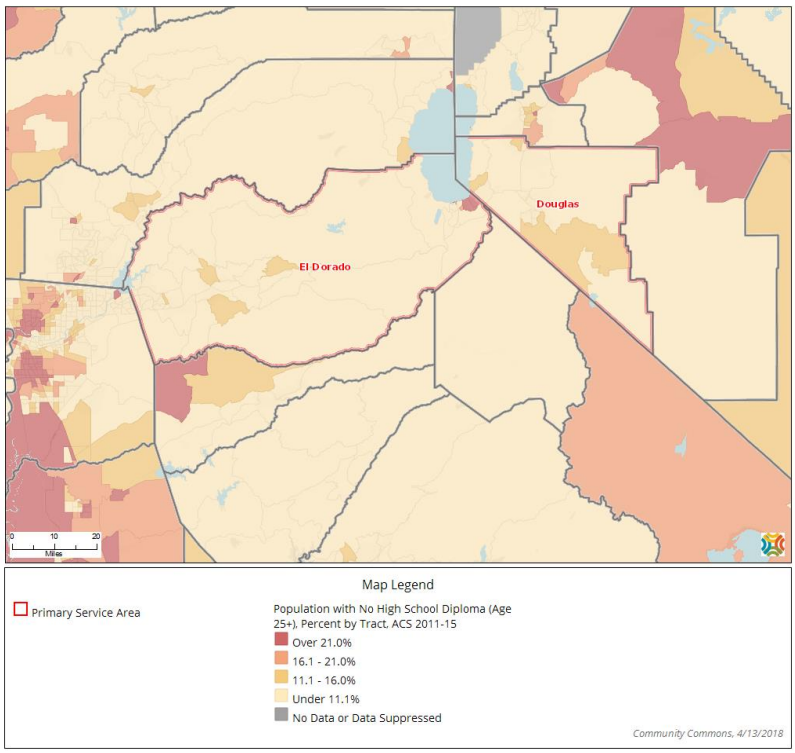
Population With No High School Diploma

(Population Age 25+ Without a High School Diploma or Equivalent, 2012-2016)



Sources:
- US Census Bureau American Community Survey 5-year estimates.
- Retrieved April 2018 from Community Commons at http://www.chna.org.

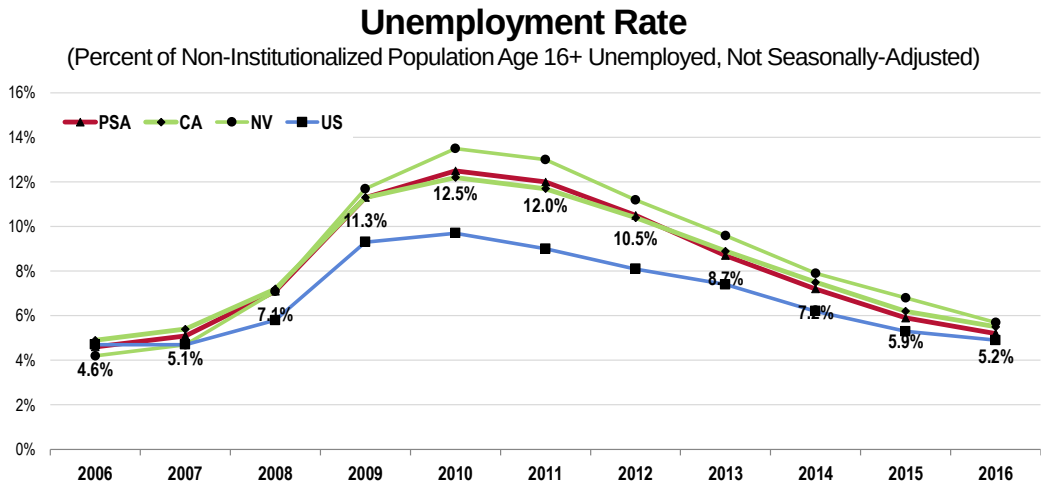
Notes:
- This indicator is relevant because educational attainment is linked to positive health outcomes.



Employment

According to data derived from the US Department of Labor, the unemployment rate in the Primary Service Area as of December 2016 was 5.2%.

- Similar to the state and US percentages.
- Similar by county (not shown).
- TREND: Unemployment for the Primary Service Area has trended downward since 2010, echoing the state and national trends.



Sources:
- US Department of Labor, Bureau of Labor Statistics.
- Retrieved April 2018 from Community Commons at http://www.chna.org.

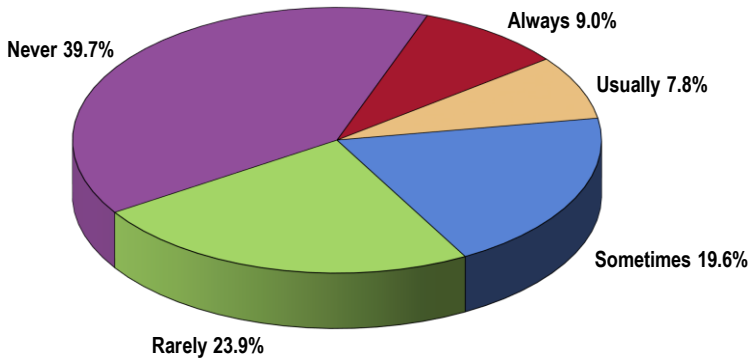
Notes:
- This indicator is relevant because unemployment creates financial instability and barriers to access including insurance coverage, health services, healthy food, and other necessities that contribute to poor health status.

Housing Insecurity

According to PRC survey data, while most surveyed adults rarely, if ever, worry about the cost of housing, a considerable share (36.4%) reported that they were "sometimes," "usually," or "always" worried or stressed about having enough money to pay their rent or mortgage in the past year.

Frequency of Worry or Stress Over Paying Rent/Mortgage in the Past Year

(Primary Service Area, 2018)



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 71]

Notes:
- Asked of all respondents.

NOTE:

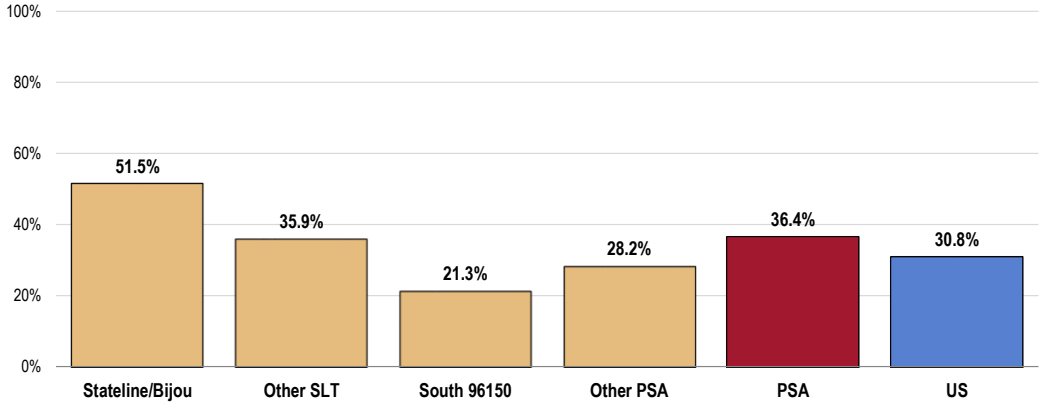
Differences noted in the text represent significant differences determined through statistical testing.

Where sample sizes permit, community-level data are provided.

Trends are measured against baseline data – i.e., the earliest year that data are available or that is presented in this report.

- Compared to the US prevalence, the Primary Service Area proportion of adults who worried about paying for rent or mortgage in the past year is less favorable.
- By community: housing insecurity is highest among survey respondents in Stateline/ Bijou.

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



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 71]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

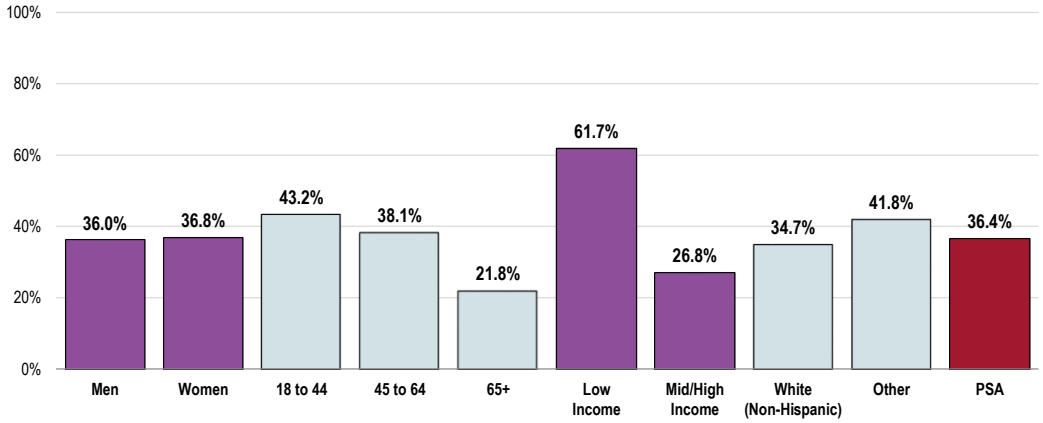
Notes:
- Asked of all respondents.

- Adults more likely to report housing insecurity include young adults (note the negative correlation with age) and those in low-income households.
- Other differences within demographic groups, as illustrated in the following chart, are not statistically significant.

Charts throughout this report (such as that here) detail survey findings among key demographic groups – namely by sex, age groupings, income (based on poverty status), and race/ethnicity.

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

(Primary Service Area, 2018)



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 71]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

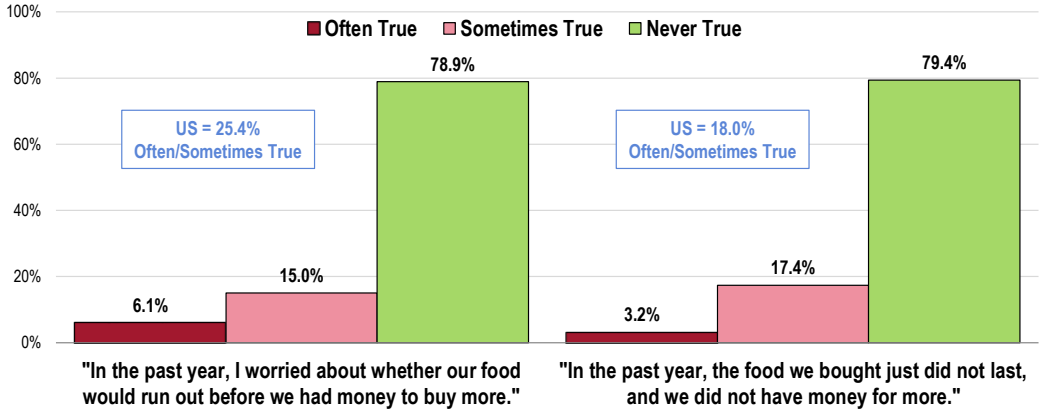
Food Insecurity

In the past year, 21.1% of Primary Service Area adults "often" or "sometimes" worried about whether their food would run out before they had money to buy more.

Another 20.6% report a time in the past year ("often" or "sometimes") when the food they bought just did not last, and they did not have money to get more.

Food Insecurity

(Primary Service Area, 2018)



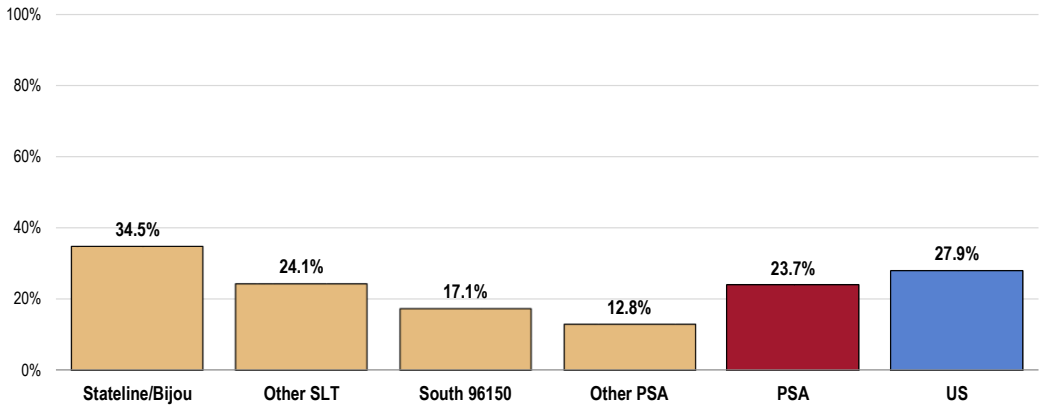
Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 87-88]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Reflects the total sample of respondents.

Overall, 23.7% of community residents are determined to be "food insecure," having run out of food in the past year and/or been worried about running out of food.

- Statistically comparable to the US data.
- Unfavorably high in Stateline/Bijou; favorably low in the Other PSA community.

Food Insecurity



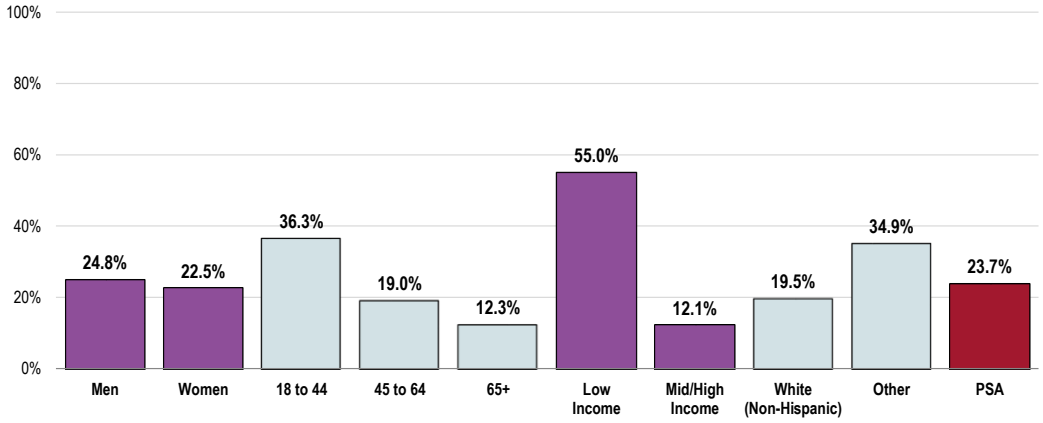
Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 149]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
- Includes adults who A) ran out of food at least once in the past year and/or B) worried about running out of food in the past year.

Adults more likely affected by food insecurity include:

- Young adults (negative correlation with age).
- Residents living at lower incomes.
- Other (non-White) races.

Food Insecurity
(Primary Service Area, 2018)



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 149]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
- Includes adults who A) ran out of food at least once in the past year and/or B) worried about running out of food in the past year.

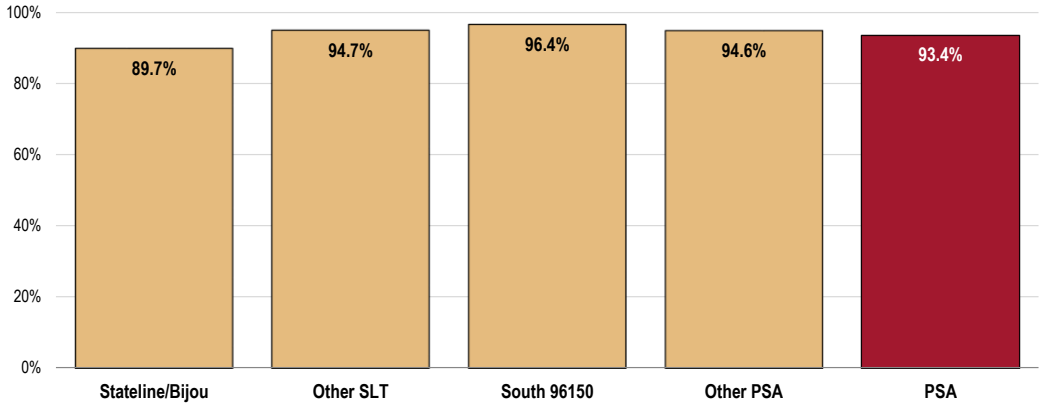
Digital Connection

Internet Access

Most survey respondents (93.4%) have access to the Internet for their personal use (whether at home, work, or school).

- Statistically comparable by community.

Have Internet Access for Personal Use



Sources: ● 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 314]
Notes: ● Asked of all respondents.

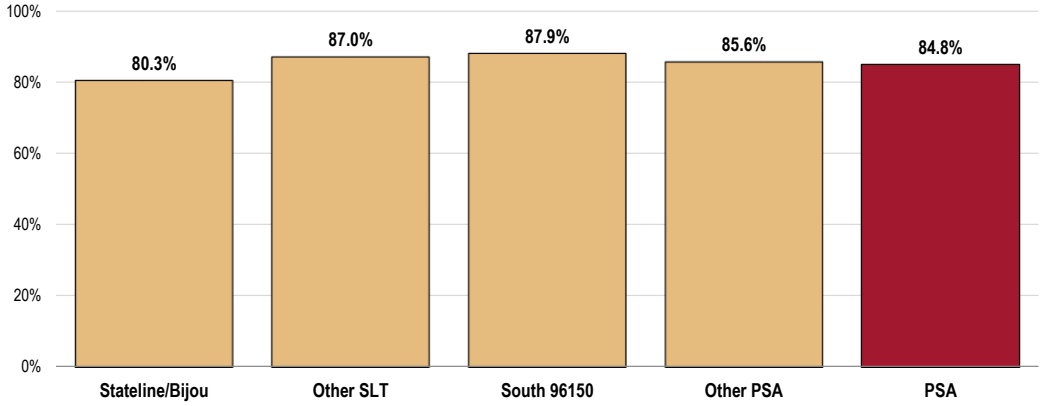
- Seniors in the Primary Service Area are least likely to report having Internet access for their personal use (not shown).

Smartphones

The majority of Primary Service Area residents have smartphones that can download apps and access email and/or the Internet.

- Statistically comparable by community.

Have a Smartphone



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 315]

Notes:
- Asked of all respondents.
- A Smartphone can download apps and access email and/or the internet.

- Seniors in the Primary Service Area are least likely to report having a smartphone (not shown).

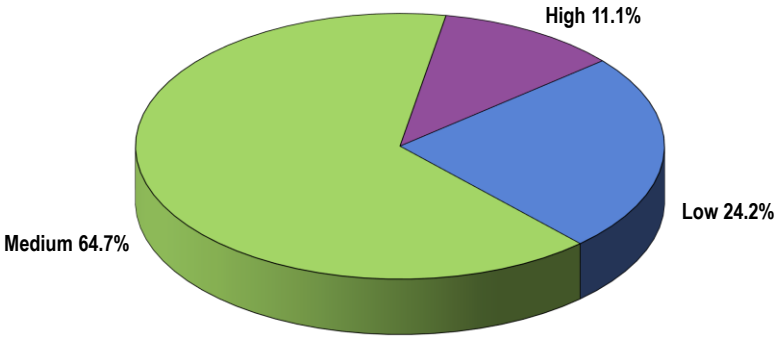
Population With Low Health Literacy

Low health literacy is defined as those respondents who "seldom/never" find written or spoken health information easy to understand, and/or who "always/nearly always" need help reading health information, and/or who are "not at all confident" in filling out health forms.

A total of 24.2% Primary Service Area adults are found to have low health literacy.

- Comparable to national findings.
- Unfavorably high in Stateline/Bijou; lowest in the Other SLT community.

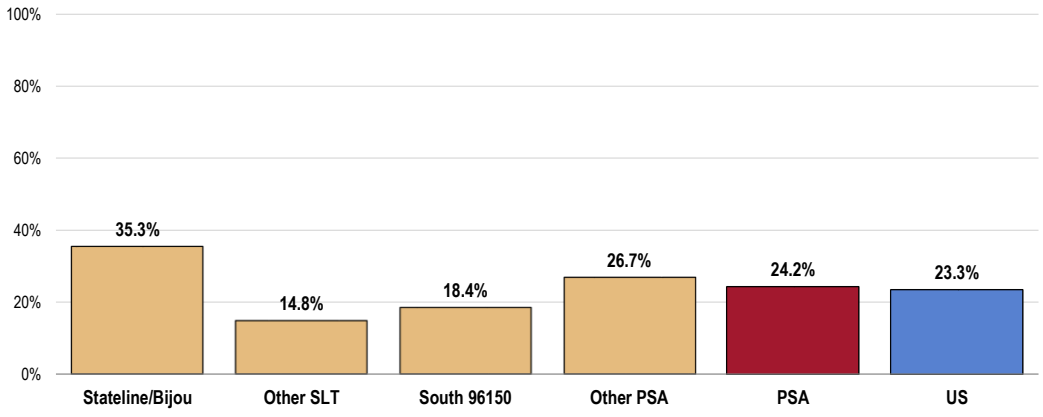
Level of Health Literacy
(Primary Service Area, 2018)



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 172]

Notes:
- Asked of all respondents.
- Respondents with low health literacy are those who "seldom/never" find written or spoken health information easy to understand, and/or who "always/nearly always" need help reading health information, and/or who are "not at all confident" in filling out health forms.

Low Health Literacy



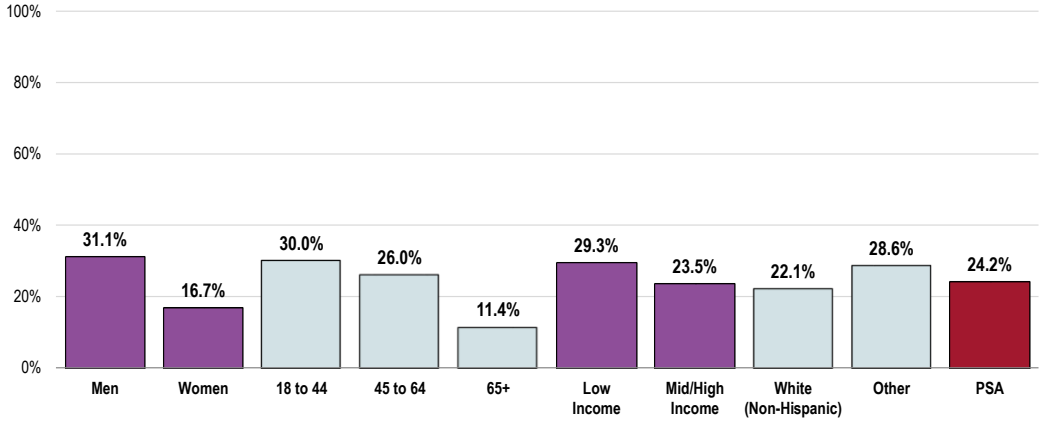
Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 172]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
- Respondents with low health literacy are those who "seldom/never" find written or spoken health information easy to understand, and/or who "always/nearly always" need help reading health information, and/or who are "not at all confident" in filling out health forms.

These local adults are more likely to have low levels of health literacy:

- Men.
- Younger adults (negative correlation with age).

Low Health Literacy
(Primary Service Area, 2018)



Sources: 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 172]
Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
- Respondents with low health literacy are those who "seldom/never" find written or spoken health information easy to understand, and/or who "always/nearly always" need help reading health information, and/or who are "not at all confident" in filling out health forms.

Understanding Health Information

The following individual measures are used to determine the health literacy levels described above.

Written & Spoken Information

While a majority of Primary Service Area adults generally find health information to be easy to understand, 16.6% experience some difficulty with written health information and 7.9% experience some difficulty with spoken health information (responding "seldom" or "never" easy to understand).

Respondents were read:

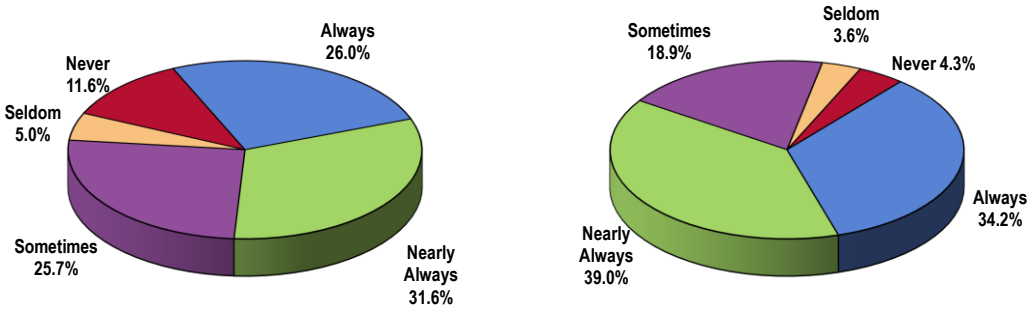
"You can find written health information on the internet, in newspapers and magazines, on medications, at the doctor's office, in clinics, and many other places.

How often is health information **written** in a way that is easy for you to understand?

How often is health information **spoken** in a way that is easy for you to understand?"

Frequency With Which Health Information Is _____ in a Way That is Easy to Understand

(Primary Service Area, 2018)



Sources: ● 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 74, 76]
Notes: ● Asked of all respondents.

Reading Health Information & Completing Health Forms

Respondents were read:

"People who might help you read health information include family members, friends, caregivers, doctors, nurses, or other health professionals. How often do you need to have someone help you read health information?"

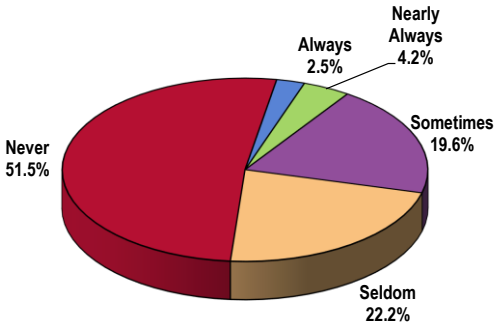
"Health forms include insurance forms, questionnaires, doctor's office forms, and other forms related to health and health care. In general, how confident are you in your ability to fill out health forms yourself?

A total of 6.7% of Primary Service Area adults "always" or "nearly always" need to have someone help them read health information.

A total of 1.8% of adults are "not at all confident" in their ability to fill out health forms by themselves.

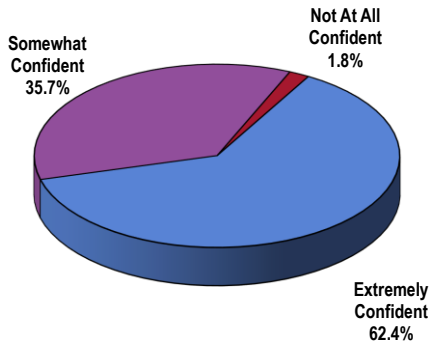
Frequency of Needing Help Reading Health Information

(Primary Service Area, 2018)



Confidence in Ability to Fill Out Health Forms

(Primary Service Area, 2018)



Sources: ● 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 75, 77]
Notes: ● Asked of all respondents.
● In this case, health forms include insurance forms, questionnaires, doctor's office forms, and other forms related to health and healthcare.

General Health Status

Professional Research Consultants, Inc.

Overall Health Status

Evaluation of Health Status

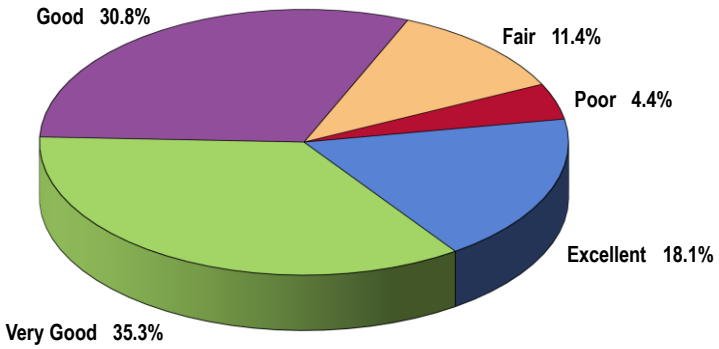
The initial inquiry of the PRC Community Health Survey asked respondents the following:

"Would you say that in general your health is: excellent, very good, good, fair, or poor?"

A total of 53.4% of Primary Service Area adults rate their overall health as "excellent" or "very good."

- Another 30.8% gave "good" ratings of their overall health.

Self-Reported Health Status
(Primary Service Area, 2018)

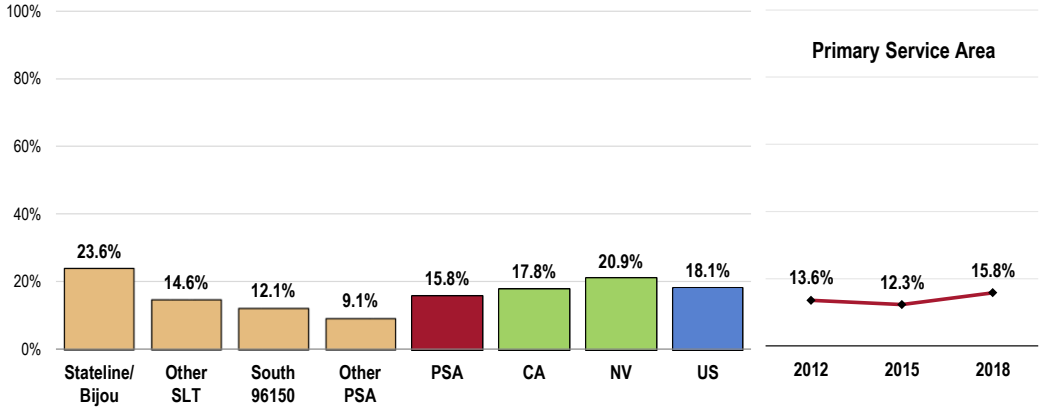


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 5]
Notes: • Asked of all respondents.

However, 15.8% of Primary Service Area adults believe that their overall health is "fair" or "poor."

- Similar to the California and US findings.
- More favorable than the Nevada proportion.
- Unfavorably high in Stateline/Bijou; lowest in the Other PSA community.
- TREND: No statistically significant change has occurred when comparing "fair/poor" overall health reports to previous survey results.

Experience "Fair" or "Poor" Overall Health



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 5]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 California and Nevada data.
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

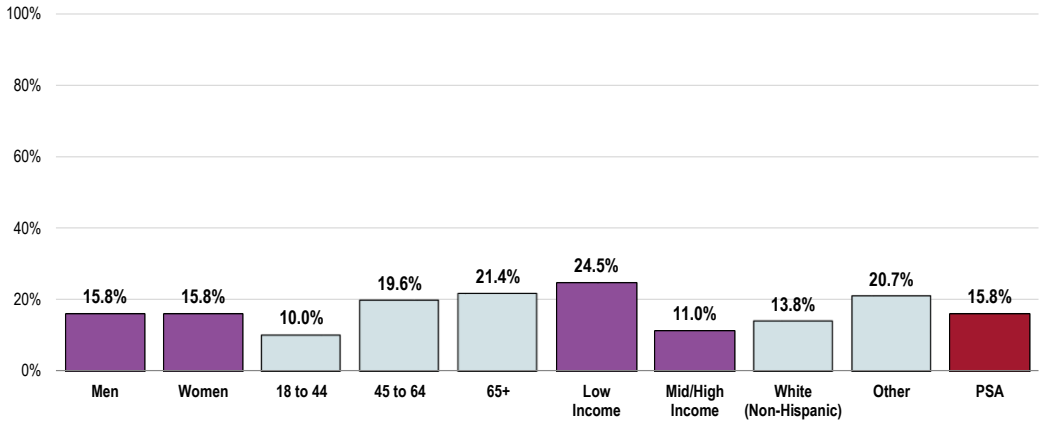
Notes:
- Asked of all respondents.

Adults more likely to report experiencing "fair" or "poor" overall health include:

- Seniors (positive correlation with age).
- Residents living at lower incomes.

Experience "Fair" or "Poor" Overall Health

(Primary Service Area, 2018)



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 5]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Activity Limitations

About Disability & Health

An individual can get a disabling impairment or chronic condition at any point in life. Compared with people without disabilities, people with disabilities are more likely to:

- Experience difficulties or delays in getting the health care they need.
- Not have had an annual dental visit.
- Not have had a mammogram in past 2 years.
- Not have had a Pap test within the past 3 years.
- Not engage in fitness activities.
- Use tobacco.
- Be overweight or obese.
- Have high blood pressure.
- Experience symptoms of psychological distress.
- Receive less social-emotional support.
- Have lower employment rates.

There are many social and physical factors that influence the health of people with disabilities. The following three areas for public health action have been identified, using the International Classification of Functioning, Disability, and Health (ICF) and the three World Health Organization (WHO) principles of action for addressing health determinants.

- **Improve the conditions of daily life** by: encouraging communities to be accessible so all can live in, move through, and interact with their environment; encouraging community living; and removing barriers in the environment using both physical universal design concepts and operational policy shifts.
- **Address the inequitable distribution of resources among people with disabilities and those without disabilities** by increasing: appropriate health care for people with disabilities; education and work opportunities; social participation; and access to needed technologies and assistive supports.
- **Expand the knowledge base and raise awareness about determinants of health for people with disabilities** by increasing: the inclusion of people with disabilities in public health data collection efforts across the lifespan; the inclusion of people with disabilities in health promotion activities; and the expansion of disability and health training opportunities for public health and health care professionals.

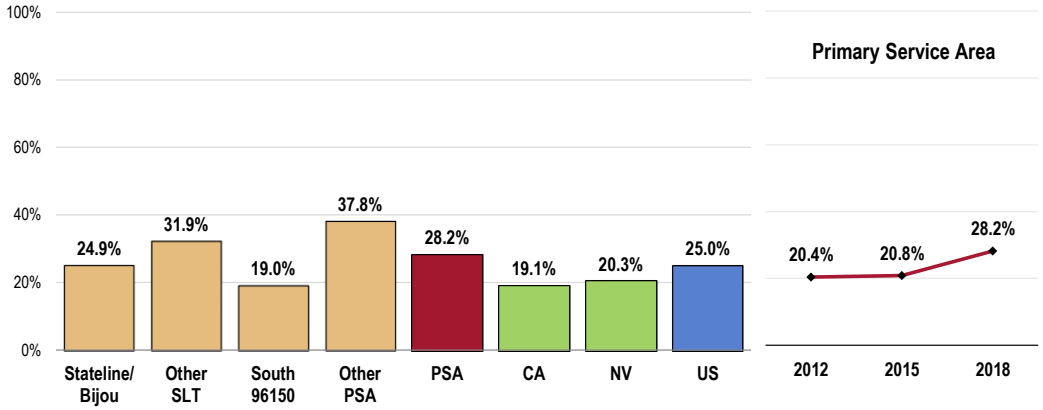
- Healthy People 2020 (www.healthypeople.gov)

A total of 28.2% of Primary Service Area adults are limited in some way in some activities, due to a physical, mental, or emotional problem.

RELATED ISSUE:
See also *Potentially Disabling Conditions* in the **Death, Disease, & Chronic Conditions** section of this report.

- Less favorable than the proportions in California and Nevada.
- Similar to the national prevalence.
- Lowest in South 96150; highest in Other PSA.
- TREND: Marks a statistically significant increase in activity limitations from 2012 (and 2015) survey findings.

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



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 109]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 California and Nevada data.
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

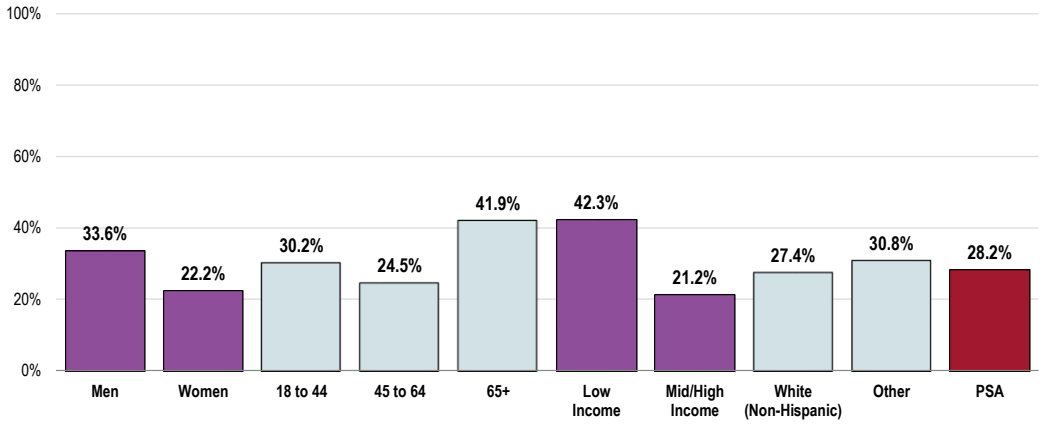
Notes:
- Asked of all respondents.

In looking at responses by key demographic characteristics, these adults are statistically more likely to report some type of activity limitation:

- Men.
- Seniors (age 65+).
- Those in low-income households.

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

(Primary Service Area, 2018)



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 109]

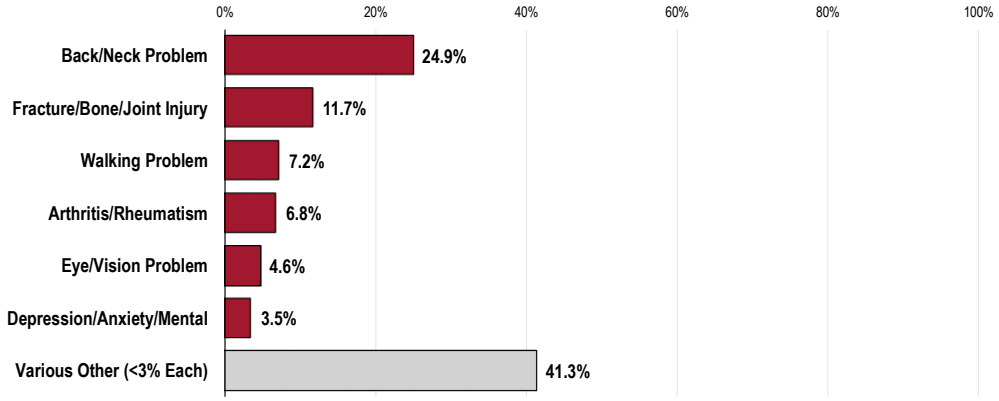
Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Among persons reporting activity limitations, these are most often attributed to musculo-skeletal issues, such as back/neck problems, fractures or bone/joint injuries, difficulty walking, or arthritis/rheumatism.

Other limitations noted with some frequency include those related to eyes or vision problems and mental health (depression, anxiety).

Type of Problem That Limits Activities

(Among Those Reporting Activity Limitations; Primary Service Area, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 110]
Notes: • Asked of those respondents reporting activity limitations.

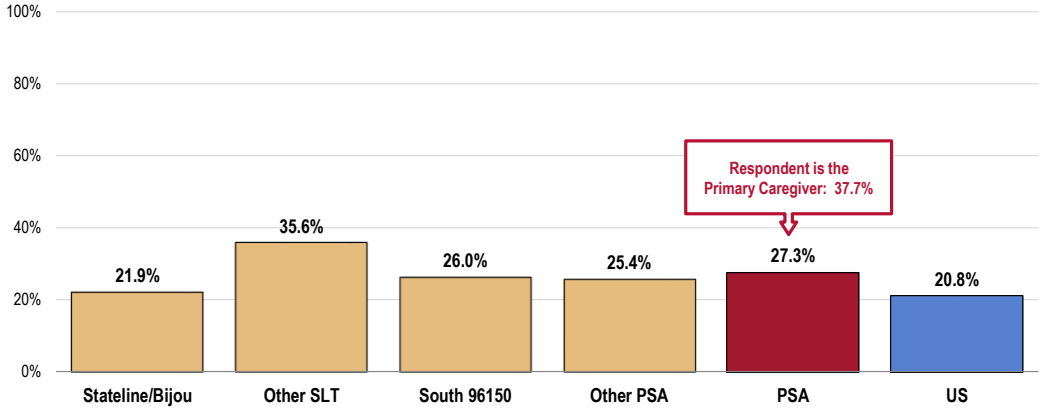
Caregiving

A total of 27.3% of Primary Service Area adults currently provide care or assistance to a friend or family member who has a health problem, long-term illness, or disability.

- Higher than the national finding.
- The prevalence of caregiving is highest in the Other SLT community.

Of these Primary Service Area adults who are caregivers, 37.7% are the ***primary*** caregiver for the individual receiving care.

Act as Caregiver to a Friend or Relative with a Health Problem, Long-Term Illness, or Disability



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 111, 113]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

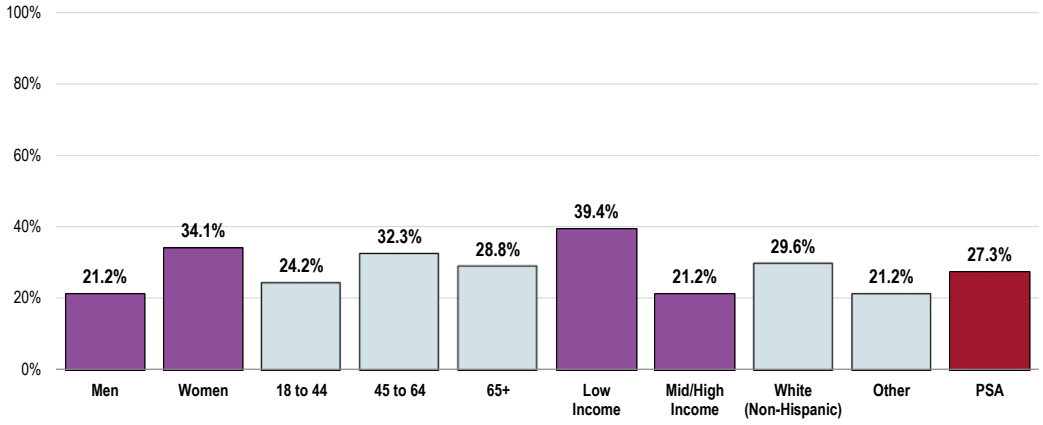
Notes:
- Asked of all respondents.

The prevalence of caregivers in the community is notably higher among:

- Women.
- Lower-income residents.

Act as Caregiver to a Friend or Relative with a Health Problem, Long-Term Illness, or Disability

(Primary Service Area, 2018)



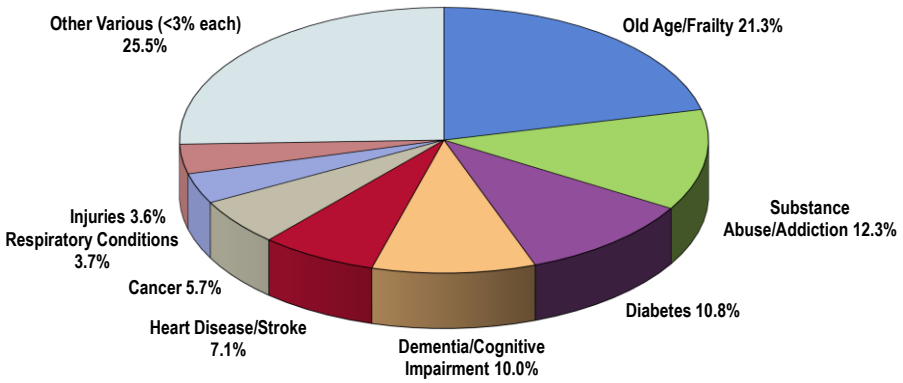
Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 111]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

For those who provide care or assistance, the top health issues affecting those receiving their care include **old age/frailty** (21.3%), **substance abuse/addiction** (12.3%), **diabetes** (10.8%), and **dementia/cognitive impairment** (10.0%).

Primary Health Issue of Person Receiving Care or Assistance

(Among Caregivers Providing Regular Care to a Friend/Family Member; PSA, 2018)



Sources: ● 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 112]
Notes: ● Asked of those respondents reporting providing regular care or assistance to a friend or family member with a health problem, long-term illness, or disability.

Mental Health

About Mental Health & Mental Disorders

Mental health is a state of successful performance of mental function, resulting in productive activities, fulfilling relationships with other people, and the ability to adapt to change and to cope with challenges. Mental health is essential to personal well-being, family and interpersonal relationships, and the ability to contribute to community or society. Mental disorders are health conditions that are characterized by alterations in thinking, mood, and/or behavior that are associated with distress and/or impaired functioning. Mental disorders contribute to a host of problems that may include disability, pain, or death. Mental illness is the term that refers collectively to all diagnosable mental disorders. Mental disorders are among the most common causes of disability. The resulting disease burden of mental illness is among the highest of all diseases.

Mental health and physical health are closely connected. Mental health plays a major role in people's ability to maintain good physical health. Mental illnesses, such as depression and anxiety, affect people's ability to participate in health-promoting behaviors. In turn, problems with physical health, such as chronic diseases, can have a serious impact on mental health and decrease a person's ability to participate in treatment and recovery.

The existing model for understanding mental health and mental disorders emphasizes the interaction of social, environmental, and genetic factors throughout the lifespan. In behavioral health, researchers identify: **risk factors**, which predispose individuals to mental illness; and **protective factors**, which protect them from developing mental disorders. Researchers now know that the prevention of mental, emotional, and behavioral (MEB) disorders is inherently interdisciplinary and draws on a variety of different strategies. Over the past 20 years, research on the prevention of mental disorders has progressed. The major areas of progress include evidence that:

- MEB disorders are common and begin early in life.
- The greatest opportunity for prevention is among young people.
- There are multiyear effects of multiple preventive interventions on reducing substance abuse, conduct disorder, antisocial behavior, aggression, and child maltreatment.
- The incidence of depression among pregnant women and adolescents can be reduced.
- School-based violence prevention can reduce the base rate of aggressive problems in an average school by 25 to 33%.
- There are potential indicated preventive interventions for schizophrenia.
- Improving family functioning and positive parenting can have positive outcomes on mental health and can reduce poverty-related risk.
- School-based preventive interventions aimed at improving social and emotional outcomes can also improve academic outcomes.
- Interventions targeting families dealing with adversities, such as parental depression or divorce, can be effective in reducing risk for depression in children and increasing effective parenting.
- Some preventive interventions have benefits that exceed costs, with the available evidence strongest for early childhood interventions.
- Implementation is complex, and it is important that interventions be relevant to the target audiences.
- In addition to advancements in the prevention of mental disorders, there continues to be steady progress in treating mental disorders as new drugs and stronger evidence-based outcomes become available.

- Healthy People 2020 (www.healthypeople.gov)

Evaluation of Mental Health Status

Adults

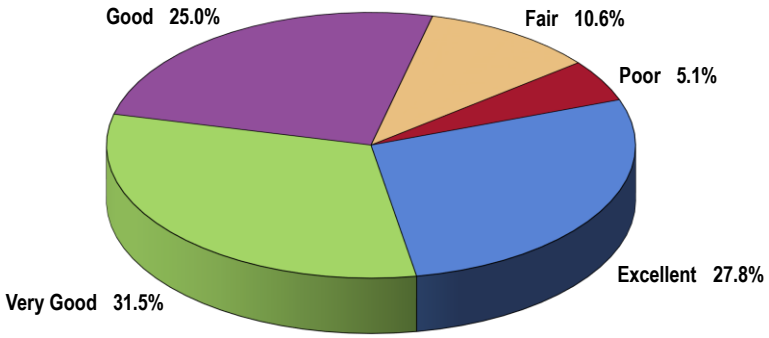
"Now thinking about your mental health, which includes stress, depression and problems with emotions, would you say that, in general, your mental health is: excellent, very good, good, fair or poor?"

A total of 59.3% of Primary Service Area adults rate their overall mental health as "excellent" or "very good."

- Another 25.0% gave "good" ratings of their own mental health status.

Self-Reported Mental Health Status

(Primary Service Area, 2018)

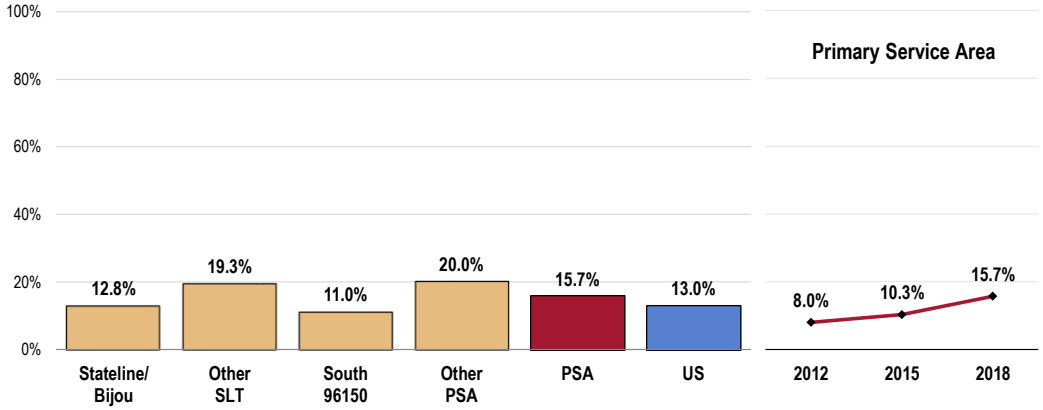


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 99]
Notes: • Asked of all respondents.

A total of 15.7% of Primary Service Area adults, however, believe that their overall mental health is "fair" or "poor."

- Similar to the "fair/poor" response reported nationally.
- Similar findings by community.
- TREND: Marks a statistically significant increase since 2012.

Experience "Fair" or "Poor" Mental Health



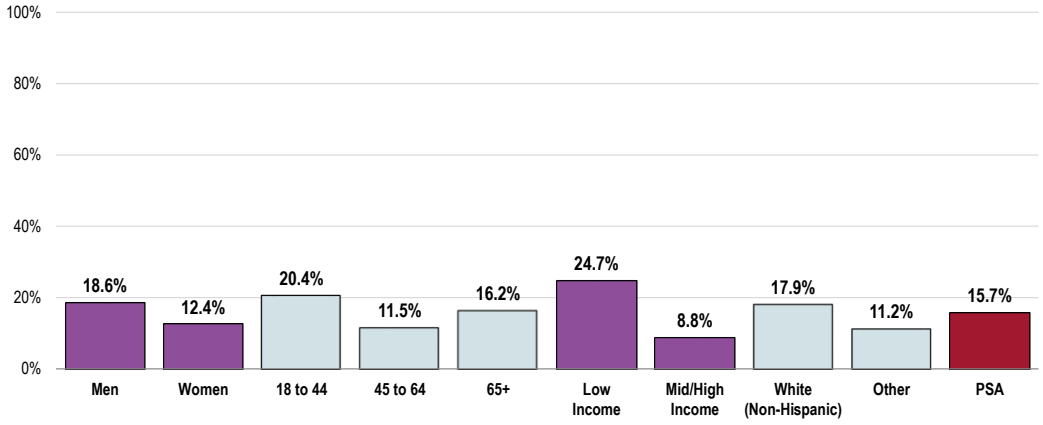
Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 99]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

- Adults in low-income households are much more likely to report experiencing "fair/poor" mental health than those at higher income levels.

Experience "Fair" or "Poor" Mental Health

(Primary Service Area, 2018)



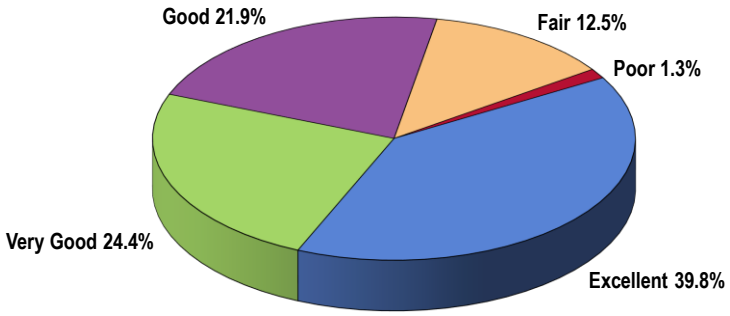
Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 99]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Children

Among parents with children age 5 to 17 at home, 13.8% report that their child's overall mental health is "fair" or "poor."

Rating of Child's Mental Health
(Primary Service Area Parents of Children Age 5 to 17, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 324]
Notes: • Asked of respondents with children age 5 to 17 at home.

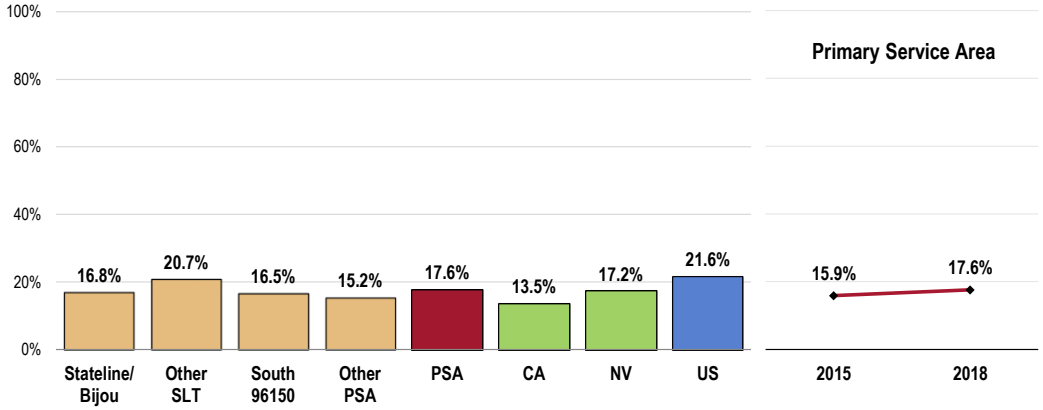
Depression

Diagnosed Depression

A total of 17.6% of Primary Service Area adults have been diagnosed by a physician as having a depressive disorder (such as depression, major depression, dysthymia, or minor depression).

- Similar to the Nevada and US figures.
- Less favorable than the California proportion.
- Statistically similar by community.
- TREND: Statistically unchanged since 2015 (not asked in the 2012 survey).

Have Been Diagnosed With a Depressive Disorder



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 102]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 California and Nevada data.
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

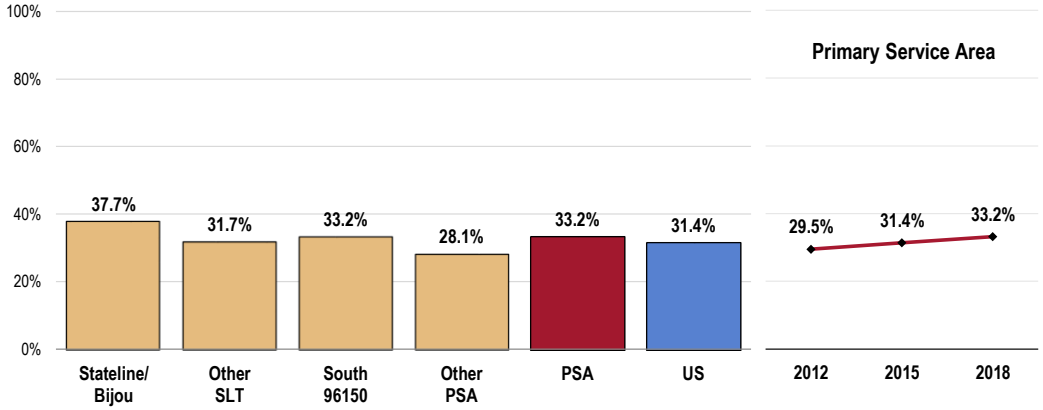
Notes:
- Asked of all respondents.
- Depressive disorders include depression, major depression, dysthymia, or minor depression.

Symptoms of Chronic Depression

A total of 33.2% of Primary Service Area adults have had two or more years in their lives when they felt depressed or sad on most days, although they may have felt okay sometimes (symptoms of chronic depression).

- Similar to national findings.
- Similar findings by community.
- TREND: The increase over time is not statistically significant.

Have Experienced Symptoms of Chronic Depression



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 100]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

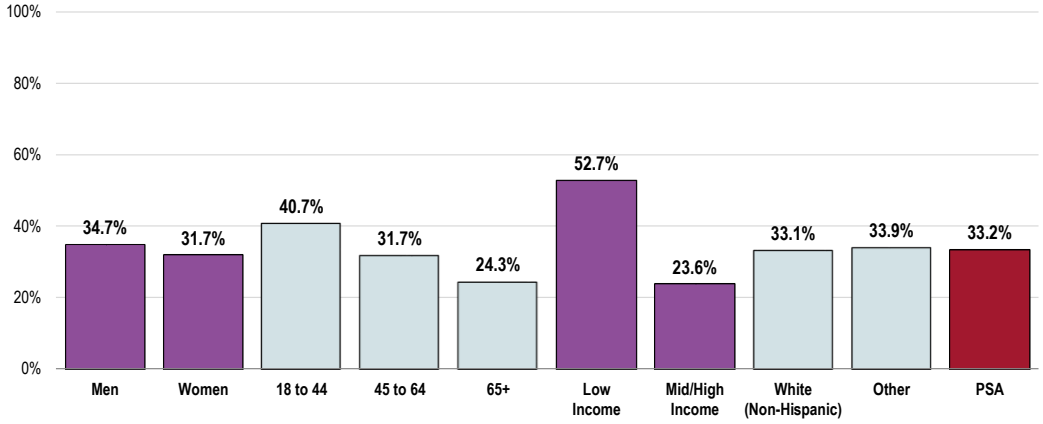
Notes:
- Asked of all respondents.
- Chronic depression includes periods of two or more years during which the respondent felt depressed or sad on most days, even if (s)he felt okay sometimes.

Note that the prevalence of chronic depression is notably higher among:

- Adults under age 65 (negative correlation with age).
- Adults with lower incomes.

Have Experienced Symptoms of Chronic Depression

(Primary Service Area, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 100]
Notes: • Asked of all respondents.
• Chronic depression includes periods of two or more years during which the respondent felt depressed or sad on most days, even if (s)he felt okay sometimes.
• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Stress

Nearly half of Primary Service Area adults consider their typical day to be "not very stressful" (34.0%) or "not at all stressful" (12.1%).

- Another 42.9% of survey respondents characterize their typical day as "moderately stressful."

RELATED ISSUE:

See also *Substance Abuse* in the **Modifiable Health Risks** section of this report.

Perceived Level of Stress On a Typical Day

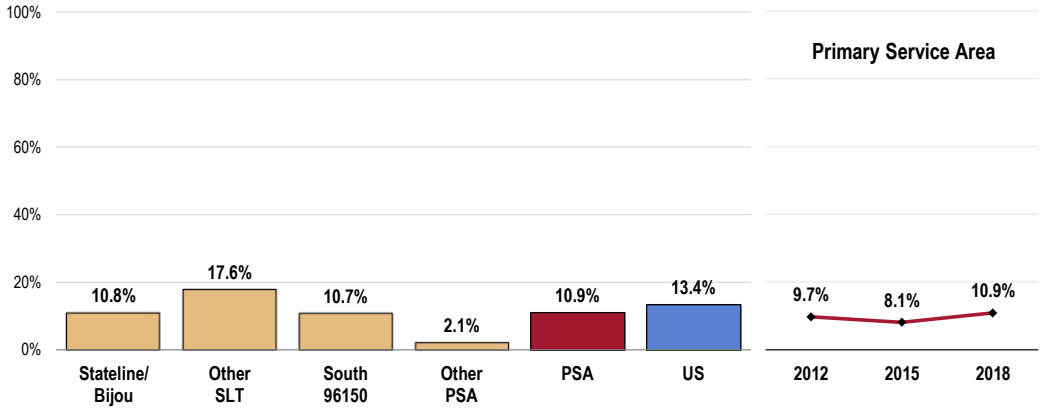
(Primary Service Area, 2018)

Sources: ● 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 101]
Notes: ● Asked of all respondents.

In contrast, 10.9% of Primary Service Area adults experience "very" or "extremely" stressful days on a regular basis.

- Comparable to national findings.
- Unfavorably high in the Other SLT community; lowest in the Other PSA community.
- TREND: Statistically unchanged over time.

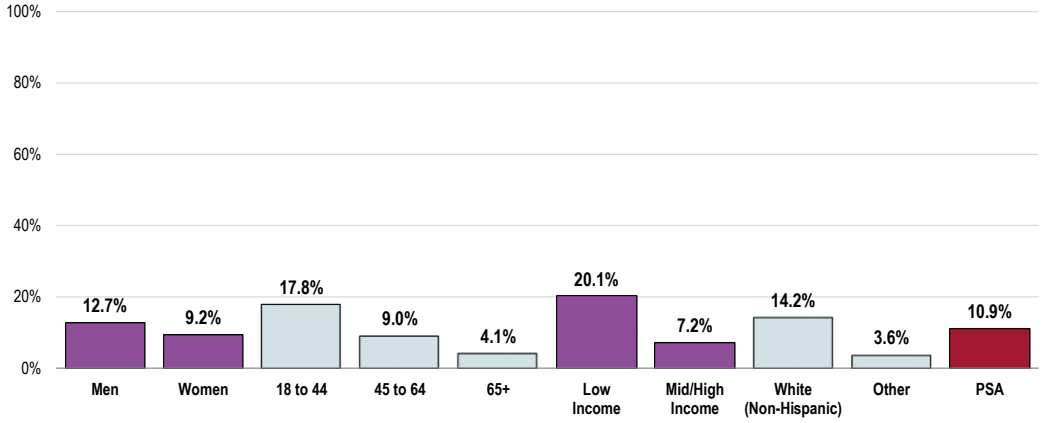
Perceive Most Days As "Extremely" or "Very" Stressful



Sources: ● 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 101]
● 2017 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

- Note that high stress levels are more prevalent among adults under age 65, those in low-income households, and Whites.

Perceive Most Days as "Extremely" or "Very" Stressful
(Primary Service Area, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 101]
Notes: • Asked of all respondents.
• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Suicide

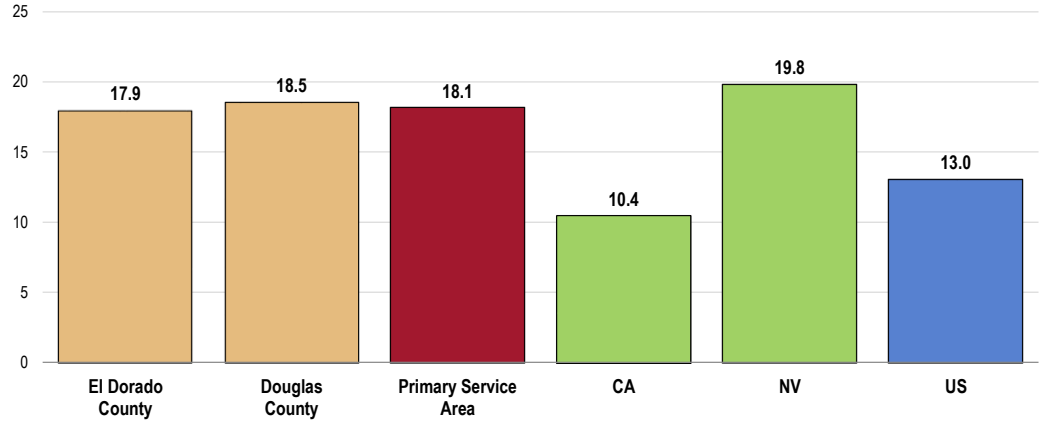
Between 2014 and 2016, there was an annual average age-adjusted suicide rate of 18.1 deaths per 100,000 population in the Primary Service Area.

- Higher than the California and US suicide rates.
- Similar to the Nevada rate.
- Fails to satisfy the Healthy People 2020 target of 10.2 or lower.
- Similar findings between El Dorado and Douglas counties.

Suicide: Age-Adjusted Mortality

(2014-2016 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 10.2 or Lower



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2018.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MHMD-1]

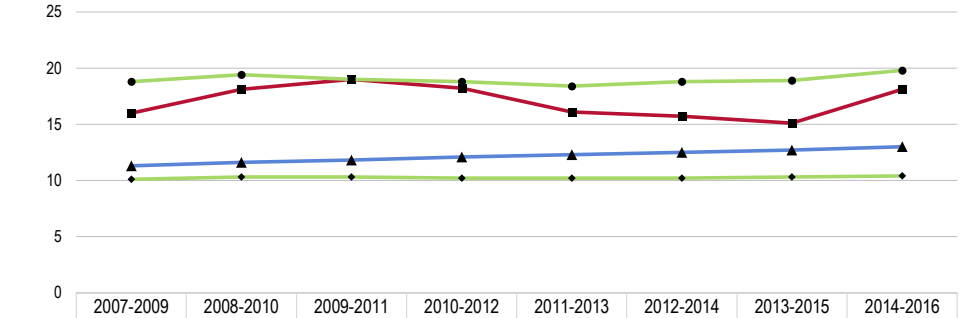
Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- TREND: The area suicide rate has fluctuated over the past decade, with no specific trend; statewide and nationally, rates have trended upward.

Suicide: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 10.2 or Lower



	2007-2009	2008-2010	2009-2011	2010-2012	2011-2013	2012-2014	2013-2015	2014-2016
PSA	16.0	18.1	19.0	18.2	16.1	15.7	15.1	18.1
CA	10.1	10.3	10.3	10.2	10.2	10.2	10.3	10.4
NV	18.8	19.4	19.0	18.8	18.4	18.8	18.9	19.8
US	11.3	11.6	11.8	12.1	12.3	12.5	12.7	13.0

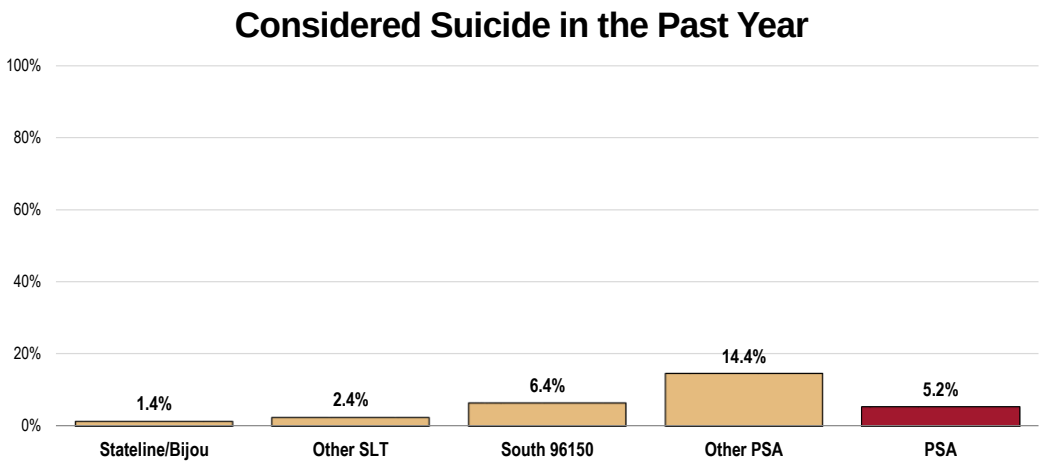
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2018.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MHMD-1]

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Suicide Ideation

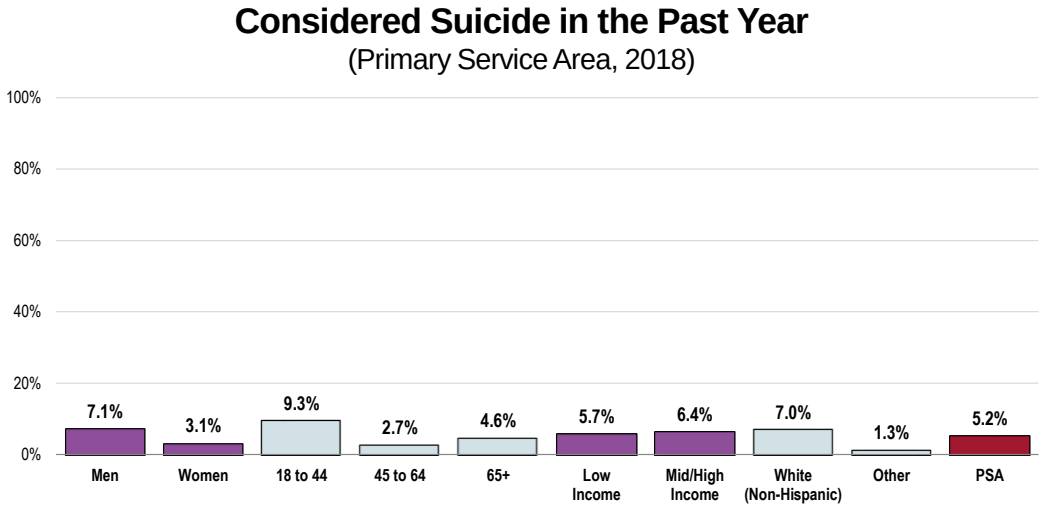
Among survey respondents, 5.2% report that they considered suicide at some point in the past year.

- Highest in the Other PSA community; lowest in Stateline/Bijou.



Sources: ● 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 321]
Notes: ● Asked of all respondents.

- Viewed by demographic characteristics, the prevalence is statistically higher among Whites than Other races in the Primary Service Area.



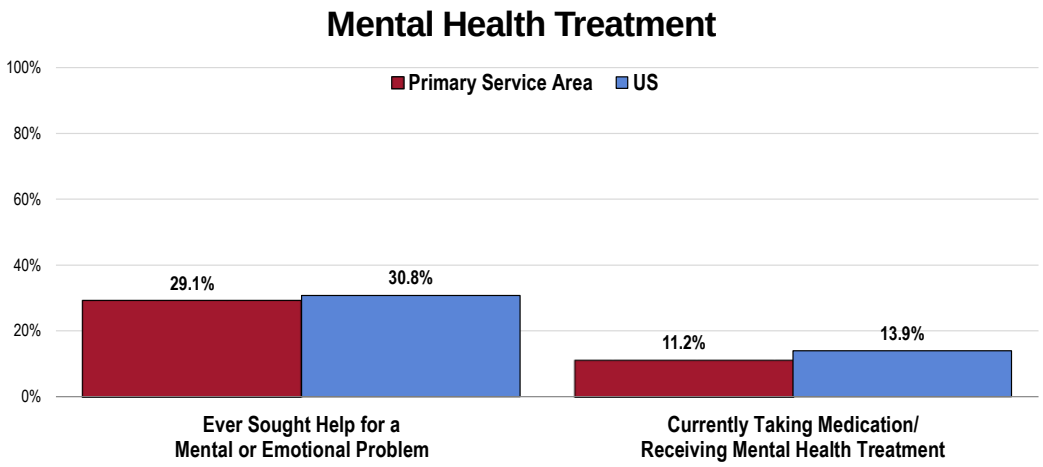
Sources: ● 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 321]
Notes: ● Asked of all respondents.
● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Mental Health Treatment

A total of 29.1% of Primary Service Area adults acknowledge having ever sought professional help for a mental or emotional problem.

A total of 11.2% are currently taking medication or receiving treatment from a doctor or other health professional for some type of mental health condition or emotional problem.

- Both proportions are similar to US data.



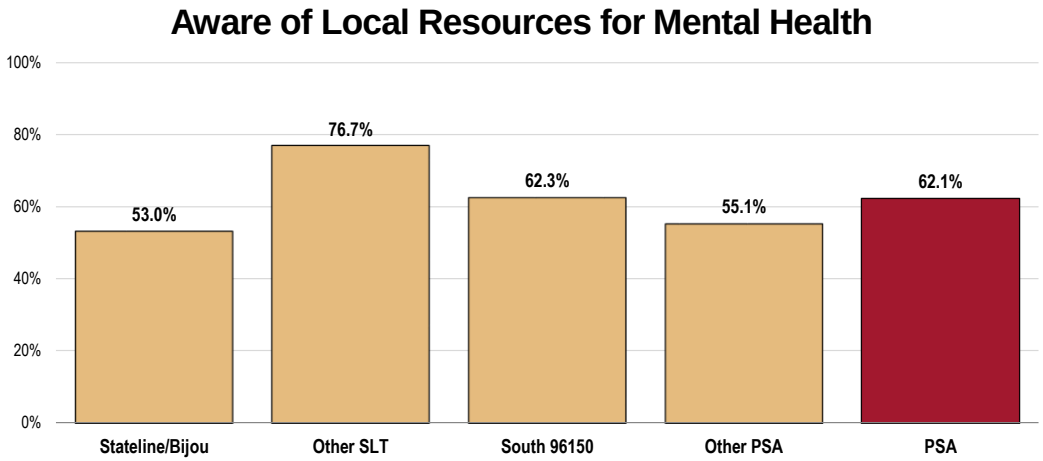
Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 103-104]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Reflects the total sample of respondents.

Awareness of Local Services

Over 6 in 10 survey respondents (62.1%) report that they are aware of local resources for mental health.

- Lowest among respondents in Stateline/Bijou; highest in Other South Lake Tahoe.

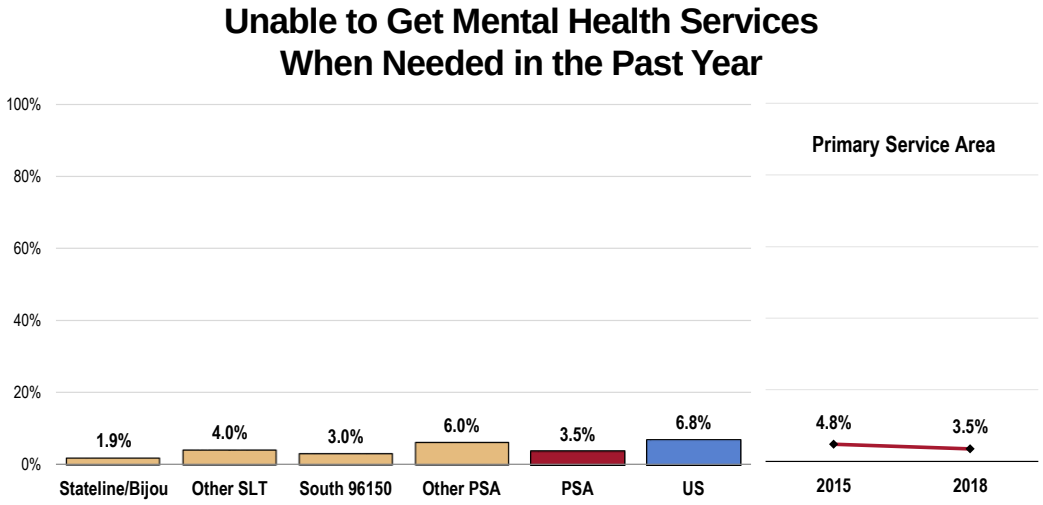


Sources: ● 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 320]
Notes: ● Asked of all respondents.

Difficulty Accessing Mental Health Services

A total of 3.5% of Primary Service Area adults report a time in the past year when they needed mental health services, but were not able to get them.

- Lower than the national finding.
- Statistically similar by community.
- TREND: Statistically unchanged from 2015 survey results.

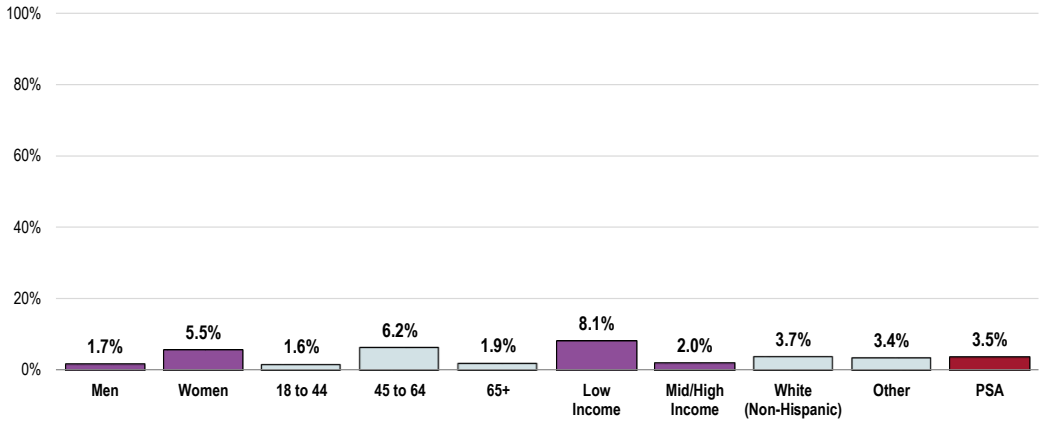


Sources: ● 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 105]
● 2017 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

Note that access difficulty is notably more prevalent among:

- Women.
- Adults age 45 to 64.

Unable to Get Mental Health Services When Needed in the Past Year
(Primary Service Area, 2018)



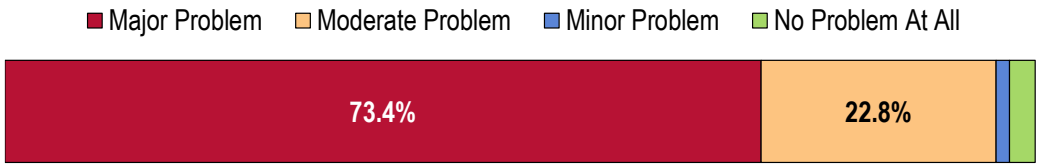
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 105]
Notes: • Asked of all respondents.
• Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
• Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Among the 13 respondents reporting difficulties accessing mental health services in the past year, these are predominantly attributed to **transportation issues**; barriers mentioned less frequently include difficulty getting an appointment, not knowing where to go, and cost or insurance issues.

Key Informant Input: Mental Health

Nearly 3 in 4 key informants taking part in an online survey characterized *Mental Health* as a "major problem" in the community.

Perceptions of Mental Health as a Problem in the Community
(Key Informants, 2018)



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

Top Concerns

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

Access to Care/Services

Access to treatment. We have a growing mental health issue in this town and a wide variety of mental health issues. Some are born out of drug use, lifestyle. Some are a result of the seasonal economy and the transient population which prevents support. – Social Services Provider

Access to mental health care is the main issue. There are no treatment centers available and what few therapists there are, are overwhelmed. – Community Leader

The demand exceeds the supply. Most Behavioral Health patients have addiction issues that we do not have the resources to address. Without treating all of the contributing factors, the success rate diminishes. – Other Health Provider

Lack of access for mental health care facility. No mental health hospital or Psych floor. – Other Health Provider

Very limited access to mental health resources with particular limitation with regards to affordable or insurance covered providers. Long wait times to get appointment. – Physician

Access to counseling and Psychiatric services are limited by the number of healthcare professionals and the few entities for which they serve. People in need often don't know they need the access and when they do it is hard for them to receive. – Community Leader

Lack of access to a variety of practitioners, lack of a variety of support groups, transportation challenges to existing services. – Community Leader

There are few therapy or treatments options in town and those who are available within the community have long wait lists, so crisis care is impacted. There needs to be more facilities or options for patients, especially when we live in such a small town. – Social Services Provider

Lack of adequate mental health care provided by public agencies. Lack of proper facilities to care for those who suffer from mental health problems. Poor decision making. – Community Leader

Obtaining the actual care they need. Funding for this is an issue. Utilizing our ER or being admitted without real mental health care is a strain on everyone, patients and our health system. – Community Leader

We have a serious mental health issue in our community with limited availability and accessibility. – Community Leader

Lack of access to care. Would like to see more preventative options in the community and even at the schools. Providers that work with mild to moderate behavioral health issues. – Other Health Provider

Lack of access to mental health and lack of resources. It can take up to six months to see the Psychiatrist, we only have one medical social worker that is overworked and very little access to programs such as therapy, group visits, rehab, etc. – Physician

Treatment for those that do not qualify for services from El Dorado County is difficult to access or non-existent. Psychiatric consultations are often not available or must be done via teleconference. – Social Services Provider

Access to necessary care and support is significantly lacking. This is not unique to our community. – Community Leader

Transportation, food, housing, and health insurance. As well as excessing Mental Health services. – Public Health Representative

Access to Mental Health is an issue. Transportation is just one of the issues to the access, however the biggest issue by far is if you are not acute you are put on a very long waiting list. Many community members also have to qualify for the services. – Social Services Provider

Access to mental health services. There are mental health services provided by the county but clients have to be severely debilitated by the disease. Mild to moderate services for adults include two counselors at Barton, but they only take adults. – Other Health Provider

The lengthy process to obtain services for minors. – Community Leader

Adequate housing not available, which impacts their mental health status. Lack of mental health care for the most severely impacted. Easily attainable drugs, which negatively impact mental health for some. A substantial homeless population. – Community Leader

Access to facilities. We have back up in ED and M/S units for patients that need Psych facilities. There are long waits for our patients to be seen by therapists at Barton. We have minimal support groups and outpatient support. – Other Health Provider

Too many people in need of services with only one treatment, support option through EDC. – Social Services Provider

No mental health intake or facility for those in need. – Community Leader

Inadequate resources for treatment and prevention. – Physician

Lack of resources. This community is in need of better integration of quality Psychotherapy services and family support networks. There is currently no Step Down care from Inpatient Psychiatric hospitalization. – Physician

Too little in the way of services, may have to wait months to see someone. Cost is prohibitive for most. – Community Leader

No services for mild to moderate mental health issues. Extremely long waiting lists to see Psychiatrist. Lack of understanding and awareness of mental health issues in the wider community and sometimes among health professionals. – Community Leader

Lack of Providers

EDC Mental Health deals with severe mental illness. We lack moderate and mild mental illness professionals, and some have to access by video conference which takes away from the personal experience. Also there is no rehab facility in SLT. – Social Services Provider

The biggest challenge is that this community has a limited number of mental health providers who are willing to take low income medical consumers. Clients who apply for services at EDC mental health have to pass an over the phone interview. – Public Health Representative

Lack of enough therapists and Psychiatrists. – Physician

Lack of mental health providers, Psychiatry, counselors, especially for state sponsored health insurance plans. Long waiting times to see providers. Insufficient support for families. No local treatment programs. – Physician

Access promptly to either a Psychologist or Psychiatrist. – Other Health Provider

As someone who works with adolescents, I find it difficult to access the appropriate mental health services for them in a timely manner. Wait list for a local Psychiatrist can sometimes be weeks. – Other Health Provider

It has always been at the top of our previous surveys. We have limited providers at the hospital, as well as BCHC. Waiting lists are long and seeing a private provider is beyond the financial ability of many. – Physician

Lack of mental health care providers. Due to state and federal laws, it makes it very difficult to address mental health issues on a system wide level across multiple agencies, jurisdictions. – Community Leader

Lack of resources. Not enough mental health providers or support at all. – Other Health Provider

Combination of lack of adult Psychiatrist and patients not wanting help. – Physician

Lack of Inpatient Psychiatric Facilities

Lack of Inpatient Psychiatric facilities to help those in crisis, in general. – Other Health Provider

No inpatient facilities. Difficult to know who to call. Hard to find help for low income residents. Takes too long to see a mental health provider. – Community Leader

There is not enough psychiatric beds in El Dorado County. – Other Health Provider

Coordination of Care

Lack of coordinated comprehensive services. – Public Health Representative

There is little to no follow through provided by Mental Health. Requests for service go unanswered or take months. – Community Leader

Lack of integration of whole person care where diagnostic tools are used by Barton PCPs and Emergency, along with policies, procedures to optimize brain health care. – Social Services Provider

Access for Low Income/Uninsured

When people don't have insurance, it's hard to access. – Social Services Provider

Services for moderately impaired children and adults without private insurance are greatly lacking. The process for obtaining services is also cumbersome, especially for someone who is impaired. – Other Health Provider

Diagnosis/Treatment

Getting a proper diagnosis and subsequent services. – Community Leader

There is an issue with depression and suicidal ideation in teens that untreated results in substance use issues. Also, adult mental illness has traumatic effects on students and negatively effects student learning. – Community Leader

I know it may fit into mental health, but I believe depression and isolation are a significant health issue, especially with senior population. – Community Leader

Homelessness

A drive on Lake Tahoe Blvd will reveal seemingly many people who are on the street and have what appears to be mental health problems. Clearly, there are insufficient mental health resources dedicated in the basin. El Dorado County should step up. – Community Leader

Effective treatment, meaning those with positive outcomes, for mental health issues. Homelessness is an issue, even here in an alpine climate. Part of this is due to low wages, high rents and cost of living, mental health issues. – Physician

Affordable Care/Services

Can't afford help. – Community Leader

Access to affordable treatment combined with a lack of practitioners. – Community Leader

Denial/Stigma

Social stigma prevents many individuals from reaching out for assistance with mental health issues. There is a lack of mental health practitioners in our area, particularly Psychiatrists. Financial restraints present affordability issues. – Community Leader

Education

Understanding the services that are currently being offered and being able to easily access those services. – Community Leader

Language Barrier

Access to care in native language, Spanish. – Social Services Provider

Death, Disease, & Chronic Conditions

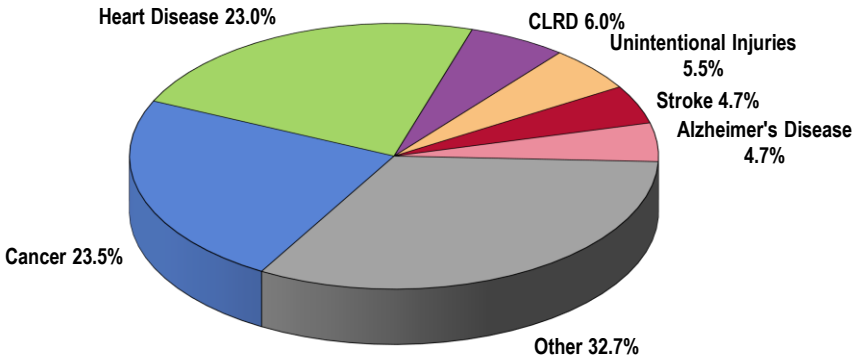
Professional Research Consultants, Inc.

Leading Causes of Death

Distribution of Deaths by Cause

Together, cardiovascular disease (heart disease and stroke) and cancers accounted for just over one-half of all deaths in the Primary Service Area in 2016.

Leading Causes of Death
(Primary Service Area, 2016)



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2018.

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- CLRD is chronic lower respiratory disease.

Age-Adjusted Death Rates for Selected Causes

In order to compare mortality in the region with other localities (in this case, California, Nevada, and the United States), it is necessary to look at *rates* of death — these are figures which represent the number of deaths in relation to the population size (such as deaths per 100,000 population, as is used here).

Furthermore, in order to compare localities without undue bias toward younger or older populations, the common convention is to adjust the data to some common baseline age distribution. Use of these "age-adjusted" rates provides the most valuable means of gauging mortality against benchmark data, as well as *Healthy People 2020* targets.

The following chart outlines 2014-2016 annual average age-adjusted death rates per 100,000 population for selected causes of death in the Primary Service Area.

Each of these is discussed in greater detail in subsequent sections of this report.

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

Age-Adjusted Death Rates for Selected Causes

(2014-2016 Deaths per 100,000 Population)

	Primary Service Area	CA	NV	US	HP2020
Malignant Neoplasms (Cancers)	139.9	142.2	159.7	158.5	161.4
Diseases of the Heart	136.9	143.6	201.3	167.0	156.9*
Unintentional Injuries	47.9	30.6	43.9	43.7	36.4
Alzheimer's Disease	29.7	34.2	27.1	28.4	n/a
Cerebrovascular Disease (Stroke)	28.1	35.7	35.6	37.1	34.8
Unintentional Drug-Related Deaths	20.9	9.5	16.5	14.3	11.3
Intentional Self-Harm (Suicide)	18.1	10.4	19.8	13.0	10.2
Cirrhosis/Liver Disease	13.8	12.3	13.0	10.6	8.2
Pneumonia/Influenza	12.2	14.5	21.1	14.6	n/a
Firearm-Related	11.5	7.7	15.5	11.1	9.3
Diabetes	11.4	21.0	14.2	21.1	20.5*
Motor Vehicle Deaths	10.4	9.0	11.3	11.0	12.4
Kidney Disease	7.2	8.3	10.7	13.2	n/a
Homicide/Legal Intervention	2.5	5.3	6.0	5.6	5.5

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2018.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov.

Note:
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population and coded using ICD-10 codes.
- *The Healthy People 2020 Heart Disease target is adjusted to account for all diseases of the heart; the Diabetes target is adjusted to reflect only diabetes mellitus-

Cardiovascular Disease

About Heart Disease & Stroke

Heart disease is the leading cause of death in the United States, with stroke following as the third leading cause. Together, heart disease and stroke are among the most widespread and costly health problems facing the nation today, accounting for more than $500 billion in healthcare expenditures and related expenses in 2010 alone. Fortunately, they are also among the most preventable.

The leading modifiable (controllable) risk factors for heart disease and stroke are:

- High blood pressure
- High cholesterol
- Cigarette smoking
- Diabetes
- Poor diet and physical inactivity
- Overweight and obesity

The risk of Americans developing and dying from cardiovascular disease would be substantially reduced if major improvements were made across the US population in diet and physical activity, control of high blood pressure and cholesterol, smoking cessation, and appropriate aspirin use.

The burden of cardiovascular disease is disproportionately distributed across the population. There are significant disparities in the following based on gender, age, race/ethnicity, geographic area, and socioeconomic status:

- Prevalence of risk factors
- Access to treatment
- Appropriate and timely treatment
- Treatment outcomes
- Mortality

Disease does not occur in isolation, and cardiovascular disease is no exception. Cardiovascular health is significantly influenced by the physical, social, and political environment, including: maternal and child health; access to educational opportunities; availability of healthy foods, physical education, and extracurricular activities in schools; opportunities for physical activity, including access to safe and walkable communities; access to healthy foods; quality of working conditions and worksite health; availability of community support and resources; and access to affordable, quality healthcare.

- Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Heart Disease & Stroke Deaths

Heart Disease Deaths

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

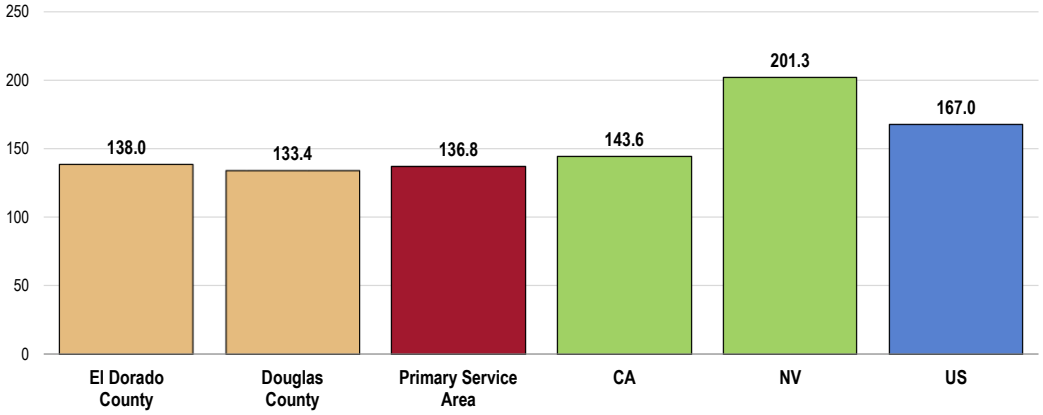
Between 2014 and 2016 there was an annual average age-adjusted heart disease mortality rate of 136.8 deaths per 100,000 population in the Primary Service Area.

- Lower than the Nevada and national rates (similar to the California rate).
- Similar to the Healthy People 2020 target of 156.9 or lower (as adjusted to account for all diseases of the heart).
- Similar rates by county.

Heart Disease: Age-Adjusted Mortality

(2014-2016 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 156.9 or Lower (Adjusted)



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2018.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-2]

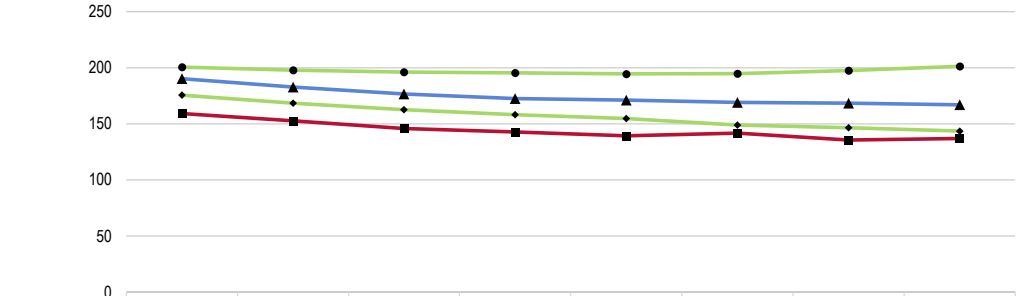
Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- The Healthy People 2020 Heart Disease target is adjusted to account for all diseases of the heart.

- TREND: The heart disease mortality rate has decreased in the Primary Service Area, echoing the trends across California and the US overall (Nevada rates have been stable).

Heart Disease: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 156.9 or Lower (Adjusted)



	2007-2009	2008-2010	2009-2011	2010-2012	2011-2013	2012-2014	2013-2015	2014-2016
PSA	159.2	152.8	145.7	142.9	139.4	141.6	135.6	136.8
CA	175.6	168.3	162.6	158.1	154.7	149.1	146.5	143.6
NV	200.8	198.0	196.1	195.4	194.6	194.9	197.7	201.3
US	190.3	182.9	176.7	172.6	171.3	169.1	168.4	167.0

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2018.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-2]

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- The Healthy People 2020 Heart Disease target is adjusted to account for all diseases of the heart.

Stroke Deaths

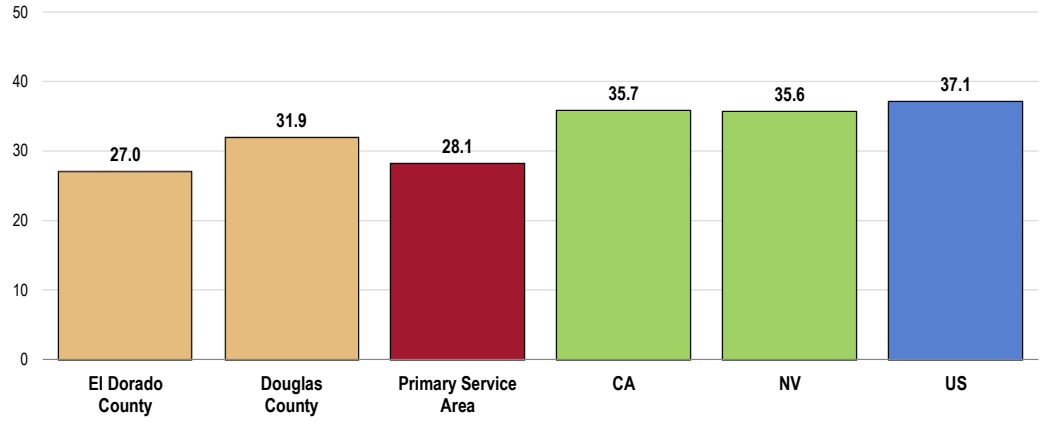
Between 2014 and 2016, there was an annual average age-adjusted stroke mortality rate of 28.1 deaths per 100,000 population in the Primary Service Area.

- More favorable than the California, Nevada, and US rates.
- Satisfies the Healthy People 2020 target of 34.8 or lower.
- Higher among residents of Douglas County.

Stroke: Age-Adjusted Mortality

(2014-2016 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 34.8 or Lower



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2018.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-3]

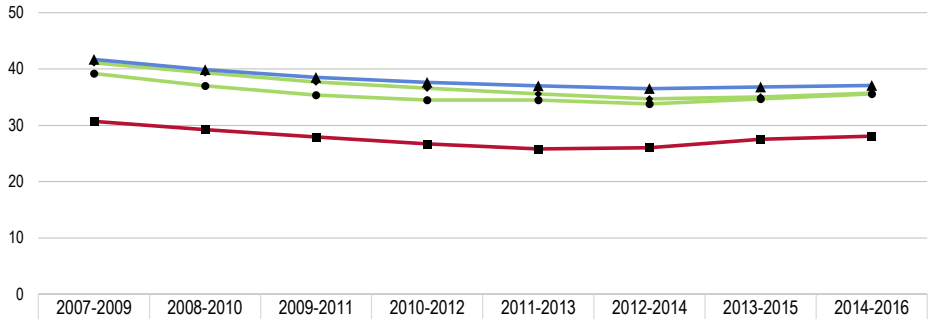
Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- TREND: Despite notable declines in the past, the stroke mortality rate has risen slightly in recent years.

Stroke: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 34.8 or Lower



	2007-2009	2008-2010	2009-2011	2010-2012	2011-2013	2012-2014	2013-2015	2014-2016
PSA	30.7	29.2	27.9	26.7	25.8	26.0	27.5	28.1
CA	41.1	39.3	37.7	36.6	35.6	34.7	35.0	35.7
NV	39.2	37.0	35.4	34.5	34.5	33.8	34.7	35.6
US	41.7	39.9	38.5	37.6	37.0	36.5	36.8	37.1

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2018.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-3]

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

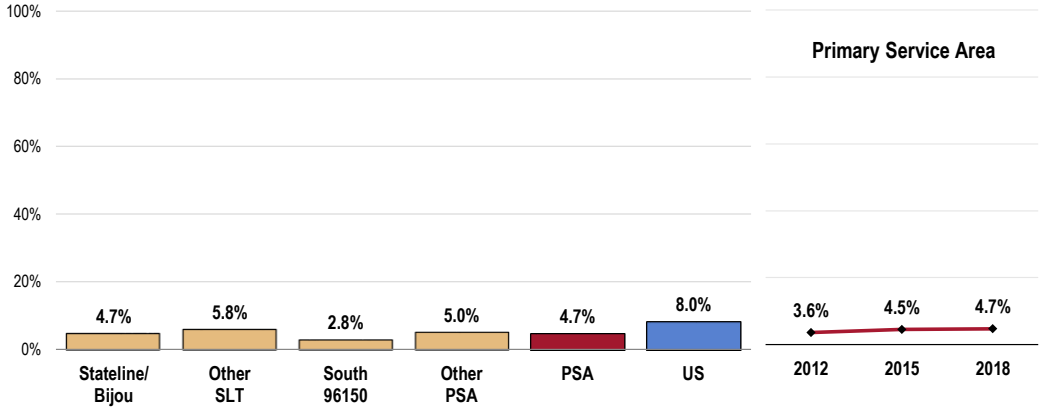
Prevalence of Heart Disease & Stroke

Prevalence of Heart Disease

A total of 4.7% of surveyed adults report that they suffer from or have been diagnosed with heart disease, such as coronary heart disease, angina, or heart attack.

- Better than the national prevalence.
- Similar by community.
- TREND: Statistically unchanged over time.

Prevalence of Heart Disease



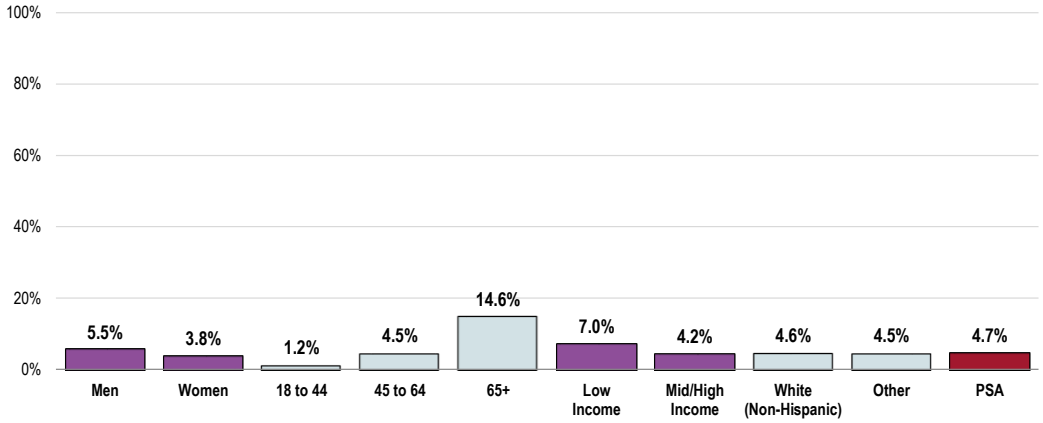
Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 128]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

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

- Note the strong correlation with age.

Prevalence of Heart Disease

(Primary Service Area, 2018)



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 128]

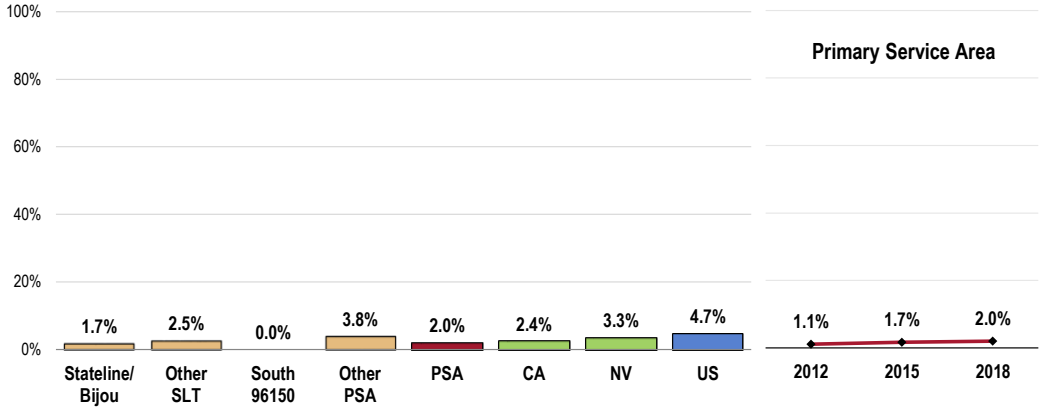
Notes:
- Asked of all respondents.
- Includes diagnoses of heart attack, angina, or coronary heart disease.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Prevalence of Stroke

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

- Similar to statewide findings.
- Lower than national findings.
- Null response (0.0%) among survey respondents in South 96150.
- TREND: Statistically unchanged over time.

Prevalence of Stroke



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 33]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 California and Nevada data.
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Cardiovascular Risk Factors

About Cardiovascular Risk

Controlling risk factors for heart disease and stroke remains a challenge. High blood pressure and cholesterol are still major contributors to the national epidemic of cardiovascular disease. High blood pressure affects approximately 1 in 3 adults in the United States, and more than half of Americans with high blood pressure do not have it under control. High sodium intake is a known risk factor for high blood pressure and heart disease, yet about 90% of American adults exceed their recommendation for sodium intake.

- Healthy People 2020 (www.healthypeople.gov)

High Blood Pressure

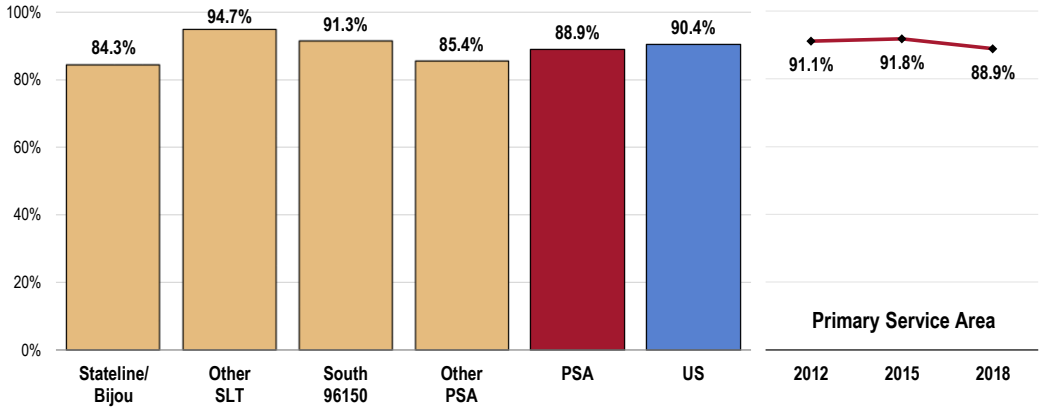
High Blood Pressure Testing

A total of 88.9% of Primary Service Area adults have had their blood pressure tested within the past two years.

- Similar to national findings.
- Fails to satisfy the Healthy People 2020 target (92.6% or higher).
- Highest in the Other SLT community.
- TREND: Statistically unchanged since 2012.

Have Had Blood Pressure Checked in the Past Two Years

Healthy People 2020 Target = 92.6% or Higher



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 42]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-4]

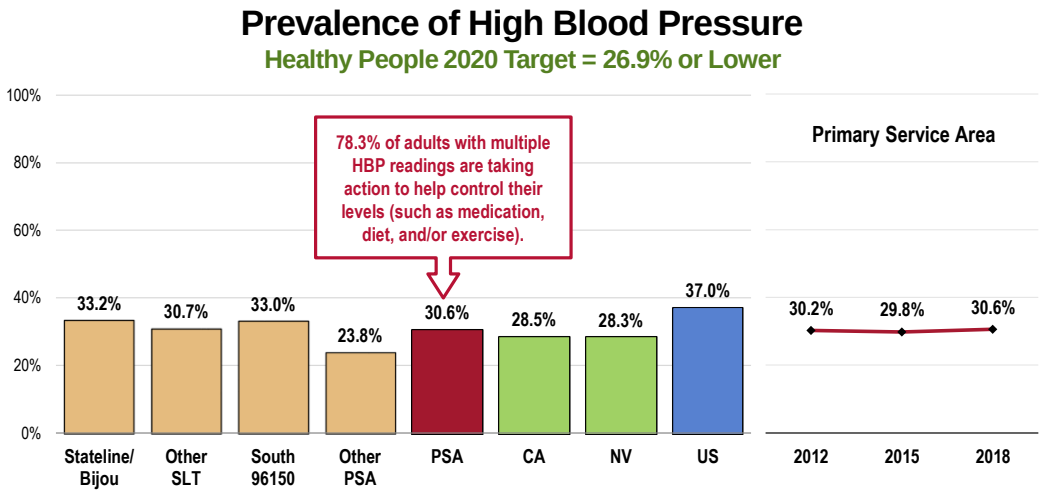
Notes:
- Asked of all respondents.

Prevalence of High Blood Pressure

A total of 30.6% of Primary Service Area adults have been told at some point that their blood pressure was high.

- Comparable to the state percentages.
- Lower than the national prevalence.
- Comparable to the Healthy People 2020 target (26.9% or lower).
- Comparable findings by area.
- TREND: Statistically unchanged since 2012.

Among adults with multiple high blood pressure readings, 78.3% are taking action to lower their blood pressure (such as medication, change in diet, and/or exercise).



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 41, 129]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 California and Nevada data.
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-5.1]

Notes:
- Asked of all respondents.

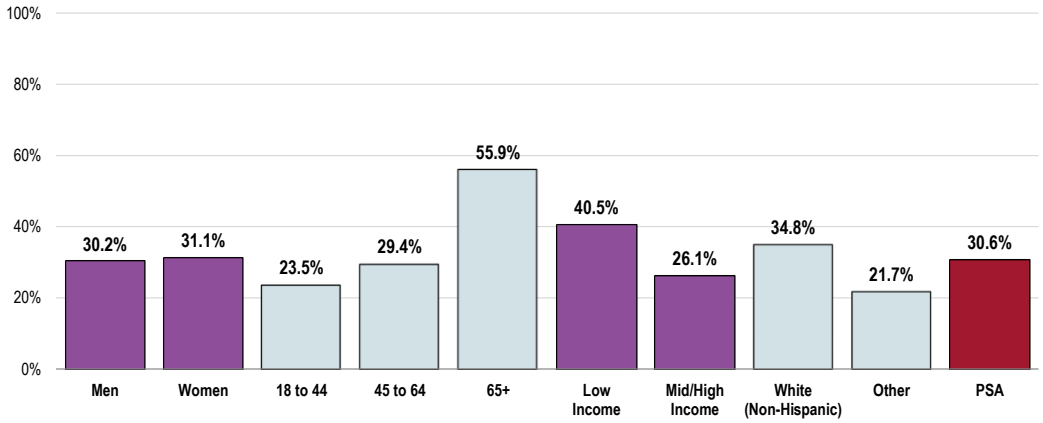
High blood pressure is more prevalent among:

- Adults age 65 and older.
- Low-income residents.
- Non-Hispanic Whites.

Prevalence of High Blood Pressure

(Primary Service Area, 2018)

Healthy People 2020 Target = 26.9% or Lower



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 129]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-5.1]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

High Blood Cholesterol

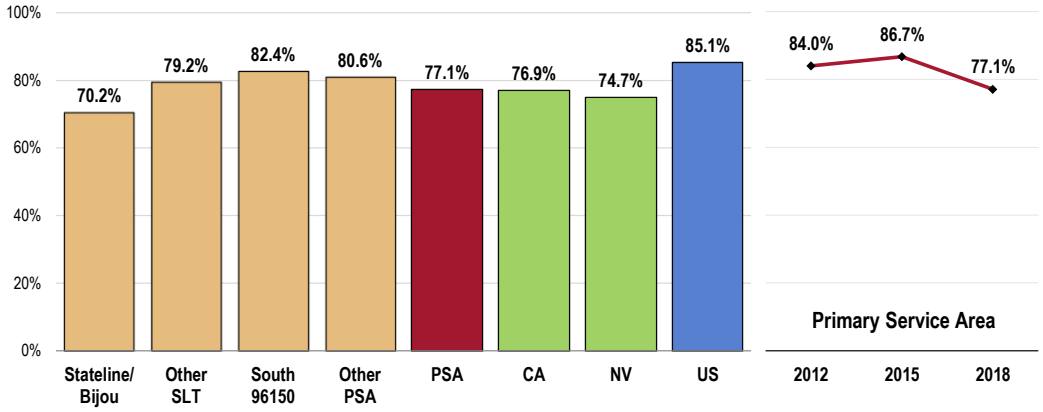
Blood Cholesterol Testing

A total of 77.1% of Primary Service Area adults have had their blood cholesterol checked within the past five years.

- Similar to the state findings.
- Lower than the national findings.
- Fails to satisfy the Healthy People 2020 target (82.1% or higher).
- Statistically similar findings by area.
- TREND: Denotes a statistically significant decrease from 2012 and 2015 survey findings.

Have Had Blood Cholesterol Levels Checked in the Past Five Years

Healthy People 2020 Target = 82.1% or Higher



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 45]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 California and Nevada data.
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-6]

Notes:
- Asked of all respondents.

Prevalence of High Blood Cholesterol

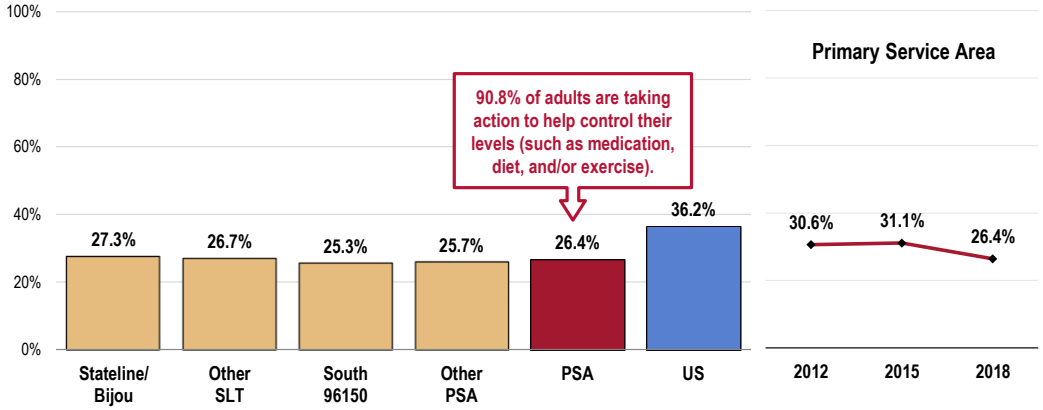
A total of 26.4% of adults have been told by a health professional that their cholesterol level was high.

- Better than the national prevalence.
- Nearly twice the Healthy People 2020 target (13.5% or lower).
- Similar findings by community.
- TREND: Statistically unchanged since 2012.

Among adults with multiple high blood cholesterol readings, 90.8% are taking action to lower their numbers (such as medication, change in diet, and/or exercise).

Prevalence of High Blood Cholesterol

Healthy People 2020 Target = 13.5% or Lower



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 44, 130]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-7]

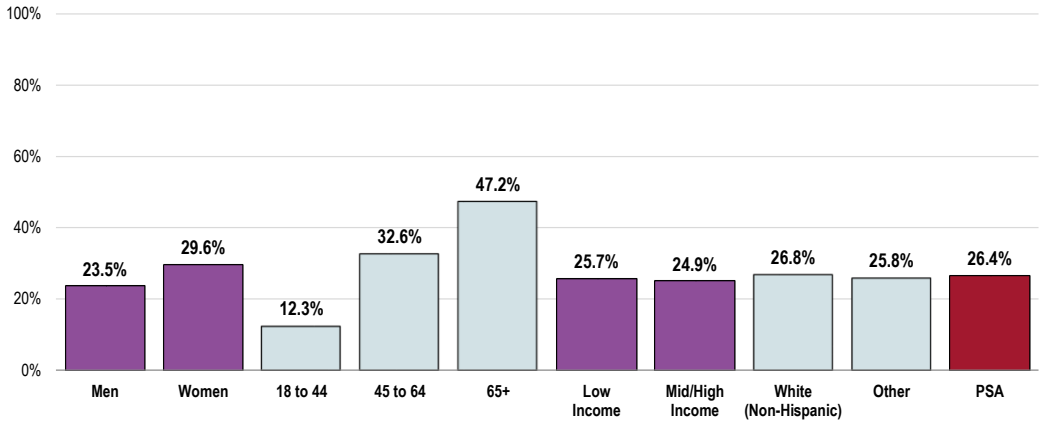
Notes:
- Asked of all respondents.

- There is a strong correlation between age and high blood cholesterol in the Primary Service Area.

Prevalence of High Blood Cholesterol

(Primary Service Area, 2018)

Healthy People 2020 Target = 13.5% or Lower



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 130]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective HDS-7]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

About Cardiovascular Risk

Individual level risk factors which put people at increased risk for cardiovascular diseases include:

- High Blood Pressure
- High Blood Cholesterol
- Tobacco Use
- Physical Inactivity
- Poor Nutrition
- Overweight/Obesity
- Diabetes

- National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention

Three health-related behaviors contribute markedly to cardiovascular disease:

Poor nutrition. People who are overweight have a higher risk for cardiovascular disease. Almost 60% of adults are overweight or obese. To maintain a proper body weight, experts recommend a well-balanced diet which is low in fat and high in fiber, accompanied by regular exercise.

Lack of physical activity. People who are not physically active have twice the risk for heart disease of those who are active. More than half of adults do not achieve recommended levels of physical activity.

Tobacco use. Smokers have twice the risk for heart attack of nonsmokers. Nearly one-fifth of all deaths from cardiovascular disease, or about 190,000 deaths a year nationally, are smoking-related. Every day, more than 3,000 young people become daily smokers in the US.

Modifying these behaviors is critical both for preventing and for controlling cardiovascular disease. Other steps that adults who have cardiovascular disease should take to reduce their risk of death and disability include adhering to treatment for high blood pressure and cholesterol, using aspirin as appropriate, and learning the symptoms of heart attack and stroke.

- National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention

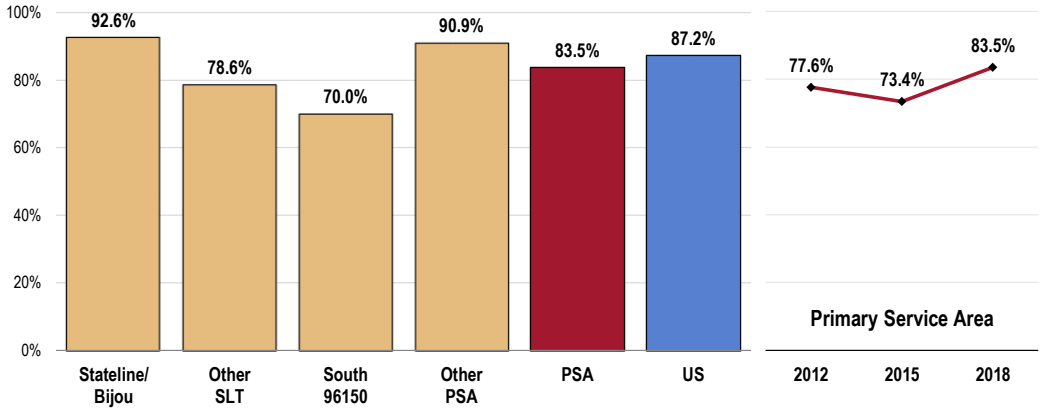
Total Cardiovascular Risk

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

A total of 83.5% of Primary Service Area adults report one or more cardiovascular risk factors, such as being overweight, smoking cigarettes, being physically inactive, or having high blood pressure or cholesterol.

- Comparable to national findings.
- Unfavorably high in the Stateline/Bijou and Other PSA communities.
- TREND: Marks a statistically significant increase from previous survey findings.

Present One or More Cardiovascular Risks or Behaviors



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 131]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

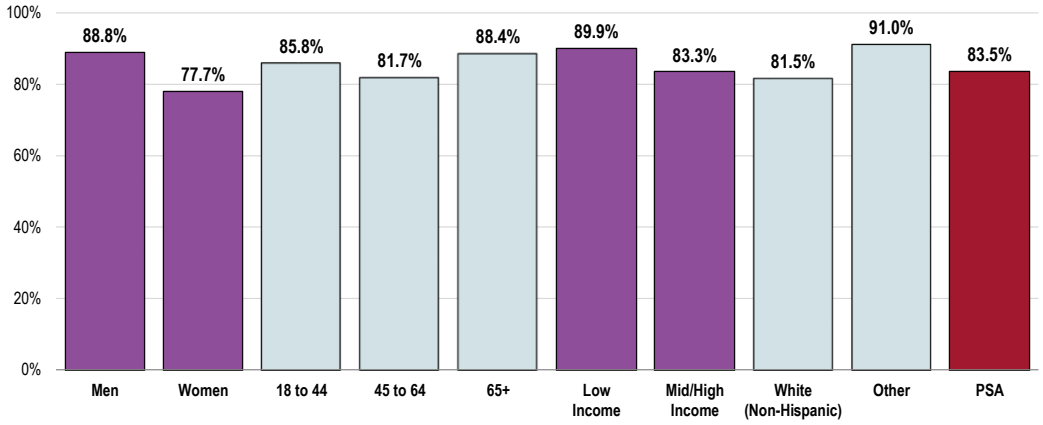
Notes:
- Asked of all respondents.
- Cardiovascular risk is defined as exhibiting one or more of the following: 1) no leisure-time physical activity; 2) regular/occasional cigarette smoking; 3) hypertension; 4) high blood cholesterol; and/or 5) being overweight/obese.

Adults more likely to exhibit cardiovascular risk factors include:

- Men.
- Adults of Other racial/ethnic backgrounds.

Present One or More Cardiovascular Risks or Behaviors

(Primary Service Area, 2018)



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 131]

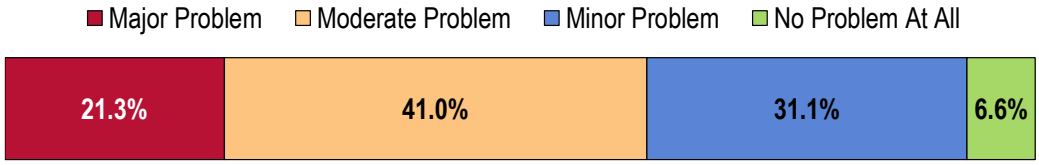
Notes:
- Asked of all respondents.
- Cardiovascular risk is defined as exhibiting one or more of the following: 1) no leisure-time physical activity; 2) regular/occasional cigarette smoking; 3) hypertension; 4) high blood cholesterol; and/or 5) being overweight/obese.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Key Informant Input: Heart Disease & Stroke

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

Perceptions of Heart Disease and Stroke as a Problem in the Community

(Key Informants, 2018)



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

Top Concerns

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

Lack of Local Services

Care and treatment are generally provided outside the Tahoe Basin. – Social Services Provider

The community has lots of issues that are not being addressed. The recreational activities target tourism and local families cannot afford to take their children to such activities, unless they are awarded with a scholarship. – Public Health Representative

I have known of many people who had to live off the hill to be closer to needed services. – Other Health Provider

Lack of Providers

Too little in the way of doctors that deal with this. – Community Leader

From what I have been told, there are no heart specialists in SLT. – Social Services Provider

Demographic Profile of Community

The demographic profile of our community. – Community Leader

Comorbidities

Obesity, DM, and HTN are all major problems which directly relate to heart disease. – Physician

Home Care Services

Adequate home care service. – Physician

Cancer

About Cancer

Continued advances in cancer research, detection, and treatment have resulted in a decline in both incidence and death rates for all cancers. Among people who develop cancer, more than half will be alive in five years. Yet, cancer remains a leading cause of death in the United States, second only to heart disease.

Many cancers are preventable by reducing risk factors such as: use of tobacco products; physical inactivity and poor nutrition; obesity; and ultraviolet light exposure. Other cancers can be prevented by getting vaccinated against human papillomavirus and hepatitis B virus. In the past decade, overweight and obesity have emerged as new risk factors for developing certain cancers, including colorectal, breast, uterine corpus (endometrial), and kidney cancers. The impact of the current weight trends on cancer incidence will not be fully known for several decades. Continued focus on preventing weight gain will lead to lower rates of cancer and many chronic diseases.

Screening is effective in identifying some types of cancers (see US Preventive Services Task Force [USPSTF] recommendations), including:

- Breast cancer (using mammography)
- Cervical cancer (using Pap tests)
- Colorectal cancer (using fecal occult blood testing, sigmoidoscopy, or colonoscopy)

- Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Cancer Deaths

All Cancer Deaths

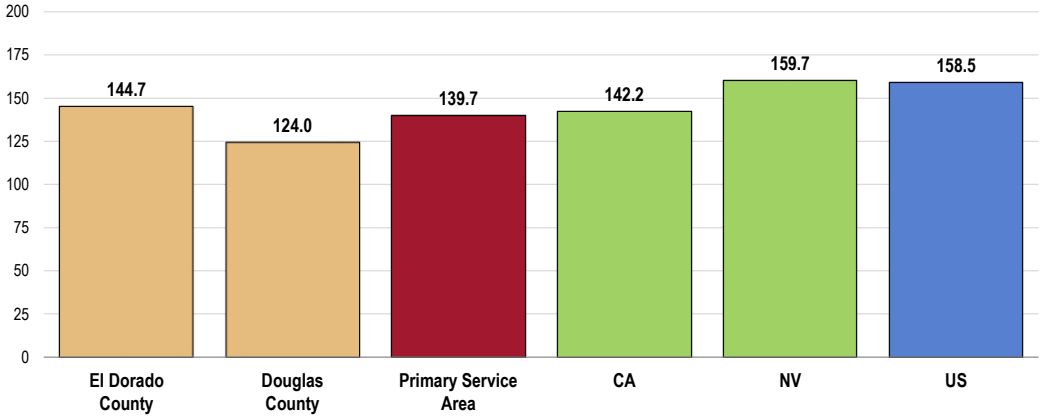
Between 2014 and 2016, there was an annual average age-adjusted cancer mortality rate of 139.7 deaths per 100,000 population in the Primary Service Area.

- Comparable to state and national rates.
- Satisfies the Healthy People 2020 target of 161.4 or lower.
- Favorably lower in Douglas County.

Cancer: Age-Adjusted Mortality

(2014-2016 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 161.4 or Lower



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2018.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective C-1]

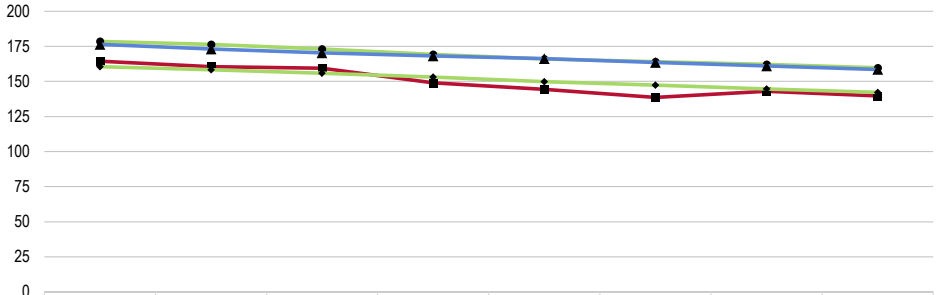
Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- TREND: Cancer mortality has decreased over the past decade in the Primary Service Area; the same trend is apparent in both states and nationally.

Cancer: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 161.4 or Lower



	2007-2009	2008-2010	2009-2011	2010-2012	2011-2013	2012-2014	2013-2015	2014-2016
PSA	164.4	160.4	159.5	149.0	144.4	138.6	143.1	139.7
CA	160.5	158.2	155.9	153.2	149.9	147.3	144.6	142.2
NV	178.5	176.3	173.2	169.3	166.1	164.2	162.1	159.7
US	176.4	173.0	170.5	168.2	166.2	163.6	161.0	158.5

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2018.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective C-1]

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Cancer Deaths by Site

Lung cancer is by far the leading cause of cancer deaths in the Primary Service Area.

Other leading sites include prostate cancer among men, breast cancer among women, and colorectal cancer (both sexes).

As evident in the following chart (referencing 2014-2016 annual average age-adjusted death rates):

- The Primary Service Area **lung cancer** death rate is similar to the California rate and more favorable than the Nevada and national rates.
- The Primary Service Area **prostate cancer** and **female breast cancer** death rates are similar to the state and national rates.
- The Primary Service Area **colorectal cancer** death rate is lower than the Nevada rate and similar to the California and US rates.
- Note that each of the Primary Service Area cancer death rates detailed below satisfies or is similar to the related Healthy People 2020 target.

Age-Adjusted Cancer Death Rates by Site

(2014-2016 Annual Average Deaths per 100,000 Population)

	Primary Service Area	CA	NV	US	HP2020
ALL CANCERS	139.7	142.2	159.7	158.5	161.4
Lung Cancer	32.1	29.4	41.5	40.3	45.5
Prostate Cancer	19.7	19.8	19.1	19.0	21.8
Female Breast Cancer	19.0	19.3	21.6	20.3	20.7
Colorectal Cancer	12.7	12.9	16.3	14.1	14.5

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2018.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov

Cancer Incidence

Incidence rates reflect the number of newly diagnosed cases in a given population in a given year, regardless of outcome. These rates are also age-adjusted. (*Note that Nevada data is unavailable for cancer incidence.*)

Incidence rate" or "case rate" is the number of new cases of a disease occurring during a given period of time.

It is usually expressed as cases per 100,000 population per year.

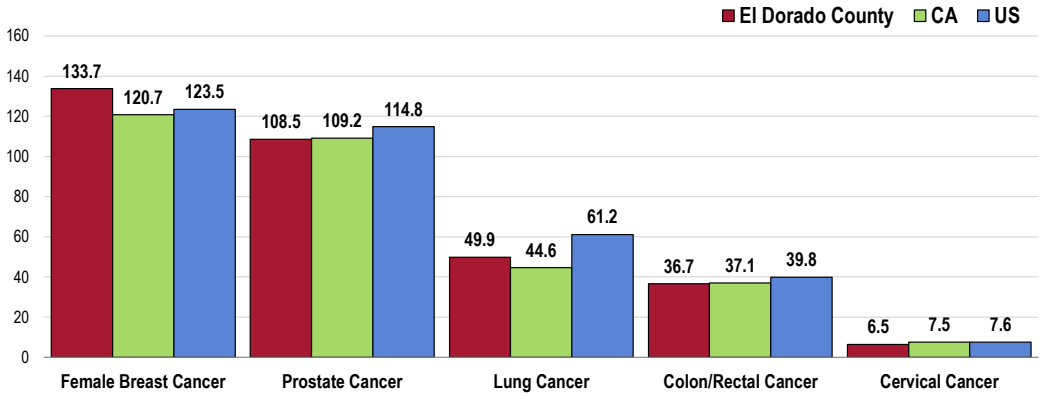
The 2010-2014 El Dorado County annual average age-adjusted female breast cancer, prostate cancer, and colorectal cancer incidence rates are similar to California and US rates.

The lung cancer incidence rate is similar to the California rate and more favorable than the US rate.

The cervical cancer incidence rate is more favorable than the California and US rates.

Cancer Incidence Rates by Site

(Annual Average Age-Adjusted Incidence per 100,000 Population, 2010-2014)



Sources:
- State Cancer Profiles.
- Retrieved April 2018 from Community Commons at http://www.chna.org.

Notes:
- This indicator reports the age adjusted incidence rate (cases per 100,000 population per year) of cancers, adjusted to 2000 US standard population age groups (under age 1, 1-4, 5-9, ..., 80-84, 85 and older). This indicator is relevant because cancer is a leading cause of death and it is important to identify cancers separately to better target interventions.

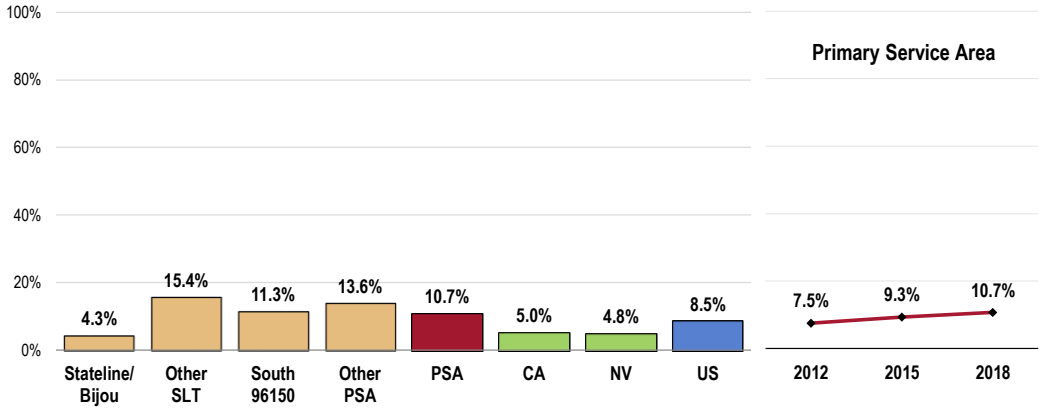
Prevalence of Cancer

Skin Cancer

A total of 10.7% of surveyed Primary Service Area adults report having been diagnosed with skin cancer.

- Twice the statewide proportions.
- Comparable to the national average.
- Favorably low in the Stateline/Bijou community.
- TREND: The increase over time is not statistically significant.

Prevalence of Skin Cancer



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 28]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 California and Nevada data.
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

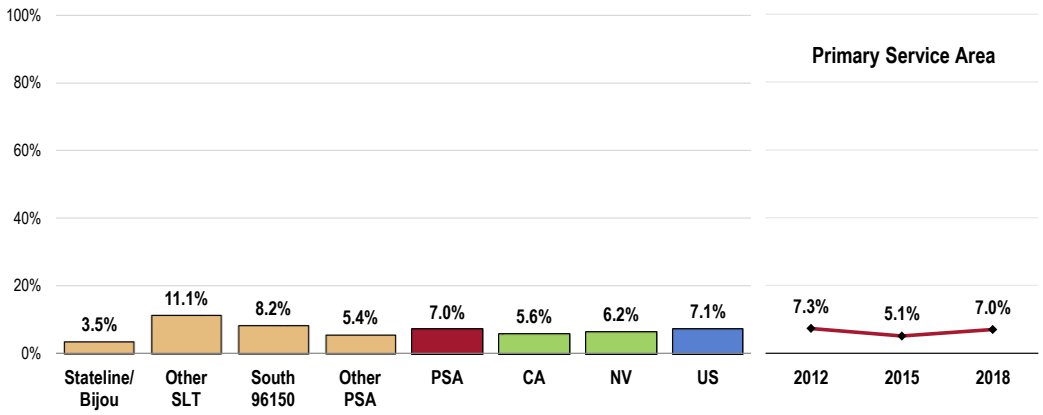
Notes:
- Asked of all respondents.

Other Cancer

A total of 7.0% of residents have been diagnosed with some type of (non-skin) cancer.

- Similar to the statewide and national percentages.
- Similar findings by community.
- TREND: The prevalence of cancer has remained unchanged over time.

Prevalence of Cancer (Other Than Skin Cancer)



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 27]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 California and Nevada data.
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Cancer Risk

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

About Cancer Risk

Reducing the nation's cancer burden requires reducing the prevalence of behavioral and environmental factors that increase cancer risk.

- All cancers caused by cigarette smoking could be prevented. At least one-third of cancer deaths that occur in the United States are due to cigarette smoking.
- According to the American Cancer Society, about one-third of cancer deaths that occur in the United States each year are due to nutrition and physical activity factors, including obesity.

- National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention

Cancer Screenings

The American Cancer Society recommends that both men and women get a cancer-related checkup during a regular doctor's checkup. It should include examination for cancers of the thyroid, testicles, ovaries, lymph nodes, oral cavity, and skin, as well as health counseling about tobacco, sun exposure, diet and nutrition, risk factors, sexual practices, and environmental and occupational exposures.

Screening levels in the community were measured in the PRC Community Health Survey relative to three cancer sites: female breast cancer (mammography); cervical cancer (Pap smear testing); and colorectal cancer (sigmoidoscopy and fecal occult blood testing).

Female Breast Cancer Screening

About Screening for Breast Cancer

The US Preventive Services Task Force (USPSTF) recommends screening mammography, with or without clinical breast examination (CBE), every 1-2 years for women age 40 and older.

Rationale: The USPSTF found fair evidence that mammography screening every 12-33 months significantly reduces mortality from breast cancer. Evidence is strongest for women age 50-69, the age group generally included in screening trials. For women age 40-49, the evidence that screening mammography reduces mortality from breast cancer is weaker, and the absolute benefit of mammography is smaller, than it is for older women. Most, but not all, studies indicate a mortality benefit for women undergoing mammography at ages 40-49, but the delay in observed benefit in women younger than 50 makes it difficult to determine the incremental benefit of beginning screening at age 40 rather than at age 50.

The absolute benefit is smaller because the incidence of breast cancer is lower among women in their 40s than it is among older women. The USPSTF concluded that the evidence is also generalizable to women age 70 and older (who face a higher absolute risk for breast cancer) if their life expectancy is not compromised by comorbid disease. The absolute probability of benefits of regular mammography increase along a continuum with age, whereas the likelihood of harms from screening (false-positive results and unnecessary anxiety, biopsies, and cost) diminish from ages 40-70. The balance of benefits and potential harms, therefore, grows more favorable as women age. The precise age at which the potential benefits of mammography justify the possible harms is a subjective choice. The USPSTF did not find sufficient evidence to specify the optimal screening interval for women age 40-49.

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

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

Mammography

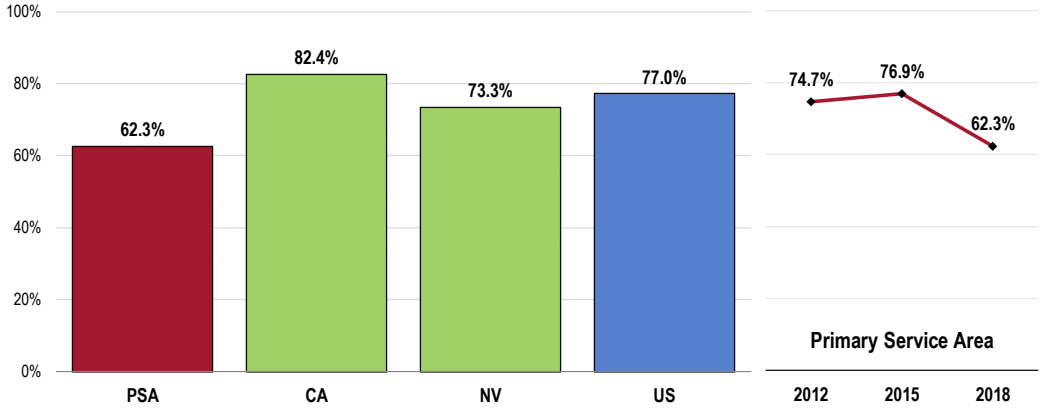
Among women age 50-74, 62.3% have had a mammogram within the past 2 years.

- Lower than state and national findings.
- Fails to satisfy the Healthy People 2020 target (81.1% or higher).
- TREND: Marks a statistically significant decrease from previous survey findings.

Have Had a Mammogram in the Past Two Years

(Among Women Age 50-74)

Healthy People 2020 Target = 81.1% or Higher



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 133]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 California and Nevada data.
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective C-17]

Notes:
- Reflects female respondents 50-74.

Cervical Cancer Screenings

About Screening for Cervical Cancer

The US Preventive Services Task Force (USPSTF) strongly recommends screening for cervical cancer in women who have been sexually active and have a cervix.

Rationale: The USPSTF found good evidence from multiple observational studies that screening with cervical cytology (Pap smears) reduces incidence of and mortality from cervical cancer. Direct evidence to determine the optimal starting and stopping age and interval for screening is limited. Indirect evidence suggests most of the benefit can be obtained by beginning screening within 3 years of onset of sexual activity or age 21 (whichever comes first) and screening at least every 3 years. The USPSTF concludes that the benefits of screening substantially outweigh potential harms.

The USPSTF recommends against routinely screening women older than age 65 for cervical cancer if they have had adequate recent screening with normal Pap smears and are not otherwise at high risk for cervical cancer.

Rationale: The USPSTF found limited evidence to determine the benefits of continued screening in women older than 65. The yield of screening is low in previously screened women older than 65 due to the declining incidence of high-grade cervical lesions after middle age. There is fair evidence that screening women older than 65 is associated with an increased risk for potential harms, including false-positive results and invasive procedures. The USPSTF concludes that the potential harms of screening are likely to exceed benefits among older women who have had normal results previously and who are not otherwise at high risk for cervical cancer.

The USPSTF recommends against routine Pap smear screening in women who have had a total hysterectomy for benign disease.

Rationale: The USPSTF found fair evidence that the yield of cytologic screening is very low in women after hysterectomy and poor evidence that screening to detect vaginal cancer improves health outcomes. The USPSTF concludes that potential harms of continued screening after hysterectomy are likely to exceed benefits.

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

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

Pap Smear Testing

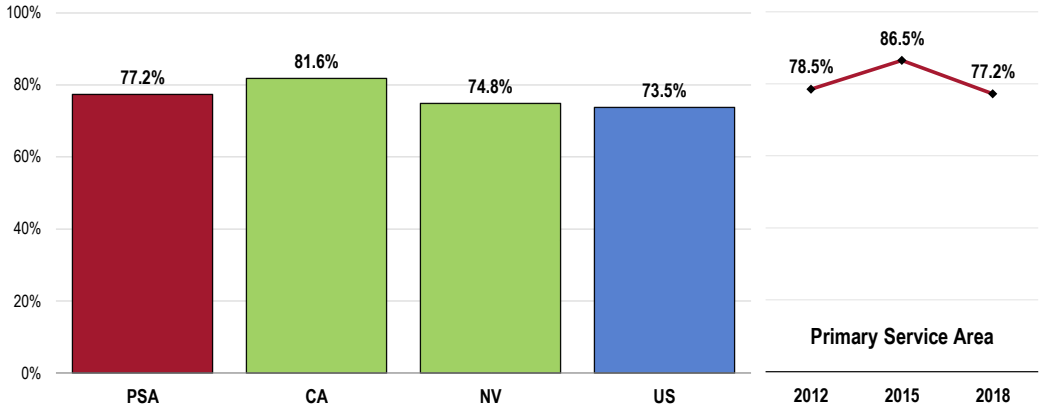
Among Primary Service Area women age 21 to 65, 77.2% have had a Pap smear within the past 3 years.

- Comparable to California, Nevada, and US findings.
- Fails to satisfy the Healthy People 2020 target (93% or higher).
- TREND: Statistically unchanged since 2012 but marking a significant decrease since 2015.

Have Had a Pap Smear in the Past Three Years

(Among Women Age 21-65)

Healthy People 2020 Target = 93.0% or Higher



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 134]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 California and Nevada data.
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective C-15]

Notes:
- Reflects female respondents age 21 to 65.

Colorectal Cancer Screenings

About Screening for Colorectal Cancer

The USPSTF recommends screening for colorectal cancer using fecal occult blood testing, sigmoidoscopy, or colonoscopy in adults, beginning at age 50 years and continuing until age 75 years.

The evidence is convincing that screening for colorectal cancer with fecal occult blood testing, sigmoidoscopy, or colonoscopy detects early-stage cancer and adenomatous polyps. There is convincing evidence that screening with any of the three recommended tests (fecal occult blood testing, sigmoidoscopy, colonoscopy) reduces colorectal cancer mortality in adults age 50 to 75 years. Follow-up of positive screening test results requires colonoscopy regardless of the screening test used.

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

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

Colorectal Cancer Screening

Among adults age 50-75, 66.5% have had an appropriate colorectal cancer screening.

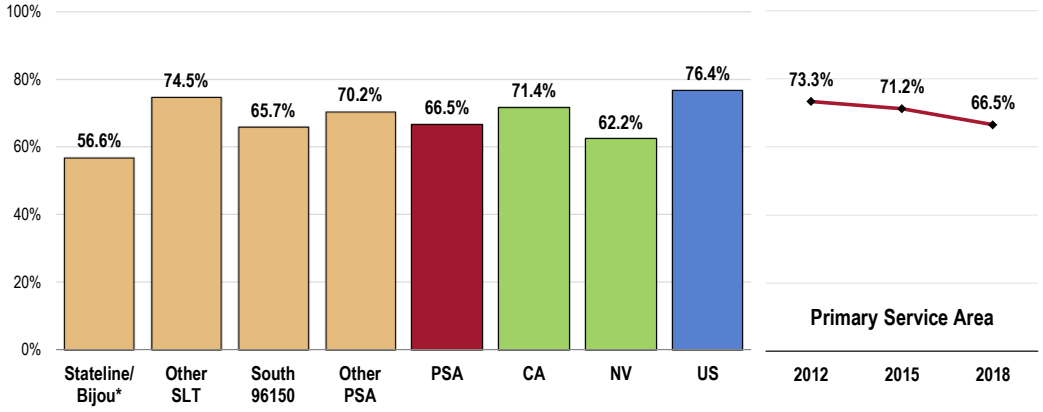
"Appropriate colorectal cancer screening" includes a fecal occult blood test within the past year and/or a lower endoscopy (sigmoidoscopy or colonoscopy) within the past 10 years.

- Similar to both state percentages.
- Lower than the national figure.
- Similar to the Healthy People 2020 target (70.5% or higher).
- Similar findings by community.
- TREND: The decrease over time is not statistically significant.

Have Had a Colorectal Cancer Screening

(Among Adults Age 50-75)

Healthy People 2020 Target = 70.5% or Higher



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 137]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 California and Nevada data.
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective C-16]

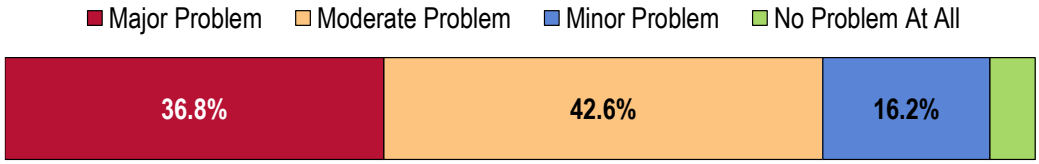
Notes:
- Asked of all respondents age 50 through 75.
- In this case, the term "colorectal screening" refers to adults age 50-75 receiving a FOBT (fecal occult blood test) in the past year and/or a lower endoscopy (sigmoidoscopy/colonoscopy) in the past 10 years.
- *Use caution when interpreting these results (n<50).

Key Informant Input: Cancer

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

Perceptions of Cancer as a Problem in the Community

(Key Informants, 2018)



Sources:
- PRC Online Key Informant Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Top Concerns

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

Lack of Services

> *I feel cancer services are needed in our community. I do not feel we have a higher cancer rate, however cancer treatment services are not available. – Community Leader*
>
> *There is no cancer care in South Lake Tahoe. The access to Oncology services is very difficult and beyond reach for the vast majority of our residents. – Community Leader*
>
> *Chemotherapy is not available in South Lake. Patients have to go to the North Shore. – Other Health Provider*
>
> *No chemo available in South Shore. – Community Leader*

No place to go for treatments. – Community Leader

The cancer patients I have known have had to travel to Truckee or Reno for treatment. Not only is it an inconvenience and probably hardship financially, the physical strain of having to go that far just doesn't seem right. – Community Leader

Lack of cancer services impact our cancer patients. They have to travel long distances, may be feeling unwell. May incur financial and emotional hardship by having to seek care elsewhere. – Community Leader

I am not an expert regarding this subject, but I have heard that people have to go off the hill for chemotherapy. I have also heard that chemo and cancer services are slated to come to SLT. – Social Services Provider

I had a friend with breast cancer and she was not able to find the best treatment and medical options in town. She traveled to Truckee for treatments and to Davis for doctor visits. – Social Services Provider

We have a large community of cancer patients and do not have chemotherapy in the South Shore, and we do not have face to face Oncologists. – Other Health Provider

Treatment involves travel out of the Tahoe Basin. – Social Services Provider

Limited services available. – Social Services Provider

While not effecting a huge number of our community members, local access to critical services such as chemotherapy and dialysis treatment is not available. These are some of our sickest patients, and they must arrange and provide transportation. – Community Leader

Incidence/Prevalence

I am personally seeing increased numbers of people who live an active and healthy lifestyle being diagnosed with cancer. Melanoma is increasing too. I don't think people are proactive with health screenings. – Community Leader

Cancer is such a broad category and effects so many in our community, but access to treatment options could still be improved drastically. – Community Leader

We have an unusually high rate of cancer in this community. There are theories, perhaps high level of radon. Closest cancer centers are 45 minutes to several hours away, over windy, snowy roads, which is terrible when patients are sick from chemo. – Physician

I don't have any statistics, but cancer is a major problem in most communities. – Community Leader

I know or know of many people that have or have had cancers, including breast, pancreatic, and brain. All receive treatment outside of SLT. – Other Health Provider

The number of people seeking funds, transportation, and money for gas from the South Tahoe Cancer League, astounding. Ask them. – Community Leader

Environmental Contributors

Radon causes lung cancer. The entire region of South Lake Tahoe and across the state line into Douglas County, NV, is in the very high radon risk area, as listed in the California CDPH and Geologic Survey radon maps of Tahoe. – Community Leader

Access for Low Income/Uninsured

It's hard for those that have cancer with no insurance. – Public Health Representative

Coordination of Care

No coordinated care and facilities to help manage ongoing treatment and follow up. – Physician

Respiratory Disease

About Asthma & COPD

Asthma and chronic obstructive pulmonary disease (COPD) are significant public health burdens. Specific methods of detection, intervention, and treatment exist that may reduce this burden and promote health.

Asthma is a chronic inflammatory disorder of the airways characterized by episodes of reversible breathing problems due to airway narrowing and obstruction. These episodes can range in severity from mild to life threatening. Symptoms of asthma include wheezing, coughing, chest tightness, and shortness of breath. Daily preventive treatment can prevent symptoms and attacks and enable individuals who have asthma to lead active lives.

COPD is a preventable and treatable disease characterized by airflow limitation that is not fully reversible. The airflow limitation is usually progressive and associated with an abnormal inflammatory response of the lung to noxious particles or gases (typically from exposure to cigarette smoke). Treatment can lessen symptoms and improve quality of life for those with COPD.

The burden of respiratory diseases affects individuals and their families, schools, workplaces, neighborhoods, cities, and states. Because of the cost to the healthcare system, the burden of respiratory diseases also falls on society; it is paid for with higher health insurance rates, lost productivity, and tax dollars. Annual healthcare expenditures for asthma alone are estimated at $20.7 billion.

Asthma. The prevalence of asthma has increased since 1980. However, deaths from asthma have decreased since the mid-1990s. The causes of asthma are an active area of research and involve both genetic and environmental factors.

Risk factors for asthma currently being investigated include:

- Having a parent with asthma
- Sensitization to irritants and allergens
- Respiratory infections in childhood
- Overweight

Asthma affects people of every race, sex, and age. However, significant disparities in asthma morbidity and mortality exist, in particular for low-income and minority populations. Populations with higher rates of asthma include: children; women (among adults) and boys (among children); African Americans; Puerto Ricans; people living in the Northeast United States; people living below the Federal poverty level; and employees with certain exposures in the workplace.

While there is not a cure for asthma yet, there are diagnoses and treatment guidelines that are aimed at ensuring that all people with asthma live full and active lives.

- Healthy People 2020 (www.healthypeople.gov)

[NOTE: COPD was changed to chronic lower respiratory disease (CLRD) with the introduction of ICD-10 codes. CLRD is used in vital statistics reporting, but COPD is still widely used and commonly found in surveillance reports.]

Age-Adjusted Respiratory Disease Deaths

Chronic Lower Respiratory Disease Deaths (CLRD)

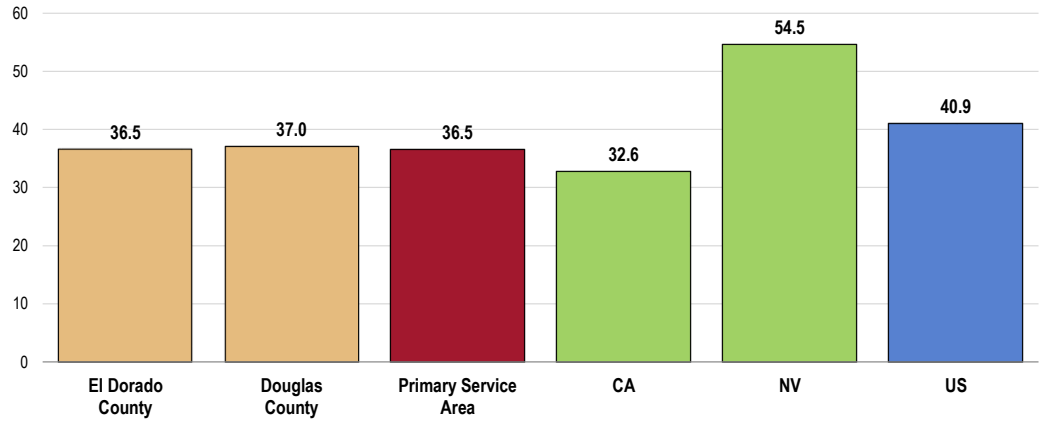
Note: COPD was changed to chronic lower respiratory disease (CLRD) in 1999 with the introduction of ICD-10 codes. CLRD is used in vital statistics reporting, but COPD is still widely used and commonly found in surveillance reports.

Between 2014 and 2016, there was an annual average age-adjusted CLRD mortality rate of 36.5 deaths per 100,000 population in the Primary Service Area.

- Similar to the California and US rates.
- Lower than the Nevada rate.

CLRD: Age-Adjusted Mortality

(2014-2016 Annual Average Deaths per 100,000 Population)



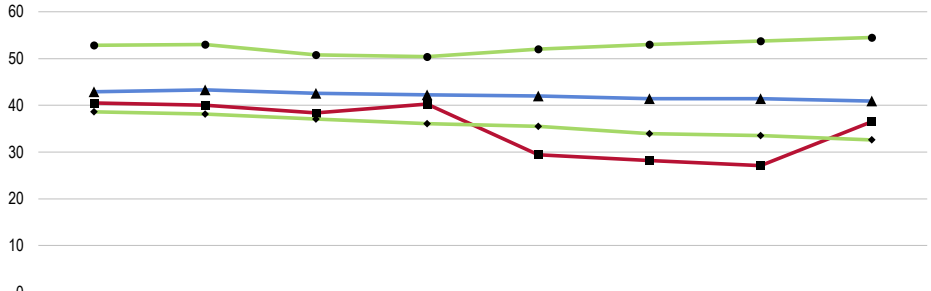
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2018.

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- CLRD is chronic lower respiratory disease.

- TREND: CLRD mortality in the Primary Service Area has fluctuated over time, showing no clear trend.

CLRD: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)



	2007-2009	2008-2010	2009-2011	2010-2012	2011-2013	2012-2014	2013-2015	2014-2016
PSA	40.5	40.0	38.4	40.3	29.4	28.2	27.1	36.5
CA	38.6	38.1	37.1	36.1	35.5	33.9	33.5	32.6
NV	52.8	53.0	50.8	50.4	52.0	53.0	53.7	54.5
US	42.9	43.3	42.6	42.2	42.0	41.4	41.4	40.9

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2018.

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- CLRD is chronic lower respiratory disease.

Pneumonia/Influenza Deaths

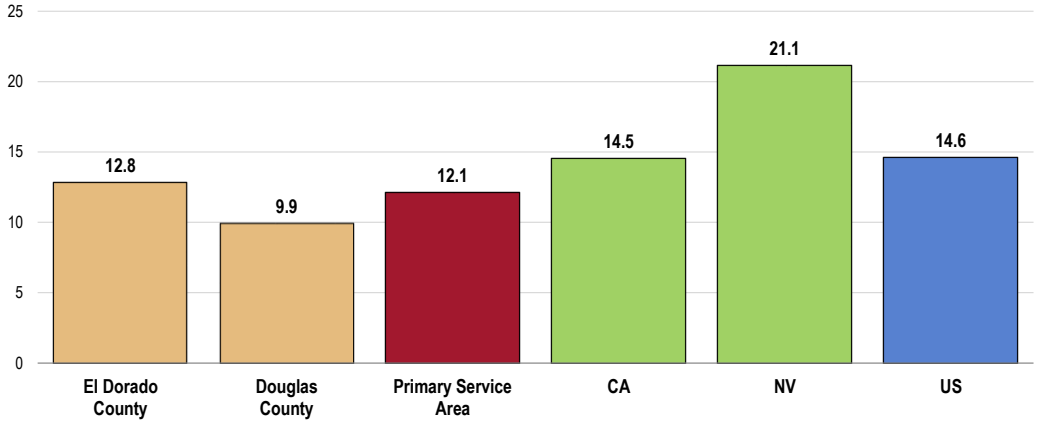
Between 2014 and 2016, Primary Service Area reported an annual average age-adjusted pneumonia influenza mortality rate of 12.1 deaths per 100,000 population.

- Better than found statewide and nationally.
- Higher in El Dorado County.

For prevalence of vaccinations for pneumonia and influenza, see also *Immunization & Infectious Diseases* in the **Infectious Disease** section of this report.

Pneumonia/Influenza: Age-Adjusted Mortality

(2014-2016 Annual Average Deaths per 100,000 Population)



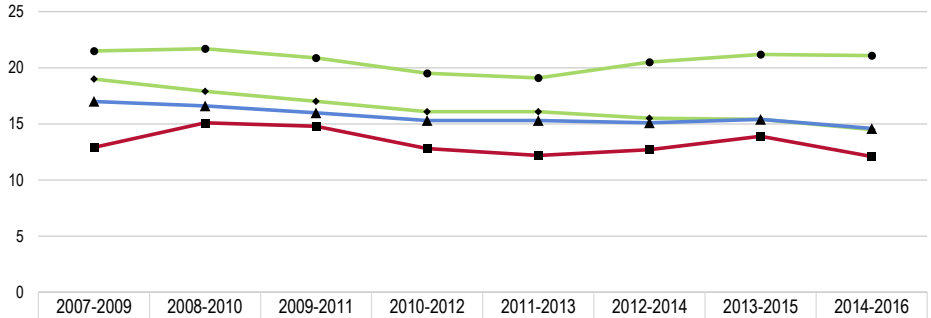
Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2018.

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- TREND: No clear trend in the Primary Service Area pneumonia/influenza mortality. In California and the US overall, pneumonia/influenza death rates have decreased.

Pneumonia/Influenza: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)



	2007-2009	2008-2010	2009-2011	2010-2012	2011-2013	2012-2014	2013-2015	2014-2016
PSA	12.9	15.1	14.8	12.8	12.2	12.7	13.9	12.1
CA	19.0	17.9	17.0	16.1	16.1	15.5	15.4	14.5
NV	21.5	21.7	20.9	19.5	19.1	20.5	21.2	21.1
US	17.0	16.6	16.0	15.3	15.3	15.1	15.4	14.6

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2018.

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Asthma

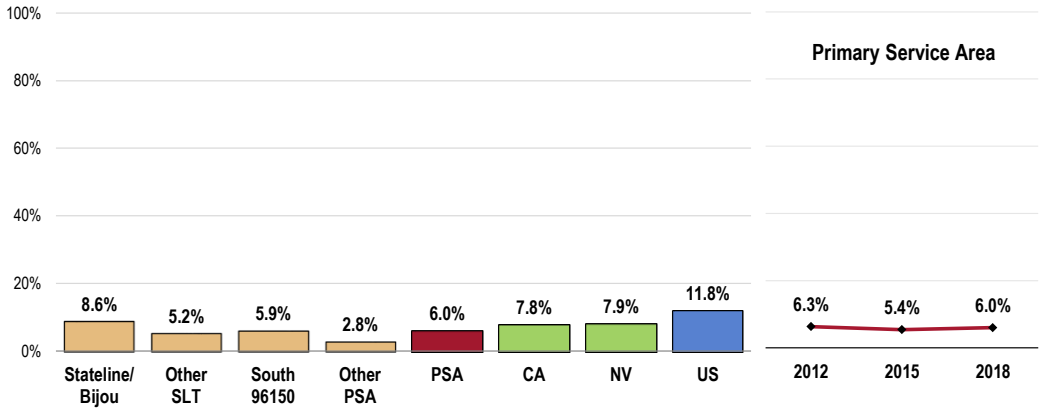
Adults

Survey respondents were asked to indicate whether they suffer from or have been diagnosed with various respiratory conditions, including asthma and COPD.

A total of 6.0% of Primary Service Area adults currently suffer from asthma.

- Similar to the statewide percentages.
- More favorable than the US percentage.
- Statistically similar by community.
- TREND: The prevalence of adults with current asthma has not changed significantly since 2012.

Adult Asthma: Current Prevalence



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 138]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 California and Nevada data.
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

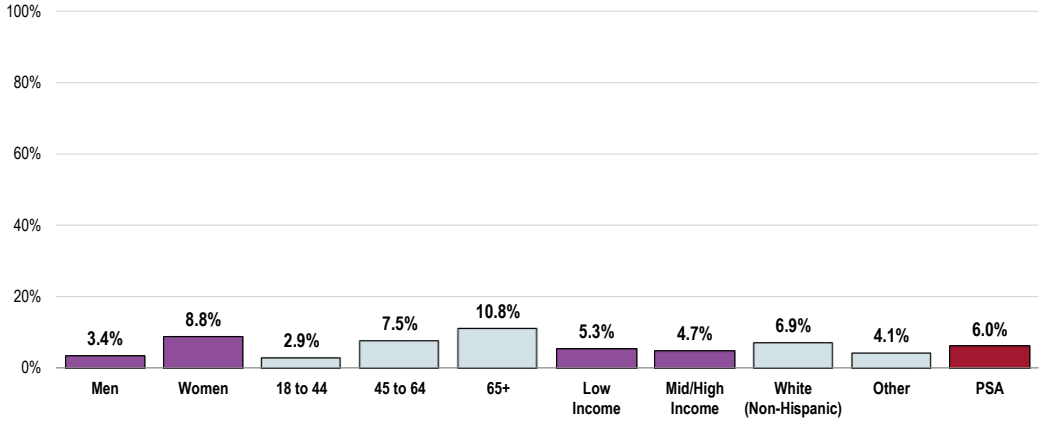
Notes:
- Asked of all respondents.
- Includes those who have ever been diagnosed with asthma, and who report that they still have asthma.

The following adults are more likely to suffer from asthma:

- Women.
- Older adults (positive correlation with age).

Currently Have Asthma

(Primary Service Area, 2018)



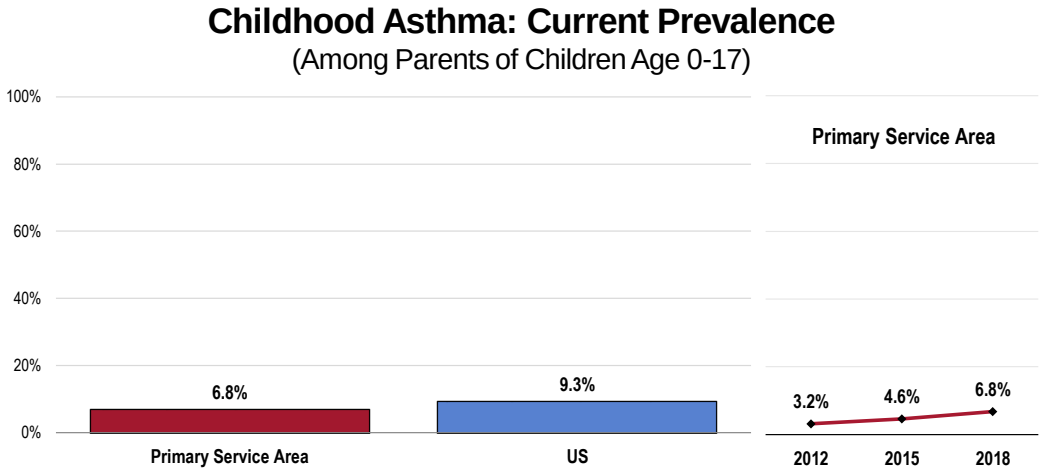
Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 138]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Children

Among Primary Service Area children under age 18, 6.8% currently have asthma.

- Statistically similar to national findings.
- TREND: The increase over time is not statistically significant.



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 139]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

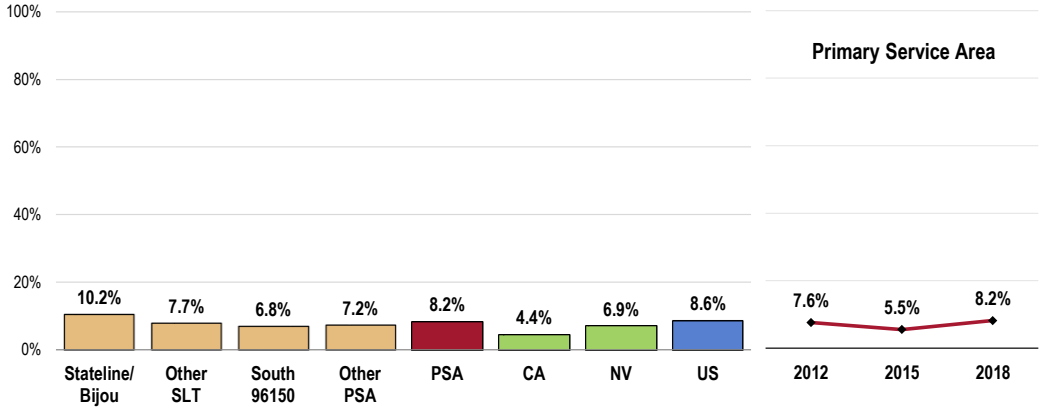
Notes:
- Asked of all respondents with children 0 to 17 in the household.
- Includes children who have ever been diagnosed with asthma, and whom are reported to still have asthma.

Chronic Obstructive Pulmonary Disease (COPD)

A total of 8.2% of Primary Service Area adults suffer from chronic obstructive pulmonary disease (COPD, including emphysema and bronchitis).

- Similar to the Nevada and US percentages.
- Higher than the California percentage.
- Similar findings by community.
- TREND: In comparing to 2012 data, the change in prevalence is not statistically significant.
- *NOTE: In 2012 data, this question was asked slightly differently; respondents were asked if they had ever been diagnosed with "chronic lung disease, including bronchitis or emphysema," rather than "COPD or chronic obstructive pulmonary disease, including bronchitis or emphysema," as is asked currently.*

Prevalence of Chronic Obstructive Pulmonary Disease (COPD)



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 24]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 California and Nevada data.
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

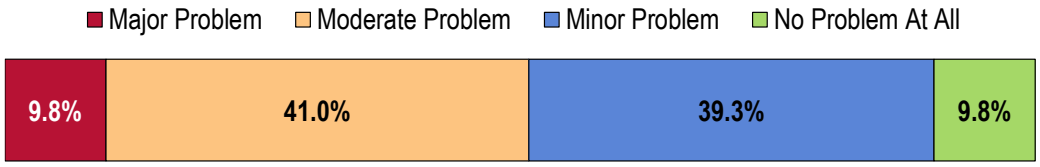
Notes:
- Asked of all respondents.
- Includes those having ever suffered from or been diagnosed with COPD or chronic obstructive pulmonary disease, including bronchitis or emphysema.
- In 2012 data, the term "chronic lung disease" was used, which also included bronchitis or emphysema.

Key Informant Input: Respiratory Disease

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

Perceptions of Respiratory Diseases as a Problem in the Community

(Key Informants, 2018)



Sources:
- PRC Online Key Informant Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Top Concerns

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

Lack of Providers

> *I cannot speak to specifics of the number of actual community members with respiratory concerns, but I can speak to the fact that we have no pulmonary specialist in our community. There is a pulmonary specialist in Truckee, 90-minute drive, or Carson. – Other Health Provider*
>
> *No pulmonary physician here. – Other Health Provider*

Demographic Profile of Community

> *The demographic profile of our community and issues related to the altitude of our community. – Community Leader*

Incidence/Prevalence

> *We have a significant portion of our community who continue to smoke. COPD is a common diagnosis and common cause for readmission. – Physician*

Injury & Violence

About Injury & Violence

Injuries and violence are widespread in society. Both unintentional injuries and those caused by acts of violence are among the top 15 killers for Americans of all ages. Many people accept them as "accidents," "acts of fate," or as "part of life." However, most events resulting in injury, disability, or death are predictable and preventable.

Injuries are the leading cause of death for Americans ages 1 to 44, and a leading cause of disability for all ages, regardless of sex, race/ethnicity, or socioeconomic status. More than 180,000 people die from injuries each year, and approximately 1 in 10 sustains a nonfatal injury serious enough to be treated in a hospital emergency department.

Beyond their immediate health consequences, injuries and violence have a significant impact on the well-being of Americans by contributing to:

- Premature death
- Disability
- Poor mental health
- High medical costs
- Lost productivity

The effects of injuries and violence extend beyond the injured person or victim of violence to family members, friends, coworkers, employers, and communities.

Numerous factors can affect the risk of unintentional injury and violence, including individual behaviors, physical environment, access to health services (ranging from pre-hospital and acute care to rehabilitation), and social environment (from parental monitoring and supervision of youth to peer group associations, neighborhoods, and communities).

Interventions addressing these social and physical factors have the potential to prevent unintentional injuries and violence. Efforts to prevent unintentional injury may focus on:

- Modifications of the environment
- Improvements in product safety
- Legislation and enforcement
- Education and behavior change
- Technology and engineering

Efforts to prevent violence may focus on:

- Changing social norms about the acceptability of violence
- Improving problem-solving skills (for example, parenting, conflict resolution, coping)
- Changing policies to address the social and economic conditions that often give rise to violence

- Healthy People 2020 (www.healthypeople.gov)

Unintentional Injury

Age-Adjusted Unintentional Injury Deaths

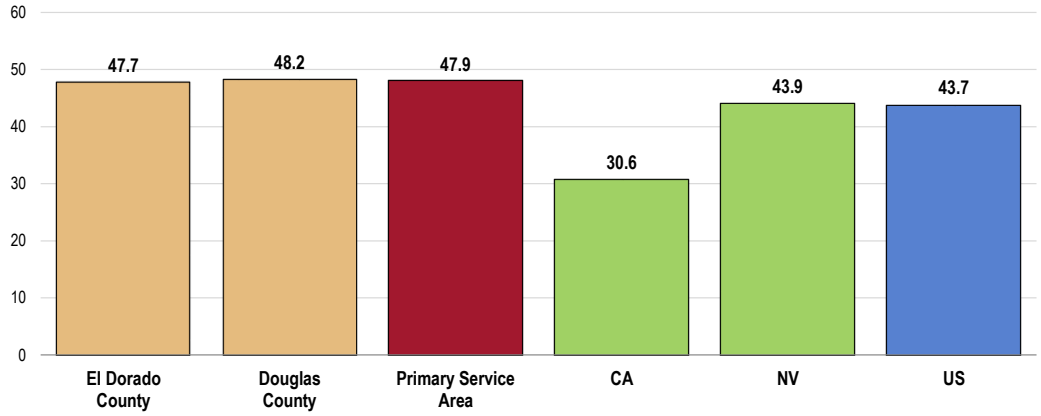
Between 2014 and 2016, there was an annual average age-adjusted unintentional injury mortality rate of 47.9 deaths per 100,000 population in the Primary Service Area.

- Similar to the Nevada and US rates.
- Higher than the California rate.
- Fails to satisfy the Healthy People 2020 target (36.4 or lower).

Unintentional Injuries: Age-Adjusted Mortality

(2014-2016 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 36.4 or Lower



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2018.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IVP-11]

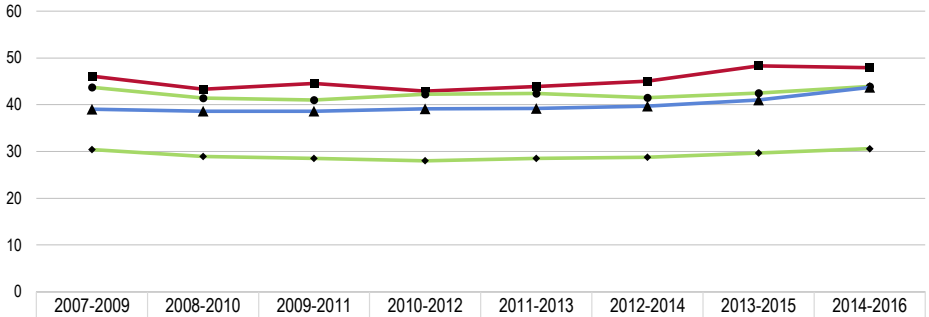
Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- TREND: The local rate has been consistently above state and national rates over the past decade.

Unintentional Injuries: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 36.4 or Lower



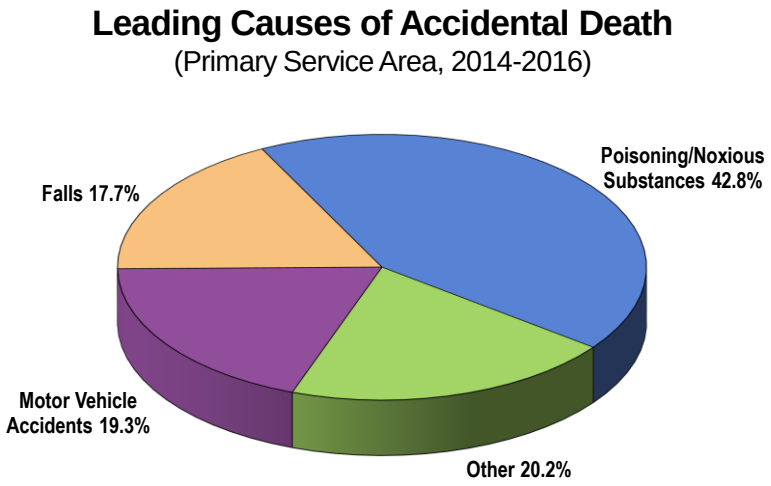
	2007-2009	2008-2010	2009-2011	2010-2012	2011-2013	2012-2014	2013-2015	2014-2016
PSA	46.1	43.3	44.5	42.9	43.9	45.0	48.3	47.9
CA	30.4	28.9	28.5	28.0	28.5	28.8	29.7	30.6
NV	43.7	41.4	41.0	42.2	42.4	41.5	42.5	43.9
US	39.0	38.6	38.6	39.1	39.2	39.7	41.0	43.7

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2018.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IVP-11]

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Leading Causes of Accidental Death

Poisoning (including accidental drug overdose), motor vehicle accidents, and falls accounted for most accidental deaths in the Primary Service Area between 2014 and 2016.



Sources: • CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2018.
Notes: • Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).

Selected Injury Deaths

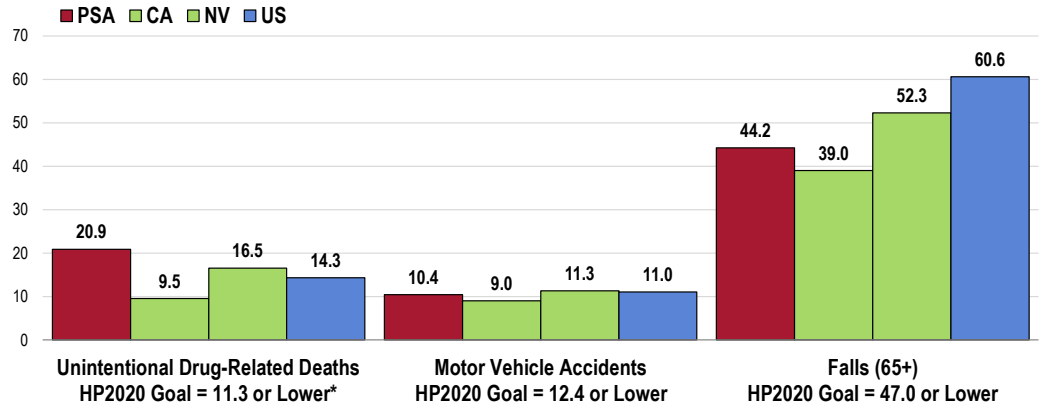
The following chart outlines mortality rates for unintentional drug-related deaths, motor vehicle crashes, and falls (among adults age 65 and older).

The Primary Service Area annual average age-adjusted unintentional drug-related mortality rates are worse than California, Nevada, and US rates.

- On the other hand, the **motor vehicle crash** and **falls (65+)** mortality rates are more favorable than (or similar to) state and US rates for 2014-2016.

Select Injury Death Rates

(By Cause of Death; 2014-2016 Annual Average Deaths per 100,000 Population)



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2018.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IVP-13.1, IVP-23.2, SA-12]

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- *Healthy People 2020 goal reflects all drug-induced deaths, both intentional and unintentional.

Falls

Falls

Each year, an estimated one-third of older adults fall, and the likelihood of falling increases substantially with advancing age. In 2005, a total of 15,802 persons age ≥65 years died as a result of injuries from falls.

Falls are the leading cause of fatal and nonfatal injuries for persons aged ≥65 years … In 2006, approximately 1.8 million persons aged ≥65 years (nearly 5% of all persons in that age group) sustained some type of recent fall-related injury. Even when those injuries are minor, they can seriously affect older adults' quality of life by inducing a fear of falling, which can lead to self-imposed activity restrictions, social isolation, and depression.

In addition, fall-related medical treatment places a burden on US healthcare services. In 2000, direct medical costs for fall-related injuries totaled approximately $19 billion. A recent study determined that 31.8% of older adults who sustained a fall-related injury required help with activities of daily living as a result, and among them, 58.5% were expected to require help for at least 6 months.

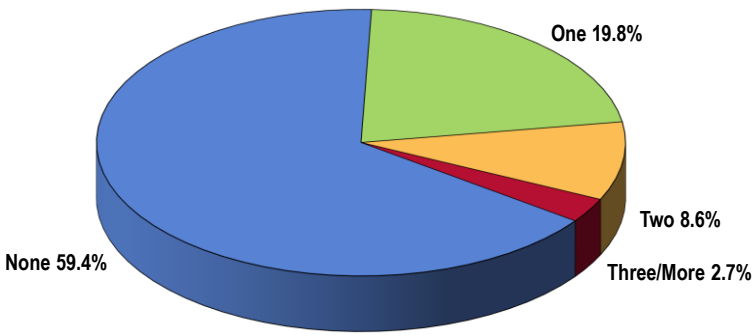
Modifiable fall risk factors include muscle weakness, gait and balance problems, poor vision, use of psychoactive medications, and home hazards. Falls among older adults can be reduced through evidence-based fall-prevention programs that address these modifiable risk factors. Most effective interventions focus on exercise, alone or as part of a multifaceted approach that includes medication management, vision correction, and home modifications.

- Division of Unintentional Injury Prevention, National Center for Injury Prevention and Control, CDC

Among surveyed Primary Service Area adults age 45 and older, 40.6% fell at least once in the past year, including 2.7% who fell three or more times.

Number of Falls in Past 12 Months

(Among Adults Age 45 and Older; Primary Service Area, 2018)



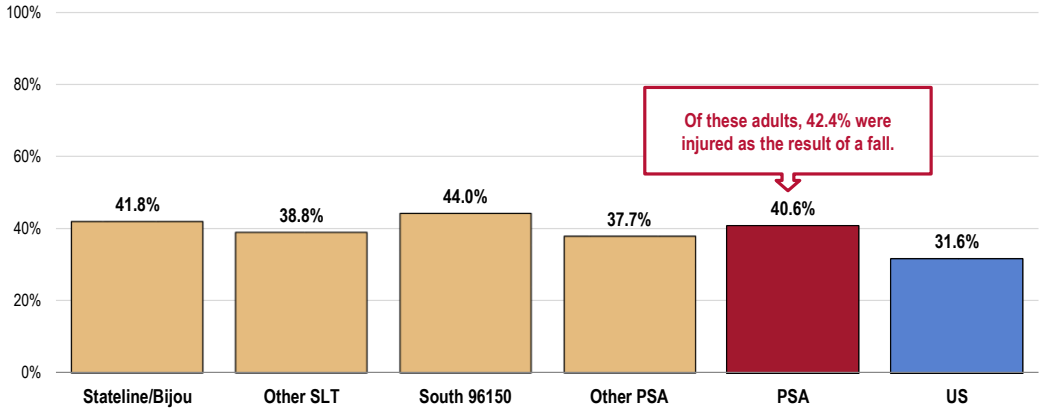
Sources: ● 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 107]
Notes: ● Asked of all respondents age 45+.

- The prevalence of adults age 45+ who fell at least once in the past year is higher than the national proportion.
- Findings are similar by community.

Among those who fell in the past year, 42.4% were injured as a result of the fall.

Fell One or More Times in the Past Year

(Among Respondents Age 45 and Older)

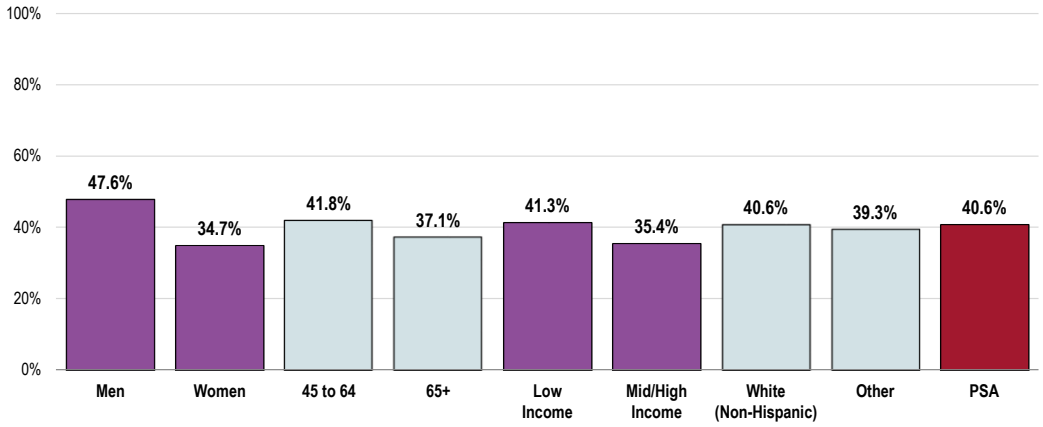


Sources: ● 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 107-108]
● 2017 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of those respondents age 45 and older.

- Men in this age group are statistically more likely to have fallen in the past year.

Fell One or More Times in the Past Year

(Among Respondents Age 45 and Older; Primary Service Area, 2018)



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 107]

Notes:
- Asked of those respondents age 45 and older.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Firearm Safety

Age-Adjusted Firearm-Related Deaths

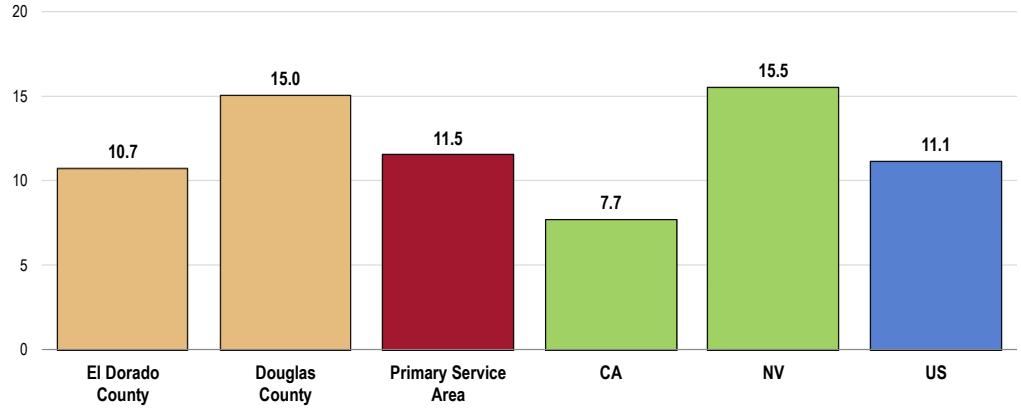
Between 2014 and 2016, firearms in the Primary Service Area contributed to an annual average age-adjusted rate of 11.5 deaths per 100,000 population.

- Higher than the California rate but lower than the Nevada rate.
- Similar to that found nationally.
- Fails to satisfy the Healthy People 2020 objective (9.3 or lower).
- Higher in Douglas County.

Firearms-Related Deaths: Age-Adjusted Mortality

(2014-2016 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 9.3 or Lower



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2018.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IVP-30]

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Intentional Injury (Violence)

Age-Adjusted Homicide Deaths

Between 2007 and 2016, there was an annual average age-adjusted homicide rate of 2.5 deaths per 100,000 population in El Dorado County (Douglas County data are unavailable)**.**

RELATED ISSUE:

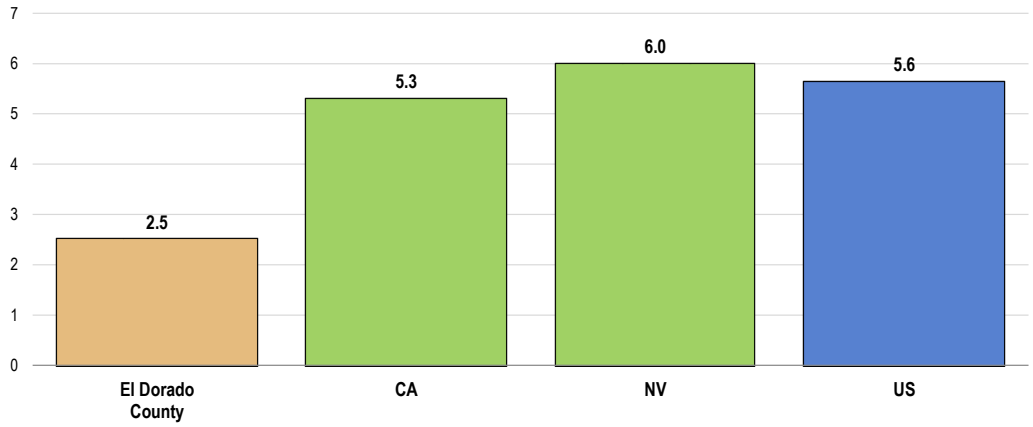
See also *Mental Health*: *Suicide* in the **General Health Status** section of this report.

- Well below the state and US rates.
- Satisfies the Healthy People 2020 target of 5.5 or lower.

Homicide: Age-Adjusted Mortality

(2007-2016 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 5.5 or Lower



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2018.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IVP-29]

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Violent Crime

Violent Crime Rates

Violent crime is composed of four offenses (FBI Index offenses): murder and non-negligent manslaughter; forcible rape; robbery; and aggravated assault.

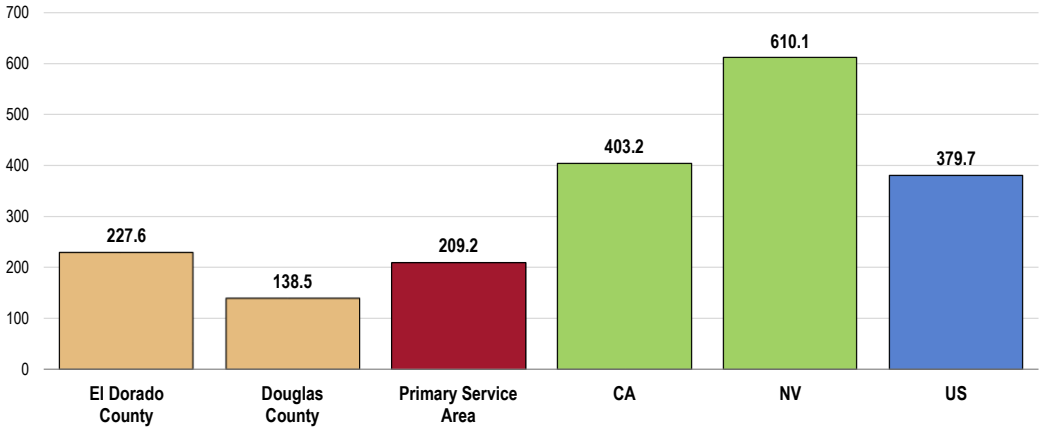
Note that the quality of crime data can vary widely from location to location, depending on the consistency and completeness of reporting among various jurisdictions.

Between 2012 and 2014, there were a reported 209.2 violent crimes per 100,000 population in the Primary Service Area.

- Well below the state and US rates.
- Higher in El Dorado County.

Violent Crime

(Rate per 100,000 Population, 2012-2014)



Sources:
- Federal Bureau of Investigation, FBI Uniform Crime Reports.
- Retrieved April 2018 from Community Commons at http://www.chna.org.

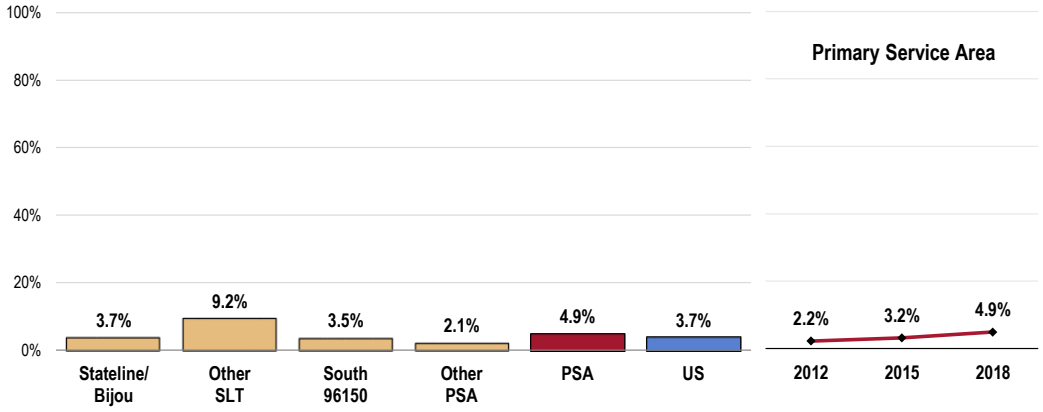
Notes:
- This indicator reports the rate of violent crime offenses reported by the sheriff's office or county police department per 100,000 residents. Violent crime includes homicide, rape, robbery, and aggravated assault. This indicator is relevant because it assesses community safety.
- Participation by law enforcement agencies in the UCR program is voluntary. Sub-state data do not necessarily represent an exhaustive list of crimes due to gaps in reporting. Also, some institutions of higher education have their own police departments, which handle offenses occurring within campus grounds; these offenses are not included in the violent crime statistics, but can be obtained from the Uniform Crime Reports Universities and Colleges data tables.

Community Violence

A total of 4.9% of surveyed Primary Service Area adults acknowledge being the victim of a violent crime in the area in the past five years.

- Statistically similar to national findings.
- Higher in the Other SLT community.
- TREND: Marks a statistically significant increase over time.

Victim of a Violent Crime in the Past Five Years

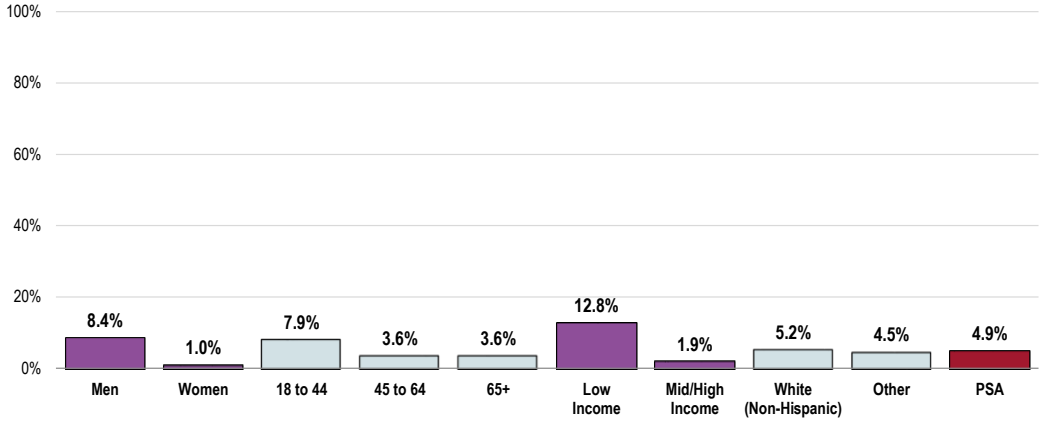


Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 46]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

- Reports of violence are notably higher among men and residents living in the lower income category.

Victim of a Violent Crime in the Past Five Years
(Primary Service Area, 2018)



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 46]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Family Violence

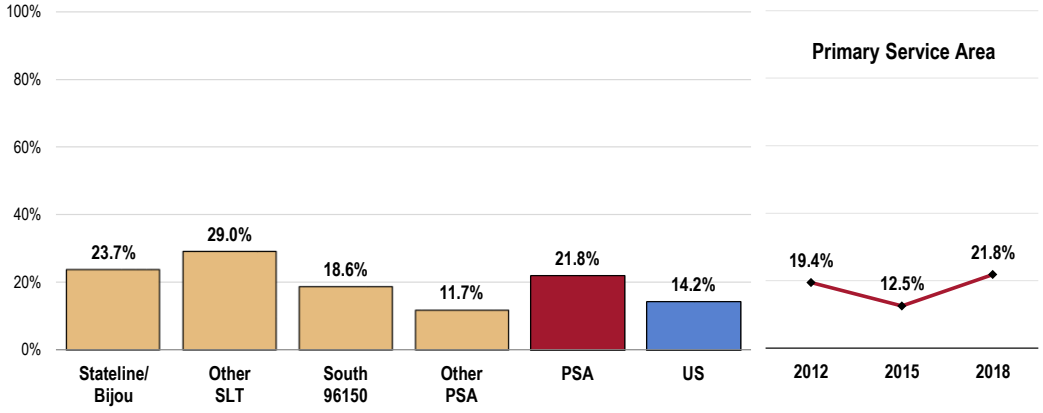
A total of 21.8% of Primary Service Area adults acknowledge that they have ever been hit, slapped, pushed, kicked, or otherwise hurt by an intimate partner.

Respondents were read:

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

- Less favorable than national findings.
- Highest in the Other SLT area; lowest in the Other PSA area.
- TREND: Similar to 2012 but marking a statistically significant increase since 2015.

Have Ever Been Hit, Slapped, Pushed, Kicked, or Hurt in Any Way by an Intimate Partner



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 47]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

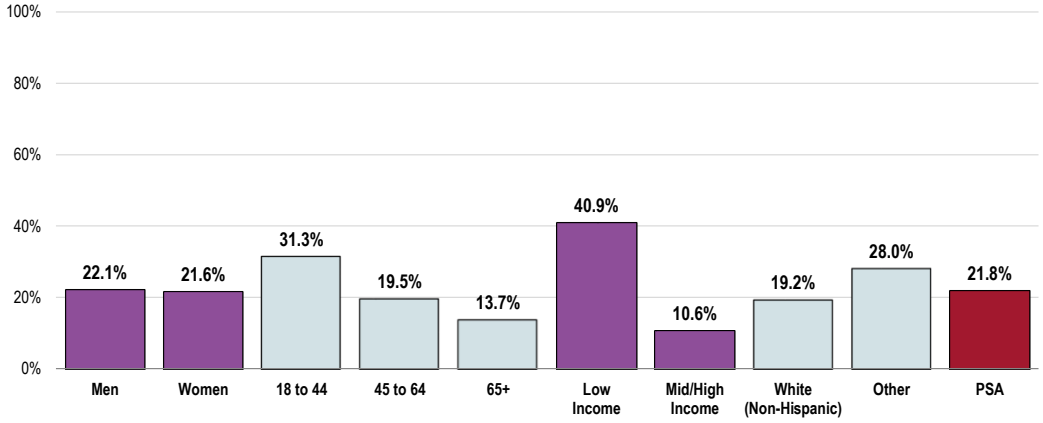
Notes:
- Asked of all respondents.

Reports of domestic violence are also notably higher among:

- Adults under 65 (negative correlation with age).
- Those with lower incomes.

Have Ever Been Hit, Slapped, Pushed, Kicked, or Hurt in Any Way by an Intimate Partner

(Primary Service Area, 2018)



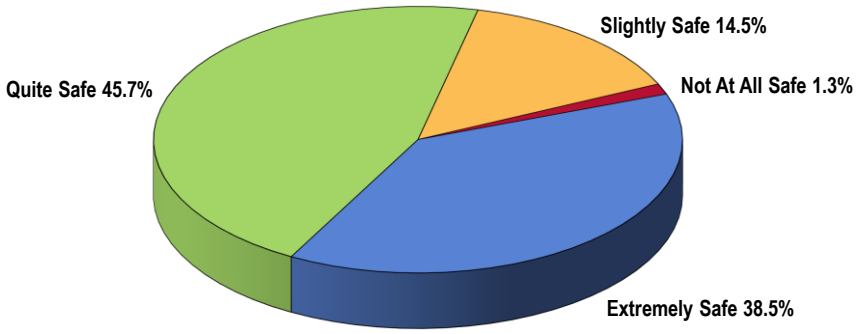
Sources: 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 47]
Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Perceived Neighborhood Safety

While most Primary Service Area adults consider their own neighborhoods to be "extremely safe" or "quite safe," 15.8% consider it only "slightly safe" or "not at all safe."

Perceived Safety of Own Neighborhood

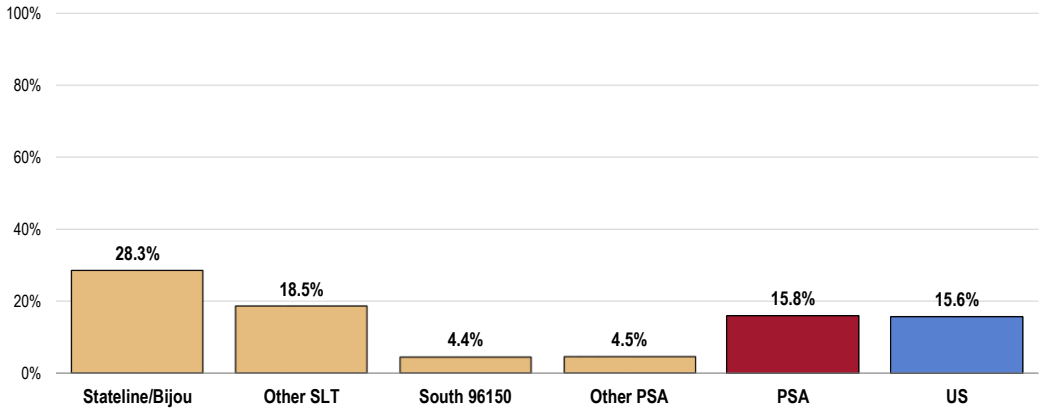
(Primary Service Area, 2018)



Sources: 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 307]
Notes:
- Asked of all respondents.

- Compared with the US prevalence, local adults are just as likely to consider their neighborhood to be “slightly” or “not at all” safe.
- Note the significant disparity by community.

Perceive Own Neighborhood as “Slightly” or “Not At All” Safe



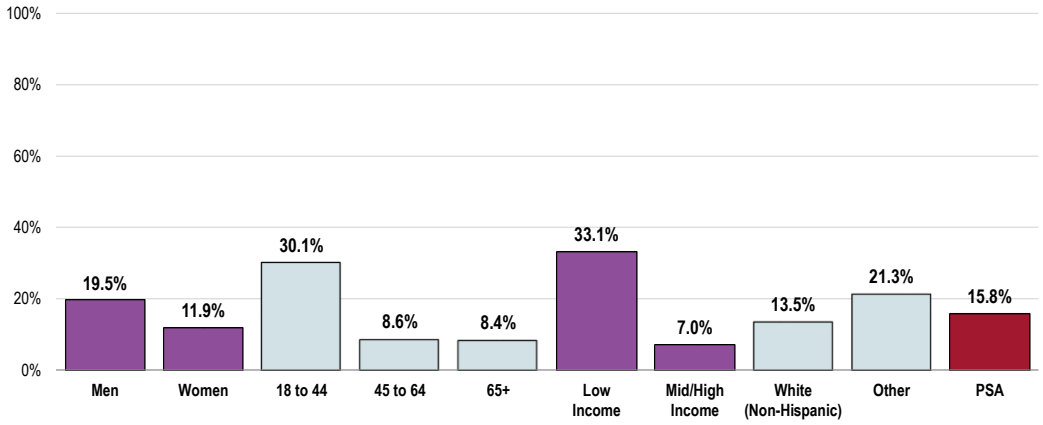
Sources: ● 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 307]
● 2017 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

Reports of unsafe neighborhoods are notably higher among these residents:

- Men.
- Young adults.
- Low-income residents.

Perceive Own Neighborhood as “Slightly” or “Not At All” Safe

(Primary Service Area, 2018)



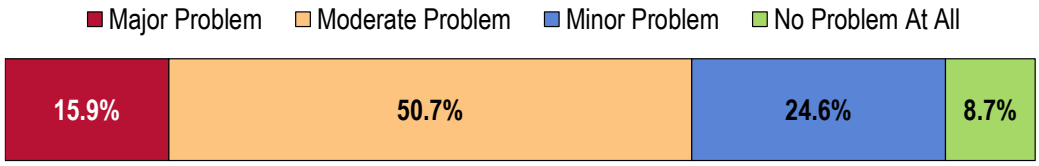
Sources: ● 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 307]
Notes: ● Asked of all respondents.
● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., “White” reflects non-Hispanic White respondents).
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. “Low Income” includes households with incomes up to 200% of the federal poverty level; “Mid/High Income” includes households with incomes at 200% or more of the federal poverty level.

Key Informant Input: Injury & Violence

Half of key informants taking part in an online survey characterized *Injury & Violence* as a "moderate problem" in the community.

Perceptions of Injury and Violence as a Problem in the Community

(Key Informants, 2018)



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

Top Concerns

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

Domestic Violence

Like many communities, there is a history of domestic violence with enough incidents of violent crime to be more than concerned. – Community Leader

Domestic violence, in particular, occurs at a high rate in this community. – Community Leader

The police reports reflect roughly 50 percent of calls as domestic violence disturbances. – Social Services Provider

There is a high incidence of domestic violence calls according to the Maternal Child and Adolescent Health report of El Dorado County. There is a wait list for counseling at the domestic violence shelter in our community. – Other Health Provider

Incidence/Prevalence

Injuries and violence occur often in our community. – Social Services Provider

Many youth are afraid to report injuries, as they don't trust CPS and there are few options for placement in our community. – Community Leader

We are a mountain town and have very active locals and visitors in a variety of dangerous recreational sports. Every time my family has been to the ER or hospitalized it is due to a sports related injury. – Social Services Provider

Lack of Treatment Centers

Inadequate resources for treatment and prevention. – Physician

Lack of trauma center options. People who experience serious accidents, head trauma, are being care flighted out of our area. – Social Services Provider

Substance Abuse

High rates of substance abuse lead to both injury and violence related to the nature of the community in South Lake Tahoe. The presence of the casinos and the culture they foster is a contributing factor. – Other Health Provider

Built Environment

Injury, lack of sidewalks in areas, snow removal sometimes inadequate. Street lighting, violence. Domestic violence. Its effects on the individuals and then family members. – Physician

Diabetes

About Diabetes

Diabetes mellitus occurs when the body cannot produce or respond appropriately to insulin. Insulin is a hormone that the body needs to absorb and use glucose (sugar) as fuel for the body's cells. Without a properly functioning insulin signaling system, blood glucose levels become elevated and other metabolic abnormalities occur, leading to the development of serious, disabling complications. Many forms of diabetes exist; the three common types are Type 1, Type 2, and gestational diabetes. Effective therapy can prevent or delay diabetic complications.

Diabetes mellitus:

- Lowers life expectancy by up to 15 years.
- Increases the risk of heart disease by 2 to 4 times.
- Is the leading cause of kidney failure, lower limb amputations, and adult-onset blindness.

The rate of diabetes mellitus continues to increase both in the United States and throughout the world. Due to the steady rise in the number of persons with diabetes mellitus, and possibly earlier onset of type 2 diabetes mellitus, there is growing concern about the possibility that the increase in the number of persons with diabetes mellitus and the complexity of their care might overwhelm existing healthcare systems.

People from minority populations are more frequently affected by type 2 diabetes. Minority groups constitute 25% of all adult patients with diabetes in the US and represent the majority of children and adolescents with type 2 diabetes.

Lifestyle change has been proven effective in preventing or delaying the onset of type 2 diabetes in high-risk individuals.

- Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Diabetes Deaths

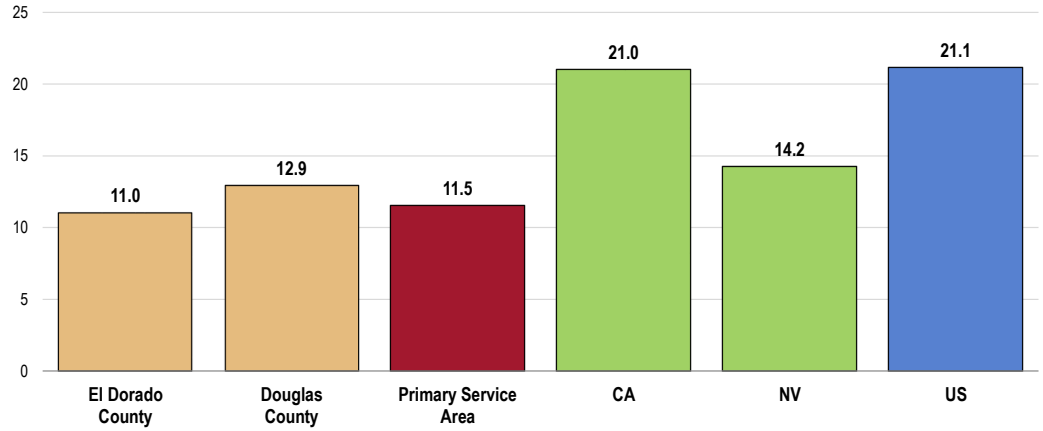
Between 2014 and 2016, there was an annual average age-adjusted diabetes mortality rate of 11.5 deaths per 100,000 population in the Primary Service Area.

- More favorable than that found statewide or nationally.
- Satisfies the Healthy People 2020 target (20.5 or lower, adjusted to account for diabetes mellitus-coded deaths).
- Higher in Douglas County.

Diabetes: Age-Adjusted Mortality

(2014-2016 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 20.5 or Lower (Adjusted)



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2018.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective D-3]

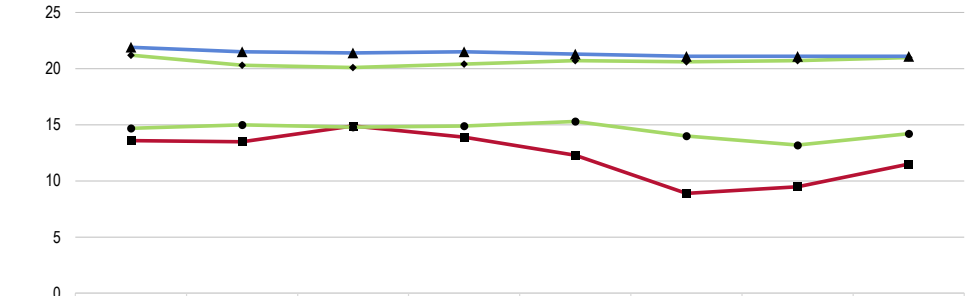
Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- The Healthy People 2020 target for Diabetes is adjusted to account for only diabetes mellitus coded deaths.

- TREND: Although decreasing between 2010 and 2014, the local diabetes mortality trend has turned upward in recent years.

Diabetes: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 20.5 or Lower (Adjusted)



	2007-2009	2008-2010	2009-2011	2010-2012	2011-2013	2012-2014	2013-2015	2014-2016
PSA	13.6	13.5	14.9	13.9	12.3	8.9	9.5	11.5
CA	21.2	20.3	20.1	20.4	20.7	20.6	20.7	21.0
NV	14.7	15.0	14.8	14.9	15.3	14.0	13.2	14.2
US	21.9	21.5	21.4	21.5	21.3	21.1	21.1	21.1

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2018.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective D-3]

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.
- The Healthy People 2020 target for Diabetes is adjusted to account for only diabetes mellitus coded deaths.

Prevalence of Diabetes

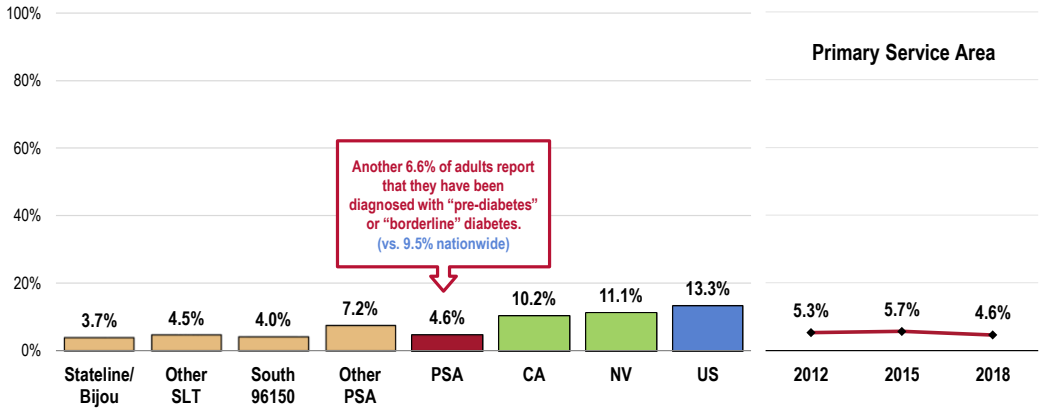
A total of 4.6% of Primary Service Area adults report having been diagnosed with diabetes.

- More favorable than the California, Nevada, and US proportions.
- Statistically similar by community.
- TREND: Statistically unchanged since 2012.

In addition to the prevalence of diagnosed diabetes referenced above, another 6.6% of Primary Service Area adults report that they have "pre-diabetes" or "borderline diabetes."

- Comparable to the US prevalence.
- Similar findings by area (not shown).

Prevalence of Diabetes

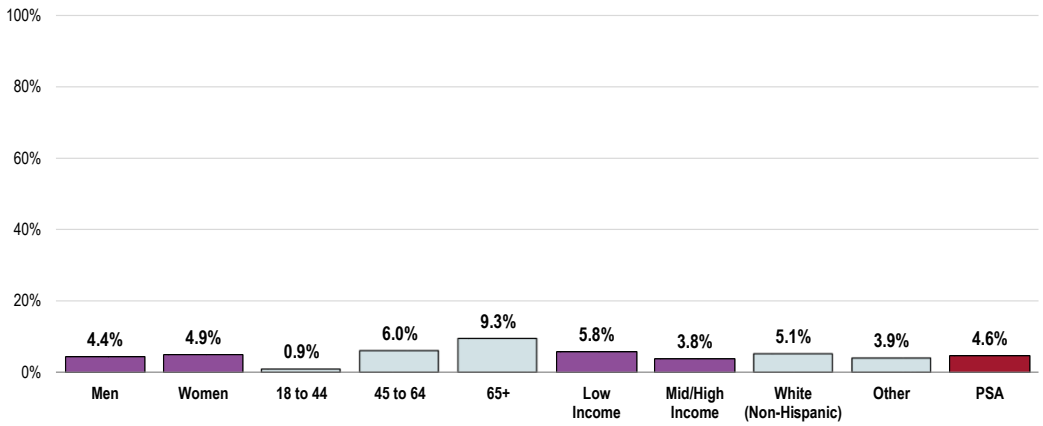


Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 140]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 California and Nevada data.
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

- Note the strong positive correlation between diabetes and age in the Primary Service Area.

Prevalence of Diabetes
(Primary Service Area, 2018)



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 140]

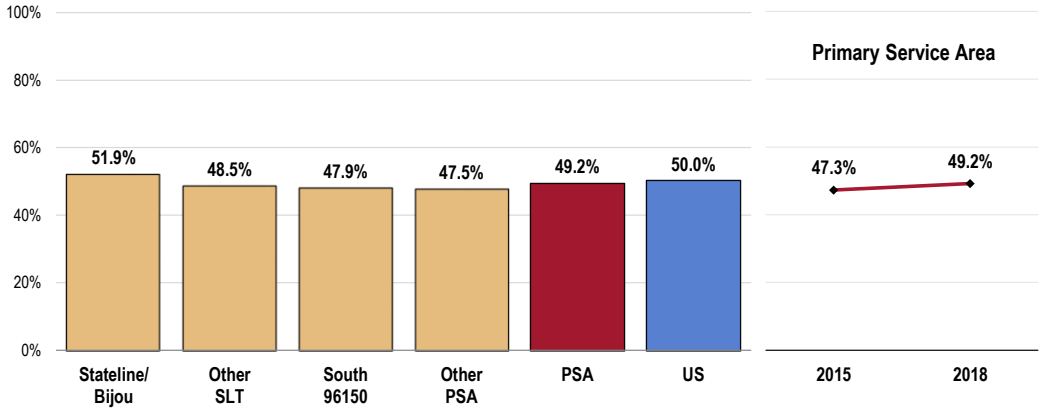
Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
- Excludes gestational diabetes (occurring only during pregnancy).

Diabetes Testing

Of area adults who have <u>not</u> been diagnosed with diabetes, 49.2% report having had their blood sugar level tested within the past three years.

- Similar to the national proportion.
- Statistically similar by community.
- TREND: Statistically unchanged since 2015 (not asked in 2012).

Have Had Blood Sugar Tested in the Past Three Years
(Among Nondiabetics)

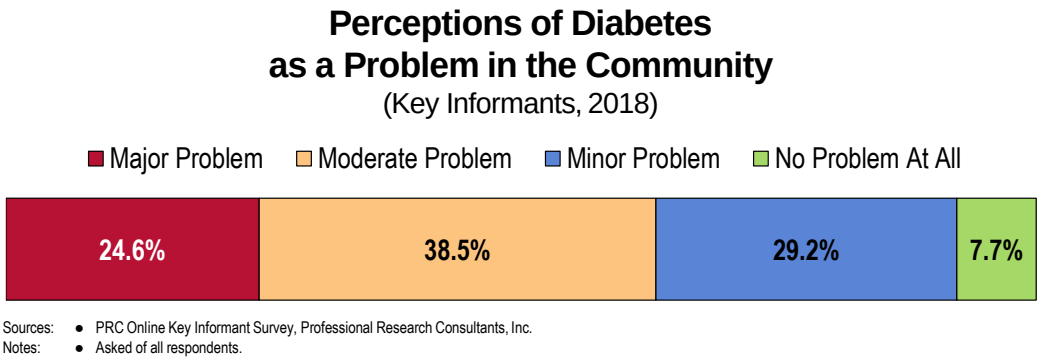


Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 37]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of respondents who have not been diagnosed with diabetes.

Key Informant Input: Diabetes

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



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

Top Concerns

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

Access to Care/Services

Access to treatment locally. – Community Leader

Access to dialysis treatment. – Community Leader

Access to care and education. – Physician

We have no diabetic services in town, no Endocrinologist, no Diabetic Center, no diabetic educator. Nowhere for newly diagnosed people to understand how to manage the disease. – Social Services Provider

Education

Nutritional education, help groups, totally understanding link between diabetes and lifestyle. Not realizing the severe consequences of not following medical advice. Limited resources or income, resulting in peer eating patterns. – Community Leader

Proper intense education when diagnosed and continued reinforcement by health care provider, dietician, support person or group. Helping patient to accept their diagnosis and accept responsibility for care and treatment. – Other Health Provider

Consumers need education on the prevention of the disease. Also, once consumers are diagnosed they do not have the means to follow up with the medication. – Public Health Representative

Lack of Providers

No Endocrinologist. – Community Leader

No Endocrinologist. Patients have to travel 45 minutes to one hour to a specialist. – Community Leader

We do not have an Endocrinologist. – Other Health Provider

Vulnerable Populations

More culturally specific outreach to populations with high occurrence of diabetes. Lack of a Dialysis Center. – Community Leader

Access to nutrition classes in other languages. Another big challenge is not having a Pediatric specialist. – Public Health Representative

Coordination of Care

> *Lack of a holistic approach. Sound nutrition is key and it cost more to buy health foods, many people can't afford. It also requires more frequent trips to the store and there is a huge transportation issue. Lack of education to patients. – Other Health Provider*

Disease Management

> *Type two diabetes is preventable and in some cases reversible. We need a more comprehensive diet, exercise, and lifestyle program. – Community Leader*

Alzheimer's Disease

About Dementia

Dementia is the loss of cognitive functioning—thinking, remembering, and reasoning—to such an extent that it interferes with a person's daily life. Dementia is not a disease itself, but rather a set of symptoms. Memory loss is a common symptom of dementia, although memory loss by itself does not mean a person has dementia. Alzheimer's disease is the most common cause of dementia, accounting for the majority of all diagnosed cases.

Alzheimer's disease is the 6th leading cause of death among adults age 18 years and older. Estimates vary, but experts suggest that up to 5.1 million Americans age 65 years and older have Alzheimer's disease. These numbers are predicted to more than double by 2050 unless more effective ways to treat and prevent Alzheimer's disease are found.

- Healthy People 2020 (www.healthypeople.gov)

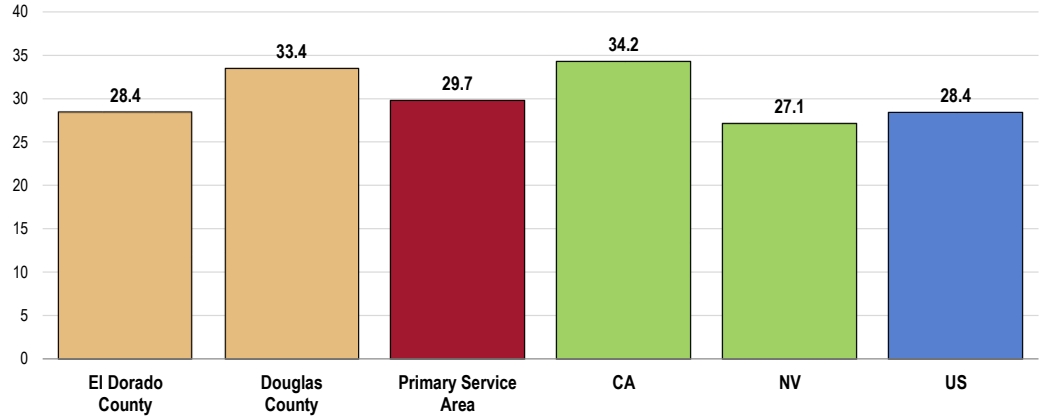
Age-Adjusted Alzheimer's Disease Deaths

Between 2014 and 2016, there was an annual average age-adjusted Alzheimer's disease mortality rate of 29.7 deaths per 100,000 population in the Primary Service Area.

- Comparable to the Nevada and US rates.
- More favorable than the California rate.
- Higher in Douglas County.

Alzheimer's Disease: Age-Adjusted Mortality

(2014-2016 Annual Average Deaths per 100,000 Population)



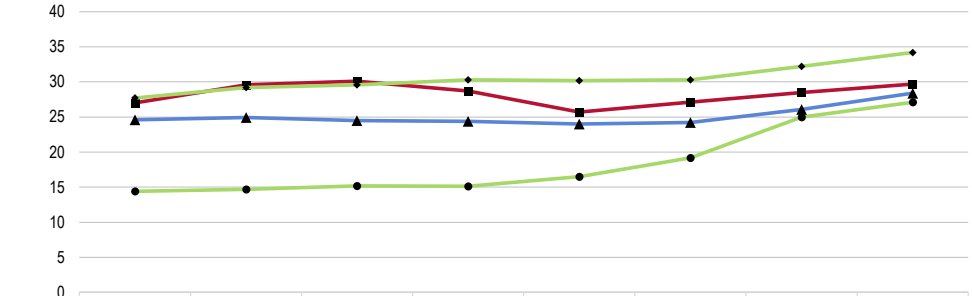
Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2018.

Notes: ● Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
● Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- TREND: The Alzheimer's disease mortality rate in the Primary Service Area has increased in recent years. Across California, Nevada, and the US, rates also increased over the past decade.

Alzheimer's Disease: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)



	2007-2009	2008-2010	2009-2011	2010-2012	2011-2013	2012-2014	2013-2015	2014-2016
PSA	27.0	29.6	30.1	28.7	25.7	27.1	28.5	29.7
CA	27.7	29.2	29.6	30.3	30.2	30.3	32.2	34.2
NV	14.4	14.7	15.2	15.1	16.5	19.2	25.0	27.1
US	24.6	24.9	24.5	24.4	24.0	24.2	26.1	28.4

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2018.

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

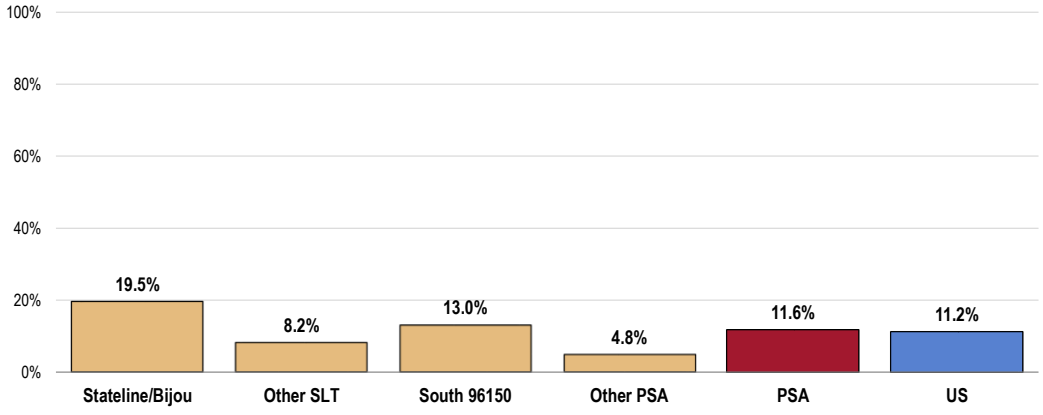
Progressive Confusion/Memory Loss

A total of 11.6% of adults age 45 and older report experiencing confusion or memory loss in the past year that is happening more often or getting worse.

- Comparable to the US prevalence.
- Highest in Stateline/Bijou; lowest in Other PSA.

Experienced Increasing Confusion/Memory Loss in Past Year

(Among Respondents Age 45 and Older)



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 323]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

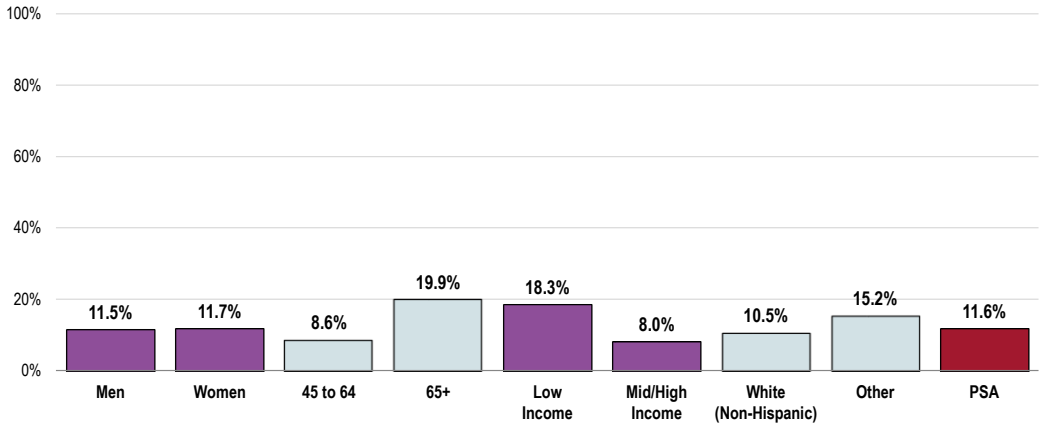
Notes:
- Asked of those respondents age 45 and older.

A higher prevalence of progressive confusion/memory loss is reported among:

- Seniors.
- Low-income residents.

Experienced Increasing Confusion/Memory Loss in Past Year

(Among Respondents Age 45 and Older; Primary Service Area, 2018)



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 323]

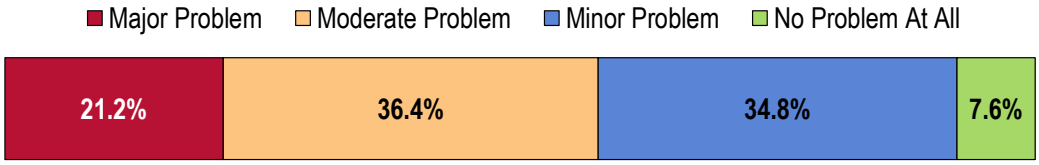
Notes:
- Asked of those respondents age 45 and older.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Key Informant Input: Dementias, Including Alzheimer's Disease

Key informants taking part in an online survey are most likely to consider *Dementias, Including Alzheimer's Disease* as a "moderate problem" in the community, followed closely by those giving "minor problem" ratings.

Perceptions of Dementia/Alzheimer's Disease as a Problem in the Community

(Key Informants, 2018)



Sources:
- PRC Online Key Informant Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Top Concerns

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

Lack of Services

There is not a locked unit or LTC for these patients. – Other Health Provider

Again, no place up here for treatment or placement. – Community Leader

No local memory care services, adult daycare centers, support services. – Physician

We do not have a care facility outside of the Barton SNF to move patients in to. – Other Health Provider

No memory care center. – Community Leader

Very few community resources for caregiving, especially those who cannot pay for a private caregiver. We see a lot of caregiver fatigue. Lack of neurology services is also putting an extra strain on these patients. – Physician

No support services. – Community Leader

Inadequate resources for treatment and prevention. – Physician

I think that SLT lacks senior resources. For instance, we have long term care at Barton, but I do not know of any other facilities or adult daycare. – Social Services Provider

Aging Population

We have an aging population and inadequate support services available to families experiencing dementia. Specialists are geographically remote, too. Combined with poverty, this issue portends major community impact now and in future. – Community Leader

Lack of Providers

To my knowledge, we have one neurologist who deals with this issue and only one SNF option, which has long waiting lists. I am not aware of any assisted living facility options. – Social Services Provider

Incidence/Prevalence

Dementia and Alzheimer's disease seem to be a problem in most communities. – Community Leader

Kidney Disease

About Kidney Disease

Chronic kidney disease and end-stage renal disease are significant public health problems in the United States and a major source of suffering and poor quality of life for those afflicted. They are responsible for premature death and exact a high economic price from both the private and public sectors. Nearly 25% of the Medicare budget is used to treat people with chronic kidney disease and end-stage renal disease.

Genetic determinants have a large influence on the development and progression of chronic kidney disease. It is not possible to alter a person's biology and genetic determinants; however, environmental influences and individual behaviors also have a significant influence on the development and progression of chronic kidney disease. As a result, some populations are disproportionately affected. Successful behavior modification is expected to have a positive influence on the disease.

Diabetes is the most common cause of kidney failure. The results of the Diabetes Prevention Program (DPP) funded by the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) show that moderate exercise, a healthier diet, and weight reduction can prevent development of type 2 diabetes in persons at risk.

- Healthy People 2020 (www.healthypeople.gov)

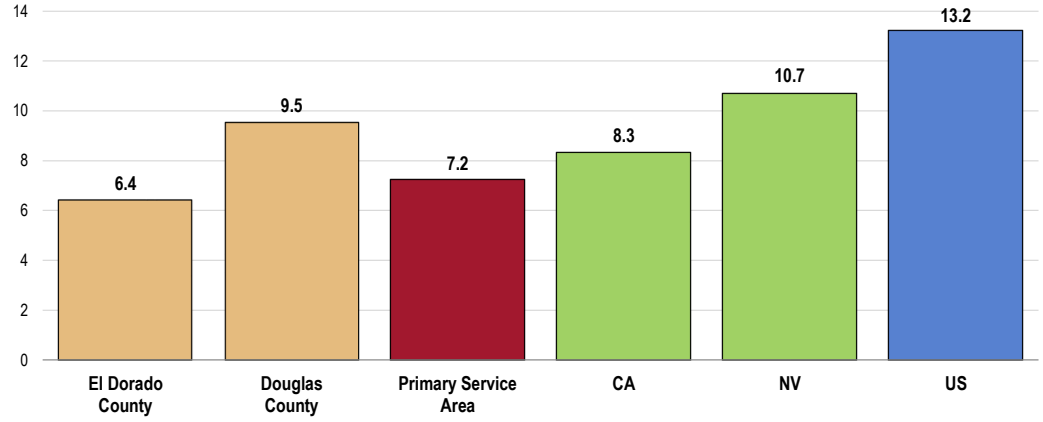
Age-Adjusted Kidney Disease Deaths

Between 2014 and 2016, there was an annual average age-adjusted kidney disease mortality rate of 7.2 deaths per 100,000 population in the Primary Service Area.

- Lower than the state and US rates.
- Higher in Douglas County.

Kidney Disease: Age-Adjusted Mortality

(2014-2016 Annual Average Deaths per 100,000 Population)



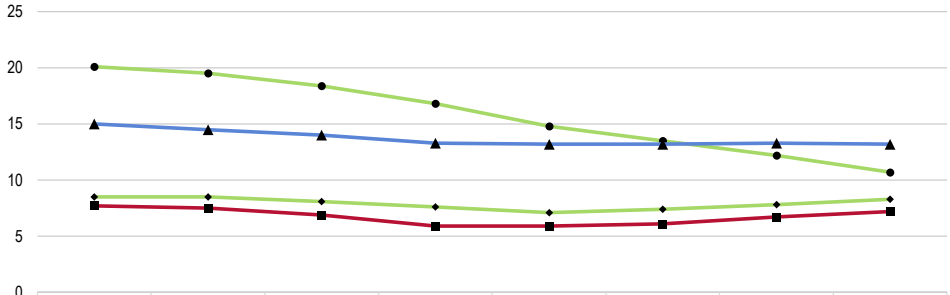
Sources: ● CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2018.

Notes: ● Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
● Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- TREND: The death rate has increased slightly in recent years, following slight decreases between 2009 and 2012.

Kidney Disease: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)



	2007-2009	2008-2010	2009-2011	2010-2012	2011-2013	2012-2014	2013-2015	2014-2016
PSA	7.7	7.5	6.9	5.9	5.9	6.1	6.7	7.2
CA	8.5	8.5	8.1	7.6	7.1	7.4	7.8	8.3
NV	20.1	19.5	18.4	16.8	14.8	13.5	12.2	10.7
US	15.0	14.5	14.0	13.3	13.2	13.2	13.3	13.2

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2018.

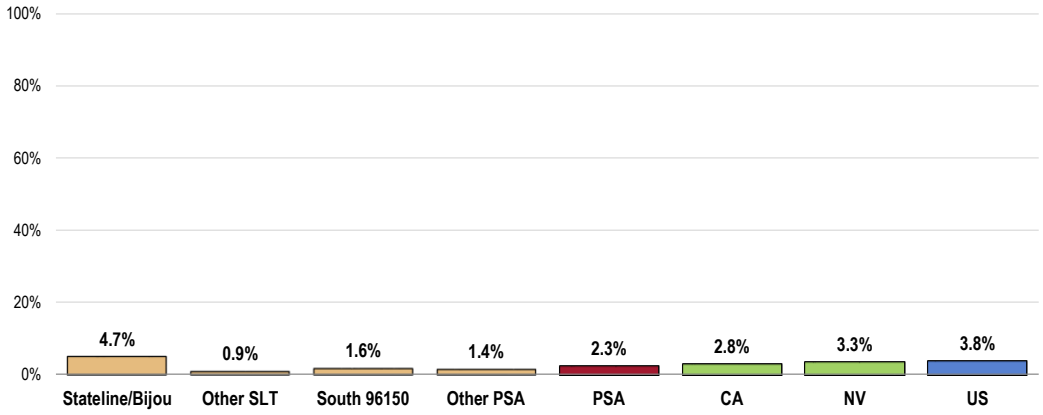
Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Prevalence of Kidney Disease

A total of 2.3% of Primary Service Area adults report having been diagnosed with kidney disease.

- Comparable to the state and US proportions.
- Statistically similar by community.

Prevalence of Kidney Disease

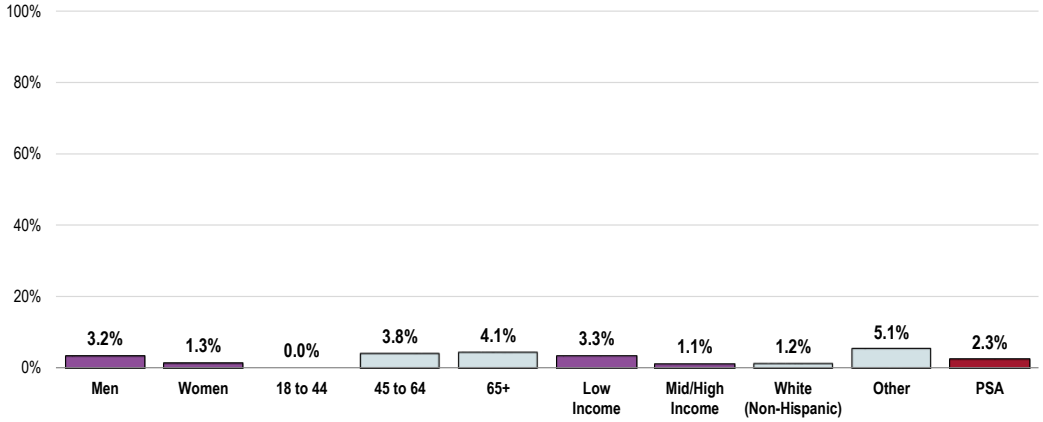


Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 30]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 California and Nevada data.
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

- Note the strong correlation with age in the Primary Service Area.

Prevalence of Kidney Disease
(Primary Service Area, 2018)



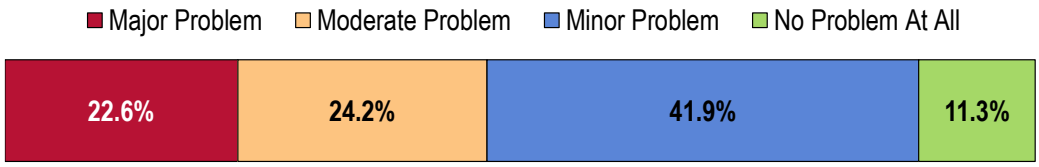
Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 30]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Key Informant Input: Kidney Disease

Key informants taking part in an online survey generally characterized *Kidney Disease* as a "minor problem" in the community.

Perceptions of Kidney Disease as a Problem in the Community
(Key Informants, 2018)



Sources:
- PRC Online Key Informant Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Top Concerns

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

Lack of Providers

I don't have any statistics. However, I don't believe there are any kidney specialists in the immediate South Lake Tahoe area. When I was referred to an Endocrinologist by my Barton primary care physician, I had to go and still do to a doctor. – Community Leader

We do not have an in-person Nephrologist. – Other Health Provider

No Nephrologist. – Community Leader

No specialists available within 100 miles away. – Public Health Representative

No local Nephrologist, Dialysis Centers. – Physician

I think that access to care for chronic kidney disease is a major problem. Closest Nephrologist is in the Carson City area, if a patient is a resident of California and has Medicaid, the closest Nephrologist is in the Sacramento area at best. – Other Health Provider

Lack of Services

There is no dialysis available in the Tahoe Basin. – Social Services Provider

The basin lacks a Dialysis Center. – Community Leader

Dialysis is not available in South Lake Tahoe. – Other Health Provider

Lack of services. No Nephrologist. No Dialysis Center. – Community Leader

Again, no place to treat here. – Community Leader

From what I have heard, people who need dialysis have to go to Carson City for treatment. – Social Services Provider

Incidence/Prevalence

I know several people receiving dialysis in Carson City, Nevada. That facility could give you the numbers of SLT people they treat. – Community Leader

Potentially Disabling Conditions

Arthritis, Osteoporosis, & Chronic Back Conditions

About Arthritis, Osteoporosis, & Chronic Back Conditions

There are more than 100 types of arthritis. Arthritis commonly occurs with other chronic conditions, such as diabetes, heart disease, and obesity. Interventions to treat the pain and reduce the functional limitations from arthritis are important, and may also enable people with these other chronic conditions to be more physically active. Arthritis affects 1 in 5 adults and continues to be the most common cause of disability. It costs more than $128 billion per year. All of the human and economic costs are projected to increase over time as the population ages. There are interventions that can reduce arthritis pain and functional limitations, but they remain underused. These include: increased physical activity; self-management education; and weight loss among overweight/obese adults.

Osteoporosis is a disease marked by reduced bone strength leading to an increased risk of fractures (broken bones). In the United States, an estimated 5.3 million people age 50 years and older have osteoporosis. Most of these people are women, but about 0.8 million are men. Just over 34 million more people, including 12 million men, have low bone mass, which puts them at increased risk for developing osteoporosis. Half of all women and as many as 1 in 4 men age 50 years and older will have an osteoporosis-related fracture in their lifetime.

Chronic back pain is common, costly, and potentially disabling. About 80% of Americans experience low back pain in their lifetime. It is estimated that each year:

- 15%-20% of the population develop protracted back pain.
- 2-8% have chronic back pain (pain that lasts more than 3 months).
- 3-4% of the population is temporarily disabled due to back pain.
- 1% of the working-age population is disabled completely and permanently as a result of low back pain.

Americans spend at least $50 billion each year on low back pain. Low back pain is the:

- 2nd leading cause of lost work time (after the common cold).
- 3rd most common reason to undergo a surgical procedure.
- 5th most frequent cause of hospitalization.

Arthritis, osteoporosis, and chronic back conditions all have major effects on quality of life, the ability to work, and basic activities of daily living.

- Healthy People 2020 (www.healthypeople.gov)

One-fourth (25.6%) of Primary Service Area adults age 50 and older reports suffering from arthritis or rheumatism.

- Well below that found nationwide.

RELATED ISSUE:

See also *Overall Health Status: Activity Limitations* in the **General Health Status** section of this report.

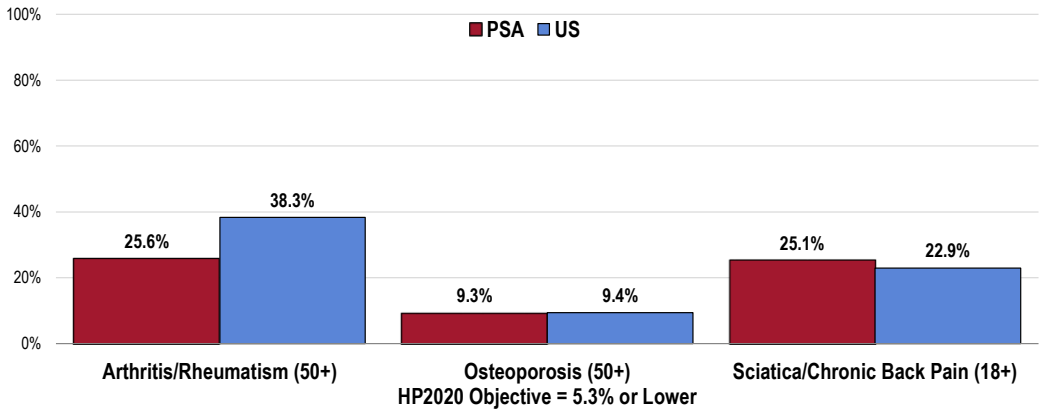
A total of 9.3% Primary Service Area adults age 50 and older have osteoporosis.

- Almost identical to that found nationwide.
- Fails to satisfy the Healthy People 2020 target of 5.3% or lower.

A total of 25.1% of Primary Service Area adults (18 and older) suffer from chronic back pain or sciatica.

- Comparable to that found nationwide.

Prevalence of Potentially Disabling Conditions



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 26, 141-142]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective AOCBC-10]

Notes:
- The sciatica indicator reflects the total sample of respondents; the arthritis and osteoporosis columns reflect adults age 50+.

Vision & Hearing Impairment

About Vision

Vision is an essential part of everyday life, influencing how Americans of all ages learn, communicate, work, play, and interact with the world. Yet millions of Americans live with visual impairment, and many more remain at risk for eye disease and preventable eye injury.

The eyes are an important, but often overlooked, part of overall health. Despite the preventable nature of some vision impairments, many people do not receive recommended screenings and exams. A visit to an eye care professional for a comprehensive dilated eye exam can help to detect common vision problems and eye diseases, including diabetic retinopathy, glaucoma, cataract, and age-related macular degeneration.

These common vision problems often have no early warning signs. If a problem is detected, an eye care professional can prescribe corrective eyewear, medicine, or surgery to minimize vision loss and help a person see his or her best.

Healthy vision can help to ensure a healthy and active lifestyle well into a person's later years. Educating and engaging families, communities, and the nation is critical to ensuring that people have the information, resources, and tools needed for good eye health.

- Healthy People 2020 (www.healthypeople.gov)

About Hearing & Other Sensory or Communication Disorders

An impaired ability to communicate with others or maintain good balance can lead many people to feel socially isolated, have unmet health needs, have limited success in school or on the job. Communication and other sensory processes contribute to our overall health and well-being. Protecting these processes is critical, particularly for people whose age, race, ethnicity, gender, occupation, genetic background, or health status places them at increased risk.

Many factors influence the numbers of Americans who are diagnosed and treated for hearing and other sensory or communication disorders, such a social determinants (social and economic standings, age of diagnosis, cost and stigma of wearing a hearing aid, and unhealthy lifestyle choices). In addition, biological causes of hearing loss and other sensory or communication disorders include: genetics; viral or bacterial infections; sensitivity to certain drugs or medications; injury; and aging.

As the nation's population ages and survival rates for medically fragile infants and for people with severe injuries and acquired diseases improve, the prevalence of sensory and communication disorders is expected to rise.

- Healthy People 2020 (www.healthypeople.gov)

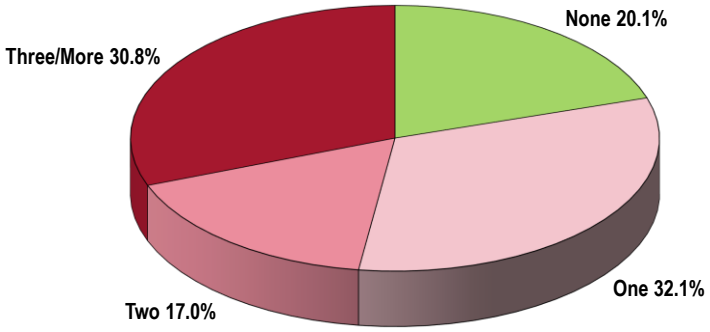
Multiple Chronic Conditions

A total of 79.9% of Primary Service Area adults report having at least one chronic health condition; 47.8% report having more than one.

For the purposes of this assessment, chronic conditions include lung disease, arthritis, sciatica, cancer, osteoporosis, kidney disease, heart attack, angina, stroke, asthma, hypertension, high blood cholesterol, diabetes, obesity, and/or diagnosed depression. Multiple chronic conditions are concurrent conditions.

Number of Current Chronic Conditions

(Primary Service Area, 2018)

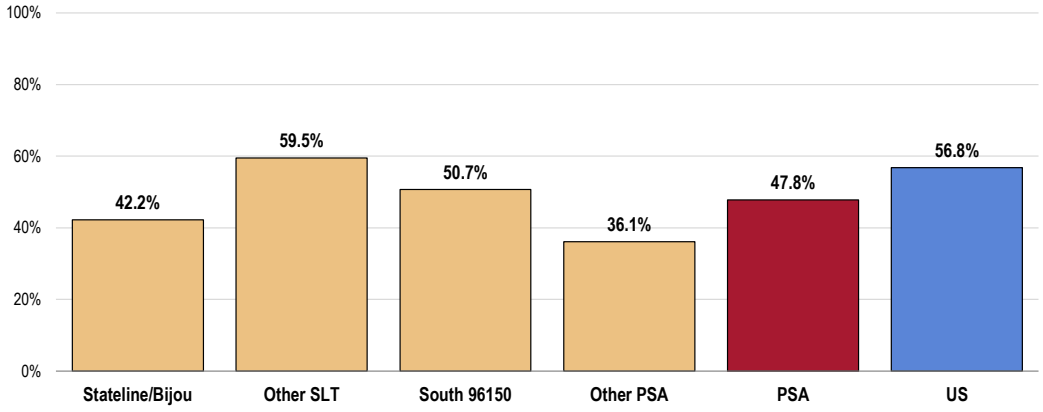


Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 143]

Notes:
- Asked of all respondents.
- In this case, chronic conditions include lung disease, arthritis, sciatica, cancer, osteoporosis, kidney disease, heart attack, angina, stroke, asthma, hypertension, high blood cholesterol, diabetes, obesity, and/or diagnosed depression.

- The prevalence of multiple chronic conditions among Primary Service Area residents is more favorable than the US prevalence.
- Highest in Other SLT; lowest in Other PSA.

Currently Suffer From Multiple Chronic Conditions



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 143]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

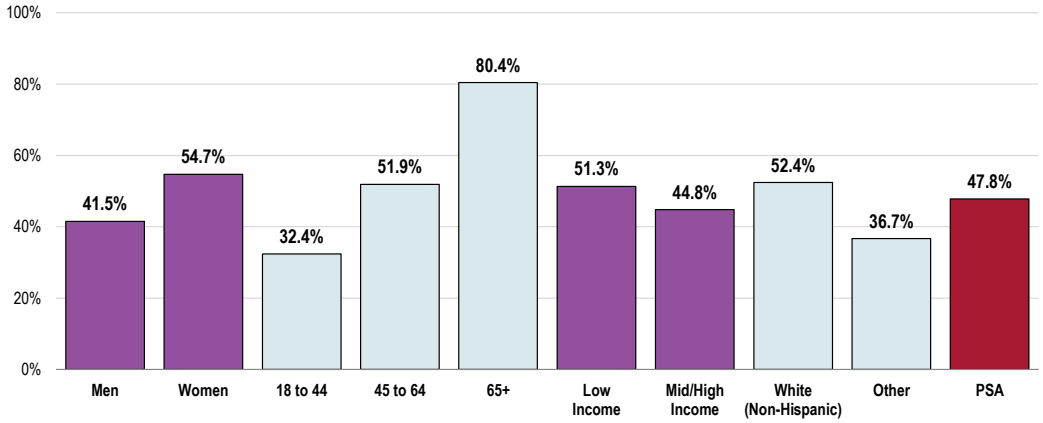
Notes:
- Asked of all respondents.
- In this case, chronic conditions include lung disease, arthritis, sciatica, cancer, osteoporosis, kidney disease, heart attack, angina, stroke, asthma, hypertension, high blood cholesterol, diabetes, obesity, and/or diagnosed depression.

The following population segments are more likely to report suffering from multiple chronic conditions:

- Women.
- Older adults (note the positive correlation with age).
- Non-Hispanic Whites.

Currently Suffer From Multiple Chronic Conditions

(Primary Service Area, 2018)



Sources: 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 143]
Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
- In this case, chronic conditions include lung disease, arthritis, sciatica, cancer, osteoporosis, kidney disease, heart attack, angina, stroke, asthma, hypertension, high blood cholesterol, diabetes, obesity, and/or diagnosed depression.

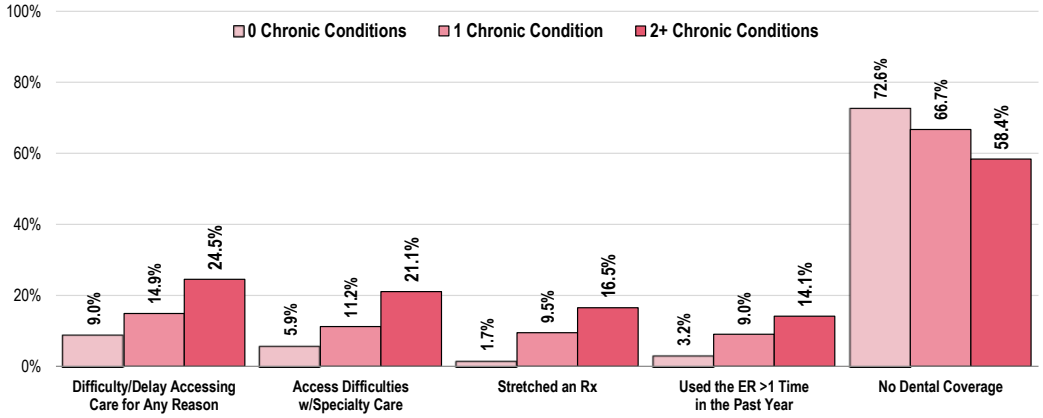
Chronic Conditions & Healthcare Access

Note these positive correlations between the number of chronic conditions among Primary Service Area adults and various barriers to healthcare access:

- Use of the ER for medical care
- Difficulty getting specialty care
- Skipping or stretching a prescription medication

Chronic Conditions and Healthcare Access

(Primary Service Area Adults, 2018; By Number of Chronic Conditions)



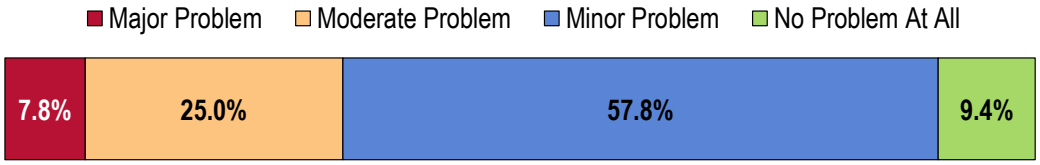
Sources:
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- In this case, chronic conditions include lung disease, arthritis, sciatica, cancer, osteoporosis, kidney disease, heart attack, angina, stroke, asthma, hypertension, high blood cholesterol, diabetes, obesity, and/or diagnosed depression.

Key Informant Input: Arthritis, Osteoporosis, & Chronic Back Conditions

A plurality of key informants taking part in an online survey characterized *Arthritis, Osteoporosis, & Chronic Back Conditions* as a "minor problem" in the community.

Perceptions of Arthritis/Osteoporosis/Back Conditions as a Problem in the Community

(Key Informants, 2018)



Sources:
- PRC Online Key Informant Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Top Concerns

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

Access to Care/Services

> *It seems like my patients have to wait, extreme. – Other Health Provider*
>
> *There are many individuals with these problems, they do not have access to medical care. There have been cases where the specialist in town is not able to diagnose and it takes a long time to get an appointment. – Public Health Representative*

Aging Population

> *We have an older demographic in our community, many of whom suffer from these conditions. – Community Leader*

Co-Occurrences

> *I have known many clients with coexisting conditions of mental health and back problems. – Other Health Provider*

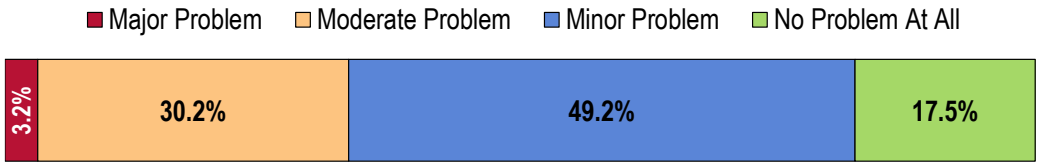
Coordination of Care

> *Difficulty in coordinating care. – Physician*

Key Informant Input: Vision & Hearing

Just under half of key informants taking part in an online survey characterized *Vision & Hearing* as a "minor problem" in the community.

Perceptions of Vision and Hearing as a Problem in the Community
(Key Informants, 2018)



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

Top Concerns

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

Affordable Care/Services

> *Hearing services, in particular, are cost-prohibitive for many of the low-income seniors in the Tahoe Basin. – Social Services Provider*

Lack of Services

> *No local hearing aid centers. Difficult for state sponsored medical plans to find appropriate providers. Medicare does not cover hearing aids. – Physician*

Infectious Disease

Professional Research Consultants, Inc.

Influenza & Pneumonia Vaccination

About Influenza & Pneumonia

Acute respiratory infections, including pneumonia and influenza, are the 8th leading cause of death in the nation, accounting for 56,000 deaths annually. Pneumonia mortality in children fell by 97% in the last century, but respiratory infectious diseases continue to be leading causes of pediatric hospitalization and outpatient visits in the US. On average, influenza leads to more than 200,000 hospitalizations and 36,000 deaths each year. The 2009 H1N1 influenza pandemic caused an estimated 270,000 hospitalizations and 12,270 deaths (1,270 of which were of people younger than age 18) between April 2009 and March 2010.

- Healthy People 2020 (www.healthypeople.gov)

Flu Vaccination

Among Primary Service Area seniors, 61.7% received a flu shot within the past year.

- Statistically comparable to the California and Nevada findings.
- Well below the national finding.
- Similar to the Healthy People 2020 target (70% or higher).
- TREND: Statistically unchanged since 2012.

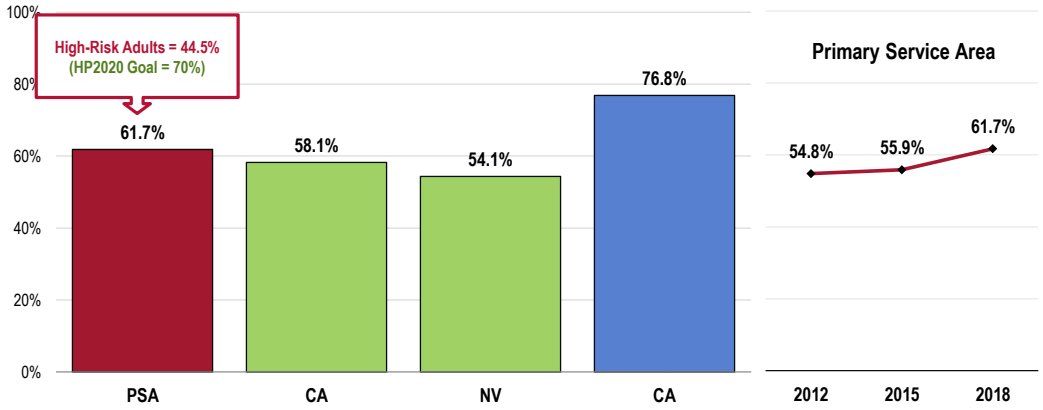
"High-risk" includes adults who report having been diagnosed with heart disease, diabetes, or respiratory disease.

A total of 44.5% of high-risk adults age 18 to 64 received a flu shot within the past year.

Older Adults: Have Had a Flu Vaccination in the Past Year

(Among Adults Age 65+)

Healthy People 2020 Target = 70.0% or Higher



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 144-145]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 California and Nevada data.
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective IID-12.12]

Notes:
- Reflects respondents 65 and older.
- "High-Risk" includes adults age 18 to 64 who have been diagnosed with heart disease, diabetes, or respiratory disease.
- 2012 and 2015 percentages include FluMist as a form of vaccination.

Pneumonia Vaccination

Among Primary Service Area adults age 65 and older, 79.4% have received a pneumonia vaccination at some point in their lives.

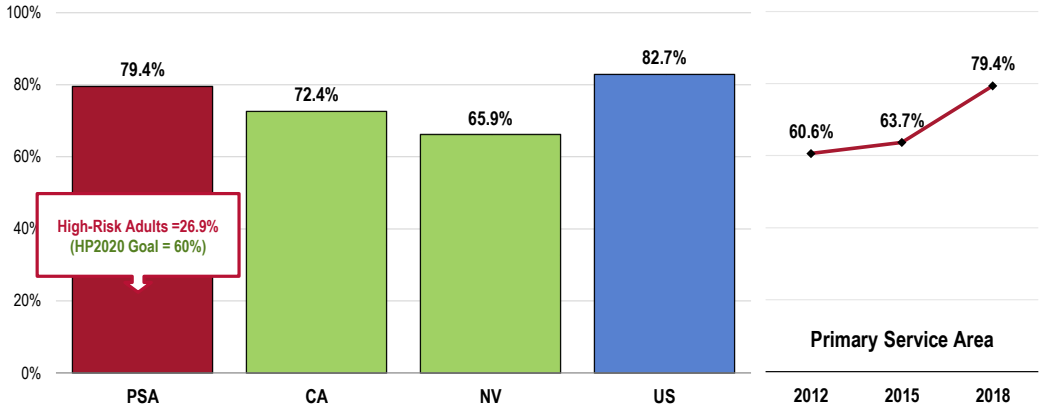
- Similar to the California and US findings.
- More favorable than the Nevada proportion.
- Fails to satisfy the Healthy People 2020 target of 90% or higher.
- TREND: Marks a statistically significant increase from previous survey findings.

A total of 26.9% of high-risk adults age 18 to 64 have ever received a pneumonia vaccination.

Older Adults: Have Ever Had a Pneumonia Vaccine

(Among Adults Age 65+)

Healthy People 2020 Target = 90.0% or Higher



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 146-147]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 California and Nevada data.
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objectives IID-13.1, IID-13.2]

Notes:
- Reflects respondents 65 and older.
- "High-Risk" includes adults age 18 to 64 who have been diagnosed with heart disease, diabetes or respiratory disease.

HIV

About Human Immunodeficiency Virus (HIV)

The HIV epidemic in the United States continues to be a major public health crisis. An estimated 1.1 million Americans are living with HIV, and 1 in 5 people with HIV do not know they have it. HIV continues to spread, leading to about 56,000 new HIV infections each year.

HIV is a preventable disease, and effective HIV prevention interventions have been proven to reduce HIV transmission. People who get tested for HIV and learn that they are infected can make significant behavior changes to improve their health and reduce the risk of transmitting HIV to their sex or drug-using partners. More than 50% of new HIV infections occur as a result of the 21% of people who have HIV but do not know it.

In the era of increasingly effective treatments for HIV, people with HIV are living longer, healthier, and more productive lives. Deaths from HIV infection have greatly declined in the United States since the 1990s. As the number of people living with HIV grows, it will be more important than ever to increase national HIV prevention and healthcare programs.

There are gender, race, and ethnicity disparities in new HIV infections:

- Nearly 75% of new HIV infections occur in men.
- More than half occur in gay and bisexual men, regardless of race or ethnicity.
- 45% of new HIV infections occur in African Americans, 35% in whites, and 17% in Hispanics.

Improving access to quality healthcare for populations disproportionately affected by HIV, such as persons of color and gay and bisexual men, is a fundamental public health strategy for HIV prevention. People getting care for HIV can receive:

- Antiretroviral therapy
- Screening and treatment for other diseases (such as sexually transmitted infections)
- HIV prevention interventions
- Mental health services
- Other health services

As the number of people living with HIV increases and more people become aware of their HIV status, prevention strategies that are targeted specifically for HIV-infected people are becoming more important. Prevention work with people living with HIV focuses on:

- Linking to and staying in treatment.
- Increasing the availability of ongoing HIV prevention interventions.
- Providing prevention services for their partners.

Public perception in the US about the seriousness of the HIV epidemic has declined in recent years. There is evidence that risky behaviors may be increasing among uninfected people, especially gay and bisexual men. Ongoing media and social campaigns for the general public and HIV prevention interventions for uninfected persons who engage in risky behaviors are critical.

- Healthy People 2020 (www.healthypeople.gov)

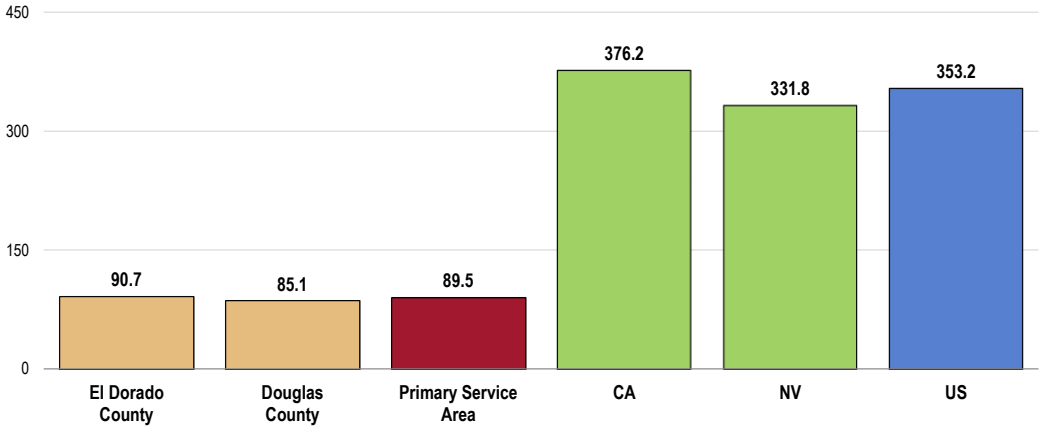
HIV Prevalence

In 2013, there was a prevalence of 89.5 HIV cases per 100,000 population in the Primary Service Area.

- Much more favorable than the statewide and US percentages.
- Comparable rates by county.

HIV Prevalence

(Prevalence Rate of HIV per 100,000 Population, 2013)



Sources:
- Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.
- Retrieved April 2018 from Community Commons at http://www.chna.org.

Notes:
- This indicator is relevant because HIV is a life-threatening communicable disease that disproportionately affects minority populations and may also indicate the prevalence of unsafe sex practices.

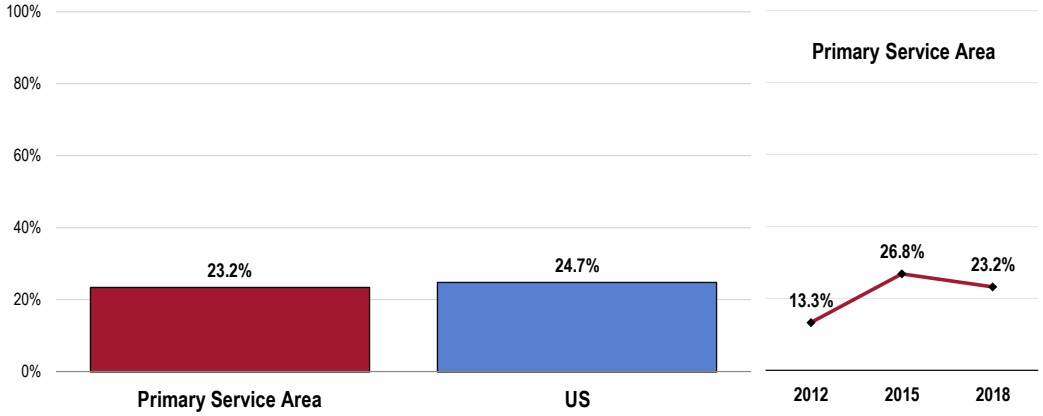
HIV Testing

Among Primary Service Area adults age 18-44, 23.2% report that they have been tested for HIV in the past year.

- Similar to the proportion found nationwide.
- TREND: Despite fluctuation, the change is not statistically different from previous survey results.

Tested for HIV in the Past Year

(Among Adults Age 18-44)



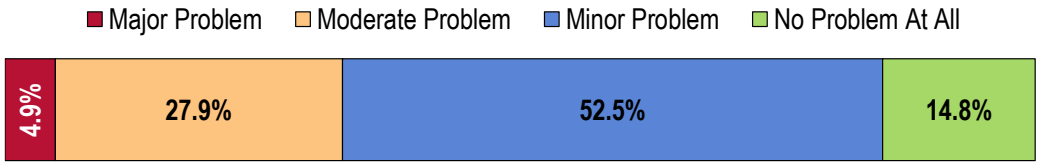
Sources: ● 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 327]
● 2017 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Reflects respondents age 18 to 44.

Key Informant Input: HIV/AIDS

Key informants taking part in an online survey most often characterized *HIV/AIDS* as a "minor problem" in the community.

Perceptions of HIV/AIDS as a Problem in the Community

(Key Informants, 2018)



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

Top Concerns

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

Lack of Local Services

> *No local clinic that specializes in care. – Physician*
>
> *People have no services up here. – Community Leader*

Education

> *I rarely hear of any programs or resources that educate or reach out to this issue. – Social Services Provider*

Sexually Transmitted Diseases

About Sexually Transmitted Diseases

STDs refer to more than 25 infectious organisms that are transmitted primarily through sexual activity. Despite their burdens, costs, and complications, and the fact that they are largely preventable, STDs remain a significant public health problem in the United States. This problem is largely unrecognized by the public, policymakers, and health care professionals. STDs cause many harmful, often irreversible, and costly clinical complications, such as: reproductive health problems; fetal and perinatal health problems; cancer; and facilitation of the sexual transmission of HIV infection.

Because many cases of STDs go undiagnosed—and some common viral infections, such as human papillomavirus (HPV) and genital herpes, are not reported to CDC at all—the reported cases of chlamydia, gonorrhea, and syphilis represent only a fraction of the true burden of STDs in the US. Untreated STDs can lead to serious long-term health consequences, especially for adolescent girls and young women. Several factors contribute to the spread of STDs.

Biological Factors. STDs are acquired during unprotected sex with an infected partner. Biological factors that affect the spread of STDs include:

- **Asymptomatic nature of STDs**. The majority of STDs either do not produce any symptoms or signs, or they produce symptoms so mild that they are unnoticed; consequently, many infected persons do not know that they need medical care.
- **Gender disparities**. Women suffer more frequent and more serious STD complications than men do. Among the most serious STD complications are pelvic inflammatory disease, ectopic pregnancy (pregnancy outside of the uterus), infertility, and chronic pelvic pain.
- **Age disparities**. Compared to older adults, sexually active adolescents ages 15 to 19 and young adults ages 20 to 24 are at higher risk for getting STDs.
- **Lag time between infection and complications**. Often, a long interval, sometimes years, occurs between acquiring an STD and recognizing a clinically significant health problem.

Social, Economic, and Behavioral Factors. The spread of STDs is directly affected by social, economic, and behavioral factors. Such factors may cause serious obstacles to STD prevention due to their influence on social and sexual networks, access to and provision of care, willingness to seek care, and social norms regarding sex and sexuality. Among certain vulnerable populations, historical experience with segregation and discrimination exacerbates these factors. Social, economic, and behavioral factors that affect the spread of STDs include: racial and ethnic disparities; poverty and marginalization; access to healthcare; substance abuse; sexuality and secrecy (stigma and discomfort discussing sex); and sexual networks (persons “linked” by sequential or concurrent sexual partners).

- Healthy People 2020 (www.healthypeople.gov)

Chlamydia & Gonorrhea

In 2014, the chlamydia incidence rate in the Primary Service Area was 177.8 cases per 100,000 population.

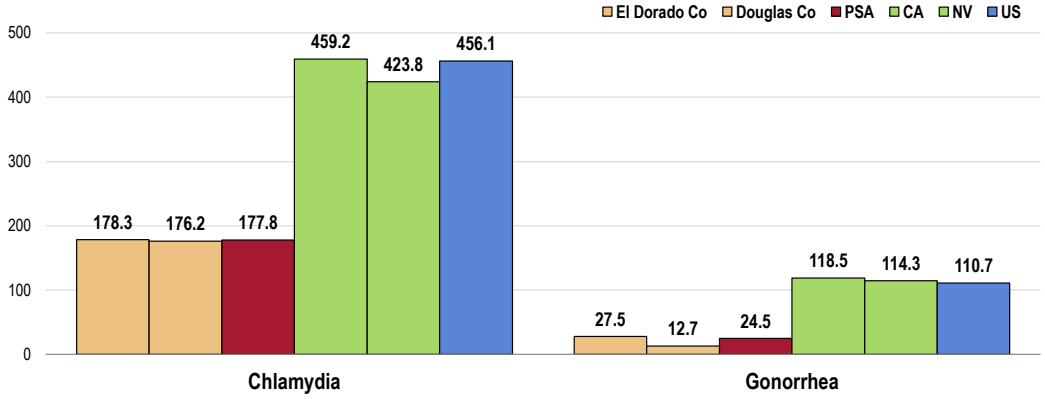
- Notably lower than the California, Nevada, and US incidence rates.

The Primary Service Area gonorrhea incidence rate in 2014 was 24.5 cases per 100,000 population.

- Well below the state and national rates.

Chlamydia & Gonorrhea Incidence

(Incidence Rate per 100,000 Population, 2014)



Sources:
- Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention.
- Retrieved April 2018 from Community Commons at http://www.chna.org.

Notes:
- This indicator is relevant because it is a measure of poor health status and indicates the prevalence of unsafe sex practices.

Safe Sexual Practices

Among unmarried Primary Service Area adults under the age of 65, the majority cites having one (57.8%) or no (24.2%) sexual partners in the past 12 months. However, 17.6% report three or more sexual partners in the past year.

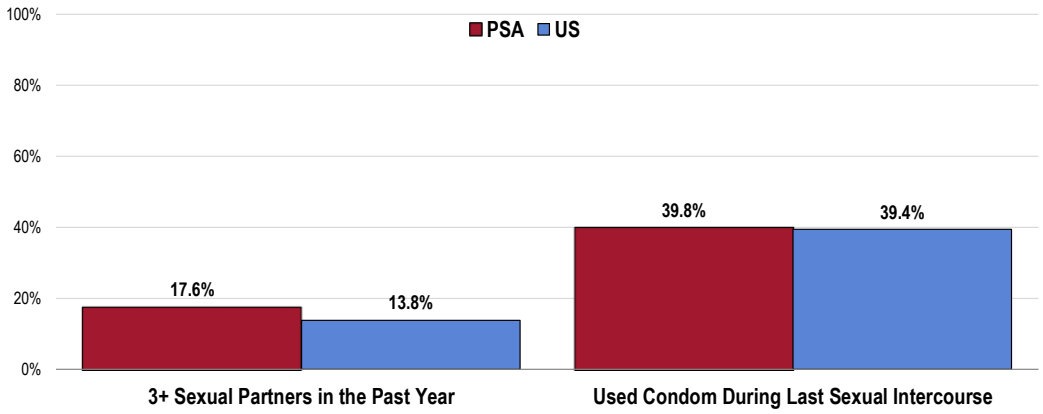
- Comparable to that reported nationally.

A total of 39.8% of unmarried Primary Service Area adults age 18 to 64 report that a condom was used during their last sexual intercourse.

- Almost identical to national findings.

Sexual Risk

(Unmarried Adults Age 18-64)



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 316-317]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

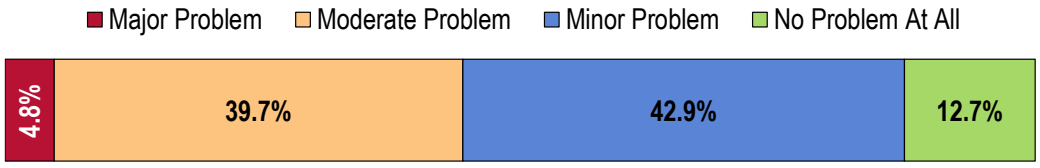
Notes:
- Reflects unmarried respondents under the age of 65.

Key Informant Input: Sexually Transmitted Diseases

A plurality of key informants taking part in an online survey characterized *Sexually Transmitted Diseases* as a "minor problem" in the community.

Perceptions of Sexually Transmitted Diseases as a Problem in the Community

(Key Informants, 2018)



Sources:
- PRC Online Key Informant Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Top Concerns

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

Youth

> *Younger and younger kids are expressing concerns of STDs. – Community Leader*

Denial

> *This issue is not addressed in our community. – Social Services Provider*

Immunization & Infectious Diseases

Key Informant Input: Immunization & Infectious Diseases

Key informants taking part in an online survey most often characterized *Immunization & Infectious Diseases* as a "minor problem" in the community.

SLIDE 183

Top Concerns

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

Education

> *From my experience, I believe lack of immunizations come from lack of knowledge about the importance of immunizations and how to obtain them. – Other Health Provider*
>
> *While access to immunization is adequate, education about the importance of immunization is lacking. There are too many families in the community that are anti-vaccine, which is detrimental to our community's herd immunity protection. – Community Leader*
>
> *One of our schools has very low immunization rates and the measles controversy of a few years ago clearly showed that there was a large amount of misinformation among our community. Interestingly, it is the white, semi-professional sector. – Social Services Provider*

Immigrant Populations

> *With ever changing seasonal types of employment, the population shifts regularly incorporating workers and visitors from many countries. This population brings with them an increase in exposure to communicable diseases. – Other Health Provider*

Personal/Cultural Beliefs

> *Families are choosing not to immunize and leaving public schools. – Community Leader*

Births

Professional Research Consultants, Inc.

Prenatal Care

About Infant & Child Health

Improving the well-being of mothers, infants, and children is an important public health goal for the US. Their well-being determines the health of the next generation and can help predict future public health challenges for families, communities, and the healthcare system. The risk of maternal and infant mortality and pregnancy-related complications can be reduced by increasing access to quality preconception (before pregnancy) and inter-conception (between pregnancies) care. Moreover, healthy birth outcomes and early identification and treatment of health conditions among infants can prevent death or disability and enable children to reach their full potential. Many factors can affect pregnancy and childbirth, including pre-conception health status, age, access to appropriate healthcare, and poverty.

Infant and child health are similarly influenced by socio-demographic factors, such as family income, but are also linked to the physical and mental health of parents and caregivers. There are racial and ethnic disparities in mortality and morbidity for mothers and children, particularly for African Americans. These differences are likely the result of many factors, including social determinants (such as racial and ethnic disparities in infant mortality; family income; educational attainment among household members; and health insurance coverage) and physical determinants (i.e., the health, nutrition, and behaviors of the mother during pregnancy and early childhood).

- Healthy People 2020 (www.healthypeople.gov)

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

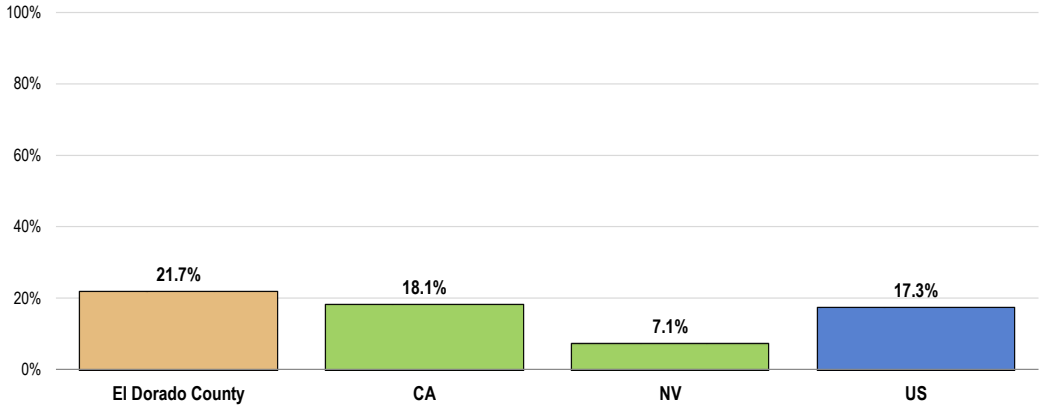
Between 2007 and 2010, 21.7% of all El Dorado County births did not receive prenatal care in the first trimester of pregnancy (Douglas County data not available).

- Above the state and US proportions.
- Similar to the Healthy People 2020 target (22.1% or lower).

Lack of Prenatal Care in the First Trimester

(Percentage of Live Births, 2007-2010)

Healthy People 2020 Target = 22.1% or Lower



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics.
- Retrieved April 2018 from Community Commons at http://www.chna.org.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MICH-10.1]

Note:
- This indicator reports the percentage of women who do not obtain prenatal care during their first trimester of pregnancy. This indicator is relevant because engaging in prenatal care decreases the likelihood of maternal and infant health risks. This indicator can also highlight a lack of access to preventive care, a lack of health, knowledge insufficient provider outreach, and/or social barriers preventing utilization of services.

Birth Outcomes & Risks

Low-Weight Births

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

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

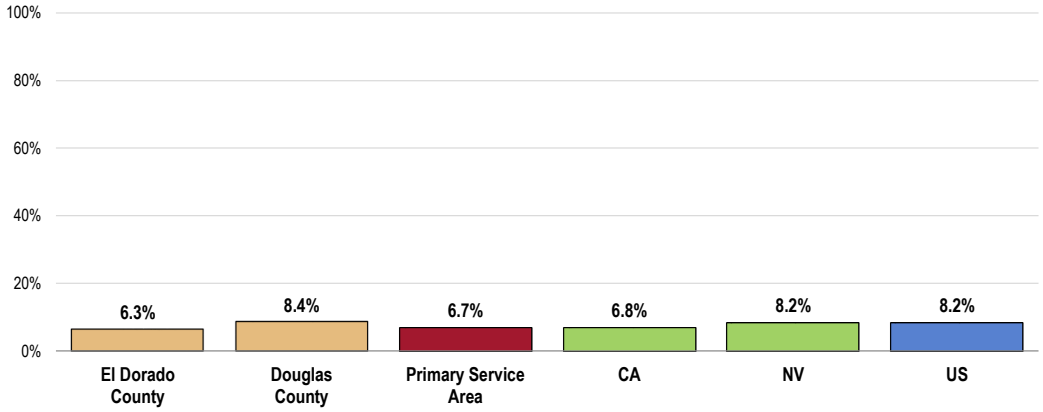
A total of 6.7% of 2006-2012 Primary Service Area births were low-weight.

- Better than the Nevada and US proportions and similar to the California proportion.
- Satisfies the Healthy People 2020 target (7.8% or lower).
- Higher in Douglas County.

Low-Weight Births

(Percent of Live Births, 2006-2012)

Healthy People 2020 Target = 7.8% or Lower



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics.
- Retrieved April 2018 from Community Commons at http://www.chna.org.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MICH-8.1]

Note:
- This indicator reports the percentage of total births that are low birth weight (Under 2500g). This indicator is relevant because low birth weight infants are at high risk for health problems. This indicator can also highlight the existence of health disparities.

Infant Mortality

Between 2014 and 2016, there was an annual average of 4.1 infant deaths per 1,000 live births.

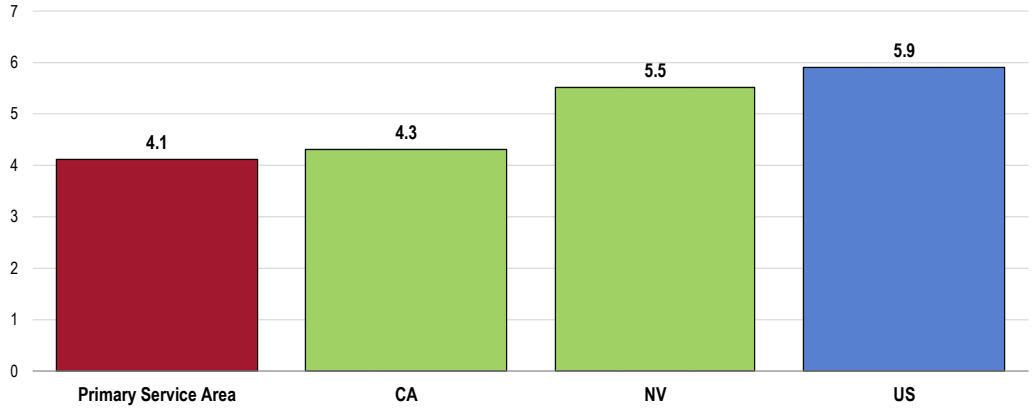
- Better than the Nevada and US rates and similar to the California rate.
- Satisfies the Healthy People 2020 target of 6.0 per 1,000 live births or lower.

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

Infant Mortality Rate

(Annual Average Infant Deaths per 1,000 Live Births, 2014-2016)

Healthy People 2020 Target = 6.0 or Lower



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics. Data extracted April 2018.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MICH-1.3]

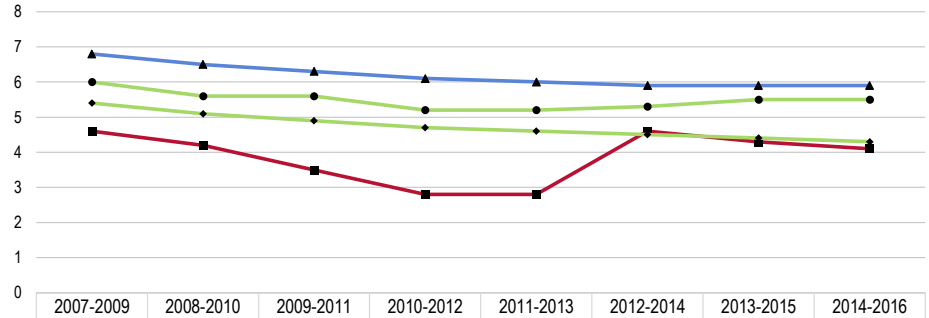
Notes:
- Infant deaths include deaths of children under 1 year old.
- This indicator is relevant because high rates of infant mortality indicate the existence of broader issues pertaining to access to care and maternal and child health.

- TREND: Despite an increase between the 2011-2013 and 2012-2014 reporting years, the local infant mortality rate has recently trended downward again. In the past decade, rates have decreased in California, Nevada, and the US overall.

Infant Mortality Rate

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

Healthy People 2020 Target = 6.0 or Lower



	2007-2009	2008-2010	2009-2011	2010-2012	2011-2013	2012-2014	2013-2015	2014-2016
PSA	4.6	4.2	3.5	2.8	2.8	4.6	4.3	4.1
CA	5.4	5.1	4.9	4.7	4.6	4.5	4.4	4.3
NV	6.0	5.6	5.6	5.2	5.2	5.3	5.5	5.5
US	6.8	6.5	6.3	6.1	6.0	5.9	5.9	5.9

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, National Center for Health Statistics, Division of Vital Statistics. Data extracted April 2018.
- Centers for Disease Control and Prevention, National Center for Health Statistics.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective MICH-1.3]

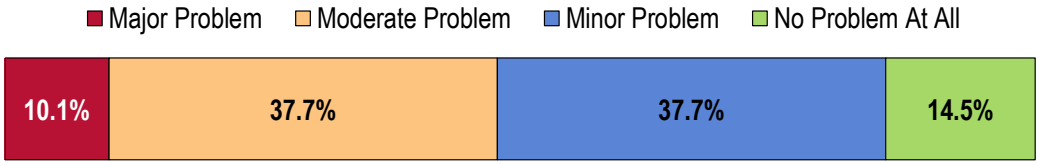
Notes:
- Rates are three-year averages of deaths of children under 1 year old per 1,000 live births.

Key Informant Input: Infant & Child Health

Key informants taking part in an online survey were equally likely to give *Infant & Child Health* "moderate problem" and "minor problem" ratings in the community.

Perceptions of Infant and Child Health as a Problem in the Community

(Key Informants, 2018)



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

Top Concerns

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

Access to Care/Services

> *Access to medical professionals for shots and care for infants. As for older child health, nutrition and mental health access is needed. – Social Services Provider*
>
> *Pediatric dental care, parental care, and family lifestyle issues. – Community Leader*

Vulnerable Populations

> *A large percentage of workforce works in the hospitality industry, they work hours that leave children at risk for being left unattended. Many of these are without benefits, as well as a many undocumented workers working in the hospitality, construction. – Other Health Provider*

Affordable Care/Services

> *What I know and hear about anecdotally, coupled with the lack of affordability on the part of many in our community who need access to such care. – Community Leader*

Socioeconomic Status

> *Economic insecurity leads to significant issues for families in the community leading to food insecurity, lack of access to, or knowledge of resources for health care. LTUSD schools sees serious medical issues each day presented to school site nurses. – Community Leader*

Family Planning

Births to Teen Mothers

About Teen Births

The negative outcomes associated with unintended pregnancies are compounded for adolescents. Teen mothers:

- Are less likely to graduate from high school or attain a GED by the time they reach age 30.
- Earn an average of approximately $3,500 less per year, when compared with those who delay childbearing.
- Receive nearly twice as much Federal aid for nearly twice as long.

Similarly, early fatherhood is associated with lower educational attainment and lower income. Children of teen parents are more likely to have lower cognitive attainment and exhibit more behavior problems. Sons of teen mothers are more likely to be incarcerated, and daughters are more likely to become adolescent mothers.

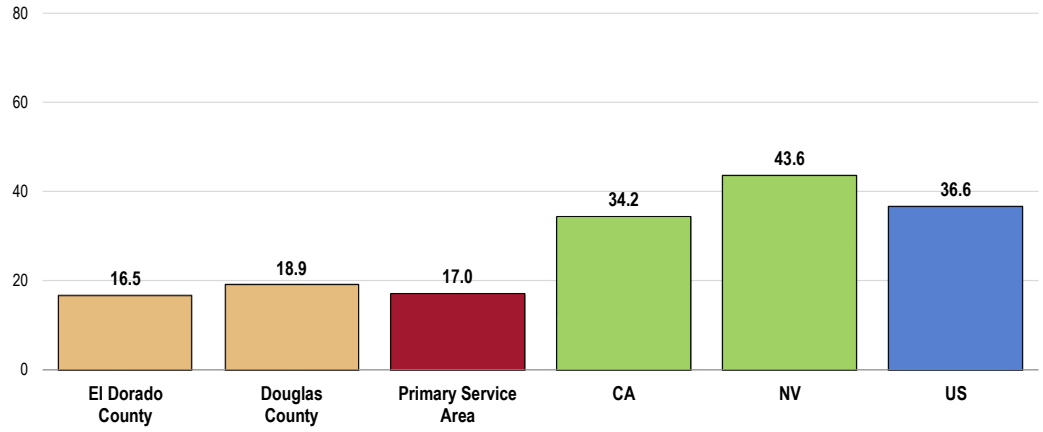
- Healthy People 2020 (www.healthypeople.gov)

Between 2006 and 2012, there were 17.0 births to women age 15 to 19 per 1,000 women age 15 to 19 in the Primary Service Area.

- Well below the state and US teen birth rates.
- Similar county rates.

Teen Birth Rate

(Births to Women Age 15-19 Per 1,000 Female Population Age 15-19, 2006-2012)



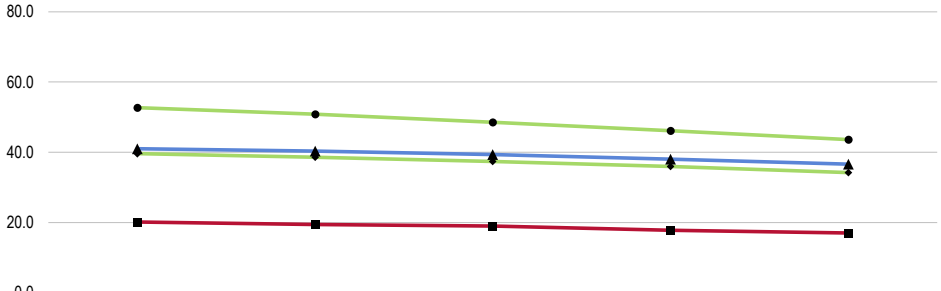
Sources:
- Centers for Disease Control and Prevention, National Vital Statistics System. Accessed using CDC WONDER.
- Retrieved from Community Commons at http://www.chna.org.

Notes:
- This indicator reports the rate of total births to women under the age of 15–19 per 1,000 female population age 15–19. This indicator is relevant because in many cases, teen parents have unique social, economic, and health support services. Additionally, high rates of teen pregnancy may indicate the prevalence of unsafe sex practices.

- TREND: The Primary Service Area teen birth rate has decreased over time, echoing the state and US trends.

Teen Birth Rate

(Births to Women Age 15-19 Per 1,000 Female Population Age 15-19)



	2002-2008	2003-2009	2004-2010	2005-2011	2006-2012
PSA	20.1	19.4	19.0	17.8	17.0
CA	39.6	38.6	37.4	35.9	34.2
NV	52.7	50.8	48.5	46.1	43.6
US	41.0	40.3	39.3	38.0	36.6

Sources:
- Centers for Disease Control and Prevention, National Vital Statistics System. Accessed using CDC WONDER.
- Retrieved from Community Commons at http://www.chna.org.

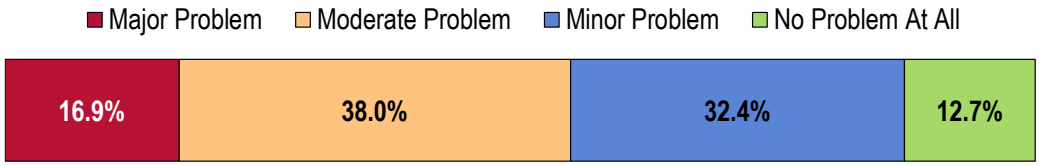
Notes:
- This indicator reports the rate of total births to women under the age of 15–19 per 1,000 female population age 15–19. This indicator is relevant because in many cases, teen parents have unique social, economic, and health support services. Additionally, high rates of teen pregnancy may indicate the prevalence of unsafe sex practices.

Key Informant Input: Family Planning

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

Perceptions of Family Planning as a Problem in the Community

(Key Informants, 2018)



Sources:
- PRC Online Key Informant Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Top Concerns

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

Education

> *In my brief time here I have spoken with several teens that seem to be unaware of the resources available to them. It seems that more education is needed around pregnancy prevention. Parents need to be part of the general conversation about teenagers. – Other Health Provider*
>
> *I deal with families from the perspective of working in the schools and I have regular conversations with parents who don't know what to do to help their kids. They often are struggling because of a lack of parenting skills, employment, housing. – Community Leader*

> *I feel that family planning is a major problem because there are young single mothers that do not plan to have children and they become pregnant. There is no guidance for Hispanic young adults regarding unwanted pregnancy. – Public Health Representative*

Lack of Planned Parenthood Services

> *I currently work with adolescents. There is definitely a gap without Planned Parenthood. – Other Health Provider*
>
> *There is no family planning clinic in our community that is confidential, such as Planned Parenthood. There are no easily accessible services in our community for terminating pregnancies. – Other Health Provider*
>
> *There is not a local Planned Parenthood. – Social Services Provider*

Access for Youth

> *Major problem for minors and confidentiality. The cost of long acting contraception is high and reimbursement is poor. Help to offset that cost for hospital-based facilities, but with recent changes in government this too will see a reimbursement. – Other Health Provider*
>
> *Underage girls have a difficult time accessing services and privacy isn't always respected in the case of juveniles. – Community Leader*
>
> *Population ages 12 to 24 continue to lack access due to one provider, transportation and confidentiality are issues. – Public Health Representative*
>
> *Confidentiality around family planning for minors through Barton. – Community Leader*
>
> *Outreach to adolescents for sexual health education for intimate partner violence, STI prevention and contraception. – Physician*

Access to Care/Services

> *There is insufficient access to family planning and education in our community. – Community Leader*
>
> *Access to care, lack of knowledge regarding programs and affordable options. – Other Health Provider*

Modifiable Health Risks

Professional Research Consultants, Inc.

Nutrition

About Healthful Diet & Healthy Weight

Strong science exists supporting the health benefits of eating a healthful diet and maintaining a healthy body weight. Efforts to change diet and weight should address individual behaviors, as well as the policies and environments that support these behaviors in settings such as schools, worksites, healthcare organizations, and communities.

The goal of promoting healthful diets and healthy weight encompasses increasing household food security and eliminating hunger.

Americans with a healthful diet:

- Consume a variety of nutrient-dense foods within and across the food groups, especially whole grains, fruits, vegetables, low-fat or fat-free milk or milk products, and lean meats and other protein sources.
- Limit the intake of saturated and trans fats, cholesterol, added sugars, sodium (salt), and alcohol.
- Limit caloric intake to meet caloric needs.

Diet and body weight are related to health status. Good nutrition is important to the growth and development of children. A healthful diet also helps Americans reduce their risks for many health conditions, including: overweight and obesity; malnutrition; iron-deficiency anemia; heart disease; high blood pressure; dyslipidemia (poor lipid profiles); type 2 diabetes; osteoporosis; oral disease; constipation; diverticular disease; and some cancers.

Diet reflects the variety of foods and beverages consumed over time and in settings such as worksites, schools, restaurants, and the home. Interventions to support a healthier diet can help ensure that:

- Individuals have the knowledge and skills to make healthier choices.
- Healthier options are available and affordable.

Social Determinants of Diet. Demographic characteristics of those with a more healthful diet vary with the nutrient or food studied. However, most Americans need to improve some aspect of their diet.

Social factors thought to influence diet include:

- Knowledge and attitudes
- Skills
- Social support
- Societal and cultural norms
- Food and agricultural policies
- Food assistance programs
- Economic price systems

Physical Determinants of Diet. Access to and availability of healthier foods can help people follow healthful diets. For example, better access to retail venues that sell healthier options may have a positive impact on a person's diet; these venues may be less available in low-income or rural neighborhoods.

The places where people eat appear to influence their diet. For example, foods eaten away from home often have more calories and are of lower nutritional quality than foods prepared at home.

Marketing also influences people's—particularly children's—food choices.

- Healthy People 2020 (www.healthypeople.gov)

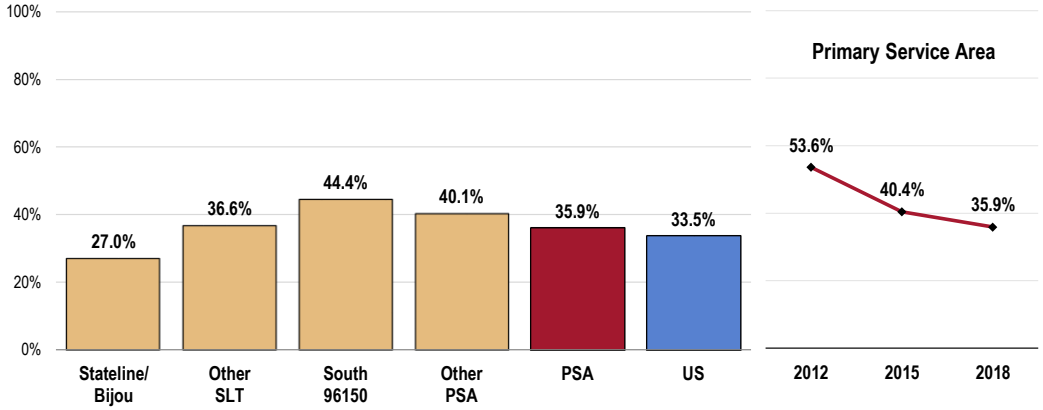
Daily Recommendation of Fruits/Vegetables

A total of 35.9% of Primary Service Area adults report eating five or more servings of fruits and/or vegetables per day.

To measure fruit and vegetable consumption, survey respondents were asked multiple questions, specifically about the foods and drinks they consumed on the day prior to the interview.

- Similar to the national prevalence.
- Lowest in Stateline/Bijou.
- TREND: Fruit/vegetable consumption has decreased significantly since 2012.

Consume Five or More Servings of Fruits/Vegetables Per Day

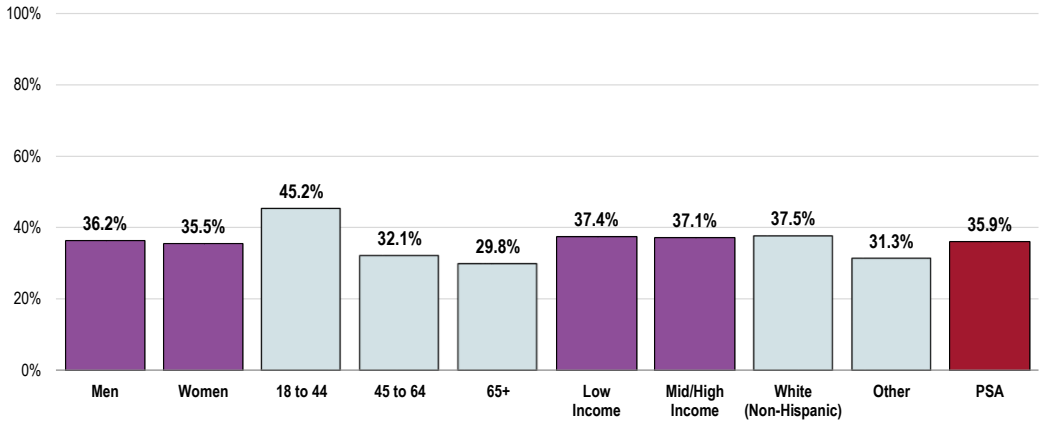


Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 148]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
- For this issue, respondents were asked to recall their food intake on the previous day.

- Note the negative correlation between fruit/vegetable consumption and age in the Primary Service Area.

Consume Five or More Servings of Fruits/Vegetables Per Day
(Primary Service Area, 2018)



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 148]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
- For this issue, respondents were asked to recall their food intake on the previous day.

Access to Fresh Produce

Difficulty Accessing Fresh Produce

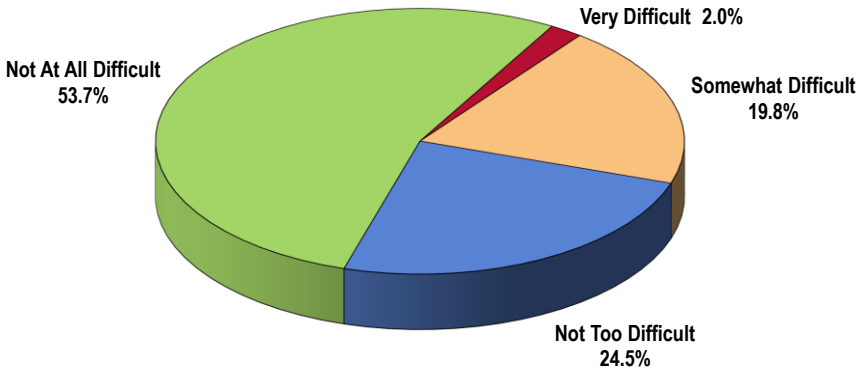
While most report little or no difficulty, 21.8% of Primary Service Area adults find it "very" or "somewhat" difficult to access affordable fresh fruits and vegetables.

Respondents were asked:

"How difficult is it for you to buy fresh produce like fruits and vegetables at a price you can afford? Would you say: Very Difficult, Somewhat Difficult, Not Too Difficult, or Not At All Difficult?"

Level of Difficulty Finding Fresh Produce at an Affordable Price

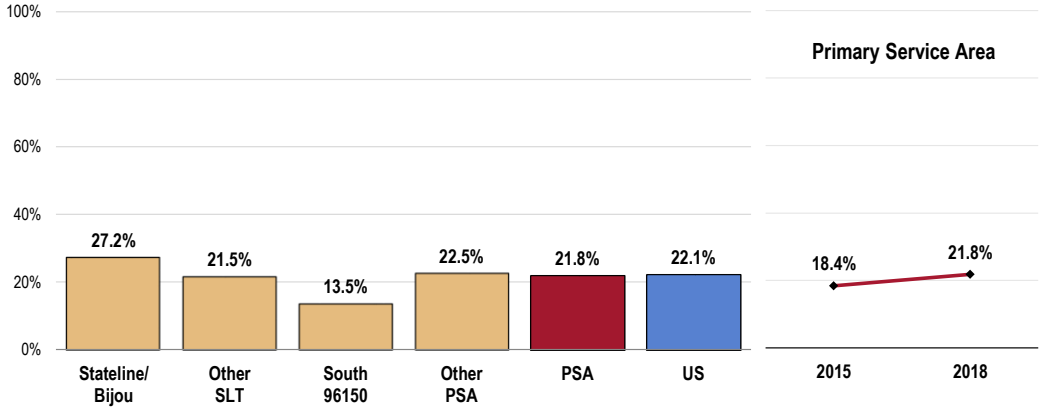
(Primary Service Area, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 86]
Notes: • Asked of all respondents.

- Comparable to national findings.
- Favorably low in South 96150.
- TREND: Has not changed significantly since 2015.

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



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 86]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

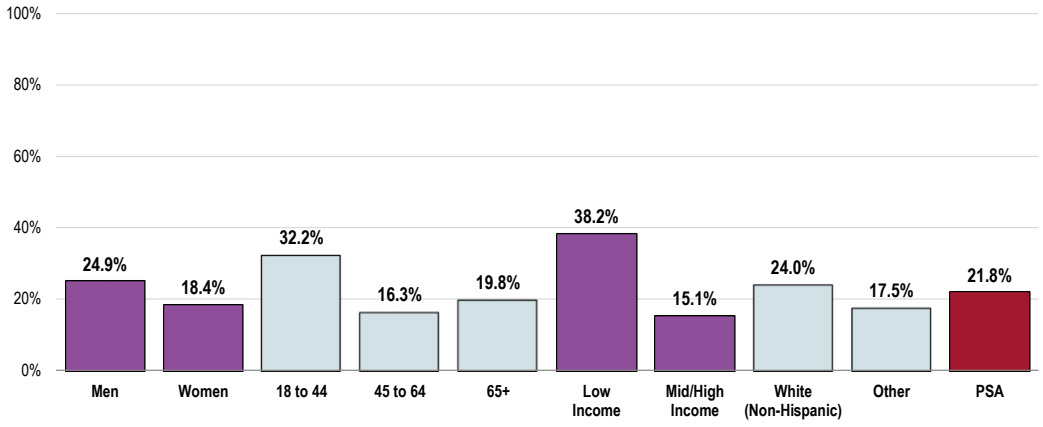
Notes:
- Asked of all respondents.

Those more likely to report difficulty getting fresh fruits and vegetables include:

- Adults age 18 to 44.
- Lower-income residents.

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

(Primary Service Area, 2018)



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 86]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

A food desert is defined as a low-income area where a significant number or share of residents is far from a supermarket, where "far" is more than 1 mile in urban areas and more than 10 miles in rural areas.

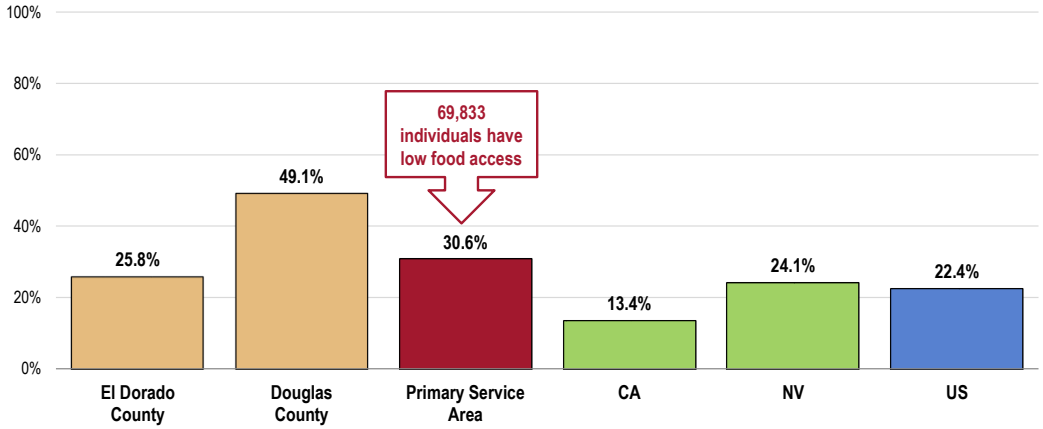
Low Food Access (Food Deserts)

US Department of Agriculture data show that 30.6% of the Primary Service Area population (representing nearly 70,000 residents) have low food access or live in a "food desert," meaning that they do not live near a supermarket or large grocery store.

- Less favorable than statewide and US findings.
- The proportion is nearly twice as high in Douglas County as in El Dorado County.

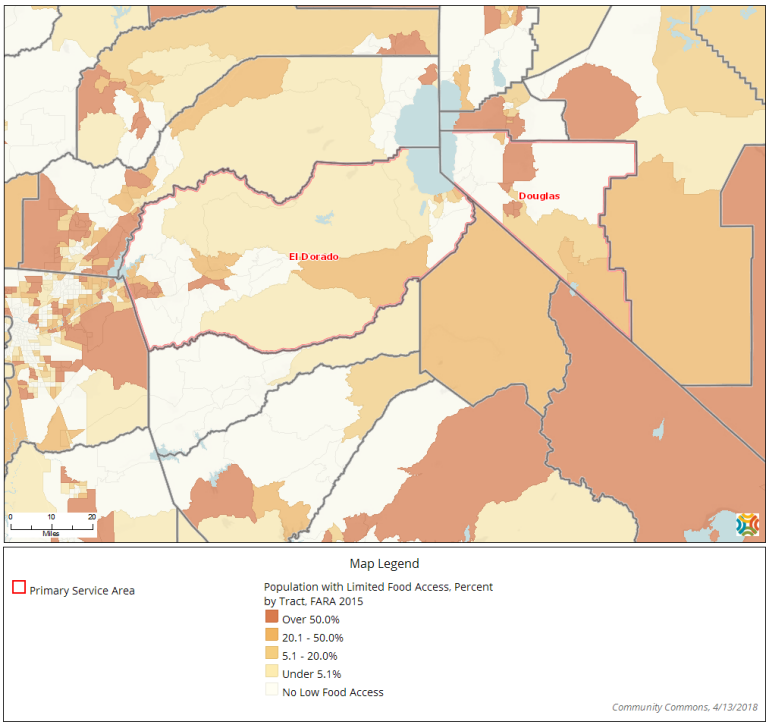
Population With Low Food Access

(Percent of Population That Is Far From a Supermarket or Large Grocery Store, 2015)



Sources:
- US Department of Agriculture, Economic Research Service, USDA - Food Access Research Atlas (FARA).
- Retrieved April 2018 from Community Commons at http://www.chna.org.

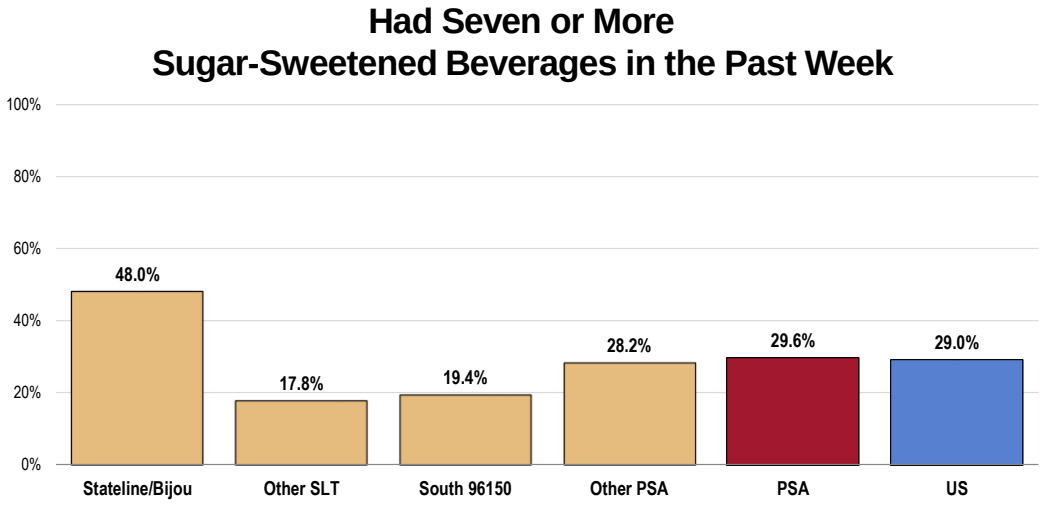
Notes:
- This indicator reports the percentage of the population living in census tracts designated as food deserts. A food desert is defined as low-income areas where a significant number or share of residents is far from a supermarket, where "far" is more than 1 mile in urban areas and more than 10 miles in rural areas. This indicator is relevant because it highlights populations and geographies facing food insecurity.



Sugar-Sweetened Beverages

A total of 29.6% of Primary Service Area adults report drinking an average of at least one sugar-sweetened beverage per day in the past week.

- Similar to national findings.
- Particularly high in Stateline/Bijou.



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 328]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

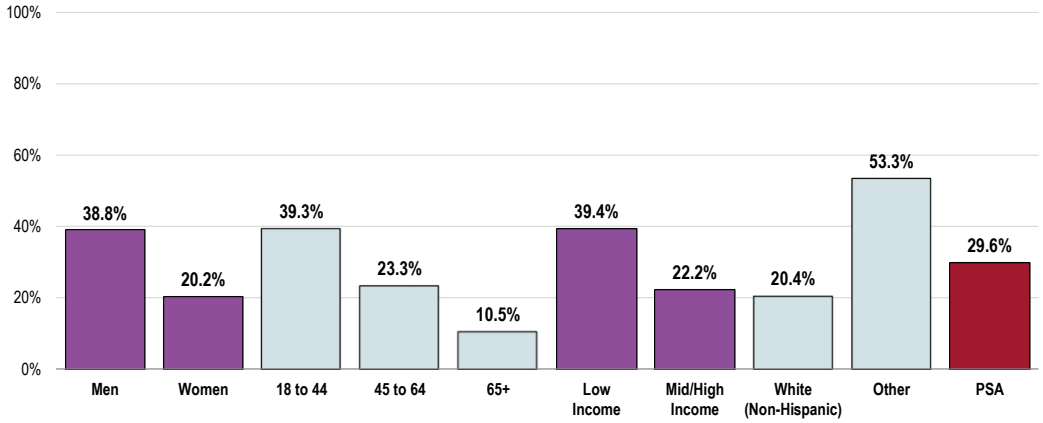
Notes:
- Asked of all respondents.

Those more likely to consume this level of sugar-sweetened beverages include:

- Men.
- Younger adults (negative correlation with age).
- Lower-income residents.
- Other races.

Had Seven or More Sugar-Sweetened Beverages in the Past Week

(Primary Service Area, 2018)



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 328]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Physical Activity

About Physical Activity

Regular physical activity can improve the health and quality of life of Americans of all ages, regardless of the presence of a chronic disease or disability. Among adults, physical activity can lower the risk of: early death; coronary heart disease; stroke; high blood pressure; type 2 diabetes; breast and colon cancer; falls; and depression. Among children and adolescents, physical activity can: improve bone health; improve cardiorespiratory and muscular fitness; decrease levels of body fat; and reduce symptoms of depression. For people who are inactive, even small increases in physical activity are associated with health benefits.

Personal, social, economic, and environmental factors all play a role in physical activity levels among youth, adults, and older adults. Understanding the barriers to and facilitators of physical activity is important to ensure the effectiveness of interventions and other actions to improve levels of physical activity.

Factors **positively** associated with adult physical activity include: postsecondary education; higher income; enjoyment of exercise; expectation of benefits; belief in ability to exercise (self-efficacy); history of activity in adulthood; social support from peers, family, or spouse; access to and satisfaction with facilities; enjoyable scenery; and safe neighborhoods.

Factors **negatively** associated with adult physical activity include: advancing age; low income; lack of time; low motivation; rural residency; perception of great effort needed for exercise; overweight or obesity; perception of poor health; and being disabled. Older adults may have additional factors that keep them from being physically active, including lack of social support, lack of transportation to facilities, fear of injury, and cost of programs.

Among children ages 4 to 12, the following factors have a positive association with physical activity: gender (boys); belief in ability to be active (self-efficacy); and parental support.

Among adolescents ages 13 to 18, the following factors have a positive association with physical activity: parental education; gender (boys); personal goals; physical education/school sports; belief in ability to be active (self-efficacy); and support of friends and family.

Environmental influences positively associated with physical activity among children and adolescents include:

- Presence of sidewalks
- Having a destination/walking to a particular place
- Access to public transportation
- Low traffic density
- Access to neighborhood or school play area and/or recreational equipment

People with disabilities may be less likely to participate in physical activity due to physical, emotional, and psychological barriers. Barriers may include the inaccessibility of facilities and the lack of staff trained in working with people with disabilities.

- Healthy People 2020 (www.healthypeople.gov)

Leisure-Time Physical Activity

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

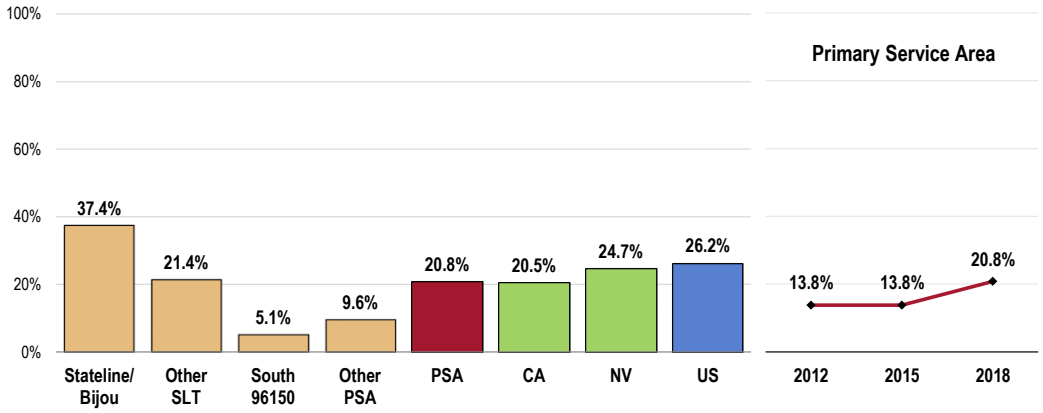
A total of 20.8% of Primary Service Area adults report no leisure-time physical activity in the past month.

- Similar to statewide findings.
- More favorable than national findings.

- Satisfies the Healthy People 2020 target (32.6% or lower).
- Unfavorably high in Stateline/Bijou.
- TREND: Marks a statistically significant increase from previous survey findings.

No Leisure-Time Physical Activity in the Past Month

Healthy People 2020 Target = 32.6% or Lower



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 89]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 California and Nevada data.
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective PA-1]

Notes:
- Asked of all respondents.

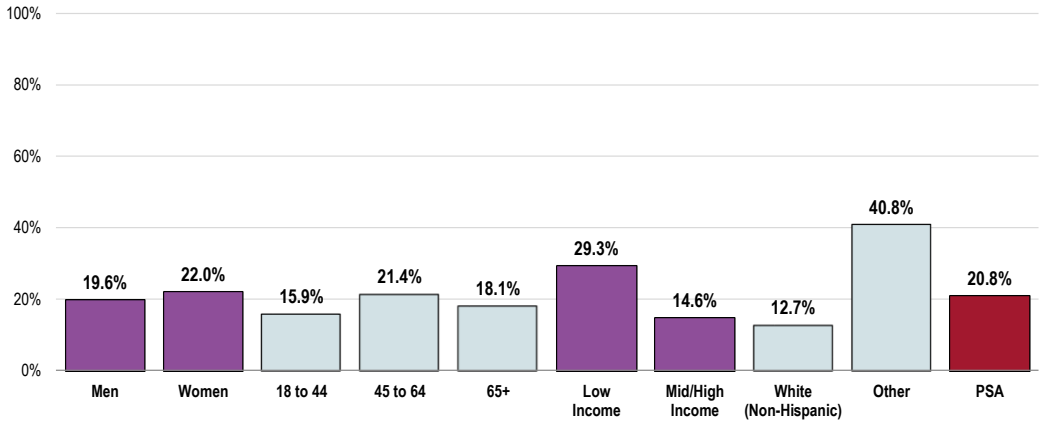
Lack of leisure-time physical activity in the area is higher among:

- Lower-income residents.
- Other races.

No Leisure-Time Physical Activity in the Past Month

(Primary Service Area, 2018)

Healthy People 2020 Target = 32.6% or Lower



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 89]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective PA-1]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Activity Levels

Adults

Recommended Levels of Physical Activity

Adults should do 2 hours and 30 minutes a week of moderate-intensity (such as walking), or 1 hour and 15 minutes (75 minutes) a week of vigorous-intensity **aerobic** physical activity (such as jogging), or an equivalent combination of moderate- and vigorous-intensity aerobic physical activity. The guidelines also recommend that adults do **muscle-strengthening** activities, such as push-ups, sit-ups, or activities using resistance bands or weights. These activities should involve all major muscle groups and be done on two or more days per week.

The report finds that nationwide nearly 50 percent of adults are getting the recommended amounts of aerobic activity and about 30 percent are engaging in the recommended muscle-strengthening activity.

- 2013 Physical Activity Guidelines for Americans, US Department of Health and Human Services. www.cdc.gov/physicalactivity
- Learn more about CDC's efforts to promote walking by visiting http://www.cdc.gov/vitalsigns/walking.

Aerobic & Strengthening Physical Activity

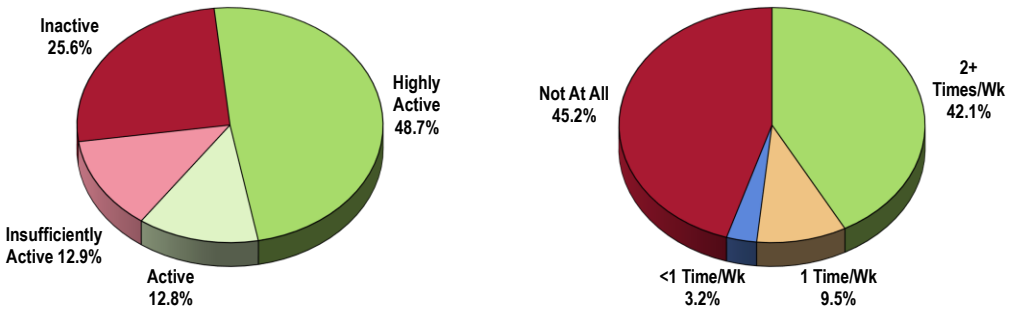
Survey respondents were asked about the types of physical activities they engaged in during the past month, as well as the frequency and duration of these activities.

- "Inactive" includes those reporting no aerobic physical activity in the past month.
- "Insufficiently active" includes those with the equivalent of 1-150 minutes of aerobic physical activity per week.
- "Active" includes those with 150-300 minutes of weekly aerobic physical activity.
- "Highly active" includes those with >300 minutes of weekly aerobic physical activity.

Based on reported physical activity intensity, frequency, and duration over the past month, 38.5% of Primary Service Area adults are found to be "insufficiently active" or "inactive."

A total of 45.2% of Primary Service Area adults do not participate in any types of physical activities or exercises to strengthen their muscles.

Participation in Physical Activities
(Primary Service Area, 2018)



Sources: ● 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 96, 150]
Notes: ● Reflects the total sample of respondents.
● In this case, "inactive" aerobic activity represents those adults participating in no aerobic activity in the past week; "insufficiently active" reflects those respondents with 1–149 minutes of aerobic activity in the past week; "active" adults are those with 150–300 minutes of aerobic activity per week; and "highly active" adults participate in 301+ minutes of aerobic activity weekly.

Recommended Levels of Physical Activity

"Meeting physical activity recommendations" includes adequate levels of both aerobic and strengthening activities:

Aerobic activity is one of the following: at least 150 minutes per week of light to moderate activity, 75 minutes per week of vigorous activity, or an equivalent combination of both.

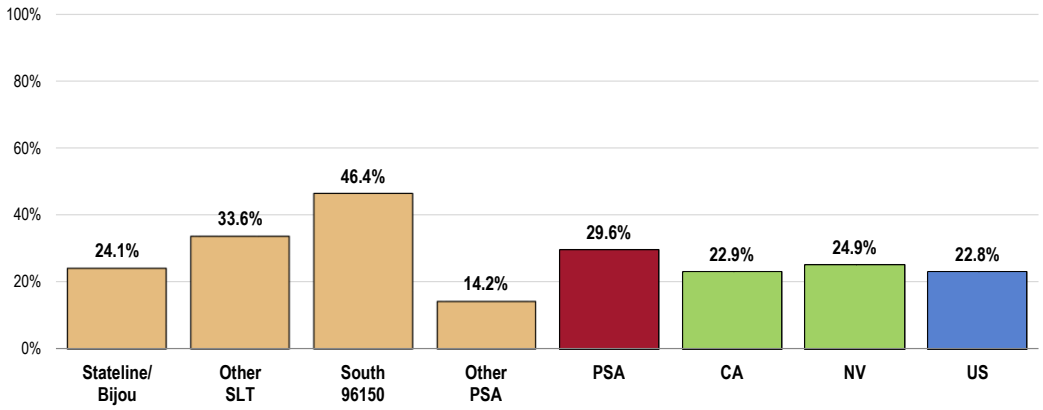
Strengthening activity is at least 2 sessions per week of exercise designed to strengthen muscles.

A total of 29.6% of Primary Service Area adults regularly participate in adequate levels of both aerobic and strengthening activities (meeting physical activity recommendations).

- More favorable than state and national findings.
- Satisfies the Healthy People 2020 target (20.1% or higher)
- Considerably higher in South 96150.

Meets Physical Activity Recommendations

Healthy People 2020 Target = 20.1% or Higher



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 152]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 California and Nevada data.
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective PA-2.4]

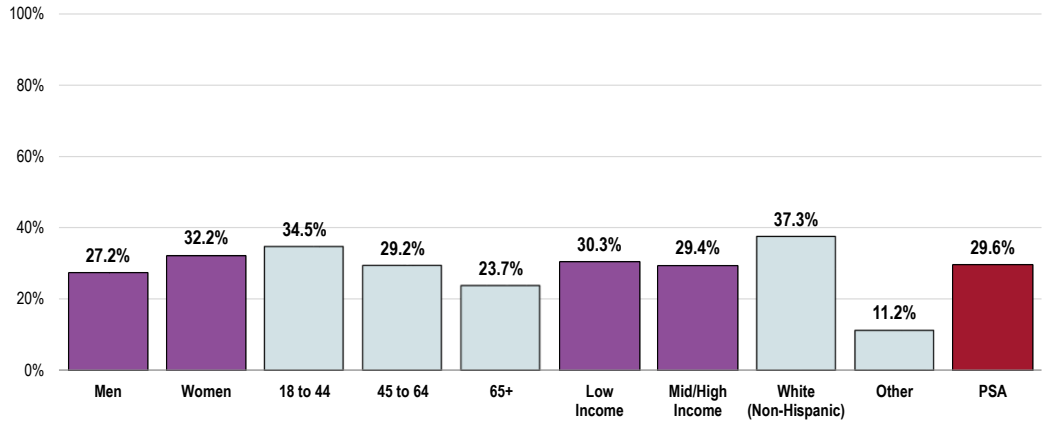
Notes:
- Asked of all respondents.
- Meeting both guidelines is defined as the number of persons age 18+ who report light or moderate aerobic activity for at least 150 minutes per week or who report vigorous physical activity 75 minutes per week or an equivalent combination of moderate and vigorous-intensity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

- Note the disparity by race in the Primary Service Area.

Meets Physical Activity Recommendations

(Primary Service Area, 2018)

Healthy People 2020 Target = 20.1% or Higher



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 152]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective PA-2.4]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
- Meeting both guidelines is defined as the number of persons age 18+ who report light or moderate aerobic activity for at least 150 minutes per week or who report vigorous physical activity 75 minutes per week or an equivalent combination of moderate and vigorous-intensity activity *and* report doing physical activities specifically designed to strengthen muscles at least twice per week.

Children

Recommended Levels of Physical Activity

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

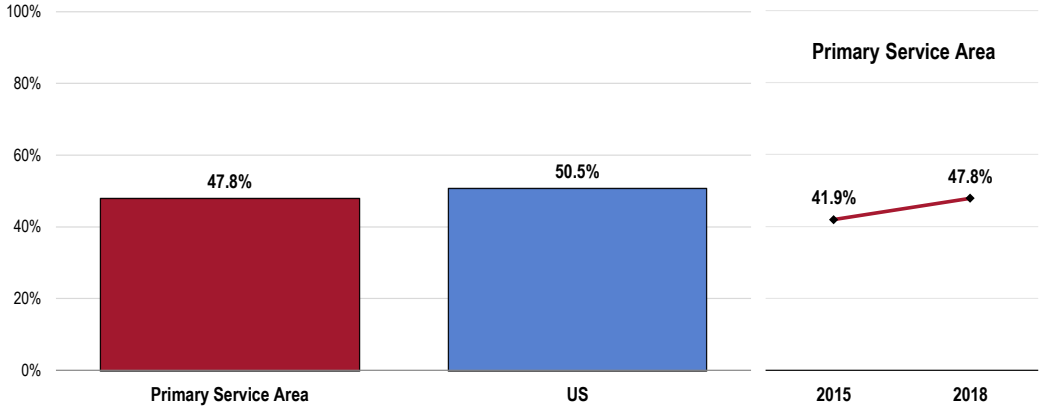
- 2013 Physical Activity Guidelines for Americans, US Department of Health and Human Services. www.cdc.gov/physicalactivity

Among Primary Service Area children age 2 to 17, 47.8% are reported to have had 60 minutes of physical activity on each of the seven days preceding the interview (1+ hours per day).

- Comparable to that found nationally.
- TREND: Statistically unchanged from the 2015 survey findings.

Child Is Physically Active for One or More Hours per Day

(Among Children Age 2-17)



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 124]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

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

Access to Physical Activity

In 2015, there were 10.5 recreation/fitness facilities for every 100,000 population in the Primary Service Area.

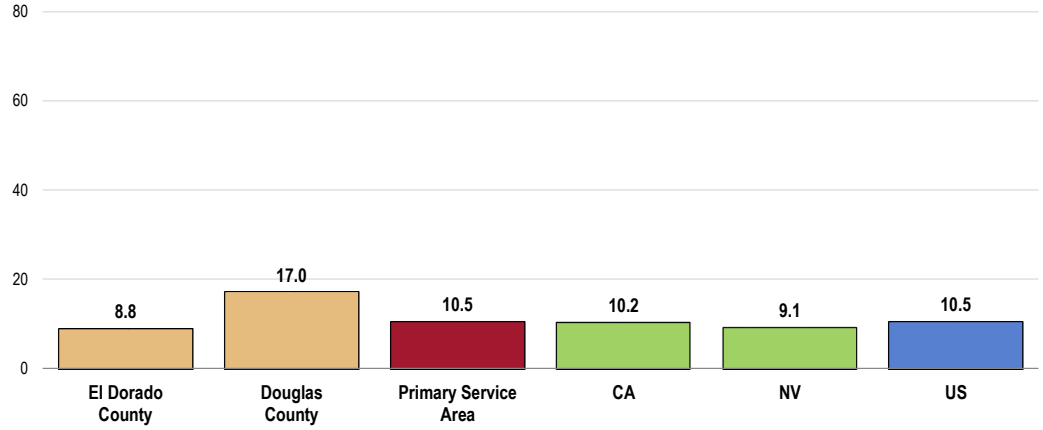
- Similar to state and US rates.
- Much higher in Douglas County than in El Dorado County.

Here, recreation/fitness facilities include establishments engaged in operating facilities which offer "exercise and other active physical fitness conditioning or recreational sports activities."

Examples include athletic clubs, gymnasiums, dance centers, tennis clubs, and swimming pools.

Population With Recreation & Fitness Facility Access

(Number of Recreation & Fitness Facilities per 100,000 Population, 2015)



Sources:
- US Census Bureau, County Business Patterns. Additional data analysis by CARES.
- Retrieved April 2018 from Community Commons at http://www.chna.org.

Notes:
- Recreation and fitness facilities are defined by North American Industry Classification System (NAICS) Code 713940 , which include *Establishments engaged in operating facilities which offer "exercise and other active physical fitness conditioning or recreational sports activities". Examples include athletic clubs, gymnasiums, dance centers, tennis clubs, and swimming pools.* This indicator is relevant because access to recreation and fitness facilities encourages physical activity and other healthy behaviors.

Weight Status

About Overweight & Obesity

Because weight is influenced by energy (calories) consumed and expended, interventions to improve weight can support changes in diet or physical activity. They can help change individuals' knowledge and skills, reduce exposure to foods low in nutritional value and high in calories, or increase opportunities for physical activity. Interventions can help prevent unhealthy weight gain or facilitate weight loss among obese people. They can be delivered in multiple settings, including healthcare settings, worksites, or schools.

The social and physical factors affecting diet and physical activity (see Physical Activity topic area) may also have an impact on weight. Obesity is a problem throughout the population. However, among adults, the prevalence is highest for middle-aged people and for non-Hispanic black and Mexican American women. Among children and adolescents, the prevalence of obesity is highest among older and Mexican American children and non-Hispanic black girls. The association of income with obesity varies by age, gender, and race/ethnicity.

- Healthy People 2020 (www.healthypeople.gov)

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

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

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

Adult Weight Status

Classification of Overweight and Obesity by BMI	BMI (kg/m^2)
Underweight	<18.5
Normal	18.5 – 24.9
Overweight	25.0 – 29.9
Obese	≥30.0

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

Overweight Status

A total of 57.2% of Primary Service Area adults are overweight.

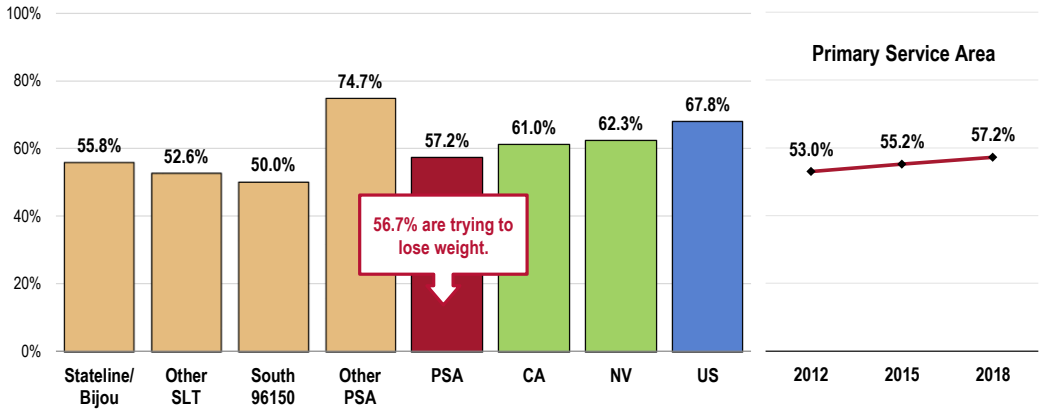
Here, "overweight" includes those respondents with a BMI value ≥25.

- Comparable to the California prevalence.
- More favorable than the Nevada and US overweight proportions.
- Note the overweight prevalence in the Other PSA community.
- TREND: The increase over time is not statistically significant.

Note that 56.7% of overweight adults are currently trying to lose weight.

Prevalence of Total Overweight (Overweight or Obese)

(Percent of Adults With a Body Mass Index of 25.0 or Higher)



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 154-155]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 California and Nevada data.
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

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

Further, 21.5% of Primary Service Area adults are obese.

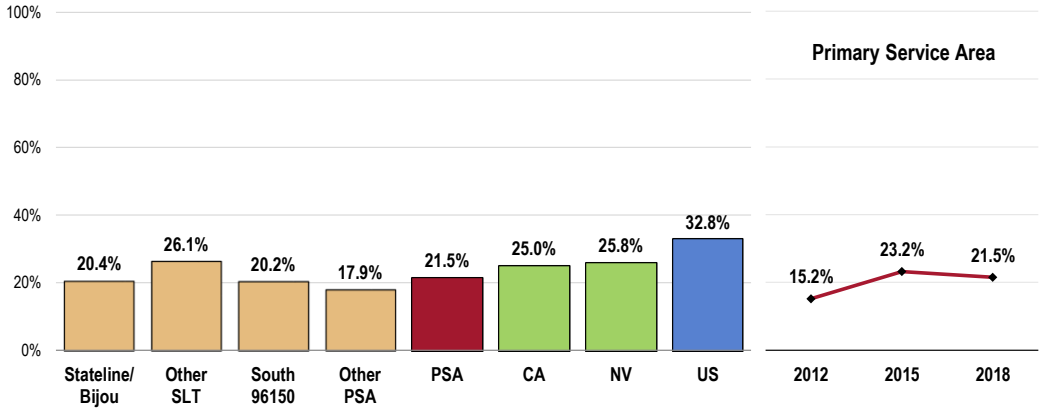
"Obese" (also included in overweight prevalence discussed previously) includes respondents with a BMI value ≥30.

- Similar to California findings.
- More favorable than Nevada and US findings.
- Satisfies the Healthy People 2020 target (30.5% or lower).
- Similar findings by community.
- TREND: Denotes a statistically significant increase in obesity from 2012 findings.

Prevalence of Obesity

(Percent of Adults With a Body Mass Index of 30.0 or Higher)

Healthy People 2020 Target = 30.5% or Lower



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 154]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 California and Nevada data.
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective NWS-9]

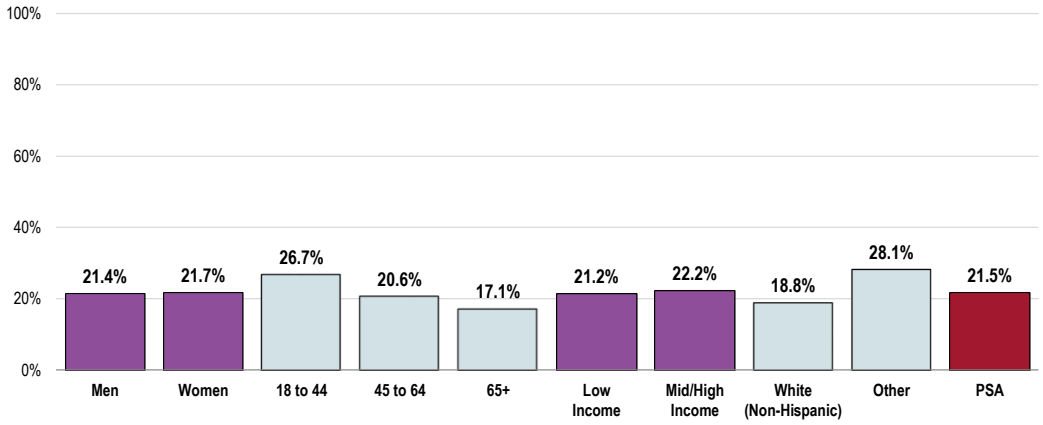
Notes:
- Based on reported heights and weights, asked of all respondents.
- The definition of obesity is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 30.0, regardless of gender.

Obesity in the Primary Service Area is statistically comparable when viewed by demographics.

Prevalence of Obesity

(Percent of Adults With a BMI of 30.0 or Higher; Primary Service Area, 2018)

Healthy People 2020 Target = 30.5% or Lower



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 154]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective NWS-9]

Notes:
- Based on reported heights and weights, asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
- The definition of obesity is having a body mass index (BMI), a ratio of weight to height (kilograms divided by meters squared), greater than or equal to 30.0, regardless of gender.

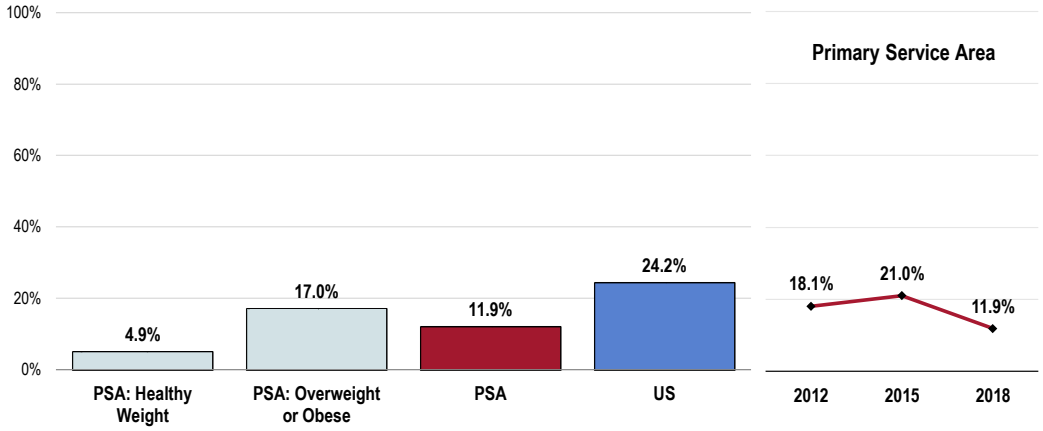
Health Advice

A total of 11.9% of adults have been given advice about their weight by a doctor, nurse, or other health professional in the past year.

- Well below the national findings.
- TREND: Marks a statistically significant decrease from previous survey findings.
- Note that 17.0% of overweight/obese adults have been given advice about their weight by a health professional in the past year (while over 4 in 5 have not).

Have Received Advice About Weight in the Past Year From a Physician, Nurse, or Other Health Professional

(By Weight Classification)



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 99, 156-157]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Children's Weight Status

About Weight Status in Children & Teens

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

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

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

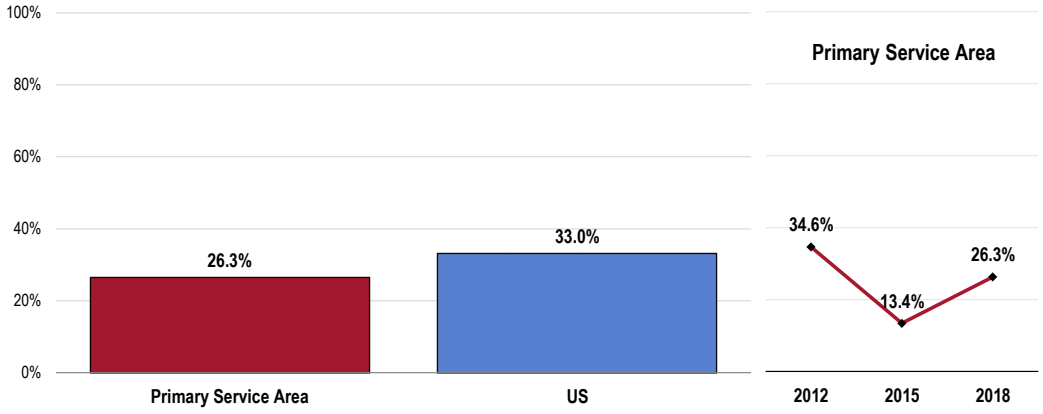
- Centers for Disease Control and Prevention

Based on the heights/weights reported by surveyed parents, 26.3% of Primary Service Area children age 5 to 17 are overweight or obese (≥85th percentile).

- Statistically similar to that found nationally.
- TREND: Although higher than found in 2015, this is statistically similar to 2012 findings. (*Note: Due to the small sample size for this indicator, these data carry a relatively high error rate and thus can fluctuate widely from year to year*.)

Child Total Overweight Prevalence

(Children Age 5-17 Who Are Overweight/Obese; BMI in the 85th Percentile or Higher)



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 158]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

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

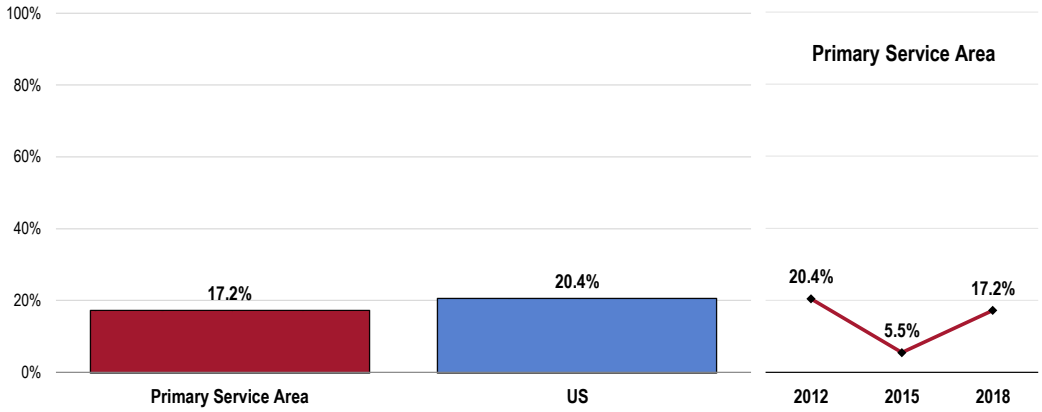
Further, 17.2% of area children age 5 to 17 are obese (≥95th percentile).

- Similar to the national percentage.
- Similar to the Healthy People 2020 target (14.5% or lower for children age 2-19).
- TREND: Although higher than found in 2015, this is statistically similar to 2012 findings. (*Note: Due to the small sample size for this indicator, these data carry a relatively high error rate and thus can fluctuate widely from year to year.*)

Child Obesity Prevalence

(Children Age 5-17 Who Are Obese; BMI in the 95th Percentile or Higher)

Healthy People 2020 Target = 14.5% or Lower



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 158]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective NWS-10.4]

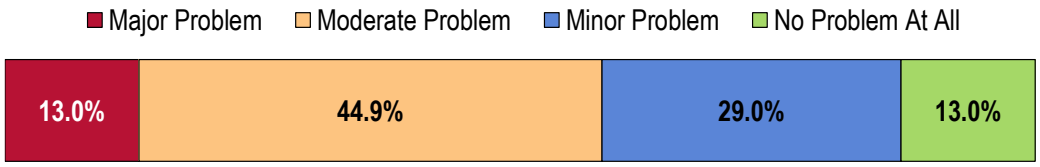
Notes:
- Asked of all respondents with children age 5-17 at home.
- Obesity among children is determined by children's Body Mass Index status equal to or above the 95th percentile of US growth charts by gender and age.

Key Informant Input: Nutrition, Physical Activity, & Weight

Key informants taking part in an online survey most often characterized *Nutrition, Physical Activity, & Weight* as a "moderate problem" in the community.

Perceptions of Nutrition, Physical Activity, and Weight as a Problem in the Community

(Key Informants, 2018)



Sources:
- PRC Online Key Informant Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Top Concerns

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

Contributing Factors

Adequate opportunities for exercise for our low-income families, access to nutrition services, motivation. – Physician

Classes in native language on nutrition and healthy food choices. – Social Services Provider
Overweight people eating unhealthy, lack of nutrition. – Public Health Representative

Access to Healthy Foods

Quality food is expensive, most of free and reduced food is high in calories and low in nutrition. – Community Leader

Denial/Stigma

Many people with these issues do not seek help. In addition, there are limited nutrition and related services available in our immediate area. – Community Leader

Education

This is a national problem, but we certainly have a population that has very little or no education on nutrition and does not engage in physical activity. – Physician

Lack of Services

Inadequate resources for treatment and prevention. – Physician

Sleep

Sleep

Sleep is an important part of good health, but an estimated 35% of US adults do not get enough sleep. Approximately 83 million US adults report usually sleeping less than 7 hours in a 24-hour period. According to professional sleep societies, adults aged 18 to 60 years should sleep at least 7 hours each night for the best health and wellness.

Sleeping less than 7 hours per night is linked to increased risk of chronic diseases such as diabetes, stroke, high blood pressure, heart disease, obesity, and poor mental health, as well as early death. Not getting the recommended amount of sleep can affect one's ability to make good decisions and increases the chances of motor vehicle crashes.

Habits for improving sleep health can include:

- Be consistent. Go to bed at the same time each night and get up at the same time each morning, including on the weekends.
- Make sure your bedroom is quiet, dark, relaxing, and at a comfortable temperature.
- Remove electronic devices, such as TVs, computers, and smart phones, from the bedroom.
- Avoid large meals, caffeine, and alcohol before bedtime.
- Avoid tobacco/nicotine.
- Get some exercise. Being physically active during the day can help you fall asleep more easily at night.

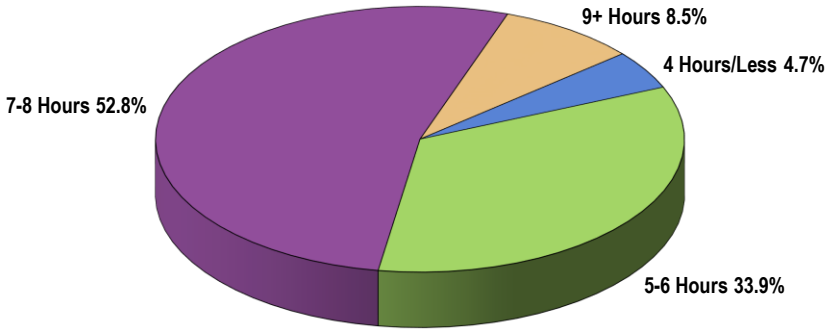
- Institute of Medicine (US) Committee on Sleep Medicine and Research; 2014 Behavioral Risk Factor Surveillance System (BRFSS), CDC

When asked how many hours of sleep they average per night, 52.8% of survey respondents stated between 7 and 8 hours, and 8.5% get 9+ hours of sleep per night.

- On the other hand, 38.6% of local adults sleep **fewer than 7 hours** per night (including 4.7% who report sleeping 4 hours or less on an average night).

Average Hours of Sleep Per Night

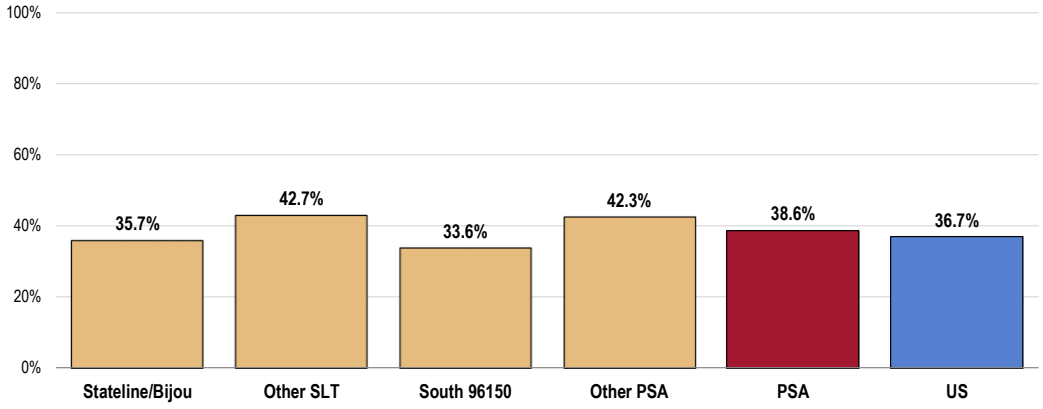
(Primary Service Area, 2018)



Sources: ● 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 322]
Notes: ● Asked of all respondents.

- The percentage of survey respondents averaging fewer than 7 hours per night is similar to the national figure.
- Statistically similar findings by community.

Generally Sleep Less Than Seven Hours Per Night



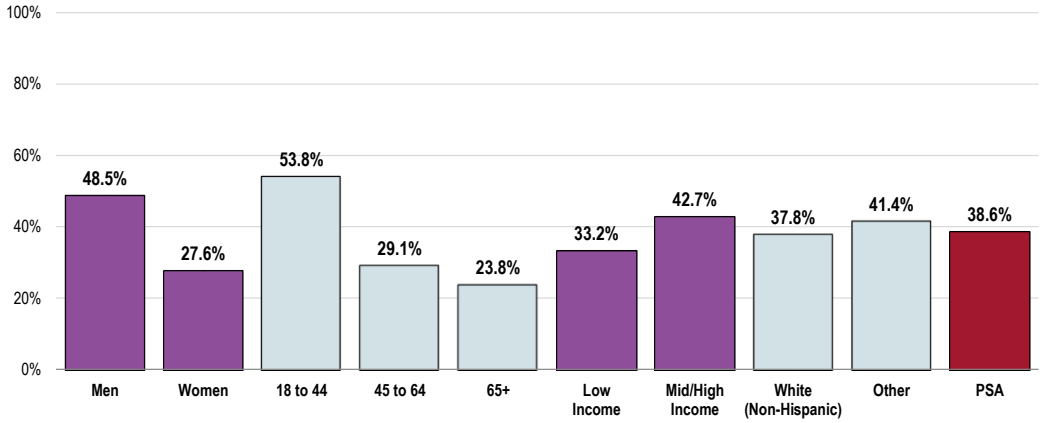
Sources: ● 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 173]
● 2017 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

These adults are more likely to sleep fewer than 7 hours on an average night:

- Men.
- Younger adults (negative correlation with age).

Generally Sleep Less Than Seven Hours Per Night

(Primary Service Area, 2018)



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 173]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Substance Abuse

About Substance Abuse

Substance abuse has a major impact on individuals, families, and communities. The effects of substance abuse are cumulative, significantly contributing to costly social, physical, mental, and public health problems. These problems include:

- Teenage pregnancy
- Human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS)
- Other sexually transmitted diseases (STDs)
- Domestic violence
- Child abuse
- Motor vehicle crashes
- Physical fights
- Crime
- Homicide
- Suicide

Substance abuse refers to a set of related conditions associated with the consumption of mind- and behavior-altering substances that have negative behavioral and health outcomes. Social attitudes and political and legal responses to the consumption of alcohol and illicit drugs make substance abuse one of the most complex public health issues. In addition to the considerable health implications, substance abuse has been a flash-point in the criminal justice system and a major focal point in discussions about social values: people argue over whether substance abuse is a disease with genetic and biological foundations or a matter of personal choice.

Advances in research have led to the development of evidence-based strategies to effectively address substance abuse. Improvements in brain-imaging technologies and the development of medications that assist in treatment have gradually shifted the research community's perspective on substance abuse. There is now a deeper understanding of substance abuse as a disorder that develops in adolescence and, for some individuals, will develop into a chronic illness that will require lifelong monitoring and care.

Improved evaluation of community-level prevention has enhanced researchers' understanding of environmental and social factors that contribute to the initiation and abuse of alcohol and illicit drugs, leading to a more sophisticated understanding of how to implement evidence-based strategies in specific social and cultural settings.

A stronger emphasis on evaluation has expanded evidence-based practices for drug and alcohol treatment. Improvements have focused on the development of better clinical interventions through research and increasing the skills and qualifications of treatment providers.

- Healthy People 2020 (www.healthypeople.gov)

Age-Adjusted Cirrhosis/Liver Disease Deaths

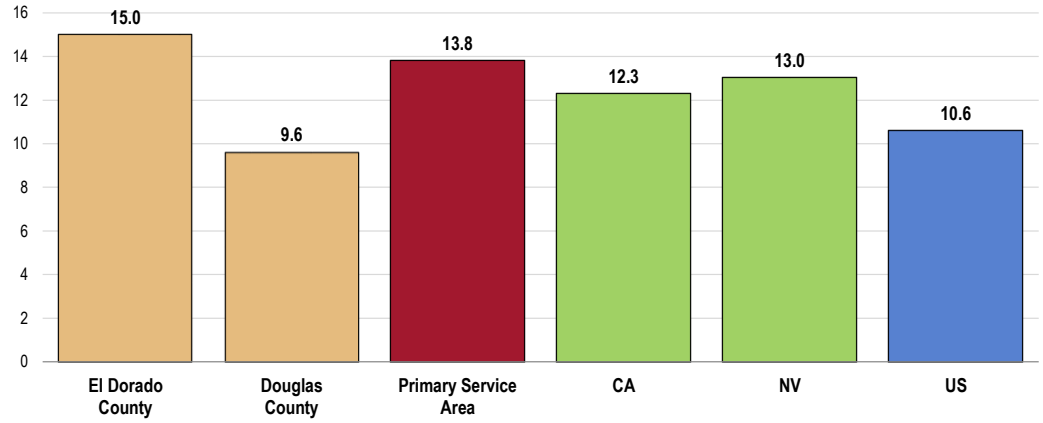
Between 2014 and 2016, the Primary Service Area reported an annual average age-adjusted cirrhosis/liver disease mortality rate of 13.8 deaths per 100,000 population.

- Similar to the statewide rates.
- Higher than the national rate.
- Fails to satisfy the Healthy People 2020 target (8.2 or lower).
- Much higher in El Dorado County.

Cirrhosis/Liver Disease: Age-Adjusted Mortality

(2014-2016 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 8.2 or Lower



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2018.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective SA-11]

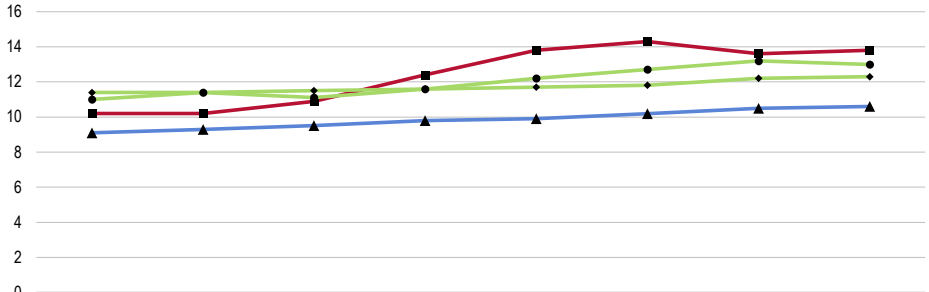
Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- TREND: The mortality rate has increased in the region.

Cirrhosis/Liver Disease: Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 8.2 or Lower



	2007-2009	2008-2010	2009-2011	2010-2012	2011-2013	2012-2014	2013-2015	2014-2016
PSA	10.2	10.2	10.9	12.4	13.8	14.3	13.6	13.8
CA	11.4	11.4	11.5	11.6	11.7	11.8	12.2	12.3
NV	11.0	11.4	11.1	11.6	12.2	12.7	13.2	13.0
US	9.1	9.3	9.5	9.8	9.9	10.2	10.5	10.6

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2018.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective SA-11]

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Alcohol Use

Excessive Drinking

"**Excessive drinking**" includes heavy **and/or** binge drinkers:

- **Heavy drinkers** include men reporting 2+ alcoholic drinks per day or women reporting 1+ alcoholic drink per day in the month preceding the interview.
- **Binge drinkers** include men reporting 5+ alcoholic drinks or women reporting 4+ alcoholic drinks on any single occasion during the past month.

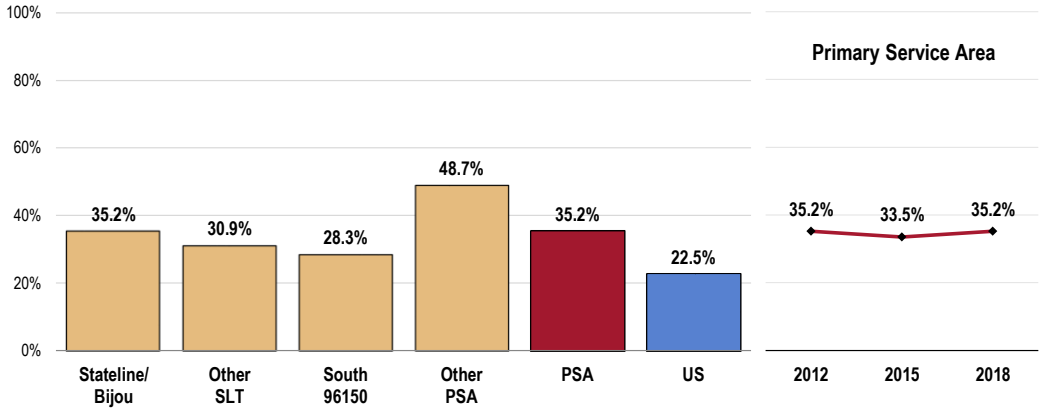
RELATED ISSUE:
See also *Mental Health: Stress* in the **General Health Status** section of this report.

A total of 35.2% of area adults are excessive drinkers (heavy and/or binge drinkers).

- Less favorable than the national proportion.
- Fails to satisfy the Healthy People 2020 target (25.4% or lower).
- Highest in the Other PSA community.
- TREND: Statistically unchanged since 2012.

Excessive Drinkers

Healthy People 2020 Target = 25.4% or Lower



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 168]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective SA-15]

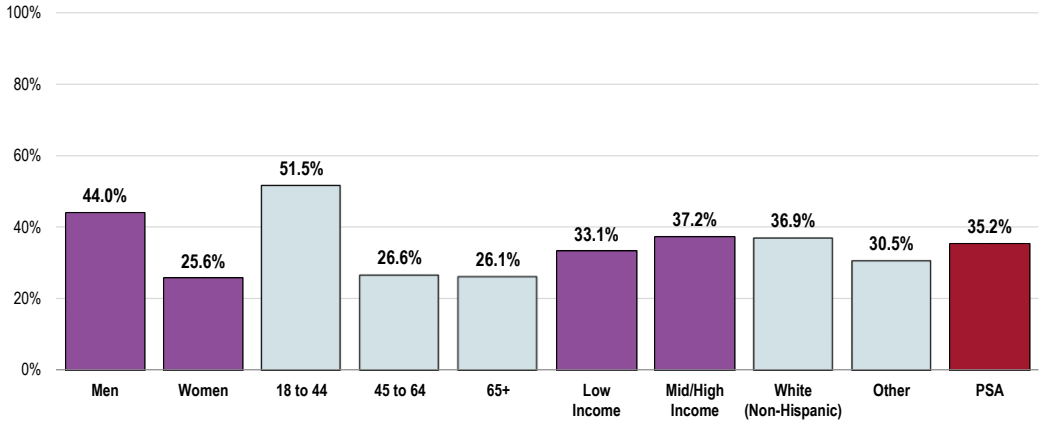
Notes:
- Asked of all respondents.
- Excessive drinking reflects the number of persons aged 18 years and over who drank more than two drinks per day on average (for men) or more than one drink per day on average (for women) OR who drank 5 or more drinks during a single occasion (for men) or 4 or more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

- Excessive drinking is more prevalent among men and adults under 45.

Excessive Drinkers

(Primary Service Area, 2018)

Healthy People 2020 Target = 25.4% or Lower



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 168]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective SA-15]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
- Excessive drinking reflects the number of persons aged 18 years and over who drank more than two drinks per day on average (for men) or more than one drink per day on average (for women) OR who drank 5+ drinks during a single occasion (for men) or 4+ drinks during a single occasion (for women) in the past 30 days.

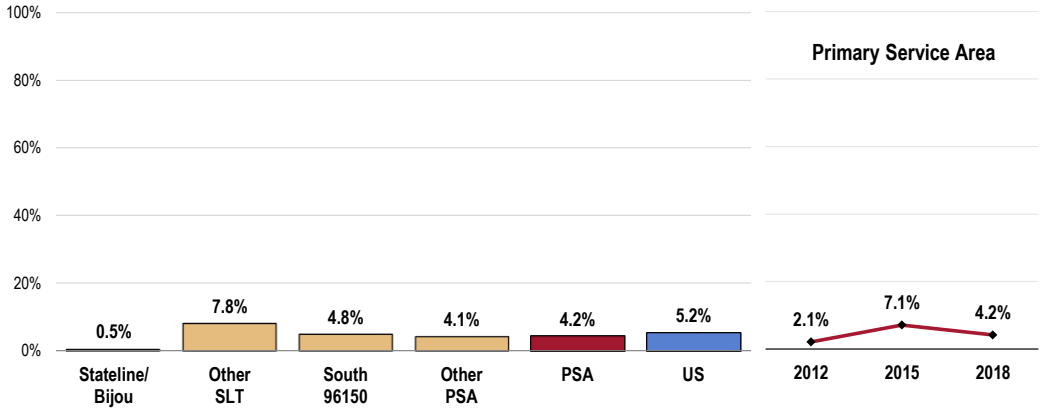
Drinking & Driving

A total of 4.2% of Primary Service Area adults acknowledge having driven a vehicle in the past month after they had perhaps too much to drink.

Note: As a self-reported measure – and because this indicator reflects potentially illegal behavior – it is reasonable to expect that it might be underreported, and that the actual incidence of drinking and driving in the community is likely higher.

- Similar to the national findings.
- Least favorable in Other SLT; lowest in Stateline/Bijou.
- TREND: The prevalence is statistically unchanged over time.

Have Driven in the Past Month After Perhaps Having Too Much to Drink



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 58]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Age-Adjusted Unintentional Drug-Related Deaths

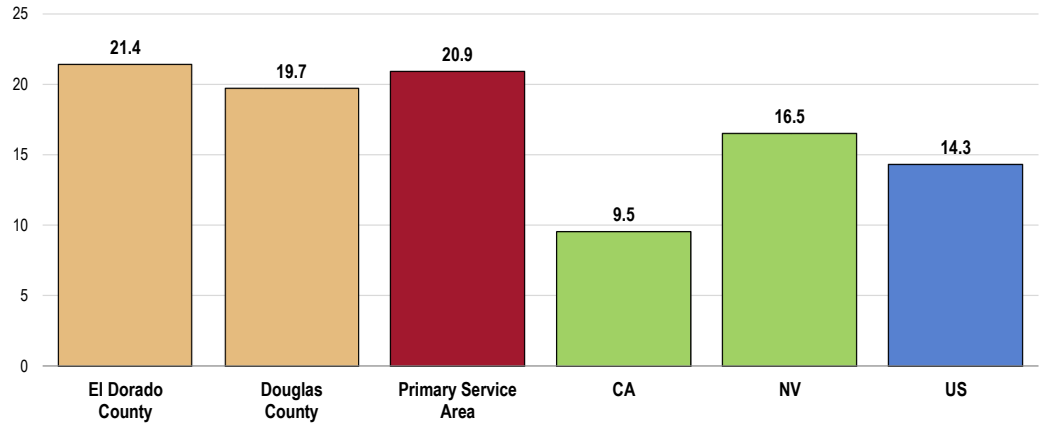
Between 2014 and 2016, there was an annual average age-adjusted unintentional drug-related mortality rate of 20.9 deaths per 100,000 population in the Primary Service Area.

- Worse than statewide and US rates.
- Fails to satisfy the Healthy People 2020 target (11.3 or lower).
- Similar county rates.

Unintentional Drug-Related Deaths: Age-Adjusted Mortality

(2014-2016 Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 11.3 or Lower



Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2018.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective SA-12]

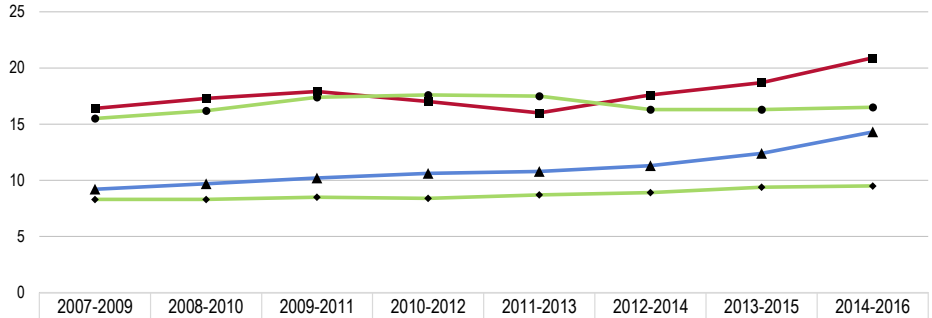
Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

- TREND: The mortality rate has increased, particularly in recent years.

Age-Adjusted Mortality Trends

(Annual Average Deaths per 100,000 Population)

Healthy People 2020 Target = 11.3 or Lower



	2007-2009	2008-2010	2009-2011	2010-2012	2011-2013	2012-2014	2013-2015	2014-2016
PSA	16.4	17.3	17.9	17.0	16.0	17.6	18.7	20.9
CA	8.3	8.3	8.5	8.4	8.7	8.9	9.4	9.5
NV	15.5	16.2	17.4	17.6	17.5	16.3	16.3	16.5
US	9.2	9.7	10.2	10.6	10.8	11.3	12.4	14.3

Sources:
- CDC WONDER Online Query System. Centers for Disease Control and Prevention, Epidemiology Program Office, Division of Public Health Surveillance and Informatics. Data extracted April 2018.
- UD Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective SA-12].

Notes:
- Deaths are coded using the Tenth Revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10).
- Rates are per 100,000 population, age-adjusted to the 2000 US Standard Population.

Illicit Drug Use

For the purposes of this survey, "illicit drug use" includes use of illegal substances or of prescription drugs taken without a physician's order.

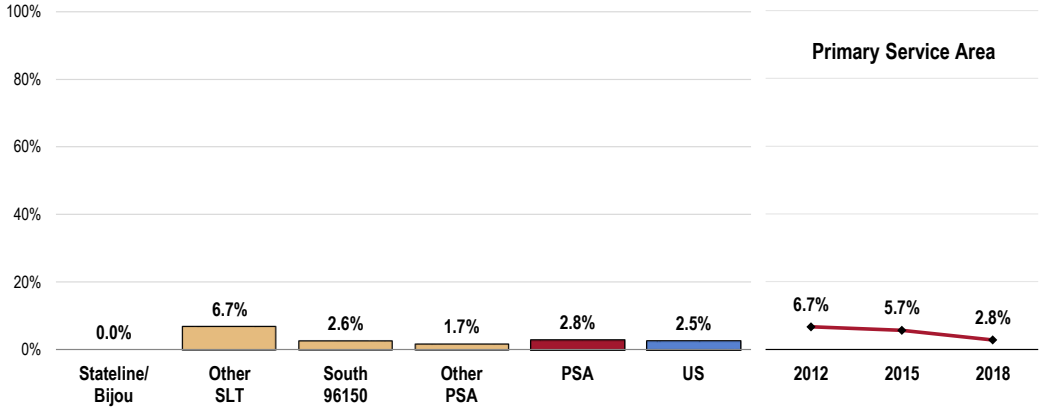
Note: As a self-reported measure – and because this indicator reflects potentially illegal behavior – it is reasonable to expect that it might be underreported, and that actual illicit drug use in the community is likely higher.

A total of 2.8% of Primary Service Area adults acknowledge using an illicit drug in the past month.

- Similar to the proportion found nationally.
- Satisfies the Healthy People 2020 target of 7.1% or lower.
- Highest in Other SLT.
- TREND: Marks a statistically significant decrease over time; note that recreational marijuana use was legalized in California just prior to the 2018 survey administration.

Illicit Drug Use in the Past Month

Healthy People 2020 Target = 7.1% or Lower



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 59]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective SA-13.3]

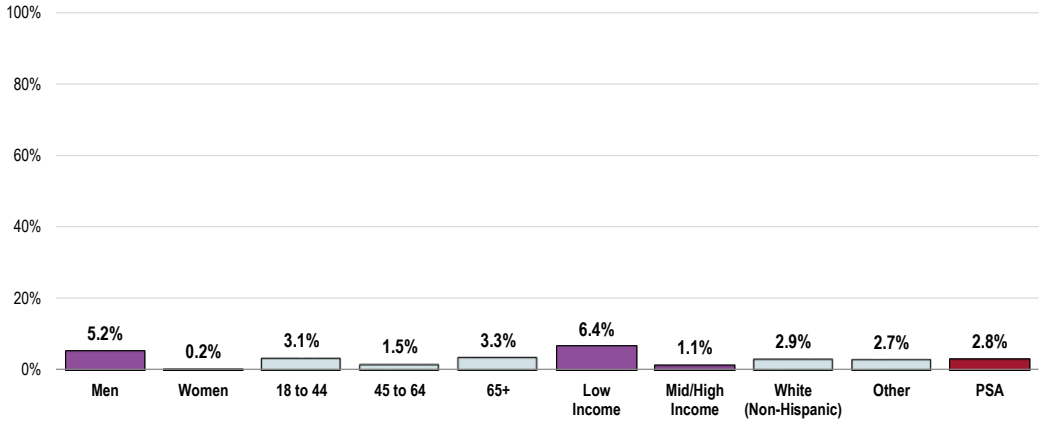
Notes:
- Asked of all respondents.

- Illicit drug use is more prevalent among men in the Primary Service Area.

Illicit Drug Use in the Past Month

(Primary Service Area, 2018)

Healthy People 2020 Target = 7.1% or Lower



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 59]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective SA-13.3]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

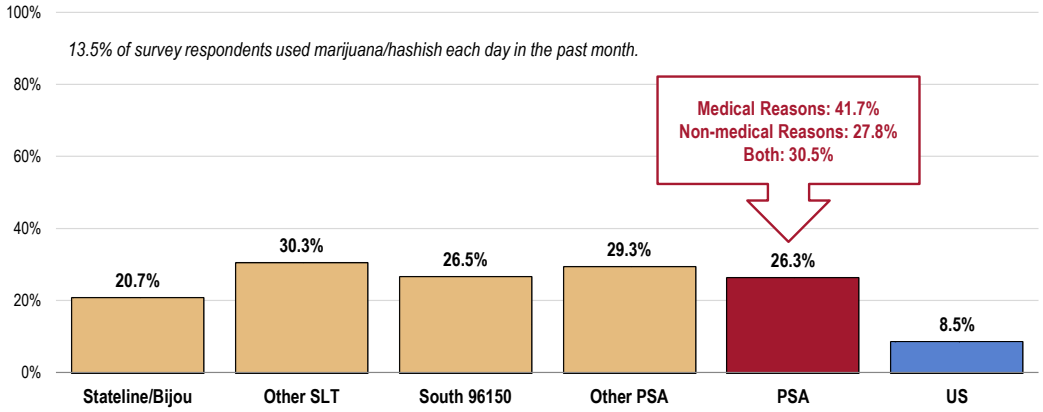
Marijuana

A total of 26.3% of Primary Service Area adults acknowledge using marijuana/hashish at least once in the past month (including 13.5% of survey respondents who used it daily).

- Much higher than found nationally.
- Statistically similar findings by community.

Among users, 41.7% said they used marijuana/hashish for medical reasons, while 27.8% used it recreationally, and 30.5% used it for both reasons.

Marijuana Use in the Past Month



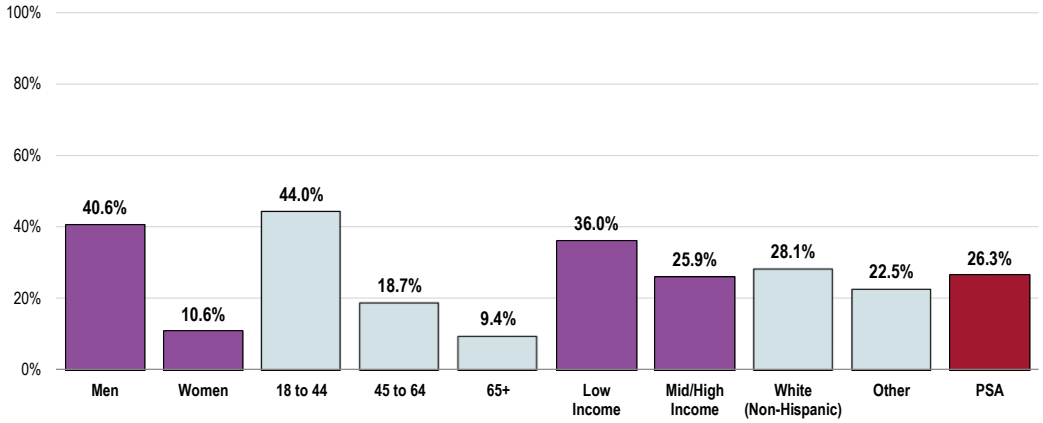
Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 308-309]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

- Illicit drug use is four times as prevalent among men than women in the Primary Service Area.
- Note also the negative correlation between marijuana use and age.

Marijuana Use in the Past Month

(Primary Service Area, 2018)



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 308]

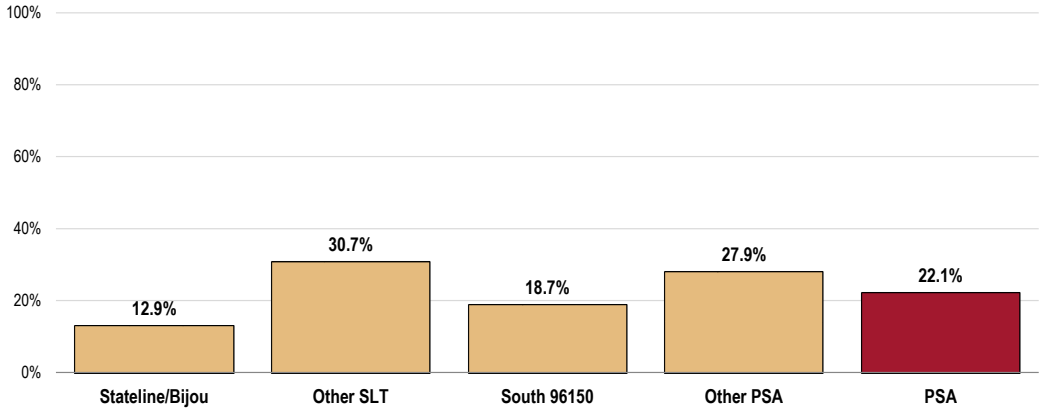
Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "NH White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Opiates/Opioids

In the past year, 22.1% of Primary Service Area adults used opiates or opioids.

- Highest in Other SLT; lowest in Stateline/Bijou.

Used Opiates/Opioids in the Past Year



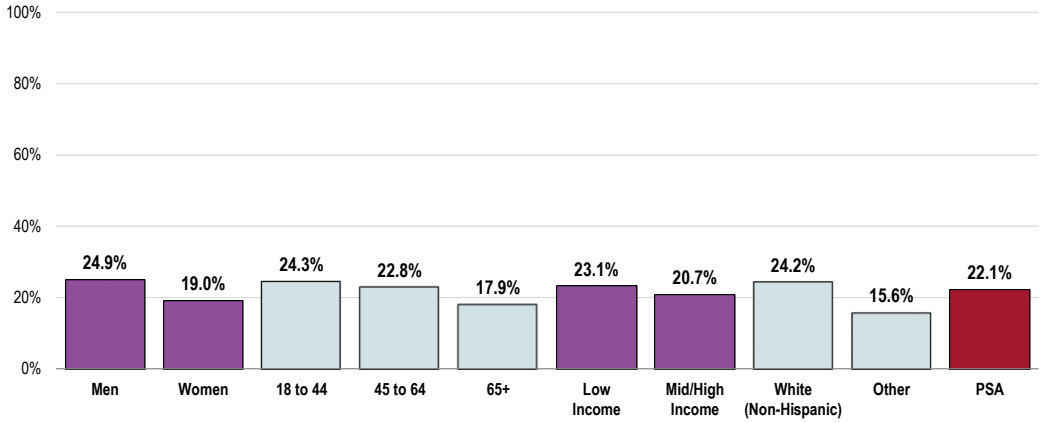
Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 310]

Notes:
- Asked of all respondents.

- Opiate/opioid use does not vary significantly by demographics in the Primary Service Area.

Used Opioids/Opiates in the Past Year

(Primary Service Area, 2018)



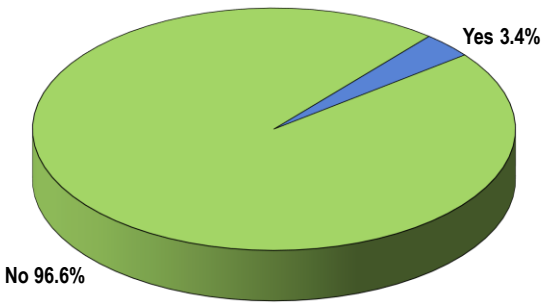
Sources: ● 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 310]
Notes: ● Asked of all respondents.
● Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "NH White" reflects non-Hispanic White respondents).
● Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Children

Among survey respondents with children age 10 to 17 at home, 3.4% report that they suspect their child has used alcohol or drugs at some point in the past year.

Suspect That Child Has Used Alcohol/Drugs in the Past Year

(Primary Service Area Parents of Children Age 10 to 17, 2018)



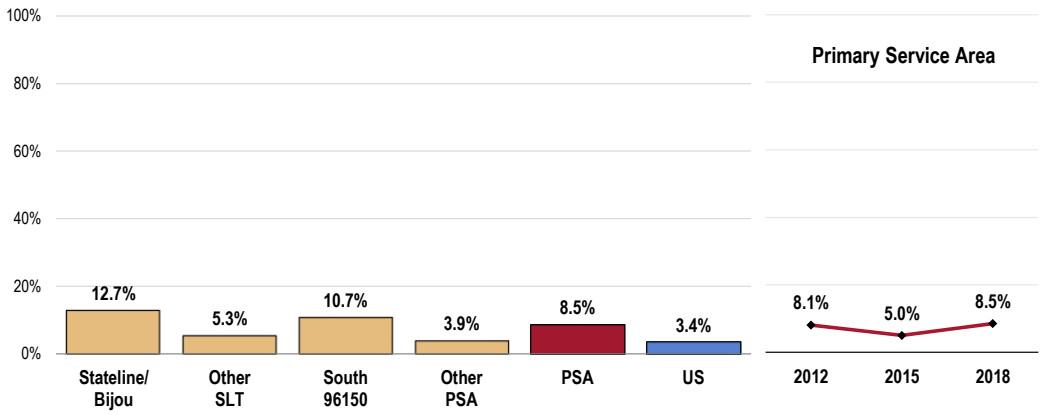
Sources: ● 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 325]
Notes: ● Asked of respondents with children age 10 to 17 at home.

Alcohol & Drug Treatment

A total of 8.5% of Primary Service Area adults report that they have sought professional help for an alcohol or drug problem at some point in their lives.

- Higher than national findings.
- Lowest in the Other PSA community.
- TREND: Statistically unchanged over time.

Have Ever Sought Professional Help for an Alcohol/Drug-Related Problem



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 60]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

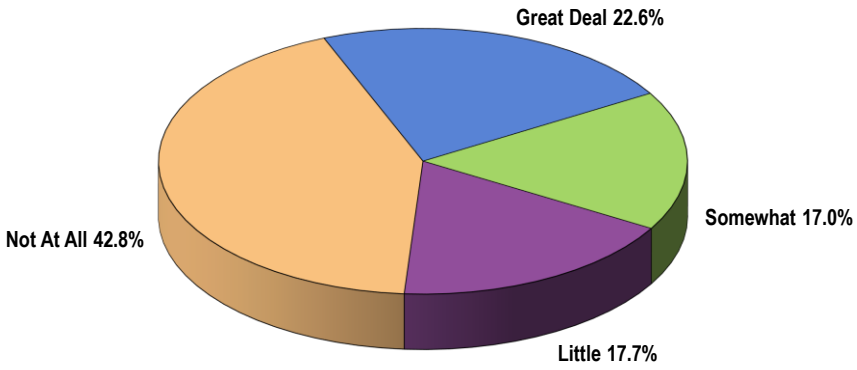
Negative Effects of Substance Abuse

Area adults were also asked to what degree their lives have been negatively affected by substance abuse (whether their own abuse or that of another).

In all, just over 4 in 10 respondents have not been negatively affected (42.8% "not at all" responses).

Degree to Which Life Has Been Negatively Affected by Substance Abuse (Self or Other's)

(Primary Service Area, 2018)



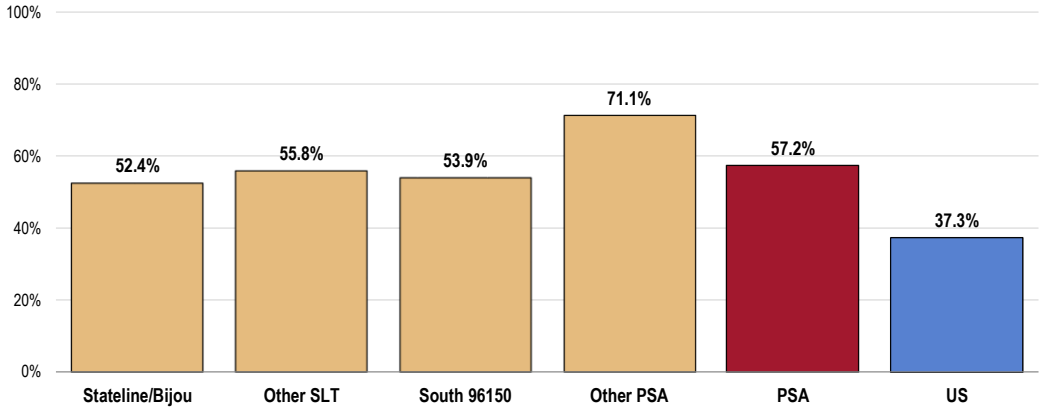
Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 61]

Notes:
- Asked of all respondents.

In contrast, 57.2% of survey respondents indicate that their lives have been negatively affected by substance abuse, including 22.6% who report having been affected "a great deal."

- Much higher than the US figure.
- Notably higher in the Other PSA community.

Life Has Been Negatively Affected by Substance Abuse (by Self or Someone Else)



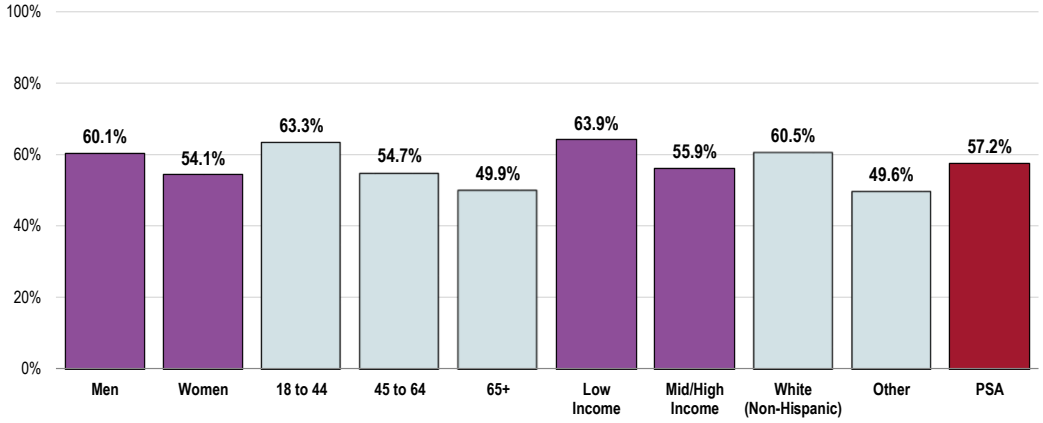
Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 61]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
- Includes response of "a great deal," "somewhat," and "a little."

- The prevalence does not vary significantly by demographics in the Primary Service Area.

Life Has Been Negatively Affected by Substance Abuse (by Self or Someone Else)

(Primary Service Area, 2018)



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 61]

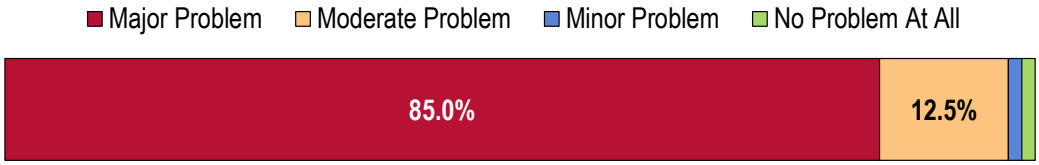
Notes:
- Asked of all respondents.
- Includes response of "a great deal," "somewhat," and "a little."
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Key Informant Input: Substance Abuse

The majority of key informants taking part in an online survey characterized *Substance Abuse* as a "major problem" in the community.

Perceptions of Substance Abuse as a Problem in the Community

(Key Informants, 2018)



Sources:
- PRC Online Key Informant Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Top Concerns

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

Lack of Local Treatment Facilities

There isn't a treatment center. – Community Leader

We lack a facility or program for substance abuse intake. – Community Leader

No inpatient services for treatment. – Public Health Representative

Lack of treatment facilities in our community. – Other Health Provider

No intensive in or outpatient resources in SLT. – Community Leader

I am not aware of any substance abuse treatment programs in this area. – Social Services Provider

Facilities and funding. – Community Leader

Lack of resources who accept all types of patients' insurance. – Other Health Provider

No Inpatient facility. – Other Health Provider

Inadequate resources for treatment and prevention. – Physician

No existing Outpatient or residential services in South Lake Tahoe. – Public Health Representative

We just don't have enough resources in the immediate area. – Community Leader

No close rehabilitation units in Tahoe, we can't medically detox patients here. I feel like patients are left to their own devices to quit. – Other Health Provider

There is no longer a treatment center to help addiction in this town to my knowledge. – Social Services Provider

No treatment centers in the area for any age. – Public Health Representative

There is no facility in Tahoe. – Community Leader

There is no facility in our area. – Other Health Provider

Very few outpatient resources and no inpatient resources. – Physician

I think that the greatest barrier is the fact that we don't have an addiction clinic in our town. Second greatest barrier is that substance use is very common in our town, whether it be alcohol or marijuana, and it has therefore become very normalized. – Other Health Provider

There are no Inpatient or Outpatient Rehab or resources in South Lake Tahoe. Tahoe Turning Point just eliminated their program. – Community Leader

There is no in patient at all up here, even out patient is thin. – Community Leader

There are no inpatient substance abuse programs in South Lake Tahoe, and very few outpatient programs. – Other Health Provider

There is extremely limited substance use treatment in SLT. There is no residential or current intensive outpatient services. There is limited medication assisted treatment. – Public Health Representative

There is no longer inpatient treatment in SLT since Vitality closed. Intensive outpatient services through Tahoe Turning Point have also been eliminated. – Other Health Provider

The city of South Lake Tahoe does not have a local treatment home or alcohol and drug counselors who take Medi-Cal. We also have challenges such as too many places where alcohol is available, breweries, casinos, convenient liquor stores and more. – Public Health Representative

There are no inpatient treatment centers in the surrounding area and forces residents to go off the hill for services. Inpatient care is critical for certain substance abuse treatment plans and is an absolute need within our community. – Social Services Provider

No Rehab Centers. – Social Services Provider

There are not any recourses for patients. – Physician

There are no local resources for methadone initiation and maintenance, particularly for pregnant patients. Need access to Outpatient Rehab services with medication supervision and initiation. – Physician

Access to drugs, no treatment programs. No adequate providers specializing in treatment. – Physician

We do not have inpatient substance abuse treatment for the MediCal population locally. It is very difficult to get patient's access to this type of treatment through County Mental Health. – Other Health Provider

Lack of treatment centers that accept Medi-Cal. – Physician

Denial/Stigma

The nature of addiction is the biggest barrier for addicts seeking help. There are resources available, but addicts are resistant to seek help and there is a high relapse rate. – Community Leader

There are people and organizations that want to help, but the people needing the help don't want the help. I regularly see parents choosing drugs or that lifestyle over helping and taking care of their children. – Community Leader

Lack of desire to change on the part of the participant, a culture that accepts substance abuse. No local substance abuse treatment facility. Questionable facilities anywhere close enough. Families getting treatment, lose homes, jobs, children. – Community Leader

Too frequently, people are in denial they have a problem. – Community Leader

Reluctance of users to accept services. – Community Leader

Primary barrier in my opinion is lack of desire to stop use. There is not a sense of need to quit on the part of many of the users, many don't see the issue as a problem. Secondarily, on the opioid front we don't have a suboxone program in SLT. – Physician

The awareness and acceptance that a problem exists by users. Then access to programs. – Community Leader

Incidence/Prevalence

Always among the top three issues identified with our previous surveys. Common issue in our underserved. – Physician

This is a huge lifestyle problem in our community. Substance abuse is acceptable in a large segment of our community, some of this attributable to the poverty level and the youthful transient population. – Community Leader

High volume of drugs, low volume of treatment center options. – Other Health Provider

Substance use and abuse is a major problem in this community and is being compounded by the national opiate epidemic and cannabis legalization. – Physician

We have a high amount of people with addiction problems in the community. – Other Health Provider

Huge problem, most of my patients most of the time are in for substance abuse related problems. Very few resources in this town other than AA. Otherwise, hard to get people into rehab, therapy, counseling, addiction medicine, etc. – Physician

The substance abuse treatment that is available struggles to meet needs of the community. There are well documented high levels of substance abuse in the community as documented in the school district, public safety, and law enforcement. – Community Leader

Education

Lack of Community awareness. Lack of treatment centers. Limited counseling services. – Community Leader

There is a misconception about the damage substance abuse can do to the brain. The legality of pot has resulted in permission from parents to medicate due to symptoms of anxiety, pain or depression. Students suffer neurological damage to growing brain. – Community Leader

Understanding what is available. – Community Leader

Affordable Care/Services

Successful substance abuse treatment often requires a long term, several months at least. Residential program where patients receive new habits and life skills away from drug access. We do not have this, other than a very expensive private center. – Community Leader

Not covered by insurance. – Social Services Provider

Funding

Funding. – Other Health Provider

Funding and cost. We don't have enough funding for the treatment centers to hire the staff necessary to deal with this epidemic. The cost of treatment prevents some from seeking the help they need. Knowledge of how to take that first step and ask. – Social Services Provider

Lack of Providers

Profound lack of understanding by providers about the neuro-science behind addiction. So many therapists for example are old school, not understanding how to explain that addiction is a brain illness.

> *Those relapsing have a gap in their treatment plan. – Social Services Provider*
>
> *Too few AOD counselors and no SLEDNET. – Community Leader*

Opioid Addiction

> *Opioid abuse is rampant, but I'm not sure that users are aware of, interested in, or can access treatment programs. Too much of this issue seems to fall to the police department as a result of criminal activity related to opioid and substance abuse. – Community Leader*
>
> *Opioid addiction is one of our biggest national problems. The barriers to fighting it are at the corporate and government regulation levels. Doctors also need to be regulated in how they hand out opioids. – Community Leader*

Youth

> *Treatment programs for minors and adults; AA/NA for teens, specifically. – Community Leader*
>
> *Youth substance abuse is a problem because of easy access to marijuana and low perception of harm encouraging abuse and creating the gateway drug affect leading youth to experiment with much harder drugs. Suicide is increasing among youth who get caught. – Community Leader*

Law Enforcement

> *Those with substance problems are often beyond soft help options. With the leniencies in the laws, those with substance problems are no longer mandated by the judges they see to get treatment when faced with serious criminal sanctions. – Community Leader*

Language Barrier

> *Services in native language, Spanish. – Social Services Provider*

Lifestyle

> *Lifestyle. This is a resort community favoring consumptive recreational use of alcohol, drugs, and social activities encouraging substance abuse. – Community Leader*

Most Problematic Substances

Key informants (who rated this as a "major problem") clearly identified **alcohol** as the most problematic substance abused in the community, followed by **heroin/other opioids** and **marijuana.**

Problematic Substances as Identified by Key Informants

	Most Problematic	Second-Most Problematic	Third-Most Problematic	**Total Mentions**
Alcohol	61.1%	27.8%	5.6%	17
Heroin or Other Opioids	11.1%	27.8%	16.7%	10
Marijuana	5.6%	27.8%	22.2%	10
Prescription Medications	16.7%	5.6%	22.2%	8
Methamphetamines or Other Amphetamines	5.6%	11.1%	11.1%	5
Cocaine or Crack	0.0%	0.0%	11.1%	2
Club Drugs (e.g. MDMA, GHB, Ecstasy, Molly)	0.0%	0.0%	5.6%	1
Over-the-Counter Medications	0.0%	0.0%	5.6%	1

Tobacco Use

About Tobacco Use

Tobacco use is the single most preventable cause of death and disease in the United States. Scientific knowledge about the health effects of tobacco use has increased greatly since the first Surgeon General's report on tobacco was released in 1964.

Tobacco use causes:

- Cancer
- Heart disease
- Lung diseases (including emphysema, bronchitis, and chronic airway obstruction)
- Premature birth, low birth weight, stillbirth, and infant death

There is no risk-free level of exposure to secondhand smoke. Secondhand smoke causes heart disease and lung cancer in adults and a number of health problems in infants and children, including: severe asthma attacks; respiratory infections; ear infections; and sudden infant death syndrome (SIDS).

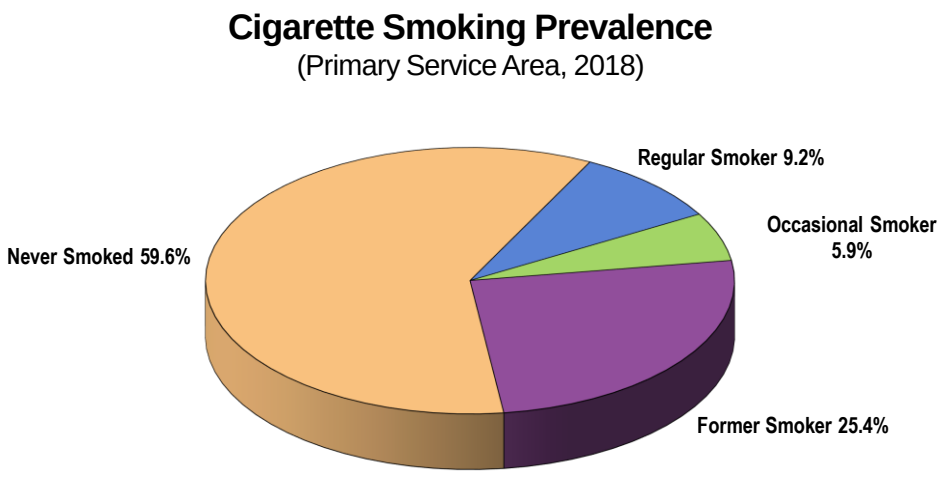
Smokeless tobacco causes a number of serious oral health problems, including cancer of the mouth and gums, periodontitis, and tooth loss. Cigar use causes cancer of the larynx, mouth, esophagus, and lung.

- Healthy People 2020 (www.healthypeople.gov)

Cigarette Smoking

Cigarette Smoking Prevalence

A total of 15.1% of Primary Service Area adults currently smoke cigarettes, either regularly (9.2% every day) or occasionally (5.9% on some days).

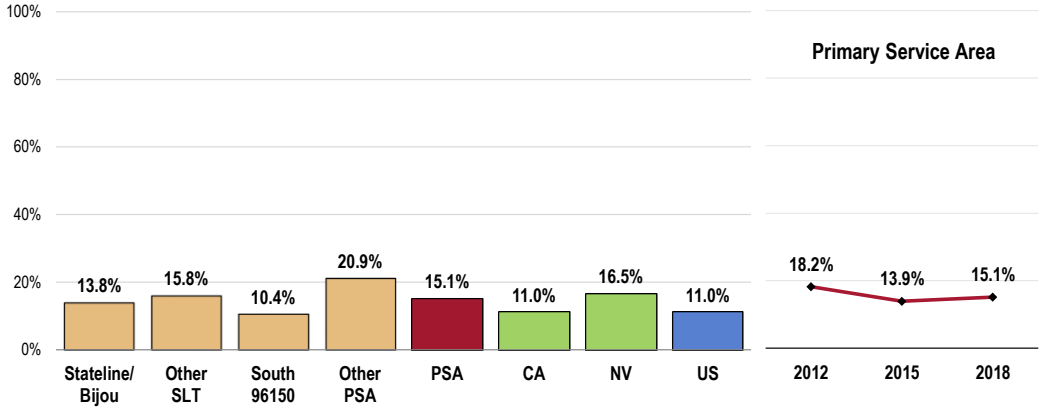


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 159]
Notes: • Asked of all respondents.

- Similar to Nevada findings.
- Worse than California and US findings.
- Similar to the Healthy People 2020 target (12% or lower).
- Similar findings by area.
- TREND: The percentage is statistically unchanged since 2012.

Current Smokers

Healthy People 2020 Target = 12.0% or Lower



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 159]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 California and Nevada data.
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective TU-1.1]

Notes:
- Asked of all respondents.
- Includes regular and occasional smokers (those who smoke cigarettes every day or on some days).

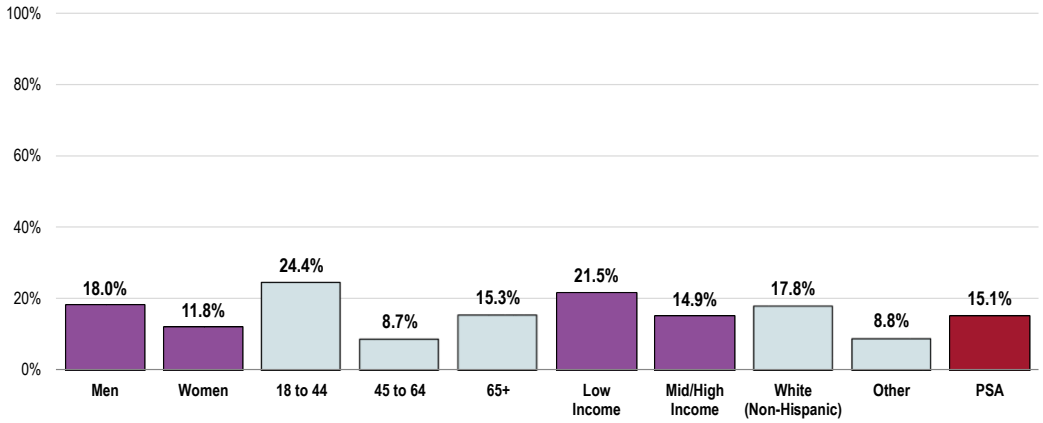
Cigarette smoking is more prevalent among:

- Adults under age 45.
- Non-Hispanic Whites.

Current Smokers

(Primary Service Area, 2018)

Healthy People 2020 Target = 12.0% or Lower



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 159]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective TU-1.1]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
- Includes regular and occasion smokers (every day and some days).

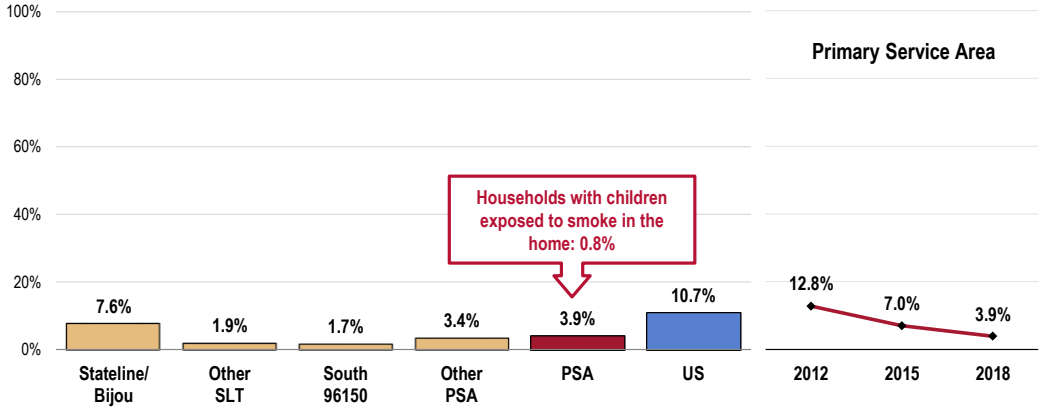
Environmental Tobacco Smoke

A total of 3.9% of Primary Service Area adults (including smokers and nonsmokers) report that a member of their household has smoked cigarettes in the home an average of 4+ times per week over the past month.

- More favorable than national findings.
- Similar findings by community.
- TREND: Marks a statistically significant decrease over time.

Note that 0.8% of Primary Service Area children are exposed to cigarette smoke at home, well below what is reported nationally (7.2%).

Member of Household Smokes at Home



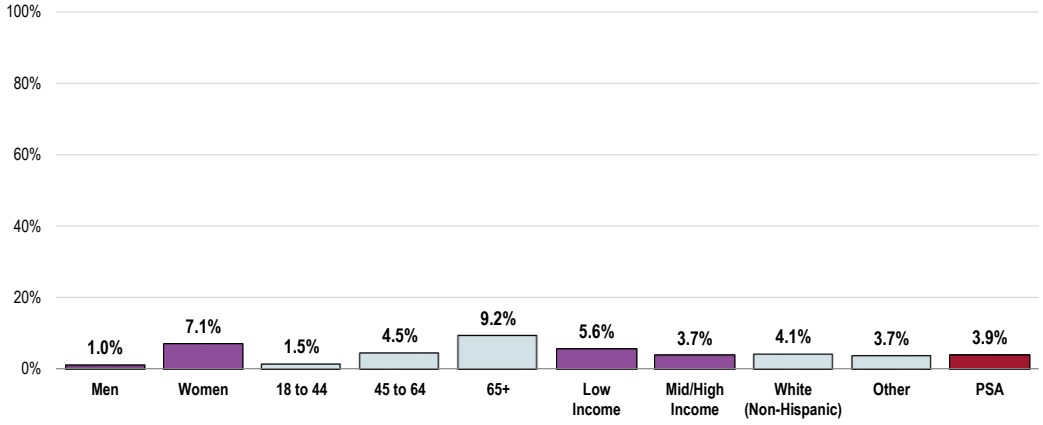
Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 52, 162]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.
- "Smokes at home" refers to someone smoking cigarettes, cigars, or a pipe in the home an average of four or more times per week in the past month.

- Exposure to environmental tobacco smoke is more likely reported among women and older residents (positive correlation with age).

Member of Household Smokes At Home

(Primary Service Area, 2018)



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 52]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
- "Smokes at home" refers to someone smoking cigarettes, cigars, or a pipe in the home an average of four or more times per week in the past month.

Smoking Cessation

About Reducing Tobacco Use

Preventing tobacco use and helping tobacco users quit can improve the health and quality of life for Americans of all ages. People who stop smoking greatly reduce their risk of disease and premature death. Benefits are greater for people who stop at earlier ages, but quitting tobacco use is beneficial at any age.

Many factors influence tobacco use, disease, and mortality. Risk factors include race/ethnicity, age, education, and socioeconomic status. Significant disparities in tobacco use exist geographically; such disparities typically result from differences among states in smoke-free protections, tobacco prices, and program funding for tobacco prevention.

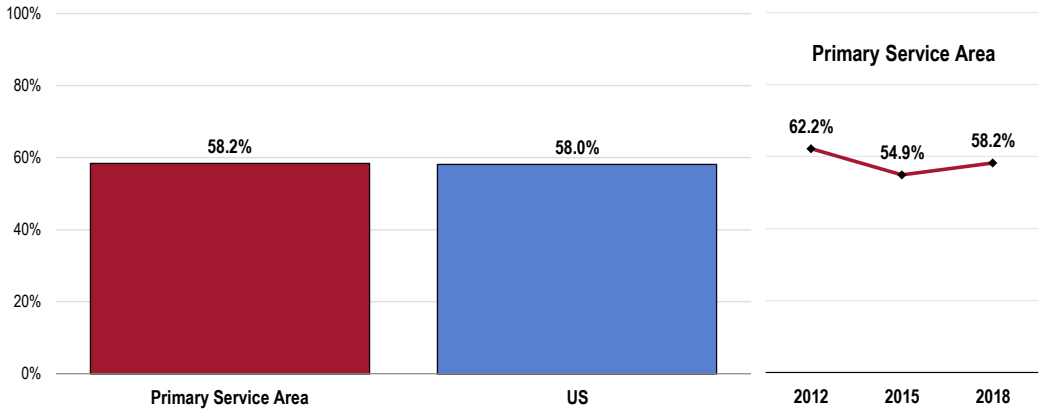
- Healthy People 2020 (www.healthypeople.gov)

Smoking Cessation Attempts

A total of 58.2% of smokers have been advised by a healthcare professional to quit smoking in the past year.

- Almost identical to the national percentage.
- TREND: No statistically significant change since 2012.

Have Been Advised by a Healthcare Professional to Quit Smoking in the Past Year
(Among Everyday + Occasional Smokers)



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 50-51]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

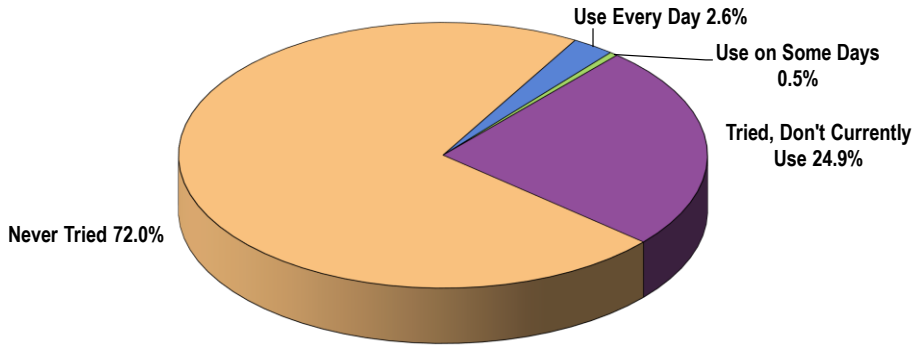
Notes:
- Asked of respondents who smoke cigarettes every day or on occasion.

Other Tobacco Use

Use of Vaping Products

A total of 3.1% of Primary Service Area adults currently use electronic cigarettes (e-cigarettes) or other electronic vaping products either regularly (2.6% every day) or occasionally (0.5% on some days).

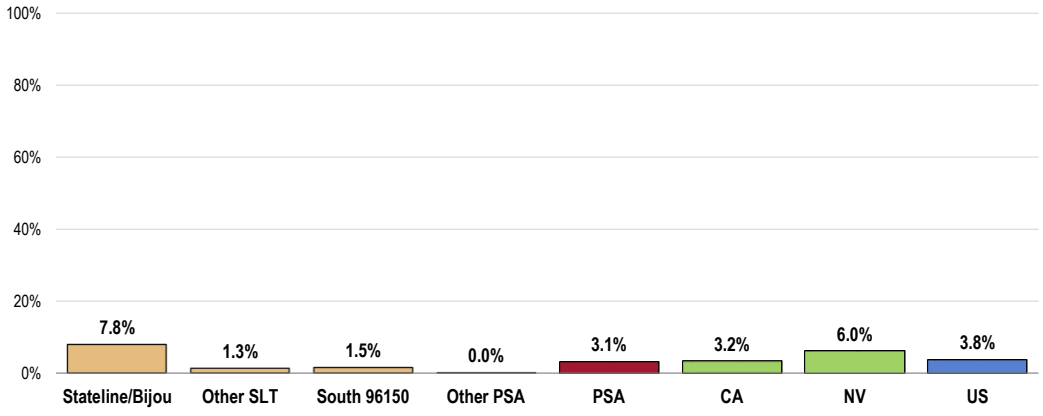
Use of Vaping Products
(Primary Service Area, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 163]
Notes: • Asked of all respondents.

- Similar to California and US findings.
- More favorable than the Nevada prevalence.
- Highest in Stateline/Bijou.

Currently Use Vaping Products
(Every Day or on Some Days)

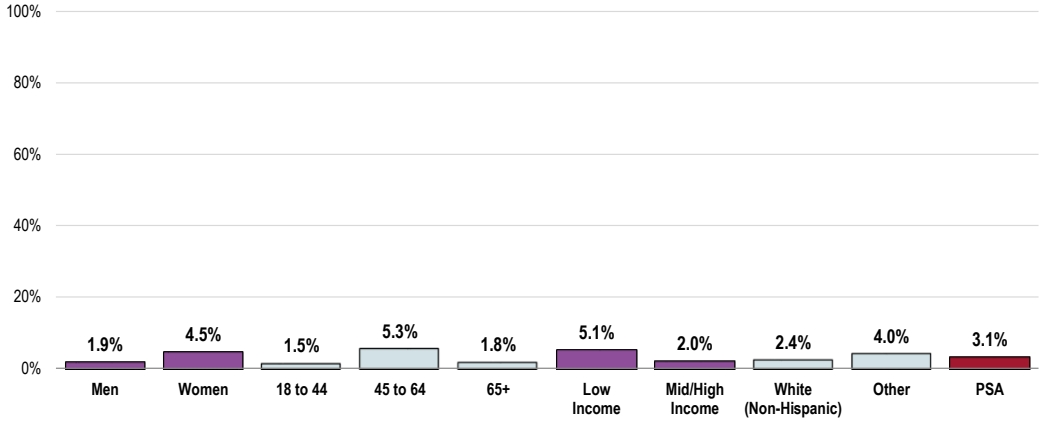


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 163]
• 2017 PRC National Health Survey, Professional Research Consultants, Inc.
• Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 California and Nevada data.
Notes: • Asked of all respondents.
• Includes regular and occasional users (those who smoke e-cigarettes every day or on some days).

- Electronic cigarette/other vaping product use does not vary significantly by demographics.

Currently Use Vaping Products

(Primary Service Area, 2018)



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 163]

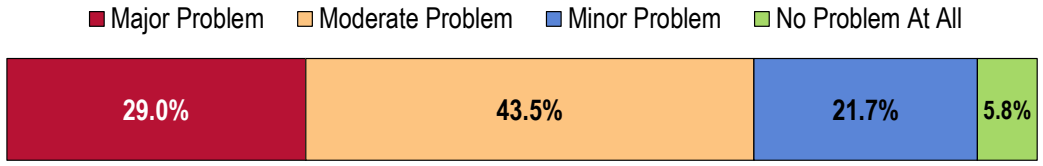
Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.
- Includes regular and occasional users (those who smoke e-cigarettes every day or on some days).

Key Informant Input: Tobacco Use

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

Perceptions of Tobacco Use as a Problem in the Community

(Key Informants, 2018)



Sources:
- PRC Online Key Informant Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

Top Concerns

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

Incidence/Prevalence

Resort town, 24-hour culture. – Social Services Provider

I believe tobacco use is a major problem in our community because I see people smoking everywhere. Now, in the school system, it is not as much tobacco use as it is vaping, which allows kids to vape nicotine while in school. – Other Health Provider

I personally have witnessed a high rate of smoking tobacco by having 3 out of my 7 neighbors as smokers, I live in an apartment complex. – Other Health Provider

Many tobacco users, and associated long term health complications. – Physician

Too many people smoke. – Physician

In public, a lot of tobacco use is still evident. Second hand smoke at public events is still an issue, both from tobacco and marijuana smoke. – Community Leader

Personal observations. Smoking, vaping, and related activities are widespread. – Community Leader

The culture of the town, having many transients and also with the casinos, seems to attract smokers. This is an opinion. – Social Services Provider

Too much usage, no good. – Public Health Representative

Youth

Too many youths and teens have easy access to vaporizers and/or cigarettes. Also, there is too much secondhand smoke exposure at the casinos. – Physician

Tobacco use is a problem with our youth. It is a problem with adults, but I believe that we probably have a low percentage compared to other communities. – Community Leader

Kids in elementary school are smoking and vaping. – Community Leader

Many young people smoke tobacco, and don't seem to have much interest in quitting or concern of what it does to one's health. – Physician

Lack of Services

Inadequate resources for treatment and prevention. – Physician

Adequate cessation services, known impact on overall health of the user and family members. – Physician

E-Cigarettes

Accessibility to new types of tobacco use, i.e. vaping. – Other Health Provider

Access to Health Services

Professional Research Consultants, Inc.

Health Insurance Coverage

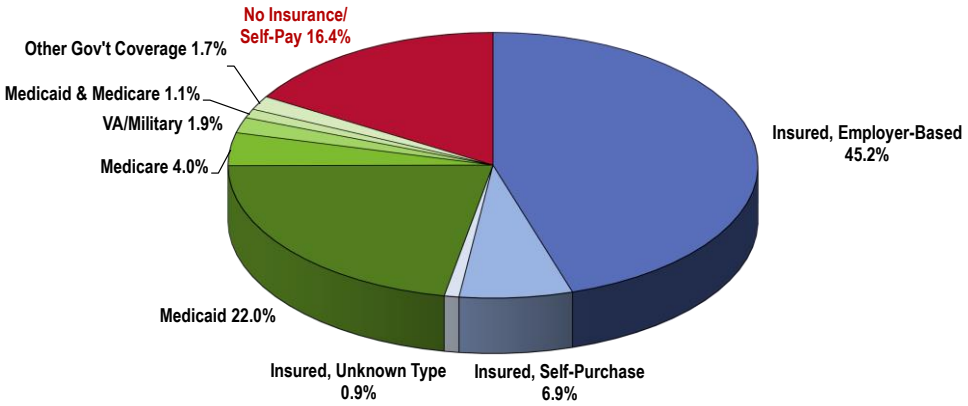
Type of Healthcare Coverage

Survey respondents were asked a series of questions to determine their healthcare insurance coverage, if any, from either private or government-sponsored sources.

A total of 53.0% of Primary Service Area adults age 18 to 64 report having healthcare coverage through private insurance. Another 30.7% report coverage through a government-sponsored program (e.g., Medicaid, Medicare, military benefits).

Healthcare Insurance Coverage

(Among Adults Age 18-64; Primary Service Area, 2018)



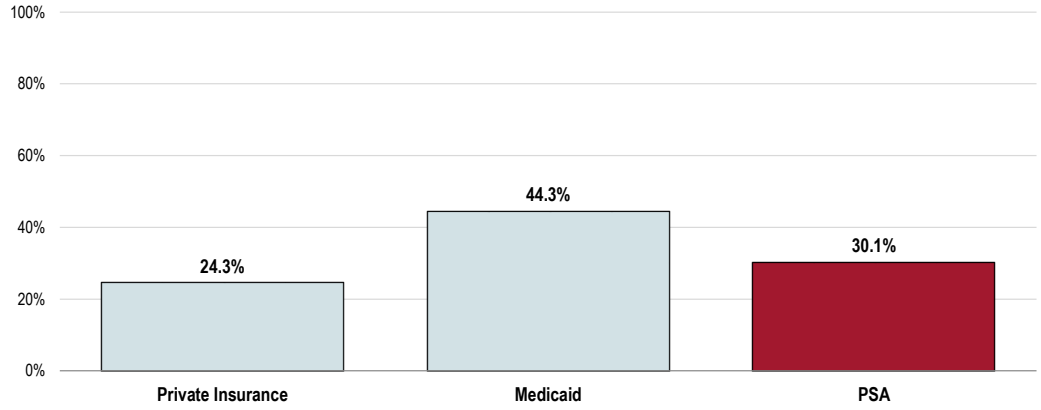
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 169]
Notes: • Reflects respondents age 18 to 64.

A total of 30.1% of residents under age 65 with private coverage or Medicaid secured their coverage under the Affordable Care Act (ACA), otherwise known as "Obamacare."

- Note the 44.3% of affirmative responses among adults with Medicaid, compared with privately insured individuals (24.3%).

Insurance Was Secured Under the Affordable Care Act/"Obamacare"

(Among Adults Age 18-64 With Private Insurance or Medicaid, By Type of Coverage)



Sources: ● 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 313]
Notes: ● Asked of all respondents under 65 with private insurance or Medicaid.

Lack of Health Insurance Coverage

Among adults age 18 to 64, 16.4% report having no insurance coverage for healthcare expenses.

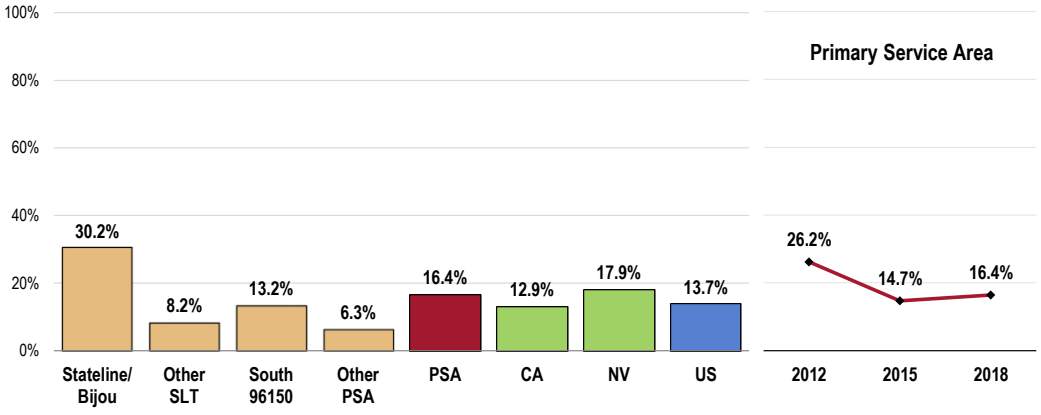
Here, lack of health insurance coverage reflects respondents age 18 to 64 (thus, excluding the Medicare population), who have no type of insurance coverage for healthcare services – neither private insurance nor government-sponsored plans (e.g., Medicaid).

- Similar to the state and US findings.
- The Healthy People 2020 target is universal coverage (0% uninsured).
- Worst in Stateline/Bijou.
- TREND: Marks a statistically significant decrease from 2012 (similar to 2015).

Lack of Healthcare Insurance Coverage

(Among Adults Age 18-64)

Healthy People 2020 Target = 0.0% (Universal Coverage)



Sources: ● 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 169]
● Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 California and Nevada data.
● 2017 PRC National Health Survey, Professional Research Consultants, Inc.
● US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective AHS-1]
Notes: ● Asked of all respondents under the age of 65.

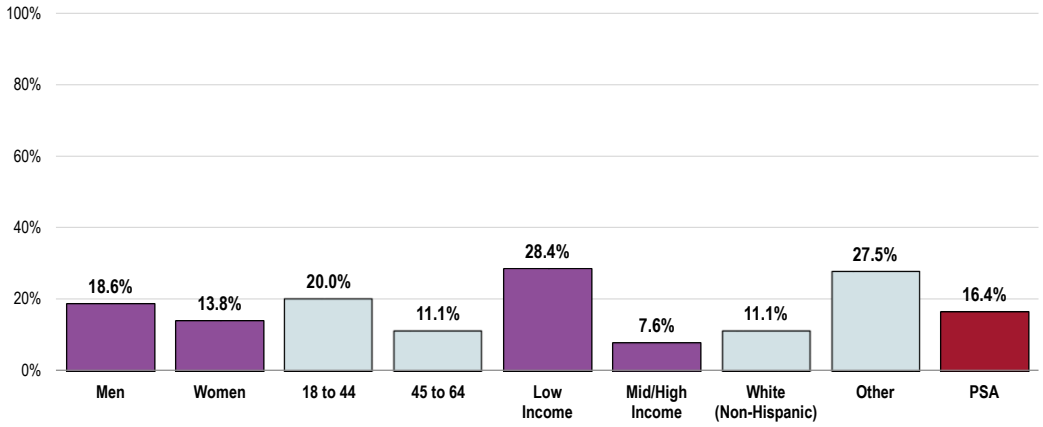
The following population segments are more likely to be without healthcare insurance coverage:

- Residents living at lower incomes (note the 28.4% uninsured prevalence among low-income adults).
- Other races (27.5% prevalence).

Lack of Healthcare Insurance Coverage

(Among Adults Age 18-64; Primary Service Area, 2018)

Healthy People 2020 Target = 0.0% (Universal Coverage)



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 169]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective AHS-1]

Notes:
- Asked of all respondents under the age of 65.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Difficulties Accessing Healthcare

About Access to Healthcare

Access to comprehensive, quality health care services is important for the achievement of health equity and for increasing the quality of a healthy life for everyone. It impacts: overall physical, social, and mental health status; prevention of disease and disability; detection and treatment of health conditions; quality of life; preventable death; and life expectancy.

Access to health services means the timely use of personal health services to achieve the best health outcomes. It requires three distinct steps: 1) Gaining entry into the health care system; 2) Accessing a health care location where needed services are provided; and 3) Finding a health care provider with whom the patient can communicate and trust.

- Healthy People 2020 (www.healthypeople.gov)

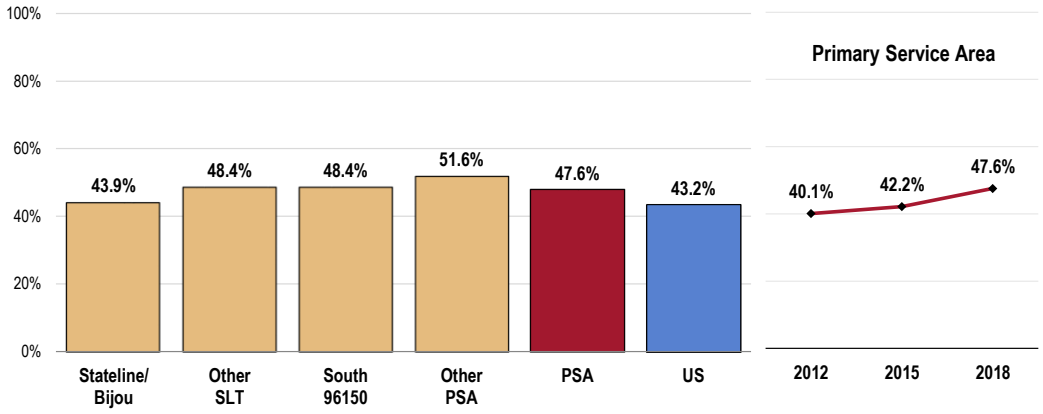
Difficulties Accessing Services

This indicator reflects the percentage of the total population experiencing problems accessing healthcare in the past year, regardless of whether they needed or sought care.

A total of 47.6% of Primary Service Area adults report some type of difficulty or delay in obtaining healthcare services in the past year.

- Comparable to national findings.
- Statistically comparable by community.
- TREND: Marks a statistically significant increase over time.

Experienced Difficulties or Delays of Some Kind in Receiving Needed Healthcare in the Past Year



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 171]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

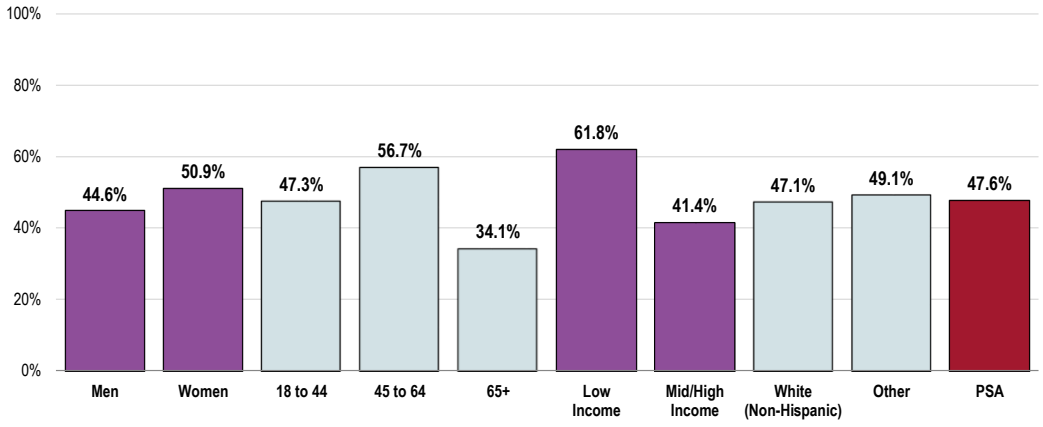
Notes:
- Asked of all respondents.

Note that, of those experiencing difficulty, 40.8% reported difficulty getting **primary care** in the past year, and 57.5% reported difficulty accessing a **specialist** (these categories are not mutually exclusive).

The following demographic groups more often report difficulties accessing healthcare services:

- Adults age 45 to 64.
- Lower-income residents.

Experienced Difficulties or Delays of Some Kind in Receiving Needed Healthcare in the Past Year
(Primary Service Area, 2018)



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 171]

Notes:
- Asked of all respondents.
- Represents the percentage of respondents experiencing one or more barriers to accessing healthcare in the past 12 months.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Barriers to Healthcare Access

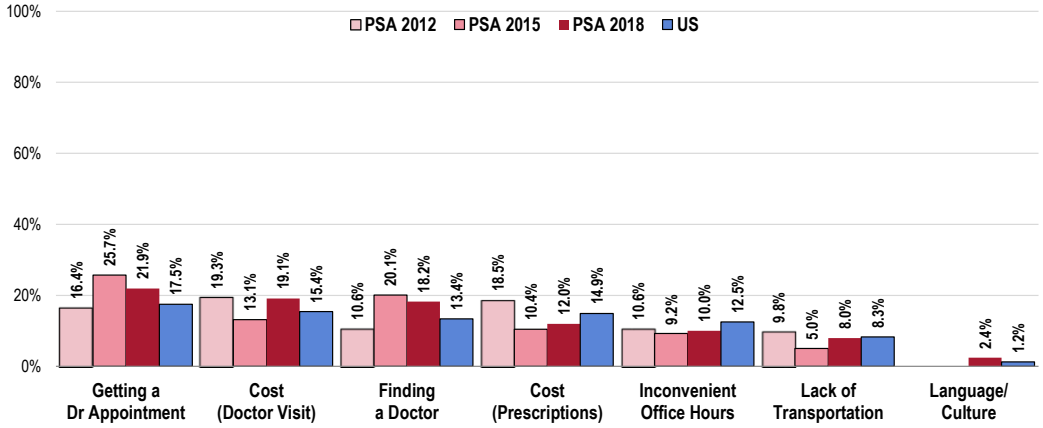
To better understand healthcare access barriers, survey participants were asked whether any of seven types of barriers to access prevented them from seeing a physician or obtaining a needed prescription in the past year.

Again, these percentages reflect the total population, regardless of whether medical care was needed or sought.

Of the tested barriers, difficulty getting an appointment impacted the greatest share of Primary Service Area adults (21.9% say they had difficulty obtaining an appointment to see a physician in the past year).

- The proportion of impacted Primary Service Area adults is statistically comparable to that found nationwide for each of the tested barriers, with the exception of finding a physician (the local percentage is higher than the US).
- TREND: While the **cost of prescription medication** has decreased significantly from 2012 survey findings, the barriers of **finding a physician** and **getting an appointment** have increased significantly.

Barriers to Access Have Prevented Medical Care in the Past Year



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 7-13]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

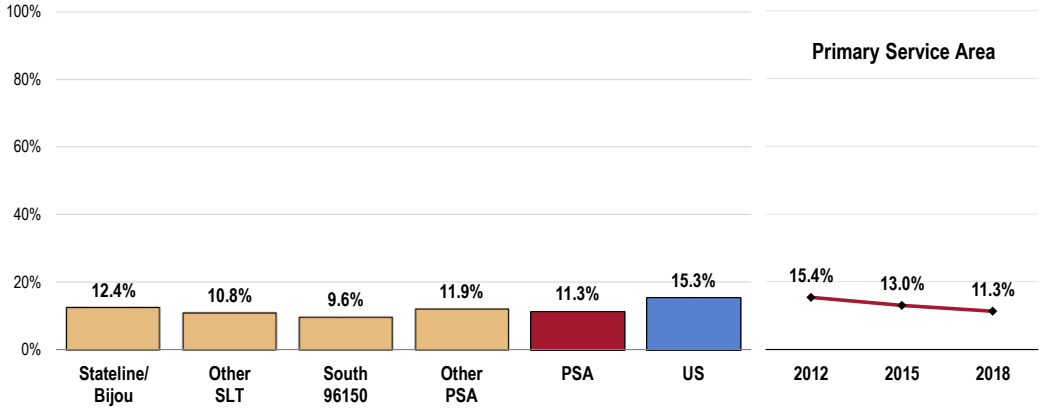
Notes:
- Asked of all respondents.

Prescriptions

Among all Primary Service Area adults, 11.3% skipped or reduced medication doses in the past year in order to stretch a prescription and save money.

- More favorable than national findings.
- Similar by community.
- TREND: The decrease over time is not statistically significant.

Skipped or Reduced Prescription Doses in Order to Stretch Prescriptions and Save Money



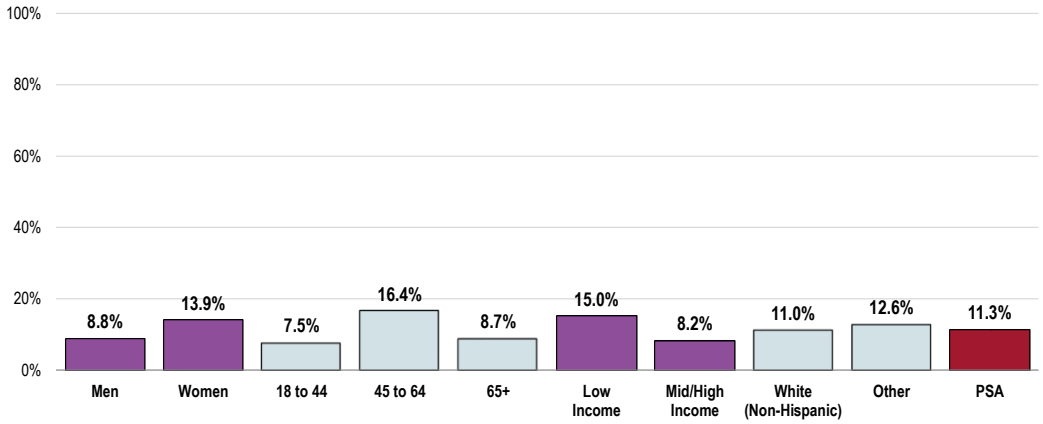
Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 14]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

- Adults age 45 to 64 are more likely to have skipped or reduced their prescription doses.

Skipped or Reduced Prescription Doses in Order to Stretch Prescriptions and Save Money

(Primary Service Area, 2018)



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 14]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Accessing Healthcare for Children

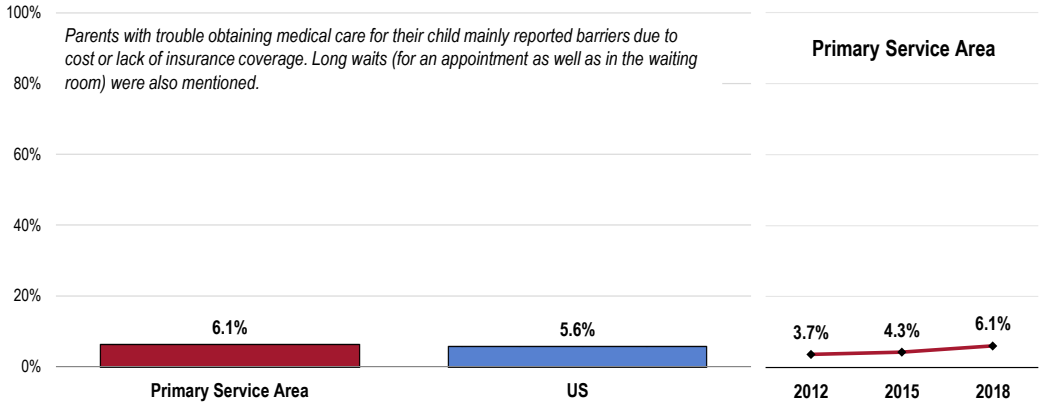
A total of 6.1% of parents say there was a time in the past year when they needed medical care for their child, but were unable to get it.

Surveyed parents were also asked if, within the past year, they experienced any trouble receiving medical care for a randomly-selected child in their household.

- Statistically similar to what is reported nationwide.
- TREND: The increase over time is not statistically significant.

Had Trouble Obtaining Medical Care for Child in the Past Year

(Among Parents of Children 0-17)



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 118-119]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

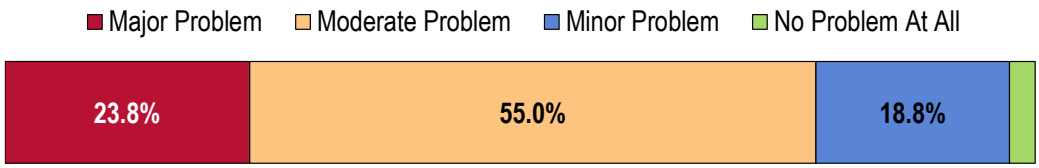
Notes:
- Asked of all respondents with children 0 to 17 in the household.

Key Informant Input: Access to Healthcare Services

Key informants taking part in an online survey most often characterized *Access to Healthcare Services* as a "moderate problem" in the community.

Perceptions of Access to Healthcare Services as a Problem in the Community

(Key Informants, 2018)



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

Top Concerns

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

Specialty Care

Lack of services, like substance abuse treatment and lack of bilingual services. – Public Health Representative

The lack of mental health services and the time it takes for mental health response is extreme, people with urgent needs wait months for service. – Community Leader

Specific treatments, such as dialysis, are not available. Finding health care professionals that will take MediCal, or even private insurance for many employers has become an issue. Lab work often requires a trip out of Tahoe. – Social Services Provider

There are a limited number of providers, particularly for mental health and substance abuse, in this community. This is a low income community where most people do not have health insurance and cannot afford many healthcare needs. – Community Leader

I haven't personally faced this so I don't know specifics, but I have been told there is an overall lack of specialty care. Long wait times to get into specialists with Medi-Cal or no one in the area at all. This applies to private insurance patients. – Other Health Provider

Thyroid issues. There are no endocrinologists nearby for either thyroid patients or diabetic patients. It is incredibly hard to get in to see one, you have to be able to drive to Reno. – Community Leader

Pediatric specialist. – Public Health Representative

Access for Low Income/Uninsured

Access El Dorado, ACCEL, recently assessed the characteristics of county residents who remained uninsured after ACA implementation. They found that being self-employed, hourly, or seasonal workers were less likely to be insured, and many Tahoe residents. – Social Services Provider

Limited access to care for low income, uninsured families. Same day appointments at the Health Center are hard to obtain, causing large overflow to the ED that is not emergent. – Other Health Provider

No health insurance. – Public Health Representative

The challenges that our community is facing is that many of the consumers have emergency Medi-cal only. Consumers are not able to reach out for preventive services because they do not have insurance and services are extremely expensive. – Public Health Representative

Large Medi-Cal population with limited number of provider accepting their insurance. Patients can't afford to travel or won't travel, which leads to noncompliance, especially when specialty care is needed. – Other Health Provider

Access to Care/Services

As someone who works in the school system, I find it difficult to access. – Other Health Provider

There are few healthcare facilities in our community that offer. – Social Services Provider

Individuals have to travel to receive services needed, takes long time to find a provider in town that is able to see patients within the same week. Lack of transportation and lack of the ability to take time off from work. – Public Health Representative

Inadequate resources. – Physician

Noncitizen access to healthcare. – Social Services Provider

Transportation, lack of health insurance, lack of options for health care. – Community Leader

Lack of Providers

Lack of sufficient Medi-Cal providers. Lack of affordable preventative care for underinsured, uninsured. Lack of affordable and quality medical insurance for those who don't qualify for Medi-Cal or Covered CA. – Other Health Provider

Not enough providers or services offered. – Community Leader

I do not think we have enough providers to serve our community well. – Physician

Affordable Care/Services

Lack of availability of quality health care services to lower income residents. – Community Leader

Cost and availability of certain specialties. – Community Leader

Cost of healthcare. Even those with insurance avoid all but critical visits to the doctor and hospital due to the high costs involved. This is partly driven by insurance reimbursements, but it is well known that Barton is extremely expensive. – Social Services Provider

Awareness

Getting the word out to the community on the services available, how and where to access these services. – Community Leader

A centralized referral resource we could direct patients to that has all community resources listed and better communication between community resources to figure out what services are being duplicated, so we can waste less resources. – Physician

Lack of Reliable Public Transportation

Lack of reliable public transportation. Many low-income families cannot afford car. Lack of reliable transportation can impact someone's health if they rely on it to get to medical appointments or access health services in areas out of South Lake Tahoe. – Other Health Provider

Type of Care Most Difficult to Access

Key informants (who rated this as a "major problem") most often identified behavioral health, dental care, and substance abuse treatment as the most difficult to access in the community.

Medical Care Difficult to Access as Identified by Key Informants				
	Most Difficult	Second-Most Difficult	Third-Most Difficult	**Total Mentions**
Behavioral Health	50.0%	22.2%	12.5%	15
Dental Care	16.7%	11.1%	37.5%	11
Substance Abuse Treatment	16.7%	27.8%	12.5%	10
Specialty Care	5.6%	16.7%	12.5%	6
Chronic Disease Care	11.1%	0.0%	0.0%	2
Primary Care	0.0%	5.6%	6.3%	2
Palliative Care	0.0%	0.0%	12.5%	2
Pain Management	0.0%	11.1%	0.0%	2
Elder Care	0.0%	5.6%	6.3%	2

Primary Care Services

About Primary Care

Improving health care services depends in part on ensuring that people have a usual and ongoing source of care. People with a usual source of care have better health outcomes and fewer disparities and costs. Having a primary care provider (PCP) as the usual source of care is especially important. PCPs can develop meaningful and sustained relationships with patients and provide integrated services while practicing in the context of family and community. Having a usual PCP is associated with:

- Greater patient trust in the provider
- Good patient-provider communication
- Increased likelihood that patients will receive appropriate care

Improving health care services includes increasing access to and use of evidence-based preventive services. Clinical preventive services are services that: **prevent** illness by detecting early warning signs or symptoms before they develop into a disease (primary prevention); or **detect** a disease at an earlier, and often more treatable, stage (secondary prevention).

- Healthy People 2020 (www.healthypeople.gov)

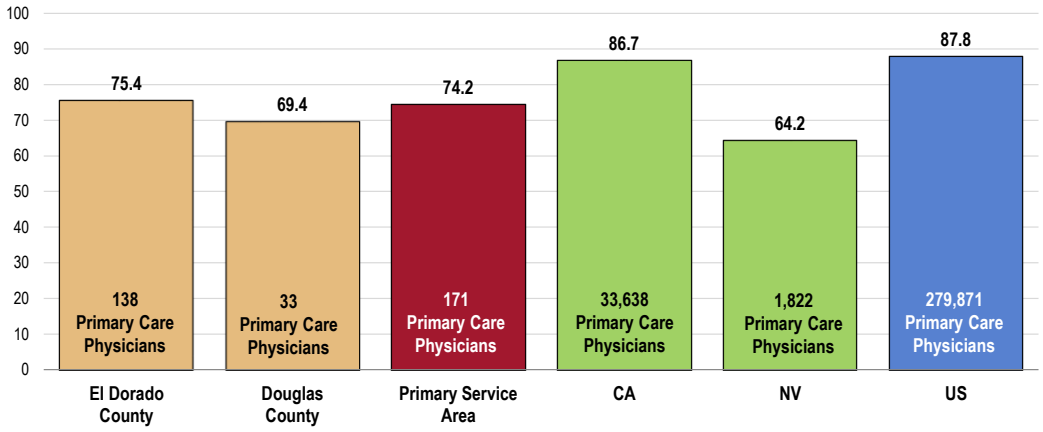
Access to Primary Care

In the Primary Service Area in 2014, there were 171 primary care physicians, translating to a rate of 74.2 primary care physicians per 100,000 population.

- Similar to the Nevada ratio but lower than the California and US ratios.
- Similar ratios by county.

Access to Primary Care

(Number of Primary Care Physicians per 100,000 Population, 2014)



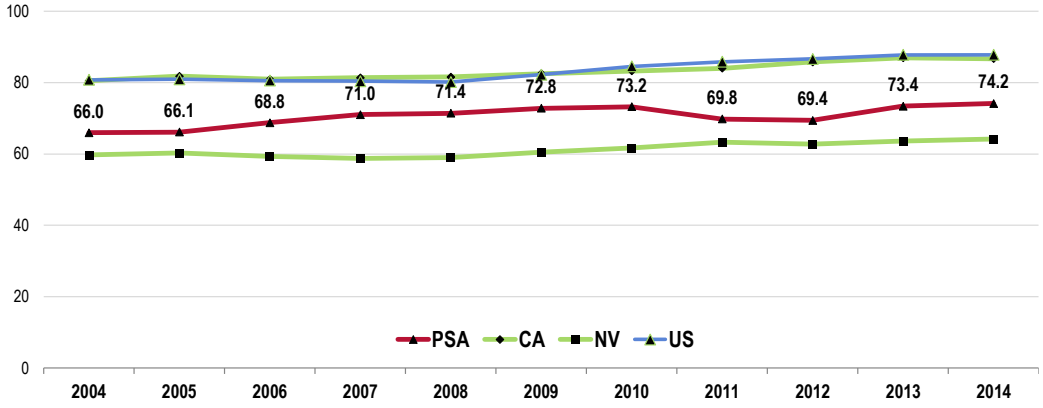
Sources:
- US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File.
- Retrieved April 2018 from Community Commons at http://www.chna.org.

Notes:
- This indicator is relevant because a shortage of health professionals contributes to access and health status issues.

- TREND: The increasing trend in access to primary care (in terms of the rate of primary care physicians to population) is not statistically significant in the Primary Service Area. Note the increasing trends across California, Nevada, and the US overall.

Trends in Access to Primary Care

(Number of Primary Care Physicians per 100,000 Population)



Sources:
- US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File.
- Retrieved April 2018 from Community Commons at http://www.chna.org.

Notes:
- This indicator is relevant because a shortage of health professionals contributes to access and health status issues.
- These figures represent all primary care physicians practicing patient care, including hospital residents. In counties with teaching hospitals, this figure may differ from the rate reported in the previous chart.

Having a specific source of ongoing care includes having a doctor's office, clinic, urgent care center, walk-in clinic, health center facility, hospital outpatient clinic, HMO or prepaid group, military/VA clinic, or some other kind of place to go if one is sick or needs advice about his or her health. This resource is crucial to the concept of "patient-centered medical homes" (PCMH).

A hospital emergency room is not considered a specific source of ongoing care in this instance.

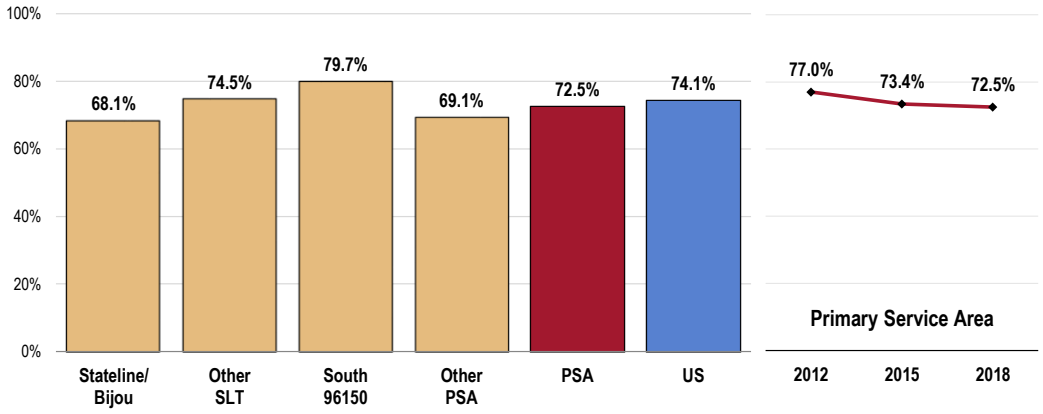
Specific Source of Ongoing Care

A total of 72.5% of Primary Service Area adults were determined to have a specific source of ongoing medical care.

- Similar to national findings.
- Fails to satisfy the Healthy People 2020 objective (95% or higher).
- Similar proportions by community.
- TREND: Statistically unchanged over time.

Have a Specific Source of Ongoing Medical Care

Healthy People 2020 Target = 95.0% or Higher



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 170]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective AHS-5.1]

Notes:
- Asked of all respondents.

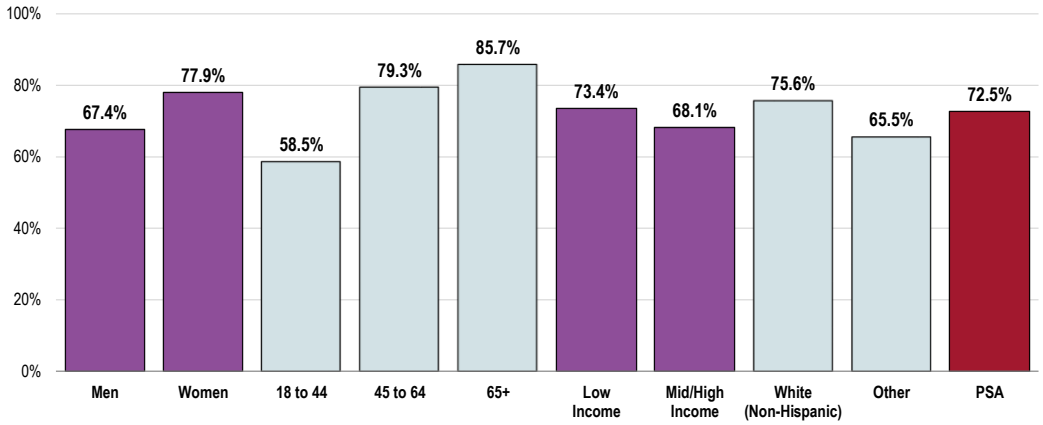
When viewed by demographic characteristics, the following population segments are less likely to have a specific source of care:

- Men.
- Adults under age 45 (positive correlation with age).

Have a Specific Source of Ongoing Medical Care

(Primary Service Area, 2018)

Healthy People 2020 Target = 95.0% or Higher



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 170]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective AHS-5.1]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

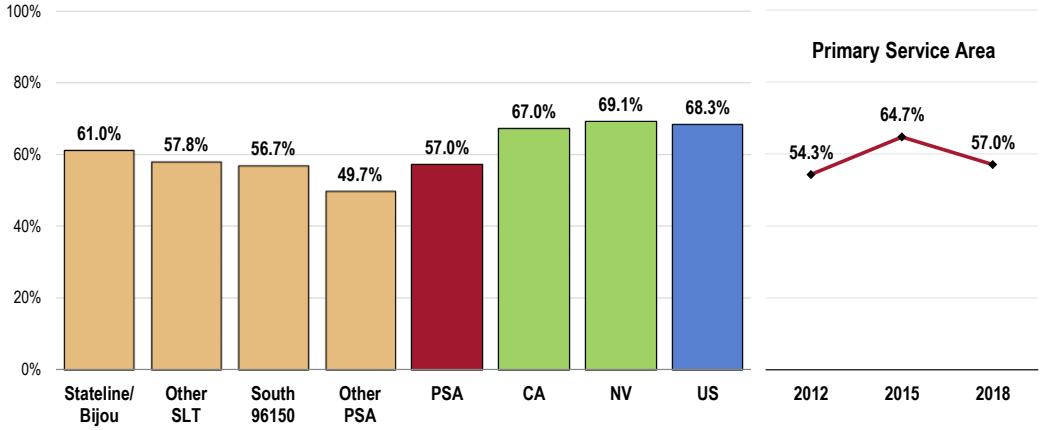
Utilization of Primary Care Services

Adults

A total of 57.0% of adults visited a physician for a routine checkup in the past year.

- Well below the state and US percentages.
- Comparable by community.
- TREND: Statistically similar to 2012 findings (but decreasing since 2015).

Have Visited a Physician for a Checkup in the Past Year



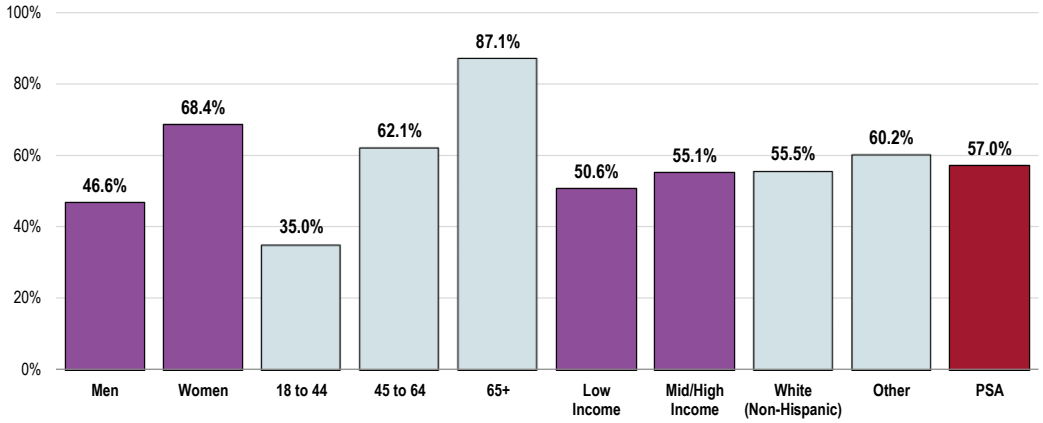
Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 18]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 California and Nevada data.
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

- Men and adults under 45 are less likely to have received routine care in the past year (note the positive correlation with age).

Have Visited a Physician for a Checkup in the Past Year

(Primary Service Area, 2018)



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 18]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

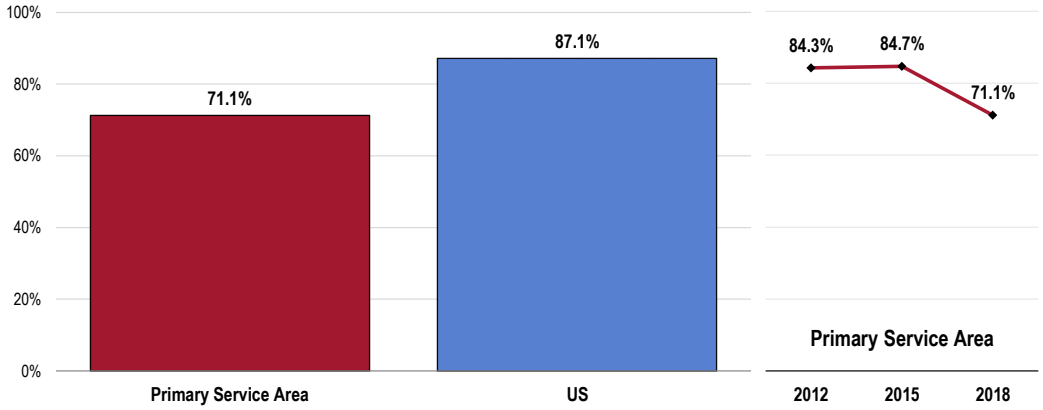
Children

Among surveyed parents, 71.1% report that their child has had a routine checkup in the past year.

- Lower than the national findings.
- TREND: Marking a statistically significant decrease from previous survey findings.

Child Has Visited a Physician for a Routine Checkup in the Past Year

(Among Parents of Children 0-17)



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 120]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

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

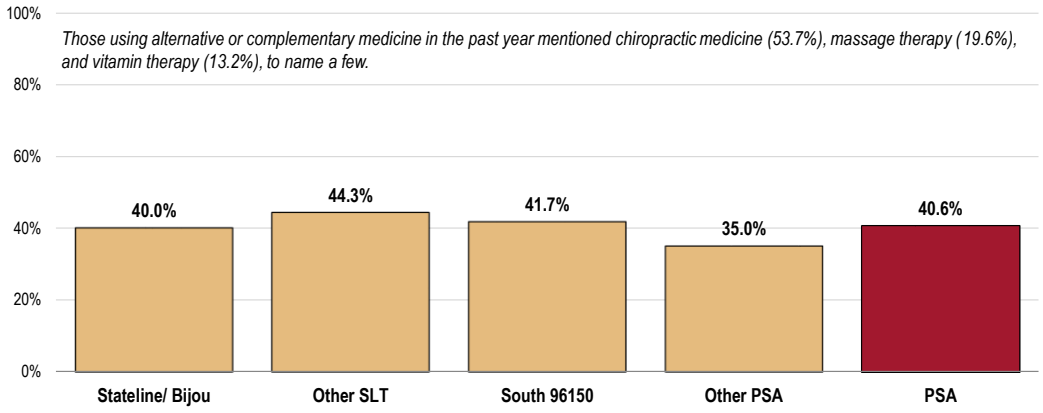
Alternative/Complementary Medicine

Alternative or complementary medicine includes chiropractic care, acupuncture, massage therapy, or vitamin therapy.

Among Primary Service Area adults, 40.6% used some type of alternative or complementary medicine in the past year.

- Comparable findings by community.

Used Some Type of Alternative or Complementary Medicine in the Past Year



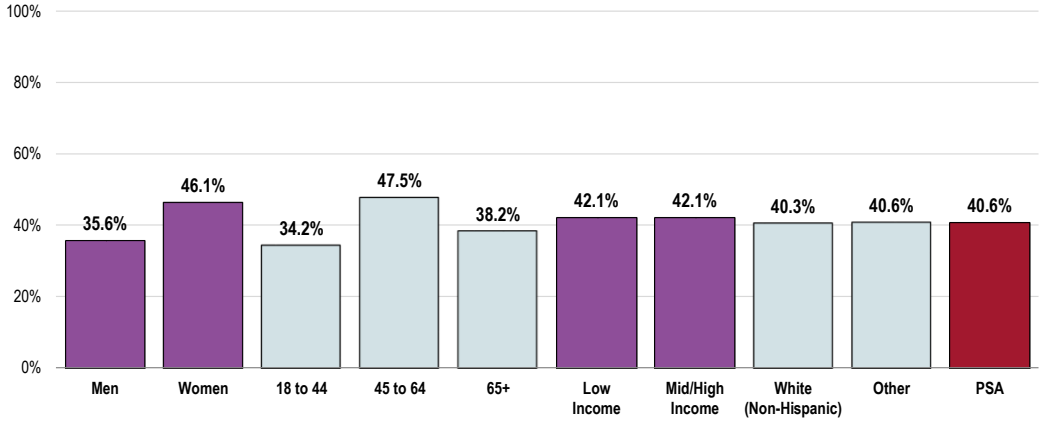
Sources: ● 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 305-306]
Notes: ● Asked of all respondents.
● In this case, complementary or alternative medicine includes chiropractic medicine, acupuncture, massage therapy, or vitamin therapy.

Of these adults, the most common type of medicine used included chiropractic (53.7%), massage therapy (19.6%), vitamin therapy (13.2%), and acupuncture (8.9%).

- Women and adults age 45 to 64 are more likely to have used some type of alternative or complementary medicine in the past year.

Used Some Type of Alternative or Complementary Medicine in the Past Year

(Primary Service Area, 2018)



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 305]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- In this case, complementary or alternative medicine includes chiropractic medicine, acupuncture, massage therapy, or vitamin therapy.
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

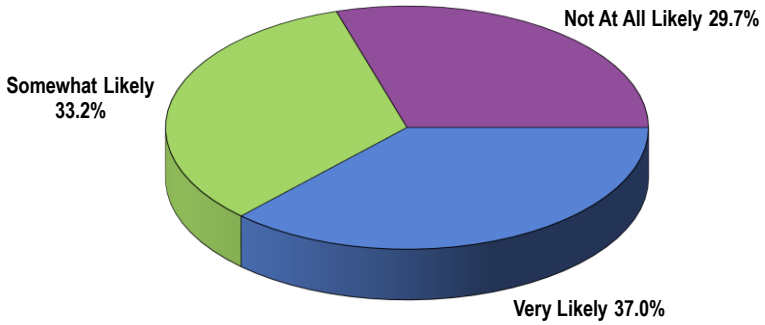
Tele-Health Visits

In a tele-health visit, the patient uses a computer or smartphone to communicate with a doctor in real time without being face-to-face.

Asked about their likelihood of using a tele-health visit for their medical care, 37.0% of survey respondents gave "very likely" indications.

Likelihood of Using a Tele-Health Visit

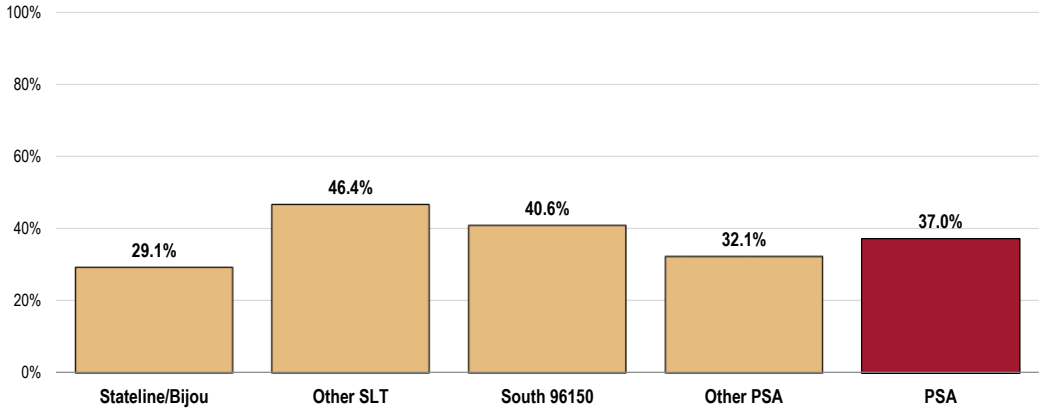
(Primary Service Area, 2018)



Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 304]
Notes: • Asked of all respondents.

- Likelihood of using a tele-health visit is much higher in the Other SLT area.

"Very Likely" to Use a Tele-Health Visit



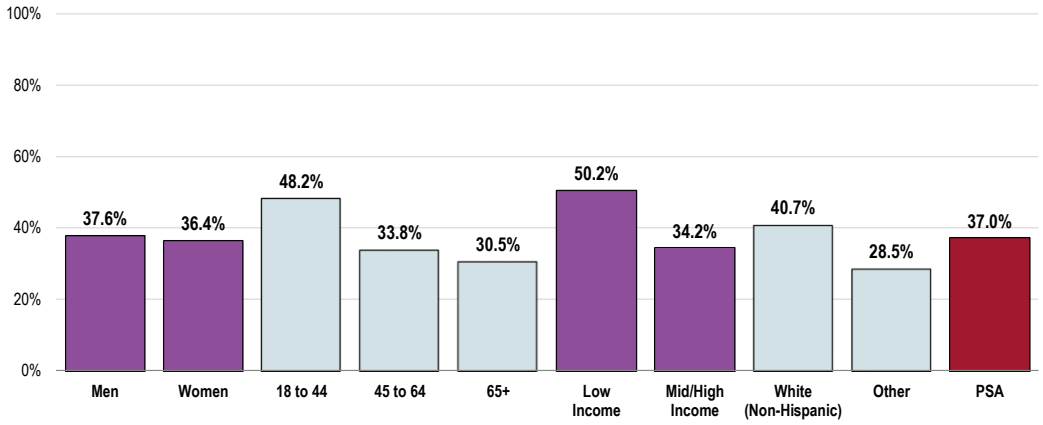
Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 304]
Notes: • Asked of all respondents.

These population segments are more likely to be open to tele-health visits:

- Younger residents (negative correlation with age).
- Low-income adults.
- Non-Hispanic Whites.

"Very Likely" to Use a Tele-Health Visit

(Primary Service Area, 2018)



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 304]

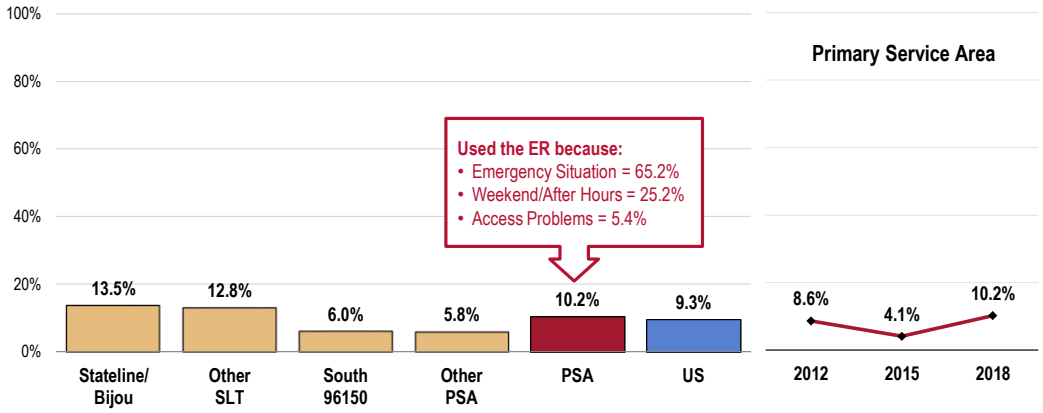
Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Emergency Room Utilization

A total of 10.2% of Primary Service Area adults have gone to a hospital emergency room more than once in the past year about their own health.

- Comparable to national findings.
- Findings are statistically comparable by community.
- TREND: Statistically unchanged over time.

Have Used a Hospital Emergency Room More Than Once in the Past Year



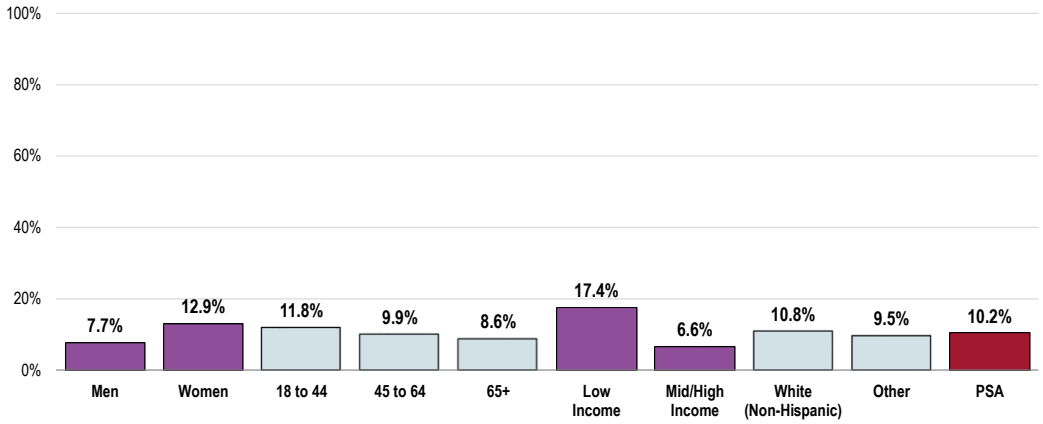
Sources: ● 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Items 22-23]
● 2017 PRC National Health Survey, Professional Research Consultants, Inc.
Notes: ● Asked of all respondents.

Of those using a hospital ER, 65.2% say this was due to an **emergency or life-threatening situation**, while 25.2% indicated that the visit was during **after-hours or on the weekend**. A total of 5.4% cited **difficulties accessing primary care** for various reasons.

- Residents in low-income households are more likely to have used an ER for their medical care more than once in the past year.

Have Used a Hospital Emergency Room More Than Once in the Past Year

(Primary Service Area, 2018)



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 22]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Oral Health

About Oral Health

Oral health is essential to overall health. Good oral health improves a person's ability to speak, smile, smell, taste, touch, chew, swallow, and make facial expressions to show feelings and emotions. However, oral diseases, from cavities to oral cancer, cause pain and disability for many Americans. Good self-care, such as brushing with fluoride toothpaste, daily flossing, and professional treatment, is key to good oral health. Health behaviors that can lead to poor oral health include: **tobacco use; excessive alcohol use;** and **poor dietary choices**.

The significant improvement in the oral health of Americans over the past 50 years is a public health success story. Most of the gains are a result of effective prevention and treatment efforts. One major success is community water fluoridation, which now benefits about 7 out of 10 Americans who get water through public water systems. However, some Americans do not have access to preventive programs. People who have the least access to preventive services and dental treatment have greater rates of oral diseases. A person's ability to access oral healthcare is associated with factors such as education level, income, race, and ethnicity.

Barriers that can limit a person's use of preventive interventions and treatments include: limited access to and availability of dental services; lack of awareness of the need for care; cost; and fear of dental procedures.

There are also social determinants that affect oral health. In general, people with lower levels of education and income, and people from specific racial/ethnic groups, have higher rates of disease. People with disabilities and other health conditions, like diabetes, are more likely to have poor oral health.

Potential strategies to address these issues include:

- Implementing and evaluating activities that have an impact on health behavior.
- Promoting interventions to reduce tooth decay, such as dental sealants and fluoride use.
- Evaluating and improving methods of monitoring oral diseases and conditions.
- Increasing the capacity of State dental health programs to provide preventive oral health services.
- Increasing the number of community health centers with an oral health component.

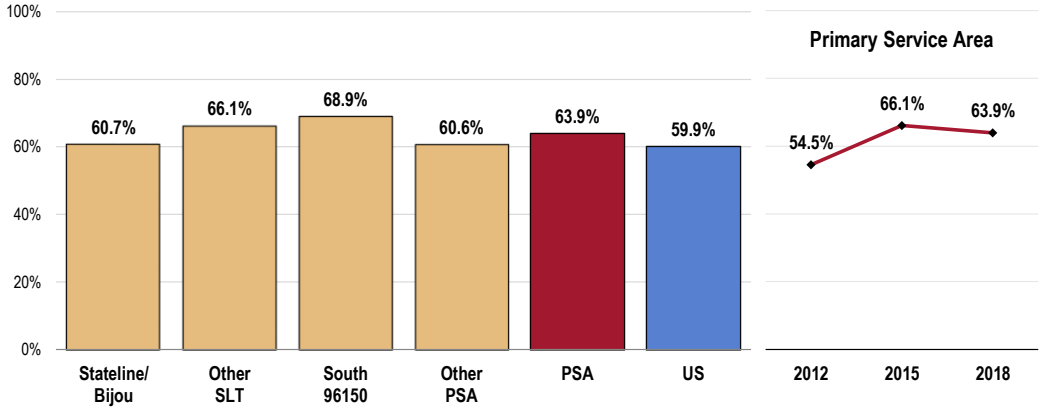
- Healthy People 2020 (www.healthypeople.gov)

Dental Insurance

Over 6 in 10 Primary Service Area adults (63.9%) have dental insurance that covers all or part of their dental care costs.

- Similar to the national finding.
- Similar findings by community.
- TREND: Marks a statistically significant increase from 2012 survey findings.

Have Insurance Coverage That Pays All or Part of Dental Care Costs



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 21]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

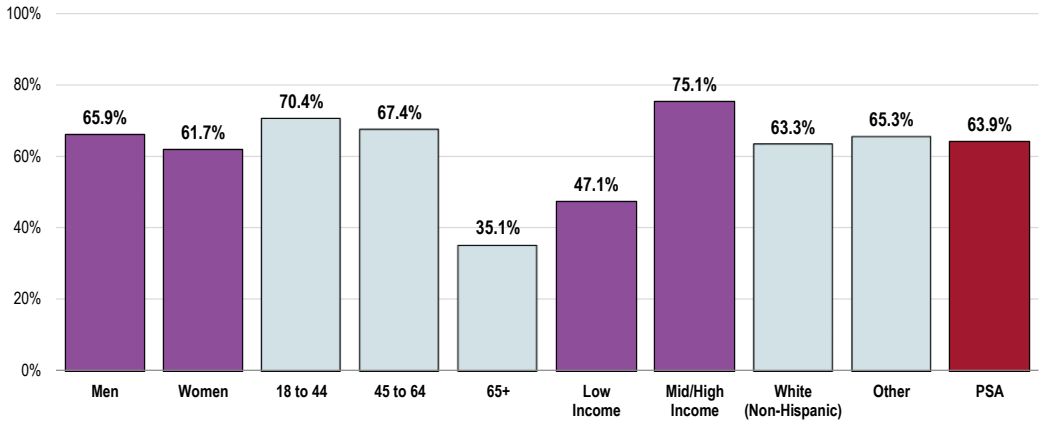
Notes:
- Asked of all respondents.

These adults are less likely to be covered by dental insurance:

- Seniors (negative correlation with age).
- Low-income residents.

Have Insurance Coverage That Pays All or Part of Dental Care Costs

(Primary Service Area, 2018)



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 21]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Dental Care

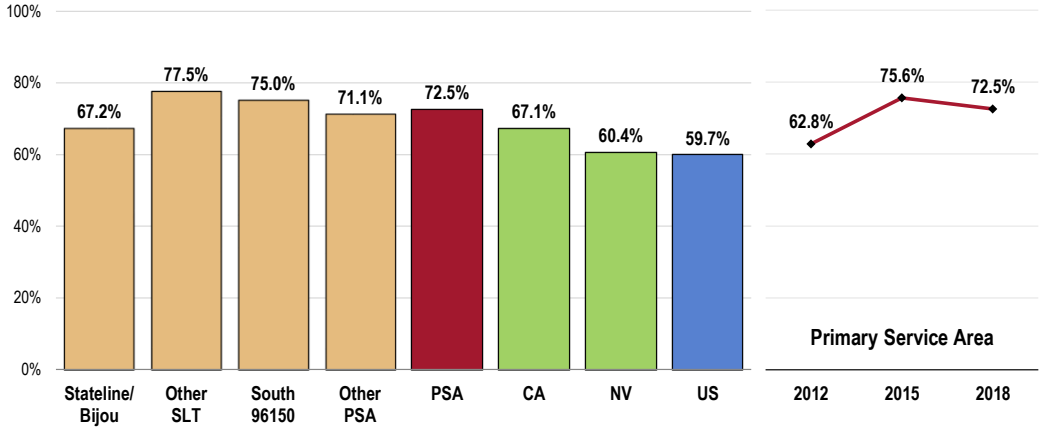
Adults

A total of 72.5% of Primary Service Area adults have visited a dentist or dental clinic (for any reason) in the past year.

- More favorable than state and national findings.
- Satisfies the Healthy People 2020 target (49% or higher).
- Similar findings by community.
- TREND: Denotes a statistically significant increase since 2012.

Have Visited a Dentist or Dental Clinic Within the Past Year

Healthy People 2020 Target = 49.0% or Higher



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 20]
- Behavioral Risk Factor Surveillance System Survey Data. Atlanta, Georgia. United States Department of Health and Human Services, Centers for Disease Control and Prevention (CDC): 2016 California and Nevada data.
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective OH-7]

Notes:
- Asked of all respondents.

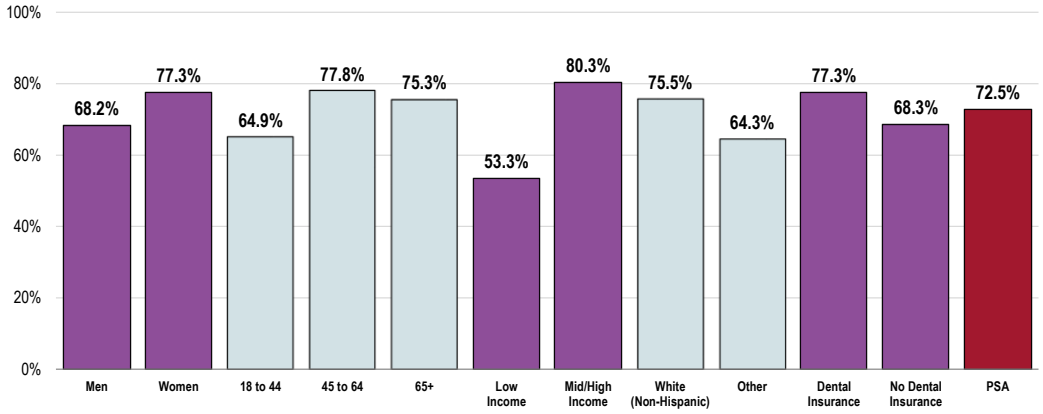
Note the following:

- Women are more likely than men in the Primary Service Area to report recent dental care.
- Persons living in the higher income categories report much higher utilization of oral health services.
- As might be expected, persons without dental insurance report much lower utilization of oral health services than those with dental coverage.

Have Visited a Dentist or Dental Clinic Within the Past Year

(Primary Service Area, 2018)

Healthy People 2020 Target = 49.0% or Higher



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 20]
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective OH-7]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Children

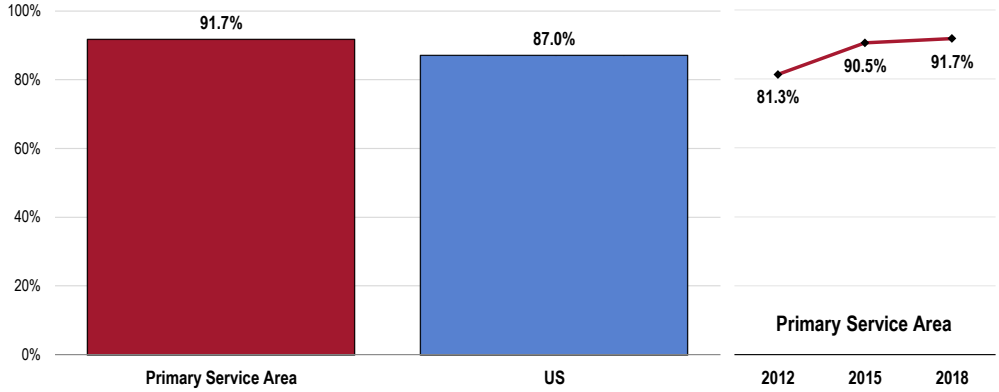
A total of 91.7% of parents report that their child (age 2 to 17) has been to a dentist or dental clinic within the past year.

- Comparable to national findings.
- Satisfies the Healthy People 2020 target (49% or higher).
- TREND: Marks a statistically significant increase in children's dental care since 2012.

Child Has Visited a Dentist or Dental Clinic Within the Past Year

(Among Parents of Children Age 2-17)

Healthy People 2020 Target = 49.0% or Higher



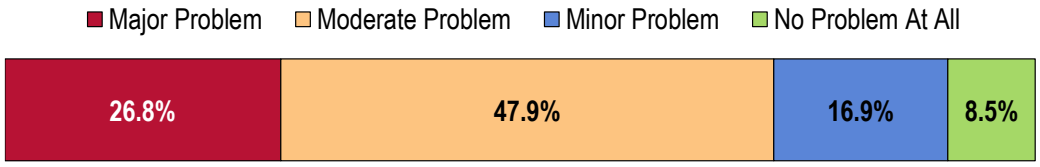
Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 123]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.
- US Department of Health and Human Services. Healthy People 2020. December 2010. http://www.healthypeople.gov [Objective OH-7]

Notes:
- Asked of all respondents with children age 2 through 17.

Key Informant Input: Oral Health

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

Perceptions of Oral Health as a Problem in the Community
(Key Informants, 2018)



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

Top Concerns

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

Lack of Medi-Cal Providers

No dentists accept Medi-Cal, patients have to travel to Placerville, those who already have limited resources to travel. – Other Health Provider

Only one dental provider who sees Medi-Cal, CHWP insurance children. – Physician

Limited options for people with no insurance or Medi-Cal. – Social Services Provider

In SLT, there is only one listed Medi-Cal, Denti-Cal provider. This is very insufficient to meet needs. The dental van makes visits, but it appears that advertising its services has not been effective enough. It is being underutilized despite need. – Social Services Provider

No insurance or dental care facility that takes Medi-Cal. – Public Health Representative

Dentists here will not take medical insurance. – Physician

Lack of Pediatric dentists. Lack of dentists that take Medi-Cal. Dentists are expensive here. – Social Services Provider

Many children in community are on Medi-Cal, but only one dental care provider accepts Medi-Cal in our community. That same provider is the only one accepts adults who have Medi-Cal. Appointments for adult Medi-Cal patients are available months out. – Other Health Provider

We only have one local dentist who will take adult Medi-Cal patients. Oral health contributes to co morbid diseases. Most treat holistically. – Other Health Provider

South Lake Tahoe has only two doctors who take dental Medi-Cal, otherwise consumers need to make appointments and travel to the dental clinic in Placerville for the nearest services. Many consumers need to miss a day of work in order to travel. – Public Health Representative

There is a significant lack of providers who serve patients, especially children, on Medi-Cal, Denti-Cal. Data suggests children with poor dental care have long term impacts on the overall success and positive outcomes of the child. – Community Leader

Not enough providers for low income patients. – Community Leader

Affordable Care/Services

Specific to children, I believe that cost is a major factor and results in many children not regularly seeing a dentist. The removal of dental coverage from Medi-Cal was a contributing factor to this, so I am glad it is back. – Social Services Provider

It is cost prohibitive for many in need of dental care that do not have insurance. – Social Services Provider

> *If patient has private insurance or the means to pay for preventative or necessary, restorative, dental care, then there is no access issue. If, however, a patient has Medicaid, then that patient would need to be seen in Placerville or North Tahoe. – Other Health Provider*

Cost of Care

> *We are lower median income community. We also have many immigrants and undocumented immigrants. Majority of our jobs do not include dental insurance benefits. Our children, in particular, often do not have access to insurance. – Community Leader*
>
> *Dental insurance not available or cost prohibitive to enroll, especially for immigrant community. – Social Services Provider*

Children/Youth

> *Access to children's dental health care needs, specifically children of low income families who need to be put under anesthesia. Many of the children in our area have to go off the hill for these kinds of procedures and transportation is a real issue. – Community Leader*

Access to Local Care

> *Many who have medical have to travel to Placerville for service. – Community Leader*

Vision Care

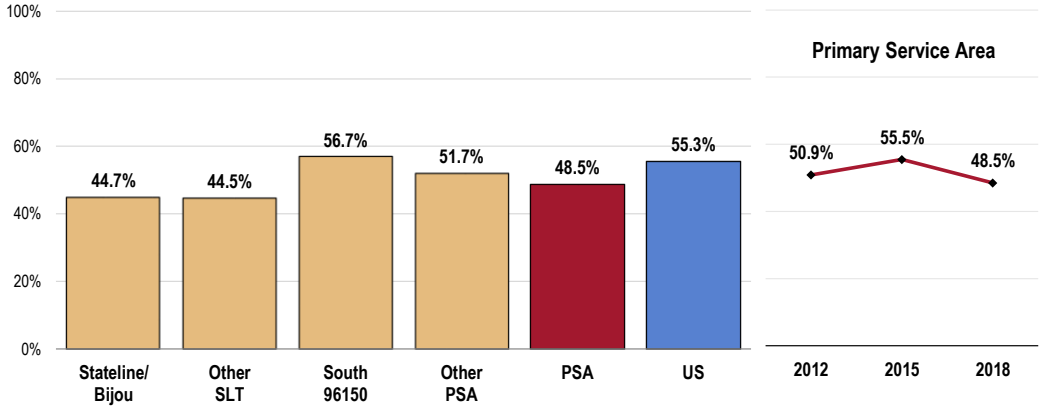
RELATED ISSUE:

See also *Potentially Disabling Conditions: Vision & Hearing Impairment* in the **Death, Disease, & Chronic Conditions** section of this report.

A total of 48.5% of Primary Service Area residents had an eye exam in the past two years during which their pupils were dilated.

- Below the national prevalence.
- Similar findings by community.
- TREND: Statistically unchanged over time.

Had an Eye Exam in the Past Two Years During Which the Pupils Were Dilated



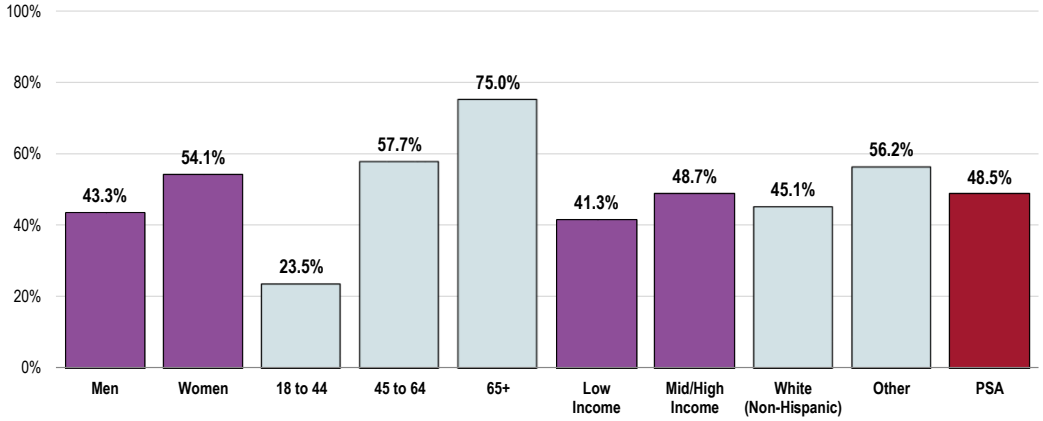
Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 19]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

Notes:
- Asked of all respondents.

- Recent vision care in the Primary Service Area is less often reported among men.
- Note also the positive correlation between age and recent eye exams.

Had an Eye Exam in the Past Two Years During Which the Pupils Were Dilated

(Primary Service Area, 2018)



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 19]

Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Local Resources

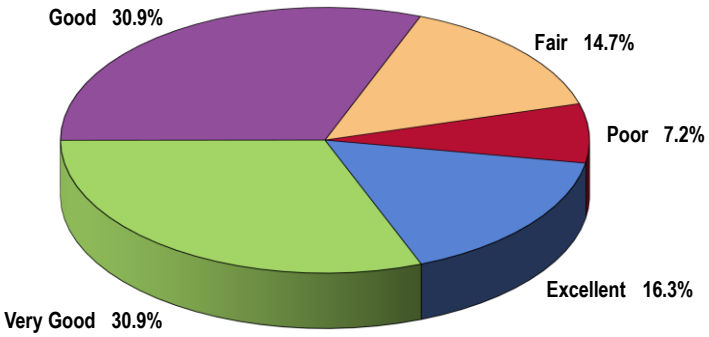
Professional Research Consultants, Inc.

Perceptions of Local Healthcare Services

Over 4 in 10 Primary Service Area adults (47.2%) rate the overall healthcare services available in their community as "excellent" or "very good."

- Another 30.9% gave "good" ratings.

Rating of Overall Healthcare Services Available in the Community
(Primary Service Area, 2018)

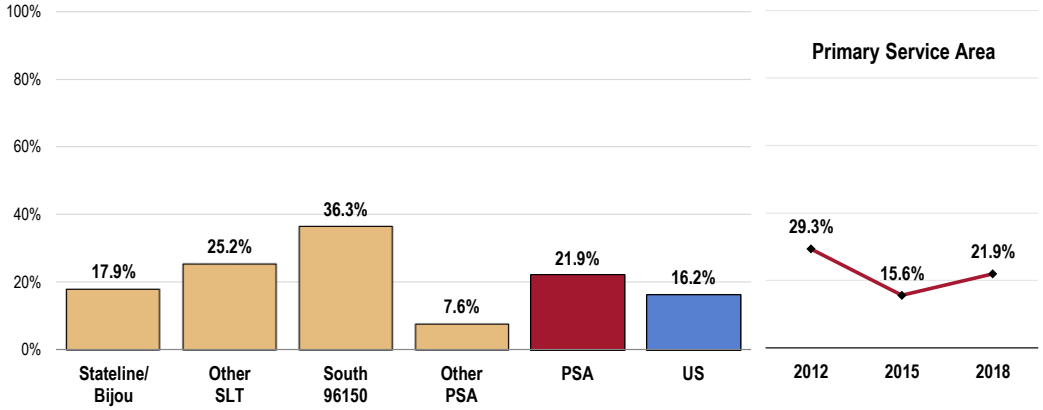


Sources: • 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 6]
Notes: • Asked of all respondents.

However, 21.9% of residents characterize local healthcare services as "fair" or "poor."

- Less favorable than reported nationally.
- Less favorable in South 96150.
- TREND: Less favorable than reported in 2015, although still better than initially found in 2012.

Perceive Local Healthcare Services as "Fair/Poor"



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 6]
- 2017 PRC National Health Survey, Professional Research Consultants, Inc.

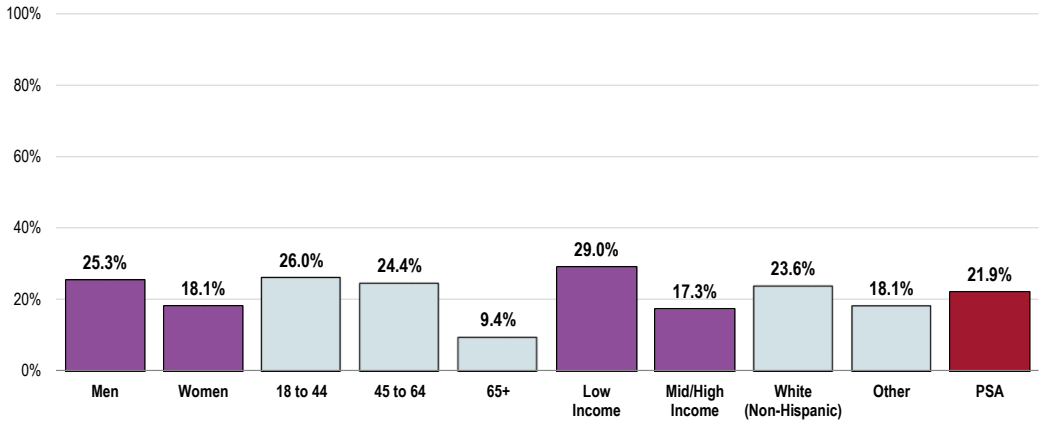
Notes:
- Asked of all respondents.

The following residents are more critical of local healthcare services:

- Adults under age 65.
- Residents with lower incomes.

Perceive Local Healthcare Services as "Fair/Poor"

(Primary Service Area, 2018)



Sources:
- 2018 PRC Community Health Survey, Professional Research Consultants, Inc. [Item 6]

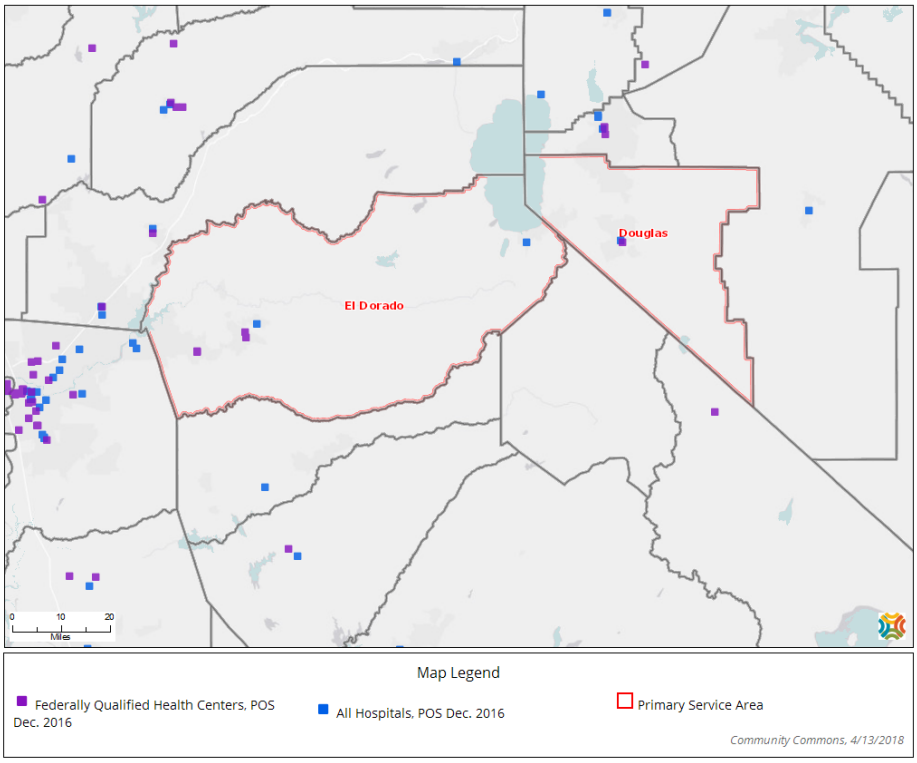
Notes:
- Asked of all respondents.
- Hispanics can be of any race. Other race categories are non-Hispanic categorizations (e.g., "White" reflects non-Hispanic White respondents).
- Income categories reflect respondent's household income as a ratio to the federal poverty level (FPL) for their household size. "Low Income" includes households with incomes up to 200% of the federal poverty level; "Mid/High Income" includes households with incomes at 200% or more of the federal poverty level.

Healthcare Resources & Facilities

Hospitals & Federally Qualified Health Centers (FQHCs)

The following map details the hospitals and Federally Qualified Health Centers (FQHCs) within the Primary Service Area as of late 2016.

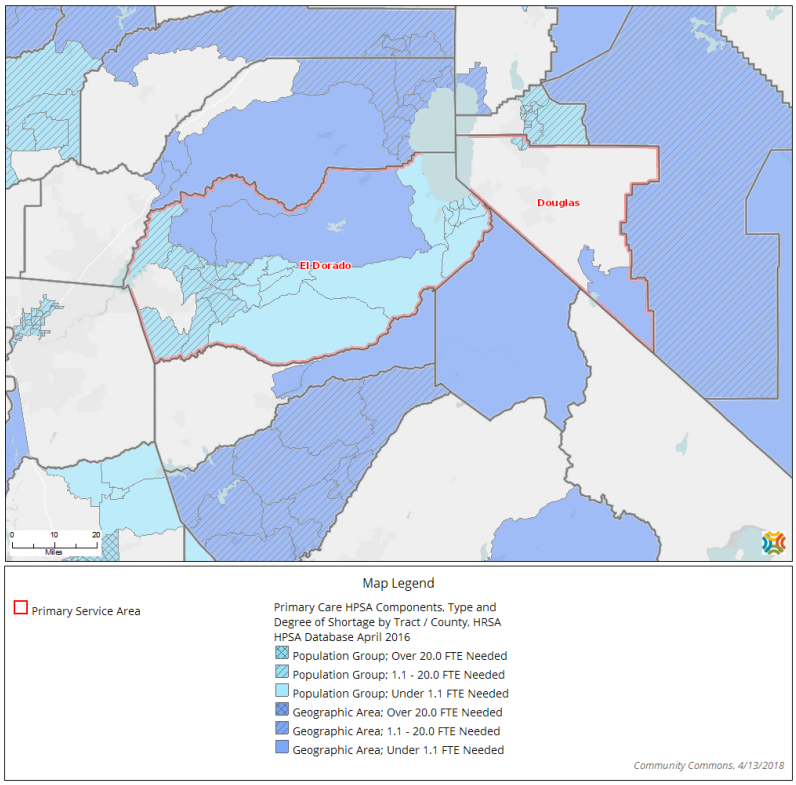
Hospitals and Federally Qualified Health Centers, POS Dec. 2016



Health Professional Shortage Areas (HPSAs)

Note the areas in the following map that have been designated as underserved by primary care providers (health professional shortage areas) in the Primary Service Area as of April 2016.

Population Living in a HPSA, Percent, HRSA HPSA Database April 2016



Resources Available to Address the Significant Health Needs

The following represent potential measures and resources (such as programs, organizations, and facilities in the community) identified by key informants as available to address the significant health needs identified in this report. This list only reflects input from participants in the Online Key Informant Survey and should not be considered to be exhaustive nor an all-inclusive list of available resources.

Access to Health Services

- *Alpine Family Practice*
- *Barton Community Health Center*
- *Barton Health*
- *Barton Health Clinic*
- *Barton Memorial Hospital*
- *Boys and Girls Club*
- *California Children Services*
- *CHIP*
- *Community Hubs Community Health Advocate*
- *County Behavioral Health Department*
- *Dental Van*
- *Dentist's Offices*
- *Doctor's Offices*
- *El Dorado County*
- *El Dorado County Health and Human Services*
- *El Dorado County Health Department*
- *El Dorado County Public Health*
- *El Dorado County Social Services*
- *El Dorado Health Clinic*
- *Expanding Health Center*
- *Facility That Accepts Medi-Cal*
- *Family Resource Center*
- *First 5*
- *Lake Tahoe Unified School District*
- *Mental Health Services*
- *Non-Profit Organization*
- *South Lake Tahoe Cancer League*
- *South Lake Tahoe Library*
- *Stateline Medical Center*
- *Tahoe Daily Tribune*
- *Tahoe Transportation District*

Arthritis/Osteoporosis/Back Conditions

- *Barton Community Health Center*
- *Barton Health*
- *Barton Memorial Hospital*
- *Doctor's Offices*
- *Emerald Bay Physical Therapy*

Cancer

- *American Association of Radon Scientists and Technologists (AARST)*
- *American Cancer Society*
- *Barton Cancer Wellness*
- *Barton Health*
- *Barton Memorial Hospital*
- *Barton Oncology*
- *Barton Wellness Program*
- *Barton Women's Health*
- *California State Department of Public Health Radon Program*
- *California Geologic Survey*
- *Cancer League*
- *Cancer Treatment Facilities*
- *Doctor's Offices*
- *Home Health and Hospice*
- *Hospitals*
- *In-Home Supportive Services (IHSS)*
- *Infusion Center*
- *Mental Health Services*
- *RadonAtTahoe.com*
- *South Lake Tahoe Cancer League*
- *Support Groups*
- *Tahoe Cancer League*
- *Tahoe Forest Hospital*
- *Tahoe Transportation District*

Chronic Kidney Disease

- *Barton Health*
- *Carson Tahoe Nephrology*
- *Community Health Center*
- *Dialysis Center*
- *Home Health and Hospice*
- *Hospitals*

- *In Home Supportive Services*
- *Renown Regional Medical Center*

Dementia/Alzheimer's Disease

- *Barton Memorial Hospital*
- *Barton Skilled Nursing Facility*
- *Caregiver Resources*
- *Doctor's Offices*
- *El Dorado County Mental Health*
- *Home Health and Hospice*
- *Long-Term Care Facility*
- *NAMI*
- *Senior Center*
- *South Lake Tahoe Alzheimer's Support Group*

Diabetes

- *Barton Community Health Center*
- *Barton Family Medicine*
- *Barton Health*
- *Barton Health Clinic*
- *Barton Health Nutrition Services*
- *Barton Memorial Hospital*
- *Barton Telemedicine Endocrinology*
- *Barton University*
- *Dietitian*
- *Doctor's Offices*
- *El Dorado County Public Health*
- *Home Health and Hospice*
- *Lake Tahoe Community College*

Family Planning

- *Barton Community Clinic*
- *Barton Community Health Center*
- *Barton Family Medicine*
- *Barton Health Clinic*
- *Barton Women's Health*
- *County Nurse*
- *Doctor's Offices*
- *El Dorado County Family Services*
- *El Dorado County Health and Human Services*
- *El Dorado County Public Health*
- *Lake Tahoe Pediatrics*
- *Public Health Department*
- *School Systems*
- *South Lake Tahoe Family Resource Center*
- *St. Theresa's*

Hearing and Vision Problems

- *Doctor's Offices*

Heart Disease and Stroke

- *Barton Community Health Center*
- *Barton Health Nutrition Services*
- *Barton PT/OT*
- *Bilingual Healthcare Pamphlets*
- *Doctor's Offices*
- *Hospitals*

HIV/AIDS

- *Doctor's Offices*

Immunization/Infectious Disease

- *Barton Health*
- *Barton Memorial Hospital*
- *Doctor's Offices*
- *El Dorado County Public Health*
- *Local Employers*
- *Local Press and Media*
- *Pharmacies*
- *Public Health Department*
- *School Systems*

Infant and Child Health

- *Barton Community Clinic*
- *Barton Community Health Center*
- *Barton Family Birthing Center*
- *Barton Health Clinic*
- *Bread and Broth for Kids*
- *Choices for Children*
- *Dentist's Offices*
- *El Dorado County Health Department*
- *Family Resource Center*
- *Lake Tahoe Unified School District*
- *Live Violence Free*
- *Parenting Classes*
- *Public Health Department*
- *School Systems*

Injury and Violence

- *Barton Health*
- *Barton Memorial Hospital*
- *Child Protective Services (CPS)*
- *Family Resource Center*
- *Live Violence Free*
- *Sheriff's Department of El Dorado County*
- *Sierra Child and Family Services*
- *South Lake Tahoe Police Department*

Mental Health Issues

A Balanced Life
Barton Behavioral and Mental Health Services
Barton Community Health Advisory Committee
Barton Community Health Center
Barton Family Birthing Center
Barton Health
Barton Health Clinic
Barton Memorial Hospital
Barton Psychiatry
Community Health Center
County Adult Residential Facility
County Mental Health
County Outpatient Services
County Psychiatric Healthcare Facility
County Restoration of Competency Program
County Transitional Housing
Doctor's Offices
El Dorado County Behavioral Health
El Dorado County Health and Human Services
El Dorado County Health Department
El Dorado County Mental Health
El Dorado County Public Health
El Dorado County Social Services
El Dorado County Wellness Group
Family Resource Center
Hospitals
Jail
Lake Tahoe Unified School District
Law Enforcement
Live Violence Free
Mental Health Crisis Line
Mental Health Forum
Mental Health Services
NAMI
Rural Health Clinic
School Systems
Sierra Child and Family Services
Sierra Foster Family
South Lake Tahoe Mental Health Cooperative
Stateline Medical Center
Substance Abuse Services
Tahoe Coalition for the Homeless
Tahoe Turning Point
Tahoe Youth and Family Services
Veterans Services

Nutrition, Physical Activity, and Weight

Barton Health Nutrition Services
Barton Wellness Program
Christmas Cheer, Inc.
Fitness Centers/Gyms
SOS Outreach Program
Soup Kitchen
South Lake Tahoe Recreation Center

Oral Health/Dental Care

Barton Memorial Hospital
Barton Pediatrics
Dental Van
Dentist's Offices
Doctor's Offices
El Dorado Community Health Center
High Sierra Dental
Hospitals
School Systems
Tahoe Magic

Respiratory Diseases

Barton Community Health Center
Barton Health Smoking Cessation Program
Doctor's Offices
Urgent Care

Sexually Transmitted Diseases

Barton Health Clinic
County Nurse

Substance Abuse

A Balanced Life
AA/NA
Alcohol and Other Drug Services
Barton Alcohol and Drug Counselors
Barton Community Clinic
Barton Community Health Center
Barton Health
Barton Memorial Hospital
Barton Psychiatry
County Health and Human Services
County Treatment Facilities
Court System
DARE
Doctor's Offices
Drug Free Coalition

El Dorado County Alcohol and Drug Program
El Dorado County AOD Services
El Dorado County Behavioral Health
El Dorado County Health Department
El Dorado County Jail
El Dorado County Mental Health
El Dorado County Public Health
Elevate Addiction Services
Family Resource Center
Hospitals
Jail
Law Enforcement
Live Violence Free
Mallory Behavioral Health Crisis Center
Mental Health Services
NAMI
Outpatient Supportive Systems
School Systems
South Lake Tahoe Juvenile Treatment Center
Substance Abuse Services
Support Groups
Tahoe Drug Free Coalition
Tahoe Turning Point
Tahoe Youth and Family Services

Tobacco Use

1-800-No-Butts
Barton Health Smoking Cessation Program
Barton Memorial Hospital
Club Live
Doctor's Offices
Lake Tahoe Unified School District
National Online Smoking Cessation Programs

Appendix

Professional Research Consultants, Inc.

Evaluation of Past Activities

1. Mental Health	
Community Partners	Members of the South Lake Tahoe Mental Health Cooperative and the Community Health Advisory Committee.
Goal	Improve the care flow system and create partnerships for service providers in the community to empower and strengthen the quality of life for South Lake Tahoe residents.
Timeframe	FY2015-FY2018
Scope	Strategy will focus on residents in the South Lake Tahoe basin.
Strategies and Objectives	**Strategy #1: Expand and maintain mental health services** • Hire third LCSW at Barton Community Health Center (CHC) to address mental health and medical needs for Medi-Cal patients. Coordinate counseling services and case management for CHC patients ✓ We currently have three LSCWs on staff, two of which are at the Barton Community Health Center. • Maintain tele-psychiatry program for patients through Barton physician offices ✓ Tele-psychiatry is still available for patients. • Maintain tele-psychiatry and evaluation program for in-patients regarding proper medication evaluation and recommendations prior to discharge ✓ No longer offering this service in the acute care setting. • Maintain and expand adult services at Barton Psychiatry through two existing child psychiatrists and an additional adult psychiatrist. ✓ Barton brought on a new adult psychiatrist in 2016, and maintained two child psychiatrists. Psychiatric appointments have increased year over year since 2014 as follows: 2014: 1,152 visits, 2015: 1,303 visits, 2016: 1,332 visits and 2017: 1,444 visits. The Community Health Center

	specifically saw an average of a 36% increase in psychiatry visits. • Maintain hospice grief counseling and children's bereavement camp (Camp Sunrise) ✓ Grief Counseling and Camp Sunrise are still maintained. Barton partnered with Suicide Prevention Network to offer a peer counseling group for those who have lost loved ones to suicide in 2017. • Continue partnership with First Five program where Barton nurses visit new mothers post-partum to identify post-partum depression and offer resources ✓ Barton has continued this program independently after the partnership with First Five discontinued. • Internal mental health task force will ensure proper treatment and referral options for mental health patients throughout the system including the emergency department and inter-facility transfers ✓ Internal task force meets once a quarter to address these needs. **Strategy #2: Spearhead community collaboration and engagement to improve the mental health care flow system** • Provide resources to maintain a Coordinator for the Mental Health Cooperative whose purpose is to improve the care flow system to empower and strength our community ✓ A contracted position remains to lead the Mental Health Cooperative. • Attend and facilitate regular meetings of the cooperative. Host an annual community-wide forum focused on addressing mental health needs in the area ✓ Monthly cooperative meetings are hosted along with an annual community mental health forum. • Carry out recommended strategies and seek resources to support strategies of the cooperative ✓ This continues to be a priority for our organization. **Strategy #3: Build awareness through education and prevention campaign**

	• Implement awareness campaign during Mental Health Awareness Month: poster series, articles, advertisement, web and social media awareness ✓ A robust campaign runs every May for Mental Health Awareness month. A 31-Day Challenge provides tips and encourages community members to look after their own well-being. Wellness lectures, articles, radio interviews, advertisements, social media awareness, media partnerships, city proclamation and more are all part of this campaign. • Conduct six month suicide prevention and awareness campaign ✓ A monthly suicide support group is hosted with Suicide Prevention Network and a month-long campaign runs in September for Suicide Awareness Month. Additionally, a Suicide Awareness Walk was established in 2017. • Distribute campaign materials to Barton Health medical practices, hospitals and other community partners ✓ This is part of our distribution strategy. • Incorporate mental health topics into the Wellness Lecture Series and other speaking engagements ✓ We include a speaker in May for Mental Health Awareness Month along with September for Suicide Awareness Month. Additional speaking opportunities are provided or supported for other speaking engagements on these topics. • Expansive mental health resources will be included in the community resource guide and updated annually ✓ The community resource guide offers robust community resources, including individual therapist listings as of 2018. • Community health grant resources will be reserved for services provided by local non-profit organizations to address unmet mental health needs in the community ✓ The commitment remains to focus on mental health needs during the community health grant application process. Since 2015, $106,000 has been awarded for mental health programs.

	• Barton will explore options and feasibility of an online resource/website to include mental health and other community resources ✓ The printed version of our community resource guide is online and updated quarterly.
Financial Commitment	$1,838,200
Anticipated Impact	A coordinated system network of providers to assist mental health patients at any point of entry into the system.
Additional Programs	✓ Mental Health Kiosks with education brochures and resources funded and maintained each month at community and hospital locations. ✓ Suicide Prevention Network hosts monthly support group, Signs of Suicide in middle school, SafeTalk training ✓ NAMI starts NAMI on Campus at local high school, which is a Brain Health Leadership class ✓ Wellness Outings with a focus on mental health

2. Substance Abuse	
Community Partners	Members of the South Tahoe Drug Free Coalition
Goal	To reduce youth and adult substance use in the South Lake Tahoe region.
Timeframe	FY2015-FY2018
Scope	Strategy will focus on residents in the South Lake Tahoe basin.
Strategies and Objectives	**Strategy #1: Participate in the South Tahoe Drug Free Coalition** • Attend monthly meetings and other committee meetings as assigned ✓ The community outreach coordinator attends and participates in Drug Free Coalition meetings and events. • Contribute time, data and other resources to the coalition to further their mission and ensure successful program outcomes. Particular programs may include: permanent drug take back bins, in-home lock boxes, an alternative suspension program at the middle and high schools, and

	educating parents on the dangers of alcohol and drug use for teenagers. ✓ Permanent drug take back bins have been added in the community, in-home lock bags have been funded by Barton and distributed at local health fairs and events, a parent texting network was funded by Barton, and educational postcards were created by Barton to support the Drug Free Coalition's mission. • Support efforts on grant funding which may include data, matching funds, information sharing to the public, and other collaboration as identified ✓ Support as outlined above, continues for the Drug Free Coalition. **Strategy #2: Support community prevention programs** • Community health grant resources will be reserved for services provided by local non-profit organizations to address substance abuse within the community ✓ The commitment remains to focus on substance abuse needs during the community health grant application process. Since 2015, $21,500 has been awarded to substance abuse programs. • Provide staff and financial support for community-wide initiatives such as the Drug Store Project, Every 15 Minutes and other local non-profit organizations ✓ Staff and financial support continues for the projects outlined above. • Be involved, and express opinions regarding the health of the community at public meetings ✓ Our providers have spoken in support of the Drug Free Coalition's mission and goals at local municipal meetings. **Strategy #3 Conduct outreach and education on the effects of alcohol and drug abuse** • Implement the Brief Intervention Program in the emergency department and explore options for expansion within the service line or at other facilities.

	✓ Trauma patients are assessed for alcohol use. Plans to provide resources in the future are being assessed. • Implement awareness campaign annually through: poster series, articles, advertisement, web and social media awareness ✓ This continues to remain a strategy for awareness and education of substance abuse. Partnering with the Drug Free Coalition, commercials, post cards, articles, advertisements, PSAs, social awareness and community event booths have been part of the strategy. • Disseminate appropriate information to Barton staff and physicians and coordinate internal trainings as requested ✓ This continues to remain a strategy for awareness and education of substance abuse. • Substance abuse resources will be included in the health resource guide updated annually ✓ Substance abuse resources are included in the community resource guide. **Strategy #4: Enhance internal protocols to reduce the abuse of prescription narcotics.** • Barton Health's internal Integrated Pain Management Group will work toward ensuring consistent and proper treatment and referral options for chronic pain patients. Protocols for evaluation and treatment for acute and chronic pain patients will be evaluated and amended. ✓ The Integrated Pain Management Group worked to fine tune the Total Joint order sets and clarify the Pain Management objectives for the hospital. Updates were also made to the Pain Management brochure. • Barton Health will research and introduce appropriate alternative therapies to patients throughout the Barton Health system including aromatherapy, integrative medicine, meditation, massage therapy and others. ✓ A new wellness service line was introduced and incorporated into the new Center for Orthopedics & Wellness building. Programs involve

	acupuncture, integrative medicine, mindfulness and health coaching. • Barton Health will contract with a Pain Management specialist to offer consultations and guidance to chronic pain patients as needed. ✓ We are still pursuing the right candidate to fill this role.
Financial Commitment	$297,000
Anticipated Impact	Capacity building through Barton Health and our main partner, the South Tahoe Drug Free Coalition with an emphasis on prescription drugs, alcohol and marijuana use. Local awareness and recognition of substance abuse problems within South Lake Tahoe region.
Additional Programs	✓ Community Pharmacy Breakfast meetings were held at Barton. ✓ City Council presentations about the impacts of marijuana by clinicians ✓ Participate in Drug Take Back days at local fairs, like Earth Day Festival ✓ Drug Free Coalition secured a $30.5K grant for education and programs relating to opioid use and misuse. Funding to be used for lock bags, Deterra, Naloxone, education brochures and trainings.

3. Access to Healthcare Services	
Community Partners	Members of the Community Health Advisory Committee
Goal	To improve access to primary care and preventative medicine.
Timeframe	FY2015-FY2018
Scope	Strategy will focus on residents in the South Lake Tahoe basin.
Strategies and Objectives	**Strategy #1: Improve access to care at Barton Community Health Center** • Create streamlined operations to ease appointment setting, same-day appointments and phone contacts ✓ Barton Community Health Center now offers same-day appointments and expanded hours to Saturday.

	• Promote specialized services to the community to increase awareness and access for full range of services ✓ With each new provider or service line, a robust marketing and public relations campaign is coordinated to ensure maximum exposure to the community. Strategies include website and physician directory listings, interviews, advertisements, articles and lectures. • Promote the health center to occupational workforce for temporary and seasonal employees that are under or uninsured ✓ This was not pursued. • Promote Community Health Center as a Patient Centered Medical Home and advertise the benefits of such a model ✓ The groundwork has been laid and is currently underway as of 2018. The goal is obtain recognition by 2019. **Strategy #2: Increase insurance coverage for the community through outreach for Covered California and Medi-Cal** • Conduct outreach, training and enrollments regarding the Affordable Care Act, specifically Covered California and Medi-Cal ✓ Select Barton staff is trained and certified as enrollment counselors to assist during Covered California's open enrollment period. Marketing and PR efforts support this program. • Train and maintain certification for Barton Health System and Barton Health employees to become certified enrollment counselors for Covered California ✓ Barton supports and maintains a staff of 8-10 employees to be certified enrollment counselors each year during open enrollment. • Act as a resource for the community to answer questions and enroll consumers into medical health coverage ✓ This remains a priority with appointments available and advertised to the community. • Ensure website has information and access to inform consumers regarding health insurance options for the South Lake Tahoe region

	✓ This remains a priority and the website is regularly updated to reflect this information. **Strategy #3: Expand depth of medical services for the community** • Explore feasibility of adding new services such as Pulmonology, Oncology, expanded OB/GYN services, Integrative Medicine and others as community needs arise ✓ New service lines include pulmonology, tele-oncology, integrative medicine, non-operative physiatry, palliative care and spine. Telemedicine services expanded with psychology along with adult intensivists in the acute care setting. • Continue wellness programs for improved access: Labs, EKG, CT Scans, MRI and explore others as need arises ✓ These programs continue. • Develop and implement the vision for a Center of Excellence, creating a holistic and centralized space for orthopedic & sports medicine promoting streamlined healing and wellness ✓ The Center for Orthopedics & Wellness (formerly the Center of Excellence) has realized these goals. **Strategy 4: Improve care coordination between inpatient, outpatient and specialty medical services** • Create centralized medical campus within the regulations of the City of South Lake Tahoe's Tahoe Valley Area Plan ✓ In 2017, the Healthcare District plan was approved which allows for dedicated healthcare growth and expands coverage to 70%. • Advertise MyChart and other valuable patient care tools as they become available to encourage empowered access for patients in their health care ✓ Ads in primary care offices, website and occasional print and radio covered were part of the marketing plan for MyChart. • Improve primary care access and assignment for the community to facilitate regular check-ups and increase usage of preventative medicine ✓ Added mid-levels to the Barton Community Health Center along with hospitalists and internal

	medicine. Additionally, Annual Wellness Visit letters were mailed to Medicare patients who had lapsed.
Financial Commitment	$12,005,000
Anticipated Impact	More community members have Primary Care Providers and practice ongoing, preventative medicine to increase wellness in the community. Increased holistic view of care through Center of Excellence, Integrative Medicine and Patient Centered Medical Home Model.
Additional Programs	✓ Free sports physicals provided to local student athletes ✓ Barton funds $20K toward Homeless Care Coordinator

Additional Priorities + Results:

Proposed Activities to Address Health Needs	
Cancer	Ongoing cancer awareness and prevention services include: • Cash pay lung cancer CT • Lectures on cancer prevention (skin, breast, prostate and others) ✓ Several wellness lectures and articles have addressed this topic • Cancer wellness program ✓ Fund and resources have been dedicated to this program including nutrition, movement, behavioral health and counseling. • Enhanced mammogram technology ✓ New 3D mammography machine was installed in 2017 • Ongoing wellness messages ✓ Remains a priority in the new Center for Orthopedics & Wellness building and programs with a focus on nutrition, fitness, stress management and sense of purpose. • Ongoing assessment to potentially increase oncology services and partnerships for those with a cancer diagnosis.

Dementia, Including Alzheimer's Disease	Barton is committed to maintaining resources for the Skilled Nursing Facility, Barton Psychiatry, and Home Health and Hospice to preserve current Alzheimer's services for the community.
Heart Disease & Stroke	Barton aims to maintain cardiology services, recruit a pulmonologist and expand sleep medicine, focusing on sleep apnea. ✓ Since 2015, under the direction of pulmonologist, Dr. Greg Tirdel, the Sleep Lab has achieved American Academy of Sleep Medicine (AASM) Accreditation. We have remodeled both sleep rooms to make them more warm and comfortable. We have a sleep-trained mid-level provider that can also consult and manage sleep patients at Barton Community Health Center. ✓ Barton will continue to conduct heart health lectures and healthy heart campaigns.
Infant Health	An educational campaign coordinated between Barton Women's Health and Barton's Family Birthing Center will highlight the importance of early prenatal care. There is a focus on the expansion and reorganization of childbirth classes to be more responsive to community health issues. Two examples include a first trimester education class and a new mom support group. Barton OBGYN's will conduct outreach to community organizations and the high school to discuss family planning.
Injury & Violence	To reduce recidivism for alcohol related trauma injuries, Barton Emergency is conducting a Brief Intervention Program. ✓ This program has not yet been implemented. Plans to provide resources in the future are being assessed. Barton will collaborate with anti-violence organizations such as CASA and Live Violence Free. ✓ Health grants have been awarded to both organizations. Barton will conduct education on local risks, injury prevention lectures, safety and wellness ads, and collaboration on programs such as "Every

	15 Minutes." ✓ A concussion program has been introduced via collateral, community outreach booths at events and wellness lectures. Every 15 Minutes is being brought back to the local high school in which Barton supports. Barton is also committed to providing on-site event medical coverage to triage and treat emerging medical issues that can be treated successfully with early intervention. ✓ Barton supports local marathons and bike events, the high school sporting teams and other sporting events with medical coverage.
Nutrition, Physical Activity & Weight	Efforts to promote healthy nutrition and an active lifestyle include: • We Can! in elementary schools educating students on healthy eating habits and the benefits of physical activity. • Nutrition lectures • Diabetes education and support groups • Dietician access for both inpatient and outpatient • Healthy choices in Barton Café • Bfit and employee wellness programs • Altis Kids Programs • Mediterranean Diet classes • Weight Watches classes • Collaboration with local gyms, kids' fitness camps, and other community collaborations.
Oral Health	Barton is committed to maintaining an active collaboration with First 5 initiatives and the dental van and will continue to support options to provide Denti-Cal coverage locally. Since 2015, $50,000 in community grants have been awarded for access program, including improving dental access.
Tobacco Use	Barton remains committed to decreasing tobacco use within the community through smoking cessation classes, lung cancer CT scans, in-office posters about the dangers of smoking, periodic articles about the dangers of traditional and e-cigarette use, maintaining a non-smoking campus, and information through the health library.